Meeting Date	**24th February 2020**	**Agenda Item**	**3.3**
Report Title	**Quality & Safety Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance & Finance		
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 new cycle of reporting will see the usual report format for months one and two in the quarter and the presentation of performance via report cards for the third month in the quarter. As this is a quarterly report, the narrative sections have been replaced by a suite of performance report cards that provide a detailed summary of end of 2019/20 quarter three performance. Due to the availability of data and the lengthy process involved in co-ordinating/ completing the cycles for updating the report cards, it is possible that the summary tables and dashboards will have more up to date data than the report cards as the data only became available after the report cards were finalised. The report cards can be found in Appendix 1 of this report. Key high level issues to highlight this month are as follows: **Unscheduled Care**- January 2020 was another challenging month. The Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% and Morriston Hospital saw an in-month improvement in performance and achieved 60.7% in January 2020. However, there was an in-month deterioration in the 12 hour A&E waiting times target. Ambulance handovers taking more than 1 hour		

	improved in January 2020 as well as the percentage of ambulance red calls responded to within 8 minutes which was above the national 65% target. At the time of writing this report, performance for February 2020 is showing further signs of improvement. **Planned Care**- Waiting times for outpatient appointments and elective treatment deteriorated in January 2020. The planned care position continues to be robustly managed in order to deliver the best possible position at the end of quarter 4. **Diagnostic waiting times-** There continues to be a high number of patients waiting over 8 weeks for Echo Cardiograms due to staff sickness and vacancies. A recovery plan has been developed which will deliver a nil position for Echo Cardiogram breaches by the end of March 2020. **Healthcare acquired infections**- Internal reduction profiles were achieved in January 2020 for E.Coli Bacteraemia, C.*difficile*, Klebsiella bacteraemia and Pseudomonas aerginosa bacteraemia. There was one case of MRSA in Singleton Hospital in January 2020. **Never Event-** A new Never Event was reported in January 2020 relating to wrong site surgery within Orthopaedics in Morriston Hospital. A Local Safety Alert is being completed to be issued within Morriston Delivery Unit. Morriston Unit medical and nurse directors are looking into having an external review completed for the last 3 Never Events which involved theatres. Assurance is being sought from all Service Delivery Unit through the quarterly review meetings that the Local Safety Standards for Invasive Procedures (LocSSIPs) are in place and processes are embedded to audit compliance. **Serious Incidents closures**- Performance against the 80% target deteriorated again from 38% in December 2019 to 28% in January 2020. Of the 25 Serious Incidents (SIs) that were due to be closed in December 2019, only 7 achieved the 60 working day target. Out of the 18 that did not achieve the target, 13 related to Mental Health & Learning Disability, 1 related to Primary and Community Care and 4 related to Morriston Hospital. Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board's position due to the high volume of cases assigned to the Unit.			
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance.			

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 January 2020. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report

Performance report cycle

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

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

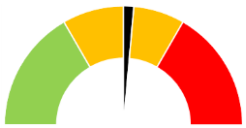
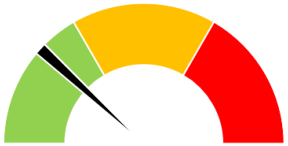
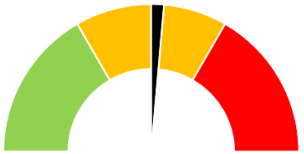
Appendix 1- Quality & Safety Performance Report

February 2020

CONTENTS PAGE

1. Overview- Key performance indicators summary

The following is a summary of all the key performance indicators included in this report.

Staying Healthy	Safe Care	Effective Care	Dignified Care	Individual care	Timely Care
					
Childhood immunisations	Infection control	DTOCs	Complaints	Patient Feedback	Unscheduled Care
	Serious incidents	Mortality		Mental Health	Stroke
	Never Events	NOF			Planned Care
	Pressure Ulcers				Delayed Follow-ups
	Falls				Cancer
					Mental Health
					CAMHS

** RAG status is against internal profile or target in the absence of a profile*
*** For targets that are based on 12 month trends, a RAG is provided where disaggregated Swansea Bay University Health Board data is available*

2. Summary

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						**95.7%**
	% of children who received 2 doses of the MMR vaccine by age 5			93%						**92.6%**

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	40	10	0	5	18	0	**33**
	Number of S.aureus bacteraemia cases			10	4	1	1	7	0	**13**
	Number of C.difficile cases			13	3	0	3	5	0	**11**
	Number of Klebsiella cases			10	6	0	1	1	0	**8**
	Number of Aeruginosa cases			4	0	0	2	1	0	**3**
	Compliance with hand hygiene audits	Local	95%		97.0%	100.0%	96.3%	100.0%	99.0%	**97.4%**
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		2	2	4	2	4	**14**
	Number of Never Events	National	0		1	0	0	0	0	**1**
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		11	1	10	25	1	**48**
	Total number of Grade 3 + Pressure Ulcers				1	0	1	3	0	**5**
	Pressure Ulcer (Hosp) patients per 100,000 admissions									**306**
Falls	Total number of Inpatient Falls	Local	12 month reduction trend		110	42	46	7	44	**249**
	Falls per 1,000 beddays		Between 3.0 & 5.0							**5.68**

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										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					23	**23**
	Delayed transfers of care- non-mental health			60	13	23	4	6	6	**52**
Mortality	Universal Mortality Reviews completed within 28 days	National	95%		99%	94%	100%			**99%**
	Stage 2 mortality reviews completed within 60 days	Local	100%		71%	-	100%			**78%**
	Crude Mortality	National	12 month reduction trend		1.31%	0.14%	0.44%			**0.79%**
Fractured Neck of Femur (NOF)	**Prompt orthogeriatric assessment-** % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	75%		76.7%					**76.7%**
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture				59.8%					**59.8%**
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124				69.8%					**69.8%**
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation				74.1%					**74.1%**
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation				39.8%					**39.8%**
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up				70.0%					**70.0%**
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months		12 month improvement trend		8.3%					**8.3%**
	% of survival within 30 days of emergency admission for a hip fracture				95.6%					**95.6%**

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

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Complaints	Number of new complaints received	Local	12 month reduction rend		60	8	33	15	17	**142**
	% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	96%	64%	83%	64%	46%	**76%**

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,277	464	1,261	185	19	**3,187**
	% of patients who would recommend and highly recommend		90%		94%	97%	96%	92%	74%	**95%**
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		85%	91%	84%	91%	-	**86%**
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		100%						100%	**100%**

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Unscheduled Care	Number of ambulance handovers over one hour	National	0	451	819		28			**847**
	% 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		95%	78%	60.7%	95.1%	MIU closed			**71.6%**
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0	612	1,038	0	MIU closed			**1,038**
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	59.8% (UK SNAP average)	82%	24%					**24%**
	% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	58%	43%					**43%**
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.2% (UK SNAP average)	93%	90%					**90%**
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	40%	0%					**0%**
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		33%					**33%**
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		593	0	860	0		**1,453**
	Number of patients waiting > 36 weeks for treatment	National	0	1,236	4,067	0	1,556	0		**5,623**
	Number of patients waiting > 8 weeks for a specified diagnostics		0	100	628		0			**628**
	Number of patients waiting > 14 weeks for a specified therapy		0			0		0	0	**0**

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

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care											
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 15% by Mar-20	118,513						**131,090**
	Number of patients delayed by over 100% past their target date		Reduce by at least 15% by Mar-20	21,618						**19,969**
	Number of patients delayed past there agreed target date (booked and not booked)		Reduce by at least 15% by Mar-20	43,591						**43,979**
	Number of Ophthalmology patients without an allocated health risk factor		98% by Dec-19	TBC						557
	Number of patients without a documented clinical review date		95% by Dec-19	TBC						**177**
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%	97%		98%			**97%**
	% 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		95%	95%	91%	57%	73%			**80%**
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						98%	**87%**
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS		80%						92%	**95%**
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA		100%						100%	**100%**
	% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%						100%	**100%**
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						100%	**100%**
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						36%	**36%**
	% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						4%	**4%**
	% of therapeutic interventions started within 28 days following assessment by LPMHSS		80%						100%	**100%**
	% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan		90%						100%	**100%**
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)		80%						69%	**69%**

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

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

3.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	96%		96.6%			95.2%			95.5%						
	Swansea				96.1%			95.8%			95.8%						
	HB Total				**96.5%**			**95.6%**			**95.7%**						
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	93%		92.2%			94.4%			92.3%						
	Swansea				89.6%			91.3%			92.9%						
	HB Total				**91.1%**			**92.5%**			**92.6%**						

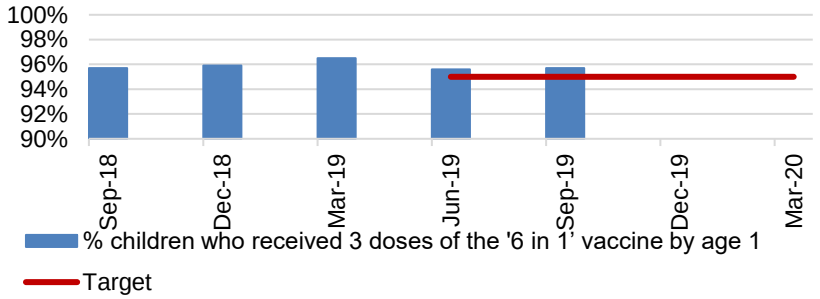
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

3.2 Staying Healthy Report Cards

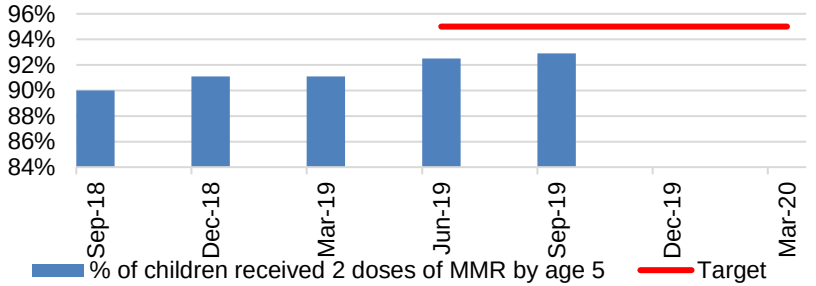
CHILDHOOD IMMUNISATIONS			
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing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

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

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

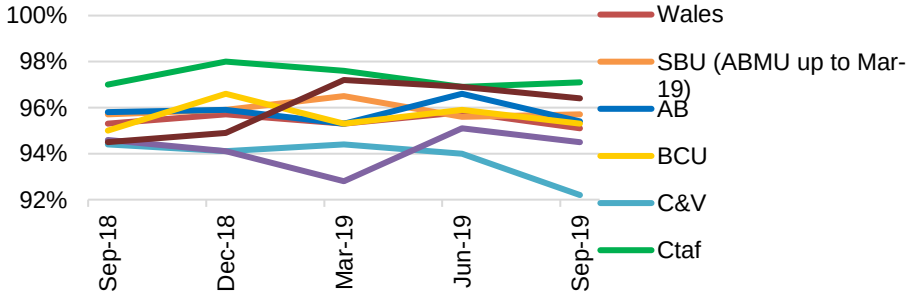


(2) % of children who received 2 doses of the MMR vaccine by age 5

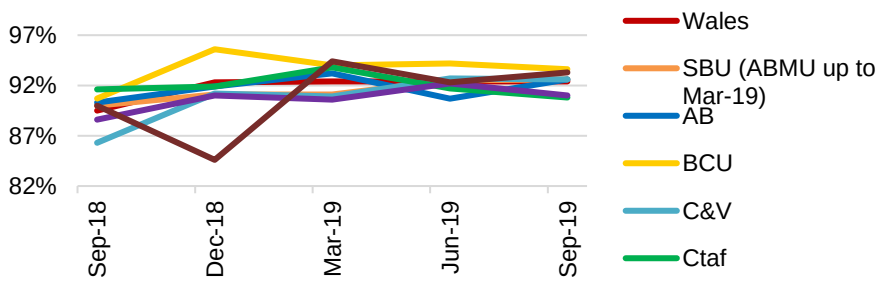


Benchmarking

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



(2) Benchmark – MMR Vaccine by Age 5



Source: Public Health Wales COVER Report September 2019

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

How are we doing?

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

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

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

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

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	29		17	16	22	17	15	22	21	13	18	15	10	20	18
	PCCS Hospital		0		0	0	1	0	0	1	0	1	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		8		3	5	6	7	3	6	12	4	5	5	3	7	10
	NPTH		2		0	2	2	1	0	0	0	1	0	3	1	1	0
	Singleton		1		5	5	8	2	4	0	2	3	0	2	1	4	5
	Total		**40**		**28**	**31**	**43**	**27**	**22**	**29**	**35**	**22**	**23**	**25**	**15**	**32**	**33**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		9	7	7	3	3	5	9	3	5	2	3	4	7
	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		4		2	3	2	7	7	2	6	2	2	7	4	4	4
	NPTH		1		0	0	0	1	0	1	1	0	1	1	0	0	1
	Singleton		0		6	2	2	3	1	3	1	2	0	3	4	3	1
	Total		**10**		**18**	**16**	**11**	**14**	**11**	**11**	**17**	**7**	**8**	**13**	**11**	**11**	**13**
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		4	3	5	1	3	4	4	5	2	6	4	4	5
	PCCS Hospital		0		0	0	1	0	0	0	0	0	0	1	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		7		1	4	1	1	3	5	4	3	6	6	9	3	3
	NPTH		0		0	0	0	0	0	0	1	1	1	1	2	1	0
	Singleton		2		2	0	0	1	5	1	4	1	1	5	2	3	3
	Total		**13**		**7**	**7**	**8**	**3**	**11**	**10**	**13**	**10**	**10**	**19**	**17**	**11**	**11**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		6	5	4	3	1	4	4	3	2	0	4	2	1
	PCCS Hospital		0		0	0	1	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	1	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		5	7	1	1	3	3	1	5	4	3	3	2	6
	NPTH		0		0	0	0	0	0	3	0	0	1	0	0	1	0
	Singleton		1		3	6	2	1	1	1	0	3	2	1	1	1	1
	Total		**10**		**16**	**20**	**8**	**5**	**5**	**11**	**5**	**11**	**9**	**4**	**8**	**6**	**8**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		0	2	0	0	2	4	0	2	0	0	0	1	1
	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		1		0	0	0	3	1	1	1	1	0	0	1	1	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		0	0	0	0	0	1	0	1	2	1	0	0	2
	Total		**4**		**0**	**2**	**0**	**3**	**3**	**6**	**1**	**4**	**2**	**1**	**1**	**2**	**3**
Compliance with hand hygiene audits	PCCS	95%			96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%
	MH&LD				97.9%	98.1%	96.2%	97.0%	97.5%	97.8%	97.7%	97.1%	96.8%	97.3%	94.4%	93.8%	99.0%
	Morriston				95.3%	95.0%	94.7%	94.2%	97.5%	96.1%	98.2%	95.8%	96.5%	96.2%	99.4%	97.9%	97.0%
	NPTH				100.0%	96.0%	88.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	98.3%	97.4%	100.0%
	Singleton				91.7%	95.3%	94.8%	97.3%	96.7%	95.7%	94.8%	94.9%	95.8%	95.9%	95.0%	95.3%	96.3%
	Total				**95.7%**	**96.2%**	**94.5%**	**96.5%**	**98.1%**	**97.1%**	**97.2%**	**96.0%**	**96.5%**	**96.9%**	**96.7%**	**96.0%**	**97.4%**

Measure	Locality	National/ Local Target	Internal profile		ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			8	1	0	0	0	0	0	2	1	1	2	4	2
	MH&LD				2	39	17	2	3	13	6	11	7	10	5	8	4
	Morriston				2	2	9	7	7	2	4	3	5	5	1	4	2
	NPTH				1	0	2	1	1	0	2	1	0	1	1	1	2
	Singleton				4	2	6	5	2	2	3	6	2	2	2	3	4
	Total				**21**	**49**	**36**	**18**	**13**	**18**	**16**	**23**	**19**	**19**	**11**	**20**	**14**
Number of Never Events	PCCS	0			0	0	0	0	0	0	1	0	0	1	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston				0	0	1	0	1	1	0	0	0	0	0	1	1
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	1	0	0	0	0	0
	Total				**0**	**0**	**1**	**0**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			77	62	47	34	33	23	33	37	25	29	31	24	
	PCCS Hospital				0	0	0	0	0	1	0	0	0	1	0	1	
	MH&LD				0	1	0	0	0	0	0	0	0	0	1	1	
	Morriston				8	10	19	14	9	4	8	4	5	7	14	11	
	NPTH				0	2	0	0	0	1	0	4	0	1	0	1	
	Singleton				9	12	12	15	7	7	10	6	4	11	7	10	
	Total				**127**	**107**	**111**	**63**	**49**	**36**	**51**	**51**	**34**	**49**	**53**	**48**	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			16	11	10	10	6	6	7	8	8	2	8	3	
	PCCS Hospital				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	
	Morriston				1	2	1	1	0	0	1	0	1	0	2	1	
	NPTH				0	0	0	0	0	0	0	0	0	1	0	0	
	Singleton				0	3	2	0	2	0	1	0	0	1	0	1	
	Total				**20**	**21**	**17**	**11**	**8**	**7**	**9**	**8**	**9**	**4**	**10**	**5**	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			552	554	720	339	182	293	211	175	112	232	293	306	
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			13	5	5	13	8	7	5	7	9	10	9	10	7
	MH&LD				49	35	46	27	48	41	34	57	65	43	56	52	44
	Morriston				117	94	107	106	85	82	85	85	93	102	94	117	110
	NPTH				28	28	36	28	32	18	26	32	22	51	42	59	42
	Singleton				58	62	51	36	53	42	36	46	52	49	39	59	46
	Total				**339**	**275**	**324**	**210**	**226**	**190**	**186**	**227**	**241**	**255**	**240**	**297**	**249**
Inpatient Falls per 1,000 beddays	**HB Total**		Between 3.0 & 5.0		5.79	5.24	5.64	4.99	5.23	4.53	4.35	5.35	5.74	5.84	5.70	6.92	5.68

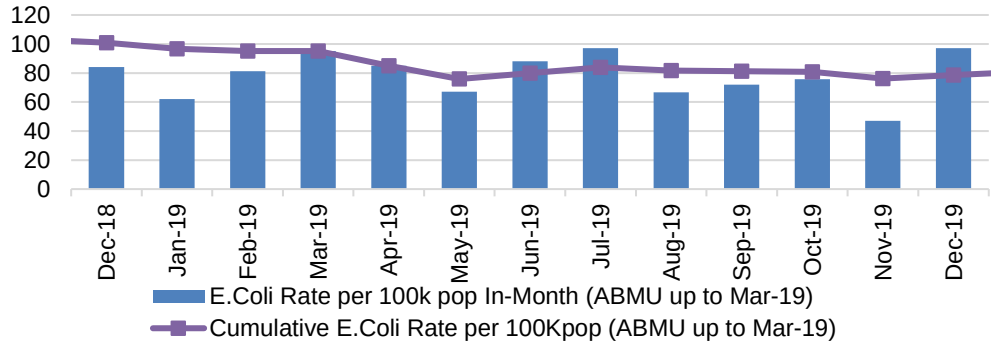
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

4.2 Safe Care Report Cards

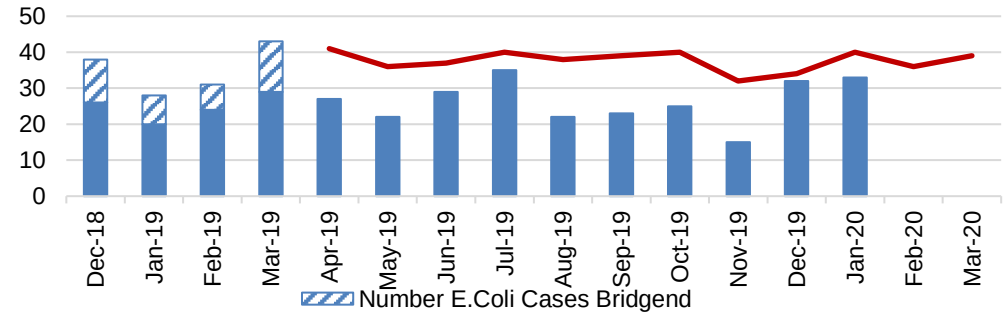
E. COLI Bacteraemia			
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better 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:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of E.*coli* bacteraemia cases	34	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	153	✗	

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



(2) Number of E.coli bacteraemia cases



Benchmarking

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

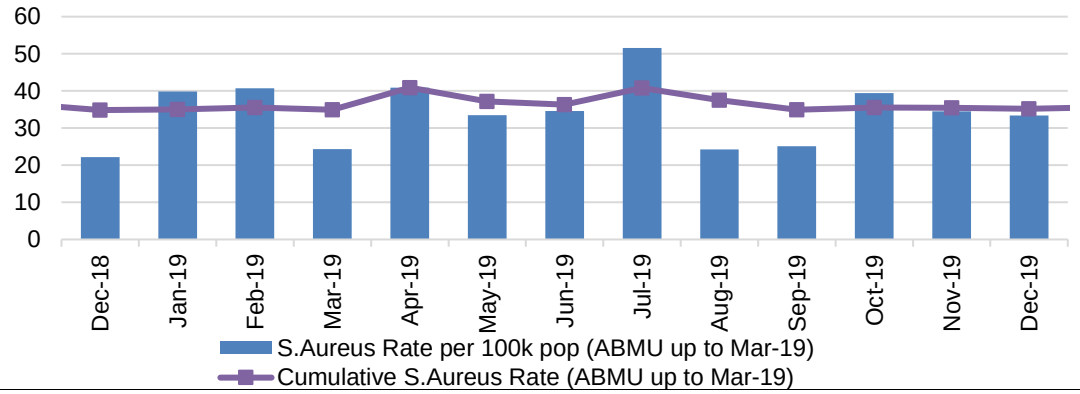
- The incidence of *E. coli* bacteraemia per 100,000 population for December 2019 was 97.03; the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 78.62/100,000 population, the third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

S. AUREUS Bacteraemia

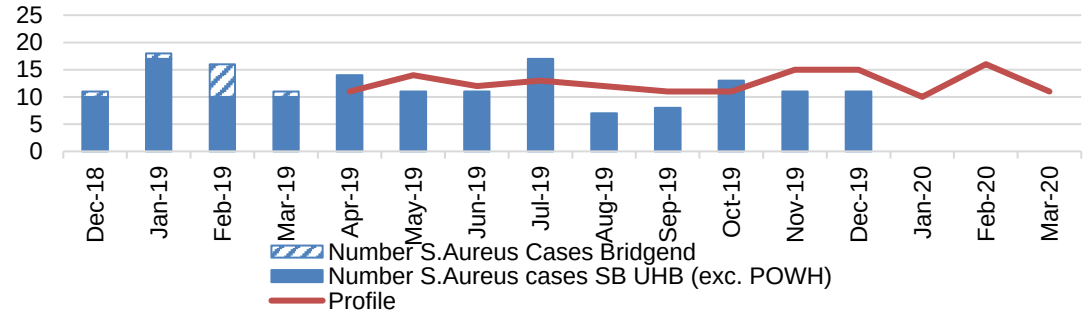
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

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

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



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



Benchmarking

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

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

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

How are we doing?

There were 11 cases of *Staph. aureus* bacteraemia in December 2019; 4 cases below the projected monthly IMTP profile; exceeding by 5 cases the Welsh Government monthly expectation of no more than 6 cases. One of these cases was an MRSA bacteraemia, which was identified in Singleton and which is being reviewed by the appropriate department.
The cumulative number of cases from April to December 2019/20 was 103 (11 cases below the IMTP profile, but 49 cases above the Welsh Government infection reduction expectation).
The cumulative number of cases for April to December 2019 was approximately 3% higher than the cumulative number of cases for the same period in 2018/19.
Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 36% were community acquired; 64% were hospital acquired.

What actions are we taking?

The Infection Prevention & Control Nurses continue to initiate Datix incident reporting of hospital acquired cases of *Staph. aureus* bacteraemia. These incident reports are continued, investigated and closed by the relevant Delivery Unit staff.
Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.
Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

What are the main areas of risk?

A significant proportion of *Staph. aureus* bacteraemia is community acquired, with many patient related contributory factors, such as recreational drug use, arthritis, chronic conditions, etc. As such, it is a challenge to prevent a significant proportion of these.
Use of pre-emptive beds on acute sites increases risks of infection transmission.
Bed occupancy, which frequently is close to, or exceeds, 90%. Analysis by the Department of Health, reported in Tackling Healthcare associated infections through effective policy action (BMA, June 2009), suggested that when all other variables are constant, an NHS organisation with an occupancy rate above 90 per cent could expect a 10.3% higher MRSA rate compared with an organisation with occupancy levels below 85%.
High bed turnover: in the same BMA report, the impact on MRSA rates of turnover intervals were suggested to have a greater impact on MRSA rates than bed occupancy levels.
Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

How do we compare with our peers?

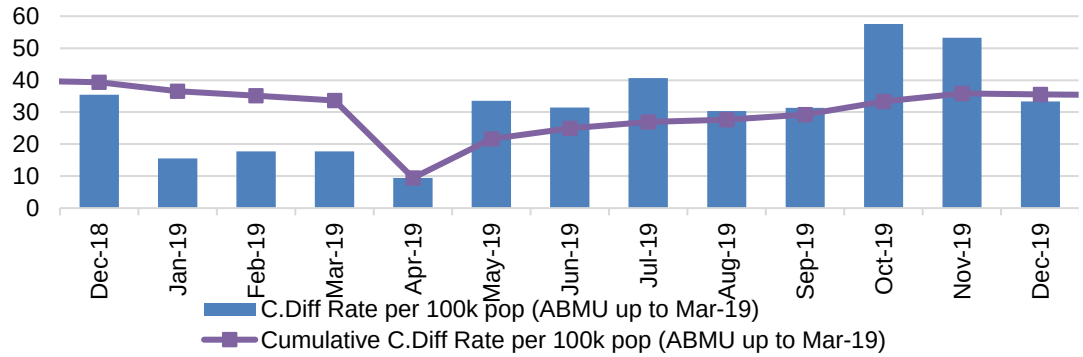
The incidence of *Staph. aureus* bacteraemia within the Health Board in December 2019 was 33.35/100,000 population, which was the second highest incidence for the major acute Health Boards.
The cumulative incidence of *Staph. aureus* bacteraemia within the Health Board for the year 2019/20 was 35.21/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

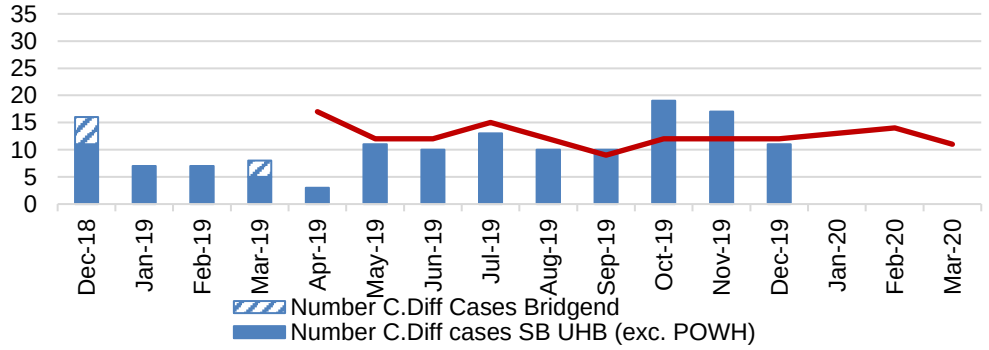
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

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

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



(1)* Number of C.*difficile cases



Benchmarking

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

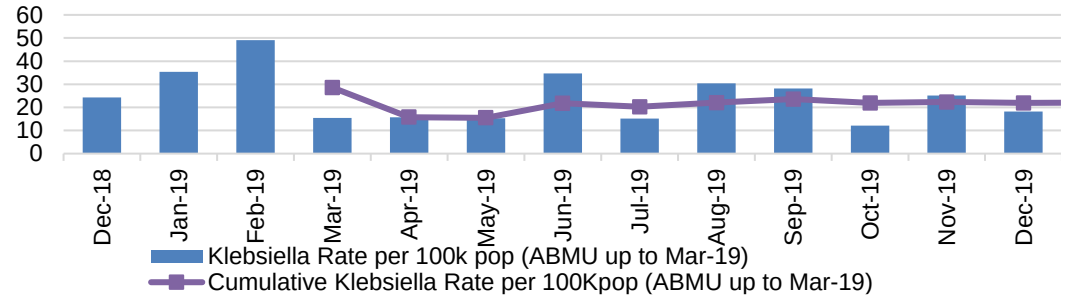
- The Health Board incidence per 100,000 population for December 2019 was 33.35/100,000 population; this was the second highest monthly incidence in Wales
- The Health Board cumulative incidence to 31 December was 35.55. The Health Board has the second highest incidence of infection; there has to be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

Klebsiella spp. *Bacteraemia*

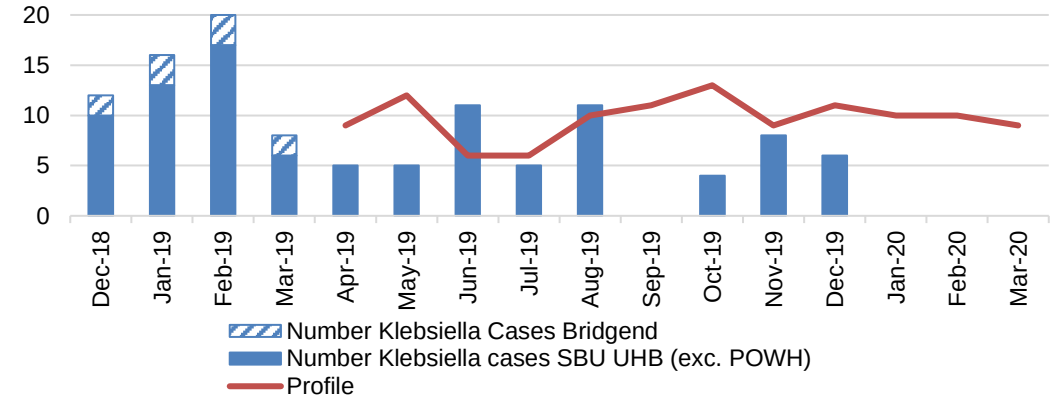
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

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

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



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

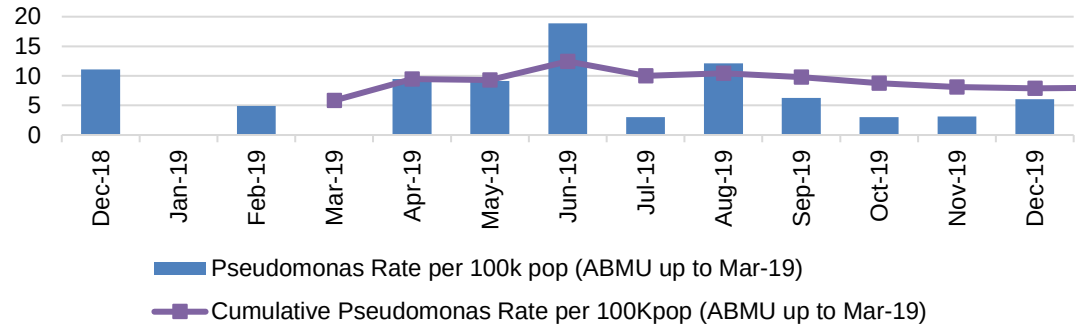
- The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for December 2019 was 18.19; this was the lowest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 21.96/100,000 population;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

Pseudomonas Aeruginosa *Bacteraemia*

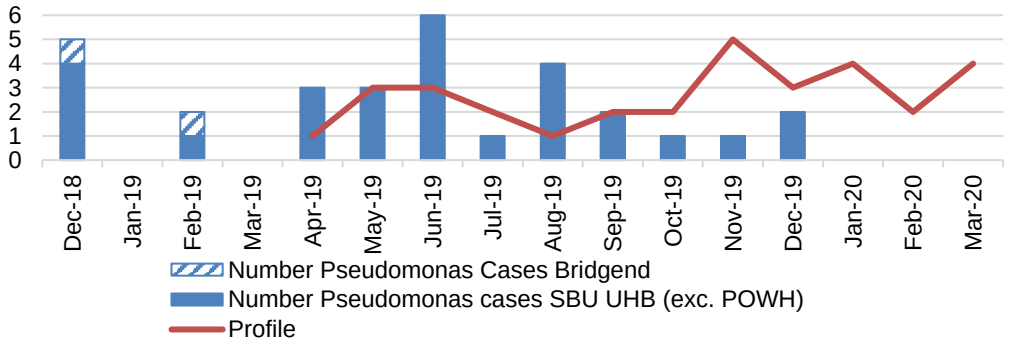
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

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

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



(2) Number of Psuedomonas aeruginosa bacteraemia cases



Benchmarking

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

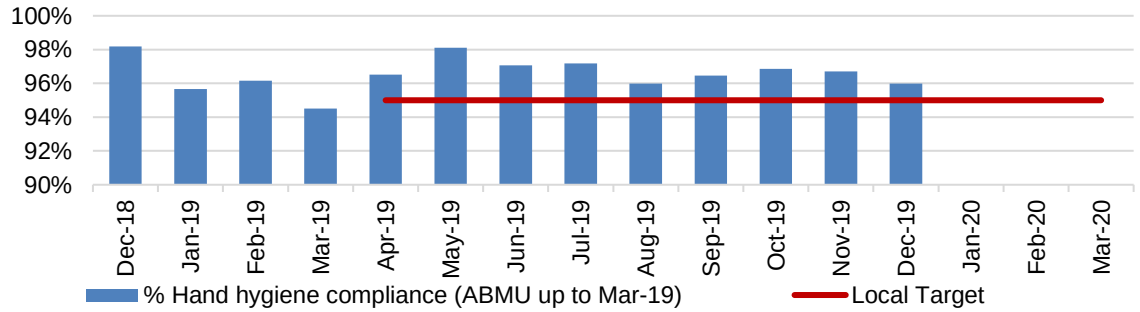
- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for December 2019 was 6.06, which was the third lowest incidence in the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was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

HAND HYGIENE

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

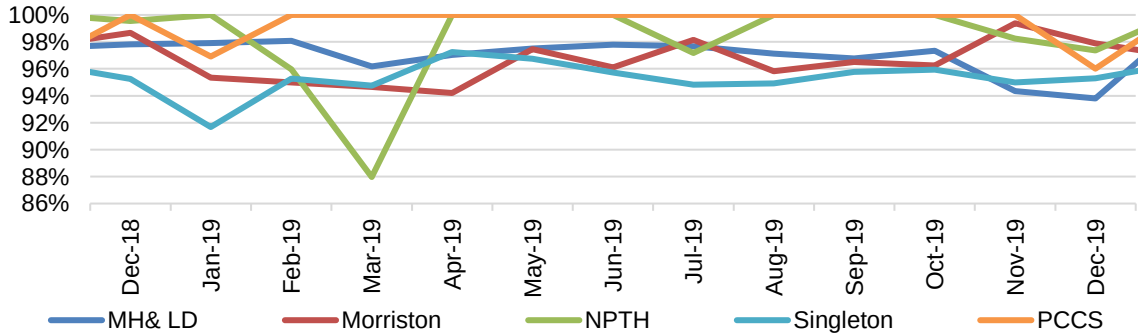
	Local Target	WG Target	**Period:** December 2019 Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % compliance with Hand Hygiene Audits	95%	N/A	✓	↑

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (December 2019)

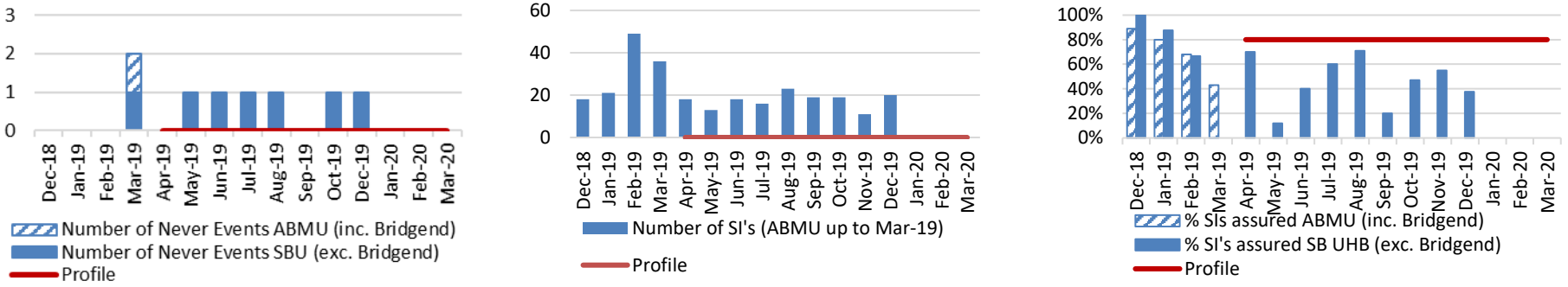
Measure 1: % compliance with Hand Hygiene Audits
How are we doing?
For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019. • Compliance with hand hygiene (HH) for December 2019 was 96%. • For December 2019, 69 wards/units (67%) reported compliance ≥95%. • 9 wards/departments (9%) reported compliance between 90% and 94%; 6 wards/units (6%) reported compliance of 89% or below. • 18 wards/departments had not uploaded the results of their audits undertaken in December 2019 at the time of updating this report. • Three of five Service Delivery Units (SDU) reported compliance ≥95% in December 2019. Mental Health & Learning Disabilities, and Singleton Hospital Delivery Units did not achieve targeted compliance but both were greater than 93%. • Results over time indicate there are challenges to achieving sustained improvements in compliance however, there are recognised limitations with self-assessment.
What actions are we taking?
• Delivery Units can agree internal peer review audit programmes, undertaking these between wards, specialties or Delivery Units. • The updated Hand Hygiene Training programme is being delivered. • Training of ward Hand Hygiene Coaches continues and these continue to deliver approved training at ward level.
What are the main areas of risk?
• Main route of infection transmission is by direct contact, particularly by hands of staff. • Poor compliance with good hand hygiene practice is likely to result in transmission of infection. • Current scoring system may be giving an overly assuring picture of compliance; greater validation of the scores needs to be undertaken. • The current system and format of scoring fails to highlight particular staff groups with lower compliance rates than others.
How do we compare with our peers?
• The Hand Hygiene score has been removed from the all-Wales dashboard because of the inherent difficulty in using one score to represent a whole Health Board.

SERIOUS INCIDENTS

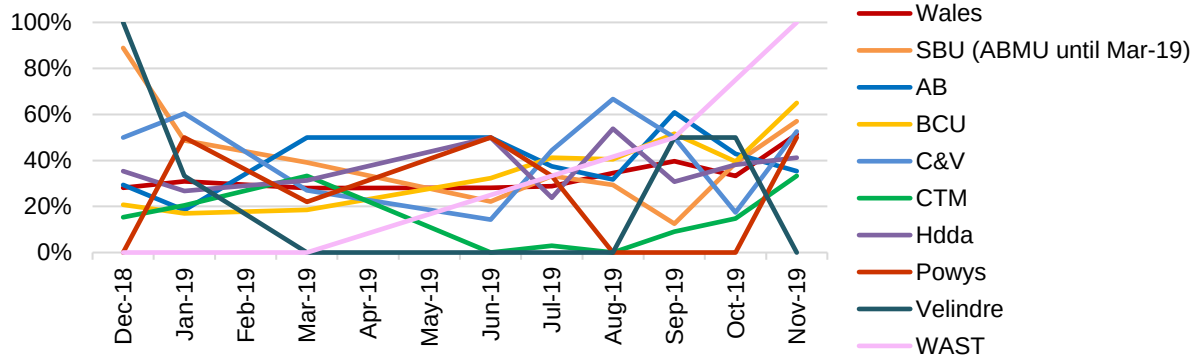
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

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

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



Serious Incidents Assured Within The Agreed Timescales



Never Events

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

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

Measure 1: Number of new Never Events

Measure 2: Number of new Serious Incidents (SI's)
Measure 3: % Serious Incidents Assured Within The Agreed Timescales

How are we doing?

SI Scorecard – completed on 28 January 2020.

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

What actions are we taking?

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

What are the main areas of risk?

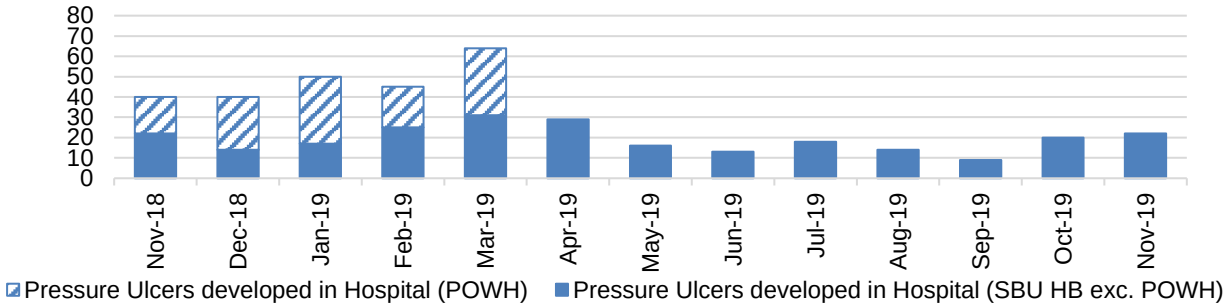
- Maintaining Welsh Government 80% target closure date whilst ensuring quality of investigation reports and robust learning from the incidents.
- Differences between WG data and Health Board data.

How do we compare with our peers?

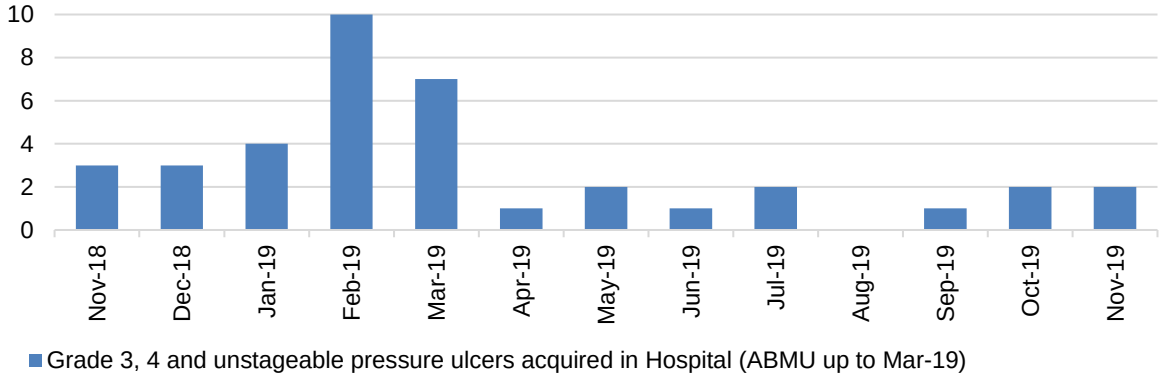
- Comparison data from peer organisations not available

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

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



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



Source : INCIDENT DATA FROM DATIX

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

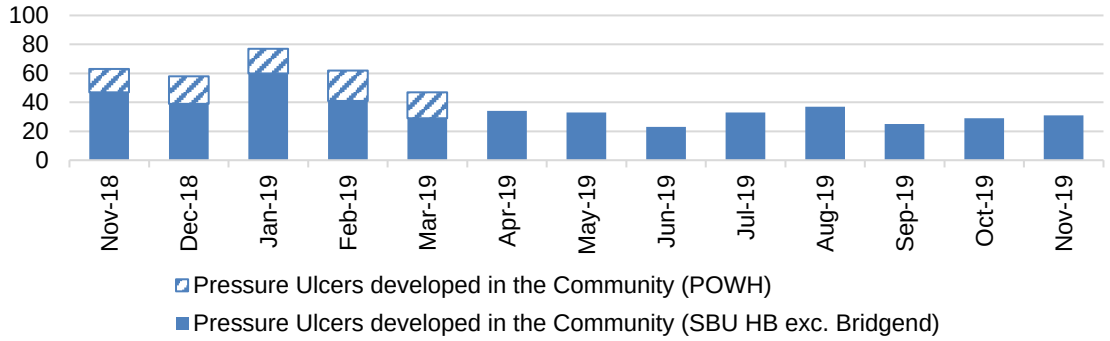
- Benchmarking data not available.

PRESSURE ULCERS ACQUIRED IN THE COMMUNITY

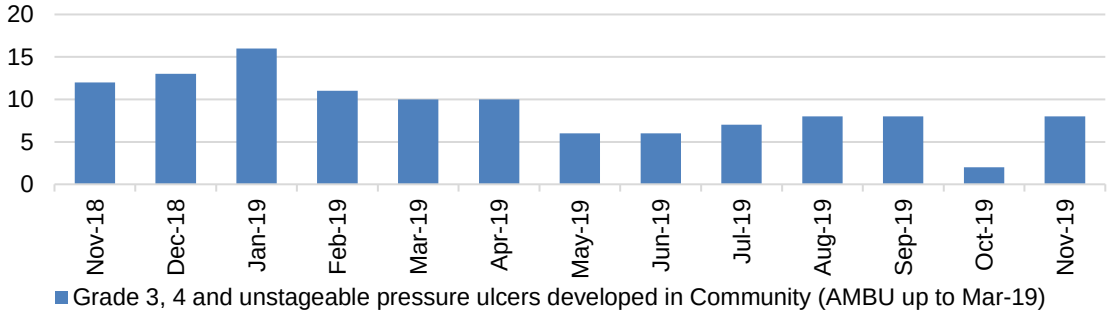
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent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

	Annual Plan Profile	**WG Target**	**Period:** November 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in the community.	Reduce	N/A	✗	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community.	Reduce	N/A	✗	↓ ●

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



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



Source : INCIDENT DATA FROM DATIX

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

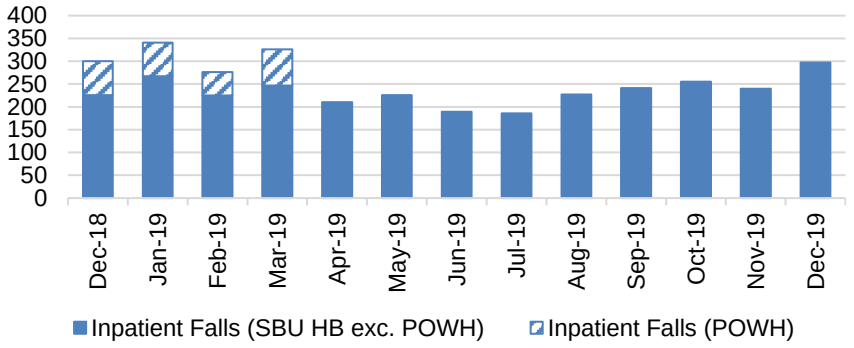
- No benchmark data available.

INPATIENT FALLS

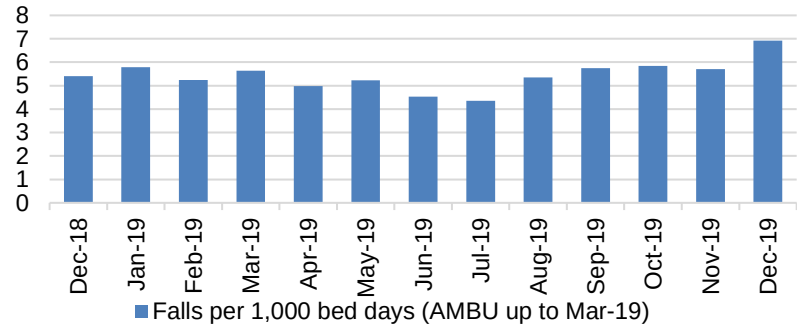
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health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

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

Measure 1: Total number of Inpatient Falls

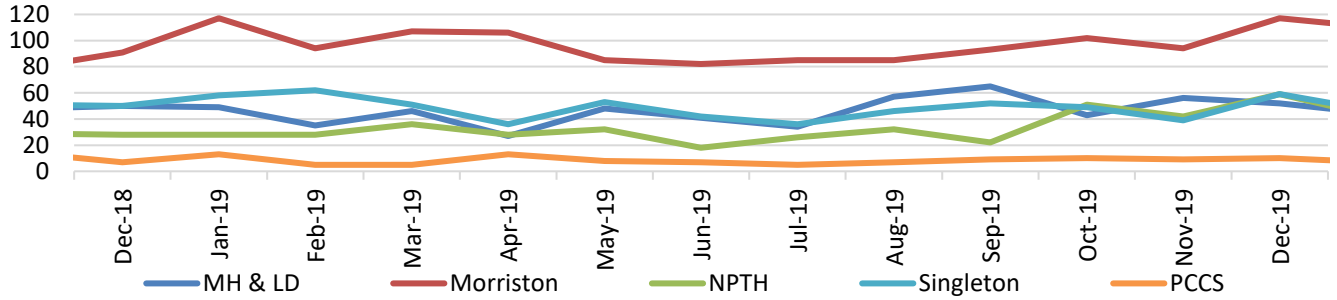


Measure 2: Falls per 1,000 bed days



Benchmarking

Total number of Inpatient Falls (by Service Delivery Unit)



Source : Incident data from DATIX

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

5. 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

5.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		8	6	4	3	4	2	4	2	1	8	4	4	4
	All healthcare				6	4	4	3	5	11	8	8	10	6	9	9	9
	Selection of care home				6	8	4	7	7	3	0	2	4	3	3	3	1
	Waiting for availability of care home				5	5	5	5	5	11	6	6	3	5	5	5	7
	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				4	3	3	0	0	0	0	0	0	0	1	1	1
	Legal/ Financial				0	0	1	0	0	0	0	0	1	0	0	0	0
	Other				0	0	0	0	2	0	2	0	0	0	0	0	1
	Total				**29**	**26**	**21**	**18**	**23**	**27**	**20**	**18**	**19**	**22**	**22**	**22**	**23**
Number of non- mental health DTOCs	Morriston	12 month reduction trend	60		8	16	34	21	40	32	21	27	23	24	16	13	13
	Singleton				17	7	11	8	9	12	9	9	9	7	5	5	4
	Gorseinon				6	8	3	4	4	8	8	6	9	6	4	5	6
	NPTH				25	19	14	11	11	16	20	22	20	29	27	24	23
	Learning Disabilities				9	6	5	5	3	2	3	5	8	10	9	6	6
	HB Total				**104**	**87**	**112**	**49**	**67**	**70**	**61**	**69**	**69**	**76**	**61**	**53**	**52**
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morriston	95%			95%	98%	98%	98%	97%	99%	99%	100%	100%	94%	100%	99%	
	Singleton				100%	100%	98%	100%	100%	100%	98%	100%	100%	100%	100%	100%	
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	
	Total				**81%**	**99%**	**98%**	**99%**	**98%**	**99%**	**99%**	**100%**	**100%**	**96%**	**100%**	**99%**	
Stage 2 mortality reviews completed within 60 days	Morriston	95%			25%	50%	65%	92%	83%	100%	67%	80%	25%	73%	71%		
	Singleton				-	100%	0%	50%	100%	75%	100%	20%	0%	40%	100%		
	NPTH				-	-	-	-	-	-	-	-	-	100%	-		
	Total				**29%**	**20%**	**50%**	**68%**	**85%**	**93%**	**71%**	**60%**	**89%**	**65%**	**78%**		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.26%	1.26%	1.27%	1.33%	1.25%	1.27%	1.27%	1.26%	1.26%	1.27%	1.29%	1.31%	
	Singleton				0.37%	0.39%	0.41%	0.40%	0.43%	0.42%	0.44%	0.45%	0.46%	0.44%	0.43%	0.44%	
	NPTH				0.13%	0.14%	0.10%	0.12%	0.09%	0.09%	0.09%	0.11%	0.09%	0.10%	0.13%	0.14%	
	Total (SBU)				**0.78%**	**0.78%**	**0.79%**	**0.79%**	**0.75%**	**0.75%**	**0.76%**	**0.76%**	**0.77%**	**0.77%**	**0.78%**	**0.79%**	
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			70.5%	72.8%	73.8%	72.6%	71.4%	72.6%	73.4%	74.6%	76.3%	76.4%	76.7%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			57.0%	54.9%	54.8%	54.9%	56.2%	56.0%	56.7%	57.8%	59.3%	59.1%	59.8%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			60.3%	60.2%	61.6%	63.2%	63.5%	64.5%	66.7%	68.0%	69.0%	70.5%	69.8%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			66.4%	67.6%	67.5%	68.3%	67.1%	67.7%	67.7%	69.6%	71.3%	73.8%	74.1%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			24.8%	25.6%	24.5%	26.6%	28.8%	29.3%	31.7%	31.6%	34.9%	37.6%	39.8%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			71.1%	72.8%	71.9%	72.0%	71.9%	71.6%	70.7%	70.0%					
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend			8.6%	8.1%	8.9%	9.0%	8.7%	8.1%	8.2%	8.5%	8.3%				
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%			

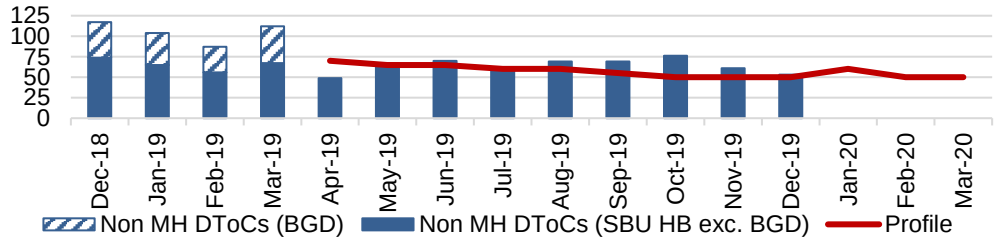
5.2 Effective Care Report Cards

DELAYED TRANSFERS OF CARE (DTOCS)

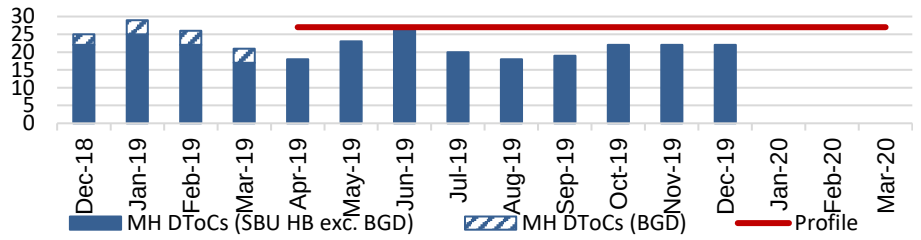
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my home as possible
Health Board Strategic 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:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities	50	12 month reduction trend	✗	↑ ●
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)	27	12 month reduction trend	✓	↓ ●

Measure 1



Measure 2



Benchmarking

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

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

(2) Number of mental health Delayed Transfers of Care

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

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

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

How are we doing?

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

What actions are we taking?

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

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

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

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

What are the main areas of risk?

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

How do we compare with our peers?

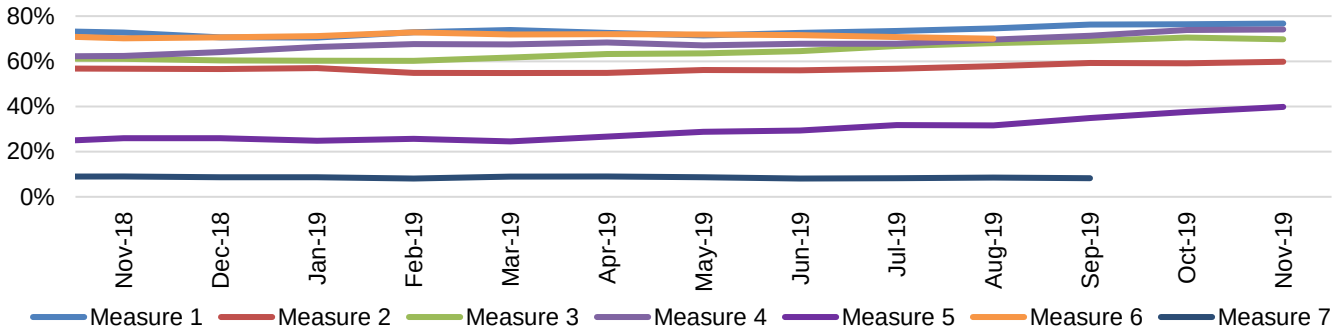
- Swansea Bay remain within the top 3 for DToC however there needs to be a review of the local process times used to determine DToC as it appears each HB may use different processes and times.

FRACTURED NECK OF FEMUR (NOF)

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

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

Morriston Hospital compliance against NOF measures



Benchmarking

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

Source: National Hip Fracture Database

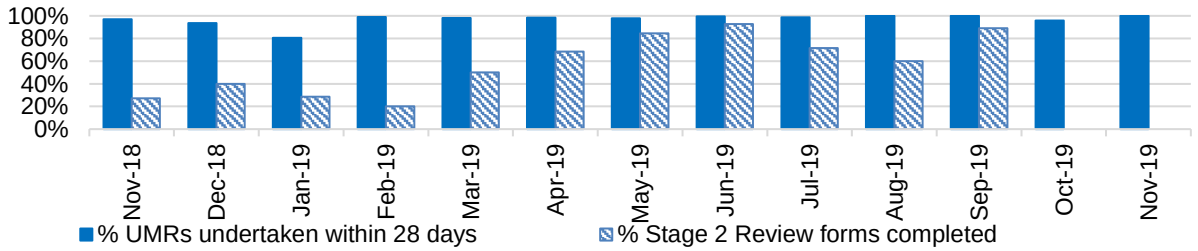
Measure 1 Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation. Measure 2 Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture. Measure 3 NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124. Measure 4 Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation Measure 5 Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation. Measure 6 Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up. Measure 7 30 day mortality rate
How are we doing?
1. The current orthogeriatric medical establishment <1 WTE equivalent split between: 1 Consultant, 1 Associate Specialist and 1 Specialty Doctor. 2. Hip fracture patients are operated on as a priority over fitter and younger trauma patients that are stable, but the lack of trauma capacity restricts doing all in a timely fashion - particularly the inability to upscale when there is a spike in activity. There is a trauma list running 8am-8pm every day (incl. weekends and bank holidays). However, the 3rd session (5pm-8pm) is not always guaranteed due to anaesthetic shortages and staffing being reallocated to overrunning elective lists on an ad hoc basis. 3. Surgical procedure consistent with the recommendations of NICE CG124. 4. All patients receive a physio assessment within 24hours of surgery Mon-Fri. Data is captured for all patients who do not sit out of bed Mon-Fri e.g. low haemoglobin, low blood pressure. 5. Performance is poor and mainly because the delirium test is not always carried out by the junior doctors. 6. Ensuring daily operational meetings on Ward B is a priority supporting early discussion re: POC and placements to nursing residential homes.
What actions are we taking?
1. Part time orthogeriatric Associate Specialist's contract has been increased by 2 sessions per week from 01.09.19 to improve coverage. 2. Discussion with Executive Team on 18/10/19 agreed to look at increased trauma capacity in the short to medium term linked into increased elective capacity via a modular build ward and theatre set up on the Morriston Hospital site. This work needs to link in with options for increasing trauma operating capacity that are being reviewed as part of Major Trauma Network developments. 3. NICE compliant surgery - process being monitored through monthly audit/governance meetings – performance is improving which is encouraging. 4. Funding secured to appoint additional weekend physio cover for #NOF patients; service commenced in Jan 20 and impact is being monitored. Additional weekend support is required and will be covered in the IMTP bid for 2020-21. Work being undertaken to train nursing staff in mobilising patients and provide additional resources for physiotherapy to support the early mobilisation of patients, particularly on the weekend. 5. The department are looking to train more individuals to perform delirium assessments and a Wednesday afternoon every 4 months has been agreed to coincide with the normal turnover of junior medical staff. Mr Dodd (T&O Consultant and #NOF Lead) and Dr Jackson (Anaesthetic Consultant, and #NOF Lead) have agreed to run this session. Further work planned to use nurse practitioners in the process and running the session more frequently. Further scrutiny of patient level detail for two weeks of #NOF admissions being undertaken following agreement at Gold Command Meeting. 6. Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities.
What are the main areas of risk?
30 day mortality remains a concern and the outcomes and mortality data are reviewed at the departmental arthroplasty meetings. All cases of mortality are cross-referenced with the department's morbidity and mortality database and presented at the monthly meeting to review any points for learning. The Unit Medical Director reviews the medical records of all deaths linked to a fractured neck of femur independent from the above and is overseen by a Gold Command #NOF meeting chaired by the Executive Medical Director.
How do we compare with our peers?
• Included within the benchmarking table above.

UNIVERSAL MORTALITY REVIEWS (UMR)

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

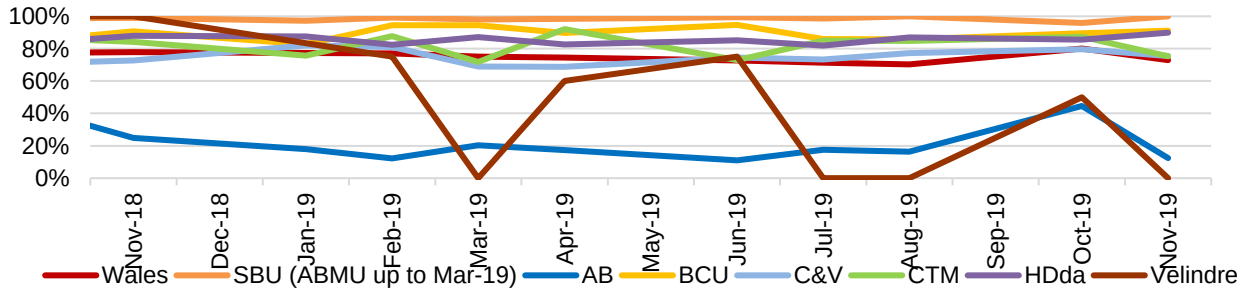
	Annual Plan Profile	WG Target	**Period:** November 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

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



Benchmarking

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



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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

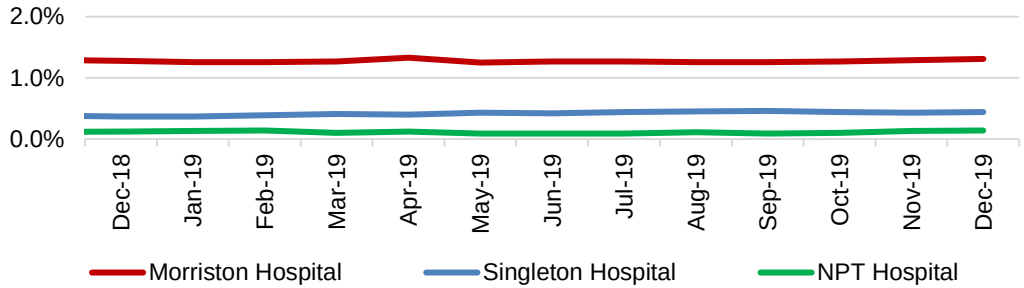
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of 'Stage 2' reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment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

How do we compare with our peers?

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

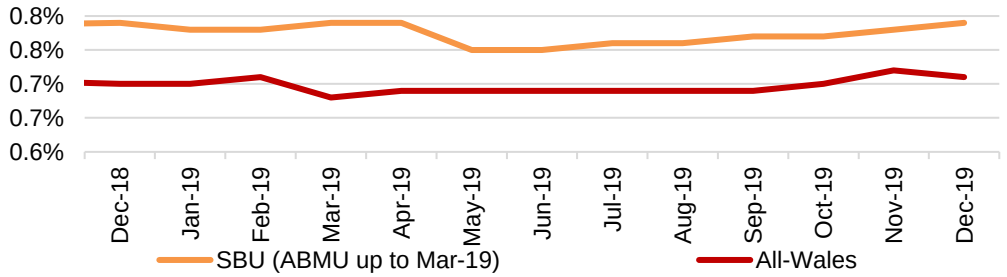
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality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

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



Benchmarking

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



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

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

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

6.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			6	9	11	8	6	9	11	7	12	10	7	6	15
	MH&LD				18	3	11	5	11	9	18	14	11	17	24	9	17
	Morriston				44	27	36	39	42	54	62	40	45	72	54	37	60
	NPTH				18	7	7	7	6	4	4	9	6	11	11	3	8
	Singleton				19	25	17	27	23	35	33	35	29	39	30	20	33
	Total				**138**	**96**	**105**	**93**	**95**	**118**	**138**	**114**	**110**	**159**	**137**	**87**	**142**
% 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%		50%	55%	55%	63%	73%	64%	53%	100%	70%	63%	64%		
	MH&LD				88%	67%	100%	100%	100%	88%	88%	93%	77%	71%	46%		
	Morriston				98%	92%	92%	97%	97%	96%	95%	100%	98%	100%	96%		
	NPTH				63%	86%	71%	86%	83%	75%	67%	67%	83%	82%	64%		
	Singleton				89%	75%	59%	70%	62%	77%	69%	67%	80%	73%	83%		
	Total				84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%		

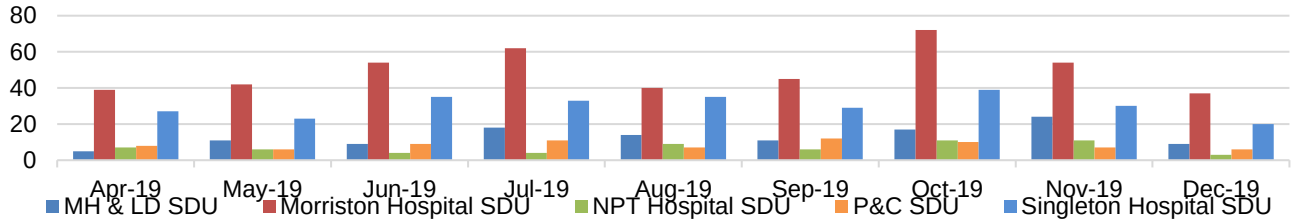
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

6.2 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:** December 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

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
MH & LD SDU	91%	50%	88%	67%	100%	100%	100%	88%	88%	93%	77%	71%	46%
Morriston Hospital SDU	100%	89%	98%	92%	92%	97%	97%	96%	95%	100%	98%	100%	96%
NPT Hospital SDU	100%	100%	63%	86%	71%	86%	83%	75%	67%	67%	83%	82%	64%
P&C SDU	50%	88%	50%	55%	55%	63%	73%	64%	53%	100%	70%	63%	64%
Singleton Hospital SDU	86%	67%	89%	75%	59%	70%	62%	77%	69%	67%	80%	73%	83%
Health Board Total	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%

(3) % of acknowledgements sent within 2 working days

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

- No monthly all-Wales data to compare.

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

7.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			119	128	112	83	125	188	129	132	154	194	242	144	185
	MH&LD				4	15	22	25	21	16	12	19	18	21	9	17	19
	Morriston				1,510	1,445	1,326	1,288	1,701	1,811	1,883	1,914	1,566	1,728	1,727	1,069	1,277
	NPTH				976	675	727	791	824	681	567	474	454	532	397	379	464
	Singleton				916	747	726	1,188	1,150	1,046	1,680	1,562	1,267	1,464	1,198	884	1,261
	Total				**4,607**	**4,044**	**4,141**	**3,350**	**3,800**	**3,726**	**4,259**	**4,082**	**2,441**	**3,918**	**3,564**	**2,476**	**3,187**
% of patients who would recommend and highly recommend	PCCS	90%	80%		97%	98%	99%	96%	96%	96%	98%	89%	94%	88%	95%	86%	92%
	MH&LD				50%	73%	73%	73%	76%	81%	67%	68%	61%	86%	67%	41%	74%
	Morriston				94%	94%	94%	93%	94%	95%	95%	93%	93%	94%	94%	95%	94%
	NPTH				98%	98%	99%	98%	99%	99%	98%	98%	98%	96%	96%	97%	97%
	Singleton				92%	95%	94%	96%	97%	94%	97%	96%	95%	95%	95%	95%	96%
	Total				**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**94%**	**95%**	**95%**	**95%**
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	90%		94%	100%	95%	92%	100%	-	93%	90%	100%	92%	93%	100%	91%
	MH&LD				-	-	-	-	0%	0%	0%	-	-	-	-	-	-
	Morriston				86%	72%	89%	90%	86%	77%	74%	78%	86%	70%	75%	71%	85%
	NPTH				98%	96%	83%	92%	85%	78%	71%	72%	71%	94%	50%	67%	91%
	Singleton				88%	70%	86%	90%	76%	82%	84%	86%	87%	89%	89%	85%	84%
	Total				**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**	**83%**	**83%**	**83%**	**86%**
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	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%	

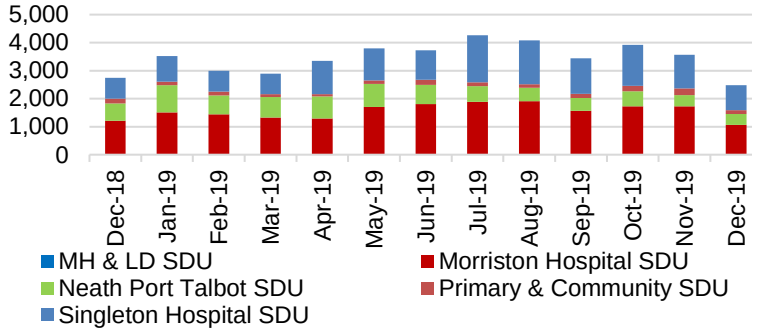
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

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

(1) Number of friends and family surveys completed



Measure 2	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MH & LD SDU	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%	86%	67%	41%
Morriston Hospital SDU	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%	94%	94%	95%
Neath Port Talbot SDU	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%	96%	96%	97%
Primary & Community SDU	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%	88%	95%	86%
Singleton Hospital SDU	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%	95%	95%	95%
HB Total	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**94%**	**95%**	**95%**

Measure 3	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MH & LD SDU	0%	-	-	-	-	0%	0%	0%	-	-	-	-	-
Morriston Hospital SDU	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%	70%	75%	71%
Neath Port Talbot SDU	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%	94%	50%	67%
Primary & Community SDU	90%	94%	100%	95%	92%	100%	-	93%	90%	100%	92%	93%	100%
Singleton Hospital SDU	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%	89%	89%	85%
HB Total	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**	**83%**	**83%**	**83%**

Benchmarking

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
SBU (ABMU up to Mar-19) Response %	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%	24.6%	27.5%	24.2%	19.5%	20.6%	20.4%
SBU (ABMU up to Mar-19) Recommendation %	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%	95.6%	96.6%	95.5%	94.9%	94.8%	94.9%
Top Equivalent Organisation Response %	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%	27.8%	29.1%	29.0%	36.4%	30.9%	24.6%
Top Equivalent Organisation Recommendation %	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%	94.2%	95.2%	96.0%	96.3%	95.9%	95.5%
NHS England Benchmark Response %	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%	24.6%	25.4%	24.9%	24.3%	24.3%	24.1%
NHS England Benchmark Recommendation %	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.5%

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

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

How are we doing?

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

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

What actions are we taking?

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

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

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

What are the main areas of risk?

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

How do we compare with our peers?

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

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

8.1 Overview

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Unscheduled Care																	
Number of ambulance handovers over one hour	Morriston	0	451		684	387	544	669	629	681	550	599	746	802	799	830	819
	Singleton		0		68	41	44	63	18	40	44	33	32	25	22	38	28
	Total		**451**		**1,164**	**619**	**928**	**732**	**647**	**721**	**594**	**632**	**778**	**827**	**821**	**868**	**847**
% 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%	68.7%		67.2%	67.0%	68.0%	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%
	NPTH		100.0%		98.8%	98.4%	97.8%	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%
	Singleton				MIU closed			MIU closed									
	Total		**78.4%**		**76.9%**	**77.2%**	**75.7%**	**74.5%**	**75.9%**	**75.0%**	**74.5%**	**74.3%**	**71.4%**	**71.0%**	**73.2%**	**70.9%**	**71.6%**
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	612		621	448	534	653	602	644	642	740	939	889	926	1,017	1,038
	NPTH		0		0	1	0	0	0	0	0	0	0	1	1	1	0
	Singleton				MIU closed			MIU closed									
	Total		**612**		**986**	**685**	**861**	**653**	**602**	**644**	**642**	**740**	**939**	**890**	**927**	**1,018**	**1,038**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morriston	59.8% (UK SNAP average)	82%		56%	75%	66%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%
	Total				**35%**	**53%**	**51%**	**62%**	**55%**	**57%**	**57%**	**42%**	**29%**	**55%**	**55%**	**39%**	**24%**
% of patients who receive a CT scan within 1 hour	Morriston	54.5% (UK SNAP average)	58%		48%	49%	58%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%
	Total				**48%**	**48%**	**51%**	**62%**	**56%**	**52%**	**59%**	**48%**	**42%**	**47%**	**49%**	**44%**	**43%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morriston	84.2% (UK SNAP average)	93%		93%	89%	100%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%
	Total				**75%**	**76%**	**86%**	**96%**	**93%**	**100%**	**98%**	**95%**	**95%**	**94%**	**98%**	**100%**	**90%**
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morriston	12 month improvement trend	40%		44%	14%	20%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%
	Total				**40%**	**20%**	**30%**	**27%**	**17%**	**0%**	**40%**	**27%**	**0%**	**0%**	**0%**	**20%**	**0%**
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend						57%	47%	41%	48%	48%	50%	49%	45%	38%	33%
	Total							**57%**	**47%**	**41%**	**48%**	**48%**	**50%**	**49%**	**45%**	**38%**	**33%**
Number of patients waiting > 26 weeks for outpatient appointment	Morriston	0			43	51	140	172	201	155	112	361	431	486	460	539	593
	NPTH				0	0	0	0	0	0	0	0	0	0	1	0	0
	Singleton				1	0	0	64	117	142	367	564	608	666	659	766	860
	PC&CS				2	0	0	0	5	0	0	0	0	0	0	0	0
	Total				**153**	**315**	**207**	**236**	**323**	**297**	**479**	**925**	**1,039**	**1,152**	**1,120**	**1,305**	**1,453**
Number of patients waiting > 36 weeks for treatment	Morriston	0	1,236		2,046	1,960	1,801	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529	3,896	4,067
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		11		31	13	0	24	28	120	241	444	672	958	1,058	1,245	1,556
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Total		**1,247**		**3,174**	**2,969**	**2,630**	**1,976**	**2,104**	**2,318**	**2,690**	**3,263**	**3,565**	**4,256**	**4,587**	**5,141**	**5,623**
Number of patients waiting > 8 weeks for a specified diagnostics	Morriston	0	100		543	535	437	401	393	289	259	337	294	223	226	569	628
	Singleton		0		0	0	0	0	8	6	2	7	0	0	0	0	0
	Total		100		**603**	**558**	**437**	**401**	**401**	**295**	**261**	**344**	**294**	**223**	**226**	**569**	**628**
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	0	1	0	0	0	0	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	1	0	0	0
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 15% by Mar-20	118,513		180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	21,618		33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969
Number of patients delayed past their agreed target date (booked and not booked)	Total	Reduce by at least 15% by March 2020	43,591		65,743	66,567	67,908	49,689	50,489	51,285	49,422	51,914	48,692	45,458	43,648	44,928	43,979
Number of Ophthalmology patients without an allocated health risk factor	Total	98% by Dec-19	TBC		4,772	4,048	2,966	1,279	1,275	1,101	744	737	721	522	553	557	
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,848	4,732	4,867	418	367	300	247	211	194	165	172	187	177

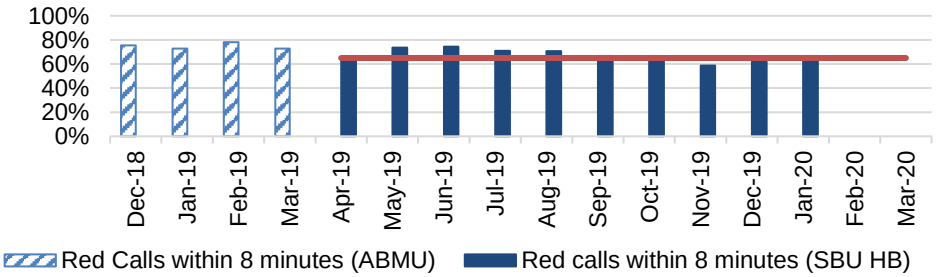
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU			SBU									
					Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Planned Care																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%	98%		98.0%	95.0%	96.0%	82.0%	91.0%	92.0%	88.0%	90.0%	84.0%	98.0%	93%	88%	97%
	NPTH				-	100.0%	100.0%	-	100.0%	-	100.0%	100.0%	-	100.0%	100%	-	-
	Singleton				100.0%	95.0%	91.0%	98.0%	91.0%	95.0%	94.0%	96.0%	98.0%	97.0%	96%	96%	98%
	Total				**97.7%**	**94.7%**	**93.6%**	**90.8%**	**91.4%**	**93.7%**	**91.5%**	**93.3%**	**91.1%**	**97.7%**	**95%**	**92%**	**97%**
% 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%	95.1%		92.0%	93.0%	95.0%	88.0%	95.0%	85.0%	84.0%	83.0%	92.0%	81.0%	82%	91%	91%
	NPTH				100.0%	100.0%	100.0%	-	100.0%	100.0%	20.0%	100.0%	67.0%	100.0%	100.0%	100.0%	57.0%
	Singleton				90.0%	82.0%	97.0%	86.0%	70.0%	77.0%	74.0%	83.0%	81.0%	85.0%	87%	93%	73%
	Total				**85.4%**	**80.7%**	**84.1%**	**87.0%**	**80.0%**	**80.8%**	**75.9%**	**83.8%**	**85.7%**	**83.8%**	**86%**	**92%**	**80%**
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Including CAMHS	80%			73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	
	Excluding CAMHS				91%	93%	95%	97%	97%	97%	97%	98%	98%	98%	97%	98%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	
	Excluding CAMHS				86%	86%	89%	99%	98%	100%	99%	93%	96%	97%	90%	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	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%			100%	100%	100%	100%	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%			88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	

8.2 Timely Care Report Cards

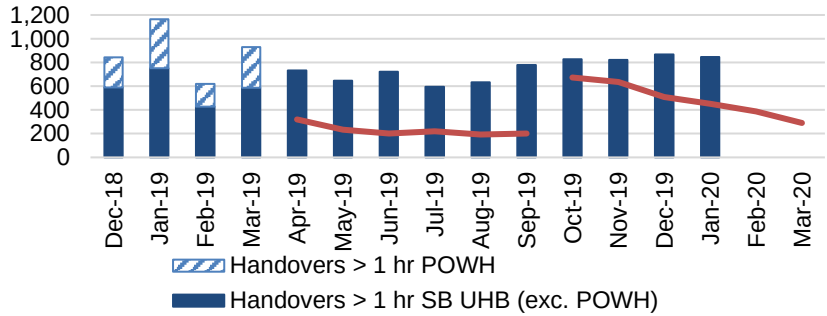
AMBULANCE RESPONSE TIMES AND HANDOVERS			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early 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:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✗	↑ ●
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover	508	0	✗	↑ ●

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

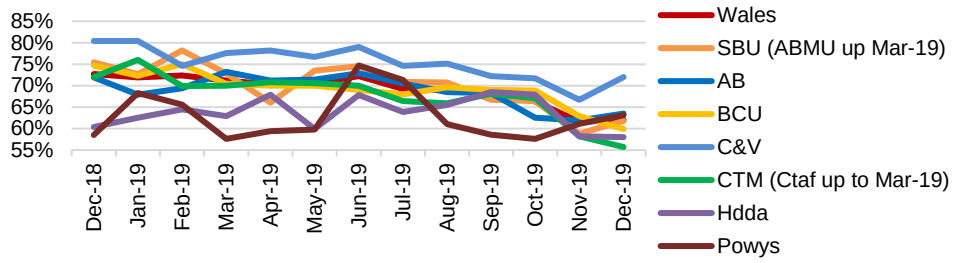


(2) patients waiting more than 1 hour for an ambulance handover

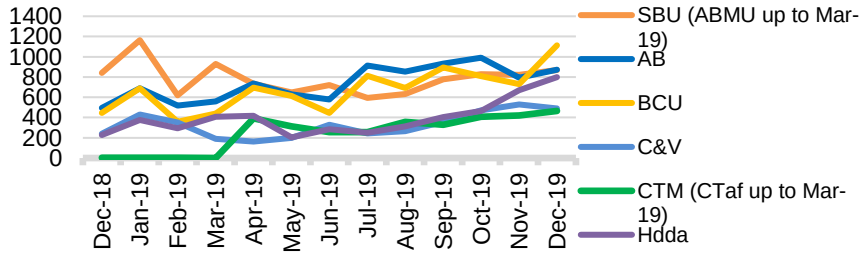


Benchmarking

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



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



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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

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

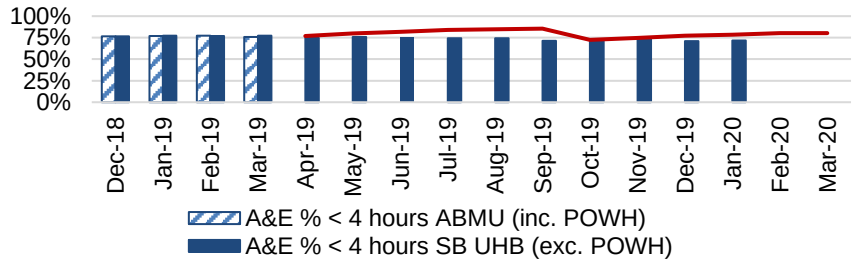
A&E WAITING TIMES

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

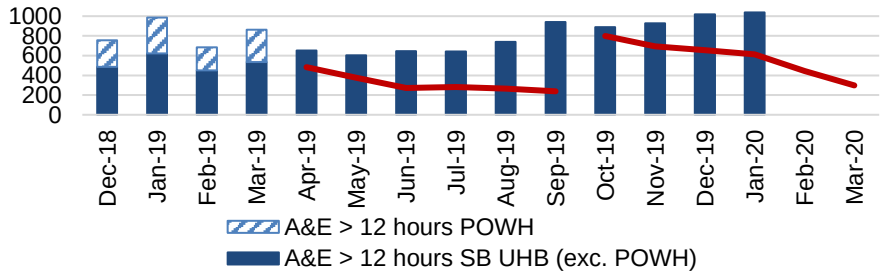
Period: December 2019

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

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

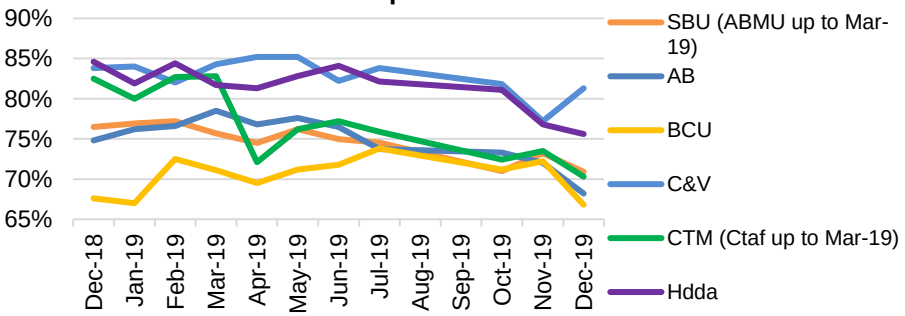


Number of patients spending more than or equal to 12 hours in A&E

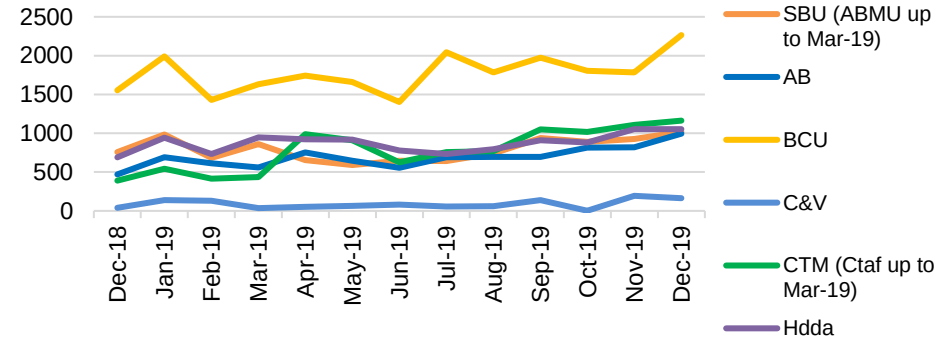


Benchmarking

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



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



Source : Stats Wales (data extracted 23.01.2020)

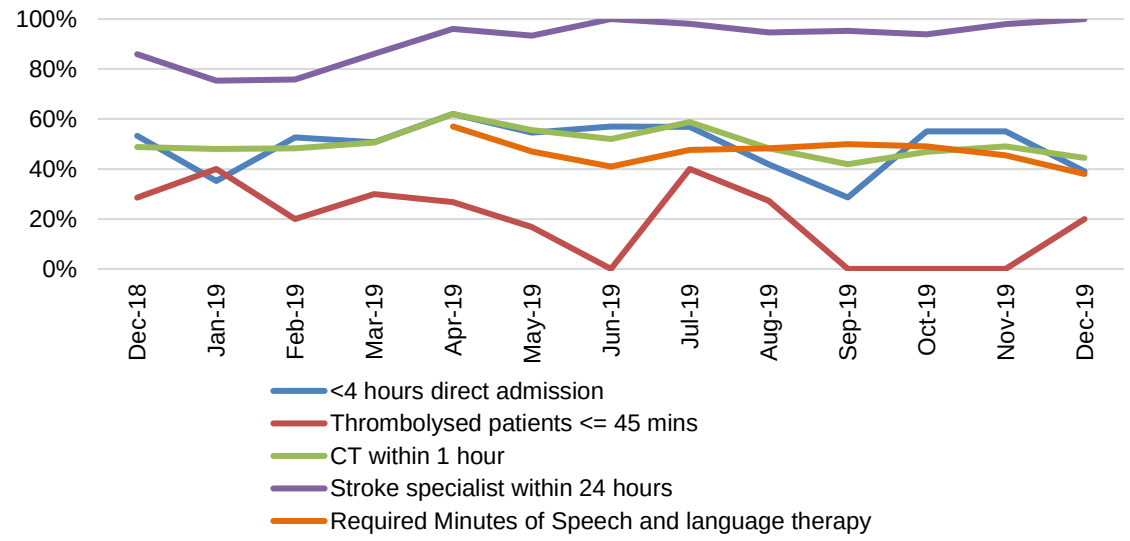
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department Measure 2: Number of patients spending more than or equal to 12 hours in A&E
How are we doing?
• Unscheduled care performance against the 4 hour target in December 2019 was 70.9%, against the all-Wales performance of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

STROKE

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

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

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



Benchmarking

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

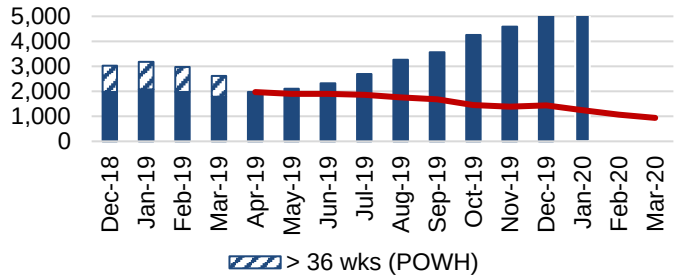
- The only acute stroke provider in Wales which allocates general medicine workload to Stroke Physicians – detracting from acute stroke work
- SSNAP report for period 25 shows Morriston with comparative stroke performance to most Welsh hospitals (cat B).
- The Health Board needs to develop dedicated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

REFERRAL TO TREATMENT TIMES (RTT)

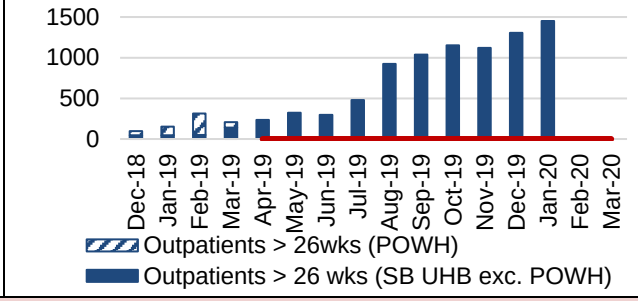
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

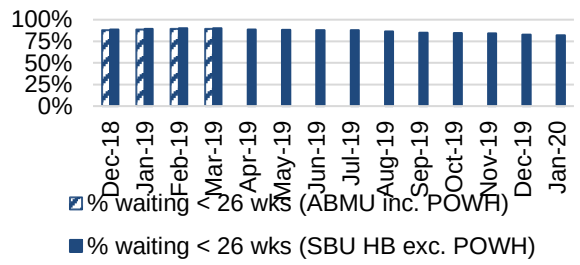
Measure 1



Measure 2

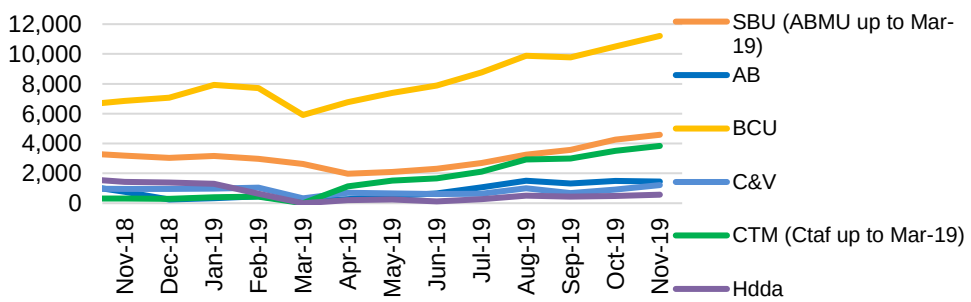


Measure 3

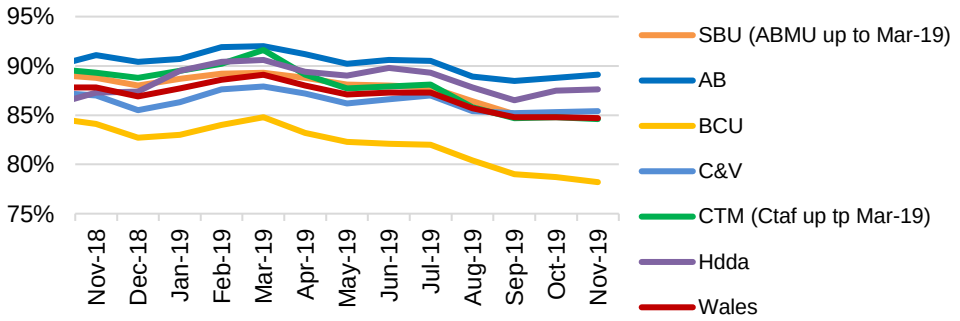


Benchmarking

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



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



Source : StatsWales (23.01.2020)

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

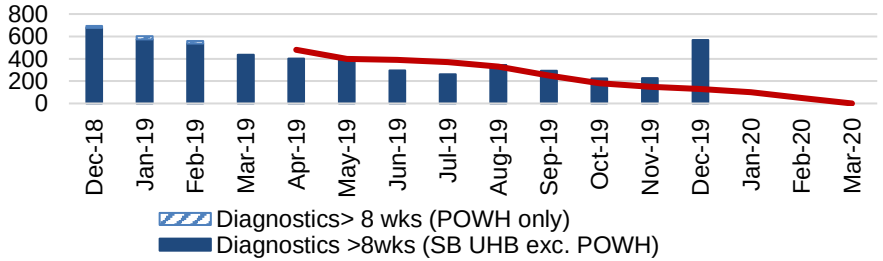
How do we compare with our peers?

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

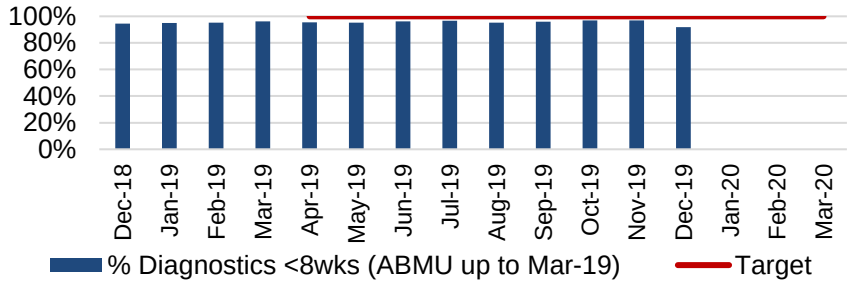
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed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

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

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

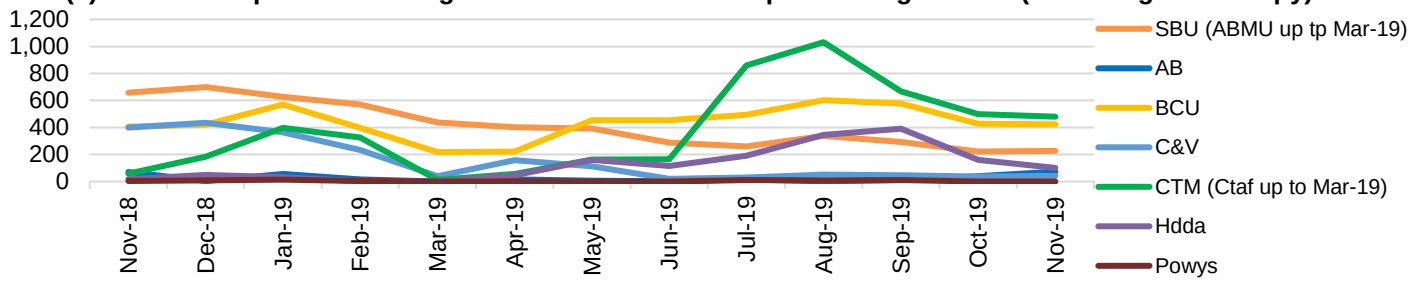


(4) % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)



Benchmarking

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



Source : StatsWales (28.01.2020)

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

How are we doing?

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

What actions are we taking?,

- Echo performance has been as a result of deceased capacity through long-term sickness and maternity leave and increased inpatient demand offsetting outpatients demand.
- End of Year cohort profiling and weekly monitoring in order to achieve year-end zero position for Echo Cardiogram.
- Q4 actions include:
    - Outsource non-complex echos,
    - Increase available staff over-time
    - Weekend locum to provide additional capacity
- Longer-term actions include increasing staff establishment and extending working day/week to provide additional capacity against increased demand.
- Continuation of the Cardiac MRI and CT plan to deliver an improved year-end position on March 2019.

What are the main areas of risk?

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

How do we compare with our peers?

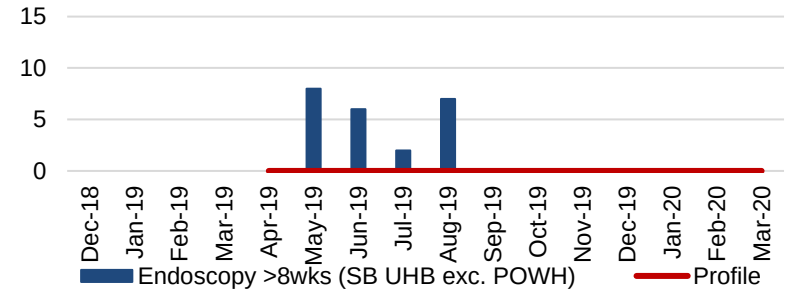
- At the end of December 2019, which is the latest published data available, the Health Board was the third worst performing Health Board.

ENDOSCOPY

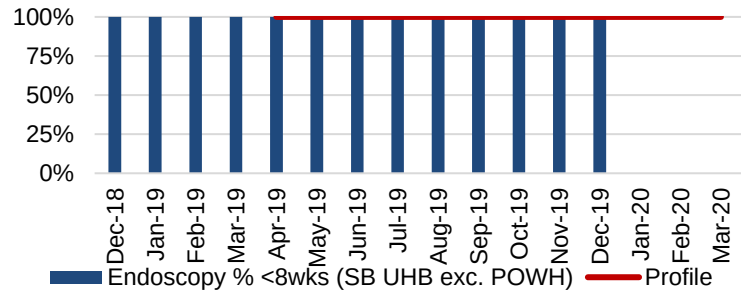
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

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

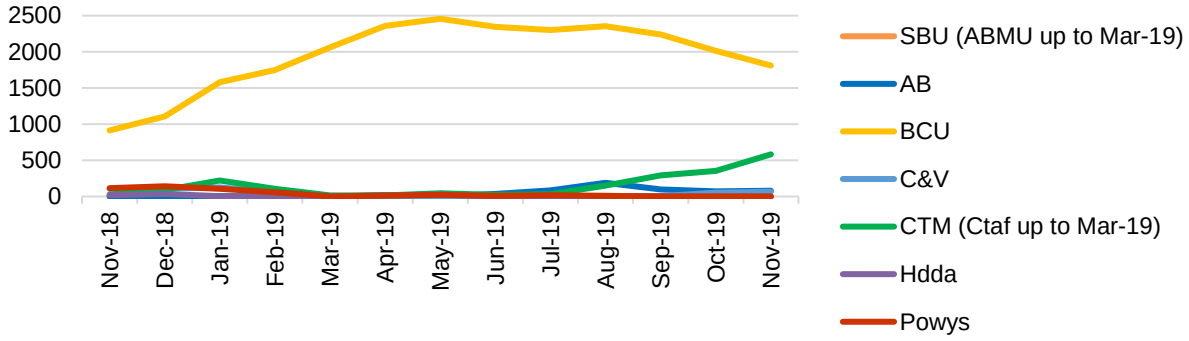


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

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



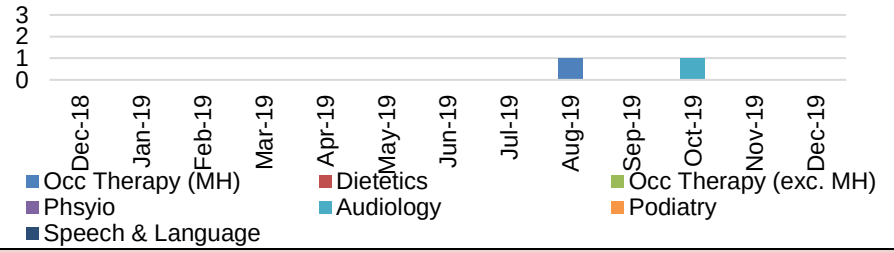
Source: StatsWales (23.01.2020)

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

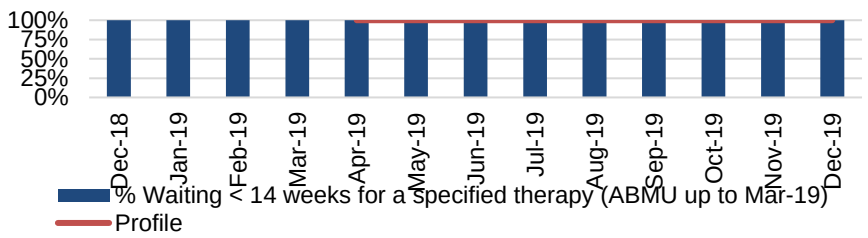
THERAPY WAITING TIMES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in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

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

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

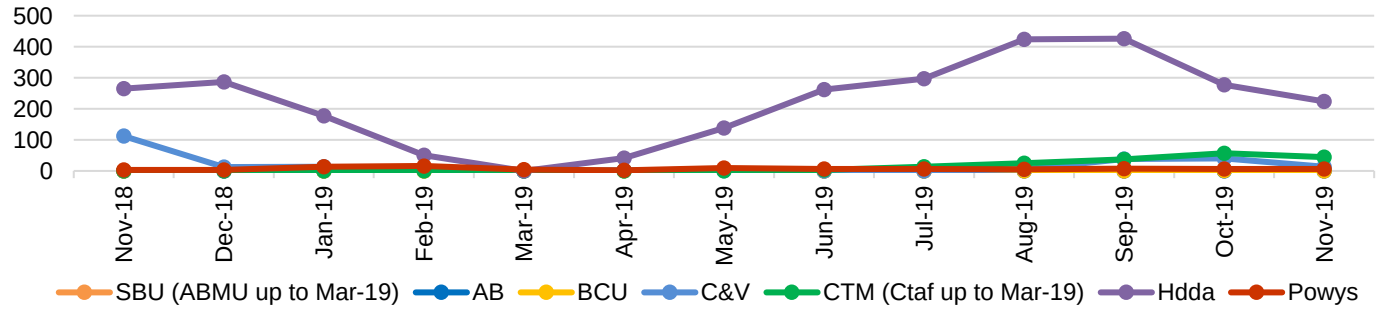


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

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



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

Source : StatsWales (23.01.2020)

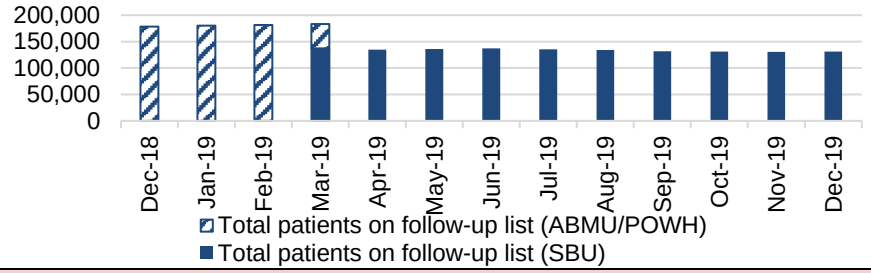
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of December 2019. • All therapy services are being sustainably met. Walk in Clinics are supporting therapies such as Physiotherapy and Podiatry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

DELAYED FOLLOW-UP APPOINTMENTS

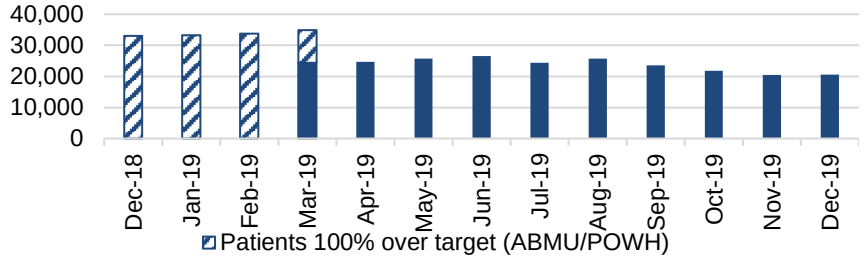
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

	Annual Plan Profile	WG Target	**Period:** December 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: The number of patients waiting for a follow-up outpatient appointment	TBC	15% ↓ by Mar-20		↓ ●
Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	TBC	15% ↓ by Mar-20		↓ ●

Measure 1



Measure 2



Benchmarking

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

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

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

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

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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

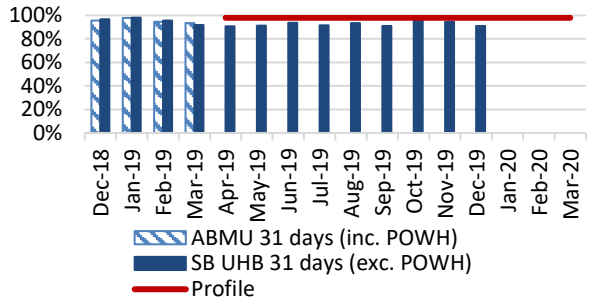
- Most Health Boards have experienced a deteriorating position in the number of patients waiting for an outpatient follow up (booked and not booked) who are delayed past their target date for planned care specialties and are, as is SBUHB, implementing new plans with traction and pace.

CANCER WAITING TIMES

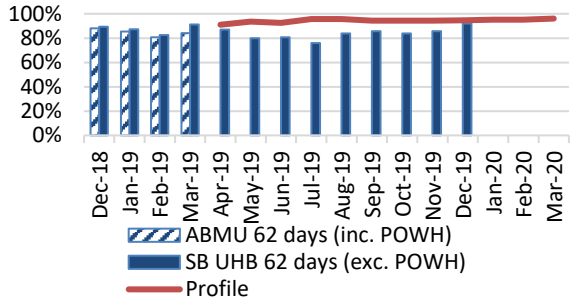
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

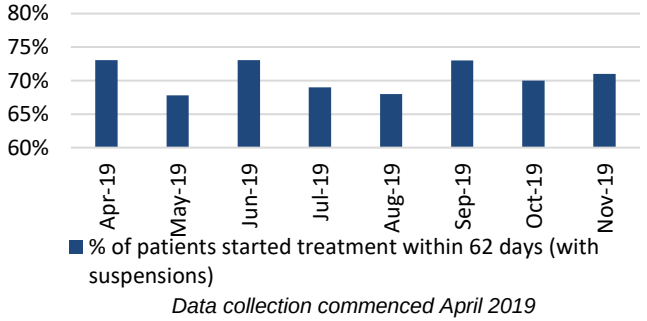
Measure 1



Measure 2



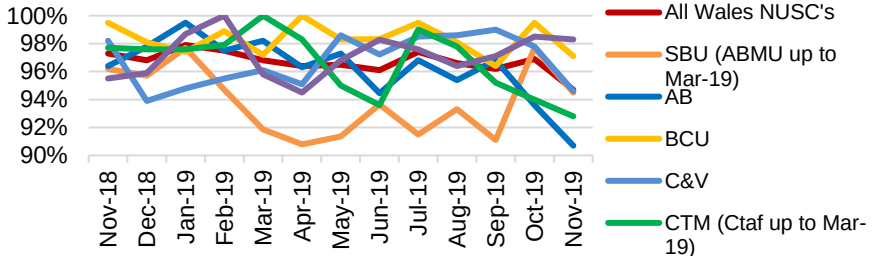
Measure 3



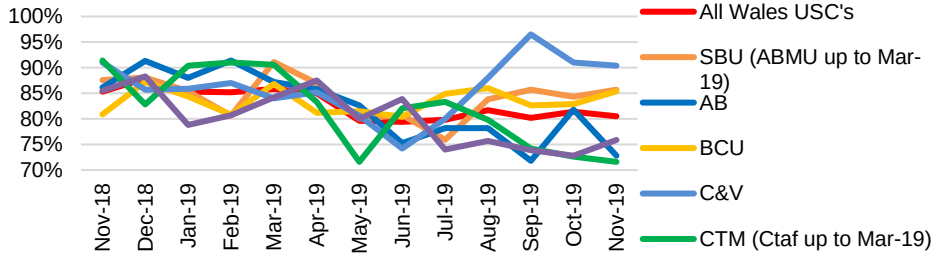
Data collection commenced April 2019

Benchmarking

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



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



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

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

How are we doing?

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

What actions are we taking?

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

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

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

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

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

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

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

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

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

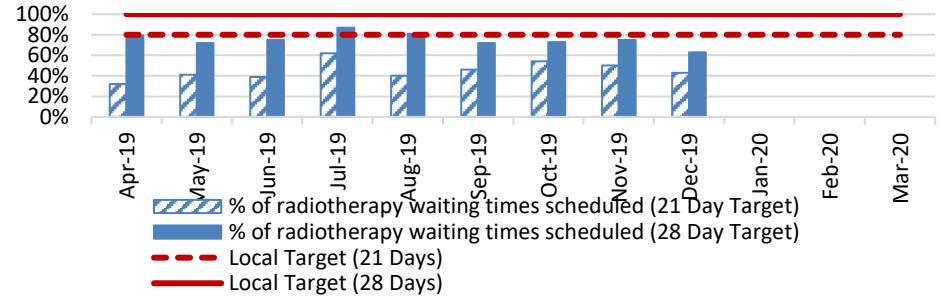
What are the main areas of risk?

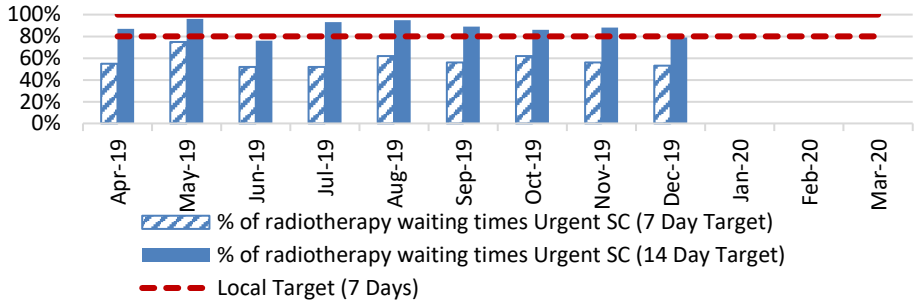
- Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities
- Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave.
- Unscheduled Care pressures are having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

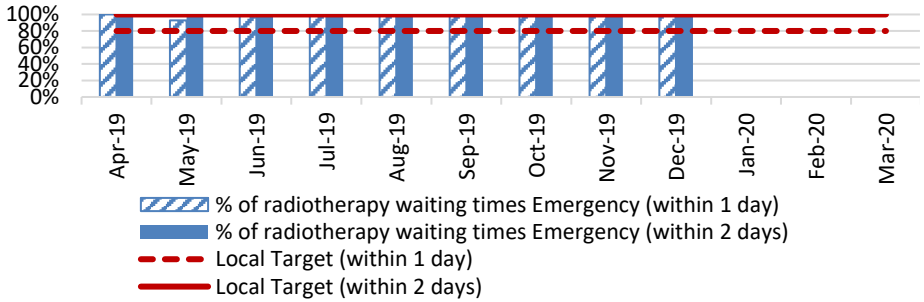
How do we compare with our peers?

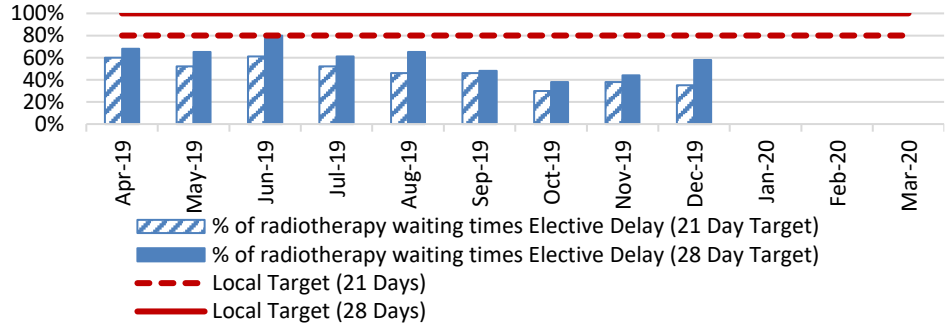
- USC performance in November saw SBUHB report 85.7% (2rd best of Welsh HBs), above the Wales average of 80.5%.
- NUSC performance in November saw the HB report 94.5%, just below the Wales average of 94.72%

RADIOTHERAPY WAITING TIMES					
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Cancer		
Executive Lead:	Darren Griffiths, Associate Director of Performance & Finance		**National Target**	**Period:** December 2019	
				Current Status *(against target):*	**Movement:** *(12 month trend)*
1 - % of radiotherapy waiting times Scheduled (21 Day Target / 28 Day Target)			80% / 100%	✗/✗	↑● / ↓●
2 - % of radiotherapy waiting times Urgent SC (7 Day Target / 14 Day Target)			80% / 100%	✗/✗	↓● / ↓●
3 - % of radiotherapy waiting times Emergency (Within 1 Day / 2 Days)			80% / 100%	✓/ ✓	↑● /→●
4 - % of radiotherapy waiting times Elective Delay (21 Day Target / 28 Day Target)			80% / 100%	✗/✗	↓● / ↓●









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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

How do we compare with our peers?

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

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

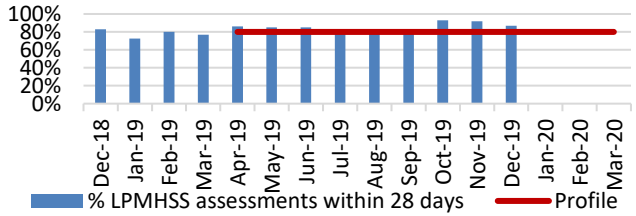
Data Source- IAEA DIRAC

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

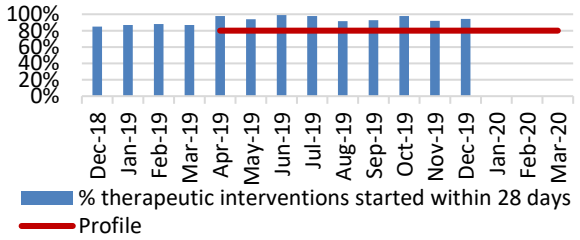
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated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

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

Measure 1



Measure 2



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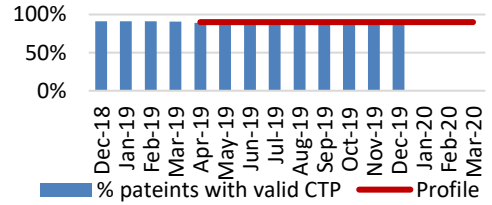
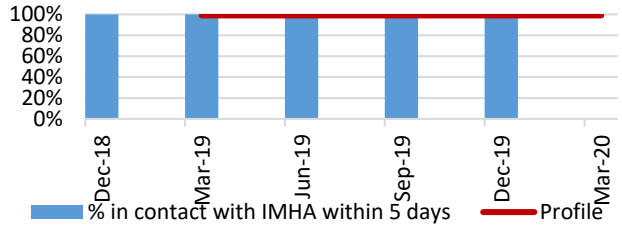
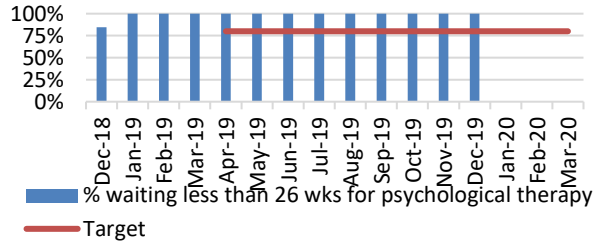


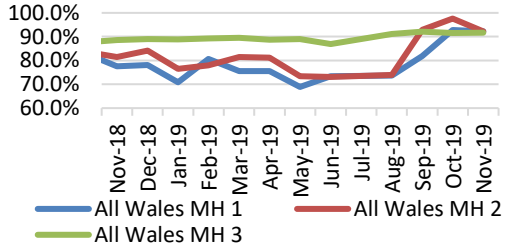
Measure 4



Measure 5



Benchmarking



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

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

How are we doing?

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

What actions are we taking?

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

What are the main areas of risk?

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

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

How do we compare with our peers?

November 2019

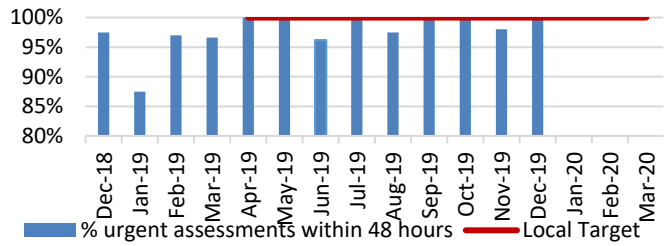
- All-Wales MH1 measure ranged from 56.8% to 92.2% including CAMHS **92.2% SB**
- All-Wales MH2 measure ranged from 59.7% to 92.2% including CAMHS **92.2% SB**
- All-Wales MH3 measure ranged from 74.5% to 96.4% including CAMHS **91.7% SB**
- All-Wales MH5 measure ranged from 21.3% to 100% **100% SB**

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

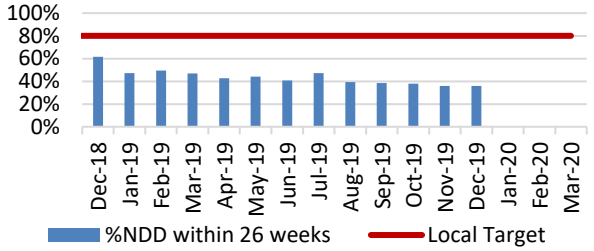
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical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

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

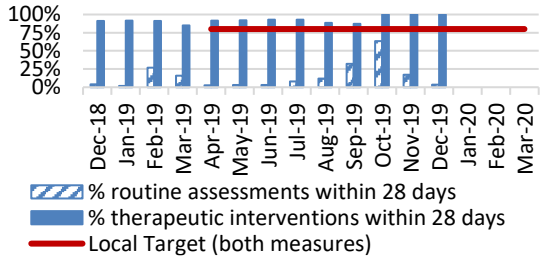
Crisis



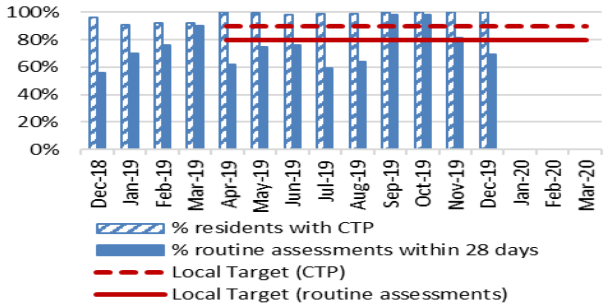
NDD



P-CAMHS



SCAMHS



Benchmarking (SCAMHS)

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

Source: Cwm Taf LHB

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

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%				97%			96%			96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%				91%			93%			93%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%				82%										
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-20	68.7%	75%			67.1%				68.1%							49.3%	62.0%	66.2%	68.7%
	% uptake of influenza among under 65s in risk groups	National	Jan-20	42.8%	55%			39.7%				43.0%							14.7%	32.0%	39.2%	42.8%
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%				86.1%										
	% uptake of influenza among children 2 to 3 years old	National	Jan-20	48.2%				41.5%				47.7%							0.8%	24.0%	42.1%	48.2%
	% uptake of influenza among healthcare workers	National	Jan-20	58.7%	60%			56%				54.5%							42.0%	55.0%	56.0%	58.7%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Dec-19	2.0%	5% annual target	3.8%	✖	1.8%		2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	2.0%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q2 19/20	55.3%	40% annual target	40.0%	✔	42.8%				56%			56%			55%				
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			*28.2%*		*2018/19= 29.3%*												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 19/20	425.9	4 quarter ↓			449.4							441.9			425.9				

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

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

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19	SBU Nov-19	SBU Dec-19	SBU Jan-20
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4,575				4,447			4,451							
	Patients aged 65 years or over prescribed an antipsychotic		Q1 19/20	1,433	qtr on qtr ↓			9810							1,433							
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			306.0				327.5			294.0			279.1				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			12.0				16.0			13.9			13.3				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Nov-19	92%		*95%*	✗			*90.3%*		*92.4%*		*87.0%*		*91.0%*		*87.0%*		*92.0%*		
	% stop or review date documented on medication chart		Nov-19	51%		*95%*	✗			*56.0%*		*55.2%*		*52.0%*		*54.0%*		*63.0%*		*51.0%*		
	% of antibiotics prescribed on stickers		Nov-19	86%		*95%*	✗			*47.1%*		*75.0%*		*61.0%*		*81.0%*		*81.0%*		*86.0%*		
	% appropriate antibiotic prescriptions choice		Nov-19	99%		*95%*	✓			*96.2%*		*95.9%*		*98.0%*		*97.0%*		*96.0%*		*99.0%*		
	% of patients receiving antibiotics for >7 days		Nov-19	10%		*<20%*	✓			*12.8%*		*6.9%*		*8.0%*		*11.0%*		*15.0%*		*10.0%*		
	% of patients receiving surgical prophylaxis for > 24 hours		Nov-19	50%		*<20%*	✗			*46.2%*		*39.1%*		*6.0%*		*18.0%*		*40.0%*		*50.0%*		
	% of patients receiving IV antibiotics > 72 hours		Nov-19	48%		*<30%*	✗			*47.3%*		*30.8%*		*35.0%*		*46.0%*		*41.0%*		*48.0%*		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jan-20	80.8	<67			85.13		96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8
	Number of E.Coli bacteraemia cases (Hospital)		*Jan-20*	*15*		*11*	✗			*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*	*5*	*12*	*15*
	Number of E.Coli bacteraemia cases (Community)			*18*		*29*	✓			*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*	*10*	*20*	*18*
	Total number of E.Coli bacteraemia cases			*33*		40	✓			28	31	43	27	22	29	35	22	23	25	15	32	33
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jan-20	35.6	<20			25.99		35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6
	Number of S.aureus bacteraemias cases (Hospital)		*Jan-20*	*6*		*5*	✗			*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*	*8*	*7*	*6*
	Number of S.aureus bacteraemias cases (Community)			*7*		*5*	✗			*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*	*3*	*4*	*7*
	Total number of S.aureus bacteraemias cases			*13*		10	✗			18	16	11	14	11	11	17	7	8	13	11	11	13
	Cumulative cases of C.difficile per 100k pop		Jan-20	35.3	<26			26.22		36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3
	Number of C.difficile cases (Hospital)		*Jan-20*	*6*		*9*	✓			*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*	*13*	*7*	*6*
	Number of C.difficile cases (Community)			*5*		*4*	✗			*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*	*4*	*4*	*5*
	Total number of C.difficile cases			*11*		13	✓			7	7	8	3	11	10	13	10	10	19	17	11	11
	Cumulative cases of Klebsiella per 100k pop		Jan-20	22.1				21.75				28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1
	Number of Klebsiella cases (Hospital)		*Jan-20*	*7*		5	✗			10	15	4	2	4	7	1	8	7	4	4	4	7
	Number of Klebsiella cases (Community)			*1*		5	✓			6	5	4	3	1	4	4	3	2	0	4	2	1
	Total number of Klebsiella cases			*8*		10	✓			16	20	8	5	5	11	5	11	9	4	8	6	8
	Cumulative cases of Aeruginosa per 100k pop		Jan-20	8.0				6.35				5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0
	Number of Aeruginosa cases (Hospital)		*Jan-20*	*2*		2	✓			0	0	0	3	1	2	1	2	2	1	1	1	2
	Number of Aeruginosa cases (Community)			*1*		2	✓			0	2	0	0	2	4	0	2	0	0	0	1	1
	Total number of Aeruginosa cases			*3*		4	✓			0	2	0	3	3	6	1	4	2	1	1	2	3
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jan-20	97%		95%	✓			96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 19/20	1	0			1				1			0			1			1	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jan-20	28%	90%	80%	✗	49.6%		80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%
	Number of new Never Events	National	Jan-20	1	0	0	✗	1		0	0	1	0	1	1	1	1	0	1	0	1	1
	Number of risks with a score greater than 20	Local	Jan-20	91		12 month ↓	✗			53	54	51	72	66	75	81	88	103	104	105	109	91
	Number of risks with a score greater than 16	Local	Jan-20	171		12 month ↓				new local measure for 2019/2			167	151	162	164	175	197	204	200	202	171
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jan-20	5		Monitor				6	17	15	3	9	8	2	6	5	19	6	4	5
	Number of Safeguarding Children Incidents	Local	Jan-20	13		Monitor				13	7	7	6	10	6	7	6	3	5	13	8	13
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Dec-19	24		12 month ↓	✓			50	45	64	29	16	13	18	14	9	20	22	24	
	Number of pressure ulcers developed in the community		Dec-19	24		12 month ↓	✓			77	62	47	34	33	23	33	37	25	29	31	24	
	Total number of pressure ulcers		Dec-19	48		12 month ↓	✓			*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*	*49*	*53*	*48*	
	Number of grade 3+ pressure ulcers acquired in hospital		Dec-19	2		12 month ↓	✓			4	10	7	1	2	1	2	0	1	2	2	2	
	Number of grade 3+ pressure ulcers acquired in community		Dec-19	3		12 month ↓	✓			16	11	10	10	6	6	7	8	8	2	8	3	
	Total number of grade 3+ pressure ulcers		Dec-19	5		12 month ↓	✓			20	21	17	11	8	7	9	8	9	4	10	5	
Inpatient Falls	Number of Inpatient Falls	Local	Jan-20	249		12 month ↓	✓			341	276	326	210	226	189	186	227	241	255	240	297	249
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2016= 143.9 2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		1			2			0						

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2016/17= 5.97, 2018/19=6.40												
	Number of new formal complaints received	Local	Jan-20	142		12 month ↓ trend	✖			138	96	114	93	95	118	138	114	110	159	137	87	142
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Nov-19	76%	75%	80%	✖	69.8%		84%	83%	79%	85%	83%	85%	81%	84%	85%	83%	76%		
	% of acknowledgements sent within 2 working days	Local	Jan-20	100%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Nov-19	3,308	> 5% annual ↓			15,399			3,373	3,350	3,320			3,288	3,174			3,308		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

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

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

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

										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-19	7.3%	12 month ↓					6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-19	8.0%	12 month ↓					7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jan-20	63.0%		90%	✖			80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%
	% of theatre sessions starting late	Local	Jan-20	44.1%		<25%	✖			46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%
	% of theatre sessions finishing early	Local	Jan-20	41.4%		<20%	✖			40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%		18.4%					31.3%							
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%				62.6%										
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%				31.1%			32.2%			32.2%				
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jan-20	69%	85%	79%	✖	70.3%		70%	70%	69%	69%	70%	70%	71%	71%	71%	67%	66%	68%	69%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jan-20	81%	85%	83%	✖	78.3%		73%	74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%
	% workforce sickness and absent (12 month rolling)	National	Dec-19	6.09%	12 month ↓			5.36%		5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										ABMU			SBU									
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Dec-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Dec-19	97%	Annual ↑	95%	✓			95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	
	% of population regularly accessing NHS primary dental care	National	Sep-19	61.5%	4 quarter ↑			55%				62.2%			61.8%			61.5%				
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%					96%	92%	96%	98%	98%	97%	97%						
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					80%	60%	80%	83%	100%	100%	-						
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jan-20	67%	65%	65%	✗	62%		73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%
	Number of ambulance handovers over one hour	National	Jan-20	847	0	451	✗	4,682		1,164	619	928	732	647	721	594	632	778	827	821	868	847
	Handover hours lost over 15 minutes	Local	Jan-20	3,545						3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jan-20	72%	95%	78.4%	✗	72.1%		77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jan-20	1,038	0	612	✗	6,656		986	685	862	653	602	644	642	740	939	890	927	1,018	1,038
	% of survival within 30 days of emergency admission for a hip fracture	National	Oct-19	95.6%	12 month ↑			81.4%		74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jan-20	23.5%	56.3%	82%	✗	44.4%		35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%
	CT Scan (<1 hrs)	Local	Jan-20	43.1%		55%	✗			48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jan-20	90.2%	83.9%	96%	✗	84.5%		75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%
	Thrombolysis door to needle <= 45 mins	Local	Jan-20	0.0%	12 month ↑	35%	✗			40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%
	% patients receiving the required minutes for speech and language therapy	National	Dec-19	38.0%	12 month ↑			48.6%					57%	47%	41%	48%	48%	50%	49%	45%	38%	33%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Jan-20	81.8%	95%			84.7%		88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jan-20	1,453	0	0	✗	31,463		153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453
	Number of patients waiting > 36 weeks for treatment	National	Jan-20	5,623	0	1,247	✗	22,879		3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Dec-19	71.6%	95%			65.2%						64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jan-20	628	0	100	✗	3,883		603	558	437	401	401	295	261	344	294	223	226	569	628
	Number of patients waiting > 14 weeks for a specified therapy	National	Jan-20	0	0	0	✗	287		0	0	0	0	0	0	0	1	0	1	0	0	0
	The number of patients waiting for a follow-up outpatient appointment	National	Jan-20	131,090	15% reduction by March 2020	118,513	✗	895,734		180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-20	19,969	15% reduction by March 2020	21,618	✗	201,667		33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Jan-20	97%	98%	98%	✗	94.7%		98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	97%
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Feb-20	80%	95%	95%	✗	80.5%		85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	80%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Dec-19	70%	12 month ↑			73.6%					73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	70.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Dec-19	87%	80%	80%	✓	76.3%		73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Dec-19	95%	80%	80%	✓	80.6%		87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Dec-19	100%	100%	100%	✓	100.0%				99%			100%			100%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-19	100%	95%	95%	✓	68.2%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-19	100%		100%	✓			88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-19	36%	80%	80%	✗	41.6%		47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Dec-19	4%		80%	✗			2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Dec-19	100%		80%	✓			92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Dec-19	100%		90%	✓			91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-19	69%		80%	✗			70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	

APPENDIX 2: LIST OF ABBREVIATIONS

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

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