



<b>Meeting Date</b>	<b>28<sup>th</sup> January 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
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<b>Presented by</b>	Darren Griffiths, Associate Director of Performance and Finance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2019/20 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><b>Unscheduled Care-</b> December 2019 was another challenging month. The Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% however, Morriston Hospital saw an in-month deterioration in performance and achieved 60% in December 2019. This was mirrored in a deterioration in the 12 hour A&amp;E waiting times target and ambulance handovers waiting more than 1 hour. At the time of writing this report, performance for January 2020 is showing signs of improvement.</p> <p><b>Planned Care-</b> Waiting times for outpatient appointments and elective treatment deteriorated in December 2019. The planned care position continues to be robustly managed in order to deliver the best possible position at the end of quarter 4.</p> <p><b>Diagnostic waiting times-</b> There has been a significant increase in the number of patients waiting over 8 weeks for Echo Cardiograms in December 2019. This is due to staff sickness and vacancies. A recovery plan has been requested for the remainder of 2019/20 and the forecast for January 2020 is already showing an improved position.</p>		

	<p><b>GP OOH-</b> Data continues to be omitted from this report until signed off by the Primary Care and Community Services Unit Board. This has been delayed due to the Christmas period, however it is anticipated that a paper will be presented to the Unit Board within the next few months and the data will start to be routinely reported.</p> <p><b>Never Event-</b> there was 1 Never Event in December 2019 in Morriston Hospital relating to wrong site surgery within Orthopaedics.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• note current Health Board performance against key measures and targets and the actions being taken to improve performance.</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

## 3. GOVERNANCE AND RISK ISSUES

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

## 4. FINANCIAL IMPLICATIONS

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

## 5. RECOMMENDATION

Members are asked to:

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

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

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

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

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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in December 2019. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated performance report

### Performance report cycle

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

Month of report	Type of update
Jan-20	Monthly action updates
Feb-20	2019/20 Q3 report cards
Mar-20	Monthly action updates
Apr-20	Monthly action updates
May-20	2019/20 Q4 report cards
Jun-20	Monthly action updates
Jul-20	Monthly action updates
Aug-20	2020/21 Q1 report cards
Sep-20	Monthly action updates
Oct-20	Monthly action updates
Nov-20	2020/21 Q2 report cards
Dec-20	Monthly action updates



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Bae Abertawe  
Swansea Bay University  
Health Board



# Appendix 1- Integrated Performance Report

## January 2020



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## 1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> <li>• 100% of stroke patients were assessed by a stroke specialist consultant physician within 24 hours in December 2019</li> <li>• In December 2019 Endoscopy waiting times were sustained below 8 weeks.</li> <li>• Therapy waiting times are being maintained at (or below) 14 weeks.</li> <li>• In December 2019 all internal reduction targets were achieved for healthcare acquired infections.</li> <li>• All Mental Health Measures were achieved in November 2019 as well as all access measures including physiological therapies.</li> <li>• GP appointed and commenced in Morrision Emergency Department (ED) to support the triage process and help training. Educate ED staff.</li> <li>• The draft position for December 2019 for urgent suspected cancer patients treated within 62 days is 91% which is the best position since March 2019.</li> </ul>	<ul style="list-style-type: none"> <li>• Maximise use of alternative modes to admission to Emergency Departments including hot clinics and ambulatory care pathways.</li> <li>• Full implementation of phase 1 of 'Hospital 2 Home' across the wards with the highest number of older people and ongoing evaluation of impact.</li> <li>• Roll out of the SIGNAL system, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge.</li> <li>• Recruitment programme for 10 permanent anaesthetists to support recover and sustainability of planned care</li> <li>• Development of deliverable and measurable Unit plans as the basis for the Health Board's 2020/23 Integrated Medium Term Plan (IMTP).</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Roll out of Allocate and Locum on Duty.</li> <li>• Explore potential to cohort patients outside Morrision Emergency Department (ED) and feasibility of utilising a mobile unit.</li> <li>• Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morrision and Singleton Units.</li> <li>• Newly published advise on pension tax arrangements may reduce the impact the current guidance is having on the Health Board's ability to deliver the level of activity required to meet planned care demands.</li> <li>• Single Cancer Bids submitted to the Welsh Cancer Network to introduce direct to test for Endoscopy, One stop Clinics for Dermatology and expansion of the pleural service.</li> </ul>	<ul style="list-style-type: none"> <li>• Unscheduled care pressure is compromising stability of provision of stroke services and direct access within 4 hours.</li> <li>• High level of medical and nursing vacancies.</li> <li>• Healthcare acquired infection reduction initiatives are at risk of compromise by overcrowding as a result of the use of pre-emptive beds due to increase unscheduled care pressures.</li> <li>• Only cancer, urgent elective admissions and some long waiting elective patients are being managed through our inpatient bed capacity. This is impacted on the Health Board's ability to deliver the planned care trajectories.</li> <li>• Increasing number of medically fit for discharge patients is impacting patient flow within the Health Board.</li> </ul>

## 2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – December 2019

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position Nov-19
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%				4th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	72.4%	74.5%	77.3%	78.4%	80.2%	80.4%	
	12 hour A&E waits	Actual	653	602	644	642	740	939	890	927	1018				4th
		Profile	484	374	273	283	266	238	799	693	656	612	444	297	
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827	821	868				6th**
		Profile	320	233	201	220	193	200	673	634	508	451	388	291	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%	55.1%	39.3%				1st ** (Oct-19)
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%	49%	44%				
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%				2nd** (Oct-19)
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%	0%	20%				
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%	50%	49%	45%	38%				4th** (Oct-19)
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925	1,039	1,152	1,120	1,305				2nd (Oct-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141				5th (Oct-19)
		Profile	1,970	1,894	1,904	1,856	1,763	1,686	1,450	1,393	1,435	1,247	1,061	938	
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344	294	223	226	569				5th (Oct-19)
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	
	Therapy waits over 14 weeks	Actual	0	0	0	0	1	0	1	0	0				2nd (Oct-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	93%	91%	98%	95%	91%				4th** (Oct-19)
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	87%	80%	81%	76%	84%	86%	84%	86%	91%				2nd** (Oct-19)
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10	13	10	10	19	17	11				6th
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8	13	11	11				6th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23	25	15	32				3rd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

\*RAG status derived from performance against trajectory

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

### 3. MONTHLY PERFORMANCE DASHBOARD

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

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm															
Sub Domain	Measure	ABMU				SBU									Performance Trend
		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	
	Number of E.Coli bacteraemia cases (Hospital)	15	11	15	21	10	7	7	14	9	5	10	5	12	
	Number of E.Coli bacteraemia cases (Community)	23	17	16	22	17	15	22	21	13	18	15	10	20	
	Total number of E.Coli bacteraemia cases	38	28	31	43	27	22	29	35	22	23	25	15	32	
	Cumulative cases of S.aureus bacteraemias per 100k pop	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	
	Number of S.aureus bacteraemias cases (Hospital)	5	9	9	4	11	8	6	8	4	3	11	8	7	
	Number of S.aureus bacteraemias cases (Community)	6	9	7	7	3	3	5	9	3	5	2	3	4	
	Total number of S.aureus bacteraemias cases	11	18	16	11	14	11	11	17	7	8	13	11	11	
	Cumulative cases of C.difficile per 100k pop	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	
	Number of C.difficile cases (Hospital)	5	3	4	3	2	8	6	9	5	8	13	13	7	
	Number of C.difficile cases (Community)	11	4	3	5	1	3	4	4	5	2	6	4	4	
	Total number of C.difficile cases	16	7	7	8	3	11	10	13	10	10	19	17	11	
	Cumulative cases of Klebsiella per 100k pop				28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	
	Number of Klebsiella cases (Hospital)	11	10	15	4	2	4	7	1	8	7	4	4	4	
	Number of Klebsiella cases (Community)	1	6	5	4	3	1	4	4	3	2	0	4	2	
	Total number of Klebsiella cases	12	16	20	8	5	5	11	5	11	9	4	8	6	
	Cumulative cases of Aeruginosa per 100k pop				5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	
	Number of Aeruginosa cases (Hospital)	2	0	0	0	3	1	2	1	2	2	1	1	1	
Number of Aeruginosa cases (Community)	3	0	2	0	0	2	4	0	2	0	0	0	1		
Total number of Aeruginosa cases	5	0	2	0	3	3	6	1	4	2	1	1	2		
Hand Hygiene Audits - compliance with WHO 5 moments	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%		
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	
	Number of new Never Events	0	0	0	1	0	1	1	1	1	0	1	0	1	
	Number of risks with a score greater than 20	48	53	54	51	72	66	75	81	88	103	104	105	109	
	Number of risks with a score greater than 16	New local measure for 2019/20				167	151	162	164	175	197	204	200	202	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	12	6	17	15	3	9	8	2	6	5	19	6	4	
Number of Safeguarding Children Incidents	3	13	7	7	6	10	6	7	6	3	5	13	8		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	40	50	45	64	29	16	13	18	14	9	20	22		
	Number of pressure ulcers developed in the community	58	77	62	47	34	33	23	33	37	25	29	31		
	Total number of pressure ulcers	98	127	107	111	63	49	36	51	51	34	49	53		
	Number of grade 3+ pressure ulcers acquired in hospital	3	4	10	7	1	2	1	2	0	1	2	2		
	Number of grade 3+ pressure ulcers acquired in community	13	16	11	10	10	6	6	7	8	8	2	8		
Total number of grade 3+ pressure ulcers	16	20	21	17	11	8	7	9	8	9	4	10			
Inpatient Falls	Number of Inpatient Falls	300	341	276	326	210	226	189	186	227	241	255	240	297	

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful															
Sub Domain	Measure	ABMU				SBU									Performance Trend
		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
DTCOs	Number of mental health HB DTCOs	25	29	26	21	18	23	27	20	18	19	22	22	22	
	Number of non-mental health HB DTCOs	117	104	87	112	49	67	70	61	69	69	76	61	53	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%		
	Stage 2 mortality reviews required	17	7	10	22	18	13	13	13	9	9	17	9	13	
	% stage 2 mortality reviews completed	40.0%	28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%			
	Crude hospital mortality rate (74 years of age or less)	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	
Coding	% of episodes clinically coded within 1 month of discharge	91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%		
E-TOC	% of completed discharge summaries	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
		ABMU					SBU								
Sub Domain	Measure	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Performance Trend
Patient Experience	Number of new formal complaints received	84	138	96	114	93	95	118	138	114	110	159	137	87	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	80%	84%	83%	79%	85%	83%	85%	81%	84%	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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	
	% of who would recommend and highly recommend	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them															
		ABMU					SBU								
Sub Domain	Measure	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%	
	% of patients who did not attend a follow-up outpatient appointment	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%	
Theatre Efficiencies	Theatre Utilisation rates	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	
	% of theatre sessions starting late	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	
	% of theatre sessions finishing early	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	69%	70%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	81%	81%	
	% workforce sickness and absent (12 month rolling)	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%		

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
Sub Domain	Measure	ABMU					SBU								Performance Trend
		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	95%	96%	92%	96%	98%	98%	97%	97%						
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	79%	80%	60%	80%	83%	100%	100%	-						
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	
	Number of ambulance handovers over one hour	842	1,164	619	928	732	647	721	594	632	778	827	821	868	
	Handover hours lost over 15 minutes	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	
	% 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	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	756	986	685	862	653	602	644	642	740	939	890	927	1,018	
	% of survival within 30 days of emergency admission for a hip fracture	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%					
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	
	CT Scan (<1 hrs)	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	
	Thrombolysis door to needle <= 45 mins	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	
	% patients receiving the required minutes for speech and language therapy					57%	47%	41%	48%	48%	50%	49%	45%	38%	
Planned Care	% of patients waiting < 26 weeks for treatment	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	
	Number of patients waiting > 26 weeks for outpatient appointment	94	153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	
	Number of patients waiting > 36 weeks for treatment	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment						64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	
	Number of patients waiting > 8 weeks for a specified diagnostics	693	603	558	437	401	401	295	261	344	294	223	226	569	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	1	0	1	0	0	
	The number of patients waiting for a follow-up outpatient appointment	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579		
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	91%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	91%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)					73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%		

## 4.1 Public Health- Overview

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



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



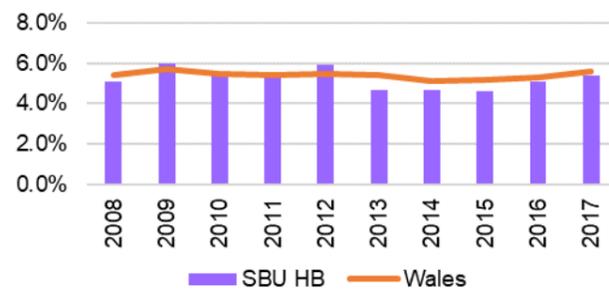
**Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017**



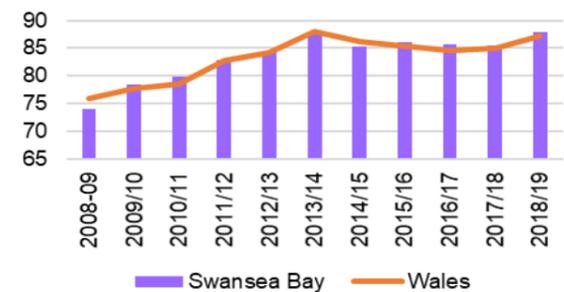
**Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)**



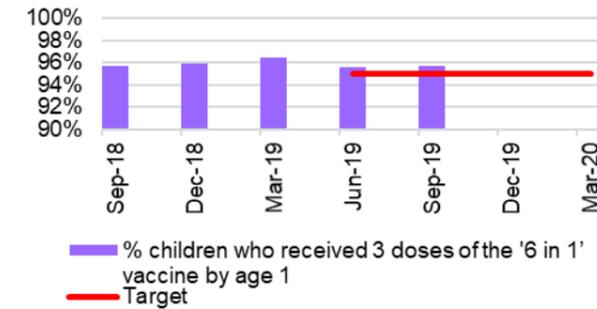
**Chart 5: Low birth weight (% , birth weight below 2500g)**



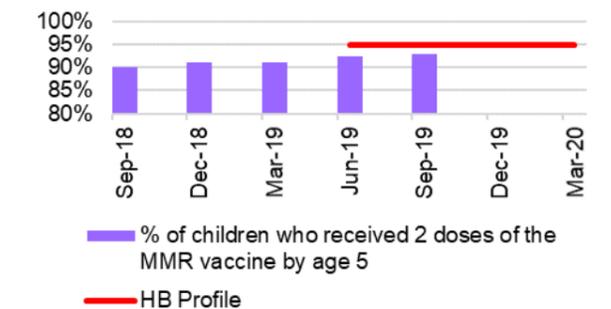
**Chart 6: Vaccination rates at age 4**



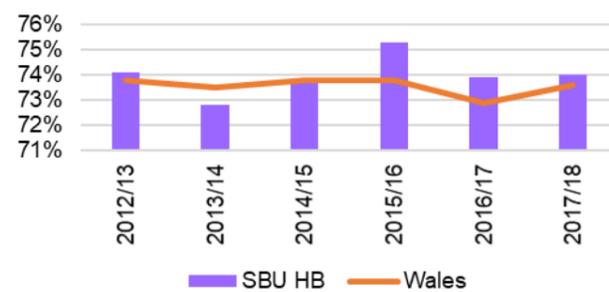
**Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1**



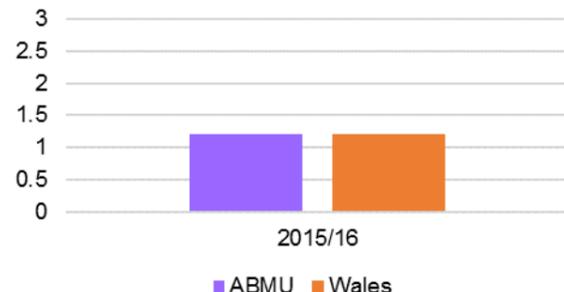
**Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5**



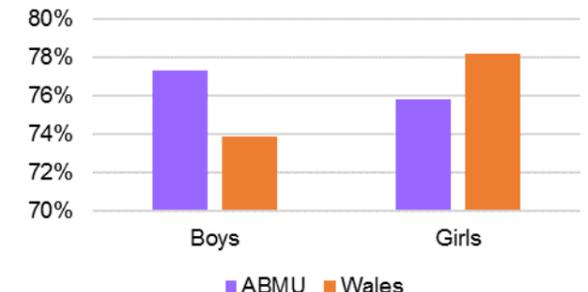
**Chart 9: Children age 5 of healthy weight**



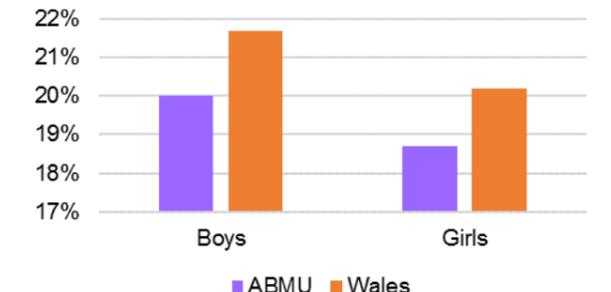
**Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16**



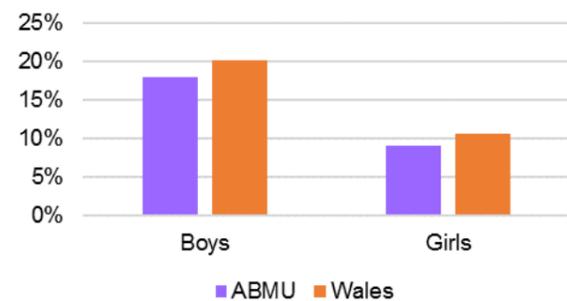
**Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14**



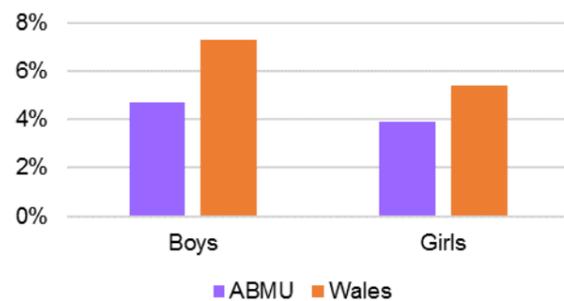
**Chart 12: Adolescents drinking sugary drinks once or more a day (% , children aged 11-16) 2013/14**



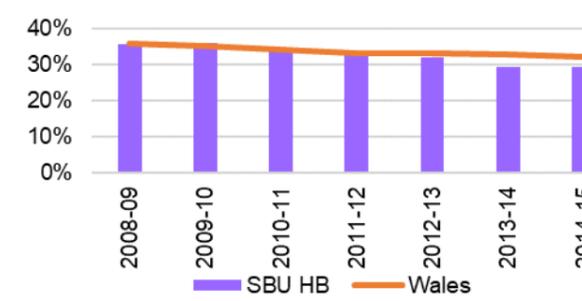
**Chart 13: Physical activity in adolescents (% , children aged 11-16) 2013/14**



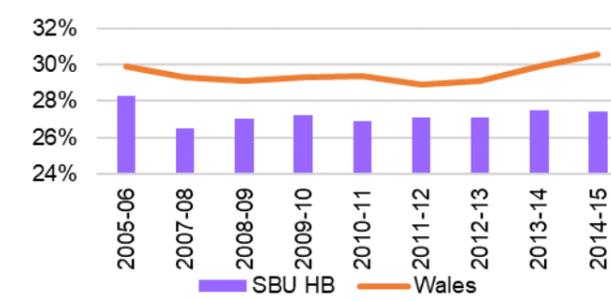
**Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14**



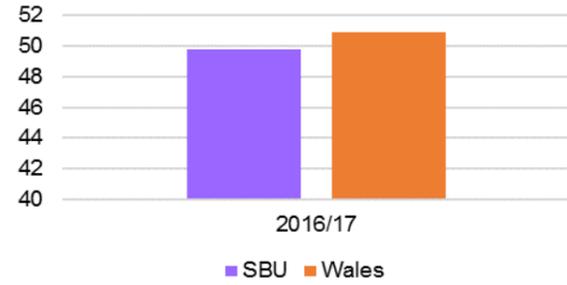
**Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)**



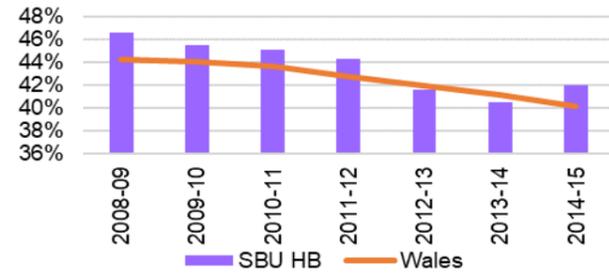
**Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)**



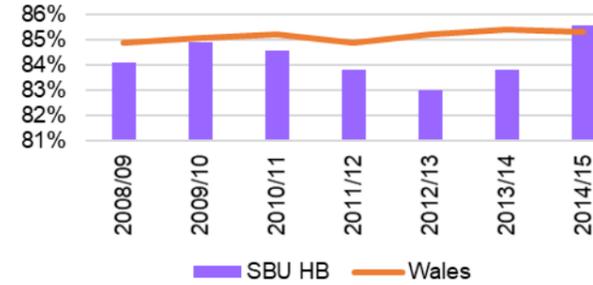
**Chart 17: Mental well-being among adults**  
(Age-standardised average total score, persons aged 16+)



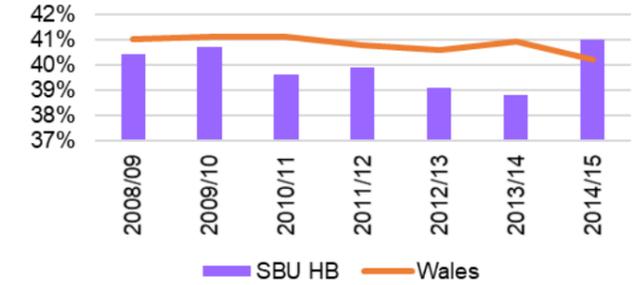
**Chart 18: Adults drinking above guidelines**  
(Age-standardised %, persons aged 16+)



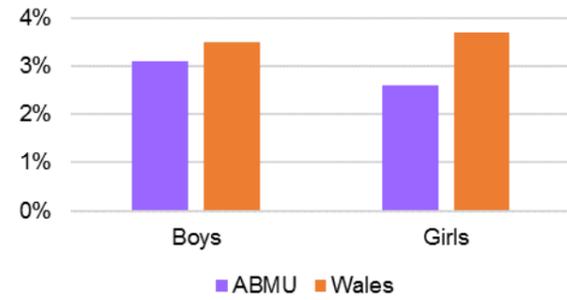
**Chart 19: Working age adults in good health**  
(%, persons aged 16-64)



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



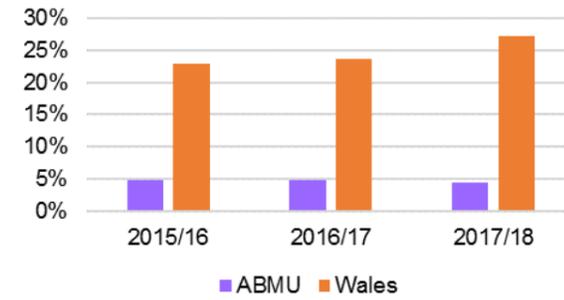
**Chart 21: Adolescents who smoke**  
(%, children aged 11-16) 2013/14



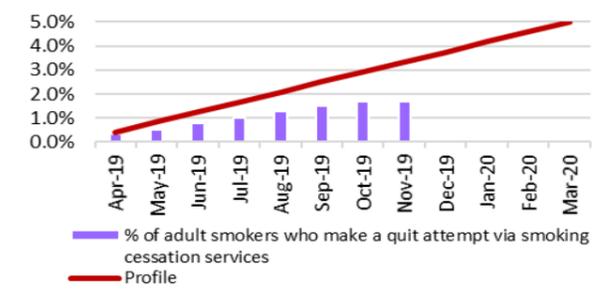
**Chart 22: Adults who smoke**  
(Age-standardised %, persons aged 16+)



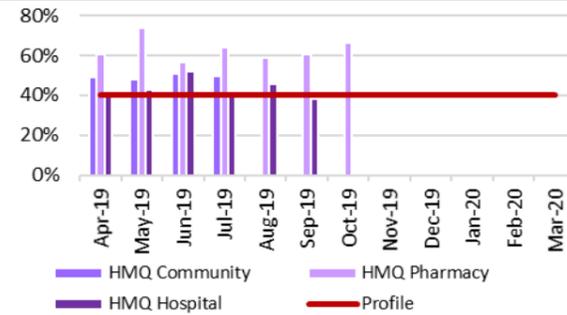
**Chart 23: Percentage of women who gave up smoking during pregnancy**  
(by 36-38 weeks of pregnancy)



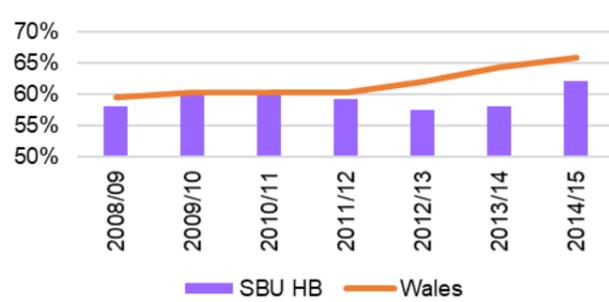
**Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services**



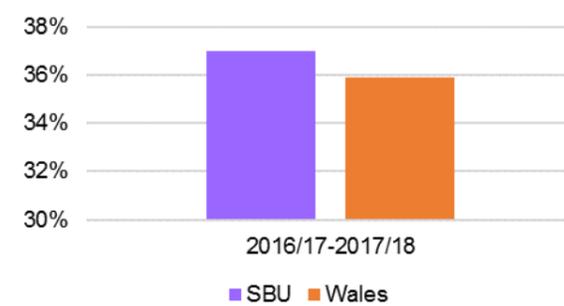
**Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks**



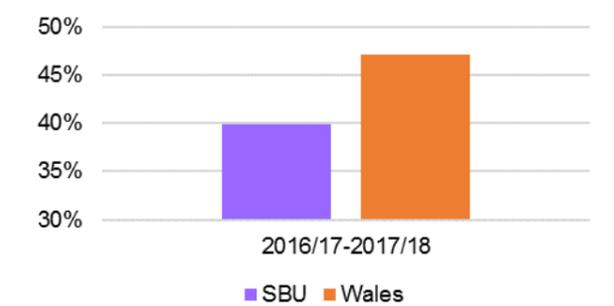
**Chart 26: Older people in good health**  
(%, persons aged 65+)



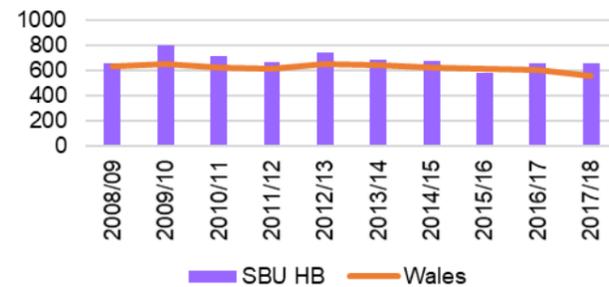
**Chart 27: Older people of healthy weight**  
(%, persons aged 65+) 2016/17-2017/18



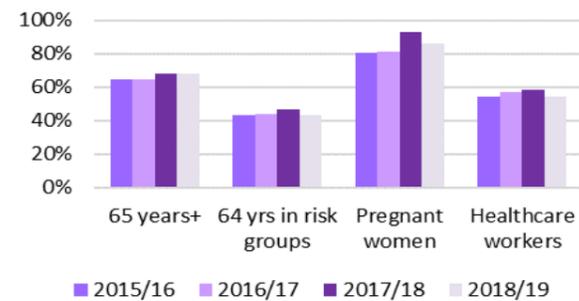
**Chart 28: Older people free from limiting long term illness**  
(%, persons aged 65+) 2016/17-2017/18



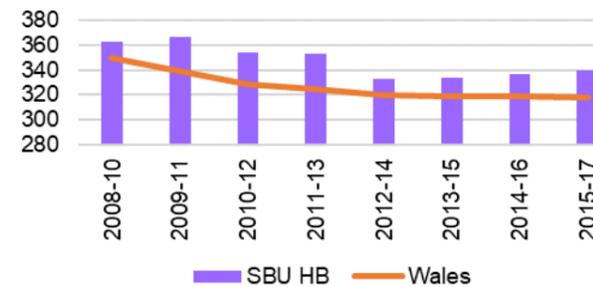
**Chart 29: Hip fractures among older people**  
(European age-standardised rate (EASR) per 100,000, persons aged 65+)



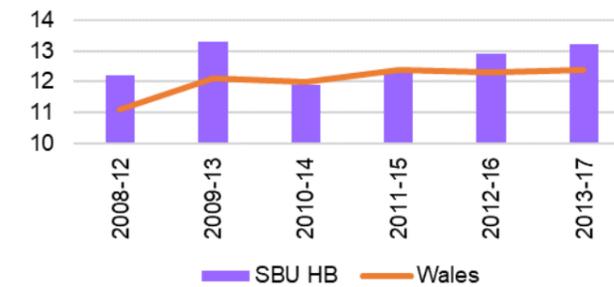
**Chart 30: Percentage uptake of influenza vaccination**



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



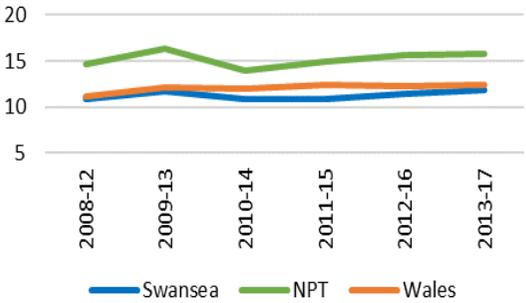
**Chart 32: Suicides**  
(European age-standardised 5 year rolling rate (EASR) per 100,000, persons aged 10)



## 4.2 Public Health- Updates and Actions

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

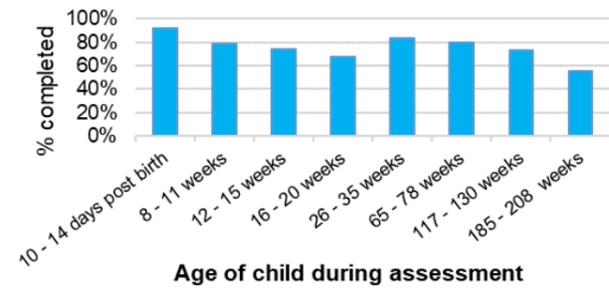
Description	Current Performance	Trend	Actions planned for next period																																										
<p><b>Child Measurement Programme</b>  <i>The Child Measurement Programme for Wales measures the height and weight of children in Reception class. We want to learn how children in Wales are growing so that NHS Wales can better plan and deliver health services. Public Health Wales is responsible for the coordination of the Child Measurement Programme and every health board across Wales is taking part in the programme. Our School nursing service delivers the programme in primary schools across the Swansea Bay area.</i></p>	<p>12% of children in Wales are categorised as obese in 2017/18. Swansea Bay UHB has 12.7% of children aged 4-5 years who are obese (Cardiff and Vale 9.3% - Cwm Taf 13.8%);</p> <p>Swansea locality 12.8% and Neath Port Talbot 12.4%. (Vale of Glamorgan 7.1% - Merthyr Tydfil 15.6%)</p> <p>13.3% of children in Swansea Bay UHB aged 4-5 years are categorised as being overweight, lower than the Wales average of 14.3%. Neath Port Talbot however is higher than the Wales average at 14.8%.</p>	<p>95% confidence interval</p> <p>Percentage of children, aged 4 to 5 years who are obese, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18  <small>Produced by Public Health Wales Observatory using CMP (NWIS)</small></p> <table border="1"> <caption>Percentage of children, aged 4 to 5 years who are obese</caption> <thead> <tr> <th>Year</th> <th>Wales</th> <th>Swansea Bay UHB</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2013/14</td> <td>12.0</td> <td>12.5</td> </tr> <tr> <td>2014/15</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2015/16</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2016/17</td> <td>12.5</td> <td>13.0</td> </tr> <tr> <td>2017/18</td> <td>12.5</td> <td>12.7</td> </tr> </tbody> </table> <p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p> <p>95% confidence interval</p> <p>Percentage of children, aged 4 to 5 years who are overweight, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18  <small>Produced by Public Health Wales Observatory using CMP (NWIS)</small></p> <table border="1"> <caption>Percentage of children, aged 4 to 5 years who are overweight</caption> <thead> <tr> <th>Year</th> <th>Wales</th> <th>Swansea Bay UHB</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>14.5</td> <td>14.0</td> </tr> <tr> <td>2013/14</td> <td>14.5</td> <td>14.0</td> </tr> <tr> <td>2014/15</td> <td>14.5</td> <td>14.0</td> </tr> <tr> <td>2015/16</td> <td>14.0</td> <td>13.5</td> </tr> <tr> <td>2016/17</td> <td>14.0</td> <td>13.5</td> </tr> <tr> <td>2017/18</td> <td>14.0</td> <td>13.3</td> </tr> </tbody> </table> <p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p>	Year	Wales	Swansea Bay UHB	2012/13	11.5	12.0	2013/14	12.0	12.5	2014/15	11.5	12.0	2015/16	11.5	12.0	2016/17	12.5	13.0	2017/18	12.5	12.7	Year	Wales	Swansea Bay UHB	2012/13	14.5	14.0	2013/14	14.5	14.0	2014/15	14.5	14.0	2015/16	14.0	13.5	2016/17	14.0	13.5	2017/18	14.0	13.3	<ul style="list-style-type: none"> <li>• Children &amp; Young People's Obesity steering group implementing the multiagency action plan for 19/20</li> <li>• Scoping with Penderi and Upper Valleys clusters to provide an intervention to address overweight children following identification within the Child Measurement Programme (tier 2 service provision)</li> <li>• Obesity Pathway Delivery Review is complete. The review report with recommendations including the need for a tier 2 and 3 children weight management service in Swansea Bay has been received at the Health Board's Executive team.</li> <li>• Awaiting publication of all-Wales minimum data and service standards in order to progress next steps</li> <li>• Delivery of the Food &amp; Fitness topic of the Healthy Schools school scheme and Nutrition and Oral Health &amp; Physical Activity, Active Play aspects of the Healthy and Sustainable Pre - School scheme</li> <li>• Nutrition sessions offered in schools by the School Nursing Service</li> <li>• Dieticians training School Nursing Service Health Care Support Workers in nutrition.</li> <li>• Continued progression of the 0-4 years Physical Activity sub-group action plan</li> <li>• Swansea PSB "Give Every Child the Best Start" Wellbeing Action Plan- Extension &amp; upscaling of evidence informed physical activity and early years nutrition programmes.</li> <li>• NPT PSB Well being Action Plan-developing a 'children's community' approach which is a locality-based model of support and intervention informed by data and community engagement and intelligent service dialogue and decision making.</li> </ul>
Year	Wales	Swansea Bay UHB																																											
2012/13	11.5	12.0																																											
2013/14	12.0	12.5																																											
2014/15	11.5	12.0																																											
2015/16	11.5	12.0																																											
2016/17	12.5	13.0																																											
2017/18	12.5	12.7																																											
Year	Wales	Swansea Bay UHB																																											
2012/13	14.5	14.0																																											
2013/14	14.5	14.0																																											
2014/15	14.5	14.0																																											
2015/16	14.0	13.5																																											
2016/17	14.0	13.5																																											
2017/18	14.0	13.3																																											

Description	Current Performance	Trend	Actions planned for next period																												
<p><b>Suicides</b> <i>The rate of suicides per 100,000 population</i></p>	<p>The overall rate of suicides across Swansea Bay UHB is in line with the Wales average, at 13.2 per 100,000 and 12.4 per 100,000 population respectively.</p> <p>However there is variation within Swansea Bay with the suicide rates for NPT being the only local authority in Wales which is statistically significantly above the Wales average at 15.8 per 100,000 (CI 12.8 to 19.2).</p> <p>The 5 year rolling rate for suicide in NPT (between 2004-8 and 2013-17) shows that for 2013-17 it increased to 15.8 per 100,000 (equating to a total count of 99 suicides), which is the third consecutive period increase, although still lower than the rolling rate of 16.3 per 100,000 population in 2009-15.</p>	<p><b>European age standardised 5 year rolling (EASR) per 100,000 persons aged 10+</b></p>  <table border="1"> <caption>Estimated data from the line chart</caption> <thead> <tr> <th>Year</th> <th>Swansea</th> <th>NPT</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>2008-12</td> <td>11.0</td> <td>14.5</td> <td>11.0</td> </tr> <tr> <td>2009-13</td> <td>12.0</td> <td>16.5</td> <td>12.0</td> </tr> <tr> <td>2010-14</td> <td>11.0</td> <td>14.5</td> <td>11.5</td> </tr> <tr> <td>2011-15</td> <td>11.0</td> <td>15.0</td> <td>12.0</td> </tr> <tr> <td>2012-16</td> <td>11.5</td> <td>15.5</td> <td>12.0</td> </tr> <tr> <td>2013-17</td> <td>12.0</td> <td>15.8</td> <td>12.0</td> </tr> </tbody> </table> <p><b>Caveat:</b> Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, and small numbers at local authority level, caution should be taken when interpreting suicide rates.</p>	Year	Swansea	NPT	Wales	2008-12	11.0	14.5	11.0	2009-13	12.0	16.5	12.0	2010-14	11.0	14.5	11.5	2011-15	11.0	15.0	12.0	2012-16	11.5	15.5	12.0	2013-17	12.0	15.8	12.0	<ul style="list-style-type: none"> <li>• More detailed analysis of local data is being planned with Public Health Wales Observatory, to improve our understanding and inform action planning</li> <li>• Work to gather insight from working age men, as a high risk group for suicide, on risk and protective factors to their mental wellbeing</li> <li>• Mapping of forums/stakeholders of key interfaces to help raise awareness, inform actions and sharing learning/intelligence</li> <li>• A '1 year on' event is being planned for March 2020 as a follow-on from the workshop held in March 2019, aiming to celebrate progress over the 12 months and engage key agencies in co-producing the emerging suicide and self-harm prevention action plan.</li> </ul>
Year	Swansea	NPT	Wales																												
2008-12	11.0	14.5	11.0																												
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2013-17	12.0	15.8	12.0																												

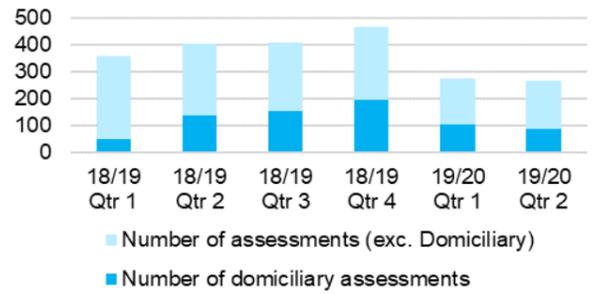
Description	Current Performance	Trend	Actions planned for next period																												
<p><b>Make Every Contact Count (MECC)</b></p> <p><i>E-learning module offers practical advice on how to carry out opportunistic conversations, signpost to services and encourage people to make positive steps towards a lifestyle change. The course takes less than half an hour to complete, is a one-off module and should be compulsory for staff with direct patient contact.</i></p>	<p>In November 2019, 5 members of staff completed MECC training. The cumulative total for April to November 2019 is 43 compared 136 in 2018.</p>	<p><b>Number of staff recorded on ESR as completing Make Every Contact Count training</b></p>  <table border="1"> <caption>Number of staff completing MECC training</caption> <thead> <tr> <th>Month</th> <th>Number of staff</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>70</td></tr> <tr><td>Dec-18</td><td>10</td></tr> <tr><td>Jan-19</td><td>20</td></tr> <tr><td>Feb-19</td><td>22</td></tr> <tr><td>Mar-19</td><td>18</td></tr> <tr><td>Apr-19</td><td>5</td></tr> <tr><td>May-19</td><td>8</td></tr> <tr><td>Jun-19</td><td>5</td></tr> <tr><td>Jul-19</td><td>5</td></tr> <tr><td>Aug-19</td><td>10</td></tr> <tr><td>Sep-19</td><td>5</td></tr> <tr><td>Oct-19</td><td>5</td></tr> <tr><td>Nov-19</td><td>5</td></tr> </tbody> </table>	Month	Number of staff	Nov-18	70	Dec-18	10	Jan-19	20	Feb-19	22	Mar-19	18	Apr-19	5	May-19	8	Jun-19	5	Jul-19	5	Aug-19	10	Sep-19	5	Oct-19	5	Nov-19	5	<ul style="list-style-type: none"> <li>• Deliver agreed actions to raise awareness of the MECC programme (Level 1 e-learning and Level 2 face to face ) with SBU HB and partners</li> <li>• Receive monthly activity data for HB staff completion of MECC e-learning via ESR.</li> <li>• Review and update local MECC resources</li> <li>• <b>Primary Care and Community Services DU:</b> <ul style="list-style-type: none"> <li>➤ Agree and arrange delivery of MECC training programme for School Nursing team</li> <li>➤ Deliver training to third cohort of Kingsway Practice Volunteer Health Champions, deliver skills session for current Volunteers and collect feedback</li> <li>➤ Implement Penderi Cluster Health Literacy Action Plan quarter 4 actions- Develop health literacy written materials checklist and resources, session with Practice Managers.</li> <li>➤ Health Visiting service have agreed the mandatory completion of the MECC e-learning for all new starters in patient facing roles and all current staff as a one off.</li> </ul> </li> <li>• <b>Singleton DU:</b> <ul style="list-style-type: none"> <li>➤ Develop MECC face to face training for Midwifery teams.</li> </ul> </li> <li>• <b>Mental Health and Learning Disabilities DU:</b> <ul style="list-style-type: none"> <li>➤ Develop an implementation plan for MECC and Health Literacy.</li> </ul> </li> <li>• <b>Public Service Boards / older people</b> <ul style="list-style-type: none"> <li>➤ NPT PSB Ageing Well subgroup to discuss MECC work programme and planning in Jan 2020.</li> <li>➤ Swansea PSB Live Well Age Well subgroup to establish a health literacy task and finish group following the workshop on 3<sup>rd</sup> Dec 2019</li> </ul> </li> <li>• Develop Health Literacy Module for the Action for Elders Better Together Project.</li> </ul>
Month	Number of staff																														
Nov-18	70																														
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<p><b>Make Every Contact Count (MECC) and Health Literacy</b></p> <p><i>Low cost, high volume programme to bring population level behaviour change. Workforce development approach to support frontline staff to have the skills and confidence for brief positive conversations about health and wellbeing. It enables a wide range of staff in any organisation to use everyday interactions with the public to enable them to have increased control over their health, be able to seek out information, navigate services and take responsibility to look after their own wellbeing. Higher level face to face training is for those who require levels of skill above the level 1 brief advice e-learning course due to the level of public contact.</i></p>	<p>Number of staff trained in MECC and Health Literacy (face to face training) from Swansea Bay area:</p> <p>Swansea Learning Festival (April 2019) – 11</p> <p>Kingsway Volunteer Health Champions (Oct 2019) – 14</p> <p>MECC VBI Smoking (Midwifery) (Mar –Jul 2019) - 40</p> <p>Follow up skills sessions (Health Visiting) (April – September 2019) - 177</p>	<p><i>Historic data not available.</i></p>																													

## 5.1 Primary Care & Community Services- Overview

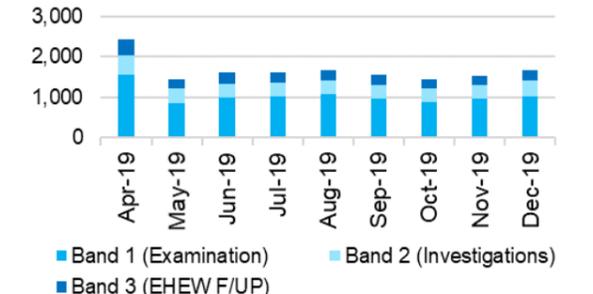
**Chart 1: Compliance with the Healthy Child Wales Programme (November 2019)**



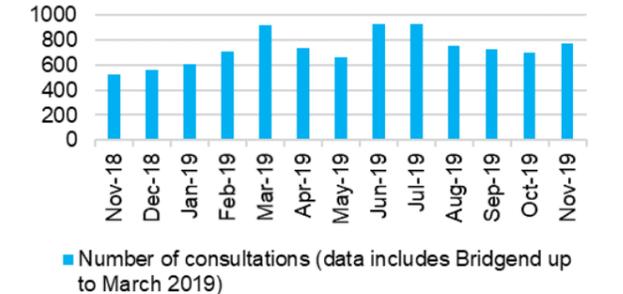
**Chart 2: % The number of patients receiving care from Low Vision services**



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



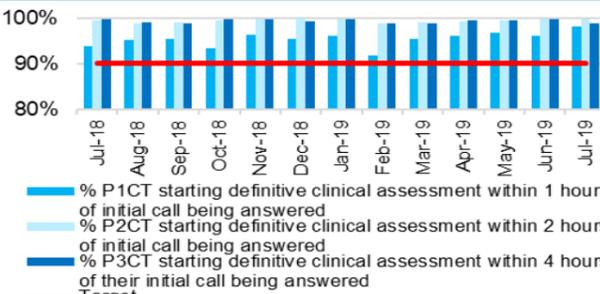
**Chart 4: Common Ailment Scheme - Number of consultations provided**



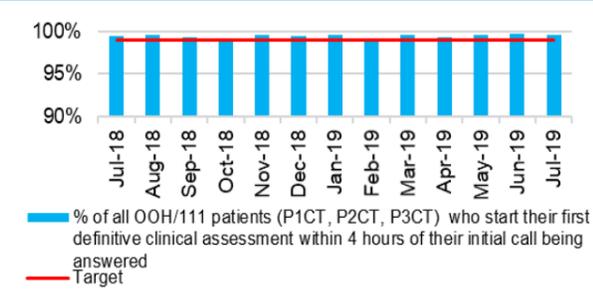
**Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm**



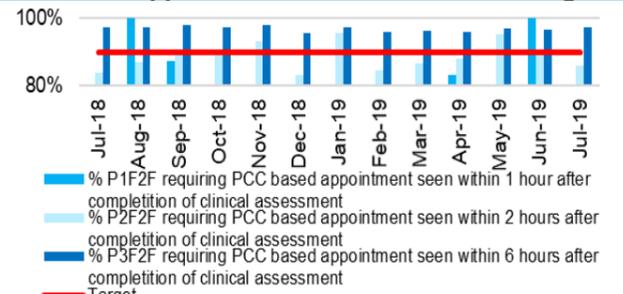
**Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients**



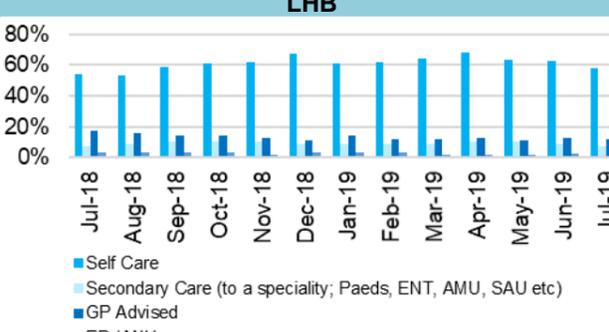
**Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients**



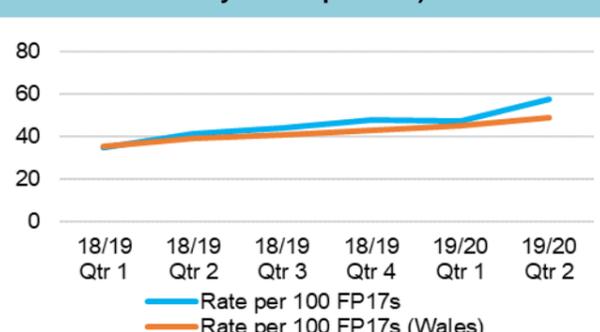
**Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting**



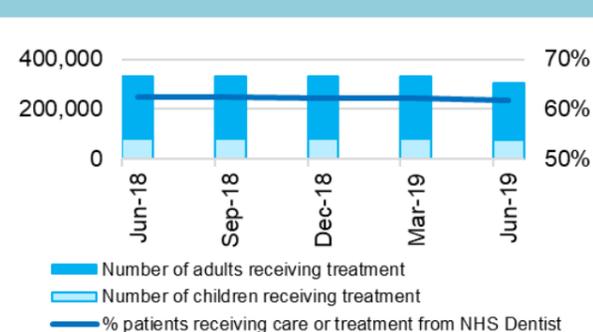
**Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB**



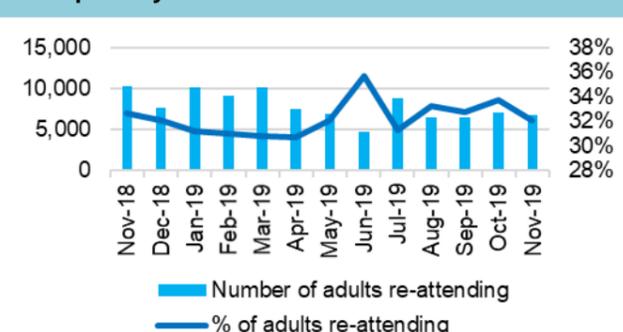
**Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)**



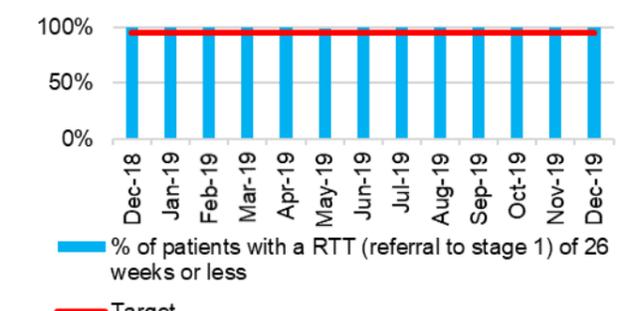
**Chart 11: Population regularly accessing NHS Dental Service**



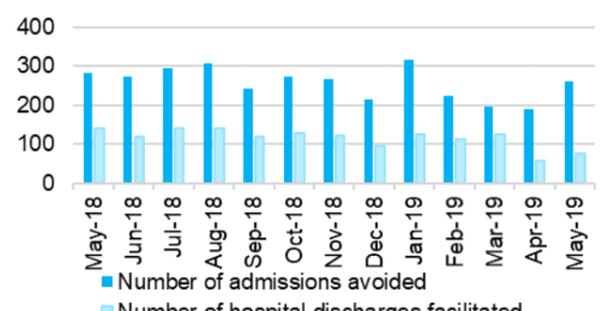
**Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months**



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



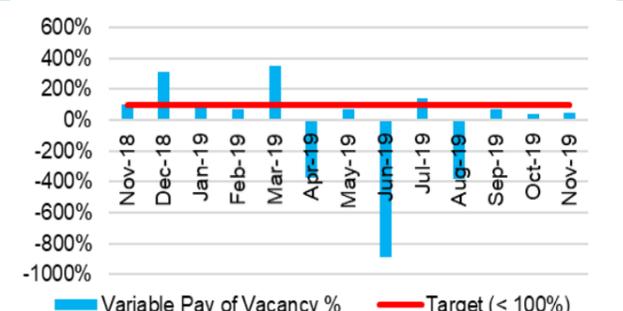
**Chart 14: Number of hospital admissions or USC admissions avoided**



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



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



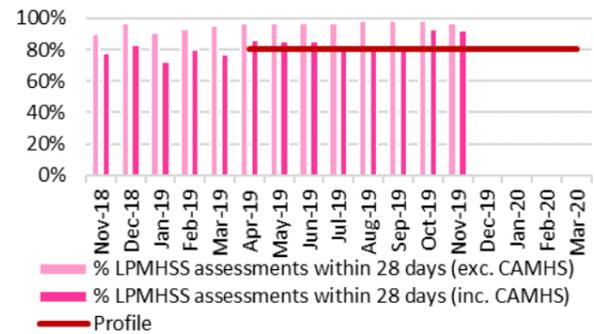
## 5.2 Primary and Community Services- Updates and Actions

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

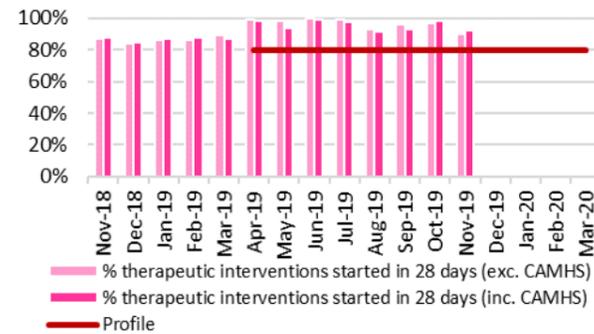
Description	Current Performance	Trend	Actions planned for next period																																										
<p><b>Adult dental patients re-attending NHS primary dental care between 6-9 months</b></p>	<ul style="list-style-type: none"> <li>The data indicates a reduction in frequency of re-attendance for dental treatment. The percentage spike was at the time of demographic change due to Bridgend Boundary.</li> <li>There will be occasions where patients return after short intervals when there is a problem with a tooth, or teeth, that was not apparent during the previous course of treatment e.g. damage to a filling, or an unrelated episode of trauma.</li> <li>Other outline factors such as the type of contract held and/or other services offered at the practice, will also result in appropriate re-attendance.</li> </ul>	<p><b>Adult dental patients re-attending NHS primary dental care between 6-9 months (2019)</b></p> <table border="1"> <caption>Adult dental patients re-attending NHS primary dental care between 6-9 months (2019)</caption> <thead> <tr> <th>Month</th> <th>Number of adults re-attending</th> <th>% of adults re-attending</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>10,000</td><td>35%</td></tr> <tr><td>Dec-18</td><td>8,000</td><td>30%</td></tr> <tr><td>Jan-19</td><td>10,000</td><td>30%</td></tr> <tr><td>Feb-19</td><td>9,000</td><td>30%</td></tr> <tr><td>Mar-19</td><td>9,000</td><td>30%</td></tr> <tr><td>Apr-19</td><td>7,000</td><td>30%</td></tr> <tr><td>May-19</td><td>6,000</td><td>35%</td></tr> <tr><td>Jun-19</td><td>5,000</td><td>30%</td></tr> <tr><td>Jul-19</td><td>9,000</td><td>35%</td></tr> <tr><td>Aug-19</td><td>6,000</td><td>30%</td></tr> <tr><td>Sep-19</td><td>6,000</td><td>30%</td></tr> <tr><td>Oct-19</td><td>7,000</td><td>35%</td></tr> <tr><td>Nov-19</td><td>6,000</td><td>30%</td></tr> </tbody> </table>	Month	Number of adults re-attending	% of adults re-attending	Nov-18	10,000	35%	Dec-18	8,000	30%	Jan-19	10,000	30%	Feb-19	9,000	30%	Mar-19	9,000	30%	Apr-19	7,000	30%	May-19	6,000	35%	Jun-19	5,000	30%	Jul-19	9,000	35%	Aug-19	6,000	30%	Sep-19	6,000	30%	Oct-19	7,000	35%	Nov-19	6,000	30%	<ul style="list-style-type: none"> <li>Continue to implement the Unit Dental Contract Monitoring Framework document to ensure compliance with the dental contract and seek assurance that quality driven services are provided within general dental practice i.e. in line with NICE guidelines.</li> <li>Continue to lead dental contract reform within Health Board area, supporting the additional four practices (total 18) on contract reform to reducing oral health inequities, deliver improved patient experience and outcomes and introduce evidence-based prevention and to develop a culture of continuous improvement.</li> </ul>
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<p><b>Restorative Dentistry - % of patients with a RTT (referral to stage 1) of 26 weeks or less</b></p>	<ul style="list-style-type: none"> <li>100% of patients with a RTT of 26 weeks or less.</li> </ul>	<p><b>% of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry</b></p> <table border="1"> <caption>% of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry</caption> <thead> <tr> <th>Month</th> <th>% of patients with a RTT (referral to stage 1) of 26 weeks or less</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>100%</td><td>100%</td></tr> <tr><td>Jan-19</td><td>100%</td><td>100%</td></tr> <tr><td>Feb-19</td><td>100%</td><td>100%</td></tr> <tr><td>Mar-19</td><td>100%</td><td>100%</td></tr> <tr><td>Apr-19</td><td>100%</td><td>100%</td></tr> <tr><td>May-19</td><td>100%</td><td>100%</td></tr> <tr><td>Jun-19</td><td>100%</td><td>100%</td></tr> <tr><td>Jul-19</td><td>100%</td><td>100%</td></tr> <tr><td>Aug-19</td><td>100%</td><td>100%</td></tr> <tr><td>Sep-19</td><td>100%</td><td>100%</td></tr> <tr><td>Oct-19</td><td>100%</td><td>100%</td></tr> <tr><td>Nov-19</td><td>100%</td><td>100%</td></tr> <tr><td>Dec-19</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Month	% of patients with a RTT (referral to stage 1) of 26 weeks or less	Target	Dec-18	100%	100%	Jan-19	100%	100%	Feb-19	100%	100%	Mar-19	100%	100%	Apr-19	100%	100%	May-19	100%	100%	Jun-19	100%	100%	Jul-19	100%	100%	Aug-19	100%	100%	Sep-19	100%	100%	Oct-19	100%	100%	Nov-19	100%	100%	Dec-19	100%	100%	<ul style="list-style-type: none"> <li>Following successful recruitment to consultant, speciality dentist and Dental Core Training (DCT) posts continue to maintain and develop current workforce. Priority now to further reduce waiting times in prosthodontics and endodontic.</li> </ul>
Month	% of patients with a RTT (referral to stage 1) of 26 weeks or less	Target																																											
Dec-18	100%	100%																																											
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Dec-19	100%	100%																																											

## 6.1 Mental Health and Learning Disabilities- Overview

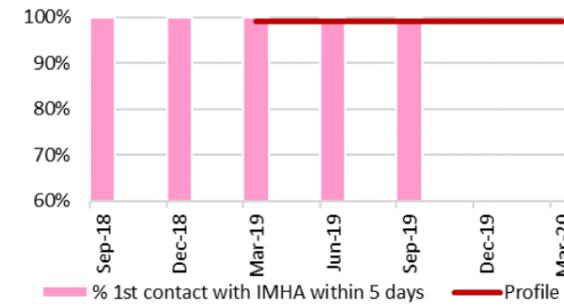
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



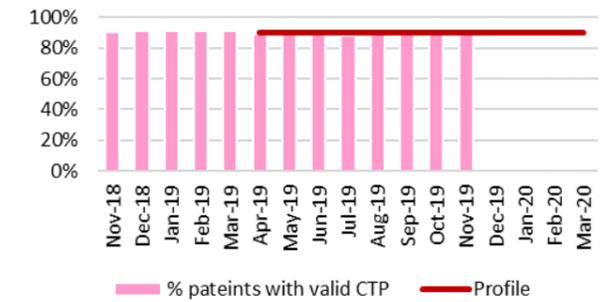
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



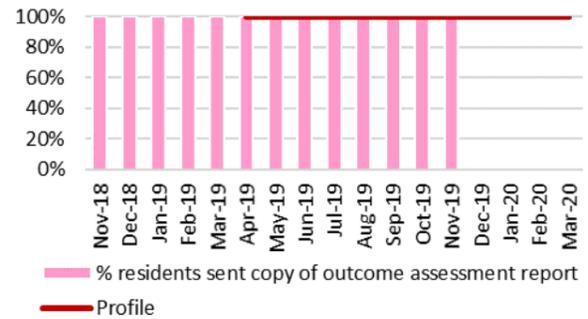
**Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days**



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



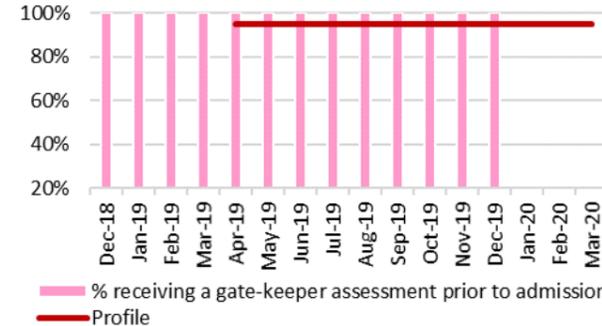
**Chart 5: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment**



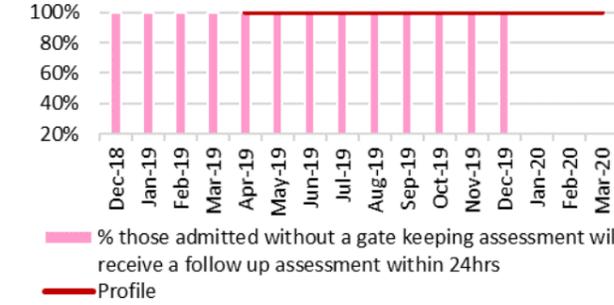
**Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



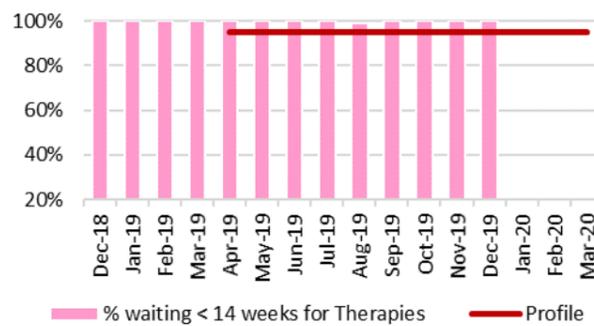
**Chart 7: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



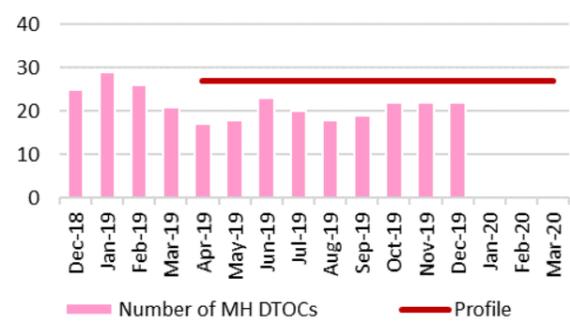
**Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



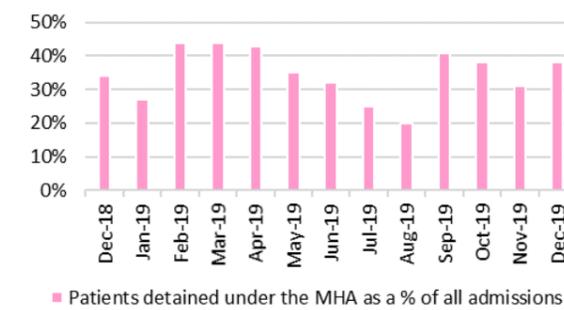
**Chart 9: % of patients waiting under 14 weeks for Therapies**



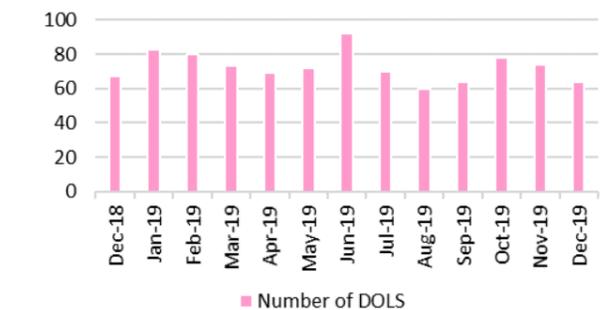
**Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)**



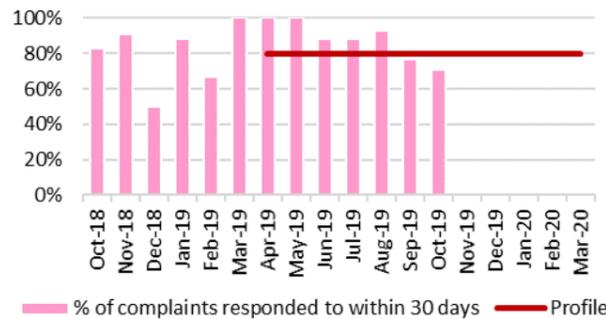
**Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions**



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



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



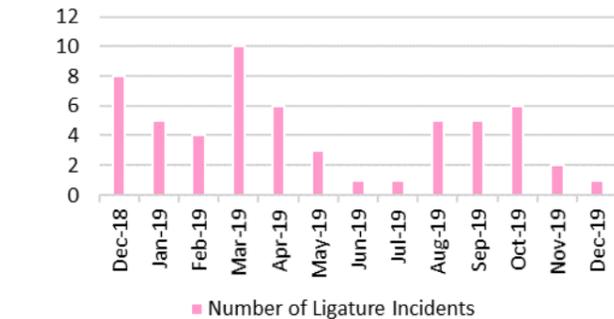
**Chart 14: Number of Serious Incidents**



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



**Chart 16: Number of ligature incidents**

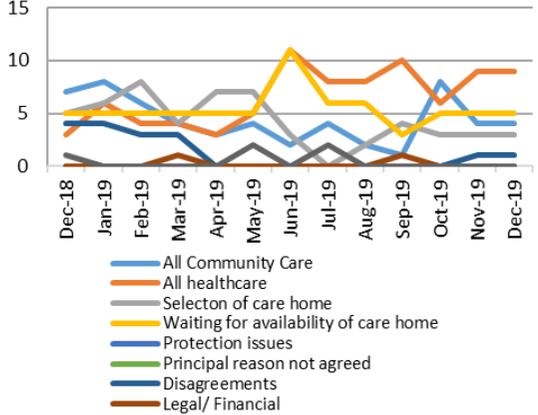
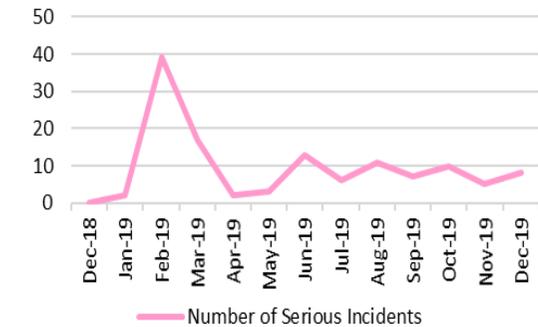


## 6.2 Mental Health & Learning Disabilities- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
<p><b>Mental Health Measures:</b></p> <ol style="list-style-type: none"> <li>1) % of MH assessments undertaken within 28 days from the date of receipt of referral</li> <li>2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS</li> <li>3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days</li> <li>4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</li> <li>5) All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment</li> </ol>	<ol style="list-style-type: none"> <li>1) In November 2019, the percentage of assessments undertaken with 28 days was 97% excluding CAMHS and 92% including CAMHS</li> <li>2) In November 2019, the percentage of therapeutic interventions started within 28 days was 90% excluding CAMHS and 92% including CAMHS.</li> <li>3) The % of qualifying patients who had their first contact with IMHA with 5 working days in November 2019 was 100%</li> <li>4) In November 2019, 92% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%</li> <li>5) In November 2019, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place</li> </ol>	<p><b>Mental Health assessments and therapeutic interventions undertaken within 28 days</b></p> <p><b>Patients having 1<sup>st</sup> contact with IMHA within 5 days</b></p> <p><b>Residents in receipt of a Care Treatment Plan and their outcome assessment</b></p>	<ul style="list-style-type: none"> <li>• An analysis of part 1 referral data is to be undertaken by SBUHB as at a recent meeting with the NHS Wales Delivery Unit the Health Board was identified as an outlier due to a high number of referrals.</li> <li>• SBUHB is continuing to develop a sustainable model to ensure the timely delivery of therapeutic interventions, including high intensity psychological therapies.</li> <li>• The database introduced to ensure performance against Care and Treatment Plan (CTP) target is maintained is up and running and monitored monthly.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																				
<p><b>Crisis Resolution Home Treatment Team (CRHT)</b></p> <ul style="list-style-type: none"> <li>Percentage of those admitted between 9am and 9pm receiving a gate-keeping assessment by the CRHTS prior to admission</li> <li>Percentage of those admitted without a gate keeping assessment who received a follow up assessment by CRHTS within 24 hours of admission</li> </ul>	<ul style="list-style-type: none"> <li>In December 2019 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission</li> <li>In December 2019 100% of those admitted without a gate keeping assessment received a follow up assessment by CRHTS within 24 hours of admission</li> </ul>	<p><b>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</b></p> <table border="1"> <caption>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</caption> <thead> <tr> <th>Month</th> <th>% receiving a gate-keeper assessment prior to admission</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>100%</td></tr> <tr><td>Jan-19</td><td>100%</td></tr> <tr><td>Feb-19</td><td>100%</td></tr> <tr><td>Mar-19</td><td>100%</td></tr> <tr><td>Apr-19</td><td>100%</td></tr> <tr><td>May-19</td><td>100%</td></tr> <tr><td>Jun-19</td><td>100%</td></tr> <tr><td>Jul-19</td><td>100%</td></tr> <tr><td>Aug-19</td><td>100%</td></tr> <tr><td>Sep-19</td><td>100%</td></tr> <tr><td>Oct-19</td><td>100%</td></tr> <tr><td>Nov-19</td><td>100%</td></tr> <tr><td>Dec-19</td><td>100%</td></tr> <tr><td>Jan-20</td><td>100%</td></tr> <tr><td>Feb-20</td><td>100%</td></tr> <tr><td>Mar-20</td><td>100%</td></tr> </tbody> </table> <p><b>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</b></p> <table border="1"> <caption>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</caption> <thead> <tr> <th>Month</th> <th>% those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>100%</td></tr> <tr><td>Jan-19</td><td>100%</td></tr> <tr><td>Feb-19</td><td>100%</td></tr> <tr><td>Mar-19</td><td>100%</td></tr> <tr><td>Apr-19</td><td>100%</td></tr> <tr><td>May-19</td><td>100%</td></tr> <tr><td>Jun-19</td><td>100%</td></tr> <tr><td>Jul-19</td><td>100%</td></tr> <tr><td>Aug-19</td><td>100%</td></tr> <tr><td>Sep-19</td><td>100%</td></tr> <tr><td>Oct-19</td><td>100%</td></tr> <tr><td>Nov-19</td><td>100%</td></tr> <tr><td>Dec-19</td><td>100%</td></tr> <tr><td>Jan-20</td><td>100%</td></tr> <tr><td>Feb-20</td><td>100%</td></tr> <tr><td>Mar-20</td><td>100%</td></tr> </tbody> </table>	Month	% receiving a gate-keeper assessment prior to admission	Dec-18	100%	Jan-19	100%	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	Month	% those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs	Dec-18	100%	Jan-19	100%	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	<ul style="list-style-type: none"> <li>Mental Health &amp; Learning Disabilities (MH &amp; LD) Delivery Unit review of Crisis Resolution Home Treatment Team (CRHT) Teams has commenced; with a draft report scheduled for March 2020.</li> <li>The MH &amp; LD DU continue to work with partners on the development of a sanctuary facility</li> </ul>
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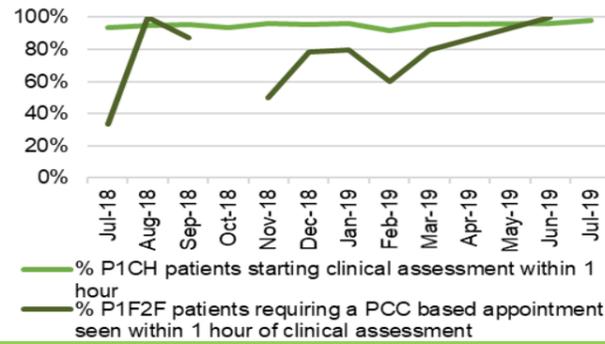
Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed Transfers of Care (DTOC)</b> The number of DTOCs per Health Board-Mental Health (all ages)</p>	<p>The number of mental health related delayed transfers of care in December 2019 was 22, which is below the internal profile of 27.</p>	<p><b>Number of Mental Health DTOCs</b></p> 	<ul style="list-style-type: none"> <li>Weekly discharge meetings will continue to take place in all Localities with Local Authority representation</li> <li>A monthly DTOC scrutiny meeting continues to take place in the DU led by the Head of Operations and is well attended.</li> <li>From November the Unit have inputted the DTOC data in the WG Database and will use this as part of the Senior DTOC validation process.</li> <li>These activities combined will continue to ensure that there is robust management of all DTOC cases.</li> </ul>
<p><b>Serious Incidents</b> The number of Serious Incidents recorded against Mental Health and Learning Disabilities Delivery Unit</p>	<p>In December 2019, there were 8 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 8 more than December 2018 and 3 more than November 2019.</p> <p>The increase in serious incidents since February 2019 is attributed to the retrospective reporting of deaths following Welsh Governments change in reporting criteria.</p>	<p><b>Number of Serious Incidents</b></p> 	<ul style="list-style-type: none"> <li>Continue to report all deaths of patients in contact with mental health services with the 12 months prior to their deaths as Serious Incident (SI's)</li> <li>Investigator appointed and 2 additional part time investigators addressing root cause analysis (RCA) investigations</li> <li>Staff training in RCA training day to be offered additional support to enable them to complete an RCA investigation. The training has supported more effective investigation processes via training of all nursing leads.</li> <li>Monitoring of SI cases to ensure proactive approach with weekly assessment of new and updated cases to ensure investigation proportionate to risks identified.</li> </ul>

## 7.1 Unscheduled Care- Overview

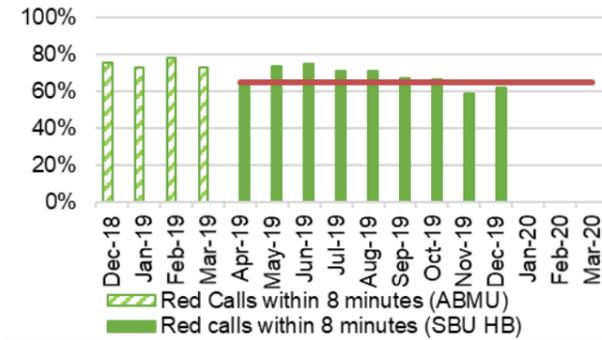
**Chart 1: % GP practices offering daily appointments between 5pm- 6:30pm**



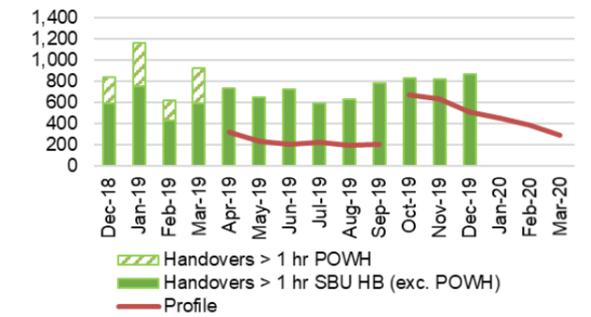
**Chart 2: GP Out of Hours/ 111**



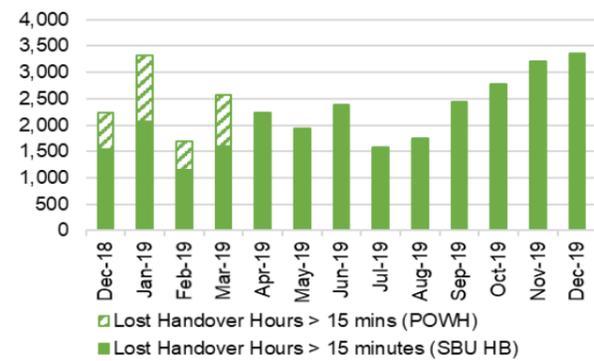
**Chart 3: % red calls responded to within 8 minutes**



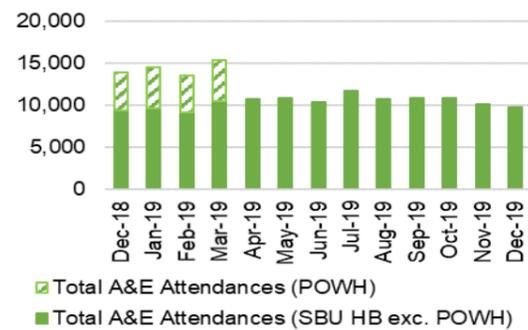
**Chart 4: Number of ambulance handovers over 1 hour**



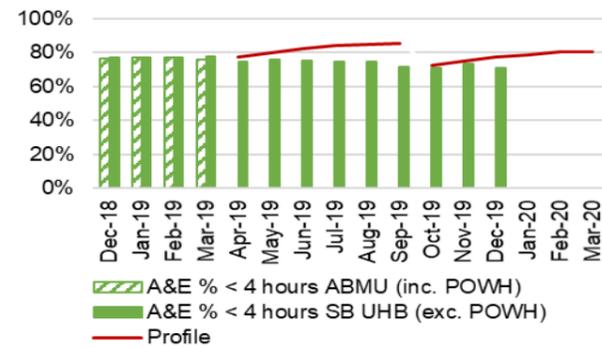
**Chart 5: Lost hours- notification to ambulance handover over 15 minutes**



**Chart 6: A&E Attendances**



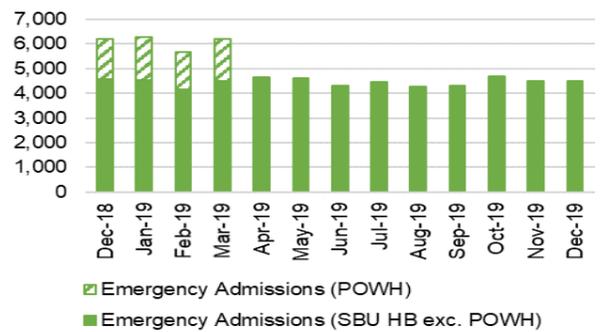
**Chart 7: % patients who spend less than 4 hours in A&E**



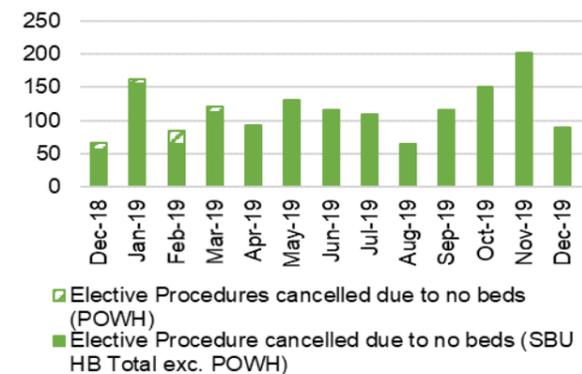
**Chart 8: Number of patients waiting over 12 hours in A&E**



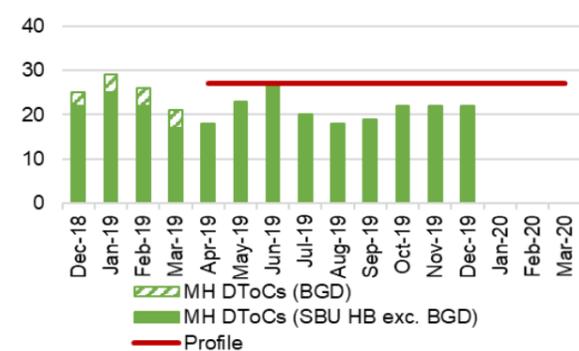
**Chart 9: Number of emergency admissions**



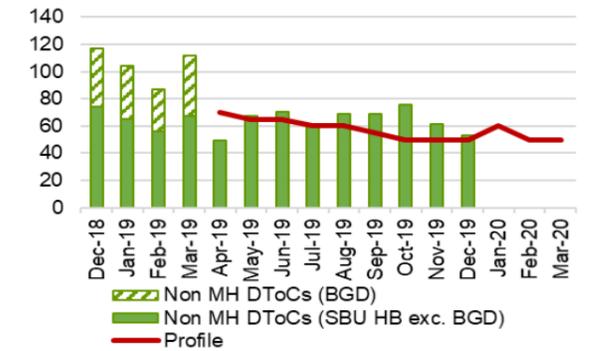
**Chart 10: Elective procedures cancelled due to lack of beds**



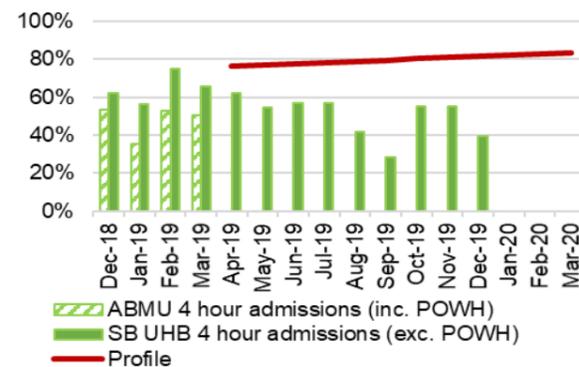
**Chart 11: Number of mental health delayed transfers of care**



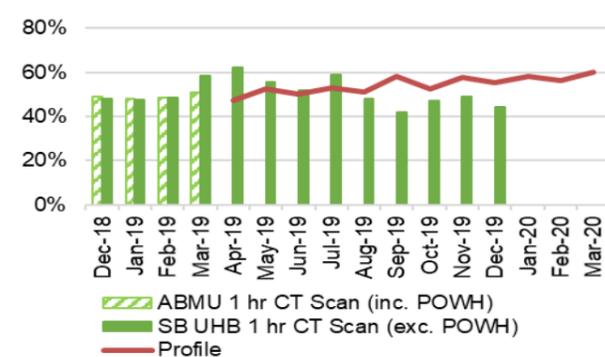
**Chart 12: Number of non- mental health delayed transfers of care**



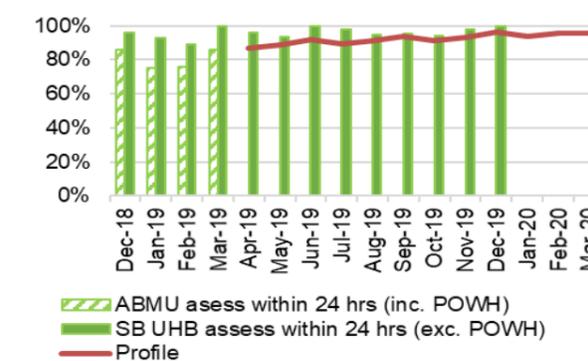
**Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours**



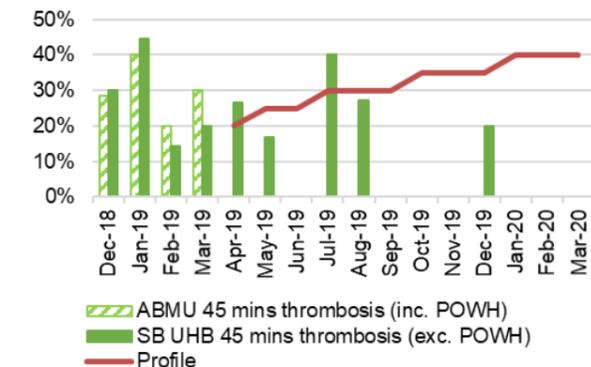
**Chart 14: % of patients who receive a CT scan within 1 hour**



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



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



## Unscheduled Care Overview (December 2019)

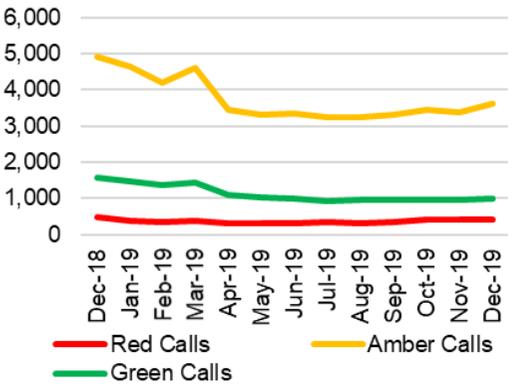
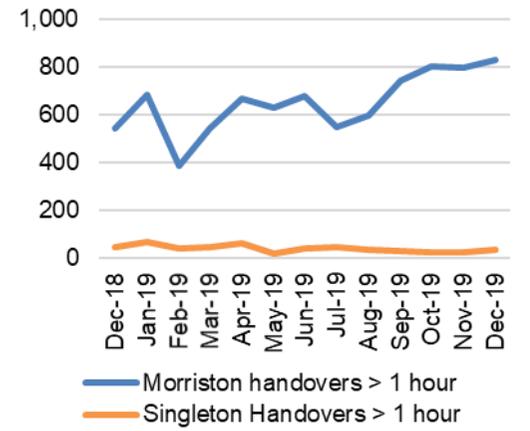
Primary Care Access		Ambulance	Emergency Department	
<b>97% (→)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>61.8% (3%↑)</b> Red calls responded to with 8 minutes	<b>9,806 (4%↓)</b> A&E attendances	<b>70.9% (2.3%↓)</b> Waits in A&E under 4 hours
<b>98% (2%↑)</b> % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered ( <i>July-19</i> )	<b>100% (50%↑)</b> % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment ( <i>Jun-19</i> )	<b>868 (6%↑)</b> Ambulance handovers over 1 hour	<b>1,018 (10%↑)</b> Waits in A&E over 12 hours	<b>1,621 (3%↓)</b> Patients admitted from A&E
		<b>3,603 (6%↑)</b> Amber calls		
		<b>427 (0.2%↓)</b> Red calls		
Emergency Activity		Patient Flow		
<b>4,513 (0.2%↑)</b> Emergency Inpatient Admissions	<b>398 (9%↓)</b> Emergency Theatre Cases	<b>22 (→)</b> Mental Health DTOCs	<b>53 (13%↓)</b> Non-Mental Health DTOCs	
<b>311 (11%↑)</b> Trauma theatre cases	<b>89 (56%↓)</b> Elective procedures cancelled due to no beds	<b>2,318 (13%↓)</b> Days lost due to medically fit ( <i>Morrison only</i> )	<b>194 (5%↑)</b> Medically fit patients	

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

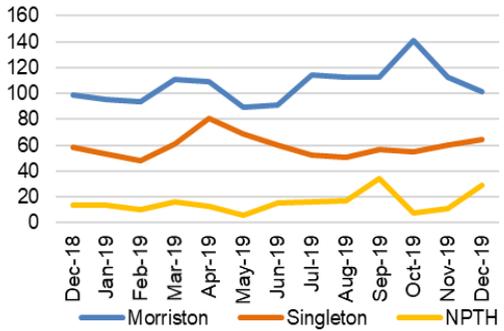
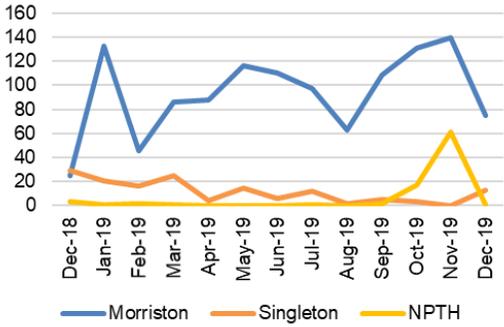
## 7.2 Unscheduled Care- Updates and Actions

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

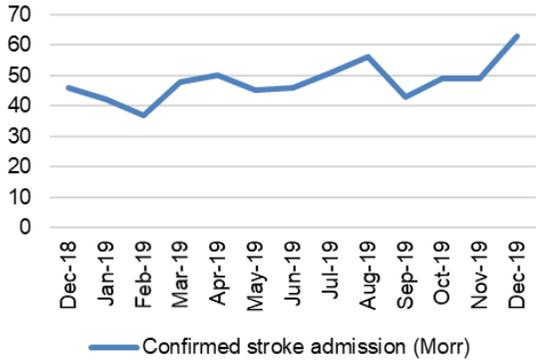
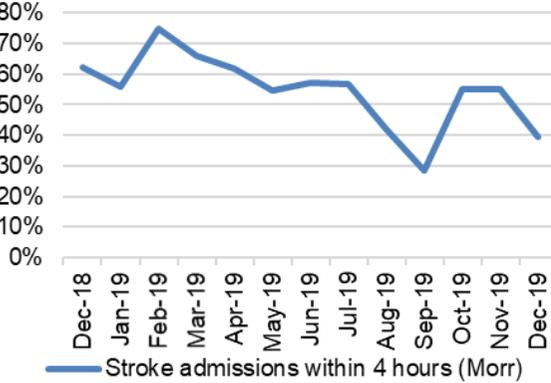
Description	Current Performance	Trend	Actions planned for next period																																										
<p><b>A&amp;E waiting times</b> <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p>	<p>In December 2019, the Health Board's performance against the 4 hour metric deteriorated by 2.3% compared with November 2019 (from 73.2% to 70.9%).</p> <p>Performance at Morriston hospital was below profile, achieving 60.17% in December 2019.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95%.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p> <table border="1"> <caption>% patients waiting under 4 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>67</td><td>98</td></tr> <tr><td>Jan-19</td><td>66</td><td>97</td></tr> <tr><td>Feb-19</td><td>67</td><td>96</td></tr> <tr><td>Mar-19</td><td>68</td><td>95</td></tr> <tr><td>Apr-19</td><td>64</td><td>94</td></tr> <tr><td>May-19</td><td>65</td><td>96</td></tr> <tr><td>Jun-19</td><td>63</td><td>95</td></tr> <tr><td>Jul-19</td><td>64</td><td>94</td></tr> <tr><td>Aug-19</td><td>63</td><td>95</td></tr> <tr><td>Sep-19</td><td>60</td><td>94</td></tr> <tr><td>Oct-19</td><td>61</td><td>95</td></tr> <tr><td>Nov-19</td><td>62</td><td>96</td></tr> <tr><td>Dec-19</td><td>60.17</td><td>95</td></tr> </tbody> </table>	Month	Morriston (%)	NPTH (%)	Dec-18	67	98	Jan-19	66	97	Feb-19	67	96	Mar-19	68	95	Apr-19	64	94	May-19	65	96	Jun-19	63	95	Jul-19	64	94	Aug-19	63	95	Sep-19	60	94	Oct-19	61	95	Nov-19	62	96	Dec-19	60.17	95	<ul style="list-style-type: none"> <li>• Implementation of the remaining actions in the unscheduled care improvement plan.</li> <li>• Continued utilisation of the new GP in Morriston ED undertaking triage and supporting the education of nursing staff triage in day time hours.</li> <li>• Pharmacist resources secured for the winter to increase capacity in ED and to provide extended working hours in the medical and surgical assessment areas, focussing on the review of new patients and completion of medicines reconciliation.</li> <li>• Maintain all surge bed capacity that can be staffed on all our hospital sites with a particular focus on beds that have currently not been commissioned in Singleton due to staff availability.</li> </ul>
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<p><b>A&amp;E waiting times</b> <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i></p>	<p>In December 2019, performance against this measure deteriorated compared with November 2019, increasing from 927 to 1,018.</p> <p>12 hour breaches in Morriston hospital ED increased from 485 in December 2018 to 1,017 in December 2019, which is a reflection of the wider patient flow and capacity issues across the USC system.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p> <table border="1"> <caption>Number of patients waiting over 12 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>485</td><td>0</td></tr> <tr><td>Jan-19</td><td>600</td><td>0</td></tr> <tr><td>Feb-19</td><td>450</td><td>0</td></tr> <tr><td>Mar-19</td><td>550</td><td>0</td></tr> <tr><td>Apr-19</td><td>650</td><td>0</td></tr> <tr><td>May-19</td><td>600</td><td>0</td></tr> <tr><td>Jun-19</td><td>650</td><td>0</td></tr> <tr><td>Jul-19</td><td>650</td><td>0</td></tr> <tr><td>Aug-19</td><td>750</td><td>0</td></tr> <tr><td>Sep-19</td><td>950</td><td>0</td></tr> <tr><td>Oct-19</td><td>900</td><td>0</td></tr> <tr><td>Nov-19</td><td>950</td><td>0</td></tr> <tr><td>Dec-19</td><td>1,017</td><td>0</td></tr> </tbody> </table>	Month	Morriston	NPTH	Dec-18	485	0	Jan-19	600	0	Feb-19	450	0	Mar-19	550	0	Apr-19	650	0	May-19	600	0	Jun-19	650	0	Jul-19	650	0	Aug-19	750	0	Sep-19	950	0	Oct-19	900	0	Nov-19	950	0	Dec-19	1,017	0	<ul style="list-style-type: none"> <li>• Only cancer, urgent elective admissions and some long waiting elective patients to be treated at times of high escalation.</li> <li>• Continue to recruit to staff vacancies.</li> <li>• Continued implementation of hospital to home transformation programme to increase overall system wide capacity, which will support improved patient flow through our front door emergency departments due for completion by the end of January 2020.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Ambulance responses</b>  <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i>  <i>The number of responses to ambulance calls.</i></p>	<p>Ambulance response times are traditionally above the national target and local profile of 65%. However, performance against this measure in November and December 2019 fell below the 65% target with 58.8% and 61.8%.</p>	<p><b>Number of ambulance call responses</b></p>  <p>Data prior to April 2019 relates to ABMU Health Board.</p>	<ul style="list-style-type: none"> <li>Implement the ambulance handover improvement plan which has been jointly agreed between WAST and the Health Board. The plan includes: <ul style="list-style-type: none"> <li>The completion of the Health Board's escalation plan, which will link into planned changes to the National Escalation planned to be in place in February 2020.</li> <li>A WAST patient liaison officer commenced to be maintained to end of March 2020.</li> <li>Maximise the benefit of the second falls vehicle commissioned in November to scale up capacity in the non-injury falls service.</li> <li>Continue the development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.</li> <li>Continue to explore the opportunities for co-horting of patients outside ED; the feasibility of a mobile unit to be scoped.</li> <li>Continued use of the acute GP service to review and redirect patients requesting a 999 ambulance response to alternative appropriate pathways of care.</li> </ul> </li> </ul>
<p><b>Ambulance handovers</b>  <i>The number of ambulance handovers over one hour</i></p>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system in December 2019.</p> <p>In December 2019, Morriston Hospital saw an increase of 284 &gt;1 hour ambulance handover waits, compared with December 2018 (from 546 to 830). Singleton saw a reduction from 44 in December 2018 to 38 in December 2019.</p>	<p><b>Number of ambulance handovers over one hour</b></p> 	

Description	Current Performance	Trend	Actions planned for next period																																																								
<p><b>A&amp;E Attendances</b>  <i>The number of attendances at emergency departments in the Health Board</i></p>	<p>Overall ED/MIU attendances in December 2019 were lower by 376 patients compared with November 2019 (from 10,182 to 9,806).</p>	<p><b>Number of A&amp;E attendances</b></p> <table border="1"> <caption>Number of A&amp;E attendances (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Morryston</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>6,800</td><td>2,800</td></tr> <tr><td>Jan-19</td><td>6,200</td><td>3,200</td></tr> <tr><td>Feb-19</td><td>7,000</td><td>3,000</td></tr> <tr><td>Mar-19</td><td>7,200</td><td>3,500</td></tr> <tr><td>Apr-19</td><td>7,200</td><td>3,800</td></tr> <tr><td>May-19</td><td>6,800</td><td>3,500</td></tr> <tr><td>Jun-19</td><td>7,800</td><td>3,800</td></tr> <tr><td>Jul-19</td><td>7,200</td><td>3,500</td></tr> <tr><td>Aug-19</td><td>7,500</td><td>3,500</td></tr> <tr><td>Sep-19</td><td>7,800</td><td>3,200</td></tr> <tr><td>Oct-19</td><td>7,000</td><td>3,000</td></tr> <tr><td>Nov-19</td><td>7,000</td><td>2,800</td></tr> <tr><td>Dec-19</td><td>6,800</td><td>2,800</td></tr> </tbody> </table>	Month	Morryston	NPTH	Dec-18	6,800	2,800	Jan-19	6,200	3,200	Feb-19	7,000	3,000	Mar-19	7,200	3,500	Apr-19	7,200	3,800	May-19	6,800	3,500	Jun-19	7,800	3,800	Jul-19	7,200	3,500	Aug-19	7,500	3,500	Sep-19	7,800	3,200	Oct-19	7,000	3,000	Nov-19	7,000	2,800	Dec-19	6,800	2,800	<ul style="list-style-type: none"> <li>• GP out of hours service continues to be well placed to manage demand.</li> <li>• 111 awareness campaign programme and communication of Choose Well pathways.</li> <li>• Encourage and promote the use of the Health Board's community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service.</li> <li>• Maximise use of telephone first model to support practices to manage demand.</li> <li>• Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health &amp; social care system.</li> <li>• Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital</li> </ul>														
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<p><b>Emergency Admissions</b>  <i>The number of emergency admissions across the Health Board by site</i></p>	<p>In December 2019, there were 4,513 emergency admissions across the Health Board which is 7 (+0.2%) more admissions than in November 2019.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morryston over the last 12 months.</p>	<p><b>Number of emergency admissions</b></p> <table border="1"> <caption>Number of emergency admissions (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Morryston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>3,500</td><td>900</td><td>200</td></tr> <tr><td>Jan-19</td><td>3,200</td><td>800</td><td>200</td></tr> <tr><td>Feb-19</td><td>3,400</td><td>900</td><td>200</td></tr> <tr><td>Mar-19</td><td>3,500</td><td>900</td><td>200</td></tr> <tr><td>Apr-19</td><td>3,500</td><td>900</td><td>200</td></tr> <tr><td>May-19</td><td>3,200</td><td>800</td><td>200</td></tr> <tr><td>Jun-19</td><td>3,400</td><td>900</td><td>200</td></tr> <tr><td>Jul-19</td><td>3,300</td><td>800</td><td>200</td></tr> <tr><td>Aug-19</td><td>3,300</td><td>800</td><td>200</td></tr> <tr><td>Sep-19</td><td>3,600</td><td>900</td><td>200</td></tr> <tr><td>Oct-19</td><td>3,500</td><td>800</td><td>200</td></tr> <tr><td>Nov-19</td><td>3,500</td><td>800</td><td>200</td></tr> <tr><td>Dec-19</td><td>3,500</td><td>800</td><td>200</td></tr> </tbody> </table>	Month	Morryston	Singleton	NPTH	Dec-18	3,500	900	200	Jan-19	3,200	800	200	Feb-19	3,400	900	200	Mar-19	3,500	900	200	Apr-19	3,500	900	200	May-19	3,200	800	200	Jun-19	3,400	900	200	Jul-19	3,300	800	200	Aug-19	3,300	800	200	Sep-19	3,600	900	200	Oct-19	3,500	800	200	Nov-19	3,500	800	200	Dec-19	3,500	800	200	<ul style="list-style-type: none"> <li>• Maximise and expand the alternative models to admission that have been developed during 2018/19 such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways.</li> <li>• Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions.</li> <li>• Implement the agreed winter plans which have a focus this year on primary and community care support and interventions.</li> <li>• Continue to progress the implementation of the acute medicine model in Swansea Bay.</li> <li>• Assess the impact of the assistant practitioners working on Wards 3, 4 and 7 in Singleton and Ward C in NPTH (frailty/stroke wards).</li> </ul>
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<p><b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i></p>	<p>In December 2019, there were on average 194 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board’s Hospitals.</p> <p>It must be noted that data collection has significantly improved which will in part reflect the increase in numbers.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p>  <table border="1"> <caption>Estimated data for Discharge/medically fit patients by site</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>100</td><td>60</td><td>15</td></tr> <tr><td>Jan-19</td><td>95</td><td>50</td><td>10</td></tr> <tr><td>Feb-19</td><td>110</td><td>80</td><td>15</td></tr> <tr><td>Mar-19</td><td>110</td><td>80</td><td>15</td></tr> <tr><td>Apr-19</td><td>90</td><td>60</td><td>10</td></tr> <tr><td>May-19</td><td>95</td><td>50</td><td>15</td></tr> <tr><td>Jun-19</td><td>115</td><td>50</td><td>15</td></tr> <tr><td>Jul-19</td><td>115</td><td>50</td><td>15</td></tr> <tr><td>Aug-19</td><td>115</td><td>50</td><td>15</td></tr> <tr><td>Sep-19</td><td>140</td><td>50</td><td>35</td></tr> <tr><td>Oct-19</td><td>110</td><td>50</td><td>10</td></tr> <tr><td>Nov-19</td><td>100</td><td>55</td><td>10</td></tr> <tr><td>Dec-19</td><td>100</td><td>65</td><td>30</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Dec-18	100	60	15	Jan-19	95	50	10	Feb-19	110	80	15	Mar-19	110	80	15	Apr-19	90	60	10	May-19	95	50	15	Jun-19	115	50	15	Jul-19	115	50	15	Aug-19	115	50	15	Sep-19	140	50	35	Oct-19	110	50	10	Nov-19	100	55	10	Dec-19	100	65	30	<ul style="list-style-type: none"> <li>• Full Implementation of the Hospital to Home (H2H) programme will be in place by February 2020. Ongoing assessment of the impact of the H2H will be undertaken including an analysis of the caseload being held by the team.</li> <li>• Ongoing roll out of the SIGNAL system in Morrison Hospital, acute wards to be completed by the end of January 20, regional services by the end of February Roll out to NPTH to be undertaken in February/March.</li> </ul>
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<p><b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In December 2019, there were 89 elective procedures cancelled due to lack of beds on the day of surgery. This is 56% less than in November 2019 (201 to 89). In December 2019, 75 of the 89 cancelled procedures were attributed to Morrison Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>  <table border="1"> <caption>Estimated data for Total number of elective procedures cancelled due to lack of beds</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>25</td><td>10</td><td>5</td></tr> <tr><td>Jan-19</td><td>135</td><td>15</td><td>5</td></tr> <tr><td>Feb-19</td><td>45</td><td>15</td><td>5</td></tr> <tr><td>Mar-19</td><td>85</td><td>20</td><td>5</td></tr> <tr><td>Apr-19</td><td>90</td><td>10</td><td>5</td></tr> <tr><td>May-19</td><td>115</td><td>15</td><td>5</td></tr> <tr><td>Jun-19</td><td>105</td><td>10</td><td>5</td></tr> <tr><td>Jul-19</td><td>95</td><td>10</td><td>5</td></tr> <tr><td>Aug-19</td><td>60</td><td>10</td><td>5</td></tr> <tr><td>Sep-19</td><td>110</td><td>10</td><td>5</td></tr> <tr><td>Oct-19</td><td>130</td><td>10</td><td>15</td></tr> <tr><td>Nov-19</td><td>140</td><td>10</td><td>60</td></tr> <tr><td>Dec-19</td><td>75</td><td>10</td><td>5</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Dec-18	25	10	5	Jan-19	135	15	5	Feb-19	45	15	5	Mar-19	85	20	5	Apr-19	90	10	5	May-19	115	15	5	Jun-19	105	10	5	Jul-19	95	10	5	Aug-19	60	10	5	Sep-19	110	10	5	Oct-19	130	10	15	Nov-19	140	10	60	Dec-19	75	10	5	<ul style="list-style-type: none"> <li>• Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models.</li> <li>• Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures.</li> <li>• Maintain ring fenced orthopaedic ward at Morrison hospital which was reinstated in November.</li> </ul>
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<p><b>Delayed Transfers of Care (DToC)</b></p> <p><i>The number of DToCs per Health Board- Mental Health (all ages)</i></p>	<p>The number of mental health related delayed transfers of care in December 2019 was 22.</p>	<p><b>Number of Mental Health DToCs</b></p>	<ul style="list-style-type: none"> <li>• Roll out of the SIGNAL system during Q3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge. This will support provision of more accurate information on the reasons why patients who are medically stable for discharge remain in hospital, enabling more targeted approaches to unblock system delays.</li> <li>• Updating of the WG DToC template directly from each DU. All DU's are inputting directly onto the WG DToC database from Dec-19.</li> <li>• Update Choice of Accommodation Policy to provide a policy, which is simpler, easily read, understood and utilised. Aim to take final revision to USC board in Feb-2020.</li> </ul>
<p><b>Delayed Transfers of Care (DToC)</b></p> <p><i>The number of DToCs per Health Board - Non Mental Health (age 75+)</i></p>	<p>In December 2019, the number of non-mental health and learning disability delayed transfers of care was 53.</p> <p>Historically Morriston Hospital accounted for the largest number of delayed patients however in December; Neath Port Talbot had (similar to November) the largest number of non-MH delays with 24 whilst Morriston had 13. The remaining 16 delayed patients split between Singleton, Gorseinon and Learning Disability Services.</p>	<p><b>Number of Non Mental Health DToCs</b></p>	<ul style="list-style-type: none"> <li>• Monitor the impact of the regulation changes for social care staff (registration of Dom care workers) by April 2020.</li> <li>• Implementation of phase 1 (pathway one) of the Hospital to Home service and the trusted assessor model (Hospital to Home Navigator). Commenced December 10<sup>th</sup> 2019 as a phased approach.</li> <li>• Consistent use of SAFER, Effective PSAG Board Rounds, EDD and Red to Green days. Incorporated into the SIGNAL system</li> <li>• Continue to check and challenge DToC through the senior validation audio meetings (after the monthly census).</li> <li>• Local Authorities continue to review contractual arrangements with Dom Care Providers (recent improvements with POC waits, which have decreased quite markedly particularly in Swansea).</li> </ul>

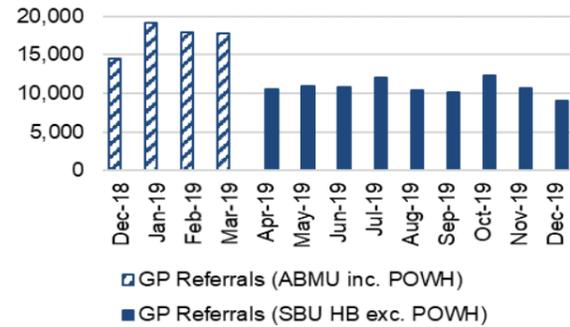
Description	Current Performance	Trend	Actions planned for next period																												
<p><b>Stroke Admissions</b> <i>The total number of stroke admissions into the Health Board</i></p>	<p>In December 2019, there were 63 confirmed stroke admissions in Morriston Hospital. This is 17 more admissions than December 2018 and the same as October 2019 and 14 more admissions than November 2019.</p>	<p><b>Total number of stroke admissions</b></p>  <table border="1"> <caption>Total number of confirmed stroke admissions (Morr)</caption> <thead> <tr> <th>Month</th> <th>Admissions</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>45</td></tr> <tr><td>Jan-19</td><td>40</td></tr> <tr><td>Feb-19</td><td>38</td></tr> <tr><td>Mar-19</td><td>48</td></tr> <tr><td>Apr-19</td><td>50</td></tr> <tr><td>May-19</td><td>45</td></tr> <tr><td>Jun-19</td><td>46</td></tr> <tr><td>Jul-19</td><td>55</td></tr> <tr><td>Aug-19</td><td>58</td></tr> <tr><td>Sep-19</td><td>43</td></tr> <tr><td>Oct-19</td><td>49</td></tr> <tr><td>Nov-19</td><td>49</td></tr> <tr><td>Dec-19</td><td>63</td></tr> </tbody> </table>	Month	Admissions	Dec-18	45	Jan-19	40	Feb-19	38	Mar-19	48	Apr-19	50	May-19	45	Jun-19	46	Jul-19	55	Aug-19	58	Sep-19	43	Oct-19	49	Nov-19	49	Dec-19	63	<ul style="list-style-type: none"> <li>Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.</li> </ul>
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<p><b>Stroke 4 hour access target</b> <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i></p>	<p>In December 2019 only 24 out of 61 patients had a direct admission to an acute stroke unit within 4 hours (39.3%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for October 2019 which confirms that performance ranged from 32.2% to 55.1%. SBU HB achieved 55.1% October 2019.</p>	<p><b>Percentage of patients admitted to stroke unit within 4 hours</b></p>  <table border="1"> <caption>Stroke admissions within 4 hours (Morr)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>62%</td></tr> <tr><td>Jan-19</td><td>55%</td></tr> <tr><td>Feb-19</td><td>75%</td></tr> <tr><td>Mar-19</td><td>65%</td></tr> <tr><td>Apr-19</td><td>60%</td></tr> <tr><td>May-19</td><td>55%</td></tr> <tr><td>Jun-19</td><td>58%</td></tr> <tr><td>Jul-19</td><td>58%</td></tr> <tr><td>Aug-19</td><td>45%</td></tr> <tr><td>Sep-19</td><td>28%</td></tr> <tr><td>Oct-19</td><td>55%</td></tr> <tr><td>Nov-19</td><td>55%</td></tr> <tr><td>Dec-19</td><td>39%</td></tr> </tbody> </table>	Month	Percentage	Dec-18	62%	Jan-19	55%	Feb-19	75%	Mar-19	65%	Apr-19	60%	May-19	55%	Jun-19	58%	Jul-19	58%	Aug-19	45%	Sep-19	28%	Oct-19	55%	Nov-19	55%	Dec-19	39%	<ul style="list-style-type: none"> <li>Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures is impacting on its performance – particularly in accessing beds.</li> <li>Ongoing focus to prospectively identify suspected stroke patients in ED to expedite transfer to the Acute Stroke Unit (ASU). This process is led by Stroke Clinical Nurse Specialists.</li> <li>Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance.</li> <li>Work is underway to develop an improved stroke in-reach service to ED (led by the ASU Ward Managers).</li> </ul>
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<p><b>Stroke CT scan</b> <i>Percentage of patients who receive a CT scan within 1 hour</i></p>	<p>In December 2019, the Health Board achieved 44.4%, which was below the internal profile of 55%.</p>	<p><b>Percentage of patients receiving CT scan within 1 hour</b></p> <table border="1"> <caption>Percentage of patients receiving CT scan within 1 hour</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>48%</td></tr> <tr><td>Jan-19</td><td>48%</td></tr> <tr><td>Feb-19</td><td>50%</td></tr> <tr><td>Mar-19</td><td>60%</td></tr> <tr><td>Apr-19</td><td>62%</td></tr> <tr><td>May-19</td><td>55%</td></tr> <tr><td>Jun-19</td><td>50%</td></tr> <tr><td>Jul-19</td><td>58%</td></tr> <tr><td>Aug-19</td><td>48%</td></tr> <tr><td>Sep-19</td><td>42%</td></tr> <tr><td>Oct-19</td><td>48%</td></tr> <tr><td>Nov-19</td><td>50%</td></tr> <tr><td>Dec-19</td><td>44%</td></tr> </tbody> </table>	Month	Percentage	Dec-18	48%	Jan-19	48%	Feb-19	50%	Mar-19	60%	Apr-19	62%	May-19	55%	Jun-19	50%	Jul-19	58%	Aug-19	48%	Sep-19	42%	Oct-19	48%	Nov-19	50%	Dec-19	44%	<ul style="list-style-type: none"> <li>Recent improvement meetings with Radiology colleagues have underlined the capacity challenges in CT. An additional scanner is required to deliver improved one CT access performance and reduce lead to time to thrombolysis.</li> <li>Both departments are collaborating to reduce the transfer time of images to Southmead Hospital for potential thrombectomy cases.</li> </ul>
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Dec-18	48%																														
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Feb-19	50%																														
Mar-19	60%																														
Apr-19	62%																														
May-19	55%																														
Jun-19	50%																														
Jul-19	58%																														
Aug-19	48%																														
Sep-19	42%																														
Oct-19	48%																														
Nov-19	50%																														
Dec-19	44%																														
<p><b>Stroke assessment within 24 hours</b> <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i></p>	<p>In December 2019, the Health Board achieved 100%, which was above the internal profile of 96% and above the Sentinel Stroke National Audit Programme (SSNAP) average of 83.9%.</p>	<p><b>Percentage of patients assessed by stroke consultant within 24 hours</b></p> <table border="1"> <caption>Percentage of patients assessed by stroke consultant within 24 hours</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>96%</td></tr> <tr><td>Jan-19</td><td>92%</td></tr> <tr><td>Feb-19</td><td>89%</td></tr> <tr><td>Mar-19</td><td>99%</td></tr> <tr><td>Apr-19</td><td>95%</td></tr> <tr><td>May-19</td><td>93%</td></tr> <tr><td>Jun-19</td><td>99%</td></tr> <tr><td>Jul-19</td><td>97%</td></tr> <tr><td>Aug-19</td><td>94%</td></tr> <tr><td>Sep-19</td><td>95%</td></tr> <tr><td>Oct-19</td><td>94%</td></tr> <tr><td>Nov-19</td><td>98%</td></tr> <tr><td>Dec-19</td><td>100%</td></tr> </tbody> </table>	Month	Percentage	Dec-18	96%	Jan-19	92%	Feb-19	89%	Mar-19	99%	Apr-19	95%	May-19	93%	Jun-19	99%	Jul-19	97%	Aug-19	94%	Sep-19	95%	Oct-19	94%	Nov-19	98%	Dec-19	100%	<ul style="list-style-type: none"> <li>Stroke Physician cross cover is planned well in advance to ensure patients reviews are provided ASAP. The absence of a 7-day service means that full compliance is not always possible</li> </ul>
Month	Percentage																														
Dec-18	96%																														
Jan-19	92%																														
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Sep-19	95%																														
Oct-19	94%																														
Nov-19	98%																														
Dec-19	100%																														

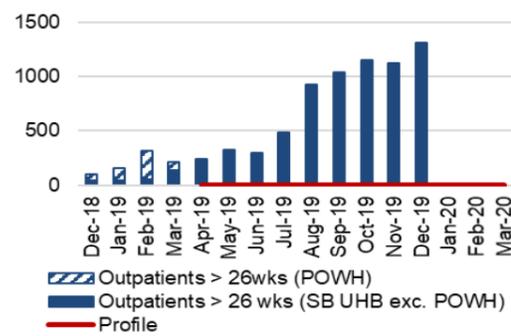
Description	Current Performance	Trend	Actions planned for next period																												
<b>Thrombolysed Patients with Door-to-Needle &lt;= 45 mins</b>	<p>In December 2019, 15.9% of patients were thrombolysed (10 out of 63). However, only 2 out of the 10 9 patients were thrombolysed within the 45 minutes (door to needle) standard (20%). This is below the internal profile of 35%</p>	<p><b>Percentage of eligible thrombolysed patients within 45 minutes</b></p> <table border="1"> <caption>Percentage of eligible thrombolysed patients within 45 minutes</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>30%</td></tr> <tr><td>Jan-19</td><td>45%</td></tr> <tr><td>Feb-19</td><td>15%</td></tr> <tr><td>Mar-19</td><td>20%</td></tr> <tr><td>Apr-19</td><td>25%</td></tr> <tr><td>May-19</td><td>15%</td></tr> <tr><td>Jun-19</td><td>0%</td></tr> <tr><td>Jul-19</td><td>40%</td></tr> <tr><td>Aug-19</td><td>25%</td></tr> <tr><td>Sep-19</td><td>0%</td></tr> <tr><td>Oct-19</td><td>0%</td></tr> <tr><td>Nov-19</td><td>0%</td></tr> <tr><td>Dec-19</td><td>20%</td></tr> </tbody> </table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	25%	May-19	15%	Jun-19	0%	Jul-19	40%	Aug-19	25%	Sep-19	0%	Oct-19	0%	Nov-19	0%	Dec-19	20%	<ul style="list-style-type: none"> <li>Weekly scrutiny of thrombolysis performance continues however the level of analysis has been affected by admin sickness within the stroke team. Solutions to this will be evaluated.</li> </ul>
Month	Percentage																														
Dec-18	30%																														
Jan-19	45%																														
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May-19	15%																														
Jun-19	0%																														
Jul-19	40%																														
Aug-19	25%																														
Sep-19	0%																														
Oct-19	0%																														
Nov-19	0%																														
Dec-19	20%																														

## 8.1 Planned Care- Overview

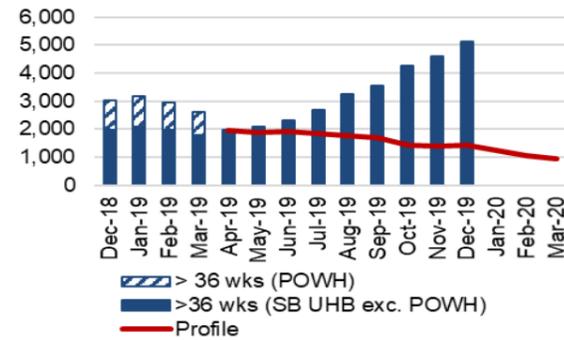
**Chart 1: Number of GP Referrals into secondary care**



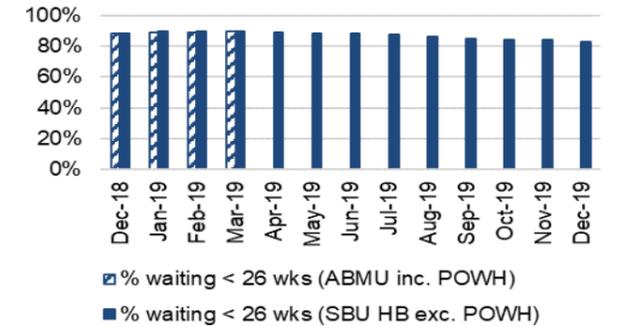
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



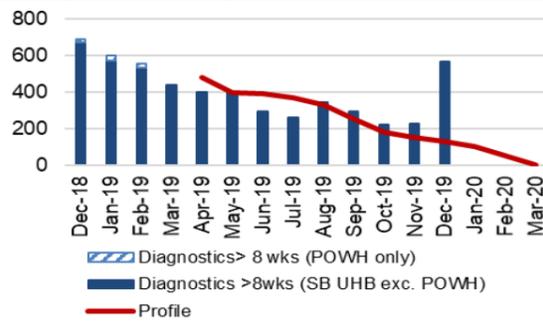
**Chart 3: Number of patients waiting over 36 weeks for treatment**



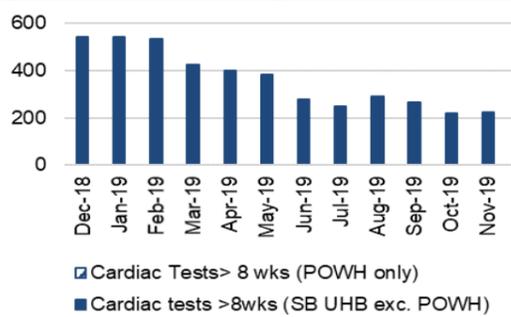
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



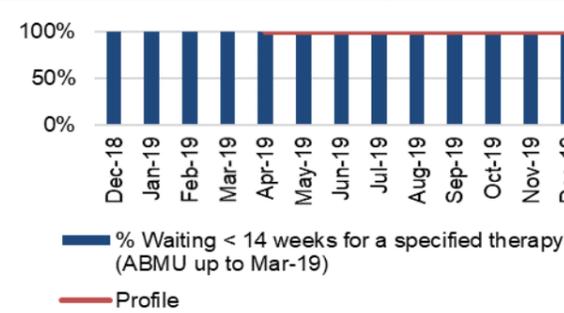
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



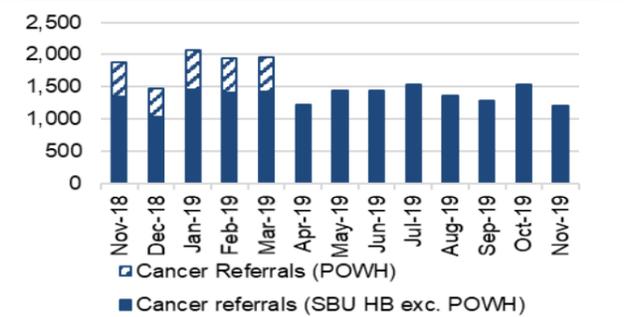
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



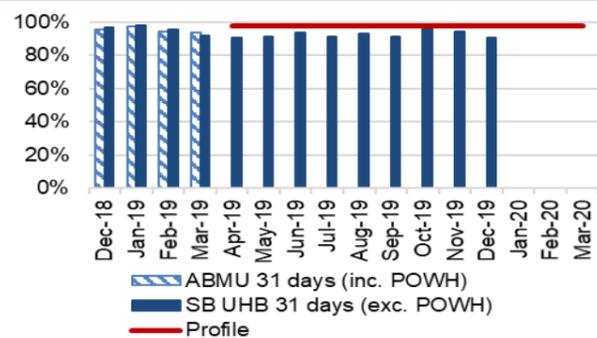
**Chart 7: % of patients waiting less than 14 weeks for Therapies**



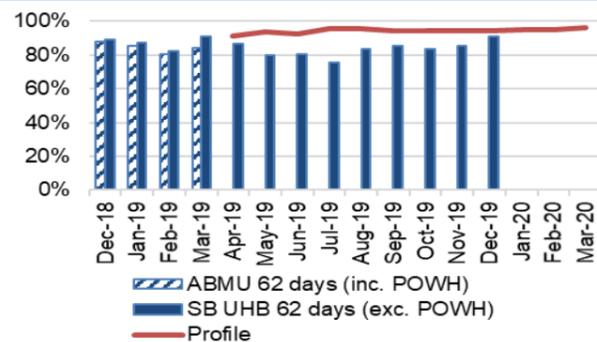
**Chart 8: Cancer referrals**



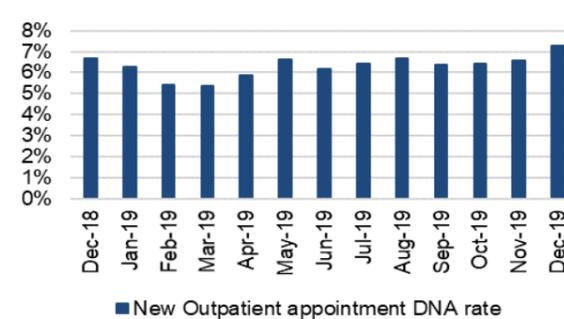
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



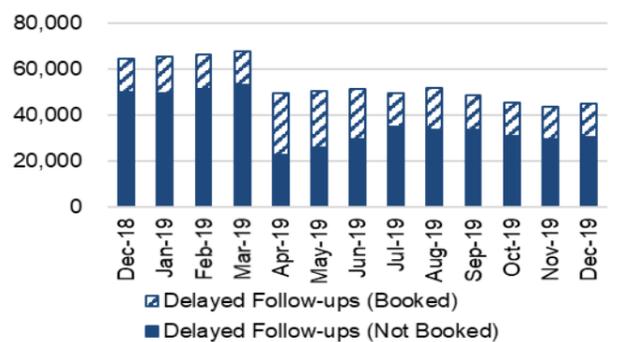
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



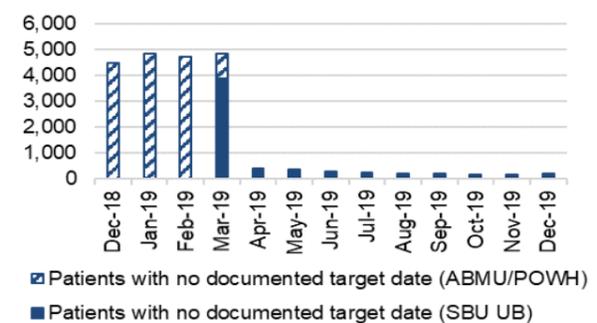
**Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)**



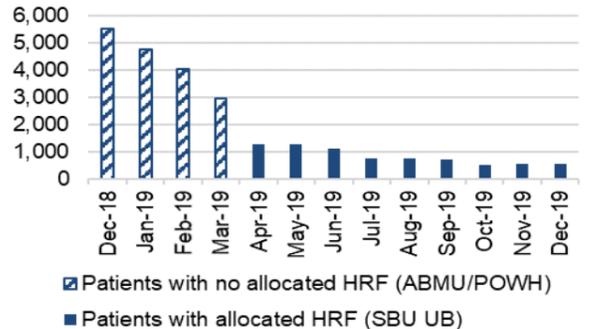
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)**



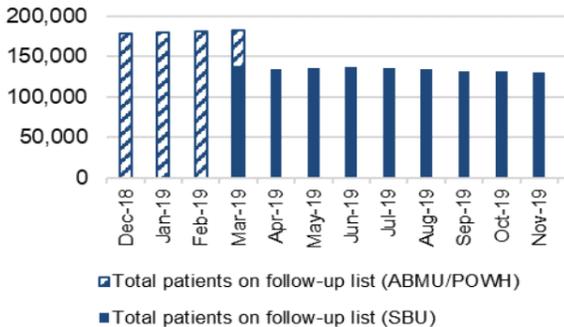
**Chart 13: Number of patients without a documented clinical review date**



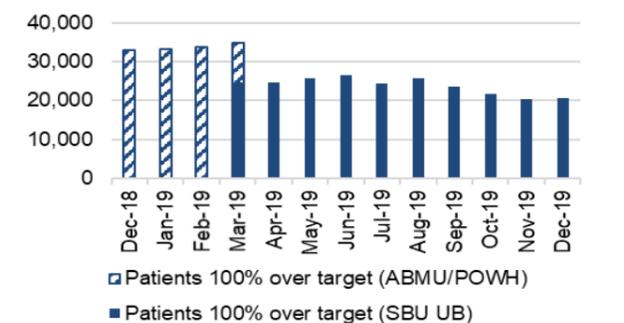
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



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



## Planned Care- Overview (December 2019)

Demand	Waiting Times			Outpatient Efficiencies
<b>9,100 (15%↓)</b> Total GP referrals	<b>1,305 (17%↑)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>5,141 (12%↑)</b> Patients waiting over 36 weeks for treatment	<b>1,723 (18%↑)</b> Patients waiting over 52 weeks for treatment	<b>7.3% (0.7%↑)</b> % of patients who did not attend a new outpatient appointment (all specialities)
<b>4,847 (17%↓)</b> Routine GP referrals	<b>82.6% (1.5%↓)</b> Patients waiting under 26 weeks from referral to treatment	<b>569 (152%↑)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>222 (153%↑)</b> Patients waiting over 8 weeks for Cardiac diagnostics only	<b>8.0% (0.6%↑)</b> % of patients who did not attend a follow-up outpatient appointment (all specialities)
<b>4,253 (13%↓)</b> Urgent GP referrals	<b>0 (→)</b> Patients waiting over 14 weeks for reportable therapies	<b>131,263 (0.5%↑)</b> Patients waiting for a follow-up outpatient appointment	<b>20,579 (0.4%↑)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%	
Cancer		Theatre Efficiencies		
<b>1,209 (21%↓)</b> Number of USC referrals received (Oct-19)	<b>135 (42%↑)</b> USC backlog over 52 days	<b>56% (14%↓)</b> Theatre utilisation rate	<b>46% (5%↓)</b> % of theatres sessions finishing early	
<b>91% (3.6%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>91% (5.3%↑) draft</b> USC patients receiving treatment within 62 days	<b>43% (2%↑)</b> % of theatres sessions starting late	<b>37% (2%↓)</b> Operations cancelled on the day	

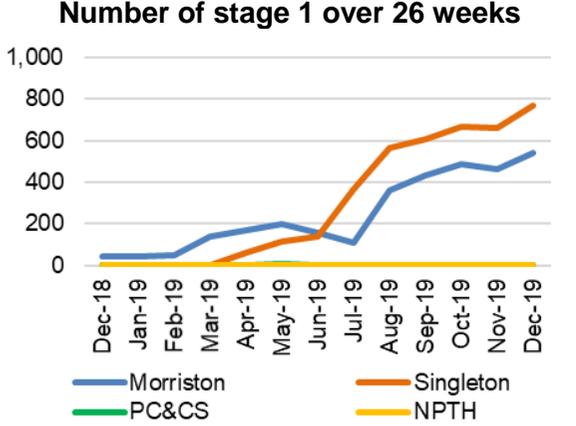
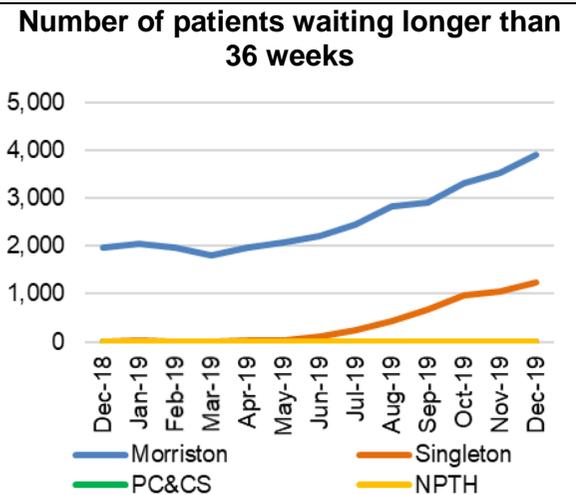
\*RAG status and trend is based on in month-movement

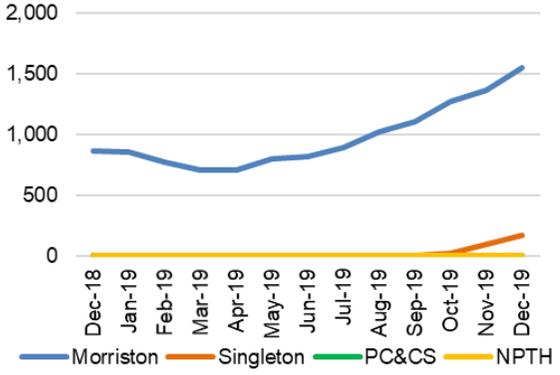
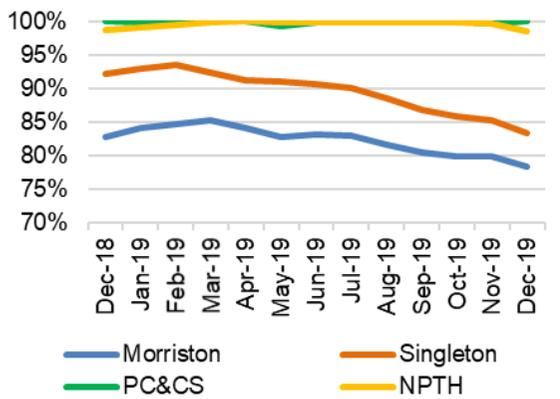
## 8.2 Theatre Efficiencies Dashboard

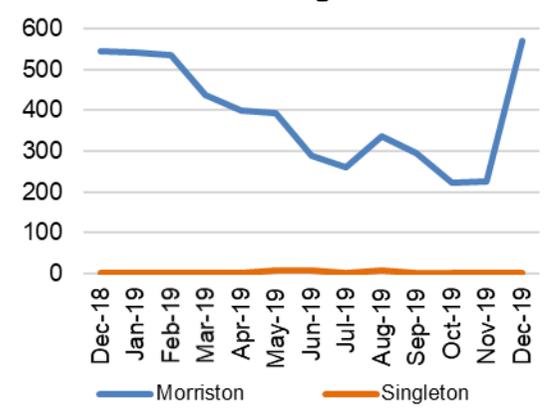
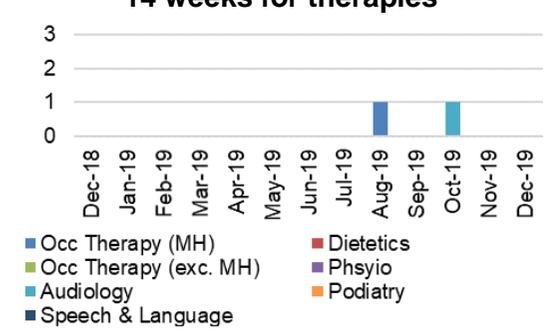
						ABMU				SBU									
Measure		Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number of cancelled operations	Morriston			↑	●	↑	377	507	443	472	484	527	492	481	462	499	575	554	557
	NPTH			↓	●	↑	121	177	179	164	132	150	161	161	123	174	207	228	138
	Singleton			↓	●	↑	193	222	243	250	165	222	221	274	211	237	270	311	272
	HB Total (inc. POWH up to Mar-19)			↓	●	↓	1,055	1,207	1,202	1,258	781	899	874	916	796	910	1,052	1,093	967
% of cancelled operations on the day	Morriston		✘	↓	●	↑	40%	41%	41%	35%	49%	43%	44%	37%	44%	50%	52%	51%	44%
	NPTH	10%	✘	↑	●	↑	29%	23%	21%	22%	29%	21%	30%	30%	25%	34%	23%	21%	31%
	Singleton		✘	↓	●	↓	57%	51%	43%	40%	45%	44%	35%	36%	22%	25%	33%	30%	25%
	HB Total (inc. POWH up to Mar-19)		✘	↓	●	↓	38%	39%	35%	32%	45%	40%	39%	36%	35%	41%	41%	39%	37%
Reasons for cancellations on the day	Hospital Clinical			↑	●	↓	29%	31%	30%	28%	25%	33%	28%	25%	31%	26%	24%	20%	25%
	Hospital Non-Clinical			↓	●	↑	49%	39%	52%	53%	47%	49%	52%	57%	51%	54%	54%	59%	56%
	Other			→	●	→	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient			↓	●	↓	22%	29%	18%	18%	26%	17%	18%	17%	17%	16%	19%	20%	16%
	Unknown			↑	●	↑	0%	0%	1%	1%	1%	1%	1%	1%	1%	4%	3%	1%	3%
Late Starts	Morriston		✘	↓	●	↑	42%	45%	42%	37%	43%	44%	43%	42%	39%	43%	41%	50%	46%
	NPTH	<25%	✘	↓	●	↑	43%	42%	42%	36%	36%	31%	41%	37%	37%	40%	41%	50%	47%
	Singleton		✘	↓	●	↓	54%	52%	52%	41%	46%	51%	48%	46%	36%	43%	44%	54%	44%
	HB Total (inc. POWH up to Mar-19)		✘	↓	●	↑	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%
Early Finishes	Morriston		✘	↑	●	→	44%	42%	35%	38%	32%	36%	40%	37%	35%	39%	38%	37%	44%
	NPTH	<20%	✘	↓	●	↓	66%	50%	58%	51%	61%	64%	49%	57%	62%	68%	54%	67%	61%
	Singleton		✘	↓	●	↓	31%	29%	30%	34%	30%	40%	30%	34%	31%	33%	31%	33%	30%
	HB Total (inc. POWH up to Mar-19)		✘	↑	●	→	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%
Theatre Utilisation Rate	Morriston		✘	↑	●	↓	69%	89%	78%	74%	83%	76%	76%	73%	63%	75%	76%	78%	65%
	NPTH	90%	✘	↓	●	↓	70%	65%	64%	60%	64%	62%	72%	60%	47%	63%	63%	56%	44%
	Singleton		✘	↓	●	↓	61%	70%	63%	62%	63%	57%	62%	53%	43%	50%	56%	59%	38%
	HB Total (inc. POWH up to Mar-19)		✘	↑	●	↓	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%
Theatre Activity Undertaken	Morriston	Day cases			↑	●	300	373	305	344	324	316	339	395	326	379	394	349	387
		Emergency cases			↓	●	286	276	247	340	371	374	348	389	406	367	390	396	366
		Inpatients			↓	●	403	516	498	486	469	474	438	479	392	419	463	454	368
	NPTH	Day cases			↓	●	202	295	240	260	224	274	266	290	226	278	315	326	236
		Emergency cases			↓	●	6	2	3	9	8	9	1	9	2	5	4	9	4
		Inpatients			↓	●	104	150	113	115	120	113	115	118	102	106	113	65	39
	Singleton	Day cases			↓	●	371	565	486	523	465	478	464	445	380	375	478	360	267
		Emergency cases			↓	●	40	36	30	23	26	38	28	39	30	33	21	30	28
		Inpatients			↓	●	94	129	105	97	100	95	111	108	64	89	105	120	83

### 8.3 Planned Care Updates and Actions

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

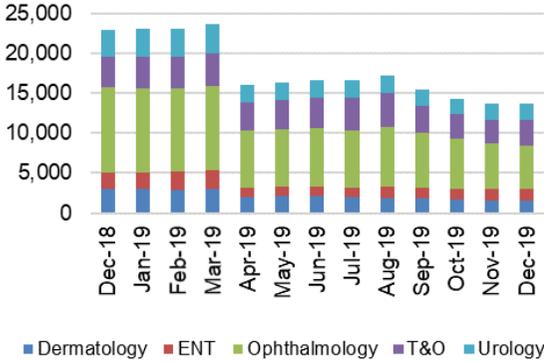
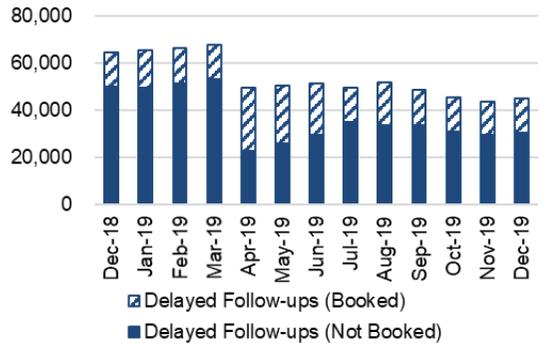
Description	Current Performance	Trend	Actions planned for next period																																																																						
<p><b>Outpatient waiting times</b>  <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i></p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In December 2019, there were 1,305 patients waiting over 26 weeks compared with 1,120 in November 2019. Gastroenterology accounted for 58% of breaches (756 breaches) and Orthopaedics/ Spinal accounted for 26% (343 breaches).</p>	<p><b>Number of stage 1 over 26 weeks</b></p>  <table border="1"> <caption>Number of stage 1 over 26 weeks (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&amp;CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>50</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>50</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>50</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>100</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>150</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>200</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>150</td><td>100</td><td>0</td><td>0</td></tr> <tr><td>Jul-19</td><td>350</td><td>550</td><td>0</td><td>0</td></tr> <tr><td>Aug-19</td><td>450</td><td>650</td><td>0</td><td>0</td></tr> <tr><td>Sep-19</td><td>480</td><td>680</td><td>0</td><td>0</td></tr> <tr><td>Oct-19</td><td>450</td><td>680</td><td>0</td><td>0</td></tr> <tr><td>Nov-19</td><td>500</td><td>700</td><td>0</td><td>0</td></tr> <tr><td>Dec-19</td><td>550</td><td>800</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	50	0	0	0	Jan-19	50	0	0	0	Feb-19	50	0	0	0	Mar-19	100	0	0	0	Apr-19	150	0	0	0	May-19	200	0	0	0	Jun-19	150	100	0	0	Jul-19	350	550	0	0	Aug-19	450	650	0	0	Sep-19	480	680	0	0	Oct-19	450	680	0	0	Nov-19	500	700	0	0	Dec-19	550	800	0	0	<ul style="list-style-type: none"> <li>• Gastroenterology is in the process of recruiting to its sustainable model. Additional capacity being secured through possible insourcing, WLIs and support from a Hywel Dda Consultant.</li> <li>• Combined consultant and therapy clinics now in place for Spinal surgery. Impact is being reviewed.</li> <li>• Scoping 'straight to test' model in General Surgery to relieve outpatient demand for the Consultants.</li> <li>• Sub-specialty issue in Paediatric Plastic Surgery, additional capacity being secured with solo Consultant.</li> </ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Dec-18	50	0	0	0																																																																					
Jan-19	50	0	0	0																																																																					
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<p><b>Total waiting times</b>  <i>The number of patients waiting more than 36 weeks for treatment</i></p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In December 2019 there were 5,141 patients waiting over 36 weeks which is higher than the internal profile of 1,435.</p> <p>Orthopaedics/ Spinal accounted for 45% of the breaches, followed by Ophthalmology with 16%.</p>	<p><b>Number of patients waiting longer than 36 weeks</b></p>  <table border="1"> <caption>Number of patients waiting longer than 36 weeks (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&amp;CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>1800</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>1800</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>1900</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>2200</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul-19</td><td>2500</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Aug-19</td><td>2800</td><td>500</td><td>0</td><td>0</td></tr> <tr><td>Sep-19</td><td>3000</td><td>800</td><td>0</td><td>0</td></tr> <tr><td>Oct-19</td><td>3200</td><td>1000</td><td>0</td><td>0</td></tr> <tr><td>Nov-19</td><td>3500</td><td>1100</td><td>0</td><td>0</td></tr> <tr><td>Dec-19</td><td>4000</td><td>1200</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	2000	0	0	0	Jan-19	2000	0	0	0	Feb-19	1800	0	0	0	Mar-19	1800	0	0	0	Apr-19	1900	0	0	0	May-19	2000	0	0	0	Jun-19	2200	0	0	0	Jul-19	2500	200	0	0	Aug-19	2800	500	0	0	Sep-19	3000	800	0	0	Oct-19	3200	1000	0	0	Nov-19	3500	1100	0	0	Dec-19	4000	1200	0	0	<ul style="list-style-type: none"> <li>• Recruitment programme underway for 10 permanent Anaesthetists to support a sustainable model.</li> <li>• Ophthalmology being addressed through outsourcing and additional lists in NPTH.</li> <li>• Opened 10 protected Orthopaedic beds on Clydach Ward, maintaining throughput.</li> <li>• New clinical model to be scoped for General Surgery to meet the demand on the service.</li> <li>• Assessment of maximising the trolleys at Singleton now that Ward 12 is back online.</li> <li>• Scoping model change to overnight Anaesthetic cover at Singleton to increase range of cases that can be undertaken on the site.</li> </ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
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Description	Current Performance	Trend	Actions planned for next period																																																																						
<p><b>Total waiting times</b> <i>The number of patients waiting more than 52 weeks for treatment</i></p>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In December 2019 there were 1,723 patients waiting over 52 weeks compared with 1,462 in November 2019.</p>	<p><b>Number of patients waiting longer than 52 weeks</b></p>  <table border="1"> <caption>Number of patients waiting longer than 52 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&amp;CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>850</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>750</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>750</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>850</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul-19</td><td>900</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Aug-19</td><td>1000</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Sep-19</td><td>1100</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Oct-19</td><td>1250</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Nov-19</td><td>1462</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Dec-19</td><td>1723</td><td>150</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	850	0	0	0	Jan-19	800	0	0	0	Feb-19	750	0	0	0	Mar-19	700	0	0	0	Apr-19	750	0	0	0	May-19	800	0	0	0	Jun-19	850	0	0	0	Jul-19	900	0	0	0	Aug-19	1000	0	0	0	Sep-19	1100	0	0	0	Oct-19	1250	0	0	0	Nov-19	1462	0	0	0	Dec-19	1723	150	0	0	<ul style="list-style-type: none"> <li>• The actions relating to &gt;52 week patients are aligned with the plans for 36 week patients.</li> <li>• Top 15 longest waiting patients for each speciality have been reviewed and actions identified.</li> <li>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li> </ul>
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<p><b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. However, this level of performance has not been maintained in 2019/20.</p> <p>In December 2019, the percentage was 82.6%.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p>  <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&amp;CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>83%</td><td>92%</td><td>100%</td><td>100%</td></tr> <tr><td>Jan-19</td><td>84%</td><td>94%</td><td>100%</td><td>100%</td></tr> <tr><td>Feb-19</td><td>85%</td><td>93%</td><td>100%</td><td>100%</td></tr> <tr><td>Mar-19</td><td>84%</td><td>91%</td><td>100%</td><td>100%</td></tr> <tr><td>Apr-19</td><td>83%</td><td>91%</td><td>100%</td><td>100%</td></tr> <tr><td>May-19</td><td>83%</td><td>90%</td><td>100%</td><td>100%</td></tr> <tr><td>Jun-19</td><td>83%</td><td>90%</td><td>100%</td><td>100%</td></tr> <tr><td>Jul-19</td><td>82%</td><td>89%</td><td>100%</td><td>100%</td></tr> <tr><td>Aug-19</td><td>81%</td><td>88%</td><td>100%</td><td>100%</td></tr> <tr><td>Sep-19</td><td>80%</td><td>86%</td><td>100%</td><td>100%</td></tr> <tr><td>Oct-19</td><td>80%</td><td>85%</td><td>100%</td><td>100%</td></tr> <tr><td>Nov-19</td><td>80%</td><td>84%</td><td>100%</td><td>100%</td></tr> <tr><td>Dec-19</td><td>82.6%</td><td>83%</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	83%	92%	100%	100%	Jan-19	84%	94%	100%	100%	Feb-19	85%	93%	100%	100%	Mar-19	84%	91%	100%	100%	Apr-19	83%	91%	100%	100%	May-19	83%	90%	100%	100%	Jun-19	83%	90%	100%	100%	Jul-19	82%	89%	100%	100%	Aug-19	81%	88%	100%	100%	Sep-19	80%	86%	100%	100%	Oct-19	80%	85%	100%	100%	Nov-19	80%	84%	100%	100%	Dec-19	82.6%	83%	100%	100%	<ul style="list-style-type: none"> <li>• Plans as outlined in previous tables.</li> </ul>
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<p><b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In December 2019, there were 569 patients waiting over 8 weeks for specified diagnostics.</p> <p>The noticeable increase in breaches in December 2019 for Morriston was due to a significant increase of 340 breaches for Echo Cardiograms (from 222 in November 2019 to 562 in December 2019).</p> <p>In December 2019, there were 562 Cardiac breaches, 4 Physiological measurement breaches and 3 Cystoscopy breaches.</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p>  <table border="1"> <caption>Data for Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>540</td><td>10</td></tr> <tr><td>Jan-19</td><td>530</td><td>10</td></tr> <tr><td>Feb-19</td><td>450</td><td>10</td></tr> <tr><td>Mar-19</td><td>400</td><td>10</td></tr> <tr><td>Apr-19</td><td>380</td><td>10</td></tr> <tr><td>May-19</td><td>380</td><td>10</td></tr> <tr><td>Jun-19</td><td>280</td><td>10</td></tr> <tr><td>Jul-19</td><td>250</td><td>10</td></tr> <tr><td>Aug-19</td><td>330</td><td>10</td></tr> <tr><td>Sep-19</td><td>300</td><td>10</td></tr> <tr><td>Oct-19</td><td>220</td><td>10</td></tr> <tr><td>Nov-19</td><td>220</td><td>10</td></tr> <tr><td>Dec-19</td><td>569</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	Dec-18	540	10	Jan-19	530	10	Feb-19	450	10	Mar-19	400	10	Apr-19	380	10	May-19	380	10	Jun-19	280	10	Jul-19	250	10	Aug-19	330	10	Sep-19	300	10	Oct-19	220	10	Nov-19	220	10	Dec-19	569	10	<ul style="list-style-type: none"> <li>Endoscopy insourcing commenced with new Provider in December and working well, maintaining a Nil breach position.</li> <li>Cystoscopy capacity increased as a result of two new Urology consultants.</li> <li>Specific issue in ECHO Cardiology as a result of multiple staff sickness and vacancies. End of year recovery plan requested in January to address the suite of Cardiology diagnostics.</li> </ul>																																																																						
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<p><b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>There has been significant improvement in Therapy waiting times over the last financial year.</p> <p>In December 2019 there were no patients waiting over 14 weeks.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p>  <table border="1"> <caption>Data for Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Occ Therapy (MH)</th> <th>Occ Therapy (exc. MH)</th> <th>Audiology</th> <th>Speech &amp; Language</th> <th>Dietetics</th> <th>Phsyio</th> <th>Podiatry</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Aug-19</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Oct-19</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Dec-18	0	0	0	0	0	0	0	Jan-19	0	0	0	0	0	0	0	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	Jun-19	0	0	0	0	0	0	0	Jul-19	0	0	0	0	0	0	0	Aug-19	1	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	0	1	0	0	0	0	Nov-19	0	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	0	<ul style="list-style-type: none"> <li>Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.</li> </ul>
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<p><b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i></p>	<p>December 2019 figures will be finalised on the 4<sup>th</sup> February 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches across the Health Board in January 2020:</p> <ul style="list-style-type: none"> <li>• Head &amp; Neck: 5 (1 suspected)</li> <li>• Other: 1</li> <li>• Urological: 1</li> <li>• Lower GI: 1</li> <li>• Breast: 1</li> </ul> <p>(4 pathways to be validated)</p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <table border="1"> <caption>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>Singleton (%)</th> <th>NPTH (%)</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>Jan-19</td><td>90</td><td>90</td><td>95</td></tr> <tr><td>Feb-19</td><td>90</td><td>90</td><td>95</td></tr> <tr><td>Mar-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Apr-19</td><td>80</td><td>90</td><td>95</td></tr> <tr><td>May-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Jun-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Jul-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Aug-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Sep-19</td><td>85</td><td>90</td><td>95</td></tr> <tr><td>Oct-19</td><td>90</td><td>90</td><td>95</td></tr> <tr><td>Nov-19</td><td>90</td><td>90</td><td>95</td></tr> <tr><td>Dec-19</td><td>85</td><td>90</td><td>95</td></tr> </tbody> </table>	Month	Morriston (%)	Singleton (%)	NPTH (%)	Dec-18	95	95	95	Jan-19	90	90	95	Feb-19	90	90	95	Mar-19	85	90	95	Apr-19	80	90	95	May-19	85	90	95	Jun-19	85	90	95	Jul-19	85	90	95	Aug-19	85	90	95	Sep-19	85	90	95	Oct-19	90	90	95	Nov-19	90	90	95	Dec-19	85	90	95	<ul style="list-style-type: none"> <li>• Two Anaesthetists appointed following interviews held on December 16th.</li> <li>• Chemotherapy waiting times: additional nurses have been appointed to maximise use of chair time available in the Chemotherapy Day Unit – aiming to have establishment in place by mid- January which will provide some support.</li> <li>• Ward 12 in Singleton reopened on 3rd January 2020</li> </ul>
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<p><b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i></p>	<p>December 2019 figures will be finalised on the 4<sup>th</sup> February 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 62 days. At the time of writing this report there are 9 breaches in total across the Health Board in January 2020:</p> <ul style="list-style-type: none"> <li>• Lower GI: 2</li> <li>• Haematological: 1</li> <li>• Breast: 1</li> <li>• Gynaecological: 1</li> <li>• Lung: 1</li> <li>• Sarcoma: 1 (suspected)</li> <li>• Upper Gastrointestinal: 1</li> <li>• Urological: 1</li> </ul> <p>(2 pathways to be validated)</p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <table border="1"> <caption>Percentage of USC patients starting treatment within 62 days of receipt of referral</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>Singleton (%)</th> <th>NPTH (%)</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>90</td><td>90</td><td>90</td></tr> <tr><td>Jan-19</td><td>90</td><td>85</td><td>95</td></tr> <tr><td>Feb-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Mar-19</td><td>90</td><td>90</td><td>95</td></tr> <tr><td>Apr-19</td><td>90</td><td>85</td><td>95</td></tr> <tr><td>May-19</td><td>90</td><td>70</td><td>95</td></tr> <tr><td>Jun-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Jul-19</td><td>90</td><td>80</td><td>20</td></tr> <tr><td>Aug-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Sep-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Oct-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Nov-19</td><td>90</td><td>80</td><td>95</td></tr> <tr><td>Dec-19</td><td>90</td><td>80</td><td>95</td></tr> </tbody> </table>	Month	Morriston (%)	Singleton (%)	NPTH (%)	Dec-18	90	90	90	Jan-19	90	85	95	Feb-19	90	80	95	Mar-19	90	90	95	Apr-19	90	85	95	May-19	90	70	95	Jun-19	90	80	95	Jul-19	90	80	20	Aug-19	90	80	95	Sep-19	90	80	95	Oct-19	90	80	95	Nov-19	90	80	95	Dec-19	90	80	95	<ul style="list-style-type: none"> <li>• Implementation of a new Neck Lump Pathway is delayed due to the sickness of ENT Consultant/Clinical Lead - returning to work on a phased basis from mid-November, further discussions needed in conjunction with CD Radiology to agree a way forward.</li> <li>• Regular weekly straight to test Endoscopy sessions allocated to acting Consultants job plan. This will enable us to manage the USC demand in a more streamlined and efficient way through re direction to Endoscopy rather than OPD appointment.</li> <li>• Royal College approval for 2<sup>nd</sup> Sarcoma Consultant was received 9<sup>th</sup> Jan 2020. Post can now proceed to advert.</li> </ul>
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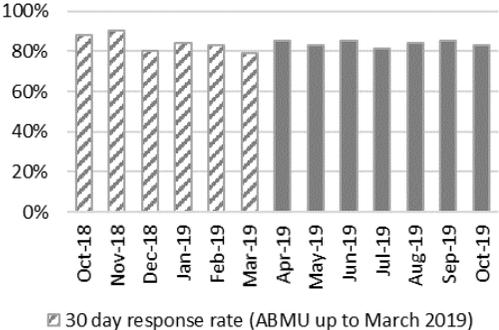
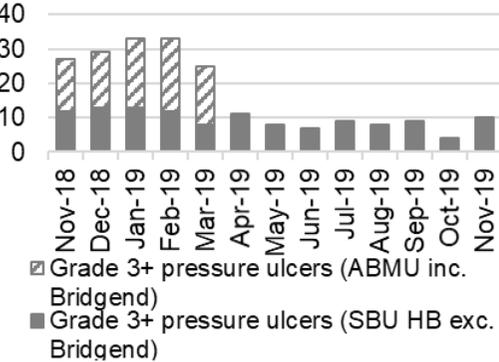
Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed follow-ups</b>  <i>The number patients delayed past their target date for a follow-up</i></p>	<p>In December 2019 there was a total of 44,928 patients waiting for a follow-up past their target date. This is a 3% increase compared with November 2019 (from 43,648 to 44,928).</p> <p>Of the 44,928 delayed follow-ups in December 2019, 14,671 had appointment dates and 30,257 were still waiting for an appointment. In addition, 20,579 were waiting 100%+ over target date in December 2019. This is a 0.4% increase when compared with November 2019.</p> <p>In December 2019, the overall size of the follow-up waiting list increased by 0.5% compared with November 2019 (from 130,648 to 131,263).</p>	<p><b>Delayed follow-ups: Planned Care specialties</b></p>  <p><b>Delayed follow-ups: Number of patients waiting over target date</b></p> 	<ul style="list-style-type: none"> <li>To date the current validation team have removed over 5,000 over target delayed follow-up patients.</li> <li>DNA Policy review and Communications - Steps are being taken to support a co-productive approach to the campaign</li> <li>Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODT development in Cwmtawe Cluster (Mar-20).</li> <li>Participation in National Outpatient Modernisation Board.</li> <li>Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc.</li> <li>Formal Project management approaches are being rolled out across the board to increase support to deliver year-end targets.</li> </ul>

## 9. QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> <li>32 cases of <i>E. coli</i> bacteraemia were identified in December 2019. This was 2 cases below the monthly IMTP profile of 34 cases, and is approximately 19% below the number of cases in the equivalent period of 2018.</li> <li>63% of cases in December were considered community acquired Infections.</li> <li>In 45% of all cumulative cases, the urinary tract was identified as the primary source of the infection.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <p>Legend:  <span style="display:inline-block; width:10px; height:10px; border:1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, grey 2px, grey 4px);"></span> Number E.Coli Cases Bridgend  <span style="display:inline-block; width:10px; height:10px; background-color: grey;"></span> Number E.Coli cases SBU UHB (exc. POWH)  <span style="display:inline-block; width:10px; height:10px; border-bottom: 2px solid red;"></span> Profile</p>	<ul style="list-style-type: none"> <li>Continue with initiatives to reduce presence of invasive devices across the Health Board.</li> <li>Support Primary Care to develop a process relating to the reporting via Datix of community acquired bacteraemia – by 31 March 2020.</li> <li>Paper on funding requirements to meet the National Minimum Standards for Cleaning to be presented to next Senior Leadership Team meeting – February 2020.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>
<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</p>	<ul style="list-style-type: none"> <li>11 cases of <i>Staph. aureus</i> bacteraemia in December 2019 - 4 cases below the projected monthly IMTP profile of 15 cases; 3% more than the number of cases in the same period in 2018/19</li> <li>64% of cases in December were hospital acquired infections (HAI). There was one case of MRSA bacteraemia, associated with Singleton Hospital, during December.</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p> <p>Legend:  <span style="display:inline-block; width:10px; height:10px; border:1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, grey 2px, grey 4px);"></span> Number S.Aureus Cases Bridgend  <span style="display:inline-block; width:10px; height:10px; background-color: grey;"></span> Number S.Aureus cases SB UHB (exc. POWH)  <span style="display:inline-block; width:10px; height:10px; border-bottom: 2px solid red;"></span> Profile</p>	<ul style="list-style-type: none"> <li>Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																				
<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 11 <i>Clostridium difficile</i> toxin positive cases in December. This was 1 case below the IMTP projected profile (12 cases), and was approximately 7% fewer cases when compared to the same reporting period in 2018/19</li> <li>64% of the cases in December were considered to be hospital acquired. Of these, 43% were associated with Morriston Hospital, 43% with Singleton Hospital, and 14% with Neath Port Talbot.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Bridgend</th> <th>SB UHB (exc. POWH)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>16</td><td>11</td><td>16</td></tr> <tr><td>Jan-19</td><td>7</td><td>7</td><td>12</td></tr> <tr><td>Feb-19</td><td>7</td><td>5</td><td>12</td></tr> <tr><td>Mar-19</td><td>8</td><td>5</td><td>12</td></tr> <tr><td>Apr-19</td><td>3</td><td>11</td><td>17</td></tr> <tr><td>May-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Jun-19</td><td>13</td><td>10</td><td>15</td></tr> <tr><td>Jul-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Aug-19</td><td>19</td><td>10</td><td>9</td></tr> <tr><td>Sep-19</td><td>17</td><td>10</td><td>12</td></tr> <tr><td>Oct-19</td><td>17</td><td>11</td><td>12</td></tr> <tr><td>Nov-19</td><td>11</td><td>11</td><td>12</td></tr> <tr><td>Dec-19</td><td>11</td><td>11</td><td>14</td></tr> <tr><td>Jan-20</td><td></td><td></td><td>11</td></tr> <tr><td>Feb-20</td><td></td><td></td><td>14</td></tr> <tr><td>Mar-20</td><td></td><td></td><td>11</td></tr> </tbody> </table>	Month	Bridgend	SB UHB (exc. POWH)	Profile	Dec-18	16	11	16	Jan-19	7	7	12	Feb-19	7	5	12	Mar-19	8	5	12	Apr-19	3	11	17	May-19	10	10	12	Jun-19	13	10	15	Jul-19	10	10	12	Aug-19	19	10	9	Sep-19	17	10	12	Oct-19	17	11	12	Nov-19	11	11	12	Dec-19	11	11	14	Jan-20			11	Feb-20			14	Mar-20			11	<ul style="list-style-type: none"> <li>ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.</li> <li>Ultraviolet-C technology now available in all major acute sites from January 2020.</li> <li>Continue with recently established multi-professional, board-wide <i>C. difficile</i> Control Group, which meets bi-weekly initially.</li> <li>National Standards of Cleanliness hours are being reviewed, with a paper to be taken to Senior Leadership Team in February 2020.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>
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<p><b>Serious Incidents-</b> <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<ul style="list-style-type: none"> <li>The Health Board reported 20 Serious Incidents for the month of December 2019 to Welsh Government.</li> <li>The last Never Event reported was on 16<sup>th</sup> December 2019.</li> <li>In December 2019, the performance against the 80% target of submitting closure forms within 60 working days was 37.5%. 16 investigations were due to be concluded in December 2019, however only 6 closure forms were submitted with the 60 working days.</li> </ul>	<p><b>Serious incidents closed within 60 days</b></p> <table border="1"> <caption>Serious incidents closed within 60 days</caption> <thead> <tr> <th>Month</th> <th>ABMU (inc. Bridgend)</th> <th>SB UHB (exc. Bridgend)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>88%</td><td>80%</td><td>80%</td></tr> <tr><td>Jan-19</td><td>70%</td><td>65%</td><td>80%</td></tr> <tr><td>Feb-19</td><td>65%</td><td>40%</td><td>80%</td></tr> <tr><td>Mar-19</td><td>42%</td><td>12%</td><td>80%</td></tr> <tr><td>Apr-19</td><td>70%</td><td>40%</td><td>80%</td></tr> <tr><td>May-19</td><td>12%</td><td>60%</td><td>80%</td></tr> <tr><td>Jun-19</td><td>40%</td><td>70%</td><td>80%</td></tr> <tr><td>Jul-19</td><td>60%</td><td>20%</td><td>80%</td></tr> <tr><td>Aug-19</td><td>55%</td><td>48%</td><td>80%</td></tr> <tr><td>Sep-19</td><td>20%</td><td>55%</td><td>80%</td></tr> <tr><td>Oct-19</td><td>48%</td><td>38%</td><td>80%</td></tr> <tr><td>Nov-19</td><td>55%</td><td>38%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>38%</td><td>38%</td><td>80%</td></tr> <tr><td>Jan-20</td><td></td><td></td><td>80%</td></tr> <tr><td>Feb-20</td><td></td><td></td><td>80%</td></tr> <tr><td>Mar-20</td><td></td><td></td><td>80%</td></tr> </tbody> </table>	Month	ABMU (inc. Bridgend)	SB UHB (exc. Bridgend)	Profile	Dec-18	88%	80%	80%	Jan-19	70%	65%	80%	Feb-19	65%	40%	80%	Mar-19	42%	12%	80%	Apr-19	70%	40%	80%	May-19	12%	60%	80%	Jun-19	40%	70%	80%	Jul-19	60%	20%	80%	Aug-19	55%	48%	80%	Sep-19	20%	55%	80%	Oct-19	48%	38%	80%	Nov-19	55%	38%	80%	Dec-19	38%	38%	80%	Jan-20			80%	Feb-20			80%	Mar-20			80%	<ul style="list-style-type: none"> <li>Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board plus we now report on all MH &amp; LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit has developed an improvement action plan for MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality.</li> <li>Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.</li> </ul>
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<p><b>30 day response rate for concerns-</b> <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<ul style="list-style-type: none"> <li>The overall Health Board response rate for responding to concerns within 30 working days was 83% in October 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery Units to monitor compliance of the Health Board target of 80%.</li> </ul>	<p><b>Response rate for concerns within 30 days</b></p>  <p>30 day response rate (ABMU up to March 2019)</p>	<ul style="list-style-type: none"> <li>Performance is discussed at all Unit performance meetings.</li> <li>'Once for Wales' new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.</li> <li>Ombudsman and Once for Wales training for Governance Teams based on themes and trends completed in the Units.</li> <li>Learning Event to be held in March 2020 during Patient Safety Week to ensure learning from Complaints and Ombudsman cases to be cascaded throughout the Health Board.</li> </ul>
<p><b>Number of pressure ulcers</b> <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i></p>	<ul style="list-style-type: none"> <li>In November 2019, there were 53 cases of healthcare acquired pressure ulcers, of which 31 were community acquired and 22 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in November 2019 was 10. Of which 8 were community acquired and 2 were hospital acquired.</li> </ul>	<p><b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b></p>  <p>Grade 3+ pressure ulcers (ABMU inc. Bridgend) Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</p>	<ul style="list-style-type: none"> <li>PUPSG meet quarterly and continue to steer the organisations pressure ulcer prevention work. The next meeting will be in Feb 2020</li> <li>Welsh Risk Pool are assisting SDU's to assurance rate their strategic quality improvement plans (SQulP's) to ensure that their work streams are effective in reducing risk.</li> <li>A SQulP development event was held in December and another is planned for February</li> <li>NPTH is now using PURPOSE T risk assessment. Complete roll out of PURPOSE T to all in-patient areas is on target to be complete by May 2020</li> </ul>

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<p><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 297 in December 2019 compared with 240 in November 2019.</li> <li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li> <li>Serious Incidents, Falls resulting in severe harm / Death 2018= 17, 2019= 10.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Inpatient Falls (POWH)</th> <th>Inpatient Falls (SBU HB exc. POWH)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>280</td><td>280</td><td>280</td></tr> <tr><td>Jan-19</td><td>320</td><td>320</td><td>280</td></tr> <tr><td>Feb-19</td><td>280</td><td>280</td><td>280</td></tr> <tr><td>Mar-19</td><td>320</td><td>280</td><td>280</td></tr> <tr><td>Apr-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>May-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Jun-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Jul-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Aug-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Sep-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Oct-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Nov-19</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Dec-19</td><td>240</td><td>297</td><td>280</td></tr> <tr><td>Jan-20</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Feb-20</td><td>240</td><td>240</td><td>280</td></tr> <tr><td>Mar-20</td><td>240</td><td>240</td><td>280</td></tr> </tbody> </table>	Month	Inpatient Falls (POWH)	Inpatient Falls (SBU HB exc. POWH)	Profile	Dec-18	280	280	280	Jan-19	320	320	280	Feb-19	280	280	280	Mar-19	320	280	280	Apr-19	240	240	280	May-19	240	240	280	Jun-19	240	240	280	Jul-19	240	240	280	Aug-19	240	240	280	Sep-19	240	240	280	Oct-19	240	240	280	Nov-19	240	240	280	Dec-19	240	297	280	Jan-20	240	240	280	Feb-20	240	240	280	Mar-20	240	240	280	<ul style="list-style-type: none"> <li>Policy and procedure for prevention and management of inpatient falls launched 2<sup>nd</sup> September. This included a Bulletin and Video on the intranet and screen savers to raise awareness.</li> <li>A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed. First draft will be trialed at Morriston &amp; Neath and Port Talbot Scrutiny panels with feedback to falls strategy group January 2020.</li> </ul>
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<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in December 2019, the percentage of completed discharge summaries was 65%.</p> <p>In December 2019, compliance ranged from 60% in Morriston Delivery Unit to 75% in Mental Health and Learning Disabilities Delivery Unit.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>% completed discharge summaries (SBU HB)</th> <th>% completed discharge summaries (ABMU HB)</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>60%</td><td>60%</td></tr> <tr><td>Jan-19</td><td>60%</td><td>60%</td></tr> <tr><td>Feb-19</td><td>60%</td><td>60%</td></tr> <tr><td>Mar-19</td><td>60%</td><td>60%</td></tr> <tr><td>Apr-19</td><td>65%</td><td>65%</td></tr> <tr><td>May-19</td><td>65%</td><td>65%</td></tr> <tr><td>Jun-19</td><td>65%</td><td>65%</td></tr> <tr><td>Jul-19</td><td>60%</td><td>60%</td></tr> <tr><td>Aug-19</td><td>60%</td><td>60%</td></tr> <tr><td>Sep-19</td><td>60%</td><td>60%</td></tr> <tr><td>Oct-19</td><td>60%</td><td>60%</td></tr> <tr><td>Nov-19</td><td>60%</td><td>60%</td></tr> <tr><td>Dec-19</td><td>65%</td><td>65%</td></tr> </tbody> </table>	Month	% completed discharge summaries (SBU HB)	% completed discharge summaries (ABMU HB)	Dec-18	60%	60%	Jan-19	60%	60%	Feb-19	60%	60%	Mar-19	60%	60%	Apr-19	65%	65%	May-19	65%	65%	Jun-19	65%	65%	Jul-19	60%	60%	Aug-19	60%	60%	Sep-19	60%	60%	Oct-19	60%	60%	Nov-19	60%	60%	Dec-19	65%	65%	<ul style="list-style-type: none"> <li>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.</li> <li>New software for producing Electronic Discharge Notifications is being introduced into SBUHB.</li> <li>Unit Medical Directors (UMDs) have been asked to consider how, and by whom, discharge summaries are completed and to invite members of the clinical teams other than doctors to contribute to them to ensure the highest quality and timely summary gets to the patient's GP. Clinical Nurse Specialists (CNS) are completing eToCs to a high standard in many specialties.</li> <li>The LMC Chair is involved in discussions regarding the problems caused by incomplete or late ETOCs</li> </ul>																										
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## 10. WORKFORCE UPDATES AND ACTIONS

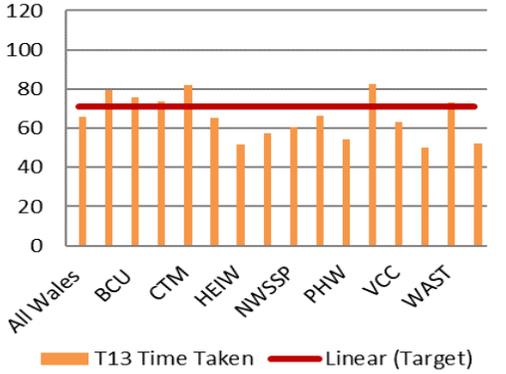
This section of the report provides further detail on key workforce measures.

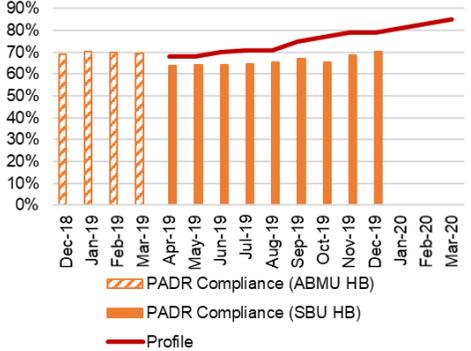
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<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> <li>Our in-month performance for November 2019 has increased from 6.36% in October 2019 to 6.48% in November 2019.</li> <li>The 12-month rolling performance to the end of November 2019 increased from 6.04% to 6.05%.</li> </ul>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</b></p> <table border="1"> <caption>Estimated data from the chart</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Dec-18</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Jan-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Feb-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Mar-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Apr-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>May-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Jun-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Jul-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Aug-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Sep-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Oct-19</td><td>6.04%</td><td>6.36%</td></tr> <tr><td>Nov-19</td><td>6.05%</td><td>6.48%</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Nov-18	6.04%	6.36%	Dec-18	6.04%	6.36%	Jan-19	6.04%	6.36%	Feb-19	6.04%	6.36%	Mar-19	6.04%	6.36%	Apr-19	6.04%	6.36%	May-19	6.04%	6.36%	Jun-19	6.04%	6.36%	Jul-19	6.04%	6.36%	Aug-19	6.04%	6.36%	Sep-19	6.04%	6.36%	Oct-19	6.04%	6.36%	Nov-19	6.05%	6.48%	<ul style="list-style-type: none"> <li>Further four MAAW training workshops to be delivered in January. To-date Swansea Bay has trained 643 managers on the new policy.</li> <li>A revised MAAW Health Board data scorecard has been developed and shared with Senior HRMs who will develop local scorecards based on the same performance areas.</li> <li>Further analysis of October's performance is being undertaken to identify if there was any effect on performance due to half term and the rugby world cup falling within October.</li> <li>Further discussions are taking place with operational managers from Health Records re the implementation of the early intervention process piloted within Morriston Facilities department, with a view to implement by the end of March 2020.</li> <li>Further implementation of the communication process used within the above pilot to take place.</li> <li>Operational Workforce team have completed the initial implementation of the "Adopt a Manager" approach following MAAW training. Workforce colleagues have been assigned managers from specific hot spot areas and will now be providing specific coaching and support back in the workplace following completion of training of managers</li> <li>Occupational Health (OH) Improvement Plan completed with targets for reductions in waiting times approved by Executive Board. Allied Health Professionals have been recruited to OH using Targeted Intervention (TI) monies, resulting in reduced waiting times for management referrals to three weeks for Doctors and Nurses. Scanning of all OH records has commenced to enable an e-record</li> </ul>
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			<p>by February 2020 with planned increased efficiencies.</p> <ul style="list-style-type: none"> <li>• Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, with first contact within 5 days (100+ referrals monthly) and expediting to MSk diagnostics and surgery when required. A business case has been developed to ensure continuation funding after Invest to Save funds end March 2020.</li> <li>• 350 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.</li> <li>• 'Menopause wellbeing workshops delivered across the main hospital sites, supporting the All Wales menopause Policy.</li> <li>• New pilot course delivered to staff aimed at reducing effects of stress related to experiencing trauma at work/home, based on EMDR therapy. Group traumatic episode protocol (G-Tep) allows staff to safely process distressing emotions over 2 x 1 hour sessions. Results of the pilot show a significant reduction in symptoms of 13 staff in the cohort of 16. Plans to roll out wider are being developed.</li> <li>• 2019/20 Staff Flu campaign has commenced with refreshed marketing and promotion campaign from Communications department with support from Charitable Funds. At the end of week 8 (22/11/19), 4575 vaccinations had been administered with 52% of frontline staff having been vaccinated.</li> </ul>
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<p><b>Mandatory &amp; Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</b></p>	<ul style="list-style-type: none"> <li>Over the past month compliance against the 13 core competencies has seen a slight increase from 80.68% to 80.85%. This is a 0.17% increase from the previous month and a 4.15% rise since April 2019.</li> <li>This takes into account both current employees who are maintaining their compliance as well as those who are new to the Health Board.</li> <li>Medical &amp; Dental are currently the lowest performing area, which stands at 43.60% compliance.</li> <li>Other than Medical and Dental there are only two remaining areas that fall below the 85% benchmark. These are; Administration and Clerical: 84.24% and Estates and Ancillary: 67.25%</li> <li>Allied Health Professionals remain the highest performing area, which stands at 91.93%</li> </ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <table border="1"> <caption>Data for % of compliance with Core Skills and Training Framework</caption> <thead> <tr> <th>Month</th> <th>% Level 1 compliance (ABMU HB)</th> <th>% Level 1 compliance (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>75%</td><td>75%</td></tr> <tr><td>Jan-19</td><td>75%</td><td>75%</td></tr> <tr><td>Feb-19</td><td>75%</td><td>75%</td></tr> <tr><td>Mar-19</td><td>75%</td><td>75%</td></tr> <tr><td>Apr-19</td><td>75%</td><td>75%</td></tr> <tr><td>May-19</td><td>75%</td><td>75%</td></tr> <tr><td>Jun-19</td><td>75%</td><td>75%</td></tr> <tr><td>Jul-19</td><td>75%</td><td>75%</td></tr> <tr><td>Aug-19</td><td>75%</td><td>75%</td></tr> <tr><td>Sep-19</td><td>75%</td><td>75%</td></tr> <tr><td>Oct-19</td><td>75%</td><td>75%</td></tr> <tr><td>Nov-19</td><td>75%</td><td>75%</td></tr> <tr><td>Dec-19</td><td>75%</td><td>75%</td></tr> <tr><td>Jan-20</td><td>75%</td><td>75%</td></tr> <tr><td>Feb-20</td><td>75%</td><td>75%</td></tr> <tr><td>Mar-20</td><td>75%</td><td>75%</td></tr> </tbody> </table>	Month	% Level 1 compliance (ABMU HB)	% Level 1 compliance (SBU HB)	Dec-18	75%	75%	Jan-19	75%	75%	Feb-19	75%	75%	Mar-19	75%	75%	Apr-19	75%	75%	May-19	75%	75%	Jun-19	75%	75%	Jul-19	75%	75%	Aug-19	75%	75%	Sep-19	75%	75%	Oct-19	75%	75%	Nov-19	75%	75%	Dec-19	75%	75%	Jan-20	75%	75%	Feb-20	75%	75%	Mar-20	75%	75%	<ul style="list-style-type: none"> <li>E-learning drop in sessions are continuing across the current Health Board and all sites on a regular basis, information has been posted on the main intranet page and sent to areas where low ESR Mandatory &amp; Statutory training compliance occurs.</li> <li>Follow up meeting is planned for Feb-20 to discuss the recording of face to face Mandatory training</li> <li>All relevant Subject Matter Experts are continuing to examine the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. A meeting will be held in February to review this.</li> <li>Identification of essential training within pilot areas is planned that will identify essential training required above the corporate requirements. This will also reduce the number of active position numbers within ESR currently over 7000. Pilot areas identified are Midwifery, Radiology, Physiotherapy and Speech &amp; Language together with the ESR Team. Some preliminary meetings have been held and will continue throughout the year. Other issues that have been identified so far concentrates on required training, competencies that may be in need to being created and to ensure subject areas are recorded.</li> <li>Meetings are being held via Shared Services regarding the working of IAT for Mandatory training which transfers training records when staff change from one NHS organisation to another and will reduce the need to complete Mandatory training unnecessarily. Following on from an all-Wales Workshop on IAT, further work is being completed to understand what each section within the recruitment processes needs to work together to ensure any IAT for NHS employed staff can have their information transferred automatically</li> </ul>
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<b>Vacancies</b> <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"> <li>Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:</li> <li>EU Nurses employed at Band 5 = 70</li> <li>Philippine nurses arrived in 17/18 &amp; employed at Band 5 = 30</li> <li>Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team.</li> <li>11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme.</li> <li>A further 13 of our HCSW's are currently undertaking a 2 year master's programme.</li> </ul>	<b>Vacancies as at Oct/Nov/Dec 2019.</b>	<ul style="list-style-type: none"> <li>Currently exploring further options of nurses from Dubai and India. We have agreed to extend the HCL contract until August 2020 who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.</li> <li>We are developing a WG Invest to Save bid to significantly increase the number of nurses we are recruiting per month from abroad in line with the KPMG recommendations.</li> <li>Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February. This is due for discussion at the May Local Nursing Committee (LNC) with regular updates to the Workforce &amp; OD Committee.</li> <li>Successfully participated in the November 19 Bapio initiative and successfully recruited 25 doctors.</li> <li>Working with Medacs and other Agencies to secure permanent recruit to a number of hard to fill medical posts.</li> </ul>																																																																																
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<p><b>Recruitment</b> <i>Metrics provided by NWSSP. Comparison with all-Wales benchmarking</i></p>	<ul style="list-style-type: none"> <li>Swansea Bay UHB overall performance has increased in December 2019. The main internal and external KPIs show very little movement but the time from Notice to Vacancy creation increased from 40 to 62 days. This is part will be attributed to SBU internal vacancy control and delays in managers obtaining approval to start the recruitment process.</li> </ul>	<p><b>Vacancy Creation to Unconditional Offer October 2019 (working days: including outliers) T13</b></p>  <table border="1"> <caption>T13 Time Taken Data</caption> <thead> <tr> <th>Unit</th> <th>T13 Time Taken (Days)</th> <th>Linear Target (Days)</th> </tr> </thead> <tbody> <tr><td>All Wales</td><td>65</td><td>70</td></tr> <tr><td>BCU</td><td>75</td><td>70</td></tr> <tr><td>CTM</td><td>70</td><td>70</td></tr> <tr><td>HEIW</td><td>65</td><td>70</td></tr> <tr><td>NWSSP</td><td>55</td><td>70</td></tr> <tr><td>PHW</td><td>60</td><td>70</td></tr> <tr><td>VCC</td><td>75</td><td>70</td></tr> <tr><td>WAST</td><td>50</td><td>70</td></tr> </tbody> </table>	Unit	T13 Time Taken (Days)	Linear Target (Days)	All Wales	65	70	BCU	75	70	CTM	70	70	HEIW	65	70	NWSSP	55	70	PHW	60	70	VCC	75	70	WAST	50	70	<ul style="list-style-type: none"> <li>Outlier data is passed to Delivery Units for review.</li> <li>If Outliers (activity well outside the normal expected timescale) are excluded SBU HB remains under the 71 day target. Action to sanitise the data will improve accuracy of the reports.</li> </ul>																	
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<p><b>Turnover</b> <i>% turnover by occupational group</i></p>	<ul style="list-style-type: none"> <li>After a period of little change overall turnover headcount turnover has dropped to close to 7.5% FTE turnover has reduced again and is now below 8%.</li> <li>After Nurse headcount increasing in the last four months to close to 9.5%, the figure has reduced to close to 9.0%</li> </ul>	<p><b>Period Turnover Rate - 01 January 2019 - 31 December 2019</b></p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr><td>Add Prof Scientific and Technic</td><td>7.58%</td><td>8.96%</td><td>↓</td></tr> <tr><td>Additional Clinical Services</td><td>6.01%</td><td>6.27%</td><td>↓</td></tr> <tr><td>Administrative and Clerical</td><td>8.42%</td><td>8.63%</td><td>↓</td></tr> <tr><td>Allied Health Professionals</td><td>8.10%</td><td>8.23%</td><td>↑</td></tr> <tr><td>Estates and Ancillary</td><td>5.25%</td><td>5.15%</td><td>↓</td></tr> <tr><td>Healthcare Scientists</td><td>6.21%</td><td>6.59%</td><td>↓</td></tr> <tr><td>Medical and Dental</td><td>9.26%</td><td>10.11%</td><td>↑</td></tr> <tr><td>Nursing and Midwifery Registered</td><td>8.47%</td><td>9.04%</td><td>↓</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Overall Rate</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr><td>Overall Rate</td><td>7.58%</td><td>7.93%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	7.58%	8.96%	↓	Additional Clinical Services	6.01%	6.27%	↓	Administrative and Clerical	8.42%	8.63%	↓	Allied Health Professionals	8.10%	8.23%	↑	Estates and Ancillary	5.25%	5.15%	↓	Healthcare Scientists	6.21%	6.59%	↓	Medical and Dental	9.26%	10.11%	↑	Nursing and Midwifery Registered	8.47%	9.04%	↓	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.58%	7.93%	↓	<ul style="list-style-type: none"> <li>Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis.</li> </ul>
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<p><b>PADR</b> <i>% staff who have a current PADR review recorded</i></p>	<ul style="list-style-type: none"> <li>Staff who have had a Personal Appraisal and Development Review (PADR) as of Dec 2019 stands at 70.12%. This is an increase of 1.30% from the last reported figure of 68.82%</li> <li>Estates and Ancillaries have seen an increase from 52.60% to 56.85%, which is an increase of 4.25%. Whilst there is currently a month on month increase, Estates and Ancillaries are currently the lowest performing area.</li> <li>Allied Health Professionals currently stand as the highest performing area with 79.24%</li> </ul>	<p><b>% of staff who have had a PADR in previous 12 months</b></p>  <table border="1"> <caption>Data for PADR Compliance Chart</caption> <thead> <tr> <th>Month</th> <th>PADR Compliance (ABMU HB)</th> <th>PADR Compliance (SBU HB)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Jan-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Feb-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Mar-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Apr-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>May-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Jun-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Jul-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Aug-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Sep-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Oct-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Nov-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Dec-19</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Jan-20</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Feb-20</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> <tr><td>Mar-20</td><td>70.12%</td><td>68.82%</td><td>68.82%</td></tr> </tbody> </table>	Month	PADR Compliance (ABMU HB)	PADR Compliance (SBU HB)	Profile	Dec-18	70.12%	68.82%	68.82%	Jan-19	70.12%	68.82%	68.82%	Feb-19	70.12%	68.82%	68.82%	Mar-19	70.12%	68.82%	68.82%	Apr-19	70.12%	68.82%	68.82%	May-19	70.12%	68.82%	68.82%	Jun-19	70.12%	68.82%	68.82%	Jul-19	70.12%	68.82%	68.82%	Aug-19	70.12%	68.82%	68.82%	Sep-19	70.12%	68.82%	68.82%	Oct-19	70.12%	68.82%	68.82%	Nov-19	70.12%	68.82%	68.82%	Dec-19	70.12%	68.82%	68.82%	Jan-20	70.12%	68.82%	68.82%	Feb-20	70.12%	68.82%	68.82%	Mar-20	70.12%	68.82%	68.82%	<ul style="list-style-type: none"> <li>With Pay Progression changing as of April 2020, a working group has been set-up to look at the impact of this, with regards to the PADR Policy, guidelines and paperwork. There will also be discussions had on the basis of placing PADR paperwork onto ESR.</li> <li>The NWSSP are yet to provide guidance on the Pay Progression policy.</li> <li>Work is being completed from various HB's in Wales regarding PADR paperwork. The idea is to create a generic PADR document to be used across NHS Wales, which can be adapted at HB level to include values.</li> <li>In anticipation of Pay Progression information, the PADR policy review meeting will be delayed until relevant details that are pertinent to completing the review in the most robust way possible.</li> <li>PADR training continues to be delivered as part of the Managers Pathway as well as the wider Learning &amp; OD portfolio. Reviews of the training will be determined by the outcome of the Pay Progression Policy as well as any PADR paperwork developments including the transition over into ESR.</li> <li>Recent evaluations of PADR training have been very positive with managers being appreciative of the guidance they have received.</li> <li>The continuing difficulties in implementing Supervisor Self Service will have implications in the eventuality of PADR paperwork being ESR driven.</li> <li>The results of the deep dives on Estates and facilities are yet to be explored. That said, there are and have been additional PADR training sessions put on for Estates staff.</li> </ul>
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<p><b>Operational Casework</b> Number of current operational cases.</p>	<ul style="list-style-type: none"> <li>There has been a steady and noticeable reduction in live Employee Relations (ER) cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016.</li> <li>There has been a reduction in both Disciplinary cases over time. Numbers of grievances continue to reduce.</li> </ul>	<p><b>Number of Operational Cases</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Number of Disciplinary cases</li> <li>Staff suspended (inc. suspended &gt; 6 mths)</li> <li>Staff suspended &gt; 6mths</li> <li>Cases continuing &gt; 2yrs</li> <li>Dignity at work</li> <li>Grievances</li> <li>ET's</li> <li>Capability</li> <li>Whistleblowing</li> </ul>	<ul style="list-style-type: none"> <li>ER Tracking System has now gone live following resolution of the IG issues identified.</li> <li>The IO team has started work and cases are now being allocated to them for action.</li> <li>Following ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment a summary post events is being prepared.</li> </ul>

## 11. FINANCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period																		
<p><b>Revenue Financial Position – expenditure incurred against revenue resource limit</b></p>	<ul style="list-style-type: none"> <li>The reported revenue financial position for December 2019 is an in-month overspend of £1.256m, resulting in a cumulative overspend of £11.1m.</li> <li>The key drivers of the overspend continue to be workforce and ChC pressures, Savings Delivery Slippage and Diseconomies of Scale following Bridgend Boundary Change.</li> </ul>	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20</p> <table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20 - Reported Variance</caption> <thead> <tr> <th>Month</th> <th>Reported Variance (£,000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>875</td></tr> <tr><td>M3</td><td>1,037</td></tr> <tr><td>M5</td><td>1,295</td></tr> <tr><td>M7</td><td>1,250</td></tr> <tr><td>M9</td><td>1,192</td></tr> <tr><td>M11</td><td>1,256</td></tr> </tbody> </table>	Month	Reported Variance (£,000)	M1	875	M3	1,037	M5	1,295	M7	1,250	M9	1,192	M11	1,256	<ul style="list-style-type: none"> <li>KPMG to support analysis of key cost drivers, enhance grip and control and support the identification and delivery of further opportunities.</li> <li>Delivery Support Team is working with Units to assist in delivery of savings and recovery actions.</li> <li>Review of non-recurrent opportunities.</li> </ul>				
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<p><b>Forecast Position – delivery of a breakeven position</b></p>	<ul style="list-style-type: none"> <li>The year-end forecast was re-assessed in P8 from financial balance to a deficit of £12.3m, which reflected the in-year operational pressures and also further actions to improve financial performance.</li> <li>The P9 position was £0.6m above the forecast trajectory. The key movements from forecast were : <ul style="list-style-type: none"> <li>Activity related income loss due to operational pressures;</li> <li>Secondary Care drugs linked to ophthalmology and operational pressures;</li> <li>Agreed improvement actions not being fully delivered.</li> </ul> </li> </ul>	<p>Month</p> <table border="1"> <caption>Forecast Deficit and Outturn</caption> <thead> <tr> <th>Month</th> <th>Forecast Deficit (£,000)</th> <th>Outturn (£,000)</th> </tr> </thead> <tbody> <tr><td>P08</td><td>-9,845</td><td>-9,845</td></tr> <tr><td>P09</td><td>-11,101</td><td>-10,465</td></tr> <tr><td>P10</td><td>-11,076</td><td></td></tr> <tr><td>P11</td><td>-11,607</td><td></td></tr> <tr><td>P12</td><td>-12,300</td><td></td></tr> </tbody> </table>	Month	Forecast Deficit (£,000)	Outturn (£,000)	P08	-9,845	-9,845	P09	-11,101	-10,465	P10	-11,076		P11	-11,607		P12	-12,300		<ul style="list-style-type: none"> <li>Focus on the delivery of the improvement actions and identify further actions if unable to deliver in full.</li> <li>Seek alternative recurrent and non-recurrent opportunities to ensure the £12.3m forecast is able to be met.</li> </ul>
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<p><b>Savings Delivery</b> – Performance against the £21.3m savings requirement</p>	<ul style="list-style-type: none"> <li>The Health Board financial plan set out a requirement to identify and deliver £21.3m.</li> <li>The forecast delivery against the planned savings is £19.8m, which is below the plan savings requirement and does not provide mitigation of the operational pressures.</li> </ul>	<table border="1"> <caption>Savings Delivery Trend</caption> <thead> <tr> <th>Month</th> <th>Active</th> <th>In-Progress</th> <th>Pipeline Ideas</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>877</td> <td></td> <td></td> <td></td> </tr> <tr> <td>June</td> <td>900</td> <td></td> <td></td> <td></td> </tr> <tr> <td>August</td> <td>1,243</td> <td></td> <td></td> <td></td> </tr> <tr> <td>October</td> <td>1,501</td> <td></td> <td></td> <td></td> </tr> <tr> <td>December</td> <td>1,850</td> <td></td> <td></td> <td></td> </tr> <tr> <td>February</td> <td>1,829</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Month	Active	In-Progress	Pipeline Ideas	Unidentified	April	877				June	900				August	1,243				October	1,501				December	1,850				February	1,829				<ul style="list-style-type: none"> <li>Further review and assessment of delivery confidence through KPMG.</li> <li>Delivery Support Team focus on planned scheme slippage and support actions to rectify or reduce slippage.</li> <li>Further work to develop the pipeline of scheme/opportunities to be taken forward.</li> </ul>																																																								
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<p><b>Workforce Spend</b> – workforce expenditure profile</p>	<ul style="list-style-type: none"> <li>Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change.</li> <li>The overall workforce expenditure remained broadly static in P9.</li> <li>The decrease in variable pay reflects the weekly and enhancement profiling and the impact of Christmas annual leave restrictions.</li> </ul>	<table border="1"> <caption>Variable Pay Expenditure This Year and Last Year</caption> <thead> <tr> <th>Period</th> <th>Bank</th> <th>Overtime</th> <th>Agency - Non Medical</th> <th>Agency - Medical</th> <th>W/LI</th> <th>Irregular Sessions</th> </tr> </thead> <tbody> <tr><td>P01</td><td>800,000</td><td>300,000</td><td>1,000,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P02</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P03</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P04</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P05</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P06</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P07</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P08</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P09</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P10</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P11</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> <tr><td>P12</td><td>700,000</td><td>400,000</td><td>1,200,000</td><td>200,000</td><td>100,000</td><td>100,000</td></tr> </tbody> </table>	Period	Bank	Overtime	Agency - Non Medical	Agency - Medical	W/LI	Irregular Sessions	P01	800,000	300,000	1,000,000	200,000	100,000	100,000	P02	700,000	400,000	1,200,000	200,000	100,000	100,000	P03	700,000	400,000	1,200,000	200,000	100,000	100,000	P04	700,000	400,000	1,200,000	200,000	100,000	100,000	P05	700,000	400,000	1,200,000	200,000	100,000	100,000	P06	700,000	400,000	1,200,000	200,000	100,000	100,000	P07	700,000	400,000	1,200,000	200,000	100,000	100,000	P08	700,000	400,000	1,200,000	200,000	100,000	100,000	P09	700,000	400,000	1,200,000	200,000	100,000	100,000	P10	700,000	400,000	1,200,000	200,000	100,000	100,000	P11	700,000	400,000	1,200,000	200,000	100,000	100,000	P12	700,000	400,000	1,200,000	200,000	100,000	100,000	<ul style="list-style-type: none"> <li>Further analysis of the key factors driving the use of variable pay outside of planned budget.</li> <li>Identify actions to cease the use of non-contract nurse agency. This increased in P9.</li> <li>Enhanced grip and control measures agreed by Board.</li> <li>Support to Workforce workstreams to ensure efficiency benefits are delivered.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Capital Financial Position –</b> expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> <li>The cumulative position to end of December 2019 is a £1.449m underspend to plan. Underspend to date is not anticipated to impact on cumulative year end position.</li> <li>The forecast outturn shows an underspend position of £0.046m, which is anticipated to be breakeven with a number of anticipated allocations from WG (£0.754m) whilst returning an approved allocation to WG, as agreed, for re-provision next year.</li> </ul>	<p style="text-align: center;"><b>Capital - In-Month Performance to Plan</b></p> <p style="text-align: center;"><b>Capital - Cumulative Performance to Plan</b></p>	<ul style="list-style-type: none"> <li>A number of schemes are reported as high and medium risk of achieving planned spend. Ongoing discussion with Welsh Government regarding allocations of £0.754m required in year to reach a balanced position.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																														
<p><b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>In-month performance in December 2019 was 87.02% which was below the 95% target. This was impacted by cash balances.</li> <li>This in-month performance resulted in the cumulative position falling below the 95% target at 94.29%.</li> <li>It will be difficult for this to be recovered given the cash balance pressures that are likely to impact for the remainder of the financial year.</li> </ul>	<table border="1"> <caption>PSPP Performance Data (April to December)</caption> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>96.10</td> <td>96.10</td> </tr> <tr> <td>May</td> <td>95.79</td> <td>95.79</td> </tr> <tr> <td>June</td> <td>95.67</td> <td>95.67</td> </tr> <tr> <td>July</td> <td>95.84</td> <td>95.84</td> </tr> <tr> <td>August</td> <td>96.26</td> <td>96.26</td> </tr> <tr> <td>September</td> <td>96.59</td> <td>96.59</td> </tr> <tr> <td>October</td> <td>92.65</td> <td>95.07</td> </tr> <tr> <td>November</td> <td>95.07</td> <td>95.07</td> </tr> <tr> <td>December</td> <td>87.02</td> <td>94.29</td> </tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.10	96.10	May	95.79	95.79	June	95.67	95.67	July	95.84	95.84	August	96.26	96.26	September	96.59	96.59	October	92.65	95.07	November	95.07	95.07	December	87.02	94.29	<ul style="list-style-type: none"> <li>Develop clear compliance reporting with NWSSP to ensure necessary corrective action is able to be taken.</li> <li>Identify and target areas of poor performance.</li> <li>Seek strategic cash assistance from WG earlier than normally provided.</li> </ul>
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## 12. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

### 12.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%			
		Profile	66%	70%	73%	75%	72%	73%	62%	65%	69%	69%	71%	71%
	12 hour A&E waits	Actual	653	602	644	642	740	939	889	926	1,017			
		Profile	484	374	273	283	266	238	799	693	656	612	444	297
	1 hour ambulance handover	Actual	669	629	681	550	599	746	802	799	830			
		Profile	320	233	201	220	193	200	643	614	488	451	388	291
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%	57%	42%	29%	55%	55%	39%			
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%	49%	44%			
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%			
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%	0%	20%			
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%	50%	49%	45%	38%				
	Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	172	201	155	112	361	431	486	460	539			
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529	3,896			
		Profile	1,970	1,894	1,904	1,843	1,737	1,647	1,418	1,368	1,417	1,236	1,057	938
	Diagnostic waits over 8 weeks	Actual	401	393	289	259	337	294	223	226	569			
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Cancer	NUSC patients starting treatment in 31 days	Actual	82%	91%	92%	88%	90%	84%	98%	93%	84%			
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	88%	95%	85%	84%	83%	92%	81%	82%	86%			
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
	Number of healthcare acquired C.difficile cases	Actual	1	3	5	4	3	6	6	9	3			
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7	2	6	2	2	7	4	4				
	Profile	4	5	3	4	4	3	3	4	3	4	4	4	
Number of healthcare acquired E.Coli Bacteraemia cases	Actual	7	3	6	12	4	5	5	3	7				
	Profile	7	3	6	4	6	4	4	6	6	8	4	5	
Quality & Safety Measures	Discharge Summaries	Actual	66%	67%	70%	65%	64%	61%	61%	59%	60%			
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	97%	97%	96%	95%	100%	98%	100%					
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.11%	6.13%	6.10%	6.11%	6.14%	6.08%	6.15%	6.18%				
		Profile			5.97%			5.84%			5.72%		5.59%	
	Personal Appraisal Development Review	Actual	65%	65%	64%	65%	64%	66%	61%	66%	68%			
		Profile			72%			77%			80%		85%	
	Mandatory Training	Actual	71%	72%	72%	73%	76%	75%	75%	76%	76%			
		Profile			78%			85%			85%		85%	

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

## 12.1 Morryston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• GP appointed and commenced in ED to support triage process and help train/educate ED staff.</li> <li>• Continued progress on implementing SIGNAL on the Morryston site. Paediatrics, Surgery and Medicine complete with work to commence in Regional services.</li> <li>• Recruited 4 Clinical Site Matrons enabling bronze cover – 3 in post and 1 other external to start March/April 2020.</li> <li>• Reduction in Long term sickness (in month November 2019) to 3.54% lowest in month figure for 12 months.</li> <li>• Reduction in month sickness (Nov 19) in Hot Spot areas provided with additional input e.g. Theatres 3% reduction in 3 months.</li> <li>• Building work has commenced on AMAU West to create Ambulatory Emergency Care facility (completion due Feb 20).</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit all critical posts for Major Trauma Network go-live and for the MTN Operational Delivery Network.</li> <li>• Explore network arrangement option with Cardiff &amp; Vale for the new pancreatic surgery post and further outsourcing capacity for pancreatic surgery cases to manage patient backlog numbers.</li> <li>• IBG Approved for progress to develop plan for emergency &amp; elective T&amp;O surgery; Unit exploring options for creating increased capacity on the site.</li> <li>• Create evaluation framework to assess impact of H2H on the HB bed base.</li> <li>• Improve PADR compliance to 85% of all available staff by 31/12/19.</li> <li>• Submit paper to IBG for high value procurement exercise sign off for new dialysis equipment and consumables for the Morryston Renal service.</li> <li>• Block book contract agency to improve fill rates for nursing vacancies.</li> <li>• Band 8a – 7 day cover for Patient Flow Team.</li> <li>• Improve Medical &amp; Dental staff Mandatory and Statutory compliance to 85% by 31/03/2020.</li> <li>• Attendance at the final ACAS sessions; 24 managers invited.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Heart failure Front-door nurse commencing mid-January 2020.</li> <li>• Unit priorities for year 1 IMTP funding agreed and submitted for decision to executive board.</li> <li>• Acute Care Business Case at internal scrutiny stage.</li> <li>• Working with WAST to improve hospital handover delays.</li> <li>• ECHO working with Radiology to streamline reporting and action of diagnostic requests.</li> <li>• Renal department is hosting the renal network Transformational fund bid to roll out the values-based digitalisation of renal care; 'Collaborative Kidney Care for Wales'.</li> <li>• Learning opportunities from recent major incident (bus RTC) and IT/telecoms failure – debrief to be held 17/1/20.</li> <li>• Roll out of 'Allocate' and 'Locum on Duty'.</li> <li>• Role redesign &amp; alternative roles to support nursing workforce gaps e.g. Pharmacy Technicians &amp; Generic Support Workers.</li> <li>• Newly published advice on pension tax arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing vacancies –recruitment challenges.</li> <li>• No decant facilities within Morryston Hospital for IPC cleaning.</li> <li>• 18/19 winter surge arrangements remain open; no increase capacity 19/20.</li> <li>• Public Health Wales have predicted a very difficult high-risk flu season.</li> <li>• Continued unscheduled care pressure and demand. Risk of reputational damage due to poor patient experience.</li> <li>• ZyLab licensing issues impacting on Patient Care as there is a delay on reviewing patients' records.</li> <li>• Capacity pressures have increased across the wider hospital due to increased demand and acuity.</li> <li>• Weekend Consultant 'Middle Shift' unfunded.</li> <li>• Continued rise in 'medically fit' numbers (circa 125) with adverse impact on hospital performance including offload delays, ED crowding, staff morale, impact on planned care and financial position. Majority waiting for social worker assessment, packages of care or placement.</li> </ul>

## 12.2 Neath Port Talbot Delivery Unit- Performance Dashboard

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

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

## 12.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Continued achievement of RTT targets in all areas</li> <li>• Advancing Health care Awards Wales – Amanda Atkinson Paediatric OT lead – “leading change in paediatric services” - winner of her category and Overall winner of the awards</li> <li>• OT - Successful bid to WG for stroke ESD monies</li> <li>• Successful capital funding request to National Pharmacy fund to support Omnicells, Rx tracking system and Pharmacy RPA BoT.</li> <li>• Delivering over target for Pharmacy investment bid &amp; acute savings. Agreement of Haematology Ibrutinib proposal by Execs</li> <li>• Pharmacist working in ILD clinic (no funding provided) ensuring all pirfenidone (Esbriet) nintedanib (Ofev) prescriptions are now provided via Homecare following initiation</li> <li>• Shortlisted for the British Society of Rheumatologist Innovation Award for the triaging system introduced</li> </ul>	<ul style="list-style-type: none"> <li>• Stroke ESD</li> <li>• Roll out of Trusted assessment model to support pathway 1 of H2H</li> <li>• Implementing a stroke ESD utilising new monies and remodelling</li> <li>• Prescribing guideline for Nicotine Replacement Therapy in MH inpatients- to be agreed at MH D&amp;T.</li> <li>• Biosimilar switches in accordance with agreed biosimilar policy as soon as product marketed to maximise savings.</li> <li>• Improve HB performance against AWMSG National Prescribing Indicators.</li> <li>• Identify and implement drug switching initiatives in acute care areas to reduce overall drug spend.</li> <li>• Implement optimal procurement of medicines as agreed via the All Wales Drug Contracting Committee.</li> <li>• Savings plan for primary care prescribing to offset growth/ anticipated cost pressures.</li> <li>• Improved communication with prescribers to reduce variation- formulary, prescribing indicator management, newsletter/vlog, new GP prescribing leads format.</li> <li>• Improve compliance with discharge summaries</li> <li>• Changes to roles and responsibilities for the management of controlled drugs by the delivery units</li> <li>• Replacement of pharmacy robot at Morriston Hospital.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Implementation of cognitive model of care with an Older Peoples Mental Health Occupational Therapy NPTH</li> <li>• Expand homecare for Welsh Fertility Institute NHS patients.</li> <li>• Further development of pharmacy specialty teams to support inpatients and specialist clinics. Priorities: Morriston - Critical care, cardiac and nutrition team. Singleton- further development of pharmacist NMP in cancer clinics</li> <li>• Implement Vanguard model and improve USC pathway- pharmacy role at front door to reduce admissions, facilitate discharge and shorten LOS.</li> <li>• Implementation of BoT processes for homecare and Morriston purchasing teams.</li> <li>• Consultant Pharmacist for Older People to be considered by IBG</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma/ spinal/ thoracic / paed major trauma network- repatriation of patients without additional workforce and skills.</li> <li>• Remodelling of ED/ AMAU in Morriston additional OT resource required</li> <li>• Surge beds across HB with no additional therapy capacity to support – leading to extended stays and delays in discharge</li> <li>• H2H roll out across wards with limited navigators fully competent for pathway 1</li> <li>• Acute pharmacy capacity- currently undertaking Pharmacy Ward Services and Patient Prioritisation Work across all acute sites. Particular service pressures at Morriston and failed to recruit to locum posts to assist with winter pressures.</li> <li>• Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes</li> <li>• No clinical service to CSSU- Winter pressures exacerbated problem area</li> </ul>

### 12.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual												
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	
	12 hour A&E waits	Actual												
		Profile	0	0	0	0	0	0	0	0	0	0	0	
	1 hour ambulance handover	Actual	63	18	40	44	33	32	25	22	38			
		Profile	0	0	0	0	0	0	30	20	20	0	0	
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117	142	367	564	608	666	659	766			
		Profile	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	24	28	120	241	444	672	958	1,058	1,245			
		Profile	0	0	0	13	26	39	32	25	18	11	4	
	Diagnostic waits over 8 weeks	Actual	0	8	6	2	7	0	0	0	0			
		Profile	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	98%	91%	95%	94%	96%	98%	97%	96%	95%			
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	86%	70%	77%	74%	83%	81%	85%	87%	92%			
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5	1	4	1	1	5	2	3			
		Profile	2	1	3	3	1	1	2	2	2	2	2	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	3	1	2	0	3	4	3			
		Profile	2	0	1	2	1	2	1	1	2	0	1	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4	0	2	3	0	2	1	4			
		Profile	5	4	4	4	4	4	4	2	2	1	1	
Quality & Safety Measures	Discharge Summaries	Actual	55%	70%	68%	59%	59%	59%	66%	58%	67%			
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Concerns responded to within 30 days	Actual	70%	62%	77%	69%	67%	80%	73%					
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%	6.10%	6.06%	6.08%	6.06%	6.03%	6.07%	6.04%				
		Profile			5.00%			5.00%			5.00%		5.00%	
	Personal Appraisal Development Review	Actual	69%	70%	70%	71%	71%	71%	67%	66%	68%			
		Profile			70%			75%			80%		85%	
	Mandatory Training	Actual	77%	77%	78%	79%	81%	81%	80%	81%	81%			
		Profile			70%			75%			80%		85%	

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

### 12.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Re-opening of Ward 12 template</li> <li>• Continued achievement of diagnostic waits target for Endoscopy in 19/20.</li> <li>• Ambulance Stack Review project within AGPU implemented.</li> <li>• COPD admission avoidance bid supported, new post recruitment underway.</li> <li>• The first 'integrated' Respiratory Services Model across SBUHB. Cluster transformation funding awarded for roll out of Tier 1 and 2 of the model.</li> <li>• Single cancer pathway bid for implementation of Endoscopy Straight to Test.</li> <li>• In the recent GMC survey Swansea was listed in the top 3 training centres as a positive outlier in terms of trainee overall satisfaction with the clinical oncology training programme across the UK.</li> <li>• Agency Cardiology Consultant secured for January 2020.</li> <li>• Re-launch of SAFER bundle to improve patient flow within Medicine w/c 13th January 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges.</li> <li>• Develop a plan to support Radiotherapies waiting times.</li> <li>• Improvement in PADR and Mandatory training.</li> <li>• Cancer Performance and scoping of impact of Single Cancer pathway.</li> <li>• Ophthalmology sustainable plan as part of GOLD command</li> <li>• Programme Business Case for SWWC - develop with Hywel Dda.</li> <li>• Continued focus on work plan to achieve IQUILS Phase 1 assessment for the Liver Service.</li> <li>• Plan for shutdown of Obstetric theatres to replace obsolete Air Handling Unit.</li> <li>• IV Access service for Singleton.</li> <li>• The need to expand capacity for delivering SACT.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Single Cancer Bids submitted to the Welsh Cancer Network to introduce direct to test for Endoscopy, One stop Clinics for Dermatology and expansion of the pleural service.</li> <li>• Proposed use of PKB.</li> <li>• Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morrision and Singleton Units.</li> <li>• Income opportunities are being realised through new PUPIS activity.</li> <li>• SBUHB wide re-launch of SAFER.</li> <li>• Develop regional Paediatric Ophthalmology services with Hywel Dda HB.</li> <li>• Develop elective C-section lists to improve efficiency and patient experience in maternity.</li> </ul>	<ul style="list-style-type: none"> <li>• Site environment &amp; cladding.</li> <li>• The reduction in bed capacity due to asbestos removal on wards 11.</li> <li>• Workforce deficits across specialties – Consultant, Medical Junior and Middle Grade gaps and Nursing across specialties.</li> <li>• There is a risk of complaints from patients not being able to receive SACT in a timely manner.</li> <li>• Increase in radiotherapy capacity with extended working days not supported at IBG fully and waiting times remains unsatisfactory.</li> <li>• Brexit – contingency plans are continually reviewed.</li> <li>• Ongoing issues with Anaesthetics cover for theatre lists.</li> <li>• No critical care outreach service in SDU. No Specialist palliative care Service on Site in SDU. No central line service provided for medical patients for Singleton.</li> <li>• The Singleton resident surgical officer is regularly withdrawn to support the Morrision surgical intake.</li> </ul>

## 12.4 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	97%	97%	97%	97%	98%	98%	98%	97%				
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%	98%	100%	99%	93%	96%	97%	90%				
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			100%			100%						
		Profile			100%			100%			100%			100%
% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	89%	89%	89%	88%	91%	92%	92%	92%					
	Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%	100%	100%	100%	100%	100%	100%					
	Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	0	0	0	0	0	0			
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0			
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0			
		Profile	0	0	0	1	0	0	0	1	0	0	0	0
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	74%	71%	67%	71%	69%	66%	79%	75%			
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	100%	100%	88%	88%	93%	77%	71%					
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.22%	6.24%	6.29%	6.29%	6.29%	6.38%	6.48%	6.50%				
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%	67%	66%	67%	68%	68%	77%	78%			
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	82%	83%	84%	85%	84%	85%	86%			
		Profile			80%			82%			83%			85%

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

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

Successes	Priorities
<ul style="list-style-type: none"> <li>• The Delivery Unit can report the improvement of compliance with the sections of the Mental Health Measure.</li> <li>• All access targets continue to be consistently met by the Delivery Unit, including the high intensity psychological therapies waiting times.</li> <li>• A series of engagement events are underway with CLDTs to shape services these are being delivered with Peoples First.</li> <li>• Information Governance training compliance continues to perform well, the current figure is 88.9%.</li> <li>• Target of mental health assessments undertaken within 28 days upon receipt of referral has been achieved with the current position at 97%.</li> <li>• The Delivery Unit has sustained its target on Healthcare Acquired Infections with no occurrences having taken place within the last 12 months.</li> <li>• The mandatory training national target of 85% has been achieved.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise the individual projects of the Transforming Mental Health service programme to identify and implement specific changes with partners that will deliver improvements for service users and carers.</li> <li>• Develop a strategic forum for learning disabilities with partners in the West Glamorgan regional partnership.</li> <li>• Develop a long term plan for older people's MH services with local authorities.</li> <li>• Take further action to appoint in a timely manner to any medical, nursing and allied health professional vacancies.</li> <li>• Environmental improvements to take place within the LD units.</li> <li>• Implementation of CHC expansion and continuing to work with commissioning for complex care programme as part of West Glamorgan Partnership to review and resize packages of care to deliver.</li> <li>• Development and submission of Strategic Outline case for Adult Acute inpatient Re-provision. Workshop in January, with stakeholders, aimed at confirming service model and identifying preferred service solutions.</li> <li>• Inputting of PADR data, once PADR's have been completed, in all localities of the delivery unit, in order to improve compliance. Latest figure is 77.62%.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• The agreement of the transformation programme through the West Glamorgan transformation board.</li> <li>• Additional funding for substance misuse services as part of SMAF.</li> <li>• Invest to save proposal for expansion of CHC team, this will take place in the near future.</li> <li>• Establishment of a formal project group that will incorporate review of CRHT services and relationship to Sanctuary service.</li> <li>• Preparation of ICF bids to support implementation of dementia action plan.</li> <li>• Outpatient modernisation time out session to take place on the 20<sup>th</sup> of January within the DU.</li> <li>• An Adult Acute Inpatient Stakeholder Workshop to take place on the 15<sup>th</sup> January 2020 to confirm service model and engagement with service users and carers on options for future delivery to inform Strategic Outline Case.</li> </ul>	<ul style="list-style-type: none"> <li>• Demand and capacity constraints still prevalent in CMHT's across the SBUHB.</li> <li>• Continuing to suitably manage the demand seen for Continuing Healthcare (CHC) placements and resultant financial risks.</li> <li>• Family opposition to temporary closure of OPMHS ward in Tonna, adverse publicity and potential for judicial review of the Health Board's decision.</li> <li>• Senior management staffing absences due to long term sickness.</li> <li>• Recruitment difficulties for registered nurses in Learning Disabilities, particularly in the Swansea area.</li> <li>• Increasing demands and waiting times for OST service within Substance Misuse services, particularly in Swansea. Services are struggling with the current demand. The Delivery Unit is continuing to work with the wider APB services in relation to the remodelling of the whole substance misuse service within the APB area.</li> <li>• Unit has been set a revised financial control target of a £1.218m deficit for 2019-20. The Unit is currently forecasting an end of year deficit of £1.350m and there is on-going action to identify further opportunities to reduce expenditure in order to deliver the revised control target. It should be noted however that there is some risk to the forecast around two of the savings schemes included with the Unit's financial plan.</li> </ul>

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

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

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

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

Successes	Priorities
<ul style="list-style-type: none"> <li>• The Sexual Health service has met the majority of targets in the National Chlamydia and Emergency Contraception audits</li> <li>• Swansea Bay University Health Board has seen the first Perinatal Mental Health Specialist Health Visitor appointed in Wales</li> <li>• 94% of discharges in Gorseinon Hospital for December returned to their own home (34 out of 36)</li> <li>• Community Continence link with Care Home providers to provide a co-ordinated approach to training for all Health Board and Domiciliary/Care Home staff. Training set up for this year.</li> <li>• Meeting arranged with NICE who are keen to explore opportunities to validate and publish prudent model for crisis prevention in Podiatry</li> </ul>	<ul style="list-style-type: none"> <li>• To set up a SLA for Termination of Pregnancy services in Hywel Dda and to set up a SLA for Sexual Health services in Bridgend</li> <li>• To look at the flow and Length of Stay in Gorseinon Hospital (current average at 31 days)</li> <li>• On-going development within the Single Point of Contact service in Swansea</li> <li>• WCCIS roll-out in the Swansea Integrated Hubs, identifying timelines and super users/champions to support</li> <li>• Outpatient modernisation plan in Orthotics</li> <li>• Analysis of PROMS/PREMS in the Community Continence service</li> <li>• Escalation of workforce statistics and supporting patient flow with Neath Port Talbot District Nursing service</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Aligning ACT services with the new Swansea Bay localities</li> <li>• School Nursing – Retirement of staff is providing an opportunity to review WTE posts and change some to term time only where appropriate</li> <li>• Health Visiting service working closely with NPT Local Authority and Third Sector to develop resilient communities in the Sandfields area of Port Talbot</li> <li>• Continuation of IV Training for qualified nurses in Gorseinon Hospital</li> <li>• HCSW development of training and competency framework towards piloting Band 3 administering insulin to stable Type 2 Diabetics within the Swansea District Nursing service.</li> <li>• Jean Saunders, Asylum Seeker lead nurse to present at the Betsi Cadwalder lecture @ RCN Wales</li> <li>• Spinal injection up-skilling in MCAT</li> </ul>	<ul style="list-style-type: none"> <li>• Limited capacity in Swansea Acute Clinical Team with increasing number and complexity of patients referred</li> <li>• School Nursing – Concern that sickness absence across many Primary Schools will result in a low Fluenz vaccination uptake</li> <li>• Additional bed capacity in Gorseinon Hospital</li> <li>• Waiting time for Packages of Care in Gorseinon Hospital</li> <li>• Staffing levels in the Community Continence Service due to Maternity Leave and Recruitment delays</li> <li>• Staffing levels in the OOH District Nursing service in Swansea</li> <li>• Unprecedented increase in Asylum Seeker dispersals has caused lengthy delays in client health assessments</li> </ul>

## APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU								
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%		96%			97%			96%		96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%		91%			91%			93%		93%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%		89%			82%									
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-19	66.2%	75%			67.1%					68.1%							49.3%	62.0%	66.2%
	% uptake of influenza among under 65s in risk groups	National	Dec-19	39.2%	55%			39.7%					43.0%							14.7%	32.0%	39.2%
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%					86.1%									
	% uptake of influenza among children 2 to 3 years old	National	Dec-19	42.1%				41.5%					47.7%							0.8%	24.0%	42.1%
	% uptake of influenza among healthcare workers	National	Dec-19	56.0%	60%			56%					54.5%							42.0%	55.0%	56.0%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Nov-19	1.9%	5% annual target	3.3%	✗	2.2%		1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q1 19/20	55.7%	40% annual target	40.0%	✓	42.9%		55%			56%			56%						
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			28.2%		2018/19= 29.3%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 19/20	441.9	4 quarter ↓			417.2								441.9						

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU										
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
DTCs	Number of mental health HB DTCs	National	Dec-19	22	12 month ↓	27	✓	70		25	29	26	21	18	23	27	20	18	19	22	22	22		
	Number of non-mental health HB DTCs	National	Dec-19	53	12 month ↓	50	✗	443		117	104	87	112	49	67	70	61	69	69	76	61	53		
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Nov-19	100%	95%	95%	✓	78%		94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%			
	Stage 2 mortality reviews required	Local	Dec-19	13						17	7	10	22	18	13	13	13	9	9	17	9	13		
	% stage 2 mortality reviews completed	Local	Oct-19	65%		100%				40.0%	28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%				
NEWS	Crude hospital mortality rate (74 years of age or less)	National	Nov-19	0.78%	12 month ↓			0.72%		0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%			
	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-19	96.4%		98%	✗			98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%		
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Dec-19	85%	85%			76.3%		83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%		
Coding	% of episodes clinically coded within 1 month of discharge	National	Nov-19	93%	95%	95%	✓	88.4%		91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%			
	% 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	Dec-19	65%		100%	✗			61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%		
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q1 19/20	98.5%	100%	100%	✗	98%		100%			96.4%			98.5%								
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 19/20	84	10% annual ↑	77	✓			78			97									84		
	Number of Health and Care Research Wales commercially sponsored studies		Q3 19/20	31	5% annual ↑	28	✓			31			37										31	
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 19/20	1,109	10% annual ↑	1,561	✗			1,463			2,276											1,109
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 19/20	179	5% annual ↑	104	✓			99			136											179

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU										
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4,575		4,612			4,447			4,451								
	Patients aged 65 years or over prescribed an antipsychotic		Q1 19/20	1,433	qtr on qtr ↓			9810								1,433								
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			306.0		330.7			327.5			294.0			279.1					
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			8.0		16.1			16.0			13.9			13.3					
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Nov-19	92%		95%	✗				90.3%		92.4%		87.0%		91.0%		87.0%		92.0%			
	% stop or review date documented on medication chart		Nov-19	51%		95%	✗				56.0%		55.2%		52.0%		54.0%		63.0%		51.0%			
	% of antibiotics prescribed on stickers		Nov-19	86%		95%	✗				47.1%		75.0%		61.0%		81.0%		81.0%		86.0%			
	% appropriate antibiotic prescriptions choice		Nov-19	99%		95%	✓				96.2%		95.9%		98.0%		97.0%		96.0%		99.0%			
	% of patients receiving antibiotics for >7 days		Nov-19	10%		<20%	✓				12.8%		6.9%		8.0%		11.0%		15.0%		10.0%			
	% of patients receiving surgical prophylaxis for > 24 hours		Nov-19	50%		<20%	✗				46.2%		39.1%		6.0%		18.0%		40.0%		50.0%			
	% of patients receiving IV antibiotics > 72 hours		Nov-19	48%		<30%	✗				47.3%		30.8%		35.0%		46.0%		41.0%		48.0%			
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Dec-19	78.6	<67			85.13		100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6		
	Number of E.Coli bacteraemia cases (Hospital)		Dec-19	12		10	✗			15	11	15	21	10	7	7	14	9	5	10	5	12		
	Number of E.Coli bacteraemia cases (Community)		Dec-19	20		24	✓			23	17	16	22	17	15	22	21	13	18	15	10	20		
	Total number of E.Coli bacteraemia cases		Dec-19	32		34	✓			38	28	31	43	27	22	29	35	22	23	25	15	32		
	Cumulative cases of S.aureus bacteraemias per 100k pop		Dec-19	35.2	<20			25.99			34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	
	Number of S.aureus bacteraemias cases (Hospital)		Dec-19	7		6	✗			5	9	9	4	11	8	6	8	4	3	11	8	7		
	Number of S.aureus bacteraemias cases (Community)		Dec-19	4		9	✓			6	9	7	7	3	3	5	9	3	5	2	3	4		
	Total number of S.aureus bacteraemias cases		Dec-19	11		15	✓			11	18	16	11	14	11	11	17	7	8	13	11	11		
	Cumulative cases of C.difficile per 100k pop		Dec-19	35.6	<26			26.22			39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	
	Number of C.difficile cases (Hospital)		Dec-19	7		9	✓			5	3	4	3	2	8	6	9	5	8	13	13	7		
	Number of C.difficile cases (Community)		Dec-19	4		3	✗			11	4	3	5	1	3	4	4	5	2	6	4	4		
	Total number of C.difficile cases		Dec-19	11		12	✓			16	7	7	8	3	11	10	13	10	10	19	17	11		
	Cumulative cases of Klebsiella per 100k pop		Dec-19	21.9				21.75						28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	
	Number of Klebsiella cases (Hospital)		Dec-19	4		6	✓			11	10	15	4	2	4	7	1	8	7	4	4	4		
	Number of Klebsiella cases (Community)		Dec-19	2		5	✓			1	6	5	4	3	1	4	4	3	2	0	4	2		
	Total number of Klebsiella cases		Dec-19	6		11	✓			12	16	20	8	5	5	11	5	11	9	4	8	6		
	Cumulative cases of Aeruginosa per 100k pop		Dec-19	7.9				6.35						5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	
	Number of Aeruginosa cases (Hospital)		Dec-19	1		2	✓			2	0	0	0	3	1	2	1	2	2	1	1	1		
	Number of Aeruginosa cases (Community)		Dec-19	1		1	✓			3	0	2	0	0	2	4	0	2	0	0	0	1		
	Total number of Aeruginosa cases		Dec-19	2		3	✓			5	0	2	0	3	3	6	1	4	2	1	1	2		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-19	96%		95%	✓			98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%			
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q2 19/20	1	0			1		0			1			0			1					
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-19	38%	90%	80%	✗	33.3%		89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%		
	Number of new Never Events	National	Dec-19	1	0	0	✗	7		0	0	0	1	0	1	1	1	1	0	1	0	1		
	Number of risks with a score greater than 20	Local	Dec-19	109		12 month ↓	✗			48	53	54	51	72	66	75	81	88	103	104	105	109		
	Number of risks with a score greater than 16	Local	Dec-19	202		12 month ↓				New local measure for 2019/20				167	151	162	164	175	197	204	200	202		
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Dec-19	4		Monitor				12	6	17	15	3	9	8	2	6	5	19	6	4		
Number of Safeguarding Children Incidents	Local	Dec-19	8		Monitor				3	13	7	7	6	10	6	7	6	3	5	13	8			
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Nov-19	22		12 month ↓	✓			40	50	45	64	29	16	13	18	14	9	20	22			
	Number of pressure ulcers developed in the community		Nov-19	31		12 month ↓	✓			58	77	62	47	34	33	23	33	37	25	29	31			
	Total number of pressure ulcers		Nov-19	53		12 month ↓	✓			98	127	107	111	63	49	36	51	51	34	49	53			
	Number of grade 3+ pressure ulcers acquired in hospital		Nov-19	2		12 month ↓	✓			3	4	10	7	1	2	1	2	0	1	2	2			
	Number of grade 3+ pressure ulcers acquired in community		Nov-19	8		12 month ↓	✓			13	16	11	10	10	6	6	7	8	8	2	8			
	Total number of grade 3+ pressure ulcers		Nov-19	10		12 month ↓	✓			16	20	21	17	11	8	7	9	8	9	4	10			
Inpatient Falls	Local	Dec-19	297		12 month ↓	✓			300	341	276	326	210	226	189	186	227	241	255	240	297			
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34														
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9														
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		2		1		2			0							

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU								
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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	Dec-19	87		12 month ↓ trend	✗			84	138	96	114	93	95	118	138	114	110	159	137	87
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-19	83%	75%	80%	✓	69.8%		80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%		
	% of acknowledgements sent within 2 working days	Local	Dec-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%												
Mental Health	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Aug-19	3,174	> 5% annual ↓			14,605		3,364		3,373	3,350	3,320			3,288	3,174				
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU								
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q2 19/20	188.0	4 quarter ↑			174.4		120.0			146.8			198.0			188.0			
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q2 19/20	8.0	4 quarter ↑			7.3		8.3			6.2			4.0			8.0			
	Rate of calls to the DAN helpline per 100k pop.	National	Q2 19/20	39.3	4 quarter ↑			37.2		24.4			39.3			41.3			39.3			
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-19	92%	90%	90%	✓	88.4%		91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Nov-19	100%	100%	100%	✓	89.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Local	Dec-19	2,476		12 month ↑	✗			3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476
	% of who would recommend and highly recommend	Local	Dec-19	95%		90%	✓			94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Dec-19	83%		90%	✗			82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU								
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-19	7.3%	12 month ↓					6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-19	8.0%	12 month ↓					7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-19	56.0%		90%	✗			67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%
	% of theatre sessions starting late	Local	Dec-19	45.6%		<25%	✗			44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%
	% of theatre sessions finishing early	Local	Dec-19	43.0%		<20%	✗			43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%					18.4%			31.3%						
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%		56.9%			62.6%									
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%					31.1%			32.2%			32.2%			
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-19	70%	85%	79%	✗	70.3%		69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	69%	70%
	% 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	Dec-19	81%	85%	82%	✗	80.7%		73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	81%	81%
	% workforce sickness and absent (12 month rolling)	National	Nov-19	6.05%	12 month ↓			5.38%		5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU										
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Dec-19	88%	Annual ↑	95%	✘	86.2%		88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Dec-19	97%	Annual ↑	95%	✔			95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	97%	
Out of Hours/ Unscheduled Care	% of population regularly accessing NHS primary dental care	National	Jun-19	61.8%	4 quarter ↑			55%		62.3%			62.2%			61.8%								
	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%					95%	96%	92%	96%	98%	98%	97%	97%							
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					79%	80%	60%	80%	83%	100%	100%	-							
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-19	62%	65%	65%	✘	61.6%		75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%		
	Number of ambulance handovers over one hour	National	Dec-19	868	0	508	✘	3,960		842	1,164	619	928	732	647	721	594	632	778	827	821	868		
	Handover hours lost over 15 minutes	Local	Dec-19	3,361						2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361		
	% 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	Dec-19	71%	95%	77.3%	✘	74.4%		76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%		
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Dec-19	1,018	0	656	✘	5,890		756	986	685	862	653	602	644	642	740	939	890	927	1,018		
% of survival within 30 days of emergency admission for a hip fracture	National	Aug-19	82.4%	12 month ↑			78.9%		75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%							
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Dec-19	39.3%	56.3%	81%	✘	43.5%		53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%		
	CT Scan (<1 hrs)	Local	Dec-19	44.4%		58%	✘			49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Dec-19	100.0%	83.9%	93%	✔	84.1%		86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%		
	Thrombolysis door to needle <= 45 mins	Local	Dec-19	20.0%	12 month ↑	35%	✘			29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%		
	% patients receiving the required minutes for speech and language therapy	National	Dec-19	38.4%	12 month ↑			49.8%						57%	47%	41%	48%	48%	50%	49%	45%	38%		
Planned Care	% of patients waiting < 26 weeks for treatment	National	Dec-19	82.6%	95%			84.8%		88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%		
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-19	1,305	0	0	✘	32,069		94	153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305		
	Number of patients waiting > 36 weeks for treatment	National	Dec-19	5,141	0	1,435	✘	21,145		3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141		
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Dec-19	71.6%	95%			63.1%							64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-19	569	0	130	✘	3,881		693	603	558	437	401	401	295	261	344	294	223	226	569		
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-19	0	0	0	✔	382		0	0	0	0	0	0	0	0	1	0	1	0	0		
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-19	131,263	15% reduction by March 2020	120,356	✘	934,676		178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263		
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-19	20,579	15% reduction by March 2020	21,954	✘	219,077		32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579			
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	Dec-19	91%	98%	98%	✘	96.9%		96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	91%		
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Dec-19	91%	95%	95%	✘	81.4%		88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	91%		
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Nov-19	71%	12 month ↑			73.6%						73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Nov-19	92%	80%	80%	✔	73.7%		83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Nov-19	92%	80%	80%	✔	73.9%		85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%			
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Sep-19	100%	100%	100%	✔	100.0%		100%			99%			100%		100%						
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-19	100%	95%	95%	✔	71.2%		84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-19	98%		100%	✘			98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Nov-19	36%	80%	80%	✘	45.1%		62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Nov-19	17%		80%	✘			4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Nov-19	100%		80%	✔			91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%			
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Nov-19	100%		90%	✔			96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%			
S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-19	82%		80%	✔			56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%				

## APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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