
Aneurin Bevan University Health Board

Performance Report

2015/16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Welcome to our Performance Report

This is the first year we have produced a dedicated Performance Report as a section of our Annual Report.









We hope that this section gives you a feel for how we are performing in relation to our own standards and ambitions, as well as against a range of national targets which the Welsh Government sets for all Health Boards in Wales.

The Balanced Scorecard - Overview

The Balanced Scorecard is a tool provided by Welsh Government which gives NHS Wales a framework against which to monitor performance.

It shows a standard set of indicators so that an organisation's performance can be evaluated. The Balanced scorecard has therefore been used to structure this Performance Report.

The below **Balanced Scorecard for 2015/16** shows that our Health Board improved overall performance for all categories during 2015/16, except in the 'Staying Healthy' category.

Aneurin Bevan University Health Board	Improved performance	Sustained performance	Decline in performance	Target Summary
STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health	8 measures	0 measures	11 measures	
SAFE CARE - I am protected from harm & protect myself from known harm	7 measures	3 measures	1 measure	
DIGNIFIED CARE - I am treated with dignity & respect & treat others the same	1 measure	0 measures	0 measures	
EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	4 measures	
TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care	10 measures	1 measure	6 measures	
INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities	3 measures	1 measure	1 measure	
OUR STAFF & RESOURCES - I can find information about how the NHS is open & transparent on use of resources & I can make careful use of them	4 measures	0 measures	0 measures	
SUMMARY	38 measures	5 measures	23 measures	

Our Performance in more detail

In this section, we show our performance in more detail and explain the context around the figures presented.

We have used the seven categories from the Balanced Scorecard as headings to present this information. These are:

- Staying Healthy
- Safe Care
- Dignified Care
- Effective Care
- Timely Care
- Individual Care
- Our Staff and Resources

Staying Healthy

Chronic conditions

Large numbers of people in Gwent live with chronic conditions such as heart disease, epilepsy, diabetes and chest disease.

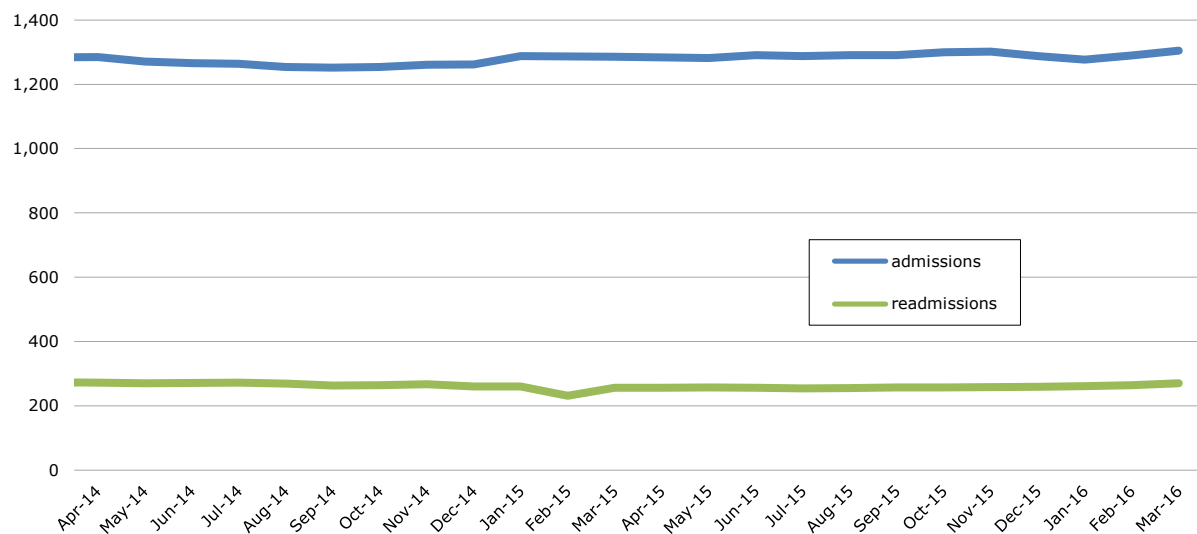
Sometimes these conditions get worse and people may then need to be admitted to hospital for emergency care. These admissions are disruptive for people and their families and may mean that people require a lengthy stay in hospital.

However, if people are provided with the information and resources that they need to manage their condition and they have access to good support in the community from their GP, nursing teams, voluntary agencies and many other services, the frequency of these emergency admissions can be reduced.

We monitor these admissions and readmissions to provide an indication of how well we are doing in our provision of community and other support for this group of people

Despite an aging population, in 2015/16 the rate of emergency hospital admissions and readmissions within a year for 8 chronic conditions has remained stable.

Admissions & Readmissions for 8 Chronic Conditions (per 100,000 people):



source – NHS Wales executive board papers

Flu vaccinations

Influenza, more commonly known as the flu, is a respiratory illness which affects the lungs and airways.

Anyone can get flu and the flu virus is easily passed from person to person. Flu can spread rapidly, especially in closed communities such as residential homes.

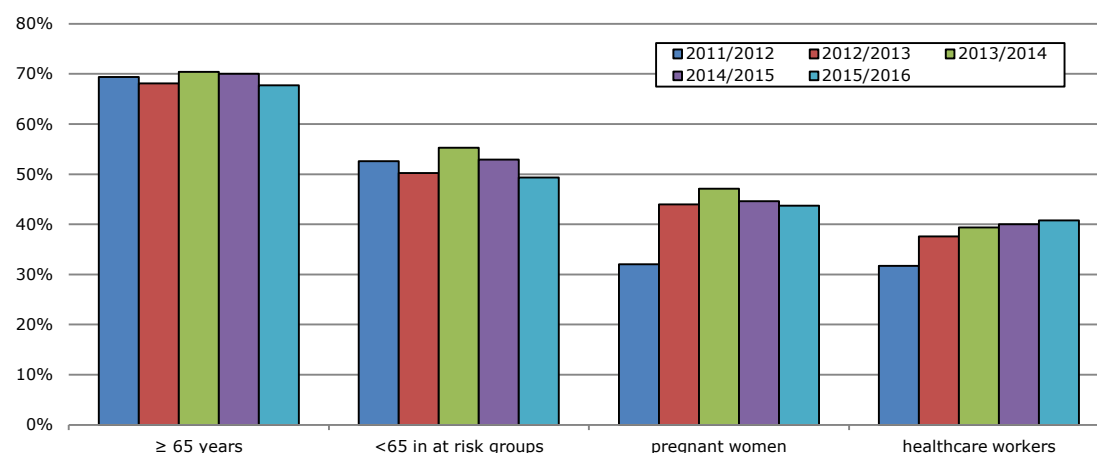
Most people who are fit and well recover fully from a bout of flu, but complications can occur (particularly in the very young, the elderly, those who are pregnant, and people with certain medical conditions). This can result in serious illness or even death. Because of this elevated risk we target these groups and encourage them to take up the offer of a free vaccination.

Each year we review the effectiveness of vaccination campaigns by looking at the percentage of eligible people who were vaccinated. During the winter months, when flu is most common, we look at these percentages on a weekly basis.

Members of our staff are also encouraged to take up the offer of free vaccination. This is because front line staff members are more likely to be exposed to flu and, if large numbers of our staff are off sick, there would be a severe impact on the services we provide.

In 2015/16 the uptake of influenza vaccination in groups that are at particular risk following infection went down slightly, but the percentage of our staff who were vaccinated increased.

Uptake of the national influenza vaccination (2015/2016 figures are estimated, subject to validation and will almost certainly increase):



source – Public Health Wales

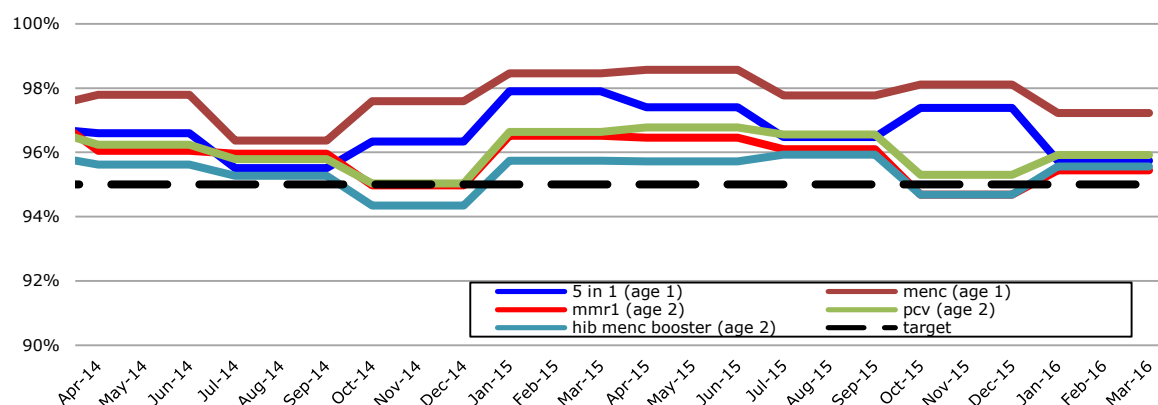
Childhood vaccinations

The Health Board has robust reminder processes in place to try to promote the uptake of a wide range of childhood vaccinations. We also promote and participate in advertising and public awareness initiatives and campaigns.

Achievement of uptake at or above a level of 95% amongst the relevant groups of children is the required level to ensure that communities are protected from outbreaks. The importance of achieving high levels of vaccinations has been emphasised in recent years by incidents such as the Swansea measles outbreak.

The uptake of national childhood vaccinations in 2015/16 was good and, for most quarters, it was above the target of 95%.

Quarterly uptake of scheduled children's immunisations:



source – Public Health Wales – Cover Report

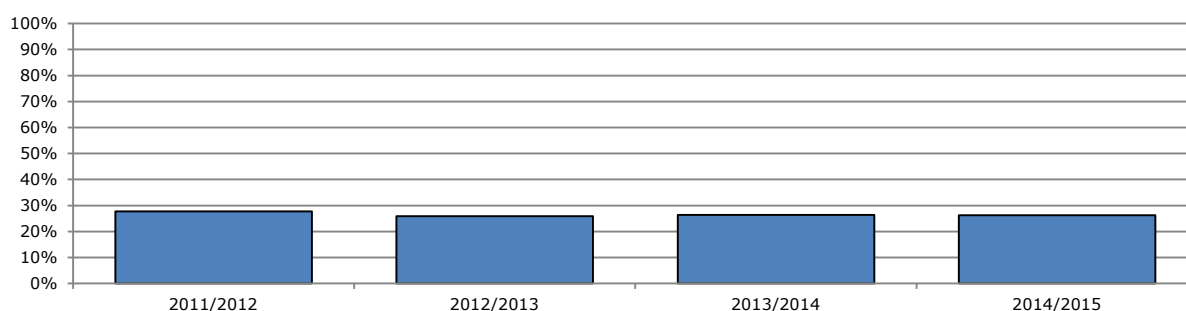
Childhood obesity

Obesity and increased rates of associated diseases often begin in childhood.

The early identification of children who are overweight allows us to offer advice and support to their families and carers.

The percentage of reception class children (aged 4/5) classified as overweight or obese went down slightly in 2014/15.

% of reception class children (aged 4/5) classed as overweight or obese:



source - NHS Wales executive board papers

*Figures for 2015/16 were not available at the time this report was published. The above graph shows the year-on-year trend.

Smoking

Smoking is the biggest avoidable contributor to a wide range of diseases. Stopping smoking makes a significant and measurable difference to a person's health. We monitor the number of people using our smoking cessation services as a percentage of our population who are smokers. A simple breath test, measuring carbon monoxide levels, provides a simple, objective measure of smoking status.

We have also established a "Making Every Contact Count" initiative with the aim of mobilizing our greatest asset - our workforce - to deliver simple and timely advice on matters such as smoking to the patients they come into contact with on a daily basis.

The percentage of the estimated smoking population in Gwent who were treated by NHS stop smoking services increased significantly, but was still below the target of 5%.

% of smoking population treated by NHS stop smoking services:

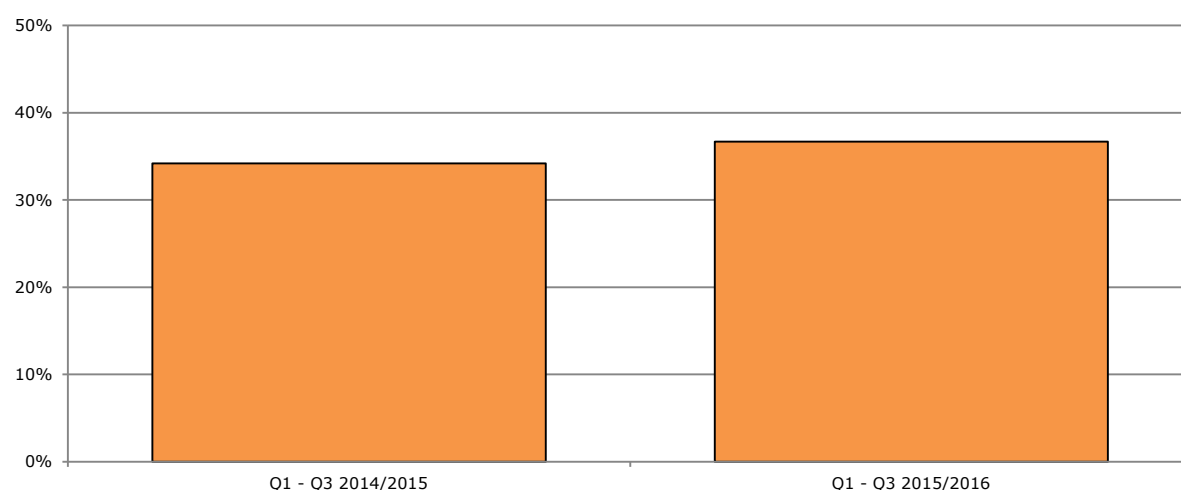


source - NHS Wales executive board papers

*Figures for Quarter 4 of 2015/16 were not available at the time this report was published. The above graph shows the year-on-year trend.

The percentage of smokers treated by NHS stop smoking services who passed a breath test to confirm they had stopped smoking went up and was close to the target of 40%.

% of smokers treated by NHS stop smoking services who have given up successfully:



source - NHS Wales executive board papers

*Figures for Quarter 4 of 2015/16 were not available at the time this report was published. The above graph shows the year-on-year trend.

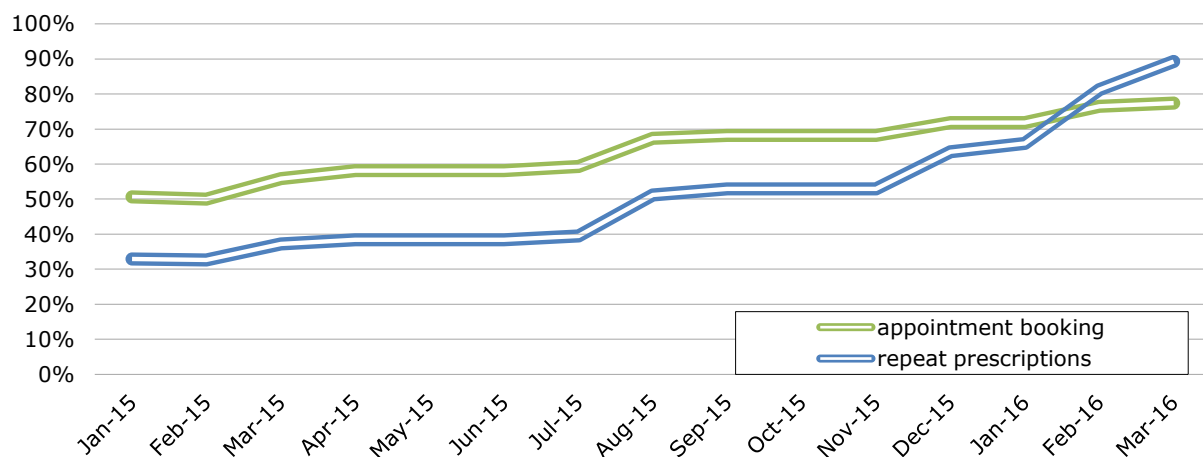
My Health Online

The 'My Health Online' service enables people to book appointments and order repeat prescriptions (for example, booking a doctor's appointment when the surgery is closed).

This online service offers greater convenience for patients.

The percentages of GP practices that are offering appointment bookings and repeat prescriptions through 'My Health Online' have increased and were above target.

% who are offering appointment bookings and % offering repeat prescriptions (of practices set up to use 'My Health Online'):



source - NHS Wales executive board papers

Number of calls to national helplines (C.A.L.L./Dementia/DAN)

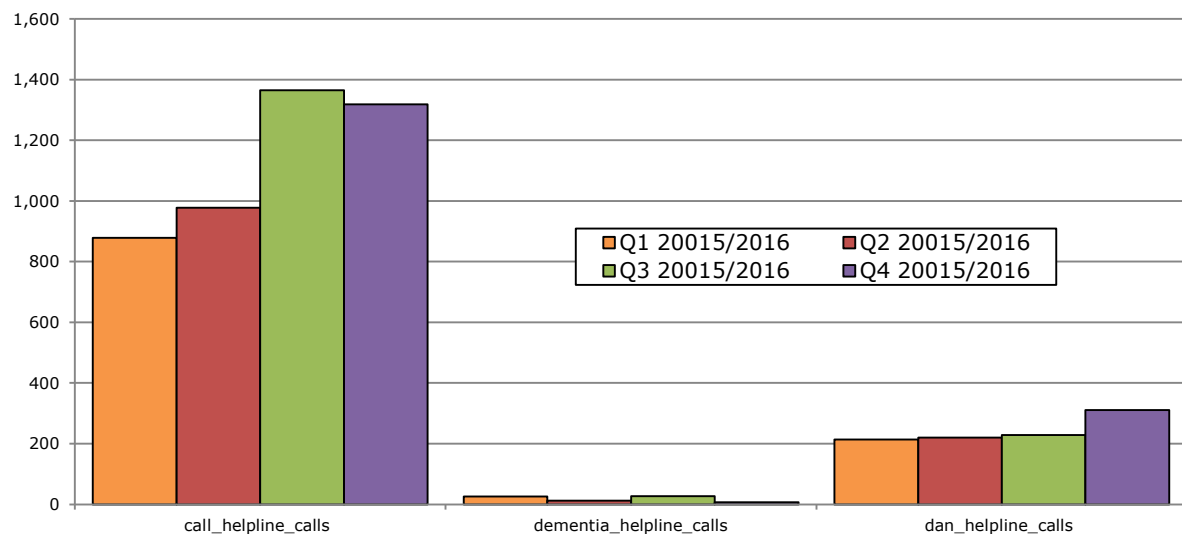
Although we do not directly manage these services, we receive information about the numbers of people in Gwent who have called these national helplines.

This information helps in decision making about the targeting of services.

The helplines we receive figures for are:

- **C.A.L.L. – Community Advice & Listening Line** (Offers emotional support and information/literature on Mental Health and related matters to the people of Wales)
- **Wales Dementia Helpline** (offers emotional support to anyone, of any age, who is caring for someone with dementia as well as other family members or friends. The service will also help and support those who have been diagnosed with dementia)
- **DAN 247** (the drug and alcohol helpline for Wales)

Calls to national helplines:



source - NHS Wales executive board papers

Safe Care

Delayed transfer of care

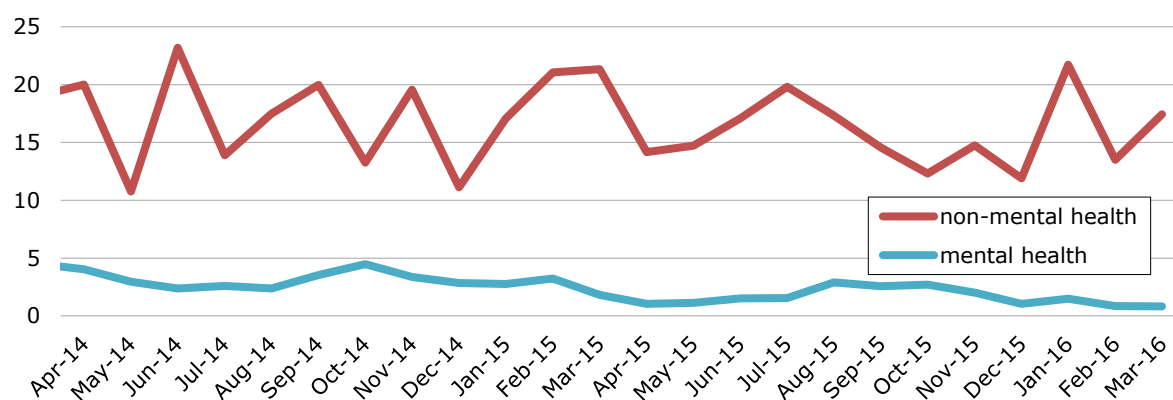
We recognise that we have high numbers of patients who experience a delay in their discharge or transfer to a different care environment. This is a problem that is common across the UK.

Considerable effort is going into reducing the numbers and lengths of delays that can be attributed to health and social care. However, a major reason for delays is patient choice and family-related issues with selecting a nursing or residential home, or the wait for a vacancy.

We have introduced a new Choice of Accommodation Policy, developed in partnership with local authorities in Gwent, to better support patients and their families in making decisions about their future care and consequently reducing delays.

In 2015/16 the rate of mental health delayed transfer of care decreased slightly. The rate for non-mental health delayed transfers of care went up slightly, but the increase was slightly less than the all-Wales figure.

Rate of 'delayed transfer of care' instances per 10,000 people (aged 75+ years):



source – Stats Wales

Patient Infection Rates

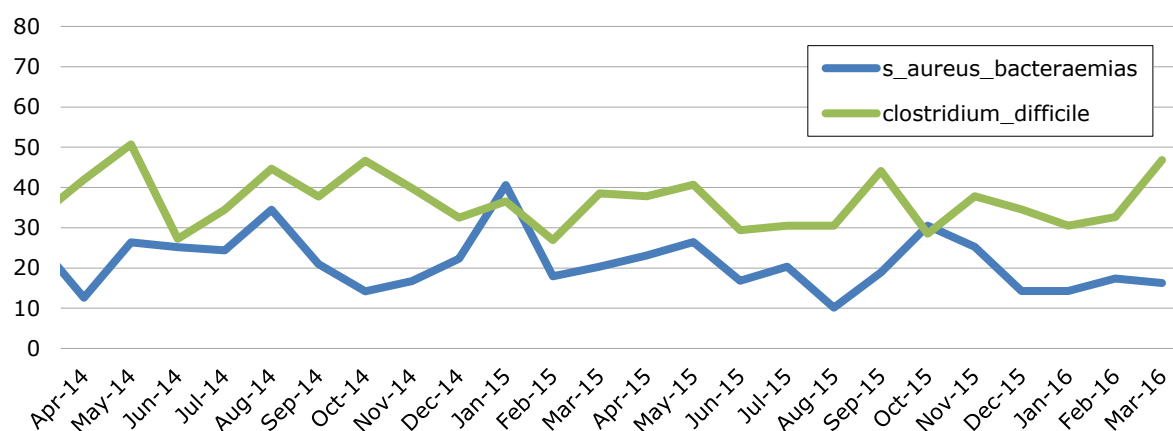
We take the safety of our patients very seriously. That means doing everything we can to reduce the risk of anyone acquiring an infection while they are in our care.

Infection prevention is regarded as everyone's business and the Health Board is committed to supporting staff in preventing infections.

The Health Board maintains a zero-tolerance approach to infections picked up in our hospitals and all individual cases are fully investigated.

The numbers of cases of C Difficile and Staph Aureus bacteraemia cases per 100,000 of the population went up slightly. However, the C Difficile rate was one of the lowest in Wales.

Number of cases of C Difficile and Staph Aureus bacteraemia cases per 100,000 of the population:



source – Public Health Wales

Pressure Ulcers

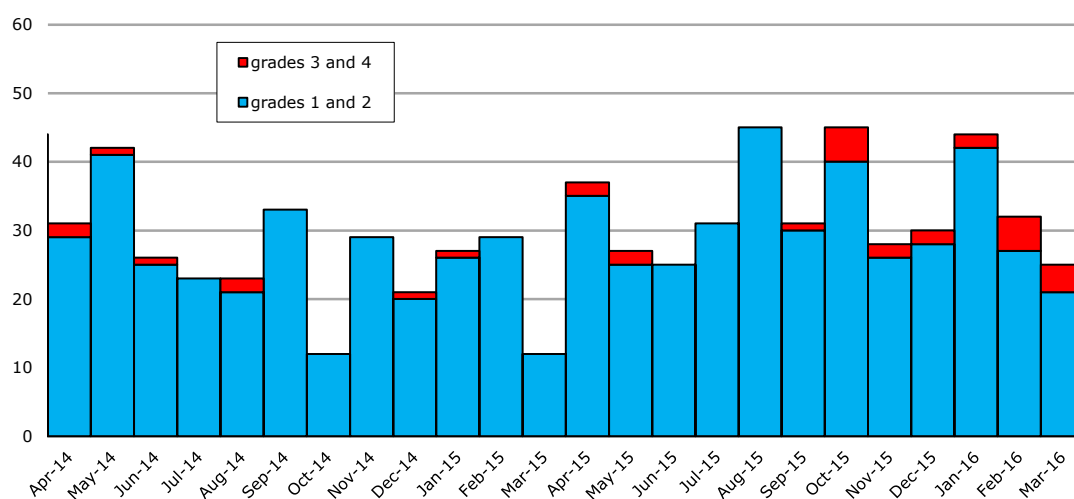
A pressure ulcer is an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as "bedsores" or "pressure sores".

Pressure ulcers can range in severity, from patches of discoloured skin to open wounds that expose the underlying bone or muscle. The development of a pressure ulcer prolongs the hospital stay for a patient. Pressure ulcers can be unpleasant, upsetting and challenging to treat. Therefore, we use a range of techniques to prevent them developing in the first place. These include regularly changing a person's position and using equipment to protect vulnerable parts of the body such as specially designed mattresses and cushions.

The severity of a pressure ulcer is graded on a scale of 1 – 4. Every occurrence of the more serious grades of 3 and 4 is individually investigated and the causes and contributory factors are identified.

The number of health care acquired pressure ulcers went up slightly in 2015/16.

Number of health care acquired pressure ulcers:



source – locally produced incidence figures

Patient safety alerts and notices

As a consequence of the abolition of the National Patient Safety Agency (NPSA), the Welsh Government now leads in identifying any significant patient safety risks and concerns.

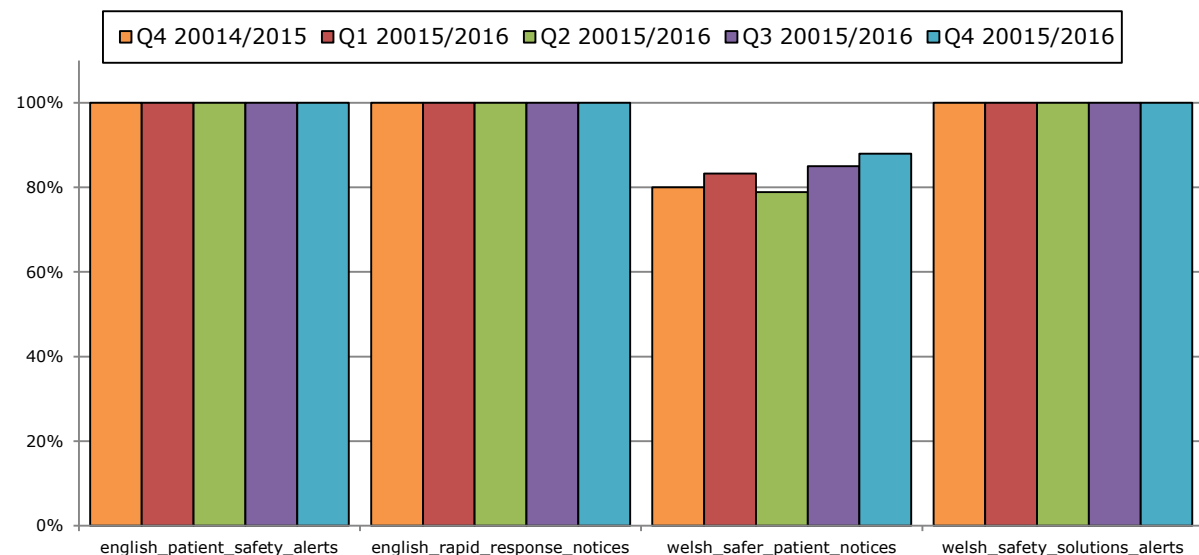
The Welsh Government is developing Patient Safety Solutions at a national level for issue to the NHS in Wales as Alerts and Notices.

ALERT: This requires prompt action with a specified implementation date to address high risks/significant safety problems (e.g. Update of previous alert for safer spinal devices).

NOTICE: This is issued to ensure that organisations and all relevant healthcare staff are made aware of the potential patient safety issues at the earliest opportunity (e.g. the safe storage of medicines).

Performance below 100% indicates a delay beyond the established deadline in notifying Welsh Government of our full compliance.

% compliance with patient safety alerts and notifications:

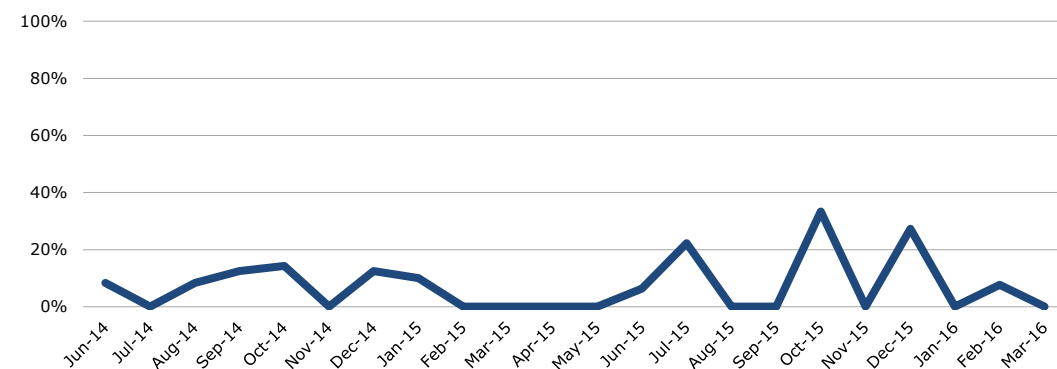


source - NHS Wales executive board papers and WG "balanced scorecards"

Serious Incidents and Never Events

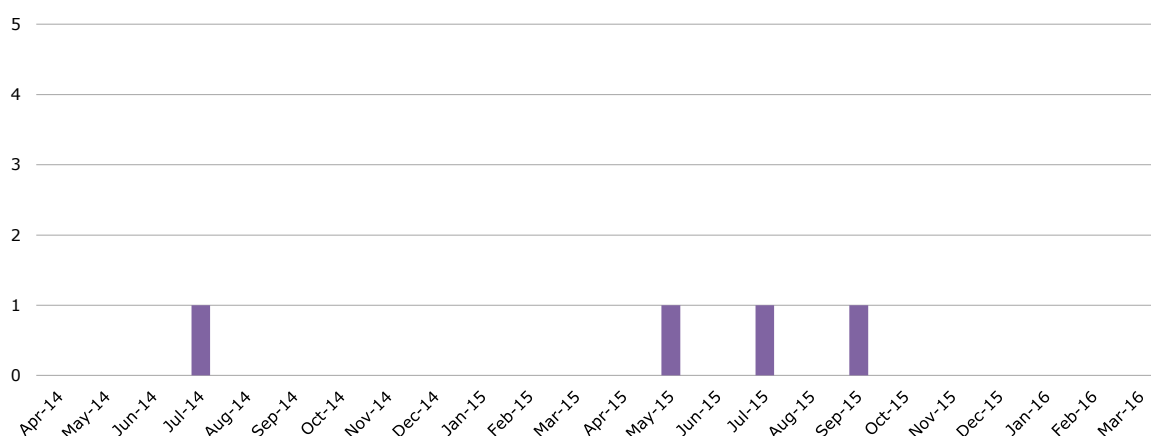
All serious incidents and never events (serious incidents that are wholly preventable) are brought to the attention of our Chief Executive, or an Executive Director, and reported to Welsh Government within 24 hours. A full investigation is made and actions identified to avoid any reoccurrence. A plan to introduce any required change is developed and implemented.

Of the Serious Incidents due for assurance within the month, the % which were assured within the agreed timescale:



source - NHS Wales executive board paper

Number of new Never Events:



source - NHS Wales executive board papers

Dignified Care

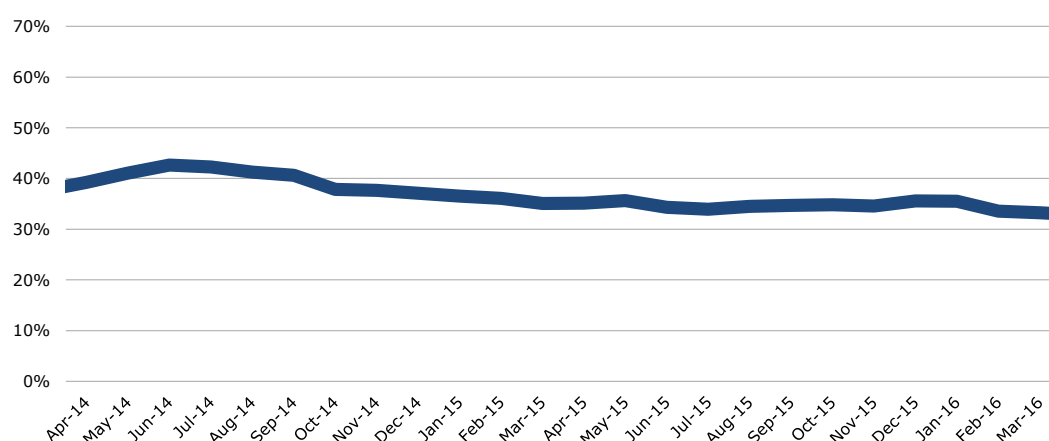
The cancellation of an operation, especially at short notice, causes great inconvenience for a patient and may prolong a period of anxiety and discomfort.

We try hard to avoid cancellations, but if circumstances (such as very high levels of demand for emergency care and treatments) make them unavoidable we try to re-book as soon as possible.

We monitor our performance in rebooking following a cancellation and report it to Welsh Government.

The percentage of patients who had their procedure postponed on more than one occasion and had their procedure within 14 days or their earliest convenience decreased slightly.

% patients who had their procedure postponed on more than one occasion and had their procedure within 14 days or at the patient's earliest convenience:



source - NHS Wales executive board paper

Effective Care

Mortality rates

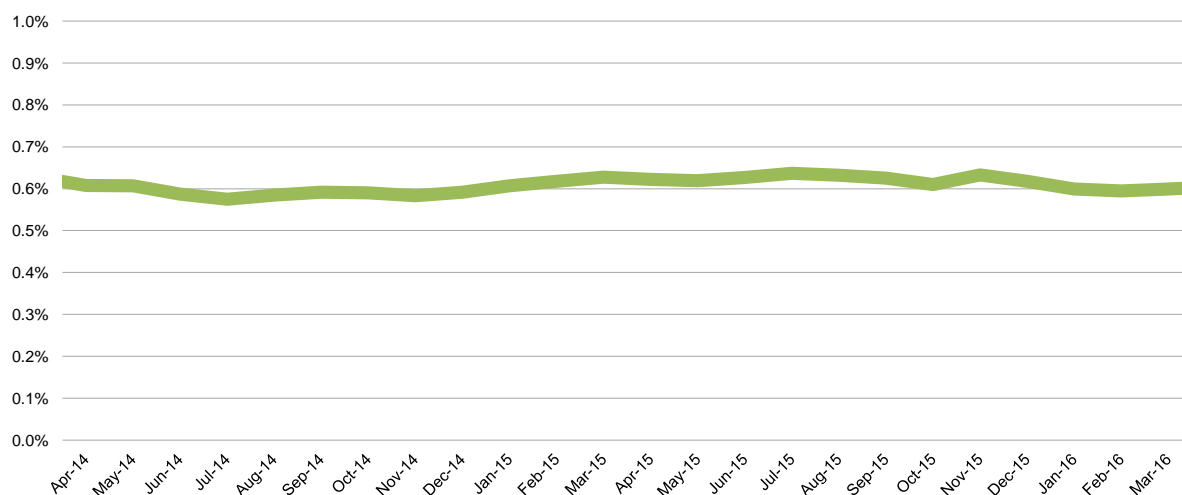
Although death at the end of a hospital stay is sometimes inevitable, it is crucial that we monitor and openly report rates to ensure that the risk of avoidable deaths is minimised for all patients.

The 'crude mortality rate' is the percentage of our patients who die following admission to one of our hospitals.

To allow comparisons between our health board and other health boards in Wales and English hospital trusts, we use a 'risk-adjusted mortality index' (RAMI) for our patients. (For example, a hospital admitting young healthy people for elective surgery would be expected to have very low numbers of deaths, but a hospital specialising in the care of patients during the end stages of chronic conditions would be expected to have comparatively high numbers of deaths.)

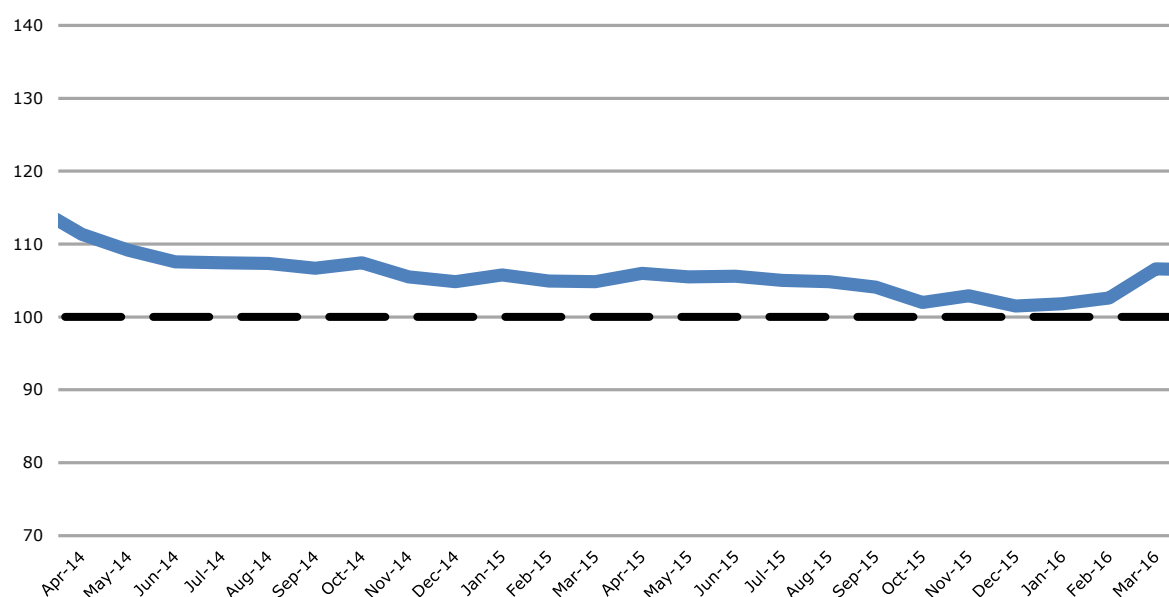
In 2015/16 the crude mortality rate (rolling 12 months) in the Health Board increased slightly, but the measure of mortality adjusted to reflect how ill our patients were demonstrated a small decrease.

Crude mortality rate:



source – icompare - CHKS

Risk-Adjusted Mortality Index (RAMI) – expected/predicted = 100:



source – icompare – CHKS

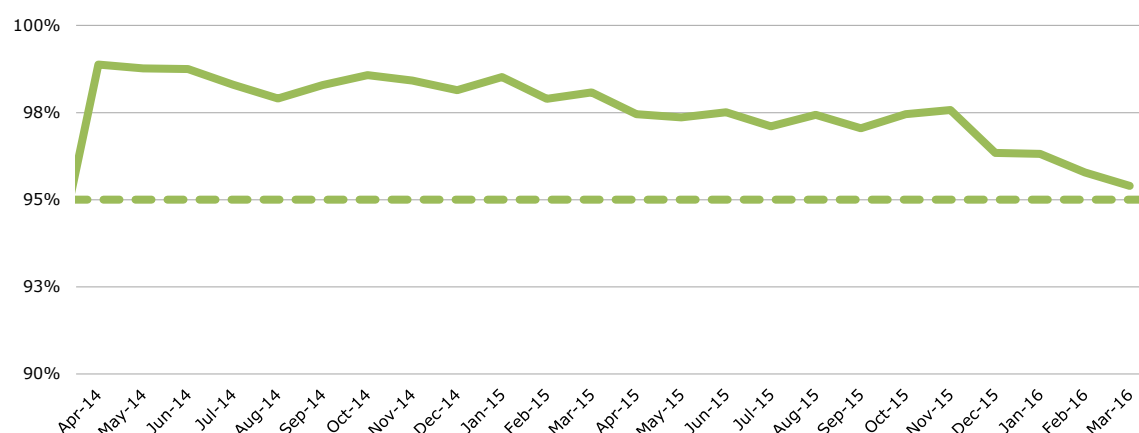
Principle Diagnosis Code

The detailed information that makes up the narrative and content of the clinical record of a patient's stay in hospital is essential in managing and optimising the care that the patient receives during that and any future stays in hospital. However, if this information is to be used for analysis, planning and reporting, it must be categorised and recorded as clinical codes.

It is important that this is done as soon as possible after the end of a patient's stay in hospital so that measures that use clinically coded data, such as the RAMI described earlier, can be as up-to-date as possible. For this reason, we closely monitor and report the timeliness of coding.

In 2015/16 the percentage of valid principle diagnosis code 3 months after the episode end date decreased slightly, but our performance remained amongst the best in Wales.

**% valid principle diagnosis code 3 months after episode end date
(target = 95%):**



source - NHS Wales executive board papers

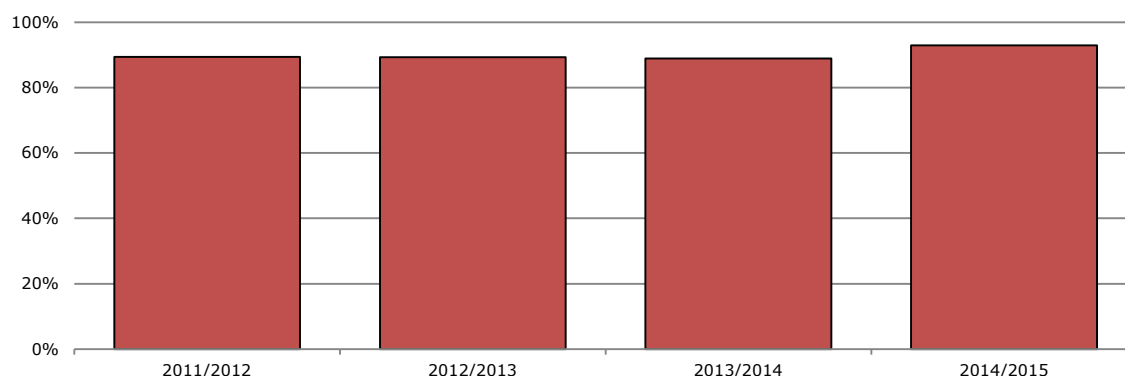
Blood Pressure

More than one in four adults in the UK has high blood pressure, although many won't realise it. A high blood pressure does not usually cause any noticeable symptoms for a patient, but persistent high blood pressure can increase your risk of a number of serious and potentially life-threatening conditions such as heart disease, heart attacks, strokes, heart failure, peripheral arterial disease, aortic aneurysms, kidney disease and vascular dementia.

If you have high blood pressure, reducing it by even a small amount can help lower your risk of these conditions. The first, essential step is to identify people who have high blood pressure by regular blood pressure testing at GP surgeries, or at some pharmacies, or when you are seen in hospital, or in some workplaces.

The percentage of people aged 40+ who had a GP record of blood pressure measurement in the last 5 years increased in 2015/16.

% of people aged 40+ who have a GP record of blood pressure measurement in the last 5 years:



source - NHS Wales executive board papers

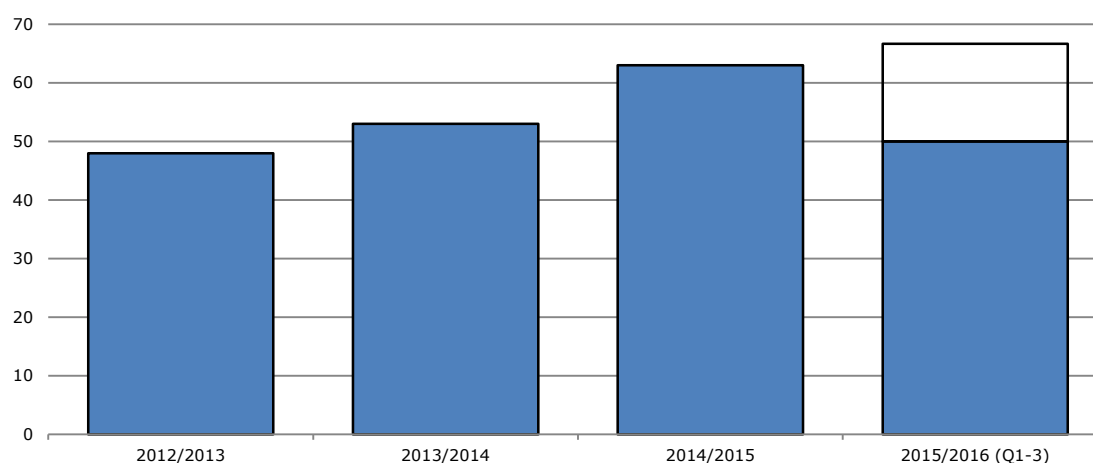
*Figures for 2015/16 were not available at the time this report was published. The above graph shows the year-on-year trend.

Research Studies

Research is essential for the improvement of the care that we provide for patients and the outcome of their care and treatments. The Health Board actively participates in a broad range of research activity.

The number of Health and Care Research Wales portfolio studies has increased in 2015/16.

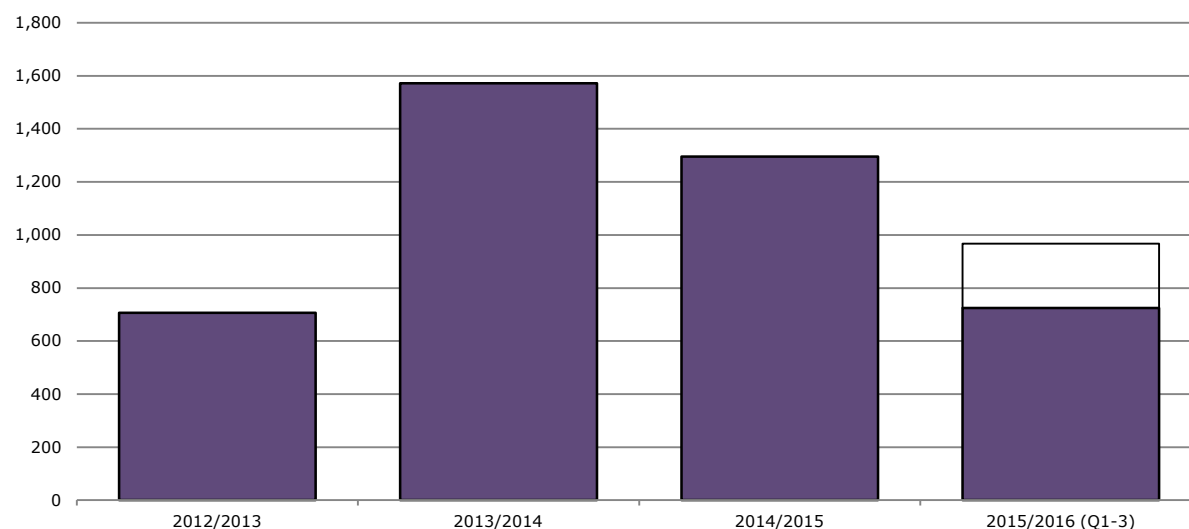
Number of Health & Care Research Wales Clinical Research Portfolio Studies:



source - NHS Wales executive board papers

*potential full year 2015/2016 position shown by blank column.

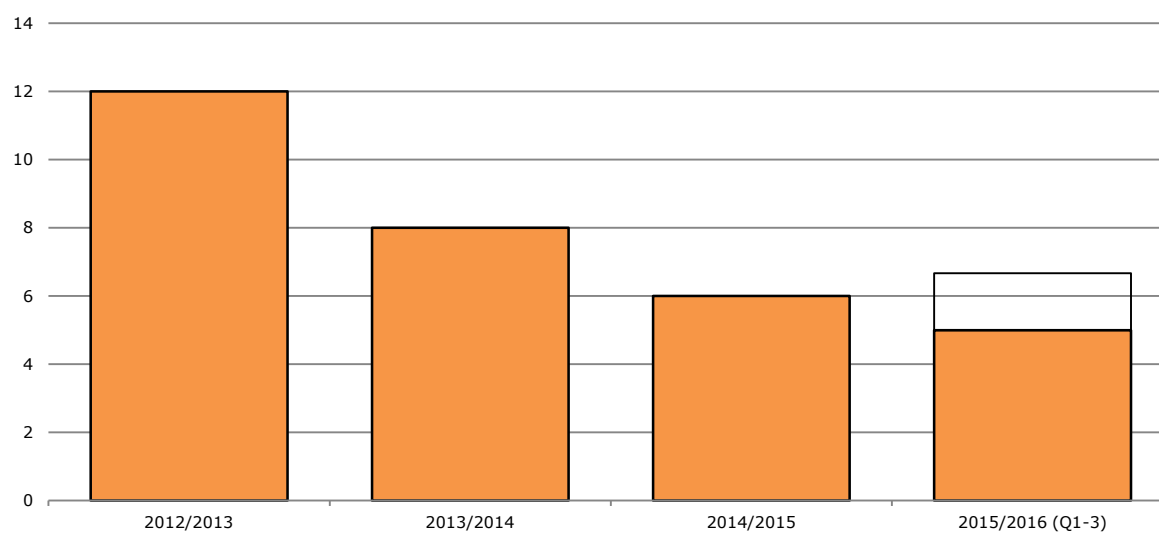
Number of patients recruited into Health & Care Research Wales Clinical Research Portfolio Studies:



source - NHS Wales executive board papers

*potential full year 2015/2016 position shown by blank column.

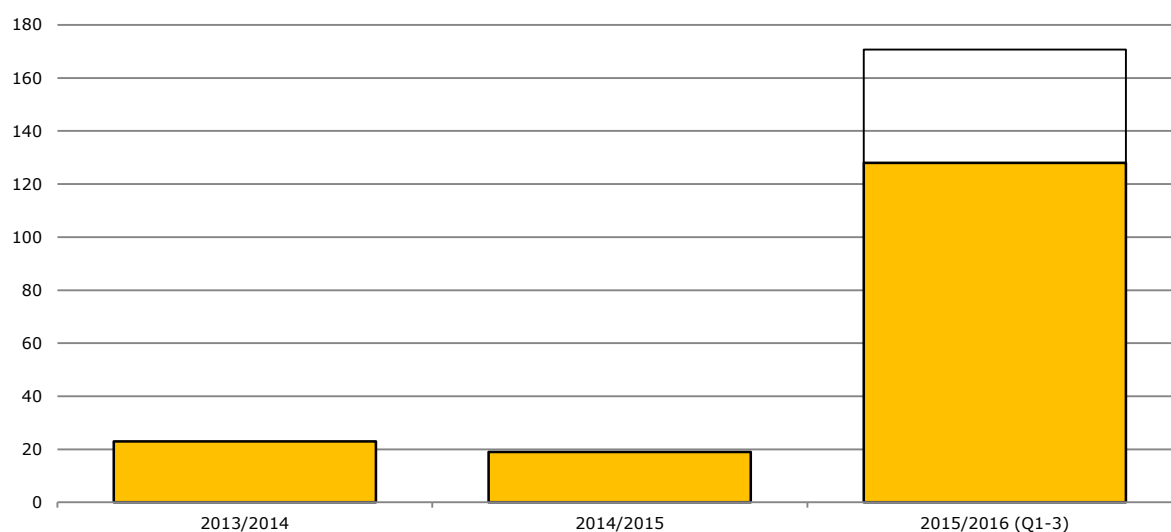
Number of commercially sponsored studies:



source - NHS Wales executive board papers

*potential full year 2015/2016 position shown by blank column.

Number of patients recruited into commercially sponsored studies:



source - NHS Wales executive board papers

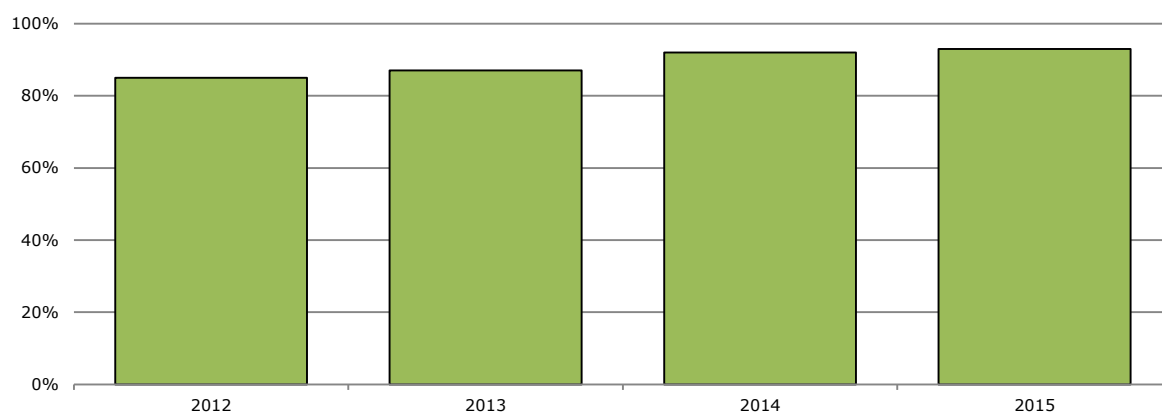
*potential full year 2015/2016 position shown by blank column.

Timely Care

Access to GPs

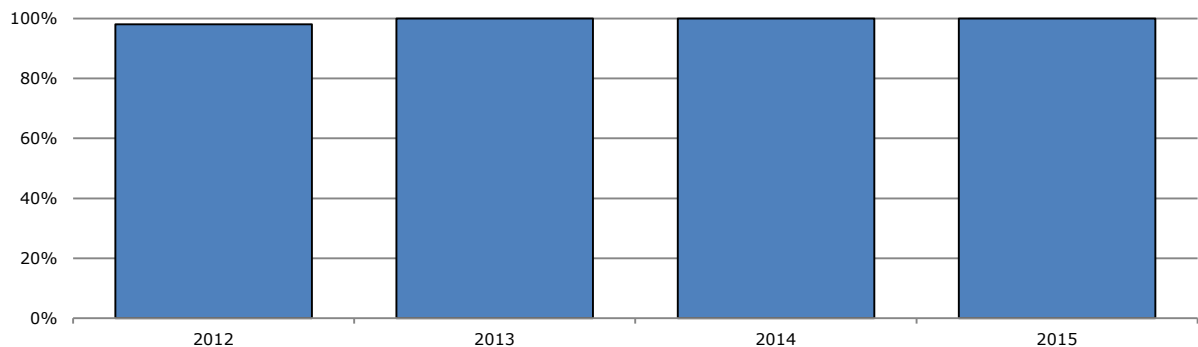
Access to a GP appointment at a convenient time may be difficult, especially for people working full time, or with demanding family or other commitments. Extended opening hours improves this access.

The percentage of GP practices open within 1 hour of the daily core hours increased in 2015/16 and is nearly at 100%.



source - NHS Wales executive board papers

The percentage of GP practices offering appointments between 5pm and 6.30pm at least 2 nights per week remained stable at 100%.



source - NHS Wales executive board papers

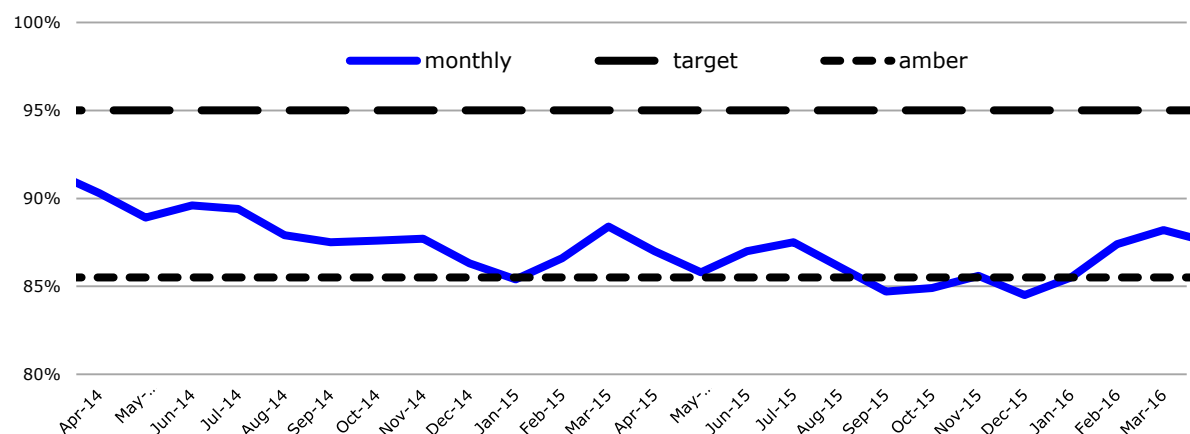
GP referral waiting times

The wait between referral by a GP and access to an outpatient appointment, investigation and treatment may create anxiety and uncertainty.

We monitor and report the time that patients wait and we try to minimise waiting times.

% of patients waiting less than 26 weeks for treatment (RTT)

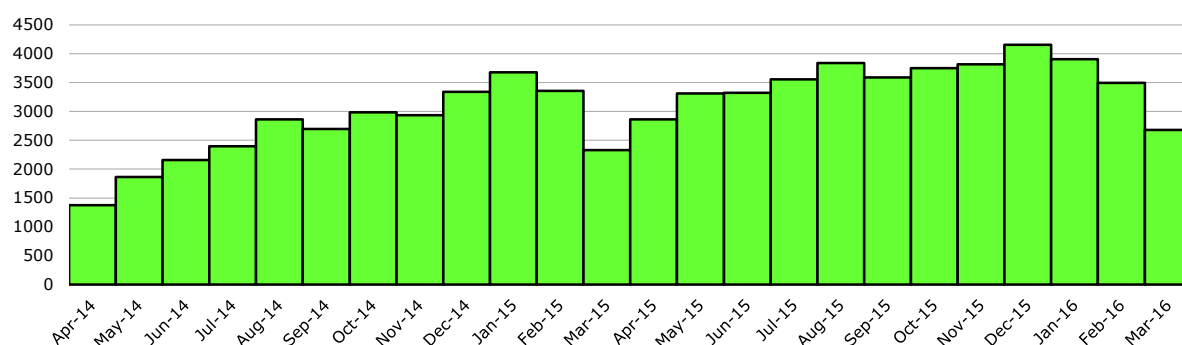
In 2015/16 the percentage of patients waiting less than 26 weeks for treatment (RTT) was still well below the target of 95% and improving this performance is a key concern for the Health Board:



source - Stats Wales

Number of RTT 36 week breaches

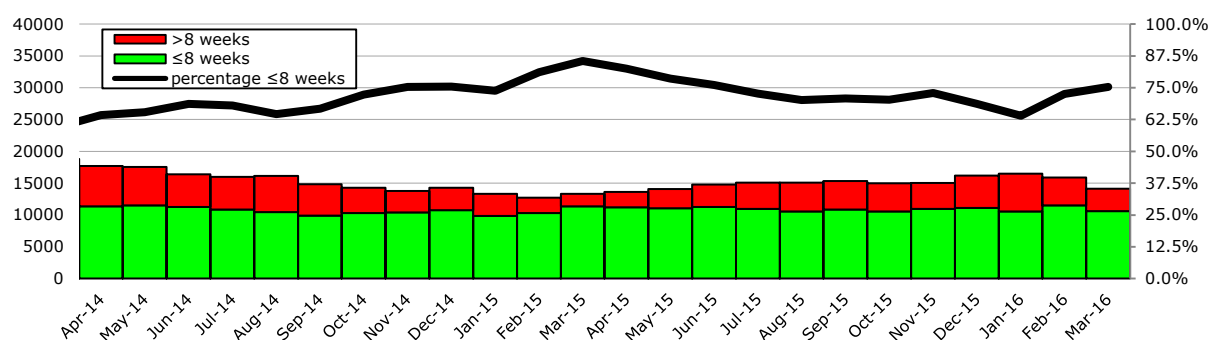
The numbers of patients waiting longer than 36 weeks for treatment gradually increased through 2015/16, but they were reduced in the last 3 months of the year and ended up lower than at the start of the year:



source – Stats Wales

% of patients waiting less than 8 weeks for specified diagnostic tests.

The percentage of patients waiting less than 8 weeks for specified diagnostic tests reduced in 2015/16:



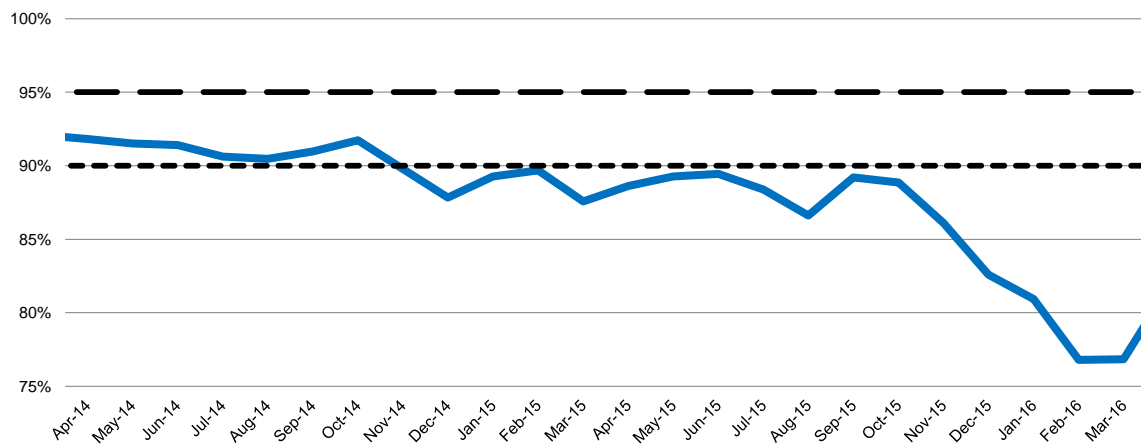
source – Stats Wales

Emergency care

The efficiency and effectiveness of emergency services are closely related. If ambulance crews have to wait for a long time to hand over their patient at A&E because of congestion and patients waiting a long time, they are not available to answer emergency calls.

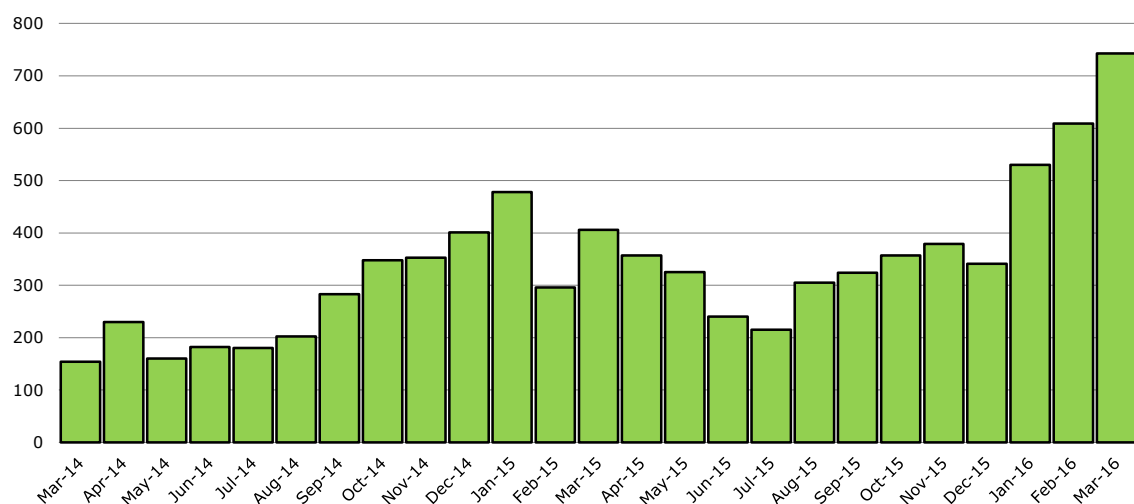
Performance against all the A&E and ambulance service measures declined over the winter months of 2015/16 and is an area of concern for the Health Board.

% of new patients spending no longer than 4 hours in A&E (target 95% - amber performance >90%):



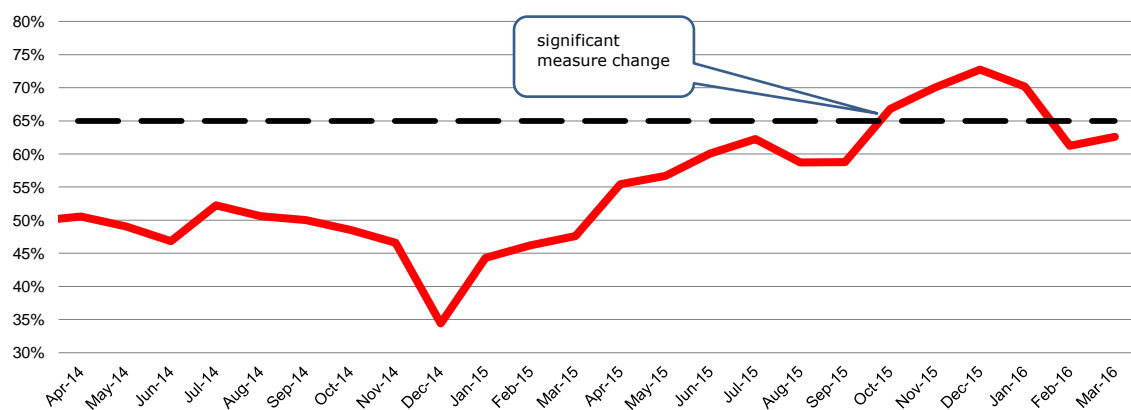
source – ISD reportal

Number of patients spending 12 hours or more in A&E:



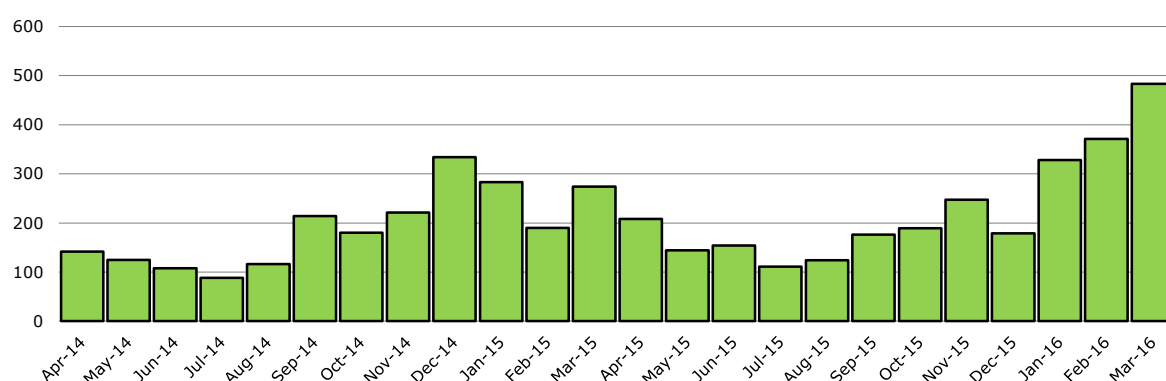
source – ISD reportal

% of ambulance red call responses within 8 minutes (target 65%):



source – StatsWales

Number of over 1 hour A&E ambulance handovers:



source – daily figures published by WAST and WG "balanced scorecard"

Cancer care

We maintain a strong commitment to the provision of excellent care for cancer patients and an important aspect of this care is timely access to cancer services.

For patients referred to us with suspected cancer, we aim to reach a diagnosis and start their treatment within 62 days. The national target is to achieve this for at least 95% of patients.

Performance at the start of the year was unacceptably low and significant effort has gone into reducing the time that these patients wait. The Health Board developed an internal Special Measures process that was implemented during the year and this has helped secure a steady and significant increase in the percentage of patients starting treatment within 62 days.

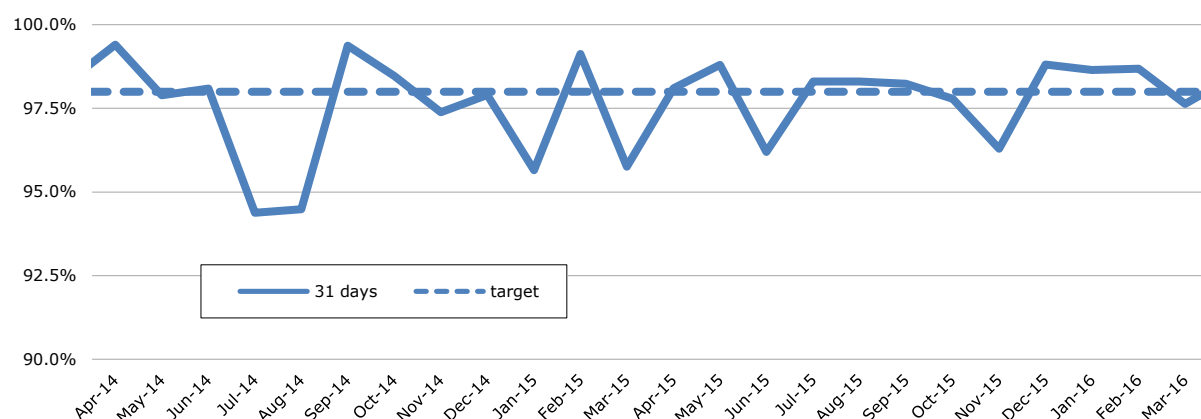
The target of 95% for patients referred as urgent suspected cancer being seen within 62 days has not been achieved but performance has steadily improved throughout the 2015/16 and is nearing the target level. Performance is amongst the best in Wales.

Some patients who are referred to us for other reasons are subsequently diagnosed with cancer. When this happens we try to start their treatment within 31 days. The national target is to achieve this for 98% of patients and we achieved this for most of the months in 2015/2016.

The target of 98% for patients referred as non-urgent suspected cancer being seen within 31 days has been achieved for most of the months of 2015/2016.

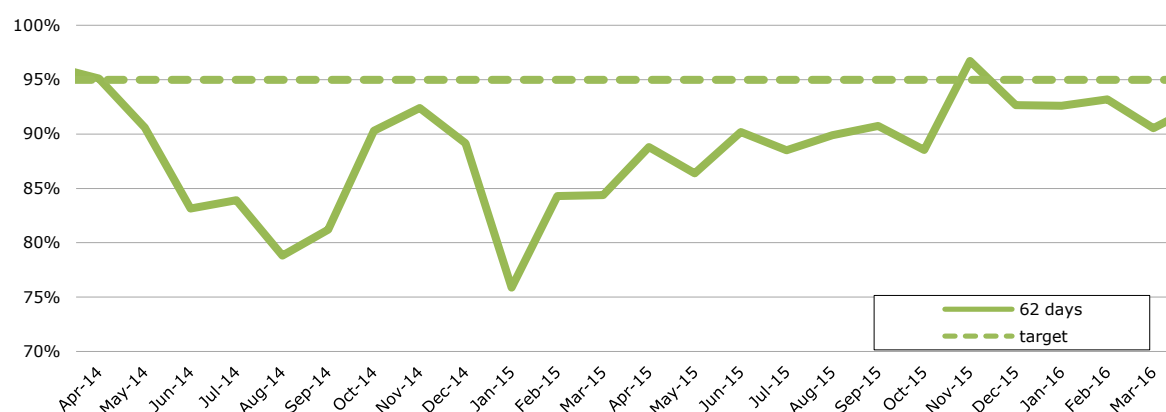
There will continue to be a focus on maintaining and improving performance over the next twelve months and a number of key appointments have been made to support delivery in services such as Gastroenterology (Upper GI), Dermatology and Urology.

% of patients referred as non-urgent suspected cancer seen within 31 days (target 98%):



source – Stats Wales

% of patients referred as urgent suspected cancer seen within 62 days (target 95%):



source – Stats Wales

Stroke care

The Welsh Government has amended the quality improvement standards that we follow in delivering acute services for patients who have suffered a stroke. The standards describe the things that should take place within fixed time periods.

4 hours: Direct admission to a specialist Acute Stroke Unit **and** Screening to make sure that patients have a swallow reflex and will not choke if given food and fluids

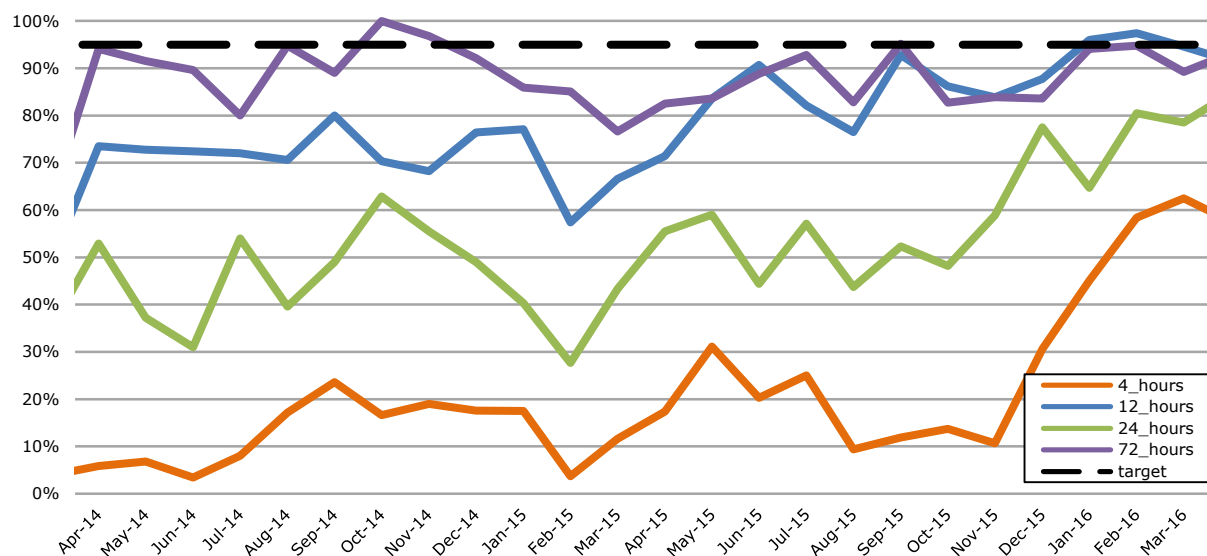
12 hours: A computerised tomography (CT) Scan

24 hours: Assessment by a Stroke Consultant; Assessment by a Stroke Nurse; Assessment by a Therapist

72 hours: Formal swallow assessment; Occupational Therapy assessment; Physiotherapy assessment; Speech and Language Therapy communication assessment

Towards the end of 2015, as part of a redesign of the care pathway for patients who have had a stroke, we concentrated our emergency stroke services within a new Hyper-acute Stroke Unit at the Royal Gwent Hospital, which is now open and operational. The resultant significant improvements in our performance can be seen on the graph below.

% compliance with the quality improvement measures for people who have suffered a stroke:

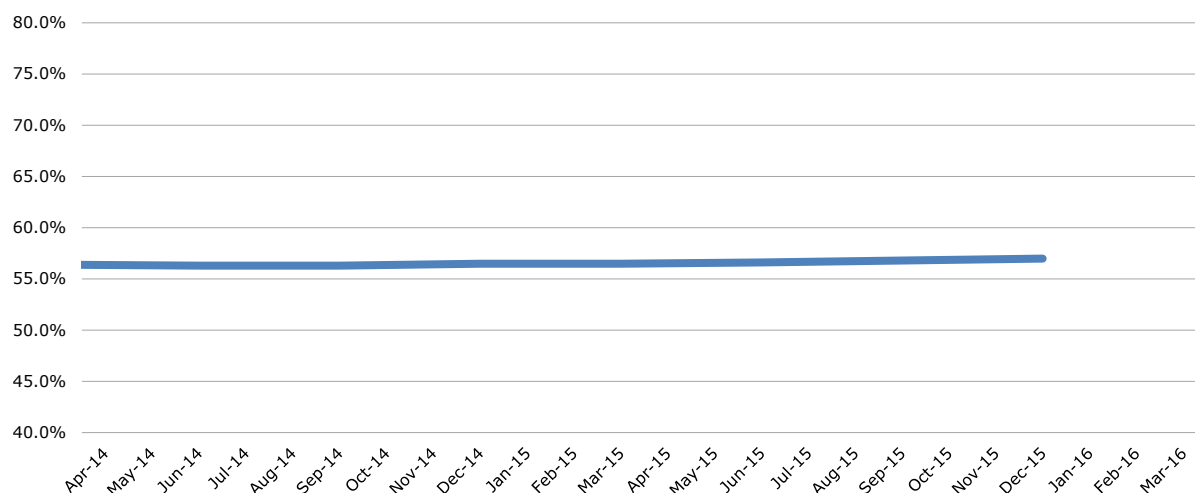


source – figures produced by the Delivery Unit

Dental Care

Access to NHS dentistry is an important facet of the services we provide. The percentage of the Gwent population treated by an NHS dentist in the last 24 months remains stable at around 56-57%.

Patients treated by an NHS dentist in the last 24 months as a % of the LHB population:



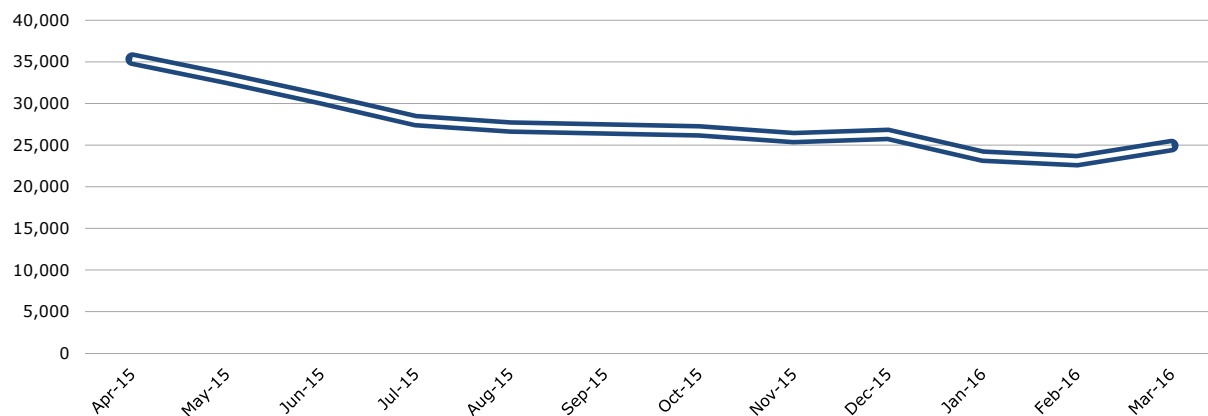
source - NHS Wales executive board papers

*Figures for January to March 2016 were not available at the time this report was published. The above graph shows the year-on-year trend.

Follow-up appointments

Previously, the main focus for outpatient waiting time reductions were waits for new or first appointments. We are now equally focused on avoiding long waits for patients requiring a follow-up appointment. In 2015/16, the number of follow-up appointments delayed past their target date (booked and not booked) has significantly decreased as the Health Board has increased focus on this group of patients.

Number of follow-up appointments delayed past their target date:



source - NHS Wales executive board papers

Individual Care – Mental Health

The care we provide for citizens with mental health problems is just as important as the care we provide regarding physical health.

Whilst we continue to provide hospital based services for people with mental health difficulties we have moved services to primary and community care settings.

In 2015/16, there has been an increase in the percentage of assessments by the Local Primary Mental Health Support Services (LPMHSS) undertaken within 28 days from the date of referral.

There has also been an increase in the percentage of therapeutic interventions started within 56/28 days following assessment.

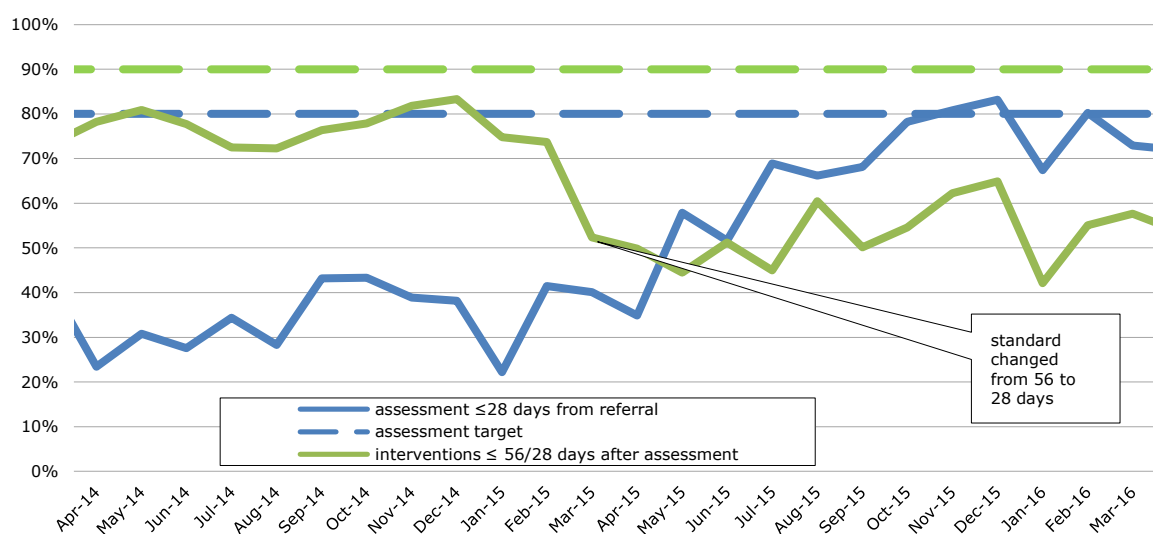
However, the Health Board is yet to achieve target levels for these two measures.

In 2015/16, 100% of patients were sent their outcome assessment report within 10 working days after their assessment.

With the single exception of September, the percentage of patients (all ages) who had a valid Care and Treatment Plan (CTP) completed at the end of each month was above the target of 90%.

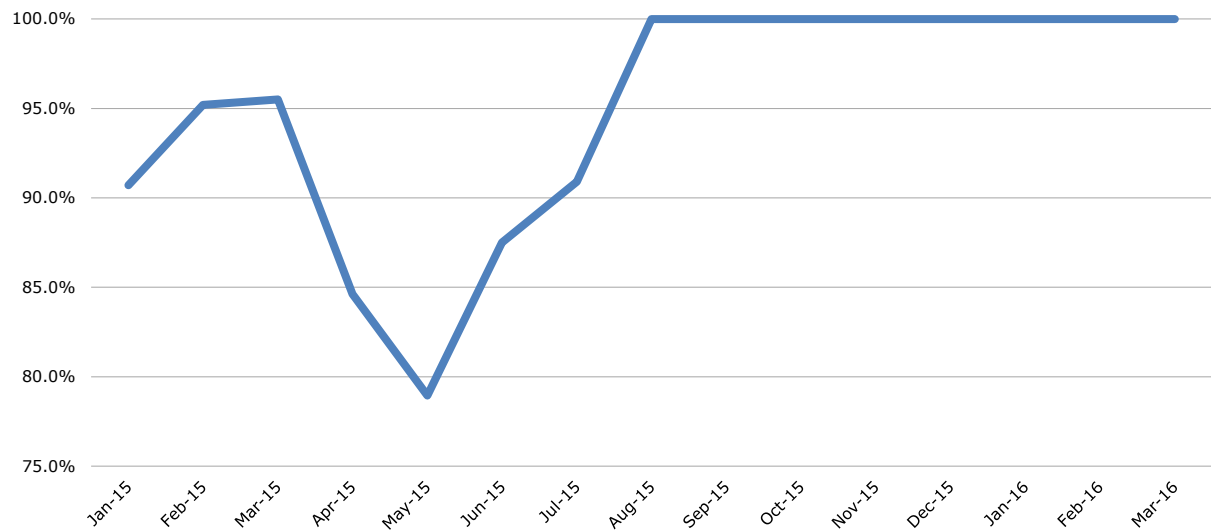
In 2015/16, all of our hospitals had arrangements in place to ensure advocacy available to all qualifying patients (target 100%).

% of assessments by the LPMHSS undertaken within 28 days from the date of referral AND the % of therapeutic interventions started within 56/28 days following assessment by the LPMHSS:



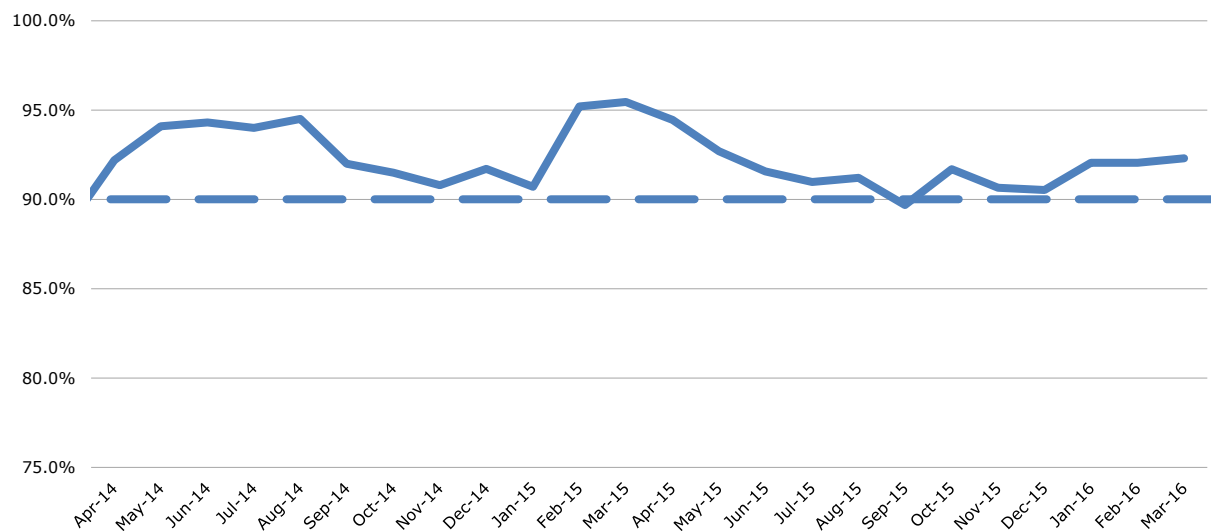
source - NHS Wales executive board papers

% of patients who have been sent their outcome assessment report within 10 working days after their assessment (target 100%):



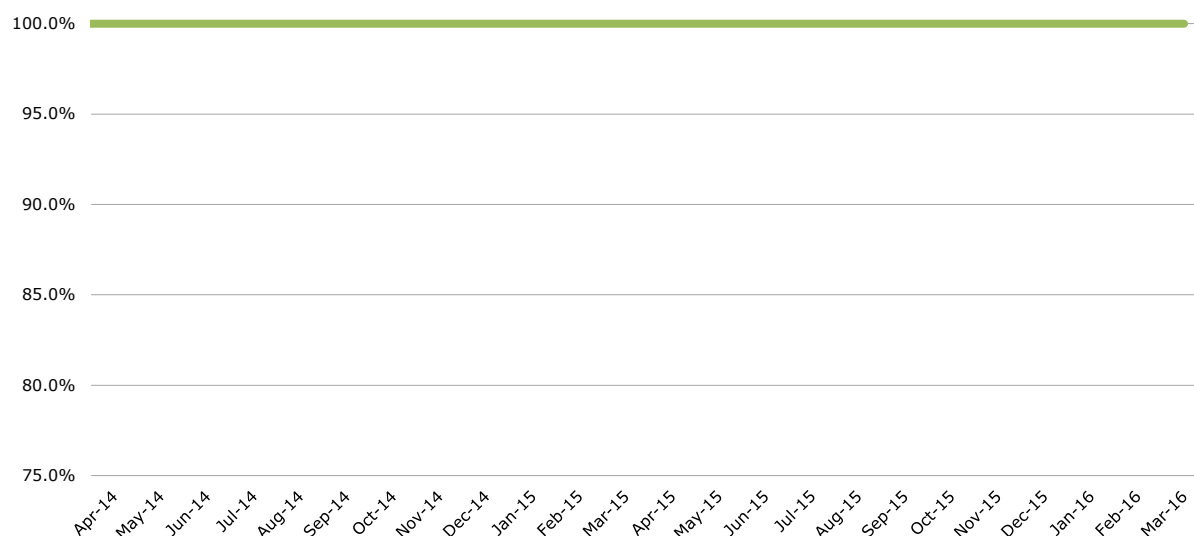
source - NHS Wales executive board papers

% of patients (all ages) to have a valid Care and Treatment Plan completed at the end of each month (target 90%):



source - NHS Wales executive board papers

% of our hospitals with arrangements in place to ensure advocacy available to all qualifying patients (target 100%):



source - NHS Wales executive board papers

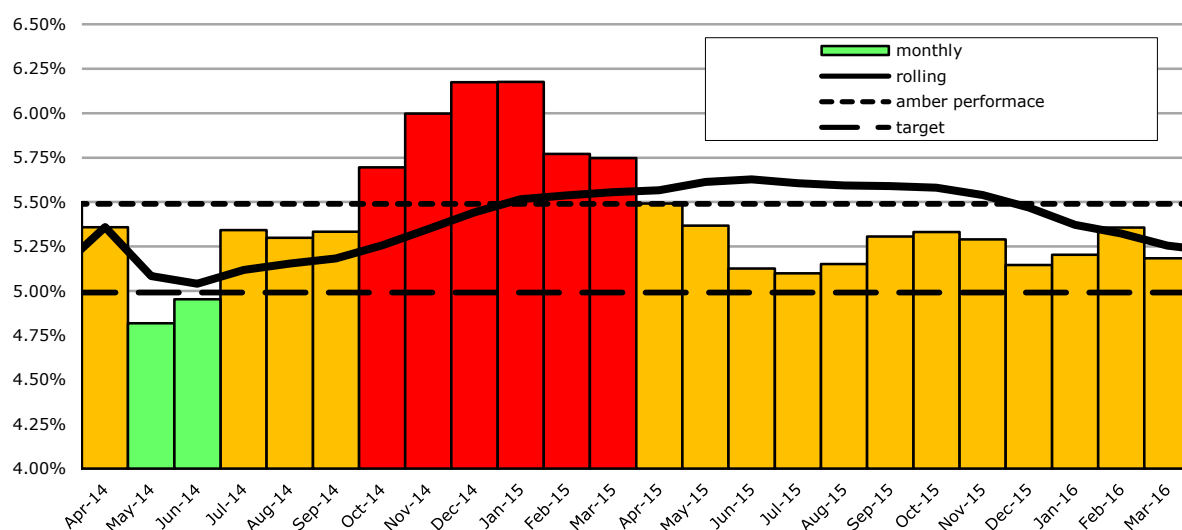
Our Staff and Resources

Staff Sickness

We are committed to offering all the support required to ensure that we have a fit and health workforce. This is important because we have a responsibility for the people who work for us, but it is equally important for the smooth running of the services we provide to the people we care for.

In 2015/16 the percentage of staff absences attributed to sickness has been above our target of 4.99%, but has been consistently below the amber target level of 5.49%.

% staff absence attributed to sickness:



source – ABUHB intranet site

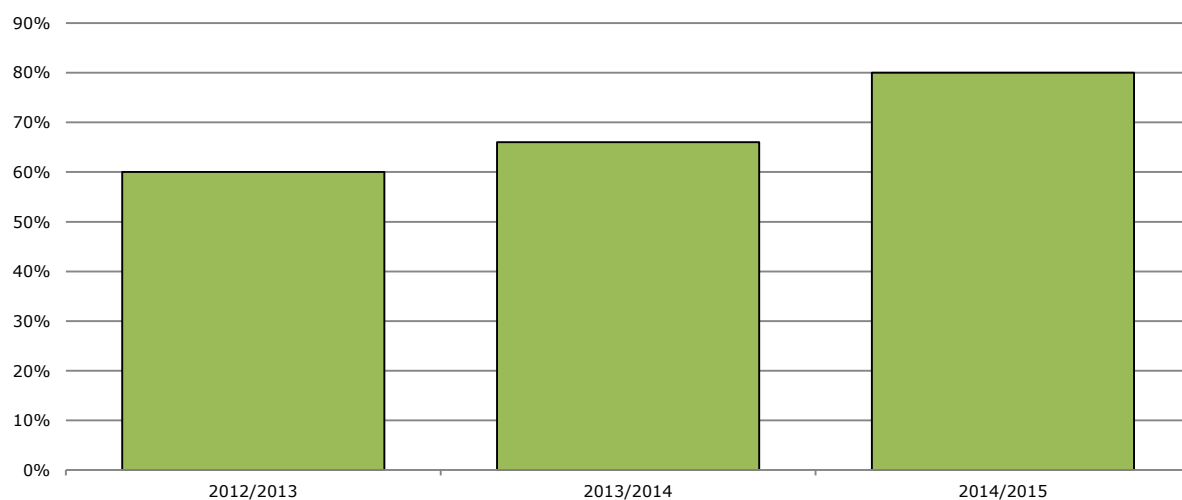
Performance appraisals

We are committed to reviewing the performance of all members of our staff, at least annually. We have made much progress in ensuring that doctors have the opportunity to discuss their performance on a regular basis.

The percentage of medical staff undertaking a performance appraisal increased significantly in 2014/2015.

Figures for 2015/16 were not available at the time of publishing this report.

% of medical staff undertaking a performance appraisal:



source - NHS Wales executive board papers

*Figures for 2015/16 were not available at the time this report was published. The above graph shows the year-on-year trend.

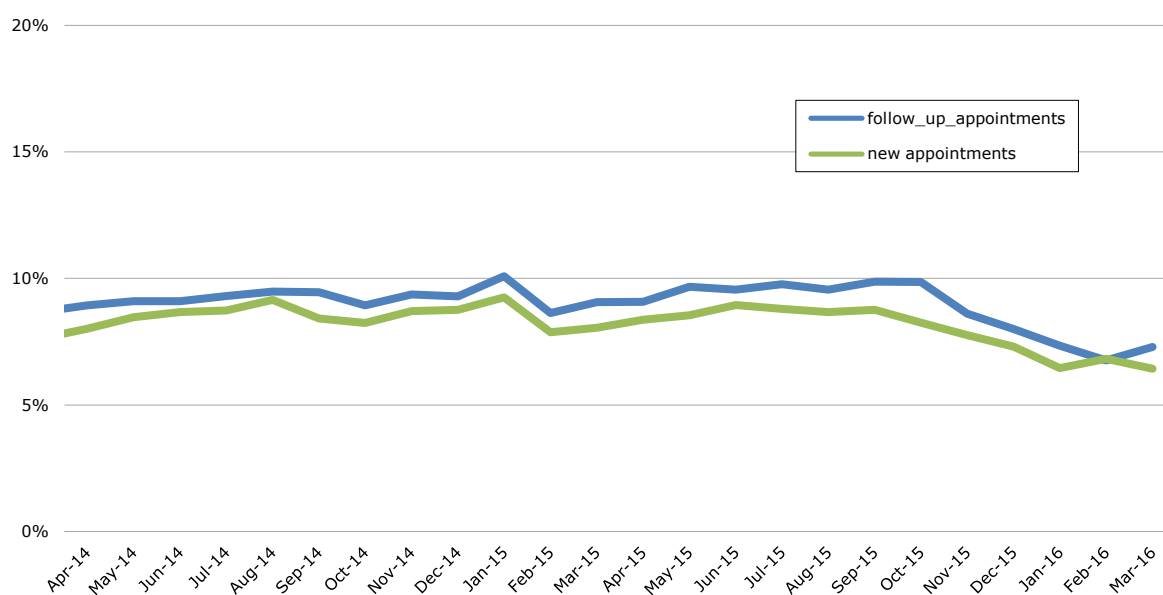
Missed Appointments

When people fail to turn up for an outpatient appointment without letting us know, it wastes an outpatient slot that could have been used for another person.

We have introduced a text reminder system and this is being rolled out across our services.

The percentage of our patients not turning up for appointments has been amongst the highest in Wales in the past. However, in 2015/16 this percentage decreased and our rates are now similar to the rest of Wales.

New and Follow up appointment DNA rates for selected specialties:



source – ISD report