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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22nd October 2019	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Chris White, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2019/20 NHS Wales Delivery Framework.		
Key Issues	<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>Unscheduled Care- September 2019 was a challenging month reporting the lowest performance for the 4 hour target in 2019/20 with 71.37%. This overall figure also includes challenging performance in the Minor Injuries Unit in Neath Port Talbot Hospital where performance fell below 95% for the first time this year.</p> <p>Planned Care- Waiting times for outpatient appointments and elective treatment continued to increase in September 2019 and the percentage of patients waiting under 26 weeks. Plans are being put into place to stabilise the position.</p> <p>GP OOH- An Internal Audit was completed in September 2019 which reflected the concerns held by the service management team regarding GPOOH performance data. Work has already been initiated</p>		

	<p>between SBU and WAST to resolve this, but not completed. Therefore, the GPOOH data contained within this report comes with the caveat that at present SBU cannot be assured that the performance data is accurate.</p> <p>Serious Incidents closures- In September 2019, performance against the 80% target of submitting closure forms within 60 working days was 20%. 12 of the 15 investigations due to be concluded in September 2019 were attributed to the Mental Health & Learning Disabilities (MH& LD) Delivery Unit. The Unit met the target for closure of 2 investigations however all other investigations missed the target. This is due to the high volume that the Unit are reporting as a result of changes to the Welsh Government report criteria. The Unit has been tasked with developing an improving trajectory for when the 80% will be reached and sustained.</p> <p>CAMHS- CAMHS performance to be discussed in more detail by the Assistant Director of Strategy at Committee.</p> <p>The performance trajectories in this report reflect the trajectories from the draft annual plan. Subject to support, the unscheduled care and planned care plan trajectories will be updated for next month's report.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> note current Health Board performance against key measures and targets and the actions being taken to improve performance. 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		

Financial Implications	
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.	
Legal Implications (including equality and diversity assessment)	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in September 2019. This is a routine monthly report.
Appendices	Appendix 1: Integrated performance report



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Appendix 1- Integrated Performance Report

October 2019



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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"> • In September 2019 Endoscopy waiting times were below 8 weeks for the first time since April 2019. • Therapy waiting times are being maintained at (or below) 14 weeks. • Internal profiles for consultant assessment for stroke patients within 24 hours consistently achieved since April 2019. • In September 2019, internal reduction targets were achieved for E.Coli Bacteraemia and S. Aureus Bacteraemia. All community services internal reduction targets were achieved in September 2019. • Good compliance with the sections of the Mental Health Measures. 	<ul style="list-style-type: none"> • Implementation of Hospital to Home and Good Hospital Care transformational programmes with the aim of improving system capacity, quickening assessment processes, developing new pathways to support discharge and reduce patient delays in the system. • Implement winter unscheduled care consolidated action plan. • Acute Care Teams working in close liaison with WAST and hospital services to redirect and manage patients in the community. • 4 hour stroke performance is struggling due to unscheduled care pressures. The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements. • Maximising core elective capacity and the outsourcing programme for RTT to stabilise performance and start to recover the position.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Evaluating and developing services across the Health Board in light of the proposed restructure. • Visit to Stoke planned in mid-October to assess the ambulatory care model in medicine as part of the work to develop the acute medicine model in Swansea Bay. • Responding to the Kendall Bluck report recommendations on ED/ MIU staffing. Approval to proceed with the recruitment of two additional consultant posts in EG at Morriston hospital. • Commencement of Oral Medicine pathway in Primary Care from the end of October 2019 which will reduce demand on Oral Maxillo Facial Services in Secondary Care. • Weekly cancer operating session at Hywel Dda is expected to commence formally in November. • Develop regional Paediatric Ophthalmology services with Hywel Dda UHB. 	<ul style="list-style-type: none"> • Implications of no deal Brexit (e.g. impact on medicine supply chain) • Unknown impact of Category M, NCSO and other price changes/ shortages in primary care. • Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'. • Unscheduled care pressures and increasing waits for transfers of care are affecting stroke care capacity. • Clinical colleagues will receive an update on their tapering allowance in October, linked to the HMRC changes, which may trigger a further impact in term of flexible working and potential changes to core contract and clinical leadership payments. • Lack of decant facilities in hospitals makes IPC cleaning challenging.

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

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position Aug-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%							6th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	85.7%	84.3%	84.4%	85.0%	86.2%	86.0%	
	12 hour A&E waits	Actual	653	602	644	642	740	941							4th
		Profile	484	374	273	283	266	238	273	279	211	185	187	180	
	1 hour ambulance handover	Actual	732	647	721	594	632	778							4th**
		Profile	320	233	201	220	193	200	208	248	241	176	148	145	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%							3rd** (Jul-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%							
		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%							1st** (Jul-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%							
		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%							4th** (Jul-19)
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925	1,039							2nd (Jul-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							5th (Jul-19)
		Profile	2,042	2,038	2,125	2,148	2,132	2,137	1,989	2,024	2,153	2,057	1,960	1,921	
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344	294							5th (Jul-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							Joint 1st (Jun-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%	92%							6th** (Jul-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%	83%							5th** (Jul-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							7th
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8							4th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23							2nd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

*RAG status derived from performance against trajectory

** All-Wales benchmark highlights the Health Board's 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.




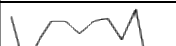
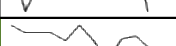


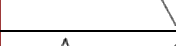



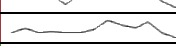
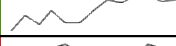
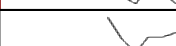

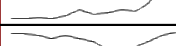


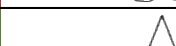





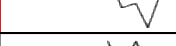
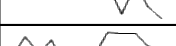
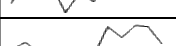
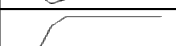



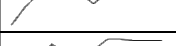

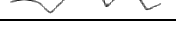
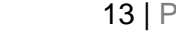

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm															
ABMU									SBU						Performance Trend
Sub Domain	Measure	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	
	Number of E.Coli bacteraemia cases (Hospital)	15	17	23	15	11	15	21	10	7	7	14	9	5	
	Number of E.Coli bacteraemia cases (Community)	34	24	30	23	17	16	22	17	15	22	21	13	18	
	Total number of E.Coli bacteraemia cases	49	41	53	38	28	31	43	27	22	29	35	22	23	
	Cumulative cases of S.aureus bacteraemias per 100k pop	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	
	Number of S.aureus bacteraemias cases (Hospital)	7	7	7	5	9	9	4	11	8	6	8	4	3	
	Number of S.aureus bacteraemias cases (Community)	3	5	10	6	9	7	7	3	3	5	9	3	5	
	Total number of S.aureus bacteraemias cases	10	12	17	11	18	16	11	14	11	11	17	7	8	
	Cumulative cases of C.difficile per 100k pop	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	
	Number of C.difficile cases (Hospital)	5	15	9	5	3	4	3	2	8	6	9	5	8	
	Number of C.difficile cases (Community)	4	4	1	11	4	3	5	1	3	4	4	5	2	
	Total number of C.difficile cases	9	19	10	16	7	7	8	3	11	10	13	10	10	
	Cumulative cases of Klebsiella per 100k pop							28.6	15.7	15.5	21.8	20.3	22.1	23.6	
	Number of Klebsiella cases (Hospital)	6	11	5	11	10	15	4	2	4	7	1	8	7	
	Number of Klebsiella cases (Community)	6	9	9	1	6	5	4	3	1	4	4	3	2	
	Total number of Klebsiella cases	12	20	14	12	16	20	8	5	5	11	5	11	9	
	Cumulative cases of Aeruginosa per 100k pop							5.8	9.4	9.3	12.5	10.0	10.4	9.8	
	Number of Aeruginosa cases (Hospital)	0	2	4	2	0	0	0	3	1	2	1	2	2	
	Number of Aeruginosa cases (Community)	3	0	2	3	0	2	0	0	2	4	0	2	0	
	Total number of Aeruginosa cases	3	2	6	5	0	2	0	3	3	6	1	4	2	
	Hand Hygiene Audits- compliance with WHO 5 moments	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	
	Number of new Never Events	0	0	0	0	0	0	1	0	1	1	1	1	0	
	Number of risks with a score greater than 20	73	66	45	48	53	54	51	72	66	75	81	88	103	
	Number of risks with a score greater than 16	New local measure for 2019/20							167	151	162	164	175	197	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	7	13	8	12	6	17	15	3	9	8	2	6	5	
	Number of Safeguarding Children Incidents	3	10	9	3	13	7	7	6	10	6	7	6	3	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	52	47	40	40	50	45	64	29	16	13	18	14		
	Number of pressure ulcers developed in the community	71	60	63	58	77	62	47	34	33	23	33	37		
	Total number of pressure ulcers	123	107	103	98	127	107	111	63	49	36	51	51		
	Number of grade 3+ pressure ulcers acquired in hospital	1	6	3	3	4	10	7	1	2	1	2	0		
	Number of grade 3+ pressure ulcers acquired in community	8	9	12	13	16	11	10	10	6	6	7	8		
	Total number of grade 3+ pressure ulcers	9	15	15	16	20	21	17	11	8	7	9	8		
Inpatient Falls	Number of Inpatient Falls	328	293	291	300	341	276	326	210	226	189	186	227	241	

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															
ABMU									SBU						
Sub Domain	Measure	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Performance Trend
DTCs	Number of mental health HB DTCs	29	28	26	25	29	26	21	18	23	27	20	18	19	
	Number of non-mental health HB DTCs	69	84	125	117	104	87	112	49	67	70	61	69	69	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%		
	Stage 2 mortality reviews required	19	16	22	17	7	10	22	18	13	13	13	9		
	% stage 2 mortality reviews completed	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	61.5%	57.1%	38.5%			
	Crude hospital mortality rate (74 years of age or less)	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	97.8%	97.5%	99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	
Coding	% of episodes clinically coded within 1 month of discharge	96%	95%	88%	91%	93%	95%	92%	96%	96%	96%	96%	96%		
E-TOC	% of completed discharge summaries	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
ABMU									SBU						
Sub Domain	Measure	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Performance Trend
Patient Experience	Number of new formal complaints received	114	140	91	84	138	96	114	93	95	118	138	114	110	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%			
	% 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	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	
	% of who would recommend and highly recommend	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	

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	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.1%	6.4%	6.8%	6.3%	
	% of patients who did not attend a follow-up outpatient appointment	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.5%	8.0%	7.6%	8.0%	
Theatre Efficiencies	Theatre Utilisation rates	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	
	% of theatre sessions starting late	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	
	% of theatre sessions finishing early	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	
	% workforce sickness and absent (12 month rolling)	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%		

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
		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%	98%			
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%	-			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	
	Number of ambulance handovers over one hour	526	590	628	842	1,164	619	928	732	647	721	594	632	778	
	Handover hours lost over 15 minutes	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	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	588	680	665	756	986	685	862	653	602	644	642	740	941	
	% of survival within 30 days of emergency admission for a hip fracture	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%				
	% of survival within 30 days of emergency admission for a hip fracture	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	
	CT Scan (<1 hrs)	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	
	Thrombolysis door to needle <= 45 mins	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	
	% patients receiving the required minutes for speech and language therapy								57%	47%	41%	48%	48%	50%	
Planned Care	% of patients waiting < 26 weeks for treatment	89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	
	Number of patients waiting > 26 weeks for outpatient appointment	89	65	125	94	153	315	207	236	323	297	479	925	1,039	
	Number of patients waiting > 36 weeks for treatment	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	
	% 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%		
	Number of patients waiting > 8 weeks for a specified diagnostics	762	735	658	693	603	558	437	401	401	295	261	344	294	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	0	1	0	
	The number of patients waiting for a follow-up outpatient appointment	178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	92%	
	% 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	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	83%	
	% of patients starting definitive treatment within 62 days from point of suspicion								73.1%	67.8%	73.1%	69.0%	67.0%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%		

4.1 Public Health- Overview

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

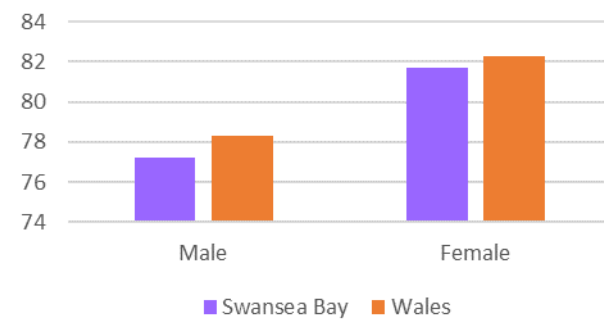


Chart 2: Healthy Life expectancy at birth (2015 to 2017)

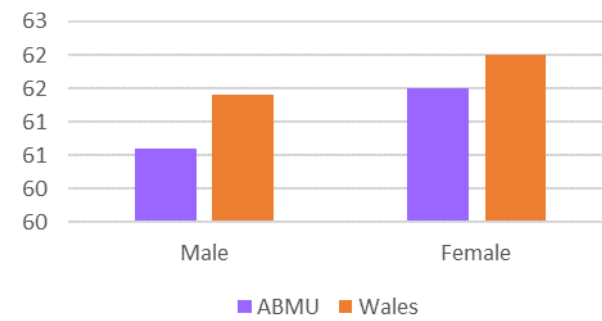


Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017

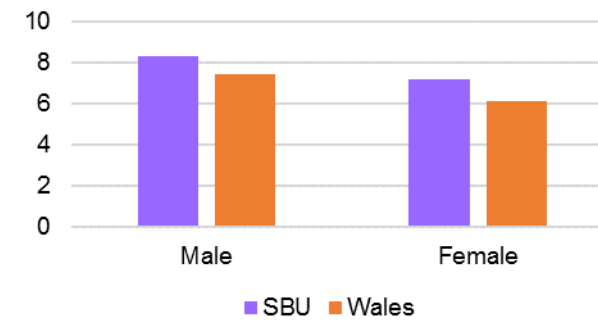


Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)

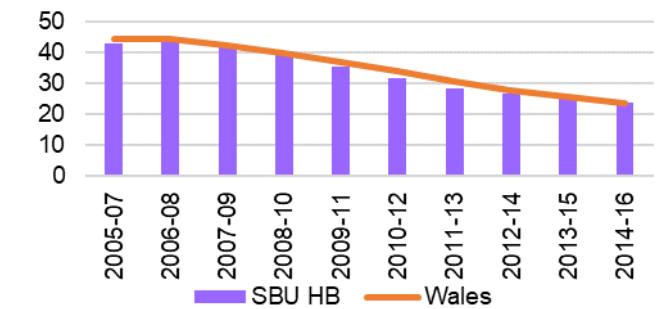


Chart 5: Low birth weight (% , birth weight below 2500g)

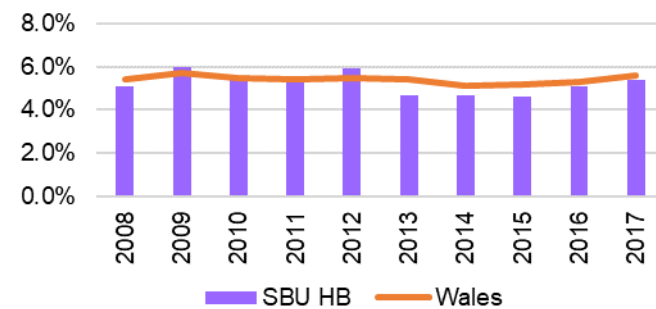


Chart 6: Vaccination rates at age 4

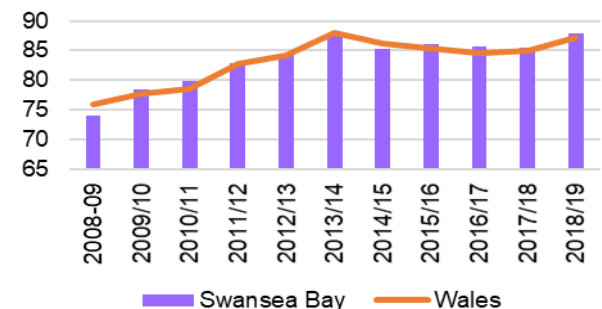


Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1

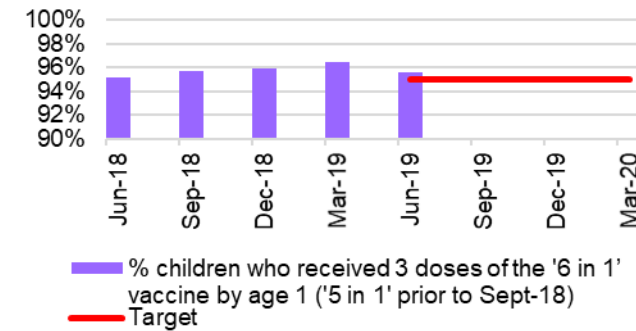


Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5

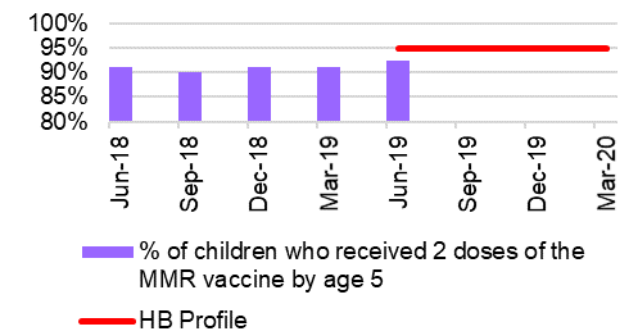


Chart 9: Children age 5 of healthy weight

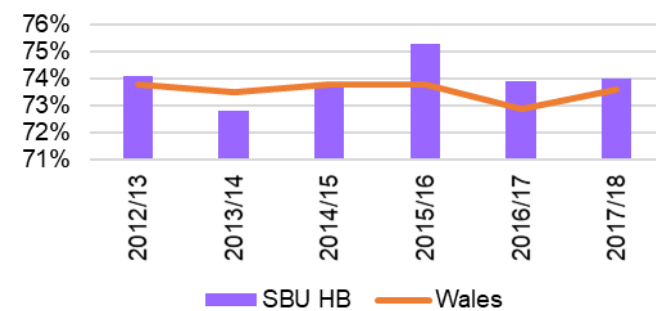


Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16

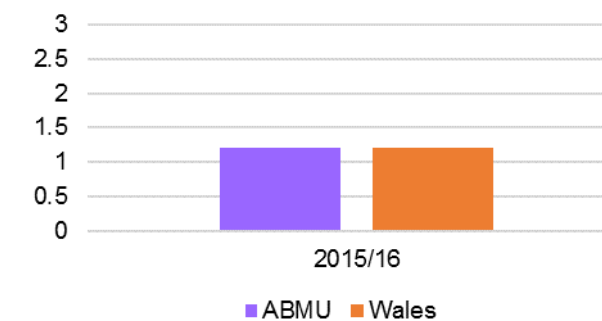


Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14

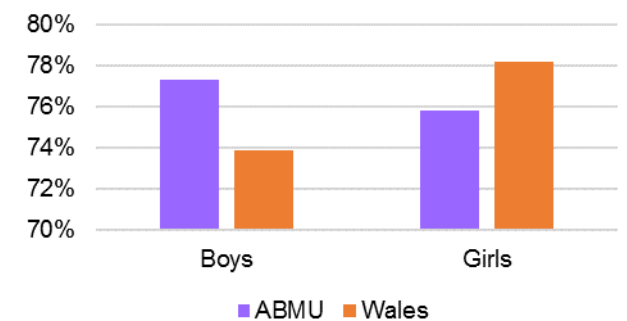


Chart 12: Adolescents drinking sugary drinks once or more a day (% , children aged 11-16) 2013/14

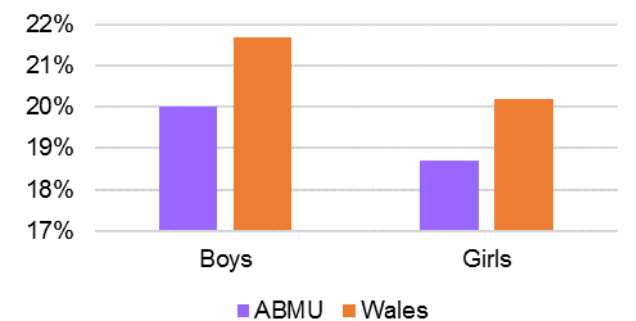


Chart 13: Physical activity in adolescents (% , children aged 11-16) 2013/14

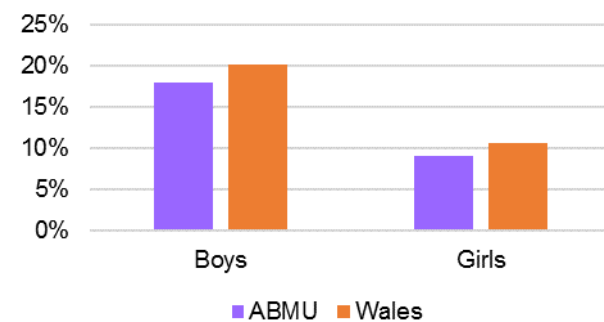


Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14

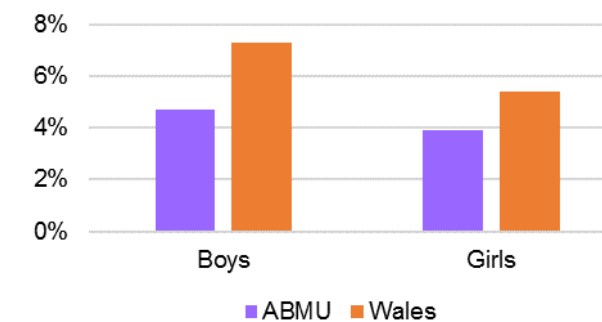


Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)

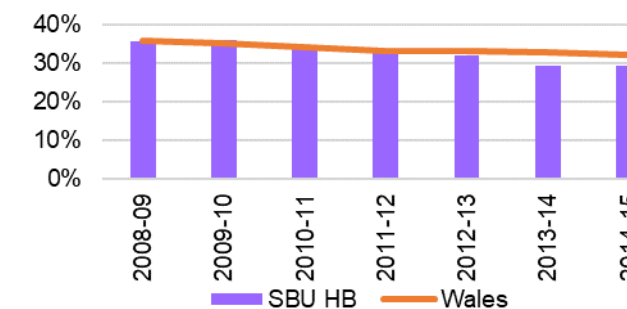


Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)

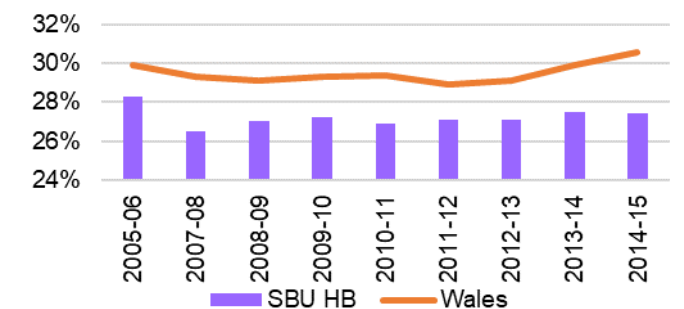


Chart 17: Mental well-being among adults
(Age-standardised average total score, persons aged 16+)

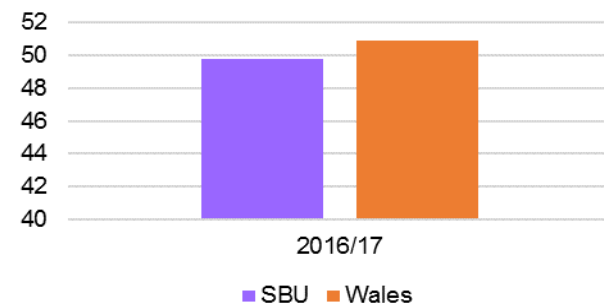


Chart 18: Adults drinking above guidelines
(Age-standardised %, persons aged 16+)

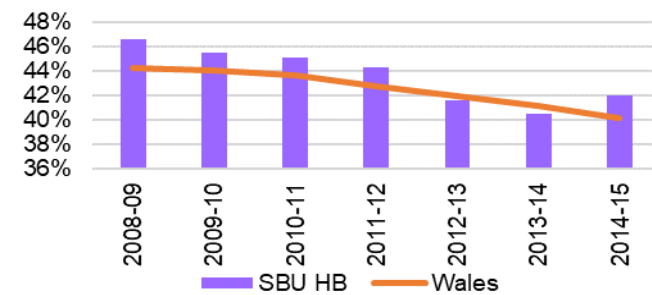


Chart 19: Working age adults in good health
(%, persons aged 16-64)

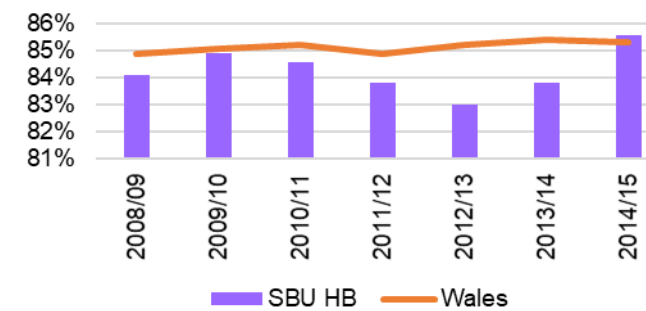


Chart 20: Working age adults of healthy weight
(%, persons aged 16-64)

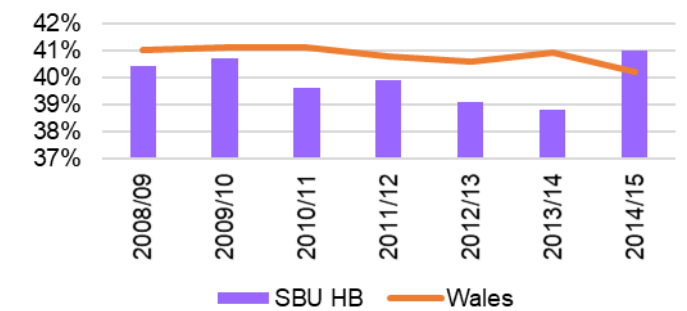


Chart 21: Adolescents who smoke
(%, children aged 11-16) 2013/14

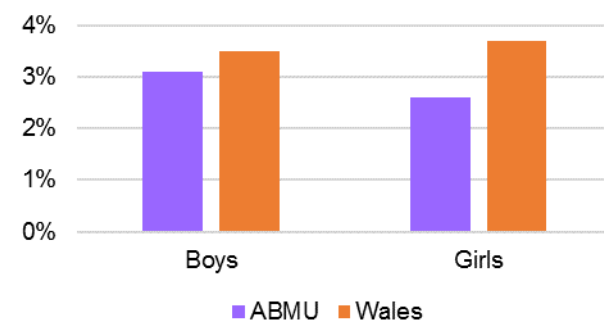


Chart 22: Adults who smoke
(Age-standardised %, persons aged 16+)

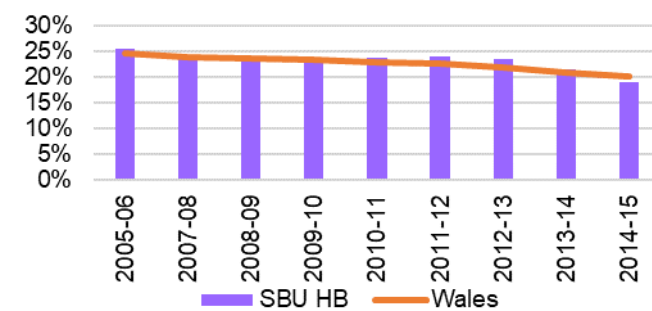


Chart 23: Percentage of women who gave up smoking during pregnancy
(by 36-38 weeks of pregnancy)

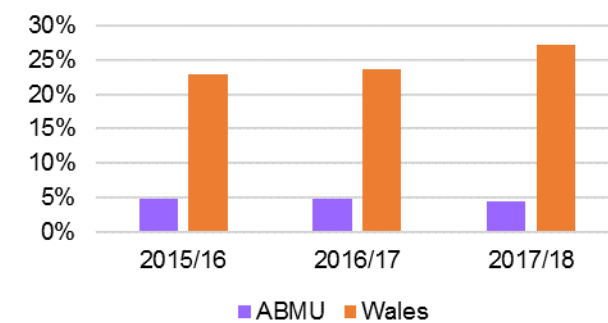


Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services

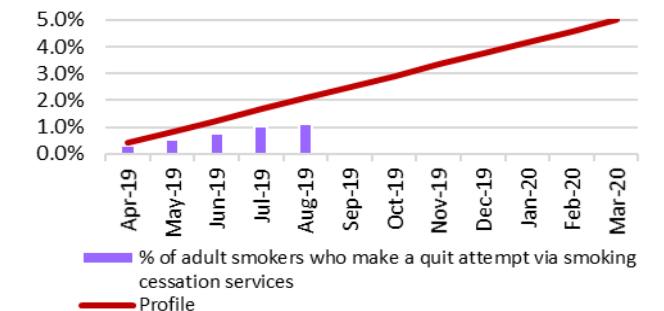


Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks

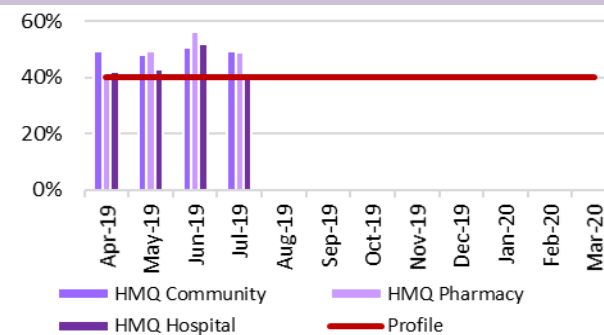


Chart 26: Older people in good health
(%, persons aged 65+)

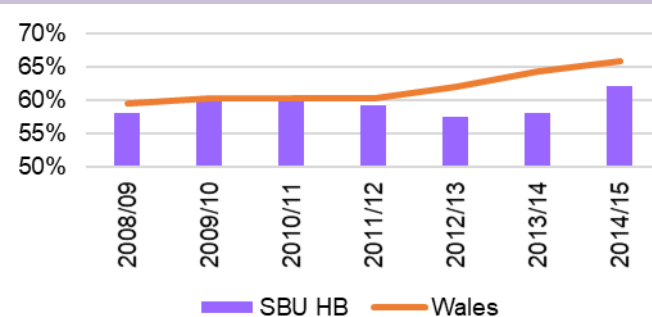


Chart 27: Older people of healthy weight
(%, persons aged 65+) 2016/17-2017/18

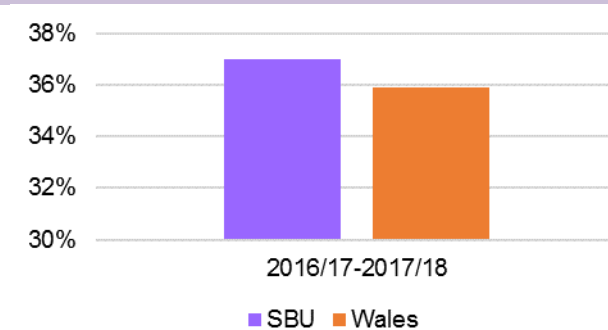


Chart 28: Older people free from limiting long term illness
(%, persons aged 65+) 2016/17-2017/18

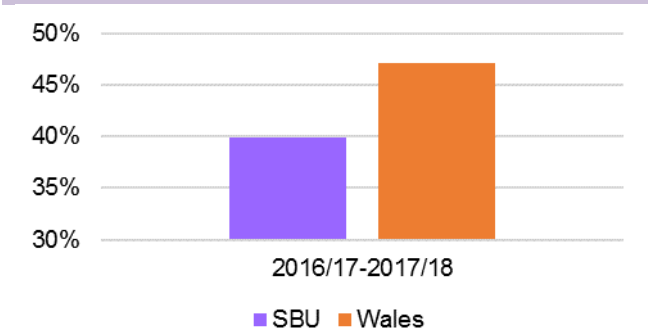


Chart 29: Hip fractures among older people
(European age-standardised rate (EASR) per 100,000, persons aged 65+)

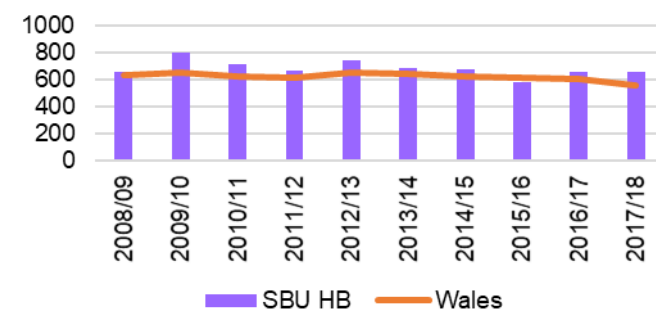


Chart 30: Percentage uptake of influenza vaccination

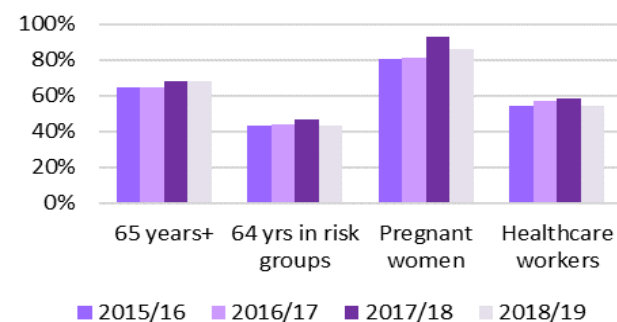


Chart 31: Premature death from key non communicable diseases
(European age-standardised 3 year rolling rate (EASR) per 100,000, persons aged 30-70)

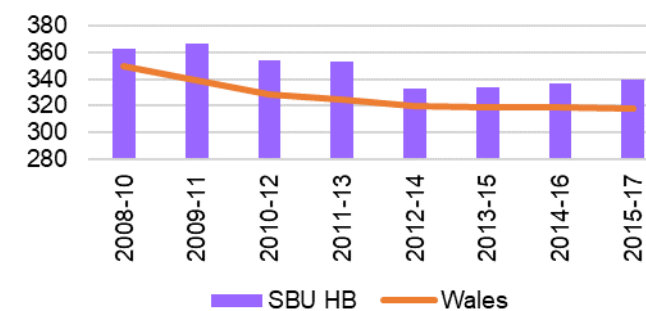
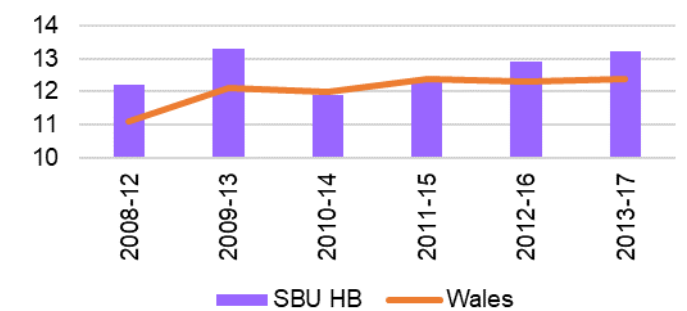


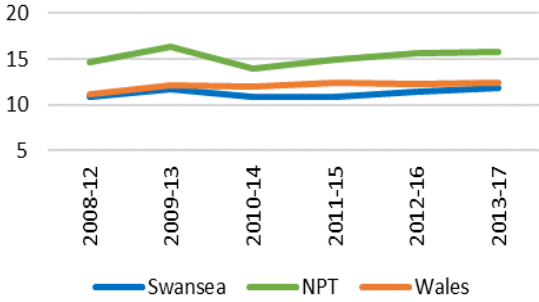
Chart 32: Suicides
(European age-standardised 5 year rolling rate (EASR) per 100,000, persons aged 10)

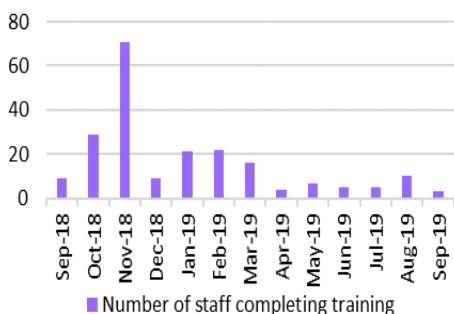


4.2 Public Health- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period																																										
<p>Child Measurement Programme</p> <p><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%); 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>	<div><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</p><p>Produced by Public Health Wales Observatory using CMP (NWIS)</p><table><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>11.5</td></tr><tr><td>2013/14</td><td>12.0</td><td>12.0</td></tr><tr><td>2014/15</td><td>12.0</td><td>12.0</td></tr><tr><td>2015/16</td><td>12.0</td><td>12.0</td></tr><tr><td>2016/17</td><td>12.5</td><td>12.5</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></div> <div><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</p><p>Produced by Public Health Wales Observatory using CMP (NWIS)</p><table><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>14.5</td></tr><tr><td>2013/14</td><td>14.5</td><td>14.5</td></tr><tr><td>2014/15</td><td>14.5</td><td>14.5</td></tr><tr><td>2015/16</td><td>14.0</td><td>14.0</td></tr><tr><td>2016/17</td><td>14.0</td><td>14.0</td></tr><tr><td>2017/18</td><td>14.0</td><td>14.8</td></tr></tbody></table><p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p></div>	Year	Wales	Swansea Bay UHB	2012/13	11.5	11.5	2013/14	12.0	12.0	2014/15	12.0	12.0	2015/16	12.0	12.0	2016/17	12.5	12.5	2017/18	12.5	12.7	Year	Wales	Swansea Bay UHB	2012/13	14.5	14.5	2013/14	14.5	14.5	2014/15	14.5	14.5	2015/16	14.0	14.0	2016/17	14.0	14.0	2017/18	14.0	14.8	<ul style="list-style-type: none">Children and Young People’s Obesity steering group are developing a multiagency action plan for 2019/20Multi-agency steering group convened to undertake the Obesity Pathway Delivery Review. Current activity across levels 1-4 of the adult and children’s pathway are being mapped, with work to progress to develop a joined up, consistent and coherent obesity pathway in Swansea Bay according to minimum data and service standardsContinued delivery of the food and fitness components, of the Healthy Schools and Pre schools scheme.Joint working with planning colleagues on important and use of Health impact assessmentSwansea PSB “Give Every Child the Best Start” Wellbeing Action Plan- Extension & upscaling of evidence informed physical activity and early years nutrition programmes across early years settings and in general across communities.NPT PSB Well being Action Plan-in the process of 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.
Year	Wales	Swansea Bay UHB																																											
2012/13	11.5	11.5																																											
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Description	Current Performance	Trend	Actions planned for next period																												
Suicides <i>The rate of suicides per 100,000 population</i>	<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>European age standardised 5 year rolling (EASR) per 100,000 persons aged 10+</p>  <table border="1"> <caption>Estimated data for European age standardised 5 year rolling (EASR) per 100,000 persons aged 10+</caption> <thead> <tr> <th>Period</th> <th>Swansea</th> <th>NPT</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>2008-12</td> <td>11.5</td> <td>15.5</td> <td>11.5</td> </tr> <tr> <td>2009-13</td> <td>12.5</td> <td>17.5</td> <td>12.5</td> </tr> <tr> <td>2010-14</td> <td>11.5</td> <td>14.5</td> <td>11.5</td> </tr> <tr> <td>2011-15</td> <td>11.5</td> <td>15.5</td> <td>11.5</td> </tr> <tr> <td>2012-16</td> <td>11.5</td> <td>16.5</td> <td>11.5</td> </tr> <tr> <td>2013-17</td> <td>12.4</td> <td>15.8</td> <td>12.4</td> </tr> </tbody> </table> <p>Caveat: 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>	Period	Swansea	NPT	Wales	2008-12	11.5	15.5	11.5	2009-13	12.5	17.5	12.5	2010-14	11.5	14.5	11.5	2011-15	11.5	15.5	11.5	2012-16	11.5	16.5	11.5	2013-17	12.4	15.8	12.4	<ul style="list-style-type: none"> A multi-agency steering group is progressing with developing an integrated action plan for Swansea and Neath Port Talbot. Actions being developed include: <ul style="list-style-type: none"> exploring training opportunities and local training needs, communications processes following a suicide, establishing a multi-agency rapid review process following a suicide to identify postvention activities and prevent contagion effects. An example of work already being undertaken is the roll out of a training programme for schools and partner agencies to raise awareness of and identify self-harm in young people. The programme was developed by CAMHS and is delivered in partnership with the Healthy School Scheme. The training is currently being rolled out across Neath Port Talbot, and will extend to Swansea during quarter 4.
Period	Swansea	NPT	Wales																												
2008-12	11.5	15.5	11.5																												
2009-13	12.5	17.5	12.5																												
2010-14	11.5	14.5	11.5																												
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2012-16	11.5	16.5	11.5																												
2013-17	12.4	15.8	12.4																												

Description	Current Performance	Trend	Actions planned for next period																												
<p>Make Every Contact Count (MECC)</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 September 2019 3 members of staff completed MECC training. The cumulative total for April to September 2019 is 34 compared with 36 in 2018.</p>	<p>Number of staff recorded on ESR as completing Make Every Contact Count training</p>  <table><caption>Data for MECC Training Chart</caption><thead><tr><th>Month</th><th>Number of staff completing training</th></tr></thead><tbody><tr><td>Sep-18</td><td>10</td></tr><tr><td>Oct-18</td><td>28</td></tr><tr><td>Nov-18</td><td>70</td></tr><tr><td>Dec-18</td><td>10</td></tr><tr><td>Jan-19</td><td>22</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></tbody></table> <p>■ Number of staff completing training</p>	Month	Number of staff completing training	Sep-18	10	Oct-18	28	Nov-18	70	Dec-18	10	Jan-19	22	Feb-19	22	Mar-19	18	Apr-19	5	May-19	8	Jun-19	5	Jul-19	5	Aug-19	10	Sep-19	5	<ul style="list-style-type: none">• Offering MECC training across SBU Health Board, Primary Care and wider partners to include elements of brief advice on behaviour change• We would like to see 10% of staff with direct patient contact completing this module in 2019/2020.• Data has been obtained by Public Health Wales NHS Trust Health Improvement Division from Shared Services. To be able to report on this in a timely fashion, it should be explored if the data could be provided by Swansea Bay HB Workforce and OD from ESR. Without this we cannot guarantee that the data can be provided.
Month	Number of staff completing training																														
Sep-18	10																														
Oct-18	28																														
Nov-18	70																														
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Apr-19	5																														
May-19	8																														
Jun-19	5																														
Jul-19	5																														
Aug-19	10																														
Sep-19	5																														
<p>Make Every Contact Count (MECC) and Health Literacy</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>April 2018 – March 2019 = 393 staff</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 (August 2019)

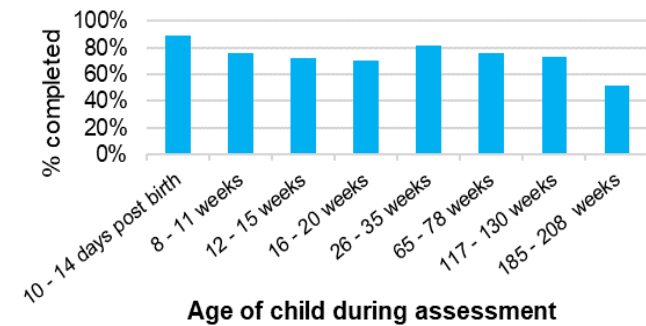


Chart 2: % The number of patients receiving care from Low Vision services

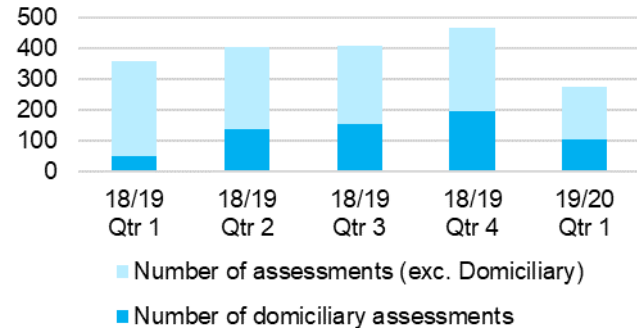


Chart 3: Number of patients receiving care from Eye Health Examination Wales (EHEW)

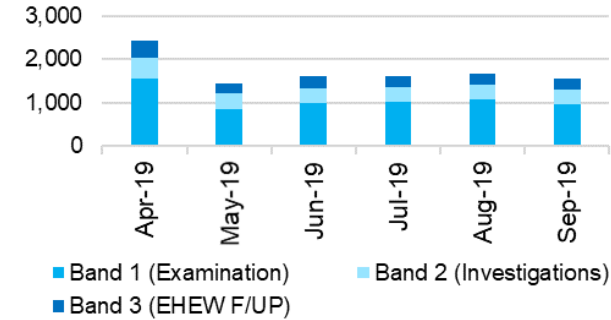


Chart 4: Common Ailment Scheme - Number of consultations provided

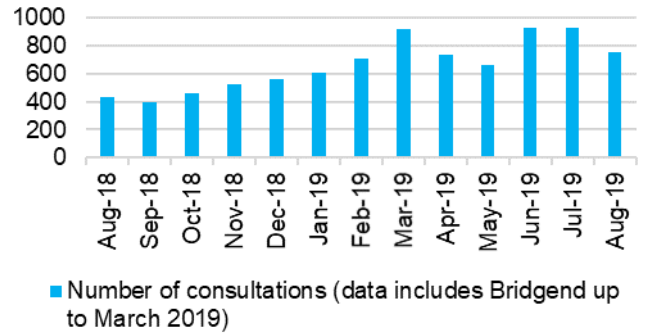


Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm

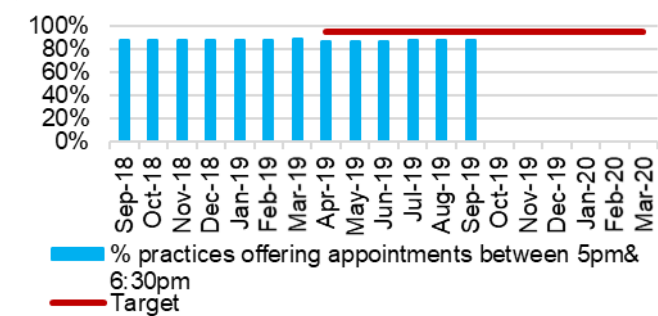


Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients

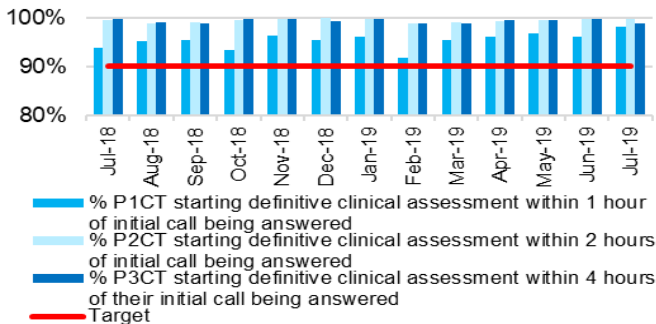


Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients

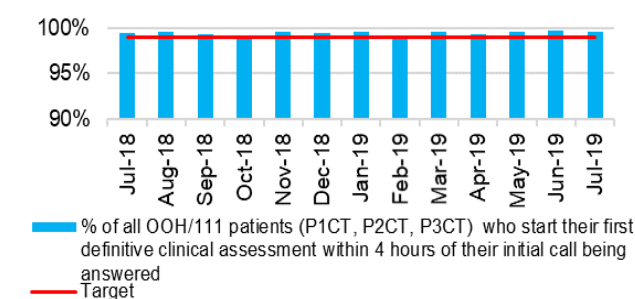


Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting

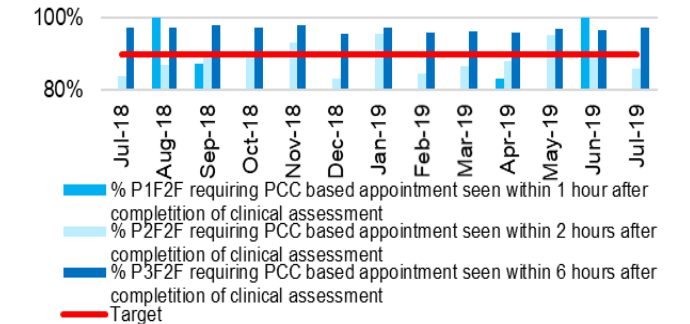


Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB

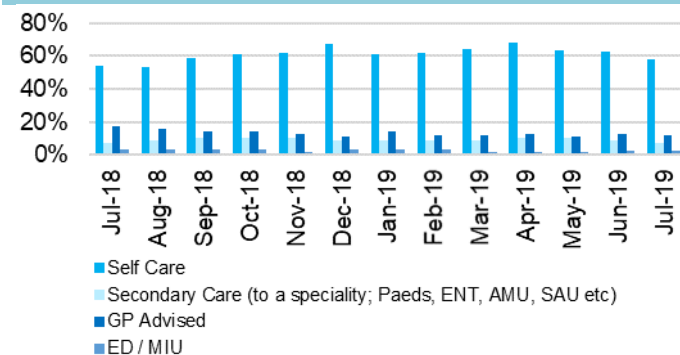


Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)

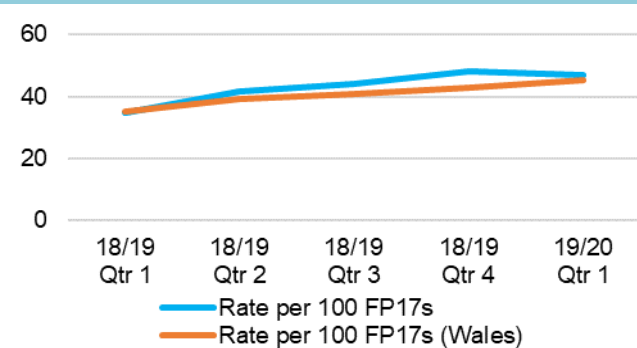


Chart 11: Population regularly accessing NHS Dental Service

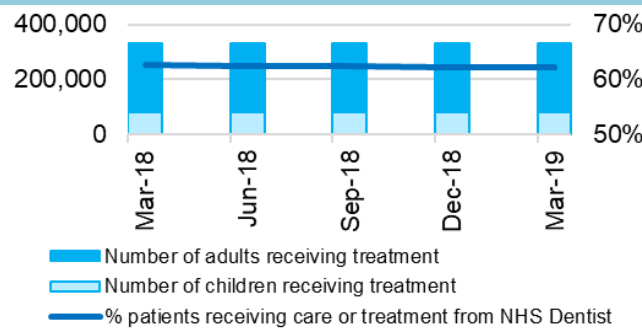


Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months

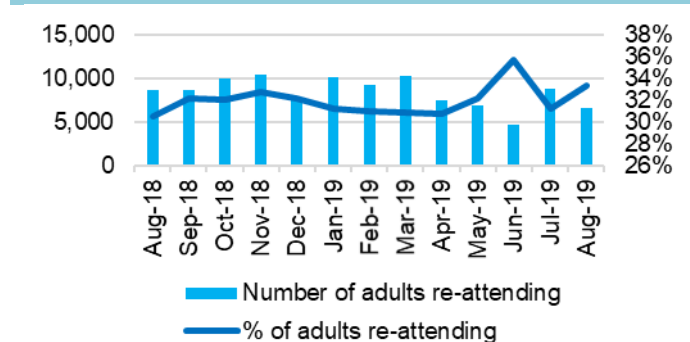


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

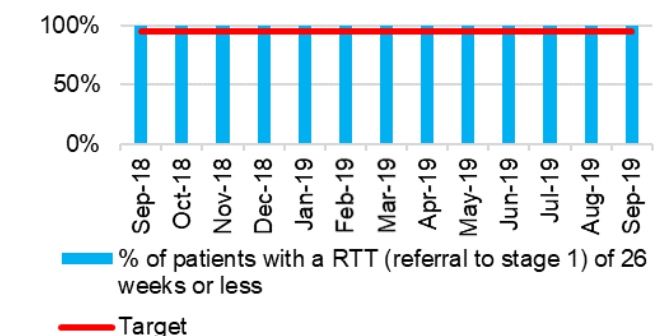


Chart 14: Number of hospital admissions or USC admissions avoided

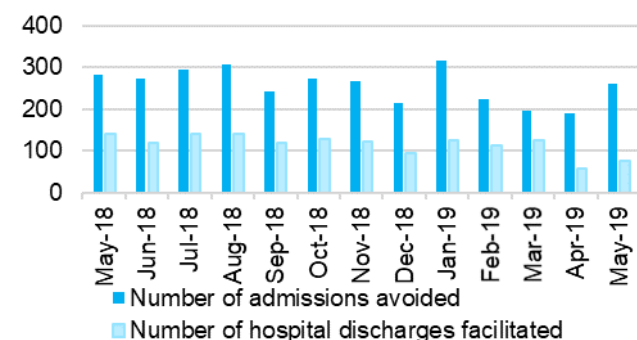


Chart 15: Variable Pay of Total Pay %

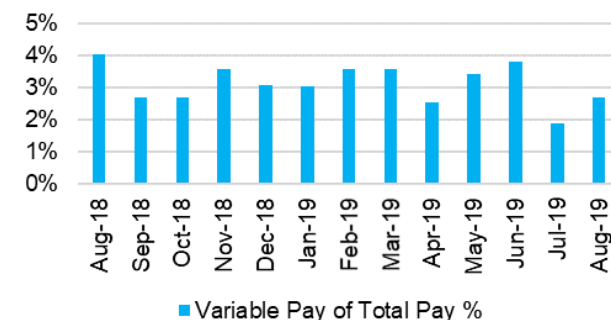
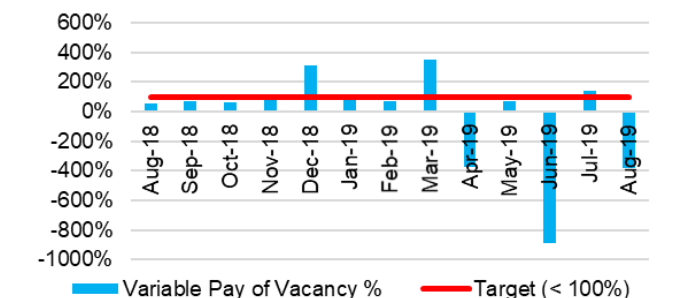


Chart 16: Variable Pay of Vacancy %



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
Healthy Child Wales Programme <i>The Healthy Child Wales Programme (HCWP) is a universal health programme for all families in Wales with children between 0-7 years. The HCWP sets out what planned contacts children and their families can expect from health visitors and other health professionals. From the time of maternity service handover up to the first years of schooling. The implementation of the HCWP ensures a commitment to support the health and wellbeing of children. All families are offered a Universal, Enhanced or Intensive programme according to outcome of FRAIT assessment.</i>	<p>Welsh Government has not set targets for HCWP contacts. There is, however, an expectation that 100% of all infants will receive a 10 – 14 day contact. At present the data does not evidence that this is being achieved (89.4%)</p> <p>A comparison of local and national data between Jan 19 and Mar 19 sees SBUHB substantially under the national average of 92% for the 10-14 days contact (74%). However, the average for the 10-14 days contact (Jan 19 to Aug 19) has improved to 80.82%</p> <p>SBUHB is just under the national average of 54% for the 185-208 weeks contact (52%) The latter is most likely to be deferred or contact letters sent where there are staff shortages. Often families will decline contact as the child is in school. Paper data collection forms are completed by HVs and sent by internal mail. This method of reporting is unreliable at best. A new process of data collection was piloted for a short period (3months) which did improve data compliance, but is not sustainable going forward. However, the data lead has been on long term sick and therefore we cannot quantify where the improvement stems from. There was a dip in performance during May, however, this was before the commencement of the new data collection pilot.</p>	<p>Heathly Child Wales Programme (Jan-19 to Aug-19)</p> <p>Heathly Child Wales Programme (Jan-19 to Aug-19)</p>	<ul style="list-style-type: none"> To review all infants not receiving 10-14 day contact in month and identify remedial actions Ensure any breach in 10-14 day contact is DATIX reported. Measure the number of 3.5 year contacts that have been declined by parents. Ensure all empty caseloads are entered on Unit risk register. Review data collection process and ensure all staff are aware of the importance of timely data submission.

Description	Current Performance	Trend	Actions planned for next period																																
<p>GP OOH <i>The Out of Hours medical service, usually referred to as the GP Out of Hours Service provides urgent primary care services to the population of SBU HB, and Bridgend residents of the CTM UHB under a service level agreement. The performance measures are:</i></p> <p>% of 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</p> <p>% of OOH/111 patients prioritised as P2F2F requiring a Primary Care Centre (PCC) based appointment seen within 2 hours following completion of their definitive clinical assessment</p>	<p>An Internal Audit (IA) was completed in September 2019. This reflected the concerns held by the service management team regarding GPOOH performance data. The Internal Audit report noted that the accuracy issue is due to data being managed across two organisations (SBU HB and WAST) and is noted as being an issue in all Health Boards where NHS 111 service is in place. Work has already been initiated between SBU and WAST to resolve this, but not completed.</p> <p>The GPOOH therefore comes with the caveat that at present SBU cannot be assured that the performance data is accurate.</p> <p>July 2019, zero patients were identified as P1F2F hence the blank cell on the performance statement.</p> <p>July 2019, P2F2F unachieved target. This measure is affected by the data flow issues referenced above.</p> <p><i>The standards developed above were proposed as a replacement for those in place for the 111 service and OOHs in Wales.</i></p>	<p>GP OOH P12F</p> <table><caption>GP OOH P12F Performance Data</caption><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Jan-19</td><td>80</td></tr><tr><td>Feb-19</td><td>60</td></tr><tr><td>Mar-19</td><td>80</td></tr><tr><td>Apr-19</td><td>85</td></tr><tr><td>May-19</td><td>50</td></tr><tr><td>Jun-19</td><td>100</td></tr><tr><td>Jul-19</td><td>100</td></tr></tbody></table> <p>GP OOH P2F2F</p> <table><caption>GP OOH P2F2F Performance Data</caption><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Jan-19</td><td>95</td></tr><tr><td>Feb-19</td><td>85</td></tr><tr><td>Mar-19</td><td>88</td></tr><tr><td>Apr-19</td><td>90</td></tr><tr><td>May-19</td><td>95</td></tr><tr><td>Jun-19</td><td>90</td></tr><tr><td>Jul-19</td><td>85</td></tr></tbody></table>	Month	Performance (%)	Jan-19	80	Feb-19	60	Mar-19	80	Apr-19	85	May-19	50	Jun-19	100	Jul-19	100	Month	Performance (%)	Jan-19	95	Feb-19	85	Mar-19	88	Apr-19	90	May-19	95	Jun-19	90	Jul-19	85	<ul style="list-style-type: none">Briefing paper is being prepared for both the Primary and Community Services Board (October 2019) and Executive Directors (November 2019) in response to IA report.Implement actions with colleagues in SBU Informatics and WAST to review, amend and implement changes to data flow to ensure data accuracy.
Month	Performance (%)																																		
Jan-19	80																																		
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Jul-19	85																																		

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

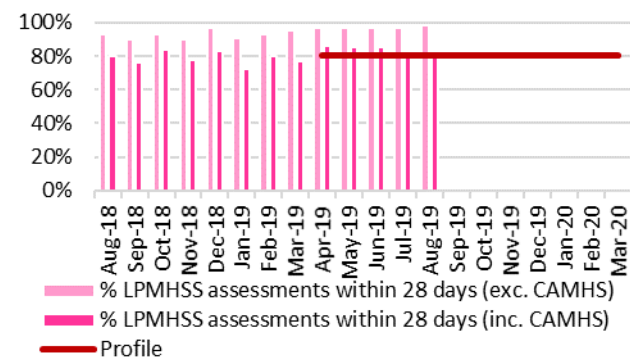


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

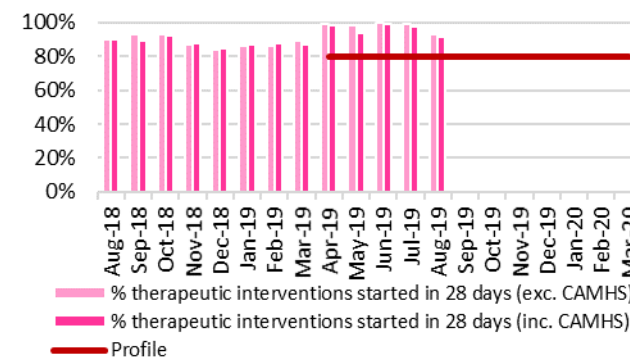


Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days

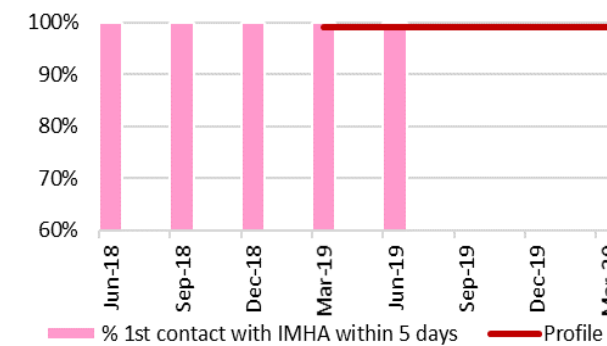


Chart 4: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)

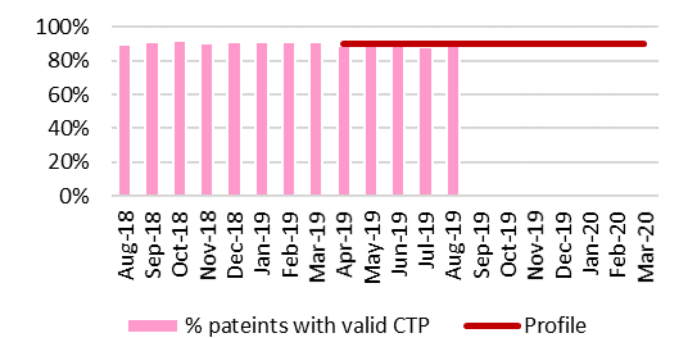


Chart 5: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment

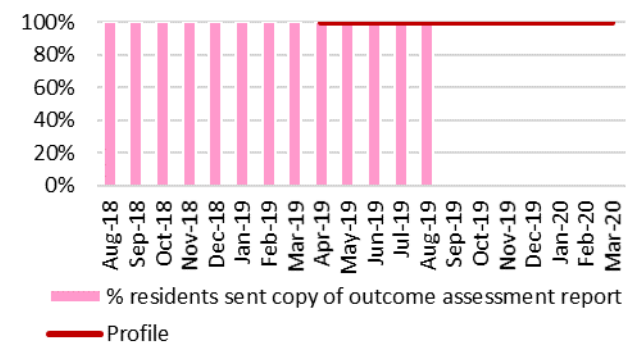


Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

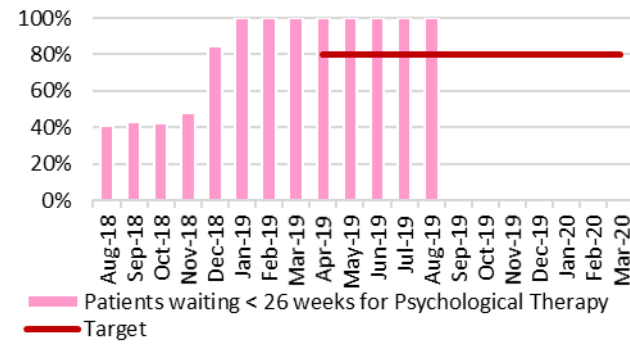


Chart 7: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

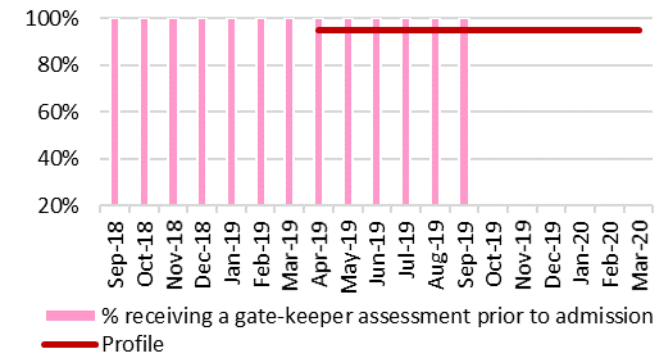


Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

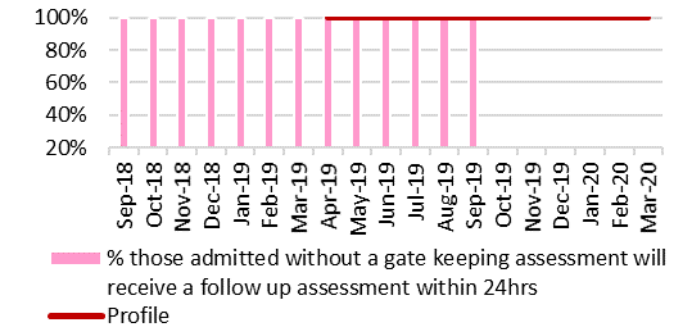


Chart 9: % of patients waiting under 14 weeks for Therapies

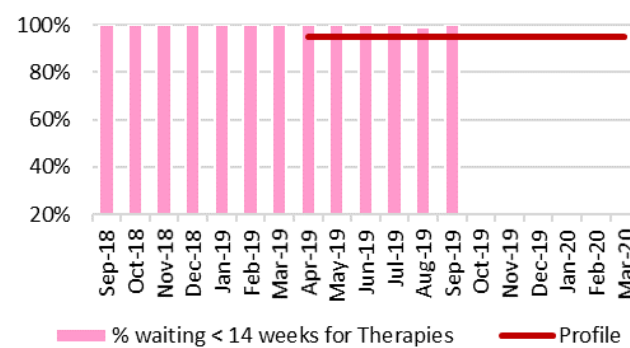


Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)

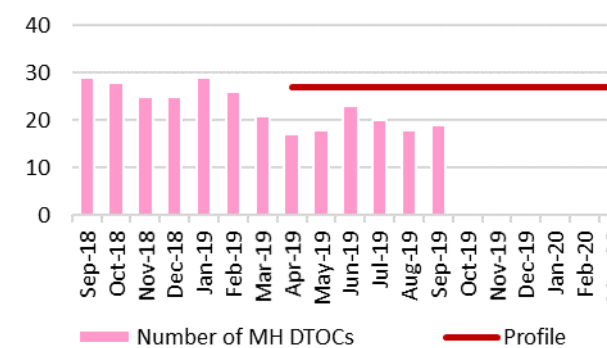


Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions

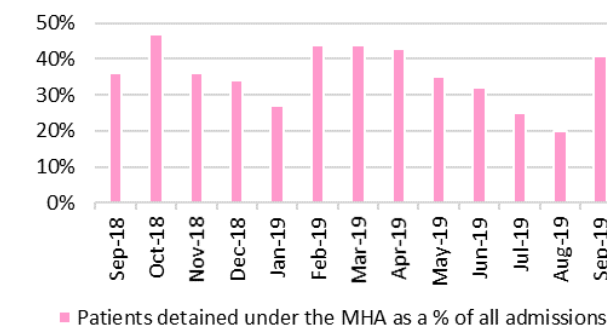


Chart 12: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

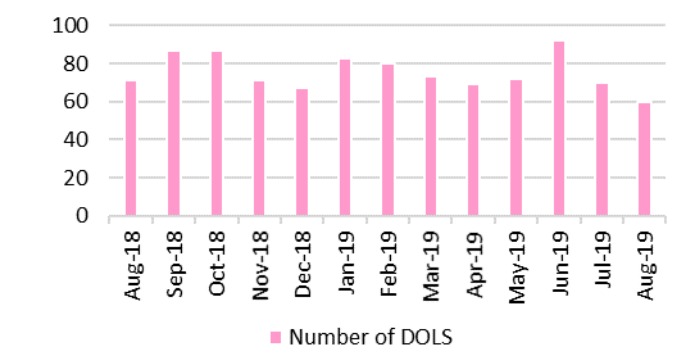


Chart 13: % of complaints responded to within 30 days

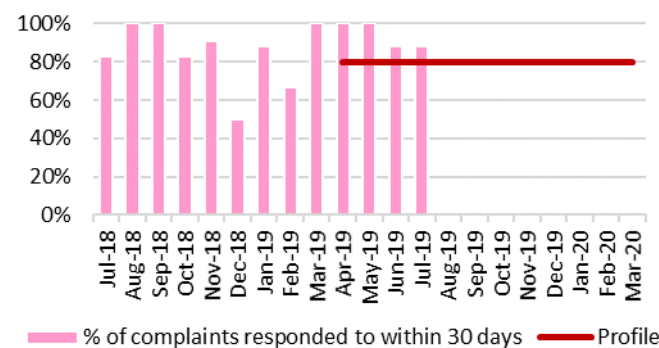


Chart 14: Number of Serious Incidents

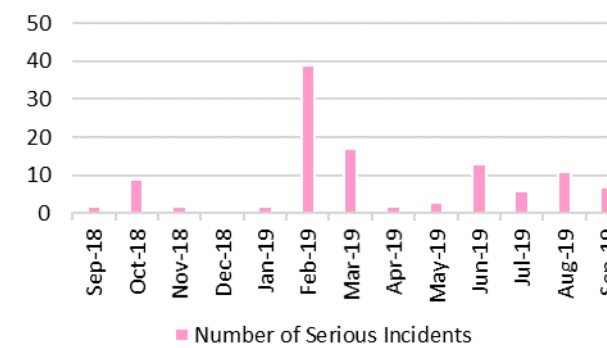


Chart 15: Number of safeguarding adult incidents

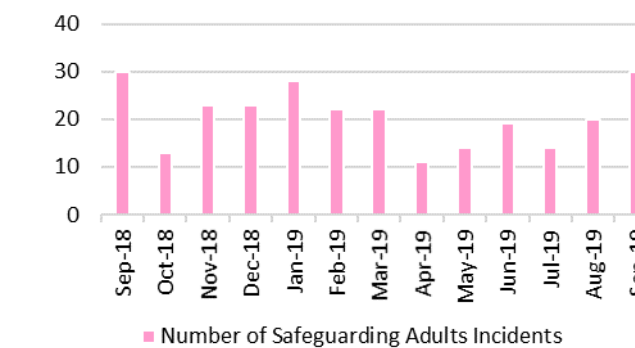
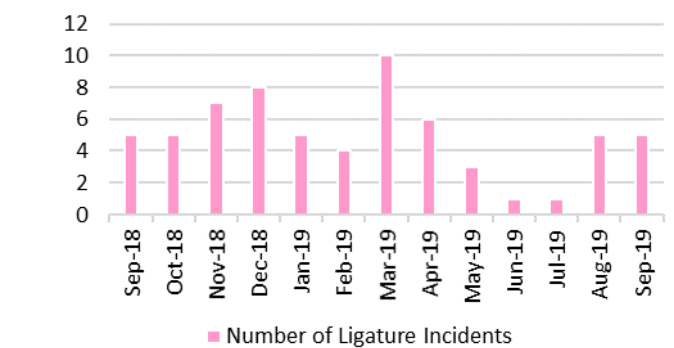


Chart 16: Number of ligature incidents

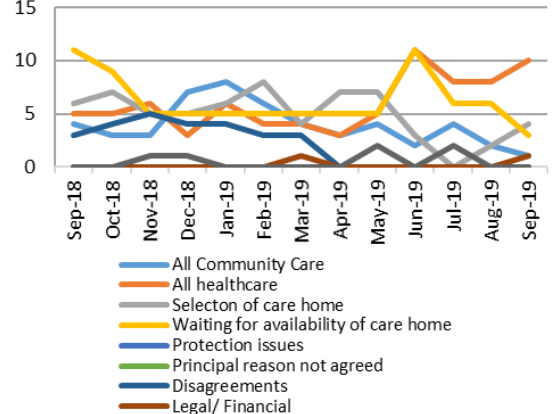
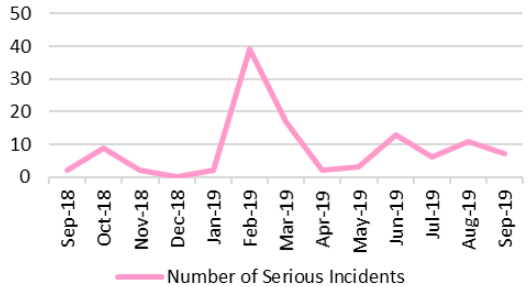


6.2 Mental Health & Learning Disabilities- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
Mental Health Measures: 1) % of MH assessments undertaken within 28 days from the date of receipt of referral 2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS 3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days 4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) 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	1) In August 2019, the percentage of assessments undertaken with 28 days was 98% excluding CAMHS and 79% including CAMHS 2) In August 2019, the percentage of therapeutic interventions started within 28 days was 93% excluding CAMHS and 92% including CAMHS. 3) The % of qualifying patients who had their first contact with IMHA with 5 working days in June 2019 was 100% 4) In August 2019, 91% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90% 5) In August 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	<p>Mental Health assessments and therapeutic interventions undertaken within 28 days</p> <p>Patients having 1st contact with IMHA within 5 days</p> <p>Residents in receipt of a Care Treatment Plan and their outcome assessment</p>	<ul style="list-style-type: none"> All Mental Health practitioners posts are progressing through the recruitment process, these practitioners will be employed by MH & LD Delivery Unit and aligned to clusters to work directly in GP practices. This is funded through the Primary Care cluster transformation programme. Impact on referral rate to LPMHSS to be monitored once the posts are appointed to. WG additional funding for Mental Health invested in enhancing therapy model across SBU HB in order to improve accessibility to therapeutic interventions including high intensity psychological therapies. All therapy posts are progressing through the recruitment process. The database introduced to ensure performance against CTP target is maintained is up and running and monitored monthly. Involvement in the planned future commissioning and re-tendering process for the SLA with Advocacy Support Cymru.

Description	Current Performance	Trend	Actions planned for next period
Crisis Resolution Home Treatment Team (CRHT) <ul style="list-style-type: none"> Percentage of those admitted between 9am and 9pm receiving a gate-keeping assessment by the CRHTS prior to admission Percentage of those admitted without a gate keeping assessment who received a follow up assessment by CRHTS within 24 hours of admission 	<ul style="list-style-type: none"> In September 2019 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission 	<p>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</p> <p>100% 80% 60% 40% 20%</p> <p>Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20</p> <p>■ % receiving a gate-keeper assessment prior to admission — Profile</p>	<ul style="list-style-type: none"> MH & LD Delivery Unit review of CRHT Teams will be a fuller review than originally planned. Therefore the draft report & recommendations expected by February 2020. Utilisation, when needed, of a crisis bed, which has been secured in Llanfair House for Swansea and NPT residents. Funding for the out of hours sanctuary service has been confirmed, service specification being finalised.
	<ul style="list-style-type: none"> In September 2019 100% of those admitted without a gate keeping assessment received a follow up assessment by CRHTS within 24 hours of admission 	<p>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</p> <p>100% 80% 60% 40% 20%</p> <p>Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20</p> <p>■ % those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs — Profile</p>	

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DToC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in August 2019 was 19 which is below the internal profile of 27.	Number of Mental Health DToCs 	<ul style="list-style-type: none"> Weekly discharge meetings will continue to take place in all Localities with Local Authority representation A monthly DTOC scrutiny meeting continues to take place in the DU led by the Head of Operations and is well attended. The Unit will continue to participate in the Senior DTOC Validation process introduced in the Health Board. These activities combined will continue to ensure that there is robust management of all DTOC cases.
Serious Incidents The number of Serious Incidents recorded against Mental Health and Learning Disabilities Delivery Unit	In September 2019, there were 7 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 5 more than September 2018 but 4 less than August 2019.	Number of Serious Incidents 	<ul style="list-style-type: none"> Continue to report all deaths of patients in contact with mental health services with the 12 months prior to their deaths as SI's Investigator appointed and 2 additional part time investigators addressing RCA investigations 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. Monitoring of SI cases to ensure proactive approach with weekly assessment of new and updated cases to ensure investigation proportionate to risks identified.

7.1 Unscheduled Care- Overview

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

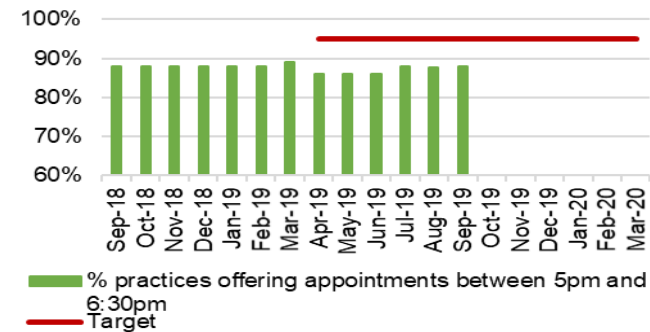


Chart 2: GP Out of Hours/ 111

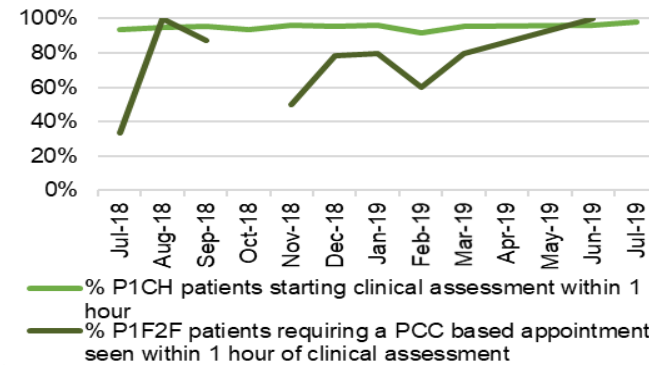


Chart 3: % red calls responded to within 8 minutes

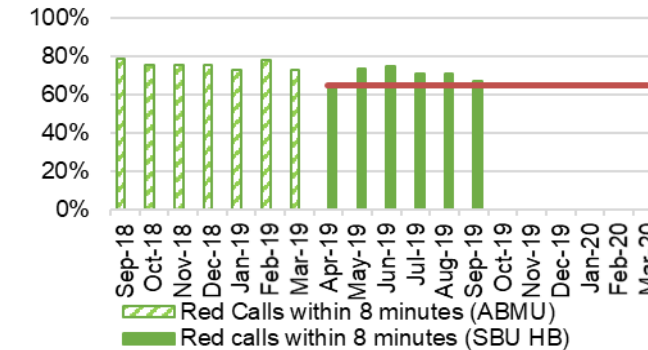


Chart 4: Number of ambulance handovers over 1 hour

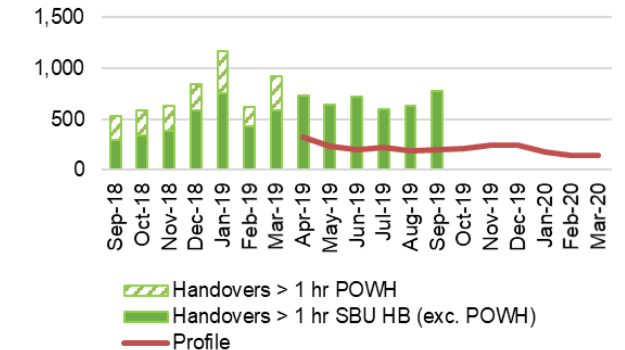


Chart 5: Lost hours- notification to ambulance handover over 15 minutes

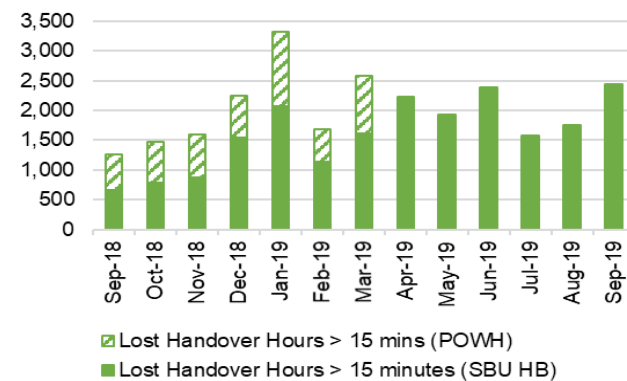


Chart 6: A&E Attendances

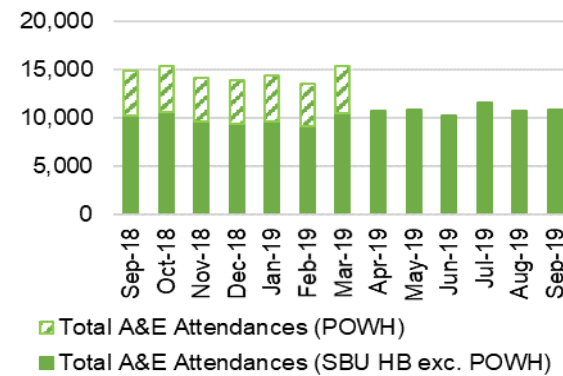


Chart 7: % patients who spend less than 4 hours in A&E

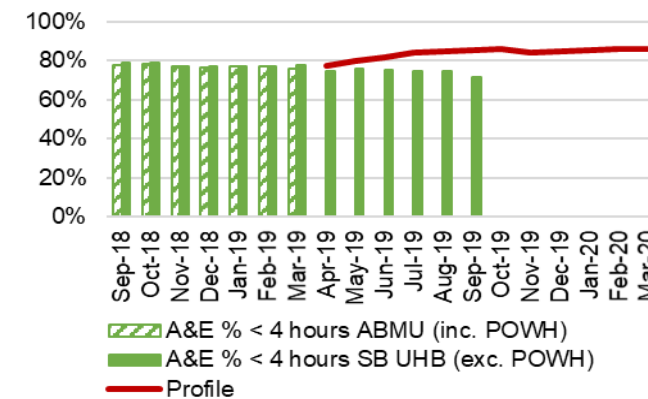


Chart 8: Number of patients waiting over 12 hours in A&E

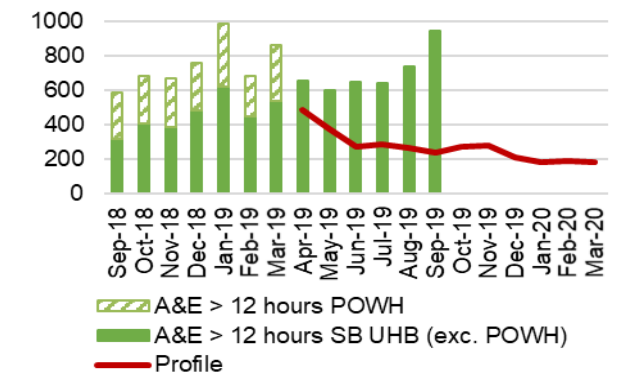


Chart 9: Number of emergency admissions

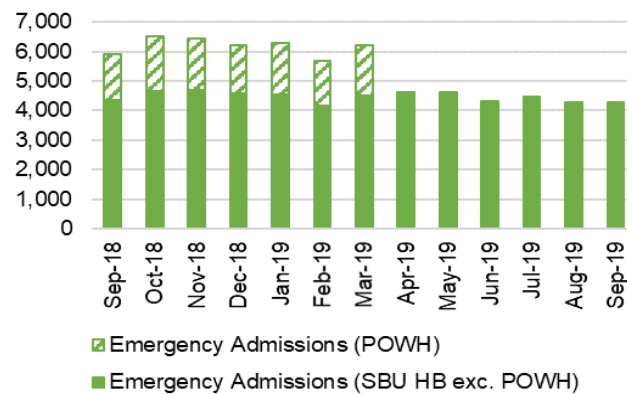


Chart 10: Elective procedures cancelled due to lack of beds

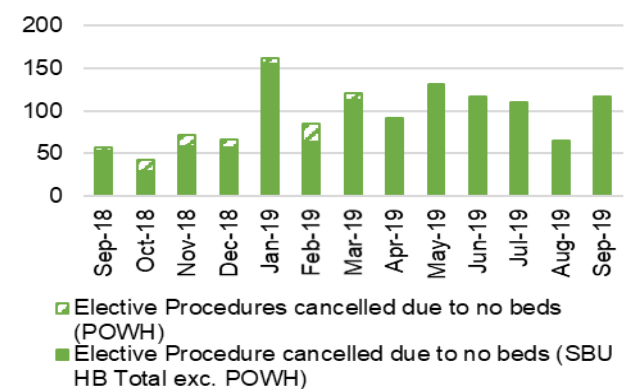


Chart 11: Number of mental health delayed transfers of care

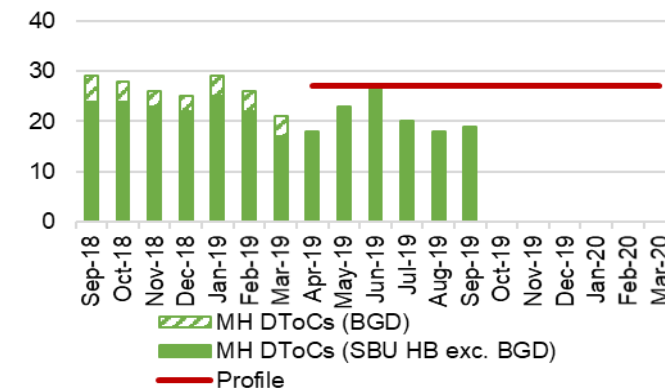


Chart 12: Number of non- mental health delayed transfers of care

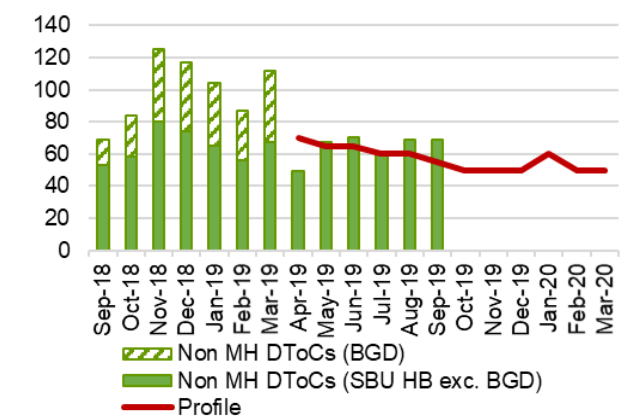


Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours

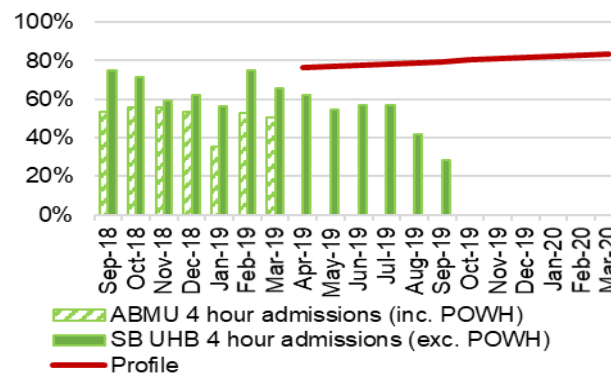


Chart 14: % of patients who receive a CT scan within 1 hour

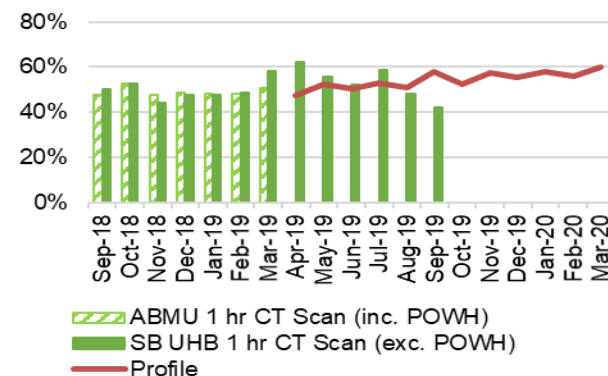


Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours

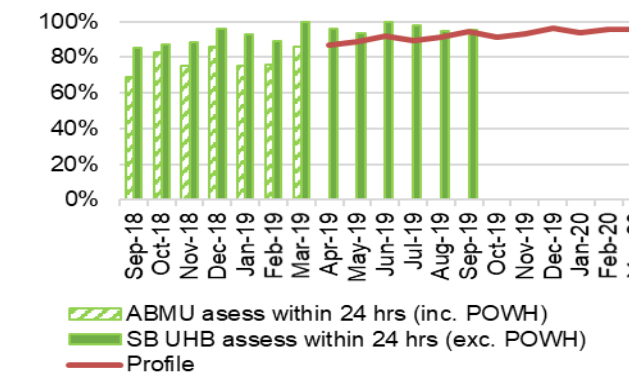
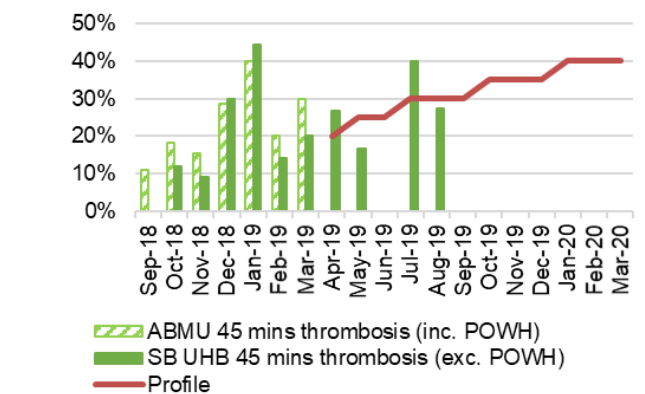


Chart 16: % of thrombolysed stroke patients with a door to door needle time of ≤45 minutes



Unscheduled Care Overview (September 2019)

Primary Care Access		Ambulance		Emergency Department	
95% (→) GP practices open during daily core hours	88% (→) GP practices offering appointments between 5pm-6:30pm	66.7% (4%↓) Red calls responded to with 8 minutes	778 (23%↑) Ambulance handovers over 1 hour	10,918 (1%↑) A&E attendances	71.37% (2.9%↓) Waits in A&E under 4 hours
98% (2%↑) % 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>)	100% (50%↑) % 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>)	3,305 (1%↑) Amber calls	366 (14%↑) Red calls	941 (27%↑) Waits in A&E over 12 hours	1,476 (1%↑) Patients admitted from A&E
Emergency Activity			Patient Flow		
4,285 (0.5%↑) Emergency Inpatient Admissions	405 (8%↓) Emergency Theatre Cases		19 (6%↑) Mental Health DTOCs	69 (→) Non-Mental Health DTOCs	
	295 (2%↑) Trauma theatre cases	116 (78%↑) Elective procedures cancelled due to no beds	3,571 (1%↓) Days lost due to medically fit (<i>Morrison only</i>)		204 (13%↑) 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																																																								
A&E waiting times <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In September 2019, the Health Board's performance against the 4 hour metric deteriorated by 2.9% compared with August 2019 (from 74.26% to 71.37%).</p> <p>Neath Port Talbot Hospital's 4 hour performance fell just below the national target of 95% with 94.58%. Performance at Morriston hospital was below profile, achieving 60.5%.</p>	<p>% patients waiting under 4 hours in A&E</p> <table><caption>% patients waiting under 4 hours in A&E</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-18</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Oct-18</td><td>70%</td><td>95%</td><td>98%</td></tr><tr><td>Nov-18</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Dec-18</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Jan-19</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Feb-19</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Mar-19</td><td>68%</td><td>95%</td><td>98%</td></tr><tr><td>Apr-19</td><td>65%</td><td>95%</td><td>98%</td></tr><tr><td>May-19</td><td>66%</td><td>95%</td><td>98%</td></tr><tr><td>Jun-19</td><td>64%</td><td>95%</td><td>98%</td></tr><tr><td>Jul-19</td><td>65%</td><td>95%</td><td>98%</td></tr><tr><td>Aug-19</td><td>65%</td><td>95%</td><td>98%</td></tr><tr><td>Sep-19</td><td>60.5%</td><td>95%</td><td>94.58%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-18	68%	95%	98%	Oct-18	70%	95%	98%	Nov-18	68%	95%	98%	Dec-18	68%	95%	98%	Jan-19	68%	95%	98%	Feb-19	68%	95%	98%	Mar-19	68%	95%	98%	Apr-19	65%	95%	98%	May-19	66%	95%	98%	Jun-19	64%	95%	98%	Jul-19	65%	95%	98%	Aug-19	65%	95%	98%	Sep-19	60.5%	95%	94.58%	<ul style="list-style-type: none">Implementation of the comprehensive Quarter 3 unscheduled care improvement plan which was agreed in September with service and executive director input and support.Monitor progress of the Q3 plan on a weekly basis with the input and support of the Delivery Support Team.Maintain and fund all surge bed capacity that can be staffed on all our hospital sitesOnly cancer and urgent elective admissions are being managed through our inpatient bed capacityContinue to recruit to staff vacancies.Advertise for 2 consultants in Morriston ED plus accelerate plans for ESD service expansion ahead of current timeframe.Ongoing implementation of hospital to home transformation programme in line with the agreed project plan to increase overall system wide capacity which will support improved patient flow through our front door emergency departments. Aim to phase in increased capacity from mid December.
Month	Morriston	Singleton	NPTH																																																								
Sep-18	68%	95%	98%																																																								
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A&E waiting times <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i>	<p>In September 2019, performance against this measure deteriorated compared with August 2019, increasing from 740 to 941.</p> <p>12 hour breaches in Morriston hospital ED increased from 311 in September 2018 to 941 in September 2019, which is a reflection of the wider patient flow and capacity issues across the USC system.</p>	<p>Number of patients waiting over 12 hours in A&E</p> <table><caption>Number of patients waiting over 12 hours in A&E</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-18</td><td>311</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>380</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>450</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>450</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>550</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>650</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>750</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>941</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-18	311	0	0	Oct-18	400	0	0	Nov-18	380	0	0	Dec-18	450	0	0	Jan-19	600	0	0	Feb-19	450	0	0	Mar-19	550	0	0	Apr-19	650	0	0	May-19	600	0	0	Jun-19	650	0	0	Jul-19	650	0	0	Aug-19	750	0	0	Sep-19	941	0	0	
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Description	Current Performance	Trend	Actions planned for next period																																																								
Ambulance responses <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i>	<p>Ambulance response times are consistently above the national target and local profile of 65%.</p> <p>Performance against this measure in September however saw an in-month dip from 70.7% in August 2019 to 66.7% in September 2019.</p> <p>Red call conveyances to Morriston and Singleton acute hospitals increased from 185 in September 2018 to 275 in September 2019 – an increase of 90 conveyances in this category (+48.6%).</p>	Number of ambulance call responses <table border="1"><caption>Number of ambulance call responses (Estimated Data)</caption><thead><tr><th>Month</th><th>Red Calls</th><th>Amber Calls</th><th>Green Calls</th></tr></thead><tbody><tr><td>Sep-18</td><td>1200</td><td>4500</td><td>500</td></tr><tr><td>Oct-18</td><td>1300</td><td>4800</td><td>500</td></tr><tr><td>Nov-18</td><td>1400</td><td>4500</td><td>500</td></tr><tr><td>Dec-18</td><td>1500</td><td>4800</td><td>500</td></tr><tr><td>Jan-19</td><td>1400</td><td>4200</td><td>500</td></tr><tr><td>Feb-19</td><td>1300</td><td>4500</td><td>500</td></tr><tr><td>Mar-19</td><td>1400</td><td>3500</td><td>500</td></tr><tr><td>Apr-19</td><td>1200</td><td>3200</td><td>500</td></tr><tr><td>May-19</td><td>1100</td><td>3200</td><td>500</td></tr><tr><td>Jun-19</td><td>1000</td><td>3200</td><td>500</td></tr><tr><td>Jul-19</td><td>1000</td><td>3200</td><td>500</td></tr><tr><td>Aug-19</td><td>1000</td><td>3200</td><td>500</td></tr><tr><td>Sep-19</td><td>1000</td><td>3200</td><td>500</td></tr></tbody></table>	Month	Red Calls	Amber Calls	Green Calls	Sep-18	1200	4500	500	Oct-18	1300	4800	500	Nov-18	1400	4500	500	Dec-18	1500	4800	500	Jan-19	1400	4200	500	Feb-19	1300	4500	500	Mar-19	1400	3500	500	Apr-19	1200	3200	500	May-19	1100	3200	500	Jun-19	1000	3200	500	Jul-19	1000	3200	500	Aug-19	1000	3200	500	Sep-19	1000	3200	500	<ul style="list-style-type: none">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">The development of revised escalation plans including cross border regional and national support arrangements. A national escalation workshop is being held on 15th October to work towards the implementation on new escalation arrangements from November 2019Development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.Implement actions agreed at the 'Perfect day' workshop arranged at Morriston on 3rd October with WAST and partner agencies to improve patient flow and ambulance handover.
Month	Red Calls	Amber Calls	Green Calls																																																								
Sep-18	1200	4500	500																																																								
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Ambulance handovers <i>The number of ambulance handovers over one hour</i>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system in September.</p> <p>In September 2019, Morriston Hospital saw an increase of 485 >1 hour ambulance handover waits, compared with September 2018 (from 261 to 746).</p> <p>Singleton saw a reduction from 38 in September 2018 to 32 in September 2019.</p>	Number of ambulance handovers over one hour <table border="1"><caption>Number of ambulance handovers over one hour (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston handovers > 1 hour</th><th>Singleton Handovers > 1 hour</th></tr></thead><tbody><tr><td>Sep-18</td><td>261</td><td>38</td></tr><tr><td>Oct-18</td><td>300</td><td>40</td></tr><tr><td>Nov-18</td><td>350</td><td>40</td></tr><tr><td>Dec-18</td><td>550</td><td>40</td></tr><tr><td>Jan-19</td><td>680</td><td>40</td></tr><tr><td>Feb-19</td><td>400</td><td>40</td></tr><tr><td>Mar-19</td><td>550</td><td>40</td></tr><tr><td>Apr-19</td><td>650</td><td>40</td></tr><tr><td>May-19</td><td>600</td><td>40</td></tr><tr><td>Jun-19</td><td>650</td><td>40</td></tr><tr><td>Jul-19</td><td>550</td><td>40</td></tr><tr><td>Aug-19</td><td>600</td><td>40</td></tr><tr><td>Sep-19</td><td>746</td><td>32</td></tr></tbody></table>	Month	Morriston handovers > 1 hour	Singleton Handovers > 1 hour	Sep-18	261	38	Oct-18	300	40	Nov-18	350	40	Dec-18	550	40	Jan-19	680	40	Feb-19	400	40	Mar-19	550	40	Apr-19	650	40	May-19	600	40	Jun-19	650	40	Jul-19	550	40	Aug-19	600	40	Sep-19	746	32															
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Description	Current Performance	Trend	Actions planned for next period
A&E Attendances <i>The number of attendances at emergency departments in the Health Board</i>	<p>Overall ED/MIU attendances in September were higher by 632 patients (+6%) from 10,286 attendances in September 2018 to 10,918 attendances in September 2019.</p> <p>Attendances in September 2019 were also higher when compared with August 2019 (from 10,787 to 10,918).</p>	<p>Number of A&E attendances</p> <p>Legend: Morriston (Blue), Singleton (Orange), NPTH (Yellow)</p>	<ul style="list-style-type: none"> GP out of hours service continues to be well placed to manage demand. 111 awareness campaign programme and communication of Choose Well pathways. 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. Maximise use of telephone first model to support practices to manage demand. Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health & social care system. Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital
Emergency Admissions <i>The number of emergency admissions across the Health Board by site</i>	<p>In September 2019, there were 4,285 emergency admissions across the Health Board which is 58 (-1%) less admissions than in September 2018 but 0.5% (20) more than August 2019.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p>Number of emergency admissions</p> <p>Legend: Morriston (Blue), Singleton (Orange), NPTH (Yellow)</p>	<ul style="list-style-type: none"> 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. Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions. Develop winter planning arrangements – which have a particular focus this year on primary and community care support and interventions. Outline plan to be finalised by mid October. Follow up winter summit with WG has been arranged for 17th October. HB visit to Stoke is planned in mid-October to assess the ambulatory care model in medicine as part of the work to develop the acute medicine model in Swansea Bay.

Description	Current Performance	Trend	Actions planned for next period
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i>	<p>In September 2019, there were on average 204 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>The number of discharge/ medically fit patients by site</p> <p>* Data for Gorseinon Hospital has not been available since November 2018.</p>	<ul style="list-style-type: none"> Implementation of the Hospital to Home (H2H) programme in line with Quarter 3 project plan including: Recruitment of additional therapists to increase system wide H2H capacity. Development of the trusted assessor model and competencies across the Health Board. Develop a Health Board wide Early Supported Discharge (ESD) model. Implementation of a standard Operating Procedure for Medically Fit (optimised) meetings to ensure consistency across the Health Board and to encourage a smarter approach to determining agreed actions, timescales and accountability for delivery. The actions are given a RAG rating (traffic light process) to denote urgency of the action to resolve. Roll out the SIGNAL system in Singleton hospital to Morriston hospital during Quarter 3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge.
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was</i>	<p>In September 2019, there were 116 elective procedures cancelled due to lack of beds on the day of surgery. This is 78% more than in August 2019 (65 to 116). In September 2019, 109 of the 116 cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p>	<ul style="list-style-type: none"> 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. Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures.

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board- Mental Health (all ages)</i>	<p>The number of mental health related delayed transfers of care in August 2019 was 19 which is below the internal profile of 27.</p>	<p>Number of Mental Health DTOCs</p> <p> All Community Care All healthcare Selection of care home Waiting for availability of care home Protection issues Principal reason not agreed Disagreements Legal/ Financial </p>	<ul style="list-style-type: none"> Embedding an agreed standardised approach across the HB for the DTOC monthly census capture. Previous variations existed between Units. A formal standard process for the capture of DTOC data as a standard operating procedure is in place. Both Local Authorities are working towards the end of their internal realignment of Domiciliary Commissioning arrangements. The aim of this work is to improve the market capacity and flexibility. Additional domiciliary capacity is also being targeted in NPT LA through the offer of additional hours. Senior 'Check and Challenge' DTOC validation meeting takes place to finalise the DTOC data, and to challenge where required and to consider different approaches as necessary. Senior staff from both Local Authorities attend this validation meeting alongside senior members from each Service Delivery Unit in the Health Board.
Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board - Non Mental Health (age 75+)</i>	<p>In September 2019, the number of non-mental health and learning disability delayed transfers of care was 69 which is above the internal profile of 55.</p> <p>Morriston hospital continues to account for the largest number of delayed patients with 23 in September, closely followed by Neath Port Talbot Hospital with 20.</p>	<p>Number of Non Mental Health DTOCs</p> <p> Morriston Singleton Gorseinon NPTH Learning Disabilities </p>	<ul style="list-style-type: none"> High impact change models are currently being developed and finalised within the Swansea Bay footprint, which will promote transformational change across Swansea Bay UHB in collaboration with our Local Authority partners utilising the John Bolton Model. This Hospital to Home model encompasses early discharge within a Discharge to Recover and Assess model, supported by a Trusted Assessor role as the key to ensuring quick assessment and earlier patient discharge. A new SAFER – Patient Flow Policy (formerly Discharge Policy) which mandates

			<p>smart processes such as SAFER, PSAG Board Rounds and Red and Green days will be launched in October across the Health Board. The launch will ensure refresher training including – Home First workshops, Snap training on the wards, ensuring that the use of the SAFER flow process is consistently applied across the HB. This will also coincide with the relaunch of the ‘end PJ paralysis’ ethos which is closely aligned with the quality and safety agenda.</p> <ul style="list-style-type: none"> • Choice of Accommodation policy is currently being updated with the aim of relaunching the revised policy in November. Service Delivery Units are being actively encouraged to ensure that current operational practice reflects the existing Choice of Accommodation policy, which is designed to support staff, patients and carers in this more challenging area of discharge planning. • Measurement of harm through delays in transfers is in place however further work is being undertaken to improve this process and to increasingly use the information to support the improvement approach. There is close working with Local Authority partners to jointly review discharge delays causing harm. Working with DATIX team to ensure a seamless approach of information between Health and Local Authorities. • It is planned to roll out the SIGNAL system in place in Singleton hospital to Morriston hospital during Quarter 3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge.
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Description	Current Performance	Trend	Actions planned for next period																												
Stroke Admissions <i>The total number of stroke admissions into the Health Board</i>	<p>In September 2019, there were 43 confirmed stroke admissions in Morriston Hospital. This is a reduction of 13 patients compared with August 2019 and a reduction of 5 compared with September 2018.</p>	<p>Total number of stroke admissions</p> <table><caption>Total number of stroke admissions (Morr)</caption><thead><tr><th>Month</th><th>Admissions</th></tr></thead><tbody><tr><td>Sep-18</td><td>48</td></tr><tr><td>Oct-18</td><td>60</td></tr><tr><td>Nov-18</td><td>43</td></tr><tr><td>Dec-18</td><td>46</td></tr><tr><td>Jan-19</td><td>38</td></tr><tr><td>Feb-19</td><td>48</td></tr><tr><td>Mar-19</td><td>50</td></tr><tr><td>Apr-19</td><td>45</td></tr><tr><td>May-19</td><td>46</td></tr><tr><td>Jun-19</td><td>55</td></tr><tr><td>Jul-19</td><td>43</td></tr><tr><td>Aug-19</td><td>55</td></tr><tr><td>Sep-19</td><td>43</td></tr></tbody></table>	Month	Admissions	Sep-18	48	Oct-18	60	Nov-18	43	Dec-18	46	Jan-19	38	Feb-19	48	Mar-19	50	Apr-19	45	May-19	46	Jun-19	55	Jul-19	43	Aug-19	55	Sep-19	43	<ul style="list-style-type: none">Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.Service Director discussions being planned to map out future TIA service model for Swansea & Neath Port Talbot. Main areas of discussion are the requirements for delivery of a seven day service and implementation of reciprocal Consultant cross cover of TIA clinics. Robust TIA services are effective in reducing stroke admissions.
Month	Admissions																														
Sep-18	48																														
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Jul-19	43																														
Aug-19	55																														
Sep-19	43																														
Stroke 4 hour access target <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i>	<p>In September 2019 only 12 out of 42 patients had a direct admission to an acute stroke unit within 4 hours (29.6%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for July 2019 which confirms that performance ranged from 31.6% to 74.4%. SBU HB achieved 54.0% in July 2019.</p>	<p>Percentage of patients admitted to stroke unit within 4 hours</p> <table><caption>Stroke admissions within 4 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Sep-18</td><td>75%</td></tr><tr><td>Oct-18</td><td>70%</td></tr><tr><td>Nov-18</td><td>60%</td></tr><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>55%</td></tr><tr><td>May-19</td><td>58%</td></tr><tr><td>Jun-19</td><td>55%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>35%</td></tr><tr><td>Sep-19</td><td>29.6%</td></tr></tbody></table>	Month	Percentage	Sep-18	75%	Oct-18	70%	Nov-18	60%	Dec-18	62%	Jan-19	55%	Feb-19	75%	Mar-19	65%	Apr-19	55%	May-19	58%	Jun-19	55%	Jul-19	58%	Aug-19	35%	Sep-19	29.6%	<ul style="list-style-type: none">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 in September.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.Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance.Morriston Delivery Unit continues to perform well in terms of SNAPP – graded B consecutively for the last 3 quarters
Month	Percentage																														
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Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan <i>Percentage of patients who receive a CT scan within 1 hour</i>	In September 2019, the Health Board achieved 42%, which was below the internal profile of 58%.	Percentage of patients receiving CT scan within 1 hour <p>— Ct scan within 1 hour (Morr)</p>	<ul style="list-style-type: none"> Discussions between the acute stroke team, ED & radiology to work through key recommendations of the thrombolysis action plan. Achieving more timely CT access is priority area within this plan. Actions include - <ul style="list-style-type: none"> Formal adoption of the one hour standard in radiology standard operating procedures for stroke Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management. Streamlined data collection process as part of the ASHICE call (pre-alerting a patient's conveyance to hospital) to reduce delays prior to CT scan. Focus on improved availability of porters to transfer patients to CT without delay. 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 Rehabilitation and HASU work is ongoing with the plan to agree a Business Case by March 2020.
Stroke assessment within 24 hours <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	In September 2019, the Health Board achieved 95% which was above the internal profile of 94%.	Percentage of patients assessed by stroke consultant within 24 hours <p>— Consultant assessment within 24 hours (Morr)</p>	

Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In September 2019, 14% of patients were thrombolysed (6 out of 43). However, none of the 6 patients were thrombolysed within the 45 minutes (door to needle) standard (0%). This is below the internal profile of 30%</p>	<p>Percentage of eligible thrombolysed patients within 45 minutes</p> <table><caption>Percentage of eligible thrombolysed patients within 45 minutes</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Sep-18</td><td>0%</td></tr><tr><td>Oct-18</td><td>12%</td></tr><tr><td>Nov-18</td><td>8%</td></tr><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>28%</td></tr><tr><td>May-19</td><td>18%</td></tr><tr><td>Jun-19</td><td>0%</td></tr><tr><td>Jul-19</td><td>40%</td></tr><tr><td>Aug-19</td><td>28%</td></tr><tr><td>Sep-19</td><td>0%</td></tr></tbody></table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Sep-18	0%	Oct-18	12%	Nov-18	8%	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	28%	May-19	18%	Jun-19	0%	Jul-19	40%	Aug-19	28%	Sep-19	0%	<ul style="list-style-type: none">Discussions between the acute stroke team, ED & radiology to work through key recommendations of the thrombolysis action plan.Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management is considered a key driver in improving performance.
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Jun-19	0%																														
Jul-19	40%																														
Aug-19	28%																														
Sep-19	0%																														

8.1 Planned Care- Overview

Chart 1: Number of GP Referrals into secondary care

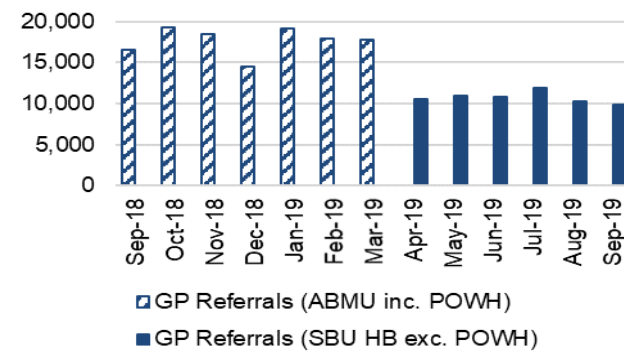


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

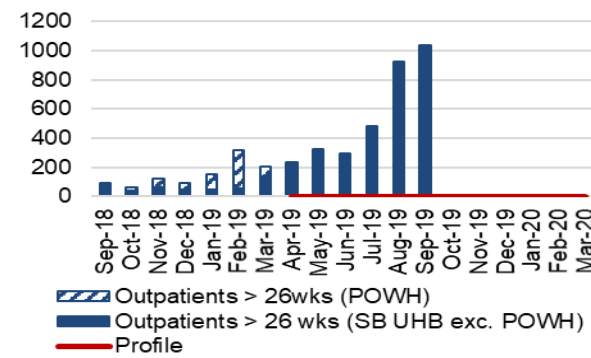


Chart 3: Number of patients waiting over 36 weeks for treatment

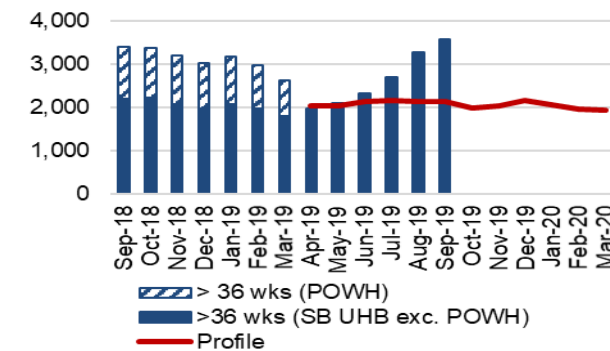


Chart 4: % patients waiting less than 26 weeks from referral to treatment

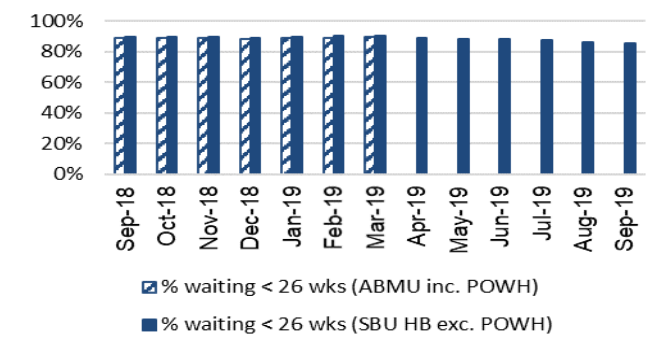


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

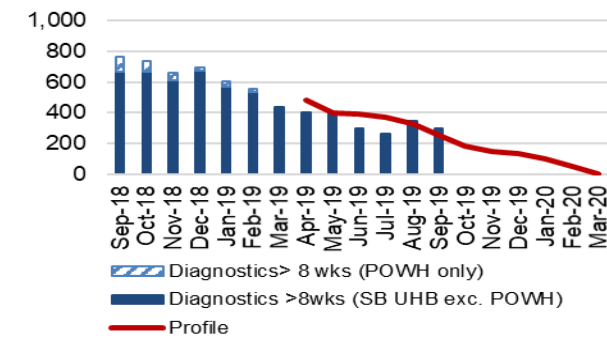


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

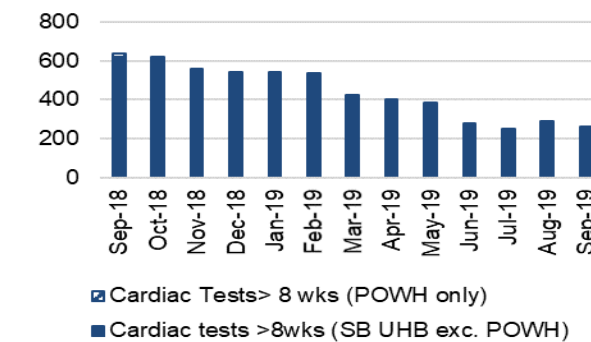


Chart 7: % of patients waiting less than 14 weeks for Therapies

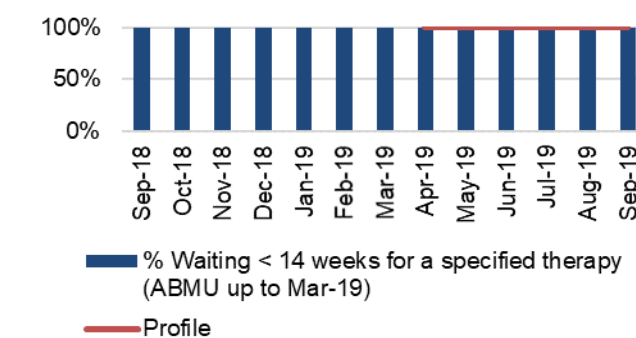


Chart 8: Cancer referrals

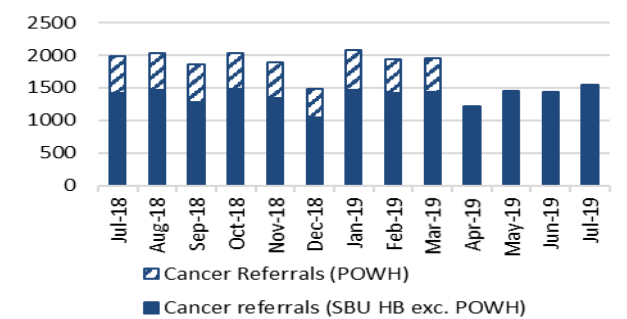


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

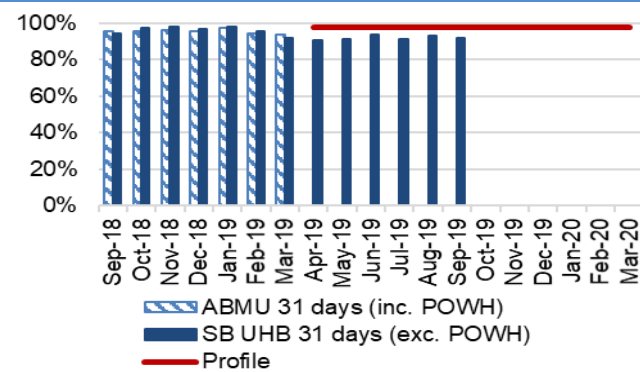


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

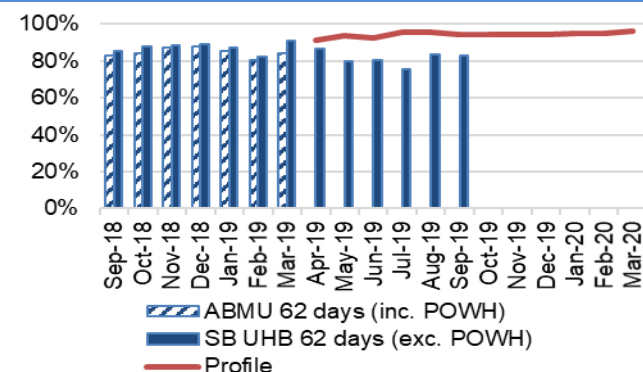


Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)

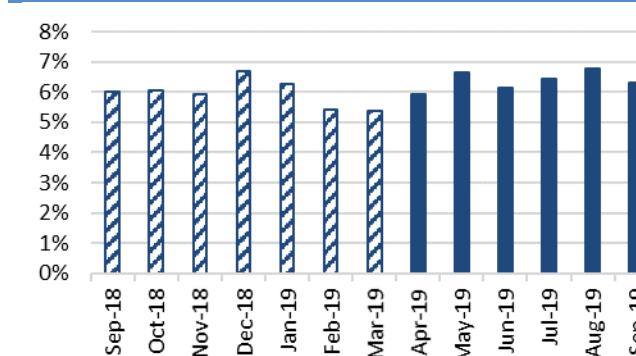


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)

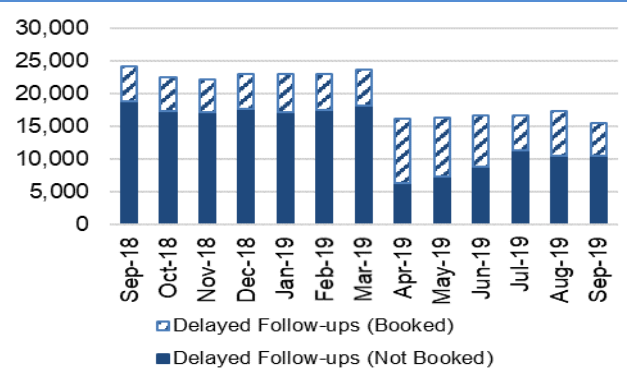


Chart 13: Number of patients without a documented clinical review date

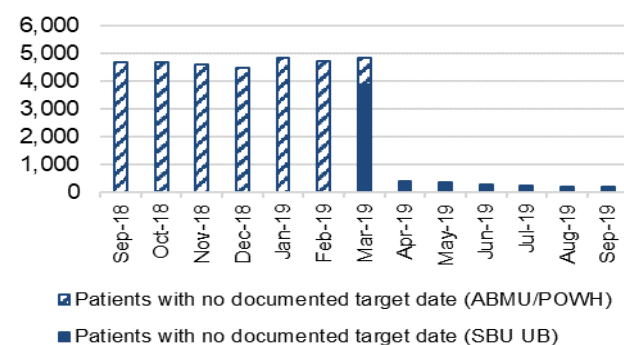


Chart 14: Ophthalmology patients without an allocated health risk factor

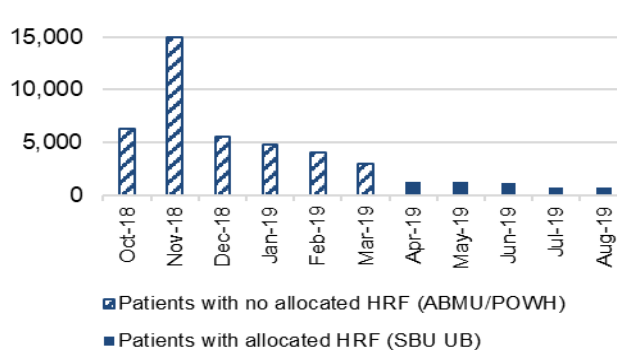


Chart 15: Total number of patients on the follow-up waiting list

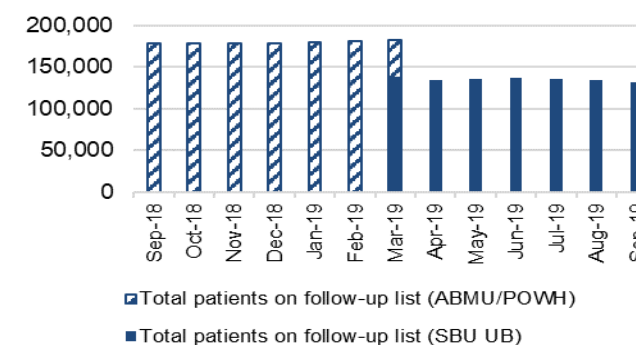
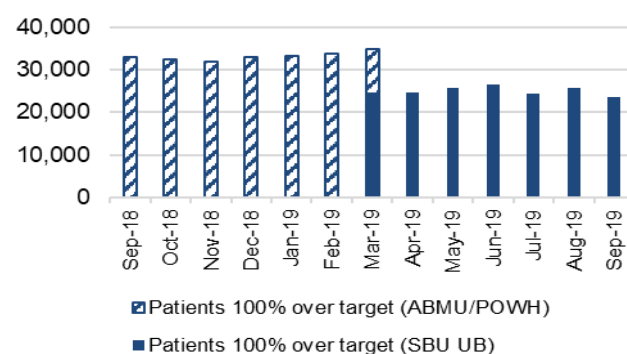


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (September 2019)

Demand	Waiting Times				Outpatient Efficiencies
9,905 (4%↓) Total GP referrals	1,039 (12%↑) Patients waiting over 26 weeks for a new outpatient appointment	3,565 (9%↑) Patients waiting over 36 weeks for treatment	1,107 (8%↑) Patients waiting over 52 weeks for treatment	85.1% (1.3%↓) Patients waiting under 26 weeks from referral to treatment	6.3% (0.5%↓) % of patients who did not attend a new outpatient appointment (all specialties)
5,342 (6%↓) Routine GP referrals					
4,563 (0.2%↓) Urgent GP referrals	294 (15%↓) Patients waiting over 8 weeks for all reportable diagnostics	264 (9%↓) Patients waiting over 8 weeks for Cardiac diagnostics only	0 (0.02%↑) Patients waiting over 14 weeks for reportable therapies	48,692 (6%↓) Patients waiting for an outpatient follow-up who are delayed past their target date (Jul-19)	8.0% (0.5%↑) % of patients who did not attend a follow-up outpatient appointment (all specialties)
Cancer		Theatre Efficiencies			
1,538 (7%↑) Number of USC referrals received (Jul-19)	91 (9%↓) USC backlog over 52 days		67% (11%↑) Theatre utilisation rate	43% (4%↑) % of theatres sessions finishing early	
92% (1%↓) draft NUSC patients receiving treatment within 31 days		83% (→) draft USC patients receiving treatment within 62 days		43% (5%↑) % of theatres sessions starting late	41% (6%↑) Operations cancelled on the day

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

8.2 Theatre Efficiencies Dashboard

									ABMU							SBU					
Measure		Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Number of cancelled operations	Morrison	Sep-19	499			↑ ●	↑ ●		396	458	368	377	507	443	472	484	527	492	481	462	499
	NPTH	Sep-19	174			↑ ●	↓ ●		182	181	177	121	177	179	164	132	150	161	161	123	174
	Singleton	Sep-19	237			↑ ●	↑ ●		158	223	235	193	222	243	250	165	222	221	274	211	237
	POWH								322	363	322	364	301	337	372						
	HB Total	Sep-19	910			↑ ●	↓ ●		1,058	1,225	1,102	1,055	1,207	1,202	1,258	781	899	874	916	796	910
% of cancelled operations on the day	Morrison	Sep-19	50%	10%	✗	↑ ●	↑ ●		34%	44%	39%	40%	41%	41%	35%	49%	43%	44%	37%	44%	50%
	NPTH	Sep-19	34%		✗	↑ ●	↑ ●		21%	22%	32%	29%	23%	21%	22%	29%	21%	30%	30%	25%	34%
	Singleton	Sep-19	25%		✗	↑ ●	↓ ●		42%	48%	47%	57%	51%	43%	40%	45%	44%	35%	36%	22%	25%
	POWH								28%	31%	32%	29%	36%	28%	28%						
	HB Total	Sep-19	41%		✗	↑ ●	↑ ●		31%	38%	37%	38%	39%	35%	32%	45%	40%	39%	36%	35%	41%
Reasons for cancellations on the day	Hospital Clinical	Sep-19	26%			↓	↓		32%	25%	29%	29%	31%	30%	28%	25%	33%	28%	25%	31%	26%
	Hospital Non-Clinical	Sep-19	54%			↑	↑		41%	46%	48%	49%	39%	52%	53%	47%	49%	52%	57%	51%	54%
	Other	Sep-19	0%			→	→		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient	Sep-19	16%			↓	↓		26%	29%	22%	22%	29%	18%	18%	26%	17%	18%	17%	17%	16%
	Unknown	Sep-19	4%			↑	↑		1%	0%	0%	0%	0%	1%	1%	1%	1%	1%	1%	1%	4%
Late Starts	Morrison	Sep-19	43%	<25%	✗	↑ ●	↑ ●		38%	35%	35%	42%	45%	42%	37%	43%	44%	43%	42%	39%	43%
	NPTH	Sep-19	40%		✗	↑ ●	↑ ●		36%	36%	41%	43%	42%	42%	36%	36%	31%	41%	37%	37%	40%
	Singleton	Sep-19	43%		✗	↑ ●	↓ ●		45%	53%	54%	54%	52%	52%	41%	46%	51%	48%	46%	36%	43%
	POWH	Sep-19							38%	42%	37%	37%	46%	44%	43%						
	HB Total	Sep-19	43%		✗	↑ ●	↑ ●		39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%
Early Finishes	Morrison	Sep-19	39%	<20%	✗	↑ ●	↑ ●		25%	34%	37%	44%	42%	35%	38%	32%	36%	40%	37%	35%	39%
	NPTH	Sep-19	68%		✗	↑ ●	↑ ●		62%	62%	59%	66%	50%	58%	51%	61%	64%	49%	57%	62%	68%
	Singleton	Sep-19	33%		✗	↑ ●	↓ ●		34%	34%	36%	31%	29%	30%	34%	30%	40%	30%	34%	31%	33%
	POWH								41%	38%	39%	39%	39%	35%	40%						
	HB Total	Sep-19	43%		✗	↑ ●	↑ ●		36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%
Theatre Utilisation Rate	Morrison	Sep-19	75%	90%	✗	↑ ●	↓ ●		82%	80%	80%	69%	89%	78%	74%	83%	76%	76%	73%	63%	75%
	NPTH	Sep-19	63%		✗	↑ ●	↓ ●		67%	70%	66%	70%	65%	64%	60%	64%	62%	72%	60%	47%	63%
	Singleton	Sep-19	50%		✗	↑ ●	↓ ●		62%	62%	64%	61%	70%	63%	62%	63%	57%	62%	53%	43%	50%
	POWH								72%	70%	74%	66%	77%	72%	69%						
	HB Total	Sep-19	67%		✗	↑ ●	↓ ●		74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%
Theatre Activity Undertaken	Morrison	Day cases	Sep-19	379		↑	↑		272	371	339	300	373	305	344	324	316	339	395	326	379
		Emergency cases	Sep-19	367		↓	↓		373	335	310	286	276	247	340	371	374	348	389	406	367
		Inpatients	Sep-19	419		↑	↓		522	572	540	403	516	498	486	469	474	438	479	392	419
	NPTH	Day cases	Sep-19	278		↑	↓		290	347	297	202	295	240	260	224	274	266	290	226	278
		Emergency cases	Sep-19	5		↑	↓		8	5	9	6	2	3	9	8	9	1	9	2	5
		Inpatients	Sep-19	106		↑	↓		116	133	126	104	150	113	115	120	113	115	118	102	106
	Singleton	Day cases	Sep-19	375		↓	↓		423	516	528	371	565	486	523	465	478	464	445	380	375
		Emergency cases	Sep-19	33		↑	↓		34	34	42	40	36	30	23	26	38	28	39	30	33
		Inpatients	Sep-19	89		↑	↓		98	141	132	94	129	105	97	100	95	111	108	64	89
	POWH	Day cases							393	455	365	274	434	335	364						
		Emergency cases							101	107	98	110	124	79	121						
		Inpatients							223	264	263	172	259	230	209						

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
Outpatient waiting times <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In September 2019, there were 1,039 patients waiting over 26 weeks compared with 925 in August 2019. Gastroenterology accounted for 47% of breaches (491 breaches) and Orthopaedics account for 24% (253 breaches).</p>	<p>Number of stage 1 over 26 weeks</p>	<ul style="list-style-type: none"> • Ophthalmology is being addressed through outsourcing and refreshed clinical model. • Gastroenterology has a sustainable plan based on recruitment and demand management. Recruitment is being progressed. The bridging plan is to use flexible capacity and consider an outsource option. • The Oral Medicine model will come on line in October. • Spinal has increased therapy support in place and a sixth surgeon starting in January 2020. • General Surgery is developing a straight to diagnostics test model for Endoscopy.
Total waiting times <i>The number of patients waiting more than 36 weeks for treatment</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In September 2019 there were 3,565 patients waiting over 36 weeks which is higher than the internal profile of 2,137.</p> <p>Orthopaedics accounts for 49% of the breaches, followed by Ophthalmology with 14%.</p>	<p>Number of patients waiting longer than 36 weeks</p>	<ul style="list-style-type: none"> • Recruitment of 10 permanent Anaesthetists and interim plan to recruit 8 locums. • All day, long waiting patient list at Morriston in place for general surgery and pancreatic cancer patients commencing in October. • Increase elective throughput at Singleton Hospital through enhanced trolley area during October. • Recover element of elective orthopaedic ward and consider options for the protected further orthopaedic capacity. • Monthly MDT approach in gynaecology to review and disperse single consultant cases to other consultant colleagues commenced in July and ongoing. • Front loading outsourcing programme.

Description	Current Performance	Trend	Actions planned for next period																																																																						
Total waiting times <i>The number of patients waiting more than 52 weeks for treatment</i>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In September 2019 there were 1,107 patients waiting over 52 weeks compared with 1,022 in August 2019.</p>	<p>Number of patients waiting longer than 52 weeks</p> <table border="1"><caption>Number of patients waiting longer than 52 weeks (Estimated)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-18</td><td>950</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Oct-18</td><td>900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Nov-18</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Dec-18</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jan-19</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Feb-19</td><td>750</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Mar-19</td><td>700</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Apr-19</td><td>700</td><td>10</td><td>5</td><td>2</td></tr><tr><td>May-19</td><td>800</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jun-19</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jul-19</td><td>900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Aug-19</td><td>1050</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Sep-19</td><td>1107</td><td>10</td><td>5</td><td>2</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Sep-18	950	10	5	2	Oct-18	900	10	5	2	Nov-18	850	10	5	2	Dec-18	850	10	5	2	Jan-19	850	10	5	2	Feb-19	750	10	5	2	Mar-19	700	10	5	2	Apr-19	700	10	5	2	May-19	800	10	5	2	Jun-19	850	10	5	2	Jul-19	900	10	5	2	Aug-19	1050	10	5	2	Sep-19	1107	10	5	2	<ul style="list-style-type: none">• The actions relating to >52 week patients are aligned with the plans for 36 week patients.• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.• Morriston challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients. Two full day lists on the Morriston Hospital site for General Surgery have been agreed and being implemented.
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Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%.</p> <p>In September 2019 the percentage was 85.1%.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"><caption>Percentage of patient waiting less than 26 weeks (Estimated)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-18</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Oct-18</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Nov-18</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Dec-18</td><td>83%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Jan-19</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Feb-19</td><td>85%</td><td>94%</td><td>99%</td><td>99%</td></tr><tr><td>Mar-19</td><td>85%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Apr-19</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>May-19</td><td>83%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>Jun-19</td><td>83%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>Jul-19</td><td>83%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>Aug-19</td><td>82%</td><td>88%</td><td>99%</td><td>99%</td></tr><tr><td>Sep-19</td><td>80.1%</td><td>86%</td><td>99%</td><td>99%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Sep-18	84%	93%	99%	99%	Oct-18	84%	92%	99%	99%	Nov-18	84%	92%	99%	99%	Dec-18	83%	92%	99%	99%	Jan-19	84%	93%	99%	99%	Feb-19	85%	94%	99%	99%	Mar-19	85%	93%	99%	99%	Apr-19	84%	92%	99%	99%	May-19	83%	91%	99%	99%	Jun-19	83%	91%	99%	99%	Jul-19	83%	90%	99%	99%	Aug-19	82%	88%	99%	99%	Sep-19	80.1%	86%	99%	99%	<ul style="list-style-type: none">• Plans as outlined in previous tables.
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Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In September 2019, there were 294 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018.</p> <p>In September 2019, there were 264 Cardiac breaches and 30 Cystoscopy breaches.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"><caption>Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Sep-18</td><td>620</td><td>10</td></tr><tr><td>Oct-18</td><td>550</td><td>10</td></tr><tr><td>Nov-18</td><td>530</td><td>10</td></tr><tr><td>Dec-18</td><td>530</td><td>10</td></tr><tr><td>Jan-19</td><td>530</td><td>10</td></tr><tr><td>Feb-19</td><td>530</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>300</td><td>10</td></tr><tr><td>Jun-19</td><td>280</td><td>10</td></tr><tr><td>Jul-19</td><td>320</td><td>10</td></tr><tr><td>Aug-19</td><td>350</td><td>10</td></tr><tr><td>Sep-19</td><td>300</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	Sep-18	620	10	Oct-18	550	10	Nov-18	530	10	Dec-18	530	10	Jan-19	530	10	Feb-19	530	10	Mar-19	400	10	Apr-19	380	10	May-19	300	10	Jun-19	280	10	Jul-19	320	10	Aug-19	350	10	Sep-19	300	10	<ul style="list-style-type: none">• The tender process for an insourcing solution for Endoscopy has concluded and the contract will be awarded in October.• Deterioration in Cystoscopy as a result of Consultant sickness in Urology. Two new Consultants commencing at the end of September to take the service back up to commissioned levels.• Focus on diagnostic improvements in cardiology alongside the recurrent investments released from Welsh Health Specialised Services Committee (WHSSC) to deliver a Nil position by year end.																																																																						
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Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>There has been significant improvement in Therapy waiting times over the last financial year.</p> <p>In September there were no patients waiting over 14 weeks.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"><caption>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 & Language</th><th>Dietetics</th><th>Physio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Sep-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>Oct-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>Nov-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>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>0</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></tbody></table>	Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Physio	Podiatry	Sep-18	0	0	0	0	0	0	0	Oct-18	0	0	0	0	0	0	0	Nov-18	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	<ul style="list-style-type: none">• Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.
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Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>September 2019 figures will be finalised on the 1st November. Draft figures indicate a possible achievement of 92% of patients starting treatment within 31 days. At the time of writing this report there are 8 breaches across the Health Board in September 2019:</p> <ul style="list-style-type: none"> Urological: 3 (1 suspected) Lower Gastrointestinal: 2 Gynaecological: 1 Head & Neck: 1 Skin: 1 	<p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</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>Sep-18</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-18</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-18</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-18</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-19</td><td>85%</td><td>95%</td><td>95%</td></tr> <tr><td>May-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-19</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-19</td><td>70%</td><td>95%</td><td>95%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Sep-18	95%	95%	95%	Oct-18	95%	95%	95%	Nov-18	95%	95%	95%	Dec-18	95%	95%	95%	Jan-19	95%	95%	95%	Feb-19	95%	95%	95%	Mar-19	95%	95%	95%	Apr-19	85%	95%	95%	May-19	95%	95%	95%	Jun-19	95%	95%	95%	Jul-19	95%	95%	95%	Aug-19	95%	95%	95%	Sep-19	70%	95%	95%	<ul style="list-style-type: none"> Morriston Delivery Unit are in the process of developing an Anaesthetic Demand & Capacity Plan. Surgical services at Singleton and Morriston to meet to discuss the possibility of swapping theatre lists between sites on Mondays in order to increase Morriston capacity for Gynaecology. Weekly operating session at Hywel Dda is expected to commence formally in November. Two new Urology Consultants have been appointed to commence September 2019, which should reduce delays going forward.
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Cancer- USC waiting times- <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>September 2019 figures will be finalised on the 1st November. Draft figures indicate a possible achievement of 83% of patients starting treatment within 62 days. At the time of writing this report there are 18 breaches in total across the Health Board in September 2019:</p> <ul style="list-style-type: none"> Breast: 8 Gynaecological: 5 (1 suspected) Urological: 2 Upper Gastrointestinal: 1 Head & Neck: 1 Lung: 1 Sarcoma: 1 	<p>Percentage of USC patients starting treatment within 62 days of receipt of referral</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>Sep-18</td><td>90%</td><td>80%</td><td>80%</td></tr> <tr><td>Oct-18</td><td>90%</td><td>80%</td><td>65%</td></tr> <tr><td>Nov-18</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Dec-18</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Jan-19</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Feb-19</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Mar-19</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Apr-19</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>May-19</td><td>90%</td><td>80%</td><td>90%</td></tr> <tr><td>Jun-19</td><td>90%</td><td>80%</td><td>90%</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>90%</td></tr> <tr><td>Sep-19</td><td>90%</td><td>80%</td><td>65%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Sep-18	90%	80%	80%	Oct-18	90%	80%	65%	Nov-18	90%	80%	90%	Dec-18	90%	80%	90%	Jan-19	90%	80%	90%	Feb-19	90%	80%	90%	Mar-19	90%	80%	90%	Apr-19	90%	80%	90%	May-19	90%	80%	90%	Jun-19	90%	80%	90%	Jul-19	90%	80%	20%	Aug-19	90%	80%	90%	Sep-19	90%	80%	65%	<ul style="list-style-type: none"> Breast Services Support Manager advertised at the end of September. Hand- over of tracking duties from POWH to Singleton from the October. Two Breast Clinical Fellows to be advertised to support pathway improvements – these posts were going to vacancy control panel on the 2nd October. Breast Business Meeting Nov 8th – primary focus is to redefine pathways. Liaising with the QI team to facilitate the meeting. Gynaecology is reviewing the possibility of increasing the number of PMB sessions with the aim to improve performance and reduce backlog. The departure of a CNS within PMB is a risk and sustainable plans are being developed by the service.
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USC backlog <i>The number of patients with an active wait status of more than 53 days</i>	End of September 2019 backlog by tumour site: <table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr><tr><td>Breast</td><td>7</td><td>1</td></tr><tr><td>Gynaecological</td><td>8</td><td>6</td></tr><tr><td>Haematological</td><td>1</td><td>7</td></tr><tr><td>Head and Neck</td><td>4</td><td>2</td></tr><tr><td>Lower GI</td><td>3</td><td>4</td></tr><tr><td>Lung</td><td>2</td><td>5</td></tr><tr><td>Other</td><td>5</td><td>10</td></tr><tr><td>Skin</td><td>4</td><td>1</td></tr><tr><td>Upper GI</td><td>3</td><td>5</td></tr><tr><td>Urological</td><td>11</td><td>2</td></tr><tr><td>Grand Total</td><td>48</td><td>43</td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	7	1	Gynaecological	8	6	Haematological	1	7	Head and Neck	4	2	Lower GI	3	4	Lung	2	5	Other	5	10	Skin	4	1	Upper GI	3	5	Urological	11	2	Grand Total	48	43	Number of patients with a wait status of more than 53 days <table><thead><tr><th>Month</th><th>53-62 days (ABMU HB)</th><th>53-62 days (SBU HB)</th><th>63 days+ (ABMU)</th><th>63 days+ (SBU HB)</th></tr></thead><tbody><tr><td>Sep-18</td><td>55</td><td>65</td><td>60</td><td>60</td></tr><tr><td>Oct-18</td><td>50</td><td>50</td><td>40</td><td>40</td></tr><tr><td>Nov-18</td><td>55</td><td>60</td><td>55</td><td>55</td></tr><tr><td>Dec-18</td><td>60</td><td>70</td><td>65</td><td>65</td></tr><tr><td>Jan-19</td><td>45</td><td>55</td><td>55</td><td>55</td></tr><tr><td>Feb-19</td><td>40</td><td>50</td><td>50</td><td>50</td></tr><tr><td>Mar-19</td><td>50</td><td>60</td><td>60</td><td>60</td></tr><tr><td>Apr-19</td><td>50</td><td>55</td><td>55</td><td>55</td></tr><tr><td>May-19</td><td>55</td><td>65</td><td>60</td><td>60</td></tr><tr><td>Jun-19</td><td>55</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Jul-19</td><td>35</td><td>50</td><td>50</td><td>50</td></tr><tr><td>Aug-19</td><td>45</td><td>60</td><td>55</td><td>55</td></tr><tr><td>Sep-19</td><td>45</td><td>50</td><td>50</td><td>50</td></tr></tbody></table>	Month	53-62 days (ABMU HB)	53-62 days (SBU HB)	63 days+ (ABMU)	63 days+ (SBU HB)	Sep-18	55	65	60	60	Oct-18	50	50	40	40	Nov-18	55	60	55	55	Dec-18	60	70	65	65	Jan-19	45	55	55	55	Feb-19	40	50	50	50	Mar-19	50	60	60	60	Apr-19	50	55	55	55	May-19	55	65	60	60	Jun-19	55	75	65	65	Jul-19	35	50	50	50	Aug-19	45	60	55	55	Sep-19	45	50	50	50	<ul style="list-style-type: none">The appointment of two Consultant Urologists coincides with changes at Neath, with a consultant Urologist to be based on site more often, supporting the diagnostic pathway and surgical pathway for TURBT (possibility for TURBTs that would otherwise be waiting bed/theatre capacity at Morriston).
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through September 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 29% and 39%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of September 2019 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>4</td><td>3</td><td>39</td><td>100</td><td>146</td></tr><tr><td>Gynaecological</td><td>4</td><td>7</td><td>35</td><td>21</td><td>67</td></tr><tr><td>Head and Neck</td><td>31</td><td>8</td><td>0</td><td>3</td><td>42</td></tr><tr><td>Lower GI</td><td>4</td><td>5</td><td>36</td><td>17</td><td>62</td></tr><tr><td>Lung</td><td>3</td><td>1</td><td>1</td><td>0</td><td>5</td></tr><tr><td>Other</td><td>24</td><td>7</td><td>1</td><td>1</td><td>33</td></tr><tr><td>Sarcoma</td><td>0</td><td>3</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Skin</td><td>44</td><td>45</td><td>2</td><td>4</td><td>95</td></tr><tr><td>Upper GI</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Urological</td><td>3</td><td>3</td><td>0</td><td>0</td><td>6</td></tr><tr><td>Total</td><td>117</td><td>83</td><td>114</td><td>146</td><td>460</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	4	3	39	100	146	Gynaecological	4	7	35	21	67	Head and Neck	31	8	0	3	42	Lower GI	4	5	36	17	62	Lung	3	1	1	0	5	Other	24	7	1	1	33	Sarcoma	0	3	0	0	3	Skin	44	45	2	4	95	Upper GI	0	1	0	0	1	Urological	3	3	0	0	6	Total	117	83	114	146	460	<ul style="list-style-type: none">Funding has been confirmed and agreed for a further two consultant Gastroenterologists and two CNS posts. Recruitment process commenced, awaiting job descriptions for Consultant posts to be signed off by RCP. Two Physician Associates to commence in post in October and one Clinical Nurse Specialist post advertised for Morriston Delivery Unit.New first outpatient OMFS pathway stage agreed and taken forward with Primary Care. Evaluation panel for awarding the contract takes place on Monday 23rd September with a commencement date of early October.The implementation of a new Neck Lump Pathway is delayed due to the sickness of ENT Consultant/Clinical Lead																																		
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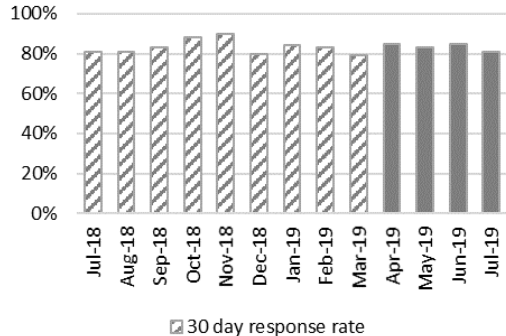
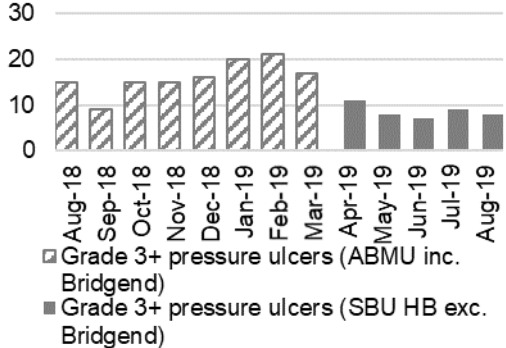
Description	Current Performance	Trend	Actions planned for next period
<p>Delayed follow-ups <i>The number patients delayed past their target date for a follow-up</i></p>	<p>In September 2019 there were a total of 48,692 patients waiting for a follow-up past their target date. This is a 6% reduction compared with August 2019 (51,914 to 48,692).</p> <p>Of the 48,692 delayed follow-ups in September 2019, 15,079 had appointments and 33,613 are still waiting for an appointment. In addition, 23,537 were waiting 100%+ over target date in September 2019.</p> <p>In September 2019, the overall size of the follow-up waiting list reduced by 2% (134,363 to 132,054).</p>	<p>Delayed follow-ups: Planned Care specialties</p> <p>Delayed follow-ups: Number of patients waiting over target date</p>	<ul style="list-style-type: none"> Validation Team commenced review of patients and categorisation from 1st July 2019. A monitoring score card has been developed to capture the work undertaken by the Validation Team. Composition of Outpatient Modernisation Group reviewed. New Clinical Lead to Chair the Board has been confirmed. The new Board will have greater clinical engagement as part of its composition. Formal Project manager support is also required. Additional non-recurrent monies have been secured from Welsh Government to increase support to deliver year-end targets. These funds will allow initiatives such as ADOPT to be commenced, further staff recruitment into validation and funding from sessions to support clinical validation. Short term funding has also been secured to support additional training in GP Clusters for local Dermatology surgical services. Participation in National Outpatient Modernisation Board. Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc. (Dec-19) Develop training package for staff Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODTTC development in Cwmtawe Cluster (Mar-20).

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
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul style="list-style-type: none"> 23 cases of <i>E. coli</i> bacteraemia were identified in September 2019. This is below the monthly IMTP profile of 39 cases, and is 16% below the number of cases in the equivalent period of 2018. 78% of cases in September were considered community acquired Infections. In 43% of all cases, the urinary tract was identified as the primary source of the infection. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	Number of healthcare acquired E.coli bacteraemia cases <p>Number E.Coli Cases Bridgend Number E.Coli cases SBU UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Datix tier 3 codes have been amended to facilitate improved reporting. Pilot to recommence by 30.09.2019; pilot of bedside review will be relaunched in October 2019. Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training. Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level. Improvement programmes on reducing the prevalence of invasive devices in inpatients continues across sites.
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> There were 8 cases of <i>Staph. aureus</i> bacteraemia in September 2019. This is below the projected monthly IMTP profile of 11 cases and 3% fewer cases than the same period in 2018/19 38% of cases in September were hospital acquired infections (HAI). There were no cases of MRSA bacteraemia during September. 	Number of healthcare acquired S.aureus bacteraemias cases <p>Number S.Aureus Cases Bridgend Number S.Aureus cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Datix tier 3 codes have been amended to facilitate improved reporting. Pilot to recommence by 30.09.2019; pilot of bedside review will be relaunched in October 2019. Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements. The IPC Quality Improvement Matron will liaise with Renal, Oncology and Haematology units to support them in refreshing their quality improvement programmes relating to <i>Staph. aureus</i> bacteraemia in October 2019.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 10 <i>Clostridium difficile</i> toxin positive cases in September. This was one case above the IMTP projected profile (9 cases), but 36% fewer cases when compared to the same reporting period in 2018/19 80% of the cases in September were considered to be hospital acquired. 75% of these hospital acquired cases were associated with Morriston Hospital. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired C.difficile cases</p> <p>Number C.Diff Cases Bridgend Number C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Datix tier 3 codes have been amended to facilitate improved reporting. Pilot to recommence by 30.09.2019; pilot of bedside review will be relaunched in October 2019. Implementation of ARK (Antibiotic Review Kit) continues – results to date: review of antibiotic prescriptions within 72 hours has improved from the baseline of 73% to 100% from week 4 of the pilot. ARK now being utilised on all wards in Morriston. Executive support for cleaning technologies proposals – first stage provision of Ultraviolet-C technology in Neath Port Talbot and Singleton Hospitals by Support Services. Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.
Serious Incidents- Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	<ul style="list-style-type: none"> The Health Board reported 12 Serious Incidents for the month of September 2019 to Welsh Government. The last Never Event reported was on 15th August 2019. In September 2019, the performance against the 80% target of submitting closure forms within 60 working days was 20%. 15 investigations were due to be concluded in September 2019, however only 3 closure forms were submitted with the 60 working days. 	<p>Serious incidents closed within 60 days</p> <p>% SIs assured ABM (inc. Bridgend) % SIs assured SB UHB (exc. Bridgend) Profile</p>	<ul style="list-style-type: none"> Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board plus we now report on all MH & LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit has developed an improvement action plan for MH/LD services, specifically to improve MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality. Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.

Description	Current Performance	Trend	Actions planned for next period																																										
30 day response rate for concerns- <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<ul style="list-style-type: none">The overall Health Board response rate for responding to concerns within 30 working days was 81% in July 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%	Response rate for concerns within 30 days  <table><caption>30 day response rate data</caption><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><tr><td>Jul-18</td><td>80</td></tr><tr><td>Aug-18</td><td>80</td></tr><tr><td>Sep-18</td><td>80</td></tr><tr><td>Oct-18</td><td>85</td></tr><tr><td>Nov-18</td><td>85</td></tr><tr><td>Dec-18</td><td>80</td></tr><tr><td>Jan-19</td><td>80</td></tr><tr><td>Feb-19</td><td>80</td></tr><tr><td>Mar-19</td><td>80</td></tr><tr><td>Apr-19</td><td>85</td></tr><tr><td>May-19</td><td>85</td></tr><tr><td>Jun-19</td><td>85</td></tr><tr><td>Jul-19</td><td>81</td></tr></tbody></table>	Month	Response Rate (%)	Jul-18	80	Aug-18	80	Sep-18	80	Oct-18	85	Nov-18	85	Dec-18	80	Jan-19	80	Feb-19	80	Mar-19	80	Apr-19	85	May-19	85	Jun-19	85	Jul-19	81	<ul style="list-style-type: none">Performance is discussed at all Unit performance meetings.‘Once for Wales’ new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.Ombudsman training for Governance Teams based on themes and trends completed in the Units.Ombudsman Improvement Officer to attend the Consultant Development Programme in December.Learning Event to be held in February 2020 to ensure learning from Ombudsman cases is cascaded throughout the Health Board.														
Month	Response Rate (%)																																												
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Jun-19	85																																												
Jul-19	81																																												
Number of pressure ulcers <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i>	<ul style="list-style-type: none">In July 2019, there were a total of 51 cases of healthcare acquired pressure ulcers, of which 37 where community acquired and 14 were hospital acquired.The number of grade 3+ pressure ulcers in August 2019 was 8 all of which were community acquired.	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <table><caption>Grade 3+ pressure ulcers data</caption><thead><tr><th>Month</th><th>Grade 3+ pressure ulcers (ABMU inc. Bridgend)</th><th>Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</th></tr></thead><tbody><tr><td>Aug-18</td><td>15</td><td>0</td></tr><tr><td>Sep-18</td><td>10</td><td>0</td></tr><tr><td>Oct-18</td><td>15</td><td>0</td></tr><tr><td>Nov-18</td><td>15</td><td>0</td></tr><tr><td>Dec-18</td><td>15</td><td>0</td></tr><tr><td>Jan-19</td><td>20</td><td>0</td></tr><tr><td>Feb-19</td><td>20</td><td>0</td></tr><tr><td>Mar-19</td><td>15</td><td>0</td></tr><tr><td>Apr-19</td><td>10</td><td>10</td></tr><tr><td>May-19</td><td>8</td><td>8</td></tr><tr><td>Jun-19</td><td>8</td><td>8</td></tr><tr><td>Jul-19</td><td>8</td><td>8</td></tr><tr><td>Aug-19</td><td>8</td><td>8</td></tr></tbody></table>	Month	Grade 3+ pressure ulcers (ABMU inc. Bridgend)	Grade 3+ pressure ulcers (SBU HB exc. Bridgend)	Aug-18	15	0	Sep-18	10	0	Oct-18	15	0	Nov-18	15	0	Dec-18	15	0	Jan-19	20	0	Feb-19	20	0	Mar-19	15	0	Apr-19	10	10	May-19	8	8	Jun-19	8	8	Jul-19	8	8	Aug-19	8	8	<ul style="list-style-type: none">PUPSG meet quarterly and receive quality improvement and learning reports from each Service Delivery Unit. The next meeting will be in October.The Service Delivery Units (SDU) reports for the PUPSG meeting will follow a new template illustrating SDU performance and governance of pressure ulcer reporting, investigation and identification of causal factors.The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning module has been developed and is available through ERS.PURPOSE T is included in the digital risk assessment pilot in September on Ward A, NPTH. Staff training is underway.
Month	Grade 3+ pressure ulcers (ABMU inc. Bridgend)	Grade 3+ pressure ulcers (SBU HB exc. Bridgend)																																											
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Description	Current Performance	Trend	Actions planned for next period																																										
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 241 in September 2019 compared with 227 in August 2019.The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.	<p>Number of inpatient Falls</p> <table><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></tr></thead><tbody><tr><td>Sep-18</td><td>320</td><td>280</td></tr><tr><td>Oct-18</td><td>280</td><td>250</td></tr><tr><td>Nov-18</td><td>280</td><td>250</td></tr><tr><td>Dec-18</td><td>280</td><td>250</td></tr><tr><td>Jan-19</td><td>320</td><td>280</td></tr><tr><td>Feb-19</td><td>280</td><td>250</td></tr><tr><td>Mar-19</td><td>320</td><td>280</td></tr><tr><td>Apr-19</td><td>220</td><td>200</td></tr><tr><td>May-19</td><td>220</td><td>200</td></tr><tr><td>Jun-19</td><td>180</td><td>180</td></tr><tr><td>Jul-19</td><td>180</td><td>180</td></tr><tr><td>Aug-19</td><td>220</td><td>200</td></tr><tr><td>Sep-19</td><td>220</td><td>200</td></tr></tbody></table>	Month	Inpatient Falls (POWH)	Inpatient Falls (SBU HB exc. POWH)	Sep-18	320	280	Oct-18	280	250	Nov-18	280	250	Dec-18	280	250	Jan-19	320	280	Feb-19	280	250	Mar-19	320	280	Apr-19	220	200	May-19	220	200	Jun-19	180	180	Jul-19	180	180	Aug-19	220	200	Sep-19	220	200	<ul style="list-style-type: none">All Service Delivery Units continue to provide falls management / prevention training.Policy and procedure for prevention and management of inpatient falls launched 2nd September. This included a Bulletin and Video on the intranet and screen savers to raise awareness.A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed.The Hospital Falls Injury strategy group will continue to meet quarterly.
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Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	Problems with NWIS data extraction have now been resolved however further analysis on the accuracy of the data being extracted from the E-discharge dashboard is underway.	<p>% discharge summaries approved and sent</p> <table><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>Aug-18</td><td>60%</td><td>60%</td></tr><tr><td>Sep-18</td><td>60%</td><td>60%</td></tr><tr><td>Oct-18</td><td>65%</td><td>65%</td></tr><tr><td>Nov-18</td><td>60%</td><td>60%</td></tr><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></tbody></table>	Month	% completed discharge summaries (SBU HB)	% completed discharge summaries (ABMU HB)	Aug-18	60%	60%	Sep-18	60%	60%	Oct-18	65%	65%	Nov-18	60%	60%	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%	<p>Deputy DMD has undertaken site visits in August 2019 and interviewed junior doctors, nurse practitioners and ward managers/matrons to hear of their experiences of the using the software.</p> <p>Actions to take forward include:</p> <ol style="list-style-type: none">Methodology for addressing variation in performance is discussed with Assistant Medical Directors and Exec MD at monthly meetingsIssue has been discussed at full plenary of Local Medical Committee (LMC) who are supportive of new initiativesFormal recovery plan is being prepared for October
Month	% completed discharge summaries (SBU HB)	% completed discharge summaries (ABMU HB)																																											
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10. WORKFORCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"> The 12-month rolling performance to the end of August was 5.99%. This is an in-month reduction of 0.02% when compared with August 2019 (6.01% to 5.99%). Our in-month performance has increased from 5.86% in July to 5.95% in August 2019. Primary and Community Services Delivery Unit had the largest in-month improvement with a reduction of 0.48% (from 5.29% to 4.81%). 	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p> <p>6% 5% 4% 3% 2% 1% 0%</p> <p>Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19</p> <p>— % sickness rate (12 month rolling) —◇ % sickness rate (in-month)</p>	<ul style="list-style-type: none"> Outputs from the review pilot using early intervention techniques within Morriston Facilities department will be formally reported. This approach is being rolled out across the entire Facilities department and a plan to accelerate this rollout is being worked on. Additional areas to adopt the approach are to be identified. Singleton Delivery Unit absence deep dive- review has been completed and, overall learnings and best practice are to be shared across other units. MAAW policy training – over 100 more managers are planned to be trained throughout October. An all-Wales e-learning package to support this policy training is due to be released over the autumn which will increase our coverage of this training. 4 further Work Related Stress Awareness workshops for managers are planned for Oct/Nov for circa 60 managers. These sessions: <ul style="list-style-type: none"> ➤ Promote awareness of work related stress ➤ Highlight possible signs of stress ➤ Advise and explore ways of using the risk assessment tool ➤ Promote ways to make positive collaborate improvements with staff Four further Mental Health Awareness workshops for managers are planned for October/November for circa 60 managers. These sessions: <ul style="list-style-type: none"> ➤ These sessions raise general awareness of mental health. ➤ Assist in combating stigma in relation to mental health. ➤ Provide suggestions on supporting staff and ways to look after your own wellbeing.

		<ul style="list-style-type: none"> • Monthly 'Menopause wellbeing workshops' continue to be run across the main hospital sites. • The Health Board has re-signed the Time to Change Wales pledge as Swansea Bay after initially signing the pledge in 2016 as ABMU. • Flu campaign has commenced supported by a series of short, social media videos and on posters developed by the Communications and Medical Illustration teams, that capitalise on the popularity of the epic Game of Thrones TV series and the series catchphrase: "Winter is coming". • Staff Wellbeing Week delivered across the main sites and HQ, 16-20th September with a range of related workshops and activities. CEO to signed the 'Time to Change Wales' pledge and announced the start of the 2019/20 staff flu campaign on final day, 20th Sept. • 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 2 weeks. Scanning of all OH records has commenced to enable an e-record by December 2019 with planned increased efficiencies. • Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSk diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19. • 300 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.
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Description	Current Performance	Trend	Actions planned for next period																																																															
Mandatory & Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	<ul style="list-style-type: none">Over the past month compliance against the 13 core competencies has risen from 79.4% to 79.60%. This is a 0.2% increase from the previous month and a 2.9% rise since April 2019.This takes into account both current employees who are maintaining their compliance as well as those who are new to the Health Board.Medical & Dental are currently the lowest performing area, which stands at 42.03% compliance. This is a 2.62% drop from last month's results.	<p>% of compliance with Core Skills and Training Framework</p> <p>Legend: ▨ % Level 1 compliance (ABMU HB) ■ % Level 1 compliance (SBU HB)</p> <table border="1"><caption>Approximate data from chart</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>Aug-18</td><td>70%</td><td>-</td></tr><tr><td>Sep-18</td><td>70%</td><td>-</td></tr><tr><td>Oct-18</td><td>70%</td><td>-</td></tr><tr><td>Nov-18</td><td>70%</td><td>-</td></tr><tr><td>Dec-18</td><td>70%</td><td>-</td></tr><tr><td>Jan-19</td><td>70%</td><td>-</td></tr><tr><td>Feb-19</td><td>70%</td><td>-</td></tr><tr><td>Mar-19</td><td>70%</td><td>-</td></tr><tr><td>Apr-19</td><td>70%</td><td>79.4%</td></tr><tr><td>May-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Jun-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Jul-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Aug-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Sep-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Oct-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Nov-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Dec-19</td><td>70%</td><td>79.4%</td></tr><tr><td>Jan-20</td><td>70%</td><td>79.4%</td></tr><tr><td>Feb-20</td><td>70%</td><td>79.4%</td></tr><tr><td>Mar-20</td><td>70%</td><td>79.60%</td></tr></tbody></table>	Month	% Level 1 compliance (ABMU HB)	% Level 1 compliance (SBU HB)	Aug-18	70%	-	Sep-18	70%	-	Oct-18	70%	-	Nov-18	70%	-	Dec-18	70%	-	Jan-19	70%	-	Feb-19	70%	-	Mar-19	70%	-	Apr-19	70%	79.4%	May-19	70%	79.4%	Jun-19	70%	79.4%	Jul-19	70%	79.4%	Aug-19	70%	79.4%	Sep-19	70%	79.4%	Oct-19	70%	79.4%	Nov-19	70%	79.4%	Dec-19	70%	79.4%	Jan-20	70%	79.4%	Feb-20	70%	79.4%	Mar-20	70%	79.60%	<p><i>There has been no change in action since last month as all actions remain relevant.</i></p> <ul style="list-style-type: none">E-learning drop in sessions are continuing across the current Health Board and all sites on a regular basis.A review of the Mandatory Training framework is currently being undertaken with all relevant Subject Matter Experts examining the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. It is expected to have all comments returned by Friday 4th October ready for a meeting soon after.A NWSSP Audit is due to take place on Monday 30th September, It have been invited to be on standby to assist with any identified issues. The audit will review access issues identified with e-learning and others conditions relating to the running of ESR & e-learning.The Mandatory Training Governance Committee has met with actions highlighted above. Further meetings are being organised to discuss content, recording, it is planned that regular meetings will continue and will discuss compliance and any changes to the content of the framework. Once clarified, this would then be subject to approval via the Workforce and OD committee on any actions regarding M&S may arise from this meeting.
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Vacancies <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none">Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:EU Nurses employed at Band 5 = 70Philippine nurses arrived in 17/18 & employed at Band 5 = 30Regionally 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.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. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway.A further 13 of our HCSW's are currently undertaking a 2 year master's programme.	Vacancies July/ Aug/Sept 2019. <table><tr><th>Grade - Medical & Dental</th><th>Jul-19</th><th>Aug-19</th><th>Sep-19</th></tr><tr><td>21000-Consultant (M&D)</td><td>-61.19</td><td>-56.72</td><td>-49.62</td></tr><tr><td>21100-Locum Consultant (M&D)</td><td>0.70</td><td>-1.10</td><td>0.10</td></tr><tr><td>22110-Associate Specialist (M&D)</td><td>-7.64</td><td>-7.33</td><td>-7.33</td></tr><tr><td>22200-Locum Associate Specialist (M&D)</td><td>-0.40</td><td>-0.20</td><td></td></tr><tr><td>22250-Specialist Dental Officer</td><td>-0.80</td><td>-0.80</td><td>-0.40</td></tr><tr><td>22260-Senior Dental Officer</td><td>-3.61</td><td>-3.82</td><td>-0.80</td></tr><tr><td>22270-Dental Officer</td><td>-19.26</td><td>-18.26</td><td>-3.82</td></tr><tr><td>22310-Speciality Doctor (M&D)</td><td>-0.60</td><td>-0.60</td><td>-17.66</td></tr><tr><td>22320-Locum Speciality Doctor (M&D)</td><td>-124.53</td><td>-89.19</td><td>-0.60</td></tr><tr><td>23100-Specialty Registrar (M&D)</td><td>25.20</td><td>8.90</td><td>-64.46</td></tr><tr><td>23120-Locum Specialty Registrar (M&D)</td><td>-6.00</td><td>-6.00</td><td>8.90</td></tr><tr><td>23200-Specialist Registrar (M&D)</td><td>-0.40</td><td>-0.40</td><td>-6.00</td></tr><tr><td>23300-Locum Specialist Registrar (M&D)</td><td>-0.91</td><td>-0.65</td><td>-0.40</td></tr><tr><td>24100-F2 foundation year 2 (M&D)</td><td>3.00</td><td>3.00</td><td>-0.65</td></tr><tr><td>24110-Locum F2 Foundation year 2 (M&D)</td><td>-9.20</td><td>-10.20</td><td>3.00</td></tr><tr><td>24400-F1 foundation year 1 (M&D)</td><td>1.00</td><td>0.00</td><td>-6.40</td></tr><tr><td>24900-Dental Trainees in Hosp Post</td><td>3.21</td><td>-6.24</td><td>0.76</td></tr><tr><td>25000-Clinical Assistant (M&D)</td><td>-1.09</td><td>-1.09</td><td>-1.09</td></tr><tr><td>25100-Senior Lecturer (M&D)</td><td>-1.08</td><td>-1.08</td><td>-1.08</td></tr><tr><td>25300-G.P.Sessions / Staff Fund</td><td>5.08</td><td>5.08</td><td>5.52</td></tr><tr><td>Total</td><td>-198.52</td><td>-186.72</td><td>-142.04</td></tr></table> <table><tr><th>Grade - 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	<ul style="list-style-type: none">Currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers 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.The Health Board has been fortunate to receive circa 120 nurses from student streamlining. This is the highest figure to date.The Health Board has recruited 11 IELTS ready nurses from the Philippines who are due to commence in December. Following their onboarding we will assess if we can recruit more.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). This will now form part of the work looking at recruitment and retention strategy for the Health Board for all staff groups. This is resource dependant.The HB has recently had an excellent response from Pakistan and Egypt for junior doctor applicants. This is being considered for future overseas recruitment for the medical workforce.																																																																																																																																																														

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Recruitment Metrics provided by NWSSP. Comparison with all-Wales benchmarking	<ul style="list-style-type: none"> Swansea Bay UHB overall performance continues to match the target level for NHS Wales when excluding outlier data. <p>Recruitment data for September was not available at the time of writing this report</p>	<p>Vacancy Creation to Unconditional Offer August 2019 (working days: including outliers) T13</p> <p>Legend: T13 Time Taken (orange bars), Linear (Target) (red line)</p>	<ul style="list-style-type: none"> Outlier data is passed to Delivery Units for review. If Outliers (activity well outside the normal expected timescale) are excluded SBU HB is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports. Main HB issue is time to shortlist which continues to hover between 6-9 days against a target of 3. 																																												
Turnover % turnover by occupational group	<ul style="list-style-type: none"> There has been very little movement in overall turnover in recent years. Headcount turnover remains around 8%. FTE turnover has reduced to the lowest level seen for over two years. Nurse headcount turnover has increased in the last two months to just over 9%, with FTE remaining closer to 8.5%. 	<p>Period Turnover Rate - 01 September 2018 - 31 August 2019 Comparison is with June data</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 & Technic</td><td>7.60%</td><td>8.25%</td><td>↓</td></tr> <tr> <td>Additional Clinical Services</td><td>6.08%</td><td>6.46%</td><td>↓</td></tr> <tr> <td>Administrative and Clerical</td><td>8.53%</td><td>8.61%</td><td>↑</td></tr> <tr> <td>Allied Health Professionals</td><td>8.07%</td><td>7.89%</td><td>↓</td></tr> <tr> <td>Estates & Ancillary</td><td>5.30%</td><td>5.49%</td><td>↑</td></tr> <tr> <td>Healthcare Scientists</td><td>6.64%</td><td>6.79%</td><td>↓</td></tr> <tr> <td>Medical & Dental</td><td>10.05%</td><td>11.02%</td><td>↓</td></tr> <tr> <td>Nursing & Midwifery Registered</td><td>8.60%</td><td>9.11%</td><td>↓</td></tr> <tr> <td>Overall Rate</td><td>FTE</td><td>Headcount</td><td>Change Headcount</td></tr> <tr> <td>Overall Rate</td><td>7.71%</td><td>8.03%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific & Technic	7.60%	8.25%	↓	Additional Clinical Services	6.08%	6.46%	↓	Administrative and Clerical	8.53%	8.61%	↑	Allied Health Professionals	8.07%	7.89%	↓	Estates & Ancillary	5.30%	5.49%	↑	Healthcare Scientists	6.64%	6.79%	↓	Medical & Dental	10.05%	11.02%	↓	Nursing & Midwifery Registered	8.60%	9.11%	↓	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.71%	8.03%	↓	<ul style="list-style-type: none"> 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.
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PADR <i>% staff who have a current PADR review recorded</i>	<ul style="list-style-type: none"> Staff who have had a Personal Appraisal and Development Review (PADR) as of September 2019 stands at 67.00%. This is an increase of 1.73% from August's figure of 65.27% Estates and Ancillaries have seen an increase from 42.55% to 47.02% 	% of staff who have had a PADR in previous 12 months <p>The chart displays two data series: PADR Compliance (ABMU HB) represented by orange hatched bars and PADR Compliance (SBU HB) represented by solid orange bars. A red line represents the overall profile. The x-axis shows months from August 2018 to March 2020. The y-axis represents the percentage of staff, ranging from 0% to 90%.</p>	<ul style="list-style-type: none"> PADR training continues to be a part of the new Managers Pathway and has received positive feedback to date. Feedback is yet to be given on the most recent research project that was completed earlier this year. The outcome of this could have implications for future PADR processes and increases in figures. A PADR steering group will be set up to look at how PADRS will be developed in the HB especially looking at an online version of the process. Difficulties with implementing Supervisor Self Service in connection with ESR is ongoing. There is some ongoing work with areas within the HB that are identified as having low PADR results, which will look to increase compliance over time. Results from this are yet to be seen.
Operational Casework <i>Number of current operational cases.</i>	<ul style="list-style-type: none"> 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. There has been a reduction in both Disciplinary cases over time. Numbers of grievances continue to reduce. 	Number of Operational Cases <p>The chart displays multiple data series representing different types of operational cases: Number of Disciplinary cases (blue), Staff suspended (inc. suspended > 6 mths) (red), Staff suspended > 6 mths (green), Cases continuing for > 2 yrs (purple), Dignity at work (teal), Grievances (orange), ET's (light blue), Capability (pink), and Whistleblowing (light green). The x-axis shows months from September 2018 to September 2019. The y-axis represents the number of cases, ranging from 0 to 100.</p>	<ul style="list-style-type: none"> ER Tracking System has now gone live following resolution of the IG issues identified. The IO team has started work and cases are now being allocated to them for action. 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.

11. FINANCE UPDATES AND ACTIONS

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

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Description	Current Performance	Trend	Actions planned for next period														
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none">The reported revenue financial position for Septmeber 2019 is an in-month overspend of £1.25m, resulting in a cumulative overspend of £7.245m.The key drivers of the overspend are workforce and ChC pressures, Savings Delivery Slippage and Diseconomies of Scale following Bridgend Boundary Change.	<table border="1"><caption>Reported Variance Data</caption><thead><tr><th>Month</th><th>Reported Variance (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>875</td></tr><tr><td>M2</td><td>1,037</td></tr><tr><td>M3</td><td>1,497</td></tr><tr><td>M4</td><td>1,295</td></tr><tr><td>M5</td><td>1,291</td></tr><tr><td>M6</td><td>1,250</td></tr></tbody></table>	Month	Reported Variance (£'000)	M1	875	M2	1,037	M3	1,497	M4	1,295	M5	1,291	M6	1,250	<ul style="list-style-type: none">KPMG to support analysis of key cost drivers, enhance grip and control and support the identification and delivery of further opportunities.Delivery Support Team is working with Units to assist in delivery of savings and recovery actions.Review of non-recurrent opportunities.
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Forecast Position – delivery of a breakeven position	<ul style="list-style-type: none">The core financial plan provides a balanced financial position. This excluded the diseconomies of scale following the Bridgend Boundary Change.The Health Board recognises the need to manage the impact of the diseconomies and some mitigation has been identified. However this will be extremely challenging in one year and discussions are being progressed with WG around potential transitional support.The plan assumes that the funding provided by WG non-recurrently in 2018/19 is re-provided.	<table border="1"><caption>Outturn Data</caption><thead><tr><th>Month</th><th>Outturn (£'000)</th></tr></thead><tbody><tr><td>P01</td><td>-</td></tr><tr><td>P02</td><td>-1,912</td></tr><tr><td>P03</td><td>-3,409</td></tr><tr><td>P04</td><td>-4,704</td></tr><tr><td>P05</td><td>-5,995</td></tr><tr><td>P06</td><td>-7,245</td></tr></tbody></table>	Month	Outturn (£'000)	P01	-	P02	-1,912	P03	-3,409	P04	-4,704	P05	-5,995	P06	-7,245	<ul style="list-style-type: none">Identify plan/opportunities to reduce the diseconomies of scale over time.Consider impact of savings delivery and operational pressures on forecast position.Identify, assess and implement a range of mitigating financial recovery measures to support financial delivery.Develop a strong pipeline of savings and efficiency measures.This work will be supported by KPMG and the Delivery Support Team.Progress discussions with WG regarding potential transitional support.
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P06	-7,245																

Description	Current Performance	Trend	Actions planned for next period
Savings Delivery – Performance against the £21.3m savings requirement	<ul style="list-style-type: none"> The Health Board financial plan set out a requirement to identify and deliver £21.3m. To date £25.6m of Green and Amber schemes have now been identified. This includes the financial recovery actions. However the forecast delivery against the planned savings is £20.2m, which is below the plan savings requirement and does not provide mitigation of the operational pressures. 	<p>February</p> <p>December</p> <p>October</p> <p>August</p> <p>June</p> <p>April</p> <p>Active In-Progress Pipeline Ideas Unidentified Achieved</p>	<ul style="list-style-type: none"> Further review and assessment of delivery confidence through KPMG. Delivery Support Team focus on planned scheme slippage and support actions to rectify or reduce slippage. Further work to develop the pipeline of scheme/opportunities to be taken forward.
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change. The overall workforce expenditure has reduced in September which was expected given the weekly and enhancement phasing profile. The decrease in variable pay also reflects the weekly and enhancement profiling. 	<p>Variable Pay Expenditure This Year and Last Year</p> <p>Variable Pay - Last Year</p> <p>Average Variable Pay - Last Year</p> <p>Irregular Sessions</p> <p>WLI</p> <p>Agency - Medical</p> <p>Agency - Non Medical</p> <p>Overtime</p> <p>Bank</p>	<ul style="list-style-type: none"> Further analysis of the key factors driving the use of variable pay outside of planned budget. Identify actions to cease the use of non-contract nurse agency. Support to Workforce workstreams to ensure efficiency benefits are delivered.

Description	Current Performance	Trend	Actions planned for next period
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The cumulative position to end of September 2019 is a £2.275m underspend to plan. Underspend to date is not anticipated to impact on cumulative year end position. The forecast outturn shows an overspend position of £2.507m, which is anticipated to be breakeven with a number of anticipated allocations from WG. 	<p>Capital - In-Month Performance to Plan</p> <p>Capital - Cumulative Performance to Plan</p>	<ul style="list-style-type: none"> A number of schemes are reported as high and medium risk of achieving planned spend. Ongoing discussion with Welsh Government regarding allocations of £2.507m required in year to reach a balanced position.

Description	Current Performance	Trend	Actions planned for next period																					
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">In-month performance in September 2019 was 91.69% which was below the 95% target and represents a significant deterioration in performance.The cumulative position remains above the 95% target at 95.52%.	<table><caption>PSPP Performance Data (Estimated from Graph)</caption><thead><tr><th>Month</th><th>In Month PSPP (%)</th><th>Cumulative PSPP (%)</th></tr></thead><tbody><tr><td>April</td><td>96.2</td><td>96.2</td></tr><tr><td>May</td><td>96.0</td><td>96.0</td></tr><tr><td>June</td><td>95.8</td><td>95.8</td></tr><tr><td>July</td><td>97.1</td><td>96.5</td></tr><tr><td>August</td><td>96.5</td><td>96.5</td></tr><tr><td>September</td><td>91.69</td><td>95.52</td></tr></tbody></table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.2	96.2	May	96.0	96.0	June	95.8	95.8	July	97.1	96.5	August	96.5	96.5	September	91.69	95.52	<ul style="list-style-type: none">Investigate with NWSSP the key reasons for the sharp deterioration and take necessary corrective action.Identify and target areas of poor performance.
Month	In Month PSPP (%)	Cumulative PSPP (%)																						
April	96.2	96.2																						
May	96.0	96.0																						
June	95.8	95.8																						
July	97.1	96.5																						
August	96.5	96.5																						
September	91.69	95.52																						

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%						
		Profile	66%	70%	73%	75%	72%	73%	76%	73%	82%	83%	82%	82%
	12 hour A&E waits	Actual	653	602	644	642	740	941						
		Profile	484	374	273	283	266	238	273	279	211	185	187	180
	1 hour ambulance handover	Actual	669	629	681	550	599	746						
		Profile	320	233	201	220	193	200	208	248	241	176	148	145
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%	57%	42%	29%						
		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%						
		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%						
		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%						
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	172	201	155	112	361	431						
		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						
		Profile	2,042	2,038	2,125	2,135	2,106	2,098	1,957	1,999	2,135	2,046	1,956	1,921
	Diagnostic waits over 8 weeks	Actual	401	393	289	259	337	294						
		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%	71%						
		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%	87%						
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	3	5	4	3	6						
		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						
		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						
		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%						
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	97%	97%	96%	95%								
		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%							
		Profile			5.97%			5.84%			5.72%			5.59%
	Personal Appraisal Development Review	Actual	65%	65%	64%	65%	64%	66%						
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	71%	72%	72%	73%	76%	75%						
		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 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Funding secured for Ambulatory Emergency Care for winter. Renal vascular access waiting list position improving due to increased GA capacity. Morriston Open Day 5/10/19. Best student placement award for Radiography Department. Confirmed 4 funded places for Ultrasound training and backfill in Radiology. A full establishment of theatre scrub staff following a year-long recruitment campaign. Successful appointment of the first Physicians Associate into T&O. Ambulance Handover Delays workshop held. Excellent multi-stakeholder participation, resulting in improved mutual understanding of issues relating to Unscheduled Care. Clinical consensus regarding development of a Health Board consultant workforce plan for Geriatric Medicine. 	<ul style="list-style-type: none"> Await decision from Cwm Taf on location of a renal dialysis unit in POWH. Management attendance at ACAS sessions. 34 booked to attend Autumn. Recruitment for 10 anaesthetic and 4 ED consultants - substantive Cont. implementation/evaluation of 6:4:2 work plan in the Theatre redesign. Second Plastic Surgery Treatment room to be fully commissioned 11/19. To advertise for a second Sarcoma Surgeon in 11/19 as part of the Sarcoma expansion plan. Clinical presentation to WHSSC management board on sentinel node biopsy service. Replace dialysis machine fleet, awaiting conclusion of tender process. Outsourcing of pancreatic surgery cases has commenced (need to explore increasing outsourcing numbers to manage patient backlog numbers. IBG business case supported to expand the ESD COPD service to focus on admission avoidance – need to move at pace to implementation. Development of ED Escalation Policy with focus on community services response. Develop a plan for emergency and elective T&O surgery – Unit exploring options for creating increased capacity on the Morriston Hospital site.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Two successful bids within Radiology for single cancer pathway monies to enhance patient access and care. Straight to test list from 10/19 – improvement of cancer pathway Training for foam sclerotherapy by CNS instead of consultant. Maximise use of existing capacity within ED – minor illness flow. Commencement of Oral Medicine Pathway in Primary Care end of 10/19. Implementation of SIGNAL on Morriston site before winter. Improvement of triage process being led by ED Matron this will also allow improvement of direct flow to minors. Comprehensive communication on Hospital 2 Home undertaken. Locum hand consultant post in Plastic Surgery commencing 11/19 to reduce waiting times 	<ul style="list-style-type: none"> No decant facilities within Morriston Hospital for IPC cleaning. 18/19 winter surge arrangements remain open – no capacity for increase 19/20. Change to pension tax arrangements impact on medical staff. Public Health have predicted a very difficult high-risk flu season. Medically fit for discharge position remains challenging – current 108. Unable to meet the 1:3 nurse to patient ratio in unit haemodialysis. Critical care DTOC position resulting in 33% longer LOS than other units. Health board wide risk of Clinical Monitors becoming obsolete and impact CSS. Potential impact on Morriston from development of the Major Trauma Unit The unrelenting unscheduled care pressure and demand. Impact on elective orthopaedics. Continued press interest.

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%						
		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						
		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						
		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						
		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						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-	-	-	-	-						
		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%						
		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						
		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						
		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						
		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%						
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	86%	83%	75%	67%								
		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%							
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%	77%	77%	74%	75%						
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	84%	85%	86%	88%	89%	89%						
		Profile			75%			80%			85%			90%

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

12.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • A joint Swansea University and Swansea Bay Evaluation of the RDC will published in the British Journal of General Practice. • Successful recruitment to band 6 rotational OT posts for H2H and cognitive ward at NPTH • OT out patient service successful on being accepted as Bevan exemplar • No USC patients waiting longer than 62-days for start of treatment, • Waiting times targets achieved in Medical , Rheumatology and Therapies • The RDC team are finalists for the McMillan Excellence Awards • Paediatric OT and Physiotherapy have increased opportunities to influence prevention in the community over the summer holidays. The team attended a Flying start Fun day, a National Play Day event and several play Bus sessions. All were opportunities to spread positive Public Health messages about activity and play. • Innovate to Save Homecare Medicines Service submitted to WG project invited to develop BC for WG investment • Rheumatology/Medicines Management have made significant savings switching patients on biologics 	<ul style="list-style-type: none"> • Support the development and establishment of a stroke ESD remodelling • Increasing elective surgical activity to support RTT • Recruitment of Registered Nurses • Implementation of HEPMA Phase 1 at NPT Hospital • Clinical services Plan- The Unit is represented on a number of different working groups • Biosimilar switches in accordance with agreed biosimilar policy as soon as product marketed to maximise savings. • Improve HB performance against AWMSG National Prescribing Indicators. • Identify and implement drug switching initiatives in acute care areas to reduce overall drug spend. • Savings plan for primary care prescribing to offset growth/ anticipated cost pressures. • Improved communication with prescribers to reduce variation- formulary, prescribing indicator management, newsletter/vlog, new GP prescribing leads format • Replacement of pharmacy robot at Morriston Hospital. • H2H establishing pathways and merging of ESD team
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Increasing OPMH knowledge and skills in generic work force – combined ward in NPT – cognitive impairment • Evaluating and developing services across the board in light of health board restructures • Commencement of a primary care OT posts to address the preventative and early intervention needs of our population; • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format • Pre Diabetes Pathway Funding from AWDIG • Obesity Pathway Review Workshop Sept 2019 • Opportunity to support Midwifery Services in management of obesity in pregnancy. 	<ul style="list-style-type: none"> • No therapy resource for Clydach green to go ward at Morriston • Risks submitted to Morriston Delivery unit for physiotherapy & N&D staffing levels • Workforce deficits – Nursing • Capacity within the community for discharges/Staffing challenges to support surge capacity • Loss of pharmacists to cluster & practice based roles • Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes; • Implications of no deal Brexit on medicine supply chain. • Unknown impact of Category M, NCSO and other price changes/shortages in primary care • Lack of Tier 2 and 3 Paediatric Weight Management services

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%	99.0%
	12 hour A&E waits	Actual												
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	1 hour ambulance handover	Actual	63	18	40	44	33	32						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117	142	367	564	608						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28	120	241	444	672						
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8	6	2	7	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	98%	91%	95%	94%	96%	97%						
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	86%	70%	77%	74%	83%	76%						
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5	1	4	1	1						
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	3	1	2	0						
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4	0	2	3	0						
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	70%	68%	59%	59%	59%						
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	70%	62%	77%	69%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%	6.10%	6.06%	6.08%	6.06%							
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%	70%	71%	71%	71%						
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	77%	77%	78%	79%	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"> • Design and agreement of the first ‘integrated’ Respiratory Services Model across SBUHB. • Successful IBG & WG bids for implementation of an Outpatient Validation Team, starting with medical specialties. • Joint working with Morriston delivery unit – single point of access and supporting redesign of surgical clinics • Joint NPT and Singleton Theatre weekly scrum meetings. • Additional trolleys and increase staffing levels on Ward 1 opened. • Paper presentations (x2) at national UK conference (Posture & Mobility in July 2019) sharing PUPIS and 3D printing work. • Collaborative working with WAST colleagues continue and review of WAST patient pathway into AGPU and SAU agreed September 2019. • Clinical Lead and Co-ordinator appointments to strengthen Neurodevelopmental service. • Neonates leading an All Wales initiative to implement the KP Sepsis Risk Calculator as part of wider antibiotic Stewardship programme. • Secured agreement from IBG to appoint foetal surveillance midwife. 	<ul style="list-style-type: none"> • Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. • Develop a plan to support Radiotherapies waiting times. • Improvement in PADR and Mandatory training. • Cancer Performance and scoping of impact of Single Cancer pathway. • Ophthalmology sustainable plan as part of GOLD command • Remedial capital work on ward 11 & 12. • To finalise the outcome of Project B in Lymphoedema services. • Programme Business Case for SWWC - in development with Hywel Dda. • Continued focus on work plan to achieve IQUILS Phase 1 assessment for the Liver Service. • Plan for shutdown of Obstetric theatres to replace obsolete Air Handling Unit.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • 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. • Appointment of three physician associates: respiratory medicine, and two in gastroenterology. • Appointment of GPWSI to do some clinics. • Proposed use of PKB. • Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morriston and Singleton Units. • Income opportunities are being realised through new PUPIS activity. • SBUHB wide re-launch of SAFER. • 5th Childrens Symposium arranged December 2019. • Develop regional Paediatric Ophthalmology services with HD UHB. • Develop elective C-section lists to improve efficiency and patient experience in maternity. 	<ul style="list-style-type: none"> • Site environment & cladding. • The reduction in bed capacity due to asbestos removal on wards 11 & 12. • All GP phlebotomy services run from Morriston have had to be cancelled for the month of September. • Patients in Singleton (DGH and Cancer centre) without Specialist Palliative Care Services. • Workforce deficits – Consultant, Medical Junior and Middle Grade gaps and Nursing. Lymphoedema National review identified issues. • Ongoing long-term sickness within the MDT Co-ordinator team. • There is a risk of complaints from patients not being able to receive SACT in a timely manner. • Increase in radiotherapy capacity with extended working days not supported at IBG fully and waiting times remains unsatisfactory. • Brexit – contingency plans are continually reviewed. • Ongoing issues with Anaesthetics cover for theatre lists.

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%							
		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%							
		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%									
		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%							
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	0	0	0						
		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						
		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						
		Profile	0	0	0	1	0	0	0	1	0	0	0	0
	Discharge Summaries completed and sent	Actual	74%	74%	71%	67%	71%							
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quality & Safety Measures	Concerns responded to within 30 days	Actual	100%	100%	88%	88%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Sickness rate (12 month rolling)	Actual	6.22%	6.24%	6.29%	6.29%	6.29%							
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%	67%	66%	67%	68%						
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	82%	83%	84%	85%						
		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"> • The Delivery Unit can report the continuation of good compliance with the sections of the Mental Health Measure. • All therapies waiting times targets continue to be met. • Following discussions with Welsh Government funding for social prescribing agreed by Welsh Government on a recurrent basis. • Information Governance training compliance continues to perform well, the current figure is 89.6%. • Funding for the out of hours Sanctuary service formally approved by Welsh Government. • Fully investigating incidents using a RCA approach based on risk levels, identifying learning. The learning that is identified is used as a tool to suitably improve services. • The number of patients recorded as being a DTOC continues to be below profile. 	<ul style="list-style-type: none"> • The need to continue to appoint in a timely manner to any medical, nursing and allied health professional vacancies. • Continuing to work with commissioning for complex care programme as part of West Glamorgan Partnership to review and resize packages of care. • Further work will be required to consistently meet the CTP target for the Delivery Unit. • Inputting of PADR data, once PADR's have been completed, in all localities of the delivery unit, in order to improve compliance. • The continuation of the reduction in the number of (open) serious incidents that are still under ongoing investigation in the Delivery Unit. • Environmental improvements to take place within the LD units. • Suitably implementing the proposals agreed by Welsh Government for the use of the MH Service Improvement Fund. Adult Acute Re-provision will take in two workshops with stakeholders aimed at confirming service model and identifying preferred service solutions.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • The DU being a part of the roll out of the 'Allocate' system that will be used for medical staffing. • The agreement of the transformation programme through the West Glamorgan transformation board. • Additional funding for substance misuse services as part of SMAF. • Opportunity to contribute to the proposal for additional funding for those with complex needs. • Invest to save proposal for expansion of CHC team was not considered by IBG in September, this will take place in October. • Establishment of a formal project group that will incorporate review of CRHT services and relationship to Sanctuary service. 	<ul style="list-style-type: none"> • Capacity gaps are still prevalent in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay. • Demand and capacity constraints are still an ongoing issue in CMHT's across the Health Board. • Continuing to suitably manage the demand seen for Continuing Healthcare (CHC) placements and resultant financial risks. Public and families interpret changes as cuts rather than the rebalancing of an overall service model as we move towards more interventions to help people support themselves.

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						
		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						
		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						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	86%	86%	86%	88%	88%	88%						
		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												
		Profile												
	% of adult dental patients re-attending NHS Primary Dental Care between 6-9 months	Actual	31%	32%	36%	31%	33%							
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3	4	4	5	2						
		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						
		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						
		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						
		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						
		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						
		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%								
		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%							
		Profile			5.28%			TBC			TBC			TBC
	Personal Appraisal Development Review	Actual	79%	79%	80%	80%	79%	83%						
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	86%	86%	86%	87%	88%	89%						
		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"> • Expertise within the Long Term Care service in relation to the Mental Capacity Act and Deprivation of Liberty processes. • Vale of Neath Primary Care Centre opened on 19 August. Official opening ceremony is planned for 14th October. • Appointed an additional five dental practices to contract reform. Now 18 in total. • An Eye Care Professionals meeting has been established with Optometry Wales to build greater working relationships with the view to develop the optometry services delivered within Primary Care. • Direct Podiatry Access: Co-creation of sustainable patient centred care and optimal public health outcomes accepted for oral presentation at AHP conference in Nov 2019 • Persistent Pain staff working with medicines management for use of unlicensed patches • Successful trial of procedure clinics as part of the walk-in clinic on a Wednesday in the Sexual Health Clinic, Singleton. Now increased to offering procedure clinics every morning which will be trialled over the next month 	<ul style="list-style-type: none"> • Successful delivery of the Fluenz programme in all primary schools. • All Wales DRE training - followed by programmes to cascade training to all community continence staff. • Cluster IMTPs quality review to be undertaken. • Progress implementation plan for transfer of Paeds General Anaesthetic Dental Service from Parkway Clinic to Morriston Hospital • Progress Amman Tawe Partnership public engagement/consultation on service model and practice premises. • Completion of Murton and Penclawdd primary care pipeline projects • Ticket to home launching in Gorseinon Hospital W/C 1st October 2019 • To increase staffing levels to be able to utilise the recently acquired ambulance for the Sexual Health service • Funded Nursing Care Judicial Review, the process of managing and reimbursing care home fees for approximately 3,800 cases is being led by the Long Term Care Team and finance leads.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Consideration of additional options for Swansea Wellness Centre • Implementation of Cluster Whole System Transformation roll-out • Ceri Walters to provide Gorseinon Hospital staff with training on the live DTOC system, this will help prevent duplication and save time. 	<ul style="list-style-type: none"> • Latest figures from Public Health Wales show an increase in sexual transmitted infection rates within Swansea Bay UHB. • Concerns about long-term funding of Primary Care Audiology • Capacity issues especially relating to incoming calls to the community continence service • Discharge pathways with long term care/placements remain an issue in Gorseinon Hospital as awaiting Social Worker assessments.

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					
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 19/20	96%	95%			95.8%		96%			96%			97%			96%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 19/20	93%	95%			92.4%	. . .	90%			91%			91%			93%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%	.	73%			89%			82%						
Influenza	% uptake of influenza among 65 year olds and over	National	2018/19	68.1%	75%	70%	✗	68.3%								68.1%						
	% uptake of influenza among under 65s in risk groups	National	2018/19	43.0%	55%	65%	✗	44.1%								43.0%						
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%								86.1%						
	% uptake of influenza among children 2 to 3 years old	National	2018/19	47.7%		40%	✓	49.4%								47.7%						
	% uptake of influenza among healthcare workers	National	2018/19	54.5%	60%	50%	✓	56%								54.5%						
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Aug-19	1.1%	5% annual target	2.1%	✗	2.2%		1.3%	1.5%	1.7%	1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.1%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q4 2018/19	55.7%	40% annual target	40.0%	✓	43.3%		57%			55%			56%						
Learning Disabilities	% people with learning disabilities with an annual health check	National			75%					Awaiting publication of 2018/19 data.												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National			4 quarter ↓					New measure for 2019/20. Awaiting publication of data												

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful																						
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					
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
DTCs	Number of mental health HB DTCs	National	Sep-19	19	12 month ↓	27	✓	71		29	28	26	25	29	26	21	18	23	27	20	18	19
	Number of non-mental health HB DTCs	National	Sep-19	69	12 month ↓	55	✗	418		69	84	125	117	104	87	112	49	67	70	61	69	69
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jul-19	99%	95%	95%	✓	71%		94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	
	Stage 2 mortality reviews required	Local	Jul-19	13						19	16	22	17	7	10	22	18	13	13	13	9	
	% stage 2 mortality reviews completed	Local	Jul-19	38%		100%				47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	61.5%	57.1%	38.5%		
	Crude hospital mortality rate (74 years of age or less)	National	Aug-19	0.76%	12 month ↓			0.65%		0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-19	96.0%		98%	✗			97.8%	97.5%	99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Sep-19	85%	85%			75.3%		77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%
Coding	% of episodes clinically coded within 1 month of discharge	National	Aug-19	96%	95%	95%	✓	84.0%		96%	95%	88%	91%	93%	95%	92%	96%	96%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Sep-19	61%		100%	✗			61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q4 18/19	96%	100%	100%	✗	98%	. . .	100%			100%			96%						
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✗		. . .	70			78			97						
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✗		. . .	24			31			37						
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 18/19	2,276	10% annual ↑	2,428	✗		. . .	1,150			1,463			2,276						
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✗		. . .	76			99			136						

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU							SBU								
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19			
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.															
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.															
	Total antibacterial items per 1,000 STAR-PUs		Q4 18/19	329.6	4 quarter ↓			305.6		288.9			330.7			329.6									
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q4 18/19	8.2%	4 quarter ↓			7.6%		10%			8.3%			8.2%									
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-19	91%		95%	✗			94%			90%			90%			92%			87%		91%	
	% stop or review date documented on medication chart		Jul-19	54%		95%	✗			54%			56%			56%			55%			52%		54%	
	% of antibiotics prescribed on stickers		Jul-19	81%		95%	✗			73%			78%			47%			75%			61%		81%	
	% appropriate antibiotic prescriptions choice		Jul-19	97%		95%	✓			97%			95%			96%			96%			98%		97%	
	% of patients receiving antibiotics for >7 days		Jul-19	11%		<20%	✓			15%			9%			13%			7%			8%		11%	
	% of patients receiving surgical prophylaxis for > 24 hours		Jul-19	18%		<20%	✓			8%			73%			46%			39%			6%		18%	
	% of patients receiving IV antibiotics > 72 hours		Jul-19	46%		<30%	✗			49%			42%			47%			31%			35%		46%	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-19	81.2	<67			85.13		102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2			
	Number of E.Coli bacteraemia cases (Hospital)		Sep-19	5		9	✓			15	17	23	15	11	15	21	10	7	7	14	9	5			
	Number of E.Coli bacteraemia cases (Community)			18		30	✓			34	24	30	23	17	16	22	17	15	22	21	13	18			
	Total number of E.Coli bacteraemia cases			23		39	✓			49	41	53	38	28	31	43	27	22	29	35	22	23			
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-19	34.9	<20			25.99		37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9			
	Number of S.aureus bacteraemias cases (Hospital)		Sep-19	3		6	✓			7	7	7	5	9	9	4	11	8	6	8	4	3			
	Number of S.aureus bacteraemias cases (Community)			5		5	✓			3	5	10	6	9	7	7	3	3	5	9	3	5			
	Total number of S.aureus bacteraemias cases			8		11	✓			10	12	17	11	18	16	11	14	11	11	17	7	8			
	Cumulative cases of C.difficile per 100k pop		Sep-19	29.3	<26			26.22		42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3			
	Number of C.difficile cases (Hospital)		Sep-19	8		6	✗			5	15	9	5	3	4	3	2	8	6	9	5	8			
	Number of C.difficile cases (Community)			2		3	✓			4	4	1	11	4	3	5	1	3	4	4	5	2			
	Total number of C.difficile cases			10		9	✗			9	19	10	16	7	7	8	3	11	10	13	10	10			
	Cumulative cases of Klebsiella per 100k pop		Sep-19	23.6				21.75								28.6	15.7	15.5	21.8	20.3	22.1	23.6			
	Number of Klebsiella cases (Hospital)		Sep-19	7		6	✗			6	11	5	11	10	15	4	2	4	7	1	8	7			
	Number of Klebsiella cases (Community)			2		5	✓			6	9	9	1	6	5	4	3	1	4	4	3	2			
	Total number of Klebsiella cases			9		11	✓			12	20	14	12	16	20	8	5	5	11	5	11	9			
	Cumulative cases of Aeruginosa per 100k pop		Sep-19	9.8				6.35								5.8	9.4	9.3	12.5	10.0	10.4	9.8			
	Number of Aeruginosa cases (Hospital)		Sep-19	2		0	✗			0	2	4	2	0	0	0	3	1	2	1	2	2			
	Number of Aeruginosa cases (Community)			0		2	✓			3	0	2	3	0	2	0	0	2	4	0	2	0			
	Total number of Aeruginosa cases			2		2	✓			3	2	6	5	0	2	0	3	3	6	1	4	2			
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-19	96%		95%	✗			98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%			
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q1 19/20	0	0			2		-				0			1			0					
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-19	20%	90%	75%	✗	34.5%		86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%			
	Number of new Never Events	National	Sep-19	0	0	0	✓	5		0	0	0	0	0	0	1	0	1	1	1	1	0			
	Number of risks with a score greater than 20	Local	Sep-19	103		12 month ↓	✗			73	66	45	48	53	54	51	72	66	75	81	88	103			
	Number of risks with a score greater than 16	Local	Sep-19	197		12 month ↓				New local measure for 2019/20							167	151	162	164	175	197			
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Sep-19	5		12 month ↓	✓			7	13	8	12	6	17	15	3	9	8	2	6	5			
	Number of Safeguarding Children Incidents	Local	Sep-19	3		Monitor				3	10	9	3	13	7	7	6	10	6	7	6	3			
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-19	14		12 month ↓	✓			52	47	40	40	50	45	64	29	16	13	18	14				
	Number of pressure ulcers developed in the community		Aug-19	37		12 month ↓	✓			71	60	63	58	77	62	47	34	33	23	33	37				
	Total number of pressure ulcers		Aug-19	51		12 month ↓	✓			123	107	103	98	127	107	111	63	49	36	51	51				
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-19	0		12 month ↓	✓			1	6	3	3	4	10	7	1	2	1	2	0				
	Number of grade 3+ pressure ulcers acquired in community		Aug-19	8		12 month ↓	✓			8	9	12	13	16	11	10	10	6	6	7	8				
	Total number of grade 3+ pressure ulcers		Aug-19	8		12 month ↓	✓			9	15	15	16	20	21	17	11	8	7	9	8				
Inpatient Falls	Number of Inpatient Falls	Local	Sep-19	241		12 month ↓	✓			328	293	291	300	341	276	326	210	226	189	186	227	241			
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		3	2			1			0		0						
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Jun-19	25%	12 month ↑			85%		40%	50%	40%	53%	18%	43%	43%			25%						
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%	12 month ↑			59%		53%	75%	55%	-	-	-	-									

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU							SBU					
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
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	Sep-19	110		12 month ↓ trend	✓			114	140	91	84	138	96	114	93	95	118	138	114	110
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-19	81%	75%	78%	✓	62.9%		83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%		
	% of acknowledgements sent within 2 working days	Local	Aug-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jul-19	3,288	> 5% annual ↓			14,285		3,490	3,332		3,364		3,373	3,350	3,320			3,288		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU							SBU					
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q1 19/20	198.0	4 quarter ↑			183.5		103.6			120.0			146.8			198.0			
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q1 19/20	4.0	4 quarter ↑			5.2		5.1			8.3			6.2			4.0			
	Rate of calls to the DAN helpline per 100k pop.	National	Q1 19/20	41.3	4 quarter ↑			41.7		30.1			24.4			39.3			41.3			
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-19	91%	90%	90%	✓	87.6%		91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Aug-19	100%	100%	100%	✓	93.1%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Local	Sep-19	2,441		12 month ↑	✗			4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441
	% of who would recommend and highly recommend	Local	Sep-19	95%		90%	✓			96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Sep-19	85%		90%	✗			89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%

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					
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-19	6.3%	12 month ↓					6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.1%	6.4%	6.8%	6.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-19	8.0%	12 month ↓					7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.5%	8.0%	7.6%	8.0%
Theatre Efficiency	Theatre Utilisation rates	Local	Sep-19	67.3%		90%	✗			74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%
	% of theatre sessions starting late	Local	Sep-19	42.7%		<25%	✗			39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%
	% of theatre sessions finishing early	Local	Sep-19	42.7%		<20%	✗			36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	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%		77.0%			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	Q1 19/20	32.2%	4 quarter ↓			33.2%		31.1%							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	Sep-19	67%	85%	75%	✗	70.3%		65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%
	% 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	Sep-19	80%	85%	80%	✓	79.1%		65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%
	% workforce sickness and absent (12 month rolling)	National	Aug-19	5.96%	12 month ↓			5.36%		5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.96%	
	% 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						
										Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Sep-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Sep-19	95%	Annual ↑	95%	✓			95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	
	% of population regularly accessing NHS primary dental care	National	Mar-19	62.2%	4 quarter ↑				55%		62.4%			62.3%			62.2%						
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	96%	90%					96%	93%	96%	95%	96%	92%	96%	96%	97%	96%	98%			
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					88%	0%	50%	79%	80%	60%	80%	83%	50%	100%	-			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-19	67%	65%	65%	✓	69.0%		78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	
	Number of ambulance handovers over one hour	National	Sep-19	778	0	200	✗	3,130		526	590	628	842	1,164	619	928	732	647	721	594	632	778	
	Handover hours lost over 15 minutes	Local	Sep-19	2,432						1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	
	% 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	Sep-19	71%	95%	85.5%	✗	77.2%		77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	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	Sep-19	941	0	238	✗	4,847		588	680	665	756	986	685	862	653	602	644	642	740	941	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Sep-19	29%	55.5%	80%	✗	49.1%		54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	
	CT Scan (<1 hrs)	Local	Sep-19	42%		58%	✗			48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Sep-19	95%	84.1%	94%	✓	84.6%		69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-19	0%	12 month ↑	30%	✗			11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	
	% patients receiving the required minutes for speech and language therapy	National	Sep-19	50%	12 month ↑				48.5%									57%	47%	41%	48%	48%	50%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Sep-19	85%	95%			87.3%		89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-19	1,039	0	0	✗	23,918		89	65	125	94	153	315	207	236	323	297	479	925	1,039	
	Number of patients waiting > 36 weeks for treatment	National	Sep-19	3,565	0	2,137	✗	15,543		3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Aug-19	63.6%	95%			63.0%										64.3%	62.4%	64.4%	63.6%		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-19	294	0	250	✗	4,158		762	735	658	693	603	558	437	401	401	295	261	344	294	
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-19	0	0	0	✓	316		0	0	0	0	0	0	0	0	0	0	0	1	0	
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-19	132,054	15% reduction by March 2020				883,452		178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-19	23,537	15% reduction by March 2020				216,909		32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of																						

APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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