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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	22nd October 2018		Agenda Item	2c
Report Title	Integrated Performance Report			
Report Author	Hannah Roan, Performance and Contracting Manager Darren Griffiths, Assistant Director of Strategy			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy Executive Leads			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2018/19 NHS Wales Delivery Framework.			
Key Issues	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> note current Health Board performance against key measures and targets and the actions being taken to improve performance. endorse submission of the self-assessment templates to Welsh Government 			

Governance and Assurance

Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
	✓	✓	✓		✓	✓	✓	✓		

[illegible]

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.

Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

There are no directly related Equality and Diversity implications as a result of this report.

Financial Implications

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

Planned Care additional capacity is funded by £8.3m to support delivery of target levels. Failure to deliver these target levels will result in claw back of funds by Welsh Government. The decision on whether to apply clawback or not, it is understood, will be made at the end of quarter 3.

The achievement of releasable efficiency and productivity targets could deliver savings to support the financial position.

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <p>Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2018/19 which provides focus on the expected delivery for every month as well as the year end position in March 2019.</p> <p>Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.</p> <p>Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.</p> <p>Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.</p> <p>Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.</p>	
Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in September 2018 and Quality & Safety Committee in October 2018.
Appendices	None

Summary of performance against national and local measures

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1. Overview

The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

Successes	Priorities
<ul style="list-style-type: none"> • The percentage of patients waiting under 26 weeks from referral to treatment continues to be the highest since June 2013. • Therapy waiting times continue to be maintained at (or below) 14 weeks. • Sustained nil position in September 2018 for Endoscopy patients waiting over 8 weeks. • Stroke performance is improving and internal profiles achieved for 4 hour admission target and CT scan within 1 hour. • Achievement of internal profiles for the number of C. difficile and Staph. Aureus Bacteraemia cases in September 2018. • Through joint working with WAST, ABMU is the second best performing Health Board for red calls responded to within 8 minutes. 	<ul style="list-style-type: none"> • System wide focus on targeted intervention areas; particularly unscheduled care performance. • Roll-out of 2018/19 winter flu immunisation programme. • Conclusion of the winter assurance planning arrangements and implementation of quarter 3 unscheduled care improvements plans. • Development of electronic solution to capture live information on medically fit for discharge patients to improve multi agency communication and management of patient flow. • Maintaining core capacity and securing additional clinics in order to continue to elective reduce waiting times. • Focus on reducing waiting times for cardiac diagnostic test by securing additional cardiac CT/MR capacity utilising fallow lists at POWH and increasing efficiency of lists at Singleton Hospital through backfill.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Pressure Ulcer Improvement methodology to be applied to the Falls improvement work as suggested by the Welsh Risk Pool. • Utilising outsourcing arrangements in order to continue to reduce the number of patients waiting over 36 weeks for treatment. • Closer working relationships with Cwm Taf will provide opportunities for shared learning and development. • Testing and further developing ambulatory care and frailty models to support admission avoidance. • Best Practice sickness management report finalised and planned circulation by end of October 2018. Long term sickness pathway guidance has been completed and will be issued by early November 2018. • Implementation of the SAFER flow bundle will aid patient flow and unscheduled care. 	<ul style="list-style-type: none"> • Additional work required by services to prepare for Boundaries change. • Anticipated impact of No Deal Brexit could include reduced availability of medical equipment, spares and consumables. • Continued challenge to reduce sickness rates across the Health Board. • Recruitment market for substantive nursing and medical vacancies. • No Out of Hours cover to aid retrieval and identification of stroke patients in Morriston A&E • Unable to guarantee paediatric opening 24/7 due to workforce restrictions in Morriston. • Capacity within Care Homes (including EMI), LA Packages of Care and Community Resource Teams with potential to adversely affect hospital length of stay for discharge fit patients. 4 local nursing homes currently under special measures. • ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process.

2. Targeted Intervention Priority Measures Summary- Health Board Level – September 2018

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales Benchmark position
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Aug-18
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%							6th
		Profile	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%	
	12 hour A&E waits	Actual	737	624	476	590	511	588							5th
		Profile	323	194	190	229	227	180	255	315	288	283	196	179	
	1 hour ambulance handover	Actual	526	452	351	443	420	526							5th
		Profile	256	126	152	159	229	149	223	262	304	262	183	139	
Stroke	Direct admission within 4 hours	Actual	34.9%	37.5%	40.0%	37.5%	29.3%	53.8%							6th
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%	
	CT scan within 1 hour	Actual	41.4%	43.3%	51.3%	40.3%	40.5%	47.5%							5th
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%	
	Assessed by Stroke Specialist within 24 hours	Actual	83.9%	93.3%	88.2%	80.6%	91.1%	68.8%							2nd
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%	
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	11.1%	37.5%	21.4%	0.0%	11.1%							Joint 3rd
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120	55	30	105	89							2nd (Jul-18)
		Profile	249	200	150	100	50	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	3,398	3,349	3,319	3,383	3,497	3,381							6th (Jul-18)
		Profile	3,457	3,356	3,325	3,284	3,287	3,067	2,773	2,709	3,045	2,854	2,622	2,664	
	Diagnostic waits over 8 weeks	Actual	702	786	915	740	811	762							5th (Jul-18)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0							Joint 1st (Jul-18)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	90%	95%	99%	97%	92%							1st (Jul-18)
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	77%	89%	83%	92%	94%	77%							1st (Jul-18)
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	26	18	15	29	15	9							3rd (Sep-18)
		Profile	21	18	26	20	22	20	20	24	13	19	15	21	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	21	19	17	20	10							3rd (Sep-18)
		Profile	13	18	13	18	11	13	13	15	21	13	19	15	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	42	43	41	51	46	49							6th (Sep-18)
		Profile	45	39	40	45	42	45	44	37	41	45	39	42	

*RAG status derived from performance against trajectory

** All-Wales benchmark highlights ABMU's position in comparison with the other seven Health Boards


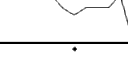



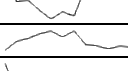

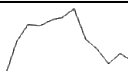

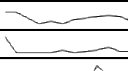


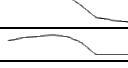

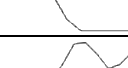



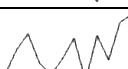

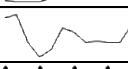


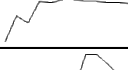
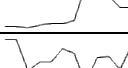

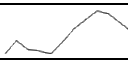


3. Integrated Performance Dashboard

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																								
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18			
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1			95%															Awaiting publication of 2018/19 data.					
	% of children who received 2 doses of the MMR vaccine by age 5	Q1 17/18	91%	95%	92%	✗	89.3%		92%				91%			89%			91%					
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q4 17/18	77%	4 quarter ↑ trend			87.4%		61%				54%			77%								
Influenza	% uptake of influenza among 65 year olds and over	2017/18	68%	75%	70%	✗	69%			33%	66%	66%	68%	68%	68%									
	% uptake of influenza among under 65s in risk groups	2017/18		55%	65%	✗	49%			18%	43%	43%	46%	47%	47%									
	% uptake of influenza among pregnant women	2017/18	93%	75%		✓	73%								93%									
	% uptake of influenza among children 2 to 3 years old	2017/18	49%		40%	✓				6.6%	44.9%	44.9%	48.4%	49.1%	49%									
	% uptake of influenza among healthcare workers	2017/18	58%	50%	60%	✗	58%			49%	54%	55%	57%	58%	58%									
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%															
	% of adult smokers who make a quit attempt via smoking cessation services	Jul-18	0.9%	5% annual target	0.8%	✗			1.2%	1.4%	1.6%	1.7%	2.1%	2.3%	2.6%	0.2%	0.5%	0.6%	0.9%					
	% of those smokers who are co-validated as quit at 4 weeks	Q4 17/18	54.8%	40% annual target	40.0%	✓	42.6%		54%				53%			55%								
Learning Disabilities	% people with learning disabilities with an annual health check			75%															Awaiting publication of 2018/19 data.					
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2017/18	48.0%	Annual ↓			42.2%		2017/18= 48%															
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																								
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18			
Prescribing	Total antibacterial items per 1,000 STAR-Pus (specific therapeutic group age related prescribing unit)	Q4 17/18	364	4 quarter ↓			340		299				346			364								
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q4 17/18	9%	4 quarter ↓			7.6%		10%				9%			9%								
	NSAID average daily quantity per 1,000 STAR-Pus	Q4 17/18	1,496	4 quarter ↓			1,405		1,559				1,541			1,496								
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Aug-18	0	12 month ↓	0	✓	1			0	0	0	0	0	0	0	0	0	0	0	0			
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	Sep-18	102.1	<67			84.51												96.6	96.1	96.2	98.9	99.6	102.1
	Number of E.Coli bacteraemia cases (Hospital)	Sep-18	15		12	✗	81		13	15	17	17	18	4	10	10	15	10	20	16	15			
	Number of E.Coli bacteraemia cases (Community)		34		33	✗	138		40	37	22	26	29	14	30	32	28	31	31	30	34			
	Total number of E.Coli bacteraemia cases		49		45	✗	219		53	52	39	43	47	18	40	42	43	41	51	46	49			
	Cumulative cases of S.aureus bacteraemias per 100k pop	Sep-18	37.7	<20			29.09												32.2	39.6	40.9	37.3	41.0	37.7
	Number of S.aureus bacteraemias cases (Hospital)	Sep-18	7		8	✓	31		9	6	5	13	8	8	10	6	8	7	8	9	7			
	Number of S.aureus bacteraemias cases (Community)		3		5	✓	38		5	8	12	12	6	13	5	8	13	12	9	11	3			
	Total number of S.aureus bacteraemias cases		10		13	✓	69		14	14	17	25	14	21	15	14	21	19	17	20	10			
	Cumulative cases of C.difficile cases per 100k pop	Sep-18	42.2	<26			30.69												59.8	49.7	44.7	50.3	46.4	42.2
	Number of C.difficile cases (Hospital)	Sep-18	5		17	✓	44		21	20	24	10	16	14	19	20	13	10	24	8	5			
	Number of C.difficile cases (Community)		4		3	✗	27		3	4	4	4	6	4	8	6	5	5	5	7	4			
	Total number of C.difficile cases		9		20	✓	71		24	24	28	14	22	18	27	26	18	15	29	15	9			
	Hand Hygiene Audits- compliance with WHO 5 moments	Sep-18	98%		95%	✓			94%	96%	94%	96%	95%	95%	94%	95%	96%	95%	96%	97%	98%			
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q1 18/19	2	0			2		0	2			0					2						
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Aug-18	87%	90%	80%	✓	37.9%		86%	83%	86%	89%	85%	92%	92%	79%	85%	85%	81%	87%				
	Number of new Never Events	Sep-18	0	0	0	✓	1		1	0	1	1	1	2	4	0	0	0	0	0	0			
	Number of risks with a score greater than 20	Sep-18	73		12 month ↓	✗			61	64	59	60	78	57	57	58	57	60	67	77	73			
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Sep-18	7		12 month ↓	✓			23	11	6	11	12	8	10	8	12	10	22	14	7			
	Number of Safeguarding Children Incidents	Sep-18	3		0	✗			10	10	5	2	8	5	12	5	11	5	12	14	3			
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Sep-18	52		12 month ↓	✗			34	47	43	49	51	37	46	48	47	39	56	45	52			
	Total number of pressure ulcers acquired in hospital per 100k admissions	Sep-18	602		12 month ↓	✗			442	525	495	572	602	497	553	611	525	482	660	512	602			
	Number of grade 3, 4, suspected deep tissue injury and unstageable pressure ulcers acquired in hospital	Sep-18	19		12 month ↓	✓			12	18	19	19	22	13	26	17	9	14	21	12	19			
	Number of grade 3, 4, suspected deep tissue injury and unstageable pressure ulcers acquired in hospital per 100k admissions	Sep-18	220		12 month ↓	✓			116	205	219	231	255	162	306	212	100	173	247	146	220			
	Total Number of pressure ulcers developed in the community	Sep-18	71		12 month ↓	✗			47	27	62	69	52	57	69	67	80	81	68	88	71			
	Number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers developed in the community	Sep-18	22		12 month ↓	✗			9	12	16	19	9	23	20	24	24	27	20	29	22			
Inpatient Falls	Number of Inpatient Falls	Sep-18	328		12 month ↓	✓			8	10	5	6	18	6	13	12	13	21	5	17				
	Number of Inpatient Falls reported as serious incidents	Aug-18	1	12 month ↓	2	✓	36		2	4	2	3	8	5	2	2	4	3	5	1				
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) 1k pop.	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14															
Mortality	Amenable mortality per 100k of the European standardised pop.	2016	142.9	Annual ↓			140.6		2016= 142.9															
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q2 17/18	2	4 quarter ↓			17		2															
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	Jun-18	16%	12 month ↑			74%														16%			
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	Jun-18	34%	12 month ↑			59%														34%			

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
DTCs	Number of mental health HB DToCs	Sep-18	29		28	✗			35	30	30	31	29	21	25	28	22	30	27	30	29	
	Number of mental health HB DToCS (12 month rolling)	Sep-18	332	10% ↓			4,232		295	305	319	331	340	334	333	335	331	334	337	338	332	
	Number of non-mental health HB DToCs	Sep-18	69		60	✗			69	59	68	55	41	53	44	34	64	75	74	85	69	
	Number of non-mental health HB DToCs (12 month rolling)	Sep-18	721	5% ↓			958		623	621	628	623	615	625	624	613	625	657	689	721	721	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Sep-18	96%	95%	96%	✗	64.9%		90%	91%	95%	93%	91%	91%	91%	95%	95%	93%	95%	90%	96%	
	Crude hospital mortality rate (74 years of age or less)	Aug-18	0.79%	12 month ↓			0.74%		0.83%	0.81%	0.81%	0.80%	0.80%	0.80%	0.81%	0.81%	0.81%	0.81%	0.80%	0.79%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Sep-18	97.8%		100%	✗			99.1%	99.7%	94.4%	98.6%	97.5%	98.0%	96.9%	96.5%	98.3%	98.0%	99.2%	99.2%	97.8%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	Aug-18	74%	85%					55%	57%	59%	59%	60%	60%	61%	62%	64%	66%	71%	74%		
Coding	% of episodes clinically coded within 1 month of discharge	Aug-18	93%	95%	95%	✓	84.6%		96%	95%	89%	95%	93%	91%	93%	94%	93%	94%	95%	93%		
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	93%	Annual ↑			91.7%		2017/18= 93%													
E-TOC	% of completed discharge summaries	Sep-18	61%		100%	✗			64.0%	66.0%	66.0%	67.0%	62.0%	64.0%	65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	Q4 17/18	100.0%	100%	100%	✓	97%		98%			100%			100%							
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q1 18/19	63	10% annual ↑	26	✓			72			85			96			63				
	Number of Health and Care Research Wales commercially sponsored studies	Q1 18/19	17	5% annual ↑	12	✓			28			38			41			17				
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q1 18/19	721	10% annual ↑	607	✓			884			1492			2,206			721				
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q1 18/19	41	5% annual ↑	105	✗			120			223			294			41				

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97. Awaiting publication of 2017/18 data.													
	Number of new formal complaints received	Sep-18	114		12 month ↓ trend	✓			125	129	111	97	122	91	115	119	119	90	126	126	114	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Jul-18	81%	75%	78%	✓	52.4%		76%	78%	73%	80%	80%	61%	71%	80%	83%	80%	81%			
	% of acknowledgements sent within 2 working days	Aug-18	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%													
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%													
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Jul-18	3,528	> 5% annual ↓			15,539										4,187		3,528			
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q4 17/18	8.0%	4 quarter ↓			7.3%		7.9%			8.2%			8.0%							
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2016/17	58.8%	Annual ↑			53.3%		2016/17= 58.8%. Awaiting publication of 2017/18 data.													
	% GP practices that completed MH DES in dementia care or other direct training	2016/17	16.7%	Annual ↑			21.6%		2016/17= 16.7%. Awaiting publication of 2017/18 data.													

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Aug-18	90%	Annual ↑	95%	✗	87%		89%	89%	88%	88%	88%	93%	93%	94%	94%	94%	94%	90%		
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Aug-18	78%	Annual ↑	95%	✗	84%		84%	84%	84%	84%	84%	82%	81%	82%	82%	82%	84%	78%		
	% of population regularly accessing NHS primary dental care	Mar-18	62.6%	4 quarter ↑				55%		62%			62.3%			62.6%						
Out of Hours/ Unscheduled Care	% of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	Jul-18	85.1%	12 month ↑					87%	85%	85%	82%	80%	77%	78%	83%	85%	86%	85%			
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Jul-18	33.3%	12 month ↑					100%	56%	100%	75%	83%	33%	67%	50%	60%	67%	33%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Sep-18	78%	65%	65%	✓	75.5%		82%	73%	73%	69%	66%	69%	67%	78%	77%	78%	77%	79%	78%	
	Number of ambulance handovers over one hour	Sep-18	526	0	72	✗	2,132		289	617	727	903	1,030	805	1,006	526	452	351	443	420	526	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Sep-18	77.5%	95%	88%	✗	80%		84.1%	79.1%	75.8%	73.4%	76.1%	73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Sep-18	588	0	180	✗	3,622		347	706	875	871	924	957	1,051	737	624	476	590	511	588	
	% of survival within 30 days of emergency admission for a hip fracture	Jun-18	78.3%	12 month ↑				80.3%		84.6%	80.2%	80.8%	74.3%	84.5%	85.9%	84.9%	72.4%	85.0%	78.3%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Sep-18	54%	58.7%	50%	✓	46.3%		44%	44%	33%	24%	29%	22%	32%	35%	38%	40%	38%	29%	54%	
	CT Scan (<1 hrs)	Sep-18	48%	52.80%	45%	✓	50.7%		80%	36%	38%	36%	35%	44%	36%	41%	43%	51%	40%	41%	48%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Sep-18	69%	84.5%	80%	✗	83.4%		83%	89%	80%	72%	81%	73%	73%	84%	93%	88%	81%	91%	69%	
	Thrombolysis door to needle <= 45 mins	Sep-18	11%	12 month ↑	30%	✗	10.5%		0%	17%	22%	10%	0%	8%	6%	0%	11%	38%	21%	0%	11%	
	% of patients waiting < 26 weeks for treatment	Sep-18	89.1%	95%	89.6%	✓	89.0%		86.1%	86.9%	86.2%	85.3%	86.2%	87.5%	87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89%	
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Sep-18	89	-	0	✓	13,347		1,567	1,438	1,524	1,679	1,111	732	292	166	120	55	30	105	89	
	Number of patients waiting > 36 weeks for treatment	Sep-18	3,381	0	1,997	✗	13,818		4,284	4,463	4,561	4,714	4,609	4,111	3,363	3,398	3,349	3,319	3,383	3,497	3,381	
	Number of patients waiting > 8 weeks for a specified diagnostics	Sep-18	762	0	0	✗	4,916		455	349	361	460	444	226	29	702	786	915	740	811	762	
	Number of patients waiting > 14 weeks for a specified therapy	Sep-18	0	0	1,070	✓	380		117	111	111	95	32	3	0	0	1	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Sep-18	66,269		53,801	✗			62,346	59,828	59,584	62,797	62,492	64,316	66,271	66,526	65,287	63,776	64,318	65,407	66,269	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	Sep-18	24,200	12 month ↓			183,912		22,161	21,075	20,648	22,364	22,414	23,198	24,475	24,628	24,288	24,469	24,954	24,813	24,200	
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	Sep-18	92%	98%	98%	✓	97.1%		98%	95%	99%	94%	91%	94%	93%	92%	90%	95%	99%	97%	92%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	Sep-18	77%	95%	91%	✓	85.5%		79%	85%	89%	82%	79%	83%	88%	77%	89%	83%	92%	94%	77%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Aug-18	80%	80%	80%	✓	84.0%		66%	65%	65%	65%	67%	74%	70%	84%	86%	82%	84%	80%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Aug-18	90%	80%	80%	✓	82.4%		95%	97%	79%	70%	75%	89%	86%	79%	81%	80%	79%	90%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Sep-18	100%	100%	100%	✓	99.90%		100%			100%			100%			100%			100%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Sep-18	100%		100%	✓			98%	94%	98%	91%	98%	100%	96%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Sep-18	81%		80%	✓			0%	59%	44%	93%	91%	95%	98%	94%	95%	91%	91%	87%	81%	
	P-CAHMS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Sep-18	17%		80%	✗			3%	2%	1%	4%	6%	6%	8%	43%	43%	33%	22%	22%	17%	
	P-CAHMS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Sep-18	72%		80%	✗			100%	100%	59%	71%	71%	88%	82%	44%	77%	78%	63%	92%	72%	
	S-CAHMS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Sep-18	74%		90%	✗			73%	73%	73%	73%	73%	79%	73%	75%	71%	76%	75%	75%	74%	
	S-CAHMS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Sep-18	67%		80%	✗			29%	43%	34%	32%	29%	41%	54%	63%	73%	70%	60%	52%	67%	

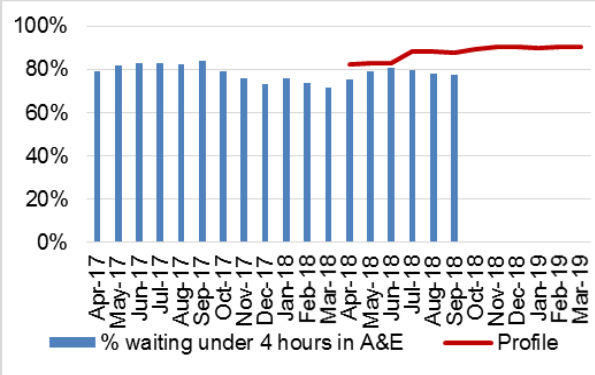
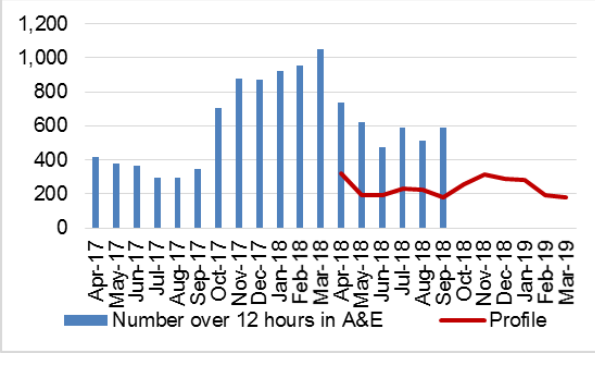
INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q1 18/19	101.2	4 quarter ↑			173		116.0			122.1			107.5			101.2				
	Rate of calls to the Wales dementia helpline per 100k pop.	Q1 18/19	5.4	4 quarter ↑			8.6		5.1			5.1			4.4			5.4				
	Rate of calls to the DAN helpline per 100k pop.	Q1 18/19	33.7	4 quarter ↑			33.9		33.6			25.9			36.3			33.7				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Aug-18	90%	90%	90%	✓	87.3%		89.2%	89.7%	90.1%	89.4%	88.8%	89.0%	88.8%	90.0%	89.6%	88.0%	88.0%	90.0%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Aug-18	100%	100%	100%	✓	97.2%		100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Sep-18	4,804		12 month ↑	✗			6,250	6,375	6,136	4,318	5,230	5,685	5,126	4,638	3,086	6,246	5,563	5,609	4,804	
	% of who would recommend and highly recommend	Sep-18	96%		90%	✓			96%	95%	96%	95%	95%	95%	95%	95%	95%	96%	96%	95%	96%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Sep-18	89%		90%	✗			88%	83%	84%	84%	83%	87%	84%	87%	89%	84%	85%	87%	89%	

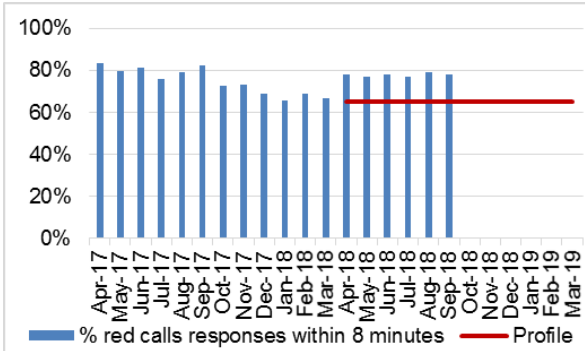
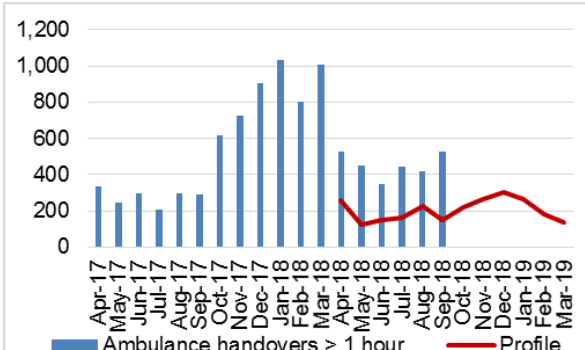
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
DNAs	% of patients who did not attend a new outpatient appointment	Sep-18	5.4%	12 month ↓	5.8%	✓	7.0%		6.7%	6.4%	5.8%	6.6%	5.9%	5.9%	5.6%	6.2%	5.7%	5.5%	6.0%	5.2%	5.4%	
	% of patients who did not attend a follow-up outpatient appointment	Sep-18	6.4%	12 month ↓	7.6%	✓	8.5%		8.6%	8.1%	7.7%	8.5%	8.0%	7.7%	7.1%	6.7%	6.8%	6.2%	7.0%	6.4%	6.4%	
Theatre Efficiencies	Theatre Utilisation rates	Sep-18	74%		Increase	✗			76%	75%	72%	72%	73%	73%	70%	72%	76%	74%	69%	62%	74%	
	% of theatre sessions starting late	Sep-18	39%		Reduce	✓			43%	41%	42%	40%	43%	43%	46%	41%	41%	41%	38%	42%	39%	
	% of theatre sessions finishing early	Sep-18	36%		Reduce	✗			36%	36%	35%	37%	34%	36%	43%	39%	37%	39%	40%	36%	36%	
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q4 17/18	12.2%	Quarter on quarter ↑			10.6%		10.4%				12.3%			12.2%						
Elective Procedures	Elective caesarean rate	2017/18	13%	Annual ↓			12.8%		2017/18=13.2%													
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Sep-18	63%	85%	70%	✗	66.7%		61%	63%	64%	64%	64%	63%	64%	64%	64%	63%	63%	65%	65%	63%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2018	55%	Improvement			54%		2016= 55%				2018= 55%									
	Overall staff engagement score – scale score method	2018	3.81	Improvement			3.82		2016= 3.68				2018= 3.81									
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Sep-18	65%	85%	50%	✓	72.3%		46%	47%	48%	49%	49%	50%	51%	53%	55%	57%	59%	63%	65%	
	% workforce sickness and absent (12 month rolling)	Aug-18	5.88%	12 month ↓			5.26%		5.56%	5.57%	5.59%	5.60%	5.65%	5.71%	5.76%	5.77%	5.81%	5.84%	5.87%	5.88%		
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2018	72%	Improvement			73%		2016= 70%				2018= 72%									

4. Exception Reporting

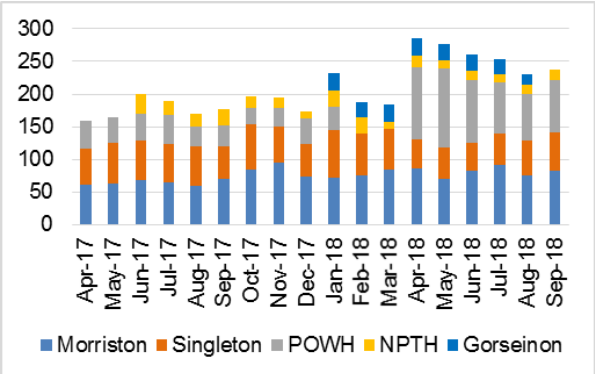
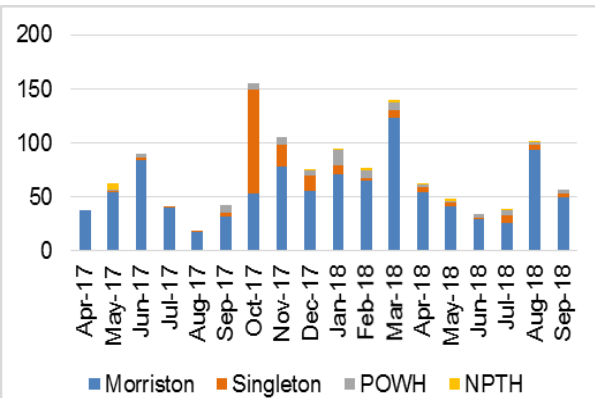
This section of the report provides further detail on key measures that are below internal profiles or required levels.

4.1 Unscheduled Care (WG measures 67- 70)

Description	Current Performance	Trend	Actions planned for next period
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	In September 2018 performance against the 4 hour metric deteriorated from the position reported in August 2018 from 77.9% to 77.5% and was below the internal profile of 87.8%. Singleton and Neath Port Talbot Hospitals continue to exceed the national target of 95% but Morriston and Princess of Wales Hospitals are below profile, achieving 68.8% and 74.5% respectively.	% patients waiting under 4 hours in A&E 	<ul style="list-style-type: none"> Implementation of Quarter 3 USC improvement plans. Morriston: <ul style="list-style-type: none"> Implement 2 hourly safety huddle as part of daily patient flow management Introduce dedicated social worker role to cover ED and the medical assessment unit Introduce fast track referral pathway for post-operative patients who attend ED with complications following surgery Implement revised pathway for GP orthopaedic expected patients direct to ward. Launch hot clinics in 3 specialities Princess of Wales: <ul style="list-style-type: none"> Refocus on minors flow to deliver sustained minors performance – minors working group established. Implement PDSA for additional cardiology support between 5 and 9pm at the front door. Consultation process on the provision of a 24/7 clinical site team at PoW delayed completed. HR process is being worked through to enable vacant posts to be advertised with the aim of implementation by January 2019. Deliver risk based escalation training to staff within PoW. Conclusion of the winter assurance planning arrangements. Review boarding protocol under the leadership of the Director of Nursing and Patient experience.
A&E waiting times The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Performance against the 12 hour A&E measure has deteriorated when compared with August 2018. In September 2018, the Health Board had 588 12 hour breaches of which 311 were attributed to Morriston Hospital, 274 to Princess of Wales Hospital and 3 to Singleton Hospital.	Number of patients waiting over 12 hours in A&E 	

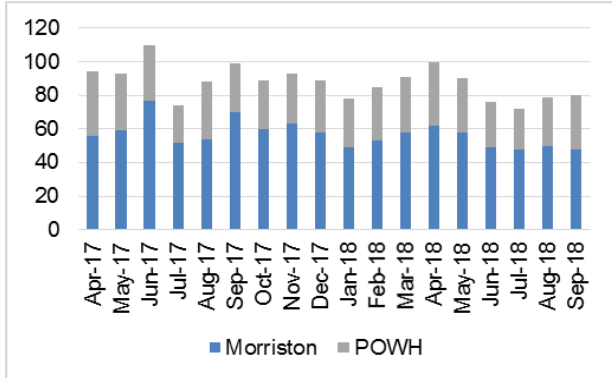
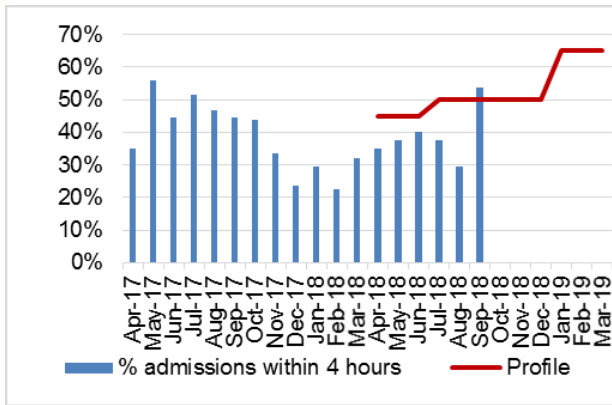
Description	Current Performance	Trend	Actions planned for next period
Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Ambulance response times are consistently above the national target and local profile of 65%, reporting 78.3% at the end of September 2018. The number and proportion of red call conveyances continues to increase, with Welsh Ambulance Services Trust (WAST) data suggesting that ABMU HB has the highest proportion of red calls in Wales for the population served.	Percentage of red call responses within 8 minutes 	<ul style="list-style-type: none">Work with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Green (HCP) call conveyances to hospital have reduced by 9% in September 2018 when compared with September 2017, and amber conveyances have reduced by 7.4%.Await publication of National review of amber call demand in October to inform further opportunities for improving ambulance response times and resource utilisation.Implement the recommendations of the WAST internal audit report on hospital handover that are applicable to ABMU Health Board.Implement USC improvement plans to deliver system capacity to support timely patient handover.The Health Board has jointly funded a Hospital Ambulance Liaison Officer (HALO) role with WAST to assist with hospital handover during the winter months.
Ambulance handovers The number of ambulance handovers over one hour	The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the pressures being felt across the unscheduled care system. In September 2018, Morriston Hospital saw an increase of 121 compared with September 2017 (140 to 261). Princess of Wales Hospital (POWH) saw an increase of 115 (112 to 227) and Singleton Hospital saw an increase of 1 (37 to 38).	Number of ambulance handovers over one hour 	

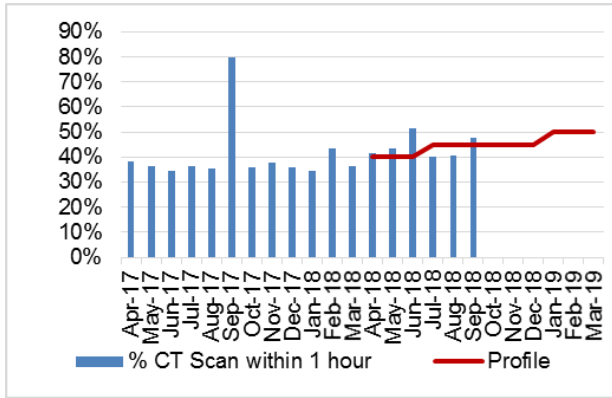
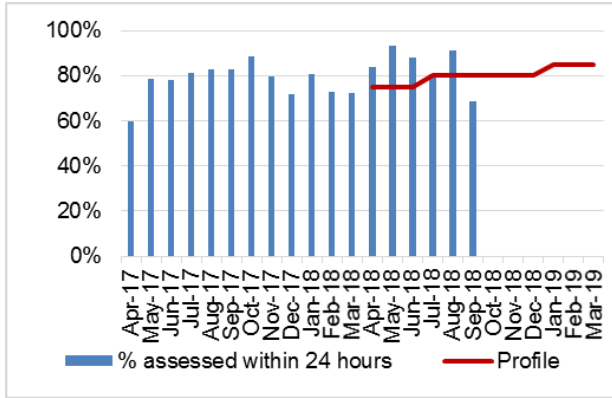
Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	<p>In September 2018, there were a total of 14,970 A&E attendances across the Health Board which is 623 less than September 2017:</p> <ul style="list-style-type: none"> Morriston Hospital: 5% reduction in attendances (7,105 to 6,780) Singleton Hospital Minor Injury Unit (MIU): 27% reduction in attendances (593 to 446) Princess of Wales Hospital: 2% reduction in attendances (4,777 to 4,684) Neath Port Talbot Hospital MIU: a 4% reduction in attendances (3,265 to 3,182). 	<p>Number of A&E attendances</p>	<ul style="list-style-type: none"> 111 awareness campaign continues. Implementation of workforce sustainability plan for out of hours service including recruitment of Nurse Clinical Lead for the multidisciplinary non-medical workforce. 95% of ABMU community pharmacies now in a position to offer the Common Ailment Service (CAS) reducing the need for unnecessary GP appointments A number of GMS practices have increased their daytime opening hours to reach WG targets. Discussions are ongoing with practices who do not meet the agreed standards and access is included in cluster plans and in the Health Board's clinical governance visiting programme. Implementation of the telephone first model to support practices to manage patient demand in a more accessible and sustainable way.
Emergency Admissions The number of emergency admissions across the Health Board by site	<p>In September 2018, there were a total of 5,881 emergency admissions across the Health Board which is 26 less than September 2017 and 17 less than August 2018.</p> <p>The reduction masks increases in trauma and regional surgery admissions of 7.6% and 17 % respectively.</p>	<p>Number of emergency admissions</p>	<ul style="list-style-type: none"> Medical on-call model changing at POWH – 2 week test of change in October with Cardiology Consultants providing the “shop floor” DCC from 5pm – 9pm each weekday which releases the “on-call” GIM consultant to be on-call. (NB delayed from September) Recruitment of therapists to Swansea respiratory team to support patients at home, to avoid admission to hospital and to provide a consistent model across the Health Board (CNS's are in post). Heart Failure at POWH- team set up and now fully established. Anticipate reduced admissions through direct referral to Heart Failure team and reduced length of stay.

Description	Current Performance	Trend	Actions planned for next period
Medically Fit The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit	<p>In September 2018, there were on average 238 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 35% increase when compared with September 2017. However it must be noted that data collection has significantly improved recently which could also attribute to the increase in numbers.</p>	<p>The number of discharge/ medically fit patients by site</p>  <p>*Standardised collection of data from Gorseinon Hospital only commenced in January 2018 and no data available for POWH in February & March 2018. * Data for Gorseinon Hospital not available for September 2018.</p>	<ul style="list-style-type: none"> Implementation and embedding the models of care to provide more timely discharge and value based care for frail older people. This includes the ICOP service at Singleton, the OPAS service at Morriston, the frailty service at POWH and the enabling ward and early supported discharge service at NPT. Promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit. Following a review of the Western Bay optimal model in July and a presentation to the USC board in August, the Western Bay unscheduled care plan is being revised. Development of electronic solution to capture live information on medically fit for discharge patients to improve multi agency communication and management of patient flow.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	<p>In September 2018, there were 15 more elective procedures cancelled due to lack of beds on the day of surgery when compared with September 2017 (42 to 57). Morriston was the main cause of the increase with 49 procedures cancelled in September compared with 32 in September 2017.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> 	<ul style="list-style-type: none"> Implement models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models. Maximise utilisation of surgical unit at NPT hospital which is not affected by emergency pressures.

Description	Current Performance	Trend	Actions planned for next period																																																																											
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in September 2018 was one above the internal profile of 28.	Number of Mental Health DTOCs <table><caption>Number of Mental Health DTOCs (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Mental Health DTOCs</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>25</td><td>25</td></tr><tr><td>May-17</td><td>26</td><td>25</td></tr><tr><td>Jun-17</td><td>27</td><td>25</td></tr><tr><td>Jul-17</td><td>24</td><td>25</td></tr><tr><td>Aug-17</td><td>29</td><td>25</td></tr><tr><td>Sep-17</td><td>35</td><td>25</td></tr><tr><td>Oct-17</td><td>30</td><td>25</td></tr><tr><td>Nov-17</td><td>30</td><td>25</td></tr><tr><td>Dec-17</td><td>31</td><td>25</td></tr><tr><td>Jan-18</td><td>29</td><td>25</td></tr><tr><td>Feb-18</td><td>21</td><td>25</td></tr><tr><td>Mar-18</td><td>25</td><td>25</td></tr><tr><td>Apr-18</td><td>28</td><td>30</td></tr><tr><td>May-18</td><td>22</td><td>28</td></tr><tr><td>Jun-18</td><td>30</td><td>27</td></tr><tr><td>Jul-18</td><td>28</td><td>26</td></tr><tr><td>Aug-18</td><td>29</td><td>30</td></tr><tr><td>Sep-18</td><td>28</td><td>27</td></tr><tr><td>Oct-18</td><td></td><td>26</td></tr><tr><td>Nov-18</td><td></td><td>28</td></tr><tr><td>Dec-18</td><td></td><td>29</td></tr><tr><td>Jan-19</td><td></td><td>29</td></tr><tr><td>Feb-19</td><td></td><td>28</td></tr><tr><td>Mar-19</td><td></td><td>27</td></tr></tbody></table>	Month	Number of Mental Health DTOCs	Profile	Apr-17	25	25	May-17	26	25	Jun-17	27	25	Jul-17	24	25	Aug-17	29	25	Sep-17	35	25	Oct-17	30	25	Nov-17	30	25	Dec-17	31	25	Jan-18	29	25	Feb-18	21	25	Mar-18	25	25	Apr-18	28	30	May-18	22	28	Jun-18	30	27	Jul-18	28	26	Aug-18	29	30	Sep-18	28	27	Oct-18		26	Nov-18		28	Dec-18		29	Jan-19		29	Feb-19		28	Mar-19		27	<ul style="list-style-type: none">Discussions taking place with Local Authority partners at all levels to discuss collaborative opportunities to improve the discharge pathway and patient experience.A proportion of the Health Board's winter pressures funding reserve has been allocated to Western Bay partners to enhance discharge capacity over the winter period.Promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit
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Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In September 2018, the number of non-mental health and Learning disability delayed transfers of care was 69 which is higher than the internal profile of 60. Swansea Locality traditionally has the largest proportion of delays but in recent months NPT has had the largest proportion due to an increase in patients waiting LA placement of care or completion of assessment; and patients waiting for CRT input.	Number of Non Mental Health DTOCs <table><caption>Number of non Mental Health DTOCs (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of non Mental Health DTOCs</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>45</td><td>40</td></tr><tr><td>May-17</td><td>50</td><td>40</td></tr><tr><td>Jun-17</td><td>42</td><td>40</td></tr><tr><td>Jul-17</td><td>42</td><td>40</td></tr><tr><td>Aug-17</td><td>52</td><td>40</td></tr><tr><td>Sep-17</td><td>68</td><td>40</td></tr><tr><td>Oct-17</td><td>58</td><td>40</td></tr><tr><td>Nov-17</td><td>68</td><td>40</td></tr><tr><td>Dec-17</td><td>55</td><td>40</td></tr><tr><td>Jan-18</td><td>42</td><td>40</td></tr><tr><td>Feb-18</td><td>52</td><td>40</td></tr><tr><td>Mar-18</td><td>42</td><td>40</td></tr><tr><td>Apr-18</td><td>35</td><td>38</td></tr><tr><td>May-18</td><td>62</td><td>38</td></tr><tr><td>Jun-18</td><td>75</td><td>38</td></tr><tr><td>Jul-18</td><td>75</td><td>38</td></tr><tr><td>Aug-18</td><td>85</td><td>55</td></tr><tr><td>Sep-18</td><td>68</td><td>60</td></tr><tr><td>Oct-18</td><td></td><td>52</td></tr><tr><td>Nov-18</td><td></td><td>58</td></tr><tr><td>Dec-18</td><td></td><td>48</td></tr><tr><td>Jan-19</td><td></td><td>45</td></tr><tr><td>Feb-19</td><td></td><td>42</td></tr><tr><td>Mar-19</td><td></td><td>40</td></tr></tbody></table>	Month	Number of non Mental Health DTOCs	Profile	Apr-17	45	40	May-17	50	40	Jun-17	42	40	Jul-17	42	40	Aug-17	52	40	Sep-17	68	40	Oct-17	58	40	Nov-17	68	40	Dec-17	55	40	Jan-18	42	40	Feb-18	52	40	Mar-18	42	40	Apr-18	35	38	May-18	62	38	Jun-18	75	38	Jul-18	75	38	Aug-18	85	55	Sep-18	68	60	Oct-18		52	Nov-18		58	Dec-18		48	Jan-19		45	Feb-19		42	Mar-19		40	<ul style="list-style-type: none">Bed utilisation review in Swansea and NPT hospitals undertaken on 04/10/18. Interim findings will be provided on 17th October with full report expected on 3rd November. The outcome will inform capacity redesign and links with the development of the clinical services plan for unscheduled care.Meeting arranged with Delivery Unit on 17th October on the findings of the complex discharge audit undertaken in August – to inform and strengthen discharge improvement process.Attendance at national workshop on complex discharges on 8th November.Development of electronic solution to capture live information on medically fit for discharge patients to improve multi agency communication and management of patient flow.
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4.2 Acute Stroke Care (WG Measures 63- 66)

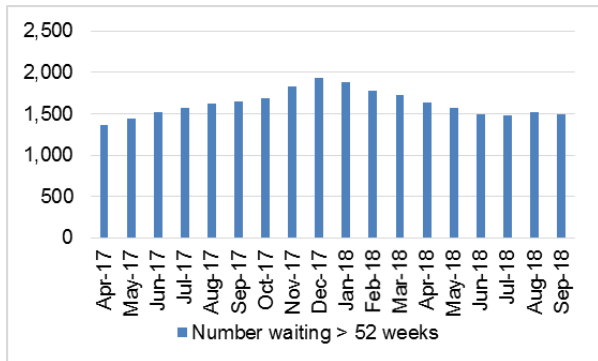
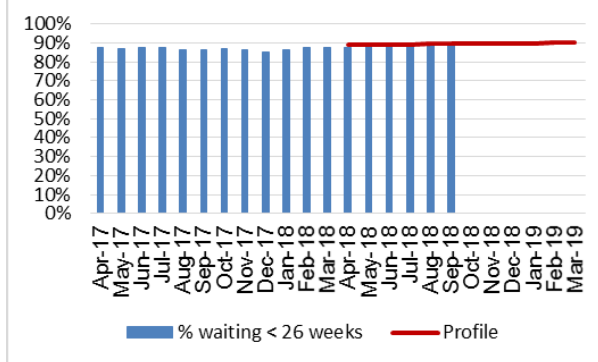
Description	Current Performance	Trend	Actions planned for next period																																																																											
Stroke Admissions The total number of stroke admissions into the Health Board	<p>In September 2018, there were 80 confirmed stroke admissions across the Health Board; 48 in Morriston and 32 in Morriston and 32 in Princess of Wales. This is 19% less when compared with September 2017 (99 to 80).</p>	Total number of stroke admissions  <table><caption>Total number of stroke admissions</caption><thead><tr><th>Month</th><th>Morriston</th><th>POWH</th></tr></thead><tbody><tr><td>Apr-17</td><td>55</td><td>44</td></tr><tr><td>May-17</td><td>58</td><td>41</td></tr><tr><td>Jun-17</td><td>75</td><td>34</td></tr><tr><td>Jul-17</td><td>52</td><td>28</td></tr><tr><td>Aug-17</td><td>55</td><td>40</td></tr><tr><td>Sep-17</td><td>68</td><td>31</td></tr><tr><td>Oct-17</td><td>60</td><td>39</td></tr><tr><td>Nov-17</td><td>62</td><td>36</td></tr><tr><td>Dec-17</td><td>58</td><td>31</td></tr><tr><td>Jan-18</td><td>52</td><td>28</td></tr><tr><td>Feb-18</td><td>50</td><td>30</td></tr><tr><td>Mar-18</td><td>58</td><td>32</td></tr><tr><td>Apr-18</td><td>60</td><td>40</td></tr><tr><td>May-18</td><td>58</td><td>32</td></tr><tr><td>Jun-18</td><td>50</td><td>28</td></tr><tr><td>Jul-18</td><td>48</td><td>32</td></tr><tr><td>Aug-18</td><td>48</td><td>32</td></tr><tr><td>Sep-18</td><td>48</td><td>32</td></tr></tbody></table>	Month	Morriston	POWH	Apr-17	55	44	May-17	58	41	Jun-17	75	34	Jul-17	52	28	Aug-17	55	40	Sep-17	68	31	Oct-17	60	39	Nov-17	62	36	Dec-17	58	31	Jan-18	52	28	Feb-18	50	30	Mar-18	58	32	Apr-18	60	40	May-18	58	32	Jun-18	50	28	Jul-18	48	32	Aug-18	48	32	Sep-18	48	32	<ul style="list-style-type: none">Roll out and support the impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.Business case to be developed following the success of Stroke Retrieval Pilot undertaken in Morriston during June.An additional 6 Senior Clinical Fellows have been appointed to ensure two registrars are available from 10pm to 9:30am Midweek and on Weekends two registrars providing cover from 9am - 2:00am the next morning. One registrar focuses on the ward cover and the other provides a presence in A&E for all conditions but including Stroke.																		
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Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	<p>In September 2018 only 43 out of 80 patients had a direct admission to an acute stroke Unit within 4 hours (54%).</p> <p>The 4 hour target appears to be a challenge across Wales. The all-Wales data for August 2018 confirms that performance ranged from 29% to 63%. ABMU was the lowest performing Health Board in August 2018.</p>	Percentage of patients admitted to stroke unit within 4 hours  <table><caption>Percentage of patients admitted to stroke unit within 4 hours</caption><thead><tr><th>Month</th><th>% admissions within 4 hours</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>35%</td><td></td></tr><tr><td>May-17</td><td>55%</td><td></td></tr><tr><td>Jun-17</td><td>45%</td><td></td></tr><tr><td>Jul-17</td><td>50%</td><td></td></tr><tr><td>Aug-17</td><td>45%</td><td></td></tr><tr><td>Sep-17</td><td>45%</td><td></td></tr><tr><td>Oct-17</td><td>45%</td><td></td></tr><tr><td>Nov-17</td><td>35%</td><td></td></tr><tr><td>Dec-17</td><td>25%</td><td></td></tr><tr><td>Jan-18</td><td>30%</td><td></td></tr><tr><td>Feb-18</td><td>25%</td><td></td></tr><tr><td>Mar-18</td><td>35%</td><td></td></tr><tr><td>Apr-18</td><td>35%</td><td></td></tr><tr><td>May-18</td><td>35%</td><td></td></tr><tr><td>Jun-18</td><td>40%</td><td></td></tr><tr><td>Jul-18</td><td>35%</td><td></td></tr><tr><td>Aug-18</td><td>30%</td><td></td></tr><tr><td>Sep-18</td><td>55%</td><td></td></tr><tr><td>Oct-18</td><td></td><td>50%</td></tr><tr><td>Nov-18</td><td></td><td>50%</td></tr><tr><td>Dec-18</td><td></td><td>50%</td></tr><tr><td>Jan-19</td><td></td><td>65%</td></tr><tr><td>Feb-19</td><td></td><td>65%</td></tr><tr><td>Mar-19</td><td></td><td>65%</td></tr></tbody></table>	Month	% admissions within 4 hours	Profile	Apr-17	35%		May-17	55%		Jun-17	45%		Jul-17	50%		Aug-17	45%		Sep-17	45%		Oct-17	45%		Nov-17	35%		Dec-17	25%		Jan-18	30%		Feb-18	25%		Mar-18	35%		Apr-18	35%		May-18	35%		Jun-18	40%		Jul-18	35%		Aug-18	30%		Sep-18	55%		Oct-18		50%	Nov-18		50%	Dec-18		50%	Jan-19		65%	Feb-19		65%	Mar-19		65%	<ul style="list-style-type: none">Monitor Morriston medical On-Call rota with the additional senior Medical staff to support greater cover into wards and medical cover to support A&E.Complete additional training to improve swallow screening compliance within the Emergency department staff.SLT recruitment needs to be reviewed to address potential shortages in POWH – a meeting is being arranged with the Chief Operating Officer/ Clinicians to address.POWH – will build on two recent workshops to develop 5 key Task and Finish groups to focus on improving stroke performance.Consultant Job Plans have been agreed to ensure sufficient ward cover.
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Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In September 2018, ABMU achieved 48% which was above the internal profile of 45%.	Percentage of patients receiving CT scan within 1 hour  <table><caption>Percentage of patients receiving CT scan within 1 hour</caption><thead><tr><th>Month</th><th>% CT Scan within 1 hour</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>38%</td><td>45%</td></tr><tr><td>May-17</td><td>35%</td><td>45%</td></tr><tr><td>Jun-17</td><td>35%</td><td>45%</td></tr><tr><td>Jul-17</td><td>35%</td><td>45%</td></tr><tr><td>Aug-17</td><td>35%</td><td>45%</td></tr><tr><td>Sep-17</td><td>80%</td><td>45%</td></tr><tr><td>Oct-17</td><td>35%</td><td>45%</td></tr><tr><td>Nov-17</td><td>35%</td><td>45%</td></tr><tr><td>Dec-17</td><td>35%</td><td>45%</td></tr><tr><td>Jan-18</td><td>35%</td><td>45%</td></tr><tr><td>Feb-18</td><td>42%</td><td>45%</td></tr><tr><td>Mar-18</td><td>35%</td><td>45%</td></tr><tr><td>Apr-18</td><td>40%</td><td>45%</td></tr><tr><td>May-18</td><td>40%</td><td>45%</td></tr><tr><td>Jun-18</td><td>52%</td><td>45%</td></tr><tr><td>Jul-18</td><td>40%</td><td>45%</td></tr><tr><td>Aug-18</td><td>48%</td><td>45%</td></tr><tr><td>Sep-18</td><td>48%</td><td>45%</td></tr><tr><td>Oct-18</td><td></td><td>45%</td></tr><tr><td>Nov-18</td><td></td><td>45%</td></tr><tr><td>Dec-18</td><td></td><td>45%</td></tr><tr><td>Jan-19</td><td></td><td>48%</td></tr><tr><td>Feb-19</td><td></td><td>48%</td></tr><tr><td>Mar-19</td><td></td><td>48%</td></tr></tbody></table>	Month	% CT Scan within 1 hour	Profile	Apr-17	38%	45%	May-17	35%	45%	Jun-17	35%	45%	Jul-17	35%	45%	Aug-17	35%	45%	Sep-17	80%	45%	Oct-17	35%	45%	Nov-17	35%	45%	Dec-17	35%	45%	Jan-18	35%	45%	Feb-18	42%	45%	Mar-18	35%	45%	Apr-18	40%	45%	May-18	40%	45%	Jun-18	52%	45%	Jul-18	40%	45%	Aug-18	48%	45%	Sep-18	48%	45%	Oct-18		45%	Nov-18		45%	Dec-18		45%	Jan-19		48%	Feb-19		48%	Mar-19		48%	<ul style="list-style-type: none">IBG have considered the case for the development of an Early Supportive Discharge service at Morriston / Singleton hospitals – agreed that further work was required. Delivery Unit meetings to take place to update and agree next steps.POWH have updated Clerking arrangements – process to be monitored to assess effectiveness.The stroke team at POWH to continue working closely with the patient flow team to ensure a focus on stroke flow and a prioritisation for creating assessment capacity.At Singleton the team will examine all processes including senior review / early discharge / effective Board rounds on ward 7.Assessments and criteria between Ward F and ward 7 to continue.Singleton are reviewing their Rehabilitation pathway / hand over assessments and criteria between Ward F and ward 7.
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Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In September 2018, ABMU achieved 69% which was below the internal profile of 80%.	Percentage of patients assessed by stroke consultant within 24 hours  <table><caption>Percentage of patients assessed by stroke consultant within 24 hours</caption><thead><tr><th>Month</th><th>% assessed within 24 hours</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>60%</td><td>80%</td></tr><tr><td>May-17</td><td>78%</td><td>80%</td></tr><tr><td>Jun-17</td><td>78%</td><td>80%</td></tr><tr><td>Jul-17</td><td>80%</td><td>80%</td></tr><tr><td>Aug-17</td><td>80%</td><td>80%</td></tr><tr><td>Sep-17</td><td>80%</td><td>80%</td></tr><tr><td>Oct-17</td><td>85%</td><td>80%</td></tr><tr><td>Nov-17</td><td>80%</td><td>80%</td></tr><tr><td>Dec-17</td><td>70%</td><td>80%</td></tr><tr><td>Jan-18</td><td>80%</td><td>80%</td></tr><tr><td>Feb-18</td><td>70%</td><td>80%</td></tr><tr><td>Mar-18</td><td>70%</td><td>80%</td></tr><tr><td>Apr-18</td><td>80%</td><td>80%</td></tr><tr><td>May-18</td><td>80%</td><td>80%</td></tr><tr><td>Jun-18</td><td>90%</td><td>80%</td></tr><tr><td>Jul-18</td><td>85%</td><td>80%</td></tr><tr><td>Aug-18</td><td>90%</td><td>80%</td></tr><tr><td>Sep-18</td><td>68%</td><td>80%</td></tr><tr><td>Oct-18</td><td></td><td>80%</td></tr><tr><td>Nov-18</td><td></td><td>80%</td></tr><tr><td>Dec-18</td><td></td><td>80%</td></tr><tr><td>Jan-19</td><td></td><td>82%</td></tr><tr><td>Feb-19</td><td></td><td>82%</td></tr><tr><td>Mar-19</td><td></td><td>82%</td></tr></tbody></table>	Month	% assessed within 24 hours	Profile	Apr-17	60%	80%	May-17	78%	80%	Jun-17	78%	80%	Jul-17	80%	80%	Aug-17	80%	80%	Sep-17	80%	80%	Oct-17	85%	80%	Nov-17	80%	80%	Dec-17	70%	80%	Jan-18	80%	80%	Feb-18	70%	80%	Mar-18	70%	80%	Apr-18	80%	80%	May-18	80%	80%	Jun-18	90%	80%	Jul-18	85%	80%	Aug-18	90%	80%	Sep-18	68%	80%	Oct-18		80%	Nov-18		80%	Dec-18		80%	Jan-19		82%	Feb-19		82%	Mar-19		82%	<p>A National Thrombolysis review is underway with both Morriston and POWH being reviewed in November – data collection / protocols etc are currently being collated in readiness for that Peer review.</p>
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Description	Current Performance	Trend	Actions planned for next period																																																																											
Thrombolysed Patients with Door-to-Needle <= 45 mins	In September 2018, 100% of eligible patients were thrombolysed but only one of the nine patients were thrombolysed within the 45 minutes (door to needle) standard.	<div>Thrombolysed patients within 45 minutes</div> <table><caption>Estimated data for Thrombolysed patients within 45 minutes</caption><thead><tr><th>Month</th><th>% Thrombolysed within 45 minutes</th><th>Profile (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>5%</td><td></td></tr><tr><td>May-17</td><td>28%</td><td></td></tr><tr><td>Jun-17</td><td>18%</td><td></td></tr><tr><td>Jul-17</td><td>25%</td><td></td></tr><tr><td>Aug-17</td><td>15%</td><td></td></tr><tr><td>Sep-17</td><td>22%</td><td></td></tr><tr><td>Oct-17</td><td>10%</td><td></td></tr><tr><td>Nov-17</td><td>22%</td><td></td></tr><tr><td>Dec-17</td><td>10%</td><td></td></tr><tr><td>Jan-18</td><td>5%</td><td></td></tr><tr><td>Feb-18</td><td>5%</td><td></td></tr><tr><td>Mar-18</td><td>5%</td><td></td></tr><tr><td>Apr-18</td><td>10%</td><td>20%</td></tr><tr><td>May-18</td><td>38%</td><td>25%</td></tr><tr><td>Jun-18</td><td>22%</td><td>30%</td></tr><tr><td>Jul-18</td><td>10%</td><td>30%</td></tr><tr><td>Aug-18</td><td>10%</td><td>30%</td></tr><tr><td>Sep-18</td><td>10%</td><td>35%</td></tr><tr><td>Oct-18</td><td></td><td>35%</td></tr><tr><td>Nov-18</td><td></td><td>35%</td></tr><tr><td>Dec-18</td><td></td><td>35%</td></tr><tr><td>Jan-19</td><td></td><td>40%</td></tr><tr><td>Feb-19</td><td></td><td>40%</td></tr><tr><td>Mar-19</td><td></td><td>40%</td></tr></tbody></table>	Month	% Thrombolysed within 45 minutes	Profile (%)	Apr-17	5%		May-17	28%		Jun-17	18%		Jul-17	25%		Aug-17	15%		Sep-17	22%		Oct-17	10%		Nov-17	22%		Dec-17	10%		Jan-18	5%		Feb-18	5%		Mar-18	5%		Apr-18	10%	20%	May-18	38%	25%	Jun-18	22%	30%	Jul-18	10%	30%	Aug-18	10%	30%	Sep-18	10%	35%	Oct-18		35%	Nov-18		35%	Dec-18		35%	Jan-19		40%	Feb-19		40%	Mar-19		40%	<ul style="list-style-type: none">As above
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4.3 Planned Care (WG Measures 58- 61)

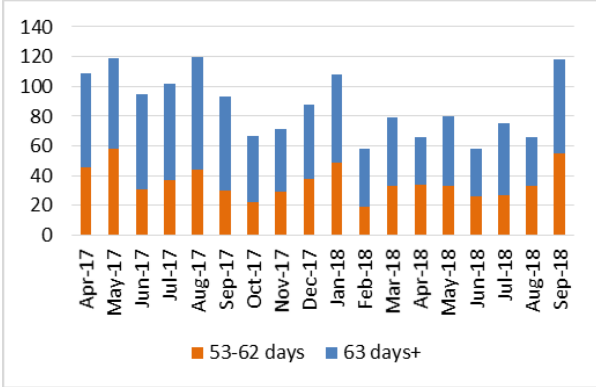
Description	Current Performance	Trend	Actions planned for next period
Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)	The number of patients waiting over 26 weeks for a first outpatient appointment continues to be significantly lower than in previous years. In September 2018 there were 90 patients waiting over 26 weeks which is a reduction on the previous month and 1,477 less than September 2017. In September 2018, 59% of the breaches were in Ophthalmology (53) as a result of unforeseen sickness absence of two consultants.	Number of stage 1 over 26 weeks 	<ul style="list-style-type: none"> Core capacity being maximised and additional clinics continue to be secured. Ophthalmology consultants returning in October/November. Outsourcing of cataract cases agreed in the interim to clear the backlog. New Glaucoma consultant commencing in November. Ongoing sickness absence in Gynaecology at Princess of Wales (POW) affecting 50% of the clinical team. Ongoing recruitment of locums. Clinical discussions around fragility of Urology service at POW with Morriston and Cwm Taf regarding support.
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In September 2018 there were 903 less patients waiting over 36 weeks compared with September 2017. 97% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 59% of the breaches, followed by General Surgery with 16%. Position improved in September by 116 patients.	Number of patients waiting longer than 36 weeks 	<ul style="list-style-type: none"> Orthopaedics:- <ul style="list-style-type: none"> Increased outsourcing underway Concluding the feasibility plans for a staffed mobile theatre unit at Morriston Weekend Arthroplasty lists commencing at NPTH from third week in October Workforce training/redesign to provide an element of cover for theatre nursing staffing deficits at Morriston Concluding discussions with Cwm Taf and use of theatre space at Royal Glamorgan Hospital Special case being considered for temporary enhanced remuneration for theatre staffing to assist weekend working

Description	Current Performance	Trend	Actions planned for next period																																																		
Total waiting times The number of patients waiting more than 52 weeks for treatment	The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. The position has seen a small in-month improvement of 22 and is 232 ahead of the March 2018 position.	Number of patients waiting longer than 52 weeks  <table><caption>Number of patients waiting longer than 52 weeks</caption><thead><tr><th>Month</th><th>Number waiting > 52 weeks</th></tr></thead><tbody><tr><td>Apr-17</td><td>1,400</td></tr><tr><td>May-17</td><td>1,450</td></tr><tr><td>Jun-17</td><td>1,500</td></tr><tr><td>Jul-17</td><td>1,550</td></tr><tr><td>Aug-17</td><td>1,600</td></tr><tr><td>Sep-17</td><td>1,650</td></tr><tr><td>Oct-17</td><td>1,700</td></tr><tr><td>Nov-17</td><td>1,800</td></tr><tr><td>Dec-17</td><td>1,900</td></tr><tr><td>Jan-18</td><td>1,850</td></tr><tr><td>Feb-18</td><td>1,750</td></tr><tr><td>Mar-18</td><td>1,700</td></tr><tr><td>Apr-18</td><td>1,650</td></tr><tr><td>May-18</td><td>1,550</td></tr><tr><td>Jun-18</td><td>1,500</td></tr><tr><td>Jul-18</td><td>1,450</td></tr><tr><td>Aug-18</td><td>1,400</td></tr><tr><td>Sep-18</td><td>1,450</td></tr></tbody></table>	Month	Number waiting > 52 weeks	Apr-17	1,400	May-17	1,450	Jun-17	1,500	Jul-17	1,550	Aug-17	1,600	Sep-17	1,650	Oct-17	1,700	Nov-17	1,800	Dec-17	1,900	Jan-18	1,850	Feb-18	1,750	Mar-18	1,700	Apr-18	1,650	May-18	1,550	Jun-18	1,500	Jul-18	1,450	Aug-18	1,400	Sep-18	1,450	<ul style="list-style-type: none">The actions relating to > 52 week patients are the same as 36 week patients.Targeted treat in turn and clinical discussions to prioritise longest waiting patients.Units challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.												
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Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. So far in 2018/19 the percentage continues to improve and September 2018 maintained the same position as August 2018 with 89.1%. This position is still the highest percentage since November 2013.	Percentage of patient waiting less than 26 weeks  <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>% waiting < 26 weeks</th></tr></thead><tbody><tr><td>Apr-17</td><td>86.0%</td></tr><tr><td>May-17</td><td>86.0%</td></tr><tr><td>Jun-17</td><td>86.0%</td></tr><tr><td>Jul-17</td><td>86.0%</td></tr><tr><td>Aug-17</td><td>86.0%</td></tr><tr><td>Sep-17</td><td>86.0%</td></tr><tr><td>Oct-17</td><td>86.0%</td></tr><tr><td>Nov-17</td><td>86.0%</td></tr><tr><td>Dec-17</td><td>86.0%</td></tr><tr><td>Jan-18</td><td>86.0%</td></tr><tr><td>Feb-18</td><td>86.0%</td></tr><tr><td>Mar-18</td><td>86.0%</td></tr><tr><td>Apr-18</td><td>86.0%</td></tr><tr><td>May-18</td><td>86.0%</td></tr><tr><td>Jun-18</td><td>86.0%</td></tr><tr><td>Jul-18</td><td>86.0%</td></tr><tr><td>Aug-18</td><td>86.0%</td></tr><tr><td>Sep-18</td><td>89.1%</td></tr><tr><td>Oct-18</td><td>89.1%</td></tr><tr><td>Nov-18</td><td>89.1%</td></tr><tr><td>Dec-18</td><td>89.1%</td></tr><tr><td>Jan-19</td><td>89.1%</td></tr><tr><td>Feb-19</td><td>89.1%</td></tr><tr><td>Mar-19</td><td>89.1%</td></tr></tbody></table>	Month	% waiting < 26 weeks	Apr-17	86.0%	May-17	86.0%	Jun-17	86.0%	Jul-17	86.0%	Aug-17	86.0%	Sep-17	86.0%	Oct-17	86.0%	Nov-17	86.0%	Dec-17	86.0%	Jan-18	86.0%	Feb-18	86.0%	Mar-18	86.0%	Apr-18	86.0%	May-18	86.0%	Jun-18	86.0%	Jul-18	86.0%	Aug-18	86.0%	Sep-18	89.1%	Oct-18	89.1%	Nov-18	89.1%	Dec-18	89.1%	Jan-19	89.1%	Feb-19	89.1%	Mar-19	89.1%	<ul style="list-style-type: none">Plans as outlined in previous tables.
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Description	Current Performance	Trend	Actions planned for next period
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	<p>In September 2018, there were 762 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. The main elements of the 762 breaches are split as follows:</p> <ul style="list-style-type: none"> • Cystoscopy= 4 • Non Obstetric Ultrasound= 123 • Cardiac Tests= 635 	<p>Number of patients waiting longer than 8 weeks for diagnostics</p>	<ul style="list-style-type: none"> • Sustain Nil position for Endoscopy by maximising backfill and utilising the capacity of the insourcing company. • Additional lists, outsourcing and redesign of skill mix for non-obstetric ultrasound cases. One sonographer appointed and being used to focus on backlog. • Implement additional cardiac CT/MR capacity commencing in October utilising follow lists at POW and increasing efficiency of lists at Singleton through backfill.
Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	<p>There has been significant improvement in Therapy waiting times over the last 12 months and there were no patients waiting over 14 weeks in April 2018. The September 2018 position shows a Nil position for Therapies waiting over 14 weeks.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>	<ul style="list-style-type: none"> • Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.

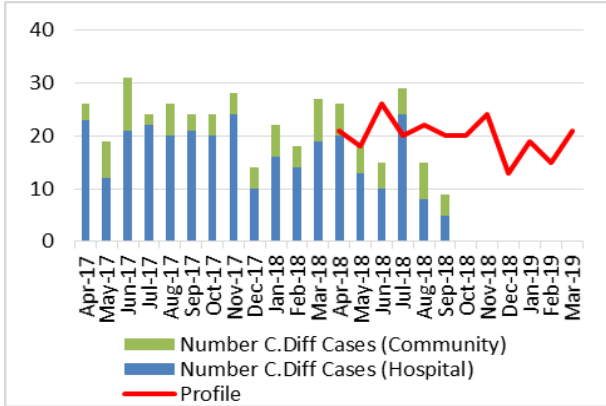
4.4 Cancer (WG Measures 71 and 72)

Description	Current Performance	Trend	Actions planned for next period
NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	September 2018 figures will be finalised on 31 st October. Draft figures indicate projected achievement of 95% of patients' starting treatment within 31 days. At the time of writing this report there are 7 breaches across the Health Board in September 2018: <ul style="list-style-type: none"> Breast: 4 Lower Gastrointestinal: 1 Upper Gastrointestinal: 1 Gynaecological: 1 	Percentage of NUSC patients starting treatment within 31 days of diagnosis <p>The chart shows monthly data for the percentage of NUSC patients starting treatment within 31 days of diagnosis. The data is represented by blue bars, and a red line indicates the target profile at 95%. The x-axis shows months from April 2017 to March 2019. The y-axis shows percentages from 0% to 100%.</p>	<ul style="list-style-type: none"> Additional consultant surgeon for Gynae-oncology approved and out to advert – closing 22.10.2018 Advertisement for an additional Consultant Oncologist is out to advert – closing 18.10.2018
USC waiting times- Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral	September 2018 figures will be finalised on 31 st October. Draft figures indicate a projected achievement of 80% of patients starting treatment within 62 days. At the time of writing this report there are 26 breaches in total across the Health Board: <ul style="list-style-type: none"> Gynaecological: 6 Breast: 5 Urological: 4 Upper Gastrointestinal: 3 Head & Neck: 2 Lung: 2 Haematology: 2 Lower Gastrointestinal: 1 Sarcoma: 1 	Percentage of USC patients starting treatment within 62 days of receipt of referral <p>The chart shows monthly data for the percentage of USC patients starting treatment within 62 days of receipt of referral. The data is represented by blue bars, and a red line indicates the target profile at 80%. The x-axis shows months from April 2017 to March 2019. The y-axis shows percentages from 0% to 100%.</p>	<ul style="list-style-type: none"> Bimonthly support and challenge meetings between MDT Lead, Service Managers and Cancer Clinical Lead continue. Additional Waiting List Initiatives (WLI's) being held when feasible. Endoscopy capacity and demand modelling has been undertaken and awaiting Informatics to include as live data within the dashboard. This will be used for the service to monitor demand and activity whilst reviewing variance within the service and contracted sessions. Detailed Radiology Demand and Capacity plan including reporting time requirements is being finalised.

Description	Current Performance	Trend	Actions planned for next period																																																																								
USC backlog The number of patients with an active wait status of more than 53 days	End of September 2018 backlog by tumour site:	Number of patients with a wait status of more than 53 days  <p>53-62 days 63 days+</p>	<ul style="list-style-type: none">Complete preparatory work to deliver a one-stop PMB service from beginning of November reducing time to diagnosis.Recommendations to improve processes for tracking to be progressed.Further training of tracking staff during October.Report and recovery plans for Breast and Urology services managed by Princess of Wales to be sent to Chief Operating Officer 5th October 2018.																																																																								
	<table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr><tr><td>Breast</td><td>8</td><td>5</td></tr><tr><td>Gynaecological</td><td>15</td><td>15</td></tr><tr><td>Haematological</td><td>1</td><td>2</td></tr><tr><td>Head and Neck</td><td>3</td><td>4</td></tr><tr><td>Lower GI</td><td>8</td><td>6</td></tr><tr><td>Lung</td><td>3</td><td>5</td></tr><tr><td>Other</td><td>5</td><td>3</td></tr><tr><td>Skin</td><td>2</td><td>0</td></tr><tr><td>Upper GI</td><td>2</td><td>5</td></tr><tr><td>Urological</td><td>8</td><td>18</td></tr><tr><td>Grand Total</td><td>55</td><td>63</td></tr></table>			Tumour Site	53 - 62 days	63 >	Breast	8	5	Gynaecological	15	15	Haematological	1	2	Head and Neck	3	4	Lower GI	8	6	Lung	3	5	Other	5	3	Skin	2	0	Upper GI	2	5	Urological	8	18	Grand Total	55	63																																				
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USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	Week to week through September 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 31% and 36%.	The number of patients waiting for a first outpatient appointment (by total days waiting)- End of September 2018 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>1</td><td>9</td><td>62</td><td>98</td><td>170</td></tr><tr><td>Gynaecological</td><td>11</td><td>12</td><td>32</td><td>6</td><td>61</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head and Neck</td><td>22</td><td>23</td><td>2</td><td>2</td><td>49</td></tr><tr><td>Lower GI</td><td>21</td><td>7</td><td>0</td><td>0</td><td>28</td></tr><tr><td>Lung</td><td>3</td><td>5</td><td>0</td><td>1</td><td>9</td></tr><tr><td>Other</td><td>17</td><td>30</td><td>6</td><td>0</td><td>53</td></tr><tr><td>Skin</td><td>43</td><td>64</td><td>3</td><td>2</td><td>112</td></tr><tr><td>Upper GI</td><td>2</td><td>1</td><td>2</td><td>0</td><td>5</td></tr><tr><td>Urological</td><td>4</td><td>7</td><td>9</td><td>51</td><td>71</td></tr><tr><td>Total</td><td>124</td><td>158</td><td>116</td><td>160</td><td>558</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	1	9	62	98	170	Gynaecological	11	12	32	6	61	Haematological	0	0	0	0	0	Head and Neck	22	23	2	2	49	Lower GI	21	7	0	0	28	Lung	3	5	0	1	9	Other	17	30	6	0	53	Skin	43	64	3	2	112	Upper GI	2	1	2	0	5	Urological	4	7	9	51	71	Total	124	158	116	160	558	<p>Cancer Improvement Team undertaking Demand & Capacity for USC first outpatient waits. Live data in place for:</p> <ul style="list-style-type: none">BreastGynaecology (PMB)UrologyLGI (Surgery)GastroenterologyRadiotherapy <p>Under development:</p> <ul style="list-style-type: none">ChemotherapyEndoscopyGynae-oncologyRadiologyUrology straight to testGynae-oncology surgery <p>To be developed:</p> <ul style="list-style-type: none">Pathology
			≤10	11-20	21-30	>31	Total																																																																				
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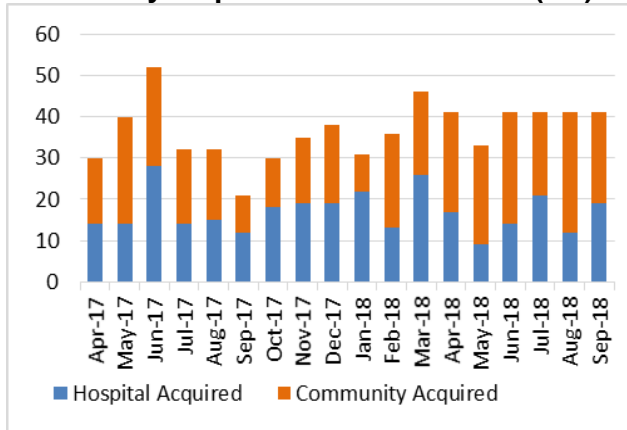
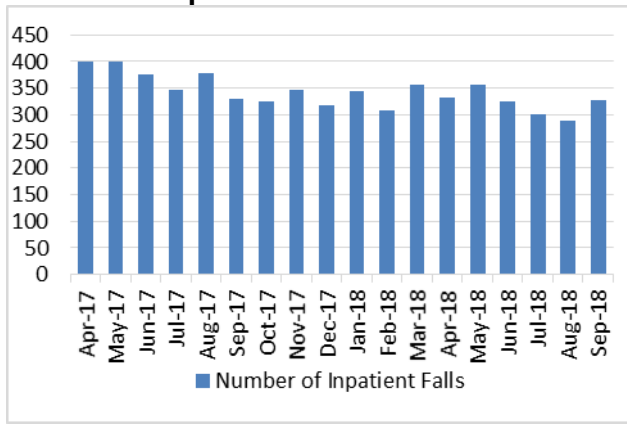
4.5 Healthcare Acquired Infections (WG Measures 18-20)

Description	Current Performance	Trend	Actions planned for next period
E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<p>In September 2018, there were 49 cases of <i>E. coli</i> bacteraemia. This is 4 more than the internal profile. 34 cases were community-acquired infections; 15 cases were hospital-acquired infections (MH DU- 5; SHDU- 5; POWH DU- 3; Maesteg Hospital- 1, Glanrhyd Hospital- 1).</p> <p>The proportion of these cases that are community acquired are challenging to target from an improvement perspective.</p> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <p>Number of E.Coli cases (Community) Number E.Coli Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> Implement Q3 programmes to reduce prevalence of, and improve management of, invasive devices across Health Board. During October, the Quality Improvement Matron for IPC will identify what QI projects are being undertaken within the Delivery Unit and these will be mapped, with a view to calculating projection milestones. Delivery Units are improving numbers of clinical staff that have completed Aseptic Non Touch Technique (ANTT) training and who have been ANTT competency assessed.
S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<p>In September 2018, there were 10 cases of <i>Staph. aureus</i> bacteraemia; 3 less than the profile. 7 cases were hospital acquired (MH DU – 3; SH DU- 2; POWH DU – 2 including 1 MRSA case); 3 cases were community acquired infections. The proportion of these cases that are community acquired are challenging to target from an improvement perspective.</p> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired S.aureus bacteraemias cases</p> <p>Number of S.Aureus Cases (Community) Number S.Aureus Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> Implement Q3 programmes to reduce prevalence of, and improve management of, invasive devices across Health Board – monitor & evaluate the extension of PDSA to key wards on all sites Delivery Units are improving numbers of clinical staff that have completed Aseptic Non Touch Technique (ANTT) training and who have been ANTT competency assessed. During October, work will be commenced on identifying key projects with anticipated timescales.

Description	Current Performance	Trend	Actions planned for next period
<p>C.difficile- Number of laboratory confirmed C.difficile cases</p>	<p>In September 2018, there were 9 cases of <i>Clostridium difficile</i> infection; 11 fewer than the internal profile.</p> <p>5 cases were hospital acquired (MH DU – 2; POWH DU- 2; SH DU- 1); 4 cases were community acquired infections.</p> <p>The cumulative position April – September 2018 is approximately 25% below that for the same period in 2017.</p> <p><i>High bed occupancy is a risk to achieving infection reduction. ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process.</i></p>	<p>Number of healthcare acquired C.difficile cases</p>  <p>Number C.Diff Cases (Community) Number C.Diff Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> • Bimonthly auditing/monitor the implement of the restrictive antimicrobial policy (restricting use of Co-Amoxiclav). • All Delivery Units appointed Quality Improvement Leads for Infection; Princess of Wales and Morriston to identify leads. • Delivery Units to prioritise High Level Deep Cleaning of source rooms/bays, and plan for proactive '4D' programme: Declutter - Decant – Deep clean – Disinfect. Service demands and pressures may impede progress during Q3. • Task and finish group established for the reintroduction of UVC. Introduction of Bioquell contract within Morriston Delivery Unit for proactive and reactive High Level Decontamination programme

4.6 Quality & Safety Measures (Local and WG measures 24 and 46)

Description	Current Performance	Trend	Actions planned for next period																																																																											
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	<ul style="list-style-type: none">The Health Board reported 13 Serious Incidents for the month of September 2018 to Welsh Government.Last Never Event reported was on 21st March 2018.In September 2018, the performance against the 86% target of submitting closure forms within 60 working days was 90%.	Number of Serious Incidents <table border="1"><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Local Target</th></tr></thead><tbody><tr><td>Apr-17</td><td>23</td><td>86%</td></tr><tr><td>May-17</td><td>20</td><td>86%</td></tr><tr><td>Jun-17</td><td>48</td><td>86%</td></tr><tr><td>Jul-17</td><td>22</td><td>86%</td></tr><tr><td>Aug-17</td><td>30</td><td>86%</td></tr><tr><td>Sep-17</td><td>15</td><td>86%</td></tr><tr><td>Oct-17</td><td>22</td><td>86%</td></tr><tr><td>Nov-17</td><td>13</td><td>86%</td></tr><tr><td>Dec-17</td><td>9</td><td>86%</td></tr><tr><td>Jan-18</td><td>35</td><td>86%</td></tr><tr><td>Feb-18</td><td>26</td><td>86%</td></tr><tr><td>Mar-18</td><td>18</td><td>86%</td></tr><tr><td>Apr-18</td><td>21</td><td>86%</td></tr><tr><td>May-18</td><td>25</td><td>86%</td></tr><tr><td>Jun-18</td><td>26</td><td>86%</td></tr><tr><td>Jul-18</td><td>14</td><td>86%</td></tr><tr><td>Aug-18</td><td>23</td><td>86%</td></tr><tr><td>Sep-18</td><td>13</td><td>86%</td></tr><tr><td>Oct-18</td><td>0</td><td>86%</td></tr><tr><td>Nov-18</td><td>0</td><td>86%</td></tr><tr><td>Dec-18</td><td>0</td><td>86%</td></tr><tr><td>Jan-19</td><td>0</td><td>86%</td></tr><tr><td>Feb-19</td><td>0</td><td>86%</td></tr><tr><td>Mar-19</td><td>0</td><td>86%</td></tr></tbody></table>	Month	Number of Serious Incidents	Local Target	Apr-17	23	86%	May-17	20	86%	Jun-17	48	86%	Jul-17	22	86%	Aug-17	30	86%	Sep-17	15	86%	Oct-17	22	86%	Nov-17	13	86%	Dec-17	9	86%	Jan-18	35	86%	Feb-18	26	86%	Mar-18	18	86%	Apr-18	21	86%	May-18	25	86%	Jun-18	26	86%	Jul-18	14	86%	Aug-18	23	86%	Sep-18	13	86%	Oct-18	0	86%	Nov-18	0	86%	Dec-18	0	86%	Jan-19	0	86%	Feb-19	0	86%	Mar-19	0	86%	<ul style="list-style-type: none">Trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team.The SI team are currently in the process of recruiting a Band 7 Concerns & Quality Improvement Manager to work with all Service Delivery Unit's across the Health Board.The Welsh Risk Pool have suggested that the Pressure Ulcer Improvement methodology be applied to the Falls Improvement work and will coincide with the upcoming relaunch of the Health Board's Fall Prevention and Management Policy.
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30 day response rate for concerns- The percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	<ul style="list-style-type: none">The overall Health Board response rate for responding to concerns within 30 working days was 81% in July 2018 against the Welsh Government target of 75% and Health Board target of 80%.	Response rate for concerns within 30 days <table border="1"><thead><tr><th>Month</th><th>30 day response rate</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>75%</td><td>80%</td></tr><tr><td>May-17</td><td>78%</td><td>80%</td></tr><tr><td>Jun-17</td><td>82%</td><td>80%</td></tr><tr><td>Jul-17</td><td>82%</td><td>80%</td></tr><tr><td>Aug-17</td><td>82%</td><td>80%</td></tr><tr><td>Sep-17</td><td>78%</td><td>80%</td></tr><tr><td>Oct-17</td><td>78%</td><td>80%</td></tr><tr><td>Nov-17</td><td>75%</td><td>80%</td></tr><tr><td>Dec-17</td><td>82%</td><td>80%</td></tr><tr><td>Jan-18</td><td>82%</td><td>80%</td></tr><tr><td>Feb-18</td><td>62%</td><td>80%</td></tr><tr><td>Mar-18</td><td>72%</td><td>80%</td></tr><tr><td>Apr-18</td><td>82%</td><td>80%</td></tr><tr><td>May-18</td><td>82%</td><td>80%</td></tr><tr><td>Jun-18</td><td>82%</td><td>80%</td></tr><tr><td>Jul-18</td><td>82%</td><td>80%</td></tr><tr><td>Aug-18</td><td>82%</td><td>80%</td></tr><tr><td>Sep-18</td><td>82%</td><td>80%</td></tr><tr><td>Oct-18</td><td>82%</td><td>80%</td></tr><tr><td>Nov-18</td><td>82%</td><td>80%</td></tr><tr><td>Dec-18</td><td>82%</td><td>80%</td></tr><tr><td>Jan-19</td><td>82%</td><td>80%</td></tr><tr><td>Feb-19</td><td>82%</td><td>80%</td></tr><tr><td>Mar-19</td><td>82%</td><td>80%</td></tr></tbody></table>	Month	30 day response rate	Profile	Apr-17	75%	80%	May-17	78%	80%	Jun-17	82%	80%	Jul-17	82%	80%	Aug-17	82%	80%	Sep-17	78%	80%	Oct-17	78%	80%	Nov-17	75%	80%	Dec-17	82%	80%	Jan-18	82%	80%	Feb-18	62%	80%	Mar-18	72%	80%	Apr-18	82%	80%	May-18	82%	80%	Jun-18	82%	80%	Jul-18	82%	80%	Aug-18	82%	80%	Sep-18	82%	80%	Oct-18	82%	80%	Nov-18	82%	80%	Dec-18	82%	80%	Jan-19	82%	80%	Feb-19	82%	80%	Mar-19	82%	80%	<ul style="list-style-type: none">Performance is discussed at all Unit performance meetings. For the first 3 months of this financial year the Health Board has achieved an 80% in responses for the 30 day target.Two PALS workshops held to review the work undertaken in the Service Delivery units for the PALS teams. Formulation of a PALS Policy and standardised Job Description are the next stepsRobust monitoring of the 30 day complaint responses to ensure compliant with Putting Things right Regulations and the contents of the response is valued based. This is undertaken on a monthly audit basis, at a Concerns and Assurance Group meeting with the Units.
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Number of pressure ulcers The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers	<ul style="list-style-type: none">• The number of Grade 3+ pressure ulcers between August 2018 and September 2018 again remained steady. However, the split between hospital and community acquired pressure ulcers notably changed. The community figures improved from 29 in August 2018 to 22 in September 2018, whereas the number of in-patient cases deteriorated from 45 to 52.	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <table><caption>Data for Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</caption><thead><tr><th>Month</th><th>Hospital Acquired</th><th>Community Acquired</th><th>Total</th></tr></thead><tbody><tr><td>Apr-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>May-17</td><td>15</td><td>25</td><td>40</td></tr><tr><td>Jun-17</td><td>28</td><td>24</td><td>52</td></tr><tr><td>Jul-17</td><td>15</td><td>18</td><td>33</td></tr><tr><td>Aug-17</td><td>15</td><td>17</td><td>32</td></tr><tr><td>Sep-17</td><td>12</td><td>10</td><td>22</td></tr><tr><td>Oct-17</td><td>18</td><td>12</td><td>30</td></tr><tr><td>Nov-17</td><td>18</td><td>17</td><td>35</td></tr><tr><td>Dec-17</td><td>18</td><td>18</td><td>36</td></tr><tr><td>Jan-18</td><td>22</td><td>10</td><td>32</td></tr><tr><td>Feb-18</td><td>13</td><td>22</td><td>35</td></tr><tr><td>Mar-18</td><td>25</td><td>20</td><td>45</td></tr><tr><td>Apr-18</td><td>18</td><td>22</td><td>40</td></tr><tr><td>May-18</td><td>10</td><td>22</td><td>32</td></tr><tr><td>Jun-18</td><td>15</td><td>27</td><td>42</td></tr><tr><td>Jul-18</td><td>22</td><td>20</td><td>42</td></tr><tr><td>Aug-18</td><td>12</td><td>33</td><td>45</td></tr><tr><td>Sep-18</td><td>19</td><td>22</td><td>41</td></tr></tbody></table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	15	15	30	May-17	15	25	40	Jun-17	28	24	52	Jul-17	15	18	33	Aug-17	15	17	32	Sep-17	12	10	22	Oct-17	18	12	30	Nov-17	18	17	35	Dec-17	18	18	36	Jan-18	22	10	32	Feb-18	13	22	35	Mar-18	25	20	45	Apr-18	18	22	40	May-18	10	22	32	Jun-18	15	27	42	Jul-18	22	20	42	Aug-18	12	33	45	Sep-18	19	22	41	<ul style="list-style-type: none">• Pressure Ulcer Prevention Strategic Group to receive completed analysis of 2017-2018 Serious Incident pressure ulcers in October 2018.• The implementation plan for the new Prevention and Management of Pressure Ulcers Policy is in progress.• An audit of pressure ulcer grading is to be conducted during October to provide assurance on the accuracy of grading on incident reports and to highlight any training requirements• Ongoing and increased focus on the work of scrutiny panels to identify causal factors and support learning to prevent avoidable ulcers.
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Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none">• The number of Falls reported via Datix web reduced from 331 in September 2017 to 328 in September 2018.• The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.• The number of Falls within the Health Board decreased between April 2017 and March 2018 with the number of falls causing harm decreasing by 16%.	Number of inpatient Falls  <table><caption>Data for Number of inpatient Falls</caption><thead><tr><th>Month</th><th>Number of Inpatient Falls</th></tr></thead><tbody><tr><td>Apr-17</td><td>400</td></tr><tr><td>May-17</td><td>400</td></tr><tr><td>Jun-17</td><td>375</td></tr><tr><td>Jul-17</td><td>350</td></tr><tr><td>Aug-17</td><td>375</td></tr><tr><td>Sep-17</td><td>331</td></tr><tr><td>Oct-17</td><td>331</td></tr><tr><td>Nov-17</td><td>350</td></tr><tr><td>Dec-17</td><td>325</td></tr><tr><td>Jan-18</td><td>350</td></tr><tr><td>Feb-18</td><td>310</td></tr><tr><td>Mar-18</td><td>350</td></tr><tr><td>Apr-18</td><td>331</td></tr><tr><td>May-18</td><td>350</td></tr><tr><td>Jun-18</td><td>331</td></tr><tr><td>Jul-18</td><td>300</td></tr><tr><td>Aug-18</td><td>290</td></tr><tr><td>Sep-18</td><td>328</td></tr></tbody></table>	Month	Number of Inpatient Falls	Apr-17	400	May-17	400	Jun-17	375	Jul-17	350	Aug-17	375	Sep-17	331	Oct-17	331	Nov-17	350	Dec-17	325	Jan-18	350	Feb-18	310	Mar-18	350	Apr-18	331	May-18	350	Jun-18	331	Jul-18	300	Aug-18	290	Sep-18	328	<ul style="list-style-type: none">• Health Board's Falls Policy was ratified by Q&S committee in August 2018.• Training needs analysis ongoing and will form part of the implementation plan of the new policy.• Health Board falls group have cascaded PowerPoint educational training presentation to all delivery units• Unit Nurse Director (POWH) has discussed Falls policy implementation plan at NMB & Health Board Falls group. NMB decision that implementation of policy and Health Board lead for falls will transfer to Unit Nurse Director for NPTH on October 2nd 2018.																																						
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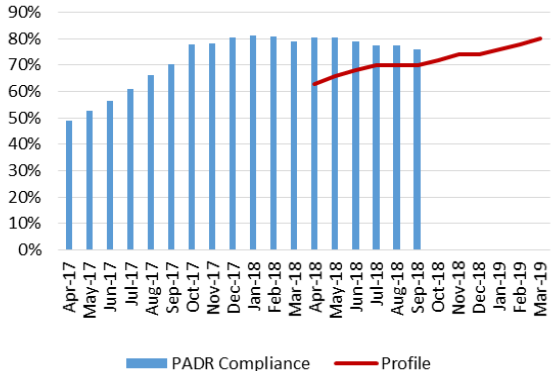
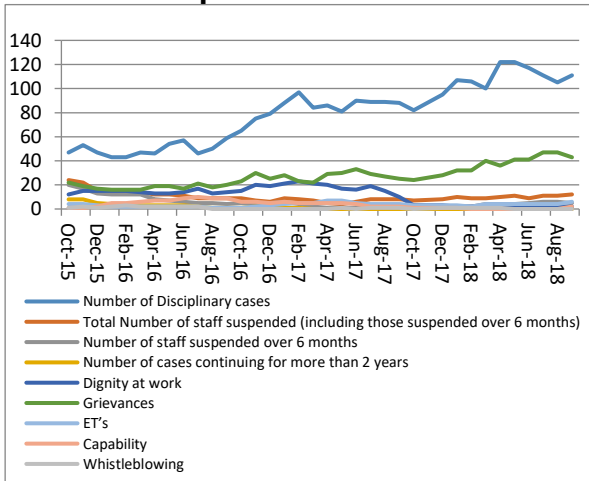
Description	Current Performance	Trend	Actions planned for next period																																						
Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	<ul style="list-style-type: none">In September 2018 the percentage of electronic discharge summaries signed and sent via eToC was 61% which is 3% less when compared with September 2017.Performance varies between Service Delivery Units (range was 59% to 88% in September 2018) and between clinical teams within the Units.	% discharge summaries approved and sent <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Apr-17</td><td>50%</td></tr><tr><td>May-17</td><td>60%</td></tr><tr><td>Jun-17</td><td>60%</td></tr><tr><td>Jul-17</td><td>65%</td></tr><tr><td>Aug-17</td><td>60%</td></tr><tr><td>Sep-17</td><td>65%</td></tr><tr><td>Oct-17</td><td>65%</td></tr><tr><td>Nov-17</td><td>65%</td></tr><tr><td>Dec-17</td><td>65%</td></tr><tr><td>Jan-18</td><td>60%</td></tr><tr><td>Feb-18</td><td>65%</td></tr><tr><td>Mar-18</td><td>65%</td></tr><tr><td>Apr-18</td><td>68%</td></tr><tr><td>May-18</td><td>65%</td></tr><tr><td>Jun-18</td><td>60%</td></tr><tr><td>Jul-18</td><td>60%</td></tr><tr><td>Aug-18</td><td>65%</td></tr><tr><td>Sep-18</td><td>61%</td></tr></tbody></table>	Month	% of completed discharge summaries	Apr-17	50%	May-17	60%	Jun-17	60%	Jul-17	65%	Aug-17	60%	Sep-17	65%	Oct-17	65%	Nov-17	65%	Dec-17	65%	Jan-18	60%	Feb-18	65%	Mar-18	65%	Apr-18	68%	May-18	65%	Jun-18	60%	Jul-18	60%	Aug-18	65%	Sep-18	61%	<ul style="list-style-type: none">Performance and improvement actions will continue to be monitored via the Discharge Information Improvement Group (DIIG)Now that overall signed and sent performance has improved, the focus will be on improving the timeliness of discharge information i.e. Delivery Units' performance in providing discharge information to GPs <24hrs and <5days after discharge.Unit Medical Directors' are working with CDs and Clinical Leads to address variation between teamsThe Health Board is piloting Medicines Transcribing and e-Discharge (MTeD) from August – October 2018
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4.7 Workforce Measures (Revised Workforce Measures)

Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"> The 12 month rolling performance to the end of August 2018 is 5.86% (up 0.02% on June 2018). Our in month performance in Aug 18 was 5.98%, an increase of 0.01% on the previous month 	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p>	<ul style="list-style-type: none"> Best Practice report finalised, planned circulation by end of October 2018. Pathways guidance has been completed to be issued by early November 2018. Improvement Plan completed with targets for reductions in waiting time to be issued 26th October 2018. Flu Champions trained across the health board Winter Flu Immunisation programme underway.
Mandatory & Statutory (M&S) Training- <i>Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</i>	<ul style="list-style-type: none"> September 2018 compliance against the 10 core competencies is 66.27%. This is a 2.27% increase from August 2018. This means over 5,000 competencies completed within a one month period 	<p>% of compliance with Core Skills and Training Framework</p>	<ul style="list-style-type: none"> Highlighted as a risk around resourcing in the paper prepared for Audit Committee. Completed ESR Audit as part of national programme – Health Board is 4th Highest user of Employee Self Service in the UK Currently focusing on increasing the levels of training in Facilities in Morriston. Work has been undertaken to map teams and access. Currently working with managers/supervisors and ESR team to gain access to ESR Self Service for teams. E-learning drop in sessions at all sites conducted bi-weekly, including staff group specific training undertaken. Work is continuing on the review of M&S training requirements by role profile to reduce duplication of effort by staff repeating learning already covered at lower levels

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Vacancies <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"> We continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ: EU Nurses employed at Band 5 = 70 Philippine nurses arrived in 17/18 & employed at Band 5 = 30 Regionally organised nurse recruitment days which ensure we are not duplicating efforts across our hospital sites. These are heavily advertised across social media platforms via our communications team. 11 Health Care Support Workers (HCSW's) recruited to a part time degree in nursing. 7 commenced in September 2017 on a 4 year programme, the remainder commenced in January 2018 on a 2 year 9 month programme. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway. A further 13 of our HCSW's are currently undertaking a two-year master's programme. 	Vacancies as at 30th September 2018 <table> <tr> <th>Grade - Medical & Dental</th><th>Budget WTE</th><th>WTE</th><th>(Under) / Over Establishment</th></tr> <tr> <td>Total</td><td>1534.69</td><td>1310.06</td><td>-224.63</td></tr> <tr> <td>21000-Consultant (M&D)</td><td>617.51</td><td>538.33</td><td>-79.18</td></tr> <tr> <td>21100-Locum Consultant (M&D)</td><td>25.66</td><td>35.26</td><td>9.60</td></tr> <tr> <td>22110-Associate Specialist (M&D)</td><td>67.11</td><td>54.28</td><td>-12.84</td></tr> <tr> <td>22200-Locum Associate Specialist (M&D)</td><td>0.00</td><td>0.45</td><td>0.45</td></tr> <tr> <td>22250-Specialist Dental Officer</td><td>3.60</td><td>3.20</td><td>-0.40</td></tr> <tr> <td>22260-Senior Dental Officer</td><td>1.80</td><td>1.20</td><td>-0.60</td></tr> <tr> <td>22270-Dental Officer</td><td>10.22</td><td>6.63</td><td>-3.59</td></tr> <tr> <td>22310-Speciality Doctor (M&D)</td><td>104.64</td><td>77.55</td><td>-27.09</td></tr> <tr> <td>22320-Locum Speciality Doctor (M&D)</td><td>2.10</td><td>1.10</td><td>-1.00</td></tr> <tr> <td>23100-Specialty Registrar (M&D)</td><td>531.31</td><td>413.60</td><td>-117.71</td></tr> <tr> <td>23120-Locum Specialty Registrar (M&D)</td><td>0.50</td><td>20.60</td><td>20.10</td></tr> <tr> <td>23200-Specialist Registrar (M&D)</td><td>6.78</td><td>0.00</td><td>-6.78</td></tr> <tr> <td>23300-Locum Specialist Registrar (M&D)</td><td>1.20</td><td>1.00</td><td>-0.20</td></tr> <tr> <td>24100-F2 foundation year 2 (M&D)</td><td>63.66</td><td>61.69</td><td>-1.97</td></tr> <tr> <td>24110-Locum F2 Foundation year 2 (M&D)</td><td>0.00</td><td>1.00</td><td>1.00</td></tr> <tr> <td>24400-F1 foundation year 1 (M&D)</td><td>80.20</td><td>71.58</td><td>-8.62</td></tr> <tr> <td>24900-Dental Trainees in Hosp Post</td><td>1.64</td><td>7.60</td><td>5.96</td></tr> <tr> <td>25000-Clinical Assistant (M&D)</td><td>1.37</td><td>0.91</td><td>-0.46</td></tr> <tr> <td>25100-Senior Lecturer (M&D)</td><td>2.90</td><td>1.00</td><td>-1.90</td></tr> <tr> <td>25300-G.P. 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We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline. Work due to commence on the development of a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team.
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Description	Current Performance	Trend	Actions planned for next period																																												
Recruitment <i>Metrics provided by NWSSP. ABMU comparison with All wales benchmarking</i>	<ul style="list-style-type: none"> ABMU overall performance is just above the target level for NHS Wales Internal controls may have contributed to this. Of the key ABMU measures where we are not yet at target - time to complete sifting has steadily improved towards the three day target. 	<p>Vacancy Creation to Unconditional Offer Aug 2018 (working days: including outliers) T13</p>	<ul style="list-style-type: none"> Outlier data is passed to Delivery Units for review. If Outliers (activity well outside the normal expected timescale) are excluded ABMU is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports. 																																												
Turnover <i>% turnover by occupational group</i>	<ul style="list-style-type: none"> Overall Turnover has reduced over the last 5 months and remains close to 8% (FTE). There has been a steady reduction in Nursing turnover since April 2018. 	<p>Staff Turnover - Period Turnover Rate - 01 October 2017 - 30 September 2018</p> <table border="1"> <thead> <tr> <th>Staff Group</th><th>FTE</th><th>Headcount</th><th>Change Headcount</th></tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td><td>9.22%</td><td>8.99%</td><td>↓</td></tr> <tr> <td>Additional Clinical Services</td><td>7.60%</td><td>8.07%</td><td>↓</td></tr> <tr> <td>Administrative and Clerical</td><td>7.77%</td><td>8.13%</td><td>↓</td></tr> <tr> <td>Allied Health Professionals</td><td>10.25%</td><td>10.60%</td><td>↑</td></tr> <tr> <td>Estates and Ancillary</td><td>5.65%</td><td>5.90%</td><td>↓</td></tr> <tr> <td>Healthcare Scientists</td><td>6.34%</td><td>6.82%</td><td>↑</td></tr> <tr> <td>Medical and Dental</td><td>10.54%</td><td>11.58%</td><td>↓</td></tr> <tr> <td>Nursing and Midwifery Registered</td><td>8.19%</td><td>8.57%</td><td>↓</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Overall Rate</th><th>FTE</th><th>Headcount</th><th></th></tr> </thead> <tbody> <tr> <td>Overall Rate</td><td>8.00%</td><td>8.37%</td><td>↓</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	9.22%	8.99%	↓	Additional Clinical Services	7.60%	8.07%	↓	Administrative and Clerical	7.77%	8.13%	↓	Allied Health Professionals	10.25%	10.60%	↑	Estates and Ancillary	5.65%	5.90%	↓	Healthcare Scientists	6.34%	6.82%	↑	Medical and Dental	10.54%	11.58%	↓	Nursing and Midwifery Registered	8.19%	8.57%	↓	Overall Rate	FTE	Headcount		Overall Rate	8.00%	8.37%	↓	<ul style="list-style-type: none"> Roll out of exit interviews across the Health Board following the pilot in Nursing.
Staff Group	FTE	Headcount	Change Headcount																																												
Add Prof Scientific and Technic	9.22%	8.99%	↓																																												
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Description	Current Performance	Trend	Actions planned for next period
PADR <i>% staff who have a current PADR review recorded</i>	<ul style="list-style-type: none"> Workforce PADR figures September 2018 figures are 63.17% 	% of staff who have had a PADR in previous 12 months 	<ul style="list-style-type: none"> Focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures. Schedule in place from October 2018 to March 2019 at all sites. Additionally, bespoke PADR training delivered as requested by teams and units. Heightened scrutiny process for Delivery Units. Explore implications of NHS Pay Deal and links with PADR.
Operational Casework <i>Number of current operational cases by category.</i>	<ul style="list-style-type: none"> Some fluctuation in live cases over the last three months but volume of activity is still significantly increased on averages pre Mid 2016. 	Number of Operational Cases 	<ul style="list-style-type: none"> Procurement issues have been resolved and an order placed for the system. Full implementation expected by Christmas 2018. Case to be considered by IGB for investigating officer team - dedicated resource will deal with cases quicker reducing the number of live cases and improve quality of reports. This will address HiW recommendations regarding management of cases.

5. Key performance measures by Delivery Unit

5.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	63.5%	67.1%	70.0%	70.3%	67.9%	68.8%						
		Profile	71%	76%	76%	83%	81%	81%	85%	87%	87%	86%	86%	86%
	12 hour A&E waits	Actual	574	468	333	447	373	311						
		Profile	259	124	125	148	168	101	162	206	239	198	143	135
	1 hour ambulance handover	Actual	380	291	245	348	270	261						
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	33.9%	33.3%	43.8%	39.6%	29.8%	75.0%						
		Profile	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	65.0%	65.0%	65.0%
	CT scan within 1 hour	Actual	32.3%	44.8%	38.8%	41.7%	36.0%	50.0%						
		Profile	40.0%	40.0%	40.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%
	Assessed by Stroke Specialist within 24 hours	Actual	91.9%	100.0%	98.0%	85.4%	92.0%	85.4%						
		Profile	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%
Planned care	Outpatients waiting more than 26 weeks	Actual	128	101	37	15	31	19						
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	2,379	2,309	2,250	2,285	2,312	2,160						
		Profile	2,374	2,183	2,251	2,253	2,153	1,997	1,784	1,809	1,992	1,898	1,777	1,901
	Diagnostic waits over 8 weeks	Actual	623	655	638	602	613	620						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	95%	91%	93%	98%	100%	96%						
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	100%	90%	98%	94%	88%						
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	10	6	6	16	4	2						
		Profile	9	5	9	7	7	7	8	9	4	5	4	7
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	5	5	3	3	3						
		Profile	4	5	3	5	4	3	3	2	6	5	5	6
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	3	4	7	5	5						
		Profile	8	3	6	4	6	4	4	6	7	10	4	5
Quality & Safety Measures	Discharge Summaries	Actual	63%	58%	59%	53%	61%	59%						
		Profile	69%	72%	75%	77%	80%	83%	86%	89%	92%	94%	97%	100%
	Concerns responded to within 30 days	Actual	93%	83%	90%	87%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.94%	5.94%	5.97%	5.94%	5.98%							
		Profile	5.87%	5.79%	5.71%	5.63%	5.55%	5.48%	5.40%	5.32%	5.24%	5.16%	5.08%	5.00%
	Personal Appraisal Development Review	Actual	62%	59%	60%	62%	63%	64%						
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	50%	52%	55%	57%	60%	61%						
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.1 Morrision Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Constant outpatient and backlog Cancer Performance • 12 hour, 24 hour and 72 hour Stroke performance indicators consistently high. • Incident Reporting - All no harm incidents reported prior to 2018 reviewed and closed where appropriate • ECHO - Well supported junior doctors with consultant leadership on the clinical floor until 11pm daily. • Weekly review of Agency cap breaches • Cancer - KPMG to support projects in two key areas – General/Vascular Surgery and Medicine Assessment Unit. Focussed piece of work to be completed by mid January 2019. • New pathways implemented to support GP expected patients no longer attending the Emergency Department from July 9th 2018. 	<ul style="list-style-type: none"> • Sustained improvement of 4 hour bundle Stroke performance • Service Groups to focus on incidents reported since April 2018 • Reduction in Sickness absence • Additional Theatre capacity for pancreatic/pelvic oncology patients • ECHO – Implement effective IT system to allow for timely analysis of data to evidence what is already being done within the department and support future work-streams. • Progressing the staffed mobile theatre unit for arthroplasty surgery. • Delivery Unit Safety Huddles project and risk based assessments training underway. • Cancer - Additional theatre capacity for pancreatic/pelvic oncology patients.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Closer working with site management to help facilitate the smooth flow of patients between A & E and the ASU. • Cancer - Pathway review of out of area sarcoma patients • Structured Q & S plan to be developed to support data quality issues within Datix • Staff Engagement Open Day planned for 6th October 2018 • ECHO – Improvement of triage times noting that expected patients will no longer be reviewed there, this will also allow improvement of direct flow to minors. • Progressing further outsourcing opportunities to improve Orthopaedic position. • Patient flow recruitment underway. 	<ul style="list-style-type: none"> • No Out of Hours cover to aid retrieval and identification of stroke patients in A & E • Data Quality and incorrect reporting requires significant resource to review and amend. • Cancer - Lower GI surgeons withdrawing from additional clinic activity. • Recruitment challenges in nursing and medical vacancies. • ECHO – Capacity across the wider hospital appears to be deteriorating. • Theatre staffing/Anaesthetists for the delivery of baseline activity during September and further additional longer term. • Unable to guarantee paediatric opening 24/7 due to workforce restrictions.

5.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	98.4%	96.8%	98.9%	96.9%	99.7%	98.4%						
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	12 hour A&E waits	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0		0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-	100%	100%	-	-						
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	100%	100%	100%	93%	100%	80%						
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	4	3	0	0	0	0						
		Profile	0	1	0	0	1	1	1	0	0	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0						
		Profile	0	0	0	1	1	0	1	0	1	1	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	2	2	4	4	0						
		Profile	0	2	1	2	1	1	3	1	3	3	1	1
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%	82%	77%	90%	76%						
		Profile	68%	71%	74%	77%	80%	83%	85%	88%	91%	94%	97%	100%
	Concerns responded to within 30 days	Actual	100%	100%	100%	88%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.00%	5.06%	5.24%	5.35%	5.48%							
		Profile	5.85%	5.78%	5.70%	5.62%	5.54%	5.47%	5.39%	5.31%	5.23%	5.16%	5.08%	5.00%
	Personal Appraisal Development Review	Actual	72%	69%	68%	72%	70%	70%						
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%	70%	73%	74%						
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Waiting times targets achieved in medicine, rheumatology and therapies A&E 4 and 12 hour wait performance being sustained. DNA rate improvements 18/19 vs 17/18 being maintained. 96% complaints response within 30 working days. No <i>C. difficile</i> infections since bioquel. Recruitment of 1 RMO. Rapid Diagnostic Centre (RDC) – 186 referrals accepted YTD, 189 patient seen, 18 diagnoses of cancer. RDC – recurrent business case accepted at IBG. Maintaining performance of reduced number of falls causing harm. Award of Bevan Health Technology Exemplar for 2nd successive year. Infusion Unit has treated 934 patients from June – September. Commencement of Early Supported Discharge Service. 	<ul style="list-style-type: none"> Improve DNA performance to achieve 2018/19 targets to achieve 10% reduction as per annual plan. USC stretch target to reduce 1st appointment to 8 days by end of Q2. Zero tolerance for all avoidable pressure damage. Learn from infection control outbreak to identify causes of increased incidence and develop action plan to address improvement. Consultant Antimicrobial Pharmacist and Antimicrobial Stewardship. MHRA licence for Singleton PTS and replacement air handling plant for Morriston PTS. Recruitment of Registered Nurses. Implement Early Supported Discharge Team to improve patient pathways. Achievement of WFI activity for WHSCC. Increasing elective surgical activity.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Deliver national average of 35% for pregnancy per cycle (WFI). Service remodelling to reduce bed compliment by further beds. Strategic Review of MIU, Afan Nedd and rheumatology infusion unit. Implementation of the SAFER bundle. Focus on reducing sickness and increasing PADR Improve Ward Average Length of Stay, Delayed Transfers of Care and monthly bed days lost position. Centralisation of booking office for medical specialties – recruitment in progress. Further development of pharmacy specialty teams to support inpatients and specialist clinics. Re-structure of primary care pharmacy team (due to staff loss) to support long term work agenda & pharmacy contract with PCCS. Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format. Allocation of winter monies to support acute sites. Potential new income stream from private surgical activity. 	<ul style="list-style-type: none"> 67% USC patients starting within 62 days in September. Capacity within Care Homes (including EMI), LA Packages of Care and Community Resource Teams with potential to adversely affect hospital length of stay for discharge fit patients. 4 local nursing homes currently under special measures. Relatively low number of training technician posts and therefore capacity for new technician role expansion. Recruitment of pharmacists to acute sector & primary care and loss to cluster & practice based roles. Increased workload from NICE / New Treatment Fund appraisals. Pressures in therapy services with sickness (surgery) and maternity leave. Discussions are ongoing in respect of ensuring that there are no 14 week breaches. Nurse recruitment challenges. Bridgend boundary changes.

- Bridgend boundary changes.

5.3 Princess of Wales Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.4%	81.1%	82.6%	80.1%	76.9%	74.5%						
		Profile	85%	85%	85%	88%	88%	88%	88%	88%	88%	88%	88%	88%
	12 hour A&E waits	Actual	163	155	141	141	136	274						
		Profile	63	68	49	78	57	77	92	109	49	85	53	43
	1 hour ambulance handover	Actual	101	130	88	61	90	227						
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	42.1%	34.4%	33.3%	33.3%	28.6%	21.8%						
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	47.4%	40.6%	74.1%	37.5%	48.3%	43.8%						
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	76.3%	75.0%	70.4%	70.8%	89.7%	43.8%						
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15	17	12	2	15						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,003	1,026	1,038	1,077	1,175	1,191						
		Profile	1,059	1,150	1,073	1,028	1,122	1,070	989	900	1,053	956	845	763
	Diagnostic waits over 8 weeks	Actual	79	131	277	138	198	142						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	89%	91%	93%	100%	96%	89%						
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	82%	76%	85%	88%	70%						
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	2	1	2	2	2						
		Profile	6	5	4	8	6	6	5	4	2	4	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	1	3	2	2						
		Profile	1	3	0	2	0	1	1	1	2	1	1	1
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%	64%	68%	59%						
		Profile	55%	59%	63%	67%	71%	76%	80%	84%	88%	92%	96%	100%
	Concerns responded to within 30 days	Actual	75%	90%	64%	90%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.23%	5.18%	5.25%	5.25%	5.26%							
		Profile			5.20%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%						
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	52%	54%	55%	58%	63%	66%						
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> POW Unit continues to demonstrate active management & containment of the sickness levels across all staffing groups & has been commended at a recent Finance & Performance Committee for its sustained lower levels of sickness. Continued improvement in stage 1 RTT POW Radiology recognised as best training placement for students. Radiology nominated for innovative CT colon radiographer reporting model Plan in place to commence cardiac CT at POW early October to assist the Health board & region. Plan agreed to provide additional Cardiac MR at NPTH as part of diagnostic wait recovery. Successful submission of National theatre benchmarking tool. Reports due in early October. Successful bids against Critical Care Winter Pressures fund for POWH. Very Positive Critical Care peer review (highly commended for staff management, recruitment & retention) All Wales SSNAP report conclusion that "PoW have shown steady improvement over these four cycles & should be congratulated." Completion of environmental improvements on Ward 19 Successful recruitment of CNS for Skin Ongoing review & seek to improve management & cover for the medical take 	<ul style="list-style-type: none"> Planning & Management of workforce affected by transfer of Services & Staff to Cwm Taf on 1 April 2019. Update & implement action plan to achieve 85% PADR compliance by 31/03/19. Effective & timely management to conclusion, of all outstanding disciplinary cases across DU Continue to Focus on Cancer Performance & mitigate where possible the challenges Continue to focus on supporting Medical workforce gaps to maintain safe service in urology & Obstetrics & Gynaecology More detailed implementation plan for Critical care winter pressure solutions. Interview Consultant Radiologist candidate in Q3 Develop the Acute Oncology Service from October with commencement of long awaited CNS. IMTP planning Stroke T&F groups to address findings of DU review & improve performance Deliver refined winter planning arrangements Implement outcome of Patient Flow Management Consultation Develop & implement robust winter planning arrangements Review of POWH escalation processes including review of surge capacity areas on site
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Closer working relationship with Cwm Taf HB & management team - opportunities for shared learning & development Proposal to increase ability to undertake additional weekend theatre work in POW to improve Ortho RTT delivery Further opportunities to assist with Cardiac diagnostics at POW Development of project plan for ITU refurbishment Ongoing review & seek to improve management & medical cover for the medical take Potential to implement WPAS system into the POWH ED to replace Accent/PDM – aim for November 2018 	<ul style="list-style-type: none"> Turnover of managerial/staff Workforce issues impacting on ability to robustly track & validate – Cancers/RTT particularly in General Surgery Radiology workforce Additional workload of boundary change staff managements & day to day operational stability Recruitment to vacant theatre posts & delays in recruitment process. Delay agreeing Orthopaedic weekend proposal impacts on benefits in 18/19. Increasing ED demand for majors & increasing minors attendances (seasonal) resulting in unprecedented levels of attendances in addition to acuity & complexity of patients arriving at ED by ambulance is increasing. Impact of additional paediatric workload as per modelling of change of flows

5.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	99.8%	99.7%	99.5%	98.7%	99.2%	98.5%						
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	12 hour A&E waits	Actual	0	1	2	2	2	3						
		Profile	1	2	5	3	2	2	1	0	0	0	0	1
	1 hour ambulance handover	Actual	45	31	18	34	60	38						
		Profile	8	12	6	12	16	19	17	4	31	13	4	8
Planned care	Outpatients waiting more than 26 weeks	Actual	6	4	1	3	72	55						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	16	14	31	21	10	30						
		Profile	24	23	1	3	12	0	0	0	0	0	0	0
	Diagnostic waits over 8 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	93%	89%	100%	100%	97%	92%						
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	83%	89%	84%	92%	100%	78%						
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	2	1	3	5	1	1						
		Profile	3	0	4	3	3	3	2	8	3	3	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	2	1	2	4	2						
		Profile	2	0	1	3	1	3	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	1	7	3	5						
		Profile	6	4	4	4	5	4	4	4	2	1	1	3
Quality & Safety Measures	Discharge Summaries	Actual	73%	72%	61%	67%	61%	62%						
		Profile	73%	76%	78%	81%	83%	86%	88%	90%	93%	95%	98%	100%
	Concerns responded to within 30 days	Actual	60%	65%	88%	83%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.73%	5.79%	5.91%	5.95%	6.04%							
		Profile	5.56%	5.51%	5.46%	5.41%	5.36%	5.31%	5.25%	5.20%	5.15%	5.10%	5.05%	5.00%
	Personal Appraisal Development Review	Actual	58%	60%	59%	62%	63%	64%						
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	49%	50%	53%	55%	60%	62%						
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.4 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Achievement of no patients waiting over 8 weeks for an Endoscopy procedure. • Continued achievement of RTT 26, 36 and 52 week target for all medical specialties in Q2 2018/19. • Surgical services management team have successfully managed the unscheduled care challenges on Ward 2 which has resulted in minimum theatre cancellations, therefore minimising risk to RTT targets. • Selection to be part of the UKAS pilot for medical equipment service management. Date set to January 15-17th 2019. • Geraldine Phillips received a Well Child Award. • Appointed 2 x Acute Paediatricians at POWH. 	<ul style="list-style-type: none"> • Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. • Service Resign: Redesign Services Ward 4&7 and embedding ICOPS model. • Integrated workforce planning. • IMTP. • Develop a plan to support Radiotherapies waiting times. • Transfer of 2 x neonatal cots from POWH. • Improvement in PADR and Mandatory training compliance across all disciplines.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Identify potential saving through review of contracts. • SARC – interim model agreed. • Hywel Dda service changes. • Increase neonatal capacity at Singleton to increase income Role of non medical prescribers (CNS, pharmacists). • Appointment of PA in rotation with medicine and GP for next year. • Expansion of the role of the AOS nurses. • Delivery Unit to support Health Board case for Nerve centre implementation. • Review Endoscopy capacity and Demand and agree strategic direction. 	<ul style="list-style-type: none"> • Cwm Taf Boundary Remapping. • Cladding. • New treatment Fund / Introduction of new drugs- Limited capacity in CDU for delivery of infusion therapies. • Pressures on front door. • Availability of Staff. • Under delivery of Waterfall elements. • Lack of funding for medical equipment means that more equipment is being used beyond a reasonable life expectancy. • A No Deal Brexit may impact of the availability medical equipment, spares, consumables etc. This will delay repairs. • Radiotherapy CT has had end of support notification for 31-12-2018. • Notes storage – child health/HYM/NPT Childrens centres. • Inadequate ward facilities for acute paediatrics at Morriston

5.5 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	90.0%	94.0%	91.2%	93.0%	93.0%							
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%	81%	80%	84%	90%							
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			100%			100%						
		Profile			100%			100%			100%			100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	90%	90%	88%	88%	90%							
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%	100%	100%	100%							
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	1	0	0	0	0						
		Profile	0	1	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0						
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	1	0	0	0	1						
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	71%	81%	85%	86%	88%						
		Profile	77%	79%	81%	83%	85%	88%	90%	92%	94%	96%	98%	100%
	Concerns responded to within 30 days	Actual	71%	100%	100%	83%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.07%	6.11%	6.11%	6.05%	5.98%							
		Profile			6.03%			5.93%			5.83%			5.73%
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%						
		Profile			80%			83%			85%			85%
	Mandatory Training (all staff- ESR data)	Actual	64%	66%	68%	69%	70%	72%						
		Profile			60%			70%			80%			85%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit regularly meets all requirements of sections 1,3 and 4 of the Mental Health Measure. Section 2 is being managed closely to ensure the small dips experienced in June and July are avoided in the future. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. 	<ul style="list-style-type: none"> • Ongoing intervention with frequent areas of poor compliance. Awareness on importance of timely discharge summaries with all Clinical Staff. • Recruitment and retention of staff for critical nursing and medical vacancies. • Hold and improve current rate of sickness through, Staff Health & Wellbeing Action Plan 18/19; Pilot Delivery Unit Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47). • Improving Information Governance Training performance.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Leads from Strategy continue to progress discussions with Cwm Taf towards the improvement of the CAMHS element of the Mental Health Measure. • Mandatory training has improved however, Localities are working to improve this further towards compliance. • Terms of reference for the serious incident group have been updated and the format of the reports has been changed in line with the recommendations from the Delivery Unit report to be in line with the rest of the Health Board. A learning matrix has been developed to embed and share the learning identified from serious incidents. • A new system for supporting performance on complaints has been put in place with weekly reviews by the Q&S team lead by the Head of Operations to support the localities to respond within the 30 day time scale. 	<ul style="list-style-type: none"> • Capacity gaps in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay. • Recruitment market for substantive nursing and medical vacancies

5.6 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Planned Care	Outpatients waiting more than 26 weeks	Actual	1	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily core hours	Actual	94%	94%	94%	94%	90%							
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	82%	82%	82%	84%	78%							
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4						
		Profile	3	6	9	2	5	3	3	3	3	5	3	6
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	1	1	0						
		Profile	0	0	0	0	0	0	1	0	1	0	0	1
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	8	13	12	9	11	3						
		Profile	6	10	9	6	4	5	7	11	10	6	12	7
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0	0	0	0	0						
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	32	28	31	31	30	34						
		Profile	30	28	27	31	28	33	30	21	25	28	32	30
	E.Coli cases (Community Hospitals)	Actual	0	1	1	0	0	1						
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual	57%	63%	63%	55%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate	Actual	5.76%	5.71%	5.73%	5.74%	5.68%							
		Profile	5.72%	5.66%	5.59%	5.53%	5.46%	5.40%	5.33%	5.26%	5.20%	5.13%	5.07%	5.00%
	Personal Appraisal Development Review	Actual	80%	80%	79%	78%	78%	76%						
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	60%	62%	64%	67%	69%	72%						
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

Health Board profiles have been utilised in the absence of agreed Unit level profiles using straight line improvement trajectories

5.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The new Hearing Loss Pathway has begun operating – 1,000 ENT referrals will be transferred to Audiology each year. • Speech & Language achievement of RTT/WELLCOMM successes mentioned by CEO at Senior Leadership Summit • Maintained compliance with Restorative Dentistry & Podiatry Waiting target • HSCW at Gorseinon Hospital shortlisted for the finals of the RCN Nurse of the Year award • Safe transition of patient care for the Cockett practice population when the surgery was shut on 21st September 2018 • All patients that provided written concerns at the Public Meeting re Cymmer surgery have received written responses and been invited to join a Community Stakeholder Group • Outline Business Case for Bridgend Wellness Centre approved by IBG for onwards submission to Welsh Government • Unit Dental Director and Head of Primary Care appeared before the Health Social Care & Sports Committee meeting for Dental issues. Positive discussion held. 	<ul style="list-style-type: none"> • Preschool Pre-referral Pathway planning and pilot session in October within Speech & Language • Work with WAST to enhance skill mix of Urgent Primary Care Team by securing Paramedic and Nurse practitioner input via Service Level Agreement (SLA) • Recruit to senior Clinical posts in Restorative and Special Care Dentistry – 2 x Consultants, 2 x Staff Grades & 1 x Senior Dental Officer • Requirement to develop process with Local Dental Committee to gauge sustainability in General Dental Practices • Gorseinon Hospital working with Morriston Delivery Unit to implement a 'Green to Go' Ward for the winter period • Overview of MCAS service model required along with capacity & demand for implement MCAS as a pilot in Neath Hub • Engage with Primary & Secondary clinicians on incoming e-referral process for planned dental implementation from November
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Pilot study conducted in MCAS to determine impact of scheduled non face to face telephone contact sessions. Data to be collated and reported within a month with potential for roll out • ABMU asked to present on Therapy Outcome Measures at National Royal College of Speech & Language Conference • Promising feedback received regarding Speech & Language Therapy Critical Care bid at MH – awaiting final panel decision • Working with Morriston Delivery Unit colleagues to develop new oral medicine pathway for urgent suspected oral cancers 	<ul style="list-style-type: none"> • Overall impact of Bridgend Boundary change • Member of Speech & Language staff diagnosed with mumps - 15 members of staff medically excluded from work for 2 weeks – impact on Waiting List & Follow Up Not Booked appointments. • Continued staffing shortages within Bridgend District Nursing teams