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Health Board



<b>Meeting Date</b>	<b>17<sup>th</sup> September 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>The previous report in August 2019 highlighted the Health Board's inability to report accurate delayed follow-up data due work being undertaken by the NHS Wales Informatics Service (NWIS) at a national level. The issue has been resolved and accurate data from April 2019 is included in this performance report however further work is required on the Health Board's 2018/19 year-end position (excluding Bridgend) in order to establish an accurate baseline for the 2019/20 reduction targets. It is anticipated that the Health Board's 2019/20 reduction targets will be included in the October performance report.</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>		

<b>Financial Implications</b>	
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.	
<b>Legal Implications (including equality and diversity assessment)</b>	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
<b>Staffing Implications</b>	
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.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> <li>• <b>Long term</b> – 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.</li> <li>• <b>Prevention</b> – 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.</li> <li>• <b>Integration</b> – 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.</li> <li>• <b>Collaboration</b> – 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.</li> <li>• <b>Involvement</b> – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.</li> </ul>	
<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in August 2019. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated performance report



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# Appendix 1- Integrated Performance Report

## September 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>Therapy waiting times continue to be maintained at (or below) 14 weeks.</li> <li>The internal profile for 4 hour stroke performance was not achieved in August 2019 due to continued unscheduled care pressures, however performance continues to improve on the same period last year (30% in August 2018 compared with 42% in August 2019). Internal profiles for consultant assessment within 24 hours consistently achieved since April 2019.</li> <li>In August 2019, internal reduction targets were achieved for all healthcare acquired infection indicators (C. difficile, E.Coli Bacteraemia and S. Aureus Bacteraemia).</li> <li>Achievement of Part 1 Mental Health Measures in August 2019.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing CEPOD theatre capacity where possible to respond to the increased emergency demand.</li> <li>Each service director to ensure that the daily deep dives/ board rounds comply with the standards outlined in the SAFER flow policy, ensuring an action focussed approach on a daily basis, highlighting and addressing any delays affecting a patient's discharge plan.</li> <li>Maximising core elective capacity and the outsourcing programme for RTT to stabilise performance and start to recover the position.</li> <li>Morrison Delivery Unit are developing an Anaesthetic Demand &amp; Capacity Plan to support delivery of cancer waiting times targets</li> <li>Develop training package for staff on the management of patient follow-ups in order to reduce delayed follow-ups.</li> <li>Ongoing roll out of the <i>I fell down</i> tool in the Local Authority owned care homes in Swansea and NPT.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Primary care is exploring the potential to provide support to ED at Morrison during day time hours for the management and education of patients presenting with primary care conditions.</li> <li>Benchmarking visits with other Health Boards to learn from good practice and to ensure consistency of recording of delayed transfers of care.</li> <li>Matron Development Event is planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.</li> <li>Modernisation Group to consider wider alternatives to improve pathways and reduce pressures in both New and follow up arrangements – i.e. considering multi-disciplinary outpatient review on patients with multiple co morbidities / managing frail elderly patients</li> </ul>	<ul style="list-style-type: none"> <li>Implications of no deal Brexit (e.g. impact on medicine supply chain)</li> <li>Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'.</li> <li>Clinical colleagues will receive an update on their tapering allowance in October, linked to the HMRC changes, which may trigger a further impact in term of flexible working and potential changes to core contract and clinical leadership payments.</li> <li>4 never events reported to date in 2019/20. The never event in August related to wrong site surgery in Ophthalmology.</li> <li>Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes.</li> <li>Risk of patients not being able to receive SACT in a timely manner.</li> </ul>



## 2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – August 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	Jul-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	75.9%	75.0%	74.5%	74.3%								5th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	85.7%	84.3%	84.4%	85.0%	86.2%	86.0%	
	12 hour A&E waits	Actual	653	602	644	642	740								3rd
		Profile	484	374	273	283	266	238	273	279	211	185	187	180	
	1 hour ambulance handover	Actual	732	647	721	594	632								4th**
		Profile	320	233	201	220	193	200	208	248	241	176	148	145	
Stroke	Direct admission within 4 hours	Actual	62.0%	54.5%	57.0%	56.8%	41.8%								6th** (Jun-19)
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%								
		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%								1st** (Jun-19)
		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%								
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
	Patients receiving the required minutes for Speech and Language Therapy	Actual	57%	47%	41%	48%	48%								4th** (Jun-19)
		Profile													
Planned care	Outpatients waiting more than 26 weeks	Actual	236	323	297	479	925								3rd (Jun-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	0	3,263								4th (Jun-19)
		Profile	2,042	2,038	2,125	2,148	2,132	2,137	1,989	2,024	2,153	2,057	1,960	1,921	
	Diagnostic waits over 8 weeks	Actual	401	401	295	261	344								6th (Jun-19)
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	
	Therapy waits over 14 weeks	Actual	0	0	0	0	0								Joint 1st (Jun-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	91%	91%	94%	91%	96%								5th** (Jun-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%	81%								3rd** (Jun-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								7th
		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								4th
		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								4th
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

\*RAG status derived from performance against trajectory

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

### 3. MONTHLY PERFORMANCE DASHBOARD

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

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm															
ABMU										SBU					Performance Trend
Sub Domain	Measure	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	
	Number of E.Coli bacteraemia cases (Hospital)	16	15	17	23	15	11	15	21	10	7	7	14	9	
	Number of E.Coli bacteraemia cases (Community)	30	34	24	30	23	17	16	22	17	15	22	21	13	
	Total number of E.Coli bacteraemia cases	46	49	41	53	38	28	31	43	27	22	29	35	22	
	Cumulative cases of S.aureus bacteraemias per 100k pop	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	
	Number of S.aureus bacteraemias cases (Hospital)	9	7	7	7	5	9	9	4	11	8	6	8	4	
	Number of S.aureus bacteraemias cases (Community)	11	3	5	10	6	9	7	7	3	3	5	9	3	
	Total number of S.aureus bacteraemias cases	20	10	12	17	11	18	16	11	14	11	11	17	7	
	Cumulative cases of C.difficile per 100k pop	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	0.0	27.7	
	Number of C.difficile cases (Hospital)	8	5	15	9	5	3	4	3	2	8	6	9	5	
	Number of C.difficile cases (Community)	7	4	4	1	11	4	3	5	1	3	4	4	5	
	Total number of C.difficile cases	15	9	19	10	16	7	7	8	3	11	10	13	10	
	Cumulative cases of Klebsiella per 100k pop								28.6	15.7	15.5	21.8	20.3	22.1	
	Number of Klebsiella cases (Hospital)	6	6	11	5	11	10	15	4	2	4	7	1	7	
	Number of Klebsiella cases (Community)	6	6	9	9	1	6	5	4	3	1	4	4	3	
	Total number of Klebsiella cases	12	12	20	14	12	16	20	8	5	5	11	5	10	
	Cumulative cases of Aeruginosa per 100k pop								5.8	9.4	9.3	12.5	10.0	10.4	
	Number of Aeruginosa cases (Hospital)	1	0	2	4	2	0	0	0	3	1	2	1	2	
	Number of Aeruginosa cases (Community)	0	3	0	2	3	0	2	0	0	2	4	0	2	
	Total number of Aeruginosa cases	1	3	2	6	5	0	2	0	3	3	6	1	4	
	Hand Hygiene Audits- compliance with WHO 5 moments	97%	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	
Incidents & Risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	70%	
	Number of new Never Events	0	0	0	0	0	0	0	1	0	1	1	1	1	
	Number of risks with a score greater than 20	77	73	66	45	48	53	54	51	72	66	75	81	88	
	Number of risks with a score greater than 16	New local measure for 2019/20									167	151	162	164	175
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	14	7	13	8	12	6	17	15	3	9	8	2	6	
	Number of Safeguarding Children Incidents	14	3	10	9	3	13	7	7	6	10	6	7	6	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	43	52	47	40	40	50	45	64	29	16	13	18		
	Number of pressure ulcers developed in the community	88	71	60	62	58	77	62	47	34	33	23	33		
	Total number of pressure ulcers	131	123	107	102	98	127	107	111	63	49	36	51		
	Number of grade 3+ pressure ulcers acquired in hospital	1	1	6	3	3	4	10	7	1	2	1	2		
	Number of grade 3+ pressure ulcers acquired in community	13	8	9	12	13	16	11	10	10	6	6	7		
	Total number of grade 3+ pressure ulcers	14	9	15	15	16	20	21	17	11	8	7	9		
Inpatient Falls	Number of Inpatient Falls	290	328	293	291	300	341	276	326	210	226	189	186	227	

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful															
Sub Domain	Measure	ABMU								SBU					Performance Trend
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
DTCs	Number of mental health HB DTCs	30	29	28	26	25	29	26	21	18	23	27	20	18	
	Number of non-mental health HB DTCs	85	69	84	125	117	104	87	112	49	67	70	61	69	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%		
	Stage 2 mortality reviews required	19	19	16	22	17	7	10	22	19	13	14	13		
	% stage 2 mortality reviews completed	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	63.0%	46.0%	42.9%			
	Crude hospital mortality rate (74 years of age or less)	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.3%	95.8%	95.3%	96.8%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	
Coding	% of episodes clinically coded within 1 month of discharge	93%	96%	95%	88%	91%	93%	95%	92%	96%	96%	96%			

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
Sub Domain	Measure	ABMU								SBU					Performance Trend
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Patient Experience	Number of new formal complaints received	126	114	140	91	84	138	96	114	93	95	118	138	114	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%			
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	3,544	3,490	3,332		3,364		3,373	3,350	3,320					

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
Sub Domain	Measure	ABMU								SBU					Performance Trend
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%		
	% 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	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	
	% of who would recommend and highly recommend	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	

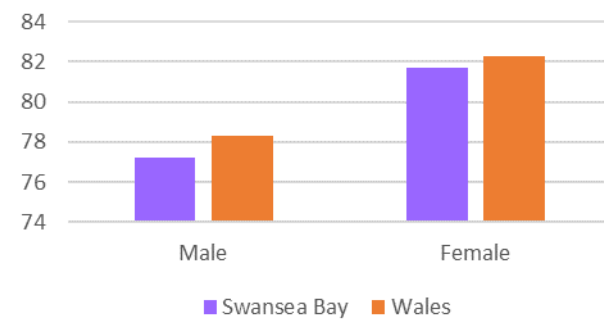
OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them															
Sub Domain	Measure	ABMU								SBU					Performance Trend
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
DNAs	% of patients who did not attend a new outpatient appointment	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.6%	6.2%	6.4%	6.7%	
	% of patients who did not attend a follow-up outpatient appointment	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	
Theatre Efficiencies	Theatre Utilisation rates	62%	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	
	% of theatre sessions starting late	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	
	% of theatre sessions finishing early	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	
	% workforce sickness and absent (12 month rolling)	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%		

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
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	78%	88%	88%	88%	88%	88%	88%	88%	86%	86%	86%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	90%	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	96%		
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	95%	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%			
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	
	Number of ambulance handovers over one hour	420	526	590	628	842	1,164	619	928	732	647	721	594	632	
	Handover hours lost over 15 minutes	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	
	% 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	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	511	588	680	665	756	986	685	862	653	602	644	642	740	
	% of survival within 30 days of emergency admission for a hip fracture	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	
	CT Scan (<1 hrs)	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	
	Thrombolysis door to needle <= 45 mins	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	
	% patients receiving the required minutes for speech and language therapy									57%	47%	41%	48%	48%	
Planned Care	% of patients waiting < 26 weeks for treatment	89.1%	89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	
	Number of patients waiting > 26 weeks for outpatient appointment	105	89	65	125	94	153	315	207	236	323	297	479	925	
	Number of patients waiting > 36 weeks for treatment	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318		3,263	
	% 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%	
	Number of patients waiting > 8 weeks for a specified diagnostics	811	762	735	658	693	603	558	437	401	401	295	261	344	
	Number of patients waiting > 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	The number of patients waiting for a follow-up outpatient appointment	177,465	178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	133,612		
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	32,312	32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,393		
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)	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	96%	
	% 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	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	81%	
	% of patients starting definitive treatment within 62 days from point of suspicion									73.1%	67.8%	73.1%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA		100%			100%			99%			100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	41%	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%		

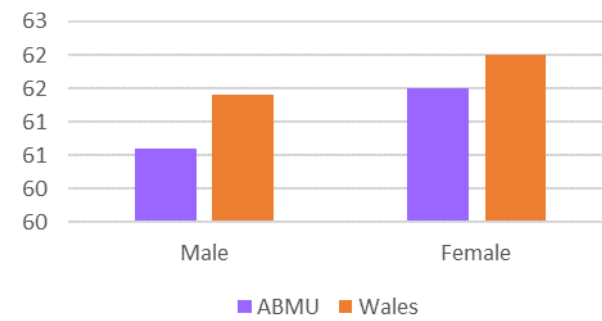


## 4.1 Public Health- Overview

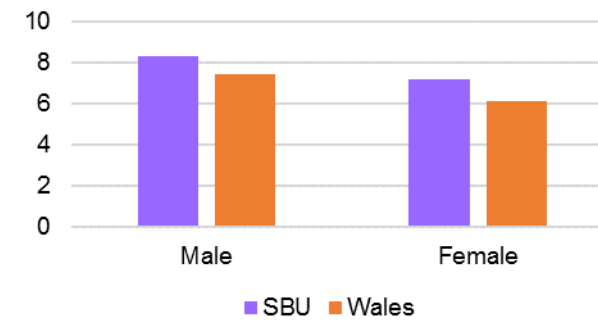
**Chart 1: Life expectancy at birth (2015 to 2017)**



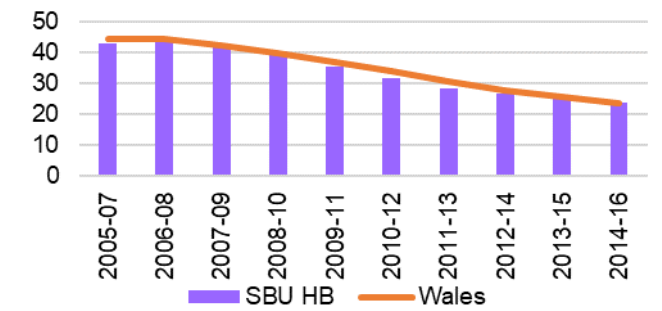
**Chart 2: Healthy Life expectancy at birth (2015 to 2017)**



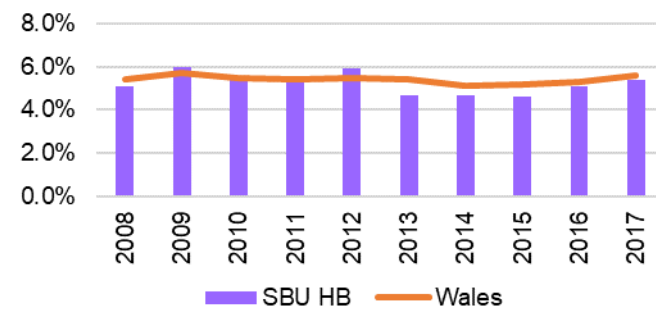
**Chart 3: Gap in life expectancy at birth between the most and least deprived fifth, 2015-2017**



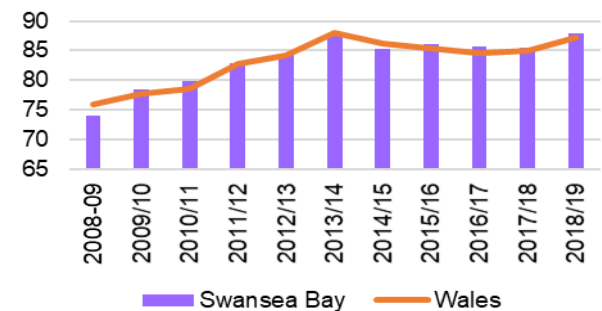
**Chart 4: Teenage pregnancies (rate per 1,000, females aged under 18, Swansea Bay UHB and local authorities)**



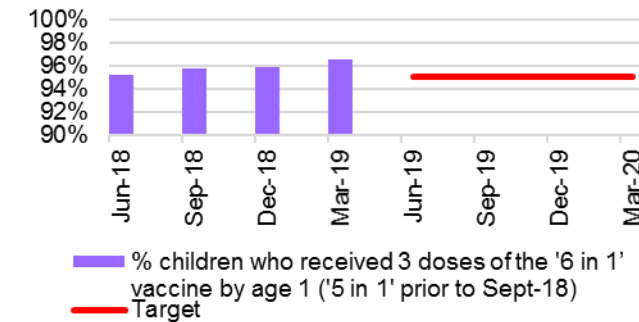
**Chart 5: Low birth weight (% , birth weight below 2500g)**



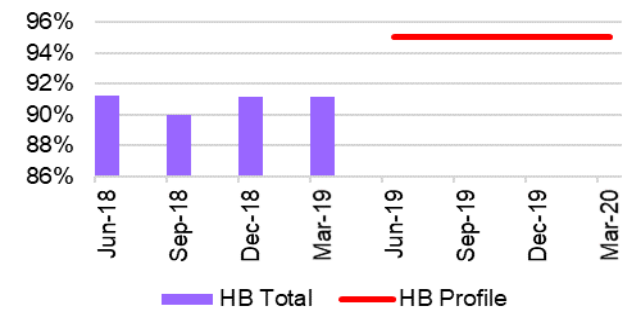
**Chart 6: Vaccination rates at age 4**



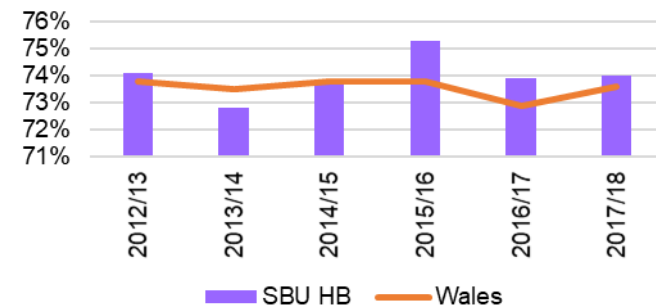
**Chart 7: Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1**



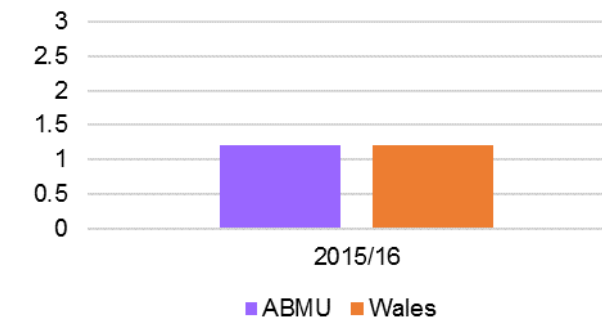
**Chart 8: Percentage of children who received 2 doses of the MMR vaccine by age 5**



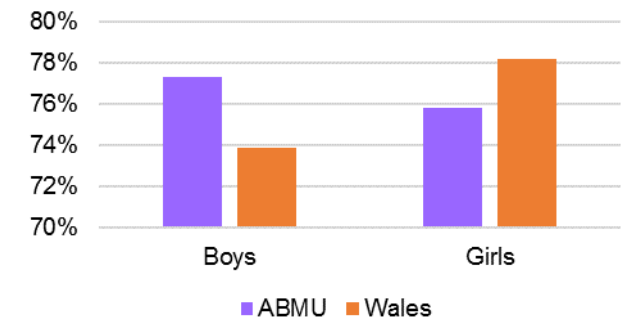
**Chart 9: Children age 5 of healthy weight**



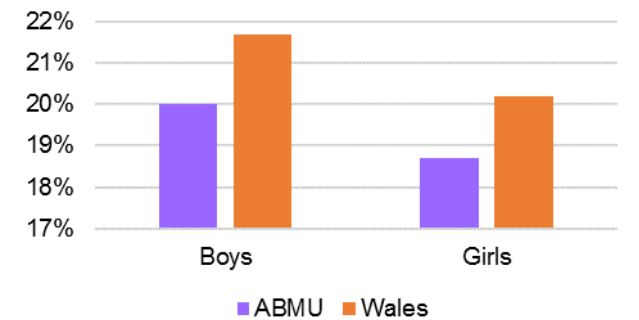
**Chart 10: Tooth decay among 5 year olds (Decayed, missing or filled teeth, average) 2015/16**



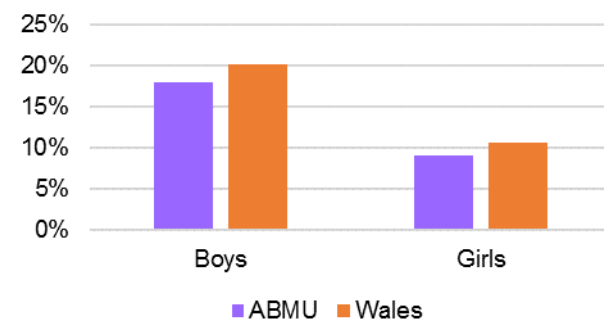
**Chart 11: Adolescents of healthy weight (% , children aged 11-16) 2013/14**



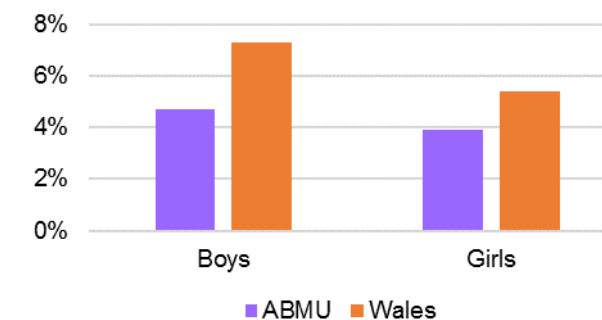
**Chart 12: Adolescents drinking sugary drinks once or more a day (% , children aged 11-16) 2013/14**



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



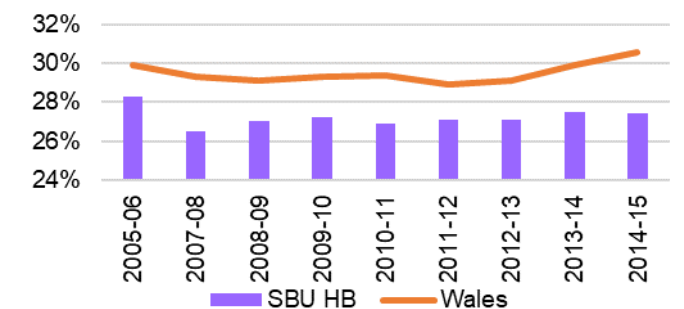
**Chart 14: Adolescents using alcohol (% , children aged 11-16) 2013/14**



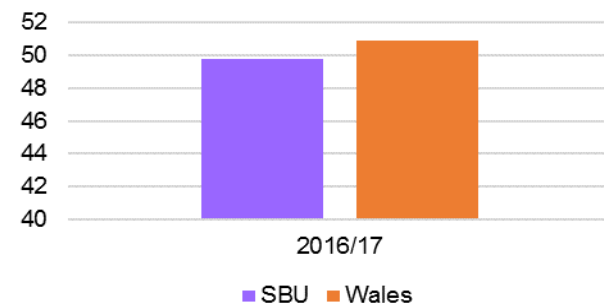
**Chart 15: Adults eating five fruit or vegetable portions a day (Age-standardised percentage, persons aged 16+)**



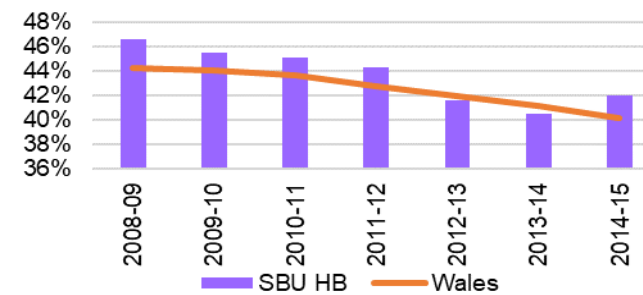
**Chart 16: Adults meeting physical activity guidelines (Age-standardised percentage, persons aged 16+)**



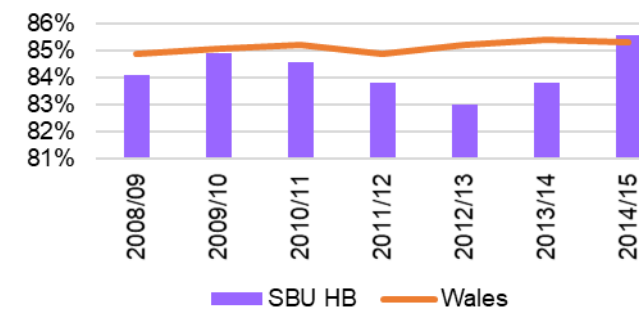
**Chart 17: Mental well-being among adults**  
(Age-standardised average total score, persons aged 16+)



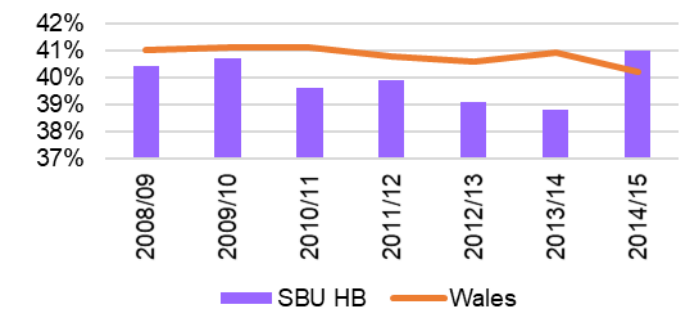
**Chart 18: Adults drinking above guidelines**  
(Age-standardised %, persons aged 16+)



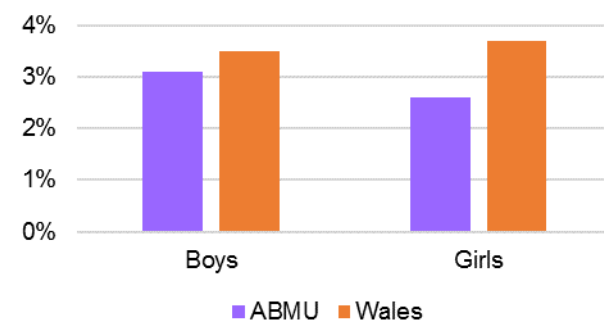
**Chart 19: Working age adults in good health**  
(%, persons aged 16-64)



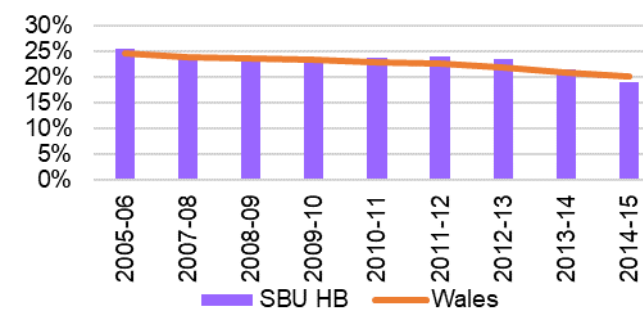
**Chart 20: Working age adults of healthy weight**  
(%, persons aged 16-64)



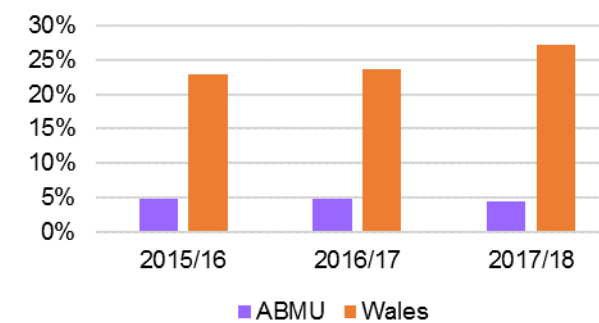
**Chart 21: Adolescents who smoke**  
(%, children aged 11-16) 2013/14



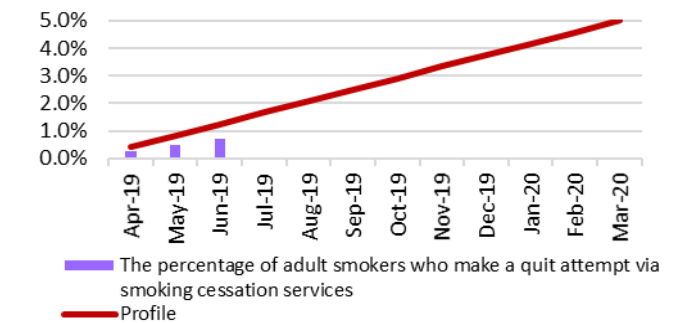
**Chart 22: Adults who smoke**  
(Age-standardised %, persons aged 16+)



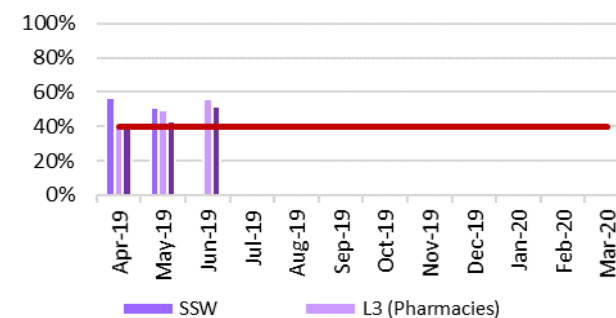
**Chart 23: Percentage of women who gave up smoking during pregnancy**  
(by 36-38 weeks of pregnancy)



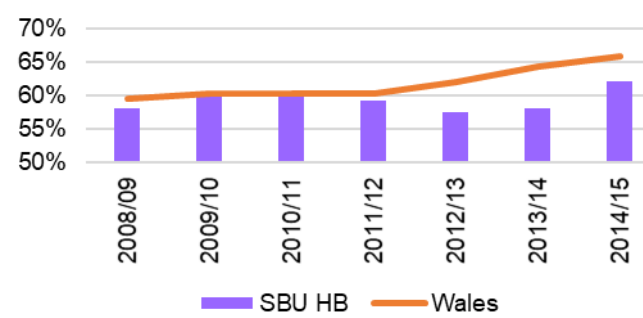
**Chart 24: The percentage of adult smokers who make a quit attempt via smoking cessation services**



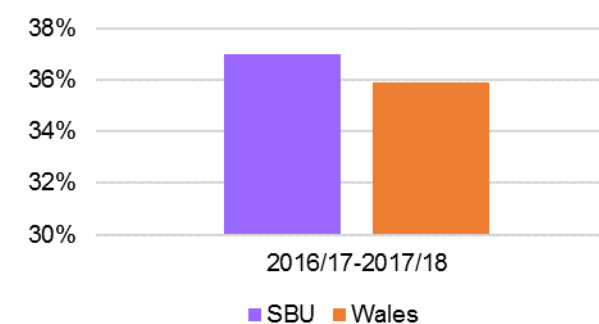
**Chart 25: The percentage of those smokers who are CO-validated as quit at 4 weeks**



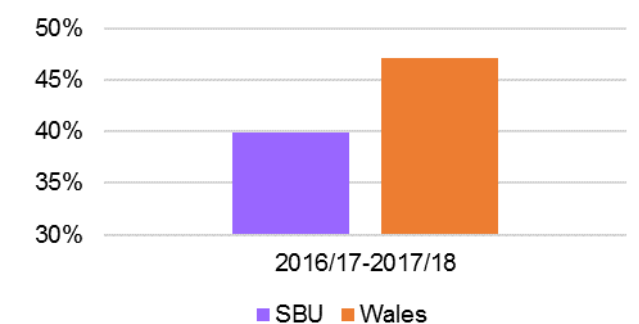
**Chart 26: Older people in good health**  
(%, persons aged 65+)



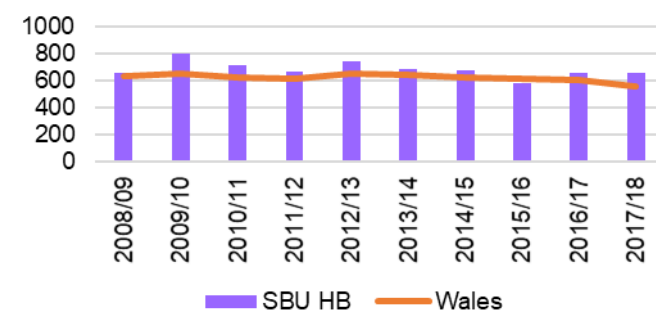
**Chart 27: Older people of healthy weight**  
(%, persons aged 65+) 2016/17-2017/18



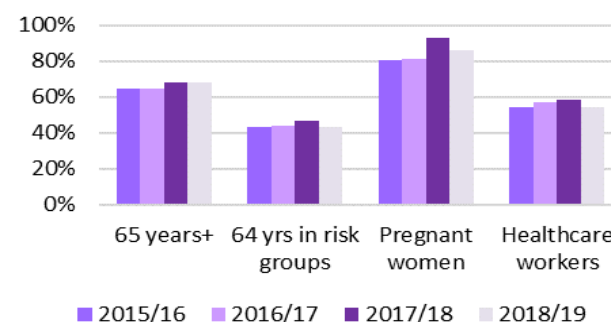
**Chart 28: Older people free from limiting long term illness**  
(%, persons aged 65+) 2016/17-2017/18



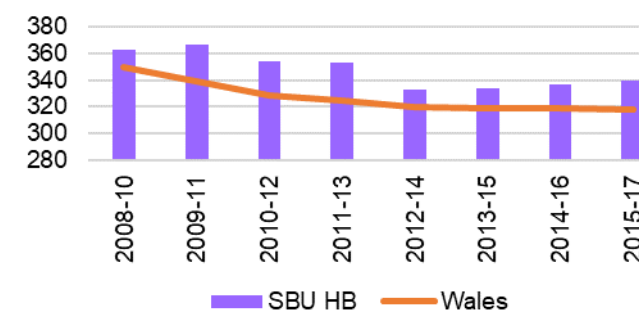
**Chart 29: Hip fractures among older people**  
(European age-standardised rate (EASR) per 100,000, persons aged 65+)



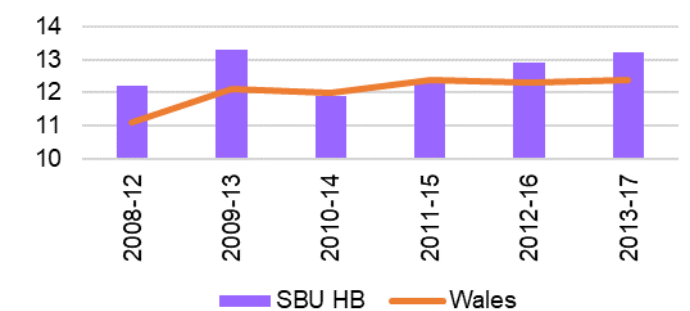
**Chart 30: Percentage uptake of influenza vaccination**



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



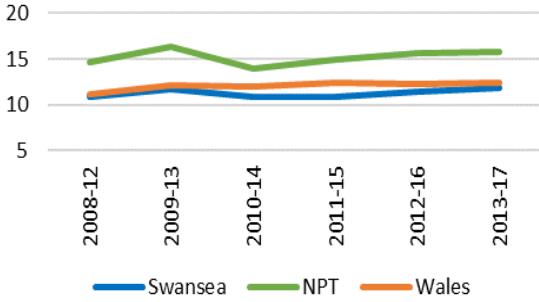
**Chart 32: Suicides**  
(European age-standardised 5 year rolling rate (EASR) per 100,000, persons aged 10)



## 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																																										
<p><b>Child Measurement Programme</b></p> <p><i>The Child Measurement Programme for Wales measures the height and weight of children in Reception class. We want to learn how children in Wales are growing so that NHS Wales can better plan and deliver health services. Public Health Wales is responsible for the coordination of the Child Measurement Programme and every health board across Wales is taking part in the programme. Our School nursing service delivers the programme in primary schools across the Swansea Bay area.</i></p>	<p>12% of children in Wales are categorised as obese in 2017/18. Swansea Bay UHB has 12.7% of children aged 4-5 years who are obese (Cardiff and Vale 9.3% - Cwm Taf 13.8%); Swansea locality 12.8% and Neath Port Talbot 12.4%. (Vale of Glamorgan 7.1% - Merthyr Tydfil 15.6%)</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><p>95% confidence interval</p><p>Percentage of children, aged 4 to 5 years who are obese, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18</p><p>Produced by Public Health Wales Observatory using CMP (NWIS)</p><p>— Wales — Swansea Bay UHB</p><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>11.5</td></tr><tr><td>2013/14</td><td>12.0</td><td>12.0</td></tr><tr><td>2014/15</td><td>12.0</td><td>12.0</td></tr><tr><td>2015/16</td><td>12.0</td><td>12.0</td></tr><tr><td>2016/17</td><td>12.5</td><td>12.5</td></tr><tr><td>2017/18</td><td>12.7</td><td>12.7</td></tr></tbody></table><p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p></div> <div><p>95% confidence interval</p><p>Percentage of children, aged 4 to 5 years who are overweight, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18</p><p>Produced by Public Health Wales Observatory using CMP (NWIS)</p><p>— Wales — Swansea Bay UHB</p><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>15.0</td></tr><tr><td>2013/14</td><td>15.0</td><td>15.0</td></tr><tr><td>2014/15</td><td>14.5</td><td>14.5</td></tr><tr><td>2015/16</td><td>14.0</td><td>14.0</td></tr><tr><td>2016/17</td><td>14.0</td><td>14.0</td></tr><tr><td>2017/18</td><td>14.3</td><td>13.3</td></tr></tbody></table><p>Please note - health board breakdowns use new boundaries (effective from 1st April 2019)</p></div>	Year	Wales	Swansea Bay UHB	2012/13	11.5	11.5	2013/14	12.0	12.0	2014/15	12.0	12.0	2015/16	12.0	12.0	2016/17	12.5	12.5	2017/18	12.7	12.7	Year	Wales	Swansea Bay UHB	2012/13	15.0	15.0	2013/14	15.0	15.0	2014/15	14.5	14.5	2015/16	14.0	14.0	2016/17	14.0	14.0	2017/18	14.3	13.3	<ul style="list-style-type: none"><li>Children and Young People’s Obesity steering group are developing a multiagency action plan for 2019/20</li><li>Multi-agency steering group convened to undertake the Obesity Pathway Delivery Review. Current activity across levels 1-4 of the adult and children’s pathway are being mapped, with work to progress to develop a joined up, consistent and coherent obesity pathway in Swansea Bay according to minimum data and service standards</li><li>Continued delivery of the food and fitness components, of the Healthy Schools and Pre schools scheme.</li><li>Joint working with planning colleagues on important and use of Health impact assessment</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 across early years settings and in general across communities.</li><li>NPT PSB Well being Action Plan-in the process of developing a ‘children’s community’ approach which is a locality-based model of support and intervention informed by data and community engagement and intelligent service dialogue and decision making.</li></ul>
Year	Wales	Swansea Bay UHB																																											
2012/13	11.5	11.5																																											
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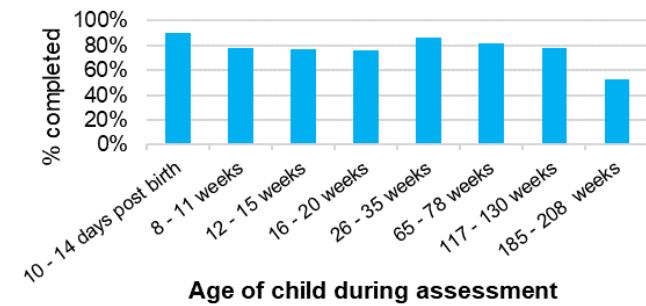
Description	Current Performance	Trend	Actions planned for next period
<b>Suicides</b> <i>The rate of suicides per 100,000 population</i>	<p>The overall rate of suicides across Swansea Bay UHB is in line with the Wales average, at 13.2 per 100,000 and 12.4 per 100,000 population respectively.</p> <p>However 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>  <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>	<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>



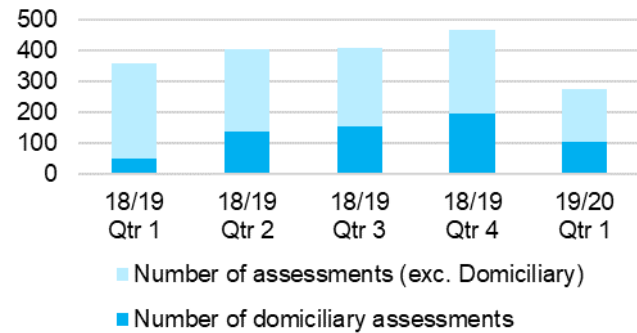
Description	Current Performance	Trend	Actions planned for next period																												
<p><b>Make Every Contact Count (MECC)</b></p> <p><i>E-learning module offers practical advice on how to carry out opportunistic conversations, signpost to services and encourage people to make positive steps 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 August 2019 10 members of staff completed MECC training. The cumulative total for April to August 2019 is 31 compared with 27 in 2018.</p>	<p><b>Number of staff recorded on ESR as completing Make Every Contact Count training</b></p> <table border="1"><caption>Number of staff completing training</caption><thead><tr><th>Month</th><th>Number of staff</th></tr></thead><tbody><tr><td>Aug-18</td><td>5</td></tr><tr><td>Sep-18</td><td>10</td></tr><tr><td>Oct-18</td><td>25</td></tr><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></tbody></table> <p>■ Number of staff completing training</p>	Month	Number of staff	Aug-18	5	Sep-18	10	Oct-18	25	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	<ul style="list-style-type: none"><li>Offering 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																														
Aug-18	5																														
Sep-18	10																														
Oct-18	25																														
Nov-18	70																														
Dec-18	10																														
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Apr-19	5																														
May-19	5																														
Jun-19	5																														
Jul-19	5																														
Aug-19	10																														
<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

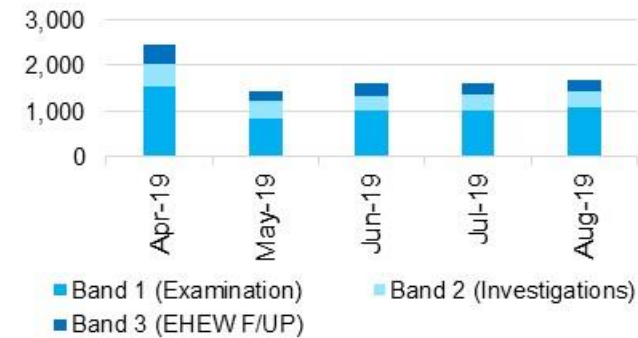
**Chart 1: Compliance with the Healthy Child Wales Programme (July 2019)**



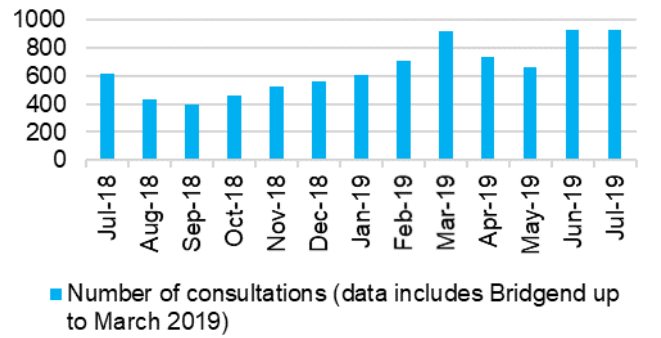
**Chart 2: % The number of patients receiving care from Low Vision services**



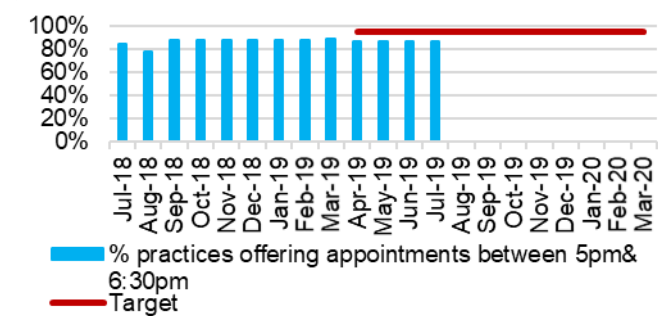
**Chart 3: Number of patients receiving care from Eye Health Examination Wales (EHEW)**



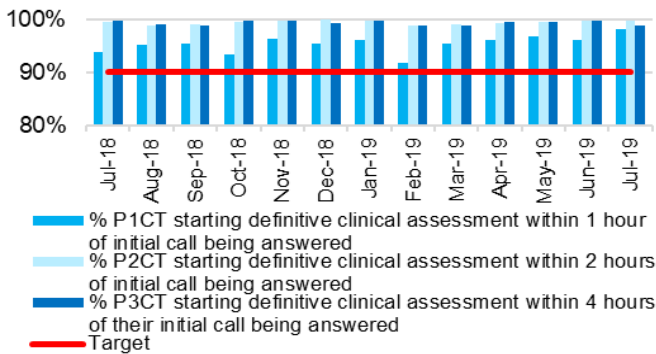
**Chart 4: Common Ailment Scheme - Number of consultations provided**



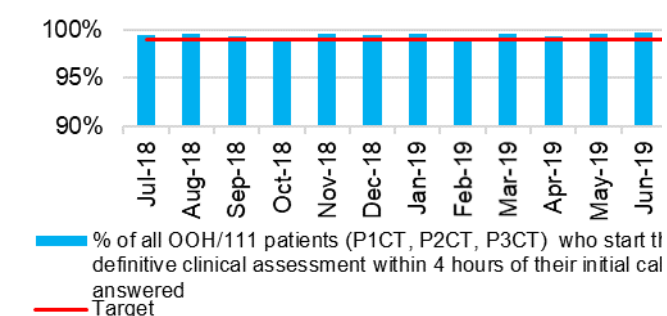
**Chart 5: % GP practices offering daily appointments between 5pm- 6:30pm**



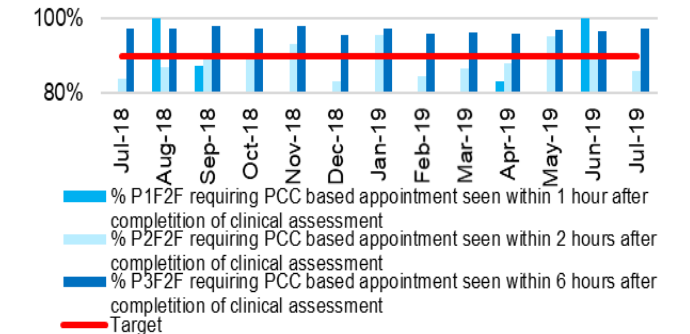
**Chart 6: GP Out of Hours/111 Service- Timely clinical triage of patients**



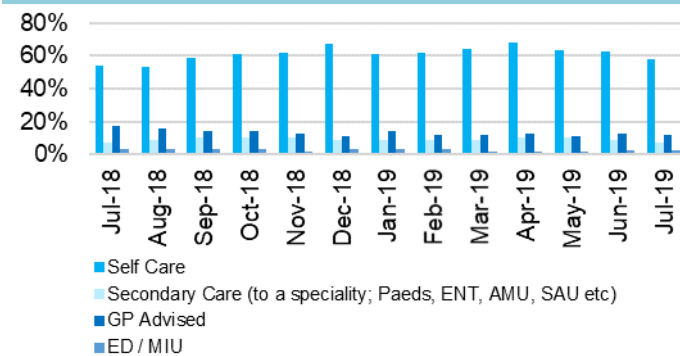
**Chart 7: GP Out of Hours/111 Service- Timely clinical triage of patients**



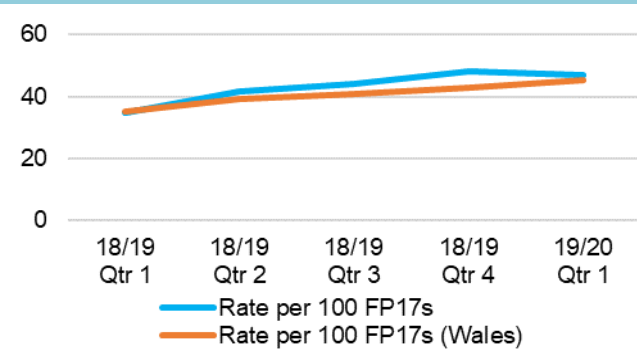
**Chart 8: GP Out of Hours/111 Service- Face to Face - Timely assessment of patients who require face to face appointment at base or home visiting**



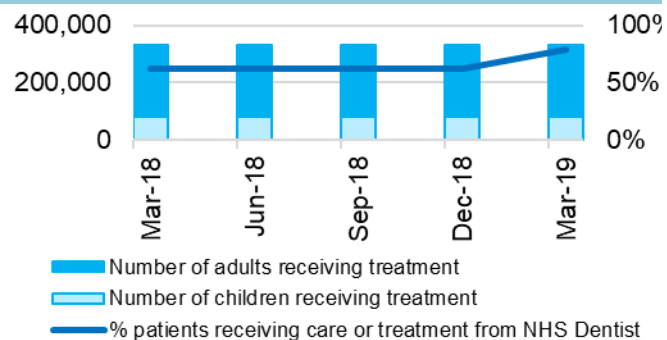
**Chart 9: GP Out of Hours/111 Service- Outcome activity - List of common outcome disposition by LHB**



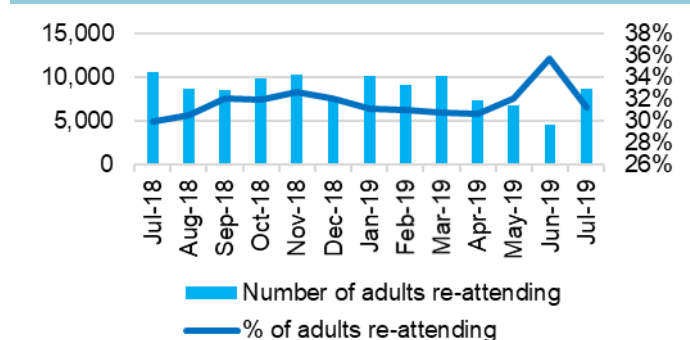
**Chart 10: Fluoride Varnish Rate per 100 FP17s (3 - 16 year old patients)**



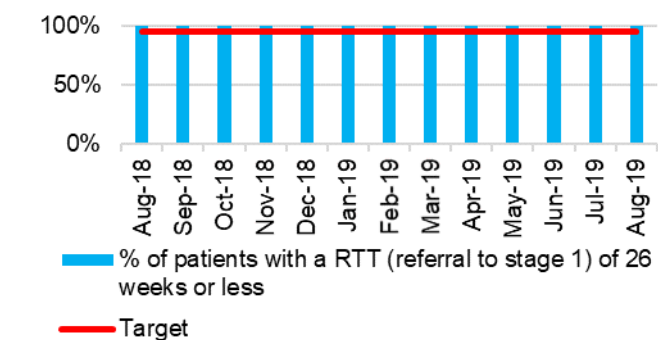
**Chart 11: Population regularly accessing NHS Dental Service**



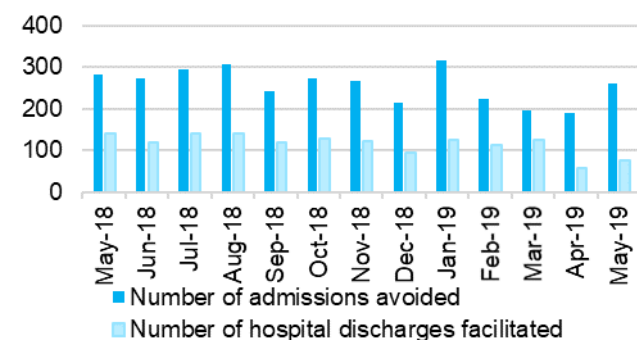
**Chart 12: Adult dental patients re-attending NHS primary dental care between 6-9 months**



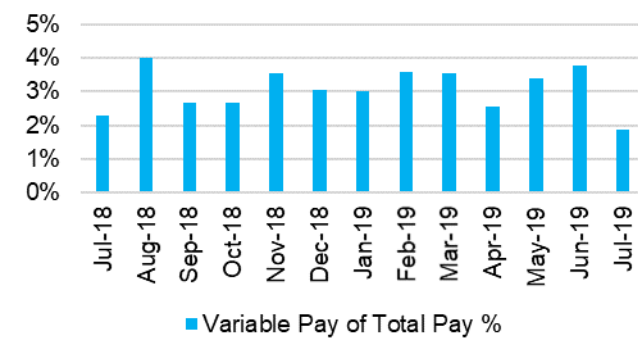
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



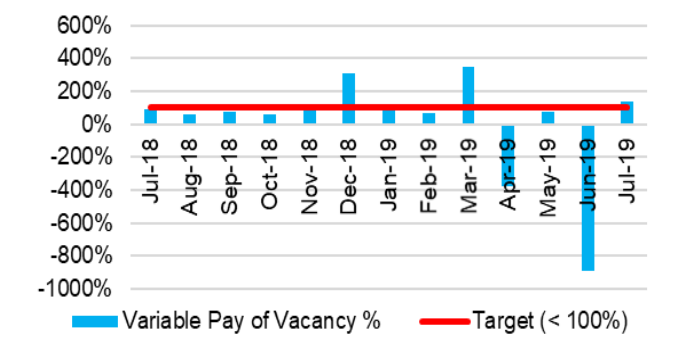
**Chart 14: Number of hospital admissions or USC admissions avoided**



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

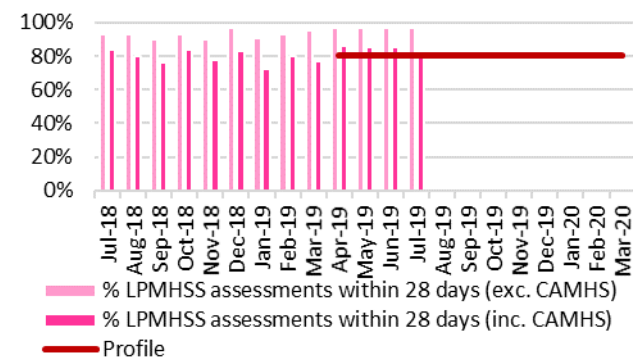


**Chart 16: Variable Pay of Vacancy %**

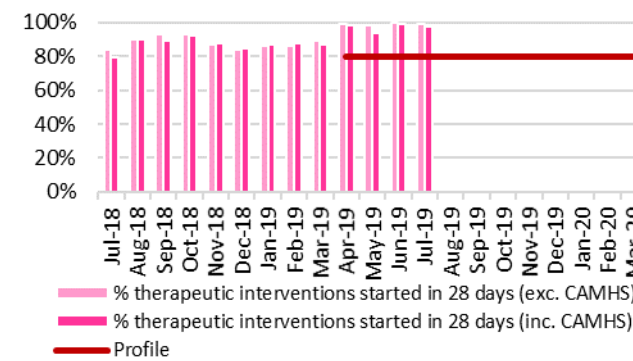


## 6.1 Mental Health and Learning Disabilities- Overview

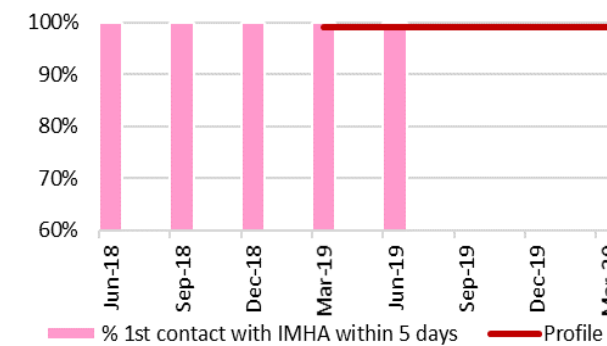
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



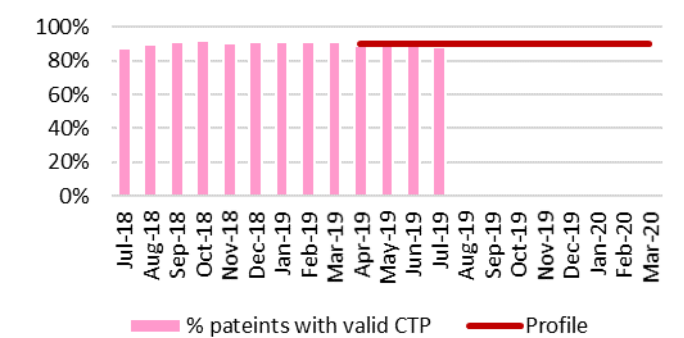
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



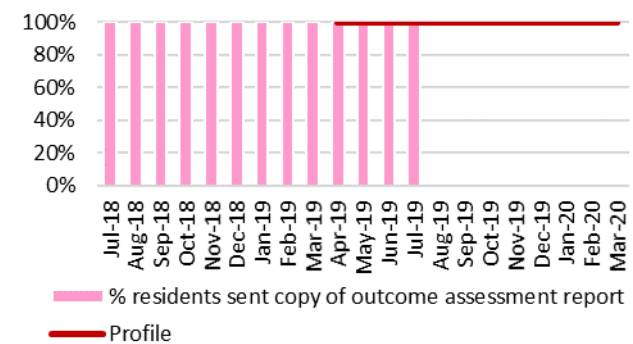
**Chart 3: % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days**



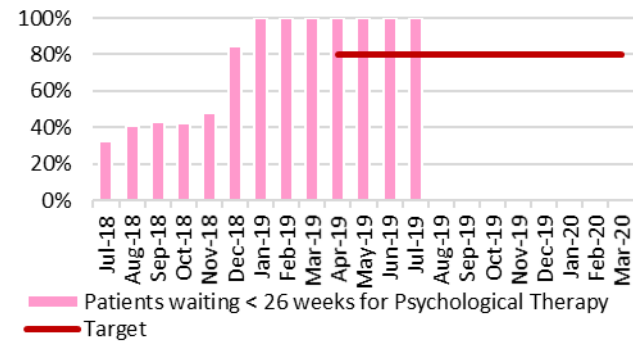
**Chart 4: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)**



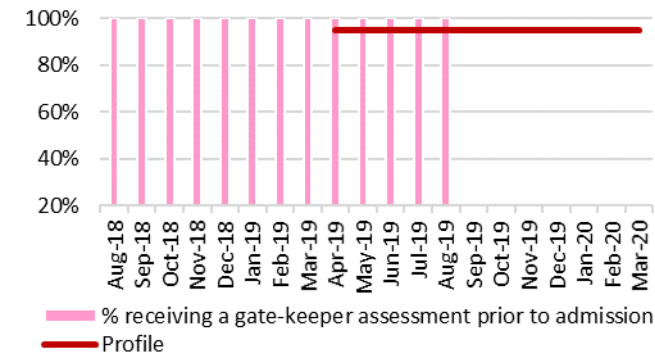
**Chart 5: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment**



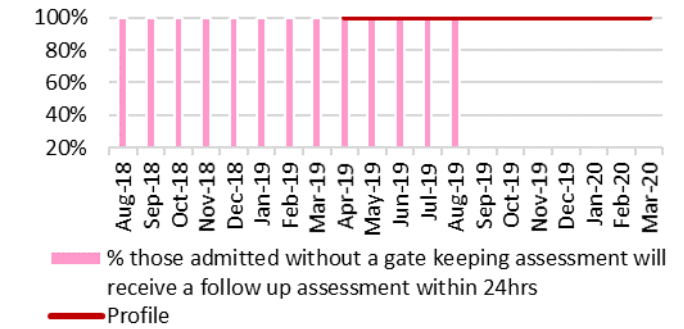
**Chart 6: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



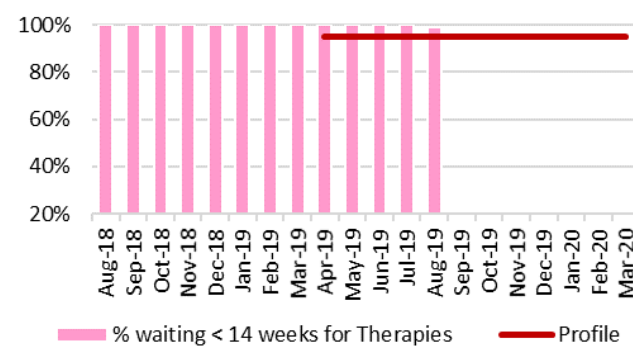
**Chart 7: 95% of those admitted 0900-210 will receive a gate-keeping assessment by the CRHTS prior to admission**



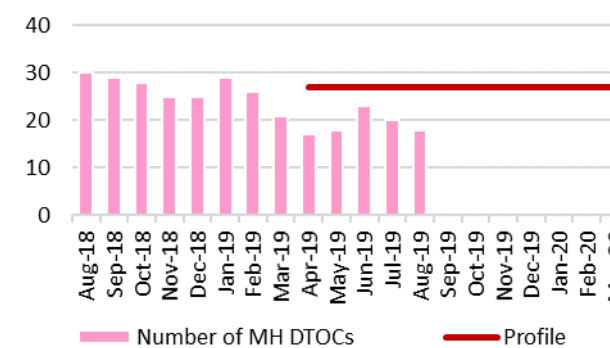
**Chart 8: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



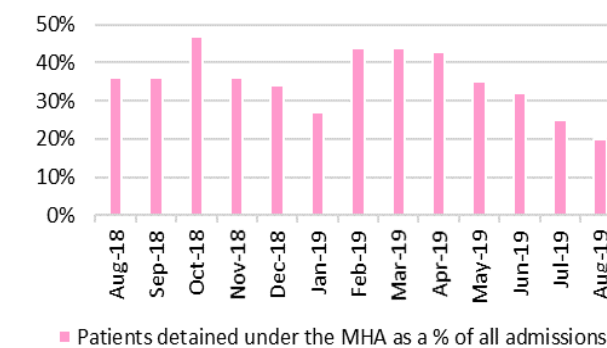
**Chart 9: % of patients waiting under 14 weeks for Therapies**



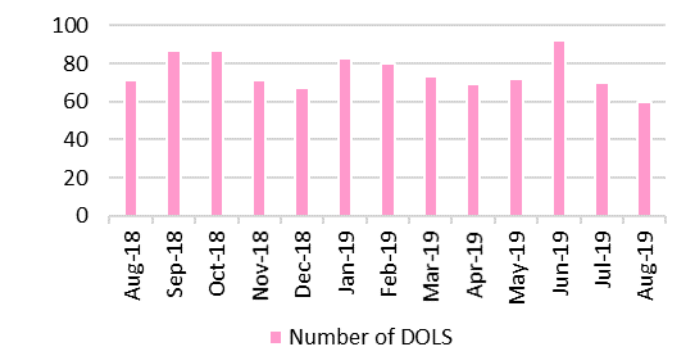
**Chart 10: Number of Mental Health Delayed Transfers of Care (DTOCs)**



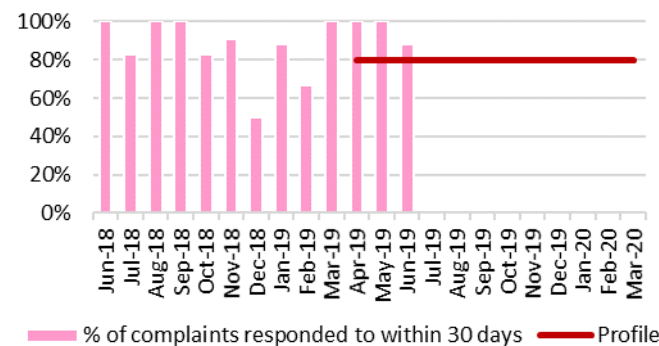
**Chart 11: Number of patients detained under the Mental Health Act as a percentage of all admissions**



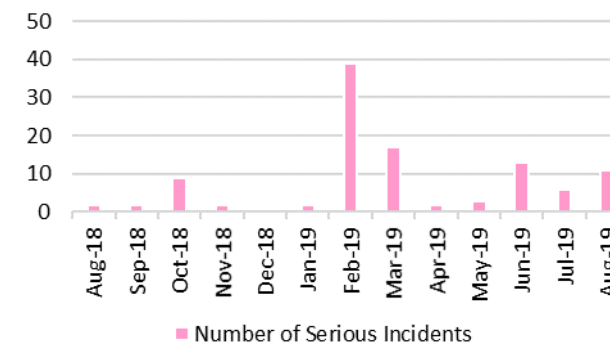
**Chart 12: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



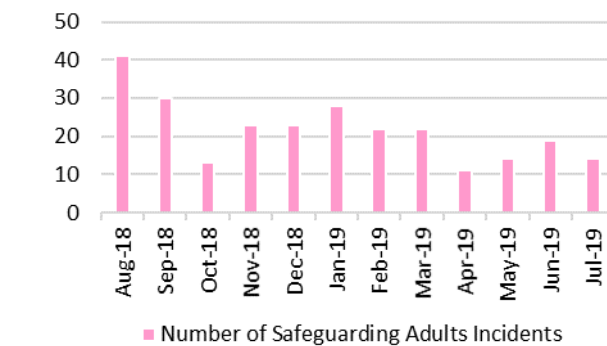
**Chart 13: % of complaints responded to within 30 days**



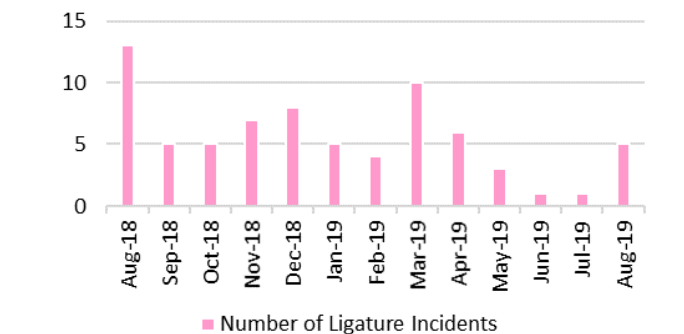
**Chart 14: Number of Serious Incidents**



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



**Chart 16: Number of ligature incidents**



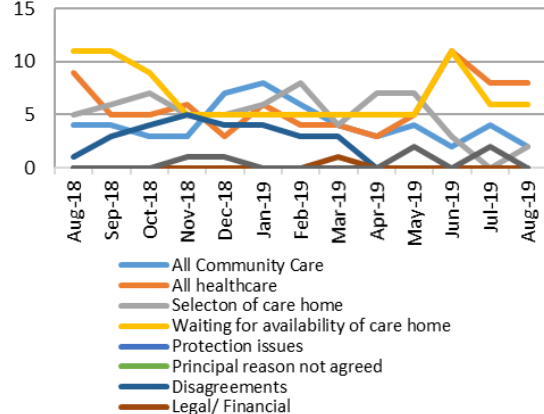
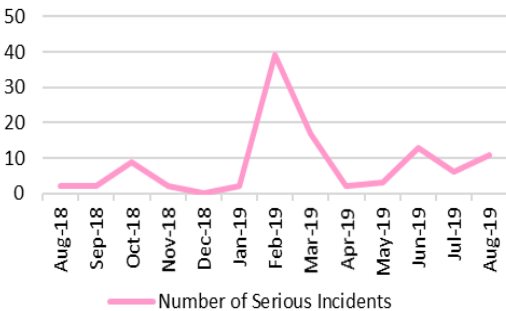


## 6.2 Mental Health & Learning Disabilities- Updates and Actions

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

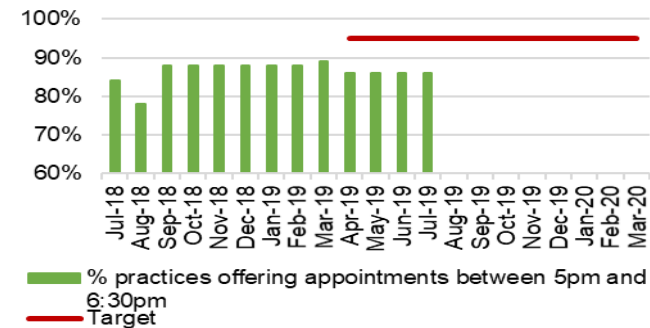
Description	Current Performance	Trend	Actions planned for next period
<b>Mental Health Measures:</b> 1) % of MH assessments undertaken within 28 days from the date of receipt of referral 2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS 3) % of qualifying patients (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 July 2019, the percentage of assessments undertaken with 28 days was 97% excluding CAMHS and 81% including CAMHS 2) In July 2019, the percentage of therapeutic interventions started within 28 days was 99% excluding CAMHS and 98% including CAMHS. 3) The % of qualifying patients who had their first contact with IMHA with 5 working days in June 2019 was 100% 4) In July 2019, 88% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90% 5) In July 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>Mental Health practitioners to be employed by MH &amp; LD Delivery Unit and aligned to clusters to work directly in GP practices. This is funded through Primary care cluster transformation programme. Impact on referral rate to LPMHSS to be monitored</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. Recruitment to therapy posts pending.</li> <li>Oversight and management of Service Level Agreement (SLA) with Advocacy Support Cymru transferred to corporate services.</li> <li>Database introduced to ensure performance against CTP target is maintained.</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 August 2019 100% of those admitted between 9am and 9pm received a gate-keeping assessment by the CRHTS prior to admission</li> <li>In August 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> <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>	<ul style="list-style-type: none"> <li>MH &amp; LD Delivery Unit review of CRHT Teams commenced.</li> <li>Report &amp; recommendations expected by October 2019</li> <li>CRHT performance is affected by the availability of other services and proposal being developed with partners to commission an out of hours mental health services that will offer an alternative to Crisis team assessment, reduce demand and improve patient satisfaction. In next period funding to be confirmed and service specification agreed.</li> </ul>

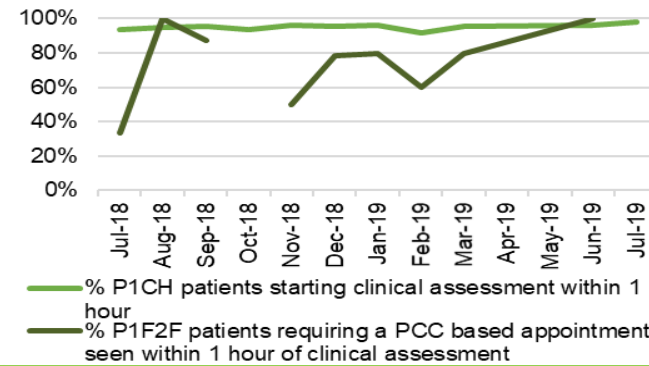
Description	Current Performance	Trend	Actions planned for next period
<b>Delayed Transfers of Care (DTOC)</b> The number of DTOCs per Health Board-Mental Health (all ages)	The number of mental health related delayed transfers of care in August 2019 was 18 which is below the internal profile of 27.	<b>Number of Mental Health DTOCs</b> 	<ul style="list-style-type: none"> <li>Weekly discharge meetings take place in all Localities with Local Authority representation</li> <li>A monthly DTOC scrutiny meeting has recently been established in the DU led by the Head of Operations.</li> <li>The DU also participates in the Senior DTOC Validation process introduced in the Health Board.</li> <li>These activities 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 August 2019, there were 11 serious incidents attributed to the Mental Health and Learning Disabilities Delivery Unit. This is 5 more than July 2019 and 19 more than August 2018.	<b>Number of Serious Incidents</b> 	<ul style="list-style-type: none"> <li>Increase in number of reported SIs due to change in reporting requirements by WG. Any patient known to MH services in past 12 months needs to be reported as an SI even if death is natural causes.</li> <li>Appointment of SI Investigator to DU Quality &amp; Safety Team.</li> <li>Weekly monitoring of all SI cases to ensure that cases are being pro-actively managed.</li> <li>RCA Training Day planned for 15th July to increase number of trained investigators in the DU.</li> </ul>

## 7.1 Unscheduled Care- Overview

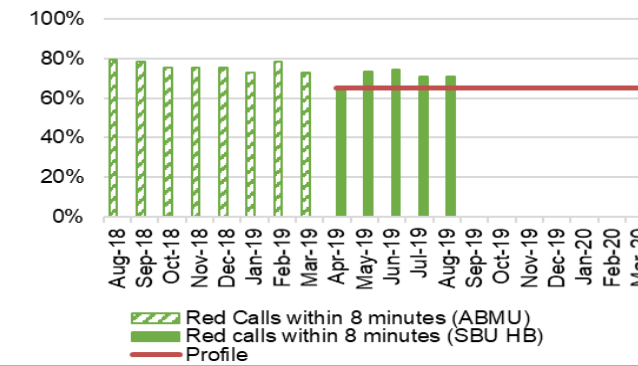
**Chart 1: % GP practices offering daily appointments between 5pm- 6:30pm**



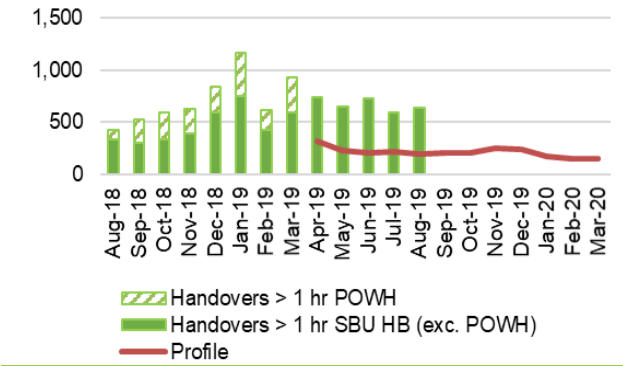
**Chart 2: GP Out of Hours/ 111**



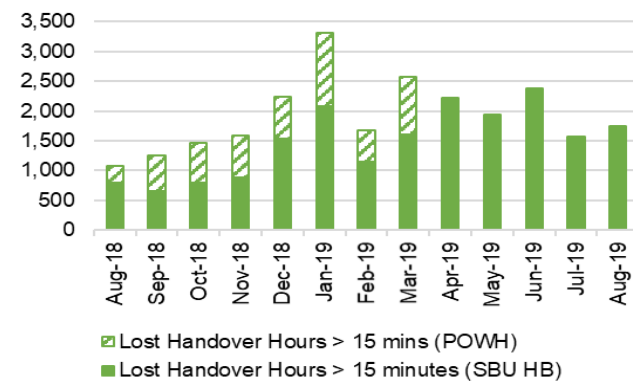
**Chart 3: % red calls responded to within 8 minutes**



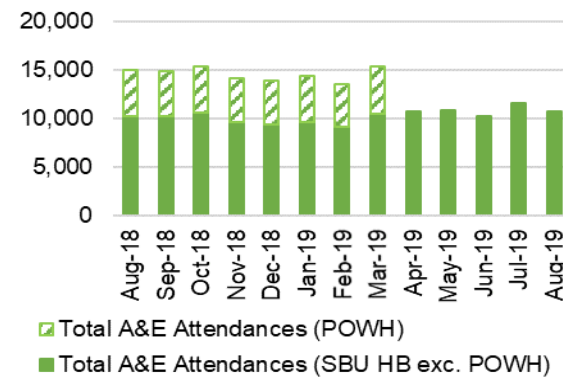
**Chart 4: Number of ambulance handovers over 1 hour**



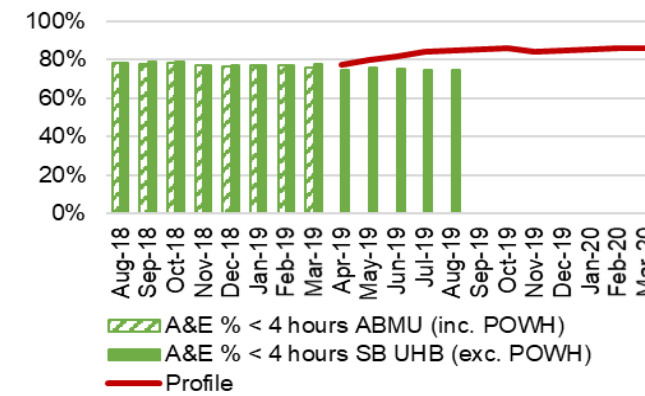
**Chart 5: Lost hours- notification to ambulance handover over 15 minutes**



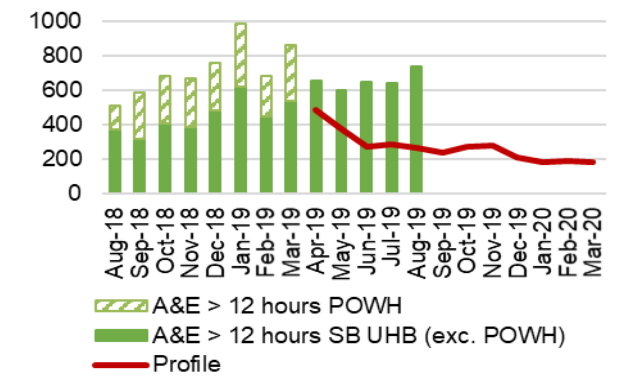
**Chart 6: A&E Attendances**



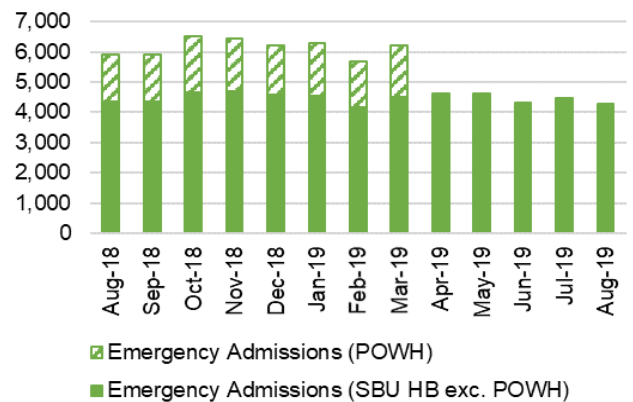
**Chart 7: % patients who spend less than 4 hours in A&E**



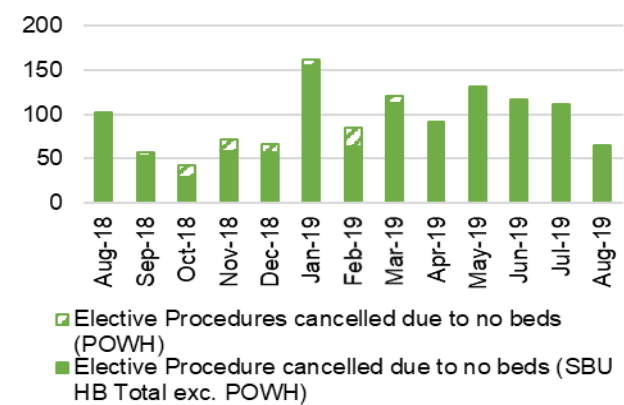
**Chart 8: Number of patients waiting over 12 hours in A&E**



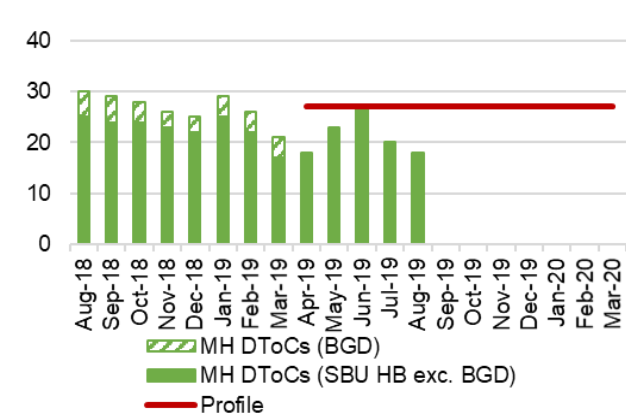
**Chart 9: Number of emergency admissions**



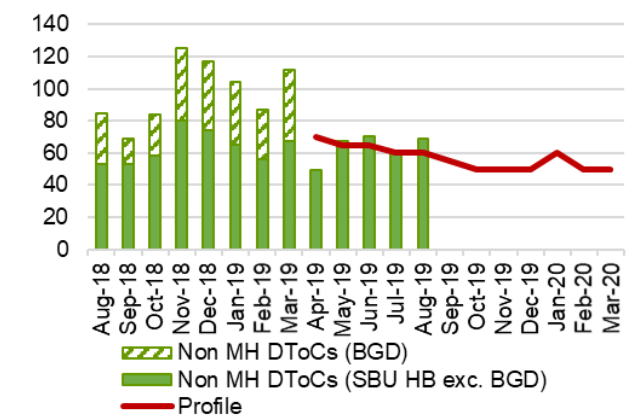
**Chart 10: Elective procedures cancelled due to lack of beds**



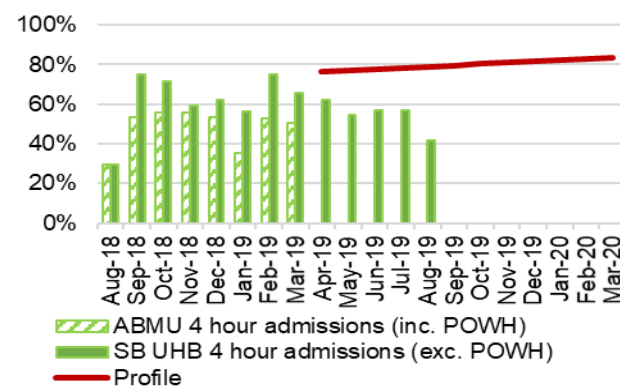
**Chart 11: Number of mental health delayed transfers of care**



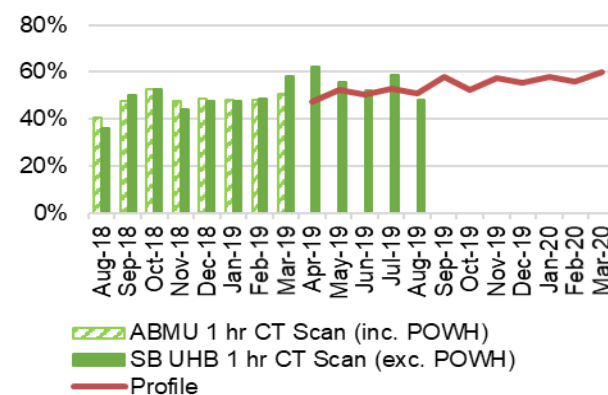
**Chart 12: Number of non- mental health delayed transfers of care**



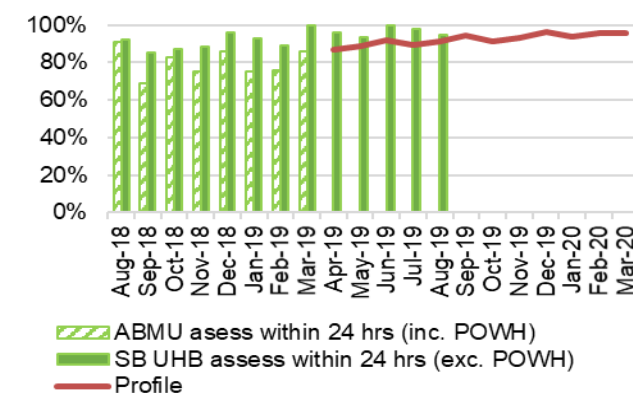
**Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours**



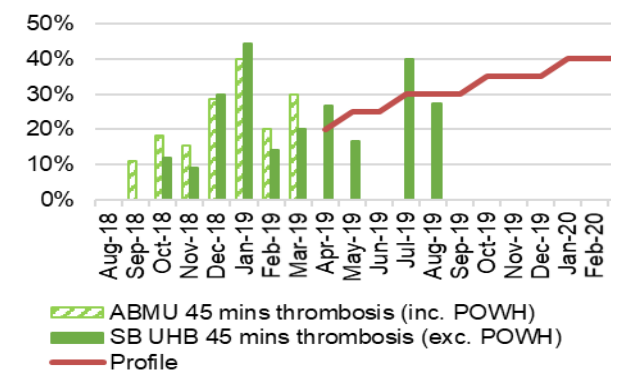
**Chart 14: % of patients who receive a CT scan within 1 hour**



**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 (August 2019)

Primary Care Access		Ambulance		Emergency Department	
<b>96%</b> GP practices open during daily core hours ( <i>Jul-19</i> )	<b>86%</b> GP practices offering appointments between 5pm-6:30pm ( <i>Jul-19</i> )	<b>70.7% (0.2%↓)</b> Red calls responded to within 8 minutes	<b>632 (6%↑)</b> Ambulance handovers over 1 hour	<b>10,486 (14%↑)</b> A&E attendances	<b>74.26% (0.2%↓)</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>0% (100%↓)</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>Jul-19</i> )	<b>3,257 (1%↑)</b> Amber calls	<b>321 (11%↓)</b> Red calls	<b>740 (15%↑)</b> Waits in A&E over 12 hours	<b>1,513 (8%↓)</b> Patients admitted from A&E
Emergency Activity			Patient Flow		
<b>4,265 (5%↓)</b> Emergency Inpatient Admissions	<b>438 (→)</b> Emergency Theatre Cases	<b>65 (41%↓)</b> Elective procedures cancelled due to no beds	<b>18 (10%↓)</b> Mental Health DTOCs	<b>69 (13%↑)</b> Non-Mental Health DTOCs	<b>177 (3%↓)</b> Medically fit patients
	<b>290 (14%↓)</b> Trauma theatre cases		<b>3,594 (10%↑)</b> Days lost due to medically fit ( <i>Morrison only</i> )		

\*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>The Health Board's performance against the 4 hour metric in August 2019 deteriorated by 0.25% compared with July 2019 (from 74.51% to 74.26%).</p> <p>Neath Port Talbot Hospital continues to exceed the national target of 95% but Morriston hospitals was below profile, achieving 63.7%.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p> <table border="1"> <caption>% patients waiting under 4 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>68%</td><td>98%</td><td>98%</td></tr> <tr><td>Sep-18</td><td>69%</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-18</td><td>70%</td><td>98%</td><td>98%</td></tr> <tr><td>Nov-18</td><td>68%</td><td>98%</td><td>98%</td></tr> <tr><td>Dec-18</td><td>67%</td><td>98%</td><td>98%</td></tr> <tr><td>Jan-19</td><td>67%</td><td>98%</td><td>98%</td></tr> <tr><td>Feb-19</td><td>67%</td><td>98%</td><td>98%</td></tr> <tr><td>Mar-19</td><td>68%</td><td>98%</td><td>98%</td></tr> <tr><td>Apr-19</td><td>64%</td><td>98%</td><td>98%</td></tr> <tr><td>May-19</td><td>65%</td><td>98%</td><td>98%</td></tr> <tr><td>Jun-19</td><td>63%</td><td>98%</td><td>98%</td></tr> <tr><td>Jul-19</td><td>64%</td><td>98%</td><td>98%</td></tr> <tr><td>Aug-19</td><td>64%</td><td>98%</td><td>98%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Aug-18	68%	98%	98%	Sep-18	69%	95%	95%	Oct-18	70%	98%	98%	Nov-18	68%	98%	98%	Dec-18	67%	98%	98%	Jan-19	67%	98%	98%	Feb-19	67%	98%	98%	Mar-19	68%	98%	98%	Apr-19	64%	98%	98%	May-19	65%	98%	98%	Jun-19	63%	98%	98%	Jul-19	64%	98%	98%	Aug-19	64%	98%	98%	<ul style="list-style-type: none"> <li>Development of agreed bed plan, which will support system improvement in both the USC and elective patient pathways. NPTH has recently vacated a ward which will enable the next phase of the plan to be progressed. Next meeting on bed programme taking place on 9th September.</li> <li>Maintain and fund all surge bed capacity that can be staffed on all our hospital sites</li> <li>Only cancer and urgent elective admissions are being managed through our inpatient bed capacity</li> <li>Continue to recruit to staff vacancies.</li> <li>Advertise for 2 consultants for ED plus accelerate plans for ESD expansion ahead of current timeframe.</li> <li>Ongoing implementation of hospital to home transformation programme in line with the agreed project plan to increase overall system wide capacity which will support improved patient flow through our front door emergency departments.</li> <li>Weekly USC improvement meeting between Service Directors escalated to include increased Executive Director support with the aim of identifying further actions to de-escalate the level of system pressure and risk.</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 August 2019, performance against this measure deteriorated compared with July 2019 (642 to 740). All 740 12 hour breaches in August 2019 were in Morriston ED which is an increase of 367 when compared with August 2018.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p> <table border="1"> <caption>Number of patients waiting over 12 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>350</td><td>0</td><td>0</td></tr> <tr><td>Sep-18</td><td>300</td><td>0</td><td>0</td></tr> <tr><td>Oct-18</td><td>400</td><td>0</td><td>0</td></tr> <tr><td>Nov-18</td><td>380</td><td>0</td><td>0</td></tr> <tr><td>Dec-18</td><td>450</td><td>0</td><td>0</td></tr> <tr><td>Jan-19</td><td>620</td><td>0</td><td>0</td></tr> <tr><td>Feb-19</td><td>450</td><td>0</td><td>0</td></tr> <tr><td>Mar-19</td><td>550</td><td>0</td><td>0</td></tr> <tr><td>Apr-19</td><td>650</td><td>0</td><td>0</td></tr> <tr><td>May-19</td><td>600</td><td>0</td><td>0</td></tr> <tr><td>Jun-19</td><td>650</td><td>0</td><td>0</td></tr> <tr><td>Jul-19</td><td>650</td><td>0</td><td>0</td></tr> <tr><td>Aug-19</td><td>740</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Aug-18	350	0	0	Sep-18	300	0	0	Oct-18	400	0	0	Nov-18	380	0	0	Dec-18	450	0	0	Jan-19	620	0	0	Feb-19	450	0	0	Mar-19	550	0	0	Apr-19	650	0	0	May-19	600	0	0	Jun-19	650	0	0	Jul-19	650	0	0	Aug-19	740	0	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 consistently above the national target and local profile of 65%.</p> <p>Performance against this measure saw an in-month dip from 70.9% in July 2019 to 70.7% in August 2019.</p>	<p><b>Number of ambulance call responses</b></p> <p>Red Calls      Amber Calls Green Calls</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. A follow up meeting to review progress against plan is arranged for 30th September. The plan includes: <ul style="list-style-type: none"> <li>The development of revised escalation plans including cross border regional and national support arrangements. A revised regional escalation proposal is being considered by EASC at its meeting on 10<sup>th</sup> September 2019.</li> <li>Review and finalise admission criteria for accepting sites to convey appropriate patients away from Morriston to other hospitals in Swansea Bay and Prince Phillip hospital in Hywel Dda.</li> <li>Development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.</li> <li>'Perfect day' workshop arranged at Morriston on 3rd October with WAST and partner agencies to identify further opportunities to improve patient flow and handover.</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 August</p> <p>In August 2019, Morriston Hospital saw an increase of 329 &gt;1 hour ambulance handover waits, compared with August 2018 (from 270 to 599). Singleton saw a reduction from 60 in August 2018 to 33 in August 2019.</p>	<p><b>Number of ambulance handovers over one hour</b></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 August increased by 479 patients (+4.6%) from 10,311 attendances in August 2018 to 10,790 attendances in August 2019.</p> <p>Attendances in August 2019 decreased however by 896 (-7.6%) when compared with the exceptional demand experienced in July 2019.</p>	<p><b>Number of A&amp;E attendances</b></p> <table border="1"> <caption>Estimated data for Number of A&amp;E attendances</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>6,800</td><td>500</td><td>3,000</td></tr> <tr><td>Sep-18</td><td>6,800</td><td>500</td><td>3,100</td></tr> <tr><td>Oct-18</td><td>7,200</td><td>500</td><td>3,100</td></tr> <tr><td>Nov-18</td><td>6,800</td><td>500</td><td>2,800</td></tr> <tr><td>Dec-18</td><td>6,800</td><td>500</td><td>2,800</td></tr> <tr><td>Jan-19</td><td>6,400</td><td>500</td><td>3,000</td></tr> <tr><td>Feb-19</td><td>6,800</td><td>500</td><td>3,000</td></tr> <tr><td>Mar-19</td><td>7,200</td><td>500</td><td>3,400</td></tr> <tr><td>Apr-19</td><td>7,200</td><td>500</td><td>3,600</td></tr> <tr><td>May-19</td><td>6,800</td><td>500</td><td>3,400</td></tr> <tr><td>Jun-19</td><td>7,800</td><td>500</td><td>3,800</td></tr> <tr><td>Jul-19</td><td>8,200</td><td>500</td><td>3,600</td></tr> <tr><td>Aug-19</td><td>7,400</td><td>500</td><td>3,400</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Aug-18	6,800	500	3,000	Sep-18	6,800	500	3,100	Oct-18	7,200	500	3,100	Nov-18	6,800	500	2,800	Dec-18	6,800	500	2,800	Jan-19	6,400	500	3,000	Feb-19	6,800	500	3,000	Mar-19	7,200	500	3,400	Apr-19	7,200	500	3,600	May-19	6,800	500	3,400	Jun-19	7,800	500	3,800	Jul-19	8,200	500	3,600	Aug-19	7,400	500	3,400	<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> </ul>
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<b>Emergency Admissions</b> <i>The number of emergency admissions across the Health Board by site</i>	<p>In August 2019, there were 4,265 emergency admissions across the Health Board which is 79 (-2%) less admissions than in August 2018 and 5% (204) less than July 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> <table border="1"> <caption>Estimated data for Number of emergency admissions</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>3,300</td><td>800</td><td>100</td></tr> <tr><td>Sep-18</td><td>3,500</td><td>800</td><td>100</td></tr> <tr><td>Oct-18</td><td>3,600</td><td>800</td><td>100</td></tr> <tr><td>Nov-18</td><td>3,500</td><td>800</td><td>100</td></tr> <tr><td>Dec-18</td><td>3,400</td><td>800</td><td>100</td></tr> <tr><td>Jan-19</td><td>3,200</td><td>800</td><td>100</td></tr> <tr><td>Feb-19</td><td>3,400</td><td>800</td><td>100</td></tr> <tr><td>Mar-19</td><td>3,500</td><td>800</td><td>100</td></tr> <tr><td>Apr-19</td><td>3,500</td><td>800</td><td>100</td></tr> <tr><td>May-19</td><td>3,400</td><td>800</td><td>100</td></tr> <tr><td>Jun-19</td><td>3,200</td><td>800</td><td>100</td></tr> <tr><td>Jul-19</td><td>3,400</td><td>800</td><td>100</td></tr> <tr><td>Aug-19</td><td>3,300</td><td>800</td><td>100</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Aug-18	3,300	800	100	Sep-18	3,500	800	100	Oct-18	3,600	800	100	Nov-18	3,500	800	100	Dec-18	3,400	800	100	Jan-19	3,200	800	100	Feb-19	3,400	800	100	Mar-19	3,500	800	100	Apr-19	3,500	800	100	May-19	3,400	800	100	Jun-19	3,200	800	100	Jul-19	3,400	800	100	Aug-19	3,300	800	100	<ul style="list-style-type: none"> <li>Acute Care Teams working in close liaison with WAST and hospital services to redirect and manage patients in the community.</li> <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>Continued Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet clinical threshold for admissions.</li> <li>Development of winter planning arrangements – which have a particular focus on primary care support and interventions. Outline plan to be finalised by mid October. With initial discussions held with WG in August.</li> </ul>
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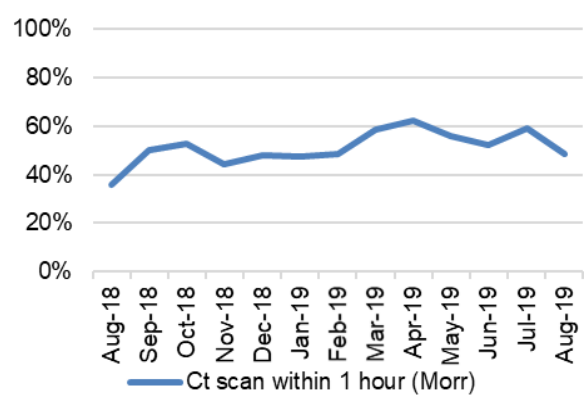
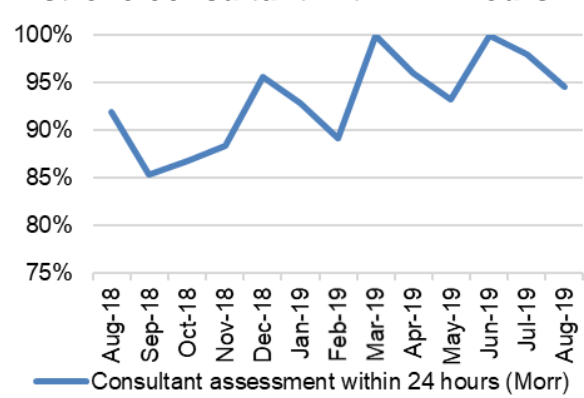
Description	Current Performance	Trend	Actions planned for next period
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In August 2019, there were on average 177 patients who were deemed medically/ discharge fit but 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> <p>* Data for Gorseinon Hospital has not been available since November 2018.</p>	<ul style="list-style-type: none"> <li>Strengthening our electronic data capture for medically fit for discharge patients and system support.</li> <li>Implementation of the Hospital to Home programme in line with Quarter 2 and 3 project plans including : <ul style="list-style-type: none"> <li>Recruitment of additional therapists in place as part of the plan to increase system wide hospital to home capacity.</li> <li>Development of the trusted assessor model and competencies across the HB.</li> <li>Progressing plans to develop a HB wide ESD model.</li> </ul> </li> <li>Implementation of a standard Operating Procedure for Medically Fit (optimised) meetings to ensure consistency across the Health Board and to encourage a smarter approach to determining agreed actions, timescales and accountability for delivery. The actions are given a RAG rating (traffic light process) to denote urgency of the action to resolve.</li> </ul>
<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</i>	<p>In August 2019, there were 65 elective procedures cancelled due to lack of beds on the day of surgery. This is 41% less than July (111 to 65). In August 2019, 62 of the 65 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>	<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 not affected by emergency pressures.</li> </ul>

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 August 2019 was 18 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>Embedding an agreed standardised approach across the Health Board for the DToC monthly census capture. Previous variations existed between each Unit. A formal standard process for the capture of DToC data as a standard operating procedure is in place.</li> <li>Both Local Authorities are working towards the end of their internal realignment of Domiciliary Commissioning arrangements. The aim of this work is to improve the market capacity and flexibility.</li> <li>A senior 'Check and Challenge' DToC validation meeting takes place to finalise the DToC data, but more importantly to challenge where required and to consider different approaches as necessary. Senior staff from both Local Authorities attend this validation meeting alongside senior members from each Service Delivery Unit in the Health Board.</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 August 2019, the number of non-mental health and Learning disability delayed transfers of care was 69 which is above the internal profile of 60.</p> <p>Morriston hospital continues to account for the largest number of delayed patients with 27 in August, closely followed by Neath Port Talbot Hospital with 22.</p>	<p><b>Number of Non Mental Health DToCs</b></p>	<ul style="list-style-type: none"> <li>High impact change models are currently being developed and finalised within the Swansea Bay footprint, which will promote transformational change across Swansea Bay UHB in collaboration with our Local Authority partners utilising the John Bolton Model. This Hospital to Home model encompasses early discharge within a Discharge to Recover and Assess model, supported by a Trusted Assessor role as the key to ensuring quick assessment and earlier patient discharge.</li> <li>A new SAFER – Patient Flow Policy (formerly Discharge Policy) which</li> </ul>



			<p>mandates smart processes such as SAFER, PSAG Board Rounds and Red and Green days will be launched in October across the Health Board. The launch will ensure refresher training including – Home First workshops, Snap training on the wards, ensuring that the use of the SAFER flow process is consistently applied across the HB. This will also coincide with the relaunch of the 'end PJ paralysis' ethos which is closely aligned with the quality and safety agenda.</p> <ul style="list-style-type: none"> <li>• An update of the Health Board's Choice of Accommodation policy is currently taking place with the aim of relaunching the revised policy in November. Alongside this, our Service Delivery Units are being actively encouraged to ensure that current operational practice reflects the existing Choice of Accommodation policy, which is designed to support staff, patients and carers in this more challenging area of discharge planning.</li> <li>• Measurement of harm through delays in transfers is in place however further work is being undertaken to improve this process and to increasingly use the information to support the improvement approach. There is close working with Local Authority partners to jointly review discharge delays causing harm. Working with DATIX team to ensure a seamless approach of information between Health and Local Authorities.</li> <li>• A review of patients who are part of DToC data, but outside of both Health and Local Authority control, will be undertaken by the DToC improvement group.</li> </ul>
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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>	In August 2019, there were 56 confirmed stroke admissions in Morriston Hospital. This is an increase of 5 patients compared with July 2019 and 6 patients compared with August 2018.	<b>Total number of stroke admissions</b> <table><caption>Total number of stroke admissions (Morr)</caption><thead><tr><th>Month</th><th>Admissions</th></tr></thead><tbody><tr><td>Aug-18</td><td>50</td></tr><tr><td>Sep-18</td><td>48</td></tr><tr><td>Oct-18</td><td>60</td></tr><tr><td>Nov-18</td><td>40</td></tr><tr><td>Dec-18</td><td>45</td></tr><tr><td>Jan-19</td><td>42</td></tr><tr><td>Feb-19</td><td>38</td></tr><tr><td>Mar-19</td><td>48</td></tr><tr><td>Apr-19</td><td>48</td></tr><tr><td>May-19</td><td>45</td></tr><tr><td>Jun-19</td><td>45</td></tr><tr><td>Jul-19</td><td>52</td></tr><tr><td>Aug-19</td><td>56</td></tr></tbody></table>	Month	Admissions	Aug-18	50	Sep-18	48	Oct-18	60	Nov-18	40	Dec-18	45	Jan-19	42	Feb-19	38	Mar-19	48	Apr-19	48	May-19	45	Jun-19	45	Jul-19	52	Aug-19	56	<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><li>Service Director discussions being planned to map out future TIA service model for Swansea &amp; Neath Port Talbot. Main areas of discussion are the requirements for delivery of a seven day service and implementation of reciprocal Consultant cross cover of TIA clinics. Robust TIA services are effective in reducing stroke admissions.</li></ul>
Month	Admissions																														
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Aug-19	56																														
<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 August 2019 only 23 out of 55 patients had a direct admission to an acute stroke unit within 4 hours (41.8%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for June 2019 which confirms that performance ranged from 37.2% to 68.7%. SBU HB achieved 56.8% in June 2019.</p>	<b>Percentage of patients admitted to stroke unit within 4 hours</b> <table><caption>Stroke admissions within 4 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Aug-18</td><td>30%</td></tr><tr><td>Sep-18</td><td>75%</td></tr><tr><td>Oct-18</td><td>70%</td></tr><tr><td>Nov-18</td><td>60%</td></tr><tr><td>Dec-18</td><td>62%</td></tr><tr><td>Jan-19</td><td>58%</td></tr><tr><td>Feb-19</td><td>75%</td></tr><tr><td>Mar-19</td><td>65%</td></tr><tr><td>Apr-19</td><td>62%</td></tr><tr><td>May-19</td><td>55%</td></tr><tr><td>Jun-19</td><td>58%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>41.8%</td></tr></tbody></table>	Month	Percentage	Aug-18	30%	Sep-18	75%	Oct-18	70%	Nov-18	60%	Dec-18	62%	Jan-19	58%	Feb-19	75%	Mar-19	65%	Apr-19	62%	May-19	55%	Jun-19	58%	Jul-19	58%	Aug-19	41.8%	<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>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 is the highest performing hospital of the high volume acute stroke unit providers (Royal Gwent Hospital, University Hospital Wales and Prince Charles Hospital)</li></ul>
Month	Percentage																														
Aug-18	30%																														
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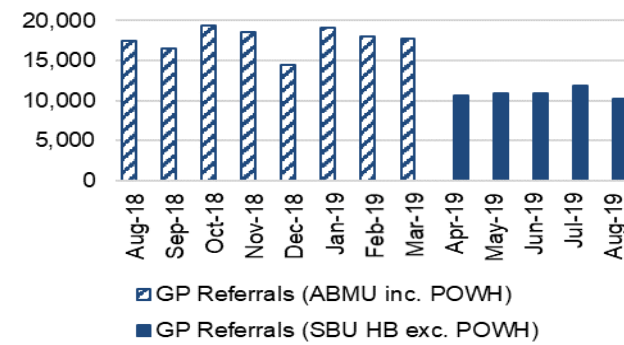
Description	Current Performance	Trend	Actions planned for next period
<b>Stroke CT scan</b> <i>Percentage of patients who receive a CT scan within 1 hour</i>	In August 2019, the Health Board achieved 48%, which was above the internal profile of 53%.	<b>Percentage of patients receiving CT scan within 1 hour</b>  <p>— Ct scan within 1 hour (Morr)</p>	<ul style="list-style-type: none"> <li>• Discussions between the acute stroke team, ED &amp; radiology to work through key recommendations of the thrombolysis action plan. Achieving more timely CT access is priority area within this plan. Actions include -</li> <li>• Formal adoption of the one hour standard in radiology standard operating procedures for stroke</li> <li>• Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management.</li> <li>• Streamlined data collection process as part of the ASHICE call (pre-alerting a patient's conveyance to hospital) to reduce delays prior to CT scan.</li> <li>• Focus on improved availability of porters to transfer patients to CT without delay.</li> <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> <li>• Rehabilitation workshop held in June and further workshop planned at July Stroke Board to agree work streams for the input into the IMTP cycle / Plan.</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>	In August 2019, the Health Board achieved 95% which was above the internal profile of 91%.	<b>Percentage of patients assessed by stroke consultant within 24 hours</b>  <p>— Consultant assessment within 24 hours (Morr)</p>	



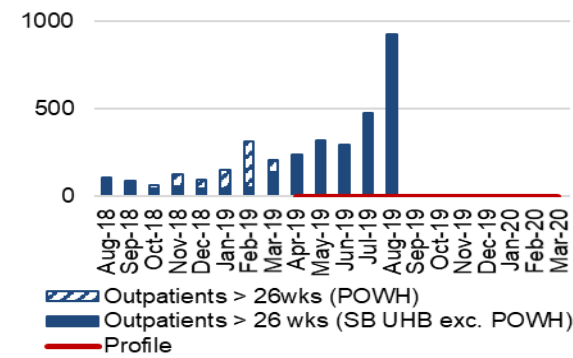
Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	<p>In August 2019, 19.6% of patients were thrombolysed (11 out of 56). However, 3 of the 11 patients were thrombolysed within the minutes (door to needle) standard (27%). This is below the internal profile of 30%</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>Aug-18</td><td>0%</td></tr><tr><td>Sep-18</td><td>0%</td></tr><tr><td>Oct-18</td><td>12%</td></tr><tr><td>Nov-18</td><td>10%</td></tr><tr><td>Dec-18</td><td>30%</td></tr><tr><td>Jan-19</td><td>45%</td></tr><tr><td>Feb-19</td><td>15%</td></tr><tr><td>Mar-19</td><td>20%</td></tr><tr><td>Apr-19</td><td>28%</td></tr><tr><td>May-19</td><td>18%</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></tbody></table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Aug-18	0%	Sep-18	0%	Oct-18	12%	Nov-18	10%	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	28%	May-19	18%	Jun-19	0%	Jul-19	40%	Aug-19	28%	<ul style="list-style-type: none"><li>Discussions between the acute stroke team, ED &amp; radiology to work through key recommendations of the thrombolysis action plan.</li><li>Developing a shared acute stroke service model (between ED and Medicine) to fast track patient management is considered a key driver in improving performance.</li></ul>
Month	Percentage																														
Aug-18	0%																														
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## 8.1 Planned Care- Overview

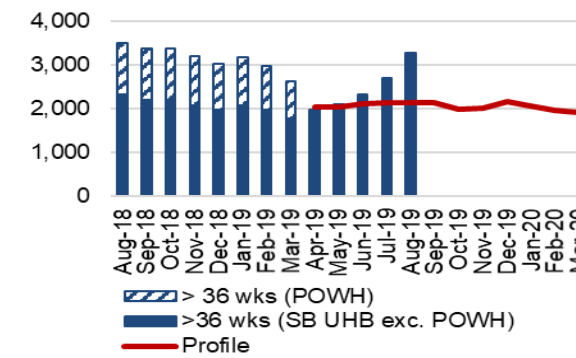
**Chart 1: Number of GP Referrals into secondary care**



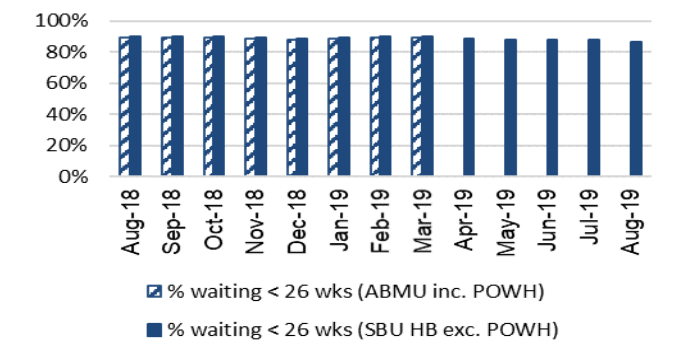
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



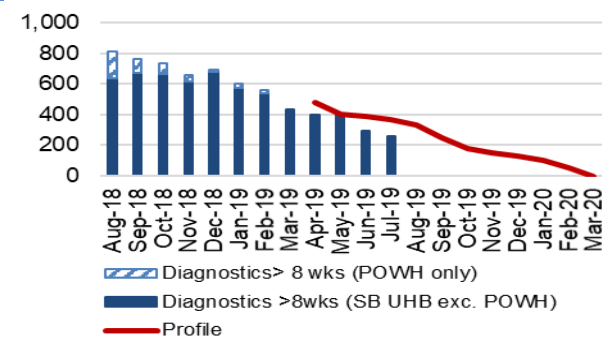
**Chart 3: Number of patients waiting over 36 weeks for treatment**



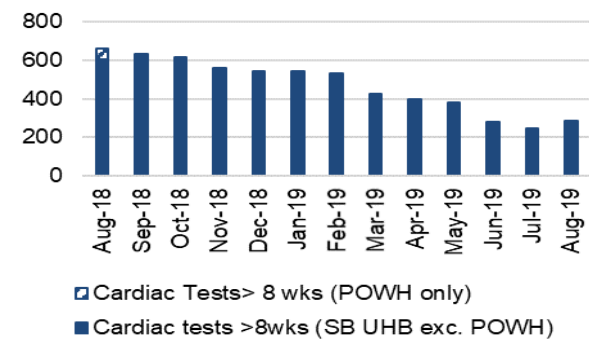
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



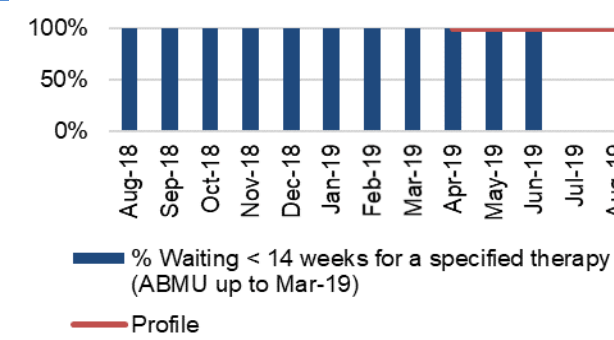
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



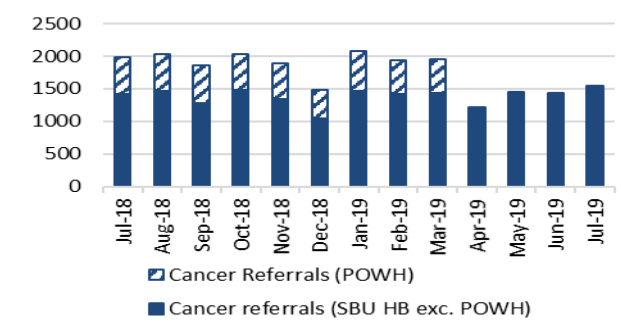
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



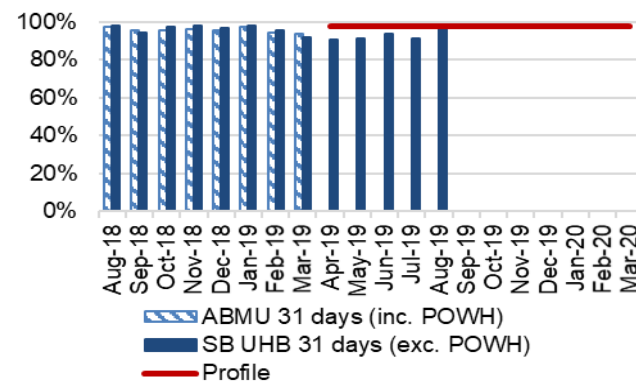
**Chart 7: % of patients waiting less than 14 weeks for Therapies**



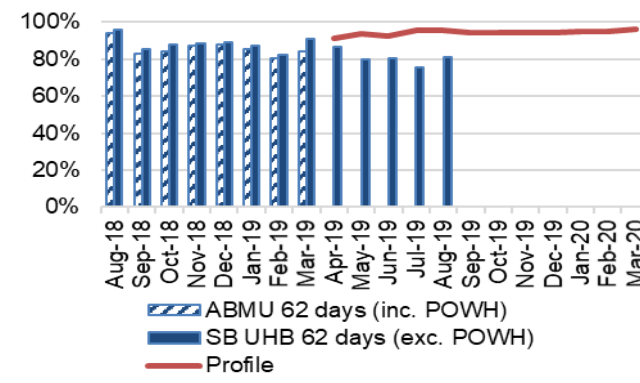
**Chart 8: Cancer referrals**



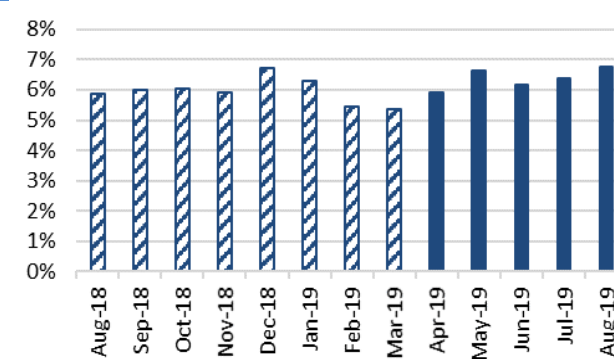
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



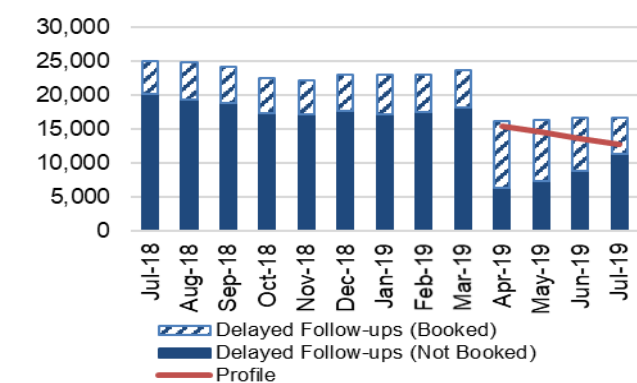
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



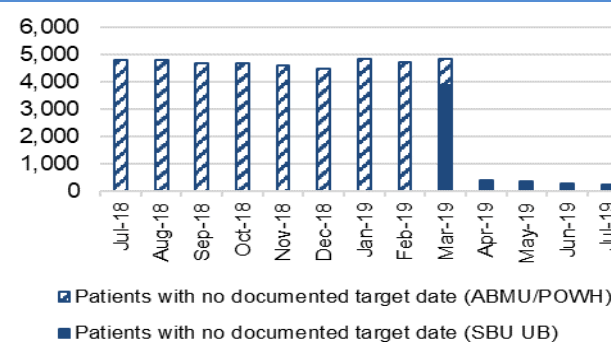
**Chart 11: % of patients who did not attend a new outpatient appointment (for all specialties)**



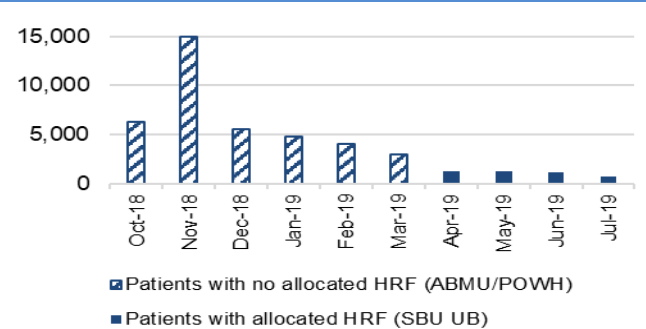
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialties only)**



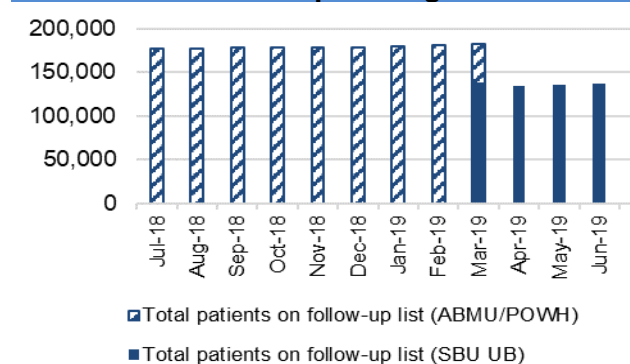
**Chart 13: Number of patients without a documented clinical review date**



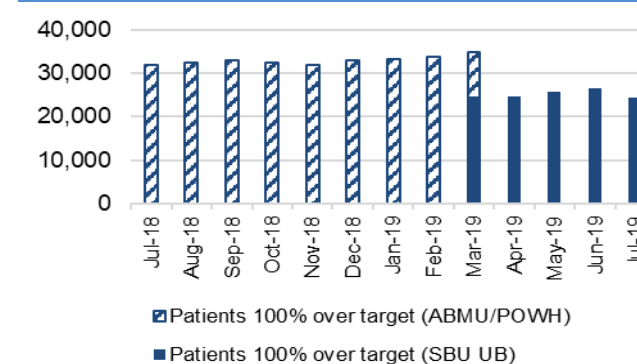
**Chart 14: Ophthalmology patients without an allocated clinical risk factor**



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



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



## Planned Care- Overview (August 2019)

Demand	Waiting Times					Outpatient Efficiencies	
10,266 (15%↓) Total GP referrals	925 (93%↑) Patients waiting over 26 weeks for a new outpatient appointment	3,263 (21%↑) Patients waiting over 36 weeks for treatment	1,022 (14%↑) Patients waiting over 52 weeks for treatment	86.4% (1.4%↓) Patients waiting under 26 weeks from referral to treatment	6.7% (0.5%↑) % of patients who did not attend a new outpatient appointment (all specialties)		
5,711 (12%↓) Routine GP referrals							
4,555 (14%↓) Urgent GP referrals	344 (32%↑) Patients waiting over 8 weeks for all reportable diagnostics	289 (16%↑) Patients waiting over 8 weeks for Cardiac diagnostics only	0 (→) Patients waiting over 14 weeks for reportable therapies	49,601 (3%↓) Patients waiting for an outpatient follow-up who are delayed past their target date (Jul-19)	7.5% (0.4%↓) % of patients who did not attend a follow-up outpatient appointment (all specialties)		
Cancer			Theatre Efficiencies				
1,538 (7%↑) Number of USC referrals received (Jul-19)	120 (15% ↑) USC backlog over 52 days	81% (5%↑) draft USC patients receiving treatment within 62 days	96% (5%↑) draft NUSC patients receiving treatment within 31 days	56% (10%↓) Theatre utilisation rate	38% (4%↓) % of theatres sessions starting late	38% (1%↓) % of theatres sessions finishing early	35% (1%↓) Operations cancelled on the day

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

## 8.2 Theatre Efficiencies Dashboard

									ABMU								SBU				
Measure		Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Number of cancelled operations	Morrison	Aug-19	462			↓	●	↑	●												
	NPTH	Aug-19	123			↓	●	↓	●												
	Singleton	Aug-19	211			↓	●	↓	●												
	POWH																				
	HB Total	Aug-19	796			↓	●	↓	●												
% of cancelled operations on the day	Morrison	Aug-19	44%	10%	✗	↑	●	↑	●												
	NPTH	Aug-19	25%		✗	↓	●	→	●												
	Singleton	Aug-19	22%		✗	↓	●	↓	●												
	POWH																				
	HB Total	Aug-19	35%		✗	↓	●	↑	●												
Reasons for cancellations on the day	Hospital Clinical	Aug-19	31%			↑	↑														
	Hospital Non-Clinical	Aug-19	51%			↓	↑														
	Other	Aug-19	0%			→	→														
	Patient	Aug-19	17%			→	↓														
	Unknown	Aug-19	1%			→	→														
Late Starts	Morrison	Aug-19	39%	<25%	✗	↓	●	↓	●												
	NPTH	Aug-19	37%		✗	→	●	↑	●												
	Singleton	Aug-19	36%		✗	↓	●	↓	●												
	POWH	Aug-19																			
	HB Total	Aug-19	38%		✗	↓	●	↓	●												
Early Finishes	Morrison	Aug-19	35%	<20%	✗	↓	●	↑	●												
	NPTH	Aug-19	62%		✗	↑	●	↑	●												
	Singleton	Aug-19	31%		✗	↓	●	↓	●												
	POWH																				
	HB Total	Aug-19	38%		✗	↓	●	↑	●												
Theatre Utilisation Rate	Morrison	Aug-19	63%	90%	✗	↓	●	↓	●												
	NPTH	Aug-19	48%		✗	↓	●	↑	●												
	Singleton	Aug-19	43%		✗	↓	●	↓	●												
	POWH																				
	HB Total	Aug-19	56%		✗	↓	●	↓	●												
Theatre Activity Undertaken	Morrison	Day cases	Aug-19	326		↓	↓														
		Emergency cases	Aug-19	406		↑	↑														
		Inpatients	Aug-19	392		↓	↓														
	NPTH	Day cases	Aug-19	226		↓	↑														
		Emergency cases	Aug-19	2		↓	↓														
		Inpatients	Aug-19	102		↓	↑														
	Singleton	Day cases	Aug-19	380		↓	↓														
		Emergency cases	Aug-19	30		↓	↓														
		Inpatients	Aug-19	64		↓	↓														
	POWH	Day cases																			
		Emergency cases																			
		Inpatients																			

### 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>	The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In August 2019, there were 925 patients waiting over 26 weeks compared with 479 in July 2019. Gastroenterology accounted for 41% of breaches (376) and Ophthalmology account for 20% (186 breaches).	<b>Number of stage 1 over 26 weeks</b> <table><caption>Estimated data for Number of stage 1 over 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-18</td><td>50</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>40</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>50</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>50</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>50</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>50</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>50</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>150</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>150</td><td>150</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>100</td><td>150</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>100</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>350</td><td>550</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-18	50	50	0	0	Sep-18	40	20	0	0	Oct-18	50	20	0	0	Nov-18	50	20	0	0	Dec-18	50	20	0	0	Jan-19	50	20	0	0	Feb-19	50	20	0	0	Mar-19	150	50	0	0	Apr-19	200	100	0	0	May-19	150	150	0	0	Jun-19	100	150	0	0	Jul-19	100	400	0	0	Aug-19	350	550	0	0	<ul style="list-style-type: none"><li>• Ophthalmology will be addressed through outsourcing and refreshed clinical model.</li><li>• Gastroenterology has a sustainable plan based on recruitment and demand management. The bridging plan is to use flexible capacity and consider an insource option.</li><li>• Oral surgery is in the final stages of procurement of an intermediate care based oral medicine model.</li><li>• Spinal has increased therapy support in place and a sixth surgeon starting in January 2020.</li><li>• General Surgery is developing a straight to diagnostics test model for Endoscopy.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Aug-18	50	50	0	0																																																																					
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Jul-19	100	400	0	0																																																																					
Aug-19	350	550	0	0																																																																					
<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 August 2019 there were 3,263 patients waiting over 36 weeks which is higher than the internal profile of 2,132.</p> <p>Orthopaedics accounts for 53% of the breaches, followed by Ophthalmology with 12%.</p> <p><b>*Further verbal update will be provided at committee</b></p>	<b>Number of patients waiting longer than 36 weeks</b> <table><caption>Estimated data for Number of patients waiting longer than 36 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-18</td><td>2,200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>2,100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>2,100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>2,100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>1,800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>2,100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>2,200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>2,500</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>2,800</td><td>500</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-18	2,200	0	0	0	Sep-18	2,100	0	0	0	Oct-18	2,100	0	0	0	Nov-18	2,000	0	0	0	Dec-18	2,000	0	0	0	Jan-19	2,100	0	0	0	Feb-19	2,000	0	0	0	Mar-19	1,800	0	0	0	Apr-19	2,000	0	0	0	May-19	2,100	0	0	0	Jun-19	2,200	0	0	0	Jul-19	2,500	200	0	0	Aug-19	2,800	500	0	0	<ul style="list-style-type: none"><li>• Cardiac, Cardiology, ENT, Vascular, Urology and OMFS can all deliver Nil within the current plan parameters.</li><li>• Increased outsourcing for Orthopaedics in addition to the return of Ward W to elective operating.</li><li>• A locum Consultant has been appointed to Plastic Surgery to support the pressure in the sub-speciality of hands.</li><li>• Increase lists at NPTH for Plastics and Urology, and at Singleton for Head &amp; Neck and Ophthalmology.</li><li>• A six trolley ward has been established to increase Local Anaesthetic and daycase work at Singleton to protect elective flow across the surgical specialties with a primary focus on ENT and General Surgery.</li></ul>
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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>	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 August 2019 there were 1,022 patients waiting over 52 weeks compared with 897 in July 2019.	<b>Number of patients waiting longer than 52 weeks</b> <table><caption>Approximate data for Number of patients waiting longer than 52 weeks</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>Aug-18</td><td>1000</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Sep-18</td><td>950</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Oct-18</td><td>900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Nov-18</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Dec-18</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jan-19</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Feb-19</td><td>750</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Mar-19</td><td>700</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Apr-19</td><td>750</td><td>10</td><td>5</td><td>2</td></tr><tr><td>May-19</td><td>800</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jun-19</td><td>850</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Jul-19</td><td>900</td><td>10</td><td>5</td><td>2</td></tr><tr><td>Aug-19</td><td>1022</td><td>10</td><td>5</td><td>2</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-18	1000	10	5	2	Sep-18	950	10	5	2	Oct-18	900	10	5	2	Nov-18	850	10	5	2	Dec-18	850	10	5	2	Jan-19	850	10	5	2	Feb-19	750	10	5	2	Mar-19	700	10	5	2	Apr-19	750	10	5	2	May-19	800	10	5	2	Jun-19	850	10	5	2	Jul-19	900	10	5	2	Aug-19	1022	10	5	2	<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>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li><li>• Morriston challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients. Two full day lists on the Morriston Hospital site for General Surgery have been agreed and being implemented.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
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<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%.  In August 2019 the percentage was 86.4%.	<b>Percentage of patient waiting less than 26 weeks</b> <table><caption>Approximate data for Percentage of patient waiting less than 26 weeks</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>Aug-18</td><td>84%</td><td>94%</td><td>99%</td><td>99%</td></tr><tr><td>Sep-18</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Oct-18</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Nov-18</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Dec-18</td><td>83%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>Jan-19</td><td>84%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Feb-19</td><td>85%</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>83%</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>89%</td><td>99%</td><td>99%</td></tr><tr><td>Aug-19</td><td>82%</td><td>88%</td><td>99%</td><td>99%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-18	84%	94%	99%	99%	Sep-18	84%	93%	99%	99%	Oct-18	84%	92%	99%	99%	Nov-18	84%	92%	99%	99%	Dec-18	83%	92%	99%	99%	Jan-19	84%	93%	99%	99%	Feb-19	85%	93%	99%	99%	Mar-19	85%	92%	99%	99%	Apr-19	83%	91%	99%	99%	May-19	83%	91%	99%	99%	Jun-19	83%	90%	99%	99%	Jul-19	83%	89%	99%	99%	Aug-19	82%	88%	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>	In August 2019, there were 344 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. In August 2019, there were 289 Cardiac breaches, 48 Cystoscopy and 7 Endoscopy.	<b>Number of patients waiting longer than 8 weeks for diagnostics</b> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Apr-18</td><td>620</td><td>10</td></tr><tr><td>May-18</td><td>650</td><td>10</td></tr><tr><td>Jun-18</td><td>640</td><td>10</td></tr><tr><td>Jul-18</td><td>600</td><td>10</td></tr><tr><td>Aug-18</td><td>610</td><td>10</td></tr><tr><td>Sep-18</td><td>620</td><td>10</td></tr><tr><td>Oct-18</td><td>620</td><td>10</td></tr><tr><td>Nov-18</td><td>550</td><td>10</td></tr><tr><td>Dec-18</td><td>540</td><td>10</td></tr><tr><td>Jan-19</td><td>530</td><td>10</td></tr><tr><td>Feb-19</td><td>530</td><td>10</td></tr><tr><td>Mar-19</td><td>450</td><td>10</td></tr><tr><td>Apr-19</td><td>400</td><td>10</td></tr><tr><td>May-19</td><td>380</td><td>10</td></tr><tr><td>Jun-19</td><td>280</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	Apr-18	620	10	May-18	650	10	Jun-18	640	10	Jul-18	600	10	Aug-18	610	10	Sep-18	620	10	Oct-18	620	10	Nov-18	550	10	Dec-18	540	10	Jan-19	530	10	Feb-19	530	10	Mar-19	450	10	Apr-19	400	10	May-19	380	10	Jun-19	280	10	<ul style="list-style-type: none"><li>An insourcing solution for Endoscopy will be in place from 1<sup>st</sup> October 19.</li><li>Deterioration in Cystoscopy as a result of Consultant sickness in Urology. Two new Consultants commencing at the end of September to take the service back up to commissioned levels.</li><li>The plans for additional Cardiac CT/MR capacity is in place with step change improvements being seen.</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>	There has been significant improvement in Therapy waiting times over the last financial year and there have been no patients waiting over 14 weeks since May 2018.	<b>Number of patients waiting longer than 14 weeks for therapies</b> <table><thead><tr><th>Month</th><th>Occ Therapy (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech &amp; Language</th><th>Dietetics</th><th>Physio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Jun-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><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></tbody></table>	Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Physio	Podiatry	Jun-18	0	0	0	0	0	0	0	Jul-18	0	0	0	0	0	0	0	Aug-18	0	0	0	0	0	0	0	Sep-18	0	0	0	0	0	0	0	Oct-18	0	0	0	0	0	0	0	Nov-18	0	0	0	0	0	0	0	Dec-18	0	0	0	0	0	0	0	Jan-19	0	0	0	0	0	0	0	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	Jun-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>
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Description	Current Performance	Trend	Actions planned for next period
<b>Cancer- NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</b>	<p>August 2019 figures will be finalised on the 2<sup>nd</sup> October. Draft figures indicate a possible achievement of 96% of patients starting treatment within 31 days. At the time of writing this report there are 4 breaches across the Health Board in August 2019:</p> <ul style="list-style-type: none"> <li>Gynaecological: 2 (1 suspected)</li> <li>Upper Gastrointestinal: 1</li> <li>Lower GI: 1 (suspected)</li> </ul>	<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>Outsourcing of 8 pancreatic surgical cases to King's College Hospital London. First two patients referred the week commencing 19<sup>th</sup> August 2019. There has been agreement for an additional weekly operating list, with an anticipated start date of mid-October; an additional consultant is out to advert and additional CNS support has been agreed.</li> <li>Morriston Delivery Unit are in the process of developing an Anaesthetic Demand &amp; Capacity Plan.</li> </ul>
<b>Cancer- USC waiting times- Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</b>	<p>August 2019 figures will be finalised on the 2<sup>nd</sup> October. Draft figures indicate a possible achievement of 81% of patients starting treatment within 62 days. At the time of writing this report there are 21 breaches in total across the Health Board in August 2019:</p> <ul style="list-style-type: none"> <li>Breast: 5</li> <li>Gynaecological: 5</li> <li>Lower Gastrointestinal: 3</li> <li>Urological: 3 (1 suspected)</li> <li>Upper Gastrointestinal: 1</li> <li>Skin: 1</li> <li>Head &amp; Neck: 1</li> <li>Haematological: 1</li> <li>Lung: 1</li> </ul>	<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>From September the Gynae-oncology team have introduced a new results clinic at Neath for patients seen within the PMB service who are confirmed to have malignancy. This can reduce the pathway by a week and also improve patient experience.</li> <li>Plans to increase uptake Straight to Test (STT) pathway for colorectal to be progressed following allocation of SCP monies. Project plan is currently being developed.</li> <li>Two new Urology Consultants have been appointed to commence September 2019, which should reduce delays going forward.</li> <li>Locum Haematologist appointed with a plan for this to become substantive.</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 August 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>3</td><td>7</td></tr><tr><td>Gynaecological</td><td>3</td><td>10</td></tr><tr><td>Haematological</td><td>1</td><td>5</td></tr><tr><td>Head and Neck</td><td>4</td><td>4</td></tr><tr><td>Lower GI</td><td>3</td><td>3</td></tr><tr><td>Lung</td><td>3</td><td>4</td></tr><tr><td>Other</td><td>13</td><td>9</td></tr><tr><td>Skin</td><td>2</td><td>1</td></tr><tr><td>Upper GI</td><td>4</td><td>4</td></tr><tr><td>Urological</td><td>8</td><td>9</td></tr><tr><td><b>Grand Total</b></td><td><b>44</b></td><td><b>56</b></td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	3	7	Gynaecological	3	10	Haematological	1	5	Head and Neck	4	4	Lower GI	3	3	Lung	3	4	Other	13	9	Skin	2	1	Upper GI	4	4	Urological	8	9	<b>Grand Total</b>	<b>44</b>	<b>56</b>	<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>Surgical services at Singleton and Morriston are meeting early September to review possibility of swapping theatre lists between sites on Mondays in order to increase Morriston capacity for Gynaecology.</li><li>The newly appointed urological surgeons will commence in September, which would give more ability to backfill, however, this continues to be at risk due to the anaesthetic deficits.</li><li>From September, a consultant Urologist will be taking the lead for the PSA service provided from NPTH that has been vulnerable following the departure of the Consultant Nurse and sickness within the department.</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 August 2019 the percentage of patients seen within 14 days to first appointment/assessment ranged between 20% and 35%.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of August 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>6</td><td>13</td><td>25</td><td>89</td><td>133</td></tr><tr><td>Gynaecological</td><td>4</td><td>10</td><td>33</td><td>63</td><td>110</td></tr><tr><td>Head and Neck</td><td>15</td><td>6</td><td>4</td><td>3</td><td>28</td></tr><tr><td>Lower GI</td><td>7</td><td>12</td><td>11</td><td>8</td><td>38</td></tr><tr><td>Lung</td><td>2</td><td>6</td><td>0</td><td>0</td><td>8</td></tr><tr><td>Other</td><td>13</td><td>44</td><td>9</td><td>3</td><td>69</td></tr><tr><td>Sarcoma</td><td>2</td><td>1</td><td>2</td><td>1</td><td>6</td></tr><tr><td>Skin</td><td>14</td><td>65</td><td>2</td><td>1</td><td>82</td></tr><tr><td>Upper GI</td><td>0</td><td>2</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Urological</td><td>1</td><td>0</td><td>0</td><td>1</td><td>2</td></tr><tr><td><b>Total</b></td><td><b>64</b></td><td><b>159</b></td><td><b>86</b></td><td><b>169</b></td><td><b>478</b></td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	6	13	25	89	133	Gynaecological	4	10	33	63	110	Head and Neck	15	6	4	3	28	Lower GI	7	12	11	8	38	Lung	2	6	0	0	8	Other	13	44	9	3	69	Sarcoma	2	1	2	1	6	Skin	14	65	2	1	82	Upper GI	0	2	0	0	2	Urological	1	0	0	1	2	<b>Total</b>	<b>64</b>	<b>159</b>	<b>86</b>	<b>169</b>	<b>478</b>	<ul style="list-style-type: none"><li>Management configuration at Singleton is being addressed to establish a dedicated Breast Management Team. A Support Manager has been appointed and is currently focusing on work to increase stage 1 capacity; tracking duties will change over from October. On 5<sup>th</sup> September the Service Manager reported a reduction wait to first assessment from 6 to 4 weeks.</li><li>Funding has been confirmed and agreed for a further two consultant Gastroenterologists.</li><li>Meetings with CTMUHB are planned for 11<sup>th</sup> September to review the PMB and hysteroscopy service provided to CTMUHB for the POWH population.</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 July 2019 there were a total of 49,601 patients waiting for a follow-up past their target date. This is a 3% reduction compared with June 2019 (51,285 to 49,601).</p> <p>Of the 49,601 delayed follow-ups in July 2019, 14,361 had appointments and 35,240 are still waiting for an appointment. In addition, 24,393 were waiting 100%+ over target date in July 2019.</p> <p>In July 2019, the overall size of the follow-up waiting list reduced by 3% (137,057 to 133,612).</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>Validation Team commenced review of patients and categorisation from 1<sup>st</sup> July 2019. A monitoring score card has been developed to capture the work undertaken by the Validation Team.</li> <li>Composition of Outpatient Modernisation Group reviewed. New Clinical Lead to Chair the Board is in the process of being confirmed. The new Board will have greater clinical engagement as part of its composition. Formal Project manager support is also required.</li> <li>Additional non-recurrent monies have been secured from Welsh Government to increase support to deliver year-end targets. These funds will allow initiatives such as ADOPT to be commenced, further staff recruitment into validation and funding from sessions to support clinical validation. Short term funding has also been secured to support additional training in GP Clusters for local Dermatology surgical services.</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>Develop training package for staff</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> </ul>

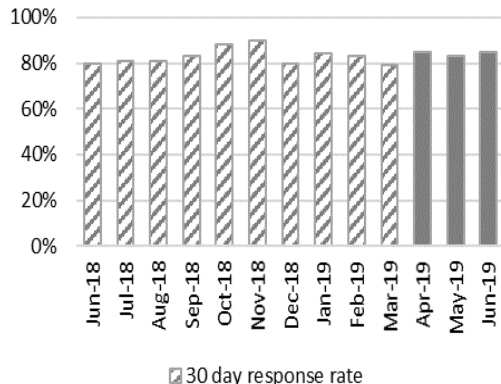
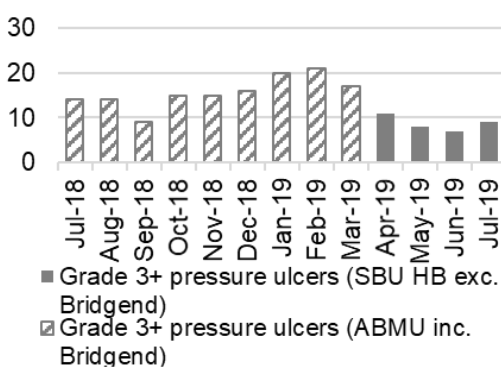


## 9. QUALITY AND SAFETY INDICATORS

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>22 cases of <i>E. coli</i> bacteraemia were identified in August 2019. This is below the monthly IMTP profile of 38 cases.</li> <li>59% of the bacteraemia were considered to be Community Acquired Infections</li> <li>In 46% of all cases, the urinary tract was identified as the primary source of the infection.</li> <li>14% of the E coli bacteraemia cases were reported as Multi Drug resistant organisms (MDRO).</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 E.coli bacteraemia cases</b></p> <p> <span style="display: inline-block; width: 10px; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); border: 1px solid black; margin-right: 5px;"></span> Number E.Coli Cases Bridgend  <span style="display: inline-block; width: 10px; height: 10px; background-color: grey; border: 1px solid black; margin-right: 5px;"></span> Number E.Coli cases SBU UHB (exc. POWH)  <span style="display: inline-block; width: 10px; height: 10px; background-color: red; border: 1px solid black; margin-right: 5px;"></span> Profile         </p>	<ul style="list-style-type: none"> <li>The Infection Prevention &amp; Control Team (IPCT) continue to pilot the Post Infection Review (PIR) within Morriston Delivery Unit; a bedside review of all cases where a Tier 1 Target organism is identified. The Mutli disciplinary team approach will support the decision making in relation to care planning and the investigation process/outcomes.</li> <li>Staff education delivered by the IPC nursing team focusing on UTI prevention improving the quality of sample collection for suspected UTI and bacteraemia will continue to be delivered by the IPC nursing team at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers and the new role of Associate practitioners being introduced within Neath &amp; Singleton Delivery Units</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 7 cases of <i>Staph. Aureus</i> bacteraemia in August 2019. This is below the projected monthly IMTP profile of 12 cases and 39% less cases than the same period in 2018/19</li> <li>57% were hospital acquired infections (HAI).</li> <li>There were no cases of MRSA bacteraemia during August</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p> <p> <span style="display: inline-block; width: 10px; height: 10px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); border: 1px solid black; margin-right: 5px;"></span> Number S.Aureus Cases Bridgend  <span style="display: inline-block; width: 10px; height: 10px; background-color: grey; border: 1px solid black; margin-right: 5px;"></span> Number S.Aureus cases SB UHB (exc. POWH)  <span style="display: inline-block; width: 10px; height: 10px; background-color: red; border: 1px solid black; margin-right: 5px;"></span> Profile         </p>	<ul style="list-style-type: none"> <li>The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.</li> <li>The IPCT will be visiting wards across the Delivery Units to undertake ANTT Competency assessments.</li> <li>Improvement work continues, to improve HCAI data shared with Delivery Units and in the review the bacteraemia cases.</li> <li>Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.</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 10 <i>Clostridium difficile</i> toxin positive cases in August. This is below the IMTP projected profile (12 cases) and 33% less cases when compared to the same reporting period in 2018/19</li> <li>50% of the cases are considered to be healthcare acquired.</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>Bedside MDT &amp; IPCT reviews taking place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardise the review process for investigating each case.</li> <li>The initial success seen since the launch with the ARK research project in reducing antimicrobial usage will be extended to all areas within Morriston Delivery Unit. Nurse Champions are to be identified to support antimicrobial stewardship.</li> <li>Review use of environmental decontamination and develop a plan for a Health Board wide approach.</li> <li>Improvement work underway to improve HCAI data shared with Delivery Units.</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 15 Serious Incidents for the month of August 2019 to Welsh Government.</li> <li>The last Never Event reported was on 15<sup>th</sup> August 2019.</li> <li>In August 2019, the performance against the 80% target of submitting closure forms within 60 working days was 70%. 17 investigations were due to be concluded in August 2019, however only 12 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) % SIs 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 June 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>  <table><caption>30 day response rate data</caption><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><tr><td>Jun-18</td><td>80%</td></tr><tr><td>Jul-18</td><td>80%</td></tr><tr><td>Aug-18</td><td>80%</td></tr><tr><td>Sep-18</td><td>80%</td></tr><tr><td>Oct-18</td><td>85%</td></tr><tr><td>Nov-18</td><td>85%</td></tr><tr><td>Dec-18</td><td>80%</td></tr><tr><td>Jan-19</td><td>80%</td></tr><tr><td>Feb-19</td><td>80%</td></tr><tr><td>Mar-19</td><td>80%</td></tr><tr><td>Apr-19</td><td>85%</td></tr><tr><td>May-19</td><td>85%</td></tr><tr><td>Jun-19</td><td>85%</td></tr></tbody></table>	Month	Response Rate (%)	Jun-18	80%	Jul-18	80%	Aug-18	80%	Sep-18	80%	Oct-18	85%	Nov-18	85%	Dec-18	80%	Jan-19	80%	Feb-19	80%	Mar-19	80%	Apr-19	85%	May-19	85%	Jun-19	85%	<ul style="list-style-type: none"><li>Performance is discussed at all Unit performance meetings.</li><li>Performance has increased by 5%.</li><li>'Once for Wales' new complaints guidance has been presented at Risk Management User Group and is due to be presented to Unit Governance Teams.</li><li>Ombudsman training based on themes and trends due to commence in the Units.</li><li>Ombudsman Improvement Officer to attend the planned training to present to the Units</li></ul>														
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<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 July 2019, there were a total of 51 cases of healthcare acquired pressure ulcers, of which 33 where community acquired and 18 were hospital acquired.</li><li>The number of grade 3+ pressure ulcers in July 2019 was 9, of which 7 were community acquired and 2 were hospital acquired.</li></ul>	<b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b>  <table><caption>Grade 3+ pressure ulcers data</caption><thead><tr><th>Month</th><th>Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</th><th>Grade 3+ pressure ulcers (ABMU inc. Bridgend)</th></tr></thead><tbody><tr><td>Jul-18</td><td>14</td><td>14</td></tr><tr><td>Aug-18</td><td>14</td><td>14</td></tr><tr><td>Sep-18</td><td>10</td><td>10</td></tr><tr><td>Oct-18</td><td>14</td><td>14</td></tr><tr><td>Nov-18</td><td>14</td><td>14</td></tr><tr><td>Dec-18</td><td>14</td><td>14</td></tr><tr><td>Jan-19</td><td>14</td><td>14</td></tr><tr><td>Feb-19</td><td>14</td><td>14</td></tr><tr><td>Mar-19</td><td>14</td><td>14</td></tr><tr><td>Apr-19</td><td>10</td><td>10</td></tr><tr><td>May-19</td><td>10</td><td>10</td></tr><tr><td>Jun-19</td><td>10</td><td>10</td></tr><tr><td>Jul-19</td><td>10</td><td>10</td></tr></tbody></table>	Month	Grade 3+ pressure ulcers (SBU HB exc. Bridgend)	Grade 3+ pressure ulcers (ABMU inc. Bridgend)	Jul-18	14	14	Aug-18	14	14	Sep-18	10	10	Oct-18	14	14	Nov-18	14	14	Dec-18	14	14	Jan-19	14	14	Feb-19	14	14	Mar-19	14	14	Apr-19	10	10	May-19	10	10	Jun-19	10	10	Jul-19	10	10	<ul style="list-style-type: none"><li>PUPSG meet quarterly and receive quality improvement and learning reports from each Service Delivery Unit. The next meeting will be in October.</li><li>The Service Delivery Units (SDU) reports for the PUPSG meeting will follow a new template illustrating SDU performance and governance of pressure ulcer reporting, investigation and identification of causal factors.</li><li>The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning module has been developed and is available through ERS.</li><li>PURPOSE T is included in the digital risk assessment pilot in September on Ward A, NPTH. Staff training is underway.</li></ul>
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<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 227 in August 2019 compared with 186 in July 2019.</li><li>• The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.</li></ul>	<p><b>Number of inpatient Falls</b></p> <table><thead><tr><th>Month</th><th>Inpatient Falls (POWH)</th><th>Inpatient Falls (SBU HB exc. POWH)</th></tr></thead><tbody><tr><td>Aug-18</td><td>280</td><td>280</td></tr><tr><td>Sep-18</td><td>320</td><td>280</td></tr><tr><td>Oct-18</td><td>280</td><td>280</td></tr><tr><td>Nov-18</td><td>280</td><td>280</td></tr><tr><td>Dec-18</td><td>280</td><td>280</td></tr><tr><td>Jan-19</td><td>340</td><td>280</td></tr><tr><td>Feb-19</td><td>280</td><td>280</td></tr><tr><td>Mar-19</td><td>320</td><td>280</td></tr><tr><td>Apr-19</td><td>220</td><td>220</td></tr><tr><td>May-19</td><td>220</td><td>220</td></tr><tr><td>Jun-19</td><td>180</td><td>180</td></tr><tr><td>Jul-19</td><td>180</td><td>180</td></tr><tr><td>Aug-19</td><td>220</td><td>220</td></tr></tbody></table>	Month	Inpatient Falls (POWH)	Inpatient Falls (SBU HB exc. POWH)	Aug-18	280	280	Sep-18	320	280	Oct-18	280	280	Nov-18	280	280	Dec-18	280	280	Jan-19	340	280	Feb-19	280	280	Mar-19	320	280	Apr-19	220	220	May-19	220	220	Jun-19	180	180	Jul-19	180	180	Aug-19	220	220	<ul style="list-style-type: none"><li>• All Service Delivery Units continue to provide falls management / prevention training.</li><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.</li><li>• The Hospital Falls Injury strategy group will continue to meet quarterly.</li></ul>
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<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>Since the 29<sup>th</sup> June 2019 we have not been able to access the national database for Discharge Advice Letter's (DAL's) which are being produced by Welsh Clinical Portal (WCP) participating wards (medical wards in Morriston currently). This has meant that our E-discharge dashboard has only been receiving data from Clinical Portal for Transfer of Care (ToC) forms that are being produced by the surgical wards in Morriston and the other sites.</p> <p>Problems with NWIS data extraction have now been resolved but data for June/July/August is awaiting analysis</p>	<p><b>% discharge summaries approved and sent</b></p> <table><thead><tr><th>Month</th><th>% completed discharge summaries (SBU HB)</th><th>% completed discharge summaries (ABMU HB)</th></tr></thead><tbody><tr><td>May-18</td><td>65%</td><td>65%</td></tr><tr><td>Jun-18</td><td>60%</td><td>60%</td></tr><tr><td>Jul-18</td><td>60%</td><td>60%</td></tr><tr><td>Aug-18</td><td>60%</td><td>60%</td></tr><tr><td>Sep-18</td><td>60%</td><td>60%</td></tr><tr><td>Oct-18</td><td>65%</td><td>65%</td></tr><tr><td>Nov-18</td><td>60%</td><td>60%</td></tr><tr><td>Dec-18</td><td>60%</td><td>60%</td></tr><tr><td>Jan-19</td><td>60%</td><td>60%</td></tr><tr><td>Feb-19</td><td>60%</td><td>60%</td></tr><tr><td>Mar-19</td><td>60%</td><td>60%</td></tr><tr><td>Apr-19</td><td>60%</td><td>60%</td></tr><tr><td>May-19</td><td>65%</td><td>65%</td></tr></tbody></table>	Month	% completed discharge summaries (SBU HB)	% completed discharge summaries (ABMU HB)	May-18	65%	65%	Jun-18	60%	60%	Jul-18	60%	60%	Aug-18	60%	60%	Sep-18	60%	60%	Oct-18	65%	65%	Nov-18	60%	60%	Dec-18	60%	60%	Jan-19	60%	60%	Feb-19	60%	60%	Mar-19	60%	60%	Apr-19	60%	60%	May-19	65%	65%	<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>
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## 10. WORKFORCE UPDATES AND ACTIONS

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

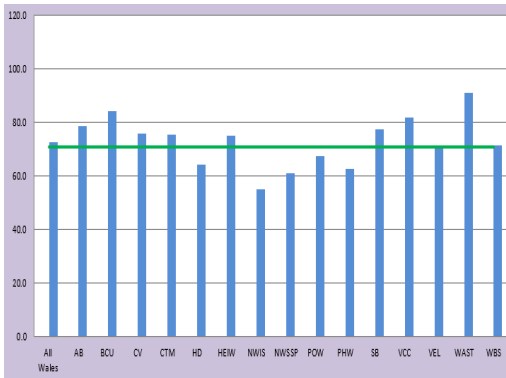
Description	Current Performance	Trend	Actions planned for next period
<b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"> <li>The 12-month rolling performance to the end of June 2019 has slightly increased from 6.03% in June 2019 to 6.01% in July 2019 (-0.02%).</li> <li>Our in-month performance for July 2019 has increased from 5.78% in June 2019 to 5.86% in July 2019.</li> <li>Singleton Delivery Unit had the largest in-month improvement with a reduction of 0.17% (from 6.06% in June 2019 to 5.89% in July 2019).</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>Outputs of best practice case study conducted in three areas of good sickness performance (PoW case study), are now incorporated into each DU's attendance action plan deliverable from May 2019 with a review process in place for October 2019.</li> <li>The review pilot using early intervention techniques within Morriston Facilities department has taken place. Due to positive feedback and a reduction in absence percentage the trial has been recommended to rollout within the facilities staff group.</li> <li>New attendance audit for Swansea Bay has been rolled out to HR operational team and a plan is being developed to target hotspot areas.</li> <li>Singleton Delivery Unit absence deep dive- reviewing 5 high absence areas and 5 low absence areas, to share learnings and promoting best practice.</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 ensuring maximum attendance levels are achieved, whilst also prioritising high absence areas first. To-date Swansea Bay has trained 440 managers on the new policy.</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 reduced waiting times for management referrals to 2 weeks. Scanning of all OH records has commenced</li> </ul>



			<p>to enable an e-record by December 2019 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, ideally within 5 days (90 referrals monthly) and expediting to MSk diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19.</li> <li>• 300 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>• Monthly 'Menopause wellbeing workshops' commenced March 2019 across the main hospital sites.</li> <li>• Staff Wellbeing Week to run across the main sites and HQ, 16-20<sup>th</sup> September with a range of related workshops and activities. CEO to sign the 'Time to Change Wales' pledge and announce the start of the 2019/20 staff flu campaign on final day, 20<sup>th</sup> Sept.</li> </ul>
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<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 month compliance against the 13 core competencies has risen from 77.8% to 79.4%. This is a 1.6% increase from the previous month and a 2.7% rise since April 2019.</li><li>This equates to approximately 3000 new competencies being completed in the last month.</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 44.65% compliance. This is a 18.56% increase on the year before (August 2018).</li></ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <p>Legend: ▨ % Level 1 compliance (ABMU HB) ■ % Level 1 compliance (SBU HB)</p> <table border="1"><caption>Approximate data from the chart</caption><thead><tr><th>Month</th><th>% Level 1 compliance (ABMU HB)</th><th>% Level 1 compliance (SBU HB)</th></tr></thead><tbody><tr><td>Aug-18</td><td>70%</td><td>77.8%</td></tr><tr><td>Sep-18</td><td>70%</td><td>79.4%</td></tr><tr><td>Oct-18</td><td>70%</td><td>80%</td></tr><tr><td>Nov-18</td><td>70%</td><td>80%</td></tr><tr><td>Dec-18</td><td>70%</td><td>80%</td></tr><tr><td>Jan-19</td><td>70%</td><td>80%</td></tr><tr><td>Feb-19</td><td>70%</td><td>80%</td></tr><tr><td>Mar-19</td><td>70%</td><td>80%</td></tr><tr><td>Apr-19</td><td>70%</td><td>80%</td></tr><tr><td>May-19</td><td>70%</td><td>80%</td></tr><tr><td>Jun-19</td><td>70%</td><td>80%</td></tr><tr><td>Jul-19</td><td>70%</td><td>80%</td></tr><tr><td>Aug-19</td><td>70%</td><td>80%</td></tr><tr><td>Sep-19</td><td>70%</td><td>81%</td></tr><tr><td>Oct-19</td><td>70%</td><td>82%</td></tr><tr><td>Nov-19</td><td>70%</td><td>83%</td></tr><tr><td>Dec-19</td><td>70%</td><td>84%</td></tr><tr><td>Jan-20</td><td>70%</td><td>84%</td></tr><tr><td>Feb-20</td><td>70%</td><td>85%</td></tr><tr><td>Mar-20</td><td>70%</td><td>85%</td></tr></tbody></table>	Month	% Level 1 compliance (ABMU HB)	% Level 1 compliance (SBU HB)	Aug-18	70%	77.8%	Sep-18	70%	79.4%	Oct-18	70%	80%	Nov-18	70%	80%	Dec-18	70%	80%	Jan-19	70%	80%	Feb-19	70%	80%	Mar-19	70%	80%	Apr-19	70%	80%	May-19	70%	80%	Jun-19	70%	80%	Jul-19	70%	80%	Aug-19	70%	80%	Sep-19	70%	81%	Oct-19	70%	82%	Nov-19	70%	83%	Dec-19	70%	84%	Jan-20	70%	84%	Feb-20	70%	85%	Mar-20	70%	85%	<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 review of the Mandatory Training framework is currently being undertaken with all relevant Subject Matter Experts examining the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. It is expected to have all comments returned by Friday 4<sup>th</sup> October ready for a meeting soon after.</li><li>A NWSSP Audit is due to take place on Monday 30<sup>th</sup> September, It have been invited to be on standby to assist with any identified issues. The audit will review access issues identified with e-learning and others conditions relating to the running of ESR &amp; e-learning.</li><li>The Mandatory Training Governance Committee has met with actions highlighted above. Further meetings are being organised to discuss content, recording, it is planned that regular meetings will continue and will discuss compliance and any changes to the content of the framework. Once clarified, this would then be subject to approval via the Workforce and OD committee on any actions regarding M&amp;S may arise from this meeting.</li></ul>
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<b>Vacancies</b> <i>Medical and Nursing and Midwifery</i>	<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>	<b>Vacancies as at June/July/ August 2019.</b>																																														
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<ul style="list-style-type: none"><li>Currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.</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 Metrics</b> <i>provided by NWSSP.</i> <i>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.</li> </ul>	<p><b>Vacancy Creation to Unconditional Offer July 2019 (working days: including outliers) T13</b></p>  <p><i>Recruitment data for August is not yet available</i></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 % turnover by occupational group</b>	<ul style="list-style-type: none"> <li>There has been very little movement in overall turnover in recent 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 two months to just over 9%, with FTE remaining closer to 8.5%.</li> </ul>	<p><b>Period Turnover Rate - 01 September 2018 - 31 August 2019</b>  <b>Comparison is with June data</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 &amp; Technic</td><td>7.88%</td><td>8.31%</td><td>↓</td></tr> <tr> <td>Additional Clinical Services</td><td>6.48%</td><td>6.95%</td><td>↓</td></tr> <tr> <td>Administrative &amp; Clerical</td><td>8.28%</td><td>8.38%</td><td>↓</td></tr> <tr> <td>Allied Health Professionals</td><td>7.94%</td><td>7.98%</td><td>↓</td></tr> <tr> <td>Estates &amp; Ancillary</td><td>5.17%</td><td>5.36%</td><td>↑</td></tr> <tr> <td>Healthcare Scientists</td><td>7.74%</td><td>8.22%</td><td>↓</td></tr> <tr> <td>Medical &amp; Dental</td><td>10.00%</td><td>11.04%</td><td>↓</td></tr> <tr> <td>Nursing &amp; Midwifery Registered</td><td>8.56%</td><td>9.16%</td><td>↑</td></tr> <tr> <td><b>Overall Rate</b></td><td><b>FTE</b></td><td><b>Headcount</b></td><td><b>Change Headcount</b></td></tr> <tr> <td>Overall Rate</td><td>7.76%</td><td>8.15%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific & Technic	7.88%	8.31%	↓	Additional Clinical Services	6.48%	6.95%	↓	Administrative & Clerical	8.28%	8.38%	↓	Allied Health Professionals	7.94%	7.98%	↓	Estates & Ancillary	5.17%	5.36%	↑	Healthcare Scientists	7.74%	8.22%	↓	Medical & Dental	10.00%	11.04%	↓	Nursing & Midwifery Registered	8.56%	9.16%	↑	<b>Overall Rate</b>	<b>FTE</b>	<b>Headcount</b>	<b>Change Headcount</b>	Overall Rate	7.76%	8.15%	↓	<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 July 2019 stands at 65.27%. This is an increase of 0.8% from July's figure of 64.4%</li> <li>Estates and Ancillaries have seen an increase from 31.91% to 42.55%.</li> </ul>	<b>% of staff who have had a PADR in previous 12 months</b>	<ul style="list-style-type: none"> <li>PADR training is now a part of the new Managers Pathway which started on the 5th July 2019 onwards. There has already been a session run which was received with positivity.</li> <li>Feedback is yet to be given on the most recent research project that was completed earlier this year. The outcome of this could have implications for future PADR processes and increases in figures.</li> <li>There are continuing difficulties with implementing Supervisor Self Service in connection with ESR.</li> <li>There is some ongoing work with areas within the HB that are identified as having low PADR results, which will look to increase compliance over time. Results from this are yet to be seen.</li> </ul>
<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>	<b>Number of Operational Cases</b>	<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.

Description	Current Performance	Trend	Actions planned for next period																																							
<b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit	<ul style="list-style-type: none"><li>The reported revenue financial position for August 2019 is an in-month overspend of £1.291m, resulting in a cumulative overspend of £5.995m.</li><li>The key drivers of the overspend are Operational Pressures, Savings Delivery Slippage and Diseconomies of Scale following Bridgend Boundary Change.</li></ul>	<table border="1"><caption>HEALTH BOARD FINANCIAL PERFORMANCE 2019/20</caption><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></td><td>0</td></tr><tr><td>M7</td><td></td><td>0</td></tr><tr><td>M8</td><td></td><td>0</td></tr><tr><td>M9</td><td></td><td>0</td></tr><tr><td>M10</td><td></td><td>0</td></tr><tr><td>M11</td><td></td><td>0</td></tr><tr><td>M12</td><td></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		0	M7		0	M8		0	M9		0	M10		0	M11		0	M12		0	<ul style="list-style-type: none"><li>Delivery Support Team to focus on increasing savings delivery assurance, including delivery of financial recovery plans.</li><li>Financial Recovery meetings working on a 4 weekly cycle to ensure robust “grip and control” measures in place.</li></ul>
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<b>Forecast Position –</b> delivery of a breakeven position	<ul style="list-style-type: none"><li>The core financial plan provides a balanced financial position. This excludes the £5.4m diseconomies of scale following the Bridgend Boundary Change.</li><li>The Health Board recognises the need to manage the impact of the diseconomies, 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></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>-</td></tr><tr><td>P02</td><td>0</td><td>-1,912</td></tr><tr><td>P03</td><td>0</td><td>-3,409</td></tr><tr><td>P04</td><td>0</td><td>-4,704</td></tr><tr><td>P05</td><td>0</td><td>-5,995</td></tr></tbody></table>	Month	Deficit Control Total (£'000)	Outturn (£'000)	P01	0	-	P02	0	-1,912	P03	0	-3,409	P04	0	-4,704	P05	0	-5,995	<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>Progress discussions with WG regarding potential transitional support.</li></ul>																					
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P05	0	-5,995																																								

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 £24.4m 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 £20.2m, which is below the plan savings requirement and does not provide mitigation of the operational pressures.</li> <li>The actual savings delivery reduced in August and the Health Board is reporting slippage against planned delivery of £1.25m after 5 months.</li> </ul>	<p>March February January December November October September August July June May April</p> <p>Active In-Progress Pipeline Ideas Unidentified Achieved</p>	<ul style="list-style-type: none"> <li>Greater delivery confidence through the Delivery Support Team.</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 increased in August.</li> <li>This increase is due to increased variable pay costs, particularly medical and nursing costs.</li> </ul>	<p>Variable Pay Expenditure This Year and Last Year</p> <p>Variable Pay - Last Year Average Variable Pay - Last Year Irregular Sessions VNI Agency - Medical Agency - Non Medical Overtime Bank</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>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 –</b> expenditure incurred against capital resource limit	<ul style="list-style-type: none"><li>The cumulative position to end of August 2019 is a £1,824k underspend to plan</li><li>Underspend is not anticipated to impact on cumulative year end position which is a spend of £24,604k</li></ul>	<div><p><b>Graph 1 - Performance to Plan</b></p><table><caption>Estimated data for Graph 1 - Performance to Plan (£'000)</caption><thead><tr><th>Month</th><th>Forecast</th><th>Actual/Revised Forecast</th></tr></thead><tbody><tr><td>April</td><td>1,200</td><td>1,800</td></tr><tr><td>May</td><td>1,500</td><td>1,000</td></tr><tr><td>June</td><td>2,200</td><td>2,000</td></tr><tr><td>July</td><td>2,100</td><td>1,900</td></tr><tr><td>Aug</td><td>2,100</td><td>1,100</td></tr><tr><td>Sept</td><td>3,100</td><td>3,500</td></tr><tr><td>Oct</td><td>2,200</td><td>2,200</td></tr><tr><td>Nov</td><td>1,400</td><td>1,600</td></tr><tr><td>Dec</td><td>1,400</td><td>1,700</td></tr><tr><td>Jan</td><td>1,900</td><td>2,100</td></tr><tr><td>Feb</td><td>1,700</td><td>1,900</td></tr><tr><td>March</td><td>4,000</td><td>4,200</td></tr></tbody></table></div> <div><p><b>Graph 2 - Cumulative Performance to Plan</b></p><table><caption>Estimated data for Graph 2 - Cumulative Performance to Plan (£'000)</caption><thead><tr><th>Month</th><th>Forecast</th><th>Actual/Revised Forecast</th></tr></thead><tbody><tr><td>April</td><td>1,200</td><td>1,200</td></tr><tr><td>May</td><td>2,700</td><td>2,700</td></tr><tr><td>June</td><td>5,200</td><td>5,200</td></tr><tr><td>July</td><td>7,700</td><td>7,700</td></tr><tr><td>Aug</td><td>10,200</td><td>9,800</td></tr><tr><td>Sept</td><td>13,300</td><td>12,300</td></tr><tr><td>Oct</td><td>15,500</td><td>14,500</td></tr><tr><td>Nov</td><td>17,200</td><td>16,200</td></tr><tr><td>Dec</td><td>18,600</td><td>17,600</td></tr><tr><td>Jan</td><td>20,000</td><td>19,000</td></tr><tr><td>Feb</td><td>21,400</td><td>20,400</td></tr><tr><td>March</td><td>24,000</td><td>25,400</td></tr></tbody></table></div>	Month	Forecast	Actual/Revised Forecast	April	1,200	1,800	May	1,500	1,000	June	2,200	2,000	July	2,100	1,900	Aug	2,100	1,100	Sept	3,100	3,500	Oct	2,200	2,200	Nov	1,400	1,600	Dec	1,400	1,700	Jan	1,900	2,100	Feb	1,700	1,900	March	4,000	4,200	Month	Forecast	Actual/Revised Forecast	April	1,200	1,200	May	2,700	2,700	June	5,200	5,200	July	7,700	7,700	Aug	10,200	9,800	Sept	13,300	12,300	Oct	15,500	14,500	Nov	17,200	16,200	Dec	18,600	17,600	Jan	20,000	19,000	Feb	21,400	20,400	March	24,000	25,400	<ul style="list-style-type: none"><li>A number of schemes are reported as medium risk of achieving planned spend. Ongoing discussion with Welsh Government re allocations required in year.</li><li>The forecast outturn is for a breakeven position. This is dependent on additional allocations of £1.870m (majority from WG – unapproved at this stage)</li></ul>
Month	Forecast	Actual/Revised Forecast																																																																															
April	1,200	1,800																																																																															
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Description	Current Performance	Trend	Actions planned for next period																		
<b>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</b>	<ul style="list-style-type: none"><li>In-month performance in August 2019 was 96.59% which is above the 95% target.</li><li>The deterioration in performance in Q1 has been recovered in the last two months and the cumulative performance is well above target and on an upward trajectory.</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>Apr-19</td><td>96.1</td><td>96.1</td></tr><tr><td>May-19</td><td>95.8</td><td>95.9</td></tr><tr><td>Jun-19</td><td>95.6</td><td>95.8</td></tr><tr><td>Jul-19</td><td>97.1</td><td>96.2</td></tr><tr><td>Aug-19</td><td>96.6</td><td>96.3</td></tr></tbody></table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	Apr-19	96.1	96.1	May-19	95.8	95.9	Jun-19	95.6	95.8	Jul-19	97.1	96.2	Aug-19	96.6	96.3	<ul style="list-style-type: none"><li>Closely monitor performance improvements and identify impacts of No PO No pay to enable further awareness and training to be undertaken.</li><li>Identify and target areas of poor performance.</li></ul>
Month	In Month PSPP (%)	Cumulative PSPP (%)																			
Apr-19	96.1	96.1																			
May-19	95.8	95.9																			
Jun-19	95.6	95.8																			
Jul-19	97.1	96.2																			
Aug-19	96.6	96.3																			

## 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%							
		Profile	66%	70%	73%	75%	72%	73%	76%	73%	82%	83%	82%	82%
	12 hour A&E waits	Actual	653	602	644	642	740							
		Profile	484	374	273	283	266	238	273	279	211	185	187	180
	1 hour ambulance handover	Actual	669	629	681	550	599							
		Profile	320	233	201	220	193	200	208	248	241	176	148	145
Stroke	Direct admission within 4 hours	Actual	62%	55%	57%	57%	42%							
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
	CT scan within 1 hour	Actual	62%	56%	52%	59%	48%							
		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%							
		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%							
		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							
		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							
		Profile	2,042	2,038	2,125	2,135	2,106	2,098	1,957	1,999	2,135	2,046	1,956	1,921
	Diagnostic waits over 8 weeks	Actual	401	393	289	259	337							
		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%	77%							
		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%	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							
		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							
		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							
		Profile	7	3	6	4	6	4	4	6	6	8	4	5
Quality & Safety Measures	Discharge Summaries	Actual	59%	62%	65%									
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	97%	97%	96%									
		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%								
		Profile			5.97%			5.84%			5.72%			5.59%
	Personal Appraisal Development Review	Actual	65%	65%	64%	65%	64%							
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	71%	72%	72%	73%	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>• Successful appointment to a ED Senior Clinical Fellow post with EMRTS sessions included as part of the role</li> <li>• Recruitment of new ACP Consultant who will commence 09/19</li> <li>• Chief Registrar in Medicine has commenced in her role</li> <li>• Nurse Streamlining Project ( new registrants) - 100+ newly qualified nurses recruited for 09/19</li> <li>• Capital approved for a New Autoclave in HSDU</li> <li>• Funding for the treat and repatriate cardiology service has been finalised between SBUHB and Hywel Dda University Health Board</li> <li>• Sarcoma service sustainability plan progressing to implementation</li> <li>• Outsourcing of pancreatic surgery cases has commenced</li> <li>• Initial findings of ESD for COPD demonstrates significant impact on bed days utilised.</li> <li>• Secured funding for the OPD Modernisation programme</li> <li>• Approval given by Executive Team for the Hybrid Theatre Business Case to progress to design stage. Meeting with WG 10/19.</li> </ul>	<ul style="list-style-type: none"> <li>• SBAR on sentinel node biopsy service submitted to WHSSC</li> <li>• Unit participated in the Major Trauma Network Professional Peer review, which has formed the final specialist services business case</li> <li>• Develop a plan for emergency and elective T&amp;O surgery</li> <li>• Implement recruitment programme aligned to the Kendall Bluck workforce remodel in ED</li> <li>• Implement effective IT system to allow for timely analysis of data</li> <li>• To fully staff Paediatrics 24/7 next stage training accreditation</li> <li>• Develop business case for development of new ambulatory care pathways for medicine</li> <li>• Meet with Cwm Taf to scope if a Renal Dialysis Unit can be on the POWH site to improve access for Bridgend patients</li> <li>• Response to the WRCN peer review of Vascular Access Services</li> <li>• HB Workforce plan for anaesthetic consultant requirements due 09/19</li> <li>• Development of a HB improvement action plan in response to the Rapid Response to Acute Illness (RRAILS) peer review</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Ongoing work with WAST to improve hospital handover delays</li> <li>• Work with Radiology to streamline reporting &amp; action of diagnostic requests</li> <li>• Work with Stroke team to expedite the initial assessment of patients presenting with stroke like symptoms</li> <li>• Improvement of triage process being led by ED Matron this will also allow improvement of direct flow to minors</li> <li>• Work with police to create shared pathways</li> <li>• Meeting to develop system wide consultant workforce plan for Care of the Elderly</li> <li>• Workshop on 23<sup>rd</sup> October 2019 to review Parkinson's Pathway</li> <li>• Discussions planned with Sancta Maria Hospital to establish any income opportunities for HSDU</li> <li>• Findings from the SAFER bundle audit being used to develop a Unit improvement plan</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health have predicted a very difficult high risk flu season</li> <li>• ICU consultant gaps affecting on-call cover and support to Singleton Hospital</li> <li>• USC risks score ↑ to 25 due to significant increase in medically fit patients resulting in adverse impact on ambulance offloads and ED crowding</li> <li>• No decant facilities within Morriston Hospital for IPC cleaning</li> <li>• Tender process delaying Primary Care pathway for oral medicine</li> <li>• Winter surge arrangements remain open</li> <li>• Single cancer pathway and impact on diagnostic capacity</li> <li>• Lack of Health Board Escalation Policy (ED), including focus on community services response</li> <li>• Clinical colleagues will receive an update on their tapering allowance in October, linked to the HMRC changes, which may trigger a further impact in term of flexible working and potential changes to core contract and clinical leadership payments.</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%							
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	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							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	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							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-	-	-	-							
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	-	100%	100%	20%	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							
		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							
		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							
		Profile	0	2	1	2	1	1	3	1	2	2	1	0
Quality & Safety Measures	Discharge Summaries	Actual	74%	71%	81%									
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	86%	83%	75%									
		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%								
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%	77%	77%	74%							
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	84%	85%	86%	88%	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>Waiting times targets achieved in Medical, Rheum and Therapies</li> <li>QR Boards developed to improve communication with patients in Rheumatology, MIU and Physiotherapy</li> <li>The RDC team are finalists for the McMillan Excellence Awards</li> <li>The RDC team have been working with linguistic students from Swansea University which has resulted in the improvement of leaflets and communication with patients, GP's and colleagues.</li> <li>Paediatric Physiotherapy have increased opportunities to influence prevention in the community over the summer holidays. The team attended a Flying start Fun day, a National Play Day event and several play Bus sessions.</li> <li>Development of Pharmacy Transformation Programme with revised integrated work streams</li> <li>Recruitment of Training and Education lead Pharmacist &amp; Consultant Antimicrobial Pharmacist.</li> <li>Innovate to Save Homecare Medicines Service project invited to develop business case for WG investment</li> <li>Ward reconfiguration completed at NPTH</li> <li>Recruited to 3 Specialty Doctor posts within General Medicine</li> </ul>	<ul style="list-style-type: none"> <li>Support the development and establishment of a stroke ESD remodelling</li> <li>Increasing elective surgical activity to support RTT</li> <li>Recruitment of Registered Nurses</li> <li>Implementation of HEPMA Phase 1 at NPT Hospital</li> <li>Clinical services Plan- a number of staff from therapy services and medicine management are on different working groups</li> <li>Biosimilar switches in accordance with agreed biosimilar policy as soon as product marketed to maximise savings.</li> <li>Improve HB performance against AWMMSG National Prescribing Indicators.</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>Savings plan for primary care prescribing to offset growth/ anticipated costs.</li> <li>Improved communication with prescribers to reduce variation (e.g. formulary, prescribing indicator management, newsletter/vlog)</li> <li>Replacement of pharmacy robot at Morriston Hospital.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Evaluating and developing services across the board in light of Health Board restructures</li> <li>Remodelling of therapy management and financial structures</li> <li>Develop primary care OT posts to address the preventative and early intervention needs of our population</li> <li>Development of pharmacist advanced practice &amp; consultant posts</li> <li>Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format;</li> <li>RDC will be attending a learning event in October with Wales Cancer Network and Cwm Taf Morgannwg UHB.</li> <li>Pre Diabetes Pathway Funding from AWDIG</li> <li>Obesity Pathway Review Workshop Sept 2019</li> </ul>	<ul style="list-style-type: none"> <li>ALN Bill implementation in Sept-21 - impact on capacity in therapy services</li> <li>Risks submitted to Morriston DU for physiotherapy &amp; N&amp;D staffing levels</li> <li>Workforce deficits – Nursing</li> <li>Capacity within the community for discharges/Staffing challenges to support surge capacity</li> <li>Loss of pharmacists to cluster &amp; practice based roles</li> <li>Recruitment issues for pharmacy technicians;</li> <li>Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes;</li> <li>WFI WHSCC activity underperforming;</li> <li>Implications of no deal Brexit on medicine supply chain.</li> <li>Impact of Category M, NCSO &amp; price changes/shortages in primary care</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							
		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							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28	120	241	444							
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8	6	2	7							
		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%	93%							
		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%	77%							
		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							
		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							
		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							
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	67%	67%									
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	70%	62%	77%									
		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%								
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%	70%	71%	71%							
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	77%	77%	78%	79%	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 target for Endoscopy Q1 and 2 2019/20.</li> <li>SIGNAL patient list and handover system implemented successfully.</li> <li>Design and agreement of the first 'integrated' Respiratory Services Model across SBUHB.</li> <li>Successful IBG &amp; WG bids for implementation of an Outpatient Validation Team, starting with targeting longest waiting patients in medical specialties.</li> <li>Joint working with Morriston Delivery Unit – single point of access and supporting redesign of surgical clinics</li> <li>Start of new medical oncologist &amp; new oncology locums.</li> <li>Tenovus Research starting June 2019 and recruited 60 patients so far.</li> <li>Joint NPT and Singleton Theatre weekly scrum meetings.</li> <li>Additional trolleys and increase staffing levels on Ward 1.</li> <li>Paper presentations (x2) at national UK conference (Posture &amp; Mobility in July 2019) sharing PUPIS and 3D printing work.</li> <li>Completed tender exercise for Renal price per treatment scheme.</li> </ul>	<ul style="list-style-type: none"> <li>Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges.</li> <li>Service Resign: Redesign Services Ward 4&amp;7, embedding ICOPS model and inpatient capacity.</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>Business Cases - PET/CT &amp; replacement Radiotherapy CT.</li> <li>Developing capacity plans for Chemo-day unit.</li> <li>Securing additional funding for sustainable plan in relation to Gastroenterology and Endoscopy RTT &amp; Bowel Screening Wales.</li> <li>Ophthalmology sustainable plan as part of GOLD command</li> <li>Remedial capital work on ward 12.</li> <li>The need to expand capacity for delivering SACT.</li> <li>To finalise the outcome of Project B.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Merger of Dermatology Nursing Team under one management structure for NPTH/Swansea.</li> <li>Single Cancer Bids submitted to the Welsh Cancer Network to introduce direct to test for Endoscopy, One stop Clinics in Dermatology</li> <li>Appointment of three physician associates: respiratory medicine, and two in gastroenterology.</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>Contribute to the HB wide beds and mattresses contract renewal, currently valued at over £10M.</li> <li>Lab Med working with Singleton Delivery Unit to improve patient flow</li> <li>Income opportunities are being realised through new PUPIS activity.</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>All GP phlebotomy services run from Morriston have had to be cancelled for the month of September.</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>Impact of Bridgend boundary changes on Dermatology and Endoscopy services.</li> <li>Increase in radiotherapy capacity with extended working days not supported at IBG fully and waiting times remains unsatisfactory.</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%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%	98%	100%	99%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			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%								
		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%								
		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							
		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							
		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							
		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%									
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual	100%	100%	88%									
		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%								
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%	67%	66%	67%							
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%	82%	83%	84%							
		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>• The RCA training event took place in July, which was well attended and there are now an extra 20 staff in the Delivery Unit trained to undertake RCA investigations.</li> <li>• The Welsh Government Mental Health Service Improvement funding proposals submitted to WG have all been approved.</li> <li>• A number of Learning Disability nurses in the Delivery Unit have been recent recipients of the Cavell Star Awards.</li> <li>• All waiting times targets continue to be met.</li> <li>• The number of inpatient falls shows a significant reduction when analysing year on year figures.</li> <li>• Complaints response performance is at 100% for July.</li> <li>• Ligature incidents have significantly reduced.</li> <li>• Information Governance training compliance continues to perform well, the current figure is 89%.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to appoint in a timely manner to any medical, nursing and allied health professional vacancies.</li> <li>• There is further work required to consistently meet the CTP target for the Delivery Unit.</li> <li>• Inputting of PADR data, especially in Swansea, as the administrative post has been appointed to, in order to improve compliance.</li> <li>• The continuation of the reduction in the number of (open) serious incidents that are still under ongoing investigation in the Delivery Unit.</li> <li>• Environmental improvements to take place within the LD units.</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.</li> <li>• Adult Acute Stakeholder Workshop planned for October 2019, this will form part of the scheme to re-provide the existing Adult Inpatient services.</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>• There are opportunities from the WG Service Improvement fund to aid the ongoing improvement of service models in many areas of the Delivery Unit.</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>• Security issues that currently remain in Cefn Coed and Garngoch Hospitals.</li> <li>• Demand and capacity constraints are still prevalent in CMHT's across the Health Board.</li> <li>• Suitably managing the demand seen for Continuing Healthcare (CHC) placements and resultant financial risks.</li> <li>• CAMHS bed - Inappropriate setting, resulting in potential Safeguarding Issues.</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							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	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							
		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%	86%								
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
	% of adult dental patients re-attending NHS Primary Dental Care between 6-9 months	Actual	31%	32%	36%	31%								
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3	4	4	5							
		Profile	4	3	3	4	4	3	3	3	3	4	4	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	0	0							
		Profile	0	0	0	0	1	0	0	0	0	0	1	0
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	3	3	5	9	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							
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	17	15	22	21	13							
		Profile	29	27	26	29	27	30	29	22	24	29	30	32
	E.Coli cases (Community Hospitals)	Actual	0	0	1	0	1							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual	63%	73%	64%									
		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%								
		Profile			5.28%			TBC			TBC			TBC
	Personal Appraisal Development Review	Actual	79%	79%	80%	80%	79%							
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	86%	86%	86%	87%	88%							
		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>Community Continence staff member shortlisted for RCN Nurse of the Year</li> <li>District Nursing staff in Swansea Integrated Hubs have passed the DN Fundamentals of Community Practice (SPQ) qualification.</li> <li>Progress has been made with the Gorseinon Hospital Garden Project</li> <li>Work in partnership with Local Authorities in managing contentious and challenging Continuing Health Care and Funded Nursing Care cases.</li> <li>Two members of staff completed the Nurse Diploma in Faculty of Sexual and Reproductive Health. They will now be re-evaluated to become Nurse Practitioners in Sexual Health.</li> <li>Trans Gender clinic commenced and patients seen.</li> <li>Reducing number of reported pressure ulcers that developed in Neath Port Talbot District Nursing care. Attributed to the on-going education and updates for staff, and the use of the iPad for verification/documentation and comparison.</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of 12 weekly delivery cycles for containment products</li> <li>Identifying timelines and super users/champions to support</li> <li>WCCIS roll-out in Swansea Integrated Hubs</li> <li>Staff recruitment in Gorseinon Hospital to vacant hours to reduce expenditure with bank/agency</li> <li>Funded Nursing Care Judicial Review, the process of managing and reimbursing care home fees for approximately 3,800 cases is being led by the Long Term Care Team and finance leads.</li> <li>Outpatient modernisation plan for Orthotics and Podiatry</li> <li>Increase nail surgery capacity following demand review</li> <li>Pilot of 'Friends and Family' to take place within the Central Hub District Nursing service in Swansea during October</li> <li>District Nursing Operational Change Process re-change to District Nursing working hours in Swansea to align with the Neath Port Talbot District Nursing service.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Whole Service redesign to undertake all adult community continence assessments and re-assessments</li> <li>Implementation of Discharge Lounge in Gorseinon Hospital Day Room to facilitate flow from the acute sites earlier in the day</li> <li>Develop partnership working further in terms of Integrated Assessments and joint monitoring of the care home sector.</li> <li>Opportunity for two nurse practitioners to join the sexual health team</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care audiology development is not included in the other 5 cluster plans which will result in inequalities of access to the service across the Health Board</li> <li>Capacity issues especially relating to incoming calls to the community continence service</li> <li>Current staffing deficit in Gorseinon Hospital</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> </ul>

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

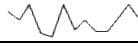

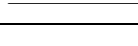

The following dashboard provides an overview of the Health Board’s performance against all NHS Wales Delivery Framework measures and key local measures.

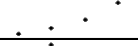
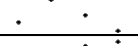
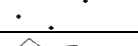


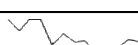
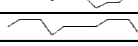

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU								SBU				
										Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 18/19	97%	95%			95.3%			96%			96%			97%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 18/19	91%	95%	93%	✗	92.4%			90%			91%			91%					
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q3 18/19	89%	4 quarter ↑ trend			90.4%			73%			89%								
Influenza	% uptake of influenza among 65 year olds and over	National	2018/19	68.1%	75%	70%	✗	68.3%									68.1%					
	% uptake of influenza among under 65s in risk groups	National	2018/19	43.0%	55%	65%	✗	44.1%									43.0%					
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%									86.1%					
	% uptake of influenza among children 2 to 3 years old	National	2018/19	47.7%		40%	✓	49.4%									47.7%					
	% uptake of influenza among healthcare workers	National	2018/19	54.5%	60%	50%	✓	56%									54.5%					
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Jun-19	0.8%	5% annual target	1.3%	✗	2.2%		1.1%	1.3%	1.5%	1.7%	1.8%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q4 2018/19	55.7%	40% annual target	40.0%	✓	43.3%			57%			55%			56%					
Learning Disabilities	% people with learning disabilities with an annual health check	National			75%					Awaiting publication of 2018/19 data.												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National			4 quarter ↓					New measure for 2019/20. Awaiting publication of data												



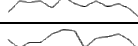


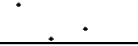



EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU								SBU				
										Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
DTCs	Number of mental health HB DTCs	National	Aug-19	18	12 month ↓	27	✓	63		30	29	28	26	25	29	26	21	18	23	27	20	18
	Number of non-mental health HB DTCs	National	Aug-19	69	12 month ↓	60	✗	357		85	69	84	125	117	104	87	112	49	67	70	61	69
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jul-19	99%	95%	95%	✓	73%		97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	
	Stage 2 mortality reviews required	Local	Jul-19	13						19	19	16	22	17	7	10	22	19	13	14	13	
	% stage 2 mortality reviews completed	Local	Jun-19	43%		100%				44.0%	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	63.0%	46.0%	42.9%		
	Crude hospital mortality rate (74 years of age or less)	National	Jul-19	0.76%	12 month ↓			0.69%		0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Aug-19	96.8%		98%	✗			99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.3%	95.8%	95.3%	96.8%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Aug-19	85%	85%			74.8%		74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jun-19	96%	95%	95%	✓	79.8%		93%	96%	95%	88%	91%	93%	95%	92%	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	May-19	0%		100%	✗			62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q4 18/19	96%	100%	100%	✗	98%			100%			100%			96%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✗				67			78			97					
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✗				22			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	✗				1,116			1,463			2,276					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✗				59			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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.												
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.												
	Total antibacterial items per 1,000 STAR-PUs		Q4 18/19	329.6	4 quarter ↓			303.4			288.9			330.7			329.6					
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q4 18/19	8.2%	4 quarter ↓			8.0%			10%			8.3%			8.2%					
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-19	91%		95%	✗				94%		90%		90%		92%		87%		91%	
	% stop or review date documented on medication chart		Jul-19	54%		95%	✗				54%		56%		56%		55%		52%		54%	
	% of antibiotics prescribed on stickers		Jul-19	81%		95%	✗				73%		78%		47%		75%		61%		81%	
	% appropriate antibiotic prescriptions choice		Jul-19	97%		95%	✓				97%		95%		96%		96%		98%		97%	
	% of patients receiving antibiotics for >7 days		Jul-19	11%		<20%	✓				15%		9%		13%		7%		8%		11%	
	% of patients receiving surgical prophylaxis for > 24 hours		Jul-19	18%		<20%	✓				8%		73%		46%		39%		6%		18%	
	% of patients receiving IV antibiotics > 72 hours		Jul-19	46%		<30%	✗				49%		42%		47%		31%		35%		46%	
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-19	81.7	<67			82.24		99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7
	Number of E.Coli bacteraemia cases (Hospital)		Aug-19	9		11	✓			16	15	17	23	15	11	15	21	10	7	7	14	9
	Number of E.Coli bacteraemia cases (Community)			13		27	✓			30	34	24	30	23	17	16	22	17	15	22	21	13
	Total number of E.Coli bacteraemia cases			22		38	✓			46	49	41	53	38	28	31	43	27	22	29	35	22
	Cumulative cases of S.aureus bacteraemias per 100k pop		Aug-19	37.5	<20			26.64		41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5
	Number of S.aureus bacteraemias cases (Hospital)		Aug-19	4		7	✓			9	7	7	7	5	9	9	4	11	8	6	8	4
	Number of S.aureus bacteraemias cases (Community)			3		5	✓			11	3	5	10	6	9	7	7	3	3	5	9	3
	Total number of S.aureus bacteraemias cases			7		12	✓			20	10	12	17	11	18	16	11	14	11	11	17	7
	Cumulative cases of C.difficile per 100k pop		Aug-19	27.7	<26			27.15		46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	0.0	27.7
	Number of C.difficile cases (Hospital)		Aug-19	5		8	✓			8	5	15	9	5	3	4	3	2	8	6	9	5
	Number of C.difficile cases (Community)			5		4	✗			7	4	4	1	11	4	3	5	1	3	4	4	5
	Total number of C.difficile cases			10		12	✓			15	9	19	10	16	7	7	8	3	11	10	13	10
	Cumulative cases of Klebsiella per 100k pop		Aug-19	22.1				17.76									28.6	15.7	15.5	21.8	20.3	22.1
	Number of Klebsiella cases (Hospital)		Aug-19	7		5	✗			6	6	11	5	11	10	15	4	2	4	7	1	7
	Number of Klebsiella cases (Community)			3		5	✓			6	6	9	9	1	6	5	4	3	1	4	4	3
	Total number of Klebsiella cases			10		10	✓			12	12	20	14	12	16	20	8	5	5	11	5	10
	Cumulative cases of Aeruginosa per 100k pop		Aug-19	10.4				5.02									5.8	9.4	9.3	12.5	10.0	10.4
	Number of Aeruginosa cases (Hospital)		Aug-19	2		1	✗			1	0	2	4	2	0	0	0	3	1	2	1	2
	Number of Aeruginosa cases (Community)			2		0	✗			0	3	0	2	3	0	2	0	0	2	4	0	2
	Total number of Aeruginosa cases			4		1	✗			1	3	2	6	5	0	2	0	3	3	6	1	4
Incidents & Risks	Hand Hygiene Audits - compliance with WHO 5 moments	Local	Aug-19	96%		95%	✓			97%	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%
	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q4 18/19	1	0			2			-			0			1					
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-19	70%	90%	75%	✗	28.8%		87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	70%
	Number of new Never Events	National	Aug-19	1	0	0	✗	1		0	0	0	0	0	0	0	1	0	1	1	1	1
	Number of risks with a score greater than 20	Local	Aug-19	88		12 month ↓	✗			77	73	66	45	48	53	54	51	72	66	75	81	88
	Number of risks with a score greater than 16	Local	Aug-19	175		12 month ↓				New local measure for 2019/20								167	151	162	164	175
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Aug-19	6		12 month ↓	✓			14	7	13	8	12	6	17	15	3	9	8	2	6
Pressure Ulcers	Number of Safeguarding Children Incidents	Local	Aug-19	6		Monitor				14	3	10	9	3	13	7	7	6	10	6	7	6
	Number of pressure ulcers acquired in hospital	Local	Jul-19	18		12 month ↓	✓			43	52	47	40	40	50	45	64	29	16	13	18	
	Number of pressure ulcers developed in the community		Jul-19	33		12 month ↓	✓			88	71	60	62	58	77	62	47	34	33	23	33	
	Total number of pressure ulcers		Jul-19	51						131	123	107	102	98	127	107	111	63	49	36	51	
	Number of grade 3+ pressure ulcers acquired in hospital		Jul-19	2		12 month ↓	✓			1	1	6	3	3	4	10	7	1	2	1	2	
	Number of grade 3+ pressure ulcers acquired in community		Jul-19	7		12 month ↓	✓			13	8	9	12	13	16	11	10	10	6	6	7	
Total number of grade 3+ pressure ulcers	Jul-19		9		12 month ↓	✓			14	9	15	15	16	20	21	17	11	8	7	9		
Inpatient Falls	Number of Inpatient Falls	Local	Aug-19	227		12 month ↓	✓			290	328	293	291	300	341	276	326	210	226	189	186	227
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q4 18/19	1	4 quarter ↓			17		3		2			1							
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Mar-19	43%	12 month ↑			93%		23%	40%	50%	40%	53%	18%	43%	43%					
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%	12 month ↑			83%		41%	53%	75%	55%	-	-	-	-					

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU								SBU				
										Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
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	Aug-19	114		12 month ↓ trend	✓			126	114	140	91	84	138	96	114	93	95	118	138	114
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jun-19	85%	75%	78%	✓	62.9%		81%	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%		
	% of acknowledgements sent within 2 working days	Local	Aug-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Apr-19	3,320	> 5% annual ↓			13,719		3,544	3,490	3,332		3,364		3,373	3,350	3,320				
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU								SBU				
										Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q1 19/20	198.0	4 quarter ↑			167.1			103.6			120.0			146.8			198.0		
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q1 19/20	4.0	4 quarter ↑			7.4			5.1			8.3			6.2			4.0		
	Rate of calls to the DAN helpline per 100k pop.	National	Q1 19/20	41.3	4 quarter ↑			34			30.1			24.4			39.3			41.3		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jul-19	88%	90%	90%	✗	87.7%		90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Jul-19	100%	100%	100%	✓	95.4%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Aug-19	4,259		12 month ↑	✗			5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082
	% of who would recommend and highly recommend	Local	Aug-19	96%		90%	✓			95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Aug-19	77%		90%	✗			87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																							
ABMU																		SBU					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Aug-19	6.7%	12 month ↓		✗			5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.6%	6.2%	6.4%	6.7%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-19	7.5%	12 month ↓		✗			7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-19	55.9%		90%	✗			62%	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	
	% of theatre sessions starting late	Local	Aug-19	37.8%		<25%	✗			42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%	38%	
	% of theatre sessions finishing early	Local	Aug-19	38.4%		<20%	✗			36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%	38%	
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q4 18/19	18.4%	Quarter on quarter ↓			12.1%							18.4%								
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%			77.0%			56.9%				62.6%					
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q1 19/20	32.2%	4 quarter ↓			33.2%									31.1%			32.2%			
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Aug-19	65%	85%	71%	✗	69.8%		65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	
	% 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	Aug-19	79%	85%	79%	✓	78.8%		63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	
	% workforce sickness and absent (12 month rolling)	National	Jul-19	6.01%	12 month ↓			5.32%		5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%		
	% 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					
										Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	National	2018/19	37%	Annual ↓			39.9%		2017/18= 48%, 2018/19= 37.1%													
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Jul-19	86%	Annual ↑	95%	✗	86.2%		78%	88%	88%	88%	88%	88%	88%	88%	86%	86%	86%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jul-19	96%	Annual ↑	95%	✓			90%	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	96%		
	% of population regularly accessing NHS primary dental care	National	Mar-19	78.8%	4 quarter ↑			68%			62.4%			62.3%			78.8%						
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	96%	90%					95%	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%			
	% 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%					100%	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Aug-19	71%	65%	65%	✓	69.3%		79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	
	Number of ambulance handovers over one hour	National	Aug-19	632	0	193	✗	3,087		420	526	590	628	842	1,164	619	928	732	647	721	594	632	
	Handover hours lost over 15 minutes	Local	Aug-19	1,751						1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	
	% 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	Aug-19	74%	95%	84.6%	✗	77.4%		77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	
	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	Aug-19	740	0	266	✗	4,922		511	588	680	665	756	986	685	862	653	602	644	642	740	
	% of survival within 30 days of emergency admission for a hip fracture	National	May-19	77.6%	12 month ↑			80.1%		81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Aug-19	42%	58.9%	79%	✗	53.9%		29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	
	CT Scan (<1 hrs)	Local	Aug-19	48%	54.5%	51%	✗			41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Aug-19	95%	84.4%	91%	✓	84.3%		91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	
	Thrombolysis door to needle <= 45 mins	Local	Aug-19	27%	12 month ↑	30%	✗			0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	
	% patients receiving the required minutes for speech and language therapy	National	Aug-19	48%	12 month ↑			48.8%										57%	47%	41%	48%	48%	
Planned Care	% of patients waiting < 26 weeks for treatment	National	Aug-19	86%	95%			87.3%		89.1%	89.1%	89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Aug-19	925	0	0	✗	22,778		105	89	65	125	94	153	315	207	236	323	297	479	925	
	Number of patients waiting > 36 weeks for treatment	National	Aug-19	3,263	0	2,132	✗	13,260		3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318		3,263	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jun-19	62.4%	95%			64.9%											64.3%	62.4%	64.4%	63.6%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-19	344	0	330	✓	3,337		811	762	735	658	693	603	558	437	401	401	295	261	344	
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-19	0	0	0	✓	271		0	0	0	0	0	0	0	0	0	0	0	0	0	
	The number of patients waiting for a follow-up outpatient appointment	National	Jul-19	133,612	15% reduction by March 2020			883,601		177,465	178,456	178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	133,612		
Cancer	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-19	24,393	15% reduction by March 2020			214,094		32,312	32,971	32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,393		
	% 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	Aug-19	96%	98%	98%	✗	96.1%		97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	96%	
	% 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	Aug-19	81%	95%	96%	✗	79.4%		94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	81%	
Mental Health	% of patients starting definitive treatment within 62 days from point of suspicion	National	Jun-19	73%	12 month ↑			73.8%										73.1%	67.8%	73.1%			
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Jul-19	81%	80%	80%	✓	73.4%		80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	81%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Jul-19	98%	80%	80%	✓	73.1%		90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	98%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Jun-19	100%	100%	100%	✓	99.1%			100%			100%			99%			100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-19	100%	95%	95%	✓	74.3%		41%	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jul-19	100%		100%	✓			100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-19	47%	80%	80%	✗	49.0%		87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	47%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Jul-19	8%		80%	✗			22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	8%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Jul-19	93%		80%	✓			93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	93%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Jul-19	99%		90%	✓			75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	99%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jul-19	59%		80%	✗			52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	59%		

## 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

HEIW	Health Education and Improvement Wales
HEPMA	Hospital Electronic Prescribing and Medicines Administration
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