

Performance Summary

The section that follows provides a detailed analysis of **ABMU's** performance in 2018/19.

The Welsh Government's annual performance measures framework aims to set out the annual improvement in the health and wellbeing of the people in Wales and identifies key population outcomes and indicators under the themes set out in the pie diagram opposite.

In the section which follows we set out how we have performed against these Welsh Government measures. We work on the basis of a 'balanced scorecard' approach which provides us with information as to how we are performing over a 12 month period or compared with the same period the previous year. It assesses whether our performance has improved, declined or remained the same over that period.

Performance against measures within the NHS Delivery Framework is currently assessed on a financial year basis i.e. 1st April through to 31st March. This aligns financial and performance data reporting periods within NHS organisation's Annual Accounts. Due to the nature of some of the measures in the NHS Delivery Framework, such as those which rely on clinically coded information, the availability of data required for assessing annual performance can have a time delay and hence is not always available when annual reports are produced.

Reporting of the NHS Delivery Framework measures within this report are presented in one of three ways, depending on data availability at the time of reporting:

1. If a full financial year of data is available, performance trends will be shown using data for the 1st April to 31st March period and target compliance included.
2. If a full financial year of data is not available, data for a calendar year, 1st January to 31st December, will be used to show performance trends but target compliance will not be assessed. NHS organisations will provide commentary on projected end of year delivery.
3. If the measure is qualitative in nature or the data is not available either on a financial or calendar year basis then NHS organisations will provide commentary on past and anticipated end of year delivery. Cross correlation, where appropriate with your Annual Quality Statement is recommended to reduce duplication and to provide a more collaborative approach.



The following table shows our performance against the measures where a twelve month comparison trend is available. In 2018/19 our performance improved in 40 measures and remained stable in three measures (19 of which achieved in full).

Abertawe Bro Morgannwg UHB	Improved performance	Sustained performance	Decline in performance	Performance summary	Targets achieved*
STAYING HEALTHY - People in Wales are well informed and supported to manage their own physical and mental health	2 measures	0 measures	1 measure		
SAFE CARE - People in Wales are protected from harm and supported to protect themselves from known harm	8 measures	0 measures	7 measures		1 measure
INDIVIDUAL CARE - People in Wales are treated as individuals with their own needs and responsibilities	4 measures	1 measure	0 measures		5 measures
OUR STAFF & RESOURCES - People in Wales can find information about how their NHS is resourced and make careful use of them	7 measures	1 measure	3 measures		2 measures
TIMELY CARE - People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	13 measures	0 measures	10 measures		9 measures
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	3 measures	1 measure	3 measures		1 measure
DIGNIFIED CARE - People in Wales are treated with dignity and respect and treat others the same	3 measures	0 measures	0 measures		1 measure
SUMMARY	40 measures	3 measures	24 measures		19 measures

Targetted Intervention Priorities

The Health Board was placed in “targeted intervention” by the Welsh Government in 2016. The following table highlights the performance measures which Welsh Government deemed to require significant improvement (in addition to finance which is covered in further detail in section.... of this report). A significant amount of work was undertaken throughout 2018/19 to improve performance in these priority areas. Further information in relation to actions undertaken and further actions planned for 2019/20 can be found in the Safe Care and Timely Care sections.

		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual 75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%	75.6%
		Profile 83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%
	12 hour A&E waits	Actual 737	624	476	590	511	588	680	665	756	986	685	862
		Profile 323	194	190	229	227	180	255	315	288	283	196	179
	1 hour ambulance handover	Actual 526	452	351	443	420	526	590	628	842	1,164	619	928
		Profile 256	126	152	159	229	149	223	262	304	262	183	139
Stroke	Direct admission within 4 hours	Actual 34.5%	36.7%	40.0%	37.5%	29.3%	53.8%	56.0%	55.8%	53.2%	35.2%	52.6%	50.7%
		Profile 45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual 41.4%	43.3%	51.3%	40.3%	40.5%	47.5%	52.7%	47.5%	48.7%	48.0%	48.3%	50.6%
		Profile 40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual 83.9%	93.3%	88.2%	80.6%	91.1%	68.8%	82.8%	75.0%	85.9%	75.3%	75.9%	86.1%
		Profile 75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Planned care	Thrombolysis door to needle within 45 minutes	Actual 0.0%	11.1%	37.5%	21.4%	0.0%	11.1%	18.2%	15.4%	28.6%	40.0%	20.0%	30.0%
		Profile 20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
	Outpatients waiting more than 26 weeks	Actual 166	120	55	30	105	89	65	125	94	153	315	207
		Profile 249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual 3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630
		Profile 3,457	3,356	3,325	3,284	3,287	3,067	2,773	2,709	3,045	2,854	2,622	2,664
Cancer	Diagnostic waits over 8 weeks	Actual 702	790	915	740	811	762	735	658	693	603	558	437
		Profile 0	0	0	0	0	0	0	0	0	0	0	450
	Therapy waits over 14 weeks	Actual 0	1	0	0	0	0	0	0	0	0	0	0
		Profile 0	0	0	0	0	0	0	0	0	0	0	0
	NUSC patients starting treatment in 31 days	Actual 92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%
		Profile 98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Healthcare Acquired Infections	USC patients starting treatment in 62 days	Actual 77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%
		Profile 83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
	Number of healthcare acquired C.difficile cases	Actual 26	18	15	29	15	9	19	10	16	7	7	8
		Profile 21	18	26	20	22	20	20	24	13	19	15	21
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual 14	21	19	17	20	10	12	17	11	18	16	11
		Profile 13	18	13	18	11	13	13	15	21	13	19	15
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual 42	43	41	51	46	49	41	53	38	28	31	43
		Profile 45	39	40	45	42	45	44	37	41	45	39	42

STAYING HEALTHY- People in Wales are well informed and supported to manage their own health

Performance Summary

Achievement of national targets:



We
vaccinated
8,581 staff



Highlights:

88% of 10 day old children seen as part of the Healthy Child Wales

More than 2,000 smokers supported to stop smoking

Performance trend:
2 measures improved ↑ 1 measure declined ↓

Summary:

The measures in this section focus on prevention and actions that the Health Board takes to support people to manage their health and include childhood immunisation and smoking during pregnancy. None of the three measures in this section were achieved in 2018/19. Good progress was made throughout the year to increase childhood immunisations rates however performance fell short of the 95% national target. Adult smoking cessation is also a measure in this section but full year data was not available at the time of writing this report. Early indication shows that we will achieve the measure for the percentage of smokers co-validating as quit at 4 weeks but not the percentage of smokers making a quit attempt via cessation services.

<u>Staying Healthy</u>						
	4 Quarter Trends					
	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Trend	National Target Achieved
% of children who received 2 doses of the MMR vaccine by age 5	89.3%	91.2%	90.0%	91.1%		N/A
% children 10 days old who accessed 10-14 days health visitor component of Healthy Child Wales Programme	77.1%	80.9%	73.4%	88.6%		N/A
	Annual Trends			Trend	National Target Achieved	
	2017	2018				
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)*	5.1%	4.2%			N/A	

*Taken from Jan-19 merged data set

	Achieved in Target Compliance
	Not achieved in Target Compliance

STAYING HEALTHY	
Successes	Priorities
<ul style="list-style-type: none"> Achievement of 95% target for the percentage of children who have received 3 doses of the '6 in 1' vaccine by age 1 as at quarter 3 18/19 (this is the latest data available). In 18/19 we engaged with, trained and supported 545 staff to embed MECC and Health Literacy approaches in to their work, teams and organisations. Areas of engagement include Primary Care, Health Visiting, Employee Wellbeing Champions, Allied Health Professions and as part of a Swansea PSB Ageing Well Project. We are committed to build on this during 19/20 to further embed it across the Health Board. Achieved highest school based Fluenz vaccination programme uptake across Wales for the 3rd year running, increased another 1.3%, uptake now stands at 75.3%. Presented at National Immunisation Conference. 	<ul style="list-style-type: none"> GP Practices displaying any waiting lists for childhood immunisation continue to be contacted by the primary care teams with discussions aimed at reducing the waiting lists. Continue our work with primary care teams to improve flu vaccination rates for our at risk populations. Plans to reflect and learn from 2018/19 flu vaccine uptake in order to inform priorities and agree actions for the 2019/20 season Aiming to be the top Health Board in Wales in 2019/20 for staff flu vaccination. We are supporting the development of a national delivery plan for the integrated smoking cessation system that will also drive action for local work. Facilitating the transfer of SSW to the Heath Board and the Integration of all cessation services in Swansea Bay Ensuring that all commissioned pharmacies are actively delivering the smoking cessation service.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> A new process for GP practices wishing to cancel immunisation clinics across the Health Board has now rolled out. Plan to increase numbers of staff flu champions for 2019/20 as well as utilising other staff groups to promote and encourage colleagues to get vaccinated Realignment of local smoking cessation services. Review service model in light of boundary changes and population need. Pilot project in progress with primary care, to explore if sending out a letter to smokers from GP practice results in increased number of contacts to Help Me Quit. Text messaging as a method of invitation to commence as a pilot project. 	<ul style="list-style-type: none"> Uptake is below 95% in the percentage of resident children who have received 2 doses of the MMR by 5 years which is needed for herd immunity. When uptake is below 95% the main area of risk is an outbreak of a vaccine preventable disease The categories and varieties of influenza vaccine that should be ordered increase variation and potential risk of human error making it harder to achieve the target. Smoking on hospital grounds continues to be a widespread issue and visible problem despite Health Board smoke free site policy. This needs to be addressed in line with forthcoming legislation

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm

Performance Summary

Achievement of national targets:



Highlights:

37% less *C. difficile* cases
7% less *S. aureus* bacteraemia cases
4% less in *E. coli* bacteraemia cases



Reduced use of antibacterial items

Sepsis Care Pathway- First Hour Care Duties

Increased compliance with Sepsis Six first hour bundle

Performance trend:

8 measures improved ↑ 7 measures declined ↓

Summary:

The measures in this section focus on safety and ensuring that no harm comes to patients and includes healthcare acquired infections, serious incidents, prescribing and self-harm. Compliance with the 'Sepsis Six' one hour bundle was the only measure in this section to be achieved however significant progress has been made in reducing healthcare acquired infections and antibiotic prescribing over the year.

Safe Care																
	12 Month Trends - Financial															
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	National Target Achieved		
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescales***	67.6%	73.9%	61.9%	76.7%	86.7%	78.6%	50.0%	88.2%	88.9%	61.5%	60.0%	39.1%		No		
Number of new Never Events	0	0	0	0	0	0	0	0	0	0	0	1		No		
Number of grade 3, 4 & unstageable healthcare acquired pressure ulcers	12	13	21	5	17	8	14	12	12	20	21	17		No		
Number of administration, dispensing & prescribing medication errors reported as SIs	0	0	0	0	0	0	0	0	1	0	0	0		No		
Number of patient falls reported as SIs	2	4	3	5	1	3	9	8	2	4	4	5		No		
% of in-patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	30.6%	26.4%	18.2%	33.7%	23.3%	40.0%	50.0%	40.5%	52.6%	18.2%	42.9%	42.9%		Yes		
	4 Quarter Trends															
	Q4 17/18	Q1 18/19	Q2 18/19	Q3 #18/19	Trend	National Target Achieved										
	0	1	3	2		N/A										
	Number of preventable hospital acquired thrombosis	363.7	307.4	288.9	330.7											
	Total antibacterial items per 1,000 STAR-PUAs	8.9%	9.8%	9.6%	8.3%											
	Fluoroquinolone, cephalosporin, clinamycin & co-amoxiclav as % of total items dispensed in community	1,496	1,517	1,479	1,447											
	Annual Trends															
	2017	2018	Trend	National Target Achieved												
	Number of hospital admissions with any mention of self harm for children/young people per 1,000 pop*	3.29	3.31													
	Mar-18 (12mths ending)	Mar-19 (12mths ending)	Trend	National Target Achieved												
	Cumulative rate of C Difficile cases per 100,000 of the population**	53.54	33.47													
	Cumulative rate of S.Aureus Bacteraemia cases per 100,000 of the population**	37.33	34.60													
	Cumulative rate of E.coli cases per 100,000 of the population**	99.74	94.95													

Sepsis Inpatient data - April to June 2018 includes Singleton, Morriston & Princess of Wales. July to Oct 2018 also includes Neath Port Talbot. November 2018 includes Singleton, Princess of Wales and Neath Port Talbot. December 2018 to March 2019 includes Princess of Wales and Neath Port Talbot.

Sepsis Emergency data - this measure has been excluded as data has not been submitted for Feb-19 and Mar-19. This is due to data collection being stopped in Morriston as there is no one to enter the data and Singleton's funding for the Sepsis project has finished. NPT and PoW will also not be submitting any emergency data.

*Taken from March APC refresh

**Data is provisional

***Data as at 29/04/19

Achieved in Target Compliance
 Not achieved in Target Compliance

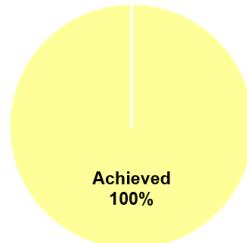
SAFE CARE	
Successes	Priorities
<ul style="list-style-type: none"> • Infection Control: <ul style="list-style-type: none"> ◦ Significant reductions in rates of C.Diff were achieved in the second half of the year following successful implementation of antibiotic guidelines. ◦ Successful introduction of UVc decontamination and a 4D cleaning programme. • Medicines Management: <ul style="list-style-type: none"> ◦ The Health Board has shown significant progress over the last 2-3 years in reducing the antibacterial items prescribed and is no longer the highest in Wales. However, there is still much to do to continue to improve appropriate prescribing. • Pressure Ulcers: <ul style="list-style-type: none"> ◦ The incidence of Health Board acquired pressure ulcers continues to reduce • Falls: <ul style="list-style-type: none"> ◦ The number of inpatient falls continues to reduce with a 7% decrease on same period last year • Sepsis Screening <ul style="list-style-type: none"> ◦ Continued improvement in compliance with 'Sepsis Six' first hour bundle for in-patients ◦ Consistently above 95% for patients with completed NEWS score, which assesses the risk of Sepsis 	<ul style="list-style-type: none"> • Infection Control: <ul style="list-style-type: none"> ◦ Review methods of environmental decontamination for a Heath Board wide approach ◦ Improve information available to Health Board on HCAs ◦ Focus on infection prevention strategies • Medicines Management: <ul style="list-style-type: none"> ◦ Improving antibiotic prescribing remains a priority as the Health Board still has one of the highest levels of prescribing in the UK ◦ Analyse and learn from outcomes of 2018-19 Prescribing Management Scheme in primary care ◦ Regularly update prescribing guidelines and support additional audits in target practices. • Pressure Ulcers <ul style="list-style-type: none"> ◦ Reduce acquired pressure ulcers both in hospital and the community monitored via current mechanisms and ward to board Dashboard ◦ Education for pressure ulcer prevention and classification of pressure ulcers • Falls: <ul style="list-style-type: none"> ◦ Reduce avoidable falls, particularly in community settings, through multi agency collaboration and scaling up the Dance for Health Programme

SAFE CARE	
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Infection Control: <ul style="list-style-type: none"> ◦ Ward refurbishment programme will address our highest priority infection control risks. Essential repairs and replacement of antiquated infrastructure within ward areas significantly improve clinical care environments. ◦ Delivery Units to explore how to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff. • Pressure Ulcers: <ul style="list-style-type: none"> ◦ SBUHB tissue viability team is collaborating with e-learning Wales to develop an e-learning pressure ulcer prevention education package that can be linked to the Electronic Staff Record (ESR) system. ◦ A voiced power point presentation has been developed to share learning from a pressure ulcer related Coroner's Inquest case. ◦ Quarterly analysis of local pressure ulcer causal factors will be undertaken to identify trends and target work streams to reduce risks and achieve a reduction in avoidable pressure ulcers ◦ Pressure Ulcer Peer Review Scrutiny Panels are held in all Service Delivery Unit's and learning from incidents is translated into quality improvement plans and shared at the Pressure Ulcer Prevention Strategic Group (PUPSG) meeting. 	<ul style="list-style-type: none"> • Infection Control: <ul style="list-style-type: none"> ◦ Public Health Wales implemented a new, more sensitive testing methodology for C. difficile. The likely impact of this will be a 10-20% increase in the detection of C. difficile carriage. ◦ 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 as well as high bed occupancy, which frequently is close to, or exceeds, 90%. • Medicines Management: <ul style="list-style-type: none"> ◦ Overall antibiotic usage should be reduced further and the reduction maintained in order to minimise the risk of drug resistance. Further improvements are also required to reduce the prescribing of '4C' antibiotics, and incidence of <i>Clostridium difficile</i>. • Pressure Ulcers <ul style="list-style-type: none"> ◦ Incomplete documentation continues to be a contributory factor. All Service Delivery Units have plans in place for pressure ulcer prevention documentation audit. ◦ Continued difficulty with maintaining nurse staffing levels on wards, with a significant increase in the number of agency staff being utilised.

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities

Performance Summary

Achievement of national targets:



Performance Summary

90% of residents in receipt of secondary Mental Health services had a valid Care Treatment Plan (CTP)

100% of residents were sent their outcome assessment report within 10 working days

Increased use of national helplines throughout the year for mental health, dementia and substance misuse



Performance trend:

4 measures improved ↑ 1 measure sustained →

Summary: Access to helplines and mental health services are the themes of the five measures in this section, which were all achieved in 2018/19.

Individual Care														
	12 Month Trends - Financial													
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	National Target Achieved
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	90.0%	89.6%	88.2%	87.3%	89.7%	91.3%	91.6%	90.6%	91.3%	90.9%	91.1%	90.9%	↗	Yes
% of HB residents sent their outcome assessment report within 10 working days after assessment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	➡	Yes
	4 Quarter Trends													
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Trend									
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	101.2	103.6	120.0	146.8	↗									Yes
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+)	5.4	5.1	8.3	6.2	↗									Yes
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	33.7	30.1	24.4	39.3	↗									Yes

 Achieved in Target Compliance
 Not achieved in Target Compliance

INDIVIDUAL CARE	
Successes	Priorities
<ul style="list-style-type: none"> • 91% of residents in receipt of secondary Mental Health Services (all ages) had a valid Care Treatment Plan (CTP) in March 2019 against national target of 80% (mental health measures- Part 2) • 100% of residents were sent their outcome assessment report within 10 working days after assessment for every month in 2018/19 (mental health measures- Part 3) • The number of calls to the Mental Health helpline C.A.L.L. per 100,000 of population increased through the year • The number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+) increased through the year • The number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population increased through the year 	<ul style="list-style-type: none"> • Maintain achievement of the percentage of residents in receipt of secondary Mental Health Services with Care Treatment Plan • Maintain 100% performance of residents in receipt of outcome assessment report within 10 working days • Increase awareness and uptake of C.A.L.L., Wales dementia and DAN 24/7 helplines and ensure links with Choose Well campaign.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • C.A.L.L., Wales dementia and DAN 24/7 are all confidential helplines that offer emotional support and information/literature. Signposting to such helplines provides an additional avenue for support to patients, families and carers. 	<ul style="list-style-type: none"> • The Health Board can promote and raise awareness of national helplines but has limited ability to influence uptake rates as utilisation is determined by personal choice and need.

STAFF & RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them

Performance Summary

Achievement of national targets:



Over 9,000 staff received an annual Personal Appraisal Development review



22% increase in staff completing all mandatory training (up to December 2018)



Reduction in patients not attending new and follow-up outpatient appointments (DNAs)

Highlights:

Performance trend:

7 measures improved ↑

1 measure sustained →

3 measures declined ↓

Summary: There are eleven measures in this section however due to the availability of full year data, Welsh Government has only provided an assessment on two of the measures, which were both achieved in 2018/19 indicating a 100% achievement for this section. Narrative regarding the other nine measures are included in the following table as well as an internal assessment regarding year-end achievement.

Our Staff & Resources Summary																							
	12 Month Trends - Calendar																						
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend	National Target Achieved									
% of patients who did not attend a new OP appointment	5.9%	5.9%	5.6%	6.3%	5.9%	5.6%	6.1%	5.3%	5.7%	5.7%	5.4%	6.1%	↗	N/A									
% of patients who did not attend a follow-up OP appointment	8.0%	7.7%	7.1%	7.1%	7.1%	6.6%	6.9%	6.6%	6.6%	7.1%	6.3%	6.7%	↗	N/A									
Number of procedures that don't comply with NICE Do Not Do guidance (list agreed by Planned Care Board)	9	7	10	8	8	6	10	13	6	15	13	9	↘	N/A									
% of headcount who have had a PADR/medical appraisal in previous 12 months	60.2%	59.5%	59.9%	60.4%	58.4%	58.1%	60.4%	60.4%	63.3%	64.9%	66.3%	66.1%	↗	N/A									
% compliance for all completed Level 1 competencies within Core Skills & Training Framework	49.5%	50.3%	51.0%	52.7%	54.7%	57.0%	59.5%	63.0%	64.7%	66.8%	70.1%	71.7%	↗	N/A									
% staff sickness absence (rolling 12 months)	5.64%	5.69%	5.74%	5.77%	5.79%	5.84%	5.85%	5.86%	5.89%	5.91%	5.93%	5.96%	↘	N/A									
4 Quarter Trends																							
	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19		Trend	National Target Achieved																
Quantity of biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	54.2%	55.0%	56.2%	56.9%	↗	N/A																	
Annual Trends																							
	2016	2018		Trend	National Target Achieved																		
% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	55%	55%	↗	N/A																			
Overall staff engagement score	3.68	3.81	↗	Yes																			
% staff who would be happy with care by their organisation if friend/relative needed treatment	70%	72%	↗	Yes																			
	2017	2018		Trend	National Target Achieved																		
Elective caesarean section rate*	13.3%	14.0%	↘	N/A																			

*Taken after March APC refresh

Note: the biosimilar medicines included for 2018/19 are Adalimumab, Infliximab, Etanercept, Rituximab IV, Trastuzumab IV.

Achieved in Target Compliance

Not achieved in Target Compliance

OUR STAFF AND RESOURCES	
Successes	Priorities
<ul style="list-style-type: none"> • Staff engagement: <ul style="list-style-type: none"> ◦ Staff engagement score increased from 3.68 in 2016 to 3.81 in 2018. ◦ 72% of staff would be happy with care by their organisation if friend/ relative needed treatment (2% improvement from 2016) • Mandatory training: <ul style="list-style-type: none"> ◦ 22% increase in the number of staff completing mandatory training throughout the year (as at December 2018) ◦ Internal figures show achievement of 75.22% in March 2019, equating to 158,888 achieved competencies. This may be short of the national target of 85% but exceeds the Health Board's internal profile of 62%) • Missed appointments/ Did Not Attend (DNA) Rates: <ul style="list-style-type: none"> ◦ Reduction trend over the year for new and follow-up DNA rates in secondary care 	<ul style="list-style-type: none"> • Sickness: <ul style="list-style-type: none"> ◦ Outputs of best practice case study, conducted in three areas of good sickness performance, are being incorporated into each Delivery Units attendance action plans. ◦ Training sessions for managers regarding the new all-Wales Managing Attendance policy. ◦ Occupational Health Improvement Plan completed with targets for reductions in waiting times approved by Executive Board. Plans to develop a more multidisciplinary approach during 2019. ◦ Implementation of digital dictation software for clinicians to reduce waits for Occupational Health reports to be sent to managers. Evaluation to be completed July 2019. ◦ Amendments to Swansea Bay's attendance action plan are underway to be re-submitted for sign off by Workforce and OD committee. • Mandatory Training: <ul style="list-style-type: none"> ◦ E-learning drop in sessions are continuing across the current health board and all sites on a regular basis. ◦ A review of the Mandatory Training framework is being planned where all relevant Subject Matter Experts will be invited to a workshop to discuss current training and to identify new trends that may need to be introduced. • Personal Appraisal Development Review (PADR): <ul style="list-style-type: none"> ◦ Focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures 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 by March 2020.

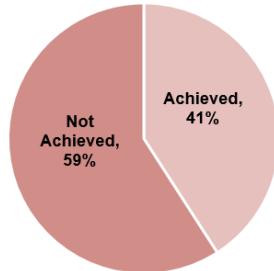
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Sickness: <ul style="list-style-type: none"> ◦ Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSk diagnostics and surgery when required. This model accepted as Bevan Exemplar 18/19. ◦ 300+ Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. ◦ Deliver 'menopause wellbeing workshops' across four main sites during 2019. • Mandatory Training: <ul style="list-style-type: none"> ◦ Review of Electronic Staff Record (ESR) system to make utilisation more user friendly and improve accuracy of reporting. ◦ Investigate where compliance in higher level training mitigates the need for level 1 training and implement automatic sign off of competencies. • Personal Appraisal Development Review (PADR): <ul style="list-style-type: none"> ◦ Incremental pay progression provides the incentive for staff to take responsibility for ensuring that they have an appraisal every 12 months as well as managers ensuring that all staff have the opportunity to have a quality Values based appraisal. ◦ Research project into the PADR process, looking at all angles, has been initiated and the outcome will be delivered later on in the year. • Missed appointments/ Did Not Attend (DNA) Rates: <ul style="list-style-type: none"> ◦ Outpatient appointment text reminder service implementation – the Health Board has extended the current contract for a further 12 months – in order to continue the assessment of benefit realisation. 	<ul style="list-style-type: none"> • Sickness: <ul style="list-style-type: none"> ◦ 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 ◦ Our highest reason for absence continues to be stress related absence, which remained static compared to the previous month. • Mandatory Training: <ul style="list-style-type: none"> ◦ Lack of computer literacy amongst staff ◦ Time and access to computers for community based staff ◦ 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 • Personal Appraisal Development Review (PADR): <ul style="list-style-type: none"> ◦ 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.

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| <ul style="list-style-type: none">○ Development with GP clusters and patients to inform the development of alternative methods of service delivery to support patients in the most appropriate setting including nurse led / advanced practitioner led clinics. Each Delivery Unit has developed a plan to address their DNA position. These plans, overseen by the Outpatient Modernisation Group and led by nominated managerial leads from each delivery unit, have set out objectives to achieve the Annual Plan 2019/20 target of a reduction in the DNA rate of 10%.○ Explore increased opportunities for partial booking.○ Adhering to best practice guidelines. | <ul style="list-style-type: none">○ Ensuring new starters and ad hoc doctors are engaged with the annual appraisal process, and relevant information received from previous Responsible Officer (RO).○ 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.○ 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 to complete PADR's - risk around the quality of PADR versus the target figures.○ Ensuring new starters are engaged with the annual appraisal process. <ul style="list-style-type: none">● Missed appointments/ Did Not Attend (DNA) Rates:<ul style="list-style-type: none">○ It is important for the Health Board to gain a better understanding of the specialties and clinical conditions which present the most risks of harm to patients who DNA their appointment.○ RTT risk to the Health Board as a result of underutilised capacity for new and follow up appointments with associated financial implications for idle capacity, rearranging appointments and potentially needing to arrange additional waiting list clinics. |
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TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

Performance Summary

Achievement of national targets:



Highlights:



- ✓ **22%** less patients waiting longer than 36 weeks for treatment.
- ✓ No patients waiting over 14 weeks for therapies
- ✓ No patients waiting over 8 weeks for all non-cardiology diagnostics and sustained position in Endoscopy
- ✓ Longest waiting patients reduced by over a third

Performance trend:

13 measures improved ↑ 10 measure declined ↓

Summary: The focus of this section is access to services and the measures primarily focus on waiting times. Nine out of the 14 measures in this section were achieved in 2018/19. Significant progress was made during 2018/19 to reduce waiting times to elective treatment, improve delivery of Stroke services and stabilise unscheduled care.

Timely Care															
	12 Month Trends - Calendar														
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend	National Target Achieved	
% survival within 30 days of an emergency admission for a hip fracture	82.3%	75.9%	82.5%	74.6%	85.7%	78.7%	73.2%	80.9%	74.1%	84.6%	71.4%	73.3%	⬇️	N/A	
12 Month Trends - Financial															
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	National Target Achieved	
% of P1 calls logged and patient started definitive clinical assessment within 20 mins of initial call being answered	83.1%	85.0%	86.0%	85.1%	89.2%	91.5%	88.5%	84.9%	84.4%	84.8%	80.5%	81.2%	⬇️	No	
% of P1 seen <= 60 mins following clinical assessments/face to face triage	75.0%	60.0%	50.0%	37.5%	71.4%	90.0%	100.0%	80.0%	77.8%	80.0%	66.7%	83.3%	⬆️	Yes	
% of patients waiting less than 26 weeks for treatment	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	⬆️	No	
Number of patients waiting more than 36 weeks for treatment	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,967	2,628	⬆️	No	
Number of patients waiting more than 8 weeks for a specified diagnostic	702	790	915	740	811	762	735	658	693	603	558	437	⬆️	No	
Number of patients waiting more than 14 weeks for a specified therapy	0	1	0	0	0	0	0	0	0	0	0	0	⬆️	Yes	
Number of OP follow ups (booked/not booked) delayed past target date for specific planned care specs	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	⬆️	Yes	
% compliance with stroke QIM Direct admission to an acute stroke unit (<4 hrs)	34.1%	37.8%	40.3%	37.0%	27.8%	55.0%	56.0%	56.4%	51.2%	35.2%	50.8%	50.6%	⬆️	No	
% compliance with stroke QIM CT scan within (<1 hour)	40.4%	44.6%	52.6%	39.2%	38.8%	47.5%	52.7%	48.1%	48.2%	47.9%	46.7%	50.6%	⬆️	No	
% compliance with stroke QIM Assessed by a stroke consultant (<24 hours)	84.3%	92.4%	87.2%	79.7%	89.4%	68.8%	82.8%	75.3%	84.3%	75.3%	75.0%	86.1%	⬇️	Yes	
% compliance with stroke QIM Thrombolysed with a door to needle time (<= 45 mins)	0.0%	10.5%	35.3%	21.4%	0.0%	11.1%	18.2%	15.4%	26.7%	40.0%	20.0%	30.0%	⬆️	Yes	
% of emergency responses to red calls arriving within 8 mins	78.3%	77.2%	78.0%	77.0%	79.2%	78.3%	75.4%	75.2%	75.4%	72.7%	78.2%	72.8%	⬇️	Yes	
Number ambulance handovers over one hour	526	452	351	443	420	526	590	628	842	1,164	619	928	⬇️	No	
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	77.6%	76.6%	76.5%	76.9%	77.2%	75.7%	⬇️	No	
Number of patients spent >=12 hrs in emergency care from arrival until admit, transfer or discharge	737	624	476	591	511	588	678	665	756	986	685	861	⬇️	No	
% newly diagnosed with cancer, not via urgent route, started def treat within 31 days of diagnosis	92.4%	94.2%	96.2%	99.3%	97.4%	95.7%	95.9%	96.2%	95.7%	97.7%	94.7%	93.5%	⬆️	No	
% newly diagnosed with cancer, via urgent suspect route, started def treat within 62 days of referral	77.4%	90.4%	84.1%	92.2%	94.1%	82.9%	84.3%	87.6%	88.1%	85.4%	80.6%	84.1%	⬇️	No	
% of MH assessments undertaken within 28 days from the date of receipt of referral	84.1%	85.5%	82.5%	83.8%	80.5%	76.4%	83.8%	77.7%	83.8%	72.6%	79.8%	76.8%	⬇️	No	
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	79.3%	80.5%	79.5%	79.1%	90.3%	88.6%	91.5%	87.6%	85.2%	86.8%	87.5%	87.7%	⬆️	Yes	
4 Quarter Trends															
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Trend	National Target Achieved									
% of qualifying patients who first had contact with an IMHA within 5 working days of their request	100.0%	100.0%	100.0%	99.1%	⬇️	No									
Annual Trends															
	2017	2018	Trend	National Target Achieved											
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week	78%	88%	⬆️	Yes											
% of GP practices open during daily core hours or within 1 hour of the daily care hours	90%	95%	⬆️	Yes											

Achieved in Target Compliance
Not achieved in Target Compliance

TIMELY CARE	
Successes	Priorities
<ul style="list-style-type: none"> • Unscheduled Care <ul style="list-style-type: none"> ◦ The number of medical admissions have stabilised and our rates of readmissions have steadily decreased over the last 18 months. These changes, as well as changes to our surgical services models, allowed us to reduce our inpatient capacity in line with the benchmarking opportunities identified in our Annual Plan 2018/19. • Planned Care <ul style="list-style-type: none"> ◦ The Health Board achieved the internal target of 2,664 for the number of patients waiting over 36 weeks for treatment by attaining 2,630 in March 2019. This continues to be the best position since April 2014. ◦ Sustained achievement of no patients waiting over 8 weeks for Endoscopy throughout 2018/19 ◦ No patients waiting over 8 weeks in March 2019 for the following diagnostic tests: <ul style="list-style-type: none"> ▪ Cystoscopy, ▪ Radiology (including CT, MRI, Non obstetric Ultrasounds, Barium Enema) and Nuclear medicine ▪ Cardiac Tests (including Stress Test, 24 Hour Blood Pressure Monitoring, Diagnostic Electrophysiology (EP Study), Doppler Stress Echocardiogram (DSE), Myocardial Perfusion Scan, Trans Oesophageal Echocardiogram (TOE)) ◦ Therapy waiting times continue to be maintained at (or below) 14 weeks • Primary Care <ul style="list-style-type: none"> ◦ 83% of priority 1 (P1) patients seen within 60 minutes following clinical assessment/ face to face triage by the 111 service 	<ul style="list-style-type: none"> • Unscheduled Care <ul style="list-style-type: none"> ◦ Promote attendance at Minor Injury Unit (MIU) in NPT Hospital for patients with a minor illness or injury. ◦ Implement direct-to-specialty pathways for general medicine, cardiology, respiratory and neurology, including hot clinics as well as providing evidence-based, quality services for patients with chronic conditions. ◦ Improving our Psychiatric Liaison Service to improve services for patients with mental health problems in our general hospitals to improve the quality of care and support discharge arrangements. ◦ Revision of our escalation policy for 2019/20 to build on the ‘safety huddle’ approach to managing patient flow. ◦ Implement plan for introduction of revised Quality Improvement Measures (QIMs) for Stroke reporting from April 2019. • Planned Care <ul style="list-style-type: none"> ◦ Implementation of sustainable service models in IMTP for 2019/20 ◦ Lead appointed for the development of a single theatre action plan to address performance and maximise efficiencies with initial focus on improving utilisation for ENT and General Surgery at Singleton and Orthopaedics at NPTH ◦ Sharing of transferable lessons from the planned care programme work across all specialities at pace to reduce RTT pressures ◦ Service models for Oral Medicine, Audiology and Nurse Led Gastro as sustainable solutions in plans for 2019/20. ◦ Morriston to develop and implement step change plans to maintain continual improvement in the reduction of long waiting patients • Cancer

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| <ul style="list-style-type: none"> ○ Increase in the number of GP practices offering appointments between 17:00 and 18:30 on 5 days a week (78% in 2017 compared with 88% in 2018). ○ Increase in the number of GP practices open during daily core hours or within one hour of daily core hours (90% in 2017 compared with 95% in 2018). ● Mental Health <ul style="list-style-type: none"> ○ 88% of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) | <ul style="list-style-type: none"> ○ Planned pathway changes and increased capacity will help reduce the backlog, which is monitored very closely within the Delivery Units. ○ Full implementation of Head and Neck Lump pathway in July 2019 when the new consultant commences in post – this will streamline time to diagnosis for head and neck and haematological cancers. ● Primary Care <ul style="list-style-type: none"> ○ Concluding work to change the workforce model and put in place sustainable primary care Out of Hours services for the new Health Board within 2019/20 as described in the Primary Care Plan. ○ Continue to roll out of the Whole System Transformational model of Integrated Primary Care through the Cluster development model ● Mental Health <ul style="list-style-type: none"> ○ Utilisation of additional Welsh Government resources to help build up the local teams. This will allow the service to help keep pace with additional demand. ○ Development of a range of group interventions, in order to offset the demand for therapy. |
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TIMELY CARE

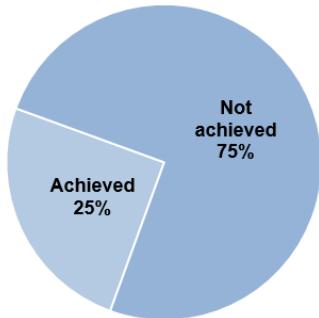
Opportunities	Risks and Threats
<ul style="list-style-type: none"> ● Unscheduled Care <ul style="list-style-type: none"> ○ Significant range of joint improvement initiatives are planned with the Welsh Ambulance Service Trust (WAST) to deliver sustained improvements in the quality of care and timeliness of 999 responses whilst also supporting improvements across the Health Board's wider Unscheduled Care system. ● Planned Care <ul style="list-style-type: none"> ○ Shift care to community settings, especially audiology, community optometry, endocrinology/diabetes. This work will be further developed through the Clinical Services Plan Transformation Programme. 	<ul style="list-style-type: none"> ● Unscheduled Care <ul style="list-style-type: none"> ○ The Emergency Department internal flow at Morriston needs to be improved and the discharge difficulties at the back door of our hospitals are a major constraint to any further reductions in length of stay. ○ Peaks in demand/patient acuity above predicted levels of activity. ○ Ongoing challenges in general nursing and medical roles in some key specialities and service areas such as the Emergency Department (ED) ○ The impact of infection on available capacity and patient flow.

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| <ul style="list-style-type: none">○ Sharing of transferable lessons from the planned care programme work across all specialities at pace to reduce RTT pressures○ The opening of the Plastic Surgery Treatment Centre in July 2019○ Adoption of efficient booking processes and reduction of waste to be overseen by the Outpatient Modernisation Group. <ul style="list-style-type: none">● Cancer<ul style="list-style-type: none">○ Detailed Radiology Demand and Capacity plan including reporting time requirements is being worked through, including introduction of a live dashboard.○ Successfully secured funding via the Wales Cancer Network to develop and deliver a two year pilot based on the Rapid Diagnostic Clinic (RDC) concept.● Mental Health<ul style="list-style-type: none">○ Develop and implement a project to increase the pace of access to High Intensity Psychological Therapy by developing a service that provides a stepped model of care.● Primary Care<ul style="list-style-type: none">○ Reshape the staffing mix in urgent out-of-hours primary care in order to reduce reliance on general practitioners, and introduce new types of practitioner such as paramedic, pharmacist and advanced nursing input.○ Transformation of Clusters will embed a new way of providing care that is more sustainable, is closer to patients, and is more able to offer personal and population value○ Contract reform in dental, community pharmacy and general medical services is helping the move from a “reimbursement for treatment” to a “reimbursement for prevention” model; in turn, incentivising better value healthcare.○ Through the Western Bay Regional Partnership Board, design and deliver an optimum model of Integrated Community Services. | <ul style="list-style-type: none">● Planned Care<ul style="list-style-type: none">○ Demand of cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective beds.○ Ability to deliver continued reduction in elective waiting times during peak periods of unscheduled acre demand.○ Staff fatigue and workforce constraints in key professional groups (nationally and locally).● Cancer<ul style="list-style-type: none">○ Unscheduled Care pressures, although site management processes aim to minimise impact on cancer cases.○ Continued growth in demand and therefore the backlog.○ Challenges to appoint to vacant posts and time lag in developing new workforce models.● Primary Care<ul style="list-style-type: none">○ Sustainability issues attributed to lack of ability to recruit, retain and poor locum availability.● Mental Health<ul style="list-style-type: none">○ For assessment and interventions targets, risks relate to potentially increasing demand and the availability of suitably experienced staff.○ 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. |
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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

Performance Summary

Achievement of national targets:



Highlights:



4% reduction in Mental Health Delayed Transfers of Care
65% increase in Non-Mental Health Delayed Transfers of Care

We coded over 210,000 clinical episodes during 2018/19

Performance trend:

3 measure improved ↑

1 measure sustained →

3 measure declined ↓

Summary: This section covers measures that focus on ensuring that patients receive the right treatment and that effective processes are followed. The only measure achieved in this section in March 2019 was completion of Universal Mortality Reviews within 28 days of a patient's death. The three unmet measures relate to clinical coding and Delayed Transfers of Care (DTOCs)- Mental Health and Non Mental Health. Research Studies and mortality rates are also included within this domain however year-end data was not available for these measures at the time of writing this report.

Effective Care																								
	12 Month Trends - Calendar																							
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend	National Target Achieved										
Crude hospital mortality (<= 74 years of age) rolling 12 months ending % of episodes clinically coded within one reporting month post episode discharge end date	0.80%	0.80%	0.81%	0.81%	0.80%	0.80%	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	↗	N/A										
	95.0%	93.5%	94.4%	95.0%	94.0%	95.2%	95.4%	93.9%	96.1%	94.9%	94.4%	92.3%	↘	N/A										
12 Month Trends - Financial																								
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	National Target Achieved										
	92.5%	94.4%	90.3%	94.6%	91.7%	94.6%	98.8%	99.1%	93.5%	97.7%	99.2%	98.1%	↗	Yes										
4 Quarter Trends																								
	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Trend	National Target Achieved																		
	100.0%	100.0%	100.0%	100.0%	➡	N/A																		
Annual Trends																								
	2017/18	2018/19	Trend	National Target Achieved																				
	93.0%	91.2%	↘	No																				
% clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme																								
	Mar-18 (12mths ending)	Mar-19 (12mths ending)	Trend	National Target Achieved																				
	624	1030	↘	No																				
Number of health board non mental health DToC																								
Number of health board mental health DToC	333	321	↗	No																				

 Achieved in Target Compliance
 Not achieved in Target Compliance

EFFECTIVE CARE	
Successes	Priorities
<ul style="list-style-type: none"> Delayed Transfers of Care (DToC): <ul style="list-style-type: none"> Achievement of internal profile for the number of Mental Health DToCs in March 2019 and 4% reduction in DToCs compared with 2017/18. Mortality <ul style="list-style-type: none"> 98% of Universal Mortality Reviews (UMRs) completed within 28 days of death. The Heath Board is the best in Wales for this measure and significantly above the all-Wales average of 77%. Reduction trend for crude hospital mortality in patients over the age of 74 and only slightly above the all-Wales average. Clinical Coding <ul style="list-style-type: none"> Coding completeness fell to 92% in 2018/19 however the Health Board is consistently above the all-Wales average. 	<ul style="list-style-type: none"> Delayed Transfers of Care (DToC): <ul style="list-style-type: none"> Implementation of the DToC improvement programme focussing on reducing delayed transfers of care within our Health Board. This is a clinically led programme and the key aims are to: <ul style="list-style-type: none"> 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. Early Supported Discharge in Neath Port Talbot Hospital. Put in place a default Hospital2Home 'discharge to recover and assess' service which will be the only gateway to assessment for patients' ongoing needs, by assessing at home and after /during reablement. Mortality <ul style="list-style-type: none"> Reporting and assurance arrangements for mortality review performance and learning continue to be reviewed by Executive Medical Director. Promote use of the Mortality Dashboard to enable Unit Medical Directors to review mortality data and mortality review performance and learning.

	<ul style="list-style-type: none"> • Clinical Coding <ul style="list-style-type: none"> ◦ Review of roles and responsibilities in the department to ensure that processes are performing at optimum levels. ◦ Continued training of part time permanent staff which will address the completeness in month performance once staff are trained and competent. ◦ Swansea Bay UHB capacity and demand analysis being completed to understand the needs of the service in 2019/20 and beyond ◦ Completion of the Welsh Audit Office 2018 Clinical Coding Review action plan • Research Studies <ul style="list-style-type: none"> ◦ Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies. ◦ Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Delayed Transfers of Care (DToC): <ul style="list-style-type: none"> ◦ We have commissioned a Right Care Right Place Bed Utilisation Survey with Local Authority partners to ensure we have a shared, jointly owned understanding of the constraints and blockages in the system and an optimum model of intermediate care to make a major step change in admission. ◦ Reduce variation in implementing the SAFER flow bundle and service improvement actions around Estimated Date of Discharge, board rounds and clinical leadership. 	<ul style="list-style-type: none"> • Delayed Transfers of Care (DToC): <ul style="list-style-type: none"> ◦ The increasing number of DToC patients over the summer has been a barrier to achieving the full suite of service remodelling changes that we planned to make in 2018/19 as well as potentially causing harm to patients by prolonging their length of stay. ◦ Increasing number of patients in hospital who are 'discharge fit'. ◦ Capacity in the care home sector and fragility and capacity of the domiciliary care market in some parts of the Health Board.

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| <ul style="list-style-type: none">• Revisit our dialogue with partners about the back door flow, as the rising numbers of DToCs and constraints in social care provision have become increasingly apparent, as our internal processes have improved over the last year.• Mortality<ul style="list-style-type: none">◦ Reducing premature mortality (under 75 years) is a collective outcome for our joint work programme with Public Health Wales over the next three years• Research Studies<ul style="list-style-type: none">◦ Enhanced relationship between Singleton Hospital Delivery Unit and Swansea University (i.e. clinical training ward on site).◦ Opportunities created through greater collaboration with Hywel Dda University Health Board and Swansea University under the ARCH umbrella. | <ul style="list-style-type: none">◦ 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.• Mortality<ul style="list-style-type: none">◦ Timeliness of Stage 2 completion.◦ Future implementation (April 2019, initially phased) 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.• Clinical Coding<ul style="list-style-type: none">◦ Maintaining the productivity levels in 2019/20 whilst the trainee Coders are still training and the contract coders are no longer employed.◦ Availability of the Health Records in a timely manner.• Research Studies<ul style="list-style-type: none">◦ Impact of UK losing studies in globally competitive environment.◦ Slow responses – time for clinicians to respond to expressions of interest and feasibility |
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DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same

Performance Summary

Achievement of national targets:



Performance trend:

3 measures improved ↑ 0 measures declined ↓

Highlights:



100% of acknowledgement letters sent within 2 working days



95% of patients would recommend or highly recommend the Health Board

82% of concerns had a final reply with 30 working days

Over 58,000 friends and family surveys completed

Summary:

This section covers a range of measures that focus on patient feedback and experience. There are three measures in this section however full year data is only available for the measure relating to concerns responded to within 30 days which was achieved in 2018/19. The other two measures focus on cancellation of elective procedures and reducing the number of older patients with an active repeat for medicines that may have anticholinergic effects which can cause potential harm. A number of local measures relating to patient feedback have also been included in this section to provide a greater overview.

<u>Dignified Care</u>						
	4 Quarter Trends					
	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Trend	National Target Achieved
Patients aged 75+ with an AEC of 3 or more for items on active repeat as % of all patients aged 75+	8.0%	8.0%	8.0%	7.9%		N/A
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Trend	National Target Achieved
% concerns had a final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	80.7%	77.2%	80.7%	82.0%		Yes
Annual Trends						
	Dec-17 (12mths ending)	Dec-18 (12mths ending)	Trend	National Target Achieved		
Number procedures postponed either on the day or day before for specified non-clinical reasons	3,492	3,364		Yes		

	Achieved in Target Compliance
	Not achieved in Target Compliance

DIGNIFIED CARE	
Successes	Priorities
Opportunities	Risks and Threats
<ul style="list-style-type: none"> The number of feedback forms completed for Friends and Family continues to increase and is collected across 367 areas in the Health Board. 95% of patients who would highly recommend the Health Board to friends and family We have received very positive feedback from patients that have participated in developing a digital story about their care. These have been used to drive service improvement and have had a positive impact on concerns resolution. 100% of acknowledgement letters to concerns sent within 2 working days. Reduction in the number of procedures postponed either on the day or day before for non-clinical reasons 	<ul style="list-style-type: none"> Removal of the Bridgend area from the Snap system and reports while rebuilding the new Swansea Bay Snap System. Recruited Media Apprentice to help develop the Patient Story SharePoint site Improve the percentage of Family and Friends who would recommend the Health Board to 96% consistently this would exceed the national average (achieved 96% five times since April 2018) Improve the level of feedback as a percentage of discharges to 25% (since April 2018 we have achieved this target three times; June 30.1%, July 26.1% and August 26.8%)

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