Meeting Date	**24th February 2020**	**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 & Finance		
Presented by	Darren Griffiths, Associate Director of Performance & Finance		
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 local performance measures as well as the national measures outlined in the 2019/20 NHS Wales Delivery Framework.		
Key Issues	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. The new cycle of reporting will see the usual report format for months one and two in the quarter and the presentation of performance via report cards for the third month in the quarter. As this is a quarterly report, the narrative sections have been replaced by a suite of performance report cards that provide a detailed summary of end of 2019/20 quarter three performance. Due to the availability of data and the lengthy process involved in co-ordinating/ completing the cycles for updating the report cards, it is possible that the summary tables and dashboards will have more up to date data than the report cards as the data only became available after the report cards were finalised. The report cards can be found in Appendix 1 of this report. Key high level issues to highlight this month are as follows: **Unscheduled Care**- January 2020 was another challenging month. The Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% and Morriston Hospital saw an in-month improvement in performance and achieved 60.7% in January 2020. However, there was an in-month deterioration in the 12 hour A&E waiting times target. Ambulance handovers taking more than 1 hour improved in January 2020 as well as the percentage of ambulance red calls responded to within 8 minutes which was		

	above the national 65% target. At the time of writing this report, performance for February 2020 is showing further signs of improvement. **Planned Care**- Waiting times for outpatient appointments and elective treatment deteriorated in January 2020. The planned care position continues to be robustly managed in order to deliver the best possible position at the end of quarter 4. **Diagnostic waiting times-** There continues to be a high number of patients waiting over 8 weeks for Echo Cardiograms due to staff sickness and vacancies. A recovery plan has been developed which will deliver a nil position for Echo Cardiogram breaches by the end of March 2020. **Healthcare acquired infections**- Internal reduction profiles were achieved in January 2020 for E.Coli Bacteraemia, C.*difficile*, Klebsiella bacteraemia and Pseudomonas aerginosa bacteraemia. There was one case of MRSA in Singleton Hospital in January 2020. **Serious Incidents closures**- Performance against the 80% target deteriorated again from 38% in December 2019 to 28% in January 2020. Of the 25 Serious Incidents (SIs) that were due to be closed in December 2019, only 7 achieved the 60 working day target. Out of the 18 that did not achieve the target, 13 related to Mental Health & Learning Disability, 1 related to Primary and Community Care and 4 related to Morriston Hospital. Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board's position due to the high volume of cases assigned to the Unit. **Radiotherapy-** The Health Board has commenced reporting of the new 'Time to Radiotherapy' performance metrics following receipt of a directive from Welsh Government in December 2019. The measures now feature in a quarterly radiotherapy report card which can be found on page 94 of this report.

Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	

Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance.

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

Quality, Safety and Patient Experience

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

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

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The '5 Ways of Working' are demonstrated in the report as follows: • **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.	
Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in January 2020. This is a routine monthly report.
Appendices	Appendix 1: Integrated performance report

Performance report cycle

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

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

Appendix 1- Integrated Performance Report February 2020

CONTENTS PAGE

1. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – January 2020

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Dec-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%			3rd
		Profile	*77.1%*	*80.0%*	*81.9%*	*83.8%*	*84.6%*	*85.5%*	*72.4%*	*74.5%*	*77.3%*	*78.4%*	*80.2%*	*80.4%*	
	12 hour A&E waits	Actual	653	602	644	642	740	939	890	927	1,018	1,038			5th
		Profile	*484*	*374*	*273*	*283*	*266*	*238*	*799*	*693*	*656*	*612*	*444*	*297*	
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827	821	868	847			4th**
		Profile	*320*	*233*	*201*	*220*	*193*	*200*	*673*	*634*	*508*	*451*	*388*	*291*	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%	55.1%	39.0%	23.5%			2nd ** *(Nov-19)*
		Profile	*76%*	*77%*	*78%*	*78%*	*79%*	*80%*	*80%*	*81%*	*82%*	*82%*	*83%*	*84%*	
	CT scan within 1 hour	Actual	*62%*	*56%*	*52%*	*59%*	*48%*	*42%*	*47%*	*49%*	*44%*	*43%*			
		Profile	*47%*	*52%*	*50%*	*53%*	*51%*	*58%*	*53%*	*58%*	*55%*	*58%*	*56%*	*60%*	
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%			2nd** *(Nov-19)*
		Profile	*87%*	*89%*	*92%*	*89%*	*91%*	*94%*	*91%*	*93%*	*96%*	*93%*	*95%*	*96%*	
	Thrombolysis door to needle within 45 minutes	Actual	*27%*	*17%*	*0%*	*40%*	*27%*	*0%*	*0%*	*0%*	*20%*	*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%*	*49%*	*45%*	*38%*	*33%*			5th** *(Nov-19)*
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	*236*	*323*	*297*	*479*	*925*	*1,039*	*1,152*	*1,120*	*1,305*	*1,453*			2nd *(Nov-19)*
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
	Treatment waits over 36 weeks	Actual	*1,976*	*2,104*	*2,318*	*2,690*	*3,263*	*3,565*	*4,256*	*4,587*	*5,141*	*5,623*			6th *(Nov-19)*
		Profile	*1,970*	*1,894*	*1,904*	*1,856*	*1,763*	*1,686*	*1,450*	*1,393*	*1,435*	*1,247*	*1,061*	*938*	
	Diagnostic waits over 8 weeks	Actual	*401*	*401*	*295*	*261*	*344*	*294*	*223*	*226*	*569*	*628*			5th *(Nov-19)*
		Profile	*480*	*400*	*390*	*370*	*330*	*250*	*180*	*150*	*130*	*100*	*50*	*0*	
	Therapy waits over 14 weeks	Actual	*0*	*0*	*0*	*0*	*1*	*0*	*1*	*0*	*0*	*0*			Joint 1st *(Nov-19)*
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	93%	91%	98%	95%	92%	97%			4th** (Nov-19)
		Profile	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	
	USC patients starting treatment in 62 days	Actual	87%	80%	81%	76%	84%	86%	84%	86%	92%	80%			2nd** *(Nov-19)*
		Profile	*91%*	*94%*	*93%*	*96%*	*96%*	*94%*	*94%*	*94%*	*95%*	*95%*	*95%*	*96%*	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10	13	10	10	19	17	11	11			6th
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8	13	11	11	13			6th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23	25	15	32	33			3rd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

**RAG status derived from performance against trajectory*

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

2. MONTHLY PERFORMANCE DASHBOARD

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

		ABMU			SBU										
Sub Domain	**Measure**	**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**	**Performance Trend**
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8	
	Number of E.Coli bacteraemia cases (Hospital)	*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*	*5*	*12*	*15*	
	Number of E.Coli bacteraemia cases (Community)	*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*	*10*	*20*	*18*	
	Total number of E.Coli bacteraemia cases	28	31	43	27	22	29	35	22	23	25	15	32	33	
	Cumulative cases of S.aureus bacteraemias per 100k pop	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6	
	Number of S.aureus bacteraemias cases (Hospital)	*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*	*8*	*7*	*6*	
	Number of S.aureus bacteraemias cases (Community)	*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*	*3*	*4*	*7*	
	Total number of S.aureus bacteraemias cases	18	16	11	14	11	11	17	7	8	13	11	11	13	
	Cumulative cases of C.difficile per 100k pop	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3	
	Number of C.difficile cases (Hospital)	*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*	*13*	*7*	*6*	
	Number of C.difficile cases (Community)	*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*	*4*	*4*	*5*	
	Total number of C.difficile cases	7	7	8	3	11	10	13	10	10	19	17	11	11	
	Cumulative cases of Klebsiella per 100k pop			28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1	
	Number of Klebsiella cases (Hospital)	10	15	4	2	4	7	1	8	7	4	4	4	7	
	Number of Klebsiella cases (Community)	6	5	4	3	1	4	4	3	2	0	4	2	1	
	Total number of Klebsiella cases	16	20	8	5	5	11	5	11	9	4	8	6	8	
	Cumulative cases of Aeruginosa per 100k pop			5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0	
	Number of Aeruginosa cases (Hospital)	0	0	0	3	1	2	1	2	2	1	1	1	2	
	Number of Aeruginosa cases (Community)	0	2	0	0	2	4	0	2	0	0	0	1	1	
	Total number of Aeruginosa cases	0	2	0	3	3	6	1	4	2	1	1	2	3	
	Hand Hygiene Audits- compliance with WHO 5 moments	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%	
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%	
	Number of new Never Events	0	0	1	0	1	1	1	1	0	1	0	1	1	
	Number of risks with a score greater than 20	53	54	51	72	66	75	81	88	103	104	105	109	91	
	Number of risks with a score greater than 16	New local measure for 2019/20			167	151	162	164	175	197	204	200	202	171	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	6	17	15	3	9	8	2	6	5	19	6	4	5	
	Number of Safeguarding Children Incidents	13	7	7	6	10	6	7	6	3	5	13	8	13	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	50	45	64	29	16	13	18	14	9	20	22	24		
	Number of pressure ulcers developed in the community	77	62	47	34	33	23	33	37	25	29	31	24		
	Total number of pressure ulcers	*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*	*49*	*53*	*48*		
	Number of grade 3+ pressure ulcers acquired in hospital	4	10	7	1	2	1	2	0	1	2	2	2		
	Number of grade 3+ pressure ulcers acquired in community	16	11	10	10	6	6	7	8	8	2	8	3		
	Total number of grade 3+ pressure ulcers	20	21	17	11	8	7	9	8	9	4	10	5		
Inpatient Falls	Number of Inpatient Falls	341	276	326	210	226	189	186	227	241	255	240	297	249	

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful															
		ABMU			SBU										
Sub Domain	Measure	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	Performance Trend
DTOCs	Number of mental health HB DToCs	29	26	21	18	23	27	20	18	19	22	22	22	23	
	Number of non-mental health HB DToCs	104	87	112	49	67	70	61	69	69	76	61	53	52	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	98.5%		
	Stage 2 mortality reviews required	7	10	22	18	13	13	13	9	9	17	9	14		
	% stage 2 mortality reviews completed	28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%	78.0%			
	Crude hospital mortality rate (74 years of age or less)	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	86%	
Coding	% of episodes clinically coded within 1 month of discharge	93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	95%		

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
		ABMU			SBU										
Sub Domain	Measure	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	Performance Trend
Patient Experience	Number of new formal complaints received	138	96	114	93	95	118	138	114	110	159	137	87	142	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%			
	% 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	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	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	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	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	
	% of who would recommend and highly recommend	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%	

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	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	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%		
	% of patients who did not attend a follow-up outpatient appointment	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%		
Theatre Efficiencies	Theatre Utilisation rates	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%	
	% of theatre sessions starting late	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%	
	% of theatre sessions finishing early	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	70%	70%	69%	69%	70%	70%	71%	71%	71%	67%	66%	68%	69%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	73%	74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%	

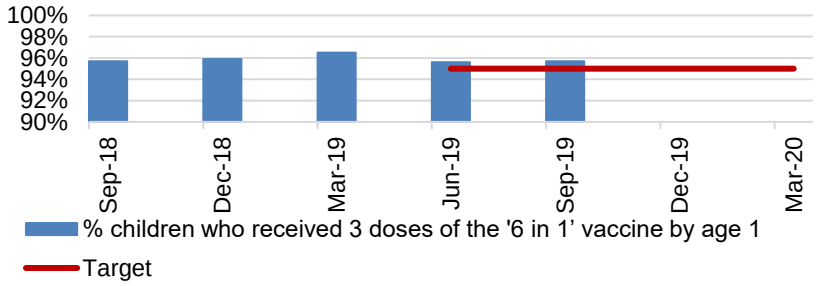
TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
		ABMU			SBU										
Sub Domain	Measure	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Performance Trend
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%		
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	96%	92%	96%	98%	98%	97%	97%							
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	80%	60%	80%	83%	100%	100%	-							
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%	
	Number of ambulance handovers over one hour	1,164	619	928	732	647	721	594	632	778	827	821	868	847	
	Handover hours lost over 15 minutes	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545	
	% 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%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	986	685	862	653	602	644	642	740	939	890	927	1,018	1,038	
	% of survival within 30 days of emergency admission for a hip fracture	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	
	CT Scan (<1 hrs)	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	
	Thrombolysis door to needle <= 45 mins	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	
	% patients receiving the required minutes for speech and language therapy				57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	
Planned Care	% of patients waiting < 26 weeks for treatment	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%	
	Number of patients waiting > 26 weeks for outpatient appointment	153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	
	Number of patients waiting > 36 weeks for treatment	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment					64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%		
	Number of patients waiting > 8 weeks for a specified diagnostics	603	558	437	401	401	295	261	344	294	223	226	569	628	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	1	0	1	0	0	0	
	The number of patients waiting for a follow-up outpatient appointment	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969	
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)	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	97%	
	% 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	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	80%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)				73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	70.0%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%		

3.0 QUARTERLY PERFORMANCE REPORT CARDS
3.1 STAYING HEALTHY

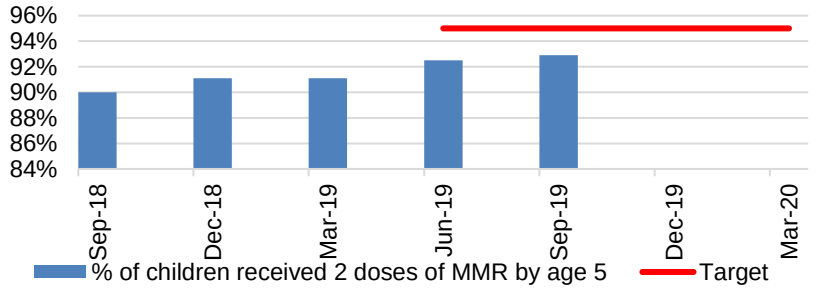
CHILDHOOD IMMUNISATIONS			
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing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

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

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

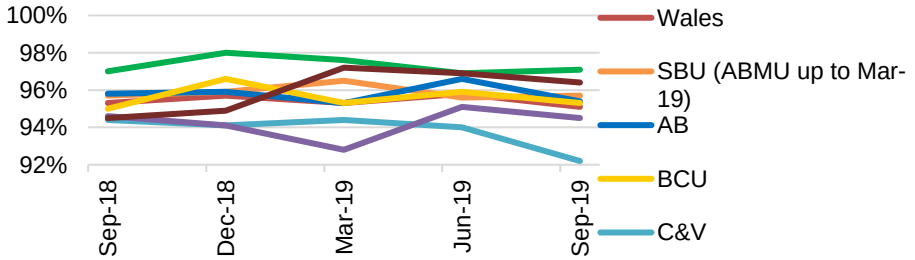


(2) % of children who received 2 doses of the MMR vaccine by age 5

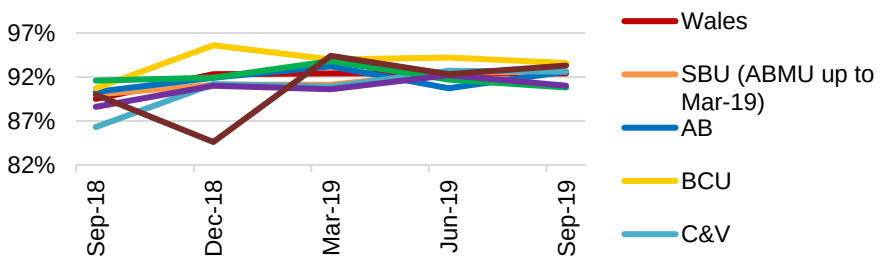


Benchmarking

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



(2) Benchmark – MMR Vaccine by Age 5



Source: Public Health Wales COVER Report September 2019

Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1
Measure 2: % of children who received 2 doses of the MMR vaccine by age 5

How are we doing?

Measure 1: As at September 2019, 95.7% of children in the Swansea Bay catchment area received the 6 in 1 vaccine by age 1 year. This is above the 95% target and above the all-Wales average of 95.1%.

Measure 2: As at September 2019, 92.9% of children received 2 doses of the MMR vaccine by age 5. This was below the 95% target but above the all-Wales average of 92.4%.

What actions are we taking?

- Waiting lists and cancelled clinics continue to be monitored closely by the primary care team. Current waiting list stands at 191.
- Health professionals (GP's/HV/SN/PN) are advised to check the immunisation status at every contact.
- Early planning stages to implement the recommendations of the Measles Eradication Task Group, sponsored by Public Health Wales.

What are the main areas of risk?

- The number of resident children who have received 2 doses of the MMR by 5 years this remains below the required 95% for herd immunity and leaves the population vulnerable to an outbreak. This is concerning with the withdrawal of the UK from measles free status. The MMR 2 uptake at 5 years in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea is currently 92.9%, well below the 95% target. However, resident children up to date by age 4 years for SBUHB is only 87.4% and lower than the same time last year (87.7%) – immunisation schedule is actually at 3 years 4 months- about 134 children were not up to date and not fully protected by 4 years in September 2019.
- Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit Risk Register as red as an overdue action to be undertaken. Has also been raised at Quality and Safety Forum that action to reduce health inequalities in immunisation uptake remains hampered by the Child Health Information System not being able to cleanse data regularly which makes identifying the right children that are due more difficult and risk children being missed or immunisation further delayed
- Of concern is that in the recent Public Health Wales "Inequalities in uptake of routine child hood immunisations in Wales 2018-19" annual report the gap in up to date immunisations at age 4 years between highest and lowest quintile has increased to 8.6% from 7 % in 2017/18. At age 5 years, the gap has increased by 1% to 4.2% from 3.1% in 17/18.

How do we compare with our peers?

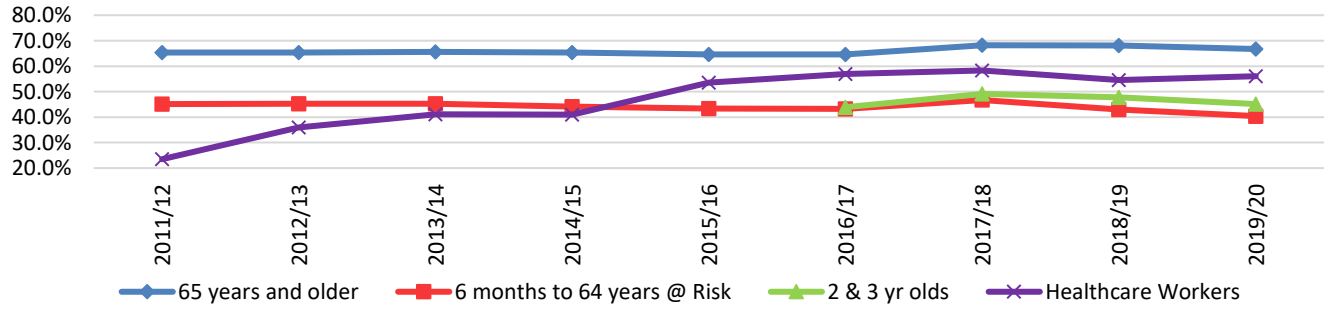
- Measure 1 – SBUHB is ranked 5th in comparison to the other Welsh Health Boards for 6:1 and above the Welsh average of 95.8% during this reporting quarter
- Measure 2 – SBUHB is ranked 3rd in comparison to the other Welsh Health Boards for MMR x2 slightly above the Welsh average of 92.4% during this reporting quarter

FLU VACCINATIONS

NHS Wales Domain:	**STAYING HEALTHY**- People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	I am healthy and active and do the things to keep myself healthy
Health Board Strategic Aim:	Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities	**Health Board Enabling Objective:**	Co-production and Health Literacy
Executive Lead:	Keith Reid, Director of Public Health		**Period:** December 2019

% uptake of the Seasonal Flu Vaccine in the following groups:	**Annual Plan Profile**	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: 65 years and older	75%	75%	✗	↑ ●
Measure 2: 6 months to 64 years in at risk groups	55%	55%	✗	↑ ●
Measure 3: Children 2 to 3 year olds	45%	N/A	✓	↑ ●
Measure 4: Healthcare workers who have direct patient contact	60%	60%	✗	↑ ●

(1) 65 years and older, (2) 6 months to 64 years in at risk groups, (3) Children 2 to 3 olds, (4) Healthcare workers who have direct patient contact



Benchmarking

% Uptake of Seasonal Flu Vaccine

** Data up to Jan 2020*

2019/20	SBU	AB	BCU	C&V	CTaf	HDdA	Powys	Wales
(1) 65+	66.7%	69.1%	69.6%	69.5%	66.9%	63.1%	66.0%	67.6%
(2) 6 months to 64 years at risk	40.4%	42.6%	43.2%	41.0%	37.0%	37.4%	42.2%	40.7%
(3) 2 to 3 Year Olds	45.1%	47.8%	44.5%	40.2%	41.1%	41.4%	47.7%	43.8%
(4) Health Care Workers	54.5%	62.4%	52.3%	63.3%	50.9%	47.8%	64.3%	55.5%

Source: Public Health Wales Vaccine Preventable Disease Programme and Communicable Disease Surveillance Centre. IVOR (Influenza Vaccine Online Reporting)

Measure 1: 65 years and older
Measure 2: 6 months to 64 years in at risk groups
Measure 3: Children 2 to 3 year olds
Measure 4: Healthcare workers who have direct patient contact

How are we doing?

Measure 1. Uptake is 67%, which is just below the uptake for Wales 68.1%. Uptake by cluster ranges from 63.1% to 69.7%.
Measure 2. Uptake is 41.2%, slightly below the uptake for Wales 41.6%. SBUHB has achieved the target for patients with chronic diabetes (55.6%), and respiratory disease patients with Chronic Obstructive Pulmonary Disease (COPD) (57.1%). Six practices have achieved the 55% national target.
Measure 3. Uptake is 47%, above the Welsh uptake of 45.7%. No national uptake target for 2 and 3 year olds. Uptake by cluster ranges from 43.3% to 51.6%.
Measure 4. Uptake of staff with direct patient contact is 58% (21Jan 2020), above the Welsh uptake of 55.4% (Dec 2019)

What actions are we taking?

All actions in Primary Care Flu Plan completed or in progress, including focus on 2-3 year old 'super spreaders' (targeted support for practices in this; and Health Visitor 'mop up' pilot in one Flying Start area) as well as an innovative communication campaign to support the staff immunisation campaign.

What are the main areas of risk?

Failure to achieve good coverage among healthcare workers leaves staffing vulnerable to illness at busiest time of year re demand for acute services.
Failure to immunise vulnerable individuals leaves patient cohorts with higher levels of illness than if target was hit with increased adverse outcomes – potentially avoidable harm.

How do we compare with our peers?

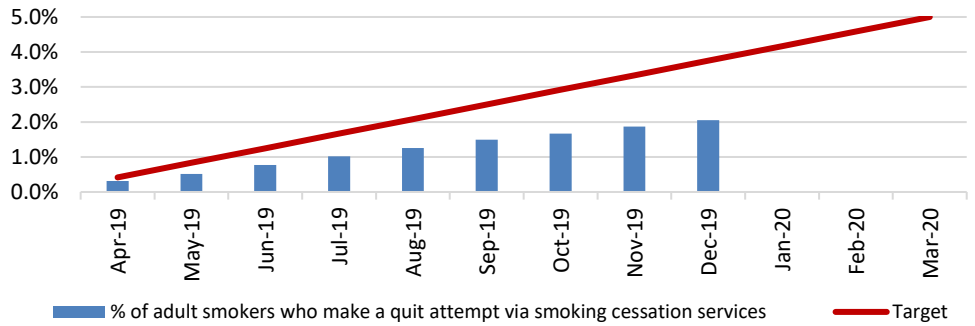
Compared to other Welsh Health Boards SBMU HB is ranked:
5th for patients 65 years and older based on data from the 21/1/2020 IVOR report
3rd for patients 6m to 64 years at risk based on data from the 21/1/2020 IVOR report
4th for children 2 to 3 years based on data from the 21/1/2020 IVOR report

SMOKING CESSATION

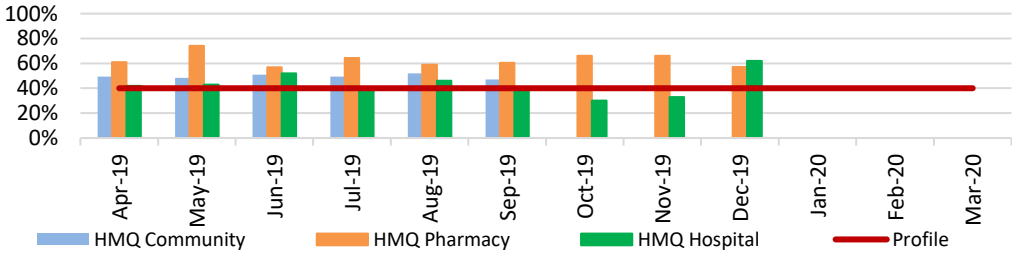
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	I am healthy and active and do the things to keep myself healthy
Health Board Strategic Aim:	Support better health and wellbeing by actively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

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

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



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



Benchmarking

% making a quit attempt

LHB	Current Q1-Q2 19/20	Previous Q1-Q2 18/19
Wales	1.79%	1.54%
AB	2.10%	1.63%
BCU	2.13%	1.85%
C&V	0.85%	0.75%
CTM	2.13%	
HDda	1.80%	1.78%
Powys	1.60%	1.05%
SB	1.50%	

% CO Validated at 4 weeks

LHB	Current Q1-Q2 19/20	Previous Q1-Q2 18/19
Wales	42.8%	44.5%
AB	44.4%	44.3%
BCU	34.7%	38.5%
C&V	48.8%	54.7%
CTM	39.5%	
HDda	47.5%	47.7%
Powys	41.3%	39.7%
SB	55.3%	

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

Source : NHS Wales outcomes framework, all-Wales performance summary (January 2020)

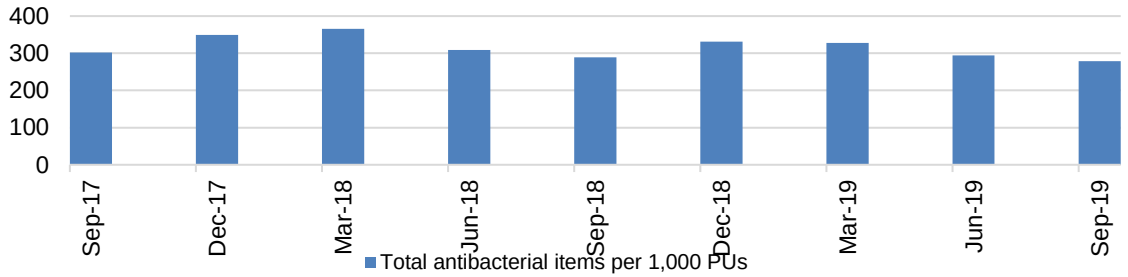
Measure 1: % Welsh resident smokers make a quit attempt via Smoking Cessation Services Measure 2: % Welsh resident smokers who are CO validated as successfully quitting at 4 weeks
How are we doing?
• To achieve the 5% smoking cessation target approximately 3,115 smokers need to be treated in Swansea Bay 'Help me quit' (HMQ) smoking cessation services per year, with an average of 260 smokers treated per month. Swansea Bay HMQ services have treated 1276 smokers (monthly activity data) against the cumulative monthly target of 2336 achieving to December 2019 2% of the overall target (3.8% expected) • During October and November, the 40% WG target of CO validated 4 week quits was not achieved by the HMQ Hospital service, due to staff capacity issues (1.52 WTE advisors below capacity due to sickness absences and vacant posts)
What actions are we taking?
• Work to implement an integrated cessation system and service model is progressing with plans in place. Development of a Tobacco Needs Assessment to inform service planning for the HMQ integrated cessation service model in line with population need • Review of the management, service delivery and performance of the HMQ community service is being undertaken. Improvement plans in progress. Primary care engagement work with clusters has commenced. Advisors now allocated geographical patches to work as leads/key workers for engagement and networking with key partners to raise awareness of HMQ; provide training; and increase referrals to services. Preparatory work commenced for an Organisational Change Process to bring across the HMQ hospital service from Neath DU Pharmacy under PCCS DU management • Service improvement work with HMQ community pharmacies continues with 30 of the 62 commissioned pharmacies now providing the service and average CO validated quit rate in this setting 63% (40% target). Patient Group Directive for smoking cessation pharmacotherapy (varenicline) in development which will allow pharmacies to issue this medication to clients to support their quit attempt, and address prescribing issues • Baseline assessment of current Health Board position on implementation of smoking pathway undertaken. Shows poor compliance of Health Board in asking and recording smoking status of patients admitted; provision of pharmacotherapy and referral to cessation support. Ottawa model discussions being progressed at all Wales level, to be progressed locally that would in part support smoke free site implementation, in line with legislative changes • Maternal smoking action plan developed and in progress. Improvement work being undertaken on maternal smoking pathways in community; inpatients; and undergoing elective procedures. Training of all community midwives by March 2020 in Very Brief Advice for Smoking programme continues • Initial discussions held with Public Health Wales 1000 lives team to support Quality Improvement work on Tobacco agenda • 3 tobacco funding proposals developed and submitted to the Regional Partnership Board for the Prevention and Early Years funding, to expand the HMQ service (HMQ service manager), and provide service provision for priority groups- maternal cessation and mental health.
What are the main areas of risk?
• Both HMQ community and HMQ hospital services continue to be under resourced due to staff shortages, vacancy or sickness, and significantly affecting the delivery capacity. Currently there is no managerial structure in place to support service developments. Operational management of the HMQ community team is being provided by the Swansea Bay Public Health Team on an interim basis until 31st March 2020 • Migration in the host Delivery Unit for the HMQ hospital service to Primary care is taking time to achieve due to there being no dedicated service manager in post and delay to the Organisation change process being commenced. • 32 of the 62 commissioned pharmacies did not provide any L3 service between the beginning of October and end of December, possibly due to delivery of other services such as flu vaccination and Sore Throat Test and Treat being rolled out across 20 pharmacies during December.
How do we compare with our peers?
• The latest benchmarking data for Q1 2019/20 from Welsh Government shows that Swansea Bay UHB for Measure 1 is below the Wales average and ranks 6 of 7 Health Boards in performance. For Measure 2 Swansea Bay UHB is above the Wales average, and the highest performing Health Board for this measure

3.2 SAFE CARE

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

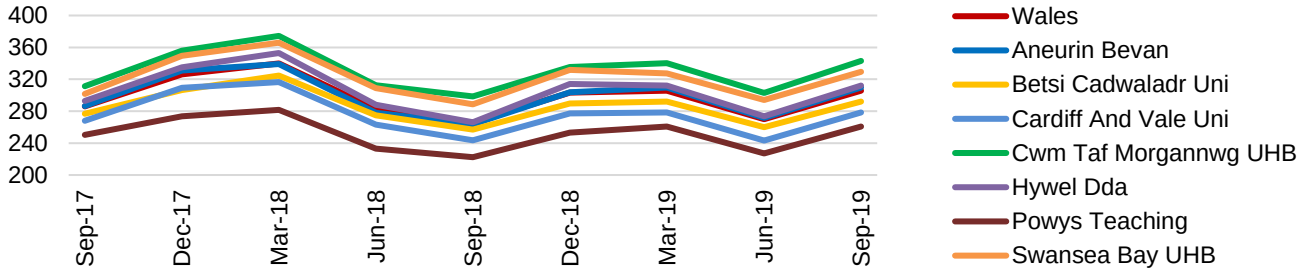
Executive Lead:	Chris White, Chief Operating Officer	**WG Target**	**Local Target**	**Period:** September 2019		
				Current Status		**Movement:** *(12 month trend)*
				Against profile	*Against local target*	
Measure 1: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related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

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



Benchmarking

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



Source: NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (January 2020)

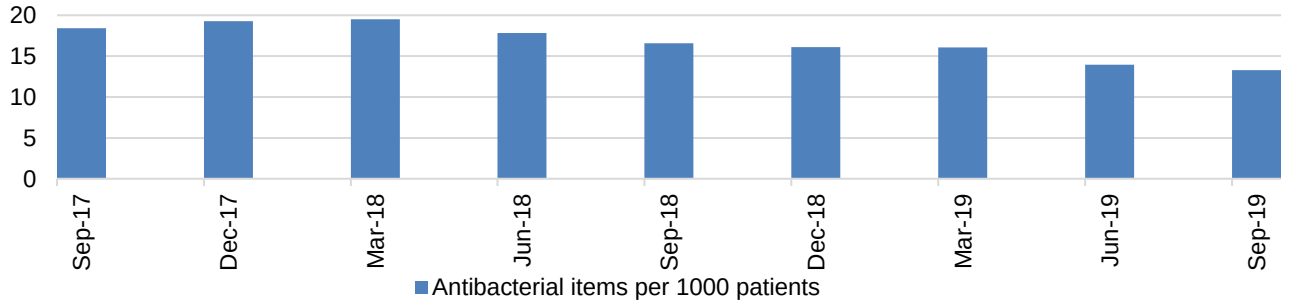
Measure 1: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)
How are we doing?
• Swansea Bay has seen the largest percentage reduction (3.3%) in the last 12 months (September 18 vs September 19). • Long term trend continues to show a decrease.
What actions are we taking?
• Consultant Antimicrobial pharmacist now in post and providing strategic direction for the stewardship programmes across both primary and secondary care. Primary care based antimicrobial pharmacist also in post. • Antibiotic indicators included in the 2019-20 Prescribing Management Scheme, which practices are working on up to March 2020. Targeted antibiotic prescribing visits to practices with agreement of antibiotic actions are being completed. • Antibiotic indicators will also be included in the 2020-21 Prescribing Management Scheme, will a pre-qualifier audit on cephalosporins included for GP practices • Focus on advanced services for community pharmacy for management of minor infections, as a means of reducing pressure on GP services. Sore throat test and treat service and independent prescriber UTI pilot underway. UTI PGD service currently being investigated. • Targeted work planned with care homes to improve sampling and provision of clinical information to prescribers for UTI management • Links with Your Medicines, Your Health to promote antibiotic messages to the public • Protected time for learning sessions delivered to Swansea GPs covering updates to the antibiotic guidelines.
What are the main areas of risk?
• Not being able to maintain the on-going reductions in total antibacterial usage.
How do we compare with our peers?
• SBU is currently 6th highest performing Health Board in Wales. • SBU has shown significant progress over the last 2-3 years and is no longer the highest prescribing Health Baord in Wales. However, further improvement are needed.

ANTIBACTERIAL ITEMS DISPENSED IN THE COMMUNITY

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

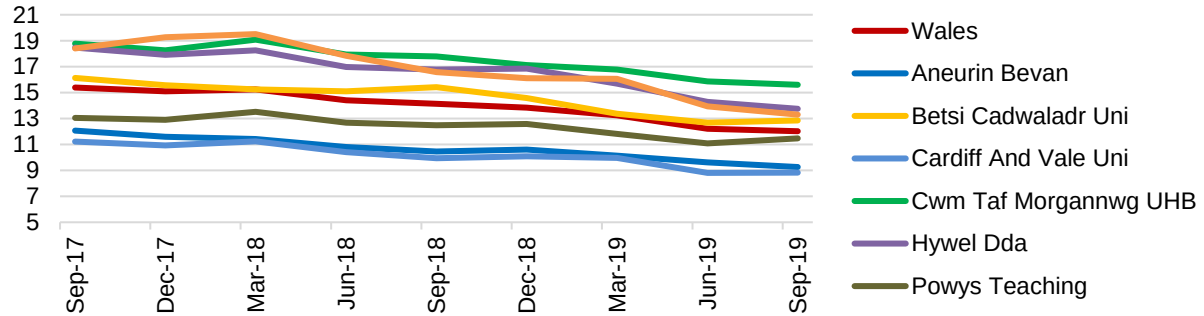
	Annual Plan Profile	**WG Target**	**Period:** September 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1000 patients.	N/A	Quarterly reduction	✓	↓ ●

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



Benchmarking

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



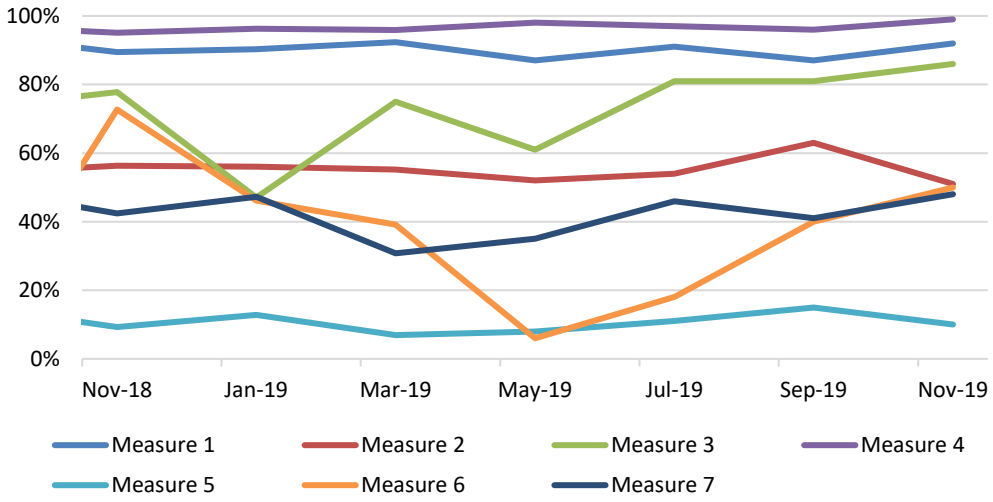
Source: NHS Wales Delivery Framework, all-Wales performance Summary (January 2020)

Measure 1: Fluroquinolone, cephalosoporin, clinamycin and co-amoxiclav items per 1000 patients.
How are we doing?
• Swansea Bay has seen the largest percentage reduction (19.77%) in the last 12 months (September 18 vs September 19).
What actions are we taking?
To maintain focus, the following are in place: • Prescribing Management Scheme for 2020-21 will focus on 4C prescribing via a pre-qualifier audit on cephalosporin prescribing. This will build on the success seen with the previous co-amoxiclav audit and also inform the development of the antibiotic guidelines. • Consultant Antimicrobial pharmacist now in post and providing strategic direction for the stewardship programmes across both primary and secondary care. Primary care based antimicrobial pharmacist also in post. • Guideline development in progress, with a focus on reduction of 4C recommendations and use of alternative antibiotics e.g. co-trimoxazole in line with changes to secondary care guidelines • Educational sessions delivered regularly to prescribing leads and protected time for learning • Focus on highest prescribing practices, with antimicrobial pharmacist's audits and feedback within practice.
What are the main areas of risk?
• Failure to maintain the current reductions seen.
How do we compare with our peers?
• SBU is currently 5th highest performing Health Board in Wales. • SBU performance needs to show further improvements to move towards performing below the Welsh average. Co-amoxiclav usage has reduced following the focus provided via the Prescribing Management Scheme.

Antimicrobial Audits

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

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



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

Nov-19	Morriston	Singleton	NPTH	MH & LD	HB Total
(1) % indication for antibiotic documented on medication chart	93.0%	88.0%	92.0%	86.0%	92.0%
(2) % stop or review date documented on medication chart	54.0%	32.0%	77.0%	100.0%	51.0%
(3) % of antibiotics prescribed on stickers	-	-	71.0%	100.0%	86.0%
(4) % appropriate antibiotic prescriptions choice	95.0%	97.0%	100.0%	100.0%	99.0%
(5) % of patients receiving antibiotics for more than 7 days	13.0%	4.0%	0.0%	14.0%	10.0%
(6) % of patients receiving surgical prophylaxis for more than 24 hours	50.0%	-	-	-	50.0%
(7) % of patients receiving IV antibiotics > 72 hours	54.0%	25.0%	0.0%	-	48.0%

Source: SBU Pharmacy

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

How are we doing?

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

What actions are we taking?

- ARK (antibiotic review kit) charts are in use across Morriston (except paediatrics) and includes a 72 hour hard-stop on all initial antibiotic prescriptions in order to ensure review occurs. Data collected during the study period in Medicine, show an increases in stop rates within 72 hours and consistent review of all antibiotic prescriptions. The current antibiotic audit is unable to evaluate the effect of the ARK charts across other specialities and so are being reviewed (see below). A meeting to discuss roll-out of the ARK charts to Singleton has been organised for March 2020.

- A proposal for a change to the current antibiotic audit system is being progressed and is hoped to be implemented by March 2020. The new system will focus on the consistency of the clinical review at 48-72 hours and the outcome of that review. Junior doctor auditing will also be introduced, alongside a quarterly Pharmacist audit, to improve medical engagement. The audit will utilise an all-Wales audit tool that is being developed by Public Health Wales.

- A further surgical prophylaxis audit via recovery in Morriston is planned to increase numbers to better gage prescribing patterns down to speciality and individual surgeon level. Outliers will then be tackled in order of priority via attendance of the stewardship teams at clinical / audit meetings for each speciality.

What are the main areas of risk?

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

How do we compare with our peers?

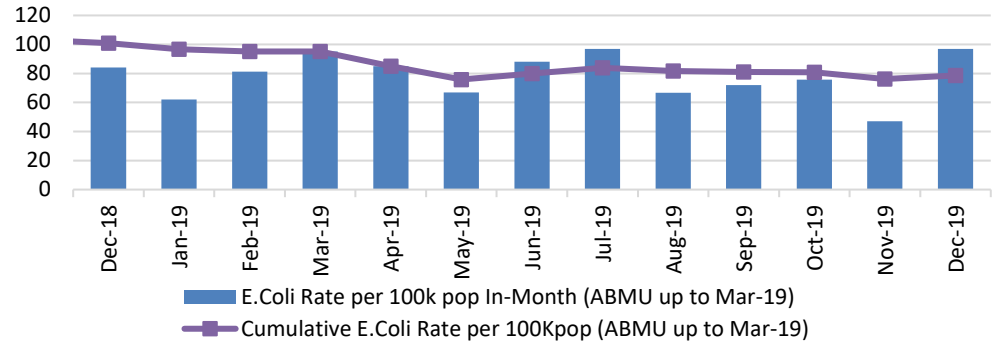
- No comparable data available

E. COLI Bacteraemia

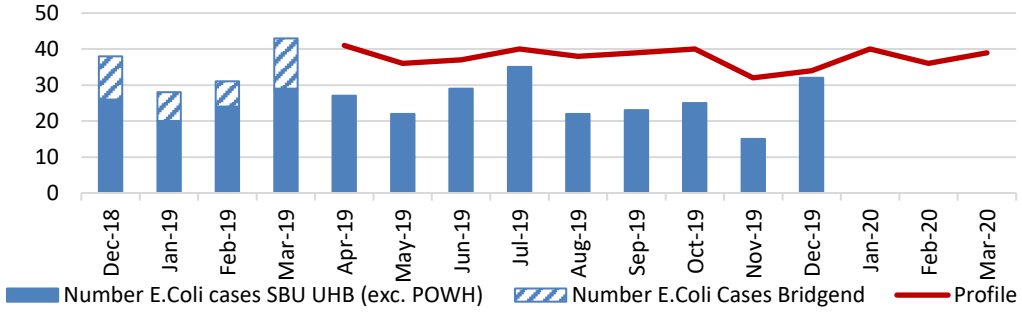
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	Annual Plan Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of E.*coli* bacteraemia cases	34	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	153	✗	

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



(2) Number of E.coli bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Dec 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	1907	1578	+329
SBU	230	196	+34
AB	319	298	+21
BCU	445	351	+94
C&V	283	250	+33
CTM	312	224	+88
Hdda	306	194	+112

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

Measure 1: Rate of E.coli bacteraemia cases per 100,00 of the population

Measure 2: Number of E.coli bacteraemia cases
Measure 3: Number of cumulative cases of E.coli against March 2020 reduction expectation

How are we doing?

- The number of *E. coli* bacteraemia in December 2019 (32 cases) was 2 cases below the projected IMTP monthly profile; 11 cases above the Welsh Government monthly expectation.
- Of these cases, 37% were hospital acquired; 63% were community acquired. The cumulative number of cases (April – December 2019/20) was 230, which was approximately 19% fewer than the cumulative number of cases for the same period in 2018/19.
- In 45% of all cumulative cases, the urinary tract was identified as the primary source of the infection.

What actions are we taking?

- The Infection Prevention & Control Nurses continue to initiate Datix incident reporting of hospital acquired cases of *E. coli* bacteraemia. These incident reports are continued, investigated and closed by the relevant Delivery Unit staff.
- Continue with initiatives to reduce presence of invasive devices across the Health Board.
- Support Primary Care as they develop a process relating to the reporting via Datix of community acquired bacteraemia – by **31 March 2020**.
- Paper on funding requirements to meet the National Minimum Standards for Cleaning to be presented to next Senior Leadership Team meeting – **February 2020**.

What are the main areas of risk?

- A large proportion of *E. coli* bacteraemia is community acquired, with many patient related contributory factors, particularly in relation to urinary tract infection and biliary tract disease. As such, it will be a challenge to prevent a significant proportion of these.
- Use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.
- Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

How do we compare with our peers?

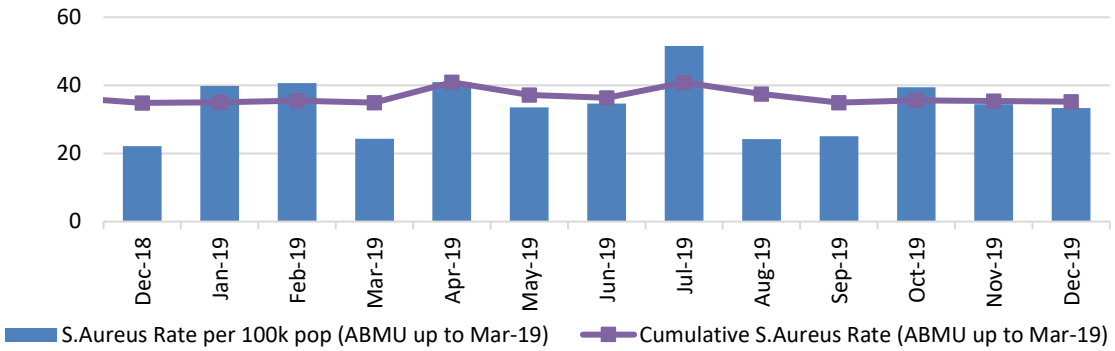
- The incidence of *E. coli* bacteraemia per 100,000 population for December 2019 was 97.03; the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 78.62/100,000 population, the third lowest cumulative incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

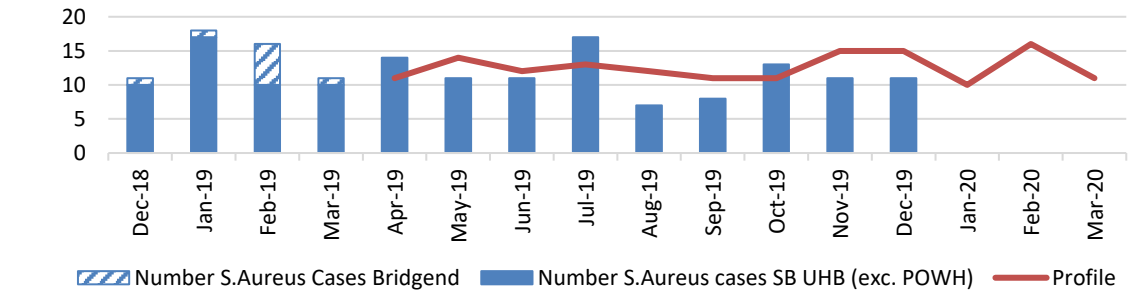
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

	IMTP Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of *S.aureus* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of *S. aureus bacteraemia* cases	15	N/A	✗	↓ ●
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	46	✓	↓ ●

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



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



Benchmarking

LHB	Cumulative Cases (Apr - Dec 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	618	471	+147
SBU	103	59	+44
AB	94	89	+5
BCU	152	105	+47
C&V	79	75	+4
CTM	106	67	+39
Hdda	82	58	+24

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

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

How are we doing?

There were 11 cases of *Staph. aureus* bacteraemia in December 2019; 4 cases below the projected monthly IMTP profile; exceeding by 5 cases the Welsh Government monthly expectation of no more than 6 cases. One of these cases was an MRSA bacteraemia, which was identified in Singleton and which is being reviewed by the appropriate department.

The cumulative number of cases from April to December 2019/20 was 103 (11 cases below the IMTP profile, but 49 cases above the Welsh Government infection reduction expectation).

The cumulative number of cases for April to December 2019 was approximately 3% higher than the cumulative number of cases for the same period in 2018/19.

Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 36% were community acquired; 64% were hospital acquired.

What actions are we taking?

The Infection Prevention & Control Nurses continue to initiate Datix incident reporting of hospital acquired cases of *Staph. aureus* bacteraemia. These incident reports are continued, investigated and closed by the relevant Delivery Unit staff.

Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.

Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

What are the main areas of risk?

A significant proportion of *Staph. aureus* bacteraemia is community acquired, with many patient related contributory factors, such as recreational drug use, arthritis, chronic conditions, etc. As such, it is a challenge to prevent a significant proportion of these.

Use of pre-emptive beds on acute sites increases risks of infection transmission.

Bed occupancy, which frequently is close to, or exceeds, 90%. Analysis by the Department of Health, reported in Tackling Healthcare associated infections through effective policy action (BMA, June 2009), suggested that when all other variables are constant, an NHS organisation with an occupancy rate above 90 per cent could expect a 10.3% higher MRSA rate compared with an organisation with occupancy levels below 85%.

High bed turnover: in the same BMA report, the impact on MRSA rates of turnover intervals were suggested to have a greater impact on MRSA rates than bed occupancy levels.

Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

How do we compare with our peers?

The incidence of *Staph. aureus* bacteraemia within the Health Board in December 2019 was 33.35/100,000 population, which was the second highest incidence for the major acute Health Boards.

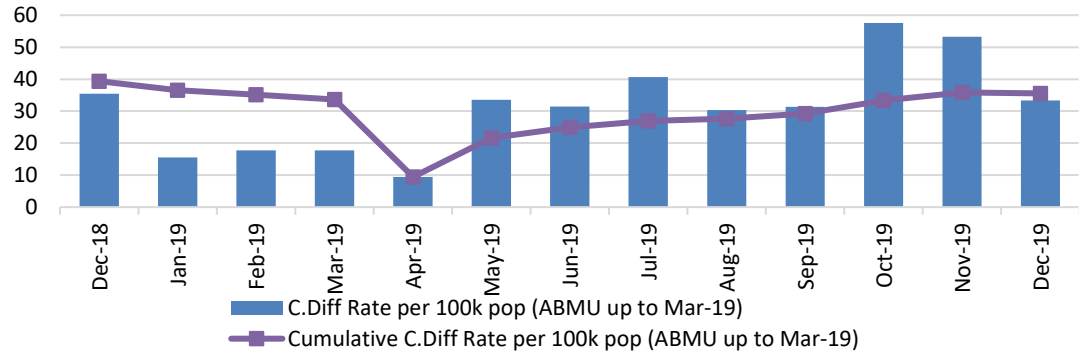
The cumulative incidence of *Staph. aureus* bacteraemia within the Health Board for the year 2019/20 was 35.21/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

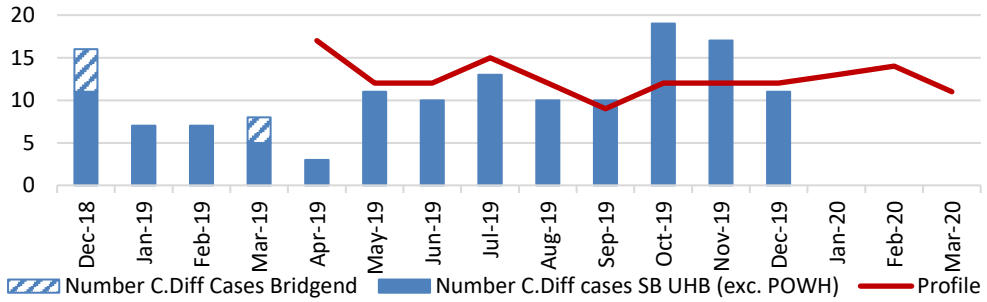
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	Annual Plan Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative rate of C.*difficile* cases per 100,00 of the population	N/A	N/A		↑
Measure 2: Number of C.*difficile* cases	12	N/A	✓	↑
Measure 3: Number of cumulative cases of C.*difficile* against March 2020 reduction expectation	N/A	57	✗	

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



(2)* Number of C.*difficile cases



Benchmarking

LHB	Cumulative Cases (Apr - Dec 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	661	589	+72
SBU	104	73	+31
AB	106	111	-5
BCU	147	116	+31
C&V	80	71	+9
CTM	98	71	+27
Hdda	112	73	+39

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

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

How are we doing?

- There were 11 *Clostridium difficile* toxin positive cases in December 2019; this was 1 case below the IMTP monthly profile, but three cases more than the Welsh Government monthly infection reduction expectation.
- The cumulative position from April - December 19/20 was 104 cases. This was 22 cases below the IMTP projected cumulative profile, and the cumulative number of cases for the year was approximately 7% fewer cases compared with the same period in 2018/19. However, this was 32 cases above the Welsh Government infection reduction expectation for the Health Board.
- 64% of the cases in December were considered to be hospital acquired. Of these, 43% were associated with Morriston Hospital, 43% with Singleton Hospital, and 14% with Neath Port Talbot.
- High occupancy continues to be a challenge to improvement and reduction.

What actions are we taking?

- The Infection Prevention & Control Nurses continue to initiate Datix incident reporting of hospital acquired cases of *C. difficile*. These incident reports are continued, investigated and closed by the relevant Delivery Unit staff.
- ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.
- Ultraviolet-C technology now available in all major acute sites from January 2020.
- Continue with recently established multi-professional, board-wide *C. difficile* Control Group, which meets bi-weekly initially.
- National Standards of Cleanliness hours are being reviewed, with a paper to be taken to Senior Leadership Team in **February 2020.**

What are the main areas of risk?

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

How do we compare with our peers?

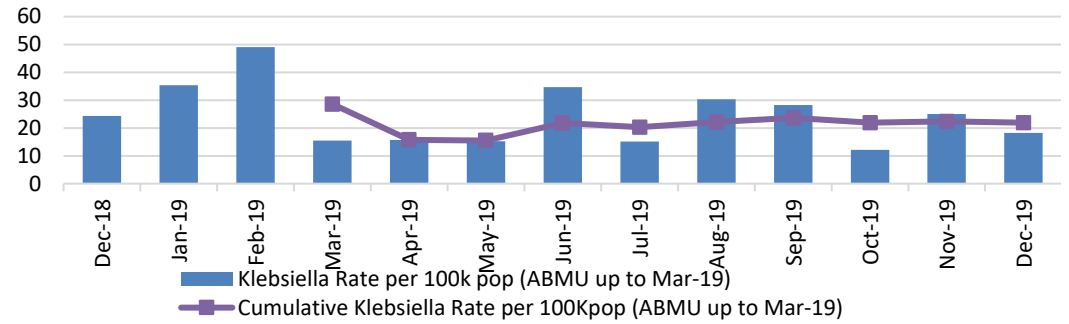
- The Health Board incidence per 100,000 population for December 2019 was 33.35/100,000 population; this was the second highest monthly incidence in Wales
- The Health Board cumulative incidence to 31 December was 35.55. The Health Board has the second highest incidence of infection; there has to be continued and significant improvement if Health Board performance is to be comparable with peers.

Klebsiella spp. *Bacteraemia*

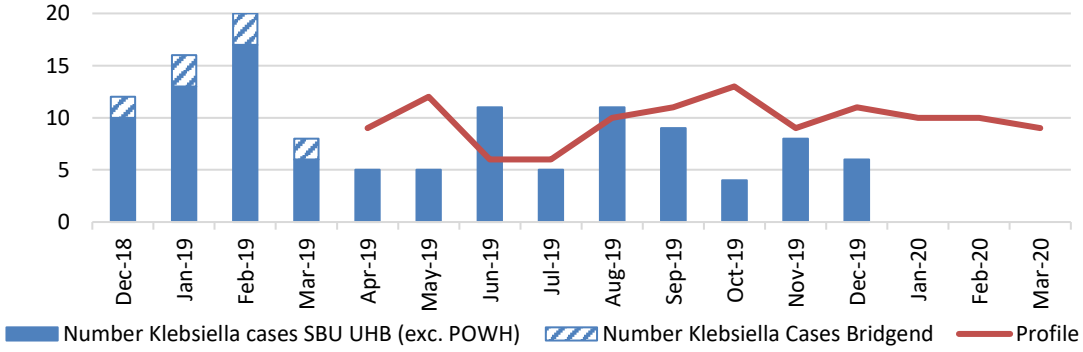
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	Annual Plan Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of Klebsiella spp. bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Klebsiella spp. Bacteraemia cases	11	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation	N/A	54	✗	

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



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Dec 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	489	404	+85
SBU	64	69	-5
AB	111	72	+39
BCU	107	80	+27
C&V	62	61	+1
CTM	79	52	+27
Hdda	62	51	+11

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

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

How are we doing?

- In December 2019, there were 6 cases of *Klebsiella spp*. bacteraemia in Swansea Bay University Health Board; this was nine cases fewer than the IMTP profile for the month and 4 cases below the Welsh Government infection reduction expectation.
- The cumulative number of *Klebsiella spp*. bacteraemia cases, April 2019 to October 2019, was 50 cases; this was approximately 29% below the number of cases for the equivalent period in 2018/19. The cumulative cases April 2019 to October were 17 cases lower than the IMTP cumulative profile and 4 cases fewer than the Welsh Government expectation.
- Of the 50 cases to 31 October 2019, 66% were hospital acquired; 34% were community acquired. Of the hospital acquired cases, 61% were associated with Morriston Hospital Delivery Unit; 12% with Neath Port Talbot Delivery Unit, and 27% with Singleton Delivery Unit.

What actions are we taking?

- Incident type codes have been amended again to enable the Infection Prevention & Control to commence the initiation of *Klebsiella spp.* bacteraemia incident reporting on Datix from **1st December 2019**.
- Following this, the pilot of the bedside review of cases requires refinement and will be relaunched in **December 2019**.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

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

How do we compare with our peers?

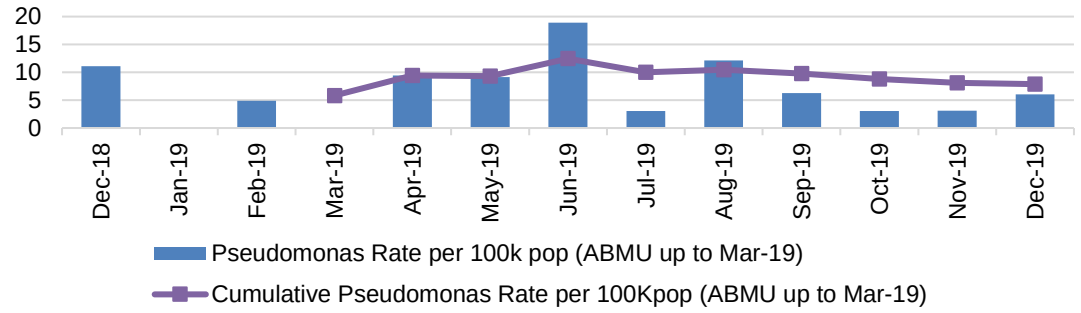
- The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for December 2019 was 18.19; this was the lowest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 21.96/100,000 population; this was the second highest incidence for the major acute Health Boards in Wales.

Pseudomonas Aeruginosa *Bacteraemia*

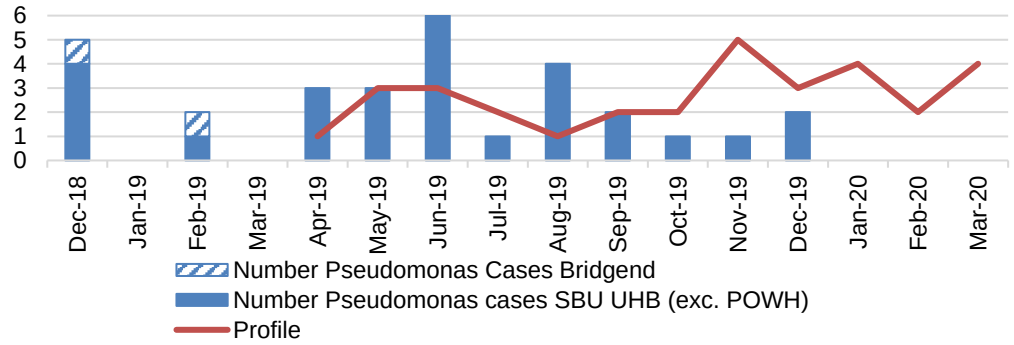
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	IMTP Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of P.aeruginosa bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of P.aeruginosa bacteraemia cases	3	N/A	✗	↑ ●
Measure 3: Number of cumulative cases of P.aeruginosa against March 2020 reduction expectation	N/A	22	✗	

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



(3) Number of Psuedomonas aeruginosa bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Dec 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	154	125	+29
SBU	23	17	+6
AB	31	21	+10
BCU	31	21	+10
C&V	28	24	+4
CTM	17	19	-2
Hdda	23	19	+4

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

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

How are we doing?

- In December 2019, there were 2 cases of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board, one case below the IMTP monthly profile and 1 case below the Welsh Government infection reduction expectation.
- The cumulative number of bacteraemia cases, April 2018 to December 2019, was 23 cases. This was approximately 4% fewer than the number of cases in the equivalent period in 2018/19. The cumulative cases April 2019 to December were 6 cases higher than the IMTP cumulative profile and 5 cases higher than the Welsh Government expectation
- Of the 23 cumulative cases, 78% were hospital acquired; 22% were community acquired.

What actions are we taking?

- The Infection Prevention & Control Nurses continue to initiate Datix incident reporting of hospital acquired cases of *Pseudomonas aeruginosa* bacteraemia. These incident reports are continued, investigated and closed by the relevant Delivery Unit staff.
- Continue with initiatives to reduce presence of invasive devices across the Health Board.
- Support Primary Care as they develop a process relating to the reporting via Datix of community acquired bacteraemia – by **31 March 2020**.
- Paper on funding requirements to meet the National Minimum Standards for Cleaning to be presented to next Senior Leadership Team meeting – **February 2020**.

What are the main areas of risk?

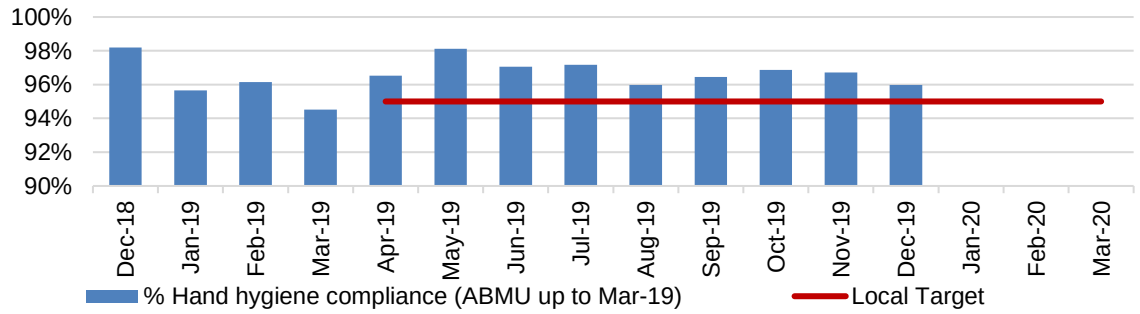
- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.
- Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

How do we compare with our peers?

- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for December 2019 was 6.06, which was the third lowest incidence in the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 7.86/100,000 population, the second highest incidence for the major acute Health Boards in Wales.

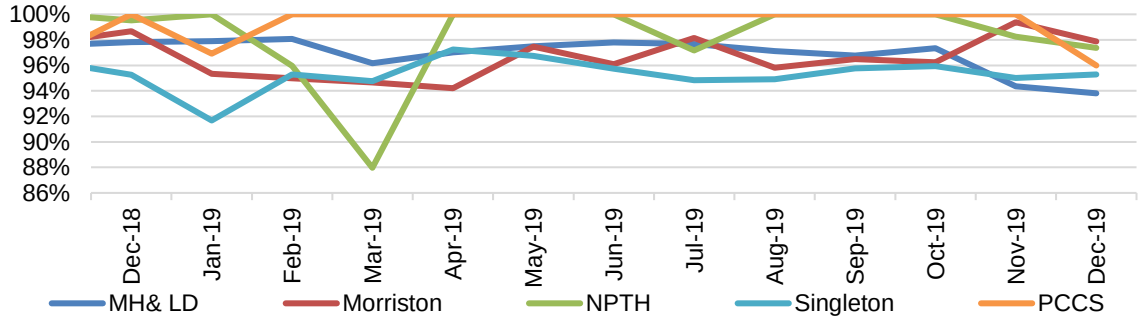
HAND HYGIENE						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm		**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care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

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (December 2019)

Measure 1: % compliance with Hand Hygiene Audits

How are we doing?

For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019.

- Compliance with hand hygiene (HH) for December 2019 was 96%.
- For December 2019, 69 wards/units (67%) reported compliance ≥95%.
- 9 wards/departments (9%) reported compliance between 90% and 94%; 6 wards/units (6%) reported compliance of 89% or below.
- 18 wards/departments had not uploaded the results of their audits undertaken in December 2019 at the time of updating this report.
- Three of five Service Delivery Units (SDU) reported compliance ≥95% in December 2019. Mental Health & Learning Disabilities, and Singleton Hospital Delivery Units did not achieve targeted compliance but both were greater than 93%.
- Results over time indicate there are challenges to achieving sustained improvements in compliance however, there are recognised limitations with self-assessment.

What actions are we taking?

- Delivery Units can agree internal peer review audit programmes, undertaking these between wards, specialties or Delivery Units.
- The updated Hand Hygiene Training programme is being delivered.
- Training of ward Hand Hygiene Coaches continues and these continue to deliver approved training at ward level.

What are the main areas of risk?

- Main route of infection transmission is by direct contact, particularly by hands of staff.
- Poor compliance with good hand hygiene practice is likely to result in transmission of infection.
- Current scoring system may be giving an overly assuring picture of compliance; greater validation of the scores needs to be undertaken.
- The current system and format of scoring fails to highlight particular staff groups with lower compliance rates than others.

How do we compare with our peers?

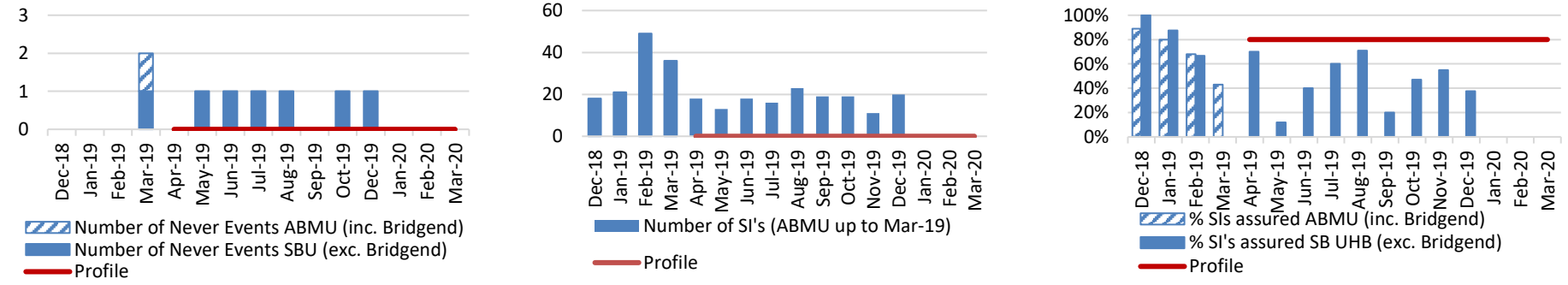
- The Hand Hygiene score has been removed from the all-Wales dashboard because of the inherent difficulty in using one score to represent a whole Health Board.

SERIOUS INCIDENTS

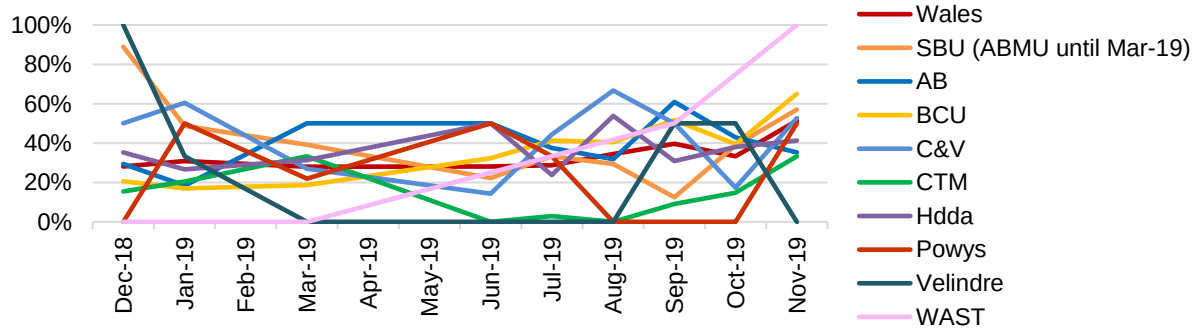
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

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

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



Serious Incidents Assured Within The Agreed Timescales



Never Events

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

Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

SI Scorecard – completed on 28 January 2020.

- Total number of incidents reported in December 2019 was 1,813. This compares to 2,128 reported in December 2018.
- 20 Serious Incidents (SI's) were reported to Welsh Government (WG) in December 2019. Of the 20 new serious incidents reported to WG in December 2019, 8 (40%) related to unexpected deaths, 3 (15%) Pressure Ulcers, 3 (15%) Patient Accident/Falls, 3 (15%) Neonatal/Perinatal Care,
- 1(5%) Medication/Biologics/Fluids, 1 (5%) Injury of unknown origin and 1 (5%) Anaesthesia Care.
- In terms of severity of incidents, there were 2 incidents resulting in severe harm recorded for the month of December. The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- There was one new Never Events reported for the month of December which related to a wrong site pain block in Morriston Orthopaedics.
- Performance against the WG target of closing SI's within 60 working days for December 2019 was 37.5% against the WG target of 80%. This was due to a high number of Mental Health closures due within that month and the Unit are working on their improvement plan to improve compliance which will be submitted to the Senior Leadership Team.

What actions are we taking?

- SI training plan being co-ordinated for Units. Mental Health SI training day undertaken on 15th July 2019.
- Serious Incident SI training has been provided at a Concerns and Complaints Management Consultant Development Programme on the 5th June 2019 and a further session on 11th December 2019.
- A revised toolkit supporting the approach to SI investigations is being rolled-out across the Health Board to promote consistency.
- The reduction in performance against WG target of closing SI's within 60 working days was anticipated following the change to Pressure Ulcer reporting and the increase in Mental Health reporting in accordance with Welsh Government criteria. The Mental Health & Learning Disabilities Unit have recruited to two new posts: Serious Incident Investigator and Serious Incident Investigator Support Officer who will both form part of the Unit's Quality and Safety Team. WG are reviewing the SI framework and the 60 working day closure target is under review.
- All Units performance against the WG SI target are discussed with the Executive Directors during the performance reviews.

What are the main areas of risk?

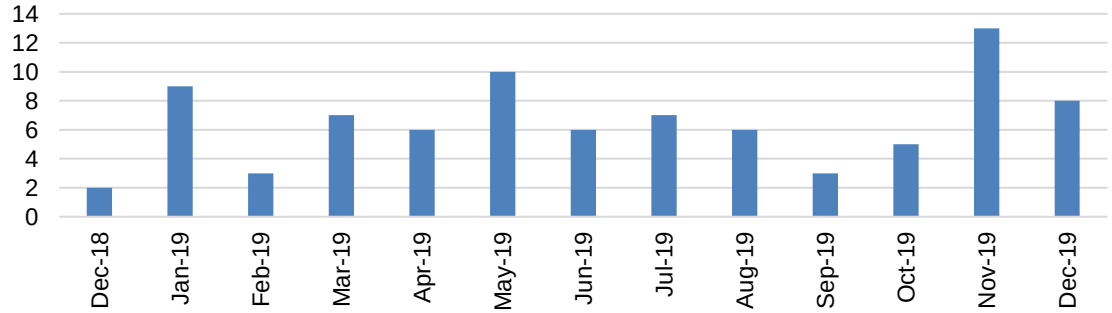
- Maintaining Welsh Government 80% target closure date whilst ensuring quality of investigation reports and robust learning from the incidents.
- Differences between WG data and Health Board data.

How do we compare with our peers?

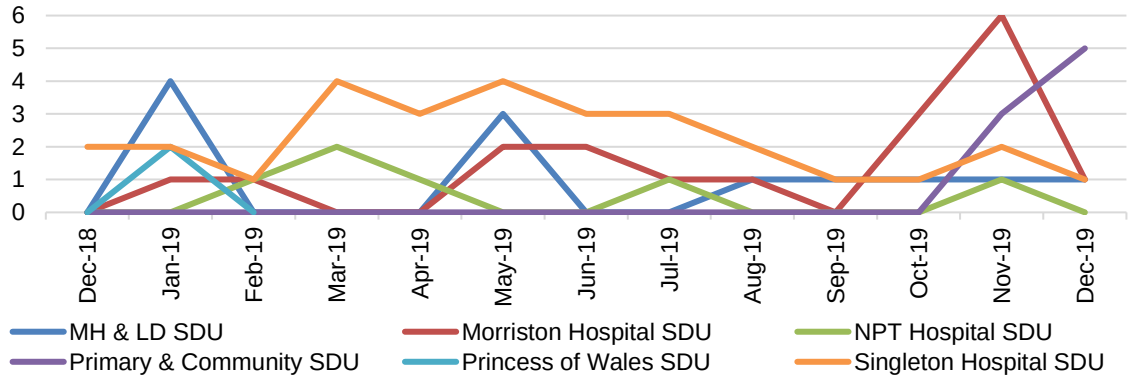
- Comparison data from peer organisations not available

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

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



(1) Number of Safe guarding Children Incidents

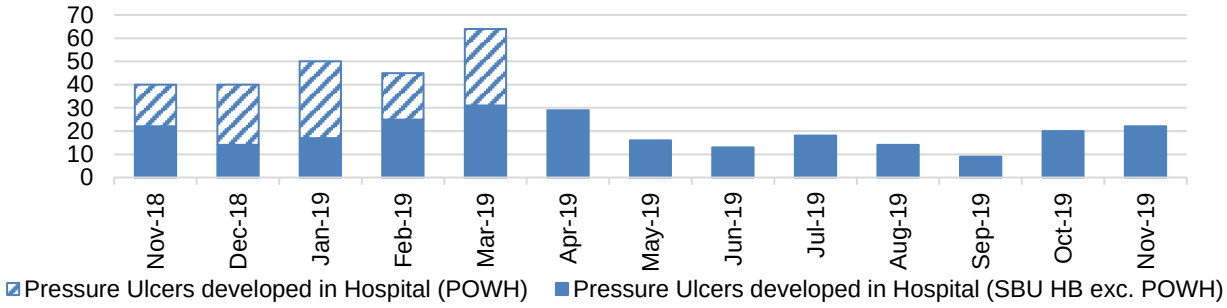


Source : Datix System

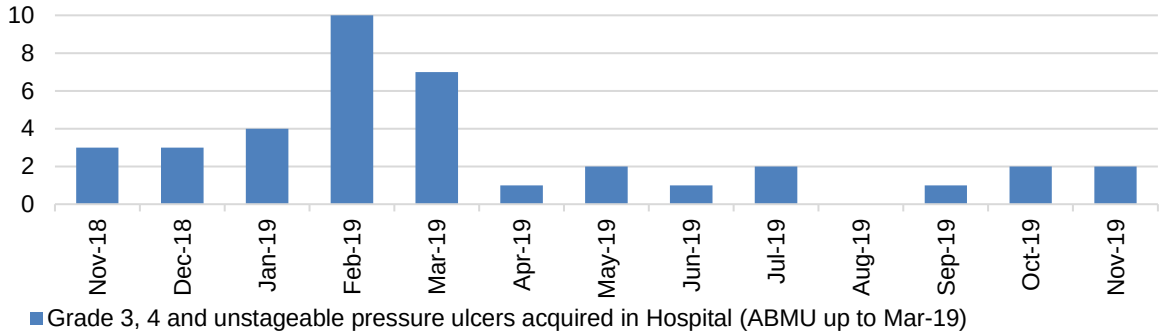
Measure 1: Number of Safeguarding Children Incidents
How are we doing?
• During the last quarter there has been a further reduction in the overall mean number of reported safeguarding children incidents. In terms of the types of incidents reported, there has been a greater spread across different categories of incidents with the largest proportion being in relation to information sharing and lack of service provision. • The Health Board does not currently capture any Safeguarding Children referrals to Local Authority (LA) Children's Services originating from Health, and therefore this activity is not visible on the Report Cards as it is for adult safeguarding. Referral data is currently obtained by contacting the relevant LA and requesting the information.
What actions are we taking?
• The Children's Trigger list is revised on an annual basis to ensure its appropriateness in capturing relevant information. There is a link on Datix that provides guidance for incident approvers. Staff receive updates regarding the use of Safeguarding Children incident triggers via Safeguarding Level 3 training. • Lessons learnt from Safeguarding Children Incidents are shared via reports to Safeguarding Committee, Quality & Safety Committee and Rotational Learning Events hosted by the Service Delivery Units and via the Corporate Safeguarding Newsletter. • In order to capture the number of Safeguarding Children referrals made by HB staff to Local Authority, SDU's currently report Safeguarding Children referrals in their quarterly performance reports to the Safeguarding Committee. Progress has been made with the development of a Regional Integrated Referral/Reporting which is to be implemented 2rd February 2020 following the launch of the Wales Safeguarding Procedures. Following this date a process will be implemented to ensure the Health Board is able to collate its Safeguarding Children referral information. Information has been disseminated and Presentations have been delivered widely across the UHB in relation to this change.
What are the main areas of risk?
• There is currently no robust method to accurately capture all Safeguarding Children Referral/Reporting activity across the Health Board. • Following the change in process in February 2020 Safeguarding Children Referral/Reporting activity will be more accurately recorded and captured.
How do we compare with our peers?
• Comparison data from peer organisations not available.

PRESSURE ULCERS ACQUIRED IN HOSPITAL					
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience		
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience	**Annual Plan Profile**	**WG Target**	**Period:** November 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in hospital		Reduce	Reduce	✗	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in hospital		Reduce	Reduce	✓	↓ ●

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



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



Source : INCIDENT DATA FROM DATIX

Measure 1: Total Number of pressure ulcers acquired in hospital
Measure 2: Number of grade 3, 4 and unstageable pressure ulcers acquired in hospital

How are we doing?

- The measure for pressure ulcers is displayed as the number of pressure ulcers acquired in hospital.
- There has been a small increase in the rate of pressure ulcer development for in-patients during November 2019 compared to the previous months.
- The number of pressure ulcers increased from 20 in October 2019 to 22 in November 2019.
- There is no change in the number of pressure ulcers reported in November 2019 compared to November 2018.
- Two device related, superficial pressure ulcers were reported in November 2019, both occurring in Morriston Hospital. One was caused by a face mask and the other was cast related
- Two deep pressure ulcers, categorised as unstageable (US) were reported during September 2019.
- The increase in pressure ulcers over the winter period corresponds with the surge in demand for unscheduled in-patient care.

What actions are we taking?

- Pressure ulcer risk assessment training and education for the new all-Wales risk assessment PURPOSE T is being rolled out by practice educators and Tissue Viability Nurses (TVN's) to registered nurses across all in-patient areas of the Health Board.
- An e-learning training package has been developed by NWIS in collaboration with All Wales TVN's and is available for all NHS staff via ESR and for non-health board staff through e-learning@Wales.
- The PURPOSE T risk assessment is included in the new Swansea Bay Risk Assessment booklet and single assessment sheets are available for re-assessments
- The Pressure Ulcer Prevention Strategic Group (PUPSG) continue meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's), the Executive team and Welsh Risk Pool. The next PUPSG meeting is to be held on 10th February
- Each SDU submits a quarterly report to PUPSG containing an analysis of local pressure ulcer causal factors presented in a heat map.
- Workstreams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that the workstreams apply resources to mitigate the risk of repeat events causing avoidable pressure ulcers.
- Training sessions are being provided by Welsh risk pool and the Lead TVN to enable each SDU to develop their own Strategic Quality Improvement Plan (SQuIP) for pressure ulcer prevention. The SQuIP will create a single source of information for each Service Delivery Unit in respect of Pressure Ulcer Prevention and will facilitate the escalation and monitoring of work in relation to prevention.
- Peer review scrutiny panels are held in each hospital to identify causal factors for pressure ulcer development, develop work streams and to ensure the information regarding the type of injury and grade of pressure ulcer recorded in Datix is correct.
- The Datix data for November 2019 has been collated and reported one month in arrears as previously detailed, to ensure timely peer review scrutiny is completed and any relevant changes to the Datix incident actioned. The pressure ulcer data will continue to be presented one month in arrears

What are the main areas of risk?

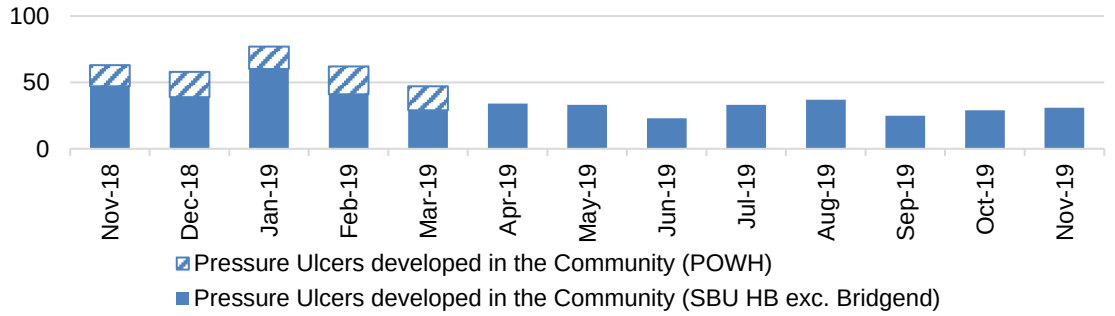
- Continued difficulty with maintaining nurse staffing levels on wards with a reliance on bank and agency staff.
- The short time-scale for the May 2020 deadline for the implementation of PURPOSE T risk assessment

How do we compare with our peers?

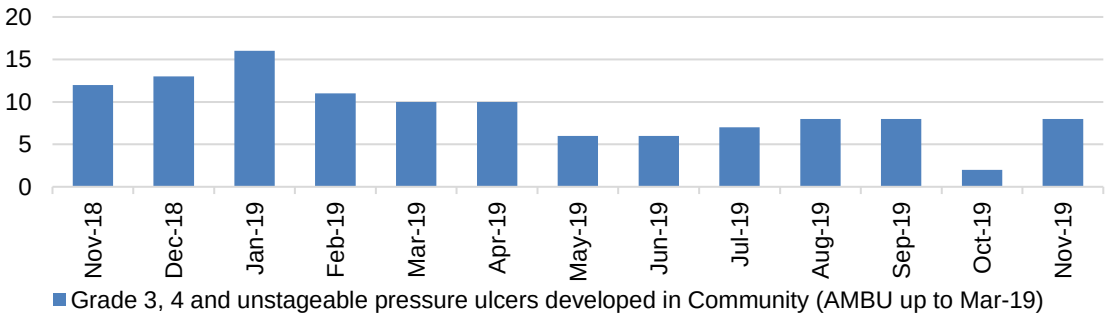
- Benchmarking data not available.

PRESSURE ULCERS ACQUIRED IN THE COMMUNITY						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm		**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience		
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience	**Annual Plan Profile**	**WG Target**	**Period:** November 2019	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in the community.		Reduce	N/A		✗	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community.		Reduce	N/A		✗	↓ ●

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



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



Source : INCIDENT DATA FROM DATIX

Measure 1: Total Number of pressure ulcers acquired in the community.
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community

How are we doing?

- There has been a slight increase in pressure ulcer development in the community during November 2019
- The number of pressure ulcers increased from 29 in October 2019 to 31 in November 2019
- Compared to November 2018, November 2019 has seen a 34% reduction in the number of pressure ulcers occurring in the community.
- There were 2 community acquired device related pressure ulcers reported during September 2019. One due to an immobilisation device and the other due to poor fitting support hosiery
- There has been an increase in the number of deep pressure ulcers, that is, Grade 3, 4 and unstageable occurring in the community, there were 2 in October 2019 and 8 in November 2019
  Compared to November 2018 when 12 deep pressure ulcers were reported, the number of deep pressure ulcers in November 2019 demonstrates a 33% reduction.

What actions are we taking?

- The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's), the Executive team and Welsh Risk Pool.
- A quarterly report is submitted to PUPSG from each SDU. The report contains analysis of local pressure ulcer causal factors presented in a heat map. The heat map presents a visual analysis, using colour, to convey causal factor data.
- Workstreams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that the workstreams apply resources to mitigate the risk of repeat events causing avoidable pressure ulcers.
- Each SDU is developing their own Strategic Quality Improvement Plan (SQuIP) for pressure ulcer prevention. The SQuIP will create a single source of information for each Service Delivery Unit in respect of Pressure Ulcer Prevention and will facilitate the escalation and monitoring of work in relation to prevention.
- Welsh Risk Pool and the lead TVN are providing training sessions to assist each SDU to develop their SQUIP to ensure their objectives are achieved & causal factor risks are managed effectively
- Peer review scrutiny panels are held in each locality to identify causal factors for pressure ulcer development, develop work streams and to ensure the information regarding the type of injury and grade of pressure ulcer recorded in Datix is correct.
- Education continues to be provided to staff by TVN's and PUPIS.
- The Datix data for November 2019 has been collated and reported one month in arrears as previously detailed, to ensure timely peer review scrutiny is completed and any relevant changes to the Datix incident actioned. The pressure ulcer data will continue to be presented one month in arrears

What are the main areas of risk?

- The Primary Care & Community Services Delivery Unit are supporting large numbers of frail older people at home who are at increased risk of developing pressure damage.

How do we compare with our peers?

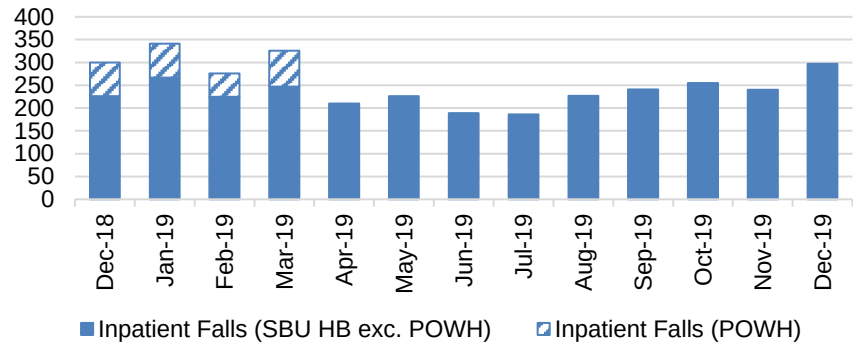
- No benchmark data available.

INPATIENT FALLS

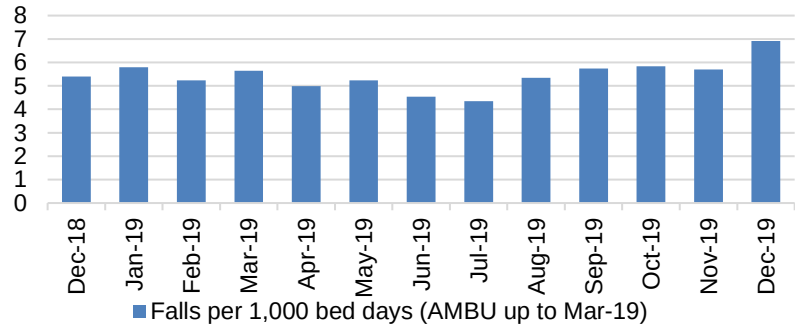
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

	Local Target	**Period:** December 2019	
		Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of Inpatient Falls	12-month reduction	✓	↑
Measure 2: Falls per 1,000 bed days	12-month reduction	✗	↑

Measure 1: Total number of Inpatient Falls

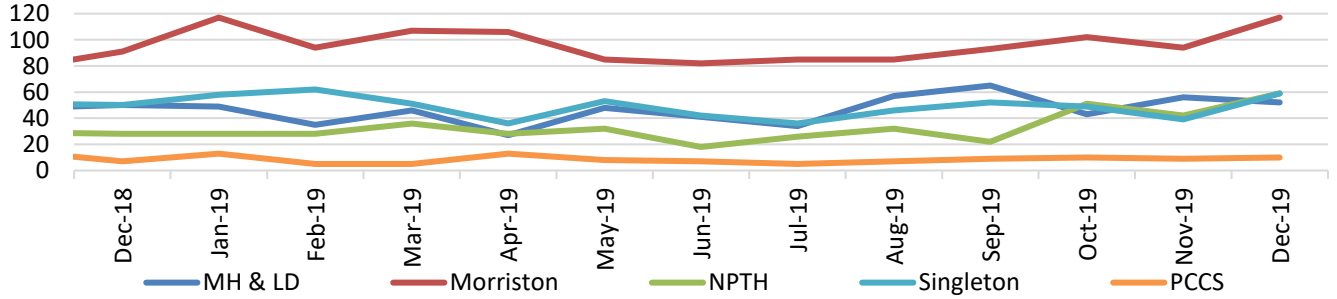


Measure 2: Falls per 1,000 bed days



Benchmarking

Total number of Inpatient Falls (by Service Delivery Unit)



Source : Incident data from DATIX

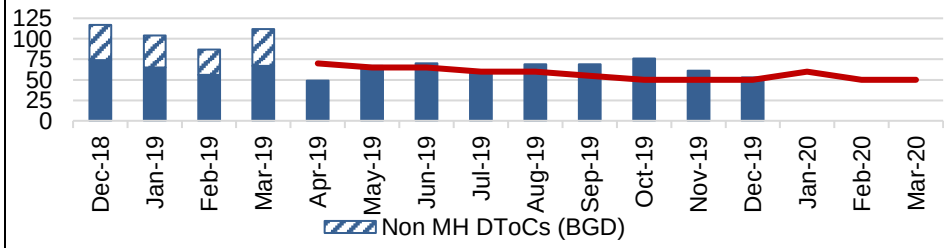
Measure 1: Total Number of Inpatient Falls
How are we doing?
• December 2018 shows 226 falls, December 2019 has 297 falls overall. • In the last quarter October, November December • Morriston had a slight rise 102, 94 & 117 falls per month • Singleton has a slight rise ,49, 39 & 59 falls per month • NPT has shown a slight increase 49, 39 & 59 falls per month • MH /LD recorded an increase 49, 56 & 52 falls per month
What actions are we taking?
• The strategic falls group (HFIPSG) met in October 2019 and continued work on development of 2 investigation tools for use at local Delivery Unit falls scrutiny panels. The aim being to provide standardised investigative tools which will be available within DATIX as part of the strategic improvement plan. • The investigation tools will be trialled at Morriston & Neath and Port Talbot site prior to the next meeting and are focussed on patient falls from bed and falls from chair.
What are the main areas of risk?
• The Health Board (HB) policy was launched in September 2019 with a requirement to report all falls via Datix. • Analysis of the Datix report over past 12 months does not indicate any hot spots across the Health Board.
How do we compare with our peers?
• The Health Board (HB) policy includes the recommended guidance from NICE and the recommendations from the 2017 National inpatient Falls Audit, which is in line with the all-Wales approach. • 'The policy and procedure for the prevention and management of adult inpatient falls' was launched in September 2019.

3.3 EFFECTIVE CARE

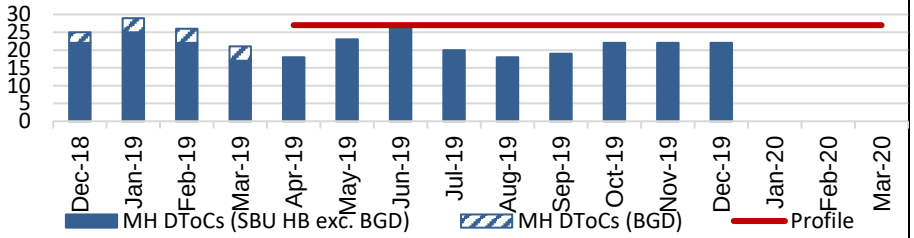
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my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

	Annual Plan Profile	**WG Target**	**Period:** December 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities	50	12 month reduction trend	✗	↑ ●
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)	27	12 month reduction trend	✓	↓ ●

Measure 1



Measure 2



Benchmarking

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

LHB	Current	Same Period Comparison	
	Nov-19	Nov-18	Nov-17
Wales	443	422	359
AB	69	97	76
BCU	105	79	71
C&V	52	35	41
CTM	70		
HDda	65	44	37
Powys	20	14	28
SB	61		
Velind.	1	3	1

(2) Number of mental health Delayed Transfers of Care

LHB	Current	Same Period Comparison	
	Nov-19	Nov-18	Nov-17
Wales	70	58	98
AB	1	3	9
BCU	16	15	31
C&V	9	3	12
CTM	6		
HDda	14	4	4
Powys	2	1	1
SB	22		

Source : NHS Delivery Framework, all-Wales performance summary (January 2020)

Measure 1: Number of Delayed Transfers of Care for non-mental health specialities
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)

How are we doing?

- The total number of residents reported as a delayed discharge at a Health Board (HB) site in December 2019 was 75.
- The number of patients delayed in October was 98 and November was 83.
- Health associated delays October – 25/98 (25.51%), November 25/83 (30.12%), December 25/75 (33.33%) which have shown a steady increase over this quarter. Social Services associated delays October 55/98 (56.12%), November 34/83 (40.96%), December 26/75 (34.67%) which has seen a steady decrease over the quarter.
- Overall, legal challenges over the three months was low at around 1%.
- December delays across the system are within the top 3 highest in Wales however Swansea HB are seeing an improving position especially from Local Authority stance. The target set by Welsh Government is a 12 month reduction. **The HB target will therefore need to be reset for April 2020.**

What actions are we taking?

Implementing the DToC improvement programme focussing on reducing DTOC within our HB.

- The HB has standardised and embedded the approach taken across all Units to capture the DToC census data using the Western Bay Process times.
- The Health Board has established a centralised senior manager DTOC validation scrutiny meeting. This takes place after the Census capture and local Delivery Unit validation.
- Delivery Units directly update WG DToC database giving accuracy and immediate data retrieval.
- Collecting and collating 'harm to patients' caused by discharge delays through improved DATIX process. Question 'is this a delayed discharge?' now added to Datix with all DU's reminded to complete incidents. Senior Matron for DToC is the link role between Health and LA re incidents.

Wider actions taken through the Hospital to Home (H2H) and Good Hospital Care (GHC) transformational groups. DToC is a sub group of H2H.These actions are NOT specific to the DToC sub group but will have a positive impact on DToC numbers

- Improve and quicken the assessment process between organisations. The implementation of H2H commenced 10th December and the impact is still being assessed as the phased introduction across wards and DU's continues.
- HB focus on SAFER process continues. Internal discharge audit to target more difficult areas requiring improvements – reviewing Board Round effectiveness, EDD and the SAFER adherence as a whole in tandem with the Patient Flow and Discharge Policy. The HB internal discharge audit to commence.
- SAFER - DUs tasked to adhere to SAFER framework. SIGNAL roll out across the HB continues with Morriston. Adherence to Estimated Date of Discharge (EDD) as a crucial focus and Red to Green days

What are the main areas of risk?

- Domiciliary Care ability to meet demand still remains however improvement work with Swansea LA and NPT have seen favourable impacts. H2H pathways still not fully supported with Dom Care due to the limited funding received across the Region.
- Risks of patient de-conditioning in the frail elderly population if hospital stays are prolonged.
- Workforce capacity including social work capacity.
- Care Home capacity and third party top up fees reducing choice ability and increasing financial constraints. **Third Party top up fees are a real issue and difficult to resolve.** Two DToC targets for the HB – 77 (27 MH and 50 non-MH) for this scorecard and 50 as a one target from Unscheduled care. This causes confusion.

How do we compare with our peers?

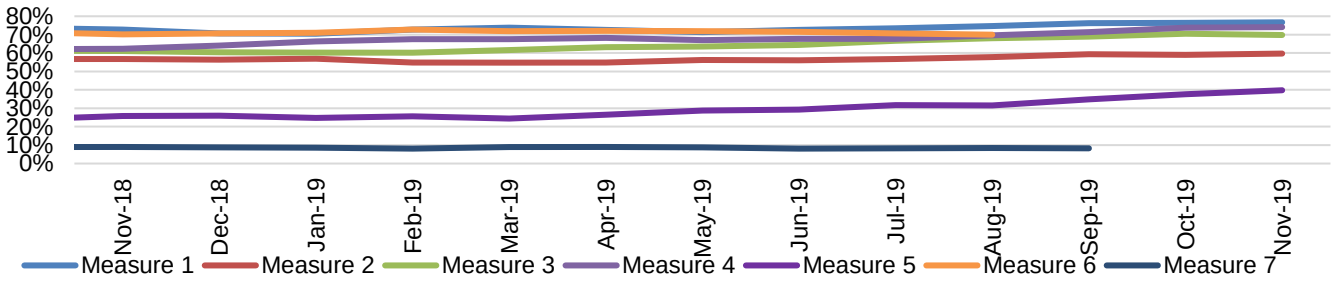
- Swansea Bay remain within the top 3 for DToC however there needs to be a review of the local process times used to determine DToC as it appears each HB may use different processes and times.

FRACTURED NECK OF FEMUR (NOF)

NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Richard Evans, Executive Medical Director		

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

Morriston Hospital compliance against NOF measures



Benchmarking

Measure	Period	Morriston	All-Wales	England, Wales & N. Ireland
(1) Prompt orthogeriatric assessment	Nov-19	76.7%	57.0%	90.6%
(2) Prompt surgery	Nov-19	59.8%	64.0%	68.1%
(3) NICE compliant surgery	Nov-19	69.8%	74.0%	74.3%
(4) Prompt mobilisation after surgery	Nov-19	74.1%	74.6%	81.2%
(5) Not delirious when tested-	Nov-19	39.8%	46.5%	70.3%
(6)Return to original residence	Aug-19	70.0%	75.2%	71.4%
(7) 30 day mortality	Sep-19	8.3%	7.4%	6.3%

Source: National Hip Fracture Database

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

How are we doing?

1. The current orthogeriatric medical establishment <1 WTE equivalent split between: 1 Consultant, 1 Associate Specialist and 1 Specialty Doctor.
2. Hip fracture patients are operated on as a priority over fitter and younger trauma patients that are stable, but the lack of trauma capacity restricts doing all in a timely fashion - particularly the inability to upscale when there is a spike in activity. There is a trauma list running 8am-8pm every day (incl. weekends and bank holidays). However, the 3rd session (5pm-8pm) is not always guaranteed due to anaesthetic shortages and staffing being reallocated to overrunning elective lists on an ad hoc basis.
3. Surgical procedure consistent with the recommendations of NICE CG124.
4. All patients receive a physio assessment within 24hours of surgery Mon-Fri. Data is captured for all patients who do not sit out of bed Mon-Fri e.g. low haemoglobin, low blood pressure.
5. Performance is poor and mainly because the delirium test is not always carried out by the junior doctors.
6. Ensuring daily operational meetings on Ward B is a priority supporting early discussion re: POC and placements to nursing residential homes.

What actions are we taking?

1. Part time orthogeriatric Associate Specialist's contract has been increased by 2 sessions per week from 01.09.19 to improve coverage.
2. Discussion with Executive Team on 18/10/19 agreed to look at increased trauma capacity in the short to medium term linked into increased elective capacity via a modular build ward and theatre set up on the Morriston Hospital site. This work needs to link in with options for increasing trauma operating capacity that are being reviewed as part of Major Trauma Network developments.
3. NICE compliant surgery - process being monitored through monthly audit/governance meetings – performance is improving which is encouraging.
4. Funding secured to appoint additional weekend physio cover for #NOF patients; service commenced in Jan 20 and impact is being monitored. Additional weekend support is required and will be covered in the IMTP bid for 2020-21. Work being undertaken to train nursing staff in mobilising patients and provide additional resources for physiotherapy to support the early mobilisation of patients, particularly on the weekend.
5. The department are looking to train more individuals to perform delirium assessments and a Wednesday afternoon every 4 months has been agreed to coincide with the normal turnover of junior medical staff. Mr Dodd (T&O Consultant and #NOF Lead) and Dr Jackson (Anaesthetic Consultant, and #NOF Lead) have agreed to run this session. Further work planned to use nurse practitioners in the process and running the session more frequently. Further scrutiny of patient level detail for two weeks of #NOF admissions being undertaken following agreement at Gold Command Meeting.
6. Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities.

What are the main areas of risk?

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

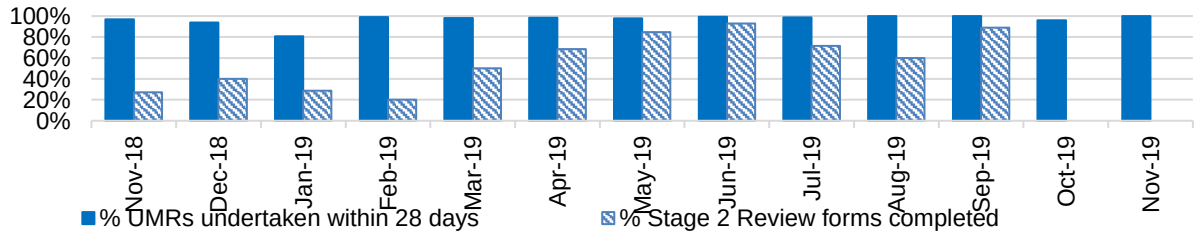
How do we compare with our peers?

- Included within the benchmarking table above.

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

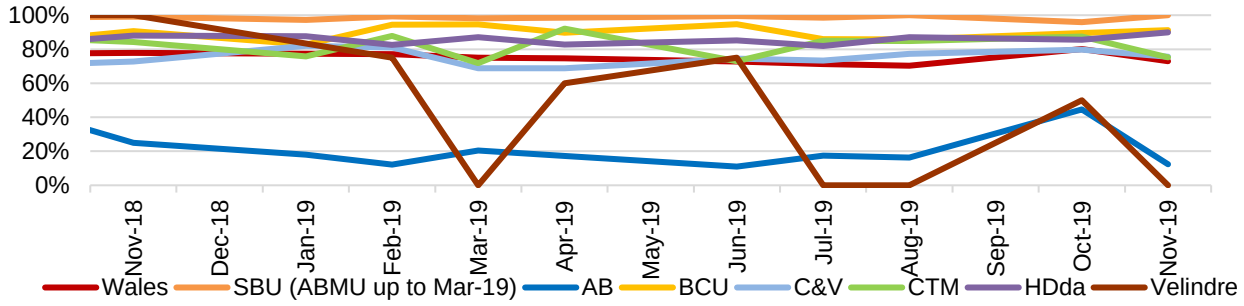
	Annual Plan Profile	**WG Target**	**Period:** November 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑ ●
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

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



Benchmarking

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



Source: NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

- Welsh Government Mortality Review Performance - SBU achieved 100% completion of UMRs within 28 days of death in November 2019.
- The Health Board UMR rate reported in November 2019 was 100%.
- Completion of Stage 2 reviews for September 2019 deaths was at 89%.
- Mental Health and Community data remains unavailable via the eMRA application at present. This is being addressed by Informatics.

What actions are we taking?

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

What are the main areas of risk?

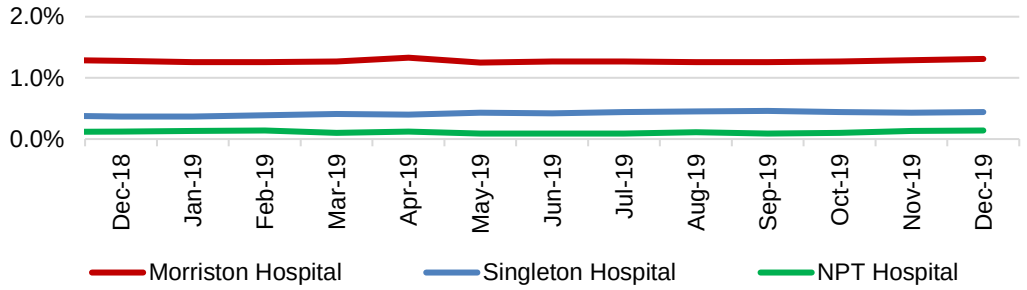
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of 'Stage 2' reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment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

How do we compare with our peers?

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

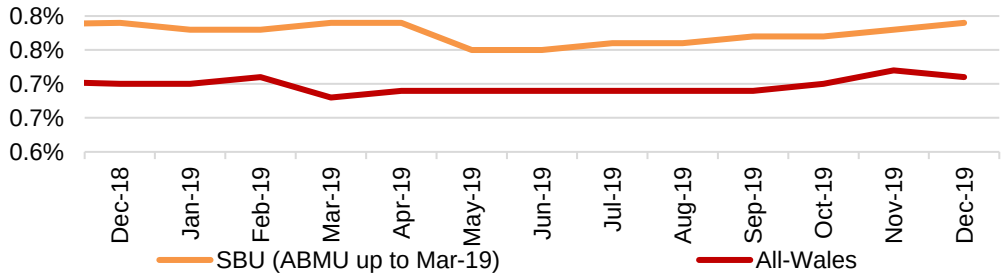
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality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

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



Benchmarking

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

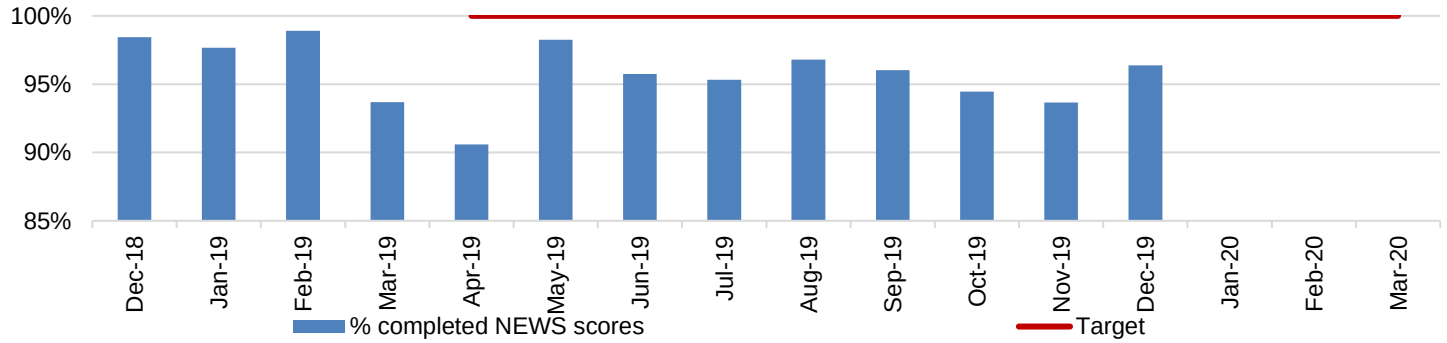


Source: CHKS and NHS Wales Delivery Framework, all- Wales performance summary (January 2020)

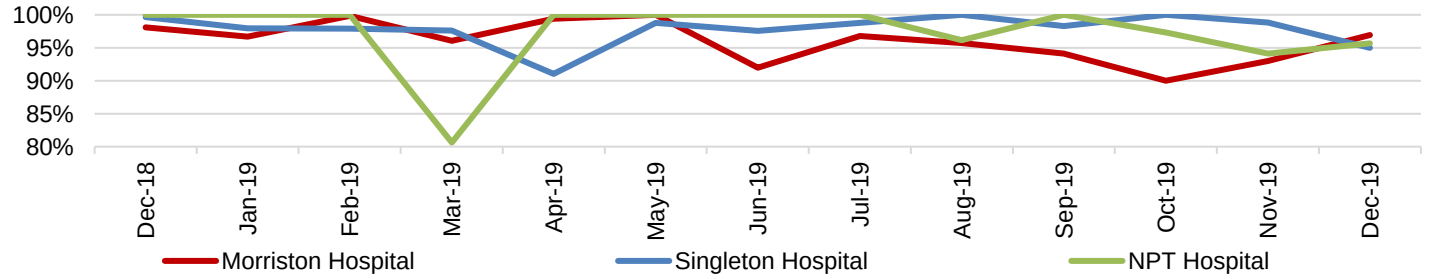
Measure 1: Crude hospital mortality rate (less than 75 years of age)
How are we doing?
• The SB UHB Crude Mortality Rate for under 75s in the 12 months to December 2019 was 0.79%, compared with 0.73% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.31% (1.28%), Neath Port Talbot 0.14% (0.12%), Singleton 0.44% (0.37%). Site comparison is not possible due to different service models being in place. • There were 67 in-hospital Deaths in this age group in December 2019 and 52 in December 2018: Morriston 56 (44), Neath Port Talbot Hospital 2 (1), and Singleton 9 (7). • The number of deaths for Surgical and Elective cases remains consistently low for this age group.
What actions are we taking?
• All Unit Medical Directors have access to the Mortality Dashboard to enable them to review mortality data and mortality review performance and learning. • Reporting and assurance arrangements for mortality review performance and learning will be reviewed by the Executive Medical Director.
What are the main areas of risk?
• There is a risk of harm going undetected resulting in lessons not being learned. Our approach is designed to mitigate this risk and ensure effective monitoring, learning and assurance mechanisms are in place.
How do we compare with our peers?
• SB UHB are above the all-Wales Mortality rate for the 12 months to December 2019 – 0.79% compared with 0.71%. • SB UHB is the best Performing Health Board in respect of UMRs completed within 28 days of the patient's death.

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

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



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



Source: Nursing Care Metrics (December 2019)

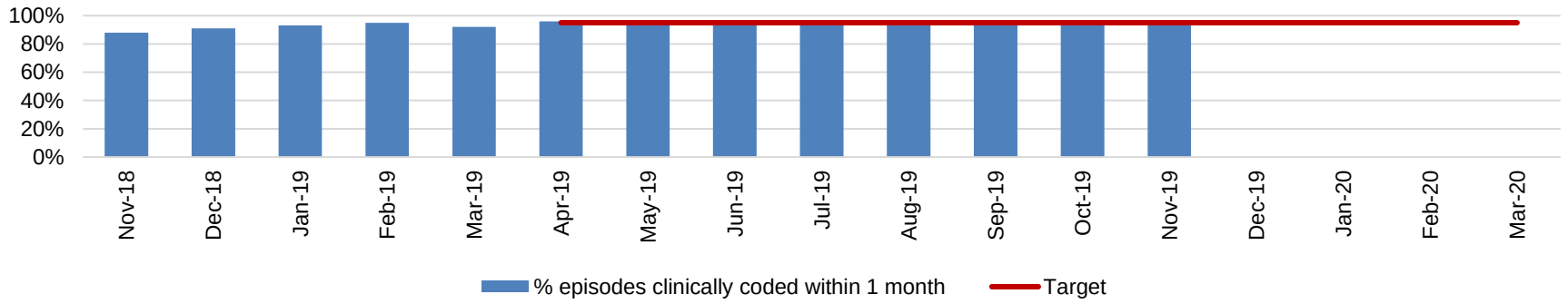
Measure 1: % patients with completed NEWS score and appropriate responses actioned
How are we doing?
• The overall Health Board percentage of patients with a completed NEWS Score in December 2019 was 96.4% compared with 95.8% in June 2019. • The RADAR group will continue to monitor NEWS and responses.
What actions are we taking?
• Delivery Unit Quality & Safety groups continue to regularly review the percentage of patients with a completed NEWS score. • The Recognising Acute Deterioration and Resuscitation (RADAR) Group have agreed a Deterioration Dashboard for monitoring clinical areas response to acute deterioration. The Dashboard includes; sepsis, AKI, outreach activity, cardiac arrest/2222 calls and training compliance for ILS. The data will provide an overview of how the HB monitors acute deterioration and offer the opportunity for greater scrutiny as required. The dashboard is populated quarterly, a complete data set for 2019 will be available in January 2020. • There no funding for the Sepsis programmes in the HB. Data reporting to Welsh Government has stopped. • The Chair of the RADAR group, Dr A Macnab, is in discussion with the AKI steering group and has suggested they become a single entity. • The trial of a new NEWS chart has taken place at Singleton and NPT. Early indication show a significant improvement accuracy. Plans for a January 2020 rollout have been delayed with prior approval from QSGG being sort in early February 2020. • Following the successful deployment of new defibrillators at Morriston & NPT the planned upgrade at Singleton have been has been delayed through supplier issues. Currently, we are waiting for a definite date for replacement. • Wards J & V at Morriston are embarking on a QI project to improve compliance with communication, contemporaneous record keeping, sepsis screening. The project will be managed through RADAR. It is hoped that the project will be the basis for broader implementation across the HB. • No updates received from Unit Medical Directors.
What are the main areas of risk?
• Suboptimal data collection and submission of sepsis screening and management.
How do we compare with our peers?
• The many aspects of the work of the RADAR group has placed SBUHB ahead of our peers. However, we are still unable to collect and report on key areas such as sepsis.

CLINICAL CODING

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

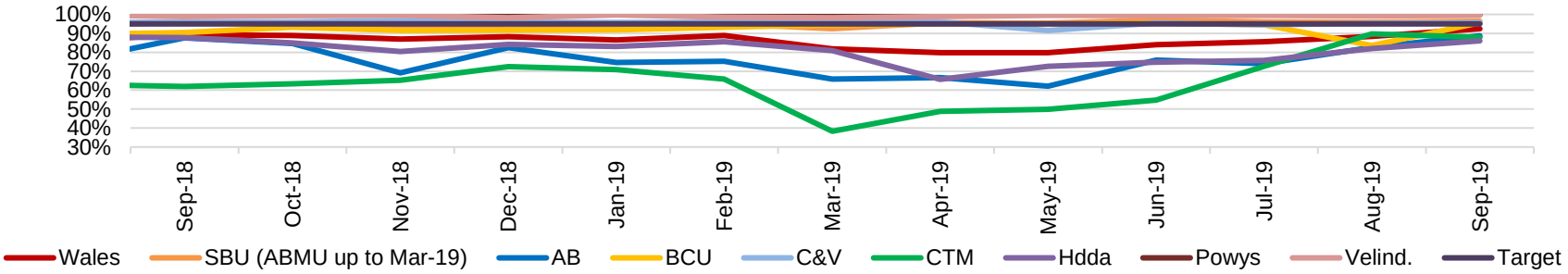
	Annual Plan Profile	**WG Target**	**Period:** November 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % episodes clinically coded within one month post episode end date	N/A	95%	✕	↑ ●

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



Benchmarking

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



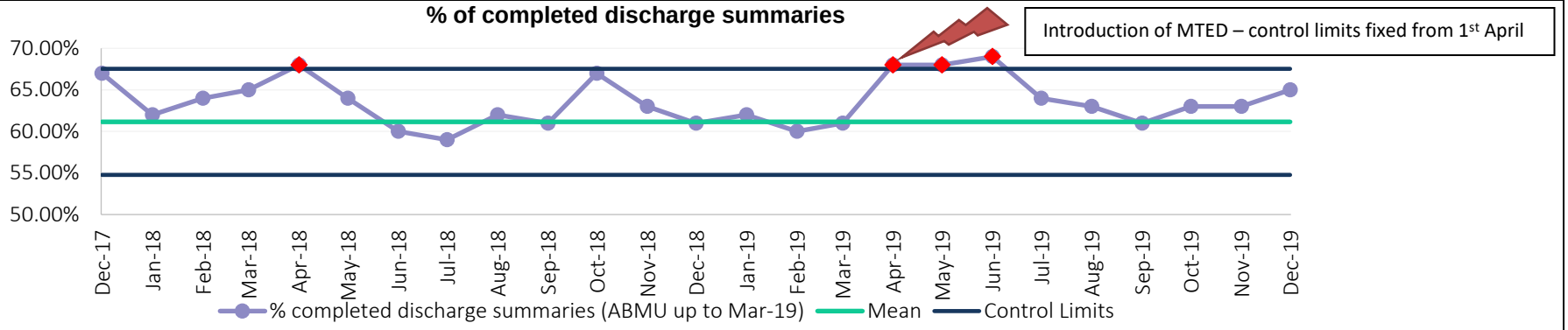
Source: NWIS Clinical Coding Extract November 2019

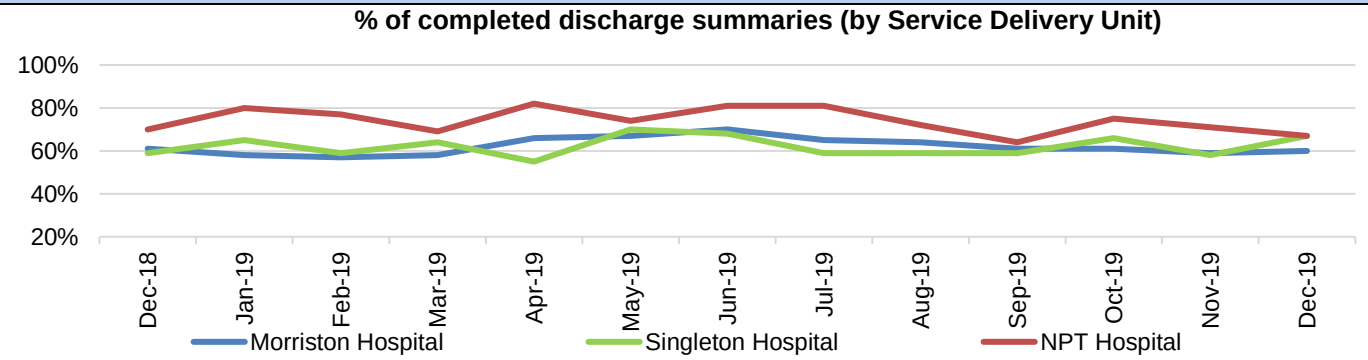
Measure 1: % episodes clinically coded within one month post episode end date
How are we doing?
• For November the team did not meet the 95% clinical coding completeness WG target achieving 93% within 30 days. This was an in-month deviation and performance will return to normal levels. • Performance was impacted by the implementation of RFID in November the availability of notes for coding was reduced which had a significant impact on our completion target for November 2019. • Performance was also impacted by increased sickness and annual leave over the Christmas holiday period. • The completeness within 30 days for 2019/20 (snapshot position) was April 96%, May 96%, June 97%, July 96%, August 96%, September 96%, October 96% and November 93% • The cumulative coding completeness for 2019/20 financial year is so far, April 99%, May 99%, June 99%, July 99%, August 99%, September 98%, and October 97%. • 1 new trainee clinical coder started in Singleton Hospital in September, increasing the capacity of the team
What actions are we taking?
• Review of roles and responsibilities in the department to ensure that communication and working processes continue at optimum levels. • Overtime undertaken by coding staff to support the overall performance and effectiveness of the clinical coding service. • Support from the senior coding management team during the implementation of RFID and to cover sickness within the Coding department. • Daily coding performance updates for all sites. • Investigating ways of increasing electronic sources for coding.
What are the main areas of risk?
• Availability of the Health Records in a timely manner, however joint working and support is addressing and mitigating this risk currently.
How do we compare with our peers?
• The indicator above is now showing performance against the new target introduced of 95% within 30 days target. SBUHB's national reported performance in November was 95.5% (the national submission do not accurately record the 30 days rule and therefore completion rates are improved when reporting nationally compared to accurate local reporting). SBUHB is one of the top performing Health Boards.

DISCHARGE SUMMARIES

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

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





Source: ETOC Dashboard

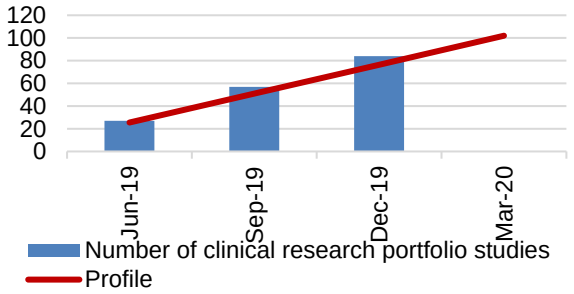
Measure 1: % of completed discharge summaries
How are we doing?
• Performance has largely been within control limits over the last 6 months, with the majority of discharge notifications being completed • The overall Health Board performance in December 2019 was 65% of discharges ever completed • The introduction of MTED in limited service areas produced a rapid improvement for three months but this has dropped back as software issues appeared • The Mental Health and Learning Disabilities Unit performance is highest performer with 94% being sent within 5 days, but this is also the unit with the lowest rate of discharge (just 36 in one month) compared with Morriston (3409) in the same period. Please note that concerns as to the accuracy of the ETOC dashboard have been raised by clinical managers.
What actions are we taking?
• The Executive Medical Director (MD) has asked a Deputy Medical director to oversee a relaunch of the programme of work to improve Electronic Transfer of Notification (ETOC) performance. • New software for producing Electronic Discharge Notifications is being introduced into SBUHB. This is a national product, called 'MTED', and has some advantages over the existing software including that it is easier to use. However, there are concerns in that it does not link to the existing surgical electronic records (TOMS) and so requires duplication in theatre settings, and also has no dashboard features. • Furthermore, the implementation of MTED across surgical wards has been delayed by NWIS due to a delay in the release of WCP probably until April 2020. James Chess to submit an escalation report to Matt John to take to NWIS with the objective of attempting to obtain an earlier release. Testing is scheduled to start in February 2020 with full roll out in April 2020. • Unit Medical Directors (UMDs) have agreed to consider how, and by whom, discharge summaries are completed and to invite members of the clinical teams other than doctors to contribute to them to ensure the highest quality and timely summary gets to the patient's GP. Clinical Nurse Specialists (CNS) are completing eToCs to a high standard in many specialties. • ETOCs performance is a mandatory agenda item at monthly departmental governance meetings. • E-Discharge - this is on the Work Programme for Morriston's Clinical Cabinet and Quality & Safety Meetings. It is hoped that the MTeD functionality due to be rolled out from Welsh Clinical Portal will support E-Discharges for Medicine. • Singleton is undertaking an improvement project in relation to discharge summaries and how the Physician's Associate role could improve communication. • MH&LD report that they have identified areas that have not been trained in completing eTOCs and are arranging training. The areas where there is little medical cover to complete will receive training allowing ward managers to complete. The Business and Performance Manager now regularly checks compliance and chases up inpatient areas as required. Oversight of the process and action plan is provided by the UMD and Service Director. • The Local Medical Committee (LMC) Chair is involved in discussions regarding the problems caused by incomplete or late ETOCs
What are the main areas of risk?
• Risk to patient care and the need for readmission. • MTED, although a national solution, is clearly incomplete. A change request has been submitted to NWIS to support improvements in its developments. • Concerns as to the accuracy of the ETOC dashboard have been raised by clinical managers. • The General Medical Practitioner Indemnity Scheme, starting 1st April 2019, which will make the Health Board the defendant in all GP negligence cases, will provide a sharp focus on the quality and quantity of information that is being shared with GP colleagues and their teams.
How do we compare with our peers?
• Swansea Bay University Health Board is the only Health Board to publish its performance.

RESEARCH

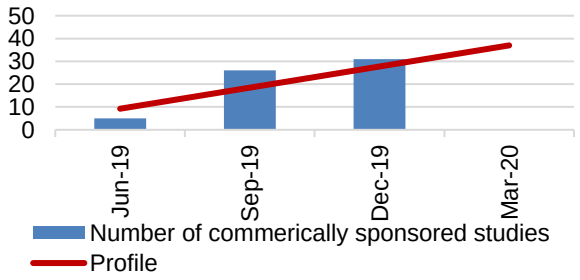
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice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

	Annual Plan Profile	WG Target	**Period:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Number of Health and Care Research Wales clinical research portfolio studies	77	10% Improvement	✗	↑
Number of Health and Care Research Wales commercially sponsored studies.	28	10% Improvement	✗	↑
Number of patients recruited in Health & Care Research Wales clinical research portfolio studies	1561	5% Improvement	✗	↑
Number of patients recruited in Health & Care Research Wales commercially sponsored studies	104	5% Improvement	✓	↑

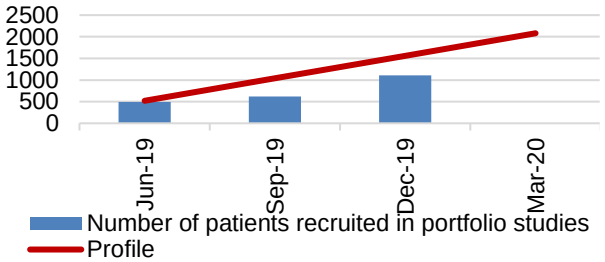
Number of Health and Care Research Wales clinical research portfolio studies



Number of Health and Care Research Wales commercially sponsored studies.



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



Patients recruited in Health & Care Research Wales commercially sponsored studies.

Benchmarking

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

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

Source : NHS Outcomes Framework, all-Wales performance summary (January 2020) and Local Portfolio Management System (LPMS)

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

How are we doing?

- For measures 1 & 3, as at end of December 2019, we had 84 studies open & recruiting and 1109 patients recruited into portfolio studies – both exceeding target for this quarter.
- For measures 2 & 4, relating to number of commercial studies and the number of patients recruited into commercially sponsored studies, at end of December 2019 we have 31 studies open and recruiting and 179 patients recruited, again both exceeding target for this quarter.

Health and Care Research Wales have moved from quarterly reporting to issuing weekly performance reports via Power BI. This enables the HB to closely monitor progress within studies and compare with other HBs in Wales. In the current performance report, SBU are second in Wales to Cardiff with the number of non-commercial studies open to recruitment. We are also second in Wales for the number of commercial studies open with 31 studies open compared to Cardiff who have 41. However, in terms of patients recruited to commercial, we have recruited only 3 fewer patients than Cardiff at 182 and 179 patients recruited respectively. Our data is on 98% completion for the purpose of the minimal data set being captured on the Local Portfolio Management System (LPMS) – Health and Care Research Wales national data platform for recording research activity.

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

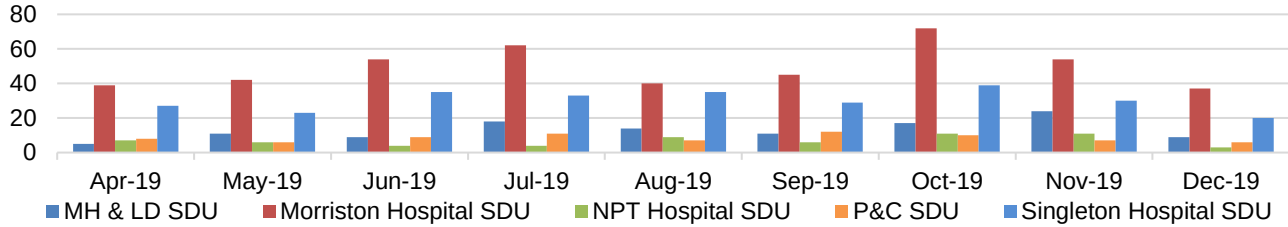
- We are performing strongly compared to our peers, being consistently second to C&V whose core R&D Budget issued by HCRW far exceeds ours at SBU.

3.4 DIGNIFIED CARE

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

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

(1) Number of new formal complaints received



(2) % of responses sent within 30 working days

	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
MH & LD SDU	91%	50%	88%	67%	100%	100%	100%	88%	88%	93%	77%	71%	46%
Morriston Hospital SDU	100%	89%	98%	92%	92%	97%	97%	96%	95%	100%	98%	100%	96%
NPT Hospital SDU	100%	100%	63%	86%	71%	86%	83%	75%	67%	67%	83%	82%	64%
P&C SDU	50%	88%	50%	55%	55%	63%	73%	64%	53%	100%	70%	63%	64%
Singleton Hospital SDU	86%	67%	89%	75%	59%	70%	62%	77%	69%	67%	80%	73%	83%
Health Board Total	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%

(3) % of acknowledgements sent within 2 working days

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

Source: Datix and NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

- The Health Board received 87 formal complaints in December 2019 compared with 85 for December 2018.
- The overall Health Board response rate for responding to concerns within 30 working days was 76% for November 2019, which is above the Welsh Government target of 75%.
- The Health Board continues to consistently maintain the 2 day acknowledgement target at 100%.
- Patient Advice Liaison Service (PALS) activity for December 2019, identified 115 contacts of which 0.9% (1) converted to formalised complaints.

What actions are we taking?

- Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. November's performance for the Health Board was 76%.
- Currently there are 40 open Ombudsman investigation cases; Morriston 17, Princess of Wales 4, Singleton 7, Mental Health & Learning Disabilities 3, NPT 1 and ; Primary Care and Community Service 8. There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1st April 2019 – 28th January 2020 we have received 25 new investigations.
- On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. A 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board. The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, with examples of good responses, is being arranged for 10th March 2020 during Patient Safety Week. Learning from other Health Board's Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer.

What are the main areas of risk?

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

How do we compare with our peers?

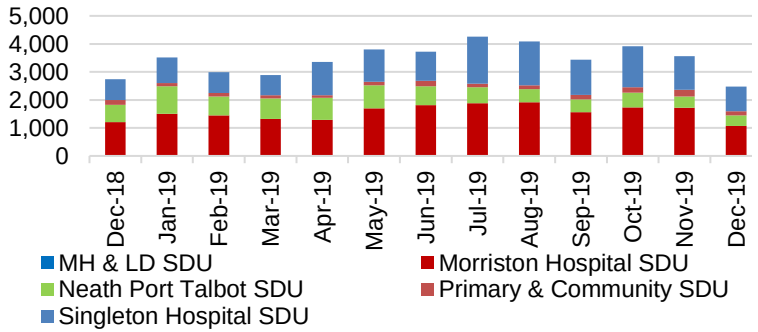
- No monthly all-Wales data to compare.

3.5 INDIVDIUAL CARE

PATIENT EXPERIENCE			
NHS Wales Domain:	**INDIVIDUAL CARE**: People in Wales are treated as individuals with their own needs and responsibilities	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Local Target	WG Target	**Period:** December 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Number of friends and family surveys completed	Increase	N/A	✗	↓ ●
Measure 2: % of who would recommend and highly recommend	90%	N/A	✓	↓ ●
Measure 3: % of all-Wales surveys scoring 9 or 10 on overall satisfaction	90%	N/A	✗	↓ ●

(1) Number of friends and family surveys completed



Measure 2	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
MH & LD SDU	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%	86%	67%	41%
Morriston Hospital SDU	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%	94%	94%	95%
Neath Port Talbot SDU	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%	96%	96%	97%
Primary & Community SDU	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%	88%	95%	86%
Singleton Hospital SDU	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%	95%	95%	95%
HB Total	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**94%**	**95%**	**95%**

Measure 3	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
MH & LD SDU	0%	-	-	-	-	0%	0%	0%	-	-	-	-	-
Morriston Hospital SDU	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%	70%	75%	71%
Neath Port Talbot SDU	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%	94%	50%	67%
Primary & Community SDU	90%	94%	100%	95%	92%	100%	-	93%	90%	100%	92%	93%	100%
Singleton Hospital SDU	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%	89%	89%	85%
HB Total	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**	**83%**	**83%**	**83%**

Benchmarking

	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
SBU (ABMU up to Mar-19) Response %	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%	24.6%	27.5%	24.2%	19.5%	20.6%	20.4%
SBU (ABMU up to Mar-19) Recommendation %	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%	95.6%	96.6%	95.5%	94.9%	94.8%	94.9%
Top Equivalent Organisation Response %	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%	27.8%	29.1%	29.0%	36.4%	30.9%	24.6%
Top Equivalent Organisation Recommendation %	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%	94.2%	95.2%	96.0%	96.3%	95.9%	95.5%
NHS England Benchmark Response %	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%	24.6%	25.4%	24.9%	24.3%	24.3%	24.1%
NHS England Benchmark Recommendation %	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.5%

Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

Health Board Friends & Family patient satisfaction level in December 2019 was 95% and 2,476 surveys were completed:

- Neath Port Talbot Hospital (NPTH) completed 379 surveys for December, with a recommended score of 97%.
- Singleton Hospital completed 884 surveys for December, with a recommended score of 95%.
- Morriston Hospital completed 1,069 surveys for December, with a recommended score of 95%.
- Mental Health & Learning Disabilities completed 17 surveys for December, with a recommended score of 41%.
- Primary & Community Care completed 144 surveys for December, with a recommended score of 86%.
-

What actions are we taking?

Morriston Outpatients Survey. Working with the Quality Improvement Information Manager and Morriston Outpatient Modernisation Group, we have developed a bespoke survey for Morriston Outpatients. The survey collected 440 surveys and the results will be analysed and discussed by the group.

Nutrition and Hydration Steering Committee. We have developed a Nutrition and Hydration report for the Nutrition and Hydration Steering Committee. The feedback used is captured by the all-Wales Questions. These questions are broken down and allows us to theme the comments made by our patients. Patient feedback on catering remains a standard agenda item on the Health Board's Nutrition Steering Group. Common themes or trends are identified and taken forward to the Nutrition Quality and Safety Forum.

Smiley faces machines in A&E Department. The Welsh Government are funding the introduction of Smiley faces machines across all-Wales A&E departments. The all-Wales project group are planning to role these machines out during January across Wales

What are the main areas of risk?

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

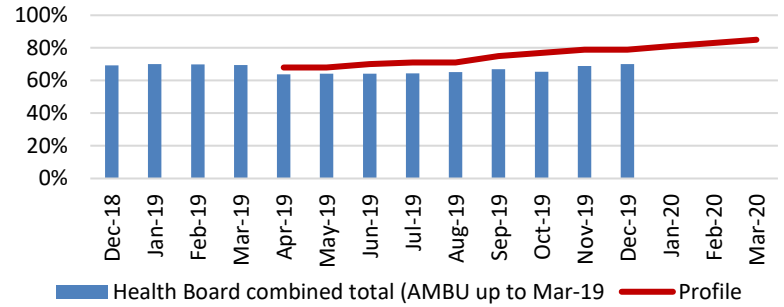
How do we compare with our peers?

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

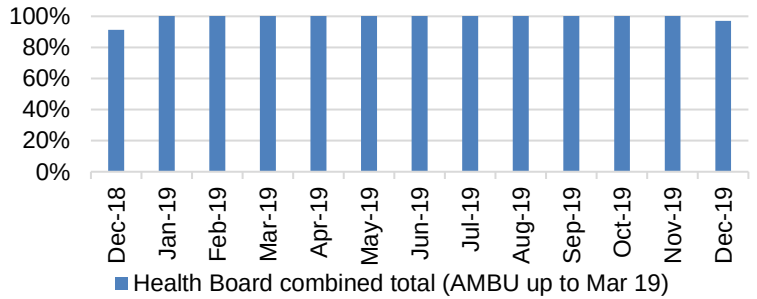
3.6 OUR STAFF AND RESOURCES

PERSONAL APPRAISAL AND DEVELOPMENT REVIEW (PADR)						
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them		**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family		
Health Board Strategic Aim:	Excellent Staff		**Health Board Enabling Objective:**	Leadership, Culture and Staff Development		
Executive Lead:	Hazel Robinson, Director of Workforce & Organisational Development	**Annual Plan Profile**	**WG Target**	**Period:** December 2019	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % staff (medical & non-medical) undertaking performance appraisals		79%	85%	✗	↓ ●	

(1) % staff undertaking performance appraisals (ESR)

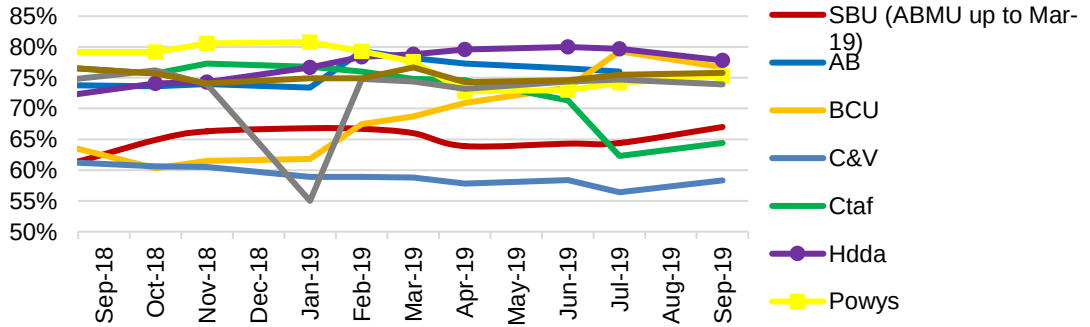


(1) % staff undertaking performance appraisals (MARS)



Benchmarking

(1) % staff undertaking performance appraisals



Source : Electronic Staff Record (ESR), NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

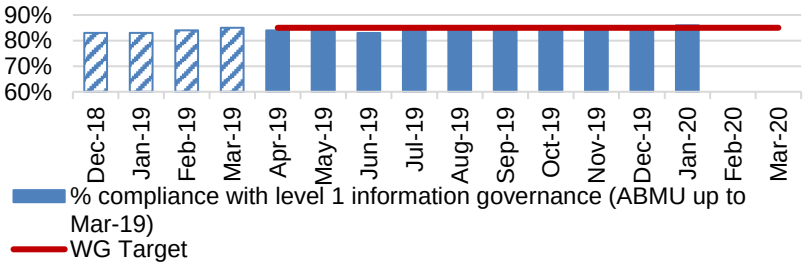
Measure 1: % staff (medical & non-medical) undertaking performance appraisals
How are we doing?
Medical: Appraisal rate for the rolling period to December 2019 is 97% not including any exceptional circumstances. Consistent compliance is reflected in the percentage rates - see information below regarding doctors who have a GMC connection: Percentages are based on 1055 'connected' doctors: Primary 357, secondary (including 1 x management post) 698. The number of prescribed doctors has decreased since 2018/19 due to the HB boundary change. **Non- Medical:** Evidence from reporting figures demonstrates a further increase in PADR compliance from October 2019 67.00% - December 2020 70.12%. This has been a consistent increase in compliance by 3.12%. From the 6 Service Delivery Units (SDUs): Mental Health & Learning Disabilities (MHLD) 78.18% a significant increase of 10.57% on the last results, Morriston 67.88% an increase of 2.37%, NPT 72.77% a decrease of 2.64%, PCC 81.57% a decrease of 1.54%, Singleton 68.00% a decrease of 3.12%.
What actions are we taking?
Medical: Engagement in annual appraisal continues to improve within medical appraisal. GP Appraisal Co-ordinators and Medical Appraisal Leads are involved in quarterly exception management process, providing doctors with training and advice. Ongoing enhancements to MARS (Medical Appraisal and Revalidation System), appraisers are kept up to date with changes, training provided at local and regional levels, and quality assurance of appraisals. Continuing to improving local processes to ensure robust systems are in place. Appraisal data manually entered onto ESR for appraisals completed on MARS for secondary care doctors. There will be a separate graph included to identify data reported directly from MARS. **Non-Medical**: There is a continuation of focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures on a request basis with bespoke sessions for teams/units when requested. All Delivery Units have been asked to provide a plan to achieve compliance with the 85% target. As a positive the Estates and Facilities Directorate are 56.85% but showing increases which will be reported next time. Information about a PADR steering group, being developed, is yet to be heard. The purpose of this was to discuss the transition of PADR paperwork on to ESR, what the paperwork would look like with influence coming from an all-Wales level and the impact of Pay Progression. Work is continuing on an all Wales basis, which is being led from Aneurin Bevan, on looking at re-vamping a generic PADR process that can be applied to all HB's. Following a recent OLM/ ESR meeting where PADR was mentioned, it was confirmed that there is a PADR e-learning application soon to be released. Plans were in place to take discussions to the AWOD's meeting on Thursday 30-01-2020 on the creation of an all Wales PADR form that could be used within ESR to record staff PADR. With guidance on the Pay Progression Policy being recently released a review of the PADR policy will be completed by March 20.
What are the main areas of risk?
Medical: : Doctors falling behind on appraisal timescales for revalidation: stress for doctor; diversion of doctor's and management time/resource; potential delayed revalidation; ultimately, consequences for licence to practise if failure to engage. Poor quality appraisals - lack of personal/service development and progression; continuation of sub-optimal practices; resistance to change. Ensuring new starters and ad hoc doctors are engaged with the annual appraisal process. Misunderstanding the requirement of Whole Practice Appraisal (WPA) and not including all elements of work undertaken using their GMC licence within their annual appraisals. **Non-Medical:** Timings of PADR aligning with increment date and in accordance with Pay Progression Guidelines. Dependence on roll out of Supervisor self-service for PADR Reporting data accuracy, double reporting, use of ESR, accuracy of ESR, IT skills of staff. Time and resource to complete PADR's - risk around the quality of PADR versus the target figures. Local administrators and locally held data – change of culture and the time scales to do this. NHS pay scales/ increment linked to PADR. Perception of the paperwork being too onerous and therefore not enough time to complete PADR's. Application of an all Wales PADR form – what will this look like and how accessible will this be through ESR. Changes in processes in alignment with PADR Policy review and the steering group regarding PADR & Pay Progression in ESR.
How do we compare with our peers?
• **Medical:** Currently national figures are not reported but due to the high level engagement this is in line with the expectation of WG and GMC requirements. • **Non-Medical:** As of Sept19 SBU are ahead of C&V who stand at 58.3% and CTaf at 64.4%. Out of the 6 large Health Boards this means SBU are 4th.

MANDATORY AND STATUTORY TRAINING

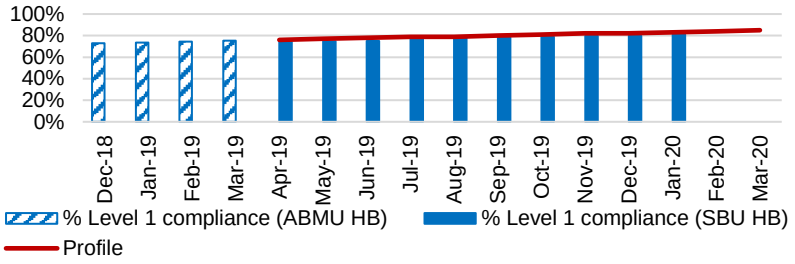
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic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

	Annual Plan Profile	WG Target	**Period:** November 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % compliance for the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	N/A	85%	✓	↑ ●
Measure 2: % compliance for all completed Level 1 competencies within the Core Skills and Training Framework	82%	85%	✗	↑ ●

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

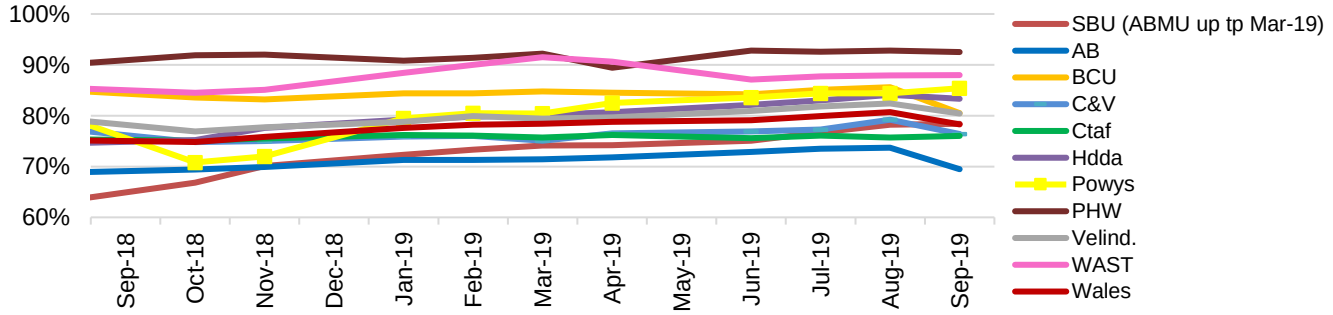


(2) % compliance for all completed Level 1 competencies within the Core Skills and Training Framework



Benchmarking

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



Source : NHS WALES Delivery Framework, all-Wales performance summary (January 2020)

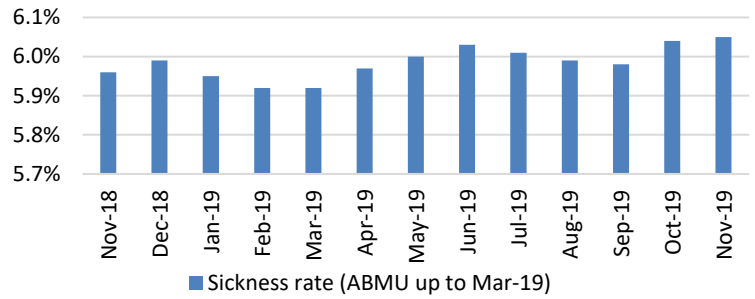
Measure 1: % compliance for the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework Measure 2: % compliance for all completed Level 1 competencies within the Core Skills and Training Framework
How are we doing?
Information Governance: The Current Compliance for IG Level 1 training is 85%, the IG Department has produced a training video that staff can access to undertake their mandatory Information Governance training. The video can be used as an alternative to the e-learning package available via the ESR portal. There is also continued IG compliance monitoring by a dedicated IG Training Lead and awareness raising via the Information Governance Group Leads, bulletins, IG intranet pages, and IG Audits. Proactive targeting of non-compliant staff has continued to take place via monthly checks on all staff, complemented by mailshot to non-compliant staff. A supplementary ESR user guide specific for accessing IG e-learning has been continually distributed and a Training Video Bulletin has been posted with the mailshot. All Level 1 Competencies: The current level of compliance for Mandatory and Statutory stands at 79.60% (December 2019). This is an improvement on the last reported compliance (76% in July 2019.) A continuation of proactive targeting of non-compliant staff has worked since October 2018 to ensure the compliance level has risen. Furthermore, there has been some recent work completed with facilities in order to raise compliance levels, which has in part been successful. That said, the support that the health board lead for ESR & M&S compliance has provided, through e-learning workshops and over the phone trouble shooting, has been attributable to the percentage increase.
What actions are we taking?
Information Governance Continue to send compliance lists for IG Training compliance to directorates and Service Delivery Units. Continue to report IG training compliance formally to the Information Governance Group and to Audit Committee, as well as include it in the annual public facing SIRO Report. The IG training video as an alternative to e-learning or face to face sessions has been widely distributed. It is now available in English online via intranet on IG site and via internet on YouTube. The Welsh version of IG Training Video is also ready for distribution. All Level 1 Competencies Continuation of previous actions as well as additional seen below Investigate Inter Authority Transfer Process to ensure records transfer with employees. Update outstanding individual records from Action Point. Use additional resources such as apprentices to reduce the backlog on Action Point. Continue to deliver e-learning workshops across the Health Board. Investigate where compliance in higher level training mitigates the need for level 1 training and implement automatic sign off of competencies. 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. A further meeting is being organised to meet to discuss the feedback to maximise the recording of Mandatory training delivered via face to face classroom based and to examine alternative ways of recording compliance.
What are the main areas of risk?
All level 1 Competencies Lack of resources (highlighted at Audit Committee) ESR self-service and supervisor self-service roll out and usage. IT infrastructures and lack of computer literacy amongst staff. Time and access to computers for community based staff Potential changes to pay progression and increments. Retire & Returning employees recruited via Direct Hire processes require manual update of training records if available Face to Face recording Level 1 Competencies can take considerable time to manually update and indicate a misinterpretation of compliance
How do we compare with our peers?
All Level 1 Competencies At the time of writing this report the latest benchmarking available was September 2019 which showed SBUH has made consistent improvement over the 12 month period reflected. SBUHB's compliance for the 10 core skills Mandatory Training Framework is in line with the NHS Wales average.

SICKNESS ABSENCE

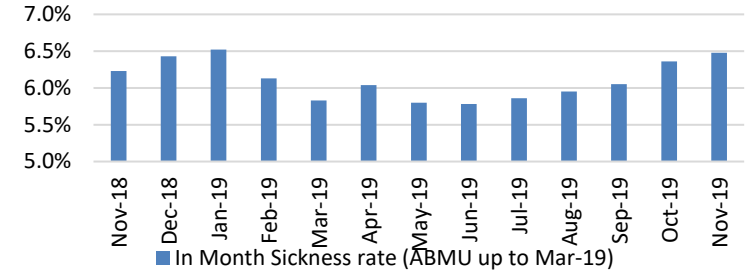
NHS Wales Domain:	**OUR STAFF AND RESOURCES:** People in Wales can find information about how their NHS is resourced and make careful use of them	**NHS Wales Outcome Statement:**	Quality trained staff who are fully engaged in delivering excellent care and support to me and my family
Health Board Strategic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

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

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

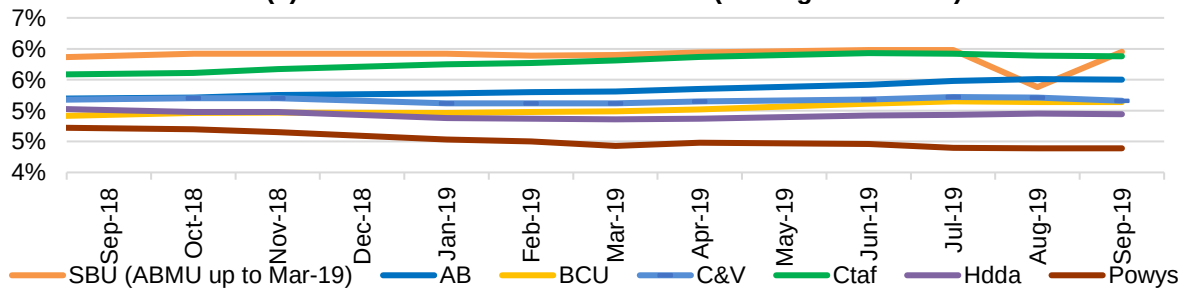


(2) % workforce sickness absence (In-Month)



Benchmarking

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



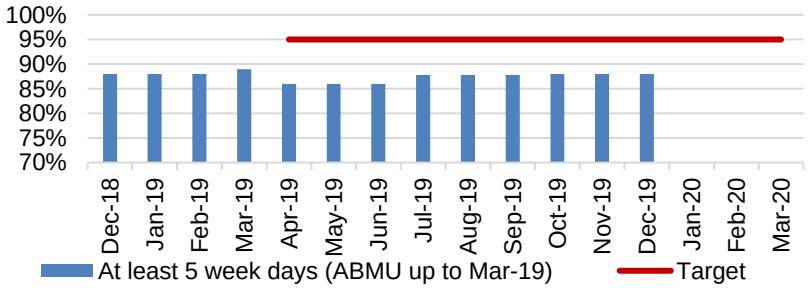
Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

Measure 1: % workforce sickness absence (Rolling 12 months) Measure 2: % workforce sickness absence (In-month)
How are we doing?
Rolling 12 month performance: Dec 17 – Nov 18 = 5.93%, Nov 18 - Oct 19 = 6.01%, Dec 18 – Nov 19 = 6.02%. In Month performance: Oct 19 = 6.33% Nov 19 = 6.47% (was 6.20% in Nov 18) The 12-month rolling performance to end of Nov 19 declined very slightly by 0.01% and stands at 6.02%. In month performance in Nov 19 also declined slightly by 0.14% on the previous month to 6.47%. In month increase in sickness was due to short-term absence (STA) which increased by 0.23%, compared to the previous month, to 2.26% in Nov 19. Long-term absence (LTA) in Nov 19 reduced by 0.09% on the previous month to 4.01%. Three of the five delivery units saw long term absence improve in Nov 19 compared to the previous month. All but one saw STA increase. This continued reduction in LTA and increase in STA indicates that the focus on reducing LTA is having an effect and that overall there is an improvement in the number of individuals returning to work before becoming LTA. This is also supported by recent data that shows the average length of LTA for people returning to work in Nov following LTA improved by over two days compared to Oct 19 and over 4.5 days compared to Sept 19. Highest reason for absence continues to be stress related absence accounting for 34.1% of absence in Nov 19, an improvement of 3.5% since Aug 19.
What actions are we taking?
A further 13 Managing Attendance at Work (MAAW) training workshops scheduled by the end March 20. SBU has trained circa 650 managers on the new policy. A revised Managing Attendance At Work (MAAW) HB data scorecard developed and shared with Senior HR Managers who will develop local scorecards. Further discussions are taking place with operational managers from different departments re the implementation of the early intervention process previously piloted. Further implementation of the communication process used within the above pilot to take place across the Health Board. Initial implementation of the “Adopt a Manager” approach following MAAW training. Workforce colleagues have been assigned managers from specific hot spot areas and will now be providing specific coaching and support back in the workplace following completion of training of managers. Occupational Health (OH) Improvement Plan completed and approved by Executive Board. Allied Health Professionals recruited using Targeted Intervention (TI) monies, resulting in reduced waiting times for management referrals. Scanning of all OH records has commenced to enable an e-record by February 20. Business case developed to ensure continuation funding for Staff Wellbeing Advice and Support Service’ after Invest to Save funds end March 2020. 350 Staff Wellbeing Champions trained to support their teams and signpost to HB support services, promoting a prevention/early intervention approach. Menopause wellbeing workshops being delivered across the main hospital sites, supporting the all-Wales menopause Policy. A new pilot course being delivered to staff aimed at reducing effects of stress related to experiencing trauma at work/home, based on EMDR therapy. Group traumatic episode protocol (G-Tep) allows staff to safely process distressing emotions over 2 x 1 hour sessions. Results of the pilot show a significant reduction in symptoms of 13 staff in the cohort of 16. Plans to roll out wider are being developed. 2019/20 Staff Flu campaign continues 58% of frontline staff having been vaccinated as at 20th January 2020. The WG target is to vaccinate 60% of staff.
What are the main areas of risk?
Failure to maintain continued focus on sickness absence performance may lead to levels increasing. Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values. Direct effect on costs in terms of bank, agency and overtime. Increasing levels of sick absence increases pressure on those staff who remain at work. Levels of service change likely to affect health and wellbeing with most likely impact on mental health and stress related sickness.
How do we compare with our peers?
• In Nov 19, the 12-month cumulative differential between SBU and the all-Wales performance was 0.56%. An improvement of 0.06% since June 19

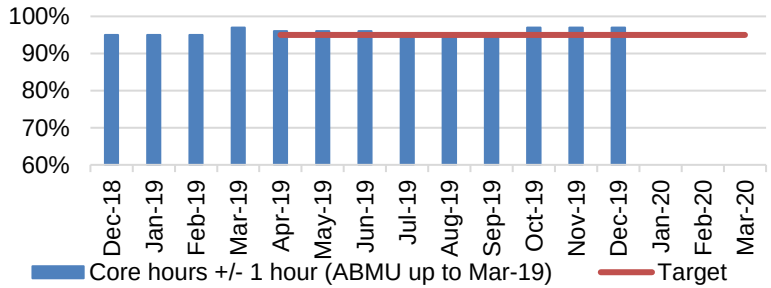
3.7 TIMELY CARE

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

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

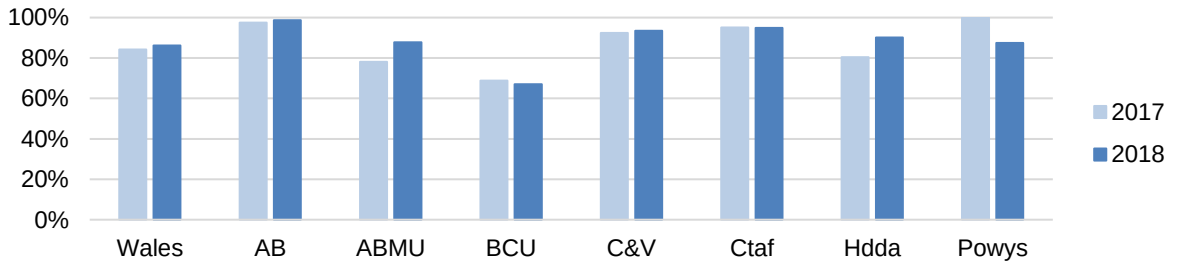


(2) % GP practices open during the daily core hours or within 1 hour of daily core hours



Benchmarking

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



Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

- As at December 2019 88% practices are offering appointments between 17.00 and 18.30 at least 5 nights per week. 97% practices are now open during daily core hours or within 1 hour of daily core hours.
- No change reported at last Access and Sustainability forum which received sustainability report and reviewed the new access standards. Whilst the Primary Care Teams continue to support practices in improving assess in line with the existing requirements, the discussion focussed on the proactive approach being taken to mitigate against sustainability issues. Much work will be required from the Primary Care Teams in supporting practices in understanding, benchmarking and improving practice and cluster performance against the new access standards, as part of QAIF.

What actions are we taking?

- Sustainability scores have been updated and continue to be monitored.
- Clusters supported in extending MDT primary care teams including cluster pharmacists, Physicians Associate, phlebotomist, physiotherapists, cluster nurses, paramedics, audiology, occupational therapists, early years worker, mental health workers - in many cases clusters are reporting that these professionals are reducing the pressure on GPs.
- Access achievement discussed at all standard and in depth governance review practice visits undertaken in 18-19.
- Telephone First Development Tool drafted and being tested. Supported last person standing practice in successfully recruiting a new partner
- The Access and Sustainability Forum met to outline the new access standards segment of the contract reform. Clarity has been provided to the Primary Care Team and GMS contractors, regarding reporting arrangements. The progress of all practices are expected to be assessed by 31st March 2020. The forum agreed to support a recommendation to request an access baseline return to be requested by all practices for completion. The baseline position has been received and is currently being analysed.

What are the main areas of risk?

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

How do we compare with our peers?

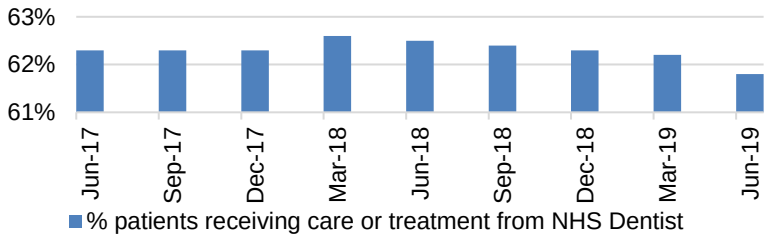
- At the time of writing this report the latest benchmarking available was for 2018 which related to ABMU Health Board.
- Compared to the other welsh Health Board's ABMU was ranked 5th for the percentage of practices offering appointments between 17:00 and 18:30 in 2018.
- 2019 benchmarking data is due to be published March 2020.

ACCESS TO GENERAL DENTAL SERVICES (DENTAL ACCESS)

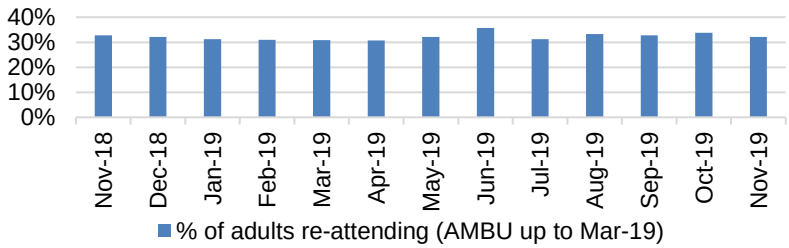
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	I have easy and timely access to primary care services
Health Board Strategic Aim:	Deliver better care through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

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

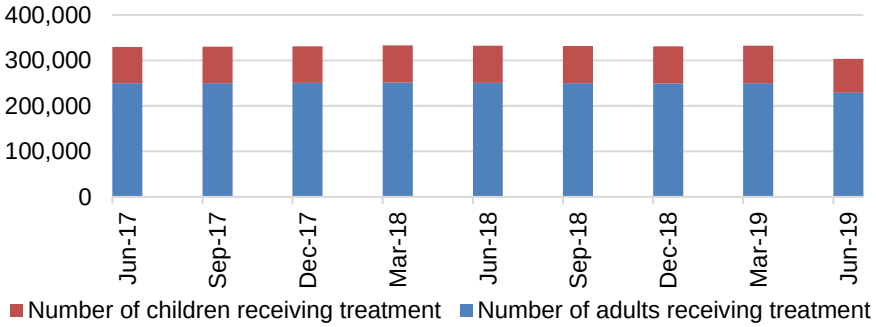
(1) % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population



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



Number of Patients receiving NHS treatment



Benchmarking

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Jun-19	Jun-18	Jun-17	Mar-19	Mar-18
Wales	55.0%	55.0%	54.9%	55.0%	55.0%
AB	58.2%	57.5%	57.0%	58.0%	57.3%
BCU	49.2%	49.3%	49.6%	49.3%	49.5%
C&V	56.4%	55.9%	56.2%	56.3%	56.0%
CTM	60.8%				
HDda	45.6%	45.5%	46.0%	45.6%	45.6%
Powys	54.2%	56.6%	57.3%	54.8%	57.1%
SB	61.8%				

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

Source: All-Wales Performance Report (January 2020)

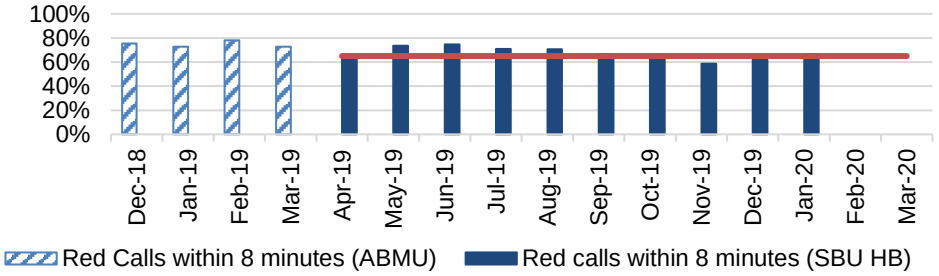
Measure 1: % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population
How are we doing?
• NHSBSA data confirms we have a very slight reduction from 62% to 61.8% of patients (adults and children) received NHS dental treatment in SBUHB. • Demand on the urgent dental care services continued to remain high: usage of dental Out Of Hours increased by 4.6 % in September.-December 2018 compared to the same period in 2017/18 and +6.1% in usage of In Hours Urgent Access. • 18 practices have joined the contract reform programme, this equate to 29% of all SBUHB practices, and this is in line with the Welsh Government target, an additional three practices have secured innovation funding for 19/20 which will provide increased access for adults. Four practices have moved onto stage 4 of the programme which will provide further increased access in these areas. • The Primary Car and Community Delivery Unit successfully secured 111 winter pressure monies to commission additional in-hours and out of hours access session which will provide an additional 5 hours per week of access between January and March 2020.
What actions are we taking?
• Continuing to signposting/encouraging patients to use mainstream dental service rather than making unnecessary use of the urgent care services to ensure the latter can focus on those who need it. • Continuing to provide additional in-hours access sessions through the Educational Supervisors at the Dental Teaching Unit (DTU), maintaining clinical skills and increasing access to NHS dental care. Exploring possibilities to extend services at DTU utilising skills of ES trainers i.e. sedation/complex extractions, innovation funding secured and recruitment process to commence. • Paediatric General Anaesthetic (GA) pathway rolled out in January 2018 to include urgent referrals, since this time reduction of GAs in the community has reduced by over 50%. T&F Group established to transfer service into Morriston Hospital Delivery Unit. • Review of GDS/CDS domiciliary services completed. New integrated model/service spec being developed for housebound patients and care homes to receive timely access to oral health care treatment. • New pathway has been developed and implemented to ensure Syrian refuges have timely access to routine and urgent care. Service has been in place since June 2019. • From October 2019, 18 practices are included on the GDS reform practice (29%). This programme is scheduled to be rolled out further in April 2020 to meet the Welsh Government target of 50% of practices, 7 expressions of interest received from GDPs for next cohort (April 2020) including a request to change restricted contract from children only.
What are the main areas of risk?
• Provision of Paeds GA within the community outside of national guidance which is considered medical safety risk. • Continued cancellations and workforce challenges managing special care dentistry list (POWH site)
How do we compare with our peers?
• SBUHB continue to have highest access levels to GDS across Wales [61.8%] compared to Welsh average [55%]

AMBULANCE RESPONSE TIMES AND HANDOVERS

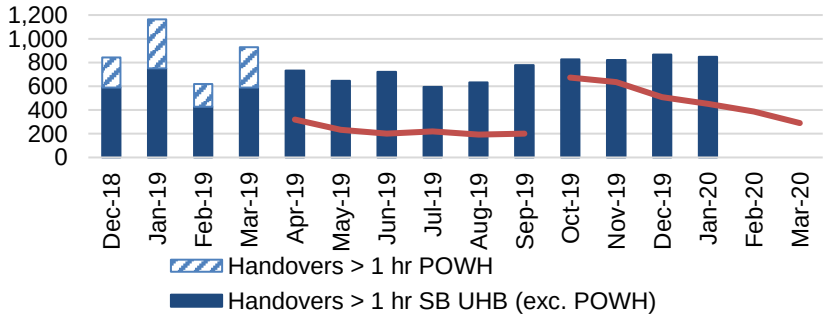
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

	Annual Plan Profile	WG Target	**Period:** December 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✗	↑
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover	508	0	✗	↑

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

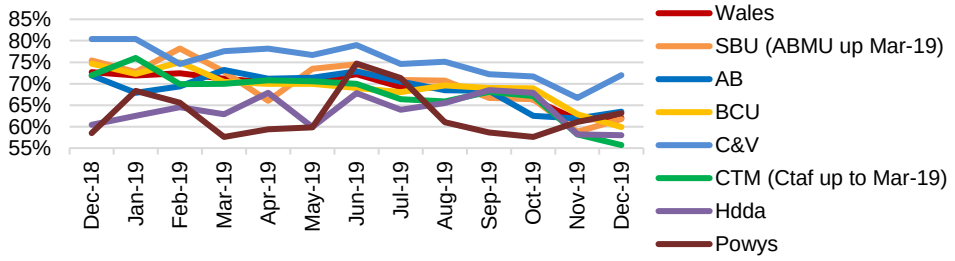


(2) patients waiting more than 1 hour for an ambulance handover

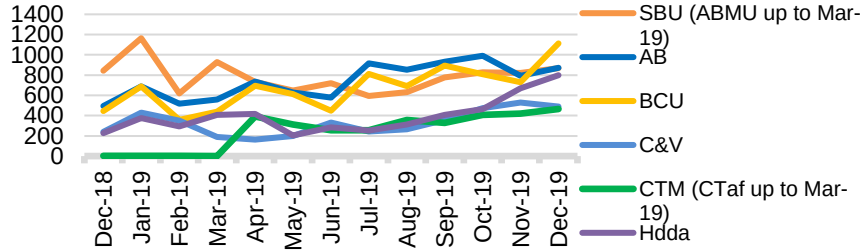


Benchmarking

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



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



Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

- The Health Board's Category A (Red response) was 61.8% in December 2019, which does not meet the National shared target of 65%. However when compared with the previous month, November 2019 , Health Board performance was reported at 58.8% demonstrating a 3% improvement in December with no variation in red call demand between the two months.
- 1 hour ambulance handover performance remained challenging during December 2019 with 897 ambulances waiting in excess of one hour for handover, equal to 48% of all ambulance arrivals.
- 592 fewer patients were conveyed to our hospital front doors by ambulance in December 2019 which is reported at 1838 compared with December 2018 attendances of 2430 (the 2018 ambulance attendance figure excludes POWH).
- In December 2019, red call ambulance conveyances to Swansea Bay UHB were 427, versus 499 reported in December 2018, however this figure includes the Bridgend demand conveyed to the Princess of Wales Hospital. The national statistics data does not report red call demand by hospital site and therefore a comparison cannot be made.

What actions are we taking?

- Implementation of the full time WAST Patient Flow Co-ordinators role in Morriston Hospital to work in partnership with the ambulance triage nurse in respect of handover, monitoring of patients and staffing of ambulance handover capacity within the Emergency Department.
- Continuation of the Level 1 falls vehicle with Red Cross to reduce the conveyance of patients to hospital following a fall.
- Increase in discharge vehicle capacity to support hospital discharge and transfers.
- Daily review of the ambulance stack by GP's to reduce ambulance conveyance demand and seek alternative pathways for patients.
- Review of the mental health pathways and forward planning for single point of access and sanctuary.
- Joint working with the COPD Early Supported Discharge (ESD) team to develop revised respiratory pathways when recruitment completed - February 2020.
- Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. Additional surge capacity opened on site to support this flow.
- Promotion of the GP advice for ambulance paramedics linked to the Acute GP Unit (AGPU) based in Singleton Hospital.
- Contributing to and influencing national discussions regarding the all-Wales escalation processes with the aim of reducing prolonged ambulance handover waits using a system wide response. Executive meetings took place in early November with Hywel Dda HB to discuss the planned changes to the national escalation processes. Alongside this, a Health Board wide escalation policy is being discussed with Local Authority partners to develop an integrated approach to escalation.
- Early planning discussions in place to test a model with paramedic and Advanced Nurse Practitioner from the Acute Clinical Team (ACT) jointly assessing frail older persons in the community.

What are the main areas of risk?

- Ambulance resourcing to respond to demand within the 8 minute response time.
- Hospital and social care system wide patient flow and discharge constraints which impact upon the Emergency Department's ability to receive timely handover. This results in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.
- Reduced acute capacity due to infection outbreaks, particularly on the Morriston site and the impact of this on ED outflow and ambulance handover.

How do we compare with our peers?

- The Health Board achieved a 61.8% Category A performance response in December 2019, which was just below the all-Wales December performance of 62%.
- The Health Board continues to experience a high number of handover delays and accounted for 17.7% of all handover delays in Wales in December 2019.

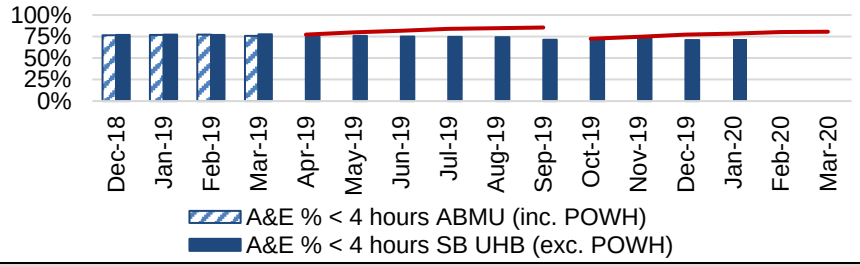
A&E WAITING TIMES

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

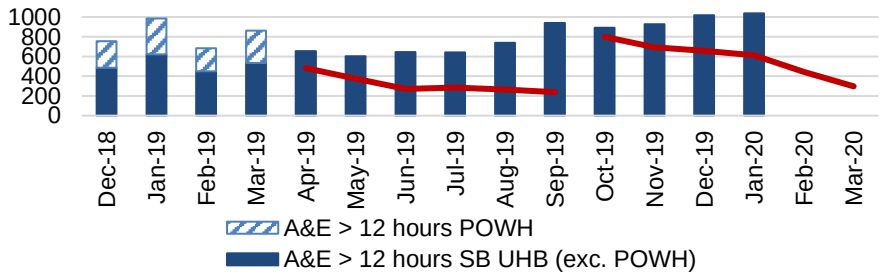
Period: December 2019

	Annual Plan Profile	WG Target	Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department	77%	95%	✗	↓
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	656	0	✗	↑

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

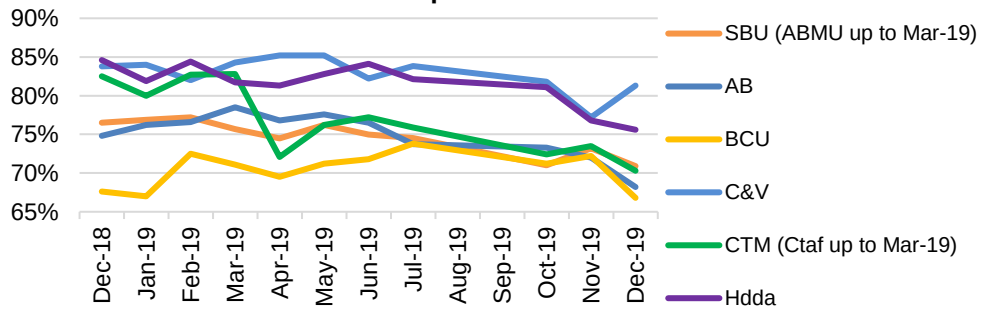


Number of patients spending more than or equal to 12 hours in A&E

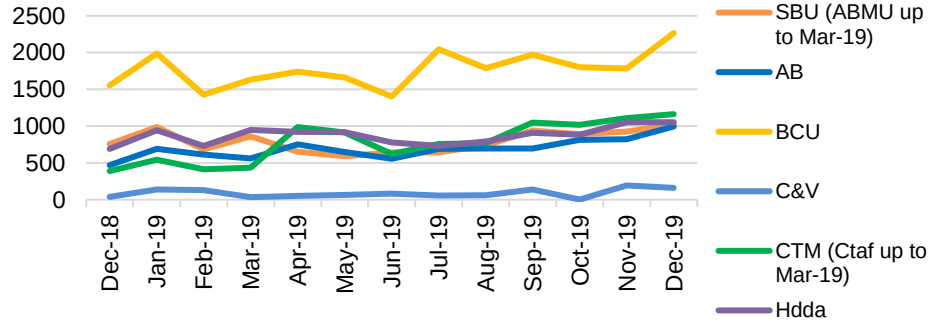


Benchmarking

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



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



Source : Stats Wales (data extracted 23.01.2020)

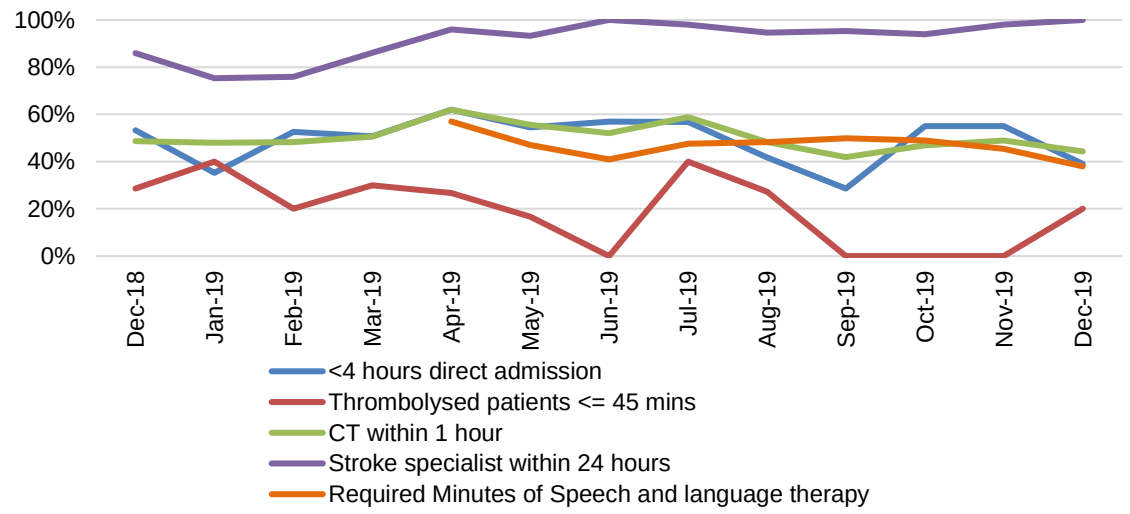
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department Measure 2: Number of patients spending more than or equal to 12 hours in A&E
How are we doing?
• Unscheduled care performance against the 4 hour target in December 2019 was 70.9%, against the all-Wales performance of 72.1%. • In December 2019, 85.4% of patients were admitted, discharged, or transferred from Morriston Emergency Department within 12 hours, a deterioration from the November 2019 position where performance was 90.9%. 1017 patients stayed longer than 12 hours in the Emergency Department during December 2019, which represents an increase of 261 patients when compared with December 2018. The Health Board reported position was 89.6% • The overall number of patients attending the Health Board emergency department and minor injuries unit in December 2019 was 9,815, a decrease of 341 patients from November 2019.
What actions are we taking?
• In addition to the implementation of the HB Unscheduled care improvement plan, further initiatives have been implemented as part of the Health Board (HB) Winter Plan. However the HB response has extended further as a result of the extreme pressure being experienced and all capacity options available within the Board have been utilised to support patient flow – in place. • The implementation of Hospital to Home commenced on December 10th 2019, the emphasis being on Pathway 1 which provides short term re-ablement to patients in their own homes. Activity in relation to this programme of work is being measured via the Regional Partnership Board. The pathway has been fully implemented across all wards within Swansea Bay as per the project plan – in place. • Ongoing recruitment to vacancies critical to delivery of unscheduled care services across the Health Board – in progress. • Appointment of two additional Social Workers on the Morriston site to accelerate the assessment process of patients requiring LA input – in place. • Implementation of a 'Silver Management' rota in the Morriston site to support front line teams during this period of increased pressure and risk –in place. • Appointment of a Health Board wide Patient Flow Service Manager to focus on flow opportunities across the Health and Social Care system – in place. • Internal audit and Senior Corporate Matron review of ward compliance with the SAFER patient flow principles in order that support can be targeted at areas with poor compliance – February – April 2020 • Securing additional medical and nursing workforce to support front door services- combination of block booking and adhoc cover requests - in place. • Implementation of the 24 hour 'bronze' Clinical Site Matron' role - in place. • Reducing elective activity in response to unscheduled care demand and capacity challenges on the acute sites- in progress, assessed against unscheduled care demand.
What are the main areas of risk?
• Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'. The increasing number of discharge fit patients is impacting the outflow from the ED and thus ability of support timely ambulance handover. • Sustainably staffing the high level of surge beds in the system remains a key operational challenge. • Workforce - with ongoing challenges in general nursing and medical roles in some key specialities and service areas such as the Emergency Department. • Loss of in-patient capacity on the Morriston site due to Norovirus and CPO continues to further impact patient flow on site.
How do we compare with our peers?
• The Health Board's 4 hour performance was 70.9% in December 2019, which was below the all-Wales 4 hour performance of 72.1% for this period. • In December 2019, 89.6% of all patients in Swansea Bay UHB were assessed, treated and transferred from the Emergency Department and the Minor Injuries Unit within 12 hours, which was below the all-Wales position of 92.2%.

STROKE

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

	Annual Plan Profile	WG Target	**Period:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of patients who have a direct admission to an acute stroke unit within 4 hours	82%	59%	✗	↓
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	35%	12 ↑ trend	✗	↓
Measure 3: % of patients who receive a CT scan within 1 hour	55%	55%	✗	↓
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	96%	95%	✓	↑
Measure 5: % of patients receiving the required minutes for speech and language therapy	N/A	12 ↑ trend		

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



Benchmarking

December 2019			
Quality Improvement Measures	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke consultant < 24 hours	5. Patients receiving minutes for SALT
AB	35.1%	97.3%	54.0%
BCU	50.3%	77.4%	48.2%
C&V	22.6%	86.0%	65.8%
CTM	18.4%	40.1%	47.8%
Hywel Dda	39.0%	88.8%	31.5%
SBU	39.3%	100.0%	38.4%
All-Wales	38.6%	82.2%	50.7%

Source : All-Wales performance summary (January 2020) & Acute stroke quality improvement measures Delivery Unit report

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

How are we doing?

- Our door to needle time within 45 minutes remains low. Direct admissions over the last 4 weeks to a stroke unit bed within 4 hours continues to be under target at 39.3% which is mainly due to unscheduled care pressures. 100% was achieved for the end of December for assessment by a Consultant and 93.5% compliance achieved for Physio, OT and SALT assessment. Our access to CT scanning within 1 hour has dropped to 43.5% in December 19 from 49.0% in November 2019.
- Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements and our unscheduled care pressures has also impacted on our delivery against these targets.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston Hospital - the Clinical leads and managers for the service review individual patient pathways to identify opportunities for improvement.
- Medical cover for Stroke patients is provided by the General Medical team out of hours – there is currently no dedicated stroke medical team that covers 24 hours. The additional medical staffing reported previously has allowed some improvement to service but it can't be sustained due to gaps at lower grades which these colleagues have to cover, therefore not allowing them time to commit to improved stroke performance. The Unit makes best endeavours to cover the junior gaps in rota and looks to sustainable recruitment in a difficult to recruit area. The creation of a dedicated Stroke rota is key and needs to be agreed as part of the Hyper-acute Stroke Unit (HASU) Business case development as described below and as part of the 2020/21 IMTP plan. This work is led by the Medical Directorate management team.
- Business cases for a Stroke Retrieval team and an Early Supported Discharge team have been developed and agreed within the delivery units and will be included for consideration within the 2020/21 IMTP for investment. Previous bids have been unsuccessful and no additional funding made available.
- A Business Case for a "Hyper-acute Stroke Unit" model to be completed by the end of Q4 of 2019/20 is under development jointly with Hywel Dda HB.

What are the main areas of risk?

- Insufficient capacity and workforce resilience to support 7 day working which will ultimately require a strategic change to centralise acute stroke services.
- Not having a dedicated Stroke Consultant out of hour's rota.
- High volumes of work in progress in ED preventing timely assessment and management of patients
- Medicine bed deficit equates to approximately 50 beds which prevents ring fencing of ASU beds to facilitate timely admissions
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.
- Ineffective thrombectomy pathway represents a risk to patient mortality.

How do we compare with our peers?

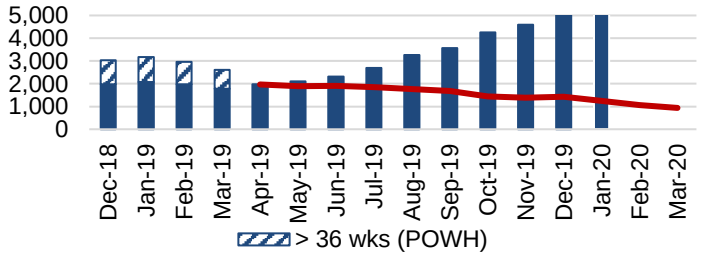
- The only acute stroke provider in Wales which allocates general medicine workload to Stroke Physicians – detracting from acute stroke work
- SSNAP report for period 25 shows Morriston with comparative stroke performance to most Welsh hospitals (cat B).
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

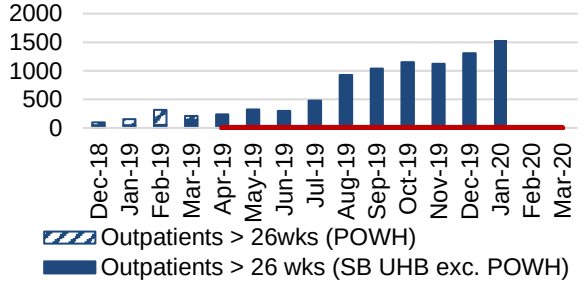
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

	Annual Plan Profile	WG Target	**Period:** December 2019 Current Status	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	1,435	0	✗	↑
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment	0	0	✗	↑
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)	N/A	95%	✗	↓

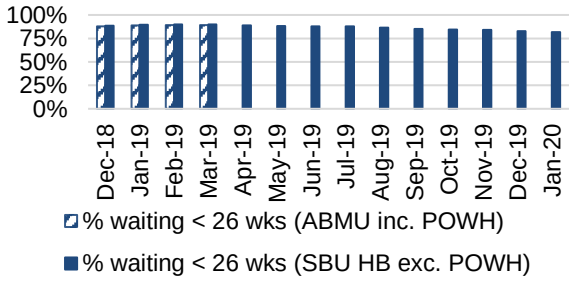
Measure 1



Measure 2

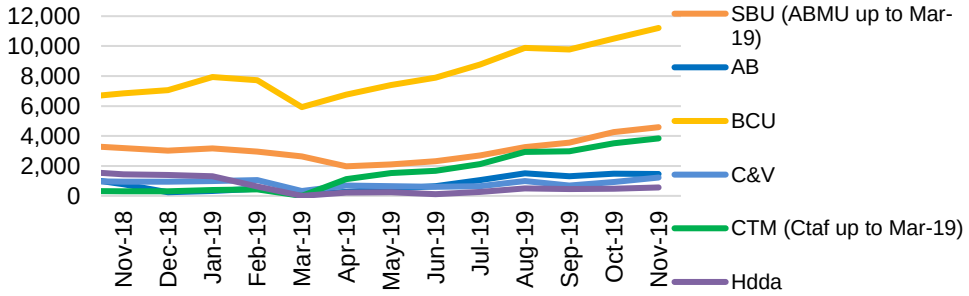


Measure 3

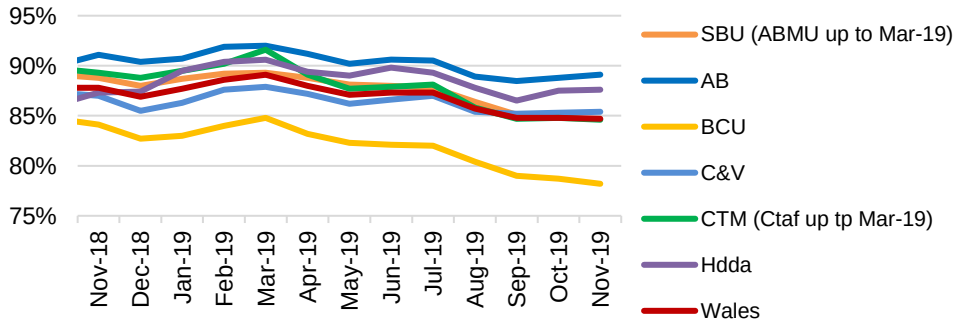


Benchmarking

(1) No. of patients waiting more than 36 weeks for referral to treatment



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



Source : StatsWales (23.01.2020)

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

How are we doing?

- In December 2019 there were 1,305 patients waiting over 26 weeks for a new outpatient appointment This was an in-month deterioration of 185 compared with November 2019 and is largely contained within Gastroenterology (58%) and Orthopaedics/ Spinal (26%).
- There were 5,141 patients waiting over 36 weeks for treatment in December 2019 compared with 4,587 in November 2019, this is a deterioration of 554 and above the internal target of 1,435. ENT, Gastroenterology, General Surgery, Ophthalmology and Orthopaedics collectively account for 4,431 of the 5,141 over 36 weeks in December 2019.
- 1,723 patients are waiting over 52 weeks in December 2019, which is 261 more than November 2019.

What actions are we taking?

- Insourcing an additional 1,000 new outpatients slots within Gastroenterology for Q4 cohort delivery.
- End of Year cohort delivery plans reviewed weekly at the Exec led RTT meetings.
- Ophthalmology planning additional capacity through Bridgend Clinic capacity and BMI, Droitwich Spa for Q4 cohort delivery.
- Ten beds for orthopaedics on Clydach ward continue to be protected despite USC pressures. Currently seeing some of our longest waiting patients.
- Recruitment of 10 permanent anaesthetists continues, with Morriston SDU leading programme. Series of interviews planned for February to align with CCT completion dates.
- Advert out for 'straight to test' Physician Associate in General Surgery and Vascular Technician to support diagnostics. Morriston SDU leading recruitment process.
- Out to advert for a Consultant OMFS Surgeon to fill outstanding vacancy. Morriston SDU leading recruitment process.
- Appointment of a new consultant in Neurology to improve epilepsy waits and increase capacity to aid the General Pool demand. Recruitment planned for January 20.
- New Consultant Spinal surgeon appointed and commencing in January 2020 to address Stage 1 position.
- Recruitment of 10 permanent Anaesthetists and interim plan to recruit 8 locums to increase core capacity, reducing reliance on flexible working. Morriston SDU leading recruitment programme. Applications for 8 locums shortlisted with interviews planned for early December. Job plans for permanent posts to be submitted to Royal College by the end of November for recruitment to commence in Jan 20.
- Roll out of Gastroenterology recruitment plan continues. The recently appoints Physician Associate rolls are now seeing RTT patients, following induction period.

What are the main areas of risk?

- The HMRC Pension Taxation changes resulting in Consultants and Anaesthetists withdrawing from backfill and waiting list initiatives in addition to reducing their job planned sessions down to 10. This, despite recent announcements by Welsh Government to alleviate, remains a risk through Q4.
- Demand for cancer and urgent surgical cases (unscheduled) being clinically prioritised into the remaining surgical/bed capacity disproportionally affecting RTT patients.
- Constraints in the case-mix of suitable cases to outsource as the lists become smaller.
- Administrative vacancy gaps and sickness impacting on the ability to target robust validation.
- Sickness amongst key clinical staff affecting sub-speciality areas and nurse-led clinics.
- Demand of cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed.

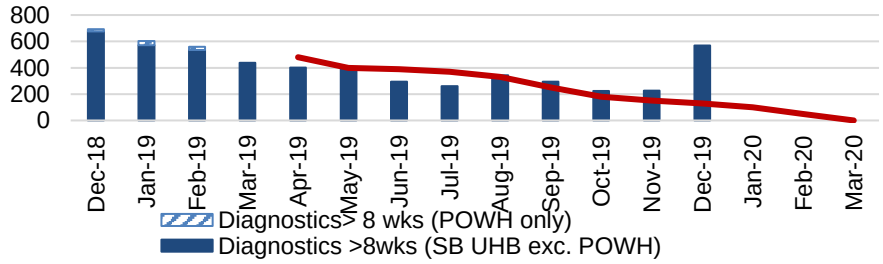
How do we compare with our peers?

- As at the end of November 2019, which is the latest published data, the Health Board was below the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (84.1% compared with 84.7%) and was the second worst Health Board in Wales for the number of patients waiting over 36 weeks

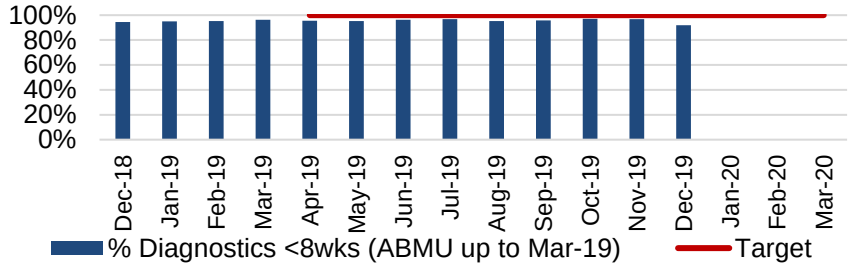
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed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

	Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)	130	0	✗	↑ ●
Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)		100%		↓ ●

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

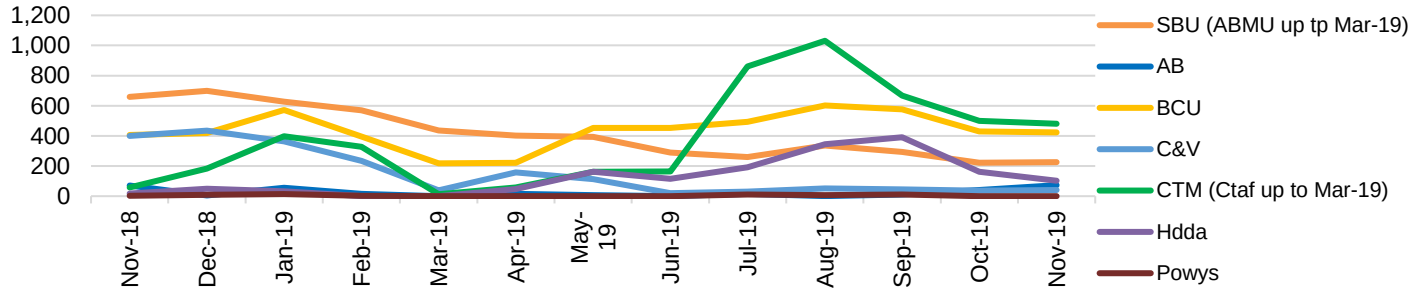


(7) % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)



Benchmarking

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



Source : StatsWales (28.01.2020)

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

How are we doing?

- There were 569 patients waiting over 8 weeks for reportable diagnostics as at the end of December 2019.
- The breakdown for December 2019 is as follows:
- Cardiac Diagnostic Tests (562):
    - Echo Cardiogram = 312
    - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 113
    - Cardiac Computed Tomography (Cardiac CT)= 90
    - 24 Hour Tape / Holter = 14
    - 24 Hour Blood Pressure Monitoring = 5
    - Diagnostic Angiography = 1
    - Myocardial Perfusion Scan = 25
    - Trans Oesophageal Echocardiogram (TOE)= 2
- Cystoscopy = 3
- Vascular Tech = 4
- All other diagnostic areas maintained a zero breach position in December 2019

What actions are we taking?,

- Echo performance has been as a result of deceased capacity through long-term sickness and maternity leave and increased inpatient demand offsetting outpatients demand.
- End of Year cohort profiling and weekly monitoring in order to achieve year-end zero position for Echo Cardiogram.
- Q4 actions include:
    - Outsource non-complex echos,
    - Increase available staff over-time
    - Weekend locum to provide additional capacity

- Longer-term actions include increasing staff establishment and extending working day/week to provide additional capacity against increased demand.
- Continuation of the Cardiac MRI and CT plan to deliver an improved year-end position on March 2019.

What are the main areas of risk?

- Increased cardiac diagnostic demand due to increased volume of unscheduled care patients admitted (IP), and increased demand for outpatient (OP) demand as a result of two additional consultant appointments.
- Workforce constraints in key professional groups (nationally and locally).

How do we compare with our peers?

- At the end of December 2019, which is the latest published data available, the Health Board was the third worst performing Health Board.

ENDOSCOPY

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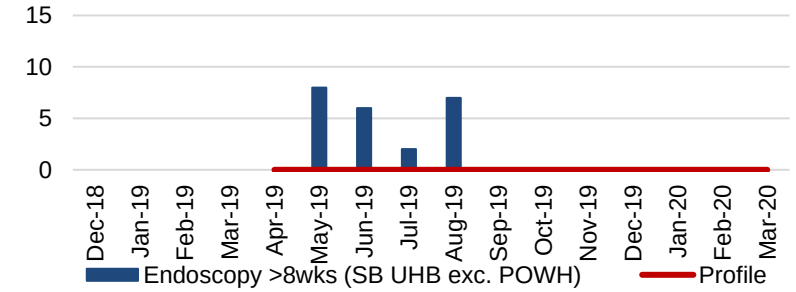
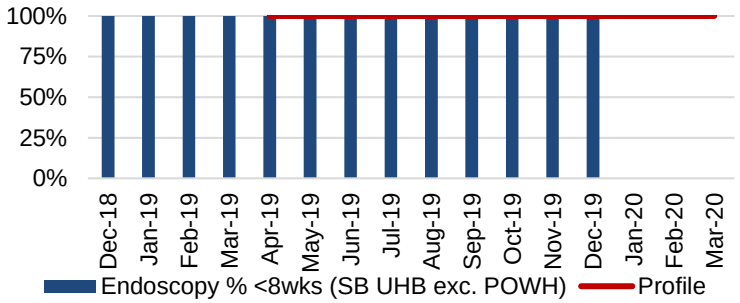
Executive Lead:	Chris White, Chief Operating Officer		

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

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

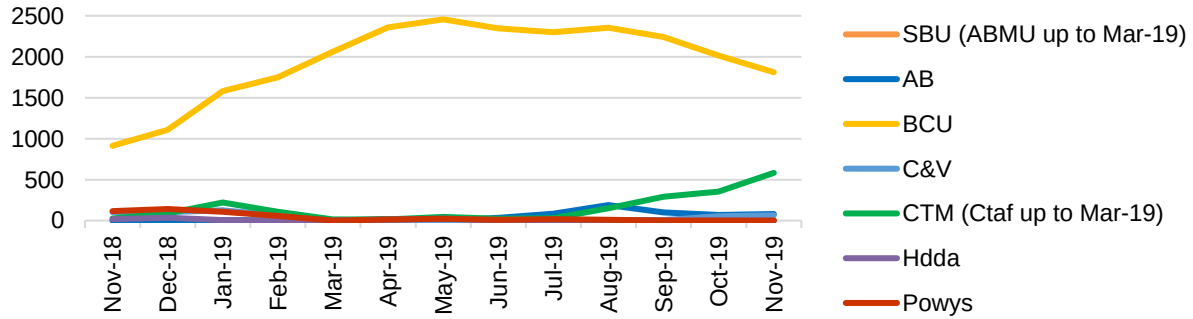


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

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



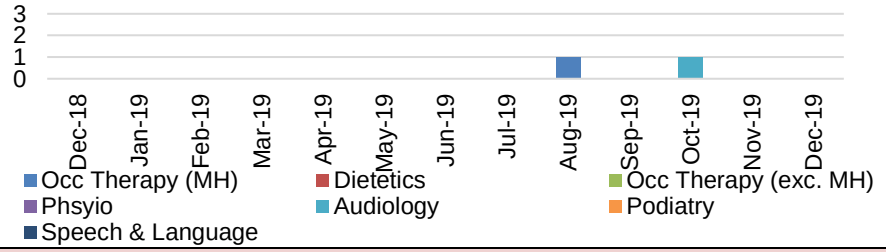
Source: StatsWales (23.01.2020)

Measure 1: Number of patients waiting more than 8 weeks for Endoscopy Measure 2: % patients waiting less than 8 weeks for Endoscopy
How are we doing?
• The Health Board has achieved zero position for patients waiting over 8 weeks for endoscopy as of the end of December 2019. 8 week performance in the main has been maintained. • Endoscopy continues to see a significant increase in urgent suspected cancer referrals. The majority of these continue to be in the area of Lower Gastroenterology referrals internally from surgical specialties. • DNA rates continue to remain low at 3%. Surveillance waits for upper GI Endoscopy are back within standard.
What actions are we taking?
• Utilising all available capacity with an average of 20 backfill lists undertaken per month across three sites. Current agreement for funding until the end of March 2020. The National Pension issues are impacting on the HB's ability to secure internal backfill if lists. • Ongoing additional insourcing support confirmed in Q4 2019/20 and Q1 2020/21 to maintain the zero position. • Continued focus on effective triage of referrals • An Endoscopy Capacity and Demand Plan has been submitted for 2019/20 for SBUHB and provides a plan to address current capacity issues and provide assurances that the Health Board will deliver a maximum waiting time for Endoscopy of 8 weeks. The plan is a combination of a more sustainable approach to achievement of the waiting time targets as well as a continued but decreased short- term capacity solution. The plan combines efficiency gains, increased productivity with increasing workforce to allow the service to move towards a closure of the known gap in capacity and also supports the move towards management of demand in a more robust and effective way. Initial analysis of the Swansea/Neath Post Talbot demand clearly demonstrates a capacity gap of 124 Endoscopy points per week to maintain the zero position against the 8- week target. A national focus on developing an agreed all Wales capacity and demand tool is underway and SBUHB are active members of the National Endoscopy Demand and Capacity sub-group and represented at the National meeting scheduled for March 2020. • The HB team are active participants of the National Workforce Subgroup and have attended all scheduled meetings. A workforce survey has been undertaken recently upon the request of the National Endoscopy Programme Lead. • The HB team have been working with the JAG assessors and held a pre-JAG visit on the 20th and 21st of November 2019. This work is still ongoing with a view to an implementation group being set up. • Surveillance Endoscopic waits in the HB are a risk and immediate action planned and implemented to review how high risk patients are managed. This includes a clinical review of the longest waiting surveillance patients by the three clinical leads. Upper GI Surveillance waits are back within standard. • Clear and dedicated leadership for Endoscopy services will be key to drive through the changes required to ensure transformation of Endoscopy services. Within SBUHB, we have successfully recruited a Service Improvement Manager to drive Endoscopy transformation and have appointed three Clinical leads (one for each Singleton, Morriston and Neath Port Talbot Endoscopy Units) with the responsibility to develop and facilitate the implementation of the Endoscopy service improvement action plan required as part of the National Programme. • Bid submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals. This has been approved and a task and finish group developed to project manage the process.
What are the main areas of risk?
• Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals. • Ability to maintain the number of additional sessions undertaken with a very small group of Endoscopists. • Workforce constraints and pension issues.
How do we compare with our peers?
• SBU compare well to peers in Wales in relation to waiting times performance.

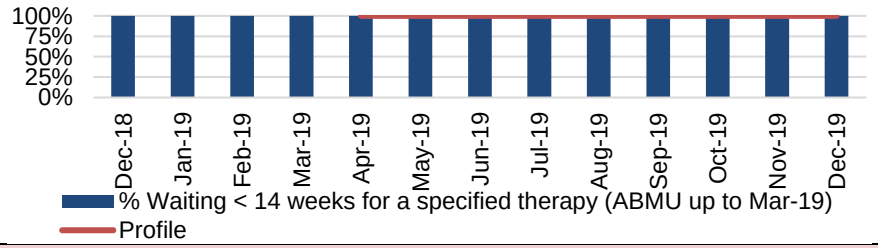
THERAPY WAITING TIMES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in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

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

(1) No. of patients waiting more than 14 weeks for a specified Therapy

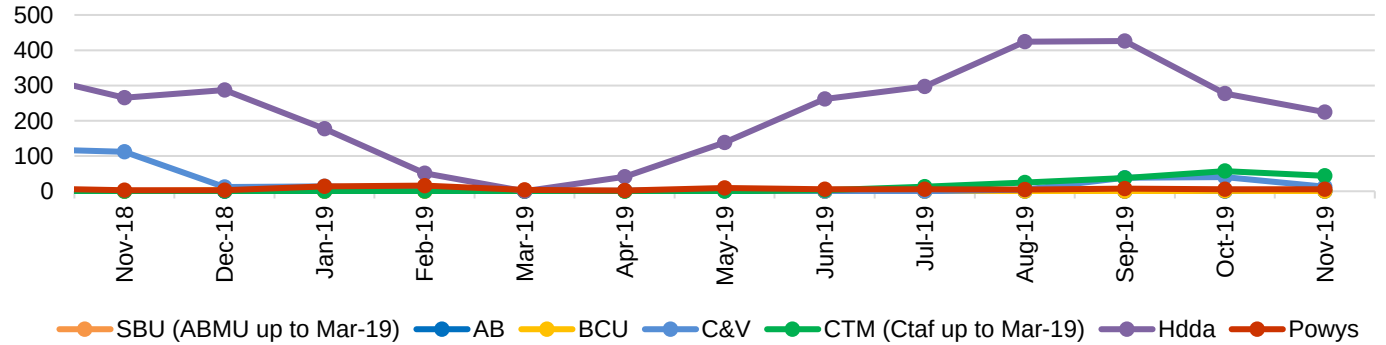


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

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



Nov-19	
SBU	0
AB	0
BCU	0
C&V	13
CTM	44
Hdda	224
Powys	6

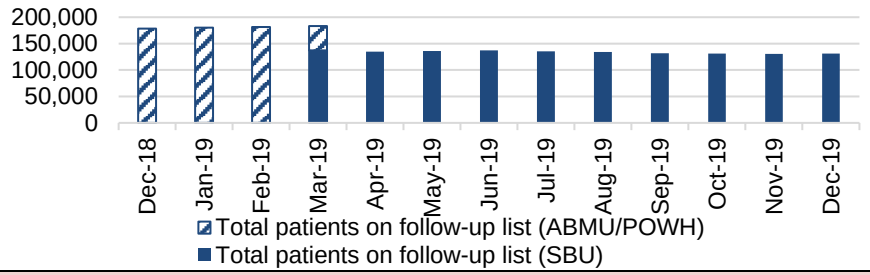
Source : StatsWales (23.01.2020)

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

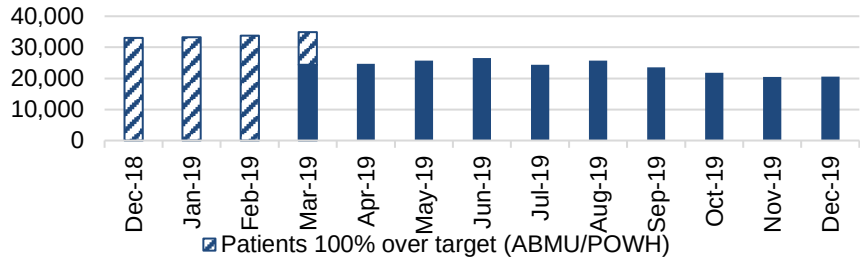
DELAYED FOLLOW-UP APPOINTMENTS

NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care		
Executive Lead:	Chris White, Chief Operating Officer	**Annual Plan Profile**	**WG Target**	**Period:** December 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: The number of patients waiting for a follow-up outpatient appointment		TBC	15% ↓ by Mar-20		↓
Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%		TBC	15% ↓ by Mar-20		↓

Measure 1



Measure 2



Benchmarking

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

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Nov-19	Nov-18		Mar-19	Mar-18
Wales	895,734	954,666		891,436	787,855
AB	125,746	152,342		153,928	137,606
BCU	205,042	195,655		202,741	185,964
C&V	233,853	312,000		234,871	395,644
CTM	115,272				
HDda	77,481	34,400		34,324	62,351
Powys	7,692	8,356		8,586	6,194
SB	130,648				

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

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Nov-19	Nov-18		Mar-19	Mar-18
Wales	201,667	247,989		212,319	197,599
AB	8,379	8,766		8,673	8,941
BCU	55,463	48,958		53,417	48,945
C&V	79,641	121,038		78,516	76,531
CTM	19,863				
HDda	17,322	22,443		22,395	18,238
Powys	501	446		446	239
SB	20,498				

Source: NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

- It is important to note that there have been changes in overall numbers due to the boundary changes that took place from the 1st April and the creation of the new Swansea Bay UHB. The implications of these changes in numeric activity are still being finalised to reflect the new service delivery profiles.
- The number of patients on a follow up waiting list (booked & un-booked) with & without a clinical review date has decreased from 135,093 (April 19) to 131,263 (Dec-20) (3%).
- Number of patients waiting for a follow up delayed past their target date – over 100%; Has decreased from 24,642 (April 19) to 20,579 (Dec-20) (16.5%).

What actions are we taking?

- Additional funding has been released by the Health Board to support medium term validation reviews of the Follow up lists – being led by Morriston Delivery Unit.
- The Health Board has further been successful in gaining approval for a number of additional bids totalling almost £500K to introduce additional initiatives until 31st March 20201. These bids have been supported by Delivery and corporate units and who are currently acting on these investments to realise their potential over quarters 3 and 4 – key initiatives are as follows: **Ophthalmology** - AMD - Community Referral Refinement Centre - Reduce the waiting list by 25 patients per month through the removal of inappropriate referrals. **Orthopaedics / Gastro / Paeds** - ADOPT: Action to Deliver Outpatient Transformation - Prevent 2,000 follow up patients being added to the waiting list between March 20 and March 21 by March 2020. **Neurology** - Regional Coordinator for Epilepsy Services - Reduction in patients waiting over target date from 416 patients 100% over target in SBUHB to 0 by March 2020. **Gynae- Oncology** - Reducing FUNB & increasing use of virtual reviews - To reduce the FUNB backlog from 300 to 0 by March 2020. **Dentistry** - Pathway Change for Validated FUNB Patients to Primary Care Based Health (Dental) Care Professionals with Enhanced Skills to Provide Sustainability. Reduce 700 FUNB patients to 450 by March 2020. **Urology** - PKB Co-ordinators - Reduce urology patients on the follow up waiting list by 250 by March 2020. **Dermatology** - Implementation of the new dermatology pathway in primary care. - Reduce FUNB patients by 100 by March 2020 and 250 per year thereafter
- Working with the national Outpatient Modernisation Working Group has been refreshed and this is actively taking forward new measures to address these pressures which are being seen across Wales. Actions include improved coding, clarification of virtual clinic patients, shared learning, and stronger information reporting by specialty.
- The Health Board has refreshed the Outpatient Modernisation Group and developed a more clinically engaged and clinically led Outpatient Transformation Board. The Chair of which is Dr Phil Coles – Consultant Anaesthetist and QI Lead and the Vice Chair is Deb Lewis (Morriston Hospital). Meetings are continuing to take place monthly.
- Currently developing synergies between this work stream and the KPMG HVO report, developing an OP dashboard to manage slot utilisation; working with 9 specialties utilising QI methodology to create new sustainable pathways including the development of tests of change/proofs of concept to make sustainable improvement and scale and spread; Refresh the DNA open access policy to ensure consistent application across all HB specialties/consultants.
-

What are the main areas of risk?

- Wales Audit Office review (2015 & 2017) has highlighted that that there is a need for greater clinician engagement in the recording of clinical risks associated with delayed follow up appointments; there are insufficient mechanisms in place to routinely report these clinical risks to the Board; and that issues persist with the management of the FUNB list.
- Need to better prioritise validation activities. Service Delivery Units to provide regular assurance reports to Health Board Quality & Safety Committee and Outpatient Transformation Work stream.
- Reduced availability of clinical lead sessions for the adopt programme currently 3.75 hrs per week and exacerbated by Clinical lead being out of circulation for 4-6 weeks due to scheduled sick leave: Mitigation is that Aidan Byrne has offered support to the project team where possible during this absence

How do we compare with our peers?

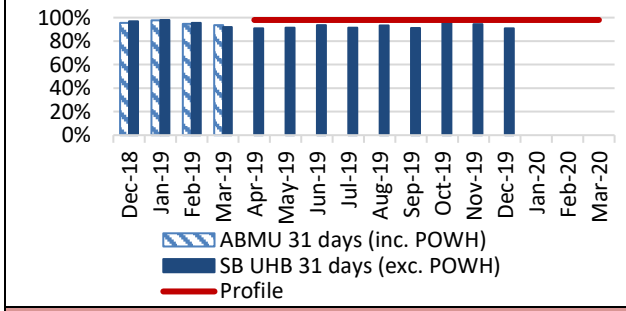
- Most Health Boards have experienced a deteriorating position in the number of patients waiting for an outpatient follow up (booked and not booked) who are delayed past their target date for planned care specialties and are, as is SBUHB, implementing new plans with traction and pace.

CANCER WAITING TIMES

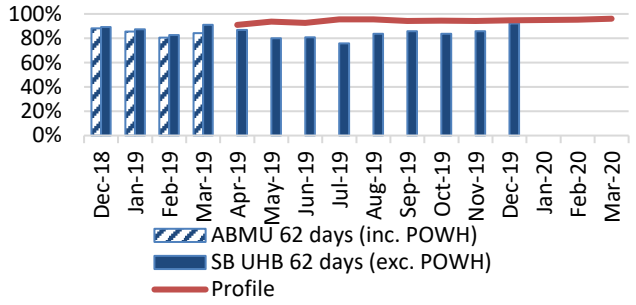
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

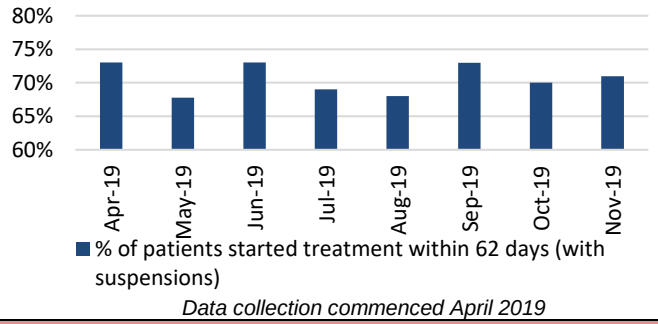
Measure 1



Measure 2



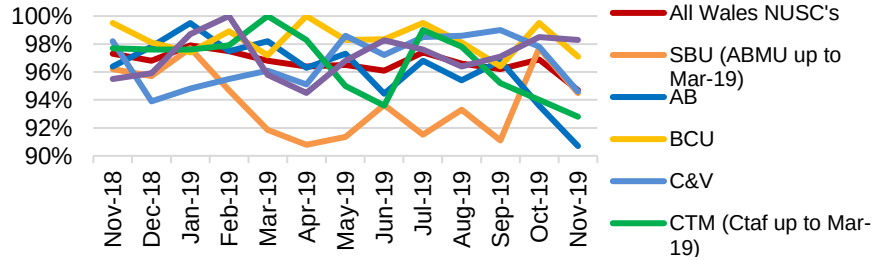
Measure 3



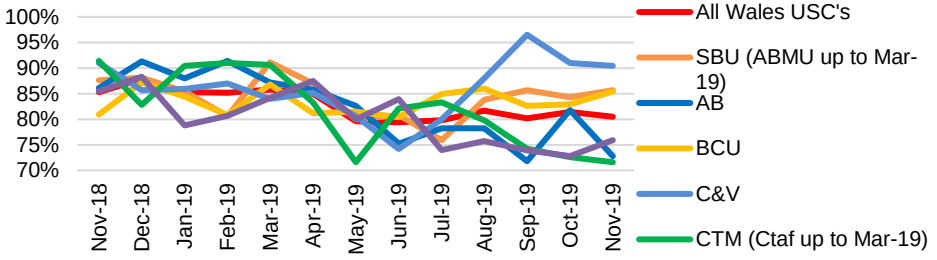
Data collection commenced April 2019

Benchmarking

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



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



Source : NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

Measure 1: % patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days
Measure 2: % patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days

How are we doing?

- NUSC performance for December 2019 was 92% (8 breaches). USC performance for December 2019 was 92% (8 breaches).
- Significant deterioration in backlog was reported through December with 83 patients waiting over 62 days on the 29th December. This number has reduced since then but remains very high • Single Cancer Pathway performance for December is estimated to be 77% for adjusted pathways.

What actions are we taking?

Breast • The wait to 1st assessment deteriorated beyond 4 weeks through November and December. The service have been asked to prepare a report regarding current issues and improvements planned for discussion at the next Cancer Improvement Board on 28th February 2020. • A business case for two Breast Clinical Fellows to support pathway improvements will be finalised by 31st January 2020 with vacancy forms to panel expected by 3rd April 2020

Gynae • Macmillan patient pathway co-ordinator JD has been revised. The post will support the team and CNS's to pull patients through pathway. The post will go to VCP imminently • A meeting with CTMUHB to discuss the management and reporting of patients referred to Gynaecology and seen within the PMB service at Neath took place on the 13th January 2020, no agreement was reached therefore a further meeting will be held on the 3rd Feb 2020. • The service has been asked to prepare a report regarding current issues and improvements planned for discussion at the next Cancer Improvement Board on the 28th February. • Temporary management change to support Surgical Services Group at Singleton from 1st April, however a transition period will commence 1st March.

Urology • Insufficient RALP capacity as SBMU only have access to one all day theatre per week in Cardiff. C&V requested further data from SBU regarding utilisation of current available capacity at UHW and discussed this at their meeting on the 17th Jan 2020, the HB awaits feedback.

Gastroenterology • Locum Gastroenterologist post interviews are planned for the 10th February 2020. The service plans to advertise for a substantive post by 14th Feb 2020.

Pancreas: • Agreement for two patients per month to be referred for surgery at Kings.

MDT Co-ordinators • 1 post is out to advert, 1 post on LTS, further vacancies expected. SBAR for future strategic direction was presented at November CIB, Morriston DU reviewed this in December and requested a meeting to discuss this further, this is scheduled for 11th February.

Anaesthetics • 1 new Anaesthetic Consultant commencing post in March, and another going through pre-employment checks. 1 critical care consultant is being moved to anaesthetics to increase capacity.

Sarcoma • JD for 2nd Sarcoma Surgeon post is advertised. • CNS vacancy appointed to and likely to commence in post Jan 2020.

Radiotherapy • Outsourcing of radiotherapy work to Rutherford to commence in January – agreement made to outsource 72 patients over 6 months.

What are the main areas of risk?

- Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities
- Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave.
- Unscheduled Care pressures are having an impact on bed capacity although site management processes aim to minimise impact on cancer cases.
- Challenges to appoint to vacant posts and time lag in developing new workforce models
- Consultants unwilling/reluctant to run additional clinics due to pension implications.
- Ongoing issues with delivery of Breast services, particularly waits to triple assessment (>4 weeks to first appointment).
- Waiting times for PET at Cardiff are reported over 10 days – approx. 14 days.

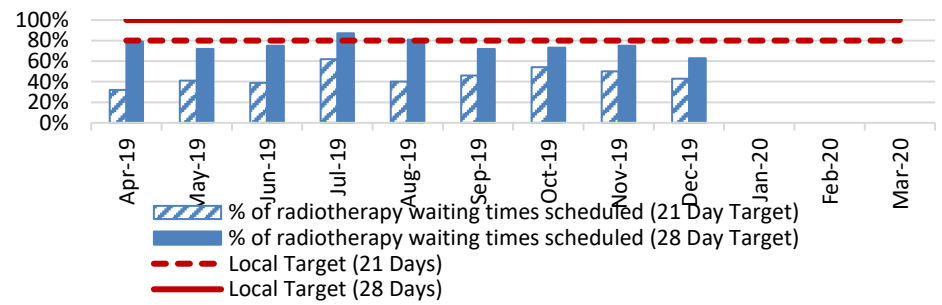
How do we compare with our peers?

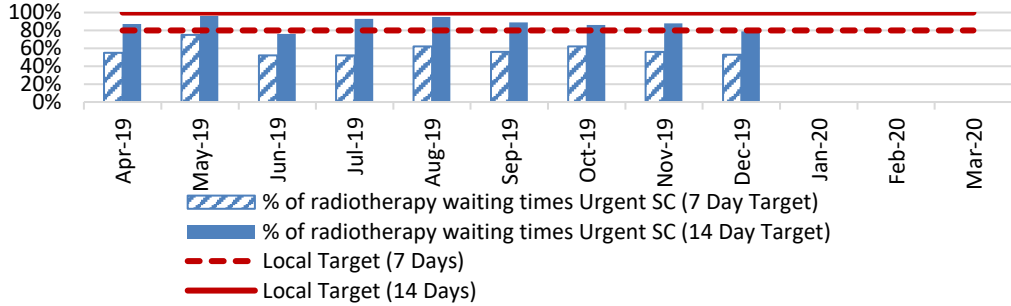
- USC performance in November saw SBUHB report 85.7% (2rd best of Welsh HBs), above the Wales average of 80.5%.
- NUSC performance in November saw the HB report 94.5%, just below the Wales average of 94.72%

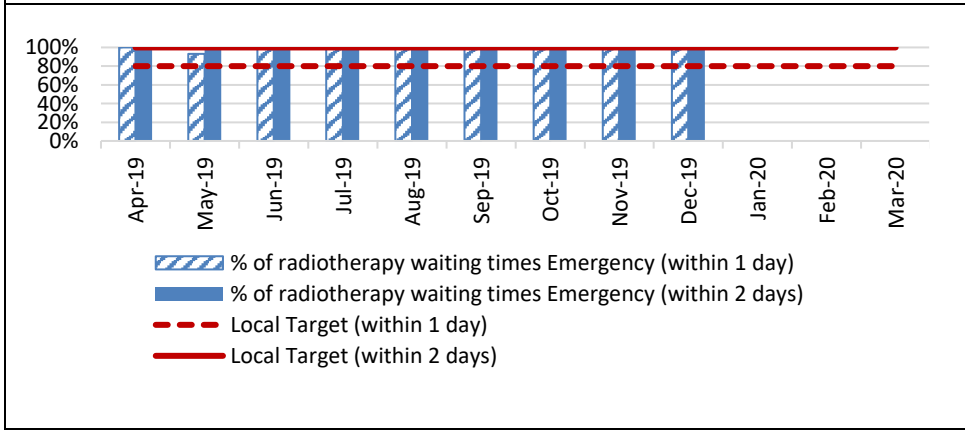
RADIOTHERAPY WAITING TIMES

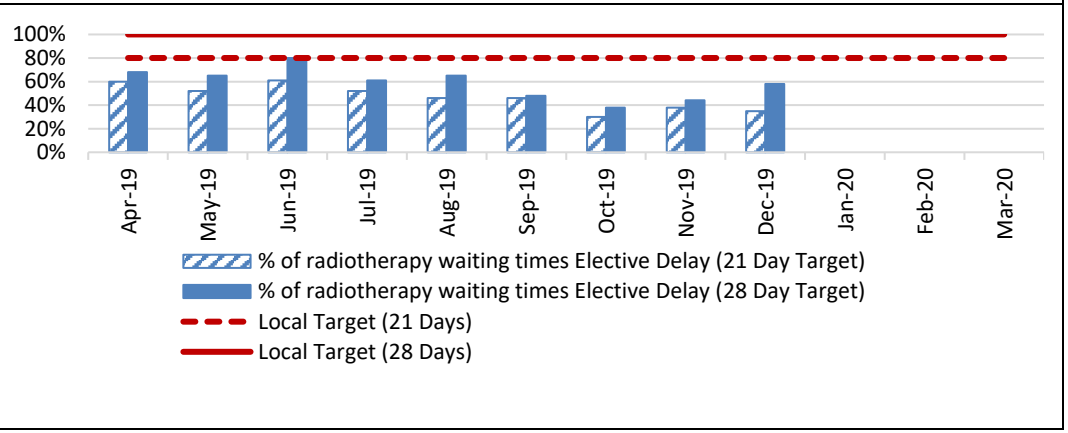
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

	National Target	**Period:** December 2019	
		Current Status *(against target):*	**Movement:** *(12 month trend)*
1 - % of radiotherapy waiting times Scheduled (21 Day Target / 28 Day Target)	80% / 100%	✗/✗	↑● / ↓●
2 - % of radiotherapy waiting times Urgent SC (7 Day Target / 14 Day Target)	80% / 100%	✗/✗	↓● / ↓●
3 - % of radiotherapy waiting times Emergency (Within 1 Day / 2 Days)	80% / 100%	✓/✓	↑● /↦●
4 - % of radiotherapy waiting times Elective Delay (21 Day Target / 28 Day Target)	80% / 100%	✗/✗	↓● / ↓●









1 - % of radiotherapy waiting times Scheduled (21 Day Target / 28 Day Target)
2 - % of radiotherapy waiting times Urgent SC (7 Day Target / 14 Day Target)
3 - % of radiotherapy waiting times Emergency (Within 1 Day / 2 Days)
4 -% of radiotherapy waiting times Elective Delay (21 Day Target / 28 Day Target)

How are we doing?

1. For December 2019, we had 97 patients categorised as Scheduled, of which 36 patients failed to be treated within 28 days. 34 were due to physical capacity on machine and 2 due to issues with Planning
2. Urgent SC patients we had 4 patients that breached 14 days, 3 due to planning issues
3. For Emergency patients we continue to deliver 100% with all patients being treated in 1 day
4. Elective delay patients remain a challenge, we had 31 patients categorised as elective delay, with 13 patients not treated within the maximum target time of 28days.

What actions are we taking?

- Monthly stakeholder meetings, which include the major staff groups involved in radiotherapy have been implemented to review the data on breach reasons to enable learning to inform changes to processes if necessary.
- The unit will outsource 12 patients per month from Jan 2020 for 6 months; these will be elective delay patients.
- Roll out Allocate rostering system to Radiotherapy Dept to appropriately roster existing staff. Currently working through with Allocate team logistics of this and have go live date of 16th February 2020h. As part of this rostering work the unit is revising the extended working day business case to re-submit to IBG to move to extended day working on our current Linac machines

What are the main areas of risk?

Age and capability of our Linac machines we currently have 2 new Machines and 2 old machines, 1 is being decommissioned and the newer machine goes operational in March 20. This will give us 1 old machine, which is out of support from the supplier due to age and breakdown risks exist.
The replacement CT program business case is not progressing at this time, as we await formal decision from WG.

How do we compare with our peers?

Comparison to high-income countries around the world, Linac's per million population. Demark has 3.37, Japan 6.75, Canada 7.5. UK wide – 5.2.
In Wales Cancer centres compare as table below

	LINACS	EXPANSION PLANS	POP'N (MILLION)	LINACS/MILLION POPN
VCC	8-	10	1.5	5.1/6.6
NWCTC	3.5	4	0.9	5.0/5.5
SWWCC	4-	5	0.7	4.4/5.5

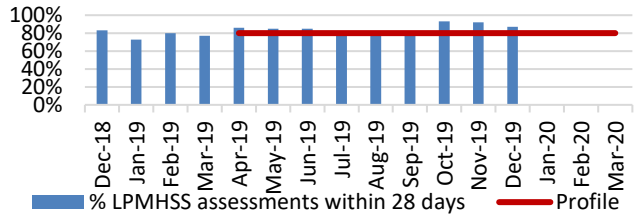
Data Source- IAEA DIRAC

We currently re-reviewing our work on workforce comparison across centres. Performance of these new targets across 3 centres in Wales is challenging and as we understand it all 3 centres are struggling to deliver.

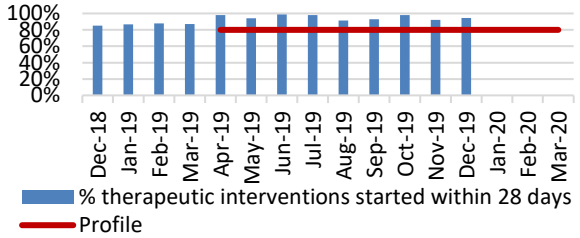
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated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

	Annual Plan Profile	**WG Target**	**Period:** December 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral	80%	80%	✓	↑ ●
Measure 2: % of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	80%	✓	↑ ●
Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)	90%	90%	✓	↑ ●
Measure 4: % of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request	100%	100%	✓	↑ ●
Measure 5: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	✓	↑ ●

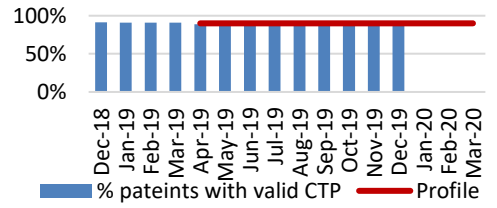
Measure 1



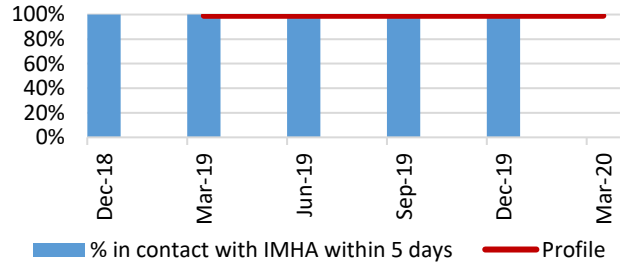
Measure 2



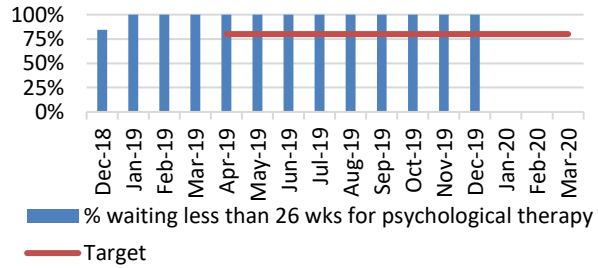
Measure 3



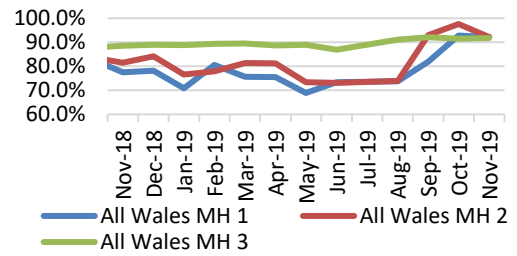
Measure 4



Measure 5



Benchmarking



Source: NHS Wales Delivery Framework, all-Wales performance summary (January 2020)

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

Despite a consistently high referral rate part 1 targets continue to be met; however this is a challenge and the following measures are being taken to mitigate against the risk of not meeting the targets:

- Development of a sustainable stepped care model.
- Additional staff appointed in LPMHSS – Band 7, 4 & 5.

How do we compare with our peers?

November 2019

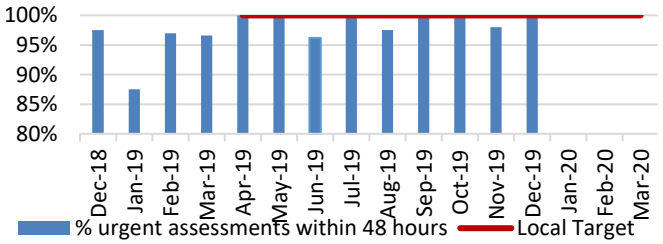
- All-Wales MH1 measure ranged from 56.8% to 92.2% including CAMHS **92.2% SB**
- All-Wales MH2 measure ranged from 59.7% to 92.2% including CAMHS **92.2% SB**
- All-Wales MH3 measure ranged from 74.5% to 96.4% including CAMHS **91.7% SB**
- All-Wales MH5 measure ranged from 21.3% to 100% **100% SB**

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

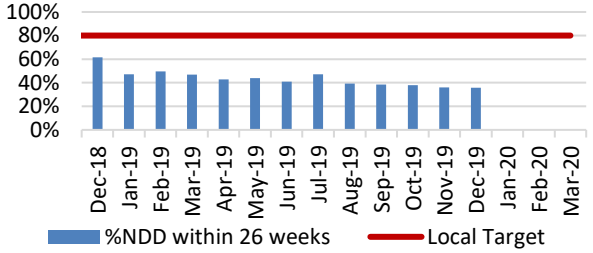
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

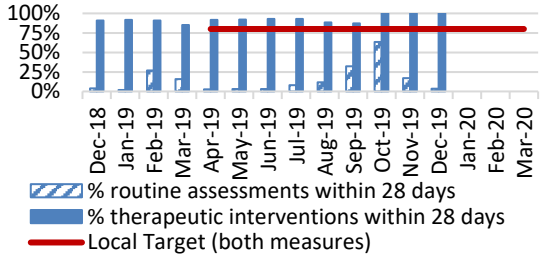
Crisis



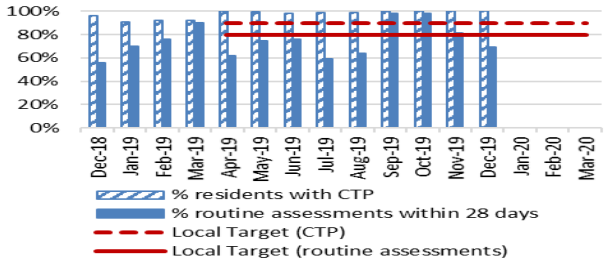
NDD



P-CAMHS



SCAMHS



Benchmarking (SCAMHS)

Date: 13th January 2020	Swansea Bay	Neath Port Talbot	Swansea	Cwm Taf
Total WL	88	45	43	180
> 4 Weeks	29	19	10	98
Compliance	67.0%	57.8%	76.7%	45.3%
Average Weeks	2.3	2.6	1.9	3.7

Source: Cwm Taf LHB

(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral **(2)** NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks **(3)** P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral **(4)** P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS **(5)** S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan **(6)** S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral
How are we doing?
Measure 1: Crisis - Service now operates 7 days a week, and the performance trend shows that compliance against the target is good, and when performance does deteriorate this is down to staff vacancies. Compliance for December is at 100%. Measure 2: NDD – The referral rate has stabilised. Large fluctuations are still experienced making future projections difficult. Compliance against the target had levelled off, with a compliance of 36% in December. Measure 3: P-CAMHS – Compliance against the assessment within 28 days had improved significantly and in October compliance increased to 63%, and patients were waiting an average of 1 week. Compliance against this target is always challenging and will remain low until all CYP are being seen within 28 days. The average waiting time for patients remains stable, and the average wait is now 4 weeks. The deterioration in November and December is as a result of a vacancy within the Swansea service, and reduced activity over the Christmas period. CAMHS are now continuing with WLI Clinics and improving. Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during 2019/ 20, and improved to 100% achievement in October. This position was maintained, and 100% compliance was reported in December. The service prioritises this target since it is seen as a key quality indicator that once young people start their interaction with CAMHS they are seen quickly. Measure 5: S-CAMHS – Compliance against the Care and Treatment Plan target of 90% was achieved, and 100% compliance was reported in December. Measure 6: S-CAMHS - Compliance in December deteriorated to 67% in December, and this was due to reduced medical staff, and low activity over the festive period, performance is improving again in January.
What actions are we taking?
NDD –The referral rate has stabilised somewhat at around 100 per month on average. Breach position will continue into early 20/21 financial year. A similar situation remains across Wales and is being escalated through the All-Wales National ND Steering Group and through SBUHB Executive team. Accommodation issues are now resolved, with the team centralised on the Neath Port Talbot site from Sept 2019. Additional funding has been provided to expand the clinical team and a clinical lead was appointed in November 2019. Efforts are being made to reduce waiting times by using WLI clinics funded from19/20 slippage monies. Further roles are being explored including pharmacy input for medication monitoring and expansion of nursing team. **CAMHS** – The aim for CTM is to achieve all Welsh Government targets by the end of March 2020. S-CAMHS are now in a good position as the trend for compliance against the target during 2019/20 has improved significantly. The Health Board have agreed to the utilisation of vacancy slippage to deliver waiting list clinics to ensure this improved trend continues. For P-CAMHS this is more of a challenge due to the way the activity is counted, however they are still aiming for the end of March. The variation in performance experienced is consistently related to the number of vacancies across the services. Swansea Bay have agreed to the utilisation of vacancy underspend to fund waiting list initiatives to improve the position – this spend is reviewed every three months. During the last two years all partners have progressed work programmes to better understand the challenges for CAMHS including a demand & capacity exercise, and a review of P-CAMHS by the NHS Wales Delivery Unit. A multi-agency three year plan for Swansea Bay has been agreed which includes the development of a single integrated PCAMHS and SCAMHS service for the whole of Swansea and Neath Port Talbot. This work programme is progressing well, and by June 2020 the new service model will be implemented for CAMHS.
What are the main areas of risk?
The inability to recruit and retain staff is a recurring theme and the relatively small size of the different specialist teams in CAMHS is a concern that SBU is addressing with Cwm Taf via formal commissioning meetings and the introduction of the new service model.
How do we compare with our peers?
• There is limited comparative data for CAMHS, except for the SCAMHS target which is shown in the benchmarking section above.

FINANCE- MONTH 10

In Month

£ 1,195,920 overspent

	Cur Month Budget (£'000)	Cur Month Actual (£'000)	Cur Month Variance (£'000)	% Variance
Income	--22,923	-22,924	0	0%
Pay	46,766	46,327	-438	0.94%
Non Pay	50,436	52,069	1,633	3.29%
Total	74,278	75,472	1,195	1.65%

Cumulative

£ 12,296,001 overspent

Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	% Variance
Income	-219,222	-220,592	-1,369	0.62%
Pay	460,930	459,641	-1,289	0.28%
Non Pay	489,910	504,864	14,954	3.06%
Total	731,618	743,913	12,296	1.69%

Forecast

£16,300,000

Type	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)	% Variance
Income	(242,653)	(244,298)	(1,645)	(0.68%)
Pay	527,657	526,107	(1,550)	(0.29%)
Non Pay	564,764	584,259	19,495	3.45%
Total	849,768	866,068	16,300	1.9%

Full Year Financial Performance and Projection

FINANCE- MONTH 10

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Value £'000**	**Trend**
Reported in-month financial position – deficit/(surplus)	1,195	↓
Reported year to date financial position – deficit/(surplus)	12,296	↑
Current reported year end forecast – deficit/(surplus)	16,300	↓

Capital		
Capital KPIs: To ensure that costs do not exceed the Capital resource limit set by Welsh Government		
Current reported year end forecast – deficit/(surplus) – Forecast Green	Breakeven	→
Cumulative year to date position – deficit/(surplus) – Forecast Amber	(2,175)	↑

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	**Value %**	**Trend**
Cumulative year to date % of invoices paid within 30 days (by number) – Forecast Red	93.79	↓

Revenue

1. The Health Board committed to achieving financial balance in 2019/20 and developed a balanced core financial plan. This however excluded the impact of the diseconomies of scale associated with the clinical and corporate management costs following the Bridgend Boundary Change, which were identified as £5.4m and added a significant additional pressure to the Health Board's delivery requirement.
2. Throughout the financial year, the Health Board has been reporting an overspend and as the year progressed the ability to recover and deliver financial balance became more challenging. In Month 9 the Health Board revised its year-end forecast outturn from financial balance to a deficit of £12.3m, this position was supported by the review undertaken by KPMG, who assessed the year-end forecast to be between £12m-£14m. The £12.3m forecast deficit included the delivery of the suite of actions that the Health Board agreed in November.
3. The Month 10 reported position is an in-month overspend of £1.195m, which whilst broadly in line with recent months performance, is disappointing as the forecast trajectory required to deliver £12.3m was £0.6m. This month's financial performance seriously challenges the Health Board ability to deliver the £12.3m year-end forecast.
4. The Health Board has therefore increased its year-end forecast to a deficit of £16.3m.

Capital Narrative

1. Approved CRL value for 19/20 issued on 07/02/20 is £30.731m which includes Discretionary Capital and the schemes under the All Wales Capital Programme.
2. Underspend to date relates to a number of schemes as detailed in the Annex, there is no anticipated impact on the year end forecast due to these underspends to date.
3. There are 5 All Wales Capital schemes reported to Welsh Government as high risk. There is 1 scheme classified as medium risk. These are being closely monitored and discussed at the monthly progress meeting with Welsh Government.
4. The forecast outturn position for 19/20 is breakeven.

PSPP Narrative

1. The number of invoices paid within 30 days in January was again below the 95% target, with in month performance being 89.16% The non compliance in January due again partly due to the availability of cash with supplier payment runs in the last week of the month having to be reduced in value due to a shortage of cash. This was exacerbated by delays in the payment of nurse bank invoices with a number of these invoices missing the 30 day target by less than 3 days.
2. The performance in January resulted in the cumulative compliance for the year reducing from 94.3% to 93.8% . Given the current position, it is unlikely that even if performance is above 95% for February and March at that the cumulative figure will reach the 95% target by the end of the financial year.

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%				97%			96%			96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%				91%			93%			93%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%				82%										
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-20	68.7%	75%			67.1%				68.1%							49.3%	62.0%	66.2%	68.7%
	% uptake of influenza among under 65s in risk groups	National	Jan-20	42.8%	55%			39.7%				43.0%							14.7%	32.0%	39.2%	42.8%
	% 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	Jan-20	48.2%				41.5%				47.7%							0.8%	24.0%	42.1%	48.2%
	% uptake of influenza among healthcare workers	National	Jan-20	58.7%	60%			56%				54.5%							42.0%	55.0%	56.0%	58.7%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Dec-19	2.0%	5% annual target	3.8%	✖	1.8%		2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	2.0%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q2 19/20	55.3%	40% annual target	40.0%	✔	42.8%				56%			56%			55%				
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			*28.2%*		*2018/19= 29.3%*												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 19/20	425.9	4 quarter ↓			449.4							441.9			425.9				

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
DTOCs	Number of mental health HB DToCs	National	Jan-20	22	12 month ↓	27	✔	74		29	26	21	18	23	27	20	18	19	22	22	22	23
	Number of non-mental health HB DToCs	National	Dec-19	53	12 month ↓	60	✔	380		104	87	112	49	67	70	61	69	69	76	61	53	52
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Dec-19	99%	95%	95%	✔	73%		81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	98.5%	
	Stage 2 mortality reviews required	Local	Dec-19	14						7	10	22	18	13	13	13	9	9	17	9	14	
	% stage 2 mortality reviews completed	Local	Nov-19	78%		100%				28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%	78.0%		
	Crude hospital mortality rate (74 years of age or less)	National	Dec-19	0.79%	12 month ↓			0.73%		0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jan-20	97.7%		98%	✖			97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Jan-20	86%	85%			75.6%		83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	86%
Coding	% of episodes clinically coded within 1 month of discharge	National	Dec-19	95%	95%	95%	✔	90.9%		93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	95%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Dec-19	65%		100%	✖			62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q1 19/20	98.5%	100%	100%	✖	98%				96.4%			98.5%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 19/20	84	10% annual ↑	77	✔					97			27			57			84	
	Number of Health and Care Research Wales commercially sponsored studies		Q3 19/20	31	5% annual ↑	28	✔					37			5			26			31	
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 19/20	1,109	10% annual ↑	1,561	✖					2,276			491			618			1,109	
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 19/20	179	5% annual ↑	104	✔					136			86			93			179	

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19	SBU Nov-19	SBU Dec-19	SBU Jan-20
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4,575				4,447			4,451							
	Patients aged 65 years or over prescribed an antipsychotic		Q1 19/20	1,433	qtr on qtr ↓			9810							1,433							
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			306.0				327.5			294.0			279.1				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			12.0				16.0			13.9			13.3				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Nov-19	92%		*95%*	✗			*90.3%*		*92.4%*		*87.0%*		*91.0%*		*87.0%*		*92.0%*		
	% stop or review date documented on medication chart		Nov-19	51%		*95%*	✗			*56.0%*		*55.2%*		*52.0%*		*54.0%*		*63.0%*		*51.0%*		
	% of antibiotics prescribed on stickers		Nov-19	86%		*95%*	✗			*47.1%*		*75.0%*		*61.0%*		*81.0%*		*81.0%*		*86.0%*		
	% appropriate antibiotic prescriptions choice		Nov-19	99%		*95%*	✓			*96.2%*		*95.9%*		*98.0%*		*97.0%*		*96.0%*		*99.0%*		
	% of patients receiving antibiotics for >7 days		Nov-19	10%		*<20%*	✓			*12.8%*		*6.9%*		*8.0%*		*11.0%*		*15.0%*		*10.0%*		
	% of patients receiving surgical prophylaxis for > 24 hours		Nov-19	50%		*<20%*	✗			*46.2%*		*39.1%*		*6.0%*		*18.0%*		*40.0%*		*50.0%*		
	% of patients receiving IV antibiotics > 72 hours		Nov-19	48%		*<30%*	✗			*47.3%*		*30.8%*		*35.0%*		*46.0%*		*41.0%*		*48.0%*		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jan-20	80.8	<67			85.13		96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8
	Number of E.Coli bacteraemia cases (Hospital)		*Jan-20*	*15*		*11*	✗			*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*	*5*	*12*	*15*
	Number of E.Coli bacteraemia cases (Community)			*18*		*29*	✓			*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*	*10*	*20*	*18*
	Total number of E.Coli bacteraemia cases			*33*		40	✓			28	31	43	27	22	29	35	22	23	25	15	32	33
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jan-20	35.6	<20			25.99		35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6
	Number of S.aureus bacteraemias cases (Hospital)		*Jan-20*	*6*		*5*	✗			*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*	*8*	*7*	*6*
	Number of S.aureus bacteraemias cases (Community)			*7*		*5*	✗			*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*	*3*	*4*	*7*
	Total number of S.aureus bacteraemias cases			*13*		10	✗			18	16	11	14	11	11	17	7	8	13	11	11	13
	Cumulative cases of C.difficile per 100k pop		Jan-20	35.3	<26			26.22		36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3
	Number of C.difficile cases (Hospital)		*Jan-20*	*6*		*9*	✓			*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*	*13*	*7*	*6*
	Number of C.difficile cases (Community)			*5*		*4*	✗			*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*	*4*	*4*	*5*
	Total number of C.difficile cases			*11*		13	✓			7	7	8	3	11	10	13	10	10	19	17	11	11
	Cumulative cases of Klebsiella per 100k pop		Jan-20	22.1				21.75				28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1
	Number of Klebsiella cases (Hospital)		*Jan-20*	*7*		5	✗			10	15	4	2	4	7	1	8	7	4	4	4	7
	Number of Klebsiella cases (Community)			*1*		5	✓			6	5	4	3	1	4	4	3	2	0	4	2	1
	Total number of Klebsiella cases			*8*		10	✓			16	20	8	5	5	11	5	11	9	4	8	6	8
	Cumulative cases of Aeruginosa per 100k pop		Jan-20	8.0				6.35				5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0
	Number of Aeruginosa cases (Hospital)		*Jan-20*	*2*		2	✓			0	0	0	3	1	2	1	2	2	1	1	1	2
	Number of Aeruginosa cases (Community)			*1*		2	✓			0	2	0	0	2	4	0	2	0	0	0	1	1
	Total number of Aeruginosa cases			*3*		4	✓			0	2	0	3	3	6	1	4	2	1	1	2	3
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jan-20	97%		95%	✓			96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 19/20	1	0			1				1			0			1			1	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jan-20	28%	90%	80%	✗	49.6%		80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%
	Number of new Never Events	National	Jan-20	1	0	0	✗	1		0	0	1	0	1	1	1	1	0	1	0	1	1
	Number of risks with a score greater than 20	Local	Jan-20	91		12 month ↓	✗			53	54	51	72	66	75	81	88	103	104	105	109	91
	Number of risks with a score greater than 16	Local	Jan-20	171		12 month ↓				new local measure for 2019/2			167	151	162	164	175	197	204	200	202	171
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jan-20	5		Monitor				6	17	15	3	9	8	2	6	5	19	6	4	5
	Number of Safeguarding Children Incidents	Local	Jan-20	13		Monitor				13	7	7	6	10	6	7	6	3	5	13	8	13
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Dec-19	24		12 month ↓	✓			50	45	64	29	16	13	18	14	9	20	22	24	
	Number of pressure ulcers developed in the community		Dec-19	24		12 month ↓	✓			77	62	47	34	33	23	33	37	25	29	31	24	
	Total number of pressure ulcers		Dec-19	48		12 month ↓	✓			*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*	*49*	*53*	*48*	
	Number of grade 3+ pressure ulcers acquired in hospital		Dec-19	2		12 month ↓	✓			4	10	7	1	2	1	2	0	1	2	2	2	
	Number of grade 3+ pressure ulcers acquired in community		Dec-19	3		12 month ↓	✓			16	11	10	10	6	6	7	8	8	2	8	3	
	Total number of grade 3+ pressure ulcers		Dec-19	5		12 month ↓	✓			20	21	17	11	8	7	9	8	9	4	10	5	
Inpatient Falls	Number of Inpatient Falls	Local	Jan-20	249		12 month ↓	✓			341	276	326	210	226	189	186	227	241	255	240	297	249
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		2016= 143.9 2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		1			2			0						

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
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	Jan-20	142		12 month ↓ trend	✖			138	96	114	93	95	118	138	114	110	159	137	87	142
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Nov-19	76%	75%	80%	✖	69.8%		84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%		
	% of acknowledgements sent within 2 working days	Local	Jan-20	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	Nov-19	3,308	> 5% annual ↓			15,399			3,373	3,350	3,320			3,288	3,174			3,308		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q2 19/20	188.0	4 quarter ↑			174.4				146.8			198.0			188.0				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q2 19/20	8.0	4 quarter ↑			7.3				6.2			4.0			8.0				
	Rate of calls to the DAN helpline per 100k pop.	National	Q2 19/20	39.3	4 quarter ↑			37.2				39.3			41.3			39.3				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Dec-19	91%	90%	90%	✔	87.1%		91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	91%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Dec-19	100%	100%	100%	✔	96.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Jan-20	3,187		12 month ↑	✖			4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187
	% of who would recommend and highly recommend	Local	Jan-20	95%		90%	✔			95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jan-20	86%		90%	✖			90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%

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**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-19	7.3%	12 month ↓					6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-19	8.0%	12 month ↓					7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jan-20	63.0%		90%	✖			80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%
	% of theatre sessions starting late	Local	Jan-20	44.1%		<25%	✖			46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%
	% of theatre sessions finishing early	Local	Jan-20	41.4%		<20%	✖			40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%
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%				62.6%										
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%				31.1%			32.2%			32.2%				
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jan-20	69%	85%	79%	✖	70.3%		70%	70%	69%	69%	70%	70%	71%	71%	71%	67%	66%	68%	69%
	% 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	Jan-20	81%	85%	83%	✖	78.3%		73%	74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%
	% workforce sickness and absent (12 month rolling)	National	Dec-19	6.09%	12 month ↓			5.36%		5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**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**
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Dec-19	88%	Annual ↑	95%	✖	86.2%		88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Dec-19	97%	Annual ↑	95%	✔			95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	
	% of population regularly accessing NHS primary dental care	National	Sep-19	61.5%	4 quarter ↑			55%				62.2%			61.8%			61.5%				
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	97%	90%					96%	92%	96%	98%	98%	97%	97%						
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					80%	60%	80%	83%	100%	100%	-						
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jan-20	67%	65%	65%	✖	62%		73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%
	Number of ambulance handovers over one hour	National	Jan-20	847	0	451	✖	4,682		1,164	619	928	732	647	721	594	632	778	827	821	868	847
	Handover hours lost over 15 minutes	Local	Jan-20	3,545						3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545
	% 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	Jan-20	72%	95%	78.4%	✖	72.1%		77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%
	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	Jan-20	1,038	0	612	✖	6,656		986	685	862	653	602	644	642	740	939	890	927	1,018	1,038
	% of survival within 30 days of emergency admission for a hip fracture	National	Oct-19	95.6%	12 month ↑			81.4%		74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jan-20	23.5%	56.3%	82%	✖	44.4%		35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%
	CT Scan (<1 hrs)	Local	Jan-20	43.1%		55%	✖			48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jan-20	90.2%	83.9%	96%	✖	84.5%		75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%
	Thrombolysis door to needle <= 45 mins	Local	Jan-20	0.0%	12 month ↑	35%	✖			40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%
	% patients receiving the required minutes for speech and language therapy	National	Dec-19	38.0%	12 month ↑			48.6%					57%	47%	41%	48%	48%	50%	49%	45%	38%	33%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Jan-20	81.8%	95%			84.7%		88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jan-20	1,453	0	0	✖	31,463		153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453
	Number of patients waiting > 36 weeks for treatment	National	Jan-20	5,623	0	1,247	✖	22,879		3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Dec-19	71.6%	95%			65.2%						64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jan-20	628	0	100	✖	3,883		603	558	437	401	401	295	261	344	294	223	226	569	628
	Number of patients waiting > 14 weeks for a specified therapy	National	Jan-20	0	0	0	✖	287		0	0	0	0	0	0	0	1	0	1	0	0	0
	The number of patients waiting for a follow-up outpatient appointment	National	Jan-20	131,090	15% reduction by March 2020	118,513	✖	895,734		180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-20	19,969	15% reduction by March 2020	21,618	✖	201,667		33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Jan-20	97%	98%	98%	✖	94.7%		98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	97%
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Feb-20	80%	95%	95%	✖	80.5%		85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	80%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Dec-19	70%	12 month ↑			73.6%					73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	70.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Dec-19	87%	80%	80%	✔	76.3%		73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Dec-19	95%	80%	80%	✔	80.6%		87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Dec-19	100%	100%	100%	✔	100.0%				99%			100%			100%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-19	100%	95%	95%	✔	68.2%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-19	100%		100%	✔			88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-19	36%	80%	80%	✖	41.6%		47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Dec-19	4%		80%	✖			2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Dec-19	100%		80%	✔			92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Dec-19	100%		90%	✔			91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-19	69%		80%	✖			70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	

APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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