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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20th June 2019		Agenda Item	4.1
Report Title	Integrated Performance Report			
Report Author	Hannah Roan, Performance and Contracting Manager			
Report Sponsor	Darren Griffiths, Associate Director of Performance			
Presented by	Darren Griffiths, Associate Director of Performance			
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 performance measures outlined in the 2019/20 NHS Wales Delivery Framework.			
Key Issues	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>In order to facilitate comparative trends for Swansea Bay University Health Board (SUB), all charts in this report follow the same format of solid coloured bars representing Swansea Bay UHB and striped bars for Abertawe Bro Morgannwg University (ABMU) Health Board or Bridgend (as relevant).</p> <p>Discussions continue to take place with Primary and Community Services, Mental Health & Learning Disabilities and Public Health to ensure that the additional sections will be ready for inclusion in the July iteration of this report.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> note current Health Board performance against key measures and targets and the actions being taken to improve performance. 			

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

Financial Implications	
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board is currently discussing additional funding for backlog reduction with Welsh Government which may result in additional funds being available, but also the possibility of a clawback mechanism if funding is to flow.	
Legal Implications (including equality and diversity assessment)	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> • 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 Integrated Performance Report was presented to Quality & Safety Committee in April 2019. This is a routine monthly report.

Appendices	Appendix 1: Integrated performance dashboard Appendix 2: List of abbreviations
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Summary of performance against national and local measures

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1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> Therapy waiting times continue to be maintained at (or below) 14 weeks. Despite a dip in 4 hour stroke performance in May 2019, performance continues improve on the same period last year (39% in May 2018 to 55% in May 2019). In May 2019, internal profiles were achieved for CT scan within 1 hour and consultant assessment within 24 hours. In May 2019, internal reduction targets were achieved for all healthcare acquired infection indicators (C. difficile, E.Coli Bacteraemia and S. Aureus Bacteraemia). Strawberry Place Community Glaucoma Ophthalmology Diagnostic Treatment Centre (ODTC) clinics commenced in May 2019 with positive feedback. 	<ul style="list-style-type: none"> Maintain surge bed capacity opened for the winter months on all our hospital sites. Targeted work to reduce ambulance handovers in Singleton hospital including greater promotion and use of the Fit to sit handover guidance, developing an ambulance rapid triage protocol and implementing manager of the day rota for the escalation of any handover delays over 35 minutes. Further improve timely access to CT for stroke patients Ensure delivery of Q1 planned care profiles through implementation of a modest outsourcing programme and maximising core capacity. Morrison to develop and implement step change plans to maintain continual improvement in the reduction of long waiting patients. Implement plan to address backlog in Mental Health & Learning Disabilities Serious Incident Investigations.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Lead appointed for the development of a single theatre action plan to address performance and efficiencies. Initial focus on improving utilisation for ENT and General Surgery at Singleton and Orthopaedics at NPTH. Cost/ benefit analysis is being finalised to support the implementation of the AGPU ambulance stack in Singleton on a more regular and targeted basis, as pilot has shown that it will have a positive impact on reducing ambulance demand. Planning for phase 2 whole system transformation roll out to Upper Valleys and Llŵchwr in July 2019. Improvement work in Morrison ED triage to improve flow to minors NPTH to be the pilot site for digitalisation of nursing risk assessments including <i>PURPOSE T</i> which is the new pressure ulcer assessment tool. 	<ul style="list-style-type: none"> Increasing need for Local Authority support to accelerate patients waiting for social care input/ packages of care. Domiciliary care capacity remains a key constraint to patient flow and discharge. Demand for CHC placements and resultant financial risks. The Orthopaedic ward in Morrison Hospital continues to be breached with medical outliers, which is affecting the Health Board's ability to deliver the sustainable elective care plan for Orthopaedics. Changes to Pressure Ulcer reporting and reinforcement of WG reporting requirements for all unexpected deaths of a MH/LD patient (regardless of death) has significantly affected the Health Board's performance for Serious Incidents closed within 60 days (12% achievement against the 80% target in May 2019). Target not expected to be achieved until the end of the financial year.

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – May 2019

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-19
Unscheduled Care	4 hour A&E waits	Actual	74.5%	76.2%											5th
		Profile	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	85.7%	84.3%	84.4%	85.0%	86.2%	86.0%	
	12 hour A&E waits	Actual	653	591											3rd
		Profile	484	374	273	283	266	238	273	279	211	185	187	180	
Stroke	1 hour ambulance handover	Actual	732	647											6th**
		Profile	320	233	201	220	193	200	208	248	241	176	148	145	
	Direct admission within 4 hours	Actual	62.0%	54.5%											4th**
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%	(Mar-19)
Stroke	CT scan within 1 hour	Actual	62%	56%											4th**
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%	(Mar-19)
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%											3rd**
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%	(Mar-19)
Planned care	Thrombolysis door to needle within 45 minutes	Actual	27%	17%											5th**
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	(Mar-19)
	Outpatients waiting more than 26 weeks	Actual	236	323											2nd
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	(Mar-19)
Planned care	Treatment waits over 36 weeks	Actual	1,976	2,104											5th
		Profile	2,042	2,038	2,125	2,148	2,132	2,137	1,989	2,024	2,153	2,057	1,960	1,921	(Mar-19)
	Diagnostic waits over 8 weeks	Actual	401	401											6th
		Profile	480	400	390	370	330	250	180	150	130	100	50	0	(Mar-19)
Cancer	Therapy waits over 14 weeks	Actual	0	0											Joint 1st
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	(Mar-19)
	NUSC patients starting treatment in 31 days	Actual	94%	95%											6th**
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	(Mar-19)
Healthcare Acquired Infections	USC patients starting treatment in 62 days	Actual	88%	80%											5th
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%	(Mar-19)
	Number of healthcare acquired C.difficile cases	Actual	3	11											3rd
		Profile	17	12	12	15	12	9	12	12	12	13	14	11	
Healthcare Acquired Infections	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	11											5th
		Profile	11	14	12	13	12	11	11	15	15	10	16	11	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	27	22											3rd
		Profile	41	36	37	40	38	39	40	32	34	40	36	39	

*RAG status derived from performance against trajectory

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

3. MONTHLY PERFORMANCE DASHBOARD

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


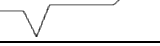
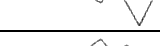
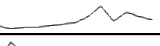



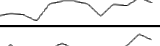

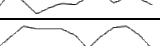
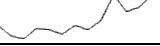
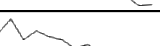
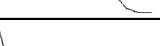
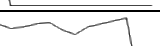
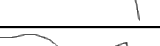



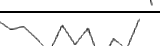


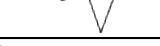
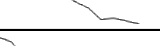
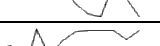

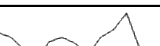



SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm															
		ABMU											SBU		Performance Trend
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	
	Number of E.Coli bacteraemia cases (Hospital)	15	10	20	16	15	17	23	15	11	15	21	10	7	
	Number of E.Coli bacteraemia cases (Community)	28	31	31	30	34	24	30	23	17	16	22	17	15	
	Total number of E.Coli bacteraemia cases	43	41	51	46	49	41	53	38	28	31	43	27	22	
	Cumulative cases of S.aureus bacteraemias per 100k pop	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	
	Number of S.aureus bacteraemias cases (Hospital)	8	7	8	9	7	7	7	5	9	9	4	11	8	
	Number of S.aureus bacteraemias cases (Community)	13	12	9	11	3	5	10	6	9	7	7	3	3	
	Total number of S.aureus bacteraemias cases	21	19	17	20	10	12	17	11	18	16	11	14	11	
	Cumulative cases of C.difficile per 100k pop	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	
	Number of C.difficile cases (Hospital)	13	10	24	8	5	15	9	5	3	4	3	2	8	
	Number of C.difficile cases (Community)	5	5	5	7	4	4	1	11	4	3	5	1	3	
	Total number of C.difficile cases	18	15	29	15	9	19	10	16	7	7	8	3	11	
	Cumulative cases of Klebsiella per 100k pop											28.6	15.7	15.5	
	Number of Klebsiella cases (Hospital)	5	6	1	6	6	11	5	11	10	15	4	2	4	
	Number of Klebsiella cases (Community)	9	3	6	6	6	9	9	1	6	5	4	3	1	
	Total number of Klebsiella cases	14	9	7	12	12	20	14	12	16	20	8	5	5	
	Cumulative cases of Aeruginosa per 100k pop											5.8	9.4	9.3	
	Number of Aeruginosacases (Hospital)	2	1	2	1	0	2	4	2	0	0	0	3	1	
	Number of Aeruginosa cases (Community)	3	2	1	0	3	0	2	3	0	2	0	0	2	
	Total number of Aeruginosa cases	5	3	3	1	3	2	6	5	0	2	0	3	3	
Incidents & Risks	Hand Hygiene Audits- compliance with WHO 5 moments	96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%	
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	
	Number of new Never Events	0	0	0	0	0	0	0	0	0	0	1	0	1	
	Number of risks with a score greater than 20	57	60	67	77	73	66	45	48	53	54	51	72	66	
	Number of risks with a score greater than 16	New local measure for 2019/20											167	151	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	12	10	22	14	7	13	8	12	6	17	15	15		
	Number of Safeguarding Children Incidents	11	5	12	14	3	10	9	3	13	7	7	6	10	
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	47	39	56	45	53	47	40	40	50	45	64	29	16	
	Number of grade 3+ pressure ulcers acquired in hospital	1	2	3	1	1	6	3	3	4	10	7	1	2	
	Total Number of pressure ulcers developed in the community	80	81	68	88	71	60	62	58	77	62	47	34	33	
	Number of grade 3+ pressure ulcers developed in the community	14	15	11	13	8	9	12	13	16	11	10	10	6	
Inpatient Falls	Number of Inpatient Falls	357	326	300	290	328	293	291	300	341	276	326	210	226	
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	26%	18%	34%	23%	40%	50%	40%	53%	18%	43%	43%			
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	48%	34%	44%	41%	53%	75%	55%	-	-	-	-			

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															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
DTCs	Number of mental health HB DTCs	22	30	27	30	29	28	26	25	29	26	21	18	23	
	Number of non-mental health HB DTCs	64	75	74	85	69	84	125	117	104	87	112	49	67	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%	
	Stage 2 mortality reviews required	14	16	12	19	19	16	22	17	7	10	22	21	13	
	% stage 2 mortality reviews completed	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%			
	Crude hospital mortality rate (74 years of age or less)	0.80%	0.80%	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%	
Coding	% of episodes clinically coded within 1 month of discharge	93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%		
E-TOC	% of completed discharge summaries	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
Patient Experience	Number of new formal complaints received	119	90	126	126	114	140	91	84	138	96	114	93	95	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%			
	% of acknowledgements sent within 2 working days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	4,187		3,528	3,544	3,490	3,332		3,364		3,373	3,350			

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities															
ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%	91%	89%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800	
	% of who would recommend and highly recommend	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%	

ABMU													SBU		
Sub Domain	Measure	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
DNAs	% of patients who did not attend a new outpatient appointment (<i>selected specialities only</i>)	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.2%	4.9%	5.3%	5.4%	
	% of patients who did not attend a follow-up outpatient appointment (<i>selected specialities only</i>)	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%	6.5%	6.7%	
Theatre Efficiencies	Theatre Utilisation rates	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%	
	% of theatre sessions starting late	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%	
	% of theatre sessions finishing early	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%	
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%	
	% workforce sickness and absent (12 month rolling)	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%		

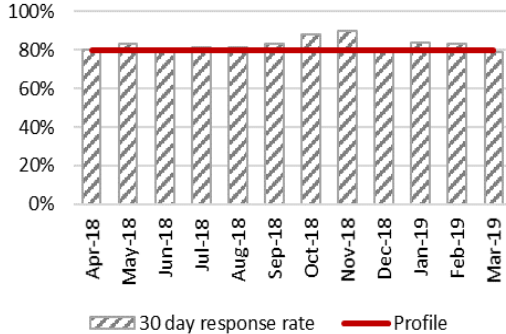
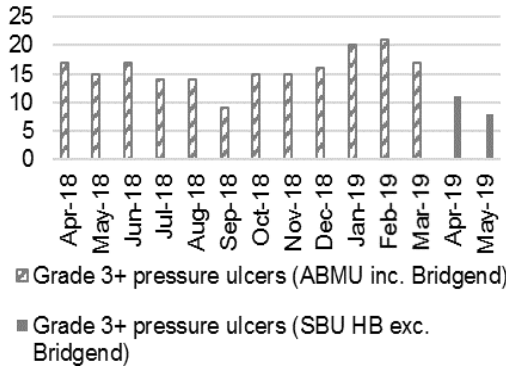
TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care															
Sub Domain	Measure	ABMU											SBU		
		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Performance Trend
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	82%	82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%		
	% of GP practices open during daily core hours or within 1 hour of daily core hours	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	97%			
Out of Hours/ Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%	
	Number of ambulance handovers over one hour	452	351	443	420	526	590	628	842	1,164	619	928	732	647	
	Handover hours lost over 15 minutes	1,198	893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933	
	% 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	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	624	476	590	511	588	680	665	756	986	685	862	653	591	
	% of survival within 30 days of emergency admission for a hip fracture	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%	
	CT Scan (<1 hrs)	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%	
	Thrombolysis door to needle <= 45 mins	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%	
Planned Care	% of patients waiting < 26 weeks for treatment	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	120	55	30	105	89	65	125	94	153	315	207	236	323	
	Number of patients waiting > 36 weeks for treatment	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104	
	Number of patients waiting > 8 weeks for a specified diagnostics	790	915	740	811	762	735	658	693	603	558	437	401	401	
	Number of patients waiting > 14 weeks for a specified therapy	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538		
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102		
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)	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	94%	95%	
	% 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	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	88%	80%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	61%	62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%		

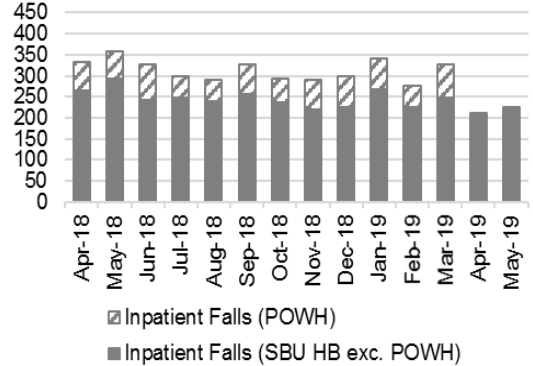
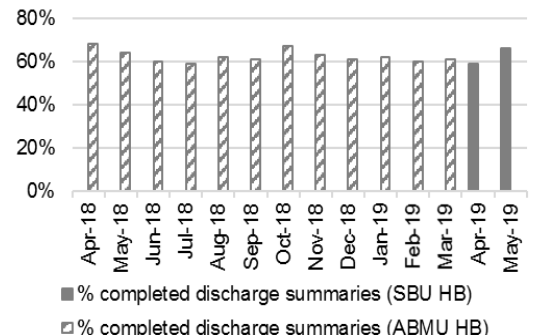
4. QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul style="list-style-type: none"> 22 cases of <i>E. coli</i> bacteraemia were identified in May 2019. This is below the monthly profile of 36 cases. 68% of the bacteraemia were identified on admission and considered to be Community Acquired Infections Urinary Tract Infection was considered to be the primary source for the bacteraemia in 36 % of the total number of cases. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <p>Number E.Coli Cases Bridgend Number E.Coli cases SBU UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Additional assessor training available to support Delivery Units increase the number of Nursing & Non-Nursing staff who can undertake the Aseptic Non Touch Technique (ANTT) Competency assessments. Delivery Units to explore how to extend Aseptic Non-Touch Technique training, including competency assessment with all staff groups including Medical staff and Allied Health Care Professional groups. Improvement work is underway to improve HCAI data shared with Delivery Units. Additional staff education is being delivered by the IPC nursing team at Induction for new Nursing Registrants and also with New Health Care Support Workers focusing on UTI prevention and improving the quality of sample collection for suspected UTI and bacteraemia
Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> There were 11 cases of <i>Staph. Aureus</i> bacteraemia in May 2019. This is below the projected monthly IMTP profile of 14 cases. 73% were hospital acquired infections (HAI). Around 50% of the HAI cases were associated with invasive devices or the patient had recently undergone an invasive procedure 	<p>Number of healthcare acquired S.aureus bacteraemias cases</p> <p>Number S.Aureus cases Bridgend Number S.Aureus cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Delivery Units to focus on increasing the number of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements. Improvement activities will continue to focus on the risk associated with the presence of invasive devices, reducing the number of unnecessary Invasive device. Improvement work underway to improve HCAI data shared with Delivery Units.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 11 <i>Clostridium difficile</i> toxin positive cases in May. This is below the IMTP projected profile (12 cases), and a reduction in the number of cases reported in the same period 2018-19. There has been a significant increase in the number of cases during May compared to the previous month. The Health Board incidence per 100,000 population is currently 21.67. This is currently below the All Wales incidence of 27.26 /100,000 population. Seasonal variations are to be expected. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	Number of healthcare acquired C.difficile cases <p>Number C.Diff Cases Bridgend Number of C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> Continued focus on investigating each case thoroughly to identify where improvements can be made. Focus on auditing patient mattresses decontamination and replacement Pharmacy to monitor compliance with restriction of Co-amoxiclav, with feedback to Delivery Units. Primary Care antimicrobial guidelines review commenced. Restricting use of Co-amoxiclav more complex in Primary Care than in Secondary Care as limited oral antibiotic alternatives available. Lesser impact on community <i>Clostridium difficile</i> cases anticipated. Review use of environmental decontamination and develop a plan for a Health Board wide approach Improvement work underway to improve HCAI data shared with Delivery Units.
Serious Incidents- <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	<ul style="list-style-type: none"> The Health Board reported 13 Serious Incidents for the month of May 2019 to Welsh Government. Last Never Event reported was on 14th May 2019. In May 2019, the performance against the 80% target of submitting closure forms within 60 working days was 12%. 66 investigations were due to be concluded in May 2019, however only 18 closure forms were submitted. 	Serious incidents closed within 60 days <p>% SIs assured ABM (inc. Bridgend) % SIs assured SB UHB (exc. Bridgend) Profile</p>	<ul style="list-style-type: none"> Changes to Pressure Ulcer Serious Incidents reporting has reduced the denominator for the Health Board and we now report on all MH & LD deaths (regardless of cause of death) and the combination of the two has resulted in the decrease in performance. Corporate Nursing together with the NHS Wales Delivery Unit have developed an improvement action plan for MH/LD services, specifically to improve MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality.

Description	Current Performance	Trend	Actions planned for next period
30 day response rate for concerns- The percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	<ul style="list-style-type: none"> The overall Health Board response rate for responding to concerns within 30 working days was 79% in March 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery units to monitor compliance of the Health Board target of 80% 	Response rate for concerns within 30 days  <p>Legend: 30 day response rate — Profile</p>	<ul style="list-style-type: none"> Performance is discussed at all Unit performance meetings. For the first 7 months of this financial year the Health Board has achieved 80% in responses for the 30 day target. Ombudsman's Officer to presented to the Consultant Development Day on the 5th June . Concerns, Redress & Assurance Group Terms of Reference to be updated and hold 3 "Putting Things Right" summits with the Units to focus on learning and improvement and key updates in this area.
Number of pressure ulcers Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community	<ul style="list-style-type: none"> In May 2019, there were a total of 49 cases of healthcare acquired pressure ulcers. The number of grade 3+ pressure ulcers in April 2019 was 8, of which 6 were community acquired and 2 was hospital acquired. In January 2019 Welsh Government changed the reporting criteria to exclude suspected deep tissue injury cases. Since this change the Health Board has not reported any reported pressure ulcers as serious incidents. 	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <p>Legend: Grade 3+ pressure ulcers (ABMU inc. Bridgend) Grade 3+ pressure ulcers (SBU HB exc. Bridgend)</p>	<ul style="list-style-type: none"> PUPSG meet quarterly and receive quality improvement and learning reports from each Service Delivery Unit. Quarterly analysis of local pressure ulcer causal factors is undertaken to identify trends and target work streams to reduce risks and achieve a reduction in avoidable pressure ulcers Each SBUHB delivery unit will be supported to refine their improvement work streams and learn how to assurance rate progress for monitoring and support through PUPSG PUPSG's quality improvement work has been shortlisted for the NHS Wales awards The pressure ulcer risk assessment tool used across Wales is changing from Waterlow to PURPOSE T. NPTH will be the pilot site for the digitalisation of nursing risk assessments including PURPOSE T.

Description	Current Performance	Trend	Actions planned for next period
Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 226 in May 2019 compared with 293 in May 2018. The Health Board has agreed a targeted action to reduce Falls causing harm by 10%. 	Number of inpatient Falls 	<ul style="list-style-type: none"> All Service delivery units are providing Falls management / prevention training. Appropriate printed documentation delivered to Delivery Units for immediate use following Launch Date. (To be confirmed). Inaugural meeting of 'Hospital Falls Injury Prevention Strategy Group' held 25/6/19. Comprehensive Falls Training Implementation Plan to be developed for the Health Board.
Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	<ul style="list-style-type: none"> In May 2019, the percentage of electronic discharge summaries signed and sent via eToC was 66% which is 7% more than April 2019. Performance varies between Service Delivery Units (range was 62% to 71% in May 2019) and between clinical teams within the Units. 	% discharge summaries approved and sent 	<ul style="list-style-type: none"> The Executive Medical Director has asked one of the two Deputy Executive Medical Directors to lead on a piece of work to look at e-discharge and improve compliance/completion Background data presented to Director of Nursing and Patient Experience for consideration through Hospital to Home. Methodology for addressing variation in performance to be discussed with Assistant Medical Directors Issue has been discussed at full plenary of Local Medical Committee (LMC) who are supportive of new initiatives

5. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

5.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	64.2%	65.7%										
		Profile	66%	70%	73%	75%	72%	73%	76%	73%	82%	83%	82%	82%
	12 hour A&E waits	Actual	653	591										
		Profile	484	374	273	283	266	238	273	279	211	185	187	180
Stroke	1 hour ambulance handover	Actual	669	629										
		Profile	320	233	201	220	193	200	208	248	241	176	148	145
	Direct admission within 4 hours	Actual	62%	55%										
		Profile	76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%
Planned care	CT scan within 1 hour	Actual	62%	56%										
		Profile	47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%
	Assessed by Stroke Specialist within 24 hours	Actual	96%	93%										
		Profile	87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%
Cancer	Thrombolysis door to needle within 45 minutes	Actual	27%	17%										
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
	Outpatients waiting more than 26 weeks	Actual	172	201										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Acquired Infections	Treatment waits over 36 weeks	Actual	1,952	2,076										
		Profile	2,042	2,038	2,125	2,135	2,106	2,098	1,957	1,999	2,135	2,046	1,956	1,921
	Diagnostic waits over 8 weeks	Actual	401	393										
		Profile	480	400	390	370	330	250	180	150	130	100	50	0
Quality & Safety Measures	NUSC patients starting treatment in 31 days	Actual	71%	86%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	86%	90%										
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Workforce Measures	Number of healthcare acquired C.difficile cases	Actual	1	3										
		Profile	8	5	6	8	6	5	6	6	6	7	6	6
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	7	7										
		Profile	4	5	3	4	4	3	3	4	3	4	4	4
Workforce Measures	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	7	3	6	4	6	4	4	6	6	8	4	5
		Profile	7	3	6	4	6	4	4	6	6	8	4	5
	Discharge Summaries	Actual	59%	62%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Workforce Measures	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Sickness rate (12 month rolling)	Actual	6.11%											
		Profile			5.97%			5.84%			5.72%			5.59%
Workforce Measures	Personal Appraisal Development Review	Actual	65%	65%										
		Profile			72%			77%			80%			85%
	Mandatory Training	Actual	71%	72%										
		Profile			78%			85%			85%			85%

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

5.1 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Only one case of toxin positive HCA c. difficile infection in April 19 • 92% of complaints responded to within 30 days (HB target 80%) • No increase in informal complaints despite hospital pressures • Renal Dept shortlisted for this year's NHS Wales Awards • Secured Macmillan funding for Sarcoma Clinical Nurse Specialist to support sarcoma patients in SE Wales • Additional lap chole patients treated through second CEOPD • MpMRI capacity for the prostate cancer diagnostic pathway commissioned to commence end of June • A Matron with a Quality Improvement remit appointed • Replacement of the air handling unit within HSDU funding agreed • Theatre light replacement programme commenced • Approval given to commission 6 trolleys in Singleton Hospital to support elective surgical activity • The Welsh Centre for Burns and Plastic Surgery are hosting a symposium with counterparts from Northern Ireland in June 	<ul style="list-style-type: none"> • Hospital-wide audit of compliance with SAFER bundle and patients receiving IV antibiotic treatment in hospital • Develop clear plans for our local Trauma Network requirements • Develop sustainable plans for sarcoma service, hot lap choles, SNB, Pancreatic surgery, vascular access and cardiology treat and repatriate • Implement new ambulatory emergency care pathways for medicine • Further improve timely access to CT for stroke patients • Handover of the Plastic Surgery Treatment Unit scheduled for late June • Primary care pathway for oral medicine patients starting early in Q2 • Recruitment to 6 Consultant Anaesthetist posts • Develop plans to reduce delayed transfers of care within Critical Care • Develop an ED recruitment plan including ANPs, junior and senior clinical fellows, to support timely assessment and decision-making • Fully staff Paediatrics 24/7 with the aim of securing training accreditation • Action plan developed to mitigate risk of lack of nurse staffing
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • A programme of clinical presentations to executive board scheduled focusing on NIV service, Vascular, Spinal Surgery and Paediatric Unscheduled pathways • SBAR submitted to Execs supporting pancreatic outsourcing • Awaiting decision from WG on new critical care funding • Transformation bid submitted to expand home nocturnal dialysis • Procurement tender progressing to replace renal dialysis machines • Following HEIW review, proposal to appoint 5 Physician's Associates within T&O and Spinal Services • Discussions planned with Hywel Dda re Thyroid surgery service • Business case under development for a hybrid theatre • Snr Matron for Critical Care appointed, delivering senior leadership and enabling unit skill mix review and succession planning • Plans to develop a Consultant Radiographer role • Improvement work in ED triage to improve flow to minors 	<ul style="list-style-type: none"> • USC risks score ↑ to 25 due to significant increase in medically fit patients resulting in adverse impact on ambulance offloads, ED crowding, staff morale, impact on planned care and financial position • Over 145 elective orthopaedic and spinal cases lost since Jan 2019 due to breaching of the clean orthopaedic ward to manage hospital pressures • Winter surge arrangements remain open • Change to pension taxation arrangements impact on medical staff undertaking additional clinical and leadership work, • Cardiac theatre scrub cover to maintain cardiac surgery • Single cancer pathway and impact on diagnostic capacity • Delay in recruitment for key roles such as Head of Sterile Services due to vacancy scrutiny delays • ICU consultant gaps affecting on call cover and support to Singleton Hospital • Lack of effective IT system within the Emergency Department

5.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	95.2%	97.4%										
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	-	100%										
		Profile	76%	95%	89%	96%	97%	87%	89%	90%	87%	82%	83%	94%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0										
		Profile	3	3	0	0	0	0	1	1	1	0	1	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	1	0										
		Profile	0	0	0	1	1	0	1	0	1	1	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	0										
		Profile	0	2	1	2	1	1	3	1	2	2	1	0
Quality & Safety Measures	Discharge Summaries	Actual	74%	71%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual												
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.38%											
		Profile			5.00%			4.80%			4.60%			4.30%
	Personal Appraisal Development Review	Actual	80%	79%										
		Profile			75%			80%			85%			90%
	Mandatory Training	Actual	84%	85%										
		Profile			75%			80%			85%			90%

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

5.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • DToC is at lowest level and lowest bed days lost since May 2018. • 100% compliance with the 62-day wait target for cancer services; • Waiting times targets achieved in medical specialties, Rheumatology and Therapy services • Nurse Led Virtual Clinics commenced in May in Diabetes; • Co-production commenced in General Medicine; • Positive evaluation of Occupational Therapy impact on patients care in OPAS via winter pressure monies; • Positive first year evaluation of Macmillan funded Head and Neck Cancer Nutrition and Dietetic Service; • Specialist Nurse in RDC is a finalist in the RCNI nurse of the year; • PADR survey taken of all staff, with action plans and feedback developed for SMT in July. 	<ul style="list-style-type: none"> • Support transition of maternity structure to SSDU by 01/07; • Supporting Medical Ward teams through the OCP process; • Support the development and establishment of a stroke ESD remodelling; • Increasing elective surgical activity to support RTT; • Develop primary care services for therapies; • Develop MDT neonatal services; • Recruitment of Registered Nurses; • Undertake Therapies restructure; • ALN report to Executive Directors; • Implementation of HEPMA Phase 1 at NPT Hospital; • Active participation in Hospital-to-Home project; • To reduce the FUNB Rheumatology and waits for DEXA scans at POW • To reduce the spend on FP10s in Rheumatology; • Primary care FCP developments.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Work with our communities to develop sustainable solutions to well-being by developing social enterprise opportunities; • Opportunity for evaluating and developing services across the board in light of health board restructures; • Remodelling of therapy management and financial structures • Develop primary care OT posts to address the preventative and early intervention needs of our population; • Development of pharmacist advanced practice and consultant posts; • Re-structure of primary care pharmacy team (due to staff loss) to support long-term work agenda and pharmacy contract with PCC; • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format; • Paediatric therapists planning to work with 'Playbus' in Swansea communities during summer holidays; 	<ul style="list-style-type: none"> • Capacity within the community for discharges; • Nurse recruitment challenges; • MIU staffing pressures due to sickness absence, awaiting recruitment; • Staffing challenges to support surge capacity; • Loss of pharmacists to cluster & practice based roles; • Recruitment issues for pharmacy technicians; • Increased workload from NICE/New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes; • Impact of Bridgend boundary changes; • Devolved management and financial therapy budgets leads to governance issues and the reduces ability of therapy services to remodel, flex and respond to patients/ service needs; • WFI WHSCC activity underperforming; • Physiotherapy recruitment – Band 5s and paediatrics; • Potential impact of accommodation restructure with Childrens Centre;

5.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual												
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	12 hour A&E waits	Actual												
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	1 hour ambulance handover	Actual	63	18										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	64	117										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	24	28										
		Profile	0	0	0	13	26	39	32	25	18	11	4	0
	Diagnostic waits over 8 weeks	Actual	0	8										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	96%	92%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	72%	56%										
		Profile	91%	94%	93%	96%	96%	94%	94%	94%	95%	95%	95%	96%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	5										
		Profile	2	1	3	3	1	1	2	2	2	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1										
		Profile	2	0	1	2	1	2	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	4										
		Profile	5	4	4	4	4	4	4	2	2	1	1	2
Quality & Safety Measures	Discharge Summaries	Actual	55%	67%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.05%											
		Profile			5.00%			5.00%			5.00%			5.00%
	Personal Appraisal Development Review	Actual	69%	70%										
		Profile			70%			75%			80%			85%
	Mandatory Training	Actual	77%	77%										
		Profile			70%			75%			80%			85%

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

5.3 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • An SBAR for a PET/CT Centre at Swansea Bay UHB got initial approval from IBG • MRI physics business case approved by IBG on 28th May 2019. • Neonatal Unit awarded the Unicef/World Health Organisation Baby Friendly Award, for the promotion of breast feeding • Successful introduction of Sepsis Risk Calculator for the post-natal wards • Joint working with Morriston delivery unit – single point of access and supporting redesign of surgical clinics • Appointment of Clinical Oncology Consultant to cover Gynae-Oncological cancers • Haematology research team have recruited the first patient in the UK into a study looking at treatment options for high risk acute and chronic leukaemia • Strawberry Place Community Glaucoma ODTIC clinics have commenced with positive feedback May 19 	<ul style="list-style-type: none"> • Manage RTT pressures • Improvement in PADR and Mandatory training. • Cancer Performance and scoping of impact of Single Cancer pathway. • Delivering SACT is essential for decreasing the waiting times and delivering NICE approved treatments and clinical trial availability • Replacement of the 2 very old SPECT gamma cameras • Business intelligence remains a priority, extracting data from LIMS and working with external suppliers of Cost per Test Models. • To complete refurb of Ward 12- Agree ward configuration and service delivery model • To continue to push to recruit perm Consultant Haematologists • To review the current CDU infrastructure and create changes to increase capacity, based on the feedback received and the benchmarking work done to date. • Theatre Utilisation Improvement Programme
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Leverage current research project with Philips Medical Systems to benefit Radiotherapy Physics and Patient Pathways • Development of Auto Approval of Radiotherapy Treatment plans, at pilot stage, look to roll out to all treatment sites • Continue to explore the most effective model of Specialist Palliative care day services • Lymphoedema national review identified areas of potential improvement within local service. • Possibility of GP starting to help with oncology clinics • Welsh trained haematology consultant committed to NHS locum for 4 months to assess suitability of substantive post • Invited to support Cancer Care Module in Swansea University • Regular Theatre Scrum meetings to be arranged for Singleton, Neath and Morriston to improve utilisation June 19 	<ul style="list-style-type: none"> • Ongoing pressure of cladding mitigated by operational controls. Engineering plan being developed to support rework and implementation. • Patients in Singleton (DGH and Cancer centre) without Specialist Palliative Care Services. • Workforce deficits – Rehab Engineering, Consultant - Gynae & Cardiology, Medical Junior and Middle Grade gaps and Nursing. • Under delivery Savings Plans. • Cancer tracking and lack of workforce to support. • Radiotherapy Waiting Times. • SPECT gamma cameras requirement for replacement • Loss of consultant Oncologist due to ill health causing significant issues • FUNB • Appointment of Paediatric Consultant to replace retiring Consultant – November 19

5.4 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	97%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	99%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual												
		Profile			100%			100%			100%			100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	89%											
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0										
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	0	0										
		Profile	0	0	0	1	0	0	0	1	0	0	0	0
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	74%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.22%											
		Profile			5.73%			5.63%			5.53%			5.43%
	Personal Appraisal Development Review	Actual	68%	67%										
		Profile			80%			82%			83%			85%
	Mandatory Training (all staff- ESR data)	Actual	81%	81%										
		Profile			80%			82%			83%			85%

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

5.4 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit regularly meets all requirements of sections of the Mental Health Measure. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. • Meeting new target for psychological therapies on a sustainable basis. • Reduced waiting times for opiate substance treatment. 	<ul style="list-style-type: none"> • Ongoing intervention with frequent areas of poor compliance. Awareness on importance of timely discharge summaries with all Clinical Staff. • Recruitment and retention of staff for critical nursing, therapies and medical vacancies. • Hold and improve current rate of sickness through, Staff Health & Wellbeing Action Plan 18/19; Pilot Delivery Unit Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47). • Appoint to medical staffing vacancies or modernise service. • Move with partners to effect transformation of services across MH & LD services.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Mandatory training has improved however, Localities are working to improve this further towards compliance. • A new system for supporting performance on complaints has been put in place with weekly reviews by the Q&S team lead by the Head of Operations to support the localities to respond within the 30 day time scale. • Plan in place to address backlog in Serious Incident Investigations. 	<ul style="list-style-type: none"> • Capacity gaps in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay. • Recruitment market for substantive nursing and medical vacancies. • Security issues in Cefn Coed and Garngoch Hospitals. • Demand and capacity constraints in CMHT's. • Managing the demand for CHC placements and resultant financial risks.

5.5 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned Care	Outpatients waiting more than 26 weeks	Actual	0	5										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	86%	0%										
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	1	3										
		Profile	4	3	3	4	4	3	3	3	3	4	4	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	1	0	0	0	0	0	1	0
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	3	3										
		Profile	5	9	8	5	5	5	6	10	9	5	11	6
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	17	15										
		Profile	29	27	26	29	27	30	29	22	24	29	30	32
	E.Coli cases (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.37%											
		Profile			5.28%			TBC			TBC			TBC
	Personal Appraisal Development Review	Actual	79%	79%										
		Profile			80%			82%			83%			85%
	Mandatory Training	Actual	86%	86%										
		Profile			85%			85%			85%			85%

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

5.5 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Partnership working with Local Authorities in managing contentious and challenging Continuing Health Care and Funded Nursing Care cases. The Community Pharmacy Blood Bourne Virus (BBV) has been established in one community pharmacy in Neath Port Talbot. Community Pharmacies across SBUHB delivered a 45% increase in the number of Common Ailments Service consultations carried out in May compared with April (732 consultations) Increased link made with other agencies to ensure Sexual Health provision is delivered to the vulnerable. Significant progress continues to be made within the Cwmtawe Cluster in implementing the Whole System Transformation model and good progress with phase 1a Neath Cluster rollout. SBU Health Board Clusters were winners of the All Wales Continuous Improvement Community's (AWCIC) Annual Awards 2019, supported by Academi Wales for work undertaken in addressing pre-diabetes in the community. Gorseinon Hospital have had a successful month after picking up awards at both the Chairman's VIP Awards and All Wales Continuous Improvement Community's (AWCIC) Annual Awards 2019 	<ul style="list-style-type: none"> The Powys All Wales Retrospective Team closed in March 2019, 60 cases transferred back to SBUHB. All these cases breached prior to transfer and will be managed by the in-house Retrospective Team. Latest Sexual Health Wales surveillance Scheme quarterly report April 2019 showed marked increases in chlamydia, gonorrhoea and syphilis. The service is looking at ways to address situation. The primary care management team are working collaboratively with ophthalmology colleagues for community optometrists with additional skills to support secondary care with the backlog of glaucoma patients Oral Medicine Pathway- draft service specification being developed. Formal tender to be undertaken following finalisation of the specification. Continue planning for phase 2 whole system transformation roll out to Upper Valleys and Llchwyr in July 2019.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Expansion of Primary Care Audiology in Afan and Neath expected in July The Minister announced a £100,000 funding package for specialist minor ailment and clinical skills training across Wales. Primary care management team in discussions with Health Education and Improvement Wales and Swansea University to ascertain how this is facilitated and delivered on a local level Implementing MCAS clinics in Cwmtawe and Upper Valley Cluster Review and update pain management programme with additional member of staff (Psychologist) on board 	<ul style="list-style-type: none"> Insufficient workforce in Long Term Care to manage the growing workload demand from the private sector in terms of managing DATIX, Escalating Concerns Process, and safeguarding. Eye Care Stroke Pathway Pilot- (Cwmtawe Transformation)- meeting arranged June 2019 to discuss concerns raised with pathway by Interim Head of Orthoptics. Links made with safeguarding midwife to inform them of any ongoing pregnancies from the Pregnancy Advisory Service following a concealed pregnancy and the death of a baby









APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU										SBU			
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 18/19	97%	95%			95.3%						96%			96%			97%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 18/19	91%	95%	93%	✗	92.4%			91%			90%			91%			91%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q3 18/19	89%	4 quarter ↑ trend			90.4%			81%			73%			89%						
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-19	68.3%	75%	70%	✗	68.8%							42.5%	59.3%	66.1%	67.5%	68.0%	68.3%			
	% uptake of influenza among under 65s in risk groups	National	Mar-19	44.0%	55%	65%	✗	48.5%							25.3%	34.0%	40.4%	41.7%	42.6%	44.0%			
	% uptake of influenza among pregnant women	National	2017/18	93.3%	75%		✓	72.7%															
	% uptake of influenza among children 2 to 3 years old	National	Mar-19	49.3%		40%	✓	57.9%															
	% uptake of influenza among healthcare workers	National	Mar-19	54.5%	60%	50%	✓								20.4%	35.9%	46.0%	47.2%	47.7%	49.3%			
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%													
	% of adult smokers who make a quit attempt via smoking cessation services	National	Mar-19	2.6%	5% annual target	2.9%	✗	2.2%		0.5%	0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.8%	2.1%	2.3%	2.6%			
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 18/19	55.4%	40% annual target	40.0%	✓	43.8%			62%			57%			55%						
Learning Disabilities	% people with learning disabilities with an annual health check	National			75%					Awaiting publication of 2018/19 data.													
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National			4 quarter ↓					New measure for 2019/20. Awaiting publication of data													
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	Performance Trend	ABMU										SBU			
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
Prescribing	Opioid average daily quantities per 1,000 patients	National			4 quarter ↓					New measure for 2019/20- awaiting publication of data.													
	Patients aged 65 years or over prescribed an antipsychotic	National			qtr on qtr ↓					New measure for 2019/20- awaiting publication of data.													
	Total antibacterial items per 1,000 STAR-PUs	National	Q3 18/19	331	4 quarter ↓			303.4			307			289			331						
Antimicrobial Audits	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	National	Q3 18/19	8%	4 quarter ↓			7.6%			10%			10%			8%						
	% indication for antibiotic documented on medication chart	Local	Mar-19	90%		95%	✗					87%		94%		90%		90%		92%			
	% stop or review date documented on medication chart		Mar-19	56%		95%	✗					61%		54%		56%		56%		55%			
	% of antibiotics prescribed on stickers		Mar-19	47%		95%	✗					77%		73%		78%		47%		75%			
	% appropriate antibiotic prescriptions choice		Mar-19	96%		95%	✓					96%		97%		95%		96%		96%			
	% of patients receiving antibiotics for >7 days		Mar-19	13%		20%	✓					8%		15%		9%		13%		7%			
	% of patients receiving surgical prophylaxis for > 24 hours		Mar-19	46%		20%	✗					25%		8%		73%		46%		39%			
	% of patients receiving IV antibiotics > 72 hours		Mar-19	47%		30%	✗					41%		49%		42%		47%		31%			
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-19	75.9	<67			79.85		96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0	85.0	75.9	
	Number of E.Coli bacteraemia cases (Hospital)	National	May-19	7		9	✓			15	10	20	16	15	17	23	15	11	15	21	10	7	
	Number of E.Coli bacteraemia cases (Community)			15		27	✓			28	31	31	30	34	24	30	23	17	16	22	17	15	
	Total number of E.Coli bacteraemia cases			22		36	✓			43	41	51	46	49	41	53	38	28	31	43	27	22	
	Cumulative cases of S.aureus bacteraemias per 100k pop	National	May-19	37.2	<20					39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6	40.9	37.2	
	Number of S.aureus bacteraemias cases (Hospital)	National	May-19	8		5	✗			8	7	8	9	7	7	5	9	9	4	11	8		
	Number of S.aureus bacteraemias cases (Community)			3		9	✓			13	12	9	11	3	5	10	6	9	7	7	3	3	
	Total number of S.aureus bacteraemias cases			11		14	✓			21	19	17	20	10	12	17	11	18	16	11	14	11	
	Cumulative cases of C.difficile per 100k pop	National	May-19	21.7	<26					49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5	9.4	21.7	
	Number of C.difficile cases (Hospital)	National	May-19	8		9	✓			13	10	24	8	5	15	9	5	3	4	3	2	8	
	Number of C.difficile cases (Community)			3		3	✓			5	5	5	7	4	4	1	11	4	3	5	1	3	
	Total number of C.difficile cases			11		12	✓			18	15	29	15	9	19	10	16	7	7	8	3	11	
	Cumulative cases of Klebsiella per 100k pop	National	May-19	15.5																28.6	15.7	15.5	
	Number of Klebsiella cases (Hospital)	National	May-19	4		5	✓			5	6	1	6	6	11	5	11	10	15	4	2	4	
	Number of Klebsiella cases (Community)			1		7	✓			9	3	6	6	6	9	9	1	6	5	4	3	1	
	Total number of Klebsiella cases			5		12	✓			14	9	7	12	12	20	14	12	16	20	8	5	5	
	Cumulative cases of Aeruginosa per 100k pop	National	May-19	9.3																5.8	9.4	9.3	
	Number of Aeruginosacases (Hospital)	National	May-19	1		1	✓			2	1	2	1	0	2	4	2	0	0	0	3	1	
	Number of Aeruginosa cases (Community)			2		2	✓			3	2	1	0	3	0	2	3	0	2	0	0	2	
	Total number of Aeruginosa cases			3		3	✓			5	3	3	1	3	2	6	5	0	2	0	3	3	
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-19	97%		95%	✓			96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%	96%	97%	
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 18/19	0	0			2			2			-			0						
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	May-19	12%	90%	75%	✗	28.0%		85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%	70%	12%	
	Number of new Never Events	National	May-19	1	0	0	✗	2		0	0	0	0	0	0	0	0	0	0	1	0	1	
	Number of risks with a score greater than 20	Local	May-19	66		12 month ↓	✓			57	60	67	77	73	66	45	48	53	54	51	72	66	
	Number of risks with a score greater than 16	Local	May-19	151		12 month ↓				New local measure for 2019/20												167	151
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Apr-19	15		12 month ↓	✗			12	10	22	14	7	13	8	12	6	17	15	15		
	Number of Safeguarding Children Incidents	Local	May-19	10		0	✗			11	5	12	14	3	10	9	3	13	7	7	6	10	
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Local	Mar-19	0	12 month ↓	1,992	✗	2		0	0	0	0	0	0	0	1	0	0	0			
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Local	May-19	16		12 month ↓	✓			47	39	56	45	53	47	40	40	50	45	64	29	16	
	Number of grade 3+ pressure ulcers acquired in hospital	Local	May-19	2		12 month ↓	✓			1	2	3	1	1	6	3	3	4	10	7	1	2	
	Total Number of pressure ulcers developed in the community	Local	May-19	33		12 month ↓	✓			80	81	68	88	71	60	62	58	77	62	47	34	33	
	Number of grade 3+ pressure ulcers developed in the community	Local	May-19	6		12 month ↓	✓			14	15	11	13	8	9	12	13	16	11	10	10	6	
Inpatient Falls	Number of Inpatient Falls	Local	May-19	226		12 month ↓	✓			357	326	300	290	328	293	291	300	341	276	326	210	226	
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14													
Mortality	Amenable mortality per 100k of the European standardised population	National	2016	142.9	Annual ↓			140.6		2016= 142.9													
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q3 18/19	2	4 quarter ↓			17		1		3			2								
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	National	Mar-19	43%	12 month ↑			93%		26%	18%	34%	23%	40%	50%	40%	53%	18%	43%	43%			
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	National	Nov-18	55%	12 month ↑			83%		48%	34%	44%	41%	53%	75%	55%	-	-	-	-			

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	ABMU											SBU	
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
DTCs	Number of mental health HB DTCs	National	May-19	23	12 month ↓	27	✓			22	30	27	30	29	28	26	25	29	26	21	18	23
	Number of non-mental health HB DTCs	National	May-19	67	12 month ↓	65	✗			64	75	74	85	69	84	125	117	104	87	112	49	67
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	May-19	98%	95%	95%	✓	77.0%		92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98.1%	98.5%	97.8%
	Stage 2 mortality reviews required	Local	May-19	13						14	16	12	19	19	16	22	17	7	10	22	21	13
	% stage 2 mortality reviews completed	Local	Mar-19	50%		100%				64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.57%	20.00%	50.00%		
	Crude hospital mortality rate (74 years of age or less)	National	Apr-19	0.79%	12 month ↓			0.70%		0.80%	0.80%	0.79%	0.78%	0.78%	0.79%	0.79%	0.79%	0.78%	0.78%	0.79%	0.79%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-19	90.6%		98%	✓			98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%	90.6%	98.26%
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	May-19	84%	85%					64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%	84%	84%
Coding	% of episodes clinically coded within 1 month of discharge	National	Apr-19	96%	95%	95%	✗	87.1%		93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	92%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2018/19	91%	Annual ↑			92.3%		2018/19= 91.2%												
E-TOC	% of completed discharge summaries	Local	May-19	66%		100%	✗			64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%	59.0%	66.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q2 18/19	100%	100%	100%	✓	98%			100%			100%			100%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 18/19	78	10% annual ↑	79	✗				60			67			78					
	Number of Health and Care Research Wales commercially sponsored studies		Q3 18/19	31	5% annual ↑	35	✗				17			22			31					
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 18/19	1,463	10% annual ↑	1,821	✗				732			1,116			1,463					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 18/19	99	5% annual ↑	316	✗				46			59			99					

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	Performance Trend	ABMU											SBU	
										May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97												
	Number of new formal complaints received	Local	Apr-19	93		12 month ↓ trend	✓			119	90	126	126	114	140	91	84	138	96	114	93	95
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Feb-19	83%	75%	78%	✓	58.5%		83%	80%	81%	81%	83%	88%	90%	80%	84%	83%	79%		
	% of acknowledgements sent within 2 working days	Local	Apr-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National								New measure for 2019/20												
	% 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	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%												
	% 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	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Mar-19	3,350	> 5% annual ↓			13,685		4,187		3,528	3,544	3,490	3,332		3,364		3,373	3,350		
Dementia	% of patients aged ≥75 with an Anticholinergic Effect on Condition of ≥3 for items on active repeat	National	Q3 18/19	8.0%	4 quarter ↓			7.2%			8.0%			8.0%			7.9%					
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																								
ABMU																						SBU		
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	National	Q4 18/19	167.1		4 quarter ↑			161.1				101.2			103.6			120.0			167.1		
	Rate of calls to the Wales dementia helpline per 100k pop.	National	Q4 18/19	7.4		4 quarter ↑			7.7				5.4			5.1			8.3			7.4		
	Rate of calls to the DAN helpline per 100k pop.	National	Q4 18/19	34.0		4 quarter ↑			29.6				33.7			30.1			24.4			34.0		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-19	89%		90%	90%	✓	89.5%		90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%	91%	89%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Apr-19	100%		100%	100%	✓	100.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	May-19	3,800			12 month ↑	✗			4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	3,350	3,800
	% of who would recommend and highly recommend	Local	May-19	96%			90%	✓			95%	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%	95%	96%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	May-19	81%			90%	✗			87%	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	91%	81%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																								
ABMU																							SBU	
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
DNAs	% of patients who did not attend a new outpatient appointment <i>(selected specialities only)</i>	Local	May-19	5.4%		12 month ↓		✓	6.2%		6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.2%	4.9%	5.3%	5.4%
	% of patients who did not attend a follow-up outpatient appointment <i>(selected specialities only)</i>	Local	May-19	6.7%		12 month ↓		✓	7.5%		6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%	6.5%	6.7%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-19	70.0%			90%	✗			72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%	75%	70%
	% of theatre sessions starting late	Local	May-19	43.0%			<25%	✗			41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%	43%	43%
	% of theatre sessions finishing early	Local	May-19	42.0%			<20%	✗			39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%	36%	42%
Critical Care	% critical care bed days lost to delayed transfer of care	National									New measure for 2019/20. Awaiting publication of data													
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 18/19	77.0%		Quarter on quarter ↑			87.0%				20.9%			77.0%			56.9%					
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National				4 quarter ↓					New measure for 2019/20. Awaiting publication of data													
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-19	64%		85%	68%	✗	68.1%		64%	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%	64%	64%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%		Improvement			54%		2018= 55%													
	Overall staff engagement score – scale score method	National	2018	3.81		Improvement			3.82		2018= 3.81													
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-19	76%		85%	77%	✗	77.6%		53%	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%	77%	76%
	% workforce sickness and absent (12 month rolling)	National	Apr-19	5.97%		12 month ↓			5.29%		5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.95%	5.92%	5.92%	5.97%	
	% 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	Previous Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	National	2017/18	48%		Annual ↓			42.2%		2017/18= 48%													
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Mar-19	89%		Annual ↑	95%	✗	86%		82%	82%	82%	84%	78%	88%	88%	88%	88%	89%	89%	89%	86%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Mar-19	97%		Annual ↑	95%	✓	89%		94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	97%		
	% of population regularly accessing NHS primary dental care	National	Dec-18	62.3%		4 quarter ↑			55%				62.5%			62.4%			62.3%					
Out of Hours/ Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-19	74%		65%	65%	✓	70.3%		78%	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	66%	74%
	Number of ambulance handovers over one hour	National	May-19	647		0	233	✗	3,181		526	452	351	443	420	526	590	628	842	1,164	619	928	732	647
	Handover hours lost over 15 minutes	Local	May-19	1,933								1,198	893	1,121	1,071	1,257	1,472	1,595	2,238	3,312	1,682	2,574	2,228	1,933
	% 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	May-19	76%		95%	80.0%	✗	76%		75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	75%	76%
	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	May-19	591		0	374	✗	5,109		737	624	476	590	511	588	680	665	756	986	685	862	653	591
	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-19	72.7%		12 month ↑			76.8%		72.4%	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%	74.6%	72.7%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	May-19	55%		58.9%	77%	✗	52.6%		34%	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	62%	55%
	CT Scan (<1 hrs)	Local	May-19	56%		54.50%	52%	✓	58.8%		41%	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	62%	56%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	May-19	93%		84.4%	89%	✓	84.7%		84%	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	96%	93%
	Thrombolysis door to needle <= 45 mins	Local	May-19	17%		12 month ↑	25%	✗	33.9%		0%	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	27%	17%
Planned Care	% of patients waiting < 26 weeks for treatment	National	May-19	88.0%		95%			88.6%		87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	89%	88%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-19	323		-	0	✗	16,237		166	120	55	30	105	89	65	125	94	153	315	207	236	323
	Number of patients waiting > 36 weeks for treatment	National	May-19	2,104		0	2,038	✗	8,985		3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	1,976	2,104
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-19	401		0	400	✗	2,781		702	790	915	740	811	762	735	658	693	603	558	437	401	401
	Number of patients waiting > 14 weeks for a specified therapy	National	May-19	0		0	0	✓	4		0	1	0	0	0	0	0	0	0	0	0	0	0	0
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Local	Apr-19	42,538							66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	42,538	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	National	Apr-19	14,102		12 month ↓	15,341	✓	152,350		24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	14,102	
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	May-19	95%		98%	98%	✗	96.8%		92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	93%	94%	95%
	% 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	May-19	80%		95%	94%	✗	85.8%		77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	84%	88%	80%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Apr-19	86%		80%	80%	✓	75.6%		84%	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%	77%	86%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Apr-19	98%		80%	80%	✓	81.4%		79%	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%	87%	98%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Mar-19	99%		100%	100%	✗	100%				100%			100%			100%			99%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-19	100%		95%	95%	✓			62%	61%	62%	50%	61%	62%	62%	62%	63%	68%	100%	100%	100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-19	100%			100%	✓			100%	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%	97%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-19	43%		80%	80%	✗			94%	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%	47%	43%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Apr-19	3%			80%	✗			43%	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%	16%	3%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Apr-19	92%			80%	✓			62%	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%	85%	92%	
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Apr-19	100%			90%	✓			75%	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%	92%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Apr-19	62%			80%	✗			63%	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%	90%	62%	

APPENDIX 2: LIST OF ABBREVIATIONS

ABMU HB	Abertawe Bro Morgannwg University Health Board
ACS	Acute Coronary Syndrome
AOS	Acute Oncology Service
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CT	Computerised Tomography
CTM UHB	Cwm Taf Morgannwg University Health Board
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
ESD	Early Supported Discharge
ESR	Electronic Staff Record
eTOC	Electronic Transfer of Care
EU	European Union
FTE	Full Time Equivalent
FUNB	Follow Up Not Booked
GA	General Anaesthetic
GMC	General Medical Council
GMS	General Medical Services
HB	Health Board
HCA	Healthcare acquired
HCSW	Healthcare Support Worker
HYM	Hafan Y Mor
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
IPC	Infection Prevention and Control
IV	Intravenous

JCRF	Joint Clinical Research Facility
LA	Local Authority
M&S training	Mandatory and Statutory training
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
NDD	Neurodevelopmental disorder
NEWS	National Early Warning Score
NICE	National Institute of Clinical Excellence
NMB	Nursing Midwifery Board
NPTH	Neath Port Talbot Hospital
NUSC	Non Urgent Suspected Cancer
NWIS	NHS Wales Informatics Service
OD	Organisational Development
ODTC	Ophthalmology Diagnostics Treatment Centre
OH	Occupational Health
OPAS	Older Persons Assessment Service
OT	Occupational Therapy
PA	Physician Associate
PALS	Patient Advisory Liaison Service
P-CAMHS	Primary Child and Adolescent Mental Health
PCCS	Primary Care and Community Services
PDSA	Plan, Do, Study, Act
PEAS	Patient Experience and Advice Service
PHW	Public Health Wales
PKB	Patient Knows Best
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
PROMS	Patient Reported Outcome Measures
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
SAFER	Senior review, All patients, Flow, Early discharge, Review
SARC	Sexual Abuse Referral Centre
SBAR	Situation, Background, Analysis, Recommendations
SBU HB	Swansea Bay University Health Board
S-CAMHS	Specialist Child and Adolescent Mental Health
SDU	Service Delivery Unit
SI	Serious Incidents
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
SOC	Strategic Outline Case
StSP	Spot The Sick Patient
SACT	Systematic Anti-Cancer Therapy
TAVI	Transcatheter aortic valve implantation
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
WFI	Welsh Fertility Institute
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WLI	Waiting List Initiative
W&OD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System