

<b>Report Date</b>	<b>26<sup>th</sup> November 2024</b>	<b>Agenda Item</b>	
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Health Board Performance		
<b>Report Sponsor</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Presented by</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (October 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p>-</p> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>• Performance against the 4-hour access has deteriorated from 78.7% in September 2024 to 75.73% in October 2024.</li> <li>• Performance against the 12-hour wait has deteriorated in October 2024 to 1,234 from 1,129 in September 2024.</li> <li>• In October 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 47 compared with the previous month.</li> <li>• In October 2024, 3,140 ambulance hours were lost in handover delays compared to 2,609 in the previous month.</li> <li>• There was an increase in the average number of patients who were deemed clinically optimised in October 2024 (Pathway of care delays). The average number of clinically optimised patients increased from 237 in the previous month to 254.</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>• There were no patients waiting over 52 weeks for a first outpatient appointment remained in October 2024.</li> </ul>		

- At the end of October 2024, there were 1,285 patients waiting over 104 weeks for treatment, which is a deterioration of 44 from the previous month.
- In October 2024, 97.54% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in September 2024. There are 147 patients waiting over 14 weeks, the majority of which are in podiatry (143).
- In October 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,296 to 3,156. The breakdown is as follows: -
  - Endoscopy= 2,469
  - Cardiac tests= 663^
  - Other Diagnostics = 5

### **Cancer**

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in September 2024 was 57%, which is 1.3% higher than the figure reported in August 2024 (this measure is always reported a month in arrears due to data validation).
- 299 patients were waiting in excess of 63 days as of 13/11/2024, this has been a noticeable reduction on previous weeks.

### **Mental Health**

- Performance against the Mental Health Measures continues to be maintained at above target levels in October 2024 with the exception of psychological therapies.
- In October 2024, 56.7% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

### **Child and Adolescent Mental Health Services (CAMHS)**

- Access times for crisis performance has been maintained at 100% in October 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance was maintained at 31% in the month of October 2024.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 98% within 28 days. Access to assessment has improved against in October 2024 to 89% which is now above target levels.

Specific Action Required	Information	Discussion	Assurance	Approval
<b>Recommendations</b>	<p style="text-align: center;">✓</p>		<p style="text-align: center;">✓</p>	
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGE</b> and <b>DISCUSS</b> the Health Board performance against key measures and targets.</li> <li>• <b>ACKNOWLEDGE</b> the inclusion of the NHS Performance Framework 2024-25 Qualitative Measures</li> </ul>				

## INTEGRATED 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 NHS Wales Delivery Framework and local quality & safety measures.

### 2. BACKGROUND

The NHS Wales Delivery Framework sets out measures under the quadruple aims which the performance of the Health Board is measured. The aims within the NHS Delivery Framework are:

- **Quadruple Aim 1:** People in Wales have improved health and well-being with better prevention and self-management
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable
- **Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

In recent years, performance management against the Performance Framework targets has been undertaken by reviewing the previous months' performance, to reduce the reporting function during the COVID-19 pandemic. Welsh Government have now deemed it appropriate to move away from reporting performance against the 'Quadrants of Harm' and focus will return to providing comprehensive performance updates in line with the All-Wales Performance Management Framework 2024/25.

### 3. GOVERNANCE AND RISK ISSUES

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

### 4. FINANCIAL IMPLICATIONS

At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.

### 5. RECOMMENDATION:

Members are asked to:



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



**Un Bae Ar y Cyd**  
**One Bay Way**

- **ACKNOWLEDGE** and **DISCUSS** the Health Board performance against key measures and targets.
- **ACKNOWLEDGE** the inclusion of the NHS Performance Framework 2024-25 Qualitative Measures

<b>Governance and Assurance</b>		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
<b>Quality, Safety and Patient Experience</b>		
<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>		
<b>Financial Implications</b>		
<p>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.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
<b>Staffing Implications</b>		
<p>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.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> </ul>		

- **Prevention** – the NHS Wales Delivery framework provides a measurable 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 Service Groups 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 Service Group leads are key in identifying performance issues and identifying actions to take forward.

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in October 2024. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report Appendix 2: NHS Performance Framework 2024-25 October Qualitative return submissions



# Appendix 1- Integrated Performance Report November 2024



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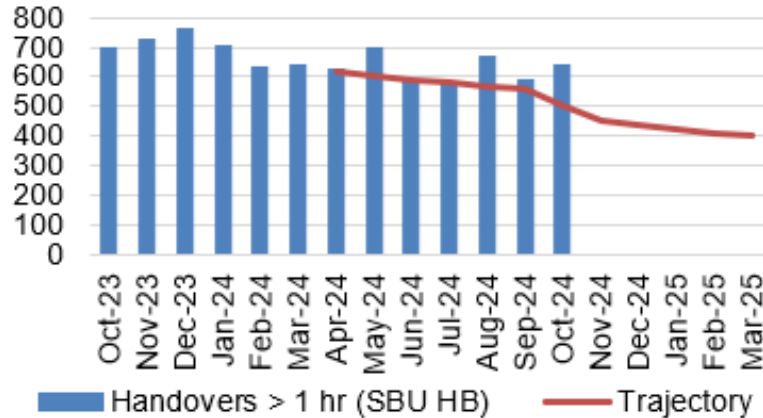
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## **1. TARGETED INTERVENTION METRICS PERFORMANCE**

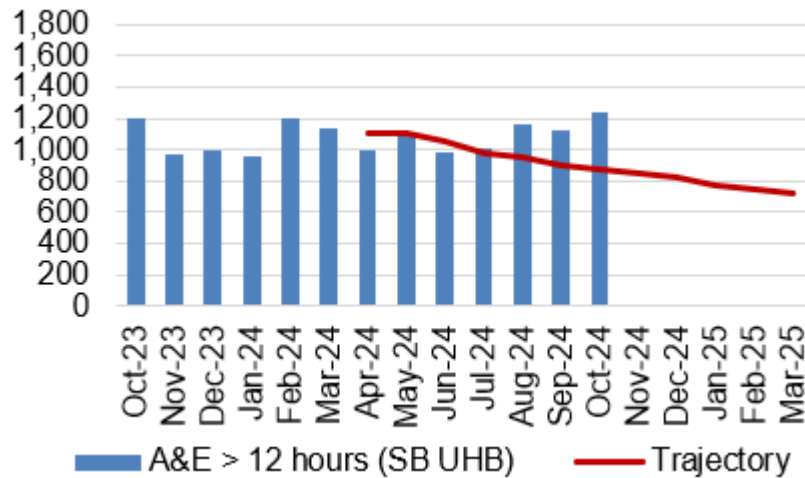
## URGENT AND EMERGENCY CARE

### 1. Ambulance handovers over 1 hour



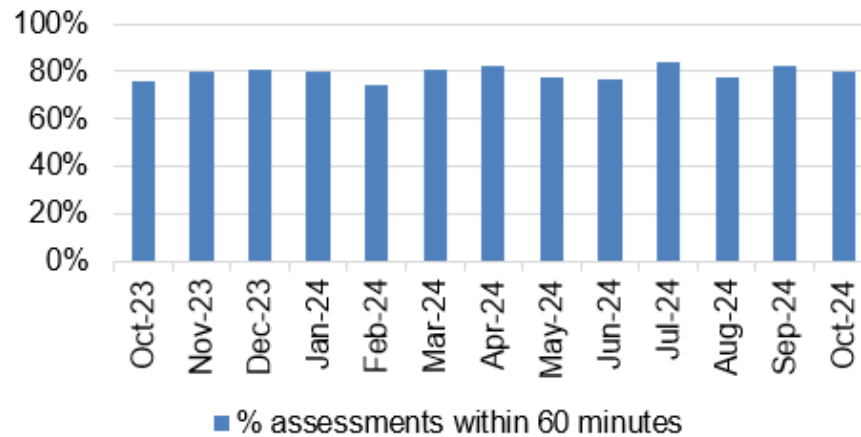
1. The number of ambulance handovers over 1 hour has seen an increase in October 2024. The number of handovers over 1 hour increased from 591 in September 2024 to 638 in October 2024, which is above the outlined trajectory.

### 2. A&E waits over 12 hours



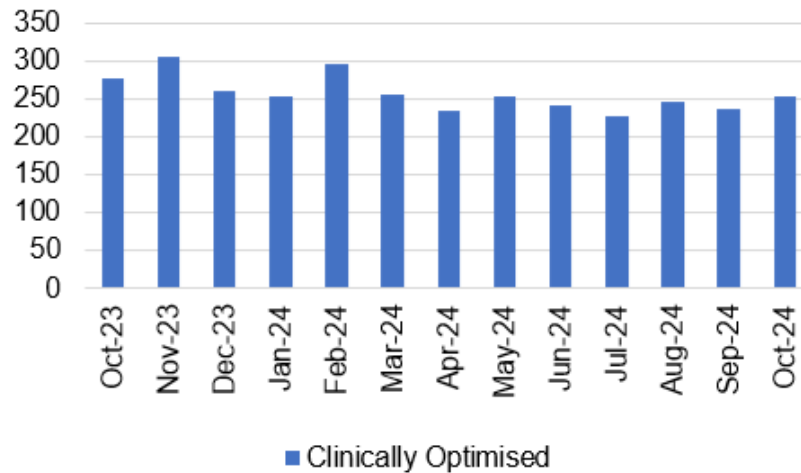
2. Performance against the 12-hour wait has deteriorated in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,234 in October 2024, from 1,129 in September 2024.

**3. Median time from arrival to assessment within 60 mins**



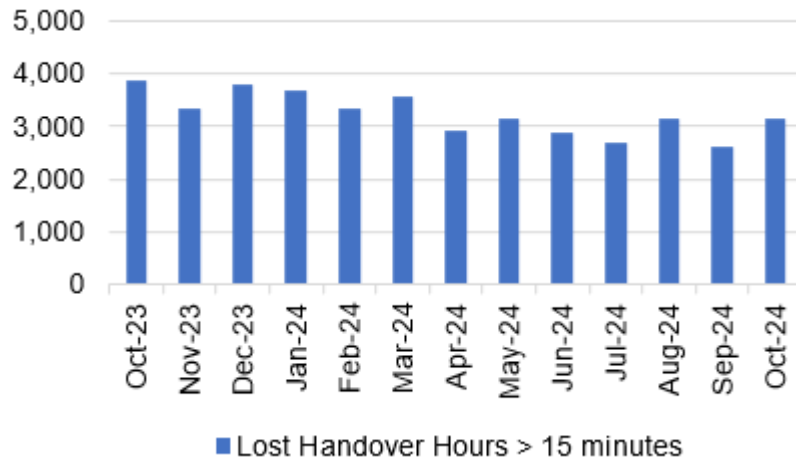
3. In October 2024 80.05% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an reduction of 2.3% on the figure reported in September 2024 (82.36%).

**4. Continuing reduction in pathway of care delays**



4. There was an increase in the average number of patients who were deemed clinically optimised in October 2024. The average number of clinically optimised patients increased from 237 in September 2024 to 254 in October 2024.

**5. Lost Ambulance Hours Total**



5. The ambulance handover lost hours rate has seen an increase in October 2024. The ambulance handover lost hours increased from 2,609 in September 2024 to 3,140 in October 2024.

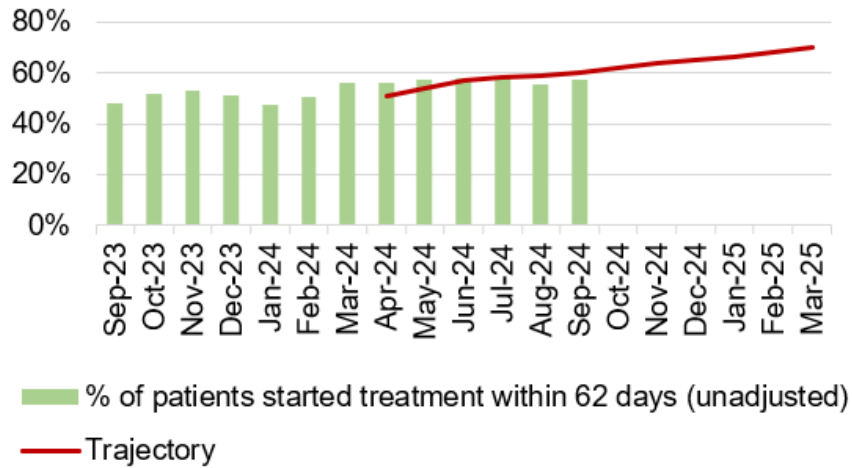
**6. Lost Ambulance Hours over 1 hour**



6. There has been an increase in the number of lost ambulance hours over 1 hour in October 2024. There were 2,707 lost hours over 1 hour in October 2024 which is an increase of 499 compared with 2,209 in September 2024.

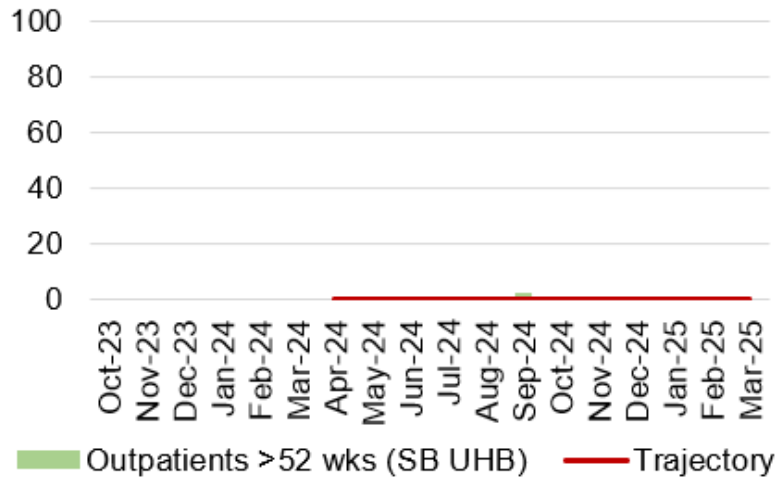
## PLANNED CARE & CANCER

### 1. Single Cancer Pathway



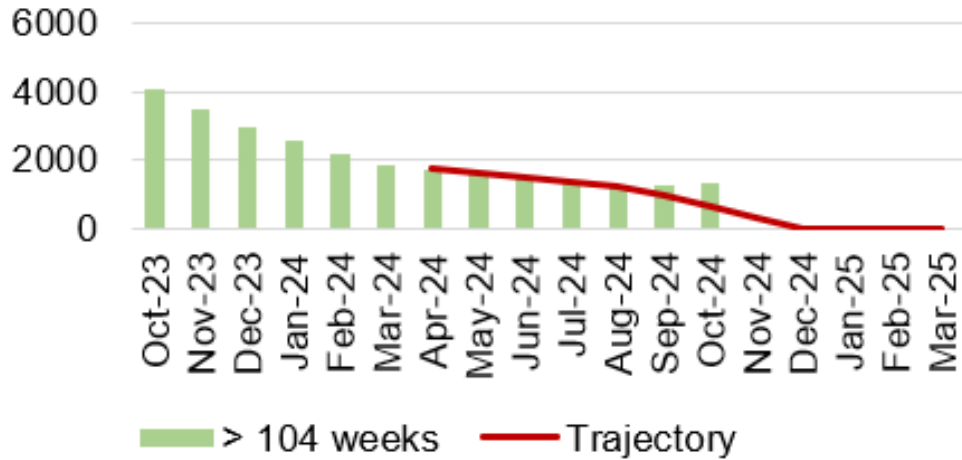
1. The final SCP performance for September 2024 was 57%, which is higher than the figure reported in August 2024. Performance is currently below the submitted trajectory (60%).

### 2. Outpatients waiting over 52 weeks



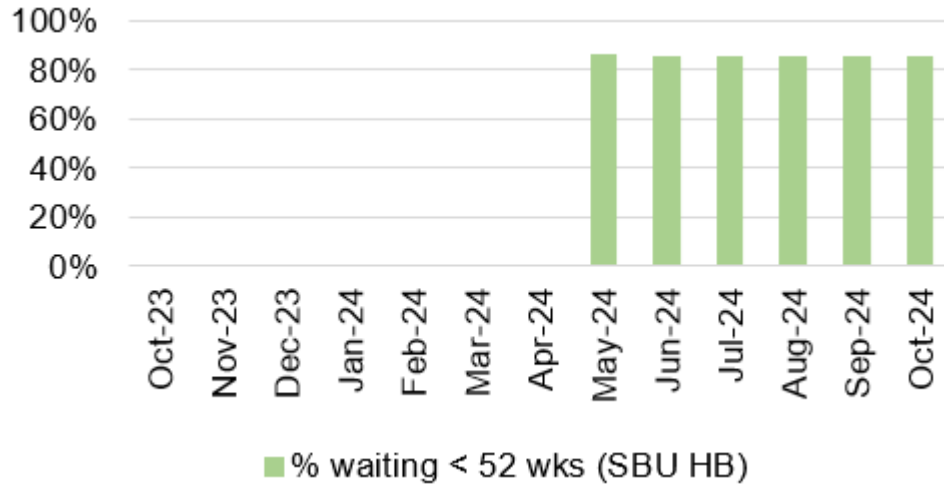
2. There were no patients waiting over 52 weeks for a first outpatient appointment in October 2024.

**3. 104 week waits – all pathways**



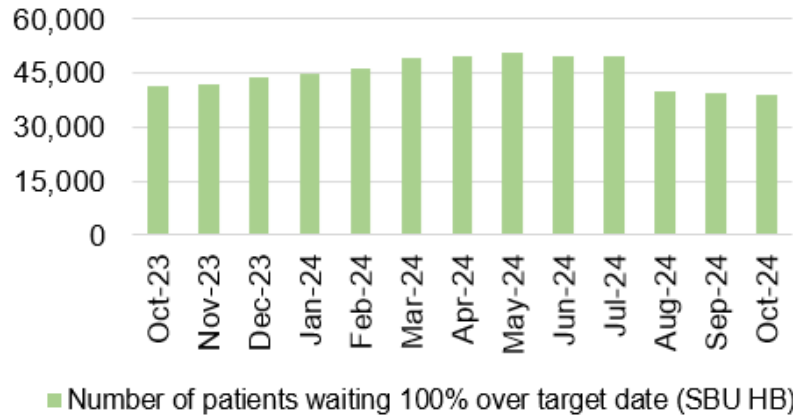
3. October 2024 saw a slight in-month increase of 4% in the number of patients waiting over 104 weeks for treatment. The number increased from 1,241 in September 2024 to 1,285 in October 2024.

**4. % of patients waiting under 52 weeks (all pathways)**



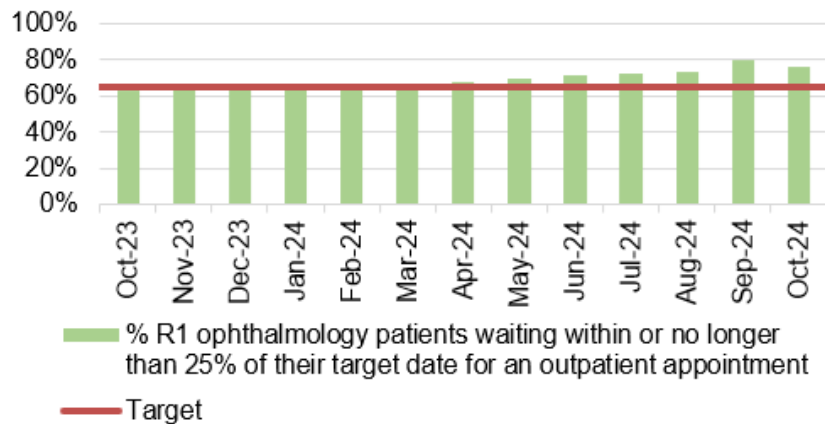
4. The percentage of patients waiting under 52 weeks for treatment decreased slightly in-month. In October 84.8% of patients were waiting under 52 weeks, compared with 85.1% in September 2024.

**5. Delayed follow ups over 100%**



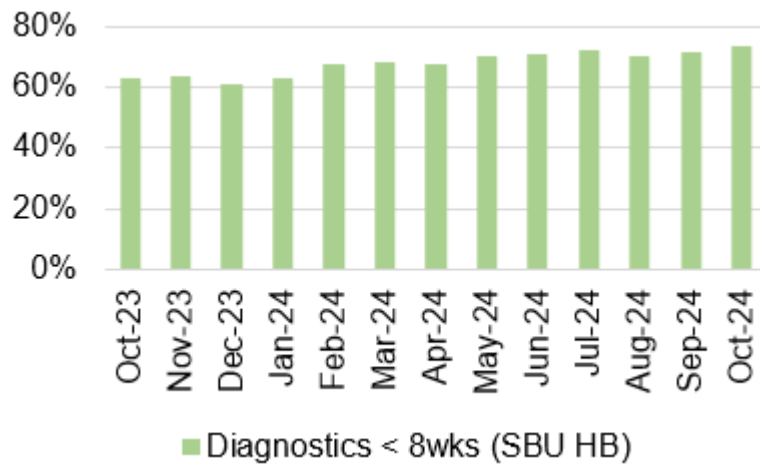
5. There were 39,137 patients waiting 100% over their target date in October 2024 which is a reduction when compared with September 2024. A significant improvement was seen in August 2024 due to a change in reporting requirements – all future trends will be built from August 2024.

**6. R1 Ophthalmology**



6. In October 2024 76% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 3.6% reduction on the figure reported in September 2024.

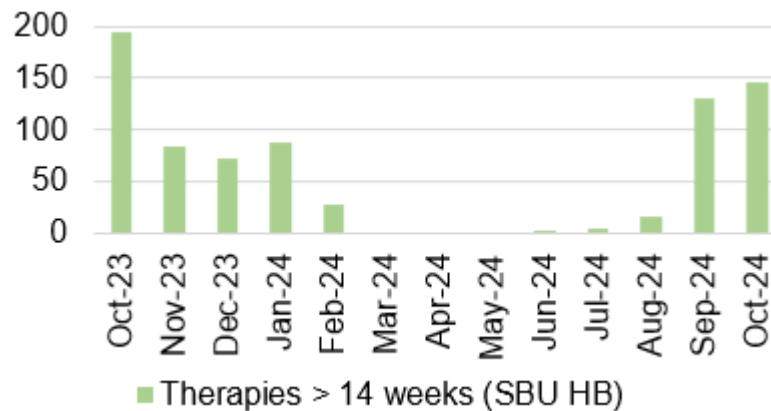
**7. Percentage of Patients waiting 8 weeks for a diagnostic test**



7. In October 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It increased from 72% in September 2024 to 74% in October 2024.

More detail on the breakdown of patients waiting by diagnostic test is provided later in this report.

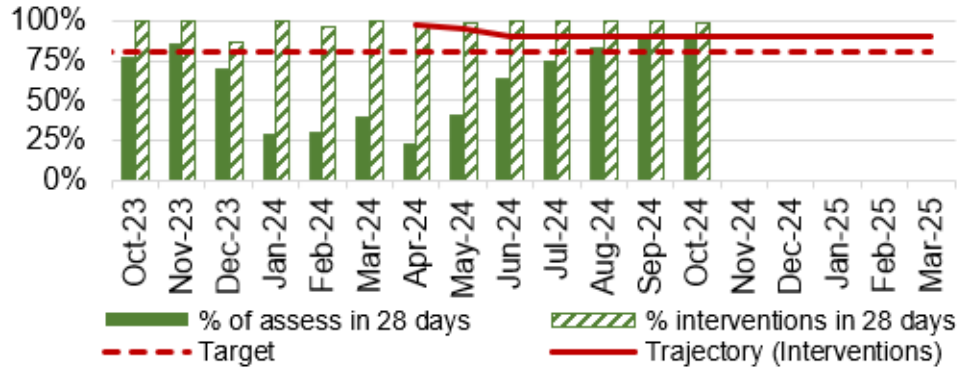
**8. Patients waiting 14 weeks for therapy services**



8. In October 2024, 97.54% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in September 2024. The majority of which were in podiatry (143).

## CAMHS

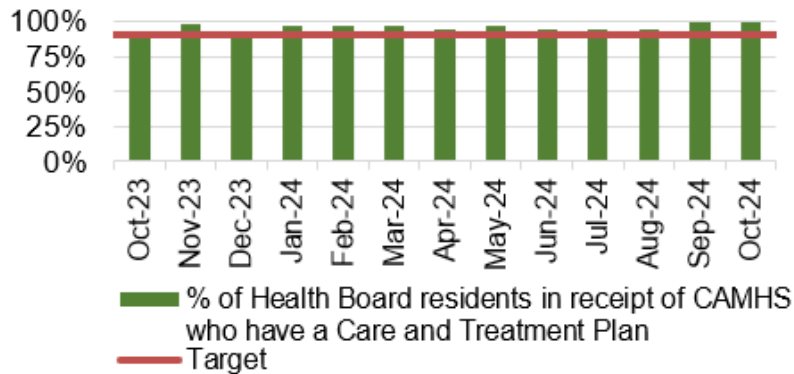
### 1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days decreased to 89% in October 2024 from 91% in September 2024.

In October 2024, 98% of therapeutic assessments were undertaken within 28 days. This is above the outlined trajectory for October 2024.

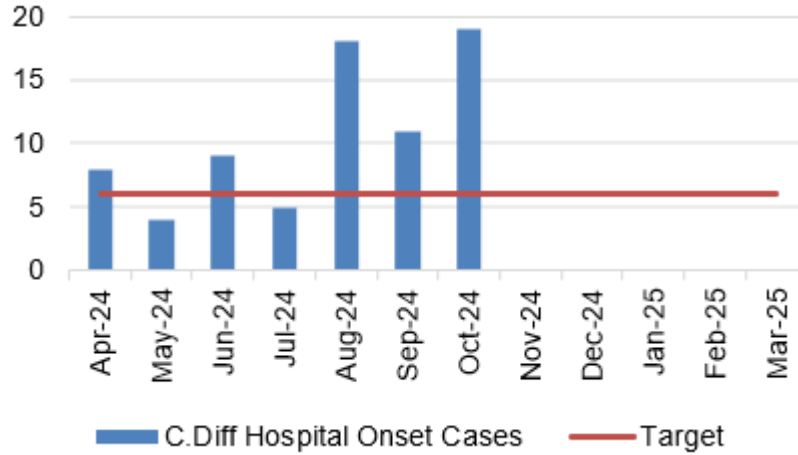
### 2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 90% target, achieving 100% in October 2024.

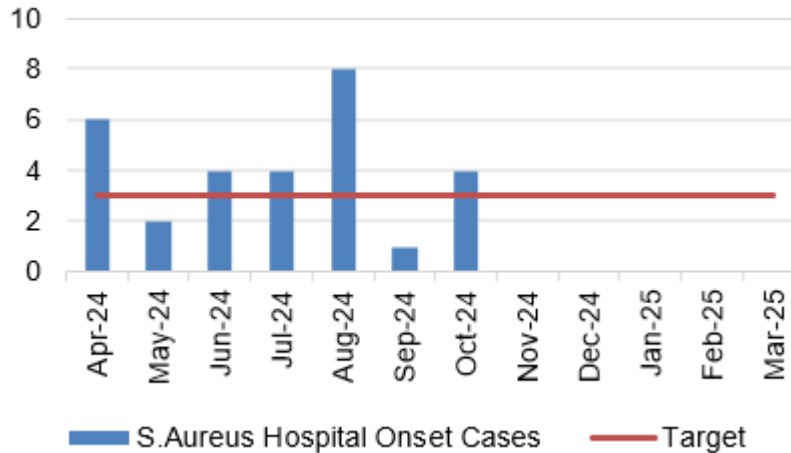
## HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

### 1. C. Difficile



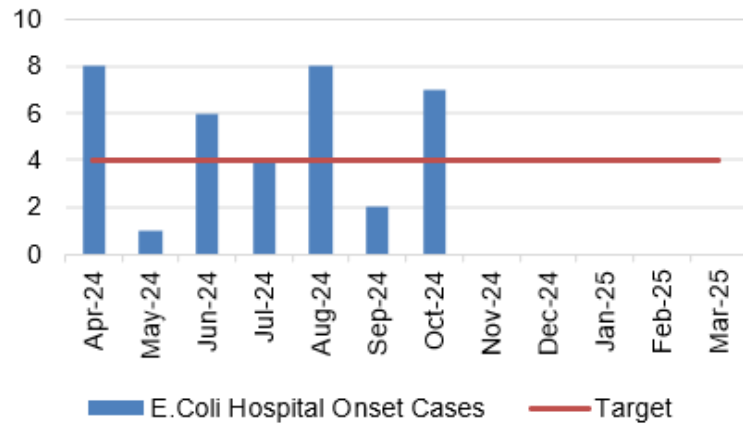
1. There were 19 hospital onset cases of C. Difficile reported in October 2024. This is 8 more than reported in September 2024 and is above the target of a maximum of 6 cases per month.

### 2. Staph aureus



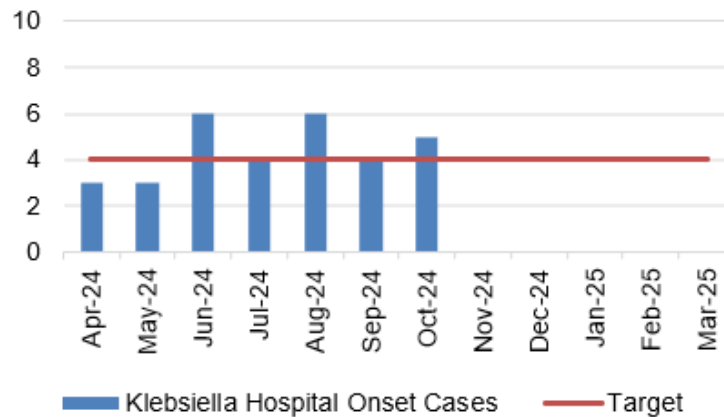
2. There were 4 hospital onset cases of Staph aureus reported in October 2024. This is 3 more than reported in September 2024 and is above the target of a maximum of 3 cases per month.

**3. E-coli**



3. There were 7 hospital onset cases of E.Coli reported in October 2024. This is 5 more than the figure reported in September 2024 and is above the target of a maximum of 4 cases per month.

**4. Klebsiella**



4. The number of hospital onset cases of Klebsiella reported increased to 5 in October 2024 from 4 in September 2024. This is above the target of a maximum of 4 cases per month.

## **2. UPDATES ON KEY SERVICE AREAS**

COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<p><b>Number of new COVID cases</b></p> <p>In October 2024, there were an additional 72 positive cases recorded bringing the cumulative total to 121,903 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p> <table border="1"> <caption>Estimated data for the bar chart</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Oct-22</td><td>150</td></tr> <tr><td>Nov-22</td><td>150</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>220</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>350</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>80</td></tr> <tr><td>Jun-23</td><td>50</td></tr> <tr><td>Jul-23</td><td>80</td></tr> <tr><td>Aug-23</td><td>120</td></tr> <tr><td>Sep-23</td><td>120</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>50</td></tr> <tr><td>Apr-24</td><td>50</td></tr> <tr><td>May-24</td><td>50</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>80</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>50</td></tr> <tr><td>Oct-24</td><td>72</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Oct-22	150	Nov-22	150	Dec-22	400	Jan-23	220	Feb-23	250	Mar-23	350	Apr-23	150	May-23	80	Jun-23	50	Jul-23	80	Aug-23	120	Sep-23	120	Oct-23	180	Nov-23	80	Dec-23	200	Jan-24	180	Feb-24	80	Mar-24	50	Apr-24	50	May-24	50	Jun-24	50	Jul-24	80	Aug-24	50	Sep-24	50	Oct-24	72
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**UNSCHEDULED CARE**

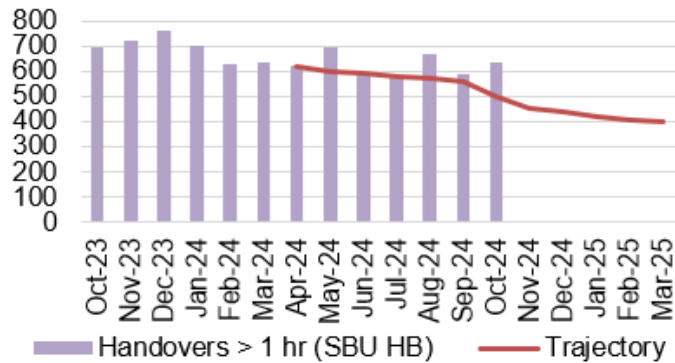
Description	Current Performance	Actions of Improvement																																																																																																																																																																																						
<p><b>Ambulance responses</b></p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In October 2024, the number of red calls responded to within 8 minutes improved to 51.5% in October 2024 from 48.2% in September 2024. In October 2024, the number of green calls increased by 22%, amber calls increased by 7%, and red calls increased by 2% compared with September 2024.</p>	<p>Ambulance response rates have seen a small improvement in performance in October 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																																																																						
	<b>Trend</b>																																																																																																																																																																																							
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**UNSCHEDULED CARE**

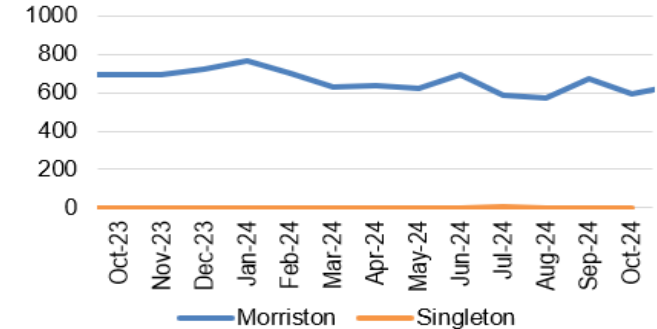
Description	Current Performance	Actions of Improvement
Ambulance handovers 1.The number of ambulance handovers over one hour  2. The number of ambulance handovers over one hour- Hospital level  3.The number of ambulance handovers over one hour (last 90 days)	In October 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 47 compared with 591 in September 2024. In October 2024, 636 handovers over 1 hour were attributed to Morriston Hospital and 2 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 2,609 in September 2024 to 3,140 in October 2024.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being enacted and the first phases of the frailty model have been accelerated and implemented in July 2024 to reduce conveyance and admission where appropriate

**Trend**

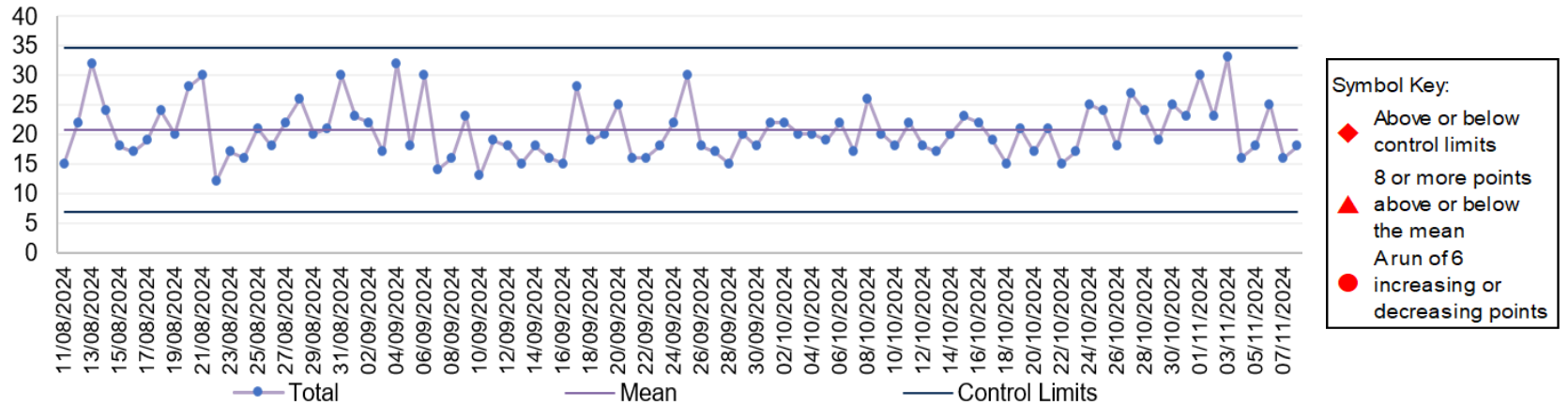
**1. Number of ambulance handovers- HB total**



**2. Number of ambulance handovers over 1 hour- Hospital level**



**3. Number of ambulance handovers- HB total last 90 days**

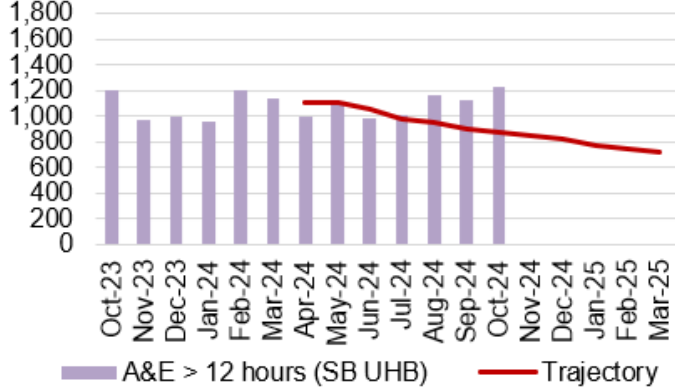
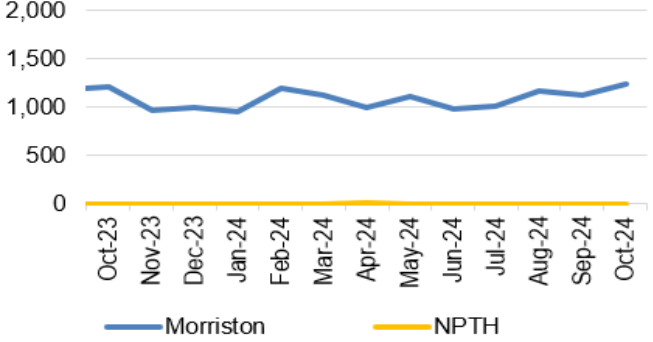
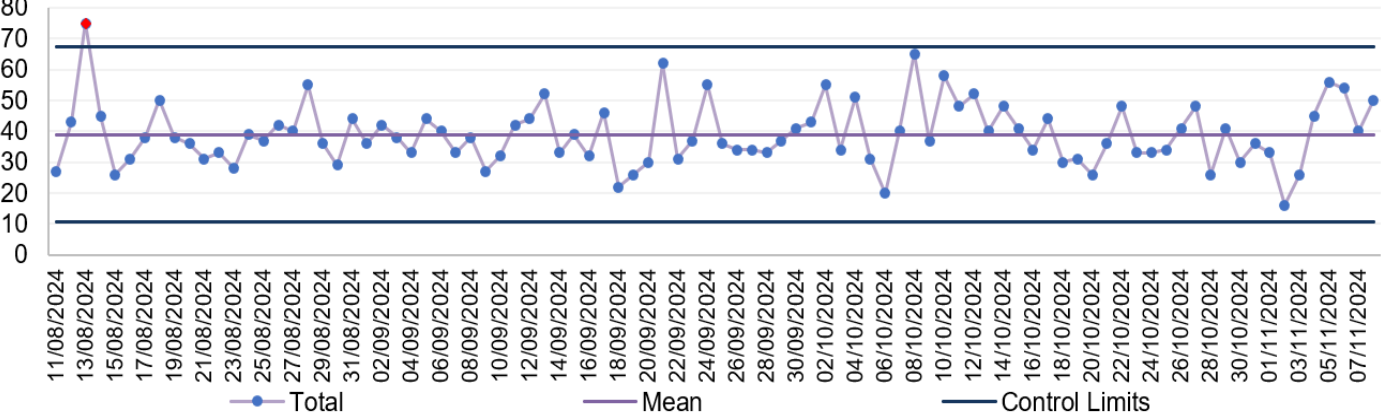


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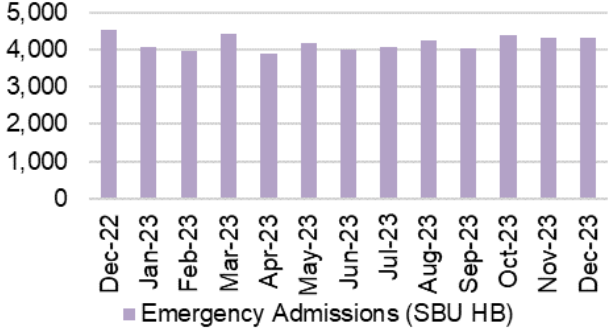
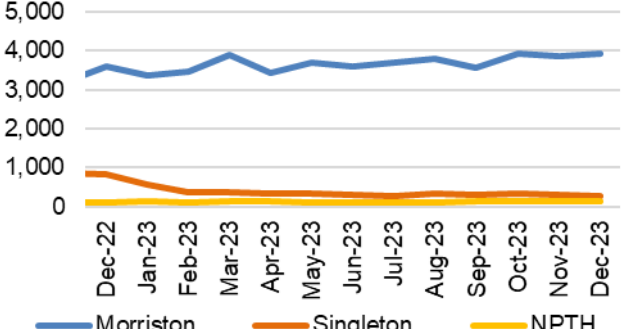
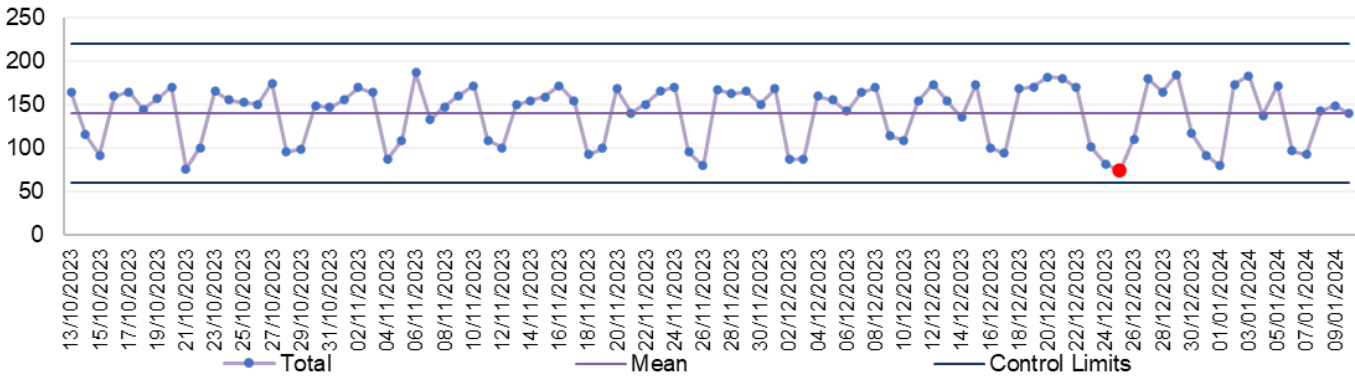
Description	Current Performance	Actions of Improvement
<p><b>A&amp;E Attendances</b></p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>In October 2024, there were 12,272 A&amp;E attendances, which is an increase of 639 when compared to September 2024. There were 7,481 attendances to A&amp;E at Morriston hospital and 4,791 attendances to MIU at Neath Port Talbot hospital.</p>	<p>There is currently a medical SDEC model in place consisting of medics, GP’s, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull &amp; push model from ED.</p>
	<b>Trend</b>	
	<p><b>1. Number of A&amp;E attendances- HB total</b></p> <p>■ Total A&amp;E Attendances (SBU HB)</p>	<p><b>2. Number of A&amp;E attendances- Hospital level</b></p> <p>— Morriston — NPTH</p>
<p><b>3. Number of A&amp;E attendances -HB total last 90 days</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ above or below the mean</li> <li>— Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div> <p>● Total — Mean — Control Limits</p>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>  <i>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</i>  <i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated from 78.7% September 2024 to 75.73% in October 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.10% in October 2024. Morriston Hospital's performance deteriorated between September 2024 and October 2024, achieving 60.77% against the target.</p>	<p>A frailty model design has been agreed which anticipates a reduction in attendances and improved length of stay; this has been accelerated and implementation commenced in July ahead of September 2024 as scheduled. Implementation and additional recruitment is ongoing.</p>
	<b>Trend</b>	
	<p><b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b></p>	<p><b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b></p>
<p><b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b></p>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>A&amp;E waiting times</b></p> <p>1. Number of patients who spend 12 hours or more in A&amp;E</p> <p>2. Number of patients who spend 12 hours or more in A&amp;E- Hospital level</p> <p>3. Number of patients who spend 12 hours or more in A&amp;E (last 90 days)</p>	<p>In October 2024, performance against the 12-hour measure deteriorated when compared with September 2024, increasing from 1,129 to 1,234. This is an increase of 105 compared to September 2024. All of the patients waiting over 12 hours in October 2024 were attributed to Morriston Hospital.</p> <p align="center"><b>Trend</b></p> <div data-bbox="481 486 1344 518"> <p><b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b></p> </div>  <div data-bbox="1433 486 2105 550"> <p><b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b></p> </div>  <div data-bbox="772 941 1825 973"> <p><b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b></p> </div>  <div data-bbox="1848 1053 2094 1348" style="border: 1px solid black; padding: 5px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Emergency admissions</b></p> <p>1. The number of emergency inpatient admissions</p> <p>2. The number of emergency inpatient admissions- Hospital level</p> <p>3. The number of emergency inpatient admissions (last 90 days)</p>	<p>In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	<b>Trend</b>	
	<p><b>1. Number of emergency admissions- HB total</b></p>  <p>■ Emergency Admissions (SBU HB)</p>	<p><b>2. Number of emergency admissions- Hospital level</b></p>  <p>— Morriston — Singleton — NPTH</p>
<p><b>3. Number of emergency admissions- HB total last 90 days</b></p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1861 1034 2101 1310" style="border: 1px solid black; padding: 5px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>○ Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement																																																																																																														
<p><b>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</b></p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In October 2024, there were a total of 84 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 87 admissions in September 2024. October 2024, saw a reduction in the number of delayed discharge hours from 3242.5 in September 2024 to 3041.3 in October 2024. The average lost bed days decreased to 4.09 per day. The percentage of patients delayed over 24 hours increased to 59.70% in October from 54.69% in September 2024.</p>	<p>Delayed discharges from ICU are linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.</p>																																																																																																														
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**UNSCHEDULED CARE**

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<p><b>Clinically Optimised</b>  <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In October 2024, there were on average 254 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In October, Morriston Hospital had the largest proportion of clinically optimised patients with 134, followed by Neath Port Talbot Hospital with 64.</p> <p><b>Actions of Improvement;</b>                      Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p align="center"><b>The number of clinically optimised patients by site</b></p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>155</td><td>5</td><td>95</td><td>10</td></tr> <tr><td>Nov-23</td><td>185</td><td>5</td><td>95</td><td>15</td></tr> <tr><td>Dec-23</td><td>145</td><td>5</td><td>65</td><td>15</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>15</td></tr> <tr><td>Feb-24</td><td>175</td><td>35</td><td>60</td><td>20</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>60</td><td>25</td></tr> <tr><td>Apr-24</td><td>115</td><td>45</td><td>55</td><td>20</td></tr> <tr><td>May-24</td><td>155</td><td>25</td><td>55</td><td>20</td></tr> <tr><td>Jun-24</td><td>135</td><td>25</td><td>60</td><td>15</td></tr> <tr><td>Jul-24</td><td>135</td><td>10</td><td>60</td><td>15</td></tr> <tr><td>Aug-24</td><td>135</td><td>15</td><td>65</td><td>20</td></tr> <tr><td>Sep-24</td><td>135</td><td>15</td><td>55</td><td>25</td></tr> <tr><td>Oct-24</td><td>130</td><td>35</td><td>65</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Oct-23	155	5	95	10	Nov-23	185	5	95	15	Dec-23	145	5	65	15	Jan-24	130	35	60	15	Feb-24	175	35	60	20	Mar-24	110	50	60	25	Apr-24	115	45	55	20	May-24	155	25	55	20	Jun-24	135	25	60	15	Jul-24	135	10	60	15	Aug-24	135	15	65	20	Sep-24	135	15	55	25	Oct-24	130	35	65	20
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<p><b>Elective procedures cancelled due to lack of beds</b>                      The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</p>	<p>In October 2024, there were 31 elective procedures cancelled due to lack of beds on the day of surgery. This is 10 more cancellations than those seen in September 2024.</p> <p>Of the 31 cancelled procedures, all were attributed to Morriston Hospital.</p>	<p align="center"><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr> <tr><td>Feb-24</td><td>22</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>15</td><td>0</td><td>5</td></tr> <tr><td>Jun-24</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Jul-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Aug-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Sep-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-24</td><td>31</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	40	Feb-24	22	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	5	Jun-24	28	0	0	Jul-24	15	0	0	Aug-24	18	0	0	Sep-24	20	0	0	Oct-24	31	0	0														
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																									
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b>  <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> <li>22 cases of <i>E. coli</i> bacteraemia were identified in October 2024, of which 10 were hospital acquired and 12 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 17 cases for October 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>11</td><td>18</td></tr> <tr><td>Nov-23</td><td>32</td><td>18</td></tr> <tr><td>Dec-23</td><td>12</td><td>18</td></tr> <tr><td>Jan-24</td><td>19</td><td>18</td></tr> <tr><td>Feb-24</td><td>17</td><td>18</td></tr> <tr><td>Mar-24</td><td>19</td><td>18</td></tr> <tr><td>Apr-24</td><td>19</td><td>18</td></tr> <tr><td>May-24</td><td>16</td><td>18</td></tr> <tr><td>Jun-24</td><td>18</td><td>18</td></tr> <tr><td>Jul-24</td><td>14</td><td>18</td></tr> <tr><td>Aug-24</td><td>29</td><td>18</td></tr> <tr><td>Sep-24</td><td>21</td><td>18</td></tr> <tr><td>Oct-24</td><td>22</td><td>18</td></tr> <tr><td>Nov-24</td><td></td><td>18</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>18</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>18</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Oct-23	11	18	Nov-23	32	18	Dec-23	12	18	Jan-24	19	18	Feb-24	17	18	Mar-24	19	18	Apr-24	19	18	May-24	16	18	Jun-24	18	18	Jul-24	14	18	Aug-24	29	18	Sep-24	21	18	Oct-24	22	18	Nov-24		18	Dec-24		18	Jan-25		18	Feb-25		18	Mar-25		18
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<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b>  <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i></p>	<ul style="list-style-type: none"> <li>There were 14 cases of <i>Staph. aureus</i> bacteraemia in October 2024, of which 6 were hospital acquired and 8 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2024</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>10</td><td>8</td></tr> <tr><td>Nov-23</td><td>14</td><td>8</td></tr> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>8</td></tr> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>8</td></tr> <tr><td>Jun-24</td><td>7</td><td>8</td></tr> <tr><td>Jul-24</td><td>12</td><td>8</td></tr> <tr><td>Aug-24</td><td>14</td><td>8</td></tr> <tr><td>Sep-24</td><td>7</td><td>8</td></tr> <tr><td>Oct-24</td><td>14</td><td>8</td></tr> <tr><td>Nov-24</td><td></td><td>8</td></tr> <tr><td>Dec-24</td><td></td><td>8</td></tr> <tr><td>Jan-25</td><td></td><td>8</td></tr> <tr><td>Feb-25</td><td></td><td>8</td></tr> <tr><td>Mar-25</td><td></td><td>8</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Oct-23	10	8	Nov-23	14	8	Dec-23	18	8	Jan-24	11	8	Feb-24	8	8	Mar-24	8	8	Apr-24	13	8	May-24	7	8	Jun-24	7	8	Jul-24	12	8	Aug-24	14	8	Sep-24	7	8	Oct-24	14	8	Nov-24		8	Dec-24		8	Jan-25		8	Feb-25		8	Mar-25		8
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## HEALTHCARE ACQUIRED INFECTIONS

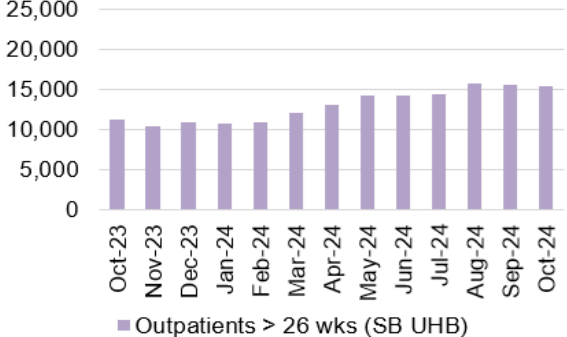
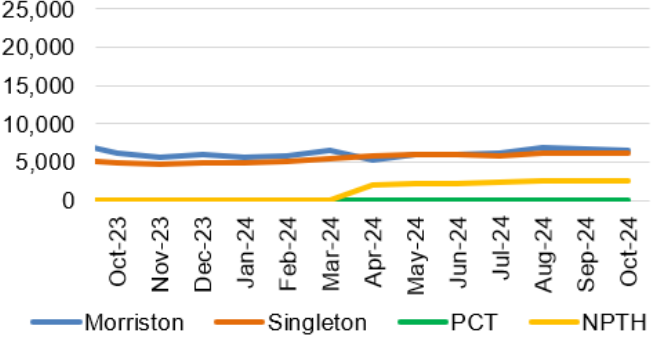
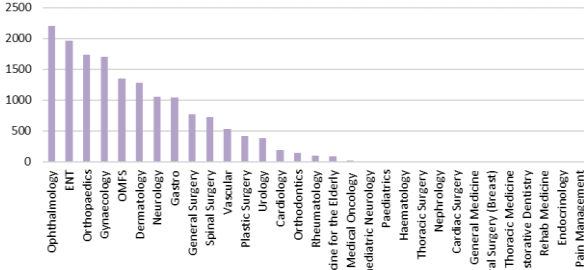
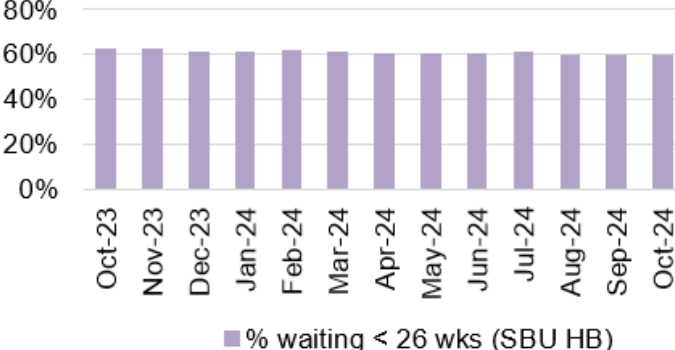
Description	Current Performance	Trend																																																									
<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 29 <i>Clostridium difficile</i> toxin positive cases in October 2024, of which 20 were hospital acquired and 9 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for October 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>18</td><td></td></tr> <tr><td>Nov-23</td><td>33</td><td></td></tr> <tr><td>Dec-23</td><td>21</td><td></td></tr> <tr><td>Jan-24</td><td>22</td><td></td></tr> <tr><td>Feb-24</td><td>20</td><td></td></tr> <tr><td>Mar-24</td><td>22</td><td></td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9</td></tr> <tr><td>Jun-24</td><td>22</td><td>8</td></tr> <tr><td>Jul-24</td><td>14</td><td>8</td></tr> <tr><td>Aug-24</td><td>35</td><td>7</td></tr> <tr><td>Sep-24</td><td>22</td><td>7</td></tr> <tr><td>Oct-24</td><td>29</td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>6</td></tr> <tr><td>Feb-25</td><td></td><td>6</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Oct-23	18		Nov-23	33		Dec-23	21		Jan-24	22		Feb-24	20		Mar-24	22		Apr-24	20	10	May-24	19	9	Jun-24	22	8	Jul-24	14	8	Aug-24	35	7	Sep-24	22	7	Oct-24	29	6	Nov-24		6	Dec-24		6	Jan-25		6	Feb-25		6	Mar-25		6
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 12 cases of <i>Klebsiella sp</i> in October 2024, of which 10 were hospital acquired and 2 were community acquired.</li> <li>The Health Board total is currently in line with the Welsh Government Profile target of 5 cases for October 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>Klebsiella</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>6</td><td></td></tr> <tr><td>Nov-23</td><td>8</td><td></td></tr> <tr><td>Dec-23</td><td>6</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>9</td><td></td></tr> <tr><td>Mar-24</td><td>5</td><td></td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td>13</td><td>7</td></tr> <tr><td>Jul-24</td><td>8</td><td>7</td></tr> <tr><td>Aug-24</td><td>12</td><td>7</td></tr> <tr><td>Sep-24</td><td>6</td><td>6</td></tr> <tr><td>Oct-24</td><td>12</td><td>5</td></tr> <tr><td>Nov-24</td><td></td><td>4</td></tr> <tr><td>Dec-24</td><td></td><td>5</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Oct-23	6		Nov-23	8		Dec-23	6		Jan-24	11		Feb-24	9		Mar-24	5		Apr-24	10	9	May-24	11	7	Jun-24	13	7	Jul-24	8	7	Aug-24	12	7	Sep-24	6	6	Oct-24	12	5	Nov-24		4	Dec-24		5	Jan-25		5	Feb-25		5	Mar-25		4
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																									
<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> <li>• There was 1 case of <i>P.Aeruginosa</i> reported in October 2024.</li> <li>• The Health Board total is currently below the Welsh Government Profile target of 2 cases for October 2024.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU) - Trajectory</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>2</td><td>-</td></tr> <tr><td>Nov-23</td><td>2</td><td>-</td></tr> <tr><td>Dec-23</td><td>3</td><td>-</td></tr> <tr><td>Jan-24</td><td>2</td><td>-</td></tr> <tr><td>Feb-24</td><td>0</td><td>-</td></tr> <tr><td>Mar-24</td><td>0</td><td>-</td></tr> <tr><td>Apr-24</td><td>0</td><td>3</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2</td></tr> <tr><td>Jul-24</td><td>2</td><td>1</td></tr> <tr><td>Aug-24</td><td>3</td><td>2</td></tr> <tr><td>Sep-24</td><td>1</td><td>2</td></tr> <tr><td>Oct-24</td><td>1</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td><td>2</td></tr> <tr><td>Dec-24</td><td>0</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td><td>1</td></tr> <tr><td>Feb-25</td><td>0</td><td>2</td></tr> <tr><td>Mar-25</td><td>0</td><td>3</td></tr> </tbody> </table> <p>Legend: <span style="color: purple;">■</span> Number of Pseudomonas cases (SBU) <span style="color: red;">—</span> Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Oct-23	2	-	Nov-23	2	-	Dec-23	3	-	Jan-24	2	-	Feb-24	0	-	Mar-24	0	-	Apr-24	0	3	May-24	1	0	Jun-24	0	2	Jul-24	2	1	Aug-24	3	2	Sep-24	1	2	Oct-24	1	2	Nov-24	0	2	Dec-24	0	1	Jan-25	0	1	Feb-25	0	2	Mar-25	0	3
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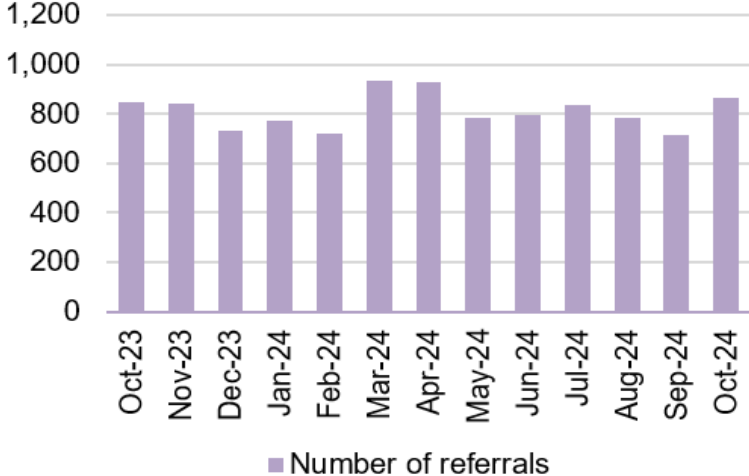
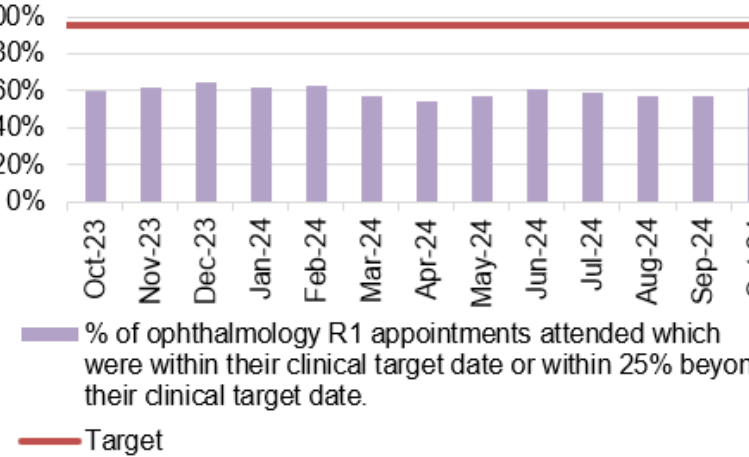
PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at October 2024.</i>	<p>In October 2024, there were 14,244 referrals received. This is higher than the number that was received in September 2024 (12,826). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.</p>
	<b>Trend</b>	
	<p><b>1. Number of GP referrals received by SBU Health Board</b></p>	<p><b>2. Number of stage 1 additions per week</b></p>
	<p><b>3. Outpatient activity undertaken</b></p>	<p><b>4. Total size of the waiting list (October 2024)</b></p>

**PLANNED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Outpatient waiting times</b></p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Percentage of patients waiting less than 26 weeks</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. October 2024 saw an in-month reduction of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,442 in September 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by ENT and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has remained at 59.2%.</p>	<p>Service Group specific delivery trajectories have been developed to further support recovery and these are monitored by the Chief Operating Officer to ensure core capacity maximisation.</p>
	<b>Trend</b>	
	<p><b>1. Number of stage 1 over 26 weeks- HB total</b></p>  <p><b>2. Number of stage 1 over 26 weeks- Hospital level</b></p>  <p><b>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at October 2024</b></p>  <p><b>4. Percentage of patient waiting less than 26 weeks</b></p> 	

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<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>In October 2024, there were 7,150 patients waiting over 36 weeks at Stage 1, which is a 1% in-month increase from September 2024. 14,447 patients were waiting over 52 weeks at all stages in October 2024. In October 2024, there were 1,285 patients waiting over 104 weeks for treatment, which is a 4% increase from September 2024.</p>	<p>Focus is now on reducing the numbers of longest waiting patients and improving the productivity and efficiency of existing theatres to increase capacity within existing resources.</p>																																																																																					
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**PLANNED CARE**

Description	Current Performance																													
<p><b>Ophthalmology Referrals</b>  <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In October 2024, there were 865 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in September 2024, which was 714.</p>	<p><b>Number of referrals into secondary care Ophthalmology service</b></p>  <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>710</td></tr> <tr><td>Mar-24</td><td>930</td></tr> <tr><td>Apr-24</td><td>930</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>800</td></tr> <tr><td>Jul-24</td><td>830</td></tr> <tr><td>Aug-24</td><td>780</td></tr> <tr><td>Sep-24</td><td>710</td></tr> <tr><td>Oct-24</td><td>865</td></tr> </tbody> </table>	Month	Number of referrals	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	780	Feb-24	710	Mar-24	930	Apr-24	930	May-24	780	Jun-24	800	Jul-24	830	Aug-24	780	Sep-24	710	Oct-24	865
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<p><b>Ophthalmology waiting times</b>  <i>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target</i></p>	<p>In October 2024, 61.8% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date.</p> <p><b>Actions of Improvement;</b>                      A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p><b>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</b></p>  <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>60%</td></tr> <tr><td>Nov-23</td><td>60%</td></tr> <tr><td>Dec-23</td><td>65%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>60%</td></tr> <tr><td>Mar-24</td><td>55%</td></tr> <tr><td>Apr-24</td><td>50%</td></tr> <tr><td>May-24</td><td>55%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>55%</td></tr> <tr><td>Aug-24</td><td>55%</td></tr> <tr><td>Sep-24</td><td>55%</td></tr> <tr><td>Oct-24</td><td>61.8%</td></tr> </tbody> </table>	Month	% of appointments	Oct-23	60%	Nov-23	60%	Dec-23	65%	Jan-24	60%	Feb-24	60%	Mar-24	55%	Apr-24	50%	May-24	55%	Jun-24	60%	Jul-24	55%	Aug-24	55%	Sep-24	55%	Oct-24	61.8%
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**PLANNED CARE**

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<p><b>Diagnostics waiting times</b>  <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In October there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,296 in September 2024 to 3,156 in October 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for October 2024:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,469</li> <li>• Cardiac tests= 663</li> <li>• Other Diagnostics = 5</li> </ul> <p><b>Actions of Improvement;</b>                      Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p align="center"><b>Number of patients waiting longer than 8 weeks for Diagnostics</b></p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>4,000</td><td>2,000</td></tr> <tr><td>Nov-23</td><td>3,500</td><td>1,500</td></tr> <tr><td>Dec-23</td><td>3,500</td><td>1,500</td></tr> <tr><td>Jan-24</td><td>3,500</td><td>1,000</td></tr> <tr><td>Feb-24</td><td>3,500</td><td>500</td></tr> <tr><td>Mar-24</td><td>3,500</td><td>0</td></tr> <tr><td>Apr-24</td><td>3,500</td><td>0</td></tr> <tr><td>May-24</td><td>3,500</td><td>0</td></tr> <tr><td>Jun-24</td><td>3,500</td><td>0</td></tr> <tr><td>Jul-24</td><td>3,500</td><td>0</td></tr> <tr><td>Aug-24</td><td>3,500</td><td>0</td></tr> <tr><td>Sep-24</td><td>3,500</td><td>0</td></tr> <tr><td>Oct-24</td><td>2,469</td><td>663</td></tr> </tbody> </table>	Month	Endoscopy	Other diagnostics (inc. radiology)	Oct-23	4,000	2,000	Nov-23	3,500	1,500	Dec-23	3,500	1,500	Jan-24	3,500	1,000	Feb-24	3,500	500	Mar-24	3,500	0	Apr-24	3,500	0	May-24	3,500	0	Jun-24	3,500	0	Jul-24	3,500	0	Aug-24	3,500	0	Sep-24	3,500	0	Oct-24	2,469	663
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<p><b>Therapy waiting times</b>  <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In October 2024, there were 147 patients waiting over 14 weeks for specified Therapies, which is 17 more than seen in September 2024.</p> <p>The breakdown of breaches are;</p> <ul style="list-style-type: none"> <li>- Dietetics – 2</li> <li>- Podiatry – 143</li> <li>- SALT - 2.</li> </ul>	<p align="center"><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies &gt; 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>195</td></tr> <tr><td>Nov-23</td><td>85</td></tr> <tr><td>Dec-23</td><td>75</td></tr> <tr><td>Jan-24</td><td>90</td></tr> <tr><td>Feb-24</td><td>30</td></tr> <tr><td>Mar-24</td><td>5</td></tr> <tr><td>Apr-24</td><td>5</td></tr> <tr><td>May-24</td><td>5</td></tr> <tr><td>Jun-24</td><td>5</td></tr> <tr><td>Jul-24</td><td>5</td></tr> <tr><td>Aug-24</td><td>15</td></tr> <tr><td>Sep-24</td><td>130</td></tr> <tr><td>Oct-24</td><td>147</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Oct-23	195	Nov-23	85	Dec-23	75	Jan-24	90	Feb-24	30	Mar-24	5	Apr-24	5	May-24	5	Jun-24	5	Jul-24	5	Aug-24	15	Sep-24	130	Oct-24	147														
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<b>Single Cancer Pathway backlog-patients waiting over 63 days</b>	September 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none"> <li>- Targeted work is underway to prioritise patients waiting &gt;104 days</li> <li>- Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits.</li> <li>- Tumour site specific plans have been developed and will be enacted through TI governance.</li> </ul> <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b> <table border="1"> <caption>SCP Performance</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>54%</td><td>75%</td><td>54%</td></tr> <tr><td>Sep-23</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Oct-23</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Nov-23</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>Dec-23</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Jan-24</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-24</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Mar-24</td><td>58%</td><td>75%</td><td>58%</td></tr> <tr><td>Apr-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>May-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>Jun-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>Jul-24</td><td>59%</td><td>75%</td><td>59%</td></tr> <tr><td>Aug-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Sep-24</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>Oct-24</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Nov-24</td><td>-</td><td>75%</td><td>68%</td></tr> <tr><td>Dec-24</td><td>-</td><td>75%</td><td>70%</td></tr> <tr><td>Jan-25</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Feb-25</td><td>-</td><td>75%</td><td>72%</td></tr> <tr><td>Mar-25</td><td>-</td><td>75%</td><td>72%</td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Aug-23	54%	75%	54%	Sep-23	52%	75%	52%	Oct-23	56%	75%	56%	Nov-23	57%	75%	57%	Dec-23	52%	75%	52%	Jan-24	50%	75%	50%	Feb-24	52%	75%	52%	Mar-24	58%	75%	58%	Apr-24	60%	75%	60%	May-24	60%	75%	60%	Jun-24	60%	75%	60%	Jul-24	59%	75%	59%	Aug-24	56%	75%	56%	Sep-24	57%	75%	57%	Oct-24	-	75%	65%	Nov-24	-	75%	68%	Dec-24	-	75%	70%	Jan-25	-	75%	65%	Feb-25	-	75%	72%	Mar-25	-	75%	72%									
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Early November 2024 figures show total wait volumes for first outpatient appointment have decreased.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for diagnostic results, closely followed by those waiting for treatment.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early November 2024</b></p> <table border="1"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>0</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>1</td></tr> <tr><td>Upper Gastrointestinal</td><td>0</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td>Grand Total</td><td>1</td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	1	Upper Gastrointestinal	0	Urological	0	Grand Total	1
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<b>Radiotherapy waiting times</b> <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times continue to be a challenge, with only the 7 day Elective Delay target being met in October 2024.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>25%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>75%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>26%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>74%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>89%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Oct-24	Scheduled (14 Day Target)	80%	25%	Scheduled (21 Day Target)	100%	75%	Urgent SC (2 Day Target)	80%	26%	Urgent SC (7 Day Target)	100%	74%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	89%	Elective Delay (14 Day Target)	100%	98%	<p><b>Radiotherapy waiting times</b></p>					
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<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In October 2024, there was a total of 149,220 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 65,359 patients waiting for a follow-up past their target date in October 2024.</p> <p>Of the 65,359 delayed follow-ups in October 2024, 13,206 had appointment dates and 52,153 were still waiting for an appointment.</p> <p>In addition, 39,137 patients were waiting 100%+ over target date in October 2024.</p> <ul style="list-style-type: none"> <li>A significant reduction was noted in August 2024 due to a change in reporting where some specialties are excluded from monitoring going forward. Future trends will be assessed from the August 2024 position.</li> </ul>	<p><b>1. Total number of patients waiting for a follow-up</b></p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>155,000</td></tr> <tr><td>Dec-23</td><td>155,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>165,000</td></tr> <tr><td>Apr-24</td><td>165,000</td></tr> <tr><td>May-24</td><td>170,000</td></tr> <tr><td>Jun-24</td><td>170,000</td></tr> <tr><td>Jul-24</td><td>170,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>140,000</td></tr> <tr><td>Oct-24</td><td>145,000</td></tr> </tbody> </table> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>45,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>50,000</td></tr> <tr><td>Apr-24</td><td>50,000</td></tr> <tr><td>May-24</td><td>55,000</td></tr> <tr><td>Jun-24</td><td>50,000</td></tr> <tr><td>Jul-24</td><td>50,000</td></tr> <tr><td>Aug-24</td><td>35,000</td></tr> <tr><td>Sep-24</td><td>35,000</td></tr> <tr><td>Oct-24</td><td>35,000</td></tr> </tbody> </table>	Month	Number of patients	Oct-23	150,000	Nov-23	155,000	Dec-23	155,000	Jan-24	160,000	Feb-24	160,000	Mar-24	165,000	Apr-24	165,000	May-24	170,000	Jun-24	170,000	Jul-24	170,000	Aug-24	140,000	Sep-24	140,000	Oct-24	145,000	Month	Number of patients	Oct-23	40,000	Nov-23	40,000	Dec-23	45,000	Jan-24	45,000	Feb-24	45,000	Mar-24	50,000	Apr-24	50,000	May-24	55,000	Jun-24	50,000	Jul-24	50,000	Aug-24	35,000	Sep-24	35,000	Oct-24	35,000
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STROKE		
Description	Current Performance	Trend
Stroke Measures 1. <i>% of patients who have a direct admission to an acute stroke unit within 4 hours</i>	1. In September 2024, 39% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance reported in August 2024.	1. <b>% of patients who have a direct admission to an acute stroke unit within 4 hours</b> 
2. <i>% of patients who received a CT Scan within 1 hour</i>	2. In September 2024, 52% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in August 2024.	2. <b>% of patients who received a CT Scan within 1 hour</b> 
3. <i>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	3. 89.3% of patients were assessed by a stroke specialist consultant physician within 24 hours in September 2024, which is an increase of 4.8% from August 2024.	3. <b>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</b> 
4. <i>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</i>	4. In September 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.	4. <b>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</b> 

**ADULT MENTAL HEALTH**

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <li><i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></li> <li><i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></li> <li><i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></li> <li><i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></li> </ol>	<ol style="list-style-type: none"> <li>In October 2024, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</li> <li>In October 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</li> <li>91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in October 2024.</li> <li>In October 2024, 56.7% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</li> </ol>	<ol style="list-style-type: none"> <li><b>% Mental Health assessments undertaken within 28 days from receipt of referral</b>  </li> <li><b>% Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b>  </li> <li><b>% residents with a valid Care and Treatment Plan (CTP)</b>  </li> <li><b>% waiting less than 26 weeks for Psychology Therapy</b>  </li> </ol>

**CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)**

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In October 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 89% of routine assessments were undertaken within 28 days from referral in October 2024 against a target of 80%.</p> <p>3. 98% of therapeutic interventions were started within 28 days following assessment by LPMHSS in October 2024.</p> <p>4. 31% of NDD patients received a diagnostic assessment within 26 weeks in October 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p align="center"><b>1. Crisis- assessment within 48 hours</b></p> <p align="center"><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p> <p align="center"><b>4. NDD- assessment within 26 weeks</b></p>

## **4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES**

## FRACTURED NECK OF FEMUR (#NOF)

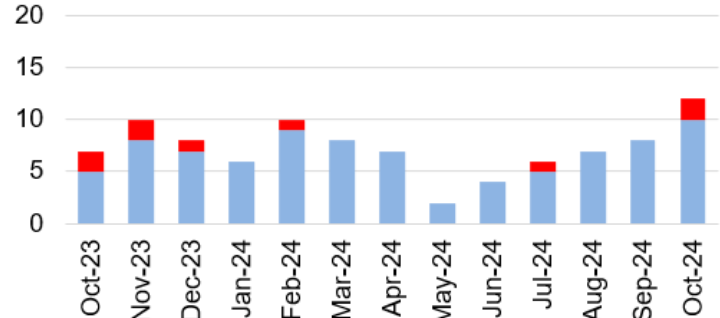
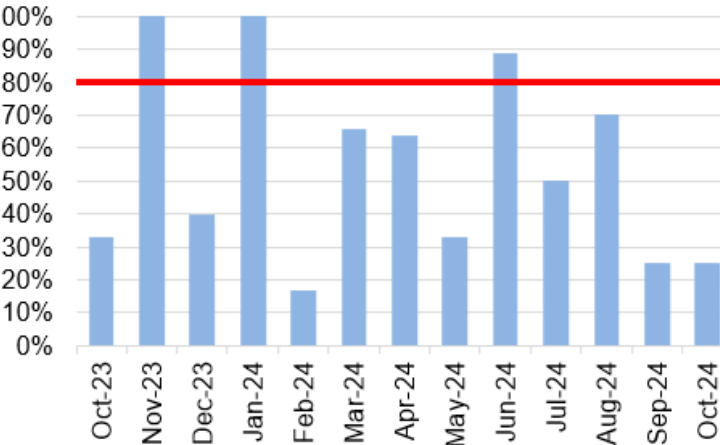
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<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In September 2024, 97.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In September 2024, 32.1% of patients had surgery the day following presentation with a hip fracture. This is a 1.0% improvement from September 2023 which was 31.1%.</p> <p><b>3. NICE compliant surgery-</b> 69.1% of operations were consistent with the NICE recommendations in September 2024. This is 5.5% less than in September 2023.</p> <p><b>4. Prompt mobilisation-</b> In September 2024, 85.7% of patients were out of bed the day after surgery. This is 3.5% more than in September 2023.</p>	<div style="text-align: center;"> <p><b>1. Prompt orthogeriatric assessment</b></p> <table border="1"> <caption>1. Prompt orthogeriatric assessment</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. 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Ire (%)	Sep-23	98.0	70.0	70.0	Oct-23	98.0	72.0	70.0	Nov-23	98.0	73.0	70.0	Dec-23	98.0	74.0	70.0	Jan-24	98.0	75.0	70.0	Feb-24	98.0	76.0	70.0	Mar-24	98.0	77.0	70.0	Apr-24	98.0	78.0	70.0	May-24	98.0	79.0	70.0	Jun-24	98.0	80.0	70.0	Jul-24	98.0	81.0	70.0	Aug-24	98.0	82.0	70.0	Sep-24	97.3	83.0	70.0	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-23	31.1	60.0	60.0	Oct-23	31.1	60.0	60.0	Nov-23	31.1	60.0	60.0	Dec-23	31.1	60.0	60.0	Jan-24	31.1	60.0	60.0	Feb-24	31.1	60.0	60.0	Mar-24	31.1	60.0	60.0	Apr-24	31.1	60.0	60.0	May-24	31.1	60.0	60.0	Jun-24	31.1	60.0	60.0	Jul-24	31.1	60.0	60.0	Aug-24	31.1	60.0	60.0	Sep-24	32.1	60.0	60.0	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. 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**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i></p>	<p><b>5. Not delirious when tested-</b> 76.5% of patients were not delirious in the week after their operation in September 2024.</p>	<p align="center"><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Oct-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Nov-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Dec-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jan-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Aug-24</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Sep-24</td><td>76.5</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-23	75	65	65	Oct-23	75	65	65	Nov-23	75	65	65	Dec-23	75	65	65	Jan-24	75	65	65	Feb-24	75	65	65	Mar-24	75	65	65	Apr-24	75	65	65	May-24	75	65	65	Jun-24	75	65	65	Jul-24	75	65	65	Aug-24	75	65	65	Sep-24	76.5	65	65
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<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p><b>6. Return to original residence-</b> 71.5% of patients in June 2024 were discharged back to their original residence. This is the same figure reported in June 2023.</p>	<p align="center"><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Jul-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Aug-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Sep-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Oct-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Nov-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Dec-23</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Jan-24</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Feb-24</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Mar-24</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Apr-24</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>May-24</td><td>71.5</td><td>72</td><td>72</td></tr> <tr><td>Jun-24</td><td>71.5</td><td>72</td><td>72</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-23	71.5	72	72	Jul-23	71.5	72	72	Aug-23	71.5	72	72	Sep-23	71.5	72	72	Oct-23	71.5	72	72	Nov-23	71.5	72	72	Dec-23	71.5	72	72	Jan-24	71.5	72	72	Feb-24	71.5	72	72	Mar-24	71.5	72	72	Apr-24	71.5	72	72	May-24	71.5	72	72	Jun-24	71.5	72	72
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<p>7. <i>30 day mortality rate (Case mix Adjusted)</i></p>	<p><b>7. 30 day mortality rate-</b> In Q2 24-25 the mortality rate for Morryston Hospital was 5.3%, which is 1.4% lower than the figure reported in the same period in the previous year and is the same as the national average for the quarter.</p>	<p align="center"><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.2</td></tr> <tr><td>Q1 23-24</td><td>5.8</td><td>5.8</td></tr> <tr><td>Q2 23-24</td><td>6.8</td><td>5.5</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>5.3</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.3</td></tr> <tr><td>Q1 24-25</td><td>5.3</td><td>5.3</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	6.0	6.8	Q3 22-23	6.0	6.5	Q4 22-23	6.0	6.2	Q1 23-24	5.8	5.8	Q2 23-24	6.8	5.5	Q3 23-24	6.0	5.3	Q4 23-24	5.0	5.3	Q1 24-25	5.3	5.3														
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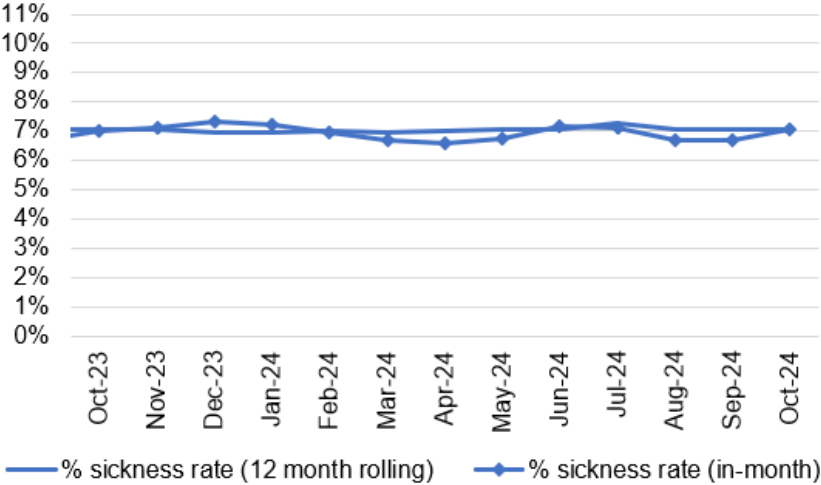
PRESSURE ULCERS		
Description	Current Performance	Trend
<p><b>Number of pressure ulcers</b> 1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In September 2024 there were 93 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 49 were hospital acquired.</p> <p>There were 13 grade 3+ pressure ulcers in September 2024, 11 of which were community acquired and 2 were hospital acquired.</p> <p>2. The rate per 100,000 admissions was 836 in September 2024.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>*March 24 data not available</p>
INPATIENT FALLS		
Description	Current Performance	Trend
<p><b>Inpatient Falls</b> The total number of inpatient falls</p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 198 in October 2024. This is 21.5% more than September 2024 where 153 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <p>■ Hospital Falls</p>

## NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend																																																																																				
<p><b>Nationally Reportable Incidents (NRI's)-</b>                      1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 10 Nationally Reportable Incidents for the month of October 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> <li>- Morryston – 3</li> <li>- NPTS – 6</li> <li>- PCT -1</li> </ul> <p>2. There were two new Never Events reported in October 2024.</p> <p>3. In October 2024, 25% of the NRI's were closed within the agreed timescale.</p>	<p><b>1. and 2. Number of nationally reportable incidents and never events</b></p>  <table border="1"> <caption>Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>5</td><td>2</td></tr> <tr><td>Nov-23</td><td>8</td><td>2</td></tr> <tr><td>Dec-23</td><td>7</td><td>1</td></tr> <tr><td>Jan-24</td><td>6</td><td>0</td></tr> <tr><td>Feb-24</td><td>9</td><td>1</td></tr> <tr><td>Mar-24</td><td>8</td><td>0</td></tr> <tr><td>Apr-24</td><td>7</td><td>0</td></tr> <tr><td>May-24</td><td>2</td><td>0</td></tr> <tr><td>Jun-24</td><td>4</td><td>0</td></tr> <tr><td>Jul-24</td><td>5</td><td>1</td></tr> <tr><td>Aug-24</td><td>7</td><td>0</td></tr> <tr><td>Sep-24</td><td>8</td><td>0</td></tr> <tr><td>Oct-24</td><td>10</td><td>2</td></tr> </tbody> </table> <p><b>3. % of nationally reportable incidents closed within the agreed timescales</b></p>  <table border="1"> <caption>% of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>33%</td><td>80%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-23</td><td>40%</td><td>80%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-24</td><td>17%</td><td>80%</td></tr> <tr><td>Mar-24</td><td>65%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>63%</td><td>80%</td></tr> <tr><td>May-24</td><td>33%</td><td>80%</td></tr> <tr><td>Jun-24</td><td>88%</td><td>80%</td></tr> <tr><td>Jul-24</td><td>50%</td><td>80%</td></tr> <tr><td>Aug-24</td><td>70%</td><td>80%</td></tr> <tr><td>Sep-24</td><td>25%</td><td>80%</td></tr> <tr><td>Oct-24</td><td>25%</td><td>80%</td></tr> </tbody> </table>	Month	Number of Nationally Reportable Incidents	Number of never events	Oct-23	5	2	Nov-23	8	2	Dec-23	7	1	Jan-24	6	0	Feb-24	9	1	Mar-24	8	0	Apr-24	7	0	May-24	2	0	Jun-24	4	0	Jul-24	5	1	Aug-24	7	0	Sep-24	8	0	Oct-24	10	2	Month	% NRI's assured	Target	Oct-23	33%	80%	Nov-23	100%	80%	Dec-23	40%	80%	Jan-24	100%	80%	Feb-24	17%	80%	Mar-24	65%	80%	Apr-24	63%	80%	May-24	33%	80%	Jun-24	88%	80%	Jul-24	50%	80%	Aug-24	70%	80%	Sep-24	25%	80%	Oct-24	25%	80%
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Description	Current Performance	Trend																																																																						
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in October 2024, the percentage of completed discharge summaries was 76%.</p> <p>In October 2024, compliance ranged from 83% in Morriston Hospital to 61% in Singleton Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>Data for Discharge Summaries Trend</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>67%</td></tr> <tr><td>Feb-24</td><td>70%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>75%</td></tr> <tr><td>May-24</td><td>75%</td></tr> <tr><td>Jun-24</td><td>75%</td></tr> <tr><td>Jul-24</td><td>75%</td></tr> <tr><td>Aug-24</td><td>78%</td></tr> <tr><td>Sep-24</td><td>78%</td></tr> <tr><td>Oct-24</td><td>76%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	67%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	78%	Oct-24	76%																																										
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<b>Crude Mortality Rate</b>	<p>August 2024 reports the crude mortality rate for the Health Board at 0.69%, which is 0.04% higher than the figure reported in July 2024.</p> <p>A breakdown by Hospital for August 2024:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.25%</li> <li>• Singleton – 0.17%</li> <li>• NPT – 0.04%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></p> <table border="1"> <caption>Data for Crude Mortality Trend</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Sep-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Oct-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Nov-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Dec-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jan-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Feb-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Mar-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Apr-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>May-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jun-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jul-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Aug-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> </tbody> </table> <p>— Morriston Hospital      — Singleton Hospital  — NPT Hospital      — HB Total</p>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Aug-23	1.25%	0.17%	0.04%	0.69%	Sep-23	1.25%	0.17%	0.04%	0.69%	Oct-23	1.25%	0.17%	0.04%	0.69%	Nov-23	1.25%	0.17%	0.04%	0.69%	Dec-23	1.25%	0.17%	0.04%	0.69%	Jan-24	1.25%	0.17%	0.04%	0.69%	Feb-24	1.25%	0.17%	0.04%	0.69%	Mar-24	1.25%	0.17%	0.04%	0.69%	Apr-24	1.25%	0.17%	0.04%	0.69%	May-24	1.25%	0.17%	0.04%	0.69%	Jun-24	1.25%	0.17%	0.04%	0.69%	Jul-24	1.25%	0.17%	0.04%	0.69%	Aug-24	1.25%	0.17%	0.04%	0.69%
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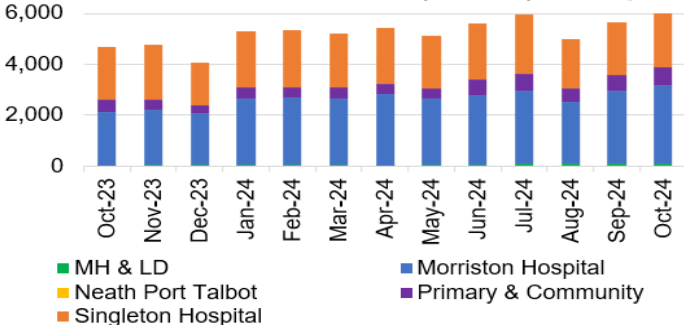
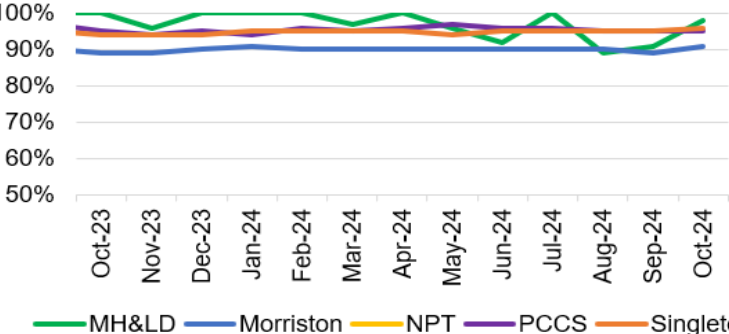
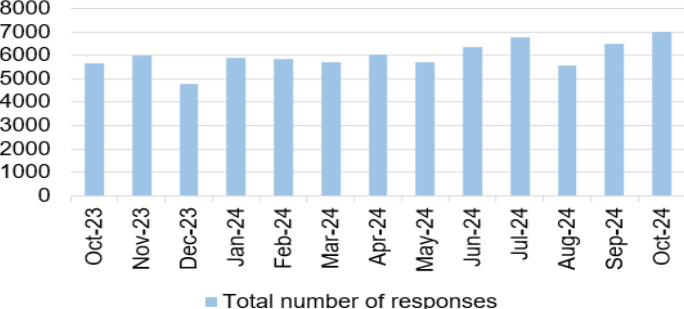
**WORKFORCE**

Description	Current Performance	Trend																		
<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<p>Our in-month sickness performance remained the same increased to 7.05% in October 2024.</p> <p>The 12-month rolling performance figure reported in October 2024 was 7.05%, which was 0.02% lower than the figure reported in September 2024.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in October 2024.</p> <table border="1" data-bbox="517 715 1200 1337"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/Stress/Depression/Other psychiatric illnesses</td> <td>11,223.53</td> <td>34.0%</td> </tr> <tr> <td>Cold, Cough, Flu - Influenza</td> <td>3,198.50</td> <td>9.7%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2,920.00</td> <td>8.9%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>2,376.00</td> <td>7.2%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>1,674.00</td> <td>5.1%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/Stress/Depression/Other psychiatric illnesses	11,223.53	34.0%	Cold, Cough, Flu - Influenza	3,198.50	9.7%	Other musculoskeletal problems	2,920.00	8.9%	Gastrointestinal problems	2,376.00	7.2%	Other known causes - not elsewhere classified	1,674.00	5.1%	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</b></p>  <p>The chart displays two data series: the 12-month rolling sickness rate and the in-month sickness rate. The y-axis represents the percentage of FTE days lost, ranging from 0% to 11%. The x-axis shows months from Oct-23 to Oct-24. The 12-month rolling rate is a solid blue line, and the in-month rate is a line with diamond markers. Both rates are consistently between 6% and 8%.</p>
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## THEATRE EFFICIENCY

Description	Current Performance	Trend																																																																																																																																																										
<p><b>Theatre Efficiency</b></p> <p><b>1. Theatre Utilisation Rates</b></p> <p><b>2. % of theatre sessions starting late</b></p> <p><b>3. % of theatre sessions finishing early</b></p> <p><b>4. % of theatre sessions cancelled at short notice (&lt;28 days)</b></p> <p><b>5. % of operations cancelled on the day</b></p>	<p>In October 2024 the Theatre Utilisation rate was 55%. This is the same as the figure reported in September 2024 and is 3% lower than the figure reported in October 2023 (58%).</p> <p>43% of theatre sessions started late in October 2024. This is 2% lower than the figure reported for in September 2024.</p> <p>In October 2024, 33% of theatre sessions finished early. This is the same figure seen in September 2024 and 2% lower than those seen in October 2023.</p> <p>10% of theatre sessions were cancelled at short notice in October 2024. This is 1% lower than the figures reported in September 2024.</p> <p>Of the operations cancelled in October 2024, 40% of them were cancelled on the day.</p>	<p style="text-align: center;"><b>1. Theatre Utilisation Rate</b></p> <table border="1"> <caption>1. Theatre Utilisation Rate (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>58</td></tr> <tr><td>Nov-23</td><td>58</td></tr> <tr><td>Dec-23</td><td>50</td></tr> <tr><td>Jan-24</td><td>48</td></tr> <tr><td>Feb-24</td><td>50</td></tr> <tr><td>Mar-24</td><td>48</td></tr> <tr><td>Apr-24</td><td>55</td></tr> <tr><td>May-24</td><td>52</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>52</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>55</td></tr> <tr><td>Oct-24</td><td>55</td></tr> </tbody> </table> <p style="text-align: center;"><b>4. And 3. % theatre sessions starting late/finishing</b></p> <table border="1"> <caption>4. 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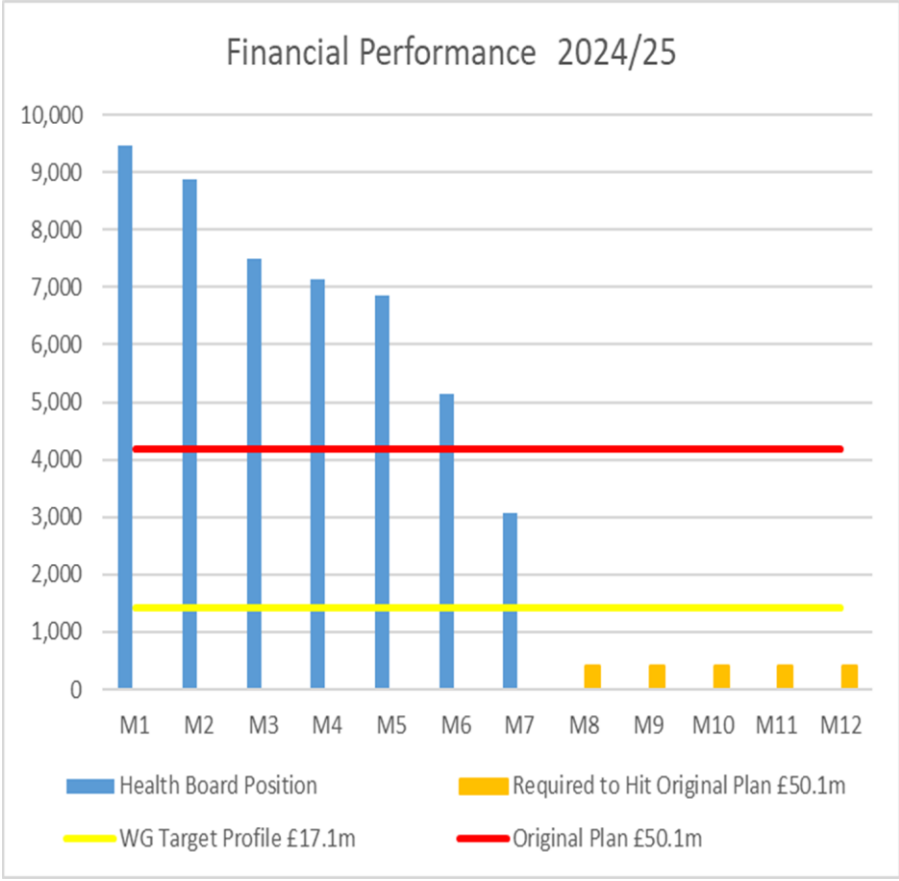
**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends &amp; Family patient satisfaction level in October 2024 was 93% and 6,208 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,402 surveys in October 2024, with a recommended score of 96%.</li> <li>➢ Morriston Hospital completed 3,081 surveys in October 2024, with a recommended score of 91%.</li> <li>➢ Primary &amp; Community Care completed 680 surveys for October 2024, with a recommended score of 95%.</li> <li>➢ The Mental Health Service Group completed 112 surveys for October 2024, with a recommended score of 98%.</li> </ul> <p>There were 7,022 feedback experience responses completed and recorded on CIVICA in October 2024. This is 511 more than the figure reported in September 2024. Of the responses recorded, 5,740 were targeted and 1,282 were passive.</p>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>  <p><b>3. Number of Service User experience responses</b></p> 



## FINANCE UPDATES

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend																																																																	
<p><b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> <li>During September, the Health Board submitted a revised Recovery &amp; Sustainability Assessment for 2024/25. Formal feedback has been received and the Health Board is required to deliver as a minimum a £50.1m deficit in 2024/25, noting that the control total set by Welsh Government remains <b>£17.1m</b>.</li> <li>In Month 7 there is an in-month overspend of <b>£3.1m</b>.</li> <li>YTD at Month 7 is an overspend of <b>£48.0m</b></li> <li>Overall, the Health Board YTD position is <b>£18.8m</b> off the delivery of the original March submitted £50.1m deficit plan.</li> <li>In the graph the orange bars illustrate the potential financial change required to be able to deliver the £50.1m.</li> <li>The yellow line depicted the level required if the HB were to achieve the £17.1m control total.</li> </ul>	 <p>The chart displays the following data series:</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Health Board Position</th> <th>Required to Hit Original Plan £50.1m</th> <th>WG Target Profile £17.1m</th> <th>Original Plan £50.1m</th> </tr> </thead> <tbody> <tr><td>M1</td><td>9,500</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M2</td><td>8,800</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M3</td><td>7,500</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M4</td><td>7,100</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M5</td><td>6,800</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M6</td><td>5,100</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M7</td><td>3,000</td><td>0</td><td>1,400</td><td>4,200</td></tr> <tr><td>M8</td><td>0</td><td>400</td><td>1,400</td><td>4,200</td></tr> <tr><td>M9</td><td>0</td><td>400</td><td>1,400</td><td>4,200</td></tr> <tr><td>M10</td><td>0</td><td>400</td><td>1,400</td><td>4,200</td></tr> <tr><td>M11</td><td>0</td><td>400</td><td>1,400</td><td>4,200</td></tr> <tr><td>M12</td><td>0</td><td>400</td><td>1,400</td><td>4,200</td></tr> </tbody> </table>	Month	Health Board Position	Required to Hit Original Plan £50.1m	WG Target Profile £17.1m	Original Plan £50.1m	M1	9,500	0	1,400	4,200	M2	8,800	0	1,400	4,200	M3	7,500	0	1,400	4,200	M4	7,100	0	1,400	4,200	M5	6,800	0	1,400	4,200	M6	5,100	0	1,400	4,200	M7	3,000	0	1,400	4,200	M8	0	400	1,400	4,200	M9	0	400	1,400	4,200	M10	0	400	1,400	4,200	M11	0	400	1,400	4,200	M12	0	400	1,400	4,200
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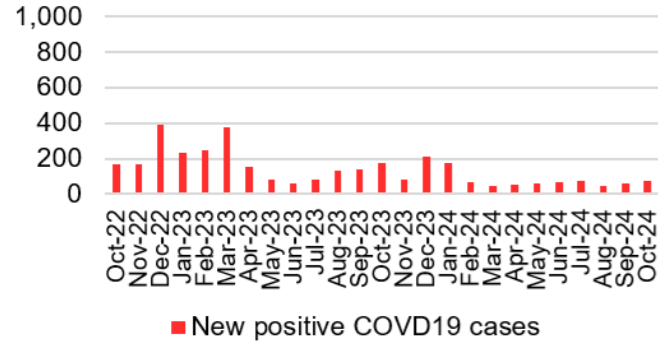
Description	Current Performance	Trend
<b>Capital Financial Position –</b> expenditure incurred against capital resource limit	<ul style="list-style-type: none"> <li>The balanced forecast outturn capital position for 2024/25 assumes income from disposals of £0.650m.</li> <li>Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> </ul>	<p style="text-align: center;"><b>Capital - Cumulative Performance to Plan</b></p> <p style="text-align: center;">— Forecast    — Actual/Revised Forecast</p>
<b>Workforce Spend –</b> workforce expenditure profile	<ul style="list-style-type: none"> <li>The pay budgets are underspent by £1,026k in October.</li> <li>Variable pay has increased in October by circa. £917k. Broken down as follows; Bank were overspent by £551k, Agency – Non-Medical £145k, Agency Medical £123k, Irregular Sessions £75k, and WLI £29k, offset by an underspend in Overtime £6k.</li> <li>Work is required to bring spend down in line with the current year budget.</li> </ul>	<p style="text-align: center;"><b>Variable Pay Expenditure</b></p> <p style="text-align: center;"> <span style="color: orange;">■</span> Irregular Sessions  <span style="color: green;">■</span> WLI  <span style="color: yellow;">■</span> Agency - Medical  <span style="color: lightblue;">■</span> Agency - Non Medical  <span style="color: pink;">■</span> Overtime  <span style="color: blue;">■</span> Bank  <span style="color: green;">●</span> Last Year Expenditure         </p>

Description	Current Performance	Trend																																																				
<p><b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>The cumulative PSPP compliance has improved this month and is above target at 96.20%. In October compliance was above target at 96.96% (September – 97.77%).</li> <li>Although the PSPP was achieved this month, there were still delays receipting and in authorisation.</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>91.80</td><td>91.80</td><td>95.00</td></tr> <tr><td>M2</td><td>98.00</td><td>94.80</td><td>95.00</td></tr> <tr><td>M3</td><td>96.80</td><td>95.50</td><td>95.00</td></tr> <tr><td>M4</td><td>96.00</td><td>95.80</td><td>95.00</td></tr> <tr><td>M5</td><td>96.50</td><td>96.00</td><td>95.00</td></tr> <tr><td>M6</td><td>97.80</td><td>96.10</td><td>95.00</td></tr> <tr><td>M7</td><td>96.80</td><td>96.20</td><td>95.00</td></tr> <tr><td>M8</td><td></td><td></td><td>95.00</td></tr> <tr><td>M9</td><td></td><td></td><td>95.00</td></tr> <tr><td>M10</td><td></td><td></td><td>95.00</td></tr> <tr><td>M11</td><td></td><td></td><td>95.00</td></tr> <tr><td>M12</td><td></td><td></td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	91.80	91.80	95.00	M2	98.00	94.80	95.00	M3	96.80	95.50	95.00	M4	96.00	95.80	95.00	M5	96.50	96.00	95.00	M6	97.80	96.10	95.00	M7	96.80	96.20	95.00	M8			95.00	M9			95.00	M10			95.00	M11			95.00	M12			95.00
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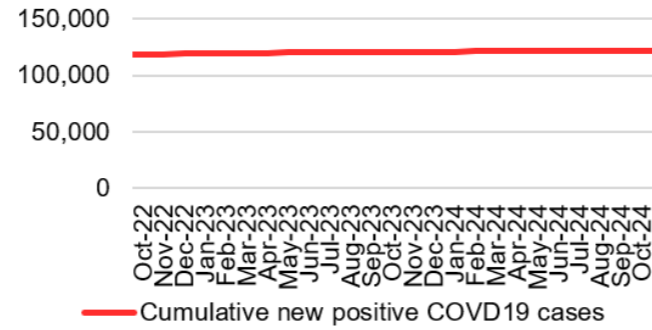
## **5. TABLE OF ALL MEASURES**

# HARM FROM COVID ITSELF

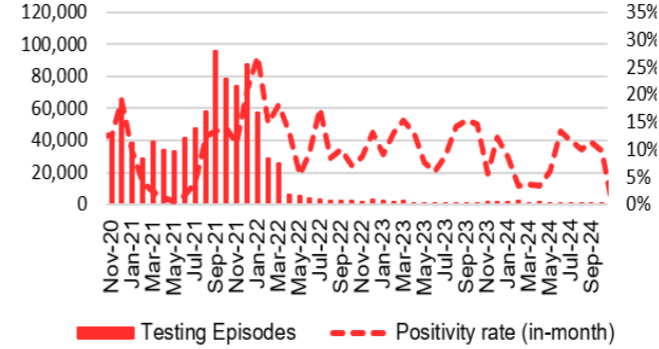
**Chart 1: Number of new COVID19 cases**



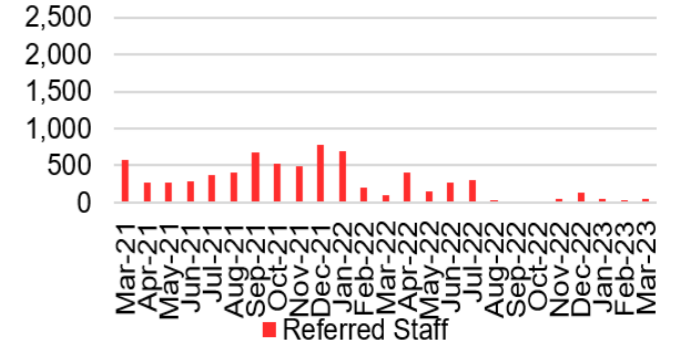
**Chart 2: Number of new COVID19 cases (cumulative)**



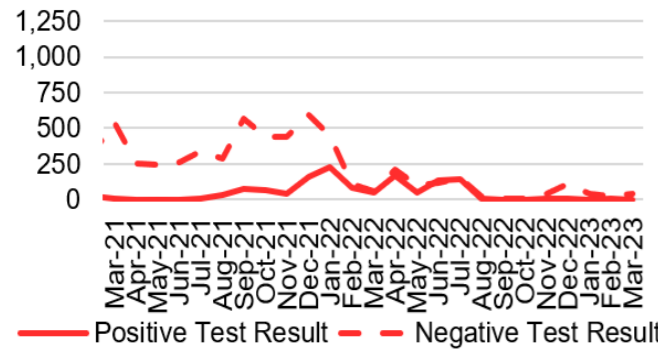
**Chart 3: Number of COVID19 tests completed and positivity rate**



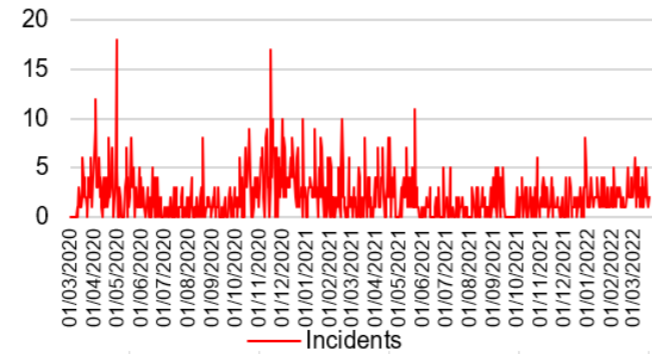
**Chart 4: Number of staff referred for Antigen testing**



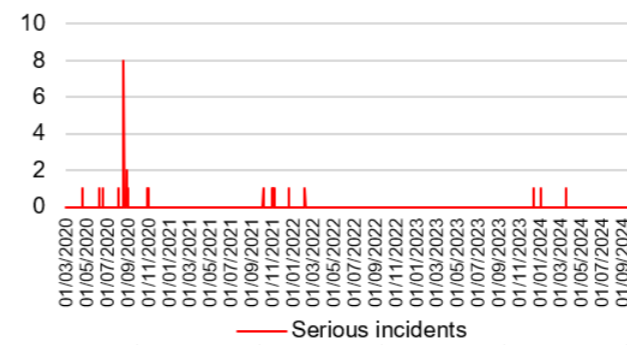
**Chart 5: Outcome of staff COVID19/ antigen tests**



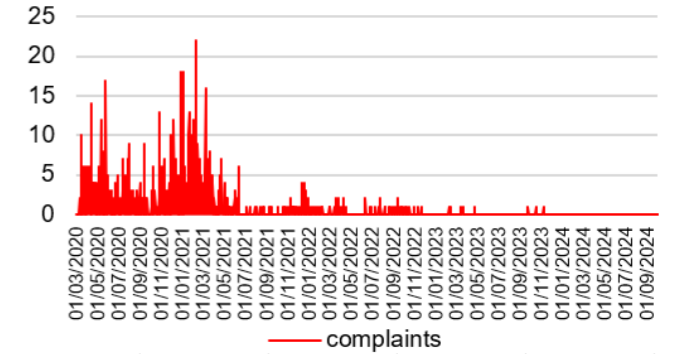
**Chart 6: Number of COVID19 related incidents**



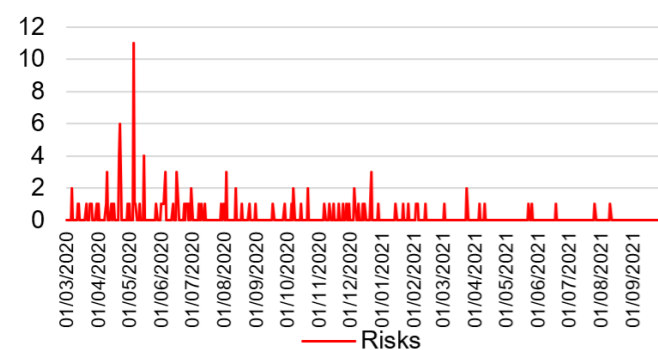
**Chart 7: Number of COVID19 related serious incidents**



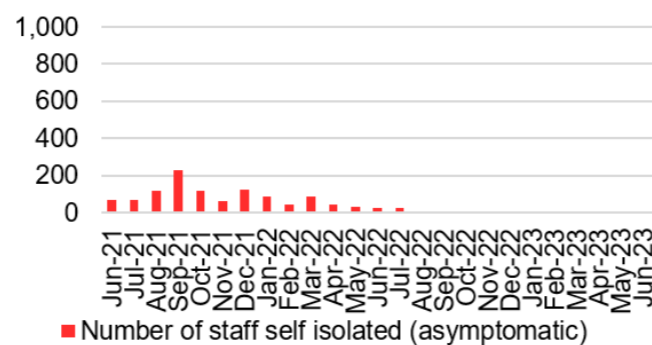
**Chart 8: Number of COVID19 related complaints**



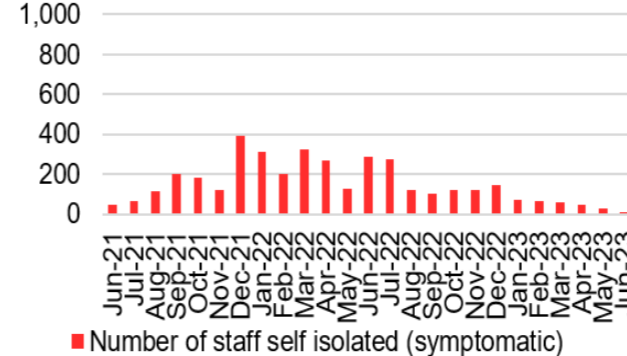
**Chart 9: Number of COVID19 related risks**



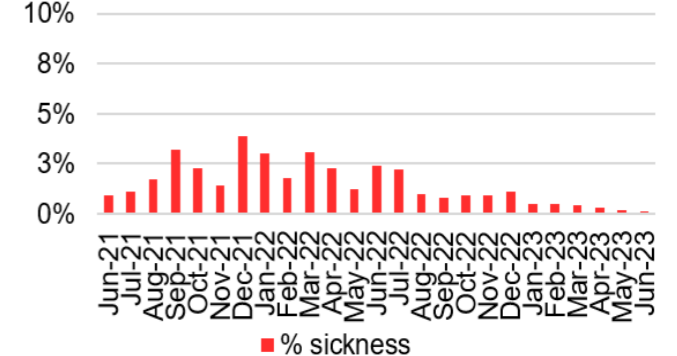
**Chart 10: Number of staff self-isolating (asymptomatic)**



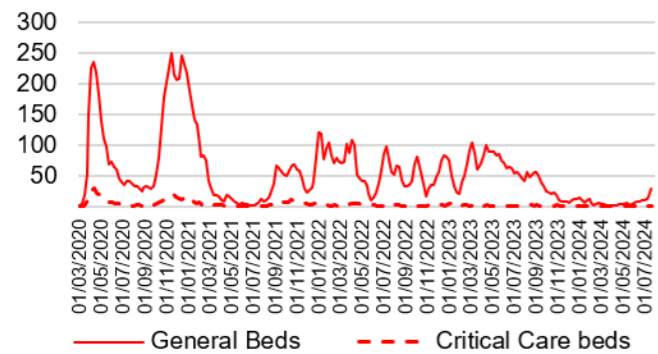
**Chart 11: Number of staff self isolating (symptomatic)**



**Chart 12: % staff sickness**



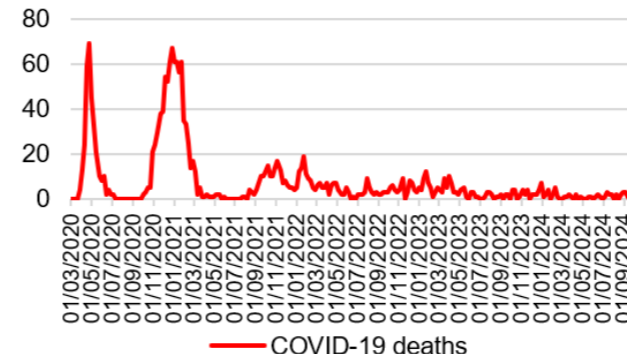
**Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases**



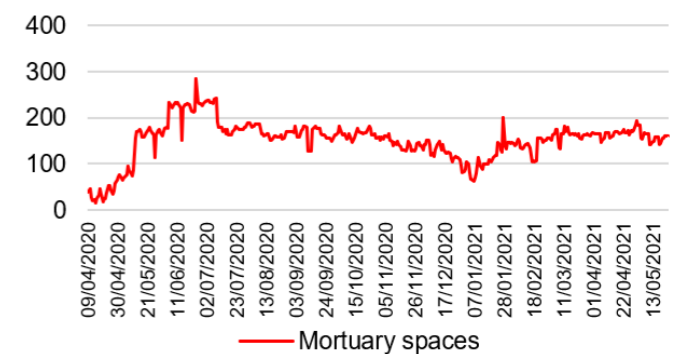
**Chart 14: Number of hospital deaths with any mention of COVID19**



**Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)**



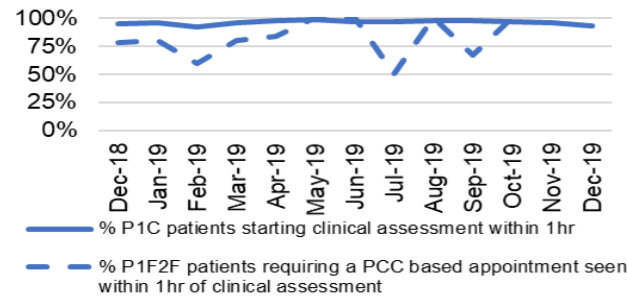
**Chart 16: Number of mortuary spaces**



# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

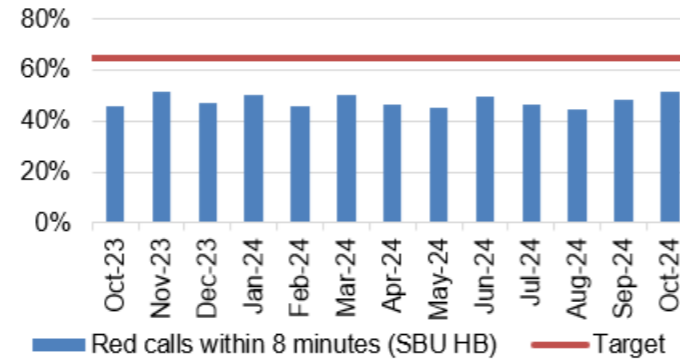
## Unscheduled Care- Overview

**Chart 1: GP Out of Hours/ 111**

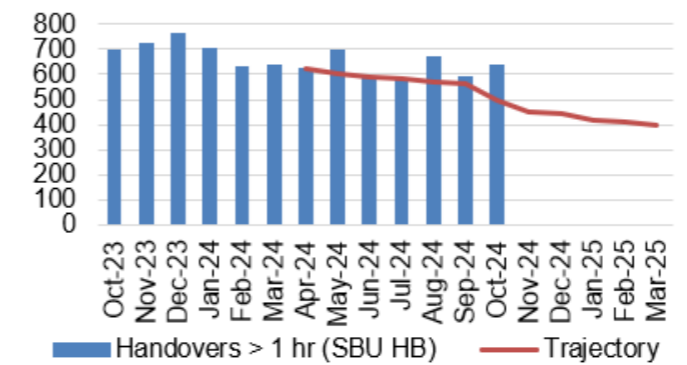


Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

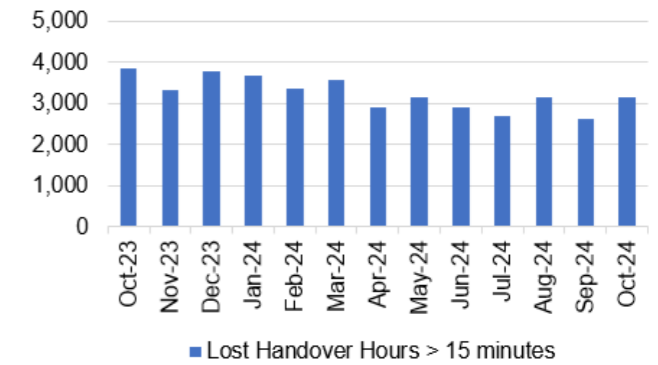
**Chart 2: % red calls responded to within 8 minutes**



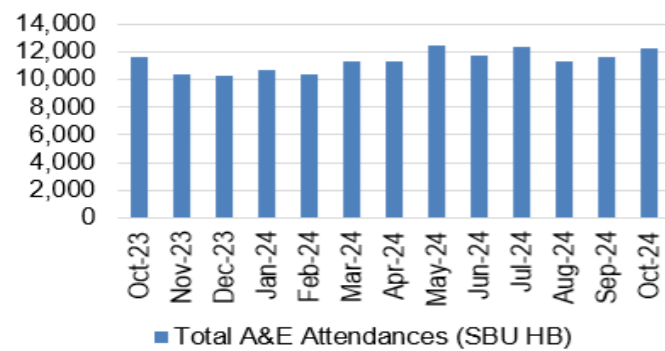
**Chart 3: Number of ambulance handovers over 1 hour**



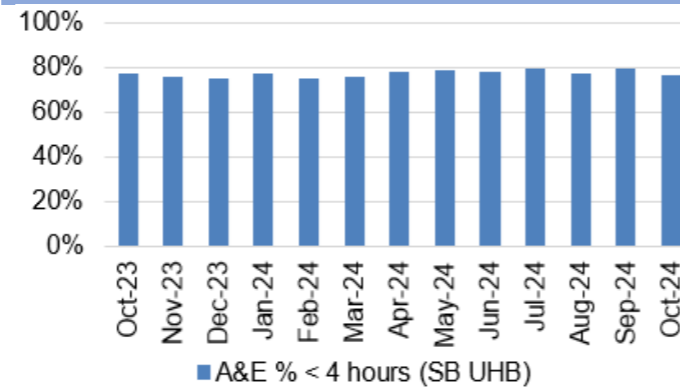
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



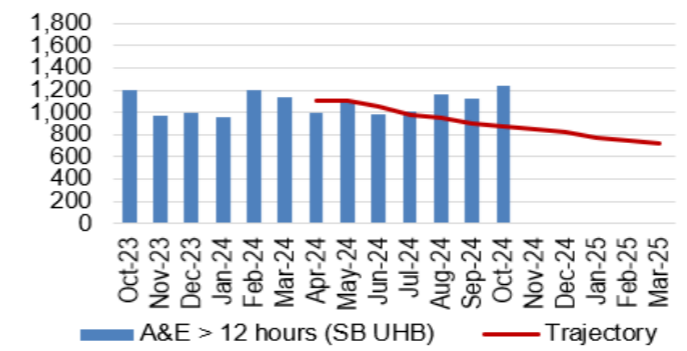
**Chart 5: A&E Attendances**



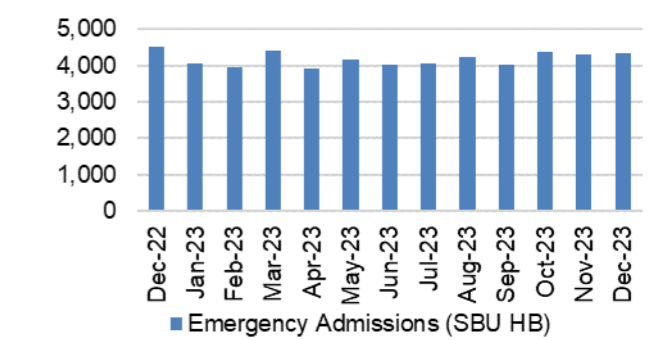
**Chart 6: % patients who spend less than 4 hours in A&E**



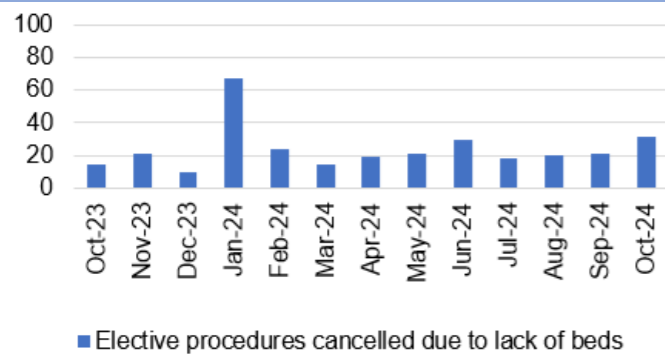
**Chart 7: Number of patients waiting over 12 hours in A&E**



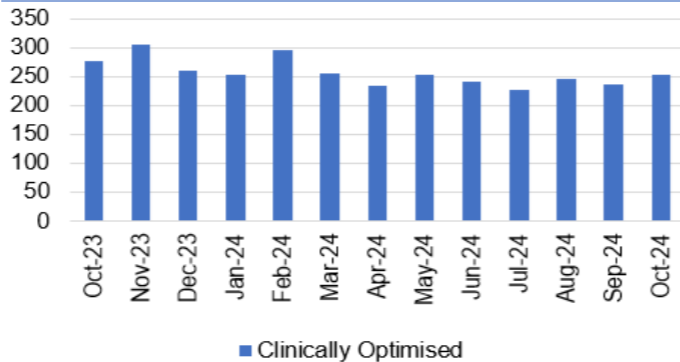
**Chart 8: Number of emergency admissions**



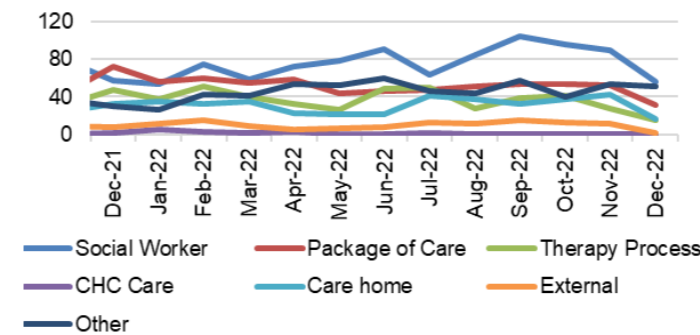
**Chart 9: Elective procedures cancelled due to lack of beds**



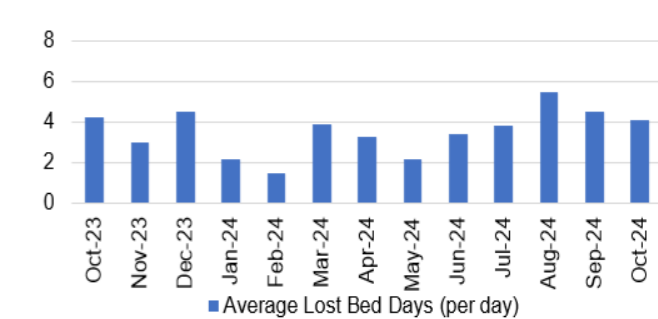
**Chart 10: Number of clinically optimised patients**



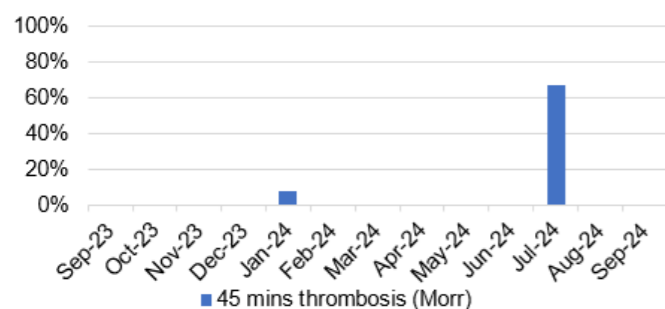
**Chart 11: Delay reason for clinically optimised patients**



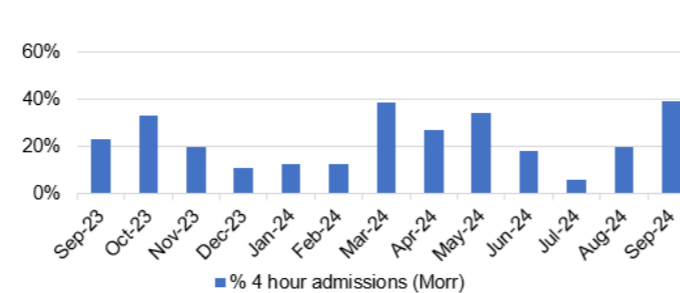
**Chart 12: Average lost bed days (per day)**



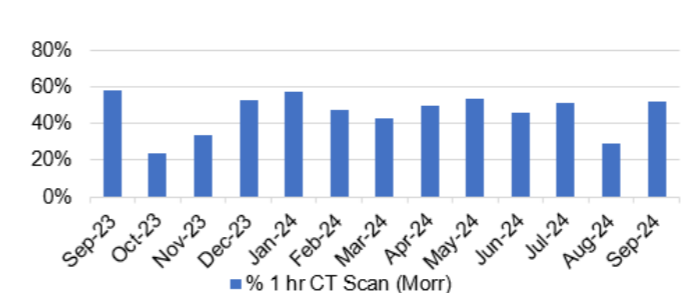
**Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



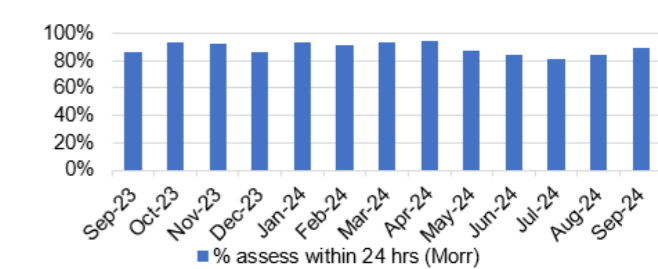
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



**Chart 15: % of stroke patients receiving CT scan with 1 hour**



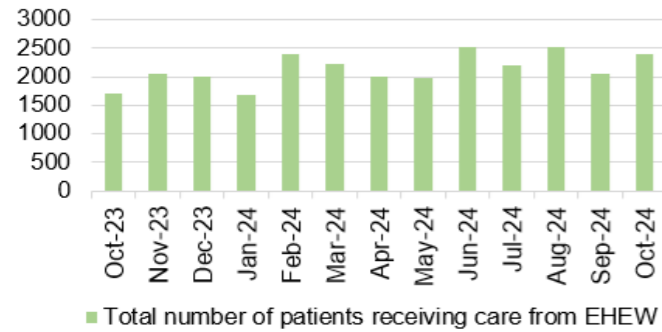
**Chart 16: % stroke patients receiving consultant assessment within 24 hours**



# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## Primary and Community Care Overview

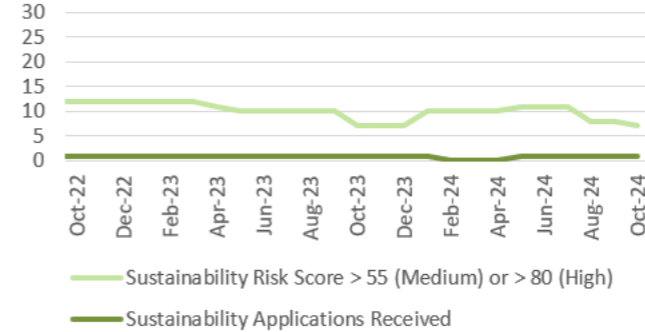
**Chart 1: Total Number of patients receiving care from Eye Health Examination Wales (EHEW)**



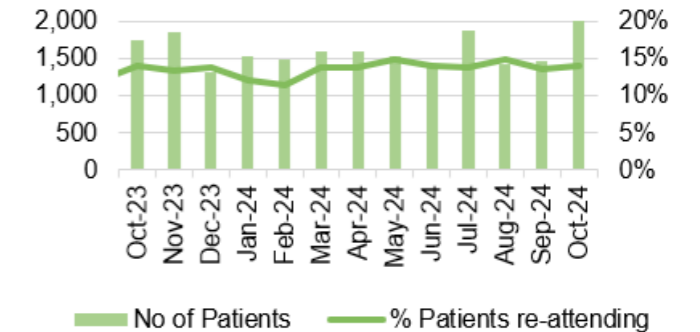
**Chart 2: GMS - Escalation Levels**



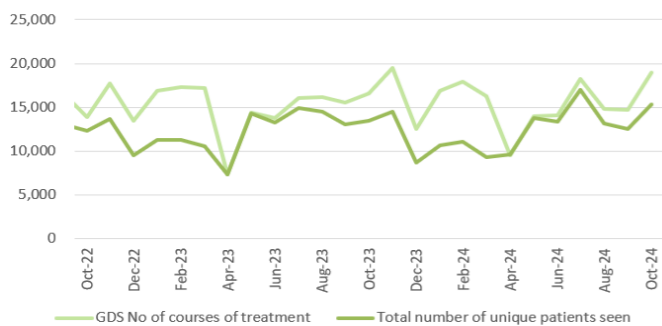
**Chart 3: GMS - Sustainability**



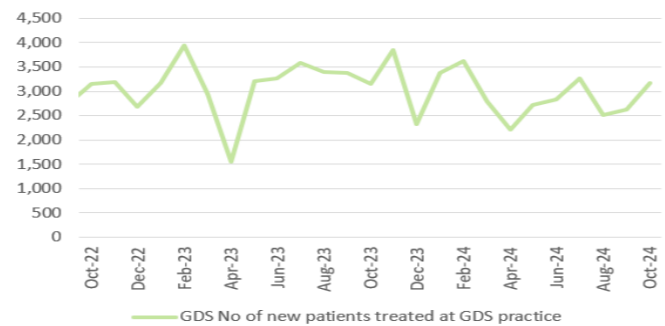
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



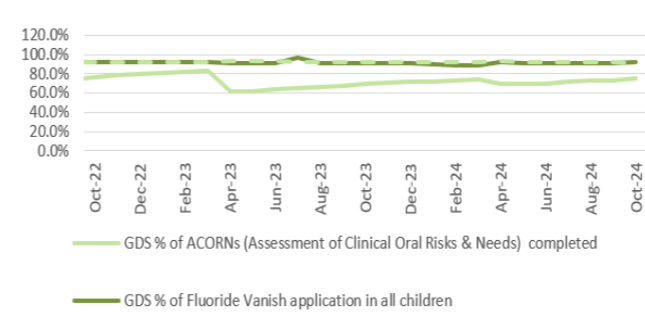
**Chart 5: General Dental Services - Activity**



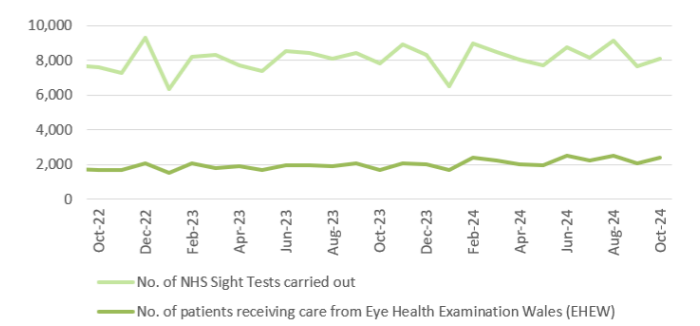
**Chart 6: General Dental Services - New Patients**



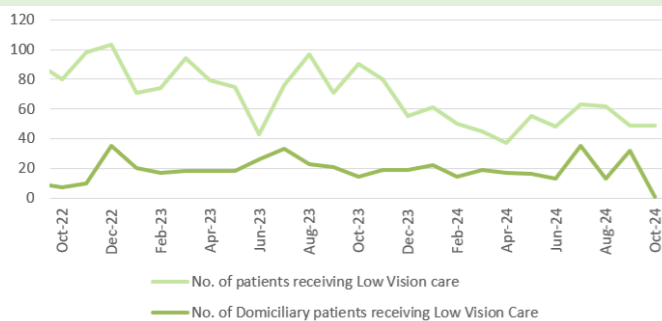
**Chart 7: General Dental Services - ACORNs/FV**



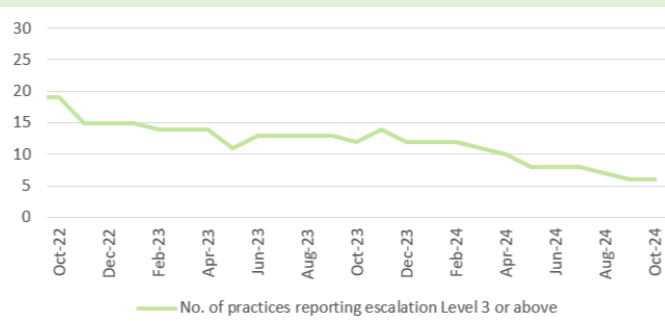
**Chart 8: Optometry Activity – sight tests**



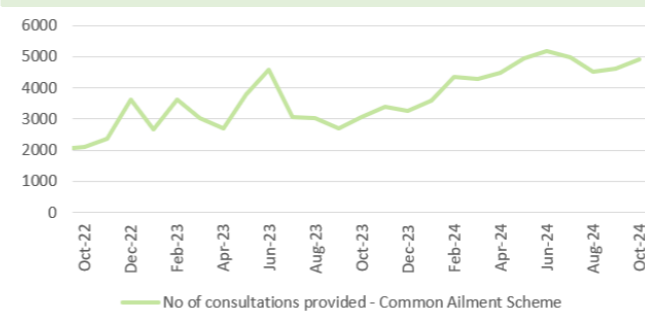
**Chart 9: Optometry Activity – low vision care**



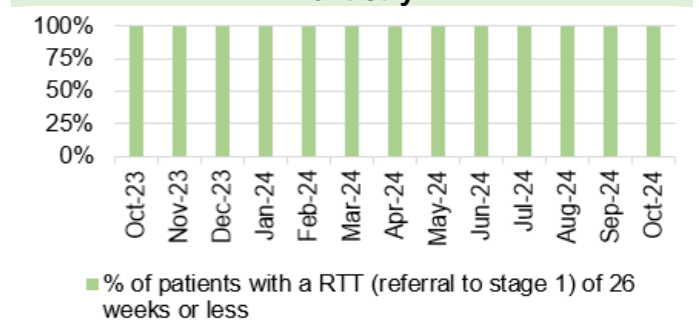
**Chart 10: Community Pharmacy – Escalation levels**



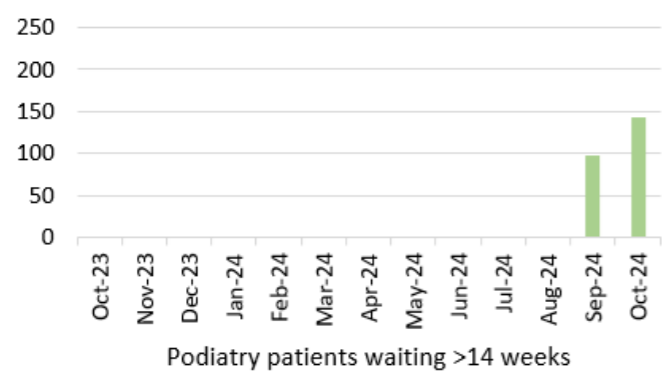
**Chart 11: Common Ailment Scheme – No. consultations provided**



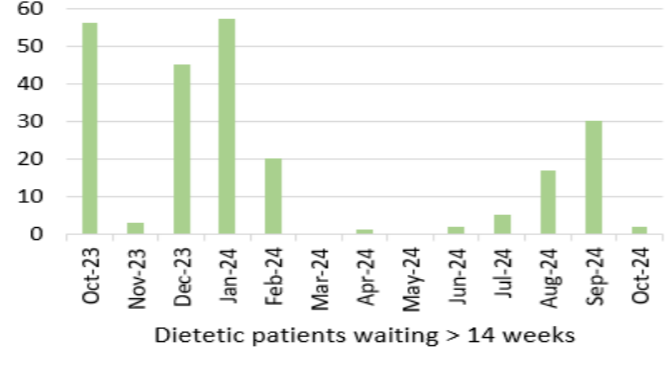
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



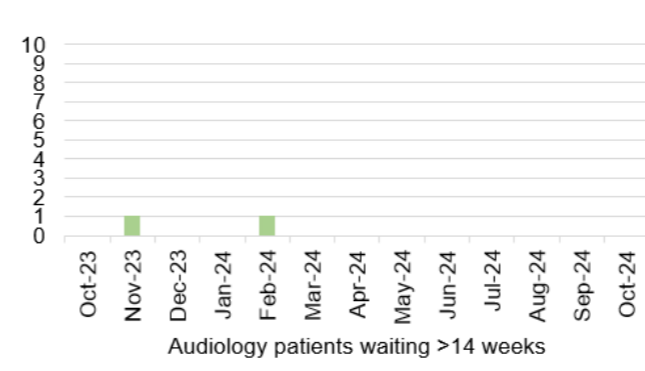
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



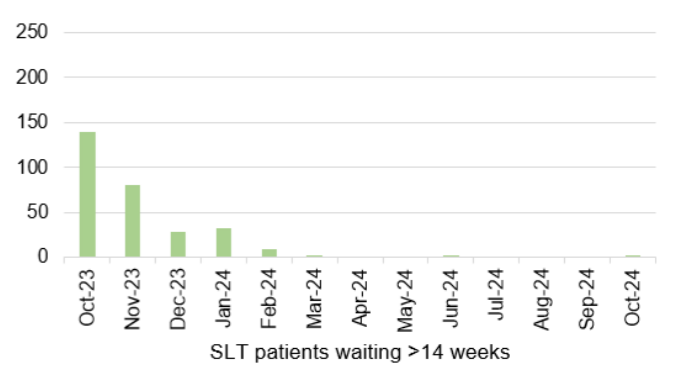
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



**Chart 15: Audiology- Total number of patients waiting > 14 weeks**

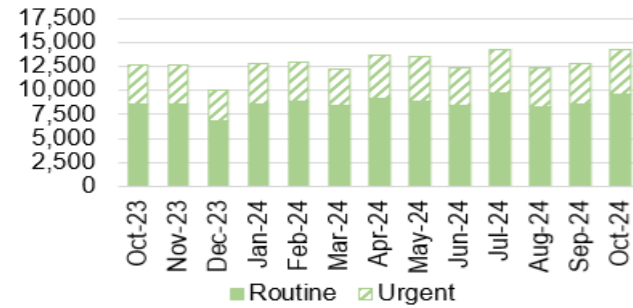


**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**

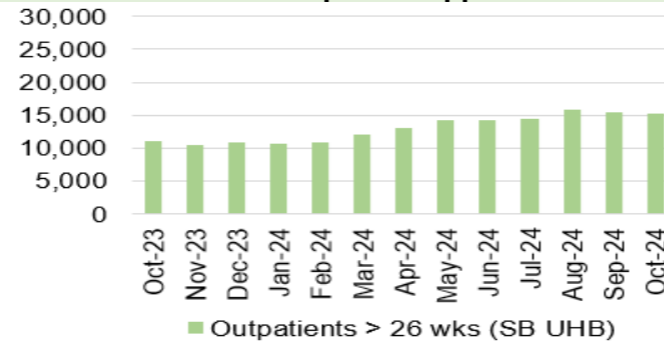


## Harm from reduction in non-Covid activity Planned Care Overview

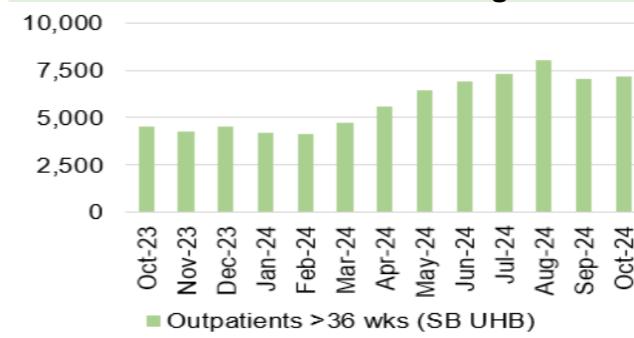
**Chart 1: Number of GP Referrals into secondary care**



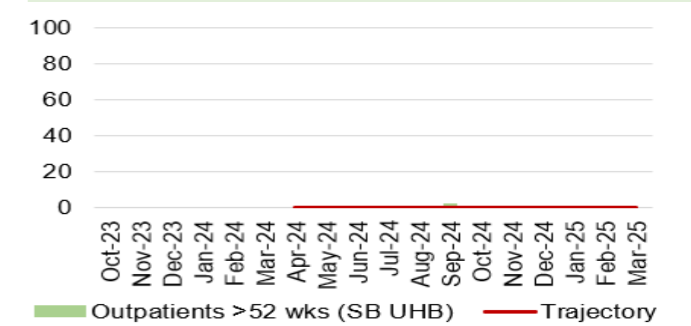
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



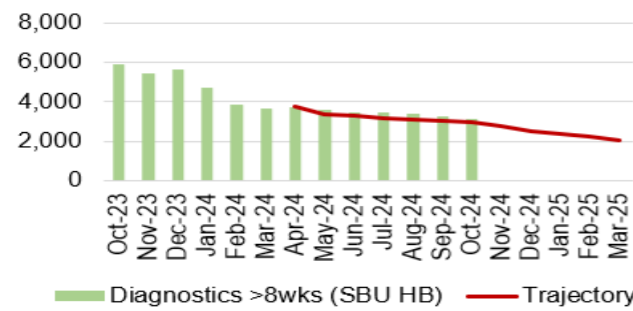
**Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1**



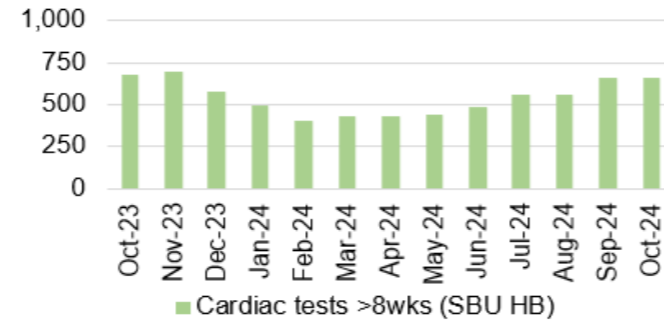
**Chart 4: Number of patients waiting over 52 weeks for treatment**



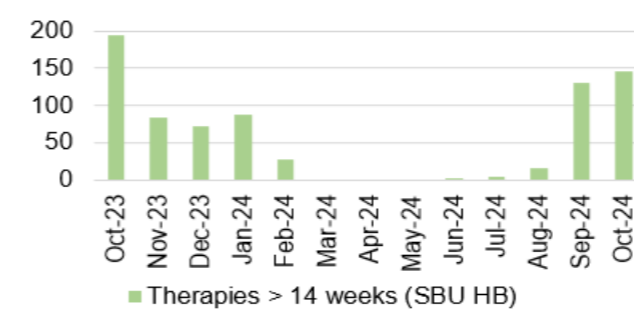
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



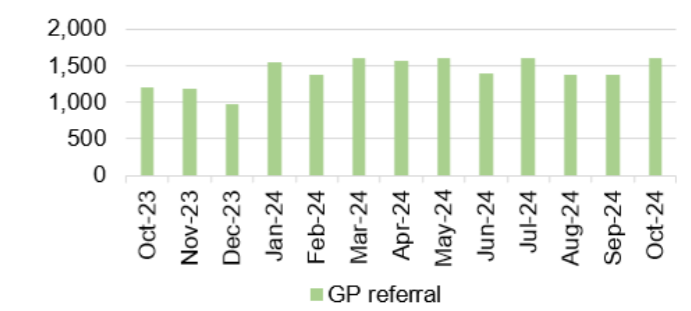
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



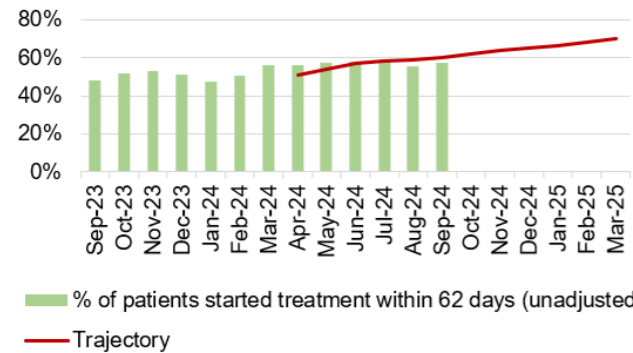
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



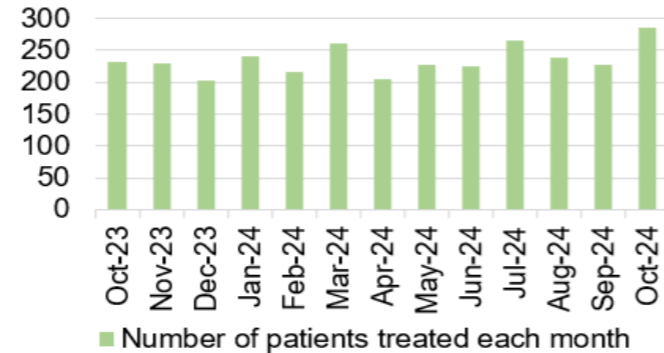
**Chart 8: Cancer referrals**



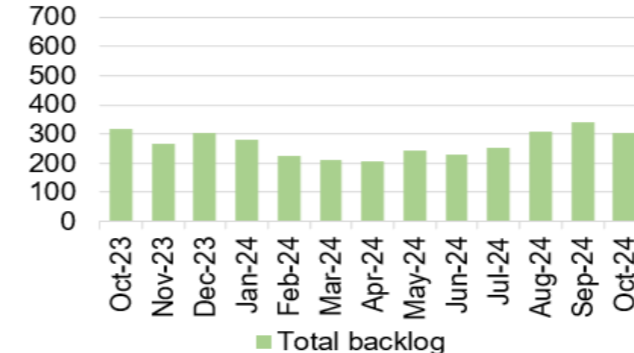
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



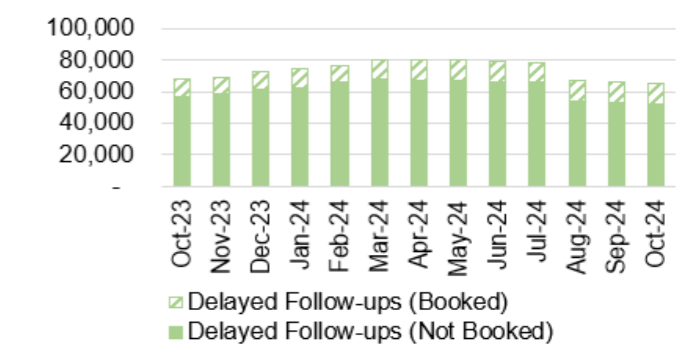
**Chart 10: Number of new cancer patients starting definitive treatment**



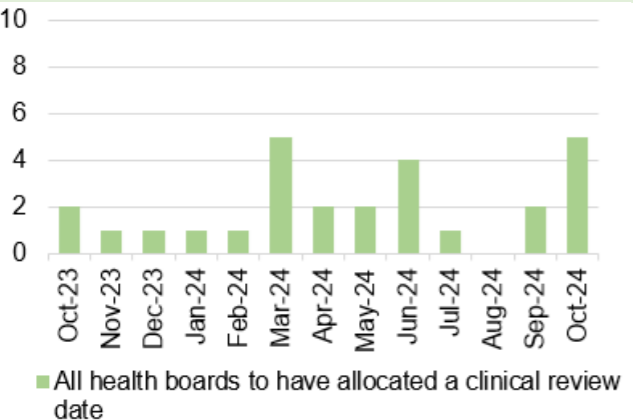
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



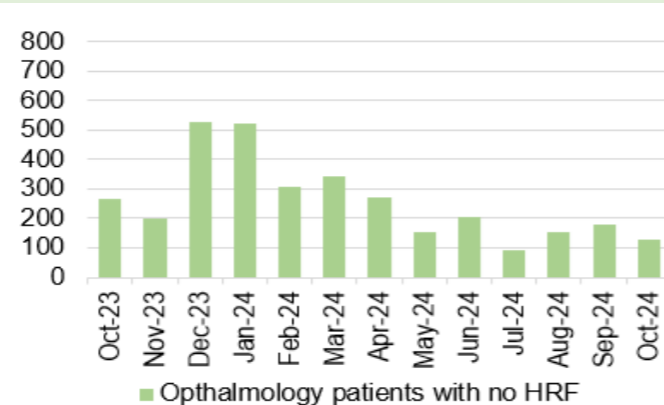
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



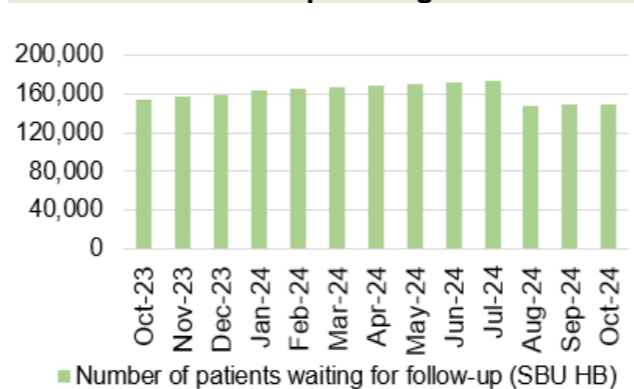
**Chart 13: Number of patients without a documented clinical review date**



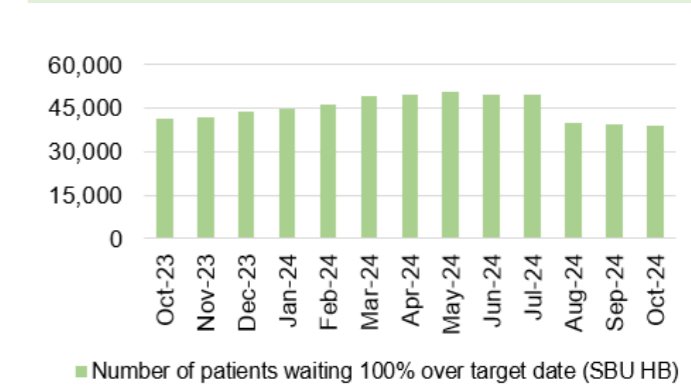
**Chart 14: Ophthalmology patients without an allocated health risk factor**



**Chart 15: Total number of patients on the follow-up waiting list**



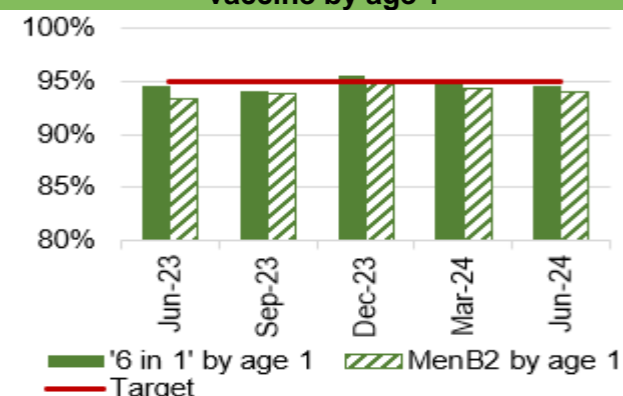
**Chart 16: Number of patients delayed by over 100%**



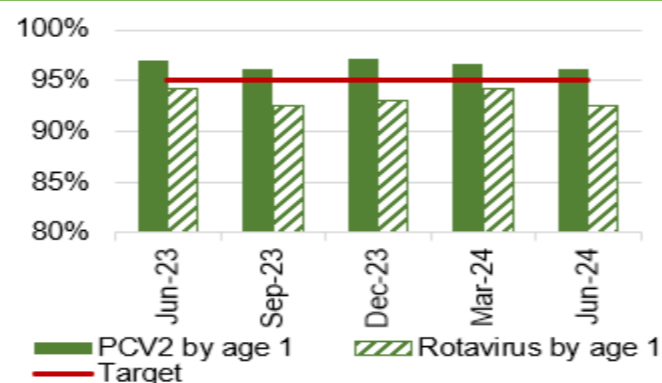
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### Vaccinations and Immunisations

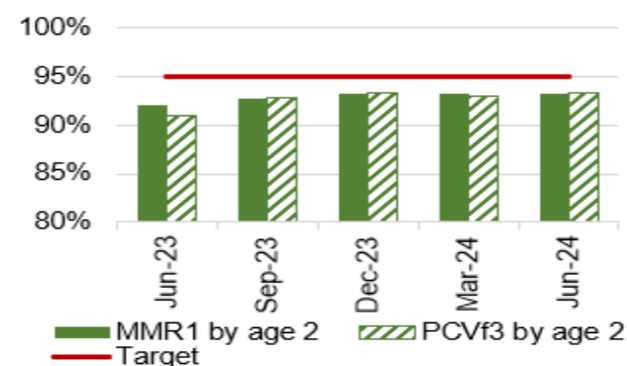
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



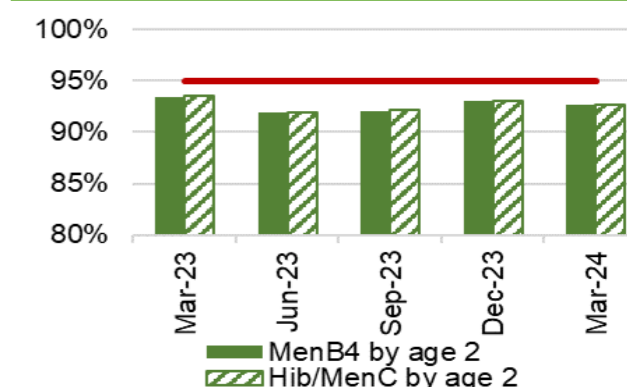
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



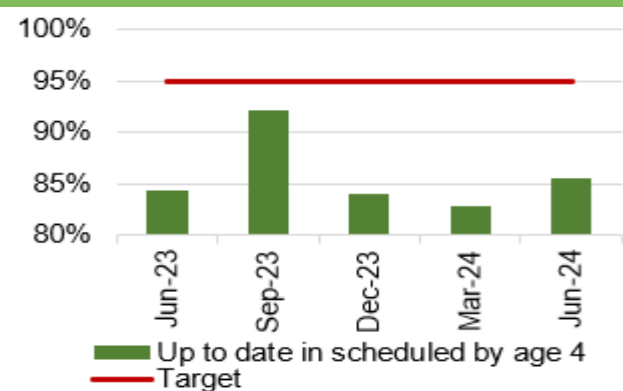
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



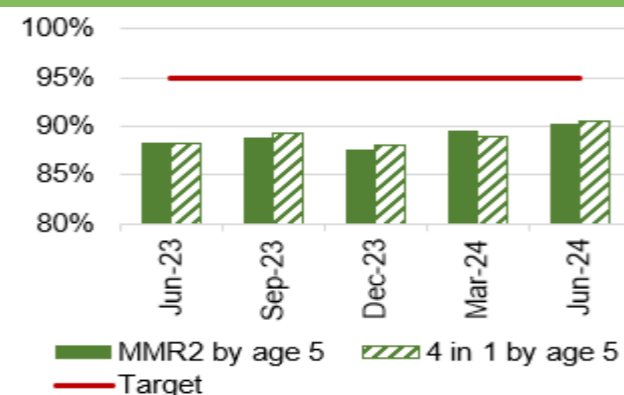
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



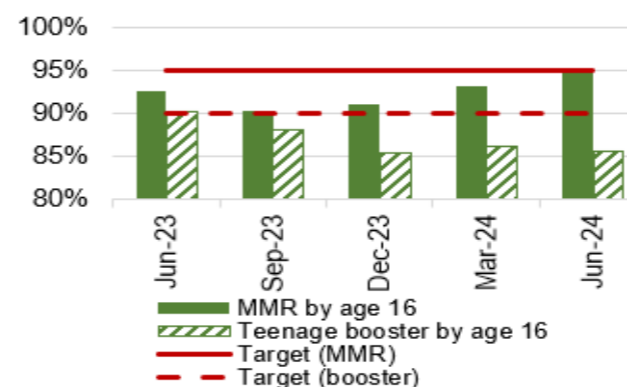
**Chart 5: % children who are up to date in schedule by age 4**



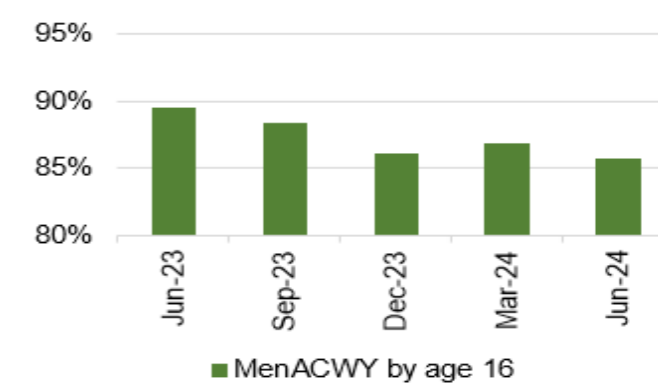
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



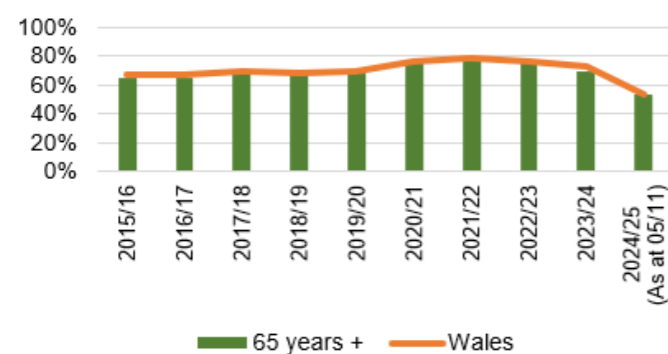
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



**Chart 8: % children who received MenACWY vaccine by age 16**

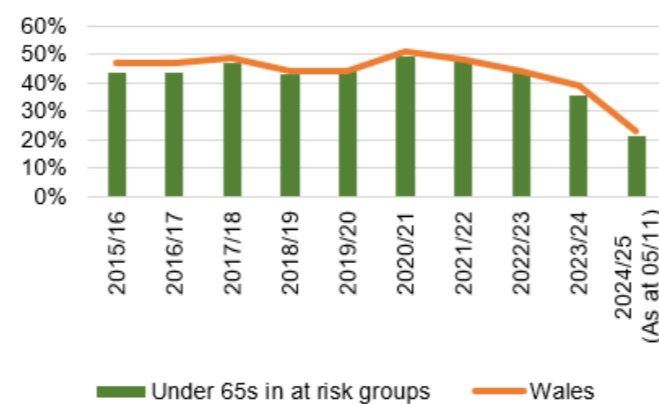


**Chart 9: Influenza uptake for amongst 65 year olds and over**



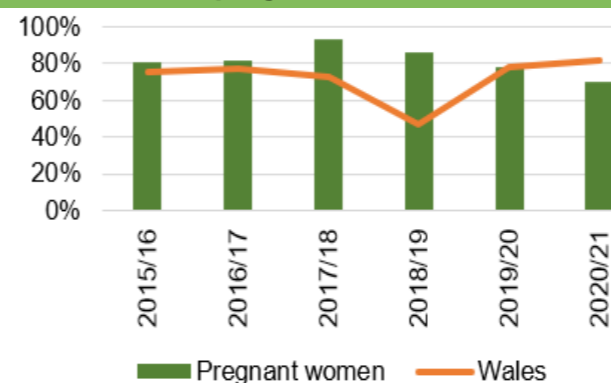
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 10: Influenza uptake for amongst under 65s in risk groups**



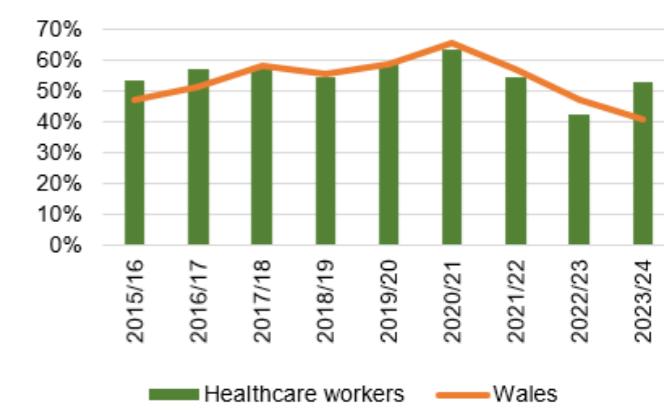
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2021/22 data not available

**Chart 12: Influenza uptake for amongst healthcare workers**

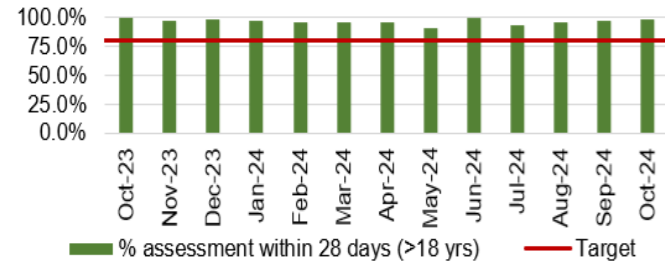


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.

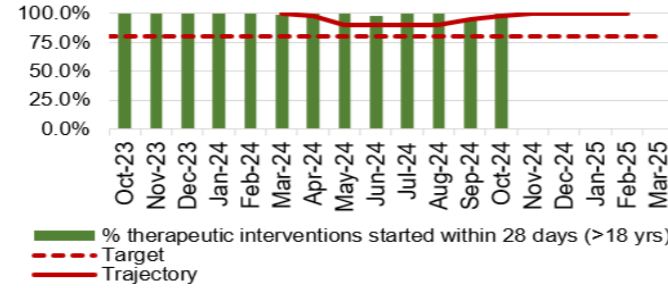
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Mental Health Overview

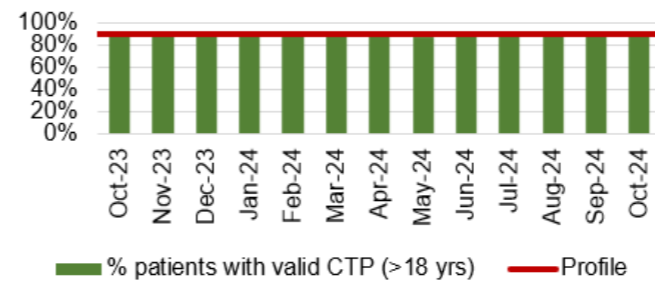
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



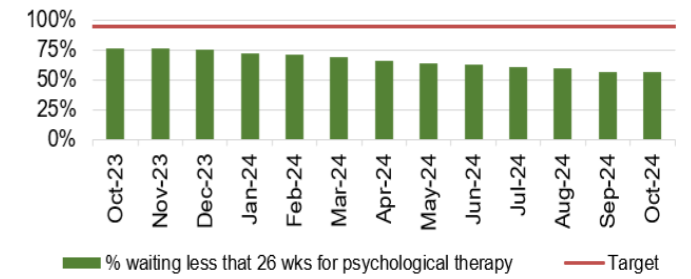
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



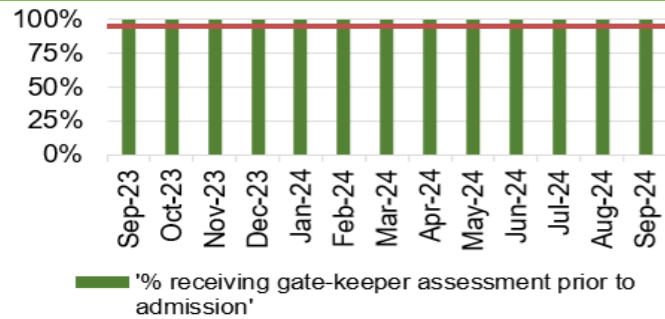
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



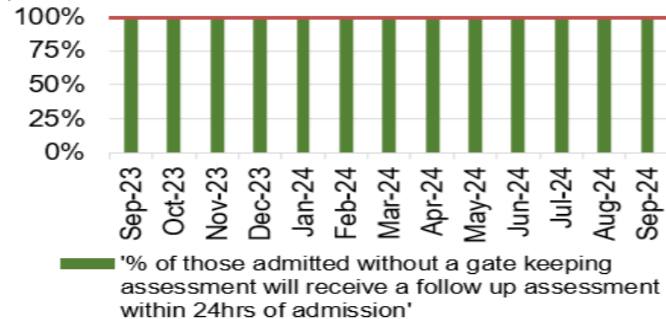
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



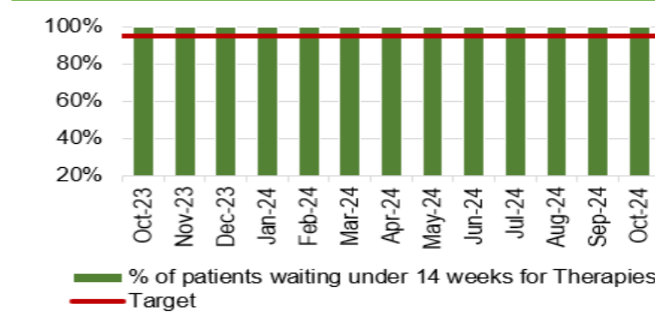
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



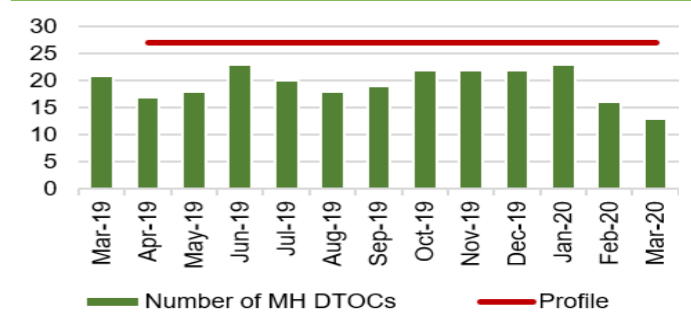
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



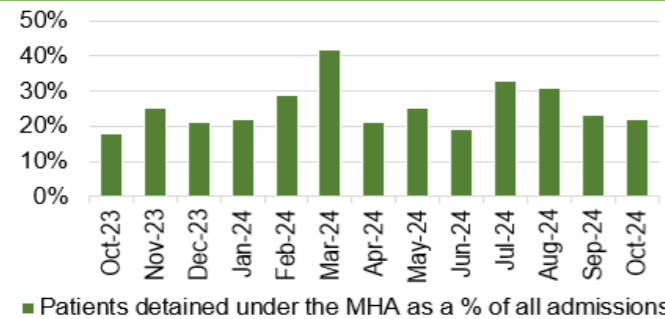
**Chart 7: % of patients waiting under 14 weeks for Therapies**



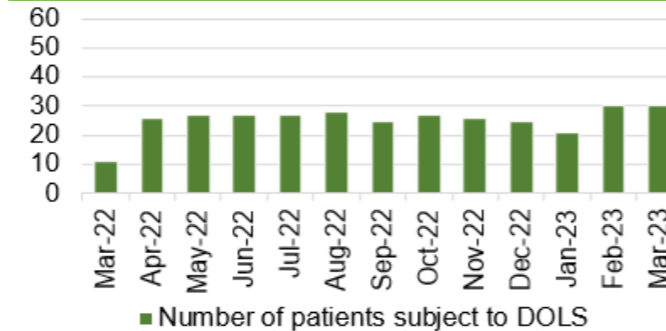
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)**



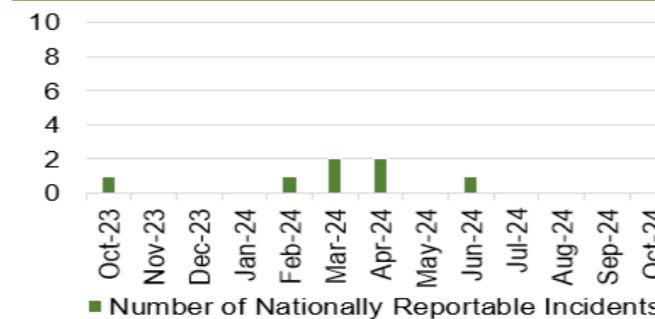
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



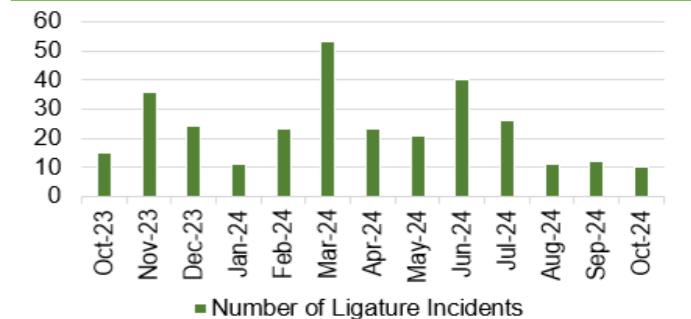
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Nationally Reportable Incidents**

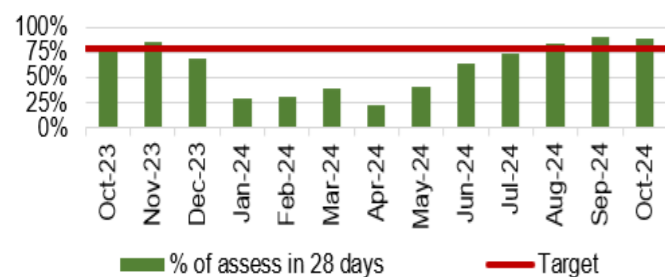


**Chart 12: Number of ligature incidents**

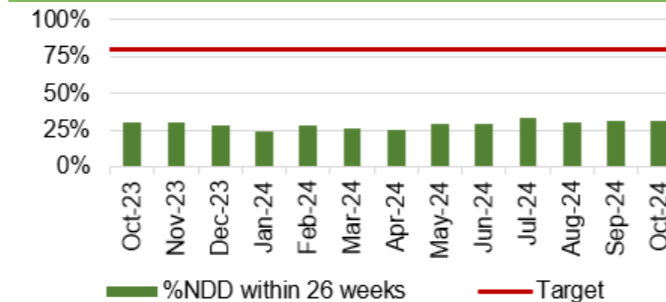


## Child & Adolescent Mental Health Services (CAMHS)

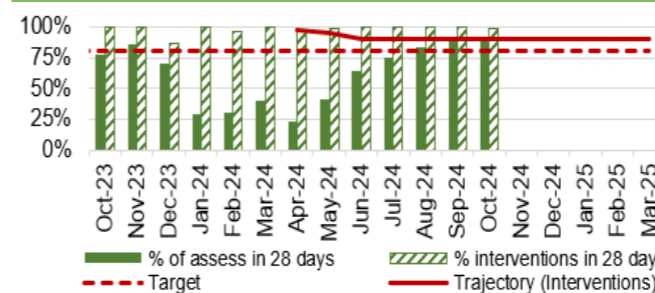
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



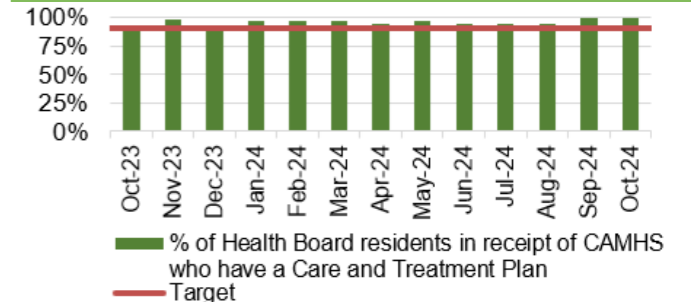
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



**Chart 16: % of residents with a Care and Treatment Plan**



**APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD**

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
COVID19 related measures	Number of new COVID19 cases	Local	Oct-24	72		Reduce					175	80	214	174	70	45	51	64	70	73	47	61	72	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Oct-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Oct-24	7		Reduce						35	21	43	35	21	17	28	24	25	6	5	4	7
	Number of COVID19 related serious incidents	Local	Oct-24	0		Reduce						0	0	1	1	0	1	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Oct-24	0		Reduce						1	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce																		
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce																		
% sickness	Local	Jun-23	0.1%		Reduce																			
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-24	52%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		46%	52%	47%	50%	46%	50%	46%	46%	50%	47%	45%	48%	52%	
	Number of ambulance handovers over one hour	National	Oct-24	638	↑ trajectory	500	✘	6,798 (Dec-22)	1st (Dec-22)		696	724	762	704	629	638	625	695	590	578	670	591	638	
	Handover hours lost over 15 minutes	Local	Oct-24	3140								3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Oct-24	76%	Month on month improvement		✘	63.1% (Dec-22)	4th (Dec-22)		77%	75%	75%	77%	74%	76%	77%	78%	78%	79%	77%	79%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Oct-24	1234	↑ trajectory	875	✘	12,099 (Dec-22)	4th (Dec-22)		1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-24	39.2%							33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%		
	CT Scan (<1 hrs) (local)	Local	Sep-24	51.8%								23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-24	89.3%								92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-24	0.0%								0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Sep-24	3.7%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%	2.8%	3.6%	3.7%		
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Sep-24	41.6%	12 month ↑		✘	50.7% (Nov-22)	4th (Nov-22)		71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%			
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Oct-24	25.0%		80%	✘				33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%	
	Number of new Never Events	Local		2		0	✔				2	2	1	0	1	0	0	0	0	1	0	0	2	
	Number of risks with a score greater than 20	Local	Oct-24	140		12 month ↓	✘				140	170	146	141	147	149	152	153	154	153	149	143	140	
	Number of risks with a score greater than 16	Local		306		12 month ↓	✔				304	363	305	296	310	318	316	311	309	320	320	301	306	

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Oct-24	61.8	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8
	Number of E.Coli bacteraemia cases (Hospital)		Oct-24	10	≤234 (Cumulative)	8	✓				5	21	6	9	7	8	12	6	9	5	12	7	10
	Number of E.Coli bacteraemia cases (Community)			12		9	✗				6	11	6	10	10	11	7	10	9	9	17	14	12
	Total number of E.Coli bacteraemia cases			22		17	✗				11	32	12	19	17	19	19	16	18	14	29	21	22
	Cumulative cases of S. aureus bacteraemias per 100k pop		Oct-24	32.5	<20		✗	27.76 (Dec-22)	6th (Dec-22)		37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5
	Number of S.aureus bacteraemias cases (Hospital)		Oct-24	6	≤71 (Cumulative)	4	✗				6	8	9	7	5	5	9	4	4	8	9	4	6
	Number of S.aureus bacteraemias cases (Community)			8		2	✗				4	6	8	4	2	3	4	3	3	4	5	3	8
	Total number of S.aureus bacteraemias cases			14		6	✗				10	14	17	11	7	8	13	7	7	12	14	7	14
	Cumulative cases of C. difficile per 100k pop		Oct-24	71.2	<25		✗	36.68 (Dec-22)	5th (Dec-22)		56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2
	Number of C. difficile cases (Hospital)		Oct-24	20	≤95 (Cumulative)	6	✗				14	15	13	15	15	19	14	10	17	10	30	15	20
	Number of C. difficile cases (Community)			9		2	✗				4	18	8	7	5	3	6	9	5	4	5	7	9
	Total number of C. difficile cases			29		8	✗				18	33	21	22	20	22	20	19	22	14	35	22	29
	Cumulative cases of Klebsiella per 100k pop		Oct-24	32.0			✗				24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0
	Number of Klebsiella cases (Hospital)		Oct-24	10	≤71 (Cumulative)	4	✗				5	4	1	6	2	3	5	6	8	5	9	5	10
	Number of Klebsiella cases (Community)			2		2	✓				1	4	5	5	7	2	5	5	5	3	3	1	2
	Total number of Klebsiella cases			12		6	✗				6	8	6	11	9	5	10	11	13	8	12	6	12
	Cumulative cases of Aeruginosa per 100k pop		Oct-24	3.6			✓				6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6
	Number of Aeruginosa cases (Hospital)		Oct-24	1	≤21 (Cumulative)	2	✓				2	2	3	2	0	0	0	1	0	2	2	1	1
Number of Aeruginosa cases (Community)	0	0		✓					0	0	0	0	0	0	0	0	0	0	1	0	0		
Total number of Aeruginosa cases	1	2		✓					2	2	3	2	0	0	0	1	0	2	3	1	1		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Oct-24	91.1%		95%	✗					97%	95%	97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	91%
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Sep-24	49		12 month ↓	✓				70	69	60	83	60		42	66	56	40	52	49	
	Number of pressure ulcers developed in the community		Sep-24	44		12 month ↓	✗				37	45	51	46	33		49	41	49	44	47	44	
	Total number of pressure ulcers			93		12 month ↓	✓				107	114	111	129	93		91	107	105	84	99	93	
	Number of grade 3+ pressure ulcers acquired in hospital		Sep-24	2		12 month ↓	✓				6	5	5	2	1		3	4	2	6	4	2	
	Number of grade 3+ pressure ulcers acquired in community			11		12 month ↓	✗				5	13	10	3	7		9	9	11	8	11	11	
	Total number of grade 3+ pressure ulcers		Sep-24	13		12 month ↓	✗				11	18	15	5	8		12	13	13	14	15	13	
Inpatient Falls	Local	Oct-24	198		12 month ↓	✗					190	166	158	192	203	201	146	155	158	176	173	163	198
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Oct-24	75%		98%	✗				89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%
Coding	% of episodes clinically coded within 1 month of discharge	National	Sep-24	79%		12 month ↑	✗				76%	66%	76%	78%	70%	64%	48%	59%	70%	69%	75%	79%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Oct-24	76%		100%	✗				66%	69%	70%	68%	72%	69%	76%	76%	76%	76%	79%	78%	76%
Workforce	Agency spend as a % of the total pay bill	Local	Oct-24	2.6%		12 month ↓	✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		3.4%	4.6%	4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Oct-24	72%		85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		66%	66%	67%	69%	69%	70%	73%	73%	72%	73%	74%	75%	72%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Oct-24	89%		85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		88%	89%	88%	86%	90%	87%	90%	90%	90%	90%	89%	89%	89%
	% workforce sickness absence (12 month rolling)	National	Oct-24	7.05%		12 month ↓	✗	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%

		Harm from reduction in non-Covid activity																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Oct-24	14.0%							14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-24	57.0%	↑ trajectory	60%	✘	53.9% (Nov-22)	without an organisation (Nov-22)		51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Oct-24	25%	80%		✘				10%	12%	17%	25%	28%	15%	17%	15%	7%	16%	10%	30%	25%	
	Scheduled (21 Day Target)	Local	Oct-24	75%	100%		✘				42%	61%	77%	67%	81%	59%	62%	51%	49%	64%	55%	78%	75%	
	Urgent SC (2 Day Target)	Local	Oct-24	26%	80%		✘				53%	31%	39%	26%	52%	50%	15%	20%	3%	28%	30%	37%	26%	
	Urgent SC (7 Day Target)	Local	Oct-24	74%	100%		✘				73%	77%	65%	85%	79%	82%	64%	49%	58%	75%	70%	67%	74%	
	Emergency (within 1 day)	Local	Oct-24	100%	80%		✓				100%	100%	100%	100%	67%	91%	88%	75%	80%	100%	67%	100%	100%	
	Emergency (within 2 days)	Local	Oct-24	100%	100%		✓				100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	92%	100%	100%	
	Elective Delay (7 Day Target)	Local	Oct-24	89%	80%		✓				98%	95%	97%	99%	98%	98%	94%	85%	89%	92%	94%	91%	89%	
	Elective Delay (14 Day Target)	Local	Oct-24	98%	100%		✘				100%	100%	97%	100%	100%	100%	98%	94%	100%	99%	98%	100%	98%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Oct-24	2,488				15,517 (Nov-22)	7th (Nov-22)		3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Oct-24	3,156	↑ trajectory	2,944	✘	42,566 (Nov-22)	4th (Nov-22)		5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	
	Number of patients waiting > 14 weeks for a specified therapy	National	Oct-24	147	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		195	84	73	88	29	1	1	0	4	5	17	130	147	
	% of patients waiting < 26 weeks for treatment	Local	Oct-24	59.17%	95%			56% (Nov-22)	6th (Nov-22)		62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Oct-24	15,292							11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Oct-24	7,150	↑ trajectory						4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Oct-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	0	0	0	0	0	0	2	0
	Number of patients waiting > 52 weeks for treatment	National	Oct-24	14,447	↑ trajectory						13,942	13,453	13,366	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	
	Number of patients waiting > 104 weeks for treatment	National	Oct-24	1,285	↑ trajectory	965	✘	49,594 (Nov-22)	5th (Nov-22)		4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	
	The number of patients waiting for a follow-up outpatient appointment	Local	Oct-24	149,220							154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Oct-24	39,137	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Oct-24	62%	95%			64.9% (Nov-22)	1st (Nov-22)		60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%		
Activity	Number of GP referrals	Local	Oct-24	14,244	12 month ↓		✘				12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Oct-24	865	↑ trajectory						851	843	735	775	721	936	932	783	794	838	785	714	865	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Oct-24	8%	12 month ↓		✓				9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Oct-24	7%	12 month ↓		✓				7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Oct-24	54%		90%	✘				58%	58%	52%	49%	53%	49%	55%	52%	52%	54%	52%	55%	55%	
	% of theatre sessions starting late	Local	Oct-24	41%		<25%	✘				47%	44%	41%	39%	41%	38%	41%	41%	40%	41%	38%	44%	43%	
	% of theatre sessions finishing early	Local	Oct-24	32%		<20%	✘				35%	32%	31%	32%	33%	29%	33%	32%	34%	32%	32%	33%	33%	
Patient experience	Number of friends and family surveys completed	National	Oct-24	6,208	12 month improvement		✓				5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	
	% of who would recommend and highly recommend	Local	Oct-24	93%		90%	✓				92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	93%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Oct-24	93%		90%	✓				93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	
Complaints	Number of new formal complaints received	Local	Aug-24	142		12 month trend ↓	✓				164	171	108	181	168	167	140	145	130	152	142			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Aug-24	61%		80%	✘				74%	55%	69%	72%	71%	71%	74%	73%	70%	66%	61%			
	% of acknowledgements sent within 2 working days	Local	Aug-24	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

		Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 24/25	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				95.6%			95.0%			94.6%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 24/25	90.2%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)				87.6%			89.5%			90.2%					
Influenza	% uptake of influenza among 65 year olds and over	National	Oct-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						53.4%	
	% uptake of influenza among under 65s in risk groups	Local	Oct-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)		25.3%		33.5%	34.8%	35.4%	35.5%							21.0%	
	% uptake of influenza among children 2 to 3 years old	Local	Oct-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)		22.7%		35.1%	38.9%	38.0%	38.0%							26.6%	
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		13.8%		38.6%	38.6%	38.6%	52.7%								
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24						43.2%	57.1%	59.9%	Available Apr-2025				
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Oct-24	50.5%	75%		✘				38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Oct-24				27.5%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Oct-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Oct-24	31%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Oct-24	89%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Oct-24	89%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Oct-24	98%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	100%	98%
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Oct-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Oct-24	98%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Oct-24	100%	80%	95%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Sep-24	57%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Oct-24	91%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to % service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Sep-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

## Appendix 2: NHS Performance Framework 2024-25 October Qualitative return submissions

### Whole School Approach to CAMHS In Reach Services

Organisation	Swansea Bay UHB	Date of Report	14/10/2024	Report Prepared By	Delia Richards
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Following the allocation of funding to progress the development of the Whole School Approach, there is a requirement to evaluate the delivery of the scheme in your area. Please utilise your initial request submissions to determine whether delivery and spend to date is comparable to your anticipated position.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales). Please provide a copy of necessary plans & documents with the report.

	Annual Submission	Delivery to Date
Total spend to date		£325,421 YTD
Period of claim		1st April – 30th September 2024



		£1.2k Art Materials/ Therapy equipment and materials
<b>Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year</b>		
	<b>Update</b>	
1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?	<p>Swansea Bay School inreach team is now well established and there are few significant changes in this period.</p> <p>In Swansea, the leads continue to actively participate in the Monthly Emotional Health and Wellbeing Forum. This is a meeting that allows multiple agencies from the school communities to gather and share the current status in relation to their services. Within Neath Port Talbot LEA/SIR meeting are held on a termly basis as well as being a member of the inclusion self-harm planning meeting, and EBSA (Emotional School Based Avoidance) forum. This meeting allows for services to share plans, identify potential issues and minimises the risk of duplication. Within the Swansea area we are looking to develop EBSA forums.</p> <p>The lead nurse is also a member of the RBP CYP Planning group and board, ALN operational group, south west suicide and self-harm group and is engaging in</p>	

developing a critical response plan with NPT LA. This allows for a joined up approach in developments across the region.

To develop relationships and support schools with local authorities to consider school in reach is 'working with' rather than 'doing to' we invited a head teacher and school-based counselling lead to attend our interview panels.

We regularly attend meetings with primary school heads and engage with wellbeing leaders within Secondary Schools. We tailor our training programmes to meet the specific needs of the school and actively contribute to the LEA training program.

To support mental health conversations across the school community we actively participate in events such as school wellbeing events and parent workshops to foster discussions on mental health. Alongside this we have engaged with home educated children and attend their coffee mornings within the NPT area alongside offering parent carers workshops and discussions around emotional health and wellbeing.

	<p>Additionally, we utilise social media, distribute termly newsletters and send yearly questionnaires to schools to ensure communication and engagement with stakeholders</p>
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	<b>Update</b>
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach? Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?</p>	<p>In Swansea, we actively participate in the Monthly Emotional Health and Wellbeing Forum. This is a meeting that allows multiple agencies from the school communities to gather and share the current status in relation to their services. Within Neath Port Talbot we hold a LEA/SIR meeting on a termly basis. This meeting allows for services to share plans, identify potential issues and minimises the risk of duplication.</p> <p>We support Community focused schools and as such work in collaboration within schools in this area.</p> <p>In addition, we attend the Regional CYP strategy group and NEST/NYTH implementation group which utilises a whole systems approach. We also attend Healthy Schools.</p>

	<p>Nominated school inreach staff are participating in a Childrens Rights initiative which will roll out in the coming year.</p>
<p>3. What supervision process does your service provide to school staff? Please outline what and how.</p>	<p>We've established multi-disciplinary meetings that bring together various professionals, including School Based Counsellors, Educational Psychologists, Wellbeing staff from the Local Authority, and School In-Reach staff These meetings offer schools an opportunity to discuss individual pupils needs and receive advice and support from a multidisciplinary team (MDT).Furthermore, We facilitate case discussions and consultations to ensure a comprehensive approach to addressing student's needs. The frequency of these meetings varies from one school to another as we prioritise tailoring our support to meet each schools specific needs.</p> <p>Additionally, we provide training sessions aimed at helping school staff reflect on their practices and support their skills in pupil's wellbeing.</p>
<p>4. How have you ensured that the role of a CAMHS In-reach practitioner will not be diluted (by, for example, supplementing core SCAMHs or by stretching their time too thinly across too many staff and/or schools or</p>	<p>School In-Reach is a service within its own right and as such the team operate independently from CAMHS, providing a safeguard against the pressures faced by CAMHS. Our service follows a stepped approach, offering interventions such as whole-class training and group sessions, among others.</p>

<p>through pressure to work directly with children and young people)?</p>	<p>Staff members are empowered to decline interventions when they believe they are not necessary.</p> <p>In the Swansea Bay area, our staff provide interventions for what we refer to as the "missing middle." To ensure the capacity for this, we have allocated additional resources (3.4 wte B6 and increased B5 hours to full time rather than term time). We feel it is important to offer interventions with CYP, however this is a stepped approach for a small proportion and If a young person reaches the CAMHS threshold, a clear pathway is established. Practitioners identify individuals who require CAMHS intervention and place them on the CAMHS intervention list. This process ensures that School In-Reach is not supplementing CAMHS and the pupil is seen by the appropriate professionals.</p> <p>CAMHS has commenced a phased pilot for the 2024-25 academic year whereby schools can make referrals direct into CAMHS for pupils who they identify as requiring the CAMHS rather than school inreach approach.</p>
<p>5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?</p>	<p>We have appointed welsh speakers for our welsh schools.</p> <p>Documents such as our newsletter are translated to welsh</p>

<p>6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?</p>	<p>We have built a team with a rich and diverse skill set. They come from various professions including teaching, counselling and social services as well as nursing and psychology. This inclusive approach has supported our recruitment efforts allowing us to consistently attract good quality applicants.</p>
<p><b>Monitoring and Evaluation</b></p> <p>Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.</p>	
	<p><b>Update</b></p>
<p>7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you propose to measure progress (together with timescales).</p>	<p>All school staff undertaking training sessions are requested to complete an evaluation to monitor effectiveness of the training. We undertake yearly questionnaires with schools regarding the impact of School In-reach and have done since 2021. We gather feedback from CYP, parent/carers, school staff and other professionals following each intervention or training session to review our service to ensure we are supporting the emotional health and wellbeing of our service users. We record Impact Moments, throughout the year, focusing on areas of the 3 Cs ‘Connection’ ‘Capacity’ and ‘Culture’, to measure the impact our service is having in regard to the Whole School Approach. We have also been working with Public Health Wales to support the creation of a national Impact</p>

	<p>Assessment Tool to be utilised in due course. Monthly stats are also recorded by each practitioner, this highlights the number of interventions delivered.</p>
<p>8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?</p>	<p>We work closely with the DECLO for our area during this period and are a part of the operational group for the health board which has met regularly to operationalise the new legislation. The school In-Reach team lead has also been invited to the meetings to further embed understanding of ALNET Act within School In-Reach. The whole school inreach team together with the whole of CAMHS have received training on ALNET. This workstream is due to continue in the coming year.</p>
<p>9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions</p>	<p>During the past year the leadership structure of school inreach was reviewed and band 6 posts were created to offer enhanced supervision and leadership to Band 5's on the ground.</p> <p>School inreach staff are now provided with monthly psychological group supervision in order to enhance competence and confidence.</p> <p>The team won a small grant from Tesco's towards resources for emotional regulation workshops for children and young people, this was used to support buying resources for additional summer group sessions. Part of the fund will also</p>

be used to support resources for staff wellbeing events to be held at the end of the academic term.

As a whole service we have been increasing focus on staff wellbeing with some school inreach staff focussing on initiatives that bring the team together such as a wellbeing notice board and charity fundraising.

Challenges:

Teacher wellbeing has been a key request from schools this year and school inreach have offered teacher wellbeing sessions in response with more planned in the coming year.

Whilst opening band 5 posts to a variety of professions has enabled the team to recruit effectively from a wide skills base, once in post people have concerns that without core profession it is difficult to progress in healthcare. People are offered the opportunity second to train for a core progression but this route is not always desired.

## National Bereavement Framework Implementation

<b>Organisation</b>	<b>Swansea Bay University Health Board</b>	<b>Date of Report</b>	<b>8/10/24</b>	<b>Report Prepared By</b>	<b>Kimberley Hampton-Evans/Christine Morrell</b>
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The National Framework for the Delivery of Bereavement Care in Wales, published in October 2021 sets out how in Wales we can respond to those who are facing, or have experienced, a bereavement. The framework includes core principles, minimum bereavement care standards and a range of actions to support regional and local planning.

The Welsh Government is committed to the vision of a Compassionate Wales where everyone has equitable access to high quality bereavement care and support to meet their needs effectively when they need it. As part of its work to implement the bereavement framework, the National Bereavement Steering Group are working with health boards and partners to develop a national bereavement pathway for Wales. This consists of an overarching model pathway and a number of supporting bereavement specific modules to provide information and guidance to health boards and everyone involved in bereavement support provision, to promote a consistent approach for accessing bereavement support across Wales.

A £3m Bereavement Support Grant for third sector organisations is being provided over the three-year period 2021-24 with 21 organisations receiving funding and an additional £420k (£60k each) is also being made available to health boards in 2022-23 and 2023-24 to help with bereavement co-ordination. The health board bereavement leads meet regularly in a forum to share good practice, establish common goals and to provide a mechanism for the sharing of information concerning the bereavement workstream and implementation of the bereavement framework in their local areas.

Organisations must embed the principles of the framework and the national bereavement pathway for Wales in strategic plans, spending policies and decisions to help ensure that everyone in Wales who has been bereaved knows that help is there for them.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

<b>Executive summary of progress to date:</b>		
	<b>Current RAG Status</b>	<b>Previous RAG Status</b>
<p><b>Progress RAG:</b></p> <p>Provide the RAG status of delivery against framework. Please provide a copy of any supporting plans and documents.</p>	Green/Amber	Green/Amber
<b>Route to green including asks of WG</b>		
<p>Only HB internal approval of JD's and vacancies, as there has been a hold on recruitment due to funding concerns across the Health Board. Potential need for expansion may be required in the future due to workload demands, and there some concern about how this might be funded.</p> <p>A lot of work from the last reporting period is ongoing, due to collaborative nature.</p>		

**Update on the actions implemented during the current operational year to support the embedding of the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway.**

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
<p>1. <b>Implementation of the National Bereavement Pathway for Wales – overarching pathway</b> Health Boards to outline their progress against implementation plans.</p>	<p>Fully implemented. Investment (both permanent from HB and temporary from WG) into a Care After Death Service with a Care After Death Service Manager (8a) and a proactive Executive Lead. The Service has a team of 7 persons in total currently. The Service is an immediate support Service which offers support for approximately 4-6 weeks from date of death (but bereaved person can re-access at any point after) and is accessible to all within the HB footprint, regardless of age of deceased (including gynae/neonates/maternity deaths) location of death (hospital/community) or circumstance (expected/unexpected). More detail can be given about all of this if needed. All services for the bereaved are delivered within the Care After Death Service, including mortuary visiting, patient belongings, practical advice and guidance with death certification, as well as universal Tier1 / Tier 2</p>	<p>Some concerns that team will be under-staffed as Service grows, which may require future further funding, which will always be a challenge.</p>	<p>Fully established and flexible Service capable of providing proactive immediate bereavement support to any person. Full responsibility taken by Service for all things relating to 'Care After Death'- provides internal assurance and oversight across the Health Board. Single point of contact service that takes care of all elements, including bereavement support, discharge of legal duties around death certification, proactive working with mortuary services and supporting HTA inspections, and supporting wider quality concerns such as care of the deceased patient (last offices), end of life care, suicide prevention. Leading to reduction in complaints and faster service relating to death certification, as well as reduction in winter capacity pressures for Mortuary. This Service has in-built future planning- so that any pathways can be fully supported by the Service and any the flexibility to adapt to</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>bereavement support provided by a skilled bereavement support trained team. Tier 3 is provided via some informal agreements/MOU's/SLA's with Third Sector Bereavement Support Providers, but also via a formal and funded contract, which is has now been reviewed and a new SLA contract created, with a more specific and dedicated ask designed by the Care After Death Service Manager in conjunction with Procurement. The Service is awaiting sign off to recruit for a further 0.6 WTE Care After Death Support Officer and a 0.4 WTE qualified bereavement counsellor. The counsellor will work as a part of the Care After Death Service for ongoing and follow on bereavement counselling support. All bereaved persons will be triaged by the Care After Death Team and options discussed before referral into the counselling. There will still also remain the option for referral into MH Services if a person needs more clinical mental health support. It is the intention that the counsellor will be able to provide this formal assessment and referral. All partner agencies are aware</p>		<p>changing circumstances with death certification reforms.</p> <p>When recruitment has taken place for further CAD Team &amp; Counsellor role it is expected that the Care After Death Service will be able to provide everything required under the Framework in-house and robustly, with continued support from third sector as needed.</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>of and work collaboratively with the Care After Death Service- South Wales Police, Coroner, Medical Examiner, WAST &amp; Local Authority (such as Safeguarding, Social Services, Registration Services, Environmental Health and Finance). Regular training is provided internally for clinical and admin colleagues, as well as at the local University for Medical Students and Student Nurses. Written information is provided, as well as website, face to face appointments, video appointments and telephone. This Service is provided 7 days a week and available for urgent support out of hours. Members of the team undergo regular training and CPD, as well as attend clinical supervision. The Service hosts a popular staff-based bereavement support group in collaboration with workforce, as well as 2 community based bereavement cafes in collaboration with Swansea Council Volunteer Service. There is also a staff group for support when staff are affected by the death of a patient. All hospital sites now have neutral bereavement spaces for any families</p>		

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>who attend the hospitals, and also a dedicated space for counselling ready for the future. The Service is also currently involved in writing new and also revising any and all HB policies relating to Care After Death, including those relating Care of the Deceased Patient, and also holds responsibility for death certification at all hospital sites and provides a support service for the clinical teams who undertake legal duties relating to death certification, including telephone support for primary care clinicians and working alongside Medical Examiners and Coroners. This is all managed and administered via the Care After Death Team, and has been 100% positive, and the HB has not encountered any difficulties in relation to working with the new MES. SBUHB were the first HB to fully integrate the MES in Wales, and as such have been working together for over 3 years. There are established processes and systems already in place for this.</p> <p>The Care After Death Service has significantly increased it's outreach to bereaved families since the integration into Primary Care became more</p>		

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>established in Summer 2024. More focussed work is ongoing in collaboration with Maternity Services &amp; Paediatrics to develop specialist support for those bereaved and appropriate literature. Baby Loss Support group is established and Memorial Service will be running for the 4<sup>th</sup> year this December.</p> <p>Joint collaboration is also ongoing with Local Authority and Local MP's, to ensure that contract provision for funerals when persons are struggling with cost-of-living or have no next of kin are appropriate- aims to have a joint initiative launch in 2026, which will be the first of it's kind in Wales.</p>		
<p>2. <b>Implementation of the Immediate Support Pathway for Sudden and Unexpected Death in Children and Young People up to 25 years of age</b></p>	<p>As above- fully implemented. Referrals received from South Wales Police and family contacted within 24 hours (or sooner if requested). Any other party can also refer in, and family can also make independent contact. Care After Death Service Manager also contacted out of hours (or deputy) to support family if needed and involved in PRUDiC. Service ensures referrals made to other agencies like 2wish if</p>	<p>As above.</p>	<p>As above- assurance that the persons bereaved in these circumstances have access to immediate support.</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
<p>Health Boards to outline their progress against this Pathway.</p>	<p>appropriate for longer term support. Face to face support also offered to families, including while visiting mortuary. It is expected that the new counsellor role can also provide ongoing longer term counselling support to these families.</p>		
<p><b>3. Health Board support offer to bereaved patients and families, including those identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response)</b> Health Boards to report progress on the establishment of their Care After Death / Bereavement service and their offer to bereaved people.</p>	<p>As above- fully implemented. Nosocomial Team handling the enquiry provided with training on supporting bereaved families by the Care After Death Service prior to the enquiry starting. All families contacted by the Nosocomial Team are offered referral or support from the Care After Death Service, and as a minimum provided with the contact number to self-refer. This work is ongoing, even though the HB review has now concluded. Strong link to the Covid 19 Bereaved Families for Justice group, who also refer families in to the Care After Death Service if they have members who have been struggling while the inquiry has recently been ongoing.</p>	<p>As above</p>	<p>As above- assurance that the persons bereaved in these circumstances have access to immediate support.</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
<p>4. <b>Provision of support to people with Protected Characteristics</b> Health Boards to report progress on improving provision to those people who may find it difficult to access bereavement support.</p>	<p>As above- fully implemented- service supports all and is neutral. All literature/website is bilingual, and several members of the Service are Welsh-speaking (fluent). Team are able to converse by phone, in writing, or by video and regularly use language line if needed. Bereavement Support for growing population of Muslim community provided in collaboration with Muslim Chaplain and death certification is expedited to allow for faith requirements relating to burial. Same is provided for any faith requirements and staff have had training on end of life and after death care requirements for all major world religions. Several staff members are members of Calon and some members of the team represent the LGBTQ+ community. Team have community links with African Centre and Swansea Volunteer Services and other community organisations who provide bereavement support for different cultures and communities in the Swansea Bay footprint. There will be work ongoing in this area, with some literature being translated into Bengali</p>	<p>Future plans in place for further training on different cultures and faiths, as well as more training in diversity. Expansion planned by Care After Death Service Manager for more community outreach in collaboration with Swansea &amp; NPT volunteer services to understand what is wanted by our communities for bereavement support- ongoing. Future plans to link in with Diverse Cymru to ensure cultural competence of the service- ongoing. Development of resources around things that matter to people who live locally but are from another country- ongoing</p>	<p>Ability to support all regardless of age or background. Death certification completed legally within 24-36 hours to allow for faith requirements. 7 day service and out of hours provision means greater coverage and less complaints.</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>&amp; Arabic as well some information packs for families (asylum seekers in particular) being created for repatriation of deceased. There has also been collaborative work with the Vice President of the Egyptian Society for Wales, around cultural needs- ongoing</p>		
<p>5. <b>Qualitative feedback on the impact of bereavement support received</b> Health Boards to survey bereaved people to obtain their feedback on the quality of support received, using the question and responses detailed in the Evidence Checklist below.</p>	<p>Bereaved families are offered a feedback mechanism, via our booklets or via link available on website. Informal feedback is given via thank you cards, verbally or via the Medical Examiner Office who inform when family members comment on the Service. Compliments and criticism welcomed. Regular meetings set up with the Covid 19 families for justice group who we proactively ask to provide feedback on our literature/website and future planning. Other Service users also asked to provide feedback- medical colleagues, funeral directors etc. The Care After Death Service is now involved in providing families with the NACEL audit survey and have welcomed families to add comments there about Care After Death if they so wish- there has been an uptake of this and as a result</p>	<p>More feedback is needed but sensitive area, though Service is now receiving more feedback than previously.</p>	<p>Feedback has continued to be 100% positive, and comments received include-</p> <p>“We found it very comforting, informative and helpful during a difficult and upsetting time, especially with not being local to the area or Wales.”</p> <p>“From the time our mum passed away we cannot fault anyone from the Care After Death Team, the medical examiners and coroner’s office, everyone has been amazing, so kind and explained everything really well. Also, the information booklet is great, when mum passed</p>

Area of Focus	Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	<p>SBUHB has received a positive accolade- <a href="#">Swansea Bay sets the standards for end-of-life care - Swansea Bay University Health Board (nhs.wales)</a></p>		<p>we were like, well, what happens next and did feel a bit bewildered, but the lovely nurse gave us the booklet and that also explained everything really well”</p> <p>The service was very prompt in communicating. Staff were very sensitive and respectful.</p> <p>the Care After Death Team have been absolutely fantastic</p>

**Evidence Checklist: National Bereavement Framework Implementation**

<p><b>General:</b> The health board leads the development and monitoring of the implementation of the National Bereavement Framework in their area to best meet the needs of the population.</p>	
<p><b>Implementation of the National Bereavement Pathway for Wales – overarching pathway (Model Specification)</b></p>	<p><b>Questions to consider when completing the reporting template</b></p> <ul style="list-style-type: none"> <li>• What progress has been achieved against the principles contained in the overarching pathway?</li> <li>• How have the needs of the population been fully assessed, and the service planned? Please confirm that all three NICE components (universal, selective / targeted, indicated) are available to all of the LHB population</li> </ul>

	<ul style="list-style-type: none"> <li>• How are the services for bereaved people co-ordinated within the LHB (eg. death certification, mortuary visiting, collection of the deceased person’s property, practical and emotional support)?</li> <li>• Does the health board hold forums to bring together all partner agencies involved in the planning, commissioning and delivery of bereavement services? Please provide details of actions / outcomes agreed</li> <li>• Are there processes in place for joint working within the health board and partner agencies including information sharing protocols, performance management systems including quality checks, workforce development, and protocols for accountability and responsibility?</li> <li>• Describe how the bereavement standards contained in the National Framework (Annex 1, s.1.2) are monitored, with specific commentary on 1.2 (b) provision of accessible information and 1.2 (d) how the risk of adverse bereavement outcomes is assessed at initial point of accessing a service</li> <li>• Are there sufficiently skilled staff to plan and deliver the services? Please provide the LHB training, supervision and competency plan</li> </ul>
<p><b>Implementation of the National Bereavement Pathway for Wales – bereavement specific modules</b></p>	<ul style="list-style-type: none"> <li>• What progress has been achieved in the establishment of the bereavement specific pathways in the health board?</li> <li>• How are response times monitored against each stage of the support pathways</li> <li>• What qualitative data has been collected by health boards and partner agencies to ensure adherence to the pathway contact requirements, including specific measures to ensure immediate support, initial calls within a specified period, referral / follow up calls? What are the Processes / Policies in place to facilitate this?</li> </ul>

<p><b>Health Board support offer to bereaved patients and families, including those identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response)</b></p>	<ul style="list-style-type: none"> <li>• Does the health board have an executive lead (as well as a bereavement lead) with responsibility for the strategic direction and service planning?</li> <li>• Are the necessary commitments and agreements in place at executive levels within the health board?</li> <li>• What is the support offer for all bereaved people in the health board (including deaths which occur in the community)?</li> <li>• What progress has been made with the establishment of the Care After Death / Bereavement service in the health board and what plans are in place to monitor progress in provision?</li> </ul>
<p><b>Provision of support to people with Protected Characteristics</b></p>	<ul style="list-style-type: none"> <li>• What provision is in place by the health board for bereaved people with Protected Characteristics, (eg. because of disability including people who are sight-impaired and/or hearing impaired, or who are in groups who have historically been underrepresented (eg. LGBTQ+), members of Black Asian and Minority Ethnic Communities, etc.</li> <li>• Has a needs assessment of the population been undertaken/is planned?</li> <li>• What engagement has taken place by the health board to engage with these communities and groups to ensure that the bereavement support available meets their requirements?</li> <li>• Is there a plan with timeline in place for the establishment of a bereavement support service for these populations, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation?</li> <li>• Are there plans in place to ensure that the services and information is accessible, including differing language, culture, and communication needs?</li> </ul>

<p><b>Qualitative feedback on the impact of support received</b></p>	<ul style="list-style-type: none"> <li>• Health Boards to survey bereaved people to obtain their feedback on support using the question “Have you received practical and / or emotional support from a bereavement service or other organisation providing support for people who are bereaved” and the following responses (including the ability to provide a commentary on any response):</li> <li>• Yes - and it helped me a lot to cope with my grief and bereavement</li> <li>• Yes - and it helped me a bit</li> <li>• Yes - but I didn’t find that it helped me to cope</li> <li>• No - I didn’t feel that I needed or wanted this type of support</li> <li>• No - I didn’t know what support was available and/or how to access</li> <li>• No - I tried but the support that I wanted was not available</li> <li>• No - other reason, please state (eg. where support was not offered to me)</li> </ul>
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**Relevant strategies, guidance and data**

Bereavement Framework [National framework for the delivery of bereavement care | gov.wales](https://gov.wales/national-framework-for-the-delivery-of-bereavement-care)

National Bereavement Pathway <https://gov.wales/national-bereavement-care-pathway>

## Dementia Care (Learning and Development in Line with the Good Work), Access to Timely Diagnosis and Dementia Care in Hospitals

<b>Organisation</b>	<b>Swansea Bay University Health Board</b>	<b>Date of Report</b>	<b>01-October 2024</b>	<b>Report Prepared By</b>	<b>Andrea Rose Nicola Derrick</b>
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As outlined in the [‘Good Work – Dementia Learning and Development Framework’](#) all staff who work for NHS Wales need to have a good awareness of dementia and the issues that surround it so that they can support people with dementia to live well. NHS organisations are required to evidence the actions that have been implemented to deliver and record training at an informed, skilled and influencer level.

Individuals receive a timely diagnosis so that the individual and their families can plan for the future, access support services and commence treatment and interventions at any appropriate point.

Responses should consider the relevant [Dementia Care Standards](#). Specifically **standard 17** for learning and development, **standards 3 -6** for supporting diagnosis and **standard 11** for hospital charter.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

### Dementia Care (Learning and Development in Line with the Good Work)

	<b>Achievements for 2024-2025</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>Informed Level</b>			

<b>Training delivered at an informed level.</b> Focusing on Dementia Friends programme as initial awareness and inclusion of basic skills training that promote essential communication skills. <i>Supported by 'One in a Million' training which is designed to meet the informed level of 'Good Work'.</i>	<b>Update at 30 September 2024</b>		
	Total number of staff recorded via ESR as trained to informed Level – 12505	No issues impacting delivery, issues from last reporting period have now been resolved	
	Informed level is currently delivered via e-learning and virtual induction programmes.		
	<b>Update at 31 March 2025</b>		

	<b>Achievements for 2024-2025</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>Skilled Level</b>			
<b>Actions to identify staff groups that require training at a skilled level.</b>	<b>Update at 30 September 2024</b>		
	Continuing to inform Managers of available training dates via SharePoint and MS Forms Application Form		Planning skilled training sessions which will be bespoke to specific clinical areas.

	Dementia Champions encouraged to promote Skilled Training in the workplace. A Dementia Champion Forum has been made available via MS Teams to support Champions in this.		
	<b>Update at 31 March 2025</b>		
<b>Training delivered at a skilled level.</b> Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful	<b>Update at 30 September 2024</b>		
	Total number of SBUHB Staff trained to Skilled Level – 406  The skilled level training incorporates all of these areas as required by the Good Work Framework.	Work pressure impacting staff release from the workplace	To overcome the issues impacting delivery this is proposed to run with smaller numbers of attendees easing commitment from wards/departments
	<b>Update at 31 March 2025</b>		

relationships; community inclusion & contribution.			
<b>Mechanisms to record the completion of training at a skilled level.</b> Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and carers.	<b>Update at 30 September 2024</b>		
	ESR is the mechanism used to record attendance		
	<b>Update at 31 March 2025</b>		
	<b>Achievements for 2024-2025</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>Influencer Level</b>			
<b>Actions to identify staff groups that require training at an influencer level.</b>	<b>Update at 30 September 2024</b>		
	Target members of influential Board Meetings	Awaiting invite to meetings where relevant staff sit for influencer level.	
	<b>Update at 31 March 2025</b>		

<b>Training delivered at an influencer level.</b> Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and quality assurance & improvement.	<b>Update at 30 September 2024</b>		
	An Influencer training package has been created and has been approved on behalf of the Mental Health and Learning Disabilities Service Group. Awaiting schedule of meetings that can be accessed to deliver the training	Awaiting host meetings	
	<b>Update at 31 March 2025</b>		
<b>Mechanisms to record the completion of training at an influencer level.</b>	<b>Update at 30 September 2024</b>		
	ESR will be the mechanism used to record attendance		

Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and their carers.			
	<b>Update at 31 March 2025</b>		
	<b>Achievements for 2024-2025</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
	<b>Update at 30 September 2024</b>		
<b>Provide detail on any delivery of integrated learning and development, particularly with social care and 3rd sector.</b> If you have a learning and development plan, please include a link here.			
	<b>Update at 31 March 2025</b>		

## Access to Timely Assessment, Diagnosis of Dementia and Post Diagnostic Interventions

	Achievements for 2024-2025	Issues Impacting Delivery	Corrective Actions
<p><b>What actions are you taking to support timely assessment, diagnosis of dementia and post diagnostic interventions?</b></p> <p>Please consider how this work aligns with the relevant Dementia Care Standards when responding and how your work is supporting the Memory Assessment Service access standards (Note: referral to assessment within 28 days and referral to diagnosis within 12 weeks).</p> <p>Also consider your training actions above in supporting this work (e.g. how is your training supporting staff to have early conversations about advanced care planning and end of life care?)</p>	<b>Update at 30 September 2024</b>		
	<b>Update at 31 March 2025</b>		

## Dementia Hospital Charter: Receiving Safe & Effective Dementia Care in a Hospital Setting

	Achievements for 2024-2025	Issues Impacting Delivery	Corrective Actions
<p><b>What actions are you taking to ensure people with dementia and their carers receive safe and effective dementia care and treatment when in hospital?</b></p> <p>Please consider how this work aligns with the relevant Dementia Care Standards and the principles of the Charter when responding and how your training actions above are supporting this work.</p> <p>Also consider your training actions above in supporting this work (e.g. how is your training supporting staff to have early conversations about brain health and prevention?).</p>	<b>Update at 30 September 2024</b>		
	<b>Update at 31 March 2025</b>		

## Learning Disabilities Strategic Action Plan

<b>Organisation</b>	<b>Swansea Bay University Learning Disabilities locality</b>	<b>Date of Report</b>	<b>Sept 2024</b>	<b>Report Prepared By</b>	<b>Sian Dolling and Martin Lloyd</b>
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The Welsh Government’s [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) (the successor to the Improving Lives Programme) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

**Update on the actions implemented during the current operational year to deliver the Learning Disability Strategic Action Plan 2022-2026 priorities (legacy actions from the Learning Disabilities Improving Lives Programme).**

<p><b>Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.</b></p> <p>Key Actions:</p> <ol style="list-style-type: none"> <li>1. Increase the use of nonpharmacological interventions for people in specialist hospital care whose behaviour is of concern.</li> </ol>
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<p>2. Improve timely access to community based prevention, early intervention and crisis care support.</p> <p>3. Increase the number of people, who are clinically optimised, with an agreed pathway of care into the community.</p> <p>4. Reduce the number of people who are experiencing pathway of care delay.</p>		
Achievements	Risk to Delivery	Corrective Actions
<p>With the implementation of HEPMA this would enable an increase auditing process by Pharmacist to have oversight regarding prescribing trends and practices and can further encourage utilisation of STOMP principles.</p> <p>Medication review and monitoring forms part of the PBS approach.</p> <p>Contributing to the RRN works to improve DATIX for reporting restrictive practices, this is across</p>	<p>Lack of appropriate environments and difficulties with staffing can cause increases in challenging behaviours</p> <p>Community services are limited, with providers choosing whether they support individuals.</p> <p>Medical workforce issues remain a challenge and potential risk to services, Agency cover is being sort to ensure service provision.</p>	<p>All staff trained in PBM and are aware of the implementation of a behavioural model rather than the use of medication where possible. Measures being put in to address environmental issues and staffing difficulties</p> <p>Prioritise cases on risk/care needs basis. Highlighting issues in partnership forums?</p> <p>Modernisation work ongoing to review workforce requirements and to provide appropriate levels of support for registered</p>

<p>Wales and will enable services to have consistent reporting and review of practices.</p> <p>LD Intensive Support Team has been implemented across all 3 health boards to deliver early intervention alongside the CLDT and crisis prevention. They can also support discharge from hospitals.</p> <p>Inpatient units regularly review patients regarding care and plans for discharge. This information feeds into the 2 weekly Transition and Transfer meeting to consider patient move-one and step down outlined above.</p> <p>The monthly reporting and monitoring of Pathways of Care delays continues and we have commenced works with the West Glam POCD targets. This work is</p>	<p>There seems to be an increase in the number of patients coming into the AATU services with significant forensic requirements and Neurodiversity needs.</p>	<p>professionals by introducing roles that support care coordination and health facilitation.</p> <p>6 monthly learning disability inpatient census audit, alongside the health boards own transition and transfer meetings continue to maintain shared oversight of individual's pathways.</p> <p>Capital bids submitted within SBUHB to request funding for key environmental developments to meet needs of service users. Plans for Dan y Deri development to enable a fit for purpose environment to support in-patient behaviours that Challenge needs.</p> <p>Continued focus on Estates performance with monthly meetings and review of demand vs delivery.</p> <p>Learning disability intensive support team expansion across all health 3 boards.</p>
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<p>focused in reducing the issues for lengthy delays.</p>		<p>Funding for the pilot scheme of service care navigators in the Swansea CLDT to provide support to registered practitioners to promote the health and wellbeing of service users as required in accordance with the care coordination legislative requirements and process.</p>
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<p><b>Implementation of the Welsh Governments’ “Reducing Restrictive Practise Framework”.</b></p>		
<p>Key Action:</p>		
<p>1. Increase the use of evidence based therapeutic interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is lawful i.e. proportionate, compliant with the framework and is monitored, recorded, reviewed and evaluated appropriately.</p>		
<p><b>Achievements</b></p>	<p><b>Risk to Delivery</b></p>	<p><b>Corrective Actions</b></p>
<p>PBS framework is followed within the LD division for inpatient and community.</p>	<p>There re some challenges in implementing the Behaviour that challenges pathway and ongoing discussions with teams and the</p>	<p>Discussions at SMT to look at ways to improve adherence to the pathway by all members of the MDT. The works for this is ongoing.</p>

<p>The Behaviour that challenges pathway is being supported by the SBT service.</p> <p>Where restrictive practice is required, ensuring these are progressed via best interest decisions and within the context of leal frameworks, MHA, DoLs, CoP.</p> <p>All wards have implemented the RRP toolkit to review individual patients.</p> <p>Alongside this staff are to complete Datix for planned or reactive use of RRP.</p> <p>Processes and monitoring in place to ensure that Health Board staff access physical interventions</p>	<p>Specialist behaviour team to progress.</p> <p>Resource issues have resulted in some cancelled sessions with risk to having training compliance met. Agency staff do not access the specific training course which poses a risk to managing shifts.</p> <p>Agency staff in the flexible workforce may not be trained in PBM ABMU theory and practical training.</p>	<p>Discussions with PBM team regarding training being extended to some agency staff.</p> <p>Prioritising those individuals who are most complex.</p> <p>PBM ABMU strategic lead and team work with agencies and bank to offer relevant training. Use of substantive staff for bank means that they do have the appropriate training.</p>
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<p>training that is compliant with the requirements of the RRN training standards (BILD ACT certificated) – PBM ABMU Theory and Practical training. This training is underpinned by pro-active, least restrictive approaches.</p> <p>The Specialist Behaviour Team (SBT) serve inpatient, community, independent sector and peoples own homes to undertake thorough understanding of behaviour described as challenging and to support professionals and carers in developing personalised Positive Behaviour Support plans and interventions to reduce the impacts of challenging behaviour and improve quality of life.</p> <p>Multidisciplinary Reducing Restrictive practices group is in</p>	<p>Information systems that do not allow the effective and accurate recording and collation of RRP performance measures.</p>	<p>The RRP group to implement a clear process for reporting, monitoring, auditing and evaluating restrictive practice across the Service Group.</p> <p>The implementation of the reducing restrictive practices checklist and action planning with areas.</p> <p>Capturing people’s experiences, learning from incidents and working together with people with learning disabilities and their families on the impact of PBS and RP’s.</p>
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place and meeting regularly for specialist Learning Disability Services which reports through SBUHB Quality and Safety structures.

We are actively involved in OfWCMS Reporting Restrictive Practice steering group to improve the capture of all restrictive events to ensure the learning can be pulled out of Datix Cymru. Datix has been updated to support robust reporting of restrictive practise.

**Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.**

Key Action:

1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.
2. Demonstrate how integrated service provision and joint commissioning contribute to the reduction in the number of people with a learning disability housed in hospital accommodation.

Achievements	Risk to Delivery	Corrective Actions
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<p><b>Capital Programme</b></p> <p>Regional Strategic Capital Plan – First version of the 10-year strategic capital plan submitted to Welsh Government which includes priorities all population cohorts. An updated version will be submitted to Welsh Government in December 2024.</p> <p>The capital programme for West Glamorgan is constantly evolving with the ambition of maximising the regional HCF allocation.</p> <p>The applications process for capital schemes requiring funding in 2024-25 and beyond went live on 1<sup>st</sup> February, 2024.</p> <p>Frampton Road Build now complete (Swn y Coed – 4 beds complex needs; Can yr Adar – 4 beds</p>	<p>None – complete. The Strategic Capital Plan is an evolving document that will continually be developed with input from all partner organisations.</p> <p>The number of applications received to date is very low. A formal reprofiling exercise was completed in September 2024 which indicates an underspend position with slippage in 2024-25.</p> <p>None - build is complete</p>	<p>Continue to work with partners to develop schemes that qualify for regional funding, and to introduce the capital schemes into regional governance as soon as possible.</p>
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<p>complex needs plus wheelchair accessible)</p> <p>21 Ffynnone Drive (Supported Living Scheme for adults with LD) – The remainder of the grant funding applicable to the scheme was drawn down in 2023-24 (combination of HCF and SHG).</p> <p>FCHA 2197 – Development of four Pan Disability Supported Independent Living Flats. Purchase of land to accommodate this scheme was purchased in March 2024. Designs are in the final stages with the aspiration of submitting a planning application by the end of October 2024. If granted without delay the scheme is on track to draw down the construction element in full this financial year.</p>	<p>HB may have to sell on the open market and will no longer be feasible for development partners</p> <p>Awaiting confirmation from HB on permission to dispose of the land</p>	<p>Keep open dialogue with HB on progress of the site</p>
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<p>Identification of land to build an additional 12 beds (3 units) for complex needs in the Swansea area for individuals with complex needs.</p> <p>Dan y Deri – Redevelopment of the current Complex Care Unit (CCU) Hospital, to provide fit for purpose medium term accommodation for people with identified complex behavioural presentations. Pre-tender costs were awarded in 2023-24 and are being utilised this financial year to progress the scheme to a fully designed and tendered solution. Business Justification Case progressing well. Construction costs will be incurred in 2025-26 onwards.</p>	<p>through governance channels. Once there is a definitive update from HB, the project group for the scheme will be reinstated.</p> <p>Success on developing integrated hubs is dependent upon cooperation and buy in from all partner organisations.</p>	<p>Keep open dialogue with all partners and continue to facilitate conversations where needed.</p>
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**Integrated Health and Social Care Hubs**

Mapping of existing hubs was completed in June 2023 and submitted to Welsh Government. In September 2024 an exercise to review the original information collected began to ensure the data held is current and accurate. Additional mapping information is also being collated to inform the strategic approach for hub development in the region.

Further work will be undertaken to identify integrated hub opportunities.

Work is ongoing to develop an interactive map of all hubs within the region, that will specify the

<p>target population group and the services available from each hub.</p> <p><b>Regional Strategy</b></p> <p>A Regional five-year Learning Disability Strategy has been launched. The West Glam Regional Partnership Board ratified the strategy at the board meeting held on the 12<sup>th</sup> of December 2023. Copies of the strategy are available on the West Glamorgan website via the following link:</p> <p><a href="#">Well-being and Learning Disability Programme - West Glamorgan Regional Partnership</a></p> <p>The priority areas within the strategy are:</p> <ul style="list-style-type: none"> <li>• Transport</li> <li>• Getting the Right Care and Support</li> <li>• My Community</li> </ul>	<p>None – strategy is complete</p>	
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<p>Community Transport Schemes attended the workshop.</p> <p>West Glamorgan Regional Partnership and the Community Transport Association are working in partnership to develop a Learning Disability Travel Charter. The Charter outlines the expectations of people with learning disabilities when they use public transport.</p> <p>The Travel Charter will be shared with transport companies and community transport schemes.</p> <p><b>Priority 2 – Getting the Right Care and Support</b></p>	<p>Increasing awareness of annual health checks is likely to increase in people with a learning disability requesting an annual health check when there may be reasons in the Health Board why they are not being carried out.</p>	
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<p>Regional Integrated funding was awarded to Your Voice Advocacy in July 2024 for their Keep Me Healthy Too project. The project focuses on encouraging and facilitating the uptake of annual health checks for people with a learning disability.</p>		
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**Primary Health Care: Improve access to, take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).**

Key Actions:

1. Ensure every person with a diagnosed learning disability is recorded and appropriately coded on a GP practice register.
2. Increase the number of people on the GP learning disability register who receive a Learning Disability (Annual) Health Check with an appropriate, accompanying health action plan where required.
3. Community learning disability teams will support delivery of the annual health checks (primary care cluster level).
4. There is a community learning disability link nurse or primary care liaison nurse for every primary care cluster.

Achievements	Risk to Delivery	Corrective Actions
<p>Band 3 HCSW are in place in the Swansea and Neath CLDT to support individuals who are under the CLDT with accessing Annual Health checks and other physical health requirements.</p> <p>Information on signposting is being develop to support families and care providers in accessing the relevant services.</p>	<p>Cleansing data at GP surgery level and having access to local authority databases to ensure the right people are coded as having a learning disability.</p>	<p>Codes used have been reviewed an updated.</p>

Information for GP's re the CLDT's is being updated to ensure relevant and to highlight the service provision to GP services.		
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**To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.**

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
<p>Acute Liaison Nurses in each of the 3 General hospitals.</p> <p>Roll out of champion training is ongoing which promotes the use of health passports.</p>	<p>Flagging system is not embedded as it should be, work ongoing to resolve .</p> <p>The liaison nurses are a limited resource operating in large systems, not 24/7 and not backfilled for annual</p>	<p>Increase opportunities for student nurses to spend time with liaison nurses in order to increase awareness of the role and interest for future progression.</p>

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Key Actions:

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3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>These nurses are also connected to the All Wales group, regularly sharing good practice, challenges and developments.</p> <p>Paul Ridd Foundation training has now been through committee processes in the Health Board and will be mandatory for all staff rather than just public facing staff.</p> <p>This has been promoted through the CEO's midweek message, on</p>	<p>leave/sickness etc. Liaison nurses can be requested to support service users that fall outside of their Health Board region given that some hospitals serve populations from multiple regions.</p> <p>Reliability of information systems/data collection.</p> <p>Admin support for the liaison nurses remains an highlighted need.</p>	

**To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.**

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions
<p>the intranet, via HR Business partners for all areas in the HB.</p> <p>Current compliance remains low at 16% but this will now rise as appears on each employees dashboard for completing.</p> <p>The pathway and care bundle is established and in use. Data collection and communication systems in place.</p>		

**To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.**

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the understanding and use of the health profile and the care bundle by patients and staff.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions

**Improve outcomes through appropriate monitoring and reporting.**

Key Actions:

1. Review and evaluate what outcome measures you are using to inform and improve service delivery and future planning. Please briefly describe these measures below.

Achievements	Risk to Delivery	Corrective Actions
<p>Performance reported is completed on a monthly basis.</p> <p>There is a monthly Quality Assurance framework report this</p>		

**Improve outcomes through appropriate monitoring and reporting.**

Key Actions:

1. Review and evaluate what outcome measures you are using to inform and improve service delivery and future planning. Please briefly describe these measures below.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>
<p>is developed into a quarterly action plan.</p> <p>Pathways of Care Delays are reported on a monthly basis and these are reviewed in the service group on a fortnightly basis in the transfer and transition meetings.</p>		

## Embedding Value Based Health and Care

<b>Organisation:</b>	<b>Swansea Bay University Health Board</b>	<b>Date of Report:</b>	<b>October 2024</b>	<b>Report Prepared By the VBHC team &amp; clinical leads:</b>	<b>Caylee Boast, Chris Lambert, Cydnie Hunter, Emma Rees, Gwyn Jones, Hayley Beharrell, Hassan Adil, Kelly Jenkins, Kerith Jones, Kevin Delgado, Lucy Jones, Paul Harry, Sarah Gray,</b>
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Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

The NHS Wales Planning Framework 2022/25 recognises our overarching system focus must be on safety, equality of access and improving outcomes, with VBHC as the basis on which services should be planned and delivered.

Three areas of focus are listed below, against which organisations should be able to demonstrate process in adopting a VBHC approach in their strategic decision-making, planning and allocation of resources. Organisations are welcome to submit their Value Based Health and Care Plan as additional supporting material.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)


**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

**Update on the actions implemented during the current operational year to support the embedding of Value Based Health and Care**

	<b>Area Of Focus</b>	<b>Update</b>	<b>Issues and Corrective Actions</b>
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes</p>	<p><b>VBHC Structure Update:</b> Swansea Bay’s VBHC team moved from Transformation directorate to Digital directorate from Aug 24, maintaining and developing close links with both teams. A significant part of the VBHC programme involves the need for digital, who are amongst other priorities implementing a suite of patient facing solutions that supports outpatients and waiting list management:</p> <ol style="list-style-type: none"> <li>1. <b>Hybrid Mail</b> – sending letters via post if patient hasn’t opened email within 7 days.</li> <li>2. <b>Paperlite</b> – digitising patients’ paper medical records</li> <li>3. <b>Attend Anywhere</b> – digital online clinics (virtual appointments)</li> <li>4. <b>Hospital initiated referral</b> – enabling internal referrals to be sent, received and triaged electronically via WCP</li> <li>5. <b>Intouch with health</b> – manages patient workflow and optimises flow in outpatient care</li> </ol> <p>A more detailed update on these digital change projects can be provided at the next quarterly submission to WG Value Lead.</p> <p>The Head of VBHC (Navjot Kalra) is on a 12-month secondment, with an Interim Head of VBHC (Kerith Jones) in post as of 1<sup>st</sup> Oct 2024. The VBHC team report directly to the Executive Director of Digital (Matt John) in SBUHB.</p>	
1.	<p><b>Value Projects:</b> Describe the projects that have</p>	<p><b>Atrial Fibrillation Redesign:</b></p> <ol style="list-style-type: none"> <li>1. <b>GOAL:</b> Increased number of patients diagnosed with AF <b>Baseline: 9329 21/22</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>AF ISSUE: Removal of PC Information portal:</b> this would mean the project would be unable to obtain/provide data on AF progress across the HB,</li> </ol>

	Area Of Focus	Update	Issues and Corrective Actions
	<p>identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>Target:</b> Number of patients diagnosed with AF to be aligned or exceed Wales national average (2.43%) AF prevalence. SBuHB prevalence 21/22 = 2.38%. Need to increase by 0.05% or 196 people to reach AW National average.</p> <p><b>CURRENT POSITION :</b> Since baseline, increased number of patients diagnosed with AF by <b>1,131 to 10,460 (Sept 24)</b> (Prevalence has increased from <b>2.38% to 2.64%.</b>)</p> <p><b>The All Wales average prevalence is 2.43%</b></p> <p>2. <b>GOAL:</b> Improved management of EXISTING AF patients  <b>Baseline: 471 21/22</b>  <b>Target:</b></p> <p>a) 50% reduction of the number of currently non-anticoagulated patients with a documented CHA<sub>2</sub>DS<sub>2</sub>-VASC 2 within 12 months.  <b>CURRENT POSITION: 472 patients Sept 24 (max patient = 484, Nov 23)</b></p> <p>b) 50% reduction of patients with known AF presenting in secondary care with a stroke who are inappropriately or not anticoagulated  <b>CURRENT POSITION: unable to currently demonstrate this target, as need long-term data analysis</b></p> <p>3. <b>GOAL:</b> Improved management of NEW AF patients  <b>Baseline: 4 weeks wait for echocardiogram &amp; diagnosis 21/22</b>  <b>Target: 15 days wait</b></p> <p>a) <b>4 weeks</b> for AF presenting patients to get diagnosed &amp; receive optimised management to healthcare compared to <b>15 day turnaround in ECHO service.</b>  <b>CURRENT POSITION: 15 days, Sept 24</b></p>	<p>including AF patients, prevalence, anticoagulated patients etc.</p> <p><b>MITIGATION:</b> discussed at AF Steering Group, national discussion ongoing to advise the necessity to access this data. Data Analyst started in post 1<sup>st</sup> October to gather and process information.</p> <p>2. <b>AF ISSUE:</b> Change in Project Managers three times has caused the project to experience delays in traction and established process.  <b>MITIGATION:</b> Project manager has now offered permanency to the project, revising governance and establishing processes.</p> <p>3. <b>AF ISSUE:</b> There is an issue that PREMs data will not be realised due to barriers in collecting them.  <b>MITIGATION:</b> Project Manager is exploring barriers and mitigating use of iPads in clinics.</p> <p>4. <b>AF ISSUE:</b> PROMs development has been slow due to procurement and implementation of new system in HB.  <b>MITIGATION:</b> PROMs platform being implemented and AF is in the pipeline</p>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>b) <b>Target: 1700 additional Echo investigations per year focusing on primary care access</b>  <b>CURRENT POSITION: 427 over 6 months (Apr-Sept 24) – running at 74% capacity</b></p> <p>4. <b>GOAL:</b> Establish a VBHC learning collaborative for AF and Hypertension  <b>Baseline: No mechanism for collaborative working 21/22</b>  <b>CURRENT POSITION: quarterly meetings held between CTM, HDDa and SBU</b></p> <p>a) Supports the maturity development and learning opportunities of VBHC across participating Health Boards</p> <p><b>AF REDESIGN PROGRESS TO DATE – Sept 2024:</b></p> <ol style="list-style-type: none"> <li>1. First Communication Campaign concludes. Posters were created and distributed to all GP practices and pharmacies to raise awareness of AF amongst the population, Also, an internal comms interview with the GP Clinical Lead has taken place and will be published as part of wider SBUHB Cardiac campaign in Autumn, also made available to national media and working regionally. Staff Campaign to follow in next update, to enhance every contact Clinicians may have with patients with AF symptoms.</li> <li>2. PREMs have been made available via links on an iPad, however, there has been no data received to date. We are currently exploring the barriers that we are experiencing with this.</li> <li>3. PROMs work is being explored, there is a way forward for us to collect PROMs via patient questionnaires, and patient cohort and wording is currently being selected to collect and use in AF Clinics. Also will explore collection and use of PROMs from the Echo Community service. Confirming PROM tool for AF and process.</li> </ol>	<p>of projects to be onboarded – likely Q4 24/25.</p> <ol style="list-style-type: none"> <li>5. <b>AF ISSUE:</b> Regional lead has left post so delaying the collaborative work.  <b>MITIGATION:</b> Current post out to advert and discussions set up for regional group in interim.</li> <li>6. <b>AF ISSUE:</b> External funding is no longer recurrent, difficult for services to resource and plan long term.  <b>MITIGATION:</b> review current governance and processes to improve productivity and remove road blocks.</li> <li>7. <b>ECHO ISSUE:</b> inability to digitally collect and use PROMs, due to delay in new system implementation in the HB.  <b>MITIGATION:</b> VBHC team have diverted resources to expediate this. Timeline to go live approx. 4-6 months – Q4 24/25. Clinical lead knows what PROMs, at what time points, to which cohort and how this data is going to be used.</li> </ol>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>4. Benefits measures have been explored and a Data Analyst has started working in the project (1<sup>st</sup> Oct 24), to gain traction on this work with a view to creating a Power BI Dashboard. See Supporting Info files for AF Benefit Measures for visuals, explanation and insights:</p> <p>5. 29 out of 38 (76%) practices signed up to AF Framework. GP practices have not universally signed up to so GPwSI (GP with Special Interest) is manually reviewing these patients in the remaining practices himself by end of Oct 24. See embedded AF framework FYI.</p> <p>  AF%20Framework%20Final%20140323.docx</p> <p>6. Two PAF (Paroxysmal Atrial Fibrillation) clinics up and running but not 3 as intended. Reason being referral numbers are low and demand is not warranting 3 clinics. Engaging with primary care partners to increase awareness and improve referral rates. Meetings have taken place with SDEC clinical lead and virtual ward leads to explore increased pathways for referrals. Current discussions with Cardiology Clinical lead to develop new pathways.</p> <p>7. Discussions held with Community Pharmacy lead to explore use of AliveCore devices in the contractor setting via an enhanced service. Cluster Pharmacist is drafting proposal by end of October 24.</p>	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>8. Regional collaboration has taken place via quarterly meetings, there has been discussion on a joint approach and SBUHB have provided advisory information around PAF Clinics and using AliveCore devices across multiple professions including Podiatry. Meetings have since delayed due to lead of group at Cwm Taf HB leaving post. New lead to be decided with the group.</p> <p>9. An Atrial Fibrillation webpage has been developed and is now live on the SBUHB Website in both Welsh and English. <a href="#">Ffibriliad atrïaidd - Bwrdd Iechyd Prifysgol Bae Abertawe (gig.cymru)</a>; <a href="#">Atrial Fibrillation - Swansea Bay University Health Board (nhs.wales)</a></p> <p><b>ECHO Community Service:</b></p>	

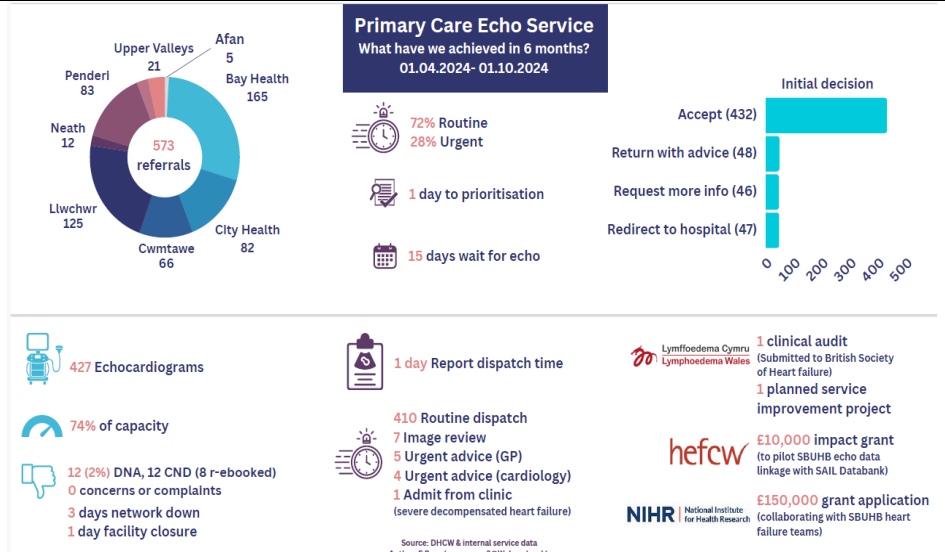


Figure 1: Primary Care Echo Service - DATA


**CURRENT POSITION:**

GP referral median time to prioritise: 1 day  
 Prioritisation to echo performed: 15 days  
 DNA rate: 2%  
 Reports available on WCP & emailed to GPs: 24 hours

**Impact:** Enabling GPs to review results and initiate appropriate treatment sooner, Supporting patients to self-manage their condition. Aiming to collect PROMs on new digital platform to measure patient outcomes, go-live next 4-6 months.

**Progress to date:**

Our novel approach to service provision is highly valued by patients, those providing the service, SBUHB, and Swansea University. The relatively small amount of funding provided to us annually enables us to go far beyond simple provision of tests, establishing wide-reaching benefits that epitomise

	Area Of Focus	Update	Issues and Corrective Actions
		<p>the principles of value-based healthcare in a short timeframe. We are incredibly proud of our collaborative efforts which break down organisational ‘silos’ and are keen to share the lessons learned from our first year of operation since they are relevant to other echo services across Wales.</p> <p>For detailed Echo Community report see embedded document:</p>  <p>Report%20SBU%20P C%20Echo%20service</p>	
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>Prehab MSK Redesign:</b></p> <ol style="list-style-type: none"> <li><b>GOAL:</b> Optimise non-surgical Knee and Hip osteoarthritis (OA) care <b>Target:</b> Reduce referrals through CMAT/MSK services into secondary care to &lt;25% (not excluding advanced disease triaged directly through)</li> <li><b>GOAL:</b> Improve patients’ ability to self-manage their condition <b>Target:</b> Increase number of patients self-managing their OA hip condition independently in the community to over 50% on completion of programmes</li> <li><b>GOAL:</b> Optimise patients physical &amp; MH whilst waiting for hip or knee surgery <b>Target:</b> Reduce number of patients at preoperative clinics being unsuitable for arthroplasty surgery secondary to BMI status</li> </ol> <p><b>Progress to date:</b></p>	<p><b>Corrective actions</b></p> <ol style="list-style-type: none"> <li>Prehabilitation service needs to change focus to managing and optimising patients at stage 1 (RTT WL) as currently at stage 5 (Surgical WL).</li> <li>Look at more efficient clinical delivery models to manage and triage high BMI patients I.e. Prehab patient workshop</li> </ol> <p><b>Risks:</b></p> <ol style="list-style-type: none"> <li>Transitioning digital platforms over from current to new system in 2024/25. Currently scoping out</li> </ol>

	Area Of Focus	Update	Issues and Corrective Actions
		<ol style="list-style-type: none"> <li>1. 500 OA Knee New Patients &amp; 120 Hip New patients seen in Lifestyle programme, 19% reduction in secondary care surgical referrals expected</li> <li>2. 300+ hip &amp; knee patients are self-managing their condition</li> <li>3. Physio -600 total patients assessed &amp; referred into appropriate exercise management. Diet (weight loss) - 210 patients with high BMI (35+) assessed &amp; treated with specialist weight loss management programme</li> </ol>	<p>requirements to enable continuity of digital assessment service provision.</p>
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>Prehab Cancer Redesign:</b> <b>Baseline: n/a as creation of brand-new resources</b></p> <ol style="list-style-type: none"> <li>1. <b>GOAL: Primary Care:</b> Rapid Diagnostic Centre (RDC) referrals with vague symptoms and neck lumps are offered optimising intervention with a pharmacist in 3 weekly clinics for SBUHB patients. Interventions made around lifestyle, medication reviews and readiness for potential further interventions. <b>Baseline: 0 patients</b> <b>Current position: 567 patients have been seen since 2022</b></li> </ol> <p><b>Progress to date:</b> Suite of five self-guided video educational resources produced to be given to those who need an urgent referral, and who may or may not have cancer. These have been written by experts in the areas, in a partnership approach. These videos will be hosted via Waiting well webpage and SBUHB You Tube channel and distributed in Primary Care. Further national distribution via WCN (Welsh Cancer Network) is being discussed. They have been developed in partnership with Medical Illustration, Communications and Engagement and endorsed by the WCN. The videos will be available internally by January 2025. Dates for WCN to put on their App – TBC.</p>	<ol style="list-style-type: none"> <li>1. <b>RISK Prehab Cancer:</b> RDC data collection on many bespoke spreadsheets: There is a risk that benefits of the project may not be clearly demonstrated. <b>Mitigation:</b> Working with RDC to isolate data capture methods in easier way. Data Analyst working to bring all data sources into one place.</li> <li>2. <b>RISK: Prehab Cancer</b> – There is a risk that the business case outcomes won't be demonstrated in line with initial plan of delivery through lifestyle GPs within the current programme. <b>Mitigation:</b> SBAR to governance channels to explain deviation and propose new outcomes. Presented to PCT Service Group in Aug and VBHC Steering Group on 26<sup>th</sup> Sept 24.</li> <li>3. <b>ISSUE Prehab Cancer:</b> automating PROM collection has been slow due to</li> </ol>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>Additional work has started to consider group webinar delivery with lifestyle GPswSI (GP with special interest) to enable direct communication with clinicians.</p> <p><b>2. GOAL: Secondary Care:</b> Establish a Prehab Cancer offer at Point of Diagnosis service (live 2<sup>nd</sup> Sept 24), to receive referrals from colorectal cancer patients in the first phase. The following services are offered:</p> <ul style="list-style-type: none"> <li>a. Comorbidity optimisation – Service Live: Target: Review 265 colorectal patients pa (c.22 per month)</li> <li>b. Nutrition input – Service Live: Target: Review 265 colorectal patients pa (c.22 per month)</li> <li>c. Exercise input – Service Live: Target: Review 265 colorectal patients pa (c.22 per month)</li> <li>d. Well-being input – Service Live: Target: Review 265 colorectal patients pa (c.22 per month)</li> </ul> <p><b>Baseline: 0 patients (new service)</b>  <b>Current position: 11 referrals as live less than a month</b></p> <p><b>Progress to date:</b>  The Point of Diagnosis service went live 2<sup>nd</sup> September 2024, with 11 referrals in the first 2 weeks with some of these patients being out of area. Regional work with neighbouring health boards is being undertaken, to establish pathways for out of area patients.</p> <p>Future expansion of service: work looking at expanding the scope of the service to include tumour sites is in progress. Modelling is being done to</p>	<p>procurement and implementation of new system in HB.</p> <p><b>MITIGATION:</b> Service is currently collecting PROMs manually whilst waiting for the digital platform to be implemented. Prehab Cancer is in the pipeline of projects to be onboarded – likely Q4 24/25.</p> <p><b>4. ISSUE Prehab Cancer:</b> External funding is no longer recurrent, difficult for services to resource and plan long term.</p> <p><b>MITIGATION:</b> review current governance and processes to improve productivity and remove road blocks.</p>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>establish the demand for Gynaecology to see what current capacity allows. Discussions have started with information gathering finishing in the new year.</p> <p>The Point of Diagnosis team comprise of two Prehabilitation Assistant Practitioners, one physiotherapist, the project team (Project Manager, Project Support Officer and Data Analyst) with a dietician starting Mar 2025.</p> <p><b>Next Steps:</b> The next phase aims to offer Prehab to all Lower GI treatment pathways (those undergoing oncology). Working with Gynaecology service.</p> <p><b>Overview of progress to date for overall Prehab Cancer Service (primary &amp; secondary):</b></p> <ol style="list-style-type: none"> <li>1. Established Pathways in the new 'Point of Diagnosis' service and commenced delivery. Finalised and detailed plan currently underway to inform this delivery method and timescales.</li> <li>2. PROMS collection methodology, analysis and trigger points have been agreed. On pipeline list to onboard onto new Digital Assessment platform (Promptly) scheduled Nov/Dec 2024, collecting manually at present by ringing patients or asking to complete during clinics.</li> <li>3. Service is live as of 2<sup>nd</sup> Sept 24, with an aim to review 265 pa, (c. 22 per month)</li> <li>4. Content for 5 x video tutorials for patients has been developed, next steps will be to create these videos by Jan 2025. These videos will be made available on the HB's Waiting Well website</li> <li>5. Benefits measures have been developed for Point of Diagnosis service, and have started for the Rapid Diagnostic Centre project and remain a consideration for the video tutorial work. See Supporting Info files for Prehab Cancer benefit measures for more information.</li> </ol>	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>6. Further work is underway to explore regional delivery and pathways for Powys patients.</p> <p>7. Significant progress has been made across the Cancer Prehab programme (the Rapid Diagnostic Centre and the Point of Diagnosis service) which include:</p> <ol style="list-style-type: none"> <li>a. there are 3 clinics running every week as opposed to 2,</li> <li>b. there is now a 52-week service,</li> <li>c. lots of work has been undertaken around PREM collection,</li> <li>d. the patient pathway has been reviewed and improvements made</li> <li>e. the Point of Diagnosis service in secondary care is now live to patients.</li> </ol>	
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>3Ps – Waiting Well National Programme:</b> Supporting patients to manage their symptoms whilst on any secondary care waiting list. This work involves three distinct work packages:</p> <ul style="list-style-type: none"> <li>• <b>Waiting Well Website – Purpose:</b> to support and empower patients to self-manage their symptoms whilst waiting, going through treatment to discharge. Website went live Jul 24 and is being continually updated and webpages added to it.</li> <li>• <b>SPOC (Single Point of Contact) team – Purpose:</b> provide support and guidance to patients, escalating those most in need, aiming to recruit the team by Dec 2024</li> <li>• <b>Digital holistic assessment – Purpose:</b> to understand patient symptoms and quality of life along care pathway, used to stratify and prioritise patients with complex and severe symptoms.</li> </ul> <p><b>Progress to date:</b></p>	<ul style="list-style-type: none"> <li>• <b>RISK:</b> SPOC vacancies are not recruited into in line with project milestones due to the duration of the recruitment process. <b>Mitigation:</b> Use WG SPOC Implementation Toolkit to assist with recruitment and submit supporting evidence to VCP so that delays are minimal. Ascertain base for the team so service can function and support Theatres team with recruitment process</li> <li>• <b>ISSUE:</b> No accommodation for the SPOC team to operate from. Working from home is not an ideal option due to it being a new team. It will be</li> </ul>

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>Comms For patients on website: Waiting well (WW) website is live. <a href="https://www.nhs.uk/healthcare/WaitingWell">Waiting Well - Swansea Bay University Health Board (nhs.wales)</a> which includes Webpages on PROMS/Digital Health Assessments and 'Empowering your Healthcare'. <a href="https://www.nhs.uk/healthcare/DigitalHealthAssessments">Digital Health Assessments - Swansea Bay University Health Board (nhs.wales)</a></li> <li><a href="#">Comms for Staff on intranet: NEW: Discover Promptly – our latest digital solution for digital health assessments (sharepoint.com)</a>, receiving over 3,000 hits.</li> <li>WW Website address and QR Code on WPAS letters for RTT (referral to treatment) and FU (follow up) stages from July 24.</li> <li>Sept 2024 new referral figures- 4477.</li> <li>Total number of WPAS letters sent with WW website link and QR code to date is 14,404 – from 10<sup>th</sup> July 24.</li> <li>Steady increase in hits to the WW website. 642 hits and 456 unique users in August 24.</li> <li>WW website link in SBPP (Swansea Bay Patient Portal) has been emailed to 1,715 registered patient users directly.</li> <li>Patient Charter will be uploaded to SBPP for current 8,000 patients to have access to view.</li> <li>Flyer being produced targeting primarily non digital patients with core healthy lifestyle message, with digital links embedded.</li> <li>Recognition within SBUHB Digital Services of the value of a collaborative approach to Comms &amp; Engagement across multiple digital projects - Waiting Well/Digital Health Assessment (WWHA) platform implementation/SBPP/Hybrid Mail - same target audience of clinical staff/GP clusters/SBUHB patients and citizens. A united front approach on increasing patient empowerment through signing up to the SBPP and</li> </ul>	<p>difficult for the SPOC team to function without on-site accommodation in one of the hospitals.</p> <p><b>Mitigation:</b> written request to Estates for Pre-Assessment area in Singleton. Request form currently with Directorate Manager for sign-off.</p>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>increasing digitalisation to general SBUHB population across the HB with all the inherent efficiencies and benefits.</p> <ul style="list-style-type: none"> <li>• Direct engagement with Clinical staff at Hospital clinic level and GP Clusters including distribution of flyers.</li> <li>• SPOC (Single Point of Contact) team call handlers will implement MECC (make every contact count) through: <ul style="list-style-type: none"> <li>• WPAS data validation - updating patient contact details.</li> <li>• Identifying non digital patients' cohort and assisting them to complete WG Waiting Well Health Assessment (WWHA).</li> <li>• Look at ways to convert this cohort to digital for future contacts i.e. nominate a relative/Next of Kin (NOK) safely via patient portal.</li> <li>• Provide a person-centred approach by telephoning &amp; signposting to appropriate available HB services i.e. Red Cross Waiting Well programme also including 3<sup>rd</sup> Party &amp; Voluntary sector services based on callers' needs.</li> <li>• General signposting to the SBUHB 'One Stop Shop' Waiting Well website.</li> <li>• Encouraging patients to sign up to NHS Wales App &amp; SBPP (patient portal) &amp; receive WPAS letters via hybrid mail.</li> <li>• Waiting Well programme team will be working within Pre-Assessment services and contacting waiting list patients directly using the WWHA to monitor for deterioration &amp; internally escalate.</li> </ul> </li> <li>• 3Ps digital holistic assessment (EQ5D &amp; About You questions) scheduled to go-live when SPOC team are in place. (see section 2 for more information)</li> <li>• Theatres and Pre-Assessment team (who are managing the SPOC team), to progress recruitment with support from 3Ps Programme team. Aiming to have SPOC team in post by end Nov/ start Dec 2024.</li> </ul>	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• Raising Awareness: 3Ps Programme team attended T&amp;O Service Group monthly meeting where 3Ps was presented; General Surgery, Ophthalmology, ENT booked in.</li> <li>• Monthly report submitted to Welsh Government; on target for Digital and Communications, off target for SPOC with revised timeline to recruit agreed with 3Ps National Leads.</li> <li>• Swansea Bay 3Ps Patient Charter in final draft and going through sign-off process.</li> </ul>	
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>Adferiad Programme / Long Covid Service Redesign.</b> Swansea Bay University Health Board (SBUHB) established an 'Adferiad: Long COVID steering group' in March 2021, chaired by Executive Director of Therapies and Health Sciences. The aim of this group was to identify individuals impacted by Long Covid, understand their symptoms, demand for services, and devise an appropriate service model to meet their needs. The steering group is set to continue until the end of March 2025 overseeing Welsh Government Adferiad Building Community Capacity Programme which was agreed to build on the success of the services already developed and focus on strengthening community-based services within 'other' populations including fibromyalgia, myalgic encephalomyelitis (ME), chronic fatigue syndrome (CFS) and chronic pain.</p> <p>The Adferiad steering group agreed the most prudent way of providing services for individuals with these long-term conditions was to utilise existing services and strengthen these with access to a wider multi-professional team.</p>	<p>1. <b>RISK:</b> Unable to recruit into additional professional posts due to availability. Remaining 2 posts within Adferiad programme still vacant. <b>MITIGATION:</b> Confident to appoint to 0.1 WTE Consultant Paediatrician. Band 7 SALT 0.88WTE is currently in vacancy control having gone through an Annexe 21 process due to being unable to recruit to a 1.0 WTE Band 6 SALT and therefore undergoing change to Band 7 post.</p>

	Area Of Focus	Update	Issues and Corrective Actions
		<p>The approach aligns to both the Health Board and national rehabilitation framework, which centres on providing care based on the needs of the individual rather than the geographical location of services. The Adferiad service plan is part of SBUHB GMO's.</p> <p>Currently through existing and enhanced services SBUHB provides</p> <ul style="list-style-type: none"> <li>• Long Covid Rehabilitation</li> <li>• Persistent Pain services</li> <li>• Occupational Health services for Adferiad conditions</li> <li>• CYP services for 16–17-year-olds</li> <li>• Physiotherapy and Occupational Therapy services for patients living with fibromyalgia and ME/CFS</li> </ul> <p><b>The main aim of the Adferiad service is to co-ordinate all services and provide improved access/pathways and equity for all patients living with these long-term conditions.</b></p> <p><b>Progress to date:</b></p> <ul style="list-style-type: none"> <li>• Engagement: evaluation stage of patient engagement exercise. Evaluating demographics, patient experience at diagnostic stage, treatment journey including post treatment, usefulness of resources and patients understanding of symptoms/condition and how to manage them.</li> <li>• Pathway Mapping: current AS IS pathway from referral to discharge completed for Fibromyalgia, ME/CFS &amp; Long Covid. Next steps to develop TO BE pathway, using feedback from interviewing patients to analyse patients' journey.</li> <li>• Digital &amp; Data: Data set is under development to understand baseline and data gaps for demand for these conditions.</li> <li>• PROMs &amp; PREMs: identifying appropriate PROM tools for Adferiad as a whole service. Also undertaking an audit of what is currently being</li> </ul>	

	Area Of Focus	Update	Issues and Corrective Actions
		<p>collected by these services. PREMs will be implemented into the programme to understand patient experience.</p> <ul style="list-style-type: none"> <li>• Tai Chi pilot commenced for long covid patients. Pilot to be expanded into other services.</li> <li>• Training for staff identified to support all the different services, e.g. Long covid, breathing patterns and CBT training.</li> </ul> <p>For more information see Supporting Info files for Adferiad Progress Report Aug 2024.</p>	
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted variation and standardise best practice to ensure efficient resource and improve outcomes.</p>	<p><b>ONE BAY WAY Projects:</b> <b>NIV redesign</b> Approximately 3 million people in the UK have COPD which is the fifth leading cause of death. NIV is currently the most effective treatment we can offer these patients, reducing mortality by 50%. NIV is also used to treat type 2 respiratory failure for other diseases such as Motor neurone disease and slow progressing neuromuscular disease. Up to 20% of people who have respiratory failure die from it and NIV treatment has reduced this mortality by 46%. Patients who are established on NIV spend on average three and a half days less in hospital. It is also reported (GOLD 2020) that NIV treatment is also a cost saving intervention.</p> <p><b>Current situation</b></p> <ul style="list-style-type: none"> <li>• There is currently up to a 6 month wait for patients to be assessed and commenced on NIV</li> <li>• NIV clinics are at capacity, limiting review opportunities and effectiveness of therapy.</li> <li>• Workload is expected to raise due to predicted continued increasing numbers.</li> </ul>	<p><b><u>NIV Oxygen:</u></b> <b>Issues below if we do nothing and the service stays in current situation:</b></p> <ul style="list-style-type: none"> <li>• Waiting lists to start NIV continue to rise</li> <li>• Increased risk as patients will continue to deteriorate and require acute hospital admissions for NIV more frequently resulting in increased bed days.</li> <li>• Ability to respond to patients during acute exacerbations will be inadequate and avoidable admission will increase further.</li> <li>• Hospital discharges for patients requiring acute NIV will be delayed due to lack of provision for care post discharge.</li> <li>• Patients will experience a lower QoL and life expectancy.</li> </ul>

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• Weekly MDTs to discuss new referrals and patients experiencing deterioration.</li> <li>• Majority of patients are seen at home or in nurse led clinics as required.</li> <li>• Remote monitoring is minimal and only when time allows</li> <li>• Trouble shooting difficult when workload is at capacity</li> <li>• Efficiency has already been optimised and duplication of work removed by creating a single team.</li> </ul> <p><b>Limitations of Current service</b></p> <ul style="list-style-type: none"> <li>• Waiting list likely to increase and patients will experience worsening QoL and shorter life expectancy</li> <li>• Patients are being admitted unnecessarily due to deteriorating while on the waiting list for NIV and lack of capacity to support at home.</li> <li>• Delayed discharges due to timely follow up in the community not being available at times.</li> <li>• Restricted community support for patients that find coming to OPD very distressing due to their disease burden.</li> <li>• Advanced care planning and end of life care is limited due to capacity.</li> <li>• Team unlikely to cope with seasonal variation when caseloads increase.</li> <li>• Service provision not adequate to withstand annual, study and sick leave.</li> <li>• Staff well-being is being negatively impacted, staff are becoming very stressed and tired.</li> </ul> <p><b>What is the ask?</b> Additional funding required to employ extra staff clinical and non-clinical to increase resources to support patients. This will:</p> <ul style="list-style-type: none"> <li>• Reduce delays to discharge for patients requiring home NIV when started in acute setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Negative impact on other respiratory services, especially oxygen as staff capacity is shifted to try and maintain NIV service provision.</li> <li>• Staff absence expected to rise due to stress and fatigue. Job satisfaction and morale will decrease having a negative impact on staff well-being and retention.</li> <li>• No resilience to vacancies, sickness or annual leave. Service at risk of collapse.</li> <li>• Clinical time will continue to be reduced by administration duties.</li> </ul>

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• Waiting list would reduce for NIV starts and at home starts could be recommenced preventing acute hospital admission and reducing patient stress.</li> <li>• Increased ability to respond to patients during acute exacerbations. Decreasing deterioration and need for admission and preventing deterioration in QoL and reduce anxiety.</li> <li>• Some reliance to annual leave and sickness</li> <li>• Increased capacity for education to ward staff increasing patient safety.</li> <li>• Clinical time would increase due to removal of administrative duties carried out by clinical staff currently.</li> <li>• Ability to respond to seasonal demand appropriately.</li> <li>• Full funding in Apr 25/26 would allow service to develop optimally with increased training provision for further staff over the next 6-12 months.</li> <li>• Impact on Oxygen service would reduce and allow for both services to be removed from the SBUHB Risk Register.</li> <li>• Resource required from VBHC team to support NIV redesign and pathway map AS IS and TO BE processes.</li> </ul> <p><b>COPD Redesign</b> Initial OBW goal aligned to Run Rate work – standardised approach to pathway redesign to focus on the elements of the pathways at the Diagnostic, Preventative and Early intervention stages, addressing key issues which will contribute to the overall betterment of the whole system pathway.</p> <p><b>Phase 1</b></p>	<p><b>SPIROMETRY</b> – New GMS contract does not explicitly state that Spirometry will be carried out in Primary Care</p> <ul style="list-style-type: none"> <li>• Every cluster in SBU has been written to asking if GPs would be happy to provide Spirometry for patients suspected of having COPD - <i>We are unable to move forward until an agreement has been reached.</i></li> <li>• There is currently a backlog of 110 patients awaiting Spirometry for suspected COPD in Secondary care</li> </ul>

	Area Of Focus	Update	Issues and Corrective Actions
		<div data-bbox="584 229 1491 743" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>NEW SLIDE ADDED</b></p> <p style="text-align: center;"><b>One Bay Way Respiratory – COPD Case for Change PHASE 1</b></p> <p style="text-align: center;"> <b>Why was COPD chosen as a priority?</b> <ul style="list-style-type: none"> <li>▪ Inequitable and variable COPD system across SBU</li> <li>▪ Lack of Community Spirometry for COPD diagnosis</li> <li>▪ High number of exacerbations admitted requiring medical stabilisation prior to NIV</li> <li>▪ Issues with Community NIV</li> </ul> </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%; border: 1px solid black; padding: 5px; background-color: #f08080;"> <p style="text-align: center; font-weight: bold; color: white;">Work stream 1</p> <p style="text-align: center; font-size: 8px; color: white;">SBU/Whole NPT</p> <p style="text-align: center; font-weight: bold; color: white;">Pathway Process Mapping</p> <ul style="list-style-type: none"> <li>❖ Mapping complete for Admission Avoidance Pathway</li> <li>❖ Proposed Map for 'To Be' 'Community NIV' service</li> <li>❖ 'As Is' completed for secondary care COPD pathway</li> </ul> <p style="text-align: center; font-size: 8px; color: white;">Early Intervention Stage</p> </div> <div style="width: 20%; border: 1px solid black; padding: 5px; background-color: #66b3ff;"> <p style="text-align: center; font-weight: bold; color: white;">Work stream 2</p> <p style="text-align: center; font-size: 8px; color: white;">KIM/SPIC</p> <p style="text-align: center; font-weight: bold; color: white;">Community Spirometry</p> <ul style="list-style-type: none"> <li>❖ KM has devised a S-T and L-T clinical model for delivery of Community Spirometry with costings (to be discussed)</li> </ul> <p style="text-align: center; font-size: 8px; color: white;">Diagnosis Stage</p> </div> <div style="width: 20%; border: 1px solid black; padding: 5px; background-color: #90ee90;"> <p style="text-align: center; font-weight: bold; color: white;">Work stream 3</p> <p style="text-align: center; font-size: 8px; color: white;">Alison Lewis Charlie Blackmore COPD CHSA</p> <p style="text-align: center; font-weight: bold; color: white;">COPD Team and Community Non Invasive Ventilation Service (As Is vs To Be)</p> <ul style="list-style-type: none"> <li>❖ AL has devised a phased clinical model for delivery of Community NIV service with costings verified by Charlie M (to be discussed)</li> </ul> <p style="text-align: center; font-size: 8px; color: white;">Early Intervention Stage</p> </div> <div style="width: 20%; border: 1px solid black; padding: 5px; background-color: #800080; color: white;"> <p style="text-align: center; font-weight: bold;">Work stream 4</p> <p style="text-align: center; font-size: 8px;">Ruth Jones/Alison Lewis/CHM</p> <p style="text-align: center; font-weight: bold;">Point of Care Testing Pilot</p> <ul style="list-style-type: none"> <li>❖ Waiting for Phlebotomy training to be signed off</li> <li>❖ Waiting for clinical Phlebotomy competencies to be signed off</li> </ul> <p style="text-align: center; font-size: 8px; color: white;">Early Intervention Stage</p> </div> <div style="width: 20%; border: 1px solid black; padding: 5px; background-color: #ffd700;"> <p style="text-align: center; font-weight: bold; color: white;">Work stream 4</p> <p style="text-align: center; font-size: 8px; color: white;">Dilain Viorack/Jane Puffin</p> <p style="text-align: center; font-weight: bold; color: white;">Acute NIV/Respiratory Support Unit</p> <ul style="list-style-type: none"> <li>❖ Acute NIV 'As Is' pathway mapped</li> <li>❖ 'To be' Acute NIV pathway map TBC</li> <li>❖ Review the National Guidance on 'Respiratory Support Units' published by the British Thoracic Society and Intensive Care society – and relate to SBU</li> <li>❖ Include EoL planning</li> </ul> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p style="font-weight: bold; color: white; background-color: #000080; padding: 5px; display: inline-block;">Phase 2 issues to be tackled:</p> <ul style="list-style-type: none"> <li>• Low uptake of GP annual review*</li> <li>• Poor Primary Care uptake/referral rates with: <ul style="list-style-type: none"> <li>• HMO</li> <li>• Vaccination rates</li> <li>• COPD Team</li> <li>• Medication review** (community inhaler cost)</li> </ul> </li> </ul> </div> </div> <p style="margin-top: 20px;"><b>Background and current challenges:</b></p> <ul style="list-style-type: none"> <li>• There are around 1.4 million consultations with GP's each year due to COPD. One in eight (130,000) emergency admissions to hospital are for COPD, making it the second largest cause of emergency admission in the UK</li> <li>• COPD accounts for <b>more than one million 'bed days'</b> each year in hospitals in the UK.</li> <li>• COPD exacerbation is the <b>second most common reason for admission</b> in our hospitals and is the third leading cause of death in the UK</li> <li>• More than <b>£8 million is spent annually</b> in direct costs</li> </ul> <p style="margin-top: 20px;"><b>Strategic Objectives:</b></p> <ul style="list-style-type: none"> <li>• Provide a <b>prompt and clinically effective and equitable COPD service via a whole system pathway</b>, delivered through the <i>“Right place, first time”</i> approach that avoids harm</li> </ul>	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• <b>7800 premature deaths</b> could be avoided if best practice is applied</li> <li>• <b>Reduce</b> the number of <b>patients waiting for spirometry assessment in Primary Care/ Reduce</b> costly secondary care tests for COPD</li> <li>• <b>Provide Care closer to home</b> by implementing the POCT pilot</li> <li>• <b>Strengthen the capacity</b> of the Domiciliary NIV team ensuring that care and treatment is evidence based and making the best use of resources overall</li> <li>• <b>Improved outcomes</b> for people with COPD implemented for patients from the prehospital setting to ward to palliative care</li> </ul> <p><b>Benefits of redesign Phase 1:</b></p> <ul style="list-style-type: none"> <li>• Improved COPD patient pathway will alleviate the pressure on secondary care by appropriate use of ‘streams’</li> <li>• Building of a professional community model and community of practice which aligns and educates on the resources within Primary and Secondary care</li> <li>• COPD nurses working at the top of their skill set with the initiation of POCT</li> <li>• POCT diagnosis trial may show a decrease in: <ul style="list-style-type: none"> <li>○ Admissions for exacerbations (viral/bacterial)</li> <li>○ Reduced antibiotic use</li> </ul> </li> <li>• Clear pathway and signposting to other services (such as Pharmacy, Pulmonary rehab and HMQ).</li> <li>• Initiated a conversation around coding within Primary and Secondary Care to create efficiencies and savings</li> <li>• Clinical engagement has meant that staff feel ‘heard’, ‘valued’ and ‘belong’ to the service</li> </ul> <p><b>Progress to date:</b></p>	

	Area Of Focus	Update	Issues and Corrective Actions
		<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Admission Avoidance COPD whole system pathway mapped and translated to Community Health Pathway</li> </ul> <p><b>Complete but need agreement</b></p> <ul style="list-style-type: none"> <li>• Spirometry –S-T and L-T solution worked up and costed</li> <li>• NIV Domiciliary Service –increase capacity, workforce and costed</li> </ul> <p><b>Outstanding</b></p> <ul style="list-style-type: none"> <li>• PCOT plan in situ - not yet implemented due to issues with phlebotomy training/competencies</li> <li>• Acute NIV pathway to be completed</li> <li>• Map Respiratory wards against NICE Guidelines for Respiratory inpatient care standards</li> </ul> <p><b><u>Frailty Surgical Pathway</u></b></p> <p>Establish an elective surgical pathway for frail patients across Swansea Bay UHB aged over 65 currently on the General surgery, Urology and Vascular waiting lists excluding USC:</p> <ul style="list-style-type: none"> <li>• Outpatients’ pathways</li> <li>• Inpatient pathways</li> <li>• Discharge pathways/step downward</li> </ul> <p>Funding acquired for B3 Admin 1 WTE, B7 nurse 0.2 WTE and 2 WTE Clinical Fellows. B3, B7 and 1 WTE Clinical Fellow already in post second clinical fellow appointed and will commence role 7/10/24.</p> <p><b>Progress to date:</b></p> <ul style="list-style-type: none"> <li>• Permission to use Clinical Frailty Scale received for patients to self-assess when they are sent a digital health assessment</li> </ul>	<p><b>Frailty issues</b></p> <ul style="list-style-type: none"> <li>• Issues with Band 7 doing ad hoc shifts</li> <li>• Protected COTE sessions</li> <li>• Delay with digital platform Promptly</li> <li>• Not able to change WCCG referral yet - change request submitted in 2023</li> <li>• Duplication between teams – validation of patients using the same system.</li> <li>• Formalise total costs from April 2025 onwards</li> <li>• Clinical space required for clinical fellow sessions</li> </ul>

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• DrDoctor digital platform used as a pilot for the health assessment to test – sent to 78 patients and received 44 responses. 33/44 scored themselves 4+ on the CFS.</li> <li>• &gt;400 patients contacted via referrals, screening and digitally with over 130 seen in clinic F2F and virtually since 8/11/23</li> <li>• 125 patients off list</li> <li>• For those patients that have been seen there has been dementia diagnosis, capacity AX, &gt;30 continence reviews, virtual ward referrals and memory clinic referrals.</li> <li>• Clinics booked to 31/10/24 (extra clinics once clinical fellow in post)</li> <li>• £437,000 saving in 10/12 months</li> <li>• Waiting list decreased by 1/5 with only 13 patients over 104 weeks, majority of patients now waiting less than 52 weeks</li> <li>• Digital health assessment pilot on DrDoctor saved 2 band 7 sessions</li> <li>• Work is underway to onboard digital health assessment on new digital platform Promptly and testing has been carried out</li> </ul>	
	<p><b>Value Projects:</b> Describe the projects that have identified opportunities to reduce unwarranted</p>	<p><b>VBHC Education &amp; Engagement</b></p> <ol style="list-style-type: none"> <li>1. A VBHC Benefits Masterclass/ workshop has been developed and piloted within the VBHC team. A meeting with the national Team to share learning across Wales took place in September and a T&amp;F group is being set up to develop a National framework for Wales. First meeting took place on the Oct 3rd. It looks like we will pick up on the work developed by Marcus Wilshire (DHCW) and SBUHB Digital and evolve this to encompass more VBHC factors. We have been in contact with Digital colleagues to understand how they develop benefits using CABER model.</li> </ol>	

	Area Of Focus	Update	Issues and Corrective Actions
	variation and standardise best practice to ensure efficient resource and improve outcomes.	<ol style="list-style-type: none"> <li>2. VBHC slot at SBUHB Consultants Development Programme (twice a year). First scheduled 20<sup>th</sup> Feb 2025.</li> <li>3. Facilitating a learning event with HEIW colleagues on VBHC on 11<sup>th</sup> Feb 2025.</li> <li>4. eLearning module 'Implementing VBHC in SBUHB' – undertaking an evaluation review as part of MSc final research report. Findings will provide evidence to use to enhance the module. This module is hosted on Canvas and developed in partnership with Swansea University. Link to module: <a href="#">Implementing VBHC in Swansea Bay UHB (MNXXN29) - VBHC Academy (canvaslms.com)</a></li> <li>5. A VBHC 5 Year Strategy, 'Value in all that we do' has been written, signed off by the VBHC Steering Group and is going through alignment with Digital's 10-year strategy. This VBHC strategy provides our direction and priorities over the next 5 years. See Supporting Info files for VBHC 5 year Strategy – Value in all that we do, FYI.</li> <li>6. <u>Patient Engagement:</u> Patient interviews for people living with Long Covid, Fibromyalgia and ME took place earlier in the year. The feedback will be input into 'to-be' pathway discussions. We used this 'Redesign' to test out the metro mapping technique. This is still in progress_ as it is complex. (<a href="#">ref-slides</a>) Patient interviews are being considered for AF patients to understand what issues patients have when living with AF long term. It is anticipated this will help to focus the PROM tool to be used for this cohort. Awaiting feedback from clinical lead.</li> <li>7. <b>Enquiries:</b> meetings have been held with the following services about potential implementation of PROMs: <ul style="list-style-type: none"> <li>• Bowel and Bladder</li> </ul> </li> </ol>	

	Area Of Focus	Update	Issues and Corrective Actions
		<ul style="list-style-type: none"> <li>• South Wales Trauma</li> <li>• The following services have requested further information on PROMs and using Promptly:</li> <li>• Chaplaincy service</li> <li>• Mental Health - community</li> </ul>	

2.	<p><b>Patient Outcomes and Experience Measures:</b></p> <p>List all the programmes of work that actively collect outcomes, including patient reported outcome measures (PROMs) and patient reported experience measures (PREMS).</p> <p>Describe how these outcomes</p>	<p>Promptly is the new Digital Health Assessments (DHAs) &amp; PROMs platform that SBUHB procured on 31<sup>st</sup> January 2024 via a national VBHC procurement in collaboration with the Welsh Value in Health Centre (WViHC). The health boards (HBs) that are currently in contract with Promptly are Swansea Bay, Hywel Dda, Cwm Taf Morgannwg &amp; Betsi Cadwallader. Further HBs are due to procure Promptly imminently. The contract is for three years with the option to extend for a further two years. It is a full enterprise agreement and will allow us to utilise it across the HB. Promptly will enable us greater flexibility when collecting DHAs and PROMS &amp; will assist the HB with digital triage, stratifying waiting lists &amp; direct patient care, to name a few use cases. The current focus of the implementation is to bring over the services who were collecting PROMs on a previous provider and this work is currently being worked through. Further new services are being managed and are included in the rollout plan.</p> <p><b>Current collection - Go-Live Jul 24:</b></p> <ol style="list-style-type: none"> <li>1. <b>Inherited Cardiac condition service</b> – bespoke digital assessment to track patient anxiety, knowledge &amp; experience</li> <li>2. <b>Virtual Ward</b> - EQ5D and bespoke experience questions for patient experience</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>SBU Promptly ISSUE: Waiting List Trigger for digital health assessment:</b> Historical database needs to be created and maintained to integrate WPAS patient data for waiting lists and procedures. Other systems also need this access. <b>MITIGATION:</b> being worked through internally, looking at cost of SQL licence for a dedicated server. Also working with Promptly to see if they have an interim solution.</li> <li>2. <b>PROMPTLY ISSUE: Trigger forms from any patient event on Promptly:</b> Bespoke patient activity DHA triggers are more complex than Promptly anticipated. Promptly are currently reviewing the time it takes them to build these. <b>MITIGATION:</b> Promptly are configuring their platform to enable</li> </ol>
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<p>are being used with patients and clinical teams. Provide detail on the number of PROMs and PREMS issued to date.</p>	<p><b>Promptly new Digital PROM system: Implementation projects (Nov 24 to Mar 25):</b></p> <ol style="list-style-type: none"> <li>1. <b>OT Fibromyalgia</b> PROMS being used to inform intervention focus, measure effectiveness of treatment, self-empower patients. Ideally this will reduce reliance on medication and GP contact</li> <li>2. <b>Frailty Surgical Screening Tool:</b> PROMs used to screen Frail patients to be seen in new COTE service. Pilot in General Surgery patient Frailty cohort to identify those patients who are not fit for surgery much earlier in the pathway</li> <li>3. <b>IBS:</b> PROMS used to assess suitability of patient to take part in programme, measure symptom severity, measure whether outcomes have improved during programme and evidence efficacy of programme</li> <li>4. <b>Stroke:</b> PROMs used to assess Quality of Life post Stroke, symptom severity and to measure patient’s experience of the service.</li> <li>5. <b>TAVI:</b> PROM used to measure effectiveness of procedure.</li> <li>6. <b>AF Ablation Surgery:</b> PROMS being used to measure effectiveness of treatment, improve patient experience and understanding if pre-surgery counselling is useful, identify future service improvements</li> <li>7. <b>AF Community &amp; Echo Clinics:</b> PROMs to understand patient symptoms and quality of life during AF community pathway.</li> <li>8. <b>PCI:</b> PROMs used before and after surgery, understand effectiveness of surgery and breathlessness of patients</li> <li>9. <b>Cancer Prehab</b> (Secondary care): PROMS to show improved outcomes and experience and service improvements</li> <li>10. <b>Lymphoedema:</b> national PROM used to understand patients’ symptoms and what matters most to them</li> <li>11. <b>Anaesthetic Pre-Assessment:</b> Bespoke screening tool used to stratify patients on surgical waiting list. RAG rate patients quickly and easily who can then be directed to appropriate hospital site for operations resulting in more effective use of theatre capacity and resources. Red (most complex), Amber (regular) and Green (fit for surgery), in order to provide most appropriate Pre-Assessment clinic for patients, resulting in Green</li> </ol>	<p>form triggers from any patient event. Work and impact on timelines are being scoped.</p> <ol style="list-style-type: none"> <li>3. <b>SBU Promptly Risk: WPAS integration enabling real time data flow</b> <b>MITIGATION:</b> DHCW are reviewing this request, update due w/c 7/10/24</li> <li>4. <b>SBU Surgical Pre-Assessment Issue:</b> DHCW required to enable additional drop-down options made available in WPAS. This is to enable effective use of Pre-Assessment clinics, booking Green patients (fit for surgery) into shorter clinics. This change request has been outstanding for 12 months and is not on DHCW’s WPAS Oct 24 release. <b>MITIGATION:</b> Escalate to DHCW to request on next WPAS change release.</li> </ol>
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		<p>patients being booked for a 20-minute PAC appointment rather than standard 45-minute.</p> <p><b>12. 3p's waiting well Holistic Digital Assessment :</b> Nationally agreed question set (EQ5D and About You). To be asked at RTT (Stage 1) – referral into secondary care and at Surgical WL (Stage 5). Stage 5 form is part of Pre-Assessment form, as asking same questions to same cohort of patients at the same time points.</p> <p><b>13. Home First:</b> PROM taken at every home visit contact to understand patients' symptoms and QoL</p> <p><b>14. Cellulitis:</b> PROMS for direct patient care, condition monitoring and service level improvement</p> <p><b>15. Breast Cancer Surgery:</b> under review (new head of service)</p> <p><b>16. Heart Failure Community:</b> local collection of PROMS on symptoms, impact and QoL, most of which feeds into national data collection.</p> <p><b>17. Radiotherapy for Prostate Cancer:</b> PROMS to evidence if new regimen is effective, understand symptoms of cancer, treatment and QoL, understand when medication (Tamsulosin) can be stopped, Follow up management using PROMS as triage tool</p> <p><b><u>Pending pipeline projects: (awaiting slot on Promptly, after 'current' project implementation)</u></b></p> <p><b>1. Functional Electrical Stimulation –Rehab:</b> for patients experiencing drop foot. PROMS for improving patient outcomes (walking/ QoL), reduction in wait times, reduction in clinic appointments whilst maximising outcomes, reducing DNAs.</p> <p><b>2. Renal Dietetics –</b> PROMS for all patients triaged into renal dietitian's clinic to answer questions about the service providing support to implement dietary changes to chronic kidney disease patients, improve QoL with lifestyle modifications and is the service sufficient to meet the needs and expectations of the patients.</p>	
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<p>3.</p>	<p><b>Environmental Value:</b></p> <p>Outline the carbon reduction or environmental benefits arising out of a Value Based Health Care approach across the whole pathway of care.</p>	<p>The Health Board’s Climate Action Plan is aligned with the definition for sustainable healthcare:</p> <p><i>Sustainable healthcare delivers high quality care without damaging the environment, is affordable now and in the future and delivers positive social impact.</i> (Centre for Sustainable Healthcare)</p> <p>This aligns with our VBHC work and is reflected in the VBHC Strategy’s objective 5, linking financial sustainability with environmental (see appendices for SBU’s 5-year VBHC strategy). The Climate Action Plan encourages staff/departments to understand and address inefficient use of resources and materials to reduce emissions across the organisation. Shifting the focus from recycling to redesign, reducing wastes and reuse, where safe to do so.</p> <p>Further to this, there has been some discussion about how to build environmental value into VBHC, so far this has considered potential methodologies and linking with the Sustainability Planning Manager. An initial piece of work has utilised the VBHC data from the Irritable Bowel Service with the IBS Lead Dietician, an estimate has been made of the emissions avoidance associated with the service delivery methodology. Main sources of emissions avoidance were from:</p> <ul style="list-style-type: none"> <li>• Significantly reduced travel for patients through preferred method of delivery on-line</li> <li>• Reduction in GP visits (original VBHC data)</li> <li>• Reduction in endoscopies and referrals to gastroenterology (original VBHC data)</li> <li>• Reduction in prescription spend (original VBHC data)</li> </ul> <p>On average this resulted in 150 kgCO<sub>2</sub>e avoided per patient.</p> <p>In addition to this, digitising health assessments (i.e. PROMs) reduces the amount of paper being sent to patients and for some uses negates the need for patients to travel to an appointment. This has been demonstrated by the</p>	<p>There are several challenges around building environmental value into VBHC, this includes:</p> <ul style="list-style-type: none"> <li>• Knowledge to be able to integrate environmental benefits</li> <li>• Staff time available to ensure the approach is implemented consistently</li> <li>• No agreed NHS Wales approach to emissions calculations for projects.</li> </ul> <p>We have scheduled sessions with the Sustainability Planning Manager to see how we can embed this in a consistent, effective and useful way. This can then be utilised across programmes at the Health Board.</p>
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		<p>use of triage forms in IBS and Lymphoedema and where services were collecting PROMs on paper and will move to collecting digitally. With the progression of Promptly (digital assessments platform) will enable many more services to digitise their paper forms to be completed by patients digitally, reducing printing, paper and storage of completed forms.</p>	
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**Appendices for supporting information – Found in Separate Supporting Information Folder and contains:**

1. Adferiad Progress Report
2. AF Framework
3. AF Benefit Measures
4. AF Posters – too large to send via email, can arrange access if interested to see them
5. AF Echo Report
6. Prehab Cancer Benefit Measures
7. SBUHB VBHC 5 Year Strategy 24-29
8. VBHC Programme Plan 24/25:

**Supporting Information**

A VBHC approach requires consideration of the whole pathway of care, so that we make informed decisions regarding optimal utilisation of resources to achieve the best outcomes.

In order to do this, a data-driven health and care system is needed, where decision makers at every level have readily accessible information on patient outcomes, to support decisions on planning the allocation of resources and service design that meets true need across the whole pathway of care.

We achieve value for our population through the sum of all interventions across the pathway:



There are many ways to improve outcomes and sustainability of our healthcare system. In this planning cycle, we are focussing on **interventions that are likely to improve outcomes and optimise resource utilisation**. These are:

- Reducing **unwarranted variation** in care pathway delivery, to release capacity;
- Ensuring that the service listens to **patients' desired outcomes** through the collection and use of clinical data and PROMs and PREMs; and
- Ensuring that **environmental value** is considered in conjunction with patient and social value.

These vital foundation steps in embedding a VBHC approach are set out as **three areas of focus in the template above**. Providing information on progress against these three areas will allow for a consistent picture nationally of VBHC delivery, within an approach that recognises local priorities and population need.

The [Welsh Value in Health Centre](#) can provide support to organisations as they look to embed a VBHC approach, including advice on data collection and analysis, access to information tools, and examples of high-value interventions across a range of condition areas.