



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	18th June 2019		Agenda Item	5.1
Report Title	Integrated Performance Report			
Report Author	Hannah Roan, Performance and Contracting Manager			
Report Sponsor	Darren Griffiths, Associate Director of Performance			
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>Discussions continue to take place with Primary and Community Services, Mental Health & Learning Disabilities and Public Health to ensure that the additional sections will be ready for inclusion in the July iteration of this report.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> note current Health Board performance against key measures and targets and the actions being taken to improve performance. 			

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

Financial Implications	
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board 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 in May 2019 and Quality & Safety Committee in April 2019. This is a routine monthly report.

Appendices	Appendix 1: Integrated performance dashboard Appendix 2: List of abbreviations
-------------------	---

Summary of performance against national and local measures

CONTENTS PAGE	Page numbers:
1. <u>OVERVIEW</u>	5
2. <u>TARGETED INTERVENTION PRIORITY MEASURES SUMMARY- HEALTH BOARD LEVEL</u>	6
3. <u>MONTHLY PERFORMANCE DASHBOARD</u>	7-9
4. <u>UNSCHEDULED CARE</u>	
4.1 <u>Overview</u>	10-11
4.2 <u>Updates and actions</u>	13-19
5. <u>PLANNED CARE</u>	
5.1 <u>Overview</u>	20-21
5.2 <u>Theatre Dashboard</u>	22
5.3 <u>Updates and actions</u>	23-28
6. <u>QUALITY AND SAFETY</u>	29-32
7. <u>WORKFORCE</u>	33-37
8. <u>FINANCE</u>	38-41
9. <u>KEY PERFORMANCE MEASURES BY DELIVERY UNIT</u>	
9.1 <u>Morrison</u>	42-43
9.2 <u>Neath Port Talbot</u>	44-45
9.3 <u>Singleton</u>	46-47
9.4 <u>Mental Health & Learning Disabilities</u>	48-49
9.5 <u>Primary Care and Community Services</u>	50-51
<u>APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD</u>	52-55
<u>APPENDIX 2: LIST OF ABBREVIATIONS</u>	56-57

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. Despite a dip in 4 hour stroke performance in May 2019, performance continues improve on the same period last year (39% in May 2018 to 55% in May 2019). In May 2019, internal profiles were achieved for CT scan within 1 hour and consultant assessment within 24 hours. In May 2019, internal reduction targets were achieved for all healthcare acquired infection indicators (C. difficile, E.Coli Bacteraemia and S. Aureus Bacteraemia). Strawberry Place Community Glaucoma Ophthalmology Diagnostic Treatment Centre (ODTC) clinics commenced in May 2019 with positive feedback. 	<ul style="list-style-type: none"> Maintain surge bed capacity opened for the winter months on all our hospital sites. Targeted work to reduce ambulance handovers in Singleton hospital including greater promotion and use of the Fit to sit handover guidance, developing an ambulance rapid triage protocol and implementing manager of the day rota for the escalation of any handover delays over 35 minutes. Further improve timely access to CT for stroke patients Ensure delivery of Q1 planned care profiles through implementation of a modest outsourcing programme and maximising core capacity. Morrison to develop and implement step change plans to maintain continual improvement in the reduction of long waiting patients. Implement plan to address backlog in Mental Health & Learning Disabilities Serious Incident Investigations.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Lead appointed for the development of a single theatre action plan to address performance and efficiencies. Initial focus on improving utilisation for ENT and General Surgery at Singleton and Orthopaedics at NPTH. Cost/ benefit analysis is being finalised to support the implementation of the AGPU ambulance stack in Singleton on a more regular and targeted basis, as pilot has shown that it will have a positive impact on reducing ambulance demand. Planning for phase 2 whole system transformation roll out to Upper Valleys and Llŵchwr in July 2019. Improvement work in Morrison ED triage to improve flow to minors NPTH to be the pilot site for digitalisation of nursing risk assessments including <i>PURPOSE T</i> which is the new pressure ulcer assessment tool. 	<ul style="list-style-type: none"> Increasing need for Local Authority support to accelerate patients waiting for social care input/ packages of care. Domiciliary care capacity remains a key constraint to patient flow and discharge. Demand for CHC placements and resultant financial risks. The Orthopaedic ward in Morrison 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. Changes to Pressure Ulcer reporting and reinforcement of WG reporting requirements for all unexpected deaths of a MH/LD patient (regardless of death) has significantly affected the Health Board's performance for Serious Incidents closed within 60 days (12% achievement against the 80% target in May 2019). Target not expected to be achieved until the end of the financial year.

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – May 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	Apr-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	76.2%											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%	3rd
	12 hour A&E waits	Actual	653	591											6th**
		Profile	484	374	273	283	266	238	273	279	211	185	187	180	4th** (Mar-19)
	1 hour ambulance handover	Actual	732	647											4th** (Mar-19)
		Profile	320	233	201	220	193	200	208	248	241	176	148	145	3rd** (Mar-19)
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%											5th** (Mar-19)
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	2nd (Mar-19)
	CT scan within 1 hour	Actual	62%	56%											5th
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	6th (Mar-19)
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%											Joint 1st (Mar-19)
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	6th** (Mar-19)
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323											5th** (Mar-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	6th (Mar-19)
	Treatment waits over 36 weeks	Actual	1,976	2,104											Joint 1st (Mar-19)
		Profile	2,042	2,038	2,125	2,148	2,132	2,137	1,989	2,024	2,153	2,057	1,960	1,921	6th** (Mar-19)
	Diagnostic waits over 8 weeks	Actual	401	401											5th** (Mar-19)
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	3rd
Cancer	Therapy waits over 14 weeks	Actual	0	0											5th
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	3rd
	NUSC patients starting treatment in 31 days	Actual	94%	95%											5th
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	3rd
	USC patients starting treatment in 62 days	Actual	88%	80%											5th
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	3rd
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11											5th
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	3rd
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11											5th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	3rd
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22											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															
Sub Domain	Measure	ABMU											SBU		Performance Trend
		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	
	Number of E.Coli bacteraemia cases (Hospital)	15	10	20	16	15	17	23	15	11	15	21	10	7	
	Number of E.Coli bacteraemia cases (Community)	28	31	31	30	34	24	30	23	17	16	22	17	15	
	Total number of E.Coli bacteraemia cases	43	41	51	46	49	41	53	38	28	31	43	27	22	
	Cumulative cases of S.aureus bacteraemias per 100k pop	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	
	Number of S.aureus bacteraemias cases (Hospital)	8	7	8	9	7	7	7	5	9	9	4	11	8	
	Number of S.aureus bacteraemias cases (Community)	13	12	9	11	3	5	10	6	9	7	7	3	3	
	Total number of S.aureus bacteraemias cases	21	19	17	20	10	12	17	11	18	16	11	14	11	
	Cumulative cases of C.difficile per 100k pop	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	
	Number of C.difficile cases (Hospital)	13	10	24	8	5	15	9	5	3	4	3	2	8	
	Number of C.difficile cases (Community)	5	5	5	7	4	4	1	11	4	3	5	1	3	
	Total number of C.difficile cases	18	15	29	15	9	19	10	16	7	7	8	3	11	
	Cumulative cases of Klebsiella per 100k pop											28.6	15.7	15.5	
	Number of Klebsiella cases (Hospital)	5	6	1	6	6	11	5	11	10	15	4	2	4	
	Number of Klebsiella cases (Community)	9	3	6	6	6	9	9	1	6	5	4	3	1	
	Total number of Klebsiella cases	14	9	7	12	12	20	14	12	16	20	8	5	5	
	Cumulative cases of Aeruginosa per 100k pop											5.8	9.4	9.3	
	Number of Aeruginosacases (Hospital)	2	1	2	1	0	2	4	2	0	0	0	3	1	
	Number of Aeruginosa cases (Community)	3	2	1	0	3	0	2	3	0	2	0	0	2	
	Total number of Aeruginosa cases	5	3	3	1	3	2	6	5	0	2	0	3	3	
Incidents & Risks	Hand Hygiene Audits- compliance with WHO 5 moments	96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	
	Number of new Never Events	0	0	0	0	0	0	0	0	0	0	1	0	1	
	Number of risks with a score greater than 20	57	60	67	77	73	66	45	48	53	54	51	72	66	
	Number of risks with a score greater than 16	New local measure for 2019/20											167	151	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	12	10	22	14	7	13	8	12	6	17	15	15		
	Number of Safeguarding Children Incidents	11	5	12	14	3	10	9	3	13	7	7	6	10	
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	47	39	56	45	53	47	40	40	50	45	64	29	16	
	Number of grade 3+ pressure ulcers acquired in hospital	1	2	3	1	1	6	3	3	4	10	7	1	2	
	Total Number of pressure ulcers developed in the community	80	81	68	88	71	60	62	58	77	62	47	34	33	
	Number of grade 3+ pressure ulcers developed in the community	14	15	11	13	8	9	12	13	16	11	10	10	6	
Inpatient Falls	Number of Inpatient Falls	357	326	300	290	328	293	291	300	341	276	326	210	226	
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	26%	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	48%	34%	44%	41%	53%	75%	55%	-	-	-	-			

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
DTCs	Number of mental health HB DTCs	22	30	27	30	29	28	26	25	29	26	21	18	23	
	Number of non-mental health HB DTCs	64	75	74	85	69	84	125	117	104	87	112	49	67	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	
	Stage 2 mortality reviews required	14	16	12	19	19	16	22	17	7	10	22	21	13	
	% stage 2 mortality reviews completed	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%			
	Crude hospital mortality rate (74 years of age or less)	0.80%	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	98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	
Coding	% of episodes clinically coded within 1 month of discharge	93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%		
E-TOC	% of completed discharge summaries	64.0%	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															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
Patient Experience	Number of new formal complaints received	119	90	126	126	114	140	91	84	138	96	114	93	95	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%			
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	4,187		3,528	3,544	3,490	3,332		3,364		3,373	3,350			

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%	91%	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	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	
	% of who would recommend and highly recommend	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	

ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment (<i>selected specialities only</i>)	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.2%	4.9%	5.3%	5.4%	
	% of patients who did not attend a follow-up outpatient appointment (<i>selected specialities only</i>)	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%	6.5%	6.7%	
Theatre Efficiencies	Theatre Utilisation rates	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%	
	% of theatre sessions starting late	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	
	% of theatre sessions finishing early	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	
	% workforce sickness and absent (12 month rolling)	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%		

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
		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	82%	82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	97%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	
	Number of ambulance handovers over one hour	452	351	443	420	526	590	628	842	1,164	619	928	732	647	
	Handover hours lost over 15 minutes	1,198	893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	
	% 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	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	624	476	590	511	588	680	665	756	986	685	862	653	591	
	% of survival within 30 days of emergency admission for a hip fracture	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	
	CT Scan (<1 hrs)	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	
	Thrombolysis door to needle <= 45 mins	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	
Planned Care	% of patients waiting < 26 weeks for treatment	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	120	55	30	105	89	65	125	94	153	315	207	236	323	
	Number of patients waiting > 36 weeks for treatment	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	
	Number of patients waiting > 8 weeks for a specified diagnostics	790	915	740	811	762	735	658	693	603	558	437	401	401	
	Number of patients waiting > 14 weeks for a specified therapy	1	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)	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538		
	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)	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102		
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)	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	94%	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	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	88%	80%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	61%	62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%		

4.1 Unscheduled Care- Overview

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

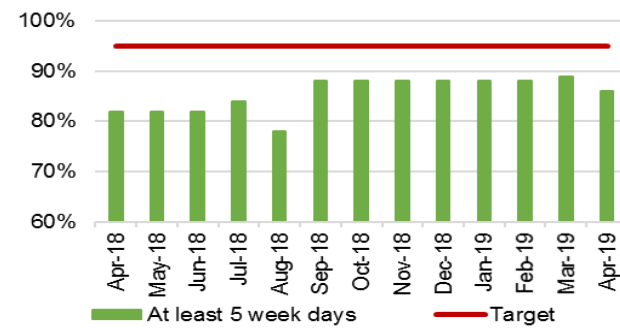


Chart 2: GP Out of Hours

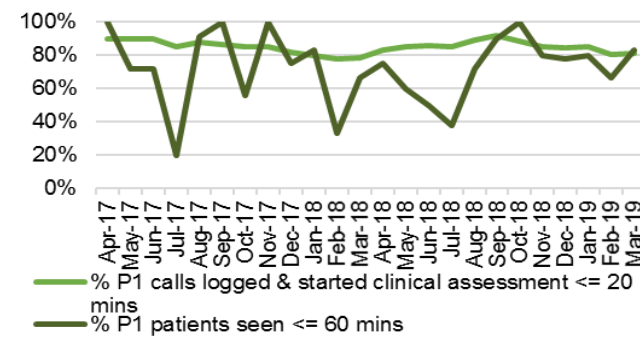


Chart 3: % red calls responded to within 8 minutes

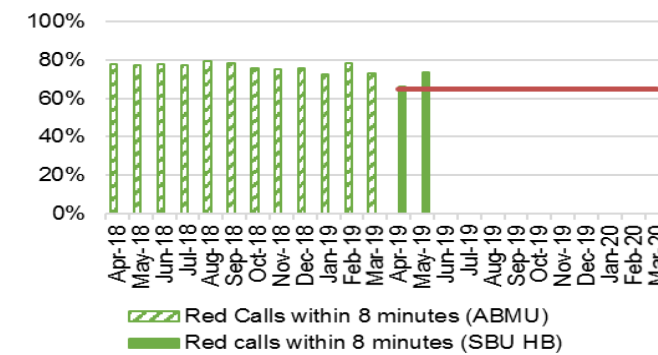


Chart 4: Number of ambulance handovers over 1 hour

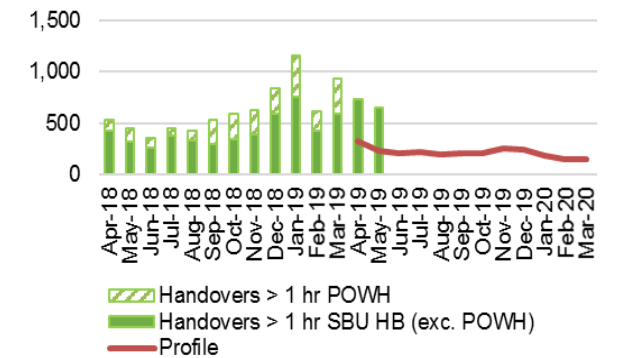


Chart 5: Lost hours- notification to ambulance handover over 15 minutes

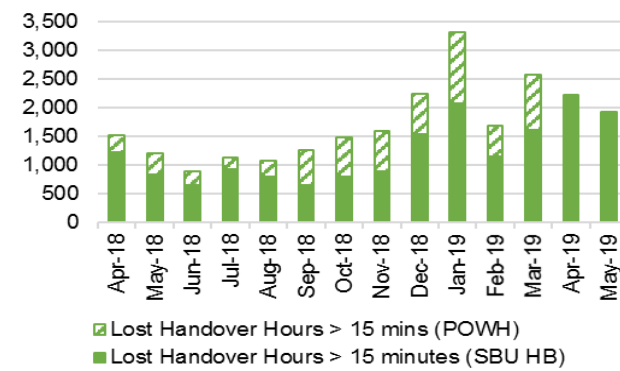


Chart 6: A&E Attendances

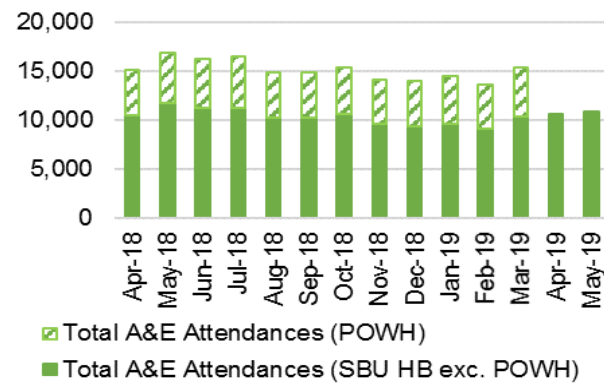


Chart 7: % patients who spend less than 4 hours in A&E

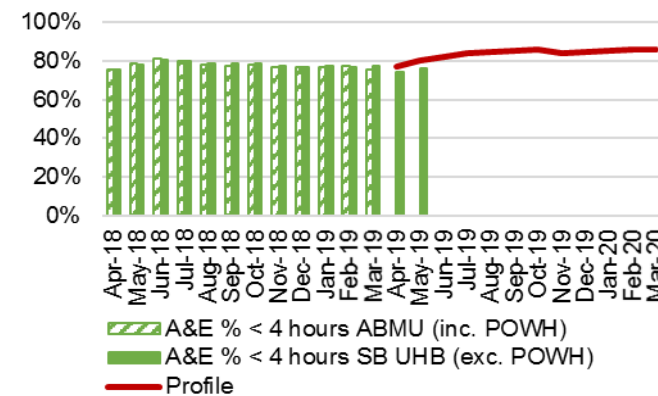


Chart 8: Number of patients waiting over 12 hours in A&E

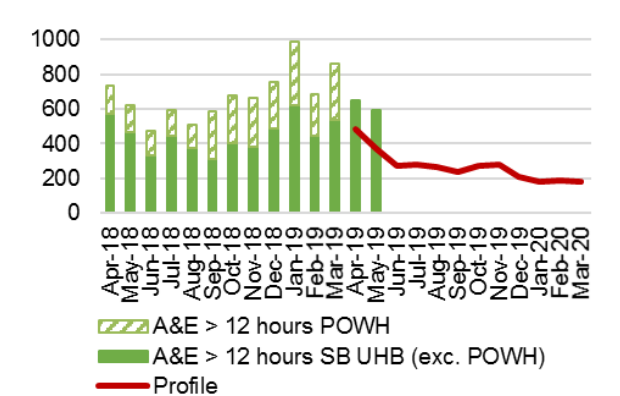


Chart 9: Number of emergency admissions

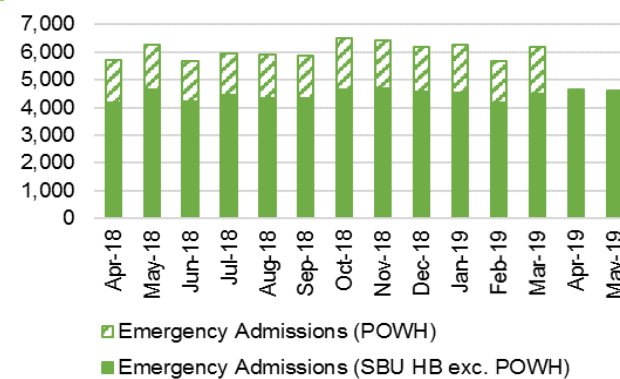


Chart 10: Elective procedures cancelled due to lack of beds

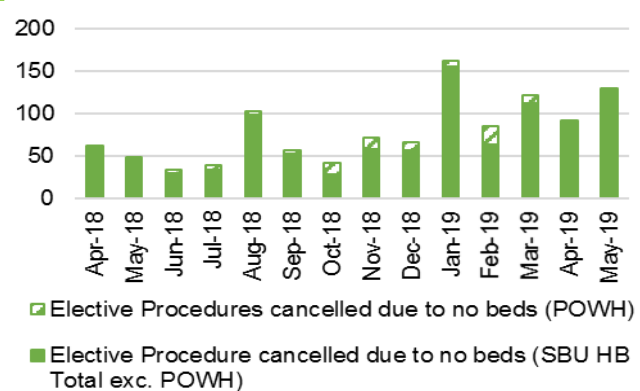


Chart 11: Number of mental health delayed transfers of care

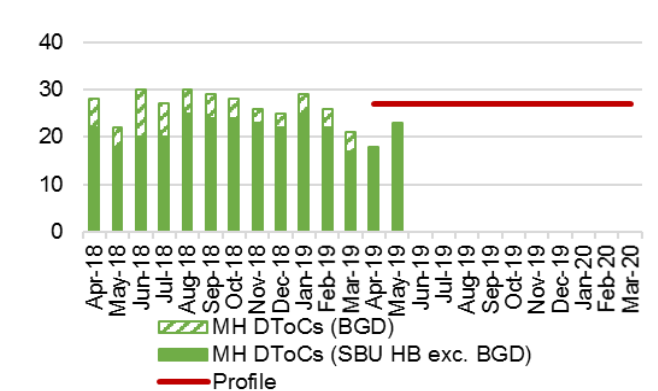


Chart 12: Number of non- mental health delayed transfers of care

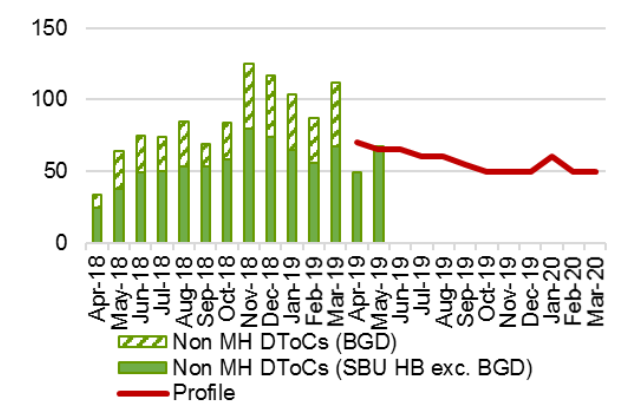


Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours

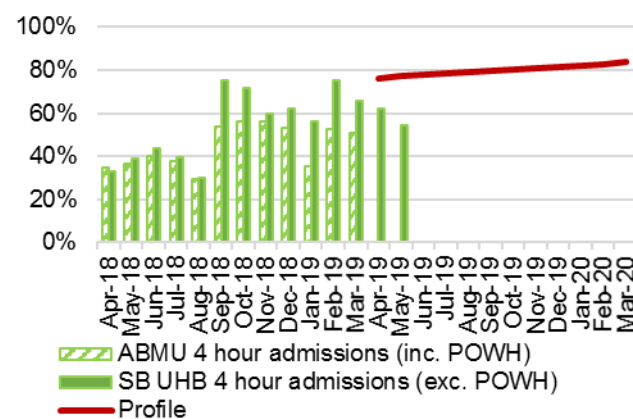


Chart 14: % of patients who receive a CT scan within 1 hour

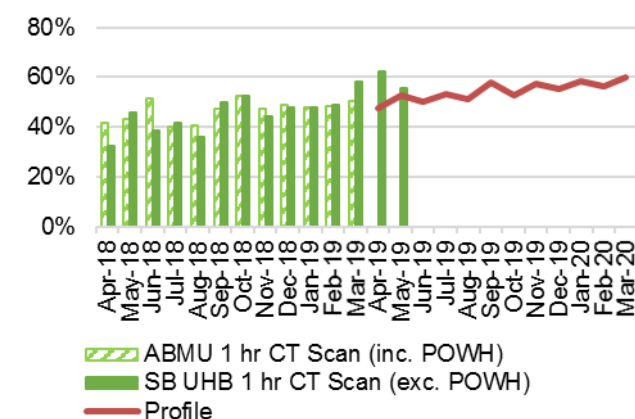


Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours

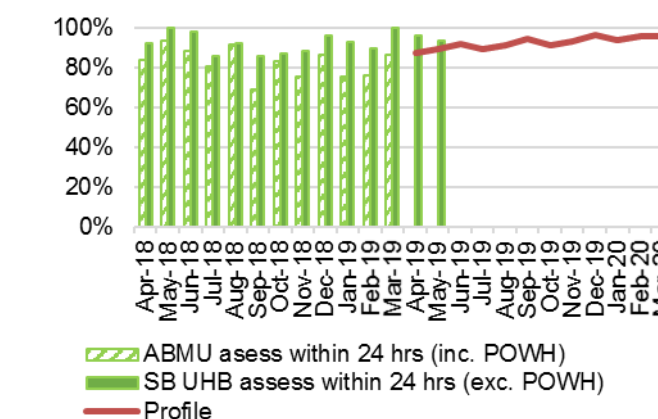
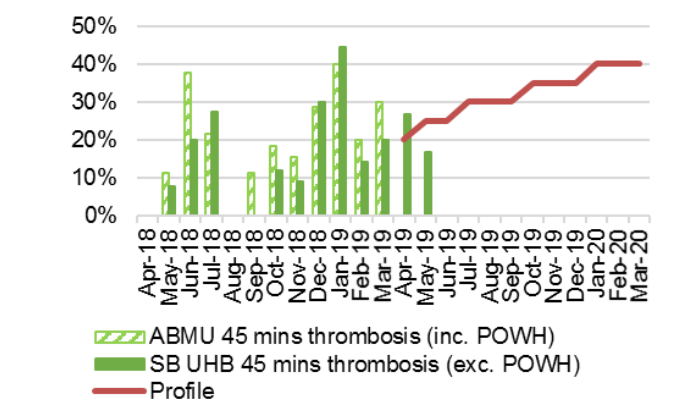


Chart 16: % of thrombolysed stroke patients with a door to door needle time of ≤45 minutes



Unscheduled Care Overview (May 2019)

Primary Care Access		Ambulance		Emergency Department	
95% GP practices open during daily core hours (Mar-19)	86% GP practices offering appointments between 5pm-6:30pm (Apr-19)	74% (8%↑) Red calls responded to with 8 minutes	647 (12%↓) Ambulance handovers over 1 hour	10,906 (2%↑) A&E attendances	76.2% (1.7%↑) Waits in A&E under 4 hours
81% (→) P1 calls started assessment within 20 minutes (Mar-19)	83% (17%↑) P1 calls seen within 60 minutes (Mar-19)	3,329 (4%↓) Amber calls	318 (1%↑) Red calls	591 (9%↓) Waits in A&E over 12 hours	1,564 (2%↑) Patients admitted from A&E
Emergency Activity			Patient Flow		
4,607 (1%↑) Emergency Inpatient Admissions	421 (4%↑) Emergency Theatre Cases		23 (28%↑) Mental Health DTOCs	67 (37%↑) Non-Mental Health DTOCs	183 (→) Medically fit patients
	316 (12%↓) Trauma theatre cases	130 (41%↑) Elective procedures cancelled due to no beds		2,925 (7%↑) Days lost due to medically fit (Morriston only)	1,910 (10%↑) Medical outliers (Dec-18)
Overarching Public Health Outcomes (2016/17- 2017/18)					
43% Staff uptake of flu vaccine (Oct-18)	20.5% (Wales= 19%) Adults drinking above recommended guidelines	21.5% (Wales= 19%) Adults who smoke	667.3 (Wales= 596.6) Age standardisation rate of hip fractures among older people	35.3% (Wales= 35.9%) Older people with healthy weight	41.8% (Wales= 47.1%) Older people free from long term life limiting illnesses

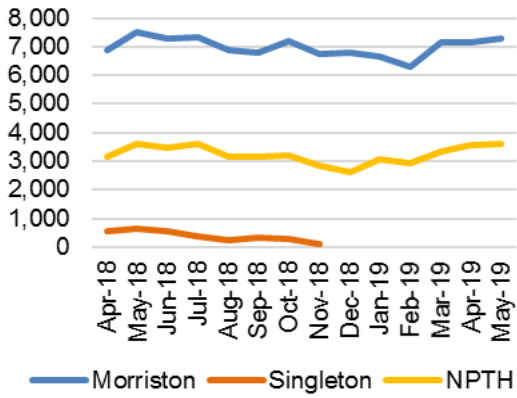
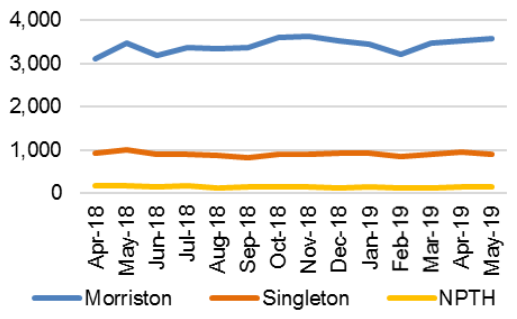
*RAG status and trend is based on in month-movement where disaggregated Swansea Bay UHB data is available

4.2 Unscheduled Care- Updates and Actions

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

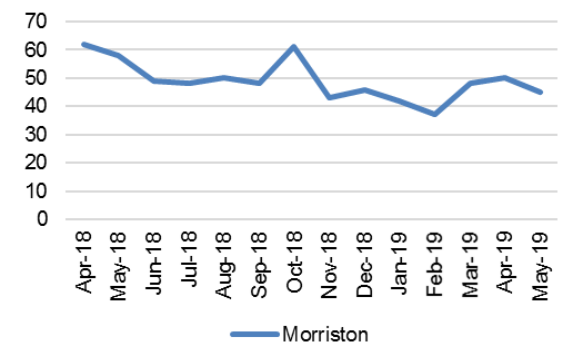
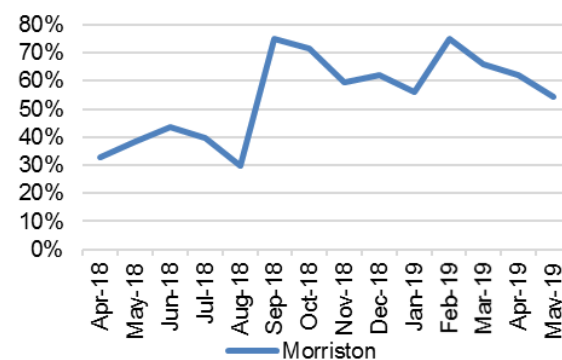
Description	Current Performance	Trend	Actions planned for next period																																																												
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	<p>The Health Board's performance against the 4 hour metric in May 2019 improved by 1.7% compared with April 2019 (from 74.5% to 76.2%).</p> <p>Neath Port Talbot Hospital continues to exceed the national target of 95% but Morriston hospitals was below profile, achieving 65.7 %.</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%</td><td>98%</td><td>98%</td></tr> <tr><td>May-18</td><td>68%</td><td>97%</td><td>97%</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>97%</td><td>97%</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>97%</td><td>97%</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>97%</td><td>97%</td></tr> <tr><td>Dec-18</td><td>68%</td><td>98%</td><td>98%</td></tr> <tr><td>Jan-19</td><td>67%</td><td>97%</td><td>97%</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>97%</td><td>97%</td></tr> <tr><td>Apr-19</td><td>65%</td><td>98%</td><td>98%</td></tr> <tr><td>May-19</td><td>66%</td><td>97%</td><td>97%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	63%	98%	98%	May-18	68%	97%	97%	Jun-18	70%	98%	98%	Jul-18	70%	97%	97%	Aug-18	68%	98%	98%	Sep-18	69%	97%	97%	Oct-18	70%	98%	98%	Nov-18	68%	97%	97%	Dec-18	68%	98%	98%	Jan-19	67%	97%	97%	Feb-19	67%	98%	98%	Mar-19	68%	97%	97%	Apr-19	65%	98%	98%	May-19	66%	97%	97%	<ul style="list-style-type: none"> Surge capacity is being sustained on all of our major hospital sites and additional surge capacity will continue to be accessed where possible. However Singleton hospital lost 10 oncology beds as a result of the fire on Ward 12 at the end of March. Continue to recruit to staff vacancies. Respond to and implement to the Kendall Bluck report recommendations on ED staffing at Morriston hospital. Focussing on eliminating un-necessary patient delays to deliver improved patient flow and ambulance handover performance. The informal Executive team is finalising and confirming its cross unit bed plan and prioritised USC improvement actions on 5th June 2019, which will drive system improvement in the USC pathway. 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.
Month	Morriston	Singleton	NPTH																																																												
Apr-18	63%	98%	98%																																																												
May-18	68%	97%	97%																																																												
Jun-18	70%	98%	98%																																																												
Jul-18	70%	97%	97%																																																												
Aug-18	68%	98%	98%																																																												
Sep-18	69%	97%	97%																																																												
Oct-18	70%	98%	98%																																																												
Nov-18	68%	97%	97%																																																												
Dec-18	68%	98%	98%																																																												
Jan-19	67%	97%	97%																																																												
Feb-19	67%	98%	98%																																																												
Mar-19	68%	97%	97%																																																												
Apr-19	65%	98%	98%																																																												
May-19	66%	97%	97%																																																												
A&E waiting times 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	<p>In May 2019, performance against this measure improved compared with April 2019 (from 653 to 591). All 591 12 hour breaches in May 2019 were in Morriston ED which is an increase of 123 compared with May 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>580</td><td>10</td><td>10</td></tr> <tr><td>May-18</td><td>450</td><td>10</td><td>10</td></tr> <tr><td>Jun-18</td><td>320</td><td>10</td><td>10</td></tr> <tr><td>Jul-18</td><td>450</td><td>10</td><td>10</td></tr> <tr><td>Aug-18</td><td>380</td><td>10</td><td>10</td></tr> <tr><td>Sep-18</td><td>300</td><td>10</td><td>10</td></tr> <tr><td>Oct-18</td><td>400</td><td>10</td><td>10</td></tr> <tr><td>Nov-18</td><td>380</td><td>10</td><td>10</td></tr> <tr><td>Dec-18</td><td>480</td><td>10</td><td>10</td></tr> <tr><td>Jan-19</td><td>620</td><td>10</td><td>10</td></tr> <tr><td>Feb-19</td><td>450</td><td>10</td><td>10</td></tr> <tr><td>Mar-19</td><td>550</td><td>10</td><td>10</td></tr> <tr><td>Apr-19</td><td>650</td><td>10</td><td>10</td></tr> <tr><td>May-19</td><td>590</td><td>10</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-18	580	10	10	May-18	450	10	10	Jun-18	320	10	10	Jul-18	450	10	10	Aug-18	380	10	10	Sep-18	300	10	10	Oct-18	400	10	10	Nov-18	380	10	10	Dec-18	480	10	10	Jan-19	620	10	10	Feb-19	450	10	10	Mar-19	550	10	10	Apr-19	650	10	10	May-19	590	10	10	
Month	Morriston	Singleton	NPTH																																																												
Apr-18	580	10	10																																																												
May-18	450	10	10																																																												
Jun-18	320	10	10																																																												
Jul-18	450	10	10																																																												
Aug-18	380	10	10																																																												
Sep-18	300	10	10																																																												
Oct-18	400	10	10																																																												
Nov-18	380	10	10																																																												
Dec-18	480	10	10																																																												
Jan-19	620	10	10																																																												
Feb-19	450	10	10																																																												
Mar-19	550	10	10																																																												
Apr-19	650	10	10																																																												
May-19	590	10	10																																																												

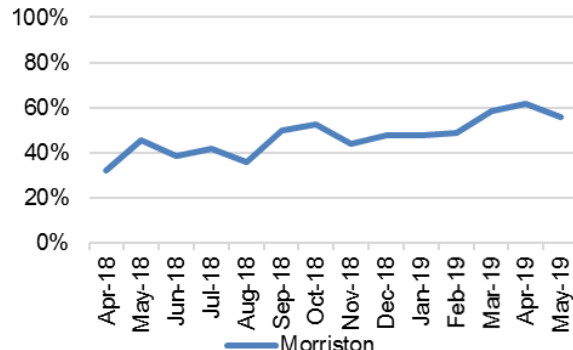
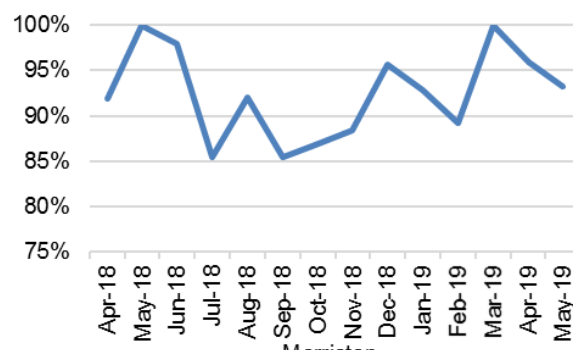
Description	Current Performance	Trend	Actions planned for next period
Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. The number of responses to ambulance calls.	<p>Ambulance response times are consistently above the national target and local profile of 65%.</p> <p>Performance against this measure saw an in-month improvement from 66% in April 2019 to 73.5% in May 2019.</p>	<p>Number of ambulance call responses</p> <p>Red Calls Amber Calls Green Calls</p>	<ul style="list-style-type: none"> Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Implement the recommendations of the WAST internal audit report on hospital handovers. Implement a suite of additional immediate and short term actions agreed with the National Collaborative Commissioning Unit (NCCU) and the Ambulance Commissioner in early May, to target a reduction in the longer ambulance handover delays at Morriston. An ambulance handover process mapping event took place at Morriston on 29th May supported by colleagues from NCCU. An initial process map was agreed, and colleagues from NCCU are now converting this into digital form so it can be shared for further comment. A further meeting will then be arranged to determine what changes to patient flow can be made to improve handover performance or change flow.
Ambulance handovers The number of ambulance handovers over one hour	<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 May. In May 2019, Morriston Hospital saw an increase of 338 compared with May 2018 (from 291 to 629). Singleton saw a reduction of 13 (from 31 to 18).</p> <p>There was also an overall reduction of 85 delays in May 2019 when compared with April 2019.</p>	<p>Number of ambulance handovers over one hour</p> <p>Morriston handovers > 1 hour Singleton Handovers > 1 hour</p>	<ul style="list-style-type: none"> Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. Finalising a case to sustain the AGPU triage of ambulance calls which had a positive impact on reducing ambulance conveyances during the winter funded pilot.

Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	Attendances at our ED and Minor Injuries Unit (MIU) increased overall by 179 patients (2%) from 10,727 in April 2019 to 10,906 in May 2019. Singleton MIU remained closed during May as a result of refurbishment work. 626 patients were managed by this service in May 2018.	Number of A&E attendances  <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> • 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. • Working with WAST to identify training/ capacity to further reduce patient conveyance to ED via an ambulance e.g. respiratory pathway.
Emergency Admissions The number of emergency admissions across the Health Board by site	<p>In May 2019, there were 4,607 emergency admissions across the Health Board which is 32 (1%) less admissions than in May 2018.</p> <p>May 2019 saw the second highest number of emergency admissions at Morriston hospital in the last 12 months. Surgical, Medical and Orthopaedic admissions accounted for the biggest increases experienced between May 2018 and May 2019.</p>	Number of emergency admissions  <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> • Ongoing roll out of the <i>I fell down</i> tool in the Local Authority owned care homes in Swansea and NPT. This tool supports a reduction in the number of 'long lie' residents in care homes following a fall. • Acute Care Teams working in close liaison with WAST to redirect and manage patients in the community where capacity allows as opposed to a conveyance to hospital. • 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. • We are increasing our CEPD theatre capacity where possible to respond to the increased emergency demand.

Description	Current Performance	Trend	Actions planned for next period
Medically Fit The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit	<p>In May 2019, there were on average 183 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>It must be noted that data collection has significantly improved which will in part reflect the increase in numbers.</p>	<p>The number of discharge/ medically fit patients by site</p> <p>* Data for Gorseinon Hospital has not been available since November 2018.</p>	<ul style="list-style-type: none"> Individual patient details are reviewed with local authority (LA) colleagues on a daily basis (red delays) as well as at weekly medically fit for discharge meetings. The seniority of staff attending the medically fit for discharge meetings has increased in recent weeks with the aim of accelerating decision making/ unblocking pathway delays. The Health Board continues to highlight the need for LA support to accelerate patients waiting for social care input/ packages of care. However domiciliary care capacity remains a key constraint to patient flow and discharge and is likely to be affected further as a result of the provider issues highlighted in the DTOC section of this report.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	<p>In May 2019, there were 130 elective procedures cancelled due to lack of beds on the day of surgery. This is 41% more than April 2019 (92 to 130). In May 2019, 115 of the 130 cancelled procedures were attributed to Morriston Hospital.</p> <p>The ring-fenced orthopaedic ward was breached at Morriston on occasions during May 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>	<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.

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in May 2019 was 23 which is below the internal profile of 27.	Number of Mental Health DTOCs 	<ul style="list-style-type: none"> Progressing the work programmes to improve discharge -specifically delayed transfers of care and SAFER patient flow – first meeting of Good Hospital care group took place on 29th May – chaired by the service director for Singleton delivery unit. Hospital to Home transformation bid to improve system capacity has been submitted and are awaiting formal feedback from WG. 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
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In May 2019, the number of non-mental health and Learning disability delayed transfers of care was 67 which is above the internal profile of 65.	Number of Non Mental Health DTOCs 	<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. Implementation of the clinically led DTOC improvement programme focussing on reducing delayed transfers of care within our Health Board. This includes: Standardising the approach taken at weekly stranded patient meetings Establishing centralised senior manager monthly DTOC validation scrutiny meeting and monthly debrief meeting Improving and quickening the assessment process between organisations Implement and developing new pathways of care to support discharge

Description	Current Performance	Trend	Actions planned for next period																														
Stroke Admissions The total number of stroke admissions into the Health Board	In May 2019, there were 45 confirmed stroke admissions in Morriston Hospital.	Total number of stroke admissions  <table><caption>Total number of stroke admissions - 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>50</td></tr><tr><td>Sep-18</td><td>48</td></tr><tr><td>Oct-18</td><td>62</td></tr><tr><td>Nov-18</td><td>42</td></tr><tr><td>Dec-18</td><td>45</td></tr><tr><td>Jan-19</td><td>38</td></tr><tr><td>Feb-19</td><td>48</td></tr><tr><td>Mar-19</td><td>50</td></tr><tr><td>Apr-19</td><td>48</td></tr><tr><td>May-19</td><td>45</td></tr></tbody></table>	Month	Admissions	Apr-18	62	May-18	58	Jun-18	48	Jul-18	48	Aug-18	50	Sep-18	48	Oct-18	62	Nov-18	42	Dec-18	45	Jan-19	38	Feb-19	48	Mar-19	50	Apr-19	48	May-19	45	<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.
Month	Admissions																																
Apr-18	62																																
May-18	58																																
Jun-18	48																																
Jul-18	48																																
Aug-18	50																																
Sep-18	48																																
Oct-18	62																																
Nov-18	42																																
Dec-18	45																																
Jan-19	38																																
Feb-19	48																																
Mar-19	50																																
Apr-19	48																																
May-19	45																																
Stroke 4 hour access target % of patients directly admitted to a stroke unit within 4 hours of clock start	<p>In May 2019 only 24 out of 44 patients had a direct admission to an acute stroke unit within 4 hours (54.5%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for March 2019 which confirms that performance ranged from 41.7% to 68.5%. The Health Board achieved 50.6% in March 2019 and Morriston Hospital achieved 66%.</p>	Percentage of patients admitted to stroke unit within 4 hours  <table><caption>Percentage of patients admitted to stroke unit within 4 hours - 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>45%</td></tr><tr><td>Jul-18</td><td>32%</td></tr><tr><td>Aug-18</td><td>75%</td></tr><tr><td>Sep-18</td><td>72%</td></tr><tr><td>Oct-18</td><td>62%</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>75%</td></tr><tr><td>Mar-19</td><td>68%</td></tr><tr><td>Apr-19</td><td>62%</td></tr><tr><td>May-19</td><td>55%</td></tr></tbody></table>	Month	Percentage	Apr-18	32%	May-18	42%	Jun-18	45%	Jul-18	32%	Aug-18	75%	Sep-18	72%	Oct-18	62%	Nov-18	60%	Dec-18	62%	Jan-19	58%	Feb-19	75%	Mar-19	68%	Apr-19	62%	May-19	55%	<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.
Month	Percentage																																
Apr-18	32%																																
May-18	42%																																
Jun-18	45%																																
Jul-18	32%																																
Aug-18	75%																																
Sep-18	72%																																
Oct-18	62%																																
Nov-18	60%																																
Dec-18	62%																																
Jan-19	58%																																
Feb-19	75%																																
Mar-19	68%																																
Apr-19	62%																																
May-19	55%																																

Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In May 2019, the Health Board achieved 56%, which was above the internal profile of 52%.	Percentage of patients receiving CT scan within 1 hour 	<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. 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
Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In May 2019, the Health Board achieved 93% which was above the internal profile of 89%.	Percentage of patients assessed by stroke consultant within 24 hours 	

Description	Current Performance	Trend	Actions planned for next period																														
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In May 2019, 27% of eligible patients were thrombolysed and 2 of the 12 patients were thrombolysed within the 45 minutes (door to needle) standard (17%). This is below the internal profile of 25%</p>	<p>Percentage of eligible thrombolysed patients within 45 minutes</p> <table><caption>Percentage of eligible thrombolysed patients within 45 minutes - Morriston</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>8%</td></tr><tr><td>Jun-18</td><td>20%</td></tr><tr><td>Jul-18</td><td>27%</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>8%</td></tr><tr><td>Dec-18</td><td>30%</td></tr><tr><td>Jan-19</td><td>44%</td></tr><tr><td>Feb-19</td><td>14%</td></tr><tr><td>Mar-19</td><td>18%</td></tr><tr><td>Apr-19</td><td>27%</td></tr><tr><td>May-19</td><td>17%</td></tr></tbody></table>	Month	Percentage	Apr-18	0%	May-18	8%	Jun-18	20%	Jul-18	27%	Aug-18	0%	Sep-18	0%	Oct-18	12%	Nov-18	8%	Dec-18	30%	Jan-19	44%	Feb-19	14%	Mar-19	18%	Apr-19	27%	May-19	17%	<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.
Month	Percentage																																
Apr-18	0%																																
May-18	8%																																
Jun-18	20%																																
Jul-18	27%																																
Aug-18	0%																																
Sep-18	0%																																
Oct-18	12%																																
Nov-18	8%																																
Dec-18	30%																																
Jan-19	44%																																
Feb-19	14%																																
Mar-19	18%																																
Apr-19	27%																																
May-19	17%																																

5.1 Planned Care- Overview

Chart 1: Number of GP Referrals into secondary care

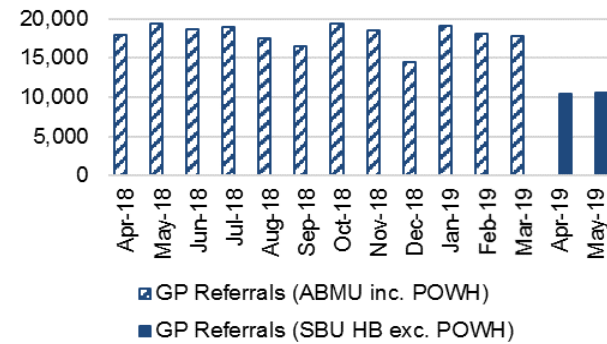


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

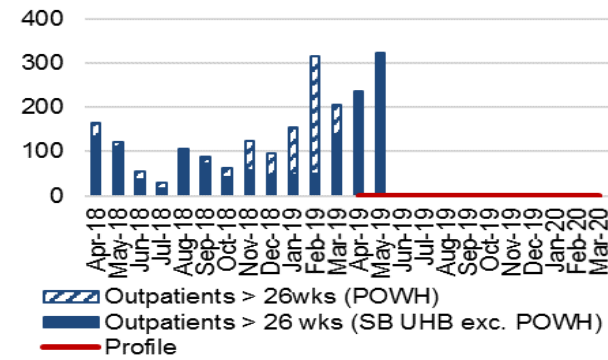


Chart 3: Number of patients waiting over 36 weeks for treatment

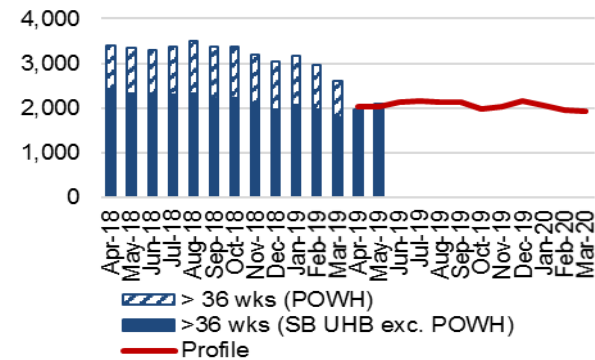


Chart 4: % patients waiting less than 26 weeks from referral to treatment

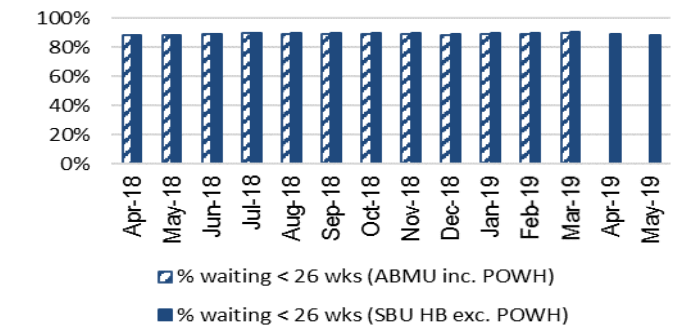


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

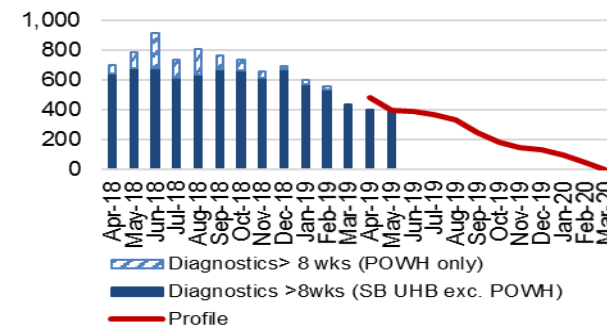


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

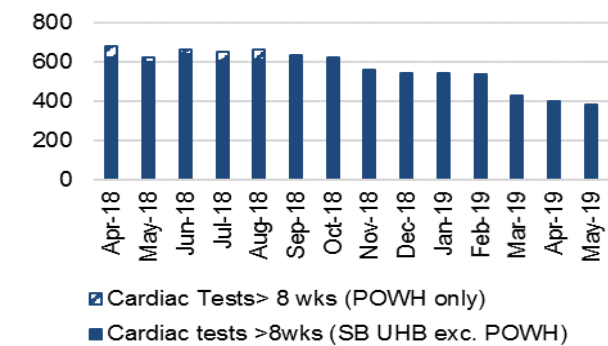


Chart 7: Therapies over 14 weeks

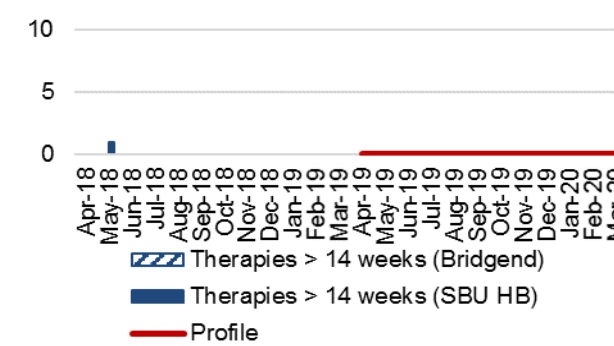


Chart 8: Cancer referrals

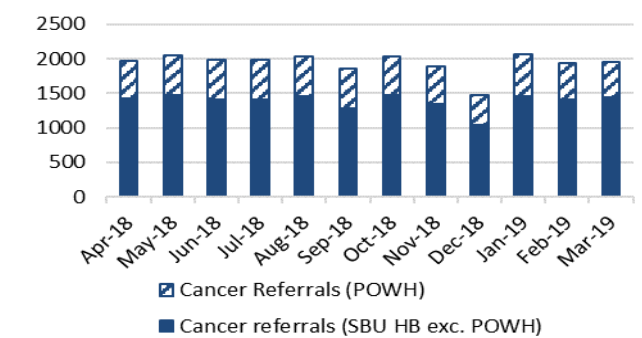


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

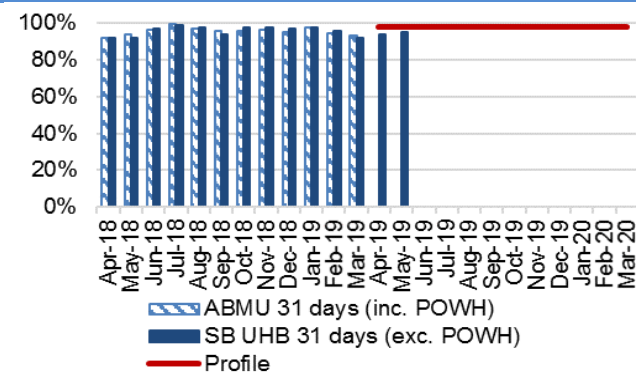


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

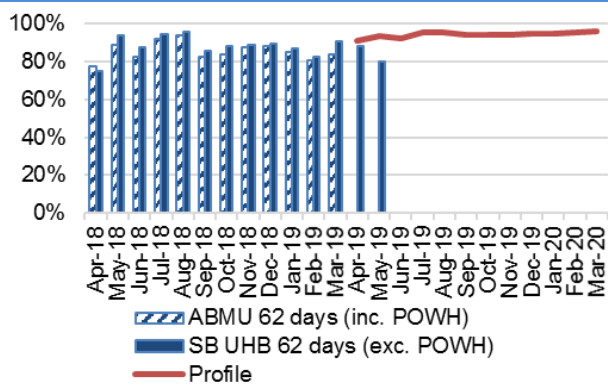


Chart 11: % of patients who did not attend a new outpatient appointment (for selected specialties)

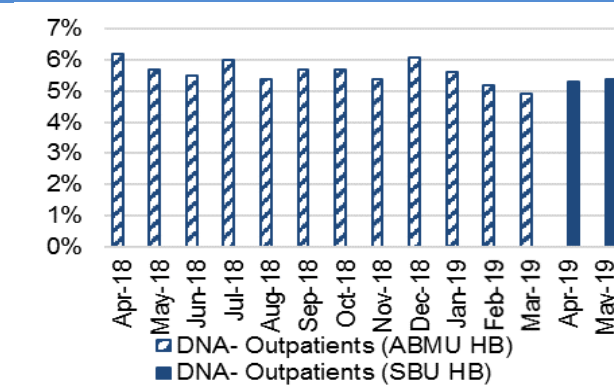


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)

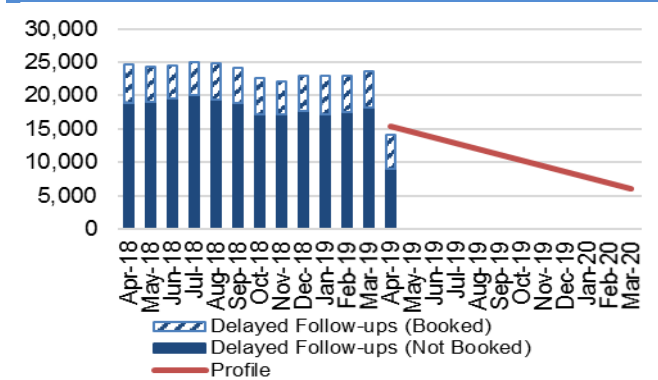


Chart 13: Number of patients without a documented clinical review date

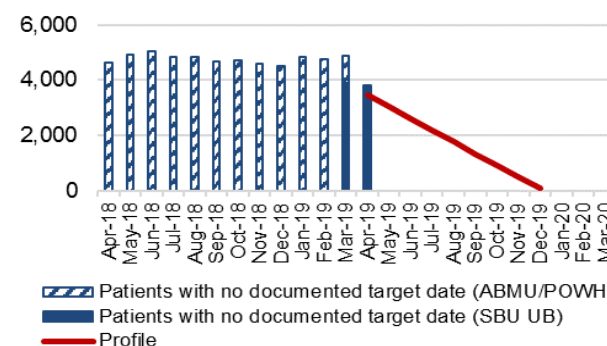


Chart 14: Ophthalmology patients without an allocated clinical risk factor

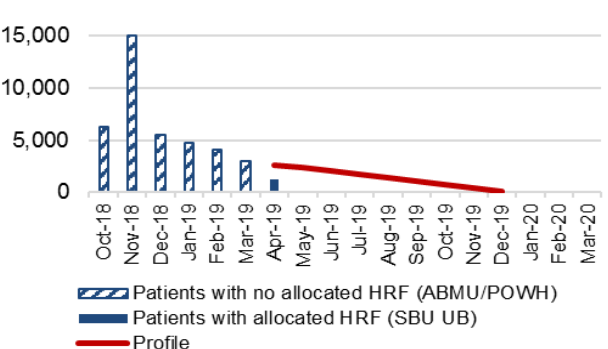


Chart 15: Total number of patients on the follow-up waiting list

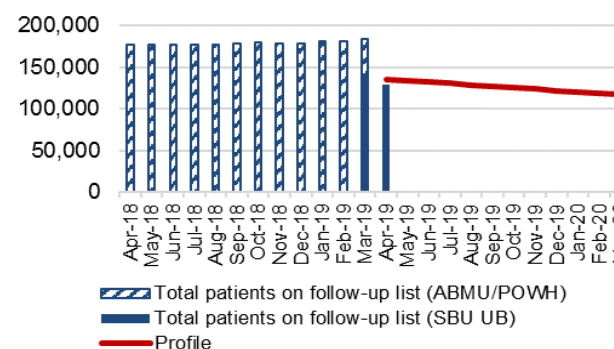
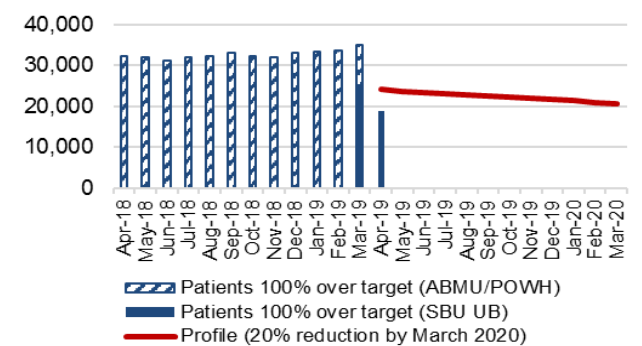


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (May 2019)

Demand	Waiting Times				Outpatient Efficiencies
10,561 (2%↑) Total GP referrals	323 (37%↑) Patients waiting over 26 weeks for a new outpatient appointment	2,104 (6%↑) Patients waiting over 36 weeks for treatment	799 (12%↑) Patients waiting over 52 weeks for treatment	88.0% (0.8%↓) Patients waiting under 26 weeks from referral to treatment	5.4% (0.1% ↑) % of patients who did not attend a new outpatient appointment (all specialties)
6,214 (1%↑) Routine GP referrals					
4,347 (3%↑) Urgent GP referrals	401 (→) Patients waiting over 8 weeks for all reportable diagnostics	383 (2%↓) Patients waiting over 8 weeks for Cardiac diagnostics only	0 (→) Patients waiting over 14 weeks for reportable therapies	42,538 Patients waiting for an outpatient follow-up who are delayed past their target date (Apr-19)	6.7% (0.2% ↑) % of patients who did not attend a follow-up outpatient appointment (all specialties)

Cancer				Theatre Efficiencies			
1,435 (1%↑) Number of USC referrals received (Mar-19)	120 (15% ↑) USC backlog over 52 days	80% (8%↓) draft USC patients receiving treatment within 62 days	95% (1%↑) draft NUSC patients receiving treatment within 31 days	70% (5%↓) Theatre utilisation rate	43% (→) % of theatres sessions starting late	42% (6%↑) % of theatres sessions finishing early	40% (5%↓) Operations cancelled on the day

Overarching Public Health Outcomes (2016/17- 2017/18)					
50% (Wales= 53.2%) Adults meeting physical activity guidelines	20.8% (Wales= 23.8%) Adults eating 5 fruit or vegetables a day	73.3% (Wales= 72.9%) Children age 5 of healthy weight or underweight	76.6% (Wales= 75.9%) Adolescents of healthy weight	39.2% (Wales 39.2%) Working age adults of healthy weight	35.3% (Wales= 35.9%) Older people of healthy weight
1.2 (Wales=1.2) Average decayed, missing or filled teeth among 5 year olds	73.3% (Wales=75.9%) Working age adults in good health	55% (Wales 56.7%) Older people in good health	67.5% (Wales= 73) Working age adults free from life limiting long term illnesses	41.8% (Wales= 47.1%) Older people free from life limiting long term illnesses	

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

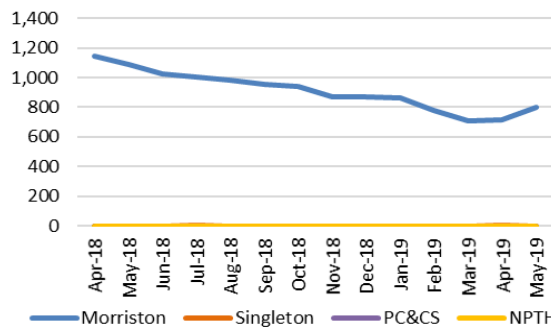
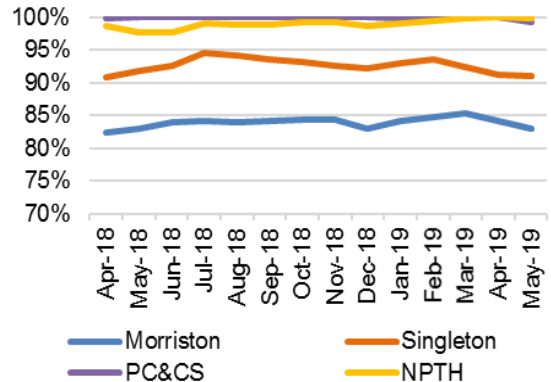
5.2 Theatre Efficiencies Dashboard

										ABMU											SBU	
Measure			Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Number of cancelled operations	Morriston		May-19	527			⬆️🔴	⬆️🔴		433	471	409	390	396	458	368	377	507	443	472	484	527
	NPTH		May-19	150			⬆️🔴	⬆️🔴		149	161	135	174	182	181	177	121	177	179	164	132	150
	Singleton		May-19	222			⬆️🔴	⬆️🔴		202	169	170	217	158	223	235	193	222	243	250	165	222
	POWH									323	399	376	287	322	363	322	364	301	337	372		
	HB Total		May-19	899			⬆️🔴	⬆️🔴		1,107	1,200	1,090	1,068	1,058	1,225	1,102	1,055	1,207	1,202	1,258	781	899
% of cancelled operations on the day	Morriston		May-19	43%	10%	❌	⬆️🟢	⬆️🔴		32%	28%	27%	35%	34%	44%	39%	40%	41%	41%	35%	49%	43%
	NPTH		May-19	21%		❌	⬆️🟢	⬆️🟢		29%	29%	24%	25%	21%	22%	32%	29%	23%	21%	22%	29%	21%
	Singleton		May-19	44%		❌	⬆️🟢	⬆️🟢		49%	41%	38%	31%	42%	48%	47%	57%	51%	43%	40%	45%	44%
	POWH									31%	35%	33%	37%	28%	31%	32%	29%	36%	28%	28%		
	HB Total		May-19	40%		❌	⬆️🟢	⬆️🔴		34%	32%	31%	33%	31%	38%	37%	38%	39%	35%	32%	45%	40%
Reasons for cancellations on the day	Hospital Clinical		May-19	33%			⬆️	⬆️		30%	31%	32%	26%	32%	25%	29%	29%	31%	30%	28%	25%	33%
	Hospital Non-Clinical		May-19	49%			⬆️	⬆️		42%	42%	41%	49%	41%	46%	48%	49%	39%	52%	53%	47%	49%
	Other		May-19	0%			➡️	➡️		0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient		May-19	17%			⬆️	⬆️		28%	26%	27%	24%	26%	29%	22%	22%	29%	18%	18%	26%	17%
	Unknown		May-19	1%			➡️	➡️		1%	1%	0%	1%	1%	0%	0%	0%	0%	1%	1%	1%	1%
Late Starts	Morriston		May-19	44%	<25%	❌	⬆️🔴	⬆️🔴		37%	37%	37%	49%	38%	35%	35%	42%	45%	42%	37%	43%	44%
	NPTH		May-19	31%		❌	⬆️🟢	⬆️🔴		28%	30%	36%	20%	36%	36%	41%	43%	42%	42%	36%	36%	31%
	Singleton		May-19	51%		❌	⬆️🔴	⬆️🟢		52%	55%	43%	43%	45%	53%	54%	54%	52%	52%	41%	46%	51%
	POWH		May-19	0%						44%	40%	35%	38%	38%	42%	37%	37%	46%	44%	43%		
	HB Total		May-19	43%		❌	➡️🟡	⬆️🔴		41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%
Early Finishes	Morriston		May-19	36%	<20%	❌	⬆️🔴	⬆️🔴		33%	33%	34%	30%	25%	34%	37%	44%	42%	35%	38%	32%	36%
	NPTH		May-19	64%		❌	⬆️🔴	⬆️🔴		60%	58%	61%	59%	62%	62%	59%	66%	50%	58%	51%	61%	64%
	Singleton		May-19	40%		❌	⬆️🔴	⬆️🔴		34%	33%	36%	38%	34%	34%	36%	31%	29%	30%	34%	31%	40%
	POWH									36%	44%	43%	35%	41%	38%	39%	39%	39%	35%	40%		
	HB Total		May-19	42%		❌	⬆️🔴	⬆️🔴		37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%
Theatre Utilisation Rate	Morriston		May-19	76%	90%	❌	⬆️🔴	⬆️🔴		85%	79%	75%	70%	82%	80%	80%	69%	89%	78%	74%	82%	76%
	NPTH		May-19	62%		❌	⬆️🔴	⬆️🔴		63%	62%	63%	44%	67%	70%	66%	70%	65%	64%	60%	64%	62%
	Singleton		May-19	57%		❌	⬆️🔴	⬆️🔴		61%	63%	55%	53%	62%	62%	64%	61%	70%	63%	62%	64%	57%
	POWH									76%	77%	71%	61%	72%	70%	74%	66%	77%	72%	69%		
	HB Total		May-19	70%		❌	⬆️🔴	⬆️🔴		76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%
Theatre Activity Undertaken	Morriston	Day cases	May-19	316			⬆️	⬆️		269	310	302	368	272	371	339	300	373	305	344	324	316
		Emergency cases	May-19	374			⬆️	⬆️		387	374	375	391	373	335	310	286	276	247	340	371	374
		Inpatients	May-19	474			⬆️	⬆️		630	543	497	486	522	572	540	403	516	498	486	469	474
	NPTH	Day cases	May-19	274			⬆️	⬆️		240	214	234	190	290	347	297	202	295	240	260	224	274
		Emergency cases	May-19	9			⬆️	⬆️		5	9	6	5	8	5	9	6	2	3	9	8	9
		Inpatients	May-19	113			⬆️	⬆️		147	138	122	89	116	133	126	104	150	113	115	120	113
	Singleton	Day cases	May-19	478			⬆️	⬆️		526	500	445	456	423	516	528	371	565	486	523	465	478
		Emergency cases	May-19	38			⬆️	➡️		38	52	45	44	34	34	42	40	36	30	23	26	38
		Inpatients	May-19	95			⬆️	⬆️		127	120	90	102	98	141	132	94	129	105	97	100	95
	POWH	Day cases								429	449	408	301	393	455	365	274	434	335	364		
		Emergency cases								125	120	120	126	101	107	98	110	124	79	121		
		Inpatients								238	252	251	236	223	264	263	172	259	230	209		

5.3 Planned Care Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period																																																																											
Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)	The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In May 2019, there were 323 patients waiting over 26 weeks compared with 236 in April 2019. Oral Maxillo Facial Surgery accounted for 47% of breaches (152) and Ophthalmology account for 33% (107 breaches).	Number of stage 1 over 26 weeks <table><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>120</td><td>10</td><td>5</td><td>2</td></tr><tr><td>May-18</td><td>100</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jun-18</td><td>50</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jul-18</td><td>20</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Aug-18</td><td>30</td><td>70</td><td>5</td><td>2</td></tr><tr><td>Sep-18</td><td>20</td><td>50</td><td>5</td><td>2</td></tr><tr><td>Oct-18</td><td>30</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Nov-18</td><td>50</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Dec-18</td><td>40</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jan-19</td><td>40</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Feb-19</td><td>50</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Mar-19</td><td>140</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Apr-19</td><td>180</td><td>10</td><td>5</td><td>2</td></tr><tr><td>May-19</td><td>210</td><td>120</td><td>5</td><td>2</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	120	10	5	2	May-18	100	10	5	2	Jun-18	50	10	5	2	Jul-18	20	10	5	2	Aug-18	30	70	5	2	Sep-18	20	50	5	2	Oct-18	30	10	5	2	Nov-18	50	10	5	2	Dec-18	40	10	5	2	Jan-19	40	10	5	2	Feb-19	50	10	5	2	Mar-19	140	10	5	2	Apr-19	180	10	5	2	May-19	210	120	5	2	<ul style="list-style-type: none">Core capacity will continue to be maximised across all specialties.Phased return of OMFS and Urology Consultant's is being directed to new outpatient activity to support recovery through Quarter 2. Urology Locum Registrar also recruited.Service models for Ophthalmology, Oral Medicine, Audiology and Nurse Led Gastro as sustainable solutions in plans for 2019/20 and being progressed.The HMRC taxation changes remains a risk with significant numbers of the consultant workforce removing themselves from undertaking additional clinics.
Month	Morriston	Singleton	PC&CS	NPTH																																																																										
Apr-18	120	10	5	2																																																																										
May-18	100	10	5	2																																																																										
Jun-18	50	10	5	2																																																																										
Jul-18	20	10	5	2																																																																										
Aug-18	30	70	5	2																																																																										
Sep-18	20	50	5	2																																																																										
Oct-18	30	10	5	2																																																																										
Nov-18	50	10	5	2																																																																										
Dec-18	40	10	5	2																																																																										
Jan-19	40	10	5	2																																																																										
Feb-19	50	10	5	2																																																																										
Mar-19	140	10	5	2																																																																										
Apr-19	180	10	5	2																																																																										
May-19	210	120	5	2																																																																										
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In May 2019 there were 2,104 patients waiting over 36 weeks which is higher than the internal profile of 2,038. Orthopaedics accounts for 60% of the breaches, followed by General Surgery with 10%.	Number of patients waiting longer than 36 weeks <table><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>10</td><td>5</td><td>2</td></tr><tr><td>May-18</td><td>2200</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jun-18</td><td>2200</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jul-18</td><td>2300</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Aug-18</td><td>2200</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Sep-18</td><td>2100</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Oct-18</td><td>2100</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Nov-18</td><td>2000</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Dec-18</td><td>2000</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jan-19</td><td>1900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Feb-19</td><td>1800</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Mar-19</td><td>1800</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Apr-19</td><td>1900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>May-19</td><td>2100</td><td>10</td><td>5</td><td>2</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	2300	10	5	2	May-18	2200	10	5	2	Jun-18	2200	10	5	2	Jul-18	2300	10	5	2	Aug-18	2200	10	5	2	Sep-18	2100	10	5	2	Oct-18	2100	10	5	2	Nov-18	2000	10	5	2	Dec-18	2000	10	5	2	Jan-19	1900	10	5	2	Feb-19	1800	10	5	2	Mar-19	1800	10	5	2	Apr-19	1900	10	5	2	May-19	2100	10	5	2	<ul style="list-style-type: none">Outsourcing continues through Quarter 1 whilst sustainable theatre capacity is put into place through July. An assessment of outsourcing through to March 20 has been prepared to support discussions with Welsh Government around support to manage backlog removal.Lead appointed for the development of a single theatre action plan to address performance and efficiencies. Initial focus on improving utilisation for ENT and General Surgery at Singleton and Orthopaedics at NPTH.Recruitment programme for 6 Anaesthetists with 3 more planned based on calibre and availability of the market.
Month	Morriston	Singleton	PC&CS	NPTH																																																																										
Apr-18	2300	10	5	2																																																																										
May-18	2200	10	5	2																																																																										
Jun-18	2200	10	5	2																																																																										
Jul-18	2300	10	5	2																																																																										
Aug-18	2200	10	5	2																																																																										
Sep-18	2100	10	5	2																																																																										
Oct-18	2100	10	5	2																																																																										
Nov-18	2000	10	5	2																																																																										
Dec-18	2000	10	5	2																																																																										
Jan-19	1900	10	5	2																																																																										
Feb-19	1800	10	5	2																																																																										
Mar-19	1800	10	5	2																																																																										
Apr-19	1900	10	5	2																																																																										
May-19	2100	10	5	2																																																																										

Description	Current Performance	Trend	Actions planned for next period																																																																											
Total waiting times The number of patients waiting more than 52 weeks for treatment	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 May 2019 there were 799 patients waiting over 52 weeks.	Number of patients waiting longer than 52 weeks  <table><caption>Number of patients waiting longer than 52 weeks (Estimated Data)</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>950</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-18</td><td>900</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Sep-18</td><td>850</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-18</td><td>800</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-18</td><td>850</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-18</td><td>850</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-19</td><td>750</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Feb-19</td><td>700</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Mar-19</td><td>700</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-19</td><td>700</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-19</td><td>800</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	950	10	10	10	Aug-18	900	10	10	10	Sep-18	850	10	10	10	Oct-18	800	10	10	10	Nov-18	850	10	10	10	Dec-18	850	10	10	10	Jan-19	750	10	10	10	Feb-19	700	10	10	10	Mar-19	700	10	10	10	Apr-19	700	10	10	10	May-19	800	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	950	10	10	10																																																																										
Aug-18	900	10	10	10																																																																										
Sep-18	850	10	10	10																																																																										
Oct-18	800	10	10	10																																																																										
Nov-18	850	10	10	10																																																																										
Dec-18	850	10	10	10																																																																										
Jan-19	750	10	10	10																																																																										
Feb-19	700	10	10	10																																																																										
Mar-19	700	10	10	10																																																																										
Apr-19	700	10	10	10																																																																										
May-19	800	10	10	10																																																																										
Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. In May 2019 the percentage was 88.0%.	Percentage of patient waiting less than 26 weeks  <table><caption>Percentage of patient waiting less than 26 weeks (Estimated Data)</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>91%</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>97%</td></tr><tr><td>Jul-18</td><td>84%</td><td>95%</td><td>99%</td><td>98%</td></tr><tr><td>Aug-18</td><td>84%</td><td>94%</td><td>99%</td><td>98%</td></tr><tr><td>Sep-18</td><td>84%</td><td>93%</td><td>99%</td><td>98%</td></tr><tr><td>Oct-18</td><td>84%</td><td>93%</td><td>99%</td><td>98%</td></tr><tr><td>Nov-18</td><td>83%</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>94%</td><td>99%</td><td>98%</td></tr><tr><td>Mar-19</td><td>85%</td><td>93%</td><td>99%</td><td>98%</td></tr><tr><td>Apr-19</td><td>83%</td><td>91%</td><td>99%</td><td>98%</td></tr><tr><td>May-19</td><td>83%</td><td>91%</td><td>99%</td><td>98%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Apr-18	82%	91%	99%	98%	May-18	83%	92%	99%	97%	Jun-18	84%	93%	99%	97%	Jul-18	84%	95%	99%	98%	Aug-18	84%	94%	99%	98%	Sep-18	84%	93%	99%	98%	Oct-18	84%	93%	99%	98%	Nov-18	83%	92%	99%	98%	Dec-18	83%	92%	99%	98%	Jan-19	84%	93%	99%	98%	Feb-19	85%	94%	99%	98%	Mar-19	85%	93%	99%	98%	Apr-19	83%	91%	99%	98%	May-19	83%	91%	99%	98%	<ul style="list-style-type: none">• Plans as outlined in previous tables.
Month	Morriston	Singleton	PC&CS	NPTH																																																																										
Apr-18	82%	91%	99%	98%																																																																										
May-18	83%	92%	99%	97%																																																																										
Jun-18	84%	93%	99%	97%																																																																										
Jul-18	84%	95%	99%	98%																																																																										
Aug-18	84%	94%	99%	98%																																																																										
Sep-18	84%	93%	99%	98%																																																																										
Oct-18	84%	93%	99%	98%																																																																										
Nov-18	83%	92%	99%	98%																																																																										
Dec-18	83%	92%	99%	98%																																																																										
Jan-19	84%	93%	99%	98%																																																																										
Feb-19	85%	94%	99%	98%																																																																										
Mar-19	85%	93%	99%	98%																																																																										
Apr-19	83%	91%	99%	98%																																																																										
May-19	83%	91%	99%	98%																																																																										

Description	Current Performance	Trend	Actions planned for next period																																																																																																																								
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In May 2019, there were 401 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 May 2019, there were 383 Cardiac breaches, 10 Cystoscopy and 8 Endoscopy.	Number of patients waiting longer than 8 weeks for diagnostics <table border="1"><caption>Estimated data for Morriston and Singleton (Patients waiting > 8 weeks)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Apr-18</td><td>620</td><td>0</td></tr><tr><td>May-18</td><td>650</td><td>0</td></tr><tr><td>Jun-18</td><td>630</td><td>0</td></tr><tr><td>Jul-18</td><td>600</td><td>0</td></tr><tr><td>Aug-18</td><td>610</td><td>0</td></tr><tr><td>Sep-18</td><td>620</td><td>0</td></tr><tr><td>Oct-18</td><td>610</td><td>0</td></tr><tr><td>Nov-18</td><td>550</td><td>0</td></tr><tr><td>Dec-18</td><td>540</td><td>0</td></tr><tr><td>Jan-19</td><td>540</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>410</td><td>0</td></tr><tr><td>May-19</td><td>400</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	Apr-18	620	0	May-18	650	0	Jun-18	630	0	Jul-18	600	0	Aug-18	610	0	Sep-18	620	0	Oct-18	610	0	Nov-18	550	0	Dec-18	540	0	Jan-19	540	0	Feb-19	530	0	Mar-19	450	0	Apr-19	410	0	May-19	400	0	<ul style="list-style-type: none">A surge in USC referrals (176 in-month) resulted in the routine Endoscopy capacity being redirected. Additional capacity is in place for June which will recover the breach position.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 small step change improvements being seen.																																																																											
Month	Morriston	Singleton																																																																																																																									
Apr-18	620	0																																																																																																																									
May-18	650	0																																																																																																																									
Jun-18	630	0																																																																																																																									
Jul-18	600	0																																																																																																																									
Aug-18	610	0																																																																																																																									
Sep-18	620	0																																																																																																																									
Oct-18	610	0																																																																																																																									
Nov-18	550	0																																																																																																																									
Dec-18	540	0																																																																																																																									
Jan-19	540	0																																																																																																																									
Feb-19	530	0																																																																																																																									
Mar-19	450	0																																																																																																																									
Apr-19	410	0																																																																																																																									
May-19	400	0																																																																																																																									
Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	There has been significant improvement in Therapy waiting times over the last 12 months and there have been no patients waiting over 14 weeks since May 2018.	Number of patients waiting longer than 14 weeks for therapies <table border="1"><caption>Estimated data for Therapy waiting times (> 14 weeks)</caption><thead><tr><th>Month</th><th>Occ Therapy (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech & Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Apr-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-18</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Apr-18	0	0	0	0	0	0	0	May-18	1	0	0	0	0	0	0	Jun-18	0	0	0	0	0	0	0	Jul-18	0	0	0	0	0	0	0	Aug-18	0	0	0	0	0	0	0	Sep-18	0	0	0	0	0	0	0	Oct-18	0	0	0	0	0	0	0	Nov-18	0	0	0	0	0	0	0	Dec-18	0	0	0	0	0	0	0	Jan-19	0	0	0	0	0	0	0	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	<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.
Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry																																																																																																																				
Apr-18	0	0	0	0	0	0	0																																																																																																																				
May-18	1	0	0	0	0	0	0																																																																																																																				
Jun-18	0	0	0	0	0	0	0																																																																																																																				
Jul-18	0	0	0	0	0	0	0																																																																																																																				
Aug-18	0	0	0	0	0	0	0																																																																																																																				
Sep-18	0	0	0	0	0	0	0																																																																																																																				
Oct-18	0	0	0	0	0	0	0																																																																																																																				
Nov-18	0	0	0	0	0	0	0																																																																																																																				
Dec-18	0	0	0	0	0	0	0																																																																																																																				
Jan-19	0	0	0	0	0	0	0																																																																																																																				
Feb-19	0	0	0	0	0	0	0																																																																																																																				
Mar-19	0	0	0	0	0	0	0																																																																																																																				
Apr-19	0	0	0	0	0	0	0																																																																																																																				
May-19	0	0	0	0	0	0	0																																																																																																																				

Description	Current Performance	Trend	Actions planned for next period
Cancer- NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	May 2019 figures will be finalised on the 28 th June. 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 May 2019: <ul style="list-style-type: none"> Breast: 1 Gynaecological: 1 Lung: 1 Skin: 1 Urological: 1 	Percentage of NUSC patients starting treatment within 31 days of diagnosis	<ul style="list-style-type: none"> Chemotherapy Day Unit assessment during April and May to establish if the changes to the delivery model Implemented as part of previous Service Improvement projects are still working and to consider further changes to ensure maximum utilisation of chair time. Introducing new process at the weekly Gynae MDT, where TCI dates will be set when the outcomes of decisions to treat are known.
Cancer- USC waiting times- Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral	May 2019 figures will be finalised on the 28 th June. Draft figures indicate a possible projected achievement of 80% of patients starting treatment within 62 days. At the time of writing this report there are 21 breaches in total across the Health Board in May 2019: <ul style="list-style-type: none"> Upper Gastrointestinal: 5 Breast: 4 Lower Gastrointestinal: 3 Haematological: 2 Lung: 2 Head & Neck: 1 Skin: 1 (suspected) Gynaecological: 1 Sarcoma: 1 Urological: 1 	Percentage of USC patients starting treatment within 62 days of receipt of referral	<ul style="list-style-type: none"> Head and Neck Lump pathway to be partially implemented from late April, 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. Detailed Radiology Demand and Capacity plan including reporting time requirements is being worked through; live dashboard has been introduced with a further performance view planned. New Gynae-oncology Consultant to be operational from June, and plans agreed for the Lead Consultant to support the Hywel Dda demand

Description	Current Performance	Trend	Actions planned for next period																																																																														
USC backlog The number of patients with an active wait status of more than 53 days	<p>End of May 2019 backlog by tumour site:</p> <table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr><tr><td>Breast</td><td>9</td><td>7</td></tr><tr><td>Gynaecological</td><td>8</td><td>20</td></tr><tr><td>Haematological</td><td>6</td><td>2</td></tr><tr><td>Head and Neck</td><td>7</td><td>5</td></tr><tr><td>Lower GI</td><td>5</td><td>7</td></tr><tr><td>Lung</td><td>1</td><td>0</td></tr><tr><td>Other</td><td>3</td><td>12</td></tr><tr><td>Skin</td><td>1</td><td>2</td></tr><tr><td>Upper GI</td><td>3</td><td>6</td></tr><tr><td>Urological</td><td>9</td><td>7</td></tr><tr><td>Grand Total</td><td>52</td><td>68</td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	9	7	Gynaecological	8	20	Haematological	6	2	Head and Neck	7	5	Lower GI	5	7	Lung	1	0	Other	3	12	Skin	1	2	Upper GI	3	6	Urological	9	7	Grand Total	52	68	<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 HB)</p>	<ul style="list-style-type: none">Pathway changes and increased capacity planned for the start of pathway 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.Corporate Cancer Information Team are undertaking a review of all patients in the backlog and providing feedback directly to the Unit Directors																																										
Tumour Site	53 - 62 days	63 >																																																																															
Breast	9	7																																																																															
Gynaecological	8	20																																																																															
Haematological	6	2																																																																															
Head and Neck	7	5																																																																															
Lower GI	5	7																																																																															
Lung	1	0																																																																															
Other	3	12																																																																															
Skin	1	2																																																																															
Upper GI	3	6																																																																															
Urological	9	7																																																																															
Grand Total	52	68																																																																															
USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	<p>Week to week through April 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 23% and 40%.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of May 2019</p> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>1</td><td>12</td><td>28</td><td>103</td><td>144</td></tr><tr><td>Gynaecological</td><td>6</td><td>10</td><td>11</td><td>78</td><td>105</td></tr><tr><td>Haematolgal</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Head and Neck</td><td>16</td><td>14</td><td>2</td><td>1</td><td>33</td></tr><tr><td>Lower GI</td><td>4</td><td>19</td><td>23</td><td>2</td><td>48</td></tr><tr><td>Lung</td><td>0</td><td>2</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>3</td><td>15</td><td>4</td><td>3</td><td>25</td></tr><tr><td>Sarcoma</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Skin</td><td>16</td><td>101</td><td>5</td><td>1</td><td>123</td></tr><tr><td>Upper GI</td><td>0</td><td>2</td><td>1</td><td>0</td><td>3</td></tr><tr><td>Urological</td><td>0</td><td>6</td><td>4</td><td>0</td><td>10</td></tr><tr><td>Total</td><td>46</td><td>181</td><td>79</td><td>189</td><td>495</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	1	12	28	103	144	Gynaecological	6	10	11	78	105	Haematolgal	0	0	1	0	1	Head and Neck	16	14	2	1	33	Lower GI	4	19	23	2	48	Lung	0	2	0	0	2	Other	3	15	4	3	25	Sarcoma	0	0	0	1	1	Skin	16	101	5	1	123	Upper GI	0	2	1	0	3	Urological	0	6	4	0	10	Total	46	181	79	189	495	<ul style="list-style-type: none">New first outpatient OMFS pathway stage agreed and taken forward with Primary Care, to commence 1st June 2019.Reviewing the possibility of increasing the number of PMB sessions per month with the aim to improve performance and reduce backlog. Additional clinics are planned to run through June with separate radiology sessions to address backlog. 2 Saturday lists with a radiologist – providing an additional 48 slots.Consultants and Radiologists reviewing current pathways to seek options to address the backlog within Breast.
	≤10	11-20	21-30	>31	Total																																																																												
Breast	1	12	28	103	144																																																																												
Gynaecological	6	10	11	78	105																																																																												
Haematolgal	0	0	1	0	1																																																																												
Head and Neck	16	14	2	1	33																																																																												
Lower GI	4	19	23	2	48																																																																												
Lung	0	2	0	0	2																																																																												
Other	3	15	4	3	25																																																																												
Sarcoma	0	0	0	1	1																																																																												
Skin	16	101	5	1	123																																																																												
Upper GI	0	2	1	0	3																																																																												
Urological	0	6	4	0	10																																																																												
Total	46	181	79	189	495																																																																												

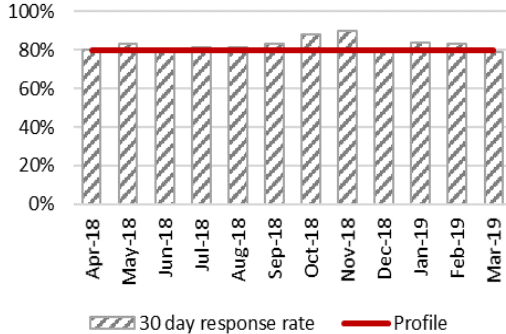
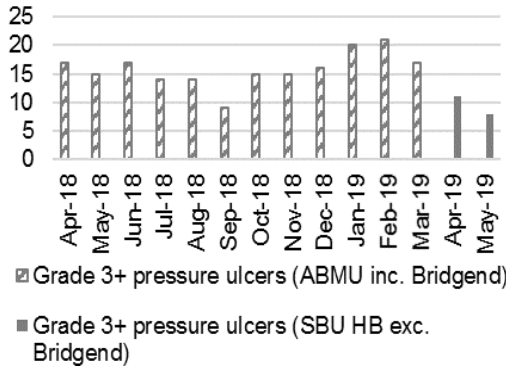
Description	Current Performance	Trend	Actions planned for next period
Delayed follow-ups The number patients delayed past their target date for a follow-up	<p>In April 2019 there were a total of 42,538 patients waiting for a follow-up past their target date.</p> <p>Of the 42,538 delayed follow-ups in April 2019, 13,838 have appointments and 28,700 are still waiting for an appointment. In addition, 18,873 patients were waiting 100%+ over target date in March 2019.</p> <p>In April 2019, the breakdown for delayed follow-ups for the planned care specialties was:</p> <ul style="list-style-type: none"> • Dermatology- 1,396 (target= 1,396) • ENT- 1,109 (target= 1,152) • Ophthalmology- 6,846 (target= 8,128) • Orthopaedics- 2,364 (target= 2,053) • Urology- 1,887 (target= 2,612) • Overall, the number of patients waiting beyond target date for a follow-up in April 2019 was 14,105 which is below internal profile of 15,341. 	<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 to commence 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. • Identify changes to FunB patients on WPAS to accommodate new definitions / categorisations of activity (e.g. See on Symptom, PROMs, Self-Managed Care, Surveillance patients) (May 2019) • Composition of Outpatient Modernisation Group to be reviewed. Resources required to move programme forward to be agreed with Recovery and Sustainability Group. • Draft programme of work to be agreed. • Continue participation in National Outpatient Modernisation Board. • Continue to progress / Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – ie PKB / PROMs / In Touch etc. • 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. ODTG development in Cwmtawe Cluster. • 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 (June 2019)

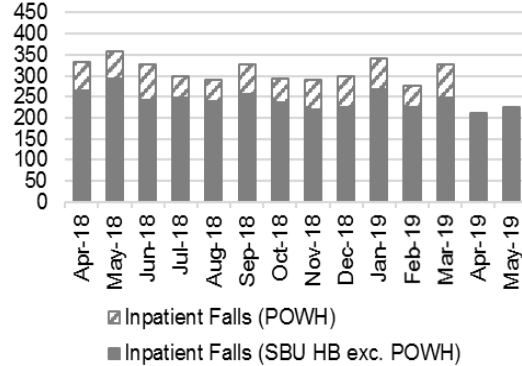
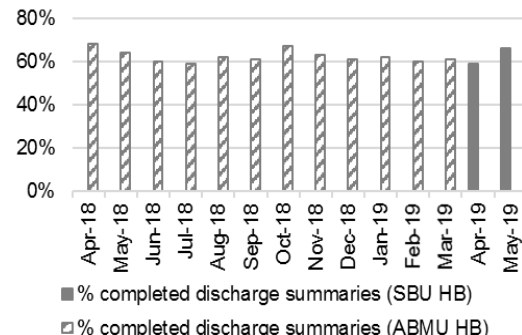
6. QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul style="list-style-type: none"> 22 cases of <i>E. coli</i> bacteraemia were identified in May 2019. This is below the monthly profile of 36 cases. 68% of the bacteraemia were identified on admission and considered to be Community Acquired Infections Urinary Tract Infection was considered to be the primary source for the bacteraemia in 36 % of the total number of cases. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	Number of healthcare acquired E.coli bacteraemia cases <p>Number E.Coli Cases Bridgend Number E.Coli cases SBU UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Additional assessor training available to support Delivery Units increase the number of Nursing & Non-Nursing staff who can undertake the Aseptic Non Touch Technique (ANTT) Competency assessments. Delivery Units to explore how to extend Aseptic Non-Touch Technique training, including competency assessment with all staff groups including Medical staff and Allied Health Care Professional groups. Improvement work is underway to improve HCAI data shared with Delivery Units. Additional staff education is being delivered by the IPC nursing team at Induction for new Nursing Registrants and also with New Health Care Support Workers focusing on UTI prevention and improving the quality of sample collection for suspected UTI and bacteraemia
Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> There were 11 cases of <i>Staph. Aureus</i> bacteraemia in May 2019. This is below the projected monthly IMTP profile of 14 cases. 73% were hospital acquired infections (HAI). Around 50% of the HAI cases were associated with invasive devices or the patient had recently undergone an invasive procedure 	Number of healthcare acquired S.aureus bacteraemias cases <p>Number S.Aureus cases Bridgend Number S.Aureus cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Delivery Units to focus on increasing the number of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements. Improvement activities will continue to focus on the risk associated with the presence of invasive devices, reducing the number of unnecessary Invasive device. Improvement work underway to improve HCAI data shared with Delivery Units.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 11 <i>Clostridium difficile</i> toxin positive cases in May. This is below the IMTP projected profile (12 cases), and a reduction in the number of cases reported in the same period 2018-19. There has been a significant increase in the number of cases during May compared to the previous month. The Health Board incidence per 100,000 population is currently 21.67. This is currently below the All Wales incidence of 27.26 /100,000 population. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	Number of healthcare acquired C.difficile cases <p>Number C.Diff Cases Bridgend Number of C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Continued focus on investigating each case thoroughly to identify where improvements can be made. Focus on auditing patient mattresses decontamination and replacement Pharmacy to monitor compliance with restriction of Co-amoxiclav, with feedback to Delivery Units. Primary Care antimicrobial guidelines review commenced. Restricting use of Co-amoxiclav more complex in Primary Care than in Secondary Care as limited oral antibiotic alternatives available. Lesser impact on community <i>Clostridium difficile</i> cases anticipated. 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.
Serious Incidents- <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	<ul style="list-style-type: none"> The Health Board reported 13 Serious Incidents for the month of May 2019 to Welsh Government. Last Never Event reported was on 14th May 2019. In May 2019, the performance against the 80% target of submitting closure forms within 60 working days was 12%. 66 investigations were due to be concluded in May 2019, however only 18 closure forms were submitted. 	Serious incidents closed within 60 days <p>% SIs assured ABM (inc. Bridgend) % SIs assured SB UHB (exc. Bridgend) Profile</p>	<ul style="list-style-type: none"> Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board 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 have developed an improvement action plan for MH/LD services, specifically to improve MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality.

Description	Current Performance	Trend	Actions planned for next period
30 day response rate for concerns- The 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	<ul style="list-style-type: none"> The overall Health Board response rate for responding to concerns within 30 working days was 79% in March 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery units to monitor compliance of the Health Board target of 80% 	Response rate for concerns within 30 days  <p>Legend: 30 day response rate — Profile</p>	<ul style="list-style-type: none"> Performance is discussed at all Unit performance meetings. For the first 7 months of this financial year the Health Board has achieved 80% in responses for the 30 day target. Ombudsman's Officer to presented to the Consultant Development Day on the 5th June . Concerns, Redress & Assurance Group Terms of Reference to be updated and hold 3 "Putting Things Right" summits with the Units to focus on learning and improvement and key updates in this area.
Number of pressure ulcers Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community	<ul style="list-style-type: none"> In May 2019, there were a total of 49 cases of healthcare acquired pressure ulcers. The number of grade 3+ pressure ulcers in April 2019 was 8, of which 6 were community acquired and 2 was hospital acquired. In January 2019 Welsh Government changed the reporting criteria to exclude suspected deep tissue injury cases. Since this change the Health Board has not reported any reported pressure ulcers as serious incidents. 	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <p>Legend: Grade 3+ pressure ulcers (ABMU inc. Bridgend) Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</p>	<ul style="list-style-type: none"> PUPSG meet quarterly and receive quality improvement and learning reports from each Service Delivery Unit. 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 Each SBUHB delivery unit will be supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG PUPSG's quality improvement work has been shortlisted for the NHS Wales awards The pressure ulcer risk assessment tool used across Wales is changing from Waterlow to PURPOSE T. NPTH will be the pilot site for the digitalisation of nursing risk assessments including PURPOSE T.

Description	Current Performance	Trend	Actions planned for next period
Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 226 in May 2019 compared with 293 in May 2018. The Health Board has agreed a targeted action to reduce Falls causing harm by 10%. 	Number of inpatient Falls 	<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.
Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	<ul style="list-style-type: none"> In May 2019, the percentage of electronic discharge summaries signed and sent via eToC was 66% which is 7% more than April 2019. Performance varies between Service Delivery Units (range was 62% to 71% in May 2019) and between clinical teams within the Units. 	% discharge summaries approved and sent 	<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

7. WORKFORCE UPDATES AND ACTIONS

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

This section of the report provides further detail on key workforce measures.																																														
Description	Current Performance	Trend	Actions planned for next period																																											
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">The draft 12-month rolling performance to the end of April 2019 has slightly deteriorated from 5.92% in March 2019 to 5.97% in April 2019.Our draft in-month performance for April 2019 has also deteriorated from 5.83% in March 2019 to 6.04% in April 2019.Primary & Community and Morriston are the only Delivery Units to show an improvement in April 2019.	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p> <table><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>5.92%</td><td>5.83%</td></tr><tr><td>May-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Jun-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Jul-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Aug-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Sep-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Oct-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Nov-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Dec-18</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Jan-19</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Feb-19</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Mar-19</td><td>5.92%</td><td>5.83%</td></tr><tr><td>Apr-19</td><td>5.97%</td><td>6.04%</td></tr></tbody></table> <p>— % sickness rate (12 month rolling) — % sickness rate (in-month)</p>			Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Apr-18	5.92%	5.83%	May-18	5.92%	5.83%	Jun-18	5.92%	5.83%	Jul-18	5.92%	5.83%	Aug-18	5.92%	5.83%	Sep-18	5.92%	5.83%	Oct-18	5.92%	5.83%	Nov-18	5.92%	5.83%	Dec-18	5.92%	5.83%	Jan-19	5.92%	5.83%	Feb-19	5.92%	5.83%	Mar-19	5.92%	5.83%	Apr-19	5.97%	6.04%
		Month	% sickness rate (12 month rolling)	% sickness rate (in-month)																																										
Apr-18	5.92%	5.83%																																												
May-18	5.92%	5.83%																																												
Jun-18	5.92%	5.83%																																												
Jul-18	5.92%	5.83%																																												
Aug-18	5.92%	5.83%																																												
Sep-18	5.92%	5.83%																																												
Oct-18	5.92%	5.83%																																												
Nov-18	5.92%	5.83%																																												
Dec-18	5.92%	5.83%																																												
Jan-19	5.92%	5.83%																																												
Feb-19	5.92%	5.83%																																												
Mar-19	5.92%	5.83%																																												
Apr-19	5.97%	6.04%																																												
<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 Morriston 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 surgery when required. This model accepted as Bevan Exemplar 2018/19.340 Staff Wellbeing Champions now trained to support their teams health and wellbeing and																																														

			<p>signpost to HB support services, promoting a prevention/early intervention approach.</p> <ul style="list-style-type: none"> Monthly 'Menopause wellbeing workshops' commenced March 2019 across the main hospital sites.
Description	Current Performance	Trend	Actions planned for next period
<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 75.30% to 75.90%. This is a 0.60% increase from the previous month and a 0.60% rise since April 2019. This equates to approximately 1000+ new competencies being completed in the last month 	<p>% of compliance with Core Skills and Training Framework</p> <p>Legend: % Level 1 compliance (ABMU HB) % Level 1 compliance (SBU HB)</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 of 24th July to discuss content, recording, regular meetings arranged and compliance Once clarified, this would then be subject to approval via the Executive Team 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.

Description	Current Performance	Trend	Actions planned for next period																																												
Vacancies <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none">Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:EU Nurses employed at Band 5 = 70Philippine nurses arrived in 17/18 & employed at Band 5 = 30Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team.11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway.A further 13 of our HCSW's are currently undertaking a 2 year master's programme.	Vacancies as at May 2019.	<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).																																												
		<table><tr><th>Grade - Medical & Dental</th><th>May-19</th></tr><tr><td>21000-Consultant (M&D)</td><td>-68.06</td></tr><tr><td>21100-Locum Consultant (M&D)</td><td>4.70</td></tr><tr><td>22110-Associate Specialist (M&D)</td><td>-7.53</td></tr><tr><td>22200-Locum Associate Specialist (M&D)</td><td>0.00</td></tr><tr><td>22250-Specialist Dental Officer</td><td>-0.58</td></tr><tr><td>22260-Senior Dental Officer</td><td>-0.80</td></tr><tr><td>22270-Dental Officer</td><td>-2.41</td></tr><tr><td>22310-Speciality Doctor (M&D)</td><td>-16.06</td></tr><tr><td>22320-Locum Speciality Doctor (M&D)</td><td>-0.60</td></tr><tr><td>23100-Specialty Registrar (M&D)</td><td>-108.81</td></tr><tr><td>23120-Locum Specialty Registrar (M&D)</td><td>29.20</td></tr><tr><td>23200-Specialist Registrar (M&D)</td><td>-6.00</td></tr><tr><td>23300-Locum Specialist Registrar (M&D)</td><td>-1.20</td></tr><tr><td>24100-F2 foundation year 2 (M&D)</td><td>-0.91</td></tr><tr><td>24110-Locum F2 Foundation year 2 (M&D)</td><td>3.00</td></tr><tr><td>24400-F1 foundation year 1 (M&D)</td><td>-9.20</td></tr><tr><td>24900-Dental Trainees in Hosp Post</td><td>3.96</td></tr><tr><td>25000-Clinical Assistant (M&D)</td><td>-1.19</td></tr><tr><td>25100-Senior Lecturer (M&D)</td><td>-1.08</td></tr><tr><td>25300-G.P.Sessions / Staff Fund</td><td>5.48</td></tr><tr><td>Total</td><td>-178.10</td></tr></table>		Grade - Medical & Dental	May-19	21000-Consultant (M&D)	-68.06	21100-Locum Consultant (M&D)	4.70	22110-Associate Specialist (M&D)	-7.53	22200-Locum Associate Specialist (M&D)	0.00	22250-Specialist Dental Officer	-0.58	22260-Senior Dental Officer	-0.80	22270-Dental Officer	-2.41	22310-Speciality Doctor (M&D)	-16.06	22320-Locum Speciality Doctor (M&D)	-0.60	23100-Specialty Registrar (M&D)	-108.81	23120-Locum Specialty Registrar (M&D)	29.20	23200-Specialist Registrar (M&D)	-6.00	23300-Locum Specialist Registrar (M&D)	-1.20	24100-F2 foundation year 2 (M&D)	-0.91	24110-Locum F2 Foundation year 2 (M&D)	3.00	24400-F1 foundation year 1 (M&D)	-9.20	24900-Dental Trainees in Hosp Post	3.96	25000-Clinical Assistant (M&D)	-1.19	25100-Senior Lecturer (M&D)	-1.08	25300-G.P.Sessions / Staff Fund	5.48	Total	-178.10
		Grade - Medical & Dental		May-19																																											
		21000-Consultant (M&D)		-68.06																																											
		21100-Locum Consultant (M&D)		4.70																																											
		22110-Associate Specialist (M&D)		-7.53																																											
		22200-Locum Associate Specialist (M&D)		0.00																																											
		22250-Specialist Dental Officer		-0.58																																											
		22260-Senior Dental Officer		-0.80																																											
		22270-Dental Officer		-2.41																																											
22310-Speciality Doctor (M&D)	-16.06																																														
22320-Locum Speciality Doctor (M&D)	-0.60																																														
23100-Specialty Registrar (M&D)	-108.81																																														
23120-Locum Specialty Registrar (M&D)	29.20																																														
23200-Specialist Registrar (M&D)	-6.00																																														
23300-Locum Specialist Registrar (M&D)	-1.20																																														
24100-F2 foundation year 2 (M&D)	-0.91																																														
24110-Locum F2 Foundation year 2 (M&D)	3.00																																														
24400-F1 foundation year 1 (M&D)	-9.20																																														
24900-Dental Trainees in Hosp Post	3.96																																														
25000-Clinical Assistant (M&D)	-1.19																																														
25100-Senior Lecturer (M&D)	-1.08																																														
25300-G.P.Sessions / Staff Fund	5.48																																														
Total	-178.10																																														
<table><tr><th>Grade - Nursing & Midwifery</th><th>May-19</th></tr><tr><td>2A182-Nurse Consultant Band 8B</td><td>-2.00</td></tr><tr><td>2A281-Nurse Manager Band 8A</td><td>2.33</td></tr><tr><td>2A282-Nurse Manager Band 8B</td><td>3.66</td></tr><tr><td>2A283-Nurse Manager Band 8C</td><td>4.00</td></tr><tr><td>2A284-Nurse Manager Band 8D</td><td>-0.80</td></tr><tr><td>2A451-Registered Nurse Band 5</td><td>-322.62</td></tr><tr><td>2A461-Registered Nurse Band 6</td><td>-37.28</td></tr><tr><td>2A471-Registered Nurse Band 7</td><td>-29.65</td></tr><tr><td>2A481-Registered Nurse Band 8A</td><td>1.97</td></tr><tr><td>2A482-Registered Nurse Band 8B</td><td>1.00</td></tr><tr><td>Total</td><td>-379.39</td></tr></table>	Grade - Nursing & Midwifery	May-19	2A182-Nurse Consultant Band 8B	-2.00	2A281-Nurse Manager Band 8A	2.33	2A282-Nurse Manager Band 8B	3.66	2A283-Nurse Manager Band 8C	4.00	2A284-Nurse Manager Band 8D	-0.80	2A451-Registered Nurse Band 5	-322.62	2A461-Registered Nurse Band 6	-37.28	2A471-Registered Nurse Band 7	-29.65	2A481-Registered Nurse Band 8A	1.97	2A482-Registered Nurse Band 8B	1.00	Total	-379.39																							
Grade - Nursing & Midwifery	May-19																																														
2A182-Nurse Consultant Band 8B	-2.00																																														
2A281-Nurse Manager Band 8A	2.33																																														
2A282-Nurse Manager Band 8B	3.66																																														
2A283-Nurse Manager Band 8C	4.00																																														
2A284-Nurse Manager Band 8D	-0.80																																														
2A451-Registered Nurse Band 5	-322.62																																														
2A461-Registered Nurse Band 6	-37.28																																														
2A471-Registered Nurse Band 7	-29.65																																														
2A481-Registered Nurse Band 8A	1.97																																														
2A482-Registered Nurse Band 8B	1.00																																														
Total	-379.39																																														
<table><tr><th>Grade - Health Care Support Workers</th><th>May-19</th></tr><tr><td>2AA21-Nursing HCA/HCSW Band 2</td><td>-22.03</td></tr><tr><td>2AA31-Nursing HCA/HCSW Band 3</td><td>-30.36</td></tr><tr><td>2AA41-Nursing HCA/HCSW Band 4</td><td>-0.30</td></tr><tr><td>Total</td><td>-52.69</td></tr></table>	Grade - Health Care Support Workers	May-19	2AA21-Nursing HCA/HCSW Band 2	-22.03	2AA31-Nursing HCA/HCSW Band 3	-30.36	2AA41-Nursing HCA/HCSW Band 4	-0.30	Total	-52.69																																					
Grade - Health Care Support Workers	May-19																																														
2AA21-Nursing HCA/HCSW Band 2	-22.03																																														
2AA31-Nursing HCA/HCSW Band 3	-30.36																																														
2AA41-Nursing HCA/HCSW Band 4	-0.30																																														
Total	-52.69																																														
</																																															

Description	Current Performance	Trend	Actions planned for next period																																												
Recruitment Metrics <i>provided by NWSSP.</i> <i>Comparison with all-Wales benchmarking</i>	<ul style="list-style-type: none"> Swansea Bay UHB overall performance continues to match the target level for NHS Wales. The time taken to sift has deteriorated this month but may still be affected by the data changes due to BBC. 	Vacancy Creation to Unconditional Offer May 2019 (working days: including outliers) T13 <p>Legend: T13 Time Taken (Orange bar), Linear (Target) (Red line)</p>	<ul style="list-style-type: none"> Outlier data is passed to Delivery Units for review. If Outliers (activity well outside the normal expected timescale) are excluded SBU HB is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports. 																																												
Turnover % turnover by occupational group	<ul style="list-style-type: none"> Turnover data reports held with ESR is being affected by the staff who have moved to CTM. The attached figures have been adjusted and show a small reduction in Turnover which still remains below 8% on FTE. There has been very little movement in turnover as compared to the available data for May 2019. 	Turnover Data 1st June 2018 – 31st May 2019 <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>8.63%</td><td>8.87%</td><td>↑</td></tr> <tr> <td>Additional Clinical Services</td><td>6.48%</td><td>6.92%</td><td>↓</td></tr> <tr> <td>Administrative and Clerical</td><td>8.63%</td><td>8.83%</td><td>↓</td></tr> <tr> <td>Allied Health Professionals</td><td>10.01%</td><td>9.85%</td><td>↓</td></tr> <tr> <td>Estates and Ancillary</td><td>4.96%</td><td>5.36%</td><td>↓</td></tr> <tr> <td>Healthcare Scientists</td><td>8.82%</td><td>9.22%</td><td>↑</td></tr> <tr> <td>Medical and Dental</td><td>10.86%</td><td>11.98%</td><td>↑</td></tr> <tr> <td>Nursing and Midwifery Registered</td><td>8.28%</td><td>8.83%</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>7.95%</td><td>8.33%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	8.63%	8.87%	↑	Additional Clinical Services	6.48%	6.92%	↓	Administrative and Clerical	8.63%	8.83%	↓	Allied Health Professionals	10.01%	9.85%	↓	Estates and Ancillary	4.96%	5.36%	↓	Healthcare Scientists	8.82%	9.22%	↑	Medical and Dental	10.86%	11.98%	↑	Nursing and Midwifery Registered	8.28%	8.83%	↑	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.95%	8.33%	↓	<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.
Staff Group	FTE	Headcount	Change Headcount																																												
Add Prof Scientific and Technic	8.63%	8.87%	↑																																												
Additional Clinical Services	6.48%	6.92%	↓																																												
Administrative and Clerical	8.63%	8.83%	↓																																												
Allied Health Professionals	10.01%	9.85%	↓																																												
Estates and Ancillary	4.96%	5.36%	↓																																												
Healthcare Scientists	8.82%	9.22%	↑																																												
Medical and Dental	10.86%	11.98%	↑																																												
Nursing and Midwifery Registered	8.28%	8.83%	↑																																												
Overall Rate	FTE	Headcount	Change Headcount																																												
Overall Rate	7.95%	8.33%	↓																																												

Description	Current Performance	Trend	Actions planned for next period
PADR <i>% staff who have a current PADR review recorded</i>	<ul style="list-style-type: none"> Staff who have had a Personal Appraisal and Development Review (PADR) as of May 2019 stands at 64.21%. This is an increase of 0.42% from April's figure of 63.79% Medical and Dentals results have seen an increase in completed PADR's from 66.88% to 67.48%. This is an overall 0.60% rise in results. Estates and Ancillaries have seen an increase from 24.09% to 29.91, which is a 5.82% rise in the past month and the biggest rise out of all the staff groups. 	% of staff who have had a PADR in previous 12 months <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. On completion, recommendations will be made as to what could be done to improve future compliance. There are continuing difficulties with implementing Supervisor Self Service in connection with ESR. There have been discussions regarding an online version of the PADR paperwork within ESR and a HTML version has been created. However, the success of this within the HB is, in part, determined by the challenge of providing Supervisor Self Service.
Operational Casework <i>Number of current operational cases.</i>	<ul style="list-style-type: none"> There has been a steady and noticeable reduction in live ER cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016. There has been a reduction in both Disciplinary cases and in the number of grievances. 	Number of Operational Cases Data source has been amended to reflect only SB UHB data over the last 15 months so a comparative picture can be seen over time. <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 shortlisting has been completed interviews will be held at the end of May. 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.

8. 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
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none"> The reported revenue financial position for May 2019 is an in-month overspend of £1.037m, resulting in a cumulative overspend of £1.912m. The key drivers of the overspend are the Diseconomies of Scale of Bridgend Boundary (£0.9m), the required level of savings not identified and savings delivery slippage (£0.5m), and Operational Pressures (£0.5m) 	<p>Health Board Financial Performance 2019/20</p> <p>Reported Variance Target Variance</p>	<ul style="list-style-type: none"> Identify further savings to meet and exceed the savings requirement. To increase savings delivery confidence Support the Bridgend Financial Due Diligence exercise Clarify and agree the continued work required to support Bridgend Boundary Change Identify opportunities to mitigate and manage the operational pressures
Forecast Position – delivery of a breakeven position	<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. 	<p>Month</p> <p>Deficit Control Total Outturn</p>	<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 measures to support financial delivery. Develop a strong pipeline of savings and efficiency measures.

Description	Current Performance	Trend	Actions planned for next period
Savings Delivery – Performance against the £21.3m savings requirement	<ul style="list-style-type: none"> The Health Board financial plan set out a requirement to identify and deliver £21.3m. To date £20m of Green and Amber schemes have been identified. The actual savings delivery increased in May, however the Health Board is reporting slippage against planned delivery of £0.36m after 2 months. 	<p>Horizontal bar chart showing savings delivery progress from April to March. The chart tracks five categories: Active (green), In-Progress (yellow), Pipeline Ideas (red), Unidentified (black), and Achieved (blue). The x-axis represents the amount in millions of pounds, ranging from 0 to 3,500. Data labels for May show 877 for Active and 1,058 for In-Progress.</p>	<ul style="list-style-type: none"> Further identification of savings and greater delivery confidence. Analysis of planned scheme slippage to ensure necessary actions taken to rectify position.
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change. The overall workforce expenditure has remained static in May, which is disappointing given the payment of a one-off non-consolidated payment linked to A4C pay deal in April. There has been a significant increase in variable pay costs in May, particularly Registered Nursing Agency. 	<p>Variable Pay Expenditure This Year and 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
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The cumulative position to end of May 2019 is a £330k underspend to plan Underspend is not anticipated to impact on cumulative year end position which is a spend of £24,769k 	<p>Performance to Plan</p> <p>Cumulative Performance to Plan</p>	<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

Description	Current Performance	Trend	Actions planned for next period																																							
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">In-month performance in May 2019 dropped slightly to 95.92%, but was still above target.The improved performance needs to be sustained to ensure that the target is able to be metThere continue to be significant challenges linked to clearing invoices on hold due to the implementation of the No PO No Pay policy.	<table><caption>PSPP Performance Data (Estimated from Graph)</caption><thead><tr><th>Month</th><th>In Month PSPP (%)</th><th>Cumulative PSPP (%)</th></tr></thead><tbody><tr><td>April</td><td>96.10</td><td>96.10</td></tr><tr><td>May</td><td>95.92</td><td>95.92</td></tr><tr><td>June</td><td>-</td><td>-</td></tr><tr><td>July</td><td>-</td><td>-</td></tr><tr><td>August</td><td>-</td><td>-</td></tr><tr><td>September</td><td>-</td><td>-</td></tr><tr><td>October</td><td>-</td><td>-</td></tr><tr><td>November</td><td>-</td><td>-</td></tr><tr><td>December</td><td>-</td><td>-</td></tr><tr><td>January</td><td>-</td><td>-</td></tr><tr><td>February</td><td>-</td><td>-</td></tr><tr><td>March</td><td>-</td><td>-</td></tr></tbody></table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.10	96.10	May	95.92	95.92	June	-	-	July	-	-	August	-	-	September	-	-	October	-	-	November	-	-	December	-	-	January	-	-	February	-	-	March	-	-	<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.
Month	In Month PSPP (%)	Cumulative PSPP (%)																																								
April	96.10	96.10																																								
May	95.92	95.92																																								
June	-	-																																								
July	-	-																																								
August	-	-																																								
September	-	-																																								
October	-	-																																								
November	-	-																																								
December	-	-																																								
January	-	-																																								
February	-	-																																								
March	-	-																																								

9. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

9.1 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%										
		Profile	66%	70%	73%	75%	72%	73%	76%	73%	82%	83%	82%	82%
	12 hour A&E waits	Actual	653	591										
		Profile	484	374	273	283	266	238	273	279	211	185	187	180
Stroke	1 hour ambulance handover	Actual	669	629										
		Profile	320	233	201	220	193	200	208	248	241	176	148	145
	Direct admission within 4 hours	Actual	62%	55%										
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
Planned care	CT scan within 1 hour	Actual	62%	56%										
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%										
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
Cancer	Thrombolysis door to needle within 45 minutes	Actual	27%	17%										
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
	Outpatients waiting more than 26 weeks	Actual	172	201										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Acquired Infections	Treatment waits over 36 weeks	Actual	1,952	2,076										
		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										
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Quality & Safety Measures	NUSC patients starting treatment in 31 days	Actual	71%	86%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	86%	90%										
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Workforce Measures	Number of healthcare acquired C.difficile cases	Actual	1	3										
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7										
		Profile	4	5	3	4	4	3	3	4	3	4	4	4
Workforce Measures	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	7	3	6	4	6	4	4	6	6	8	4	5
		Profile	7	3	6	4	6	4	4	6	6	8	4	5
	Discharge Summaries	Actual	59%	62%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Workforce Measures	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Sickness rate (12 month rolling)	Actual	6.11%											
		Profile			5.97%			5.84%			5.72%			5.59%
Workforce Measures	Personal Appraisal Development Review	Actual	65%	65%										
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	71%	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

9.1 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Only one case of toxin positive HCA c. difficile infection in April 19 92% of complaints responded to within 30 days (HB target 80%) No increase in informal complaints despite hospital pressures Renal Dept shortlisted for this year's NHS Wales Awards Secured Macmillan funding for Sarcoma Clinical Nurse Specialist to support sarcoma patients in SE Wales Additional lap chole patients treated through second CEOPD MpMRI capacity for the prostate cancer diagnostic pathway commissioned to commence end of June A Matron with a Quality Improvement remit appointed Replacement of the air handling unit within HSDU funding agreed Theatre light replacement programme commenced Approval given to commission 6 trolleys in Singleton Hospital to support elective surgical activity The Welsh Centre for Burns and Plastic Surgery are hosting a symposium with counterparts from Northern Ireland in June 	<ul style="list-style-type: none"> Hospital-wide audit of compliance with SAFER bundle and patients receiving IV antibiotic treatment in hospital Develop clear plans for our local Trauma Network requirements Develop sustainable plans for sarcoma service, hot lap choles, SNB, Pancreatic surgery, vascular access and cardiology treat and repatriate Implement new ambulatory emergency care pathways for medicine Further improve timely access to CT for stroke patients Handover of the Plastic Surgery Treatment Unit scheduled for late June Primary care pathway for oral medicine patients starting early in Q2 Recruitment to 6 Consultant Anaesthetist posts Develop plans to reduce delayed transfers of care within Critical Care Develop an ED recruitment plan including ANPs, junior and senior clinical fellows, to support timely assessment and decision-making Fully staff Paediatrics 24/7 with the aim of securing training accreditation Action plan developed to mitigate risk of lack of nurse staffing
Opportunities	Risks & Threats
<ul style="list-style-type: none"> A programme of clinical presentations to executive board scheduled focusing on NIV service, Vascular, Spinal Surgery and Paediatric Unscheduled pathways SBAR submitted to Execs supporting pancreatic outsourcing Awaiting decision from WG on new critical care funding Transformation bid submitted to expand home nocturnal dialysis Procurement tender progressing to replace renal dialysis machines Following HEIW review, proposal to appoint 5 Physician's Associates within T&O and Spinal Services Discussions planned with Hywel Dda re Thyroid surgery service Business case under development for a hybrid theatre Snr Matron for Critical Care appointed, delivering senior leadership and enabling unit skill mix review and succession planning Plans to develop a Consultant Radiographer role Improvement work in ED triage to improve flow to minors 	<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 Over 145 elective orthopaedic and spinal cases lost since Jan 2019 due to breaching of the clean orthopaedic ward to manage hospital pressures Winter surge arrangements remain open Change to pension taxation arrangements impact on medical staff undertaking additional clinical and leadership work, Cardiac theatre scrub cover to maintain cardiac surgery Single cancer pathway and impact on diagnostic capacity Delay in recruitment for key roles such as Head of Sterile Services due to vacancy scrutiny delays ICU consultant gaps affecting on call cover and support to Singleton Hospital Lack of effective IT system within the Emergency Department

9.2 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%										
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	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										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	-	100%										
		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										
		Profile	3	3	0	0	0	0	1	1	1	0	1	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	1	0										
		Profile	0	0	0	1	1	0	1	0	1	1	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	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%	100%
	Concerns responded to within 30 days	Actual												
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.38%											
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%										
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	84%	85%										
		Profile			75%			80%			85%			90%

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

9.2 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. • 100% compliance with the 62-day wait target for cancer services; • 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 SMT in July. 	<ul style="list-style-type: none"> • Support transition of maternity structure to SSDU by 01/07; • Supporting Medical Ward teams through the OCP process; • 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; • 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 OT 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;

9.3 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										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28										
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	96%	92%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	72%	56%										
		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										
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1										
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4										
		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%	100%
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%											
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%										
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	77%	77%										
		Profile			70%			75%			80%			85%

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

9.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • An SBAR for a PET/CT Centre at Swansea Bay UHB got initial approval from IBG • MRI physics business case approved by IBG on 28th May 2019. • Neonatal Unit awarded the Unicef/World Health Organisation Baby Friendly Award, for the promotion of breast feeding • Successful introduction of Sepsis Risk Calculator for the post-natal wards • Joint working with Morriston delivery unit – single point of access and supporting redesign of surgical clinics • Appointment of Clinical Oncology Consultant to cover Gynae-Oncological cancers • Haematology research team have recruited the first patient in the UK into a study looking at treatment options for high risk acute and chronic leukaemia • Strawberry Place Community Glaucoma ODTG clinics have commenced with positive feedback May 19 	<ul style="list-style-type: none"> • Manage RTT pressures • Improvement in PADR and Mandatory training. • Cancer Performance and scoping of impact of Single Cancer pathway. • Delivering SACT is essential for decreasing the waiting times and delivering NICE approved treatments and clinical trial availability • Replacement of the 2 very old SPECT gamma cameras • Business intelligence remains a priority, extracting data from LIMS and working with external suppliers of Cost per Test Models. • To complete refurb of Ward 12- Agree ward configuration and service delivery model • To continue to push to recruit perm Consultant Haematologists • To review the current CDU infrastructure and create changes to increase capacity, based on the feedback received and the benchmarking work done to date. • Theatre Utilisation Improvement Programme
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Leverage current research project with Philips Medical Systems to benefit Radiotherapy Physics and Patient Pathways • Development of Auto Approval of Radiotherapy Treatment plans, at pilot stage, look to roll out to all treatment sites • Continue to explore the most effective model of Specialist Palliative care day services • Lymphoedema national review identified areas of potential improvement within local service. • Possibility of GP starting to help with oncology clinics • Welsh trained haematology consultant committed to NHS locum for 4 months to assess suitability of substantive post • Invited to support Cancer Care Module in Swansea University • Regular Theatre Scrum meetings to be arranged for Singleton, Neath and Morriston to improve utilisation June 19 	<ul style="list-style-type: none"> • Ongoing pressure of cladding mitigated by operational controls. Engineering plan being developed to support rework and implementation. • 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. • Under delivery Savings Plans. • Cancer tracking and lack of workforce to support. • Radiotherapy Waiting Times. • SPECT gamma cameras requirement for replacement • Loss of consultant Oncologist due to ill health causing significant issues • FUNB • Appointment of Paediatric Consultant to replace retiring Consultant – November 19

9.4 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%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%											
		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%											
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0										
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	0	0										
		Profile	0	0	0	1	0	0	0	1	0	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%	100%
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.22%											
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%										
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%										
		Profile			80%			82%			83%			85%

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

9.4 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit regularly meets all requirements of sections of the Mental Health Measure. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. • Meeting new target for psychological therapies on a sustainable basis. • Reduced waiting times for opiate substance treatment. 	<ul style="list-style-type: none"> • Ongoing intervention with frequent areas of poor compliance. Awareness on importance of timely discharge summaries with all Clinical Staff. • Recruitment and retention of staff for critical nursing, therapies and medical vacancies. • Hold and improve 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 to medical staffing vacancies or modernise service. • Move with partners to effect transformation of services across MH & LD services.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Mandatory training has improved however, Localities are working to improve this further towards compliance. • A new system for supporting performance on complaints has been put in place with weekly reviews by the Q&S team lead by the Head of Operations to support the localities to respond within the 30 day time scale. • Plan in place to address backlog in Serious Incident Investigations. 	<ul style="list-style-type: none"> • Capacity gaps 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. • Recruitment market for substantive nursing and medical vacancies. • Security issues in Cefn Coed and Garngoch Hospitals. • Demand and capacity constraints in CMHT's. • Managing the demand for CHC placements and resultant financial risks.

9.5 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										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	86%	0%										
		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												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3										
		Profile	4	3	3	4	4	3	3	3	3	4	4	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	1	0	0	0	0	0	1	0
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	3	3										
		Profile	5	9	8	5	5	5	6	10	9	5	11	6
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	17	15										
		Profile	29	27	26	29	27	30	29	22	24	29	30	32
	E.Coli cases (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.37%											
		Profile			5.28%			TBC			TBC			TBC
	Personal Appraisal Development Review	Actual	79%	79%										
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	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

9.5 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Partnership working with Local Authorities in managing contentious and challenging Continuing Health Care and Funded Nursing Care cases. The Community Pharmacy Blood Bourne Virus (BBV) has been established in one community pharmacy in Neath Port Talbot. Community Pharmacies across SBUHB delivered a 45% increase in the number of Common Ailments Service consultations carried out in May compared with April (732 consultations) Increased link made with other agencies to ensure Sexual Health provision is delivered to the vulnerable. Significant progress continues to be made within the Cwmtawe Cluster in implementing the Whole System Transformation model and good progress with phase 1a Neath Cluster rollout. SBU Health Board Clusters were winners of the All Wales Continuous Improvement Community's (AWCIC) Annual Awards 2019, supported by Academi Wales for work undertaken in addressing pre-diabetes in the community. Gorseinon Hospital have had a successful month after picking up awards at both the Chairman's VIP Awards and All Wales Continuous Improvement Community's (AWCIC) Annual Awards 2019 	<ul style="list-style-type: none"> The Powys All Wales Retrospective Team closed in March 2019, 60 cases transferred back to SBUHB. All these cases breached prior to transfer and will be managed by the in-house Retrospective Team. Latest Sexual Health Wales surveillance Scheme quarterly report April 2019 showed marked increases in chlamydia, gonorrhoea and syphilis. The service is looking at ways to address situation. The primary care management team are working collaboratively with ophthalmology colleagues for community optometrists with additional skills to support secondary care with the backlog of glaucoma patients Oral Medicine Pathway- draft service specification being developed. Formal tender to be undertaken following finalisation of the specification. Continue planning for phase 2 whole system transformation roll out to Upper Valleys and Llchwyr in July 2019.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Expansion of Primary Care Audiology in Afan and Neath expected in July The Minister announced a £100,000 funding package for specialist minor ailment and clinical skills training across Wales. Primary care management team in discussions with Health Education and Improvement Wales and Swansea University to ascertain how this is facilitated and delivered on a local level Implementing MCAS clinics in Cwmtawe and Upper Valley Cluster Review and update pain management programme with additional member of staff (Psychologist) on board 	<ul style="list-style-type: none"> Insufficient workforce in Long Term Care to manage the growing workload demand from the private sector in terms of managing DATIX, Escalating Concerns Process, and safeguarding. Eye Care Stroke Pathway Pilot- (Cwmtawe Transformation)- meeting arranged June 2019 to discuss concerns raised with pathway by Interim Head of Orthoptics. Links made with safeguarding midwife to inform them of any ongoing pregnancies from the Pregnancy Advisory Service following a concealed pregnancy and the death of a baby

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU											SBU		
										May-18	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	Mar-19	68.3%	75%	70%	✗	68.8%								42.5%	59.3%	66.1%	67.5%	68.0%	68.3%		
	% uptake of influenza among under 65s in risk groups	National	Mar-19	44.0%	55%	65%	✗	48.5%								25.3%	34.0%	40.4%	41.7%	42.6%	44.0%		
	% uptake of influenza among pregnant women	National	2017/18	93.3%	75%		✓	72.7%															
	% uptake of influenza among children 2 to 3 years old	National	Mar-19	49.3%		40%	✓	57.9%									20.4%	35.9%	46.0%	47.2%	47.7%	49.3%	
	% uptake of influenza among healthcare workers	National	Mar-19	54.5%	60%	50%	✓										43.2%	50.4%	52.3%	53.8%	54.1%	54.5%	
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%													
	% of adult smokers who make a quit attempt via smoking cessation services	National	Mar-19	2.6%	5% annual target	2.9%	✗	2.2%		0.5%	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													
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU											SBU		
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-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	National			qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.													
	Total antibacterial items per 1,000 STAR-PUs	National	Q3 18/19	331	4 quarter ↓			303.4			307				289			331					
Antimicrobial Audits	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	National	Q3 18/19	8%	4 quarter ↓			7.6%			10%				10%			8%					
	% indication for antibiotic documented on medication chart	Local	Mar-19	90%		95%	✗					87%		94%		90%		90%		92%			
	% stop or review date documented on medication chart		Mar-19	56%		95%	✗					61%		54%		56%		56%		55%			
	% of antibiotics prescribed on stickers		Mar-19	47%		95%	✗					77%		73%		78%		47%		75%			
	% appropriate antibiotic prescriptions choice		Mar-19	96%		95%	✓					96%		97%		95%		96%		96%			
	% of patients receiving antibiotics for >7 days		Mar-19	13%		20%	✓					8%		15%		9%		13%		7%			
	% of patients receiving surgical prophylaxis for > 24 hours		Mar-19	46%		20%	✗					25%		8%		73%		46%		39%			
	% of patients receiving IV antibiotics > 72 hours		Mar-19	47%		30%	✗					41%		49%		42%		47%		31%			
	% of patients receiving IV antibiotics > 72 hours		Mar-19	47%		30%	✗					41%		49%		42%		47%		31%			
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-19	75.9	<67			79.85		96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	
	Number of E.Coli bacteraemia cases (Hospital)	National	May-19	7		9	✓			15	10	20	16	15	17	23	15	11	15	21	10	7	
	Number of E.Coli bacteraemia cases (Community)			15		27	✓			28	31	31	30	34	24	30	23	17	16	22	17	15	
	Total number of E.Coli bacteraemia cases	National	May-19	22		36	✓			43	41	51	46	49	41	53	38	28	31	43	27	22	
	Cumulative cases of S.aureus bacteraemias per 100k pop			37.2	<20					39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	
	Number of S.aureus bacteraemias cases (Hospital)	National	May-19	8		5	✗			8	7	8	9	7	7	5	9	9	4	11	8		
	Number of S.aureus bacteraemias cases (Community)			3		9	✓			13	12	9	11	3	5	10	6	9	7	7	3	3	
	Total number of S.aureus bacteraemias cases	National	May-19	11		14	✓			21	19	17	20	10	12	17	11	18	16	11	14	11	
	Cumulative cases of C.difficile per 100k pop			21.7	<26					49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	
	Number of C.difficile cases (Hospital)	National	May-19	8		9	✓			13	10	24	8	5	15	9	5	3	4	3	2	8	
	Number of C.difficile cases (Community)			3		3	✓			5	5	5	7	4	4	1	11	4	3	5	1	3	
	Total number of C.difficile cases	National	May-19	11		12	✓			18	15	29	15	9	19	10	16	7	7	8	3	11	
	Cumulative cases of Klebsiella per 100k pop			15.5																28.6	15.7	15.5	
	Number of Klebsiella cases (Hospital)	National	May-19	4		5	✓			5	6	1	6	6	11	5	11	10	15	4	2	4	
	Number of Klebsiella cases (Community)			1		7	✓			9	3	6	6	6	9	9	1	6	5	4	3	1	
	Total number of Klebsiella cases	National	May-19	5		12	✓			14	9	7	12	12	20	14	12	16	20	8	5	5	
	Cumulative cases of Aeruginosa per 100k pop			9.3																5.8	9.4	9.3	
	Number of Aeruginosacases (Hospital)	National	May-19	1		1	✓			2	1	2	1	0	2	4	2	0	0	0	3	1	
	Number of Aeruginosa cases (Community)			2		2	✓			3	2	1	0	3	0	2	3	0	2	0	0	2	
	Total number of Aeruginosa cases	National	May-19	3		3	✓			5	3	3	1	3	2	6	5	0	2	0	3	3	
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-19	97%		95%	✓				96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 18/19	0	0			2			2				-			0					
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	May-19	12%	90%	75%	✗	28.0%		85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	
	Number of new Never Events	National	May-19	1	0	0	✗	2		0	0	0	0	0	0	0	0	0	0	1	0	1	
	Number of risks with a score greater than 20	Local	May-19	66		12 month ↓	✓			57	60	67	77	73	66	45	48	53	54	51	72	66	
	Number of risks with a score greater than 16	Local	May-19	151		12 month ↓				New local measure for 2019/20											167	151	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Apr-19	15		12 month ↓	✗			12	10	22	14	7	13	8	12	6	17	15	15		
	Number of Safeguarding Children Incidents	Local	May-19	10		0	✗			11	5	12	14	3	10	9	3	13	7	7	6	10	
	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	0	1	0	0	0			
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Local	May-19	16		12 month ↓	✓			47	39	56	45	53	47	40	40	50	45	64	29	16	
	Number of grade 3+ pressure ulcers acquired in hospital	Local	May-19	2		12 month ↓	✓			1	2	3	1	1	6	3	3	4	10	7	1	2	
	Total Number of pressure ulcers developed in the community	Local	May-19	33		12 month ↓	✓			80	81	68	88	71	60	62	58	77	62	47	34	33	
	Number of grade 3+ pressure ulcers developed in the community	Local	May-19	6		12 month ↓	✓			14	15	11	13	8	9	12	13	16	11	10	10	6	
Inpatient Falls	Number of Inpatient Falls	Local	May-19	226		12 month ↓	✓			357	326	300	290	328	293	291	300	341	276	326	210	226	
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	2016	142.9	Annual ↓			140.6		2016= 142.9													
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q3 18/19	2	4 quarter ↓			17		1			3			2							
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%		26%	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%		48%	34%	44%	41%	53%	75%	55%	-	-	-	-			

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	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU											SBU	
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
DTCs	Number of mental health HB DTCs	National	May-19	23	12 month ↓	27	✓			22	30	27	30	29	28	26	25	29	26	21	18	23
	Number of non-mental health HB DTCs	National	May-19	67	12 month ↓	65	✗			64	75	74	85	69	84	125	117	104	87	112	49	67
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	May-19	98%	95%	95%	✓	77.0%		92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%
	Stage 2 mortality reviews required	Local	May-19	13						14	16	12	19	19	16	22	17	7	10	22	21	13
	% stage 2 mortality reviews completed	Local	Mar-19	50%		100%				64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%		
	Crude hospital mortality rate (74 years of age or less)	National	Apr-19	0.79%	12 month ↓			0.70%		0.80%	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	May-19	90.6%		98%	✓			98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	May-19	84%	85%					64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Apr-19	96%	95%	95%	✗	87.1%		93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	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%	✗			64.0%	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 AWMMSG appraisals	National	Q2 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					

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU											SBU	
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-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		2016/17= 5.97												
	Number of new formal complaints received	Local	Apr-19	93		12 month ↓ trend	✓			119	90	126	126	114	140	91	84	138	96	114	93	95
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Feb-19	83%	75%	78%	✓	58.5%		83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%		
	% of acknowledgements sent within 2 working days	Local	Apr-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National								New measure for 2019/20												
	% 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%		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%		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		4,187		3,528	3,544	3,490	3,332		3,364		3,373	3,350		
Dementia	% of patients aged ≥75 with an Anticholinergic Effect on Condition of ≥3 for items on active repeat	National	Q3 18/19	8.0%	4 quarter ↓			7.2%			8.0%			8.0%			7.9%					
	% 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																								
ABMU																							SBU	
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-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	Apr-19	89%		90%	90%	✓	89.5%		90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Apr-19	100%		100%	100%	✓	100.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Local	May-19	3,800			12 month ↑	✗			4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800
	% of who would recommend and highly recommend	Local	May-19	96%			90%	✓			95%	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	May-19	81%			90%	✗			87%	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																								
ABMU																							SBU	
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
DNAs	% of patients who did not attend a new outpatient appointment (selected specialities only)	Local	May-19	5.4%		12 month ↓		✓	6.2%		6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.2%	4.9%	5.3%	5.4%
	% of patients who did not attend a follow-up outpatient appointment (selected specialities only)	Local	May-19	6.7%		12 month ↓		✓	7.5%		6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%	6.5%	6.7%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-19	70.0%			90%	✗			72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%
	% of theatre sessions starting late	Local	May-19	43.0%			<25%	✗			41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%
	% of theatre sessions finishing early	Local	May-19	42.0%			<20%	✗			39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%
Critical Care	% critical care bed days lost to delayed transfer of care	National									New measure for 2019/20. Awaiting publication of data													
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				4 quarter ↓					New measure for 2019/20. Awaiting publication of data													
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-19	64%		85%	68%	✗	68.1%		64%	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	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	May-19	76%		85%	77%	✗	77.6%		53%	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%
	% workforce sickness and absent (12 month rolling)	National	Apr-19	5.97%		12 month ↓			5.29%		5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	
	% 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	Performance Trend	ABMU												SBU		
											Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-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	Mar-19	89%		Annual ↑	95%	✗	86%		82%	82%	82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Mar-19	97%		Annual ↑	95%	✓	89%		94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	97%			
	% 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	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-19	74%		65%	65%	✓	70.3%		78%	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	
	Number of ambulance handovers over one hour	National	May-19	647		0	233	✗	3,181		526	452	351	443	420	526	590	628	842	1,164	619	928	732	647	
	Handover hours lost over 15 minutes	Local	May-19	1,933									1,198	893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933
	% 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	May-19	76%		95%	80.0%	✗	76%		75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	
	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	May-19	591		0	374	✗	5,109		737	624	476	590	511	588	680	665	756	986	685	862	653	591	
	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-19	72.7%		12 month ↑			76.8%		72.4%	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	May-19	55%		58.9%	77%	✗	52.6%		34%	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	
	CT Scan (<1 hrs)	Local	May-19	56%		54.50%	52%	✓	58.8%		41%	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	May-19	93%		84.4%	89%	✓	84.7%		84%	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	
	Thrombolysis door to needle <= 45 mins	Local	May-19	17%		12 month ↑	25%	✗	33.9%		0%	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	
Planned Care	% of patients waiting < 26 weeks for treatment	National	May-19	88.0%		95%			88.6%		87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-19	323		-	0	✗	16,237		166	120	55	30	105	89	65	125	94	153	315	207	236	323	
	Number of patients waiting > 36 weeks for treatment	National	May-19	2,104		0	2,038	✗	8,985		3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-19	401		0	400	✗	2,781		702	790	915	740	811	762	735	658	693	603	558	437	401	401	
	Number of patients waiting > 14 weeks for a specified therapy	National	May-19	0		0	0	✓	4		0	1	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	Apr-19	42,538							66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538		
	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	Apr-19	14,102		12 month ↓	15,341	✓	152,350		24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102		
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	May-19	95%		98%	98%	✗	96.8%		92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	94%	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	May-19	80%		95%	94%	✗	85.8%		77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	88%	80%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Apr-19	86%		80%	80%	✓	75.6%		84%	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Apr-19	98%		80%	80%	✓	81.4%		79%	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%		
	% 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	Apr-19	100%		95%	95%	✓			62%	61%	62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-19	100%			100%	✓			100%	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-19	43%		80%	80%	✗			94%	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Apr-19	3%			80%	✗			43%	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Apr-19	92%			80%	✓			62%	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Apr-19	100%			90%	✓			75%	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Apr-19	62%			80%	✗			63%	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%		

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
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