



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>17<sup>th</sup> December 2019</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Performance and Contracting Manager		
<b>Report Sponsor</b>	Darren Griffiths, Associate Director of Performance		
<b>Presented by</b>	Darren Griffiths, Associate Director of Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<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>Key high level issues to highlight this month are as follows:</p> <p><b>Unscheduled Care-</b> November 2019 was another challenging month however the Minor Injuries Unit in Neath Port Talbot Hospital saw a significant improvement in performance and achieved 99% for the 4 hour A&amp;E waiting times target. Morriston also saw an improvement from 61% in October to 62% in November 2019. However, the ambulance 8 minute response target of 8 minutes was not achieved for the first time in 2019/20 and performance fell below 60%.</p> <p><b>Stroke-</b> at the time of writing this report, November's stroke data was not available. A verbal update will be provided at Committee.</p> <p><b>Planned Care-</b> Waiting times for outpatient appointments improved in November 2019, however waiting times for elective treatment continued to increase and subsequently the percentage of patients waiting under 26 weeks reduced. Plans are being put into place to recover the position.</p> <p><b>GP OOH-</b> An Internal Audit was completed in September 2019 which reflected the concerns held by the service management team regarding GPOOH performance data. A more robust data</p>		

Integrated Performance  
Report

	<p>process is now in place for SBUHB GPOOH resulting in a far more accurate data flow from the SBUHB IT Department. Before the data can be included in this report, the Primary Care and Community Services Unit Board need to be assured first that the data is now robust and that the Audit Committee paper has been completed.</p> <p>All performance trajectories in this report now reflect the updated trajectories for the Health Board.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• note current Health Board performance against key measures and targets and the actions being taken to improve performance.</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

## 3. GOVERNANCE AND RISK ISSUES

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

## 4. FINANCIAL IMPLICATIONS

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

## 5. RECOMMENDATION

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<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		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		

## Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The '5 Ways of Working' are demonstrated in the report as follows:

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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in November 2019. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated performance report



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# Appendix 1- Integrated Performance Report

## December 2019



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## 1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> <li>Multiple winners and finalists at the recent Royal College of Nursing (RCN) nurse of the year awards.</li> <li>In November 2019 Endoscopy waiting times were below 8 weeks for the first time since April 2019.</li> <li>Therapy waiting times are being maintained at (or below) 14 weeks.</li> <li>In November 2019, internal reduction targets were achieved for E.Coli Bacteraemia and S. Aureus Bacteraemia.</li> <li>All Mental Health Measures were achieved in October 2019.</li> <li>The Oral Medicine model is in place, diverting new referrals into a more appropriate care pathway.</li> <li>Swansea Bay 'see and treat' sore throat pharmacy service commenced in 22 pharmacies on 1st December.</li> </ul>	<ul style="list-style-type: none"> <li>Phased implementation of 'Hospital 2 Home' across the wards with the highest number of older people between 10th December 2019 and the end of January 2020.</li> <li>Appointment of the new GP post to work in Morriston ED in day time hours – to commence from 8<sup>th</sup> December.</li> <li>Maintain and fund all surge bed capacity that can be staffed on all our hospital sites</li> <li>Maximising core elective capacity and the outsourcing programme for RTT to stabilise performance and start to recover the position.</li> <li>Maintain ringfenced orthopaedic ward at Morriston hospital which was reinstated during November.</li> <li>Raise awareness of new one-stop shop for Infection Prevention and Control (IPC) launched on SharePoint which includes a norovirus toolkit.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Roll out of the SIGNAL system, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge.</li> <li>Interviews scheduled for up to 9 locum Anaesthetists whilst the permanent recruitment plan is progressed.</li> <li>Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morriston and Singleton Units.</li> <li>Roll out of Allocate and Locum on Duty.</li> <li>Flying Start Swansea undertaking a pilot catch-up Fluenz for nursery aged children in Penderi cluster during January 2020.</li> <li>Evaluating and developing services across the Health Board in light of the proposed restructure.</li> </ul>	<ul style="list-style-type: none"> <li>Unscheduled care pressures and increasing waits for transfers of care are affecting stroke care capacity.</li> <li>High level of medical and nursing vacancies.</li> <li>Only cancer, urgent elective admissions and some long waiting elective patients are being managed through our inpatient bed capacity. This is impacted on the Health Board's ability to deliver the planned care trajectories</li> <li>Change to pension tax arrangements impact on medical staff which is having an impact on flexible working and clinical leadership payments</li> <li>There is a risk of complaints from patients not being able to receive Systematic Anti-Cancer Therapy (SACT) in a timely manner.</li> <li>Lack of decant facilities in hospitals makes IPC cleaning challenging.</li> </ul>

## 2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – November 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	Oct-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%					6th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	72.4%	74.5%	77.3%	78.4%	80.2%	80.4%	
	12 hour A&E waits	Actual	653	602	644	642	740	939	890	927					4th
		Profile	484	374	273	283	266	238	799	693	656	612	444	297	
	1 hour ambulance handover	Actual	732	647	721	594	632	778	827	821					5th**
		Profile	320	233	201	220	193	200	673	634	508	451	388	291	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%	28.6%	55.1%						1st**
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%						
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%						3rd**
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%						
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%	50%	49%						4th**
		Profile													
	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925	1,039	1,152	1,120					2nd (Sep-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587					5th (Sep-19)
		Profile	1,970	1,894	1,904	1,856	1,763	1,686	1,450	1,393	1,435	1,247	1,061	938	
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344	294	223	226					4th (Sep-19)
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	
Cancer	Therapy waits over 14 weeks	Actual	0	0	0	0	1	0	1	0					Joint 1st (Sep-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	93%	91%	98%	92%					6th** (Sep-19)
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	87%	80%	81%	76%	84%	86%	84%	82%					2nd** (Sep-19)
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	11	10	13	10	10	19	17					6th
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11	11	17	7	8	13	11					5th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22	29	35	22	23	25	15					3rd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	



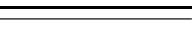
\*RAG status derived from performance against trajectory


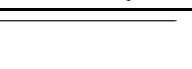

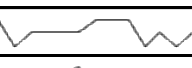

\*\* All-Wales benchmark highlights the Health Board's position in comparison with the other seven Health Boards however some measures are only applicable to six of the seven Health Board as Powys HB has been excluded


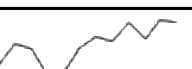
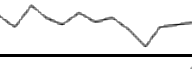




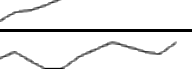
### 3. MONTHLY PERFORMANCE DASHBOARD

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
		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	
	Number of E.Coli bacteraemia cases (Hospital)	23	15	11	15	21	10	7	7	14	9	5	10	5	
	Number of E.Coli bacteraemia cases (Community)	30	23	17	16	22	17	15	22	21	13	18	15	10	
	Total number of E.Coli bacteraemia cases	53	38	28	31	43	27	22	29	35	22	23	25	15	
	Cumulative cases of S.aureus bacteraemias per 100k pop	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	
	Number of S.aureus bacteraemias cases (Hospital)	7	5	9	9	4	11	8	6	8	4	3	11	8	
	Number of S.aureus bacteraemias cases (Community)	10	6	9	7	7	3	3	5	9	3	5	2	3	
	Total number of S.aureus bacteraemias cases	17	11	18	16	11	14	11	11	17	7	8	13	11	
	Cumulative cases of C.difficile per 100k pop	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	
	Number of C.difficile cases (Hospital)	9	5	3	4	3	2	8	6	9	5	8	13	13	
	Number of C.difficile cases (Community)	1	11	4	3	5	1	3	4	4	5	2	6	4	
	Total number of C.difficile cases	10	16	7	7	8	3	11	10	13	10	10	19	17	
	Cumulative cases of Klebsiella per 100k pop					28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	
	Number of Klebsiella cases (Hospital)	5	11	10	15	4	2	4	7	1	8	7	4	4	
	Number of Klebsiella cases (Community)	9	1	6	5	4	3	1	4	4	3	2	0	4	
	Total number of Klebsiella cases	14	12	16	20	8	5	5	11	5	11	9	4	8	
	Cumulative cases of Aeruginosa per 100k pop					5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	
	Number of Aeruginosa cases (Hospital)	4	2	0	0	0	3	1	2	1	2	2	1	1	
	Number of Aeruginosa cases (Community)	2	3	0	2	0	0	2	4	0	2	0	0	0	
	Total number of Aeruginosa cases	6	5	0	2	0	3	3	6	1	4	2	1	1	
Incidents & Risks	Hand Hygiene Audits- compliance with WHO 5 moments	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	
	Number of new Never Events	0	0	0	0	1	0	1	1	1	1	0	1	0	
	Number of risks with a score greater than 20	45	48	53	54	51	72	66	75	81	88	103	104	105	
	Number of risks with a score greater than 16	New local measure for 2019/20					167	151	162	164	175	197	204	200	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	8	12	6	17	15	3	9	8	2	6	5	19	6	
	Number of Safeguarding Children Incidents	9	3	13	7	7	6	10	6	7	6	3	5	13	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	40	40	50	45	64	29	16	13	18	14	9	20		
	Number of pressure ulcers developed in the community	63	58	77	62	47	34	33	23	33	37	25	29		
	Total number of pressure ulcers	103	98	127	107	111	63	49	36	51	51	34	49		
	Number of grade 3+ pressure ulcers acquired in hospital	3	3	4	10	7	1	2	1	2	0	1	2		
	Number of grade 3+ pressure ulcers acquired in community	12	13	16	11	10	10	6	6	7	8	8	2		
	Total number of grade 3+ pressure ulcers	15	16	20	21	17	11	8	7	9	8	9	4		
Inpatient Falls	Number of Inpatient Falls	291	300	341	276	326	210	226	189	186	227	241	255	240	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
ABMU							SBU								
Sub Domain	Measure	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Performance Trend
Patient Experience	Number of new formal complaints received	91	84	138	96	114	93	95	118	138	114	110	159	137	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%			
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
ABMU							SBU								
Sub Domain	Measure	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%		
	% 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	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	
	% of who would recommend and highly recommend	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	

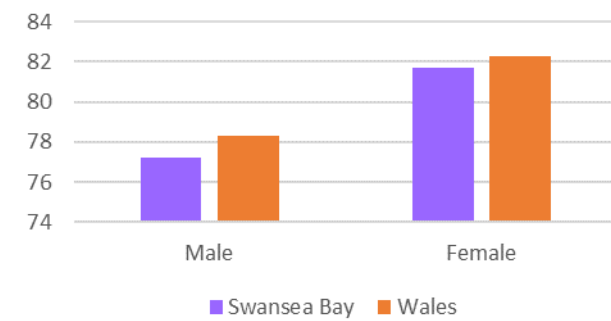
OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them															
ABMU							SBU								
Sub Domain	Measure	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%		
	% of patients who did not attend a follow-up outpatient appointment	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%		
Theatre Efficiencies	Theatre Utilisation rates	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	
	% of theatre sessions starting late	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	
	% of theatre sessions finishing early	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	69%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	81%	
	% workforce sickness and absent (12 month rolling)	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%		

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
		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%		
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	96%	95%	96%	92%	96%	98%	98%	97%	97%					
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	50%	79%	80%	60%	80%	83%	100%	100%	-					
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	
	Number of ambulance handovers over one hour	628	842	1,164	619	928	732	647	721	594	632	778	827	821	
	Handover hours lost over 15 minutes	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	665	756	986	685	862	653	602	644	642	740	939	890	927	
	% of survival within 30 days of emergency admission for a hip fracture	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%		
	CT Scan (<1 hrs)	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%		
	Thrombolysis door to needle <= 45 mins	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%		
	% patients receiving the required minutes for speech and language therapy						57%	47%	41%	48%	48%	50%	49%		
Planned Care	% of patients waiting < 26 weeks for treatment	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	
	Number of patients waiting > 26 weeks for outpatient appointment	125	94	153	315	207	236	323	297	479	925	1,039	1,152	1,120	
	Number of patients waiting > 36 weeks for treatment	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment							64.3%	62.4%	64.4%	63.6%	65.7%	69.5%		
	Number of patients waiting > 8 weeks for a specified diagnostics	658	693	603	558	437	401	401	295	261	344	294	223	226	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	1	0	1	0	
	The number of patients waiting for a follow-up outpatient appointment	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	
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)	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	92%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	82%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)						73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%		

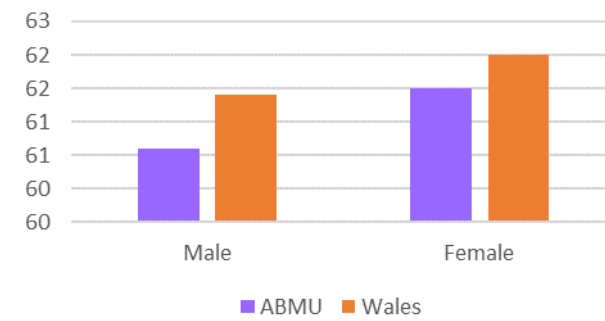


## 4.1 Public Health- Overview

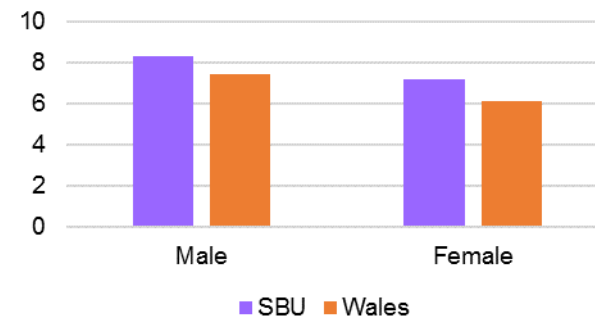
**Chart 1: Life expectancy at birth (2015 to 2017)**



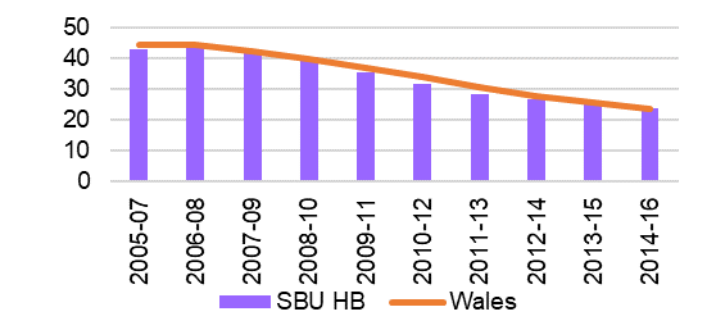
**Chart 2: Healthy Life expectancy at birth (2015 to 2017)**



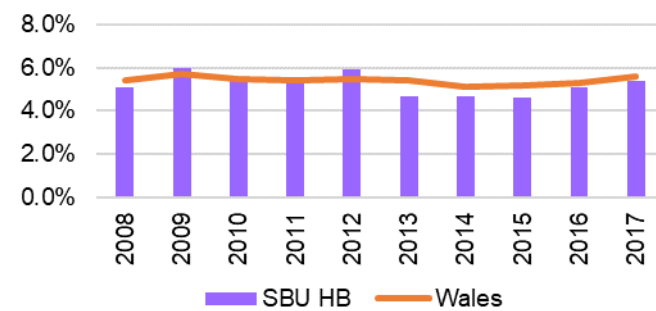
**Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017**



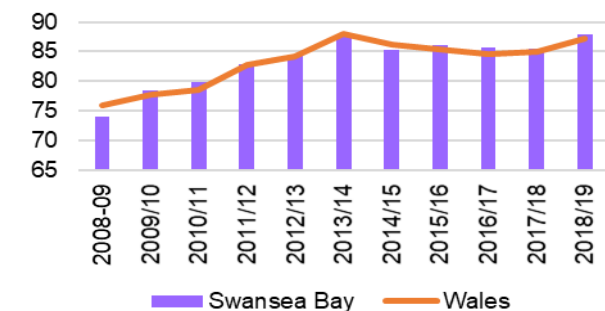
**Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)**



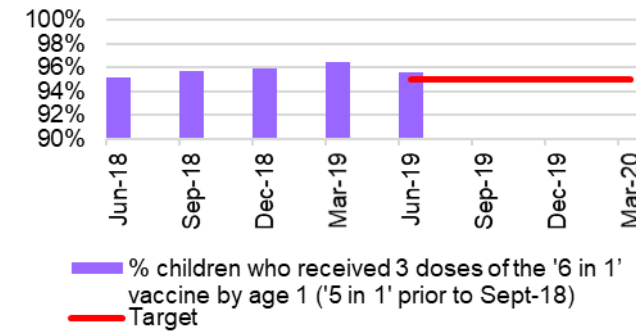
**Chart 5: Low birth weight (% , birth weight below 2500g)**



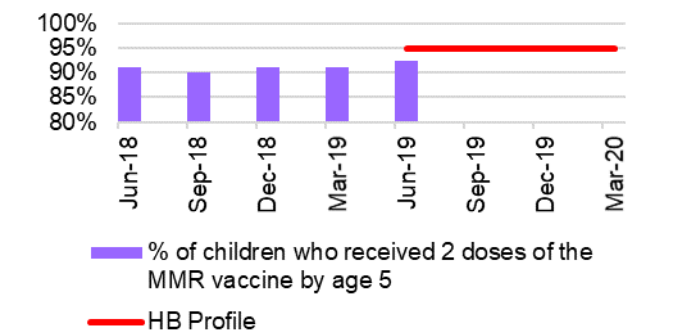
**Chart 6: Vaccination rates at age 4**



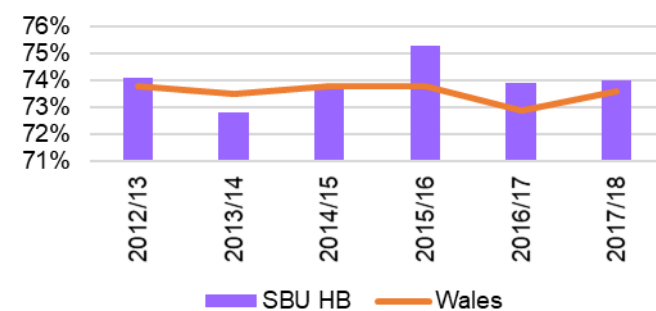
**Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1**



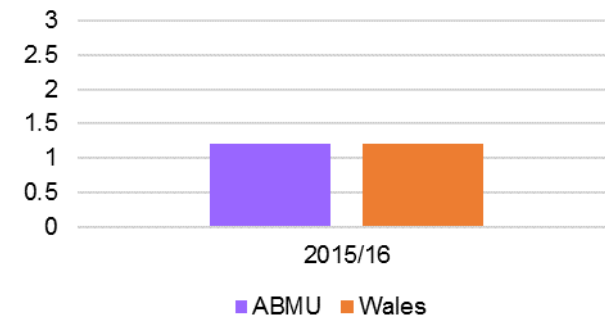
**Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5**



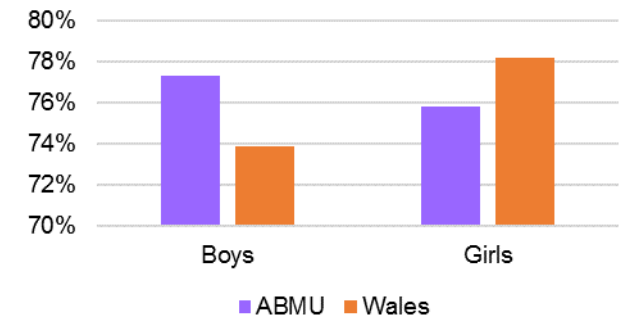
**Chart 9: Children age 5 of healthy weight**



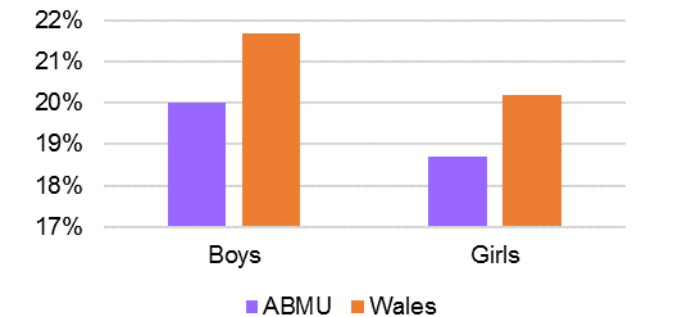
**Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16**



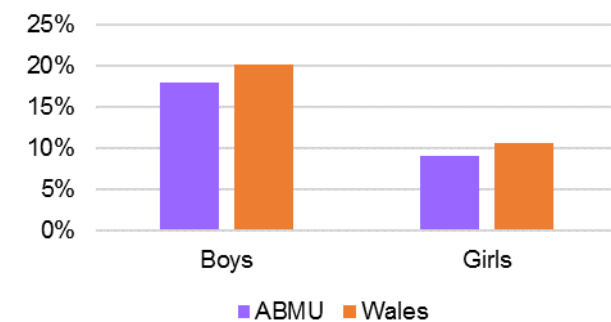
**Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14**



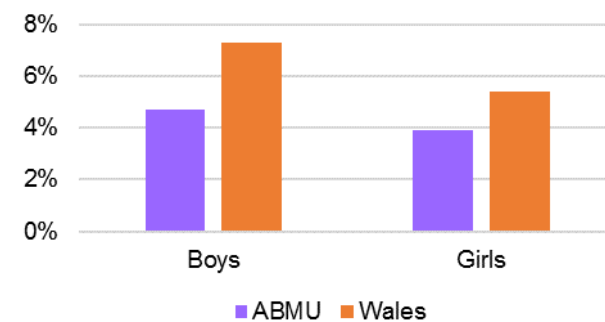
**Chart 12: Adolescents drinking sugary drinks once or more a day (% , children aged 11-16) 2013/14**



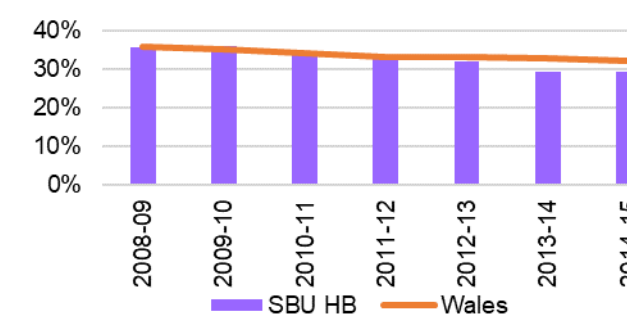
**Chart 13: Physical activity in adolescents (% , children aged 11-16) 2013/14**



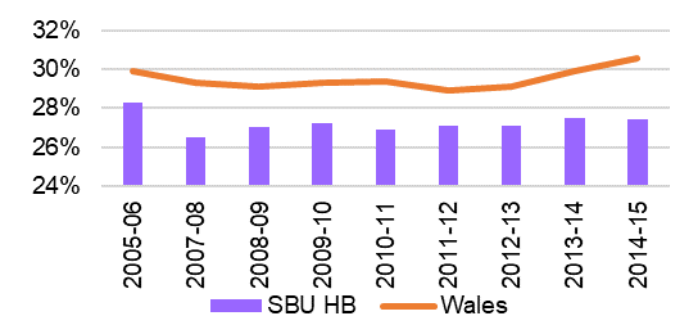
**Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14**



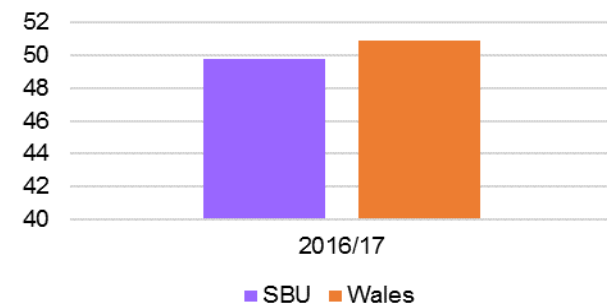
**Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)**



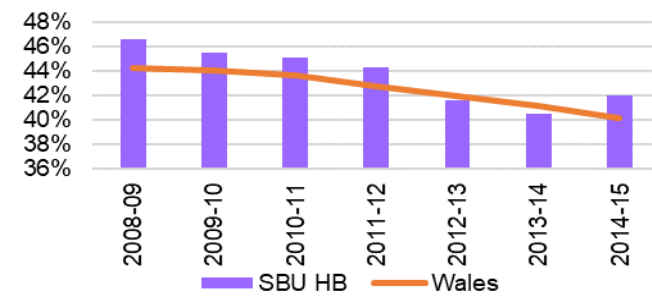
**Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)**



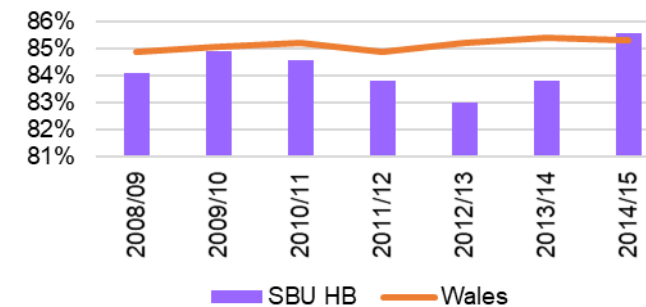
**Chart 17: Mental well-being among adults**  
(Age-standardised average total score, persons aged 16+)



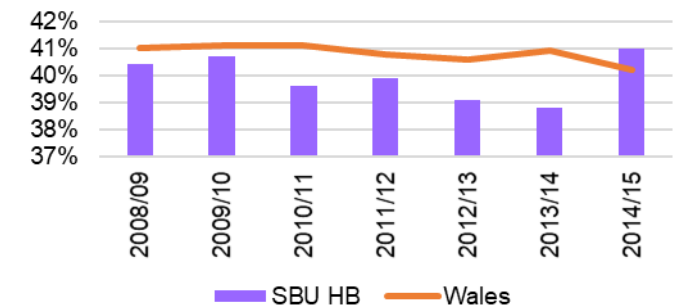
**Chart 18: Adults drinking above guidelines**  
(Age-standardised %, persons aged 16+)



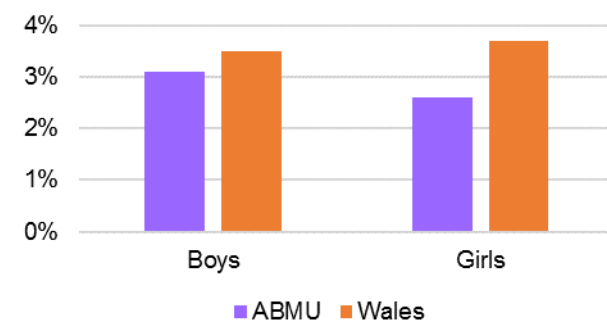
**Chart 19: Working age adults in good health** (% , persons aged 16-64)



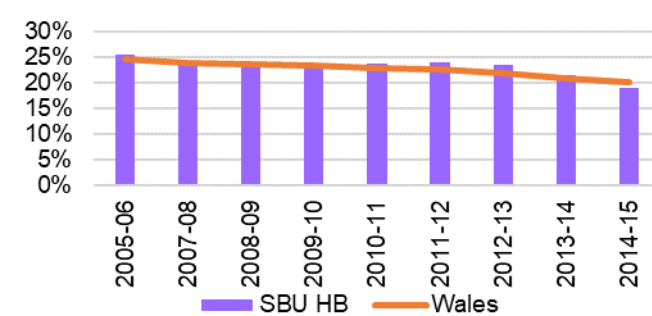
**Chart 20: Working age adults of healthy weight** (% , persons aged 16-64)



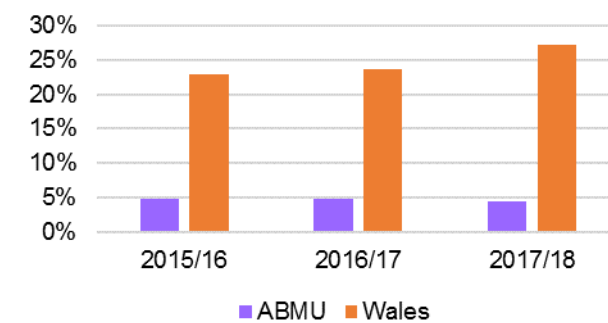
**Chart 21: Adolescents who smoke** (% , children aged 11-16) 2013/14



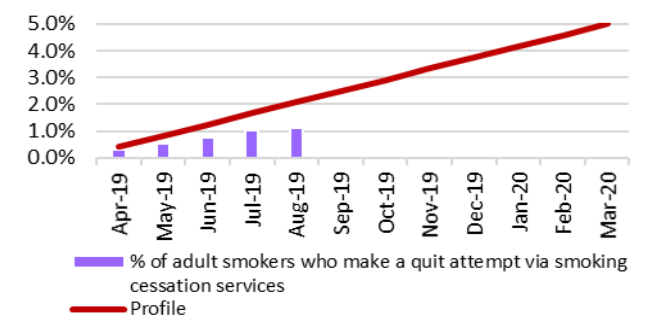
**Chart 22: Adults who smoke** (Age-standardised %, persons aged 16+)



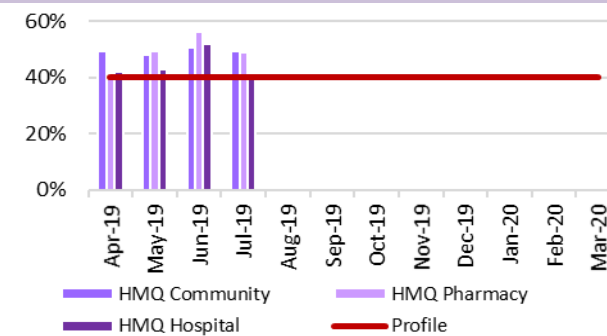
**Chart 23: Percentage of women who gave up smoking during pregnancy** (by 36-38 weeks of pregnancy)



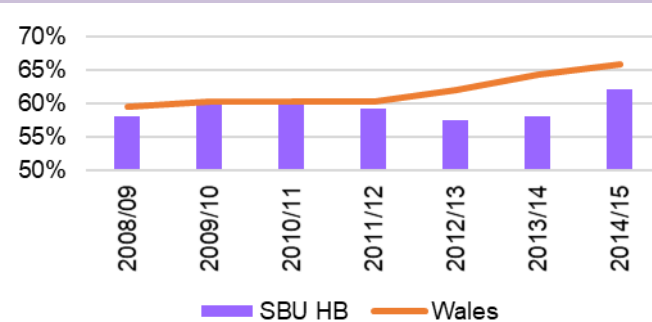
**Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services**



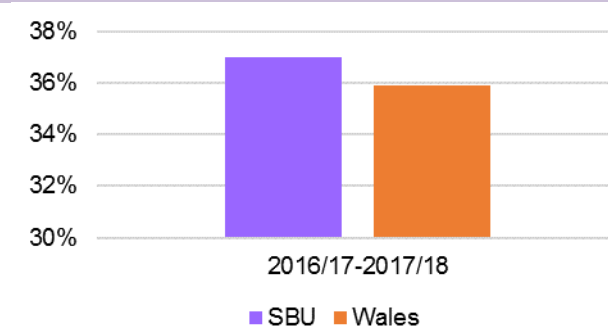
**Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks**



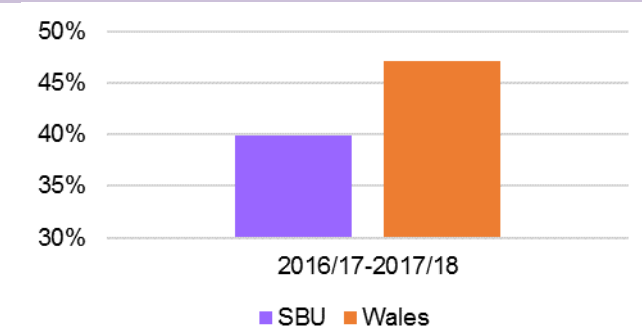
**Chart 26: Older people in good health** (% , persons aged 65+)



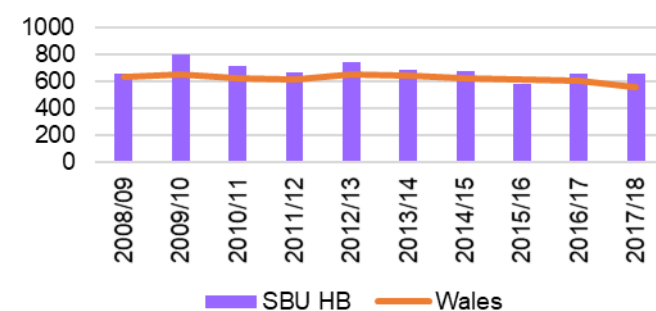
**Chart 27: Older people of healthy weight** (% , persons aged 65+) 2016/17-2017/18



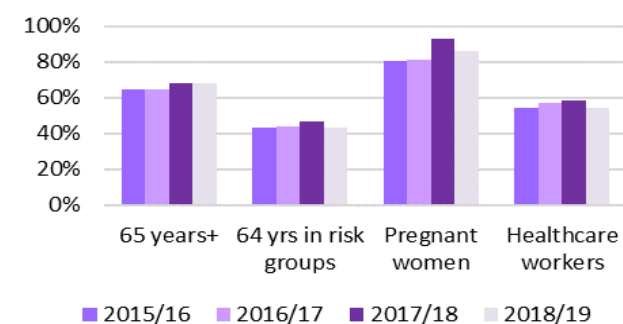
**Chart 28: Older people free from limiting long term illness** (% , persons aged 65+) 2016/17-2017/18



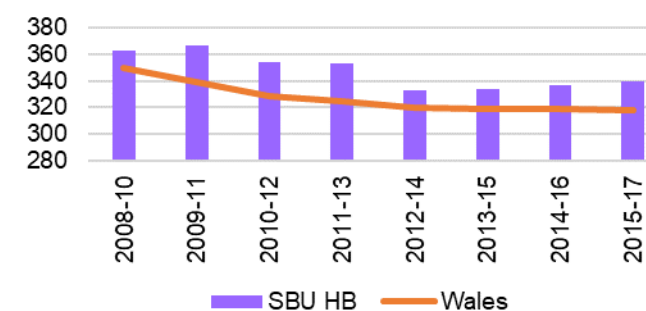
**Chart 29: Hip fractures among older people** (European age-standardised rate (EASR) per 100,000, persons aged 65+)



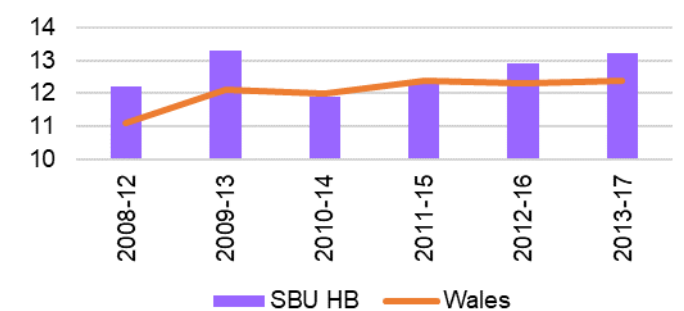
**Chart 30: Percentage uptake of influenza vaccination**



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



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



## 4.2 Public Health- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period																																										
<b>Child Measurement Programme</b> <i>The Child Measurement Programme for Wales measures the height and weight of children in Reception class. We want to learn how children in Wales are growing so that NHS Wales can better plan and deliver health services. Public Health Wales is responsible for the coordination of the Child Measurement Programme and every health board across Wales is taking part in the programme. Our School nursing service delivers the programme in primary schools across the Swansea Bay area.</i>	<p>12% of children in Wales are categorised as obese in 2017/18. Swansea Bay UHB has 12.7% of children aged 4-5 years who are obese (Cardiff and Vale 9.3% - Cwm Taf 13.8%);</p> <p>Swansea locality 12.8% and Neath Port Talbot 12.4%. (Vale of Glamorgan 7.1% - Merthyr Tydfil 15.6%)</p> <p>13.3% of children in Swansea Bay UHB aged 4-5 years are categorised as being overweight, lower than the Wales average of 14.3%. Neath Port Talbot however is higher than the Wales average at 14.8%.</p>	<div><div>95% confidence interval</div><div>Percentage of children, aged 4 to 5 years who are obese, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18 Produced by Public Health Wales Observatory using CMP (NWIS)</div><div><div>— Wales</div><div>— Swansea Bay UHB</div><table><thead><tr><th>Year</th><th>Wales</th><th>Swansea Bay UHB</th></tr></thead><tbody><tr><td>2012/13</td><td>11.5</td><td>12.0</td></tr><tr><td>2013/14</td><td>12.0</td><td>12.5</td></tr><tr><td>2014/15</td><td>11.5</td><td>12.0</td></tr><tr><td>2015/16</td><td>11.5</td><td>12.0</td></tr><tr><td>2016/17</td><td>12.5</td><td>13.0</td></tr><tr><td>2017/18</td><td>12.5</td><td>12.7</td></tr></tbody></table></div><div><div>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</div><div>95% confidence interval</div><div>Percentage of children, aged 4 to 5 years who are overweight, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18 Produced by Public Health Wales Observatory using CMP (NWIS)</div><div><div>— Wales</div><div>— Swansea Bay UHB</div><table><thead><tr><th>Year</th><th>Wales</th><th>Swansea Bay UHB</th></tr></thead><tbody><tr><td>2012/13</td><td>15.0</td><td>14.5</td></tr><tr><td>2013/14</td><td>15.0</td><td>14.5</td></tr><tr><td>2014/15</td><td>14.5</td><td>14.0</td></tr><tr><td>2015/16</td><td>14.0</td><td>13.5</td></tr><tr><td>2016/17</td><td>14.0</td><td>13.5</td></tr><tr><td>2017/18</td><td>14.0</td><td>13.3</td></tr></tbody></table></div><div><div>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</div></div></div></div>	Year	Wales	Swansea Bay UHB	2012/13	11.5	12.0	2013/14	12.0	12.5	2014/15	11.5	12.0	2015/16	11.5	12.0	2016/17	12.5	13.0	2017/18	12.5	12.7	Year	Wales	Swansea Bay UHB	2012/13	15.0	14.5	2013/14	15.0	14.5	2014/15	14.5	14.0	2015/16	14.0	13.5	2016/17	14.0	13.5	2017/18	14.0	13.3	<ul style="list-style-type: none"><li>Children &amp; Young People’s Obesity steering group implementing the multiagency action plan for 19/20</li><li>Scoping with Penderi and Upper Valleys clusters to provide an intervention to address overweight children following identification within the Child Measurement Programme (tier 2 service provision)</li><li>Obesity Pathway Delivery Review is complete. The review report with recommendations including the need for a tier 2 and 3 children weight management service in Swansea Bay has been received at the Health Board’s Executive team.</li><li>Awaiting publication of all-Wales minimum data and service standards in order to progress next steps</li><li>Delivery of the Food &amp; Fitness topic of the Healthy Schools school scheme and Nutrition and Oral Health &amp; Physical Activity, Active Play aspects of the Healthy and Sustainable Pre - School scheme</li><li>Nutrition sessions offered in schools by the School Nursing Service</li><li>Dieticians training School Nursing Service Health Care Support Workers in nutrition.</li><li>Continued progression of the 0-4 years Physical Activity sub-group action plan</li><li>Swansea PSB “Give Every Child the Best Start” Wellbeing Action Plan- Extension &amp; upscaling of evidence informed physical activity and early years nutrition programmes.</li><li>NPT PSB Well being Action Plan-developing a ‘children’s community’ approach which is a locality-based model of support and intervention informed by data and community engagement and intelligent service dialogue and decision making.</li></ul>
Year	Wales	Swansea Bay UHB																																											
2012/13	11.5	12.0																																											
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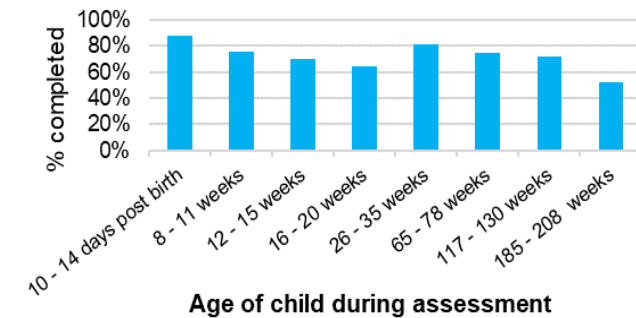


Description	Current Performance	Trend	Actions planned for next period																												
<b>Suicides</b> <i>The rate of suicides per 100,000 population</i>	<p>The overall rate of suicides across Swansea Bay UHB is in line with the Wales average, at 13.2 per 100,000 and 12.4 per 100,000 population respectively.</p> <p>However there is variation within Swansea Bay with the suicide rates for NPT being the only local authority in Wales which is statistically significantly above the Wales average at 15.8 per 100,000 (CI 12.8 to 19.2).</p> <p>The 5 year rolling rate for suicide in NPT (between 2004-8 and 2013-17) shows that for 2013-17 it increased to 15.8 per 100,000 (equating to a total count of 99 suicides), which is the third consecutive period increase, although still lower than the rolling rate of 16.3 per 100,000 population in 2009-15.</p>	<p><b>European age standardised 5 year rolling (EASR) per 100,000 persons aged 10+</b></p> <table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Period</th> <th>Swansea</th> <th>NPT</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>2008-12</td> <td>11.2</td> <td>14.8</td> <td>11.0</td> </tr> <tr> <td>2009-13</td> <td>11.5</td> <td>16.5</td> <td>11.5</td> </tr> <tr> <td>2010-14</td> <td>11.0</td> <td>14.5</td> <td>11.2</td> </tr> <tr> <td>2011-15</td> <td>11.2</td> <td>15.2</td> <td>11.5</td> </tr> <tr> <td>2012-16</td> <td>11.5</td> <td>15.8</td> <td>11.8</td> </tr> <tr> <td>2013-17</td> <td>11.8</td> <td>15.8</td> <td>12.0</td> </tr> </tbody> </table> <p><b>Caveat:</b> Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, and small numbers at local authority level, caution should be taken when interpreting suicide rates.</p>	Period	Swansea	NPT	Wales	2008-12	11.2	14.8	11.0	2009-13	11.5	16.5	11.5	2010-14	11.0	14.5	11.2	2011-15	11.2	15.2	11.5	2012-16	11.5	15.8	11.8	2013-17	11.8	15.8	12.0	<ul style="list-style-type: none"> <li>A multi-agency steering group is progressing with developing an integrated action plan for Swansea and Neath Port Talbot. Actions being developed include: <ul style="list-style-type: none"> <li>exploring training opportunities and local training needs,</li> <li>communications processes following a suicide,</li> <li>establishing a multi-agency rapid review process following a suicide to identify postvention activities and prevent contagion effects.</li> </ul> </li> <li>An example of work already being undertaken is the roll out of a training programme for schools and partner agencies to raise awareness of and identify self-harm in young people. The programme was developed by CAMHS and is delivered in partnership with the Healthy School Scheme.</li> <li>The training is currently being rolled out across Neath Port Talbot, and will extend to Swansea during quarter 4.</li> </ul>
Period	Swansea	NPT	Wales																												
2008-12	11.2	14.8	11.0																												
2009-13	11.5	16.5	11.5																												
2010-14	11.0	14.5	11.2																												
2011-15	11.2	15.2	11.5																												
2012-16	11.5	15.8	11.8																												
2013-17	11.8	15.8	12.0																												

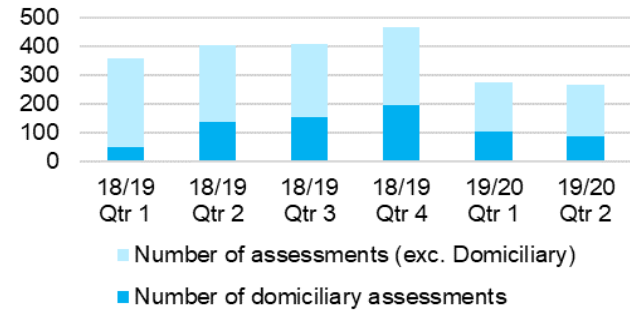
Description	Current Performance	Trend	Actions planned for next period																												
<p><b>Make Every Contact Count (MECC)</b></p> <p><i>E-learning module offers practical advice on how to carry out opportunistic conversations, signpost to services and encourage people to make positive steps towards a lifestyle change. The course takes less than half an hour to complete, is a one-off module and should be compulsory for staff with direct patient contact.</i></p>	<p>In November 2019, 5 members of staff completed MECC training. The cumulative total for April to November 2019 is 43 compared 136 in 2018.</p>	<p><b>Number of staff recorded on ESR as completing Make Every Contact Count training</b></p> <table border="1"><caption>Data for MECC Training Chart</caption><thead><tr><th>Month</th><th>Number of staff completing training</th></tr></thead><tbody><tr><td>Nov-18</td><td>70</td></tr><tr><td>Dec-18</td><td>10</td></tr><tr><td>Jan-19</td><td>20</td></tr><tr><td>Feb-19</td><td>20</td></tr><tr><td>Mar-19</td><td>15</td></tr><tr><td>Apr-19</td><td>5</td></tr><tr><td>May-19</td><td>5</td></tr><tr><td>Jun-19</td><td>5</td></tr><tr><td>Jul-19</td><td>5</td></tr><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>5</td></tr><tr><td>Oct-19</td><td>5</td></tr><tr><td>Nov-19</td><td>5</td></tr></tbody></table> <p>■ Number of staff completing training</p>	Month	Number of staff completing training	Nov-18	70	Dec-18	10	Jan-19	20	Feb-19	20	Mar-19	15	Apr-19	5	May-19	5	Jun-19	5	Jul-19	5	Aug-19	10	Sep-19	5	Oct-19	5	Nov-19	5	<ul style="list-style-type: none"><li>Offering Make Every Contact Count (MECC) training across SBU Health Board, Primary Care and wider partners to include elements of brief advice on behaviour change</li><li>We would like to see 10% of staff with direct patient contact completing this module in 2019/2010.</li><li>Data has been obtained by Public Health Wales NHS Trust Health Improvement Division from Shared Services. To be able to report on this in a timely fashion, it should be explored if the data could be provided by Swansea Bay HB Workforce and OD from ESR. Without this we cannot guarantee that the data can be provided.</li></ul>
Month	Number of staff completing training																														
Nov-18	70																														
Dec-18	10																														
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Jul-19	5																														
Aug-19	10																														
Sep-19	5																														
Oct-19	5																														
Nov-19	5																														
<p><b>Make Every Contact Count (MECC) and Health Literacy</b></p> <p><i>Low cost, high volume programme to bring population level behaviour change. Workforce development approach to support frontline staff to have the skills and confidence for brief positive conversations about health and wellbeing. It enables a wide range of staff in any organisation to use everyday interactions with the public to enable them to have increased control over their health, be able to seek out information, navigate services and take responsibility to look after their own wellbeing. Higher level face to face training is for those who require levels of skill above the level 1 brief advice e-learning course due to the level of public contact.</i></p>	<p>Number of staff trained in MECC and Health Literacy (face to face training) from Swansea Bay area:</p> <p>April 2018 – March 2019 = 393 staff</p>	<p><i>Historic data not available.</i></p>																													

## 5.1 Primary Care & Community Services- Overview

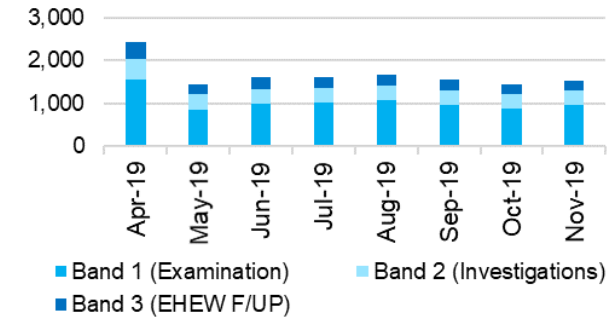
**Chart 1: Compliance with the Healthy Child Wales Programme (October 2019)**



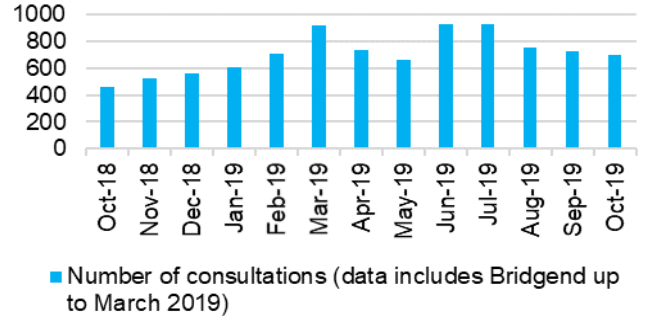
**Chart 2: % The number of patients receiving care from Low Vision services**



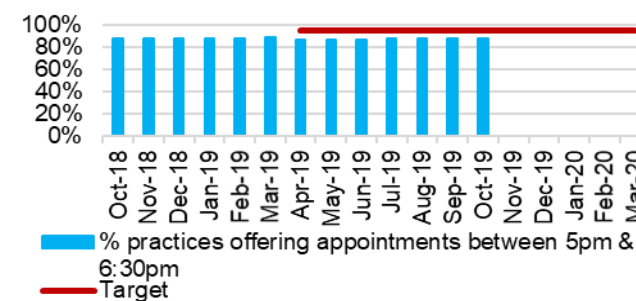
**Chart 3: Number of patients receiving care from Eye Health Examination Wales (EHEW)**



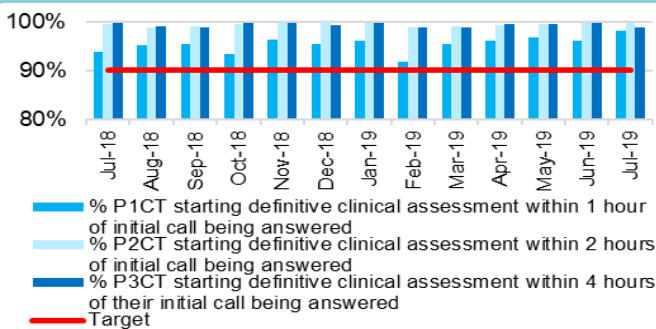
**Chart 4: Common Ailment Scheme - Number of consultations provided**



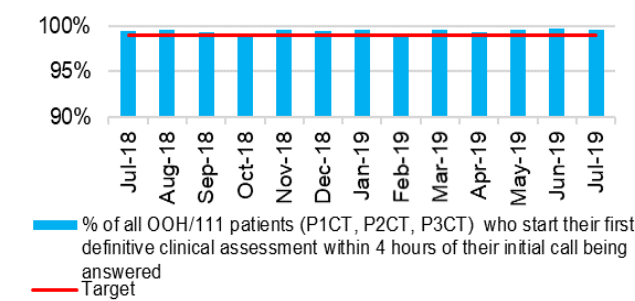
**Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm**



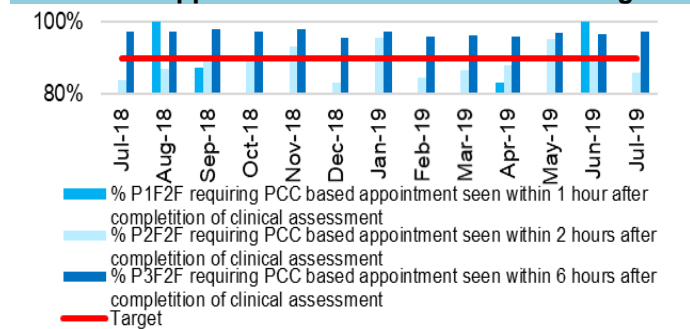
**Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients**



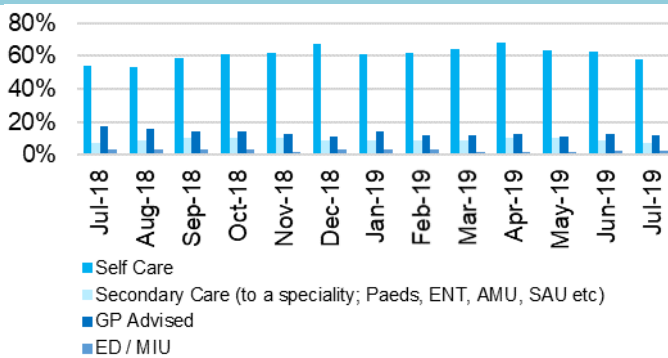
**Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients**



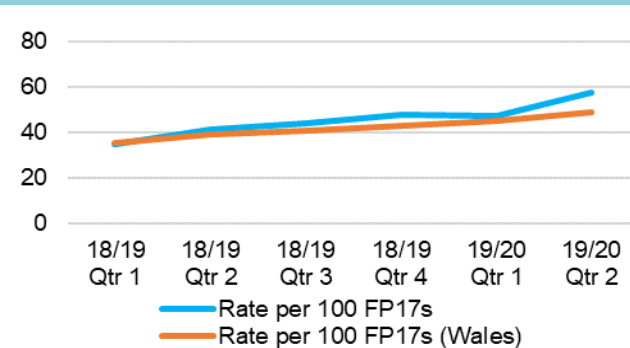
**Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting**



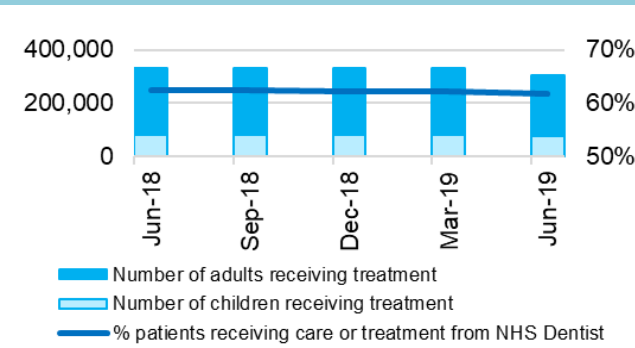
**Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB**



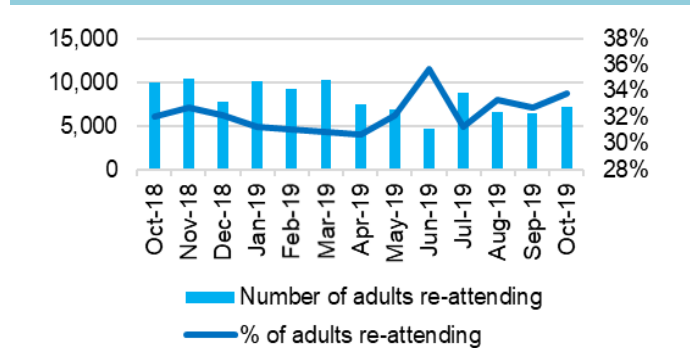
**Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)**



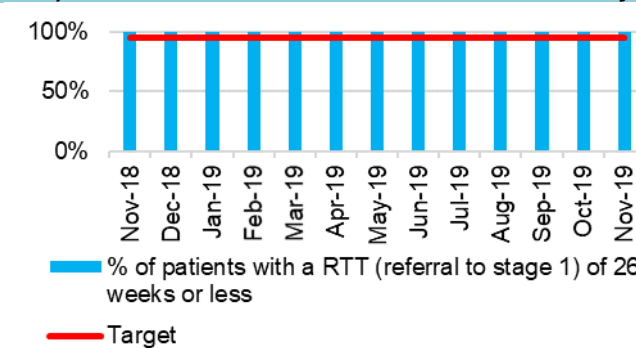
**Chart 11: Population regularly accessing NHS Dental Service**



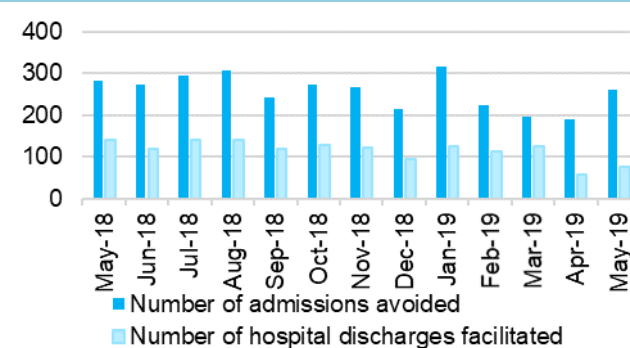
**Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months**



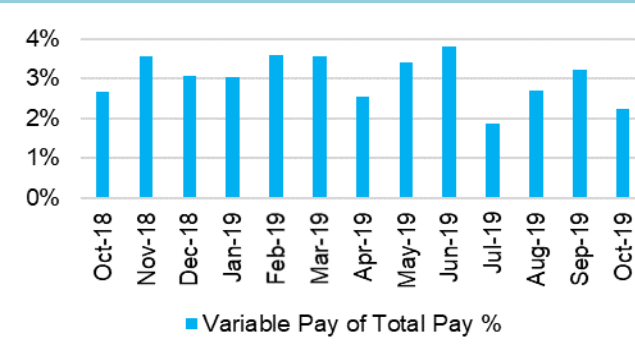
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



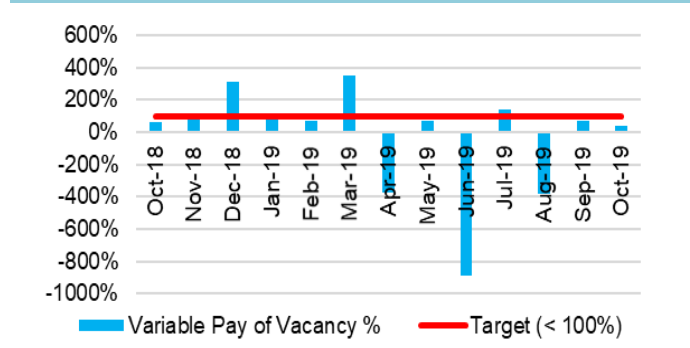
**Chart 14: Number of hospital admissions or USC admissions avoided**



**Chart 15: Variable Pay of Total Pay %**



**Chart 16: Variable Pay of Vacancy %**



## 5.2 Primary and Community Services- Updates and Actions

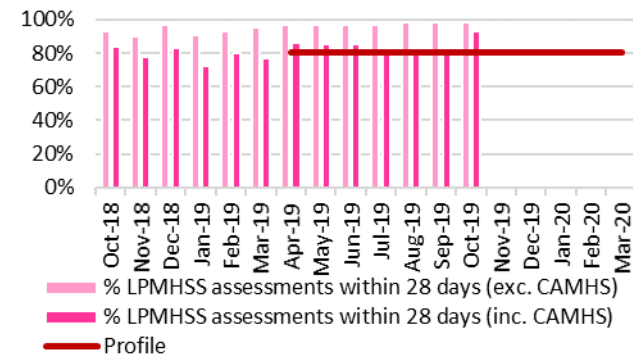
This section of the report provides further detail on key primary and community services measures.

Description	Current Performance	Trend	Actions planned for next period																								
<b>Adult dental patients re-attending NHS primary dental care between 6-9 months</b>	<p>The data indicates a reduction in frequency of re-attendance for dental treatment. The percentage spike was at the time of demographic change due to Bridgend Boundary.</p> <p>There will be occasions where patients return after short intervals when there is a problem with a tooth, or teeth, that was not apparent during the previous course of treatment e.g. damage to a filling, or an unrelated episode of trauma.</p> <p>Other outline factors such as the type of contract held and/or other services offered at the practice, will also result in appropriate re-attendance.</p>	<p><b>Adult dental patients re-attending NHS primary dental care between 6-9 months</b></p> <table border="1"><thead><tr><th>Month</th><th>No of adults re-attending</th><th>% of adults re-attending</th></tr></thead><tbody><tr><td>Apr-19</td><td>7500</td><td>30%</td></tr><tr><td>May-19</td><td>6500</td><td>32%</td></tr><tr><td>Jun-19</td><td>4500</td><td>37%</td></tr><tr><td>Jul-19</td><td>8500</td><td>30%</td></tr><tr><td>Aug-19</td><td>6000</td><td>32%</td></tr><tr><td>Sep-19</td><td>6000</td><td>30%</td></tr><tr><td>Oct-19</td><td>7000</td><td>32%</td></tr></tbody></table>	Month	No of adults re-attending	% of adults re-attending	Apr-19	7500	30%	May-19	6500	32%	Jun-19	4500	37%	Jul-19	8500	30%	Aug-19	6000	32%	Sep-19	6000	30%	Oct-19	7000	32%	<ul style="list-style-type: none"><li>Continue to implement the Unit Dental Contract Monitoring Framework document to ensure compliance with the dental contract and seek assurance that quality driven services are provided within general dental practice i.e. in line with NICE guidelines.</li><li>Continue to lead dental contract reform within Health Board area, supporting the additional four practices (total 18) on contract reform to reducing oral health inequities, deliver improved patient experience and outcomes and introduce evidence-based prevention and to develop a culture of continuous improvement.</li></ul>
Month	No of adults re-attending	% of adults re-attending																									
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<b>Restorative Dentistry - % of patients with a RTT (referral to stage 1) of 26 weeks or less</b>	<p>100% of patients with a RTT of 26 weeks or less.</p>	<p><b>% of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry</b></p> <table border="1"><thead><tr><th>Month</th><th>% of patients with a RTT (referral to stage 1) of 26 weeks or less</th></tr></thead><tbody><tr><td>Apr-19</td><td>100%</td></tr><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr></tbody></table>	Month	% of patients with a RTT (referral to stage 1) of 26 weeks or less	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	<ul style="list-style-type: none"><li>Following successful recruitment to consultant, speciality dentist and DCT posts continue to maintain and develop current workforce. Priority now to further reduce waiting times in prosthodontics and endodontic.</li></ul>								
Month	% of patients with a RTT (referral to stage 1) of 26 weeks or less																										
Apr-19	100%																										
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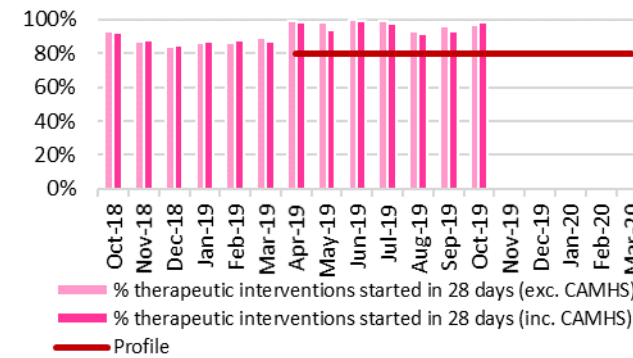


## 6.1 Mental Health and Learning Disabilities- Overview

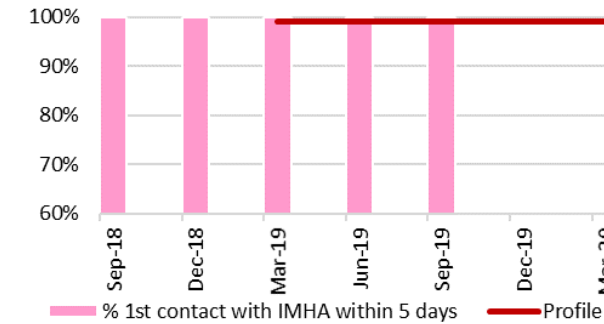
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



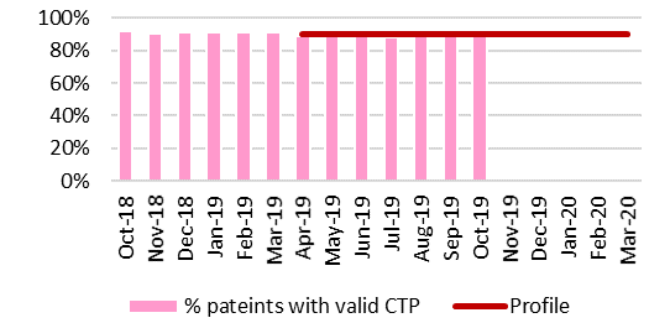
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



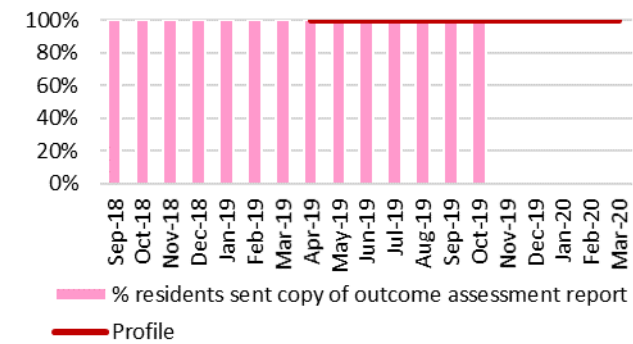
**Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days**



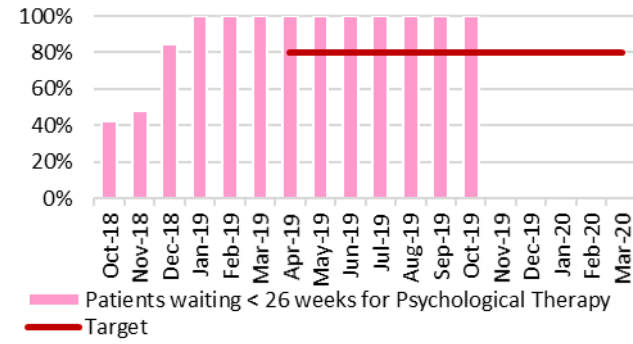
**Chart 4: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)**



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



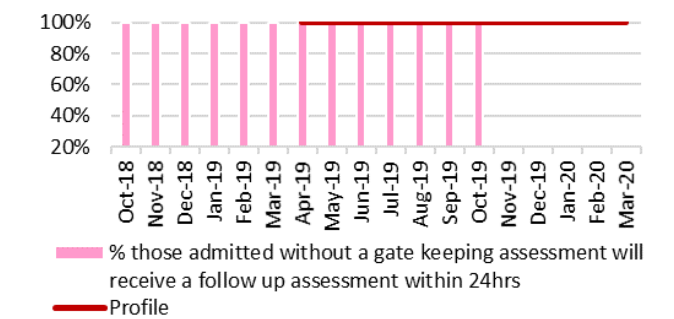
**Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



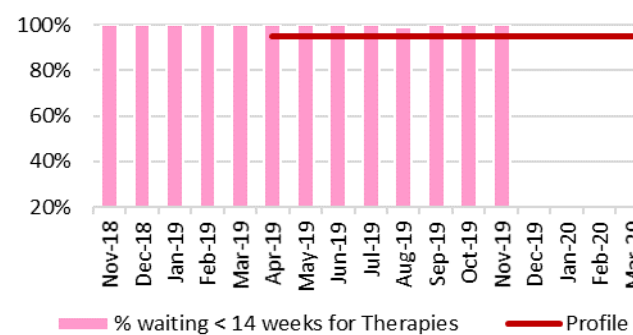
**Chart 7: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



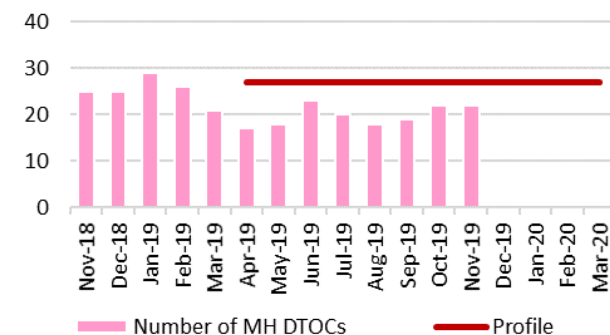
**Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



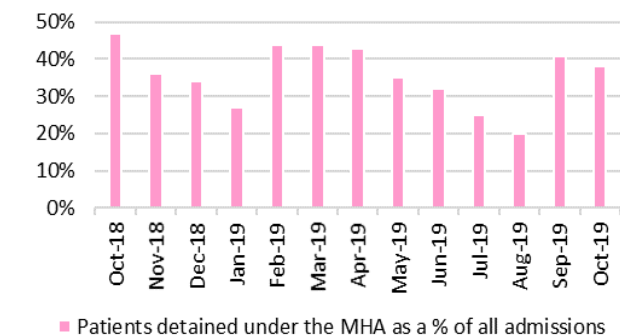
**Chart 9: % of patients waiting under 14 weeks for Therapies**



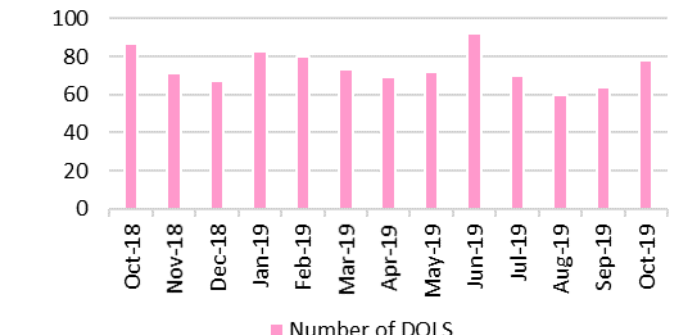
**Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)**



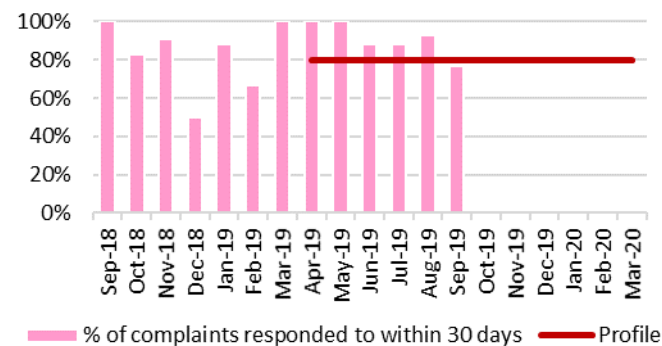
**Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions**



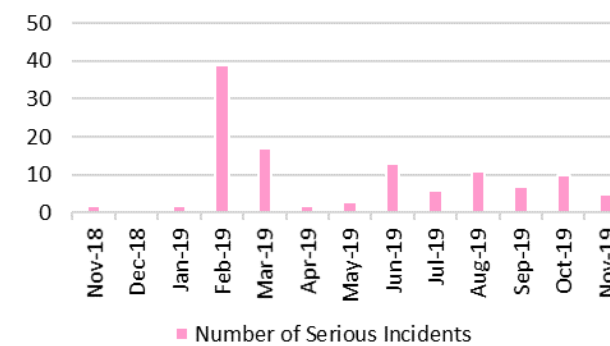
**Chart 12: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



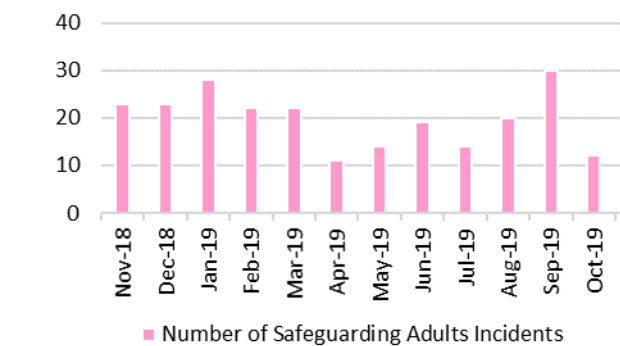
**Chart 13: % of complaints responded to within 30 days**



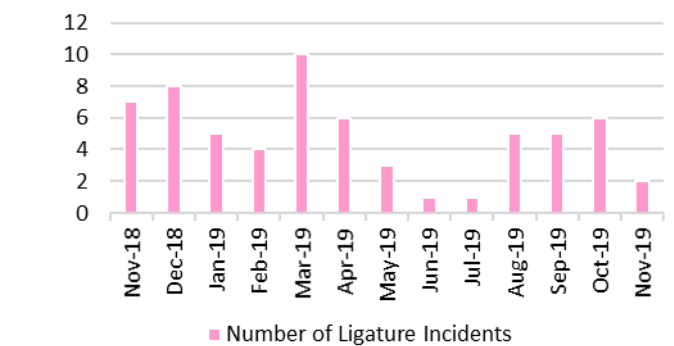
**Chart 14: Number of Serious Incidents**



**Chart 15: Number of safeguarding adult incidents**



**Chart 16: Number of ligature incidents**

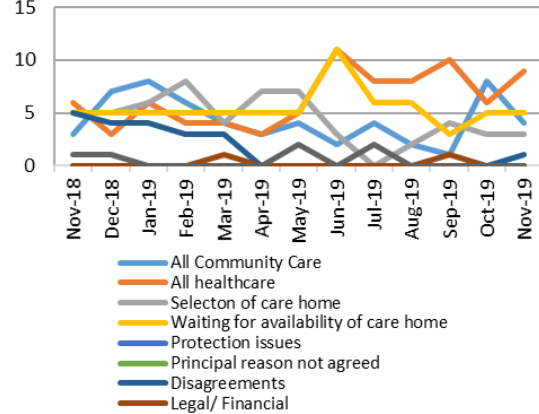
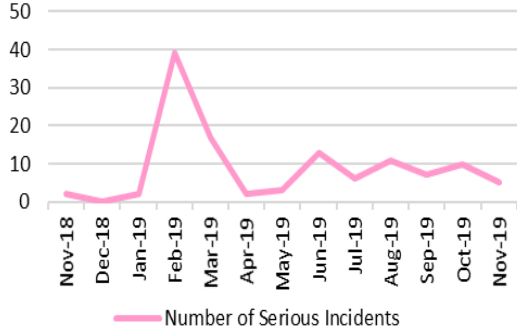


## 6.2 Mental Health & Learning Disabilities- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
<b>Mental Health Measures:</b> 1) % of MH assessments undertaken within 28 days from the date of receipt of referral 2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS 3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days 4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) 5) All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment	1) In October 2019, the percentage of assessments undertaken with 28 days was 98% excluding CAMHS and 93% including CAMHS 2) In October 2019, the percentage of therapeutic interventions started within 28 days was 97% excluding CAMHS and 98% including CAMHS. 3) The % of qualifying patients who had their first contact with IMHA with 5 working days in September 2019 was 100% 4) In October 2019, 92% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90% 5) In October 2019, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place	<p><b>Mental Health assessments and therapeutic interventions undertaken within 28 days</b></p> <p><b>Patients having 1<sup>st</sup> contact with IMHA within 5 days</b></p> <p><b>Residents in receipt of a Care Treatment Plan and their outcome assessment</b></p>	<ul style="list-style-type: none"> <li>All Mental Health practitioner posts are progressing through the recruitment process, these practitioners will be employed by MH &amp; LD Delivery Unit and aligned to clusters to work directly in GP practices. This is funded through the Primary Care cluster transformation programme. Impact on referral rate to LPMHSS to be monitored once the posts are appointed to.</li> <li>WG additional funding for Mental Health invested in enhancing therapy model across SBU HB in order to improve accessibility to therapeutic interventions including high intensity psychological therapies. All therapy posts are progressing through the recruitment process.</li> <li>The database introduced to ensure performance against CTP target is maintained is up and running and monitored monthly.</li> <li>Involvement in the planned future commissioning and re-tendering process for the SLA with Advocacy Support Cymru.</li> </ul>

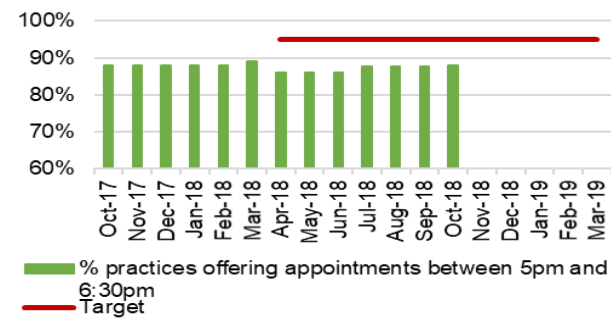
Description	Current Performance	Trend	Actions planned for next period																																																																												
<b>Crisis Resolution Home Treatment Team (CRHT)</b> <ul style="list-style-type: none"><li>Percentage of those admitted between 9am and 9pm receiving a gate-keeping assessment by the CRHTS prior to admission</li><li>Percentage of those admitted without a gate keeping assessment who received a follow up assessment by CRHTS within 24 hours of admission</li></ul>	<ul style="list-style-type: none"><li>In November 2019 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission</li><li>In November 2019 100% of those admitted without a gate keeping assessment received a follow up assessment by CRHTS within 24 hours of admission</li></ul>	<p><b>95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission</b></p> <table><caption>Data for Gate-keeping assessment (0900-2100)</caption><tr><th>Month</th><th>% receiving assessment</th></tr><tr><td>Oct-18</td><td>100%</td></tr><tr><td>Nov-18</td><td>100%</td></tr><tr><td>Dec-18</td><td>100%</td></tr><tr><td>Jan-19</td><td>100%</td></tr><tr><td>Feb-19</td><td>100%</td></tr><tr><td>Mar-19</td><td>100%</td></tr><tr><td>Apr-19</td><td>100%</td></tr><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td></tr></table> <p><b>100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission</b></p> <table><caption>Data for Follow up assessment (within 24hrs)</caption><tr><th>Month</th><th>% receiving follow up</th></tr><tr><td>Oct-18</td><td>100%</td></tr><tr><td>Nov-18</td><td>100%</td></tr><tr><td>Dec-18</td><td>100%</td></tr><tr><td>Jan-19</td><td>100%</td></tr><tr><td>Feb-19</td><td>100%</td></tr><tr><td>Mar-19</td><td>100%</td></tr><tr><td>Apr-19</td><td>100%</td></tr><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td></tr></table>	Month	% receiving assessment	Oct-18	100%	Nov-18	100%	Dec-18	100%	Jan-19	100%	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	Month	% receiving follow up	Oct-18	100%	Nov-18	100%	Dec-18	100%	Jan-19	100%	Feb-19	100%	Mar-19	100%	Apr-19	100%	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	<ul style="list-style-type: none"><li>MH &amp; LD Delivery Unit review of CRHT Teams will be a fuller review than originally planned.</li><li>Therefore the draft report &amp; recommendations expected by February 2020.</li><li>Utilisation, when needed, of a crisis bed, which has been secured in Llanfair House for Swansea and NPT residents.</li><li>Funding for the out of hours sanctuary service has been confirmed, service specification being finalised.</li></ul>
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Description	Current Performance	Trend	Actions planned for next period
<b>Delayed Transfers of Care (DTOC)</b> The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in November 2019 was 22, which is below the internal profile of 27.	<b>Number of Mental Health DTOCs</b> 	<ul style="list-style-type: none"> <li>Weekly discharge meetings will continue to take place in all Localities with Local Authority representation</li> <li>A monthly DTOC scrutiny meeting continues to take place in the DU led by the Head of Operations and is well attended.</li> <li>From November the Unit have inputted the DTOC data in the WG Database.</li> <li>The Unit will continue to participate in the Senior DTOC Validation process introduced in the Health Board.</li> <li>These activities combined will continue to ensure that there is robust management of all DTOC cases.</li> </ul>
<b>Serious Incidents</b> The number of Serious Incidents recorded against Mental Health and Learning Disabilities Delivery Unit	In November 2019, there were 4 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 2 more than November 2018 but the same as October 2019. The increase in February was attributed to the retrospective reporting of deaths following Welsh Governments change in reporting criteria.	<b>Number of Serious Incidents</b> 	<ul style="list-style-type: none"> <li>Continue to report all deaths of patients in contact with mental health services with the 12 months prior to their deaths as Serious Incident (SI's)</li> <li>Investigator appointed and 2 additional part time investigators addressing root cause analysis (RCA) investigations</li> <li>Staff training in RCA training day to be offered additional support to enable them to complete an RCA investigation. The training has supported more effective investigation processes via training of all nursing leads.</li> <li>Monitoring of SI cases to ensure proactive approach with weekly assessment of new and updated cases to ensure investigation proportionate to risks identified.</li> </ul>

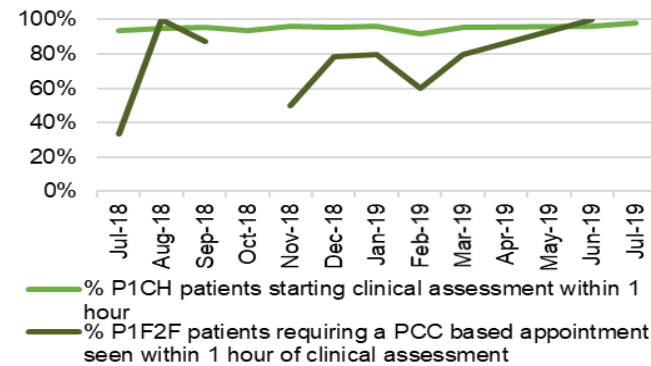


## 7.1 Unscheduled Care- Overview

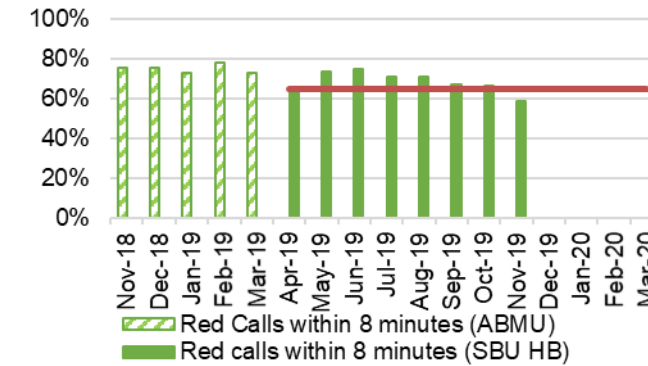
**Chart 1: % GP practices offering daily appointments between 5pm- 6:30pm**



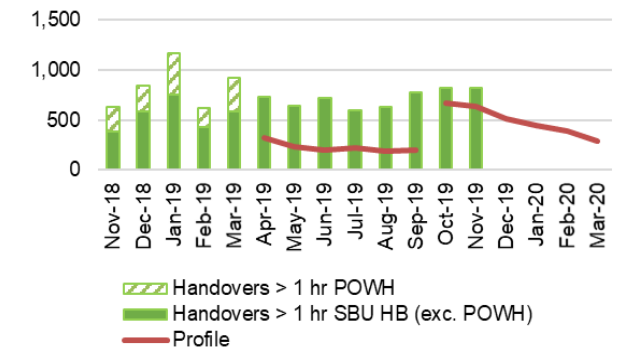
**Chart 2: GP Out of Hours/ 111**



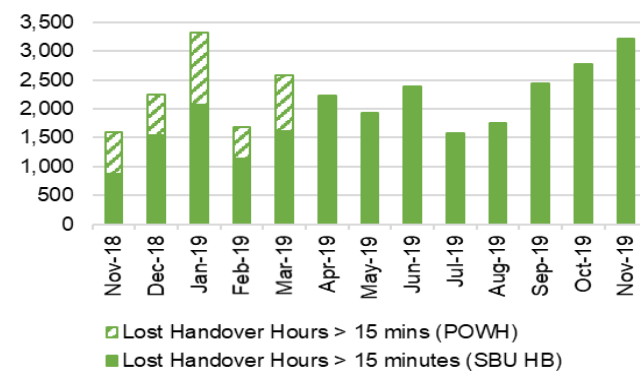
**Chart 3: % red calls responded to within 8 minutes**



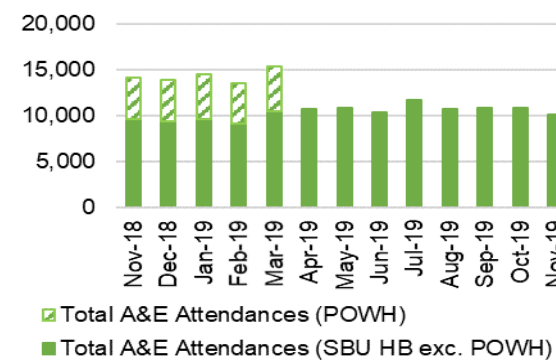
**Chart 4: Number of ambulance handovers over 1 hour**



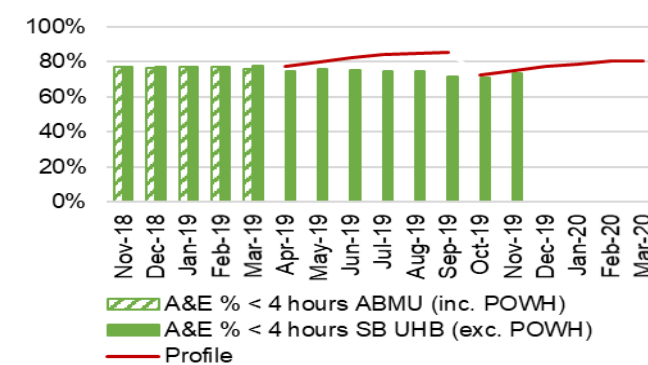
**Chart 5: Lost hours- notification to ambulance handover over 15 minutes**



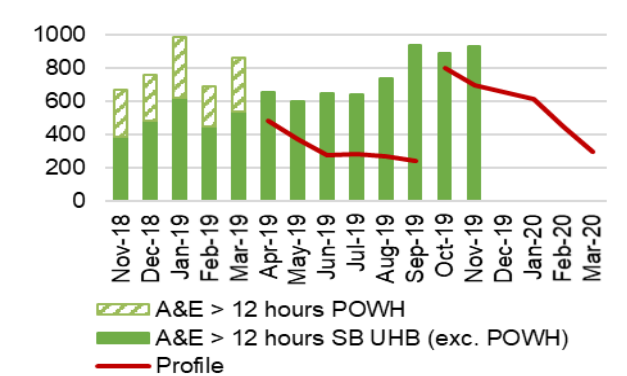
**Chart 6: A&E Attendances**



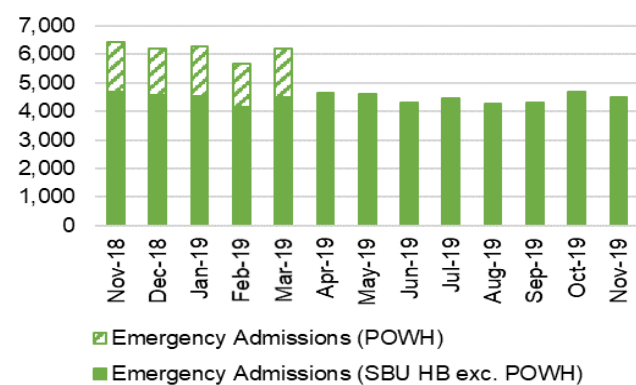
**Chart 7: % patients who spend less than 4 hours in A&E**



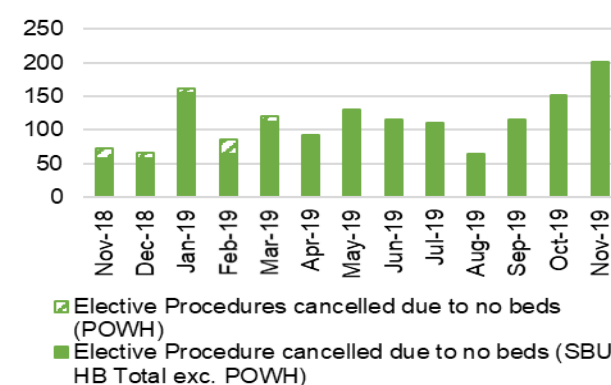
**Chart 8: Number of patients waiting over 12 hours in A&E**



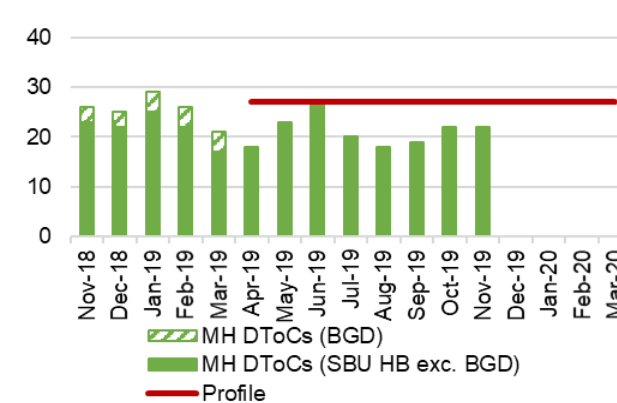
**Chart 9: Number of emergency admissions**



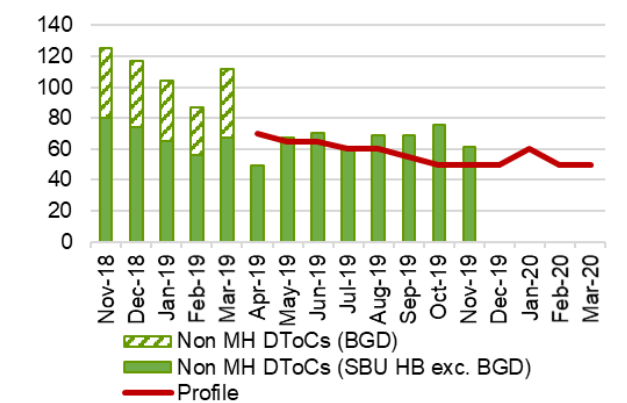
**Chart 10: Elective procedures cancelled due to lack of beds**



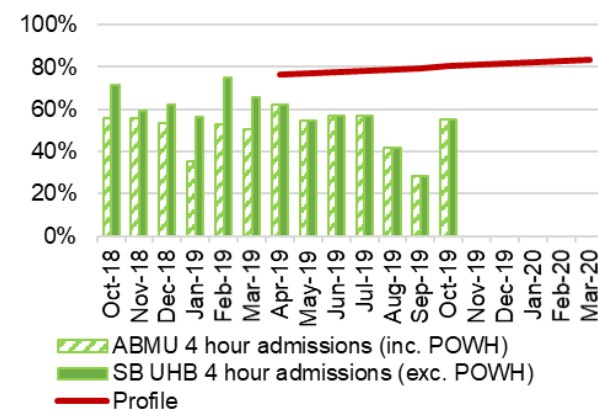
**Chart 11: Number of mental health delayed transfers of care**



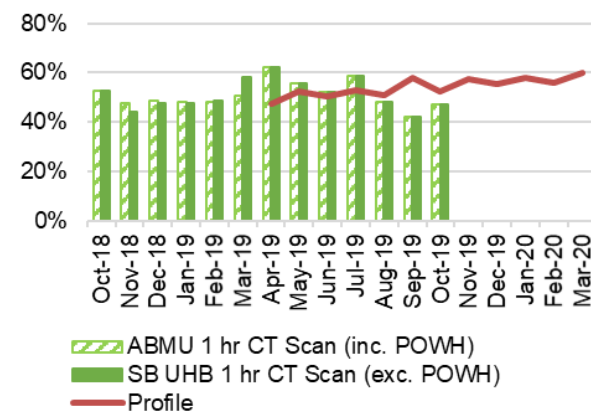
**Chart 12: Number of non- mental health delayed transfers of care**



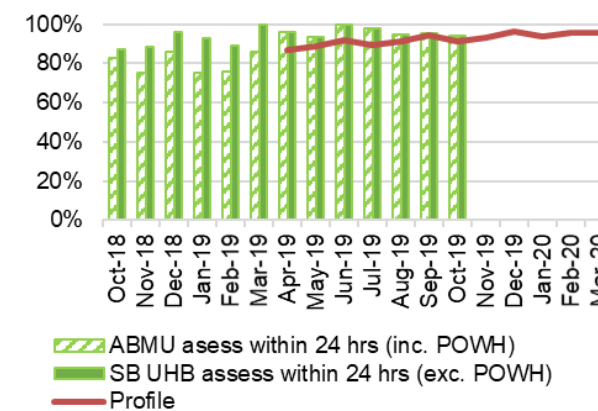
**Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours**



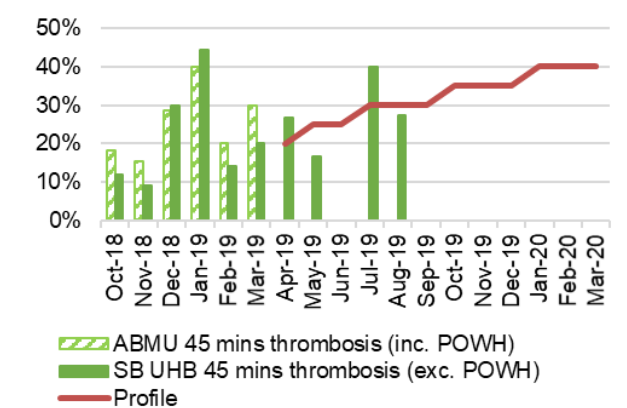
**Chart 14: % of patients who receive a CT scan within 1 hour**



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



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



## Unscheduled Care Overview (November 2019)

Primary Care Access		Ambulance	Emergency Department	
<b>97% (2%↑)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>58.8% (8%↓)</b> Red calls responded to within 8 minutes	<b>10,182 (6%↓)</b> A&E attendances	<b>73.2% (2.2%↑)</b> Waits in A&E under 4 hours
<b>98% (2%↑)</b> % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered ( <i>July-19</i> )	<b>100% (50%↑)</b> % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment ( <i>Jun-19</i> )	<b>821 (1%↓)</b> Ambulance handovers over 1 hour	<b>927 (4%↑)</b> Waits in A&E over 12 hours	<b>1,400 (6%↓)</b> Patients admitted from A&E
		<b>3,395 (2%↓)</b> Amber calls		
		<b>428 (1%↑)</b> Red calls		
Emergency Activity		Patient Flow		
<b>4,501 (4%↓)</b> Emergency Inpatient Admissions	<b>435 (5%↑)</b> Emergency Theatre Cases	<b>22 (→)</b> Mental Health DTOCs	<b>61 (20%↓)</b> Non-Mental Health DTOCs	
<b>279 (19%↓)</b> Trauma theatre cases	<b>201 (33%↑)</b> Elective procedures cancelled due to no beds	<b>2,672 (8%↓)</b> Days lost due to medically fit ( <i>Morrison only</i> )	<b>184 (10%↓)</b> Medically fit patients	

\*RAG status and trend is based on in month-movement

## 7.2 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																																										
<b>A&amp;E waiting times</b> <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In November 2019, the Health Board's performance against the 4 hour metric improved by 2.2% compared with October 2019 (from 71% to 73%).</p> <p>Neath Port Talbot Hospital's 4 hour performance significantly improved from 95.3% in October 2019 to 99.0% in November 2019.</p> <p>Performance at Morriston hospital was below profile, achieving 62.21%. However performance improved from 60.9% in October to 62.2% in November 2019.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p> <table><caption>% patients waiting under 4 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Nov-18</td><td>68%</td><td>98%</td></tr><tr><td>Dec-18</td><td>68%</td><td>98%</td></tr><tr><td>Jan-19</td><td>67%</td><td>97%</td></tr><tr><td>Feb-19</td><td>67%</td><td>97%</td></tr><tr><td>Mar-19</td><td>68%</td><td>96%</td></tr><tr><td>Apr-19</td><td>64%</td><td>95%</td></tr><tr><td>May-19</td><td>65%</td><td>97%</td></tr><tr><td>Jun-19</td><td>63%</td><td>96%</td></tr><tr><td>Jul-19</td><td>64%</td><td>95%</td></tr><tr><td>Aug-19</td><td>63%</td><td>96%</td></tr><tr><td>Sep-19</td><td>60%</td><td>94%</td></tr><tr><td>Oct-19</td><td>61%</td><td>95%</td></tr><tr><td>Nov-19</td><td>62.2%</td><td>99%</td></tr></tbody></table>	Month	Morriston	NPTH	Nov-18	68%	98%	Dec-18	68%	98%	Jan-19	67%	97%	Feb-19	67%	97%	Mar-19	68%	96%	Apr-19	64%	95%	May-19	65%	97%	Jun-19	63%	96%	Jul-19	64%	95%	Aug-19	63%	96%	Sep-19	60%	94%	Oct-19	61%	95%	Nov-19	62.2%	99%	<ul style="list-style-type: none"><li>• Implementation of the comprehensive Quarter 3 unscheduled care improvement plan which was agreed in September with service and Executive Director input and support. Specifically during the next period the following elements of this plan are coming on line:</li><li>• Appointment of the new GP post to work in Morriston ED in day time hours – to commence from 8<sup>th</sup> December.</li><li>• Additional pharmacist resources secured for the winter to increase capacity in ED and to provide extended working hours in the medical and surgical assessment areas, focussing on the review of new patients and completion of medicines reconciliation.</li><li>• Maintain and fund all surge bed capacity that can be staffed on all our hospital sites</li><li>• Only cancer, urgent elective admissions and some long waiting elective patients are being managed through our inpatient bed capacity. Continue to recruit to staff vacancies.</li><li>• Implementation of hospital to home transformation programme to increase overall system wide capacity, which will support improved patient flow through our front door emergency departments. Phased roll out from 10<sup>th</sup> December with full roll out completed by the end of January.</li></ul>
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<b>A&amp;E waiting times</b> <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i>	<p>In November 2019, performance against this measure deteriorated compared with October 2019, increasing from 890 to 927.</p> <p>12 hour breaches in Morriston hospital ED increased from 383 in November 2018 to 927 in November 2019, which is a reflection of the wider patient flow and capacity issues across the USC system.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p> <table><caption>Number of patients waiting over 12 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Nov-18</td><td>383</td><td>0</td></tr><tr><td>Dec-18</td><td>500</td><td>0</td></tr><tr><td>Jan-19</td><td>600</td><td>0</td></tr><tr><td>Feb-19</td><td>450</td><td>0</td></tr><tr><td>Mar-19</td><td>500</td><td>0</td></tr><tr><td>Apr-19</td><td>650</td><td>0</td></tr><tr><td>May-19</td><td>600</td><td>0</td></tr><tr><td>Jun-19</td><td>650</td><td>0</td></tr><tr><td>Jul-19</td><td>650</td><td>0</td></tr><tr><td>Aug-19</td><td>750</td><td>0</td></tr><tr><td>Sep-19</td><td>900</td><td>0</td></tr><tr><td>Oct-19</td><td>850</td><td>0</td></tr><tr><td>Nov-19</td><td>927</td><td>0</td></tr></tbody></table>	Month	Morriston	NPTH	Nov-18	383	0	Dec-18	500	0	Jan-19	600	0	Feb-19	450	0	Mar-19	500	0	Apr-19	650	0	May-19	600	0	Jun-19	650	0	Jul-19	650	0	Aug-19	750	0	Sep-19	900	0	Oct-19	850	0	Nov-19	927	0	
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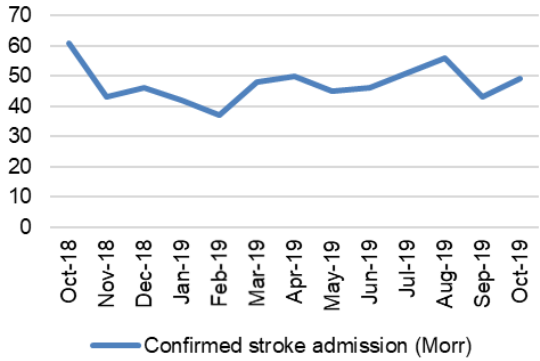
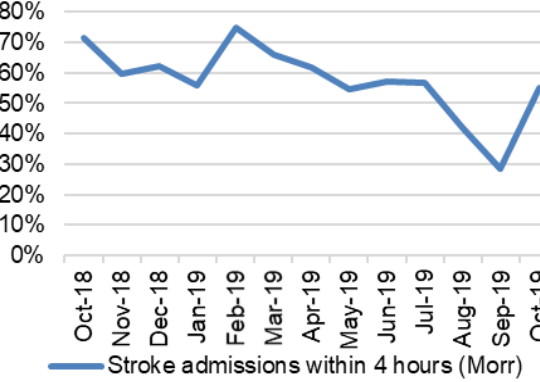
Description	Current Performance	Trend	Actions planned for next period
<b>Ambulance responses</b> <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i>	<p>Ambulance response times are traditionally above the national target and local profile of 65%. However performance against this measure in November fell below the 65% target with 58.8%.</p> <p>Red call conveyances to Morriston and Singleton acute hospitals increased from 226 in November 2018 to 328 in November 2019 – an increase of 102 conveyances in this category (+45%).</p>	<p><b>Number of ambulance call responses</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>Red Calls Amber Calls Green Calls</p> <p><i>Data prior to April 2019 relates to ABMU Health Board.</i></p>	<ul style="list-style-type: none"> <li>Implement the ambulance handover improvement plan which has been jointly agreed between WAST and the Health Board. The plan includes: <ul style="list-style-type: none"> <li>The completion of the Health Board's escalation plan, which will link into planned changes to the national support arrangements in December.</li> <li>A WAST patient liaison officer commenced on 1<sup>st</sup> December.</li> <li>Maximise the benefit of the second falls vehicle commissioned in November to scale up capacity in the non injury falls service.</li> <li>Ongoing development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.</li> <li>Identify options to provide additional patient cohort facilities for patients who have a delayed ambulance handover at Morriston ED. An options paper will be shared with the Ambulance services commissioner in December.</li> <li>Full implementation of the acute GP service to review and redirect patients requesting a 999 ambulance response to alternative appropriate pathways of care.</li> </ul> </li> </ul>
<b>Ambulance handovers</b> <i>The number of ambulance handovers over one hour</i>	<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 November.</p> <p>In November 2019, Morriston Hospital saw an increase of 459 &gt;1 hour ambulance handover waits, compared with November 2018 (from 340 to 799). Singleton saw a reduction from 47 in November 2018 to 22 in November 2019.</p>	<p><b>Number of ambulance handovers over one hour</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>Morriston handovers &gt; 1 hour Singleton Handovers &gt; 1 hour</p>	



Description	Current Performance	Trend	Actions planned for next period
<b>A&amp;E Attendances</b> <i>The number of attendances at emergency departments in the Health Board</i>	<p>Overall ED/MIU attendances in November 2019 were lower by 651 patients compared with October 2019 (from 10,833 to 10,182).</p>	<p><b>Number of A&amp;E attendances</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>— Morriston — NPTH</p>	<ul style="list-style-type: none"> <li>GP out of hours service continues to be well placed to manage demand.</li> <li>111 awareness campaign programme and communication of Choose Well pathways.</li> <li>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.</li> <li>Maximise use of telephone first model to support practices to manage demand.</li> <li>Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health &amp; social care system.</li> <li>Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital</li> </ul>
<b>Emergency Admissions</b> <i>The number of emergency admissions across the Health Board by site</i>	<p>In November 2019, there were 4,501 emergency admissions across the Health Board which is 168 (-4%) less admissions than in October 2019.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p><b>Number of emergency admissions</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions.</li> <li>Implement the agreed winter plans which have a focus this year on primary and community care support and interventions.</li> <li>Continue to progress the implementation of the acute medicine model in Swansea Bay.</li> <li>A new group of assistant practitioners take up their posts on the wards from Monday 2nd December. They will be working on Wards 3, 4 and 7 in Singleton and Ward C in NPTH (frailty/stroke wards).</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																								
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In November 2019, there were on average 184 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><b>The number of discharge/ medically fit patients by site</b></p> <table border="1"> <caption>Estimated data for The number of discharge/ medically fit patients by site</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>80</td><td>60</td><td>20</td></tr> <tr><td>Dec-18</td><td>90</td><td>50</td><td>20</td></tr> <tr><td>Jan-19</td><td>90</td><td>45</td><td>20</td></tr> <tr><td>Feb-19</td><td>100</td><td>50</td><td>20</td></tr> <tr><td>Mar-19</td><td>100</td><td>60</td><td>20</td></tr> <tr><td>Apr-19</td><td>90</td><td>70</td><td>20</td></tr> <tr><td>May-19</td><td>90</td><td>60</td><td>20</td></tr> <tr><td>Jun-19</td><td>100</td><td>50</td><td>20</td></tr> <tr><td>Jul-19</td><td>100</td><td>50</td><td>20</td></tr> <tr><td>Aug-19</td><td>100</td><td>50</td><td>20</td></tr> <tr><td>Sep-19</td><td>110</td><td>50</td><td>30</td></tr> <tr><td>Oct-19</td><td>140</td><td>50</td><td>20</td></tr> <tr><td>Nov-19</td><td>110</td><td>60</td><td>20</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Nov-18	80	60	20	Dec-18	90	50	20	Jan-19	90	45	20	Feb-19	100	50	20	Mar-19	100	60	20	Apr-19	90	70	20	May-19	90	60	20	Jun-19	100	50	20	Jul-19	100	50	20	Aug-19	100	50	20	Sep-19	110	50	30	Oct-19	140	50	20	Nov-19	110	60	20	<ul style="list-style-type: none"> <li>Implementation of the Hospital to Home (H2H) programme in line with Quarter 3 project plan specifically : <ul style="list-style-type: none"> <li>Training of additional therapists and additional staff ahead of the phased implementation date of 10<sup>th</sup> December to increase system wide H2H capacity.</li> <li>Development of the trusted assessor model and competencies across the Health Board.</li> </ul> </li> <li>Ongoing roll out of the SIGNAL system in Singleton hospital to Morrison hospital during Quarter 3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge.</li> </ul>
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In November 2019, there were 201 elective procedures cancelled due to lack of beds on the day of surgery. This is 33% more than in October 2019 (151 to 201). In September 2019, 140 of the 201 cancelled procedures were attributed to Morrison Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Total number of elective procedures cancelled due to lack of beds</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>30</td><td>20</td><td>10</td></tr> <tr><td>Dec-18</td><td>20</td><td>20</td><td>10</td></tr> <tr><td>Jan-19</td><td>130</td><td>20</td><td>10</td></tr> <tr><td>Feb-19</td><td>40</td><td>20</td><td>10</td></tr> <tr><td>Mar-19</td><td>80</td><td>20</td><td>10</td></tr> <tr><td>Apr-19</td><td>80</td><td>20</td><td>10</td></tr> <tr><td>May-19</td><td>100</td><td>20</td><td>10</td></tr> <tr><td>Jun-19</td><td>100</td><td>20</td><td>10</td></tr> <tr><td>Jul-19</td><td>100</td><td>20</td><td>10</td></tr> <tr><td>Aug-19</td><td>60</td><td>20</td><td>10</td></tr> <tr><td>Sep-19</td><td>100</td><td>20</td><td>10</td></tr> <tr><td>Oct-19</td><td>130</td><td>20</td><td>10</td></tr> <tr><td>Nov-19</td><td>140</td><td>20</td><td>10</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Nov-18	30	20	10	Dec-18	20	20	10	Jan-19	130	20	10	Feb-19	40	20	10	Mar-19	80	20	10	Apr-19	80	20	10	May-19	100	20	10	Jun-19	100	20	10	Jul-19	100	20	10	Aug-19	60	20	10	Sep-19	100	20	10	Oct-19	130	20	10	Nov-19	140	20	10	<ul style="list-style-type: none"> <li>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.</li> <li>Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures.</li> <li>Maintain ringfenced orthopaedic ward at Morrison hospital which was reinstated during November.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<b>Delayed Transfers of Care (DTOC)</b> <i>The number of DTOCs per Health Board- Mental Health (all ages)</i>	<p>The number of mental health related delayed transfers of care in November 2019 was 22 which is below the internal profile of 27.</p>	<p><b>Number of Mental Health DTOCs</b></p>	<ul style="list-style-type: none"> <li>Ongoing roll out of the SIGNAL system in place in Singleton hospital to Morriston hospital during Quarter 3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge. This will support the provision of more accurate information on the reasons why patients who are medically fit for discharge remain in hospital, enabling more targeted approaches to unblock system delays.</li> <li>Updating of the WG DTOC template directly from each DU. Training underway which will improve the efficiency and accuracy of DTOC reporting including senior validation process. All units will be directly reporting in this way by the end of December.</li> </ul>
<b>Delayed Transfers of Care (DTOC)</b> <i>The number of DTOCs per Health Board - Non Mental Health (age 75+)</i>	<p>In November 2019, the number of non-mental health and learning disability delayed transfers of care was 61 which is above the internal profile of 50.</p> <p>Historically Morriston Hospital accounted for the largest number of delayed patients however in November; Neath Port Talbot had the largest number of delays with 27 whilst Morriston had 16. The other 18 delayed patients were split between Singleton, Gorseinon and Learning Disability Services.</p>	<p><b>Number of Non Mental Health DTOCs</b></p>	<ul style="list-style-type: none"> <li>Update of Choice of Accommodation Policy to provide a policy which is simpler, easily read, understood and utilised. Aim to take final revision to USC board in February 2020.</li> <li>Monitor the impact of the regulation changes for social care staff ( registration of Dom care workers) by April 2020.</li> <li>Implement phase 1 of the hospital to home service and the trusted assessor model.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>Stroke Admissions</b> <i>The total number of stroke admissions into the Health Board</i>	<p>In October 2019, there were 49 confirmed stroke admissions in Morriston Hospital. This is an increase of 6 when compared with September 2019 and a reduction of 12 when compared with October 2018.</p>	<p><b>Total number of stroke admissions</b></p>  <p>Confirmed stroke admission (Morr)</p>	<ul style="list-style-type: none"> <li>Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.</li> </ul>
<b>Stroke 4 hour access target</b> <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i>	<p>In October 2019 only 27 out of 49 patients had a direct admission to an acute stroke unit within 4 hours (55.1%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for September 2019 which confirms that performance ranged from 29.4% to 61.6%. SBU HB achieved 49.9% in August 2019.</p>	<p><b>Percentage of patients admitted to stroke unit within 4 hours</b></p>  <p>Stroke admissions within 4 hours (Morr)</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Improvement in stroke access performance in Oct-19 up to 55% but more recent flow constraints continue compromise sustainability.</li> <li>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.</li> <li>Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance.</li> <li>Morriston Delivery Unit SSNAP performance scoring has been compromised by Unit wider unscheduled care pressures (affecting access timeliness).</li> </ul>

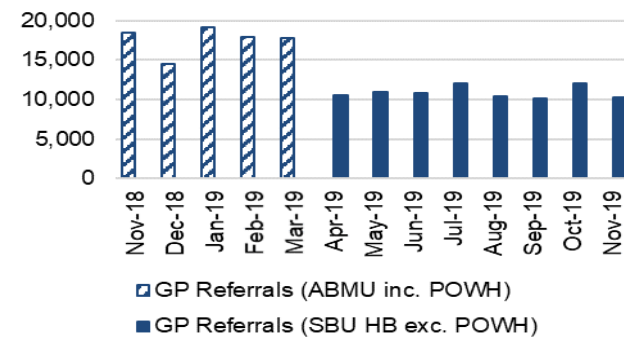


Description	Current Performance	Trend	Actions planned for next period
<b>Stroke CT scan</b> <i>Percentage of patients who receive a CT scan within 1 hour</i>	<p>In October 2019, the Health Board achieved 47%, which was below the internal profile of 53%.</p>	<p><b>Percentage of patients receiving CT scan within 1 hour</b></p> <p>— Ct scan within 1 hour (Morr)</p>	<ul style="list-style-type: none"> <li>Recent improvement meetings with Radiology colleagues have underlined the capacity challenges in CT. An additional scanner is required to deliver improved one CT access performance and reduce lead to time to thrombolysis.</li> <li>Both departments are collaborating to reduce the transfer time of images to Southmead Hospital for potential thrombectomy cases.</li> </ul>
<b>Stroke assessment within 24 hours</b> <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	<p>In October 2019, the Health Board achieved 94% which was above the internal profile of 91%.</p>	<p><b>Percentage of patients assessed by stroke consultant within 24 hours</b></p> <p>— Consultant assessment within 24 hours (Morr)</p>	<ul style="list-style-type: none"> <li>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</li> </ul>

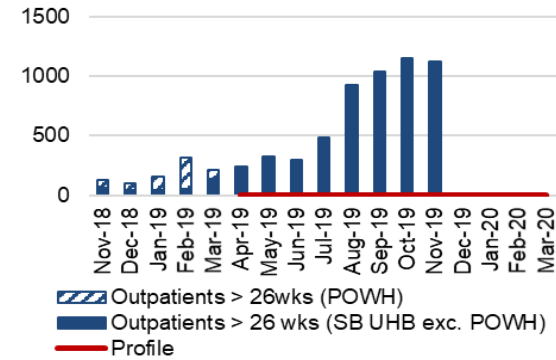
Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In October 2019, 24.5% of patients were thrombolysed (12 out of 49). However, none of the 12 patients were thrombolysed within the 45 minutes (door to needle) standard (0%). This is below the internal profile of 35%</p>	<p><b>Percentage of eligible thrombolysed patients within 45 minutes</b></p> <table><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><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>45%</td></tr><tr><td>Feb-19</td><td>15%</td></tr><tr><td>Mar-19</td><td>20%</td></tr><tr><td>Apr-19</td><td>28%</td></tr><tr><td>May-19</td><td>15%</td></tr><tr><td>Jun-19</td><td>0%</td></tr><tr><td>Jul-19</td><td>40%</td></tr><tr><td>Aug-19</td><td>28%</td></tr><tr><td>Sep-19</td><td>0%</td></tr><tr><td>Oct-19</td><td>0%</td></tr></tbody></table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Oct-18	12%	Nov-18	8%	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	28%	May-19	15%	Jun-19	0%	Jul-19	40%	Aug-19	28%	Sep-19	0%	Oct-19	0%	<ul style="list-style-type: none"><li>Weekly scrutiny of thrombolysis performance continues however the level of analysis has been affected by admin sickness within the stroke team. Solutions to this will be evaluated in greater during the week commencing 9<sup>th</sup> December 2019.</li></ul>
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## 8.1 Planned Care- Overview

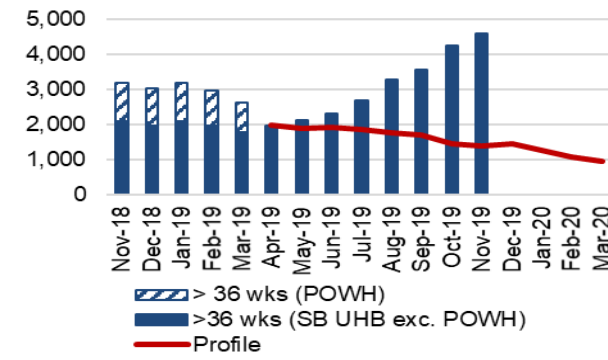
**Chart 1: Number of GP Referrals into secondary care**



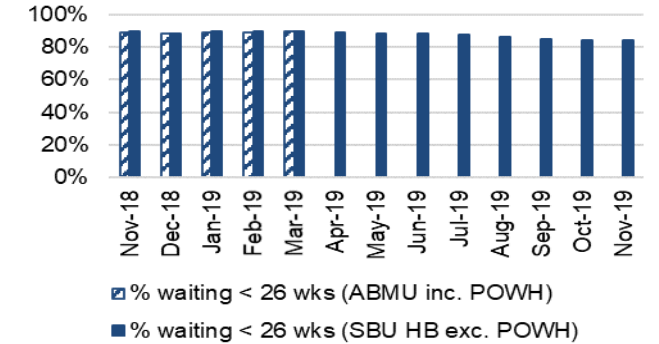
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



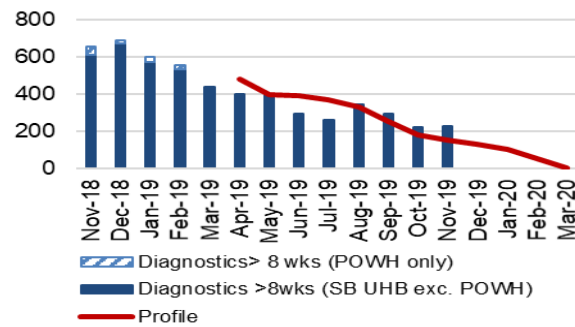
**Chart 3: Number of patients waiting over 36 weeks for treatment**



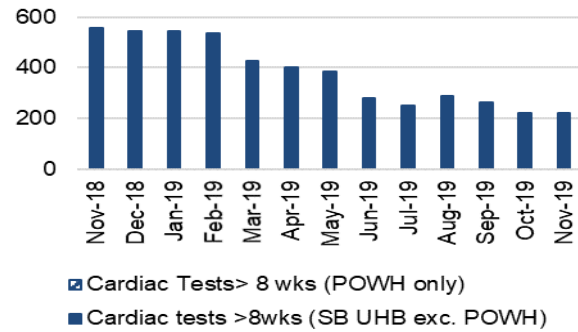
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



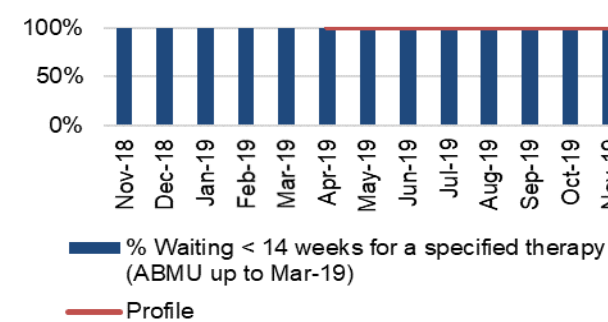
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



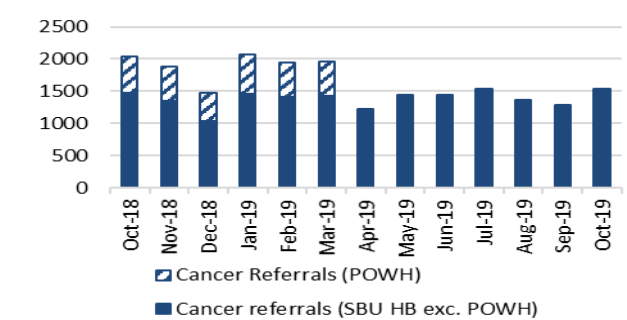
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



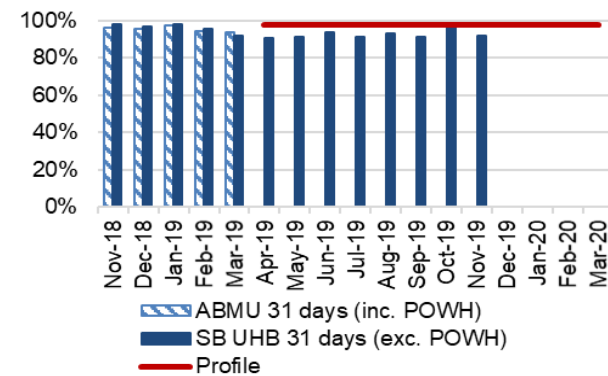
**Chart 7: % of patients waiting less than 14 weeks for Therapies**



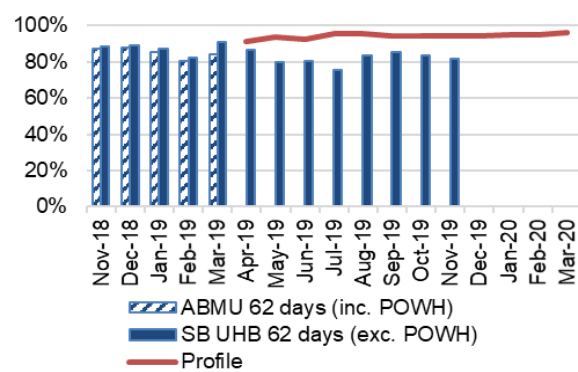
**Chart 8: Cancer referrals**



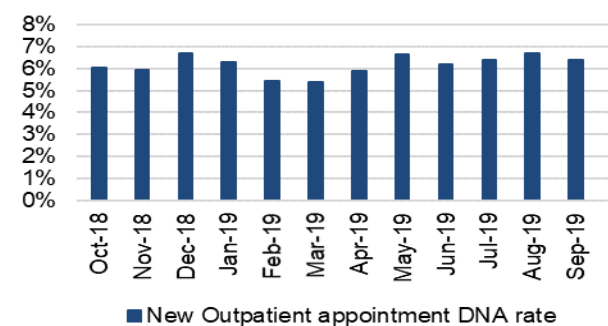
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



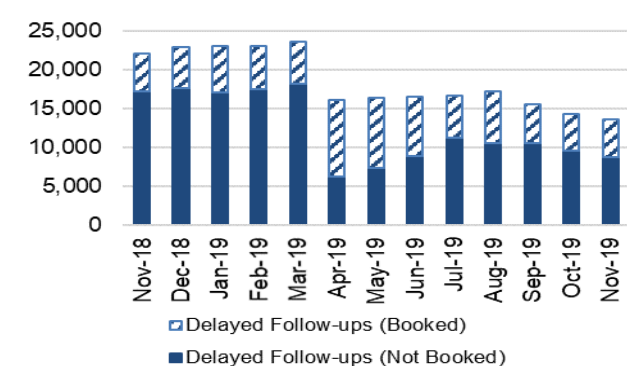
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



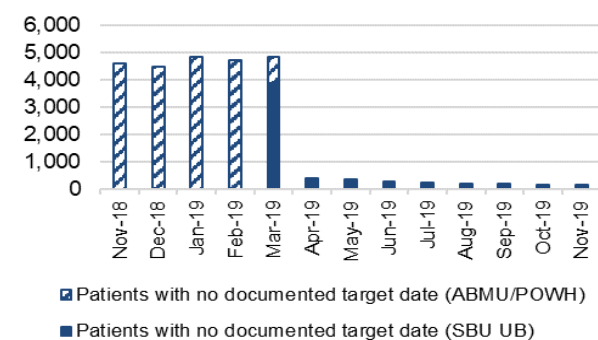
**Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)**



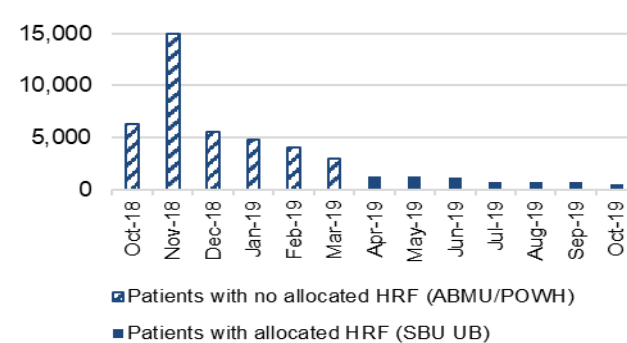
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)**



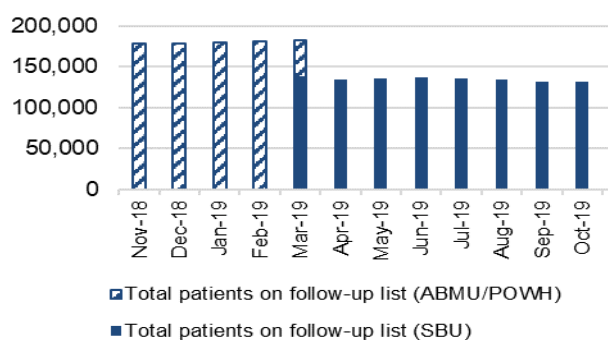
**Chart 13: Number of patients without a documented clinical review date**



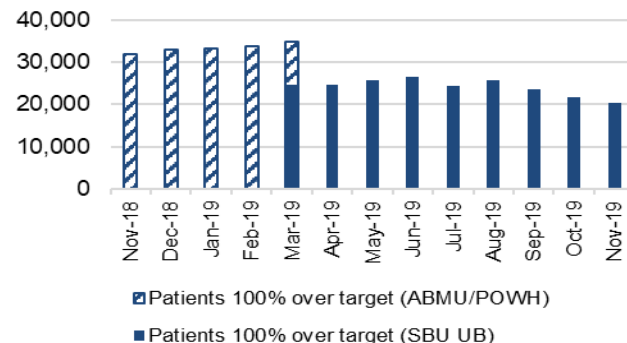
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**



## Planned Care- Overview (November 2019)

Demand	Waiting Times			Outpatient Efficiencies
<b>10,283 (14%↓)</b> Total GP referrals	<b>1,120 (11%↓)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>4,587 (8%↑)</b> Patients waiting over 36 weeks for treatment	<b>1,462 (13%↑)</b> Patients waiting over 52 weeks for treatment	<b>6.4% (→)</b> % of patients who did not attend a new outpatient appointment (all specialties)
<b>5,716 (16%↓)</b> Routine GP referrals	<b>84.1% (0.3%↓)</b> Patients waiting under 26 weeks from referral to treatment	<b>226 (1%↑)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>222 (1%↑)</b> Patients waiting over 8 weeks for Cardiac diagnostics only	<b>7.9% (0.1%↓)</b> % of patients who did not attend a follow-up outpatient appointment (all specialties)
<b>4,567 (12%↓)</b> Urgent GP referrals	<b>0 (0.03%↓)</b> Patients waiting over 14 weeks for reportable therapies	<b>130,648 (1%↓)</b> Patients waiting for a follow-up outpatient appointment	<b>20,498 (6%↓)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%	
Cancer		Theatre Efficiencies		
<b>1,530 (19%↑)</b> Number of USC referrals received (Oct-19)	<b>95 (12%↓)</b> USC backlog over 52 days	<b>70% (1%↑)</b> Theatre utilisation rate	<b>51% (9%↑)</b> % of theatres sessions finishing early	
<b>92% (5.7%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>82% (1.8%↓) draft</b> USC patients receiving treatment within 62 days	<b>41% (2%↑)</b> % of theatres sessions starting late	<b>39% (3%↓)</b> Operations cancelled on the day	

\*RAG status and trend is based on in month-movement

## 8.2 Theatre Efficiencies Dashboard

							ABMU					SBU										
Measure			Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19		
Number of cancelled operations	Morriston				↓	●	↑	●		368	377	507	443	472	484	527	492	481	462	499	575	554
	NPTH				↑	●	↑	●		177	121	177	179	164	132	150	161	161	123	174	207	228
	Singleton				↑	●	↑	●		235	193	222	243	250	165	222	221	274	211	237	270	311
	HB Total (inc. POWH up to Mar-19)				↑	●	↓	●		1,102	1,055	1,207	1,202	1,258	781	899	874	916	796	910	1,052	1,093
% of cancelled operations on the day	Morriston		10%	✗	↓	●	↑	●		39%	40%	41%	41%	35%	49%	43%	44%	37%	44%	50%	52%	51%
	NPTH			✗	↓	●	↓	●		32%	29%	23%	21%	22%	29%	21%	30%	30%	25%	34%	23%	21%
	Singleton			✗	↓	●	↓	●		47%	57%	51%	43%	40%	45%	44%	35%	36%	22%	25%	33%	30%
	HB Total (inc. POWH up to Mar-19)			✗	↓	●	↑	●		37%	38%	39%	35%	32%	45%	40%	39%	36%	35%	41%	41%	39%
Reasons for cancellations on the day	Hospital Clinical				↓		↓			29%	29%	31%	30%	28%	25%	33%	28%	25%	31%	26%	24%	20%
	Hospital Non-Clinical				↑		↑			48%	49%	39%	52%	53%	47%	49%	52%	57%	51%	54%	54%	59%
	Other				→		→			0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient				↑		↓			22%	22%	29%	18%	18%	26%	17%	18%	17%	17%	16%	19%	20%
	Unknown				↓		↑			0%	0%	0%	1%	1%	1%	1%	1%	1%	1%	4%	3%	1%
Late Starts	Morriston		<25%	✗	↑	●	↑	●		35%	42%	45%	42%	37%	43%	44%	43%	42%	39%	43%	41%	50%
	NPTH			✗	↑	●	↑	●		41%	43%	42%	42%	36%	36%	31%	41%	37%	37%	40%	41%	50%
	Singleton			✗	↑	●	↓	●		54%	54%	52%	52%	41%	46%	51%	48%	46%	36%	43%	44%	54%
	HB Total (inc. POWH up to Mar-19)			✗	↑	●	↑	●		41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%
Early Finishes	Morriston		<20%	✗	↓	●	→	●		37%	44%	42%	35%	38%	32%	36%	40%	37%	35%	39%	38%	37%
	NPTH			✗	↑	●	↑	●		59%	66%	50%	58%	51%	61%	64%	49%	57%	62%	68%	54%	67%
	Singleton			✗	↑	●	↓	●		36%	31%	29%	30%	34%	30%	40%	30%	34%	31%	33%	31%	33%
	HB Total (inc. POWH up to Mar-19)			✗	↑	●	↑	●		40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%
Theatre Utilisation Rate	Morriston		90%	✗	↑	●	↓	●		80%	69%	89%	78%	74%	83%	76%	76%	73%	63%	75%	76%	78%
	NPTH			✗	↓	●	↓	●		66%	70%	65%	64%	60%	64%	62%	72%	60%	47%	63%	63%	56%
	Singleton			✗	↑	●	↓	●		64%	61%	70%	63%	62%	63%	57%	62%	53%	43%	50%	56%	59%
	HB Total (inc. POWH up to Mar-19)			✗	↑	●	↓	●		74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%
Theatre Activity Undertaken	Morriston	Day cases			↓		↑			339	300	373	305	344	324	316	339	395	326	379	394	349
		Emergency cases			↑		↑			310	286	276	247	340	371	374	348	389	406	367	390	396
		Inpatients			↓		↓			540	403	516	498	486	469	474	438	479	392	419	463	454
	NPTH	Day cases			↑		↑			297	202	295	240	260	224	274	266	290	226	278	315	326
		Emergency cases			↑		→			9	6	2	3	9	8	9	1	9	2	5	4	9
		Inpatients			↓		↓			126	104	150	113	115	120	113	115	118	102	106	113	65
	Singleton	Day cases			↓		↓			528	371	565	486	523	465	478	464	445	380	375	478	360
		Emergency cases			↑		↓			42	40	36	30	23	26	38	28	39	30	33	21	30
		Inpatients			↑		↓			132	94	129	105	97	100	95	111	108	64	89	105	120

### 8.3 Planned Care Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
<b>Outpatient waiting times</b> <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In November 2019, there were 1,120 patients waiting over 26 weeks compared with 1,152 in October 2019. Gastroenterology accounted for 59% of breaches (657 breaches) and Orthopaedics/ Spinal accounted for 28% (310 breaches).</p>	<p><b>Number of stage 1 over 26 weeks</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>— Morriston — Singleton — PC&amp;CS — NPTH</p>	<ul style="list-style-type: none"> <li>Gastroenterology and Ophthalmology are being addressed through outsourcing. A procurement exercise is underway to commission additional support.</li> <li>The Oral Medicine model is in place, diverting new referrals into a more appropriate care pathway.</li> <li>Combined consultant and therapy clinics now in place for Spinal surgery.</li> <li>General Surgery is out to advert for a 'straight to test' physician associate.</li> <li>Appointment planned for a Neurologist to improve epilepsy waits and increase capacity to aid the General Pool demand.</li> </ul>
<b>Total waiting times</b> <i>The number of patients waiting more than 36 weeks for treatment</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In November 2019 there were 4,587 patients waiting over 36 weeks which is higher than the internal profile of 1,393.</p> <p>Orthopaedics/ Spinal accounted for 47% of the breaches, followed by Ophthalmology with 15%.</p>	<p><b>Number of patients waiting longer than 36 weeks</b></p> <p>Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19</p> <p>— Morriston — Singleton — PC&amp;CS — NPTH</p>	<ul style="list-style-type: none"> <li>Interviews scheduled for up to 9 locum Anaesthetists whilst the permanent recruitment plan is progressed.</li> <li>Opened 10 protected orthopaedic beds on Clydach Ward, maintaining throughput.</li> <li>Two additional two session theatre lists in Morriston in place for general surgery and pancreatic cancer patients</li> <li>Monthly MDT approach in gynaecology to review and disperse single consultant cases to other consultant colleagues commenced in July and ongoing.</li> <li>Scoping additional outsourcing capacity for Orthopaedics and Spinal to manage the higher acuity long waiting cases.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period																																																																						
<b>Total waiting times</b> <i>The number of patients waiting more than 52 weeks for treatment</i>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In November 2019 there were 1,462 patients waiting over 52 weeks compared with 1,291 in October 2019.</p>	<p><b>Number of patients waiting longer than 52 weeks</b></p> <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&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Nov-18</td><td>850</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Dec-18</td><td>850</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Jan-19</td><td>850</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Feb-19</td><td>750</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Mar-19</td><td>700</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Apr-19</td><td>700</td><td>10</td><td>5</td><td>5</td></tr><tr><td>May-19</td><td>800</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Jun-19</td><td>850</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Jul-19</td><td>950</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Aug-19</td><td>1050</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Sep-19</td><td>1150</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Oct-19</td><td>1250</td><td>10</td><td>5</td><td>5</td></tr><tr><td>Nov-19</td><td>1400</td><td>10</td><td>5</td><td>5</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Nov-18	850	10	5	5	Dec-18	850	10	5	5	Jan-19	850	10	5	5	Feb-19	750	10	5	5	Mar-19	700	10	5	5	Apr-19	700	10	5	5	May-19	800	10	5	5	Jun-19	850	10	5	5	Jul-19	950	10	5	5	Aug-19	1050	10	5	5	Sep-19	1150	10	5	5	Oct-19	1250	10	5	5	Nov-19	1400	10	5	5	<ul style="list-style-type: none"><li>• The actions relating to &gt;52 week patients are aligned with the plans for 36 week patients.</li><li>• Top 15 longest waiting patients for each speciality have been reviewed and actions identified.</li><li>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Nov-18	850	10	5	5																																																																					
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<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. However, this level of performance has not been maintained in 2019/20.</p> <p>In November 2019, the percentage was 84.1%.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <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&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Nov-18</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Dec-18</td><td>82%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Jan-19</td><td>83%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Feb-19</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Mar-19</td><td>85%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Apr-19</td><td>84%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>May-19</td><td>83%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>Jun-19</td><td>83%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>Jul-19</td><td>83%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>Aug-19</td><td>81%</td><td>88%</td><td>99%</td><td>99%</td></tr><tr><td>Sep-19</td><td>80%</td><td>86%</td><td>99%</td><td>99%</td></tr><tr><td>Oct-19</td><td>80%</td><td>85%</td><td>99%</td><td>99%</td></tr><tr><td>Nov-19</td><td>80%</td><td>85%</td><td>99%</td><td>99%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Nov-18	84%	92%	99%	99%	Dec-18	82%	92%	99%	99%	Jan-19	83%	93%	99%	99%	Feb-19	84%	93%	99%	99%	Mar-19	85%	92%	99%	99%	Apr-19	84%	91%	99%	99%	May-19	83%	91%	99%	99%	Jun-19	83%	90%	99%	99%	Jul-19	83%	90%	99%	99%	Aug-19	81%	88%	99%	99%	Sep-19	80%	86%	99%	99%	Oct-19	80%	85%	99%	99%	Nov-19	80%	85%	99%	99%	<ul style="list-style-type: none"><li>• Plans as outlined in previous tables.</li></ul>
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Description	Current Performance	Trend	Actions planned for next period																																																																																																																
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In November 2019, there were 226 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.</p> <p>In November 2019, there were 222 Cardiac breaches and 4 Cystoscopy breaches.</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table><caption>Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Nov-18</td><td>550</td><td>0</td></tr><tr><td>Dec-18</td><td>530</td><td>0</td></tr><tr><td>Jan-19</td><td>520</td><td>0</td></tr><tr><td>Feb-19</td><td>510</td><td>0</td></tr><tr><td>Mar-19</td><td>450</td><td>0</td></tr><tr><td>Apr-19</td><td>400</td><td>0</td></tr><tr><td>May-19</td><td>390</td><td>0</td></tr><tr><td>Jun-19</td><td>280</td><td>0</td></tr><tr><td>Jul-19</td><td>250</td><td>0</td></tr><tr><td>Aug-19</td><td>340</td><td>0</td></tr><tr><td>Sep-19</td><td>300</td><td>0</td></tr><tr><td>Oct-19</td><td>220</td><td>0</td></tr><tr><td>Nov-19</td><td>220</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	Nov-18	550	0	Dec-18	530	0	Jan-19	520	0	Feb-19	510	0	Mar-19	450	0	Apr-19	400	0	May-19	390	0	Jun-19	280	0	Jul-19	250	0	Aug-19	340	0	Sep-19	300	0	Oct-19	220	0	Nov-19	220	0	<ul style="list-style-type: none"><li>Endoscopy insourcing commenced with new Provider in December.</li><li>Cystoscopy capacity increased as a result of two new Urology consultants.</li><li>Refreshed plan for Cardiac and Cardiology diagnostics requested in December.</li></ul>																																																																						
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>There has been significant improvement in Therapy waiting times over the last financial year.</p> <p>In November 2019 there were no patients waiting over 14 weeks.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table><caption>Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy (MH)</th><th>Occ Therapy (exc. MH)</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th><th>Speech &amp; Language</th><th>Audiology</th></tr></thead><tbody><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><tr><td>Jun-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>Jul-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>Aug-19</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>Sep-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>Oct-19</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-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)	Dietetics	Phsyio	Podiatry	Speech & Language	Audiology	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	Jun-19	0	0	0	0	0	0	0	Jul-19	0	0	0	0	0	0	0	Aug-19	1	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	1	0	0	0	0	0	Nov-19	0	0	0	0	0	0	0	<ul style="list-style-type: none"><li>Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.</li></ul>
Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Dietetics	Phsyio	Podiatry	Speech & Language	Audiology																																																																																																												
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Description	Current Performance	Trend	Actions planned for next period
<b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>November 2019 figures will be finalised on the 3<sup>rd</sup> January 2020. Draft figures indicate a possible achievement of 92% of patients starting treatment within 31 days. At the time of writing this report there are 8 breaches across the Health Board in November 2019:</p> <ul style="list-style-type: none"> <li>Lower Gastrointestinal: 3</li> <li>Gynaecological: 1</li> <li>Breast: 1</li> <li>Skin: 1</li> <li>Upper GI: 1(suspected)</li> <li>Urological: 1</li> </ul> <p>(10 pathways to be validated)</p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> <li>The Plastic Surgery Treatment Centre has improved waiting times for skin cancer patients and has received positive feedback from patients, second room opened 18th November.</li> <li>8 Locum Anaesthetic posts advertised. Interviews for anaesthetic staff being held on December 16th – 9 candidates to be interviewed.</li> <li>Options are being considered to swap a Singleton and Morriston theatre list when ITU beds are required for Breast patients. Theatre capacity for these patients has reduced since the boundary change. Breast Services continue to work across sites to ensure all theatre capacity is utilised and backfilled.</li> </ul>
<b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>November 2019 figures will be finalised on the 3<sup>rd</sup> January 2020. Draft figures indicate a possible achievement of 82% of patients starting treatment within 62 days. At the time of writing this report there are 19 breaches in total across the Health Board in November 2019:</p> <ul style="list-style-type: none"> <li>Haematological: 5</li> <li>Lower GI: 5</li> <li>Breast: 4</li> <li>Gynaecological: 2</li> <li>Skin: 1</li> <li>Upper Gastrointestinal: 1</li> <li>Head &amp; Neck: 1</li> </ul> <p>(9 pathways to be validated)</p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> <li>Breast cancer management configuration-temporary Service Manager post awaiting corporate vacancy control panel.</li> <li>Breast Business Meeting Nov 8th – primary focus is to redefine pathways. A summary is to be provided at the December Cancer Improvement Board.</li> <li>Implementation of a new Neck Lump Pathway is delayed due to the sickness of ENT Consultant/Clinical Lead - returning to work on a phased basis from mid-November, further discussions needed in conjunction with CD Radiology to agree a way forward.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																		
<b>USC backlog</b> <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of November 2019 backlog by tumour site:</p> <table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 &gt;</th></tr><tr><td>Breast</td><td>7</td><td>2</td></tr><tr><td>Gynaecological</td><td>13</td><td>17</td></tr><tr><td>Haematological</td><td>0</td><td>2</td></tr><tr><td>Head and Neck</td><td>2</td><td>2</td></tr><tr><td>Lower GI</td><td>3</td><td>5</td></tr><tr><td>Lung</td><td>3</td><td>5</td></tr><tr><td>Other</td><td>5</td><td>13</td></tr><tr><td>Skin</td><td>1</td><td>3</td></tr><tr><td>Upper GI</td><td>1</td><td>1</td></tr><tr><td>Urological</td><td>5</td><td>5</td></tr><tr><td><b>Grand Total</b></td><td>40</td><td>55</td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	7	2	Gynaecological	13	17	Haematological	0	2	Head and Neck	2	2	Lower GI	3	5	Lung	3	5	Other	5	13	Skin	1	3	Upper GI	1	1	Urological	5	5	<b>Grand Total</b>	40	55	<p><b>Number of patients with a wait status of more than 53 days</b></p> <p>■ 53-62 days (ABMU HB)    ■ 53-62 days (SBU HB) ■ 63 days+ (ABMU)        ■ 63 days+ (SBU HB)</p>	<ul style="list-style-type: none"><li>• Skin GP sessions commenced in Neath Port Talbot 31st October.</li><li>• Review of PMB capacity and demand will commence following discussions with Cwm Taf Morgannwg in the New Year.</li><li>• Impact assessment on job plans and review of funding required in order to undertake weekly operating session at Hywel Dda. Service are chasing Hywel Dda for a meeting to progress discussions.</li><li>• Additional administrative support for Haematology is being reviewed and is on agenda for discussion at the Haematology Business meeting in early December.</li></ul>																														
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Week to week through November 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 30% and 40%.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of November 2019</b></p> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>&gt;31</th><th>Total</th></tr><tr><td>Breast</td><td>1</td><td>9</td><td>2</td><td>55</td><td>67</td></tr><tr><td>Gynaecological</td><td>1</td><td>5</td><td>26</td><td>54</td><td>86</td></tr><tr><td>Head and Neck</td><td>8</td><td>19</td><td>3</td><td>0</td><td>30</td></tr><tr><td>Lower GI</td><td>2</td><td>4</td><td>12</td><td>0</td><td>18</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>8</td><td>2</td><td>11</td><td>7</td><td>55</td></tr><tr><td>Skin</td><td>19</td><td>68</td><td>2</td><td>7</td><td>96</td></tr><tr><td>Upper GI</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Urology</td><td>4</td><td>2</td><td>2</td><td>3</td><td>11</td></tr><tr><td><b>Total</b></td><td><b>44</b></td><td><b>137</b></td><td><b>59</b></td><td><b>126</b></td><td><b>366</b></td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	1	9	2	55	67	Gynaecological	1	5	26	54	86	Head and Neck	8	19	3	0	30	Lower GI	2	4	12	0	18	Lung	1	1	0	0	2	Other	8	2	11	7	55	Skin	19	68	2	7	96	Upper GI	0	0	1	0	1	Urology	4	2	2	3	11	<b>Total</b>	<b>44</b>	<b>137</b>	<b>59</b>	<b>126</b>	<b>366</b>	<ul style="list-style-type: none"><li>• Additional clinics arranged in November and December to improve waiting times to first appointment.</li><li>• New first outpatient OMFS pathway commenced 1st November 2019.</li><li>• Revised administrative processes in place to improve waiting times within Breast Services. Meeting with Radiology to discuss capacity issues is being arranged.</li></ul>
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed follow-ups</b>  <i>The number patients delayed past their target date for a follow-up</i></p>	<p>In November 2019 there were a total of 43,648 patients waiting for a follow-up past their target date. This is a 4% reduction compared with October 2019 (45,458 to 43,648).</p> <p>Of the 43,648 delayed follow-ups in November 2019, 14,092 had appointment dates and 29,556 are still waiting for an appointment. In addition, 20,498 were waiting 100%+ over target date in November 2019. This is a reduction of 6% when compared with October 2019.</p> <p>In November 2019, the overall size of the follow-up waiting list reduced by 1% compared with October 2019 (from 131,471 to 130,648).</p>	<p><b>Delayed follow-ups: Planned Care specialties</b></p> <p><b>Delayed follow-ups: Number of patients waiting over target date</b></p>	<ul style="list-style-type: none"> <li>To date the current validation team have removed over 5,000 over target delayed follow-up patients.</li> <li>DNA Policy review and Communications - Steps are being taken to support a co-productive approach to the campaign</li> <li>Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODT development in Cwmtawe Cluster (Mar-20).</li> <li>Participation in National Outpatient Modernisation Board.</li> <li>Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc. (Dec-19)</li> <li>Formal Project management approaches are being rolled out across the board to increase support to deliver year-end targets.</li> </ul>

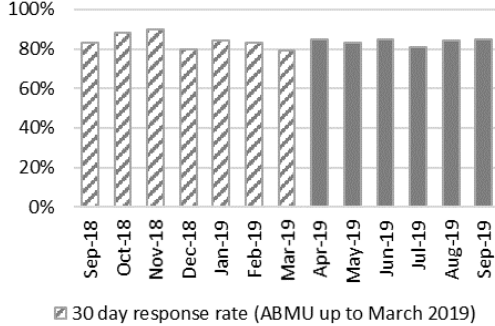
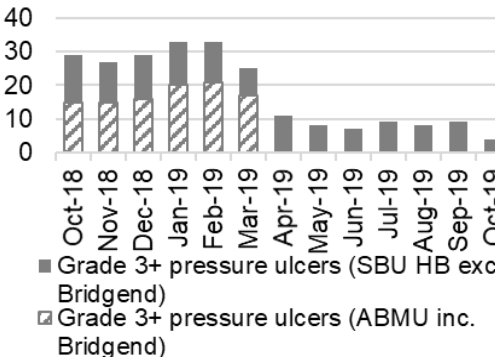
## 9. QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>15 cases of <i>E. coli</i> bacteraemia were identified in November 2019. This was 17 cases below the monthly IMTP profile of 32 cases, and is 23% below the number of cases in the equivalent period of 2018.</li> <li>67% of cases in November were considered community acquired Infections.</li> <li>In 45% of all cumulative cases, the urinary tract was identified as the primary source of the infection.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <p>Number E.Coli Cases Bridgend  Number E.Coli cases SBU UHB (exc. POWH)  Profile</p>	<ul style="list-style-type: none"> <li>Datix Incident codes (CCS2 codes) have been amended to facilitate improved reporting. From 2<sup>nd</sup> December 2019, the Infection Prevention &amp; Control Team commenced initiation of incident reporting.</li> <li>Second Matron Development Event planned for January 2020, with a focus on Infection Prevention Quality Improvement at ward level.</li> <li>Improvement programmes on reducing the prevalence of invasive devices in inpatients continues across sites.</li> </ul>
<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>There were 11 cases of <i>Staph. aureus</i> bacteraemia in November 2019. This was 4 cases below the projected monthly IMTP profile of 15 cases and one case more than the number of cases than the same period in 2018/19</li> <li>73% of cases in November were hospital acquired infections (HAI).</li> <li>There were no cases of MRSA bacteraemia during November.</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p> <p>Number S.Aureus Cases Bridgend  Number S.Aureus cases SB UHB (exc. POWH)  Profile</p>	<ul style="list-style-type: none"> <li>Datix Incident codes (CCS2 codes) have been amended to facilitate improved reporting. From 2<sup>nd</sup> December 2019, the Infection Prevention &amp; Control Team commenced initiation of incident reporting.</li> <li>Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.</li> <li>Improvement programmes on reducing the prevalence of invasive devices in inpatients continues across sites</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> <li>There were 17 <i>Clostridium difficile</i> toxin positive cases in November. This was 5 cases above the IMTP projected profile (12 cases), but 11% fewer cases when compared to the same reporting period in 2018/19</li> <li>76% of the cases in November were considered to be hospital acquired. 69% of these hospital acquired cases were associated with Morriston Hospital.</li> <li>Seasonal variations are to be expected.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <p>Number C.Diff Cases Bridgend Number C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> <li>Datix Incident codes (CCS2 codes) have been amended to facilitate improved reporting. From 2<sup>nd</sup> December 2019, the Infection Prevention &amp; Control Team commenced initiation of incident reporting.</li> <li>Implementation of ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.</li> <li>Executive support for cleaning technologies proposals –provision of Ultraviolet-C technology now available in and Singleton Hospital, and will be available in Neath Port Talbot in January 2020.</li> <li>Continue with recently established multi-professional, board-wide <i>C. difficile</i> Control Group, which meets bi-weekly initially.</li> <li>National Standards of Cleanliness hours are being reviewed, with a paper to be taken to Senior Leadership Team in January 2020.</li> </ul>
<b>Serious Incidents-</b> Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	<ul style="list-style-type: none"> <li>The Health Board reported 12 Serious Incidents for the month of November 2019 to Welsh Government.</li> <li>The last Never Event reported was on 17<sup>th</sup> October 2019.</li> <li>In November 2019, the performance against the 80% target of submitting closure forms within 60 working days was 55%. 20 investigations were due to be concluded in September 2019, however only 11 closure forms were submitted with the 60 working days.</li> </ul>	<p><b>Serious incidents closed within 60 days</b></p> <p>% SIs assured ABM (inc. Bridgend) % SI's assured SB UHB (exc. Bridgend) Profile</p>	<ul style="list-style-type: none"> <li>Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board plus we now report on all MH &amp; LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit has developed an improvement action plan for MH/LD 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.</li> <li>Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period
<b>30 day response rate for concerns-</b> <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<ul style="list-style-type: none"> <li>The overall Health Board response rate for responding to concerns within 30 working days was 85% in September 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%</li> </ul>	<b>Response rate for concerns within 30 days</b>  <p>■ 30 day response rate (ABMU up to March 2019)</p>	<ul style="list-style-type: none"> <li>Performance is discussed at all Unit performance meetings.</li> <li>'Once for Wales' new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.</li> <li>Ombudsman training for Governance Teams based on themes and trends completed in the Units.</li> <li>Ombudsman Improvement Officer to attend the Consultant Development Programme in December.</li> <li>Learning Event to be held in February 2020 to ensure learning from Ombudsman cases is cascaded throughout the Health Board.</li> </ul>
<b>Number of pressure ulcers</b> <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i>	<ul style="list-style-type: none"> <li>In October 2019, there were a total of 49 cases of healthcare acquired pressure ulcers, of which 29 were community acquired and 20 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in October 2019 was 4. Of which 2 were community acquired and 2 were hospital acquired.</li> </ul>	<b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b>  <p>■ Grade 3+ pressure ulcers (SBU HB exc. Bridgend)  □ Grade 3+ pressure ulcers (ABMU inc. Bridgend)</p>	<ul style="list-style-type: none"> <li>PUPSG meet quarterly and continue to steer the organisations pressure ulcer prevention work.</li> <li>The new format of Service Delivery Unit reports for PUPSG improves governance of pressure ulcer reporting, investigation and scrutiny.</li> <li>Each SDU are developing a Strategic Quality Improvement Plan (SQulP) to target work streams to reduce the risk of causal factors that affect pressure ulcer prevention care delivery</li> <li>Welsh Risk Pool are assisting the SDU's to assurance rate their SQulP's to make certain that their work streams are effective.</li> <li>Education for the roll out of PURPOSE T risk assessment is underway</li> </ul>



Description	Current Performance	Trend	Actions planned for next period
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 240 in November 2019 compared with 255 in October 2019.</li> <li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <p>Legend:   Inpatient Falls (POWH)   Inpatient Falls (SBU HB exc. POWH)   Profile</p>	<ul style="list-style-type: none"> <li>Policy and procedure for prevention and management of inpatient falls launched 2<sup>nd</sup> September. This included a Bulletin and Video on the intranet and screen savers to raise awareness.</li> <li>A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed. First draft will be trialed at Morriston &amp; Neath and Port Talbot Scrutiny panels with feedback to falls strategy group January 2020.</li> </ul>
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>Problems with NWIS data extraction have now been resolved however further analysis on the accuracy of the data being extracted from the E-discharge dashboard is underway.</p> <p>The latest data shows that in November 2019, the percentage of completed discharge summaries was 63%.</p>	<p><b>% discharge summaries approved and sent</b></p> <p>Legend:   % completed discharge summaries (SBU HB)   % completed discharge summaries (ABMU HB)</p>	<p>Deputy DMD has undertaken site visits in August 2019 and interviewed junior doctors, nurse practitioners and ward managers/matrons to hear of their experiences of the using the software.</p> <p>Actions to take forward include:</p> <ol style="list-style-type: none"> <li>1. Methodology for addressing variation in performance is discussed with Assistant Medical Directors and Exec MD at monthly meetings</li> <li>2. Issue has been discussed at full plenary of Local Medical Committee (LMC) who are supportive of new initiatives</li> <li>3. Formal recovery plan is being prepared for October</li> </ol>

## 10. WORKFORCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period
<b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"> <li>Our in-month performance for October 2019 has increased from 6.05% in September to 6.36% in October 2019.</li> <li>The 12-month rolling performance to the end of October 2019 has deteriorated from 5.98% to 6.04%</li> </ul>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>% sickness rate (12 month rolling)</li> <li>% sickness rate (in-month)</li> </ul>	<ul style="list-style-type: none"> <li>A revised draft Managing Absence at Work (MAAW) improvement plan has been drafted for approval.</li> <li>The pilot using early intervention techniques within Morriston Facilities department has been completed and formally reported. This approach is currently being rolled out across the facilities department and other suitable areas for implementation are being identified. Phlebotomy and Health Records have been identified to date and initial meetings have taken place with relevant service leads with a view to implement in early 2020.</li> <li>The communication process used within the above pilot is to be rolled out across the Health Board from mid December 2019.</li> <li>MAAW policy training, A targeted plan is now in place to achieve approx. 3,000 managers through a blended learning approach by December 2020. To-date Swansea Bay has trained circa 550 managers on the new policy.</li> <li>Operational Workforce team are implementing an "Adopt a Manager" approach following MAAW training, providing specific coaching and support back in the workplace following completion of training of managers particularly from hotspot areas.</li> <li>A new MAAW forum has been established which will monitor progress of unit and Health Board improvement plans as well as identify suitable opportunities to improve performance.</li> <li>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 Targeted Intervention (TI) monies, resulting in</li> </ul>

			<p>reduced waiting times for management referrals to three weeks for Doctors and Nurses. Scanning of all OH records has commenced to enable an e-record by February 2020 with planned increased efficiencies.</p> <ul style="list-style-type: none"> <li>• Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, with first contact within 5 days (100+ referrals monthly) and expediting to MSk diagnostics and surgery when required. A business case has been developed to ensure continuation funding after Invest to Save funds end March 2020.</li> <li>• 350 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.</li> <li>• 'Menopause wellbeing workshops delivered across the main hospital sites, supporting the All Wales menopause Policy.</li> <li>• New pilot course delivered to staff aimed at reducing effects of stress related to experiencing trauma at work/home, based on EMDR therapy. Group traumatic episode protocol (G-Tep) allows staff to safely process distressing emotions over 2 x 1 hour sessions. Results of the pilot show a significant reduction in symptoms of 13 staff in the cohort of 16. Plans to roll out wider are being developed.</li> <li>• 2019/20 Staff Flu campaign has commenced with refreshed marketing and promotion campaign from Comms Dept with support from Charitable Funds. At the end of week 8 (22/11/19), 4575 vaccinations had been administered with 52% of frontline staff having been vaccinated.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<b>Mandatory &amp; Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</b>	<ul style="list-style-type: none"> <li>Over the past two months compliance against the 13 core competencies has risen from 79.4% to 80.68%. This is a 1.28% increase from the previous month and a 3.98% rise since April 2019.</li> <li>This equates to approximately 2000 new competencies being completed in the couple of months.</li> <li>This takes into account both current employees who are maintaining their compliance as well as those who are new to the Health Board.</li> <li>Medical &amp; Dental are currently the lowest performing area, which stands at 43.15% compliance.</li> <li>Allied Health Professionals are currently the highest performing are, which stands at 91.61%</li> </ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <p> <span style="color: orange;">▨</span> % Level 1 compliance (ABMU HB)  <span style="color: orange;">■</span> % Level 1 compliance (SBU HB)         </p>	<p><b><i>There has been no change in action since last month as all actions remain relevant.</i></b></p> <ul style="list-style-type: none"> <li>E-learning drop in sessions are continuing across the current Health Board and all sites on a regular basis.</li> <li>A follow up meeting is planned for January 2020 to discuss the recording of face to face Mandatory training</li> <li>All relevant Subject Matter Experts are continuing to exam the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. A meeting will be held in January to review this.</li> <li>Identification of essential training within pilot areas is planned that will identify essential training required above the corporate requirements. This will also reduce the number of active position numbers within ESR currently over 7000. Pilot areas identified are Midwifery, Radiology, Physiotherapy and Speech &amp; Language together with the ESR Team</li> <li>Meetings are being held via Shared Services regarding the working of IAT for Mandatory training which transfers training records when staff change from one NHS organisation to another and will reduce the need to complete Mandatory training unnecessarily.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																																																																																																												
Vacancies Medical and Nursing and Midwifery	<ul style="list-style-type: none"><li>Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:</li><li>EU Nurses employed at Band 5 = 70</li><li>Philippine nurses arrived in 17/18 &amp; employed at Band 5 = 30</li><li>Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team.</li><li>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.</li><li>A further 13 of our HCSW's are currently undertaking a 2 year master's programme.</li></ul>	<p><b>Vacancies as at Sept/Oct/Nov 2019.</b></p> <table><tr><th>Grade - Medical &amp; Dental</th><th>Sep-19</th><th>Oct-19</th><th>Nov-19</th></tr><tr><td>21000-Consultant (M&amp;D)</td><td>-49.62</td><td>-49.18</td><td>-51.53</td></tr><tr><td>21100-Locum Consultant (M&amp;D)</td><td>0.10</td><td>0.60</td><td>2.45</td></tr><tr><td>22110-Associate Specialist (M&amp;D)</td><td>-7.33</td><td>-8.34</td><td>-8.24</td></tr><tr><td>22200-Locum Associate Specialist (M&amp;D)</td><td></td><td></td><td></td></tr><tr><td>22250-Specialist Dental Officer</td><td>-0.40</td><td>0.40</td><td>0.40</td></tr><tr><td>22260-Senior Dental Officer</td><td>-0.80</td><td>-0.80</td><td>-0.80</td></tr><tr><td>22270-Dental Officer</td><td>-3.82</td><td>-3.52</td><td>-1.66</td></tr><tr><td>22310-Speciality Doctor (M&amp;D)</td><td>-17.66</td><td>-19.56</td><td>-19.26</td></tr><tr><td>22320-Locum Speciality Doctor (M&amp;D)</td><td>-0.60</td><td>-0.60</td><td>-0.60</td></tr><tr><td>23100-Specialty Registrar (M&amp;D)</td><td>-64.46</td><td>-60.18</td><td>-63.92</td></tr><tr><td>23120-Locum Specialty Registrar (M&amp;D)</td><td>8.90</td><td>9.90</td><td>11.90</td></tr><tr><td>23200-Specialist Registrar (M&amp;D)</td><td>-6.00</td><td>-6.00</td><td>-6.00</td></tr><tr><td>23300-Locum Specialist Registrar (M&amp;D)</td><td>-0.40</td><td>-0.40</td><td>-0.40</td></tr><tr><td>24100-F2 foundation year 2 (M&amp;D)</td><td>-0.65</td><td>-1.65</td><td>-2.97</td></tr><tr><td>24110-Locum F2 Foundation year 2 (M&amp;D)</td><td>3.00</td><td></td><td></td></tr><tr><td>24400-F1 foundation year 1 (M&amp;D)</td><td>-6.40</td><td>-6.40</td><td>-6.19</td></tr><tr><td>24900-Dental Trainees in Hosp Post</td><td>0.76</td><td>3.56</td><td>3.56</td></tr><tr><td>25000-Clinical Assistant (M&amp;D)</td><td>-1.09</td><td>-1.09</td><td>-0.27</td></tr><tr><td>25100-Senior Lecturer (M&amp;D)</td><td>-1.08</td><td>-1.08</td><td>-1.90</td></tr><tr><td>25300-G.P.Sessions / Staff Fund</td><td>5.52</td><td>5.76</td><td>5.94</td></tr><tr><td><b>Total</b></td><td><b>-142.04</b></td><td><b>-138.58</b></td><td><b>-139.48</b></td></tr></table> <table><tr><th>Grade - Nursing &amp; 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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.</li><li>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).</li></ul>
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<b>Recruitment</b> <i>Metrics provided by NWSSP. Comparison with all-Wales benchmarking</i>	<ul style="list-style-type: none"> <li>Swansea Bay UHB overall performance continues to match the target level for NHS Wales when excluding outlier data.</li> </ul> <p><i>Recruitment data for November was not available at the time of writing this report</i></p>	<p><b>Vacancy Creation to Unconditional Offer October 2019 (working days: including outliers) T13</b></p> <p>Legend: T13 time taken (orange bars), Linear (Target) (red line)</p>	<ul style="list-style-type: none"> <li>Outlier data is passed to Delivery Units for review.</li> <li>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.</li> </ul>																																												
<b>Turnover</b> <i>% turnover by occupational group</i>	<ul style="list-style-type: none"> <li>There has been very little movement in overall turnover in recent months. Headcount turnover remains around 8%. FTE turnover has reduced to the lowest level seen for over two years.</li> <li>Nurse headcount turnover has increased in the last four months to close to 9.5%, with FTE moving towards 9%.</li> </ul>	<p><b>Period Turnover Rate 1<sup>st</sup> Dec 2018 to 30<sup>th</sup> November 2019</b></p> <table border="1"> <thead> <tr> <th>Staff Group</th><th>FTE</th><th>Headcount</th><th>Change Headcount</th></tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td><td>7.91%</td><td>9.04%</td><td>↑</td></tr> <tr> <td>Additional Clinical Services</td><td>6.12%</td><td>6.35%</td><td>↓</td></tr> <tr> <td>Administrative and Clerical</td><td>8.68%</td><td>8.86%</td><td>↑</td></tr> <tr> <td>Allied Health Professionals</td><td>7.74%</td><td>7.68%</td><td>↓</td></tr> <tr> <td>Estates and Ancillary</td><td>5.26%</td><td>5.22%</td><td>↓</td></tr> <tr> <td>Healthcare Scientists</td><td>6.51%</td><td>6.85%</td><td>↓</td></tr> <tr> <td>Medical and Dental</td><td>9.34%</td><td>10.04%</td><td>↓</td></tr> <tr> <td>Nursing and Midwifery Registered</td><td>8.91%</td><td>9.48%</td><td>↑</td></tr> <tr> <td><b>Overall Rate</b></td><td><b>FTE</b></td><td><b>Headcount</b></td><td></td></tr> <tr> <td>Overall Rate</td><td>7.79%</td><td>8.10%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	7.91%	9.04%	↑	Additional Clinical Services	6.12%	6.35%	↓	Administrative and Clerical	8.68%	8.86%	↑	Allied Health Professionals	7.74%	7.68%	↓	Estates and Ancillary	5.26%	5.22%	↓	Healthcare Scientists	6.51%	6.85%	↓	Medical and Dental	9.34%	10.04%	↓	Nursing and Midwifery Registered	8.91%	9.48%	↑	<b>Overall Rate</b>	<b>FTE</b>	<b>Headcount</b>		Overall Rate	7.79%	8.10%	↓	<ul style="list-style-type: none"> <li>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.</li> </ul>
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<b>PADR</b> <i>% staff who have a current PADR review recorded</i>	<ul style="list-style-type: none"> <li>Staff who have had a Personal Appraisal and Development Review (PADR) as of Nov 2019 stands at 68.82%. This is an increase of 3.55% from the last reported figure of 65.27%</li> <li>Estates and Ancillaries have seen an increase from 42.55% to 52.60%, which is an increase of 10.05%.</li> <li>The Estates Directorate alone, stands at 85.51%</li> </ul>	<p><b>% of staff who have had a PADR in previous 12 months</b></p> <p>The chart displays the percentage of staff who have had a PADR in the previous 12 months. The Y-axis ranges from 0% to 90% in 10% increments. The X-axis shows months from Nov-18 to Mar-20. The legend indicates: PADR Compliance (ABMU HB) represented by orange hatched bars, PADR Compliance (SBU HB) represented by solid orange bars, and a red line representing the Profile. The ABMU HB compliance is consistently high, around 70%. The SBU HB compliance starts around 65% in Nov-18 and shows a steady increase to approximately 85% by Mar-20. The Profile line follows the SBU HB trend, starting at 65.27% in Nov-18 and reaching 68.82% in Nov-19.</p> <table border="1"> <caption>Estimated Data for PADR Compliance</caption> <thead> <tr> <th>Month</th> <th>PADR Compliance (ABMU HB)</th> <th>PADR Compliance (SBU HB)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>70%</td><td>65.27%</td><td>65.27%</td></tr> <tr><td>Dec-18</td><td>70%</td><td>66%</td><td>66%</td></tr> <tr><td>Jan-19</td><td>70%</td><td>67%</td><td>67%</td></tr> <tr><td>Feb-19</td><td>70%</td><td>68%</td><td>68%</td></tr> <tr><td>Mar-19</td><td>70%</td><td>69%</td><td>69%</td></tr> <tr><td>Apr-19</td><td>70%</td><td>70%</td><td>70%</td></tr> <tr><td>May-19</td><td>70%</td><td>71%</td><td>71%</td></tr> <tr><td>Jun-19</td><td>70%</td><td>72%</td><td>72%</td></tr> <tr><td>Jul-19</td><td>70%</td><td>73%</td><td>73%</td></tr> <tr><td>Aug-19</td><td>70%</td><td>74%</td><td>74%</td></tr> <tr><td>Sep-19</td><td>70%</td><td>75%</td><td>75%</td></tr> <tr><td>Oct-19</td><td>70%</td><td>76%</td><td>76%</td></tr> <tr><td>Nov-19</td><td>70%</td><td>77%</td><td>77%</td></tr> <tr><td>Dec-19</td><td>70%</td><td>78%</td><td>78%</td></tr> <tr><td>Jan-20</td><td>70%</td><td>79%</td><td>79%</td></tr> <tr><td>Feb-20</td><td>70%</td><td>80%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>70%</td><td>85.51%</td><td>85.51%</td></tr> </tbody> </table>	Month	PADR Compliance (ABMU HB)	PADR Compliance (SBU HB)	Profile	Nov-18	70%	65.27%	65.27%	Dec-18	70%	66%	66%	Jan-19	70%	67%	67%	Feb-19	70%	68%	68%	Mar-19	70%	69%	69%	Apr-19	70%	70%	70%	May-19	70%	71%	71%	Jun-19	70%	72%	72%	Jul-19	70%	73%	73%	Aug-19	70%	74%	74%	Sep-19	70%	75%	75%	Oct-19	70%	76%	76%	Nov-19	70%	77%	77%	Dec-19	70%	78%	78%	Jan-20	70%	79%	79%	Feb-20	70%	80%	80%	Mar-20	70%	85.51%	85.51%	<ul style="list-style-type: none"> <li>With Pay Progression changing as of April 2020, a working group has been set-up to look at the impact of this, with regards to the PADR Policy, guidelines and paperwork. There will also be discussions had on the basis of placing PADR paperwork onto ESR.</li> <li>The NWSSP are yet to provide guidance on the Pay Progression policy.</li> <li>Work is being completed from various HB's in Wales regarding PADR paperwork. The idea is to create a generic PADR document to be used across NHS Wales, which can be adapted at HB level to include values etc.</li> <li>A review of the PADR policy has been planned for early next year to fall in line with the February review date. However, we need to ensure we have the relevant Pay Progression information to review the Policy in the most robust way possible.</li> <li>PADR training continues to be delivered as part of the Managers Pathway as well as the wider Learning &amp; OD portfolio. Reviews of the training will be determined by the outcome of the Pay Progression Policy as well as any PADR paperwork developments including the transition over into ESR.</li> <li>The continuing difficulties in implementing Supervisor Self Service will have implications in the eventuality of PADR paperwork being ESR driven.</li> <li>The results of the deep dives on Estates and facilities are yet to be explored. That said, there are and have been additional PADR training sessions put on for Estates staff.</li> </ul>
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Jan-19	70%	67%	67%																																																																								
Feb-19	70%	68%	68%																																																																								
Mar-19	70%	69%	69%																																																																								
Apr-19	70%	70%	70%																																																																								
May-19	70%	71%	71%																																																																								
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Aug-19	70%	74%	74%																																																																								
Sep-19	70%	75%	75%																																																																								
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Nov-19	70%	77%	77%																																																																								
Dec-19	70%	78%	78%																																																																								
Jan-20	70%	79%	79%																																																																								
Feb-20	70%	80%	80%																																																																								
Mar-20	70%	85.51%	85.51%																																																																								

Description	Current Performance	Trend	Actions planned for next period
<b>Operational Casework</b> <i>Number of current operational cases.</i>	<ul style="list-style-type: none"> <li>There has been a steady and noticeable reduction in live Employee Relations (ER) cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016.</li> <li>There has been a reduction in both Disciplinary cases over time. Numbers of grievances continue to reduce.</li> </ul>	<p><b>Number of Operational Cases</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Number of Disciplinary cases</li> <li>Staff suspended (inc. suspended &gt; 6mths)</li> <li>Staff suspended &gt; 6 mths</li> <li>Cases continuing &gt; 2 yrs</li> <li>Dignity at work</li> <li>Grievances</li> <li>ET's</li> <li>Capability</li> <li>Whistleblowing</li> </ul>	<ul style="list-style-type: none"> <li>ER Tracking System has now gone live following resolution of the IG issues identified.</li> <li>The IO team has started work and cases are now being allocated to them for action.</li> <li>Following ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment a summary post events is being prepared.</li> </ul>

## 11. FINANCE 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																											
<b>Revenue Financial Position – expenditure incurred against revenue resource limit</b>	<ul style="list-style-type: none"><li>The reported revenue financial position for November 2019 is an in-month overspend of £1.192m, resulting in a cumulative overspend of £9.845m.</li><li>The key drivers of the overspend are workforce and ChC pressures, Savings Delivery Slippage and Diseconomies of Scale following Bridgend Boundary Change.</li></ul>	<p><b>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20</b></p> <table border="1"><thead><tr><th>Month</th><th>Reported Variance (£'000)</th><th>Target Variance (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>875</td><td>0</td></tr><tr><td>M2</td><td>1,037</td><td>0</td></tr><tr><td>M3</td><td>1,497</td><td>0</td></tr><tr><td>M4</td><td>1,295</td><td>0</td></tr><tr><td>M5</td><td>1,291</td><td>0</td></tr><tr><td>M6</td><td>1,250</td><td>0</td></tr><tr><td>M7</td><td>1,408</td><td>0</td></tr><tr><td>M8</td><td>1,192</td><td>0</td></tr></tbody></table>	Month	Reported Variance (£'000)	Target Variance (£'000)	M1	875	0	M2	1,037	0	M3	1,497	0	M4	1,295	0	M5	1,291	0	M6	1,250	0	M7	1,408	0	M8	1,192	0	<ul style="list-style-type: none"><li>KPMG to support analysis of key cost drivers, enhance grip and control and support the identification and delivery of further opportunities.</li><li>Delivery Support Team is working with Units to assist in delivery of savings and recovery actions.</li><li>Review of non-recurrent opportunities.</li></ul>
Month	Reported Variance (£'000)	Target Variance (£'000)																												
M1	875	0																												
M2	1,037	0																												
M3	1,497	0																												
M4	1,295	0																												
M5	1,291	0																												
M6	1,250	0																												
M7	1,408	0																												
M8	1,192	0																												
<b>Forecast Position – delivery of a breakeven position</b>	<ul style="list-style-type: none"><li>The core financial plan provided a balanced financial position. This excluded the diseconomies of scale following the Bridgend Boundary Change.</li><li>The Health Board recognises the need to manage the impact of the diseconomies and some mitigation has been identified. However this will be extremely challenging in one year and discussions are being progressed with WG around potential transitional support.</li><li>The plan assumes that the funding provided by WG non-recurrently in 2018/19 is re-provided.</li><li>The year-end forecast has been revised to a deficit of £12.3m</li></ul>	<table border="1"><thead><tr><th>Month</th><th>Deficit Control Total (£'000)</th><th>Outturn (£'000)</th></tr></thead><tbody><tr><td>P01</td><td>0</td><td>-1,912</td></tr><tr><td>P02</td><td>0</td><td>-3,409</td></tr><tr><td>P03</td><td>0</td><td>-4,704</td></tr><tr><td>P04</td><td>0</td><td>-5,995</td></tr><tr><td>P05</td><td>0</td><td>-7,245</td></tr><tr><td>P06</td><td>0</td><td>-8,653</td></tr><tr><td>P07</td><td>0</td><td>-9,845</td></tr><tr><td>P08</td><td>0</td><td>-12,300</td></tr></tbody></table>	Month	Deficit Control Total (£'000)	Outturn (£'000)	P01	0	-1,912	P02	0	-3,409	P03	0	-4,704	P04	0	-5,995	P05	0	-7,245	P06	0	-8,653	P07	0	-9,845	P08	0	-12,300	<ul style="list-style-type: none"><li>Identify plan/opportunities to reduce the diseconomies of scale over time.</li><li>Consider impact of savings delivery and operational pressures on forecast position.</li><li>Identify, assess and implement a range of mitigating financial recovery measures to support financial delivery.</li><li>Develop a strong pipeline of savings and efficiency measures.</li><li>This work will be supported by KPMG and the Delivery Support Team.</li><li>Progress discussions with WG regarding potential transitional support.</li></ul>
Month	Deficit Control Total (£'000)	Outturn (£'000)																												
P01	0	-1,912																												
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P08	0	-12,300																												

Description	Current Performance	Trend	Actions planned for next period
<b>Savings Delivery – Performance against the £21.3m savings requirement</b>	<ul style="list-style-type: none"> <li>The Health Board financial plan set out a requirement to identify and deliver £21.3m.</li> <li>To date £25.6m of Green and Amber schemes have now been identified. This includes the financial recovery actions.</li> <li>However the forecast delivery against the planned savings is £19.8m, which is below the plan savings requirement and does not provide mitigation of the operational pressures.</li> </ul>	<p>Horizontal bar chart showing savings delivery performance from April to March. The chart compares Active (green), In-Progress (yellow), Pipeline Ideas (red), Unidentified (black), and Achieved (dark blue) savings. Values are provided for each month: April (877), May (900), June (1,105), July (1,579), August (1,239), September (1,498), October (1,941), November (1,857), December, January, February, and March.</p>	<ul style="list-style-type: none"> <li>Further review and assessment of delivery confidence through KPMG.</li> <li>Delivery Support Team focus on planned scheme slippage and support actions to rectify or reduce slippage.</li> <li>Further work to develop the pipeline of scheme/opportunities to be taken forward.</li> </ul>
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>Workforce expenditure prior year trends have been adjusted for Bridgend Boundary Change.</li> <li>The overall workforce expenditure has reduced in September which was expected given the weekly and enhancement phasing profile.</li> <li>The decrease in variable pay also reflects the weekly and enhancement profiling.</li> </ul>	<p>Stacked bar chart titled "Variable Pay Expenditure This Year and Last Year" showing expenditure from P01 to P12. The chart compares Variable Pay - Last Year (grey line), Average Variable Pay - Last Year (pink line), and various components: Irregular Sessions (brown), WLI (green), Agency - Medical (yellow), Agency - Non Medical (light green), Overtime (red), and Bank (blue).</p>	<ul style="list-style-type: none"> <li>Further analysis of the key factors driving the use of variable pay outside of planned budget.</li> <li>Identify actions to cease the use of non-contract nurse agency.</li> <li>Enhanced grip and control measures agreed by Board.</li> <li>Support to Workforce workstreams to ensure efficiency benefits are delivered.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The cumulative position to end of November 2019 is a £0.540m underspend to plan. Underspend to date is not anticipated to impact on cumulative year end position.</li> <li>The forecast outturn shows an overspend position of £5.053m, which is anticipated to be breakeven with a number of anticipated allocations from WG.</li> </ul>	<p><b>Capital - In-Month Performance to Plan</b></p> <p><b>Capital - Cumulative Performance to Plan</b></p>	<ul style="list-style-type: none"> <li>A number of schemes are reported as high and medium risk of achieving planned spend. Ongoing discussion with Welsh Government regarding allocations of £5.053m required in year to reach a balanced position.</li> </ul>



Description	Current Performance	Trend	Actions planned for next period																											
<b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none"><li>In-month performance in November 2019 was 96.14% which was above the 95% target.</li><li>The cumulative position remains above the 95% target at 95.19%.</li><li>The Health Board will need to maintain the 95% target during remaining months to ensure cumulative target is delivered.</li></ul>	<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>96.14</td><td>96.14</td></tr><tr><td>May</td><td>95.8</td><td>95.9</td></tr><tr><td>June</td><td>95.8</td><td>95.8</td></tr><tr><td>July</td><td>96.8</td><td>96.2</td></tr><tr><td>August</td><td>96.5</td><td>96.3</td></tr><tr><td>September</td><td>91.5</td><td>95.5</td></tr><tr><td>October</td><td>92.5</td><td>95.2</td></tr><tr><td>November</td><td>96.14</td><td>95.19</td></tr></tbody></table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	96.14	96.14	May	95.8	95.9	June	95.8	95.8	July	96.8	96.2	August	96.5	96.3	September	91.5	95.5	October	92.5	95.2	November	96.14	95.19	<ul style="list-style-type: none"><li>Develop clear compliance reporting with NWSSP to ensure necessary corrective action is able to be taken.</li><li>Identify and target areas of poor performance.</li></ul>
Month	In Month PSPP (%)	Cumulative PSPP (%)																												
April	96.14	96.14																												
May	95.8	95.9																												
June	95.8	95.8																												
July	96.8	96.2																												
August	96.5	96.3																												
September	91.5	95.5																												
October	92.5	95.2																												
November	96.14	95.19																												

## 12. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

### 12.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%				
		Profile	66%	70%	73%	75%	72%	73%	62%	65%	69%	69%	71%	71%
	12 hour A&E waits	Actual	653	602	644	642	740	939	889	926				
		Profile	484	374	273	283	266	238	799	693	656	612	444	297
	1 hour ambulance handover	Actual	669	629	681	550	599	746	802	799				
		Profile	320	233	201	220	193	200	643	614	488	451	388	291
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%	57%	42%	29%	55%					
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%	42%	47%					
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%	100%	98%	95%	95%	94%					
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
	Thrombolysis door to needle within 45 minutes	Actual	27%	17%	0%	40%	27%	0%	0%					
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	172	201	155	112	361	431	486	460				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529				
		Profile	1,970	1,894	1,904	1,843	1,737	1,647	1,418	1,368	1,417	1,236	1,057	938
	Diagnostic waits over 8 weeks	Actual	401	393	289	259	337	294	223	226				
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Cancer	NUSC patients starting treatment in 31 days	Actual	82%	91%	92%	88%	90%	84%	98%	87%				
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	88%	95%	85%	84%	83%	92%	81%	72%				
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	3	5	4	3	6	6	9				
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7	2	6	2	2	7	4				
		Profile	4	5	3	4	4	3	3	4	3	4	4	4
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	7	3	6	12	4	5	5	3				
		Profile	7	3	6	4	6	4	4	6	6	8	4	5
Quality & Safety Measures	Discharge Summaries	Actual	66%	67%	70%	65%	64%	61%	61%	59%				
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	97%	97%	96%	95%	100%	98%						
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.11%	6.13%	6.10%	6.11%	6.14%	6.08%	6.15%					
		Profile			5.97%			5.84%			5.72%			5.59%
	Personal Appraisal Development Review	Actual	65%	65%	64%	65%	64%	66%	61%	66%				
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	71%	72%	72%	73%	76%	75%	75%	76%				
		Profile			78%			85%			85%			85%

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

## 12.1 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Second plastic surgery treatment room fully commissioned</li> <li>• 3 years of Macmillan funding confirmed for Thyroid Service CNS</li> <li>• Successful implementation of SIGNAL within Surgical wards. Roll out to Medicine commencing 16th December 2019</li> <li>• GP appointed and commenced in ED to support triage process and help train/educate ED staff</li> <li>• Good progress on implementing SIGNAL on the Morriston site</li> <li>• Improvement in waiting times seen since appointment of hand consultant locum post</li> <li>• Recruited 4 Clinical Site Matrons enabling bronze cover – 2 in post, 1 starting at beginning of January with 1 other external to start asap</li> <li>• Recent T&amp;O junior doctor recruitment very successful with junior and senior rotas being fully established (subject to confirmation of start dates) by end December.</li> <li>• Sept 19 long-term sickness 3.89%; lowest figure for 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Improve PADR compliance to 100% of all available staff by 31/12/19</li> <li>• 34 managers booked to attend ACAS sessions in Autumn 2019.</li> <li>• Integrate Sentinel Node Biopsy requirements into the MTC plastic surgery consultant posts.</li> <li>• Explore option with C&amp;V UHB for the new pancreatic surgery post</li> <li>• Develop a plan for emergency and elective T&amp;O surgery – Unit exploring options for creating increased capacity on the Morriston Hospital site.</li> <li>• Complete recruitment for all critical Major Trauma Network posts</li> <li>• Submit paper to IBG for high value procurement exercise sign off for new dialysis equipment and consumables for the Morriston Renal service</li> <li>• Block book contract agency to improve fill rates for nursing vacancies</li> <li>• Fully-staff Paediatrics 24/7 to secure training accreditation</li> <li>• Sustainable rotas for all grades of medical staff, rotas to be full and compliant</li> <li>• Outsourcing of pancreatic surgery cases has commenced (need to explore increasing outsourcing numbers to manage patient backlog numbers.</li> <li>• Redesign space to support Ambulatory Emergency Care service</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Roll out of Allocate and Locums on Duty</li> <li>• Role redesign alternative roles to support nursing workforce gaps e.g. Pharmacy Technicians &amp; Generic Support Workers</li> <li>• Acute Care Business Case at internal scrutiny stage</li> <li>• Scoping of a Nutrition MDT in Morriston Hospital work ongoing</li> <li>• Requirement within SBUHB discretionary capital plan and submission to WG for critical care slippage for clinical monitors.</li> <li>• Commission support to understand critical care capacity and demand and to develop DTOC improvement plan</li> <li>• Building work to commence 9 Dec on AMAU West to create Ambulatory Emergency Care facility (completion due Feb 20)</li> <li>• Hospital 2 Home rollout starting in Wards A and D on 9 Dec</li> <li>• Working with WAST to improve hospital handover delays</li> <li>• ECHO working with Radiology to streamline reporting and action of diagnostic requests</li> <li>• Straight to test list from 10/19 – improvement of cancer pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing vacancies –recruitment challenges</li> <li>• No decant facilities within Morriston Hospital for IPC cleaning.</li> <li>• 18/19 winter surge arrangements remain open – no capacity for increase 19/20.</li> <li>• Change to pension tax arrangements impact on medical staff.</li> <li>• Public Health have predicted a very difficult high-risk flu season.</li> <li>• Medically fit for discharge position remains challenging – current circa 120.</li> <li>• Continued unscheduled care pressure and demand. Risk of reputational damage due to poor patient experience.</li> <li>• Capacity across the wider hospital appears to be deteriorating</li> <li>• Exit block leading to overcrowding</li> <li>• Weekend Consultant 'Middle Shift' unfunded</li> <li>• Continued rise in Medically fit numbers with adverse impact on hospital performance including offload delays, ED crowding, staff morale, impact on planned care and financial position</li> <li>• Include something on Spinal Surgery Service</li> </ul>

## 12.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%	99.0%				
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	100%	-	100%	100%	-	100%	100%				
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	-	100%	100%	20%	100%	67%	100%	100%				
		Profile	76%	95%	89%	96%	97%	87%	89%	90%	87%	82%	83%	94%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	1	1	1	1	2				
		Profile	3	3	0	0	0	0	1	1	1	0	1	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	1	0	1	1	0	1	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	0	0	1	0	3	1				
		Profile	0	2	1	2	1	1	3	1	2	2	1	0
Quality & Safety Measures	Discharge Summaries	Actual	82%	74%	81%	81%	72%	64%	75%	71%				
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	86%	83%	75%	67%	67%	83%						
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.38%	5.41%	5.41%	5.34%	5.19%	5.07%	5.12%					
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%	77%	77%	74%	75%	71%	73%				
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	84%	85%	86%	88%	89%	89%	89%	89%				
		Profile			75%			80%			85%			90%

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

## 12.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• 4 nurses from NPTh were finalists in the RCN Nurse of the Year Awards. Lynne Hall, Senior Sister in Afan Nedd was the winner in the Adult Nursing category</li> <li>• The Rapid Diagnosis Team won the McMillan Innovation Award</li> <li>• The Rheumatology Team have been shortlisted for the British Society of Rheumatologists</li> <li>• 2 new Assistant Practitioners (Band 4 Nursing Support Workers) have completed their 8 week induction and commence in practice 2/12/19</li> <li>• Funding secured for #NOF B5 and B3 to provide 7 day service for #NOF patients in Morriston</li> <li>• Recognition of need to increase Physiotherapy input into the OPAS team in Morriston- potential funding from MGH DU</li> <li>• Dr Ceri Battle, into the final of AHA Therapies and Pharmacy awards, for research ( 26th November)</li> <li>• Delivering over target for Pharmacy investment bid &amp; acute savings</li> <li>• Successful capital funding request to National Pharmacy fund to support Omnicells, Rx tracking system and Pharmacy RPA BoT</li> <li>• Recruitment for Care home ATO posts</li> </ul>	<ul style="list-style-type: none"> <li>• Achievement of financial position</li> <li>• Safe staffing - Care of the Elderly Wards</li> <li>• Recruitment to the HB accelerated trainee Assistant Practitioner programme to commence January 2020.</li> <li>• Therapy services – clinical services plan. Staff are sitting on a number of working groups.</li> <li>• Biosimilar switches in accordance with agreed biosimilar policy as soon as product marketed to maximise savings.</li> <li>• Identify and implement drug switching initiatives in acute care areas to reduce overall drug spend.</li> <li>• Implement optimal procurement of medicines as agreed via the All Wales Drug Contracting Committee.</li> <li>• Ensure a robust financial process is in place to manage complex patient access schemes with new medicines.</li> <li>• Replacement of pharmacy robot at Morriston Hospital.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• ICF funding – Potential further development of First contact practitioners in GP Clusters from January 2020</li> <li>• Critical care (CIIG) funding available 2020-2021- bid submitted for physio and B4 rehab practitioners</li> <li>• Winter pressures funding :- MGH looking to put in additional resources in OPAS team, SGH also invested in targeted 7 day working for ICOP</li> <li>• Expand using homecare for Welsh Fertility Institute (WFI) NHS patients.</li> <li>• Further development of pharmacy specialty teams to support inpatients and specialist clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant registered nurse gaps within Care of the Elderly wards</li> <li>• High acuity patients with challenging behaviour and high risk of falls</li> <li>• ALN Bill implementation in Sep 2021. Impact on capacity for Paediatric Physiotherapy service.</li> <li>• Physio risks submitted to Morriston Delivery Unit for staffing levels in Critical Care, and Clydach ward.</li> <li>• Current difficulties in recruiting B6's and band 5's in Physio, unlikely to improve for next 8 -12months</li> <li>• Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes</li> <li>• Loss of pharmacists to cluster &amp; practice based roles</li> </ul>



## 12.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual												
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	12 hour A&E waits	Actual												
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	1 hour ambulance handover	Actual	63	18	40	44	33	32	25	22				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117	142	367	564	608	666	659				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28	120	241	444	672	958	1,058				
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8	6	2	7	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	98%	91%	95%	94%	96%	98%	97%	95%				
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	86%	70%	77%	74%	83%	81%	85%	70%				
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5	1	4	1	1	5	2				
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	3	1	2	0	3	4				
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4	0	2	3	0	2	1				
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	70%	68%	59%	59%	59%	66%	58%				
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	70%	62%	77%	69%	67%	80%						
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%	6.10%	6.06%	6.08%	6.06%	6.03%	6.07%					
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%	70%	71%	71%	71%	67%	66%				
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	77%	77%	78%	79%	81%	81%	80%	81%				
		Profile			70%			75%			80%			85%

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

### 12.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>Continued achievement of diagnostic waits for Endoscopy in 19/20</li> <li>A reduction in the number of over 1 hour and over 2 hour ambulance delays for Q3 2019/20.</li> <li>COPD admission avoidance bid supported, new post recruitment underway.</li> <li>1<sup>st</sup> 'integrated' Respiratory Services Model across SBUHB. Cluster transformation funding awarded for roll out of Tier 1 &amp; 2 of the model.</li> <li>Single cancer pathway bid for implementation of Endoscopy Straight to Test.</li> <li>Funding secured from National Endoscopy programme to improve backlog of surveillance waits. Clinical Validation Project initiated in November 2019.</li> <li>Asthma Service redesign bid submitted to support winter pressures and approved. Expressions of interest sought for Asthma CNS Post holders.</li> <li>In the recent GMC survey Swansea was listed in the top 3 training centres as a positive outlier in terms of trainee overall satisfaction</li> <li>The date set to return to the ward 12 template has been brought forward to the start of 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges.</li> <li>Develop a plan to support Radiotherapies waiting times.</li> <li>Improvement in PADR and Mandatory training.</li> <li>Cancer Performance and scoping of impact of Single Cancer pathway.</li> <li>Ophthalmology sustainable plan as part of GOLD command</li> <li>To finalise the outcome of Project B in Lymphoedema services.</li> <li>Programme Business Case for SWWC - develop with Hywel Dda.</li> <li>Continued focus on work plan to achieve IQUILS Phase 1 assessment for the Liver Service.</li> <li>Plan for shutdown of Obstetric theatres to replace obsolete Air Handling Unit.</li> <li>IV Access service for Singleton.</li> <li>Respiratory Services – specifically business cases for COPD (Admission Avoidance), Asthma and Pleural services – as well as service review of Oxygen services.</li> <li>The need to expand capacity for delivering SACT.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Single Cancer Bids submitted to the Welsh Cancer Network to introduce direct to test for Endoscopy, One stop Clinics for Dermatology and expansion of the pleural service.</li> <li>Appointment of GPWSI to do some clinics.</li> <li>Proposed use of Patient Knows Best (PKB).</li> <li>Increase theatre staffing numbers along with ward ring-fencing to provide improved efficiency and RTT capacity for both Morriston and Singleton Units.</li> <li>Income opportunities are being realised through new PUPIS activity.</li> <li>SBUHB wide re-launch of SAFER.</li> <li>5th Childrens Symposium arranged December 2019.</li> <li>Develop regional Paediatric Ophthalmology services with HD UHB.</li> <li>Develop elective C-section lists to improve efficiency and patient experience in maternity.</li> </ul>	<ul style="list-style-type: none"> <li>Site environment &amp; cladding.</li> <li>The reduction in bed capacity due to asbestos removal on wards 11 &amp; 12.</li> <li>Patients in Singleton (DGH and Cancer centre) without Specialist Palliative Care Services.</li> <li>Workforce deficits – Consultant, Medical Junior and Middle Grade gaps and Nursing. Lymphoedema National review identified issues.</li> <li>Ongoing long-term sickness within the MDT Co-ordinator team.</li> <li>There is a risk of complaints from patients not being able to receive SACT in a timely manner.</li> <li>Increase in radiotherapy capacity with extended working days not supported at IBG fully and waiting times remains unsatisfactory.</li> <li>Brexit – contingency plans are continually reviewed.</li> <li>Ongoing issues with Anaesthetics cover for theatre lists.</li> </ul>

## 12.4 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	97%	97%	97%	97%	98%	98%	98%					
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%	98%	100%	99%	93%	96%	97%					
		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			100%			100%						
		Profile			100%			100%			100%			100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	89%	89%	89%	88%	91%	92%	92%					
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%	100%	100%	100%	100%	100%					
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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%	71%	67%	71%	69%	66%	79%				
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	100%	100%	88%	88%	93%	77%						
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.22%	6.24%	6.29%	6.29%	6.29%	6.38%	6.48%					
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%	67%	66%	67%	68%	68%	77%				
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	82%	83%	84%	85%	84%	85%				
		Profile			80%			82%			83%			85%

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

## 12.4 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• The Delivery Unit can report the continuation of good compliance with the sections of the Mental Health Measure.</li> <li>• All access targets continue to be consistently met by the Delivery Unit.</li> <li>• Information Governance training compliance continues to perform well, the current figure is 89.3%.</li> <li>• Learning and development team finalists in the RCN Wales Nurse Education category</li> <li>• Paula Hopes Nurse Consultant awarded Nurse of the Year in Learning Disability &amp; Autism, Wales Awards.</li> <li>• Liaison psychiatry service became first service of its kind in Wales to be accredited with the Royal College of Psychiatry.</li> <li>• A series of engagement events are underway with CLDTs to shape services these are being delivered with Peoples First.</li> <li>• Clare Taylor award winner in the UK Restraint Reduction Network awards for highly innovative practice in restraint reduction - health setting.</li> </ul>	<ul style="list-style-type: none"> <li>• The continuing need to continue to appoint in a timely manner to any medical, nursing and allied health professional vacancies.</li> <li>• There is further work required to maintain the CTP target for the Delivery Unit.</li> <li>• Environmental improvements to take place within the LD units.</li> <li>• Providing updates on proposals agreed by Welsh Government for the use of the MH Service Improvement Fund.</li> <li>• Continuing to work with commissioning for complex care programme as part of West Glamorgan Partnership to review and resize packages of care.</li> <li>• Adult Acute Re-provision will take in further workshops in January, with stakeholders, aimed at confirming service model and identifying preferred service solutions.</li> <li>• Inputting of PADR data, once PADR's have been completed, in all localities of the delivery unit, in order to improve compliance. Latest figure is 78%.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• The DU being a part of the roll out of the 'Allocate' system that will be used for medical staffing, training to take place in January.</li> <li>• The agreement of the transformation programme through the West Glamorgan transformation board.</li> <li>• Additional funding for substance misuse services as part of SMAF.</li> <li>• Opportunity to contribute to the proposal for additional funding for those with complex needs.</li> <li>• Invest to save proposal for expansion of CHC team, this will take place in the near future.</li> <li>• Establishment of a formal project group that will incorporate review of CRHT services and relationship to Sanctuary service.</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity gaps still exist in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay.</li> <li>• Demand and capacity constraints are still prevalent in CMHT's across the Health Board.</li> <li>• Continuing to suitably manage the demand seen for Continuing Healthcare (CHC) placements and resultant financial risks.</li> <li>• Public and families interpret changes as cuts rather than the rebalancing of an overall service model as we move towards more interventions to help people support themselves.</li> </ul>

## 12.5 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned Care	Outpatients waiting more than 26 weeks	Actual	0	5	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	1	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%	86%	86%	88%	88%	88%	88%					
		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			62%									
		Profile												
	% of adult dental patients re-attending NHS Primary Dental Care between 6-9 months	Actual	31%	32%	36%	31%	33%	33%	34%					
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3	4	4	5	2	6	4				
		Profile	4	3	3	4	4	3	3	3	3	4	4	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	0	0	0	1	0				
		Profile	0	0	0	0	1	0	0	0	0	0	1	0
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	3	3	5	9	3	5	2	3				
		Profile	5	9	8	5	5	5	6	10	9	5	11	6
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0	0	0	0	0	0	0				
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	17	15	22	21	13	18	15	10				
		Profile	29	27	26	29	27	30	29	22	24	29	30	32
	E.Coli cases (Community Hospitals)	Actual	0	0	1	0	1	0	0	0				
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual	63%	73%	64%	53%	100%	70%						
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.37%	5.40%	5.44%	5.43%	5.26%	5.21%	5.24%					
		Profile			5.28%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	79%	79%	80%	80%	79%	83%	84%	83%				
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	86%	86%	86%	87%	88%	89%	88%	89%				
		Profile			85%			85%			85%			85%

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



## 12.5 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Jean Saunders, Asylum Seeker Lead Nurse won RCN Nurse of the Year award.</li> <li>• Presentations well received at the 4<sup>th</sup> National Primary Care Conference</li> <li>• Link with care home providers to provide a co-ordinated approach to continence training for all HB and domiciliary/care home staff. Training set up for next year.</li> <li>• Presented the positive work that has been undertaken by the local Pressure ulcer scrutiny panels at the PC&amp;CS Learning Event.</li> <li>• Rehabilitation Day Unit in Gorseinon Hospital received social media recognition for celebrating a patients 99<sup>th</sup> birthday</li> <li>• First Perinatal Mental Health Specialist Health Visitor appointed in Wales</li> <li>• The Pre-School Speech and Language Therapy Team were the winners of the award for improving public health outcomes for their preventative pathway at the Advancing Healthcare Awards Wales 2019</li> <li>• Speech and Language Therapists supported a Flash Mob in the Senedd raising awareness of Traumatic Brain Injury</li> <li>• Confirmation of successful funding bid to lead prudent crisis prevention model in Podiatry across Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Change of name for Continence service to Healthy Bladder and bowel- this will help service to be identified focus of service as Health promoting.</li> <li>• Introduction of electronic patient records within the Continence service</li> <li>• Improve data collection in the Health Visiting teams for the Healthy Child Wales Programme</li> <li>• Progress 'Early Years' prevention and wellbeing proposal through Children and Young People Transformation Board</li> <li>• Currently reviewing the functions of staff within the Long Term Care Team in order to manage the increased demands within the care home sector</li> <li>• To review the SLA for Sexual Health Services in Bridgend</li> <li>• Speech and Language Therapy submission to the Bevan Exemplar Adopt and Spread scheme for 'Be Here Be Clear'</li> <li>• Out-patient modernisation plan in Orthotics</li> <li>• Manage the launch of the Hospital2Home service which is being rolled out across the Health Board area</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• HCSW Insulin administration Task &amp; Finish group currently undertaking work to formulate objectives and competencies required to move the proposal forward.</li> <li>• NEWS score pilot in conjunction with the Health Board Managed Practice. Training has been undertaken in conjunction with 1000 Lives and Swansea University - pilot has been operation for the past 2 weeks.</li> <li>• Infection Control presentation for lessons learnt in Gorseinon Hospital and additional training from the Infection Control team.</li> <li>• Flying Start Swansea undertaking a pilot catch-up Fluenz for nursery aged children in Penderi cluster during January 2020.</li> <li>• Health Visiting service working closely with Neath Port Talbot Local Authority and Third Sector to develop resilient communities in Sandfields area of Port Talbot</li> <li>• Speech and language Therapy Clinic now running in Cwmtawe, Llchwyr and Afan clusters as part of the whole system transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns about long-term funding of Primary Care Audiology</li> <li>• Winter pressures on bed capacity in Gorseinon Hospital</li> <li>• Swansea Local Authority undertaking a review of commissioned Health Services</li> <li>• Insufficient workforce to manage the growing workload demand from the private sector in terms of managing DATIX, Escalating Concerns Process, and safeguarding.</li> <li>• Long-term provision of psychosexual counselling. Trying to establish concession planning when no funding available</li> <li>• Speech and Language is heavily supporting SBUHB with implementation of ALNET Act and this is impacting on capacity</li> <li>• Capacity issues especially relating to incoming calls to the Community Continence service</li> <li>• Increase in cost of continence containment products - contract currently out to tender</li> </ul>

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/ Total	Performance Trend	ABMU					SBU							
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 19/20	96%	95%			95.8%			96%			97%			96%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 19/20	93%	95%			92.4%			91%			91%			93%					
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%			89%			82%								
Influenza	% uptake of influenza among 65 year olds and over	National	Nov-19	62.0%	75%			46.5%						68.1%							49.3%	62.0%
	% uptake of influenza among under 65s in risk groups	National	Nov-19	32.0%	55%			14.7%						43.0%							14.7%	32.0%
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%						86.1%								
	% uptake of influenza among children 2 to 3 years old	National	Nov-19	24.0%				0.8%						47.7%							0.8%	24.0%
	% uptake of influenza among healthcare workers	National	Nov-19	55.0%	60%			56%						54.5%							42.0%	55.0%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Nov-19	1.7%	5% annual target	3.3%	✗	2.2%		1.7%	1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.7%
	% of those smokers who are co-validated as quit at 4 weeks	National	Q1 19/20	55.7%	40% annual target	40.0%	✓	42.9%			55%			56%			56%					
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			28.2%		2018/19= 29.3%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 19/20	441.9	4 quarter ↓			417.2									441.9					

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/ Total	Performance Trend	ABMU					SBU							
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
DTCs	Number of mental health HB DTCs	National	Nov-19	22	12 month ↓	27	✓	59		26	25	29	26	21	18	23	27	20	18	19	22	22
	Number of non-mental health HB DTCs	National	Nov-19	61	12 month ↓	50	✗	422		125	117	104	87	112	49	67	70	61	69	69	76	61
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Oct-19	96%	95%	95%	✓	78%		97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	
	Stage 2 mortality reviews required	Local	Oct-19	15						22	17	7	10	22	18	13	13	13	9	9	15	
	% stage 2 mortality reviews completed	Local	Sep-19	89%		100%				27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%		
	Crude hospital mortality rate (74 years of age or less)	National	Oct-19	0.77%	12 month ↓			0.72%		0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Nov-19	93.7%		98%	✗			99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Nov-19	84%	85%			76.3%		81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Oct-19	96%	95%	95%	✓	88.4%		88%	91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Nov-19	63%		100%	✗			63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q1 19/20	98.5%	100%	100%	✗	98%			100%			96.4%			98.5%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✗				78			97								
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✗				31			37								
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 18/19	2,276	10% annual ↑	2,428	✗				1,463			2,276								
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✗				99			136								





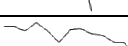


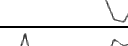



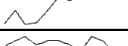
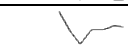

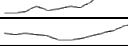




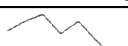
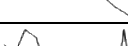

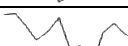
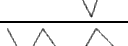
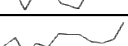

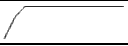
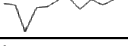
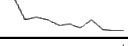
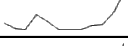
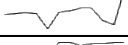
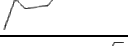



SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																						
ABMU															SBU							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4,575			4,612			4,447			4,451					
	Patients aged 65 years or over prescribed an antipsychotic		Q1 19/20	1,433	qtr on qtr ↓												1,433					
	Total antibacterial items per 1,000 STAR-PUs		Q1 19/20	294	4 quarter ↓			270			330.7			327.5			294.0					
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients		Q1 19/20	14	4 quarter ↓			12.22			16.1			16.0			13.9					
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Sep-19	87%		95%	✗			89.5%		90.3%		92.4%		87.0%		91.0%		87.0%		
	% stop or review date documented on medication chart		Sep-19	63%		95%	✗			56.3%		56.0%		55.2%		52.0%		54.0%		63.0%		
	% of antibiotics prescribed on stickers		Sep-19	81%		95%	✗			77.8%		47.1%		75.0%		61.0%		81.0%		81.0%		
	% appropriate antibiotic prescriptions choice		Sep-19	96%		95%	✓			95.1%		96.2%		95.9%		98.0%		97.0%		96.0%		
	% of patients receiving antibiotics for >7 days		Sep-19	15%		<20%	✓			9.3%		12.8%		6.9%		8.0%		11.0%		15.0%		
	% of patients receiving surgical prophylaxis for > 24 hours		Sep-19	40%		<20%	✗			72.7%		46.2%		39.1%		6.0%		18.0%		40.0%		
	% of patients receiving IV antibiotics > 72 hours		Sep-19	41%		<30%	✗			42.4%		47.3%		30.8%		35.0%		46.0%		41.0%		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Nov-19	76.3	<67			85.13		103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3
	Number of E.Coli bacteraemia cases (Hospital)		Nov-19	5		10	✓			23	15	11	15	21	10	7	7	14	9	5	10	5
	Number of E.Coli bacteraemia cases (Community)		Nov-19	10		22	✓			30	23	17	16	22	17	15	22	21	13	18	15	10
	Total number of E.Coli bacteraemia cases		Nov-19	15		32	✓			53	38	28	31	43	27	22	29	35	22	23	25	15
	Cumulative cases of S.aureus bacteraemias per 100k pop		Nov-19	35.4	<20			25.99		36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4
	Number of S.aureus bacteraemias cases (Hospital)		Nov-19	8		5	✗			7	5	9	9	4	11	8	6	8	4	3	11	8
	Number of S.aureus bacteraemias cases (Community)		Nov-19	3		10	✓			10	6	9	7	7	3	3	5	9	3	5	2	3
	Total number of S.aureus bacteraemias cases		Nov-19	11		15	✓			17	11	18	16	11	14	11	11	17	7	8	13	11
	Cumulative cases of C.difficile per 100k pop		Nov-19	35.8	<26			26.22		39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8
	Number of C.difficile cases (Hospital)		Nov-19	13		9	✗			9	5	3	4	3	2	8	6	9	5	8	13	13
	Number of C.difficile cases (Community)		Nov-19	4		3	✗			1	11	4	3	5	1	3	4	4	5	2	6	4
	Total number of C.difficile cases		Nov-19	17		12	✗			10	16	7	7	8	3	11	10	13	10	10	19	17
	Cumulative cases of Klebsiella per 100k pop		Nov-19	22.3				21.75						28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3
	Number of Klebsiella cases (Hospital)		Nov-19	4		4	✓			5	11	10	15	4	2	4	7	1	8	7	4	4
	Number of Klebsiella cases (Community)		Nov-19	4		5	✓			9	1	6	5	4	3	1	4	4	3	2	0	4
	Total number of Klebsiella cases		Nov-19	8		9	✓			14	12	16	20	8	5	5	11	5	11	9	4	8
	Cumulative cases of Aeruginosa per 100k pop		Nov-19	8.1				6.35						5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1
	Number of Aeruginosa cases (Hospital)		Nov-19	1		3	✓			4	2	0	0	0	3	1	2	1	2	2	1	1
	Number of Aeruginosa cases (Community)		Nov-19	0		2	✓			2	3	0	2	0	0	2	4	0	2	0	0	0
	Total number of Aeruginosa cases		Nov-19	1		5	✓			6	5	0	2	0	3	3	6	1	4	2	1	1
	Incidents & Risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Nov-19	97%		95%	✓			97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale		National	Q2 19/20	1	0			1			0			1			0			1		
Of the serious incidents due for assurance, the % which were assured within the agreed timescales		National	Nov-19	55%	90%	75%	✗	33.3%		82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%
Number of new Never Events		National	Nov-19	0	0	0	✓	7		0	0	0	0	1	0	1	1	1	1	0	1	0
Number of risks with a score greater than 20		Local	Nov-19	105		12 month ↓	✗			45	48	53	54	51	72	66	75	81	88	103	104	105
Number of risks with a score greater than 16		Local	Nov-19	200		12 month ↓				New local measure for 2019/20					167	151	162	164	175	197	204	200
Number of Safeguarding Adult referrals relating to Health Board staff/ services		Local	Nov-19	6		Monitor	✓			8	12	6	17	15	3	9	8	2	6	5	19	6
Number of Safeguarding Children Incidents	Local	Nov-19	13		Monitor				9	3	13	7	7	6	10	6	7	6	3	5	13	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Oct-19	20		12 month ↓	✓			40	40	50	45	64	29	16	13	18	14	9	20	
	Number of pressure ulcers developed in the community		Oct-19	29		12 month ↓	✓			63	58	77	62	47	34	33	23	33	37	25	29	
	Total number of pressure ulcers		Oct-19	49		12 month ↓	✓			103	98	127	107	111	63	49	36	51	51	34	49	
	Number of grade 3+ pressure ulcers acquired in hospital		Oct-19	2		12 month ↓	✓			3	3	4	10	7	1	2	1	2	0	1	2	
	Number of grade 3+ pressure ulcers acquired in community		Oct-19	2		12 month ↓	✓			12	13	16	11	10	10	6	6	7	8	8	2	
	Total number of grade 3+ pressure ulcers		Oct-19	4		12 month ↓	✓			15	16	20	21	17	11	8	7	9	8	9	4	
Inpatient Falls	Number of Inpatient Falls	Local	Nov-19	240		12 month ↓	✓			291	300	341	276	326	210	226	189	186	227	241	255	240
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		2		1			2			0				

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU					SBU							
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2016/17= 5.97, 2018/19=6.40												
	Number of new formal complaints received	Local	Nov-19	137		12 month ↓ trend	✗			91	84	138	96	114	93	95	118	138	114	110	159	137
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Sep-19	85%	75%	80%	✓	62.9%		90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%		
	% of acknowledgements sent within 2 working days	Local	Nov-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Aug-19	3,174	> 5% annual ↓			14,605			3,364		3,373	3,350	3,320			3,288	3,174			
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU					SBU							
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q2 19/20	188.0	4 quarter ↑			174.4			120.0			146.8			198.0			188.0		
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q2 19/20	8.0	4 quarter ↑			7.3			8.3			6.2			4.0			8.0		
	Rate of calls to the DAN helpline per 100k pop.	National	Q2 19/20	39.3	4 quarter ↑			37.2			24.4			39.3			41.3			39.3		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Oct-19	92%	90%	90%	✓	88.4%		91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Oct-19	100%	100%	100%	✓	89.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Nov-19	3,564		12 month ↑	✗			5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564
	% of who would recommend and highly recommend	Local	Nov-19	95%		90%	✓			96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Nov-19	83%		90%	✗			88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU					SBU									
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19		
DNAs	% of patients who did not attend a new outpatient appointment	Local	Oct-19	6.4%	12 month ↓					5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%			
	% of patients who did not attend a follow-up outpatient appointment	Local	Oct-19	7.9%	12 month ↓					6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%			
Theatre Efficiencies	Theatre Utilisation rates	Local	Nov-19	70.0%		90%	✗			74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%		
	% of theatre sessions starting late	Local	Nov-19	51.0%		<25%	✗			41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%		
	% of theatre sessions finishing early	Local	Nov-19	40.7%		<20%	✗			40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%		
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%				18.4%					31.3%							
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%			56.9%			62.6%										
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%						31.1%			32.2%			32.2%				
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Nov-19	69%	85%	79%	✗	70.3%		69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	69%		
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%														
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81														
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Nov-19	81%	85%	82%	✗	80.7%		71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	81%		
	% workforce sickness and absent (12 month rolling)	National	Oct-19	6.04%	12 month ↓			5.38%		5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%			
	% 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	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU					SBU							
										Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Oct-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Oct-19	97%	Annual ↑	95%	✓			95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%					96%	95%	96%	92%	96%	98%	98%	97%	97%				
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					50%	79%	80%	60%	80%	83%	100%	100%	-				
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Nov-19	59%	65%	65%	✓	66.3%		75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%
	Number of ambulance handovers over one hour	National	Nov-19	821	0	673	✗	3,971		628	842	1,164	619	928	732	647	721	594	632	778	827	821
	Handover hours lost over 15 minutes	Local	Nov-19	3,212						1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212
	% 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	Nov-19	73%	95%	74.5%	✗	75.3%		77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%
	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	Nov-19	927	0	693	✗	5,410		665	756	986	685	862	653	602	644	642	740	939	890	927
	% of survival within 30 days of emergency admission for a hip fracture	National	Aug-19	82.4%	12 month ↑			78.9%		72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Oct-19	55%	55.5%	80%	✗	43.5%		56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	
	CT Scan (<1 hrs)	Local	Oct-19	47%		53%	✗			48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Oct-19	94%	84.1%	91%	✓	84.1%		75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	
	Thrombolysis door to needle <= 45 mins	Local	Oct-19	0%	12 month ↑	35%	✗			15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	
	% patients receiving the required minutes for speech and language therapy	National	Oct-19	49%	12 month ↑			49.8%							57%	47%	41%	48%	48%	50%	49%	
Planned Care	% of patients waiting < 26 weeks for treatment	National	Nov-19	84%	95%			84.8%		88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Nov-19	1,120	0	0	✗	31,628		125	94	153	315	207	236	323	297	479	925	1,039	1,152	1,120
	Number of patients waiting > 36 weeks for treatment	National	Nov-19	4,587	0	1,393	✗	18,778		3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Oct-19	69.5%	95%			63.1%								64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Nov-19	226	0	150	✗	4,633		658	693	603	558	437	401	401	295	261	344	294	223	226
	Number of patients waiting > 14 weeks for a specified therapy	National	Nov-19	0	0	0	✓	508		0	0	0	0	0	0	0	0	0	1	0	1	0
	The number of patients waiting for a follow-up outpatient appointment	National	Nov-19	130,648	15% reduction by March 2020	122,198	✗	934,676		178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Nov-19	20,498	15% reduction by March 2020	22,290	✓	219,077		31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498
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	Nov-19	92%	98%	98%	✗	96.2%		96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	92%
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Nov-19	82%	95%	94%	✗	80.2%		88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	82%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Oct-19	70%	12 month ↑			73.9%							73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Oct-19	93%	80%	80%	✓	73.7%		78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Oct-19	98%	80%	80%	✓	73.9%		88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Oct-19	100%	95%	95%	✓	71.2%		48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Oct-19	100%		100%	✓			98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Oct-19	38%	80%	80%	✗	45.1%		68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Oct-19	63%		80%	✗			13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Oct-19	100%		80%	✓			91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Oct-19	100%		90%	✓			79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Oct-19	98%		80%	✓			66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	



## APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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