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Bae Abertawe
Swansea Bay University
Health Board



Integrated Performance Report

July 2019



Meeting Date	16th July 2019	Agenda Item	2.1
Report Title	Integrated Performance Report		
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Presented by	Darren Griffiths, Associate Director of Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2019/20 NHS Wales Delivery Framework.		
Key Issues	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>In order to facilitate comparative trends for Swansea Bay University Health Board (SUB), all charts in this report follow the same format of solid coloured bars representing Swansea Bay UHB and striped bars for Abertawe Bro Morgannwg University (ABMU) Health Board or Bridgend (as relevant).</p> <p>The Performance Team has worked closely with Primary and Community Services, Mental Health & Learning Disabilities and Public Health to design the additional sections included in this month's report. Work is ongoing to refine the data presented to ensure that the measures included in this report reflect the successes and challenges of the services across the Health Board. It is hoped that this monthly report will act as a mechanism to highlight both good and challenging areas of performance for the services. Primary and Community Services require additional time to agree on the measures that will be drawn out in more detail in the accompanying narrative section. In the meantime, a representative from the Service Delivery Unit will be invited to attend future Performance & Finance Committee to give a verbal update.</p> <p>Public Health data included in this report is aligned with the Public Health Outcomes Framework. The framework is extensive, therefore not all of the measures have been included in this iteration. Work will be undertaken with Public Health colleagues before the next committee meeting to review the appropriateness of the measures included in this report and agree on the priority measures for future reporting.</p>		

	<p>The Public Health Outcome Framework measures not included in this report are:</p> <ul style="list-style-type: none"> • Mental well-being among children and young people • Children living in poverty • Young children developing the right skills • School leavers with skills and qualifications • School leavers with essential literacy and numeracy skills • People able to afford everyday goods and activities • People not in education, employment or training • Gap in employment rate for those with long term health condition • A sense of community • People who volunteer • People feeling lonely • Quality of housing • Quality of the air we breathe • Breastfeeding at 10 days • Life satisfaction among working age adults • Deaths from road traffic injuries • Life satisfaction among older people • Deaths from injuries 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • note current Health Board performance against key measures and targets and the actions being taken to improve performance. • note the additional measures in this month's report and the work planned in order to improve future iterations 			

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1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> • Therapy waiting times continue to be maintained at (or below) 14 weeks. • The internal profile for 4 hour stroke performance was not achieved in Q1 due to unscheduled care pressures, however performance continues to improve on the same period last year (40% in June 2018 compared with 57% in June 2019). Internal profiles for CT scans within 1 hour and consultant assessment within 24 hours were consistently achieved throughout Q1. • In June 2019, internal reduction targets were achieved for all healthcare acquired infection indicators (C. difficile, E.Coli Bacteraemia and S. Aureus Bacteraemia). • Compliance of 30-day responses to formal complaints continues to improve with Mental Health & Learning Disabilities achieving 100% in April 2019 and Morriston achieving 97%. 	<ul style="list-style-type: none"> • Implement a breaking the cycle approach in July 2019 in order to try and de-escalate the Health Board's unscheduled care position. • Maintain surge bed capacity opened for the winter months on all our hospital sites. • Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. • Bring forward the outsourcing programme for RTT to frontload delivery of agreed capacity through July – October 2019. • Creation of 1 all-day list in Morriston Hospital to address long-waiting laparoscopic cholecystectomy patients. • Expand capacity for delivering SACT is essential for decreasing the waiting times and delivering NICE approved treatments and clinical trial availability. Plan to utilise the Tenovus mobile.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Additional Welsh Government funding is being made available to achieve new national targets for delayed follow-ups and the overall reduction of long waiting patients. • Undertaking audit of compliance with SAFER bundle and patients receiving IV antibiotic treatment in hospital. • Opportunity for evaluating and developing services across the board in light of health board restructures. • Clusters achieved success in attracting a further £260k external funding in partnership with the Third Sector (Bay). • Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. • RCA training event to take place in July, which will increase the number of people able to investigate Serious Incidents with Mental Health & Learning Disabilities Unit. 	<ul style="list-style-type: none"> • The number of medically fit for discharge patients remains high, and all social care delays are escalated to the respective Local Authorities. Package of care capacity continues to be a constraint, and also affects the ability to discharge patients from our hospital and Reablement services. • Critical care capacity pressures continued at both Morriston and Singleton with both units operating just below or at full capacity • One never event retained swab in cardiac theatre. • The Orthopaedic ward in Morriston Hospital continues to be breached with medical outliers, which is affecting the Health Board's ability to deliver the sustainable elective care plan for Orthopaedics. • Health Board currently unable to access the national database for Discharge Advice Letters. NWIS are looking at providing a workaround for this missing data while they try and resolve the server issue.

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

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	May-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	76.2%	75.0%										5th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	85.7%	84.3%	84.4%	85.0%	86.2%	86.0%	
	12 hour A&E waits	Actual	653	591	644										3rd
		Profile	484	374	273	283	266	238	273	279	211	185	187	180	
	1 hour ambulance handover	Actual	732	647	721										6th**
		Profile	320	233	201	220	193	200	208	248	241	176	148	145	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%										2nd**
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	(Apr-19)
	CT scan within 1 hour	Actual	62%	56%	52%										4th**
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	(Mar-19)
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%										2nd**
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	(Apr-19)
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%										5th**
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	(Mar-19)
Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%										4th**	
	Profile													(Apr-19)	
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297										2nd
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	(Apr-19)
	Treatment waits over 36 weeks	Actual	1,976	2,104	2,318										6th
		Profile	2,042	2,038	2,125	2,148	2,132	2,137	1,989	2,024	2,153	2,057	1,960	1,921	(Apr-19)
	Diagnostic waits over 8 weeks	Actual	401	401	295										6th
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	(Apr-19)
Therapy waits over 14 weeks	Actual	0	0	0										Joint 1st	
	Profile	0	0	0	0	0	0	0	0	0	0	0	0	(Apr-19)	
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	95%										6th**
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	(Apr-19)
	USC patients starting treatment in 62 days	Actual	87%	80%	77%										2nd**
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	(Apr-19)
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10										Joint 3rd
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11										7th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29										3rd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

*RAG status derived from performance against trajectory

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

3. MONTHLY PERFORMANCE DASHBOARD

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

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																
		ABMU										SBU				
Sub Domain	Measure	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Performance Trend	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9		
	Number of E.Coli bacteraemia cases (Hospital)	10	20	16	15	17	23	15	11	15	21	10	7	7		
	Number of E.Coli bacteraemia cases (Community)	31	31	30	34	24	30	23	17	16	22	17	15	22		
	Total number of E.Coli bacteraemia cases	41	51	46	49	41	53	38	28	31	43	27	22	29		
	Cumulative cases of S.aureus bacteraemias per 100k pop	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3		
	Number of S.aureus bacteraemias cases (Hospital)	7	8	9	7	7	7	5	9	9	4	11	8	6		
	Number of S.aureus bacteraemias cases (Community)	12	9	11	3	5	10	6	9	7	7	3	3	5		
	Total number of S.aureus bacteraemias cases	19	17	20	10	12	17	11	18	16	11	14	11	11		
	Cumulative cases of C.difficile per 100k pop	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9		
	Number of C.difficile cases (Hospital)	10	24	8	5	15	9	5	3	4	3	2	8	6		
	Number of C.difficile cases (Community)	5	5	7	4	4	1	11	4	3	5	1	3	4		
	Total number of C.difficile cases	15	29	15	9	19	10	16	7	7	8	3	11	10		
	Cumulative cases of Klebsiella per 100k pop											28.6	15.7	15.5	21.8	
	Number of Klebsiella cases (Hospital)	6	1	6	6	11	5	11	10	15	4	2	4	7		
	Number of Klebsiella cases (Community)	3	6	6	6	9	9	1	6	5	4	3	1	4		
	Total number of Klebsiella cases	9	7	12	12	20	14	12	16	20	8	5	5	11		
	Cumulative cases of Aeruginosa per 100k pop											5.8	9.4	9.3	12.5	
	Number of Aeruginosacases (Hospital)	1	2	1	0	2	4	2	0	0	0	3	1	2		
Number of Aeruginosa cases (Community)	2	1	0	3	0	2	3	0	2	0	0	2	4			
Total number of Aeruginosa cases	3	3	1	3	2	6	5	0	2	0	3	3	6			
Hand Hygiene Audits- compliance with WHO 5 moments	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%	97%			
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%		
	Number of new Never Events	0	0	0	0	0	0	0	0	0	1	0	1	1		
	Number of risks with a score greater than 20	60	67	77	73	66	45	48	53	54	51	72	66	75		
	Number of risks with a score greater than 16	New local measure for 2019/20										167	151	162		
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	10	22	14	7	13	8	12	6	17	15	3	9	8		
Pressure Ulcers	Number of Safeguarding Children Incidents	5	12	14	3	10	9	3	13	7	7	6	10	6		
	Total number of pressure ulcers acquired in hospital	39	56	45	53	47	40	40	50	45	64	29	16	25		
	Number of grade 3+ pressure ulcers acquired in hospital	2	3	1	1	6	3	3	4	10	7	1	2	7		
	Total Number of pressure ulcers developed in the community	81	68	88	71	60	62	58	77	62	47	34	33	21		
Inpatient Falls	Number of grade 3+ pressure ulcers developed in the community	15	11	13	8	9	12	13	16	11	10	10	6	10		
	Number of Inpatient Falls	326	300	290	328	293	291	300	341	276	326	210	226	189		

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful															
Sub Domain	Measure	ABMU										SBU			Performance Trend
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
DTCs	Number of mental health HB DTCs	30	27	30	29	28	26	25	29	26	21	18	23	27	
	Number of non-mental health HB DTCs	75	74	85	69	84	125	117	104	87	112	49	67	70	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.0%	
	Stage 2 mortality reviews required	16	12	19	19	16	22	17	7	10	22	21	13	12	
	% stage 2 mortality reviews completed	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%	63.00%			
	Crude hospital mortality rate (74 years of age or less)	0.80%	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%	95.8%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	
Coding	% of episodes clinically coded within 1 month of discharge	94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%	96%		
E-TOC	% of completed discharge summaries	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%		

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																
Sub Domain	Measure	ABMU										SBU			Performance Trend	
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2014/15= 6.26, 2016/17= 5.97														
	Number of new formal complaints received	90	126	126	114	140	91	84	138	96	114	93	95	118		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%				
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
Sub Domain	Measure	ABMU										SBU			Performance Trend
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	88%	88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	
	% of who would recommend and highly recommend	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them															
Sub Domain	Measure	ABMU										SBU			Performance Trend
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
DNAs	% of patients who did not attend a new outpatient appointment	6.3%	6.7%	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.7%	6.3%	5.9%	
	% of patients who did not attend a follow-up outpatient appointment	7.4%	7.6%	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.0%	7.1%	7.1%	
Theatre Efficiencies	Theatre Utilisation rates	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%	72%	
	% of theatre sessions starting late	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	
	% of theatre sessions finishing early	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	
	% workforce sickness and absent (12 month rolling)	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%		

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
Sub Domain	Measure	ABMU										SBU			Performance Trend
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	94%	94%	90%	95%	95%	95%	95%	95%	95%	97%	96%	96%		
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	95%	94%	95%	96%	93%	96%	95%	96%	92%	96%	96%	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	50%	33%	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	
	Number of ambulance handovers over one hour	351	443	420	526	590	628	842	1,164	619	928	732	647	721	
	Handover hours lost over 15 minutes	893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	
	% 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	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	476	590	511	588	680	665	756	986	685	862	653	591	644	
	% of survival within 30 days of emergency admission for a hip fracture	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	
	CT Scan (<1 hrs)	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	
	Thrombolysis door to needle <= 45 mins	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	
	% patients receiving the required minutes for speech and language therapy											57%	47%	41%	
Planned Care	% of patients waiting < 26 weeks for treatment	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	55	30	105	89	65	125	94	153	315	207	236	323	297	
	Number of patients waiting > 36 weeks for treatment	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	
	Number of patients waiting > 8 weeks for a specified diagnostics	915	740	811	762	735	658	693	603	558	437	401	401	295	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538	48,623		
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102	13,221		
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)	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	95%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	77%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%		

4.1 Public Health- Overview

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

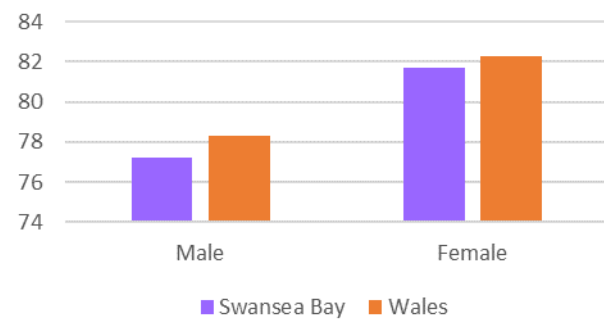


Chart 2: Healthy Life expectancy at birth (2015 to 2017)

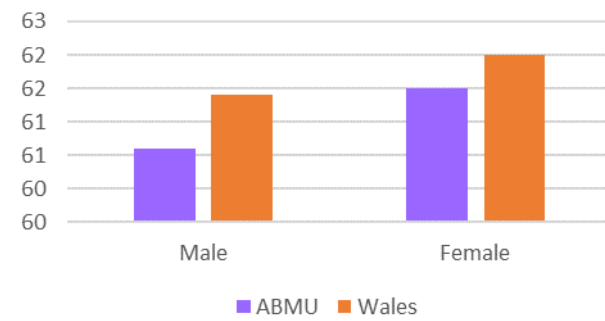


Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017

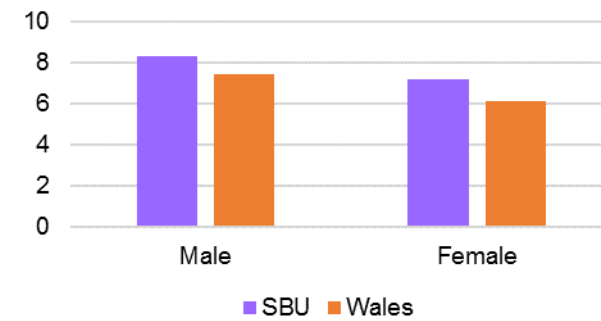


Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)

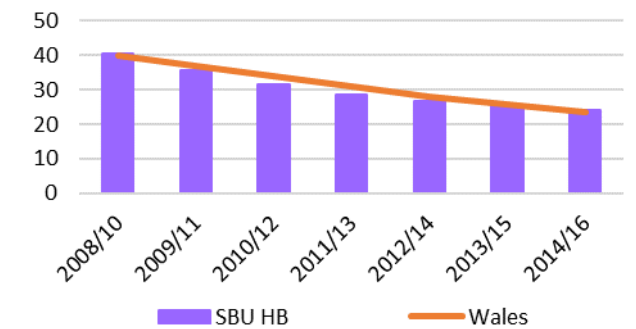


Chart 5: Low birth weight (% , birth weight below 2500g)

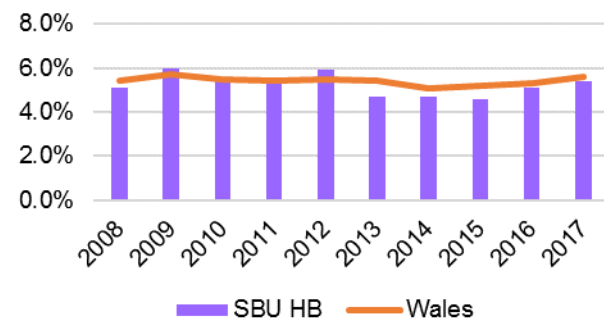


Chart 6: Vaccination rates at age 4

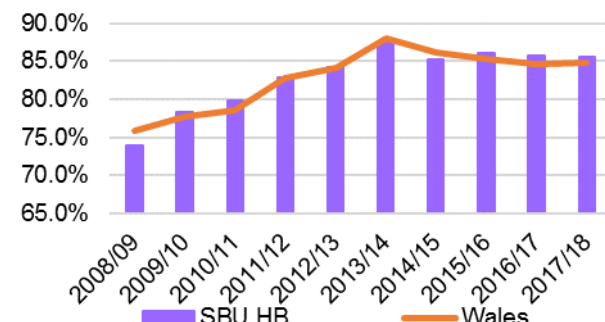


Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1

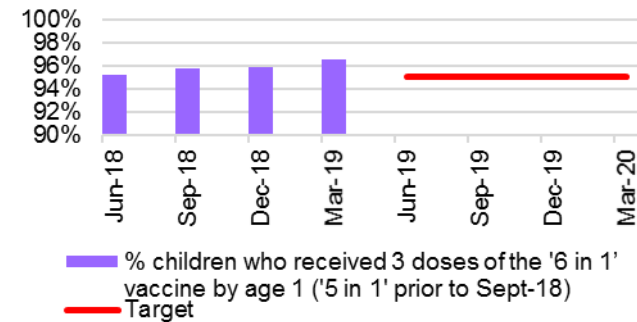


Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5

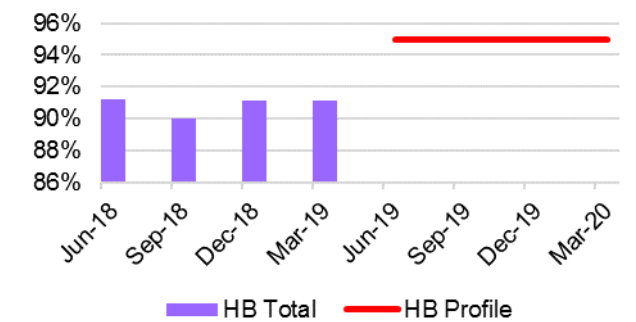


Chart 9: Children age 5 of healthy weight

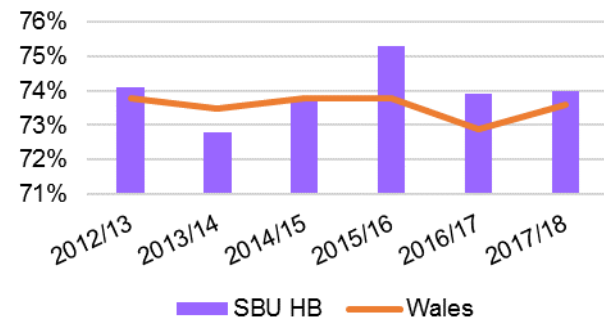


Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16

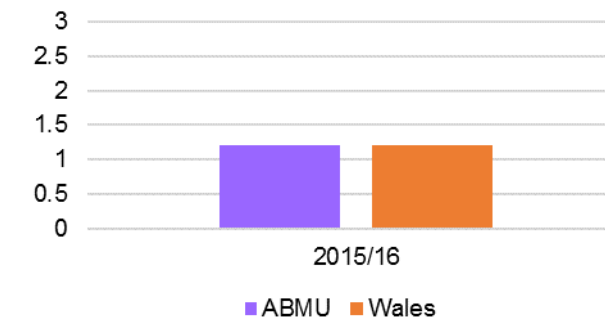


Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14

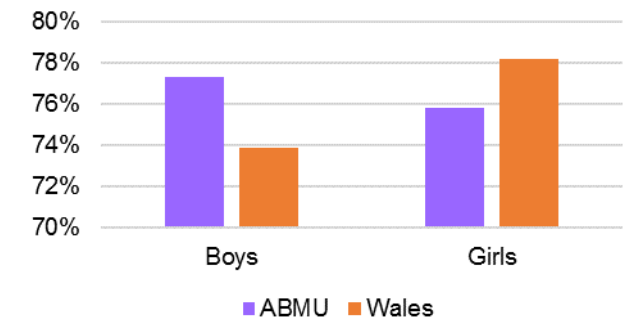


Chart 12: Adolescents drinking surgery drinks once or more a day (% , children aged 11-16) 2013/14

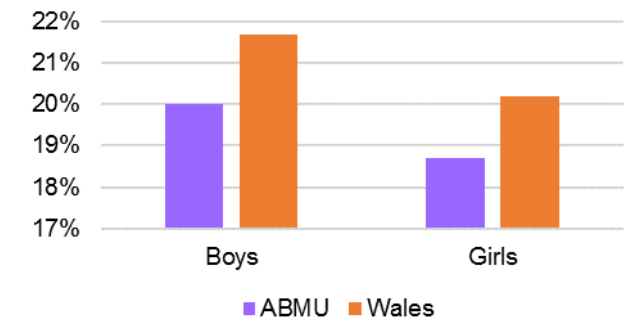


Chart 13: Physical activity in adolescents (% , children aged 11-16) 2013/14

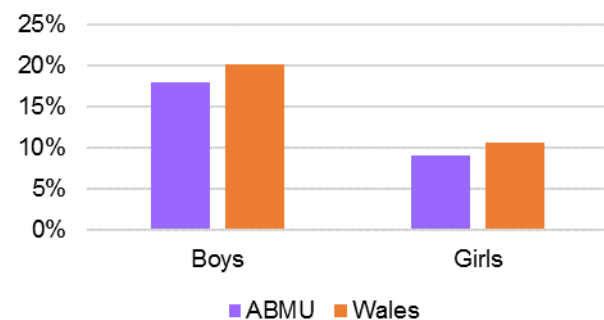


Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14

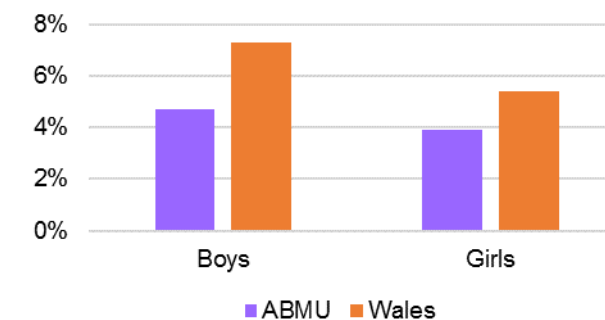


Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)

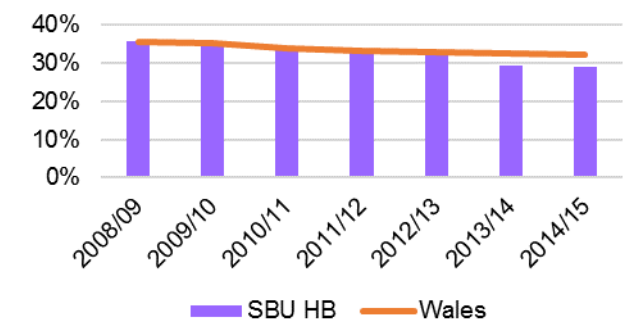


Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)

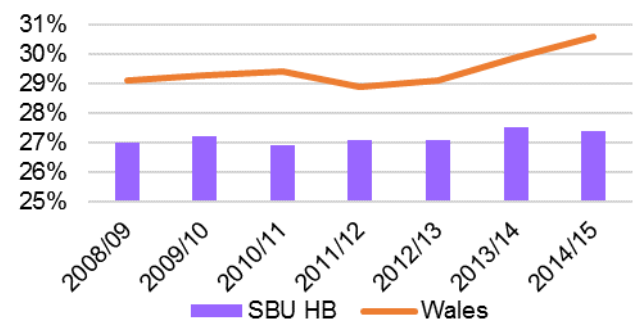


Chart 17: Mental well-being among adults
(Age-standardised average total score, persons aged 16+)

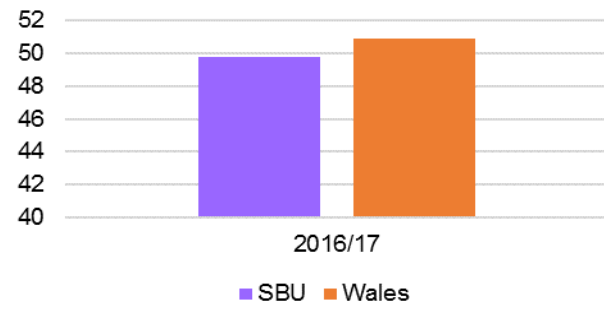


Chart 18: Adults drinking above guidelines
(Age-standardised %, persons aged 16+)

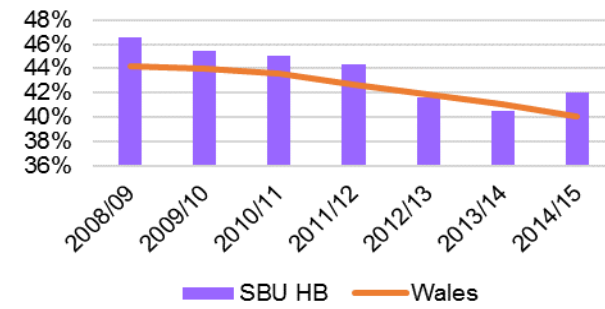


Chart 19: Working age adults in good health
(%, persons aged 16-64)

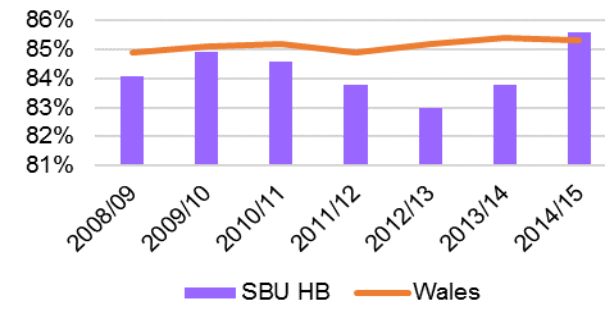


Chart 20: Working age adults of healthy weight
(%, persons aged 16-64)

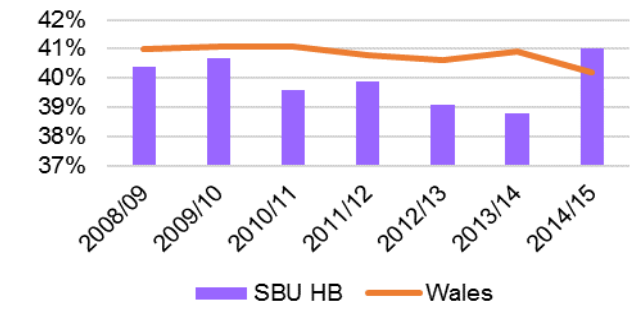


Chart 21: Adolescents who smoke
(%, children aged 11-16) 2013/14

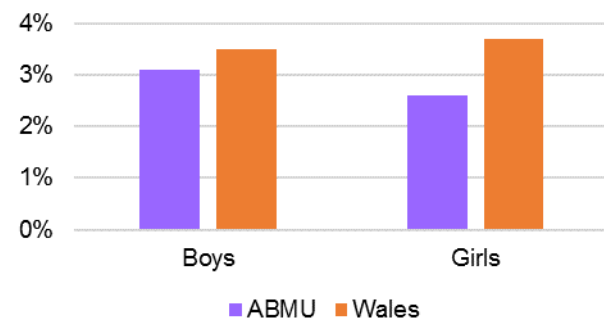


Chart 22: Adults who smoke
(Age-standardised %, persons aged 16+)

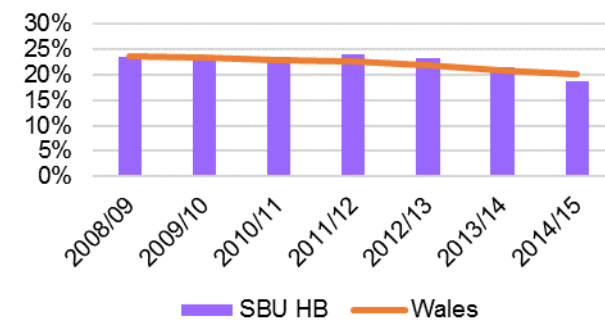


Chart 23: Percentage of women who gave up smoking during pregnancy
(by 36-38 weeks of pregnancy)

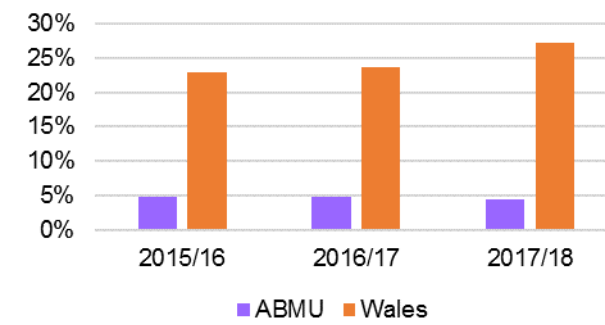


Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services

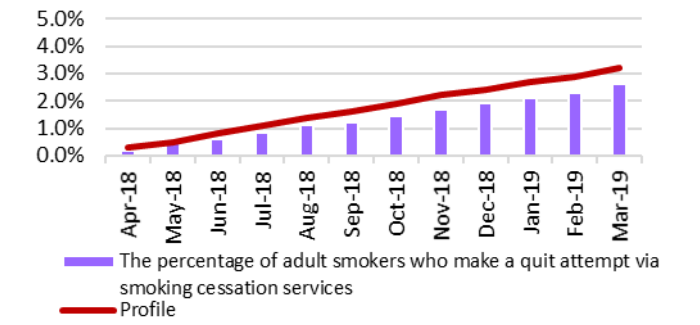


Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks

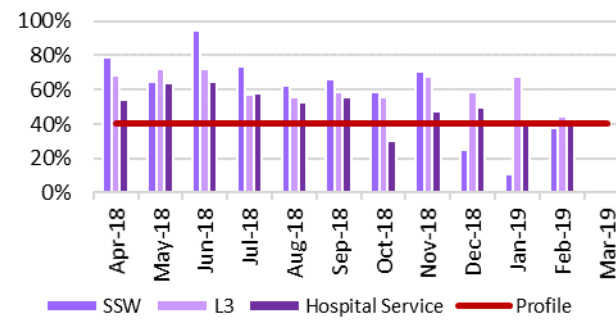


Chart 26: Older people in good health
(%, persons aged 65+)

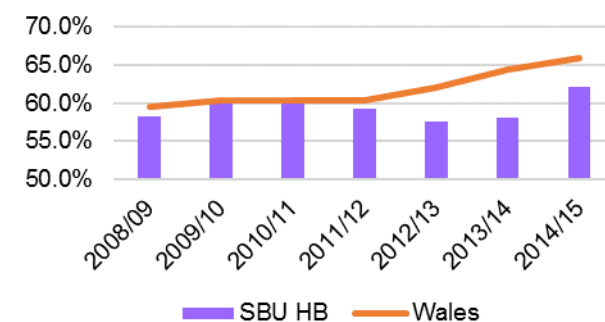


Chart 27: Older people of healthy weight
(%, persons aged 65+) 2016/17-2017/18

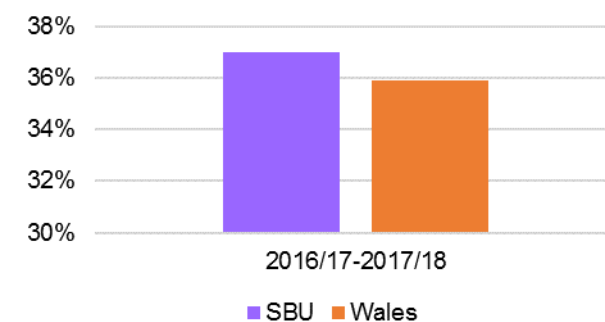


Chart 28: Older people free from limiting long term illness
(%, persons aged 65+) 2016/17-2017/18

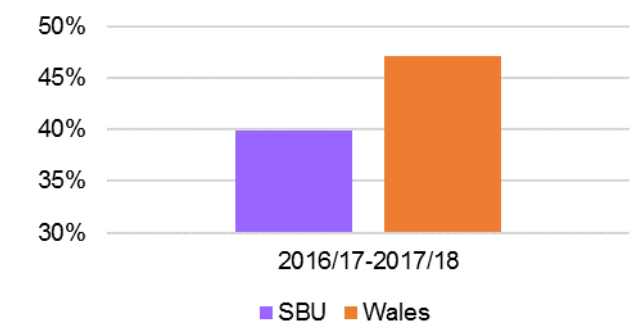


Chart 29: Hip fractures among older people
(European age-standardised rate (EASR) per 100,000, persons aged 65+)

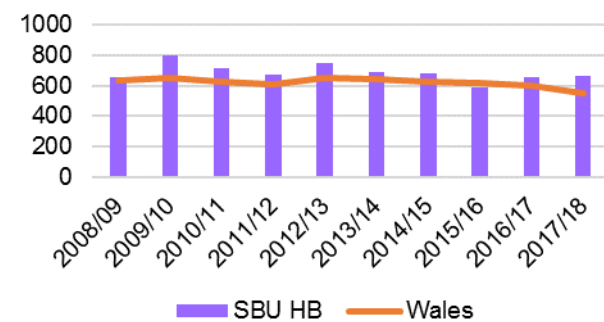


Chart 30: Percentage uptake of influenza vaccination

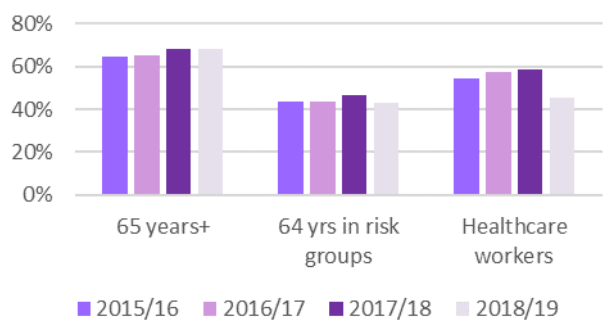


Chart 31: Premature death from key non communicable diseases
(European age-standardised 3 year rolling rate (EASR) per 100,000, persons aged 30-70)

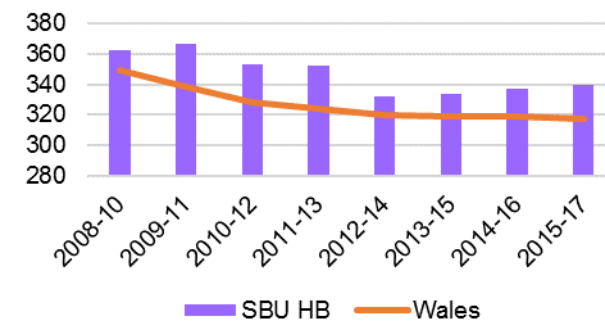
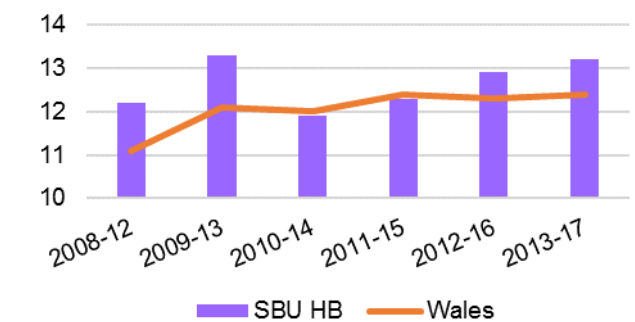


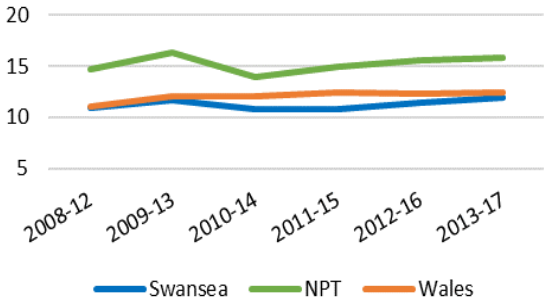
Chart 32: Suicides
(European age-standardised 5 year rolling rate (EASR) per 100,000, persons aged 10)

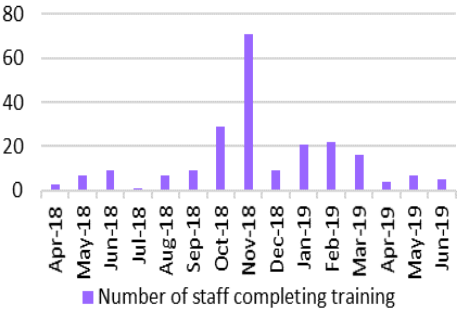


4.2 Public Health- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period																																										
<p>Child Measurement Programme <i>The Child Measurement Programme for Wales measures the height and weight of children in Reception class. We want to learn how children in Wales are growing so that NHS Wales can better plan and deliver health services. Public Health Wales is responsible for the coordination of the Child Measurement Programme and every health board across Wales is taking part in the programme. Our School nursing service delivers the programme in primary schools across the Swansea Bay area.</i></p>	<p>12% of children in Wales are categorised as obese in 2017/18. Swansea Bay UHB has 12.7% of children aged 4-5 years who are obese (Cardiff and Vale 9.3% - Cwm Taf 13.8%); Swansea locality 12.8% and Neath Port Talbot 12.4%. (Vale of Glamorgan 7.1% - Merthyr Tydfil 15.6%) 13.3% of children in Swansea Bay UHB aged 4-5 years are categorised as being overweight, lower than the Wales average of 14.3%. Neath Port Talbot however is higher than the Wales average at 14.8%.</p>	<p>95% confidence interval</p> <p>Percentage of children, aged 4 to 5 years who are obese, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18 Produced by Public Health Wales Observatory using CMP (NWIS)</p> <table border="1"> <caption>Percentage of children, aged 4 to 5 years who are obese</caption> <thead> <tr> <th>Year</th> <th>Wales</th> <th>Swansea Bay UHB</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2013/14</td> <td>12.0</td> <td>12.5</td> </tr> <tr> <td>2014/15</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2015/16</td> <td>11.5</td> <td>12.0</td> </tr> <tr> <td>2016/17</td> <td>12.5</td> <td>13.0</td> </tr> <tr> <td>2017/18</td> <td>12.0</td> <td>12.7</td> </tr> </tbody> </table> <p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p> <p>95% confidence interval</p> <p>Percentage of children, aged 4 to 5 years who are overweight, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18 Produced by Public Health Wales Observatory using CMP (NWIS)</p> <table border="1"> <caption>Percentage of children, aged 4 to 5 years who are overweight</caption> <thead> <tr> <th>Year</th> <th>Wales</th> <th>Swansea Bay UHB</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>14.5</td> <td>15.0</td> </tr> <tr> <td>2013/14</td> <td>14.5</td> <td>15.0</td> </tr> <tr> <td>2014/15</td> <td>14.5</td> <td>14.5</td> </tr> <tr> <td>2015/16</td> <td>14.0</td> <td>13.5</td> </tr> <tr> <td>2016/17</td> <td>14.0</td> <td>13.5</td> </tr> <tr> <td>2017/18</td> <td>14.0</td> <td>13.3</td> </tr> </tbody> </table> <p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p>	Year	Wales	Swansea Bay UHB	2012/13	11.5	12.0	2013/14	12.0	12.5	2014/15	11.5	12.0	2015/16	11.5	12.0	2016/17	12.5	13.0	2017/18	12.0	12.7	Year	Wales	Swansea Bay UHB	2012/13	14.5	15.0	2013/14	14.5	15.0	2014/15	14.5	14.5	2015/16	14.0	13.5	2016/17	14.0	13.5	2017/18	14.0	13.3	<ul style="list-style-type: none"> • Children and Young People's Obesity steering group are developing a multiagency action plan for 2019/20 • Multi-agency steering group convened to undertake the Obesity Pathway Delivery Review. Current activity across levels 1-4 of the adult and children's pathway are being mapped, with work to progress to develop a joined up, consistent and coherent obesity pathway in Swansea Bay according to minimum data and service standards • Continued delivery of the food and fitness components, of the Healthy Schools and Pre schools scheme. • Joint working with planning colleagues on important and use of Health impact assessment • Swansea PSB "Give Every Child the Best Start" Wellbeing Action Plan- Extension & upscaling of evidence informed physical activity and early years nutrition programmes across early years settings and in general across communities. • NPT PSB Well being Action Plan-in the process of developing a 'children's community' approach which is a locality-based model of support and intervention informed by data and community engagement and intelligent service dialogue and decision making.
Year	Wales	Swansea Bay UHB																																											
2012/13	11.5	12.0																																											
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Description	Current Performance	Trend	Actions planned for next period																												
<p>Suicides <i>The rate of suicides per 100,000 population</i></p>	<p>The overall rate of suicides across Swansea Bay UHB is in line with the Wales average, at 13.2 per 100,000 and 12.4 per 100,000 population respectively.</p> <p>However there is variation within Swansea Bay with the suicide rates for NPT being the only local authority in Wales which is statistically significantly above the Wales average at 15.8 per 100,000 (CI 12.8 to 19.2).</p> <p>The 5 year rolling rate for suicide in NPT (between 2004-8 and 2013-17) shows that for 2013-17 it increased to 15.8 per 100,000 (equating to a total count of 99 suicides), which is the third consecutive period increase, although still lower than the rolling rate of 16.3 per 100,000 population in 2009-15.</p>	<p>European age standardised 5 year rolling (EASR) per 100,000 persons aged 10+</p>  <table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Period</th> <th>Swansea</th> <th>NPT</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>2008-12</td> <td>11.5</td> <td>14.5</td> <td>11.5</td> </tr> <tr> <td>2009-13</td> <td>12.5</td> <td>16.5</td> <td>12.5</td> </tr> <tr> <td>2010-14</td> <td>11.5</td> <td>14.5</td> <td>12.5</td> </tr> <tr> <td>2011-15</td> <td>11.5</td> <td>15.5</td> <td>12.5</td> </tr> <tr> <td>2012-16</td> <td>11.5</td> <td>15.5</td> <td>12.5</td> </tr> <tr> <td>2013-17</td> <td>12.5</td> <td>15.8</td> <td>12.5</td> </tr> </tbody> </table> <p>Caveat: Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, and small numbers at local authority level, caution should be taken when interpreting suicide rates.</p>	Period	Swansea	NPT	Wales	2008-12	11.5	14.5	11.5	2009-13	12.5	16.5	12.5	2010-14	11.5	14.5	12.5	2011-15	11.5	15.5	12.5	2012-16	11.5	15.5	12.5	2013-17	12.5	15.8	12.5	<ul style="list-style-type: none"> • A multi-agency steering group has been convened who will map current activity, utilise available intelligence to direct collective efforts, and develop an integrated action plan for Swansea and Neath Port Talbot. • An example of work already being undertaken is the roll out of a training programme for schools and partner agencies to raise awareness of and identify self-harm in young people. The programme was developed by CAMHS and is delivered in partnership with the Healthy School Scheme. • The training is currently being rolled out across Neath Port Talbot, and will extend to Swansea during quarter 4.
Period	Swansea	NPT	Wales																												
2008-12	11.5	14.5	11.5																												
2009-13	12.5	16.5	12.5																												
2010-14	11.5	14.5	12.5																												
2011-15	11.5	15.5	12.5																												
2012-16	11.5	15.5	12.5																												
2013-17	12.5	15.8	12.5																												

Description	Current Performance	Trend	Actions planned for next period																																
<p>Make Every Contact Count (MECC)</p> <p><i>E-learning module offers practical advice on how to carry out opportunistic conversations, signpost to services and encourage people to make positive steps towards a lifestyle change. The course takes less than half an hour to complete, is a one-off module and should be compulsory for staff with direct patient contact.</i></p>	<p>January - December 2018 = 151 staff</p> <p>Had the second highest number of staff completing of Health Board / NHS Trust's in Wales for this time period.</p>	<p>Number of staff recorded on ESR as completing Make Every Contact Count training</p>  <table border="1"> <caption>Data for Make Every Contact Count Training</caption> <thead> <tr> <th>Month</th> <th>Number of staff completing training</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>2</td></tr> <tr><td>May-18</td><td>5</td></tr> <tr><td>Jun-18</td><td>8</td></tr> <tr><td>Jul-18</td><td>1</td></tr> <tr><td>Aug-18</td><td>5</td></tr> <tr><td>Sep-18</td><td>8</td></tr> <tr><td>Oct-18</td><td>28</td></tr> <tr><td>Nov-18</td><td>70</td></tr> <tr><td>Dec-18</td><td>5</td></tr> <tr><td>Jan-19</td><td>20</td></tr> <tr><td>Feb-19</td><td>22</td></tr> <tr><td>Mar-19</td><td>15</td></tr> <tr><td>Apr-19</td><td>2</td></tr> <tr><td>May-19</td><td>5</td></tr> <tr><td>Jun-19</td><td>2</td></tr> </tbody> </table> <p>■ Number of staff completing training</p>	Month	Number of staff completing training	Apr-18	2	May-18	5	Jun-18	8	Jul-18	1	Aug-18	5	Sep-18	8	Oct-18	28	Nov-18	70	Dec-18	5	Jan-19	20	Feb-19	22	Mar-19	15	Apr-19	2	May-19	5	Jun-19	2	<ul style="list-style-type: none"> • Offering MECC training across SBU Health Board, Primary Care and wider partners to include elements of brief advice on behaviour change • We would like to see 10% of staff with direct patient contact completing this module in 2019/2010. • Data has been obtained by Public Health Wales NHS Trust Health Improvement Division from Shared Services. To be able to report on this in a timely fashion, it should be explored if the data could be provided by Swansea Bay HB Workforce and OD from ESR. Without this we cannot guarantee that the data can be provided.
Month	Number of staff completing training																																		
Apr-18	2																																		
May-18	5																																		
Jun-18	8																																		
Jul-18	1																																		
Aug-18	5																																		
Sep-18	8																																		
Oct-18	28																																		
Nov-18	70																																		
Dec-18	5																																		
Jan-19	20																																		
Feb-19	22																																		
Mar-19	15																																		
Apr-19	2																																		
May-19	5																																		
Jun-19	2																																		
<p>Make Every Contact Count (MECC) and Health Literacy</p> <p><i>Low cost, high volume programme to bring population level behaviour change. Workforce development approach to support frontline staff to have the skills and confidence for brief positive conversations about health and wellbeing. It enables a wide range of staff in any organisation to use everyday interactions with the public to enable them to have increased control over their health, be able to seek out information, navigate services and take responsibility to look after their own wellbeing. Higher level face to face training is for those who require levels of skill above the level 1 brief advice e-learning course due to the level of public contact.</i></p>	<p>Number of staff trained in MECC and Health Literacy (face to face training) from Swansea Bay area:</p> <p>April 2018 – March 2019 = 393 staff</p>	<p><i>Historic data not available.</i></p>																																	

5.1 Primary Care & Community Services- Overview

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

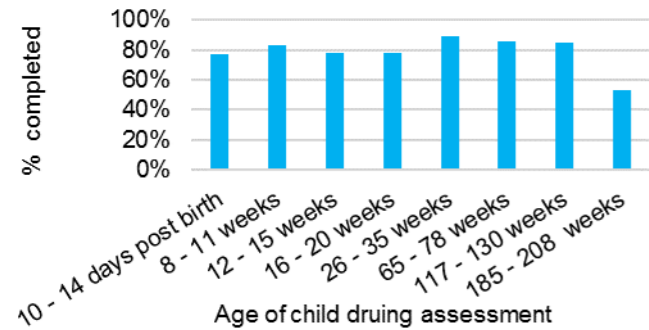


Chart 2: % The number of patients receiving care from Low Vision services

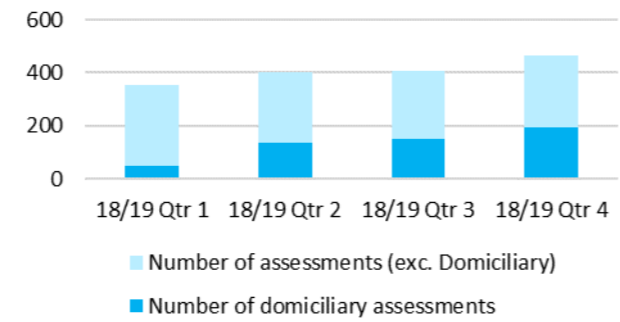


Chart 3: Common Ailment Scheme - Number of consultations provided

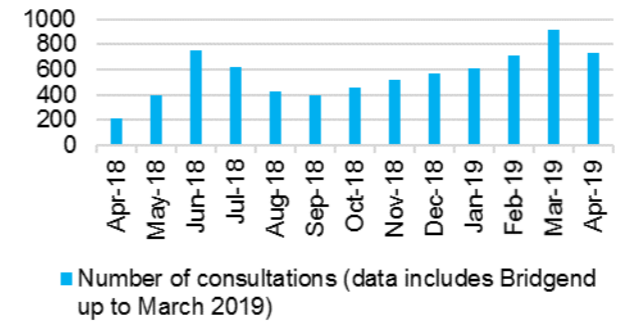


Chart 4: % GP practices open during core hours or within 1 hour of daily core hours

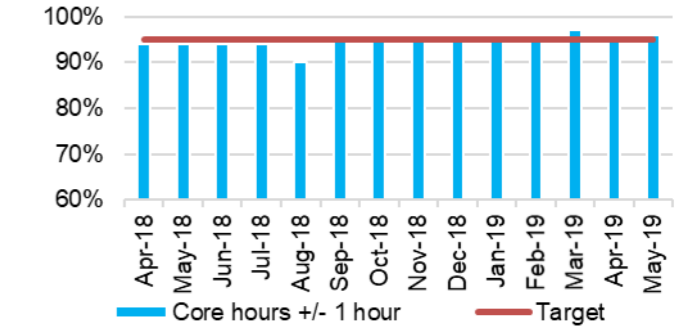


Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm

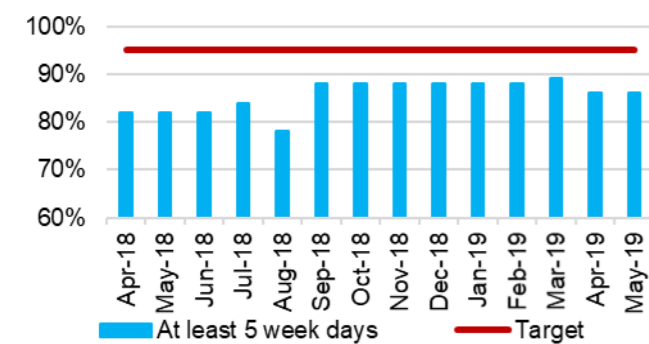


Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients

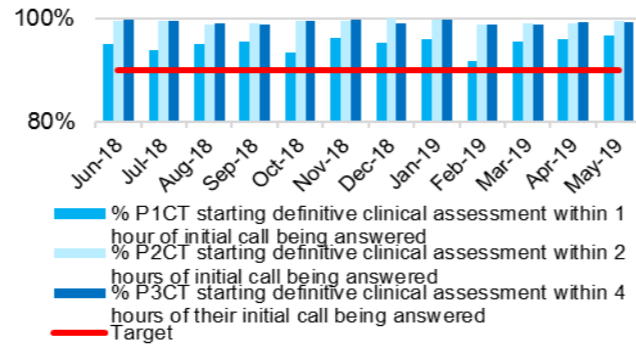


Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients

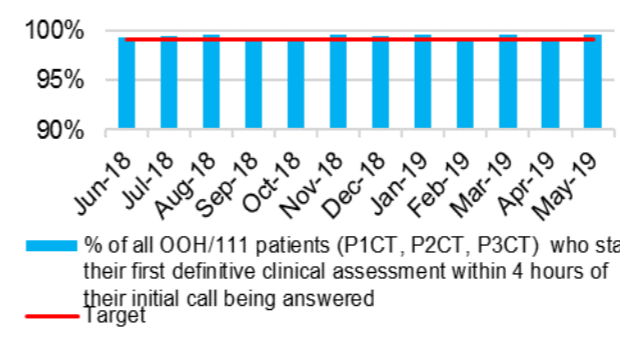


Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting

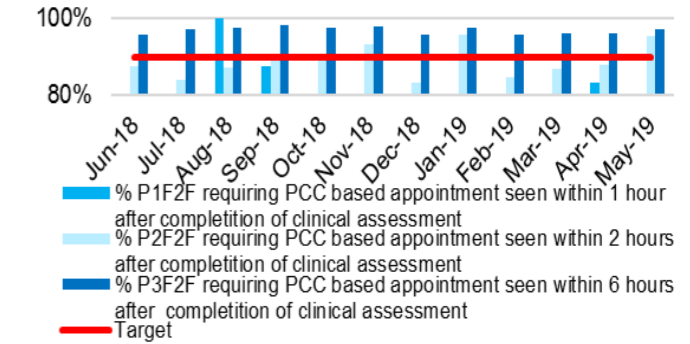


Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB

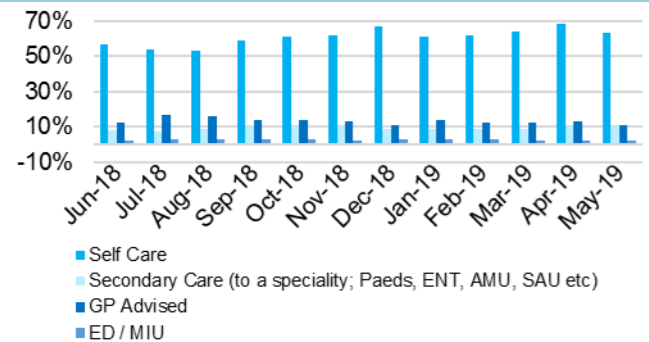


Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)

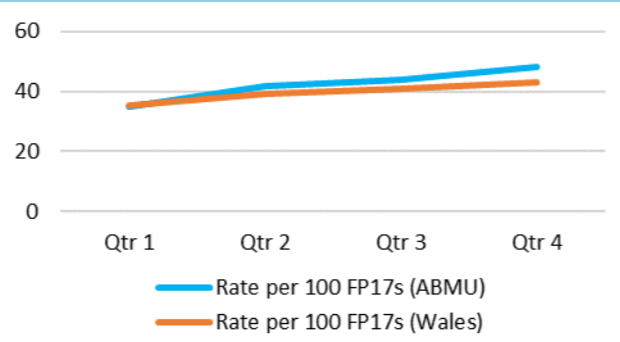


Chart 11: Population regularly accessing NHS Dental Service

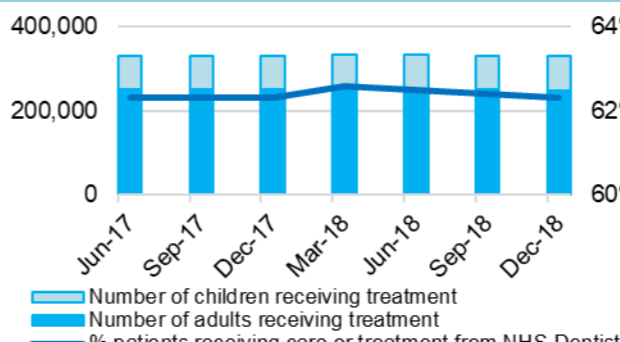


Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months

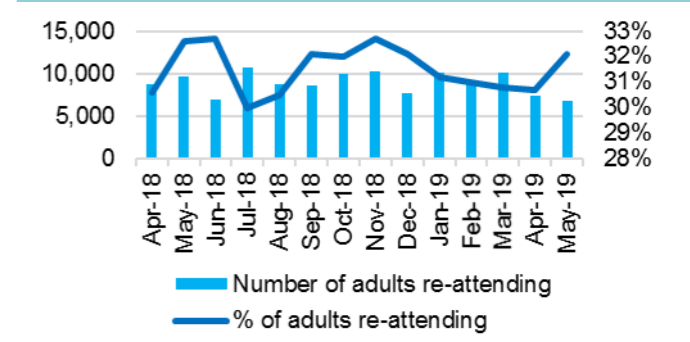


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

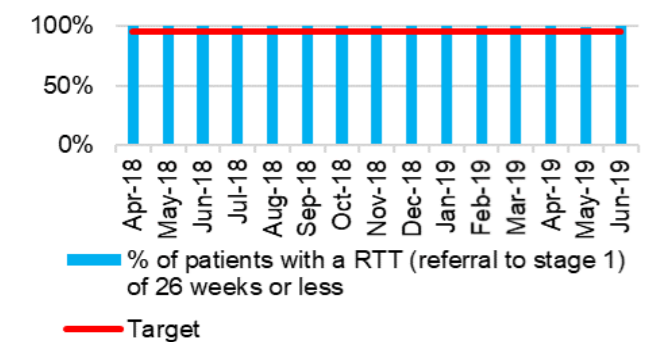


Chart 14: Number of hospital admissions or USC admissions avoided

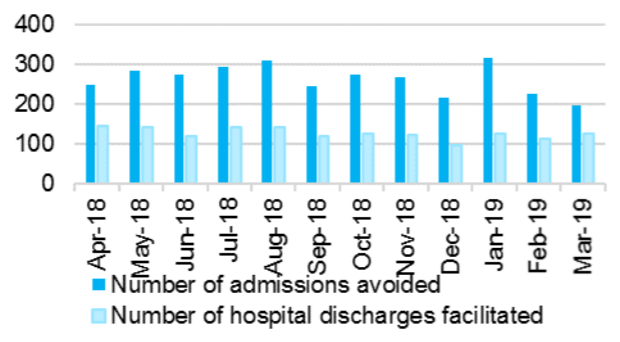


Chart 15: Variable Pay of Total Pay %

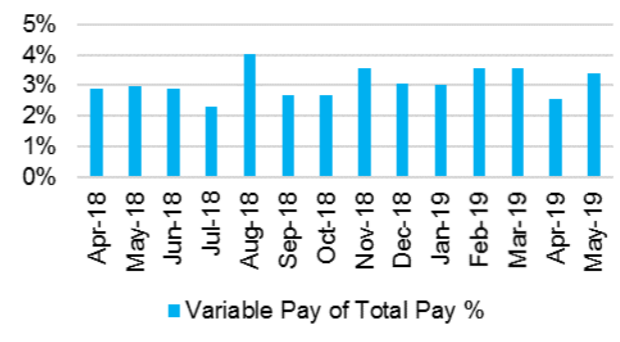
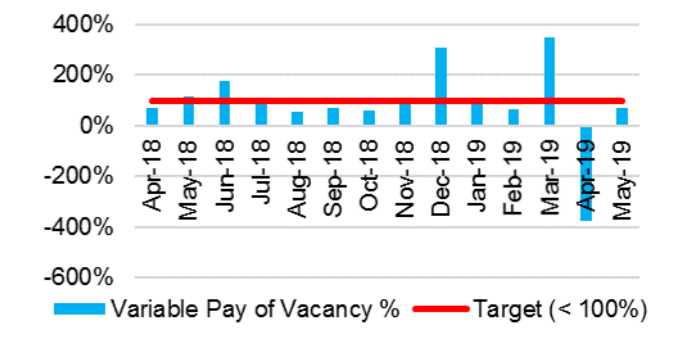


Chart 16: Variable Pay of Vacancy %



6.1 Mental Health and Learning Disabilities- Overview

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

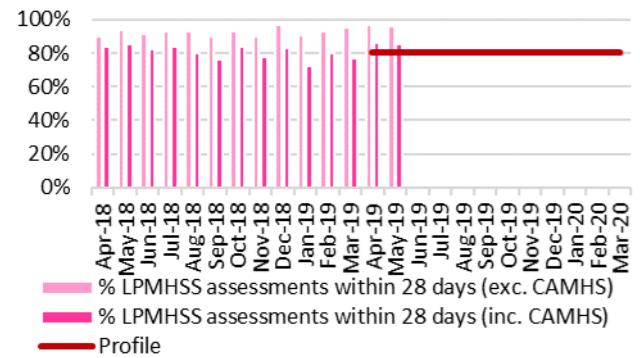


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

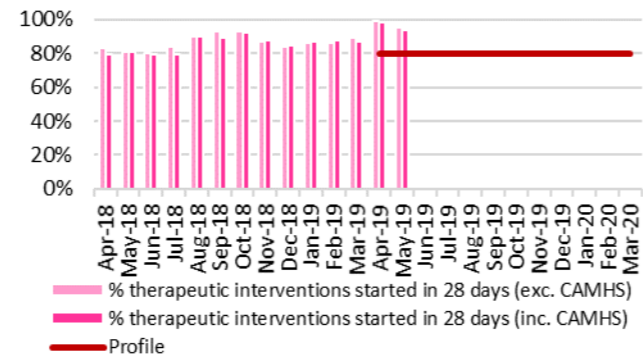


Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days

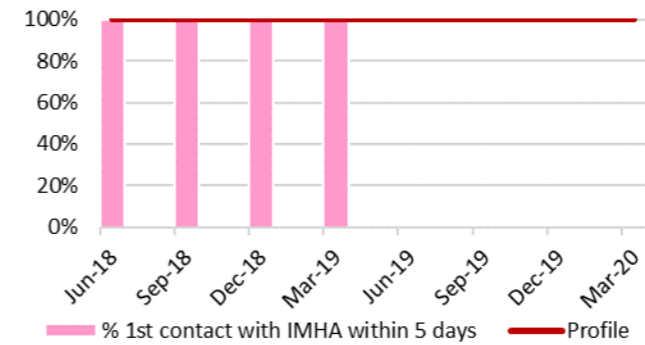


Chart 4: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)

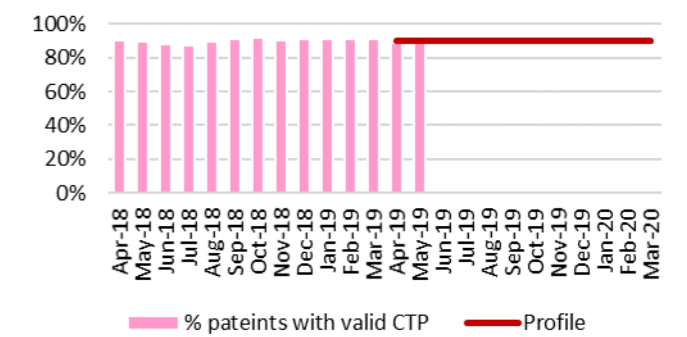


Chart 5: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment

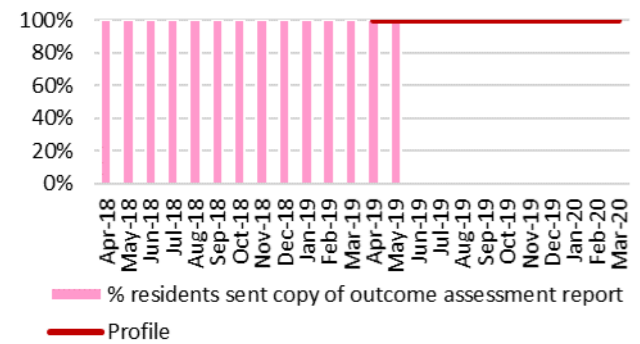


Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

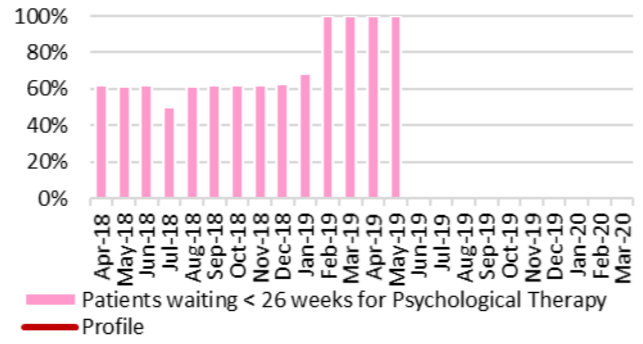


Chart 7: 95% of those admitted 0900-210 will receive a gate-keeping assessment by the CRHTS prior to admission

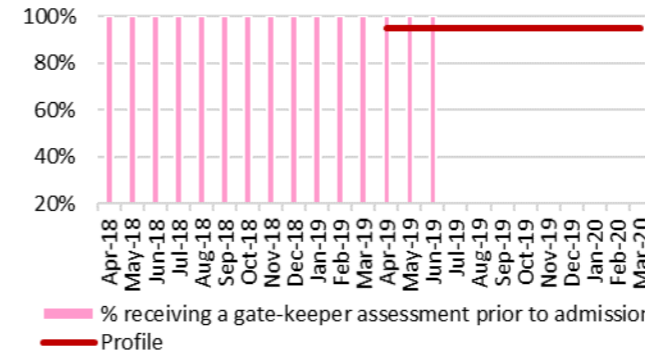


Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

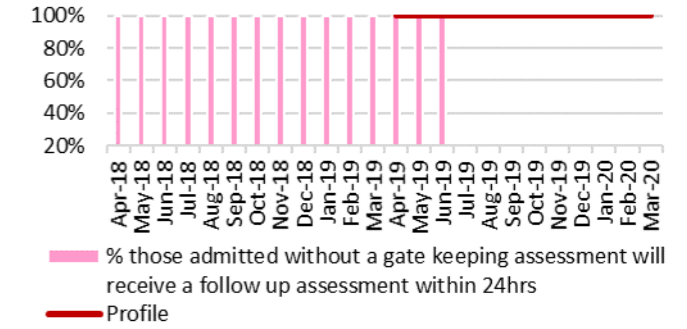


Chart 9: % of patients waiting under 14 weeks for Therapies

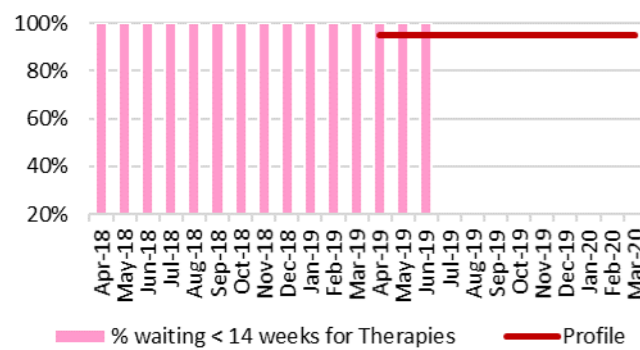


Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)

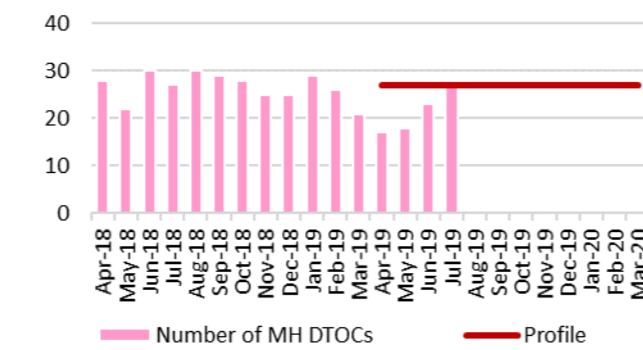


Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions

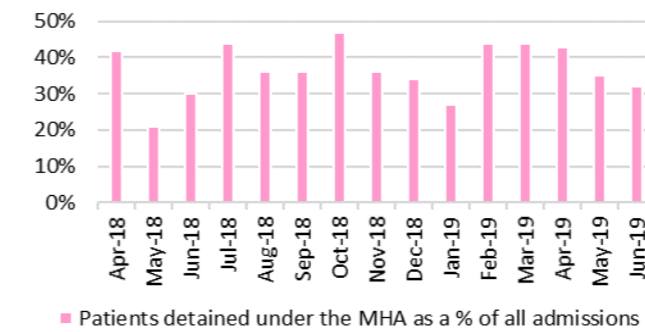


Chart 12: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

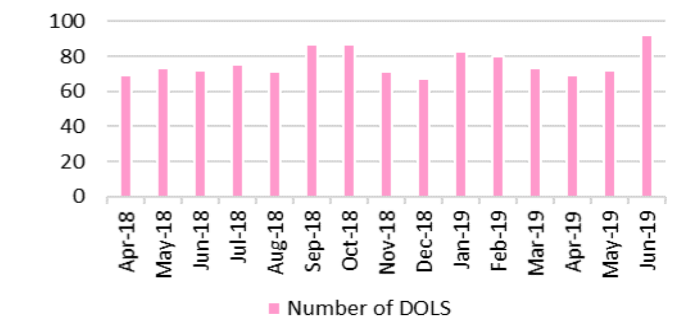


Chart 13: % of complaints responded to within 30 days

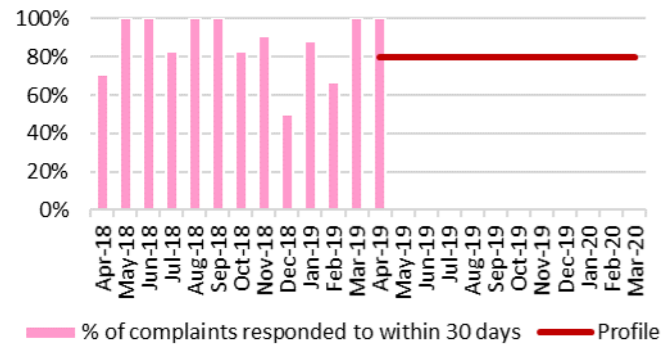


Chart 14: Number of Serious Incidents

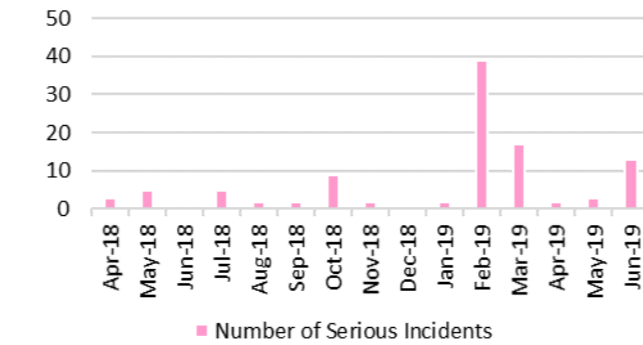


Chart 15: Number of safeguarding adult incidents

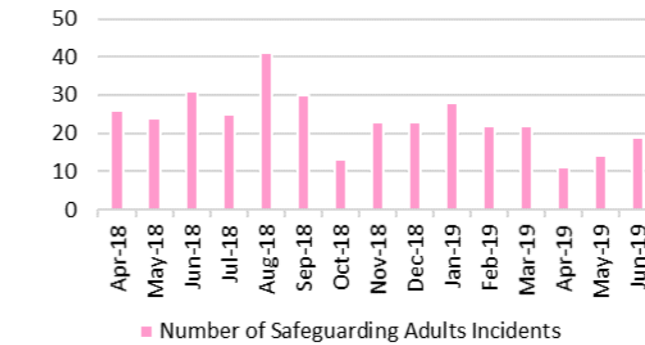
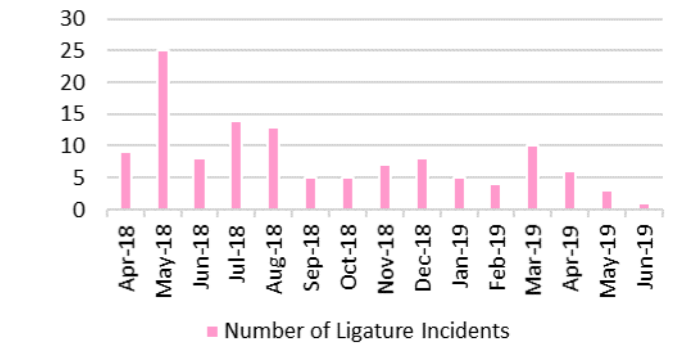


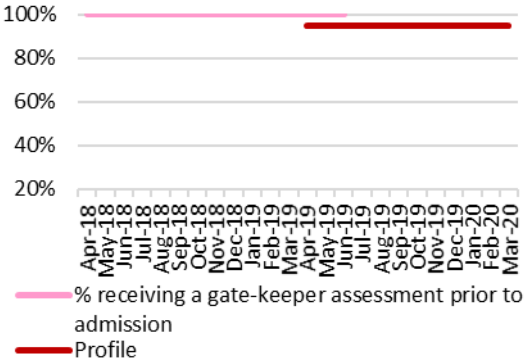
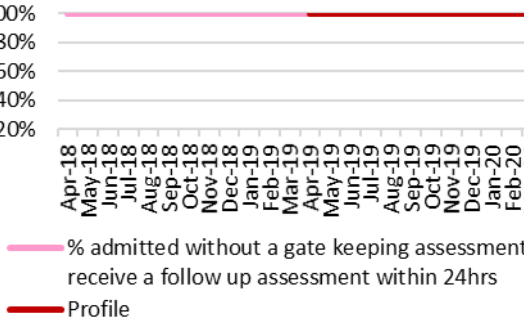
Chart 16: Number of ligature incidents



6.2 Mental Health & Learning Disabilities- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
<p>Mental Health Measures:</p> <p>1) % of MH assessments undertaken within 28 days from the date of receipt of referral</p> <p>2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS</p> <p>3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days</p> <p>4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</p> <p>5) All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment</p>	<p>1) In May 2019, the % of assessments undertaken with 28 days was 96% excluding CAMHS and 85% including CAMHS</p> <p>2) In May 2019, the % of therapeutic interventions started within 28 days was 95% excluding 95% and 94% including CAMHS.</p> <p>3) The % of qualifying patients who had their first contact with IMHA with 5 working days in March 2019 was 100%</p> <p>4) In May 2019, 89% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%</p> <p>5) In May 2019, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place</p>	<p>Mental Health assessments and therapeutic interventions undertaken within 28 days</p> <p>Patients having 1st contact with IMHA within 5 days</p> <p>Residents in receipt of a Care Treatment Plan and their outcome assessment</p>	<ul style="list-style-type: none"> Mental Health practitioners to be employed by MH & LD Delivery Unit and aligned to clusters to work directly in GP practices. This is funded through Primary care cluster transformation programme. Impact on referral rate to LPMHSS to be monitored WG additional funding for Mental Health invested in enhancing therapy model across SBU HB in order to improve accessibility to therapeutic interventions including high intensity psychological therapies. Recruitment to therapy posts pending. Oversight and management of Service Level Agreement (SLA) with Advocacy Support Cymru transferred to corporate services. Database introduced to ensure performance against CTP target is maintained.

Description	Current Performance	Trend	Actions planned for next period
<p>Crisis Resolution Home Treatment Team (CRHT)</p> <ul style="list-style-type: none"> Percentage of those admitted between 9am and 9pm receiving a gate-keeping assessment by the CRHTS prior to admission Percentage of those admitted without a gate keeping assessment who received a follow up assessment by CRHTS within 24 hours of admission 	<ul style="list-style-type: none"> In June 2019 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission In June 2019 100% of those admitted without a gate keeping assessment received a follow up assessment by CRHTS within 24 hours of admission 	<p>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</p>  <p>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</p> 	<ul style="list-style-type: none"> MH & LD Delivery Unit review of CRHT Teams commenced. Report & recommendations expected by October 2019 CRHT performance is affected by the availability of other services and proposal being developed with partners to commission an out of hours mental health services that will offer an alternative to Crisis team assessment, reduce demand and improve patient satisfaction. In next period funding to be confirmed and service specification agreed.

Description	Current Performance	Trend	Actions planned for next period
<p>Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board-Mental Health (all ages)</p>	<p>The number of mental health related delayed transfers of care in June 2019 was 27 which is in line with the internal profile.</p>	<p>Number of Mental Health DTOCs</p>	<ul style="list-style-type: none"> Weekly discharge meetings take place in all Localities with Local Authority representation A monthly DTOC scrutiny meeting has recently been established in the DU led by the Head of Operations. The DU also participates in the Senior DTOC Validation process introduced in the Health Board. These activities ensure that there is robust management of all DTOC cases.
<p>Serious Incidents The number of Serious Incidents recorded against Mental Health and Learning Disabilities Delivery Unit</p>	<p>In June 2019, there were 13 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 10 more than May 2019 and 13 more than June 2018.</p>	<p>Number of Serious Incidents</p>	<ul style="list-style-type: none"> Increase in number of reported SIs due to change in reporting requirements by WG. Any patient known to MH services in past 12 months needs to be reported as an SI even if death is natural causes. Appointment of SI Investigator to DU Quality & Safety Team. Weekly monitoring of all SI cases to ensure that cases are being pro-actively managed. RCA Training Day planned for 15th July to increase number of trained investigators in the DU.

7.1 Unscheduled Care- Overview

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

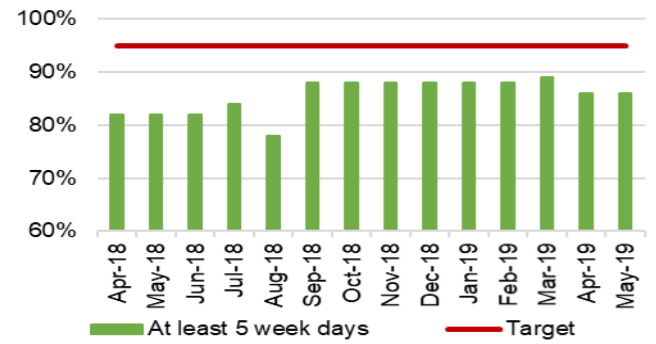


Chart 2: GP Out of Hours/ 111

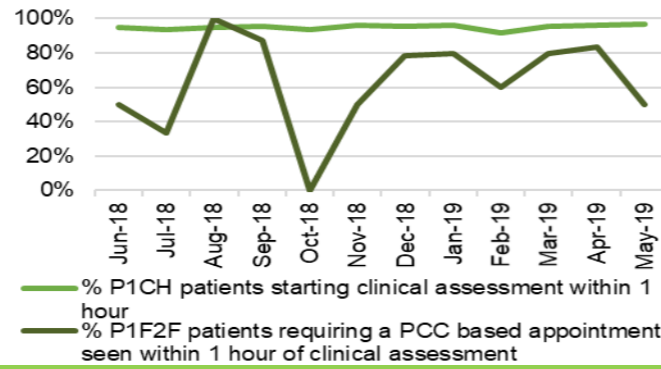


Chart 3: % red calls responded to within 8 minutes

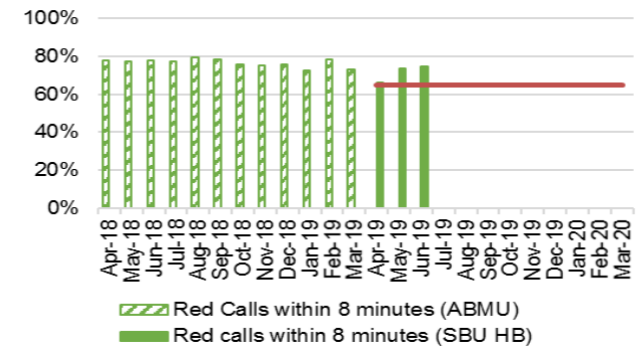


Chart 4: Number of ambulance handovers over 1 hour

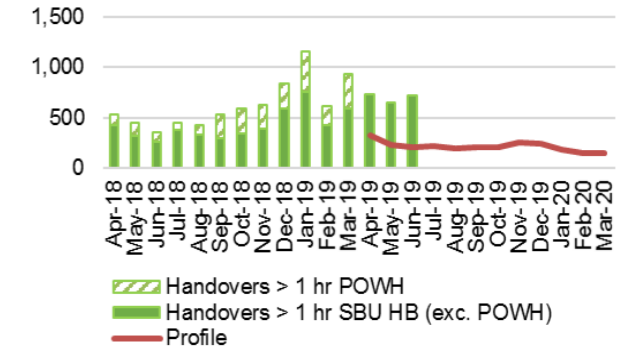


Chart 5: Lost hours- notification to ambulance handover over 15 minutes

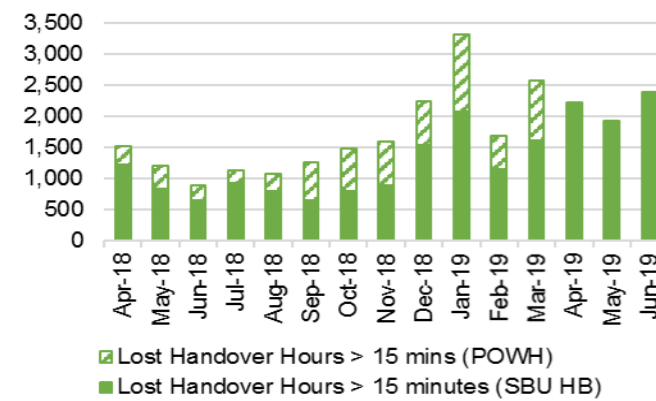


Chart 6: A&E Attendances

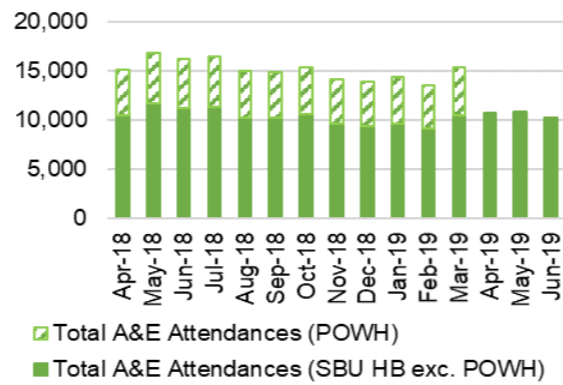


Chart 7: % patients who spend less than 4 hours in A&E

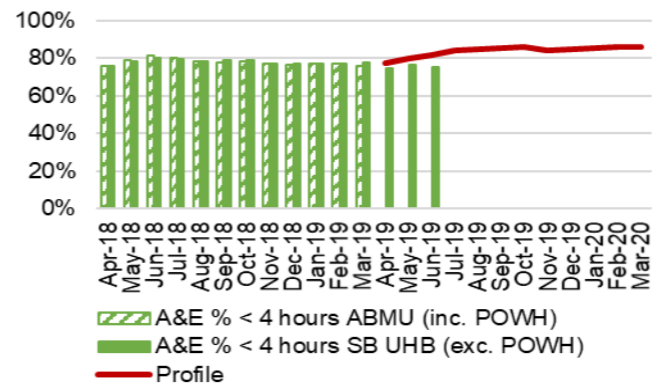


Chart 8: Number of patients waiting over 12 hours in A&E

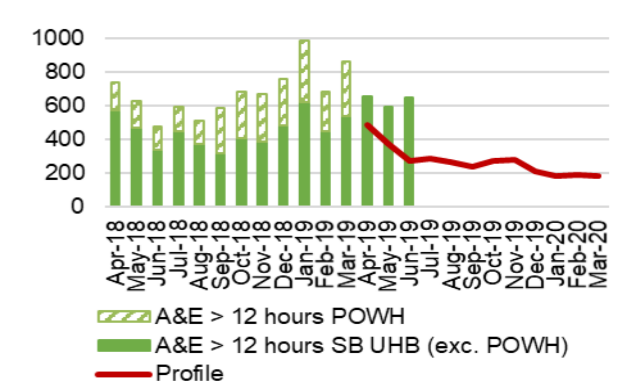


Chart 9: Number of emergency admissions

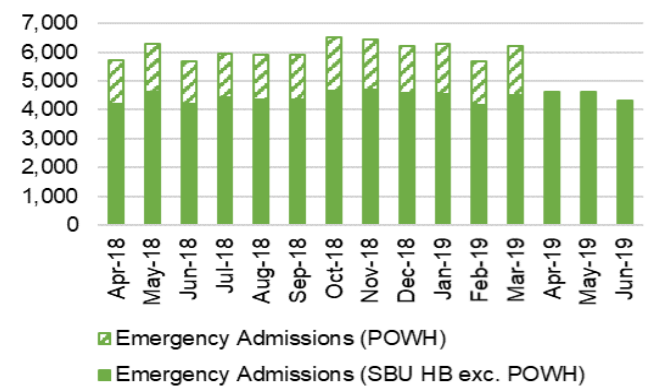


Chart 10: Elective procedures cancelled due to lack of beds

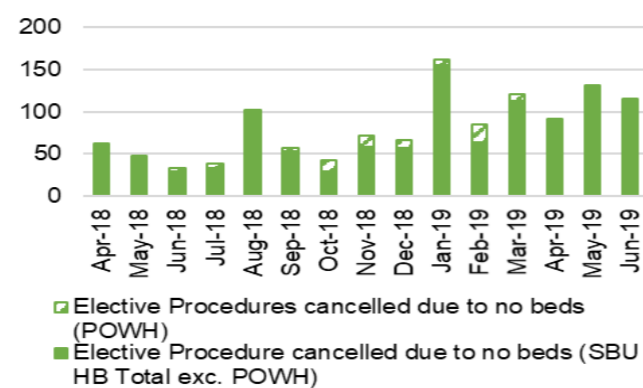


Chart 11: Number of mental health delayed transfers of care

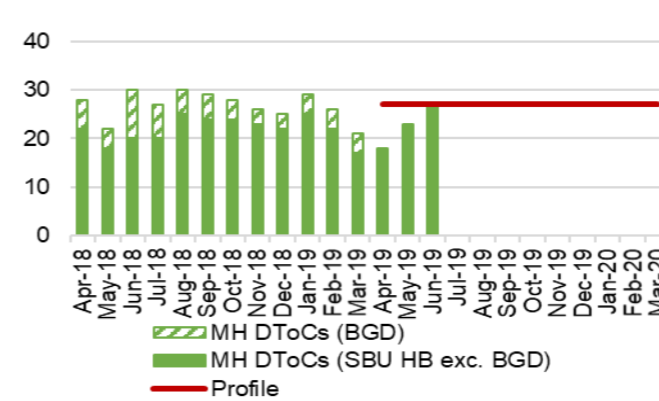


Chart 12: Number of non-mental health delayed transfers of care

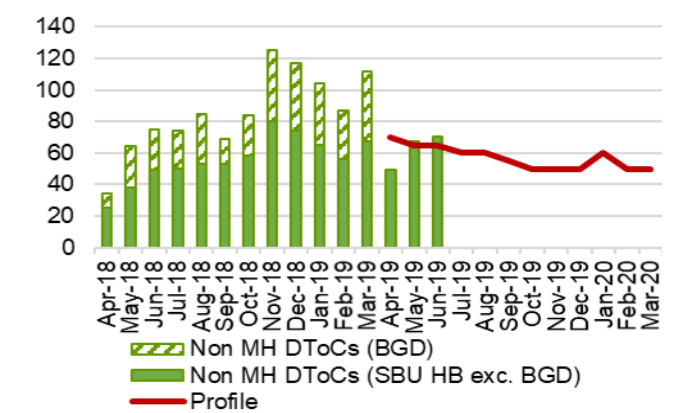


Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours

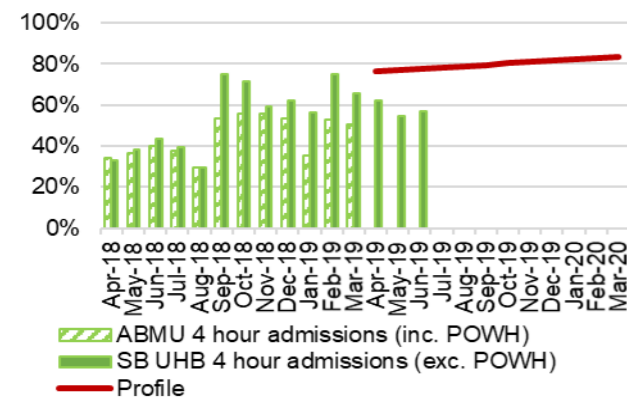


Chart 14: % of patients who receive a CT scan within 1 hour

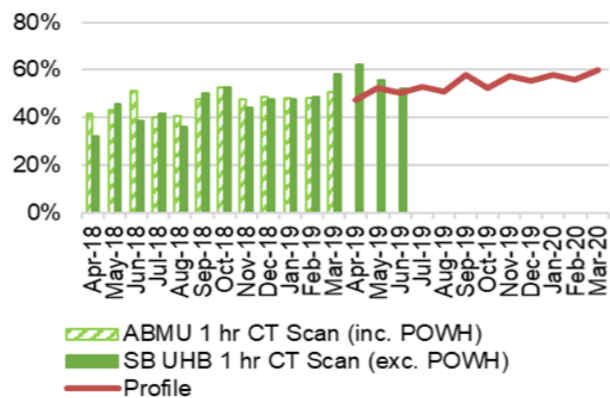


Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours

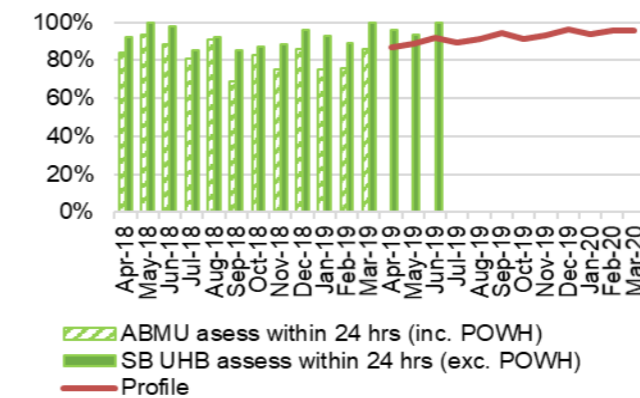
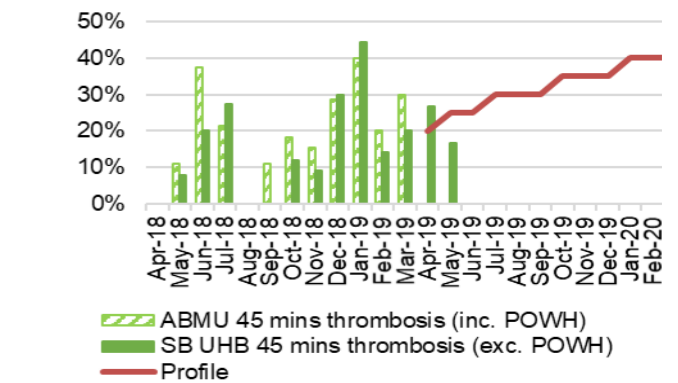
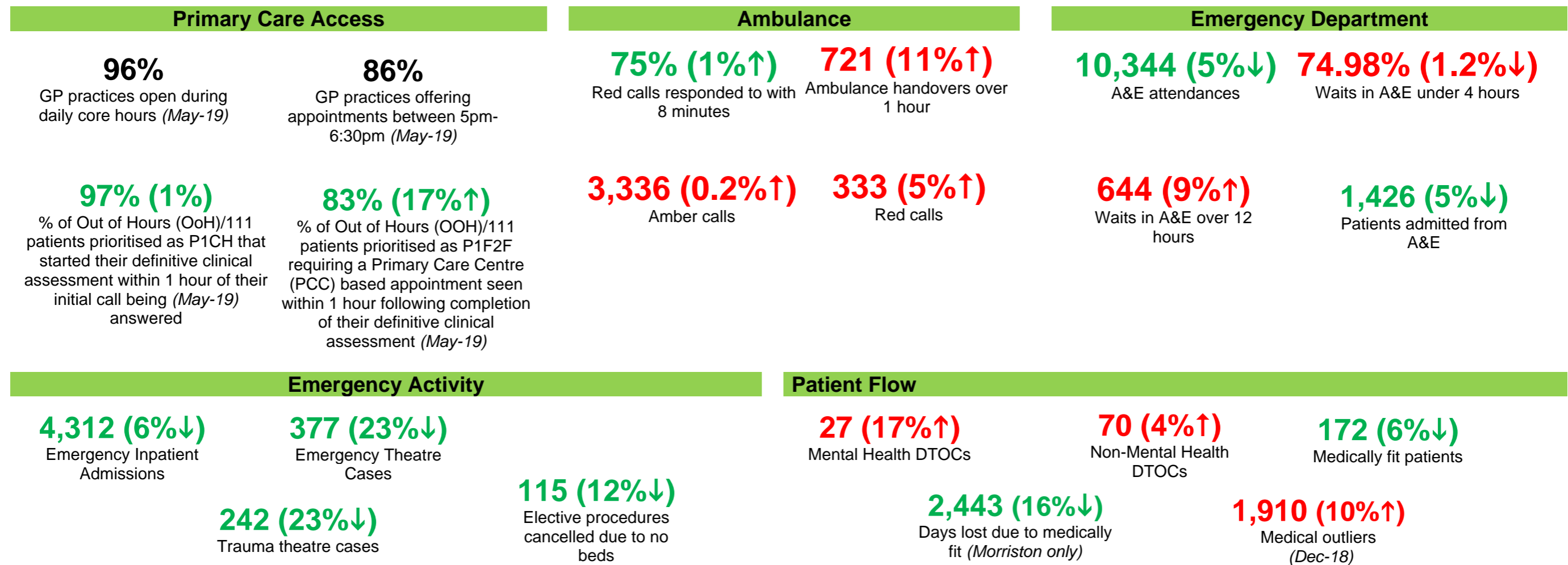


Chart 16: % of thrombolysed stroke patients with a door to door needle time of ≤45 minutes



Unscheduled Care Overview (June 2019)

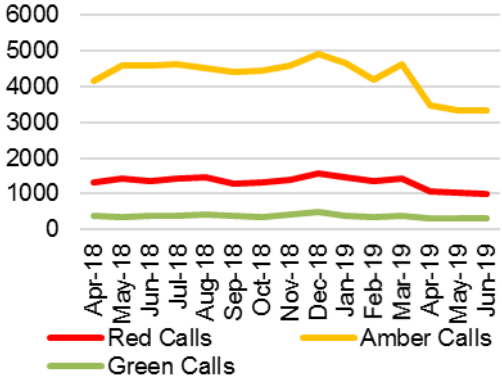
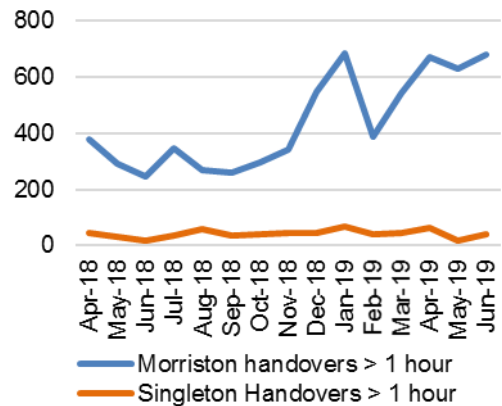


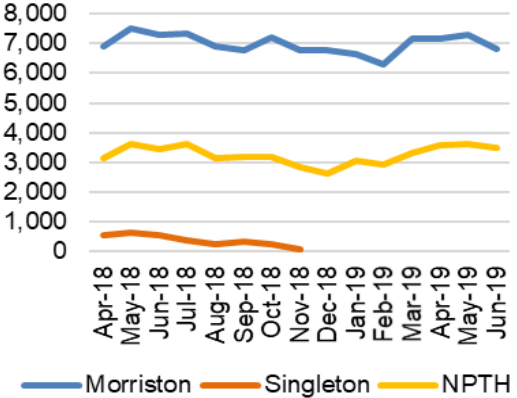
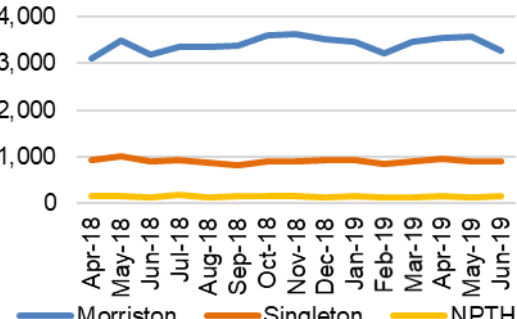
*RAG status and trend is based on in month-movement where disaggregated Swansea Bay UHB data is available

7.2 Unscheduled Care- Updates and Actions

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

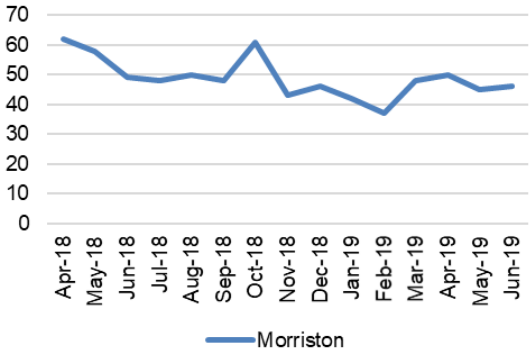
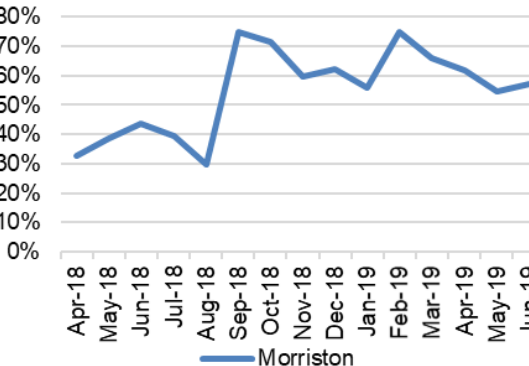
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<p>A&E waiting times <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p>	<p>The Health Board's performance against the 4 hour metric in June 2019 deteriorated by 1.2% compared with May 2019 (from 76.22% to 74.98%).</p> <p>Neath Port Talbot Hospital continues to exceed the national target of 95% but Morriston hospitals was below profile, achieving 63.4%.</p>	<p>% patients waiting under 4 hours in A&E</p> <table border="1"> <caption>% patients waiting under 4 hours in A&E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>63.4</td><td>98</td><td>98</td></tr> <tr><td>May-18</td><td>68</td><td>98</td><td>98</td></tr> <tr><td>Jun-18</td><td>70</td><td>98</td><td>98</td></tr> <tr><td>Jul-18</td><td>70</td><td>98</td><td>98</td></tr> <tr><td>Aug-18</td><td>68</td><td>98</td><td>98</td></tr> <tr><td>Sep-18</td><td>69</td><td>98</td><td>98</td></tr> <tr><td>Oct-18</td><td>70</td><td>98</td><td>98</td></tr> <tr><td>Nov-18</td><td>68</td><td>98</td><td>98</td></tr> <tr><td>Dec-18</td><td>67</td><td>98</td><td>98</td></tr> <tr><td>Jan-19</td><td>67</td><td>98</td><td>98</td></tr> <tr><td>Feb-19</td><td>67</td><td>98</td><td>98</td></tr> <tr><td>Mar-19</td><td>68</td><td>98</td><td>98</td></tr> <tr><td>Apr-19</td><td>64</td><td>98</td><td>98</td></tr> <tr><td>May-19</td><td>66</td><td>98</td><td>98</td></tr> <tr><td>Jun-19</td><td>63.4</td><td>98</td><td>98</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	63.4	98	98	May-18	68	98	98	Jun-18	70	98	98	Jul-18	70	98	98	Aug-18	68	98	98	Sep-18	69	98	98	Oct-18	70	98	98	Nov-18	68	98	98	Dec-18	67	98	98	Jan-19	67	98	98	Feb-19	67	98	98	Mar-19	68	98	98	Apr-19	64	98	98	May-19	66	98	98	Jun-19	63.4	98	98	<ul style="list-style-type: none"> Ensure that the 4 hour performance calculations are aligned with other Health Boards – Welsh Government are actively involved in these discussions. The HB is working towards delivering its bed plan agreed at the informal Executive meeting on 5th June 2019, which will support system improvement in both the unscheduled care and elective patient pathways. Maintain and fund surge bed capacity opened for the winter months on all our hospital sites Only cancer and urgent elective admissions are being managed through our inpatient bed capacity Continue to recruit to staff vacancies. The Director of Workforce and OD is developing our HB response to the findings of the Kendall Bluck report on staffing capacity within the ED and MIU services in Swansea Bay UHB.
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<p>A&E waiting times <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i></p>	<p>In June 2019, performance against this measure deteriorated compared with May 2019 (from 591 to 644). All 644 12 hour breaches in June 2019 were in Morriston ED which is an increase of 311 when compared with June 2018.</p>	<p>Number of patients waiting over 12 hours in A&E</p> <table border="1"> <caption>Number of patients waiting over 12 hours in A&E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>591</td><td>0</td><td>0</td></tr> <tr><td>May-18</td><td>350</td><td>0</td><td>0</td></tr> <tr><td>Jun-18</td><td>450</td><td>0</td><td>0</td></tr> <tr><td>Jul-18</td><td>350</td><td>0</td><td>0</td></tr> <tr><td>Aug-18</td><td>300</td><td>0</td><td>0</td></tr> <tr><td>Sep-18</td><td>400</td><td>0</td><td>0</td></tr> <tr><td>Oct-18</td><td>380</td><td>0</td><td>0</td></tr> <tr><td>Nov-18</td><td>450</td><td>0</td><td>0</td></tr> <tr><td>Dec-18</td><td>600</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>450</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>550</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>644</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>600</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>644</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>644</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	591	0	0	May-18	350	0	0	Jun-18	450	0	0	Jul-18	350	0	0	Aug-18	300	0	0	Sep-18	400	0	0	Oct-18	380	0	0	Nov-18	450	0	0	Dec-18	600	0	0	Jan-19	450	0	0	Feb-19	550	0	0	Mar-19	644	0	0	Apr-19	600	0	0	May-19	644	0	0	Jun-19	644	0	0	
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<p>Ambulance responses <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i></p>	<p>Ambulance response times are consistently above the national target and local profile of 65%.</p> <p>Performance against this measure saw an in-month improvement from 73.5% in May 2019 to 74.5% in June 2019.</p>	<p>Number of ambulance call responses</p>  <p>Legend: Red Calls, Amber Calls, Green Calls</p>	<ul style="list-style-type: none"> An ambulance handover process mapping event took place at Morriston on 29th May supported by colleagues from National Collaborative Commissioning Unit (NCCU). An initial process map was agreed, and colleagues from the NCCU are now converting this into digital form so it can be shared for further comment. The Assistant Chief Operating Officer will follow up progress on the WAST handover plan agreed with NCCU colleagues. Joint HB/WAST CEO meeting held with the Ambulance commissioner on Thursday 20th June. Further joint improvement actions and timescales for implementation were agreed, focussing on 3 key work streams: <ol style="list-style-type: none"> Revised escalation plans including cross border regional and national support arrangements Review admission criteria for accepting sites to convey appropriate patients away from Morriston to other hospitals in Swansea Bay and Prince Phillip hospital in Hywel Dda. Alternative pathways – develop 3 new pathways that avoid conveyance to hospital, to include respiratory/COPD patients. Singleton are implementing a front door manager of the day to manage ambulance arrivals.
<p>Ambulance handovers <i>The number of ambulance handovers over one hour</i></p>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system in June.</p> <p>In June 2019, Morriston Hospital saw an increase of 436 compared with June 2018 (from 245 to 436). Singleton also saw an increase (from 18 in June 2018 to 40 in June 2019).</p>	<p>Number of ambulance handovers over one hour</p>  <p>Legend: Morriston handovers > 1 hour, Singleton Handovers > 1 hour</p>	<ol style="list-style-type: none"> Revised escalation plans including cross border regional and national support arrangements Review admission criteria for accepting sites to convey appropriate patients away from Morriston to other hospitals in Swansea Bay and Prince Phillip hospital in Hywel Dda. Alternative pathways – develop 3 new pathways that avoid conveyance to hospital, to include respiratory/COPD patients. <ul style="list-style-type: none"> Singleton are implementing a front door manager of the day to manage ambulance arrivals.

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<p>A&E Attendances <i>The number of attendances at emergency departments in the Health Board</i></p>	<p>Attendances at our ED and Minor Injuries Unit (MIU) reduced overall by 562 patients (5%) from 10,906 in May 2018 to 10,344 in June 2019. Singleton MIU remained closed during June as a result of refurbishment work. 544 patients were managed by this service in June 2018.</p>	<p>Number of A&E attendances</p>  <table border="1"> <caption>Approximate data for Number of A&E attendances</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>7,000</td><td>500</td><td>3,000</td></tr> <tr><td>May-18</td><td>7,500</td><td>500</td><td>3,500</td></tr> <tr><td>Jun-18</td><td>7,200</td><td>500</td><td>3,500</td></tr> <tr><td>Jul-18</td><td>7,000</td><td>500</td><td>3,500</td></tr> <tr><td>Aug-18</td><td>6,800</td><td>500</td><td>3,000</td></tr> <tr><td>Sep-18</td><td>7,000</td><td>500</td><td>3,000</td></tr> <tr><td>Oct-18</td><td>6,800</td><td>500</td><td>3,000</td></tr> <tr><td>Nov-18</td><td>6,500</td><td>500</td><td>2,500</td></tr> <tr><td>Dec-18</td><td>6,500</td><td>500</td><td>2,500</td></tr> <tr><td>Jan-19</td><td>6,200</td><td>500</td><td>3,000</td></tr> <tr><td>Feb-19</td><td>6,500</td><td>500</td><td>3,000</td></tr> <tr><td>Mar-19</td><td>7,000</td><td>500</td><td>3,500</td></tr> <tr><td>Apr-19</td><td>7,200</td><td>500</td><td>3,500</td></tr> <tr><td>May-19</td><td>7,000</td><td>500</td><td>3,500</td></tr> <tr><td>Jun-19</td><td>6,800</td><td>500</td><td>3,500</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	7,000	500	3,000	May-18	7,500	500	3,500	Jun-18	7,200	500	3,500	Jul-18	7,000	500	3,500	Aug-18	6,800	500	3,000	Sep-18	7,000	500	3,000	Oct-18	6,800	500	3,000	Nov-18	6,500	500	2,500	Dec-18	6,500	500	2,500	Jan-19	6,200	500	3,000	Feb-19	6,500	500	3,000	Mar-19	7,000	500	3,500	Apr-19	7,200	500	3,500	May-19	7,000	500	3,500	Jun-19	6,800	500	3,500	<ul style="list-style-type: none"> • GP out of hours service continues to be well placed to manage demand – and is consistently reporting level 1 status. • 111 awareness campaign programme and communication of Choose Well pathways. • Encourage and promote the use of the Health Board’s community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service. • Maximise use of telephone first model to support practices to manage demand. • Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health & social care system.
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<p>Emergency Admissions <i>The number of emergency admissions across the Health Board by site</i></p>	<p>In June 2019, there were 4,312 emergency admissions across the Health Board which is 87 (2%) more admissions than in June 2018.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p>Number of emergency admissions</p>  <table border="1"> <caption>Approximate data for Number of emergency admissions</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>3,000</td><td>1,000</td><td>200</td></tr> <tr><td>May-18</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Jun-18</td><td>3,200</td><td>1,000</td><td>200</td></tr> <tr><td>Jul-18</td><td>3,300</td><td>1,000</td><td>200</td></tr> <tr><td>Aug-18</td><td>3,300</td><td>1,000</td><td>200</td></tr> <tr><td>Sep-18</td><td>3,300</td><td>1,000</td><td>200</td></tr> <tr><td>Oct-18</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Nov-18</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Dec-18</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Jan-19</td><td>3,300</td><td>1,000</td><td>200</td></tr> <tr><td>Feb-19</td><td>3,300</td><td>1,000</td><td>200</td></tr> <tr><td>Mar-19</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Apr-19</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>May-19</td><td>3,500</td><td>1,000</td><td>200</td></tr> <tr><td>Jun-19</td><td>3,300</td><td>1,000</td><td>200</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	3,000	1,000	200	May-18	3,500	1,000	200	Jun-18	3,200	1,000	200	Jul-18	3,300	1,000	200	Aug-18	3,300	1,000	200	Sep-18	3,300	1,000	200	Oct-18	3,500	1,000	200	Nov-18	3,500	1,000	200	Dec-18	3,500	1,000	200	Jan-19	3,300	1,000	200	Feb-19	3,300	1,000	200	Mar-19	3,500	1,000	200	Apr-19	3,500	1,000	200	May-19	3,500	1,000	200	Jun-19	3,300	1,000	200	<ul style="list-style-type: none"> • Increasing CEPOD theatre capacity where possible to respond to the increased emergency demand. • Ongoing roll out of the <i>I fell down</i> tool in the Local Authority owned care homes in Swansea and NPT. • Acute Care Teams working in close liaison with WAST to redirect and manage patients in the community. • Maximise and expand the alternative models to admission that have been developed during 2018/19 such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways. • Continued Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet clinical threshold for admissions.
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<p>Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i></p>	<p>In June 2019, there were on average 172 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board’s Hospitals.</p> <p>It must be noted that data collection has significantly improved which will in part reflect the increase in numbers.</p>	<p>The number of discharge/ medically fit patients by site</p> <table border="1"> <caption>Estimated data for 'The number of discharge/ medically fit patients by site'</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>80</td><td>45</td><td>15</td><td>25</td></tr> <tr><td>May-18</td><td>65</td><td>45</td><td>15</td><td>25</td></tr> <tr><td>Jun-18</td><td>85</td><td>45</td><td>15</td><td>25</td></tr> <tr><td>Jul-18</td><td>75</td><td>45</td><td>15</td><td>25</td></tr> <tr><td>Aug-18</td><td>80</td><td>55</td><td>15</td><td>25</td></tr> <tr><td>Sep-18</td><td>80</td><td>55</td><td>15</td><td>25</td></tr> <tr><td>Oct-18</td><td>80</td><td>55</td><td>15</td><td>25</td></tr> <tr><td>Nov-18</td><td>95</td><td>65</td><td>15</td><td>25</td></tr> <tr><td>Dec-18</td><td>90</td><td>55</td><td>15</td><td>25</td></tr> <tr><td>Jan-19</td><td>110</td><td>50</td><td>15</td><td>25</td></tr> <tr><td>Feb-19</td><td>70</td><td>50</td><td>15</td><td>25</td></tr> <tr><td>Mar-19</td><td>75</td><td>65</td><td>15</td><td>25</td></tr> <tr><td>Apr-19</td><td>105</td><td>80</td><td>15</td><td>25</td></tr> <tr><td>May-19</td><td>110</td><td>60</td><td>15</td><td>25</td></tr> <tr><td>Jun-19</td><td>90</td><td>60</td><td>15</td><td>25</td></tr> </tbody> </table> <p>* Data for Gorseinon Hospital has not been available since November 2018.</p>	Month	Morriston	Singleton	NPTH	Gorseinon	Apr-18	80	45	15	25	May-18	65	45	15	25	Jun-18	85	45	15	25	Jul-18	75	45	15	25	Aug-18	80	55	15	25	Sep-18	80	55	15	25	Oct-18	80	55	15	25	Nov-18	95	65	15	25	Dec-18	90	55	15	25	Jan-19	110	50	15	25	Feb-19	70	50	15	25	Mar-19	75	65	15	25	Apr-19	105	80	15	25	May-19	110	60	15	25	Jun-19	90	60	15	25	<ul style="list-style-type: none"> • Significant efforts are being made by the multidisciplinary team on a daily basis to secure discharge capacity from NPTH site. • Each service director will ensure that the daily deep dives/ board rounds comply with the standards outlined in the SAFER flow policy, ensuring an action focussed approach on a daily basis, highlighting and addressing any delays affecting a patient’s discharge plan. • Strengthen our electronic data capture for medically fit for discharge patients alongside a more targeted focus and escalation of discharge delays for patients in hospital > 60 days.
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was</i></p>	<p>In June 2019, there were 115 elective procedures cancelled due to lack of beds on the day of surgery. This is 12% less than May 2019 (131 to 115). In June 2019, 108 of the 115 cancelled procedures were attributed to Morriston Hospital.</p> <p>The ring-fenced orthopaedic ward was breached at Morriston on occasions during June owing to the increase in emergency admissions, which resulted in an increased number of elective cancellations for bed availability reasons.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for 'Total number of elective procedures cancelled due to lack of beds'</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>50</td><td>5</td><td>0</td></tr> <tr><td>May-18</td><td>30</td><td>5</td><td>0</td></tr> <tr><td>Jun-18</td><td>25</td><td>5</td><td>0</td></tr> <tr><td>Jul-18</td><td>90</td><td>5</td><td>0</td></tr> <tr><td>Aug-18</td><td>50</td><td>5</td><td>0</td></tr> <tr><td>Sep-18</td><td>25</td><td>5</td><td>0</td></tr> <tr><td>Oct-18</td><td>35</td><td>5</td><td>0</td></tr> <tr><td>Nov-18</td><td>30</td><td>5</td><td>0</td></tr> <tr><td>Dec-18</td><td>130</td><td>5</td><td>0</td></tr> <tr><td>Jan-19</td><td>50</td><td>5</td><td>0</td></tr> <tr><td>Feb-19</td><td>85</td><td>5</td><td>0</td></tr> <tr><td>Mar-19</td><td>85</td><td>5</td><td>0</td></tr> <tr><td>Apr-19</td><td>115</td><td>5</td><td>0</td></tr> <tr><td>May-19</td><td>131</td><td>5</td><td>0</td></tr> <tr><td>Jun-19</td><td>115</td><td>5</td><td>0</td></tr> </tbody> </table> <p>* Data for Gorseinon Hospital has not been available since November 2018.</p>	Month	Morriston	Singleton	NPTH	Apr-18	50	5	0	May-18	30	5	0	Jun-18	25	5	0	Jul-18	90	5	0	Aug-18	50	5	0	Sep-18	25	5	0	Oct-18	35	5	0	Nov-18	30	5	0	Dec-18	130	5	0	Jan-19	50	5	0	Feb-19	85	5	0	Mar-19	85	5	0	Apr-19	115	5	0	May-19	131	5	0	Jun-19	115	5	0	<ul style="list-style-type: none"> • Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models. • Maximise utilisation of surgical unit at NPTH hospital, which is not affected by emergency pressures. 																
Month	Morriston	Singleton	NPTH																																																																																
Apr-18	50	5	0																																																																																
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Description	Current Performance	Trend	Actions planned for next period
<p>Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board- Mental Health (all ages)</i></p>	<p>The number of mental health related delayed transfers of care in June 2019 was 27 which is in line with the internal profile.</p>	<p>Number of Mental Health DTOCs</p>	<ul style="list-style-type: none"> • WG investment into the British Red Cross service at Morriston ED from April to September to support the expansion of hospital to home service. • Maximise use of reablement capacity in Bonymaen house in Swansea. • Progressing the work programmes to improve discharge -specifically delayed transfers of care and SAFER patient flow under the transformation of care programme. • We have submitted our Hospital to Home transformation bid to improve system capacity and are awaiting formal feedback from WG. However alternative plans are being progressed to develop discharge capacity in the community using ICF monies should positive approval for the transformation bid not be forthcoming, using learning from the John Bolton model for improvement.
<p>Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board - Non Mental Health (age 75+)</i></p>	<p>In June 2019, the number of non-mental health and Learning disability delayed transfers of care was 70 which is above the internal profile of 65.</p>	<p>Number of Non Mental Health DTOCs</p>	<ul style="list-style-type: none"> • Improving fast track process for Continuing Health care patients. • Introduce daily duty manager role for community and primary care services to strengthen communication and escalation arrangements. • Implement direct contact arrangements with private providers of domiciliary care regarding patient packages of care with the aim of reducing discharge waits.

Description	Current Performance	Trend	Actions planned for next period																																
<p>Stroke Admissions <i>The total number of stroke admissions into the Health Board</i></p>	<p>In June 2019, there were 46 confirmed stroke admissions in Morriston Hospital.</p>	<p>Total number of stroke admissions</p>  <table border="1"> <caption>Total number of stroke admissions in Morriston</caption> <thead> <tr> <th>Month</th> <th>Admissions</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>62</td></tr> <tr><td>May-18</td><td>58</td></tr> <tr><td>Jun-18</td><td>48</td></tr> <tr><td>Jul-18</td><td>48</td></tr> <tr><td>Aug-18</td><td>48</td></tr> <tr><td>Sep-18</td><td>48</td></tr> <tr><td>Oct-18</td><td>60</td></tr> <tr><td>Nov-18</td><td>45</td></tr> <tr><td>Dec-18</td><td>45</td></tr> <tr><td>Jan-19</td><td>40</td></tr> <tr><td>Feb-19</td><td>38</td></tr> <tr><td>Mar-19</td><td>48</td></tr> <tr><td>Apr-19</td><td>48</td></tr> <tr><td>May-19</td><td>45</td></tr> <tr><td>Jun-19</td><td>46</td></tr> </tbody> </table>	Month	Admissions	Apr-18	62	May-18	58	Jun-18	48	Jul-18	48	Aug-18	48	Sep-18	48	Oct-18	60	Nov-18	45	Dec-18	45	Jan-19	40	Feb-19	38	Mar-19	48	Apr-19	48	May-19	45	Jun-19	46	<ul style="list-style-type: none"> • Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service. • Service Director discussion being planned to map out future TIA service model for Swansea & Neath Port Talbot. Main areas of discussion are the requirements for delivery of a seven day service and implementation of reciprocal Consultant cross cover of TIA clinics. Robust TIA services are effective in reducing stroke admissions.
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May-18	58																																		
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Apr-19	48																																		
May-19	45																																		
Jun-19	46																																		
<p>Stroke 4 hour access target <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i></p>	<p>In June 2019 only 25 out of 44 patients had a direct admission to an acute stroke unit within 4 hours (56.8%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for April 2019 which confirms that performance ranged from 29.5% to 67.8%. SBU HB achieved 62% in April 2019.</p>	<p>Percentage of patients admitted to stroke unit within 4 hours</p>  <table border="1"> <caption>Percentage of patients admitted to stroke unit within 4 hours in Morriston</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>32%</td></tr> <tr><td>May-18</td><td>42%</td></tr> <tr><td>Jun-18</td><td>42%</td></tr> <tr><td>Jul-18</td><td>38%</td></tr> <tr><td>Aug-18</td><td>30%</td></tr> <tr><td>Sep-18</td><td>72%</td></tr> <tr><td>Oct-18</td><td>68%</td></tr> <tr><td>Nov-18</td><td>60%</td></tr> <tr><td>Dec-18</td><td>62%</td></tr> <tr><td>Jan-19</td><td>58%</td></tr> <tr><td>Feb-19</td><td>72%</td></tr> <tr><td>Mar-19</td><td>65%</td></tr> <tr><td>Apr-19</td><td>62%</td></tr> <tr><td>May-19</td><td>55%</td></tr> <tr><td>Jun-19</td><td>58%</td></tr> </tbody> </table>	Month	Percentage	Apr-18	32%	May-18	42%	Jun-18	42%	Jul-18	38%	Aug-18	30%	Sep-18	72%	Oct-18	68%	Nov-18	60%	Dec-18	62%	Jan-19	58%	Feb-19	72%	Mar-19	65%	Apr-19	62%	May-19	55%	Jun-19	58%	<ul style="list-style-type: none"> • Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures is impacting on its performance – particularly in accessing beds. • Ongoing focus to prospectively identify suspected stroke patients in ED to expedite transfer to the Acute Stroke Unit (ASU). This process is led by Stroke Clinical Nurse Specialists. • Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance. • MDU is the highest performing hospital of the high volume acute stroke unit providers (RGwH, UHW & PCH) • IBG has considered the case for the development of an Early Supportive Discharge service at Morriston / Singleton hospitals. This has been declined.
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Description	Current Performance	Trend	Actions planned for next period																																
<p>Stroke CT scan <i>Percentage of patients who receive a CT scan within 1 hour</i></p>	<p>In June 2019, the Health Board achieved 52%, which was above the internal profile of 50%.</p>	<p>Percentage of patients receiving CT scan within 1 hour</p> <table border="1"> <caption>Percentage of patients receiving CT scan within 1 hour (Morriston)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>32%</td></tr> <tr><td>May-18</td><td>45%</td></tr> <tr><td>Jun-18</td><td>40%</td></tr> <tr><td>Jul-18</td><td>42%</td></tr> <tr><td>Aug-18</td><td>38%</td></tr> <tr><td>Sep-18</td><td>50%</td></tr> <tr><td>Oct-18</td><td>52%</td></tr> <tr><td>Nov-18</td><td>45%</td></tr> <tr><td>Dec-18</td><td>48%</td></tr> <tr><td>Jan-19</td><td>48%</td></tr> <tr><td>Feb-19</td><td>48%</td></tr> <tr><td>Mar-19</td><td>58%</td></tr> <tr><td>Apr-19</td><td>62%</td></tr> <tr><td>May-19</td><td>55%</td></tr> <tr><td>Jun-19</td><td>52%</td></tr> </tbody> </table>	Month	Percentage	Apr-18	32%	May-18	45%	Jun-18	40%	Jul-18	42%	Aug-18	38%	Sep-18	50%	Oct-18	52%	Nov-18	45%	Dec-18	48%	Jan-19	48%	Feb-19	48%	Mar-19	58%	Apr-19	62%	May-19	55%	Jun-19	52%	<ul style="list-style-type: none"> • Discussions between the acute stroke team, ED & radiology to work through key recommendations of the thrombolysis action plan. Achieving more timely CT access is priority area within this plan. Actions include - • Formal adoption of the one hour standard in radiology standard operating procedures for stroke • Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management. • Streamlined data collection process as part of the ASHICE call (pre-alerting a patient's conveyance to hospital) to reduce delays prior to CT scan. • Focus on improved availability of porters to transfer patients to CT without delay.
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<p>Stroke assessment within 24 hours <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i></p>	<p>In June 2019, the Health Board achieved 100% which was above the internal profile of 92%.</p>	<p>Percentage of patients assessed by stroke consultant within 24 hours</p> <table border="1"> <caption>Percentage of patients assessed by stroke consultant within 24 hours (Morriston)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>92%</td></tr> <tr><td>May-18</td><td>99%</td></tr> <tr><td>Jun-18</td><td>97%</td></tr> <tr><td>Jul-18</td><td>85%</td></tr> <tr><td>Aug-18</td><td>92%</td></tr> <tr><td>Sep-18</td><td>85%</td></tr> <tr><td>Oct-18</td><td>88%</td></tr> <tr><td>Nov-18</td><td>95%</td></tr> <tr><td>Dec-18</td><td>95%</td></tr> <tr><td>Jan-19</td><td>92%</td></tr> <tr><td>Feb-19</td><td>89%</td></tr> <tr><td>Mar-19</td><td>99%</td></tr> <tr><td>Apr-19</td><td>95%</td></tr> <tr><td>May-19</td><td>93%</td></tr> <tr><td>Jun-19</td><td>100%</td></tr> </tbody> </table>	Month	Percentage	Apr-18	92%	May-18	99%	Jun-18	97%	Jul-18	85%	Aug-18	92%	Sep-18	85%	Oct-18	88%	Nov-18	95%	Dec-18	95%	Jan-19	92%	Feb-19	89%	Mar-19	99%	Apr-19	95%	May-19	93%	Jun-19	100%	<ul style="list-style-type: none"> • Stroke Physician cross cover is planned well in advance to ensure patients reviews are provided ASAP. The absence of a 7-day service means that full compliance is not always possible • Rehabilitation workshop held in June and further workshop planned at July Stroke Board to agree work streams for the input into the IMTP cycle / Plan.
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Description	Current Performance	Trend	Actions planned for next period																																
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In June 2019, 30.4% of eligible patients were thrombolysed (14 out of 46). However, none of the 14 patients were thrombolysed within the minutes (door to needle) standard (0%). This is below the internal profile of 25%</p>	<p>Percentage of eligible thrombolysed patients within 45 minutes</p> <table border="1"> <caption>Data for Percentage of eligible thrombolysed patients within 45 minutes</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>0%</td></tr> <tr><td>May-18</td><td>10%</td></tr> <tr><td>Jun-18</td><td>20%</td></tr> <tr><td>Jul-18</td><td>28%</td></tr> <tr><td>Aug-18</td><td>0%</td></tr> <tr><td>Sep-18</td><td>0%</td></tr> <tr><td>Oct-18</td><td>12%</td></tr> <tr><td>Nov-18</td><td>10%</td></tr> <tr><td>Dec-18</td><td>30%</td></tr> <tr><td>Jan-19</td><td>45%</td></tr> <tr><td>Feb-19</td><td>15%</td></tr> <tr><td>Mar-19</td><td>20%</td></tr> <tr><td>Apr-19</td><td>28%</td></tr> <tr><td>May-19</td><td>15%</td></tr> <tr><td>Jun-19</td><td>0%</td></tr> </tbody> </table>	Month	Percentage	Apr-18	0%	May-18	10%	Jun-18	20%	Jul-18	28%	Aug-18	0%	Sep-18	0%	Oct-18	12%	Nov-18	10%	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	28%	May-19	15%	Jun-19	0%	<ul style="list-style-type: none"> • Discussions between the acute stroke team, ED & radiology to work through key recommendations of the thrombolysis action plan. • Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management is considered a key driver in improving performance.
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8.1 Planned Care- Overview

Chart 1: Number of GP Referrals into secondary care

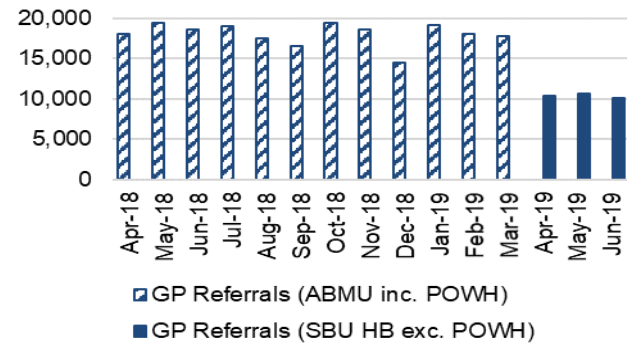


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

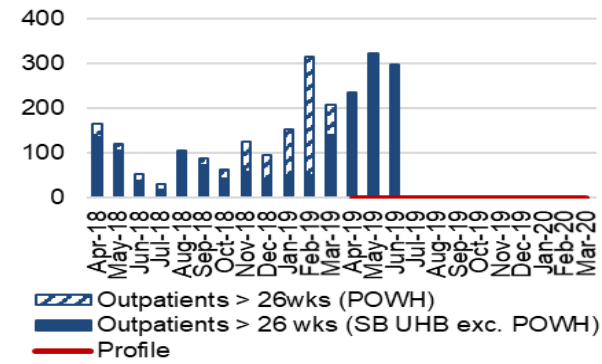


Chart 3: Number of patients waiting over 36 weeks for treatment

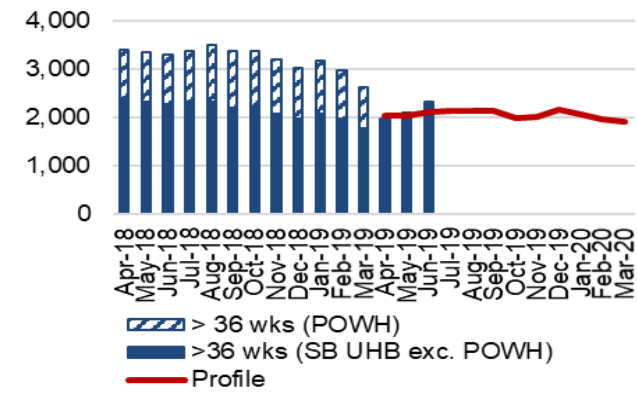


Chart 4: % patients waiting less than 26 weeks from referral to treatment

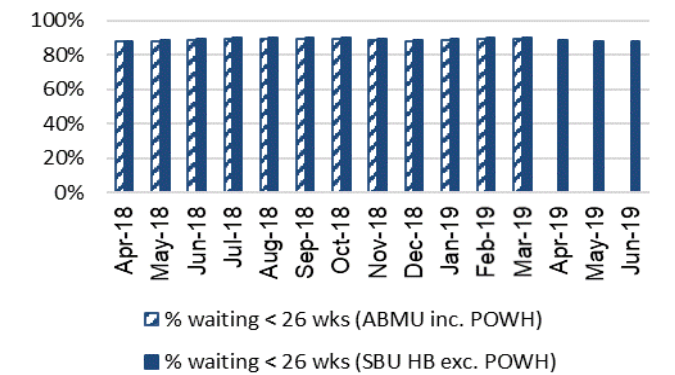


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

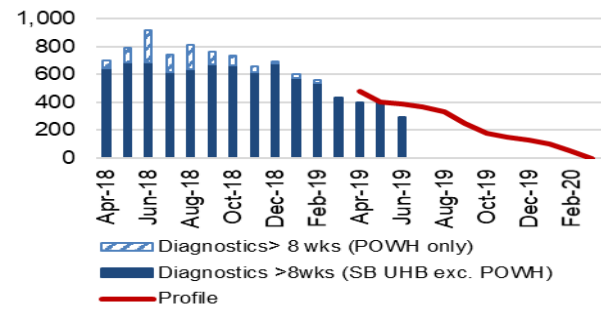


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

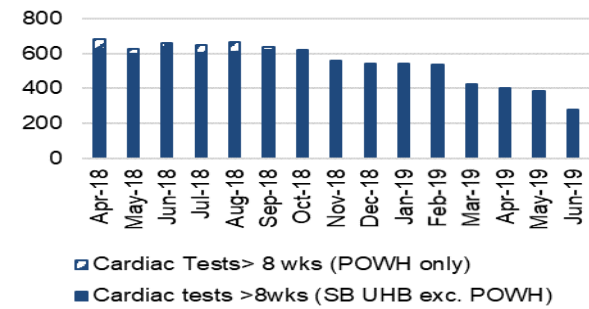


Chart 7: Therapies over 14 weeks

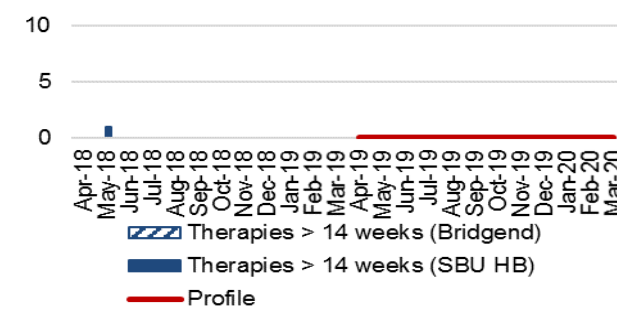


Chart 8: Cancer referrals

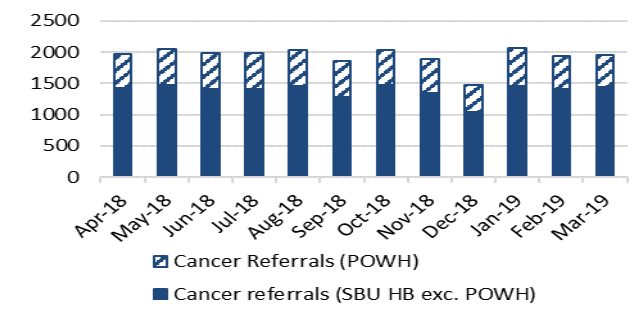


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

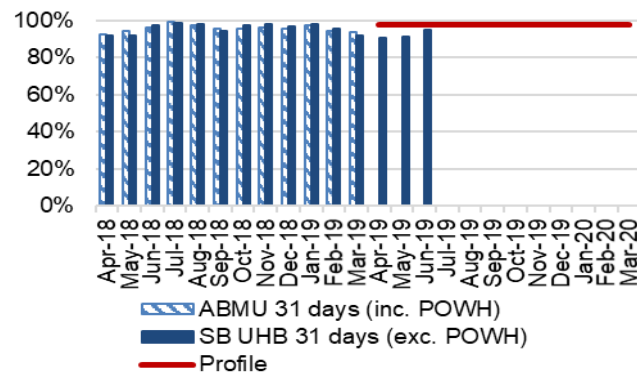


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

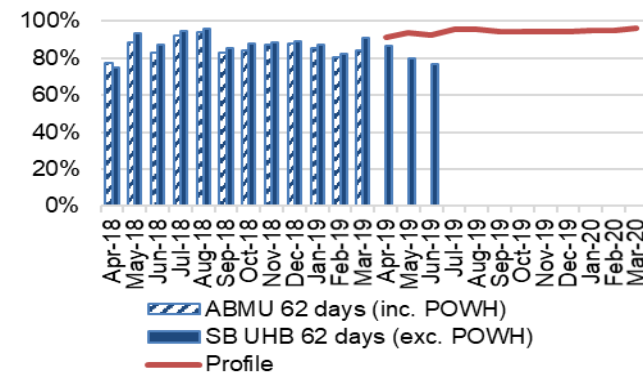


Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)

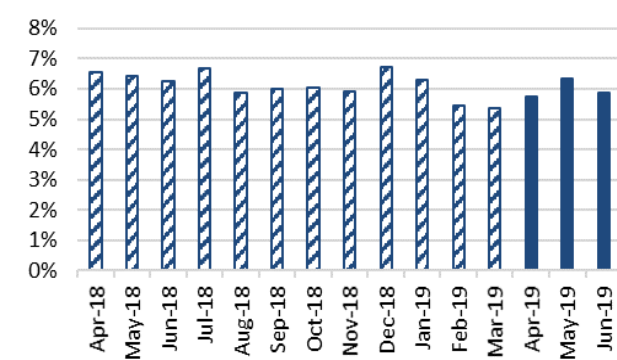


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)

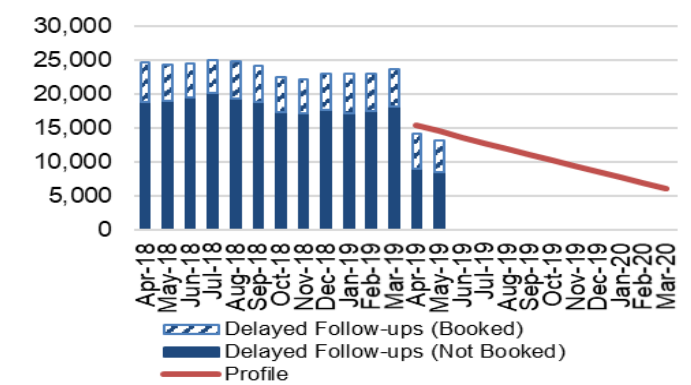


Chart 13: Number of patients without a documented clinical review date

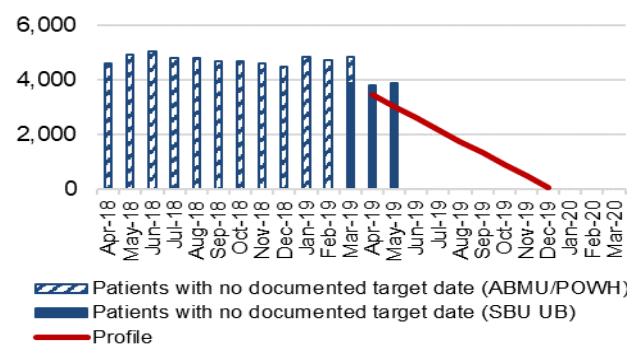


Chart 14: Ophthalmology patients without an allocated clinical risk factor

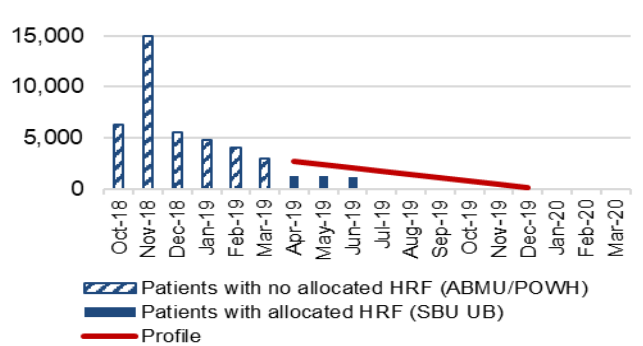


Chart 15: Total number of patients on the follow-up waiting list

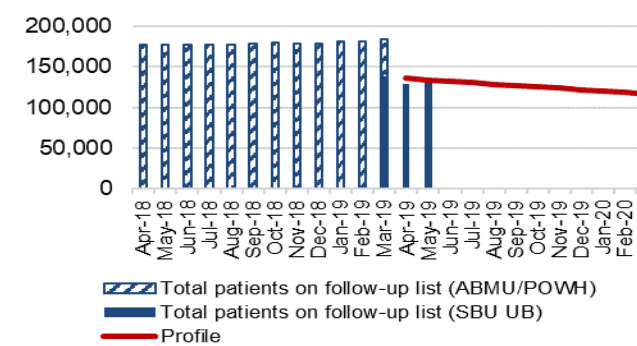
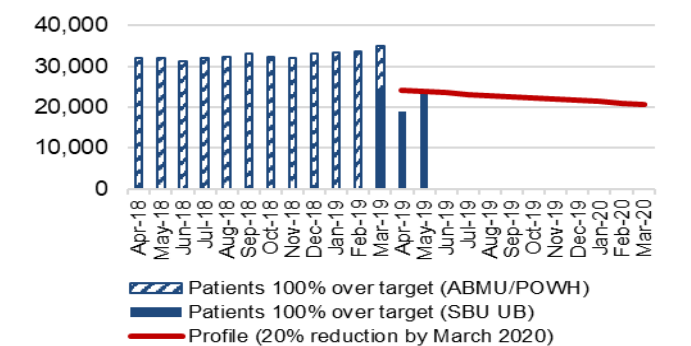


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (June 2019)

Demand	Waiting Times					Outpatient Efficiencies	
10,130 (5%↓) Total GP referrals	297 (8%↓) Patients waiting over 26 weeks for a new outpatient appointment	2,318 (10%↑) Patients waiting over 36 weeks for treatment	822 (3%↑) Patients waiting over 52 weeks for treatment	88.0% (0.1%↓) Patients waiting under 26 weeks from referral to treatment		5.9% (0.5%↓) % of patients who did not attend a new outpatient appointment (all specialties)	
5,881 (6%↓) Routine GP referrals	295 (26%↓) Patients waiting over 8 weeks for all reportable diagnostics	280 (27%↓) Patients waiting over 8 weeks for Cardiac diagnostics only	0 (→) Patients waiting over 14 weeks for reportable therapies	48,623 (6%↑) Patients waiting for an outpatient follow-up who are delayed past their target date (May-19)		7.1% (→) % of patients who did not attend a follow-up outpatient appointment (all specialties)	
4,249 (4%↓) Urgent GP referrals							
Cancer				Theatre Efficiencies			
1,435 (1%↑) Number of USC referrals received (Mar-19)	128 (7% ↑) USC backlog over 52 days	77% (3%↓) draft USC patients receiving treatment within 62 days	95% (3.6%↑) draft NUSC patients receiving treatment within 31 days	72% (2%↑) Theatre utilisation rate	44% (1%↑) % of theatres sessions starting late	39% (3%↓) % of theatres sessions finishing early	39% (1%↓) Operations cancelled on the day

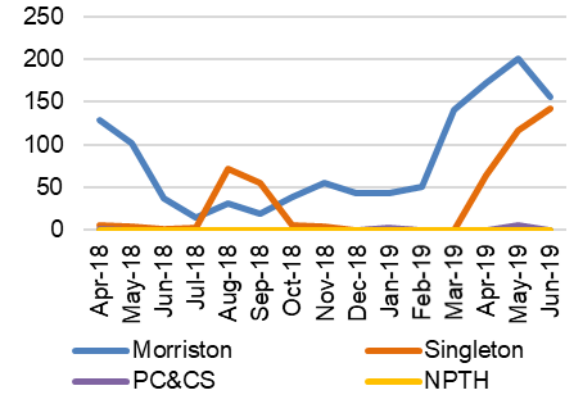
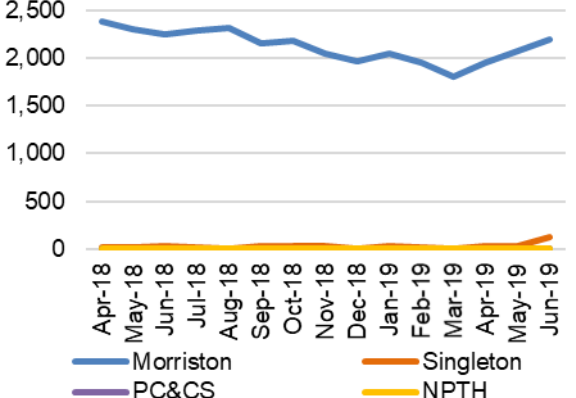
*RAG status and trend is based on in month-movement where disaggregated Swansea Bay UHB data is available

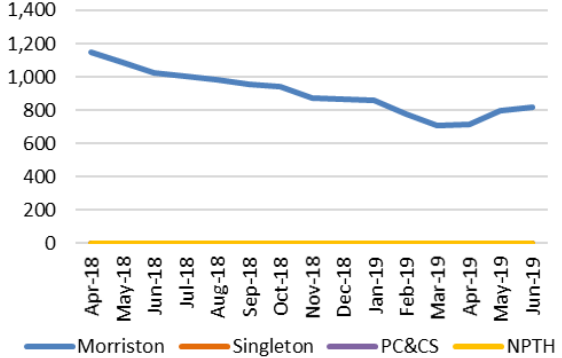
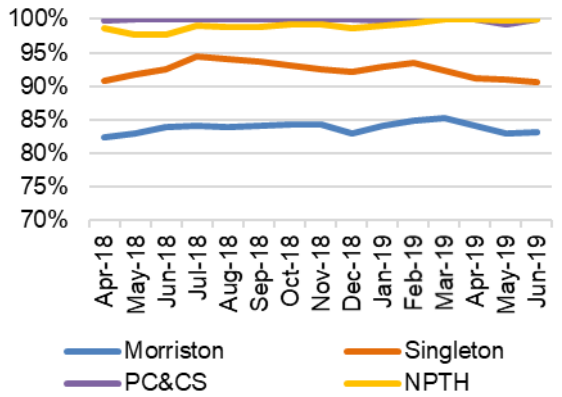
8.2 Theatre Efficiencies Dashboard

Measure	Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	ABMU												SBU				
								Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19				
Number of cancelled operations	Morriston	Jun-19	492			↓	●	↑	●		471	409	390	396	458	368	377	507	443	472	484	527	492	
	NPTH	Jun-19	161			↑	●	→	●		161	135	174	182	181	177	121	177	179	164	132	150	161	
	Singleton	Jun-19	221			↓	●	↑	●		169	170	217	158	223	235	193	222	243	250	165	222	221	
	POWH										399	376	287	322	363	322	364	301	337	372				
	HB Total	Jun-19	874			↓	●	↓	●		1,200	1,090	1,068	1,058	1,225	1,102	1,055	1,207	1,202	1,258	781	899	874	
% of cancelled operations on the day	Morriston	Jun-19	44%		✘	↑	●	↑	●		28%	27%	35%	34%	44%	39%	40%	41%	41%	35%	49%	43%	44%	
	NPTH	Jun-19	30%	10%	✘	↑	●	↑	●		29%	24%	25%	21%	22%	32%	29%	23%	21%	22%	29%	21%	30%	
	Singleton	Jun-19	35%	10%	✘	↓	●	↓	●		41%	38%	31%	42%	48%	47%	57%	51%	43%	40%	45%	44%	35%	
	POWH										35%	33%	37%	28%	31%	32%	29%	36%	28%	28%				
	HB Total	Jun-19	39%		✘	↓	●	↑	●		32%	31%	33%	31%	38%	37%	38%	39%	35%	32%	45%	40%	39%	
Reasons for cancellations on the day	Hospital Clinical	Jun-19	28%			↓		↓			31%	32%	26%	32%	25%	29%	29%	31%	30%	28%	25%	33%	28%	
	Hospital Non-Clinical	Jun-19	52%			↑		↑			42%	41%	49%	41%	46%	48%	49%	39%	52%	53%	47%	49%	52%	
	Other	Jun-19	0%			→		↓			1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
	Patient	Jun-19	18%			↑		↓			26%	27%	24%	26%	29%	22%	22%	29%	18%	18%	26%	17%	18%	
	Unknown	Jun-19	1%			→		→			1%	0%	1%	1%	0%	0%	0%	0%	1%	1%	1%	1%	1%	
Late Starts	Morriston	Jun-19	43%		✘	↓	●	↑	●		37%	37%	49%	38%	35%	35%	42%	45%	42%	37%	43%	44%	43%	
	NPTH	Jun-19	41%	<25%	✘	↑	●	↑	●		30%	36%	20%	36%	36%	41%	43%	42%	42%	36%	36%	31%	41%	
	Singleton	Jun-19	48%	<25%	✘	↓	●	↓	●		55%	43%	43%	45%	53%	54%	54%	52%	52%	41%	46%	51%	48%	
	POWH	Jun-19	0%								40%	35%	38%	38%	42%	37%	37%	46%	44%	43%				
	HB Total	Jun-19	44%		✘	↑	●	↑	●		41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	
Early Finishes	Morriston	Jun-19	40%		✘	↑	●	↑	●		33%	34%	30%	25%	34%	37%	44%	42%	35%	38%	32%	36%	40%	
	NPTH	Jun-19	49%	<20%	✘	↓	●	↓	●		58%	61%	59%	62%	62%	59%	66%	50%	58%	51%	61%	64%	49%	
	Singleton	Jun-19	30%	<20%	✘	↓	●	↓	●		33%	36%	38%	34%	34%	36%	31%	29%	30%	34%	31%	40%	30%	
	POWH										44%	43%	35%	41%	38%	39%	39%	39%	35%	40%				
	HB Total	Jun-19	39%		✘	↓	●	→	●		39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	
Theatre Utilisation Rate	Morriston	Jun-19	76%		✘	→	●	↓	●		79%	75%	70%	82%	80%	80%	69%	89%	78%	74%	82%	76%	76%	
	NPTH	Jun-19	72%	90%	✘	↑	●	↑	●		62%	63%	44%	67%	70%	66%	70%	65%	64%	60%	64%	62%	72%	
	Singleton	Jun-19	63%	90%	✘	↑	●	→	●		63%	55%	53%	62%	62%	64%	61%	70%	63%	62%	64%	57%	63%	
	POWH										77%	71%	61%	72%	70%	74%	66%	77%	72%	69%				
	HB Total	Jun-19	72%		✘	↑	●	↓	●		74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%	72%	
Theatre Activity Undertaken	Morriston	Day cases	Jun-19	339			↑	↑			310	302	368	272	371	339	300	373	305	344	324	316	339	
		Emergency cases	Jun-19	348			↓	↓			374	375	391	373	335	310	286	276	247	340	371	374	348	
		Inpatients	Jun-19	438			↓	↓			543	497	486	522	572	540	403	516	498	486	469	474	438	
	NPTH	Day cases	Jun-19	266			↓	↑			214	234	190	290	347	297	202	295	240	260	224	274	266	
		Emergency cases	Jun-19	1			↓	↓			9	6	5	8	5	9	6	2	3	9	8	9	1	
		Inpatients	Jun-19	115			↑	↓			138	122	89	116	133	126	104	150	113	115	120	113	115	
	Singleton	Day cases	Jun-19	464			↓	↓			500	445	456	423	516	528	371	565	486	523	465	478	464	
		Emergency cases	Jun-19	28			↓	↓			52	45	44	34	34	42	40	36	30	23	26	38	28	
		Inpatients	Jun-19	111			↑	↓			120	90	102	98	141	132	94	129	105	97	100	95	111	
	POWH	Day cases										449	408	301	393	455	365	274	434	335	364			
		Emergency cases										120	120	126	101	107	98	110	124	79	121			
		Inpatients										252	251	236	223	264	263	172	259	230	209			

8.3 Planned Care Updates and Actions

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

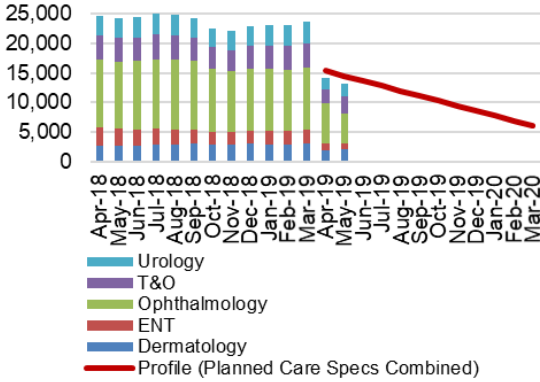
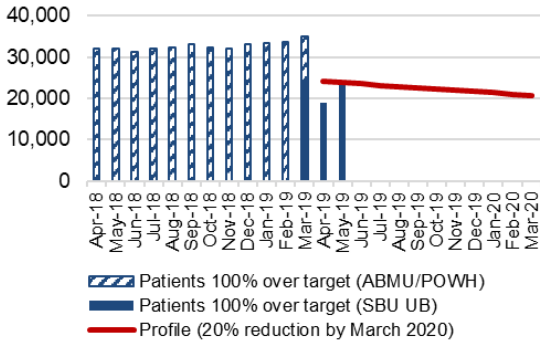
Description	Current Performance	Trend	Actions planned for next period																																																																																
<p>Outpatient waiting times <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i></p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In June 2019, there were 297 patients waiting over 26 weeks compared with 323 in May 2019. Oral Maxillo Facial Surgery accounted for 44% of breaches (132) and Ophthalmology account for 36% (106 breaches).</p>	<p>Number of stage 1 over 26 weeks</p>  <table border="1"> <caption>Estimated data for Number of stage 1 over 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>130</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>May-18</td><td>100</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jun-18</td><td>30</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jul-18</td><td>10</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Aug-18</td><td>30</td><td>70</td><td>2</td><td>1</td></tr> <tr><td>Sep-18</td><td>20</td><td>50</td><td>2</td><td>1</td></tr> <tr><td>Oct-18</td><td>50</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Nov-18</td><td>50</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Dec-18</td><td>40</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jan-19</td><td>40</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Feb-19</td><td>45</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Mar-19</td><td>140</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Apr-19</td><td>190</td><td>100</td><td>2</td><td>1</td></tr> <tr><td>May-19</td><td>140</td><td>130</td><td>2</td><td>1</td></tr> <tr><td>Jun-19</td><td>100</td><td>140</td><td>2</td><td>1</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	130	5	2	1	May-18	100	5	2	1	Jun-18	30	5	2	1	Jul-18	10	5	2	1	Aug-18	30	70	2	1	Sep-18	20	50	2	1	Oct-18	50	5	2	1	Nov-18	50	5	2	1	Dec-18	40	5	2	1	Jan-19	40	5	2	1	Feb-19	45	5	2	1	Mar-19	140	5	2	1	Apr-19	190	100	2	1	May-19	140	130	2	1	Jun-19	100	140	2	1	<ul style="list-style-type: none"> • Core capacity will continue to be maximised across all specialties. • Consultant sickness has had an impact on OMFS and Urology. Phased return is in place and the focus will be on redirecting their capacity to new outpatient clinics. • Ophthalmology is all within cataract sub-specialty. The plan for removal of the cataract backlog is reliant on outsourcing and the process to go out to tender has already commenced. • Service models for Ophthalmology, Oral Medicine, Audiology and Nurse Led Gastro as sustainable solutions in plans for 2019/20 and being progressed.
Month	Morriston	Singleton	PC&CS	NPTH																																																																															
Apr-18	130	5	2	1																																																																															
May-18	100	5	2	1																																																																															
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Jun-19	100	140	2	1																																																																															
<p>Total waiting times <i>The number of patients waiting more than 36 weeks for treatment</i></p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In June 2019 there were 2,318 patients waiting over 36 weeks which is higher than the internal profile of 2,125.</p> <p>Orthopaedics accounts for 59% of the breaches, followed by General Surgery with 11%.</p>	<p>Number of patients waiting longer than 36 weeks</p>  <table border="1"> <caption>Estimated data for Number of patients waiting longer than 36 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>2300</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>May-18</td><td>2200</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jun-18</td><td>2200</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jul-18</td><td>2300</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Aug-18</td><td>2100</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Sep-18</td><td>2100</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Oct-18</td><td>2000</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Nov-18</td><td>1900</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Dec-18</td><td>2000</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jan-19</td><td>1900</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Feb-19</td><td>1800</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Mar-19</td><td>1700</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Apr-19</td><td>1800</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>May-19</td><td>2100</td><td>5</td><td>2</td><td>1</td></tr> <tr><td>Jun-19</td><td>2300</td><td>100</td><td>2</td><td>1</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	2300	5	2	1	May-18	2200	5	2	1	Jun-18	2200	5	2	1	Jul-18	2300	5	2	1	Aug-18	2100	5	2	1	Sep-18	2100	5	2	1	Oct-18	2000	5	2	1	Nov-18	1900	5	2	1	Dec-18	2000	5	2	1	Jan-19	1900	5	2	1	Feb-19	1800	5	2	1	Mar-19	1700	5	2	1	Apr-19	1800	5	2	1	May-19	2100	5	2	1	Jun-19	2300	100	2	1	<ul style="list-style-type: none"> • Bring forward the outsourcing programme to frontload delivery of agreed capacity through July – October 2019. • Implement the additional trolleys at Singleton Hospital to protect elective flow across the surgical specialties with a primary focus on ENT and General Surgery. • Increase lists at NPTH for Plastics and Urology, and at Singleton for Head & Neck and Ophthalmology. • Appointment of 4 new Anaesthetic Consultants in June with recruitment programme planned through Quarter 2/3 for 12 vacant posts. • Focussed validation across all specialities to ensure accurate reporting and maximise opportunity consistent with RTT rules.
Month	Morriston	Singleton	PC&CS	NPTH																																																																															
Apr-18	2300	5	2	1																																																																															
May-18	2200	5	2	1																																																																															
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Description	Current Performance	Trend	Actions planned for next period																																																																																
<p>Total waiting times <i>The number of patients waiting more than 52 weeks for treatment</i></p>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. In June 2019 there were 822 patients waiting over 52 weeks compared with 799 in May 2019.</p>	<p>Number of patients waiting longer than 52 weeks</p>  <table border="1"> <caption>Number of patients waiting longer than 52 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>1150</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>May-18</td><td>1050</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Jun-18</td><td>1000</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Jul-18</td><td>980</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Aug-18</td><td>950</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Sep-18</td><td>920</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Oct-18</td><td>900</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Nov-18</td><td>880</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Dec-18</td><td>860</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Jan-19</td><td>850</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Feb-19</td><td>800</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Mar-19</td><td>750</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Apr-19</td><td>780</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>May-19</td><td>799</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Jun-19</td><td>822</td><td>10</td><td>10</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	1150	10	10	10	May-18	1050	10	10	10	Jun-18	1000	10	10	10	Jul-18	980	10	10	10	Aug-18	950	10	10	10	Sep-18	920	10	10	10	Oct-18	900	10	10	10	Nov-18	880	10	10	10	Dec-18	860	10	10	10	Jan-19	850	10	10	10	Feb-19	800	10	10	10	Mar-19	750	10	10	10	Apr-19	780	10	10	10	May-19	799	10	10	10	Jun-19	822	10	10	10	<ul style="list-style-type: none"> • The actions relating to >52 week patients are aligned with the plans for 36 week patients. • Targeted treat in turn and clinical discussions to prioritise longest waiting patients. • Morriston challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.
Month	Morriston	Singleton	PC&CS	NPTH																																																																															
Apr-18	1150	10	10	10																																																																															
May-18	1050	10	10	10																																																																															
Jun-18	1000	10	10	10																																																																															
Jul-18	980	10	10	10																																																																															
Aug-18	950	10	10	10																																																																															
Sep-18	920	10	10	10																																																																															
Oct-18	900	10	10	10																																																																															
Nov-18	880	10	10	10																																																																															
Dec-18	860	10	10	10																																																																															
Jan-19	850	10	10	10																																																																															
Feb-19	800	10	10	10																																																																															
Mar-19	750	10	10	10																																																																															
Apr-19	780	10	10	10																																																																															
May-19	799	10	10	10																																																																															
Jun-19	822	10	10	10																																																																															
<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. In June 2019 the percentage was 88.0%.</p>	<p>Percentage of patient waiting less than 26 weeks</p>  <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>82%</td><td>90%</td><td>99%</td><td>98%</td></tr> <tr><td>May-18</td><td>83%</td><td>92%</td><td>99%</td><td>97%</td></tr> <tr><td>Jun-18</td><td>84%</td><td>93%</td><td>99%</td><td>98%</td></tr> <tr><td>Jul-18</td><td>84%</td><td>94%</td><td>99%</td><td>98%</td></tr> <tr><td>Aug-18</td><td>84%</td><td>93%</td><td>99%</td><td>98%</td></tr> <tr><td>Sep-18</td><td>84%</td><td>92%</td><td>99%</td><td>98%</td></tr> <tr><td>Oct-18</td><td>84%</td><td>92%</td><td>99%</td><td>98%</td></tr> <tr><td>Nov-18</td><td>84%</td><td>92%</td><td>99%</td><td>98%</td></tr> <tr><td>Dec-18</td><td>83%</td><td>92%</td><td>99%</td><td>98%</td></tr> <tr><td>Jan-19</td><td>84%</td><td>93%</td><td>99%</td><td>98%</td></tr> <tr><td>Feb-19</td><td>85%</td><td>93%</td><td>99%</td><td>98%</td></tr> <tr><td>Mar-19</td><td>85%</td><td>91%</td><td>99%</td><td>98%</td></tr> <tr><td>Apr-19</td><td>83%</td><td>90%</td><td>99%</td><td>98%</td></tr> <tr><td>May-19</td><td>83%</td><td>90%</td><td>99%</td><td>98%</td></tr> <tr><td>Jun-19</td><td>82%</td><td>90%</td><td>99%</td><td>98%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	82%	90%	99%	98%	May-18	83%	92%	99%	97%	Jun-18	84%	93%	99%	98%	Jul-18	84%	94%	99%	98%	Aug-18	84%	93%	99%	98%	Sep-18	84%	92%	99%	98%	Oct-18	84%	92%	99%	98%	Nov-18	84%	92%	99%	98%	Dec-18	83%	92%	99%	98%	Jan-19	84%	93%	99%	98%	Feb-19	85%	93%	99%	98%	Mar-19	85%	91%	99%	98%	Apr-19	83%	90%	99%	98%	May-19	83%	90%	99%	98%	Jun-19	82%	90%	99%	98%	<ul style="list-style-type: none"> • Plans as outlined in previous tables.
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Description	Current Performance	Trend	Actions planned for next period																																																
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In June 2019, there were 295 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. In June 2019, there were 280 Cardiac breaches, 9 Cystoscopy and 6 Endoscopy.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>600</td><td>0</td></tr> <tr><td>May-18</td><td>650</td><td>0</td></tr> <tr><td>Jun-18</td><td>600</td><td>0</td></tr> <tr><td>Jul-18</td><td>600</td><td>0</td></tr> <tr><td>Aug-18</td><td>600</td><td>0</td></tr> <tr><td>Sep-18</td><td>600</td><td>0</td></tr> <tr><td>Oct-18</td><td>600</td><td>0</td></tr> <tr><td>Nov-18</td><td>550</td><td>0</td></tr> <tr><td>Dec-18</td><td>530</td><td>0</td></tr> <tr><td>Jan-19</td><td>530</td><td>0</td></tr> <tr><td>Feb-19</td><td>530</td><td>0</td></tr> <tr><td>Mar-19</td><td>450</td><td>0</td></tr> <tr><td>Apr-19</td><td>400</td><td>0</td></tr> <tr><td>May-19</td><td>380</td><td>0</td></tr> <tr><td>Jun-19</td><td>300</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	Apr-18	600	0	May-18	650	0	Jun-18	600	0	Jul-18	600	0	Aug-18	600	0	Sep-18	600	0	Oct-18	600	0	Nov-18	550	0	Dec-18	530	0	Jan-19	530	0	Feb-19	530	0	Mar-19	450	0	Apr-19	400	0	May-19	380	0	Jun-19	300	0	<ul style="list-style-type: none"> • Additional Endoscopy capacity is secured to recover the position in Quarter 2. • Deterioration in Cystoscopy as a result of Consultant sickness. This will recover through Quarter 2 as part of the phased return plan. • The plans for additional Cardiac CT/MR capacity is in place with step change improvements being seen.
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>There has been significant improvement in Therapy waiting times over the last financial year and there have been no patients waiting over 14 weeks since May 2018.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Patients</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>0</td></tr> <tr><td>May-18</td><td>1</td></tr> <tr><td>Jun-18</td><td>0</td></tr> <tr><td>Jul-18</td><td>0</td></tr> <tr><td>Aug-18</td><td>0</td></tr> <tr><td>Sep-18</td><td>0</td></tr> <tr><td>Oct-18</td><td>0</td></tr> <tr><td>Nov-18</td><td>0</td></tr> <tr><td>Dec-18</td><td>0</td></tr> <tr><td>Jan-19</td><td>0</td></tr> <tr><td>Feb-19</td><td>0</td></tr> <tr><td>Mar-19</td><td>0</td></tr> <tr><td>Apr-19</td><td>0</td></tr> <tr><td>May-19</td><td>0</td></tr> </tbody> </table>	Month	Patients	Apr-18	0	May-18	1	Jun-18	0	Jul-18	0	Aug-18	0	Sep-18	0	Oct-18	0	Nov-18	0	Dec-18	0	Jan-19	0	Feb-19	0	Mar-19	0	Apr-19	0	May-19	0	<ul style="list-style-type: none"> • Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations. 																		
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<p>Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i></p>	<p>June 2019 figures will be finalised on the 31st July. Draft figures indicate a possible projected achievement of 95% of patients' starting treatment within 31 days. At the time of writing this report there are 5 breaches across the Health Board in June 2019:</p> <ul style="list-style-type: none"> • Breast: 1 • Lung: 1 • Skin: 1 • Urological: 1 • Upper Gastrointestinal: 1 	<p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</p>	<ul style="list-style-type: none"> • Service Improvement recommendations following the Chemotherapy Day Unit assessment have been piloted to ensure maximum utilisation of chair time. Initial feedback from staff and patients has been positive and the new model has been implemented. • Funding agreed for additional weekend theatres 2019/20 for pancreatic patients and agreement for an additional weekly list to start mid-July. A number of patients will be outsourced to King's College Hospital London to help address backlog.
<p>Cancer- USC waiting times- <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i></p>	<p>June 2019 figures will be finalised on the 31st July. Draft figures indicate a possible projected achievement of 77% of patients starting treatment within 62 days. At the time of writing this report there are 23 breaches in total across the Health Board in June 2019:</p> <ul style="list-style-type: none"> • Breast: 6 • Gynaecological: 5 • Head & Neck: 4 • Urological: 2 • Upper Gastrointestinal: 2 • Lower Gastrointestinal: 1 • Haematological: 1 • Lung: 1 • Skin: 1 	<p>Percentage of USC patients starting treatment within 62 days of receipt of referral</p>	<ul style="list-style-type: none"> • Head and Neck Lump pathway has been partially implemented, with full implementation in September when the new consultant commences in post – this will streamline time to diagnosis for head and neck and haematological cancers. • New Gynae-oncology Consultant has been operational from June, and plans agreed to support Hywel Dda demand from September. • Straight to Test (STT) pathway for colorectal continues to be monitored, A list has been identified/ ring-fenced for STT patients specifically to commence September 2019. • Two new Urology Consultants have been appointed to commence September 2019, which should reduce delays going forward.

Description	Current Performance	Trend	Actions planned for next period																																																																														
<p>USC backlog <i>The number of patients with an active wait status of more than 53 days</i></p>	<p>End of June 2019 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>53 - 62 days</th> <th>63 ></th> </tr> </thead> <tbody> <tr><td>Breast</td><td>17</td><td>10</td></tr> <tr><td>Gynaecological</td><td>8</td><td>16</td></tr> <tr><td>Haematological</td><td>2</td><td>4</td></tr> <tr><td>Head and Neck</td><td>2</td><td>5</td></tr> <tr><td>Lower GI</td><td>5</td><td>7</td></tr> <tr><td>Lung</td><td>3</td><td>4</td></tr> <tr><td>Other</td><td>4</td><td>9</td></tr> <tr><td>Skin</td><td>1</td><td>1</td></tr> <tr><td>Upper GI</td><td>0</td><td>9</td></tr> <tr><td>Urological</td><td>14</td><td>7</td></tr> <tr><td>Grand Total</td><td>56</td><td>72</td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	17	10	Gynaecological	8	16	Haematological	2	4	Head and Neck	2	5	Lower GI	5	7	Lung	3	4	Other	4	9	Skin	1	1	Upper GI	0	9	Urological	14	7	Grand Total	56	72	<p>Number of patients with a wait status of more than 53 days</p> <p>Legend: ■ 53-62 days (ABMU HB) ■ 53-62 days (SBU HB) ■ 63 days+ (ABMU) ■ 63 days+ (SBU)</p>	<ul style="list-style-type: none"> • Pathway changes and increased capacity planned for the start of pathway described for Breast and PMB will help reduce the backlog. This is being monitored very closely within the Units. • Weekly face to face meeting with the Units to be re-established from 13th June 2019 with closer scrutiny of all patients over 31 days on pathway. • Funding has been confirmed and agreed for a further two consultant Gastroenterologists and recruitment process to commenced June 2019. 																																										
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Week to week through June 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 22% and 39%.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2019</p> <table border="1"> <thead> <tr> <th></th> <th>≤10</th> <th>11-20</th> <th>21-30</th> <th>>31</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Breast</td><td>3</td><td>16</td><td>39</td><td>74</td><td>132</td></tr> <tr><td>Gynaecological</td><td>6</td><td>14</td><td>40</td><td>36</td><td>96</td></tr> <tr><td>Haematological</td><td>1</td><td>0</td><td>0</td><td>1</td><td>2</td></tr> <tr><td>Head and Neck</td><td>20</td><td>6</td><td>5</td><td>0</td><td>31</td></tr> <tr><td>Lower GI</td><td>14</td><td>16</td><td>3</td><td>0</td><td>33</td></tr> <tr><td>Lung</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>Other</td><td>25</td><td>25</td><td>5</td><td>3</td><td>58</td></tr> <tr><td>Sarcoma</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr> <tr><td>Skin</td><td>31</td><td>64</td><td>11</td><td>3</td><td>109</td></tr> <tr><td>Upper GI</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr> <tr><td>Urological</td><td>0</td><td>3</td><td>0</td><td>0</td><td>3</td></tr> <tr><td>Total</td><td>103</td><td>146</td><td>103</td><td>117</td><td>469</td></tr> </tbody> </table>		≤10	11-20	21-30	>31	Total	Breast	3	16	39	74	132	Gynaecological	6	14	40	36	96	Haematological	1	0	0	1	2	Head and Neck	20	6	5	0	31	Lower GI	14	16	3	0	33	Lung	1	0	0	0	1	Other	25	25	5	3	58	Sarcoma	1	1	0	0	2	Skin	31	64	11	3	109	Upper GI	1	1	0	0	2	Urological	0	3	0	0	3	Total	103	146	103	117	469	<ul style="list-style-type: none"> • New first outpatient OMFS pathway stage agreed and taken forward with Primary Care, to commence September 2019 (delayed from June 1st). • Reviewing the possibility of increasing the number of PMB sessions per month with the aim to improve performance and reduce backlog. Plans have been developed to ensure sustainable CNS cover for PMB clinics. • Discussions taking place with Radiology and Surgeons to increase capacity for breast services utilising both Neath and Singleton sites. Three waiting list sessions have been held to accommodate USC patients and plans are being discussed to increase baseline capacity in line with current demand.
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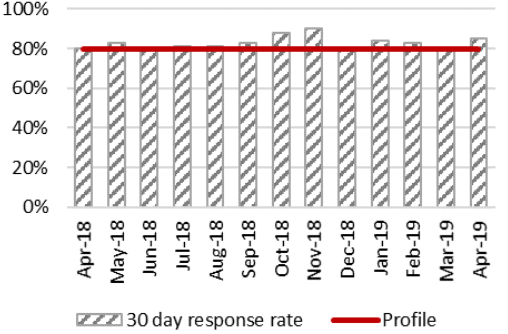
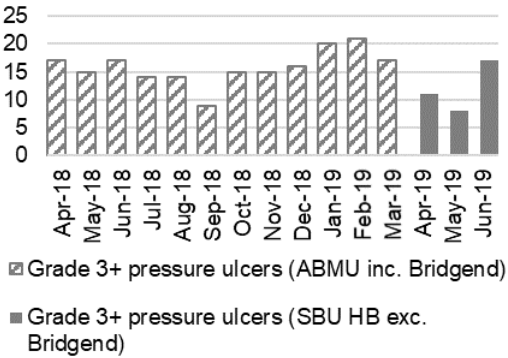
Description	Current Performance	Trend	Actions planned for next period
<p>Delayed follow-ups <i>The number patients delayed past their target date for a follow-up</i></p>	<p>In May 2019 there were a total of 48,623 patients waiting for a follow-up past their target date.</p> <p>Of the 48,623 delayed follow-ups in May 2019, 13,296 had appointments and 35,327 are still waiting for an appointment. In addition, 23,565 were waiting 100%+ over target date in May 2019.</p> <p>In May 2019, the breakdown for delayed follow-ups for the planned care specialities was:</p> <ul style="list-style-type: none"> • Dermatology- 2,064 (target= 1,269) • ENT- 1,094 (target= 1,048) • Ophthalmology- 5,046 (target= 7,677) • Orthopaedics- 2,832 (target= 2,000) • Urology- 2,185 (target= 2,508) • Overall, the number of patients waiting beyond target date for a follow-up in May 2019 was 13,221 which is below internal profile of 14,502. 	<p>Delayed follow-ups: Planned Care specialties</p>  <p>Delayed follow-ups: Number of patients waiting 100%+ over target date</p> 	<ul style="list-style-type: none"> • Validation Team commenced review of patients and categorisation from 1st July 2019. A monitoring score card has been developed to capture the work undertaken by the Validation Team. • Composition of Outpatient Modernisation Group reviewed. Resources required to move programme forward to be agreed with Recovery and Sustainability Group. • Draft programme of work to be agreed (Jul-19). • Continue participation in National Outpatient Modernisation Board. • Continue to progress / Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc. (Dec-19) • Develop training package for staff • Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODT development in Cwmtawe Cluster (Mar-20). • Modernisation Group to consider wider alternatives to improve pathways and reduce pressures in both New and follow up arrangements – i.e. considering multi-disciplinary outpatient review on patients with multiple co morbidities / managing frail elderly patients (Jun-19) • Additional Welsh Government funding being made available to achieve new national targets for FunB patients and the overall reduction of long waiting patients.

9. QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
<p>Healthcare Acquired Infections- E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> 29 cases of <i>E. coli</i> bacteraemia were identified in June 2019. This is below the monthly IMTP profile of 37 cases. 76% of the bacteraemia were considered to be Community Acquired Infections In 38% of the cases, the urinary tract was clearly identified to be the primary source of the infection. 28% of the E coli bacteraemia cases were reported as Multi Drug resistant organisms (MDRO). Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <p>Legend: Number E.Coli Cases Bridgend Number E.Coli cases SBU UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a Mutli disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes. Staff education delivered by the IPC nursing team focusing on UTI prevention improving the quality of sample collection for suspected UTI and bacteraemia will continue to be delivered by the IPC nursing team at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers. Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.
<p>Healthcare Acquired Infections- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> There were 11 cases of <i>Staph. Aureus</i> bacteraemia in June 2019. This is below the projected monthly IMTP profile of 12 cases. 55% were hospital acquired infections (HAI) in cases with chronic conditions. 	<p>Number of healthcare acquired S.aureus bacteraemias cases</p> <p>Legend: Number S.Aureus cases Bridgend Number S.Aureus cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements. The IPCT will be visiting wards across the Delivery Units to undertake ANTT Competency assessments. Improvement work continues, to improve HCAI data shared with Delivery Units and in the review the bacteraemia cases. Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

Description	Current Performance	Trend	Actions planned for next period
<p>Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases</p>	<ul style="list-style-type: none"> There were 10 <i>Clostridium difficile</i> toxin positive cases in June. This is below the IMTP projected profile (12 cases). 60% of the cases are considered to be HCA. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired C.difficile cases</p>	<ul style="list-style-type: none"> Bedside MDT & IPCT reviews taking place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardise the review process for investigating each case. The initial success seen since the launch with the ARK research project in reducing antimicrobial usage will be extended to all areas within Morriston Delivery Unit. Review use of environmental decontamination and develop a plan for a Health Board wide approach. Improvement work underway to improve HCAI data shared with Delivery Units. Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.
<p>Serious Incidents- <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<ul style="list-style-type: none"> The Health Board reported 19 Serious Incidents for the month of June 2019 to Welsh Government. Last Never Event reported was on 21 June 2019. In June 2019, the performance against the 80% target of submitting closure forms within 60 working days was 40%. 20 investigations were due to be concluded in June 2019, however only 8 closure forms were submitted with the 60 working days. 	<p>Serious incidents closed within 60 days</p>	<ul style="list-style-type: none"> Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board and we now report on all MH & LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit has developed an improvement action plan for MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality. Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.

Description	Current Performance	Trend	Actions planned for next period																																																
<p>30 day response rate for concerns- <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<ul style="list-style-type: none"> The overall Health Board response rate for responding to concerns within 30 working days was 85% in April 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery units to monitor compliance of the Health Board target of 80% 	<p>Response rate for concerns within 30 days</p>  <table border="1"> <caption>30 day response rate for concerns within 30 days</caption> <thead> <tr> <th>Month</th> <th>30 day response rate (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>80</td></tr> <tr><td>May-18</td><td>80</td></tr> <tr><td>Jun-18</td><td>80</td></tr> <tr><td>Jul-18</td><td>80</td></tr> <tr><td>Aug-18</td><td>80</td></tr> <tr><td>Sep-18</td><td>80</td></tr> <tr><td>Oct-18</td><td>85</td></tr> <tr><td>Nov-18</td><td>85</td></tr> <tr><td>Dec-18</td><td>80</td></tr> <tr><td>Jan-19</td><td>80</td></tr> <tr><td>Feb-19</td><td>80</td></tr> <tr><td>Mar-19</td><td>80</td></tr> <tr><td>Apr-19</td><td>85</td></tr> </tbody> </table>	Month	30 day response rate (%)	Apr-18	80	May-18	80	Jun-18	80	Jul-18	80	Aug-18	80	Sep-18	80	Oct-18	85	Nov-18	85	Dec-18	80	Jan-19	80	Feb-19	80	Mar-19	80	Apr-19	85	<ul style="list-style-type: none"> Performance is discussed at all Unit performance meetings. Performance has increased by 5%. ‘Once for Wales’ new complaints guidance has been presented at Risk Management User Group and is due to be presented to Unit Governance Teams. Ombudsman training based on themes and trends due to commence in the Units. Ombudsman Improvement Officer to attend the planned training to present to the Units. 																				
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<p>Number of pressure ulcers <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i></p>	<ul style="list-style-type: none"> In June 2019, there were a total of 48 cases of healthcare acquired pressure ulcers, of which 23 were community acquired and 25 were hospital acquired. The number of grade 3+ pressure ulcers in June 2019 was 17, of which 10 were community acquired and 7 were hospital acquired. 	<p>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</p>  <table border="1"> <caption>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</caption> <thead> <tr> <th>Month</th> <th>Grade 3+ pressure ulcers (ABMU inc. Bridgend)</th> <th>Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>17</td><td>0</td></tr> <tr><td>May-18</td><td>15</td><td>0</td></tr> <tr><td>Jun-18</td><td>17</td><td>0</td></tr> <tr><td>Jul-18</td><td>14</td><td>0</td></tr> <tr><td>Aug-18</td><td>14</td><td>0</td></tr> <tr><td>Sep-18</td><td>9</td><td>0</td></tr> <tr><td>Oct-18</td><td>14</td><td>0</td></tr> <tr><td>Nov-18</td><td>14</td><td>0</td></tr> <tr><td>Dec-18</td><td>15</td><td>0</td></tr> <tr><td>Jan-19</td><td>20</td><td>0</td></tr> <tr><td>Feb-19</td><td>20</td><td>0</td></tr> <tr><td>Mar-19</td><td>17</td><td>0</td></tr> <tr><td>Apr-19</td><td>10</td><td>7</td></tr> <tr><td>May-19</td><td>7</td><td>0</td></tr> <tr><td>Jun-19</td><td>17</td><td>31</td></tr> </tbody> </table>	Month	Grade 3+ pressure ulcers (ABMU inc. Bridgend)	Grade 3+ pressure ulcers (SBU HB exc. Bridgend)	Apr-18	17	0	May-18	15	0	Jun-18	17	0	Jul-18	14	0	Aug-18	14	0	Sep-18	9	0	Oct-18	14	0	Nov-18	14	0	Dec-18	15	0	Jan-19	20	0	Feb-19	20	0	Mar-19	17	0	Apr-19	10	7	May-19	7	0	Jun-19	17	31	<ul style="list-style-type: none"> PUPSG meet quarterly and receive quality improvement and learning reports from each Service Delivery Unit. The Service Delivery Units reports for the next PUPSG meeting will follow a new template illustrating SDU performance and governance of pressure ulcer reporting, investigation and identification of causal factors. Quarterly analysis of local pressure ulcer causal factors is undertaken to identify trends and target work streams to reduce risks and achieve a reduction in avoidable pressure ulcers The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. New guidance documents are to be submitted to PUPSG for approval. The Prevention of Pressure Ulcer Policy will then be amended.
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<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 189 in June 2019 compared with 242 in June 2018. The Health Board has agreed a targeted action to reduce Falls causing harm by 10%. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Inpatient Falls (POWH)</th> <th>Inpatient Falls (SBU HB exc. POWH)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>320</td><td>280</td></tr> <tr><td>May-18</td><td>350</td><td>300</td></tr> <tr><td>Jun-18</td><td>300</td><td>260</td></tr> <tr><td>Jul-18</td><td>280</td><td>240</td></tr> <tr><td>Aug-18</td><td>280</td><td>240</td></tr> <tr><td>Sep-18</td><td>320</td><td>280</td></tr> <tr><td>Oct-18</td><td>280</td><td>240</td></tr> <tr><td>Nov-18</td><td>280</td><td>240</td></tr> <tr><td>Dec-18</td><td>280</td><td>240</td></tr> <tr><td>Jan-19</td><td>320</td><td>280</td></tr> <tr><td>Feb-19</td><td>280</td><td>240</td></tr> <tr><td>Mar-19</td><td>320</td><td>280</td></tr> <tr><td>Apr-19</td><td>220</td><td>200</td></tr> <tr><td>May-19</td><td>220</td><td>200</td></tr> <tr><td>Jun-19</td><td>189</td><td>189</td></tr> </tbody> </table>	Month	Inpatient Falls (POWH)	Inpatient Falls (SBU HB exc. POWH)	Apr-18	320	280	May-18	350	300	Jun-18	300	260	Jul-18	280	240	Aug-18	280	240	Sep-18	320	280	Oct-18	280	240	Nov-18	280	240	Dec-18	280	240	Jan-19	320	280	Feb-19	280	240	Mar-19	320	280	Apr-19	220	200	May-19	220	200	Jun-19	189	189	<ul style="list-style-type: none"> All Service delivery units are providing Falls management / prevention training. Appropriate printed documentation delivered to Delivery Units for immediate use following Launch Date. (To be confirmed). Inaugural meeting of 'Hospital Falls Injury Prevention Strategy Group' held 25/6/19. Comprehensive Falls Training Implementation Plan to be developed for the Health Board. A Strategic Quality Improvement plan (SQuIP) will be developed as a Monitoring process. A proposal paper will be presented to the next meeting. A Causal Factors Matrix will also be developed.
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<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>Since the 29th June 2019 we have not been able to access the national database for Discharge Advice Letter's (DAL's) which are being produced by Welsh Clinical Portal (WCP) participating wards (medical wards in Morriston currently). This has meant that our E-discharge dashboard has only been receiving data from Clinical Portal for Transfer of Care (ToC) forms that are being produced by the surgical wards in Morriston and the other sites. NWIS are looking at providing a workaround for this missing data while they try and resolve the server issue.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>% completed discharge summaries (SBU HB)</th> <th>% completed discharge summaries (ABMU HB)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>65%</td><td>68%</td></tr> <tr><td>May-18</td><td>65%</td><td>65%</td></tr> <tr><td>Jun-18</td><td>60%</td><td>60%</td></tr> <tr><td>Jul-18</td><td>60%</td><td>60%</td></tr> <tr><td>Aug-18</td><td>60%</td><td>60%</td></tr> <tr><td>Sep-18</td><td>60%</td><td>60%</td></tr> <tr><td>Oct-18</td><td>65%</td><td>65%</td></tr> <tr><td>Nov-18</td><td>60%</td><td>60%</td></tr> <tr><td>Dec-18</td><td>60%</td><td>60%</td></tr> <tr><td>Jan-19</td><td>60%</td><td>60%</td></tr> <tr><td>Feb-19</td><td>60%</td><td>60%</td></tr> <tr><td>Mar-19</td><td>60%</td><td>60%</td></tr> <tr><td>Apr-19</td><td>60%</td><td>60%</td></tr> <tr><td>May-19</td><td>65%</td><td>65%</td></tr> </tbody> </table> <p><i>* June 2019 data not available</i></p>	Month	% completed discharge summaries (SBU HB)	% completed discharge summaries (ABMU HB)	Apr-18	65%	68%	May-18	65%	65%	Jun-18	60%	60%	Jul-18	60%	60%	Aug-18	60%	60%	Sep-18	60%	60%	Oct-18	65%	65%	Nov-18	60%	60%	Dec-18	60%	60%	Jan-19	60%	60%	Feb-19	60%	60%	Mar-19	60%	60%	Apr-19	60%	60%	May-19	65%	65%	<ul style="list-style-type: none"> The Executive Medical Director has asked one of the two Deputy Executive Medical Directors to lead on a piece of work to look at e-discharge and improve compliance/completion Background data presented to Director of Nursing and Patient Experience for consideration through Hospital to Home. Methodology for addressing variation in performance to be discussed with Assistant Medical Directors Issue has been discussed at full plenary of Local Medical Committee (LMC) who are supportive of new initiatives 			
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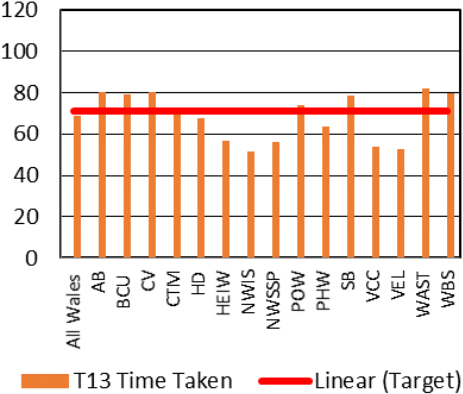
10. WORKFORCE UPDATES AND ACTIONS

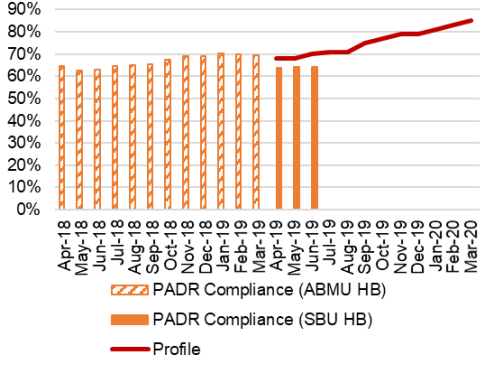
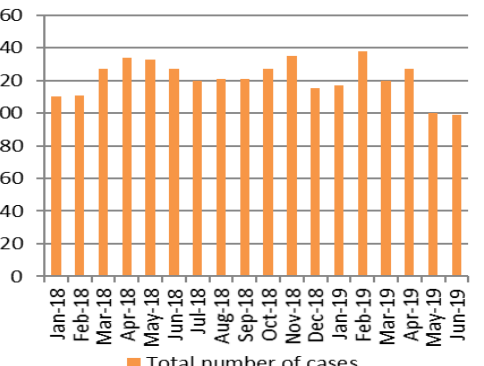
This section of the report provides further detail on key workforce measures.

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<p>Staff sickness rates- Percentage of sickness absence rate of staff</p>	<ul style="list-style-type: none"> The draft 12-month rolling performance to the end of May 2019 has slightly deteriorated from 5.97% in April 2019 to 5.0% in May 2019. Our draft in-month performance for May 2019 has improved from 6.04% in April 2019 to 5.80% in May 2019. Mental Health & Learning Disabilities Delivery Unit had the largest in-month improvement with a reduction of 0.5% (from 6.3% in April 2019 to 5.8% in May 2019). 	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p> <table border="1"> <caption>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>5.97%</td><td>6.04%</td></tr> <tr><td>May-18</td><td>5.95%</td><td>5.95%</td></tr> <tr><td>Jun-18</td><td>5.93%</td><td>5.93%</td></tr> <tr><td>Jul-18</td><td>5.91%</td><td>5.91%</td></tr> <tr><td>Aug-18</td><td>5.89%</td><td>5.89%</td></tr> <tr><td>Sep-18</td><td>5.87%</td><td>5.87%</td></tr> <tr><td>Oct-18</td><td>5.85%</td><td>5.85%</td></tr> <tr><td>Nov-18</td><td>5.83%</td><td>5.83%</td></tr> <tr><td>Dec-18</td><td>5.81%</td><td>5.81%</td></tr> <tr><td>Jan-19</td><td>5.79%</td><td>5.79%</td></tr> <tr><td>Feb-19</td><td>5.77%</td><td>5.77%</td></tr> <tr><td>Mar-19</td><td>5.75%</td><td>5.75%</td></tr> <tr><td>Apr-19</td><td>5.73%</td><td>6.30%</td></tr> <tr><td>May-19</td><td>5.00%</td><td>5.80%</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Apr-18	5.97%	6.04%	May-18	5.95%	5.95%	Jun-18	5.93%	5.93%	Jul-18	5.91%	5.91%	Aug-18	5.89%	5.89%	Sep-18	5.87%	5.87%	Oct-18	5.85%	5.85%	Nov-18	5.83%	5.83%	Dec-18	5.81%	5.81%	Jan-19	5.79%	5.79%	Feb-19	5.77%	5.77%	Mar-19	5.75%	5.75%	Apr-19	5.73%	6.30%	May-19	5.00%	5.80%	<ul style="list-style-type: none"> Outputs of best practice case study conducted in three areas of good sickness performance (PoW case study), are now incorporated into each DU's attendance action plan deliverable from May 2019 with a review process in place for September 2019. A pilot using early intervention techniques within Morrision Facilities department is currently underway and review process in place from June 2019 onwards. New attendance audit for Swansea Bay has been developed and is currently in use in MH&LD Delivery Unit with the remaining Delivery Units scheduled for June 2019. The Health Board is developing a plan to support the delivery of the new attendance policy training from September 2019 onwards. Occupational Health (OH) Improvement Plan completed with targets for reductions in waiting times approved by Executive Board. Allied Health Professionals have been recruited to OH using TI monies, resulting in reduced waiting times for management referrals to 2 weeks. Scanning of all OH records has commenced to enable an e-record by Sept 2019 with planned increased efficiencies. Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSk diagnostics and
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<p>Mandatory & Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</p>	<ul style="list-style-type: none"> Over the past month compliance against the 13 core competencies has risen from 75.90% to 76.32%. This is a 0.42% increase from the previous month and a 1.02% rise since April 2019. This equates to approximately 1000 new competencies being completed in the last month Medical & Dental are currently the lowest performing area, which stands at 38.83% compliance. 	<p>% of compliance with Core Skills and Training Framework</p> <table border="1"> <caption>% of compliance with Core Skills and Training Framework</caption> <thead> <tr> <th>Month</th> <th>% Level 1 compliance (ABMU HB)</th> <th>% Level 1 compliance (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Apr-19</td><td>55%</td><td>55%</td></tr> <tr><td>May-19</td><td>58%</td><td>58%</td></tr> <tr><td>Jun-19</td><td>60%</td><td>60%</td></tr> <tr><td>Jul-19</td><td>62%</td><td>62%</td></tr> <tr><td>Aug-19</td><td>65%</td><td>65%</td></tr> <tr><td>Sep-19</td><td>68%</td><td>68%</td></tr> <tr><td>Oct-19</td><td>70%</td><td>70%</td></tr> <tr><td>Nov-19</td><td>72%</td><td>72%</td></tr> <tr><td>Dec-19</td><td>74%</td><td>74%</td></tr> <tr><td>Jan-20</td><td>76%</td><td>76%</td></tr> <tr><td>Feb-20</td><td>78%</td><td>78%</td></tr> <tr><td>Mar-20</td><td>80%</td><td>76%</td></tr> <tr><td>Apr-20</td><td>82%</td><td>76%</td></tr> <tr><td>May-20</td><td>82%</td><td>76%</td></tr> <tr><td>Jun-20</td><td>82%</td><td>76%</td></tr> <tr><td>Jul-20</td><td>82%</td><td>76%</td></tr> <tr><td>Aug-20</td><td>82%</td><td>76%</td></tr> <tr><td>Sep-20</td><td>82%</td><td>76%</td></tr> <tr><td>Oct-20</td><td>82%</td><td>76%</td></tr> <tr><td>Nov-20</td><td>82%</td><td>76%</td></tr> <tr><td>Dec-20</td><td>82%</td><td>76%</td></tr> <tr><td>Jan-21</td><td>82%</td><td>76%</td></tr> <tr><td>Feb-21</td><td>82%</td><td>76%</td></tr> <tr><td>Mar-21</td><td>82%</td><td>76%</td></tr> </tbody> </table>	Month	% Level 1 compliance (ABMU HB)	% Level 1 compliance (SBU HB)	Apr-19	55%	55%	May-19	58%	58%	Jun-19	60%	60%	Jul-19	62%	62%	Aug-19	65%	65%	Sep-19	68%	68%	Oct-19	70%	70%	Nov-19	72%	72%	Dec-19	74%	74%	Jan-20	76%	76%	Feb-20	78%	78%	Mar-20	80%	76%	Apr-20	82%	76%	May-20	82%	76%	Jun-20	82%	76%	Jul-20	82%	76%	Aug-20	82%	76%	Sep-20	82%	76%	Oct-20	82%	76%	Nov-20	82%	76%	Dec-20	82%	76%	Jan-21	82%	76%	Feb-21	82%	76%	Mar-21	82%	76%	<p>surgery when required. This model accepted as Bevan Exemplar 2018/19.</p> <ul style="list-style-type: none"> 340 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. Monthly 'Menopause wellbeing workshops' commenced March 2019 across the main hospital sites. <p>There has been no change in action since last month as all actions remain relevant.</p> <ul style="list-style-type: none"> E-learning drop in sessions are continuing across the current Health Board and all sites on a regular basis. A review of the Mandatory Training framework is being arranged, later in the year, where all relevant Subject Matter Experts will be invited to a workshop to discuss current and to identify new trends that may need to be introduced. The results of the NWSSP Audit were received and feedback is still to occur, the next audit is being planned for later in 2019 The Mandatory Training Governance Committee has a planned meeting for the 24th July to discuss content, recording, regular meetings arranged and compliance. Once clarified, this would then be subject to approval via the Executive Team. Further actions regarding M&S may arise from this meeting. A date has been arranged for later in 2019 for further examination of the ESR system, we are awaiting confirmation of the identity of the person from Informatics, as the current person will no longer be involved.
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Vacancies <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"> Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ: EU Nurses employed at Band 5 = 70 Philippine nurses arrived in 17/18 & employed at Band 5 = 30 Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team. 11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway. A further 13 of our HCSW's are currently undertaking a 2 year master's programme. 	Vacancies as at May 2019. <table border="1"> <thead> <tr> <th>Grade - Medical & Dental</th> <th>May-19</th> <th>Jun-19</th> </tr> </thead> <tbody> <tr><td>21000-Consultant (M&D)</td><td>-68.06</td><td>-63.76</td></tr> <tr><td>21100-Locum Consultant (M&D)</td><td>4.70</td><td>2.70</td></tr> <tr><td>22110-Associate Specialist (M&D)</td><td>-7.53</td><td>-7.64</td></tr> <tr><td>22200-Locum Associate Specialist (M&D)</td><td>0.00</td><td>0.00</td></tr> <tr><td>22250-Specialist Dental Officer</td><td>-0.58</td><td>-0.58</td></tr> <tr><td>22260-Senior Dental Officer</td><td>-0.80</td><td>-0.80</td></tr> <tr><td>22270-Dental Officer</td><td>-2.41</td><td>-3.61</td></tr> <tr><td>22310-Speciality Doctor (M&D)</td><td>-16.06</td><td>-17.46</td></tr> <tr><td>22320-Locum Speciality Doctor (M&D)</td><td>-0.60</td><td>-0.60</td></tr> <tr><td>23100-Specialty Registrar (M&D)</td><td>-108.81</td><td>-115.46</td></tr> <tr><td>23120-Locum Specialty Registrar (M&D)</td><td>29.20</td><td>26.20</td></tr> <tr><td>23200-Specialist Registrar (M&D)</td><td>-6.00</td><td>-6.00</td></tr> <tr><td>23300-Locum Specialist Registrar (M&D)</td><td>-1.20</td><td>-0.40</td></tr> <tr><td>24100-F2 foundation year 2 (M&D)</td><td>-0.91</td><td>-0.91</td></tr> <tr><td>24110-Locum F2 Foundation year 2 (M&D)</td><td>3.00</td><td>3.00</td></tr> <tr><td>24400-F1 foundation year 1 (M&D)</td><td>-9.20</td><td>-9.20</td></tr> <tr><td>24900-Dental Trainees in Hosp Post</td><td>3.96</td><td>3.21</td></tr> <tr><td>25000-Clinical Assistant (M&D)</td><td>-1.19</td><td>-1.09</td></tr> <tr><td>25100-Senior Lecturer (M&D)</td><td>-1.08</td><td>-1.08</td></tr> <tr><td>25300-G.P.Sessions / Staff Fund</td><td>5.48</td><td>4.98</td></tr> <tr><td>Total</td><td>-178.10</td><td>-188.50</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Grade - Nursing & Midwifery</th> <th>May-19</th> <th>Jun-19</th> </tr> </thead> <tbody> <tr><td>2A182-Nurse Consultant Band 8B</td><td>-2.00</td><td>0.00</td></tr> <tr><td>2A281-Nurse Manager Band 8A</td><td>2.33</td><td>-1.67</td></tr> <tr><td>2A282-Nurse Manager Band 8B</td><td>3.66</td><td>5.66</td></tr> <tr><td>2A283-Nurse Manager Band 8C</td><td>4.00</td><td>3.00</td></tr> <tr><td>2A284-Nurse Manager Band 8D</td><td>-0.80</td><td>-0.80</td></tr> <tr><td>2A451-Registered Nurse Band 5</td><td>-322.62</td><td>-343.83</td></tr> <tr><td>2A461-Registered Nurse Band 6</td><td>-37.28</td><td>-43.68</td></tr> <tr><td>2A471-Registered Nurse Band 7</td><td>-29.65</td><td>-27.68</td></tr> <tr><td>2A481-Registered Nurse Band 8A</td><td>1.97</td><td>1.86</td></tr> <tr><td>2A482-Registered Nurse Band 8B</td><td>1.00</td><td>1.00</td></tr> <tr><td>Total</td><td>-379.39</td><td>-406.15</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Grade - Health Care Support Workers</th> <th>May-19</th> <th>Jun-19</th> </tr> </thead> <tbody> <tr><td>2AA21-Nursing HCA/HCSW Band 2</td><td>-22.03</td><td>-19.83</td></tr> <tr><td>2AA31-Nursing HCA/HCSW Band 3</td><td>-30.36</td><td>-26.20</td></tr> <tr><td>2AA41-Nursing HCA/HCSW Band 4</td><td>-0.30</td><td>-0.10</td></tr> <tr><td>Total</td><td>-52.69</td><td>-46.13</td></tr> </tbody> </table>	Grade - Medical & Dental	May-19	Jun-19	21000-Consultant (M&D)	-68.06	-63.76	21100-Locum Consultant (M&D)	4.70	2.70	22110-Associate Specialist (M&D)	-7.53	-7.64	22200-Locum Associate Specialist (M&D)	0.00	0.00	22250-Specialist Dental Officer	-0.58	-0.58	22260-Senior Dental Officer	-0.80	-0.80	22270-Dental Officer	-2.41	-3.61	22310-Speciality Doctor (M&D)	-16.06	-17.46	22320-Locum Speciality Doctor (M&D)	-0.60	-0.60	23100-Specialty Registrar (M&D)	-108.81	-115.46	23120-Locum Specialty Registrar (M&D)	29.20	26.20	23200-Specialist Registrar (M&D)	-6.00	-6.00	23300-Locum Specialist Registrar (M&D)	-1.20	-0.40	24100-F2 foundation year 2 (M&D)	-0.91	-0.91	24110-Locum F2 Foundation year 2 (M&D)	3.00	3.00	24400-F1 foundation year 1 (M&D)	-9.20	-9.20	24900-Dental Trainees in Hosp Post	3.96	3.21	25000-Clinical Assistant (M&D)	-1.19	-1.09	25100-Senior Lecturer (M&D)	-1.08	-1.08	25300-G.P.Sessions / Staff Fund	5.48	4.98	Total	-178.10	-188.50	Grade - Nursing & Midwifery	May-19	Jun-19	2A182-Nurse Consultant Band 8B	-2.00	0.00	2A281-Nurse Manager Band 8A	2.33	-1.67	2A282-Nurse Manager Band 8B	3.66	5.66	2A283-Nurse Manager Band 8C	4.00	3.00	2A284-Nurse Manager Band 8D	-0.80	-0.80	2A451-Registered Nurse Band 5	-322.62	-343.83	2A461-Registered Nurse Band 6	-37.28	-43.68	2A471-Registered Nurse Band 7	-29.65	-27.68	2A481-Registered Nurse Band 8A	1.97	1.86	2A482-Registered Nurse Band 8B	1.00	1.00	Total	-379.39	-406.15	Grade - Health Care Support Workers	May-19	Jun-19	2AA21-Nursing HCA/HCSW Band 2	-22.03	-19.83	2AA31-Nursing HCA/HCSW Band 3	-30.36	-26.20	2AA41-Nursing HCA/HCSW Band 4	-0.30	-0.10	Total	-52.69	-46.13	<ul style="list-style-type: none"> Currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline. Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February. This is due for discussion at the May Local Nursing Committee (LNC).
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<p>Recruitment Metrics provided by NWSSP. Comparison with all-Wales benchmarking</p>	<ul style="list-style-type: none"> Swansea Bay UHB overall performance continues to match the target level for NHS Wales. 	<p>Vacancy Creation to Unconditional Offer May 2019 (working days: including outliers) T13</p>  <table border="1"> <caption>Data for Vacancy Creation to Unconditional Offer May 2019 (working days: including outliers) T13</caption> <thead> <tr> <th>Unit</th> <th>T13 Time Taken</th> <th>Linear (Target)</th> </tr> </thead> <tbody> <tr><td>All Wales</td><td>70</td><td>70</td></tr> <tr><td>AB</td><td>75</td><td>70</td></tr> <tr><td>BCU</td><td>75</td><td>70</td></tr> <tr><td>CV</td><td>75</td><td>70</td></tr> <tr><td>CTM</td><td>75</td><td>70</td></tr> <tr><td>HD</td><td>75</td><td>70</td></tr> <tr><td>HEIW</td><td>65</td><td>70</td></tr> <tr><td>NW/S</td><td>55</td><td>70</td></tr> <tr><td>NWSSP</td><td>55</td><td>70</td></tr> <tr><td>POW</td><td>75</td><td>70</td></tr> <tr><td>PHW</td><td>65</td><td>70</td></tr> <tr><td>SB</td><td>75</td><td>70</td></tr> <tr><td>VCC</td><td>55</td><td>70</td></tr> <tr><td>VEL</td><td>55</td><td>70</td></tr> <tr><td>WAST</td><td>75</td><td>70</td></tr> <tr><td>WBS</td><td>75</td><td>70</td></tr> </tbody> </table>	Unit	T13 Time Taken	Linear (Target)	All Wales	70	70	AB	75	70	BCU	75	70	CV	75	70	CTM	75	70	HD	75	70	HEIW	65	70	NW/S	55	70	NWSSP	55	70	POW	75	70	PHW	65	70	SB	75	70	VCC	55	70	VEL	55	70	WAST	75	70	WBS	75	70	<ul style="list-style-type: none"> Outlier data is passed to Delivery Units for review. If Outliers (activity well outside the normal expected timescale) are excluded SBU HB is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports.
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<p>Turnover % turnover by occupational group</p>	<ul style="list-style-type: none"> There has been very little movement in turnover as compared to the available data for the last two months. Turnover remains around 8%. 	<p>Period Turnover Rate - 01 July 2018 - 30 June 2019</p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr><td>Add Prof Scientific and Technic</td><td>8.54%</td><td>8.61%</td><td>↓</td></tr> <tr><td>Additional Clinical Services</td><td>6.76%</td><td>7.22%</td><td>↑</td></tr> <tr><td>Administrative and Clerical</td><td>8.55%</td><td>8.76%</td><td>↓</td></tr> <tr><td>Allied Health Professionals</td><td>9.80%</td><td>9.69%</td><td>↓</td></tr> <tr><td>Estates and Ancillary</td><td>4.75%</td><td>5.11%</td><td>↓</td></tr> <tr><td>Healthcare Scientists</td><td>7.98%</td><td>8.41%</td><td>↓</td></tr> <tr><td>Medical and Dental</td><td>11.17%</td><td>12.36%</td><td>↑</td></tr> <tr><td>Nursing and Midwifery Registered</td><td>8.42%</td><td>8.96%</td><td>↑</td></tr> <tr><td>Overall Rate</td><td>FTE</td><td>Headcount</td><td>Change Headcount</td></tr> <tr><td>Overall Rate</td><td>7.99%</td><td>8.38%</td><td>↑</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	8.54%	8.61%	↓	Additional Clinical Services	6.76%	7.22%	↑	Administrative and Clerical	8.55%	8.76%	↓	Allied Health Professionals	9.80%	9.69%	↓	Estates and Ancillary	4.75%	5.11%	↓	Healthcare Scientists	7.98%	8.41%	↓	Medical and Dental	11.17%	12.36%	↑	Nursing and Midwifery Registered	8.42%	8.96%	↑	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.99%	8.38%	↑	<ul style="list-style-type: none"> Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis. 							
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Overall Rate	7.99%	8.38%	↑																																																			

Description	Current Performance	Trend	Actions planned for next period
<p>PADR <i>% staff who have a current PADR recorded</i></p>	<ul style="list-style-type: none"> Staff who have had a Personal Appraisal and Development Review (PADR) as of June 2019 stands at 64.28%. This is an increase of 0.07% from Mays figure of 64.21% Estates and Ancillaries have seen a further increase from 29.91% to 32.81%, which is a 2.90% rise in the past month. 	<p>% of staff who have had a PADR in previous 12 months</p>  <p>Legend: PADR Compliance (ABMU HB) PADR Compliance (SBU HB) Profile</p>	<ul style="list-style-type: none"> PADR training offered as part of the new Managers Pathway from 5th July 2019 onwards. A current PADR research project is being undertaken. The purpose of this is to identify themes/ practices that can be associated with either good or poor practice. A report is currently being written and a draft version will be ready in the next 2 weeks, which will have recommendations as part of it. There are continuing difficulties with implementing Supervisor Self Service in connection with ESR. There is some ongoing work with areas within the HB that are identified as having low PADR results, which will look to increase compliance over time.
<p>Operational Casework <i>Number of current operational cases.</i></p>	<ul style="list-style-type: none"> There has been a steady and noticeable reduction in live ER cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016. There has been a sharper reduction in both Disciplinary cases and in the number of grievances in the last two months. 	<p>Number of Operational Cases Data source has been amended to refelct only SB UHB data over the last 15 months so a comparative picture can be seen over time.</p>  <p>Legend: Total number of cases</p>	<ul style="list-style-type: none"> ER system configuration completed. System testing has been completed but IG issues have resulted in a delay in clearance to use the system. No revised date for go live is available yet. User training for case handlers and system admins in preparation for testing has been completed. IO interviews have been completed and successful candidates identified. Start dates are being arranged and staff should be employed in September. ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment (targeted on hot spots identified in the 2018 staff survey) has been agreed. All events completed as at 4th Feb. ACAS summary post events is being prepared. ACAS summary post events is being prepared.

11. FINANCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period												
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The reported revenue financial position for June 2019 is an in-month overspend of £1.497m, resulting in a cumulative overspend of £3.409m. The key drivers of the overspend are the Diseconomies of Scale of Bridgend Boundary (£1.35m), the required level of savings not identified and savings delivery slippage (£1m), and Operational Pressures (£1m) 	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20</p> <table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20 - Reported Variance</caption> <thead> <tr> <th>Month</th> <th>Reported Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>875</td> </tr> <tr> <td>M2</td> <td>1,037</td> </tr> <tr> <td>M3</td> <td>1,497</td> </tr> </tbody> </table>	Month	Reported Variance (£'000)	M1	875	M2	1,037	M3	1,497	<ul style="list-style-type: none"> Expedite the formation of the Delivery Support team to provide support and challenge to financial performance. All Units and Directorates to produce financial recovery plans, which will be reviewed by the Delivery Support team and clear impact assessed options produced. Financial Recovery meetings refocused to ensure robust “grip and control” measures in place. 				
Month	Reported Variance (£'000)														
M1	875														
M2	1,037														
M3	1,497														
<p>Forecast Position – delivery of a breakeven position</p>	<ul style="list-style-type: none"> The core financial plan provides a balanced financial position. This excludes the £5.4m diseconomies of scale following the Bridgend Boundary Change. The Health Board recognises the need to manage the impact of the diseconomies, however this will be extremely challenging in one year. The plan assumes that the funding provided by WG non-recurrently in 2018/19 is re-provided. 	<table border="1"> <caption>Forecast Position - Outturn vs Deficit Control Total</caption> <thead> <tr> <th>Month</th> <th>Deficit Control Total (£'000)</th> <th>Outturn (£'000)</th> </tr> </thead> <tbody> <tr> <td>P01</td> <td>0</td> <td>-875</td> </tr> <tr> <td>P02</td> <td>0</td> <td>-1,912</td> </tr> <tr> <td>P03</td> <td>0</td> <td>-3,409</td> </tr> </tbody> </table>	Month	Deficit Control Total (£'000)	Outturn (£'000)	P01	0	-875	P02	0	-1,912	P03	0	-3,409	<ul style="list-style-type: none"> Identify plan/opportunities to reduce the diseconomies of scale over time. Consider impact of savings delivery and operational pressures on forecast position. Identify, assess and implement a range of mitigating financial recovery measures to support financial delivery. Develop a strong pipeline of savings and efficiency measures.
Month	Deficit Control Total (£'000)	Outturn (£'000)													
P01	0	-875													
P02	0	-1,912													
P03	0	-3,409													

Description	Current Performance	Trend	Actions planned for next period
<p>Savings Delivery – Performance against the £21.3m savings requirement</p>	<ul style="list-style-type: none"> The Health Board financial plan set out a requirement to identify and deliver £21.3m. To date £21.7m of Green and Amber schemes have now been identified. Actual savings delivery increased in June, however the HB is reporting slippage against planned delivery of £0.5m after 3 months. Given the scale of the emerging financial pressures and the slippage encountered, it is recommended that the level of savings being targeted increases to £30m. 	<p>Stacked bar chart showing savings delivery from April to February. The x-axis represents savings in millions of pounds, ranging from 0 to 3,500. The y-axis lists months: April, June, August, October, December, February. The bars are stacked with categories: Active (green), In-Progress (yellow), Pipeline Ideas (red), Unidentified (black), and Achieved (blue). Callouts for June show 900 and 1,118.</p>	<ul style="list-style-type: none"> Further identification of savings through Financial Recovery plans. Greater delivery confidence through the Delivery Support Team. Analysis of planned scheme slippage to ensure necessary actions taken to rectify position.
<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change. The overall workforce expenditure has remained static in April, May and June, which is disappointing given the payment of a one-off non-consolidated payment linked to A4C pay deal in April. Variable pay costs reduced in June, however there was an increase in substantive spend in month. 	<p>Stacked bar chart and line graph titled "Variable Pay Expenditure This Year and Last Year". The y-axis shows expenditure from 0 to 5,000,000. The x-axis shows periods P101 to P112. The stacked bars represent: Bank (blue), Overtime (red), Agency - Non Medical (green), Agency - Medical (yellow), WLI (orange), Irregular Sessions (brown), and Average Variable Pay - Last Year (pink). A grey line represents Variable Pay - Last Year.</p>	<ul style="list-style-type: none"> Further analysis of the key factors driving the use of variable pay outside of planned budget. Identify actions to cease the use of non-contract nurse agency. Support to Workforce workstreams to ensure efficiency benefits are delivered.

Description	Current Performance	Trend	Actions planned for next period																																																																														
<p>Capital Financial Position – expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> The cumulative position to end of June 2019 is a £1,189k underspend to plan Underspend is not anticipated to impact on cumulative year end position which is a spend of £24,769k 	<div data-bbox="869 225 1626 683"> <h3>Performance to Plan</h3> <table border="1"> <caption>Performance to Plan Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>1,200</td><td>1,500</td></tr> <tr><td>May</td><td>1,800</td><td>1,000</td></tr> <tr><td>June</td><td>2,500</td><td>2,000</td></tr> <tr><td>July</td><td>2,400</td><td>2,200</td></tr> <tr><td>Aug</td><td>2,200</td><td>2,300</td></tr> <tr><td>Sept</td><td>2,800</td><td>2,700</td></tr> <tr><td>Oct</td><td>1,800</td><td>2,500</td></tr> <tr><td>Nov</td><td>1,400</td><td>1,300</td></tr> <tr><td>Dec</td><td>1,200</td><td>1,400</td></tr> <tr><td>Jan</td><td>2,200</td><td>1,800</td></tr> <tr><td>Feb</td><td>1,800</td><td>2,000</td></tr> <tr><td>March</td><td>3,500</td><td>3,800</td></tr> </tbody> </table> </div> <div data-bbox="869 687 1626 1177"> <h3>Cumulative Performance to Plan</h3> <table border="1"> <caption>Cumulative Performance to Plan Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>1,200</td><td>1,500</td></tr> <tr><td>May</td><td>3,000</td><td>2,500</td></tr> <tr><td>June</td><td>5,500</td><td>4,500</td></tr> <tr><td>July</td><td>8,000</td><td>6,700</td></tr> <tr><td>Aug</td><td>10,200</td><td>9,000</td></tr> <tr><td>Sept</td><td>13,000</td><td>11,700</td></tr> <tr><td>Oct</td><td>15,800</td><td>14,200</td></tr> <tr><td>Nov</td><td>18,200</td><td>15,500</td></tr> <tr><td>Dec</td><td>20,400</td><td>16,900</td></tr> <tr><td>Jan</td><td>22,600</td><td>18,300</td></tr> <tr><td>Feb</td><td>24,800</td><td>19,700</td></tr> <tr><td>March</td><td>27,000</td><td>21,500</td></tr> </tbody> </table> </div>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	1,200	1,500	May	1,800	1,000	June	2,500	2,000	July	2,400	2,200	Aug	2,200	2,300	Sept	2,800	2,700	Oct	1,800	2,500	Nov	1,400	1,300	Dec	1,200	1,400	Jan	2,200	1,800	Feb	1,800	2,000	March	3,500	3,800	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	1,200	1,500	May	3,000	2,500	June	5,500	4,500	July	8,000	6,700	Aug	10,200	9,000	Sept	13,000	11,700	Oct	15,800	14,200	Nov	18,200	15,500	Dec	20,400	16,900	Jan	22,600	18,300	Feb	24,800	19,700	March	27,000	21,500	<ul style="list-style-type: none"> A number of schemes are reported as Medium risk of achieving planned spend. Ongoing discussion with Welsh Government re allocations required in year
Month	Forecast (£'000)	Actual/Revised Forecast (£'000)																																																																															
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Description	Current Performance	Trend	Actions planned for next period												
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> In-month performance in June 2019 dropped slightly to 95.67%, but was still above target. The performance has been deteriorating during Q1 and this must be remedied if the target is going to be met in 2019/20. There continue to be significant challenges linked to clearing invoices on hold due to the implementation of the No PO No Pay policy. 	<table border="1"> <caption>PSPP Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>96.10</td> <td>96.10</td> </tr> <tr> <td>May</td> <td>95.92</td> <td>95.92</td> </tr> <tr> <td>June</td> <td>95.67</td> <td>95.67</td> </tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.10	96.10	May	95.92	95.92	June	95.67	95.67	<ul style="list-style-type: none"> Closely monitor performance improvements and identify impacts of No PO No pay to enable further awareness and training to be undertaken. Identify and target areas of poor performance.
Month	In Month PSPP (%)	Cumulative PSPP (%)													
April	96.10	96.10													
May	95.92	95.92													
June	95.67	95.67													

12. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

12.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	64.2%	65.7%	63.4%									
		Profile	66%	70%	73%	75%	72%	73%	76%	73%	82%	83%	82%	82%
	12 hour A&E waits	Actual	653	591	644									
		Profile	484	374	273	283	266	238	273	279	211	185	187	180
	1 hour ambulance handover	Actual	669	629	681									
		Profile	320	233	201	220	193	200	208	248	241	176	148	145
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%									
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
	CT scan within 1 hour	Actual	62%	56%	52%									
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%									
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%									
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%										
	Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	172	201	155									
		Profile	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	1,952	2,076	2,198									
		Profile	2,042	2,038	2,125	2,135	2,106	2,098	1,957	1,999	2,135	2,046	1,956	1,921
	Diagnostic waits over 8 weeks	Actual	401	393	289									
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Cancer	NUSC patients starting treatment in 31 days	Actual	82%	91%	82%									
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	88%	95%	76%									
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	3	5									
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7	2									
		Profile	4	5	3	4	4	3	3	4	3	4	4	4
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	7	3	6									
Profile		7	3	6	4	6	4	4	6	6	8	4	5	
Quality & Safety Measures	Discharge Summaries	Actual	59%	62%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Concerns responded to within 30 days	Actual	97%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.11%	6.13%										
		Profile			5.97%			5.84%			5.72%		5.59%	
	Personal Appraisal Development Review	Actual	65%	65%	64%									
		Profile						77%			80%		85%	
	Mandatory Training	Actual	71%	72%	72%									
		Profile			78%			85%			85%		85%	

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

12.1 Morrision Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Compliance of 30-day responses to formal complaints maintained • Plan in place to reduce the backlog of Pancreatic surgery patients • Critical care funding approved for SBUHB by WG £1.112M • Spinal & respiratory clinical presentations at senior leadership team • Anaesthetics recruitment process completed, 3 appointments made, 2 middle-grade posts appointed to ED with further recruitment in process • Contd year to date improvement in HCA C.Diff & E.Coli bacteraemia • Sustained mandatory training and hand hygiene compliance • Launch of ARK antibiotic prescribing project • 2-wk Ambulatory Emergency Care Unit pilot helped relieve ED pressure, (76% admission avoidance rate in week 1) • Significant improvement in the planned care waiting times in 18/19 (2,473 July 2017) compared to 17/18 (1,801 March 2019) • Hot clinics in General Surgery are freeing up capacity in ED • Successfully recruited into the Head of Sterile Services post. • ITU Senior Matron, clinical leadership post commenced. 	<ul style="list-style-type: none"> • Creation of 1 all-day list in Morrision Hospital to address long-waiting lap chole patients • Create a costed plan for sarcoma and cardiology treat and repatriate • Finalising plans for our local trauma network process • Maximise impact of breaking the cycle to improve flow and reduce outliers • Developing IBG bid for SDMU/SSS wraparound development • Comprehensive service plan developed for the SW Wales spinal service. • Develop a business case (BC) to support the development of the new ambulatory care pathways for medicine. • Deep dive review of increased prevalence of S.Aureus cases • Exploring options to minimise handover delay for the Plastic Surgery Treatment Unit due to the adverse water results • SBAR developed to highlight issues with Sentinel Lymph Node Biopsy cancer service. • Implementation of plan to address the backlog in hand plastic surgery, including appointment of locum hand consultant post to end on March 20. • Implement plan to address backlog for pancreatic surgery.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Meeting held with the 3 theatre departments and anaesthetics to develop prioritised plan to support RTT sustainability • 5 Physician's Associates within T&O & Spinal Services out to advert • Clinical presentation from vascular to SLT scheduled end July before moving to the next steps of the hybrid theatre development. • Undertaking audit of compliance with SAFER bundle and patients receiving IV antibiotic treatment in hospital • Early supported discharge service for COPD scheduled to provide first report on the impact of the service. • Review of all employment relation cases monthly to recognise themes and provide any additional support. • Roll out of "Allocate" and "Locum on duty" software. • Proposal to appoint band 3 Junior doctor support being developed • Consultant Radiographer role at JD development stage 	<ul style="list-style-type: none"> • USC risks score ↑ to 25 due to significant increase in medically fit patients resulting in adverse impact on ambulance offloads, ED crowding, staff morale, impact on planned care and financial position. >221 elective orthopaedic and spinal cases lost since Jan 2019 • No decant facilities within Morrision Hospital for IPC cleaning • One never event retained swab in cardiac theatre • Winter surge arrangements remain open • Change to pension taxation arrangements impact on medical staff undertaking additional clinical and leadership work • Challenges with Cardiac theatre scrub cover to maintain cardiac surgery • Single cancer pathway and impact on diagnostic capacity • Lack of Health Board Escalation Policy (ED), including focus on community services response. • MRI break down highlighted need to progress BC for a 2nd MRI.

12.2 Neath Port Talbot Delivery Unit- Performance Dashboard

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

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

12.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • DToC is at lowest level and lowest bed days lost since May 2018; • Recruitment of health-board-wide Consultant Nurse; • No USC patients waiting longer than 62-days for start of treatment, • Waiting times targets achieved in medical specialties, Rheumatology and Therapy services; • Nurse-led Virtual Clinics commenced in May in Diabetes; • Co-production commenced in General Medicine; • Positive evaluation of Occupational Therapy impact on patients care in OPAS via winter pressure monies; • Positive first year evaluation of Macmillan funded Head and Neck Cancer Nutrition and Dietetic Service; • Specialist Nurse in RDC is a finalist in the RCNI nurse of the year; • PADR survey taken of all staff, with action plans and feedback developed for Senior Management Team (SMT) in July. • Successful pitch at Welsh Health Hack event, with award of a grant to develop a mobile app for Physiotherapy rehabilitation. 	<ul style="list-style-type: none"> • Support transition of maternity structure to Singleton; • Supporting staff through ward re-configuration changes; • Pull from Morriston • Support the development and establishment of a stroke ESD remodelling; • Increasing elective surgical activity to support RTT; • Develop primary care services for therapies; • Develop MDT neonatal services; • Recruitment of Registered Nurses; • Undertake Therapies restructure; • Major Trauma Unit bids; • ALN report to Executive Directors; • Implementation of HEPMA Phase 1 at NPT Hospital; • Active participation in Hospital-to-Home project; • To reduce the FUNB Rheumatology and waits for Dexa scans at POW • To reduce the spend on FP10s in Rheumatology; • Primary care FCP developments.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Work with our communities to develop sustainable solutions to well-being by developing social enterprise opportunities; • Opportunity for evaluating and developing services across the board in light of health board restructures; • Remodelling of therapy management and financial structures • Develop primary care Occupational Therapy posts to address the preventative and early intervention needs of our population; • Development of pharmacist advanced practice and consultant posts; • Re-structure of primary care pharmacy team (due to staff loss) to support long-term work agenda and pharmacy contract with PCC; • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format; • Paediatric therapists planning to work with 'Playbus' in Swansea communities during summer holidays; 	<ul style="list-style-type: none"> • Capacity within the community for discharges; • Nurse recruitment challenges; • MIU staffing pressures due to sickness absence, awaiting recruitment; • Staffing challenges to support surge capacity; • Loss of pharmacists to cluster & practice based roles; • Recruitment issues for pharmacy technicians; • Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes; • Impact of Bridgend boundary changes; • Devolved management and financial therapy budgets leads to governance issues and the reduces ability of therapy services to remodel, flex and respond to patients/ service needs; • WFI WHSCC activity underperforming; • Physiotherapy recruitment – Band 5s and paediatrics; • Potential impact of accommodation restructure with Childrens Centre;

12.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual												
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	12 hour A&E waits	Actual												
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	1 hour ambulance handover	Actual	63	18	40									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117	142									
		Profile	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	24	28	120									
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8	6									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	98%	91%	90%									
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	86%	70%	72%									
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5	1									
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	3									
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4	0									
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	67%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Concerns responded to within 30 days	Actual	70%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%	6.10%										
		Profile			5.00%			5.00%			5.00%		5.00%	
	Personal Appraisal Development Review	Actual	69%	70%	70%									
		Profile			70%			75%			80%		85%	
	Mandatory Training	Actual	77%	77%	78%									
		Profile			70%			75%			80%		85%	

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

12.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Ambulatory Care exemplar. • Positive feedback of maternity services by HIW – written report awaited. • Laboratory Medicine - UKAS Surveillance Visit to ISO 15189: Our accreditation is secured. • New electronic request form for DXA - for roll out to GPs. • Funding for end of life support agreed for clinical advisor sessions. • Successful evacuation of ward 12 following fire. • Development of Auto Approval of Radiotherapy Treatment plans • New Oncology Consultant starts 15th May (lung, urology). • CDU has successfully collaborated with Maggie’s centre to implement block immunotherapy pre-assessments. • Neonatal Unit awarded the Unicef/World Health Organisation Baby Friendly Award, for the promotion of breast feeding. • Continued achievement of no patients waiting over 8 weeks for an Endoscopy procedure during April 2019. • Achievement of RTT 26, 36 and 52-week target in gen medicine. 	<ul style="list-style-type: none"> • Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. • Service Resign: Redesign Services Ward 4&7, embedding ICOPS model and inpatient capacity. • Develop a plan to support Radiotherapies waiting times. • Improvement in PADR and Mandatory training. • Cancer Performance and scoping impact of Single Cancer pathway. • Business Cases - PET/CT & replacement Radiotherapy CT. • Develop plans for Chemo-day unit to maximise capacity and support waiting times. • Securing additional funding for sustainable plan in relation to Gastroenterology and Endoscopy RTT & Bowel Screening Wales. • Ophthalmology sustainable plan as part of GOLD command • Remedial capital work on ward 12. • The need to expand capacity for delivering SACT is essential for decreasing the waiting times and delivering NICE approved treatments and clinical trial availability. Plan to utilise the Tenovus mobile unit to deliver SACT.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Delivery Unit to support Health Board case for Nerve centre. • Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morriston. • Piloting of Patient Knows Best (PKB). • Revised SARC model. • Expansion of PUPIS and FES services/Cwm Taff changes. • Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. • Pressure ulcer Masterclass training module- pilot to take place at the Welsh Wound Innovation Centre on 4.6.19, potential income to follow. • Lymphoedema national review identified areas of potential within local service. • Management of early miscarriage at home reducing length of stay. • Ophthalmology Regional Centre Of Excellence 	<ul style="list-style-type: none"> • Ongoing pressure of cladding mitigated by operational controls. • Patients in Singleton (DGH and Cancer centre) without Specialist Palliative Care Services. • Workforce deficits – Rehab Engineering, Consultant - Gynae & Cardiology, Medical Junior and Middle Grade gaps and Nursing. • Non delivery of financial breakeven. • Cancer tracking and lack of workforce to support. • There is a risk of complaints from patients not being able to receive SACT in a timely manner. • Impact of Bridgend boundary changes (Dermatology and Endoscopy) • Increase in radiotherapy capacity with extended working days not supported at IBG fully and waiting times remains unsatisfactory. • Lymphoedema National review identified skill mix and workforce issues • Sustainability of middle grade rotas in Paediatrics in Morriston

12.4 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	97%	96%										
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%	95%										
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual												
		Profile			100%			100%			100%			100%
% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	89%	89%											
	Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%											
	Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0									
		Profile	0	0	0	1	0	0	0	0	0	0	0	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	0	0	0									
		Profile	0	0	0	1	0	0	0	1	0	0	0	
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	74%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Concerns responded to within 30 days	Actual	100%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.22%	6.24%										
		Profile			5.73%			5.63%			5.53%		5.43%	
	Personal Appraisal Development Review	Actual	68%	67%	67%									
		Profile			80%			82%			83%		85%	
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	82%									
		Profile			80%			82%			83%		85%	

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

12.4 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit can report good compliance with all sections of the Mental Health Measure. • Listening event held by Swansea Locality with partners at YMCA. • Celebration of 100 years of LD Nursing including a visit from the Health Minister to Hafod y Wennol Admission & Treatment Unit. • Relocation of the Mental Health Act Team to SBUHB headquarters from Quarella Road in Bridgend. • Approval from IBG to progress the business case for the Mother & Baby Unit. • National Award for LD Consultant Nurse (Paula Hopes) at the Learning Disability and Autism Awards. • Information Governance training compliance continues to perform well. • 100% compliance achieved regarding the 30-day complaints response target. 	<ul style="list-style-type: none"> • The continuation of suitable intervention with areas that report poor compliance in relation to mandatory training. • Ongoing recruitment and retention of staff for critical nursing, therapies and medical vacancies. • Hold and further improve the current rate of sickness through, Staff Health & Wellbeing Action Plan 18/19; Pilot Delivery Unit Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47). • Appoint in a timely manner to any medical vacancies. • Older People's Mental Health Services and Adult Inpatient Capital Schemes.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Mental Health Service Improvement funding proposals agreed with partners and submitted to WG. • Improving Lives short term funding for addressing inequalities in Learning Disabilities proposed. This proposal worked up with Cardiff & Vale HB and Cwm Taf Morgannwg HB in partnership. • LD transformation group successfully established with three Health Board's and seven Local Authorities. Two meetings have taken place to date. • RCA training event to take place in July, which will increase the number of people able to investigate Serious Incidents. 	<ul style="list-style-type: none"> • Capacity gaps still exist in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay. • Security issues remain in Cefn Coed and Garngoch Hospitals. • Demand and capacity constraints are still prevalent in CMHT's across the Health Board. • Suitably managing the demand seen for CHC placements and resultant financial risks. • Environmental risks in LD units. • CAMHS bed - Inappropriate setting, resulting in potential Safeguarding Issues.

12.5 Primary Care & Community Services Delivery Unit- Performance Dashboard

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

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

12.5 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Whole System Cluster Transformation continues to progress well. Proposals have been developed for Speech and Language, Mental Health and Cluster MCAS/Physio model • Health Visitors now attending weekly Psycho-social meetings on Singleton Neonatal ward to improve pre-discharge communication. • Community Pharmacies across SBU HB delivered a 52% increase in the number of Common Ailments Service consultations carried out in June compared with May. (821 consultations) • Primary care team working with HEIW to deliver Advancing Inhaler Technique training for community pharmacies. • Limb at Risk pathway has now been added to the Clinical Online Information Network (COIN) • Funding for spinal MDT within MCAS obtained for this year and on recurrent basis • Clusters supporting the development of a new Obesity Pathway in conjunction with Public Health • Clusters achieved success in attracting a further £260k external funding in partnership with the Third Sector (Bay) 	<ul style="list-style-type: none"> • Continue planning for phase 2 Whole System Transformation roll out to Upper Valleys and Llŵchwr in July 2019. Shadow meetings have been held. • Data collection – to improve data information reaching Child Health department. Audit of 10-14 day contact underway for month. • Primary care team continue to work with Ophthalmology colleagues for community Optometrists to support Glaucoma patients. • Work continues to implement the community pharmacy Blood Born Virus (BBV) in an additional four pharmacies. • Oral Medicine Pathway agreed - draft service specification being developed. Formal tender to be undertaken following finalisation of the specification. • £100,000 funding package for specialist minor ailment and clinical skills training across Wales. Discussions ongoing to ascertain how this will be facilitated/delivered on a local level. • Planning for flu season 2019-20 and wider SIG IMTP. • To liaise with GP practices regarding availability of phlebotomy services for the patient caseload • To establish a Sexual Health forum within Swansea Bay • Active participation in Breaking the cycle fortnight
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Increase efficiency with mobile working with Health Visiting staff • RCN to visit the Asylum team on 18th July. This will provide the opportunity for the RCN to showcase the excellent service that the team provides for their clients, and the service developments over the past few years • All Sexual Health staff to receive gender identity training in preparation for the Gender Identity clinic starting 31st July 2019. • Resource identified through HEIW to support implementation of the multi-sector pre-registration pharmacist programme 	<ul style="list-style-type: none"> • No vacancies for qualifying Health Visitor students in September – students advised to apply for vacancies outside Health Board. • Eye Care Stroke Pathway Pilot- issues currently being resolved with Head of Orthoptics. Full Welsh Government support of pathway. • Primary Care audiology development is not included in all 8 cluster plans which will result in inequalities of access to the service across the Health Board • Changes to TB screening requirements will mean increased work pressures to both asylum team and respiratory services

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU									SBU		
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 18/19	97%		95%			95.3%					96%		96%			97%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 18/19	91%		95%	93%	✗	92.4%			91%		90%		91%			91%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q3 18/19	89%		4 quarter ↑ trend			90.4%			81%		73%		89%						
Influenza	% uptake of influenza among 65 year olds and over	National	2018/19	68.1%		75%	70%	✗	68.3%											68.1%		
	% uptake of influenza among under 65s in risk groups	National	2018/19	43.0%		55%	65%	✗	44.1%											43.0%		
	% uptake of influenza among pregnant women	National	2018/19	43.6%		75%			46.6%											43.6%		
	% uptake of influenza among children 2 to 3 years old	National	2018/19	47.7%			40%	✓	49.4%											47.7%		
	% uptake of influenza among healthcare workers	National	2018/19	54.5%		60%	50%	✓	56%											54.5%		
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%		Annual ↑			27.1%													
	% of adult smokers who make a quit attempt via smoking cessation services	National	Mar-19	2.6%		5% annual target	2.9%	✗	2.2%		0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.8%	2.1%	2.3%	2.6%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 18/19	55.4%		40% annual target	40.0%	✓	43.8%		62%			57%		55%						
Learning Disabilities	% people with learning disabilities with an annual health check	National				75%					Awaiting publication of 2018/19 data.											
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National				4 quarter ↓					New measure for 2019/20. Awaiting publication of data											

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU									SBU			
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
DTCs	Number of mental health HB DTCs	National	Jun-19	27		12 month ↓	27	✓	59		30	27	30	29	28	26	25	29	26	21	18	23	27
	Number of non-mental health HB DTCs	National	Jun-19	70		12 month ↓	65	✗	355		75	74	85	69	84	125	117	104	87	112	49	67	70
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	May-19	98%		95%	95%	✓	75%		95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.0%
	Stage 2 mortality reviews required	Local	May-19	13							16	12	19	19	16	22	17	7	10	22	21	13	12
	% stage 2 mortality reviews completed	Local	Mar-19	50%			100%				62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%	63.00%		
	Crude hospital mortality rate (74 years of age or less)	National	Apr-19	0.79%		12 month ↓			0.78%		0.80%	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-19	95.8%			98%	✗			98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%	95.8%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Jun-19	83%		85%					66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%
Coding	% of episodes clinically coded within 1 month of discharge	National	May-19	96%		95%	95%	✓	81.8%		94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%		Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	May-19	66%			100%	✗			60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q3 18/19	100%		100%	100%	✓	98%		100%			100%		100%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 18/19	78		10% annual ↑	79	✗			60			67		78							
	Number of Health and Care Research Wales commercially sponsored studies		Q3 18/19	31		5% annual ↑	35	✗			17			22		31							
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 18/19	1,463		10% annual ↑	1,821	✗			732			1,116		1,463							
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 18/19	99		5% annual ↑	316	✗			46			59		99							

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU												SBU			
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19			
Prescribing	Opioid average daily quantities per 1,000 patients	National				4 quarter ↓					New measure for 2019/20- awaiting publication of data.															
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.																
	Total antibacterial items per 1,000 STAR-PUs		Q3 18/19	331		4 quarter ↓		303.4		307		289		331												
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients		Q3 18/19	8%		4 quarter ↓		7.6%		10%				10%		8.3%										
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	May-19	90%		95%	✗					87%		94%		90%		90%		92%		87%				
	% stop or review date documented on medication chart		May-19	56%		95%	✗						61%		54%		56%		56%		55%		52%			
	% of antibiotics prescribed on stickers		May-19	47%		95%	✗						77%		73%		78%		47%		75%		61%			
	% appropriate antibiotic prescriptions choice		May-19	96%		95%	✓						96%		97%		95%		96%		96%		98%			
	% of patients receiving antibiotics for >7 days		May-19	13%		20%	✓						8%		15%		9%		13%		7%		8%			
	% of patients receiving surgical prophylaxis for > 24 hours		May-19	46%		20%	✓						25%		8%		73%		46%		39%		6%			
	% of patients receiving IV antibiotics > 72 hours		May-19	47%		30%	✗						41%		49%		42%		47%		31%		35%			
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jun-19	79.9		<67			83.13			96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9		
	Number of E.Coli bacteraemia cases (Hospital)			7		11	✓					10	20	16	15	17	23	15	11	15	21	10	7	7		
	Number of E.Coli bacteraemia cases (Community)		Jun-19	22		26	✓						31	31	30	34	24	30	23	17	16	22	17	15	22	
	Total number of E.Coli bacteraemia cases		Jun-19	29		37	✓						41	51	46	49	41	53	38	28	31	43	27	22	29	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jun-19	36.3		39.57				26.11			40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	
	Number of S.aureus bacteraemias cases (Hospital)			6		4	✗						7	8	9	7	7	7	5	9	9	4	11	8	6	
	Number of S.aureus bacteraemias cases (Community)		Jun-19	5		8	✓						12	9	11	3	5	10	6	9	7	7	3	3	5	
	Total number of S.aureus bacteraemias cases		Jun-19	11		12	✓						19	17	20	10	12	17	11	18	16	11	14	11	11	
	Cumulative cases of C.difficile per 100k pop		Jun-19	24.9		<26				27.26			44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	
	Number of C.difficile cases (Hospital)			6		9	✓						10	24	8	5	15	9	5	3	4	3	2	8	6	
	Number of C.difficile cases (Community)		Jun-19	4		3	✗						5	5	7	4	4	1	11	4	3	5	1	3	4	
	Total number of C.difficile cases		Jun-19	10		12	✓						15	29	15	9	19	10	16	7	7	8	3	11	10	
	Cumulative cases of Klebsiella per 100k pop		Jun-19	21.8						16.13												28.6	15.7	15.5	21.8	
	Number of Klebsiella cases (Hospital)			7		4	✗						6	1	6	6	11	5	11	10	15	4	2	4	7	
	Number of Klebsiella cases (Community)		Jun-19	4		2	✗						3	6	6	6	9	9	1	6	5	4	3	1	4	
	Total number of Klebsiella cases		Jun-19	11		6	✗						9	7	12	12	20	14	12	16	20	8	5	5	11	
	Cumulative cases of Aeruginosa per 100k pop		Jun-19	12.5						4.03												5.8	9.4	9.3	12.5	
	Number of Aeruginosacases (Hospital)			2		1	✗						1	2	1	0	2	4	2	0	0	0	3	1	2	
Number of Aeruginosa cases (Community)	Jun-19	4		2	✗						2	1	0	3	0	2	3	0	2	0	0	2	4			
Total number of Aeruginosa cases	Jun-19	6		3	✗						3	3	1	3	2	6	5	0	2	0	3	3	6			
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-19	97%		95%	✓					95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%	97%			
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q4 18/19	1		0			2			2					0				1					
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jun-19	40%		90%	75%	✗	28.0%			85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%		
	Number of new Never Events	National	Jun-19	1		0	0	✗	2			0	0	0	0	0	0	0	0	0	1	0	1	1		
	Number of risks with a score greater than 20	Local	Jun-19	75		12 month ↓	✓					60	67	77	73	66	45	48	53	54	51	72	66	75		
	Number of risks with a score greater than 16	Local	Jun-19	162		12 month ↓						New local measure for 2019/20												167	151	162
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jun-19	8		12 month ↓	✗					10	22	14	7	13	8	12	6	17	15	3	9	8		
	Number of Safeguarding Children Incidents	Local	Jun-19	6		0	✗					5	12	14	3	10	9	3	13	7	7	6	10	6		
Number of administration, dispensing and prescribing medication errors reported as serious incidents	Local	Mar-19	0		12 month ↓	1,992	✗	2			0	0	0	0	0	0	1	0	0	0						
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Local	Jun-19	25		12 month ↓	✓				39	56	45	53	47	40	40	50	45	64	29	16	25			
	Total number of pressure ulcers acquired in hospital per 100k admissions		Apr-19	0		12 month ↓	✓					457	635	496	601	499	432	468	549	508	671	312	0	0		
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-19	7		12 month ↓	✗						2	3	1	1	6	3	3	4	10	7	1	2	7	
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions		May-19	0		12 month ↓	✓						164	238	139	219	276	141	164	220	192	252	0	0	0	
	Total Number of pressure ulcers developed in the community		Jun-19	21		12 month ↓	✓						81	68	88	71	60	62	58	77	62	47	34	33	21	
Number of grade 3+ pressure ulcers developed in the community	Jun-19	10		12 month ↓	✓						15	11	13	8	9	12	13	16	11	10	10	6	10			
Inpatient Falls	Local	Jun-19	189		12 month ↓	✓					326	300	290	328	293	291	300	341	276	326	210	226	189			
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2017/18	3.14		Annual ↓			4.00		2017/18= 3.14															
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9		Annual ↓			131.4		2017= 139.9															
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q4 18/19	1		4 quarter ↓			17		1	3			2			1								
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Mar-19	43%		12 month ↑			93%		18%	34%	23%	40%	50%	40%	53%	18%	43%	43%						
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%		12 month ↑			83%		34%	44%	41%	53%	75%	55%	-	-	-	-						

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU											SBU		
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2016/17	5.97		Annual ↑			6.19		2014/15= 6.26, 2016/17= 5.97													
	Number of new formal complaints received	Local	Jun-19	118			12 month ↓ trend	✓			90	126	126	114	140	91	84	138	96	114	93	95	118	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Apr-19	85%		75%	78%	✓	58.5%		80%	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%			
	% of acknowledgements sent within 2 working days	Local	Jun-19	100%			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	2016/17	96%		Annual ↑			95.80%		2014/15= 93.9%, 2016/17= 95.8%													
	% 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	2017/18	83.4%		Annual ↑			85.5%		2016/17= 89.1%, 2017/18= 83.4%													
	% 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	2017/18	89.0%		Annual ↑			89.8%		2016/17= 91.3%, 2017/18= 89.0%													
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Mar-19	3,350		> 5% annual ↓			13,685			3,528	3,544	3,490	3,332		3,364		3,373	3,350				
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%		Annual ↑			53.1%		2017/18= 57.6%													
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%		Annual ↑			16.7%		2017/18= 16.2%													

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU											SBU		
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q4 18/19	167.1		4 quarter ↑			161.1		101.2			103.6			120.0			167.1				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q4 18/19	7.4		4 quarter ↑			7.7		5.4			5.1			8.3			7.4				
	Rate of calls to the DAN helpline per 100k pop.	National	Q4 18/19	34.0		4 quarter ↑			29.6		33.7			30.1			24.4			34.0				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	May-19	89%		90%	90%	✓	88.7%		88%	88%	90%	91%	92%	91%	91%	91%	91%	89%	89%			
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	May-19	100%		100%	100%	✓	92.5%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Local	Jun-19	3,726			12 month ↑	✗			6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	
	% of who would recommend and highly recommend	Local	Jun-19	96%			90%	✓			96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Jun-19	79%			90%	✗			85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU											SBU		
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jun-19	5.9%		12 month ↓		✓	6.2%		6.3%	6.7%	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.7%	6.3%	5.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-19	7.1%		12 month ↓		✓	7.5%		7.4%	7.6%	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.0%	7.1%	7.1%	
Theatre Efficiencies	Theatre Utilisation rates	Local	May-19	70.0%			90%	✗			74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%	72%	
	% of theatre sessions starting late	Local	May-19	43.0%			<25%	✗			41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	
	% of theatre sessions finishing early	Local	May-19	42.0%			<20%	✗			39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	
Critical Care	% critical care bed days lost to delayed transfer of care	National									18.4%													
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 18/19	77.0%		Quarter on quarter ↑			87.0%		20.9%			77.0%			56.9%							
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q4 18/19	31.1%		4 quarter ↓			32.3%		31.1%													
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jun-19	64%		85%	70%	✗	70.2%		63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	
	% 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	Jun-19	76%		85%	78%	✗	78.2%		57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	
	% workforce sickness and absent (12 month rolling)	National	May-19	6.00%		12 month ↓			5.31%		5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%		
% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%		Improvement			73%		2018= 72%														

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU												SBU		
											Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	National	2017/18	48%		Annual ↓			42.2%		2017/18= 48%														
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	May-19	86%		Annual ↑	95%	✘	86%		82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%	86%			
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	May-19	96%		Annual ↑	95%	✔	89%		94%	94%	90%	95%	95%	95%	95%	95%	95%	95%	97%	96%	96%		
	% of population regularly accessing NHS primary dental care	National	Dec-18	62.3%		4 quarter ↑				55%		62.5%			62.4%			62.3%							
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				90%					95%	94%	95%	96%	93%	96%	95%	96%	92%	96%	96%	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				90%					50%	33%	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-19	75%		65%	65%	✔	72.2%		78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%		
	Number of ambulance handovers over one hour	National	Jun-19	721		0	201	✘	3,181		351	443	420	526	590	628	842	1,164	619	928	732	647	721		
	Handover hours lost over 15 minutes	Local	Jun-19	2,381							893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381		
	% 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	Jun-19	75%		95%	81.9%	✘	78%		81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	76%	75%	76%	75%	
	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	Jun-19	644		0	273	✘	4,797		476	590	511	588	680	665	756	986	685	862	653	591	644		
% of survival within 30 days of emergency admission for a hip fracture	National	Mar-19	84.9%			12 month ↑			81.0%		78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%					
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jun-19	57%		58.9%	78%	✘	50.4%		40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%		
	CT Scan (<1 hrs)	Local	Jun-19	52%		54.5%	50%	✔			51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jun-19	100%		84.4%	92%	✔	84.3%		88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%		
	Thrombolysis door to needle <= 45 mins	Local	Jun-19	0%		12 month ↑	25%	✘	33.9%		38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%		
	% patients receiving the required minutes for speech and language therapy	National	Jun-19	41%		12 month ↑			51.3%													57%	47%	41%	
	% patients who receive a 6 month follow up assessment	National					Qtrly ↑ trend					New measure for 2019/20. Awaiting publication of data													
Planned Care	% of patients waiting < 26 weeks for treatment	National	Jun-19	88.0%		95%			88.0%		88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	89%	88%		
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jun-19	297		-	0	✘	19,180		55	30	105	89	65	125	94	153	315	207	236	323	297		
	Number of patients waiting > 36 weeks for treatment	National	Jun-19	2,318		0	2,125	✘	11,043		3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jun-19	295		0	390	✔	3,271		915	740	811	762	735	658	693	603	558	437	401	401	295		
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-19	0		0	0	✔	45		0	0	0	0	0	0	0	0	0	0	0	0	0		
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Local	May-19	48,623								63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538	48,623		
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	National	May-19	13,221		12 month ↓	13,662	✔	152,350		24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102	13,221			
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	Jun-19	95%		98%	98%	✘	96.4%		95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	95%		
	% 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	Jun-19	77%		95%	93%	✘	85.0%		83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	77%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	May-19	85%		80%	80%	✔	75.6%		82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	May-19	94%		80%	80%	✔	81.4%		80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%			
	% 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	Mar-19	99%		100%	100%	✘	100%		100%			100%			100%			99%					
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	May-19	100%		95%	95%	✔			62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%	100%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	May-19	100%			100%	✔			100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	May-19	44%		80%	80%	✘			91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	May-19	3%			80%	✘			34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	May-19	92%			80%	✔			80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%			
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	May-19	99%			90%	✔			76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%			
S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	May-19	75%			80%	✘			70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%				

APPENDIX 2: LIST OF ABBREVIATIONS

ABMU HB	Abertawe Bro Morgannwg University Health Board
ACS	Acute Coronary Syndrome
AOS	Acute Oncology Service
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CT	Computerised Tomography
CTM UHB	Cwm Taf Morgannwg University Health Board
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
ESD	Early Supported Discharge
ESR	Electronic Staff Record
eTOC	Electronic Transfer of Care
EU	European Union
FTE	Full Time Equivalent
FUNB	Follow Up Not Booked
GA	General Anaesthetic
GMC	General Medical Council
GMS	General Medical Services
HB	Health Board
HCA	Healthcare acquired
HCSW	Healthcare Support Worker
HEIW	Health Education and Improvement Wales
HYM	Hafan Y Mor
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
IPC	Infection Prevention and Control

IV	Intravenous
JCRF	Joint Clinical Research Facility
LA	Local Authority
M&S training	Mandatory and Statutory training
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
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
OD	Organisational Development
ODTC	Ophthalmology Diagnostics Treatment Centre
OH	Occupational Health
OPAS	Older Persons Assessment Service
OT	Occupational Therapy
PA	Physician Associate
PALS	Patient Advisory Liaison Service
P-CAMHS	Primary Child and Adolescent Mental Health
PCCS	Primary Care and Community Services
PDSA	Plan, Do, Study, Act
PEAS	Patient Experience and Advice Service
PHW	Public Health Wales
PKB	Patient Knows Best
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
PROMS	Patient Reported Outcome Measures
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
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
SDU	Service Delivery Unit
SI	Serious Incidents
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
SOC	Strategic Outline Case
StSP	Spot The Sick Patient
SACT	Systematic Anti-Cancer Therapy
TAVI	Transcatheter aortic valve implantation
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
WFI	Welsh Fertility Institute
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WLI	Waiting List Initiative
W&OD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		

Financial Implications	
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board is currently discussing additional funding for backlog reduction with Welsh Government which may result in additional funds being available, but also the possibility of a clawback mechanism if funding is to flow.	
Legal Implications (including equality and diversity assessment)	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee and Quality & Safety Committee in June 2019. This is a routine monthly report.
Appendices	Appendix 1: Integrated performance dashboard Appendix 2: List of abbreviations