
Aneurin Bevan University Health Board

Draft Performance

Analysis Report

2018/19



GIG
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Performance Analysis Report

How we performed in 2018/19...

This report gives 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 allows the organisation's performance to be evaluated using a standard set of indicators and provides the basis on which this Performance Report has been produced.

The Balanced Scorecard below shows the Health Board's performance against the measures included in the framework for 2018/19.

AneurinBevan UHB	Improved performance	Sustained performance	Decline in performance	Performance Summary	Targets achieved*
STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health	2 measures	0 measures	1 measure	↑	
SAFE CARE - I am protected from harm & protect myself from known harm	9 measures	0 measures	7 measures	↑	4 measures
INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities	2 measures	1 measure	2 measures	→	3 measures
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	5 measures	0 measures	6 measures	↓	2 measures
TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care	10 measures	0 measures	13 measures	↓	10 measures
EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	2 measures	↑	1 measure
DIGNIFIED CARE - I am treated with dignity & respect & treat others the same	1 measure	0 measures	2 measures	↓	
SUMMARY	34 measures	1 measure	33 measures	↑	20 measures

*Relates to those measures where 2018/19 data (April 2018 to March 2019) is complete.

Our Performance in more detail

The Health Board's performance management framework is underpinned by the NHS Wales Outcomes Framework 2018/19 and uses seven categories, from the Welsh Government Balanced Scorecard, as headings to present this information. These are:

- **Staying Healthy:** People in Wales are well informed and supported to manage their own physical and mental health
- **Safe Care:** People in Wales are protected from harm and protect themselves from known harm
- **Dignified Care:** People in Wales are treated with dignity and respect and treat others the same
- **Effective Care:** People in Wales receive the right care and support as locally as possible and contribute to making their care a success
- **Timely Care:** People in Wales have access to services based on clinical need and are actively involved in the decisions about their care
- **Individual Care:** People in Wales are treated as individuals with their own needs and responsibilities
- **Our Staff and Resources:** People in Wales can find information about how their NHS is resourced and make careful use of them

Assurance that the Health Board is achieving the requisite standards is provided primarily through performance reports to the Health Board. These are considered in the open section of the Board's meetings and are available for public scrutiny on the Aneurin Bevan University Health Board website.

This annual Performance Report covers the financial year (April 2018 to March 2019), although where appropriate data from previous years has also been provided to enable a comparison to be made year-on-year. Performance is shown for some of the key metrics within the domain.

Staying Healthy

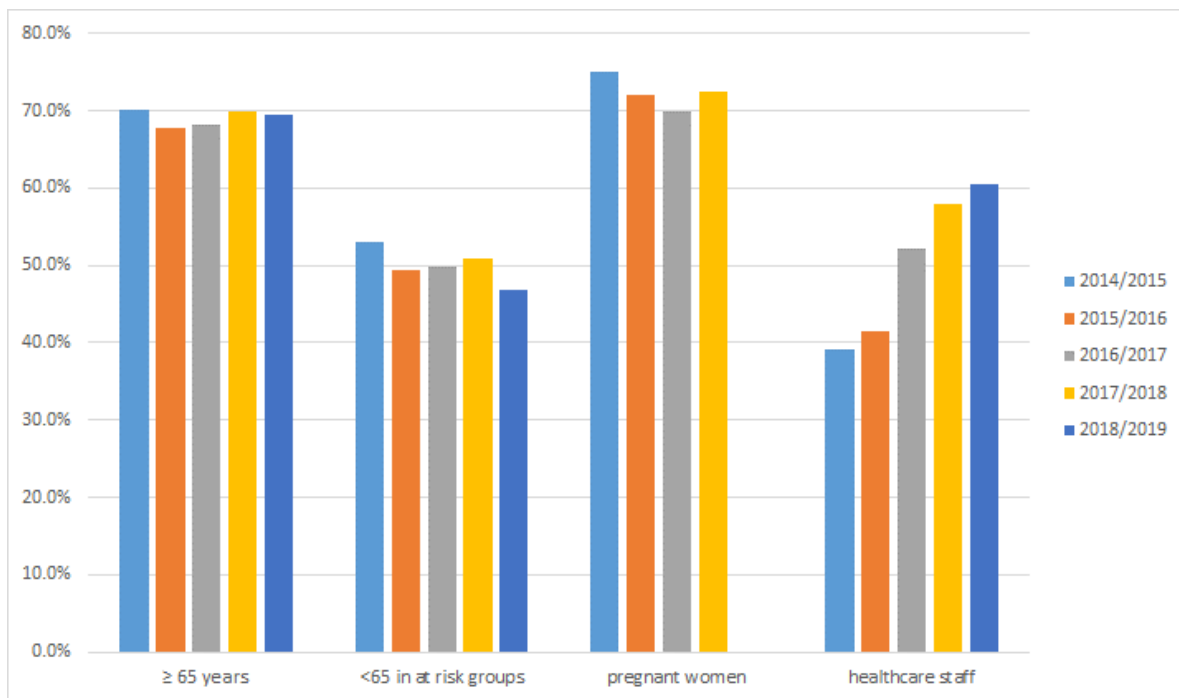
Flu vaccinations

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, the Health Board targets these groups and encourages them to take up the offer of a free vaccination.

Each year the effectiveness of vaccination campaigns is reviewed, by looking at the percentage of eligible people who were vaccinated. During the winter months, when flu is most common, uptake of vaccinations is monitored on a weekly basis. The Health Board's 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, which could affect patients and severely impact on the services we provide.

There was no significant change in the uptake of flu vaccinations for patients aged over 65, with the Health Board sustaining the improvement seen in the previous financial year.

The percentage of our staff, who are in direct contact with patients, who were vaccinated continues to improve with uptake exceeding the 60% target set by Welsh Government.



Source – Public Health Wales

Chronic conditions

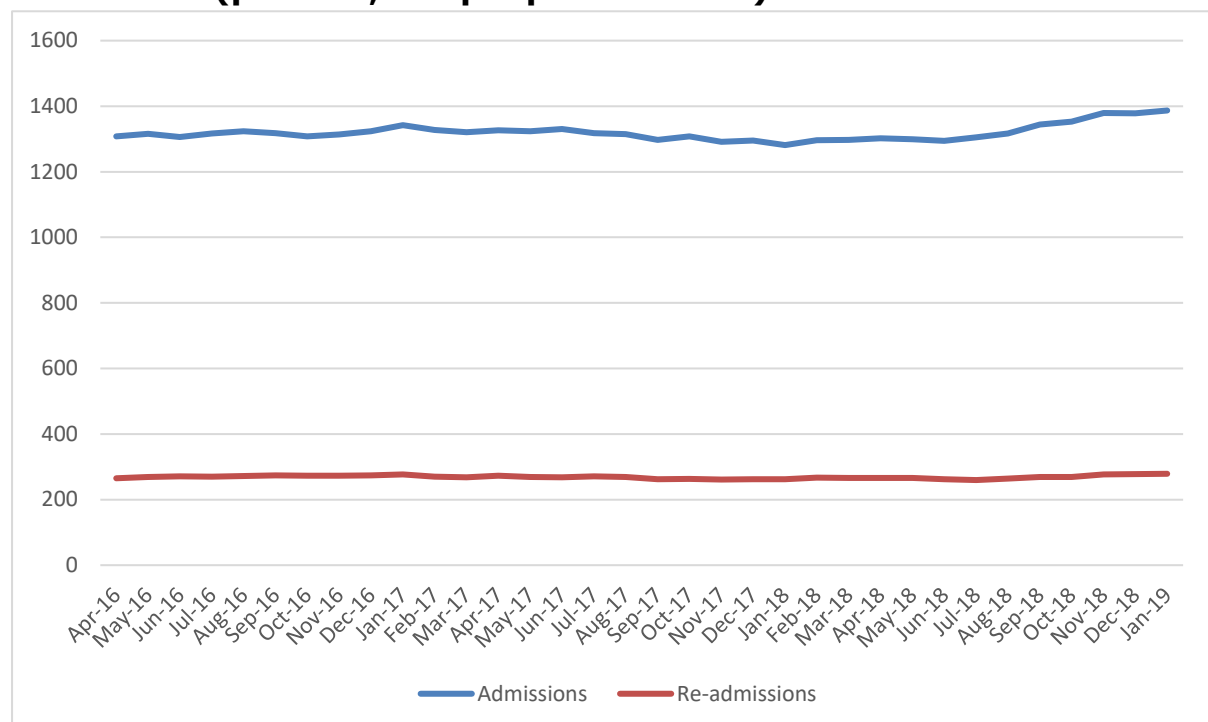
Large numbers of people in Gwent live with chronic conditions such as heart disease, epilepsy, diabetes and chest disease. Sometimes, these conditions get worse and people may need to be admitted to hospital for emergency care. These admissions are disruptive for people and their families and may lead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

However, if people are provided with the information and resources which enable them to manage their condition and they have access to good support in the community from their GP, nursing teams, voluntary agencies and other services, they may be able to avoid a worsening of their condition and admission to hospital.

Hospital admissions and readmissions are measured to provide an indication of how well people with chronic conditions are being supported by services delivered in their community.

There has been an increase in the number of emergency admissions in 2018/19, predominately respiratory patients, with the rate of re-admissions staying constant to the number of admissions.

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



Source – Welsh Health Data Mart (data used to Jan 19 due to coding completeness)

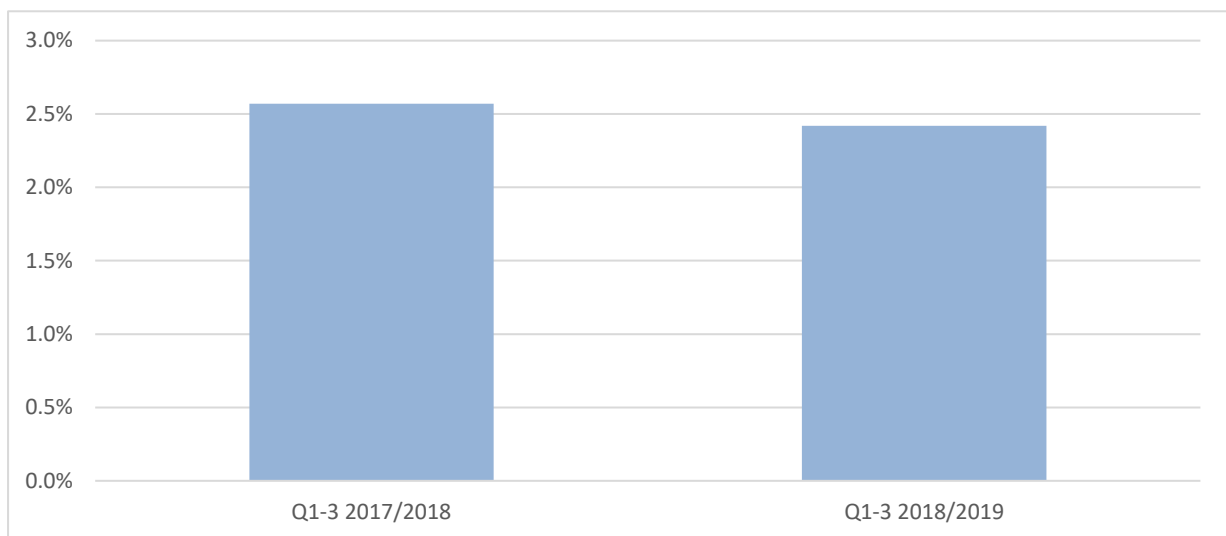
Smoking

Smoking is the major avoidable contributor to a wide range of diseases. Stopping smoking can make a significant difference to a person's health.

The Health Board monitors the number of people using smoking cessation services, as a percentage of the population who smoke. A simple breath test, measuring carbon monoxide levels, provides a simple, objective measure of smoking status. The "Making Every Contact Count" initiative aims to deliver simple and timely advice to patients, which our staff meet on a daily basis, on matters such as smoking.

The percentage of people attempting to quit smoking during the majority of 2018/19 was below the same period in the previous year (2017/18). However, there was a small increase in the number of people attempting to quit – from 698 to 721.

% of adults who attempt to quit smoking via smoking cessation services.

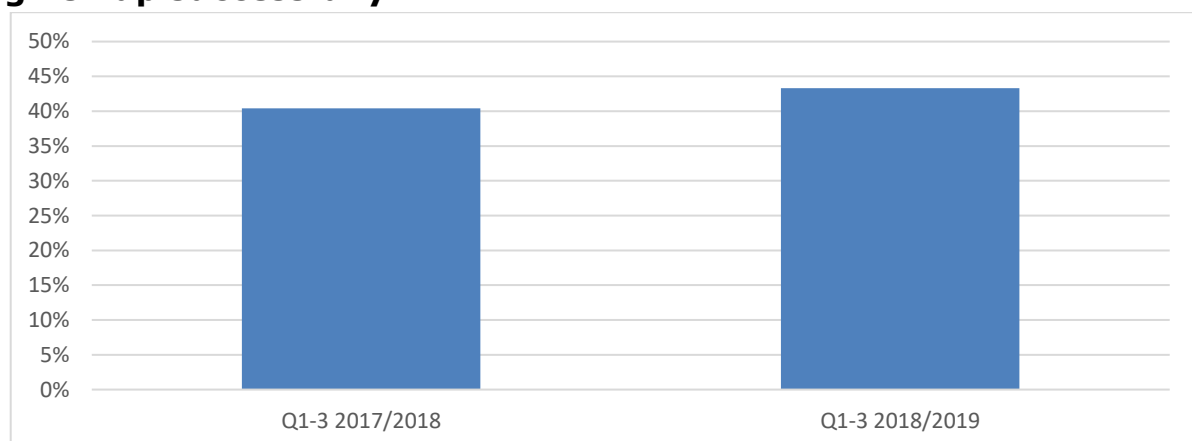


Source – summary scorecards provided by welsh government

Figures for the last quarter of 2018/19 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 increased by nearly 3% and 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.

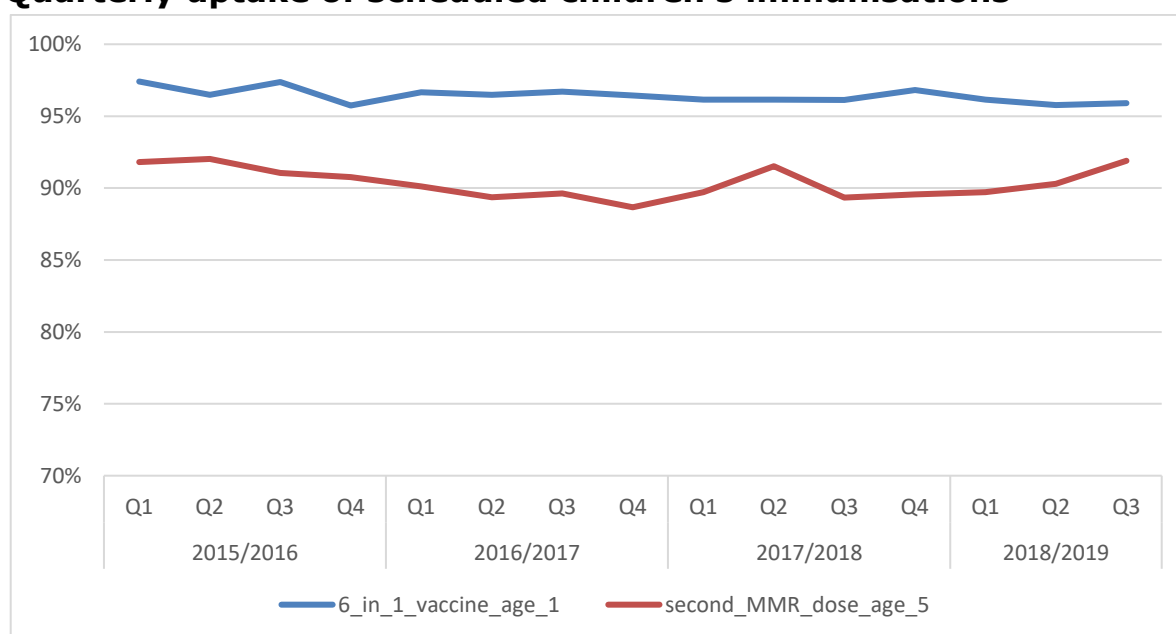
Childhood vaccinations

The Health Board has robust reminder processes in place to 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 6 in 1 vaccine by the age of one and two doses of the MMR vaccine, by the age of five, as the key indicators. The following chart shows consistent achievement of the 95% uptake rate for the 6 in 1 vaccine. Although the uptake of the MMR vaccine is improving, it is still below the 95% uptake rate.

In 2018/19, 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



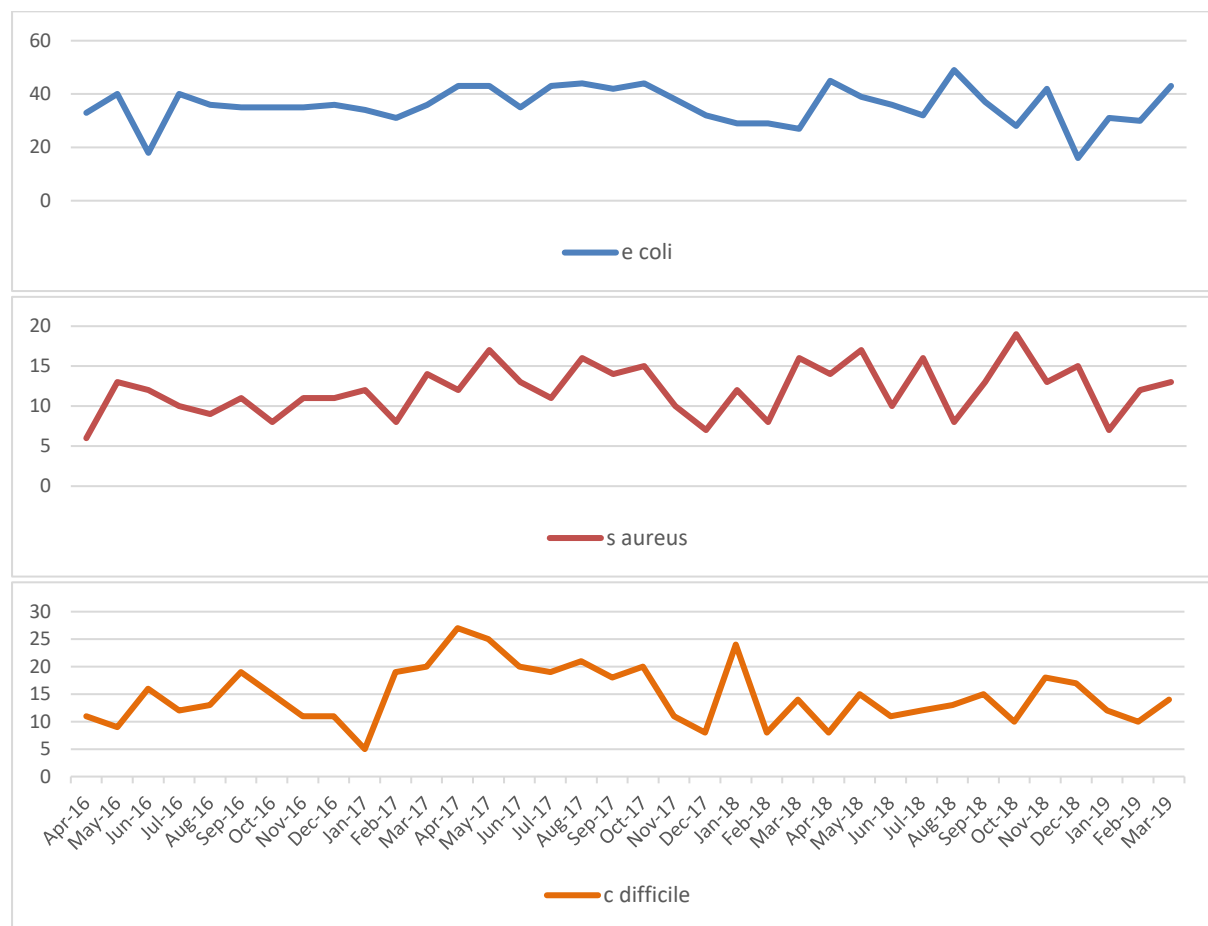
Source – summary scorecards provided by welsh government (5 in 1 prior to 2018/19)

Safe Care

Patient Infection Rates

We take the safety of our patients very seriously. That means doing everything possible 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.

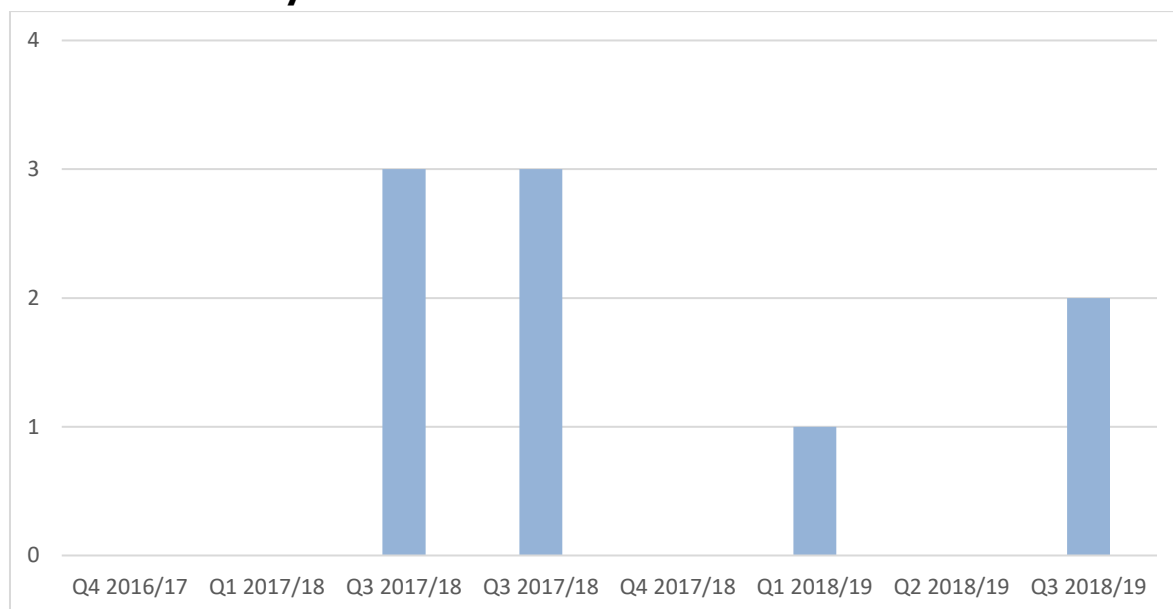
ALERT: This requires prompt action with a specified implementation date to address high risks/significant safety problems that have been identified.

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 always 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

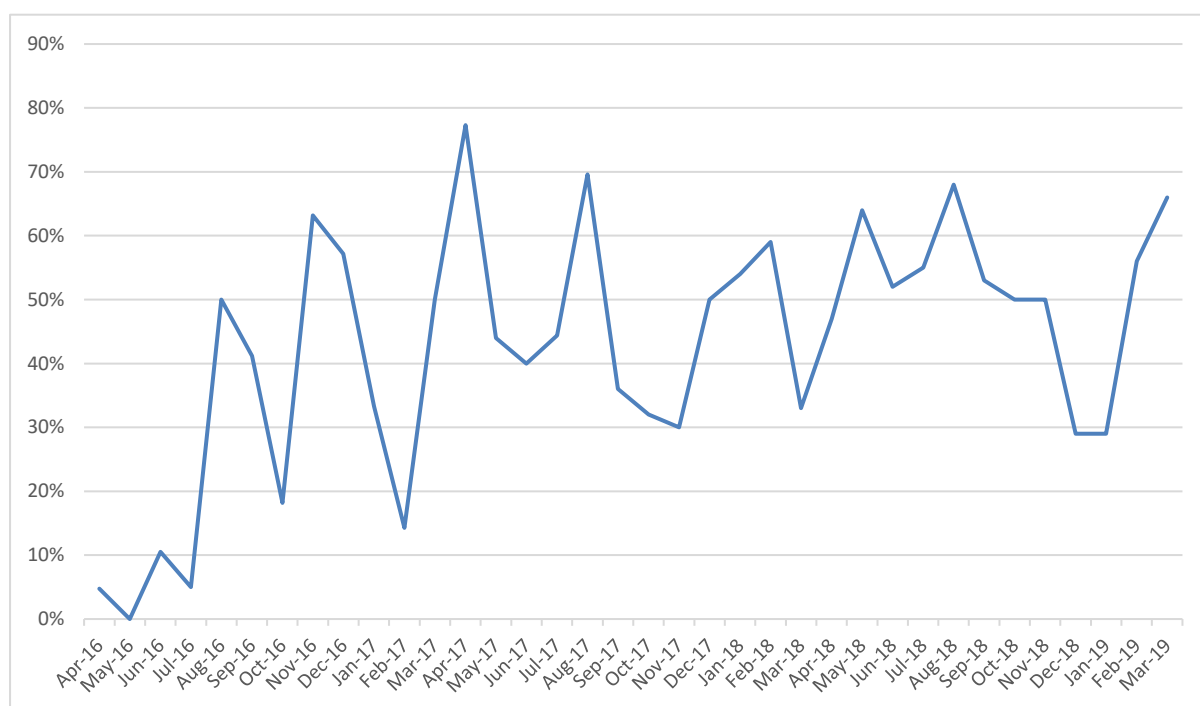
Serious Incidents and Never Events

All serious incidents and never events (serious incidents that are wholly preventable) are brought to the attention of the Health Board's Chief Executive, or an Executive Director, and reported to Welsh Government within 24 hours.

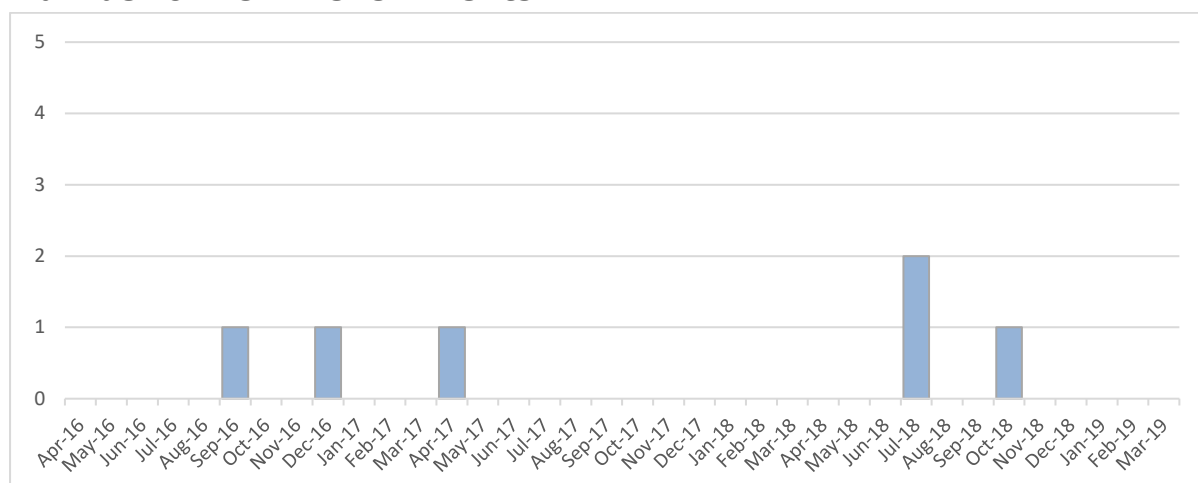
A full investigation is undertaken and actions identified to avoid any reoccurrence.

A plan to make required changes is produced and implemented. These plans always include demanding timescales and, as a result, may take slightly longer than planned to achieve all required changes. This is monitored and compliance in meeting deadlines is reported, as can be seen in the following chart.

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



Number of new Never Events:



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/documents/866/Annual%20Quality%20Statement%202018-19.pdf>

Dignified Care

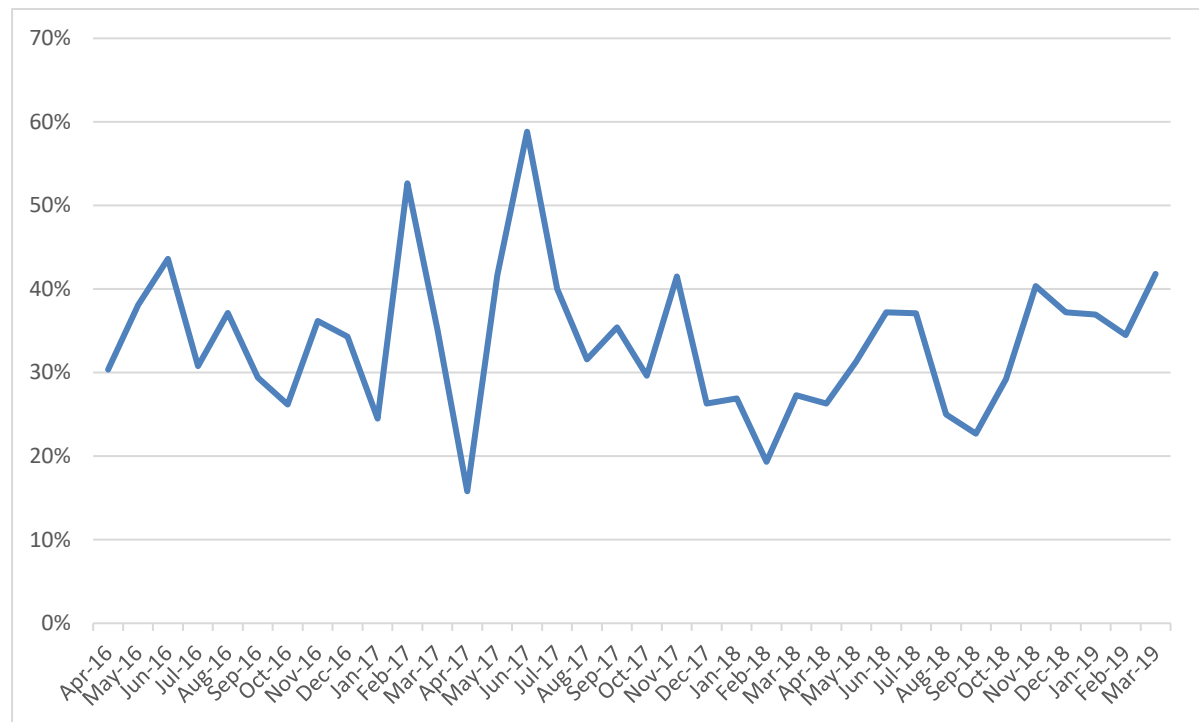
The cancellation of an operation, especially at short notice, causes great inconvenience for a patient and may prolong a period of anxiety and discomfort.

The Health Board's tries hard to avoid cancellations, but sometimes circumstances (such as very high levels of demand for emergency care and treatments) may make this unavoidable. Cancelled operations are re-booked as soon as possible.

The rebooking of operations, following a cancellation, is monitored and reported to Welsh Government.

In 2018/2019, when there was increased pressure from emergency demand, during some of the summer and winter months, performance against this measure decreased slightly. However, it started to improve during the end of the financial year.

% 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: Integrated Performance Dashboard

Effective Care

Delayed transfer of care

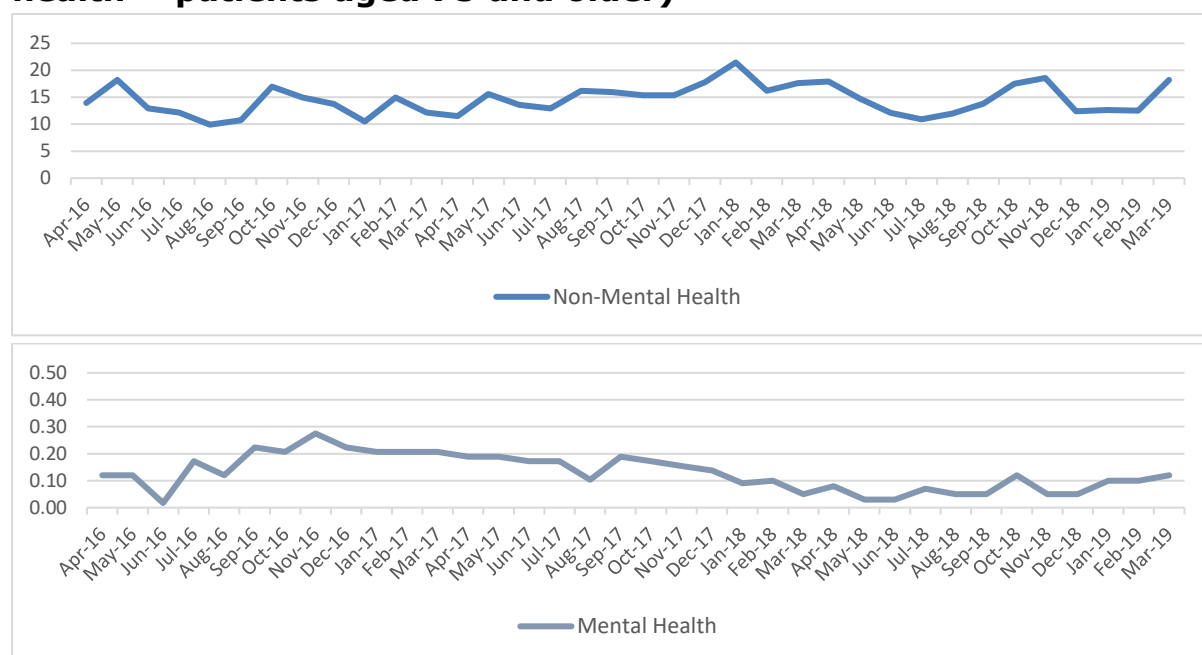
It is recognised that there are sometimes high numbers of patients who experience a delay in their discharge or transfer to a different care environment.

This is an issue that is common across parts of the UK. Considerable effort goes into reducing the numbers and lengths of delays, attributed to health and social care reasons. However, a major reason for delays is patient choice and family-related issues involving selection of a nursing or residential home with an available place.

There is a Choice of Accommodation Policy to support patients and their families in making decisions about their future care and consequently reduce delays. Health Board staff work closely with local authorities to address the problems of delays, due to the lack of suitable accommodation.

In 2018/19 there was a reduction in the rate of delayed transfers per 10,000 population for both patients with mental health problems and for patients with physical problems.

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 – Integrated Performance Dashboard

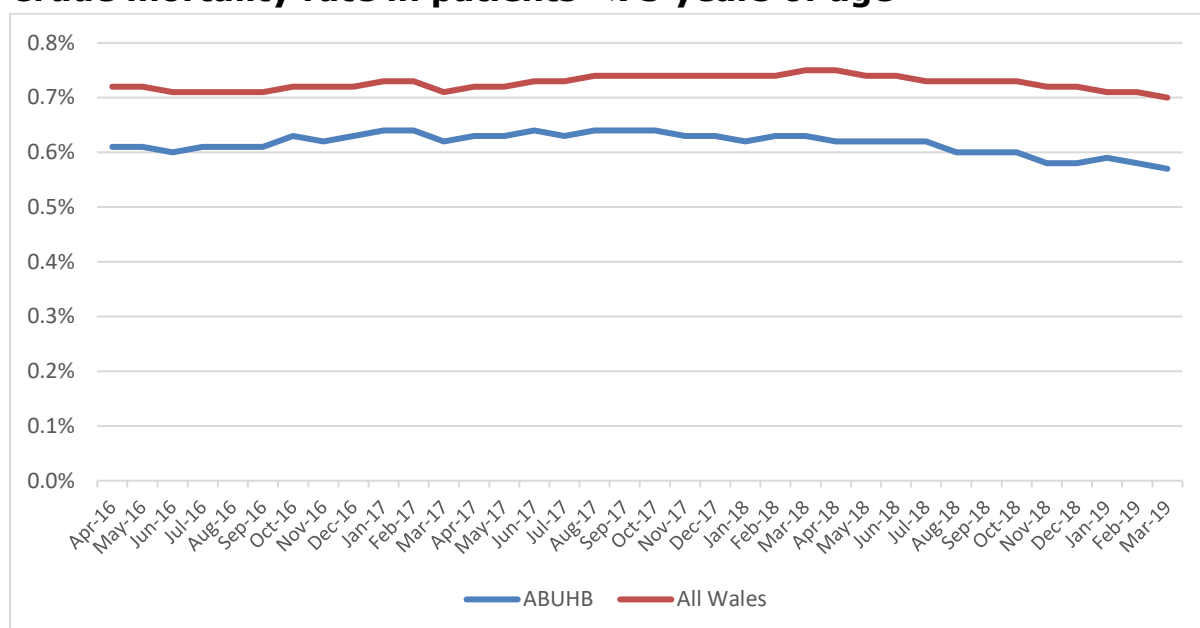
Mortality rates

Although death at the end of a hospital stay is sometimes inevitable, it is crucial that we monitor and openly report this information, 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.

The Health Board saw a reduction in the crude mortality rate (rolling 12 months) through 2018/19 and was consistently lower than the average across other Health Boards in Wales.

Crude mortality rate in patients <75 years of age



Source – I compare - CHKS

Principle Diagnosis Code

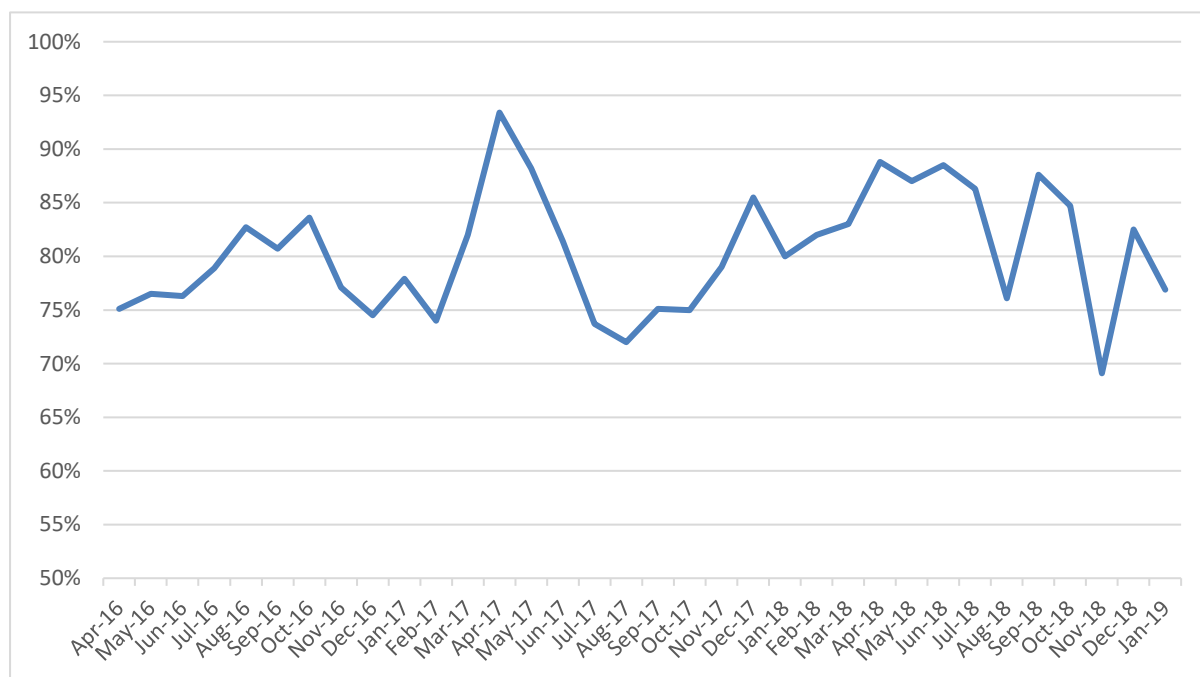
The detailed information that makes up the narrative and content of the clinical record of a patient's stay in hospital is essential in managing and optimising the care that the patient receives during their stay and any future stays in hospital. However, if this information is to be used for analysis, planning and reporting, it must be categorised and recorded using 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, auditing 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 2018/19 the average percentage of valid principal diagnosis codes completed one month after the episode end date has increased overall from 2017/18, despite there being a significant increase in the number of episodes that require coding. The performance is still below the target of 95% and work is ongoing to improve this.

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



Source – summary scorecards provided by welsh government

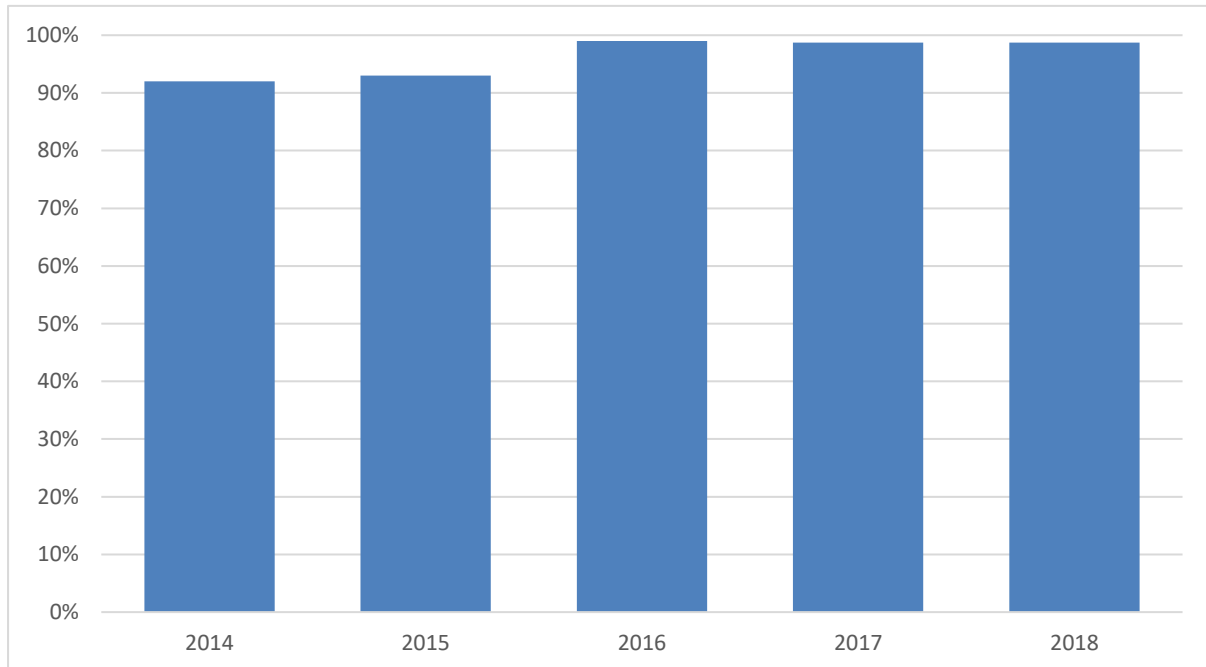
Timely Care

Access to GPs

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

The percentage of GP practices open within 1 hour of the daily core hours has been consistent over the past three years.

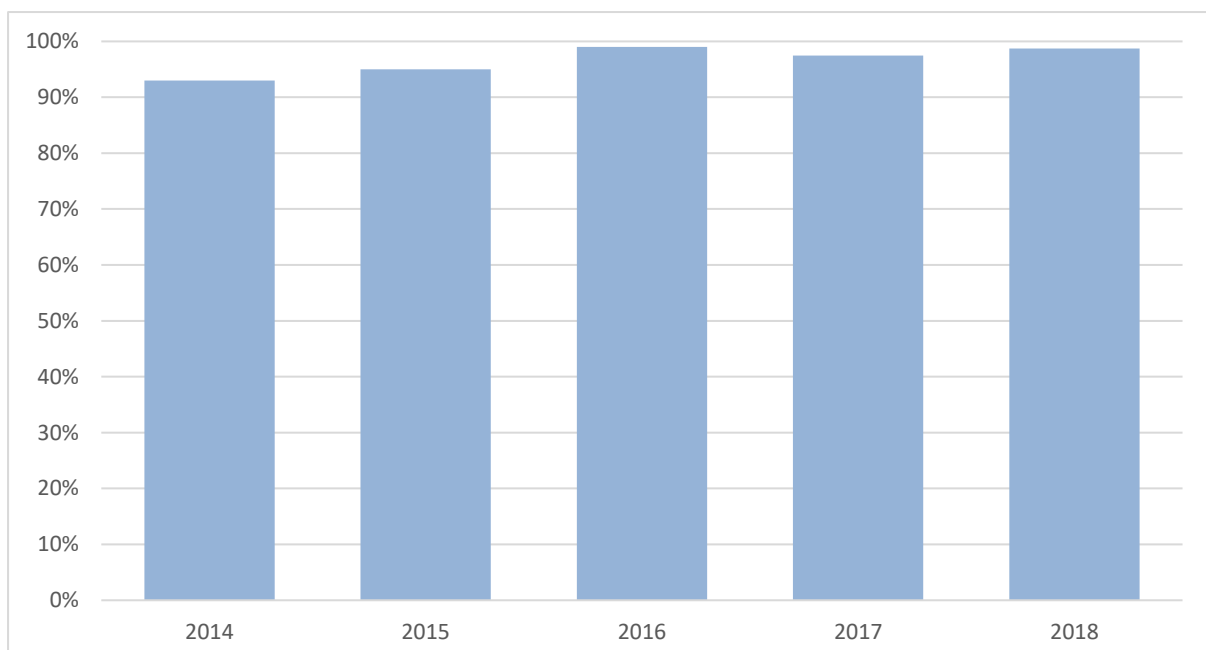
Percentage of GP practices open during daily core hours or within 1 hour of daily core hours



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, increased slightly from 2017 to 2018, to just under 99%.

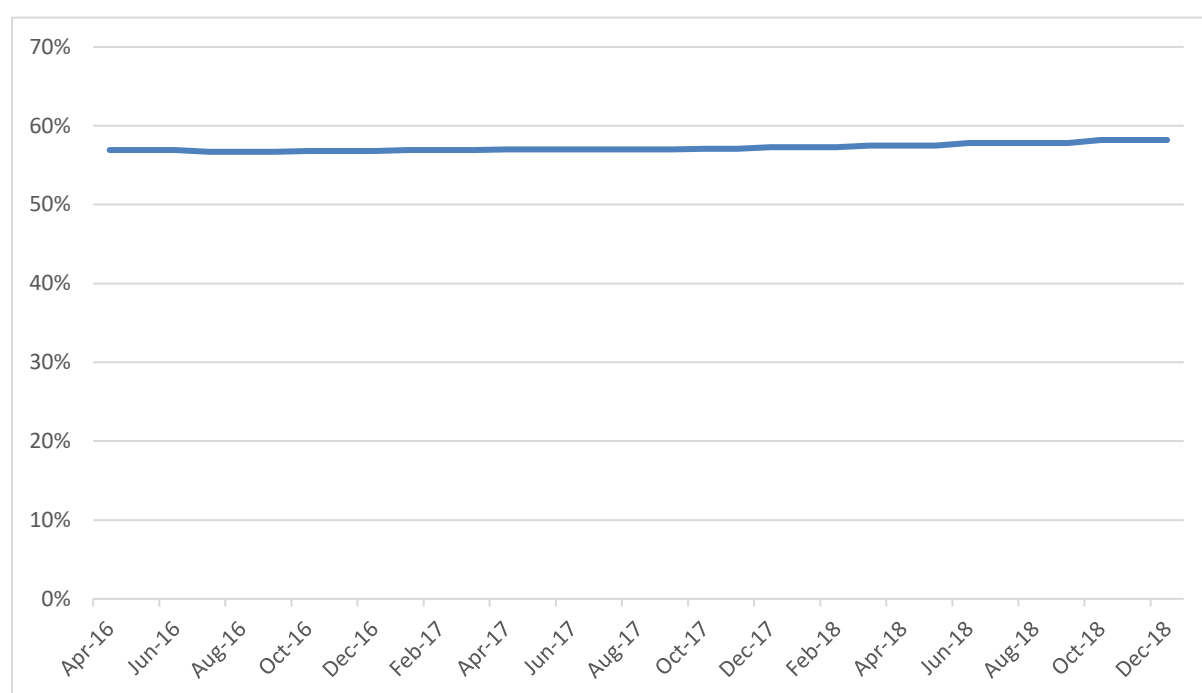
Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours



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 56-58%.

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



Source – Stats Wales

Data available to December 2018

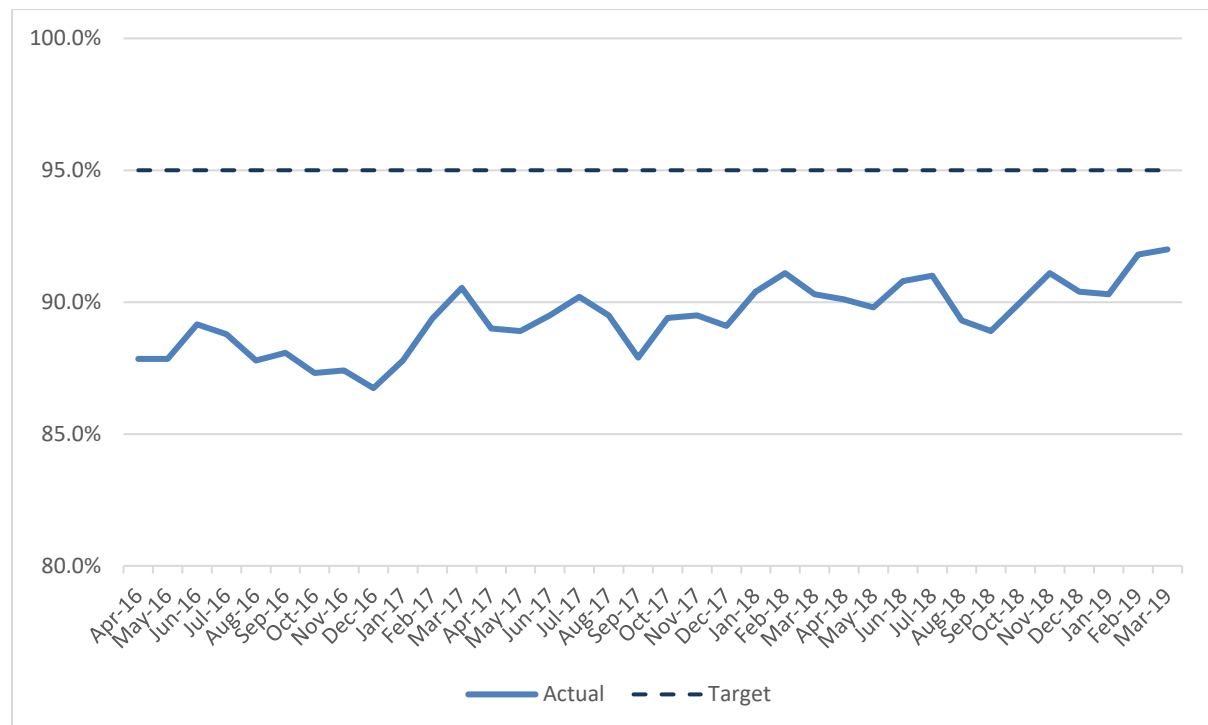
GP referral to treatment waiting times

The wait between referral by a GP and access to an outpatient appointment, investigation and treatment may create anxiety and uncertainty. The Health Board monitors and reports the time that patients wait and try to minimise waiting times.

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

Although in 2018/19 the percentage of patients waiting less than 26 weeks for treatment (RTT) did not reach the target of 95%, there was an improvement in performance of nearly 2% between March 2017 and 2019.

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

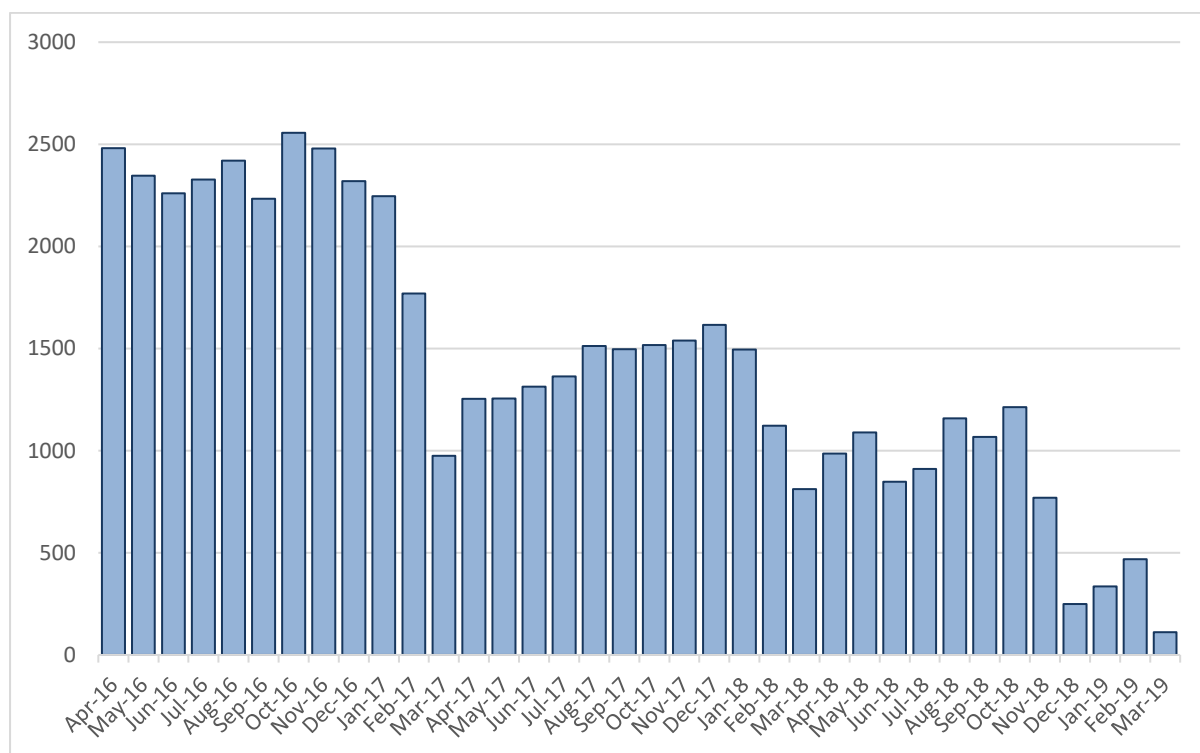


Source – summary scorecards provided by welsh government

Number of Patients Waiting Longer than 36 weeks for Treatment

The number of patients waiting longer than 36 weeks for treatment has reduced significantly since April 2016, reducing by 1,506 in 2017/18, and by a further 863 in 2018/19, with 112 patients waiting at the end of March 2019.

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

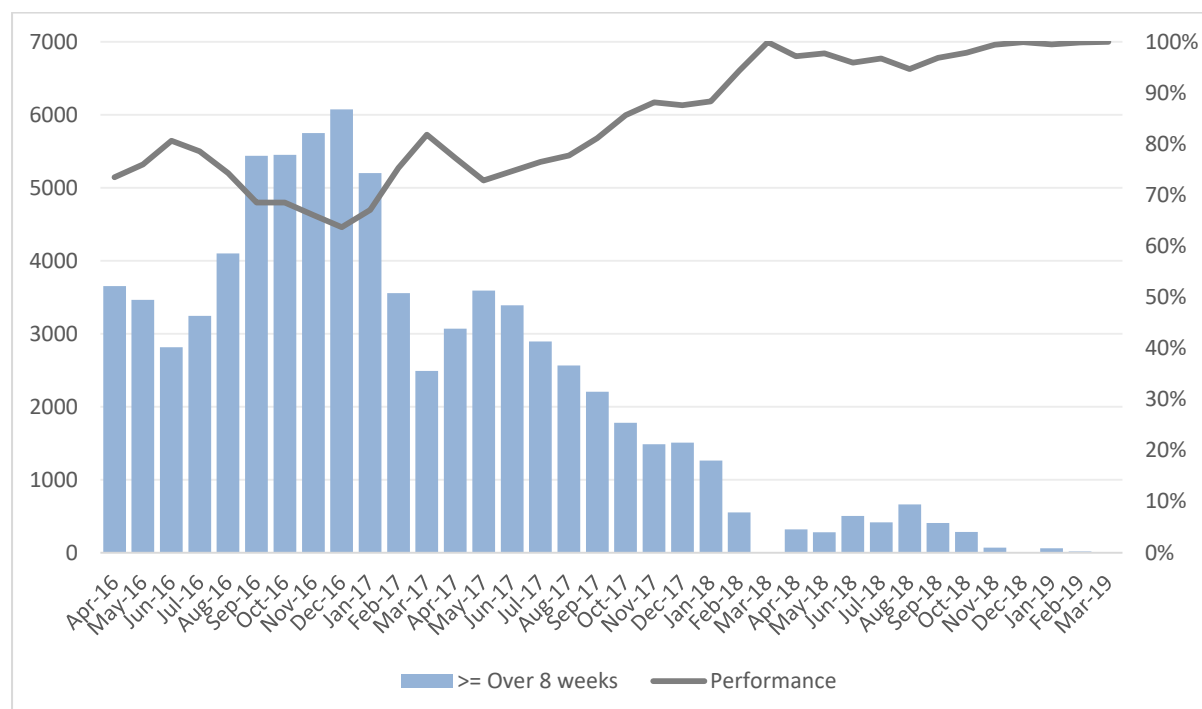


Source – summary scorecards provided by welsh government

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

The Health Board has made significant improvement in waiting times for diagnostic tests over the past few with years, with no patient waiting over 8 weeks at the year end, and performance above 99% between November 2018 and March 2019.

Numbers of people waiting over 8 weeks for a diagnostic test and % waiting less than 8 weeks



Source – StatsWales

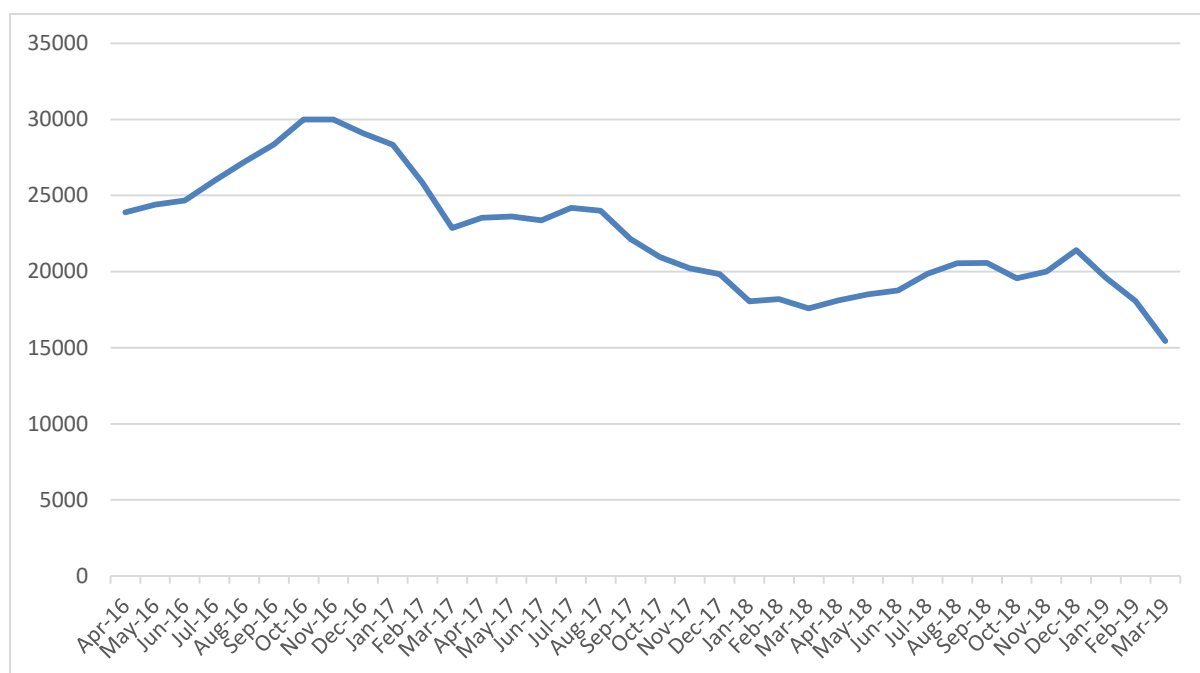
Follow-up appointments

Previously, the main focus for outpatient waiting time reductions was waiting times for new or first appointments. The Health Board also focuses on avoiding long waits for patients requiring a follow-up appointment.

Figures are monitored 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 number of patients waiting for an appointment and are past their target date reduced by 12% in 2018/19, with a reduction of nearly 6,000 patients between December 2018 and March 2019.

Number of follow-up appointments delayed past their target date



Source – Integrated Performance Dashboard

Stroke care

A set of quality improvement standards is used to monitor the quality of services that are delivered to people who have had a stroke. The standards describe the things that should take place within fixed time periods. Welsh Government publish a limited sub-set of these standards to report the Health Board's performance. The following chart indicates the performance against the full set of targets.

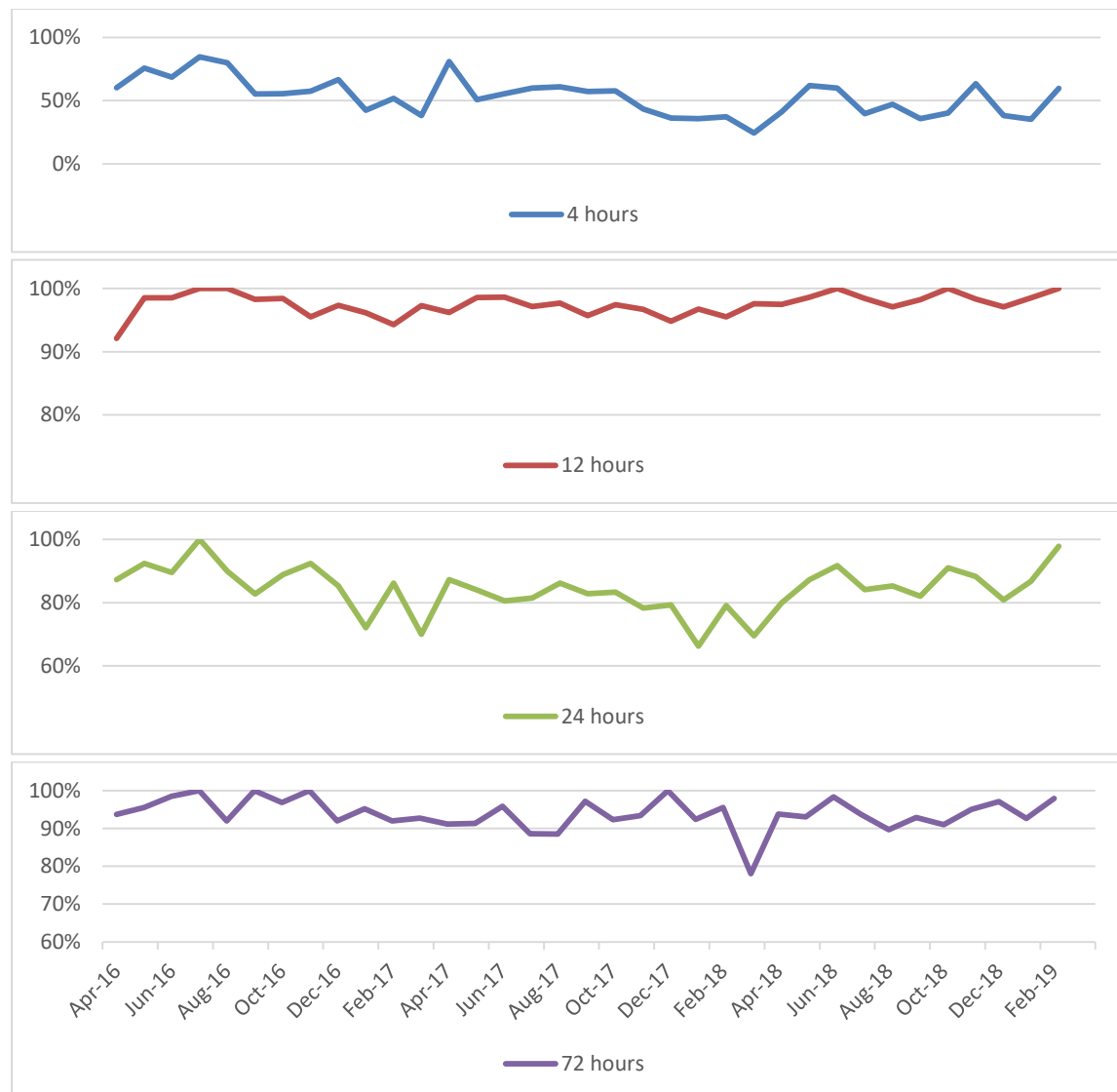
4 hours: Direct admission to a specialist Acute Stroke Unit and Screening to make sure that patients have a swallow reflex and will not choke if given food and fluids

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

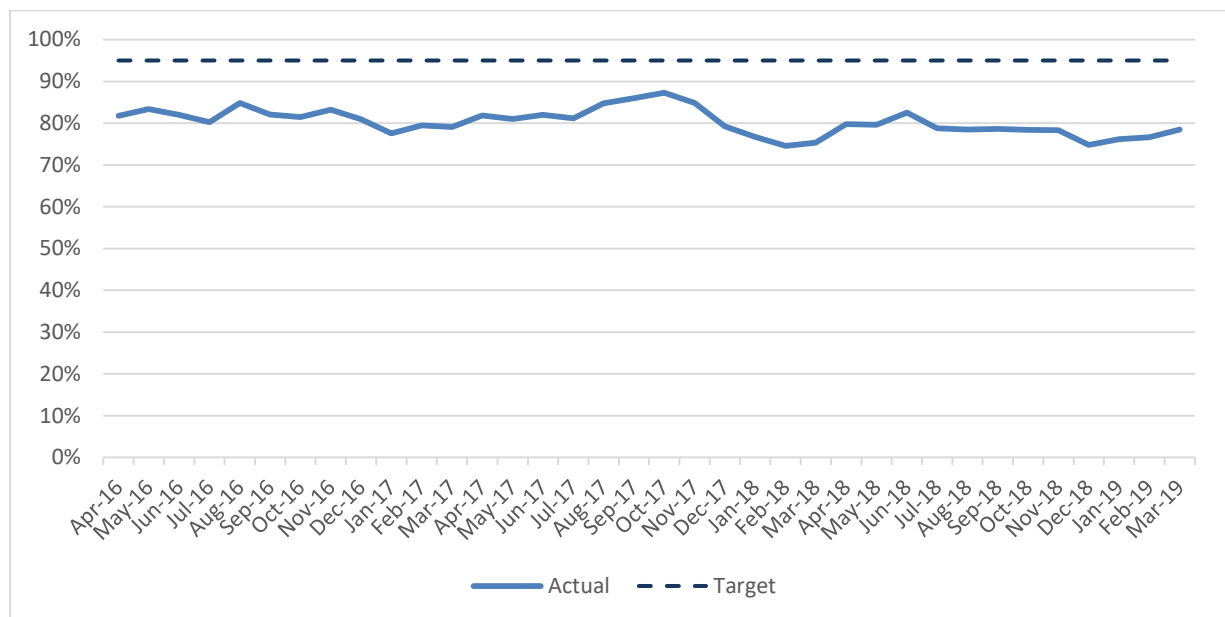
Emergency care

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.

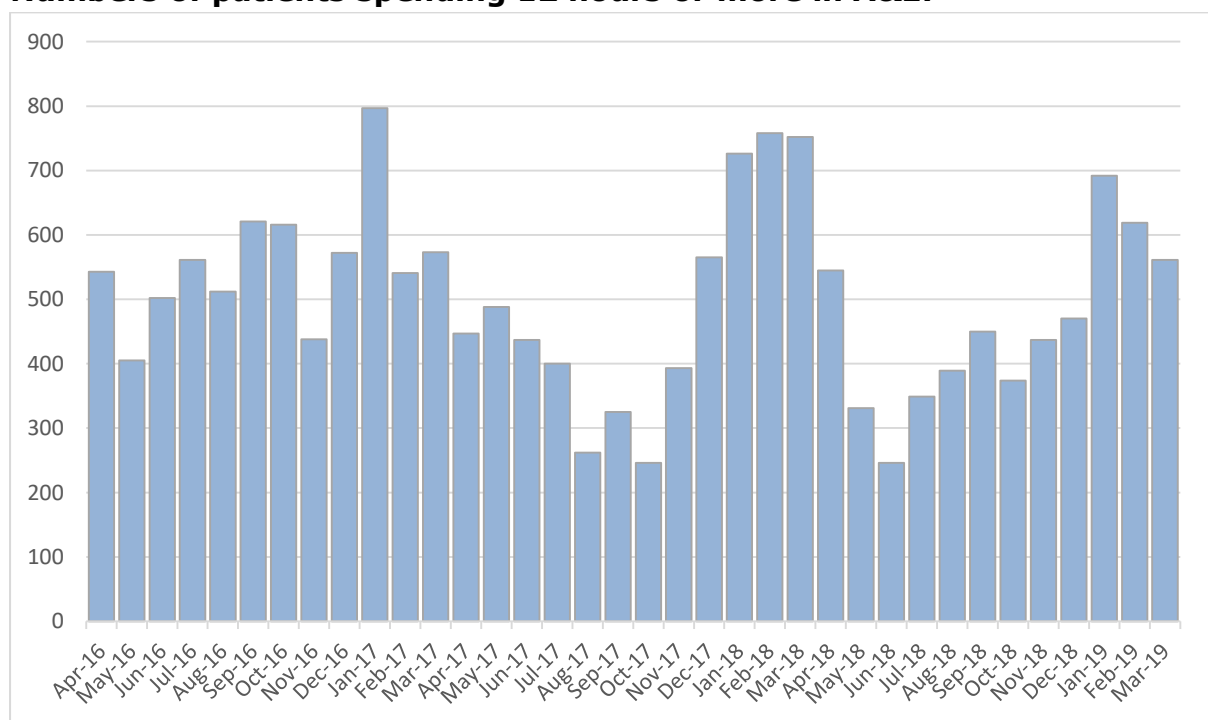
People sometimes wait for lengthy periods in A&E departments before they are discharged, admitted or transferred. This is an area of concern for the Health Board and one where there are a number of actions being undertaken to improve the position.

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



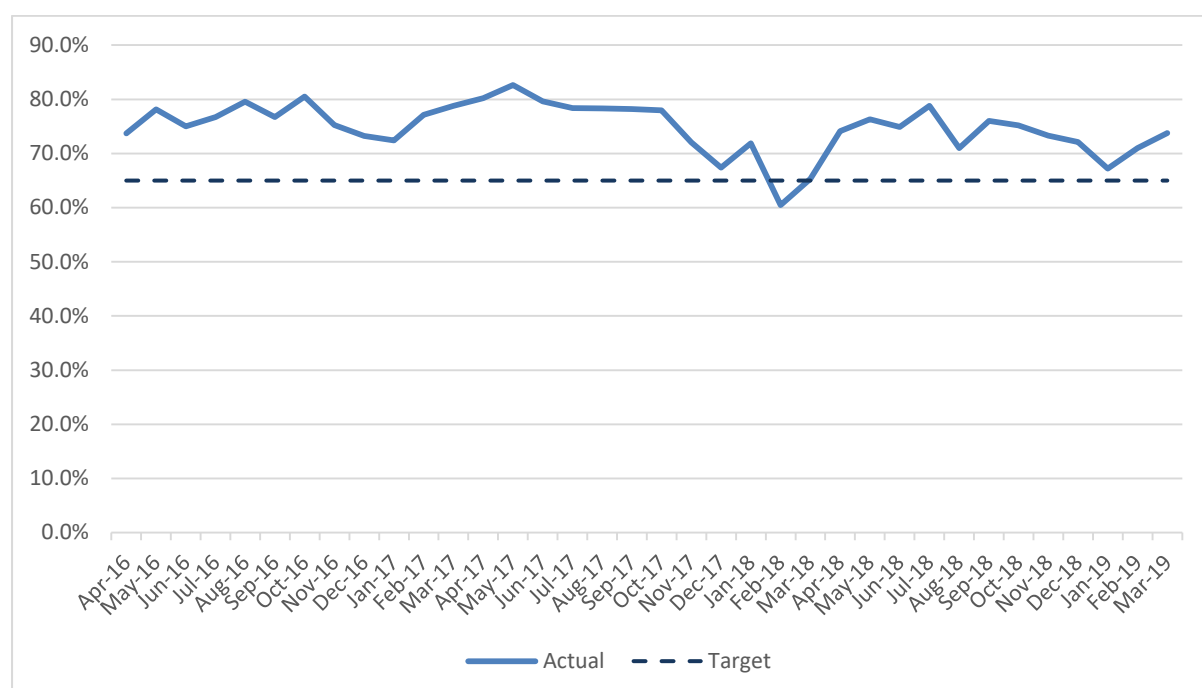
Source – ISD Reportal

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



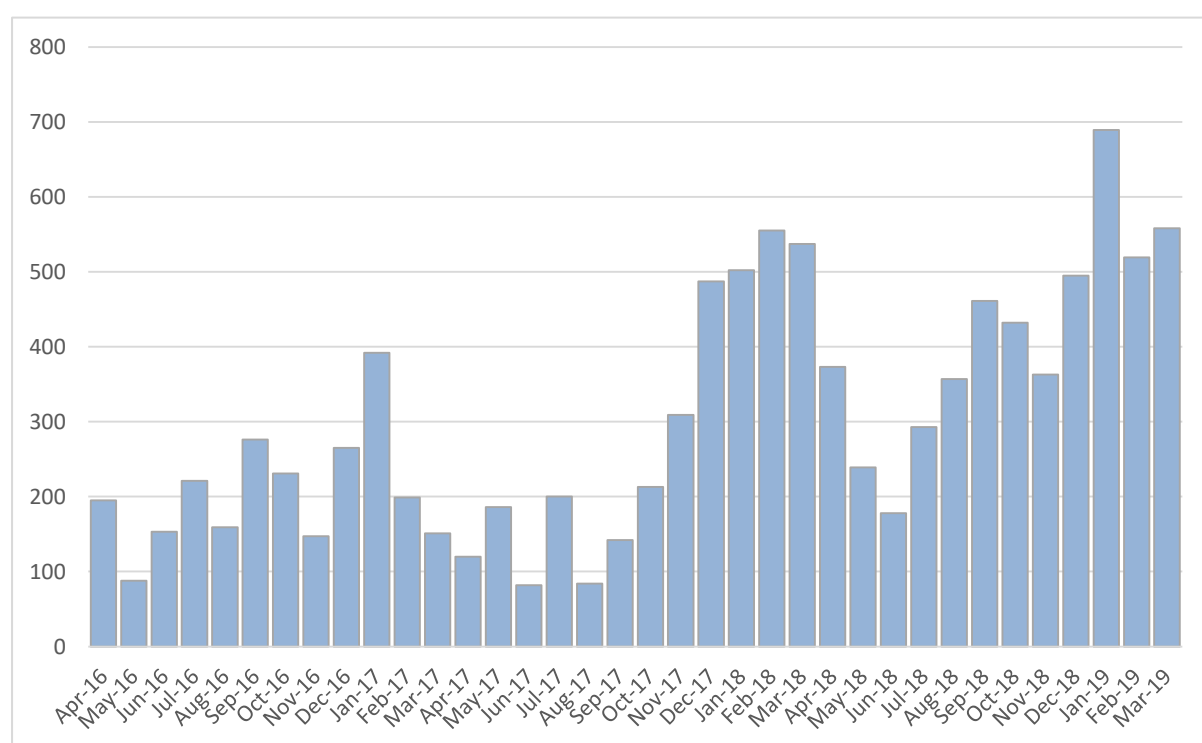
Source – ISD Reportal

% 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

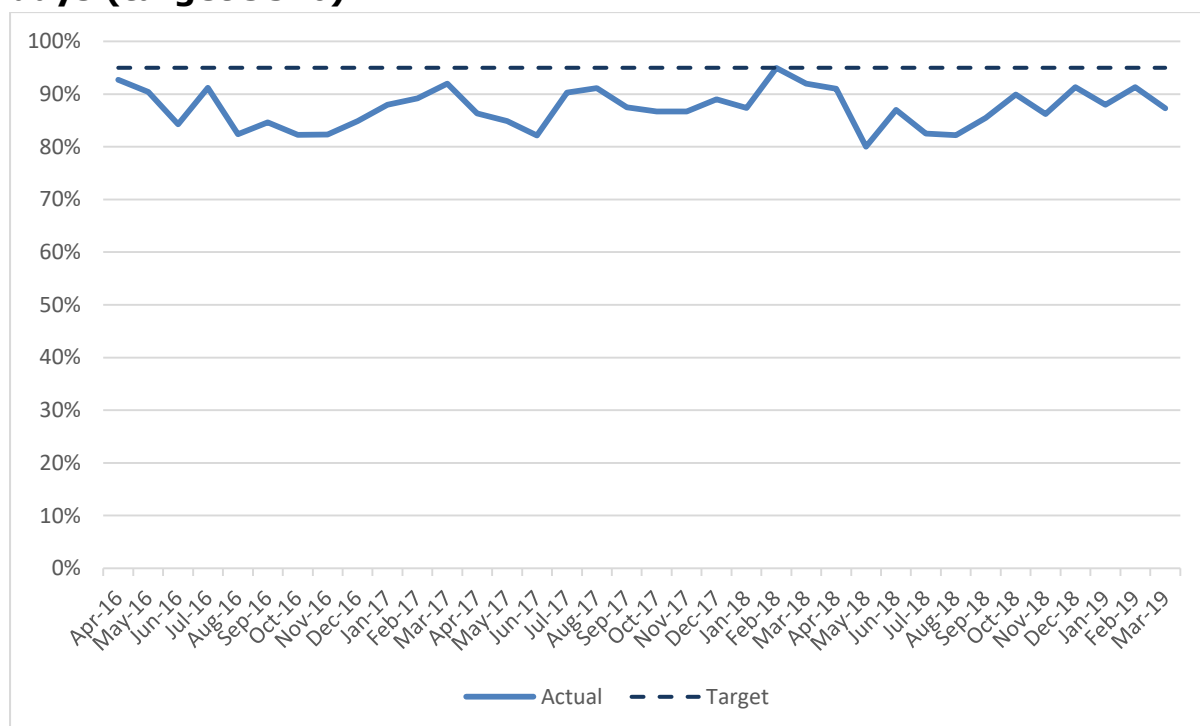
The Health Board has a strong commitment to the provision of excellent care for cancer patients and an important aspect of this care is timely access to cancer services.

There will be a continued focus on maintaining and improving performance over the next twelve months with regard to cancer waiting times.

For patients referred to with suspected cancer, the aim is to diagnose and start treatment within 62 days. The national target aims to achieve this for at least 95% of patients.

Performance at the start of the year was low and significant effort has gone into reducing the time that patients wait. The following chart highlights the ongoing work to improve the percentage of patients starting treatment within 62 days.

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

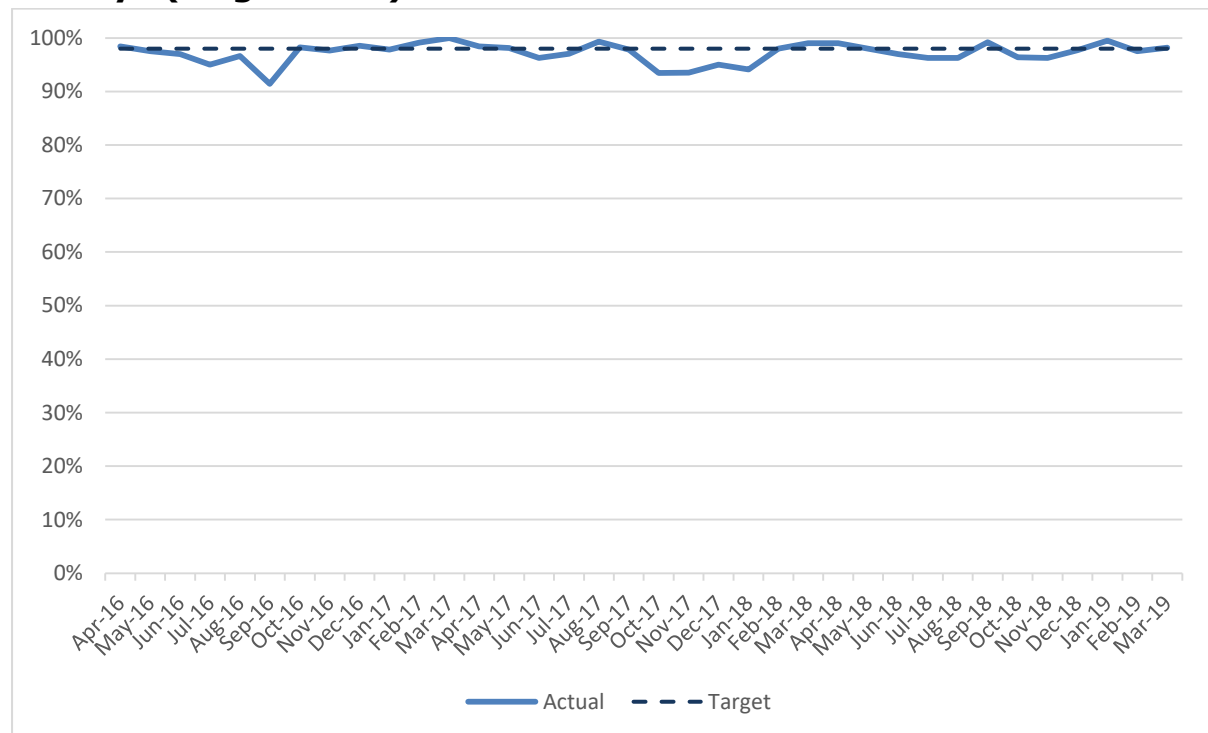


Source – Integrated Performance Dashboard

Some patients who are referred for other unrelated reasons may subsequently be diagnosed with cancer. When this happens, the aim is to start treatment within 31 days of the diagnosis being made. The national target is to achieve this for at least 98% of patients.

In 2018/19, the performance was consistently around the target of 98%, with the target achieved across a number of months.

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



Source – Integrated Performance Dashboard

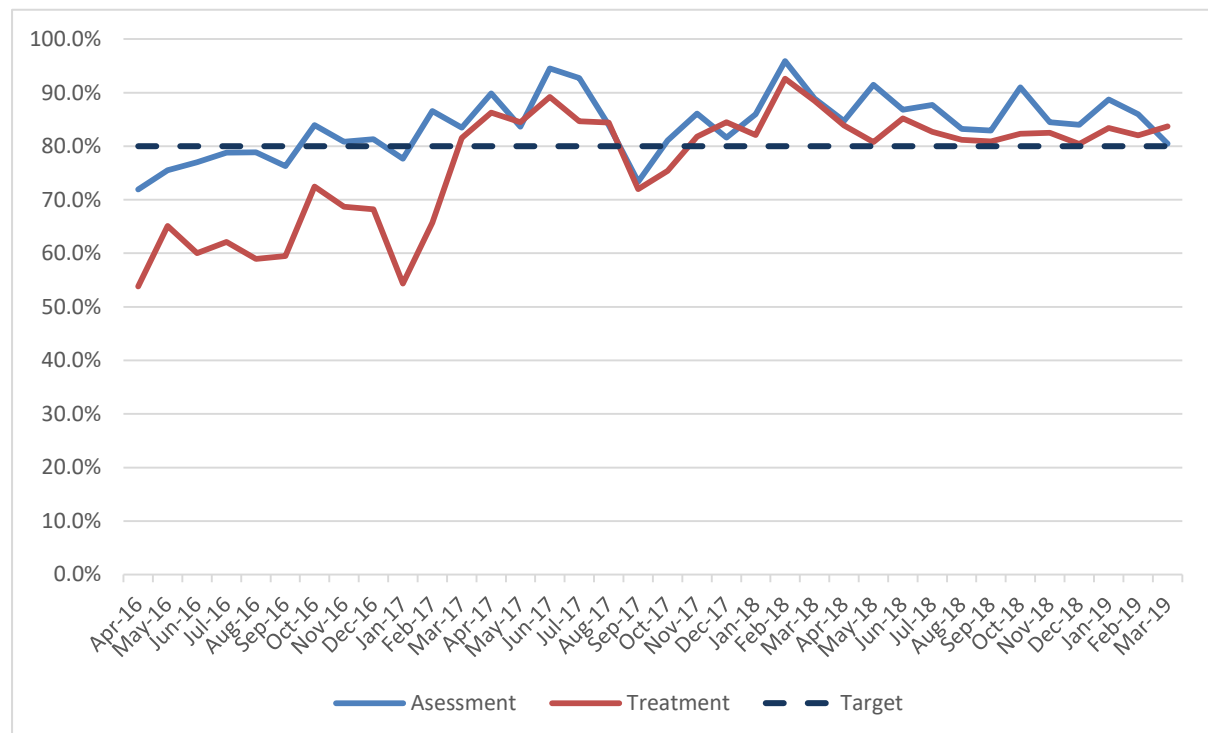
Mental Health

The care the Health Board provides for citizens with mental health problems is just as important as the care provided for physical health problems.

Whilst we continue to provide hospital based services for people with mental health difficulties many services are provided in primary and community care settings.

In 2018/19, the Health Board consistently meet the 28 day target from referral to assessment, and referral to treatment for patients seen by Local Primary Mental Health Support Services (LPMHSS).

% 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 – Integrated Performance Dashboard

Individual Care

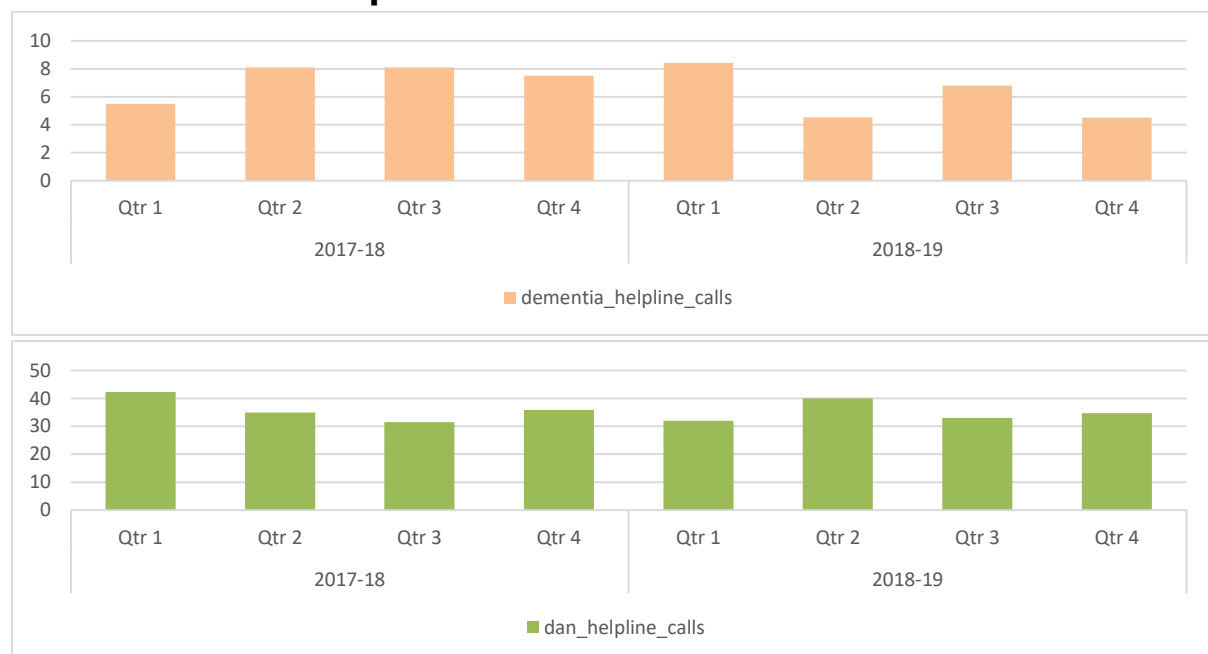
Number of calls to national helplines (C.A.L.L/Dementia/DAN)

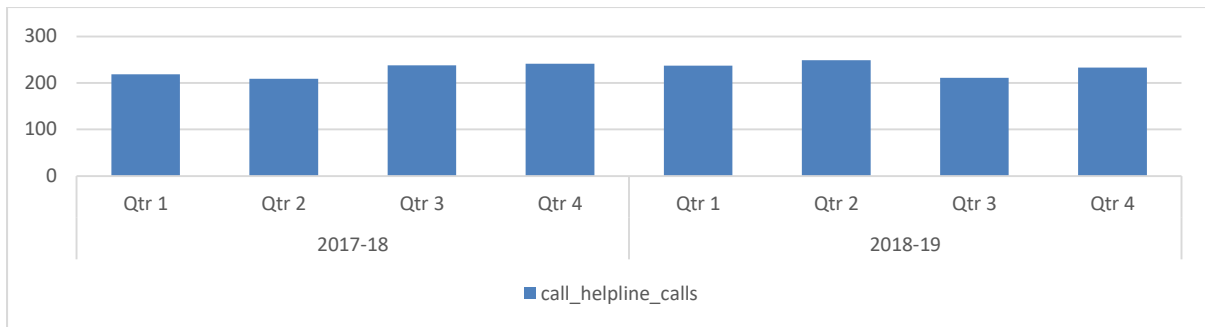
Although the Health Board does not directly manage these services, we do receive information about the number of people in Gwent who have called these national helplines. This information helps in decision making about the targeting of services, to ensure that they are tailored to the needs of our local 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

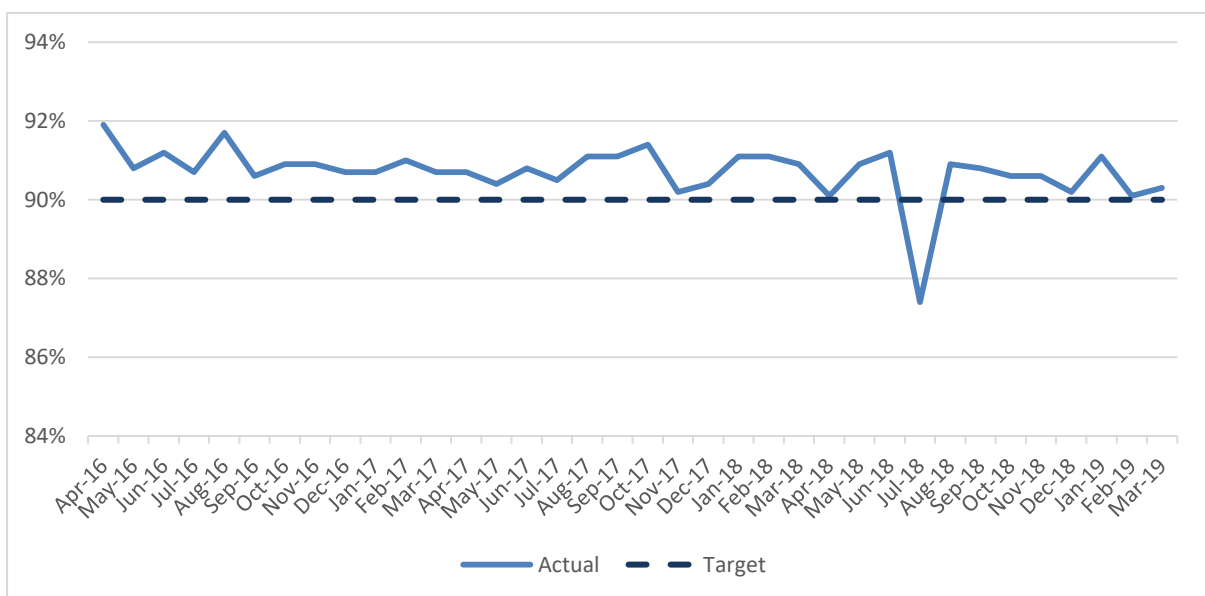
Mental Health

Involving patients in deciding the care that they wish to receive is crucial in achieving the highest standards of care. In 2018/19, the percentage of patients (all ages) who had a valid Care and Treatment Plan (CTP) completed at the end of each month was mostly above the target of 90%, with only one month where the target was not met.

All patients that were assessed were sent an outcome assessment report within 10 working days.

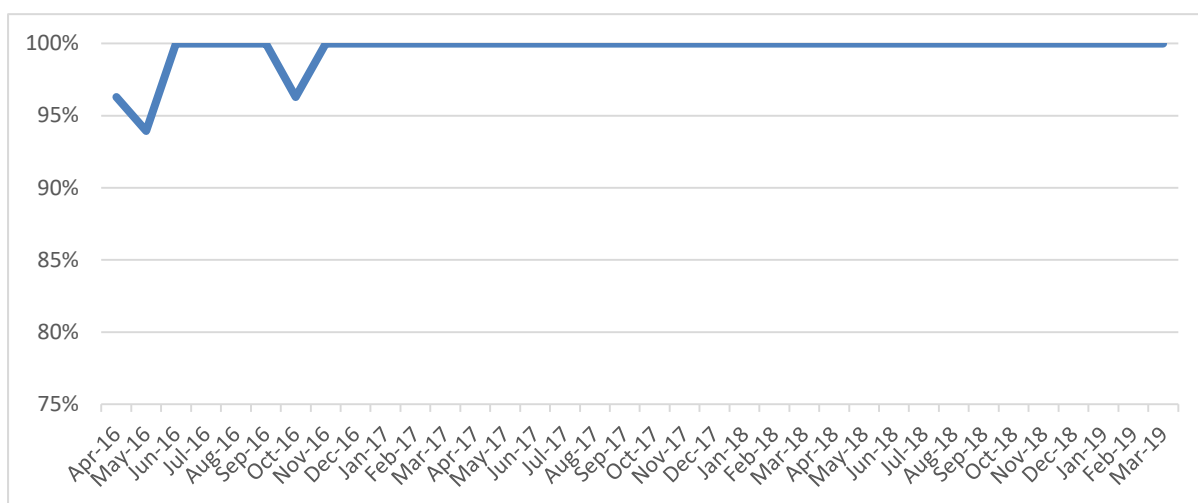
Throughout 2018/19, all of our hospitals had arrangements in place to ensure advocacy available to all qualifying patients (target 100%).

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



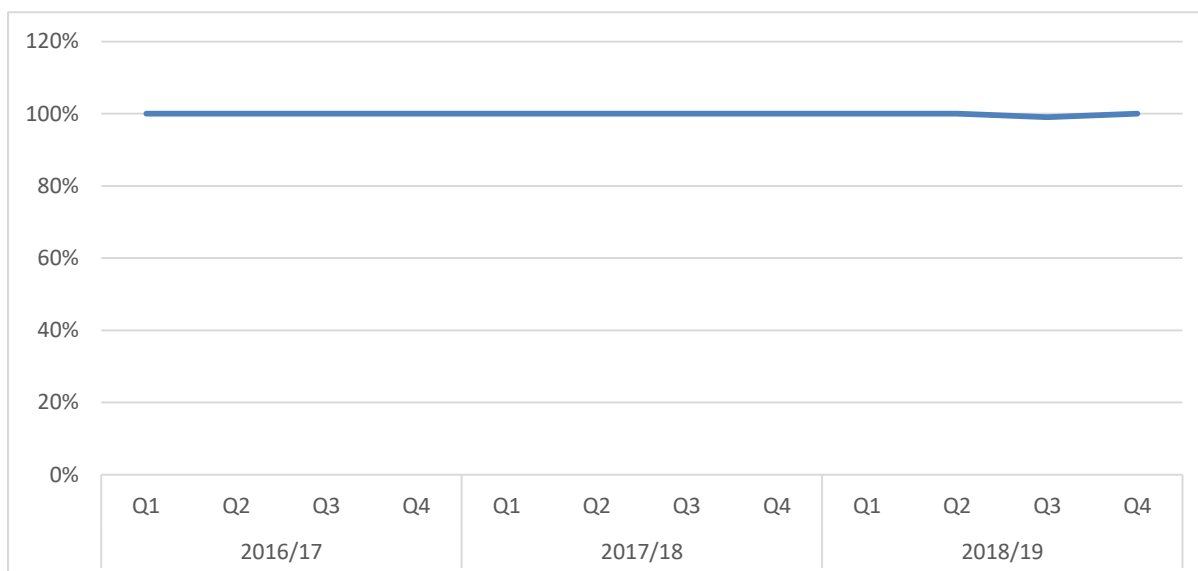
Source – summary scorecards provided by welsh government

% 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%)



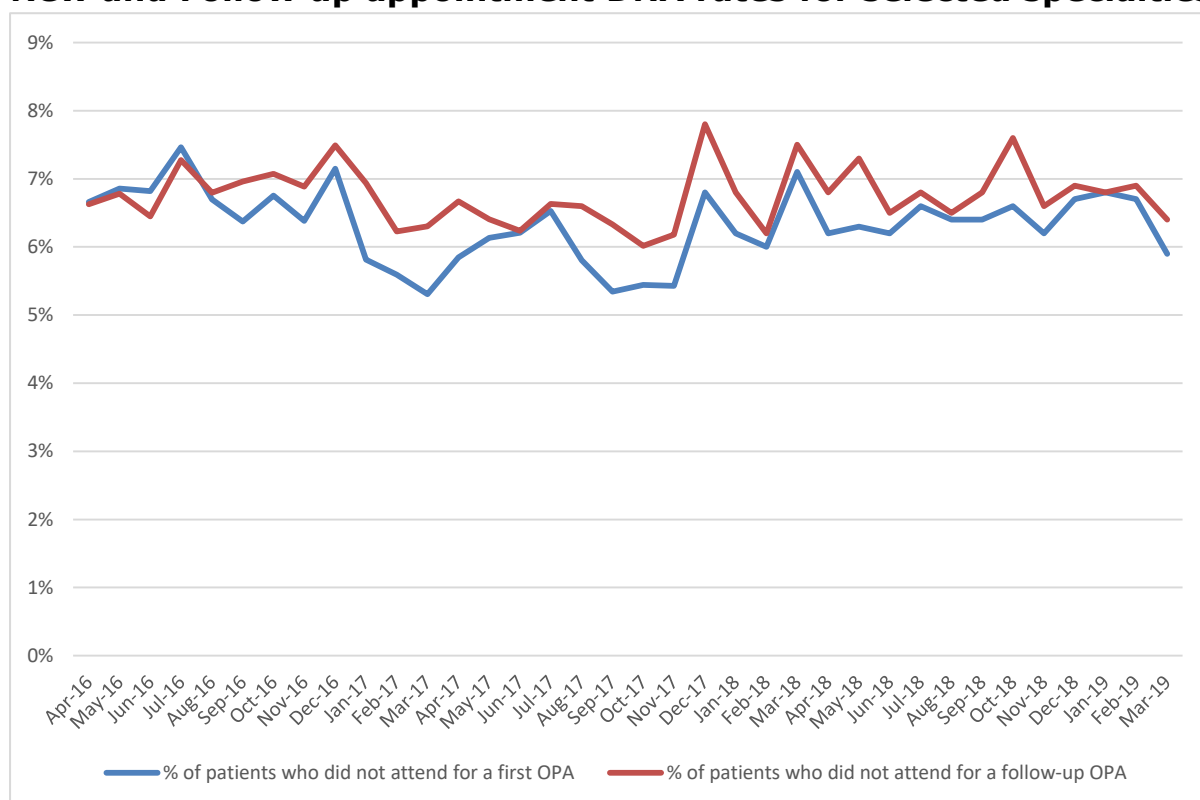
Source – summary scorecards provided by welsh government

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

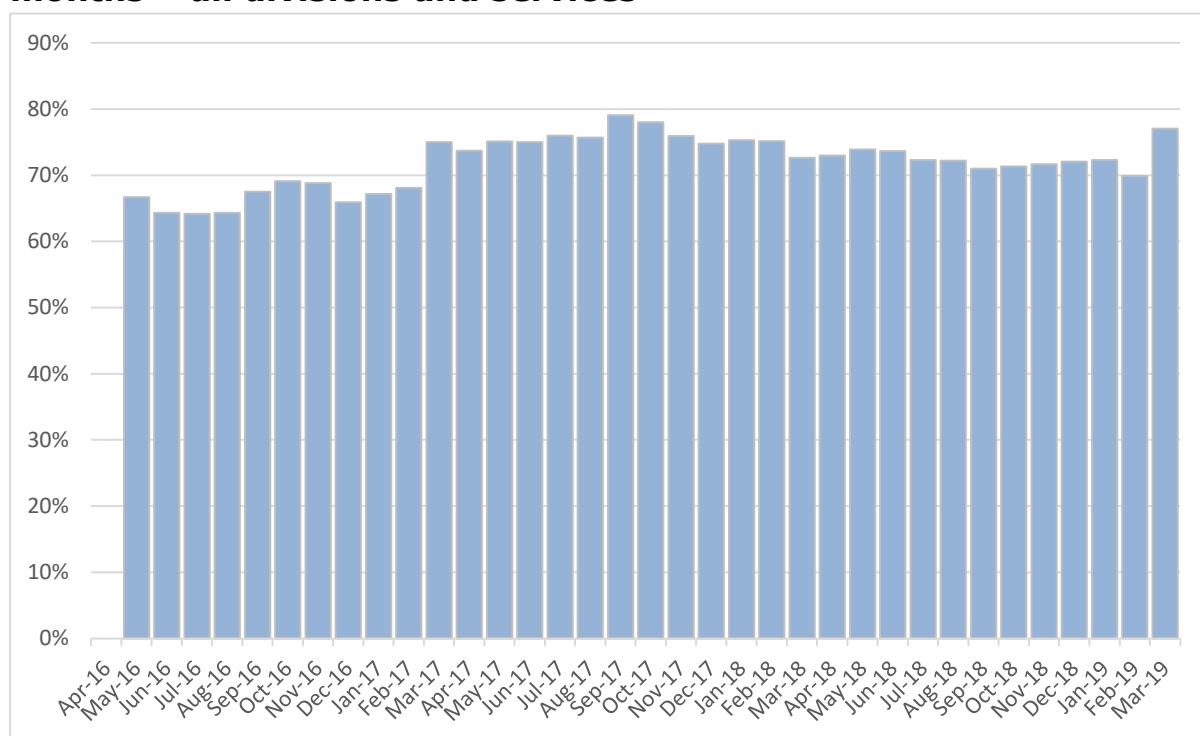


Source – Integrated Performance Dashboard

Performance appraisals

The Health Board is committed to performance appraisal and development reviews (PADR) or medical appraisal for every member of staff each year. Although the target of 85% is yet to be achieved, there was a 4% improvement in performance against the target comparing March 2018 to 2019.

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



Source – summary scorecards provided by welsh government

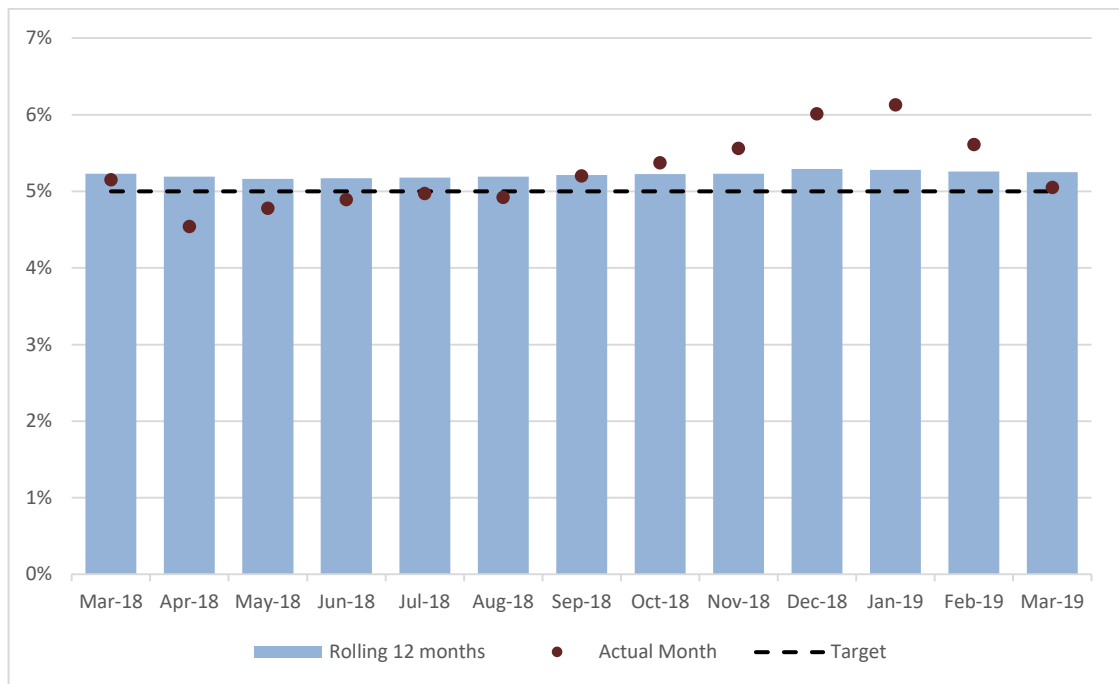
Staff Sickness

The Health Board strives to have a fit and healthy workforce, providing support, where it is required, for those people who work for us.

In 2018/19 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.

A range of occupational health and well-being services are available for our staff, along with re-enforcing the importance of staff appraisal, essential training and development.

% staff absence attributed to sickness



Source – ISD Reportal