
Aneurin Bevan University Health Board

Performance Analysis Report

2017/18



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Performance Analysis Report

How we performed in 2017/18...

This report 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 2017/18** shows that our Health Board improved overall performance for all categories during 2017/18, except in the 'Dignified Care' and 'Timely Care' categories. More information in regard to these areas is provided in the report.

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	10 measures	0 measures	3 measures	↑
SAFE CARE - I am protected from harm & protect myself from known harm	8 measures	1 measure	5 measures	↑
DIGNIFIED CARE - I am treated with dignity & respect & treat others the same	2 measures	0 measures	5 measures	↓
EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful	7 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	7 measures	0 measures	15 measures	↓
INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities	3 measures	2 measures	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	8 measures	0 measures	3 measures	↑
SUMMARY	45 measures	3 measures	36 measures	↑

Our Performance in more detail

This report gives you information on 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 the Health Boards in Wales.

We have used the seven categories from the Welsh Government **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

The report covers the financial year (April 2017 to March 2018), although where appropriate data for 2016/17 has also been provided to enable a comparison to be made year-on-year.

Staying Healthy

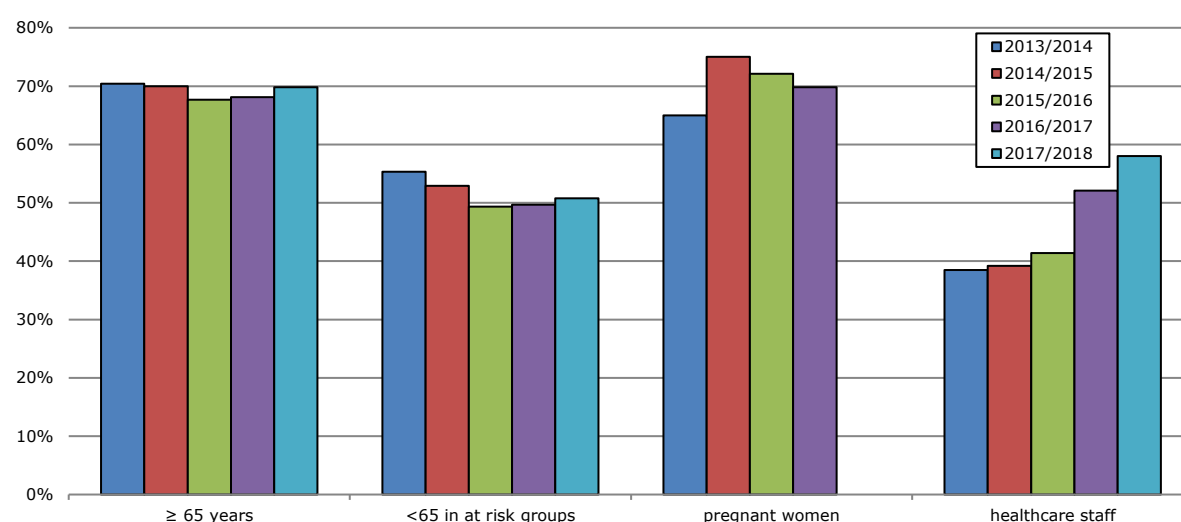
Flu vaccinations

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, older people, those who are pregnant, and people with certain medical conditions). This can result in serious illness or even death. Due to this increased vulnerability, 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 some of 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 2017/18 the uptake of influenza vaccination in groups that are at particular risk following infection increased slightly, the percentage of our staff, who are in direct contact with patients, who were vaccinated increased significantly and exceeded the 50% target level.

Uptake of the national influenza vaccination. The figure for 'pregnant women' is not yet available as this is based on survey rather than GP reported data.



source – Public Health Wales

Chronic conditions

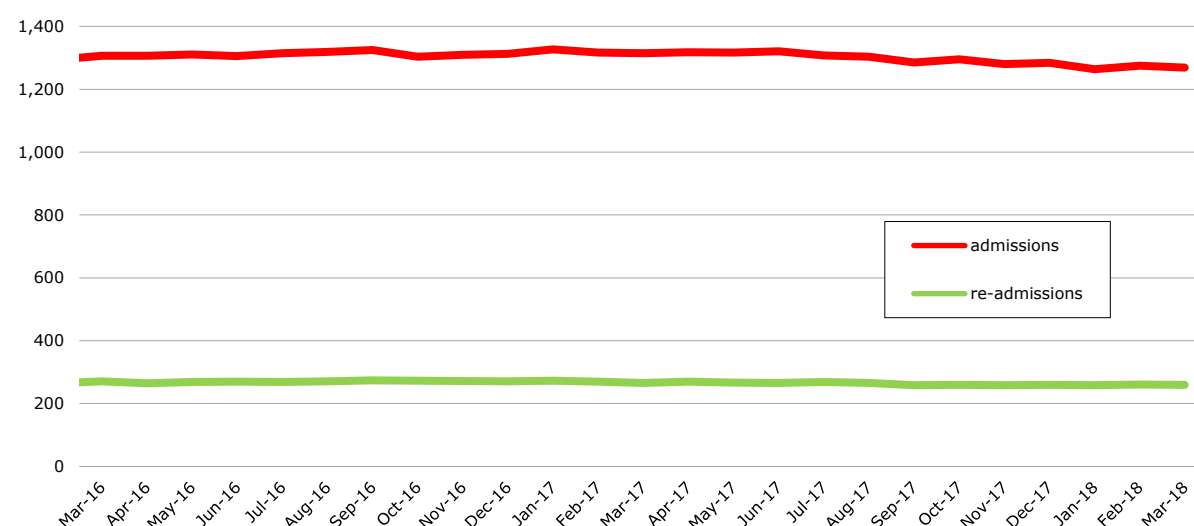
Large numbers of people in Gwent live with chronic conditions such as heart disease, epilepsy, diabetes and chest disease. Sometimes these conditions get worse and people may then need to be admitted to hospital for emergency care. These admissions are disruptive for people and their families and may lead to lengthy stays in hospital.

However, if people are provided with the information and resources that they need to manage their condition and they also have access to good support in the community from their GP, nursing teams, voluntary agencies and many other services, they may be able to avoid a possible worsening of their condition and 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 people with chronic conditions.

Despite an aging population, in 2017/18 the rate of emergency hospital admissions and readmissions within a year for 8 chronic conditions have decreased.

Rolling 12 months Admissions & Readmissions for 8 Chronic Conditions (per 100,000 people in Gwent)



source – summary scorecards provided by welsh government

Smoking

Smoking is the major 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 consolidated our "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 is likely to be slightly below the target of 5% for 2017/2018.

% of smoking population treated by NHS stop smoking services

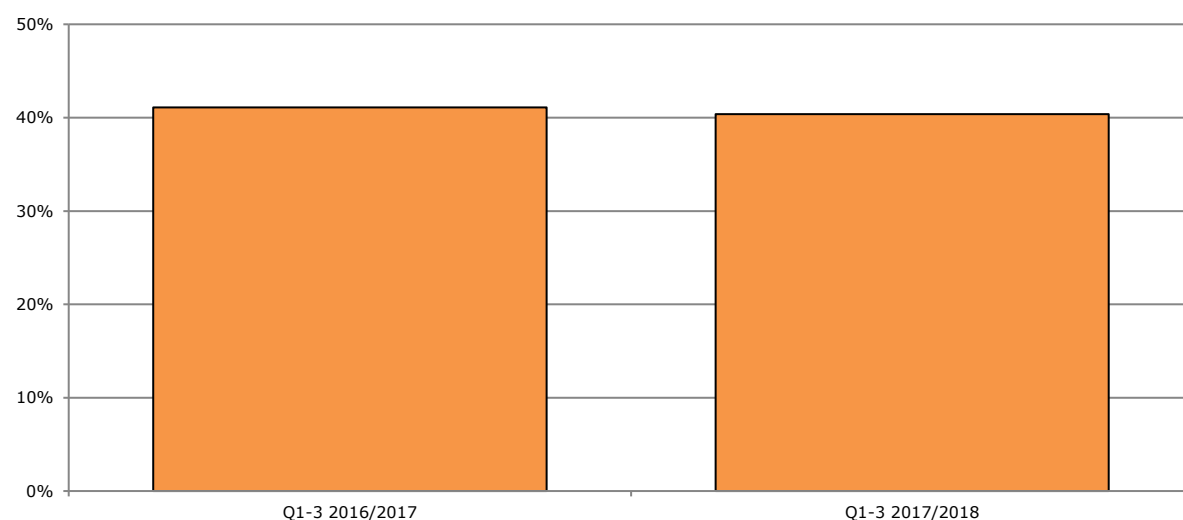


source – summary scorecards provided by welsh government

Figures for the last quarter of 2017/18 were not available at the time this report was written. The above graph compares performance over quarters 1, 2 and 3 to illustrate 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 down slightly but was above the target of 40%.

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



source – summary scorecards provided by welsh government

Figures for the last quarter of 2017/18 were not available at the time this report was written. The above graph compares performance over quarters 1, 2 and 3 to illustrate the year-on-year trend.

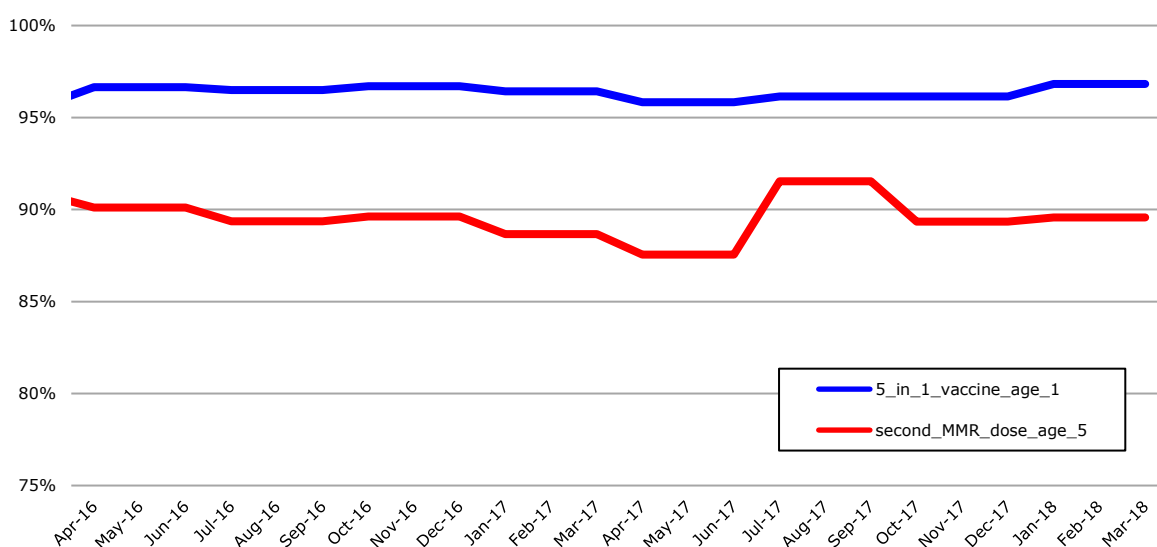
Childhood vaccinations

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. In previous years, the uptake rate for routine vaccinations at four years of age was used as the overall indicator. Welsh Government now uses the uptake rates for 3 doses of the 5 in 1 vaccine by the age of one and two doses of the MMR vaccine by the age of five as the key indicators. As can be seen in the chart, we are consistently achieving the 95% uptake rate for the 5 in 1 vaccine but, although improving, we are yet to achieve the optimal uptake rate for the MMR vaccine.

In 2017/18, the focus has been on working with partners in primary care Neighbourhood Care Networks to improve the uptake of all primary childhood immunisations in the most disadvantaged areas of the Health Board in order to meet the 95% uptake standard.

Quarterly uptake of scheduled children's immunisations



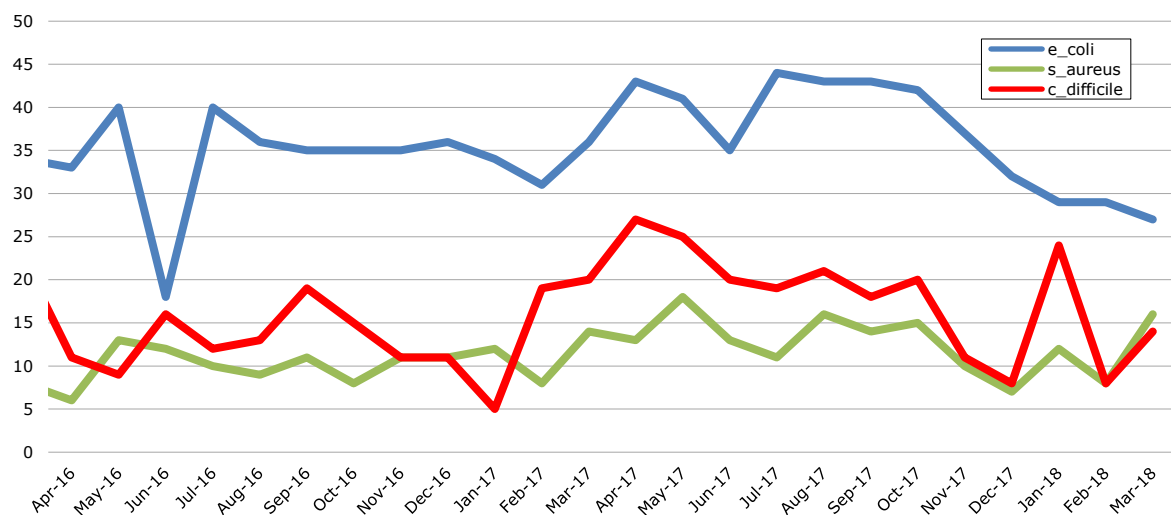
source – summary scorecards provided by welsh government

Safe Care

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 both in hospital and at home. 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 and any required actions taken.

Monthly number of cases of E Coli, C Difficile and Staph Aureus bacteraemia



source – Public Health Wales

Patient safety alerts and notices

The Welsh Government has established Patient Safety Solutions at a national level to issue Alerts and Notices to the NHS in Wales.

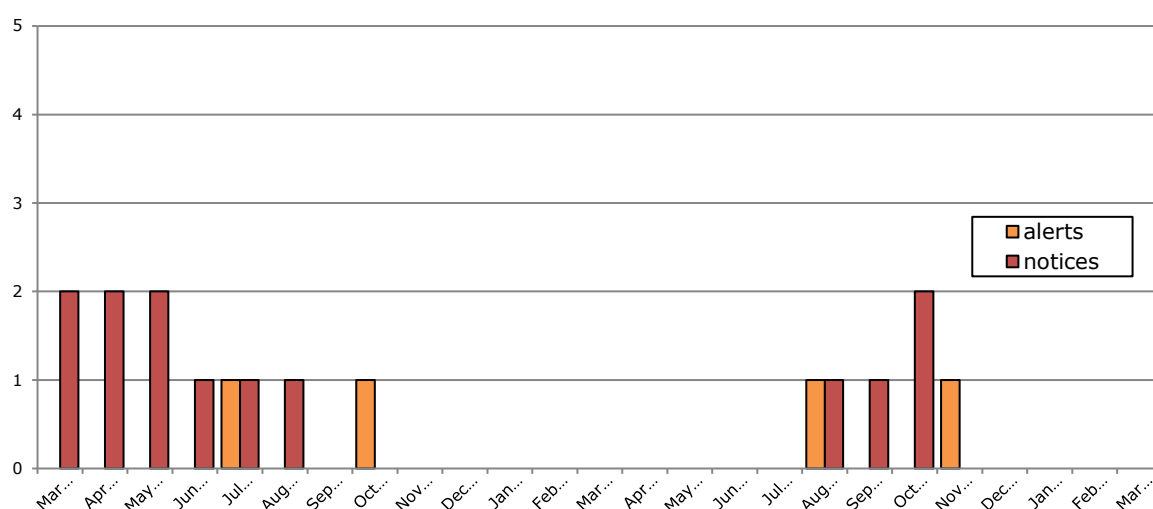
ALERT: This requires prompt action with a specified implementation date to address high risks/significant safety problems that have been identified.

NOTICE: This is issued to ensure that organisations and all relevant healthcare staff are made aware of potential patient safety issues at the earliest opportunity.

We are committed to implementing the recommendations from Patient Safety Solutions Wales within the identified timescales and keep track of any failures to achieve this aim.

Actions to resolve patient safety alerts and notices are often complex. For example, solutions often require us to make major changes to our buildings and this cannot be done quickly. For this reason, many of the missed safety alerts and notices are common across all Health Boards in Wales. Even so, we are taking a number of actions to ensure compliance is achieved.

Number of safety alerts and notices where the deadline was missed



source – summary scorecards provided by welsh government

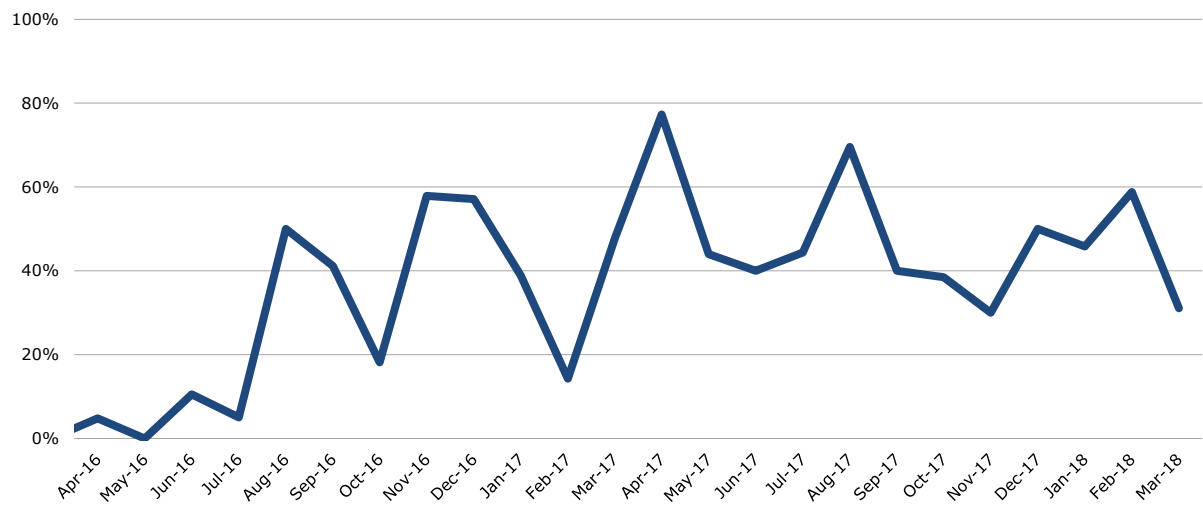
Serious Incidents and Never Events

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.

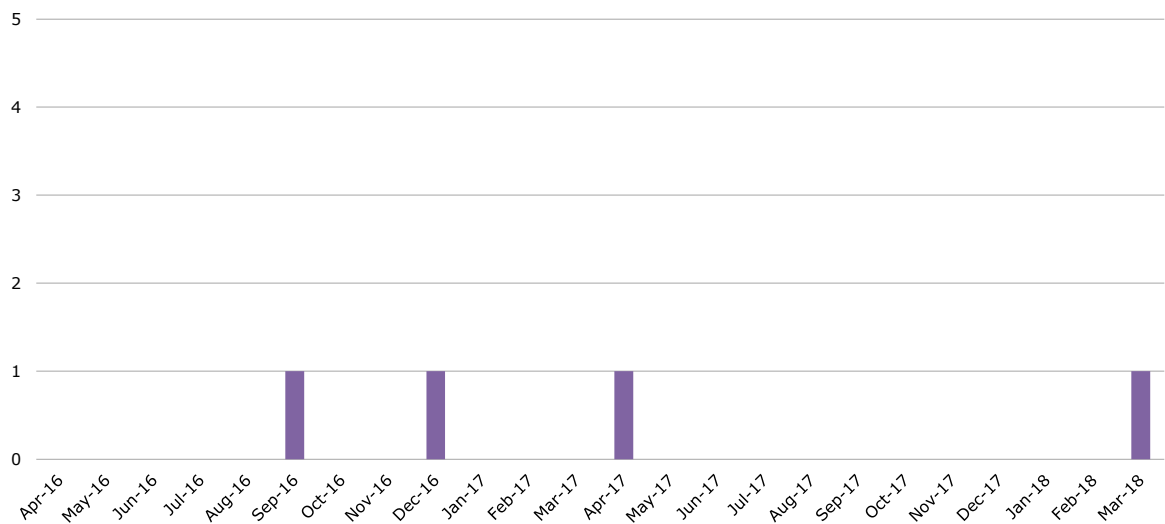
A plan to introduce any required change is developed and implemented. These plans always include very demanding timescales and, as a result, we may take slightly longer than planned to achieve all required changes but we monitor and report our compliance with these deadlines and, as can be seen in the chart below, we are working to increase our compliance rates.

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



source – summary scorecards provided by welsh government

Number of new Never Events:



source – summary scorecards provided by welsh government

Further information on the safety of our care and services is available in our Annual Quality Statement at the link below:

<http://www.wales.nhs.uk/sitesplus/866/page/62034>

Dignified Care

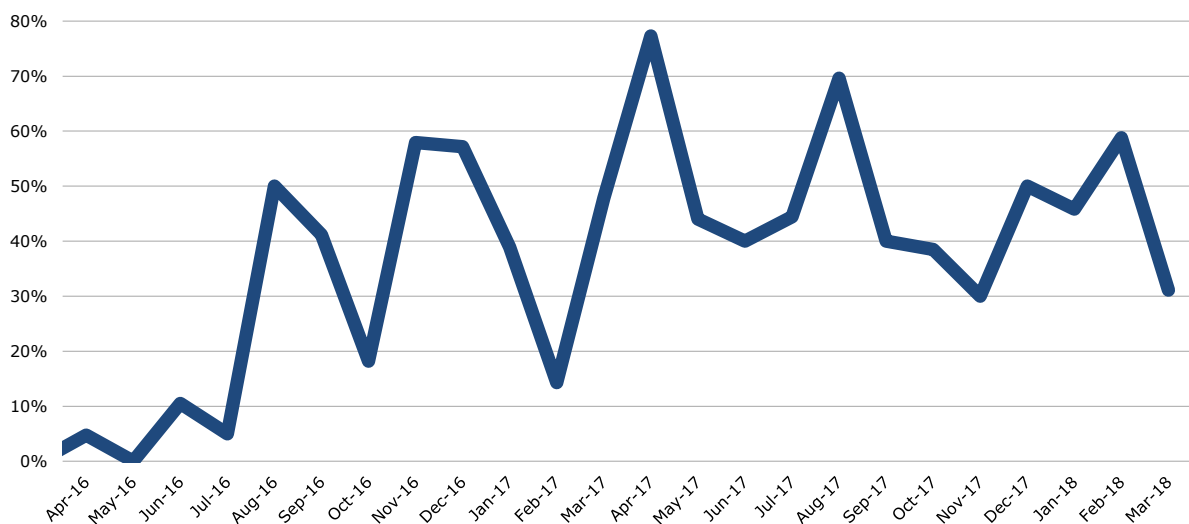
The cancellation of an operation, especially at short notice, causes great inconvenience for a patient and may prolong a period of anxiety and discomfort.

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.

In 2017/2018, over the winter months when there was increased pressure from emergency demand, our performance against this measure decreased slightly but has started to recover and to carry on the overall upward trend.

% 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 – summary scorecards provided by welsh government

Effective Care

Delayed transfer of care

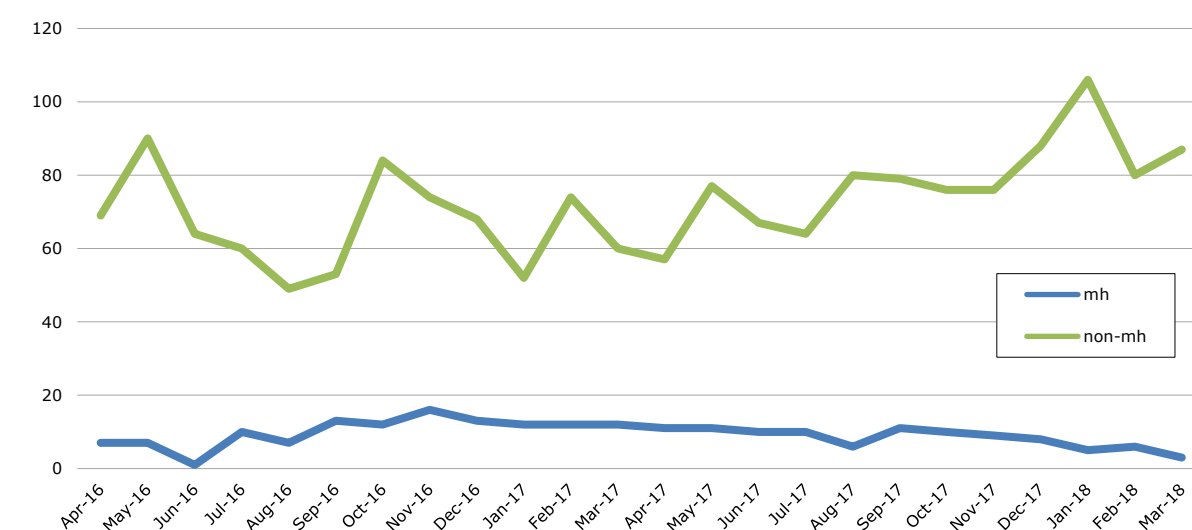
We recognise that we have high rates of patients who experience a delay in their discharge or transfer to a different care environment.

This is an issue 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 a Choice of Accommodation Policy to better support patients and their families in making decisions about their future care and consequently reducing delays. We are working closely with local authorities to address the problems of delays due to the lack of suitable accommodation.

In 2017/18 the trend in the monthly rate for patients with mental health problems was level but for patients with physical problems delayed transfers of care increased slightly.

Monthly rates per 10,000 of the Gwent population experiencing a delayed transfer of care (mental health = all ages, non-mental health = patients aged 75 and older)



source – StatsWales

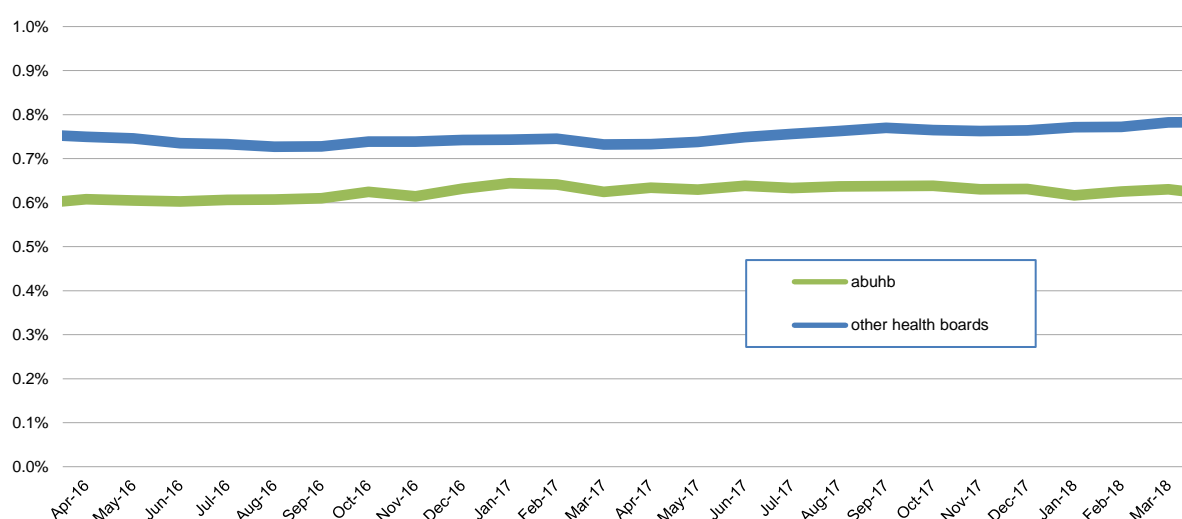
Mortality rates

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. We monitor these rates for all patients, but nationally the measure is the rate for patients under the age of 75.

In 2017/18 the crude mortality rate for these patients (rolling 12 months) in the Health Board remained stable and was consistently lower than the average for the other Health Boards in Wales.

Crude mortality rate in patients <75 years of age



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 stay 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.

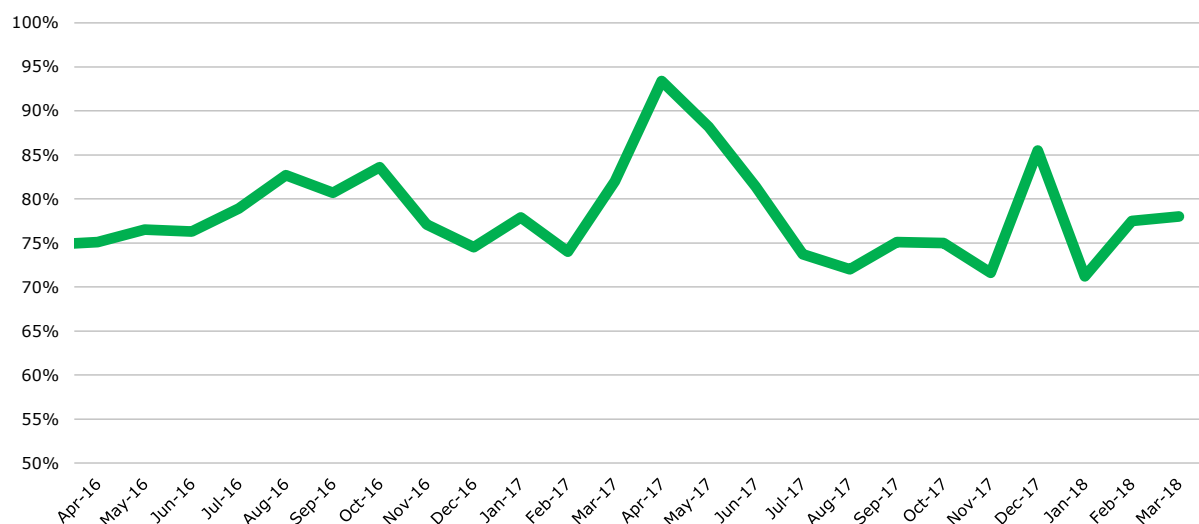
It is important that this is done as soon as possible after the end of a patient's stay in hospital so that this information is available for a wide range of uses, such as the planning and costing of services. For this reason,

we closely monitor and report the timeliness of coding.

Previously the target was that 95% of patients would have their diagnosis coded within 3 months following their discharge but this period has been shortened to 1 month following discharge.

In 2017/18 the average percentage of valid principal diagnosis codes completed one month after the episode end date increased slightly from 2016/17 but is still below the target of 95%.

% valid principal diagnosis code 1 month after episode (target = 95%)



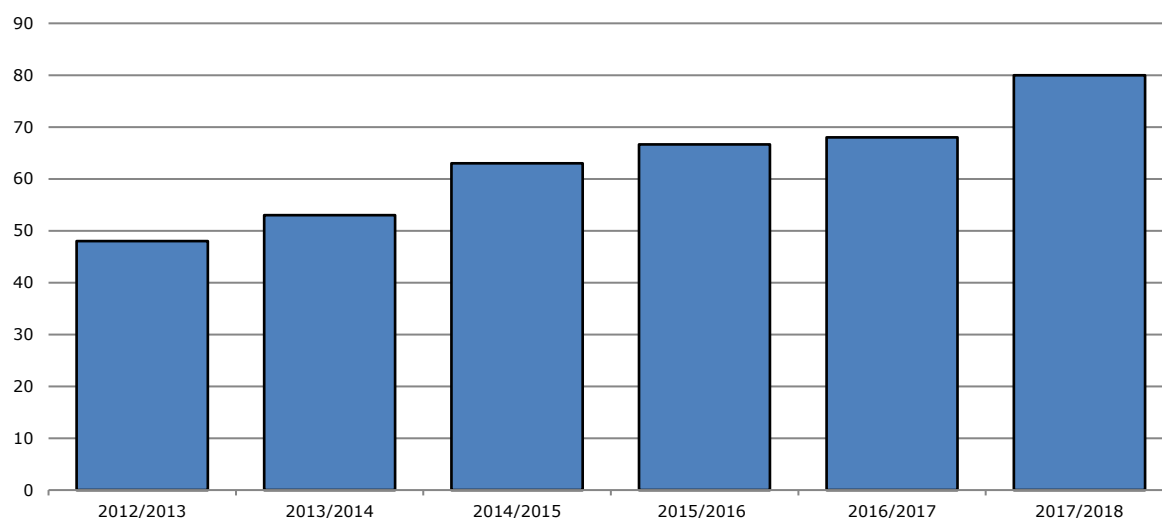
source – summary scorecards provided by welsh government

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 steadily and significantly over the past six years.

Number of Health & Care Research Wales Clinical Research Portfolio Studies



source – summary scorecards provided by welsh government

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 2016 and has been maintained at 100% in 2017.

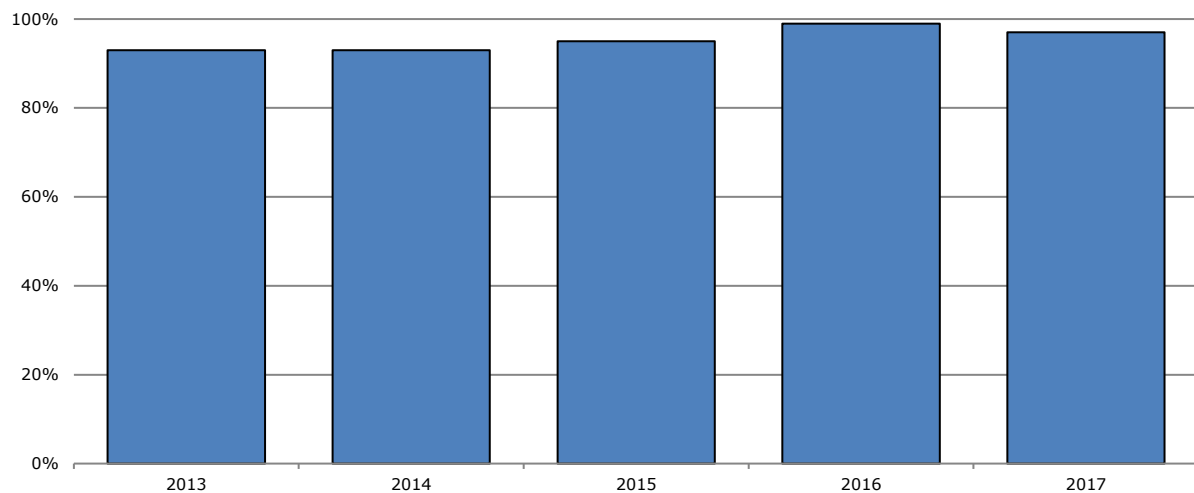
Percentage of GP practices open during daily core hours or within 1 hour of daily core hours



source – summary scorecards provided by welsh government

The percentage of GP practices offering appointments between 5pm and 6.30pm at least 5 nights per week fell very slightly from 2016 to 2017 but remained close to 100%.

Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours

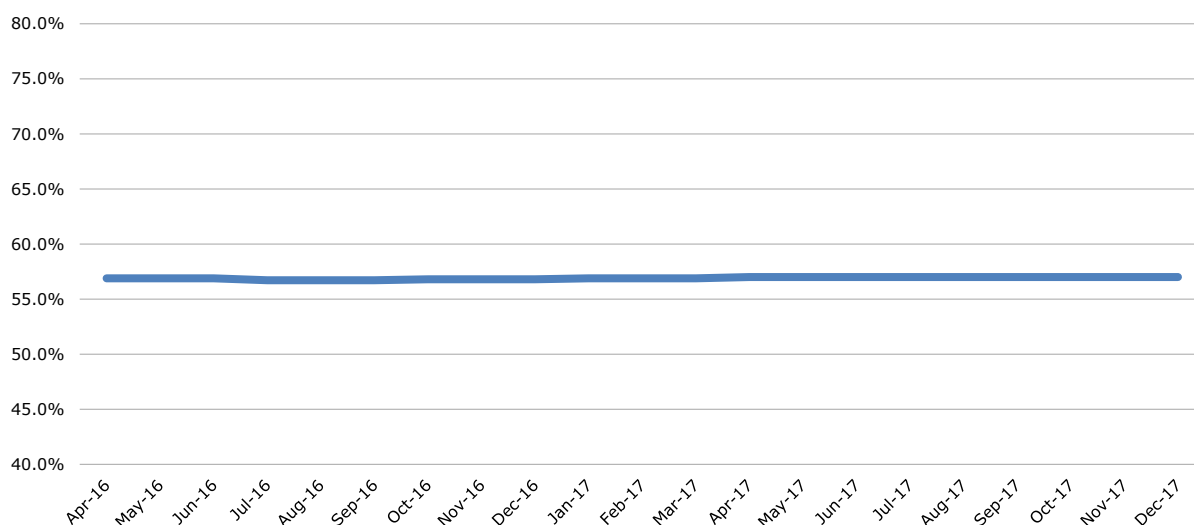


source – summary scorecards provided by welsh government

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 Health Board population



source – summary scorecards provided by welsh government

GP referral to treatment waiting times

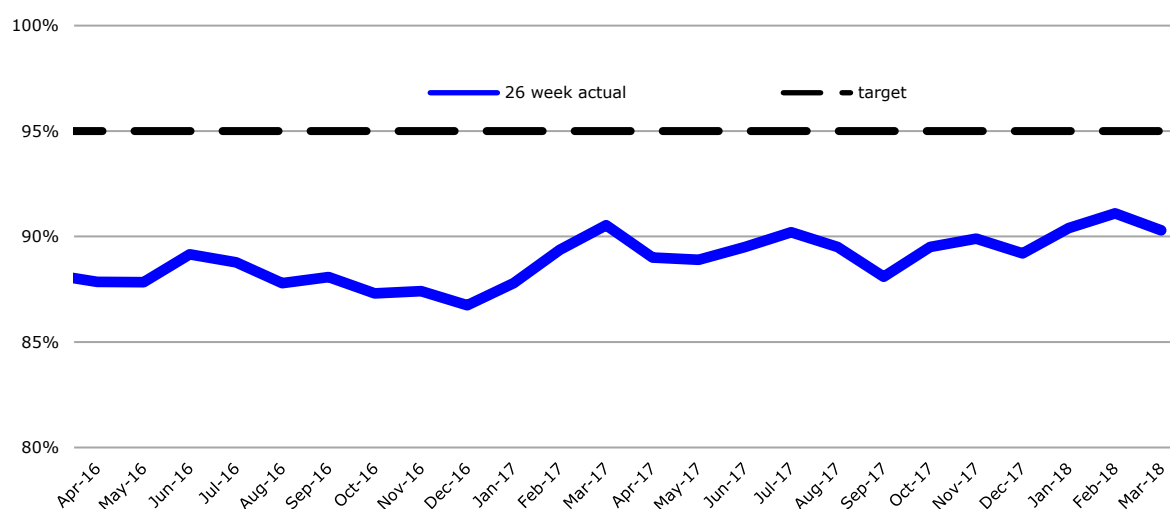
The wait between referral by a GP and access to an outpatient appointment, investigation and treatment may create anxiety and uncertainty. We monitor and report the time that patients wait and we try to minimise waiting times.

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

Although in 2017/18 the percentage of patients waiting less than 26 weeks for treatment (RTT) did not reach the goal of 95%, performance was consistently within 10% of the target.

Further improving this performance is a key concern for the Health Board.

Percentage of patients with a referral to treatment time less than 26 weeks

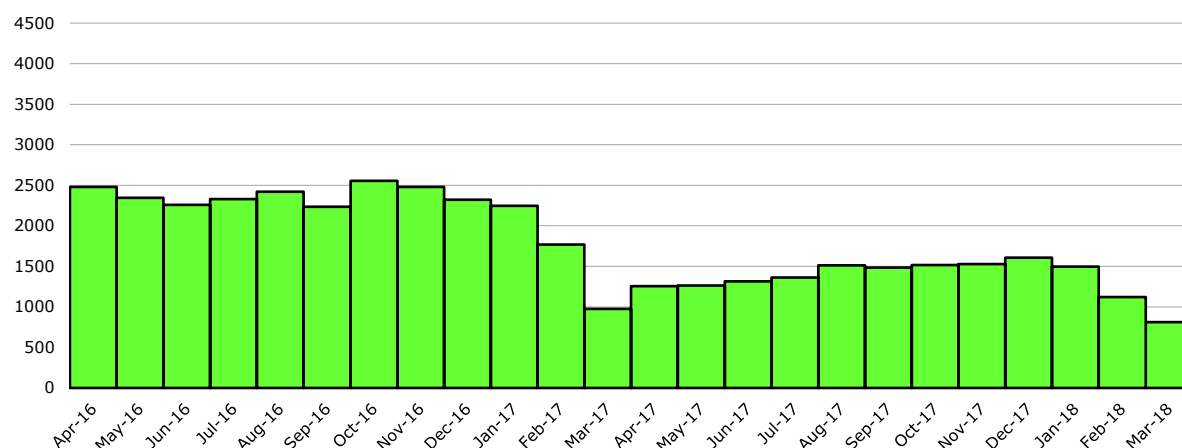


source – summary scorecards provided by welsh government

Number of RTT 36 week breaches

Although lower than in previous years, the numbers of patients waiting longer than 36 weeks for treatment remained largely static throughout most of 2017/2018 but they have significantly reduced in the last 2 months of the year.

Number of patients who have been waiting longer than 36 weeks for treatment

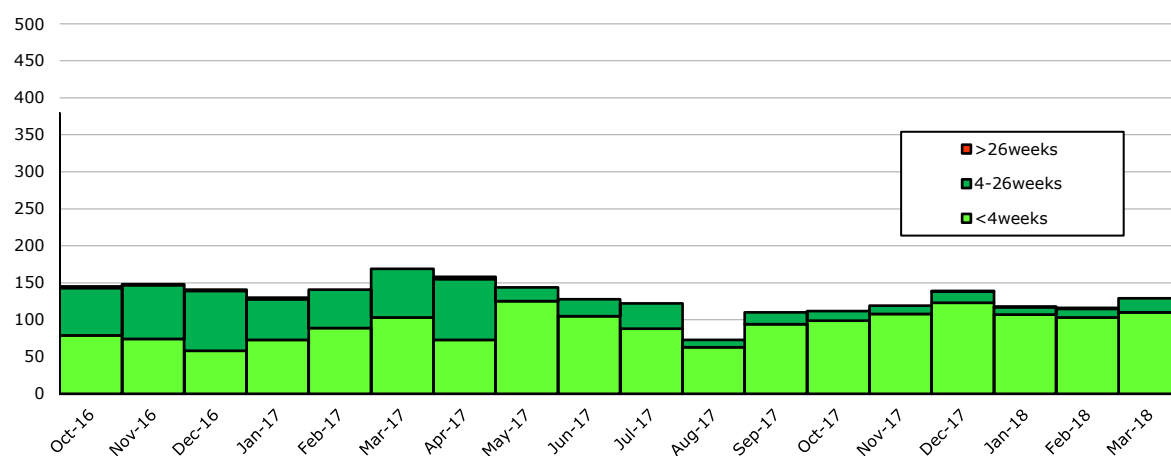


source – summary scorecards provided by welsh government

Waiting times for Children and Adolescent Mental Health Services (CAMHS)

For some services we work to lower waiting time targets. Children waiting for mental health services are particularly vulnerable so we try to see the majority of them within 4 weeks of referral. The number of children waiting over 4 weeks has been reduced in 2017/2018.

Numbers waiting for CAMH Services

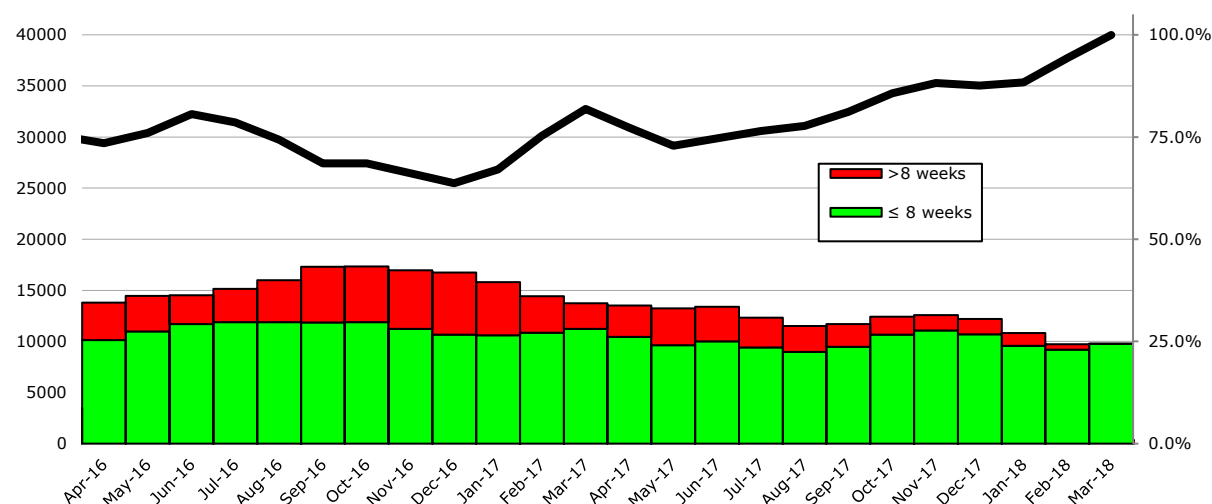


source – StatsWales

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

The percentage of patients waiting less than 8 weeks for specified diagnostic tests improved significantly during 2017/18.

Numbers of people waiting for diagnostic tests by time band and % waiting less than 8 weeks



source – StatsWales

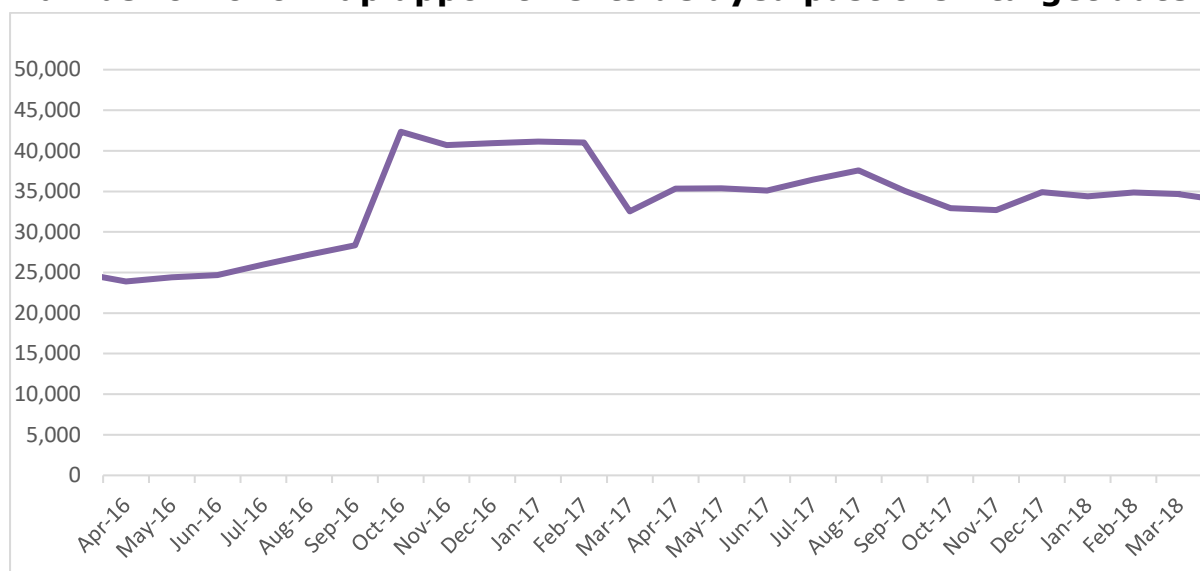
Follow-up appointments

Previously, the main focus for outpatient waiting time reductions was waits for new or first appointments. We are now equally focused on avoiding long waits for patients requiring a follow-up appointment.

We monitor figures for patients who were still waiting for an appointment to be sent to them and patients who have been given an appointment but have not yet been seen.

The chart below includes both of these groups of people.

Number of follow-up appointments delayed past their target date



source – summary scorecards provided by welsh government

Stroke care

We use a set of quality improvement standards to monitor the quality of services that we deliver to people who have had a stroke. The standards describe the things that should take place within fixed time periods. Welsh Government publishes a limited sub-set of these standards to report our performance. The chart below indicates our performance against the full set of targets.

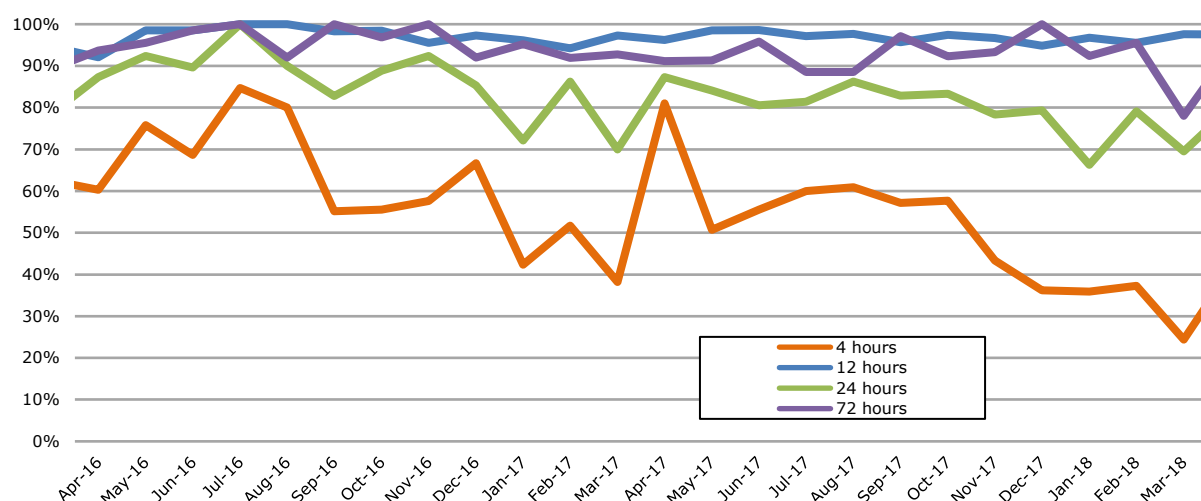
4 hours: Direct admission to a specialist Acute Stroke Unit and Screening to make sure that patients have a swallow reflex and will not choke if given food and fluids

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

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



source – figures produced by the Delivery Unit

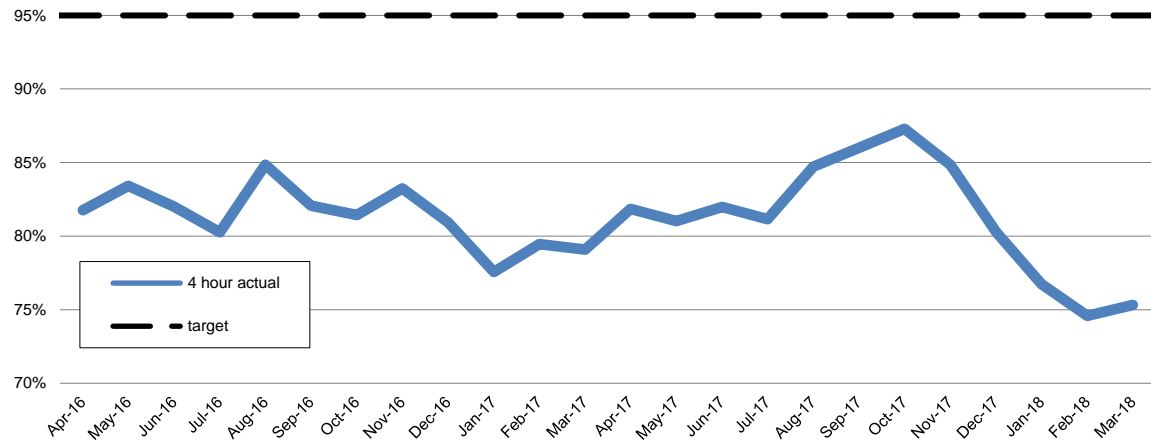
Emergency care

The efficiency and effectiveness of all 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.

During periods of very cold weather our hospitals become very busy due to an increased intake of very poorly people, which results in less seriously ill people waiting longer to be seen in A&E.

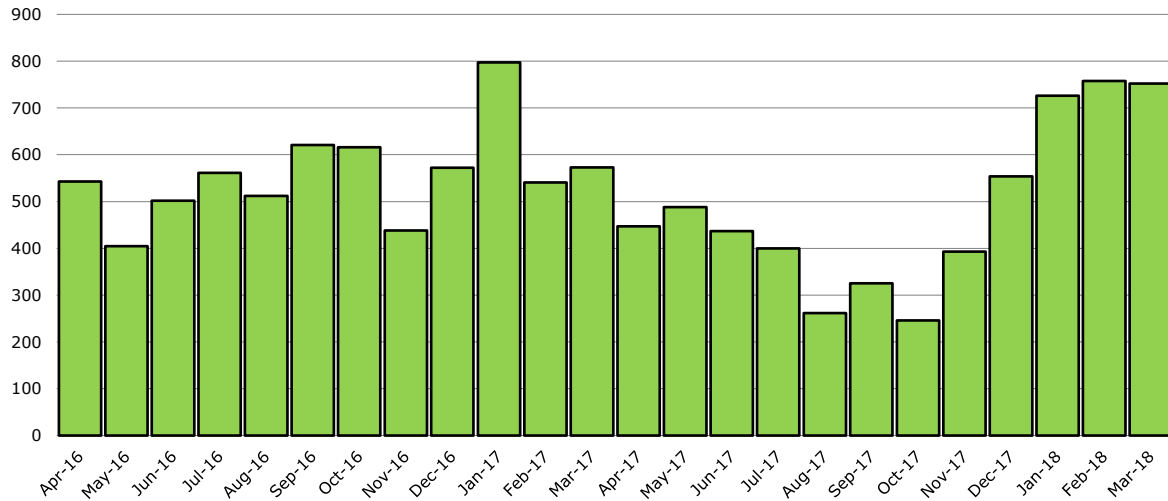
People are still waiting for lengthy periods in our A&E departments before they are discharged, admitted or transferred. This is an area of concern for the Health Board and one to which we are actively responding to improve this position.

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



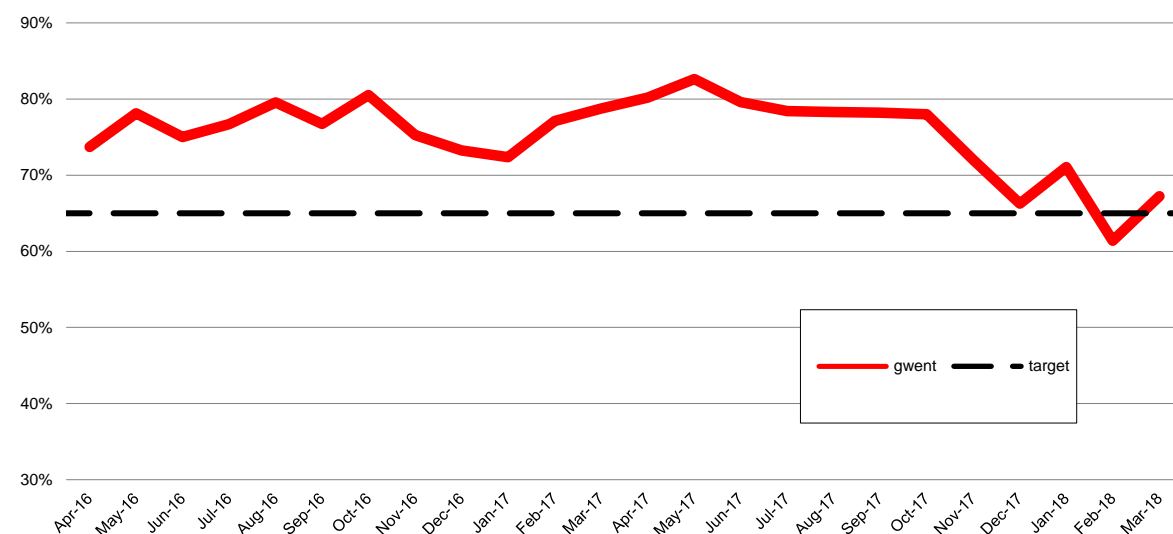
source – ISD reportal

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



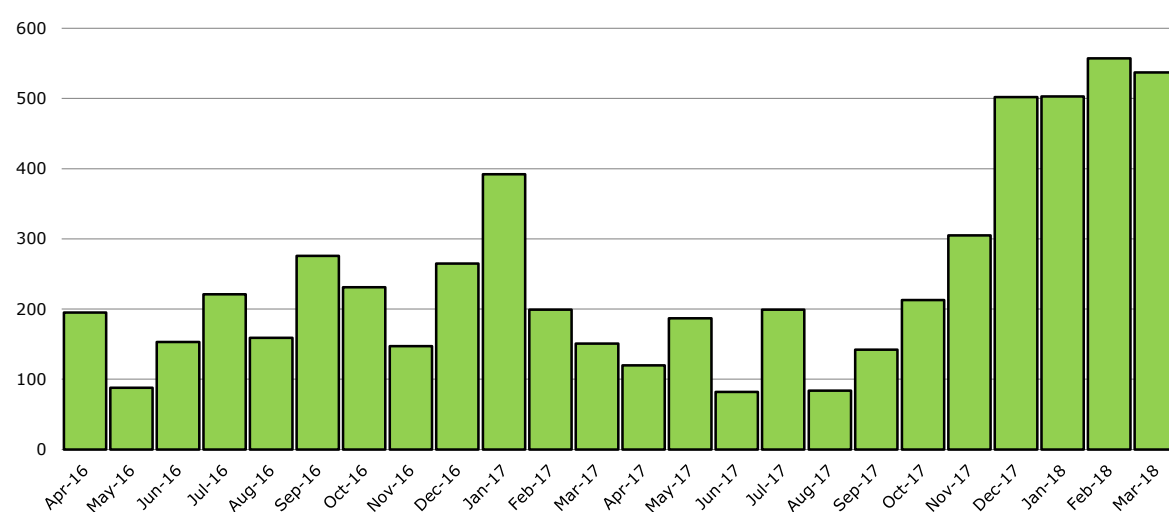
source – ISD reportal

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



source – StatsWales

Number of over 1 hour A&E ambulance handovers



source – summary scorecards provided by welsh government

Cancer care

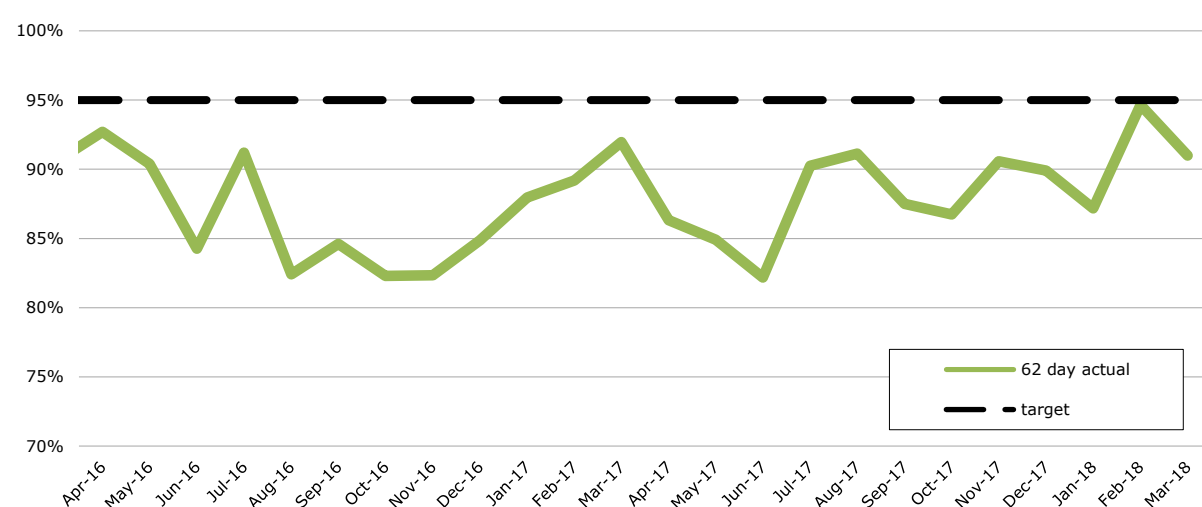
We maintain a strong commitment to the provision of excellent care for cancer patients and an important aspect of this care is timely access to cancer services.

There will continue to be a focus on maintaining and improving performance over the next twelve months in the area of cancer waiting times.

For patients referred to us with suspected cancer, we aim to reach a diagnosis and start their treatment within 62 days. The national target requires us 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. As can be seen on the chart, this work has helped secure an increase in the percentage of patients starting treatment within 62 days.

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

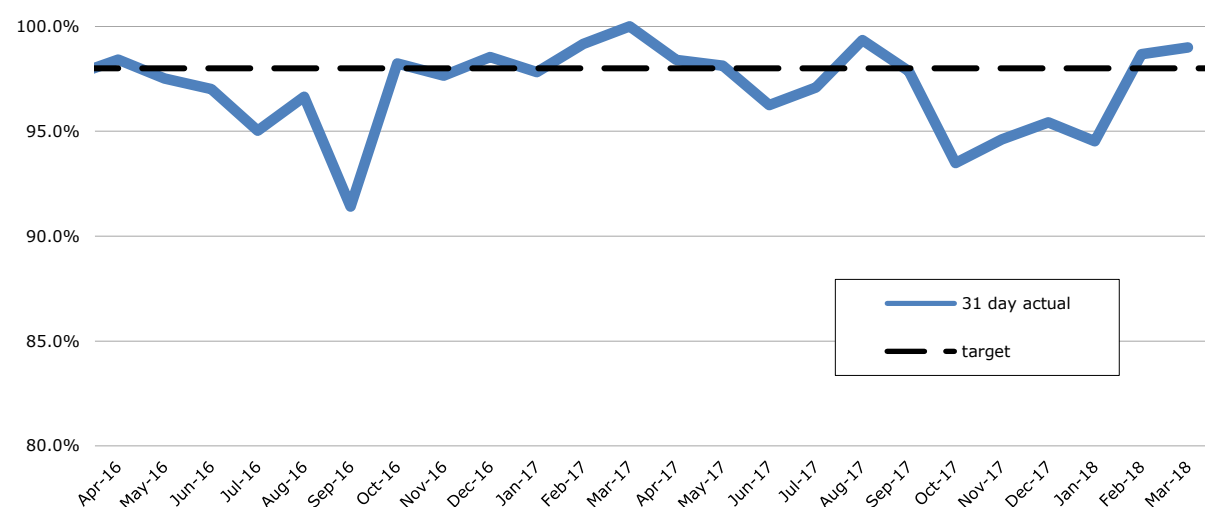


source – StatsWales

Some patients who are referred to us for other unrelated reasons are subsequently diagnosed with cancer. When this happens we seek to start their treatment within 31 days of this diagnosis being made.

The national target is to achieve this for 98% of patients. We didn't achieve this for many of the months in 2017/2018, but performance has improved at year end and the target was achieved.

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



source – StatsWales

Mental Health

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

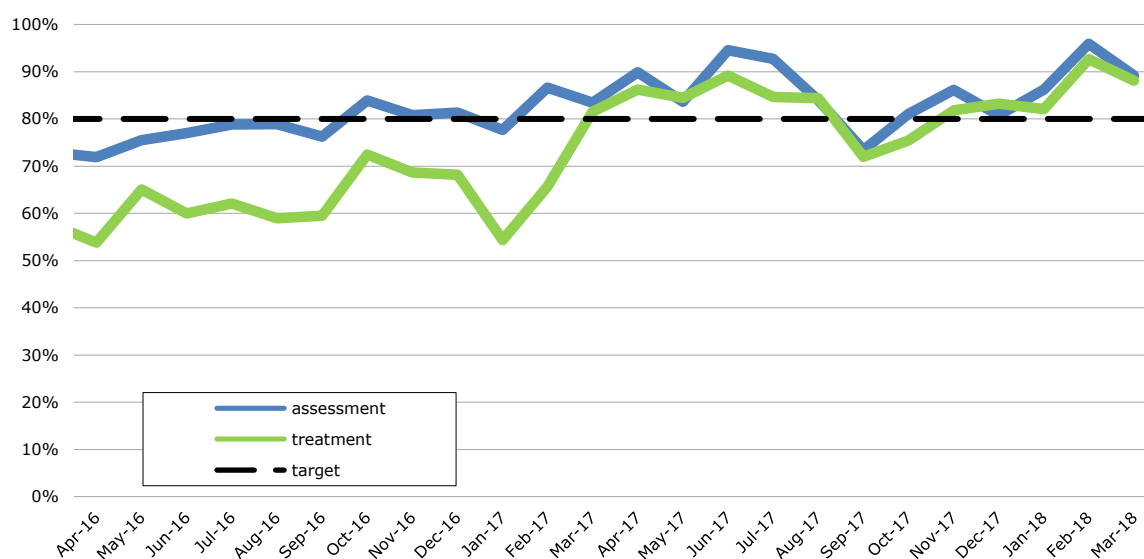
Whilst we continue to provide hospital based services for people with mental health difficulties we have moved some services to primary and community care settings.

In 2017/18, 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 28 days following assessment.

Although we have not yet managed to consistently achieve the 80% target for both of these measures, performance has visibly improved.

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



source – summary scorecards provided by welsh government

Individual Care

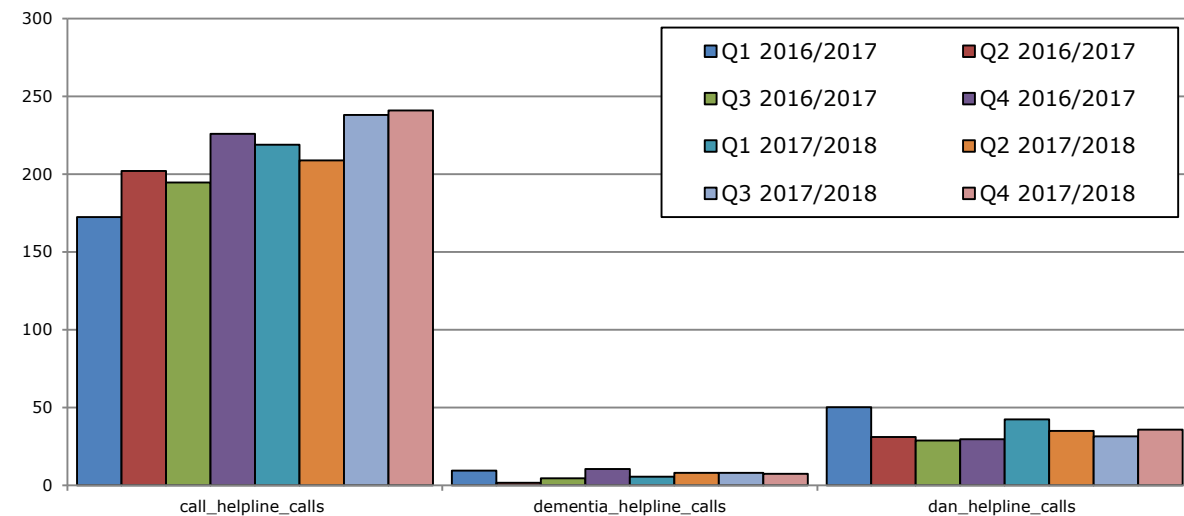
Number of calls to national helplines (C.A.L.L./Dementia/DAN)

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 to ensure that they are tailored to the needs of our local population.

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 – summary scorecards provided by welsh government

Mental Health

The care we provide for citizens with mental health problems is just as important as the care we provide to achieve and maintain physical health.

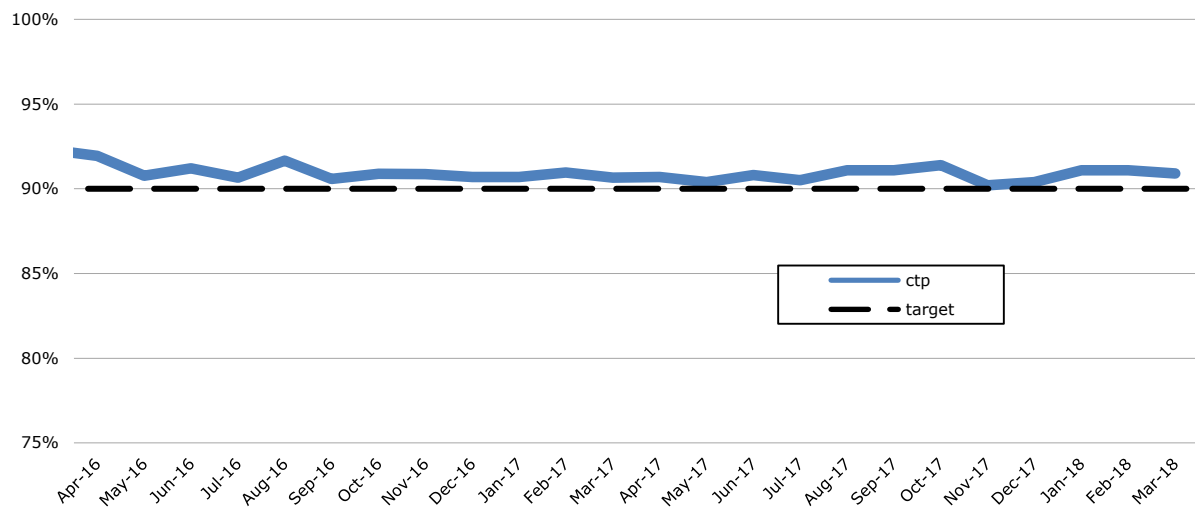
Individualised services with people involved in deciding and documenting the care they will receive are crucial in achieving the highest standards of care.

Throughout the year, 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 most months of 2017/18, 100% of patients were sent their outcome assessment report within 10 working days after their assessment.

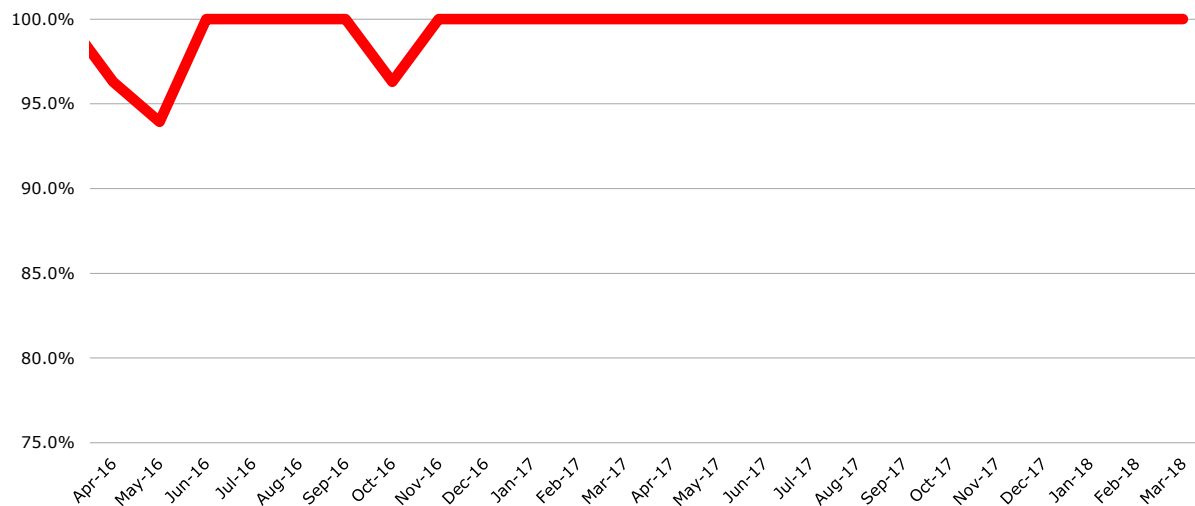
Throughout 2017/18, all of our hospitals had arrangements in place to ensure advocacy available to all qualifying patients (target 100%).

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



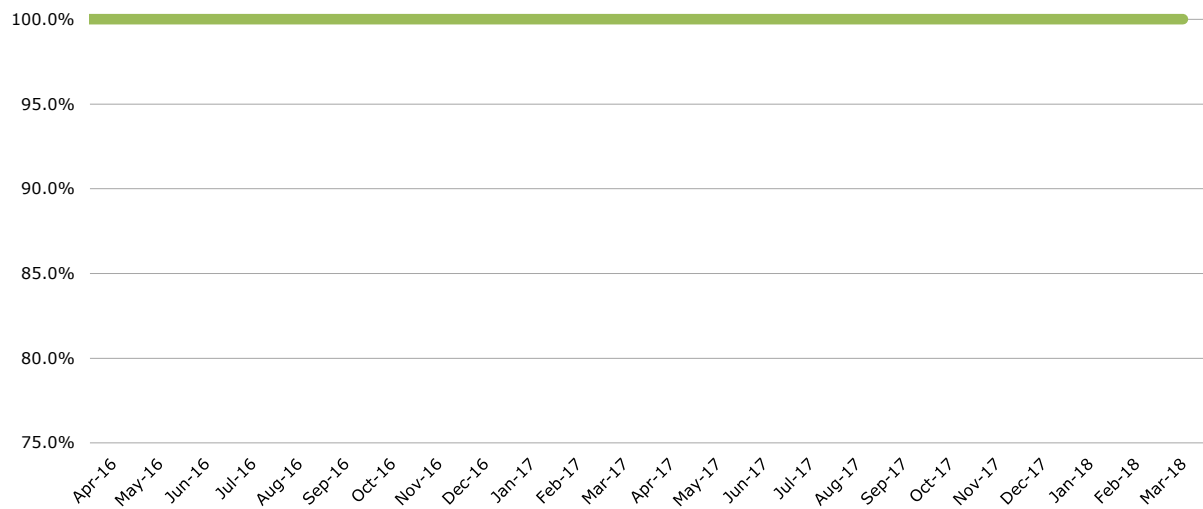
source – summary scorecards provided by welsh government

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



source – summary scorecards provided by welsh government

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



source – summary scorecards provided by welsh government

Our Staff and Resources

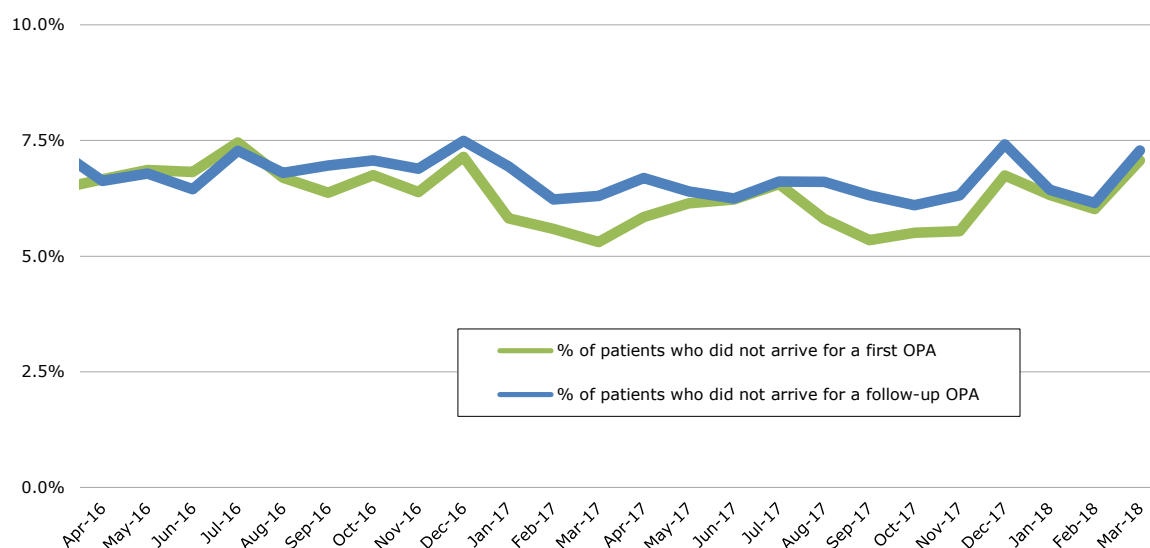
Missed Appointments

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.

In 2017 and 2018 there has been a downward trend in the percentage of our patients not turning up for their appointment.

New and Follow up appointment DNA rates for selected specialties

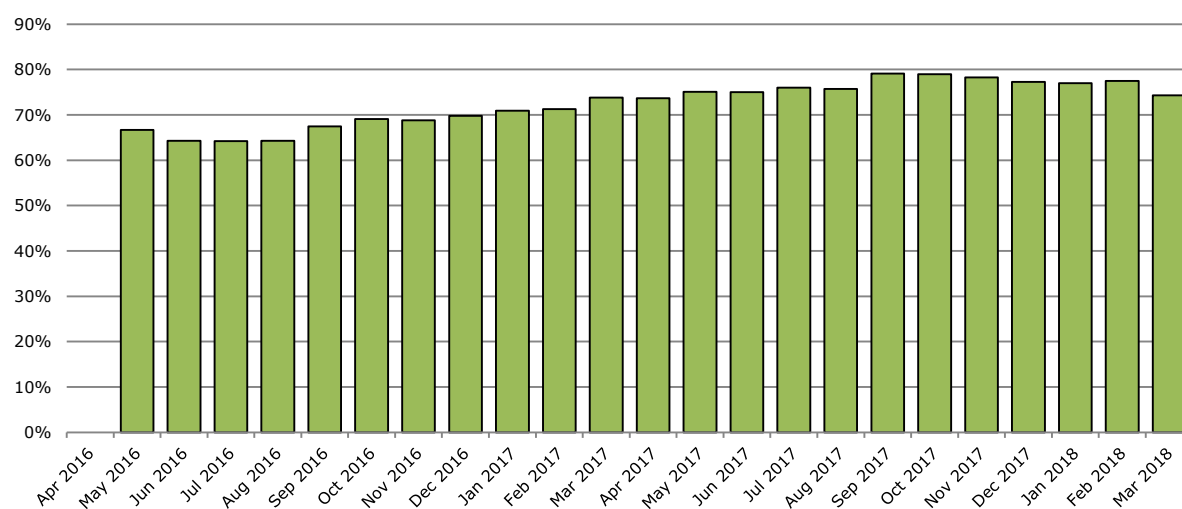


source – ISD reportal

Performance appraisals

We are committed to a performance appraisal and development review (PADR) or medical appraisal for every member of staff every year. Although the target of 85% is yet to be achieved, compliance is steadily increasing.

% of staff who have had a PADR/medical appraisal in previous 12 months – all divisions and services



source – summary scorecards provided by welsh government

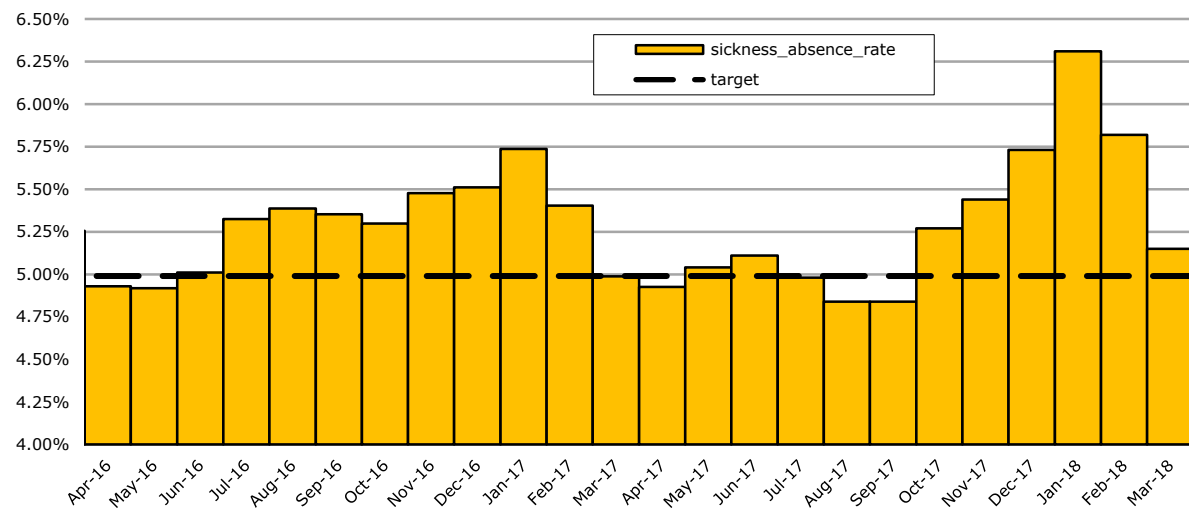
Staff Sickness

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 2017/18 the percentage of staff absences attributed to sickness has often been above our target of 4.99 especially during the winter months when we often see peaks in staff absence due to sickness.

% staff absence attributed to sickness



source – ISD reportal