Quality & Safety Performance Report

August 2019

Meeting Date	**22nd August 2019**	**Agenda Item**	**4.1**
Report Title	**Quality & Safety Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Chris White, Chief Operating Officer Gareth Howells, Director of Nursing and Patient Experience Richard Evans, Executive Medical Director Sandra Husbands, Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2019/20 NHS Wales Delivery Framework.		
Key Issues	Following discussions with the Chair of Quality & Safety Committee the format of the performance report has altered this month to include Service Delivery Level data where available. The report also includes a suite of performance report cards which provide detailed summaries of the end of 2019/20 quarter one performance. It is anticipated that the report will continue to be refined over the coming months in line with any feedback received from the Quality & Safety Committee. Key issues to highlight this month include the reporting of pressure ulcers and delayed follow-ups. Discussions have taken place with the health board's leads for pressure ulcers and the patient feedback team as concerns were raised regarding the accuracy of reported pressure ulcer data due to the data being extracted too early in the month. An agreement has been reached that pressure ulcer data will now be reported a month in arrears in order to ensure that the data is fully cleansed following discussion at scrutiny panels, therefore July 2019 data will be available for the September report.		

	Delayed follow-up data is not included in this iteration of the performance report due to work being undertaken at a national level to ensure the accuracy of the data. The health board's Informatics team have been working with NHS Wales Informatics Service (NWIS) to resolve the issue and a successful fix has been implemented. The team are now in the process of quality checking the data before the figures can be utilised for reporting purposes. It is anticipated that data from April 2019 onwards will be included in the September performance report.			
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance.			

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1. Summary

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

Domain	Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Staying Healthy	Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						**96.5%**
		% of children who received 2 doses of the MMR vaccine by age 5	National	95%	93%						**91.1%**
Safe Care	Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	40	12	0	2	21	0	**35**
		Number of S.aureus bacteraemia cases	National	12 month reduction trend	13	6	1	1	9	0	**17**
		Number of C.difficile cases	National	12 month reduction trend	15	4	1	4	4	0	**13**
		Number of Klebsiella cases	National	12 month reduction trend	6	1	0	0	4	0	**5**
		Number of Aeruginosa cases	National	12 month reduction trend	2	1	0	0	0	0	**1**
		Compliance with hand hygine audits	Local	95%		98.2%	100.0%	95.0%	100.0%	97.7%	**97.2%**
	Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		4	2	3	0	6	**16**
		Number of Never Events	National	0		0	0	1	0	0	**1**
	Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		5	1	7	23	0	**36**
	Falls	Total number of Inpatient Falls	Local	12 month reduction rend		85	26	36	5	34	**186**
	Faractured Neck of Femur (NOF)	**Prompt orthogeriatric assessment-** % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	TBC		72.5%					**72.5%**
		Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	National	TBC		57.4%					**57.4%**
		NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	National	TBC		61.7%					**61.7%**
		Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	National	TBC		68.5%					**68.5%**
		Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	National	TBC		27.2%					**27.2%**
		Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	National	TBC		72.0%					**72.0%**
		30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	National	TBC		7.3%					**7.3%**
		% of survival within 30 days of emergency admission for a hip fracture	National	12 month improvement trend		66.7%					**66.7%**
Effective Care	Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					20	**20**
		Delayed transfers of care- non-mental health	National	12 month reduction trend	60	21	20	9	8	3	**61**
	Mortality	Universal Mortality Reviews completed within 28 days	National	100%		99%	100%	98%			**99%**
		Stage 2 mortality reviews completed within 60 days	Local	100%		42%	-	50%			**46%**
		Crude Mortality	National	12 month reduction trend		1.27%	0.09%	0.42%			**0.75%**
Dignified Care	Complaints	Number of new complaints received	Local	12 month reduction rend		54	4	35	9	9	**118**
		% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	97%	83%	62%	73%	100%	**83%**
Individual Care	Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,883	567	1,680	129	12	**4,259**
		% of patients who would recommend and highly recommend	Local	90%		95%	98%	97%	98%	67%	**96%**
		% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		74%	71%	84%	93%	0%	**77%**
	Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	National	90%						89%	**89%**
		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	National	100%						100%	**100%**

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

Domain	Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Timely Care	Unscheduled Care	Number of ambulance handovers over one hour	National	0	283	550		44			594
		% 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	95%	75%	64.0%	95.7%	MIU closed			74.5%
		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	0	283	642	0	MIU closed			642
	Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	58.9% (UK SNAP average)	78%	53%					53%
		% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	53%	59%					59%
		% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.4% (UK SNAP average)	89%	98%					98%
		% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	30%	40%					40%
		% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		48%					48%
Timely Care	Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		112	0	367	0		479
		Number of patients waiting > 36 weeks for treatment	National	0	2,125	2,449	0	241	0		2,690
		Number of patients waiting > 8 weeks for a specified diagnostics	National	0	390	259		2			261
		Number of patients waiting > 14 weeks for a specified therapy	National	0			0		0	0	0
	Delayed Follow-ups	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	National	Reduce by at least 15% by Mar-20	TBC						
		Number of patients delayed by over 100% past their target date	National	Reduce by at least 15% by Mar-20	TBC						
		Number of Ophthalmology patients without an allocated health risk factor	National	98% by Dec-19	TBC						
		Number of patients without a documented clinical review date	National	95% by Dec-19	TBC						
		Total number of patients on the follow-up waiting list	National	Reduce by at least 15% by March 2020	TBC						
	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%	78%	100%	100%			88%
		% 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	National	95%	93%	73%	20%	52%			60%
	Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						97%	85%
		% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	80%						100%	99%
		% 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	100%						100%	100%
		% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	80%						100%	100%
	CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						96%	96%
		% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						41%	41%
		% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						3%	3%
		% of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	80%						93%	93%
		% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	Local	90%						98%	98%
		% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	Local	80%						76%	76%

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

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

2.1 Overview

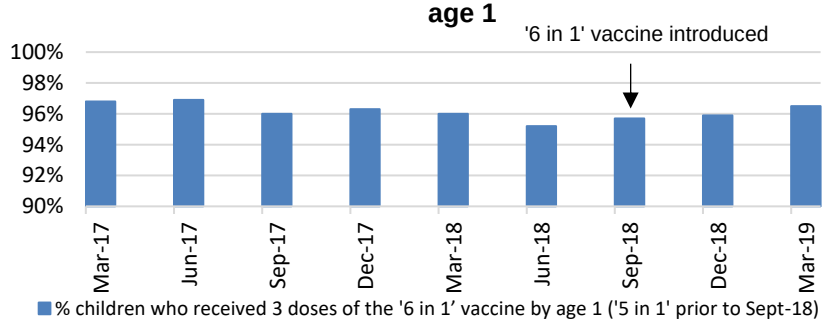
Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	96%			96.8%			97.5%			96.6%					
	Swansea					94.8%			94.5%			96.1%					
	HB Total					**95.7%**			**95.9%**			**96.5%**					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	93%			90.3%			92.3%			92.2%					
	Swansea					88.5%			89.0%			89.6%					
	HB Total					**90.0%**			**91.1%**			**91.1%**					

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

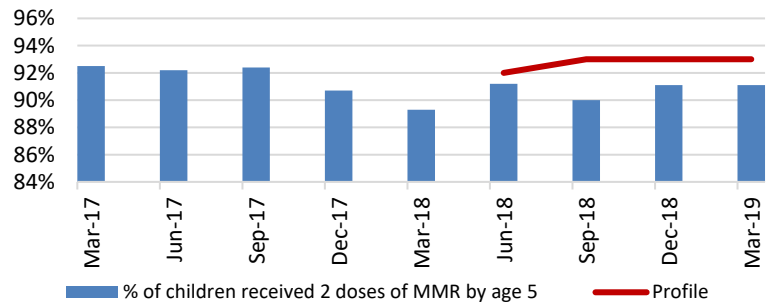
2.2 Staying Healthy Report Cards

CHILDHOOD IMMUNISATIONS							
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health		**NHS Wales Outcome Statement:**	My children have a good healthy start in life			
Health Board Strategic Aim:	Support better health and wellbeing by actively promoting and empowering people to love well in resilient communities		**Health Board Enabling Objective:**	Co-production and Health Literacy			
Executive Lead:	Sandra Husbands, Director of Public Health					**Period:** March 2019	
				Annual Plan Profile	**WG Target**	**Current Status** *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1				N/A	95%	✓	↑ ●
Measure 2: % of children who received 2 doses of the MMR vaccine by age 5				93%	95%	✗	↑ ●

(1) % of children who received 3 doses of the '5 in 1' vaccine by age 1

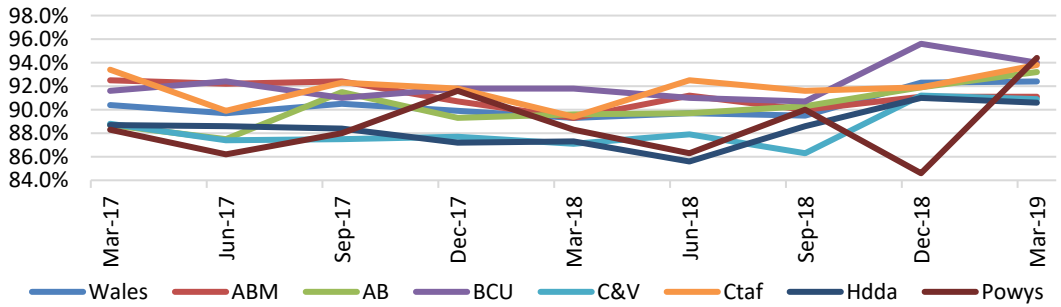


(2) % of children who received 2 doses of the MMR vaccine by age 5



Benchmarking

(3) % of children who received 2 doses of the MMR vaccine by age 5



Source: Public Health Wales COVER Report Jan - Mar 2019 (COVER 130)

Measure 1: % of children who received 3 doses of the '5 in 1' vaccine by age 1
Measure 2: % of children who received 2 doses of the MMR vaccine by age 5

How are we doing?

- Measure 1- Health Board continues to achieve the Welsh Government (WG) target of > 95% of resident children who have received all required immunisations by age 1 year. All Local Authority (LA) areas achieved over 96%. Rotavirus vaccine in Swansea LA area remains outside target with 94.3% coverage for quarter 4. (NPT: 95%, Bridgend: 96.8%). Swansea overall has least coverage for 6:1, MenB2 and PCV2.
- Measure 2 – during this reporting quarter there has been a slight increase in the percentage of resident children who have received 2 doses of the MMR vaccine by age 5, with the COVER report indicating overall uptake rates of 91.1%. Again there is variance between the 3 LA areas Bridgend 92.5%; NPT 92.2%; Swansea 89.6%.

What actions are we taking?

- Waiting lists and cancelled clinics continue to be monitored closely by the primary care team.
- The Strategic Immunisation Group received an SBAR from the Child Health Department in relation to recommendations made following the internal audit in respect of additional resource to perform routine data cleansing to ensure data held on the Child Health Information System is the same as that on GP records. This will improve confidence in the COVER data, whilst enabling health care professionals to target areas with low uptake rates. We have not as yet had a response following the SBAR and no further resource has been identified. SBAR to be presented at Children's Strategic Board – awaiting feedback.
- The School Health Service is planning to target children outstanding MMR during the next academic year.
- Health professionals (GP's/HV/SN/PN) are advised to check the immunisation status at every contact.
- Monthly runs of children without consent on the CYPrIS system are being reviewed by Health Vistor service and removed if no longer resident in area. This should ensure a more robust reporting denominator for COVER reports.

What are the main areas of risk?

- During this reporting quarter we have remained static 91.1% of resident children who have received 2 doses of the MMR by 5 years. This is below the required 95% for herd immunity and leaves the population vulnerable to an outbreak. There has been a slight increase in coverage in Swansea but the other LA areas have seen a small decrease. The MMR 2 uptake at 5 years in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea 89.6% in 2019.
- Bridgend LA area have often performed better than NPT and Swansea and with their withdrawal, the new Swansea Bay UHB may have a downturn in performance during the next quarter.
- Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit register as an action to be undertaken. Has been raised at Quality and Safety Forum that action to reduce health inequalities in immunisation uptake remains hampered by the Child Health Information System not being able to cleanse data regularly.

How do we compare with our peers?

At the time of writing this report the latest benchmarking available was March 2019 which related to ABMU Health Board

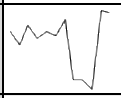
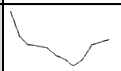
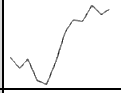
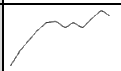
- Measure 1 – ABMU is ranked 3rd in comparison to the other Welsh Health Boards for 6:1 and above the Welsh average of 95.3% during this reporting quarter
- Measure 2 – ABMU is ranked 5th in comparison to the other Welsh Health Boards for MMR x2 and below the Welsh average of 92.4% during this reporting quarter

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

3.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	29		31	30	34	24	30	23	17	16	22	17	15	22	21
	PCCS Hospital		0		0	0	1	1	0	0	0	0	1	0	0	1	0
	MH&LD		1		0	0	1	0	0	0	0	0	0	0	0	0	0
	Morriston		4		7	5	5	8	11	7	3	5	6	7	3	6	12
	NPTH		2		4	4	0	0	2	0	0	2	2	1	0	0	0
	Singleton		4		7	3	5	4	5	6	5	5	8	2	4	0	2
	Total		**40**		**51**	**46**	**49**	**41**	**53**	**38**	**28**	**31**	**43**	**27**	**22**	**29**	**35**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		9	11	3	6	10	6	9	7	7	3	3	5	9
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		1		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		3	3	3	3	3	3	2	3	2	7	7	2	6
	NPTH		1		0	0	0	0	0	0	0	0	0	1	0	1	1
	Singleton		2		2	4	2	2	1	0	6	2	2	3	1	3	1
	Total		**13**		**17**	**20**	**10**	**12**	**17**	**11**	**18**	**16**	**11**	**14**	**11**	**11**	**17**
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		5	7	4	4	1	10	4	3	5	1	3	4	4
	PCCS Hospital		0		1	1	0	0	0	0	0	0	1	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		8		16	4	2	5	2	3	1	4	1	1	3	5	4
	NPTH		0		0	0	0	0	1	0	0	0	0	0	0	0	1
	Singleton		3		5	1	1	4	2	1	2	0	0	1	5	1	4
	Total		**15**		**29**	**15**	**9**	**19**	**10**	**16**	**7**	**7**	**8**	**3**	**11**	**10**	**13**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		6	6	6	9	9	1	6	5	4	3	1	4	4
	PCCS Hospital		0		0	0	0	0	0	0	0	0	1	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Morriston		1		1	5	5	6	4	7	5	7	1	1	3	3	1
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	3	0
	Singleton		0		0	1	1	4	0	1	3	6	2	1	1	1	0
	Total		**6**		**7**	**12**	**12**	**20**	**14**	**12**	**16**	**20**	**8**	**5**	**5**	**11**	**5**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		1	0	3	0	2	3	0	2	0	0	2	4	0
	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		1	1	0	1	2	2	0	0	0	3	1	1	1
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		1	0	0	1	1	0	0	0	0	0	0	1	0
	Total		**2**		**3**	**1**	**3**	**2**	**6**	**5**	**0**	**2**	**0**	**3**	**3**	**6**	**1**
Compliance with hand hygiene audits	PCCS	95%			89.3%	92.3%	100.0%	100.0%	96.8%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				96.5%	96.2%	98.2%	97.4%	97.6%	97.8%	97.9%	98.1%	96.2%	97.0%	97.5%	97.8%	97.7%
	Morriston				96.6%	98.9%	97.7%	97.0%	97.8%	98.7%	95.3%	95.0%	94.7%	94.2%	97.5%	96.1%	98.2%
	NPTH				99.0%	98.4%	99.6%	98.0%	100.0%	99.5%	100.0%	96.0%	88.0%	100.0%	100.0%	100.0%	100.0%
	Singleton				92.1%	94.0%	96.9%	95.1%	96.3%	95.3%	91.7%	95.3%	94.8%	97.2%	96.7%	97.7%	95.0%
	Total				**95.8%**	**97.3%**	**97.5%**	**96.7%**	**97.4%**	**98.2%**	**95.7%**	**96.2%**	**94.5%**	**96.5%**	**98.1%**	**97.1%**	**97.2%**

Measure	Locality	National/ Local Target	Internal profile		ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			4	13	9	12	6	9	8	1	0	0	0	0	0
	MH&LD				5	2	2	9	2	0	2	39	17	2	3	13	6
	Morriston				2	2	2	2	6	3	2	2	9	7	7	2	4
	NPTH				0	1	1	1	1	1	1	0	2	1	1	0	2
	Singleton				0	2	1	6	10	3	4	2	6	5	2	2	3
	Total				**14**	**26**	**13**	**36**	**29**	**18**	**21**	**49**	**36**	**18**	**13**	**18**	**16**
Number of Never Events	PCCS	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
	Morriston				0	0	0	0	0	0	0	0	1	0	1	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	1
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**1**	**1**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			68	88	71	60	62	58	77	62	47	34	33	23	
	PCCS Hospital				1	5	3	0	1	0	0	0	0	0	0	0	
	MH&LD				0	1	0	0	0	1	0	1	0	0	0	0	
	Morriston				8	5	11	6	7	5	8	10	19	14	9	5	
	NPTH				1	3	0	1	0	2	0	2	0	0	0	1	
	Singleton				14	12	10	17	16	6	9	12	12	15	7	7	
	Total				**126**	**133**	**124**	**107**	**103**	**98**	**127**	**107**	**111**	**63**	**49**	**36**	
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction rend			9	10	10	7	14	7	13	5	5	13	8	7	5
	MH&LD				60	48	45	49	48	50	49	35	46	27	48	41	34
	Morriston				85	98	115	73	79	91	117	94	107	106	85	82	85
	NPTH				46	37	33	33	29	28	28	28	36	28	32	18	26
	Singleton				49	46	52	74	51	50	58	62	51	36	53	42	36
	Total				**300**	**290**	**328**	**293**	**291**	**300**	**339**	**275**	**324**	**210**	**226**	**190**	**186**

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	TBC			70.7%	71.4%	70.6%	73.4%	72.7%	70.7%	70.6%	72.7%	73.7%	72.5%	71.6%	72.5%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	TBC			56.8%	56.4%	57.0%	56.6%	56.8%	56.7%	57.2%	55.3%	55.3%	55.0%	57.5%	57.4%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	TBC			64.2%	62.0%	61.2%	61.1%	61.0%	60.3%	60.0%	59.4%	60.0%	61.3%	61.5%	61.7%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	TBC			64.6%	63.7%	64.5%	62.7%	62.4%	64.2%	66.7%	67.6%	67.5%	68.9%	68.1%	68.5%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	TBC			17.9%	20.7%	22.3%	24.4%	26.0%	26.1%	24.9%	26.0%	24.8%	26.6%	28.3%	27.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	TBC			72.3%	72.0%	71.9%	71.5%	70.4%	70.9%	71.4%	72.8%	72.0%				
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	TBC			8.2%	8.4%	8.4%	8.9%	8.6%	8.3%	7.3%						
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%			

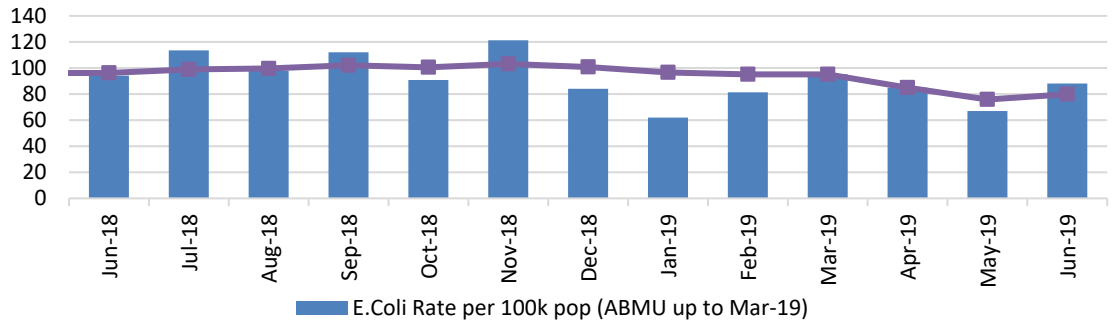
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

3.2 Safe Care Report Cards

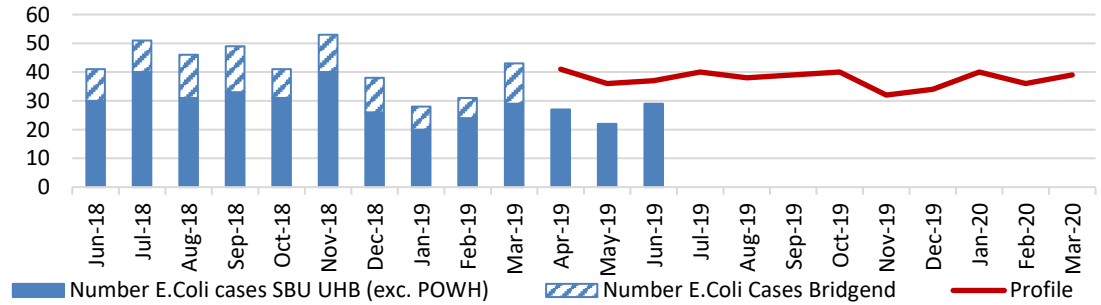
E. COLI Bacteraemia			
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	**WG Target**	**Period:** June 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of E.*coli* bacteraemia cases	37	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	<261	✗	

(1) Rate of E.coli bacteraemia per 100,000 of the population



(2) Number of E.coli bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	638	525	+113
SBU	77	65	+12
AB	119	99	+20
BCU	153	116	+37
C&V	95	83	+12
CTM	107	74	+33
Hdda	85	64	+21

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 2019)

Measure 1: Rate of E.Coli bacteraemia cases per 100,00 of the population
Measure 2: Number of E.Coli bacteraemia cases
Measure 3: Number of cumulative cases of E.Coli against March 2020 reduction expectation

How are we doing?

- The number of *E. coli* bacteraemia in June (29 cases) was 8 cases below the projected IMTP monthly profile. Of these cases, 24% were hospital acquired; 76% were community acquired.
- The cumulative number of cases (Apr-Jun 2019/20) was 78, which was approximately 13% less than the cumulative number of cases for the same period in 2018/19. Of these cumulative cases for 2019/20, 69% were community acquired.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- A large proportion of *E. coli* bacteraemia is community acquired, with many patient related contributory factors, particularly in relation to urinary tract infection and biliary tract disease. As such, it will be a challenge to prevent a significant proportion of these.
- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

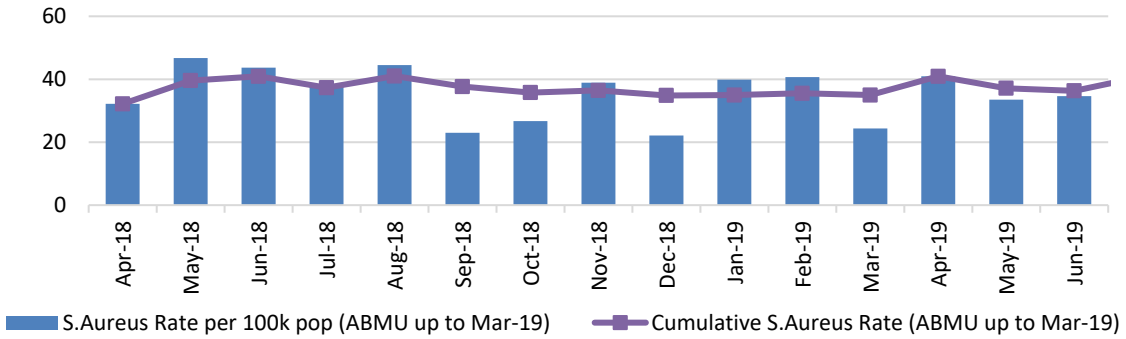
- The incidence of *E. coli* bacteraemia per 100,000 population for June 2019 was 88.14; this was the second highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 79.91/100,000 population, the second lowest incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

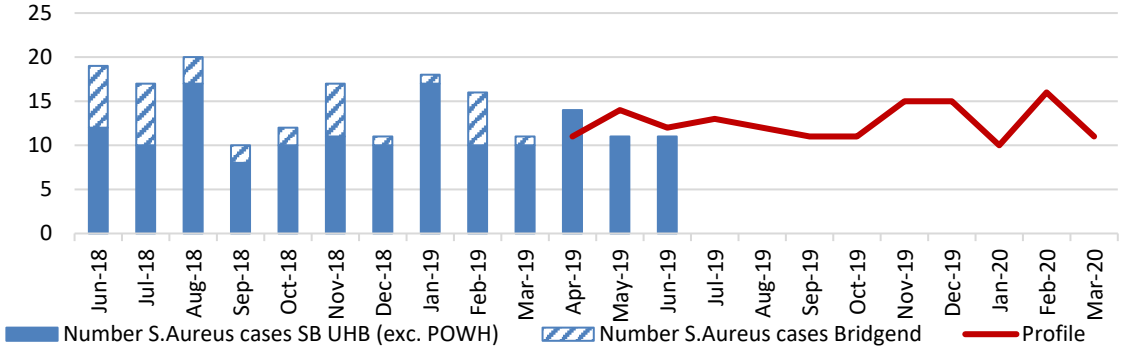
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	IMTP Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Rate of *S.aureus* bacteraemia cases per 100,000 of the population	N/A	N/A		↑
Measure 2: Number of *S. aureus bacteraemia* cases	12	N/A	✓	↓
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	<78	✗	

(1) Rate of *S. aureus* bacteraemia per 100,000 of the population



(2) Number of *S.aureus* bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	207	156	+51
SBU	36	19	+17
AB	34	29	+5
BCU	50	34	+16
C&V	26	24	+2
CTM	31	22	+9
Hdda	30	19	+11

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 2019)

Measure 1: Rate of S.aureus cases per 100,00 of the population
Measure 2: Number of S.aureus cases
Measure 3: Number of cumulative cases of S.aureus against March 2020 reduction expectation

How are we doing?

- There were 11 cases of *Staph. aureus* bacteraemia in June 2019; 1 case below the projected monthly IMTP profile. None of these cases was an MRSA bacteraemia.
- The cumulative number of cases (Apr-Jun 2019/20) was 36 cases of bacteraemia, approximately 3% more than the cumulative number of cases for the same period in 2018/19. Of the 36 bacteraemia cases, 5 have been MRSA bacteraemia: 3 of these were hospital acquired cases in Morriston in April, 1 hospital acquired case in Singleton in April; there was one community acquired case in May.
- Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 50% were community acquired; 50% were hospital acquired.

What actions are we taking?

- Bedside multi-disciplinary team & Infection Prevention & Control Team (IPCT) reviews taking place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardise the review process for investigating each case.
- The IPCT are delivering Aseptic Non Touch Technique (ANTT) awareness sessions at ward level and across the Delivery Units to increase the ANTT competency assessors to achieve month-on-month improvements.
- The IPCT will be visiting wards across the Delivery Units to undertake ANTT Competency assessments.
- Improvement work continues, to improve HCAI data shared with Delivery Units and in the review the bacteraemia cases.
- The IPCT are supporting Morriston and Singleton Delivery Units in undertaking a review of MRSA bacteraemia cases, to identify contributory factors and improvement actions.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- 50% of *Staph. aureus* bacteraemia is community acquired, with many patient related contributory factors, such as recreational drug use, arthritis, chronic conditions, etc. As such, it is a challenge to prevent a significant proportion of these.
- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which frequently is close to, or exceeds, 90%. Analysis by the Department of Health, reported in Tackling Healthcare associated infections through effective policy action (BMA, June 2009), suggested that when all other variables are constant, an NHS organisation with an occupancy rate above 90 per cent could expect a 10.3% higher MRSA rate compared with an organisation with occupancy levels below 85%.
- High bed turnover: in the same BMA report, the impact on MRSA rates of turnover intervals were suggested to have a greater impact on MRSA rates than bed occupancy levels.

How do we compare with our peers?

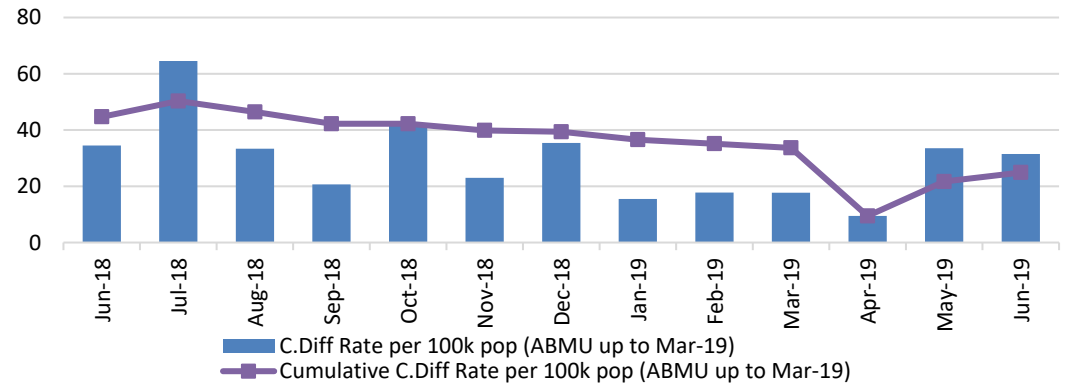
- The incidence of *Staph.aureus* bacteraemia within the Health Board in June 2019 was 34.63/100,000 population, the highest incidence for the major acute Health Boards in Wales.
- To cumulative incidence of *Staph.aureus* bacteraemia within the Health Board for the year 2019/20 was 37.36/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

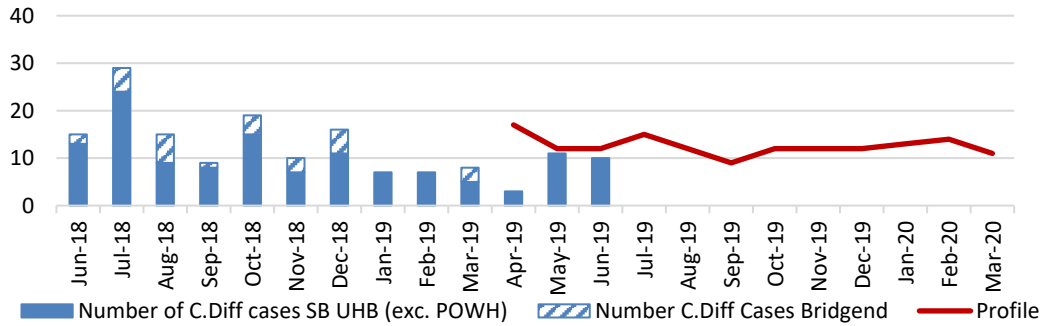
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** June 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of C.*difficile* cases per 100,00 of the population	N/A	N/A		↓ ●
Measure 2: Number of C.*difficile* cases	12	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of C.*difficile* against March 2020 reduction expectation	N/A	<98	✓	

(1) Rate of C.*difficile cases* per 100,000 of the population



(2) Number of C.*difficile cases*



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	212	196	+16
SBU	24	24	0
AB	6	6	0
BCU	44	38	+6
C&V	24	23	+1
CTM	34	23	+11
Hdda	42	24	+18

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 2019)

Measure 1: Rate of C.difficile cases per 100,00 of the population
Measure 2: Number of C.difficile cases
Measure 3: Number of cumulative cases of C.difficile against March 2020 reduction expectation

How are we doing?

- There were 10 *Clostridium difficile* toxin positive cases in June. Two cases were considered to be hospital acquired.
- The cumulative position from Apr-Jun 19/20 was 24 cases. This was below the IMTP projected profile, and the cumulative number of cases for the year was approximately 50% fewer cases compared with the same period in 2018/19.
- The cumulative incidence for 2019/20 (24.91/100,000 population) was significantly lower that for 2018/19 (52.52/100,000 population). Approximately 60% of the cumulative total for April to June 2019 were considered to be hospital acquired cases.
- Both Morriston Hospital and Singleton Hospital Delivery Units have had increased incidence of *C. difficile*, for which they have held Hospital incident Group meetings and agreed improvement actions.

What actions are we taking?

- Bedside multi-disciplinary team & Infection Prevention & Control Team reviews, to take place within 48-72 hour post infection, will be piloted across the Delivery Units for each case where a Tier 1 organism is identified. This will support improving patient outcome and standardising the review process for investigating each case.
- The initial success seen since the launch of the national multi-centre ARK (Antibiotic Review Kit) research project in reducing antimicrobial usage will be extended to all areas within Morriston Delivery Unit.
- Review use of environmental decontamination and develop a plan for a Health Board wide approach.
- Improvement work underway to improve HCAI data shared with Delivery Units.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- Contributory factors: secondary care antibiotic prescribing; lack of decant facilities which restricts ability to undertake deep-cleaning of clinical areas; impact of high numbers of outliers on good antimicrobial stewardship; use of additional beds in already full bays as part of the pre-emptive bed protocols.
- *C. difficile* spores may be found in 49% rooms of patients with *C. difficile* infection; 29% rooms of asymptomatic carriers.
- The current ratio of *C. difficile* carriers to *C. difficile* infection cases is approximately 4:1. In all cases where there are patients who are either carriers of, of infected with*, C. difficile*, it is critical that the care environment is thoroughly deep cleaned using the '4D' cleaning/decontamination process if the safety of the care environment is not to be compromised. To facilitate this, decant facilities and appropriately funded cleaning hours are priorities.

How do we compare with our peers?

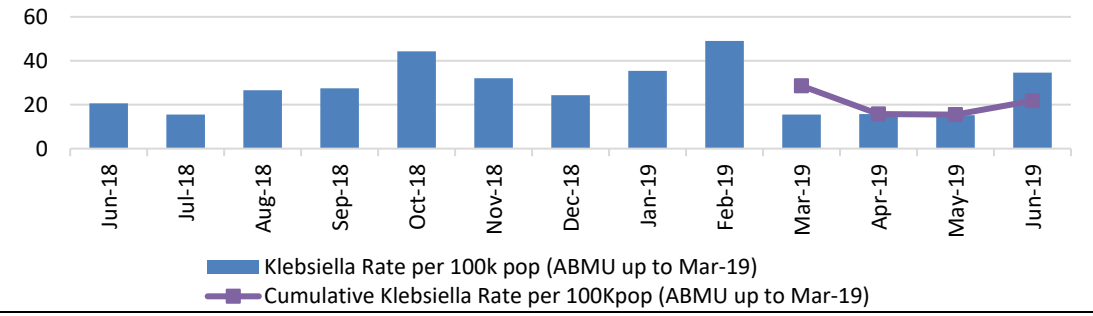
- The Health Board incidence per 100,000 population for June 2019 was 31.48/100,000 population, the third highest incidence in Wales for the month.
- The Health Board cumulative incidence was 31.48, which was the third lowest cumulative incidence in Wales.

Klebsiella spp. *Bacteraemia*

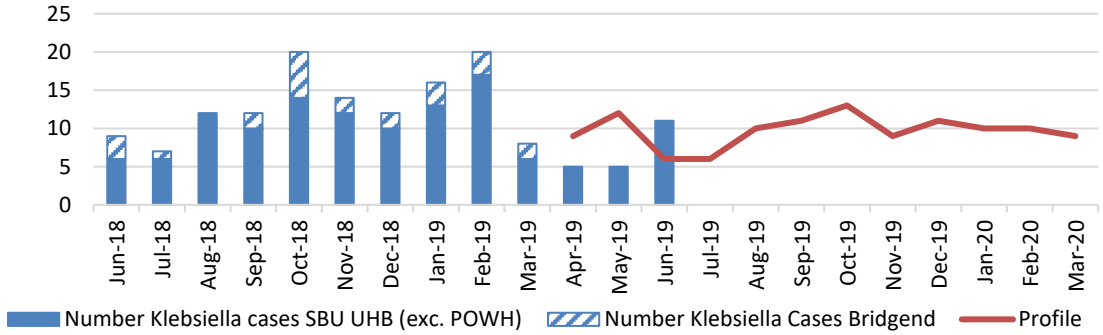
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan Profile	WG Target	**Period:** June 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Rate of Klebsiella spp. bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Klebsiella spp. Bacteraemia cases	6	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation	N/A	<91	✓	

(1) Rate of Klebsiella spp. bacteraemia per 100,000 of the population.



(2) Number of Klebsiella spp. bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	137	134	+3
SBU	21	22	-1
AB	26	23	+3
BCU	29	26	+3
C&V	20	20	0
CTM	25	17	+8
Hdda	15	16	-1

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 2019)

Measure 1: Rate of Klebsiella spp. Bacteraemia cases per 100,00 of the population
Measure 2: Number of Klebsiella spp. bacteraemia cases
Measure 3: Number of cumulative cases of Klebsiella against March 2020 reduction expectation

How are we doing?

- In June 2019, there were 11 cases of *Klebsiella spp*. bacteraemia in Swansea Bay University Health Board.
- The cumulative number of *Klebsiella spp*. bacteraemia cases, April 2019 to June 2019, was 21 cases; this was approximately 25% below the number of cases for the equivalent period in 2018/19. Of these 21 cases, 62% were hospital acquired; 38% were community acquired. Of the hospital acquired cases, 54% were associated with Morriston Hospital Delivery Unit; 23% with Neath Port Talbot Delivery Unit, and 23% with Singleton Delivery Unit.
- 43% of all cumulative cases are urinary related; 14% were urinary catheter related.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

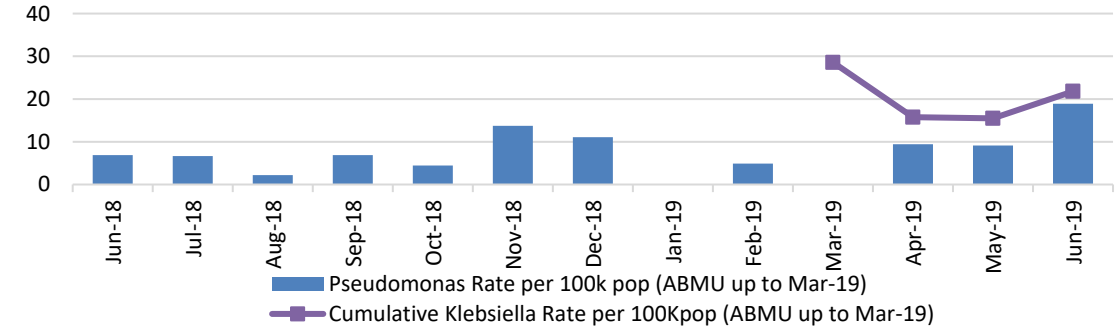
- The incidence of *Klebsiella spp.* bacteraemia per 100,000 population for June 2019 was 34.63; this was the highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Klebsiella spp.* bacteraemia within the Health Board for the year 2019/20 was 21.79/100,000 population, the second highest incidence for the major acute Health Boards in Wales.

Pseudomonas Aeruginosa *Bacteraemia*

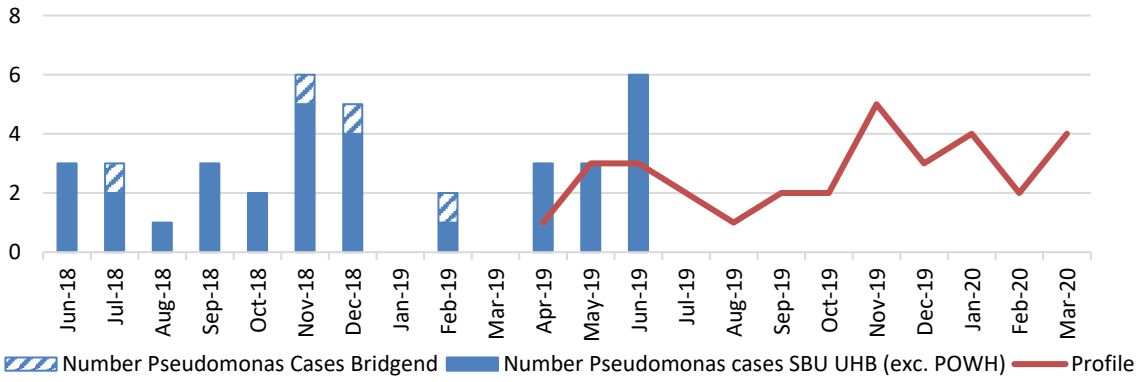
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	IMTP Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Rate of Pseudomonas aeruginosa bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of Pseudomonas aeruginosa bacteraemia cases	3	N/A	✗	↑ ●
Measure 3: Number of cumulative cases of Pseudomonas against March 2020 reduction expectation	N/A	<23	✗	

(1) Rate of Pseudomonas aeruginosa bacteraemia per 10 0,000 of the population.



(2) Number of Psuedomonas aeruginosa bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Jun 19)	Max cumulative cases to achieve Mar-20 reduction	Variance
Wales	39	41	-2
SBU	12	5	+7
AB	6	6	0
BCU	6	6	0
C&V	7	7	0
CTM	3	6	-3
Hdda	5	6	-1

Source : Public Health Wales: C. difficile, S. aureus and E.coli bacteraemia monthly dashboard (June 2019)

Measure 1: Rate of Pseudomonas aeruginosa Bacteraemia cases per 100,00 of the population
Measure 2: Number of Pseudomonas aeruginosa bacteraemia cases
Measure 3: Number of cumulative cases of Pseudomonas against March 2020 reduction expectation

How are we doing?

- In June 2019, there were 6 cases of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board.
- The cumulative number of bacteraemia cases, April 2018 to June 2019, was 12 cases. This was approximately 71% higher than the number of cases in the equivalent period in 2018/19.
- Of the 12 cases, 50% were hospital acquired; 50% were community acquired.
- Of the 6 hospital acquired cases, there have been 5 associated with Morriston Delivery Unit and 1 with Singleton Delivery Unit; these were associated with 6 different wards and had the following sources: 2 respiratory sources, 2 wound sources, 1 urinary source, and 1 neutropenic sepsis.

What actions are we taking?

- The Infection Prevention & Control Team (IPCT) are piloting a bedside review of all cases where a Tier 1 Target organism is identified. This will include a multi-disciplinary team approach to support the decision making in relation to care planning and the investigation process/outcomes.
- Staff education delivered by the IPC nursing team, focusing on UTI prevention, improving the quality of sample collection for suspected UTI and bacteraemia, will continue to be delivered at ward level, continence study days, on Induction of Nursing Registrants and Health Care Support Workers training.
- Matron Development Event planned during the next quarter, with a focus on Infection Prevention Quality Improvement at ward level.

What are the main areas of risk?

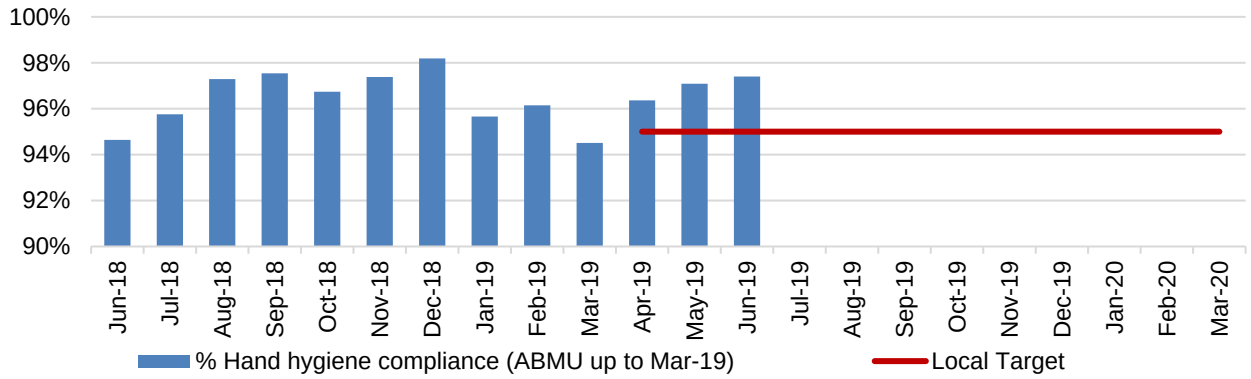
- Current increased use of pre-emptive beds on acute sites increases risks of infection transmission.
- Bed occupancy, which is frequently close to, or exceeds, 90%.

How do we compare with our peers?

- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for June 2019 was 18.89; this was the highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 12.45/100,000 population, the highest incidence for the major acute Health Boards in Wales.

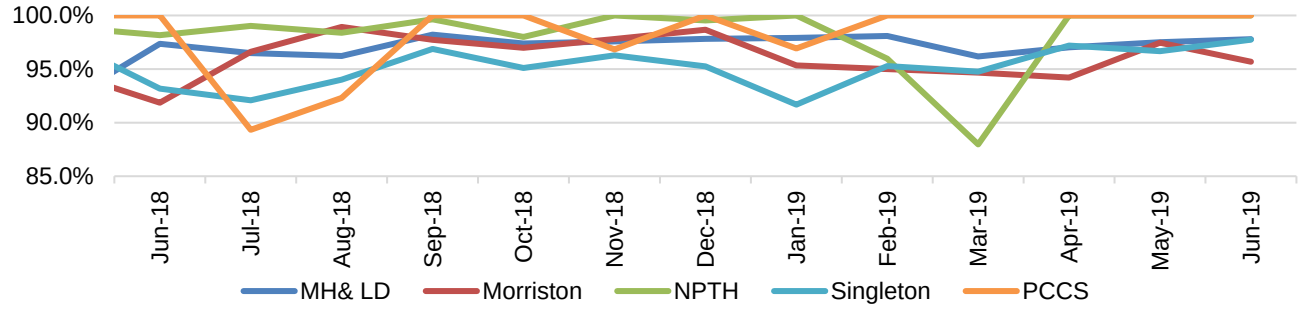
HAND HYGIENE						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm		**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience		
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience					**Period:** June 2019
		Local Target	**WG Target**	**Current Status** *(against target):*	**Movement:** *(12 month trend)*	
Measure 1: % compliance with Hand Hygiene Audits		95%	N/A	✓	↓ ●	

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (June 2019)

Measure 1: % compliance with Hand Hygiene Audits

How are we doing?

For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019.

- Compliance with hand hygiene (HH) for June 2019 was approximately 97%.
- For June 2019, 73 wards/units (71%) reported compliance ≥95%.
- 15 wards/departments (14%) reported compliance between 90% and 94%; 4 wards/units (4%) reported compliance of 89% or below.
- 11 wards/departments had not uploaded the results of their audits undertaken in June 2019 at the time of updating this report.
- All Service Delivery Units (SDU) reported compliance ≥95% in June 2019.
- Results over time indicate there are challenges to achieving sustained improvements in compliance however, there are recognised limitations with self-assessment.

What actions are we taking?

- Delivery Units can agree internal peer review audit programmes, undertaking these between wards, specialties or Delivery Units.
- The updated Hand Hygiene Training programme is being delivered.
- Training of ward Hand Hygiene Coaches continues and these continue to deliver approved training at ward level.

What are the main areas of risk?

- Main route of infection transmission is by direct contact, particularly by hands of staff.
- Poor compliance with good hand hygiene practice is likely to result in transmission of infection.
- Current scoring system may be giving an overly assuring picture of compliance; greater validation of the scores needs to be undertaken.
- The current system and format of scoring fails to highlight particular staff groups with lower compliance rates than others.

How do we compare with our peers?

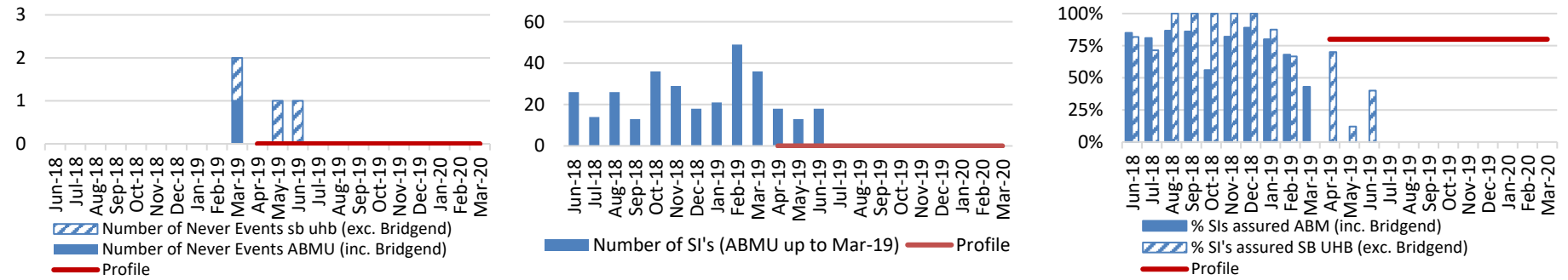
- The Hand Hygiene score has been removed from the all-Wales dashboard because of the inherent difficulty in using one score to represent a whole Health Board.

SERIOUS INCIDENTS

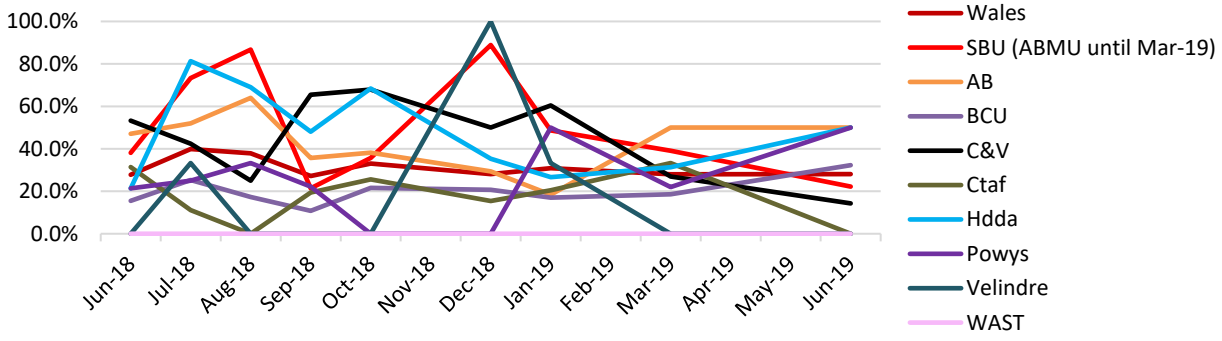
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Annual Plan	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of new Never Events	0	0	✕	↑
Measure 2: Number of new Serious Incidents (SI's)	0	N/A	✕	↑
Measure 3: % Serious Incidents Assured Within The Agreed Timescales	80%	90%	✕	↓

(1) Number of new Never Events, (2) Number of new Serious Incidents (SI's), (3) % SI's Assured Within The Agreed Timescales



Serious Incidents Assured Within The Agreed Timescales



Never Events

Jun-19	
Wales	3
AB	2
BCU	0
C&V	0
CTM	0
Hdda	0
Powys	0
SB	1
PHW	0
Velindre	0
WAST	0

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: Number of new Never Events

Measure 2: Number of new Serious Incidents (SI's)
Measure 3: % Serious Incidents Assured Within The Agreed Timescales

How are we doing?

SI Scorecard – completed on 2 May 2019.

- Total number of incidents reported in April 2019 was 1,705. This compares to 2,172 incidents reported in April 2018. In May 2019, 1,739 incidents were reported compared to 2,156 in May 2018. In June 2019 there were 1,549 which compares to 2,094 in June 2018.
- 19 Serious Incidents (SI's) were reported to Welsh Government (WG) in April 2019. Of the 19 new serious incidents reported to WG in April 2019, 6 (32%) related to unexpected deaths, 4 (21%) related to patient falls, 3 Neonatal/Perinatal Care (16%), 2 Maternity Care (10%), 2 Diagnostic Processes/Procedures (10%), 1 relating to Medical Gases/Oxygen (5%) and 1 Administrative Processes (5%).
- 13 Serious Incidents were reported in May 2019. Of these 13, 8 related to Patient Accidents/Falls, 2 Unexpected Deaths, 2 Infection Control Incidents and 1 relating to Therapeutic Processes/Procedures.
- 18 Serious Incidents were reported in June 2019. 14 Unexpected deaths, 2 Patient Accident/Falls, 1 Therapeutic Processes/Procedures and 1 relating to Maternity Care.
- In terms of severity of incidents, the percentage of incidents resulting in severe harm for June 2019 was 0.45% (total incidents reported 1,549). The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- 1 new Never Event was reported in May 2019. This related to wrong implant/prosthesis. There was also 1 Never Event reported in June 2019 which related to retained foreign object post-procedure.
- Performance against the WG target of closing SI's within 60 working days for June 2019 was 40% against the WG target of 80%.

What actions are we taking?

- SI training plan being co-ordinated for units. Mental Health SI training day undertaken on 15th July 2019.
- Serious Incident SI training has been provided at a Concerns and Complaints Management Consultant Development Programme on the 5th June 2019.
- A revised toolkit supporting the approach to SI investigations will be rolled-out across the Health Board once the revised toolkit has been ratified.
- The reduction in performance against WG target of closing SI's within 60 working days was anticipated following the change to Pressure Ulcer reporting and the increase in Mental Health reporting in accordance with Welsh Government criteria. The Mental Health & Learning Disabilities Unit have recruited to two new posts: Serious Incident Investigator and Serious Incident Investigator Support Officer who will both form part of the Unit's Quality and Safety Team. The Assistant Head for Concerns Assurance continues to mentor and support the improvement work for the Mental Health Service Delivery Unit. This support has been extended to the Women & Child Health Delivery Unit.
- All Units performance against the WG SI target are discussed with the Executive Directors during the performance reviews.

What are the main areas of risk?

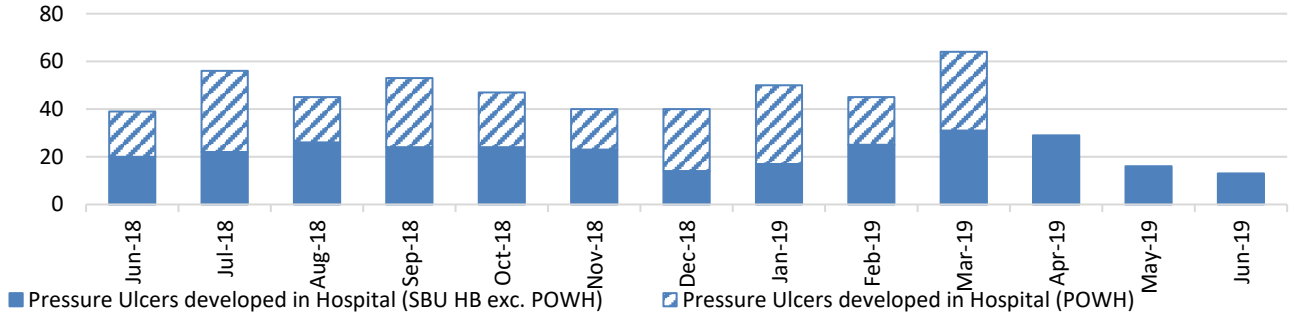
- Maintaining Welsh Government 80% target closure date whilst ensuring quality of investigation reports and robust learning from the incidents.
- Differences between WG data and health board data.

How do we compare with our peers?

- Comparison data from peer organisations not available

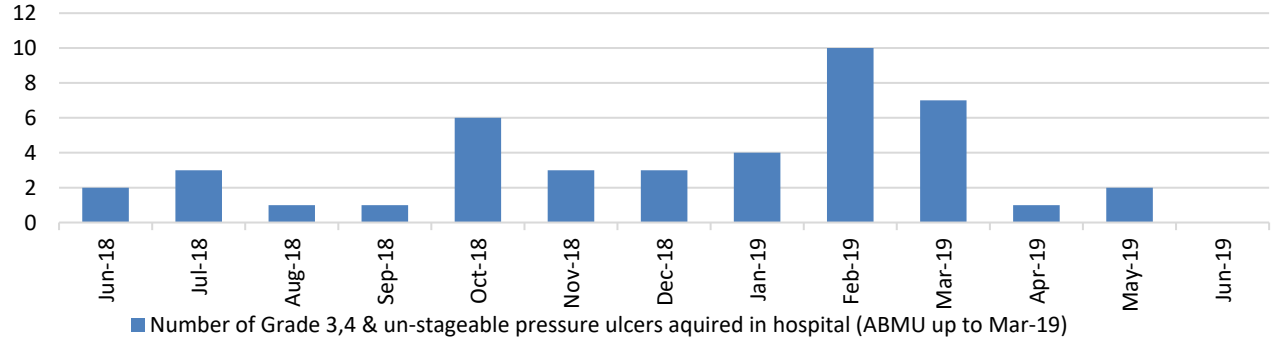
PRESSURE ULCERS ACQUIRED IN HOSPITAL						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience	**Annual Plan Profile**	**WG Target**	**Period:** June 2019		
				Current Status *(against profile):*	**Movement:** *(12 month trend)*	
Measure 1: Total Number of pressure ulcers acquired in hospital		Reduce	Reduce	✓	↓ ●	
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in hospital		Reduce	Reduce	✓	↓ ●	

(1) Total number of Pressure Ulcers acquired in hospital.



Benchmarking

(2) Number of Grade 3, 4 and un-stageable pressure ulcers acquired in hospital



Source : INCIDENT DATA FROM DATIX

Measure 1: Total Number of pressure ulcers acquired in hospital

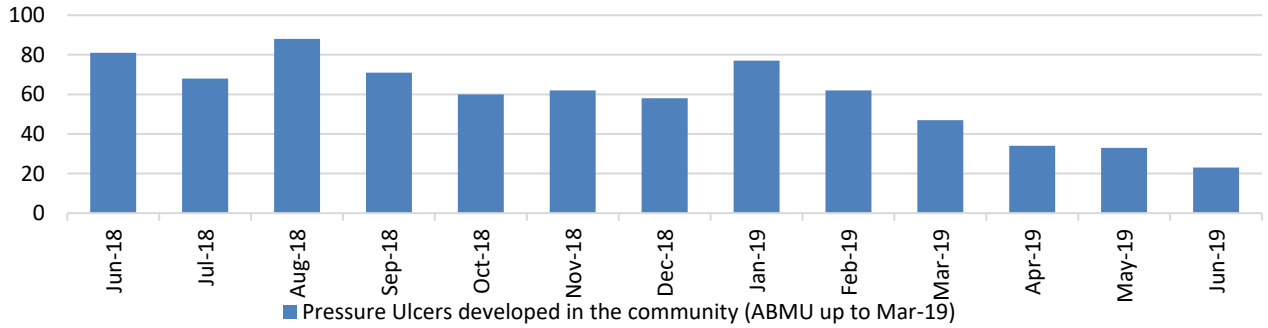
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in hospital
How are we doing?
• The measure for pressure ulcers is displayed as the number of pressure ulcers acquired in hospital. • There has been a decrease in the rate of pressure ulcer development for in-patients during June 2019. • The number of pressure ulcers decreased from 16 in May to 13 in June 2019. • There has been a consistent month on month reduction in the number of pressure ulcers occurring on in-patients during the 1st quarter of 2019. • Two device related pressure ulcers were reported in June 2019, occurring in Morriston Hospital, both were superficial. • No pressure ulcers were reported in Mental Health during June 2019. • The number of serious pressure ulcers, that is, Grade 3, 4 and unstageable (US) has decreased from 2 in May to 1 in June 2019. • No avoidable serious incident pressure ulcers were reported to Welsh Government during the 1st quarter 2019.
What actions are we taking?
• The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's) and the executive team. • PUPSG continue to work closely with Welsh Risk Pool (WRP) to deliver the Health Board Pressure Ulcer Strategic Quality Improvement Plan. • The successful partnership working between PUPSG and WRP has been recognised nationally and the team is a finalist in the NHS Wales Awards 2019. • The quarterly SDU report template for PUPSG has been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting. • Peer review scrutiny panels are held in each hospital to identify causal factors for pressure ulcer development. • Analysis of local pressure ulcer causal factors is undertaken to identify trends. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers. • Each SBUHB delivery unit are being supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG. • There is a recurring theme of pressure ulcers developing when agency staff are involved in each hospital. A number of work streams are underway to reduce this risk including safety huddles for ward handovers. • Incomplete documentation continues to be a contributory factor. All SDU's have plans in place for pressure ulcer prevention documentation audit. • Targeted and on-going formal and informal pressure ulcer prevention and recognition education is provided by TVN's and PUPIS. • The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and will be available on ESR. The e-learning will be supplemented by face to face training delivered by TVNs to coincide with the role out of the digitalisation of nursing risk assessment across the health board. • The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to Nursing Midwifery Board for approval.
What are the main areas of risk?
• Continued difficulty with maintaining nurse staffing levels on wards, with a significant increase in the number of agency staff during March 2019.
How do we compare with our peers?
• Benchmarking data not available.

PRESSURE ULCERS ACQUIRED IN THE COMMUNITY

NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

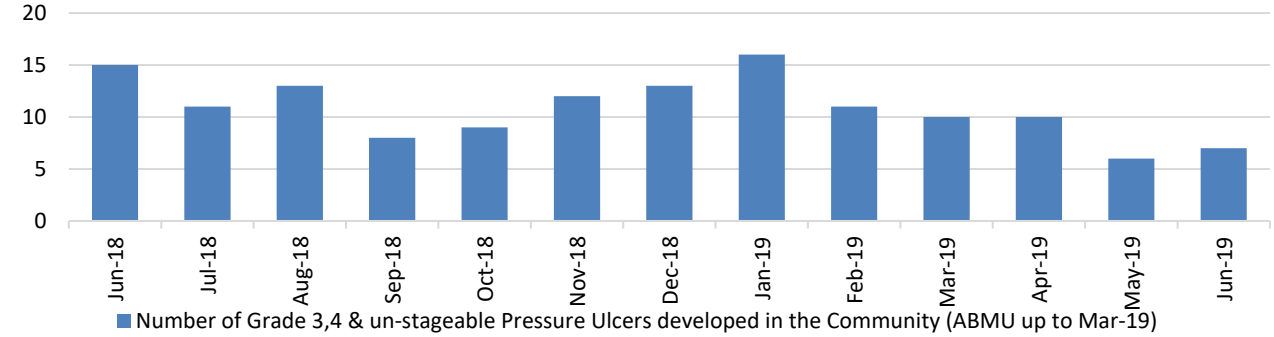
	Annual Plan Profile	**WG Target**	**Period:** June 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in the community.	Reduce	Reduce	✓	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community.	Reduce	Reduce	✓	↓ ●

(1) Total Number of pressure ulcers acquired in the community.



Benchmarking

(2) Number of grade 3, 4 and unstageable pressure ulcers acquired in the community.



Source : INCIDENT DATA FROM DATIX

Measure 1: Total Number of pressure ulcers acquired in the community.
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community

How are we doing?

- There has been a sustained reduction in community acquired pressure ulcers since January 2019.
- June 2019 again saw an improvement in prevention of pressure ulcers, 23 incidents of pressure ulceration compared to 33 incidents reported in May 2019.
- This reduction of pressure ulcers equates to a 30% decrease in pressure ulcers developed in June 2019 compared to May 2019
- There were no community acquired device related pressure ulcers reported during June 2019.
- There has been no change in the number of serious pressure ulcers, that is, Grade 3, 4 and unstageable occurring in the community, between May and June 2019. No avoidable serious incident pressure ulcers were reported to Welsh Government during the 1st quarter 2019.

What actions are we taking?

- The Pressure Ulcer Prevention Strategic Group (PUPSG) meet quarterly with a multi-disciplinary membership and representation from all Service Delivery Unit's (SDU's) and the executive team.
- PUPSG continue to work closely with Welsh Risk Pool (WRP) to deliver the Health Board Pressure Ulcer Strategic Quality Improvement Plan.
- The successful partnership working between PUPSG and WRP has been recognised nationally and the team is a finalist in the NHS Wales Awards 2019.
- The quarterly SDU report template for PUPSG has been redesigned to improve consistency of information, performance and governance of pressure ulcer reporting.
- Community peer review scrutiny panels are held in Swansea and Neath Port Talbot and by Nurse Assessors for nursing home patients, to identify causal factors for pressure ulcer development.
- Analysis of local pressure ulcer causal factors is undertaken to identify trends. Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that interventions are targeted appropriately to reduce avoidable pressure ulcers.
- Each SBUHB delivery unit are being supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG.
- The community Pressure Ulcer Improvement Group meets quarterly to receive feedback and learning from the local community scrutiny panels and PUPSG.
- Work has been undertaken to improve the availability and timely access to pressure relieving equipment. Nursing staff are able to respond quickly to changes in patient condition and equipment requirements.
- Incomplete documentation continues to be a contributory factor. All SDU's have plans in place for pressure ulcer prevention documentation audit.
- Targeted and on-going formal and informal pressure ulcer prevention and recognition education is provided by TVN's and PUPIS.
- The pressure ulcer risk assessment tool used across Wales will change from Waterlow to PURPOSE T. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and will be available on ESR. The e-learning will be supplemented by face to face training delivered by TVNs to coincide with the role out of the digitalisation of nursing risk assessment across the health board.
- The Prevention and Management of Pressure Ulcers Policy and associated documentation are in the process of being amended to reflect the new risk assessment. The documents will be submitted to Nursing Midwifery Board for approval.

What are the main areas of risk?

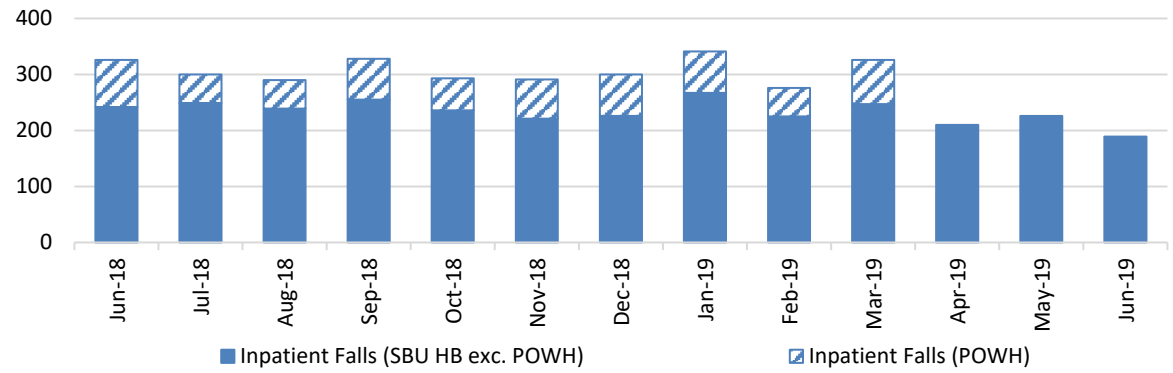
- The Primary Care & Community Services Delivery Unit are supporting large numbers of frail older people at home who are at increased risk of developing pressure damage.

How do we compare with our peers?

- No benchmark data available.

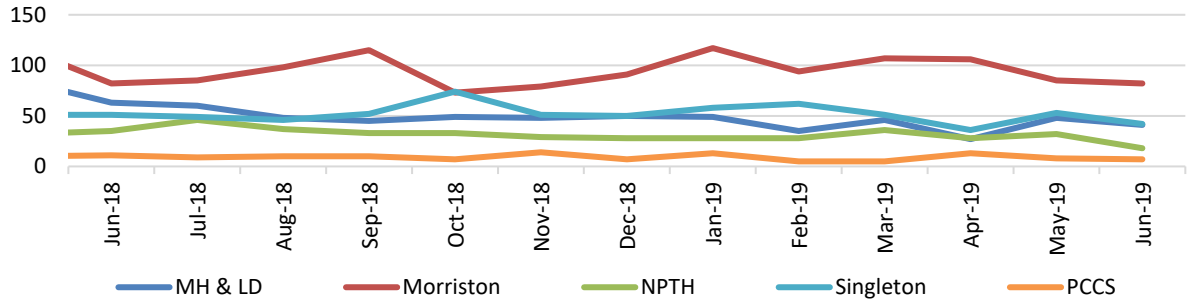
INPATIENT FALLS						
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience	**Annual Plan Profile**	**WG Target**	**Period:** June 2019		
				Current Status *(against profile):*	**Movement:** *(12 month trend)*	
Measure 1: Total Number of Inpatient Falls		N/A	N/A		↓	

(1) Total number of Inpatient Falls



Benchmarking

(1) Total number of Inpatient Falls (by Service Delivery Unit)



Source : Incident data from DATIX

Measure 1: Total Number of Inpatient Falls
How are we doing?
• March 2019 shows 247 falls excluding POWH, June 2019 has 189 falls overall. Morriston had a slight rise to 107 in March 2019, with a reduction to 82 in June 2019. Singleton has a slight rise in February to 62 and has reduced back down to 51 in March with a further reduction to 42 June 2019. NPT has shown a rise to 36 in March reduced to 18 June 2019. MH /LD recorded 46 falls in March 2019 reducing to 41 June 2019. PCCS 5 falls March 2019, 7 June 2019.
What actions are we taking?
• All Service delivery units are providing Falls management / prevention training. • Appropriate printed documentation delivered to Delivery Units for immediate use following Launch Date. • Quarterly meetings of the 'Hospital Falls Injury Prevention Strategy Group' have been established. • Comprehensive Falls Training Implementation Plan has been developed for the Health Board. • A Strategic Quality Improvement plan (SQuIP) will be developed as a monitoring process. A proposal paper will be presented to the next meeting. A Causal Factors Matrix will also be developed.
What are the main areas of risk?
• The Health Board (HB) policy is due to be launched in September 2019. • A project group is reviewing the total bed management contract, which will include Hi- Lo beds.
How do we compare with our peers?
• The Health Board (HB) policy includes the recommended guidance from NICE and the recommendations from the 2017 National inpatient Falls Audit, which is in line with the all-Wales approach. • The policy is due to be launched in September 2019.

4. 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

4.1 Overview

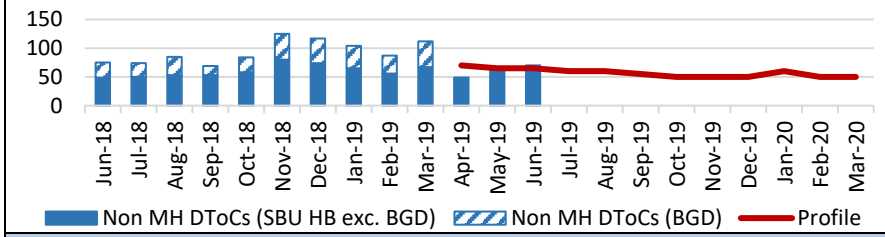
EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful																
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		8	4	4	3	3	7	8	6	4	3	4	2	4
	All healthcare				9	9	5	5	6	3	6	4	4	3	5	11	8
	Selection of care home				6	5	6	7	5	5	6	8	4	7	7	3	0
	Waiting for availability of care home				3	11	11	9	5	5	5	5	5	5	5	11	6
	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				0	1	3	4	5	4	4	3	3	0	0	0	0
	Legal/ Financial				1	0	0	0	0	0	0	0	1	0	0	0	0
	Other				0	0	0	0	1	1	0	0	0	0	2	0	2
	Total				**27**	**30**	**29**	**28**	**25**	**25**	**29**	**26**	**21**	**18**	**23**	**27**	**20**
Number of non- mental health DTOCs	Morriston	12 month reduction trend	60		2	2	6	9	15	10	8	16	34	21	40	32	21
	Singleton				4	7	6	8	12	12	17	7	11	8	9	12	9
	Gorseinon				9	6	5	6	12	8	6	8	3	4	4	8	8
	NPTH				28	32	28	29	31	35	25	19	14	11	11	16	20
	Learning Disabilities				7	7	8	6	10	9	9	6	5	5	3	2	3
	HB Total				**74**	**85**	**69**	**84**	**125**	**117**	**104**	**87**	**112**	**49**	**67**	**70**	**61**
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morriston	100%	95%		100%	99%	99%	99%	99%	93%	95%	98%	98%	98%	97%	98%	99%
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	98%
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Total				**97%**	**97%**	**94%**	**98%**	**97%**	**94%**	**81%**	**99%**	**98%**	**99%**	**98%**	**99%**	**99%**
Stage 2 mortality reviews completed within 60 days	Morriston	100%	95%		80%	67%	60%	40%	50%	58%	25%	50%	65%	69%	42%		
	Singleton				75%	50%	0%	25%	20%	100%	-	100%	0%	50%	50%		
	NPTH				-	-	-	100%	50%	-	-	-	-	-	-		
	Total				**50%**	**44%**	**47%**	**25%**	**27%**	**40%**	**29%**	**20%**	**50%**	**63%**	**46%**		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.31%	1.31%	1.31%	1.30%	1.29%	1.28%	1.26%	1.26%	1.27%	1.33%	1.25%	1.27%	
	Singleton				0.35%	0.33%	0.36%	0.37%	0.38%	0.37%	0.37%	0.39%	0.41%	0.40%	0.43%	0.42%	
	NPTH				0.08%	0.08%	0.10%	0.10%	0.12%	0.12%	0.13%	0.14%	0.10%	0.12%	0.09%	0.09%	
	Total				**0.79%**	**0.78%**	**0.78%**	**0.79%**	**0.79%**	**0.79%**	**0.78%**	**0.78%**	**0.79%**	**0.79%**	**0.75%**	**0.75%**	

4.2 Effective Care Report Cards

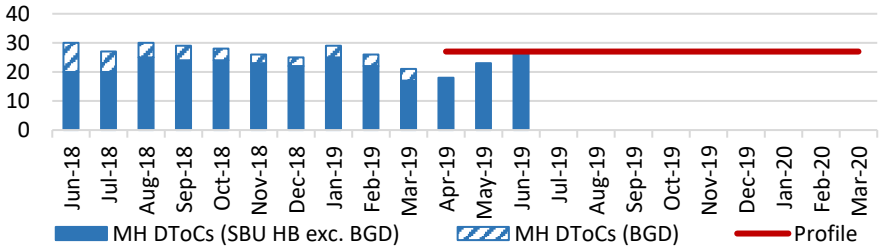
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my home as possible
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities (age 75+)	65	12 month reduction trend	✗	↑
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)	27	12 month reduction trend	✓	↓

(1) Number of Delayed Transfers of Care for non-mental health specialities (age 75+)

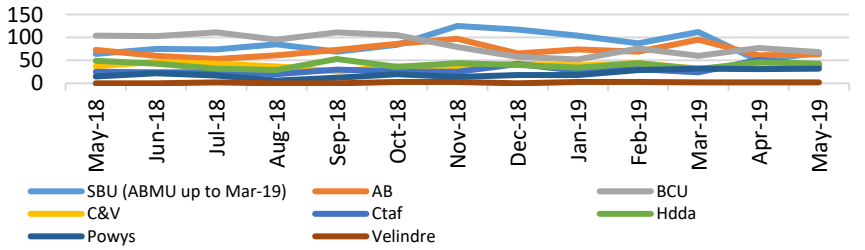


(2) Number of Delayed Transfers of Care for mental health (all ages)

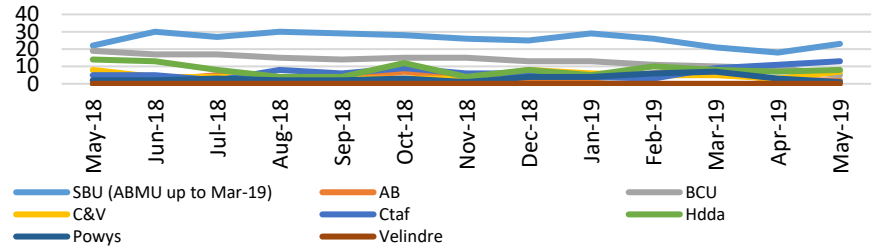


Benchmarking

(1) Number of non-mental health Delayed Transfers of care



(2) Number of mental health Delayed Transfers of Care



Source : NHS Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: Number of Delayed Transfers of Care for non-mental health specialities (age 75+)
Measure 2: Number of Delayed Transfers of Care for mental health (all ages)
Measure 3: Number of Delayed Transfers of Care per 10,000 LA population for non-mental health specialities (age 75+)
Measure 4: Number of Delayed Transfers of Care per 10,000 LA population for mental health (all ages)

How are we doing?

- The total number of residents reported as a delayed discharge at a Health Board (HB) site in April 2019 was 67.
- The number of patients delayed increased in May to 60 and then 97 in June.
- Health associated delays reduced in April 14.93% and then increased in May 33.3% and reduced in June to 31%.
- Social Services associated delays in April 47.76% and then reduced to 43.3% in May and increased to 46% June.
- Overall legal challenges over the three months was low at around 2%.
- Choice related issues were a significant challenge in April at 34% and then reduced to 22% in May and 21% in June.
- Per 10,000 LA population 75+ years Swansea was for April 18.8, May 26.9, June 32.7.
- Per 10,000 LA population 75+ years NPT was for April 15.5, May 13.9, June 19.3.
- Delays across the system remain in the top across wales

What actions are we taking?

- Implementing the DToC improvement programme focussing on reducing delayed transfers of care within our HB. This is a clinically led programme and the key aims are to:
  - Standardise the approach taken across all Units to weekly stranded patient meetings.
  - Establish centralised senior manager monthly DTOC validation scrutiny meeting and monthly debrief meeting.
  - Improve and quicken the assessment process between organisations.
  - Improve communication between organisations.
  - Implement and develop new pathways of care to support discharge, e.g. ESD service at NPT.
  - Hospital to Home transformation bid developed to improve system capacity and is awaiting formal feedback from WG. Alternative plans are being progressed to develop discharge capacity in the community during 2019/20 if WG support for the transformation bid is not secured.

What are the main areas of risk?

- Capacity in the care home sector and fragility and capacity of the domiciliary care market in some parts of the Health Board.
- Risks of patient de-conditioning in the frail elderly population if hospital stays are prolonged.
- Workforce capacity including social work capacity.
- Capacity to support ongoing care needs and patient placements out of area.

How do we compare with our peers?

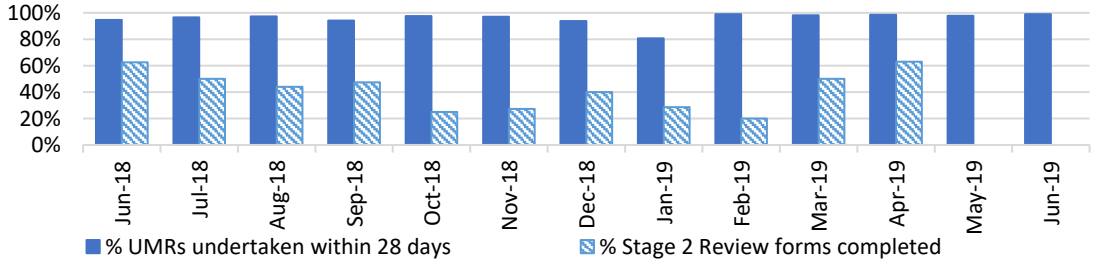
- SBU HB is seeing an increasing trend in the overall number of delayed transfers of care, whereas the majority of other Health boards are seeing a reducing or stable position.

UNIVERSAL MORTALITY REVIEWS (UMR)

NHS Wales Domain:	**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	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Richard Evans, Executive Medical Director		

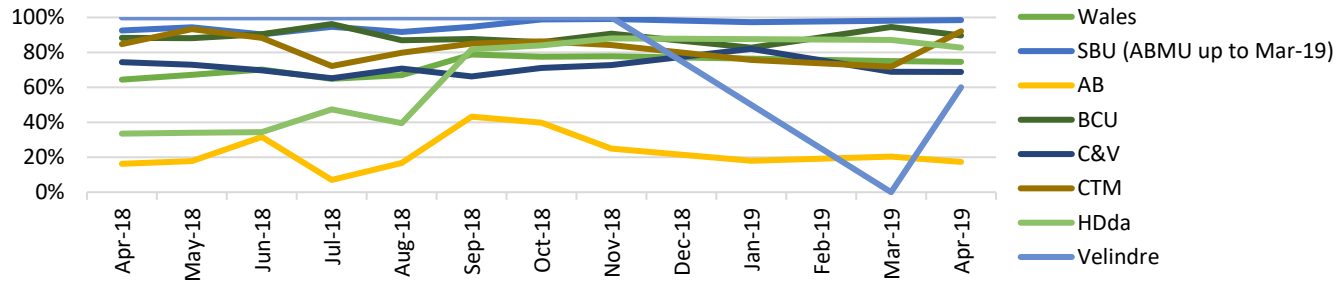
	Annual Plan Profile	WG Target	**Period:** June 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑ ●
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

(1) % Universal Mortality Reviews (UMR) undertaken within 28 days of death (2) % Stage 2 Review forms completed (ABMU up to Mar-19)



Benchmarking

(1) % Universal Mortality Reviews (UMR) undertaken within 28 days of death



Source: NHS Wales Delivery Framework, all-Wales Performance Summary (June 2019)

Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.
Measure 2: % Stage 2 Review forms completed.

How are we doing?

- Welsh Government Mortality Review Performance - SBU achieved 98.5% completion of UMRs within 28 days of death in April 2019.
- The Health Board UMR rate reported in June 2019 was 99%.
- Neath Port Talbot Hospital (NPTH) and Singleton both maintained 100% and Morriston 99%.
- There were 2 missing UMR forms, both in Morriston.
- Completion of Stage 2 reviews for April 2019 deaths was at 63%.
- Mental Health and Community data remains unavailable via the eMRA application at present. This is being addressed by Informatics.

What actions are we taking?

- In Medicine, all the Stage 2 reviews are discussed at their regular audit meetings.
- Mental Health & Learning Disabilities (MH&LD) report that all inpatient deaths in the Delivery Unit are Stage 1 reviewed at time of death and are allocated by the QI team as necessary to consultants for Stage 2 review. The outcomes are presented initially to the Serious Incident Group and then to the Quality & Safety Committee. Older Persons Mental Health Services also hold quarterly Mortality Review meetings to discuss findings. A modified Stage 1 form introduced in Jan 2018 allows for identification of patients who have a mental health, dementia or learning disability diagnosis across the Health Board.
- The Unit Medical Director (UMD) in Morriston is currently revisiting Mortality Reviews on fractured neck of femur patients. From Jan 2019 any deaths occurring with a reason for admission as fractured neck of femur are to be highlighted to the UMD. Responsibility for completion of outstanding Stage 2 reviews has been allocated to a consultant, which has had a positive impact.
- The Patient Affairs Office at Morriston has made good progress in recent months in compliance with Stage 1 reviews by following models in use at other Units.

What are the main areas of risk?

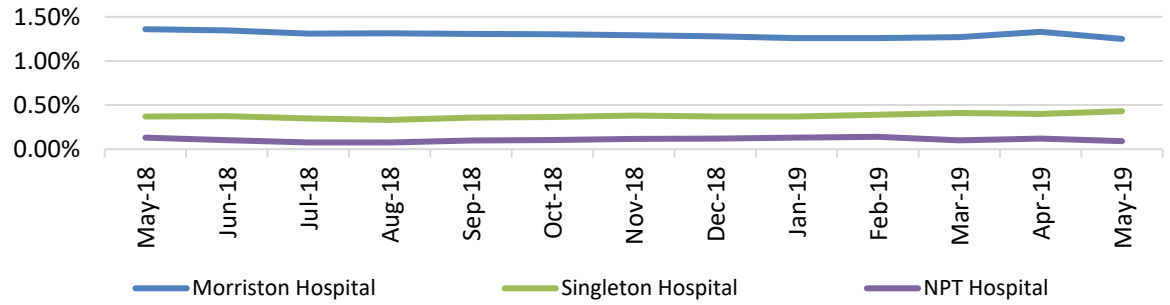
- Timeliness of Stage 2 completion.
- Future implementation of the Medical Examiner role is accompanied by risk of increased numbers of ‘Stage 2’ reviews required: the Medical Examiner role will effectively deliver Stage 1 reviews. It is recognised that phased implementation and as yet uncertain recruitment means that the impact will be similarly phased.
- A number of IT issues continue with the Electronic Mortality Review Application (eMRA).

How do we compare with our peers?

- SBU remains the top ranking Health Board for the percentage of stage one mortality reviews undertaken within 28 days of death.

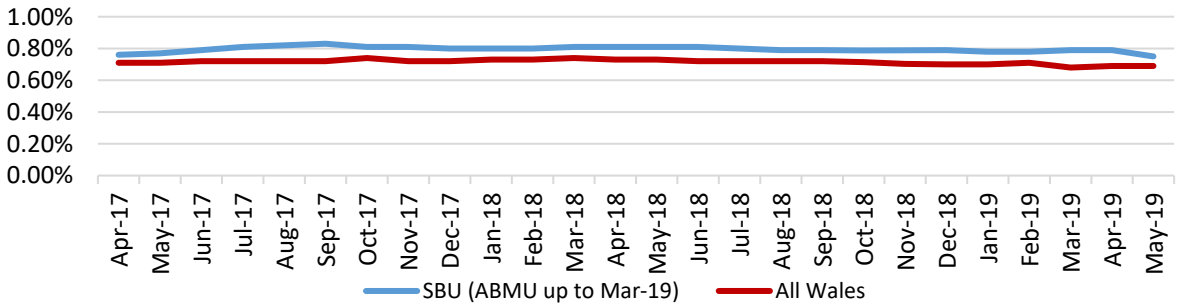
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality and timely research and best practice			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience			
Executive Lead:	Richard Evans, Executive Medical Director	**Annual Plan Profile**	**WG Target**	**Period:** May 2019		
				Current Status *(against target):*	**Movement:** *(12 month trend)*	
Measure 1: Crude hospital mortality rate (less than 75 years of age)		N/A	12 month reduction trend	✗	↑ ●	

(1) Crude hospital mortality rate (less than 75 years of age)



Benchmarking

(1) Crude hospital mortality rate (less than 75 years of age)



Source: NHS Wales Delivery Framework, all-Wales Performance Summary (June 2019)

Measure 1: Crude hospital mortality rate (less than 75 years of age)
How are we doing?
• The SB UHB Crude Mortality Rate for under 75s in the 12 months to May 2019 was 0.75%, compared with 0.78% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.25% (1.33%), Neath Port Talbot 0.10% (0.16%), Singleton 0.43% (0.42%). Site comparison is not possible due to different service models being in place. • There were 69 in-hospital Deaths in this age group in June 2019 and 63 in June 2018: Morriston 53 (43), Neath Port Talbot Hospital 0 (0), and Singleton 13 (20). • The number of deaths for Surgical and Elective cases remains consistently low for this age group.
What actions are we taking?
• All Unit Medical Directors have access to the Mortality Dashboard to enable them to review mortality data and mortality review performance and learning. • Reporting and assurance arrangements for mortality review performance and learning will be reviewed by the Executive Medical Director.
What are the main areas of risk?
• There is a risk of harm going undetected resulting in lessons not being learned. Our approach is designed to mitigate this risk and ensure effective monitoring, learning and assurance mechanisms are in place.
How do we compare with our peers?
• SB UHB are above the all-Wales Mortality rate for the 12 months to May 2019 – 0.75% compared with 0.69%. • SB UHB is the best Performing Health Board in respect of UMRs completed within 28 days of the patient's death

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

5.1 Overview

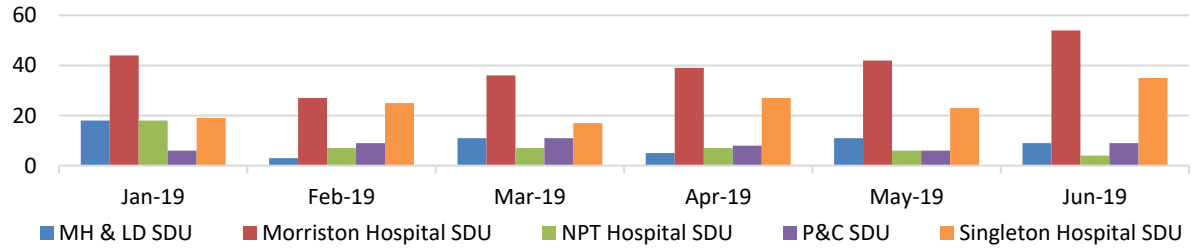
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			8	12	14	14	3	7	6	9	11	8	6	9	11
	MH&LD				8	12	9	9	11	6	18	3	11	5	11	9	18
	Morriston				41	40	41	61	33	39	44	27	36	39	42	54	62
	NPTH				8	5	4	9	4	2	18	7	7	7	6	4	4
	Singleton				23	18	21	13	21	16	19	25	17	27	23	35	33
	Total				**126**	**126**	**114**	**140**	**91**	**84**	**138**	**96**	**105**	**93**	**95**	**118**	**138**
% 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%		55%	38%	76%	79%	50%	88%	50%	55%	55%	63%	73%		
	MH&LD				83%	100%	100%	83%	91%	50%	88%	67%	100%	100%	100%		
	Morriston				87%	84%	92%	95%	100%	89%	98%	92%	92%	97%	97%		
	NPTH				88%	75%	83%	44%	100%	100%	63%	86%	71%	86%	83%		
	Singleton				83%	94%	63%	100%	86%	67%	89%	75%	59%	70%	62%		
	Total				81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%		

5.2 Dignified Care Report Cards

COMPLAINTS			
NHS Wales Domain:	**DIGNIFIED CARE:** People in Wales are treated with dignity and respect and treat others the same	**NHS Wales Outcome Statement:**	My voice is heard and listened to
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		**Period:** June 2019

	Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of new formal complaints received	Reduce	N/A	✓	↓ ●
Measure 2: % of responses sent within 30 working days	80%	80%	✓	↑ ●
Measure 3: % of acknowledgements sent within 2 working days	100%	N/A	✓	→ ●

(1) Number of new formal complaints received



(2) % of responses sent within 30 working days

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
MH & LD SDU	100%	100%	83%	100%	100%	83%	91%	50%	88%	67%	100%	100%	100%
Morriston Hospital SDU	83%	90%	87%	84%	92%	95%	100%	89%	98%	92%	92%	97%	97%
NPT Hospital SDU	100%	100%	88%	75%	83%	44%	100%	100%	63%	86%	71%	86%	83%
P&C SDU	63%	63%	55%	38%	76%	79%	50%	88%	50%	55%	55%	63%	73%
Singleton Hospital SDU	65%	88%	83%	94%	63%	100%	86%	67%	89%	75%	59%	70%	62%
Health Board Total	83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%

(3) % of acknowledgements sent within 2 working days

Percentage Acknowledgements Sent ≤ 2 Working Days	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: Number of new formal complaints received Measure 2: % of responses sent within 30 working days Measure 3: % of acknowledgements sent within 2 working days
How are we doing?
• The Health Board received 134 formal complaints in April 2019, compared to 120 for April 2018. 139 formal complaints in May 2019, compared with 115 for May 2018 and 115 formal complaints in June 2019, compared with 89 for June 2018. • The overall Health Board response rate for responding to concerns within 30 working days was 83% for May 2019, which is above the Welsh Government target of 80%. • The Health Board continues to consistently maintain the 2 day acknowledgement target at 100%. • Patient Advice Liaison Service (PALS) activity for April 2019, identified 88 contacts of which 6.8% (6) converted to formalised complaints. In May 2019 there was 108 PALS contacts with 5 of them escalating to formal complaints. For June 2019 there was 116, one of which converting into a formal complaint.
What actions are we taking?
• Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. May's performance for the Health Board was 83% • During the period 1st April 2019 to 30th June 2019, 388 formal complaints were made. Last year for the same time period we received 324 formal complaints that is an increase of 64 formal complaints made this year. This is due to the introduction of 'Once for Wales' Guidance from Welsh Government, which has changed the way the Health Board logs and responds to concerns. Early Resolutions (previously called Informal concerns) will now have to be logged as Formal concerns if they are not responded to by the Units within 2 working days. The PFT have changed all Early Resolution concerns not responded to within 2 days received after 1st April 2019 to Formal concerns which has caused the increase in the data for this period. Another change brought by the introduction of 'Once for Wales' is that each Health Board in Wales have previously been provided with 31 working days to respond to complaints (or 3 days for early resolutions). Welsh Government have advised that this will no longer be the case & that from 1st April 2019 all Health Board's will have to count the first day of the receipt of a complaint as 'Day One', in line with the Putting Things Right Guidance. • Currently there are 46 open Ombudsman investigation cases; Morriston 16, Princess of Wales 7, Singleton 8, Mental Health & Learning Disabilities 2, NPT 2 and ; Primary Care and Community Service 11. There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1st April 2019 – 30th June 2019 we have received 5 new investigations. • The Concerns Assurance Manager has recently presented Complaints Training on the Consultant Development Programme, which was most helpful at gaining clinical insight into Complaints and Ombudsman concerns. The Health Board's Ombudsman Improvement Officer from the Public Services Ombudsman for Wales also attended the Consultant Development Programme and relayed his expectations in an insightful presentation. The PFT will continue to attend this programme. A tailored training programme is currently being implemented by the Patient Feedback Team based on Ombudsman Themes and Trends and examples of how Governance Teams can improve responses is in the process of being rolled out to each Delivery Unit.
What are the main areas of risk?
• Improve Quality of Complaint responses while achieving the 30 day response rate target, and decrease the number of complaints referred to and upheld by the Public Service Ombudsman.
How do we compare with our peers?
• No monthly all-Wales data to compare.

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

6.1 Overview

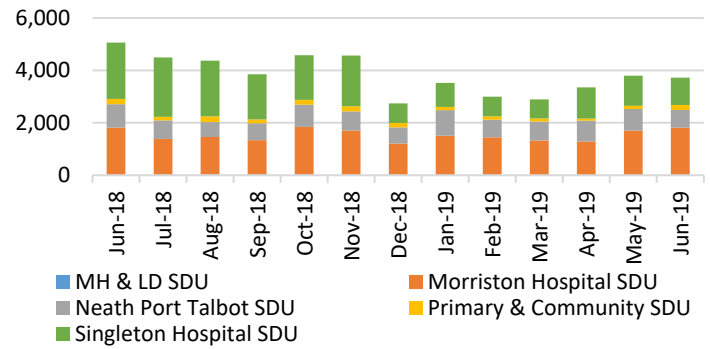
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			136	219	145	179	194	171	119	128	112	83	125	188	129
	MH&LD				13	23	29	29	25	12	4	15	22	25	21	16	12
	Morriston				1,375	1,438	1,310	1,813	1,678	1,198	1,510	1,445	1,326	1,288	1,701	1,811	1,883
	NPTH				706	566	644	853	735	616	976	675	727	791	824	681	567
	Singleton				2,263	2,128	1,722	1,704	1,937	742	916	747	726	1,188	1,150	1,046	1,680
	Total				**5,581**	**5,609**	**4,804**	**5,536**	**5,616**	**3,864**	**4,607**	**4,044**	**4,141**	**3,350**	**3,800**	**3,726**	**4,259**
% of patients who would recommend and highly recommend	PCCS	90%			93%	93%	94%	96%	95%	92%	97%	98%	99%	96%	96%	96%	98%
	MH&LD				31%	65%	90%	93%	80%	75%	50%	73%	73%	73%	76%	81%	67%
	Morriston				94%	92%	93%	95%	95%	91%	94%	94%	94%	93%	94%	95%	95%
	NPTH				99%	98%	98%	98%	99%	99%	98%	98%	99%	98%	99%	99%	98%
	Singleton				96%	97%	97%	96%	95%	96%	92%	95%	94%	96%	97%	94%	97%
	Total				**96%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			-	91%	87%	95%	88%	90%	94%	100%	95%	92%	100%	-	93%
	MH&LD				0%	0%	0%	0%	0%	0%	-	-	-	-	0%	0%	0%
	Morriston				87%	83%	92%	83%	91%	74%	86%	72%	89%	90%	86%	77%	74%
	NPTH				93%	87%	100%	94%	100%	80%	98%	96%	83%	92%	85%	78%	71%
	Singleton				84%	95%	79%	88%	83%	90%	88%	70%	86%	90%	76%	82%	84%
	Total				**85%**	**87%**	**89%**	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			87%	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	
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%	

6.2 Individual Care Report Cards

PATIENT EXPERIENCE			
NHS Wales Domain:	**INDIVIDUAL CARE**: People in Wales are treated as individuals with their own needs and responsibilities	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Enabling Objective:**	Best value outcomes from high quality care: Quality & Safety and Patient Experience
Executive Lead:	Gareth Howells, Director of Nursing & Patient Experience		

	Local Target	WG Target	**Period:** June 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: Number of friends and family surveys completed	Increase	N/A	✗	↓ ●
Measure 2: % of who would recommend and highly recommend	90%	N/A	✓	↓ ●
Measure 3: % of all-Wales surveys scoring 9 or 10 on overall satisfaction	90%	N/A	✗	↓ ●

(1) Number of friends and family surveys completed



Measure 2	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MH & LD SDU	79%	31%	65%	90%	93%	80%	75%	50%	73%	73%	73%	76%	81%
Morriston Hospital SDU	94%	94%	92%	93%	95%	95%	91%	94%	94%	94%	93%	94%	95%
Neath Port Talbot SDU	99%	99%	98%	98%	98%	99%	99%	98%	98%	99%	98%	99%	99%
Primary & Community SDU	94%	93%	93%	94%	96%	95%	92%	97%	98%	99%	96%	96%	96%
Singleton Hospital SDU	97%	96%	97%	97%	96%	95%	96%	92%	95%	94%	96%	97%	94%
HB Total	**96%**	**96%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**

Measure 3	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
MH & LD SDU							0%	-	-	-	-	0%	0%
Morriston Hospital SDU	74%	87%	83%	92%	83%	91%	74%	86%	72%	89%	90%	86%	77%
Neath Port Talbot SDU	84%	93%	87%	100%	94%	100%	80%	98%	96%	83%	92%	85%	78%
Primary & Community SDU	-	-	91%	87%	95%	88%	90%	94%	100%	95%	92%	100%	-
Singleton Hospital SDU	90%	84%	95%	79%	88%	83%	90%	88%	70%	86%	90%	76%	82%
HB Total	**85%**	**85%**	**87%**	**89%**	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**

Benchmarking

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
SBU (ABMU up to Mar-19) Response %	16.9%	30.1%	26.1%	26.8%	21.8%	22.9%	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%
SBU (ABMU up to Mar-19) Recommendation %	95.4%	97.2%	96.5%	96.2%	96.3%	96.5%	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%
Top Equivalent Organisation Response %	27.3%	27.0%	19.3%	19.8%	17.0%	18.3%	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%
Top Equivalent Organisation Recommendation %	94.2%	92.0%	94.1%	97.1%	92.9%	93.2%	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%
NHS England Benchmark Response %	25.1%	24.8%	24.8%	24.6%	24.2%	24.5%	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%
NHS England Benchmark Recommendation %	95.8%	95.7%	95.6%	95.5%	95.5%	95.5%	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%

Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: Number of friends and family surveys completed, Measure 2: % of who would recommend and highly recommend, Measure 3: % of all-Wales surveys scoring 9 or 10 on overall satisfaction

How are we doing?

- Health Board Friends & Family patient satisfaction level in June was 96%.
- Neath Port Talbot Hospital (NPTH) completed 681 surveys for June, with a recommended score of 99%.
- Singleton Hospital completed 1,046 surveys for June, with a recommended score of 94%.
- Morriston Hospital completed 1,811 surveys for June, with a recommended score of 95%.
- Mental Health & Learning Disabilities completed 16 surveys for June, with a recommended score of 81%.
- Primary & Community Care completed 188 surveys for June, with a recommended score of 96%.

What actions are we taking?

- Patient Feedback Themes, performance results and hotspots are reported in our Quarterly Patient Experience Report. Each Service Delivery Unit receives a quarterly detailed report identifying the themes and develops an action plan for improvement at SDU level. The current report, which covers April 2019 to June 2019 has the following data:

  The main themes identified in the low scoring areas above were:

  - Delays in appointments.
  - Delays in receiving test results.
  - Temperature in areas too warm.
  - Food not being up to a high standard.
  - Car parking on all sites (ongoing issues).
- **Working with GP's and Macmillan:** You may remember we developed a bespoke patient feedback survey for the GP Upper Valley cluster and Macmillan during late 2018. From the survey results, Macmillan and the GP cluster are working on the following improvements:

1. Training non-clinical staff to become cancer champions, signposting, point of contact etc.
2. Creating a short video on practices showing results on sign and symptoms and what they look for.
3. Creating a poster to feedback information to service users/ patients.
4. Offering bespoke training for nurses to carry out cancer care reviews.

The cluster have signed up to the Macmillan quality improvement toolkit.

- **Celebrating Patient Experience Week (3rd – 7th June)**

The Celebration of Patient Experience is a global event. The annual event aims to inspire, celebrate accomplishments and recognise and re-energies the staff who impact patient experience every day, under the slogan 'we are all the patient experience'.

This year is the first year Swansea Bay held listening events across its three main sites. Staff wrote pledges, patients, and visitors left comments on the listening tree. Musicians played in the main outpatient at Morriston Hospital and Patient stories showcased at Swansea Bay Head Quarters.

The Unit Nurse Directors and Governance Manager across Swansea Bay all received the feedback sheets.

What are the main areas of risk?

- The reduction in the volume of the Friends and Family Cards may be affected by the vacancies for PALs officers across the Delivery Units. The PALS officers are instrumental in driving the completion of the Friends and Family.
- Development of new patient feedback system, with regards to the Once for Wales System.

How do we compare with our peers?

- Monthly/bi monthly data not available on an all-Wales basis to compare.

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

6.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Unscheduled Care																	
Number of ambulance handovers over one hour	Morriston	0	0		348	270	261	294	340	546	684	387	544	669	629	681	550
	Singleton		43647		34	60	38	43	47	44	68	41	44	63	18	40	44
	Total		**550**		**443**	**420**	**526**	**590**	**628**	**842**	**1,164**	**619**	**928**	**732**	**647**	**721**	**594**
% 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	Morriston	95%	74.8%		70.3%	67.9%	68.8%	70.0%	67.5%	67.7%	67.2%	67.0%	68.0%	64.2%	65.2%	63.4%	64.0%
	NPTH		99.0%		96.9%	99.7%	98.4%	96.8%	99.3%	99.8%	98.8%	98.4%	97.8%	95.2%	97.4%	97.4%	95.7%
	Singleton		99.0%		98.7%	99.2%	98.5%	98.1%	97.8%	MIU closed				MIU closed			
	Total		**83.8%**		**79.9%**	**77.9%**	**77.5%**	**78.0%**	**76.7%**	**76.5%**	**76.9%**	**77.2%**	**75.7%**	**74.5%**	**75.9%**	**75.0%**	**74.5%**
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morriston	0	283		447	373	311	402	383	485	621	448	534	653	602	644	642
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton		0		2	2	3	3	0	MIU closed				MIU closed			
	Total		**283**		**590**	**511**	**588**	**680**	**665**	**756**	**986**	**685**	**861**	**653**	**602**	**644**	**642**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morriston	58.9% (UK SNAP average)	78%		40%	30%	75%	72%	60%	62%	56%	75%	66%	62%	55%	57%	53%
	Total				**38%**	**29%**	**54%**	**56%**	**56%**	**53%**	**35%**	**53%**	**51%**	**62%**	**55%**	**57%**	**53%**
% of patients who receive a CT scan within 1 hour	Morriston	54.5% (UK SNAP average)	53%		42%	36%	50%	52%	44%	48%	48%	49%	58%	62%	56%	52%	59%
	Total				**40%**	**41%**	**48%**	**53%**	**48%**	**49%**	**48%**	**48%**	**51%**	**62%**	**56%**	**52%**	**59%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morriston	84.4% (UK SNAP average)	89%		85%	92%	85%	87%	88%	96%	93%	89%	100%	96%	93%	100%	98%
	Total				**81%**	**91%**	**69%**	**83%**	**75%**	**86%**	**75%**	**76%**	**86%**	**96%**	**93%**	**100%**	**98%**
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morriston	12 month improvement trend	30%		27%	0%	0%	12%	9%	30%	44%	14%	20%	27%	17%	0%	40%
	Total				**21%**	**0%**	**11%**	**18%**	**15%**	**29%**	**40%**	**20%**	**30%**	**27%**	**17%**	**0%**	**40%**
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend												57%	47%	41%	48%
	Total													**57%**	**47%**	**41%**	**48%**

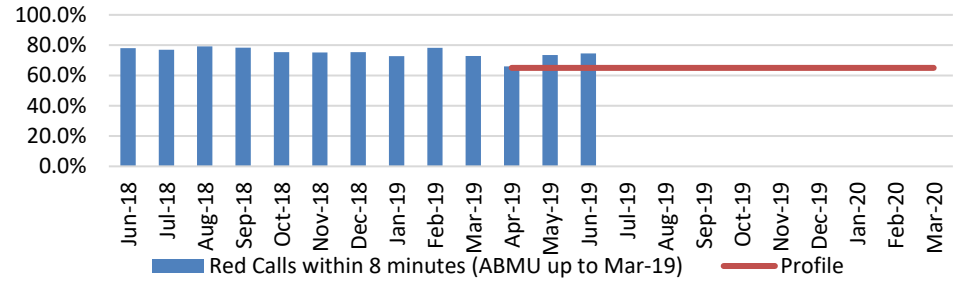
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morriston	0			15	31	19	38	55	43	43	51	140	172	201	155	112
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				3	72	55	6	4	0	1	0	0	64	117	142	367
	PC&CS				0	0	0	0	0	0	2	0	0	0	5	0	0
	Total				**30**	**105**	**89**	**65**	**125**	**94**	**153**	**315**	**207**	**236**	**323**	**297**	**479**
Number of patients waiting > 36 weeks for treatment	Morriston	0	2,125		2,285	2,312	2,160	2,179	2,054	1,971	2,046	1,960	1,801	1,952	2,076	2,198	2,449
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		0		21	10	30	32	28	2	31	13	0	24	28	120	241
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Total		**2,125**		**3,383**	**3,497**	**3,381**	**3,370**	**3,193**	**3,030**	**3,174**	**2,969**	**2,630**	**1,976**	**2,104**	**2,318**	**2,690**
Number of patients waiting > 8 weeks for a specified diagnostics	Morriston		390		602	613	620	619	554	544	543	535	437	401	393	289	259
	Singleton		0		0	0	0	0	0	0	0	0	0	0	8	6	2
	Total	0	390		**740**	**811**	**762**	**735**	**658**	**693**	**603**	**558**	**437**	**401**	**401**	**295**	**261**
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	0	0	0	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	0	0	0
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	Total	Reduce by at least 15% by Mar-20	TBC		64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908				
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	TBC		31,904	32,312	32,971	32,332	31,984	32,997	33,288	33,738	34,781				
Number of Ophthalmology patients without an allocated health risk factor	Total	98% by Dec-19	TBC					6,228	15,000	5,540	4,772	4,048	2,966				
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,825	4,824	4,677	4,700	4,593	4,501	4,848	4,732	4,867				
Total number of patients on the follow-up waiting list	Total	Reduce by at least 15% by March 2020	TBC		177,093	177,465	178,456	178,958	178,722	178,462	180,481	181,488	45,784				

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU									SBU			
					Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%	98%		98.0%	100.0%	98.0%	93.0%	95.0%	100.0%	98.0%	95.0%	96.0%	82.0%	91.0%	92.0%	78%
	NPTH				100.0%	-	100.0%	100.0%	100.0%	-	-	100.0%	100.0%	-	100.0%	-	100%
	Singleton				100.0%	97.4%	96.0%	96.0%	95.0%	100.0%	100.0%	95.0%	91.0%	98.0%	91.0%	95.0%	100%
	Total				**99.3%**	**97.4%**	**95.6%**	**95.9%**	**96.2%**	**95.5%**	**97.7%**	**94.7%**	**93.6%**	**90.8%**	**91.4%**	**93.7%**	**88%**
% 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	Morriston	95%	92.6%		98.0%	94.0%	91.0%	93.0%	88.0%	90.0%	92.0%	93.0%	95.0%	88.0%	95.0%	85.0%	73%
	NPTH				93.0%	100.0%	80.0%	67.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%	100.0%	20%
	Singleton				92.0%	100.0%	83.0%	84.0%	90.0%	88.0%	90.0%	82.0%	97.0%	86.0%	70.0%	77.0%	52%
	Total				**92.2%**	**94.1%**	**82.9%**	**84.0%**	**87.6%**	**88.1%**	**85.4%**	**80.7%**	**84.1%**	**87.0%**	**80.0%**	**80.8%**	**60%**
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Including CAMHS	80%			84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	
	Excluding CAMHS				93%	93%	90%	93%	90%	97%	91%	93%	95%	97%	97%	97%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	
	Excluding CAMHS				84%	90%	93%	93%	87%	84%	86%	86%	89%	99%	98%	100%	
% 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%			32%	41%	43%	42%	48%	84%	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%			100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	

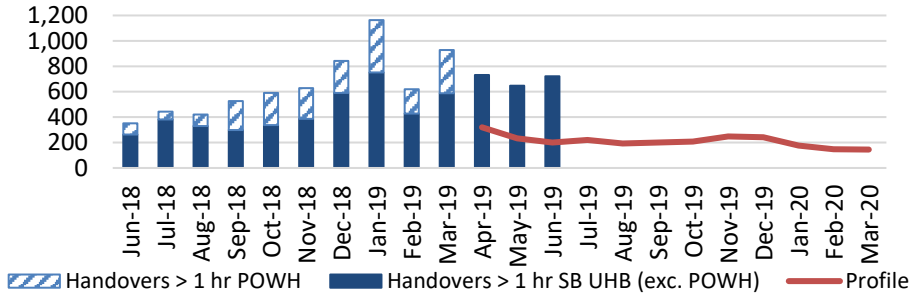
6.2 Timely Care Report Cards

AMBULANCE RESPONSE TIMES AND HANDOVERS					
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need		
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke		
Executive Lead:	Chris White, Chief Operating Officer	**Annual Plan Profile**	**WG Target**	**Period:** June 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	65%	✓	↑ ●
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover		201	0	✗	↑ ●

(1) % of emergency responses to red calls arriving within (up to and including) 8 minutes

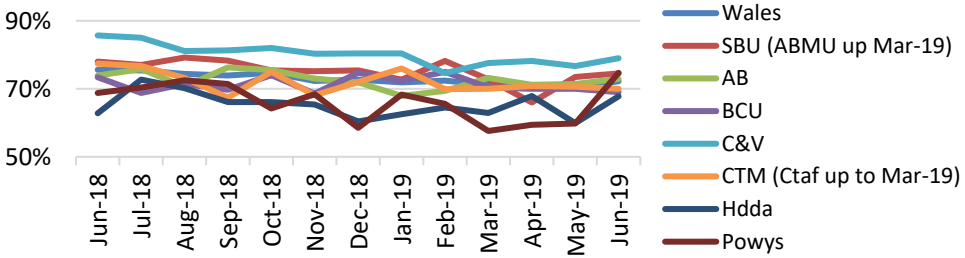


(2) Number of patients waiting more than 1 hour for an ambulance handover

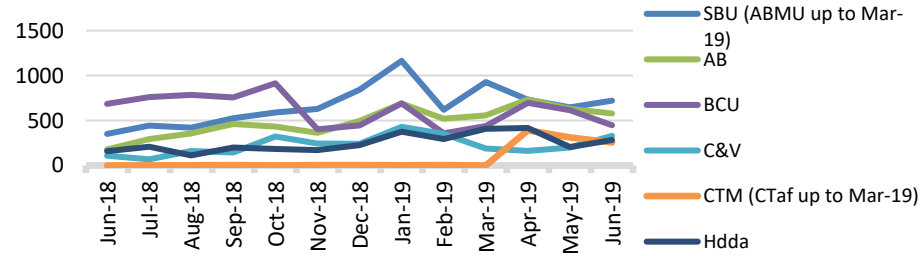


Benchmarking

(1) % of emergency responses to red calls arriving within (up to and including) 8 minutes



(2) Number of patients waiting more than 1 hour for an ambulance handover



Source : StatsWales (data extracted 18.07.2019)

Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes
Measure 2: Number of patients waiting more than 1 hour for an ambulance handover

How are we doing?

- The Health Board's Category A (Red response) was 74.5% in June 2019, which exceeded the National shared target of 65%. When compared with June 2018, performance against this measure deteriorated by 3.5%.
- 1 hour ambulance handover performance remained challenging during Quarter 1 and deteriorated when compared with the same period in 2018. When compared with June 2018, the number of >1 hour handover delays increased by 458 in June 2019.
- 623 fewer patients were conveyed to our hospital front doors by ambulance in Quarter 1 of 2019 compared with Quarter 1 of 2018.

What actions are we taking?

- Continuation of the falls response service which is resulting in a reduction in the number of patients who need to be conveyed to hospital as a result of the intervention of this service.
- Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Initial data analysis for Morriston hospital will be completed in August 19.
- Developing new pathways that reduce the need to convey patients to hospital by ambulance e.g. respiratory and mental health. Initiate in August 19.
- Implementing the recommendations of the WAST internal audit report on hospital handover that are applicable to Swansea Bay UHB. (September 19)
- Working with the National Collaborative Commissioning Unit (NCCU) on the implementation of a handover improvement plan to target a reduction in the longer ambulance handover delays at Morriston hospital, which have a disproportionate impact on ambulance lost hours. (August 19 and September 19)
- Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. Ongoing.
- Submission of 4 proposals to EASC in July for additional resources which will support a further reduction in ambulance demand and an improvement in ambulance handover process and performance. Await outcome in August 19.
- Visiting other organisations to share learning that will inform improvement in ambulance handover process and performance. (July 19)
- Contributing to and influencing national discussions regarding the all-Wales escalation processes with the aim of reducing prolonged ambulance handover waits using a system wide response (July 19 and August 19).
- Implementation of the Keep me at Home transformation programme to maximise the number of patients who can be cared for in their own home. WAST is a key partner in this improvement work. Ongoing work programme supported by an agreed project plan.

What are the main areas of risk?

- Ambulance resourcing to respond to demand within the 8 minute response time.
- Hospital and social care system wide patient flow and discharge constraints which impact upon the Emergency Department's ability to receive timely handover. This can result in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.

How do we compare with our peers?

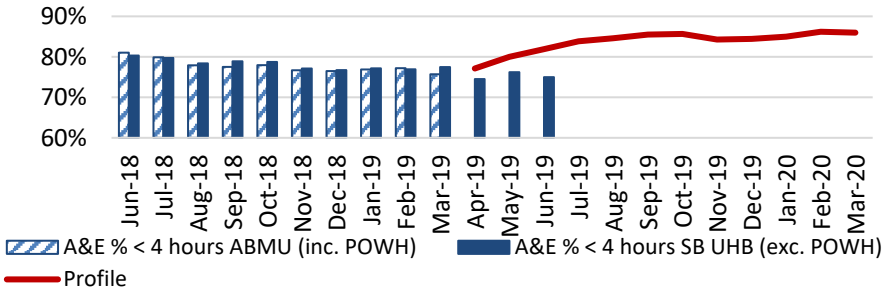
- The Health Board delivered the 3rd highest Category A response time performance in Wales in June 2019 achieving 74.5%, which was above the all-Wales performance of 72.5% for June 2019.
- The Health Board continues to experience a higher number of delayed handover than the majority of other Health Boards in Wales accounting for 27% of delays in June 2019.

A&E WAITING TIMES

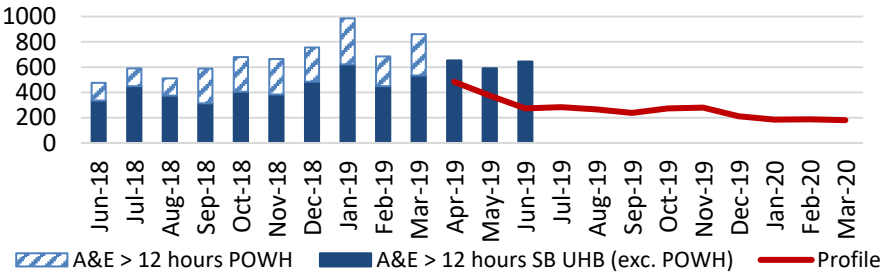
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Unscheduled Care & Stroke
Executive Lead:	Chris White, Chief Operating Officer		

	Period: June 2019			
	Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department	82%	95%	✗	↓ ●
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	273	0	✗	↑ ●

(2) % new patients spending no longer than 4 hours in an Emergency Department

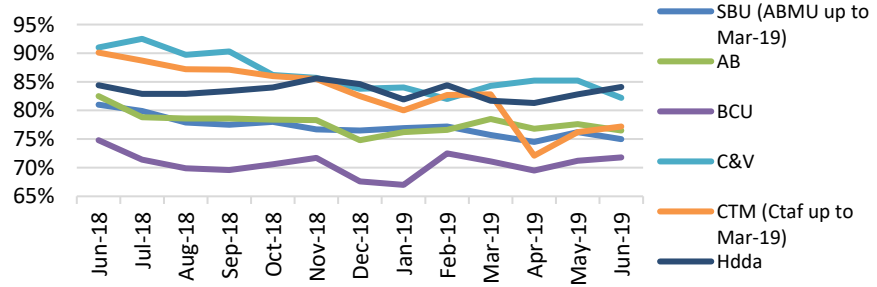


(2) Number of patients spending more than or equal to 12 hours in A&E

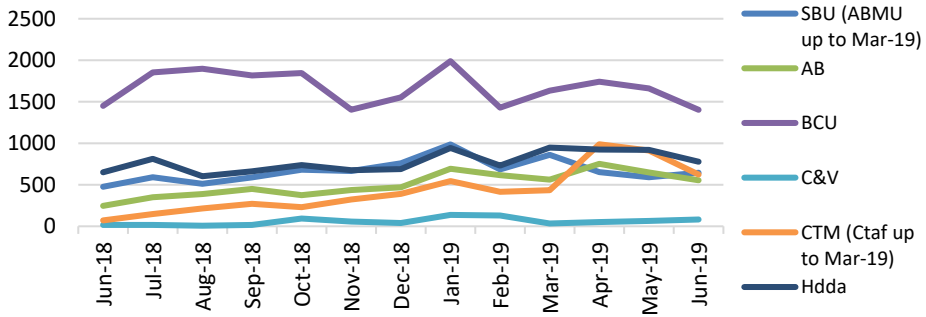


Benchmarking

(1) % new patients spending no longer than 4 hours in an Emergency Department



(2) Number of patients spending more than or equal to 12 hours in A&E



Source : Stats Wales (data extracted 18.07.2019)

Measure 1: % new patients spending no longer than 4 hours in an Emergency Department
Measure 2: Number of patients spending more than or equal to 12 hours in A&E

How are we doing?

- Unscheduled care performance against the 4 hour target in June 2019 was 74.98%, against the all-Wales performance of 77.9%.
- In June 2019, 94% of patients were admitted, discharged or transferred from our ED's within 12 hours. 644 patients stayed longer than 12 hours in our Emergency Departments (ED's) during June 2019, which represents an increase 309 patients (92%) when compared with June 2018.
- The overall number of patients attending the Emergency departments and minor injuries units between April and June 2019 reduced by 1681 attendances or 5% compared with the same period in 2018.

What actions are we taking?

- Implementing our Unscheduled care improvement plans agreed as part of our annual plan for 2019/20, and embedding the improvement actions from previous quarters. Each Service delivery unit has identified 3 priority areas within these plans that will support rapid improvement in patient flow and performance.
- Inpatient surge bed capacity is being sustained on all of our major hospital sites.
- Planning for the August bank holiday weekend to ensure the Unscheduled care system is as resilient as possible.
- Continuing to recruit to staff vacancies.
- Responding to the Kendall Bluck report recommendations on ED/MIU staffing.
- Focussing on eliminating un-necessary patient delays as part of improving patient flow.
- The Health Board is implementing its agreed bed plan which will support system improvement in both the USC and elective patient pathways.
- Progressing the work programmes to improve discharge -specifically delayed transfers of care and the SAFER patient flow under the transformation of care programme. Progress updates on the respective Hospital to Home transformation projects are reported to the monthly USC board.
- Implementing learning from Breaking the Cycle held in early July to reduce demand and to develop consistent processes on managing patient discharge.
- Approval of the Health Board's revised patient flow policy by the Nursing and Midwifery board in July with subsequent approval by the Health Board.
- Discussing winter planning arrangements with WG and partner organisations in August 2019.

What are the main areas of risk?

- Capacity gaps in Care Homes, Community Resource Teams and capacity and fragility of private domiciliary care providers, leading to an increase in the number and length of wait of patients in hospital who are 'discharge fit'.
- Workforce - with ongoing challenges in general nursing and medical roles in some key specialities and service areas such as the Emergency Department.
- Peaks in demand/patient acuity above predicted levels of activity.
- The impact of infection on available capacity and patient flow.

How do we compare with our peers?

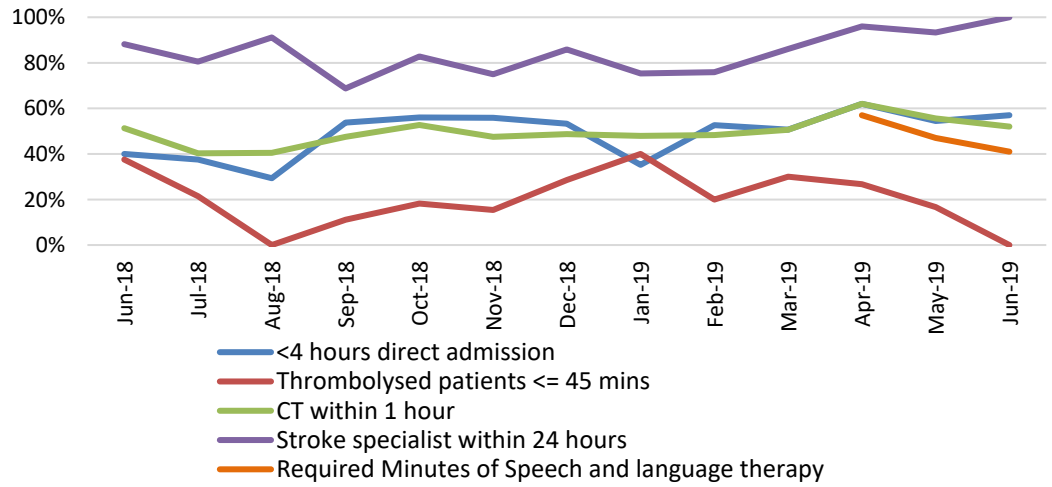
- The Health Board's 4 hour performance was 74.98% in June 2019, which was below the all-Wales 4 hour performance of 77.9% for this period.
- In SBU Health Board in June 2019, 94% of all patients were assessed, treated and transferred from the Emergency Department within 12 hours, which was below the all-Wales position of 95.4%.

STROKE

NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** June 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: % of patients who have a direct admission to an acute stroke unit within 4 hours	78%	59%	✗	↑ ●
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	25%	12 ↑ trend	✗	↑ ●
Measure 3: % of patients who receive a CT scan within 1 hour	50%	55%	✓	↑ ●
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	92%	84%	✓	↑ ●
Measure 5: % of patients receiving the required minutes for speech and language therapy	N/A	12 ↑ trend		

Acute Stroke Quality Improvement Measures (ABMU up to Mar-19)



Benchmarking

Quality Improvement Measures (May-19)	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke Consultant < 24 hours	5. Patients receiving minutes for SALT
AB	46.7%	98.7%	77.5%
BCU	55.0%	80.4%	63.0%
C&V	43.3%	76.6%	61.6%
CTM	38.7%	68.4%	32.7%
Hywel Dda	58.1%	95.9%	43.1%
SBU	54.5%	93.3%	54.8%

Source : All-Wales performance summary (June 2019) & Acute stroke quality improvement measures Delivery Unit report

Measure 1: % of patients who have a direct admission to an acute stroke unit within 4 hours
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes
Measure 3: % of patients who receive a CT scan within 1 hour
Measure 4: % of patients who are assessed by a stroke specialist consultant within 24 hours
Measure 5: % of patients receiving the required minutes for speech and language therapy

How are we doing?

- Eligible Patients requiring Thrombolysis has remained positive at 100%, but our door to needle time within 45 minutes remains low. Direct admissions to a stroke unit bed within 4 hours continues to be under target 56.8% which is mainly due to unscheduled care pressures. 100% was achieved for the end of June for Assessment by a Consultant and 41% compliance achieved for SALT within the required minutes. Our access to CT scanning within 1 hour has improved slightly from 51% in March 19 to 52% in June 19.
- Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston and the Clinical leads for the service review individual patient pathways and to identify opportunities for improvement. Actions being progressed in 2019/20 include:

Morriston

- Medical cover for Stroke patients is provided by the General Medical team out of hours – there is currently no dedicated stroke medical team that covers 24 hours. The additional medical staffing reported previously has allowed some improvement to service but it can't be sustained due to gaps at lower grades which these colleagues have to cover, therefore not allowing them time to commit to improved stroke performance. The unit makes best endeavours to cover the junior gaps in rota and looks to sustainable recruitment in a difficult to recruit area. This work is led by the Medical Directorate management team.
- Business cases for a Stroke Retrieval team and an Early Supported Discharge team have been included for consideration within the IMTP / IBG for investment.
- Work is ongoing between services to improve access to CT scanning and reporting to enable the Unit to achieve the desired target time within 1 hour. Remedial action continues to be implemented as soon as possible and ideally by the end of quarter 2.
- Arising from the Delivery Units review of Stroke Thrombolysis – an action plan has been developed within the Morriston and is in place. Cross directorate meetings with the Emergency department leads, Clinical support services leads and Medicine colleagues are taking place to improve various pathways.

SBU wide

- A Business Case for a "Hyper-acute Stroke Unit" model to be completed by the end of Q3 of 2019/20.
- A review of TIA service arrangements is planned over the next quarter to address availability/cover arrangements in Neath Port Talbot hospital. Service Directors from NPT and Morriston are leading this work with support from their management and clinical teams with a view to recommend a way forward by the end of Q2.

What are the main areas of risk?

- Insufficient capacity and workforce resilience to support 7 day working which will ultimately require a strategic change to centralise acute stroke services.
- Not having a dedicated Stroke Consultant out of hours rota.
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.

How do we compare with our peers?

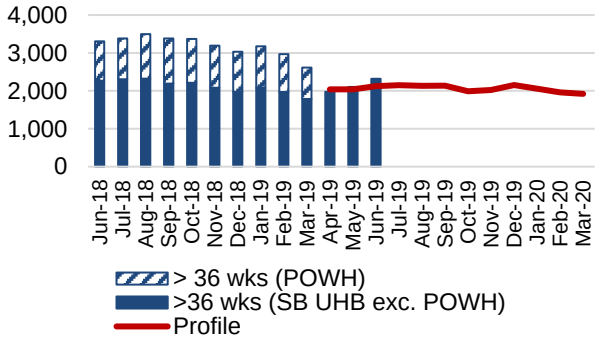
- The Health Board is ranked 3rd highest for direct admissions in under 4 hours and assessed by a stroke consultant within 24 hours and 4th for patients receiving the required number of minutes for Speech and Language Therapy (SALT).
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

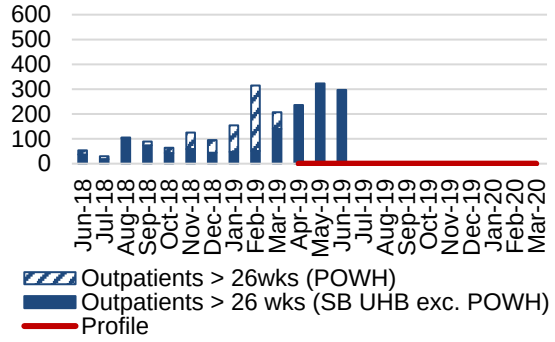
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	2,125	0	✗	↓
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment	0	0	✗	↑
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)	N/A	95%	✗	↓

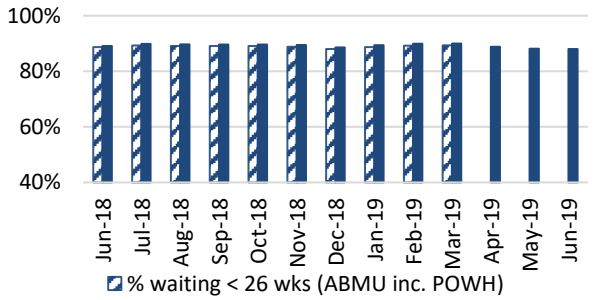
(1) Number of patients waiting more than 36 weeks for referral to treatment



(2) Number of patients waiting more than 26 weeks for first outpatient appointment

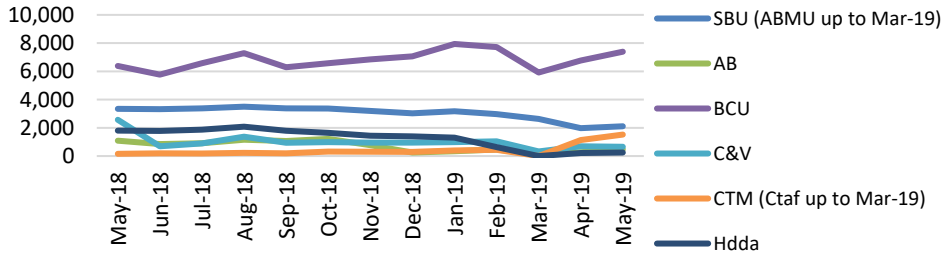


(3) % patients waiting less than 26 weeks for referral to treatment

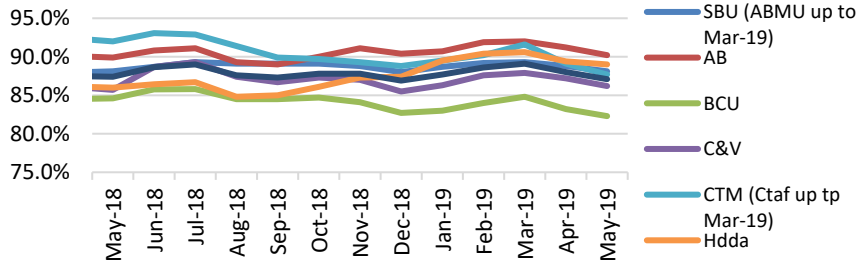


Benchmarking

(1) Number of patients waiting more than 36 weeks for referral to treatment



(3) % patients waiting less than 26 weeks for referral to treatment (RTT)



Source : StatsWales (data extracted 18.07.2019)

Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)
Measure 2: Number of patients waiting more than 26 weeks for first OP appointment
Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)

How are we doing?

- In June 2019 there were 297 patients waiting over 26 weeks for a new outpatient appointment. This was an in-month reduction of 26 compared with May 2019 and is largely contained within Oral Maxillo Facial Surgery (OMFS) (44%) and Ophthalmology (36%). As a result of late clinic cancellations there were small numbers seen across a few other specialties.
- There were 2,318 patients waiting over 36 weeks for treatment in June 2019 compared with 2,104 in May 2019, this is a deterioration of 214 and above the internal target of 2,125. ENT, General Surgery, OMFS, Orthopaedics and Plastic Surgery collectively account for 2,134 of the 2,318 over 36 weeks at June 2019.
- 822 patients are waiting over 52 weeks in June 2019, which is 3% more than May 2019.
- The overall Health Board RTT target remained the same at 88% in June 2019.

What actions are we taking?

The Health Board has been allocated £6.5m by Welsh Government from the NHS Performance Fund. The allocation will complement the funding within the Health Board's Annual Plan which is being used to support the provision of sustainable surgical capacity. As a result of the additional funding and a review of the cohort, the profiles have been revisited and key actions agreed by specialty where relevant. A high level summary of these include:-

- Cardiology – focus on diagnostic improvements alongside the recurrent investments released from Welsh Health Specialised Services Committee (WHSSC)
- ENT – plan for long waiting Septorhinoplasty cases through a mixture of dedicated internal core capacity and outsourcing already commenced.
- General Surgery – additional all day dedicated list at Morriston Hospital to treat long waiting patients to be established in September 2019.
- Gynaecology – agreed MDT approach, one per month commencing July 2019 to review and disperse cases to other consultant colleagues.
- Ophthalmology – procurement process to conclude 31st August to outsource an agreed volume of cataract cases from 1st September.
- Cleft Lip and Palate (CLP) – investment released from WHSSC to reduce the adult surgical revision backlog through fortnightly lists at Singleton Hospital commencing in September in addition to an agreed small volume to be outsourced to a specialist CLP Unit through August.
- Plastic Surgery – 12 month hand surgery locum appointed to address the backlog.
- Increased theatre capacity being put in place in Singleton and Neath Port Talbot Hospitals for head and neck, plastic hand surgery and urology.

What are the main areas of risk?

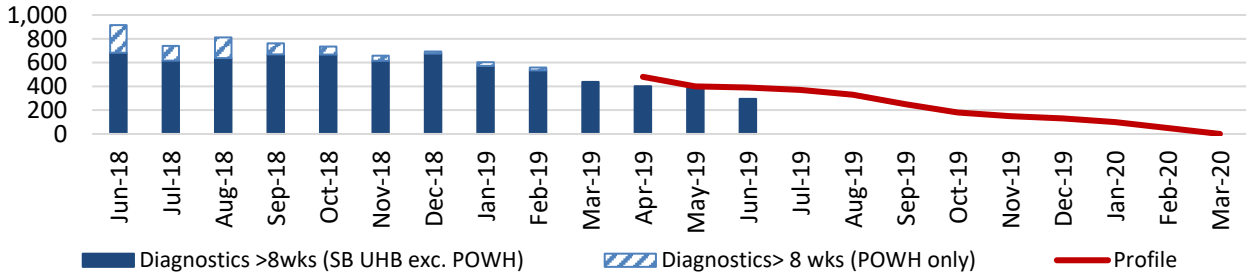
- Constraints in the case-mix of suitable cases to outsource as the lists become smaller.
- Administrative vacancy gaps and sickness impacting on the ability to target robust validation.
- Sickness amongst key clinical staff affecting sub-speciality areas and nurse-led clinics.
- Staff fatigue to continue to undertake additional clinics and lists.
- Theatre nurse staffing pressures affecting cancellations and under-utilised lists.
- Demand of cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed.

How do we compare with our peers?

- As at the end of May 2019, which is the latest published data available, the Health Board was above the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (88.1% compared with 87.1%) however, was the second worst Health Board in Wales for the number of patients waiting over 36 weeks.

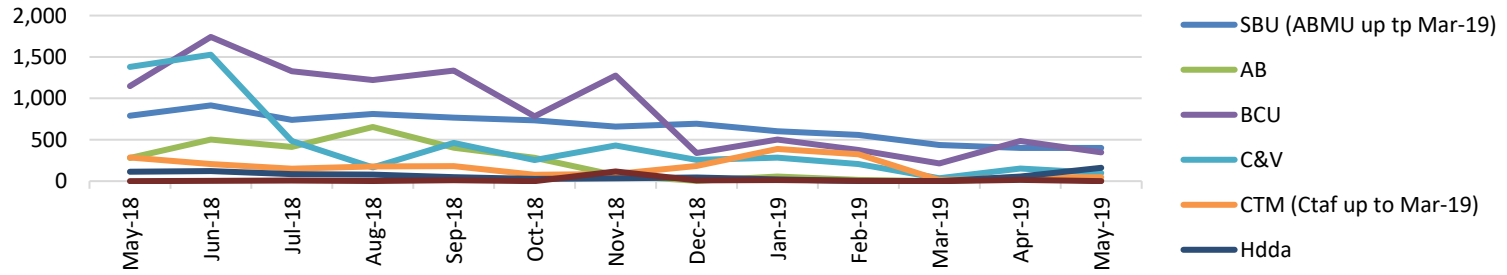
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)							
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care		**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care			
Executive Lead:	Chris White, Chief Operating Officer					**Period:** June 2019	
				Annual Plan Profile	**WG Target**	**Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)				390	0	✓	↓

(3) Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)



Benchmarking

(1) Number of patients waiting more than 8 weeks for specific diagnostic s (excluding Endoscopy)



Source : Stats Wales (data extracted 18.07.2019)

Measure 1: Number of patients waiting more than 8 weeks for specific diagnostics (excluding Endoscopy)
Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)

How are we doing?

- There were 289 patients waiting over 8 weeks for reportable diagnostics as at the end of June 2019, this is a 26% reduction when compared with May 2019 (401 to 295). The breakdown for June 2019 is as follows:
- Cardiac Diagnostic Tests:
  - Echo Cardiogram= 1
  - Diagnostic Angiography = 4
  - Myocardial Perfusion Scan= 7
  - Cardiac Computed Tomography (Cardiac CT)= 108
  - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 160
- Cystoscopy = 9
- All other diagnostic areas maintained a zero breach position in June 2019.

What actions are we taking?

- Maintain the Nil position for all non-cardiac diagnostics through additional lists and the utilisation of locum support when required to cover unplanned staff absence.
- Continuation of the Cardiac MRI and CT plan which is now demonstrating significant improvement month on month.

What are the main areas of risk?

- Late clinic cancellations due to unforeseen absence of key clinical staff.
- Breakdown of equipment.
- Workforce constraints in key professional groups (nationally and locally).

How do we compare with our peers?

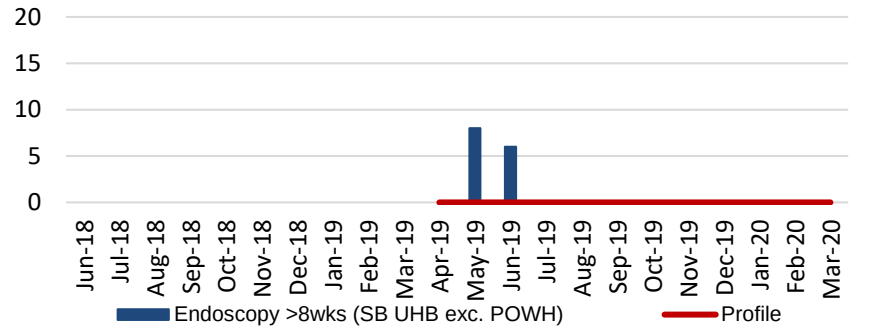
- At the end of May 2019, which is the latest published data available at the time of writing this report, the Health Board was the worst performing Health Board.

ENDOSCOPY

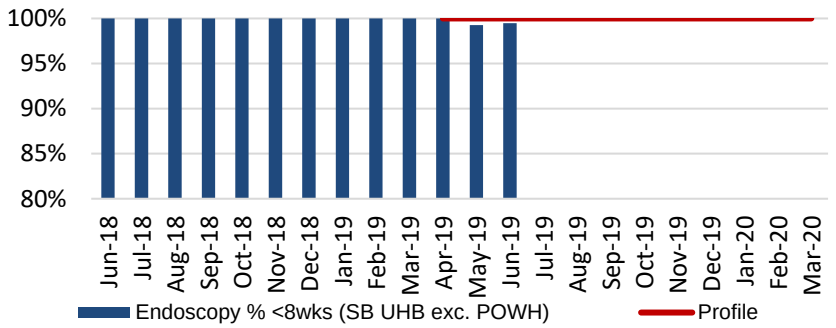
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 8 weeks for Endoscopy	0	0	✗	↑ ●
Measure 2: % patients waiting less than 8 weeks for Endoscopy	100%	100%	✗	↓ ●

(1) Number of patients waiting more than 8 weeks for Endoscopy

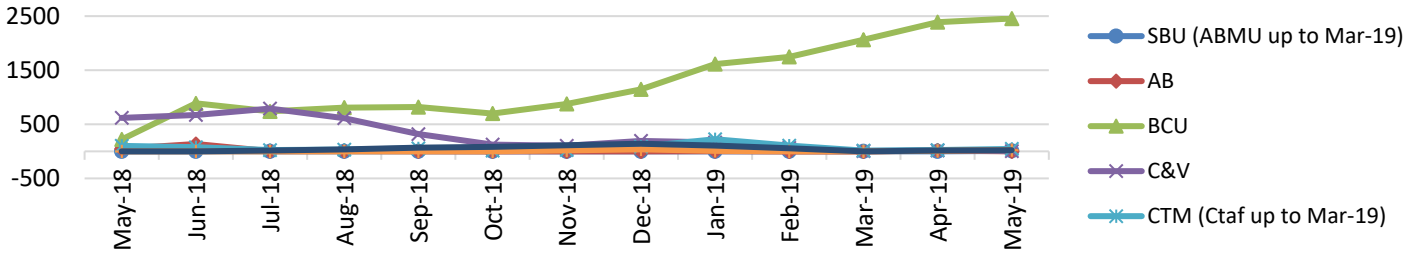


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

(1) Number of patients waiting more than 8 weeks for Endoscopy
(2)

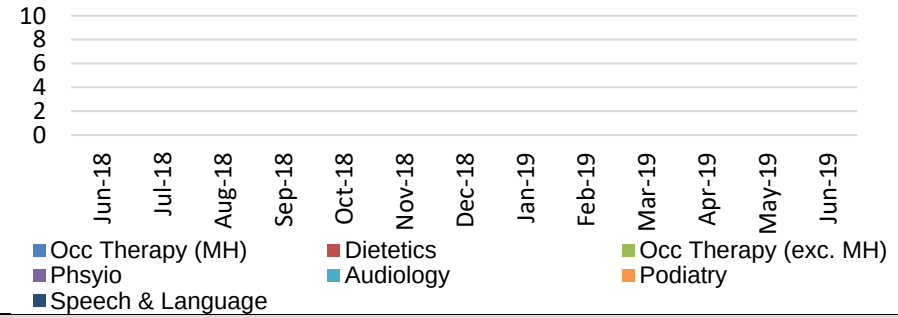


Source: NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

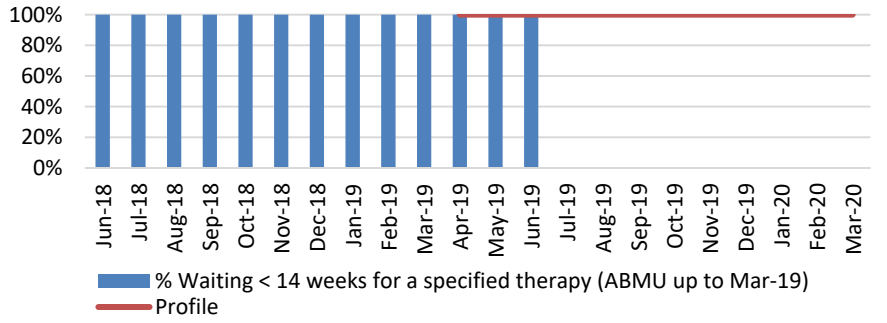
Measure 1: Number of patients waiting more than 8 weeks for Endoscopy Measure 2: % patients waiting less than 8 weeks for Endoscopy
How are we doing?
• The Health Board has achieved zero position for patients waiting over 8 weeks for endoscopy as of the end of March 2019. The months of May and June 2019 have been challenging from an access perspective. • Endoscopy continues to see a significant increase in urgent suspected cancer referrals. The majority of these continue to be in the area of Lower Gastroenterology referrals internally from surgical specialties. • DNA rates continue to remain low at 3%.
What actions are we taking?
• Utilising all available capacity with an average of 30 backfill lists being undertaken per month across 3 sites. Current agreement for funding until the end of September 2019. • Ongoing additional insourcing support confirmed until the end of September 2019 from Medinet to maintain the zero position. • Continued focus on effective triage of referrals. • An Endoscopy Capacity and Demand Plan has been submitted for 2019/20 for SBUHB and provides a plan to address current capacity issues and provide assurances that the health board will deliver a maximum waiting time for Endoscopy of 8 weeks. The plan is a combination of a more sustainable approach to achievement of the waiting time targets as well as a continued but decreased short- term capacity solution. The plan combines efficiency gains, increased productivity with increasing workforce to allow the service to move towards a closure of the known gap in capacity and also supports the move towards management of demand in a more robust and effective way. • Surveillance Endoscopic waits in the HB are a risk and immediate action planned and implemented to review how high risk patients are managed. This includes a clinical review of the longest waiting surveillance patients by the three clinical leads. Upper GI Surveillance waits are back within standard. • Clear and dedicated leadership for Endoscopy services will be key to drive through the changes required to ensure transformation of Endoscopy services. Within SBUHB, we are currently recruiting a Service Improvement Manager to drive Endoscopy transformation and have appointed three Clinical leads (one for each Singleton, Morriston and Neath Port Talbot Endoscopy Units) with the responsibility to develop and facilitate the implementation of the Endoscopy service improvement action plan required as part of the National Programme. • Bid submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals.
What are the main areas of risk?
• Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals. • Ability to maintain the number of additional sessions undertaken with a very small group of Endoscopists. • Workforce.
How do we compare with our peers?
• SBU was the third highest performing Health Board behind Aneurin Bevan and Cardiff & Vale Health Boards in May 2019.

THERAPY WAITING TIMES						
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need			
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Planned Care			
Executive Lead:	Chris White, Chief Operating Officer			**Annual Plan Profile**	**WG Target**	**Period:** June 2019 **Current Status** *(against profile):* / **Movement:** *(12 month trend)*
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy				0	0	✓ / ➔
Measure 2: % of patients waiting less than 14 weeks for a specified Therapy				100%	N/A	✓ / ➔

(1) Number of patients waiting more than 14 weeks for a specified Therapy

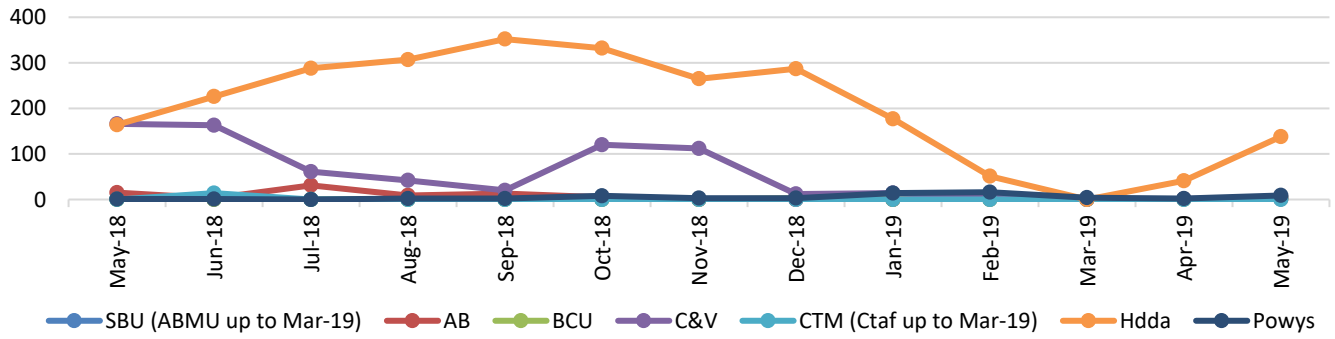


(2) % of patients waiting less than 14 weeks for a specified Therapy



Benchmarking

(1) Number of patients waiting more than 14 weeks for a specified Therapy



May-19	
SBU	0
AB	1
BCU	4
C&V	5
CTM	0
Hdda	138
Powys	9

Source : Stats Wales (data extracted 18.07.2019)

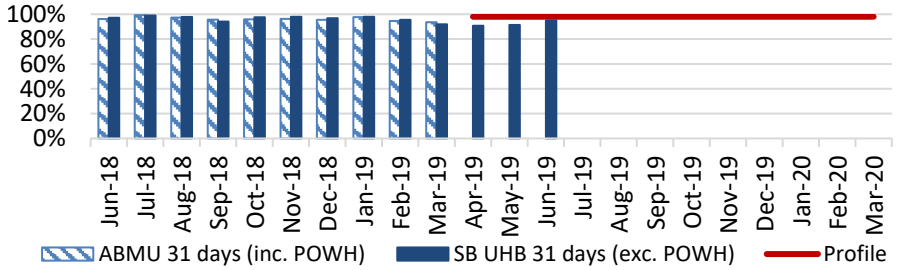
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of June 2019 (Quarter 1) across all therapy services and are being sustainably met recurrently. Walk in Clinics are supporting therapies such as Physiotherapy and Podiatry to manage new demand on the day and telephone services are also available to provide advice and offer intervention as required.
What actions are we taking?
• Teams continue to support each other across the Health Board to manage equity in waiting lists. • Proactive waiting list tool implemented which enables services to have an overview to flex staff across the Health Board to address 'hot spots' or an influx of referrals in one area. • In house developments continue, redesigning service models to utilise alternative skill mix wherever possible. • Ensuring booking is completed well in advance to provide sufficient headroom to re-book should patients cancel in month. • Ongoing validation of the waiting lists.
What are the main areas of risk?
• Planned maternity leave and inability to backfill with temporary posts. • Increasing demand on Walk in Clinics. • Vacancies and national shortage of qualified therapists.
How do we compare with our peers?
• The Health Board is performing as well as or above our peers

CANCER WAITING TIMES

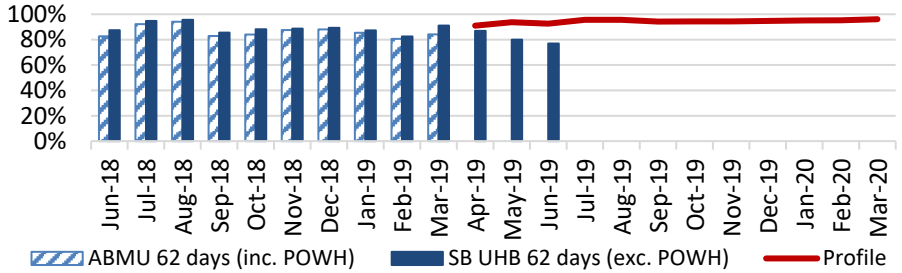
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Cancer
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** June 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: % patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days	98%	98%	✗	↓ ●
Measure 2: % patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days	93%	95%	✗	↓ ●

(1) % of patients newly diagnosed with cancer not via the urgent route that started treatment within 31 days

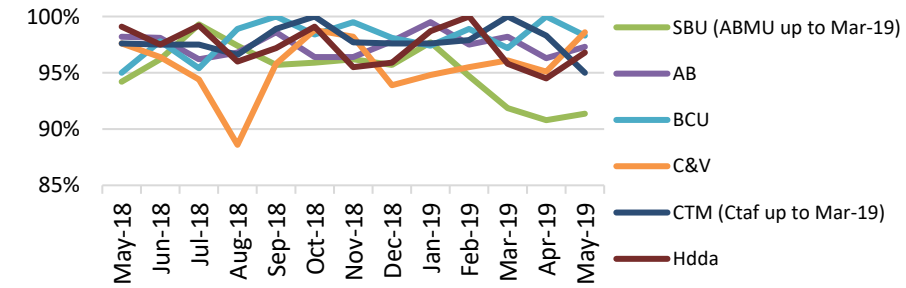


(2) % of patients newly diagnosed with cancer via the urgent suspected route that started treatment within 62 days

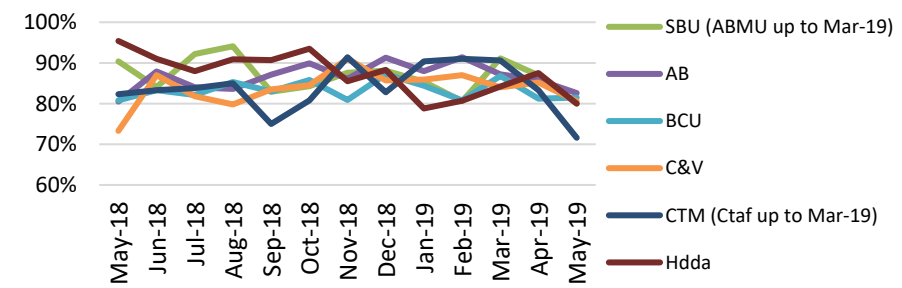


Benchmarking

(1) % of patients newly diagnosed with cancer not via the urgent route that started treatment within 31 days



(2) % of patients newly diagnosed with cancer via the urgent suspected route that started treatment within 62 days



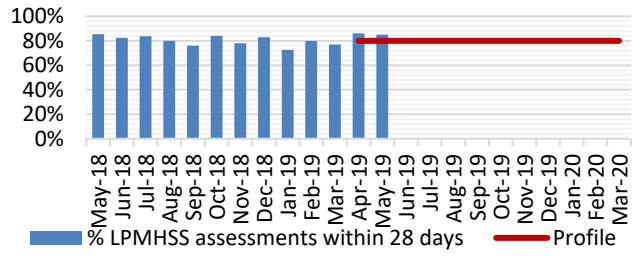
Source : NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: % patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days Measure 2: % patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days
How are we doing?
• NUSC performance for June 2019 projected to be is 94% (6 breaches). • USC performance for June 2019 is 78% (22 breaches). • Patients waiting over 62 days in backlog has been on an upward trend through June with 72 patients reported in the 30th June PTL, however this has reduced week on week through July 2019.
What actions are we taking?
• Breast: Working across sites to ensure all theatre capacity is utilised and backfilled. • Breast: Management configuration at Singleton is being addressed. • Gynaecology: Additional clinics were planned to run through June with separate radiology sessions to address backlog. Backlog is reported to have reduced to 3 weeks. • Gynaecology: Reviewing the possibility of increasing the number of PMB sessions per month with the aim to improve performance and reduce backlog further. • Gynaecology: Plans developed to ensure sustainable Clinical Nurse Specialist cover for the PMB Clinics to avoid lost capacity. • Gynaecology: Gynae-Oncology Surgeon appointment at Singleton, additional Rapid Access Clinic activity will reduce pathway waits by at least 7 days. • Urology: A payment rate has been agreed for a registrar who will commence as a consultant in September to undertake additional sessions over the Summer to recover the backlog of patients waiting first diagnostic assessment. • Urology: Additional RALP capacity through backfill of ABUHB sessions. A meeting to discuss allocated capacity with Cardiff is being arranged. • Pancreatic: Funding agreed for additional weekend theatres capacity and outsourcing of 8 patients to Kings has been agreed, due to start mid-August. • New first outpatient OMFS pathway stage agreed and taken forward with Primary Care with a plan to commence September 2019 (delayed from June) Whilst this pathway change isn't targeted at USC's, it is hoped it will reduce the demand for routine and urgent appointment, freeing up clinic capacity to see USC's sooner. • A new Neck Lump Pathway is implemented. It is anticipated the pathway will reduce by 10 days for patients who are suitable for fast-tracking to radiological/pathological investigation.
What are the main areas of risk?
• Consultants unwilling/reluctant to run additional clinics due to pension implications. • Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities. • Unscheduled Care pressures, although site management processes aim to minimise impact on cancer cases. • Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave. • Continued growth in demand and therefore the backlog. • Challenges to appoint to vacant posts and time lag in developing new workforce models. • Growing waiting times in Chemotherapy and radiotherapy –pressures around vacancies / planned maternity leave / changes in NICE guidance. • Ongoing issues with delivery of Breast services, particularly waits to triple assessment (6 weeks to first appointment). • Delays within the Gynaecological pathway, particularly with surgical capacity (access to theatres/beds at Morriston – all suitable cases are otherwise operated on at Singleton).
How do we compare with our peers?
• Performance so far this quarter has been challenging however April saw SBUHB report the second best performance at 87% (Hywel Dda best performing HB at 87.5%). May saw us report third best at 80.2%. A number of our peers are reporting performance difficulties for June, July and into August.

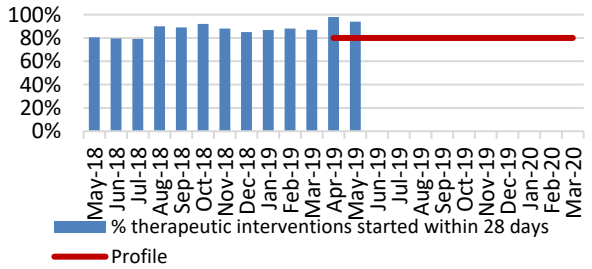
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Mental Health & Learning Disabilities
Executive Lead:	Chris White, Chief Operating Officer		

	Annual Plan Profile	WG Target	**Period:** May 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral	80%	80%	✓	↑ ●
Measure 2: % of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	80%	✓	↑ ●
Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)	90%	90%	✓	↑ ●
Measure 4: % of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request	100%	100%	✓	↑ ●
Measure 5: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	✓	↑ ●

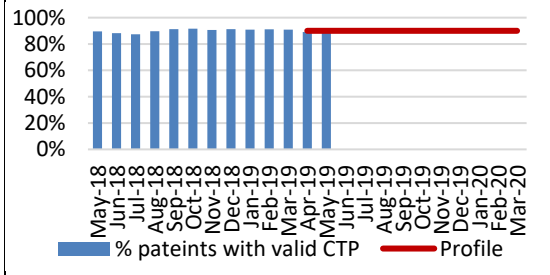
Measure 1



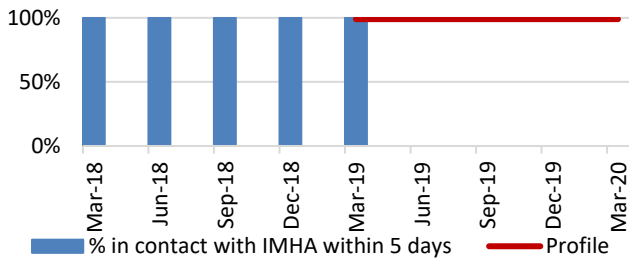
Measure 2



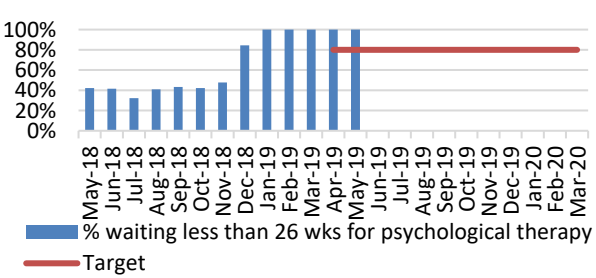
Measure 3



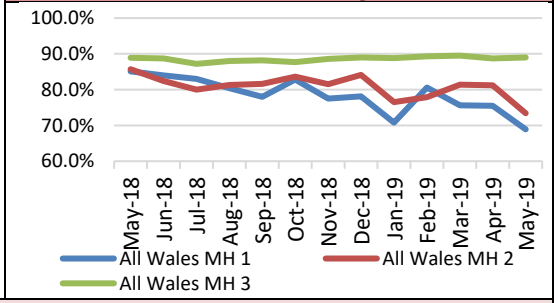
Measure 4



Measure 5



Benchmarking



Source: NHS Wales Delivery Framework, all-Wales performance summary (June 2019)

Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral
Measure 2: % of therapeutic interventions started within 28 days following assessment by LPMHSS
Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)
Measure 4: % of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA
Measure 5: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.

How are we doing?

- **Measure 1** - SBU met the target for 9 of the 13 months shown. This data includes CAMHS which is collated by Cwm Taf Morgannwg (CTM) Health Board. Excluding CAMHS data we met the target for the 13 months. It should be noted that actual waiting time is irrespective of weekends and bank holidays.
- **Measure 2** - Intervention levels met the target for 13 months shown. This data includes CAMHS, which is collated by CTM UHB. Meeting the target does not tell you how many people are waiting or the length of longest waits, but we manage and monitor the lists locally.
- **Measure 3** - This data covers Adult, Older People, CAMHS and Learning Disability Services. SBU met the target for 9 of the 13 months shown. There has been a slight dip in April and May 2019.
- **Measure 4** - The % of qualifying patients who had their first contact with IMHA within 5 working days in March 2019 was 100%.
- **Measure 5** - The % of patients waiting to start a psychological therapy at end of May 2019 was 100%, as defined as high intensity or specialist psychological therapies (as defined in Matrics Cymru). Referrals for low intensity interventions are excluded.

What actions are we taking?

- The LMPHSS has benefited from recent additional Welsh Government resources to help build up the local teams. This will allow the service to help keep pace with additional demand.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for therapy.

What are the main areas of risk?

- For assessment and interventions targets, risks relate to potentially increasing demand and the availability of suitably experienced staff.
- One of the actions of the Community Mental Health Team (CMHT) assurance group is to consider the level of demand for secondary mental health services and capacity of care coordinators. Protocols to inform safe and effective discharge from secondary care are being developed to mitigate against the risks of overcapacity.

How do we compare with our peers?

April 2019:

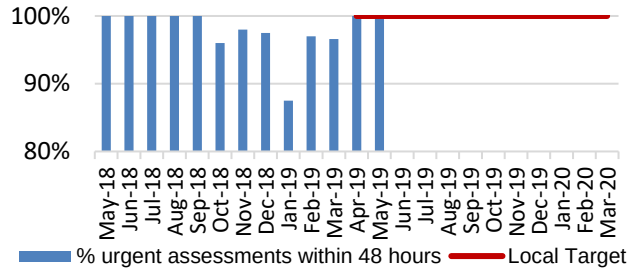
- All-Wales MH1 measure ranged from 56% to 93% including CAMHS 86% SB
- All-Wales MH2 measure ranged from 69% to 98% including CAMHS 98% SB
- All-Wales MH3 measure ranged from 83% to 95% including CAMHS 89% SB
- All-Wales MH5 measure ranged from 24% to 100% 100% SB

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

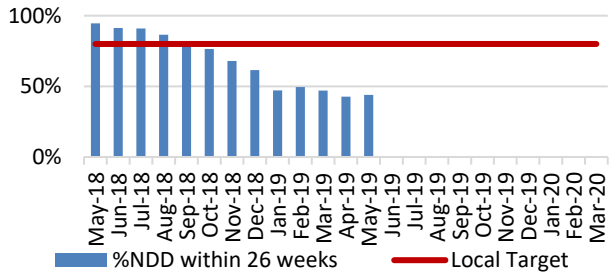
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
Health Board Strategic Aim:	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	**Health Board Enabling Objective:**	Best value outcomes from high quality care: Mental Health & Learning Disabilities
Executive Lead:	Siân Harrop-Griffiths, Director of Strategy		

All data relates to ABMU up to Mar-19	Local Target	Period: May 2019 – Current Status (against target):	Movement: (12 month trend)
(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	100%	✓	↓
(2) NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	80%	✗	↓
(3) P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	80%	✗	↓
(4) P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS	80%	✓	↑
(5) S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan	90%	✓	↑
(6) S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	80%	✗	↑

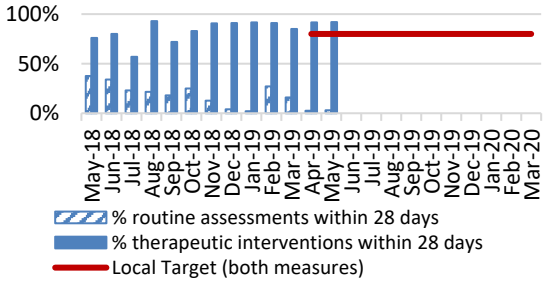
Crisis



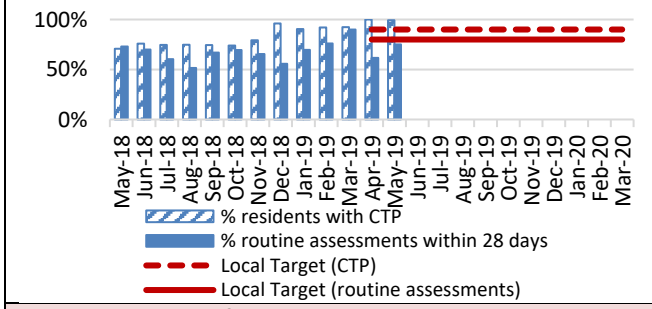
NDD



P-CAMHS



S-CAMHS



Benchmarking (SCAMHS)

Position as at 23/07/19	Swansea Bay Overall	NPT	Swansea	Cwm Taf Morgannwg
Total WL	112	27	85	202
> 4 Weeks	38	5	33	74
Compliance	66.1%	81.5%	61.2%	63.4%
Average Weeks	2.7	1.6	3.0	3.3

Source: Cwm Taf Morgannwg UHB

(1) Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral
(2) NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks
(3) P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral
(4) P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS
(5) S-CAMHS - % ABMU residents in receipt of CAMHS to have a valid Care and Treatment Plan
(6) S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral

How are we doing?

- Measure 1: Crisis - Service now operates 7 days a week, and in Q1 and Q2 of 2018/ 19 100% compliance was consistently achieved. In Q3, compliance began to deteriorate, and in January dipped to 88%. This position has since recovered and compliance reported in April & May was 100%. Where 100% has not been achieved this has been due to staff vacancies.
- Measure 2: NDD - Compliance against this measure continues to deteriorate, with 44% compliance reported in May. Following a steady increase in referrals there is now a significant gap in capacity and demand. The referral increase is consistent with experience across Wales, due to increased awareness of the service available and unmet demand (plans are being developed to secure sustainability at this service).
- Measure 3: P-CAMHS – Compliance against the assessment within 28 days has deteriorated, however, the average waiting time for patients as at the 17th June was 6 weeks. The service remains fragile due to a number of vacancies within a small service.
- Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during Q1 of 2019/ 20. The service prioritises this target since it is seen as a key quality indicator that once young people start their interaction with CAMHS they are seen quickly.
- Measure 5: S-CAMHS – Compliance against the Care and Treatment Plan target of 90% was achieved.
- Measure 6: S-CAMHS - Compliance against the 80% target in May was at 75%. Performance against this target has been variable over the last 12 months, and this is due to staff vacancies.

What actions are we taking?

- NDD –The referral rate has stabilised somewhat at around 100 per month on average. Breach position will continue to decline. This situation remains similar across Wales and is being escalated through the all-Wales National ND Steering Group and through Swansea Bay UHB Executive team. A capacity and demand review has been completed and discussed with the Chief Operating Officer (COO) in May 19, and the business case has been agreed. Ongoing accommodation issues remain but being worked through with Corporate Strategy, with a transfer to centralised office space imminent. Key efficiency improvements linked with move is increased governance and decreased risk e.g. transport of notes.
- CAMHS –The variation in performance experienced is consistently related to the number of vacancies across the services. Swansea Bay have agreed to the utilisation of vacancy underspend to fund waiting list initiatives to improve the position – this spend is reviewed every three months. During 2018/ 19 all partners have progressed work programmes to understand the challenges for CAMHS including a demand & capacity exercise, and a review of P-CAMHS by the NHS Wales Delivery Unit. The Delivery Unit are undertaking additional process mapping work for P-CAMHS, one of the objectives of this work will be to identify any gaps in service, so that they can be the focus of funding streams in future. A three year plan for Swansea Bay has been agreed to develop a single integrated PCAMHS and SCAMHS service for the whole of Swansea and Neath Port Talbot with a single office base, a single referral centre to manage all referrals and access to a widened range of services and with clinics in community settings such as GP surgeries and community schools.

What are the main areas of risk?

- The inability to recruit and retain staff is a recurring theme, and the relatively small size of the different specialist teams in CAMHS is a concern that Swansea Bay will continue to address going forward with Cwm Taf via formal commissioning meetings.

How do we compare with our peers?

- There is limited data available to undertake peer review across CAMHS, however there is some data available against the SCAMHS target which is shown in the benchmarking section above.

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**	**Performance trend**	**Welsh Average/ Total**	**Performance Trend**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 18/19	97%	95%				95.3%				96%			96%			97%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 18/19	91%	95%	93%	✖		92.4%				90%			91%			91%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q3 18/19	89%	4 quarter ↑ trend				90.4%				73%			89%							
Influenza	% uptake of influenza among 65 year olds and over	National	2018/19	68.1%	75%	70%	✖		68.3%										68.1%				
	% uptake of influenza among under 65s in risk groups	National	2018/19	43.0%	55%	65%	✖		44.1%										43.0%				
	% uptake of influenza among pregnant women	National	2018/19	43.6%	75%				46.6%										43.6%				
	% uptake of influenza among children 2 to 3 years old	National	2018/19	47.7%		40%	✔		49.4%										47.7%				
	% uptake of influenza among healthcare workers	National	2018/19	54.5%	60%	50%	✔		56%										54.5%				
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑				27.1%		2017/18= 4.4%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	May-19	0.5%	5% annual target	0.8%	✖		2.2%		0.9%	1.1%	1.3%	1.5%	1.7%	1.8%	2.1%	2.3%	2.6%	0.3%	0.5%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q4 2018/19	55.7%	40% annual target	40.0%	✔		43.3%				57%			55%			56%				
Learning Disabilities	% people with learning disabilities with an annual health check	National			75%						*Awaiting publication of 2018/19 data.*												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National			4 quarter ↓						*New measure for 2019/20. Awaiting publication of data*												

~~EFFECTIVE CARE~~- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful

											ABMU									SBU			
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Performance trend**	**Welsh Average/ Total**	**Performance Trend**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**
DTOCs	Number of mental health HB DToCs	National	Jul-19	20	12 month ↓	27	✔		69		27	30	29	28	26	25	29	26	21	18	23	27	20
	Number of non-mental health HB DToCs	National	Jul-19	61	12 month ↓	60	✖		364		74	85	69	84	125	117	104	87	112	49	67	70	61
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jul-19	99%	95%	95%	✔		75%		97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.0%	99.0%
	Stage 2 mortality reviews required	Local	Jul-19	13							12	19	19	16	22	17	7	10	22	19	13	14	13
	% stage 2 mortality reviews completed	Local	May-19	46%		100%					50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	63.0%	46.0%		
	Crude hospital mortality rate (74 years of age or less)	National	Jun-19	0.75%	12 month ↓				0.71%		0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jul-19	95.3%		98%	✖				99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.3%	95.8%	95.3%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Jul-19	84%	85%						71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	83%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jun-19	96%	95%	95%	✔		79.8%		95%	93%	96%	95%	88%	91%	93%	95%	92%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑				92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Jul-19	62%		100%	✖				59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%	67.0%	62.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q3 18/19	100%	100%	100%	✔		98%				100%			100%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✖						67			78			97				
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✖						22			31			37				
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 18/19	2,276	10% annual ↑	2,428	✖						1,116			1,463			2,276				
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✖						59			99			136				

										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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.												
	Patients aged 65 years or over prescribed an antipsychotic				qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.												
	Total antibacterial items per 1,000 STAR-PUs		Q4 18/19	329.6	4 quarter ↓			303.4				288.9			330.7			329.6				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q4 18/19	8.2%	4 quarter ↓			8.0%				10%			8.3%			8.2%				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	May-19	90%		*95%*	✗			*87%*		*94%*		*90%*		*90%*		*92%*		*87%*		
	% stop or review date documented on medication chart		May-19	56%		*95%*	✗			*61%*		*54%*		*56%*		*56%*		*55%*		*52%*		
	% of antibiotics prescribed on stickers		May-19	47%		*95%*	✗			*77%*		*73%*		*78%*		*47%*		*75%*		*61%*		
	% appropriate antibiotic prescriptions choice		May-19	96%		*95%*	✓			*96%*		*97%*		*95%*		*96%*		*96%*		*98%*		
	% of patients receiving antibiotics for >7 days		May-19	13%		*20%*	✓			*8%*		*15%*		*9%*		*13%*		*7%*		*8%*		
	% of patients receiving surgical prophylaxis for > 24 hours		May-19	46%		*20%*	✓			*25%*		*8%*		*73%*		*46%*		*39%*		*6%*		
	% of patients receiving IV antibiotics > 72 hours		May-19	47%		*30%*	✗			*41%*		*49%*		*42%*		*47%*		*31%*		*35%*		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-19	84.0	<67			82.24		98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0
	Number of E.Coli bacteraemia cases (Hospital)		*Jul-19*	*14*		*11*	✗			*20*	*16*	*15*	*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*
	Number of E.Coli bacteraemia cases (Community)			*21*		*29*	✓			*31*	*30*	*34*	*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*
	Total number of E.Coli bacteraemia cases			*35*		40	✓			51	46	49	41	53	38	28	31	43	27	22	29	35
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-19	40.8	<20			26.64		37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8
	Number of S.aureus bacteraemias cases (Hospital)		*Jul-19*	*8*		*8*	✓			*8*	*9*	*7*	*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*
	Number of S.aureus bacteraemias cases (Community)			*9*		*5*	✗			*9*	*11*	*3*	*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*
	Total number of S.aureus bacteraemias cases			*17*		13	✗			17	20	10	12	17	11	18	16	11	14	11	11	17
	Cumulative cases of C.difficile per 100k pop		Jul-19	0.0	<26			27.15		50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	0.0
	Number of C.difficile cases (Hospital)		*Jul-19*	*9*		*11*	✓			*24*	*8*	*5*	*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*
	Number of C.difficile cases (Community)			*4*		*4*	✓			*5*	*7*	*4*	*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*
	Total number of C.difficile cases			*13*		15	✓			29	15	9	19	10	16	7	7	8	3	11	10	13
	Cumulative cases of Klebsiella per 100k pop		Jul-19	20.3				17.76										28.6	15.7	15.5	21.8	20.3
	Number of Klebsiella cases (Hospital)		*Jul-19*	*1*		1	✓			1	6	6	11	5	11	10	15	4	2	4	7	1
	Number of Klebsiella cases (Community)			*4*		5	✓			6	6	6	9	9	1	6	5	4	3	1	4	4
	Total number of Klebsiella cases			*5*		6	✓			7	12	12	20	14	12	16	20	8	5	5	11	5
	Cumulative cases of Aeruginosa per 100k pop		Jul-19	10.0				5.02										5.8	9.4	9.3	12.5	10.0
	Number of Aeruginosacases (Hospital)		*Jul-19*	*1*		2	✓			2	1	0	2	4	2	0	0	0	3	1	2	1
	Number of Aeruginosa cases (Community)			*0*		0	✓			1	0	3	0	2	3	0	2	0	0	2	4	0
	Total number of Aeruginosa cases			*1*		2	✓			3	1	3	2	6	5	0	2	0	3	3	6	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-19	97%		95%	✓			96%	97%	98%	97%	97%	98%	96%	96%	95%	97%	98%	97%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q4 18/19	0	0			2				-			0			0				
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-19	60%	90%	75%	✗	28.1%		81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	40%	60%
	Number of new Never Events	National	Jul-19	1	0	0	✗	3		0	0	0	0	0	0	0	0	1	0	1	1	1
	Number of risks with a score greater than 20	Local	Jul-19	81		12 month ↓	✗			67	77	73	66	45	48	53	54	51	72	66	75	81
	Number of risks with a score greater than 16	Local	Jul-19	164		12 month ↓				New local measure for 2019/20									167	151	162	164
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jul-19	2		12 month ↓	✓			22	14	7	13	8	12	6	17	15	3	9	8	2
	Number of Safeguarding Children Incidents	Local	Jul-19	7		0	✗			12	14	3	10	9	3	13	7	7	6	10	6	7
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Local	Jun-19	13		12 month ↓	✓			56	45	53	47	40	40	50	45	64	29	16	13	
	Total number of pressure ulcers acquired in hospital per 100k admissions		Apr-19	0		12 month ↓	✓			635	496	601	499	432	468	549	508	671	312	0	0	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-19	0		12 month ↓	✓			3	1	1	6	3	3	4	10	7	1	2	0	
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions		May-19	0		12 month ↓	✓			238	139	219	276	141	164	220	192	252	0	0	0	
	Total Number of pressure ulcers developed in the community		Jun-19	23		12 month ↓	✓			68	88	71	60	62	58	77	62	47	34	33	23	
	Number of grade 3+ pressure ulcers developed in the community		Jun-19	7		12 month ↓	✓			11	13	8	9	12	13	16	11	10	10	6	7	
Inpatient Falls	Number of Inpatient Falls	Local	Jul-19	186		12 month ↓	✓			300	290	328	293	291	300	341	276	326	210	226	189	186

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

											ABMU									SBU			
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Performance trend	Welsh Average/ Total	Performance Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-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	Jul-19	138		12 month ↓ trend	✓				126	126	114	140	91	84	138	96	114	93	95	118	138
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-19	83%	75%	78%	✓		62.9%		81%	81%	83%	88%	90%	80%	84%	83%	79%	85%	83%		
	% of acknowledgements sent within 2 working days	Local	Jul-19	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑				96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑				92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑				93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Apr-19	3,320	> 5% annual ↓			0	13,719		3,528	3,544	3,490	3,332		3,364		3,373	3,350	3,320			
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑				53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑				16.7%		2017/18= 16.2%												

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

											ABMU									SBU			
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Performance trend	Welsh Average/ Total	Performance Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q4 18/19	146.8	4 quarter ↑				167.1				103.6			120.0			146.8				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q4 18/19	6.2	4 quarter ↑				7.4				5.1			8.3			6.2				
	Rate of calls to the DAN helpline per 100k pop.	National	Q4 18/19	39.3	4 quarter ↑				34				30.1			24.4			39.3				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-19	89%	90%	90%	✗		89.0%		88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	89%	89%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Jun-19	100%	100%	100%	✓		98.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Jul-19	4,259		12 month ↑	✗				5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259
	% of who would recommend and highly recommend	Local	Jul-19	96%		90%	✓				96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	96%	96%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-19	77%		90%	✗				85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	79%	77%

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	Performance trend	Welsh Average/ Total	Performance Trend	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-19	6.1%	12 month ↓		✓	1			6.7%	5.9%	6.0%	6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.7%	6.3%	5.9%	6.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-19	7.1%	12 month ↓		✓	1			7.6%	7.2%	7.4%	7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.0%	7.1%	7.1%	7.6%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-19	67.0%		90%	✗				69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	69%	72%	67%
	% of theatre sessions starting late	Local	Jul-19	42.3%		<25%	✗	3			38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	44%	42%
	% of theatre sessions finishing early	Local	Jul-19	40.0%		<20%	✗	1			40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	39%	40%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q4 18/19	18.4%	Quarter on quarter ↓				12.10%								18.4%						
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 18/19	56.9%	Quarter on quarter ↑				87.0%				77.0%			56.9%							
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q4 18/19	31.1%	4 quarter ↓				32.3%								31.1%						
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-19	64%	85%	71%	✗		70.0%		65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	64%	64%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement				54%		2018= 55%												
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement				3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jul-19	78%	85%	79%	✗		78.4%		59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	76%	78%
	% workforce sickness and absent (12 month rolling)	National	Jun-19	5.98%	12 month ↓			3	5.28%		5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	5.98%	
	% 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%												

										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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	National	2018/19	37%	Annual ↓			39.9%		2017/18= 48%, 2018/19= 37.1%												
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Jun-19	86%	Annual ↑	95%	✗	86.2%		84%	78%	88%	88%	88%	88%	88%	88%	88%	86%	86%	86%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jun-19	96%	Annual ↑	95%	✓			94%	90%	95%	95%	95%	95%	95%	95%	97%	96%	96%	96%	
	% of population regularly accessing NHS primary dental care	National	Dec-18	62.3%	4 quarter ↑			55%				62.4%			62.3%							
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	96%	90%					94%	95%	96%	93%	96%	95%	96%	92%	96%	96%	97%	96%	
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					33%	100%	88%	0%	50%	79%	80%	60%	80%	83%	50%	100%	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-19	71%	65%	65%	✓	69.2%		77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	75%	71%
	Number of ambulance handovers over one hour	National	Jul-19	594	0	220	✗	2,634		443	420	526	590	628	842	1,164	619	928	732	647	721	594
	Handover hours lost over 15 minutes	Local	Jul-19	1,574						1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574
	% 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	Jul-19	75%	95%	83.8%	✗	77.9%		79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jul-19	642	0	283	✗	4,057		590	511	588	680	665	756	986	685	862	653	602	644	642
	% of survival within 30 days of emergency admission for a hip fracture	National	Apr-19	66.7%	12 month ↑			78.1%		70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jul-19	53%	58.9%	78%	✗	49.4%		38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	57%	53%
	CT Scan (<1 hrs)	Local	Jul-19	59%	54.5%	53%	✓			40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	52%	59%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jul-19	98%	84.4%	89%	✓	84.8%		81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	100%	98%
	Thrombolysis door to needle <= 45 mins	Local	Jul-19	40%	12 month ↑	30%	✓			21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	0%	40%
	% patients receiving the required minutes for speech and language therapy	National	Jul-19	48%	12 month ↑			46.3%											57%	47%	41%	48%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Jul-19	88%	95%			87.1%		89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	88%	88%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jul-19	479	0	0	✗	22,613		30	105	89	65	125	94	153	315	207	236	323	297	479
	Number of patients waiting > 36 weeks for treatment	National	Jul-19	2,690	0	2,148	✗	12,401		3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond traget date for an outpatient appointment	National	May-19	64.3%	95%			66.2%												64.3%		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-19	261	0	370	✓	3,622		740	811	762	735	658	693	603	558	437	401	401	295	261
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-19	0	0	0	✓	157		0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Local	Mar-19	67,908						64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908				
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	National	Mar-19	23,604	12 month ↓	13,662	✓			24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604				
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	Jul-19	88%	98%	98%	✗	96.5%		99%	97%	96%	96%	96%	96%	98%	97%	93%	91%	91%	94%	88%
	% 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	Jul-19	60%	95%	96%	✗	79.6%		92%	94%	83%	84%	88%	88%	85%	82%	84%	87%	80%	81%	60%
	% of patients starting definitive treatment within 62 days from point of suspicion	National	Jun-19	73%	12 month ↑			76.3%											73%	68%	73%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Jun-19	85%	80%	80%	✓	68.9%		84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	85%	85%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Jun-19	99%	80%	80%	✓	73.4%		79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	94%	99%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Jun-19	100%	100%	100%	✓	99.1%				100%			100%			99%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-19	100%	95%	95%	✓	71.8%		32%	41%	43%	42%	48%	84%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jun-19	96%		100%	✗			100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	100%	96%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-19	41%	80%	80%	✗	50.7%		91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	44%	41%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Jun-19	3%		80%	✗			23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	3%	3%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Jun-19	93%		80%	✓			57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	92%	93%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Jun-19	98%		90%	✓			75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	99%	98%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jun-19	76%		80%	✗			60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	75%	76%	

APPENDIX 2: LIST OF ABBREVIATIONS

ABMU HB	Abertawe Bro Morgannwg University Health Board
ACS	Acute Coronary Syndrome
AOS	Acute Oncology Service
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CT	Computerised Tomography
CTM UHB	Cwm Taf Morgannwg University Health Board
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
ESD	Early Supported Discharge
ESR	Electronic Staff Record
eTOC	Electronic Transfer of Care
EU	European Union
FTE	Full Time Equivalent
FUNB	Follow Up Not Booked
GA	General Anaesthetic
GMC	General Medical Council
GMS	General Medical Services
HB	Health Board
HCA	Healthcare acquired
HCSW	Healthcare Support Worker
HEIW	Health Education and Improvement Wales
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
IPC	Infection Prevention and Control
IV	Intravenous
JCRF	Joint Clinical Research Facility
LA	Local Authority
M&S training	Mandatory and Statutory training
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
NDD	Neurodevelopmental disorder
NEWS	National Early Warning Score
NICE	National Institute of Clinical Excellence
NMB	Nursing Midwifery Board
NPTH	Neath Port Talbot Hospital
NUSC	Non Urgent Suspected Cancer
NWIS	NHS Wales Informatics Service
OD	Organisational Development
ODTC	Ophthalmology Diagnostics Treatment Centre
OH	Occupational Health
OPAS	Older Persons Assessment Service
OT	Occupational Therapy
PA	Physician Associate
PALS	Patient Advisory Liaison Service
P-CAMHS	Primary Child and Adolescent Mental Health
PCCS	Primary Care and Community Services
PDSA	Plan, Do, Study, Act
PEAS	Patient Experience and Advice Service
PHW	Public Health Wales
PKB	Patient Knows Best
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
PROMS	Patient Reported Outcome Measures
W&OD	Workforce and Organisational Development

PTS	Patient Transport Service
R&S	Recovery and Sustainability
RCA	Root Cause Analysis
RDC	Rapid Diagnostic Centre
RMO	Resident Medical Officer
RRAILS	Rapid Response to Acute Illness Learning Set
RRP	Recruitment Retention Premium
RTT	Referral to Treatment Time
SAFER	Senior review, All patients, Flow, Early discharge, Review
SARC	Sexual Abuse Referral Centre
SBAR	Situation, Background, Analysis, Recommendations
SBU HB	Swansea Bay University Health Board
S-CAMHS	Specialist Child and Adolescent Mental Health
SDU	Service Delivery Unit
SI	Serious Incidents
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
SOC	Strategic Outline Case
StSP	Spot The Sick Patient
SACT	Systematic Anti-Cancer Therapy
TAVI	Transcatheter aortic valve implantation
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
WFI	Welsh Fertility Institute
WG	Welsh Government
WHSSC	Welsh Heath Specialised Services Committee
WLI	Waiting List Initiative
WPAS	Welsh Patient Administration System

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

Financial Implications
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board is currently discussing additional funding for backlog reduction with Welsh Government which may result in additional funds being available, but also the possibility of a clawback mechanism if funding is to flow.
Legal Implications (including equality and diversity assessment)
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Staffing Implications
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The '5 Ways of Working' are demonstrated in the report as follows: • **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.

Report History	The last iteration of the Performance Report was presented to the Quality & Safety Committee in June 2019. This is a routine monthly report.
Appendices	Appendix 1: Integrated performance dashboard Appendix 2: List of abbreviations