Meeting Date	**24th October 2019**	**Agenda Item**	**3.2**
Report Title	**Quality & Safety Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Chris White, Chief Operating Officer Gareth Howells, Director of Nursing and Patient Experience Richard Evans, Executive Medical Director Keith Reid, Deputy Director of Public Health		
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 Quality and Safety 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 report includes a suite of performance report cards which provide detailed summaries of the end of August 2019/20 performance. Due to the availability of data and the lengthy process involved in co-ordinating/ completing the cycles for updating the report cards, 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. It is anticipated that the report will continue to be refined over the coming months in line with feedback received from the Quality & Safety Committee workshop on 9th October 2019. It is hoped that the new		

<table>
<tr><td></td><td colspan="4">style report will comprise of all the measures that the Quality & Safety Committee need to be sighted on and the presentation will be revised to enable triangulation of data in a more readable format.

A key issue to highlight this month is the reduction in performance for Serious Incidents closed within 60 working days:

Serious Incidents closures- In September 2019, performance against the 80% target of submitting closure forms within 60 working days was 20%. 15 investigations were due to be concluded in September 2019, however only 3 closure forms were submitted with the 60 working days. 12 of the 15 investigations in September 2019 were attributed to the Mental Health & Learning Disabilities (MH& LD) Delivery Unit. The Unit did meet the target for closure of 2 investigations however all other investigations missed the target. This is due to the high volume that the Unit is reporting as a result of changes to the Welsh Government criteria which now requires the Health Board to report on all deaths for patients who had contact with mental health services in the 12 months prior to their death (regardless of cause of death). The projection for October 2019 is looking like an improved position as there are less Mental Health due in this month. MH & LD Unit have recruited to two posts: Serious Incident Investigator and Serious Incident Investigator Support Officer which will have a positive impact on performance going forward. In addition, the Unit has been tasked with developing an improving trajectory for when the 80% will be reached and sustained.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• NOTE the current Health Board performance against key measures and targets and the actions being taken to improve performance.</td></tr>
</table>

QUALITY & SAFETY 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 and local quality & safety measures.

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 in the form or report cards as well as key quality and safety measures.

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 Quality & Safety Performance Report was presented to Quality & Safety committee in August 2019. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report

Appendix 1- Quality & Safety Performance Report

October 2019

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1. Summary

The following table provides a high level overview of the Health Board's most recent performance against key quality and safety measures.

Domain	Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Staying Healthy	Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						**95.6%**
		% of children who received 2 doses of the MMR vaccine by age 5	National	95%	93%						**92.5%**
Safe Care	Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	39	5	0	0	18	0	**23**
		Number of S.aureus bacteraemia cases	National	12 month reduction trend	11	2	1	0	5	0	**8**
		Number of C.difficile cases	National	12 month reduction trend	9	6	1	1	2	0	**10**
		Number of Klebsiella cases	National	12 month reduction trend	11	4	1	2	2	0	**9**
		Number of Aeruginosa cases	National	12 month reduction trend	2	0	0	2	0	0	**2**
		Compliance with hand hygine audits	Local	95%		96.5%	100.0%	95.8%	100.0%	96.8%	**96.5%**
	Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		5	0	2	1	7	**19**
		Number of Never Events	National	0		0	0	0	0	0	**0**
	Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		4	4	6	37	0	**51**
		Total number of Grade 3 + Pressure Ulcers	Local	12 month reduction trend		0	0	0	8	0	**8**
		Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend							**165**
	Falls	Total number of Inpatient Falls	Local	12 month reduction rend		93	22	52	9	65	**241**
Effective Care	Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					19	**19**
		Delayed transfers of care- non-mental health	National	12 month reduction trend	55	23	20	9	9	8	**69**
	Mortality	Universal Mortality Reviews completed within 28 days	National	100%		100%	100%	100%			**100%**
		Stage 2 mortality reviews completed within 60 days	Local	100%		27%	-	100%			**38%**
		Crude Mortality	National	12 month reduction trend		1.26%	0.11%	0.45%			**0.76%**
	Faractured Neck of Femur (NOF)	**Prompt orthogeriatric assessment-** % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	TBC		73.4%					**73.4%**
		Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	National	TBC		57.8%					**57.8%**
		NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	National	TBC		68.9%					**68.9%**
		Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	National	TBC		68.6%					**68.6%**
		Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	National	TBC		31.4%					**31.4%**
		Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	National	TBC		73.5%					**73.5%**
		30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	National	TBC		7.9%					**7.9%**
		% of survival within 30 days of emergency admission for a hip fracture	National	12 month improvement trend		86.0%					**86.0%**
Dignified Care	Complaints	Number of new complaints received	Local	12 month reduction rend		45	6	29	12	11	**110**
		% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	95%	67%	69%	53%	88%	**81%**
Individual Care	Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,566	454	1,267	154	18	**2,441**
		% of patients who would recommend and highly recommend	Local	90%		93%	98%	95%	94%	61%	**95%**
		% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		86%	71%	87%	100%	-	**85%**
	Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	National	90%						91%	**91%**
		Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	National	100%						100%	**100%**

	Target Met
	Target not met but performance within profile
	Performance outside of profile

Domain	Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Timely Care	Unscheduled Care	Number of ambulance handovers over one hour	National	0	200	746		32			778
		% 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	95%	86%	60.5%	94.6%	MIU closed			71.4%
		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	0	238	941	0	MIU closed			941
	Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	55.5% (UK SNAP average)	80%	29%					29%
		% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	58%	42%					42%
		% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.1% (UK SNAP average)	94%	95%					95%
		% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	30%	0%					0%
		% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		50%					50%
Timely Care	Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		431	0	608	0		1,039
		Number of patients waiting > 36 weeks for treatment	National	0	2,106	2,893	0	672	0		3,565
		Number of patients waiting > 8 weeks for a specified diagnostics	National	0	250	294		0			294
		Number of patients waiting > 14 weeks for a specified therapy	National	0			0		0	0	0
	Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 15% by Mar-20	TBC						132,054
		Number of patients delayed by over 100% past their target date	National	Reduce by at least 15% by Mar-20	TBC						23,537
		Number of patients dealyed past there agreed target date (booked and not booked)	National	Reduce by at least 15% by March 2020	TBC						48,692
		Number of Ophthalmology patients without an allocated health risk factor	National	98% by Dec-19	TBC						737
		Number of patients without a documented clinical review date	National	95% by Dec-19	TBC						194
	Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	National	98%	98%	71%		97%			92%
		% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	National	95%	94%	87%	67%	76%			83%
	Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						98%	79%
		% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	80%						93%	92%
		% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	100%						100%	100%
		% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	80%						100%	100%
	CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						98%	98%
		% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						39%	39%
		% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						12%	12%
		% of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	80%						89%	89%
		% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	Local	90%						99%	99%
		% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	Local	80%						64%	64%

	Target Met
	Target not met but performance within profile
	Performance outside of profile

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

2.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU								SBU		
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	96%		96.8%			97.5%			96.6%			95.2%		
	Swansea				94.8%			94.5%			96.1%			95.8%		
	HB Total				**95.7%**			**95.9%**			**96.5%**			**95.6%**		
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	93%		90.3%			92.3%			92.2%			94.4%		
	Swansea				88.5%			89.0%			89.6%			91.3%		
	HB Total				**90.0%**			**91.1%**			**91.1%**			**92.5%**		

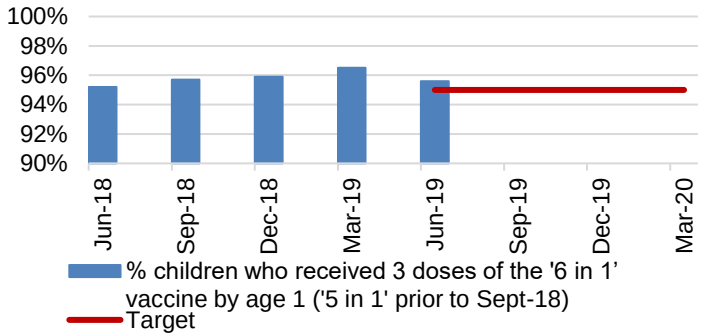
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

2.2 Staying Healthy Report Cards

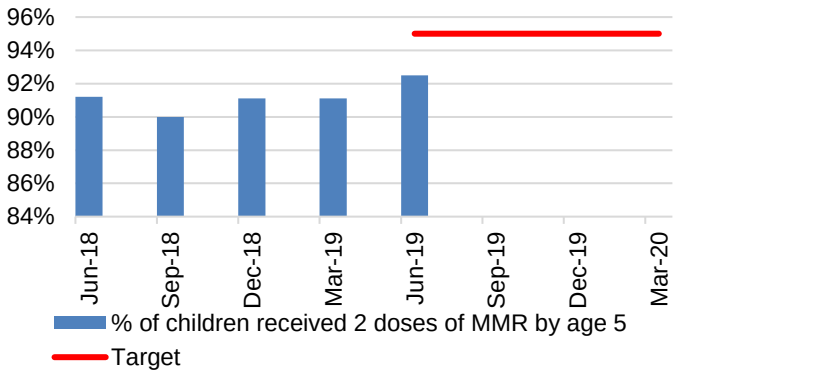
CHILDHOOD IMMUNISATIONS			
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing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

	Annual Plan Profile	WG Target	**Period:** June 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

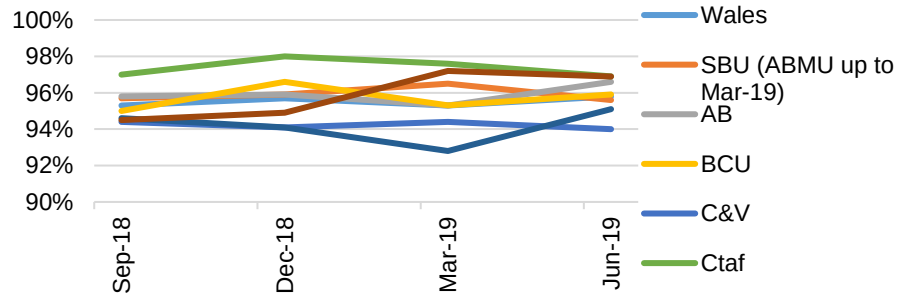


(2) % of children who received 2 doses of the MMR vaccine by age 5

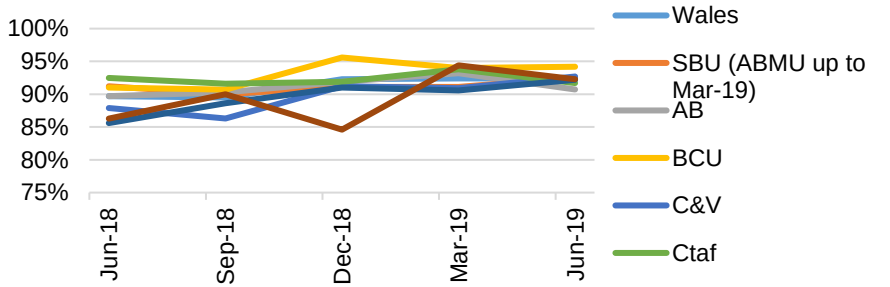


Benchmarking

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



(2) Benchmark – MMR Vaccine by Age 5



Source: Public Health Wales COVER Report June 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- Health Board continues to achieve WG target of > 95% of resident children who have received all required immunisations by age 1 year. All Local Authority (LA) areas achieved over 96%. Rotavirus vaccine in Swansea LA area remains outside target with 94.3% coverage for quarter 4. (NPT: 95%, Bridgend: 96.8%). Swansea overall has least coverage for 6:1, MenB2 and PCV2. • Measure 2 – during this reporting quarter there has been a 1% increase in the percentage of resident children who have received 2 doses of the MMR vaccine by age 5, with the COVER report indicating overall uptake rates of 92.5%.
What actions are we taking?
• Waiting lists and cancelled clinics continue to be monitored closely by the primary care team. • The Strategic Immunisation Group received an SBAR from the Child Health Department in relation to recommendations made following the internal audit in respect of additional resource to perform routine data cleansing to ensure data held on the Child Health Information System is the same as that on GP records. This will improve confidence in the COVER data, whilst enabling health care professionals to target areas with low uptake rates. The SBAR to be progressed by the Interim Unit Nurse Director for Primary and Community Services. • The School Health Service is rolling out the expanded HPV vaccine offer over the next academic year • Health professionals (GP's/HV/SN/PN) are advised to check the immunisation status at every contact. • Monthly runs of children without consent on the CYPrIS system are being reviewed by HV service and removed if no longer resident in area. This should ensure a more robust reporting denominator for COVER reports.
What are the main areas of risk?
• During this reporting quarter despite a small increase 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 yrs in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea is currently 91.3%, well below the 95% target. • Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit register as an action to be undertaken. Has been raised at Quality and Safety Forum that action to reduce health inequalities in immunisation uptake remains hampered by the Child Health Information System not being able to cleanse data regularly.
How do we compare with our peers?
• 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 3th in comparison to the other Welsh Health Boards for MMR x2 slightly above the Welsh average of 92.4% during this reporting quarter

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

3.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	30		34	24	30	23	17	16	22	17	15	22	21	13	18
	PCCS Hospital		0		1	1	0	0	0	0	1	0	0	1	0	1	0
	MH&LD		0		1	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		5	8	11	7	3	5	6	7	3	6	12	4	5
	NPTH		1		0	0	2	0	0	2	2	1	0	0	0	1	0
	Singleton		4		5	4	5	6	5	5	8	2	4	0	2	3	0
	Total		**39**		**49**	**41**	**53**	**38**	**28**	**31**	**43**	**27**	**22**	**29**	**35**	**22**	**23**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		3	6	10	6	9	7	7	3	3	5	9	3	5
	PCCS Hospital		1		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		3	3	3	3	2	3	2	7	7	2	6	2	2
	NPTH		0		0	0	0	0	0	0	0	1	0	1	1	0	1
	Singleton		2		2	2	1	0	6	2	2	3	1	3	1	2	0
	Total		**11**		**10**	**12**	**17**	**11**	**18**	**16**	**11**	**14**	**11**	**11**	**17**	**7**	**8**
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		4	4	1	10	4	3	5	1	3	4	4	5	2
	PCCS Hospital		0		0	0	0	0	0	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		5		2	5	2	3	1	4	1	1	3	5	4	3	6
	NPTH		0		0	0	1	0	0	0	0	0	0	0	1	1	1
	Singleton		1		1	4	2	1	2	0	0	1	5	1	4	1	1
	Total		**9**		**9**	**19**	**10**	**16**	**7**	**7**	**8**	**3**	**11**	**10**	**13**	**10**	**10**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		6	9	9	1	6	5	4	3	1	4	4	3	2
	PCCS Hospital		0		0	0	0	0	0	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0
	Morriston		5		5	6	4	7	5	7	1	1	3	3	1	4	4
	NPTH		0		0	0	0	0	0	0	0	0	0	3	0	0	1
	Singleton		1		1	4	0	1	3	6	2	1	1	1	0	3	2
	Total		**11**		**12**	**20**	**14**	**12**	**16**	**20**	**8**	**5**	**5**	**11**	**5**	**10**	**9**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		3	0	2	3	0	2	0	0	2	4	0	2	0
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		0		0	1	2	2	0	0	0	3	1	1	1	1	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		0		0	1	1	0	0	0	0	0	0	1	0	1	2
	Total		**2**		**3**	**2**	**6**	**5**	**0**	**2**	**0**	**3**	**3**	**6**	**1**	**4**	**2**
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	96.8%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				98.2%	97.4%	97.6%	97.8%	97.9%	98.1%	96.2%	97.0%	97.5%	97.8%	97.7%	97.1%	96.8%
	Morriston				97.7%	97.0%	97.8%	98.7%	95.3%	95.0%	94.7%	94.2%	97.5%	96.1%	98.2%	95.8%	96.5%
	NPTH				99.6%	98.0%	100.0%	99.5%	100.0%	96.0%	88.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%
	Singleton				96.9%	95.1%	96.3%	95.3%	91.7%	95.3%	94.8%	97.3%	96.7%	95.7%	94.8%	94.9%	95.8%
	Total				**97.5%**	**96.7%**	**97.4%**	**98.2%**	**95.7%**	**96.2%**	**94.5%**	**96.5%**	**98.1%**	**97.1%**	**97.2%**	**96.0%**	**96.5%**

Measure	Locality	National/ Local Target	Internal profile		ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			9	12	6	9	8	1	0	0	0	0	0	2	1
	MH&LD				2	9	2	0	2	39	17	2	3	13	6	11	7
	Morriston				2	2	6	3	2	2	9	7	7	2	4	3	5
	NPTH				1	1	1	1	1	0	2	1	1	0	2	1	0
	Singleton				1	6	10	3	4	2	6	5	2	2	3	6	2
	Total				**13**	**36**	**29**	**18**	**21**	**49**	**36**	**18**	**13**	**18**	**16**	**23**	**19**
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	1	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston				0	0	0	0	0	0	1	0	1	1	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	1	0
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**1**	**1**	**1**	**0**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			71	60	63	58	77	62	47	34	33	23	33	37	
	PCCS Hospital				0	0	0	1	0	0	0	0	0	1	0	0	
	MH&LD				2	0	0	0	0	1	0	0	0	0	0	0	
	Morriston				11	6	7	6	8	10	19	14	9	4	8	4	
	NPTH				0	1	0	2	0	2	0	0	0	1	0	4	
	Singleton				10	17	15	5	9	12	12	15	7	7	10	6	
	Total				**123**	**107**	**103**	**98**	**127**	**107**	**111**	**63**	**49**	**36**	**51**	**51**	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			8	9	12	13	16	11	10	10	6	6	7	8	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	1	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston				1	1	0	1	1	2	1	1	0	0	1	0	
	NPTH				0	1	0	1	0	0	0	0	0	0	0	0	
	Singleton				0	3	3	1	0	3	2	0	2	0	1	0	
	Total				**9**	**15**	**15**	**16**	**20**	**21**	**17**	**11**	**8**	**7**	**9**	**8**	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			602	500	434	469	552	554	720	327	177	288	199	165	
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction rend			10	7	14	7	13	5	5	13	8	7	5	7	9
	MH&LD				45	49	48	50	49	35	46	27	48	41	34	57	65
	Morriston				115	73	79	91	117	94	107	106	85	82	85	85	93
	NPTH				33	33	29	28	28	28	36	28	32	18	26	32	22
	Singleton				52	74	51	50	58	62	51	36	53	42	36	46	52
	Total				**328**	**293**	**291**	**300**	**339**	**275**	**324**	**210**	**226**	**190**	**186**	**227**	**241**

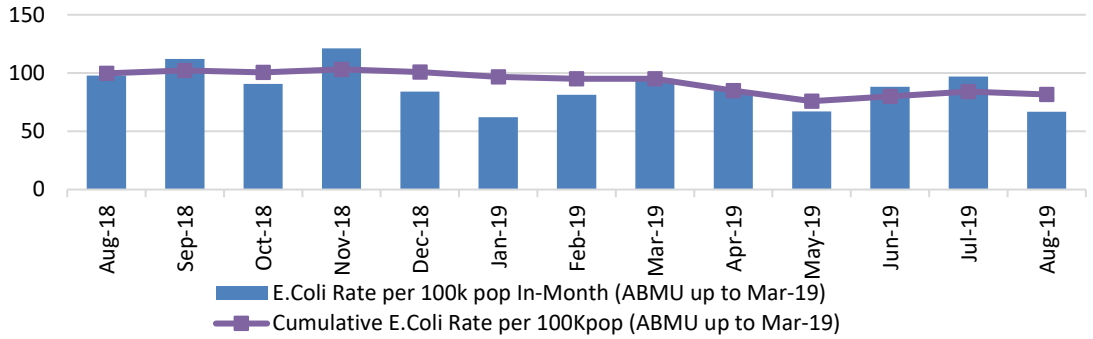
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

3.2 Safe Care Report Cards

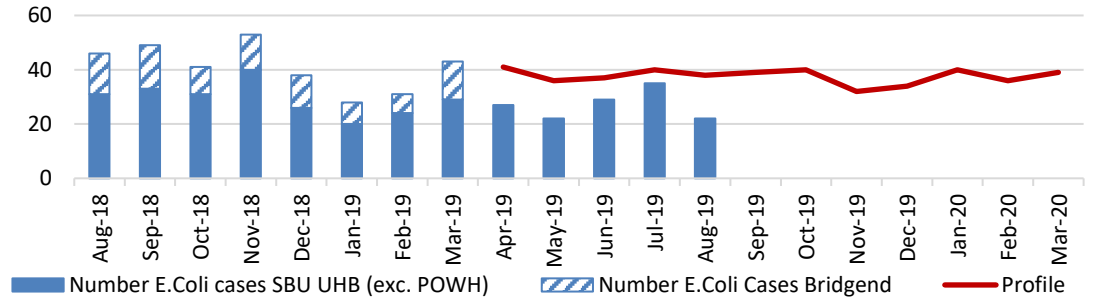
E. COLI Bacteraemia			
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better 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:** August 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	38	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	108	✗	

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



(2) Number of E.coli bacteraemia cases



Benchmarking

(3) Number of cumulative cases of E.coli bacteraemia against March 2020 reduction

LHB	Cumulative Cases (Apr - Aug 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	1117	876	+241
SBU	133	108	+25
AB	209	165	+44
BCU	250	194	+56
C&V	164	138	+26
CTM	182	124	+58
Hdda	174	107	+67

expectation

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (August 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 August (22 cases) was 16 cases below the projected IMTP monthly profile; 1 case above the Welsh Government monthly expectation. Of these cases, 40% were hospital acquired; 60% were community acquired.
- The cumulative number of cases (Apr-Aug 2019/20) was 135, which was approximately 15% less than the cumulative number of cases for the same period in 2018/19. Of these cumulative cases for 2019/20, 65% were community acquired.

What actions are we taking?

- Pilot of changes to Datix coding in relation to bacteraemia; the tier 3 codes have been amended to facilitate improved reporting. This will recommence by 30.09.2019.
- The pilot of the bedside review of cases requires refinement and will be relaunched in October 2019.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.

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%.

How do we compare with our peers?

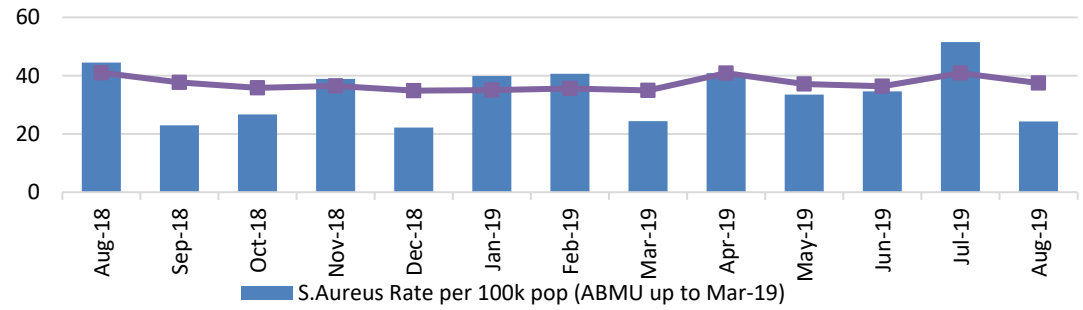
- The incidence of *E. coli* bacteraemia per 100,000 population for August 2019 was 66.71; this was the lowest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 82.32/100,000 population, the second lowest incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

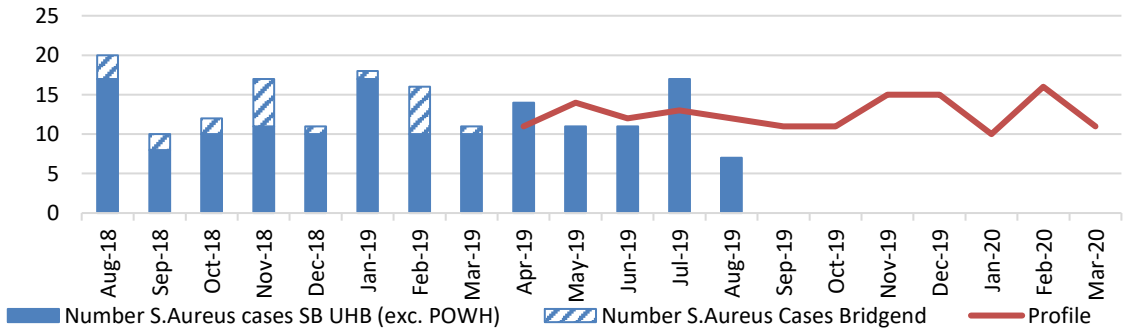
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

	Annual Plan Profile	WG Target	**Period:** August 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	12	N/A	✓	↓ ●
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	32	✗	

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



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



Benchmarking

(3) Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation

LHB	Cumulative Cases (Apr - Aug 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	341	261	+80
SBU	61	32	+29
AB	51	49	+2
BCU	81	58	+23
C&V	47	41	+6
CTM	53	37	+16
Hdda	48	32	+16

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (August 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 7 cases of *Staph. aureus* bacteraemia in August 2019; 5 cases below the projected monthly IMTP profile; not exceeding the Welsh Government monthly expectation of no more than 7 cases. None of these cases was an MRSA bacteraemia.
- The cumulative number of cases (Apr-Aug 2019/20) was 60 (2 cases below the IMTP profile, but 27 cases above the Welsh Government infection reduction expectation).
- The cumulative number of cases for April to August 2019 was approximately 3% fewer than the cumulative number of cases for the same period in 2018/19. Of the 60 bacteraemia cases, 9 have been MRSA bacteraemia: 7 of these were hospital acquired cases; 6 in Morriston and 1 in Singleton.
- Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 38% were community acquired; 72% were hospital acquired.

What actions are we taking?

- Pilot of changes to Datix coding in relation to bacteraemia; the tier 3 codes have been amended to facilitate improved reporting. This will recommence by 30.09.2019.
- The pilot of the bedside review of cases requires refinement and will be relaunched in October 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.
- The IPC Quality Improvement Matron will liaise with Renal, Oncology and Haematology units to support them in refreshing their quality improvement programmes relating to *Staph. aureus* bacteraemia in October 2019.
- Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.

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.

How do we compare with our peers?

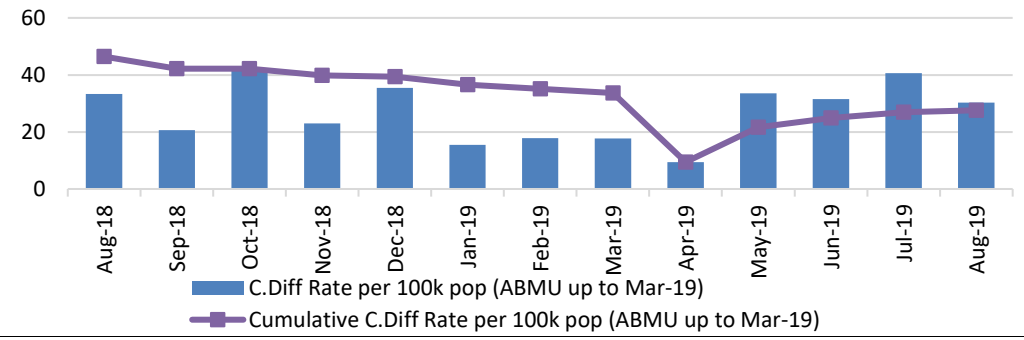
- The incidence of *Staph.aureus* bacteraemia within the Health Board in August 2019 was 24.26/100,000 population, the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Staph.aureus* bacteraemia within the Health Board for the year 2019/20 was 36.25/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

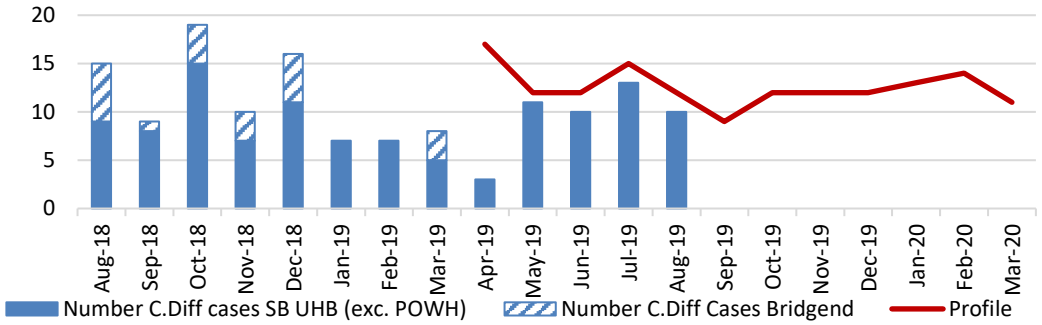
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** August 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	40	✗	

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



(2) Number of C.*difficile cases*



Benchmarking

(3) Number of cumulative cases of C.*difficile* against March 2020 reduction expectation

LHB	Cumulative Cases (Apr - Aug 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	342	326	+16
SBU	45	40	+5
AB	60	61	-1
BCU	75	64	+11
C&V	38	39	-1
CTM	54	38	+16
Hdda	61	40	+21

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

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

How are we doing?

- There were 10 *Clostridium difficile* toxin positive cases in August; this was two cases below the IMTP monthly profile, but one case more than the Welsh Government monthly infection reduction expectation.
- The cumulative position from April - August 19/20 was 47 cases. This was 21 below the IMTP projected cumulative profile, and the cumulative number of cases for the year was approximately 42% fewer cases compared with the same period in 2018/19.
- Both Morriston Hospital and Singleton Hospital Delivery Units have had increased incidence of *C. difficile*, for which they have held Hospital incident Group meetings and agreed improvement actions.

What actions are we taking?

- Pilot of changes to Datix coding in relation to bacteraemia; the tier 3 codes have been amended to facilitate improved reporting. This will recommence by 30.09.2019.
- The pilot of the bedside review of cases requires refinement and will be relaunched in October 2019.
- Implementation of ARK (Antibiotic Review Kit) continues – results to date: review of antibiotic prescriptions within 72 hours has improved from the baseline of 73% to 100% from week 4 of the pilot. ARK now being utilised on all wards in Morriston.
- Executive support for cleaning technologies proposals – first stage provision of Ultraviolet-C technology in Neath Port Talbot and Singleton Hospitals by Support Services – by 30/09/19
- Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- Contributory factors: secondary care antibiotic prescribing; lack of decant facilities which restricts ability to undertake deep-cleaning of clinical areas; impact of high numbers of outliers on good antimicrobial stewardship; use of additional beds in already full bays as part of the pre-emptive bed protocols.
- *C. difficile* spores may be found in 49% rooms of patients with *C. difficile* infection; 29% rooms of asymptomatic carriers.
- The current ratio of *C. difficile* carriers to *C. difficile* infection cases is approximately 4:1. In all cases where there are patients who are either carriers of, or infected with*, C. difficile.* It is critical that the care environment is thoroughly deep cleaned using the '4D' cleaning/decontamination process if the safety of the care environment is not to be compromised. To facilitate this, decant facilities and appropriately funded cleaning hours are priorities.

How do we compare with our peers?

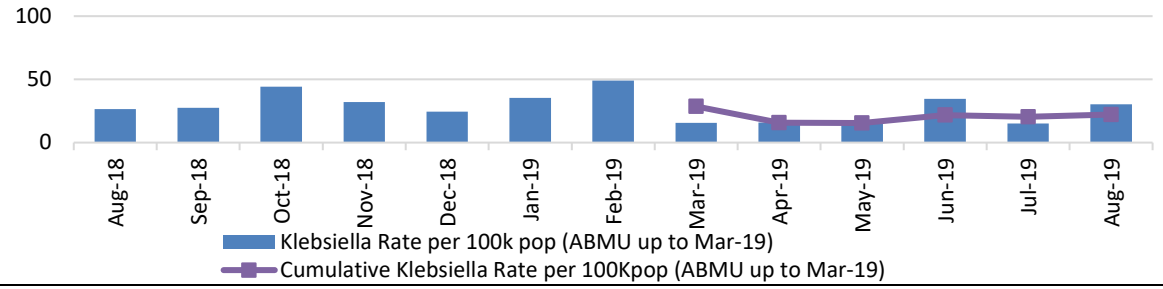
- The Health Board incidence per 100,000 population for August 2019 was 30.32/100,000 population.
  The Health Board cumulative incidence has reduced to 28.88; however, there has to be continued and significant improvement if Health Board performance is to be comparable with peers.

Klebsiella spp. *Bacteraemia*

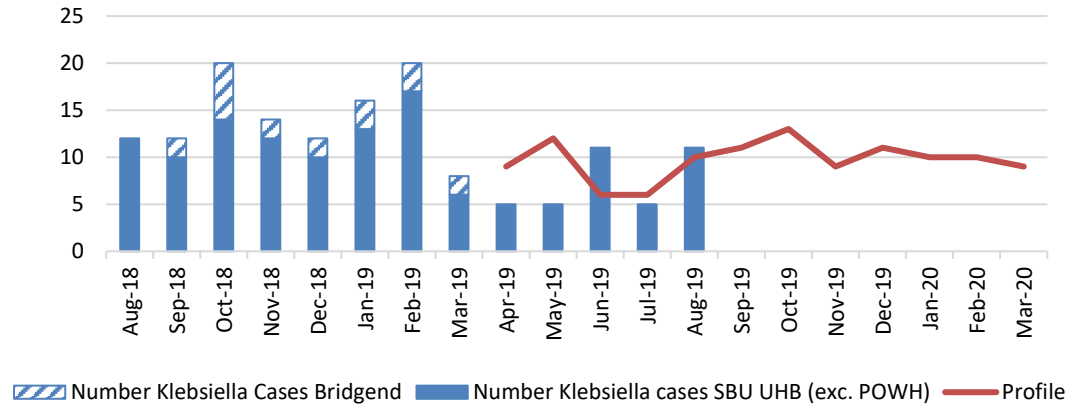
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** August 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	10	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation	N/A	37	✓	

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



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

(3) Number of cumulative cases of Klebsiella against March 2020 reduction expectation

LHB	Cumulative Cases (Apr - Aug 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	273	224	+49
SBU	36	37	-1
AB	60	39	+21
BCU	60	44	+16
C&V	39	33	+6
CTM	43	28	+15
Hdda	32	28	+4

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (August 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 August 2019, there were 11 cases of Klebsiella spp. bacteraemia in Swansea Bay University Health Board; this was one case more than the IMTP profile for the month and 3 cases above the Welsh Government infection reduction expectation.
- The cumulative number of Klebsiella spp. bacteraemia cases, April 2019 to August 2019, was 37 cases; this was approximately 20% below the number of cases for the equivalent period in 2018/19. The cumulative cases to August were 6 cases lower than the IMTP cumulative profile and 1 case lower than the Welsh Government expectation.
- Of the 37 cases to 31 August 2019, 59% were hospital acquired; 41% were community acquired. Of the hospital acquired cases, 59% were associated with Morriston Hospital Delivery Unit; 14% with Neath Port Talbot Delivery Unit, and 27% with Singleton Delivery Unit.
- 37% of all cumulative cases are urinary related; 11% were urinary catheter related.

What actions are we taking?

- Pilot of changes to Datix coding in relation to bacteraemia; the tier 3 codes have been amended to facilitate improved reporting. This will recommence by 30.09.2019.
- The pilot of the bedside review of cases requires refinement and will be relaunched in October 2019.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.

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?

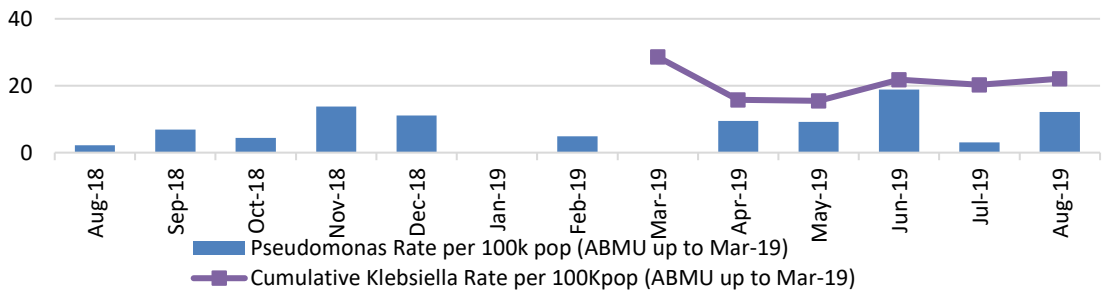
- The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for August 2019 was 30.32; this was the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 22.12/100,000 population, which is equivalent to the average incidence across the NHS in Wales.

Pseudomonas Aeruginosa *Bacteraemia*

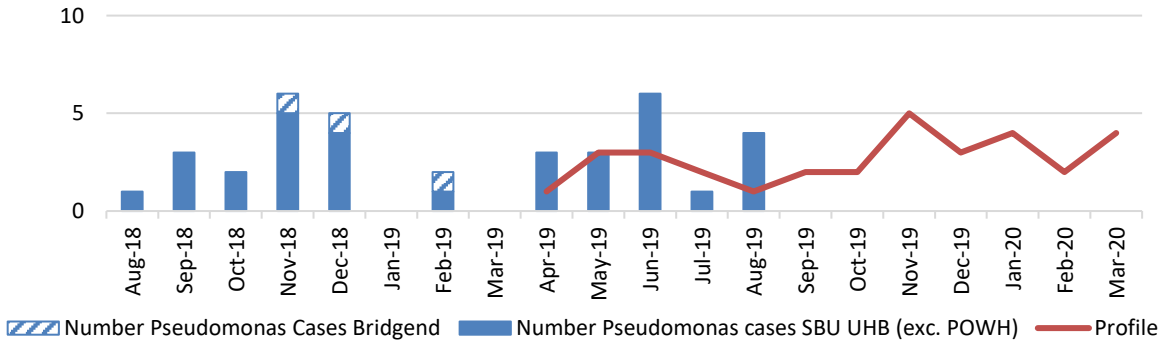
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	Annual Plan Profile	WG Target	**Period:** August 2019 Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative rate of P.aeruginosa bacteraemia cases per 100,000 of the population	1	N/A		
Measure 2: Number of P.aeruginosa bacteraemia cases	4	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of P.aeruginosa against March 2020 reduction expectation	N/A	9	✗	

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



(2) Number of Psuedomonas aeruginosa bacteraemia cases



Benchmarking

(3) Number of cumulative cases of P.aeruginosa against March 2020 reduction expectation

LHB	Cumulative Cases (Apr - Aug 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	77	69	+8
SBU	17	9	+8
AB	12	11	+1
BCU	13	11	+2
C&V	13	13	0
CTM	7	10	-3
Hdda	14	10	+4

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (August 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?

(1) In August 2019, there were 4 cases of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board.
(2) The cumulative number of bacteraemia cases, April 2018 to August 2019, was 17 cases. This was approximately 70% higher than the number of cases in the equivalent period in 2018/19.
(3) Of the 17 cases, 53% were hospital acquired; 47% were community acquired.
(4) Of the 9 hospital acquired cases, there have been 7 associated with Morriston Delivery Unit and 2 with Singleton Delivery Unit; these were associated with 9 different wards and had the following sources: 4 respiratory sources, 3 wound sources, 1 urinary source, and 1 neutropenic sepsis.

What actions are we taking?

(5) Pilot of changes to Datix coding in relation to bacteraemia; the tier 3 codes have been amended to facilitate improved reporting. This will recommence by 30.09.2019.
(6) The pilot of the bedside review of cases requires refinement and will be relaunched in October 2019.
(7) Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
(8) Matron Development Event planned for 14th October 2019, with a focus on Infection Prevention Quality Improvement at ward level.
(9) Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
(10)

What are the main areas of risk?

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

How do we compare with our peers?

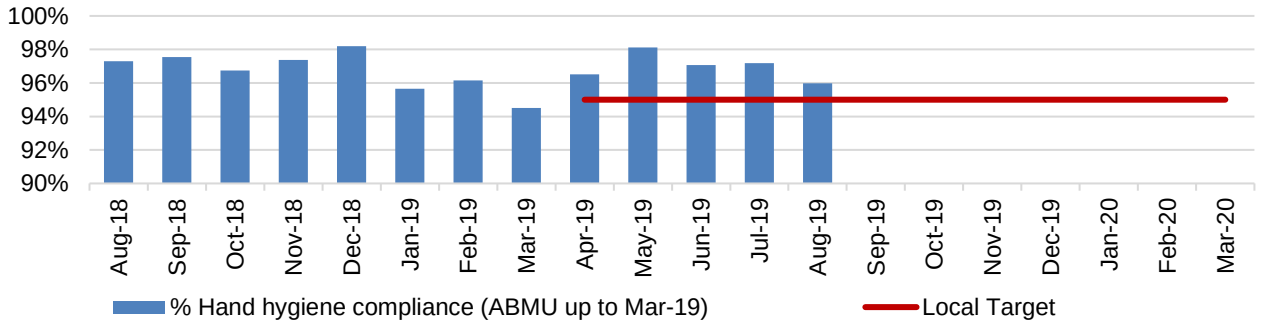
- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for August 2019 was 12.13; this was the highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 10.44/100,000 population, the highest incidence for the major acute Health Boards in Wales.

HAND HYGIENE

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

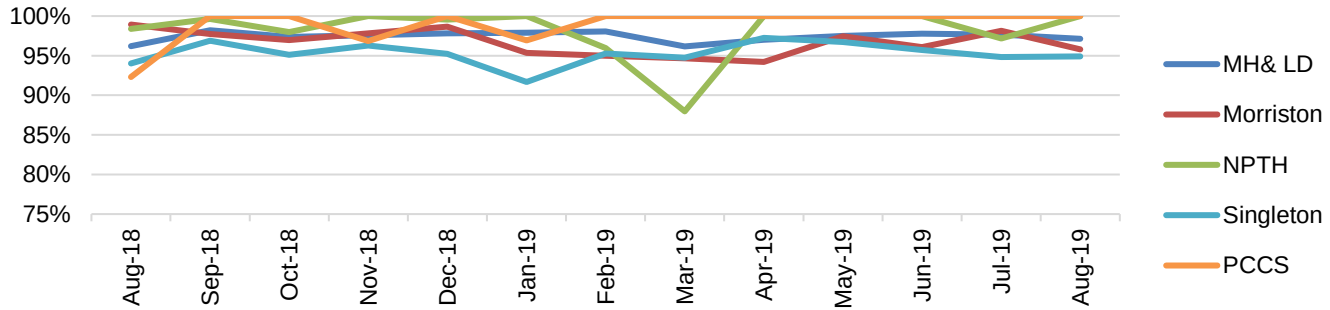
	Local Target	WG Target	**Period:** August 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % compliance with Hand Hygiene Audits	95%	N/A	✓	↓

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (August 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 August 2019 was 96%.
- For August 2019, 62 wards/units (61%) reported compliance ≥95%.
- 11 wards/departments (11%) reported compliance between 90% and 94%; 9 wards/units (9%) reported compliance of 89% or below.
- 19 wards/departments had not uploaded the results of their audits undertaken in August 2019 at the time of updating this report.
- Four of the five Service Delivery Units (SDU) reported compliance ≥95% in August 2019 (Singleton compliance was very close at 94.72%).
- 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?

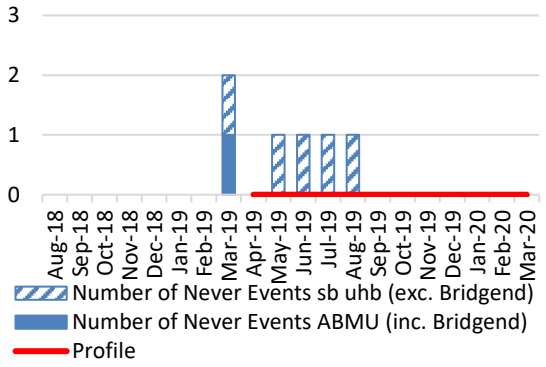
- The Hand Hygiene score has been removed from the all-Wales dashboard because of the inherent difficulty in using one score to represent a whole Health Board.

SERIOUS INCIDENTS

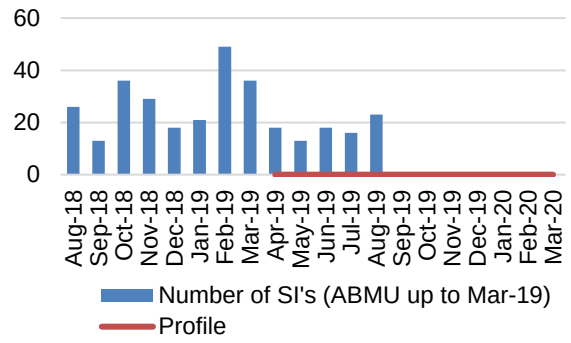
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

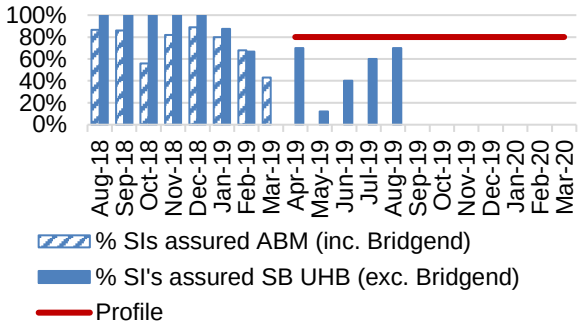
(1) Number of new Never Events



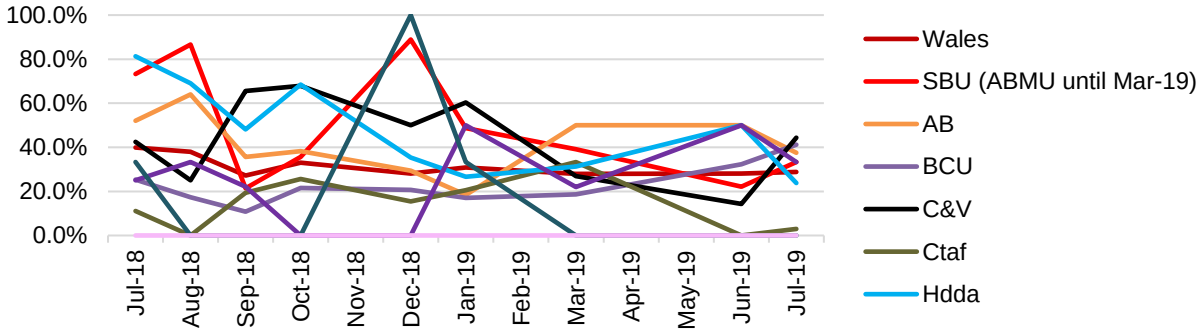
(2) Number of new Serious Incidents (SI's),



(3) % SI's Assured Within The Agreed Timescales



Serious Incidents Assured Within The Agreed Timescales



Never Events

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

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

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

How are we doing?

Serious Incidents (SI) Scorecard – completed on 23 September 2019.

- Total number of incidents reported in July 2019 was 1,869. This compares to 2,290 incidents reported in July 2018. In August 2019, 1,988 incidents were reported compared to 2,212 in August 2018.
- 16 Serious Incidents (SI's) were reported to Welsh Government (WG) in July 2019. Of the 16 new serious incidents reported to WG in July 2019, 6 (37.5%) related to unexpected deaths, 4 (25%) related to patient falls, 3 Infection Control Incidents (18.75%), 1 Maternity Care (6.25%), 1 Pressure Ulcer (6.25%) and 1 relating to Therapeutic Processes/Procedures (6.25%)
- 23 Serious Incidents were reported in August 2019. Of these 23, 11 related to Unexpected Deaths (47.8%), 4 Pressure Ulcers (17%), 2 Service Disruptions (8.7%), 1 Therapeutic Processes/Procedures (4.3%), 1 Patient Falls (4.3%), 1 Neonatal/Perinatal Care (4.3%), 1 Maternity Care (4.3%),
- 1 Infection Control Incident (4.3%) and 1 relating to Anaesthesia Care (4.3%).
- In terms of severity of incidents, the percentage of incidents there were no incidents resulting in severe harm recorded for the month of August. The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- 1 new Never Event was reported in July 2019. This related to a wrong tooth extraction in a Dental Practice. There was also 1 Never Event reported in August 2019 which related to wrong site surgery within Ophthalmology.
- Performance against the WG target of closing SI's within 60 working days for July 2019 was 60% and 71% for August 2019 against the WG target of 80%.

What actions are we taking?

- Serious Incident (SI) training plan being co-ordinated for Delivery Units. Mental Health SI training day undertaken on 15th July 2019.
- SI training has been provided at a Concerns and Complaints Management Consultant Development Programme on the 5th June 2019.
- A revised toolkit supporting the approach to SI investigations will be rolled-out across the Health Board once the revised toolkit has been ratified.
- The reduction in performance against WG target of closing SI's within 60 working days was anticipated following the change to Pressure Ulcer reporting and the increase in Mental Health reporting in accordance with Welsh Government criteria. The Mental Health & Learning Disabilities Unit have recruited to two new posts: Serious Incident Investigator and Serious Incident Investigator Support Officer who will both form part of the Unit's Quality and Safety Team. The Assistant Head for Concerns Assurance continues to mentor and support the improvement work for the Mental Health Service Delivery Unit. This support has been extended to the Women & Child Health Delivery Unit.
- All Delivery 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 HB data.

How do we compare with our peers?

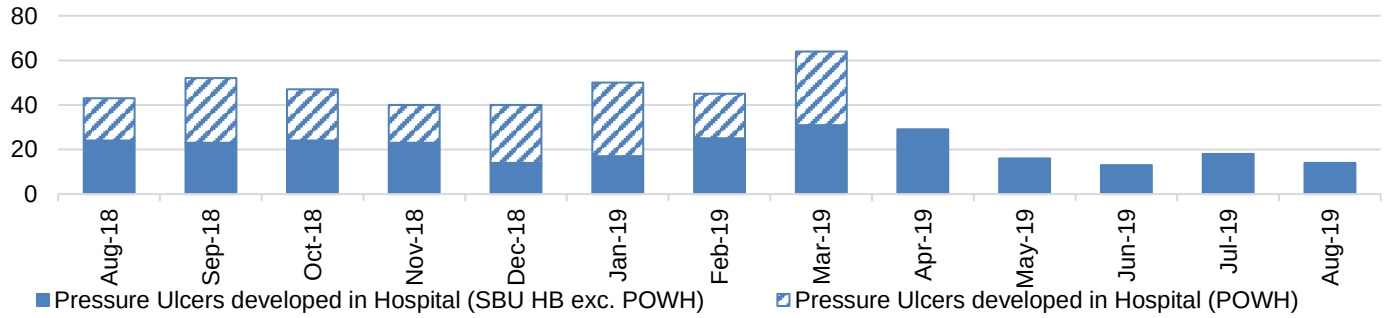
- Comparison data from peer organisations not available

PRESSURE ULCERS ACQUIRED IN HOSPITAL

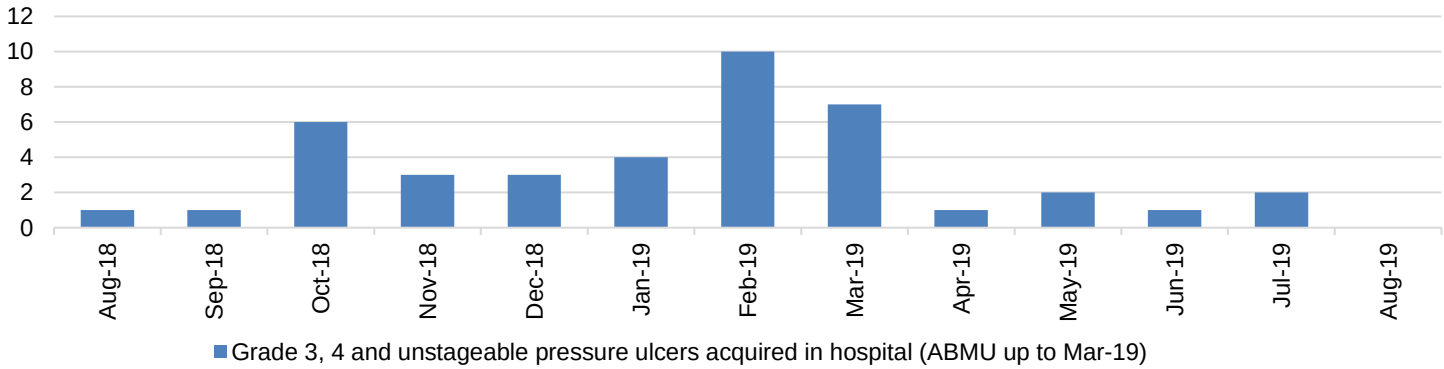
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** August 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 decrease in the rate of pressure ulcer development for in-patients during August 2019 compared to the previous month.
- The number of pressure ulcers decreased from 18 in July to 14 in August 2019.
- Compared to August 2018 there has been a 22% reduction in pressure ulcer incidences in August 2019
- One device related pressure ulcer was reported in August 2019, occurring in Singleton Hospital, caused by oxygen tubing.
- There were no serious pressure ulcers, that is, Grade 3, 4 and unstageable (US) reported for in-patients during August 2019.

What actions are we taking?

- The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's), the Executive team and Welsh Risk Pool.
- The quarterly SDU report template for PUPSG has recently been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting.
- The quarterly report contains analysis of local pressure ulcer causal factors, presented in a heat map. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers.
- 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.
- Pressure ulcer data is collated from Datix in the first week of the month for the previous months incident reports; the data collected at this point is considered "raw data" as the majority of pressure ulcers will not have been through the peer review scrutiny process.
- Collating the data a month in arrears will allow time to complete the scrutiny process and will more accurately reflect the numbers and grade of pressure ulcers developing.
- The calendar of dates for data collection will be circulated to SDU's to ensure timely peer review scrutiny is organised and completed.
- Commencing September 2019, pressure ulcer data will be collated and reported one month in arrears. The data collected at this point will be used to populate the performance score card and for reporting to health board committees and to Welsh Government.
- The implementation of the new pressure ulcer risk assessment tool used across Wales, PURPOSE T, is to be completed by May 2020. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and is available for NHS staff on ESR and for agency staff through e-learning@Wales. The e-learning will be supplemented by face to face training delivered by TVNs and practice educators.
- The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to PUPSG and Nursing Midwifery Board (NMB) for approval.

What are the main areas of risk?

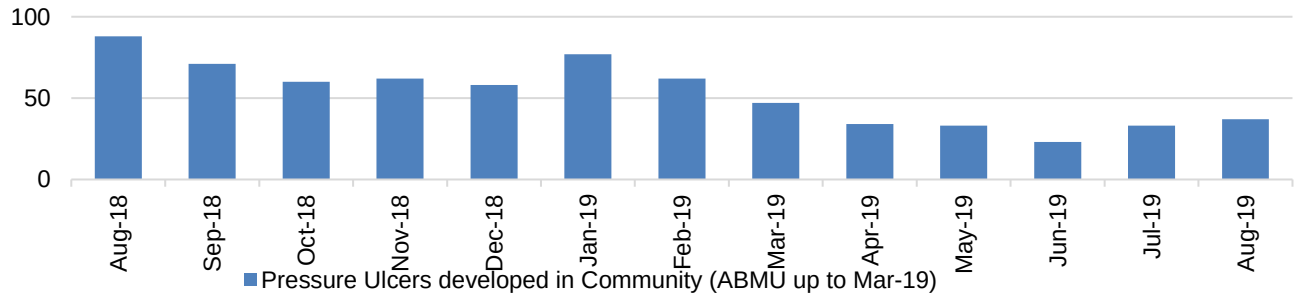
- Continued difficulty with maintaining nurse staffing levels on wards with a reliance on bank and agency staff.
- The short time-scale for the May 2020 deadline for the implementation of PURPOSE T risk assessment

How do we compare with our peers?

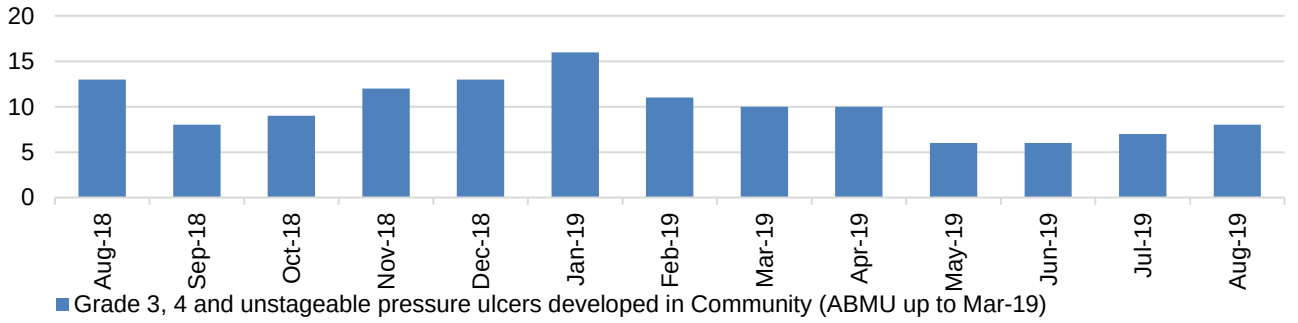
- Benchmarking data not available.

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:** August 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?

- The summer has seen a small increase in pressure ulcer development in community
- The number of pressure ulcers increased from 33 in July to 37 in August 2019
- Compared to August 2018 there has been a 58% reduction of pressure ulcers occurring in community in August 2019
- There were no community acquired device related pressure ulcers reported during August 2019.
- The number of serious pressure ulcers, that is, Grade 3, 4 and unstageable occurring in the community has increased from 7 in July to 8 in August 2019.

What actions are we taking?

- The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's), the Executive team and Welsh Risk Pool.
- The quarterly SDU report template for PUPSG has recently been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting.
- The quarterly report contains analysis of local pressure ulcer causal factors, presented in a heat map. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers.
- Peer review scrutiny panels are held in both Swansea and Neath Port Talbot community 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.
- Pressure ulcer data is collated from Datix in the first week of the month for the previous month's incident reports; the data collected at this point is considered "raw data" as the majority of pressure ulcers will not have been through the peer review scrutiny process.
- Collating the data a month in arrears will allow time to complete the scrutiny process and will more accurately reflect the numbers and grade of pressure ulcers developing.
- The calendar of dates for data collection will be circulated to SDU's to ensure timely peer review scrutiny is organised and completed.
- Commencing September 2019, pressure ulcer data will be collated and reported one month in arrears. The data collected at this point will be used to populate the performance score card and for reporting to health board committees and to Welsh Government.
- The implementation of the new pressure ulcer risk assessment tool used across Wales, PURPOSE T, is to be completed by May 2020. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and is available for NHS staff on ESR and for agency staff through e-learning@Wales. The e-learning will be supplemented by face to face training delivered by TVNs and practice educators.
- The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to PUPSG and NMB for approval.

What are the main areas of risk?

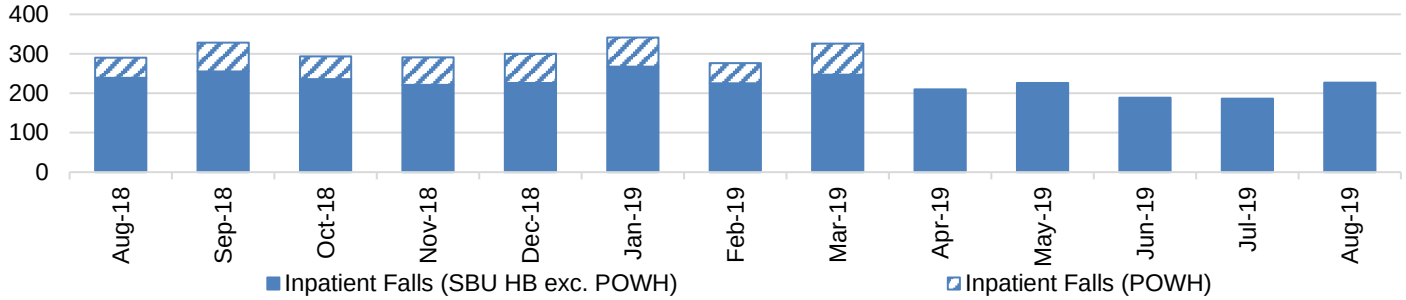
- The Primary Care & Community Services Delivery Unit are supporting large numbers of frail older people at home who are at increased risk of developing pressure damage.
- The short timeframe for the May 2020 implementation deadline for PURPOSE T risk assessment

How do we compare with our peers?

- No benchmark data available.

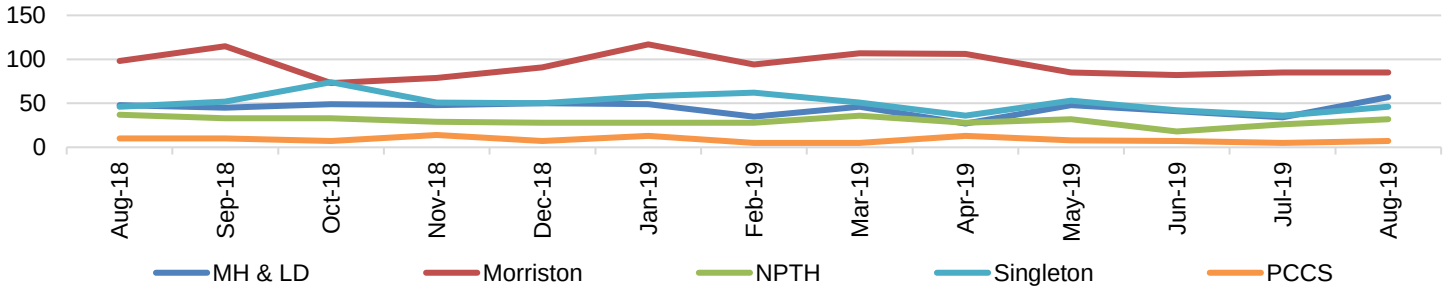
INPATIENT FALLS					
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care 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**	**WG Target**	**Period:** August 2019	
				Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of Inpatient Falls		12 month reduction trend	N/A	✓	↓ ●

(1) Total number of Inpatient Falls



Benchmarking

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



Source : Incident data from DATIX

Measure 1: Total Number of Inpatient Falls
How are we doing?
• August 2019 shows 227 falls, June 2019 has 189 falls overall. • Morriston had a slight rise to 107 in March 2019, with a reduction to 85 in August 2019. • Singleton has a slight rise in February to 62 and has reduced back down to 51 in March with a further reduction to 46 August 2019. • NPT has shown a rise to 36 in March reduced to 18 June 2019, increased to 46 August 2019. • MH /LD recorded 46 falls in March 2019 increased to 57 August 2019. PCCS 5 falls March 2019, 7 August 2019.
What actions are we taking?
• All Service Delivery Units are providing Falls Management / prevention training. • Appropriate printed documentation available via Oracle • Quarterly meetings of the 'Hospital Falls Injury Prevention Strategy Group' have been established. • A Strategic Quality Improvement plan (SQuIP) will be developed as a monitoring process. A Causal Factors Matrix will also be developed. • First Health Board Scrutiny Panel to be held October 2019.
What are the main areas of risk?
• The Health Board's policy was launched in September 2019. • A project group is reviewing the total bed management contract, which will include Hi- Lo beds.
How do we compare with our peers?
• The Health Board's 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.

4. 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

4.1 Overview

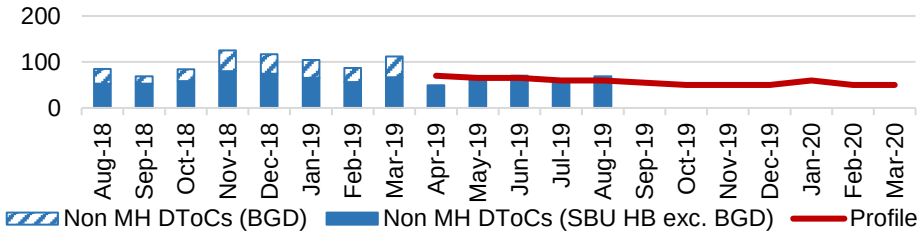
EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		4	3	3	7	8	6	4	3	4	2	4	2	1
	All healthcare				5	5	6	3	6	4	4	3	5	11	8	8	10
	Selection of care home				6	7	5	5	6	8	4	7	7	3	0	2	4
	Waiting for availability of care home				11	9	5	5	5	5	5	5	5	11	6	6	3
	Protection issues				0	0	0	0	0	0	0	0	0	0	0	0	0
	Principal reason not agreed				0	0	0	0	0	0	0	0	0	0	0	0	0
	Disagreements				3	4	5	4	4	3	3	0	0	0	0	0	0
	Legal/ Financial				0	0	0	0	0	0	1	0	0	0	0	0	1
	Other				0	0	1	1	0	0	0	0	2	0	2	0	0
	Total				**29**	**28**	**25**	**25**	**29**	**26**	**21**	**18**	**23**	**27**	**20**	**18**	**19**
Number of non- mental health DTOCs	Morriston	12 month reduction trend	55		6	9	15	10	8	16	34	21	40	32	21	27	23
	Singleton				6	8	12	12	17	7	11	8	9	12	9	9	9
	Gorseinon				5	6	12	8	6	8	3	4	4	8	8	6	9
	NPTH				28	29	31	35	25	19	14	11	11	16	20	22	20
	Learning Disabilities				8	6	10	9	9	6	5	5	3	2	3	5	8
	HB Total				**69**	**84**	**125**	**117**	**104**	**87**	**112**	**49**	**67**	**70**	**61**	**69**	**69**
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morriston	100%	95%		99%	99%	99%	93%	95%	98%	98%	98%	97%	99%	99%	100%	
	Singleton				100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	98%	100%	
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Total				**94%**	**98%**	**97%**	**94%**	**81%**	**99%**	**98%**	**99%**	**98%**	**99%**	**99%**	**100%**	
Stage 2 mortality reviews completed within 60 days	Morriston	100%	95%		60%	40%	50%	58%	25%	50%	65%	77%	58%	80%	27%		
	Singleton				0%	25%	20%	100%	-	100%	0%	50%	100%	0%	100%		
	NPTH				-	100%	50%	-	-	-	-	-	-	-	-		
	Total				**47%**	**25%**	**27%**	**40%**	**29%**	**20%**	**50%**	**68%**	**62%**	**57%**	**38%**		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.31%	1.30%	1.29%	1.28%	1.26%	1.26%	1.27%	1.33%	1.25%	1.27%	1.27%	1.26%	
	Singleton				0.36%	0.37%	0.38%	0.37%	0.37%	0.39%	0.41%	0.40%	0.43%	0.42%	0.44%	0.45%	
	NPTH				0.10%	0.10%	0.12%	0.12%	0.13%	0.14%	0.10%	0.12%	0.09%	0.09%	0.09%	0.11%	
	Total				**0.78%**	**0.79%**	**0.79%**	**0.79%**	**0.78%**	**0.78%**	**0.79%**	**0.79%**	**0.75%**	**0.75%**	**0.76%**	**0.76%**	
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	TBC			70.9%	73.6%	72.7%	70.6%	70.5%	72.8%	73.8%	72.6%	71.2%	72.2%	72.8%	73.4%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	TBC			57.4%	56.8%	56.7%	56.5%	57.0%	54.9%	54.8%	55.1%	56.2%	56.2%	57.5%	57.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	TBC			61.4%	61.3%	61.1%	60.4%	60.3%	60.2%	61.6%	62.9%	63.1%	64.5%	67.2%	68.9%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	TBC			63.9%	62.1%	62.3%	64.0%	66.4%	67.6%	67.5%	68.5%	67.1%	67.8%	67.6%	68.6%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	TBC			22.1%	24.1%	25.9%	26.0%	24.8%	25.6%	24.5%	26.3%	28.6%	29.1%	31.8%	31.4%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	TBC			72.0%	71.4%	70.2%	70.6%	71.1%	72.8%	71.9%	73.0%	73.5%				
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	TBC			8.4%	8.9%	9.0%	8.7%	8.6%	8.1%	8.9%	9.0%	8.5%	7.9%			
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%			

4.2 Effective Care Report Cards

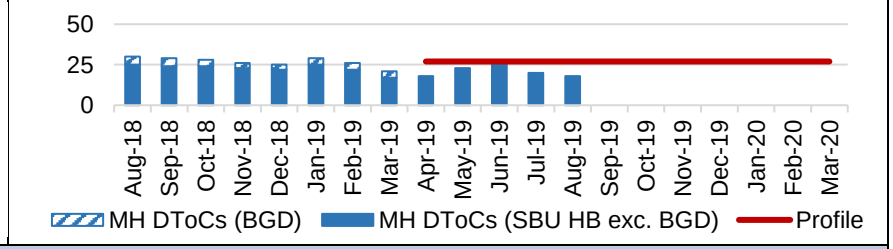
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my 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:** August 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities	55	12 month reduction trend	✗	↑ ●
Measure 2: Number of Delayed Transfers of Care for mental health	27	12 month reduction trend	✓	↓ ●

(11)Number of Delayed Transfers of Care for non-mental health specialities

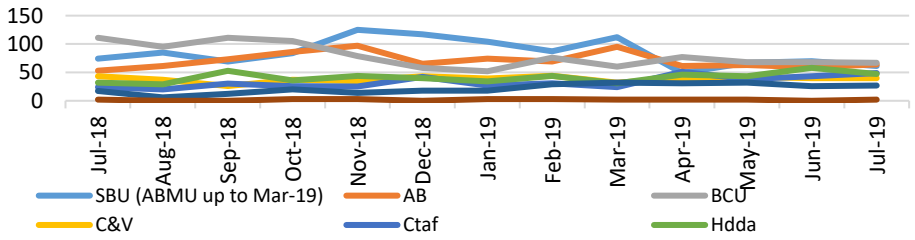


(2) Number of Delayed Transfers of Care for mental health (all ages)

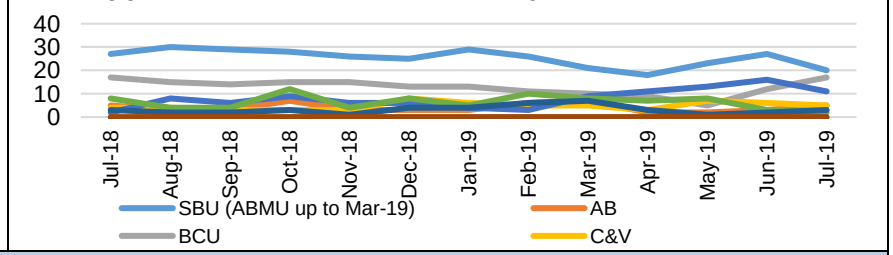


Benchmarking

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



(2) Number of mental health Delayed Transfers of Care



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

Measure 1: Number of Delayed Transfers of Care for non-mental health specialities
Measure 2: Number of Delayed Transfers of Care for mental health

How are we doing?

- The total number of residents reported as a delayed discharge at a Health Board (HB) site in June 2019 was 104.
- The number of patients delayed decreased in July to 84 and then increased to 91 in August. This includes repatriation patient delays.
- Health associated delays reduced in June was 31%, decreased in July to 27% and then increased in August to 37%.
- Social Services associated delays in June was 49% (96% waiting package of care POC) and then increased to 54% in July (66% waiting POC) and decreased to 38% in August (82% waiting POC).
- Overall legal challenges over the three months was low at around 1%.
- Per 10,000 LA population Swansea was for June 49% non-mental health/ 25% mental health (MH), July 49% non-MH/ 26% MH, August 44% non-MH/ 26% MH,.
- Per 10,000 LA population NPT was for June 23% non-MH/ 2% MH, July 28% non-MH/ 1% MH, August 30% non-MH/ 7% MH.
- Delays across the system remain within the top section across Wales.

What actions are we taking?

Implementing the DToC improvement programme focussing on reducing DTOC within our HB. This is a clinically led programme and the key aims are to:

- Standardise the approach taken across all Units to weekly stranded patient meetings has embedded. This action is complete.
- Establish centralised senior manager monthly DTOC validation scrutiny meeting and monthly debrief meeting is now a continuous process and embedded with a few teething issues remaining. This action is complete.

Wider actions being 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. This action is dependent on the other transformation work streams progression – H2H and Good Hospital Care. This will ultimately have an impact on patient discharge delays (DToCs)
- Improve communication between organisations. As above. The senior DToC validation meeting has improved communications between health and LA therefore from a DToC sub group perspective this action is complete however, the H2H and GHC transformational work streams will have a far wider impact.
- Implement and develop new pathways of care to support discharge, e.g. ESD service at NPT. Transformational work streams ongoing with significant progress. This is NOT a specific DTOC sub group action but will support the reduction in delays.
- Hospital to Home transformation bid developed to improve system capacity and is awaiting formal feedback from WG. Alternative plans are being progressed to develop discharge capacity in the community during 2019/20 if WG support for the transformation bid is not secured. This is a H2H action not DTOC subgroup. Again this action will support the reduction in patient discharge delays.

What are the main areas of risk?

- Capacity in the care home sector and fragility and capacity of the domiciliary care market in some parts of the Health Board.
- Risks of patient de-conditioning in the frail elderly population if hospital stays are prolonged.
- Workforce capacity including social work capacity.
- Capacity to support ongoing care needs and patient placements out of area.

How do we compare with our peers?

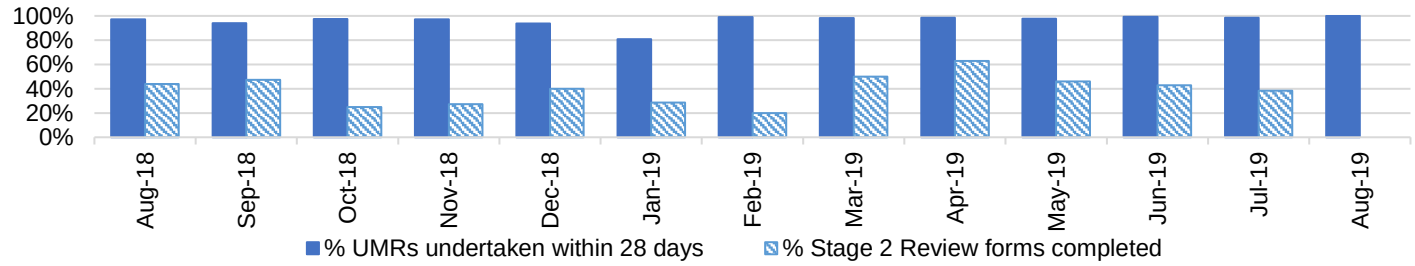
- SBU HB is seeing a trend, which has plateaued sitting between 80 to 90 DToCs each month. The transformational patient flow and discharge / community changes once initiated and embedding will support the decrease in DToC. SBU HB remains outside of the designated improvement trajectory in DToC figures each month

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		

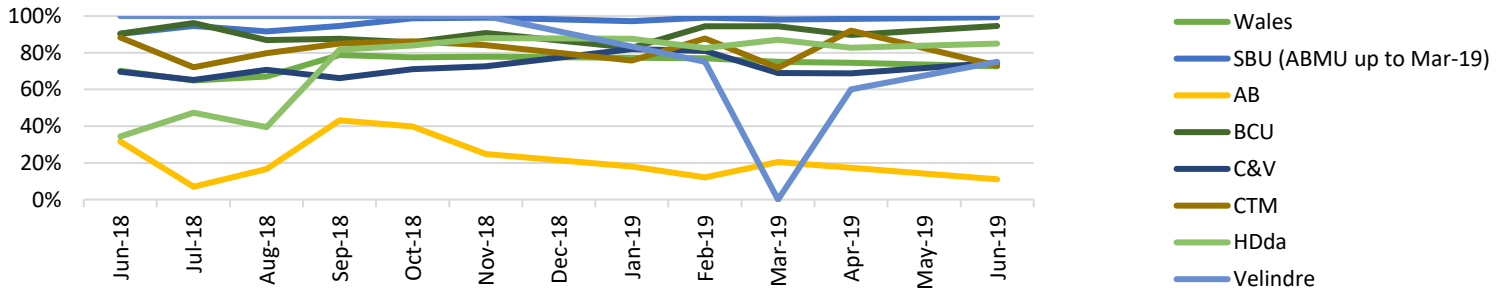
	Annual Plan Profile	WG Target	**Period:** August 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

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



Benchmarking

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



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

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

How are we doing?

- Welsh Government Mortality Review Performance - SBU achieved 99.4% completion of UMRs within 28 days of death in June 2019.
- The Health Board UMR rate reported in August 2019 was 100%.
- There were no missing UMR forms for the Health Board.
- Completion of Stage 2 reviews for July 2019 deaths was at 38%.
- Mental Health and Community data remains unavailable via the eMRA application at present. This is being addressed by Informatics.

What actions are we taking?

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

What are the main areas of risk?

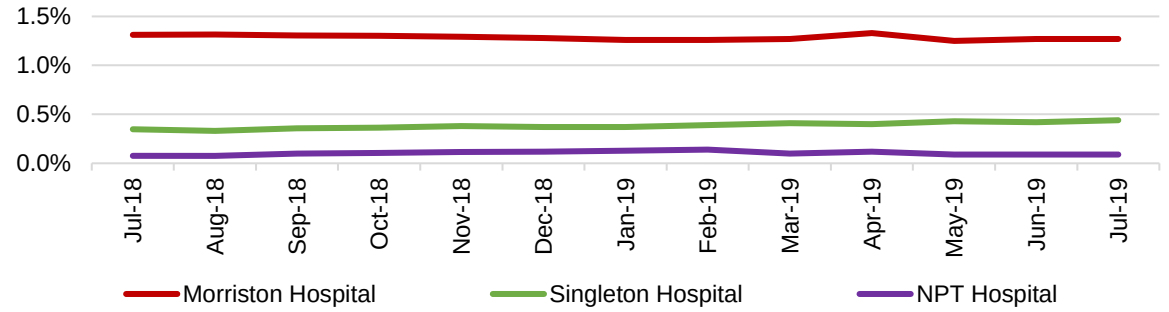
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of 'Stage 2' reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment 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.

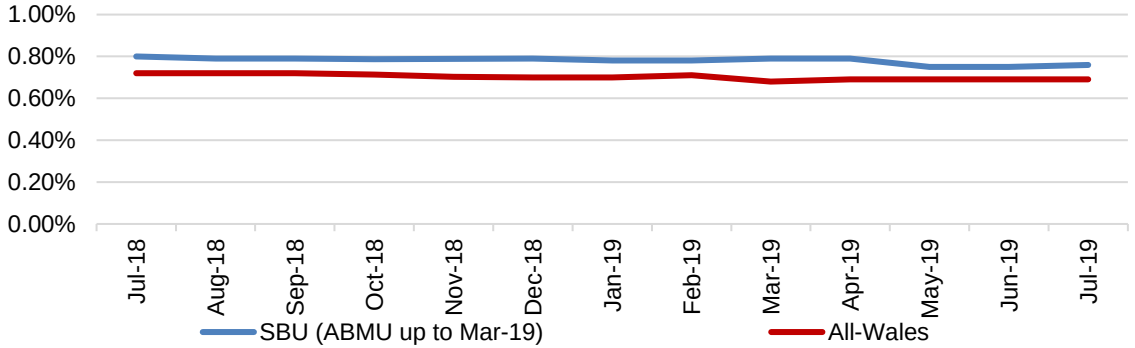
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality 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:** July 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 (August 2019)

Measure 1: Crude hospital mortality rate (less than 75 years of age)
How are we doing?
• The SB UHB Crude Mortality Rate for under 75s in the 12 months to July 2019 was 0.76%, compared with 0.73% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.27% (1.31%), Neath Port Talbot 0.09% (0.08%), Singleton 0.44% (0.35%). Site comparison is not possible due to different service models being in place. • There were 57 in-hospital Deaths in this age group in July 2019 and 45 in July 2018: Morriston 38 (37), Neath Port Talbot Hospital 0 (0), and Singleton 19 (8). • 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 July 2019 – 0.76% compared with 0.69%. • SB UHB is the best Performing Health Board in respect of UMRs completed within 28 days of the patient's death

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

5.1 Overview

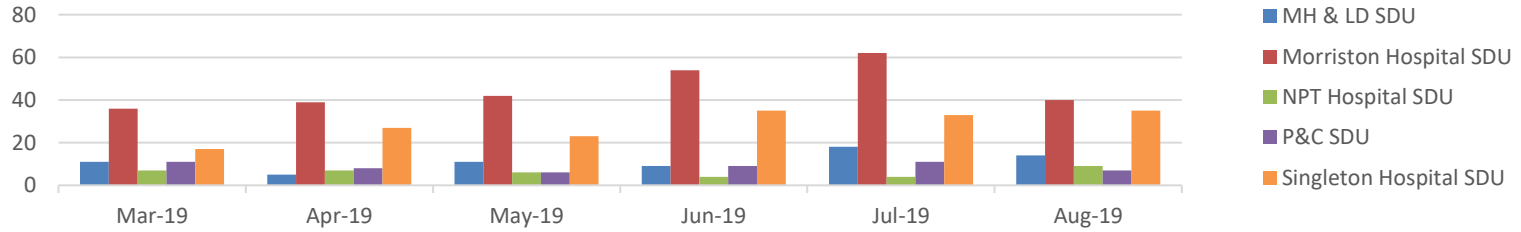
DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			14	14	3	7	6	9	11	8	6	9	11	7	12
	MH&LD				9	9	11	6	18	3	11	5	11	9	18	14	11
	Morriston				41	61	33	39	44	27	36	39	42	54	62	40	45
	NPTH				4	9	4	2	18	7	7	7	6	4	4	9	6
	Singleton				21	13	21	16	19	25	17	27	23	35	33	35	29
	Total				**114**	**140**	**91**	**84**	**138**	**96**	**105**	**93**	**95**	**118**	**138**	**114**	**110**
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		76%	79%	50%	88%	50%	55%	55%	63%	73%	64%	53%		
	MH&LD				100%	83%	91%	50%	88%	67%	100%	100%	100%	88%	88%		
	Morriston				92%	95%	100%	89%	98%	92%	92%	97%	97%	96%	95%		
	NPTH				83%	44%	100%	100%	63%	86%	71%	86%	83%	75%	67%		
	Singleton				63%	100%	86%	67%	89%	75%	59%	70%	62%	77%	69%		
	Total				83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%		

5.2 Dignified Care Report Cards

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		

	Annual Plan Profile	**WG Target**	**Period:** August 2019 **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

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
MH & LD SDU	83%	100%	100%	83%	91%	50%	88%	67%	100%	100%	100%	88%	88%
Morriston Hospital SDU	87%	84%	92%	95%	100%	89%	98%	92%	92%	97%	97%	96%	95%
NPT Hospital SDU	88%	75%	83%	44%	100%	100%	63%	86%	71%	86%	83%	75%	67%
P&C SDU	55%	38%	76%	79%	50%	88%	50%	55%	55%	63%	73%	64%	53%
Singleton Hospital SDU	83%	94%	63%	100%	86%	67%	89%	75%	59%	70%	62%	77%	69%
Health Board Total	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%

(3) % of acknowledgements sent within 2 working days

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

Source: Datix and NHS Wales Delivery Framework, all-Wales performance summary (August 2019)

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

How are we doing?

- The Health Board received 129 formal complaints in July 2019, compared to 122 for July 2018 and 113 formal complaints in August 2019, compared with 124 for August 2018.
- The overall Health Board response rate for responding to concerns within 30 working days was 85% for June 2019 and 81% for July 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 July 2019, identified 137 contacts of which 2.9% (4) converted to formalised complaints. In August 2019 there was 107 PALS contacts with none of them escalating to formal complaints.

What actions are we taking?

- Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. July's performance for the Health Board was 81%
- During the period 1st June 2019 to 31st July 2019, 242 formal complaints were made. Last year for the same time period we received 246 formal complaints that is a decrease of 4 formal complaints made this year.
- Currently there are 43 open Ombudsman investigation cases; Morriston 17, Princess of Wales 4, Singleton 7, Mental Health & Learning Disabilities 2, NPT 2 and ; Primary Care and Community Service 11. There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1st April 2019 – 30th June 2019 we have received 5 new investigations.
- The Concerns Assurance Manager is currently providing Ombudsman Themes and Trends training within the Service Delivery Units to attempt to decrease the amount of complaints that are referred to the Ombudsman and improve the Health Board's complaint responses in compliance with the Putting Things Right Regulations.

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.

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

6.1 Overview

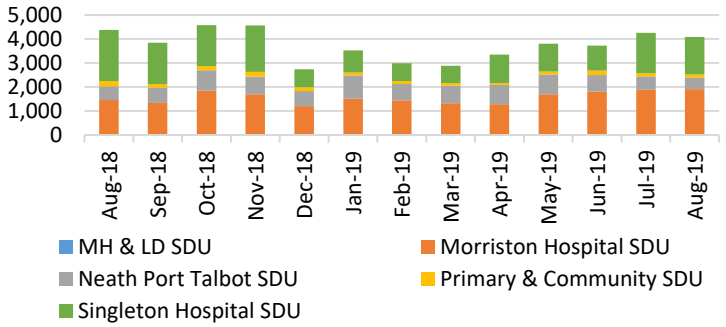
INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			145	179	194	171	119	128	112	83	125	188	129	132	154
	MH&LD				29	29	25	12	4	15	22	25	21	16	12	19	18
	Morriston				1,310	1,813	1,678	1,198	1,510	1,445	1,326	1,288	1,701	1,811	1,883	1,914	1,566
	NPTH				644	853	735	616	976	675	727	791	824	681	567	474	454
	Singleton				1,722	1,704	1,937	742	916	747	726	1,188	1,150	1,046	1,680	1,562	1,267
	Total				**4,804**	**5,536**	**5,616**	**3,853**	**4,607**	**4,044**	**4,141**	**3,350**	**3,800**	**3,726**	**4,259**	**4,082**	**2,441**
% of patients who would recommend and highly recommend	PCCS	90%			94%	96%	95%	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%
	MH&LD				90%	93%	80%	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%
	Morriston				93%	95%	95%	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%
	NPTH				98%	98%	99%	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%
	Singleton				97%	96%	95%	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%
	Total				**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			87%	95%	88%	90%	94%	100%	95%	92%	100%	-	93%	90%	100%
	MH&LD				0%	0%	0%	0%	-	-	-	-	0%	0%	0%	-	-
	Morriston				92%	83%	91%	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%
	NPTH				100%	94%	100%	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%
	Singleton				79%	88%	83%	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%
	Total				**89%**	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	
Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	Total	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

6.2 Individual Care Report Cards

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:** August 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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
MH & LD SDU	65%	90%	93%	80%	75%	50%	73%	73%	73%	76%	81%	67%	68%
Morriston Hospital SDU	92%	93%	95%	95%	91%	94%	94%	94%	93%	94%	95%	95%	93%
Neath Port Talbot SDU	98%	98%	98%	99%	99%	98%	98%	99%	98%	99%	99%	98%	98%
Primary & Community SDU	93%	94%	96%	95%	92%	97%	98%	99%	96%	96%	96%	98%	89%
Singleton Hospital SDU	97%	97%	96%	95%	96%	92%	95%	94%	96%	97%	94%	97%	96%
HB Total	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**

Measure 3	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
MH & LD SDU					0%	-	-	-	-	0%	0%	0%	-
Morriston Hospital SDU	83%	92%	83%	91%	74%	86%	72%	89%	90%	86%	77%	74%	78%
Neath Port Talbot SDU	87%	100%	94%	100%	80%	98%	96%	83%	92%	85%	78%	71%	72%
Primary & Community SDU	91%	87%	95%	88%	90%	94%	100%	95%	92%	100%	-	93%	90%
Singleton Hospital SDU	95%	79%	88%	83%	90%	88%	70%	86%	90%	76%	82%	84%	86%
HB Total	**87%**	**89%**	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**

Benchmarking

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
SBU (ABMU up to Mar-19) Response %	26.1%	26.8%	21.8%	22.9%	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%	24.6%	27.5%
SBU (ABMU up to Mar-19) Recommendation %	96.5%	96.2%	96.3%	96.5%	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%	95.6%	96.6%
Top Equivalent Organisation Response %	19.3%	19.8%	17.0%	18.3%	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%	27.8%	29.1%
Top Equivalent Organisation Recommendation %	94.1%	97.1%	92.9%	93.2%	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%	94.2%	95.2%
NHS England Benchmark Response %	24.8%	24.6%	24.2%	24.5%	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%	24.6%	25.4%
NHS England Benchmark Recommendation %	95.6%	95.5%	95.5%	95.5%	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%	95.7%	95.7%

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

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

How are we doing?

Historically our data shows a trend for August to be a low number of returns

- Health Board Friends & Family patient satisfaction level in August was 94%.
- Neath Port Talbot Hospital (NPTH) completed 474 surveys for August, with a recommended score of 98%.
- Singleton Hospital completed 1,562 surveys for August, with a recommended score of 96%.
- Morriston Hospital completed 1,914 surveys for August, with a recommended score of 93%.
- Mental Health & Learning Disabilities completed 19 surveys for Augusts, with a recommended score of 61%.
- Primary & Community Care completed 132 surveys for August, with a recommended score of 89%.

What actions are we taking?

Morriston Service Delivery Unit (SDU) has the highest returns rate for the month of August with 1,914 completed Friends and Family Test.
NPTH SDU had the highest satisfaction rate for August at 98%.

Children's Audiology, feedback - You said: Toilets suitable for children
We did: In the hospital sites, there are toilets suitable for children, and baby-changing facilities are available. Unfortunately, the Morriston Clinic at Sway Road does not have children specific toilets. Head of Audiology has asked the Estates Department for a feasibility report to see if there is room to fit a Children's toilet. Also logged estates 'job card' for redecorating the toilet. Primary Care Estates Manager has also confirmed a major rebuild of this site and surrounding GP surgeries is planned during the next few years.

Working with Children's services to develop the all-Wales Children's services questionnaire.

Working with the Head of engagement to attend the African Community Women's Centre, gathering feedback on Singleton MIU being closed temporarily.

Developed Dermatology Survey for Welsh Government all-Wales review of the services. Results and feedback from the survey were sent to Welsh Government.

Using the all-Wales feedback we have developed a nutrition report to share patient feedback with Nutrition Steering Group.

What are the main areas of risk?

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

How do we compare with our peers?

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

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

6.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Unscheduled Care																	
Number of ambulance handovers over one hour	Morriston	0	200		261	294	340	546	684	387	544	669	629	681	550	599	746
	Singleton		0		38	43	47	44	68	41	44	63	18	40	44	33	32
	Total		**200**		**526**	**590**	**628**	**842**	**1,164**	**619**	**928**	**732**	**647**	**721**	**594**	**632**	**778**
% 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	Morriston	95%	73.3%		68.8%	70.0%	67.5%	67.7%	67.2%	67.0%	68.0%	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%
	NPTH		99.0%		98.4%	96.8%	99.3%	99.8%	98.8%	98.4%	97.8%	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%
	Singleton		99.0%		98.5%	98.1%	97.8%	MIU closed				MIU closed					
	Total		**85.5%**		**77.5%**	**78.0%**	**76.7%**	**76.5%**	**76.9%**	**77.2%**	**75.7%**	**74.5%**	**75.9%**	**75.0%**	**74.5%**	**74.3%**	**71.4%**
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morriston	0	238		311	402	383	485	621	448	534	653	602	644	642	740	941
	NPTH		0		0	0	0	0	0	1	0	0	0	0	0	0	0
	Singleton		0		3	3	0	MIU closed				MIU closed					
	Total		**238**		**588**	**680**	**665**	**756**	**986**	**685**	**861**	**653**	**602**	**644**	**642**	**740**	**941**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morriston	55.5% (UK SNAP average)	80%		75%	72%	60%	62%	56%	75%	66%	62%	55%	57%	57%	42%	29%
	Total				**54%**	**56%**	**56%**	**53%**	**35%**	**53%**	**51%**	**62%**	**55%**	**57%**	**57%**	**42%**	**29%**
% of patients who receive a CT scan within 1 hour	Morriston	54.5% (UK SNAP average)	58%		50%	52%	44%	48%	48%	49%	58%	62%	56%	52%	59%	48%	42%
	Total				**48%**	**53%**	**48%**	**49%**	**48%**	**48%**	**51%**	**62%**	**56%**	**52%**	**59%**	**48%**	**42%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morriston	84.1% (UK SNAP average)	94%		85%	87%	88%	96%	93%	89%	100%	96%	93%	100%	98%	95%	95%
	Total				**69%**	**83%**	**75%**	**86%**	**75%**	**76%**	**86%**	**96%**	**93%**	**100%**	**98%**	**95%**	**95%**
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morriston	12 month improvement trend	30%		0%	12%	9%	30%	44%	14%	20%	27%	17%	0%	40%	27%	0%
	Total				**11%**	**18%**	**15%**	**29%**	**40%**	**20%**	**30%**	**27%**	**17%**	**0%**	**40%**	**27%**	**0%**
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend										57%	47%	41%	48%	48%	50%
	Total											**57%**	**47%**	**41%**	**48%**	**48%**	**50%**

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morriston	0			19	38	55	43	43	51	140	172	201	155	112	361	431
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				55	6	4	0	1	0	0	64	117	142	367	564	608
	PC&CS				0	0	0	0	2	0	0	0	5	0	0	0	0
	Total				**89**	**65**	**125**	**94**	**153**	**315**	**207**	**236**	**323**	**297**	**479**	**925**	**1,039**
Number of patients waiting > 36 weeks for treatment	Morriston	0	2,106		2,160	2,179	2,054	1,971	2,046	1,960	1,801	1,952	2,076	2,198	2,449	2,819	2,893
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		26		30	32	28	2	31	13	0	24	28	120	241	444	672
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Total		**2,132**		**3,381**	**3,370**	**3,193**	**3,030**	**3,174**	**2,969**	**2,630**	**1,976**	**2,104**	**2,318**	**2,690**	**3,263**	**3,565**
Number of patients waiting > 8 weeks for a specified diagnostics	Morriston	0	250		620	619	554	544	543	535	437	401	393	289	259	337	294
	Singleton		0		0	0	0	0	0	0	0	0	8	6	2	7	0
	Total		250		**762**	**735**	**658**	**693**	**603**	**558**	**437**	**401**	**401**	**295**	**261**	**344**	**294**
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 15% by Mar-20	TBC		178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	TBC		32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537
Number of patients dealyed past there agreed target date (booked and not booked)	Total	Reduce by at least 15% by March 2020	TBC		66,269	63,538	61,889	64,535	65,743	66,567	67,908	49,689	50,489	51,285	49,422	51,914	48,692
Number of Ophthalmology patients without an allocated health risk factor	Total	98% by Dec-19	TBC			6,228	15,000	5,540	4,772	4,048	2,966	1,279	1,275	1,101	744	737	
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,677	4,700	4,593	4,501	4,848	4,732	4,867	418	367	300	247	211	194

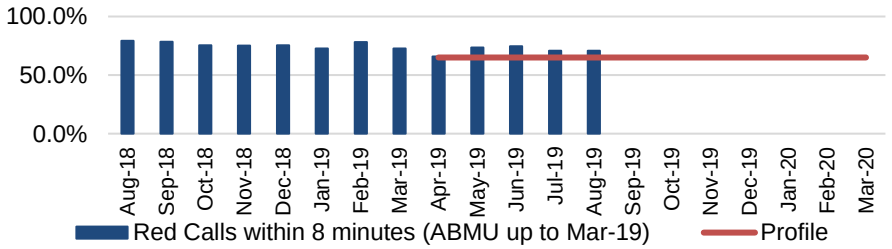
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU							SBU					
					Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%	98%		98.0%	93.0%	95.0%	100.0%	98.0%	95.0%	96.0%	82.0%	91.0%	92.0%	88%	90%	71%
	NPTH				100.0%	100.0%	100.0%	-	-	100.0%	100.0%	-	100.0%	-	100%	100%	-
	Singleton				96.0%	96.0%	95.0%	100.0%	100.0%	95.0%	91.0%	98.0%	91.0%	95.0%	94%	96%	97%
	Total				**95.6%**	**95.9%**	**96.2%**	**95.5%**	**97.7%**	**94.7%**	**93.6%**	**90.8%**	**91.4%**	**93.7%**	**91%**	**93%**	**92%**
% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Morriston	95%	94.2%		91.0%	93.0%	88.0%	90.0%	92.0%	93.0%	95.0%	88.0%	95.0%	85.0%	84%	83%	87%
	NPTH				80.0%	67.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%	100.0%	20%	100%	67%
	Singleton				83.0%	84.0%	90.0%	88.0%	90.0%	82.0%	97.0%	86.0%	70.0%	77.0%	74%	83%	76%
	Total				**82.9%**	**84.0%**	**87.6%**	**88.1%**	**85.4%**	**80.7%**	**84.1%**	**87.0%**	**80.0%**	**80.8%**	**76%**	**84%**	**83%**
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Including CAMHS	80%			76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	
	Excluding CAMHS				90%	93%	90%	97%	91%	93%	95%	97%	97%	97%	97%	98%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	
	Excluding CAMHS				93%	93%	87%	84%	86%	86%	89%	99%	98%	100%	99%	93%	
% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Total	100%			100%			100%			100%			100%			
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Total	80%			43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	
Child & Adolescent Mental Health (CAMHS)																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	HB Total	100%			100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	

6.2 Timely Care Report Cards

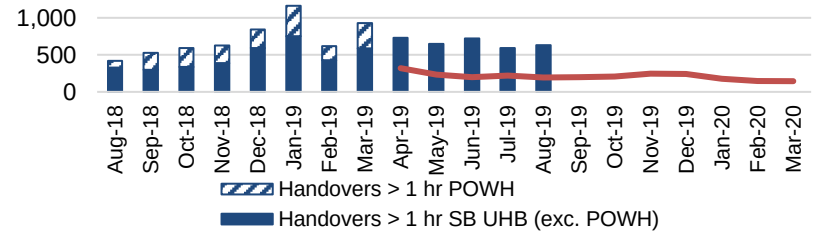
AMBULANCE RESPONSE TIMES AND HANDOVERS			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early 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:** August 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	193	0	✗	↑ ●

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

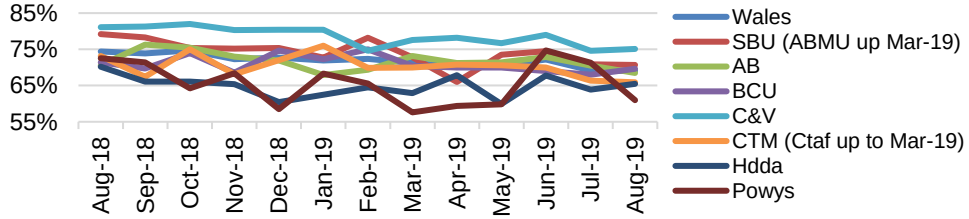


(2) Number of patients waiting more than 1 hour for an ambulance handover

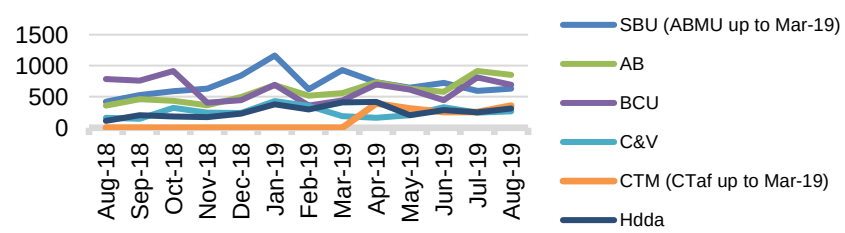


Benchmarking

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



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



Source : StatsWales (data extracted 23.09.2019)

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

How are we doing?

- The Health Board's Category A (Red response) was 70.7% in August 2019, which exceeded the National shared target of 65%. When compared with August 2018, performance against this measure deteriorated by 8.5%.
- 1 hour ambulance handover performance remained challenging during August, and deteriorated when compared with the same period in 2018. When compared with August 2018, the number of >1 hour handover delays increased by 314 in August 2019.
- 225 fewer patients were conveyed to our hospital front doors by ambulance in August 2019 compared with August 2018.
- Red call ambulance conveyances increased by 5% when compared with August 2019, whilst Green (health care professional) call conveyances reduced by 14%.

What actions are we taking?

- Continuation of the falls response service which is resulting in a reduction in the number of patients who need to be conveyed to hospital as a result of the intervention of this service. – Ongoing financial support provided to WAST for this service.
- Developing new pathways that reduce the need to convey patients to hospital by ambulance e.g. respiratory and mental health. The further development of the respiratory pathway requires approval of the Phase 2 COPD business case (September)
- Implementing the recommendations of the WAST internal audit report on hospital handover that are applicable to Swansea Bay UHB. (September)
- Working with the National Collaborative Commissioning Unit (NCCU) on the implementation of a handover improvement plan to target a reduction in the longer ambulance handover delays at Morriston hospital, which have a disproportionate impact on ambulance lost hours. Some actions have been completed and a follow up meeting to review progress against the full plan has been arranged for 30th September.
- Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. The revised ambulance pathway to Singleton SAU was agreed and implemented in early September.
- Cases were put forward to EASC in July for additional resources to support a further reduction in ambulance demand and an improvement in ambulance handover process and performance. These cases were not supported from EASC resources and so will be considered for support from winter pressures funding (October)
- 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. National discussion planned in September 2019.
- Implementation of the Keep me at Home transformation programme to maximise the number of patients who can be cared for in their own home. WAST is a key partner in this improvement work. Ongoing work programme supported by an agreed project plan.

What are the main areas of risk?

- Ambulance resourcing to respond to demand within the 8 minute response time.
- Hospital and social care system wide patient flow and discharge constraints which impact upon the Emergency Department's ability to receive timely handover. This can result in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.

How do we compare with our peers?

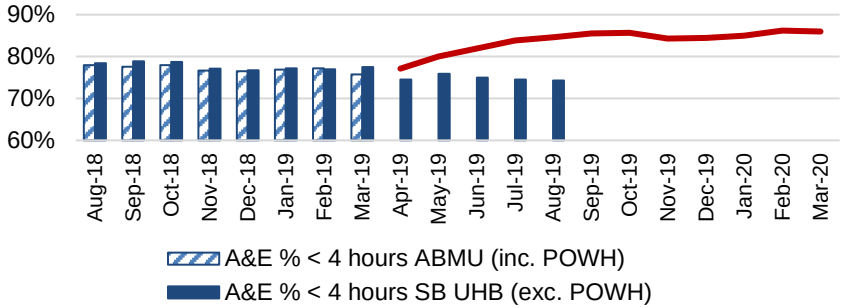
- The Health Board delivered the second highest Category A response time performance in Wales in August 2019 achieving 70.7%, which was above the all-Wales performance of 69% in August 2019.
- The Health Board continues to experience a higher number of handover delays and accounted for 20.4% of all handover delays in Wales in August 2019.

A&E WAITING TIMES

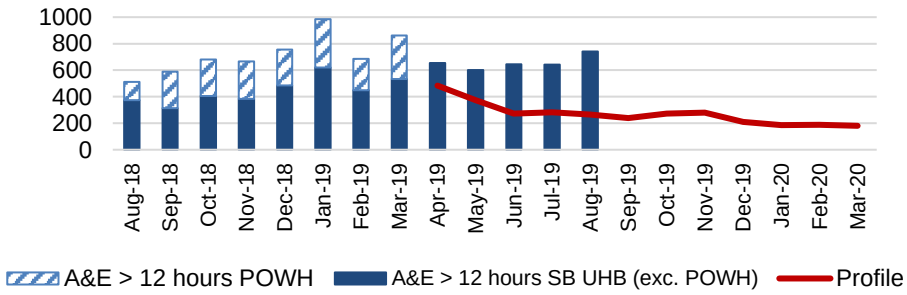
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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: August 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	84.6%	95%	✗	↓ ●
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	266	0	✗	↑ ●

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

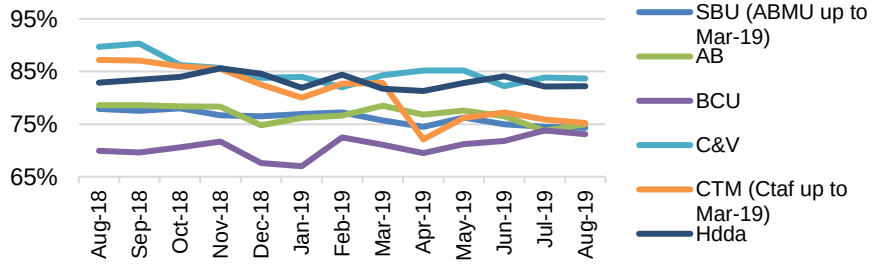


(2) Number of patients spending more than or equal to 12 hours in A&E

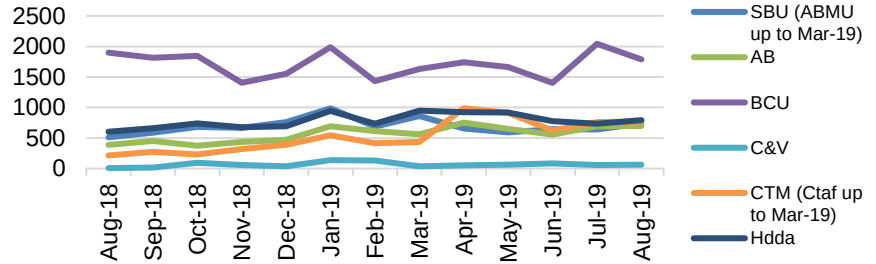


Benchmarking

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



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



Source : Stats Wales (data extracted 23.09.19)

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 August 2019 was 74.3%, against the all-Wales performance of 77.2%.
- In August 2019, 93.1% of patients were admitted, discharged, or transferred from Morriston Emergency Department within 12 hours. 740 patients stayed longer than 12 hours in the Emergency Department during August 2019, which represents an increase of 365 patients (97%) when compared with August 2018.
- The overall number of patients attending the Health Board emergency department and minor injuries unit in August 2019, increased by 479 attendances or 4.6%, when compared with the same month in 2018.

What actions are we taking?

- In addition to the implementation of the HB Unscheduled Care improvement plan, further additional improvement actions for Quarter 3 have been identified and agreed between service directors and the Executive Team in September to arrest the deterioration in patient flow and USC performance. Progress against the delivery of this plan is being monitored on a weekly basis. This includes supporting additional capacity within the system such as the COPD phase 2 business case and investment into the expansion of community capacity to support an increased number of patients receiving reablement support at home (December 2019).
- Inpatient surge bed capacity is being sustained on all of our major hospital sites.
- Ongoing recruitment to staff vacancies in critical service areas, and the development of new roles to assist with emergency and urgent care demand management (October 2019) .
- Responding to the Kendall Bluck report recommendations on ED/MIU staffing. Approval to proceed with the recruitment of 2 additional consultant posts in ED at Morriston hospital was confirmed in mid-September.
- Progressing the work programmes implemented to improve patient flow and discharge in line with the agreed project plans -specifically reducing delayed transfers of care and consistent implementation of the SAFER patient flow principles under the transformation of care hospital to home programme. Progress updates on the respective Hospital to Home transformation projects are reported to the monthly USC board.
- Developing winter planning arrangements with WG and partner organisations with the aim of finalising the main elements of the Health Board's winter plan by 23rd October.

What are the main areas of risk?

- Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'.
- Workforce - with ongoing challenges in general nursing and medical roles in some key specialities and service areas such as the Emergency Department.
- Peaks in demand/patient acuity above predicted levels of activity.
- The impact of infection on available capacity and patient flow.

How do we compare with our peers?

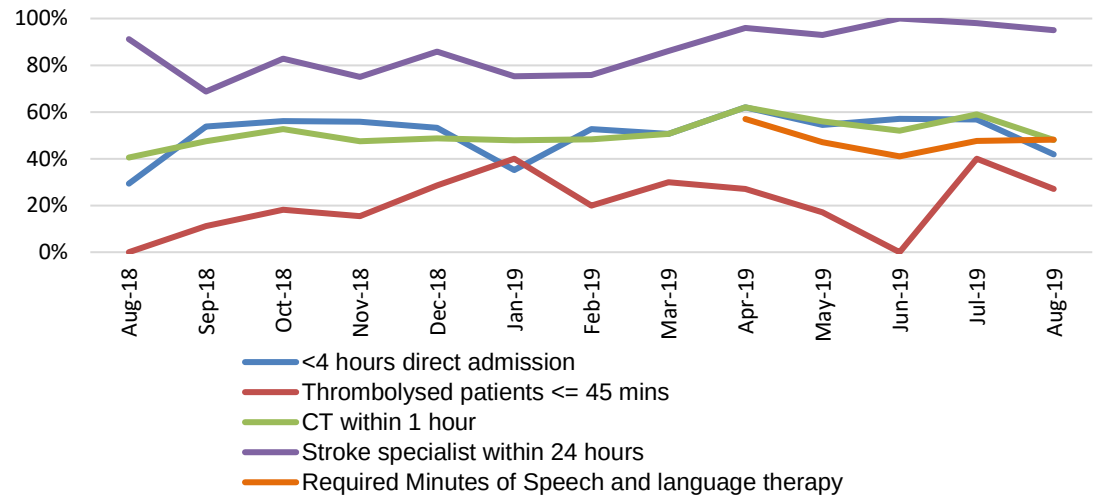
- The Health Board's 4 hour performance was 74.26% in August 2019, which was below the all-Wales 4 hour performance of 77.2% for this period.
- In August 2019, 93.1% of all patients in Swansea Bay UHB were assessed, treated and transferred from the Emergency Department within 12 hours, which was below the all-Wales position of 94.8%.

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: August 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	79%	59%	✗	↓ ●
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	30%	12 ↑ trend	✗	↑ ●
Measure 3: % of patients who receive a CT scan within 1 hour	51%	55%	✗	↑ ●
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	91%	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 Mar-19)



Benchmarking

Quality Improvement Measures (June-19)	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke consultant < 24 hours	5. Patients receiving minutes for SALT
AB	45.2%	93.5%	54.4%
BCU	68.7%	82.0%	71.1%
C&V	52.0%	80.8%	50.6%
CTM	37.2%	69.2%	36.8%
Hywel Dda	61.7%	88.9%	40.0%
SBU	56.8%	100.0%	40.9%

Source : All-Wales performance summary (August 2019) & Acute stroke quality improvement measures Delivery Unit report

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

How are we doing?

- Eligible Patients requiring Thrombolysis has remained positive at 100%, but our door to needle time within 45 minutes remains low. Direct admissions to a stroke unit bed within 4 hours continues to be under target at 42% which is mainly due to unscheduled care pressures. 95% was achieved for the end of August for Assessment by a Consultant and 48% compliance achieved for SALT within the required minutes. Our access to CT scanning within 1 hour has dropped from 52% in June 19 to 48% in August 19. Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston - the Clinical leads and managers for the service review individual patient pathways to identify opportunities for improvement. Actions being progressed in 2019/20 include:
- 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 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.
- Discussions to improve access to CT scanning and reporting to enable the Unit to achieve the desired target time within 1 hour are continuing between Radiology, Medicine and ED. Incremental actions continue to be implemented over Quarters 3 and 4.
- Arising from the Delivery Units review of Stroke Thrombolysis – an action plan has been developed within the Morriston and is in place. Cross directorate meetings with the Emergency department leads, Clinical support services leads and Medicine colleagues are taking place to improve various pathways.
- 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 UHB.
- A review of TIA service arrangements is planned over the next quarter to address availability / cover arrangements in Neath Port Talbot Hospital. Service Directors from NPT and Morriston are leading this work with support from their management and clinical teams with a view to recommend a way forward as part of the 2020/21 IMTP.

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 on out of hour's rota.
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.

How do we compare with our peers?

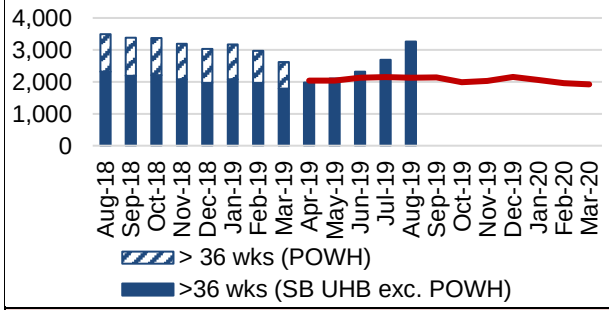
- Over the three month period ending in August - The Health Board's performance dropped in comparison to the other Hospitals delivering direct admissions in under 4 hours with 7 other hospital performing better than Morriston.
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

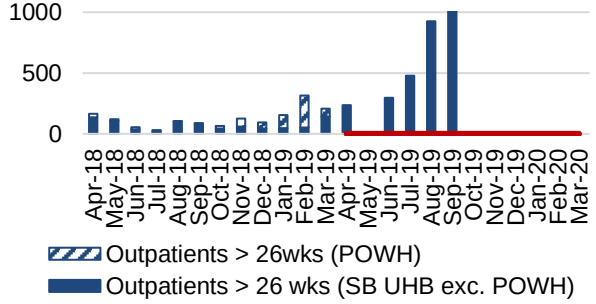
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** August 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	2,132	0	✗	↑
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment	0	0	✗	↑
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)	N/A	95%	✗	↓

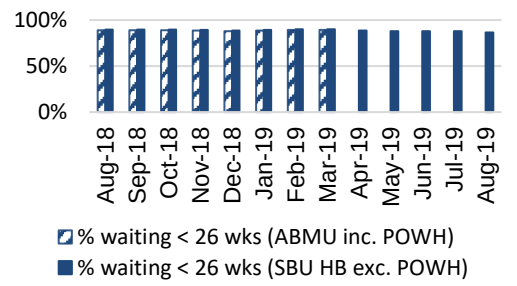
(1) Number of patients waiting more than 36 weeks for referral to treatment



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

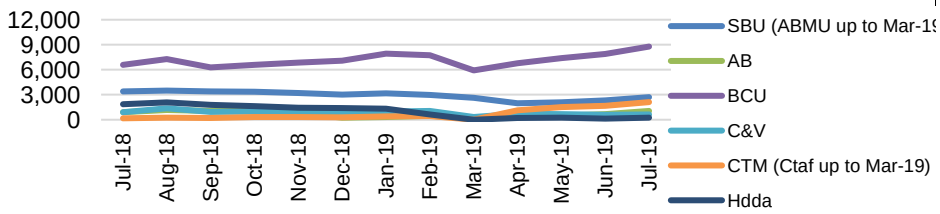


(3) % patients waiting less than 26 weeks for referral to treatment

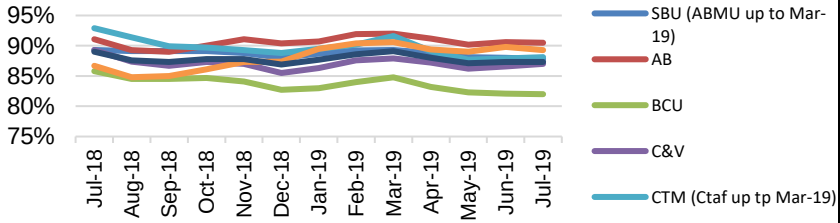


Benchmarking

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



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



Source : StatsWales (data extracted 23.09.19)

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 August 2019 there were 925 patients waiting over 26 weeks for a new outpatient appointment. This was an in-month deterioration of 446 compared with July 2019 and is largely contained within Gastroenterology (41%) and Ophthalmology (20%).
- There were 3,263 patients waiting over 36 weeks for treatment in August 2019 compared with 2,690 in July 2019, this is a deterioration of 573 and above the internal target of 2,132. ENT, General Surgery, Ophthalmology, OMFS, Orthopaedics and Plastic Surgery collectively account for 3,088 of the 3, 263 over 36 weeks at August 2019.
- 1,022 patients are waiting over 52 weeks in August 2019, which is 14 more than July 2019.
- The overall Health Board RTT target deteriorated from 87.8% in July 2019 to 86.4% in August 2019.

What actions are we taking?

The Health Board has been allocated £6.5m by Welsh Government from the NHS Performance Fund. The allocation will complement the funding within the Health Board's Annual Plan which is being used to support the provision of sustainable surgical capacity. As a result of the additional funding and a review of the cohort, the profiles have been revisited and key actions agreed by specialty where relevant. The weekly RTT meetings are focusing solely on delivery against the cohort plans:-

- Cardiology – focus on diagnostic improvements alongside the recurrent investments released from Welsh Health Specialised Services Committee
- ENT – increase in theatre capacity at Singleton Hospital, maximising the dedicated six surgical trolley area.
- General Surgery – additional all day dedicated list at Morriston Hospital to treat long waiting patients from September.
- Gynaecology – agreed MDT approach to review all sub-speciality cases and disperse other consultant colleagues, commenced in July.
- Ophthalmology – procurement process concluded and contracts in place with two providers for outsourcing cataract cases, commenced from 1st September.
- Cleft Lip and Palate (CLP) – investment released from WHSSC to reduce the adult surgical revision backlog through fortnightly lists at Singleton Hospital and a small cohort of more complex cases requiring an overnight stay planed for weekend working at Morriston Hospital commencing at the end of September
- Plastic Surgery – 12 month hand surgery locum appointed to address the backlog and Day Treatment Unit opened in September.
- Increased theatre capacity being put in place in Singleton and Neath Port Talbot Hospitals for head and neck, plastic hand surgery and urology.

What are the main areas of risk?

- 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.
- Constraints in the case-mix of suitable cases to outsource as the lists become smaller.
- Administrative vacancy gaps and sickness impacting on the ability to target robust validation.
- Sickness amongst key clinical staff affecting sub-speciality areas and nurse-led clinics.
- Staff fatigue to continue to undertake additional clinics and lists.
- Theatre nurse staffing pressures affecting cancellations and under-utilised lists.
- Demand of cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed.

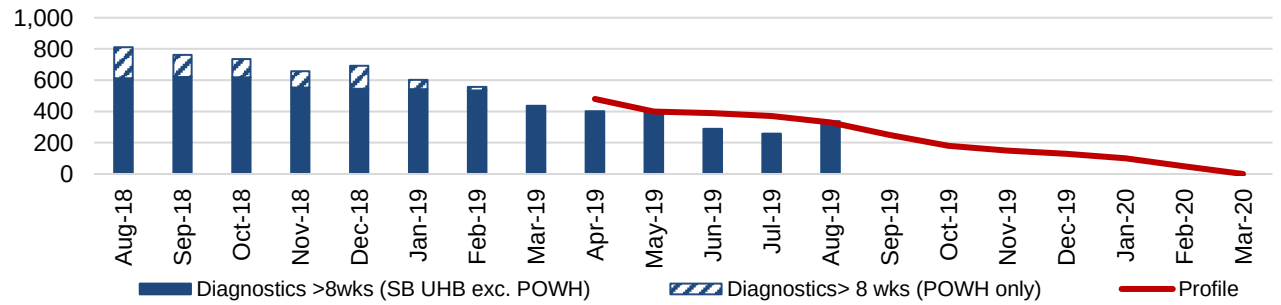
How do we compare with our peers?

- As at the end of July 2019, which is the latest published data available, the Health Board was below the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (87.8% compared with 88.0%) and however, was the second worst Health Board in Wales for the number of patients waiting over 36 weeks.

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

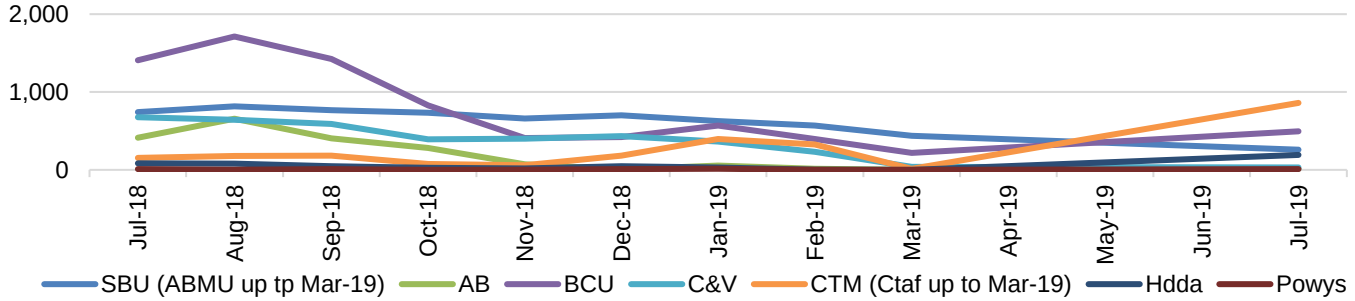
	Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)	330	0	✗	↓ ●

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



Benchmarking

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



Source : Stats Wales (data extracted 18.09.2019)

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

How are we doing?

- There were 337 patients waiting over 8 weeks for reportable diagnostics as at the end of August 2019, this is a 30% increase when compared with July 2019 (259 to 337). The breakdown for August 2019 is as follows:
- Cardiac Diagnostic Tests:
  - 24 hour tape/ holter= 1
  - Diagnostic Angiography = 3
  - Trans Oesophageal Echocardiogram (TOE)= 4
  - Myocardial Perfusion Scan= 17
  - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 131
  - Cardiac Computed Tomography (Cardiac CT)= 133
- Cystoscopy = 48
- All other diagnostic areas maintained a zero breach position in August 2019

What actions are we taking?

- There are two Urology Consultants commencing in September 2019 which will support the recovery of the Cystoscopy breach position through Quarter 3.
- The Myocardial Perfusion breaches are as a result of a vacancy at Singleton Hospital. Plans are in place to recover this position to Nil by year-end.
- 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?

- Late clinic cancellations due to unforeseen absence of key clinical staff.
- Breakdown of equipment.
- Workforce constraints in key professional groups (nationally and locally).

How do we compare with our peers?

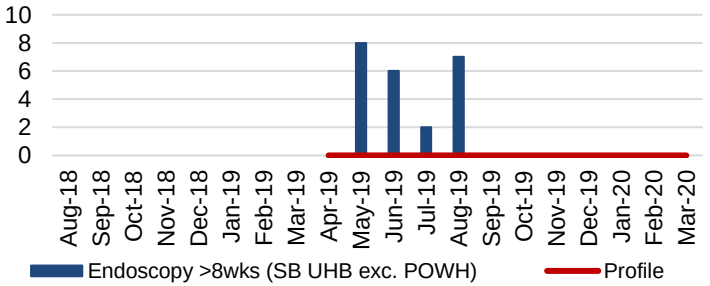
- At the end of July 2019, which is the latest published data available at the time of writing this report, the Health Board was the third worst performing Health Board.

ENDOSCOPY

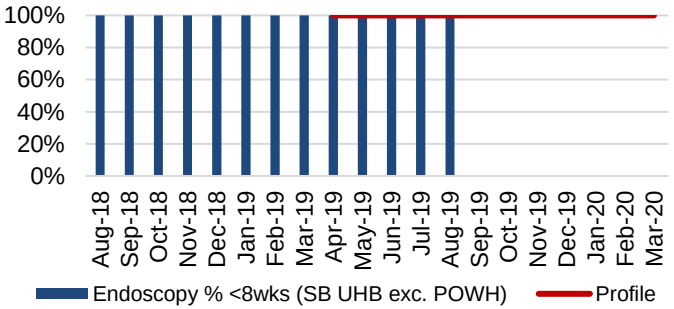
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
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:** August 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for Endoscopy	0	0	✗	↑
Measure 2: % patients waiting less than 8 weeks for Endoscopy	100%	100%	✗	↓

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

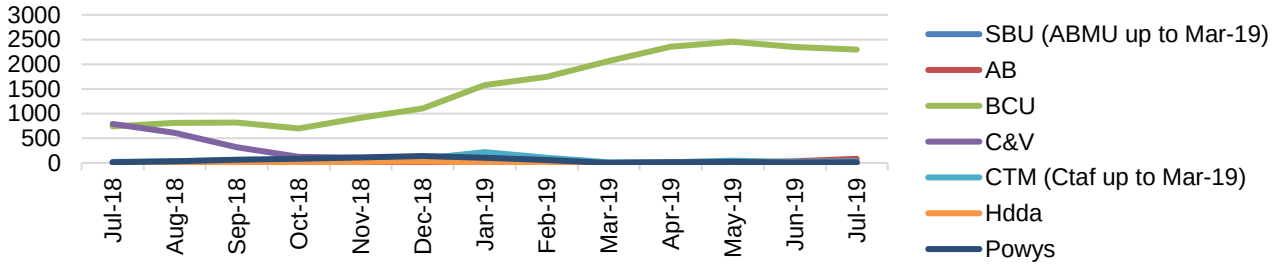


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

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



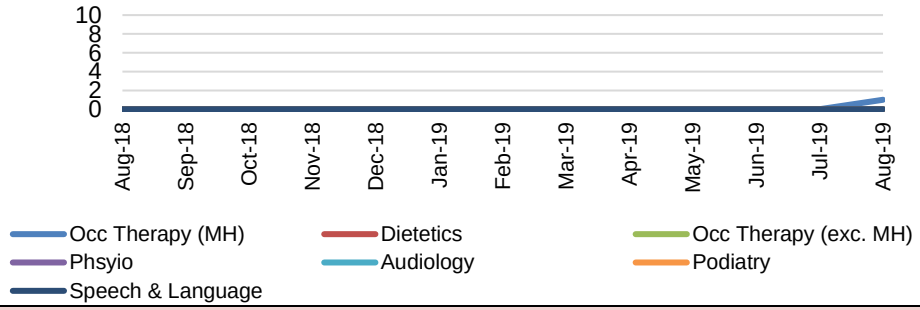
Source: NHS Wales Delivery Framework, all-Wales performance summary (August 2019)

Measure 1: Number of patients waiting more than 8 weeks for Endoscopy Measure 2: % patients waiting less than 8 weeks for Endoscopy
How are we doing?
• The Health Boardachieved a zero position for patients waiting over 8 weeks for endoscopy as of the end of March 2019. Quarter 1 and 2 2019/20 have been challenging but the 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 September 2019. The National Pension issues are impacting on the HB's ability to secure internal backfill of lists. • Ongoing additional insourcing support confirmed in Q1 and 2 2109/20 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 (HB) 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 23rd September 2019. • The HB's 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's team have been working with the JAG assessors and agreed on a pre-JAG visit on the 20th and 21st of November 2019. • Surveillance Endoscopic waits in the HB are a risk and immediate action planned and implemented to review how high risk patients are managed. This includes a clinical review of the longest waiting surveillance patients by the three clinical leads. Upper GI Surveillance waits are back within standard. • Clear and dedicated leadership for Endoscopy services will be key to drive through the changes required to ensure transformation of Endoscopy services. Within SBUHB, we are currently recruiting a Service Improvement Manager to drive Endoscopy transformation and have appointed three Clinical leads (one for each Singleton, Morriston and Neath Port Talbot Endoscopy Units) with the responsibility to develop and facilitate the implementation of the Endoscopy service improvement action plan required as part of the National Programme. • Bid submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals. 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.

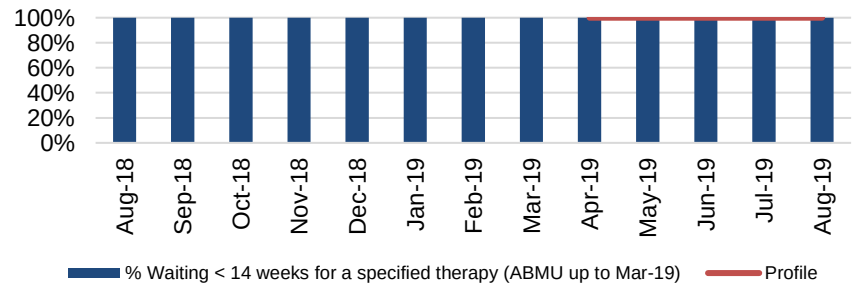
THERAPY WAITING TIMES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in 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:** August 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy	0	0	✗	↑
Measure 2: % of patients waiting less than 14 weeks for a specified Therapy	100%	N/A	✗	↓

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

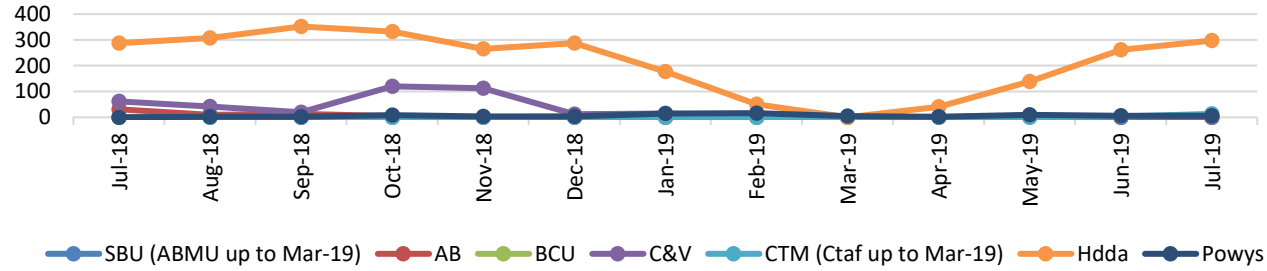


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

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



Jul-19	
SBU	0
AB	0
BCU	0
C&V	0
CTM	13
Hdda	297
Powys	6

Source : Stats Wales (data extracted 18.09.2019)

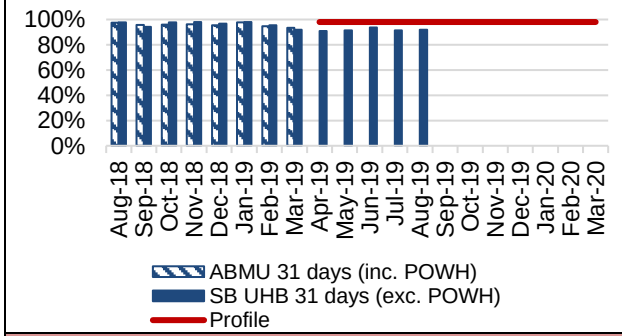
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of August 2019 with the exception of one breach in Mental Health Occupational Therapy. There are plans in place to recover the position in September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

CANCER WAITING TIMES

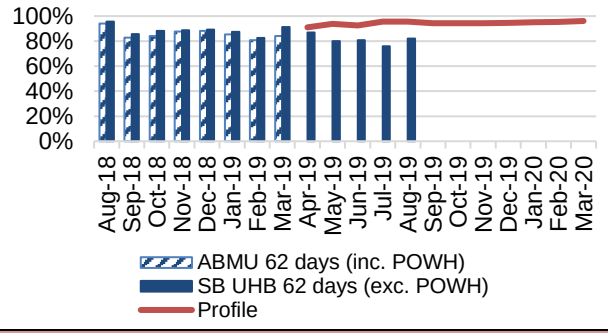
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

	Annual Plan Profile	WG Target	**Period:** August 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	96%	95%	✗	↓ ●
Measure 3: % patients starting 1st definitive cancer treatment within 62 days from point of suspicion		12 month ↑		

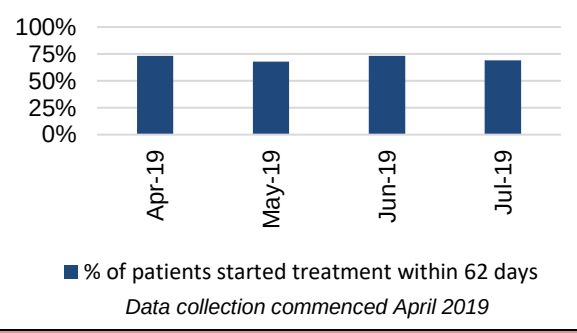
Measure 1



Measure 2

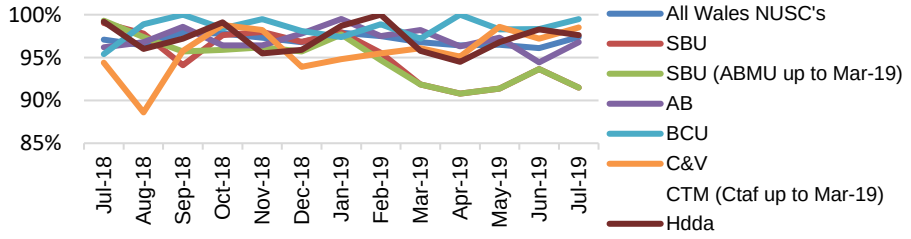


Measure 3

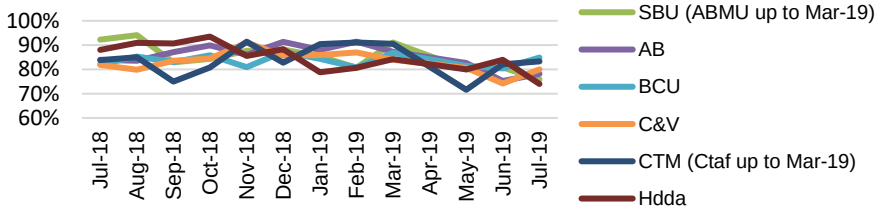


Benchmarking

(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 (August 2019)

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

How are we doing?

- NUSC performance for August 2019 is 93% (6 breaches).
- USC performance for August 2019 is 84% (19 breaches).
- Patients waiting over 62 days in backlog was variable through August, 45 patients were reported on the 11th August, the lowest number since April 19. It then peaked at 65 on the 18th August, there has been improvement since and backlog has reduced to 47 in September.

What actions are we taking?

Breast • Management configuration -2 new band 4 Pathway Managers to start the end of September. Support Manager to be advertised the end of Sept-19.

- Ongoing capacity issues within Breast services at Singleton, particularly to triple assessment. The wait to 1st assessment has reduced from 6 to 4 weeks by increasing the administrative support and reviewing current processes. Meeting to be arranged before end of Sept-19 with Radiology to discuss additional lists at weekends and evenings to increase capacity by 15 – 20 slots per week.
- Two Breast Clinical Fellows to be advertised to support pathway improvements – these posts will go to vacancy control panel on the 24th September.

Gynae • From September a new results clinic at Neath for patient seen within the PMB service who are confirmed to have malignancy was introduced. Pathways to reduce by 7 days and also improve patient experience. PMB CNS has handed notice in, the recruitment processes will commence to fill the post.

- Surgical Services are meeting in September to review possibility of swapping theatre lists between sites on Mondays in order to increase Morriston capacity.
- Weekly operating session at Hywel Dda expected to start in November however a list is being secured in the next 2-3 weeks to undertake the first case.
- 2 theatre sessions at Singleton have been identified for the recently appointed surgeon to utilise however, the majority of cases currently awaiting surgery have been identified high risk, requiring Morriston capacity.
- Macmillan patient pathway co-ordinator post is going vacancy panel on 24/09/19. The post will support the team and CNS's to pull patients through pathway.

Urology • Urology workforce is now at full establishment following the appointment of two new consultants, performance will improve going forward.

- Backlog of TURBT's caused by a combination of theatre issues and long term sick leave. Additional theatres have been requested but declined due to staffing.
- There are issues in regard to RALP capacity as SBMU only have access to one all day theatre per week in Cardiff. A meeting is scheduled for the 20th September to with Cardiff to progress discussions to secure additional capacity.

Haematology • A Locum consultant has been appointed. The plan is to make this appointment substantive.

Gastroenterology • Funding has been confirmed and agreed for a further two consultant Gastroenterologists and recruitment process is in progress.

What are the main areas of risk?

- 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
- Growing waiting times in radiotherapy – Linac issues due to power cuts, also two linacs have been out of use due to breakdown issues.
- Consultants unwilling/reluctant to run additional clinics due to pension implications.
- Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities
- Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave.
- Ongoing issues with delivery of Breast services, particularly waits to triple assessment (6 weeks to first appointment).
- ENT Consultant only able to undertake office based activities for 6-8 weeks due to injury. 2nd ENT Consultant is also on sick, likely to be at least 6 weeks.
- Pleural Service has seen an increase in demand and have submitted a SCP bid to expand the service.

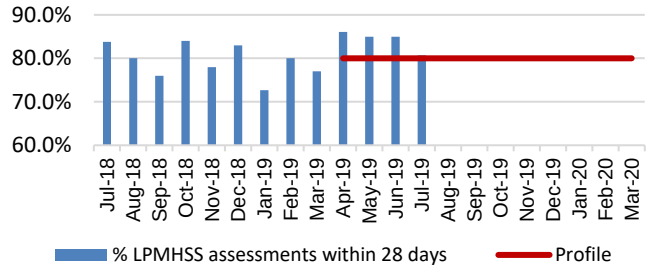
How do we compare with our peers?

- USC performance in July saw SBUHB report 75.9% (2nd lowest of Welsh HB's), below the Wales average of 79.8%.
- NUSC performance in July saw the HB report 91.5% (the lowest of all Welsh HB's). The Wales average was 97.4%

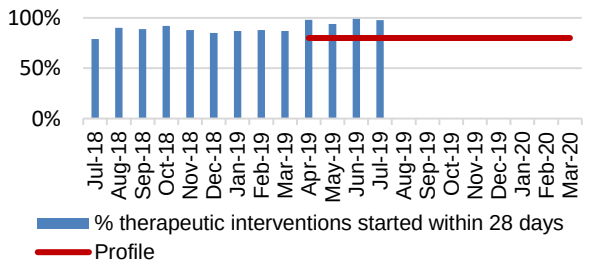
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated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

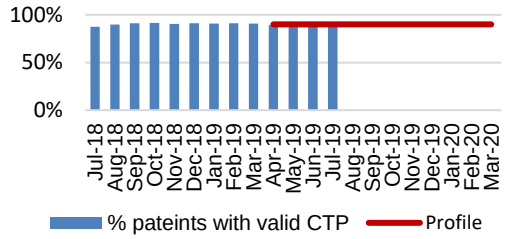
Measure 1



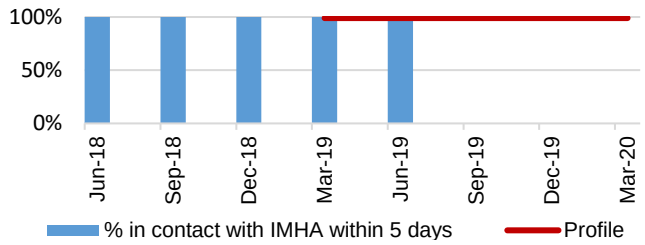
Measure 2



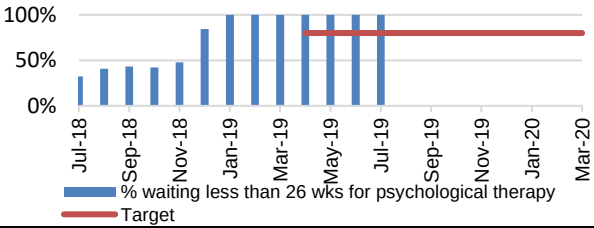
Measure 3



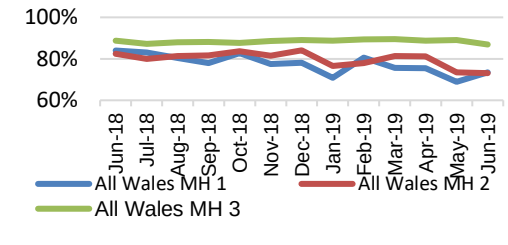
Measure 4



Measure 5



Benchmarking



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

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

How are we doing?

- **Measure 1** - SBU met the target for 9 of the 13 months shown. This data includes CAMHS which is collated by Cwm Taf 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 the 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 8 of the 13 months shown. There was a slight dip from April to July 2019 with average compliance at 89%, we met the target in August.
- **Measure 4** - The % of qualifying patients who had their first contact with IMHA within 5 working days in March 2019 was 100%.
- **Measure 5** - The % of patients waiting to start a psychological therapy at end of July 2019 was 100%, as defined as high intensity or specialist psychological therapies (as defined in Matrics Cymru). Referrals for low intensity interventions are excluded.

What actions are we taking?

- The LMPHSS has benefited from recent additional Welsh Government resources to help build up the local teams. This will allow the service to help keep pace with additional demand.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for therapy.

What are the main areas of risk?

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

How do we compare with our peers?

July 2019

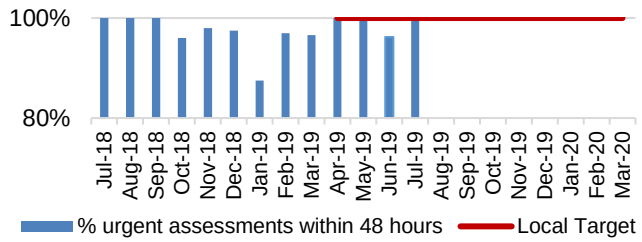
- All-Wales MH1 measure ranged from 42% to 87% including CAMHS 81% SB
- All-Wales MH2 measure ranged from 62% to 98% including CAMHS 98% SB
- All-Wales MH3 measure ranged from 80% to 94% including CAMHS 88% SB
- All-Wales MH5 measure ranged from 20% to 100% 100% SB

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

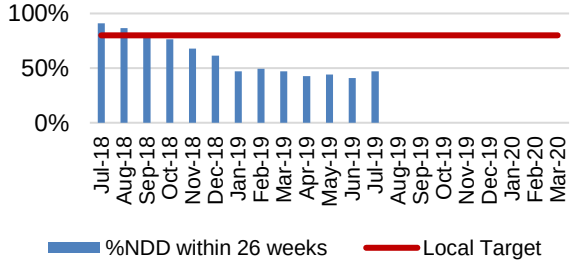
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** August 2019 **Current Status** *(against target):*	**Movement:** *(12 month trend)*
(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	100%	✓	↑
(2) NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	80%	✗	↓
(3) P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	80%	✗	↓
(4) P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS	80%	✓	↑
(5) S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan	90%	✓	↑
(6) S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	80%	✗	↑

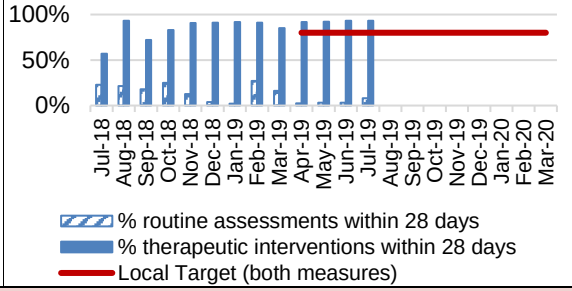
Crisis



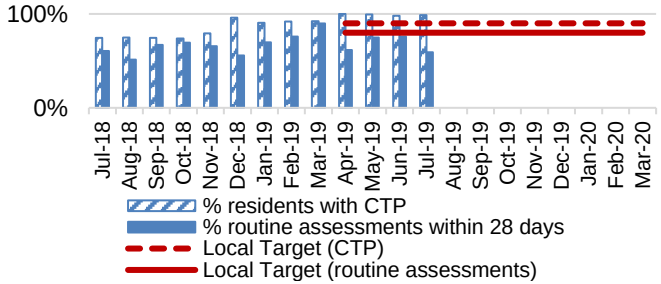
NDD



P-CAMHS



S-CAMHS



Benchmarking (SCAMHS)

Date: Performance as at 20th September 2019	Swansea Bay	NPT	Swansea	Cwm Taf
Total WL	52	24	28	125
> 4 Weeks	10	3	7	48
Compliance	80.8%	87.5%	75.0%	61.6%
Average Weeks	1.6	1.2	1.9	2.8

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 July is at 100%.
- Measure 2: NDD – The referral rate has stabilised, however large fluctuations are still experienced making future projections difficult. Compliance against the target has stabilised during Q2, with a slight improvement in July to 47% compared to 41% in June.
- Measure 3: P-CAMHS – Compliance against the assessment within 28 days remains low and will remain so until all children and young people (CYP) are being seen within 28 days. The average waiting time for patients has dropped significantly and the average wait is now 4 weeks. The workload of P-CAMHS has now stabilised unlike other areas in Wales.
- Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during Q1 & Q2 of 2019/ 20. The service prioritises this target since it is seen as a key quality indicator that once young people start their interaction with CAMHS they are seen quickly.
- Measure 5: S-CAMHS – Compliance against the Care and Treatment Plan target of 90% was achieved.
- Measure 6: S-CAMHS - Compliance against the 80% target in July was at 59%. Performance against this target has been variable over the last 12 months, due to staff vacancies but has improved since this reporting period with the target being achieved.

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 2019/20 financial year. This situation remains similar across Wales and is being escalated through the all-Wales National ND Steering Group and through Swansea Bay UHB Executive team. Accommodation issues are now resolved, with the team centralised on the Neath Port Talbot site from September 2019. Additional funding has been provided to expand the clinical team, with an 8a clinical lead currently advertised, together with a band 5 administrator. Further roles are being explored including pharmacy input for medication monitoring and expansion of nursing team.
- CAMHS –The variation in performance experienced is consistently related to the number of vacancies across the services. Swansea Bay have agreed to the utilisation of vacancy underspend to fund waiting list initiatives to improve the position – this spend is reviewed every three months. During 2018/ 19 all partners have progressed work programmes to understand the challenges for CAMHS including a demand & capacity exercise, and a review of P-CAMHS by the NHS Wales Delivery Unit. 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 Swansea Bay 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 data available to undertake peer review across CAMHS, however there is some data available against the SCAMHS target which is shown in the benchmarking section above.

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

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

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

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

										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**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.												
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.												
	Total antibacterial items per 1,000 STAR-PUs		Q4 18/19	329.6	4 quarter ↓			305.6		288.9			330.7			329.6						
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q4 18/19	8.2%	4 quarter ↓			7.6%		10%			8.3%			8.2%						
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-19	91%		*95%*	✗			*94%*		*90%*		*90%*		*92%*		*87%*		*91%*		
	% stop or review date documented on medication chart		Jul-19	54%		*95%*	✗			*54%*		*56%*		*56%*		*55%*		*52%*		*54%*		
	% of antibiotics prescribed on stickers		Jul-19	81%		*95%*	✗			*73%*		*78%*		*47%*		*75%*		*61%*		*81%*		
	% appropriate antibiotic prescriptions choice		Jul-19	97%		*95%*	✓			*97%*		*95%*		*96%*		*96%*		*98%*		*97%*		
	% of patients receiving antibiotics for >7 days		Jul-19	11%		*<20%*	✓			*15%*		*9%*		*13%*		*7%*		*8%*		*11%*		
	% of patients receiving surgical prophylaxis for > 24 hours		Jul-19	18%		*<20%*	✓			*8%*		*73%*		*46%*		*39%*		*6%*		*18%*		
	% of patients receiving IV antibiotics > 72 hours		Jul-19	46%		*<30%*	✗			*49%*		*42%*		*47%*		*31%*		*35%*		*46%*		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-19	81.2	<67			85.13		102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2
	Number of E.Coli bacteraemia cases (Hospital)		*Sep-19*	*5*		*9*	✓			*15*	*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*
	Number of E.Coli bacteraemia cases (Community)			*18*		*30*	✓			*34*	*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*
	Total number of E.Coli bacteraemia cases			*23*		39	✓			49	41	53	38	28	31	43	27	22	29	35	22	23
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-19	34.9	<20			25.99		37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9
	Number of S.aureus bacteraemias cases (Hospital)		*Sep-19*	*3*		*6*	✓			*7*	*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*
	Number of S.aureus bacteraemias cases (Community)			*5*		*5*	✓			*3*	*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*
	Total number of S.aureus bacteraemias cases			*8*		11	✓			10	12	17	11	18	16	11	14	11	11	17	7	8
	Cumulative cases of C.difficile per 100k pop		Sep-19	29.3	<26			26.22		42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3
	Number of C.difficile cases (Hospital)		*Sep-19*	*8*		*6*	✗			*5*	*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*
	Number of C.difficile cases (Community)			*2*		*3*	✓			*4*	*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*
	Total number of C.difficile cases			*10*		9	✗			9	19	10	16	7	7	8	3	11	10	13	10	10
	Cumulative cases of Klebsiella per 100k pop		Sep-19	23.6				21.75								28.6	15.7	15.5	21.8	20.3	22.1	23.6
	Number of Klebsiella cases (Hospital)		*Sep-19*	*7*		6	✗			6	11	5	11	10	15	4	2	4	7	1	8	7
	Number of Klebsiella cases (Community)			*2*		5	✓			6	9	9	1	6	5	4	3	1	4	4	3	2
	Total number of Klebsiella cases			*9*		11	✓			12	20	14	12	16	20	8	5	5	11	5	11	9
	Cumulative cases of Aeruginosa per 100k pop		Sep-19	9.8				6.35								5.8	9.4	9.3	12.5	10.0	10.4	9.8
	Number of Aeruginosa cases (Hospital)		*Sep-19*	*2*		0	✗			0	2	4	2	0	0	0	3	1	2	1	2	2
	Number of Aeruginosa cases (Community)			*0*		2	✓			3	0	2	3	0	2	0	0	2	4	0	2	0
	Total number of Aeruginosa cases			*2*		2	✓			3	2	6	5	0	2	0	3	3	6	1	4	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-19	96%		95%	✗			98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q1 19/20	0	0			2		-			0			1			0			
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-19	20%	90%	75%	✗	34.5%		86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%
	Number of new Never Events	National	Sep-19	0	0	0	✓	5		0	0	0	0	0	0	1	0	1	1	1	1	0
	Number of risks with a score greater than 20	Local	Sep-19	103		12 month ↓	✗			73	66	45	48	53	54	51	72	66	75	81	88	103
	Number of risks with a score greater than 16	Local	Sep-19	197		12 month ↓				New local measure for 2019/20							167	151	162	164	175	197
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Sep-19	5		12 month ↓	✓			7	13	8	12	6	17	15	3	9	8	2	6	5
	Number of Safeguarding Children Incidents	Local	Sep-19	3		Monitor				3	10	9	3	13	7	7	6	10	6	7	6	3
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-19	14		12 month ↓	✓			52	47	40	40	50	45	64	29	16	13	18	14	
	Number of pressure ulcers developed in the community		Aug-19	37		12 month ↓	✓			71	60	63	58	77	62	47	34	33	23	33	37	
	Total number of pressure ulcers		Aug-19	51		12 month ↓	✓			*123*	*107*	*103*	*98*	*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-19	0		12 month ↓	✓			1	6	3	3	4	10	7	1	2	1	2	0	
	Number of grade 3+ pressure ulcers acquired in community		Aug-19	8		12 month ↓	✓			8	9	12	13	16	11	10	10	6	6	7	8	
	Total number of grade 3+ pressure ulcers		Aug-19	8		12 month ↓	✓			*9*	*15*	*15*	*16*	*20*	*21*	*17*	*11*	*8*	*7*	*9*	*8*	
Inpatient Falls	Number of Inpatient Falls	Local	Sep-19	241		12 month ↓	✓			328	293	291	300	341	276	326	210	226	189	186	227	241
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		3	2			1			0			0		
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Jun-19	25%	12 month ↑			85%		40%	50%	40%	53%	18%	43%	43%			25%			
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%	12 month ↑			59%		53%	75%	55%	-	-	-	-						

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Sep-18	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	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
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2016/17= 5.97, 2018/19=6.40												
	Number of new formal complaints received	Local	Sep-19	110		12 month ↓ trend	✔			114	140	91	84	138	96	114	93	95	118	138	114	110
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-19	81%	75%	78%	✔	62.9%		83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%		
	% of acknowledgements sent within 2 working days	Local	Aug-19	100%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jul-19	3,288	> 5% annual ↓			14,285		3,490	3,332		3,364		3,373	3,350	3,320			3,288		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2017/18= 16.2%												

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

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

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Sep-18	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	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
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-19	6.3%	12 month ↓					6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.1%	6.4%	6.8%	6.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-19	8.0%	12 month ↓					7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.5%	8.0%	7.6%	8.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-19	67.3%		90%	✖			74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%
	% of theatre sessions starting late	Local	Sep-19	42.7%		<25%	✖			39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%
	% of theatre sessions finishing early	Local	Sep-19	42.7%		<20%	✖			36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%						18.4%					31.3%			
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%		77.0%			56.9%			62.6%						
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q1 19/20	32.2%	4 quarter ↓			33.2%								31.1%			32.2%			
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-19	67%	85%	75%	✖	70.3%		65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-19	80%	85%	80%	✔	79.1%		65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%
	% workforce sickness and absent (12 month rolling)	National	Aug-19	5.96%	12 month ↓			5.36%		5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.96%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																							
										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	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Sep-19	88%	Annual ↑	95%	✖	86.2%		88%	88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Sep-19	95%	Annual ↑	95%	✔			95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%
	% of population regularly accessing NHS primary dental care	National	Mar-19	62.2%	4 quarter ↑			55%		62.4%			62.3%			62.2%						
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	96%	90%					96%	93%	96%	95%	96%	92%	96%	96%	97%	96%	98%		
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					88%	0%	50%	79%	80%	60%	80%	83%	50%	100%	-		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-19	67%	65%	65%	✔	69.0%		78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%
	Number of ambulance handovers over one hour	National	Sep-19	778	0	200	✖	3,130		526	590	628	842	1,164	619	928	732	647	721	594	632	778
	Handover hours lost over 15 minutes	Local	Sep-19	2,432						1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Sep-19	71%	95%	85.5%	✖	77.2%		77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Sep-19	941	0	238	✖	4,847		588	680	665	756	986	685	862	653	602	644	642	740	941
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Sep-19	29%	55.5%	80%	✖	49.1%		54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%
	CT Scan (<1 hrs)	Local	Sep-19	42%		58%	✖			48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Sep-19	95%	84.1%	94%	✔	84.6%		69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%
	Thrombolysis door to needle <= 45 mins	Local	Sep-19	0%	12 month ↑	30%	✖			11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%
	% patients receiving the required minutes for speech and language therapy	National	Sep-19	50%	12 month ↑			48.5%									57%	47%	41%	48%	48%	50%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Sep-19	85%	95%			87.3%		89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-19	1,039	0	0	✖	23,918		89	65	125	94	153	315	207	236	323	297	479	925	1,039
	Number of patients waiting > 36 weeks for treatment	National	Sep-19	3,565	0	2,137	✖	15,543		3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Aug-19	63.6%	95%			63.0%										64.3%	62.4%	64.4%	63.6%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-19	294	0	250	✖	4,158		762	735	658	693	603	558	437	401	401	295	261	344	294
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-19	0	0	0	✔	316		0	0	0	0	0	0	0	0	0	0	0	1	0
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-19	132,054	15% reduction by March 2020			883,452		178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-19	23,537	15% reduction by March 2020			216,909		32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Sep-19	92%	98%	98%	✖	97.4%		96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	92%
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Sep-19	83%	95%	94%	✖	79.8%		83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	83%
	% of patients starting definitive treatment within 62 days from point of suspicion	National	Aug-19	67%	12 month ↑			75.1%									73.1%	67.8%	73.1%	69.0%	67.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Aug-19	79%	80%	80%	✖	71.7%		76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Aug-19	92%	80%	80%	✔	75.3%		89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Jun-19	100%	100%	100%	✔	100.0%		100%			100%			99%			100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-19	100%	95%	95%	✔	74.3%		43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-19	98%		100%	✖			100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-19	39%	80%	80%	✖	50.0%		81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Aug-19	12%		80%	✖			18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Aug-19	89%		80%	✔			72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Aug-19	99%		90%	✔			74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-19	64%		80%	✖			67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	

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

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

HCA	Healthcare acquired
HCSW	Healthcare Support Worker
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
OT	Occupational Therapy
PA	Physician Associate
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