Meeting Date	**12th December 2019**	**Agenda Item**	**3.2**
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 Keith Reid, Deputy 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	This Quality and Safety Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. The report includes a suite of performance report cards which provide detailed summaries of the end of October 2019/20 performance. A new overview can be found on page 9 which provides a visual guide on the Health Board's performance through the utilisation of gauge charts. The position of the dial is derived from the RAG status (Red, Amber, Green) of each performance area against internal profiles or targets (in the absence of profiles). It is hoped that this new overview will provide the committee with a clear visual on good and challenging areas of performance. It is anticipated that the report will continue to be refined over the coming months and that the report will comprise of all the measures that the Quality & Safety Committee need to be sighted on and the presentation will be revised to enable triangulation of data in a more readable format. Key high level issues to highlight this month are as follows: **Unscheduled Care**- October 2019 was another challenging month reporting the lowest performance for the 4 hour target in 2019/20 with 70.99%. Early signs for November are showing some improvement.		

<table>
<tr><td></td><td colspan="4">Planned Care- Waiting times for outpatient appointments and elective treatment continued to increase in October 2019 and the percentage of patients waiting under 26 weeks decreased. Plans are being put into place to stabilise the position. The profiles included in this report reflect the revised performance trajectories for 2019/20.
Healthcare acquired infections- October 2019 had the highest number of c.difficile cases in 2019/20 with 19 cases against an internal profile of 12. High activity, over occupancy, nursing and cleaning staff vacancies are considered to be significant contributors. The concerning increasing trend is continuing into November 2019. Weekly cross site c.difficile meetings have been established by the Infection Prevention and Control Team (IPCT).
Serious Incidents closures- Performance against the 80% target has improved from 20 in September 2019 to 47% in October 2019. Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board’s position due to the high volume of cases assigned to the Unit. The Unit has been tasked with developing an improving trajectory for when the 80% will be reached and sustained.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• note current Health Board performance against key measures and targets and the actions being taken to improve performance.</td></tr>
</table>

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	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 has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

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

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

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been

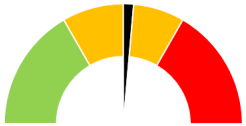
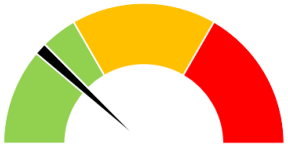
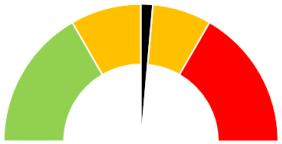
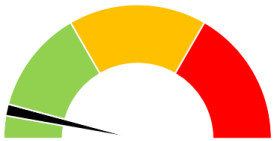
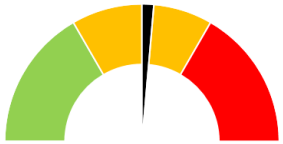
included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.	
Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in October 2019. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report

Appendix 1- Quality & Safety Performance Report December 2019

CONTENTS PAGE

1. Overview- Key performance indicators summary

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

Staying Healthy	Safe Care	Effective Care	Dignified Care	Individual care	Timely Care
					
Childhood immunisations	Infection control	DTOCs	Complaints	Patient Feedback	Unscheduled Care
	Serious incidents	Mortality		Mental Health	Stroke
	Never Events	NOF			Planned Care
	Pressure Ulcers				Delayed Follow-ups
	Falls				Cancer
					Mental Health
					CAMHS

** RAG status is against internal profile or target in the absence of a profile*
*** For targets that are based on 12 month trends, a RAG is provided where disaggregated Swansea Bay University Health Board data is available*

2. Summary

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						**95.6%**
	% of children who received 2 doses of the MMR vaccine by age 5			93%						**92.5%**

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	40	5	3	2	15	0	**25**
	Number of S.aureus bacteraemia cases			11	7	1	3	2	0	**13**
	Number of C.difficile cases			12	6	1	5	7	0	**19**
	Number of Klebsiella cases			13	3	0	1	0	0	**4**
	Number of Aeruginosa cases			2	0	0	1	0	0	**1**
	Compliance with hand hygiene audits	Local	95%		96.2%	100.0%	95.9%	100.0%	97.3%	**96.9%**
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		5	1	2	1	10	**19**
	Number of Never Events	National	0		0	0	0	1	0	**1**
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		5	0	4	25	0	**34**
	Total number of Grade 3 + Pressure Ulcers				1	0	0	8	0	**9**
	Pressure Ulcer (Hosp) patients per 100,000 admissions									**113**
Falls	Total number of Inpatient Falls	Local	12 month reduction trend		102	51	49	10	43	**255**

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					22	**22**
	Delayed transfers of care- non-mental health			50	24	29	7	6	10	**76**
Mortality	Universal Mortality Reviews completed within 28 days	National	95%		94%	100%	100%			**96%**
	Stage 2 mortality reviews completed within 60 days	Local	100%		80%	-	20%			**60%**
	Crude Mortality	National	12 month reduction trend		1.27%	0.10%	0.44%			**0.77%**
Fractured Neck of Femur (NOF)	**Prompt orthogeriatric assessment-** % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	75%		73.4%					**73.4%**
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture				57.8%					**57.8%**
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124				68.9%					**68.9%**
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation				68.3%					**68.3%**
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation				31.5%					**31.5%**
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up				72.5%					**72.5%**
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months		12 month improvement trend		7.9%					**7.9%**
	% of survival within 30 days of emergency admission for a hip fracture				86.0%					**86.0%**

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

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

Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Complaints	Number of new complaints received	Local	12 month reduction rend		72	11	39	10	17	**159**
	% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	98%	83%	80%	70%	77%	**85%**

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

Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,728	532	1,464	194	21	**3,918**
	% of patients who would recommend and highly recommend		90%		94%	96%	95%	88%	86%	**94%**
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		70%	94%	89%	92%	-	**83%**
Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	National	90%						92%	**92%**
	Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place		100%						100%	**100%**

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

Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	0	673	802		25			**827**
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%	72%	60.9%	95.3%	MIU closed			**71.0%**
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0	799	889	1	MIU closed			**890**
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	55.5% (UK SNAP average)	80%	55%					**55%**
	% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	53%	47%					**47%**
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.1% (UK SNAP average)	91%	94%					**94%**
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	35%	0%					**0%**
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		49%					**49%**
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		486	0	666	0		**1,152**
	Number of patients waiting > 36 weeks for treatment	National	0	1,418	3,298	0	958	0		**4,256**
	Number of patients waiting > 8 weeks for a specified diagnostics		0	180	223		0			**223**
	Number of patients waiting > 14 weeks for a specified therapy		0			0		1	0	**1**

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

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 15% by Mar-20	124,040						**131,471**
	Number of patients delayed by over 100% past their target date		Reduce by at least 15% by Mar-20	22,626						**21,778**
	Number of patients delayed past there agreed target date (booked and not booked)		Reduce by at least 15% by March 2020	45,624						**45,458**
	Number of Ophthalmology patients without an allocated health risk factor		98% by Dec-19	TBC						737
	Number of patients without a documented clinical review date		95% by Dec-19	TBC						**165**
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%	98%	100%	97%			**98%**
	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral		95%	94%	81%	100%	85%			**84%**
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						98%	**93%**
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS		80%						97%	**98%**
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA		100%						100%	**100%**
	% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%						100%	**100%**
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						100%	**100%**
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						38%	**38%**
	% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						63%	**63%**
	% of therapeutic interventions started within 28 days following assessment by LPMHSS		80%						100%	**100%**
	% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan		90%						100%	**100%**
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)		80%						98%	**98%**

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

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

3.1 Overview

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
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	96%		96.8%			97.5%			96.6%			95.2%		
	Swansea				94.8%			94.5%			96.1%			95.8%		
	HB Total				**95.7%**			**95.9%**			**96.5%**			**95.6%**		
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	93%		90.3%			92.3%			92.2%			94.4%		
	Swansea				88.5%			89.0%			89.6%			91.3%		
	HB Total				**90.0%**			**91.1%**			**91.1%**			**92.5%**		

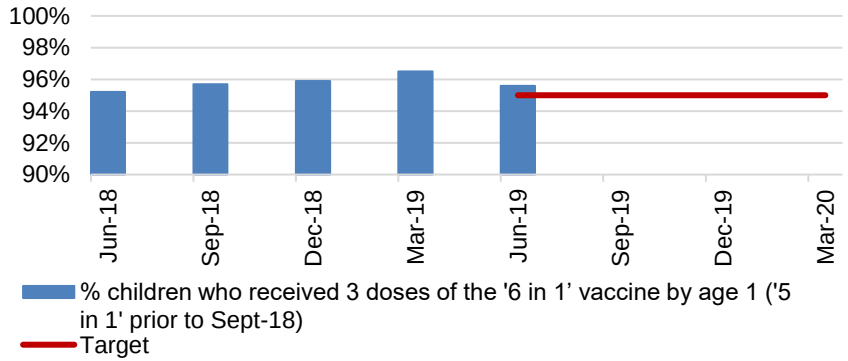
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

3.2 Staying Healthy Report Cards

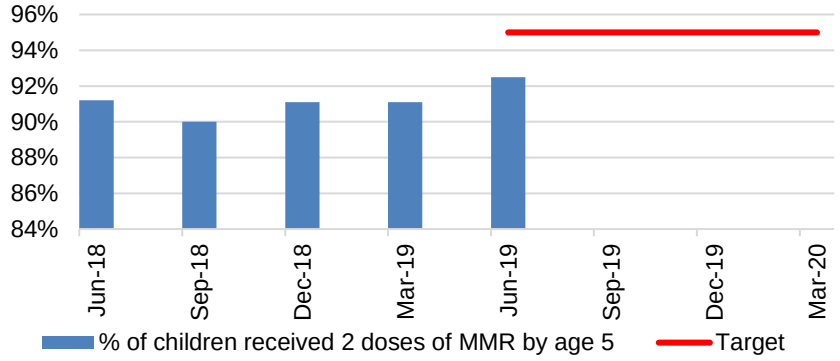
CHILDHOOD IMMUNISATIONS			
NHS Wales Domain:	**STAYING HEALTHY-** People in Wales are well informed and supported to manage their own physical and mental health	**NHS Wales Outcome Statement:**	My children have a good healthy start in life
Health Board Strategic Aim:	Support better health and wellbeing 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		

	Annual Plan Profile	WG Target	**Period:** June 2019 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 '6 in 1' vaccine by age 1

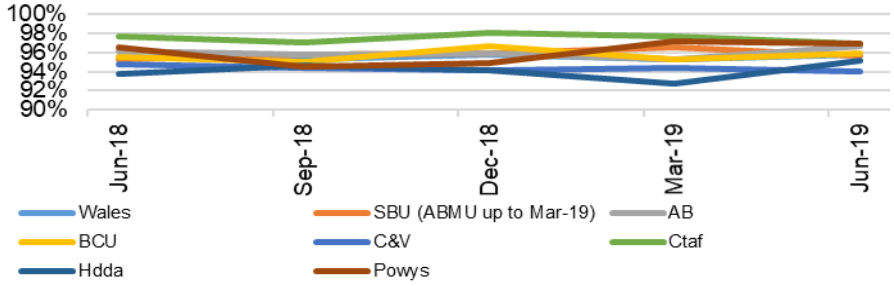


(2) % of children who received 2 doses of the MMR vaccine by age 5

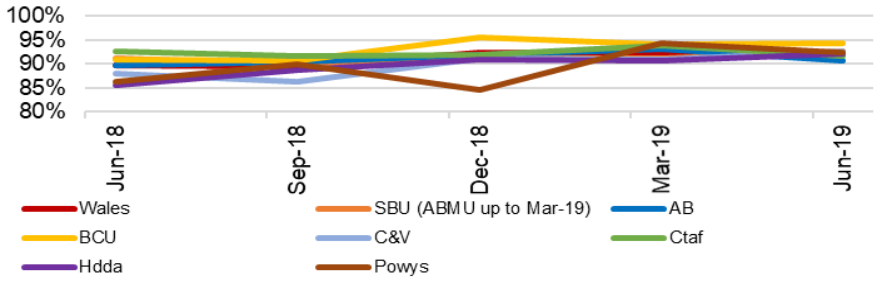


Benchmarking

(1) Benchmark – '6 in 1' Vaccine by Age 1



(2) Benchmark – MMR Vaccine by Age 5



Source: Public Health Wales COVER Report 131 (Apr-Jun 2019)

Measure 1: % of children who received 3 doses of the '6 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 WG target of > 95% of resident children who have received all required immunisations by age 1 year. Both Local Authority (LA) areas achieved over 95% apart from men B vaccine in Swansea LA area remains outside target with 94.7% coverage for quarter 2 Apr-Jun 2019. (NPT: 96.1%). • Measure 2 – during this reporting quarter there has been a 1% 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 92.5%.
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. There has been no response to this SBAR. • The School Health Service is rolling out the expanded HPV vaccine offer over 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 HV 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 despite a small increase of resident children who have received 2 doses of the MMR by 5 years this remains below the required 95% for herd immunity and leaves the population vulnerable to an outbreak. This is concerning with the withdrawal of the UK from measles free status. The MMR 2 uptake at 5 yrs in 2012/13 measles outbreak was 86.4% for ABMU HB. Swansea is currently 91.3%, well below the 95% target. • Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit Risk Register as red as an overdue action to be undertaken. Has also 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. • Of concern is that in the recent PHW "Inequalities in uptake of routine child hood immunisations in Wales 2018-19" annual report the gap in up to date immunisations at age 4 years between highest and lowest quintile has increased to 8.6% from 7 % in 2017/18. At age 5 years, the gap has increased by 1% to 4.2% from 3.1% in 17/18.
How do we compare with our peers?
• Measure 1 – SBUHB is ranked 5th in comparison to the other Welsh Health Boards for 6:1 and above the Welsh average of 95.8% during this reporting quarter • Measure 2 – SBUHB is ranked 3rd in comparison to the other Welsh Health Boards for MMR x2 slightly above the Welsh average of 92.4% during this reporting quarter

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

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	29		24	30	23	17	16	22	17	15	22	21	13	18	15
	PCCS Hospital		0		1	0	0	0	0	1	0	0	1	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		8	11	7	3	5	6	7	3	6	12	4	5	5
	NPTH		3		0	2	0	0	2	2	1	0	0	0	1	0	3
	Singleton		4		4	5	6	5	5	8	2	4	0	2	3	0	2
	Total		**40**		**41**	**53**	**38**	**28**	**31**	**43**	**27**	**22**	**29**	**35**	**22**	**23**	**25**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	6		6	10	6	9	7	7	3	3	5	9	3	5	2
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		3	3	3	2	3	2	7	7	2	6	2	2	7
	NPTH		1		0	0	0	0	0	0	1	0	1	1	0	1	1
	Singleton		1		2	1	0	6	2	2	3	1	3	1	2	0	3
	Total		**11**		**12**	**17**	**11**	**18**	**16**	**11**	**14**	**11**	**11**	**17**	**7**	**8**	**13**
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		4	1	10	4	3	5	1	3	4	4	5	2	6
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		6		5	2	3	1	4	1	1	3	5	4	3	6	6
	NPTH		1		0	1	0	0	0	0	0	0	0	1	1	1	1
	Singleton		2		4	2	1	2	0	0	1	5	1	4	1	1	5
	Total		**12**		**19**	**10**	**16**	**7**	**7**	**8**	**3**	**11**	**10**	**13**	**10**	**10**	**19**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	4		9	9	1	6	5	4	3	1	4	4	3	2	0
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0
	Morriston		5		6	4	7	5	7	1	1	3	3	1	5	4	3
	NPTH		0		0	0	0	0	0	0	0	0	3	0	0	1	0
	Singleton		4		4	0	1	3	6	2	1	1	1	0	3	2	1
	Total		**13**		**20**	**14**	**12**	**16**	**20**	**8**	**5**	**5**	**11**	**5**	**11**	**9**	**4**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		0	2	3	0	2	0	0	2	4	0	2	0	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	2	2	0	0	0	3	1	1	1	1	0	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		1	1	0	0	0	0	0	0	1	0	1	2	1
	Total		**2**		**2**	**6**	**5**	**0**	**2**	**0**	**3**	**3**	**6**	**1**	**4**	**2**	**1**
Compliance with hand hygiene audits	PCCS	95%			100.0%	96.8%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				97.4%	97.6%	97.8%	97.9%	98.1%	96.2%	97.0%	97.5%	97.8%	97.7%	97.1%	96.8%	97.3%
	Morriston				97.0%	97.8%	98.7%	95.3%	95.0%	94.7%	94.2%	97.5%	96.1%	98.2%	95.8%	96.5%	96.2%
	NPTH				98.0%	100.0%	99.5%	100.0%	96.0%	88.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%
	Singleton				95.1%	96.3%	95.3%	91.7%	95.3%	94.8%	97.3%	96.7%	95.7%	94.8%	94.9%	95.8%	95.9%
	Total				**96.7%**	**97.4%**	**98.2%**	**95.7%**	**96.2%**	**94.5%**	**96.5%**	**98.1%**	**97.1%**	**97.2%**	**96.0%**	**96.5%**	**96.9%**

Measure	Locality	National/ Local Target	Internal profile		ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			12	6	9	8	1	0	0	0	0	0	2	1	1
	MH&LD				9	2	0	2	39	17	2	3	13	6	11	7	10
	Morriston				2	6	3	2	2	9	7	7	2	4	3	5	5
	NPTH				1	1	1	1	0	2	1	1	0	2	1	0	1
	Singleton				6	10	3	4	2	6	5	2	2	3	6	2	2
	Total				**36**	**29**	**18**	**21**	**49**	**36**	**18**	**13**	**18**	**16**	**23**	**19**	**19**
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	1	0	0	1
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston				0	0	0	0	0	1	0	1	1	0	0	0	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	1	0	0
	Total				**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**1**	**1**	**1**	**0**	**1**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			60	63	58	77	62	47	34	33	23	33	37	25	
	PCCS Hospital				0	0	1	0	0	0	0	0	1	0	0	0	
	MH&LD				0	0	0	0	1	0	0	0	0	0	0	0	
	Morriston				6	7	6	8	10	19	14	9	4	8	4	5	
	NPTH				1	0	2	0	2	0	0	0	1	0	4	0	
	Singleton				17	15	5	9	12	12	15	7	7	10	6	4	
	Total				**107**	**103**	**98**	**127**	**107**	**111**	**63**	**49**	**36**	**51**	**51**	**34**	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			9	12	13	16	11	10	10	6	6	7	8	8	
	PCCS Hospital				0	0	0	0	0	0	0	0	1	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston				1	0	1	1	2	1	1	0	0	1	0	1	
	NPTH				1	0	1	0	0	0	0	0	0	0	0	0	
	Singleton				3	3	1	0	3	2	0	2	0	1	0	0	
	Total				**15**	**15**	**16**	**20**	**21**	**17**	**11**	**8**	**7**	**9**	**8**	**9**	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			500	434	469	552	554	720	339	182	293	212	175	113	
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	14	7	13	5	5	13	8	7	5	7	9	10
	MH&LD				49	48	50	49	35	46	27	48	41	34	57	65	43
	Morriston				73	79	91	117	94	107	106	85	82	85	85	93	102
	NPTH				33	29	28	28	28	36	28	32	18	26	32	22	51
	Singleton				74	51	50	58	62	51	36	53	42	36	46	52	49
	Total				**293**	**291**	**300**	**339**	**275**	**324**	**210**	**226**	**190**	**186**	**227**	**241**	**255**

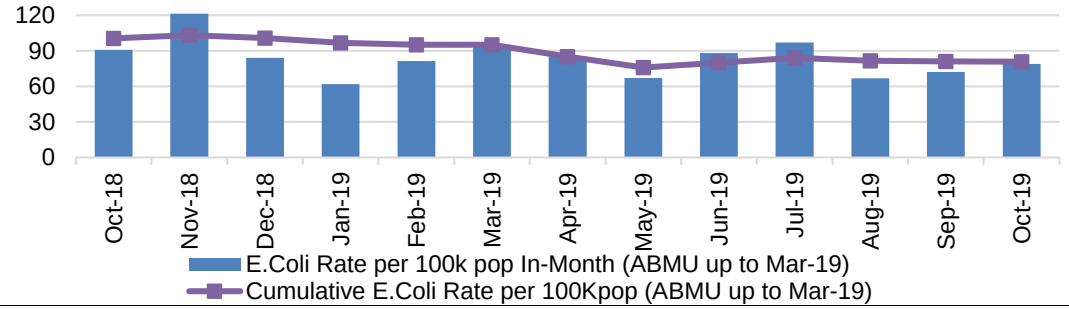
** All Health Board totals include Bridgend/ Princess of Wales Hospital up to 31st March 2019*

4.2 Safe Care Report Cards

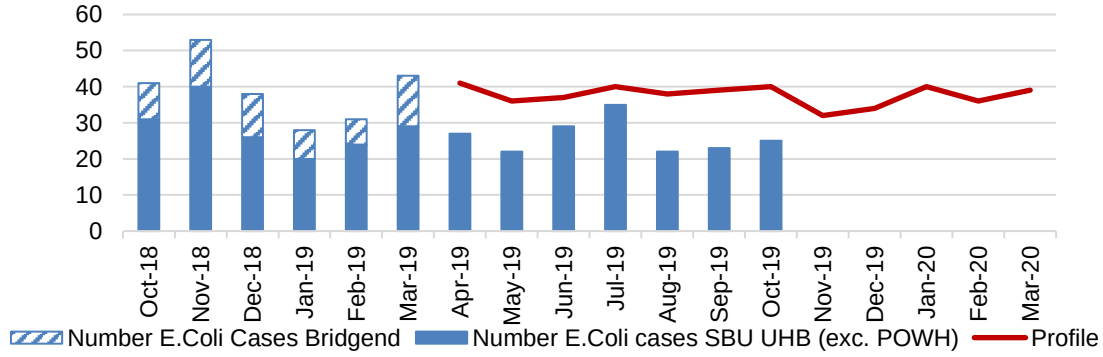
E. COLI Bacteraemia			
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better 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:** October 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative rate of E.*coli* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of E.*coli* bacteraemia cases	40	N/A	✓	↓ ●
Measure 3: Number of cumulative cases of E.*coli* bacteraemia against March 2020 reduction expectation	N/A	153	✗	

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



(2) Number of E.coli bacteraemia cases



Benchmarking

LHB	Cumulative Cases (Apr - Oct 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	1512	1227	+285
SBU	184	153	+31
AB	265	232	+33
BCU	333	273	+60
C&V	233	195	+38
CTM	246	175	+71
Hdda	241	151	+90

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (October 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 October (25 cases) was 15 cases below the projected IMTP monthly profile; 4 cases above the Welsh Government monthly expectation.
- Of these cases, 40% were hospital acquired; 60% were community acquired. The cumulative number of cases (April – October 2019/20) was 183, which was approximately 16% fewer than the cumulative number of cases for the same period in 2018/19. Of these cumulative cases for 2019/20, 66% were community acquired.
- Public Health Wales data for October 2019 reported 26 cases in October and a cumulative total of 184 cases. This includes one case misidentified as being from SBUHB when it should have been identified as a case for Powys Teaching Health Board. This error has been identified to Public Health Wales.

What actions are we taking?

- Incident type codes have been amended again to enable the Infection Prevention & Control to commence the initiation of *E. coli* bacteraemia incident reporting on Datix from **1st December 2019**.
- Following this, the pilot of the bedside review of cases requires refinement and will be relaunched in **December 2019**.
- 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.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- IPC conference planned for **April 2020**.

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.
- 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?

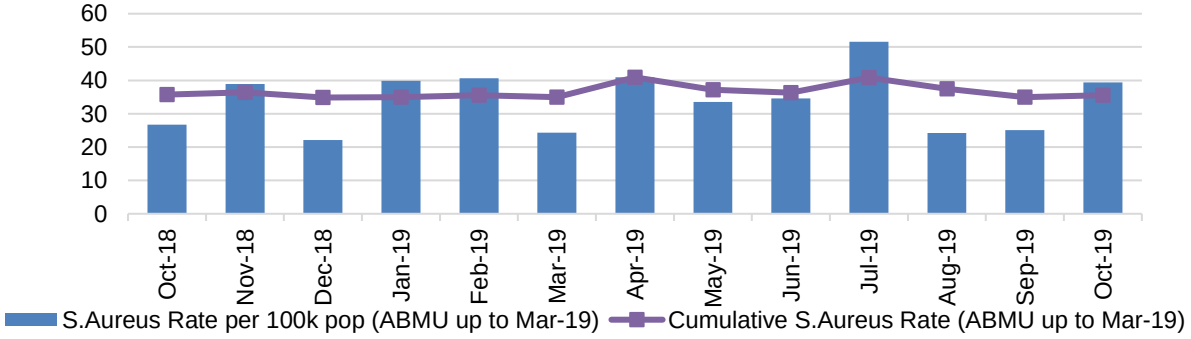
- The incidence of *E. coli* bacteraemia per 100,000 population for October 2019 was 78.84; the third highest incidence for the major acute Health Boards in Wales.
- The cumulative incidence of *E. coli* bacteraemia within the Health Board for the year 2019/20 was 80.82/100,000 population, the third lowest cumulative incidence for the major acute Health Boards in Wales.

S. AUREUS Bacteraemia

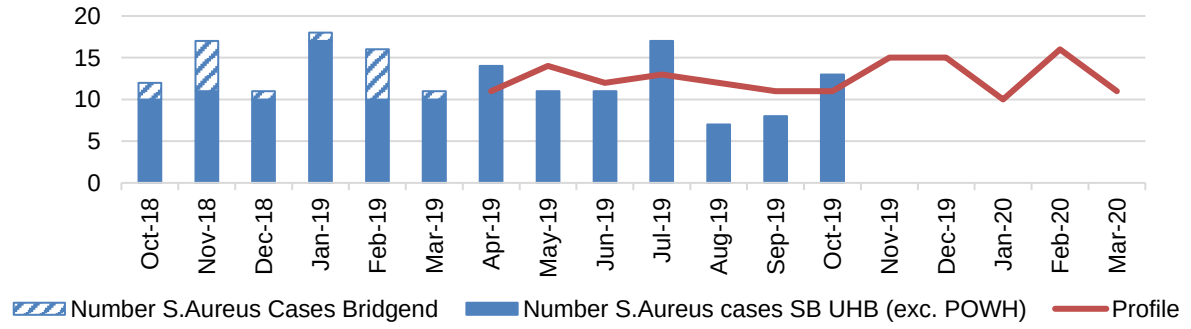
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health 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:** October 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of *S.aureus* bacteraemia cases per 100,000 of the population	N/A	N/A		↓ ●
Measure 2: Number of *S. aureus bacteraemia* cases	11	N/A	✗	↓ ●
Measure 3: Number cumulative cases of *S.aureus* bacteraemia against March 2020 reduction expectation	N/A	46	✗	

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



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



Benchmarking

LHB	Cumulative Cases (Apr - Oct 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	483	367	+116
SBU	81	46	+35
AB	78	69	+9
BCU	117	82	+35
C&V	60	58	+2
CTM	73	52	+21
Hdda	73	46	+27

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (October 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 13 cases of *Staph. aureus* bacteraemia in October 2019; 2 cases above the projected monthly IMTP profile; exceeding by 6 cases the Welsh Government monthly expectation of no more than 7 cases. Three of these cases were MRSA bacteraemia, all of which were identified in Morriston and which are being reviewed by the appropriate departments.
- The cumulative number of cases from April to October 2019/20 was 81 (3 cases below the IMTP profile, but 35 cases above the Welsh Government infection reduction expectation).
- The cumulative number of cases for April to October 2019 was approximately 1% higher than the cumulative number of cases for the same period in 2018/19.
- Of the total number of *Staph. aureus* bacteraemia cases for the 2019/20 FY, 37% were community acquired; 63% were hospital acquired.

What actions are we taking?

- Incident type codes have been amended again to enable the Infection Prevention & Control to commence the initiation of *Staph. aureus* bacteraemia incident reporting on Datix from **1st December 2019**.
- Following this, the pilot of the bedside review of cases requires refinement and will be relaunched in December 2019. 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.
- IPC conference planned for **April 2020**.

What are the main areas of risk?

- A significant proportion 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.
- 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?

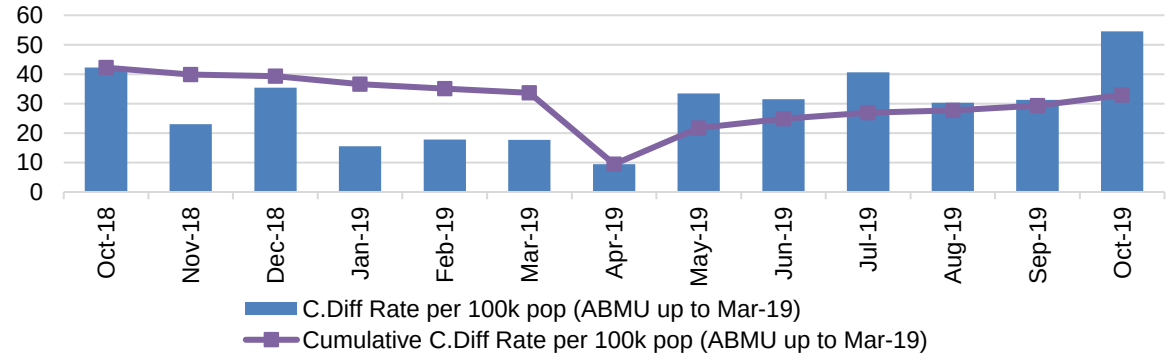
- The incidence of Staph. aureus bacteraemia within the Health Board in October 2019 was 39.42/100,000 population, which was the second highest incidence for the major acute Health Boards.
- The cumulative incidence of Staph. aureus bacteraemia within the Health Board for the year 2019/20 was 35.58/100,000 population, the highest incidence for the major acute Health Boards in Wales.

C.*DIFFICILE*

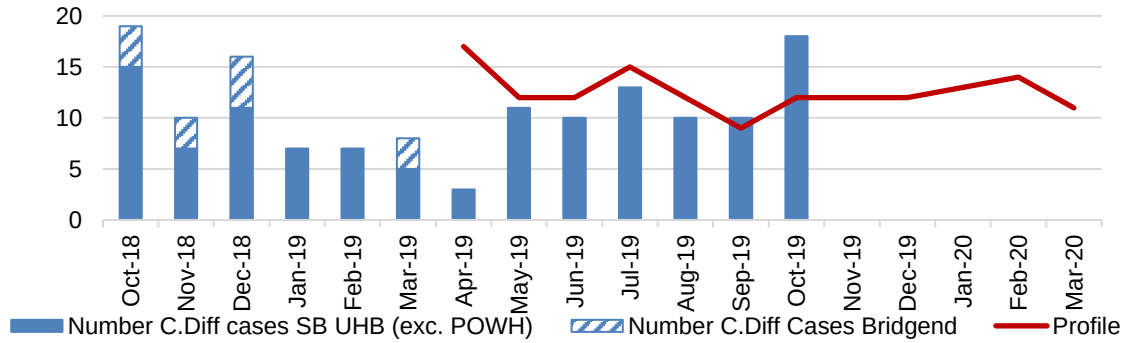
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** October 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Cumulative 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	57	✗	

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



(2) Number of C.*difficile cases*



Benchmarking

LHB	Cumulative Cases (Apr - Oct 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	513	458	+55
SBU	76	57	+19
AB	81	87	-6
BCU	119	90	+29
C&V	56	56	0
CTM	84	55	+29
Hdda	57	86	-29

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (October 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 19 *Clostridium difficile* toxin positive cases in October; this was seven cases above the IMTP monthly profile, and ten cases more than the Welsh Government monthly infection reduction expectation.
- The cumulative position from April - October 19/20 was 76 cases. This was 13 cases below the IMTP projected cumulative profile, and the cumulative number of cases for the year was approximately 22% fewer cases compared with the same period in 2018/19.
  Morriston and Singleton Hospitals continue to have an increased incidence of *C. difficile* across the sites. High occupancy continues to be a challenge to improvement and reduction.

What actions are we taking?

- Incident type codes have been amended again to enable the Infection Prevention & Control to commence the initiation of C. difficile incident reporting on Datix from **1st December 2019**.
- Following this, the pilot of the bedside review of cases requires refinement and will be relaunched in **December 2019**.
- ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston.
- Executive support for cleaning technologies proposals – first stage provision of Ultraviolet-C (UV-C) technology has commenced in Singleton Hospital. Training on the use of UV-C is due to commence in Neath Port Talbot during December 2019. Following successful completion of training and competence assessment, this technology will be available for use as appropriate in Neath Port Talbot Hospital.
- The '4D' cleaning process has been revised and updated to reflect the use of UV-C across acute sites in the Health Board. The revised process was circulated across the Health Board to commence on **16th November 2019** and all guidance documentation is available on the Infection Prevention & Control SharePoint site.
- IPC conference planned for **April 2020**.

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?

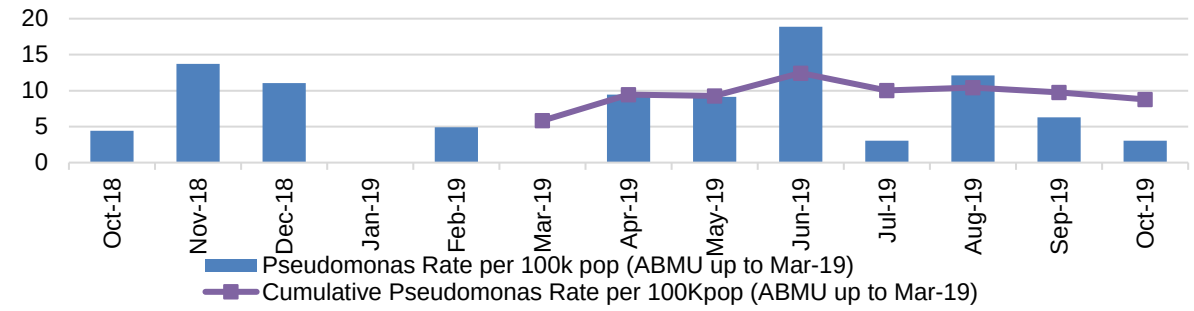
- The Health Board incidence per 100,000 population for October 2019 was 54.58/100,000 population; this was the highest monthly incidence in Wales
- The Health Board cumulative incidence to 31 October was 32.94. The Health Board has the second highest incidence of infection; there has to be continued and significant improvement if Health Board performance is to be comparable with peers.

Pseudomonas Aeruginosa *Bacteraemia*

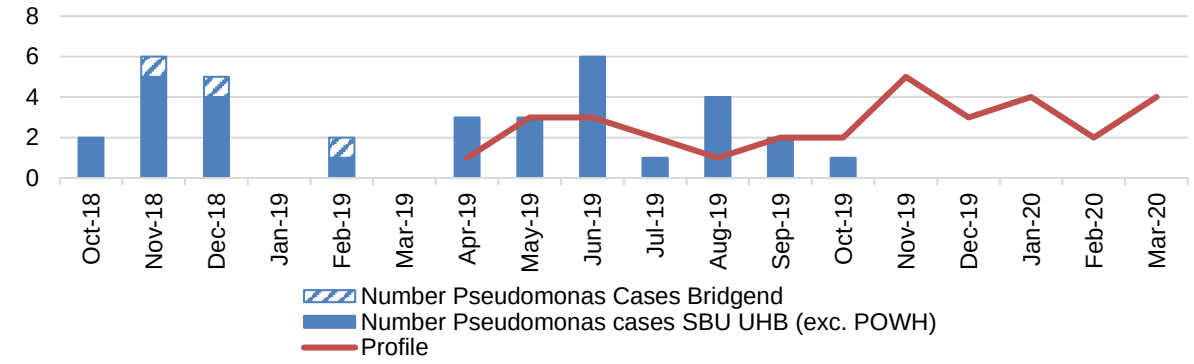
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**NHS Wales Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent 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:** October 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Cumulative rate of P.aeruginosa bacteraemia cases per 100,000 of the population	N/A	N/A		
Measure 2: Number of P.aeruginosa bacteraemia cases	2	N/A	✗	↓ ●
Measure 3: Number of cumulative cases of P.aeruginosa against March 2020 reduction expectation	N/A	14	✗	

(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 - Oct 19)	Max cumulative cases to achieve Mar-20 reduction expectation	Variance
Wales	120	97	+23
SBU	20	14	+6
AB	22	16	+6
BCU	24	17	+7
C&V	18	19	-1
CTM	15	15	0
Hdda	20	15	+5

Source : Public Health Wales: Healthcare Acquired Infections Dashboard (October 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 October 2019, there was 1 case of *Pseudomonas aeruginosa* bacteraemia in Swansea Bay University Health Board, one case below the IMTP monthly profile and 1 case below the Welsh Government infection reduction expectation.
- The cumulative number of bacteraemia cases, April 2018 to October 2019, was 20 cases. This was approximately 33% higher than the number of cases in the equivalent period in 2018/19. The cumulative cases April 2019 to October were 6 cases higher than the IMTP cumulative profile and 6 cases higher than the Welsh Government expectation
- Of the 20 cumulative cases, 60% were hospital acquired; 40% were community acquired.
- Of the 12 hospital acquired cases, there have been 7 associated with Morriston Delivery Unit and 5 with Singleton Delivery Unit; these were associated with 10 different wards and had the following sources: 5 wound sources, 2 respiratory sources, 1 urinary sources, 1 line source, 1 other source and 2 neutropenic sepsis.

What actions are we taking?

- Incident type codes have been amended again to enable the Infection Prevention & Control to commence the initiation of *Pseudomonas aeruginosa* bacteraemia incident reporting on Datix from **1st December 2019**.
- Following this, the pilot of the bedside review of cases requires refinement and will be relaunched in **December 2019**.
- 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.
- Improvement programmes on reducing the prevalence of invasive devices, including urinary catheters, in inpatients continues across sites.
- IPC conference planned for **April 2020**.

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?

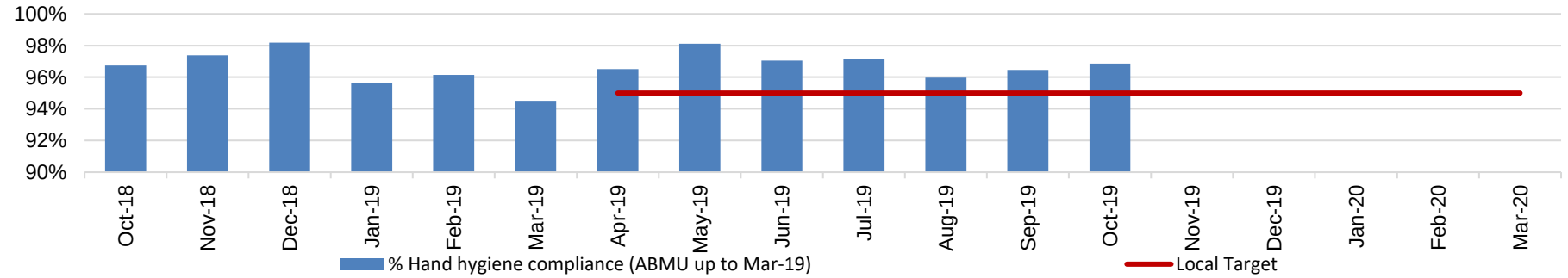
- The incidence of *Pseudomonas aeruginosa* bacteraemia per 100,000 population for October 2019 was 3.03, which was the lowest incidence in the major acute Health Boards in Wales.
- The cumulative incidence of *Pseudomonas aeruginosa* bacteraemia within the Health Board for the year 2019/20 was 8.78/100,000 population, the second 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		

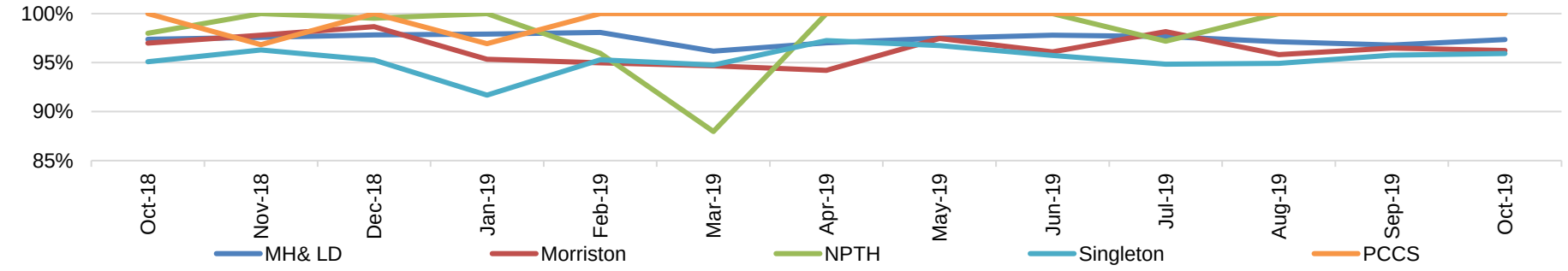
	Local Target	WG Target	**Period:** October 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % compliance with Hand Hygiene Audits	95%	N/A	✓	↓

(1) % compliance with Hand Hygiene Audits.



Benchmarking

(1) % compliance with Hand Hygiene Audits.



Source: Nursing Care Metrics (October 2019)

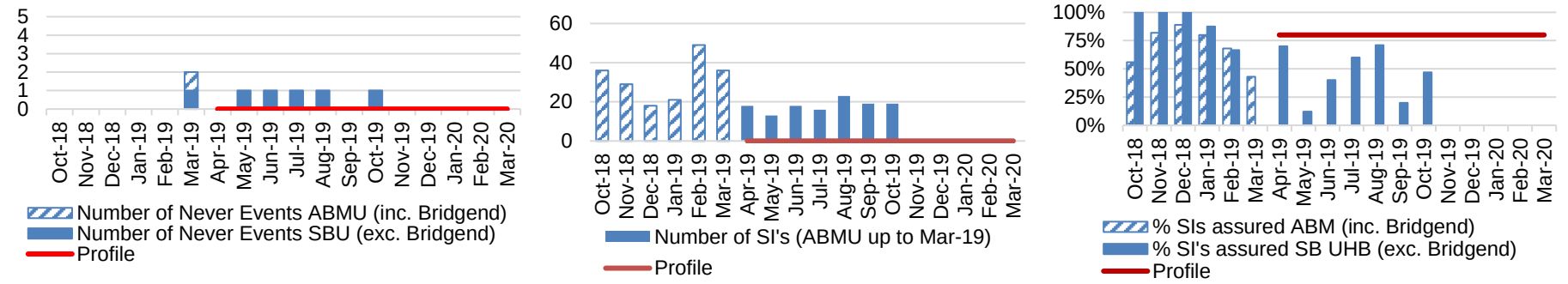
Measure 1: % compliance with Hand Hygiene Audits
How are we doing?
For 2019/20, all data excludes those wards and departments that were previously in the Bridgend area, and which transferred to Cwm Taf Morgannwg University Health Board in April 2019. • Compliance with hand hygiene (HH) for October 2019 was 96.9%. • For October 2019, 65 wards/units (61%) reported compliance ≥95%. • 10 wards/departments (9%) reported compliance between 90% and 94%; 6 wards/units (6%) reported compliance of 89% or below. • 25 wards/departments had not uploaded the results of their audits undertaken in October 2019 at the time of updating this report. • The five Service Delivery Units (SDU) reported compliance ≥95% in October 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

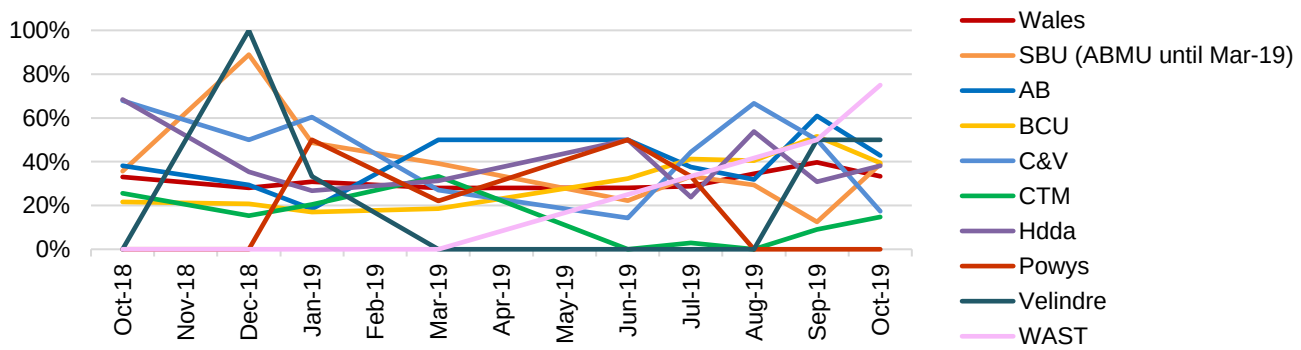
NHS Wales Domain:	**SAFE CARE:** People in Wales are protected from harm and supported to protect themselves from known harm	**Outcome Statement:**	I am safe and protected from harm through high quality care, treatment and support
Health Board Strategic Aim:	Deliver better care through excellent health 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:** October 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)	12 month reduction	N/A	✓	↓ ●
Measure 3: % Serious Incidents Assured Within The Agreed Timescales	80%	90%	✗	N/A

(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

Oct-19	
Wales	7
AB	4
BCU	2
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 (November 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 18 November 2019.

- Total number of incidents reported in October 2019 was 2,162. This compares to 2,184 reported in October2018.
- 19 Serious Incidents (SI's) were reported to Welsh Government (WG) in October 2019. Of the 19 new serious incidents reported to WG in October 2019, 10 (58.8%) related to unexpected deaths, 2 (11.8%) Patient Accident/Falls, 2 (11.8%) Neonatal/Perinatal Care, 1 (5.8%) Medical Devices/Equipment,
- 1 (5.8%) Injury of unknown origin, 2 (11.8%) Diagnostic Processes, 1 (5.8%) Communication.
- In terms of severity of incidents, there were 4 incidents resulting in severe harm recorded for the month of October. The Health Board's target for incidents resulting in severe harm is 0.5% of the total number of incidents reported.
- There was one new Never Events reported for the month of October which related to a wrong tooth extraction in a Dental Practice.
- Performance against the WG target of closing SI's within 60 working days for October 2019 was 47% against the WG target of 80%. This was due to a high number of Mental Health closures due within that month and the Unit are working on their improvement plan to improve compliance which will be submitted to the Senior Leadership Team.

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 and a further session planned for 11th December 2019.
- A revised toolkit supporting the approach to SI investigations is being rolled-out across the Health Board to promote consistency.
- 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. WG are reviewing the SI framework and the 60 working day closure target is under review.
- 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?

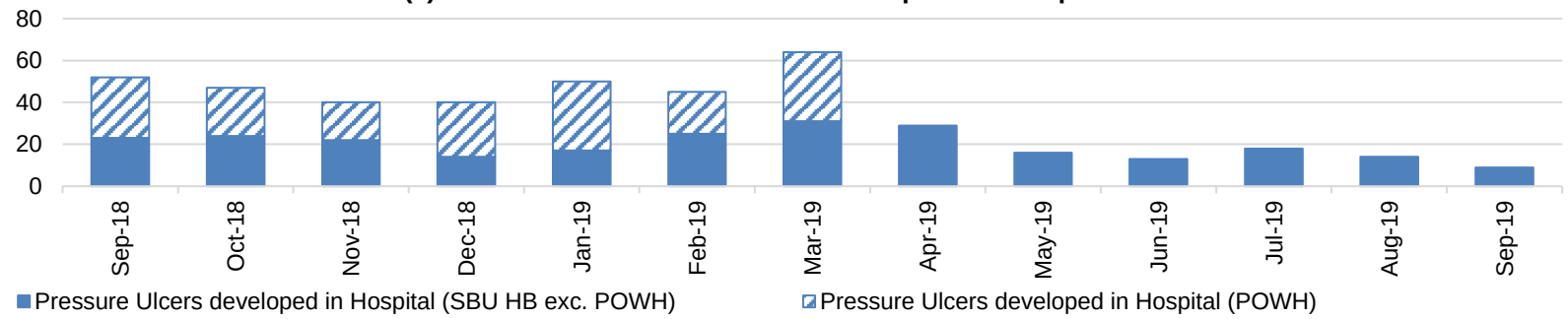
- Maintaining Welsh Government 80% target closure date whilst ensuring quality of investigation reports and robust learning from the incidents.
- Differences between WG data and HB data.

How do we compare with our peers?

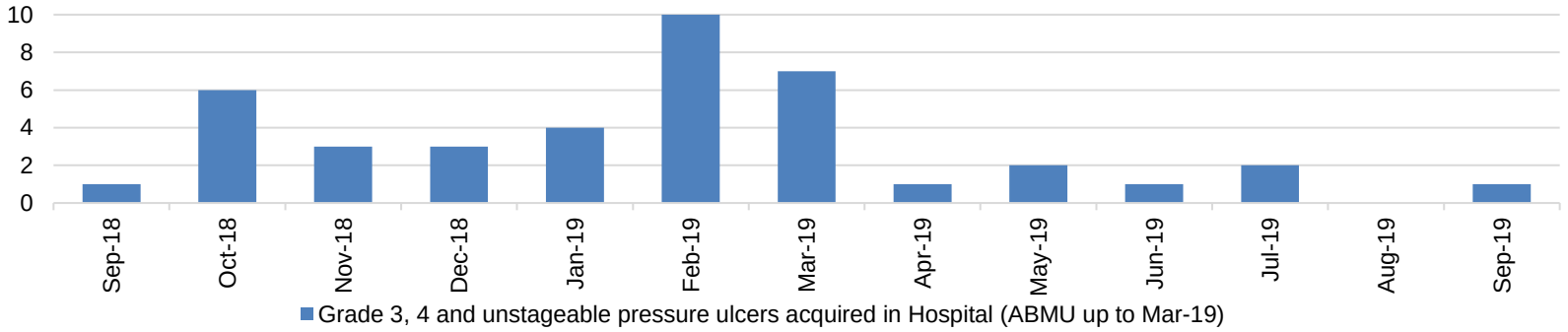
- Comparison data from peer organisations not available

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				**Period:** September 2019	
		Annual Plan Profile	**WG Target**	**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.



(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 unstageable 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 September 2019 compared to the previous month.
- The number of pressure ulcers decreased from 14 in August 2019 to 9 in September 2019.
- Compared to September 2018 there has been a 69% reduction in pressure ulcer incidences in September 2019; from 23 pressure ulcers to 9.
- One device related, superficial pressure ulcer was reported in September 2019, occurring in Morriston Hospital, caused by poor compliance with a repose boot.
- One deep pressure ulcer, categorised as unstageable (US) was reported during September 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), the Executive team and Welsh Risk Pool.
- A quarterly report is submitted to PUPSG from each SDU. The report contains analysis of local pressure ulcer causal factors presented in a heat map. The heat map presents a visual analysis, using colour, to convey causal factor data.
- Works treams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that the work streams apply resources to mitigate the risk of repeat events causing avoidable pressure ulcers.
- Each SDU is developing their own Strategic Quality Improvement Plan (SQuIP) for pressure ulcer prevention. The SQuIP will create a single source of information for each Service Delivery Unit in respect of Pressure Ulcer Prevention and will facilitate the escalation and monitoring of work in relation to prevention.
- Welsh Risk Pool will assist each SDU to Assurance Rate their SQUIP to ensure their objectives are achieved & causal factor risks are managed effectively
- Peer review scrutiny panels are held in each hospital to identify causal factors for pressure ulcer development, develop work streams and to ensure the information regarding the type of injury and grade of pressure ulcer recorded in Datix is correct.
- The Datix data for September 2019 has been collated and reported one month in arrears as previously detailed, to ensure timely peer review scrutiny is completed and any relevant changes to the Datix incident actioned. The pressure ulcer data will continue to be presented one month in arrears
- The implementation of the new pressure ulcer risk assessment tool used across Wales, PURPOSE T, is to be completed by May 2020. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and is available for NHS staff on ESR and for agency staff through e-learning@Wales. The e-learning will be supplemented by face to face training delivered by TVNs and practice educators.
- PURPOSE T training is underway at NPTH with a implementation target date of December 1st 2019
- World Wide STOP Pressure Ulcer Day is being celebrated with a study day on November the 15th, 100 staff members have been booked to attend

What are the main areas of risk?

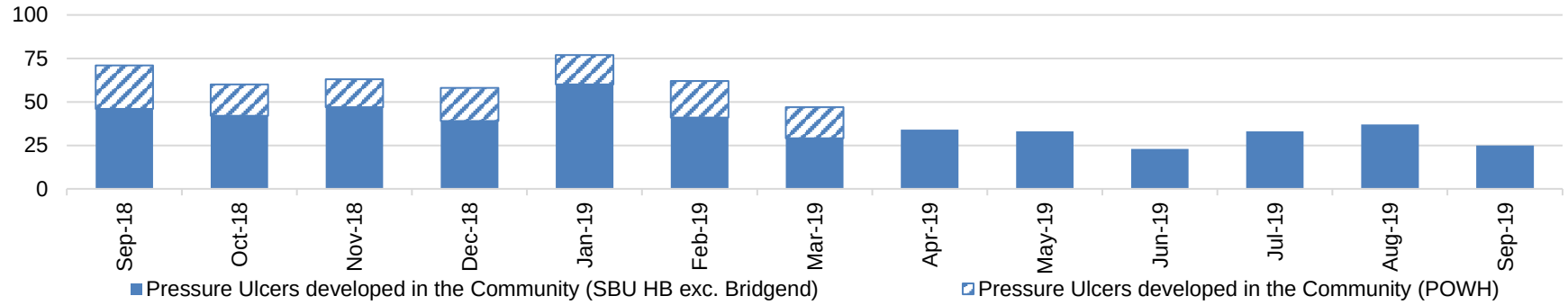
- Continued difficulty with maintaining nurse staffing levels on wards with a reliance on bank and agency staff.
- The short time-scale for the May 2020 deadline for the implementation of PURPOSE T risk assessment

How do we compare with our peers?

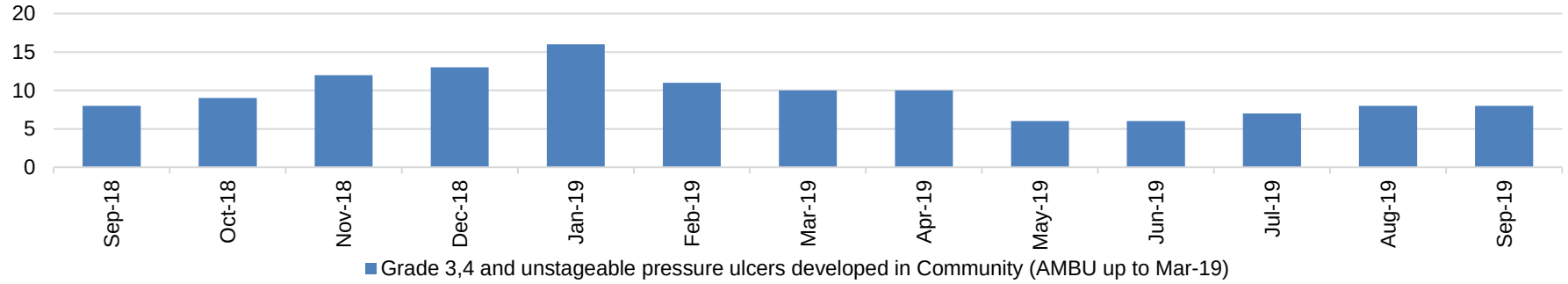
- Benchmarking data not available.

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:** September 2019 **Current Status** *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of pressure ulcers acquired in the community.		Reduce	N/A	✓	↓ ●
Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community.		Reduce	N/A	✓	↓ ●

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



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



Source : INCIDENT DATA FROM DATIX

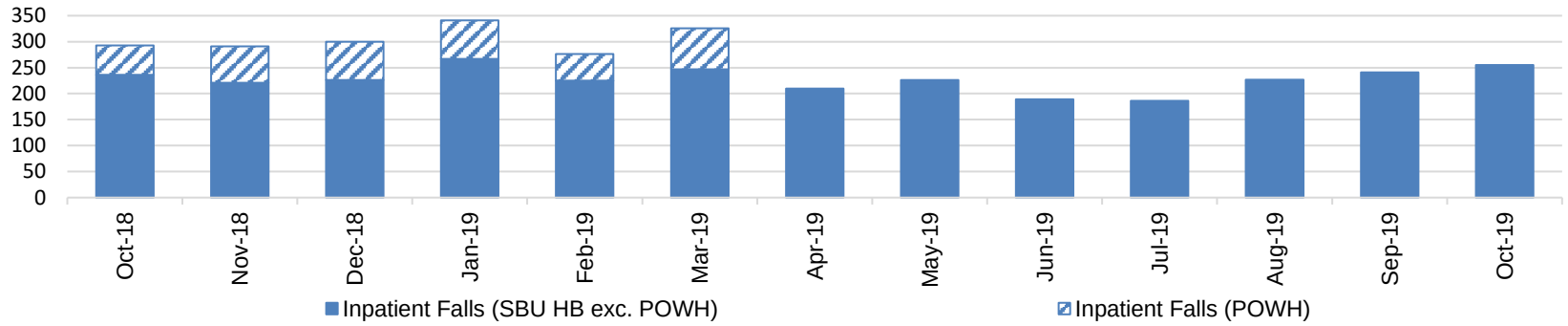
Measure 1: Total Number of pressure ulcers acquired in the community. Measure 2: Number of grade 3, 4 and un-stageable pressure ulcers acquired in the community
How are we doing?
• There has been a decrease in pressure ulcer development in community during September 2019 • The number of pressure ulcers reduced from 37 in August 2019 to 25 in September 2019 • Compared to September 2018, September 2019 has seen a 46% reduction in the number of pressure ulcers occurring in the community. • There were no community acquired device related pressure ulcers reported during September 2019. • There has been no change in the number of serious pressure ulcers, that is, Grade 3, 4 and unstageable occurring in the community, there were 8 in August 2019 and 8 in September 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), the Executive team and Welsh Risk Pool. • A quarterly report is submitted to PUPSG from each SDU. The report contains analysis of local pressure ulcer causal factors presented in a heat map. The heat map presents a visual analysis, using colour, to convey causal factor data. • Work streams for each SDU are aligned to their pressure ulcer causal factor heat map, ensuring that the work streams apply resources to mitigate the risk of repeat events causing avoidable pressure ulcers. • Each SDU is developing their own Strategic Quality Improvement Plan (SQuIP) for pressure ulcer prevention. The SQuIP will create a single source of information for each Service Delivery Unit in respect of Pressure Ulcer Prevention and will facilitate the escalation and monitoring of work in relation to prevention. • Welsh Risk Pool will assist each SDU to Assurance Rate their SQUIP to ensure their objectives are achieved & causal factor risks are managed effectively • Peer review scrutiny panels are held in each locality to identify causal factors for pressure ulcer development, develop work streams and to ensure the information regarding the type of injury and grade of pressure ulcer recorded in Datix is correct. • The Datix data for September 2019 has been collated and reported one month in arrears as previously detailed, to ensure timely peer review scrutiny is completed and any relevant changes to the Datix incident actioned. The pressure ulcer data will continue to be presented one month in arrears • The implementation of the new pressure ulcer risk assessment tool used across Wales, PURPOSE T, is to be completed by May 2020. An e-learning training package has been developed by NWIS in collaboration with all-Wales TVN's and is available for NHS staff on ESR and for agency staff through • e-learning@Wales. The e-learning will be supplemented by face to face training delivered by TVNs and practice educators. • PURPOSE T training is underway at NPTH with a implementation target date of December 1st 2019 • World Wide STOP Pressure Ulcer Day is being celebrated with a study day on November the 15th, 100 staff members have been booked to attend
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. • The short timeframe for the May 2020 implementation deadline for PURPOSE T risk assessment
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		

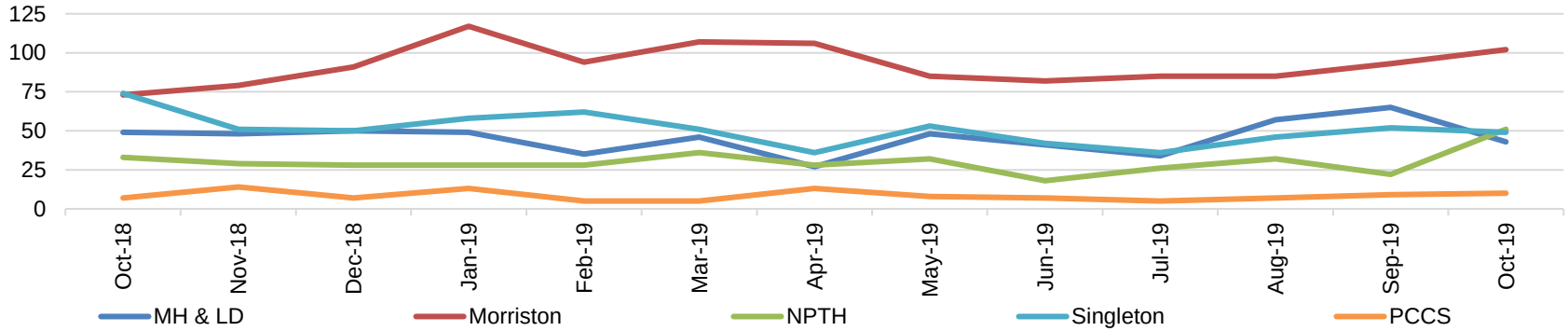
	Annual Plan Profile	**WG Target**	**Period:** October 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Total Number of Inpatient Falls	Reduce	N/A	✓	↓ ●

(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?
• October 2019 shows 255 falls, September 2019 has 241 falls overall. In the last quarter July August September • Morriston had a slight rise 85, 85 & 93 falls per month • Singleton has a slight rise 36, 57 & 65 falls per month • NPT has shown a slight decrease 26, 46 & 22 falls per month • MH /LD recorded an increase 36, 57 & 65 falls per month
What actions are we taking?
• The strategic falls group (HFIPSG) met in October 2019 and continued work on development of 2 investigation tools for use at local Delivery Unit falls scrutiny panels. The aim being to provide standardised investigative tools which will be available within DATIX as part of the strategic improvement plan. • The investigation tools will be trialled at Morriston and at Neath Port Talbot site prior to the next meeting and are focussed on patient falls from bed and falls from chair.
What are the main areas of risk?
• The Health Board (HB) policy was 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 and procedure for the prevention and management of adult inpatient falls' was launched in September 2019.

5. 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

5.1 Overview

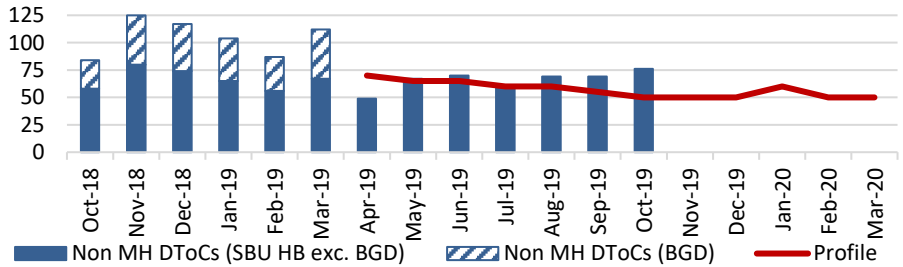
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		3	3	7	8	6	4	3	4	2	4	2	1	8
	All healthcare				5	6	3	6	4	4	3	5	11	8	8	10	6
	Selection of care home				7	5	5	6	8	4	7	7	3	0	2	4	3
	Waiting for availability of care home				9	5	5	5	5	5	5	5	11	6	6	3	5
	Protection issues				0	0	0	0	0	0	0	0	0	0	0	0	0
	Principal reason not agreed				0	0	0	0	0	0	0	0	0	0	0	0	0
	Disagreements				4	5	4	4	3	3	0	0	0	0	0	0	0
	Legal/ Financial				0	0	0	0	0	1	0	0	0	0	0	1	0
	Other				0	1	1	0	0	0	0	2	0	2	0	0	0
	Total				**28**	**25**	**25**	**29**	**26**	**21**	**18**	**23**	**27**	**20**	**18**	**19**	**22**
Number of non- mental health DTOCs	Morriston	12 month reduction trend	50		9	15	10	8	16	34	21	40	32	21	27	23	24
	Singleton				8	12	12	17	7	11	8	9	12	9	9	9	7
	Gorseinon				6	12	8	6	8	3	4	4	8	8	6	9	6
	NPTH				29	31	35	25	19	14	11	11	16	20	22	20	29
	Learning Disabilities				6	10	9	9	6	5	5	3	2	3	5	8	10
	HB Total				**84**	**125**	**117**	**104**	**87**	**112**	**49**	**67**	**70**	**61**	**69**	**69**	**76**
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morriston	100%	95%		99%	99%	93%	95%	98%	98%	98%	97%	99%	99%	100%	100%	94%
	Singleton				100%	100%	100%	100%	100%	98%	100%	100%	100%	98%	100%	100%	100%
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Total				**98%**	**97%**	**94%**	**81%**	**99%**	**98%**	**99%**	**98%**	**99%**	**99%**	**100%**	**100%**	**96%**
Stage 2 mortality reviews completed within 60 days	Morriston	100%	95%		40%	50%	58%	25%	50%	65%	77%	58%	100%	27%	60%		
	Singleton				25%	20%	100%	-	100%	0%	50%	100%	75%	100%	20%		
	NPTH				100%	50%	-	-	-	-	-	-	-	-	-		
	Total				**25%**	**27%**	**40%**	**29%**	**20%**	**50%**	**68%**	**62%**	**93%**	**50%**	**60%**		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.30%	1.29%	1.28%	1.26%	1.26%	1.27%	1.33%	1.25%	1.27%	1.27%	1.26%	1.26%	1.27%
	Singleton				0.37%	0.38%	0.37%	0.37%	0.39%	0.41%	0.40%	0.43%	0.42%	0.44%	0.45%	0.46%	0.44%
	NPTH				0.10%	0.12%	0.12%	0.13%	0.14%	0.10%	0.12%	0.09%	0.09%	0.09%	0.11%	0.09%	0.10%
	Total (SBU)				**0.79%**	**0.79%**	**0.79%**	**0.78%**	**0.78%**	**0.79%**	**0.79%**	**0.75%**	**0.75%**	**0.76%**	**0.76%**	**0.77%**	**0.77%**
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			73.6%	72.7%	70.6%	70.5%	72.8%	73.8%	72.6%	71.2%	72.2%	72.8%	73.4%	74.2%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			56.8%	56.7%	56.5%	57.0%	54.9%	54.8%	55.1%	56.2%	56.2%	57.5%	57.8%	57.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			61.3%	61.1%	60.4%	60.3%	60.2%	61.6%	62.9%	63.1%	64.5%	67.2%	68.9%	69.3%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			62.1%	62.3%	64.0%	66.4%	67.6%	67.5%	68.5%	67.1%	67.8%	67.6%	68.3%	68.6%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			24.1%	25.9%	26.0%	24.8%	25.6%	24.5%	26.3%	28.6%	29.1%	31.8%	31.5%	32.9%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			71.4%	70.2%	70.6%	71.1%	72.8%	71.9%	72.3%	72.5%	72.6%				
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend			8.9%	9.0%	8.7%	8.6%	8.1%	8.9%	9.0%	8.5%	7.9%				
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%			

5.2 Effective Care Report Cards

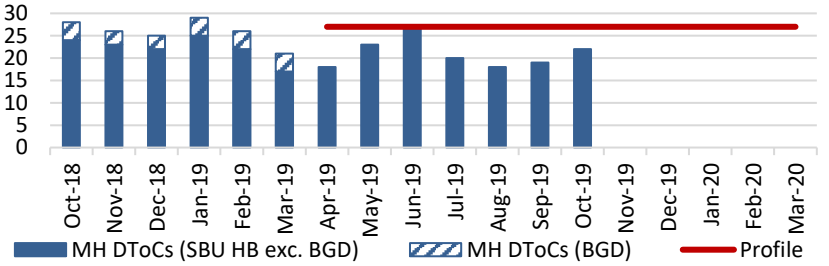
DELAYED TRANSFERS OF CARE (DTOCS)			
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Health care and support are delivered at or as close to my 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:** October 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: Number of Delayed Transfers of Care for non-mental health specialities	50	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



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



Benchmarking

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

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Sep-19	Sep-18	Sep-17	Mar-19	Mar-18
Wales	422	374	373	388	328
AB	88	73	79	95	87
BCU	87	111	107	60	98
C&V	42	26	41	32	35
CTM	52				
HDda	54	53	32	31	37
Powys	28	12	17	32	15
SB	69				
Velind.	2	0	0	2	2

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

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Sep-19	Sep-18	Sep-17	Mar-19	Mar-18
Wales	68	61	89	0	67
AB	4	3	11	0	7
BCU	24	14	14	0	10
C&V	4	3	7	0	5
CTM	8				
HDda	7	4	7	0	8
Powys	2	2	3	0	7
SB	19				

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

Measure 1: Number of Delayed Transfers of Care for non-mental health specialities
Measure 2: Number of Delayed Transfers of Care 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 October was 98.
The number of patients delayed in August was 87 and September was 88.
Health associated delays increased in August to 37%, decreased in September 28% and October 25.5%
Social Services associated delays decreased to 38% in August (POC 81.8%), September 45.45% (POC 80%) with October 56.12% (POC 78.1%, 3480 bed days).
Overall, legal challenges over the three months was low at around 1%.
October delays across the system are at the top for Wales however; other HB's across Wales's increases are evident for October with other HB's in particular C+V increasing to 65.

What actions are we taking?

Implementing the DToC improvement programme focussing on reducing DTOC within our HB.

- The Health Board has standardised and embedded the approach taken across all Units to capture the DToC census data using the Western Bay Process times.
- The Health Board has established a centralised senior manager DTOC validation scrutiny meeting. This takes place after the Census capture and local Delivery Unit validation.
- Delivery Units to directly update WG DToC database (currently update spreadsheet, informatics then update WG database). Training is established and most DU's will update directly for the November Census with the last DU for December.
- Collecting and collating 'harm to patients' caused by discharge delays through improved DATIX process. Question 'is this a delayed discharge?' now added to Datix with all DU's reminded to complete incidents. Senior Matron for DToC is the link role between Health and LA re incidents.

Wider actions taken through the Hospital to Home (H2H) and Good Hospital Care (GHC) transformational groups. DToC is a sub group of H2H.These actions are NOT specific to the DToC sub group but will have a positive impact on DToC numbers

- Improve and quicken the assessment process between organisations. This action is dependent on the other transformation work streams progression – H2H and Good Hospital Care. This will ultimately have an impact on patient discharge delays.
- Improve communication between organisations. As above. The senior DToC validation meeting has improved communications between Health and LA therefore from a DToC sub group perspective this action is complete however, the H2H and GHC transformational work streams will have a far wider impact.
  - Implement and develop new pathways of care to support discharge – H2H Transformational work stream, which commences with Pathway 1 from 10th December as a phased roll out.
  - SAFER re launch with DUs tasked to adhere to SAFER framework. SIGNAL roll out across the HB. Adherence to Estimated Date of Discharge (EDD) as a crucial focus.

What are the main areas of risk?

- Domiciliary Care ability to meet demand (improving in Swansea due to improved contractual arrangements). Carer registration by April 2020 may prompt many to leave
- Risks of patient de-conditioning in the frail elderly population if hospital stays are prolonged.
- Workforce capacity including social work capacity.
- Care Home capacity and third party top up fees reducing choice ability and increasing financial constraints.

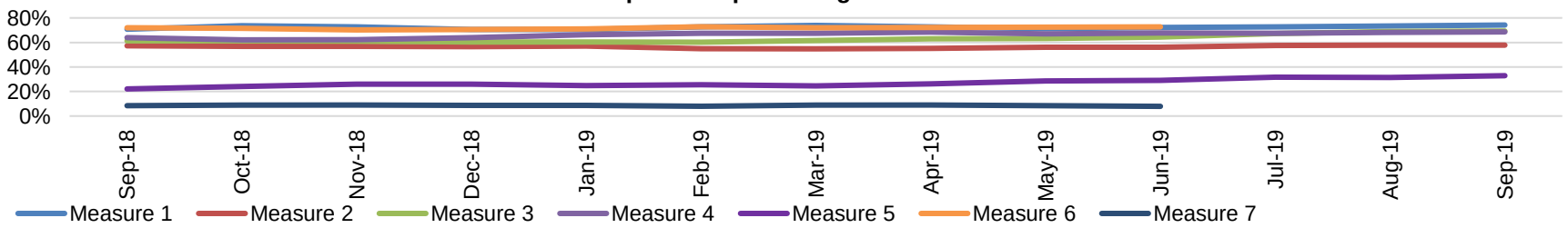
How do we compare with our peers?

SBU HB is seeing a trend, which has plateaued sitting between 80 to 90 DToCs each month. The transformational patient flow and discharge / community changes once initiate and embed will support the decrease in DToC. SBU HB remains outside of the designated improvement trajectory in DTOC figures each month

FRACTURED NECK OF FEMUR (NOF)			
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:**	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:	Richard Evans, Executive Medical Director		

	WG Target	**Period:** September 2019	
		Current Status *(against target):*	**Movement:** *(12 month trend)*
(1) Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	75%	X	↑
(2) Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture	75%	X	↑
(3) NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	75%	X	↑
(4) Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	75%	X	↑
(5) Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	75%	X	↑
(6)Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	75%	X	↑
(7) 30 day mortality rate	12 month reduction trend	✓	↓

Morriston Hospital compliance against NOF measures



Benchmarking

Measure	Period	Morriston	All-Wales	England, Wales & N. Ireland
(1) Prompt orthogeriatric assessment	Sep-19	74.2%	54.6%	90.7%
(2) Prompt surgery	Sep-19	57.8%	63.9%	68.7%
(3) NICE compliant surgery	Sep-19	69.3%	75.3%	74.7%
(4) Prompt mobilisation after surgery	Sep-19	68.6%	73.6%	81.5%
(5) Not delirious when tested-	Sep-19	32.9%	45.1%	70.5%
(6)Return to original residence	Jun-19	72.6%	75.1%	71.0%
(7) 30 day mortality	Jun-19	7.9%	6.9%	6.0%

Source: National Hip Fracture Database

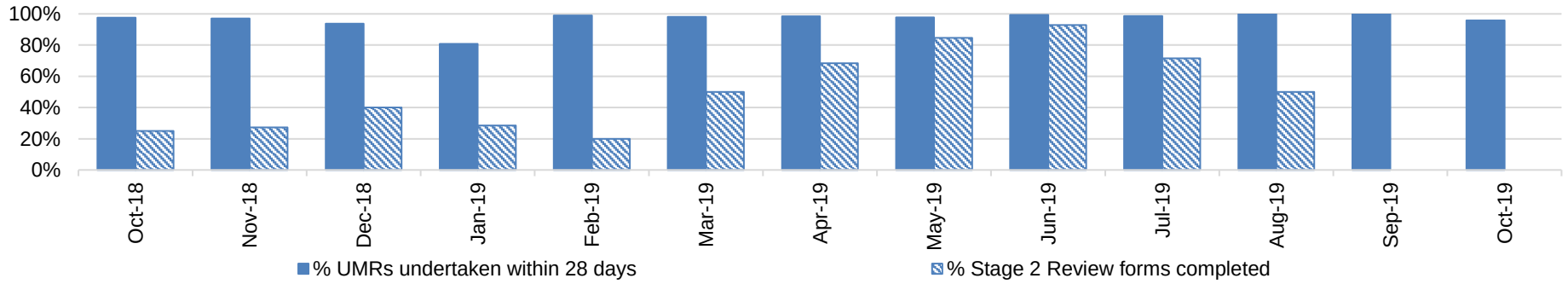
Measure 1 Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation. Measure 2 Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture. Measure 3 NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124. Measure 4 Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation Measure 5 Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation. Measure 6 Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up. Measure 7 30 day mortality rate
How are we doing?
• The current orthogeriatric medical establishment is <1 WTE equivalent split between: 1 Consultant, 1 Associate Specialist and 1 Specialty Doctor. • Hip fracture patients are operated on as a priority over fitter and younger trauma patients that are stable, but the lack of trauma capacity restricts doing all in a timely fashion - particularly the inability to upscale when there is a spike in activity. There is a trauma list running 8am-8pm every day (incl. weekends and bank holidays). However, the 3rd session (5pm-8pm) is not always guaranteed due to anaesthetic shortages and staffing being reallocated to overrunning elective lists on an ad hoc basis. • Surgical procedure consistent with the recommendations of NICE CG124. • All patients receive a physio assessment within 24hours of surgery Mon-Fri. Currently, no weekend service for physio to #NOF patients and reviews are undertaken on an ad hoc basis. Data is captured for all patients who do not sit out of bed Mon-Fri e.g. low haemoglobin, low blood pressure. • Performance is poor and mainly because the delirium test is not always carried out by the junior doctors. • Ensuring daily operational meetings on Ward B is a priority supporting early discussion re: POC and placements to nursing residential homes.
What actions are we taking?
• Part time orthogeriatric Associate Specialist's contract has been increased by 2 sessions per week from 01.09.19 to improve coverage. • Discussion with Executive Team on 18/10/19 agreed to look at increased trauma capacity in the short to medium term linked into increased elective capacity via a modular build ward and theatre set up on the Morriston Hospital site. This work needs to link in with options for increasing trauma operating capacity that are being reviewed as part of Major Trauma Network developments. • NICE compliant surgery - process being monitored through monthly audit/governance meetings – performance is improving which is encouraging. • Fixed term funding secured to appoint additional weekend physio cover for #NOF patients; interviews taking place w/c 25/11/19 for additional staff with a planned phased implementation date for early Dec 19. Work being undertaken to train nursing staff in mobilising patients and provide additional resources for physiotherapy to support the early mobilisation of patients, particularly on the weekend. • The department are looking to train more individuals to perform delirium assessments. A Wednesday afternoon every 4 months to coincide with the normal turnover of junior medical staff. Mr Dodd (T&O Consultant and #NOF Lead) and Dr Jackson (Anaesthetic Consultant, and #NOF Lead) have agreed to run this session. Further work planned to use nurse practitioners in the process and running the session more frequently. • Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities.
What are the main areas of risk?
• 30 day mortality remains a concern and the outcomes and mortality data are reviewed at the departmental arthroplasty meetings. All cases of mortality are cross-referenced with the department's morbidity and mortality database and presented at the monthly meeting to review any points for learning. The Unit Medical Director reviews the medical records of all deaths linked to a fractured neck of femur independent from the above and is overseen by a Gold Command #NOF meeting chaired by the Executive Medical Director.
How do we compare with our peers?
• Included within the benchmarking table above.

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		

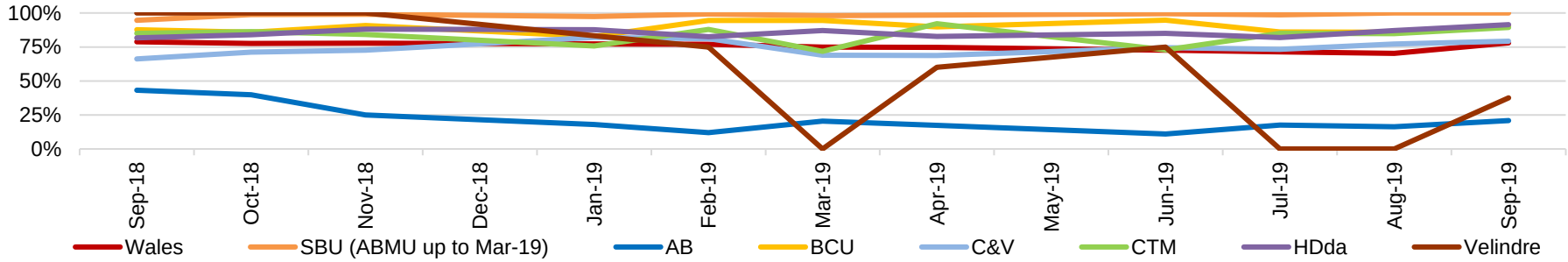
	Annual Plan Profile	WG Target	**Period:** October 2019	
			Current Status *(against target):*	**Movement:** *(12 month trend)*
Measure 1: % Universal Mortality Reviews (UMR) undertaken within 28 days of death.	N/A	95%	✓	↑
Measure 2: % Stage 2 Review forms completed.	N/A	N/A		

(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

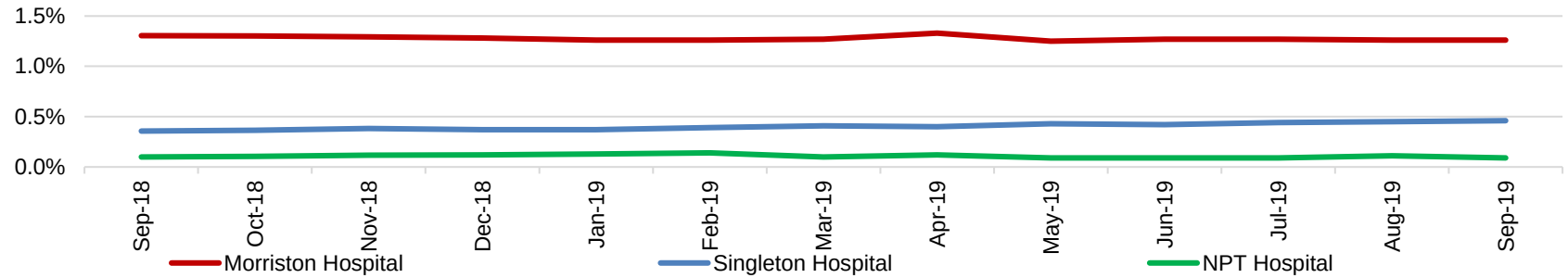


Source: NHS Wales Delivery Framework, all-Wales performance summary (November 2019)

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 100% completion of UMRs within 28 days of death in August 2019. • The Health Board UMR rate reported in October 2019 was 93%. • There were 12 missing UMR forms for October for the Health Board. These have been expedited. (as at 18/11/2019, 5 UMR's have been received from Palliative department) • Completion of Stage 2 reviews for August 2019 deaths was at 60%. • Mental Health and Community data remains unavailable via the eMRA application at present. This is being addressed by Informatics.
What actions are we taking?
• Outstanding stage 1 forms expedited. • Escalation process for missing stage 2 reviews confirmed with Morriston UMD to improve completion rates. • In Medicine, all the Stage 2 reviews to be discussed bi-monthly at their 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
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 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.

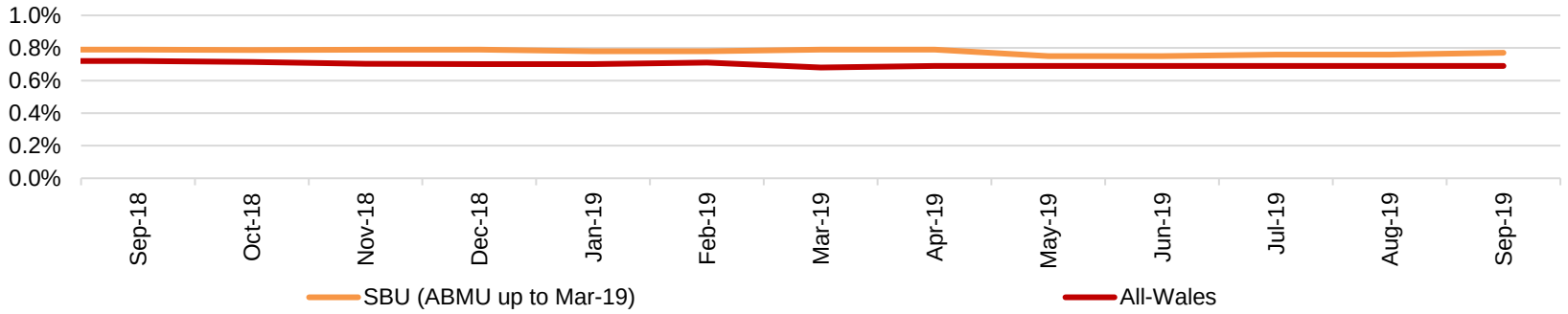
CRUDE HOSPITAL MORTALITY RATE						
NHS Wales Domain:	**EFFECTIVE CARE:** People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	**NHS Wales Outcome Statement:**	Interventions to improve my health are based on good quality 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:** September 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: CHKS and NHS Wales Delivery Framework, all- Wales performance summary (November 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 September 2019 was 0.77%, compared with 0.73% for the same period last year. • Site level performance is as follows: (previous year in brackets) Morriston 1.26% (1.30%), Neath Port Talbot 0.08% (0.10%), Singleton 0.46% (0.36%). Site comparison is not possible due to different service models being in place. • There were 95 in-hospital Deaths in this age group in October 2019 and 99 in October 2018: Morriston 49 (43), Neath Port Talbot Hospital 2 (1), and Singleton 10 (19). • 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 September 2019 – 0.77% 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.

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

6.1 Overview

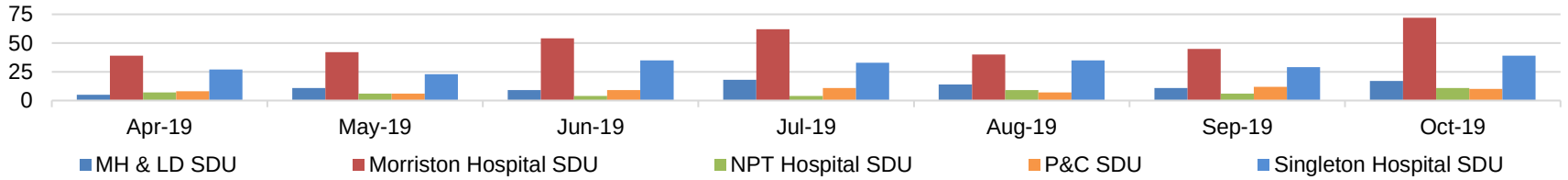
DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			14	3	7	6	9	11	8	6	9	11	7	12	10
	MH&LD				9	11	6	18	3	11	5	11	9	18	14	11	17
	Morriston				61	33	39	44	27	36	39	42	54	62	40	45	72
	NPTH				9	4	2	18	7	7	7	6	4	4	9	6	11
	Singleton				13	21	16	19	25	17	27	23	35	33	35	29	39
	Total				**140**	**91**	**84**	**138**	**96**	**105**	**93**	**95**	**118**	**138**	**114**	**110**	**159**
% 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%		79%	50%	88%	50%	55%	55%	63%	73%	64%	53%	100%	70%	
	MH&LD				83%	91%	50%	88%	67%	100%	100%	100%	88%	88%	93%	77%	
	Morriston				95%	100%	89%	98%	92%	92%	97%	97%	96%	95%	100%	98%	
	NPTH				44%	100%	100%	63%	86%	71%	86%	83%	75%	67%	67%	83%	
	Singleton				100%	86%	67%	89%	75%	59%	70%	62%	77%	69%	67%	80%	
	Total				88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%	

6.2 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		

	Annual Plan Profile	**WG Target**	**Period:** October 2019 **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%	75%	✓	↓
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

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
MH & LD SDU	100%	83%	91%	50%	88%	67%	100%	100%	100%	88%	88%	93%	77%
Morriston Hospital SDU	92%	95%	100%	89%	98%	92%	92%	97%	97%	96%	95%	100%	98%
NPT Hospital SDU	83%	44%	100%	100%	63%	86%	71%	86%	83%	75%	67%	67%	83%
P&C SDU	76%	79%	50%	88%	50%	55%	55%	63%	73%	64%	53%	100%	70%
Singleton Hospital SDU	63%	100%	86%	67%	89%	75%	59%	70%	62%	77%	69%	67%	80%
Health Board Total	83%	88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%	85%

(3) % of acknowledgements sent within 2 working days

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

Benchmarking

(3) % of responses sent within 30 working days

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Q2 19/20	Q2 18/19		Q4 18/19	
Wales	69.8%	61.1%	↑	62.9%	↑
AB	70.3%	47.3%	↑	34.9%	↑
BCU	55.2%	35.2%	↑	33.6%	↑
C&V	83.8%	75.2%	↑	77.3%	↑
CTM	50.7%				
HDda	75.1%	66.4%	↑	66.5%	↑
Powys	45.5%	50.0%	↓	55.8%	↓
SB	83.7%				
PHW	100.0%	80.0%	↑	100%	→
Velind.	82.6%	37.5%	↑	88.9%	↓
WAST	87.9%	59.0%	↑	69.3%	↑

Source: Datix and NHS Wales Delivery Framework, all-Wales performance summary (November 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 165 formal complaints in October 2019 compared with 133 for October 2018.
- The overall Health Board response rate for responding to concerns within 30 working days was 85% for September 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 October 2019, identified 182 contacts of which 1.6% (3) converted to formalised complaints.

What actions are we taking?

- Performance of the 30 day response target is addressed consistently at all Service Delivery Unit (SDU) performance reviews. September's performance for the Health Board was 85%.
- Currently there are 41 open Ombudsman investigation cases; Morriston 18, Princess of Wales 4, Singleton 6, Mental Health & Learning Disabilities 3, NPT 2 and ; Primary Care and Community Service 8. 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 September 2019 we have received 20 new investigations.
- On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. Each month a 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG commenced in 2016 and is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board.
- The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, is being arranged for early 2020. Learning from other Health Board's Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer.

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?

- Swansea Bay UHB is one of the best performing Health Boards for this measure.

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

7.1 Overview

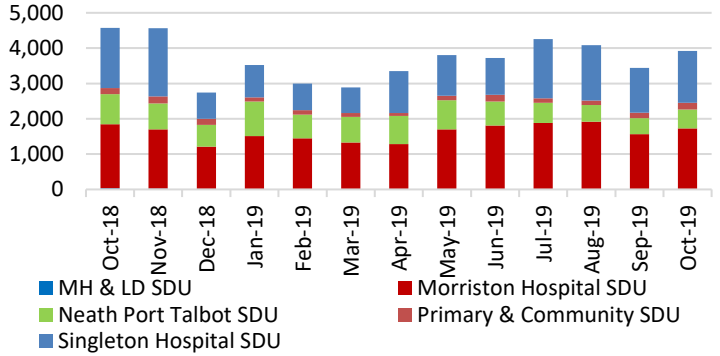
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			179	194	171	119	128	112	83	125	188	129	132	154	194
	MH&LD				29	25	12	4	15	22	25	21	16	12	19	18	21
	Morriston				1,813	1,678	1,198	1,510	1,445	1,326	1,288	1,701	1,811	1,883	1,914	1,566	1,728
	NPTH				853	735	616	976	675	727	791	824	681	567	474	454	532
	Singleton				1,704	1,937	742	916	747	726	1,188	1,150	1,046	1,680	1,562	1,267	1,464
	Total				**5,536**	**5,616**	**3,853**	**4,607**	**4,044**	**4,141**	**3,350**	**3,800**	**3,726**	**4,259**	**4,082**	**2,441**	**3,918**
% of patients who would recommend and highly recommend	PCCS	90%	80%		96%	95%	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%	88%
	MH&LD				93%	80%	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%	86%
	Morriston				95%	95%	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%	94%
	NPTH				98%	99%	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%	96%
	Singleton				96%	95%	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%	95%
	Total				**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**94%**
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	90%		95%	88%	90%	94%	100%	95%	92%	100%	-	93%	90%	100%	92%
	MH&LD				0%	0%	0%	-	-	-	-	0%	0%	0%	-	-	-
	Morriston				83%	91%	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%	70%
	NPTH				94%	100%	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%	94%
	Singleton				88%	83%	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%	89%
	Total				**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**	**83%**
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	
Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	Total	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

7.2 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:** October 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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
MH & LD SDU	93%	80%	75%	50%	73%	73%	73%	76%	81%	67%	68%	61%	86%
Morriston Hospital SDU	95%	95%	91%	94%	94%	94%	93%	94%	95%	95%	93%	93%	94%
Neath Port Talbot SDU	98%	99%	99%	98%	98%	99%	98%	99%	99%	98%	98%	98%	96%
Primary & Community SDU	96%	95%	92%	97%	98%	99%	96%	96%	96%	98%	89%	94%	88%
Singleton Hospital SDU	96%	95%	96%	92%	95%	94%	96%	97%	94%	97%	96%	95%	95%
HB Total	**96%**	**96%**	**94%**	**95%**	**95%**	**95%**	**95%**	**96%**	**96%**	**96%**	**94%**	**95%**	**94%**

Measure 3	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
MH & LD SDU			0%	-	-	-	-	0%	0%	0%	-	-	-
Morriston Hospital SDU	83%	91%	74%	86%	72%	89%	90%	86%	77%	74%	78%	86%	70%
Neath Port Talbot SDU	94%	100%	80%	98%	96%	83%	92%	85%	78%	71%	72%	71%	94%
Primary & Community SDU	95%	88%	90%	94%	100%	95%	92%	100%	-	93%	90%	100%	92%
Singleton Hospital SDU	88%	83%	90%	88%	70%	86%	90%	76%	82%	84%	86%	87%	89%
HB Total	**86%**	**88%**	**82%**	**90%**	**78%**	**89%**	**91%**	**81%**	**79%**	**77%**	**81%**	**85%**	**83%**

Benchmarking

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
SBU (ABMU up to Mar-19) Response %	21.8%	22.9%	24.1%	18.0%	17.8%	21.2%	20.7%	24.2%	22.8%	24.6%	27.5%	24.2%	19.5%
SBU (ABMU up to Mar-19) Recommendation %	96.3%	96.5%	96.3%	95.3%	95.9%	95.2%	94.0%	95.5%	95.7%	95.6%	96.6%	95.5%	94.9%
Top Equivalent Organisation Response %	17.0%	18.3%	20.3%	16.4%	18.6%	31.4%	24.3%	29.3%	26.9%	27.8%	29.1%	29.0%	36.4%
Top Equivalent Organisation Recommendation %	92.9%	93.2%	95.5%	95.3%	94.1%	95.7%	95.7%	95.0%	93.0%	94.2%	95.2%	96.0%	96.3%
NHS England Benchmark Response %	24.2%	24.5%	24.2%	21.7%	23.7%	24.2%	24.1%	23.4%	24.1%	24.6%	25.4%	24.9%	24.3%
NHS England Benchmark Recommendation %	95.5%	95.5%	95.5%	95.3%	95.4%	95.5%	95.5%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%

Source : SNAP

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 October was 94%.
- Neath Port Talbot Hospital (NPTH) completed 532 surveys for October, with a recommended score of 96%.
- Singleton Hospital completed 1,464 surveys for October, with a recommended score of 95%.
- Morriston Hospital completed 1,728 surveys for October, with a recommended score of 94%.
- Mental Health & Learning Disabilities completed 21 surveys for October, with a recommended score of 86%.
- Primary & Community Care completed 194 surveys for October, with a recommended score of 88%.

What actions are we taking?

Morriston Outpatients Survey. Working with the Quality Improvement Information Manager and Morriston Outpatient Modernisation Group, we have developed a bespoke survey for Morriston Outpatients. The survey was undertaken during two weeks in September and 440 surveys collected. The results are currently being analysed and discussed by the group. We will keep you updated with the results.

Nutrition and Hydration Steering Committee. We have developed a Nutrition and Hydration report for the Nutrition and Hydration Steering Committee. The feedback used is captured by the All Wales Questions. These questions are broken down and allows us to theme the comments made by our patients. Patient feedback on catering remains a standard agenda item on the Health Board's Nutrition Steering Group. Common themes or trends are identified and taken forward to the Nutrition Quality and Safety Forum.

Smiley faces machines in A&E Department. The Welsh Government are funding the introduction of Smiley faces machines across all Wales A&E and MIU departments. The all-Wales project group are hoping to role these machines out during December/January across Wales.

What are the main areas of risk?

- Development of new patient feedback system, with regards to the once for Wales System.

How do we compare with our peers?

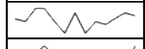
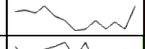
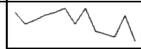
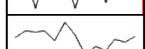
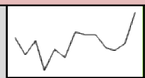
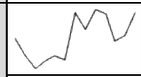
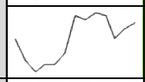
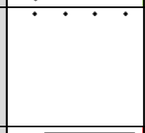
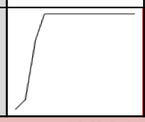
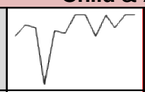
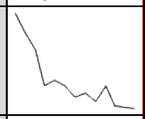
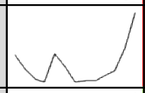
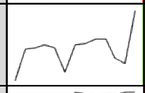
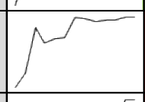
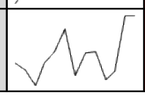
- Monthly/bi monthly data not available on an all-Wales basis to compare.

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

8.1 Overview

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Unscheduled Care																	
Number of ambulance handovers over one hour	Morriston	0	643		294	340	546	684	387	544	669	629	681	550	599	746	802
	Singleton		30		43	47	44	68	41	44	63	18	40	44	33	32	25
	Total		**673**		**590**	**628**	**842**	**1,164**	**619**	**928**	**732**	**647**	**721**	**594**	**632**	**778**	**827**
% 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%	62.0%		70.0%	67.5%	67.7%	67.2%	67.0%	68.0%	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%
	NPTH		95.8%		96.8%	99.3%	99.8%	98.8%	98.4%	97.8%	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%
	Singleton		0.0%		98.1%	97.8%	MIU closed				MIU closed						
	Total		**72.4%**		**78.0%**	**76.7%**	**76.5%**	**76.9%**	**77.2%**	**75.7%**	**74.5%**	**75.9%**	**75.0%**	**74.5%**	**74.3%**	**71.4%**	**71.0%**
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	799		402	383	485	621	448	534	653	602	644	642	740	939	889
	NPTH		0		0	0	0	0	1	0	0	0	0	0	0	0	1
	Singleton		0		3	0	MIU closed				MIU closed						
	Total		**799**		**680**	**665**	**756**	**986**	**685**	**861**	**653**	**602**	**644**	**642**	**740**	**939**	**890**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morriston	55.5% (UK SNAP average)	80%		72%	60%	62%	56%	75%	66%	62%	55%	57%	57%	42%	29%	55%
	Total				**56%**	**56%**	**53%**	**35%**	**53%**	**51%**	**62%**	**55%**	**57%**	**57%**	**42%**	**29%**	**55%**
% of patients who receive a CT scan within 1 hour	Morriston	54.5% (UK SNAP average)	53%		52%	44%	48%	48%	49%	58%	62%	56%	52%	59%	48%	42%	47%
	Total				**53%**	**48%**	**49%**	**48%**	**48%**	**51%**	**62%**	**56%**	**52%**	**59%**	**48%**	**42%**	**47%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morriston	84.1% (UK SNAP average)	91%		87%	88%	96%	93%	89%	100%	96%	93%	100%	98%	95%	95%	94%
	Total				**83%**	**75%**	**86%**	**75%**	**76%**	**86%**	**96%**	**93%**	**100%**	**98%**	**95%**	**95%**	**94%**
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morriston	12 month improvement trend	35%		12%	9%	30%	44%	14%	20%	27%	17%	0%	40%	27%	0%	0%
	Total				**18%**	**15%**	**29%**	**40%**	**20%**	**30%**	**27%**	**17%**	**0%**	**40%**	**27%**	**0%**	**0%**
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend									57%	47%	41%	48%	48%	50%	49%
	Total										**57%**	**47%**	**41%**	**48%**	**48%**	**50%**	**49%**

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morriston	0			38	55	43	43	51	140	172	201	155	112	361	431	486
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				6	4	0	1	0	0	64	117	142	367	564	608	666
	PC&CS				0	0	0	2	0	0	0	5	0	0	0	0	0
	Total				**65**	**125**	**94**	**153**	**315**	**207**	**236**	**323**	**297**	**479**	**925**	**1,039**	**1,152**
Number of patients waiting > 36 weeks for treatment	Morriston	0	1,418		2,179	2,054	1,971	2,046	1,960	1,801	1,952	2,076	2,198	2,449	2,819	2,893	3,298
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		32		32	28	2	31	13	0	24	28	120	241	444	672	958
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Total		**1,450**		**3,370**	**3,193**	**3,030**	**3,174**	**2,969**	**2,630**	**1,976**	**2,104**	**2,318**	**2,690**	**3,263**	**3,565**	**4,256**
Number of patients waiting > 8 weeks for a specified diagnostics	Morriston	0	180		619	554	544	543	535	437	401	393	289	259	337	294	223
	Singleton		0		0	0	0	0	0	0	0	8	6	2	7	0	0
	Total		180		**735**	**658**	**693**	**603**	**558**	**437**	**401**	**401**	**295**	**261**	**344**	**294**	**223**
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	0	0	0	0	1	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	1
	Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 15% by Mar-20	124,040		178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	22,626		32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778
Number of patients delayed past there agreed target date (booked and not booked)	Total	Reduce by at least 15% by March 2020	45,624		63,538	61,889	64,535	65,743	66,567	67,908	49,689	50,489	51,285	49,422	51,914	48,692	45,458
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	1,279	1,275	1,101	744	737	721	522
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,700	4,593	4,501	4,848	4,732	4,867	418	367	300	247	211	194	165

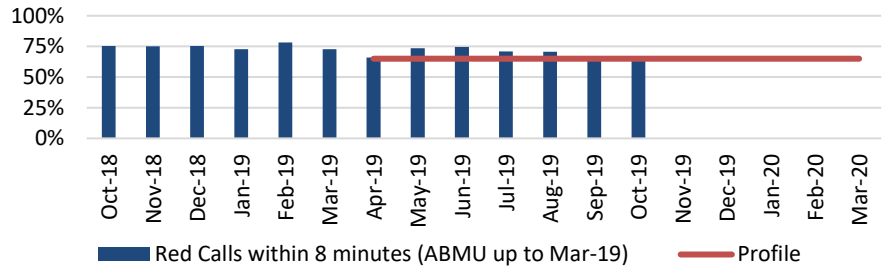
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU						SBU						
					Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%	98%		93.0%	95.0%	100.0%	98.0%	95.0%	96.0%	82.0%	91.0%	92.0%	88.0%	90.0%	84.0%	98.0%
	NPTH				100.0%	100.0%	-	-	100.0%	100.0%	-	100.0%	-	100.0%	100.0%	-	100.0%
	Singleton				96.0%	95.0%	100.0%	100.0%	95.0%	91.0%	98.0%	91.0%	95.0%	94.0%	96.0%	98.0%	97.0%
	Total				**95.9%**	**96.2%**	**95.5%**	**97.7%**	**94.7%**	**93.6%**	**90.8%**	**91.4%**	**93.7%**	**91.5%**	**93.3%**	**91.1%**	**97.7%**
% 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%	94.4%		93.0%	88.0%	90.0%	92.0%	93.0%	95.0%	88.0%	95.0%	85.0%	84.0%	83.0%	92.0%	81.0%
	NPTH				67.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%	100.0%	20.0%	100.0%	67.0%	100.0%
	Singleton				84.0%	90.0%	88.0%	90.0%	82.0%	97.0%	86.0%	70.0%	77.0%	74.0%	83.0%	81.0%	85.0%
	Total				**84.0%**	**87.6%**	**88.1%**	**85.4%**	**80.7%**	**84.1%**	**87.0%**	**80.0%**	**80.8%**	**75.9%**	**83.8%**	**85.7%**	**83.8%**
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%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	93%
	Excluding CAMHS				93%	90%	97%	91%	93%	95%	97%	97%	97%	97%	98%	98%	98%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	98%
	Excluding CAMHS				93%	87%	84%	86%	86%	89%	99%	98%	100%	99%	93%	96%	97%
% 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%			42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Child & Adolescent Mental Health (CAMHS)																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	HB Total	100%			96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	100%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	38%
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	63%
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	100%
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	100%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	98%

8.2 Timely Care Report Cards

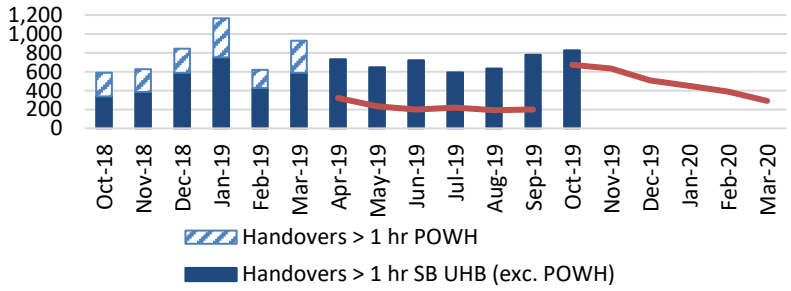
AMBULANCE RESPONSE TIMES AND HANDOVERS			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early 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:** October 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	208	0	✗	↑ ●

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

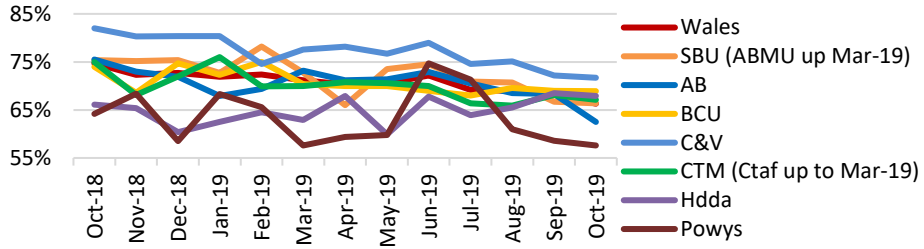


(2) Number of patients waiting >1 hour for an ambulance handover

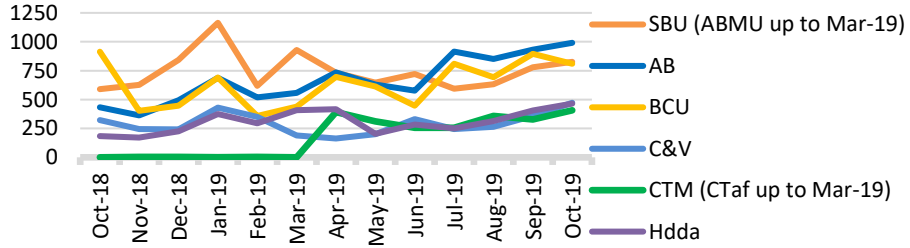


Benchmarking

(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

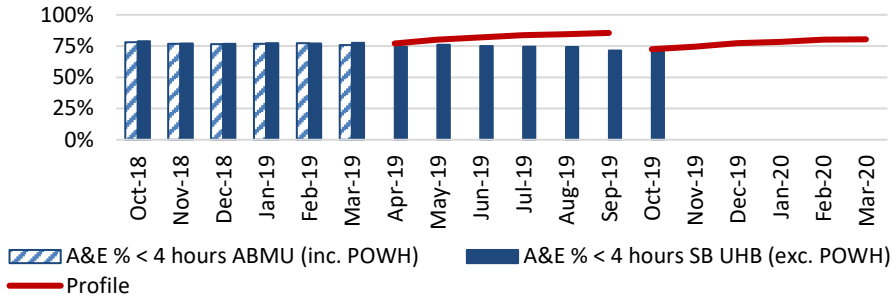
Measure 1: % of emergency responses to red calls arriving within (up to and including) 8 minutes Measure 2: Number of patients waiting more than 1 hour for an ambulance handover
How are we doing?
• The Health Board's Category A (Red response) was 66.4% in October 2019, which exceeded the National shared target of 65%. However when compared with October 2018, performance against this measure deteriorated by 9%. • 1 hour ambulance handover performance remained challenging during October, and deteriorated when compared with the same period in 2018. When compared with October 2018, the number of >1 hour handover delays increased by 489 in October 2019. • 255 fewer patients were conveyed to our hospital front doors by ambulance in October 2019 compared with October 2018. • In October 2019, red call ambulance conveyances increased by 151 (+71%) when compared with October 2018, whilst Green (health care professional) call conveyances reduced by 29% and amber call conveyances reduced by 17.3%.
What actions are we taking?
• Continuation of the falls response service which is reducing the number of patients who need to be conveyed to hospital as a result of the intervention of this service. Financial support has also been provided to WAST to expand capacity in this service from November 2019 until the end of the financial year. • Developing new pathways that reduce the need to convey patients to hospital by ambulance e.g. respiratory and mental health. The further development of the respiratory pathway has been supported by the approval of the Phase 2 COPD business case in September. Recruitment into this expanded service is underway. • Implementing the recommendations of the WAST internal audit report on hospital handover that are applicable to Swansea Bay UHB. This report was presented to the audit committee in November 2019. • 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. A number of actions have now been implemented, including support for the Acute GP ambulance triage service (commenced on 18th November), and the provision of an ambulance liaison role at Morriston ED (this role is currently being advertised). Both proposals are being supported through additional winter monies. A meeting is also scheduled with the ambulance commissioner and the Chief Operating Officer on 28th November to discuss additional options for ambulance handover capacity within the HB. • Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand. The revised ambulance pathway to Singleton SAU was agreed and implemented in early September. • 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. Executive meetings took place in early November with Hywel Dda HB to discuss the planned changes to the national escalation processes. Alongside this a health board wide escalation policy is being finalised (December) • 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. The work programme is 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. • Continuing trend of increasing red call demand within Swansea Bay UHB, reflecting increased patient acuity. • Hospital and social care system wide patient flow and discharge constraints which impact upon the Emergency Department's ability to receive timely handover. This results 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 achieved a 66.4% Category A performance response in October 2019, which was just above the all-Wales October performance of 66.3%. • The Health Board continues to experience a high number of handover delays and accounted for 20.6% of all handover delays in Wales in October 2019.

A&E WAITING TIMES

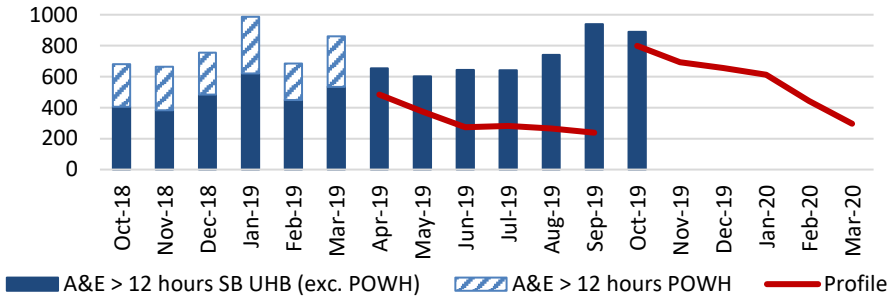
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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: October 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	72%	95%	✗	↓ ●
Measure 2: Number of patients spending more than or equal to 12 hours in A&E	299	0	✗	↑ ●

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

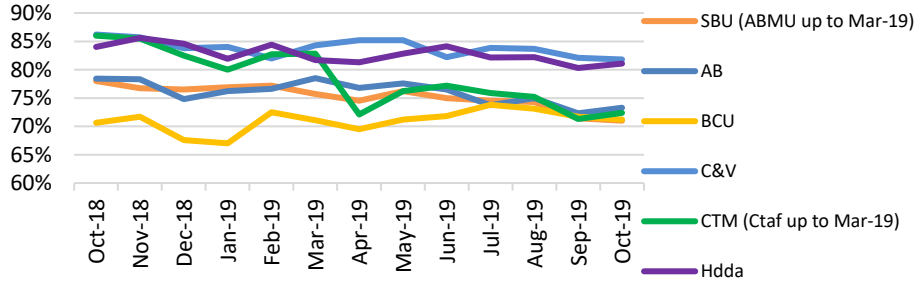


(2) Number of patients spending more than or equal to 12 hours in A&E

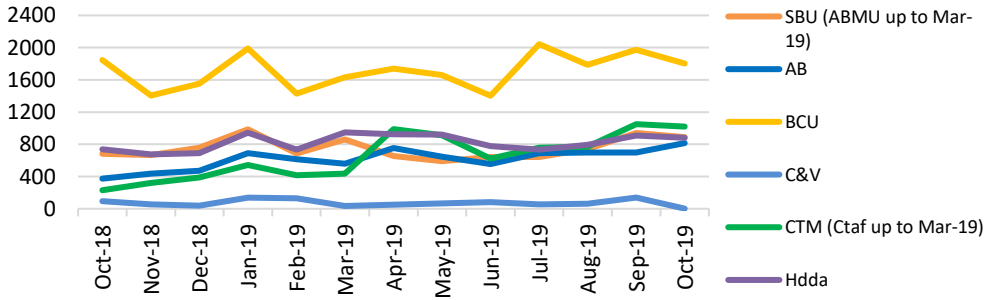


Benchmarking

(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

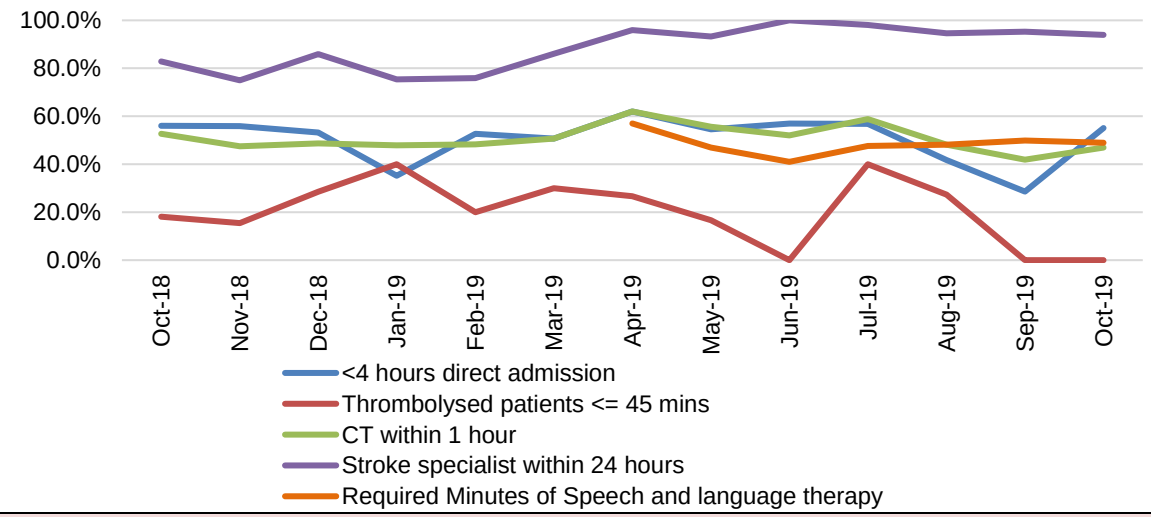
Measure 1: % new patients spending no longer than 4 hours in an Emergency Department Measure 2: Number of patients spending more than or equal to 12 hours in A&E
How are we doing?
• Unscheduled care performance against the 4 hour target in October 2019 was 71%, against the all-Wales performance of 75.3%. • In October 2019, 91.8% of patients were admitted, discharged, or transferred from Morriston Emergency Department within 12 hours. 889 patients stayed longer than 12 hours in the Emergency Department during October 2019, which represents a significant increase of 484 patients when compared with October 2018, but a reduction of 50 patients when compared with September 2019. • The overall number of patients attending the Health Board emergency department and minor injuries unit in October 2019, increased by 178 attendances or 1.6%, when compared with the same month in 2018, with attendances at Morriston ED increasing by 462 patients (+6.4%) • All 4 hospital sites within the Health Board were affected by the norovirus bug during October which impacts on patient flow and overall bed capacity.
What actions are we taking?
• In addition to the implementation of the HB Unscheduled care improvement plan further additional improvement actions for Quarter 3 have been identified and agreed between service directors and the Executive team in September to arrest the deterioration in patient flow and USC performance. Progress against the delivery of this plan is being monitored on a weekly basis. This includes supporting additional capacity within the system such as the COPD phase 2 business case and investment into the expansion of community capacity to support an increased number of patients receiving reablement support at home (wef from 10th December 2019). • Inpatient surge bed capacity is being sustained on all of our major hospital sites. • Ongoing recruitment to staff vacancies in critical service areas, and the development of new roles to assist with emergency and urgent care demand management • Progressing the work programmes implemented to improve patient flow and discharge in line with the agreed project plans -specifically reducing delayed transfers of care and consistent implementation of the SAFER patient flow principles under the transformation of care hospital to home programme. The SAFER flow policy was relaunched in November 2019. Progress updates on the respective Hospital to Home transformation projects are reported to the monthly USC board. • In conjunction with partner organisations, the Health Board is progressing the implementation of additional capacity plans over the winter months which have been supported through the WG winter pressures funding. • Finalising the Health Board wide escalation policy (December 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 71% in October 2019, which was below the all-Wales 4 hour performance of 75.3% for this period. • In October 2019, 91.8% of all patients in Swansea Bay UHB were assessed, treated and transferred from the Emergency Department within 12 hours, which was below the all-Wales position of 93.9%.

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: October 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	80%	59%	✗	↓ ●
Measure 2: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	35%	12 ↑ trend	✗	↓ ●
Measure 3: % of patients who receive a CT scan within 1 hour	53%	55%	✗	↑ ●
Measure 4: % of patients who are assessed by a stroke specialist consultant physician within 24 hours	91%	95%	✓	↑ ●
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

October 2019			
Quality Improvement Measures	1. Direct Admission to Acute Stroke Unit < 4 hours	4. Assessed by Stroke consultant < 24 hours	5. Patients receiving minutes for SALT
AB	35.4%	96.9%	53.0%
BCU	50.6%	82.6%	55.9%
C&V	37.9%	80.0%	65.7%
CTM	30.1%	66.4%	42.9%
Hywel Dda	51.8%	100.0%	35.1%
SBU	55.1%	93.9%	48.2%
All-Wales	43.5%	84.1%	49.8%

Source : All-Wales performance summary (November 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?

- Our door to needle time within 45 minutes remains low. Direct admissions over the last 4 weeks to a stroke unit bed within 4 hours continues to be under target at 32.4% which is mainly due to unscheduled care pressures. 94.7% was achieved for the end of September for Assessment by a Consultant and 86.8% compliance achieved for Physio, OT and SALT assessment. Our access to CT scanning within 1 hour has dropped from 52% in June 19 to 47.4% in September.
- Gaps in overall out of hours medical cover has impacted on our ability to make the desired improvements and our unscheduled care pressures has also impacted on our delivery against these targets.

What actions are we taking?

- Weekly multi-disciplinary meetings are held in Morriston - the Clinical leads and managers for the service review individual patient pathways to identify opportunities for improvement. Actions being progressed in 2019/20 include:
  - 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 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. The creation of a dedicated Stroke rota is key and needs to be agreed as part of the HASU Business case development as described below and as part of the 2020/21 IMTP plan led by the Medical Directorate management team.
  - Business cases for a Stroke Retrieval team and an Early Supported Discharge team have been developed and agreed within the Delivery Units and will be included for consideration within the 2020/21 IMTP for investment. Previous bids have been unsuccessful and no additional funding made available.
  - Discussions to improve access to CT scanning and reporting to enable the Unit to achieve the desired target time within 1 hour are continuing between Radiology, Medicine and ED. Incremental actions continue to be implemented over Quarters 3 and 4.
  - Arising from the Delivery Units review of Stroke Thrombolysis – an action plan has been developed within Morriston Delivery Unit 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.
  - A Business Case for a "Hyper-acute Stroke Unit" model to be completed by the end of Q4 of 2019/20 is under development jointly with Hywel Dda UHB.
  - 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 as part of the 2020/21 IMTP.

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 hour's rota.
- Unscheduled care pressures and increasing waits for transfers of care affecting stroke care capacity.

How do we compare with our peers?

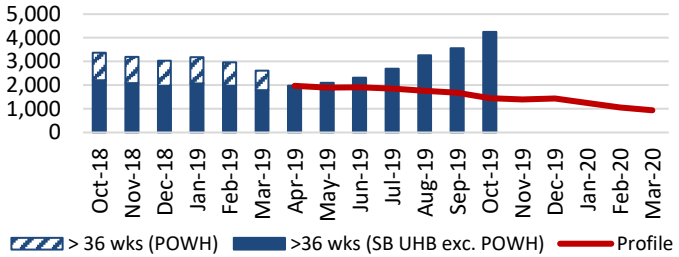
- Over the three month period ending in August - The Health Board's performance dropped in comparison to the other Hospitals delivering direct admissions in under 4 hours with a number of other hospital performing better than Morriston.
- The Health Board needs to develop dedicated Consultant Stroke out of hours cover and improved ring fenced / dedicated stroke beds in order to deliver further improvements.

REFERRAL TO TREATMENT TIMES (RTT)

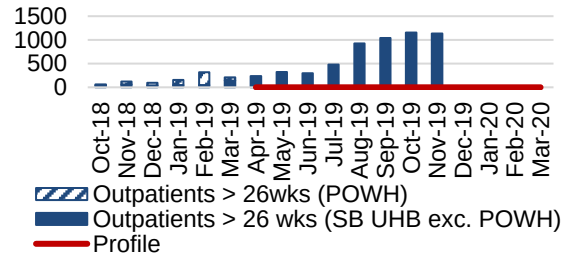
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** October 2019 Current Status *(against profile):*	Movement: *(12 month trend)*
Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)	1,450	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%	✗	↓

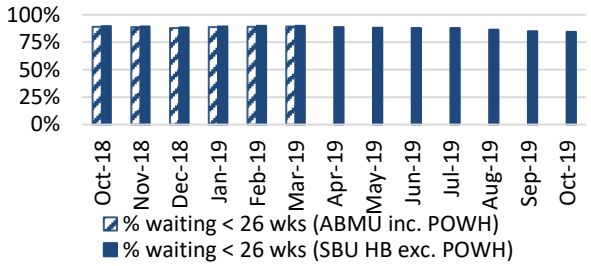
(1) Number of patients waiting more than 36 weeks for referral to treatment (RTT)



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

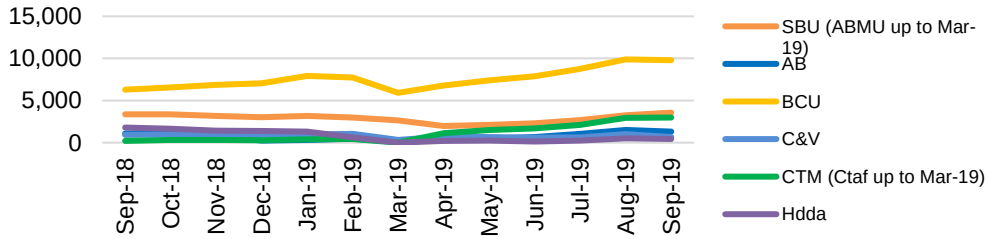


(3) % patients waiting less than 26 weeks for referral to treatment (RTT)

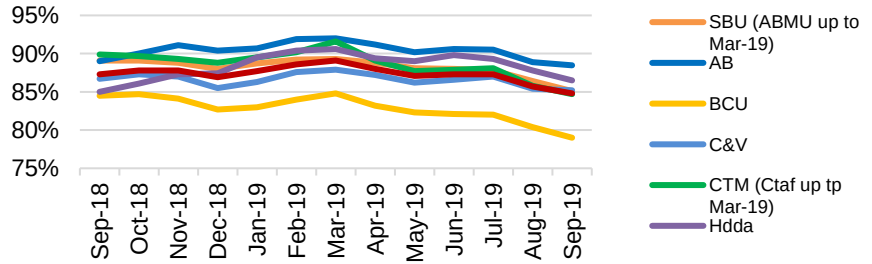


Benchmarking

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



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



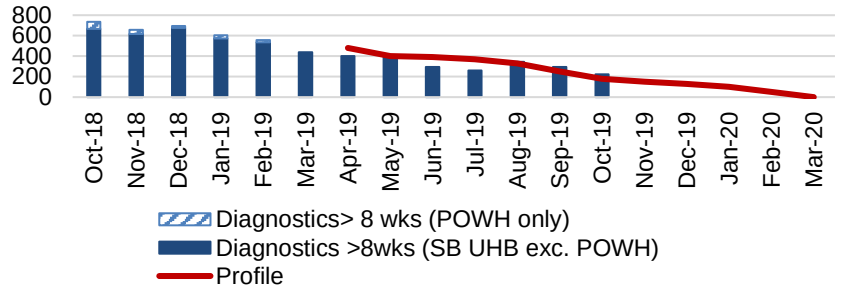
Source : StatsWales

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 October 2019 there were 1,152 patients waiting over 26 weeks for a new outpatient appointment. This was an in-month deterioration of 113 compared with September 2019 and is largely contained within Gastroenterology (49%) and Orthopaedics (26%). • There were 4,256 patients waiting over 36 weeks for treatment in October 2019 compared with 3,565 in September 2019, this is a deterioration of 691 and above the internal target of 1,450. ENT, Gastroenterology, General Surgery, Ophthalmology, Orthopaedics and Plastic Surgery collectively account for 3,826 of the 4,256 over 36 weeks in October 2019. • 1,291 patients are waiting over 52 weeks in October 2019, which is 184 more than September 2019. • The overall Health Board RTT target deteriorated from 85.14% in September 2019 to 84.45% in October 2019.
What actions are we taking?
• Cohort delivery plans in place and reviewed weekly at the Executive led RTT meetings. • Two additional two session theatre lists in Morriston in place for general surgery and pancreatic cancer patients to commence 11th November. • Ten protected beds for orthopaedics on Clydach Ward opened from 4th November. • Advert out for 'straight to test' Physician Associate in General Surgery and Vascular Technician to support diagnostics. Morriston SDU leading recruitment process. • Out to advert for a Consultant OMFS Surgeon to fill outstanding vacancy. Morriston SDU leading recruitment process. • Appointment of a new consultant in Neurology to improve epilepsy waits and increase capacity to aid the General Pool demand. Recruitment planned for January 2020. • New Consultant Spinal surgeon appointed and commencing in January 2020 to address Stage 1 position. • Switch bi-weekly General Surgery lists from a Friday to a Monday in Singleton to allow the operating of more complex patients. Morriston SDU working with Singleton SDU to operationalise. • Recruitment of 10 permanent Anaesthetists and interim plan to recruit 8 locums to increase core capacity, reducing reliance on flexible working. Morriston SDU leading recruitment programme. Applications for 8 locums shortlisted with interviews planned for early December 2019. Job plans for permanent posts to be submitted to Royal College by the end of November for recruitment to commence in January 2020. • Recruitment exercise underway for further key posts in Gastro, including permanent and locum posts. Adverts out with Nov 19 closing dates. Singleton leading. • Scoping potential outsourcing solution for Gastro whilst substantive plan is being recruited to ongoing programme to deliver higher throughput to December 2019 and increased overall volumes to March 2020 across a range of specialities. Managed by SDU's and supported by Planning.
What are the main areas of risk?
• The HMRC Pension Taxation changes resulting in Consultants and Anaesthetists withdrawing from backfill and waiting list initiatives in addition to reducing their job planned sessions down to 10. • 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. • 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 September 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 RTT (84.5% compared with 84.8%) and however, was the second worst Health Board in Wales for the number of patients waiting over 36 weeks.

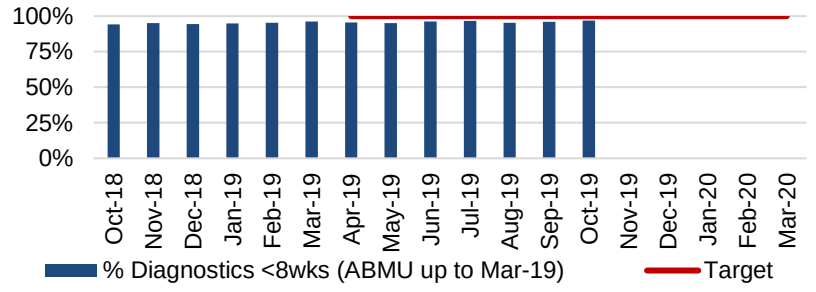
DIAGNOSTIC WAITING TIMES (*EXCLUDING ENDOSCOPY*)			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed 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:** October 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)	180	0	✗	↓ ●
Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)		100%		↑ ●

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

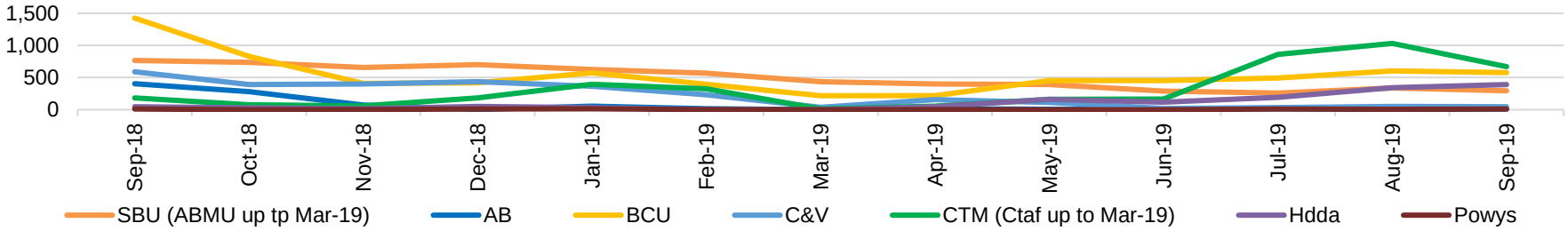


(4) % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)



Benchmarking

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



Source : StatsWales

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 223 patients waiting over 8 weeks for reportable diagnostics as at the end of October 2019, this is a 24% improvement when compared with September 2019 (294 to 223). The breakdown for October 2019 is as follows:
- Cardiac Diagnostic Tests:
  - Sleep Studies= 1
  - Diagnostic Angiography = 2
  - Trans Oesophageal Echocardiogram (TOE)= 10
  - Cardiac Computed Tomography (Cardiac CT)= 93
  - Cardiac Magnetic Resonance Imaging (Cardiac MRI)= 114
- Cystoscopy = 3
- All other diagnostic areas maintained a zero breach position in October 2019

What actions are we taking?

- Two Urology Consultants took up their posts in September 2019 which will now support the recovery of the Cystoscopy breach position through Quarter 3. There has already been a significant improvement in the position.
- Continuation of the Cardiac MRI and CT plan to deliver an improved year-end position on March 2019.

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?

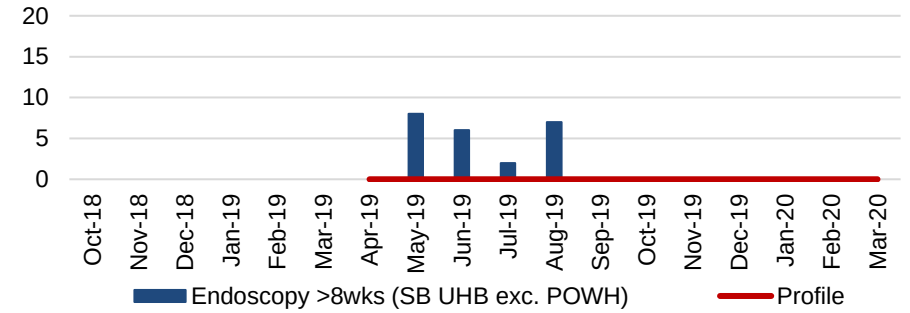
- At the end of September 2019, which is the latest published data available at the time of writing this report, the Swansea Bay UHB was the fourth worst performing Health Board.

ENDOSCOPY

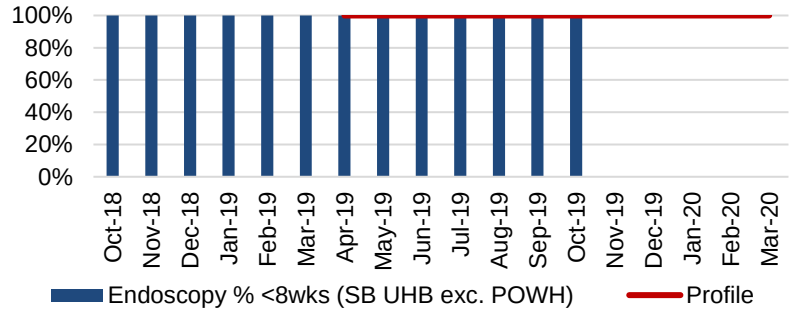
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** October 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

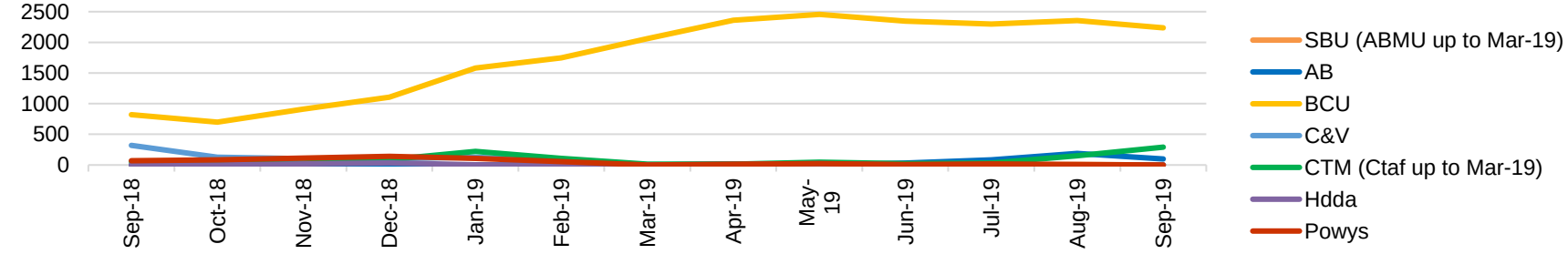


(2) % patients waiting less than 8 weeks for Endoscopy



Benchmarking

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



Source: StatsWales

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 October 2019. Quarter 3 2019/20 has been challenging but the 8 week performance in the main has been maintained.
- 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%.
- Surveillance waits for upper GI Endoscopy are back within standard.

What actions are we taking?

- Utilising all available capacity with an average of 20 backfill lists undertaken per month across three sites. Current agreement for funding until the end of March 2020. The National Pension issues are impacting on the HB's ability to secure internal backfill if lists.
- Ongoing additional insourcing support confirmed in Q2 and 3 2109/20 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. Initial analysis of the Swansea/Neath Post Talbot demand clearly demonstrates a capacity gap of 124 Endoscopy points per week to maintain the zero position against the 8- week target. A national focus on developing an agreed all-Wales capacity and demand tool is underway and SBUHB are active members of the National Endoscopy Demand and Capacity sub-group and represented at the National meeting scheduled for 23rd September 2019.
- The HB team are active participants of the National Workforce Subgroup and have attended all scheduled meetings. A workforce survey has been undertaken recently upon the request of the National Endoscopy Programme Lead.
- The HB team have been working with the JAG assessors and agreed on a pre-JAG visit on the 20th and 21st of November 2019.
- 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 have successfully recruited 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. This has been approved and a task and finish group developed to project manage the process.

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 constraints and pension issues.

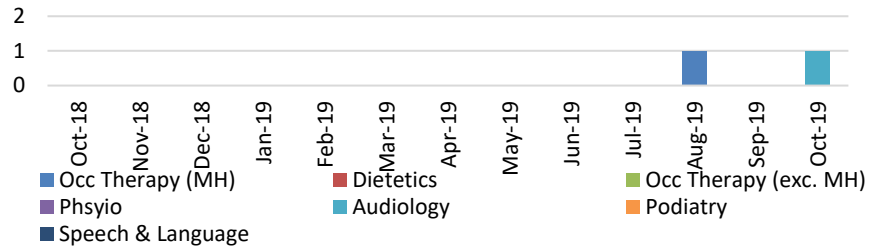
How do we compare with our peers?

- SBU compare well to peers in Wales in relation to waiting times performance.

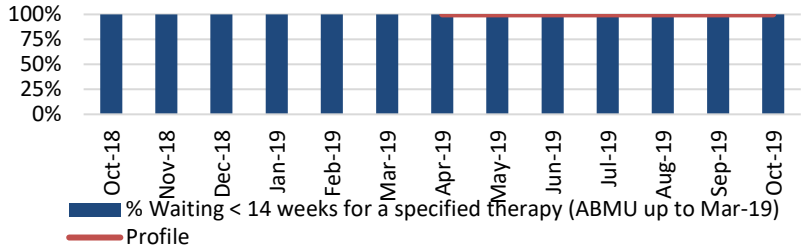
THERAPY WAITING TIMES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in 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:** October 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	X	→
Measure 2: % of patients waiting less than 14 weeks for a specified Therapy	100%	N/A	X	→

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

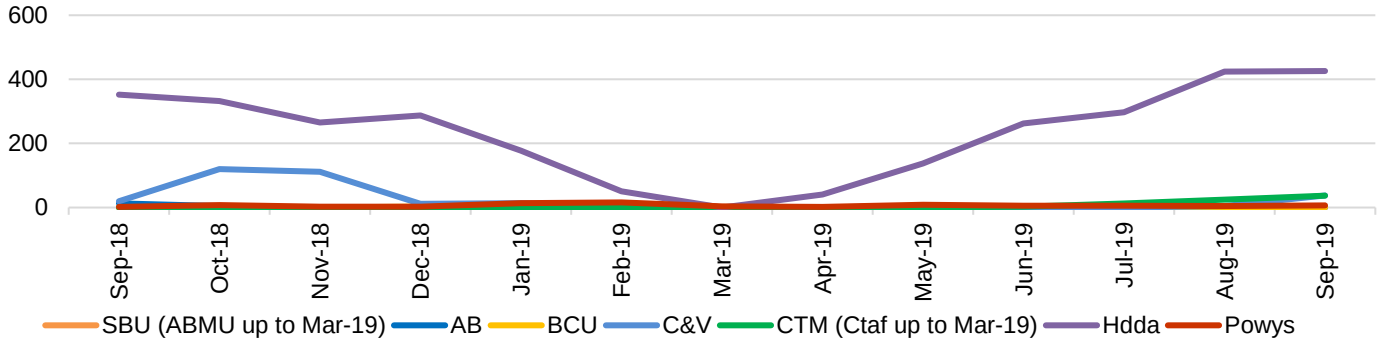


(2) % of patients waiting < 14 weeks for a specified Therapy



Benchmarking

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



Sep-19	
SBU	0
AB	0
BCU	0
C&V	38
CTM	37
Hdda	426
Powys	7

Source : StatsWales

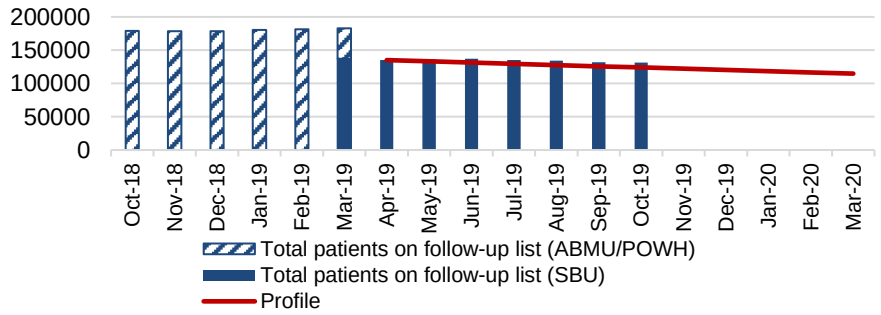
Measure 1: Number of patients waiting more than 14 weeks for a specified Therapy
How are we doing?
• Waiting times targets achieved a nil position at the end of October 2019 with the exception of a single breach Adult Audiology. This was an operational error with a patient booked for the 31st October was cancelled due to staff sickness and therefore unable to be re-appointed. This is the first breach within Audiology for several years and the service do not expect a recurrence. • All therapy services are being sustainably met. 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

DELAYED FOLLOW-UP APPOINTMENTS

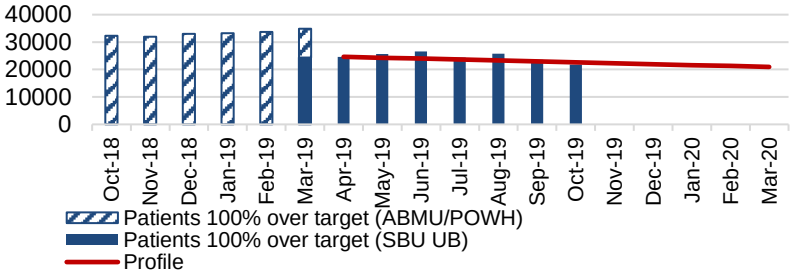
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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: October 2019	
			Current Status *(against profile):*	**Movement:** *(12 month trend)*
Measure 1: The number of patients waiting for a follow-up outpatient appointment	124,040	15% ↓ by Mar-20	X	↓ ●
Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	22,626	15% ↓ by Mar-20	✓	↑ ●

(1) The number of patients waiting for a follow-up outpatient appointment



(2) The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100



Benchmarking

(1) Number of patients waiting for an outpatient follow- who are delayed past their agreed target date for all specialties

LHB	Current	Same Period Comparison		End of Financial Year Comparison	
	Sep-19	Sep-18		Mar-19	Mar-18
Wales	934,676	↓ 717,116		↓ 891,436	↓ 787,855
AB	155,786	↓ 149,687		↓ 153,928	↓ 137,606
BCU	202,523	↓ 197,368		↑ 202,741	↓ 185,964
C&V	236,502	↑ 308,592		↓ 234,871	↑ 395,644
CTM	115,138				
HDda	84,384	↓ 33,981		↓ 34,324	↓ 62,351
Powys	8,289	↓ 7,661		↑ 8,586	↓ 6,194
SB	132,054				

(2) Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

LHB	Current	Same Period Comparison	
	Sep-19	Sep-18	
Wales	219,077	↓ 250,514	
AB	10,466	↓ 9,290	
BCU	55,531	↓ 51,593	
C&V	79,112	↑ 120,321	
CTM	20,570		
HDda	29,411	↓ 21,664	
Powys	450	↓ 385	
SB	23,537		

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

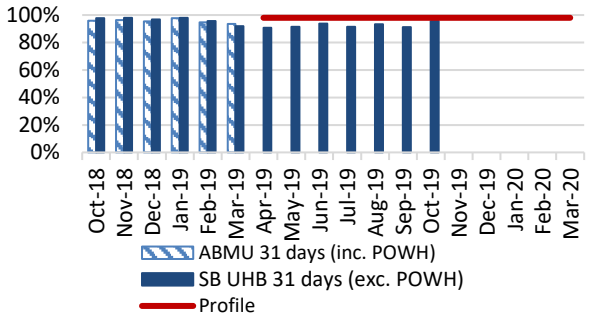
Measure 1: The number of patients waiting for a follow-up outpatient appointment Measure 2: The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%
How are we doing?
• It is important to note that there have been changes in overall numbers due to the boundary changes that took place from the 1st April and the creation of the new Swansea Bay UHB. The implications of these changes in numeric activity are still being finalised to reflect the new service delivery profiles. • There have been a number of issues with the NWIS algorithm which have since been resolved but which have impacted on the reporting arrangements. This has led to significant shift in reporting of Delayed follow up – not booked and booked patients: **Delayed Follow Up (Not Booked):** The number of not booked patients waiting for a follow up appointment delayed past their target date has increased from 22,261 (April 19) to 30.962 (Sept 19). **Delayed Follow Up (Booked):** The number of booked patients waiting for a follow up appointment delayed past their target date from 27,068 (April 19) to 14.496 (Oct 19). • The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has improved in month from 25,758 in August 2019 to 21,778 in October 2019.
What actions are we taking?
• Additional funding has been released by the Health Board to support medium term validation reviews of the Follow up lists – being led by the Morriston delivery unit. • The Health Board has further been successful in gaining approval for a number of additional bids totalling almost £500K to introduce additional initiatives over the next 6 months. These bids have been supported by Delivery and corporate units and who are currently acting on these investments to realise their potential over quarters 3 and 4 – key initiatives are as follows: **Ophthalmology** - AMD - Community Referral Refinement Centre - Reduce the waiting list by 25 patients per month through the removal of inappropriate referrals. **Orthopaedics / Gastro / Paeds** - ADOPT: Action to Deliver Outpatient Transformation - Prevent 2,000 follow up patients being added to the waiting list between March 20 and March 21 by March 2020. **Neurology** - Regional Coordinator for Epilepsy Services - Reduction in patients waiting over target date from 416 patients 100% over target in SBUHB to 0 by March 2020. **Gynae- Oncology** - Reducing FUNB & increasing use of virtual reviews - To reduce the FUNB backlog from 300 to 0 by March 2020. **Dentistry** - Pathway Change for Validated FUNB Patients to Primary Care Based Health (Dental) Care Professionals with Enhanced Skills to Provide Sustainability. Reduce 700 FUNB patients to 450 by March 2020. **Urology** - PKB Co-ordinators - Reduce urology patients on the follow up waiting list by 250 by March 2020. **Dermatology** - Implementation of the new dermatology pathway in primary care. - Reduce FUNB patients by 100 by March 2020 and 250 per year thereafter • The National Outpatient Modernisation Working Group has been refreshed and actively taking forward new measures to address these pressures which are being seen across Wales. Actions include improved coding, clarification of virtual clinic patients, shared learning, and stronger information reporting by specialty – these will be delivered during Quarters 3 and 4. • The Health Board has refreshed the Outpatient Modernisation Group and developed a more clinically engaged and clinically led Outpatient Transformation Board. The Chair of which is Dr Phil Coles – Consultant Anaesthetist and QI Lead. Its first meeting took place in October 19.
What are the main areas of risk?
• Wales Audit Office review (2015 & 2017) has highlighted that that there is a need for greater clinician engagement in the recording of clinical risks associated with delayed follow up appointments; there are insufficient mechanisms in place to routinely report these clinical risks to the Board; and that issues persist with the management of the FUNB list. • Need to better prioritise validation activities. Service Delivery Units to provide regular assurance reports to Health Board Quality & Safety Committee and Outpatient Transformation Work stream.
How do we compare with our peers?
• Most Health Boards have experienced a deteriorating position in the number of patients waiting for an outpatient follow up (booked and not booked) who are delayed past their target date for planned care specialties and are as SBUHB implementing new plans with traction and pace.

CANCER WAITING TIMES

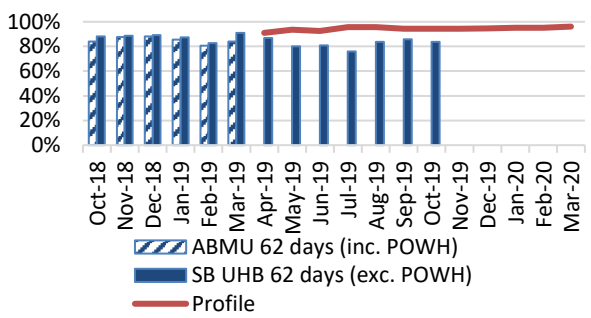
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** October 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	94%	95%	✗	↓ ●
Measure 3: % patients starting 1st definitive cancer treatment within 62 days from point of suspicion (with suspensions)		12 month ↑		

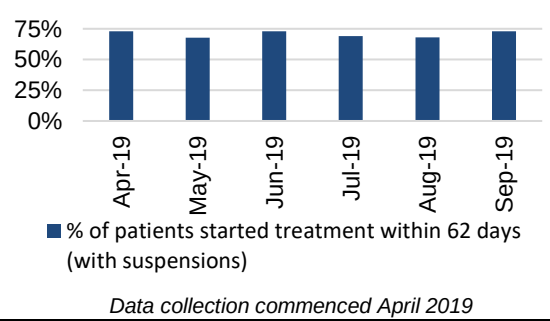
Measure 1



Measure 2



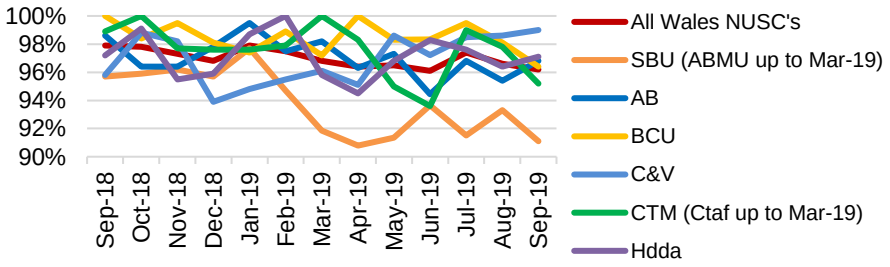
Measure 3



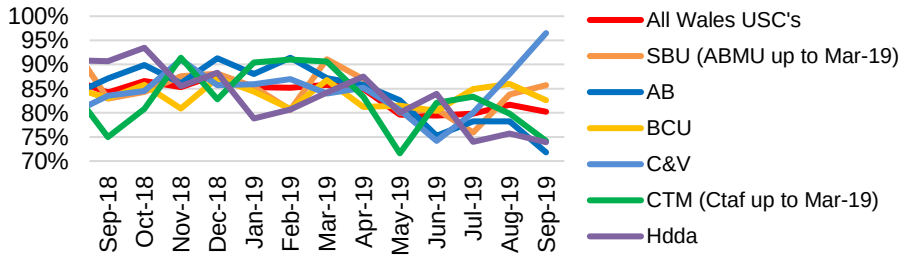
Data collection commenced April 2019

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 (November 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 October 2019 is projected to be is 97% (3 breaches). USC performance for October 2019 is projected to be 84% (18 breaches).
- There has been no improvement in backlog, with very little variation week to week since the beginning of October. 51 patients were reported on the 27th October. • Single Cancer Pathway performance for October is estimated to be 70% for adjusted pathways.

What actions are we taking?

Breast • The wait to 1st assessment has been maintained at around 3-4 weeks. Consultant is now on LTS, plan is in place to mitigate this and avoid increasing waits. • A business case is being developed by the clinical lead for two Breast Clinical Fellows to support pathway improvements. • Pathway improvements were discussed at a business meeting on 8/11/19, these will be summarised and provided to CIB in December for information and development of actions by the Service. **Gynae** • Gynae-oncology CNS LTS has returned to work. 2nd vacancy has been appointed to and currently going through pre-employment checks, a start date to be agreed. • Macmillan patient pathway co-ordinator JD is awaiting Job Matching in order to be progressed to advert. The post will support the team and CNS's to pull patients through pathway. • A meeting arranged for w/c 4/11/2019 with CTMUHB to discuss the management and reporting of patients referred to Gynaecology and seen within the PMB service at Neath did not go ahead due to unavailability of CTMUHB colleagues. SBU chasing colleagues for a new date. **Urology** • There are issues in regard to RALP capacity as SBMU only have access to one all day theatre per week in Cardiff. A meeting was held on the 20th September with Cardiff to progress discussions to secure additional capacity. Cardiff are currently considering options, C&V have requested further data from SBU re utilisation of current available capacity at UHW. **Gastroenterology** • Locum Gastroenterologist post is currently out to advert. 2 Physician Associates commenced in post w/c 18/11/19. **Pancreas:** • 7 patients have been referred to Kings. There are a number of patients still waiting pancreatic surgery and have breached target already. **MDT Co-ordinators** • 1 post is out to advert, 1 post on LTS, 1 post due to return from LTS end of November. SBAR for future strategic direction presented at November CIB and HR process now being actioned to consult with staff. **Anaesthetics** • 8 Locum Anaesthetic posts have been advertised to improve anaesthetic cover for lists. **Head & Neck** • Audit of the new neck lump pathway to be undertaken. **Sarcoma** • JD for 2nd Sarcoma Surgeon is will RCS for approval. • CNS vacancy appointed to and likely to commence in post Jan 2020.

What are the main areas of risk?

- Anaesthetic cover across all sites that has been further impacted due to annual leave. The gaps are affecting all services/specialities
- Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave.
- Unscheduled Care pressures are having an impact on bed capacity although site management processes aim to minimise impact on cancer cases.
- Challenges to appoint to vacant posts and time lag in developing new workforce models
- Growing waiting times in radiotherapy – changes in guidelines for the management of prostate cancer will put significant pressure on available capacity and risk to increased volume of breaches in the Urological tumour group as hormones will not be the first line treatment for newly diagnosed cancers. Options to outsource prostate work to the Rutherford Cancer Centre are being considered.
- Consultants unwilling/reluctant to run additional clinics due to pension implications.
- Ongoing issues with delivery of Breast services, particularly waits to triple assessment (4 weeks to first appointment).
- Pleural Service has seen an increase in demand, Singleton are developing a business case to support expansion of this service.
- Waiting times for PET at Cardiff are reported over 10 days – currently 12-13 days. PET scanner also broke down in November resulting in cancellation of appointments and extended waits. This has now been fixed and waiting times beginning to reduce.

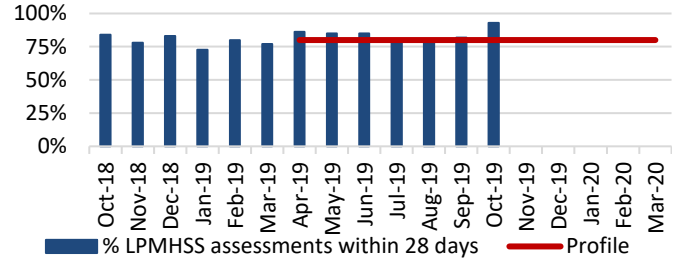
How do we compare with our peers?

- USC performance in September saw SBUHB report 85.7% (2rd best of Welsh HBs), above the Wales average of 80.2%.
- NUSC performance in September saw the HB report 91.1% (the lowest of all Welsh HBs). The Wales average was 96.2%

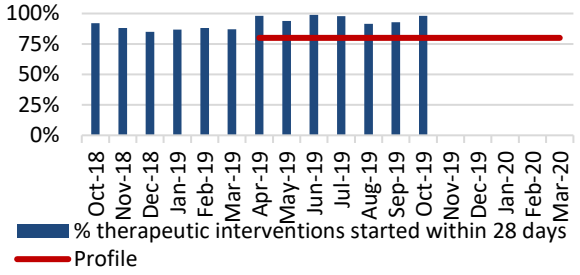
MENTAL HEALTH MEASURES			
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated 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:** October 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%	✓	↑ ●

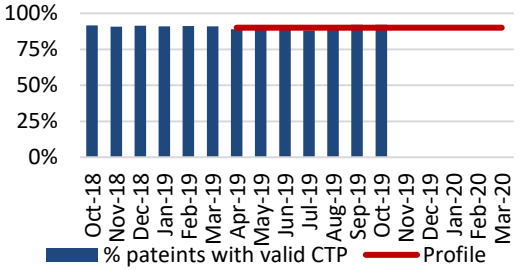
Measure 1



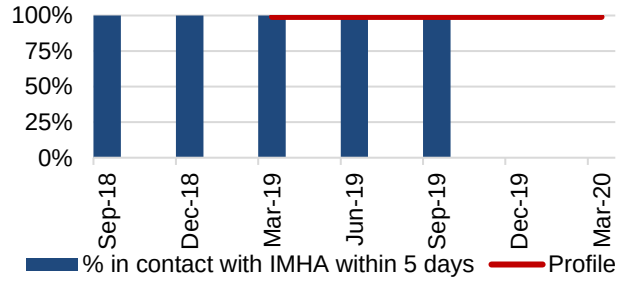
Measure 2



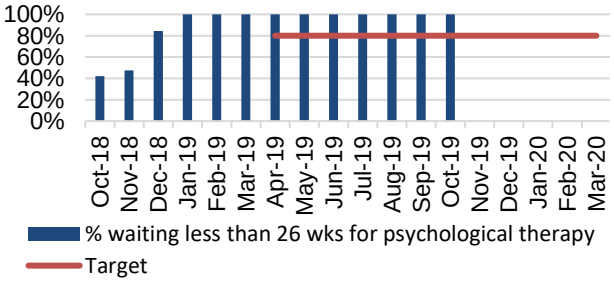
Measure 3



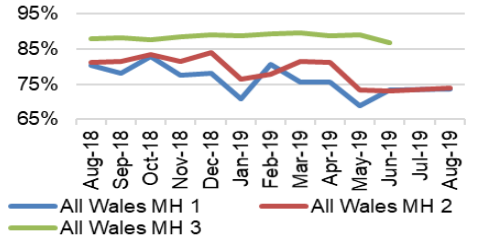
Measure 4



Measure 5



Benchmarking



Source: NHS Wales Delivery Framework, all-Wales performance summary (November 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 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 Cwm Taf HB. 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 10 of the 13 months shown. There was a slight dip in compliance from April to July but we have consistently met the target from August, with a slight increase each month.
- **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 July 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 develop teams and this is allowing them to recruit additional assessors and therapists.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for 1:1 therapy.
- The LPMHSS is supporting the GP cluster networks as they seek to develop bespoke mental health interventions.

What are the main areas of risk?

- The increasing demand for assessments under Part 1 of the Mental Health Measures continues to place pressure on the LPMHSS to meet the 28 day target.
- CTP compliance remains above target but requires constant monitoring in order to maintain performance

How do we compare with our peers?

September 2019

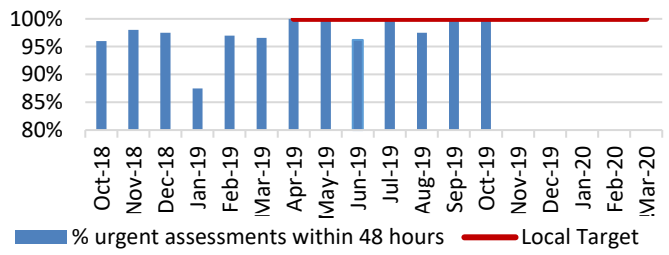
- All-Wales MH1 measure ranged from 59.8% to 91.3% including CAMHS **81.9% SB**
- All-Wales MH2 measure ranged from 58.4% to 92.9% including CAMHS **92.9% SB**
- All-Wales MH3 measure ranged from 89.4% to 96.3% including CAMHS **92.1% SB**
- All-Wales MH5 measure ranged from 20.2% to 100% **100% SB**

CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

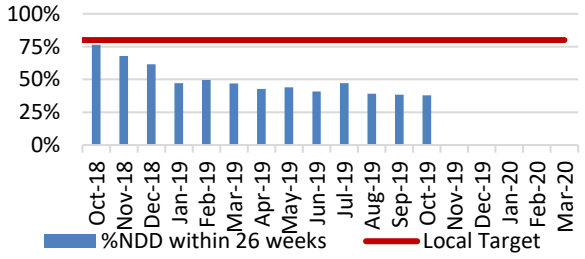
NHS Wales Domain:	**TIMELY CARE:** People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	**NHS Wales Outcome Statement:**	To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical 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:** October 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%	✓	↑

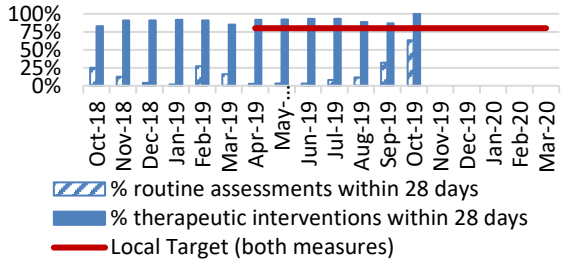
Crisis



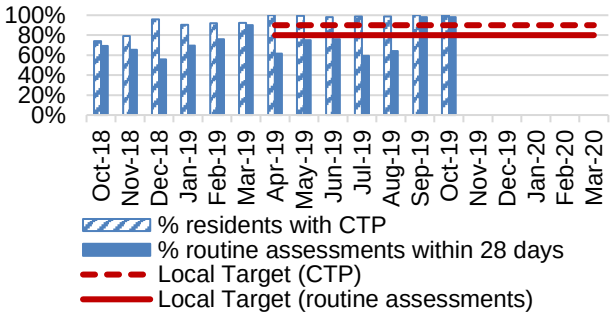
NDD



P-CAMHS



SCAMHS



Date: 18th November 2019	Swansea Bay	Neath Port Talbot	Swansea	Cwm Taf
Total WL	74	25	49	159
> 4 Weeks	10	2	8	35
Compliance	86.5%	92.0%	83.7%	77.8%
Average Weeks	1.4	1.2	1.5	1.9

Source: Cwm Taf LHB

(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 the performance trend shows that compliance against the target is good, and when performance does deteriorate this is down to staff vacancies. Compliance for October is at 100%. • Measure 2: NDD – The referral rate has stabilised, however large fluctuations are still experienced making future projections difficult. Compliance against the target had stabilised during Q2, with a slight deterioration in October to 38% compared to 47% in July. • Measure 3: P-CAMHS – Compliance against the assessment within 28 days has improved significantly and is now above 50%. Compliance against this target is always challenging and whilst it has stabilised compliance will remain low until all CYP are being seen within 28 days. The average waiting time for patients has dropped significantly and the average wait is now an average of 1 week. The P-CAMHS workload has stabilised unlike other areas in Wales. • Measure 4: P-CAMHS – Compliance against the 80% target for therapeutic interventions has consistently been achieved during 2019/ 20, and improved to 100% achievement in October. 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 was achieved in October for the first time since March 2019. Performance against this target has been variable over the last 12 months 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 into early 2020/21 financial year. 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. Accommodation issues are now resolved, with the team centralised on the Neath Port Talbot site from September 2019. Additional funding has been provided to expand the clinical team, with an 8a clinical lead currently advertised, together with a band 5 administrator. Further roles are being explored including pharmacy input for medication monitoring and expansion of nursing team. • 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. A multi-agency three year plan for Swansea Bay has been agreed which includes the development of a single integrated PCAMHS and SCAMHS service for the whole of Swansea and Neath Port Talbot. This work programme is progressing well, and by June 2020 the new service model will be implemented for CAMHS. In the meantime the range of actions taken including the CAMHS Liaison service in Children's Social Services' Intake teams and more input and support for schools has improved access to services.
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 is addressing with Cwm Taf via formal commissioning meetings and the introduction of the new service model.
How do we compare with our peers?
• There is limited comparative data for CAMHS, except for 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**	**Welsh Average/ Total**	**Performance Trend**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 19/20	96%	95%			95.8%				96%			97%			96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 19/20	93%	95%			92.4%				91%			91%			93%				
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q4 18/19	82%	4 quarter ↑ trend			92.3%				89%			82%							
Influenza	% uptake of influenza among 65 year olds and over	National	2019/20	49.3%	75%			46.5%							68.1%							49.3%
	% uptake of influenza among under 65s in risk groups	National	2019/20	14.7%	55%			14.7%							43.0%							14.7%
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%							86.1%							
	% uptake of influenza among children 2 to 3 years old	Local	2019/20	0.8%				0.8%							47.7%							0.8%
	% uptake of influenza among healthcare workers	National	2019/20	42.0%	60%										54.5%							42.0%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Aug-19	1.3%	5% annual target	2.1%	✖	2.2%		1.5%	1.7%	1.9%	2.1%	2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%		
	% of those smokers who are co-validated as quit at 4 weeks	National	Q1 19/20	55.7%	40% annual target	40.0%	✔	42.9%				55%			56%			56%				
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			*28.2%*		*2018/19= 29.3%*												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 19/20	441.9	4 quarter ↓			417.2										441.9				

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

										ABMU						SBU						
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**Performance Trend**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
DTOCs	Number of mental health HB DToCs	National	Oct-19	22	12 month ↓	27	✔	71		28	26	25	29	26	21	18	23	27	20	18	19	22
	Number of non-mental health HB DToCs	National	Oct-19	76	12 month ↓	50	✖	418		84	125	117	104	87	112	49	67	70	61	69	69	76
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Sep-19	100%	95%	95%	✔	70%		98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	
	Stage 2 mortality reviews required	Local	Sep-19	9						16	22	17	7	10	22	18	13	13	13	9	9	
	% stage 2 mortality reviews completed	Local	Sep-19	60%		100%				25.0%	27.3%	40.0%	28.6%	20.0%	50.0%	68.4%	61.5%	93.0%	50.0%	60.0%	89.0%	
	Crude hospital mortality rate (74 years of age or less)	National	Sep-19	0.77%	12 month ↓			0.72%		0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-19	96.0%		98%	✖			97.5%	99.0%	98.4%	97.7%	98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Oct-19	84%	85%			75.8%		78%	81%	83%	83%	84%	85%	84%	84%	83%	84%	85%	85%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Sep-19	96%	95%	95%	✔	85.6%		95%	88%	91%	93%	95%	92%	96%	96%	96%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	Oct-19	63%		100%	✖			67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q4 18/19	96%	100%	100%	✖	98%				100%			96%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 18/19	97	10% annual ↑	106	✖					78			97							
	Number of Health and Care Research Wales commercially sponsored studies		Q4 18/19	37	5% annual ↑	46	✖					31			37							
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 18/19	2,276	10% annual ↑	2,428	✖					1,463			2,276							
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 18/19	136	5% annual ↑	421	✖					99			136							

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q1 19/20	4,451	4 quarter ↓			4521				4,612			4,447			4,451				
	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		Q1 19/20	294	4 quarter ↓			267.79				330.7			327.5			294.0				
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q1 19/20	14	4 quarter ↓			12.31				16.1			16.0			13.9				
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-19	54%		*95%*	✗				*90%*		*90%*		*55%*		*52%*		*54%*			
	% stop or review date documented on medication chart		Jul-19	81%		*95%*	✗				*56%*		*56%*		*75%*		*61%*		*81%*			
	% of antibiotics prescribed on stickers		Jul-19	97%		*95%*	✗				*78%*		*47%*		*96%*		*98%*		*97%*			
	% appropriate antibiotic prescriptions choice		Jul-19	11%		*95%*	✓				*95%*		*96%*		*7%*		*8%*		*11%*			
	% of patients receiving antibiotics for >7 days		Jul-19	18%		*<20%*	✓				*9%*		*13%*		*39%*		*6%*		*18%*			
	% of patients receiving surgical prophylaxis for > 24 hours		Jul-19	46%		*<20%*	✓				*73%*		*46%*		*31%*		*35%*		*46%*			
	% of patients receiving IV antibiotics > 72 hours		Jul-19	0%		*<30%*	✗				*42%*		*47%*		*0%*		*0%*		*0%*			
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Oct-19	80.8	<67			85.13		100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8
	Number of E.Coli bacteraemia cases (Hospital)		*Oct-19*	*10*		*11*	✓			*17*	*23*	*15*	*11*	*15*	*21*	*10*	*7*	*7*	*14*	*9*	*5*	*10*
	Number of E.Coli bacteraemia cases (Community)			*15*		*29*	✓			*24*	*30*	*23*	*17*	*16*	*22*	*17*	*15*	*22*	*21*	*13*	*18*	*15*
	Total number of E.Coli bacteraemia cases			*25*		40	✓			41	53	38	28	31	43	27	22	29	35	22	23	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Oct-19	35.6	<20			25.99		35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6
	Number of S.aureus bacteraemias cases (Hospital)		*Oct-19*	*11*		*5*	✗			*7*	*7*	*5*	*9*	*9*	*4*	*11*	*8*	*6*	*8*	*4*	*3*	*11*
	Number of S.aureus bacteraemias cases (Community)			*2*		*6*	✓			*5*	*10*	*6*	*9*	*7*	*7*	*3*	*3*	*5*	*9*	*3*	*5*	*2*
	Total number of S.aureus bacteraemias cases			*13*		11	✗			12	17	11	18	16	11	14	11	11	17	7	8	13
	Cumulative cases of C.difficile per 100k pop		Oct-19	33.4	<26			26.22		42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4
	Number of C.difficile cases (Hospital)		*Oct-19*	*13*		*9*	✗			*15*	*9*	*5*	*3*	*4*	*3*	*2*	*8*	*6*	*9*	*5*	*8*	*13*
	Number of C.difficile cases (Community)			*6*		*3*	✗			*4*	*1*	*11*	*4*	*3*	*5*	*1*	*3*	*4*	*4*	*5*	*2*	*6*
	Total number of C.difficile cases			*19*		12	✗			19	10	16	7	7	8	3	11	10	13	10	10	19
	Cumulative cases of Klebsiella per 100k pop		Oct-19	22.0				21.75							28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0
	Number of Klebsiella cases (Hospital)		*Oct-19*	*4*		9	✓			11	5	11	10	15	4	2	4	7	1	8	7	4
	Number of Klebsiella cases (Community)			*0*		4	✓			9	9	1	6	5	4	3	1	4	4	3	2	0
	Total number of Klebsiella cases			*4*		13	✓			20	14	12	16	20	8	5	5	11	5	11	9	4
	Cumulative cases of Aeruginosa per 100k pop		Oct-19	8.8				6.35							5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8
	Number of Aeruginosa cases (Hospital)		*Oct-19*	*1*		2	✓			2	4	2	0	0	0	3	1	2	1	2	2	1
	Number of Aeruginosa cases (Community)			*0*		0	✓			0	2	3	0	2	0	0	2	4	0	2	0	0
	Total number of Aeruginosa cases			*1*		2	✓			2	6	5	0	2	0	3	3	6	1	4	2	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Oct-19	97%		95%	✓			97%	97%	98%	96%	96%	95%	97%	98%	97%	97%	96%	96%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q1 19/20	0	0			3				0			1			0				
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Oct-19	47%	90%	75%	✗	37.9%		56%	82%	89%	80%	68%	43%	70%	12%	40%	60%	71%	20%	47%
	Number of new Never Events	National	Oct-19	0	0	0	✓	2		0	0	0	0	0	1	0	1	1	1	1	0	0
	Number of risks with a score greater than 20	Local	Oct-19	104		12 month ↓	✗			66	45	48	53	54	51	72	66	75	81	88	103	104
	Number of risks with a score greater than 16	Local	Oct-19	204		12 month ↓				New local measure for 2019/20						167	151	162	164	175	197	204
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Oct-19	19		12 month ↓	✓			13	8	12	6	17	15	3	9	8	2	6	5	19
	Number of Safeguarding Children Incidents	Local	Oct-19	7		Monitor				10	9	3	13	7	7	6	10	6	7	6	3	7
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Sep-19	9		12 month ↓	✓			47	40	40	50	45	64	29	16	13	18	14	9	
	Number of pressure ulcers developed in the community		Sep-19	25		12 month ↓	✓			60	63	58	77	62	47	34	33	23	33	37	25	
	Total number of pressure ulcers		Sep-19	34		12 month ↓	✓			*107*	*103*	*98*	*127*	*107*	*111*	*63*	*49*	*36*	*51*	*51*	*34*	
	Number of grade 3+ pressure ulcers acquired in hospital		Sep-19	1		12 month ↓	✓			6	3	3	4	10	7	1	2	1	2	0	1	
	Number of grade 3+ pressure ulcers acquired in community		Sep-19	8		12 month ↓	✓			9	12	13	16	11	10	10	6	6	7	8	8	
	Total number of grade 3+ pressure ulcers		Sep-19	9		12 month ↓	✓			*15*	*15*	*16*	*20*	*21*	*17*	*11*	*8*	*7*	*9*	*8*	*9*	
Inpatient Falls	Number of Inpatient Falls	Local	Oct-19	255		12 month ↓	✓			293	291	300	341	276	326	210	226	189	186	227	241	255
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		2			1			0			0			

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-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	Oct-19	159		12 month ↓ trend	✔			140	91	84	138	96	114	93	95	118	138	114	110	159
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Aug-19	84%	75%	78%	✔	62.9%		88%	90%	80%	84%	83%	79%	85%	83%	85%	81%	84%		
	% of acknowledgements sent within 2 working days	Local	Oct-19	0%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Aug-19	3,174	> 5% annual ↓			14,605		3,332		3,364		3,373	3,350	3,320			3,288	3,174		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

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

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q1 19/20	198.0	4 quarter ↑			183.5				120.0			146.8			198.0				
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q1 19/20	4.0	4 quarter ↑			5.2				8.3			6.2			4.0				
	Rate of calls to the DAN helpline per 100k pop.	National	Q1 19/20	41.3	4 quarter ↑			41.7				24.4			39.3			41.3				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Sep-19	92%	90%	90%	✔	88.7%		92%	91%	91%	91%	91%	91%	89%	89%	89%	88%	91%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Sep-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	Oct-19	3,918		12 month ↑	✖			5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918
	% of who would recommend and highly recommend	Local	Oct-19	94%		90%	✔			96%	96%	94%	95%	95%	95%	95%	96%	96%	96%	94%	95%	94%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Oct-19	83%		90%	✖			86%	88%	82%	90%	78%	89%	91%	81%	79%	77%	81%	85%	83%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU Oct-18	ABMU Nov-18	ABMU Dec-18	ABMU Jan-19	ABMU Feb-19	ABMU Mar-19	SBU Apr-19	SBU May-19	SBU Jun-19	SBU Jul-19	SBU Aug-19	SBU Sep-19	SBU Oct-19
DNAs	% of patients who did not attend a new outpatient appointment	Local	Oct-19	6.4%	12 month ↓					6.1%	5.9%	6.7%	6.3%	5.4%	5.4%	5.9%	6.7%	6.2%	6.4%	6.7%	6.4%	6.4%
	% of patients who did not attend a follow-up outpatient appointment	Local	Oct-19	7.9%	12 month ↓					7.5%	6.9%	7.4%	7.3%	6.7%	6.6%	7.3%	7.6%	7.4%	8.0%	7.5%	8.0%	7.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Oct-19	68.0%		90%	✖			73%	74%	67%	80%	72%	69%	75%	69%	72%	66%	56%	67%	68%
	% of theatre sessions starting late	Local	Oct-19	44.2%		<25%	✖			41%	41%	44%	46%	45%	39%	43%	43%	43%	41%	39%	44%	44%
	% of theatre sessions finishing early	Local	Oct-19	38.4%		<20%	✖			39%	40%	43%	40%	37%	39%	39%	42%	39%	39%	39%	41%	38%
Critical Care	% critical care bed days lost to delayed transfer of care	National	Q1 19/20	31.3%	Quarter on quarter ↓			22.5%					18.4%					31.3%				
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 18/19	62.6%	Quarter on quarter ↑			63.1%				56.9%			62.6%							
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Q2 19/20	32.2%	4 quarter ↓			32.8%							31.1%			32.2%			32.2%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Oct-19	65%	85%	77%	✖	70.0%		67%	69%	69%	70%	70%	69%	64%	64%	64%	64%	65%	67%	65%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Oct-19	80%	85%	81%	✔	79.9%		67%	71%	73%	73%	74%	75%	77%	76%	76%	78%	79%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Sep-19	5.98%	12 month ↓			5.42%		5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	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%												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										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**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Sep-19	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	89%	86%	86%	86%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Sep-19	95%	Annual ↑	95%	✓			95%	95%	95%	95%	95%	97%	96%	96%	96%	95%	95%	95%	
	% of population regularly accessing NHS primary dental care	National	Mar-19	62.2%	4 quarter ↑			55%				62.3%			62.2%							
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%					93%	96%	95%	96%	92%	96%	96%	97%	96%	98%			
	% 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%					0%	50%	79%	80%	60%	80%	83%	50%	100%	-			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-19	66%	65%	65%	✓	68.4%		75%	75%	75%	73%	78%	73%	66%	74%	75%	71%	71%	67%	66%
	Number of ambulance handovers over one hour	National	Oct-19	827	0	200	✗	3,741		590	628	842	1,164	619	928	732	647	721	594	632	778	827
	Handover hours lost over 15 minutes	Local	Oct-19	2,778						1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778
	% 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	Oct-19	71%	95%	72.4%	✗	75.0%		78.0%	77%	76%	77%	77%	76%	75%	76%	75%	75%	74%	71%	71%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Oct-19	890	0	799	✗	5,708		680	665	756	986	685	862	653	602	644	642	740	939	890
	% of survival within 30 days of emergency admission for a hip fracture	National	Jul-19	77.8%	12 month ↑			77.0%		83.9%	72.4%	75.0%	74.6%	72.7%	84.9%	66.7%	77.6%	86.0%	77.8%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Oct-19	55%	55.5%	80%	✗	48.3%		56%	56%	53%	35%	53%	51%	62%	55%	57%	57%	42%	29%	55%
	CT Scan (<1 hrs)	Local	Oct-19	47%		53%	✗			53%	48%	49%	48%	48%	51%	62%	56%	52%	59%	48%	42%	47%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Oct-19	94%	84.1%	91%	✓	84.6%		83%	75%	86%	75%	76%	86%	96%	93%	100%	98%	95%	95%	94%
	Thrombolysis door to needle <= 45 mins	Local	Oct-19	0%	12 month ↑	35%	✗			18%	15%	29%	40%	20%	30%	27%	17%	0%	40%	27%	0%	0%
	% patients receiving the required minutes for speech and language therapy	National	Oct-19	49%	12 month ↑			48.7%								57%	47%	41%	48%	48%	50%	49%
Planned Care	% of patients waiting < 26 weeks for treatment	National	Oct-19	84%	95%			85.7%		89.1%	88.8%	88.0%	88.7%	89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Oct-19	1,152	0	0	✗	29,640		65	125	94	153	315	207	236	323	297	479	925	1,039	1,152
	Number of patients waiting > 36 weeks for treatment	National	Oct-19	4,256	0	1,450	✗	19,100		3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Oct-19	69.5%	95%			63.0%									64.3%	62.4%	64.4%	63.6%	65.7%	69.5%
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Oct-19	223	0	180	✗	5,091		735	658	693	603	558	437	401	401	295	261	344	294	223
	Number of patients waiting > 14 weeks for a specified therapy	National	Oct-19	1	0	0	✓	460		0	0	0	0	0	0	0	0	0	0	1	0	1
	The number of patients waiting for a follow-up outpatient appointment	National	Oct-19	131,471	15% reduction by March 2020			887,855		178,958	178,722	178,462	180,481	181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Oct-19	21,778	15% reduction by March 2020			219,959		32,332	31,984	32,997	33,288	33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778
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	Oct-19	98%	98%	98%	✗	96.6%		96%	96%	96%	98%	97%	93%	91%	91%	94%	91%	93%	91%	98%
	% 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	Oct-19	84%	95%	94%	✗	81.7%		84%	88%	88%	85%	82%	84%	87%	80%	81%	76%	84%	86%	84%
	% of patients starting definitive treatment within 62 days from point of suspicion	National	Sep-19	73%	12 month ↑			75.5%								73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Sep-19	82%	80%	80%	✗	73.7%		84%	78%	83%	73%	80%	77%	86%	85%	85%	81%	79%	82%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Sep-19	93%	80%	80%	✓	73.9%		92%	88%	85%	87%	88%	87%	98%	94%	99%	98%	92%	93%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Sep-19	100%	100%	100%	✓	100.0%				100%			99%			100%			100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Sep-19	100%	95%	95%	✓	70.2%		42%	48%	84%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Sep-19	100%		100%	✓			96%	98%	98%	88%	97%	97%	100%	100%	96%	100%	98%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Sep-19	38%	80%	80%	✗	46.4%		76%	68%	62%	47%	50%	47%	43%	44%	41%	47%	39%	38%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Sep-19	32%		80%	✗			25%	13%	4%	2%	27%	16%	3%	3%	3%	8%	12%	32%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Sep-19	87%		80%	✓			83%	91%	91%	92%	91%	85%	92%	92%	93%	93%	89%	87%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Sep-19	100%		90%	✓			74%	79%	96%	91%	92%	92%	100%	99%	98%	99%	99%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Sep-19	98%		80%	✗			69%	66%	56%	70%	76%	90%	62%	75%	76%	59%	64%	98%	

APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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