



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	18th April 2019		Agenda Item	4.3
Report Title	Integrated Performance Report			
Report Author	Hannah Roan, Performance and Contracting Manager			
Report Sponsor	Darren Griffiths, Associate Director of Performance			
Presented by	Darren Griffiths, Associate Director of Performance 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	<p>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.</p> <p>Additional measures for Primary and Community Services, Mental Health & Learning Disabilities and Public Health are in the process of being agreed. It is anticipated that April 2019 data will be reported in the May 2019 Integrated Performance Report.</p>			
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.	
Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.</p> <p>Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p>		

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.	
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)	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> • 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. • 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. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the 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. • Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in March and Quality & Safety Committee in February 2019. This is a routine monthly report.

Appendices	None.
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Summary of performance against national and local measures

CONTENTS PAGE

Page numbers:

1. OVERVIEW	5
2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY- HEALTH BOARD LEVEL	6
3. INTEGRATED PERFORMANCE DASHBOARD	7-10
4. QUALITY AND SAFETY	11-15
5. KEY PERFORMANCE MEASURES BY DELIVERY UNIT	
5.1 Morrison	16-17
5.2 Neath Port Talbot	18-19
5.3 Princess of Wales	20
5.4 Singleton	21-22
5.5 Mental Health & Learning Disabilities	23-24
5.6 Primary Care and Community Services	25-26

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 Health Board achieved the internal target of 2,664 for the number of patients waiting over 36 weeks for treatment by attaining 2,630 in March 2019. This continues to be the best position since April 2014. Therapy waiting times continue to be maintained at (or below) 14 weeks. Sustained nil position in March 2019 for Endoscopy patients waiting over 8 weeks. Sustained improvement in 4 hour stroke performance in Morriston since September 2018 as a result of the front door pilot. In March 2019 Morriston also achieved 100% for patients assessed by a stroke specialist consultant physician within 24 hours. In March 2019, the internal profiles for healthcare acquired infections were achieved for C. difficile and S.Aureus Bacteraemia. 	<ul style="list-style-type: none"> Implement recommendations of the vascular, neck of femur and assessment unit improvement programmes at Morriston hospital. Promote attendance at MIU in NPTH for patients with a minor illness or injury. Implement plan for introduction of revised Quality Improvement Measures (QIMs) for Stroke reporting from April 2019. Ensure delivery of Q1 planned care profiles through implementation of outsourcing programme and maximising core capacity. Morriston to develop and implement step change plans to maintain continual improvement in the reduction of long waiting patients. Introduction of live radiology demand and capacity dashboard to aid better management of cancer pathways and subsequent reduction in USC backlog. Assure continued supply of laboratory reagents and consumables during Brexit negotiations.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Maximise early supported discharge services for patients with COPD and maximise the use of community frailty services. NHS Wales Delivery Unit is assisting with the implementation of the clinically led discharge improvement programme. Utilisation of theatre capacity in Hywel Dda UHB from April 2019 to aid in reducing waiting times in Gynae-oncology for both Swansea Bay and Hywel Dda UHBs. Opportunity for evaluating and developing services across the Health Board following Bridgend boundary change. Develop incident investigation training sessions to ensure all incidents are investigated appropriately in less than 30 days. Singleton Delivery Unit to support Health Board case for Nerve centre. 	<ul style="list-style-type: none"> Continued impact of Bridgend Boundary Change and ongoing disruption to teams as change is embedded. Morriston ED pressures as well as receiving more patients with resus needs than available trollies. Capacity gaps in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of 'discharge fit' patients in hospital and increasing length of stay. HMRC taxation changes has been escalated within Welsh Government as a risk to the delivery of additional planned care capacity through loss of flexible opportunities. Concern amongst GPs in relation to the impasse in the GP contract negotiations.

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – March 2019

			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	Feb-19
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%	75.6%	5th
		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	680	665	756	986	685	862	4th
		Profile	323	194	190	229	227	180	255	315	288	283	196	179	
	1 hour ambulance handover	Actual	526	452	351	443	420	526	590	628	842	1,164	619	928	6th**
		Profile	256	126	152	159	229	149	223	262	304	262	183	139	
Stroke	Direct admission within 4 hours	Actual	34.5%	36.7%	40.0%	37.5%	29.3%	53.8%	56.0%	55.8%	53.2%	35.2%	52.6%	50.7%	3rd**
		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%	52.7%	47.5%	48.7%	48.0%	48.3%	50.6%	6th**
		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%	82.8%	75.0%	85.9%	75.3%	75.9%	86.1%	4th**
		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%	18.2%	15.4%	28.6%	40.0%	20.0%	30.0%	5th**
		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	65	125	94	153	315	207	2nd
		Profile	249	200	150	100	50	0	0	0	0	0	0	0	(Jan-19)
	Treatment waits over 36 weeks	Actual	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	5th
		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	(Jan-19)
	Diagnostic waits over 8 weeks	Actual	702	790	915	740	811	762	735	658	693	603	558	437	5th
		Profile	0	0	0	0	0	0	0	0	0	0	0	450	(Jan-19)
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0	0	0	0	0	0	0	Joint 1st
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	(Jan-19)
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	88%	3rd**
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	(Jan-19)
	USC patients starting treatment in 62 days	Actual	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	83%	4th**
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%	(Jan-19)
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	26	18	15	29	15	9	19	10	16	7	7	8	4th
		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	12	17	11	18	16	11	5th
		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	41	53	38	28	31	43	4th
		Profile	45	39	40	45	42	45	44	37	41	45	39	42	






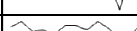
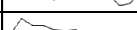

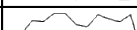
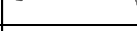


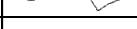



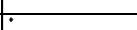
*RAG status derived from performance against trajectory


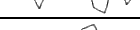


** All-Wales benchmark highlights the Health Board's position in comparison with the other seven Health Boards however some measures are only applicable to six of the seven Health Board as Powys HB has been excluded



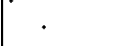

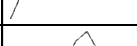





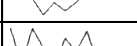
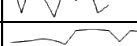
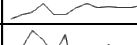
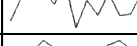

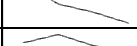
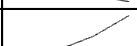
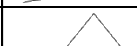

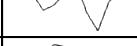

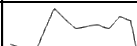
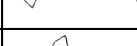




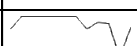
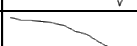
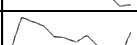

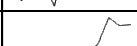
3. INTEGRATED PERFORMANCE DASHBOARD


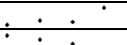
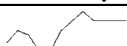


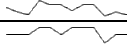
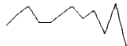

The following dashboard provides an overview of the Health Board’s performance against all NHS Wales Delivery Framework measures and key local measures.



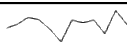
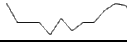
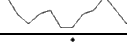
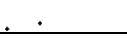



STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																											
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19						
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Q3 18/19	96%	95%	96%	✓	95.7%								96%			96%									
	% of children who received 2 doses of the MMR vaccine by age 5	Q3 18/19	91%	95%	93%	✗	92.3%		89%			91%			90%			91%									
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q2 18/19	73%	4 quarter ↑ trend			90.4%		77%			81%			73%												
Influenza	% uptake of influenza among 65 year olds and over	Mar-19	68.3%	75%	70%	✗	68.8%		68%								42.5%	59.3%	66.1%	67.5%	68.0%	68.3%					
	% uptake of influenza among under 65s in risk groups	Mar-19	44.0%	55%	65%	✗	48.5%		47%								25.3%	34.0%	40.4%	41.7%	42.6%	44.0%					
	% uptake of influenza among pregnant women	2017/18	93.3%	75%		✓	72.7%		93%																		
	% uptake of influenza among children 2 to 3 years old	Mar-19	49.3%		40%	✓	57.9%		49%								20.4%	35.9%	46.0%	47.2%	47.7%	49.3%					
	% uptake of influenza among healthcare workers	Mar-19	54.1%	50%	50%	✓			58%								43.2%	50.4%	52.3%	53.8%	54.1%	54.1%					
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2017/18	4.4%	Annual ↑			27.1%		17/18= 4.																		
	% of adult smokers who make a quit attempt via smoking cessation services	Dec-18	1.8%	5% annual target	2.4%	✗	1.5%		2.6%	0.2%	0.5%	0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.8%									
	% of those smokers who are co-validated as quit at 4 weeks	Q2 18/19	56.9%	40% annual target	40.0%	✓	44.6%		55%				62%	Awaiting publication of 2018/19 data.			57%										
Learning Disabilities	% people with learning disabilities with an annual health check			75%																							
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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19						
Prescribing	Total antibacterial items per 1,000 STAR-PUs	Q2 18/19	289	4 quarter ↓			340		364			307			289												
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q2 18/19	10%	4 quarter ↓			7.6%		9%			10%			10%												
	NSAID average daily quantity per 1,000 STAR-Pus	Q2 18/19	1,479	4 quarter ↓			1,389		1,496			1,517			1,479												
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Jan-19	0	12 month ↓	0	✗	2		0	0	0	0	0	0	0	0	0	0	1	0							
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Jan-19	90%		95%	✗			87%				87%		94%		90%		90%								
	% stop or review date documented on medication chart	Jan-19	56%		95%	✗			61%				61%		54%		56%		56%								
	% of antibiotics prescribed on stickers	Jan-19	47%		95%	✗			70%				77%		73%		78%		47%								
	% appropriate antibiotic prescriptions choice	Jan-19	96%		95%	✓			94%				96%		97%		95%		96%								
	% of patients receiving antibiotics for >7 days	Jan-19	13%		20%	✓			13%				8%		15%		9%		13%								
	% of patients receiving surgical prophylaxis for > 24 hours	Jan-19	46%		20%	✗			58%				25%		8%		73%		46%								
	% of patients receiving IV antibiotics > 72 hours	Jan-19	47%		30%	✗			39%				41%		49%		42%		47%								
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	Mar-19	96.0	<67			79.85			96.6	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0						
	Number of E.Coli bacteraemia cases (Hospital)		21		12	✗	61		10	10	15	10	20	16	15	17	23	15	11	15	21						
	Number of E.Coli bacteraemia cases (Community)	Mar-19	22		30	✓	108		30	32	28	31	31	30	34	24	30	23	17	16	22						
	Total number of E.Coli bacteraemia cases		43		42	✗	169		40	42	43	41	51	46	49	41	53	38	28	31	43						
	Cumulative cases of S.aureus bacteraemias per 100k pop	Mar-19	34.6	<20			28.93			32.2	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6						
	Number of S.aureus bacteraemias cases (Hospital)		4		8	✓	31		10	6	8	7	8	9	7	7	5	9	9	9	4						
	Number of S.aureus bacteraemias cases (Community)	Mar-19	7		7	✓	43		5	8	13	12	9	11	3	5	10	6	9	7	7						
	Total number of S.aureus bacteraemias cases		11		15	✓	74		15	14	21	19	17	20	10	12	17	11	18	16	11						
	Cumulative cases of C.difficile cases per 100k pop	Mar-19	33.5	<26			27.79			59.8	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5						
	Number of C.difficile cases (Hospital)		3		15	✓	29		19	20	13	10	24	8	5	15	9	5	3	4	3						
	Number of C.difficile cases (Community)	Mar-19	5		6	✓	28		8	6	5	5	5	7	4	4	1	11	4	3	5						
	Total number of C.difficile cases		8		21	✓	57		27	26	18	15	29	15	9	19	10	16	7	7	8						
Incidents & Risks	Hand Hygiene Audits- compliance with WHO 5 moments	Mar-19	95%		95%	✓			94%	95%	96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	95%						
	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q3 18/19	0	0			2		0			2			-			0									
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Mar-19	43%	90%	80%	✗	32.6%		92%	79%	85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%						
	Number of new Never Events	Mar-19	1	0	0	✗	0		4	0	0	0	0	0	0	0	0	0	0	0	1						
	Number of risks with a score greater than 20	Mar-19	51		12 month ↓	✓			57	58	57	60	67	77	73	66	45	48	53	54	51						
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Mar-19	15		12 month ↓	✗			10	8	12	10	22	14	7	13	8	12	6	17	15						
	Number of Safeguarding Children Incidents	Mar-19	7		0	✗			12	5	11	5	12	14	3	10	9	3	13	7	7						
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Mar-19	64		12 month ↓	✗			46	48	47	39	56	45	53	47	40	40	50	45	64						
	Total number of pressure ulcers acquired in hospital per 100k admissions	Mar-19	671		12 month ↓	✗			553	582	505	457	635	496	601	499	432	468	549	508	671						
	Number of grade 3+ pressure ulcers acquired in hospital	Mar-19	24		12 month ↓	✗			26	17	9	14	21	12	21	26	13	14	20	17	24						
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	Mar-19	252		12 month ↓	✗			306	202	97	164	238	139	219	276	141	164	220	192	252						
	Total Number of pressure ulcers developed in the community	Mar-19	47		12 month ↓	✓			69	67	80	81	68	88	71	60	62	58	77	62	47						
	Number of grade 3+ pressure ulcers developed in the community	Mar-19	23		12 month ↓	✗			20	24	24	27	20	29	22	26	22	23	33	33	23						
	Number of grade 3+ pressure ulcers (excluding suspected deep tissue injury)	Jan-19	20	12 month ↓	10	✗	108		13	12	13	21	5	17	8	14	12	12	20								
Inpatient Falls	Number of Inpatient Falls	Mar-19	326		12 month ↓	✓			357	333	357	326	300	290	328	293	291	300	341	276	326						
	Number of Inpatient Falls reported as serious incidents	Jan-19	4	12 month ↓	2	✗	27		2	2	4	3	5	1	3	9	8	2	4								
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14																		
Mortality	Amenable mortality per 100k of the European standardised population	2016	142.9	Annual ↓			140.6		2016=142.9																		
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q3 18/19	2	4 quarter ↓			16			1			3			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	Feb-19	43%	12 month ↑			85%			31%	26%	18%	34%	45%	40%	50%	41%	53%	18%	43%							
	% 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	Jan-19	63%	12 month ↑			73%			38%	48%	34%	44%	64%	52%	66%	54%	57%	63%								

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
DTCs	Number of mental health HB DToCs	Mar-19	21		27	✓			25	28	22	30	27	30	29	28	26	25	29	26	21
	Number of mental health HB DToCS (12 month rolling)	Mar-19	321	10% ↓			826		333	335	331	334	337	338	332	330	326	320	320	325	321
	Number of non-mental health HB DToCs	Mar-19	112		39	✗			44	34	64	75	74	85	69	84	125	117	104	87	112
	Number of non-mental health HB DToCs (12 month rolling)	Mar-19	1030	5% ↓			4,431		624	613	625	657	689	721	721	746	803	865	928	962	1,030
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Mar-19	98%	95%	96%	✓			89%	95%	92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98%
	Stage 2 mortality reviews required	Mar-19	22						18	23	14	16	12	19	19	16	22	17	7	10	22
	% stage 2 mortality reviews completed	Jan-19	29%		100%	✗			33.3%	87.0%	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%		
	Crude hospital mortality rate (74 years of age or less)	Feb-19	0.76%	12 month ↓			0.71%		0.81%	0.81%	0.81%	0.80%	0.79%	0.77%	0.76%	0.77%	0.77%	0.77%	0.76%	0.76%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Mar-19	94.0%		98%	✗			96.9%	96.5%	98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Mar-19	85%	85%					61%	62%	64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%
Coding	% of episodes clinically coded within 1 month of discharge	Feb-19	95%	95%	96%	✗	86.5%		93%	94%	93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2018/19	91%	Annual ↑			92.3%		2017/18 = 93%	2018/19= 91.2%											
E-TOC	% of completed discharge summaries	Mar-19	61%		100%	✗			65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	Q2 18/19	100%	100%	100%	✓	98%		100%			100%			100%						
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q2 18/19	67	10% annual ↑	53	✓			96			60			67						
	Number of Health and Care Research Wales commercially sponsored studies	Q2 18/19	22	5% annual ↑	23	✓			41			17			22						
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q2 18/19	1,116	10% annual ↑	1,214	✓			2,206			732			1,116						
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q2 18/19	59	5% annual ↑	211	✗			294			46			59						

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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												
	Number of new formal complaints received	Mar-19	114		12 month ↓ trend	✓			115	119	119	90	126	126	114	140	91	84	138	96	114
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Jan-19	84%	75%	78%	✓	58.5%		71%	80%	83%	80%	81%	81%	83%	88%	90%	80%	84%		
	% of acknowledgements sent within 2 working days	Mar-19	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	Jan-19	3,344	> 5% annual ↓			15,533				4,187		3,528	3,544	3,490	3,332		3,353	3,344		
Dementia	% of patients aged ≥75 with an Anticholinergic Effect on Condition of ≥3 for items on active repeat	Q2 18/19	8.0%	4 quarter ↓			7.2%		8.0%			8.0%			8.0%						
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	2017/18	16.2%	Annual ↑			16.7%		2017/18=16.2%												

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Mar-19	95%	Annual ↑	95%	✓	87%		93%	94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	95%	
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Mar-19	88%	Annual ↑	95%	✗	84%		81%	82%	82%	82%	84%	78%	88%	88%	88%	88%	88%	88%	88%	
	% of population regularly accessing NHS primary dental care	Sep-18	62.4%	4 quarter ↑			55%		62.6%			62.5%			62.4%							
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	Jan-19	85%	12 month ↑					78%	83%	85%	86%	85%	89%	91%	88%	85%	84%	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	Jan-19	80%	12 month ↑					67%	50%	60%	67%	33%	70%	90%	100%	80%	78%	80%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Mar-19	73%	65%	65%	✓	71.2%		67%	78%	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	
	Number of ambulance handovers over one hour	Mar-19	928	0	104	✗	3,418		1,006	526	452	351	443	420	526	590	628	842	1,164	619	928	
	% 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	Mar-19	75.6%	95%	90%	✗	79%		71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Mar-19	862	0	179	✗	4,007		1,051	737	624	476	590	511	588	680	665	756	986	685	862	
	% of survival within 30 days of emergency admission for a hip fracture	Dec-18	75.0%	12 month ↑			80.2%		84.9%	72.4%	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Mar-19	51%	59.7%	65%	✗	53.7%		32%	34%	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	
	CT Scan (<1 hrs)	Mar-19	51%	54.40%	50%	✓	58.8%		36%	41%	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Mar-19	86%	84.0%	85%	✓	80.4%		73%	84%	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	
	Thrombolysis door to needle <= 45 mins	Mar-19	30%	12 month ↑	40%	✗	33.9%		6%	0%	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	
Planned Care	% of patients waiting < 26 weeks for treatment	Mar-19	89.1%	95%	90.0%	✗	87.7%		87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	
	Number of patients waiting > 26 weeks for outpatient appointment	Mar-19	207	-	0	✗	18,766		292	166	120	55	30	105	89	65	125	94	153	315	207	
	Number of patients waiting > 36 weeks for treatment	Mar-19	2,630	0	2,664	✗	14,140		3,363	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	
	Number of patients waiting > 8 weeks for a specified diagnostics	Mar-19	437	0	0	✗	3,992		670	702	790	915	740	811	762	735	658	693	603	558	437	
	Number of patients waiting > 14 weeks for a specified therapy	Jan-19	0	0	0	✓	205		0	0	1	0	0	0	0	0	0	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)	Mar-19	67,908		47,862	✗			66,271	66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908	
	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)	Mar-19	23,604	12 month ↓			194,184		24,475	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604	
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)	Mar-19	88%	98%	98%	✗	96.8%		93%	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	88%	
	% 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	Mar-19	83%	95%	93%	✗	87.9%		88%	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	83%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Feb-19	80%	80%	80%	✓	70.8%		70%	84%	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Feb-19	88%	80%	80%	✓	76.5%		86%	79%	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Dec-18	100%	100%	100%	✓	100%		100%			100%			100%			100%				
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Feb-19	97%		100%	✗			96%	100%	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Feb-19	50%		80%	✗			98%	94%	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Feb-19	27%		80%	✗			9%	43%	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Feb-19	91%		80%	✓			82%	62%	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Feb-19	92%		90%	✓			73%	75%	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Feb-19	76%		80%	✗			54%	63%	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%		

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q3 18/19	120.0	4 quarter ↑			161.1		107.5			101.2			103.6			120.0			
	Rate of calls to the Wales dementia helpline per 100k pop.	Q3 18/19	8.3	4 quarter ↑			7.7		4.4			5.4			5.1			8.3			
	Rate of calls to the DAN helpline per 100k pop.	Q3 18/19	24.4	4 quarter ↑			29.6		36.3			33.7			30.1			24.4			
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Feb-19	91%	90%	90%	✓	88.8%		89%	90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Feb-19	100%	100%	100%	✓	100.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Mar-19	4,141		12 month ↑	✗			5,126	4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141
	% of who would recommend and highly recommend	Mar-19	95%		90%	✓			95%	95%	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Mar-19	89%		90%	✓			84%	87%	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%

OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
DNAs	% of patients who did not attend a new outpatient appointment	Mar-19	4.8%	12 month ↓	5.5%	✓	6.7%		5.6%	6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.0%	4.8%
	% of patients who did not attend a follow-up outpatient appointment	Mar-19	5.9%	12 month ↓	7.2%	✓	8.0%		7.1%	6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%
Theatre Efficiencies	Theatre Utilisation rates	Mar-19	69.0%		90%	✗			70%	72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%
	% of theatre sessions starting late	Mar-19	39.0%		<25%	✗			46%	41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%
	% of theatre sessions finishing early	Mar-19	39.0%		<20%	✗			43%	39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q2 18/19	77.0%	Quarter on quarter ↑			87.0%		12.2%			20.9%			77.0%						
Elective Procedures	Elective caesarean rate	2017/18	13.2%	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)	Mar-19	69%	85%	80%	✗	68.1%		64%	64%	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Mar-19	75%	85%	62%	✓	75.8%		51%	53%	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%
	% workforce sickness and absent (12 month rolling)	Feb-19	5.89%	12 month ↓	5.0% (Mar-19)		5.31%		5.76%	5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.92%	5.89%	
	% 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%		2018= 72%												

4.1 QUALITY AND SAFETY INDICATORS

This section of the report provides further detail on key quality and safety measures.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul style="list-style-type: none"> The number of <i>E. coli</i> bacteraemia March (43 cases) was just above the projected IMTP monthly profile. Ratio: 47% hospital acquired to 53% community acquired. The cumulative number of cases (Apr-Mar 2018/19) is 506 which is approximately 4% less than the cumulative number of cases for the same period in 2017/18. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	Number of healthcare acquired E.coli bacteraemia cases <p>Number E.Coli cases (Community) Number E.Coli Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements. Delivery Units to progress with PDSA style quality Improvement activities with a focus on urinary catheters, across acute sites. Delivery Units to explore how to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff. Improvement work underway to improve HCAI data shared with Delivery Units.
Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> There were 11 cases of <i>Staph. aureus</i> bacteraemia in February, 4 cases below the projected monthly IMTP profile. 37% were hospital acquired infections. The cumulative number of cases (Apr-Mar 2018/19) is approximately 7% less than the cumulative number of cases for the same period in 2017/18. 	Number of healthcare acquired S.aureus bacteraemias cases <p>Number S.Aureus cases (Community) Number S.Aureus Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements Improvement activities will continue to focus on the risk associated with the presence of invasive devices. Improvement work underway to improve HCAI data shared with Delivery Units.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 8 <i>Clostridium difficile</i> toxin positive cases in March. Only 2 considered to be hospital acquired. The cumulative position from Apr-Mar 18/19 is 179 cases. This is below the IMTP projected profile, equating to approximately 37% fewer cases when compared with the same period in 2017/18. The Health Board incidence per 100,000 population is 33.47 and continues to be the second highest in Wales. Only two health Boards in Wales achieved the reduction expectation. <p><i>High bed occupancy is a risk to achieving infection reduction.</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"> Continue to monitor compliance with restriction of Co-amoxiclav, with feedback to Delivery Units Primary Care antimicrobial guidelines review commenced. Restricting use of Co-amoxiclav more complex in Primary Care than in Secondary Care as limited oral antibiotic alternatives available. Lesser impact on community <i>Clostridium difficile</i> cases anticipated. Review use of Hydrogen Peroxide Vapour technology, with a view to developing a plan for its use – plan to be completed by 31.08.2019. Improvement work underway to improve HCAI data shared with Delivery Units.

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 37 Serious Incidents for the month of March 2019 to Welsh Government. There has been a change in guidance of SI reporting for Mental Health deaths. As a result, this accounts for the increase number of SI's for the month of February. Mental Health reported 18 SI's in March. Last Never Event reported was on 13th March 2019. In March 2019, the performance against the 80% target of submitting closure forms within 60 working days was 43%. 	Number of Serious Incidents <p>Legend: Mental Health SIs (hatched), Number of HB SIs (exc. MH) (solid grey), Local Target (red line).</p>	<ul style="list-style-type: none"> Health Board is supporting the Mental Health & Learning Disabilities Unit to roll out the Serious Incidents Toolkit to ensure consistency of investigation and timeliness of investigations. 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.
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 84% in January 2019 against the Welsh Government target of 75% and Health Board target of 80%. 	Response rate for concerns within 30 days <p>Legend: 30 day response rate (solid grey), Profile (red line).</p>	<ul style="list-style-type: none"> Performance is discussed at all Unit performance meetings. For the first 7 months of this financial year the Health Board has achieved 80% in responses for the 30 day target. Ombudsman's Officer to present to the Consultant Development Day. Concerns, Redress & Assurance Group Terms of Reference to be updated and hold 3 "Putting Things Right" summits with the Units to focus on learning and improvement and key updates in this area.

Description	Current Performance	Trend	Actions planned for next period																																																																																																				
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 February 2019 and March 2019 reduced from 50 to 47. The in-patient cases deteriorated from 17 in February 2019 to 24 in March 2019, however the number of community cases reduced from 33 to 23.• In January 2019 Welsh Government changed the reporting criteria to exclude suspected deep tissue injury cases. Since this change the Health Board has not reported any reported pressure ulcers as serious incidents.	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU) <table border="1"><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>25</td><td>15</td><td>40</td></tr><tr><td>Jun-17</td><td>28</td><td>22</td><td>50</td></tr><tr><td>Jul-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Aug-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Sep-17</td><td>10</td><td>10</td><td>20</td></tr><tr><td>Oct-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Nov-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Dec-17</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Jan-18</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Feb-18</td><td>15</td><td>15</td><td>30</td></tr><tr><td>Mar-18</td><td>25</td><td>20</td><td>45</td></tr><tr><td>Apr-18</td><td>15</td><td>25</td><td>40</td></tr><tr><td>May-18</td><td>10</td><td>20</td><td>30</td></tr><tr><td>Jun-18</td><td>15</td><td>25</td><td>40</td></tr><tr><td>Jul-18</td><td>15</td><td>25</td><td>40</td></tr><tr><td>Aug-18</td><td>15</td><td>25</td><td>40</td></tr><tr><td>Sep-18</td><td>15</td><td>25</td><td>40</td></tr><tr><td>Oct-18</td><td>25</td><td>25</td><td>50</td></tr><tr><td>Nov-18</td><td>15</td><td>20</td><td>35</td></tr><tr><td>Dec-18</td><td>15</td><td>20</td><td>35</td></tr><tr><td>Jan-19</td><td>15</td><td>35</td><td>50</td></tr><tr><td>Feb-19</td><td>20</td><td>30</td><td>50</td></tr><tr><td>Mar-19</td><td>24</td><td>23</td><td>47</td></tr></tbody></table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	15	15	30	May-17	25	15	40	Jun-17	28	22	50	Jul-17	15	15	30	Aug-17	15	15	30	Sep-17	10	10	20	Oct-17	15	15	30	Nov-17	15	15	30	Dec-17	15	15	30	Jan-18	15	15	30	Feb-18	15	15	30	Mar-18	25	20	45	Apr-18	15	25	40	May-18	10	20	30	Jun-18	15	25	40	Jul-18	15	25	40	Aug-18	15	25	40	Sep-18	15	25	40	Oct-18	25	25	50	Nov-18	15	20	35	Dec-18	15	20	35	Jan-19	15	35	50	Feb-19	20	30	50	Mar-19	24	23	47	<ul style="list-style-type: none">• PUPSG are meeting on 17th April and will receive quality improvement and learning reports from each Service Delivery Unit• Work continues with e-learning at Wales to develop an e-learning pressure ulcer prevention education package that can be linked to ESR.• Targeted pressure ulcer prevention and recognition education is to be provided for Morriston A&E and NPTH MIU staff.• A quality improvement initiative to reduce damage associated with plaster casts by orthopaedic staff at Morriston has produced a standardised patient and carer information leaflet. This leaflet will be shared across the Health Board.
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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 357 in March 2018 to 326 in March 2019.• The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.	Number of inpatient Falls <table border="1"><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>380</td></tr><tr><td>Jul-17</td><td>350</td></tr><tr><td>Aug-17</td><td>380</td></tr><tr><td>Sep-17</td><td>350</td></tr><tr><td>Oct-17</td><td>350</td></tr><tr><td>Nov-17</td><td>350</td></tr><tr><td>Dec-17</td><td>350</td></tr><tr><td>Jan-18</td><td>350</td></tr><tr><td>Feb-18</td><td>350</td></tr><tr><td>Mar-18</td><td>350</td></tr><tr><td>Apr-18</td><td>350</td></tr><tr><td>May-18</td><td>350</td></tr><tr><td>Jun-18</td><td>350</td></tr><tr><td>Jul-18</td><td>350</td></tr><tr><td>Aug-18</td><td>350</td></tr><tr><td>Sep-18</td><td>350</td></tr><tr><td>Oct-18</td><td>350</td></tr><tr><td>Nov-18</td><td>350</td></tr><tr><td>Dec-18</td><td>350</td></tr><tr><td>Jan-19</td><td>350</td></tr><tr><td>Feb-19</td><td>350</td></tr><tr><td>Mar-19</td><td>326</td></tr></tbody></table>	Month	Number of Inpatient Falls	Apr-17	400	May-17	400	Jun-17	380	Jul-17	350	Aug-17	380	Sep-17	350	Oct-17	350	Nov-17	350	Dec-17	350	Jan-18	350	Feb-18	350	Mar-18	350	Apr-18	350	May-18	350	Jun-18	350	Jul-18	350	Aug-18	350	Sep-18	350	Oct-18	350	Nov-18	350	Dec-18	350	Jan-19	350	Feb-19	350	Mar-19	326	<ul style="list-style-type: none">• Falls Injury Prevention Strategic Group will hold its 1st meeting in April 2019.• All Service delivery units are providing Falls management / prevention training.• The training required for completion of the new Falls and Healthy Bone Multifactorial risk assessment has been discussed at the Falls Training Task and Finish group and will now be delivered at SDU's by nominated staff and fed into the Unit Falls groups.• Appropriate documentation has been sent for printing.																																																		
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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 March 2019 the percentage of electronic discharge summaries signed and sent via eToC was 61% which 4% less than March 2018.Performance varies between Service Delivery Units (range was 58% to 92% in March 2019) 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>65%</td></tr><tr><td>May-18</td><td>60%</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>60%</td></tr><tr><td>Sep-18</td><td>60%</td></tr><tr><td>Oct-18</td><td>65%</td></tr><tr><td>Nov-18</td><td>60%</td></tr><tr><td>Dec-18</td><td>60%</td></tr><tr><td>Jan-19</td><td>60%</td></tr><tr><td>Feb-19</td><td>60%</td></tr><tr><td>Mar-19</td><td>60%</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	65%	May-18	60%	Jun-18	60%	Jul-18	60%	Aug-18	60%	Sep-18	60%	Oct-18	65%	Nov-18	60%	Dec-18	60%	Jan-19	60%	Feb-19	60%	Mar-19	60%	<ul style="list-style-type: none">The Executive Medical Director has asked one of the two Deputy Executive Medical Directors to lead on a piece of work to look at e-discharge and improve compliance/completionBackground data presented to Director of Nursing and Patient Experience for consideration through Hospital to Home.
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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%	70.0%	67.5%	67.7%	67.2%	67.0%	68.0%
		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	402	383	485	621	448	534
		Profile	259	124	125	148	168	101	162	206	239	198	143	135
	1 hour ambulance handover	Actual	380	291	245	348	270	261	294	340	546	684	387	544
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	32.8%	38.6%	43.8%	39.6%	29.8%	75.0%	71.7%	59.5%	62.2%	56.1%	75.0%	66.0%
		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%	45.8%	38.8%	41.7%	36.0%	50.0%	52.5%	44.2%	47.8%	47.6%	48.6%	58.3%
		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%	86.9%	88.4%	95.7%	92.9%	89.2%	100.0%
		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	38	55	43	43	51	140
		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	2,179	2,054	1,971	2,046	1,960	1,801
		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	619	554	544	543	535	437
		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%	98%	93%	95%	100%	98%	100%	92%
		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%	91%	93%	88%	90%	92%	85%	89%
		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	5	2	2	1	4	1
		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	4	3	3	2	3	2
		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	8	11	7	3	5	6
		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%	66%	60%	61%	58%	57%	58%
		Profile	69%	72%	75%	77%	80%	83%	86%	89%	92%	94%	97%	100%
	Concerns responded to within 30 days	Actual	93%	83%	90%	87%	84%	92%	95%	100%	89%	98%		
		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%	6.01%	6.04%	6.07%	6.12%	6.06%	6.63%	
		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%	65%	68%	68%	70%	69%	69%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	50%	52%	55%	57%	60%	61%	62%	66%	68%	68%	69%	70%
		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 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Achieved 98% response to formal complaints within 30 days (Jan 19). Re-opened complaints down from 35 to 20. Number of incidents awaiting closure reduced by 50% since Nov 18 Open theatres DATIX incidents reduced from 400 to 0. Investment in TAVI resulted in number of patients on waiting list from 80 to 10 with the longest wait reduced from a peak of 128 weeks to 21 weeks. Only 1 incidence of acquired C. difficile in March 19. MHDU below trajectory for C. difficile, MRSA & MSSA bacteraemia. MHDU scoring at 'B' (improved from C) in the SSNAP audit of stroke performance, with high thrombolysis rate and access being achieved. Significant improvement in referral to treatment time in 18/19 vs 17/18; 491 fewer patients waiting >52 weeks and 524 fewer patients waiting > 36 weeks. Disciplinary cases down from 20 to 15 in one month Improved Statutory & Mandatory training compliance rates month on month; Information Governance training compliance now 80% from 77% in January 2019. Significant reduction in transfer waits for ACS (cardiology) patients as a result of the treat and repatriate pilot. 	<ul style="list-style-type: none"> Monthly service updates on job planning status for consultants and SAS doctors with clear plans to complete. Proactive plan to address theatre workforce deficit. Meetings focusing on areas with $\geq 15\%$ sickness. Continued focus on timeliness of Emergency Department (ED) assessment and validation of performance. Secure ongoing support from GPs to continue working in ED. Maintaining/improving RTT numbers throughout 2019. Treatment of longest waiting patients. Ward refresh programme & identification of decant facility. Ensure opening of new Plastic Treatment Centre in July 2019. Work across the Health Board Delivery Units to understand future operating theatre requirements. Embed improvement work undertaken with KPMG. Development of an integrated acute deterioration service for MHDU. Improve clinical outcomes for fractured neck of femur/emergency laparotomies/major GI bleeds. Create sustainable services for sarcoma/pancreatic/thyroid/lap choles. Create a clear future plan for Critical Care capacity requirements.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Develop incident investigation training sessions to ensure all incidents are investigated appropriately in less than 30 days. 21 nursing posts appointed in ED with the expectation of no staffing deficits by Aug 19 so long as any new vacancies are filled. Morriston Open Day planned for Saturday 5th October 2019. Senior Matron for CCU appointed enabling reviewed skill mix and succession planning within the unit and senior clinical leadership. 4 critical care service development bids submitted to WG to expand key elements of service. Recruitment of 6 additional consultant anaesthetists to enhance flexibility within the team and reduce variable pay costs. Outcome of the Kendall-Bluck Medical/Nursing Workforce Review. 	<ul style="list-style-type: none"> 102-120 patients medically fit patients with lack of a decant facility. ED experiencing long ambulance offloads and assessment delays breaching targets. ED receiving more patients with resus needs than available trollies. Theatres late starts and early finishes increased to 42% & 46%. Change to taxation arrangements for pensions impacting on medical staff undertaking additional clinical work or leadership posts. Medical & Nursing deficits, funding gaps & recruitment delays. Elective cancellations due to beds, theatre staffing and anaesthetic cancellations remains the biggest risk going into Q1. Fragile elements of Radiology service with absence of Advanced Practice Radiographer may impact on RTT position.

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%	96.8%	99.3%	99.8%	98.8%	98.4%	97.8%
		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	0	0	0	0	1	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	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	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	1	0	0	0	0	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%		100%	100%	100%			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%	67%	100%		100%	100%	100%
		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	0	1	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	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	0	2	0	0	2	2
		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%	83%	83%	70%	80%	77%	69%
		Profile	68%	71%	74%	77%	80%	83%	85%	88%	91%	94%	97%	100%
	Concerns responded to within 30 days	Actual	100%	100%	100%	88%	75%	83%	44%	100%	100%	63%		
		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%	5.48%	5.47%	5.52%	5.51%	5.46%	5.45%	
		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%	77%	80%	83%	84%	83%	82%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%	70%	73%	74%	75%	80%	82%	82%	83%	84%
		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"> • DTOC is at the lowest level since May 18, –15 in March • Waiting times targets achieved in all medical specialties (Gen Med, COTE, Endocrinology, Respiratory, Rheumatology, Neuro-rehab and therapies. Rheumatology waiting times for new patients under 15 weeks. • MIU attendance at 97.89% • Cancer 100% • Nurse Led Virtual Clinics will be commencing in May in Diabetes in Neath Port Talbot Hospital. It is anticipated that this will increase clinic capacity. • Coproduction has commenced in General Medicine and this will be evaluated in May 2019 	<ul style="list-style-type: none"> • Support staff and services through Brexit changes • Develop primary care services for therapies • Increase triage staffing in MIU to meet 99% 4hr target – recruiting • Recruitment of Registered Nurses. • Support the development and establishment of a stroke ESD service. • Increasing elective surgical activity to support RTT • Secure agency therapists to support winter plans – majority recruited • Support Plas Bryn Rhosyn Winter Plan to alleviate pressures within wards. • Secure agency physiotherapist to support MSK waiting times. • ALN report to Executive Directors • Establish sustainable Pharmacy support for Winter pressures. • Implementation of HEPMA phase 1 at NPT Hospital
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Remodelling of therapy management and financial structures to one structure enabling timely responsive and good clinical governance for service developments • Development of pharmacist advanced practice and consultant posts • Develop primary care OT posts to address the preventative and early intervention needs of our population • Develop R&D within OT /physio/ N&D to support clinically effective service delivery for our patients • Re-structure of primary care pharmacy team (due to staff loss) to support long term work agenda & pharmacy contract with PCCS. • Work with our communities to develop sustainable solutions to well-being by developing social enterprise opportunities • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format. • Opportunity for evaluating and developing services across the board in light of HB restructures • Support for a nutrition support team at Morriston 	<ul style="list-style-type: none"> • Capacity within the Community for discharges • Winter pressures – staffing challenges to support surge capacity. • Loss of pharmacists to cluster & practice based roles. • Recruitment issues for pharmacy technicians • Increased workload from NICE / New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes • Nurse recruitment challenges. • Impact of Bridgend boundary changes. • Devolved management and financial therapy budgets leads to governance issues and the reduces ability of therapy services to remodel, flex and respond to patients/ service needs • Brexit – increased equipment costs, risk to pharmaceutical products etc. • WFI WHSCC activity underperforming • MIU staffing pressures awaiting recruitment • Physiotherapy recruitment- band 5's, and paediatrics • Succession planning for Physiotherapy Senior leadership • Lack of Therapy provision to neonatal unit in Singleton.

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%	76.2%	75.8%	76.1%	76.3%	77.7%	71.7%
		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	275	282	271	365	236	328
		Profile	63	68	49	78	57	77	92	109	49	85	53	43
	1 hour ambulance handover	Actual	101	130	88	61	90	227	253	241	252	412	191	340
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	40.0%	35.5%	33.3%	33.3%	28.6%	21.9%	25.8%	51.4%	40.6%	6.7%	14.3%	26.7%
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	64.0%	38.7%	74.1%	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%	48.4%	47.6%	38.7%
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	64.0%	80.6%	70.4%	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%	51.6%	52.4%	64.5%
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	20.0%	66.7%	0.0%	0.0%	25.0%	40.0%	50.0%	25.0%	0.0%	100.0%	60.0%
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15	17	12	2	15	21	66	51	107	264	67
		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	1,159	1,111	1,057	1,097	996	829
		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	135	277	138	198	142	116	104	149	60	23	0
		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%	94%	94%	98%	90%	95%	97%	86%
		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%	78%	76%	85%	87%	75%	65%	63%
		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	6	4	2	0	0	1
		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	1	3	2	1	4	0
		Profile	1	3	0	2	0	1	1	1	2	1	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	2	2	4	3	4	5	2	3	3	4
		Profile	1	2	2	3	2	3	3	5	4	3	1	3
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%	64%	68%	59%	65%	67%	62%	64%	66%	62%
		Profile	55%	59%	63%	67%	71%	76%	80%	84%	88%	92%	96%	100%
	Concerns responded to within 30 days	Actual	75%	90%	64%	90%	88%	83%	100%	82%	70%	83%		
		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%	5.30%	5.32%	5.36%	5.38%	5.32%	5.31%	
		Profile			5.20%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%	68%	68%	68%	67%	65%	65%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	52%	54%	55%	58%	63%	66%	68%	72%	73%	73%	74%	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

5.4 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%	98.1%	97.8%				
		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	3	0				
		Profile	1	2	5	3	2	2	1	0	0	0	0	1
	1 hour ambulance handover	Actual	45	31	18	34	60	38	43	47	44	68	41	44
		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	6	4	0	1	0	0
		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	32	28	2	31	13	0
		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	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%	96%	96%	95%	100%	100%	95%	84%
		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%	83%	84%	90%	88%	90%	76%	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	2	1	3	5	1	1	4	2	1	2	0	0
		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	2	1	0	6	2	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	4	5	6	5	5	8
		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%	69%	64%	59%	65%	59%	64%
		Profile	73%	76%	78%	81%	83%	86%	88%	90%	93%	95%	98%	100%
	Concerns responded to within 30 days	Actual	60%	65%	88%	83%	94%	63%	100%	86%	67%	89%		
		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%	6.13%	6.17%	6.16%	6.21%	6.16%	6.07%	
		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%	64%	71%	72%	72%	72%	71%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	49%	50%	53%	55%	60%	62%	65%	70%	72%	74%	75%	77%
		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"> Continued achievement of no patients waiting over 8 weeks for an Endoscopy procedure for Quarter 1, 2, 3 and 4 2018/19. Continued achievement of RTT 26, 36 and 52-week target for all medical and surgical specialties. Singleton Assessment Unit patient list and handover system implemented. Inpatient Medical ward areas has been completed. SAU to move back to the newly refurbished Unit end of March 2019. Quality Management System Business case approved by Investment Benefit Group (IBG). New electronic request form for DXA - for roll out to GPs. Establishment of nurse led telephone and face to face clinics. One stop PMB service is up and running with regular progress meetings in place to monitor Improvement. Funded for end of life support has been agreed for clinical advisor sessions. Successful evacuation of ward 12 following fire. 	<ul style="list-style-type: none"> Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. Service Resign: Redesign Services Ward 4&7, embedding ICOPS model and inpatient capacity. Develop a plan to support Radiotherapies waiting times. Improvement in PADR and Mandatory training compliance across all disciplines. Cancer performance & scoping impact of Single Cancer pathway. Business Cases - PET/CT & replacement Radiotherapy CT. Brexit – assure the continued supply of laboratory reagents and consumables. Developing capacity plans for Chemo-day unit. Securing additional funding for sustainable plan in relation to Gastroenterology and Endoscopy RTT & Bowel Screening Wales. Ophthalmology sustainable plan as part of GOLD command. Remedial capital work on ward 12.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Delivery Unit to support Health Board case for Nerve centre. Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morriston. Piloting of Patient Knows Best (PKB) & Approval of FUNB validation proposal. There is an opportunity to use the Tenovus bus for delivering additional cancer treatments. Revised SARC model. Development of Children's Emergency Centre (Morriston) and Swansea Wellbeing Centre. Expansion of PUPIS and FES services/Cwm Taff changes Develop an area of the Singleton site for static PET/CT facility. Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. Discussions starting with the medical school to increase oncology presence. 	<ul style="list-style-type: none"> Ongoing pressure of cladding mitigated by operational controls. Engineering plan being developed to support rework and implementation. Workforce deficits – Rehab Engineering, Consultant - Gynae & Cardiology, Medical Junior and Middle Grade gaps and Nursing. Under delivery of Waterfall elements. Cancer tracking and lack of workforce to support. New NICE drug implementation will stretch the existing chemotherapy infrastructure. Challenge in delivering new treatments due to lack of capacity. Risk of complaints from patients not receiving SACT in a timely manner. Separation of POW and desire of clinicians there to develop neonatal links with UHW – risk of reduction in flows into NICU at Singleton. Impact of Bridgend boundary changes on Dermatology and Endoscopy services. Environmental concerns in SDU Front Door services.

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%	94%	91%	93%	93%	90%	93%	90%	97%	91%	93%	
		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%	93%	93%	87%	84%	86%	86%	
		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%			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%	91%	92%	91%	91%	91%	91%	
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	1	0	0	0	0	0	0	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	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	0	0	0	0	0	0
		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%	84%	75%	75%	88%	83%	92%
		Profile	77%	79%	81%	83%	85%	88%	90%	92%	94%	96%	98%	100%
	Concerns responded to within 30 days	Actual	71%	100%	100%	83%	100%	100%	83%	91%	50%	88%		
		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%	6.02%	6.08%	6.11%	6.12%	6.16%	6.17%	
		Profile			6.03%			5.93%			5.83%			5.73%
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%	79%	79%	78%	75%	78%	74%
		Profile			80%			83%			85%			85%
	Mandatory Training (all staff- ESR data)	Actual	64%	66%	68%	69%	70%	72%	73%	78%	79%	79%	80%	81%
		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 of the Mental Health Measure. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. • Meeting new target for psychological therapies on a sustainable basis. • Reduced waiting times for opiate substance treatment. 	<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). • Appoint to medical staffing vacancies or modernise service. • Move with partners to effect transformation of services across MH & LD services.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • 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. RCA Training needs to be provided for investigators. Appointment to training post has been made. • 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. • Security issues in Cefn Coed and Garngoch Hospitals. • Demand and capacity constraints in CMHT's.

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	0	0	0	2	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	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	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%	95%	95%	95%	95%	95%	95%	95%
		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%	88%	88%	88%	88%	88%	88%	88%
		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			62.5%			62.4%						
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4	4	1	11	4	3	5
		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	0	0	0	0	0	1
		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	5	10	6	9	7	7
		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	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	24	30	23	17	16	22
		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	1	0	0	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%	38%	76%	79%	50%	88%	50%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.76%	5.71%	5.73%	5.74%	5.68%	5.68%	5.64%	5.62%	5.58%	5.48%	5.40%	
		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%	77%	78%	78%	78%	79%	78%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	60%	62%	64%	67%	69%	72%	75%	80%	81%	83%	84%	85%
		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"> Achieved highest uptake in Wales for Fluenz in schools for 3rd year running Gorseinon Hospital shortlisted for Chairman's award and All Wales Continuous Improvement in Change Awards (hosted by Academi Wales). £103K awarded through WG Primary Care Improvement Grant scheme to support improvement works in 3 GP practices. Training undertaken 19 March for primary care optometrists to provide extended eye test for patients post stroke [Cwmtawe Cluster] service commenced 29 March 2019. Pilot escalation tool in District Nursing has been developed and successfully tested within Swansea. Significant progress made within the Cwmtawe Cluster in implementing the Whole System Transformation model. Project Manager now in post. WEDS abstract accepted for Presentation – <i>Lower Limb Crisis Prevention – An alternative Prudent Model for risk classification and management planning</i> College of Podiatry using the Swansea Bay University Health Board podiatry access model and data as example in Wales of First Line Practitioner 	<ul style="list-style-type: none"> Maintain focus on service delivery and ensure smooth transition from ABMU to Swansea Bay ULHB. Review current service structure for School Nursing & 'Looked after Children' post boundary change and establish a School Nursing specification document. Progress Branch Surgery Closure process following formal request from Amman Tawe Partnership to close their branch site in Cwmllynfell. Patient engagement to commence w/c 8 April. Roll out of whole system transformation to Neath Cluster (phase 1b) and continue planning for phase 2 to commence in July 2019. Continue transfer of diabetic retinopathy screening services to Mountain View GP practice [Swansea] - relieve pressures in Singleton Hospital, service scheduled to move 29th of April 2019. District Nursing & Acute Clinical Team to introduce NEWS & Sepsis tool into community. Progress oral surgery medicine pathway, project manager now appointed. Expression of Interest sought from General Dental Practices (GDS) to deliver new dental pathway for Syrian refugees Integrated Community and General dental services domiciliary service steering group to be established.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Realign NPT and Swansea DN services Out of Hours provision. Secure a vehicle to deliver outreach sexual health service Planning the local Implementation of the recently approved national community pharmacy Common Ailments Service Plus (CAS+) service Consider a charging tariff for all LAC health assessments carried out on behalf of other health boards and English Trusts. Transformational working within clusters– Community services working as integral parts of the Cluster- community phlebotomy services, ANP's for diabetes, palliative care. Hospital to Home and roll out of Neighbourhood Approach proposals submitted to Transformation Fund - awaiting outcome 	<ul style="list-style-type: none"> New structure for HB and Unit not yet determined Demands on sexual health clinics increasing and difficult to manage Notification of a tribunal to lift a national GP disqualification to be held in May 2019. Anxiety amongst GPs in relation to the impasse in the GP contract negotiations. The Community Pharmacy band 7 post in the Non GMS team remains vacant. The Dental band 7 position will be vacant from the 12th of April 2019 as this post is awaiting sign off at corporate VCP.

