Integrated Performance Report

August 2019

Meeting Date	**20th August 2019**	**Agenda Item**	**2.1**
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 As this is a quarterly report, the narrative sections have been replaced by a suite of performance report cards that provide a detailed summary of end of 2019/20 quarter one performance.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 section three of this report. Key issues to highlight this month include the reporting of pressure ulcers and delayed follow-ups. Discussions have taken place with the health board's leads for pressure ulcers and the patient feedback team as concerns were raised regarding the accuracy of reported pressure ulcer data due to the data being extracted too early in the month. An agreement has been reached that pressure ulcer data will now be reported a month in arrears in order to ensure that the data is fully cleansed following discussion at scrutiny panels, therefore July 2019 data will be available for the September report.		

	Delayed follow-up data is not included in this iteration of the performance report due to work being undertaken at a national level to ensure the accuracy of the data. The health board's Informatics team have been working with NHS Wales Informatics Service (NWIS) to resolve the issue and a successful fix has been implemented. The team are now in the process of quality checking the data before the figures can be utilised for reporting purposes. It is anticipated that data from April 2019 onwards will be included in the September performance report.			
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance.			

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1. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – July 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	Jun-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%									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									4th
		Profile	*484*	*374*	*273*	*283*	*266*	*238*	*273*	*279*	*211*	*185*	*187*	*180*	
	1 hour ambulance handover	Actual	732	647	721	594									6th**
		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%	52.9%									3rd** *(May-19)*
		Profile	*76%*	*77%*	*78%*	*78%*	*79%*	*80%*	*80%*	*81%*	*82%*	*82%*	*83%*	*84%*	
	CT scan within 1 hour	Actual	*62%*	*56%*	*52%*	*59%*									
		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%									3rd** *(May-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%*									
		Profile	*47%*	*52%*	*50%*	*53%*	*51%*	*58%*	*53%*	*58%*	*55%*	*58%*	*56%*	*60%*	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	*57%*	*47%*	*41%*	*48%*									4th** *(May-19)*
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	*236*	*323*	*297*	*479*									2nd *(May-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*									6th *(May-19)*
		Profile	*2,042*	*2,038*	*2,125*	*2,148*	*2,132*	*2,137*	*1,989*	*2,024*	*2,153*	*2,057*	*1,960*	*1,921*	
	Diagnostic waits over 8 weeks	Actual	*401*	*401*	*295*	*261*									7th *(May-19)*
		Profile	*480*	*400*	*390*	*370*	*330*	*250*	*180*	*150*	*130*	*100*	*50*	*0*	
	Therapy waits over 14 weeks	Actual	*0*	*0*	*0*	*0*									Joint 1st *(May-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%	88%									6th** *(May-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%	60%									4th** *(May-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									3rd
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17									7th
		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									2nd
		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.

		ABMU									SBU				
Sub Domain	**Measure**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Performance Trend**
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	
	Number of E.Coli bacteraemia cases (Hospital)	*20*	*16*	*15*	*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*	
	Number of E.Coli bacteraemia cases (Community)	*31*	*30*	*34*	*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*	
	Total number of E.Coli bacteraemia cases	51	46	49	41	53	38	28	31	43	27	22	29	35	
	Cumulative cases of S.aureus bacteraemias per 100k pop	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	
	Number of S.aureus bacteraemias cases (Hospital)	*8*	*9*	*7*	*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*	
	Number of S.aureus bacteraemias cases (Community)	*9*	*11*	*3*	*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*	
	Total number of S.aureus bacteraemias cases	17	20	10	12	17	11	18	16	11	14	11	11	17	
	Cumulative cases of C.difficile per 100k pop	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	0.0	
	Number of C.difficile cases (Hospital)	*24*	*8*	*5*	*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*	
	Number of C.difficile cases (Community)	*5*	*7*	*4*	*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*	
	Total number of C.difficile cases	29	15	9	19	10	16	7	7	8	3	11	10	13	
	Cumulative cases of Klebsiella per 100k pop									28.6	15.7	15.5	21.8	20.3	
	Number of Klebsiella cases (Hospital)	1	6	6	11	5	11	10	15	4	2	4	7	1	
	Number of Klebsiella cases (Community)	6	6	6	9	9	1	6	5	4	3	1	4	4	
	Total number of Klebsiella cases	7	12	12	20	14	12	16	20	8	5	5	11	5	
	Cumulative cases of Aeruginosa per 100k pop									5.8	9.4	9.3	12.5	10.0	
	Number of Aeruginosacases (Hospital)	2	1	0	2	4	2	0	0	0	3	1	2	1	
	Number of Aeruginosa cases (Community)	1	0	3	0	2	3	0	2	0	0	2	4	0	
	Total number of Aeruginosa cases	3	1	3	2	6	5	0	2	0	3	3	6	1	
	Hand Hygiene Audits- compliance with WHO 5 moments	96%	97%	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	
	Number of new Never Events	0	0	0	0	0	0	0	0	1	0	1	1	1	
	Number of risks with a score greater than 20	67	77	73	66	45	48	53	54	51	72	66	75	81	
	Number of risks with a score greater than 16	New local measure for 2019/20									167	151	162	164	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	22	14	7	13	8	12	6	17	15	3	9	8	2	
	Number of Safeguarding Children Incidents	12	14	3	10	9	3	13	7	7	6	10	6	7	
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	56	45	53	47	40	40	50	45	64	29	16	13		
	Total number of pressure ulcers acquired in hospital per 100k admissions	635	496	601	499	432	468	549	508	671	312	0	0		
	Number of grade 3+ pressure ulcers acquired in hospital	3	1	1	6	3	3	4	10	7	1	2	0		
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	238	139	219	276	141	164	220	192	252	0	0	0		
	Total Number of pressure ulcers developed in the community	68	88	71	60	62	58	77	62	47	34	33	23		
	Number of grade 3+ pressure ulcers developed in the community	11	13	8	9	12	13	16	11	10	10	6	7		
Inpatient Falls	Number of Inpatient Falls	300	290	328	293	291	300	341	276	326	210	226	189	186	

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Performance Trend
DTOCs	Number of mental health HB DToCs	27	30	29	28	26	25	29	26	21	18	23	27	20	
	Number of non-mental health HB DToCs	74	85	69	84	125	117	104	87	112	49	67	70	61	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.0%	99.0%	
	Stage 2 mortality reviews required	12	19	19	16	22	17	7	10	22	19	13	14	13	
	% stage 2 mortality reviews completed	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	63.0%	46.0%			
	Crude hospital mortality rate (74 years of age or less)	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.3%	95.8%	95.3%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	
Coding	% of episodes clinically coded within 1 month of discharge	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%	96%	96%		
E-TOC	% of completed discharge summaries	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%	67.0%	62.0%	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
		ABMU									SBU				
Sub Domain	Measure	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Performance Trend
Patient Experience	Number of new formal complaints received	126	126	114	140	91	84	138	96	114	93	95	118	138	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%			
	% 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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%		
	% 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	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	
	% of who would recommend and highly recommend	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	6.7%	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.7%	6.3%	5.9%	6.1%	
	% of patients who did not attend a follow-up outpatient appointment	7.6%	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.0%	7.1%	7.1%	7.6%	
Theatre Efficiencies	Theatre Utilisation rates	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	67%	
	% of theatre sessions starting late	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	
	% of theatre sessions finishing early	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	
	% workforce sickness and absent (12 month rolling)	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Performance Trend
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	84%	78%	88%	88%	88%	88%	88%	88%	88%	86%	86%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	94%	90%	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%		
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	94%	95%	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%		
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	33%	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	
	Number of ambulance handovers over one hour	443	420	526	590	628	842	1,164	619	928	732	647	721	594	
	Handover hours lost over 15 minutes	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	
	% 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	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	590	511	588	680	665	756	986	685	862	653	602	644	642	
	% of survival within 30 days of emergency admission for a hip fracture	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	53%	
	CT Scan (<1 hrs)	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	
	Thrombolysis door to needle <= 45 mins	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	
	% patients receiving the required minutes for speech and language therapy										57%	47%	41%	48%	
Planned Care	% of patients waiting < 26 weeks for treatment	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	88%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	30	105	89	65	125	94	153	315	207	236	323	297	0	
	Number of patients waiting > 36 weeks for treatment	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	
	Number of patients waiting > 8 weeks for a specified diagnostics	740	811	762	735	658	693	603	558	437	401	401	295	261	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908					
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604					
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)	99%	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	88%	
	% 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	92%	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	60%	
	% of patients starting definitive treatment within 62 days from point of suspicion										73%	68%	73%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	32%	41%	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%		

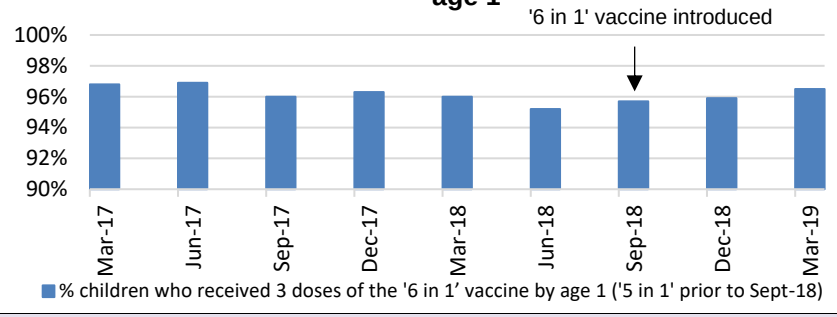
3.0 QUARTERLY PERFORMANCE REPORT CARDS
3.1 STAYING HEALTHY

CHILDHOOD IMMUNISATIONS

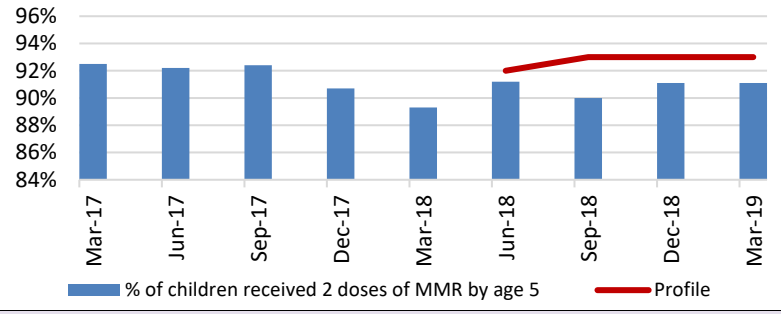
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing by actively promoting and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

	Annual Plan Profile	WG Target	**Period:** March 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 '5 in 1' vaccine by age 1

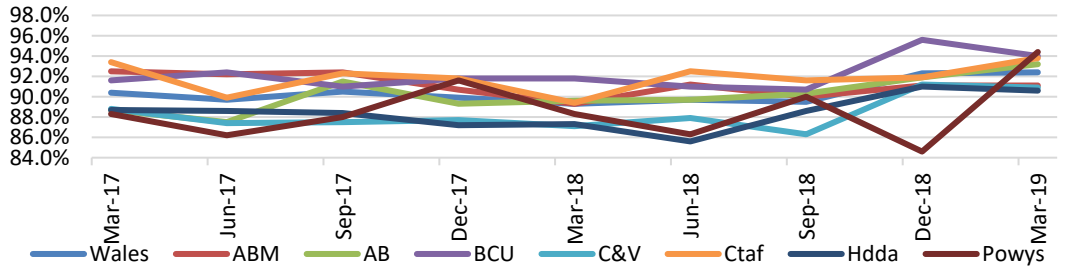


(2) % of children who received 2 doses of the MMR vaccine by age 5



Benchmarking

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



Source: Public Health Wales COVER Report Jan - Mar 2019 (COVER 130)

Measure 1: % of children who received 3 doses of the '5 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 the Welsh Government (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 slight 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 91.1%. Again there is variance between the 3 LA areas Bridgend 92.5%; NPT 92.2%; Swansea 89.6%.

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. We have not as yet had a response following the SBAR and no further resource has been identified. SBAR to be presented at Children's Strategic Board – awaiting feedback.
- The School Health Service is planning to target children outstanding MMR during 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 Health Vistor 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 we have remained static 91.1% of resident children who have received 2 doses of the MMR by 5 years. This is below the required 95% for herd immunity and leaves the population vulnerable to an outbreak. There has been a slight increase in coverage in Swansea but the other LA areas have seen a small decrease. The MMR 2 uptake at 5 years in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea 89.6% in 2019.
- Bridgend LA area have often performed better than NPT and Swansea and with their withdrawal, the new Swansea Bay UHB may have a downturn in performance during the next quarter.
- 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?

At the time of writing this report the latest benchmarking available was March 2019 which related to ABMU Health Board

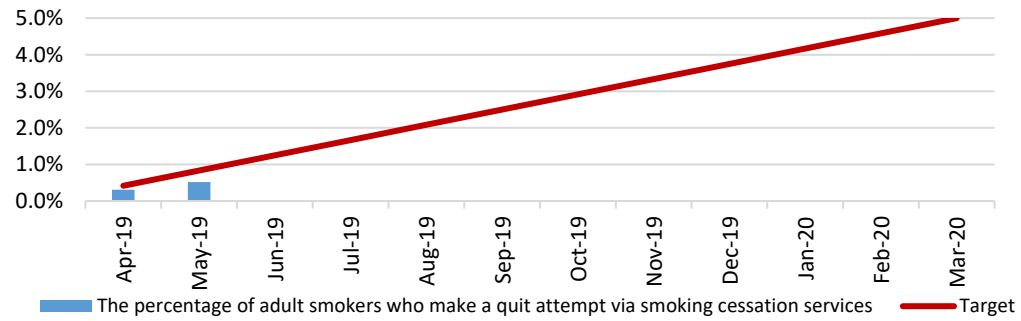
- Measure 1 – ABMU is ranked 3rd in comparison to the other Welsh Health Boards for 6:1 and above the Welsh average of 95.3% during this reporting quarter
- Measure 2 – ABMU is ranked 5th in comparison to the other Welsh Health Boards for MMR x2 and below the Welsh average of 92.4% during this reporting quarter

SMOKING CESSATION

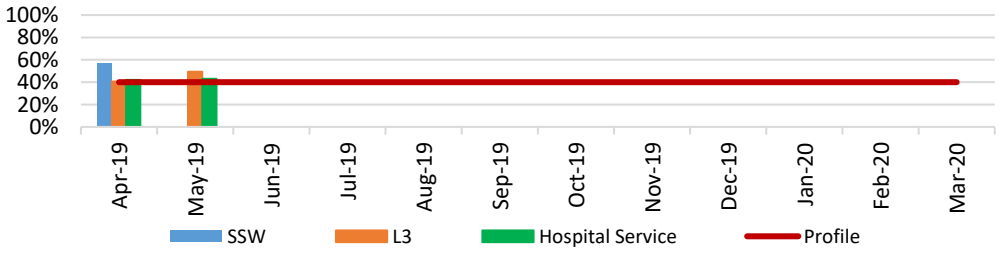
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	I am healthy and active and do the things to keep myself healthy
Health Board Strategic Aim:	Support better health and wellbeing by actively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

	Annual Plan Profile	WG Target	**Period:** May 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.

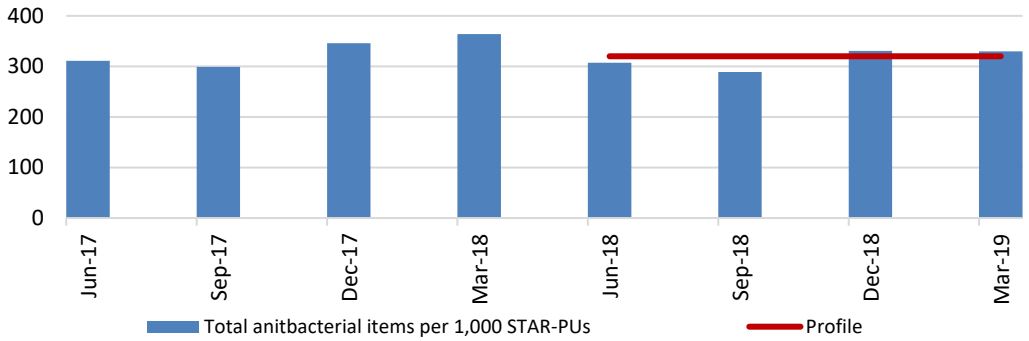
Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

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 322 smokers (monthly activity data) against the cumulative monthly target of 520, achieving to May 2019 0.5% of the overall target (0.8% expected). • The 40% Welsh Government 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?
• Work is being delivered locally across the key components to implement the cessation system framework implementation plan. • Planning is in progress for the Stop Smoking Wales service to be moved from Public Health Wales to the Health Board by 1st October 2019. • The hospital cessation service has reallocated practitioner resource between sites to address patient demand, and additional hospital outpatient clinics have been established to meet demands of the waiting list. • 70 community pharmacies are commissioned to deliver the smoking cessation service; however on a regular basis only 18-25 actively deliver. To address performance issues, a task and finish group has been established and service improvement work is being undertaken with the identified community pharmacies. This includes review of best practice approaches; provision of equipment and resources, undertaking different delivery models such as technicians trained to deliver the service. • Work is progressing to address cessation in a primary care setting. This includes analysis of referrals to Help me quit by GP practices and clusters; embedding tobacco as a priority within cluster IMTPs; appropriate Nicotine replacement therapy prescribing; and 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. • A pilot initiative as part of the dental contract reform programme is in progress. • A brief Intervention training programme for all midwives has been rolled out across the Health Board. • 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?
• Moving the Stop Smoking Wales (SSW) service to Health Boards (HB) poses risks in maintaining staff engagement, risks to delivery and quality of service during the preparation and transfer of services. The ongoing delay in ratifying the decision increases the risk. • With 1st October being the deadline for SSW staff transfer to the Health Board significant preparation needs to be undertaken in order to TUPE staff and receive the service, such as staff meetings, agreed base, service manager, and IT systems. • Migration in the host Delivery Unit for the hospital service to Primary care has caused some staff disgruntlement and may affect performance in the interim. • In order to align and integrate all cessation services, a service manager post is required, however there is a risk that there is no funding within PCCS DU. • Commissioned pharmacies are accredited, but not all are actively delivering the service. • Focus currently on cessation services and driving the demand to services, without addressing the broader supportive environments and wider determinants agenda, which affect both uptake of smoking and relapse in those who had quit. • Visibility of smoking on hospital grounds continues to be an issue despite HB smoke free site policy and normalises smoking, undermining clinical interventions. • Prevention bid remains with Welsh Government, which includes the development of pregnancy smoking cessation service. Risk of reduced engagement with this group while decisions are pending on model of care.
How do we compare with our peers?
• At the time of writing this report the latest benchmarking available was March 2019 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

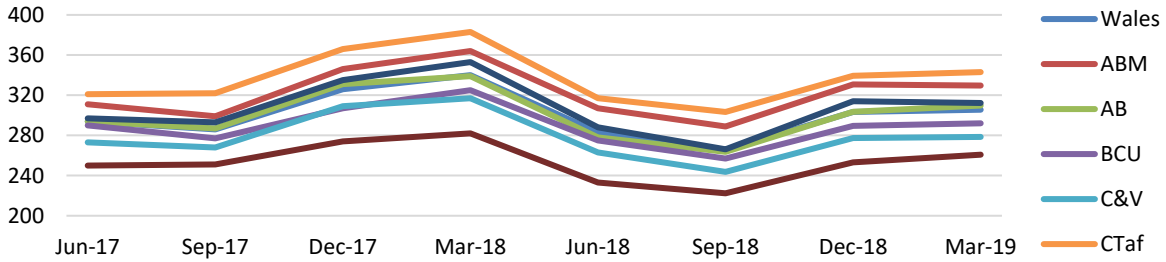
TOTAL ANTIBACTERIAL ITEMS PER 1,000 STAR-PUs							
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm			**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health 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	**Annual Plan Profile**	**WG Target**	**Local Target**	**Period:** March 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)		320	4 Quarter reduction trend	Annual Improvement	✗	✓	↑ ●

(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 Delivery Framework, All-Wales Performance Summary (June 2019)

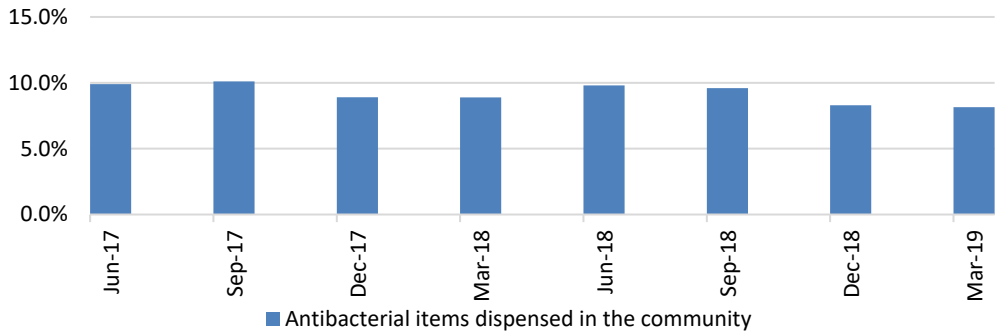
Measure 1: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)
How are we doing?
• Whilst the report has Swansea Bay as not achieving "against profile" as well as 12 month trend, March 2019 is showing a reduction verses March 2018 which is a more appropriate 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: • Analysis of the 2018-19 Prescribing Management Scheme achievement is underway and is currently being finalised. This is being quality checked by finance. • 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. • 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 which are ongoing. 20 of 50 visits have been completed as at 29th July 2019. • Top 10 prescribing practices targeted for additional support. • Guidelines are regularly updated. • Regular updates via prescribing leads meetings including presentation from microbiologist. Their next attendance will be in September 2019. • Highlighting links and resources to national campaigns, such as the World Health Organisation (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. • Antimicrobial resistance (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. Difficile.
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. • ABMU had 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		

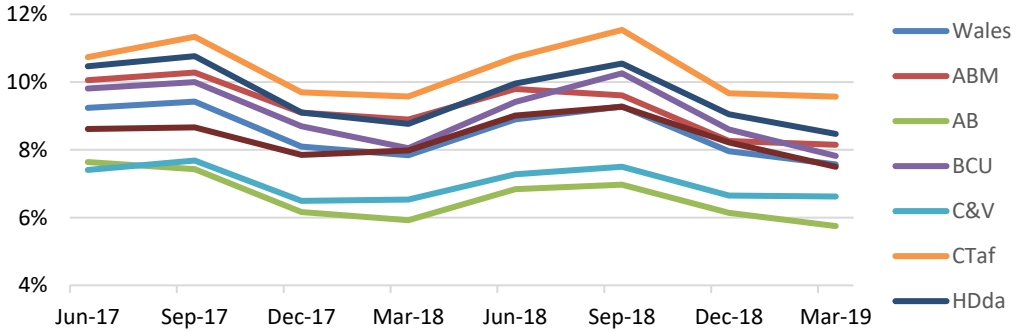
	Annual Plan Profile	WG Target	**Period:** March 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	N/A	Quarter on quarter improvement	✓	↓ ●

(1) Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community



Benchmarking

(1) Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community



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

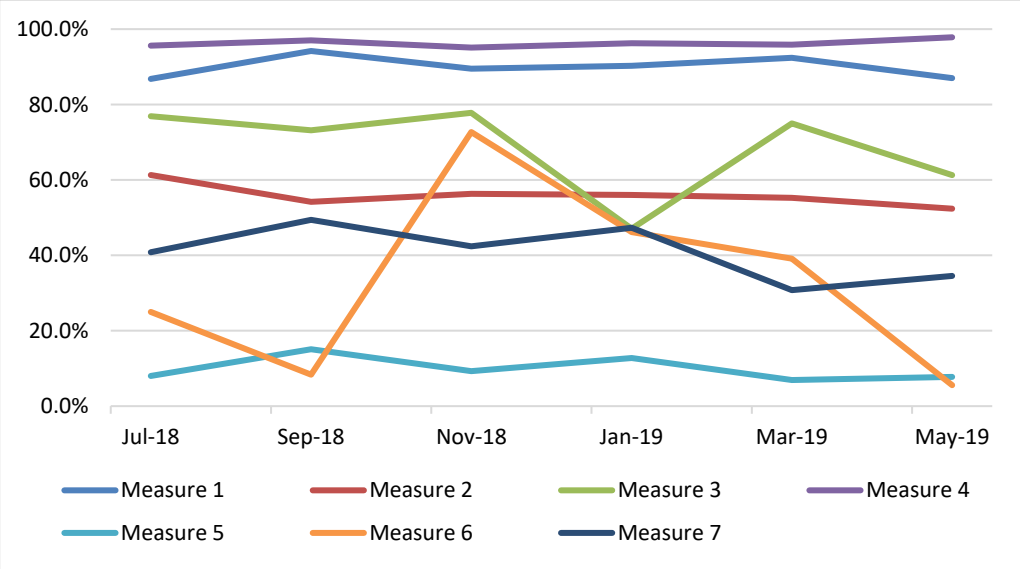
Measure 1: Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community
How are we doing?
• After an initial significant reduction 2-3 years ago, these antibiotics did show some increases. However, recent actions are now achieving 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) 2019-20. • 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 ongoing. 20 of 50 visits have been completed as at 29th July 2019. • Top 10 prescribing practices targeted for additional support. • Guidelines are regularly updated. • Regular updates via prescribing leads meetings including presentation from microbiologist. Their next attendance will be in September 2019. • 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. Difficile.
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 • ABMU 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:** May 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)



May-19	Morriston	Singleton	NPTH	MH & LD	HB Total
(1) % indication for antibiotic documented on medication chart	88.3%	82.4%	100.0%	90.0%	87.0%
(2) % stop or review date documented on medication chart	50.9%	49.4%	85.7%	87.5%	52.4%
(3) % of antibiotics prescribed on stickers	-	53.9%	100.0%	40.0%	61.3%
(4) % appropriate antibiotic prescriptions choice	98.6%	96.3%	100.0%	90.0%	97.8%
(5) % of patients receiving antibiotics for more than 7 days	10.4%	1.5%	0.0%	12.5%	7.8%
(6) % of patients receiving surgical prophylaxis for more than 24 hours	7.1%	-	0.0%	-	5.6%
(7) % of patients receiving IV antibiotics > 72 hours	34.6%	40.7%	0.0%	-	34.5%

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?

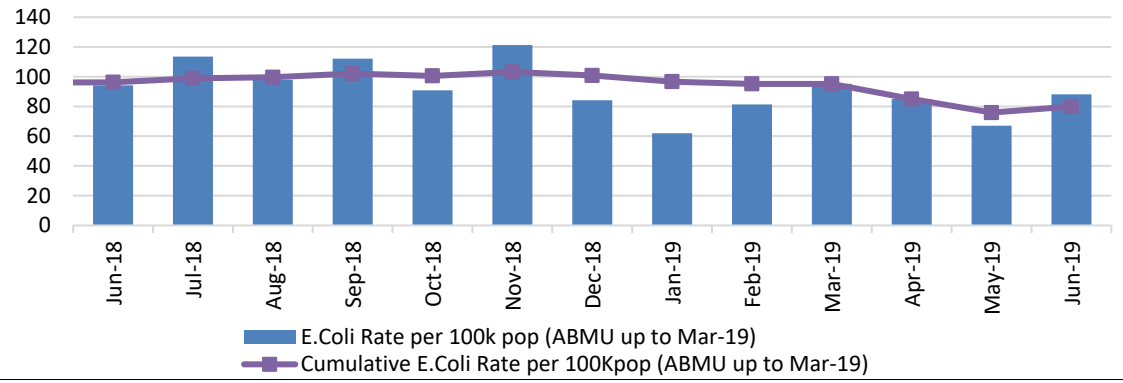
- No comparable data available

E. COLI Bacteraemia

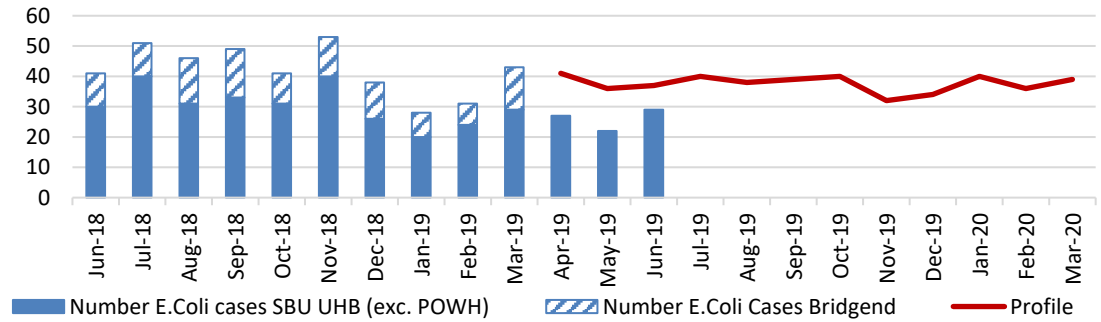
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** June 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of E.*coli* bacteraemia cases	37	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	<261	✗	

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



(2) Number of E.coli bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	638	525	+113
SBU	77	65	+12
AB	119	99	+20
BCU	153	116	+37
C&V	95	83	+12
CTM	107	74	+33
Hdda	85	64	+21

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 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 June (29 cases) was 8 cases below the projected IMTP monthly profile. Of these cases, 24% were hospital acquired; 76% were community acquired.
- The cumulative number of cases (Apr-Jun 2019/20) was 78, which was approximately 13% less than the cumulative number of cases for the same period in 2018/19. Of these cumulative cases for 2019/20, 69% were community acquired.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

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.
- 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?

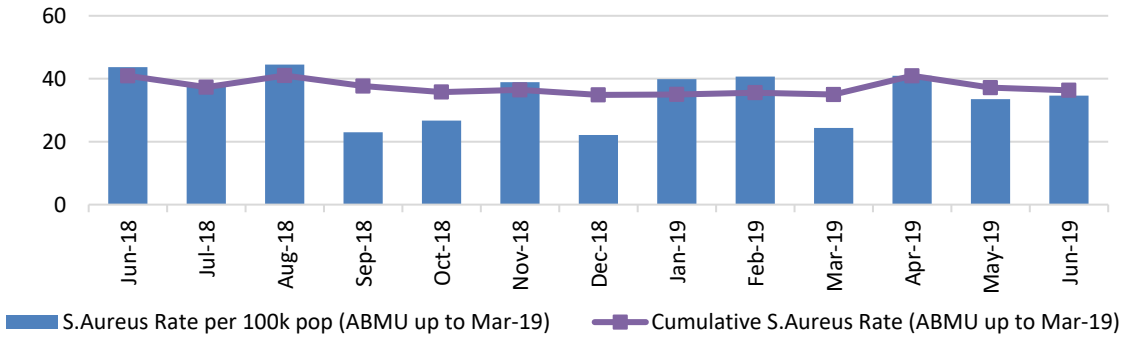
- The incidence of *E. coli* bacteraemia per 100,000 population for June 2019 was 88.14; this was the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 79.91/100,000 population, the second lowest incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

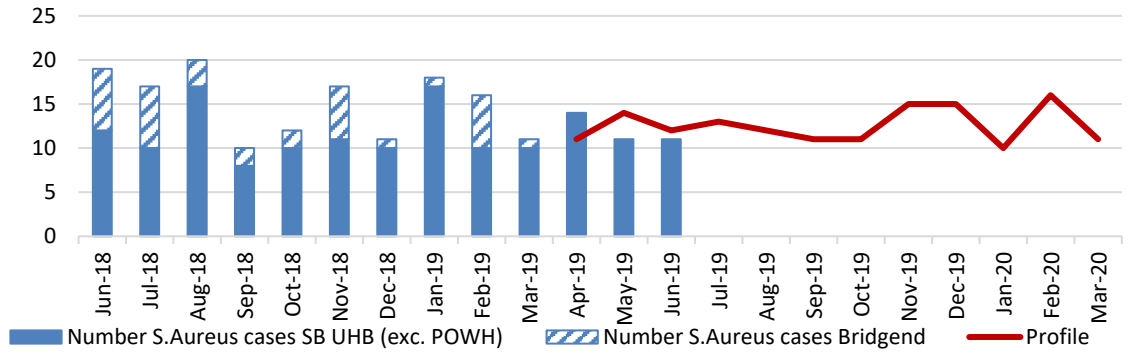
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health 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:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Rate of *S.aureus* bacteraemia cases per 100,000 of the population	N/A	N/A		↑
Measure 2: Number of *S. aureus bacteraemia* cases	12	N/A	✓	↓
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	<78	✗	

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



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



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	207	156	+51
SBU	36	19	+17
AB	34	29	+5
BCU	50	34	+16
C&V	26	24	+2
CTM	31	22	+9
Hdda	30	19	+11

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 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 11 cases of *Staph. aureus* bacteraemia in June 2019; 1 case below the projected monthly IMTP profile. None of these cases was an MRSA bacteraemia.
- The cumulative number of cases (Apr-Jun 2019/20) was 36 cases of bacteraemia, approximately 3% more than the cumulative number of cases for the same period in 2018/19. Of the 36 bacteraemia cases, 5 have been MRSA bacteraemia: 3 of these were hospital acquired cases in Morriston in April, 1 hospital acquired case in Singleton in April; there was one community acquired case in May.
- Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 50% were community acquired; 50% were hospital acquired.

What actions are we taking?

- Bedside multi-disciplinary team & Infection Prevention & Control Team (IPCT) reviews taking place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardise the review process for investigating each case.
- 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 IPCT will be visiting wards across the Delivery Units to undertake ANTT Competency assessments.
- Improvement work continues, to improve HCAI data shared with Delivery Units and in the review the bacteraemia cases.
- The IPCT are supporting Morriston and Singleton Delivery Units in undertaking a review of MRSA bacteraemia cases, to identify contributory factors and improvement actions.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- 50% 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.
- Current increased 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?

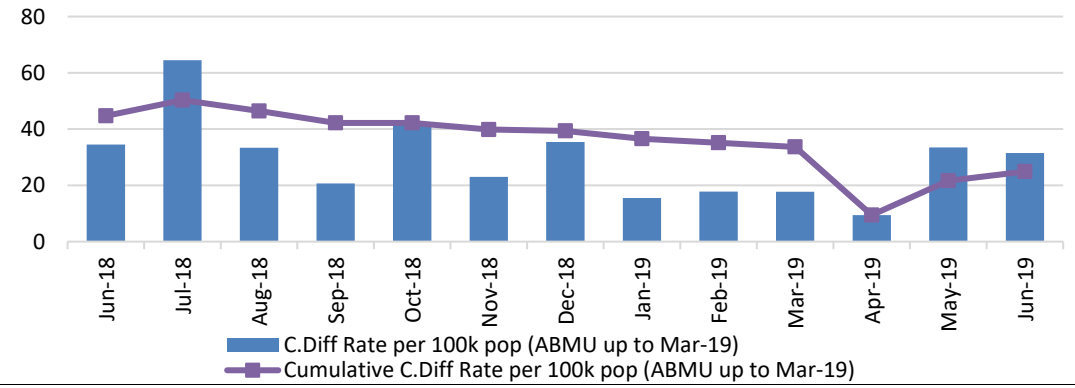
- The incidence of *Staph.aureus* bacteraemia within the Health Board in June 2019 was 34.63/100,000 population, the highest incidence for the major acute Health Boards in Wales.
- To cumulative incidence of *Staph.aureus* bacteraemia within the Health Board for the year 2019/20 was 37.36/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

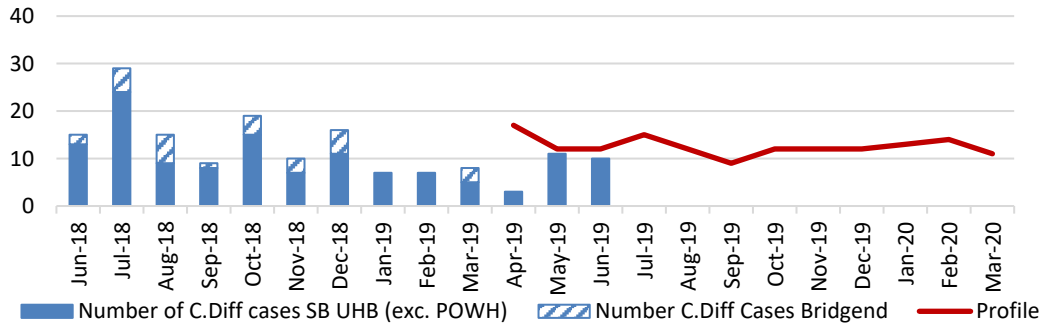
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** June 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of C.*difficile* cases per 100,00 of the population	N/A	N/A		↓ ●
Measure 2: Number of C.*difficile* cases	12	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of C.*difficile* against March 2020 reduction expectation	N/A	<98	✓	

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



(2) Number of C.*difficile cases*



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	212	196	+16
SBU	24	24	0
AB	6	6	0
BCU	44	38	+6
C&V	24	23	+1
CTM	34	23	+11
Hdda	42	24	+18

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 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 June. Two cases were considered to be hospital acquired.
- The cumulative position from Apr-Jun 19/20 was 24 cases. This was below the IMTP projected profile, and the cumulative number of cases for the year was approximately 50% fewer cases compared with the same period in 2018/19.
- The cumulative incidence for 2019/20 (24.91/100,000 population) was significantly lower that for 2018/19 (52.52/100,000 population). Approximately 60% of the cumulative total for April to June 2019 were considered to be hospital acquired cases.
- Both Morriston Hospital and Singleton Hospital Delivery Units have had increased incidence of *C. difficile*, for which they have held Hospital incident Group meetings and agreed improvement actions.

What actions are we taking?

- Bedside multi-disciplinary team & Infection Prevention & Control Team reviews, to take place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardising the review process for investigating each case.
- The initial success seen since the launch of the national multi-centre ARK (Antibiotic Review Kit) research project in reducing antimicrobial usage will be extended to all areas within Morriston Delivery Unit.
- Review use of environmental decontamination and develop a plan for a Health Board wide approach.
- Improvement work underway to improve HCAI data shared with Delivery Units.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

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?

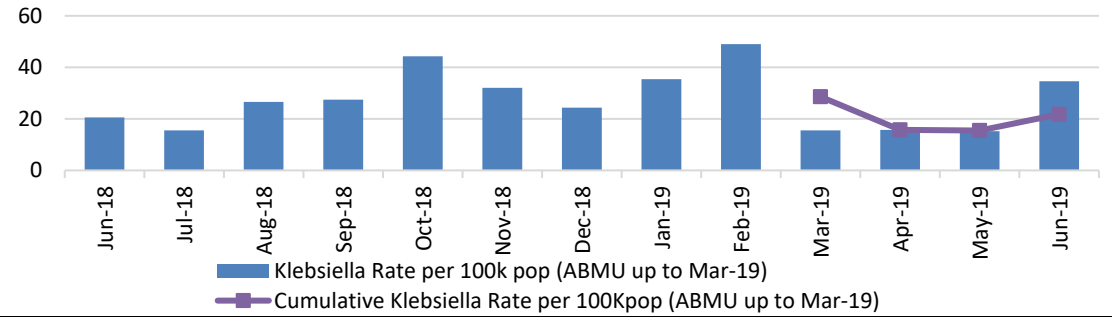
- The Health Board incidence per 100,000 population for June 2019 was 31.48/100,000 population, the third highest incidence in Wales for the month.
- The Health Board cumulative incidence was 31.48, which was the third lowest cumulative incidence in Wales.

Klebsiella spp. *Bacteraemia*

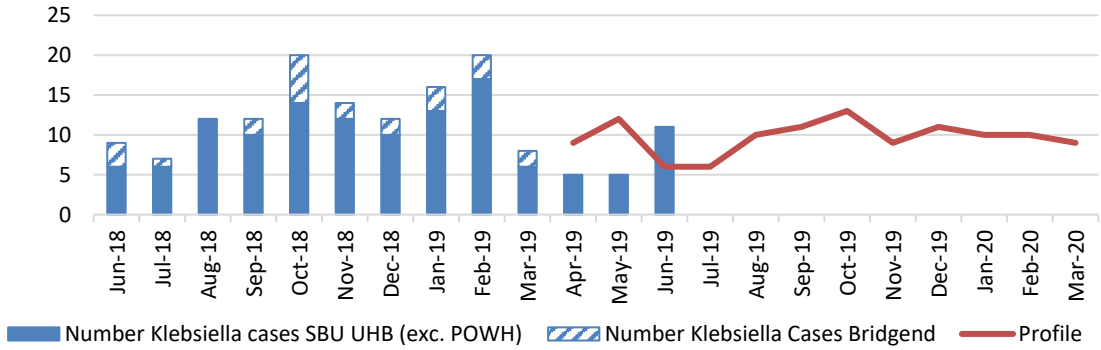
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** June 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of Klebsiella spp. bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Klebsiella spp. Bacteraemia cases	6	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation	N/A	<91	✓	

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



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	137	134	+3
SBU	21	22	-1
AB	26	23	+3
BCU	29	26	+3
C&V	20	20	0
CTM	25	17	+8
Hdda	15	16	-1

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 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 June 2019, there were 11 cases of *Klebsiella spp*. bacteraemia in Swansea Bay University Health Board.
- The cumulative number of *Klebsiella spp*. bacteraemia cases, April 2019 to June 2019, was 21 cases; this was approximately 25% below the number of cases for the equivalent period in 2018/19. Of these 21 cases, 62% were hospital acquired; 38% were community acquired. Of the hospital acquired cases, 54% were associated with Morriston Hospital Delivery Unit; 23% with Neath Port Talbot Delivery Unit, and 23% with Singleton Delivery Unit.
- 43% of all cumulative cases are urinary related; 14% were urinary catheter related.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

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?

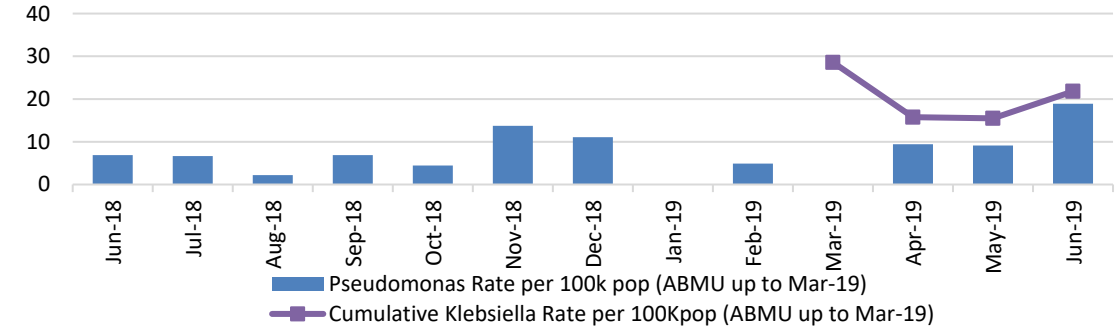
- The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for June 2019 was 34.63; this was the highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 21.79/100,000 population, the second highest incidence for the major acute Health Boards in Wales.

Pseudomonas Aeruginosa *Bacteraemia*

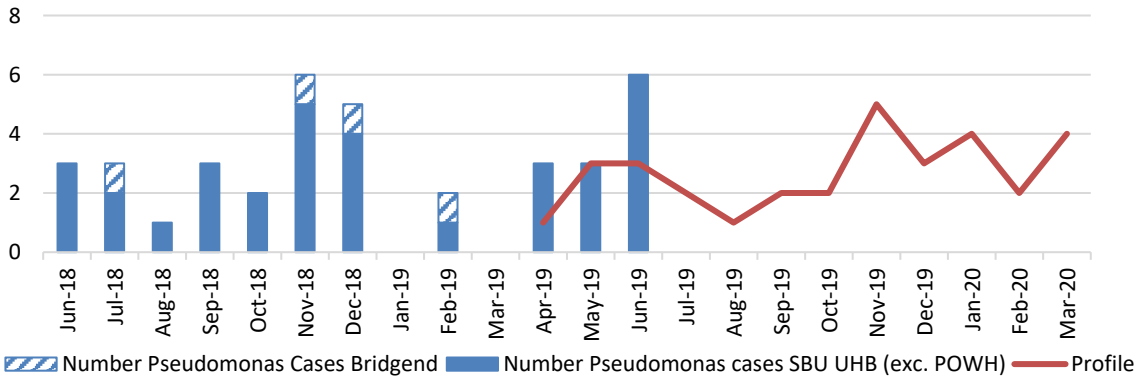
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Rate of Pseudomonas aeruginosa bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Pseudomonas aeruginosa bacteraemia cases	3	N/A	✗	↑ ●
Measure 3: Number of cumulative cases of Pseudomonas against March 2020 reduction expectation	N/A	<23	✗	

(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 - Jun 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	39	41	-2
SBU	12	5	+7
AB	6	6	0
BCU	6	6	0
C&V	7	7	0
CTM	3	6	-3
Hdda	5	6	-1

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 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 June 2019, there were 6 cases of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board.
- The cumulative number of bacteraemia cases, April 2018 to June 2019, was 12 cases. This was approximately 71% higher than the number of cases in the equivalent period in 2018/19.
- Of the 12 cases, 50% were hospital acquired; 50% were community acquired.
- Of the 6 hospital acquired cases, there have been 5 associated with Morriston Delivery Unit and 1 with Singleton Delivery Unit; these were associated with 6 different wards and had the following sources: 2 respiratory sources, 2 wound sources, 1 urinary source, and 1 neutropenic sepsis.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

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?

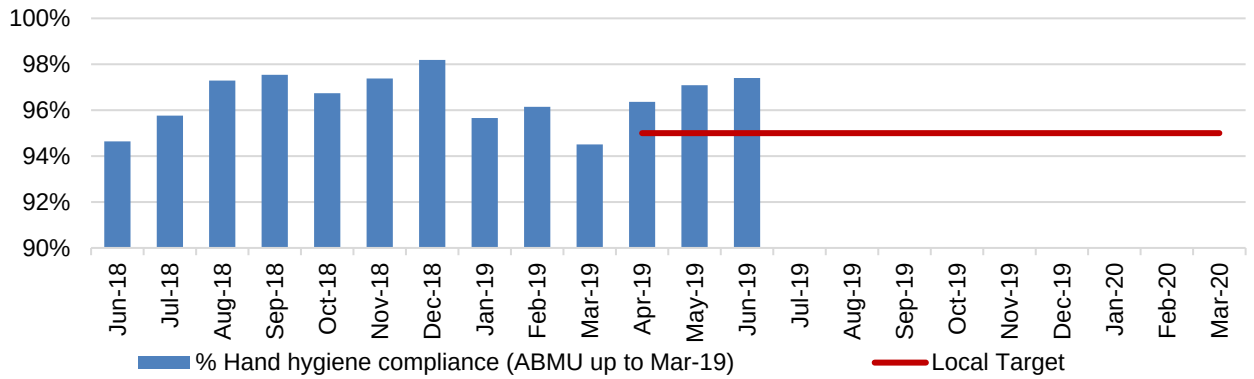
- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for June 2019 was 18.89; this was the highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 12.45/100,000 population, the 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

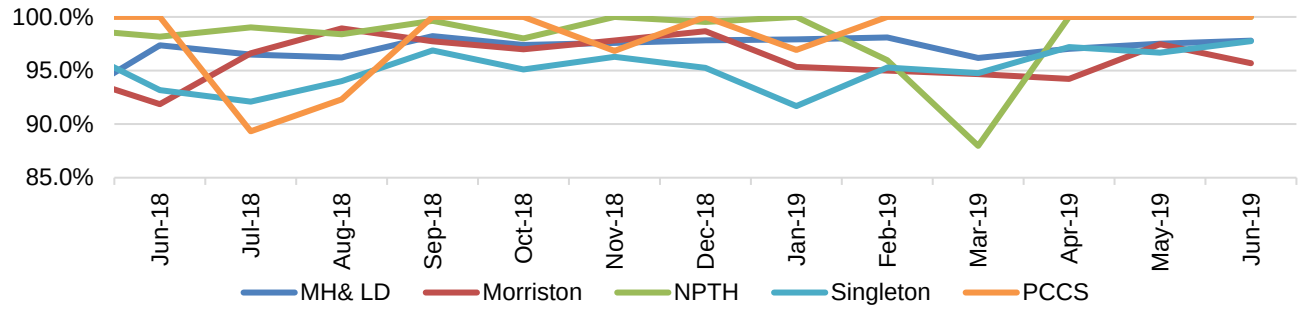
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience	**Local Target**	**WG Target**	**Period:** June 2019	
				Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % compliance with Hand Hygiene Audits		95%	N/A	✓	↓

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (June 2019)

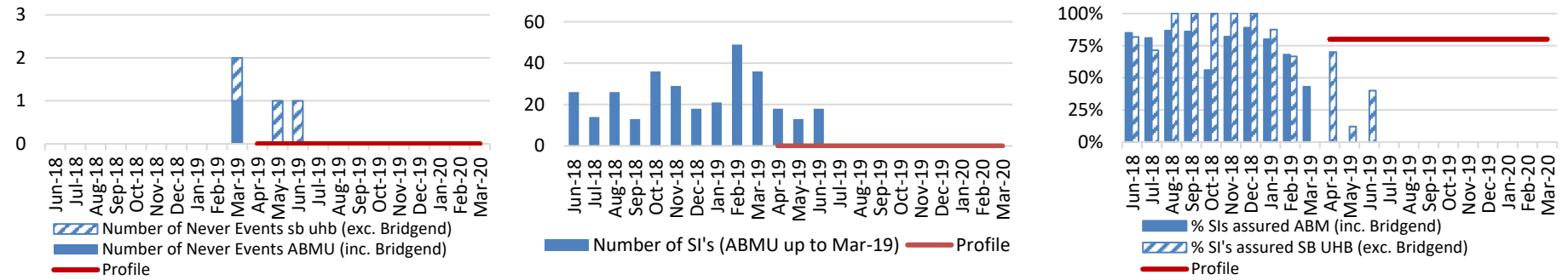
Measure 1: % compliance with Hand Hygiene Audits
How are we doing?
For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019. • Compliance with hand hygiene (HH) for June 2019 was approximately 97%. • For June 2019, 73 wards/units (71%) reported compliance ≥95%. • 15 wards/departments (14%) reported compliance between 90% and 94%; 4 wards/units (4%) reported compliance of 89% or below. • 11 wards/departments had not uploaded the results of their audits undertaken in June 2019 at the time of updating this report. • All Service Delivery Units (SDU) reported compliance ≥95% in June 2019. • 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

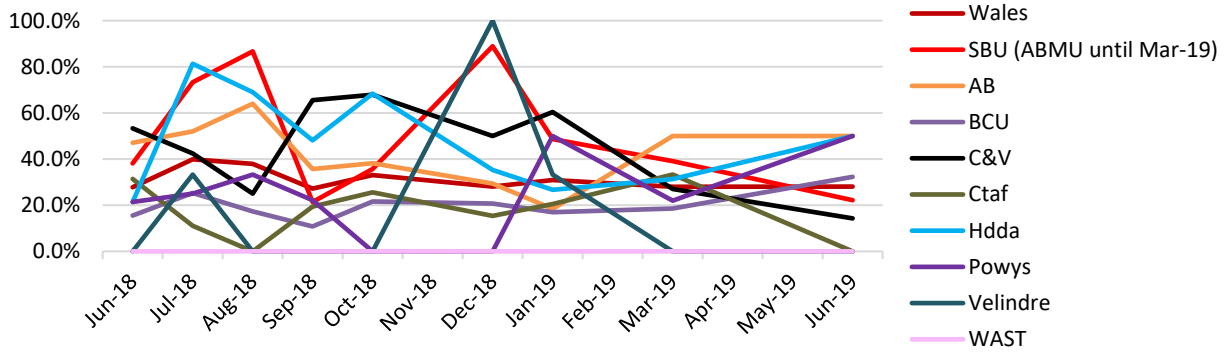
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health 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:** June 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%	✕	↓

(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

Jun-19	
Wales	3
AB	2
BCU	0
C&V	0
CTM	0
Hdda	0
Powys	0
SB	1
PHW	0
Velindre	0
WAST	0

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 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 2 May 2019.

- Total number of incidents reported in April 2019 was 1,705. This compares to 2,172 incidents reported in April 2018. In May 2019, 1,739 incidents were reported compared to 2,156 in May 2018. In June 2019 there were 1,549 which compares to 2,094 in June 2018.
- 19 Serious Incidents (SI's) were reported to Welsh Government (WG) in April 2019. Of the 19 new serious incidents reported to WG in April 2019, 6 (32%) related to unexpected deaths, 4 (21%) related to patient falls, 3 Neonatal/Perinatal Care (16%), 2 Maternity Care (10%), 2 Diagnostic Processes/Procedures (10%), 1 relating to Medical Gases/Oxygen (5%) and 1 Administrative Processes (5%).
- 13 Serious Incidents were reported in May 2019. Of these 13, 8 related to Patient Accidents/Falls, 2 Unexpected Deaths, 2 Infection Control Incidents and 1 relating to Therapeutic Processes/Procedures.
- 18 Serious Incidents were reported in June 2019. 14 Unexpected deaths, 2 Patient Accident/Falls, 1 Therapeutic Processes/Procedures and 1 relating to Maternity Care.
- In terms of severity of incidents, the percentage of incidents resulting in severe harm for June 2019 was 0.45% (total incidents reported 1,549). The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- 1 new Never Event was reported in May 2019. This related to wrong implant/prosthesis. There was also 1 Never Event reported in June 2019 which related to retained foreign object post-procedure.
- Performance against the WG target of closing SI's within 60 working days for June 2019 was 40% against the WG target of 80%.

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. The Assistant Head for Concerns Assurance continues to mentor and support the improvement work for the Mental Health Service Delivery Unit. This support has been extended to the Women & Child Health Delivery Unit.
- 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 health board data.

How do we compare with our peers?

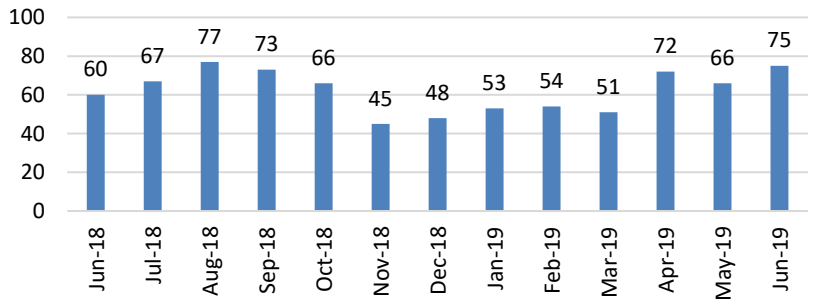
- Comparison data from peer organisations not available

RISKS

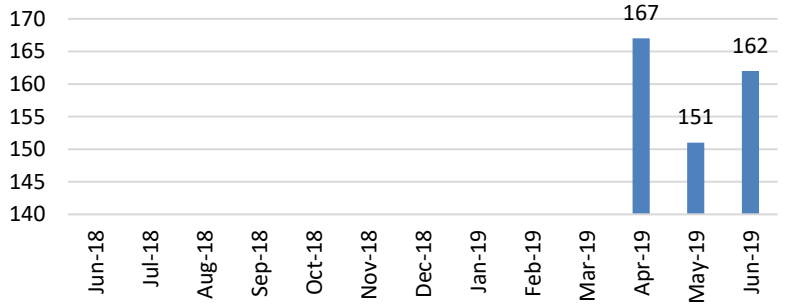
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health 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:** June 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	

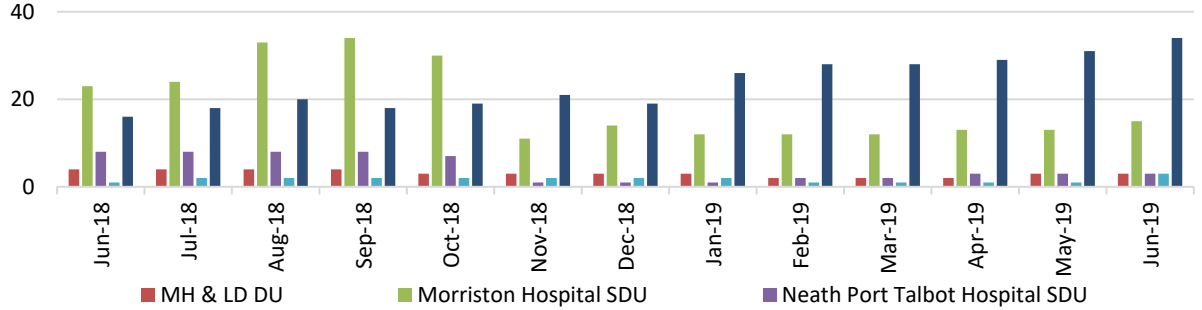
(1) Number of risks with score ≥ 20 (ABMU up to Mar-19)



(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

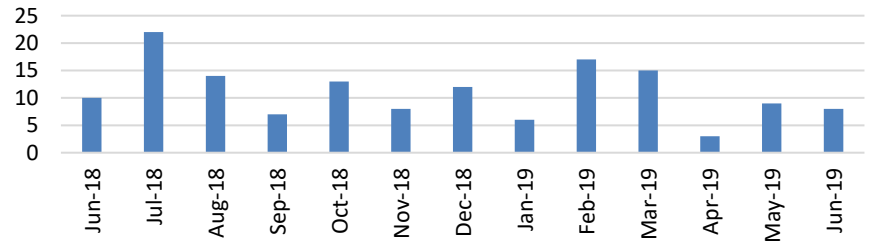
Measure 1: Number of risks with score ≥ 20
How are we doing?
• 75 operational risks, rated 20 or above. • Singleton Unit has the highest number of risks rated at 20 or above.
What actions are we taking?
• Monthly scrutiny panels have been set up to review any escalated risks • Service Delivery Units 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 Health Board Risk Register (HBRR) will be reported to the sub Committees of the Board in quarter 2 of 2019/20. • In light of the Bridgend Boundary changes the Health Board Risk Management Framework and Policy will be recirculated and comments requested on these documents by the 16th August 2019.
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. Presently the HBRR contains one risk rated 25 and four risks which are risk rated at level 20: • **Unscheduled Care Pressures (1)** • **Balanced Financial Plan (42) -** Risk the Health Board will not be able to deliver the Statutory Breakeven Financial Duty. • **Discharge Information (45) -** If patients are discharged from hospital without the necessary discharge information this may have an impact on their care • **Capacity within WODS (56)-** Insufficient capacity of Workforce and OD Function within SBU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board. • **Brexit (54) -** Failure to maintain services as a result of the potential no deal Brexit The Senior Leadership Team will review the HBRR and further consider whether these are a true reflection of the risks facing the Health Board in delivering against the enabling objectives.
How do we compare with our peers?
• No comparable data available.

SAFEGUARDING ADULTS

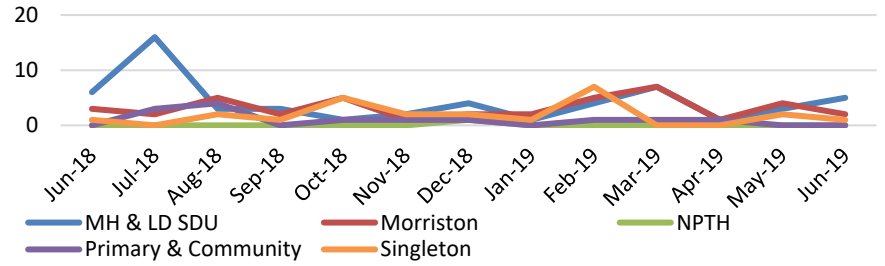
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** June 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

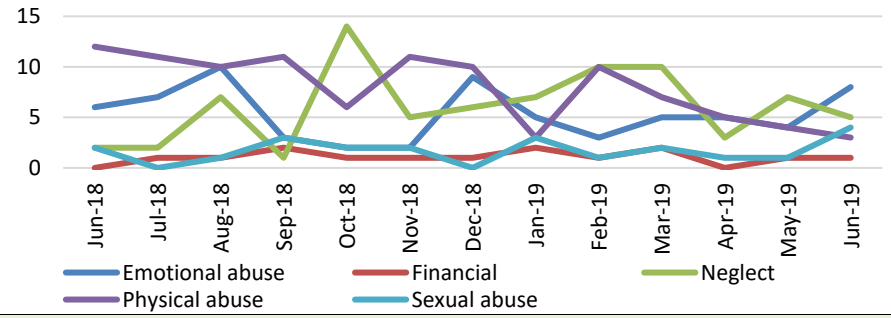
(1) Number of Safeguarding Adult referrals relating to Health Board staff/services (ABMU up to Mar-19)



(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)

Jun-19	Emotional abuse	Financial	Neglect	Physical abuse	Sexual abuse	Total
MH & LD SDU	7	1	0	3	4	15
Morriston Hospital SDU	1	0	3	0	0	4
NPT Hospital SDU	0	0	0	0	0	0
Singleton Hospital SDU	0	0	1	0	0	1
P & CC SDU	0	0	1	0	0	1
Total	8	1	5	3	4	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?

- (1) The number of safeguarding adult at risk referrals relating to Health Board (HB) staff or services continue to vary each month.
- (2) The trend indicates a slight decrease in the level of referrals in comparison to the previous quarter.
- (3, 4) Mental Health & Learning Disabilities Service Delivery Unit (SDU) consistently have the highest number of adult at risk referrals, which can be expected due to the complexities and vulnerabilities of the client group with most referrals relating to allegations of abuse of a patient by another patient. It is of note that there is a gradual increase in cases of sexual and emotional abuse and a correlation between the themes is expected.

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, with the first event having successfully taken place in June 2019 and well-attended by all levels of staff. The themes and trends of adult safeguarding cases across the Health Board are monitored and analysed by the Corporate Safeguarding team. To ensure regular updates to the Safeguarding Committee and Quality and Safety Committee, as from April 2019 a quarterly report is now produced and submitted.

What are the main areas of risk?

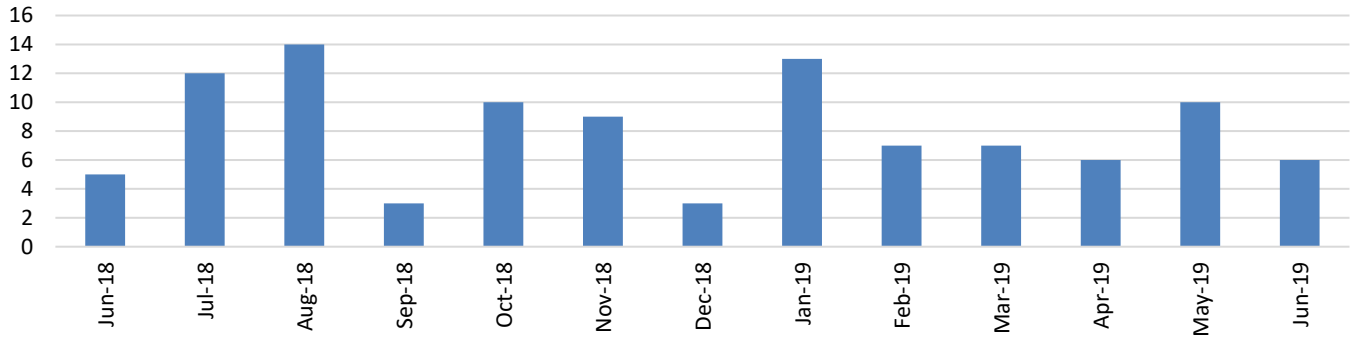
- Achieving legislative requirements of timescales to complete initial enquiries for safeguarding adult referrals – this is recorded within the Corporate Safeguarding Team, and Service Delivery Units are required to report breaches on their performance reports.
- The Health Board is engaging with its Local Authority partners to implement a robust process in order to fulfil its duty to report adults at risk to the Local Authority. Progress has been made with the development of a Regional Integrated Referral/Reporting form. This work is being led by our Regional Local Authority partners. The Health Board has engaged with its LA partners outside the HB footprint to ensure due processes are followed.

How do we compare with our peers?

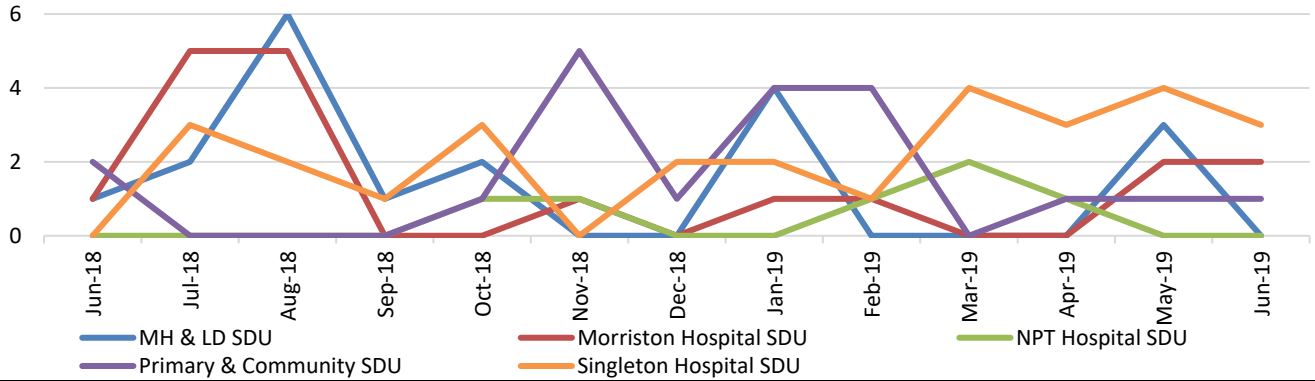
- Peer information is not available for comparison.

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:** June 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

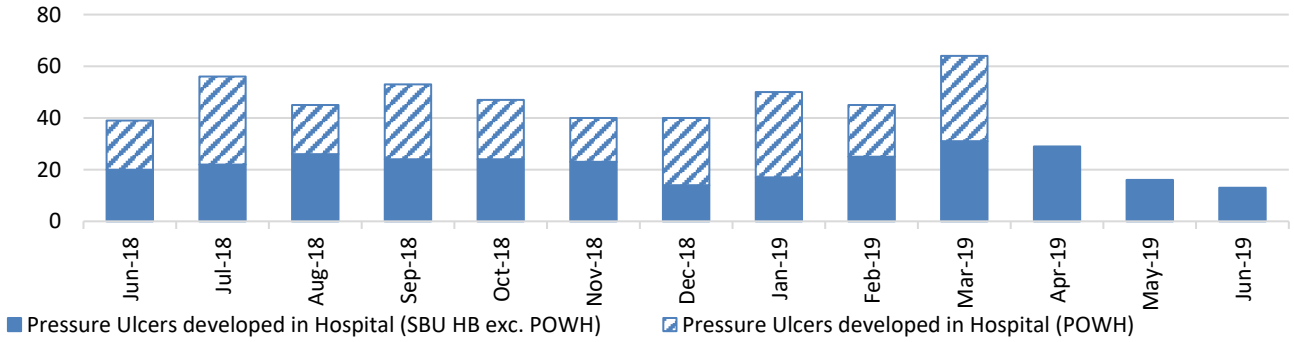


Source : Datix System

Measure 1: Number of Safeguarding Children Incidents
How are we doing?
• During the last quarter there has been a reduction in the overall mean number of reported safeguarding children incidents. A spike in the number of Mental Health & Learning Disabilities Service Delivery Unit incidents is indicative of the use of the CAMHS bed on an adult mental health ward. 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. The data is currently obtained by contacting the relevant LA and requesting the information, but LA's do not always collate and report this in a consistent manner.
What actions are we taking?
• The Children's Trigger list was revised in November 2018 and a link has been added on Datix giving guidance for Safeguarding Children Incident Alerts. The list will be revised on an annual basis to ensure its appropriateness in capturing relevant information. • Local audits of the revised Risk Assessment Tool for Children admitted to Adult Ward Environments will take place within the Service Delivery Units (SDU) and these will be reported to Safeguarding Committee. • In order to capture the number of Safeguarding Children referrals made by health board 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. This work is being led by our Regional Local Authority partners with anticipated implementation from autumn 2019. Once implemented the Extended Safeguarding Team will work with the Corporate Safeguarding Team to ensure accurate recording of referrals.
What are the main areas of risk?
• There is currently no robust method to capture all Safeguarding Children activity across the Health Board.
How do we compare with our peers?
• Comparison data from peer organisations not available.

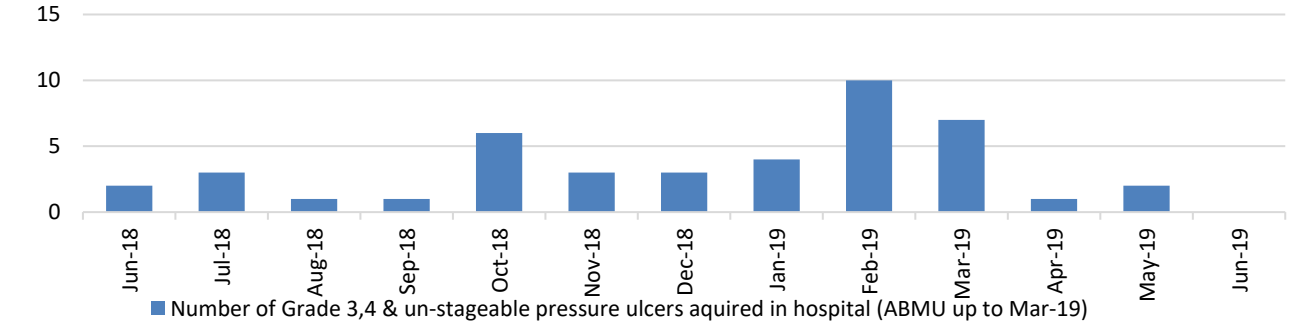
PRESSURE ULCERS ACQUIRED IN HOSPITAL						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support			
Health Board Strategic 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:** June 2019		
				Current Status *(against profile):*	**Movement:** *(12 month trend)*	
Measure 1: Total Number of pressure ulcers acquired in hospital		Reduce	Reduce	✓	↓ ●	
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in hospital		Reduce	Reduce	✓	↓ ●	

(1) Total number of Pressure Ulcers acquired in hospital.



Benchmarking

(2) Number of Grade 3, 4 and un-stageable pressure ulcers acquired in hospital



Source : INCIDENT DATA FROM DATIX

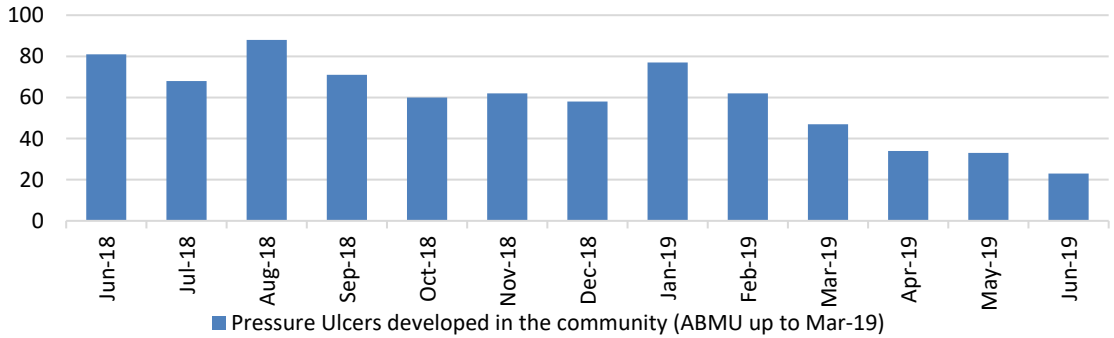
Measure 1: Total Number of pressure ulcers acquired in hospital Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in hospital
How are we doing?
• The measure for pressure ulcers is displayed as the number of pressure ulcers acquired in hospital. • There has been a decrease in the rate of pressure ulcer development for in-patients during June 2019. • The number of pressure ulcers decreased from 16 in May to 13 in June 2019. • There has been a consistent month on month reduction in the number of pressure ulcers occurring on in-patients during the 1st quarter of 2019. • Two device related pressure ulcers were reported in June 2019, occurring in Morriston Hospital, both were superficial. • No pressure ulcers were reported in Mental Health during June 2019. • The number of serious pressure ulcers, that is, Grade 3, 4 and unstageable (US) has decreased from 2 in May to 1 in June 2019. • No avoidable serious incident pressure ulcers were reported to Welsh Government during the 1st quarter 2019.
What actions are we taking?
• The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's) and the executive team. • PUPSG continue to work closely with Welsh Risk Pool (WRP) to deliver the Health Board Pressure Ulcer Strategic Quality Improvement Plan. • The successful partnership working between PUPSG and WRP has been recognised nationally and the team is a finalist in the NHS Wales Awards 2019. • The quarterly SDU report template for PUPSG has been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting. • Peer review scrutiny panels are held in each hospital to identify causal factors for pressure ulcer development. • Analysis of local pressure ulcer causal factors is undertaken to identify trends. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers. • Each SBUHB delivery unit are being supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG. • There is a recurring theme of pressure ulcers developing when agency staff are involved in each hospital. A number of work streams are underway to reduce this risk including safety huddles for ward handovers. • Incomplete documentation continues to be a contributory factor. All SDU's have plans in place for pressure ulcer prevention documentation audit. • Targeted and on-going formal and informal pressure ulcer prevention and recognition education is provided by TVN's and PUPIS. • The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and will be available on ESR. The e-learning will be supplemented by face to face training delivered by TVNs to coincide with the role out of the digitalisation of nursing risk assessment across the health board. • The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to Nursing Midwifery Board for approval.
What are the main areas of risk?
• Continued difficulty with maintaining nurse staffing levels on wards, with a significant increase in the number of agency staff during March 2019.
How do we compare with our peers?
• Benchmarking data not available.

PRESSURE ULCERS ACQUIRED 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: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

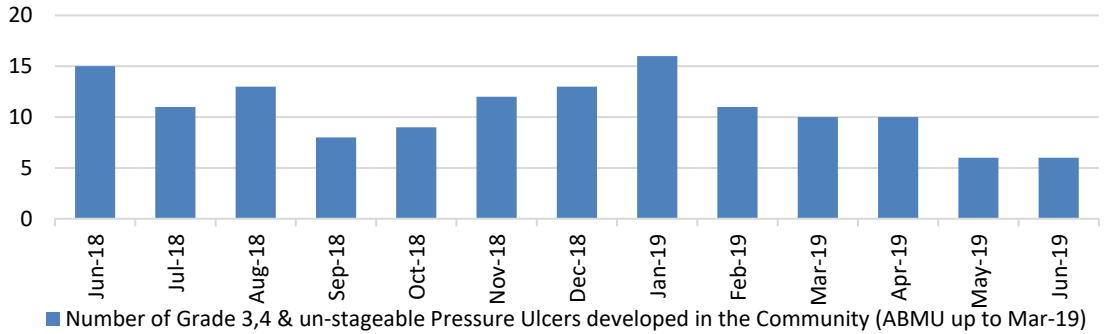
	Annual Plan Profile	**WG Target**	**Period:** June 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in the community.	Reduce	Reduce	✓	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community.	Reduce	Reduce	✓	↓ ●

(1) Total Number of pressure ulcers acquired in the community.



Benchmarking

(2) Number of grade 3, 4 and unstageable pressure ulcers acquired in the community.



Source : INCIDENT DATA FROM DATIX

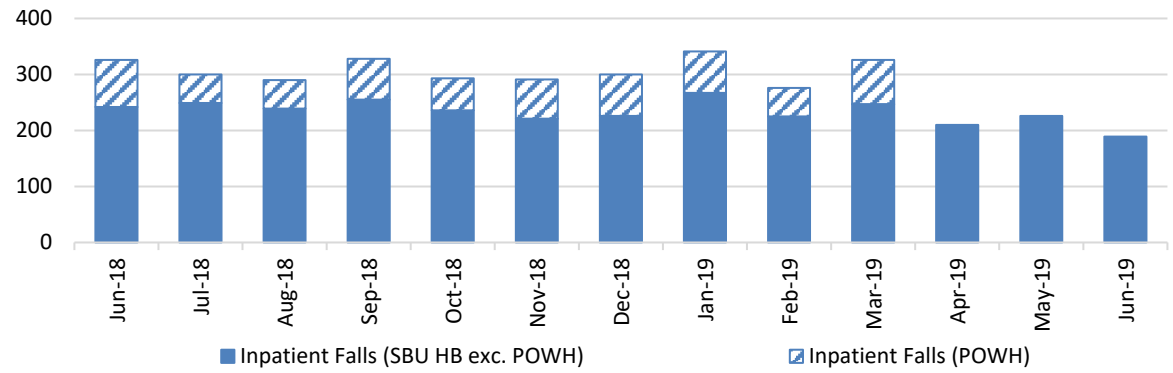
Measure 1: Total Number of pressure ulcers acquired in the community. Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community
How are we doing?
• There has been a sustained reduction in community acquired pressure ulcers since January 2019. • June 2019 again saw an improvement in prevention of pressure ulcers, 23 incidents of pressure ulceration compared to 33 incidents reported in May 2019. • This reduction of pressure ulcers equates to a 30% decrease in pressure ulcers developed in June 2019 compared to May 2019 • There were no community acquired device related pressure ulcers reported during June 2019. • There has been no change in the number of serious pressure ulcers, that is, Grade 3, 4 and unstageable occurring in the community, between May and June 2019. No avoidable serious incident pressure ulcers were reported to Welsh Government during the 1st quarter 2019.
What actions are we taking?
• The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's) and the executive team. • PUPSG continue to work closely with Welsh Risk Pool (WRP) to deliver the Health Board Pressure Ulcer Strategic Quality Improvement Plan. • The successful partnership working between PUPSG and WRP has been recognised nationally and the team is a finalist in the NHS Wales Awards 2019. • The quarterly SDU report template for PUPSG has been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting. • Community peer review scrutiny panels are held in Swansea and Neath Port Talbot and by Nurse Assessors for nursing home patients, to identify causal factors for pressure ulcer development. • Analysis of local pressure ulcer causal factors is undertaken to identify trends. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers. • Each SBUHB delivery unit are being supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG. • The community Pressure Ulcer Improvement Group meets quarterly to receive feedback and learning from the local community scrutiny panels and PUPSG. • Work has been undertaken to improve the availability and timely access to pressure relieving equipment. Nursing staff are able to respond quickly to changes in patient condition and equipment requirements. • Incomplete documentation continues to be a contributory factor. All SDU's have plans in place for pressure ulcer prevention documentation audit. • Targeted and on-going formal and informal pressure ulcer prevention and recognition education is provided by TVN's and PUPIS. • The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and will be available on ESR. The e-learning will be supplemented by face to face training delivered by TVNs to coincide with the role out of the digitalisation of nursing risk assessment across the health board. • The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to Nursing Midwifery Board for approval.
What are the main areas of risk?
• The Primary Care & Community Services Delivery Unit are supporting large numbers of frail older people at home who are at increased risk of developing pressure damage.
How do we compare with our peers?
• No benchmark data 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		

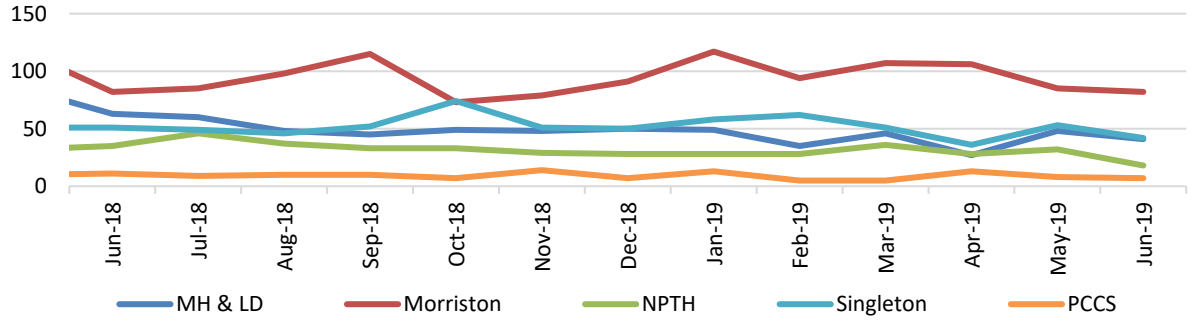
	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of Inpatient Falls	N/A	N/A		↓

(1) Total number of Inpatient Falls



Benchmarking

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



Source : Incident data from DATIX

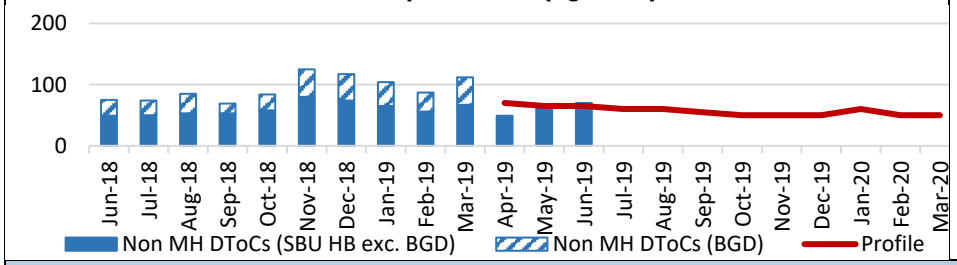
Measure 1: Total Number of Inpatient Falls
How are we doing?
• March 2019 shows 247 falls excluding POWH, June 2019 has 189 falls overall. Morriston had a slight rise to 107 in March 2019, with a reduction to 82 in June 2019. Singleton has a slight rise in February to 62 and has reduced back down to 51 in March with a further reduction to 42 June 2019. NPT has shown a rise to 36 in March reduced to 18 June 2019. MH /LD recorded 46 falls in March 2019 reducing to 41 June 2019. PCCS 5 falls March 2019, 7 June 2019.
What actions are we taking?
• All Service delivery units are providing Falls management / prevention training. • Appropriate printed documentation delivered to Delivery Units for immediate use following Launch Date. • Quarterly meetings of the 'Hospital Falls Injury Prevention Strategy Group' have been established. • Comprehensive Falls Training Implementation Plan has been developed for the Health Board. • A Strategic Quality Improvement plan (SQuIP) will be developed as a monitoring process. A proposal paper will be presented to the next meeting. A Causal Factors Matrix will also be developed.
What are the main areas of risk?
• The Health Board (HB) policy is due to be 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 is due to be launched in September 2019.

3.3 EFFECTIVE CARE

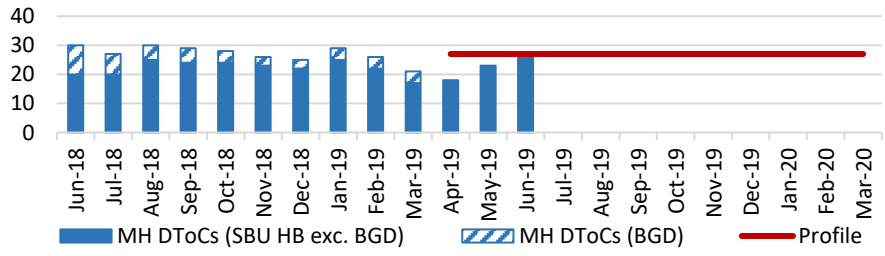
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my 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:** June 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities (age 75+)	65	12 month reduction trend	✗	↑ ●
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)	27	12 month reduction trend	✓	↓ ●

(1) Number of Delayed Transfers of Care for non-mental health specialities (age 75+)

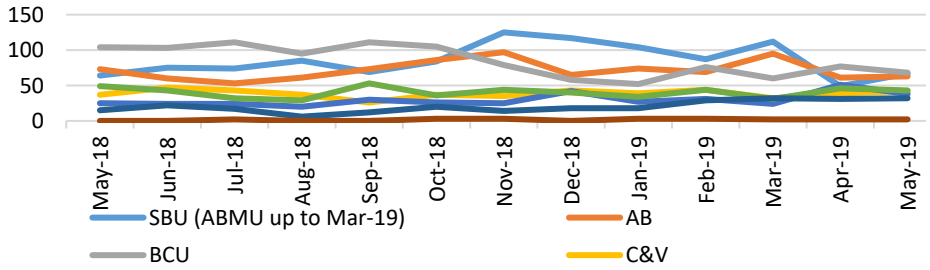


(2) Number of Delayed Transfers of Care for mental health (all ages)

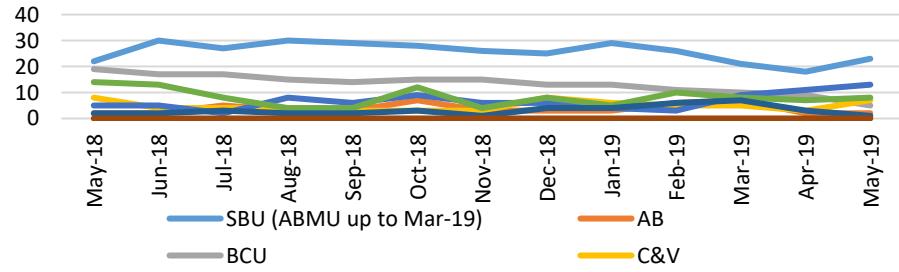


Benchmarking

(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 (June 2019)

Measure 1: Number of Delayed Transfers of Care for non-mental health specialities (age 75+)
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)
Measure 3: Number of Delayed Transfers of Care per 10,000 LA population for non-mental health specialities (age 75+)
Measure 4: Number of Delayed Transfers of Care per 10,000 LA population 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 April 2019 was 67.
- The number of patients delayed increased in May to 60 and then 97 in June.
- Health associated delays reduced in April 14.93% and then increased in May 33.3% and reduced in June to 31%.
- Social Services associated delays in April 47.76% and then reduced to 43.3% in May and increased to 46% June.
- Overall legal challenges over the three months was low at around 2%.
- Choice related issues were a significant challenge in April at 34% and then reduced to 22% in May and 21% in June.
- Per 10,000 LA population 75+ years Swansea was for April 18.8, May 26.9, June 32.7.
- Per 10,000 LA population 75+ years NPT was for April 15.5, May 13.9, June 19.3.
- Delays across the system remain in the top across wales

What actions are we taking?

- Implementing the DToC improvement programme focussing on reducing delayed transfers of care within our HB. This is a clinically led programme and the key aims are to:
  - Standardise the approach taken across all Units to weekly stranded patient meetings.
  - Establish centralised senior manager monthly DTOC validation scrutiny meeting and monthly debrief meeting.
  - Improve and quicken the assessment process between organisations.
  - Improve communication between organisations.
  - Implement and develop new pathways of care to support discharge, e.g. ESD service at NPT.
  - 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.

What are the main areas of risk?

- Capacity in the care home sector and fragility and capacity of the domiciliary care market in some parts of 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.

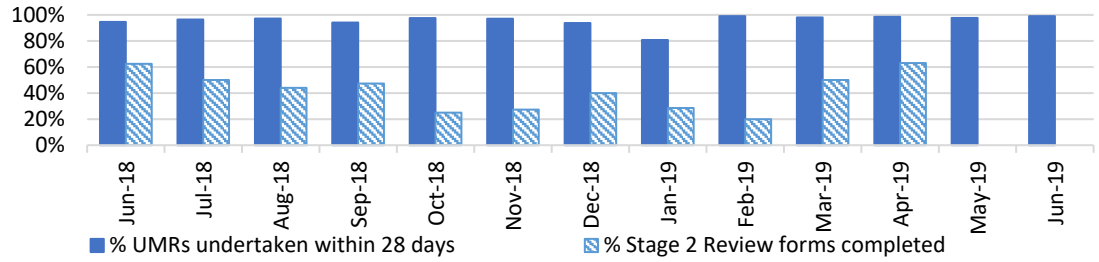
How do we compare with our peers?

- SBU HB is seeing an increasing trend in the overall number of delayed transfers of care, whereas the majority of other Health boards are seeing a reducing or stable position.

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		

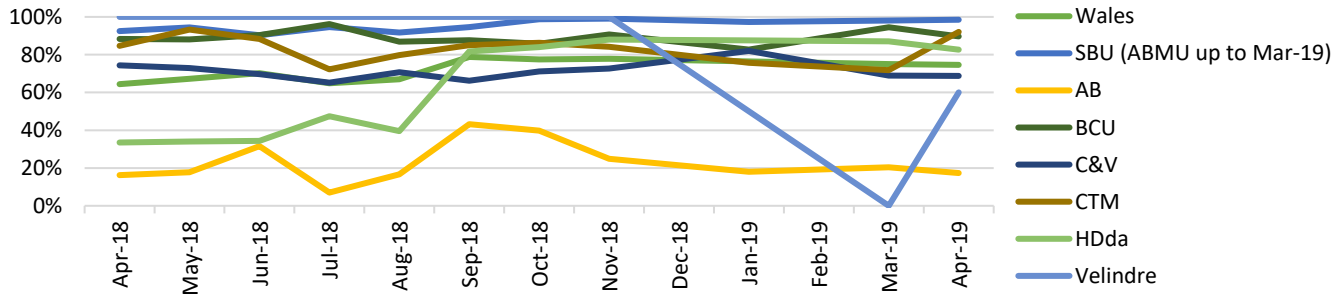
	Annual Plan Profile	**WG Target**	**Period:** June 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

(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 (June 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 98.5% completion of UMRs within 28 days of death in April 2019.
- The Health Board UMR rate reported in June 2019 was 99%.
- Neath Port Talbot Hospital (NPTH) and Singleton both maintained 100% and Morriston 99%.
- There were 2 missing UMR forms, both in Morriston.
- Completion of Stage 2 reviews for April 2019 deaths was at 63%.
- 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.
- The Patient Affairs Office at Morriston has made good progress in recent months in compliance with Stage 1 reviews by following models in use at other Units.

What are the main areas of risk?

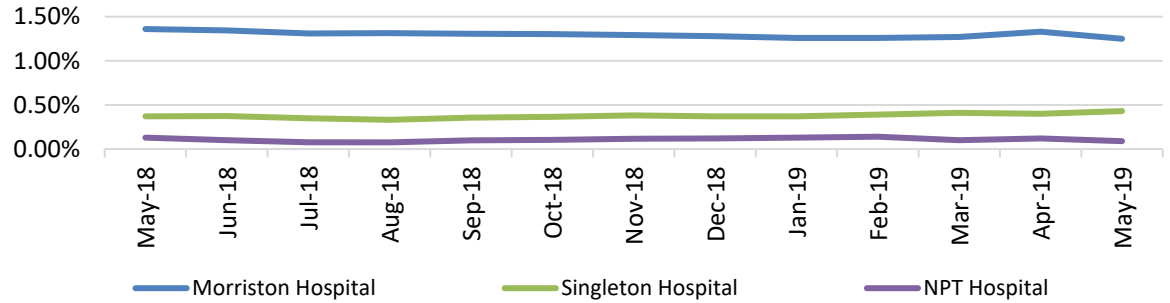
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of ‘Stage 2’ reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment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

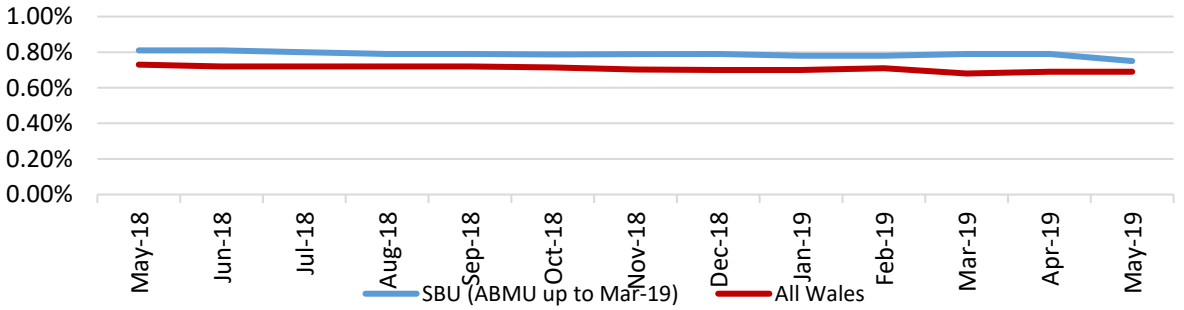
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful		**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality 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:** May 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)

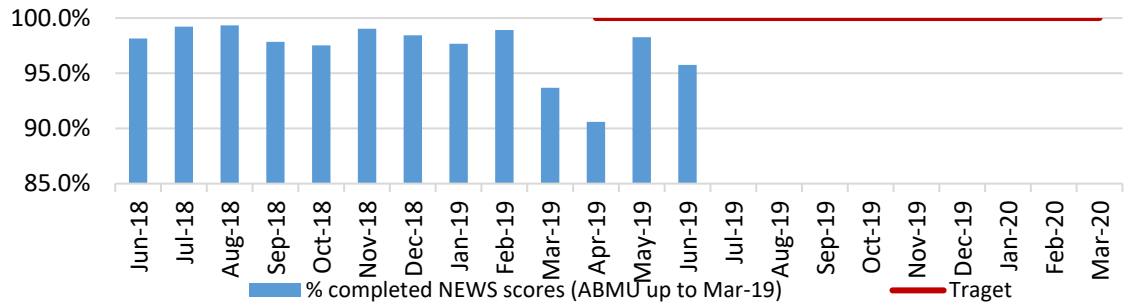


Source: NHS Wales Delivery Framework, all-Wales Performance Summary (June 2019)

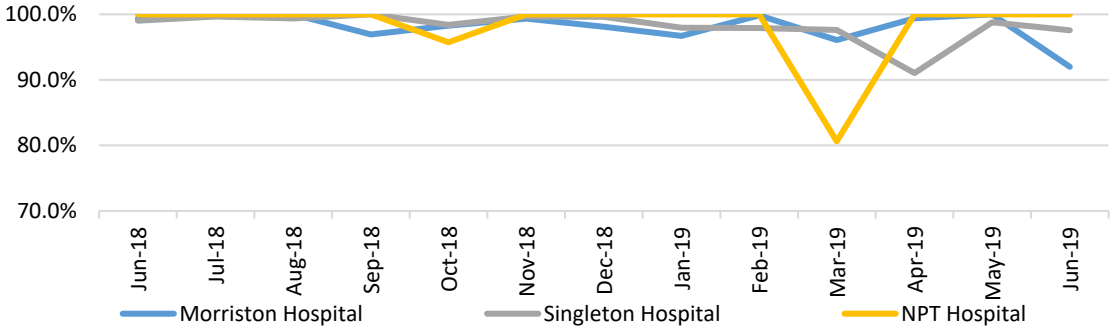
Measure 1: Crude hospital mortality rate (less than 75 years of age)
How are we doing?
• The SB UHB Crude Mortality Rate for under 75s in the 12 months to May 2019 was 0.75%, compared with 0.78% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.25% (1.33%), Neath Port Talbot 0.10% (0.16%), Singleton 0.43% (0.42%). Site comparison is not possible due to different service models being in place. • There were 69 in-hospital Deaths in this age group in June 2019 and 63 in June 2018: Morriston 53 (43), Neath Port Talbot Hospital 0 (0), and Singleton 13 (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 May 2019 – 0.75% compared with 0.69%. • 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:** June 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)

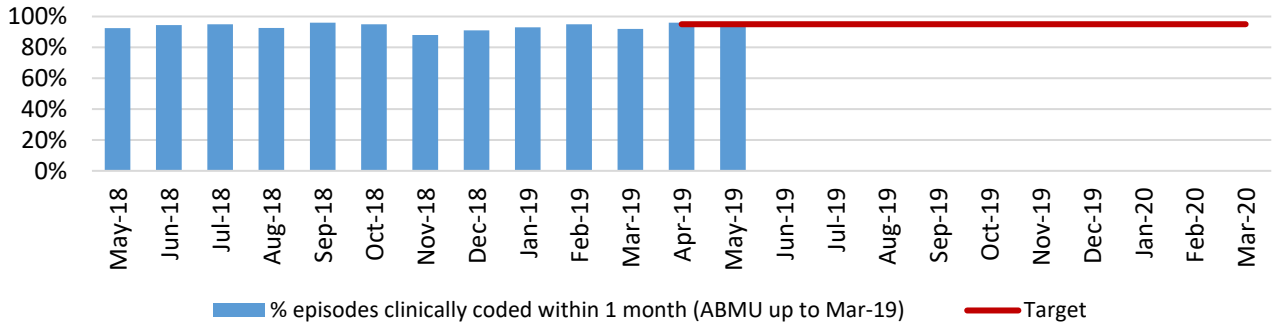


Source: Nursing Care Metrics (June 2019)

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 Recognising Acute Deterioration and Resuscitation (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 been inconsistent; Singleton have been unable to provide data after December 2018. Morriston has reported retrospective data for Sept 18-March 19. The data is limited, compiled from basic analysis of available screen tools, but does meet the complete dataset request by WG. • 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 health board. • Replacing all existing defibrillators at Morriston & NPT with newer machines capable of CPR feedback. Singleton to follow later. • 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 health board ahead of our peers in Wales. SB UHB has been the first to create a governance structure that allows the organisation to have oversight of acute deterioration.

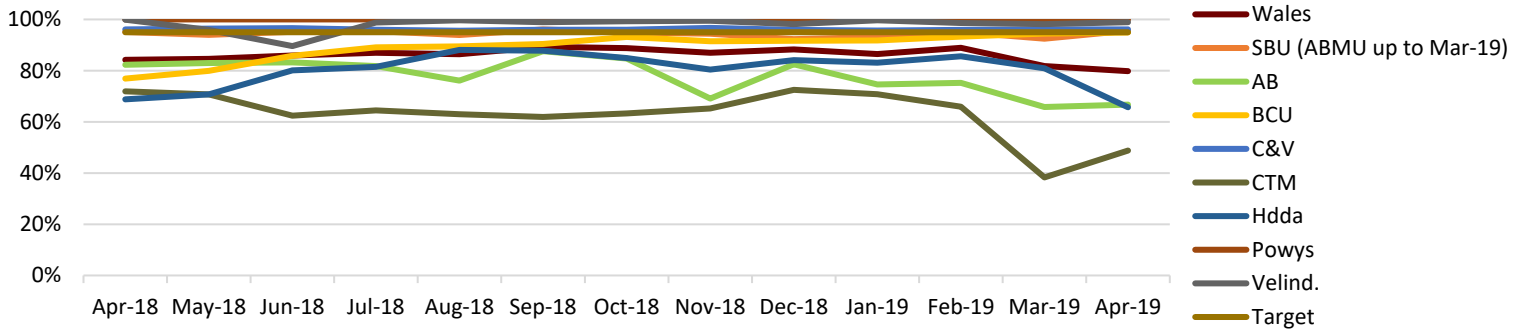
CLINICAL CODING						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research 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:** May 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



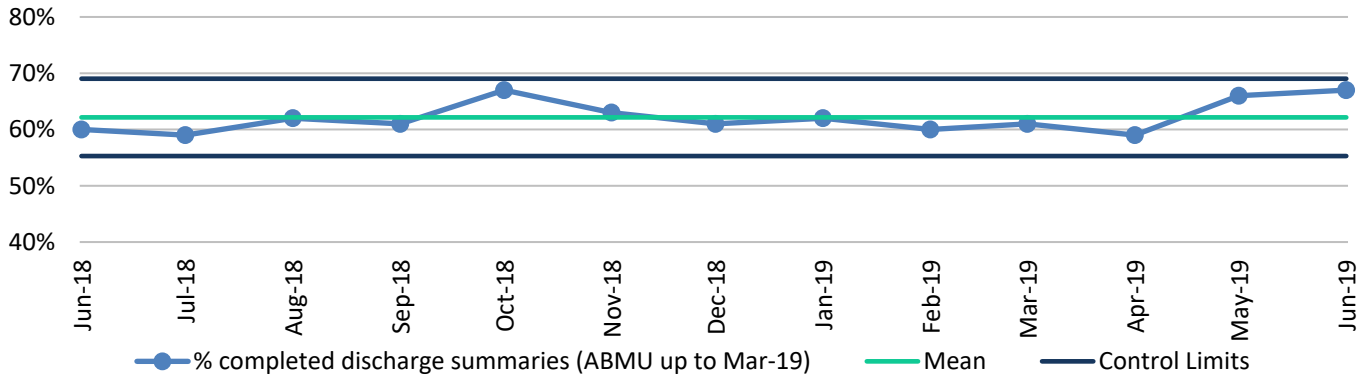
Source: NWIS Clinical Coding Extract June 2019

Measure 1: % episodes clinically coded within one month post episode end date
How are we doing?
• The completeness within 30 days for 2019/20 (snapshot position) was April 96%, and May 96%. • The cumulative coding completeness for 2019/20 financial year is so far, April 98%. • For May the team exceeded the 95% clinical coding completeness Welsh Government target and it was reached 'in month' with the additional support of the coding management team and overtime. • 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. • During May the annual NWIS clinical coding audits were commenced and the coding accuracy results were very good. All accuracy percentages were well above the recommended 90% for primary diagnosis and primary procedures and 80% for secondary diagnoses and secondary procedures. • The Coding Accuracy measure also increased by 2.88% for the 3 SBUHB hospital sites in comparison to the previous year for Morriston, Neath Port Talbot and Singleton Coding Departments to 90.93% overall.
What actions are we taking?
• Review of roles and responsibilities in the department to ensure that processes are performing 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 being proactively managed. • A Swansea Bay UHB capacity and demand analysis being completed to understand the needs of the service in 2019/20 and beyond. • Completion of the Wales Audit Office (WAO) 2018 Clinical Coding Review action plan.
What are the main areas of risk?
• Maintaining the productivity levels in 2019/20 whilst the remaining trainee Coders pass their examination and the availability of the Health Records in a timely manner.
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). SB UHB is one of the top performing Health Boards. Currently Welsh Government cannot identify the date coded field in the APC extract and therefore the national coding extract is taken 2 weeks after the Health Board position is captured, therefore improving the completion compliance. As a result national reporting of SBUHB compliance is higher than that reported internally. SB UHB records and monitors the target correctly. NWIS are reviewing the APC extract to address this discrepancy.

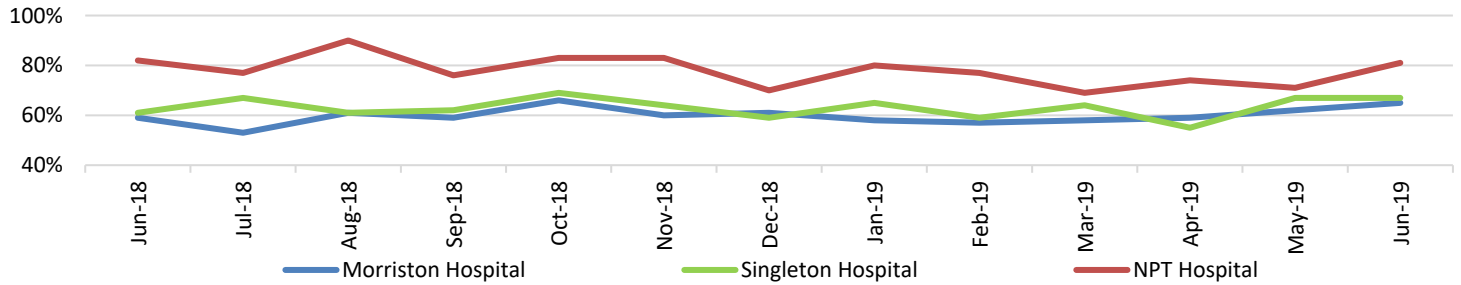
DISCHARGE SUMMARIES

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:** June 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: Electronic Transfer of Notification (ETOC) Dashboard

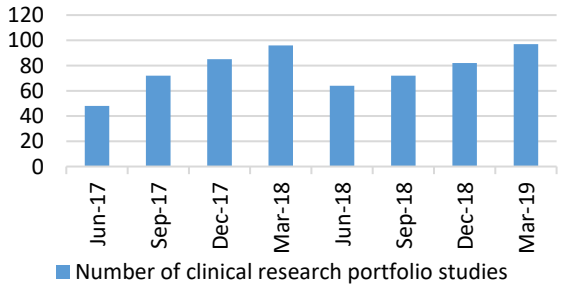
Measure 1: % of completed discharge summaries
How are we doing?
• Performance has been consistent over the last 12 months, with the majority of discharge notifications being completed • The overall Health Board performance in June 2019 was 69% of discharges ever completed, an improvement of 7% from March 2019 • In June 2019, 41% of electronic discharge notifications were sent to GPs within 24 hours of discharge and 58% within 5 days. • The Mental Health and Learning Disabilities Unit performance is the highest performer with 80% being sent within 5 days, but this is also the unit with the lowest rate of discharge (just 35 in one month) compared with Morriston (3409) in the same period. Please note that concerns as to the accuracy of the Electronic Transfer of Notification (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', 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. • Unit Medical Directors (UMDs) have been being 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 Medical Director and the relevant UMDs met with Trauma & Orthopeadics 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 Local Medical Committee (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

RESEARCH

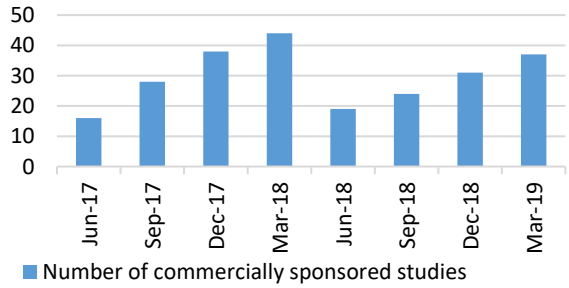
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice
Health Board Strategic Aim:	Excellent patient outcomes, experience & access	**Health Board Enabling Objective:**	Outstanding research innovation, education and learning
Executive Lead:	Richard Evans, Executive Medical Director		

	Annual Plan Profile	WG Target	**Period:** March 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Number of Health and Care Research Wales clinical research portfolio studies	106	10% Improvement	✗	↑
Number of Health and Care Research Wales commercially sponsored studies.	46	10% Improvement	✗	↓
Number of patients recruited in Health & Care Research Wales clinical research portfolio studies	2,428	5% Improvement	✗	↑
Number of patients recruited in Health & Care Research Wales commercially sponsored studies	421	5% Improvement	✗	↓

Number of Health and Care Research Wales clinical research portfolio studies

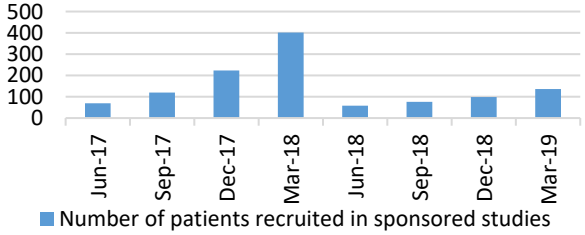


Number of Health and Care Research Wales commercially sponsored studies.



Number of patients recruited in Health & Care Research Wales clinical research portfolio studies

Number of patients recruited in Health & Care Research Wales commercially sponsored studies.



Benchmarking

LHB	Q1-Q4 18/19			
	Measure 1	Measure 2	Measure 3	Measure 4
Wales	417	118	19,918	961
ABM	97	37	2,276	136
AB	88	12	2,134	148
BCU	81	9	1,553	239
C&V	205	53	6,251	328
Ctaf	70	9	3,616	41
HDda	58	5	1,085	43
Powys	6	0	34	0
PHW	3	0	2,545	0
Velindre	49	13	406	26
WAST	2	0	18	0

Note: As some studies are operating across multiple HBs, the All Wales figure represents the number of unique studies as opposed to the sum of the HB and Trusts.

Source : NHS Wales Delivery Framework, All Wales performance summary (March 2019)

Number of Health and Care Research Wales clinical research portfolio studies.
Number of Health and Care Research Wales commercially sponsored studies.
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies.
Number of patients recruited in Health and Care Research Wales commercially sponsored studies.

How are we doing?

- For measures 1 & 3, at the end of Q4 18/19 we have 97 studies open & recruiting and 2,276 patients recruited into portfolio studies – this is 91% and 92% of respective targets achieved.
- For measures 2 & 4, relating to number of commercial studies and the number of patients recruited into commercially sponsored studies, at Q4 we have 37 studies open and recruiting and 136 patients recruited. Therefore, we are at 80% and 32% of target achieved for measures 2 & 4 respectively. Measure 4 was particularly low due to a high recruiting study finishing this year which inflated the figures for the previous year, this fluctuation across years is an ongoing issue considering the nature of research. A high recruiting study may finish where there is not automatically an equally high recruiting study ready to start as one finishes. Measures around retention of patients in follow up of clinical trials would be an equally worthwhile indication of research activity and quality within the Organisation.
- The impact of Brexit cannot be ignored as we have seen global pharma choosing not to be place studies in the UK due to the potential pending regulatory system differences however we will continue to use our strengths as UK preferred site and centre of excellence status (JCRF) to continue to open new commercial studies and recruit patients accordingly. The enthusiasm and time commitment of local clinicians to work with pharma will be essential to enable an upward trend.
- To note, the Welsh Government metrics for Health & Care Research are in the process of changing and the funding formula is also currently undergoing review and revision.

What actions are we taking?

- Engagement in expressions of interest process led by Health and Care Research Wales to identify new portfolio and commercial studies.
- Ensure efficient response times during feasibility and set up to attract Sponsors.
- Effective deployment of research delivery staff to ensure recruitment strategies are maximised.

What are the main areas of risk?

- Impact of UK losing studies in globally competitive environment.
- Slow responses – time for clinicians to respond to expressions of interest and feasibility.
- There is a general decline in R&D activity, especially commercial, in the UK and this may reflect uncertainties around Brexit. One of the few EU institutions to leave the UK immediately was the Medicines and Healthcare products Regulatory Agency (MHRA) which has moved from London to Amsterdam.

How do we compare with our peers?

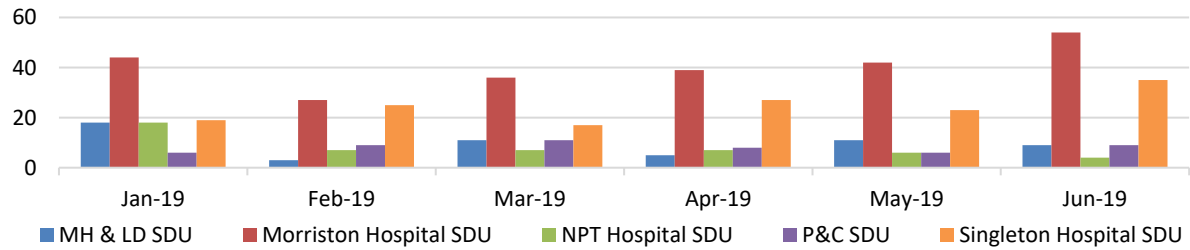
- At the time of writing this report the latest benchmarking available was March 19 which related to ABMU Health Board.
- For 18/19, ABMU achieved above the Welsh average target for recruitment along with Cardiff & Vale and Cwm Taf University Health Boards.

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:** June 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%	80%	✓	↑
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

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
MH & LD SDU	100%	100%	83%	100%	100%	83%	91%	50%	88%	67%	100%	100%	100%
Morriston Hospital SDU	83%	90%	87%	84%	92%	95%	100%	89%	98%	92%	92%	97%	97%
NPT Hospital SDU	100%	100%	88%	75%	83%	44%	100%	100%	63%	86%	71%	86%	83%
P&C SDU	63%	63%	55%	38%	76%	79%	50%	88%	50%	55%	55%	63%	73%
Singleton Hospital SDU	65%	88%	83%	94%	63%	100%	86%	67%	89%	75%	59%	70%	62%
Health Board Total	83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%

(3) % of acknowledgements sent within 2 working days

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

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 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 134 formal complaints in April 2019, compared to 120 for April 2018. 139 formal complaints in May 2019, compared with 115 for May 2018 and 115 formal complaints in June 2019, compared with 89 for June 2018.
- The overall Health Board response rate for responding to concerns within 30 working days was 83% for May 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 April 2019, identified 88 contacts of which 6.8% (6) converted to formalised complaints. In May 2019 there was 108 PALS contacts with 5 of them escalating to formal complaints. For June 2019 there was 116, one of which converting into a formal complaint.

What actions are we taking?

- Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. May's performance for the Health Board was 83%
- During the period 1st April 2019 to 30th June 2019, 388 formal complaints were made. Last year for the same time period we received 324 formal complaints that is an increase of 64 formal complaints made this year. This is due to the introduction of 'Once for Wales' Guidance from Welsh Government, which has changed the way the Health Board logs and responds to concerns. Early Resolutions (previously called Informal concerns) will now have to be logged as Formal concerns if they are not responded to by the Units within 2 working days. The PFT have changed all Early Resolution concerns not responded to within 2 days received after 1st April 2019 to Formal concerns which has caused the increase in the data for this period. Another change brought by the introduction of 'Once for Wales' is that each Health Board in Wales have previously been provided with 31 working days to respond to complaints (or 3 days for early resolutions). Welsh Government have advised that this will no longer be the case & that from 1st April 2019 all Health Board's will have to count the first day of the receipt of a complaint as 'Day One', in line with the Putting Things Right Guidance.
- Currently there are 46 open Ombudsman investigation cases; Morriston 16, Princess of Wales 7, Singleton 8, Mental Health & Learning Disabilities 2, NPT 2 and ; Primary Care and Community Service 11. 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 June 2019 we have received 5 new investigations.
- The Concerns Assurance Manager has recently presented Complaints Training on the Consultant Development Programme, which was most helpful at gaining clinical insight into Complaints and Ombudsman concerns. The Health Board's Ombudsman Improvement Officer from the Public Services Ombudsman for Wales also attended the Consultant Development Programme and relayed his expectations in an insightful presentation. The PFT will continue to attend this programme. A tailored training programme is currently being implemented by the Patient Feedback Team based on Ombudsman Themes and Trends and examples of how Governance Teams can improve responses is in the process of being rolled out to each Delivery Unit.

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?

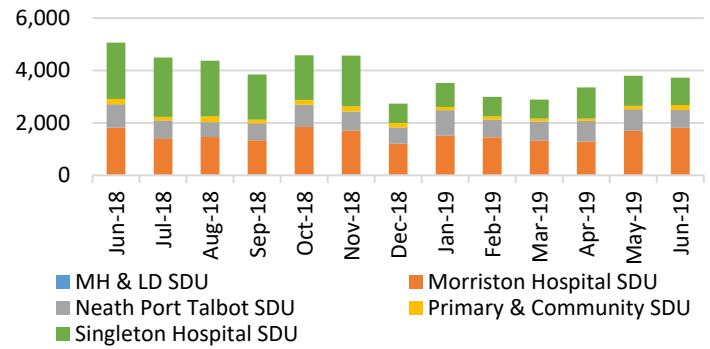
- No monthly all-Wales data to compare.

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		

	Local Target	WG Target	**Period:** June 2019	
			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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MH & LD SDU	79%	31%	65%	90%	93%	80%	75%	50%	73%	73%	73%	76%	81%
Morriston Hospital SDU	94%	94%	92%	93%	95%	95%	91%	94%	94%	94%	93%	94%	95%
Neath Port Talbot SDU	99%	99%	98%	98%	98%	99%	99%	98%	98%	99%	98%	99%	99%
Primary & Community SDU	94%	93%	93%	94%	96%	95%	92%	97%	98%	99%	96%	96%	96%
Singleton Hospital SDU	97%	96%	97%	97%	96%	95%	96%	92%	95%	94%	96%	97%	94%
HB Total	**96%**	**96%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**

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

Benchmarking

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
SBU (ABMU up to Mar-19) Response %	16.9%	30.1%	26.1%	26.8%	21.8%	22.9%	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%
SBU (ABMU up to Mar-19) Recommendation %	95.4%	97.2%	96.5%	96.2%	96.3%	96.5%	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%
Top Equivalent Organisation Response %	27.3%	27.0%	19.3%	19.8%	17.0%	18.3%	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%
Top Equivalent Organisation Recommendation %	94.2%	92.0%	94.1%	97.1%	92.9%	93.2%	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%
NHS England Benchmark Response %	25.1%	24.8%	24.8%	24.6%	24.2%	24.5%	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%
NHS England Benchmark Recommendation %	95.8%	95.7%	95.6%	95.5%	95.5%	95.5%	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 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 June was 96%.
- Neath Port Talbot Hospital (NPTH) completed 681 surveys for June, with a recommended score of 99%.
- Singleton Hospital completed 1,046 surveys for June, with a recommended score of 94%.
- Morriston Hospital completed 1,811 surveys for June, with a recommended score of 95%.
- Mental Health & Learning Disabilities completed 16 surveys for June, with a recommended score of 81%.
- Primary & Community Care completed 188 surveys for June, with a recommended score of 96%.

What actions are we taking?

- Patient Feedback Themes, performance results and hotspots are reported in our Quarterly Patient Experience Report. Each Service Delivery Unit receives a quarterly detailed report identifying the themes and develops an action plan for improvement at SDU level. The current report, which covers April 2019 to June 2019 has the following data:

  The main themes identified in the low scoring areas above were:

  - Delays in appointments.
  - Delays in receiving test results.
  - Temperature in areas too warm.
  - Food not being up to a high standard.
  - Car parking on all sites (ongoing issues).
- **Working with GP's and Macmillan:** You may remember we developed a bespoke patient feedback survey for the GP Upper Valley cluster and Macmillan during late 2018. From the survey results, Macmillan and the GP cluster are working on the following improvements:

1. Training non-clinical staff to become cancer champions, signposting, point of contact etc.
2. Creating a short video on practices showing results on sign and symptoms and what they look for.
3. Creating a poster to feedback information to service users/ patients.
4. Offering bespoke training for nurses to carry out cancer care reviews.

The cluster have signed up to the Macmillan quality improvement toolkit.

- **Celebrating Patient Experience Week (3rd – 7th June)**

The Celebration of Patient Experience is a global event. The annual event aims to inspire, celebrate accomplishments and recognise and re-energies the staff who impact patient experience every day, under the slogan 'we are all the patient experience'.

This year is the first year Swansea Bay held listening events across its three main sites. Staff wrote pledges, patients, and visitors left comments on the listening tree. Musicians played in the main outpatient at Morriston Hospital and Patient stories showcased at Swansea Bay Head Quarters.

The Unit Nurse Directors and Governance Manager across Swansea Bay all received the feedback sheets.

What are the main areas of risk?

- The reduction in the volume of the Friends and Family Cards may be affected by the vacancies for PALs officers across the Delivery Units. The PALS officers are instrumental in driving the completion of the Friends and Family.
- Development of new patient feedback system, with regards to the Once for Wales System.

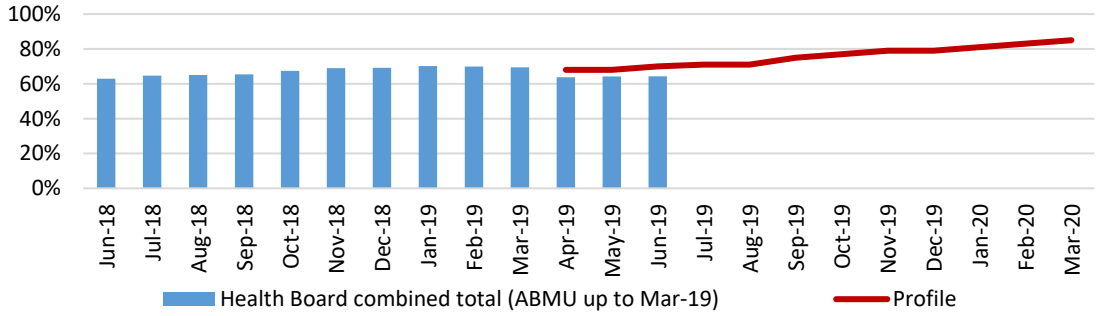
How do we compare with our peers?

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

3.6 OUR STAFF AND RESOURCES

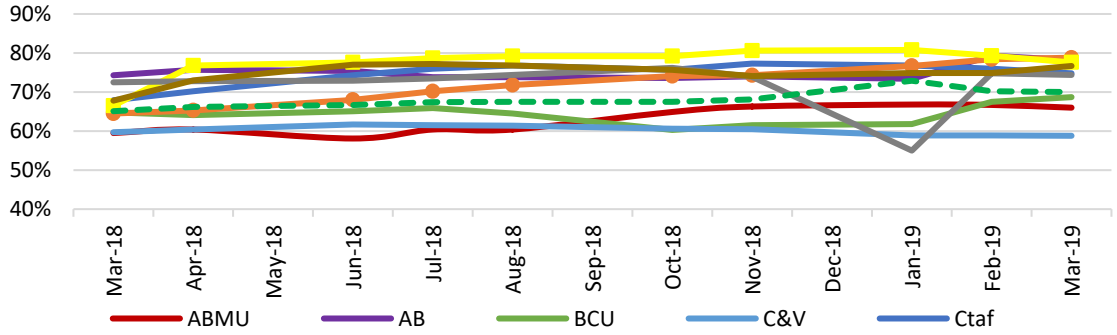
PERSONAL APPRAISAL AND DEVELOPMENT REVIEW (PADR)						
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them		**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent 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:** June 2019		
				Current Status *(against profile):*	**Movement:** *(12 month trend)*	
Measure 1: % staff (medical & non-medical) undertaking performance appraisals		70%	85%	✗	↓ ●	

(1) % staff undertaking performance appraisals



Benchmarking

(1) % staff undertaking performance appraisals



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

Measure 1: % staff (medical & non-medical) undertaking performance appraisals

How are we doing?

Medical: Excluding any exemptions (new starters, absences e.g. long term sickness, maternity leave etc.) the appraisal rate for the rolling period to June 2019 is 132%. The reason for this high percentage is due to doctors undertaking more than 1 appraisal within the 12 month period because they have been late undertaking their annual appraisal; also the number of doctors connected slightly increased - see below.

- Percentages are based on 1065 'connected' doctors as from 1 April 2019: Primary 367, 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 a decrease in PADR compliance from March 2019 69.49% - July 2019 64.28%. This has been a decrease in compliance from March 2019 to July 2019 by 5.21%. From the 6 Service Delivery Units (SDUs): Mental Health & Learning Disabilities (MHLD) 67.28% a decrease of 7.14% on the last results, Morriston Delivery Unit (MSDU) 64.44% a decrease of 4.29%, Neath Port Talbot (NPT) 77.39% a decrease of 4.45%, Primary & Community Care (PCC) 79.78% an increase of 1.83%, Princess of Wales (POW) 75.00% an increase of 9.56%, Singleton Delivery Unit (SSDU) 69.52% a decrease of 1.45%. The change in compliance rates across the 6 delivery units have occurred since the boundary change on the 1st April.

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 - undertake 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 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.

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.

- There is currently a research project in place that is looking at PADR's in relation to the challenges being faced with meeting the 85%. This piece of work will look to make recommendations based on the feedback received from the research.

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 Whole Practice Appraisal (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
- Boundary changes will have had an impact in compliance rates. We will wait out to see the significance of this impact in the coming months.
- Perception of the paperwork being too onerous and therefore not enough time to complete PADR's. There is also the

How do we compare with our peers?

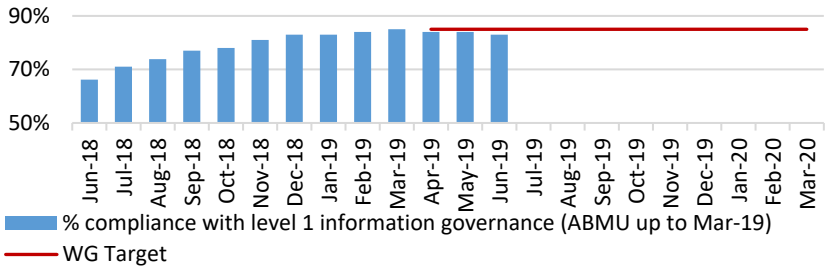
- **Medical:** Awaiting benchmark information for 1st April 2018 to 31st March 2019 from the Revalidation Support Unit (RSU), HEIW
- **Non-Medical:** Swansea Bay are the third worst performing Health Board, in front of C&V and PHW. The NHS Wales average is 70%.

MANDATORY AND STATUTORY TRAINING

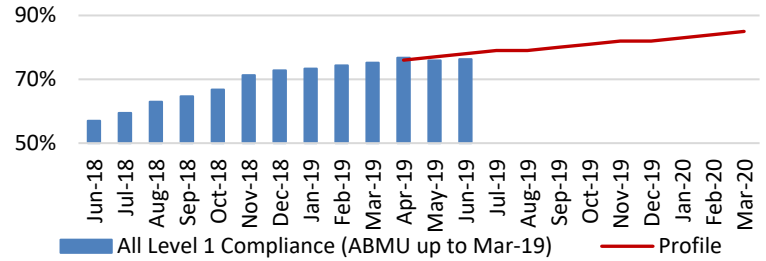
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic 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:** June 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	78%	85%	✗	↑ ●

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

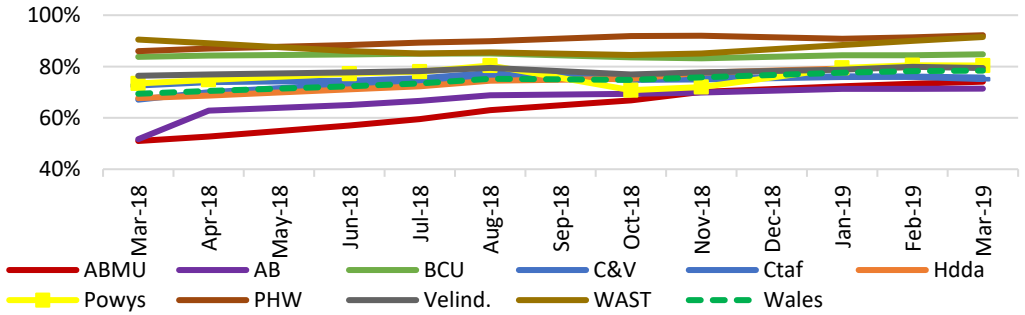


(2) % compliance for all completed Level 1 competencies within the Core Skills and Training Framework



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 (June 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 83%, a decrease by 1% from May 2019 as the Face to Face IG training for staff is no longer delivered due to changing priorities within the Information Governance Department but the 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 Board Leads, bulletins, IG intranet pages, and Train the Trainer sessions held across the Health Board. Proactive targeting of non-compliant staff has continued to take place via monthly checks on all staff, complemented by mailshot to all 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 on main SBU intranet page.
- All Level 1 Competencies The current level of compliance for Mandatory and Statutory stands at 76%. This is an improvement on the last reported compliance level of 75% in March 2019. A continuation of proactive targeting of non-compliant staff has worked since October 2018 to ensure the compliance level has risen. The support that the health board lead for ESR and 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, as well as include it in the annual public facing SIRO Report.
- The production of an IG training video as an alternative to e-learning or face to face sessions has been finalised.
- All Level 1 Competencies Investigate Inter Authority Transfer Process to ensure records transfer with employees.
- Update outstanding individual records from Action Point.
- Use additional resources such as apprentices to reduce the backlog on Action Point.
- Continue to deliver e-learning workshops across the Health Board.
- Investigate where compliance in higher level training mitigates the need for level 1 training and implement automatic sign off of competencies.
- Level 2 training updates level 1 automatically on all Mandatory Training subjects.
- Discussions have taken place to establish time limits for training departments to update face to face training events within ESR and further meeting and further meetings have been planned for Sept 2019.

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

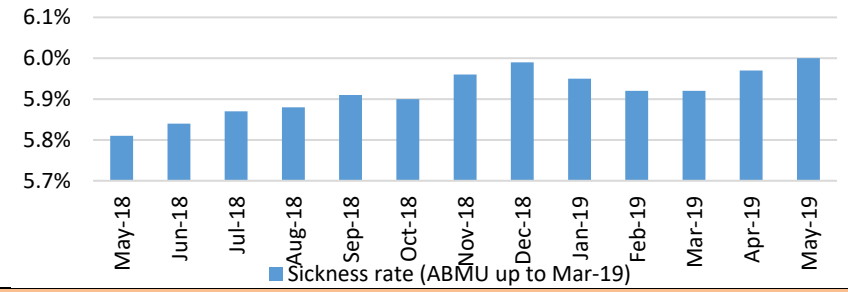
- At the time of writing this report the latest benchmarking available was March 19 which related to ABMU Health Board. ABMU have showed consistent improvement over the 12 month period reflected. ABMU show the compliance for the 10 core skills Mandatory Training Framework is matching other health boards.

SICKNESS ABSENCE

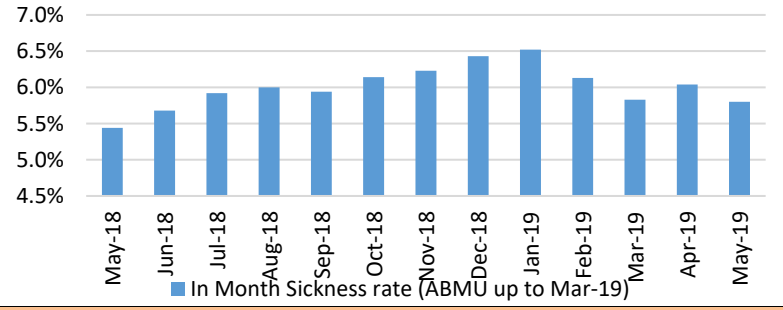
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic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

	Annual Plan Profile	**WG Target**	**Period:** May 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)

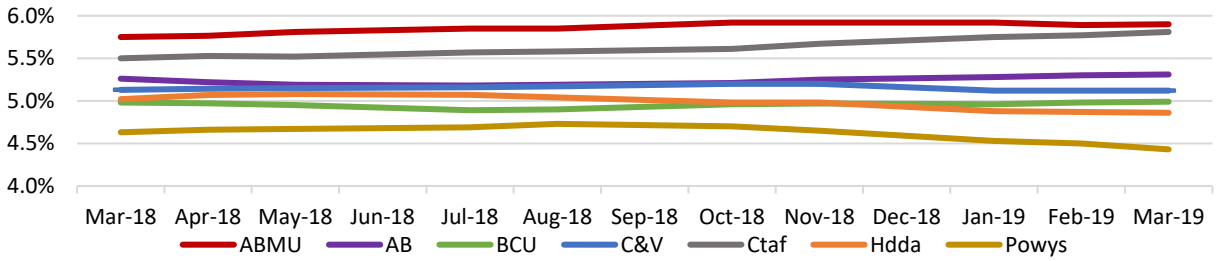


(4) % workforce sickness absence (In-Month)



Benchmarking

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



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

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

How are we doing?

Rolling 12 month performance:

- June 17 – May 18 = 5.79%
- May 18 - Apr 19 = 5.94%
- June 18 - May 19 = 5.97%

In Month performance:

- Apr 19 = 6.01%
- May 19 = 5.78% (was 5.44% in May 18)

- The 12-month rolling performance to end of May 19 deteriorated slightly by 0.03% and stands at 5.97%. However in month performance in May 19 improved by almost 0.25% on the previous month to 5.78%.
- Short-term absence reduced by 0.17% in May 19 compared to the previous month which is our best short term sickness performance for 9 months. This suggests that early intervention techniques adopted from our best practice case studies and pilot areas are seeing a quicker return to work date.
- Long-term absence in May 19 was 4.45%, which was a very slight increase of 0.02% on the previous month. All Delivery Units saw both long term and short term absence improve in May 19 compared to the previous month.
- Our highest reason for absence continues to be stress related absence accounting for 32.6% of absence in May.

What actions are we taking?

- Outputs of a best practice case study conducted in three areas of good sickness performance (PoW case study), are now incorporated into each Delivery Unit's attendance action plan deliverable from May 2019 with a review process in place for September 2019.
- Singleton Delivery Unit "absence deep dive" begins in July 2019, where 5 low absence areas are being audited and reviewed to share their best practices with high absence areas within the DU.
- A pilot using early intervention techniques within Morriston Facilities department is currently underway aimed at reducing length of absence initial outputs from this pilot will be shared by the end of August 19.
- A new attendance audit for Swansea Bay has been developed and is currently in use.
- A plan has been developed to support the completion of training to circa 3,000 managers on the new attendance policy, led by the workforce team.
- 340 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.
- Monthly 'Menopause wellbeing workshops' commenced March 2019 across the main hospital sites.
- Occupational Health (OH) Improvement Plan completed with targets for reductions in waiting times approved by Executive Board. Allied Health Professionals have been recruited to OH using TI monies, resulting in reduced waiting times for management referrals to 2 weeks. Scanning of all OH records has commenced to enable an e-record by Sept 2019 with planned increased efficiencies.
- Continue delivery of Mental Health awareness sessions to managers. To date 24 sessions have been delivered to 209 managers.
- Continue further delivery of Work related stress risk assessment training for managers. To date 28 sessions have been delivered to 234 managers in total.

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.

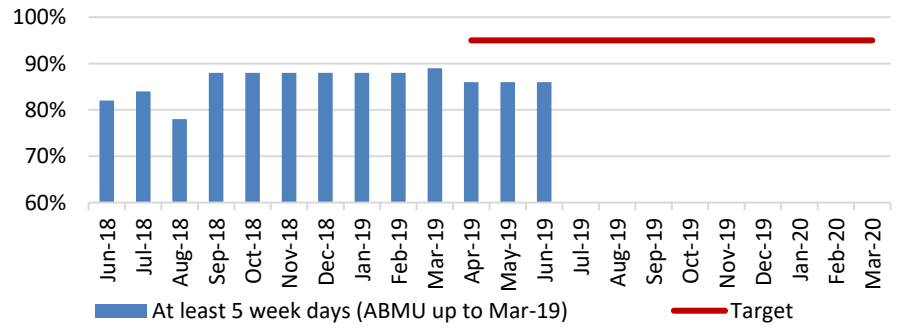
How do we compare with our peers?

- In March 19, the 12 month cumulative differential between ABMU and the all-Wales performance was 0.6%.

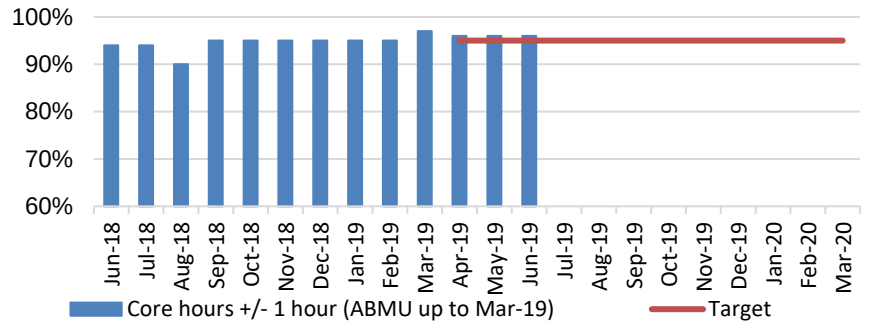
3.7 TIMELY CARE

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:** June 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	✓ / ↑

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

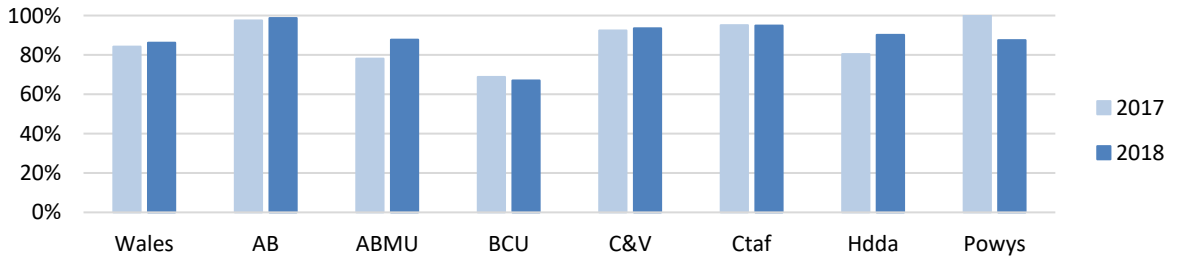


(2) % GP practices open during the daily core hours or within 1 hour of daily core hours



Benchmarking

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



Source : NHS Wales Delivery Framework, all-Wales performance summary (June 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 June 2019 58/65 (86%) 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. 47/49 (96%) practices are now open during daily core hours or within 1 hour of daily core hours. There has been significant improvements made over the past 12 months, 86% to 96%, achieving Welsh Government target.

What actions are we taking?

- Following the recent announcement by the Minister for Health and Social Care Services, undertake a review to assess the impact on Health Board minimum standards which will be revised by end of October 2019.
- Implement routine quarterly monitoring of standards/targets in line with the agreed access action plan commencing August 2019.
- Update sustainability scores on an annual basis by 31st July 2019.
- Formally writing to the practices still not meeting the level 1 standards as agreed with the local medical committee to be completed by 31st August 2019.
- Discussing access with practices as part of the GMS governance arrangements during standard and in depth reviews.
- Focus on the introduction of the new model of primary care and promote a range of wellbeing services which will support clusters to discuss access and sustainability as part of their cluster development plans. 2019/20 cluster plans are to be developed and agreed by September 2019.
- Devising and implementing a telephone first self-assessment tool. A draft telephone first self-assessment tool has recently been discussed at the Access and Sustainability forum, to be finalised in September 2019.

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?

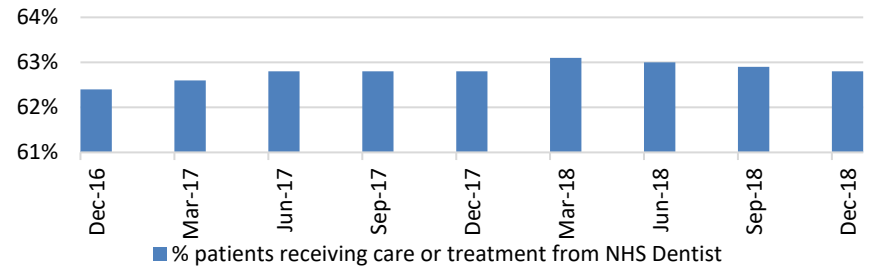
- At the time of writing this report the latest benchmarking available was for 2018 which related to ABMU Health Board.
- Compared to the other welsh Health Board's ABMU was ranked 5th for the percentage of practices offering appointments between 17:00 and 18:30 in 2018.
- ABMU had improved performance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

ACCESS TO GENERAL DENTAL SERVICES (DENTAL ACCESS)

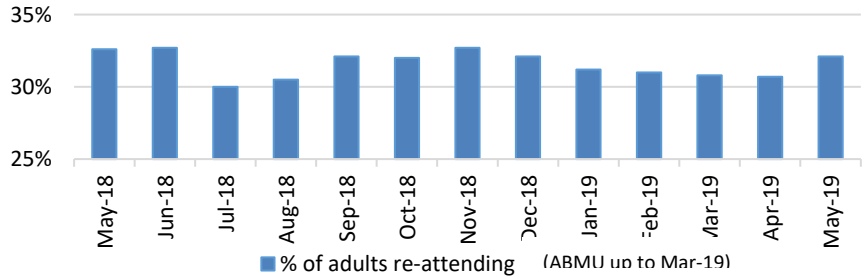
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	I have easy and timely access to primary care services
Health Board Strategic Aim:	Deliver better care through 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:** Dec 18/May 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	✓	↓ ●

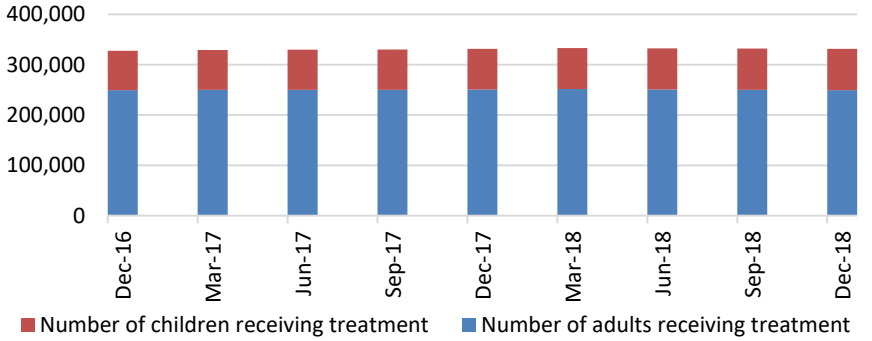
(1) % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population



(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	
	Dec-18	Dec-17	Dec-16	Mar-18	Mar-17
Wales	55.1%	54.8%	54.7%	55.0%	54.9%
AB	58.2%	56.9%	56.5%	57.3%	56.9%
BCU	49.3%	49.3%	49.8%	49.5%	49.8%
C&V	56.1%	55.8%	55.9%	56.0%	56.4%
CTM	60.3%	59.0%	57.9%	59.5%	58.2%
HDda	45.6%	45.8%	45.9%	45.6%	46.0%
Powys	55.6%	56.8%	57.5%	57.1%	57.5%
SB	62.3%	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 Summary (June 2019)

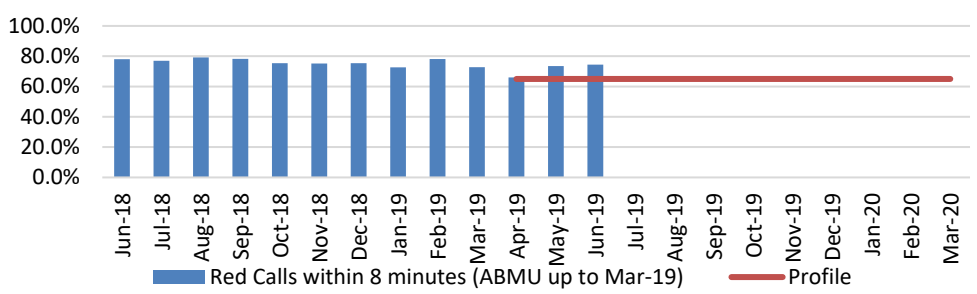
Measure 1: % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population
How are we doing?
• NHS Business Services Authority (BSA) data confirms we have maintained a steady 62% of patients (adults and children) received NHS dental treatment 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. • 14 practices have joined the contract reform programme, however the Bridgend practice is now under Cwm Taff Morgannwg UHB bringing SBUHB to 13 practices, this equate to 20% of all SBUHB practices.
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 General Anaesthetic (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 (Dec 2018). 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 April 2019, 13 practices are included on the GDS reform practice (22%) which is higher than the national expectation of 20% of practices. This programme is scheduled to be rolled out further in October 2019 to meet the Welsh Government target of 30% of practices.
What are the main areas of risk?
• Delay in implementation of integrated domiciliary service (Band 7 post currently within recruitment process)
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

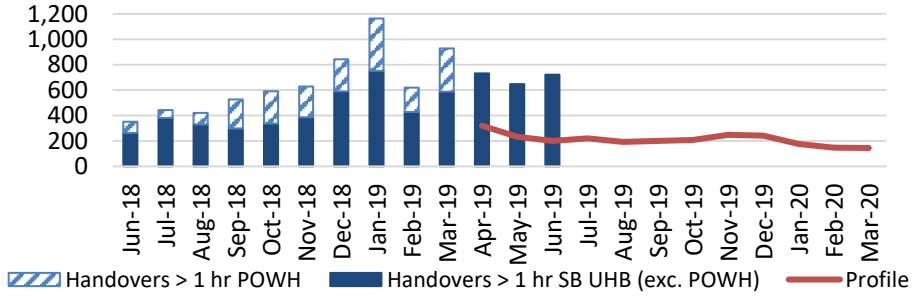
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** June 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	201	0	✗	↑

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

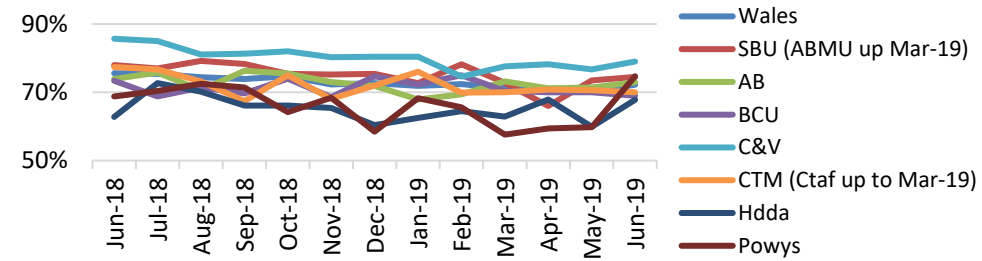


(2) Number of patients waiting more than 1 hour for an ambulance handover

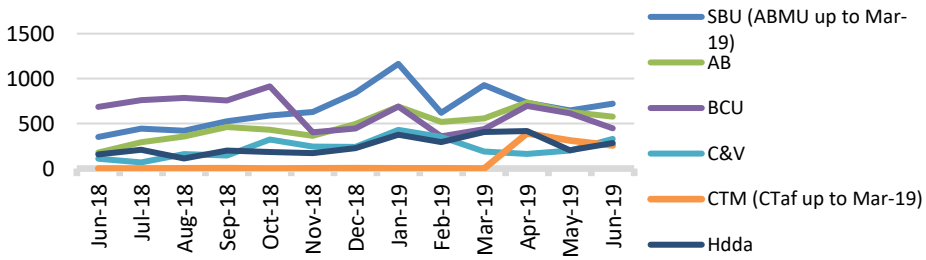


Benchmarking

(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 18.07.2019)

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 74.5% in June 2019, which exceeded the National shared target of 65%. When compared with June 2018, performance against this measure deteriorated by 3.5%.
- 1 hour ambulance handover performance remained challenging during Quarter 1 and deteriorated when compared with the same period in 2018. When compared with June 2018, the number of >1 hour handover delays increased by 458 in June 2019.
- 623 fewer patients were conveyed to our hospital front doors by ambulance in Quarter 1 of 2019 compared with Quarter 1 of 2018.

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.
- Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Initial data analysis for Morriston hospital will be completed in August 19.
- Developing new pathways that reduce the need to convey patients to hospital by ambulance e.g. respiratory and mental health. Initiate in August 19.
- Implementing the recommendations of the WAST internal audit report on hospital handover that are applicable to Swansea Bay UHB. (September 19)
- 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. (August 19 and September 19)
- Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. Ongoing.
- Submission of 4 proposals to EASC in July for additional resources which will support a further reduction in ambulance demand and an improvement in ambulance handover process and performance. Await outcome in August 19.
- Visiting other organisations to share learning that will inform improvement in ambulance handover process and performance. (July 19)
- 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 (July 19 and August 19).
- 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. Ongoing work programme 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 can result 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?

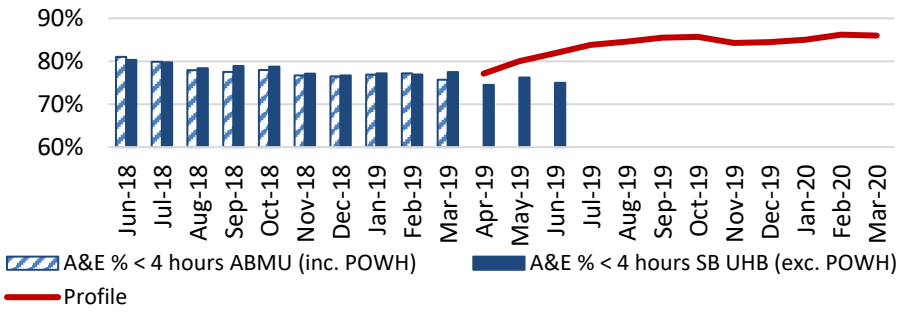
- The Health Board delivered the 3rd highest Category A response time performance in Wales in June 2019 achieving 74.5%, which was above the all-Wales performance of 72.5% for June 2019.
- The Health Board continues to experience a higher number of delayed handover than the majority of other Health Boards in Wales accounting for 27% of delays in June 2019.

A&E WAITING TIMES

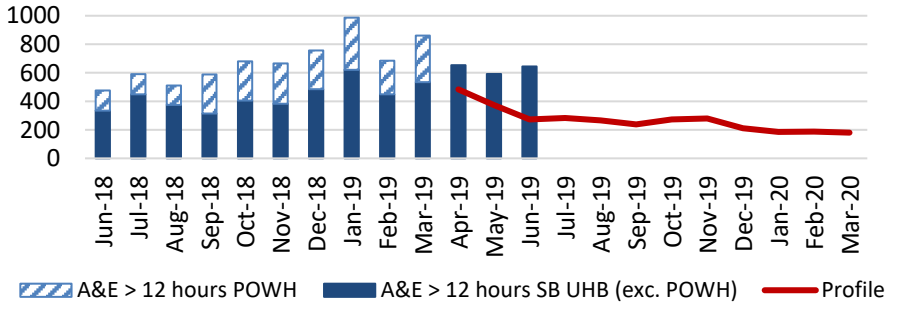
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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: June 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	82%	95%	✗	↓ ●
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	273	0	✗	↑ ●

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

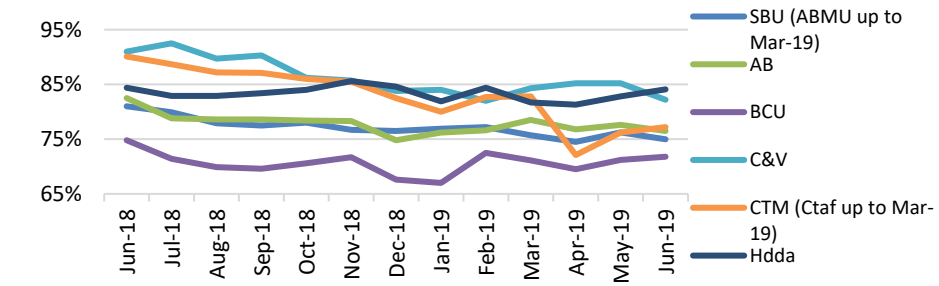


(2) Number of patients spending more than or equal to 12 hours in A&E

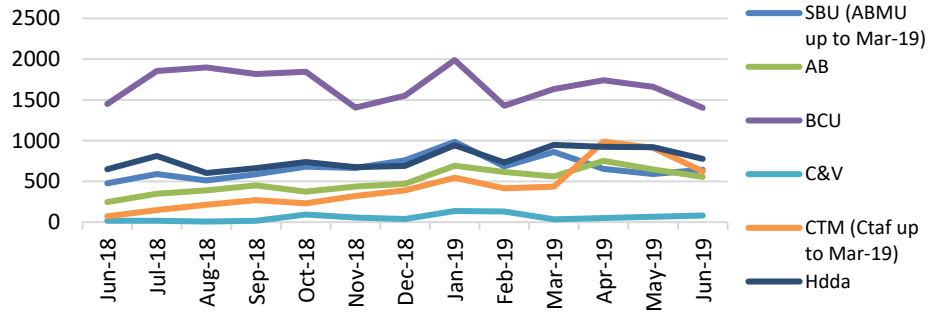


Benchmarking

(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 18.07.2019)

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 June 2019 was 74.98%, against the all-Wales performance of 77.9%.
- In June 2019, 94% of patients were admitted, discharged or transferred from our ED's within 12 hours. 644 patients stayed longer than 12 hours in our Emergency Departments (ED's) during June 2019, which represents an increase 309 patients (92%) when compared with June 2018.
- The overall number of patients attending the Emergency departments and minor injuries units between April and June 2019 reduced by 1681 attendances or 5% compared with the same period in 2018.

What actions are we taking?

- Implementing our Unscheduled care improvement plans agreed as part of our annual plan for 2019/20, and embedding the improvement actions from previous quarters. Each Service delivery unit has identified 3 priority areas within these plans that will support rapid improvement in patient flow and performance.
- Inpatient surge bed capacity is being sustained on all of our major hospital sites.
- Planning for the August bank holiday weekend to ensure the Unscheduled care system is as resilient as possible.
- Continuing to recruit to staff vacancies.
- Responding to the Kendall Bluck report recommendations on ED/MIU staffing.
- Focussing on eliminating un-necessary patient delays as part of improving patient flow.
- The Health Board is implementing its agreed bed plan which will support system improvement in both the USC and elective patient pathways.
- Progressing the work programmes to improve discharge -specifically delayed transfers of care and the SAFER patient flow under the transformation of care programme. Progress updates on the respective Hospital to Home transformation projects are reported to the monthly USC board.
- Implementing learning from Breaking the Cycle held in early July to reduce demand and to develop consistent processes on managing patient discharge.
- Approval of the Health Board's revised patient flow policy by the Nursing and Midwifery board in July with subsequent approval by the Health Board.
- Discussing winter planning arrangements with WG and partner organisations in August 2019.

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.

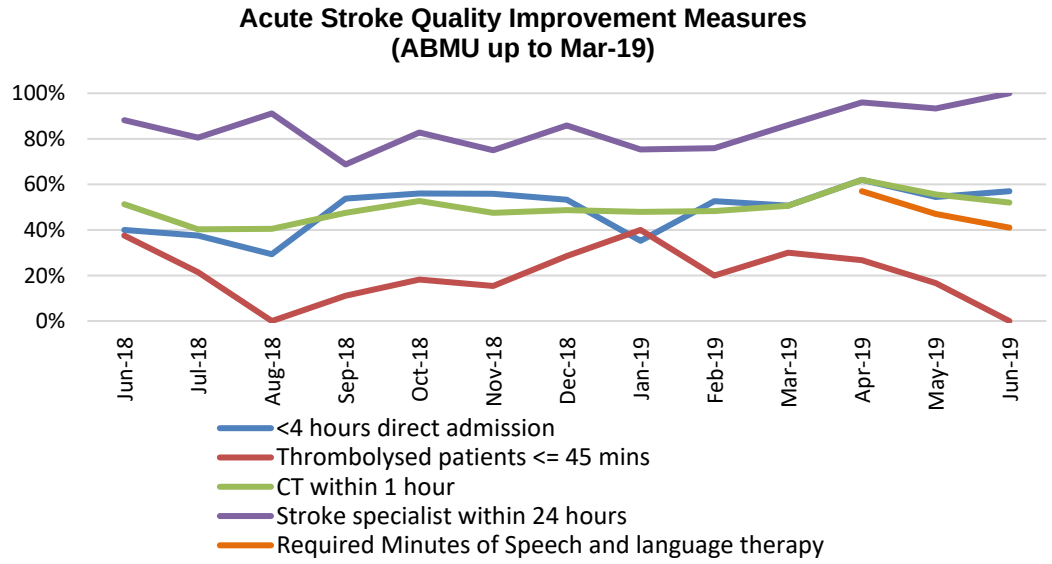
How do we compare with our peers?

- The Health Board's 4 hour performance was 74.98% in June 2019, which was below the all-Wales 4 hour performance of 77.9% for this period.
- In SBU Health Board in June 2019, 94% of all patients were assessed, treated and transferred from the Emergency Department within 12 hours, which was below the all-Wales position of 95.4%.

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:** June 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	78%	59%	✗	↑ ●
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	25%	12 ↑ trend	✗	↑ ●
Measure 3: % of patients who receive a CT scan within 1 hour	50%	55%	✓	↑ ●
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	92%	84%	✓	↑ ●
Measure 5: % of patients receiving the required minutes for speech and language therapy	N/A	12 ↑ trend		



Benchmarking

Quality Improvement Measures (May-19)	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke Consultant < 24 hours	5. Patients receiving minutes for SALT
AB	46.7%	98.7%	77.5%
BCU	55.0%	80.4%	63.0%
C&V	43.3%	76.6%	61.6%
CTM	38.7%	68.4%	32.7%
Hywel Dda	58.1%	95.9%	43.1%
SBU	54.5%	93.3%	54.8%

Source : All-Wales performance summary (June 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?

- Eligible Patients requiring Thrombolysis has remained positive at 100%, but our door to needle time within 45 minutes remains low. Direct admissions to a stroke unit bed within 4 hours continues to be under target 56.8% which is mainly due to unscheduled care pressures. 100% was achieved for the end of June for Assessment by a Consultant and 41% compliance achieved for SALT within the required minutes. Our access to CT scanning within 1 hour has improved slightly from 51% in March 19 to 52% in June 19.
- Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston and the Clinical leads for the service review individual patient pathways and to identify opportunities for improvement. Actions being progressed in 2019/20 include:

Morriston

- 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. 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 included for consideration within the IMTP / IBG for investment.
- Work is ongoing between services to improve access to CT scanning and reporting to enable the Unit to achieve the desired target time within 1 hour. Remedial action continues to be implemented as soon as possible and ideally by the end of quarter 2.
- Arising from the 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.

SBU wide

- A Business Case for a "Hyper-acute Stroke Unit" model to be completed by the end of Q3 of 2019/20.
- 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 by the end of Q2.

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 hours rota.
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.

How do we compare with our peers?

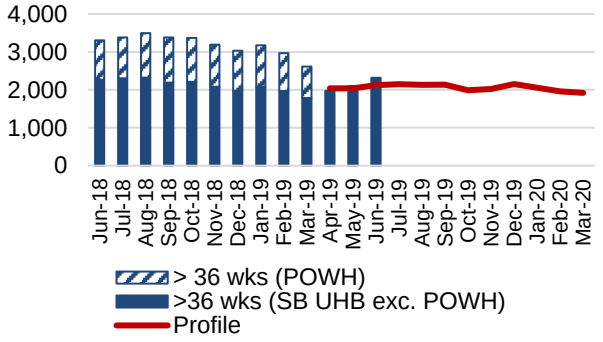
- The Health Board is ranked 3rd highest for direct admissions in under 4 hours and assessed by a stroke consultant within 24 hours and 4th for patients receiving the required number of minutes for Speech and Language Therapy (SALT).
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

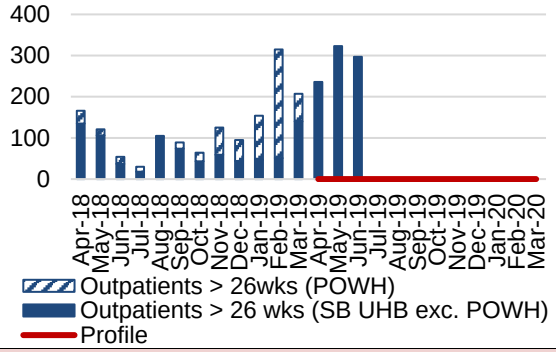
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	2,125	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%	✗	↓

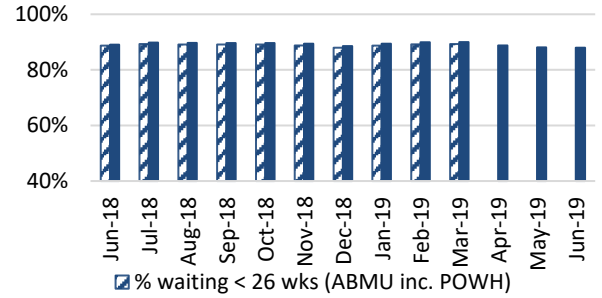
(1) Number of patients waiting more than 36 weeks for referral to treatment



(2) Number of patients waiting more than 26 weeks for first outpatient appointment

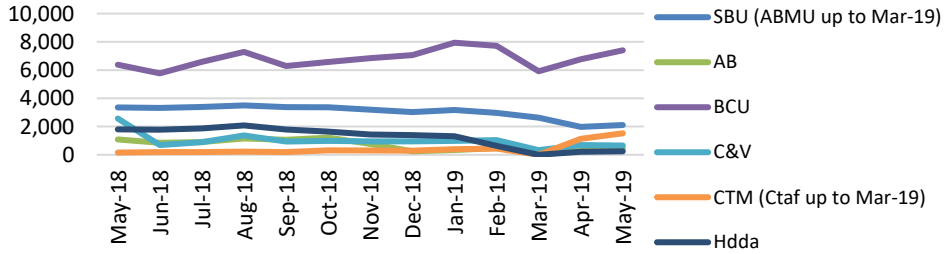


(3) % patients waiting less than 26 weeks for referral to treatment

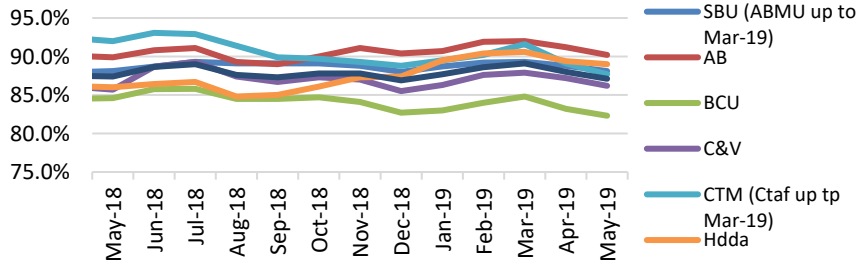


Benchmarking

(1) Number of patients waiting more than 36 weeks for referral to treatment



(3) % patients waiting less than 26 weeks for referral to treatment (RTT)



Source : StatsWales (data extracted 18.07.2019)

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 June 2019 there were 297 patients waiting over 26 weeks for a new outpatient appointment. This was an in-month reduction of 26 compared with May 2019 and is largely contained within Oral Maxillo Facial Surgery (OMFS) (44%) and Ophthalmology (36%). As a result of late clinic cancellations there were small numbers seen across a few other specialties.
- There were 2,318 patients waiting over 36 weeks for treatment in June 2019 compared with 2,104 in May 2019, this is a deterioration of 214 and above the internal target of 2,125. ENT, General Surgery, OMFS, Orthopaedics and Plastic Surgery collectively account for 2,134 of the 2,318 over 36 weeks at June 2019.
- 822 patients are waiting over 52 weeks in June 2019, which is 3% more than May 2019.
- The overall Health Board RTT target remained the same at 88% in June 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. A high level summary of these include:-

- Cardiology – focus on diagnostic improvements alongside the recurrent investments released from Welsh Health Specialised Services Committee (WHSSC)
- ENT – plan for long waiting Septorhinoplasty cases through a mixture of dedicated internal core capacity and outsourcing already commenced.
- General Surgery – additional all day dedicated list at Morriston Hospital to treat long waiting patients to be established in September 2019.
- Gynaecology – agreed MDT approach, one per month commencing July 2019 to review and disperse cases to other consultant colleagues.
- Ophthalmology – procurement process to conclude 31st August to outsource an agreed volume of cataract cases from 1st September.
- Cleft Lip and Palate (CLP) – investment released from WHSSC to reduce the adult surgical revision backlog through fortnightly lists at Singleton Hospital commencing in September in addition to an agreed small volume to be outsourced to a specialist CLP Unit through August.
- Plastic Surgery – 12 month hand surgery locum appointed to address the backlog.
- Increased theatre capacity being put in place in Singleton and Neath Port Talbot Hospitals for head and neck, plastic hand surgery and urology.

What are the main areas of risk?

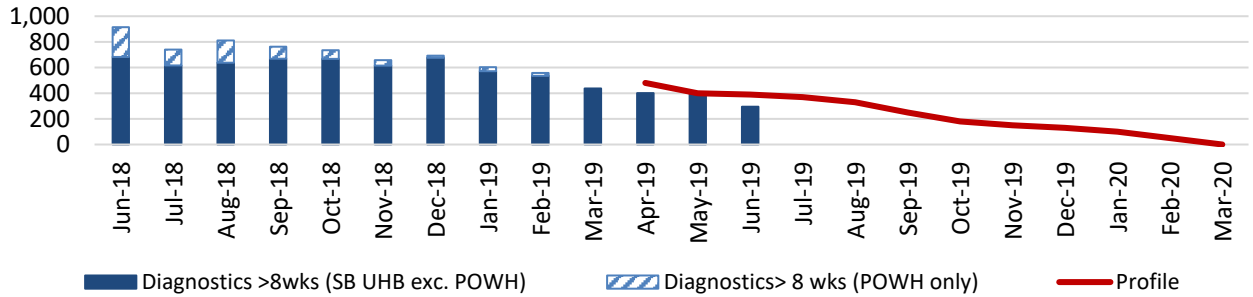
- Constraints in the case-mix of suitable cases to outsource as the lists become smaller.
- Administrative vacancy gaps and sickness impacting on the ability to target robust validation.
- Sickness amongst key clinical staff affecting sub-speciality areas and nurse-led clinics.
- Staff fatigue to continue 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 May 2019, which is the latest published data available, the Health Board was above the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (88.1% compared with 87.1%) however, was the second worst Health Board in Wales for the number of patients waiting over 36 weeks.

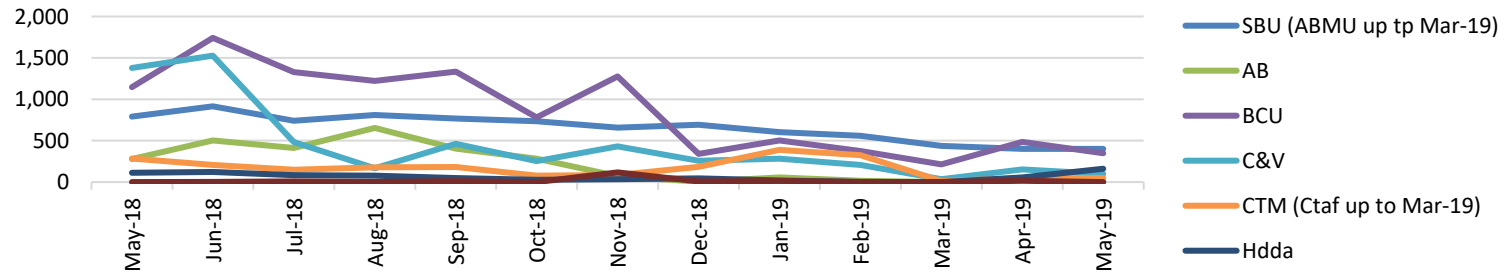
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)						
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care		**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is 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:** June 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)				390	0	✓	↓

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



Benchmarking

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



Source : Stats Wales (data extracted 18.07.2019)

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 289 patients waiting over 8 weeks for reportable diagnostics as at the end of June 2019, this is a 26% reduction when compared with May 2019 (401 to 295). The breakdown for June 2019 is as follows:
- Cardiac Diagnostic Tests:
  - Echo Cardiogram= 1
  - Diagnostic Angiography = 4
  - Myocardial Perfusion Scan= 7
  - Cardiac Computed Tomography (Cardiac CT)= 108
  - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 160
- Cystoscopy = 9
- All other diagnostic areas maintained a zero breach position in June 2019.

What actions are we taking?

- Maintain the Nil position for all non-cardiac diagnostics through additional lists and the utilisation of locum support when required to cover unplanned staff absence.
- Continuation of the Cardiac MRI and CT plan which is now demonstrating significant improvement month on month.

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?

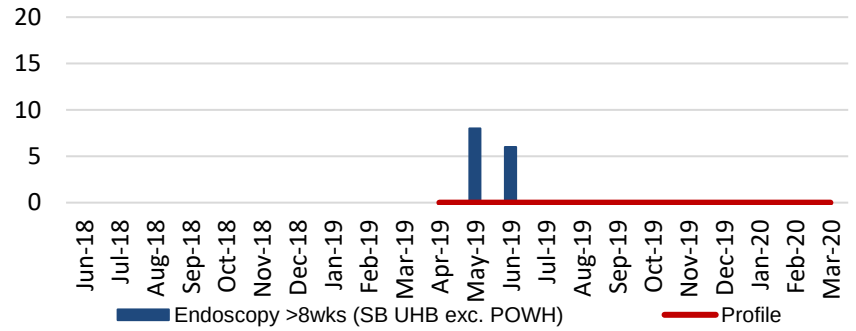
- At the end of May 2019, which is the latest published data available at the time of writing this report, the Health Board was the worst performing Health Board.

ENDOSCOPY

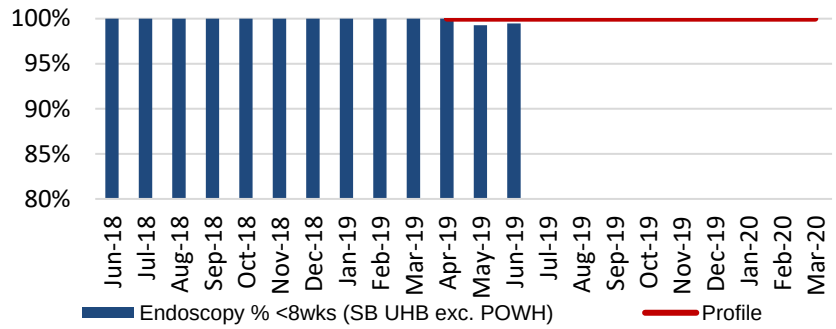
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** June 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

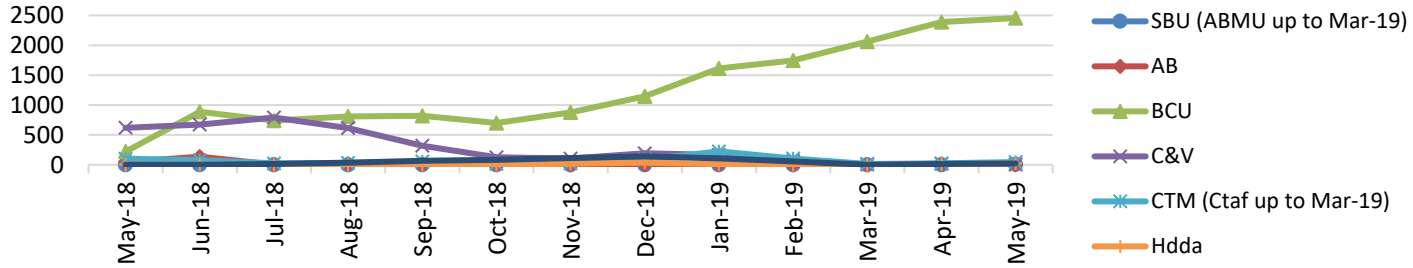


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

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



Source: NHS Wales Delivery Framework, all-Wales performance summary (June 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 March 2019. The months of May and June 2019 have been challenging from an access perspective.
- 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%.

What actions are we taking?

- Utilising all available capacity with an average of 30 backfill lists being undertaken per month across 3 sites. Current agreement for funding until the end of September 2019.
- Ongoing additional insourcing support confirmed until the end of September 2019 from Medinet 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.
- 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 are currently recruiting 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.

What are the main areas of risk?

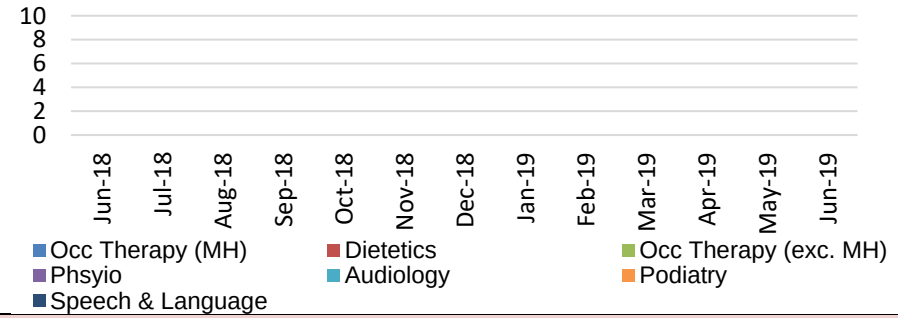
- Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals.
- Ability to maintain the number of additional sessions undertaken with a very small group of Endoscopists.
- Workforce.

How do we compare with our peers?

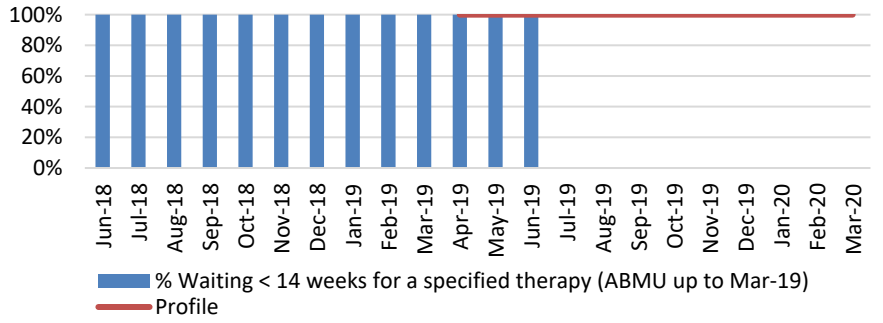
- SBU was the third highest performing Health Board behind Aneurin Bevan and Cardiff & Vale Health Boards in May 2019.

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:** June 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

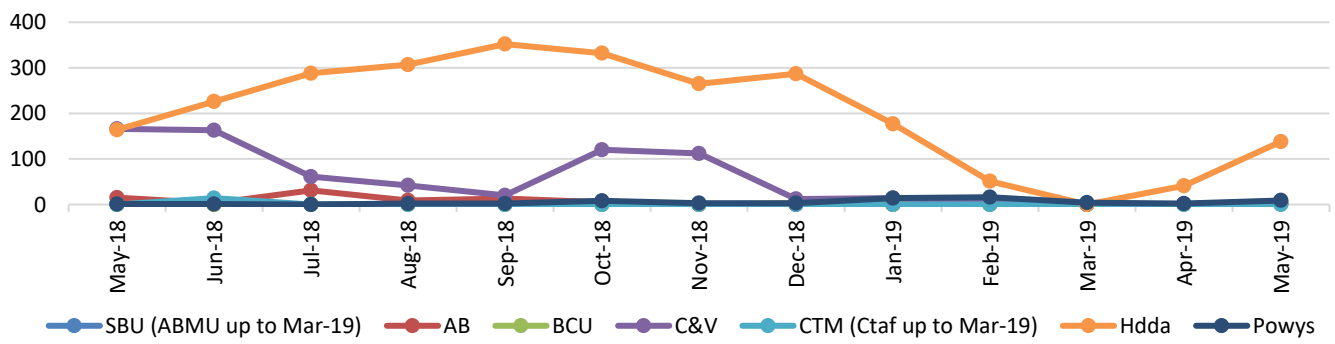


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

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



May-19	
SBU	0
AB	1
BCU	4
C&V	5
CTM	0
Hdda	138
Powys	9

Source : Stats Wales (data extracted 18.07.2019)

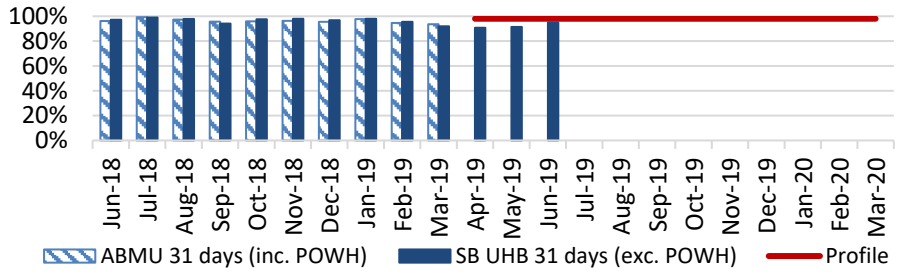
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of June 2019 (Quarter 1) across all therapy services and are being sustainably met recurrently. Walk in Clinics are supporting therapies such as 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

CANCER WAITING TIMES

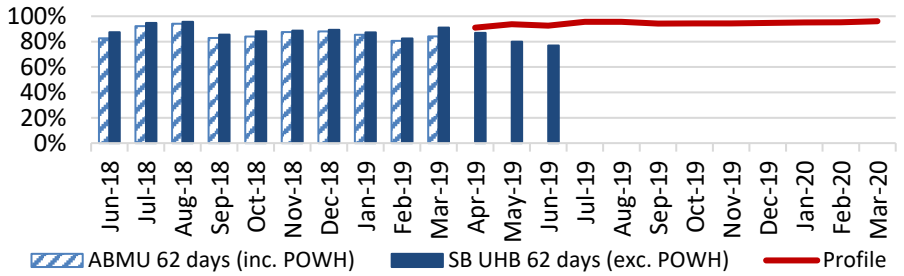
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** June 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	93%	95%	✗	↓ ●

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

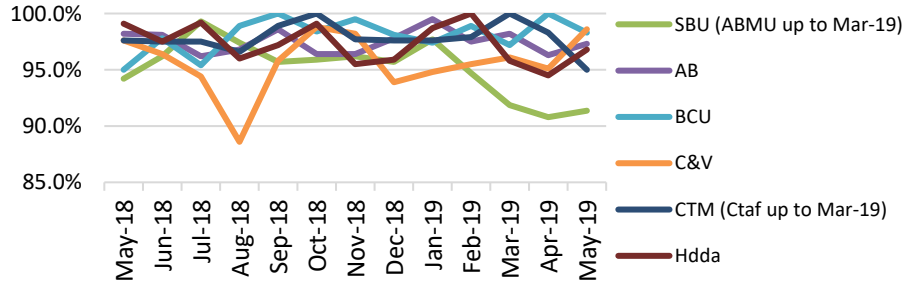


(2) % of patients newly diagnosed with cancer via the urgent suspected route that started treatment within 62 days

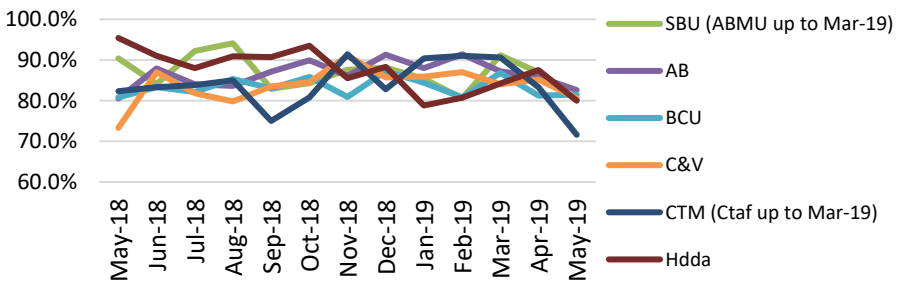


Benchmarking

(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



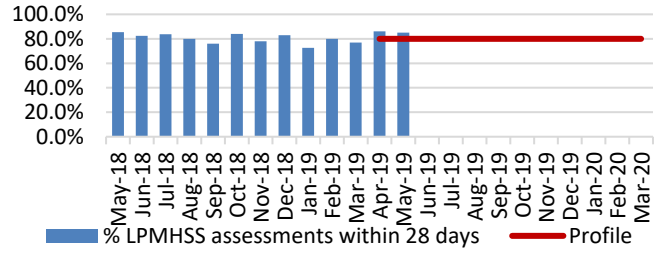
Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

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 June 2019 projected to be is 94% (6 breaches). • USC performance for June 2019 is 78% (22 breaches). • Patients waiting over 62 days in backlog has been on an upward trend through June with 72 patients reported in the 30th June PTL, however this has reduced week on week through July 2019.
What actions are we taking?
• Breast: Working across sites to ensure all theatre capacity is utilised and backfilled. • Breast: Management configuration at Singleton is being addressed. • Gynaecology: Additional clinics were planned to run through June with separate radiology sessions to address backlog. Backlog is reported to have reduced to 3 weeks. • Gynaecology: Reviewing the possibility of increasing the number of PMB sessions per month with the aim to improve performance and reduce backlog further. • Gynaecology: Plans developed to ensure sustainable Clinical Nurse Specialist cover for the PMB Clinics to avoid lost capacity. • Gynaecology: Gynae-Oncology Surgeon appointment at Singleton, additional Rapid Access Clinic activity will reduce pathway waits by at least 7 days. • Urology: A payment rate has been agreed for a registrar who will commence as a consultant in September to undertake additional sessions over the Summer to recover the backlog of patients waiting first diagnostic assessment. • Urology: Additional RALP capacity through backfill of ABUHB sessions. A meeting to discuss allocated capacity with Cardiff is being arranged. • Pancreatic: Funding agreed for additional weekend theatres capacity and outsourcing of 8 patients to Kings has been agreed, due to start mid-August. • New first outpatient OMFS pathway stage agreed and taken forward with Primary Care with a plan to commence September 2019 (delayed from June) Whilst this pathway change isn't targeted at USC's, it is hoped it will reduce the demand for routine and urgent appointment, freeing up clinic capacity to see USC's sooner. • A new Neck Lump Pathway is implemented. It is anticipated the pathway will reduce by 10 days for patients who are suitable for fast-tracking to radiological/pathological investigation.
What are the main areas of risk?
• Consultants unwilling/reluctant to run additional clinics due to pension implications. • Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities. • Unscheduled Care pressures, although site management processes aim to minimise impact on cancer cases. • Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave. • Continued growth in demand and therefore the backlog. • Challenges to appoint to vacant posts and time lag in developing new workforce models. • Growing waiting times in Chemotherapy and radiotherapy –pressures around vacancies / planned maternity leave / changes in NICE guidance. • Ongoing issues with delivery of Breast services, particularly waits to triple assessment (6 weeks to first appointment). • Delays within the Gynaecological pathway, particularly with surgical capacity (access to theatres/beds at Morriston – all suitable cases are otherwise operated on at Singleton).
How do we compare with our peers?
• Performance so far this quarter has been challenging however April saw SBUHB report the second best performance at 87% (Hywel Dda best performing HB at 87.5%). May saw us report third best at 80.2%. A number of our peers are reporting performance difficulties for June, July and into August.

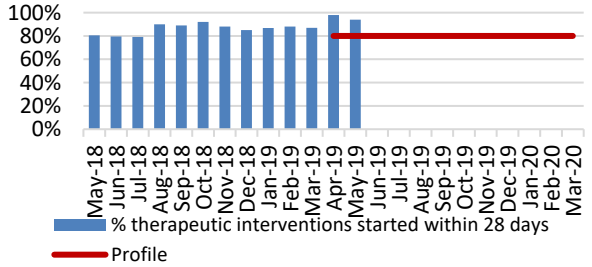
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated 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:** May 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%	✓	↑ ●

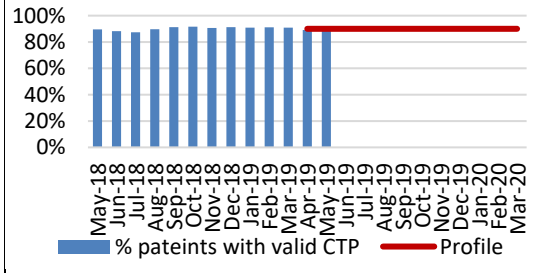
Measure 1



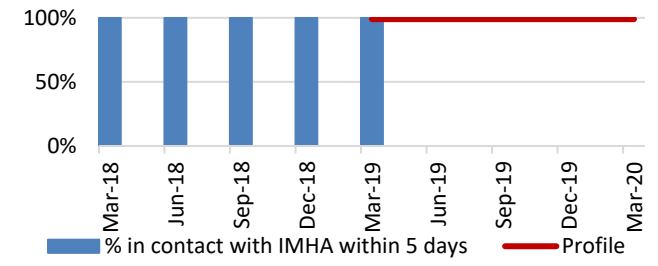
Measure 2



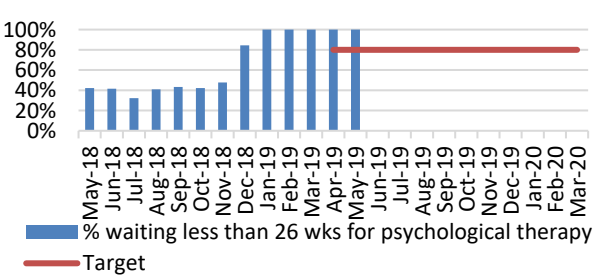
Measure 3



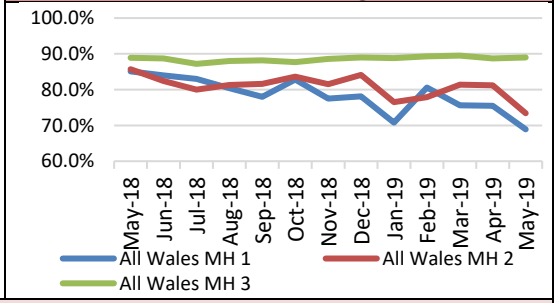
Measure 4



Measure 5



Benchmarking



Source: NHS Wales Delivery Framework, all-Wales performance summary (June 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 9 of the 13 months shown. This data includes CAMHS which is collated by Cwm Taf Morgannwg (CTM) 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 CTM UHB. 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 has been a slight dip in April and May 2019.
- **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 May 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 help build up the local teams. This will allow the service to help keep pace with additional demand.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for therapy.

What are the main areas of risk?

- For assessment and interventions targets, risks relate to potentially increasing demand and the availability of suitably experienced staff.
- One of the actions of the Community Mental Health Team (CMHT) assurance group is to consider the level of demand for secondary mental health services and capacity of care coordinators. Protocols to inform safe and effective discharge from secondary care are being developed to mitigate against the risks of overcapacity.

How do we compare with our peers?

April 2019:

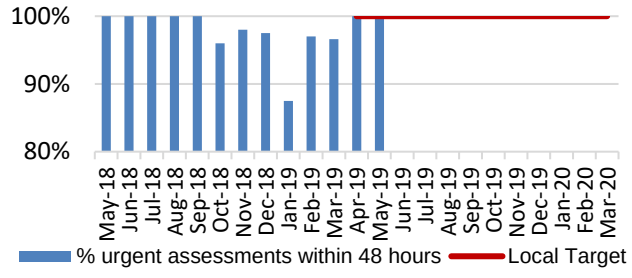
- All-Wales MH1 measure ranged from 56% to 93% including CAMHS 86% SB
- All-Wales MH2 measure ranged from 69% to 98% including CAMHS 98% SB
- All-Wales MH3 measure ranged from 83% to 95% including CAMHS 89% SB
- All-Wales MH5 measure ranged from 24% to 100% 100% SB

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

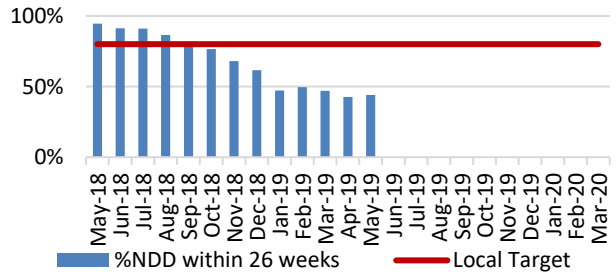
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** May 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%	✗	↑

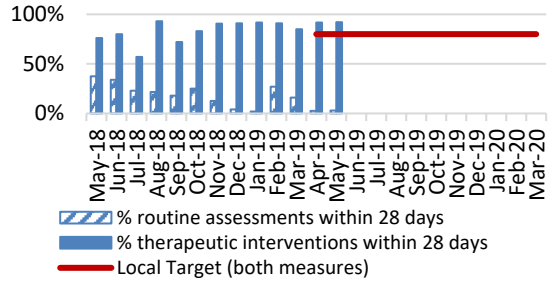
Crisis



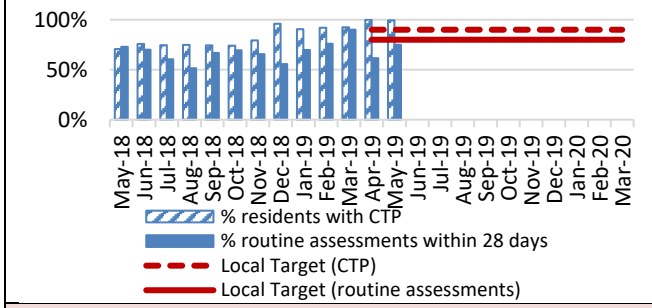
NDD



P-CAMHS



S-CAMHS



Benchmarking (SCAMHS)

Position as at 23/07/19	Swansea Bay Overall	NPT	Swansea	Cwm Taf Morgannwg
Total WL	112	27	85	202
> 4 Weeks	38	5	33	74
Compliance	66.1%	81.5%	61.2%	63.4%
Average Weeks	2.7	1.6	3.0	3.3

Source: Cwm Taf Morgannwg UHB

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(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 in Q1 and Q2 of 2018/ 19 100% compliance was consistently achieved. In Q3, compliance began to deteriorate, and in January dipped to 88%. This position has since recovered and compliance reported in April & May was 100%. Where 100% has not been achieved this has been due to staff vacancies.
- Measure 2: NDD - Compliance against this measure continues to deteriorate, with 44% compliance reported in May. Following a steady increase in referrals there is now a significant gap in capacity and demand. The referral increase is consistent with experience across Wales, due to increased awareness of the service available and unmet demand (plans are being developed to secure sustainability at this service).
- Measure 3: P-CAMHS – Compliance against the assessment within 28 days has deteriorated, however, the average waiting time for patients as at the 17th June was 6 weeks. The service remains fragile due to a number of vacancies within a small service.
- Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during Q1 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 May was at 75%. Performance against this target has been variable over the last 12 months, and this is due to staff vacancies.

What actions are we taking?

- NDD –The referral rate has stabilised somewhat at around 100 per month on average. Breach position will continue to decline. 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. A capacity and demand review has been completed and discussed with the Chief Operating Officer (COO) in May 19, and the business case has been agreed. Ongoing accommodation issues remain but being worked through with Corporate Strategy, with a transfer to centralised office space imminent. Key efficiency improvements linked with move is increased governance and decreased risk e.g. transport of notes.
- 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. The Delivery Unit are undertaking additional process mapping work for P-CAMHS, one of the objectives of this work will be to identify any gaps in service, so that they can be the focus of funding streams in future. A three year plan for Swansea Bay has been agreed to develop a single integrated PCAMHS and SCAMHS service for the whole of Swansea and Neath Port Talbot with a single office base, a single referral centre to manage all referrals and access to a widened range of services and with clinics in community settings such as GP surgeries and community schools.

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 will continue to address going forward with Cwm Taf via formal commissioning meetings.

How do we compare with our peers?

- There is limited data available to undertake peer review across CAMHS, however there is some data available against the SCAMHS target which is shown in the benchmarking section above.

FINANCE

In Month

£ 1,294,957 overspent

	Cur Month Budget (£'000)	Cur Month Actual (£'000)	Cur Month Variance (£'000)	% Variance
Income	(20,937,664)	(20,914,622)	23,042	0.11%
Pay	45,174,932	44,923,150	(251,782)	-0.56%
Non Pay	47,728,630	49,252,327	1,523,697	3.19%
Total	**71,965,897**	**73,260,854**	**1,294,957**	**1.80%**

Cumulative

£ 4,704,263 overspent

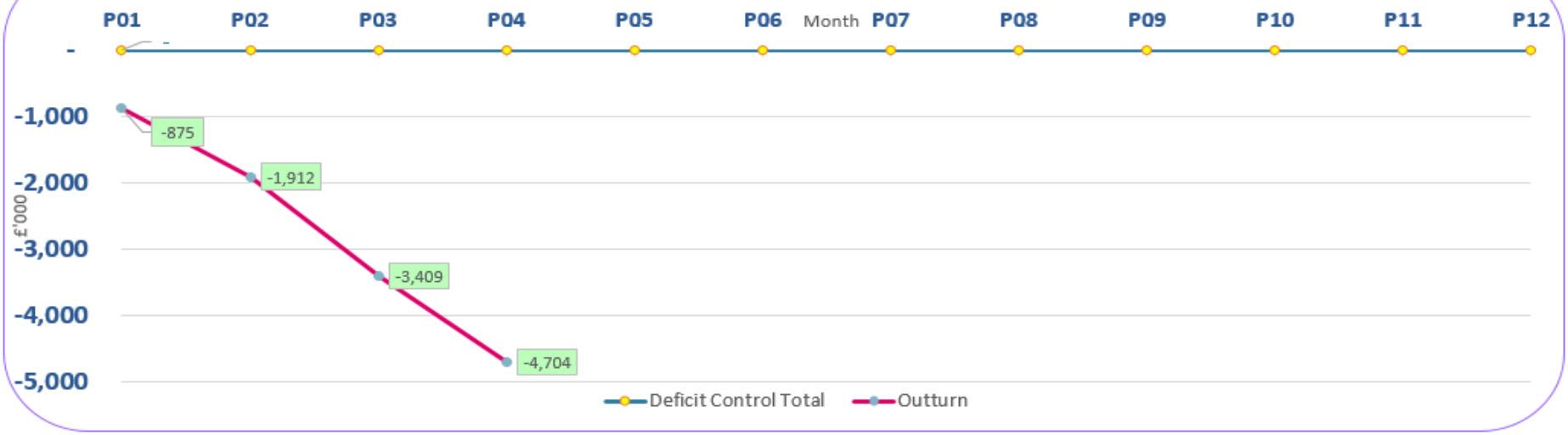
Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	% Variance
Income	(83,268,983)	(83,449,185)	(180,202)	-0.22%
Pay	181,839,372	182,016,418	177,046	0.10%
Non Pay	190,764,928	195,472,346	4,707,419	2.47%
Total	**289,335,317**	**294,039,579**	**4,704,263**	**1.63%**

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

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)	1,295	⇩
Reported year to date financial position – deficit/(surplus)	4,704	⇧
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	(925)	⇩

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	96.2	⇩

Revenue

1. 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 are £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.
2. The Month 4 reported position is an in-month overspend of £1.295m, which is a slight improvement from previous month's performance. The key drivers of the position continue to be:
   - Identified savings being below required level and slippage against planned savings
   - Operational pressures, most significantly workforce costs, ChC and activity related income.
   - Bridgend Boundary Change diseconomies of scale impact
   - On-going costs associated with the Bridgend Boundary Change work
3. Significant progress on has been made on identifying Recovery Actions to improve performance, however the delivery of a breakeven financial outturn remains a significant risk.

Capital Narrative

1. Approved CRL value for 19/20 remains at £24.604m 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 are 6 All Wales Capital schemes that are being to reported to Welsh Government as medium risk. These are being closely monitored and discussed at the monthly progress meeting with Welsh Government. In addition discretionary capital has again been reported as medium risk due to the value of assumed income the current plan is dependent upon

PSPP Narrative

1. The number of invoices paid within 30 days in July again exceeded the 95% target, with the performance for the month being 97.1%.
2. The July performance increased the cumulative compliance for the year from 95.8% at the end of June to 96.2% at the end of July.
3. This improvement demonstrates the success of the work being done within the health board and with NWSSP Accounts Payable colleagues to ensure that compliance is achieved each month. Work is also now underway to attempt to improve the payment performance of NHS creditors.

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**	**Performance trend**	**Welsh Average/ Total**	**Performance Trend**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 18/19	97%	95%				95.3%				96%			96%			97%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 18/19	91%	95%	93%	✖		92.4%				90%			91%			91%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q3 18/19	89%	4 quarter ↑ trend				90.4%				73%			89%							
Influenza	% uptake of influenza among 65 year olds and over	National	2018/19	68.1%	75%	70%	✖		68.3%										68.1%				
	% uptake of influenza among under 65s in risk groups	National	2018/19	43.0%	55%	65%	✖		44.1%										43.0%				
	% uptake of influenza among pregnant women	National	2018/19	43.6%	75%				46.6%										43.6%				
	% uptake of influenza among children 2 to 3 years old	National	2018/19	47.7%		40%	✔		49.4%										47.7%				
	% uptake of influenza among healthcare workers	National	2018/19	54.5%	60%	50%	✔		56%										54.5%				
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑				27.1%		2017/18= 4.4%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	May-19	0.5%	5% annual target	0.8%	✖		2.2%		0.9%	1.1%	1.3%	1.5%	1.7%	1.8%	2.1%	2.3%	2.6%	0.3%	0.5%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q4 2018/19	55.7%	40% annual target	40.0%	✔		43.3%				57%			55%			56%				
Learning Disabilities	% people with learning disabilities with an annual health check	National			75%						*Awaiting publication of 2018/19 data.*												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National			4 quarter ↓						*New measure for 2019/20. Awaiting publication of data*												

~~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**	**Performance trend**	**Welsh Average/ Total**	**Performance Trend**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**
DTOCs	Number of mental health HB DToCs	National	Jul-19	20	12 month ↓	27	✔		69		27	30	29	28	26	25	29	26	21	18	23	27	20
	Number of non-mental health HB DToCs	National	Jul-19	61	12 month ↓	60	✖		364		74	85	69	84	125	117	104	87	112	49	67	70	61
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jul-19	99%	95%	95%	✔		75%		97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.0%	99.0%
	Stage 2 mortality reviews required	Local	Jul-19	13							12	19	19	16	22	17	7	10	22	19	13	14	13
	% stage 2 mortality reviews completed	Local	May-19	46%		100%					50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	63.0%	46.0%		
	Crude hospital mortality rate (74 years of age or less)	National	Jun-19	0.75%	12 month ↓				0.71%		0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jul-19	95.3%		98%	✖				99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.3%	95.8%	95.3%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Jul-19	84%	85%						71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jun-19	96%	95%	95%	✔		79.8%		95%	93%	96%	95%	88%	91%	93%	95%	92%	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	Jul-19	62%		100%	✖				59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%	67.0%	62.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q3 18/19	100%	100%	100%	✔		98%				100%			100%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✖						67			78			97				
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✖						22			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	✖						1,116			1,463			2,276				
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✖						59			99			136				

										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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.												
	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		Q4 18/19	329.6	4 quarter ↓			303.4				288.9			330.7			329.6				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q4 18/19	8.2%	4 quarter ↓			8.0%				10%			8.3%			8.2%				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	May-19	90%		*95%*	✗			*87%*		*94%*		*90%*		*90%*		*92%*		*87%*		
	% stop or review date documented on medication chart		May-19	56%		*95%*	✗			*61%*		*54%*		*56%*		*56%*		*55%*		*52%*		
	% of antibiotics prescribed on stickers		May-19	47%		*95%*	✗			*77%*		*73%*		*78%*		*47%*		*75%*		*61%*		
	% appropriate antibiotic prescriptions choice		May-19	96%		*95%*	✓			*96%*		*97%*		*95%*		*96%*		*96%*		*98%*		
	% of patients receiving antibiotics for >7 days		May-19	13%		*20%*	✓			*8%*		*15%*		*9%*		*13%*		*7%*		*8%*		
	% of patients receiving surgical prophylaxis for > 24 hours		May-19	46%		*20%*	✓			*25%*		*8%*		*73%*		*46%*		*39%*		*6%*		
	% of patients receiving IV antibiotics > 72 hours		May-19	47%		*30%*	✗			*41%*		*49%*		*42%*		*47%*		*31%*		*35%*		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-19	84.0	<67			82.24		98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0
	Number of E.Coli bacteraemia cases (Hospital)		*Jul-19*	*14*		*11*	✗			*20*	*16*	*15*	*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*
	Number of E.Coli bacteraemia cases (Community)			*21*		*29*	✓			*31*	*30*	*34*	*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*
	Total number of E.Coli bacteraemia cases			*35*		40	✓			51	46	49	41	53	38	28	31	43	27	22	29	35
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-19	40.8	<20			26.64		37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8
	Number of S.aureus bacteraemias cases (Hospital)		*Jul-19*	*8*		*8*	✓			*8*	*9*	*7*	*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*
	Number of S.aureus bacteraemias cases (Community)			*9*		*5*	✗			*9*	*11*	*3*	*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*
	Total number of S.aureus bacteraemias cases			*17*		13	✗			17	20	10	12	17	11	18	16	11	14	11	11	17
	Cumulative cases of C.difficile per 100k pop		Jul-19	0.0	<26			27.15		50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	0.0
	Number of C.difficile cases (Hospital)		*Jul-19*	*9*		*11*	✓			*24*	*8*	*5*	*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*
	Number of C.difficile cases (Community)			*4*		*4*	✓			*5*	*7*	*4*	*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*
	Total number of C.difficile cases			*13*		15	✓			29	15	9	19	10	16	7	7	8	3	11	10	13
	Cumulative cases of Klebsiella per 100k pop		Jul-19	20.3				17.76										28.6	15.7	15.5	21.8	20.3
	Number of Klebsiella cases (Hospital)		*Jul-19*	*1*		1	✓			1	6	6	11	5	11	10	15	4	2	4	7	1
	Number of Klebsiella cases (Community)			*4*		5	✓			6	6	6	9	9	1	6	5	4	3	1	4	4
	Total number of Klebsiella cases			*5*		6	✓			7	12	12	20	14	12	16	20	8	5	5	11	5
	Cumulative cases of Aeruginosa per 100k pop		Jul-19	10.0				5.02										5.8	9.4	9.3	12.5	10.0
	Number of Aeruginosacases (Hospital)		*Jul-19*	*1*		2	✓			2	1	0	2	4	2	0	0	0	3	1	2	1
	Number of Aeruginosa cases (Community)			*0*		0	✓			1	0	3	0	2	3	0	2	0	0	2	4	0
	Total number of Aeruginosa cases			*1*		2	✓			3	1	3	2	6	5	0	2	0	3	3	6	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-19	97%		95%	✓			96%	97%	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q4 18/19	0	0			2				-			0			0				
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-19	60%	90%	75%	✗	28.1%		81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%
	Number of new Never Events	National	Jul-19	1	0	0	✗	3		0	0	0	0	0	0	0	0	1	0	1	1	1
	Number of risks with a score greater than 20	Local	Jul-19	81		12 month ↓	✗			67	77	73	66	45	48	53	54	51	72	66	75	81
	Number of risks with a score greater than 16	Local	Jul-19	164		12 month ↓				New local measure for 2019/20									167	151	162	164
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jul-19	2		12 month ↓	✓			22	14	7	13	8	12	6	17	15	3	9	8	2
	Number of Safeguarding Children Incidents	Local	Jul-19	7		0	✗			12	14	3	10	9	3	13	7	7	6	10	6	7
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Local	Jun-19	13		12 month ↓	✓			56	45	53	47	40	40	50	45	64	29	16	13	
	Total number of pressure ulcers acquired in hospital per 100k admissions		Apr-19	0		12 month ↓	✓			635	496	601	499	432	468	549	508	671	312	0	0	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-19	0		12 month ↓	✓			3	1	1	6	3	3	4	10	7	1	2	0	
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions		May-19	0		12 month ↓	✓			238	139	219	276	141	164	220	192	252	0	0	0	
	Total Number of pressure ulcers developed in the community		Jun-19	23		12 month ↓	✓			68	88	71	60	62	58	77	62	47	34	33	23	
	Number of grade 3+ pressure ulcers developed in the community		Jun-19	7		12 month ↓	✓			11	13	8	9	12	13	16	11	10	10	6	7	
Inpatient Falls	Number of Inpatient Falls	Local	Jul-19	186		12 month ↓	✓			300	290	328	293	291	300	341	276	326	210	226	189	186

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	Performance trend	Welsh Average/ Total	Performance Trend	ABMU Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	SBU Apr-19	May-19	Jun-19	Jul-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	Jul-19	138		12 month ↓ trend	✓				126	126	114	140	91	84	138	96	114	93	95	118	138
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-19	83%	75%	78%	✓		62.9%		81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%		
	% of acknowledgements sent within 2 working days	Local	Jul-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	Apr-19	3,320	> 5% annual ↓			0	13,719		3,528	3,544	3,490	3,332		3,364		3,373	3,350	3,320			
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑				53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑				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	Performance trend	Welsh Average/ Total	Performance Trend	ABMU Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	SBU Apr-19	May-19	Jun-19	Jul-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q4 18/19	146.8	4 quarter ↑				167.1				103.6			120.0			146.8				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q4 18/19	6.2	4 quarter ↑				7.4				5.1			8.3			6.2				
	Rate of calls to the DAN helpline per 100k pop.	National	Q4 18/19	39.3	4 quarter ↑				34				30.1			24.4			39.3				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-19	89%	90%	90%	✗		89.0%		88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Jun-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	Jul-19	4,259		12 month ↑	✗				5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259
	% of who would recommend and highly recommend	Local	Jul-19	96%		90%	✓				96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-19	77%		90%	✗				85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%

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	Performance trend	Welsh Average/ Total	Performance Trend	ABMU Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	SBU Apr-19	May-19	Jun-19	Jul-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-19	6.1%	12 month ↓		✓	1			6.7%	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.7%	6.3%	5.9%	6.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-19	7.1%	12 month ↓		✓	1			7.6%	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.0%	7.1%	7.1%	7.6%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-19	67.0%		90%	✗				69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	67%
	% of theatre sessions starting late	Local	Jul-19	42.3%		<25%	✗	3			38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%
	% of theatre sessions finishing early	Local	Jul-19	40.0%		<20%	✗	1			40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q4 18/19	18.4%	Quarter on quarter ↓				12.10%								18.4%						
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 18/19	56.9%	Quarter on quarter ↑				87.0%				77.0%			56.9%							
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q4 18/19	31.1%	4 quarter ↓				32.3%								31.1%						
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-19	64%	85%	71%	✗		70.0%		65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%
	% 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	Jul-19	78%	85%	79%	✗		78.4%		59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%
	% workforce sickness and absent (12 month rolling)	National	Jun-19	5.98%	12 month ↓			3	5.28%		5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	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%												

										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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	National	2018/19	37%	Annual ↓			39.9%		2017/18= 48%, 2018/19= 37.1%												
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Jun-19	86%	Annual ↑	95%	✗	86.2%		84%	78%	88%	88%	88%	88%	88%	88%	88%	86%	86%	86%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jun-19	96%	Annual ↑	95%	✓			94%	90%	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	
	% of population regularly accessing NHS primary dental care	National	Dec-18	62.3%	4 quarter ↑			55%				62.4%			62.3%							
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%					94%	95%	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%	
	% 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%					33%	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-19	71%	65%	65%	✓	69.2%		77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%
	Number of ambulance handovers over one hour	National	Jul-19	594	0	220	✗	2,634		443	420	526	590	628	842	1,164	619	928	732	647	721	594
	Handover hours lost over 15 minutes	Local	Jul-19	1,574						1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574
	% 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	Jul-19	75%	95%	83.8%	✗	77.9%		79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%
	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	Jul-19	642	0	283	✗	4,057		590	511	588	680	665	756	986	685	862	653	602	644	642
	% of survival within 30 days of emergency admission for a hip fracture	National	Apr-19	66.7%	12 month ↑			78.1%		70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jul-19	53%	58.9%	78%	✗	49.4%		38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	53%
	CT Scan (<1 hrs)	Local	Jul-19	59%	54.5%	53%	✓			40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jul-19	98%	84.4%	89%	✓	84.8%		81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%
	Thrombolysis door to needle <= 45 mins	Local	Jul-19	40%	12 month ↑	30%	✓			21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%
	% patients receiving the required minutes for speech and language therapy	National	Jul-19	48%	12 month ↑			46.3%											57%	47%	41%	48%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Jul-19	88%	95%			87.1%		89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	88%	88%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jul-19	479	0	0	✗	22,613		30	105	89	65	125	94	153	315	207	236	323	297	479
	Number of patients waiting > 36 weeks for treatment	National	Jul-19	2,690	0	2,148	✗	12,401		3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond traget date for an outpatient appointment	National	May-19	64.3%	95%			66.2%												64.3%		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-19	261	0	370	✓	3,622		740	811	762	735	658	693	603	558	437	401	401	295	261
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-19	0	0	0	✓	157		0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Local	Mar-19	67,908						64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908				
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	National	Mar-19	23,604	12 month ↓	13,662	✓			24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604				
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	Jul-19	88%	98%	98%	✗	96.5%		99%	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	88%
	% 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	Jul-19	60%	95%	96%	✗	79.6%		92%	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	60%
	% of patients starting definitive treatment within 62 days from point of suspicion	National	Jun-19	73%	12 month ↑			76.3%											73%	68%	73%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Jun-19	85%	80%	80%	✓	68.9%		84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Jun-19	99%	80%	80%	✓	73.4%		79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	
	% 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	Jun-19	100%	100%	100%	✓	99.1%				100%			100%			99%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-19	100%	95%	95%	✓	71.8%		32%	41%	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jun-19	96%		100%	✗			100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-19	41%	80%	80%	✗	50.7%		91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Jun-19	3%		80%	✗			23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Jun-19	93%		80%	✓			57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Jun-19	98%		90%	✓			75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jun-19	76%		80%	✗			60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	

APPENDIX 2: LIST OF ABBREVIATIONS

ABMU HB	Abertawe Bro Morgannwg University Health Board
ACS	Acute Coronary Syndrome
AOS	Acute Oncology Service
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CT	Computerised Tomography
CTM UHB	Cwm Taf Morgannwg University Health Board
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
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
HEIW	Health Education and Improvement Wales
HYM	Hafan Y Mor
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
IPC	Infection Prevention and Control

IV	Intravenous
JCRF	Joint Clinical Research Facility
LA	Local Authority
M&S training	Mandatory and Statutory training
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
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
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
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
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
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
SACT	Systematic Anti-Cancer Therapy
TAVI	Transcatheter aortic valve implantation
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
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

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 is currently discussing additional funding for backlog reduction with Welsh Government which may result in additional funds being available, but also the possibility of a clawback mechanism if funding is to flow.
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 the Performance & Finance Committee and Quality & Safety Committee in July 2019. This is a routine monthly report.
Appendices	Appendix 1: Integrated performance dashboard Appendix 2: List of abbreviations