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Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28<sup>th</sup> January 2020</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Performance and Contracting Manager		
<b>Report Sponsor</b>	Darren Griffiths, Associate Director of Performance and Finance		
<b>Presented by</b>	Chris White, Chief Operating Officer Gareth Howells, Director of Nursing and Patient Experience Richard Evans, Executive Medical Director Keith Reid, Deputy Director of Public Health		
<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 local performance measures as well as the national measures outlined in the 2019/20 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>This Quality and Safety Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Work is ongoing to refine this report in order to ensure that it contains all of the information that the Quality &amp; Safety Committee need to be sighted on and is in a format that enable triangulation of date in a more readable format.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><b>Unscheduled Care-</b> December 2019 was another challenging month. The Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% however, Morriston Hospital saw an in-month deterioration in performance and achieved 60% in December 2019. This was mirrored in a deterioration in the 12 hour A&amp;E waiting times target and ambulance handovers waiting more than 1 hour. At the time of writing this report, performance for January 2020 is showing signs of improvement.</p> <p><b>Planned Care-</b> Waiting times for outpatient appointments and elective treatment deteriorated in December 2019. The planned care position continues to be robustly managed in order to deliver</p>		

	<p>the best possible position at the end of quarter 4. An update on long waiting patients can be found on page 40 of this report.</p> <p><b>Diagnostic waiting times-</b> There has been a significant increase in the number of patients waiting over 8 weeks for Echo Cardiograms in December 2019. This is due to staff sickness and vacancies. A recovery plan has been requested for the remainder of 2019/20 and the forecast for January 2020 is already showing an improved position.</p> <p><b>Healthcare acquired infections-</b> All internal reduction profiles were achieved in December 2019, however there was a case of MRSA confirmed for Singleton in December 2019.</p> <p><b>Never Event-</b> A new Never Event was reported in December 2019 relating to wrong site surgery within Orthopaedics in Morriston Hospital. The Health Board is currently awaiting the notification form to be signed off in order for this incident to be reported to Welsh Government. A strategy meeting was held on 8th January 2020 and chaired by the Interim Deputy Medical Director. A Local Safety Alert is being completed to be issued within Morriston Delivery Unit. Morriston Unit medical and nurse directors are looking into having an external review completed for the last 3 Never Events which involved theatres. Theatres/Anaesthetics/Surgery to use their monthly audit days for training/educational needs and awareness sessions, this is to start from February 2020. A Learning Event was held on 14<sup>th</sup> January to ensure the learning is extracted.</p> <p><b>Serious Incidents closures-</b> Performance against the 80% target deteriorated from 55% in November 2019 to 38% in December 2019. Of the 16 Serious Incidents (SIs) that were due to be closed in December 2019, only 6 achieved the 60 working day target. Out of the 10 that did not achieve the target, 7 related to Mental Health and Learning Disability and 3 were attributed to Morriston Delivery Unit. Mental Health &amp; Learning Disabilities continue to be the most significant influence on the Health Board's position due to the high volume of cases assigned to the Unit.</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>			

# **QUALITY & SAFETY PERFORMANCE REPORT**

## **1. INTRODUCTION**

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

## **2. BACKGROUND**

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

## **3. GOVERNANCE AND RISK ISSUES**

Appendix 1 of this report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Mitigating actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long term 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)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <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</li> </ul>		

included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020.

- **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.

<b>Report History</b>	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in December 2019. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Quality & Safety performance report

### Performance report cycle

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

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



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# Appendix 1- Quality & Safety Performance Report

## January 2020



## **CONTENTS PAGE**

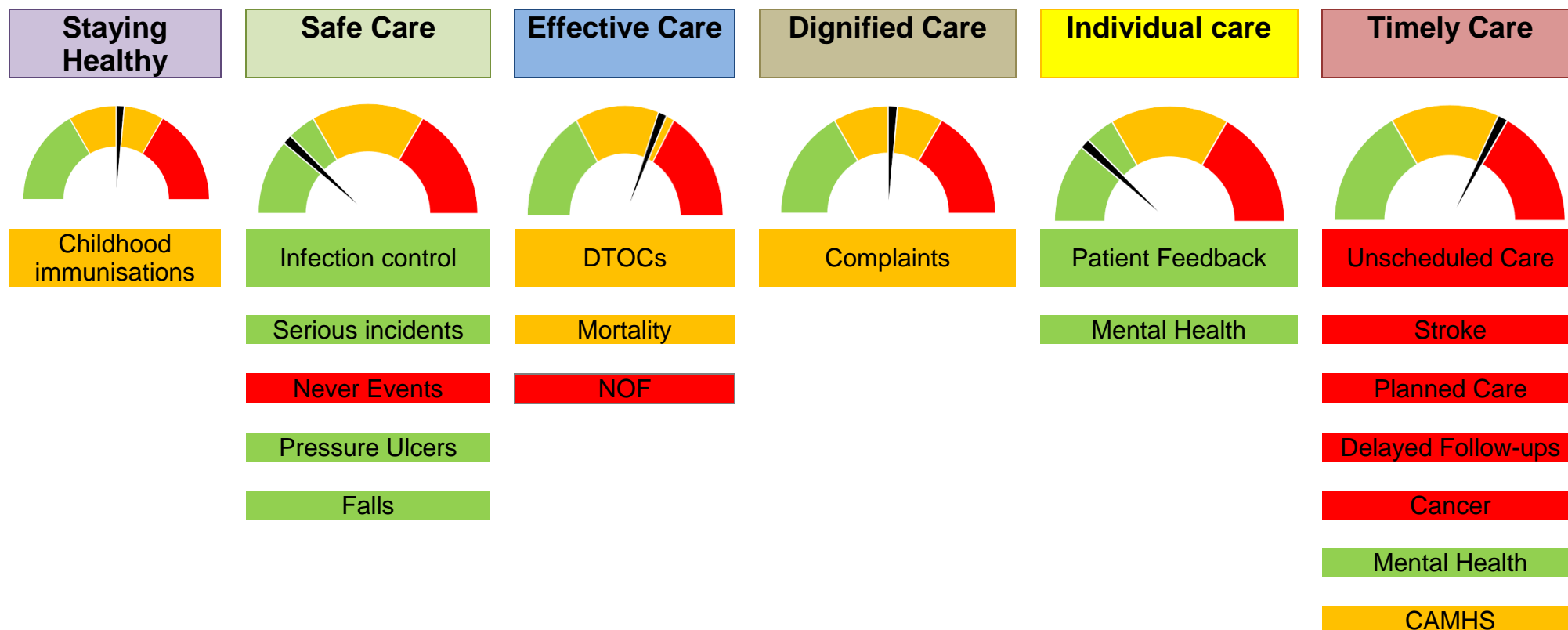
	<b>Page numbers:</b>
<b>1. <a href="#">OVERVIEW</a></b>	9
<b>2. <a href="#">SUMMARY</a></b>	10-12
<b>3. STAYING HEALTHY</b>	
3.1 <a href="#">Overview</a>	13
3.2 <a href="#">Updates and actions:</a>	14
• Childhood Immunisations	
<b>4. SAFE CARE</b>	
4.1 <a href="#">Overview</a>	15-16
4.2 <a href="#">Updates and actions:</a>	
• Healthcare acquired infections	17-18
• Serious Incidents and Never Events	18
• Pressure Ulcers	19
• Inpatient Falls	19
<b>5. EFFECTIVE CARE</b>	
5.1 <a href="#">Overview</a>	20
5.2 <a href="#">Updates and actions:</a>	
• Delayed transfers of care	21
• Fractured Neck of Femur	22-232
• Discharge Summaries	24
<b>6. DIGNIFIED CARE</b>	
6.1 <a href="#">Overview</a>	25
6.2 <a href="#">Updates and actions:</a>	26
• Complaints	

<b>7. INDIVIDUAL CARE</b>	
7.1 <a href="#">Overview</a>	27
7.2 <a href="#">Updates and actions:</a>	28
• Patient Feedback	
<b>8. TIMELY CARE</b>	
8.1 <a href="#">Overview</a>	29-31
8.2 <a href="#">Updates and actions:</a>	
• Unscheduled Care	32-35
• Stroke	36-38
• Planned Care (RTT and Diagnostics & Therapy waiting times)	39-42
• Cancer	43-44
• Delayed Follow-ups	45
• Mental Health Measures	46
• Child & Adolescent Mental Health (CAMHS)	47
<b><a href="#">APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD</a></b>	48-51
<b><a href="#">APPENDIX 2: LIST OF ABBREVIATIONS</a></b>	52-53



# 1. Overview- Key performance indicators summary

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



\* RAG status is against internal profile or target in the absence of a profile

\*\* For targets that are based on 12 month trends, a RAG is provided where disaggregated Swansea Bay University Health Board data is available

## 2. Summary

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						95.7%
	% of children who received 2 doses of the MMR vaccine by age 5			93%						92.6%
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	34	7	1	4	20	0	32
	Number of S.aureus bacteraemia cases			15	4	0	3	4	0	11
	Number of C.difficile cases			12	3	1	3	4	0	11
	Number of Klebsiella cases			11	2	1	1	2	0	6
	Number of Aeruginosa cases			3	1	0	0	1	0	2
	Compliance with hand hygiene audits	Local	95%		97.9%	97.4%	95.3%	96.0%	93.8%	96.0%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		4	1	3	4	8	20
	Number of Never Events	National	0		1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		14	0	7	31	1	53
	Total number of Grade 3 + Pressure Ulcers				2	0	0	8	0	10
	Pressure Ulcer (Hosp) patients per 100,000 admissions									270
Falls	Total number of Inpatient Falls	Local	12 month reduction trend		117	59	59	10	52	297
EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					22	22
	Delayed transfers of care- non-mental health			50	13	24	5	5	6	53
Mortality	Universal Mortality Reviews completed within 28 days	National	95%		100%	100%	100%			100%
	Stage 2 mortality reviews completed within 60 days	Local	100%		73%	100%	40%			65%
	Crude Mortality	National	12 month reduction trend		1.29%	0.13%	0.43%			0.78%
Fractured Neck of Femur (NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	75%		76.4%					76.4%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture				59.1%					59.1%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124				70.5%					70.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation				73.8%					73.8%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation				37.6%					37.6%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up				70.7%					70.7%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months				8.3%					8.3%
	% of survival within 30 days of emergency admission for a hip fracture		12 month improvement trend		82.4%					82.4%
	Target Met									
	Target not met but performance within profile									
	Performance outside of profile									

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Complaints	Number of new complaints received	Local	12 month reduction trend		37	3	20	6	9	87
	% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	100%	82%	73%	63%	71%	83%

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,069	379	884	144	17	2,476
	% of patients who would recommend and highly recommend		90%		95%	97%	95%	86%	41%	95%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		71%	67%	85%	100%	-	83%
Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	National	90%						92%	92%
	Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place		100%						100%	100%

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	0	508	830		38			868
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%	77%	60.2%	97.4%	MIU closed			70.9%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0	656	1,017	1	MIU closed			1,018

Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	56.3% (UK SNAP average)	82%	39%					39%
	% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	55%	44%					44%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	83.9% (UK SNAP average)	96%	100%					100%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	35%	20%					20%
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		38%					38%

Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		539	0	766	0		1,305
	Number of patients waiting > 36 weeks for treatment	National	0	1,417	3,896	0	1,245	0		5,141
	Number of patients waiting > 8 weeks for a specified diagnostics		0	130	569		0			569
	Number of patients waiting > 14 weeks for a specified therapy		0			0		0	0	0

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

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 15% by Mar-20	120,356						131,471
	Number of patients delayed by over 100% past their target date		Reduce by at least 15% by Mar-20	21,954						21,778
	Number of patients delayed past there agreed target date (booked and not booked)		Reduce by at least 15% by March 2020	44,268						45,458
	Number of Ophthalmology patients without an allocated health risk factor		98% by Dec-19	TBC						557
	Number of patients without a documented clinical review date		95% by Dec-19	TBC						187
Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	National	98%	98%	84%	-	95%			91%
	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral		95%	95%	86%	100%	92%			91%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						97%	92%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS		80%						90%	92%
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA		100%						100%	100%
	% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%						100%	100%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						98%	98%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						36%	36%
	% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						17%	17%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS		80%						100%	100%
	% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan		90%						100%	100%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)		80%						82%	82%

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

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

#### 3.1 Overview

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																	
Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	96%	. . .	97.5%	96.6%			95.2%			95.5%					
	Swansea			. . .	94.5%	96.1%			95.8%			95.8%					
	HB Total			. . .	95.9%	96.5%			95.6%			95.7%					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	93%	. . .	92.3%	92.2%			94.4%			92.3%					
	Swansea			. . .	89.0%	89.6%			91.3%			92.9%					
	HB Total			. . .	91.1%	91.1%			92.5%			92.6%					

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

### 3.2 Staying Healthy updates and actions

This section of the report provides further detail on key quality and safety measures under the Staying Healthy domain.

Description	Current Performance	Trend	Actions planned for next period																																
<b>Childhood immunisations</b>  <b>Measure 1:</b> % of children who received 3 doses of the '6 in 1' vaccine by age 1  <b>Measure 2:</b> % of children who received 2 doses of the MMR vaccine by age 5	<b>Measure 1:</b> As September 2019, 95.7% of children in the Swansea Bay catchment area received the 6 in 1 vaccine by age 1 year. This is above the 95% target and above the all-Wales average of 95.1%.  <b>Measure 2:</b> As at September 2019, 92.9% of children received 2 doses of the MMR vaccine by age 5. This was below the 95% target but above the all-Wales average of 92.4%.	<b>Measure 1:</b> % of children who received 3 doses of the '6 in 1' vaccine by age 1 <table border="1"><caption>Measure 1 Data (Estimated)</caption><thead><tr><th>Date</th><th>% children who received 3 doses of the '6 in 1' vaccine by age 1</th></tr></thead><tbody><tr><td>Sep-18</td><td>95.5%</td></tr><tr><td>Dec-18</td><td>95.5%</td></tr><tr><td>Mar-19</td><td>96.0%</td></tr><tr><td>Jun-19</td><td>95.5%</td></tr><tr><td>Sep-19</td><td>95.7%</td></tr><tr><td>Dec-19</td><td>-</td></tr><tr><td>Mar-20</td><td>-</td></tr></tbody></table> <b>Measure 2:</b> % of children who received 2 doses of the MMR vaccine by age 5 <table border="1"><caption>Measure 2 Data (Estimated)</caption><thead><tr><th>Date</th><th>% of children received 2 doses of MMR by age 5</th></tr></thead><tbody><tr><td>Sep-18</td><td>90.0%</td></tr><tr><td>Dec-18</td><td>91.0%</td></tr><tr><td>Mar-19</td><td>91.0%</td></tr><tr><td>Jun-19</td><td>92.0%</td></tr><tr><td>Sep-19</td><td>92.9%</td></tr><tr><td>Dec-19</td><td>-</td></tr><tr><td>Mar-20</td><td>-</td></tr></tbody></table>	Date	% children who received 3 doses of the '6 in 1' vaccine by age 1	Sep-18	95.5%	Dec-18	95.5%	Mar-19	96.0%	Jun-19	95.5%	Sep-19	95.7%	Dec-19	-	Mar-20	-	Date	% of children received 2 doses of MMR by age 5	Sep-18	90.0%	Dec-18	91.0%	Mar-19	91.0%	Jun-19	92.0%	Sep-19	92.9%	Dec-19	-	Mar-20	-	<ul style="list-style-type: none"><li>Waiting lists and cancelled clinics continue to be monitored closely by the primary care team. Current waiting list stands at 191.</li><li>Health professionals (GP's/ Health Visitors/ School Nurses/ Practice Nurses) are advised to check the immunisation status at every contact.</li><li>Early planning stages to implement the recommendations of the Measles Eradication Task Group, sponsored by Public Health Wales.</li></ul>
Date	% children who received 3 doses of the '6 in 1' vaccine by age 1																																		
Sep-18	95.5%																																		
Dec-18	95.5%																																		
Mar-19	96.0%																																		
Jun-19	95.5%																																		
Sep-19	95.7%																																		
Dec-19	-																																		
Mar-20	-																																		
Date	% of children received 2 doses of MMR by age 5																																		
Sep-18	90.0%																																		
Dec-18	91.0%																																		
Mar-19	91.0%																																		
Jun-19	92.0%																																		
Sep-19	92.9%																																		
Dec-19	-																																		
Mar-20	-																																		

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

### 4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	24		23	17	16	22	17	15	22	21	13	18	15	10	20
	PCCS Hospital		0		0	0	0	1	0	0	1	0	1	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		6		7	3	5	6	7	3	6	12	4	5	5	3	7
	NPTH		2		0	0	2	2	1	0	0	0	1	0	3	1	1
	Singleton		2		6	5	5	8	2	4	0	2	3	0	2	1	4
	Total		34		38	28	31	43	27	22	29	35	22	23	25	15	32
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	9		6	9	7	7	3	3	5	9	3	5	2	3	4
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		3	2	3	2	7	7	2	6	2	2	7	4	4
	NPTH		1		0	0	0	0	1	0	1	1	0	1	1	0	0
	Singleton		2		0	6	2	2	3	1	3	1	2	0	3	4	3
	Total		15		11	18	16	11	14	11	11	17	7	8	13	11	11
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		10	4	3	5	1	3	4	4	5	2	6	4	4
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		6		3	1	4	1	1	3	5	4	3	6	6	9	3
	NPTH		1		0	0	0	0	0	0	0	1	1	1	1	2	1
	Singleton		2		1	2	0	0	1	5	1	4	1	1	5	2	3
	Total		12		16	7	7	8	3	11	10	13	10	10	19	17	11
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		1	6	5	4	3	1	4	4	3	2	0	4	2
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	0	0	0
	Morriston		4		7	5	7	1	1	3	3	1	5	4	3	3	2
	NPTH		0		0	0	0	0	0	0	3	0	0	1	0	0	1
	Singleton		2		1	3	6	2	1	1	1	0	3	2	1	1	1
	Total		11		12	16	20	8	5	5	11	5	11	9	4	8	6
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		3	0	2	0	0	2	4	0	2	0	0	0	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		1		2	0	0	0	3	1	1	1	1	0	0	1	1
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		0	0	0	0	0	0	1	0	1	2	1	0	0
	Total		3		5	0	2	0	3	3	6	1	4	2	1	1	2
Compliance with hand hygiene audits	PCCS	95%			100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
	MH&LD				97.8%	97.9%	98.1%	96.2%	97.0%	97.5%	97.8%	97.7%	97.1%	96.8%	97.3%	94.4%	93.8%
	Morriston				98.7%	95.3%	95.0%	94.7%	94.2%	97.5%	96.1%	98.2%	95.8%	96.5%	96.2%	99.4%	97.9%
	NPTH				99.5%	100.0%	96.0%	88.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	98.3%	97.4%
	Singleton				95.3%	91.7%	95.3%	94.8%	97.3%	96.7%	95.7%	94.8%	94.9%	95.8%	95.9%	95.0%	95.3%
	Total				98.2%	95.7%	96.2%	94.5%	96.5%	98.1%	97.1%	97.2%	96.0%	96.5%	96.9%	96.7%	96.0%



Measure	Locality	National/ Local Target	Internal profile		ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			9	8	1	0	0	0	0	0	2	1	1	2	4
	MH&LD				0	2	39	17	2	3	13	6	11	7	10	5	8
	Morrison				3	2	2	9	7	7	2	4	3	5	5	1	4
	NPTH				1	1	0	2	1	1	0	2	1	0	1	1	1
	Singleton				3	4	2	6	5	2	2	3	6	2	2	2	3
	Total				18	21	49	36	18	13	18	16	23	19	19	11	20
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	1	0	0	1	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				0	0	0	1	0	1	1	0	0	0	0	0	1
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	1	0	0	0	0
	Total				0	0	0	1	0	1	1	1	1	0	1	0	1
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			58	77	62	47	34	33	23	33	37	25	29	31	
	PCCS Hospital				1	0	0	0	0	0	1	0	0	0	1	0	
	MH&LD				0	0	1	0	0	0	0	0	0	0	0	1	
	Morrison				6	8	10	19	14	9	4	8	4	5	7	14	
	NPTH				2	0	2	0	0	0	1	0	4	0	1	0	
	Singleton				5	9	12	12	15	7	7	10	6	4	11	7	
	Total				98	127	107	111	63	49	36	51	51	34	49	53	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			13	16	11	10	10	6	6	7	8	8	2	8	
	PCCS Hospital				0	0	0	0	0	0	1	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				1	1	2	1	1	0	0	1	0	1	0	2	
	NPTH				1	0	0	0	0	0	0	0	0	0	1	0	
	Singleton				1	0	3	2	0	2	0	1	0	0	1	0	
	Total				16	20	21	17	11	8	7	9	8	9	4	10	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			469	552	554	720	339	182	293	211	175	112	232	270	
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	13	5	5	13	8	7	5	7	9	10	9	10
	MH&LD				50	49	35	46	27	48	41	34	57	65	43	56	52
	Morrison				91	117	94	107	106	85	82	85	85	93	102	94	117
	NPTH				28	28	28	36	28	32	18	26	32	22	51	42	59
	Singleton				50	58	62	51	36	53	42	36	46	52	49	39	59
	Total				300	339	275	324	210	226	190	186	227	241	255	240	297

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

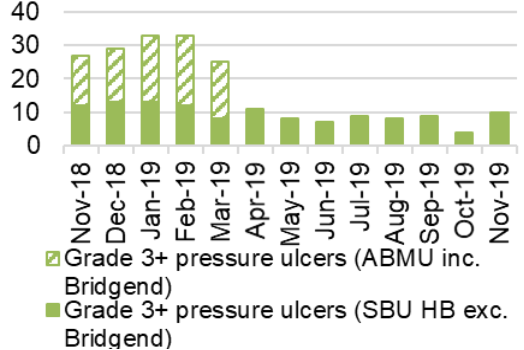
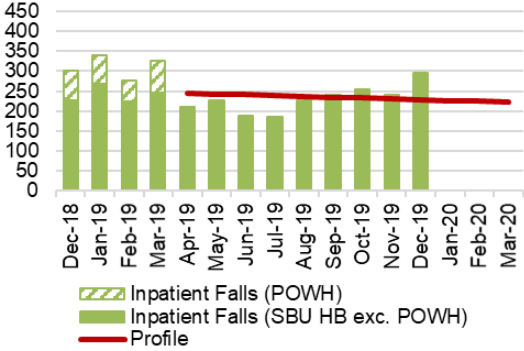


## 4.2 Safe Care updates and actions

This section of the report provides further detail on key quality and safety measures under the Safe Care domain.



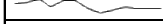

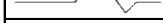
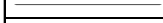
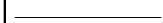

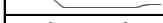
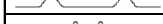
























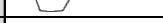

Description	Current Performance	Trend	Actions planned for next period
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>32 cases of <i>E. coli</i> bacteraemia were identified in December 2019. This was 2 cases below the monthly IMTP profile of 34 cases, and is approximately 19% below the number of cases in the equivalent period of 2018.</li> <li>63% of cases in December were considered community acquired Infections.</li> <li>In 45% of all cumulative cases, the urinary tract was identified as the primary source of the infection.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <p> <span style="color: green;">▨</span> Number E.Coli Cases Bridgend  <span style="color: green;">■</span> Number E.Coli cases SBU UHB (exc. POWH)  <span style="color: red;">—</span> Profile         </p>	<ul style="list-style-type: none"> <li>Continue with initiatives to reduce presence of invasive devices across the Health Board.</li> <li>Support Primary Care to develop a process relating to the reporting via Datix of community acquired bacteraemia – by 31 March 2020.</li> <li>Paper on funding requirements to meet the National Minimum Standards for Cleaning to be presented to next Senior Leadership Team meeting – February 2020.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</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>11 cases of <i>Staph. aureus</i> bacteraemia in December 2019 - 4 cases below the projected monthly IMTP profile of 15 cases; 3% more than the number of cases in the same period in 2018/19</li> <li>64% of cases in December were hospital acquired infections (HAI). There was one case of MRSA bacteraemia, associated with Singleton Hospital, during December.</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p> <p> <span style="color: green;">▨</span> Number S.Aureus Cases Bridgend  <span style="color: green;">■</span> Number S.Aureus cases SB UHB (exc. POWH)  <span style="color: red;">—</span> Profile         </p>	<ul style="list-style-type: none"> <li>Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																				
<b>Healthcare Acquired Infections (HCAI)- <i>C.difficile</i>- Number of laboratory confirmed <i>C.difficile</i> cases</b>	<ul style="list-style-type: none"> <li>There were 11 <i>Clostridium difficile</i> toxin positive cases in December. This was 1 case below the IMTP projected profile (12 cases), and was approximately 7% fewer cases when compared to the same reporting period in 2018/19</li> <li>64% of the cases in December were considered to be hospital acquired. Of these, 43% were associated with Morriston Hospital, 43% with Singleton Hospital, and 14% with Neath Port Talbot.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Bridgend</th> <th>SB UHB (exc. POWH)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>16</td><td>11</td><td>16</td></tr> <tr><td>Jan-19</td><td>7</td><td>7</td><td>12</td></tr> <tr><td>Feb-19</td><td>7</td><td>7</td><td>12</td></tr> <tr><td>Mar-19</td><td>8</td><td>7</td><td>12</td></tr> <tr><td>Apr-19</td><td>3</td><td>11</td><td>12</td></tr> <tr><td>May-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Jun-19</td><td>13</td><td>10</td><td>15</td></tr> <tr><td>Jul-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Aug-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Sep-19</td><td>10</td><td>10</td><td>12</td></tr> <tr><td>Oct-19</td><td>19</td><td>17</td><td>12</td></tr> <tr><td>Nov-19</td><td>17</td><td>17</td><td>12</td></tr> <tr><td>Dec-19</td><td>11</td><td>11</td><td>12</td></tr> <tr><td>Jan-20</td><td>14</td><td>14</td><td>14</td></tr> <tr><td>Feb-20</td><td>14</td><td>14</td><td>14</td></tr> <tr><td>Mar-20</td><td>11</td><td>11</td><td>11</td></tr> </tbody> </table>	Month	Bridgend	SB UHB (exc. POWH)	Profile	Dec-18	16	11	16	Jan-19	7	7	12	Feb-19	7	7	12	Mar-19	8	7	12	Apr-19	3	11	12	May-19	10	10	12	Jun-19	13	10	15	Jul-19	10	10	12	Aug-19	10	10	12	Sep-19	10	10	12	Oct-19	19	17	12	Nov-19	17	17	12	Dec-19	11	11	12	Jan-20	14	14	14	Feb-20	14	14	14	Mar-20	11	11	11	<ul style="list-style-type: none"> <li>ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.</li> <li>Ultraviolet-C technology now available in all major acute sites from January 2020.</li> <li>Continue with recently established multi-professional, board-wide <i>C. difficile</i> Control Group, which meets bi-weekly initially.</li> <li>National Standards of Cleanliness hours are being reviewed, with a paper to be taken to Senior Leadership Team in February 2020.</li> <li>Reduction initiatives are compromised by over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.</li> </ul>
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Feb-20	14	14	14																																																																				
Mar-20	11	11	11																																																																				
<b>Serious Incidents- Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</b>	<ul style="list-style-type: none"> <li>The Health Board reported 20 Serious Incidents for the month of December 2019 to Welsh Government.</li> <li>The last Never Event reported was on 16<sup>th</sup> December 2019.</li> <li>In December 2019, the performance against the 80% target of submitting closure forms within 60 working days was 37.5%. 16 investigations were due to be concluded in December 2019, however only 6 closure forms were submitted with the 60 working days.</li> </ul>	<p><b>Serious incidents closed within 60 days</b></p> <table border="1"> <caption>Serious incidents closed within 60 days</caption> <thead> <tr> <th>Month</th> <th>ABMU (inc. Bridgend)</th> <th>SB UHB (exc. Bridgend)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>88%</td><td>88%</td><td>80%</td></tr> <tr><td>Jan-19</td><td>80%</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-19</td><td>68%</td><td>68%</td><td>80%</td></tr> <tr><td>Mar-19</td><td>42%</td><td>42%</td><td>80%</td></tr> <tr><td>Apr-19</td><td>70%</td><td>70%</td><td>80%</td></tr> <tr><td>May-19</td><td>15%</td><td>15%</td><td>80%</td></tr> <tr><td>Jun-19</td><td>40%</td><td>40%</td><td>80%</td></tr> <tr><td>Jul-19</td><td>60%</td><td>60%</td><td>80%</td></tr> <tr><td>Aug-19</td><td>70%</td><td>70%</td><td>80%</td></tr> <tr><td>Sep-19</td><td>20%</td><td>20%</td><td>80%</td></tr> <tr><td>Oct-19</td><td>48%</td><td>48%</td><td>80%</td></tr> <tr><td>Nov-19</td><td>55%</td><td>55%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>38%</td><td>38%</td><td>80%</td></tr> <tr><td>Jan-20</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Feb-20</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>0%</td><td>0%</td><td>80%</td></tr> </tbody> </table>	Month	ABMU (inc. Bridgend)	SB UHB (exc. Bridgend)	Profile	Dec-18	88%	88%	80%	Jan-19	80%	80%	80%	Feb-19	68%	68%	80%	Mar-19	42%	42%	80%	Apr-19	70%	70%	80%	May-19	15%	15%	80%	Jun-19	40%	40%	80%	Jul-19	60%	60%	80%	Aug-19	70%	70%	80%	Sep-19	20%	20%	80%	Oct-19	48%	48%	80%	Nov-19	55%	55%	80%	Dec-19	38%	38%	80%	Jan-20	0%	0%	80%	Feb-20	0%	0%	80%	Mar-20	0%	0%	80%	<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>
Month	ABMU (inc. Bridgend)	SB UHB (exc. Bridgend)	Profile																																																																				
Dec-18	88%	88%	80%																																																																				
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Description	Current Performance	Trend	Actions planned for next period
<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 November 2019, there were 53 cases of healthcare acquired pressure ulcers, of which 31 were community acquired and 22 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in November 2019 was 10. Of which 8 were community acquired and 2 were hospital acquired</li> </ul>	<b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b>  <p>Grade 3+ pressure ulcers (ABMU inc. Bridgend)</p> <p>Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</p>	<ul style="list-style-type: none"> <li>PUPSG meet quarterly and continue to steer the organisations pressure ulcer prevention work. The next meeting will be in Feb 2020</li> <li>Welsh Risk Pool are assisting SDU's to assurance rate their strategic quality improvement plans (SQulP's) to ensure that their work streams are effective in reducing risk.</li> <li>A SQulP development event was held in December and another is planned for February</li> <li>NPTH is now using PURPOSE T risk assessment. Complete roll out of PURPOSE T to all in-patient areas is on target to be complete by May 2020.</li> </ul>
<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 297 in December 2019 compared with 240 in November 2019.</li> <li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li> <li>Serious Incidents, Falls resulting in severe harm / Death 2018= 17, 2019= 10.</li> </ul>	<b>Number of inpatient Falls</b>  <p>Inpatient Falls (POWH)</p> <p>Inpatient Falls (SBU HB exc. POWH)</p> <p>Profile</p>	<ul style="list-style-type: none"> <li>Policy and procedure for prevention and management of inpatient falls launched 2<sup>nd</sup> September. This included a Bulletin and Video on the intranet and screen savers to raise awareness.</li> <li>A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed. First draft will be trialled at Morriston &amp; Neath and Port Talbot Scrutiny panels with feedback to falls strategy group January 2020.</li> <li>Work is underway to calculate the rate of falls per 1,000 beddays and to provide a breakdown of the severity of falls. This information will be reported to the Quality &amp; Safety Committee in February 2020.</li> </ul>

## 5. 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

### 5.1 Overview

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																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		7	8	6	4	3	4	2	4	2	1	8	4	4
	All healthcare				3	6	4	4	3	5	11	8	8	10	6	9	9
	Selection of care home				5	6	8	4	7	7	3	0	2	4	3	3	3
	Waiting for availability of care home				5	5	5	5	5	5	11	6	6	3	5	5	5
	Protection issues				0	0	0	0	0	0	0	0	0	0	0	0	0
	Principal reason not agreed				0	0	0	0	0	0	0	0	0	0	0	0	0
	Disagreements				4	4	3	3	0	0	0	0	0	0	0	1	1
	Legal/ Financial				0	0	0	1	0	0	0	0	0	1	0	0	0
	Other				1	0	0	0	0	2	0	2	0	0	0	0	0
	Total				25	29	26	21	18	23	27	20	18	19	22	22	22
Number of non- mental health DTOCs	Morrison	12 month reduction trend	50		10	8	16	34	21	40	32	21	27	23	24	16	13
	Singleton				12	17	7	11	8	9	12	9	9	9	7	5	5
	Gorseinon				8	6	8	3	4	4	8	8	6	9	6	4	5
	NPTH				35	25	19	14	11	11	16	20	22	20	29	27	24
	Learning Disabilities				9	9	6	5	5	3	2	3	5	8	10	9	6
	HB Total				117	104	87	112	49	67	70	61	69	69	76	61	53
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			93%	95%	98%	98%	98%	97%	99%	99%	100%	100%	94%	100%	
	Singleton				100%	100%	100%	98%	100%	100%	98%	100%	100%	100%	100%	100%	
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Total				94%	81%	99%	98%	99%	98%	99%	99%	100%	100%	96%	100%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			58%	25%	50%	65%	92%	83%	100%	67%	80%	25%	73%		
	Singleton				100%	-	100%	0%	50%	100%	75%	100%	20%	0%	40%		
	NPTH				-	-	-	-	-	-	-	-	-	-	100%		
	Total				40%	29%	20%	50%	68%	85%	93%	71%	60%	89%	65%		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.28%	1.26%	1.26%	1.27%	1.33%	1.25%	1.27%	1.27%	1.26%	1.26%	1.27%	1.29%	
	Singleton				0.37%	0.37%	0.39%	0.41%	0.40%	0.43%	0.42%	0.44%	0.45%	0.46%	0.44%	0.43%	
	NPTH				0.12%	0.13%	0.14%	0.10%	0.12%	0.09%	0.09%	0.09%	0.11%	0.09%	0.10%	0.13%	
	Total (SBU)				0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			70.6%	70.5%	72.8%	73.8%	72.6%	71.4%	72.6%	73.4%	74.6%	76.3%	76.4%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			56.5%	57.0%	54.9%	54.8%	54.9%	56.2%	56.0%	56.7%	57.8%	59.3%	59.1%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			60.4%	60.3%	60.2%	61.6%	63.2%	63.5%	64.5%	66.7%	68.0%	69.0%	70.5%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			64.0%	66.4%	67.6%	67.5%	68.3%	67.1%	67.7%	67.7%	69.6%	71.3%	73.8%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			26.0%	24.8%	25.6%	24.5%	26.6%	28.8%	29.3%	31.7%	31.6%	34.9%	37.6%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			70.6%	71.1%	72.8%	71.9%	72.0%	71.9%	71.6%	70.7%					
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend			8.7%	8.6%	8.1%	8.9%	9.0%	8.7%	8.1%	8.2%	8.5%	8.3%			
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%				



## 5.2 Effective Care updates and actions

This section of the report provides further detail on key quality and safety measures under the Effective Care domain.

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 December 2019 was 22.</p>	<p><b>Number of Mental Health DToCs</b></p>	<ul style="list-style-type: none"> <li>• Roll out of the SIGNAL system during Q3, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge. This will support provision of more accurate information on the reasons why patients who are medically stable for discharge remain in hospital, enabling more targeted approaches to unblock system delays.</li> <li>• Updating of the WG DToC template directly from each DU. All DU's are inputting directly onto the WG DToC database from Dec-19.</li> <li>• Update Choice of Accommodation Policy to provide a policy, which is simpler, easily read, understood and utilised. Aim to take final revision to USC board in Feb-2020.</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 December 2019, the number of non-mental health and learning disability delayed transfers of care was 53.</p> <p>Historically Morriston Hospital accounted for the largest number of delayed patients however in December; Neath Port Talbot had (similar to November) the largest number of non-MH delays with 24 whilst Morriston had 13. The remaining 16 delayed patients split between Singleton, Gorseinon and Learning Disability Services.</p>	<p><b>Number of Non Mental Health DToCs</b></p>	<ul style="list-style-type: none"> <li>• Monitor the impact of the regulation changes for social care staff (registration of Dom care workers) by April 2020.</li> <li>• Implementation of phase 1 (pathway one) of the Hospital to Home service and the trusted assessor model (Hospital to Home Navigator). Phased approach commenced 10/12/2019.</li> <li>• Consistent use of SAFER, Effective PSAG Board Rounds, EDD and Red to Green days. Incorporated into the SIGNAL system</li> <li>• Continue to check and challenge DToC through the senior validation audio meetings (after the monthly census).</li> <li>• Local Authorities continue to review contractual arrangements with Dom Care Providers (recent improvements with POC waits, which have decreased quite markedly particularly in Swansea).</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<b>Fractured Neck of Femur (#NOF)</b> (1) Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation (2) Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture (3) NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 (4) Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p><b>(1) Prompt orthogeriatric assessment-</b> In October 2019, 76.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 3% more than in October 2018 and 20.5% more than the all-Wales average in October 2019.</p> <p><b>(2) Prompt surgery-</b> In October 2019, 59% of patients had surgery the day following presentation with a hip fracture. This is an improvement of 2% compared with October 2018 (57% to 59%) but below the all-Wales average of 64%.</p> <p><b>(3) NICE compliant surgery-</b> 70.5% of operations were consistent with the NICE recommendations in October 2019. This is an improvement of 9.2% compared with October 2018 (from 61.3% to 70.5%). In October 2019, Morriston was below the all-Wales average of 74.8%.</p> <p><b>(4) Prompt mobilisation-</b> In October 2019 73.8% of patients were out of bed the day after surgery. This is an improvement of 11.7% compared with October 2019</p>	<p><b>(1) Prompt orthogeriatric assessment</b></p> <p><b>(2) Prompt surgery</b></p> <p><b>(3) NICE compliant Surgery</b></p> <p><b>(4) Prompt mobilisation</b></p>	<ul style="list-style-type: none"> <li>Part time orthogeriatric Associate Specialist's contract has been increased by 2 sessions per week from 01.09.19 to improve coverage.</li> <li>Additional orthogeriatric Consultant post has been included within the Morriston Delivery Unit IMPT submission for 2020/21.</li> <li>Job plan being arranged with Speciality Doctor to discuss options for increasing support for #NOF patients.</li> <li>The provision of orthopaedic trauma theatre capacity within Morriston Hospital is currently under review, as part of a wider Health Board-wide review of theatre provision. Options for increasing capacity are being reviewed in conjunction with requirements for additional spinal trauma theatres and Orthopaedic trauma theatres as part of Major Trauma Centre developments.</li> <li>A review of the current on call arrangements is under way and plans are being discussed to change them. As part of the changes the requirement to provide consistent operating capacity and clinical expertise for #NOF patients will be considered.</li> <li>NICE compliant surgery - process being monitored through monthly audit/governance meetings – performance is improving which is encouraging.</li> <li>Additional resources have been secured (x1 Band 5 and x1 Band 3) to provide</li> </ul>












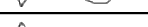
<p>(5) Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</p> <p>(6) Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</p> <p>(7) 30 day mortality rate</p>	<p>and slightly below the all-Wales average of 74.8%.</p> <p><b>(5)</b> Not delirious when tested- 13.5% of patients were not delirious in the week after their operation in October 2019. This is an improvement of 13.5% compared with October 2019 (from 24.1% to 37.6%).</p> <p><b>(6)</b> Return to original residence- 70% of patients in October were discharged back to their original residence. This was below the all-Wales average of 75.2%.</p> <p><b>(7)</b> 30 day mortality rate- In September 2019 the mortality rate for Morriston was 8.3% which is in line with September 2018. The mortality rate is higher than the all-Wales average of 7.4% and the national average of 6.3%.</p>	<div data-bbox="958 204 1482 459"> <p><b>(5) Not delirious when tested</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. 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Ire (%)	Oct-18	24.1	74.8	74.8	Nov-18	24.1	74.8	74.8	Dec-18	24.1	74.8	74.8	Jan-19	24.1	74.8	74.8	Feb-19	24.1	74.8	74.8	Mar-19	24.1	74.8	74.8	Apr-19	24.1	74.8	74.8	May-19	24.1	74.8	74.8	Jun-19	24.1	74.8	74.8	Jul-19	24.1	74.8	74.8	Aug-19	24.1	74.8	74.8	Sep-19	24.1	74.8	74.8	Oct-19	37.6	74.8	74.8	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-18	70.0	75.2	75.2	Sep-18	70.0	75.2	75.2	Oct-18	70.0	75.2	75.2	Nov-18	70.0	75.2	75.2	Dec-18	70.0	75.2	75.2	Jan-19	70.0	75.2	75.2	Feb-19	70.0	75.2	75.2	Mar-19	70.0	75.2	75.2	Apr-19	70.0	75.2	75.2	May-19	70.0	75.2	75.2	Jun-19	70.0	75.2	75.2	Jul-19	70.0	75.2	75.2	Aug-19	70.0	75.2	75.2	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-18	8.3	7.4	6.3	Oct-18	8.3	7.4	6.3	Nov-18	8.3	7.4	6.3	Dec-18	8.3	7.4	6.3	Jan-19	8.3	7.4	6.3	Feb-19	8.3	7.4	6.3	Mar-19	8.3	7.4	6.3	Apr-19	8.3	7.4	6.3	May-19	8.3	7.4	6.3	Jun-19	8.3	7.4	6.3	Jul-19	8.3	7.4	6.3	Aug-19	8.3	7.4	6.3	Sep-19	8.3	7.4	6.3	<p>some weekend physio cover for #NOF patients; the service commend 04.01.20.</p> <ul style="list-style-type: none"> <li>• Further additional physio posts have been included within the Morriston Delivery Unit IMPT submission for 2020/21.</li> <li>• Training sessions have been arranged to train individuals to perform the assessment. A twice yearly training programme will run in April and December run by Mr Dodd and Dr Jackson.</li> <li>• Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities.</li> </ul>
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Nov-18	8.3	7.4	6.3																																																																																																																																																																								
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Sep-19	8.3	7.4	6.3																																																																																																																																																																								

Description	Current Performance	Trend	Actions planned for next period																																																								
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in December 2019, the percentage of completed discharge summaries was 65%.</p> <p>In December 2019, compliance ranged from 60% in Morriston Delivery Unit to 75% in Mental Health and Learning Disabilities Delivery Unit.</p>	<p><b>% discharge summaries approved and sent</b></p> <table><caption>% completed discharge summaries (SBU HB)</caption><thead><tr><th>Month</th><th>% completed</th></tr></thead><tbody><tr><td>Dec-18</td><td>60%</td></tr><tr><td>Jan-19</td><td>60%</td></tr><tr><td>Feb-19</td><td>60%</td></tr><tr><td>Mar-19</td><td>60%</td></tr><tr><td>Apr-19</td><td>65%</td></tr><tr><td>May-19</td><td>65%</td></tr><tr><td>Jun-19</td><td>65%</td></tr><tr><td>Jul-19</td><td>60%</td></tr><tr><td>Aug-19</td><td>60%</td></tr><tr><td>Sep-19</td><td>60%</td></tr><tr><td>Oct-19</td><td>60%</td></tr><tr><td>Nov-19</td><td>60%</td></tr><tr><td>Dec-19</td><td>65%</td></tr></tbody></table> <table><caption>% completed discharge summaries (ABMU HB)</caption><thead><tr><th>Month</th><th>% completed</th></tr></thead><tbody><tr><td>Dec-18</td><td>60%</td></tr><tr><td>Jan-19</td><td>60%</td></tr><tr><td>Feb-19</td><td>60%</td></tr><tr><td>Mar-19</td><td>60%</td></tr><tr><td>Apr-19</td><td>60%</td></tr><tr><td>May-19</td><td>60%</td></tr><tr><td>Jun-19</td><td>60%</td></tr><tr><td>Jul-19</td><td>60%</td></tr><tr><td>Aug-19</td><td>60%</td></tr><tr><td>Sep-19</td><td>60%</td></tr><tr><td>Oct-19</td><td>60%</td></tr><tr><td>Nov-19</td><td>60%</td></tr><tr><td>Dec-19</td><td>55%</td></tr></tbody></table>	Month	% completed	Dec-18	60%	Jan-19	60%	Feb-19	60%	Mar-19	60%	Apr-19	65%	May-19	65%	Jun-19	65%	Jul-19	60%	Aug-19	60%	Sep-19	60%	Oct-19	60%	Nov-19	60%	Dec-19	65%	Month	% completed	Dec-18	60%	Jan-19	60%	Feb-19	60%	Mar-19	60%	Apr-19	60%	May-19	60%	Jun-19	60%	Jul-19	60%	Aug-19	60%	Sep-19	60%	Oct-19	60%	Nov-19	60%	Dec-19	55%	<ul style="list-style-type: none"><li>• The Executive Medical Director (MD) has asked a Deputy Medical director to oversee a relaunch of the programme of work to improve Electronic Transfer of Notification (ETOC) performance.</li><li>• New software for producing Electronic Discharge Notifications is being introduced into SBUHB.</li><li>• Unit Medical Directors (UMDs) have been asked to consider how, and by whom, discharge summaries are completed and to invite members of the clinical teams other than doctors to contribute to them to ensure the highest quality and timely summary gets to the patient's GP. Clinical Nurse Specialists (CNS) are completing eToCs to a high standard in many specialties.</li><li>• The LMC Chair is involved in discussions regarding the problems caused by incomplete or late ETOCs</li></ul>
Month	% completed																																																										
Dec-18	60%																																																										
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Dec-19	55%																																																										



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

6.1 Overview

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			7	6	9	11	8	6	9	11	7	12	10	7	6
	MH&LD				6	18	3	11	5	11	9	18	14	11	17	24	9
	Morrison				39	44	27	36	39	42	54	62	40	45	72	54	37
	NPTH				2	18	7	7	7	6	4	4	9	6	11	11	3
	Singleton				16	19	25	17	27	23	35	33	35	29	39	30	20
	Total				84	138	96	105	93	95	118	138	114	110	159	137	87
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		88%	50%	55%	55%	63%	73%	64%	53%	100%	70%	63%		
	MH&LD				50%	88%	67%	100%	100%	100%	88%	88%	93%	77%	71%		
	Morrison				89%	98%	92%	92%	97%	97%	96%	95%	100%	98%	100%		
	NPTH				100%	63%	86%	71%	86%	83%	75%	67%	67%	83%	82%		
	Singleton				67%	89%	75%	59%	70%	62%	77%	69%	67%	80%	73%		
	Total				80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%		

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




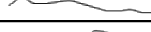







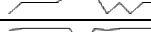
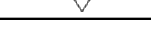
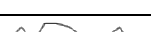
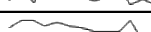




## 6.2 Dignified Care updates and actions

This section of the report provides further detail on key quality and safety measures under the Dignified Care domain.

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 83% in October 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>	<p><b>Response rate for concerns within 30 days</b></p> <table><caption>30 day response rate (ABMU up to March 2019)</caption><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><tr><td>Oct-18</td><td>85</td></tr><tr><td>Nov-18</td><td>88</td></tr><tr><td>Dec-18</td><td>80</td></tr><tr><td>Jan-19</td><td>85</td></tr><tr><td>Feb-19</td><td>82</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>83</td></tr><tr><td>Jun-19</td><td>85</td></tr><tr><td>Jul-19</td><td>80</td></tr><tr><td>Aug-19</td><td>83</td></tr><tr><td>Sep-19</td><td>85</td></tr><tr><td>Oct-19</td><td>83</td></tr></tbody></table>	Month	Response Rate (%)	Oct-18	85	Nov-18	88	Dec-18	80	Jan-19	85	Feb-19	82	Mar-19	80	Apr-19	85	May-19	83	Jun-19	85	Jul-19	80	Aug-19	83	Sep-19	85	Oct-19	83	<ul style="list-style-type: none"><li>Performance is discussed at all Unit performance meetings.</li><li>'Once for Wales' new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.</li><li>Ombudsman and Once for Wales training for Governance Teams based on themes and trends completed in the Units.</li><li>Learning Event to be held in March 2020 during Patient Safety Week to ensure learning from Complaints and Ombudsman cases to be cascaded throughout the Health Board.</li></ul>
Month	Response Rate (%)																														
Oct-18	85																														
Nov-18	88																														
Dec-18	80																														
Jan-19	85																														
Feb-19	82																														
Mar-19	80																														
Apr-19	85																														
May-19	83																														
Jun-19	85																														
Jul-19	80																														
Aug-19	83																														
Sep-19	85																														
Oct-19	83																														

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

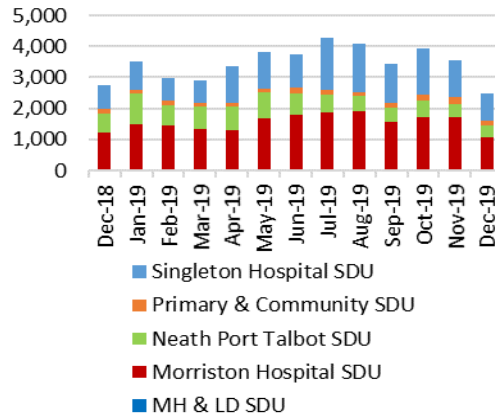
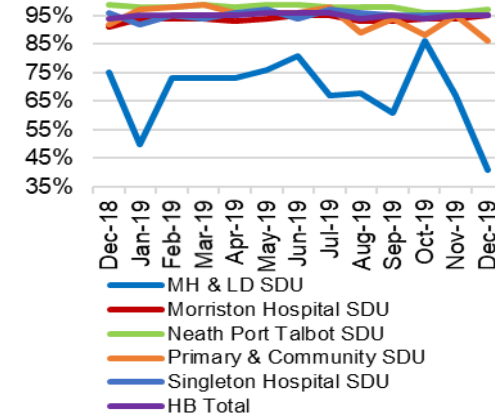
### 7.1 Overview

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			171	119	128	112	83	125	188	129	132	154	194	242	144
	MH&LD				12	4	15	22	25	21	16	12	19	18	21	9	17
	Morriston				1,198	1,510	1,445	1,326	1,288	1,701	1,811	1,883	1,914	1,566	1,728	1,727	1,069
	NPTH				616	976	675	727	791	824	681	567	474	454	532	397	379
	Singleton				742	916	747	726	1,188	1,150	1,046	1,680	1,562	1,267	1,464	1,198	884
	Total				3,853	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476
% of patients who would recommend and highly recommend	PCCS	90%	80%		92%	97%	98%	99%	96%	96%	96%	98%	89%	94%	88%	95%	86%
	MH&LD				75%	50%	73%	73%	73%	76%	81%	67%	68%	61%	86%	67%	41%
	Morriston				91%	94%	94%	94%	93%	94%	95%	95%	93%	93%	94%	94%	95%
	NPTH				99%	98%	98%	99%	98%	99%	99%	98%	98%	98%	96%	96%	97%
	Singleton				96%	92%	95%	94%	96%	97%	94%	97%	96%	95%	95%	95%	95%
	Total				94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	90%		90%	94%	100%	95%	92%	100%	-	93%	90%	100%	92%	93%	100%
	MH&LD				0%	-	-	-	-	0%	0%	0%	-	-	-	-	-
	Morriston				74%	86%	72%	89%	90%	86%	77%	74%	78%	86%	70%	75%	71%
	NPTH				80%	98%	96%	83%	92%	85%	78%	71%	72%	71%	94%	50%	67%
	Singleton				90%	88%	70%	86%	90%	76%	82%	84%	86%	87%	89%	89%	85%
	Total				82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	
Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	Total	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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







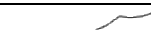
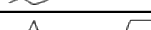




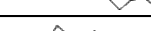
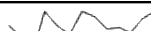




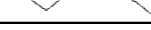
## 7.2 Individual Care updates and actions









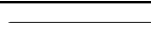


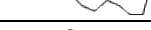

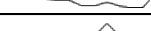
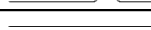
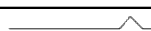
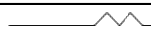





This section of the report provides further detail on key quality and safety measures under the Individual Care domain.

Description	Current Performance	Trend	Actions planned for next period
<p><b>Patient experience</b></p> <p><b>Measure 1:</b> Number of friends and family surveys completed</p> <p><b>Measure 2:</b> % of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in December 2019 was 95% and 2,476 surveys were completed:</li> <li>➤ Neath Port Talbot Hospital (NPTH) completed 379 surveys for December, with a recommended score of 97%.</li> <li>➤ Singleton Hospital completed 884 surveys for December, with a recommended score of 95%.</li> <li>➤ Morriston Hospital completed 1,069 surveys for December, with a recommended score of 95%.</li> <li>➤ Mental Health &amp; Learning Disabilities completed 17 surveys for December, with a recommended score of 41%.</li> <li>➤ Primary &amp; Community Care completed 144 surveys for December, with a recommended score of 86%.</li> </ul>	<p><b>Measure 1:</b> Number of friends and family surveys completed</p>  <p><b>Measure 2:</b> % of patients/ service users who would recommend and highly recommend</p> 	<ul style="list-style-type: none"> <li><b>Morriston Outpatients Survey.</b> Working with the Quality Improvement Information Manager and Morriston Outpatient Modernisation Group, we have developed a bespoke survey for Morriston Outpatients. The survey collected 440 surveys and the results will be analysed and discussed by the group.</li> <li><b>Nutrition and Hydration Steering Committee.</b> We have developed a Nutrition and Hydration report for the Nutrition and Hydration Steering Committee. The feedback used is captured by the all-Wales Questions. These questions are broken down and allows us to theme the comments made by our patients. Patient feedback on catering remains a standard agenda item on the Health Board's Nutrition Steering Group. Common themes or trends are identified and taken forward to the Nutrition Quality and Safety Forum.</li> <li><b>Smiley faces machines in A&amp;E Department.</b> The Welsh Government are funding the introduction of Smiley faces machines across all-Wales A&amp;E departments. The all-Wales project group are planning to role these machines out during January across Wales.</li> </ul>




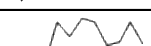
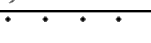
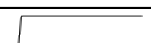

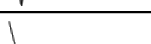
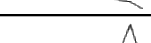
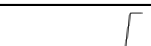


## 8. TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

### 8.1 Overview

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Unscheduled Care																	
Number of ambulance handovers over one hour	Morrison	0	488		546	684	387	544	669	629	681	550	599	746	802	799	830
	Singleton		20		44	68	41	44	63	18	40	44	33	32	25	22	38
	Total		508		842	1,164	619	928	732	647	721	594	632	778	827	821	868
% 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	Morrison	95%	69.2%		67.7%	67.2%	67.0%	68.0%	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%
	NPTH		97.5%		99.8%	98.8%	98.4%	97.8%	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%
	Singleton				MIU closed				MIU closed								
	Total		77.3%		76.5%	76.9%	77.2%	75.7%	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	0	656		485	621	448	534	653	602	644	642	740	939	889	926	1,017
	NPTH		0		0	0	1	0	0	0	0	0	0	0	1	1	1
	Singleton				MIU closed				MIU closed								
	Total		656		756	986	685	861	653	602	644	642	740	939	890	927	1,018
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morrison	56.3% (UK SNAP average)	82%		62%	56%	75%	66%	62%	55%	57%	57%	42%	29%	55%	55%	39%
	Total				53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%
% of patients who receive a CT scan within 1 hour	Morrison	54.5% (UK SNAP average)	55%		48%	48%	49%	58%	62%	56%	52%	59%	48%	42%	47%	49%	44%
	Total				49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morrison	83.9% (UK SNAP average)	96%		96%	93%	89%	100%	96%	93%	100%	98%	95%	95%	94%	98%	100%
	Total				86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morrison	12 month improvement trend	35%		30%	44%	14%	20%	27%	17%	0%	40%	27%	0%	0%	0%	20%
	Total				29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend							57%	47%	41%	48%	48%	50%	49%	45%	38%
	Total								57%	47%	41%	48%	48%	50%	49%	45%	38%

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morrison	0			43	43	51	140	172	201	155	112	361	431	486	460	539
	NPTH				0	0	0	0	0	0	0	0	0	0	0	1	0
	Singleton				0	1	0	0	64	117	142	367	564	608	666	659	766
	PC&CS				0	2	0	0	0	5	0	0	0	0	0	0	0
	Total				94	153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305
Number of patients waiting > 36 weeks for treatment	Morrison	0	1,417		1,971	2,046	1,960	1,801	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529	3,896
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		18		2	31	13	0	24	28	120	241	444	672	958	1,058	1,245
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	
	Total		1,435		3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141
Number of patients waiting > 8 weeks for a specified diagnostics	Morrison	0	130		544	543	535	437	401	393	289	259	337	294	223	226	569
	Singleton		0		0	0	0	0	0	8	6	2	7	0	0	0	0
	Total		130		693	603	558	437	401	401	295	261	344	294	223	226	569
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	0	0	1	0	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	PC&CS				0	0	0	0	0	0	0	0	0	0	1	0	0
	Total				0	0	0	0	0	0	0	0	1	0	1	0	0
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 15% by Mar-20	120,356		178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	21,954		32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579
Number of patients delayed past their agreed target date (booked and not booked)	Total	Reduce by at least 15% by March 2020	44,268		64,535	65,743	66,567	67,908	49,689	50,489	51,285	49,422	51,914	48,692	45,458	43,648	44,928
Number of Ophthalmology patients without an allocated health risk factor	Total	98% by Dec-19	TBC		5,540	4,772	4,048	2,966	1,279	1,275	1,101	744	737	721	522	553	557
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,501	4,848	4,732	4,867	418	367	300	247	211	194	165	172	187



Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU				SBU								
					Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morrison	98%	98%		100.0%	98.0%	95.0%	96.0%	82.0%	91.0%	92.0%	88.0%	90.0%	84.0%	98.0%	93%	84%
	NPTH			-	-	100.0%	100.0%	-	100.0%	-	100.0%	100.0%	-	100.0%	100%	-	
	Singleton			100.0%	100.0%	95.0%	91.0%	98.0%	91.0%	95.0%	94.0%	96.0%	98.0%	97.0%	96%	95%	
	Total			95.5%	97.7%	94.7%	93.6%	90.8%	91.4%	93.7%	91.5%	93.3%	91.1%	97.7%	95%	91%	
% 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	Morrison	95%	94.7%		90.0%	92.0%	93.0%	95.0%	88.0%	95.0%	85.0%	84.0%	83.0%	92.0%	81.0%	82%	86%
	NPTH			-	100.0%	100.0%	100.0%	-	100.0%	100.0%	20.0%	100.0%	67.0%	100.0%	100.0%	100.0%	
	Singleton			88.0%	90.0%	82.0%	97.0%	86.0%	70.0%	77.0%	74.0%	83.0%	81.0%	85.0%	87%	92%	
	Total			88.1%	85.4%	80.7%	84.1%	87.0%	80.0%	80.8%	75.9%	83.8%	85.7%	83.8%	86%	91%	
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Including CAMHS	80%			83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	
	Excluding CAMHS			97%	91%	93%	95%	97%	97%	97%	97%	98%	98%	98%	97%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	
	Excluding CAMHS			84%	86%	86%	89%	99%	98%	100%	99%	93%	96%	97%	90%		
% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Total	100%			100%			100%			100%			100%			
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Total	80%			84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Child & Adolescent Mental Health (CAMHS)																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	HB Total	100%			98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	

## 8.2 Timely Care updates and actions

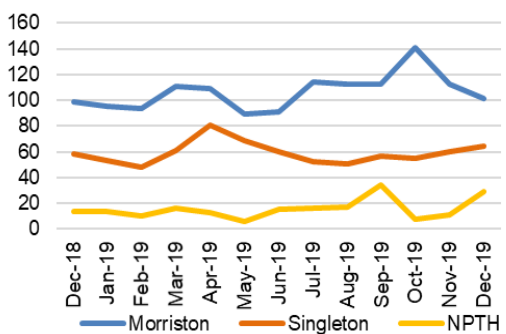
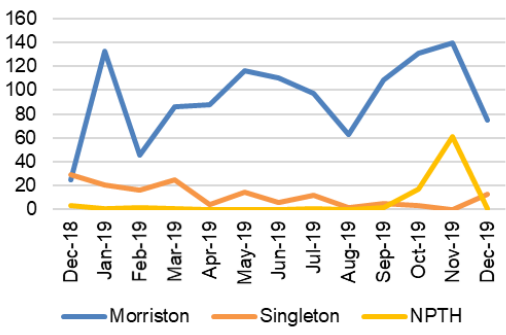
This section of the report provides further detail on key quality and safety measures under the Timely Care domain.

UNSCHEDULED CARE																																													
Description	Current Performance	Trend	Actions planned for next period																																										
<b>A&amp;E waiting times</b> <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In December 2019, the Health Board's performance against the 4 hour metric deteriorated by 2.3% compared with November 2019 (from 73.2% to 70.9%).</p> <p>Performance at Morriston hospital was below profile, achieving 60.17% in December 2019.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95%.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p> <table><caption>% patients waiting under 4 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-18</td><td>68%</td><td>98%</td></tr><tr><td>Jan-19</td><td>67%</td><td>97%</td></tr><tr><td>Feb-19</td><td>68%</td><td>96%</td></tr><tr><td>Mar-19</td><td>69%</td><td>95%</td></tr><tr><td>Apr-19</td><td>65%</td><td>94%</td></tr><tr><td>May-19</td><td>66%</td><td>96%</td></tr><tr><td>Jun-19</td><td>64%</td><td>95%</td></tr><tr><td>Jul-19</td><td>65%</td><td>94%</td></tr><tr><td>Aug-19</td><td>64%</td><td>95%</td></tr><tr><td>Sep-19</td><td>61%</td><td>93%</td></tr><tr><td>Oct-19</td><td>62%</td><td>94%</td></tr><tr><td>Nov-19</td><td>63%</td><td>97%</td></tr><tr><td>Dec-19</td><td>60%</td><td>96%</td></tr></tbody></table>	Month	Morriston	NPTH	Dec-18	68%	98%	Jan-19	67%	97%	Feb-19	68%	96%	Mar-19	69%	95%	Apr-19	65%	94%	May-19	66%	96%	Jun-19	64%	95%	Jul-19	65%	94%	Aug-19	64%	95%	Sep-19	61%	93%	Oct-19	62%	94%	Nov-19	63%	97%	Dec-19	60%	96%	<ul style="list-style-type: none"><li>Implementation of the remaining actions in the unscheduled care improvement plan.</li><li>Continued utilisation of the new GP in Morriston ED undertaking triage and supporting the education of nursing staff triage in day time hours.</li><li>Pharmacist resources secured for the winter to increase capacity in ED and to provide extended working hours in the medical and surgical assessment areas, focussing on the review of new patients and completion of medicines reconciliation.</li><li>Maintain all surge bed capacity that can be staffed on all our hospital sites with a particular focus on beds that have currently not been commissioned in Singleton due to staff availability.</li></ul>
Month	Morriston	NPTH																																											
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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 December 2019, performance against this measure deteriorated compared with November 2019, increasing from 927 to 1,018.</p> <p>12 hour breaches in Morriston hospital ED increased from 485 in December 2018 to 1,017 in December 2019, which is a reflection of the wider patient flow and capacity issues across the USC system.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p> <table><caption>Number of patients waiting over 12 hours in A&amp;E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-18</td><td>500</td><td>10</td></tr><tr><td>Jan-19</td><td>600</td><td>10</td></tr><tr><td>Feb-19</td><td>450</td><td>10</td></tr><tr><td>Mar-19</td><td>550</td><td>10</td></tr><tr><td>Apr-19</td><td>650</td><td>10</td></tr><tr><td>May-19</td><td>600</td><td>10</td></tr><tr><td>Jun-19</td><td>650</td><td>10</td></tr><tr><td>Jul-19</td><td>650</td><td>10</td></tr><tr><td>Aug-19</td><td>750</td><td>10</td></tr><tr><td>Sep-19</td><td>950</td><td>10</td></tr><tr><td>Oct-19</td><td>900</td><td>10</td></tr><tr><td>Nov-19</td><td>950</td><td>10</td></tr><tr><td>Dec-19</td><td>1018</td><td>10</td></tr></tbody></table>	Month	Morriston	NPTH	Dec-18	500	10	Jan-19	600	10	Feb-19	450	10	Mar-19	550	10	Apr-19	650	10	May-19	600	10	Jun-19	650	10	Jul-19	650	10	Aug-19	750	10	Sep-19	950	10	Oct-19	900	10	Nov-19	950	10	Dec-19	1018	10	<ul style="list-style-type: none"><li>Only cancer, urgent elective admissions and some long waiting elective patients to be treated at times of high escalation.</li><li>Continue to recruit to staff vacancies.</li><li>Continued implementation of hospital to home transformation programme to increase overall system wide capacity, which will support improved patient flow through our front door emergency departments due for completion by the end of January 2020.</li></ul>
Month	Morriston	NPTH																																											
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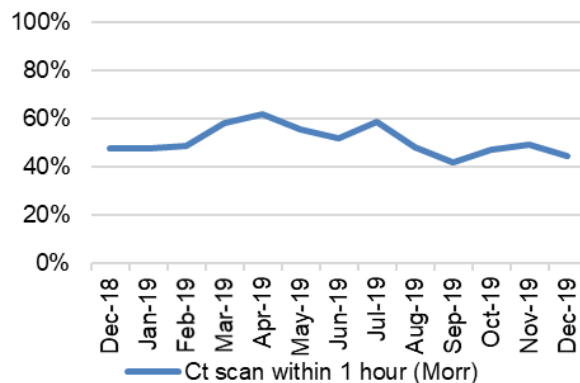
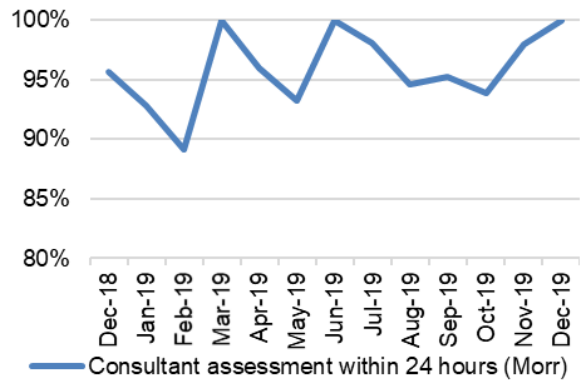


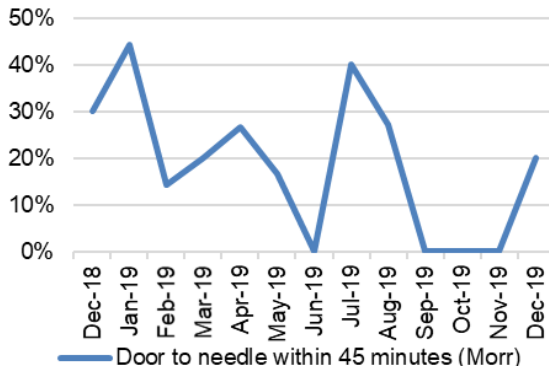
UNSCHEDULED CARE			
Description	Current Performance	Trend	Actions planned for next period
<b>Ambulance responses</b> <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i>	<p>Ambulance response times are traditionally above the national target and local profile of 65%. However, performance against this measure in November and December 2019 fell below the 65% target with 58.8% and 61.8%.</p>	<p><b>Number of ambulance call responses</b></p> <p>Red Calls      Amber Calls      Green Calls</p> <p><i>Data prior to April 2019 relates to ABMU Health Board.</i></p>	<ul style="list-style-type: none"> <li>Implement the ambulance handover improvement plan which has been jointly agreed between WAST and the Health Board. The plan includes: <ul style="list-style-type: none"> <li>The completion of the Health Board's escalation plan, which will link into planned changes to the National Escalation planned to be in place in February 2020.</li> <li>A WAST patient liaison officer commenced to be maintained to end of March 2020.</li> <li>Maximise the benefit of the second falls vehicle commissioned in November to scale up capacity in the non-injury falls service.</li> <li>Continue the development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support.</li> <li>Continue to explore the opportunities for co-horting of patients outside ED; the feasibility of a mobile unit to be scoped.</li> <li>Continued use of the acute GP service to review and redirect patients requesting a 999 ambulance response to alternative appropriate pathways of care.</li> </ul> </li> </ul>
<b>Ambulance handovers</b> <i>The number of ambulance handovers over one hour</i>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system in December 2019.</p> <p>In December 2019, Morriston Hospital saw an increase of 284 &gt;1 hour ambulance handover waits, compared with December 2018 (from 546 to 830). Singleton saw a reduction from 44 in December 2018 to 38 in December 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>	

UNSCHEDULED CARE			
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 December 2019 were lower by 376 patients compared with November 2019 (from 10,182 to 9,806).</p>	<p><b>Number of A&amp;E attendances</b></p> <p>Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19</p> <p>— Morriston — NPTH</p>	<ul style="list-style-type: none"> <li>GP out of hours service continues to be well placed to manage demand.</li> <li>111 awareness campaign programme and communication of Choose Well pathways.</li> <li>Encourage and promote the use of the Health Board's community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service.</li> <li>Maximise use of telephone first model to support practices to manage demand.</li> <li>Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health &amp; social care system.</li> <li>Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital</li> </ul>
<b>Emergency Admissions</b> <i>The number of emergency admissions across the Health Board by site</i>	<p>In December 2019, there were 4,513 emergency admissions across the Health Board which is 7 (+0.2%) more admissions than in November 2019.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p><b>Number of emergency admissions</b></p> <p>Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19</p> <p>— Morriston — Singleton — NPTH</p>	<ul style="list-style-type: none"> <li>Maximise and expand the alternative models to admission that have been developed during 2018/19 such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways.</li> <li>Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions.</li> <li>Implement the agreed winter plans which have a focus this year on primary and community care support and interventions.</li> <li>Continue to progress the implementation of the acute medicine model in Swansea Bay.</li> <li>Assess the impact of the assistant practitioners working on Wards 3, 4 and 7 in Singleton and Ward C in NPTH (frailty/stroke wards).</li> </ul>

UNSCHEDULED CARE																																																											
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 December 2019, there were on average 194 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>It must be noted that data collection has significantly improved which will in part reflect the increase in numbers.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p>  <table border="1"> <caption>Estimated data for Discharge/medically fit patients</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>100</td><td>60</td><td>15</td></tr> <tr><td>Jan-19</td><td>95</td><td>50</td><td>10</td></tr> <tr><td>Feb-19</td><td>100</td><td>55</td><td>15</td></tr> <tr><td>Mar-19</td><td>110</td><td>75</td><td>15</td></tr> <tr><td>Apr-19</td><td>105</td><td>80</td><td>15</td></tr> <tr><td>May-19</td><td>90</td><td>65</td><td>10</td></tr> <tr><td>Jun-19</td><td>95</td><td>60</td><td>15</td></tr> <tr><td>Jul-19</td><td>110</td><td>55</td><td>15</td></tr> <tr><td>Aug-19</td><td>110</td><td>55</td><td>20</td></tr> <tr><td>Sep-19</td><td>140</td><td>55</td><td>35</td></tr> <tr><td>Oct-19</td><td>110</td><td>55</td><td>10</td></tr> <tr><td>Nov-19</td><td>100</td><td>60</td><td>10</td></tr> <tr><td>Dec-19</td><td>100</td><td>65</td><td>30</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Dec-18	100	60	15	Jan-19	95	50	10	Feb-19	100	55	15	Mar-19	110	75	15	Apr-19	105	80	15	May-19	90	65	10	Jun-19	95	60	15	Jul-19	110	55	15	Aug-19	110	55	20	Sep-19	140	55	35	Oct-19	110	55	10	Nov-19	100	60	10	Dec-19	100	65	30	<ul style="list-style-type: none"> <li>Full Implementation of the Hospital to Home (H2H) programme will be in place by February 2020. Ongoing assessment of the impact of the H2H will be undertaken including an analysis of the caseload being held by the team.</li> <li>Ongoing roll out of the SIGNAL system in Morriston Hospital, acute wards to be completed by the end of January 20, regional services by the end of February Roll out to NPTH to be undertaken in February/March.</li> </ul>
Month	Morrison	Singleton	NPTH																																																								
Dec-18	100	60	15																																																								
Jan-19	95	50	10																																																								
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Aug-19	110	55	20																																																								
Sep-19	140	55	35																																																								
Oct-19	110	55	10																																																								
Nov-19	100	60	10																																																								
Dec-19	100	65	30																																																								
<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In December 2019, there were 89 elective procedures cancelled due to lack of beds on the day of surgery. This is 56% less than in November 2019 (201 to 89). In December 2019, 75 of the 89 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>  <table border="1"> <caption>Estimated data for Elective procedures cancelled</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>25</td><td>20</td><td>5</td></tr> <tr><td>Jan-19</td><td>130</td><td>15</td><td>5</td></tr> <tr><td>Feb-19</td><td>50</td><td>15</td><td>5</td></tr> <tr><td>Mar-19</td><td>85</td><td>20</td><td>5</td></tr> <tr><td>Apr-19</td><td>85</td><td>10</td><td>5</td></tr> <tr><td>May-19</td><td>115</td><td>15</td><td>5</td></tr> <tr><td>Jun-19</td><td>105</td><td>10</td><td>5</td></tr> <tr><td>Jul-19</td><td>95</td><td>10</td><td>5</td></tr> <tr><td>Aug-19</td><td>65</td><td>10</td><td>5</td></tr> <tr><td>Sep-19</td><td>105</td><td>10</td><td>5</td></tr> <tr><td>Oct-19</td><td>130</td><td>10</td><td>15</td></tr> <tr><td>Nov-19</td><td>140</td><td>10</td><td>60</td></tr> <tr><td>Dec-19</td><td>80</td><td>10</td><td>10</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Dec-18	25	20	5	Jan-19	130	15	5	Feb-19	50	15	5	Mar-19	85	20	5	Apr-19	85	10	5	May-19	115	15	5	Jun-19	105	10	5	Jul-19	95	10	5	Aug-19	65	10	5	Sep-19	105	10	5	Oct-19	130	10	15	Nov-19	140	10	60	Dec-19	80	10	10	<ul style="list-style-type: none"> <li>Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models.</li> <li>Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures.</li> <li>Maintain ring fenced orthopaedic ward at Morriston hospital which was reinstated in November.</li> </ul>
Month	Morrison	Singleton	NPTH																																																								
Dec-18	25	20	5																																																								
Jan-19	130	15	5																																																								
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UNSCHEDULED CARE																															
Description	Current Performance	Trend	Actions planned for next period																												
<b>Stroke Admissions</b> <i>The total number of stroke admissions into the Health Board</i>	<p>In December 2019, there were 63 confirmed stroke admissions in Morriston Hospital. This is 17 more admissions than December 2018 and the same as October 2019 and 14 more admissions than November 2019.</p>	<p><b>Total number of stroke admissions</b></p> <table><caption>Total number of confirmed stroke admissions (Morr)</caption><thead><tr><th>Month</th><th>Admissions</th></tr></thead><tbody><tr><td>Dec-18</td><td>45</td></tr><tr><td>Jan-19</td><td>38</td></tr><tr><td>Feb-19</td><td>48</td></tr><tr><td>Mar-19</td><td>48</td></tr><tr><td>Apr-19</td><td>50</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>48</td></tr><tr><td>Aug-19</td><td>55</td></tr><tr><td>Sep-19</td><td>45</td></tr><tr><td>Oct-19</td><td>50</td></tr><tr><td>Nov-19</td><td>48</td></tr><tr><td>Dec-19</td><td>63</td></tr></tbody></table>	Month	Admissions	Dec-18	45	Jan-19	38	Feb-19	48	Mar-19	48	Apr-19	50	May-19	45	Jun-19	45	Jul-19	48	Aug-19	55	Sep-19	45	Oct-19	50	Nov-19	48	Dec-19	63	<ul style="list-style-type: none"><li>Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.</li></ul>
Month	Admissions																														
Dec-18	45																														
Jan-19	38																														
Feb-19	48																														
Mar-19	48																														
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Sep-19	45																														
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Nov-19	48																														
Dec-19	63																														
<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 December 2019 only 24 out of 61 patients had a direct admission to an acute stroke unit within 4 hours (39.3%).</p> <p>The 4 hour target appears to be a challenge across Wales. The latest published all-Wales data is for October 2019 which confirms that performance ranged from 32.2% to 55.1%. SBU HB achieved 55.1% October 2019.</p>	<p><b>Percentage of patients admitted to stroke unit within 4 hours</b></p> <table><caption>Stroke admissions within 4 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Dec-18</td><td>60%</td></tr><tr><td>Jan-19</td><td>55%</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>60%</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>55%</td></tr><tr><td>Aug-19</td><td>45%</td></tr><tr><td>Sep-19</td><td>30%</td></tr><tr><td>Oct-19</td><td>55%</td></tr><tr><td>Nov-19</td><td>55%</td></tr><tr><td>Dec-19</td><td>39%</td></tr></tbody></table>	Month	Percentage	Dec-18	60%	Jan-19	55%	Feb-19	75%	Mar-19	65%	Apr-19	60%	May-19	55%	Jun-19	58%	Jul-19	55%	Aug-19	45%	Sep-19	30%	Oct-19	55%	Nov-19	55%	Dec-19	39%	<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>Work is underway to develop an improved stroke in-reach service to ED (led by the ASU Ward Managers).</li></ul>
Month	Percentage																														
Dec-18	60%																														
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UNSCHEDULED CARE																															
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 December 2019, the Health Board achieved 44.4%, which was below the internal profile of 55%.	<b>Percentage of patients receiving CT scan within 1 hour</b>  <table><caption>Ct scan within 1 hour (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Dec-18</td><td>48%</td></tr><tr><td>Jan-19</td><td>50%</td></tr><tr><td>Feb-19</td><td>52%</td></tr><tr><td>Mar-19</td><td>58%</td></tr><tr><td>Apr-19</td><td>62%</td></tr><tr><td>May-19</td><td>55%</td></tr><tr><td>Jun-19</td><td>52%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>48%</td></tr><tr><td>Sep-19</td><td>42%</td></tr><tr><td>Oct-19</td><td>48%</td></tr><tr><td>Nov-19</td><td>50%</td></tr><tr><td>Dec-19</td><td>44.4%</td></tr></tbody></table>	Month	Percentage	Dec-18	48%	Jan-19	50%	Feb-19	52%	Mar-19	58%	Apr-19	62%	May-19	55%	Jun-19	52%	Jul-19	58%	Aug-19	48%	Sep-19	42%	Oct-19	48%	Nov-19	50%	Dec-19	44.4%	<ul style="list-style-type: none"><li>Recent improvement meetings with Radiology colleagues have underlined the capacity challenges in CT. An additional scanner is required to deliver improved one CT access performance and reduce lead to time to thrombolysis.</li><li>Both departments are collaborating to reduce the transfer time of images to Southmead Hospital for potential thrombectomy cases.</li></ul>
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Dec-18	48%																														
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Nov-19	50%																														
Dec-19	44.4%																														
<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 December 2019, the Health Board achieved 100%, which was above the internal profile of 96% and above the Sentinel Stroke National Audit Programme (SSNAP) average of 83.9%.	<b>Percentage of patients assessed by stroke consultant within 24 hours</b>  <table><caption>Consultant assessment within 24 hours (Morr)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Dec-18</td><td>96%</td></tr><tr><td>Jan-19</td><td>92%</td></tr><tr><td>Feb-19</td><td>89%</td></tr><tr><td>Mar-19</td><td>100%</td></tr><tr><td>Apr-19</td><td>96%</td></tr><tr><td>May-19</td><td>93%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>98%</td></tr><tr><td>Aug-19</td><td>95%</td></tr><tr><td>Sep-19</td><td>96%</td></tr><tr><td>Oct-19</td><td>94%</td></tr><tr><td>Nov-19</td><td>98%</td></tr><tr><td>Dec-19</td><td>100%</td></tr></tbody></table>	Month	Percentage	Dec-18	96%	Jan-19	92%	Feb-19	89%	Mar-19	100%	Apr-19	96%	May-19	93%	Jun-19	100%	Jul-19	98%	Aug-19	95%	Sep-19	96%	Oct-19	94%	Nov-19	98%	Dec-19	100%	<ul style="list-style-type: none"><li>Stroke Physician cross cover is planned well in advance to ensure patients reviews are provided ASAP. The absence of a 7-day service means that full compliance is not always possible</li></ul>
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Dec-18	96%																														
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Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	In December 2019, 15.9% of patients were thrombolysed (10 out of 63). However, only 2 out of the 10 9 patients were thrombolysed within the 45 minutes (door to needle) standard (20%). This is below the internal profile of 35%	<p>Percentage of eligible thrombolysed patients within 45 minutes</p>  <table><caption>Percentage of eligible thrombolysed patients within 45 minutes</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><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>25%</td></tr><tr><td>May-19</td><td>15%</td></tr><tr><td>Jun-19</td><td>0%</td></tr><tr><td>Jul-19</td><td>40%</td></tr><tr><td>Aug-19</td><td>25%</td></tr><tr><td>Sep-19</td><td>0%</td></tr><tr><td>Oct-19</td><td>0%</td></tr><tr><td>Nov-19</td><td>0%</td></tr><tr><td>Dec-19</td><td>20%</td></tr></tbody></table> <p>Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Dec-18	30%	Jan-19	45%	Feb-19	15%	Mar-19	20%	Apr-19	25%	May-19	15%	Jun-19	0%	Jul-19	40%	Aug-19	25%	Sep-19	0%	Oct-19	0%	Nov-19	0%	Dec-19	20%	<ul style="list-style-type: none"><li>Weekly scrutiny of thrombolysis performance continues however the level of analysis has been affected by admin sickness within the stroke team. Solutions to this will be evaluated.</li></ul>
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PLANNED CARE- RTT																																																																									
Description	Current Performance	Trend	Actions planned for next period																																																																						
<b>Outpatient waiting times</b> <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In December 2019, there were 1,305 patients waiting over 26 weeks compared with 1,120 in November 2019. Gastroenterology accounted for 58% of breaches (756 breaches) and Orthopaedics/ Spinal accounted for 26% (343 breaches).</p>	<p><b>Number of stage 1 over 26 weeks</b></p> <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>Dec-18</td><td>50</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>50</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>200</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>150</td><td>150</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>350</td><td>550</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>400</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>450</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>480</td><td>680</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>450</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>550</td><td>750</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	50	0	0	0	Jan-19	50	0	0	0	Feb-19	100	0	0	0	Mar-19	150	0	0	0	Apr-19	200	0	0	0	May-19	200	50	0	0	Jun-19	150	150	0	0	Jul-19	350	550	0	0	Aug-19	400	600	0	0	Sep-19	450	650	0	0	Oct-19	480	680	0	0	Nov-19	450	650	0	0	Dec-19	550	750	0	0	<ul style="list-style-type: none"><li>Gastroenterology is in the process of recruiting to its sustainable model. Additional capacity being secured through possible insourcing, WLIs and support from a Hywel Dda Consultant.</li><li>Combined consultant and therapy clinics now in place for Spinal surgery. Impact is being reviewed.</li><li>Scoping 'straight to test' model in General Surgery to relieve outpatient demand for the Consultants.</li><li>Sub-specialty issue in Paediatric Plastic Surgery, additional capacity being secured with solo Consultant.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
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<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 December 2019 there were 5,141 patients waiting over 36 weeks which is higher than the internal profile of 1,435.</p> <p>Orthopaedics/ Spinal accounted for 45% of the breaches, followed by Ophthalmology with 16%.</p>	<p><b>Number of patients waiting longer than 36 weeks</b></p> <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>Dec-18</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>2,000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>1,800</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>2,200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>2,500</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>2,800</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>3,000</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>3,200</td><td>800</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>3,500</td><td>1,000</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>3,800</td><td>1,100</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>4,000</td><td>1,200</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	2,000	0	0	0	Jan-19	2,000	0	0	0	Feb-19	1,800	0	0	0	Mar-19	1,800	0	0	0	Apr-19	2,000	0	0	0	May-19	2,200	0	0	0	Jun-19	2,500	0	0	0	Jul-19	2,800	200	0	0	Aug-19	3,000	500	0	0	Sep-19	3,200	800	0	0	Oct-19	3,500	1,000	0	0	Nov-19	3,800	1,100	0	0	Dec-19	4,000	1,200	0	0	<ul style="list-style-type: none"><li>Recruitment programme underway for 10 permanent Anaesthetists to support a sustainable model.</li><li>Ophthalmology being addressed through outsourcing and additional lists in NPTH.</li><li>Opened 10 protected Orthopaedic beds on Clydach Ward, maintaining throughput.</li><li>New clinical model to be scoped for General Surgery to meet the demand on the service.</li><li>Assessment of maximising the trolleys at Singleton now that Ward 12 is back online.</li><li>Scoping model change to overnight Anaesthetic cover at Singleton to increase range of cases that can be undertaken on the site.</li></ul>
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Dec-18	2,000	0	0	0																																																																					
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**PLANNED CARE- RTT****LONG WAITING PATIENTS UPDATE**

The current number of patients waiting over 52 weeks (at the end of December 2019) is set out in the table below.

	> 36	>52
Orthopaedics and Spines	2,337	1,031
Ophthalmology	803	155
General Surgery	575	236
Gastro OP	372	-
ENT	344	75
OMFS	208	95
<b>Total</b>	<b>4,639</b>	<b>1,592</b>
HB Total	5,141	1,723
%	90%	92%

The current Health Board Patient Access Policy has a section which sets out the expectations for clinical review of both routine and urgent patients waiting for planned treatment. The Policy states that “Patients moving into the 52 week timeframe for the first time will be alerted to the named consultant and a clinical review will be undertaken to assess the patient’s current clinical priority. Where a patient requires surgery, their status will be adjusted to urgent and they will be considered for surgery ahead of routine cases. Patients referred for urgent care waiting longer than 3 months for their surgery following the decision to surgically treat will also be alerted to the named consultant and subject to a further clinical review. If they continue to require urgent care they will be expedited for treatment.”

In addition to the requirements set out in the Policy, specific examples of good practice are evident within our clinical teams. In orthopaedic surgery the clinical team has written to the 200 longest waiting patients to determine their current status and in order to support this a dedicated telephone line has been established to allow patients to discuss their position and agree next steps.

Further, our patients waiting for cleft lip and palate surgery have also been written to brief them on our plans for their treatment and blend of internal additional capacity and external capacity has been commissioned, via the clinical lead for the service, to treat the patients with the greatest need.

**Further Actions**

By the end of Quarter 4 a monitoring system will be developed to measure compliance with the Access Policy and this will be built into the routine quarterly performance review process with units. In addition to this, the Medical Director has been in discussion with Medical Director colleagues in other Health Boards which has identified an approach being used by Cardiff and Vale University Health Board where a Standard Operating Procedure (SOP) is in place for the clinical review of long waiting patients. The SOP has similar elements to that of our Access Policy and this will also be reviewed in Quarter 4 to identify any areas of good practice that may strengthen our own local Access Policy.

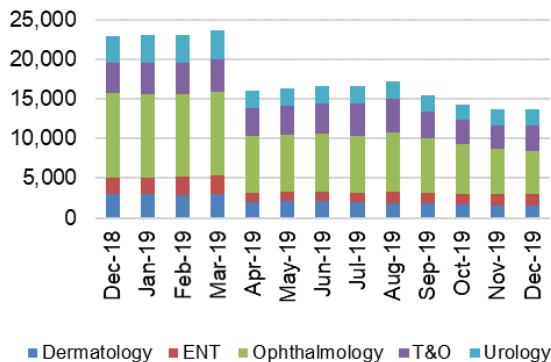
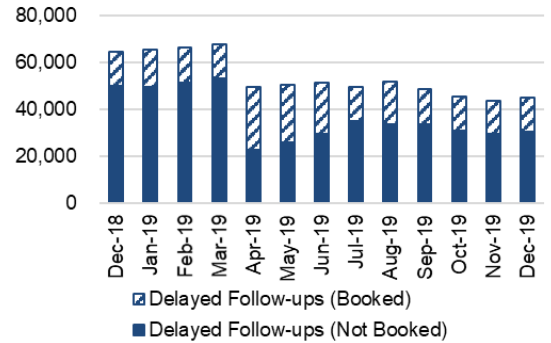


PLANNED CARE- RTT																																																																									
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<b>Total waiting times</b> <i>The number of patients waiting more than 52 weeks for treatment</i>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In December 2019 there were 1,723 patients waiting over 52 weeks compared with 1,462 in November 2019.</p>	<p><b>Number of patients waiting longer than 52 weeks</b></p> <table><caption>Number of patients waiting longer than 52 weeks (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-18</td><td>850</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>750</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>850</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>950</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1050</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>1150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>1300</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>1450</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>1550</td><td>200</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	850	0	0	0	Jan-19	800	0	0	0	Feb-19	750	0	0	0	Mar-19	700	0	0	0	Apr-19	700	0	0	0	May-19	800	0	0	0	Jun-19	850	0	0	0	Jul-19	950	0	0	0	Aug-19	1050	0	0	0	Sep-19	1150	0	0	0	Oct-19	1300	0	0	0	Nov-19	1450	100	0	0	Dec-19	1550	200	0	0	<ul style="list-style-type: none"><li>• The actions relating to &gt;52 week patients are aligned with the plans for 36 week patients.</li><li>• Top 15 longest waiting patients for each speciality have been reviewed and actions identified.</li><li>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li></ul>
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<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. However, this level of performance has not been maintained in 2019/20.</p> <p>In December 2019, the percentage was 82.6%.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table><caption>Percentage of patient waiting less than 26 weeks (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-18</td><td>83%</td><td>92%</td><td>98%</td><td>98%</td></tr><tr><td>Jan-19</td><td>84%</td><td>94%</td><td>98%</td><td>98%</td></tr><tr><td>Feb-19</td><td>85%</td><td>94%</td><td>98%</td><td>98%</td></tr><tr><td>Mar-19</td><td>85%</td><td>92%</td><td>98%</td><td>98%</td></tr><tr><td>Apr-19</td><td>84%</td><td>91%</td><td>98%</td><td>98%</td></tr><tr><td>May-19</td><td>83%</td><td>91%</td><td>98%</td><td>98%</td></tr><tr><td>Jun-19</td><td>83%</td><td>90%</td><td>98%</td><td>98%</td></tr><tr><td>Jul-19</td><td>83%</td><td>89%</td><td>98%</td><td>98%</td></tr><tr><td>Aug-19</td><td>81%</td><td>87%</td><td>98%</td><td>98%</td></tr><tr><td>Sep-19</td><td>80%</td><td>85%</td><td>98%</td><td>98%</td></tr><tr><td>Oct-19</td><td>79%</td><td>84%</td><td>98%</td><td>98%</td></tr><tr><td>Nov-19</td><td>79%</td><td>83%</td><td>98%</td><td>98%</td></tr><tr><td>Dec-19</td><td>78%</td><td>83%</td><td>98%</td><td>98%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-18	83%	92%	98%	98%	Jan-19	84%	94%	98%	98%	Feb-19	85%	94%	98%	98%	Mar-19	85%	92%	98%	98%	Apr-19	84%	91%	98%	98%	May-19	83%	91%	98%	98%	Jun-19	83%	90%	98%	98%	Jul-19	83%	89%	98%	98%	Aug-19	81%	87%	98%	98%	Sep-19	80%	85%	98%	98%	Oct-19	79%	84%	98%	98%	Nov-19	79%	83%	98%	98%	Dec-19	78%	83%	98%	98%	<ul style="list-style-type: none"><li>• Plans as outlined in previous tables.</li></ul>
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<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In December 2019, there were 569 patients waiting over 8 weeks for specified diagnostics.</p> <p>The noticeable increase in breaches in December 2019 for Morriston was due to a significant increase of 340 breaches for Echo Cardiograms (from 222 in November 2019 to 562 in December 2019).</p> <p>In December 2019, there were 562 Cardiac breaches, 4 Physiological measurement breaches and 3 Cystoscopy breaches.</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table border="1"><caption>Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Dec-18</td><td>550</td><td>10</td></tr><tr><td>Jan-19</td><td>540</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>300</td><td>10</td></tr><tr><td>Jul-19</td><td>280</td><td>10</td></tr><tr><td>Aug-19</td><td>350</td><td>10</td></tr><tr><td>Sep-19</td><td>300</td><td>10</td></tr><tr><td>Oct-19</td><td>250</td><td>10</td></tr><tr><td>Nov-19</td><td>220</td><td>10</td></tr><tr><td>Dec-19</td><td>569</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	Dec-18	550	10	Jan-19	540	10	Feb-19	530	10	Mar-19	450	10	Apr-19	400	10	May-19	380	10	Jun-19	300	10	Jul-19	280	10	Aug-19	350	10	Sep-19	300	10	Oct-19	250	10	Nov-19	220	10	Dec-19	569	10	<ul style="list-style-type: none"><li>Endoscopy insourcing commenced with new Provider in December and working well, maintaining a Nil breach position.</li><li>Cystoscopy capacity increased as a result of two new Urology consultants.</li><li>Specific issue in ECHO Cardiology as a result of multiple staff sickness and vacancies. End of year recovery plan requested in January to address the suite of Cardiology diagnostics.</li></ul>																																																																						
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>There has been significant improvement in Therapy waiting times over the last financial year.</p> <p>In December 2019 there were no patients waiting over 14 weeks.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"><caption>Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech &amp; Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Dec-18</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Dec-18	0	0	0	0	0	0	0	Jan-19	0	0	0	0	0	0	0	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	Jun-19	0	0	0	0	0	0	0	Jul-19	0	0	0	0	0	0	0	Aug-19	1	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	0	1	0	0	0	0	Nov-19	0	0	0	0	0	0	0	Dec-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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PLANNED CARE- CANCER			
Description	Current Performance	Trend	Actions planned for next period
<b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>December 2019 figures will be finalised on the 4<sup>th</sup> February 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches across the Health Board in January 2020:</p> <ul style="list-style-type: none"> <li>• Head &amp; Neck: 5 (1 suspected)</li> <li>• Other: 1</li> <li>• Urological: 1</li> <li>• Lower GI: 1</li> <li>• Breast: 1</li> </ul> <p>(4 pathways to be validated)</p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p>	<ul style="list-style-type: none"> <li>• Two Anaesthetists appointed following interviews held on December 16th.</li> <li>• Chemotherapy waiting times: additional nurses have been appointed to maximise use of chair time available in the Chemotherapy Day Unit – aiming to have establishment in place by mid- January which will provide some support.</li> <li>• Ward 12 reopened in Singleton on 3rd January 2020</li> </ul>
<b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>December 2019 figures will be finalised on the 4<sup>th</sup> February 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 62 days. At the time of writing this report there are 9 breaches in total across the Health Board in January 2020:</p> <ul style="list-style-type: none"> <li>• Lower GI: 2</li> <li>• Haematological: 1</li> <li>• Breast: 1</li> <li>• Gynaecological: 1</li> <li>• Lung: 1</li> <li>• Sarcoma: 1 (suspected)</li> <li>• Upper Gastrointestinal: 1</li> <li>• Urological: 1</li> </ul> <p>(2 pathways to be validated)</p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p>	<ul style="list-style-type: none"> <li>• Implementation of a new Neck Lump Pathway is delayed due to the sickness of ENT Consultant/Clinical Lead - returning to work on a phased basis from mid-November, further discussions needed in conjunction with CD Radiology to agree a way forward.</li> <li>• Regular weekly straight to test Endoscopy sessions allocated to acting Consultants job plan. This will enable us to manage the USC demand in a more streamlined and efficient way through re direction to Endoscopy rather than OPD appointment.</li> <li>• Royal College approval for 2<sup>nd</sup> Sarcoma Consultant was received 9<sup>th</sup> Jan 2020. Post can now proceed to advert.</li> </ul>

PLANNED CARE- CANCER																																																																																		
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<b>USC backlog</b> <i>The number of patients with an active wait status of more than 53 days</i>	End of December 2019 backlog by tumour site:	<b>Number of patients with a wait status of more than 53 days</b> <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>Concerns raised regarding the quality of tracking of Dermatology (Neath) patients currently provided by CTMUHB. Meeting arranged w/c 13/1/20 to review and agree actions.</li><li>Review of PMB capacity and demand will commence following discussions with Cwm Taf Morgannwg in the New Year. Meeting arranged for w/c 13/1/20.</li><li>Long term sickness within Breast and Gynae affecting tracking arrangements. Service Manager returned to work in Jan 2020 and reviewing current arrangements.</li><li>Cancer services manager reviewing all additional patients in backlog increase.</li></ul>																																																																															
	<table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 &gt;</th></tr><tr><td>Breast</td><td>21</td><td>9</td></tr><tr><td>Gynaecological</td><td>11</td><td>24</td></tr><tr><td>Haematological</td><td>1</td><td>2</td></tr><tr><td>Head and Neck</td><td>4</td><td>4</td></tr><tr><td>Lower GI</td><td>2</td><td>7</td></tr><tr><td>Lung</td><td>0</td><td>8</td></tr><tr><td>Other</td><td>4</td><td>15</td></tr><tr><td>Skin</td><td>1</td><td>5</td></tr><tr><td>Upper GI</td><td>2</td><td>1</td></tr><tr><td>Urological</td><td>9</td><td>5</td></tr><tr><td><b>Grand Total</b></td><td><b>55</b></td><td><b>80</b></td></tr></table>	Tumour Site			53 - 62 days	63 >	Breast	21	9	Gynaecological	11	24	Haematological	1	2	Head and Neck	4	4	Lower GI	2	7	Lung	0	8	Other	4	15	Skin	1	5	Upper GI	2	1	Urological	9	5	<b>Grand Total</b>	<b>55</b>	<b>80</b>																																											
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<b>Grand Total</b>	<b>55</b>	<b>80</b>																																																																																
<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through December 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 23% and 44%.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of December 2019</b> <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>0</td><td>1</td><td>4</td><td>59</td><td>64</td></tr><tr><td>Children Cancer</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Gynaecological</td><td>1</td><td>8</td><td>14</td><td>52</td><td>75</td></tr><tr><td>Head and Neck</td><td>7</td><td>9</td><td>10</td><td>1</td><td>27</td></tr><tr><td>Lower GI</td><td>1</td><td>12</td><td>20</td><td>7</td><td>40</td></tr><tr><td>Lung</td><td>4</td><td>0</td><td>1</td><td>0</td><td>5</td></tr><tr><td>Other</td><td>4</td><td>36</td><td>12</td><td>5</td><td>57</td></tr><tr><td>Sarcoma</td><td>1</td><td>2</td><td>3</td><td>0</td><td>6</td></tr><tr><td>Skin</td><td>8</td><td>29</td><td>2</td><td>3</td><td>42</td></tr><tr><td>Upper GI</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Urology</td><td>3</td><td>3</td><td>10</td><td>33</td><td>49</td></tr><tr><td><b>Total</b></td><td><b>29</b></td><td><b>102</b></td><td><b>77</b></td><td><b>160</b></td><td><b>368</b></td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	0	1	4	59	64	Children Cancer	0	1	0	0	1	Gynaecological	1	8	14	52	75	Head and Neck	7	9	10	1	27	Lower GI	1	12	20	7	40	Lung	4	0	1	0	5	Other	4	36	12	5	57	Sarcoma	1	2	3	0	6	Skin	8	29	2	3	42	Upper GI	0	1	1	0	2	Urology	3	3	10	33	49	<b>Total</b>	<b>29</b>	<b>102</b>	<b>77</b>	<b>160</b>	<b>368</b>	<ul style="list-style-type: none"><li>Additional clinic capacity requested and arranged to support outpatient waiting times.</li><li>Frequent delays to first outpatient appointments Plastic Surgery due to Consultant going on a sabbatical. Replacement consultant appointed, commencing 28th November. WLIs arranged to meet demand.</li><li>Consultant Gastroenterologist Locum post interview held on the 23rd December. Substantive post JD has been submitted for RCP approval. Weekly Gastro huddle meeting planned from December onwards to review capacity.</li></ul>	
		≤10	11-20	21-30	>31	Total																																																																												
	Breast	0	1	4	59	64																																																																												
	Children Cancer	0	1	0	0	1																																																																												
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PLANNED CARE			
Description	Current Performance	Trend	Actions planned for next period
<b>Delayed follow-ups</b> <i>The number patients delayed past their target date for a follow-up</i>	<p>In December 2019 there was a total of 44,928 patients waiting for a follow-up past their target date. This is a 3% increase compared with November 2019 (from 43,648 to 44,928).</p> <p>Of the 44,928 delayed follow-ups in December 2019, 14,671 had appointment dates and 30,257 were still waiting for an appointment. In addition, 20,579 were waiting 100%+ over target date in December 2019. This is a 0.4% increase when compared with November 2019.</p> <p>In December 2019, the overall size of the follow-up waiting list increased by 0.5% compared with November 2019 (from 130,648 to 131,263).</p>	<p><b>Delayed follow-ups: Planned Care specialties</b></p>  <p>■ Dermatology ■ ENT ■ Ophthalmology ■ T&amp;O ■ Urology</p>	<ul style="list-style-type: none"> <li>To date the current validation team have removed over 5,000 over target delayed follow-up patients.</li> <li>DNA Policy review and Communications - Steps are being taken to support a co-productive approach to the campaign</li> <li>Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODT development in Cwmtawe Cluster (Mar-20).</li> <li>Participation in National Outpatient Modernisation Board.</li> <li>Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc.</li> <li>Formal Project management approaches are being rolled out across the board to increase support to deliver year-end targets.</li> </ul>
		<p><b>Delayed follow-ups: Number of patients waiting over target date</b></p>  <p>■ Delayed Follow-ups (Booked) ■ Delayed Follow-ups (Not Booked)</p>	

MENTAL HEALTH			
Description	Current Performance	Trend	Actions planned for next period
<p><b>Mental Health Measures:</b></p> <p>1) % of MH assessments undertaken within 28 days from the date of receipt of referral</p> <p>2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS</p> <p>3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days</p> <p>4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</p> <p>5) All HB residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment</p>	<p>1) In November 2019, the percentage of assessments undertaken with 28 days was 97% excluding CAMHS and 92% including CAMHS</p> <p>2) In November 2019, the percentage of therapeutic interventions started within 28 days was 90% excluding CAMHS and 92% including CAMHS.</p> <p>3) The % of qualifying patients who had their first contact with IMHA with 5 working days in November 2019 was 100%</p> <p>4) In November 2019, 92% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%</p> <p>5) In November 2019, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place</p>	<p><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>An analysis of part 1 referral data is to be undertaken by SBUHB as at a recent meeting with the NHS Wales Delivery Unit the Health Board was identified as an outlier due to a high number of referrals.</li> <li>SBUHB is continuing to develop a sustainable model to ensure the timely delivery of therapeutic interventions, including high intensity psychological therapies.</li> <li>The database introduced to ensure performance against Care and Treatment Plan (CTP) target is maintained is up and running and monitored monthly.</li> </ul>



CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)			
Description	Current Performance	Trend	Actions planned for next period
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>3. P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>4. P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>5. S-CAMHS - % SBU residents in receipt of CAMHS to have a valid Care and Treatment Plan</p> <p>6. S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In November 2019, 98% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 36% of NDD patients received a diagnostic assessment within 26 weeks in November 2019.</p> <p>3. 17% of routine assessments were undertaken within 28 days in November 2019, against a target of 80%.</p> <p>4. 100% of therapeutic interventions were started within 28 days following assessment in November 2019</p> <p>5. In November 2019, 100% of residents in receipt of Specialist Child and Adolescent Mental Health Services (SCAMHS) had a Care and Treatment Plan</p> <p>6. 82% of routine assessments by SCAMHS were undertaken within 28 days in November 2019.</p>	<p><b>1. Crisis-</b> assessment within 48 hours</p> <p><b>2. NDD-</b> assessment within 26 weeks</p> <p><b>3. and 4. P-CAMHS-</b> Therapeutic intervention within 28 days and residents in receipt of CTP</p> <p><b>5. and 6 S-CAMHS-</b> % residents with CTP and assessment within 28 days</p>	<ul style="list-style-type: none"> <li>• <b>NDD</b> –The referral rate has stabilised somewhat at around 100 per month on average. Breach position will continue into early 2020/21 financial year. Actions are as follows: <ul style="list-style-type: none"> <li>- Newly appointed clinical lead and senior administrator to embed roles;</li> <li>- Waiting list initiatives planned to reduce waiting times utilising slippage for this financial year</li> <li>- All Wales workshop to review NDD service development going forward.</li> </ul> </li> <li>• <b>CAMHS</b> –The variation in performance experienced (indicators 3, 4, 5 &amp; 6) is consistently related to the number of vacancies across the services. <ul style="list-style-type: none"> <li>- Waiting list initiatives planned to reduce waiting times utilising slippage for this financial year</li> <li>- Planning to commence for the implementation of the single point of access including an increased presence of CAMHS staff in Block D at NPT in line with the plans to centralise the management and administrative functions of the Service</li> <li>- Recruitment of additional P-CAMHS staff including psychological therapy support.</li> </ul> </li> </ul>



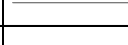
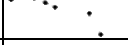
APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

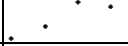
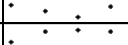
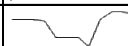

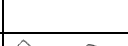
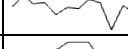


The following dashboard provides an overview of the Health Board’s performance against all NHS Wales Delivery Framework measures and key local measures.

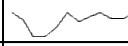

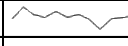

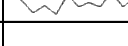


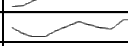
STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
ABMU														SBU								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%		96%			97%			96%			96%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%		91%			91%			93%			93%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%		89%			82%									
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-19	66.2%	75%			67.1%						68.1%						49.3%	62.0%	66.2%
	% uptake of influenza among under 65s in risk groups	National	Dec-19	39.2%	55%			39.7%						43.0%						14.7%	32.0%	39.2%
	% 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	Dec-19	42.1%				41.5%						47.7%						0.8%	24.0%	42.1%
	% uptake of influenza among healthcare workers	National	Dec-19	56.0%	60%			56%						54.5%						42.0%	55.0%	56.0%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Nov-19	1.9%	5% annual target	3.3%	✗	2.2%		1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q1 19/20	55.7%	40% annual target	40.0%	✓	42.9%		55%			56%			56%						
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			28.2%		2018/19= 29.3%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 19/20	441.9	4 quarter ↓			417.2								441.9						

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful																						
ABMU														SBU								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
DTCs	Number of mental health HB DToCs	National	Dec-19	22	12 month ↓	27	✓	70		25	29	26	21	18	23	27	20	18	19	22	22	22
	Number of non-mental health HB DToCs	National	Dec-19	53	12 month ↓	50	✗	443		117	104	87	112	49	67	70	61	69	69	76	61	53
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Nov-19	100%	95%	95%	✓	78%		94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	
	Stage 2 mortality reviews required	Local	Dec-19	13						17	7	10	22	18	13	13	13	9	9	17	9	13
	% stage 2 mortality reviews completed	Local	Oct-19	65%		100%				40.0%	28.6%	20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%		
	Crude hospital mortality rate (74 years of age or less)	National	Nov-19	0.78%	12 month ↓			0.72%		0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-19	96.4%		98%	✗			98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Dec-19	85%	85%			76.3%		83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%
Coding	% of episodes clinically coded within 1 month of discharge	National	Nov-19	93%	95%	95%	✓	88.4%		91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Dec-19	65%		100%	✗			61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q1 19/20	98.5%	100%	100%	✗	98%		100%			96.4%			98.5%						
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 19/20	84	10% annual ↑	77	✓			78			97									84
	Number of Health and Care Research Wales commercially sponsored studies		Q3 19/20	31	5% annual ↑	28	✓			31			37									31
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 19/20	1,109	10% annual ↑	1,561	✗			1,463			2,276									1,109
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 19/20	179	5% annual ↑	104	✓			99			136									179

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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4,575		4,612			4,447			4,451						
	Patients aged 65 years or over prescribed an antipsychotic		Q1 19/20	1,433	qtr on qtr ↓			9810								1,433						
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			306.0		330.7			327.5			294.0			279.1			
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			8.0		16.1			16.0			13.9			13.3			
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Nov-19	92%		95%	✗				90.3%		92.4%		87.0%		91.0%		87.0%		92.0%	
	% stop or review date documented on medication chart		Nov-19	51%		95%	✗				56.0%		55.2%		52.0%		54.0%		63.0%		51.0%	
	% of antibiotics prescribed on stickers		Nov-19	86%		95%	✗				47.1%		75.0%		61.0%		81.0%		81.0%		86.0%	
	% appropriate antibiotic prescriptions choice		Nov-19	99%		95%	✓				96.2%		95.9%		98.0%		97.0%		96.0%		99.0%	
	% of patients receiving antibiotics for >7 days		Nov-19	10%		<20%	✓				12.8%		6.9%		8.0%		11.0%		15.0%		10.0%	
	% of patients receiving surgical prophylaxis for > 24 hours		Nov-19	50%		<20%	✗				46.2%		39.1%		6.0%		18.0%		40.0%		50.0%	
	% of patients receiving IV antibiotics > 72 hours		Nov-19	48%		<30%	✗				47.3%		30.8%		35.0%		46.0%		41.0%		48.0%	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Dec-19	78.6	<67			85.13		100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6
	Number of E.Coli bacteraemia cases (Hospital)		Dec-19	12		10	✗			15	11	15	21	10	7	7	14	9	5	10	5	12
	Number of E.Coli bacteraemia cases (Community)			20		24	✓			23	17	16	22	17	15	22	21	13	18	15	10	20
	Total number of E.Coli bacteraemia cases			32		34	✓			38	28	31	43	27	22	29	35	22	23	25	15	32
	Cumulative cases of S.aureus bacteraemias per 100k pop		Dec-19	35.2	<20			25.99		34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2
	Number of S.aureus bacteraemias cases (Hospital)		Dec-19	7		6	✗			5	9	9	4	11	8	6	8	4	3	11	8	7
	Number of S.aureus bacteraemias cases (Community)			4		9	✓			6	9	7	7	3	3	5	9	3	5	2	3	4
	Total number of S.aureus bacteraemias cases			11		15	✓			11	18	16	11	14	11	11	17	7	8	13	11	11
	Cumulative cases of C.difficile per 100k pop		Dec-19	35.6	<26			26.22		39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6
	Number of C.difficile cases (Hospital)		Dec-19	7		9	✓			5	3	4	3	2	8	6	9	5	8	13	13	7
	Number of C.difficile cases (Community)			4		3	✗			11	4	3	5	1	3	4	4	5	2	6	4	4
	Total number of C.difficile cases			11		12	✓			16	7	7	8	3	11	10	13	10	10	19	17	11
	Cumulative cases of Klebsiella per 100k pop		Dec-19	21.9				21.75					28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9
	Number of Klebsiella cases (Hospital)		Dec-19	4		6	✓			11	10	15	4	2	4	7	1	8	7	4	4	4
	Number of Klebsiella cases (Community)			2		5	✓			1	6	5	4	3	1	4	4	3	2	0	4	2
	Total number of Klebsiella cases			6		11	✓			12	16	20	8	5	5	11	5	11	9	4	8	6
	Cumulative cases of Aeruginosa per 100k pop		Dec-19	7.9				6.35					5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9
	Number of Aeruginosa cases (Hospital)		Dec-19	1		2	✓			2	0	0	0	3	1	2	1	2	2	1	1	1
	Number of Aeruginosa cases (Community)			1		1	✓			3	0	2	0	0	2	4	0	2	0	0	0	1
	Total number of Aeruginosa cases			2		3	✓			5	0	2	0	3	3	6	1	4	2	1	1	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-19	96%		95%	✓			98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q2 19/20	1	0			1		0			1			0			1			
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-19	38%	90%	80%	✗	33.3%		89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%
	Number of new Never Events	National	Dec-19	1	0	0	✗	7		0	0	0	1	0	1	1	1	1	0	1	0	1
	Number of risks with a score greater than 20	Local	Dec-19	109		12 month ↓	✗			48	53	54	51	72	66	75	81	88	103	104	105	109
	Number of risks with a score greater than 16	Local	Dec-19	202		12 month ↓				New local measure for 2019/20				167	151	162	164	175	197	204	200	202
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Dec-19	4		Monitor				12	6	17	15	3	9	8	2	6	5	19	6	4
Number of Safeguarding Children Incidents	Local	Dec-19	8		Monitor				3	13	7	7	6	10	6	7	6	3	5	13	8	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Nov-19	22		12 month ↓	✓			40	50	45	64	29	16	13	18	14	9	20	22	
	Number of pressure ulcers developed in the community		Nov-19	31		12 month ↓	✓			58	77	62	47	34	33	23	33	37	25	29	31	
	Total number of pressure ulcers		Nov-19	53		12 month ↓	✓			98	127	107	111	63	49	36	51	51	34	49	53	
	Number of grade 3+ pressure ulcers acquired in hospital		Nov-19	2		12 month ↓	✓			3	4	10	7	1	2	1	2	0	1	2	2	
	Number of grade 3+ pressure ulcers acquired in community		Nov-19	8		12 month ↓	✓			13	16	11	10	10	6	6	7	8	8	2	8	
	Total number of grade 3+ pressure ulcers		Nov-19	10		12 month ↓	✓			16	20	21	17	11	8	7	9	8	9	4	10	
Inpatient Falls	Number of Inpatient Falls	Local	Dec-19	297		12 month ↓	✓			300	341	276	326	210	226	189	186	227	241	255	240	297
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		2	1			2		0						

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU				SBU									
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
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	Dec-19	87		12 month ↓ trend	✖			84	138	96	114	93	95	118	138	114	110	159	137	87	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-19	83%	75%	80%	✔	69.8%		80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	83%			
	% of acknowledgements sent within 2 working days	Local	Dec-19	100%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%													
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%													
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%													
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Aug-19	3,174	> 5% annual ↓			14,605		3,364		3,373	3,350	3,320			3,288	3,174					
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%													
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%													

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
										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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q2 19/20	188.0	4 quarter ↑			174.4		120.0			146.8			198.0			188.0			
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q2 19/20	8.0	4 quarter ↑			7.3		8.3			6.2			4.0			8.0			
	Rate of calls to the DAN helpline per 100k pop.	National	Q2 19/20	39.3	4 quarter ↑			37.2		24.4			39.3			41.3			39.3			
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-19	92%	90%	90%	✔	88.4%		91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Nov-19	100%	100%	100%	✔	89.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Dec-19	2,476		12 month ↑	✘			3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476
	% of who would recommend and highly recommend	Local	Dec-19	95%		90%	✔			94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Dec-19	83%		90%	✘			82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																						
										ABMU				SBU								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-19	7.3%	12 month ↓					6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%	6.6%	7.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-19	8.0%	12 month ↓					7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%	7.4%	8.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-19	56.0%		90%	✗			67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%
	% of theatre sessions starting late	Local	Dec-19	45.6%		<25%	✗			44%	46%	45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%
	% of theatre sessions finishing early	Local	Dec-19	43.0%		<20%	✗			43%	40%	37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%			18.4%					31.3%						
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%		56.9%			62.6%									
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%					31.1%			32.2%			32.2%			
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-19	70%	85%	79%	✗	70.3%		69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%	69%	70%
	% 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	Dec-19	81%	85%	82%	✗	80.7%		73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%	81%	81%
	% workforce sickness and absent (12 month rolling)	National	Nov-19	6.05%	12 month ↓			5.38%		5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	
	% 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								
										Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Dec-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Dec-19	97%	Annual ↑	95%	✓			95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%
	% of population regularly accessing NHS primary dental care	National	Jun-19	61.8%	4 quarter ↑			55%		62.3%			62.2%			61.8%						
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	97%	90%					95%	96%	92%	96%	98%	98%	97%	97%					
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					79%	80%	60%	80%	83%	100%	100%	-					
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-19	62%	65%	65%	✗	61.6%		75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%
	Number of ambulance handovers over one hour	National	Dec-19	868	0	508	✗	3,960		842	1,164	619	928	732	647	721	594	632	778	827	821	868
	Handover hours lost over 15 minutes	Local	Dec-19	3,361						2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361
	% 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	Dec-19	71%	95%	77.3%	✗	74.4%		76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%
	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	Dec-19	1,018	0	656	✗	5,890		756	986	685	862	653	602	644	642	740	939	890	927	1,018
	% of survival within 30 days of emergency admission for a hip fracture	National	Aug-19	82.4%	12 month ↑			78.9%		75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Dec-19	39.3%	56.3%	81%	✗	43.5%		53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%
	CT Scan (<1 hrs)	Local	Dec-19	44.4%		58%	✗			49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Dec-19	100.0%	83.9%	93%	✓	84.1%		86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%
	Thrombolysis door to needle <= 45 mins	Local	Dec-19	20.0%	12 month ↑	35%	✗			29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%
	% patients receiving the required minutes for speech and language therapy	National	Dec-19	38.4%	12 month ↑			49.8%						57%	47%	41%	48%	48%	50%	49%	45%	38%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Dec-19	82.6%	95%			84.8%		88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-19	1,305	0	0	✗	32,069		94	153	315	207	236	323	297	479	925	1,039	1,152	1,120	1,305
	Number of patients waiting > 36 weeks for treatment	National	Dec-19	5,141	0	1,435	✗	21,145		3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Dec-19	71.6%	95%			63.1%							64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-19	569	0	130	✗	3,881		693	603	558	437	401	401	295	261	344	294	223	226	569
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-19	0	0	0	✓	382		0	0	0	0	0	0	0	0	1	0	1	0	0
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-19	131,263	15% reduction by March 2020	120,356	✗	934,676		178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-19	20,579	15% reduction by March 2020	21,954	✗	219,077		32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Dec-19	91%	98%	98%	✗	96.9%		96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	91%
	% 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	Dec-19	91%	95%	95%	✗	81.4%		88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	91%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Nov-19	71%	12 month ↑			73.6%						73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Nov-19	92%	80%	80%	✓	73.7%		83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Nov-19	92%	80%	80%	✓	73.9%		85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Sep-19	100%	100%	100%	✓	100.0%		100%			99%			100%			100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-19	100%	95%	95%	✓	71.2%		84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-19	98%		100%	✗			98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Nov-19	36%	80%	80%	✗	45.1%		62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Nov-19	17%		80%	✗			4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Nov-19	100%		80%	✓			91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Nov-19	100%		90%	✓			96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-19	82%		80%	✓			56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	

## APPENDIX 2: LIST OF ABBREVIATIONS

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

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



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

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