



**GIG
CYMRU
NHS
WALES** | Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th March 2020	Agenda Item	3.3
Report Title	Quality & Safety Performance Report		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Interim Director of Finance & Performance		
Presented by	Chris White, Chief Operating Officer Gareth Howells, Director of Nursing and Patient Experience Richard Evans, Executive Medical Director Keith Reid, Deputy Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2019/20 NHS Wales Delivery Framework.		
Key Issues	<p>This Quality and Safety Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>Unscheduled Care- In February 2020 the Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95% and Morriston Hospital's performance improved from 60.73% in January to 63.52% in February 2020. Overall the Health Board's performance against the 4 hour target improved from 71.6% in January 2020 to 74.08% in February 2020. This was mirrored in improved performance against the 12 hour A&E target, ambulance handovers over 1 hour and ambulance response to red calls within 8 minutes.</p> <p>Planned Care- Waiting times for outpatient appointments improved in February 2020 however, waiting times for elective treatment deteriorated. The planned care position continues to be robustly managed in order to deliver the best possible position at the end of quarter 4.</p> <p>Diagnostic waiting times- The number of patients waiting over 8 weeks for Echo Cardiograms in February 2020 significantly reduced in line with the recovery plan developed by the service.</p>		

Morriston, Georgia
03/25/2020 16:25:15

	<p>Therapy waiting times- In February 2020, there was 1 patient waiting over 14 weeks for Occupational Therapy (Learning Disabilities). Assurance has been provided that a nil position will be achieved in March 2020.</p> <p>Child and Adolescent Mental Health Services (CAMHS)- In February 2020, 0% of routine assessments were undertaken within 28 days of referral. This was due to a vacancy in the Swansea area which resulted in a reduction in activity. The service continue to aim to significantly improve this position by the end of March 2020 and is making every effort to improve performance through Waiting List initiatives and recruitment of staff.</p> <p>Serious Incidents closures- Performance against the 80% target improved slightly from 28% in January 2020 to 29% in February 2020. Out of the 13 that did not achieve the target, 7 related to Mental Health and Learning Disability and 3 were attributed to Morriston Delivery Unit. Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board's position due to the high volume of cases assigned to the Unit.</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. 			

Marston, Georgia
03/25/2020 16:25:15

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

Marston, Georgia
03/25/2020 16:25:15

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • 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 		

<p>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.</p> <ul style="list-style-type: none"> • Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in February 2020. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report

Performance report cycle

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

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

Marston, Georgia
03/25/2020 16:25:15



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Appendix 1- Quality & Safety Performance Report

March 2020



Marston, Georgia
03/25/2020 16:25:15

CONTENTS PAGE

	Page numbers:
1. OVERVIEW	9
2. SUMMARY	10-12
3. STAYING HEALTHY	
3.1 Overview	13
3.2 Updates and actions:	14
• Childhood Immunisations	
4. SAFE CARE	
4.1 Overview	15-16
4.2 Updates and actions:	
• Healthcare acquired infections	17-18
• Serious Incidents and Never Events	18
• Pressure Ulcers	19
• Inpatient Falls	19
5. EFFECTIVE CARE	
5.1 Overview	20
5.2 Updates and actions:	
• Delayed transfers of care	21
• Fractured Neck of Femur	22-23
• Discharge Summaries	24
6. DIGNIFIED CARE	
6.1 Overview	25
6.2 Updates and actions:	26
• Complaints	

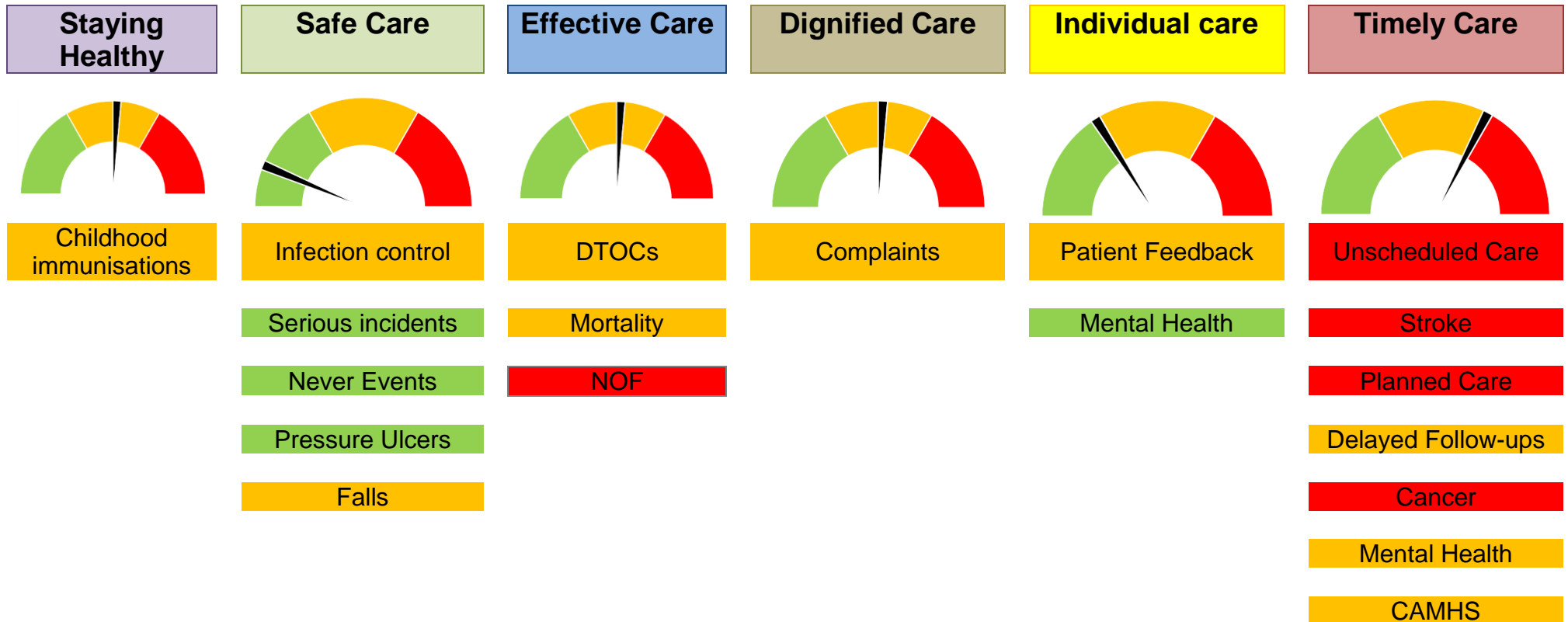
Marston General
 03/25/2020 16:33:15

7. INDIVIDUAL CARE	
7.1 Overview	27
7.2 Updates and actions:	28
• Patient Feedback	
8. TIMELY CARE	
8.1 Overview	29-31
8.2 Updates and actions:	
• Unscheduled Care	32-35
• Stroke	36-38
• Planned Care (RTT and Diagnostics & Therapy waiting times)	39-41
• Cancer	42-43
• Delayed Follow-ups	44
• Mental Health Measures	45
• Child & Adolescent Mental Health (CAMHS)	46
 APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD	 47-50
 APPENDIX 2: LIST OF ABBREVIATIONS	 51-52

Marston, Georgia
03/25/2020 16:25:15

1. Overview- Key performance indicators summary

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



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

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

2. Summary

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	96%						95.7%
	% of children who received 2 doses of the MMR vaccine by age 5			93%						92.6%
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	36	6	1	8	16	0	31
	Number of S.aureus bacteraemia cases			16	3	1	2	2	0	8
	Number of C.difficile cases			14	9	0	1	5	0	15
	Number of Klebsiella cases			10	2	0	0	1	0	3
	Number of Aeruginosa cases			2	0	0	1	0	0	1
	Compliance with hand hygiene audits	Local	95%		91.6%	100.0%	90.8%	100.0%	97.1%	93.3%
	Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		1	2	5	1	11
Number of Never Events		National	0		0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		18	0	12	26	0	56
	Total number of Grade 3 + Pressure Ulcers				2	0	0	5	0	7
	Pressure Ulcer (Hosp) patients per 100,000 admissions									390
Falls	Total number of Inpatient Falls	Local	12 month reduction trend		76	48	43	9	31	207
	Falls per 1,000 beddays		Between 3.0 & 5.0							5.68
EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend	27					16	16
	Delayed transfers of care- non-mental health			50	20	30	3	10	6	69
Mortality	Universal Mortality Reviews completed within 28 days	National	95%		98%	100%	100%			98%
	Stage 2 mortality reviews completed within 60 days	Local	100%		64%	-	67%			67%
	Crude Mortality	National	12 month reduction trend		1.33%	0.13%	0.42%			0.71%
Fractured Neck of Femur (NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	75%		78.7%					78.7%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture				58.4%					58.4%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124				70.4%					70.4%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation				74.6%					74.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation				45.4%					45.4%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up				70.9%					70.9%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months				7.8%					7.8%
	% of survival within 30 days of emergency admission for a hip fracture		12 month improvement trend		75.6%					75.6%
	Target Met									
	Target not met but performance within profile									
	Performance outside of profile									

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Complaints	Number of new complaints received	Local	12 month reduction trend		59	7	25	7	5	113
	% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	91%	100%	53%	71%	56%	75%

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		1,364	350	1,120	180	14	3,014
	% of patients who would recommend and highly recommend		90%		96%	97%	95%	92%	64%	95%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		70%	88%	88%	-	-	81%

Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	National	90%						93%	93%
	Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place		100%						100%	100%

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	0	388	664		40			704
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%	80%	63.5%	98.7%	MIU closed			74.1%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0	444	781	0	MIU closed			781

Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	59.8% (UK SNAP average)	83%	62%					62%
	% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)	56%	38%					38%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.2% (UK SNAP average)	95%	97%					97%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend	40%	0%					0%
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		28%					28%

Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		421	0	872	13		1,306
	Number of patients waiting > 36 weeks for treatment	National	0	1,057	4,087	0	1,642	0		5,729
	Number of patients waiting > 8 weeks for a specified diagnostics		0	100	424		0			424
	Number of patients waiting > 14 weeks for a specified therapy		0			0		0	1	1

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

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care										
Category	Measure	Target Type	Target	Internal HB Profile	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 15% by Mar-20	116,671						128,674
	Number of patients delayed by over 100% past their target date		Reduce by at least 15% by Mar-20	21,282						17,747
	Number of patients delayed past there agreed target date (booked and not booked)		Reduce by at least 15% by Mar-20	42,913						41,417
	Number of Ophthalmology patients without an allocated health risk factor		98% by Dec-19	TBC						368
	Number of patients without a documented clinical review date		95% by Dec-19	TBC						177
Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	National	98%	98%	83%	100%	87%			91%
	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral		95%	95%	71%	100%	58%			73%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	80%						93%	77%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS		80%						89%	90%
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA		100%						100%	100%
	% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%						100%	100%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%						100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%						28%	28%
	% of routine assessments undertaken within 28 days from receipt of referral	Local	80%						0%	0%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS		80%						94%	94%
	% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan		90%						100%	100%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)		80%						87%	87%

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

Marston, Georgia
03/25/2020 16:25:15

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

3.1 Overview

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

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

Marston, Georgia
03/25/2020 16:25:15

3.2 Staying Healthy updates and actions

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

Description	Current Performance	Trend	Actions planned for next period																																
Childhood immunisations Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1 Measure 2: % of children who received 2 doses of the MMR vaccine by age 5	Measure 1: As September 2019, 95.7% of children in the Swansea Bay catchment area received the 6 in 1 vaccine by age 1 year. This is above the 95% target and above the all-Wales average of 95.1%. Measure 2: As at September 2019, 92.9% of children received 2 doses of the MMR vaccine by age 5. This was below the 95% target but above the all-Wales average of 92.4%.	Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1 <table border="1"><caption>Measure 1 Data</caption><thead><tr><th>Period</th><th>% children who received 3 doses of the '6 in 1' vaccine by age 1</th></tr></thead><tbody><tr><td>Sep-18</td><td>95.7%</td></tr><tr><td>Dec-18</td><td>95.7%</td></tr><tr><td>Mar-19</td><td>95.7%</td></tr><tr><td>Jun-19</td><td>95.7%</td></tr><tr><td>Sep-19</td><td>95.7%</td></tr><tr><td>Dec-19</td><td>95.7%</td></tr><tr><td>Mar-20</td><td>95.7%</td></tr></tbody></table> Measure 2: % of children who received 2 doses of the MMR vaccine by age 5 <table border="1"><caption>Measure 2 Data</caption><thead><tr><th>Period</th><th>% of children received 2 doses of MMR by age 5</th></tr></thead><tbody><tr><td>Sep-18</td><td>92.9%</td></tr><tr><td>Dec-18</td><td>92.9%</td></tr><tr><td>Mar-19</td><td>92.9%</td></tr><tr><td>Jun-19</td><td>92.9%</td></tr><tr><td>Sep-19</td><td>92.9%</td></tr><tr><td>Dec-19</td><td>92.9%</td></tr><tr><td>Mar-20</td><td>92.9%</td></tr></tbody></table>	Period	% children who received 3 doses of the '6 in 1' vaccine by age 1	Sep-18	95.7%	Dec-18	95.7%	Mar-19	95.7%	Jun-19	95.7%	Sep-19	95.7%	Dec-19	95.7%	Mar-20	95.7%	Period	% of children received 2 doses of MMR by age 5	Sep-18	92.9%	Dec-18	92.9%	Mar-19	92.9%	Jun-19	92.9%	Sep-19	92.9%	Dec-19	92.9%	Mar-20	92.9%	<ul style="list-style-type: none">Waiting lists and cancelled clinics continue to be monitored closely by the primary care team. Current waiting list stands at 191.Health professionals (GP's/ Health Visitors/ School Nurses/ Practice Nurses) are advised to check the immunisation status at every contact.Early planning stages to implement the recommendations of the Measles Eradication Task Group, sponsored by Public Health Wales.Child Health information System SBAR progression stalled as unable to identify resource to perform routine data cleansing. Remains on the Internal Audit Risk Register as red as an overdue action to be undertaken. Has also been raised at Quality and Safety Forum that action to reduce health inequalities in immunisation uptake remains hampered by the Child Health Information System not being able to cleanse data regularly which makes identifying the right children that are due more difficult and risk children being missed or immunisation further delayed
Period	% children who received 3 doses of the '6 in 1' vaccine by age 1																																		
Sep-18	95.7%																																		
Dec-18	95.7%																																		
Mar-19	95.7%																																		
Jun-19	95.7%																																		
Sep-19	95.7%																																		
Dec-19	95.7%																																		
Mar-20	95.7%																																		
Period	% of children received 2 doses of MMR by age 5																																		
Sep-18	92.9%																																		
Dec-18	92.9%																																		
Mar-19	92.9%																																		
Jun-19	92.9%																																		
Sep-19	92.9%																																		
Dec-19	92.9%																																		
Mar-20	92.9%																																		

Marston, Georgia
03/25/2020 16:25:15

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

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	30		16	22	17	15	22	21	13	18	15	10	20	18	16
	PCCS Hospital		0		0	1	0	0	1	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		5	6	7	3	6	12	4	5	5	3	7	10	6
	NPTH		1		2	2	1	0	0	0	1	0	3	1	1	0	1
	Singleton		1		5	8	2	4	0	2	3	0	2	1	4	5	8
	Total		36		31	43	27	22	29	35	22	23	25	15	32	33	31
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	11		7	7	3	3	5	9	3	5	2	3	4	7	2
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		3	2	7	7	2	6	2	2	7	4	4	4	3
	NPTH		0		0	0	1	0	1	1	0	1	1	0	0	1	1
	Singleton		1		2	2	3	1	3	1	2	0	3	4	3	1	2
	Total		16		16	11	14	11	11	17	7	8	13	11	11	13	8
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		3	5	1	3	4	4	5	2	6	4	4	5	4
	PCCS Hospital		1		0	1	0	0	0	0	0	0	1	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		6		4	1	1	3	5	4	3	6	6	9	3	3	9
	NPTH		1		0	0	0	0	0	1	1	1	1	2	1	0	0
	Singleton		2		0	0	1	5	1	4	1	1	5	2	3	3	1
	Total		14		7	8	3	11	10	13	10	10	19	17	11	11	15
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		5	4	3	1	4	4	3	2	0	4	2	1	1
	PCCS Hospital		0		0	1	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		1	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		7	1	1	3	3	1	5	4	3	3	2	6	2
	NPTH		0		0	0	0	0	3	0	0	1	0	0	1	0	0
	Singleton		1		6	2	1	1	1	0	3	2	1	1	1	1	0
	Total		10		20	8	5	5	11	5	11	9	4	8	6	8	3
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		2	0	0	2	4	0	2	0	0	0	1	1	0
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		1		0	0	3	1	1	1	1	0	0	1	1	0	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		0		0	0	0	0	1	0	1	2	1	0	0	2	1
	Total		2		2	0	3	3	6	1	4	2	1	1	2	3	1
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%
	MH&LD				98.1%	96.2%	97.0%	97.5%	97.8%	97.7%	97.1%	96.8%	97.3%	94.4%	93.8%	99.0%	97.1%
	Morriston				95.0%	94.7%	94.2%	97.5%	96.1%	98.2%	95.8%	96.5%	96.2%	99.4%	97.9%	97.0%	91.6%
	NPTH				96.0%	88.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	98.3%	97.4%	100.0%	100.0%
	Singleton				95.3%	94.8%	97.3%	96.7%	95.7%	94.8%	94.9%	95.8%	95.9%	95.0%	95.3%	96.3%	90.8%
	Total				96.2%	94.5%	96.5%	98.1%	97.1%	97.2%	96.0%	96.5%	96.9%	96.7%	96.0%	97.4%	93.3%

Marston Georgia
03/25/2020 16:25:15

Measure	Locality	National/ Local Target	Internal profile		ABMU		SBU											
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
Serious Incidents & Risks																		
Number of Serious Incidents	PCCS	12 month reduction trend			1	0	0	0	0	0	2	1	1	2	4	2	1	
	MH&LD				39	17	2	3	13	6	11	7	10	5	8	4	11	
	Morrison				2	9	7	7	2	4	3	5	5	1	4	2	1	
	NPTH				0	2	1	1	0	2	1	0	1	1	1	2	2	
	Singleton				2	6	5	2	2	3	6	2	2	2	3	4	5	
	Total				49	36	18	13	18	16	23	19	19	11	20	14	20	
Number of Never Events	PCCS	0			0	0	0	0	0	1	0	0	1	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	1	0	1	1	0	0	0	0	0	0	1	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Total				0	1	0	1	1	1	1	0	1	0	1	1	1	0
Pressure Ulcers																		
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			62	47	34	33	23	33	37	25	29	31	24	26		
	PCCS Hospital				0	0	0	0	1	0	0	0	1	0	1	0		
	MH&LD				1	0	0	0	0	0	0	0	0	1	1	0		
	Morrison				10	19	14	9	4	8	4	5	7	14	11	18		
	NPTH				2	0	0	0	1	0	4	0	1	0	1	0		
	Singleton				12	12	15	7	7	10	6	4	11	7	10	12		
	Total				107	111	63	49	36	51	51	34	49	53	48	56		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			11	10	10	6	6	7	8	8	2	8	3	5		
	PCCS Hospital				0	0	0	0	1	0	0	0	0	0	0	0		
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison				2	1	1	0	0	1	0	1	0	2	1	2		
	NPTH				0	0	0	0	0	0	0	0	1	0	0	0		
	Singleton				3	2	0	2	0	1	0	0	1	0	1	0		
	Total				21	17	11	8	7	9	8	9	4	10	5	7		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			554	720	339	182	293	211	175	112	231	292	304	390		
Falls																		
Total number of Inpatient Falls	PCCS	12 month reduction trend			5	5	13	8	7	5	7	9	10	9	10	7	9	
	MH&LD				35	46	27	48	41	34	57	65	43	56	52	44	31	
	Morrison				94	107	106	85	82	85	85	93	102	94	117	110	76	
	NPTH				28	36	28	32	18	26	32	22	51	42	59	42	48	
	Singleton				62	51	36	53	42	36	46	52	49	39	59	46	43	
	Total				275	324	210	226	190	186	227	241	255	240	297	249	207	
Inpatient Falls per 1,000 beddays	HB Total		Between 3.0 & 5.0		5.24	5.64	4.99	5.23	4.53	4.35	5.35	5.74	5.84	5.70	6.92	5.68		

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

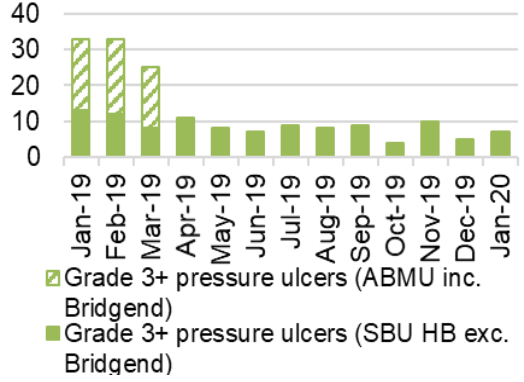
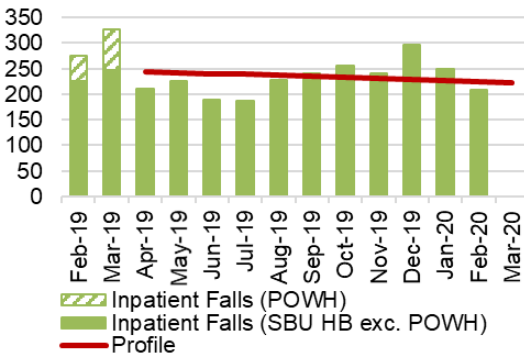
Marston, Georgia
03/25/2020 16:25:15

4.2 Safe Care updates and actions

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




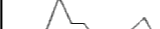
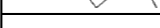
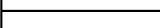

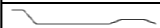






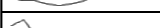

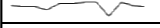
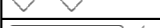
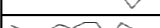
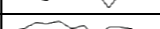
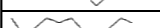
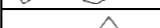



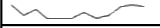



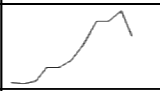
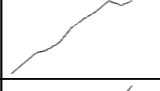



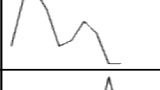

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 31 cases of <i>E. coli</i> bacteraemia were identified in February; 5 cases below the monthly IMTP profile. Cumulative cases to February 10% fewer than the number of cases in the equivalent period of 2018/19. 52% of cases in February were considered community acquired Infections. In 44% of all cumulative cases, the urinary tract was identified as the primary source of the infection. <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"> Continue with initiatives to reduce presence of invasive devices across the Health Board. Support Primary Care to develop a process relating to the reporting via Datix of community acquired bacteraemia – by 30 June 2020. Recruitment to vacant domestic cleaning hours continues. Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> 8 cases of <i>Staph. aureus</i> bacteraemia in February - 8 cases below the projected monthly IMTP profile. Cumulative cases to February 2% fewer than the number of cases in the equivalent period of 2018/19. 75% of cases in February were hospital acquired infections (HAI). There was one case of MRSA bacteraemia, associated with Morriston Hospital, during February. 	<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"> Continue with initiatives to reduce presence of invasive devices across the Health Board. Aseptic Non Touch Technique (ANTT) awareness sessions continue to increase the ANTT competency assessors to achieve month-on-month improvements. Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 15 <i>Clostridium difficile</i> toxin positive cases in February. This was 1 case above the IMTP projected profile; cumulative cases 4% higher than the number of cases in the same reporting period in 2018/19 73% of the cases in February were considered to be hospital acquired. Of these, 82% were associated with Morriston Hospital, 9% with Singleton Hospital, and 9% with Gorseinon Hospital. <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 C.Diff cases SB UHB (exc. POWH) Profile</p>	<ul style="list-style-type: none"> ARK (Antibiotic Review Kit) now being utilised on all wards in Morriston. Ultraviolet-C use is dependent on the ability to decant patient care areas. The increased incidence of C. difficile has been added to the Risk Register, with associated actions. Recruitment to vacant domestic cleaning hours continues. Reduction initiatives by over-crowding and the use of pre-emptive beds, reliance on temporary staff where there are staffing vacancies, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections. Provision of decant facilities is a critical priority for Morriston.
Serious Incidents- Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	<ul style="list-style-type: none"> The Health Board reported 14 Serious Incidents for the month of January 2020 and 20 in February 2020 to Welsh Government. The last Never Event reported was on 13th January 2020. In January, the performance against the 80% target of submitting closure forms within 60 working days was 28% and in February it was 29%. This is due to a high number of the closures being for MH & LD Delivery Unit. 	Serious incidents closed within 60 days <p>% SIs assured ABMU (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 plus 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 has developed an improvement action plan for MH/LD services, specifically to improve MH/LD reporting and management of death related Serious Incidents. The plan will see increased capacity within the service to improve investigation timeframes and quality. Serious Incident Team is supporting Units to ensure their compliance improves against the 60 working day target.

Description	Current Performance	Trend	Actions planned for next period
Number of pressure ulcers <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</i>	<ul style="list-style-type: none"> In January 2020, there were 56 cases of healthcare acquired pressure ulcers, of which 26 were community acquired and 30 were hospital acquired. The number of grade 3+ pressure ulcers in January 2020 was 7. Of which 5 were community acquired and 2 were hospital acquired. 	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <p> ■ 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 continue to steer the organisations pressure ulcer prevention work. The last meeting was held in Feb-20. Assisting SDU's to assurance rate their strategic quality improvement plans (SQulP's) to ensure that their work streams are effective in reducing risk. SQulP development events were held in December and February supported by Welsh Risk Pool and Senior TVN The change to PURPOSE T risk assessment for in-patients is on target to be implemented by May 2020 A new "red bag scheme" for nursing home patients coming to hospital will improve communication regarding pressure ulcer risk and skin condition.
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 208 in February 2020 compared with 249 in January 2020. The Health Board has agreed a targeted action to reduce Falls by 10%. Serious Incidents, Falls resulting in severe harm / Death 2018= 17, 2019= 10. 	Number of inpatient Falls  <p> ■ Inpatient Falls (POWH) ■ Inpatient Falls (SBU HB exc. POWH) — Profile </p>	<ul style="list-style-type: none"> Policy and procedure for prevention and management of inpatient falls launched 2nd September. This included a Bulletin and Video on the intranet and screen savers to raise awareness. A Strategic Quality Improvement plan (SQulP) is being developed as a monitoring process. A Causal Factors Matrix will also be developed. First draft will be trialed at Morriston & Neath and Port Talbot Scrutiny panels.

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

5.1 Overview

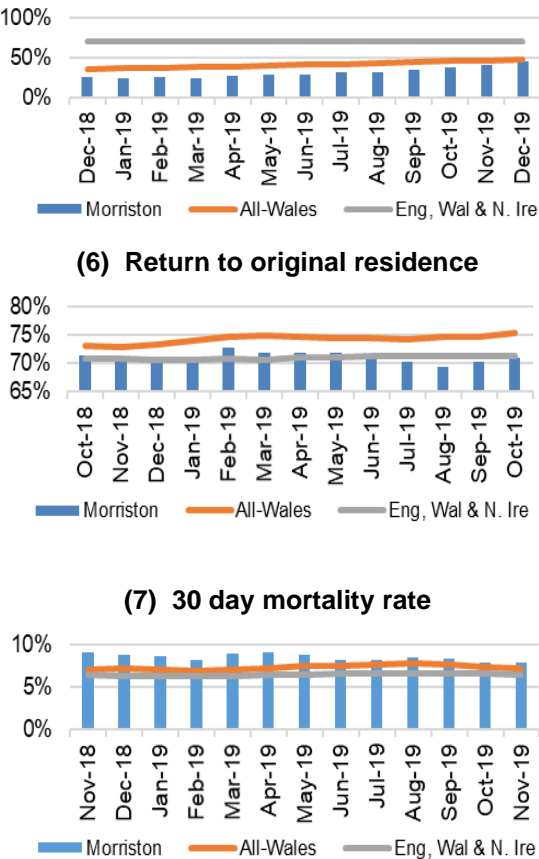
EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																		
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU											
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
Delayed Transfers of Care (DTOC)																		
Number of mental health DTOCs	All Community Care	12 month reduction trend	27		6	4	3	4	2	4	2	1	8	4	4	4	3	
	All healthcare				4	4	3	5	11	8	8	10	6	9	9	9	6	
	Selection of care home				8	4	7	7	3	0	2	4	3	3	3	1	4	
	Waiting for availability of care home				5	5	5	5	11	6	6	3	5	5	5	7	3	
	Protection issues				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Principal reason not agreed				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Disagreements				3	3	0	0	0	0	0	0	0	0	1	1	1	0
	Legal/ Financial				0	1	0	0	0	0	0	1	0	0	0	0	0	0
	Other				0	0	0	2	0	2	0	0	0	0	0	0	1	0
	Total				26	21	18	23	27	20	18	19	22	22	22	23	16	
Number of non- mental health DTOCs	Morriston	12 month reduction trend	50		16	34	21	40	32	21	27	23	24	16	13	13	20	
	Singleton				7	11	8	9	12	9	9	9	7	5	5	4	3	
	Gorseinon				8	3	4	4	8	8	6	9	6	4	5	6	10	
	NPTH				19	14	11	11	16	20	22	20	29	27	24	23	30	
	Learning Disabilities				6	5	5	3	2	3	5	8	10	9	6	6	6	
	HB Total				87	112	49	67	70	61	69	69	76	61	53	52	69	
	Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morriston	95%			98%	98%	98%	97%	99%	99%	100%	100%	94%	100%	99%	98%		
	Singleton				100%	98%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%		
	NPTH				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%		
	Total				99%	98%	99%	98%	99%	99%	100%	100%	96%	100%	99%	98%		
Stage 2 mortality reviews completed within 60 days	Morriston	95%			50%	65%	92%	83%	100%	67%	80%	25%	73%	71%	64%			
	Singleton				100%	0%	50%	100%	75%	100%	20%	0%	40%	100%	67%			
	NPTH				-	-	-	-	-	-	-	100%	-	-				
	Total				20%	50%	68%	85%	93%	71%	60%	89%	65%	78%	67%			
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.26%	1.27%	1.33%	1.25%	1.27%	1.27%	1.26%	1.26%	1.27%	1.29%	1.31%	1.33%		
	Singleton				0.39%	0.41%	0.40%	0.43%	0.42%	0.44%	0.45%	0.46%	0.44%	0.43%	0.44%	0.42%		
	NPTH				0.14%	0.10%	0.12%	0.09%	0.09%	0.09%	0.11%	0.09%	0.10%	0.13%	0.14%	0.13%		
	Total (SBU)				0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%		
Fractured Neck of Femur (NOF)																		
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			72.8%	73.8%	72.6%	71.5%	72.7%	73.4%	74.6%	76.3%	76.2%	77.1%	78.7%			
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			54.9%	54.8%	55.0%	56.1%	56.0%	56.6%	57.8%	59.6%	59.5%	60.4%	58.4%			
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			60.2%	61.6%	63.2%	63.5%	64.5%	66.7%	68.0%	69.0%	70.5%	69.8%	70.4%			
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			67.6%	67.5%	68.2%	67.0%	67.7%	67.3%	69.3%	71.1%	73.2%	73.2%	74.6%			
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			25.6%	24.5%	26.5%	28.7%	29.2%	31.7%	31.7%	35.2%	38.3%	40.4%	45.4%			
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			72.8%	71.9%	71.9%	71.9%	71.5%	70.3%	69.5%	70.2%	70.9%					
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend			8.1%	8.9%	9.0%	8.7%	8.1%	8.2%	8.5%	8.3%	7.8%	7.8%				
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%	75.6%				

5.2 Effective Care updates and actions

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

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DToC) <i>The number of DToCs per Health Board-Mental Health (all ages)</i>	<p>The number of mental health related delayed transfers of care in February 2020 was 16. This is the best position so far in 2019/20.</p>	<p>Number of Mental Health DToCs</p>	<ul style="list-style-type: none"> Complete roll out of the SIGNAL system during Q4, which replaces paper based systems with the electronic capture of information that supports patient flow and discharge. This will support provision of more accurate information on the reasons why patients who are medically stable for discharge remain in hospital, enabling more targeted approaches to unblock system delays. Review of a more standardised approach to the screens content across the HB supporting use of EDD and Red2Green days in particular. Signal HB wide workshop to be arranged. Update Choice of Accommodation Policy to provide a policy, which is simpler, easily read, understood and utilised. Aim to take final revision to USC board April 2020
Delayed Transfers of Care (DToC) <i>The number of DToCs per Health Board - Non Mental Health (age 75+)</i>	<p>In February 2020, the number of non-mental health and learning disability delayed transfers of care was 69.</p> <p>Historically Morriston Hospital accounted for the largest number of delayed patients, however in February 2020 Neath Port Talbot had (similar to January 2020) the largest number of non-MH delays with 30 whilst Morriston had 20. The remaining 19 delayed patients were split between Singleton, Gorseinon and Learning Disability Services.</p>	<p>Number of Non Mental Health DToCs</p>	<ul style="list-style-type: none"> Monitor the impact of the regulation changes for social care staff (registration of Dom care workers) by April 2020. Implementation of phase 1 (pathway one) of the Hospital to Home service and the trusted assessor model (Hospital to Home Navigator) complete. Further comms (updated to status of H2H) to be circulated in various formats. Sue Baily Head of Comms involved. Consistent use of SAFER, Effective PSAG Board Rounds, EDD and Red to Green days. Incorporated into the SIGNAL system Continue to check and challenge DToC through the senior validation audio meetings (after the monthly census).

Description	Current Performance	Trend	Actions planned for next period
Fractured Neck of Femur (#NOF) (1) Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation (2) Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture (3) NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 (4) Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>(1) Prompt orthogeriatric assessment- In December 2019, 78.7% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8% more than in December 2018 and 21% more than the all-Wales average in December 2019.</p> <p>(2) Prompt surgery- In December 2019, 58% of patients had surgery the day following presentation with a hip fracture. This is an improvement of 1.9% compared with December 2018 (56.5% to 58.4% to 59%) but below the all-Wales average of 64%.</p> <p>(3) NICE compliant surgery- 70.4% of operations were consistent with the NICE recommendations in December 2019. This is an improvement of 10% compared with December 2018 (from 60.4% to 70.4%). In December 2019, Morriston was below the all-Wales average of 74.2%.</p> <p>(4) Prompt mobilisation- In December 2019 74.6% of patients were out of bed the day after surgery. This is an improvement of 10.6%</p>	<p>(1) Prompt orthogeriatric assessment</p> <p>(2) Prompt surgery</p> <p>(3) NICE compliant Surgery</p> <p>(4) Prompt mobilisation</p> <p>(5) Not delirious when tested</p>	<ul style="list-style-type: none"> Part time orthogeriatric Associate Specialist's contract has been increased by 2 sessions per week from 01.09.19 to improve coverage; further cover has been agreed from Feb 2020 with the second Specialty Doctor doing additional sessions to cover during periods of absence of the Consultant and Associate Specialist. Discussion with Executive Team on 18/10/19 agreed to look at increased trauma capacity in the short to medium term linked into increased elective capacity via a modular build ward and theatre set up on the Morriston Hospital site. This work is progressing and Vanguard have visited Morriston and are working with Service Management and Capital Planning colleagues to progress options. This work will dovetail with options for changing on call patterns for Consultants and creating additional trauma capacity. NICE compliant surgery - process being monitored through monthly audit/governance meetings – in-month performance continues to improve. Fixed term funding secured to appoint additional weekend physio cover for #NOF patients which commenced in post in Dec 2019; the positive impact of this development is being seen and is being closely monitored. Work also being undertaken to train nursing staff in mobilising patients and provide additional

<p>(5) Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</p> <p>(6) Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</p> <p>(7) 30 day mortality rate</p>	<p>compared with December 2018 and slightly below the all-Wales average of 74.8%.</p> <p>(5) Not delirious when tested- 45.4% of patients were not delirious in the week after their operation in December 2019. This is an improvement of 19.4% compared with December 2018 (from 26% to 45.4%).</p> <p>(6) Return to original residence- 70.9% of patients in October 2019 were discharged back to their original residence. This was below the all-Wales average of 75.3%.</p> <p>(7) 30 day mortality rate- In November 2019 the mortality rate for Morriston was 7.8% which is 1.2% less than November 2018. The mortality rate in November 2019 is higher than the all-Wales average of 7.1% and the national average of 6.4%.</p>	 <p>(5) Not delirious when tested</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Dec-18</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Jan-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Feb-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Mar-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Apr-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>May-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Jun-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Jul-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Aug-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Sep-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Oct-19</td><td>26%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Nov-19</td><td>45.4%</td><td>74.8%</td><td>74.8%</td></tr> <tr><td>Dec-19</td><td>45.4%</td><td>74.8%</td><td>74.8%</td></tr> </tbody> </table> <p>(6) Return to original residence</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Oct-18</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Nov-18</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Dec-18</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Jan-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Feb-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Mar-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Apr-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>May-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Jun-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Jul-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Aug-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Sep-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> <tr><td>Oct-19</td><td>70.9%</td><td>75.3%</td><td>75.3%</td></tr> </tbody> </table> <p>(7) 30 day mortality rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Nov-18</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Dec-18</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Jan-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Feb-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Mar-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Apr-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>May-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Jun-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Jul-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Aug-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Sep-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Oct-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> <tr><td>Nov-19</td><td>7.8%</td><td>7.1%</td><td>6.4%</td></tr> </tbody> </table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-18	26%	74.8%	74.8%	Jan-19	26%	74.8%	74.8%	Feb-19	26%	74.8%	74.8%	Mar-19	26%	74.8%	74.8%	Apr-19	26%	74.8%	74.8%	May-19	26%	74.8%	74.8%	Jun-19	26%	74.8%	74.8%	Jul-19	26%	74.8%	74.8%	Aug-19	26%	74.8%	74.8%	Sep-19	26%	74.8%	74.8%	Oct-19	26%	74.8%	74.8%	Nov-19	45.4%	74.8%	74.8%	Dec-19	45.4%	74.8%	74.8%	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Oct-18	70.9%	75.3%	75.3%	Nov-18	70.9%	75.3%	75.3%	Dec-18	70.9%	75.3%	75.3%	Jan-19	70.9%	75.3%	75.3%	Feb-19	70.9%	75.3%	75.3%	Mar-19	70.9%	75.3%	75.3%	Apr-19	70.9%	75.3%	75.3%	May-19	70.9%	75.3%	75.3%	Jun-19	70.9%	75.3%	75.3%	Jul-19	70.9%	75.3%	75.3%	Aug-19	70.9%	75.3%	75.3%	Sep-19	70.9%	75.3%	75.3%	Oct-19	70.9%	75.3%	75.3%	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-18	7.8%	7.1%	6.4%	Dec-18	7.8%	7.1%	6.4%	Jan-19	7.8%	7.1%	6.4%	Feb-19	7.8%	7.1%	6.4%	Mar-19	7.8%	7.1%	6.4%	Apr-19	7.8%	7.1%	6.4%	May-19	7.8%	7.1%	6.4%	Jun-19	7.8%	7.1%	6.4%	Jul-19	7.8%	7.1%	6.4%	Aug-19	7.8%	7.1%	6.4%	Sep-19	7.8%	7.1%	6.4%	Oct-19	7.8%	7.1%	6.4%	Nov-19	7.8%	7.1%	6.4%	<p>resources for physiotherapy to support the early mobilisation of patients.</p> <ul style="list-style-type: none"> The department are looking to train more individuals to perform delirium assessments. A Wednesday afternoon every 4 months to coincide with the normal turnover of junior medical staff. Mr Dodd (T&O Consultant and #NOF Lead) and Dr Jackson (Anaesthetic Consultant, and #NOF Lead) have agreed to run this session. Currently Orthogeriatric team and nurse practitioners are being used to improve performance in the short term. Further improvement is required in relation to greater involvement of rehabilitation sites in pathway discussions and planning. Ensuring that a conversation about home circumstances, improved use of discharge planning sheets to capture family / patient discussions about expected destination on discharge and involving social workers (when appropriate) at an early stage, are priorities. The outcomes and mortality data are reviewed at the departmental arthroplasty meetings. All cases of mortality are cross-referenced with the department's morbidity and mortality database and presented at the monthly meeting to review any points for learning. The Unit Medical Director is involved in mortality reviews and the process is being overseen by a Gold Command #NOF meeting chaired by the Executive Medical Director.
Month	Morriston	All-Wales	Eng, Wal & N. Ire																																																																																																																																																																								
Dec-18	26%	74.8%	74.8%																																																																																																																																																																								
Jan-19	26%	74.8%	74.8%																																																																																																																																																																								
Feb-19	26%	74.8%	74.8%																																																																																																																																																																								
Mar-19	26%	74.8%	74.8%																																																																																																																																																																								
Apr-19	26%	74.8%	74.8%																																																																																																																																																																								
May-19	26%	74.8%	74.8%																																																																																																																																																																								
Jun-19	26%	74.8%	74.8%																																																																																																																																																																								
Jul-19	26%	74.8%	74.8%																																																																																																																																																																								
Aug-19	26%	74.8%	74.8%																																																																																																																																																																								
Sep-19	26%	74.8%	74.8%																																																																																																																																																																								
Oct-19	26%	74.8%	74.8%																																																																																																																																																																								
Nov-19	45.4%	74.8%	74.8%																																																																																																																																																																								
Dec-19	45.4%	74.8%	74.8%																																																																																																																																																																								
Month	Morriston	All-Wales	Eng, Wal & N. Ire																																																																																																																																																																								
Oct-18	70.9%	75.3%	75.3%																																																																																																																																																																								
Nov-18	70.9%	75.3%	75.3%																																																																																																																																																																								
Dec-18	70.9%	75.3%	75.3%																																																																																																																																																																								
Jan-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Feb-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Mar-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Apr-19	70.9%	75.3%	75.3%																																																																																																																																																																								
May-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Jun-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Jul-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Aug-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Sep-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Oct-19	70.9%	75.3%	75.3%																																																																																																																																																																								
Month	Morriston	All-Wales	Eng, Wal & N. Ire																																																																																																																																																																								
Nov-18	7.8%	7.1%	6.4%																																																																																																																																																																								
Dec-18	7.8%	7.1%	6.4%																																																																																																																																																																								
Jan-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Feb-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Mar-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Apr-19	7.8%	7.1%	6.4%																																																																																																																																																																								
May-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Jun-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Jul-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Aug-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Sep-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Oct-19	7.8%	7.1%	6.4%																																																																																																																																																																								
Nov-19	7.8%	7.1%	6.4%																																																																																																																																																																								








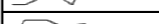




Morriston, Georgia
03/25/2020 16:25:15

Description	Current Performance	Trend	Actions planned for next period																																																								
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in January 2020, the percentage of completed discharge summaries was 66%.</p> <p>In January 2020, compliance ranged from 61% in Singleton Delivery Unit to 73% in Mental Health and Learning Disabilities Delivery Unit.</p>	<p>% discharge summaries approved and sent</p> <table><caption>% completed discharge summaries (SBU HB)</caption><thead><tr><th>Month</th><th>% completed</th></tr></thead><tbody><tr><td>Jan-19</td><td>61%</td></tr><tr><td>Feb-19</td><td>61%</td></tr><tr><td>Mar-19</td><td>61%</td></tr><tr><td>Apr-19</td><td>66%</td></tr><tr><td>May-19</td><td>66%</td></tr><tr><td>Jun-19</td><td>66%</td></tr><tr><td>Jul-19</td><td>64%</td></tr><tr><td>Aug-19</td><td>64%</td></tr><tr><td>Sep-19</td><td>61%</td></tr><tr><td>Oct-19</td><td>62%</td></tr><tr><td>Nov-19</td><td>62%</td></tr><tr><td>Dec-19</td><td>64%</td></tr><tr><td>Jan-20</td><td>66%</td></tr></tbody></table> <table><caption>% completed discharge summaries (ABMU HB)</caption><thead><tr><th>Month</th><th>% completed</th></tr></thead><tbody><tr><td>Jan-19</td><td>62%</td></tr><tr><td>Feb-19</td><td>62%</td></tr><tr><td>Mar-19</td><td>62%</td></tr><tr><td>Apr-19</td><td>61%</td></tr><tr><td>May-19</td><td>61%</td></tr><tr><td>Jun-19</td><td>61%</td></tr><tr><td>Jul-19</td><td>61%</td></tr><tr><td>Aug-19</td><td>61%</td></tr><tr><td>Sep-19</td><td>61%</td></tr><tr><td>Oct-19</td><td>61%</td></tr><tr><td>Nov-19</td><td>61%</td></tr><tr><td>Dec-19</td><td>61%</td></tr><tr><td>Jan-20</td><td>61%</td></tr></tbody></table> <p>■ % completed discharge summaries (SBU HB) ■ % completed discharge summaries (ABMU HB)</p>	Month	% completed	Jan-19	61%	Feb-19	61%	Mar-19	61%	Apr-19	66%	May-19	66%	Jun-19	66%	Jul-19	64%	Aug-19	64%	Sep-19	61%	Oct-19	62%	Nov-19	62%	Dec-19	64%	Jan-20	66%	Month	% completed	Jan-19	62%	Feb-19	62%	Mar-19	62%	Apr-19	61%	May-19	61%	Jun-19	61%	Jul-19	61%	Aug-19	61%	Sep-19	61%	Oct-19	61%	Nov-19	61%	Dec-19	61%	Jan-20	61%	<ul style="list-style-type: none">Electronic Transfer of Notification (ETOC) reports are discussed by UMDs in each Delivery Unit with clinical leaders and staff every month, at the direction of the executive Medical Director.It is raised in Delivery Unit quarterly performance reviews by executive teamsNew software for producing Electronic Discharge Notifications is being introduced into SBUHB in April into surgical specialities. Current software does not integrate well with theatre reporting softwareClinical Nurse Specialists (CNS) are completing ETOCs to a high standard in many specialties, such as cardiology, whereas pharmacists can complete parts of the ETOCs.A unique feedback process has been pioneered by SBUHB GPs in collaboration with the PCS Unit to report breaches of the CMO's Standards of Communication, including delayed ETOCs. Data on delays is reported by Datix to UMDs and consultants as part of a feedback loop. This initiative is supported by the LMC.Internal Audit are planning a review of discharge summaries in Spring 2020
Month	% completed																																																										
Jan-19	61%																																																										
Feb-19	61%																																																										
Mar-19	61%																																																										
Apr-19	66%																																																										
May-19	66%																																																										
Jun-19	66%																																																										
Jul-19	64%																																																										
Aug-19	64%																																																										
Sep-19	61%																																																										
Oct-19	62%																																																										
Nov-19	62%																																																										
Dec-19	64%																																																										
Jan-20	66%																																																										
Month	% completed																																																										
Jan-19	62%																																																										
Feb-19	62%																																																										
Mar-19	62%																																																										
Apr-19	61%																																																										
May-19	61%																																																										
Jun-19	61%																																																										
Jul-19	61%																																																										
Aug-19	61%																																																										
Sep-19	61%																																																										
Oct-19	61%																																																										
Nov-19	61%																																																										
Dec-19	61%																																																										
Jan-20	61%																																																										

Marston, Georgia
03/25/2020 16:25:15

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

6.1 Overview

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			9	11	8	6	9	11	7	12	10	7	6	15	7
	MH&LD				3	11	5	11	9	18	14	11	17	24	9	17	5
	Morrison				27	36	39	42	54	62	40	45	72	54	37	60	59
	NPTH				7	7	7	6	4	4	9	6	11	11	3	8	7
	Singleton				25	17	27	23	35	33	35	29	39	30	20	33	25
	Total				96	105	93	95	118	138	114	110	159	137	87	142	113
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		55%	55%	63%	73%	64%	53%	100%	70%	63%	64%	71%		
	MH&LD				67%	100%	100%	100%	88%	88%	93%	77%	71%	46%	56%		
	Morrison				92%	92%	97%	97%	96%	95%	100%	98%	100%	96%	91%		
	NPTH				86%	71%	86%	83%	75%	67%	67%	83%	82%	64%	100%		
	Singleton				75%	59%	70%	62%	77%	69%	67%	80%	73%	83%	53%		
	Total				83%	79%	85%	83%	85%	81%	84%	85%	83%	76%	75%		

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

Marston,Georgia
03/25/2020 16:25:15

6.2 Dignified Care updates and actions






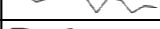

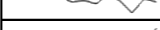
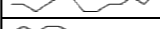
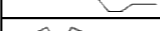
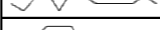

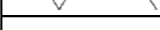
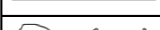
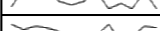

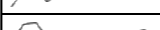
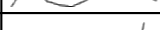

This section of the report provides further detail on key quality and safety measures under the Dignified Care domain.

Description	Current Performance	Trend	Actions planned for next period																																		
30 day response rate for concerns- <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<ul style="list-style-type: none">The overall Health Board response rate for responding to concerns within 30 working days was 76% in November 2019 and 75% in December 2019 against the Welsh Government target of 75% and Health Board target of 80%. Work will continue in the Service Delivery Units to monitor and improve compliance of the Health Board target of 80%.	Response rate for concerns within 30 days <table><caption>Approximate data from the bar chart</caption><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><tr><td>Dec-18</td><td>80</td></tr><tr><td>Jan-19</td><td>85</td></tr><tr><td>Feb-19</td><td>85</td></tr><tr><td>Mar-19</td><td>80</td></tr><tr><td>Apr-19</td><td>85</td></tr><tr><td>May-19</td><td>85</td></tr><tr><td>Jun-19</td><td>85</td></tr><tr><td>Jul-19</td><td>85</td></tr><tr><td>Aug-19</td><td>85</td></tr><tr><td>Sep-19</td><td>85</td></tr><tr><td>Oct-19</td><td>80</td></tr><tr><td>Nov-19</td><td>75</td></tr><tr><td>Dec-19</td><td>75</td></tr><tr><td>Jan-20</td><td>75</td></tr><tr><td>Feb-20</td><td>75</td></tr><tr><td>Mar-20</td><td>75</td></tr></tbody></table> <p>30 day response rate (ABMU up to March 2019)</p>	Month	Response Rate (%)	Dec-18	80	Jan-19	85	Feb-19	85	Mar-19	80	Apr-19	85	May-19	85	Jun-19	85	Jul-19	85	Aug-19	85	Sep-19	85	Oct-19	80	Nov-19	75	Dec-19	75	Jan-20	75	Feb-20	75	Mar-20	75	<ul style="list-style-type: none">Performance is discussed at all Unit performance meetings.'Once for Wales' new complaints guidance has been presented at Risk Management User Group and to all of the Unit Governance Teams.Ombudsman and Once for Wales training for Governance Teams based on themes and trends completed in the Units.Learning Event that was scheduled for March 2020 during Patient Safety Week to ensure learning from Complaints and Ombudsman cases to be cascaded throughout the Health Board will now take place during Patient Experience Week on the 28th April 2020
Month	Response Rate (%)																																				
Dec-18	80																																				
Jan-19	85																																				
Feb-19	85																																				
Mar-19	80																																				
Apr-19	85																																				
May-19	85																																				
Jun-19	85																																				
Jul-19	85																																				
Aug-19	85																																				
Sep-19	85																																				
Oct-19	80																																				
Nov-19	75																																				
Dec-19	75																																				
Jan-20	75																																				
Feb-20	75																																				
Mar-20	75																																				

Marston, Georgia
03/25/2020 16:25:15

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

7.1 Overview

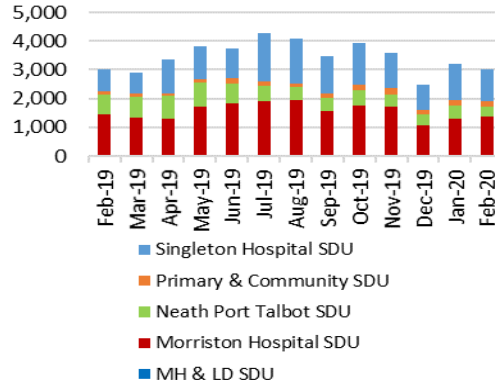
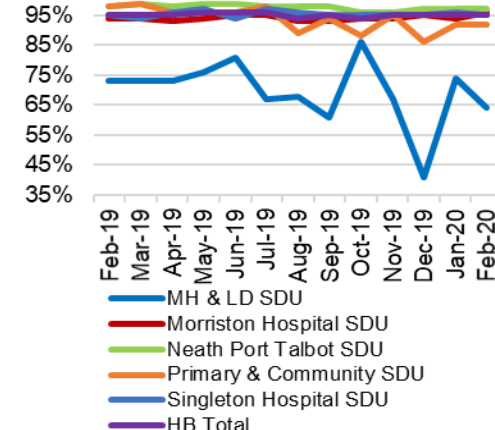
INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			128	112	83	125	188	129	132	154	194	242	144	185	180
	MH&LD				15	22	25	21	16	12	19	18	21	9	17	19	14
	Morriston				1,445	1,326	1,288	1,701	1,811	1,883	1,914	1,566	1,728	1,727	1,069	1,277	1,364
	NPTH				675	727	791	824	681	567	474	454	532	397	379	464	350
	Singleton				747	726	1,188	1,150	1,046	1,680	1,562	1,267	1,464	1,198	884	1,261	1,120
	Total				4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014
% of patients who would recommend and highly recommend	PCCS	90%	80%		98%	99%	96%	96%	96%	98%	89%	94%	88%	95%	86%	92%	92%
	MH&LD				73%	73%	73%	76%	81%	67%	68%	61%	86%	67%	41%	74%	64%
	Morriston				94%	94%	93%	94%	95%	95%	93%	93%	94%	94%	95%	94%	96%
	NPTH				98%	99%	98%	99%	99%	98%	98%	98%	96%	96%	97%	97%	97%
	Singleton				95%	94%	96%	97%	94%	97%	96%	95%	95%	95%	95%	96%	95%
	Total				95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%	95%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		100%	95%	92%	100%	-	93%	90%	100%	92%	93%	100%	91%	-
	MH&LD				-	-	-	0%	0%	0%	-	-	-	-	-	-	-
	Morriston				72%	89%	90%	86%	77%	74%	78%	86%	70%	75%	71%	85%	70%
	NPTH				96%	83%	92%	85%	78%	71%	72%	71%	94%	50%	67%	91%	88%
	Singleton				70%	86%	90%	76%	82%	84%	86%	87%	89%	89%	85%	84%	88%
	Total				78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%	81%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	Total	90%			91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%	
Residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	Total	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

Marston, Georgia
03/25/2020 16:25:15


















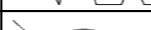

7.2 Individual Care updates and actions

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







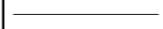

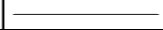


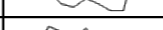
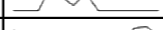

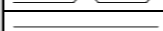
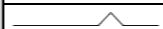



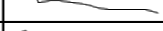


Description	Current Performance	Trend	Actions planned for next period
<p>Patient experience</p> <p>Measure 1: Number of friends and family surveys completed</p> <p>Measure 2: % of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in February 2020 was 95% and 3,014 surveys were completed: <ul style="list-style-type: none"> ➤ Neath Port Talbot Hospital (NPTH) completed 350 surveys in February 2020, with a recommended score of 97%. ➤ Singleton Hospital completed 1,120 surveys for February, with a recommended score of 95%. ➤ Morriston Hospital completed 1,364 surveys in February 2020, with a recommended score of 96%. ➤ Mental Health & Learning Disabilities completed 14 surveys for February 2020, with a recommended score of 64%. ➤ Primary & Community Care completed 180 surveys for December, with a recommended score of 92%. 	<p>Measure 1: Number of friends and family surveys completed</p>  <p>Measure 2: % of patients/ service users who would recommend and highly recommend</p> 	<ul style="list-style-type: none"> Welsh Government ENT survey. Across Wales the Welsh Government are undertaking a review of ENT services. Swansea Bay has collected feedback from patients. The result summary report is currently being produced, this will be shared with the ENT Clinical Lead and Welsh Government. Patient Stories showcase. The health board held its third patient story showcase event. This event shows the stories made by the newly trained staff members. Staff from across the area were invited to come along and watch the stories.

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







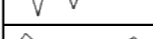


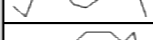

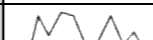
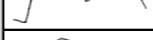

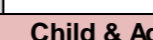


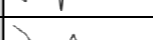

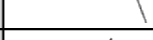
8.1 Overview

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																	
Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Unscheduled Care																	
Number of ambulance handovers over one hour	Morrison	0	388		387	544	669	629	681	550	599	746	802	799	830	820	664
	Singleton		0		41	44	63	18	40	44	33	32	25	22	38	28	40
	Total		388		619	928	732	647	721	594	632	778	827	821	868	848	704
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	95%	71.0%		67.0%	68.0%	64.2%	65.2%	63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%
	NPTH		100.0%		98.4%	97.8%	95.2%	97.4%	97.4%	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%
	Singleton				MIU closed		MIU closed										
	Total		80.2%		77.2%	75.7%	74.5%	75.9%	75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	0	444		448	534	653	602	644	642	740	939	889	926	1,017	1,038	781
	NPTH		0		1	0	0	0	0	0	0	0	1	1	1	0	0
	Singleton				MIU closed		MIU closed										
	Total		444		685	861	653	602	644	642	740	939	890	927	1,018	1,038	781
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morrison	59.8% (UK SNAP average)	83%		75%	66%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%
	Total				53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%
% of patients who receive a CT scan within 1 hour	Morrison	54.5% (UK SNAP average)	56%		49%	58%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%
	Total				48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morrison	84.2% (UK SNAP average)	95%		89%	100%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%
	Total				76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morrison	12 month improvement trend	40%		14%	20%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%
	Total				20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend					57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%
	Total						57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%

Morrison, Georgia
03/25/2020 16:25:15

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Unscheduled Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morrison	0			51	140	172	201	155	112	361	431	486	460	539	593	421
	NPTH				0	0	0	0	0	0	0	0	0	1	0	0	0
	Singleton				0	0	64	117	142	367	564	608	666	659	766	860	872
	PC&CS				0	0	0	5	0	0	0	0	0	0	0	0	13
	Total				315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306
Number of patients waiting > 36 weeks for treatment	Morrison	0	1,057		1,960	1,801	1,952	2,076	2,198	2,449	2,819	2,893	3,298	3,529	3,896	4,067	4,087
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		4		13	0	24	28	120	241	444	672	958	1,058	1,245	1,556	1,642
	PC&CS		0		0	0	0	0	0	0	0	0	0	0	0	0	
	Total		1,061		2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729
Number of patients waiting > 8 weeks for a specified diagnostics	Morrison	0	100		535	437	401	393	289	259	337	294	223	226	569	628	424
	Singleton		0		0	0	0	8	6	2	7	0	0	0	0	0	0
	Total		100		558	437	401	401	295	261	344	294	223	226	569	628	424
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	0	0	0	0	0	1	0	0	0	0	0	1
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	PC&CS				0	0	0	0	0	0	0	0	1	0	0	0	0
	Total				0	0	0	0	0	0	1	0	1	0	0	0	1
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 15% by Mar-20	116,671		181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090	128,674
Number of patients delayed by over 100% past their target date	Total	Reduce by at least 15% by Mar-20	21,282		33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747
Number of patients delayed past their agreed target date (booked and not booked)	Total	Reduce by at least 15% by March 2020	42,913		66,567	67,908	49,689	50,489	51,285	49,422	51,914	48,692	45,458	43,648	44,928	43,979	41,417
Number of Ophthalmology patients without an allocated health risk factor	Total	98% by Dec-19	TBC		4,048	2,966	1,279	1,275	1,101	744	737	721	522	553	557	333	368
Number of patients without a documented clinical review date	Total	95% by Dec-19	TBC		4,732	4,867	418	367	300	247	211	194	165	172	187	177	179

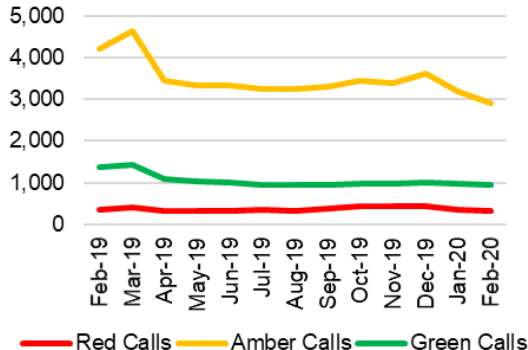
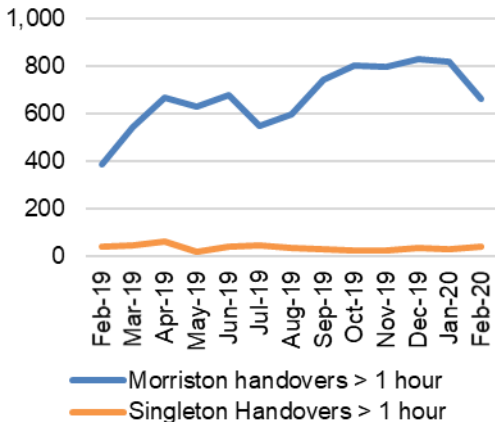
Marston, Georgia
03/25/2020 16:25:15

Measure	Locality/ Service	National/ Local Target	Internal profile	Trend	ABMU		SBU										
					Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Planned Care																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morrison	98%	98%		95.0%	96.0%	82.0%	91.0%	92.0%	88.0%	90.0%	84.0%	98.0%	93%	88%	98%	83%
	NPTH				100.0%	100.0%	-	100.0%	-	100.0%	100.0%	-	100.0%	100%	-	-	100%
	Singleton				95.0%	91.0%	98.0%	91.0%	95.0%	94.0%	96.0%	98.0%	97.0%	96%	96%	100%	87%
	Total				94.7%	93.6%	90.8%	91.4%	93.7%	91.5%	93.3%	91.1%	97.7%	95%	92%	99%	91%
% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Morrison	95%	95.2%		93.0%	95.0%	88.0%	95.0%	85.0%	84.0%	83.0%	92.0%	81.0%	82%	91%	96%	71%
	NPTH				100.0%	100.0%	-	100.0%	100.0%	20.0%	100.0%	67.0%	100.0%	100.0%	100.0%	67.0%	100%
	Singleton				82.0%	97.0%	86.0%	70.0%	77.0%	74.0%	83.0%	81.0%	85.0%	87%	93%	81%	58%
	Total				80.7%	84.1%	87.0%	80.0%	80.8%	75.9%	83.8%	85.7%	83.8%	86%	92%	86%	73%
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Including CAMHS	80%			80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	77%	
	Excluding CAMHS				93%	95%	97%	97%	97%	97%	98%	98%	98%	97%	98%	93%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Including CAMHS	80%			88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	90%	
	Excluding CAMHS				86%	89%	99%	98%	100%	99%	93%	96%	97%	90%	92%	89%	
% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Total	100%				100%			100%			100%			100%		
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Total	80%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Child & Adolescent Mental Health (CAMHS)																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	HB Total	100%			97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	28%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	0%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	94%	
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	HB Total	90%			92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	87%	

8.2 Timely Care updates and actions

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

UNSCHEDULED CARE																																													
Description	Current Performance	Trend	Actions planned for next period																																										
A&E waiting times <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In February 2020, the Health Board's performance against the 4 hour metric improved by 2.5% compared with January 2020 (from 71.6% to 74.1%).</p> <p>Performance at Morriston hospital was below profile, achieving 63.52% in February 2020.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95%.</p>	<p>% patients waiting under 4 hours in A&E</p> <table><caption>% patients waiting under 4 hours in A&E</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th></tr></thead><tbody><tr><td>Feb-19</td><td>68</td><td>98</td></tr><tr><td>Mar-19</td><td>68</td><td>98</td></tr><tr><td>Apr-19</td><td>65</td><td>96</td></tr><tr><td>May-19</td><td>66</td><td>98</td></tr><tr><td>Jun-19</td><td>64</td><td>97</td></tr><tr><td>Jul-19</td><td>64</td><td>97</td></tr><tr><td>Aug-19</td><td>64</td><td>97</td></tr><tr><td>Sep-19</td><td>61</td><td>96</td></tr><tr><td>Oct-19</td><td>62</td><td>97</td></tr><tr><td>Nov-19</td><td>62</td><td>99</td></tr><tr><td>Dec-19</td><td>61</td><td>97</td></tr><tr><td>Jan-20</td><td>61</td><td>96</td></tr><tr><td>Feb-20</td><td>64</td><td>98</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Feb-19	68	98	Mar-19	68	98	Apr-19	65	96	May-19	66	98	Jun-19	64	97	Jul-19	64	97	Aug-19	64	97	Sep-19	61	96	Oct-19	62	97	Nov-19	62	99	Dec-19	61	97	Jan-20	61	96	Feb-20	64	98	<ul style="list-style-type: none">Continued utilisation of the new GP in Morriston ED undertaking triage and supporting the education of nursing staff triage in day time hours.Maintain all surge bed capacity that can be staffed on all our hospital sites.Only cancer, urgent elective admissions and some long waiting elective patients to be treated at times of high escalation.Monitor the impact of the implementation of hospital to home pathway 1.Review impact of winter plans to inform schemes to be included for funding for 2020/21
Month	Morriston (%)	NPTH (%)																																											
Feb-19	68	98																																											
Mar-19	68	98																																											
Apr-19	65	96																																											
May-19	66	98																																											
Jun-19	64	97																																											
Jul-19	64	97																																											
Aug-19	64	97																																											
Sep-19	61	96																																											
Oct-19	62	97																																											
Nov-19	62	99																																											
Dec-19	61	97																																											
Jan-20	61	96																																											
Feb-20	64	98																																											
A&E waiting times <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i>	<p>In February 2020, performance against this measure improved compared with January 2020 reducing from 1,038 to 781. All patients waiting over 12 hours in February 2020 were in Morriston Hospital.</p>	<p>Number of patients waiting over 12 hours in A&E</p> <table><caption>Number of patients waiting over 12 hours in A&E</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>450</td><td>0</td></tr><tr><td>Mar-19</td><td>550</td><td>0</td></tr><tr><td>Apr-19</td><td>650</td><td>0</td></tr><tr><td>May-19</td><td>600</td><td>0</td></tr><tr><td>Jun-19</td><td>650</td><td>0</td></tr><tr><td>Jul-19</td><td>650</td><td>0</td></tr><tr><td>Aug-19</td><td>750</td><td>0</td></tr><tr><td>Sep-19</td><td>950</td><td>0</td></tr><tr><td>Oct-19</td><td>900</td><td>0</td></tr><tr><td>Nov-19</td><td>950</td><td>0</td></tr><tr><td>Dec-19</td><td>1050</td><td>0</td></tr><tr><td>Jan-20</td><td>1050</td><td>0</td></tr><tr><td>Feb-20</td><td>781</td><td>0</td></tr></tbody></table>	Month	Morriston	NPTH	Feb-19	450	0	Mar-19	550	0	Apr-19	650	0	May-19	600	0	Jun-19	650	0	Jul-19	650	0	Aug-19	750	0	Sep-19	950	0	Oct-19	900	0	Nov-19	950	0	Dec-19	1050	0	Jan-20	1050	0	Feb-20	781	0	
Month	Morriston	NPTH																																											
Feb-19	450	0																																											
Mar-19	550	0																																											
Apr-19	650	0																																											
May-19	600	0																																											
Jun-19	650	0																																											
Jul-19	650	0																																											
Aug-19	750	0																																											
Sep-19	950	0																																											
Oct-19	900	0																																											
Nov-19	950	0																																											
Dec-19	1050	0																																											
Jan-20	1050	0																																											
Feb-20	781	0																																											

UNSCHEDULED CARE			
Description	Current Performance	Trend	Actions planned for next period
Ambulance responses <i>The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i> <i>The number of responses to ambulance calls.</i>	<p>Ambulance response times are traditionally above the national target and local profile of 65%. Performance against this measure fell below the 65% target in November and December 2019 however the position recovered in January and February 2020 achieving 66.6% and 68.6%.</p>	<p>Number of ambulance call responses</p>  <p>— Red Calls — Amber Calls — Green Calls</p> <p><i>Data prior to April 2019 relates to ABMU Health Board.</i></p>	<ul style="list-style-type: none"> Implement the ambulance handover improvement plan which has been jointly agreed between WAST and the Health Board. The plan includes: <ul style="list-style-type: none"> The completion of the Health Board's escalation plan, which will link into planned changes to the National Escalation planned to be in place in February 2020. A WAST patient liaison officer commenced to be maintained to end of March 2020. Maximise the benefit of the second falls vehicle commissioned in November to scale up capacity in the non-injury falls service. Continue the development of additional pathways that avoid conveyance to hospital, including respiratory/COPD patients and patients requiring lower level advice and support. Continue to explore the opportunities for co-horting of patients outside ED; the feasibility of a mobile unit to be scoped. Continued use of the acute GP service to review and redirect patients requesting a 999 ambulance response to alternative appropriate pathways of care.
Ambulance handovers <i>The number of ambulance handovers over one hour</i>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the increased pressures felt across the wider unscheduled care system.</p> <p>In February 2020, Morriston Hospital saw a reduction of 277 >1 hour ambulance handover waits, compared with February 2019 (from 387 to 664). Singleton saw a reduction from 41 in February 2019 to 40 in February 2020.</p>	<p>Number of ambulance handovers over one hour</p>  <p>— Morriston handovers > 1 hour — Singleton Handovers > 1 hour</p>	

UNSCHEDULED CARE			
Description	Current Performance	Trend	Actions planned for next period
A&E Attendances <i>The number of attendances at emergency departments in the Health Board</i>	<p>Overall ED/MIU attendances in February 2020 were lower by 95 patients compared with February 2019 (from 9,232 to 9,137).</p>	<p>Number of A&E attendances</p> <p>Legend: Morriston (blue line), NPTH (yellow line)</p>	<ul style="list-style-type: none"> GP out of hours service continues to be well placed to manage demand. 111 awareness campaign programme and communication of Choose Well pathways. Encourage and promote the use of the Health Board's community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service. Maximise impact of acute care team referral pathways to reduce the number of unnecessary attendances to hospital
Emergency Admissions <i>The number of emergency admissions across the Health Board by site</i>	<p>In February 2020, there were 3,917 emergency admissions across the Health Board which is 416 (-10%) less admissions than in January 2020.</p> <p>Surgical, Medical and Orthopaedic admissions continue to account for the biggest increases in Morriston over the last 12 months.</p>	<p>Number of emergency admissions</p> <p>Legend: Morriston (blue line), Singleton (orange line), NPTH (yellow line)</p>	<ul style="list-style-type: none"> Establish an ambulatory care model in Morriston and day unit facilities, hot clinics and direct to speciality admission pathways. Gatekeeping function of the Crisis Teams and Psychiatric Liaison across Swansea and Neath Port Talbot to ensure all USC admissions meet threshold for admissions. Implement the agreed winter plans which have a focus this year on primary and community care support and interventions. Continue to progress the implementation of the acute medicine model in Swansea Bay. Assess the impact of the assistant practitioners working on Wards 3, 4 and 7 in Singleton and Ward C in NPTH (frailty/stroke wards).

UNSCHEDULED CARE																																																											
Description	Current Performance	Trend	Actions planned for next period																																																								
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In February 2020, there were on average 182 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p>	<p>The number of discharge/ medically fit patients by site</p> <table border="1"> <caption>Estimated data for Discharge/medically fit patients by site</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>100</td><td>50</td><td>10</td></tr> <tr><td>Mar-19</td><td>110</td><td>60</td><td>15</td></tr> <tr><td>Apr-19</td><td>100</td><td>80</td><td>10</td></tr> <tr><td>May-19</td><td>90</td><td>70</td><td>10</td></tr> <tr><td>Jun-19</td><td>100</td><td>60</td><td>15</td></tr> <tr><td>Jul-19</td><td>110</td><td>50</td><td>15</td></tr> <tr><td>Aug-19</td><td>110</td><td>50</td><td>15</td></tr> <tr><td>Sep-19</td><td>110</td><td>55</td><td>35</td></tr> <tr><td>Oct-19</td><td>140</td><td>55</td><td>10</td></tr> <tr><td>Nov-19</td><td>110</td><td>55</td><td>10</td></tr> <tr><td>Dec-19</td><td>100</td><td>60</td><td>25</td></tr> <tr><td>Jan-20</td><td>120</td><td>65</td><td>35</td></tr> <tr><td>Feb-20</td><td>100</td><td>55</td><td>30</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Feb-19	100	50	10	Mar-19	110	60	15	Apr-19	100	80	10	May-19	90	70	10	Jun-19	100	60	15	Jul-19	110	50	15	Aug-19	110	50	15	Sep-19	110	55	35	Oct-19	140	55	10	Nov-19	110	55	10	Dec-19	100	60	25	Jan-20	120	65	35	Feb-20	100	55	30	<ul style="list-style-type: none"> Full Implementation of the Hospital to Home (H2H) Pathway 1 will be in place by February 2020. Ongoing assessment of the impact of the H2H will be undertaken including an analysis of the caseload being held by the team. Roll out of the SIGNAL system in Morriston Hospital, acute wards completed of February Roll out to NPTH to be undertaken in March and April.
Month	Morrison	Singleton	NPTH																																																								
Feb-19	100	50	10																																																								
Mar-19	110	60	15																																																								
Apr-19	100	80	10																																																								
May-19	90	70	10																																																								
Jun-19	100	60	15																																																								
Jul-19	110	50	15																																																								
Aug-19	110	50	15																																																								
Sep-19	110	55	35																																																								
Oct-19	140	55	10																																																								
Nov-19	110	55	10																																																								
Dec-19	100	60	25																																																								
Jan-20	120	65	35																																																								
Feb-20	100	55	30																																																								
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In February 2020, there were 89 elective procedures cancelled due to lack of beds on the day of surgery. This is 43% less than in January 2020 (from 161 to 92). In February 2020, 72 of the 92 cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Total number of elective procedures cancelled due to lack of beds</caption> <thead> <tr> <th>Month</th> <th>Morrison</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>40</td><td>10</td><td>5</td></tr> <tr><td>Mar-19</td><td>85</td><td>20</td><td>5</td></tr> <tr><td>Apr-19</td><td>85</td><td>10</td><td>5</td></tr> <tr><td>May-19</td><td>115</td><td>15</td><td>5</td></tr> <tr><td>Jun-19</td><td>105</td><td>10</td><td>5</td></tr> <tr><td>Jul-19</td><td>95</td><td>10</td><td>5</td></tr> <tr><td>Aug-19</td><td>60</td><td>10</td><td>5</td></tr> <tr><td>Sep-19</td><td>105</td><td>10</td><td>5</td></tr> <tr><td>Oct-19</td><td>130</td><td>10</td><td>10</td></tr> <tr><td>Nov-19</td><td>140</td><td>10</td><td>55</td></tr> <tr><td>Dec-19</td><td>80</td><td>10</td><td>5</td></tr> <tr><td>Jan-20</td><td>155</td><td>10</td><td>5</td></tr> <tr><td>Feb-20</td><td>75</td><td>10</td><td>5</td></tr> </tbody> </table>	Month	Morrison	Singleton	NPTH	Feb-19	40	10	5	Mar-19	85	20	5	Apr-19	85	10	5	May-19	115	15	5	Jun-19	105	10	5	Jul-19	95	10	5	Aug-19	60	10	5	Sep-19	105	10	5	Oct-19	130	10	10	Nov-19	140	10	55	Dec-19	80	10	5	Jan-20	155	10	5	Feb-20	75	10	5	<ul style="list-style-type: none"> Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models. Maximise utilisation of surgical unit at NPTH hospital, which is generally unaffected by emergency pressures. Maintain ring fenced orthopaedic ward at Morriston hospital which was reinstated in November.
Month	Morrison	Singleton	NPTH																																																								
Feb-19	40	10	5																																																								
Mar-19	85	20	5																																																								
Apr-19	85	10	5																																																								
May-19	115	15	5																																																								
Jun-19	105	10	5																																																								
Jul-19	95	10	5																																																								
Aug-19	60	10	5																																																								
Sep-19	105	10	5																																																								
Oct-19	130	10	10																																																								
Nov-19	140	10	55																																																								
Dec-19	80	10	5																																																								
Jan-20	155	10	5																																																								
Feb-20	75	10	5																																																								

UNSCHEDULED CARE																															
Description	Current Performance	Trend	Actions planned for next period																												
Stroke Admissions <i>The total number of stroke admissions into the Health Board</i>	<p>In February 2020, there were 34 confirmed acute stroke admissions in Morriston Hospital. This number is low following Consultant validation which determined a high number of sub-acute stroke diagnosis (reducing the number of acute stroke patients).</p>	<p>Total number of stroke admissions</p> <table border="1"><thead><tr><th>Month</th><th>Admissions</th></tr></thead><tbody><tr><td>Feb-19</td><td>38</td></tr><tr><td>Mar-19</td><td>48</td></tr><tr><td>Apr-19</td><td>48</td></tr><tr><td>May-19</td><td>45</td></tr><tr><td>Jun-19</td><td>46</td></tr><tr><td>Jul-19</td><td>52</td></tr><tr><td>Aug-19</td><td>55</td></tr><tr><td>Sep-19</td><td>45</td></tr><tr><td>Oct-19</td><td>48</td></tr><tr><td>Nov-19</td><td>48</td></tr><tr><td>Dec-19</td><td>65</td></tr><tr><td>Jan-20</td><td>52</td></tr><tr><td>Feb-20</td><td>34</td></tr></tbody></table> <p>Confirmed stroke admission (Morr)</p>	Month	Admissions	Feb-19	38	Mar-19	48	Apr-19	48	May-19	45	Jun-19	46	Jul-19	52	Aug-19	55	Sep-19	45	Oct-19	48	Nov-19	48	Dec-19	65	Jan-20	52	Feb-20	34	<ul style="list-style-type: none">Ongoing clinical validation to separate acute and sub-acute stroke diagnosis.
Month	Admissions																														
Feb-19	38																														
Mar-19	48																														
Apr-19	48																														
May-19	45																														
Jun-19	46																														
Jul-19	52																														
Aug-19	55																														
Sep-19	45																														
Oct-19	48																														
Nov-19	48																														
Dec-19	65																														
Jan-20	52																														
Feb-20	34																														
Stroke 4 hour access target <i>% of patients directly admitted to a stroke unit within 4 hours of clock start</i>	<p>ASU access performance in MH increased in February 2020 to 62%.</p> <p>All- Wales ASU performance in January 2020 was 37.8%. The national February 2020 reports are scheduled for circulation w/c 16th March.</p> <p>Performance against this measure deteriorated significantly through the winter period. There is limited assurance around sustaining the recent improvement given ongoing site pressures.</p>	<p>Percentage of patients admitted to stroke unit within 4 hours</p> <table border="1"><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>75%</td></tr><tr><td>Mar-19</td><td>65%</td></tr><tr><td>Apr-19</td><td>60%</td></tr><tr><td>May-19</td><td>55%</td></tr><tr><td>Jun-19</td><td>58%</td></tr><tr><td>Jul-19</td><td>58%</td></tr><tr><td>Aug-19</td><td>40%</td></tr><tr><td>Sep-19</td><td>30%</td></tr><tr><td>Oct-19</td><td>55%</td></tr><tr><td>Nov-19</td><td>55%</td></tr><tr><td>Dec-19</td><td>40%</td></tr><tr><td>Jan-20</td><td>25%</td></tr><tr><td>Feb-20</td><td>62%</td></tr></tbody></table> <p>Stroke admissions within 4 hours (Morr)</p>	Month	Percentage	Feb-19	75%	Mar-19	65%	Apr-19	60%	May-19	55%	Jun-19	58%	Jul-19	58%	Aug-19	40%	Sep-19	30%	Oct-19	55%	Nov-19	55%	Dec-19	40%	Jan-20	25%	Feb-20	62%	<ul style="list-style-type: none">Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures is impacting on its performance – particularly in accessing beds.Ongoing focus to prospectively identify suspected stroke patients in ED to expedite transfer to the Acute Stroke Unit (ASU). This process is led by Stroke Clinical Nurse Specialists and has delivered improvement in Feb-20.Weekly patient breach analysis and remedial actions assigned to key pathway stakeholders to improve access performance.
Month	Percentage																														
Feb-19	75%																														
Mar-19	65%																														
Apr-19	60%																														
May-19	55%																														
Jun-19	58%																														
Jul-19	58%																														
Aug-19	40%																														
Sep-19	30%																														
Oct-19	55%																														
Nov-19	55%																														
Dec-19	40%																														
Jan-20	25%																														
Feb-20	62%																														

Morriston, Georgia
03/25/2020 16:25:15

UNSCHEDULED CARE			
Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan <i>Percentage of patients who receive a CT scan within 1 hour</i>	<p>In February 2020, the Health Board achieved 38%, which was below the internal profile of 56%.</p> <p>High volumes of ED WIP over recent months has resulted in delayed assessment times to patients which has affected the lead time to initial CT.</p> <p>A dedicated stroke assessment team, based in ED, is required to deliver sustainable improvement against all early pathway interventions (such as CT request).</p>	<p>Percentage of patients receiving CT scan within 1 hour</p> <p>— Ct scan within 1 hour (Morr)</p>	<ul style="list-style-type: none"> IMTP business case being developed to invest in a dedicated stroke in-reach team to expedite patient management in the ED.
Stroke assessment within 24 hours <i>Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	<p>In February, the Health Board achieved 97%, which was above the internal profile of 95% and above the Sentinel Stroke National Audit Programme (SSNAP) average of 83.9%.</p>	<p>Percentage of patients assessed by stroke consultant within 24 hours</p> <p>— Consultant assessment within 24 hours (Morr)</p>	<ul style="list-style-type: none"> Stroke Physician cross cover is planned well in advance to ensure patients reviews are provided ASAP. The absence of a 7-day service means that full compliance is not always possible

UNSCHEDULED CARE																															
Description	Current Performance	Trend	Actions planned for next period																												
Thrombolysed Patients with Door-to-Needle <= 45 mins	In February 2020, 14.7% were thrombolysed (5 out of 34). However, no patients were thrombolysed within the 45 minutes (door to needle) standard (20%). This is below the internal profile of 40%.	<p>Percentage of eligible thrombolysed patients within 45 minutes</p> <table><caption>Percentage of eligible thrombolysed patients within 45 minutes</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-19</td><td>14%</td></tr><tr><td>Mar-19</td><td>20%</td></tr><tr><td>Apr-19</td><td>26%</td></tr><tr><td>May-19</td><td>16%</td></tr><tr><td>Jun-19</td><td>0%</td></tr><tr><td>Jul-19</td><td>40%</td></tr><tr><td>Aug-19</td><td>28%</td></tr><tr><td>Sep-19</td><td>0%</td></tr><tr><td>Oct-19</td><td>0%</td></tr><tr><td>Nov-19</td><td>0%</td></tr><tr><td>Dec-19</td><td>20%</td></tr><tr><td>Jan-20</td><td>0%</td></tr><tr><td>Feb-20</td><td>0%</td></tr></tbody></table> <p>— Door to needle within 45 minutes (Morr)</p>	Month	Percentage	Feb-19	14%	Mar-19	20%	Apr-19	26%	May-19	16%	Jun-19	0%	Jul-19	40%	Aug-19	28%	Sep-19	0%	Oct-19	0%	Nov-19	0%	Dec-19	20%	Jan-20	0%	Feb-20	0%	<ul style="list-style-type: none">IMTP business case being developed to invest in a dedicated stroke in-reach team to expedite thrombolysis treatment in ED.
Month	Percentage																														
Feb-19	14%																														
Mar-19	20%																														
Apr-19	26%																														
May-19	16%																														
Jun-19	0%																														
Jul-19	40%																														
Aug-19	28%																														
Sep-19	0%																														
Oct-19	0%																														
Nov-19	0%																														
Dec-19	20%																														
Jan-20	0%																														
Feb-20	0%																														

Marston, Georgia
03/25/2020 16:25:15

PLANNED CARE- RTT																																																																									
Description	Current Performance	Trend	Actions planned for next period																																																																						
Outpatient waiting times <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In February 2020, there were 1,306 patients waiting over 26 weeks compared with 1,453 in January 2020. Gastroenterology accounted for 816 breaches) and Orthopaedics/ Spinal accounted for 405 breaches).</p>	<p>Number of stage 1 over 26 weeks</p> <table><caption>Estimated data for Stage 1 over 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>50</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>150</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>100</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>350</td><td>550</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>400</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>450</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>450</td><td>650</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>550</td><td>750</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>600</td><td>850</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>400</td><td>850</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	50	0	0	0	Mar-19	100	0	0	0	Apr-19	150	0	0	0	May-19	200	0	0	0	Jun-19	150	50	0	0	Jul-19	100	200	0	0	Aug-19	350	550	0	0	Sep-19	400	600	0	0	Oct-19	450	650	0	0	Nov-19	450	650	0	0	Dec-19	550	750	0	0	Jan-20	600	850	0	0	Feb-20	400	850	0	0	<ul style="list-style-type: none">Gastroenterology continues to recruit to achieve sustainability.Additional insourcing capacity secured in gastroenterology to recover 26 week position.Combined consultant and APP weekend clinic tested for spines in February (WLI). To be rerun March. Business case being developed for 2020/21Scoping 'straight to test' model in General Surgery to relieve outpatient demand.Business planning continues for COVID19
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	50	0	0	0																																																																					
Mar-19	100	0	0	0																																																																					
Apr-19	150	0	0	0																																																																					
May-19	200	0	0	0																																																																					
Jun-19	150	50	0	0																																																																					
Jul-19	100	200	0	0																																																																					
Aug-19	350	550	0	0																																																																					
Sep-19	400	600	0	0																																																																					
Oct-19	450	650	0	0																																																																					
Nov-19	450	650	0	0																																																																					
Dec-19	550	750	0	0																																																																					
Jan-20	600	850	0	0																																																																					
Feb-20	400	850	0	0																																																																					
Total waiting times <i>The number of patients waiting more than 36 weeks for treatment</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In February 2020 there were 5,729 patients waiting over 36 weeks compared with 5,623 for January 2020.</p> <p>Orthopaedics/ Spinal accounted for 43% of the breaches, followed by Ophthalmology with 16%.</p>	<p>Number of patients waiting longer than 36 weeks</p> <table><caption>Estimated data for patients waiting longer than 36 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>1800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>1900</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>2000</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>2200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>2500</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>2800</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>2800</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>3200</td><td>1000</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>3500</td><td>1200</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>3800</td><td>1400</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>4000</td><td>1500</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>4000</td><td>1500</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	2000	0	0	0	Mar-19	1800	0	0	0	Apr-19	1900	0	0	0	May-19	2000	0	0	0	Jun-19	2200	0	0	0	Jul-19	2500	50	0	0	Aug-19	2800	200	0	0	Sep-19	2800	500	0	0	Oct-19	3200	1000	0	0	Nov-19	3500	1200	0	0	Dec-19	3800	1400	0	0	Jan-20	4000	1500	0	0	Feb-20	4000	1500	0	0	<ul style="list-style-type: none">Recruitment programme for 10 permanent Anaesthetists continues. Led by MDUOphthalmology being addressed through outsourcing and additional lists in NPTH.Opened 10 protected Orthopaedic beds on Clydach Ward, maintaining throughput.New clinical model to be scoped for General Surgery to meet the demand on the service.Maximising the benefit of the trolleys at Singleton remains.Scoping model change to overnight Anaesthetic cover at Singleton to increase range of cases that can be undertaken on the site.Business planning continues for COVID19
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	2000	0	0	0																																																																					
Mar-19	1800	0	0	0																																																																					
Apr-19	1900	0	0	0																																																																					
May-19	2000	0	0	0																																																																					
Jun-19	2200	0	0	0																																																																					
Jul-19	2500	50	0	0																																																																					
Aug-19	2800	200	0	0																																																																					
Sep-19	2800	500	0	0																																																																					
Oct-19	3200	1000	0	0																																																																					
Nov-19	3500	1200	0	0																																																																					
Dec-19	3800	1400	0	0																																																																					
Jan-20	4000	1500	0	0																																																																					
Feb-20	4000	1500	0	0																																																																					

PLANNED CARE- RTT																																																																									
Description	Current Performance	Trend	Actions planned for next period																																																																						
Total waiting times <i>The number of patients waiting more than 52 weeks for treatment</i>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics accounting for the vast majority of breaches. In February 2020 there were 2,227 patients waiting over 52 weeks compared with 2,065 in January</p>	<p>Number of patients waiting longer than 52 weeks</p> <table><caption>Number of patients waiting longer than 52 weeks (Estimated)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>750</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>700</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>800</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>850</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>950</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1050</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>1150</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>1300</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>1400</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>1600</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>1800</td><td>350</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>1900</td><td>400</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	750	0	0	0	Mar-19	700	0	0	0	Apr-19	700	0	0	0	May-19	800	0	0	0	Jun-19	850	0	0	0	Jul-19	950	0	0	0	Aug-19	1050	0	0	0	Sep-19	1150	0	0	0	Oct-19	1300	0	0	0	Nov-19	1400	0	0	0	Dec-19	1600	100	0	0	Jan-20	1800	350	0	0	Feb-20	1900	400	0	0	<ul style="list-style-type: none">The actions relating to >52 week patients are aligned with the plans for 36 week patients.Orthopaedics established a patient contact line for the 200 longest waiting patientsGeneral Surgery planning scoping the possibility to redo a similar contact lineTop 15 longest waiting patients for each speciality have been reviewed and actions identified.Targeted treat in turn and clinical discussions to prioritise longest waiting patients.
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	750	0	0	0																																																																					
Mar-19	700	0	0	0																																																																					
Apr-19	700	0	0	0																																																																					
May-19	800	0	0	0																																																																					
Jun-19	850	0	0	0																																																																					
Jul-19	950	0	0	0																																																																					
Aug-19	1050	0	0	0																																																																					
Sep-19	1150	0	0	0																																																																					
Oct-19	1300	0	0	0																																																																					
Nov-19	1400	0	0	0																																																																					
Dec-19	1600	100	0	0																																																																					
Jan-20	1800	350	0	0																																																																					
Feb-20	1900	400	0	0																																																																					
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2018/19 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 89%. However, this level of performance has not been maintained in 2019/20.</p> <p>In February 2020, the percentage was 82.3%.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Percentage of patient waiting less than 26 weeks (Estimated)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-19</td><td>85%</td><td>94%</td><td>99%</td><td>99%</td></tr><tr><td>Mar-19</td><td>86%</td><td>93%</td><td>99%</td><td>99%</td></tr><tr><td>Apr-19</td><td>84%</td><td>92%</td><td>99%</td><td>99%</td></tr><tr><td>May-19</td><td>83%</td><td>91%</td><td>99%</td><td>99%</td></tr><tr><td>Jun-19</td><td>84%</td><td>90%</td><td>99%</td><td>99%</td></tr><tr><td>Jul-19</td><td>83%</td><td>89%</td><td>99%</td><td>99%</td></tr><tr><td>Aug-19</td><td>81%</td><td>87%</td><td>99%</td><td>99%</td></tr><tr><td>Sep-19</td><td>80%</td><td>85%</td><td>99%</td><td>99%</td></tr><tr><td>Oct-19</td><td>80%</td><td>84%</td><td>99%</td><td>99%</td></tr><tr><td>Nov-19</td><td>79%</td><td>83%</td><td>99%</td><td>99%</td></tr><tr><td>Dec-19</td><td>78%</td><td>82%</td><td>99%</td><td>99%</td></tr><tr><td>Jan-20</td><td>78%</td><td>82%</td><td>99%</td><td>99%</td></tr><tr><td>Feb-20</td><td>78%</td><td>82%</td><td>95%</td><td>99%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-19	85%	94%	99%	99%	Mar-19	86%	93%	99%	99%	Apr-19	84%	92%	99%	99%	May-19	83%	91%	99%	99%	Jun-19	84%	90%	99%	99%	Jul-19	83%	89%	99%	99%	Aug-19	81%	87%	99%	99%	Sep-19	80%	85%	99%	99%	Oct-19	80%	84%	99%	99%	Nov-19	79%	83%	99%	99%	Dec-19	78%	82%	99%	99%	Jan-20	78%	82%	99%	99%	Feb-20	78%	82%	95%	99%	<ul style="list-style-type: none">Plans as outlined in previous tables.
Month	Morriston	Singleton	PC&CS	NPTH																																																																					
Feb-19	85%	94%	99%	99%																																																																					
Mar-19	86%	93%	99%	99%																																																																					
Apr-19	84%	92%	99%	99%																																																																					
May-19	83%	91%	99%	99%																																																																					
Jun-19	84%	90%	99%	99%																																																																					
Jul-19	83%	89%	99%	99%																																																																					
Aug-19	81%	87%	99%	99%																																																																					
Sep-19	80%	85%	99%	99%																																																																					
Oct-19	80%	84%	99%	99%																																																																					
Nov-19	79%	83%	99%	99%																																																																					
Dec-19	78%	82%	99%	99%																																																																					
Jan-20	78%	82%	99%	99%																																																																					
Feb-20	78%	82%	95%	99%																																																																					

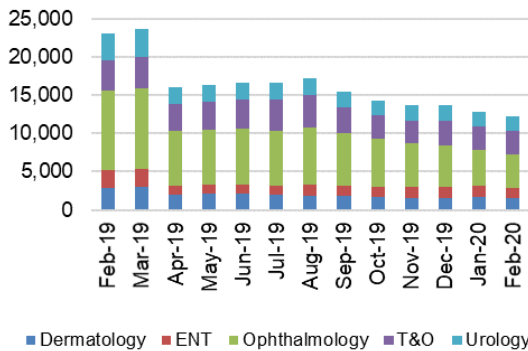
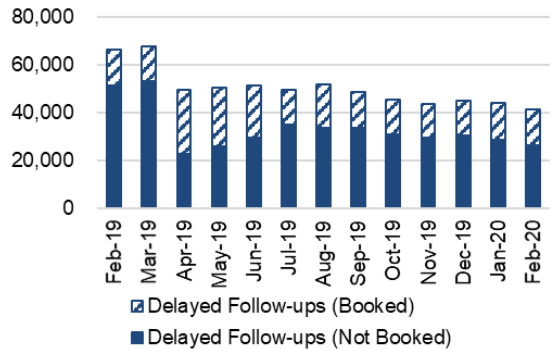
PLANNED CARE-RTT																																																																																																																			
Description	Current Performance	Trend	Actions planned for next period																																																																																																																
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In February 2020, there were 424 patients waiting over 8 weeks for specified diagnostics, compared to 628 for January 2020.</p> <p>A range of cardiology diagnostics account for 417 of these with MR (136), CT (119) and echocardiogram (122) being most notable</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table><caption>Data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th></tr></thead><tbody><tr><td>Feb-19</td><td>550</td><td>0</td></tr><tr><td>Mar-19</td><td>450</td><td>0</td></tr><tr><td>Apr-19</td><td>400</td><td>0</td></tr><tr><td>May-19</td><td>400</td><td>0</td></tr><tr><td>Jun-19</td><td>300</td><td>0</td></tr><tr><td>Jul-19</td><td>250</td><td>0</td></tr><tr><td>Aug-19</td><td>350</td><td>0</td></tr><tr><td>Sep-19</td><td>300</td><td>0</td></tr><tr><td>Oct-19</td><td>220</td><td>0</td></tr><tr><td>Nov-19</td><td>220</td><td>0</td></tr><tr><td>Dec-19</td><td>580</td><td>0</td></tr><tr><td>Jan-20</td><td>650</td><td>0</td></tr><tr><td>Feb-20</td><td>424</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	Feb-19	550	0	Mar-19	450	0	Apr-19	400	0	May-19	400	0	Jun-19	300	0	Jul-19	250	0	Aug-19	350	0	Sep-19	300	0	Oct-19	220	0	Nov-19	220	0	Dec-19	580	0	Jan-20	650	0	Feb-20	424	0	<ul style="list-style-type: none">Endoscopy insourcing commenced with new Provider in December and working well, maintaining a Nil breach position.Cystoscopy capacity increased as a result of two new Urology consultants.Cardiology diagnostics remain balancing requirements of unscheduled care demand with OP demand.																																																																						
Month	Morriston	Singleton																																																																																																																	
Feb-19	550	0																																																																																																																	
Mar-19	450	0																																																																																																																	
Apr-19	400	0																																																																																																																	
May-19	400	0																																																																																																																	
Jun-19	300	0																																																																																																																	
Jul-19	250	0																																																																																																																	
Aug-19	350	0																																																																																																																	
Sep-19	300	0																																																																																																																	
Oct-19	220	0																																																																																																																	
Nov-19	220	0																																																																																																																	
Dec-19	580	0																																																																																																																	
Jan-20	650	0																																																																																																																	
Feb-20	424	0																																																																																																																	
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In February 2020 there was one breach (occupational therapy/learning disabilities).</p> <p>In January 2020 there were no patients waiting over 14 weeks.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table><caption>Data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech & Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Feb-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Feb-19	0	0	0	0	0	0	0	Mar-19	0	0	0	0	0	0	0	Apr-19	0	0	0	0	0	0	0	May-19	0	0	0	0	0	0	0	Jun-19	0	0	0	0	0	0	0	Jul-19	0	0	0	0	0	0	0	Aug-19	1	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	0	1	0	0	0	0	Nov-19	0	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	0	Jan-20	0	0	0	0	0	0	0	Feb-20	1	0	0	0	0	0	0	<ul style="list-style-type: none">Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.
Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry																																																																																																												
Feb-19	0	0	0	0	0	0	0																																																																																																												
Mar-19	0	0	0	0	0	0	0																																																																																																												
Apr-19	0	0	0	0	0	0	0																																																																																																												
May-19	0	0	0	0	0	0	0																																																																																																												
Jun-19	0	0	0	0	0	0	0																																																																																																												
Jul-19	0	0	0	0	0	0	0																																																																																																												
Aug-19	1	0	0	0	0	0	0																																																																																																												
Sep-19	0	0	0	0	0	0	0																																																																																																												
Oct-19	0	0	1	0	0	0	0																																																																																																												
Nov-19	0	0	0	0	0	0	0																																																																																																												
Dec-19	0	0	0	0	0	0	0																																																																																																												
Jan-20	0	0	0	0	0	0	0																																																																																																												
Feb-20	1	0	0	0	0	0	0																																																																																																												

Morriston, Georgia
 03/25/2020 16:25:15

PLANNED CARE- CANCER																																																											
Description	Current Performance	Trend	Actions planned for next period																																																								
Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>February 2020 figures will be finalised on the 2nd April 2020. Draft figures indicate a possible achievement of 91% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches across the Health Board in February 2020:</p> <ul style="list-style-type: none"> • 4 Urology (1 suspected) • 3 Gynaecology (1 suspected) • 1 Lung • 1 Upper GI <p>(9 pathways to be validated)</p>	<p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</p> <table border="1"> <caption>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Mar-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Apr-19</td><td>85%</td><td>95%</td><td>100%</td></tr> <tr><td>May-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Jun-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Jul-19</td><td>90%</td><td>95%</td><td>100%</td></tr> <tr><td>Aug-19</td><td>90%</td><td>95%</td><td>100%</td></tr> <tr><td>Sep-19</td><td>85%</td><td>95%</td><td>100%</td></tr> <tr><td>Oct-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Nov-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>95%</td><td>100%</td></tr> <tr><td>Jan-20</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Feb-20</td><td>85%</td><td>90%</td><td>100%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-19	95%	95%	100%	Mar-19	95%	95%	100%	Apr-19	85%	95%	100%	May-19	95%	95%	100%	Jun-19	95%	95%	100%	Jul-19	90%	95%	100%	Aug-19	90%	95%	100%	Sep-19	85%	95%	100%	Oct-19	95%	95%	100%	Nov-19	95%	95%	100%	Dec-19	90%	95%	100%	Jan-20	95%	95%	100%	Feb-20	85%	90%	100%	<ul style="list-style-type: none"> • Work is ongoing with MSD/Ge companies to look at our capacity and demand planning for SACT. • 1 new Anaesthetic Consultant commencing post in March, and another going through pre-employment checks • 5 RCP approvals for substantive anaesthetic posts - going to corporate panel.
Month	Morriston	Singleton	NPTH																																																								
Feb-19	95%	95%	100%																																																								
Mar-19	95%	95%	100%																																																								
Apr-19	85%	95%	100%																																																								
May-19	95%	95%	100%																																																								
Jun-19	95%	95%	100%																																																								
Jul-19	90%	95%	100%																																																								
Aug-19	90%	95%	100%																																																								
Sep-19	85%	95%	100%																																																								
Oct-19	95%	95%	100%																																																								
Nov-19	95%	95%	100%																																																								
Dec-19	90%	95%	100%																																																								
Jan-20	95%	95%	100%																																																								
Feb-20	85%	90%	100%																																																								
Cancer- USC waiting times- <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>February 2020 figures will be finalised on the 2nd April 2020. Draft figures indicate a possible achievement of 73% of patients starting treatment within 62 days. At the time of writing this report there are 27 breaches in total across the Health Board in February 2020:</p> <ul style="list-style-type: none"> • 7 Gynaecology • 5 Lower GI • 5 Breast • 5 Urology • 3 Upper GI • 1 Lung • 1 Sarcoma <p>(7 pathways to be validated)</p>	<p>Percentage of USC patients starting treatment within 62 days of receipt of referral</p> <table border="1"> <caption>Percentage of USC patients starting treatment within 62 days of receipt of referral</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-19</td><td>90%</td><td>85%</td><td>100%</td></tr> <tr><td>Mar-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Apr-19</td><td>90%</td><td>85%</td><td>100%</td></tr> <tr><td>May-19</td><td>95%</td><td>70%</td><td>100%</td></tr> <tr><td>Jun-19</td><td>85%</td><td>80%</td><td>100%</td></tr> <tr><td>Jul-19</td><td>85%</td><td>75%</td><td>20%</td></tr> <tr><td>Aug-19</td><td>85%</td><td>80%</td><td>100%</td></tr> <tr><td>Sep-19</td><td>90%</td><td>75%</td><td>100%</td></tr> <tr><td>Oct-19</td><td>85%</td><td>85%</td><td>100%</td></tr> <tr><td>Nov-19</td><td>85%</td><td>85%</td><td>100%</td></tr> <tr><td>Dec-19</td><td>95%</td><td>95%</td><td>100%</td></tr> <tr><td>Jan-20</td><td>95%</td><td>75%</td><td>100%</td></tr> <tr><td>Feb-20</td><td>75%</td><td>60%</td><td>100%</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-19	90%	85%	100%	Mar-19	95%	95%	100%	Apr-19	90%	85%	100%	May-19	95%	70%	100%	Jun-19	85%	80%	100%	Jul-19	85%	75%	20%	Aug-19	85%	80%	100%	Sep-19	90%	75%	100%	Oct-19	85%	85%	100%	Nov-19	85%	85%	100%	Dec-19	95%	95%	100%	Jan-20	95%	75%	100%	Feb-20	75%	60%	100%	<ul style="list-style-type: none"> • Meeting held on the 13th January 2020 with colleagues in Cwm Taff regarding the PMB Service and reporting arrangements – additional information required, meeting cancelled on the 3rd February 2020, rearranged for 19th March 2020. • Locum Consultant Gynae-Oncology Surgeon post to be made permanent – plan for post to be presented at vacancy panel in March. • 2nd Sarcoma Consultant interviews 5th March, new appointment made and planned to start Summer 2021, Locum appointment made in the interim. Awaiting start date. • RALP capacity - SBU will be allocated an additional Monday list at C&V on alternate weeks. Additional lists to commence on the 13th April 2020.
Month	Morriston	Singleton	NPTH																																																								
Feb-19	90%	85%	100%																																																								
Mar-19	95%	95%	100%																																																								
Apr-19	90%	85%	100%																																																								
May-19	95%	70%	100%																																																								
Jun-19	85%	80%	100%																																																								
Jul-19	85%	75%	20%																																																								
Aug-19	85%	80%	100%																																																								
Sep-19	90%	75%	100%																																																								
Oct-19	85%	85%	100%																																																								
Nov-19	85%	85%	100%																																																								
Dec-19	95%	95%	100%																																																								
Jan-20	95%	75%	100%																																																								
Feb-20	75%	60%	100%																																																								

PLANNED CARE- CANCER																																								
Description	Current Performance	Trend	Actions planned for next period																																					
USC backlog <i>The number of patients with an active wait status of more than 53 days</i>	End of February 2020 backlog by tumour site:	Number of patients with a wait status of more than 53 days <p>■ 53-62 days (ABMU HB) ■ 53-62 days (SBU HB) ■ 63 days+ (ABMU) ■ 63 days+ (SBU HB)</p>	<ul style="list-style-type: none">Long term sickness within Breast and Gynae affecting tracking arrangements have improved and is supported by staff member from Cancer Information Team for Gynae.Temporary move of experienced Manager from Cancer Services to join the surgical team from April 1st, however a transition period will commence 1st March. Temporary post of Service Manager for Surgical Services appointed to and waiting start date.																																					
	<table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr><tr><td>Breast</td><td>0</td><td>2</td></tr><tr><td>Gynaecological</td><td>6</td><td>10</td></tr><tr><td>Haematological</td><td>1</td><td>4</td></tr><tr><td>Head and Neck</td><td>0</td><td>2</td></tr><tr><td>Lower GI</td><td>2</td><td>8</td></tr><tr><td>Lung</td><td>2</td><td>4</td></tr><tr><td>Other</td><td>5</td><td>6</td></tr><tr><td>Skin</td><td>0</td><td>6</td></tr><tr><td>Upper GI</td><td>4</td><td>3</td></tr><tr><td>Urological</td><td>10</td><td>10</td></tr><tr><td>Grand Total</td><td>30</td><td>55</td></tr></table>				Tumour Site	53 - 62 days	63 >	Breast	0	2	Gynaecological	6	10	Haematological	1	4	Head and Neck	0	2	Lower GI	2	8	Lung	2	4	Other	5	6	Skin	0	6	Upper GI	4	3	Urological	10	10	Grand Total	30	55
	Tumour Site				53 - 62 days	63 >																																		
	Breast				0	2																																		
	Gynaecological				6	10																																		
	Haematological				1	4																																		
	Head and Neck				0	2																																		
	Lower GI				2	8																																		
	Lung				2	4																																		
	Other				5	6																																		
	Skin				0	6																																		
	Upper GI				4	3																																		
	Urological				10	10																																		
	Grand Total				30	55																																		

USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through February 2020 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 37% and 43%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of February 2020 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>0</td><td>1</td><td>18</td><td>46</td><td>65</td></tr><tr><td>Children cancer</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Gynaecological</td><td>4</td><td>13</td><td>59</td><td>2</td><td>78</td></tr><tr><td>Haematological</td><td>2</td><td>1</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Head and Neck</td><td>26</td><td>17</td><td>0</td><td>2</td><td>45</td></tr><tr><td>Lower GI</td><td>4</td><td>2</td><td>4</td><td>1</td><td>11</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>20</td><td>18</td><td>67</td><td>5</td><td>110</td></tr><tr><td>Sarcoma</td><td>2</td><td>0</td><td>0</td><td>1</td><td>3</td></tr><tr><td>Skin</td><td>24</td><td>67</td><td>7</td><td>2</td><td>100</td></tr><tr><td>UGI</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Urology</td><td>3</td><td>4</td><td>1</td><td>2</td><td>10</td></tr><tr><td>Total</td><td>86</td><td>125</td><td>157</td><td>62</td><td>430</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	0	1	18	46	65	Children cancer	0	0	0	1	1	Gynaecological	4	13	59	2	78	Haematological	2	1	0	0	3	Head and Neck	26	17	0	2	45	Lower GI	4	2	4	1	11	Lung	1	1	0	0	2	Other	20	18	67	5	110	Sarcoma	2	0	0	1	3	Skin	24	67	7	2	100	UGI	0	1	1	0	2	Urology	3	4	1	2	10	Total	86	125	157	62	430	<ul style="list-style-type: none">Additional clinic capacity requested and arranged to support outpatient waiting times.Surgical specialties waits to first appointments, however, this should improve due to WLI clinics recommencing and the outsourcing of some first outpatient appointments to Sancta Maria Hospital within Lower GI.To support Gastroenterology outpatient waits and an increase in demand, Service Tendering agreement for Insourcing 1000 patients to end of March 20 to commence weekend lists on the 29th February 2020.Plan to advertise substantive Consultant Gastroenterologist post – job description currently with Medical Director for approval.
			≤10	11-20	21-30	>31	Total																																																																																
	Breast		0	1	18	46	65																																																																																
	Children cancer		0	0	0	1	1																																																																																
	Gynaecological		4	13	59	2	78																																																																																
	Haematological		2	1	0	0	3																																																																																
	Head and Neck		26	17	0	2	45																																																																																
	Lower GI		4	2	4	1	11																																																																																
	Lung		1	1	0	0	2																																																																																
	Other		20	18	67	5	110																																																																																
	Sarcoma		2	0	0	1	3																																																																																
	Skin		24	67	7	2	100																																																																																
	UGI		0	1	1	0	2																																																																																
	Urology		3	4	1	2	10																																																																																
Total	86	125	157	62	430																																																																																		

PLANNED CARE			
Description	Current Performance	Trend	Actions planned for next period
Delayed follow-ups <i>The number patients delayed past their target date for a follow-up</i>	<p>In February 2020 there was a total of 41,417 patients waiting for a follow-up past their target date. This is a 6% reduction compared with January 2020 (from 43,979 to 41,417).</p> <p>Of the 41,417 delayed follow-ups in February 2020, 14,993 had appointment dates and 26,424 were still waiting for an appointment. In addition, 17,747 were waiting 100%+ over target date in February 2020. This is a 11% increase when compared with January 2020.</p> <p>In February 2020, the overall size of the follow-up waiting list reduced by 2% compared with January 2020 (from 131,090 to 128,674).</p>	<p>Delayed follow-ups: Planned Care specialties</p>  <p>Delayed follow-ups: Number of patients waiting over target date</p> 	<ul style="list-style-type: none"> To date the validation team have validated over 50,000 follow up waiting list entries The DNA policy refresh was agreed and rolled out across SBUHB outpatient Services as an administrative intervention, performance managing the effects of this roll out. The Outpatients Letter validation has commenced with the approach to managing longest waiters on the follow up waiting lists and engaging directly with patients to ascertain their need for an outpatient follow up appointment. Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODTG development in Cwmtawe Cluster (Mar-20). Participation in National Outpatient Modernisation Board. Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – i.e. PKB / PROMs / In Touch etc. Project plans for 2020/21 are being scoped out

Marston, Georgia
03/25/2020 16:25:15

MENTAL HEALTH			
Description	Current Performance	Trend	Actions planned for next period
<p>Mental Health Measures:</p> <p>1) % of MH assessments undertaken within 28 days from the date of receipt of referral</p> <p>2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS</p> <p>3) % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health advocacy (IMHA) within 5 working days</p> <p>4) % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</p> <p>5) All HB residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment</p>	<p>1) In January 2020, the percentage of assessments undertaken with 28 days was 93% excluding CAMHS and 77% including CAMHS.</p> <p>2) In January 2020, the percentage of therapeutic interventions started within 28 days was 89% excluding CAMHS and 90% including CAMHS.</p> <p>3) The % of qualifying patients who had their first contact with IMHA with 5 working days in December 2019 was 100%.</p> <p>4) In January 2020, 93% of residents in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%</p> <p>5) In January 2020, 100% of residents assessed under part 3 of the MH measure were sent a copy of their outcome assessment report within 10 working days of the assessment taking place</p>	<p>Mental Health assessments and therapeutic interventions undertaken within 28 days</p> <p>Patients having 1st contact with IMHA within 5 days</p> <p>Residents in receipt of a Care Treatment Plan and their outcome assessment</p>	<ul style="list-style-type: none"> An analysis of part 1 referral data is to be undertaken by SBUHB as at a recent meeting with the NHS Wales Delivery Unit the Health Board was identified as an outlier due to a high number of referrals. SBUHB is continuing to develop a sustainable model to ensure the timely delivery of therapeutic interventions, including high intensity psychological therapies. The database introduced to ensure performance against Care and Treatment Plan (CTP) target is maintained is up and running and monitored monthly.

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)			
Description	Current Performance	Trend	Actions planned for next period
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>3. P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>4. P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>5. S-CAMHS - % SBU residents in receipt of CAMHS to have a valid Care and Treatment Plan</p> <p>6. S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In January 2020, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 28% of NDD patients received a diagnostic assessment within 26 weeks in January 2020.</p> <p>3. 0% of routine assessments were undertaken within 28 days in January 2020, against a target of 80%.</p> <p>4. 94% of therapeutic interventions were started within 28 days following assessment in January 2020.</p> <p>5. In January 2020, 100% of residents in receipt of Specialist Child and Adolescent Mental Health Services (SCAMHS) had a Care and Treatment Plan</p> <p>6. 87% of routine assessments by SCAMHS were undertaken within 28 days in January 2020.</p>	<p>1. Crisis- assessment within 48 hours</p> <p>2. NDD- assessment within 26 weeks</p> <p>3. and 4. P-CAMHS- Therapeutic intervention within 28 days and residents in receipt of CTP</p> <p>5. and 6 S-CAMHS- % residents with CTP and assessment within 28 days</p>	<ul style="list-style-type: none"> NDD – The referral rate has stabilised at around 85 per month on average. A clinical lead 8a and Band 5 administrator took up post in November 2019. A capacity plan has been drafted and is being used to inform a business case for additional resource for 2020-21. CAMHS –The variation in performance experienced is consistently related to the number of vacancies across the service. Swansea Bay have agreed to the utilisation of vacancy underspend to fund waiting list initiatives to improve the position – this spend is reviewed every three months. The following should be noted specifically: <ul style="list-style-type: none"> S-CAMHS (28 day assessment target) - The service delivered the 80% compliance target at the end of March 2019. The position deteriorated following year end. The position gradually improved and has sustained the 80% target from September through to November. However, the Christmas holiday period has impacted on this. However, we are currently on trajectory from January 2020 to date. P-CAMHS (28 day assessment target) – A vacancy in Swansea has created a gap in activity during January/ February, however two additional P-CAMHS nurses funded by Welsh Government SIM are in the process of being recruited, which will improve the position. Despite the low compliance against the WG target, CYP were waiting on average 2 two weeks for an assessment in January, with 18 CYP waiting up-to 4 weeks, and 3 CYP waiting up-to 5 weeks.

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 19/20	96%	95%			95.1%			97%			96%			96%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 19/20	93%	95%			92.4%			91%			93%			93%					
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	National	Q2 19/20	92%	4 quarter ↑ trend			93.7%			82%						92%					
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-20	68.0%	75%			67.1%			68.1%							49.3%	62.0%	66.2%	68.7%	68.0%
	% uptake of influenza among under 65s in risk groups	National	Feb-20	43.4%	55%			39.7%			43.0%							14.7%	32.0%	39.2%	42.8%	43.4%
	% uptake of influenza among pregnant women	National	2018/19	86.1%	75%			46.6%			86.1%											
	% uptake of influenza among children 2 to 3 years old	National	Feb-20	50.3%				41.5%			47.7%							0.8%	24.0%	42.1%	48.2%	50.3%
	% uptake of influenza among healthcare workers	National	Jan-20	58.7%	60%			56%			54.5%							42.0%	55.0%	56.0%	58.7%	58.7%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	National	2018/19	5.1%	Annual ↑			17.4%		2018/19=5.1%												
	% of adult smokers who make a quit attempt via smoking cessation services	National	Jan-20	2.4%	5% annual target	4.2%	✗	1.8%		2.3%	2.6%	0.3%	0.5%	0.8%	1.0%	1.3%	1.5%	1.7%	1.9%	2.0%	2.4%	
	% of those smokers who are co-validated as quit at 4 weeks	National	Q2 19/20	55.3%	40% annual target	40.0%	✔	42.8%			56%			56%			55%					
Learning Disabilities	% people with learning disabilities with an annual health check	National	2018/19	29.3%	75%			28.2%		2018/19= 29.3%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 19/20	425.9	4 quarter ↓			449.4						441.9			425.9					

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU											
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
DTCOs	Number of mental health HB DTCs	National	Feb-20	16	12 month ↓	27	✓	74		26	21	18	23	27	20	18	19	22	22	22	23	16	
	Number of non-mental health HB DTCs	National	Feb-20	69	12 month ↓	50	✗	380		87	112	49	67	70	61	69	69	76	61	53	52	69	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	National	Jan-20	98%	95%	95%	✓	71%		99%	98.1%	98.5%	97.8%	99.4%	98.6%	100.0%	100.0%	95.9%	100.0%	98.5%	98.4%		
	Stage 2 mortality reviews required	Local	Jan-20	16						10	22	18	13	13	13	9	9	17	9	15	16		
	% stage 2 mortality reviews completed	Local	Dec-19	67%		100%				20.0%	50.0%	68.4%	84.6%	92.9%	71.4%	60.0%	89.0%	64.7%	78.0%	67.0%			
	Crude hospital mortality rate (74 years of age or less)	National	Jan-20	0.71%	12 month ↓				0.73%		0.78%	0.79%	0.79%	0.75%	0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-20	98%		98%	✓			98.9%	93.7%	90.6%	98.3%	95.8%	95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	98.0%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	National	Feb-20	87%	85%			75.4%		84%	85%	84%	84%	83%	84%	85%	85%	84%	84%	85%	86%	87%	
Coding	% of episodes clinically coded within 1 month of discharge	National	Jan-20	96%	95%	95%	✓	86.0%		95%	92%	96%	96%	96%	96%	96%	96%	96%	93%	95%	96%		
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%		2018/19= 91.2%		2019/20= 91.4%											
E-TOC	% of completed discharge summaries	Local	Jan-20	66%		100%	✗			60.0%	61.0%	68.0%	68.0%	69.0%	64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	66.0%		
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q2 19/20	98.5%	100%	100%	✗	98%			96.4%			98.5%			98.5%						
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q3 19/20	84	10% annual ↑	77	✓				43525			27			57			84			
	Number of Health and Care Research Wales commercially sponsored studies		Q3 19/20	31	5% annual ↑	28	✓					43525			5			26		31			
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q3 19/20	1,109	10% annual ↑	1,561	✗					43,525			491			618			1,109		
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q3 19/20	179	5% annual ↑	104	✓					43,525			86			93			179		

Marston Georgia
03/25/2020 16:25:15

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																						
											ABMU		SBU									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Prescribing	Opioid average daily quantities per 1,000 patients	National	Q2 19/20	4,486	4 quarter ↓			4,613			4,447			4,451			4,486					
	Patients aged 65 years or over prescribed an antipsychotic		Q2 19/20	1,470	qtr on qtr ↓			9810						1,433			1,470					
	Total antibacterial items per 1,000 STAR-PUs		Q2 19/20	279.1	4 quarter ↓			260.8			327.5			294.0			279.1					
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items per 1,000 patients		Q2 19/20	13.3	4 quarter ↓			12.0			16.0			13.9			13.3					
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jan-20	90%		95%	✗				92.4%		87.0%		91.0%		87.0%		92.0%		90.0%	
	% stop or review date documented on medication chart		Jan-20	57%		95%	✗				55.2%		52.0%		54.0%		63.0%		51.0%		57.0%	
	% of antibiotics prescribed on stickers		Jan-20	81%		95%	✗				75.0%		61.0%		81.0%		81.0%		86.0%		81.0%	
	% appropriate antibiotic prescriptions choice		Jan-20	97%		95%	✓				95.9%		98.0%		97.0%		96.0%		99.0%		97.0%	
	% of patients receiving antibiotics for >7 days		Jan-20	12%		<20%	✓				6.9%		8.0%		11.0%		15.0%		10.0%		12.0%	
	% of patients receiving surgical prophylaxis for > 24 hours		Jan-20	33%		<20%	✗				39.1%		6.0%		18.0%		40.0%		50.0%		33.0%	
	% of patients receiving IV antibiotics > 72 hours		Jan-20	57%		<30%	✗				30.8%		35.0%		46.0%		41.0%		48.0%		57.0%	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-20	82.5	<67			85.13		95.1	96.0	85.0	75.9	79.9	84.0	81.7	81.2	80.8	76.3	78.6	80.8	82.5
	Number of E.Coli bacteraemia cases (Hospital)		Feb-20	15		6	✗			15	21	10	7	7	14	9	5	10	5	12	15	15
	Number of E.Coli bacteraemia cases (Community)			16		30	✓			16	22	17	15	22	21	13	18	15	10	20	18	16
	Total number of E.Coli bacteraemia cases			31		36	✓			31	43	27	22	29	35	22	23	25	15	32	33	31
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-20	34.8	<20			25.99		35.6	34.6	40.9	37.2	36.3	40.8	37.5	34.9	35.6	35.4	35.2	35.6	34.8
	Number of S.aureus bacteraemias cases (Hospital)		Feb-20	6		5	✗			9	4	11	8	6	8	4	3	11	8	7	6	6
	Number of S.aureus bacteraemias cases (Community)			2		11	✓			7	7	3	3	5	9	3	5	2	3	4	7	2
	Total number of S.aureus bacteraemias cases			8		16	✓			16	11	14	11	11	17	7	8	13	11	11	13	8
	Cumulative cases of C.difficile per 100k pop		Feb-20	36.5	<26			26.22		35.1	33.5	9.4	21.7	24.9	27.0	27.7	29.3	33.4	35.8	35.6	35.3	36.5
	Number of C.difficile cases (Hospital)		Feb-20	11		10	✗			4	3	2	8	6	9	5	8	13	13	7	6	11
	Number of C.difficile cases (Community)			4		4	✓			3	5	1	3	4	4	5	2	6	4	4	5	4
	Total number of C.difficile cases			15		14	✗			7	8	3	11	10	13	10	10	19	17	11	11	15
	Cumulative cases of Klebsiella per 100k pop		Feb-20	21.0				21.75			28.6	15.7	15.5	21.8	20.3	22.1	23.6	22.0	22.3	21.9	22.1	21.0
	Number of Klebsiella cases (Hospital)		Feb-20	2		5	✓			15	4	2	4	7	1	8	7	4	4	4	7	2
	Number of Klebsiella cases (Community)			1		5	✓			5	4	3	1	4	4	3	2	0	4	2	1	1
	Total number of Klebsiella cases			3		10	✓			20	8	5	5	11	5	11	9	4	8	6	8	3
	Cumulative cases of Aeruginosa per 100k pop		Feb-20	7.6				6.35			5.8	9.4	9.3	12.5	10.0	10.4	9.8	8.8	8.1	7.9	8.0	7.6
	Number of Aeruginosa cases (Hospital)		Feb-20	1		1	✓			0	0	3	1	2	1	2	2	1	1	1	2	1
	Number of Aeruginosa cases (Community)			0		1	✓			2	0	0	2	4	0	2	0	0	0	1	1	0
	Total number of Aeruginosa cases			1		2	✓			2	0	3	3	6	1	4	2	1	1	2	3	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Feb-20	93%		95%	✗			96%	95%	97%	98%	97%	97%	96%	96%	97%	97%	96%	97%	93%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	National	Q3 19/20	1	0			1			1			0			1			1		
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-20	29%	90%	80%	✗	46.0%		68%	43%	70%	12%	40%	60%	71%	20%	47%	55%	38%	28%	29%
	Number of new Never Events	National	Feb-20	0	0	0	✗	1		0	1	0	1	1	1	1	0	1	0	1	1	0
	Number of risks with a score greater than 20	Local	Feb-20	114		12 month ↓	✗			54	51	72	66	75	81	88	103	104	105	109	111	114
	Number of risks with a score greater than 16	Local	Feb-20	204		12 month ↓						167	151	162	164	175	197	204	200	202	205	204
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Local	Jan-20	5		Monitor				17	15	3	9	8	2	6	5	19	6	4	5	
	Number of Safeguarding Children Incidents	Local	Feb-20	7		Monitor				7	7	6	10	6	7	6	3	5	13	8	13	7
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jan-20	30		12 month ↓	✓			45	64	29	16	13	18	14	9	20	22	24	30	
	Number of pressure ulcers developed in the community		Jan-20	26		12 month ↓	✓			62	47	34	33	23	33	37	25	29	31	24	26	
	Total number of pressure ulcers		Jan-20	56		12 month ↓	✓			107	111	63	49	36	51	51	34	49	53	48	56	
	Number of grade 3+ pressure ulcers acquired in hospital		Jan-20	2		12 month ↓	✓			10	7	1	2	1	2	0	1	2	2	2	2	
	Number of grade 3+ pressure ulcers acquired in community		Jan-20	5		12 month ↓	✓			11	10	10	6	6	7	8	8	2	8	3	5	
	Total number of grade 3+ pressure ulcers		Jan-20	7		12 month ↓	✓			21	17	11	8	7	9	8	9	4	10	5	7	
Inpatient Falls	Number of Inpatient Falls	Local	Feb-20	207		12 month ↓	✓			276	326	210	226	189	186	227	241	255	240	297	249	207
Self-Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2017/18= 3.15, 2018/19= 3.34												
Mortality	Amenable mortality per 100k of the European standardised population	National	2017	139.9	Annual ↓			131.4		2016= 143.9 2017= 139.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 19/20	0	4 quarter ↓			17		1			2		0							

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Patient Experience	Number of new formal complaints received	Local	Feb-20	113		12 month ↓ trend	✗			96	114	93	95	118	138	114	110	159	137	87	142	113
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Dec-19	75%	75%	80%	✗	68.5%		83%	79%	85%	83%	85%	81%	84%	85%	83%	76%	75%		
	% of acknowledgements sent within 2 working days	Local	Feb-20	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	National	2018/19	97%	Annual ↑			96.30%		2016/17= 95.8%, 2018/19= 96.5%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2017/18= 83.4%, 2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	National	2018/19	92.9%	Annual ↑			93.3%		2017/18= 89.0%, 2018/19= 92.9%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Dec-19	3,313	> 5% annual ↓			15,815		3,373	3,350	3,320			3,288	3,174			3,308	3,313		
Mental Health	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2017/18= 57.6%, 2018/19= 59.4%												
	% GP practices that completed MH DES in dementia care or other direct training	National	2017/18	16.2%	Annual ↑			16.7%		2016/17= 16.7%, 2017/18= 16.2%												

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-20	93%	90%	90%	✓	87.1%		91%	91%	89%	89%	89%	88%	91%	92%	92%	92%	91%	93%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	National	Jan-20	100%	100%	100%	✓	96.9%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Local	Feb-20	3,014		12 month ↑	✗			4,044	4,141	3,350	3,800	3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014
	% of who would recommend and highly recommend	Local	Feb-20	95%		90%	✓			95%	95%	95%	96%	96%	96%	94%	95%	94%	95%	95%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-20	81%		90%	✗			78%	89%	91%	81%	79%	77%	81%	85%	83%	83%	83%	86%	81%

OUR STAFF AND RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	ABMU		SBU										
										Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-20	6.0%	12 month ↓					5.4%	5.4%	5.9%	6.7%	6.2%	6.5%	6.6%	6.5%	6.6%	6.7%	7.4%	6.5%	6.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-20	6.9%	12 month ↓					6.7%	6.6%	7.3%	7.6%	7.4%	7.9%	7.5%	8.0%	7.9%	7.5%	8.0%	7.7%	6.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-20	66.0%		90%	✗			72%	69%	75%	69%	72%	66%	56%	67%	69%	70%	56%	63%	66%
	% of theatre sessions starting late	Local	Feb-20	43.4%		<25%	✗			45%	39%	43%	43%	44%	42%	38%	43%	42%	51%	46%	44%	43%
	% of theatre sessions finishing early	Local	Feb-20	41.5%		<20%	✗			37%	39%	36%	42%	39%	40%	38%	43%	38%	41%	43%	41%	42%
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-20	73.7%	85%	83%	✗	69.7%		70%	69%	69%	70%	70%	71%	71%	71%	67%	69%	70%	72%	74%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Feb-20	81.9%	85%	84%	✗	78.9%		74%	75%	74%	75%	75%	77%	78%	78%	79%	80%	80%	81%	82%
	% workforce sickness and absent (12 month rolling)	National	Jan-20	6.15%	12 month ↓			5.45%		5.92%	5.92%	5.97%	6.00%	6.03%	6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	6.15%	

Marston, Georgia
03/25/2020 16:25:15

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																							
											ABMU		SBU										
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	National	Feb-20	88%	Annual ↑	95%	✗	86.2%		88%	89%	86%	86%	86%	88%	88%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Feb-20	97%	Annual ↑	95%	✓			95%	97%	96%	96%	96%	95%	95%	95%	97%	97%	97%	97%	97%	
	% of population regularly accessing NHS primary dental care	National	Sep-19	61.5%	4 quarter ↑			55%			62.2%			61.8%			61.5%						
Out of Hours/ Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%					92%	96%	98%	98%	97%	97%								
	% 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	National	Jun-19	100%	90%					60%	80%	83%	100%	100%	-								
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-20	69%	65%	65%	✗	66%		78%	73%	66%	74%	75%	71%	71%	67%	66%	59%	62%	67%	69%	
	Number of ambulance handovers over one hour	National	Feb-20	704	0	388	✗	4,486		619	928	732	647	721	594	632	778	827	821	868	848	704	
	Handover hours lost over 15 minutes	Local	Feb-20	2,247						1,682	2,574	2,228	1,933	2,381	1,574	1,751	2,432	2,778	3,212	3,361	3,545	2,247	
	% 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	Feb-20	74%	95%	80.2%	✗	74.6%		77%	76%	75%	76%	75%	75%	74%	71%	71%	73%	71%	72%	74%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Feb-20	781	0	444	✗	6,882		685	862	653	602	644	642	740	939	890	927	1,018	1,038	781	
	% of survival within 30 days of emergency admission for a hip fracture	National	Nov-19	75.6%	12 month ↑			81.7%		72.7%	84.9%	66.7%	77.6%	86.0%	77.8%	82.4%	75.4%	95.6%	75.6%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Feb-20	61.8%	56.3%	83%	✗	38.6%		53%	51%	62%	55%	57%	57%	42%	29%	55%	55%	39%	24%	62%	
	CT Scan (<1 hrs)	Local	Feb-20	38.2%		56%	✗			48%	51%	62%	56%	52%	59%	48%	42%	47%	49%	44%	43%	38%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Feb-20	97.1%	83.9%	95%	✓	82.2%		76%	86%	96%	93%	100%	98%	95%	95%	94%	98%	100%	90%	97%	
	Thrombolysis door to needle <= 45 mins	Local	Feb-20	0.0%	12 month ↑	40%	✗			20%	30%	27%	17%	0%	40%	27%	0%	0%	0%	20%	0%	0%	
	% patients receiving the required minutes for speech and language therapy	National	Feb-20	28.2%	12 month ↑			50.7%				57%	47%	41%	48%	48%	50%	49%	45%	38%	33%	28%	
Planned Care	% of patients waiting < 26 weeks for treatment	National	Feb-20	82.3%	95%			84.7%		89.2%	89.3%	88.8%	88.1%	88.0%	87.8%	86.4%	85%	84%	84%	83%	82%	82%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-20	1,306	0	0	✗	31,463		315	207	236	323	297	479	925	1,039	1,152	1,120	1,305	1,453	1,306	
	Number of patients waiting > 36 weeks for treatment	National	Feb-20	5,729	0	1,061	✗	22,879		2,969	2,630	1,976	2,104	2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Feb-20	78.5%	95%			65.4%					64.3%	62.4%	64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-20	424	0	100	✗	3,883		558	437	401	401	295	261	344	294	223	226	569	628	424	
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-20	1	0	0	✗	287		0	0	0	0	0	0	1	0	1	0	0	0	1	
	The number of patients waiting for a follow-up outpatient appointment	National	Feb-20	128,674	15% reduction by March 2020	116,671	✗	870,738		181,488	183,137	135,093	136,216	137,057	135,400	134,363	132,054	131,471	130,648	131,263	131,090	#####	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-20	17,747	15% reduction by March 2020	21,282	✓	191,259		33,738	34,871	24,642	25,703	26,545	24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747	
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	Feb-20	91.0%	98%	98%	✗	96.5%		97%	93%	91%	91%	94%	91%	93%	91%	98%	95%	92%	99%	91%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Feb-20	73.0%	95%	95%	✗	80.6%		82%	84%	87%	80%	81%	76%	84%	86%	84%	86%	92%	86%	73%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Jan-20	71%	12 month ↑			74.9%				73.1%	67.8%	73.1%	69.0%	68.0%	73.0%	70.0%	71.0%	77.0%	71%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	National	Jan-20	77%	80%	80%	✗	78.4%		80%	77%	86%	85%	85%	81%	79%	82%	93%	92%	87%	77%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	National	Jan-20	90%	80%	80%	✓	84.9%		88%	87%	98%	94%	99%	98%	92%	93%	98%	92%	95%	90%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	National	Dec-19	100%	100%	100%	✓	100.0%			99%			100%			100%			100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-20	100%	95%	95%	✓	68.1%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
SCAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jan-20	100%		100%	✓			97%	97%	100%	100%	96%	100%	98%	100%	100%	98%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jan-20	28%	80%	80%	✗	39.9%		50%	47%	43%	44%	41%	47%	39%	38%	38%	36%	36%	28%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Local	Jan-20	0%		80%	✗			27%	16%	3%	3%	3%	8%	12%	32%	63%	17%	4%	0%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Local	Jan-20	94%		80%	✓			91%	85%	92%	92%	93%	93%	89%	87%	100%	100%	100%	94%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Local	Jan-20	100%		90%	✓			92%	92%	100%	99%	98%	99%	99%	100%	100%	100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jan-20	87%		80%	✓			76%	90%	62%	75%	76%	59%	64%	98%	98%	82%	69%	87%		

APPENDIX 2: LIST OF ABBREVIATIONS

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

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

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

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