Meeting Date	17th January 2019	Agenda Item	5a
Report Title	**Integrated Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Hazel Robinson, Director of Workforce and OD		
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. The layout of the report has been revised to include a number of additional pages on the unscheduled care system, the planned care system and theatre efficiencies in order to meet the requirements of the committee. Due to the timing of the December 2018 committee meeting, a significant amount of finalised data for November is not available. Therefore, draft figures have been included where possible however, please note that these figures may be refreshed in the January 2019 report when finalised data is available.		

Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	

Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance.

Governance and Assurance

Link to corporate objectives (please ✓)	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 (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care		Individual Care	Staff and Resources
	✓	✓	✓	✓	✓		✓	✓

Quality, Safety and Patient Experience

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)	

The '5 Ways of Working' are demonstrated in the report as follows:

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 November and Quality & Safety Committee in October 2018.
Appendices	None

Summary of performance against national and local measures

CONTENTS PAGE

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
• The number of patients waiting over 36 continues to reduce and is the lowest number since June 2014. • Therapy waiting times continue to be maintained at (or below) 14 weeks. • Sustained nil position in November 2018 for Endoscopy patients waiting over 8 weeks. • Stroke performance is improving and internal profiles achieved for admission within 4 hours and CT scan within 1 hour in November 2018. Morriston continues to deliver the high compliance as a result of the front door pilot. • Urgent Suspected Cancer performance is on a steady improving trend in the last 3 months. • Continued improvement in the number of reported C. difficile cases in November 2018 and is the lowest number this financial year.	• Implement Unscheduled care improvement plans to deliver system capacity to support timely patient handover. • The Health Board has jointly funded a patient Hospital Ambulance Liaison Officer (HALO) role with WAST to assist with hospital handover during the winter months. • Address outcome of National Thrombolysis review with both Morriston and POWH conducted in November. • Development of deliverable and measurable Unit plans as the basis for the Health Board's 2019/22 Integrated Medium Term Plan (IMTP). • Maintaining and enhancing resilience of core theatre capacity in orthopaedics in particular and securing additional clinics in order to continue to maintain excellent OP wait position. • Sustain cancer performance by actively reviewing authorisation of Annual Leave of medical staff over the Christmas period. • Commence and review a quality improvement project, relating to improving the clinical detail within documented daily reviews for infection control
Opportunities	**Risks & Threats**
• Temporary urgent closure of MIU during winter allowing extended role of Acute GP Unit (AGPU). • Cwmtawe Whole System Transformation project and the impact on core community services • Await publication of National review of amber call demand at the end of October to inform further opportunities to improve ambulance response times and resource utilisation. • Review of Sickness Hotspot areas and enrolment of managers on ACAS bullying and harassment programme. • Bed Utilisation survey and opportunities across the Health Board especially Medicine.	• Overall impact of Bridgend Boundary Change and ongoing disruption to teams. • Increasing ED demand for majors and increasing minors attendances (seasonal) is resulting in unprecedented levels of attendances in addition to the acuity and complexity of patients arriving at ED by ambulance continues to increase. • Some theatre areas have vacancies and sickness pressures and any further loss of staff could pressure elective delivery. • Additional outsourcing providers currently being identified as current outsourcing provider is unable to deliver planned and commissioned work.

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – November 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	Oct-18
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%					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	680	665					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	590	628					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%	56.0%	55.8%					2nd**
		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%					4th**
		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%					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%					4th**
		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	126					2nd (Sep-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	3,370	3,222					6th (Sep-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	790	915	740	811	762	735	661					5th (Sep-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	0	0					Joint 1st (Sep-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%	96%	96%	94%					6th** (Sep-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%	83%	84%	85%					5th** (Sep-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	19	10					6th
		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					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					6th
		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 positon 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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Q2 18/19	96%	95%			95.3%												96%		
	% of children who received 2 doses of the MMR vaccine by age 5	Q2 18/19	90%	95%	92%	✖	89.5%				91%		89%			91%			90%		
	% 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%				54%		77%								
Influenza	% uptake of influenza among 65 year olds and over	Nov-18	59.3%	75%	70%	✖	58.0%		66%	66%	68%	68%	68%							42.5%	59.3%
	% uptake of influenza among under 65s in risk groups	Nov-18	34.0%	55%	65%	✖	34.8%		43%	43%	46%	47%	47%							25.3%	34.0%
	% uptake of influenza among pregnant women	2017/18	93.3%	75%		✔	72.7%						93%								
	% uptake of influenza among children 2 to 3 years old	Nov-18	35.9%		40%	✖	36.1%		44.9%	44.9%	48.4%	49.1%	49%							20.4%	35.9%
	% uptake of influenza among healthcare workers	Nov-18	50.4%	50%	50%	✔			54%	55%	57%	58%	58%							43.2%	50.4%
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	Oct-18	1.5%	5% annual target	1.9%	✖			1.6%	1.7%	2.1%	2.3%	2.6%	0.2%	0.5%	0.7%	0.9%	1.1%	1.2%	1.5%	
	% of those smokers who are co-validated as quit at 4 weeks	Q1 18/19	61.5%	40% annual target	40.0%	✔	42.6%				53%					55%			62%		
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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Prescribing	Total antibacterial items per 1,000 STAR-PUs	Q1 18/19	307	4 quarter ↓			340			346			364			307					
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q1 18/19	10%	4 quarter ↓			7.6%			9%			9%			10%					
	NSAID average daily quantity per 1,000 STAR-Pus	Q1 18/19	1,517	4 quarter ↓			1,405			1,541			1,496			1,517					
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Oct-18	0	12 month ↓	0	✔	3		0	0	0	0	0	0	0	0	0	0	0	0	
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Sep-18	91%		95%	✖			91%		89%		87%					87%		91%	
	% stop or review date documented on medication chart	Sep-18	54%		95%	✖			52%		59%		61%					61%		54%	
	% of antibiotics prescribed on stickers	Sep-18	73%		95%	✖			91%		79%		70%					77%		73%	
	% appropriate antibiotic prescriptions choice	Sep-18	97%		95%	✔			94%		92%		94%					96%		97%	
	% of patients receiving antibiotics for >7 days	Sep-18	15%		20%	✔			11%		9%		13%					8%		15%	
	% of patients receiving surgical prophylaxis for > 24 hours	Sep-18	8%		20%	✔			57%		58%		58%					25%		8%	
	% of patients receiving IV antibiotics > 72 hours	Sep-18	49%		30%	✖			36%		43%		39%					41%		49%	
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	Nov-18	103.2	<67			83.80							96.6	96.1	96.2	98.9	99.6	102.1	100.5	103.2
	Number of E.Coli bacteraemia cases (Hospital)	Nov-18	23	16		✖	76		17	17	18	4	10	10	15	10	20	16	15	17	23
	Number of E.Coli bacteraemia cases (Community)	Nov-18	30	21		✖	148		22	26	29	14	30	32	28	31	31	30	34	24	30
	Total number of E.Coli bacteraemia cases		53	37		✖	224		39	43	47	18	40	42	43	41	51	46	49	41	53
	Cumulative cases of S.aureus bacteraemias per 100k pop	Nov-18	36.5	<20			29.31							32.2	39.6	40.9	37.3	41.0	37.7	35.8	36.5
	Number of S.aureus bacteraemias cases (Hospital)	Nov-18	7	4		✖	30		5	13	8	8	10	6	8	7	8	9	7	7	7
	Number of S.aureus bacteraemias cases (Community)	Nov-18	10	11		✔	46		12	12	6	13	5	8	13	12	9	11	3	5	10
	Total number of S.aureus bacteraemias cases		17	15		✖	76		17	25	14	21	15	14	21	19	17	20	10	12	17
	Cumulative cases of C.difficile cases per 100k pop	Nov-18	39.9	<26			29.17							59.8	49.7	44.7	50.3	46.4	42.2	42.2	39.9
	Number of C.difficile cases (Hospital)	Nov-18	9	21		✔	40		24	10	16	14	19	20	13	10	24	8	5	15	9
	Number of C.difficile cases (Community)	Nov-18	1	3		✔	28		4	4	6	4	8	6	5	5	5	7	4	4	1
	Total number of C.difficile cases		10	24		✔	68		28	14	22	18	27	26	18	15	29	15	9	19	10
	Hand Hygiene Audits- compliance with WHO 5 moments	Nov-18	98%	95%		✔			94%	96%	95%	95%	94%	95%	96%	95%	96%	97%	98%	98%	98%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q2 18/19	No alerts/ notices due	0			2		2			0				2					-
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Nov-18	82%	90%	80%	✔	33.1%		86%	89%	85%	92%	92%	79%	85%	85%	81%	87%	86%	56%	82%
	Number of new Never Events	Nov-18	0	0		✔	4		1	1	1	2	4	0	0	0	0	0	0	0	0
	Number of risks with a score greater than 20	Nov-18	45		12 month ↓	✔			59	60	78	57	57	58	57	60	67	77	73	66	45
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Nov-18	8		12 month ↓	✔			6	11	12	8	10	8	12	10	22	14	7	13	8
	Number of Safeguarding Children Incidents	Nov-18	9	0		✖			5	2	8	5	12	5	11	5	12	14	3	10	9
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Nov-18	40		12 month ↓	✖			43	49	51	37	46	48	47	39	56	45	53	47	40
	Total number of pressure ulcers acquired in hospital per 100k admissions	Nov-18	405		12 month ↓	✔			495	572	602	497	553	581	505	457	649	516	606	499	405
	Number of grade 3+ pressure ulcers acquired in hospital	Nov-18	13		12 month ↓	✖			19	19	22	13	26	17	9	14	21	12	21	26	13
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	Nov-18	132		12 month ↓	✔			219	231	255	162	306	202	97	164	243	144	221	276	132
	Total Number of pressure ulcers developed in the community	Nov-18	63		12 month ↓	✖			62	69	52	57	69	67	80	81	68	88	71	60	63
	Number of grade 3+ pressure ulcers developed in the community	Nov-18	22		12 month ↓	✖			16	19	9	23	20	24	24	27	20	29	22	26	22
	Number of grade 3+ pressure ulcers reported as serious incidents	Oct-18	14	12 month ↓	10	✖	126		5	6	18	6	13	12	13	21	5	17	8	14	
Inpatient Falls	Number of Inpatient Falls	Nov-18	291		12 month ↓	✔			347	318	344	309	357	333	357	326	300	290	328	293	291
	Number of Inpatient Falls reported as serious incidents	Nov-18	8	12 month ↓	2	✖	41		2	3	8	5	2	2	4	3	5	1	3	9	8
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)	Q1 18/19	0	4 quarter ↓			16									0					
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	Aug-18	18%		12 month ↑		68%									16%		18%			
	% 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	Aug-18	36%		12 month ↑		59%									34%		36%			

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
DTOCs	Number of mental health HB DToCs	Nov-18	26		28	✖			30	31	29	21	25	28	22	30	27	30	29	28	26
	Number of mental health HB DToCS (12 month rolling)	Nov-18	326	10% ↓			916		319	331	340	334	333	335	331	334	337	338	332	330	326
	Number of non-mental health HB DToCs	Nov-18	125		57	✖			68	55	41	53	44	34	64	75	74	85	69	84	125
	Number of non-mental health HB DToCs (12 month rolling)	Nov-18	803	5% ↓			4,261		628	623	615	625	624	613	625	657	689	721	721	746	803
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Nov-18	81%	95%	96%	✖	67.0%		95%	93%	91%	91%	91%	95%	95%	93%	95%	90%	96%	93.0%	81.0%
	Stage 2 mortality reviews required	Nov-18	17						24	19	17	14	18	23	14	16	12	18	18	16	17
	% stage 2 mortality reviews completed	Sep-18	44%	100%					62.5%	54.6%	64.7%	71.4%	33.3%	87.0%	64.3%	62.5%	50.0%	44.0%	44.4%		
	Crude hospital mortality rate (74 years of age or less)	Sep-18	0.78%	12 month ↓			0.73%		0.81%	0.80%	0.80%	0.80%	0.81%	0.81%	0.81%	0.80%	0.79%	0.78%	0.78%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Nov-18	99.1%		100%	✖			94.4%	98.6%	97.5%	98.0%	96.9%	96.6%	98.3%	98.0%	99.2%	99.2%	97.9%	97.5%	99.1%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Nov-18	81%	85%					59%	59%	60%	60%	61%	62%	64%	66%	71%	74%	77%	78%	81%
Coding	% of episodes clinically coded within 1 month of discharge	Oct-18	95%	95%	95%	✔	86.4%		89%	95%	93%	91%	93%	94%	93%	94%	95%	93%	96%	95%	
	% 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	Nov-18	63%		100%	✖			66.0%	67.0%	62.0%	64.0%	65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q1 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	✔				85			96			60			67		
	Number of Health and Care Research Wales commercially sponsored studies	Q2 18/19	24	5% annual ↑	23	✔				38			41			19			24		
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q2 18/19	1,116	10% annual ↑	1,214	✔				1492			2,206			732			1,116		
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q2 18/19	83	5% annual ↑	211	✖				223			294			64			83		

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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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	Nov-18	91		12 month ↓ trend	✖			111	97	122	91	115	119	119	90	126	126	114	140	91
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Sep-18	83%	75%	78%	✔	57.6%		73%	80%	80%	61%	71%	80%	83%	80%	81%	81%	83%		
	% of acknowledgements sent within 2 working days	Nov-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	Sep-18	3,490	> 5% annual ↓			15,565									4,187		3,528	3,544	3,490		
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q1 18/19	8.0%	4 quarter ↓			7.3%			8.2%			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	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
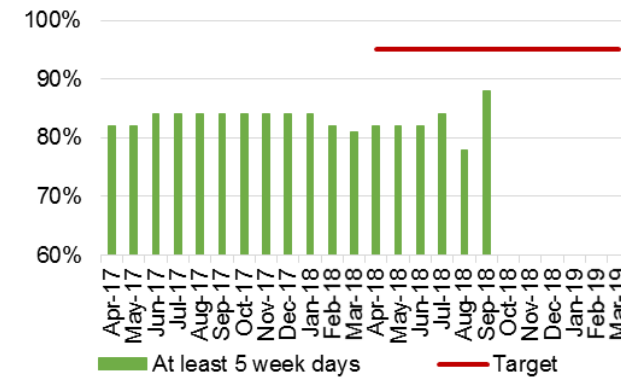
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Sep-18	95%	Annual ↑	95%	✖	87%		88%	88%	88%	93%	93%	94%	94%	94%	94%	90%	95%		
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Sep-18	88%	Annual ↑	95%	✖	84%		84%	84%	84%	82%	81%	82%	82%	82%	84%	78%	88%		
	% of population regularly accessing NHS primary dental care	Jun-18	62.5%	4 quarter ↑			55%			62.3%			62.6%			62.5%				
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	Aug-18	89.2%	12 month ↑					85%	82%	80%	77%	78%	83%	85%	86%	85%	89%			
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Aug-18	100.0%	12 month ↑					100%	75%	83%	33%	67%	50%	60%	67%	33%	100%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Nov-18	75%	65%	65%	✔	72.3%		73%	69%	66%	69%	67%	78%	77%	78%	77%	79%	78%	75%	75%
	Number of ambulance handovers over one hour	Nov-18	628	0	177	✖	1,844		727	903	1,030	805	1,006	526	452	351	443	420	526	590	628
	% 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	Nov-18	76.7%	95%	89%	✖	80%		75.8%	73.4%	76.1%	73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Nov-18	665	0	255	✖	3,085		875	871	924	957	1,051	737	624	476	590	511	588	680	665
	% of survival within 30 days of emergency admission for a hip fracture	Aug-18	81.3%	12 month ↑					80.8%	74.3%	84.5%	85.9%	84.9%	72.4%	85.0%	78.3%	70.8%	81.3%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Nov-18	56%	59.7%	50%	✔	50.8%		33%	24%	29%	22%	32%	35%	38%	40%	38%	29%	54%	56%	56%
	CT Scan (<1 hrs)	Nov-18	48%	54.40%	45%	✔	52.0%		38%	36%	35%	44%	36%	41%	43%	51%	40%	41%	48%	53%	48%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Nov-18	75%	84.0%	80%	✖	85.1%		80%	72%	81%	73%	73%	84%	93%	88%	81%	91%	69%	83%	75%
	Thrombolysis door to needle <= 45 mins	Nov-18	15%	12 month ↑	35%	✖	23.6%		22%	10%	0%	8%	6%	0%	11%	38%	21%	0%	11%	18%	15%
Planned Care	% of patients waiting < 26 weeks for treatment	Nov-18	88.4%	95%	89.7%	✖	87.3%		86.2%	85.3%	86.2%	87.5%	87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Nov-18	126	-	0	✖	19,769		1,524	1,679	1,111	732	292	166	120	55	30	105	89	65	126
	Number of patients waiting > 36 weeks for treatment	Nov-18	3,222	0	1,809	✖	13,673		4,561	4,714	4,609	4,111	3,363	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,222
	Number of patients waiting > 8 weeks for a specified diagnostics	Nov-18	661	0	0	✖	4,579		361	576	473	278	29	702	790	915	740	811	762	735	661
	Number of patients waiting > 14 weeks for a specified therapy	Nov-18	0	0	0	✔	387		111	95	32	3	0	0	1	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)	Nov-18	61,889		51,821	✖			59,584	62,797	62,492	64,316	66,271	66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889
	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)	Nov-18	22,091	12 month ↓			192,301		20,648	22,364	22,414	23,198	24,475	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091
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)	Nov-18	94%	98%	98%	✖	97.9%		99%	94%	91%	94%	93%	92%	90%	95%	99%	97%	96%	96%	94%
	% 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	Nov-18	85%	95%	92%	✖	84.2%		89%	82%	79%	83%	88%	77%	89%	83%	92%	94%	83%	84%	85%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Oct-18	84%	80%	80%	✔	78.0%		65%	65%	67%	74%	70%	84%	86%	82%	84%	80%	76%	84%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Oct-18	89%	80%	80%	✔	81.6%		79%	70%	75%	89%	86%	79%	81%	80%	79%	90%	89%	92%	
	% 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%	✔	100%			100%			100%			100%			100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Oct-18	96%		100%	✖			98%	91%	98%	100%	96%	100%	100%	100%	100%	100%	100%	96%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Oct-18	76%		80%	✖			44%	93%	91%	95%	98%	94%	95%	91%	91%	87%	81%	76%	
	P-CAHMS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Oct-18	25%		80%	✖			3%	8%	9%	13%	9%	43%	38%	34%	23%	22%	18%	25%	
	P-CAHMS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Oct-18	83%		80%	✔			60%	56%	47%	88%	82%	62%	76%	80%	57%	93%	72%	83%	
	S-CAHMS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Oct-18	74%		90%	✖			73%	73%	73%	79%	73%	75%	71%	76%	75%	75%	74%	74%	
	S-CAHMS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Oct-18	69%		80%	✖			34%	32%	29%	41%	54%	63%	73%	70%	60%	52%	67%	69%	

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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q2 18/19	103.6	4 quarter ↑			180.9			122.1			107.5			101.2			103.6		
	Rate of calls to the Wales dementia helpline per 100k pop.	Q2 18/19	5.1	4 quarter ↑			5.9			5.1			4.4			5.4			5.1		
	Rate of calls to the DAN helpline per 100k pop.	Q2 18/19	30.1	4 quarter ↑			40.3			25.9			36.3			33.7			30.1		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Oct-18	92%	90%	90%	✔	88.2%		90%	89%	89%	89%	89%	90%	90%	88%	88%	90%	91%	92%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Oct-18	100%	100%	100%	✔	100.0%		100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Nov-18	5,616		12 month ↑	✔			6,136	4,318	5,230	5,685	5,126	4,638	3,086	6,246	5,563	5,609	4,804	5,536	5,616
	% of who would recommend and highly recommend	Nov-18	96%	90%		✔			96%	95%	95%	95%	95%	95%	95%	96%	96%	95%	96%	96%	96%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Nov-18	88%	90%		✘			84%	84%	83%	87%	84%	87%	89%	84%	85%	87%	89%	86%	88%

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
DNAs	% of patients who did not attend a new outpatient appointment	Nov-18	5.4%	12 month ↓	5.6%	✔	6.8%		5.8%	6.6%	5.9%	5.9%	5.6%	6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.5%	5.4%
	% of patients who did not attend a follow-up outpatient appointment	Nov-18	6.0%	12 month ↓	7.5%	✔	8.2%		7.7%	8.5%	8.0%	7.7%	7.1%	6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.1%	6.0%
Theatre Efficiencies	Theatre Utilisation rates	Nov-18	74%		90%	✘			72%	72%	73%	73%	70%	72%	76%	74%	69%	62%	74%	73%	74%
	% of theatre sessions starting late	Nov-18	41%		<25%	✘			42%	40%	43%	43%	46%	41%	41%	41%	38%	42%	39%	41%	41%
	% of theatre sessions finishing early	Oct-18	40%		<20%	✘			35%	37%	34%	36%	43%	39%	37%	39%	40%	36%	36%	39%	40%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q1 18/19	20.9%	Quarter on quarter ↑			14.9%			12.3%			12.2%			20.9%					
Elective Procedure	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)	Nov-18	69%	85%	74%	✘	67.4%		64%	64%	64%	63%	64%	64%	63%	63%	65%	65%	65%	67%	69%
	% 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	Nov-18	71%	85%	54%	✔	73.4%		48%	49%	49%	50%	51%	53%	55%	57%	59%	63%	65%	67%	71%
	% workforce sickness and absent (12 month rolling)	Oct-18	5.90%	12 month ↓			5.27%		5.59%	5.60%	5.65%	5.71%	5.76%	5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	
	% 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%					

4.1 Unscheduled Care- Overview

% GP practices open during core hours or within 1 hour of daily core hours
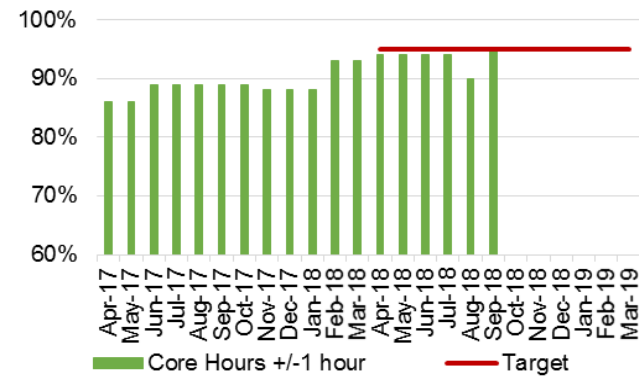
Legend: Core Hours +/-1 hour | Target

% GP practices offering daily appointments between 5pm- 6:30pm

Legend: At least 5 week days | Target

GP Out of Hours

Legend: % P1 calls logged & started clinical assessment <= 20 mins | % P1 patients seen <= 60 mins
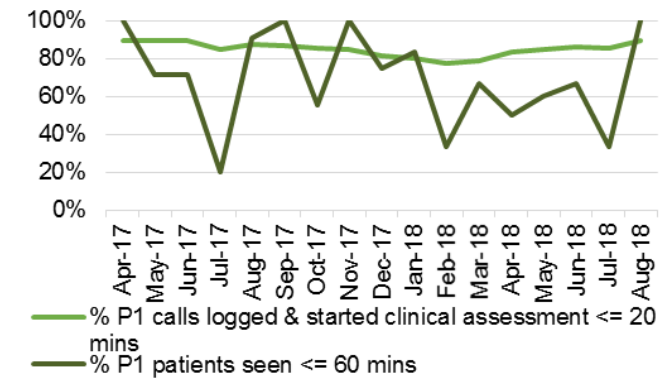
% red calls responded to within 8 minutes

Legend: % red calls responses within 8 minutes | Profile

Number of ambulance handovers over 1 hour

Legend: Ambulance handovers > 1 hour | Profile
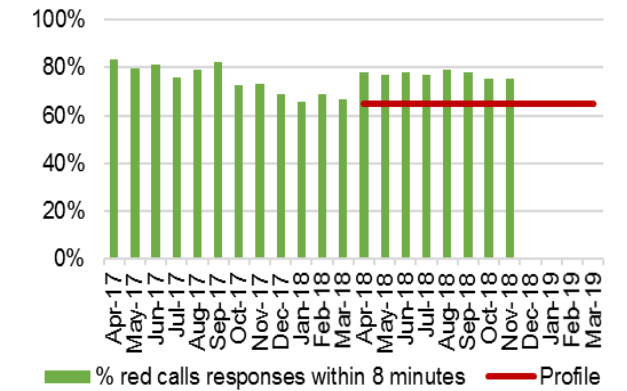
A&E Attendances
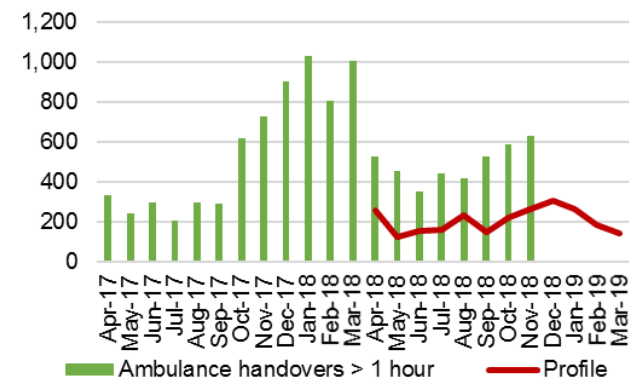
Legend: Total HB A&E Attendances

% patients who spend less than 4 hours in A&E

Legend: % waiting under 4 hours in A&E | Profile

Number of patients waiting over 12 hours in A&E

Legend: Number over 12 hours in A&E | Profile
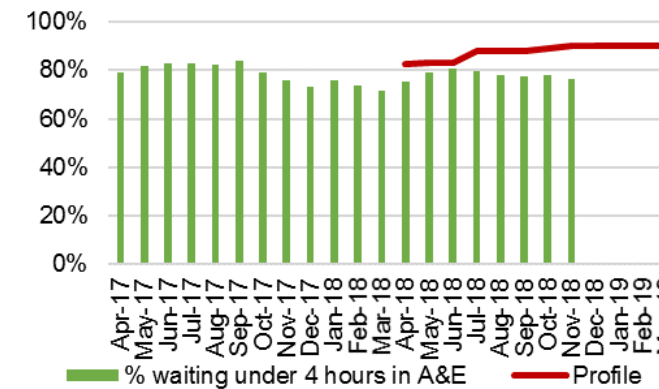
Number of emergency admissions
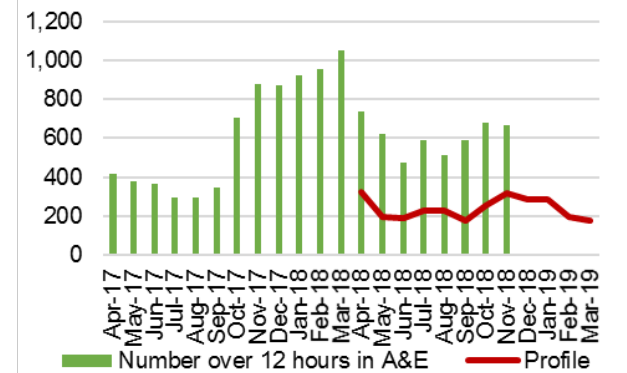
Legend: Total HB Emergency Admissions

Elective procedures cancelled due to lack of beds
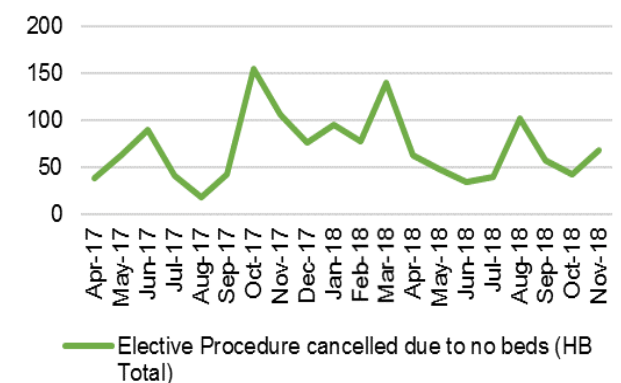
Legend: Elective Procedure cancelled due to no beds (HB Total)

Number of mental health delayed transfers of care

Legend: Number of Mental Health DTOCs | Profile

Number of non- mental health delayed transfers of care

Legend: Number of non Mental Health DTOCs | Profile

% of patients who have a direct admission to an acute stroke unit within 4 hours

Legend: % admissions within 4 hours | Profile

% of patients who receive a CT scan within 1 hour

Legend: % CT Scan within 1 hour | Profile

% of patients who are assessed by a stroke specialist consultant physician within 24 hours

Legend: % assessed within 24 hours | Profile
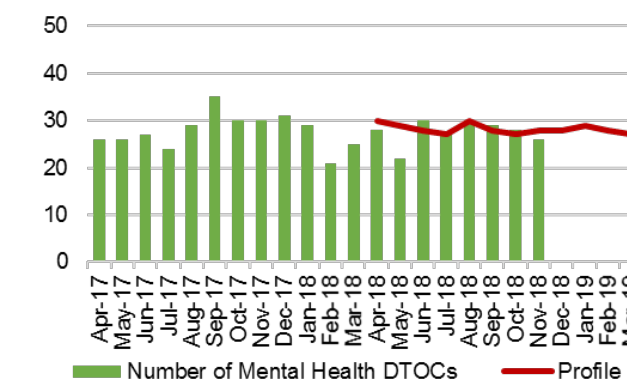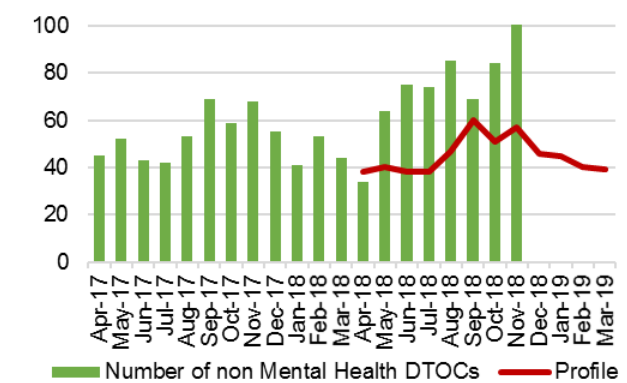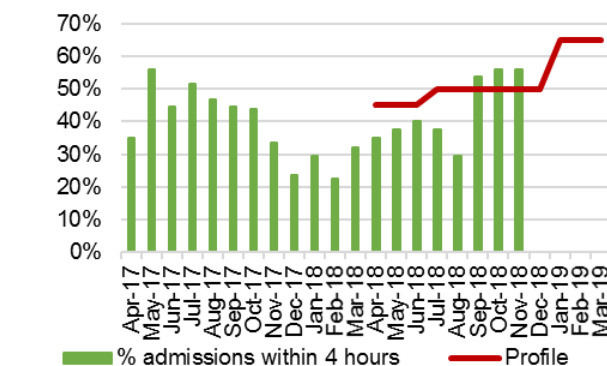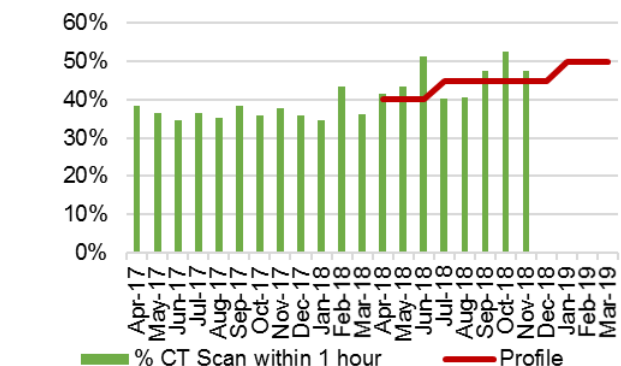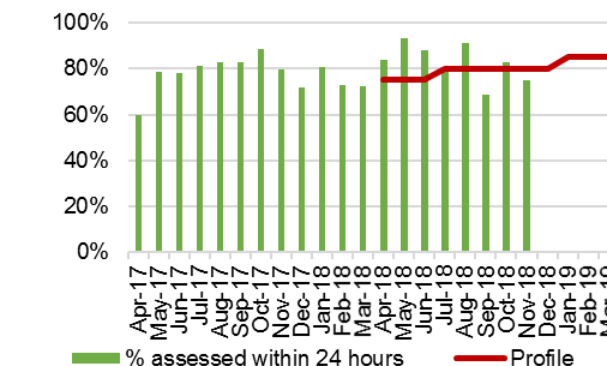
% of thrombolysed stroke patients with a door to door needle time of ≤45 minutes

Legend: % Thrombolysed within 45 minutes | Profile
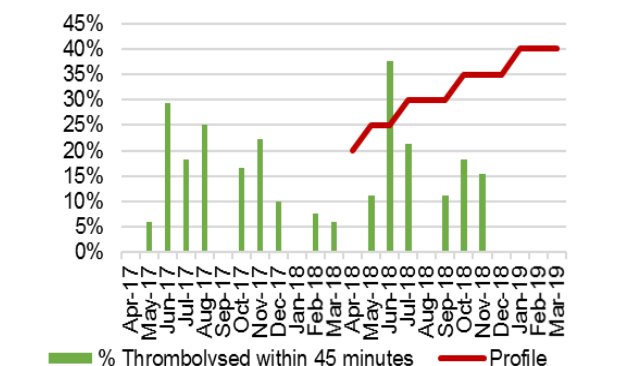
Unscheduled Care Overview (November 2018)

Primary Care Access

95% (5%↑)
GP practices open during daily core hours *(Sep-18)*

88% (10%↑)
GP practices offering appointments between 5pm-6:30pm *(Sep-18)*

89% (4%↑)
P1 calls started assessment within 20 minutes *(Aug-18)*

100% (67%↑)
P1 calls seen within 60 minutes *(Aug-18)*

Ambulance

75.2% (0.2%↓)
Red calls responded to with 8 minutes

628 (6%↑)
Ambulance handovers over 1 hour

4,576 (3%↑)
Amber calls

424 (15%↑)
Red calls

Emergency Department

14,141 (8%↓)
A&E attendances

76.7% (1%↓)
Waits in A&E under 4 hours

665 (2%↓)
Waits in A&E over 12 hours

2,331 (0.3%↑)
Patients admitted from A&E

Emergency Activity

Patient Flow

Overarching Public Health Outcomes *(2016/17- 2017/18)*

*RAG status and trend is based on in month-movement

4.2 Winter Plan Dashboard
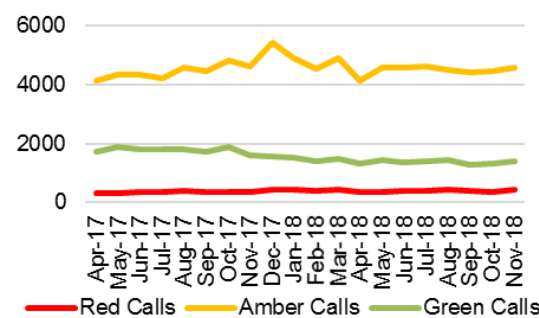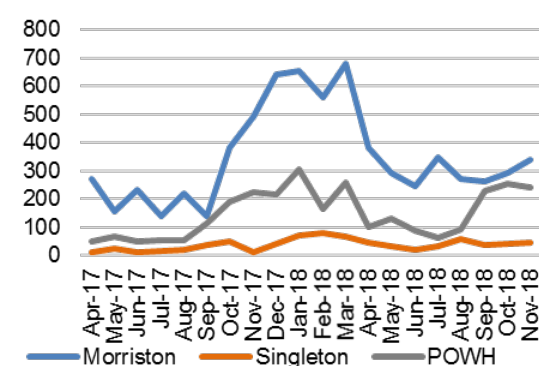
Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Impact on unscheduled care standards	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Nov-18	76.7%	⬇ 🔴	⬆ 🟢		75.8%	73.4%	76.1%	73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Nov-18	665	⬇ 🟢	⬇ 🟢		875	871	924	957	1,051	737	624	476	590	511	588	680	665
	Number of ambulance handovers over one hour	Nov-18	628	⬆ 🔴	⬇ 🟢		727	903	1,030	805	1,006	526	452	351	443	420	526	590	628
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Nov-18	75.2%	➡ 🟡	⬆ 🟢		73%	69%	66%	69%	67%	78%	77%	78%	77%	79%	78%	75%	75%
Delayed Transfers of care and medically fit for discharge numbers	Number of mental health HB DToCs	Nov-18	26	⬇ 🟢	⬇ 🟢		30	31	29	21	25	28	22	30	27	30	29	28	26
	Number of mental health HB DToCS (12 month rolling)	Nov-18	326	⬇ 🟢	⬆ 🔴		319	331	340	334	333	335	331	334	337	338	332	330	326
	Number of non-mental health HB DToCs	Nov-18	125	⬆ 🔴	⬆ 🔴		68	55	41	53	44	34	64	75	74	85	69	84	125
	Number of non-mental health HB DToCs (12 month rolling)	Nov-18	803	⬆ 🔴	⬆ 🔴		628	623	615	625	624	613	625	657	689	721	721	746	803
	Number of medically fit for discharge patients	Nov-18	268	⬇ 🟢	⬆ 🔴		195	174	233	187	184	285	276	260	254	230	285	276	268
Cancellations of operations for bed reasons	Number of elective procedures cancelled due to lack of beds	Nov-18	68	⬆ 🔴	⬇ 🟢		106	76	95	77	140	62	48	34	39	102	57	42	68
Critical care utilisation and delayed discharges							Under development/ validation												
Medical Outliers on non medical wards	Number of medical outliers on non-medical wards	Nov-18	1,736	⬆ 🔴	⬆ 🔴		1,290	2,112	2,327	1,665	2,004	1,831	1,067	938	1,037	1,090	1,141	1,403	1,736
Use of pre-emptive/ boarding policy to place additional patients on wards							Under development/ validation												
Transfer times between hospitals within the health board							Under development/ validation												
Bed days lost due to delays in patient repatriation outside of the health board	Number of days lost where repatriation is the main reason for delay of discharge fit patient (Morriston Hospital only)	Nov-18	270	⬇ 🟢	⬆ 🔴		127	59	34	72	69	81	58	169	72	159	230	298	270

Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Flu uptake rates	% uptake of influenza among 65 year olds and over	Nov-18	59.3%		⬇ 🔴		66%	66%	68%	68%	68%							42.5%	59.3%
	% uptake of influenza among under 65s in risk groups	Nov-18	34.0%		⬇ 🔴		43%	43%	46%	47%	47%							25.3%	34.0%
	% uptake of influenza among pregnant women										93%								
	% uptake of influenza among children 2 to 3 years old	Nov-18	35.9%		⬇ 🔴		45%	45%	48%	49%	49%							20.4%	35.9%
	% uptake of influenza among healthcare workers	Nov-18	50.4%		⬇ 🔴		54%	55%	57%	58%	58%							43.2%	50.4%
Home before lunch metrics						Under development/ validation													
Serious incidents in ED						Under development/ validation													
Datix reports on 12 hour waits in ED/ delayed patient handover from WAST						Under development/ validation													
Patient and staff experince (e.g. Friends and Family test)						Under development/ validation													
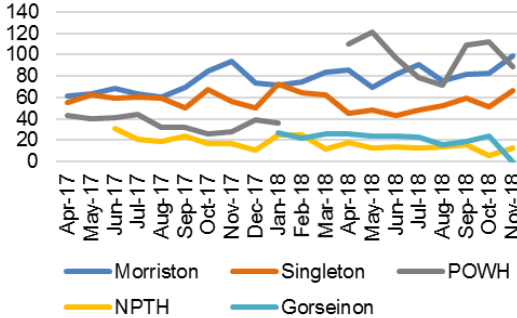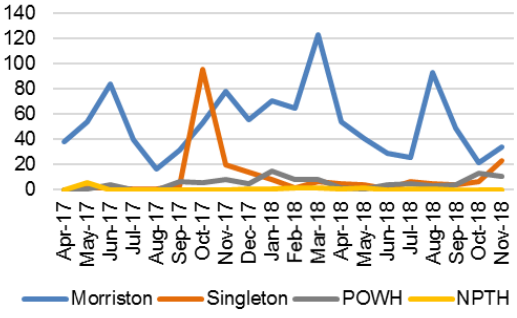
4.3 Unscheduled Care- Updates and Actions
This section of the report provides further detail on key unscheduled care measures.
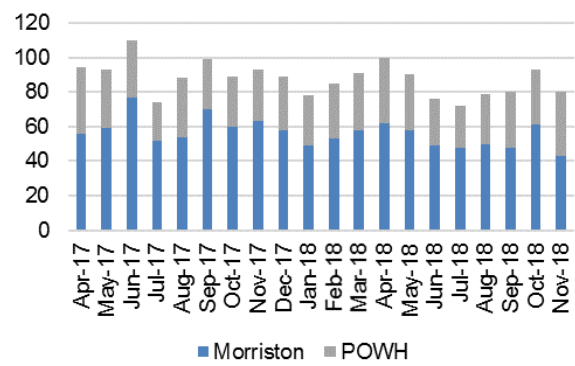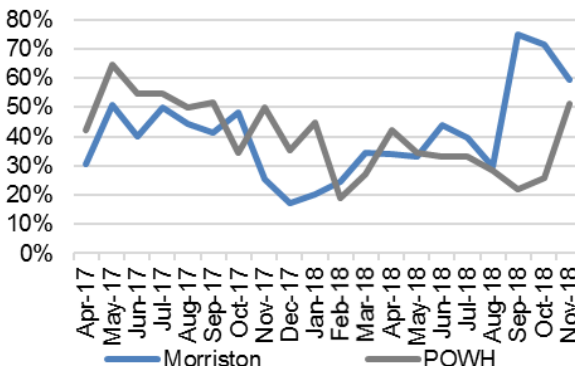
Description	Current Performance	Trend	Actions planned for next period
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	In November 2018 performance against the 4 hour metric deteriorated from the position reported in October 2018 from 77.96% to 76.66% and was below the internal profile of 90.3%. 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 67.5% and 75.7% respectively.	**% patients waiting under 4 hours in A&E**	• Implementation of Quarter 3 Unscheduled care improvement plans with a specific focus on: o Implementation of GP expected pathways and improved access to speciality services with additional hot clinics (Morriston). o Embedding the safety huddle approach which will strengthen daily patient flow processes at Morriston and rolling out this approach to other hospital sites by the end of December 2018. o Expanding the opening hours of the medical day unit in Singleton and full implementation of the integrated older persons service model at this hospital. o Systematic focus on improving the minor's workstream in the ED at POWH. o Temporary relocation of the SAU at Singleton to enable environmental improvement work to be undertaken. • Implementation of the winter assurance planning arrangements. • Finalising boarding and escalation protocols 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 this measure in November 2018 improved when compared with November 2017, with 210 fewer patients waiting over 12 hours. In November, the Health Board had 665 12 hour breaches of which 383 were attributed to Morriston Hospital and 282 to Princess of Wales 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. The number of responses to ambulance calls.	Ambulance response times are consistently above the national target and local profile of 65%, reporting 75.2% at the end of November 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.	**Number of ambulance call responses**	• Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Amber conveyances reduced by 4% (152 patients) in November 2018 compared with November 2017. Amber call conveyances reduced by 164 (5.8%) and green call conveyances reduced by 26 (5%). • Await publication of National review of amber call demand at the end of October to inform further opportunities to improve 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 Unscheduled care improvement plans to deliver system capacity to support timely patient handover. • The Health Board has jointly funded a patient Hospital Ambulance Liaison Officer (HALO) role with WAST to assist with hospital handover during the winter months. • Two St Johns falls response vehicles are being commissioned in November and December which will reduce the number of falls patients conveyed to hospital and release ambulances to respond to higher acuity calls.
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 November 2018, Morriston Hospital saw a reduction of 151 compared with November 2017 (491 to 340). Princess of Wales Hospital (POWH) saw an increase of 16 (225 to 241) and Singleton Hospital saw an increase of 36 (11 to 36).	**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	In November 2018, there were at total of 14,141 A&E attendances across the Health Board which is 982 less than November 2017. There was a reduction across all sites however the largest reductions were in Morriston (7,134 to 6,757) and Singleton (551 to 89). The reduction in Singleton is due to the temporary closure of MIU until Spring 2019.	**Number of A&E attendances** Morriston — Singleton — POW — NPTH	• Additional 111 awareness campaign communication programme underway as part of the winter planning arrangements. • 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. • Discussions with GMS 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. • Telephone first model to support practices to manage patient demand. • Implement the Cwmtawe cluster pilot to test a cluster led integrated health and social care system.
Emergency Admissions The number of emergency admissions across the Health Board by site	In November 2018, there were a total of 6,442 emergency admissions across the Health Board which is 368 more than November 2017 but 74 less than October 2018.	**Number of emergency admissions** Morriston — Singleton — POW — NPTH	• Training on I Stumble Version 2 started with one home in NPT from November with the intention of rolling out this approach to the remaining homes in Swansea and NPT between December and January. This tool will support a reduction in the number of 'long lie' residents in care homes following a fall • Implement the falls vehicles in ABMU early November to support a reduction in the number of patients who have fallen, to be conveyed to hospital. • From 3rd December, Swansea Acute Care Team would be accessing the ambulance stack from this date and NPT ACT had an arrangement with WAST to flag all care home calls to the ACT to determine if ACT could respond/ support instead of WAST.

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	In November 2018, there were on average 268 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 37% increase when compared with November 2017. However, it must be noted that data collection has significantly improved recently which could also attribute to the increase in numbers.	**The number of discharge/ medically fit patients by site** *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 November 2018.*	• 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 NPTH. • Promote and implement the SAFER flow principles. Develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit. Concerted focus on ensuring senior review is undertaken in a consistent way to ensure the provision of an agreed clinical management plan which is an essential part of the discharge process. • Development of an electronic solution to capture live information on medically fit for discharge patients to improve communication and management of patient flow. • Implement the actions outlined in the section on delayed transfers of care below.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	In November 2018, there were 38 less elective procedures cancelled due to lack of beds on the day of surgery when compared with November 2017 (106 to 68). The only reduction occurred in Morriston with 34 cancelled procedures in November 2018 compared with 78 in November 2017.	**Total number of elective procedures cancelled due to lack of beds**	• Ongoing implementation of 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 October 2018 was two below the internal profile of 28.	**Number of Mental Health DToCs**	• 6 reablement beds in Plas Bryn Rhosyn residential home in Neath have been funded by the Health Board winter pressures reserve, and will come into use from January 2019. • Develop the early supported discharge service which commenced in NPT in late September to expand the number of patient discharges with the support of this service. • Social worker funded in Swansea LA to review existing care packages. The aim of this role is to ensure that packages are being appropriately utilised, with the expectation that this process will release capacity back into the sector. • Actions agreed by Unscheduled Care Board on 27/11/2018 in response to the findings from the Delivery Unit audit of our complex discharge audit • Funding from the Health Board's winter planning reserve has been allocated to Bridgend LA to provide increased Better at Home capacity. • Additional investment has been provided to our local British Red Cross services to support hospital to home services from January 2019. • The Health Board and local authority partners are working closely together to minimise the impact of the Allied Health Care provider issues on capacity within the area. • Senior team at the POWH has reviewed their discharge processes, in conjunction with the LA. As a consequence, a more proactive and simplified approach to the management of patient flow and discharge is now being implemented. • Implement the work plan developed in response to the findings of the bed utilisation review in Swansea and NPT hospitals undertaken on 04/10/18 (Right Place, Right Care).
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In November 2018, the number of non-mental health and Learning disability delayed transfers of care was 125 which is higher than the internal profile of 57. The largest in-month increase was seen in Princess of Wales Hospital from 22 in October 2018 to 37 in November 2018.	**Number of Non Mental Health DToCs**	

Description	Current Performance	Trend	Actions planned for next period
Stroke Admissions The total number of stroke admissions into the Health Board	In November 2018, there were 80 confirmed stroke admissions across the Health Board; 43 in Morriston and 37 in Princess of Wales. This is 14% less when compared with November 2017 (93 to 80).	**Total number of stroke admissions**	• Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service. • Stroke Retrieval Pilot outcome to be factored into the 2019 / 20 IMTP. • Although additional middle tier Medical staff appointed into Morriston – pressures from other vacancies are requiring them to act down on occasions. Unit to continue to try and recruit into vacant posts to address rota and service pressures. • Stroke Champion discussions held with key medical staff – but impact of vacancies reducing abilities to introduce change. Need to fill vacant posts.
Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	In November 2018 only 43 out of 77 patients had a direct admission to an acute stroke unit within 4 hours (55.8%). The 4 hour target appears to be a challenge across Wales. The all-Wales data for October 2018 confirms that performance ranged from 41.8% to 79.1%. ABMU was the second best performing Health Board in October 2018.	**Percentage of patients admitted to stroke unit within 4 hours**	• 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. • Monitor impact of additional training to improve swallow screening compliance within the Emergency department staff. • Actions to improve 4 hour target has seen improvements on both sites during October – but increasing unscheduled care pressures may have an impact of this performance – need to continue with improvement actions. • SLT recruitment in POW – continuing. • POWH – will build on key Task and Finish groups to focus on improving stroke performance.

Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In November 2018, ABMU achieved 48% which was above the internal profile of 45%.	**Percentage of patients receiving CT scan within 1 hour**	• Morriston to review pathway for accessing CT within 1 hour for all stroke patients. Multi-Disciplinary meeting being arranged. • IBG has 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.
Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In November 2018, ABMU achieved 75% which was below the internal profile of 80%.	**Percentage of patients assessed by stroke consultant within 24 hours**	• At Singleton the team continues to 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. • A National Thrombolysis review with both Morriston and POWH has been held during November – initial feedback has been positive.

Description	Current Performance	Trend	Actions planned for next period
Thrombolysed Patients with Door-to-Needle <= 45 mins	In November 2018, 100% of eligible patients were thrombolysed and only one of the two patients were thrombolysed within the 45 minutes (door to needle) standard.	**Thrombolysed patients within 45 minutes** 	• As above

5.1 Planned Care- Overview

Number of GP Referrals into secondary care
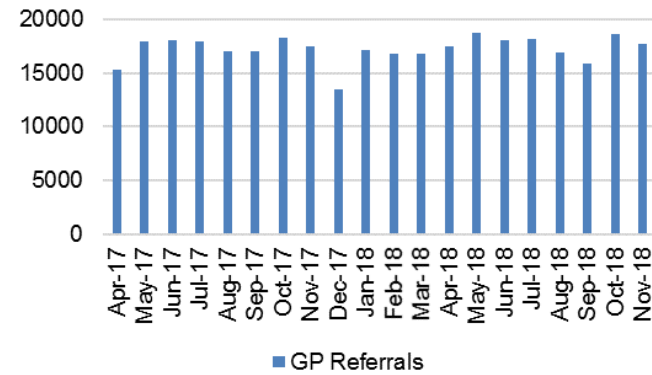
Number of patients waiting over 26 weeks for an outpatient appointment
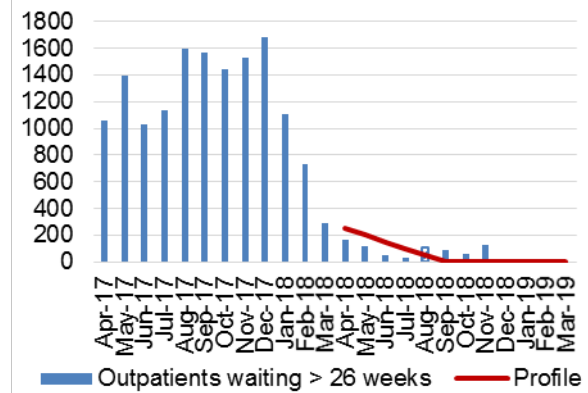
Number of patients waiting over 36 weeks for treatment
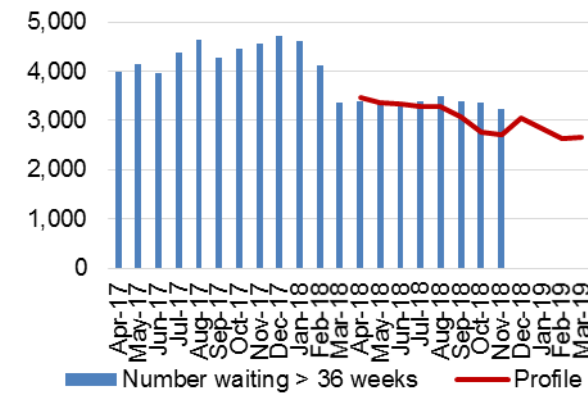
% patients waiting less than 26 weeks from referral to treatment
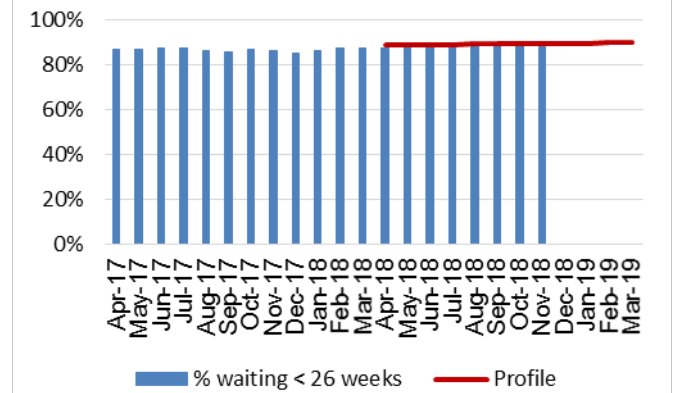
Number of patients waiting for reportable diagnostics over 8 weeks (excluding Cardiac)
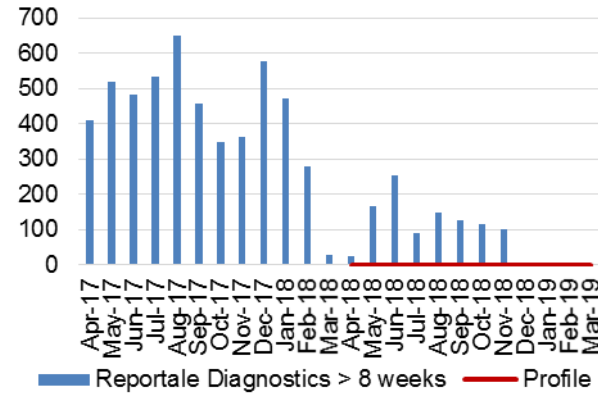
Number of patients waiting for reportable Cardiac diagnostics over 8 weeks
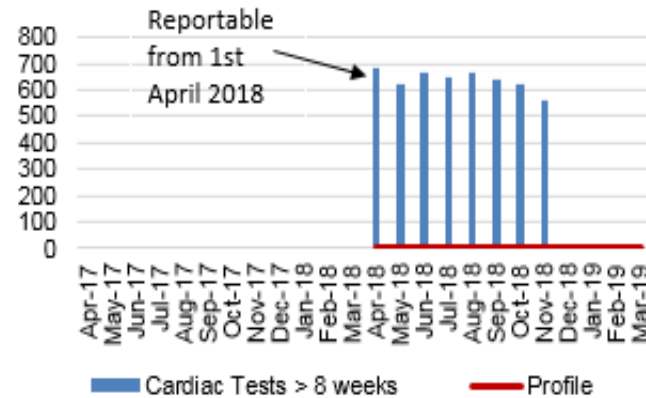
Therapies over 14 weeks
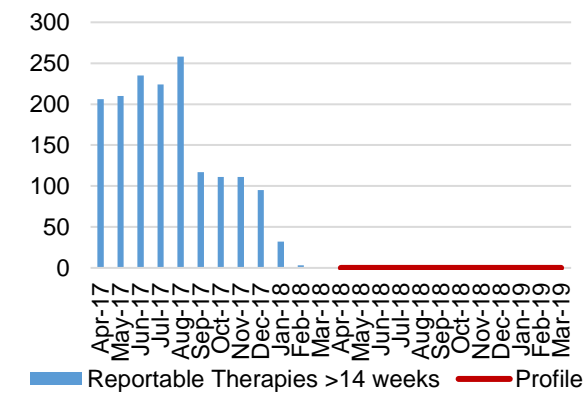
Cancer referrals
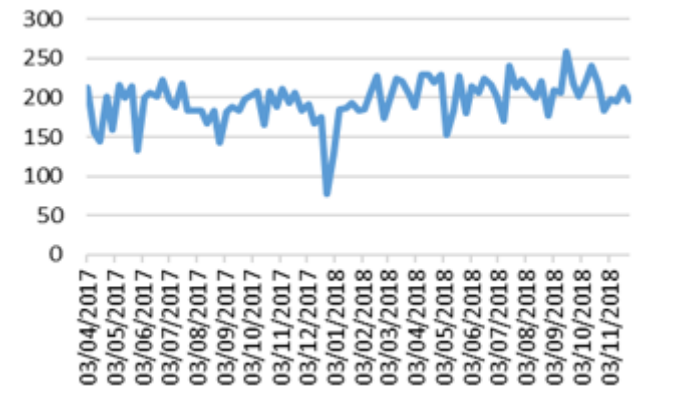
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days
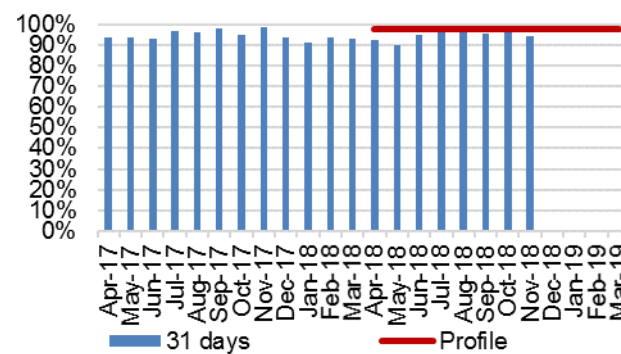
% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral
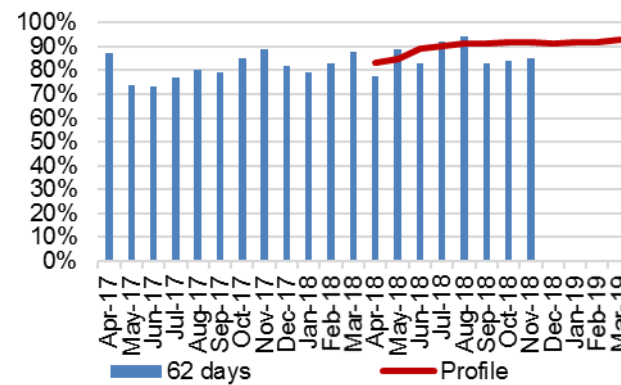
% of patients who did not attend a new outpatient appointment *(for selected specialties)*
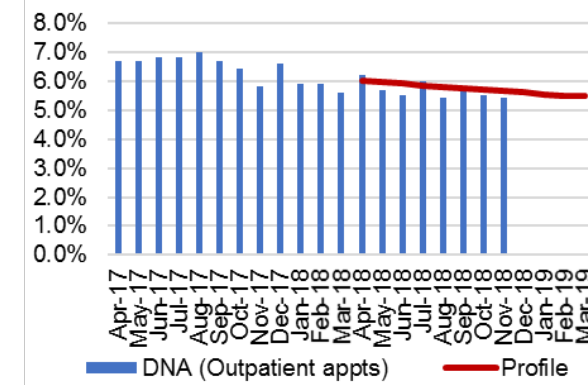
Number of patients waiting for an outpatient follow-up who are delayed past their target date
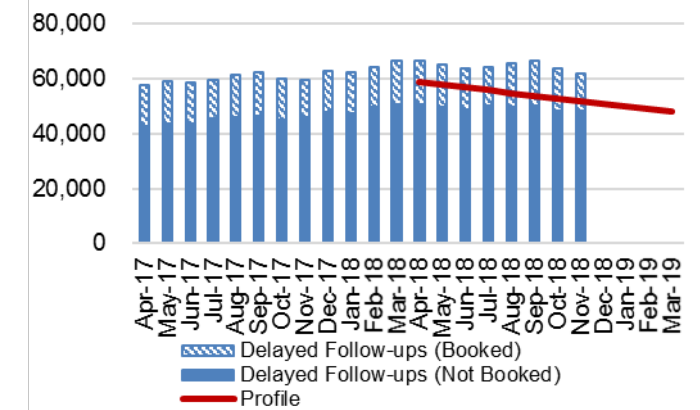
Planned Care- Overview (November 2018)

Demand	Waiting Times				Outpatient Efficiencies

Demand

18,242 (6%↓)
Total GP referrals

11,284 (3%↓)
Routine GP referrals

6,958 (10%↓)
Urgent GP referrals

Waiting Times

126 (94%↑)
Patients waiting over 26 weeks for a new outpatient appointment

3,222 (4%↓)
Patients waiting over 36 weeks for treatment

1,423 (4%↓)
Patients waiting over 52 weeks for treatment

88.4% (0.7%↓)
Patients waiting under 26 weeks from referral to treatment

101 (13%↓)
Patients waiting over 8 weeks for reportable diagnostics

560 (10%↓)
Patients waiting over 8 weeks for Cardiac diagnostics

0 (→)
Patients waiting over 14 weeks for reportable therapies

61,889 (2.6%↓)
Patients waiting for an outpatient follow-up who are delayed past their target date

Outpatient Efficiencies

5.9% (0.1%↓)
% of patients who did not attend a new outpatient appointment (all specialties)

6.9% (0.6%↓)
% of patients who did not attend a follow-up outpatient appointment (all specialties)

Cancer

201 (6%↓)
Average number of USC referrals per month

114 (17.5%↑)
USC backlog over 52 days

84.8% (0.8%↓)
USC patients receiving treatment within 62 days

94.1% (1.9%↓)
NUSC patients receiving treatment within 31 days

Theatre Efficiencies

74% (1%↑)
Theatre utilisation rate

41% (→)
% of theatres sessions starting late

40% (1%↑)
% of theatres sessions finishing early

37% (1%↓)
Operations cancelled on the day

Overarching Public Health Outcomes (2016/17- 2017/18)

RAG status and trend is based on in month-movement

5.2 Theatre Efficiencies Dashboard

Measure			Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Number of cancelled operations	Morriston		Nov-18	368			↓ (green)	↑ (red)	sparkline	356	357	368	319	441	305	433	471	409	390	396	458	368
	NPTH		Nov-18	177			↓ (green)	↑ (red)	sparkline	161	116	180	205	181	148	149	161	135	174	182	181	177
	POWH		Nov-18	322			↓ (green)	↑ (red)	sparkline	316	272	320	321	396	336	323	399	376	287	322	363	322
	Singleton		Nov-18	235			↑ (red)	↑ (red)	sparkline	173	174	173	159	214	161	202	169	170	217	158	223	235
	HB Total		Nov-18	1102			↓ (green)	↑ (red)	sparkline	1006	919	1041	1004	1232	950	1107	1200	1090	1068	1058	1225	1102
% of cancelled operations on the day	Morriston		Nov-18	39%	10%	✖	↓ (green)	↑ (red)	sparkline	38%	32%	45%	51%	40%	40%	32%	28%	27%	35%	34%	44%	39%
	NPTH		Nov-18	32%		✖	↑ (red)	↑ (red)	sparkline	31%	31%	26%	26%	24%	24%	29%	29%	24%	25%	21%	22%	32%
	POWH		Nov-18	32%		✖	↑ (red)	↓ (green)	sparkline	34%	36%	33%	36%	43%	34%	31%	35%	33%	37%	28%	31%	32%
	Singleton		Nov-18	47%		✖	↓ (green)	↑ (red)	sparkline	42%	50%	47%	45%	43%	50%	49%	41%	38%	31%	42%	48%	47%
	HB Total		Nov-18	37%		✖	↓ (green)	→ (amber)	sparkline	37%	37%	38%	40%	39%	37%	34%	32%	31%	33%	31%	38%	37%
Reasons for cancellations on the day	Hospital Clinical		Nov-18	29%			↑	↑	sparkline	27%	28%	35%	32%	31%	35%	30%	31%	32%	26%	32%	25%	29%
	Hospital Non-Clinical		Nov-18	48%			↑	↑	sparkline	44%	51%	42%	40%	39%	34%	42%	42%	41%	49%	41%	46%	48%
	Other		Nov-18	0%			→	→	sparkline	0%	0%	0%	0%	8%	0%	0%	1%	0%	0%	0%	0%	0%
	Patient		Nov-18	22%			↓	↓	sparkline	28%	21%	24%	28%	21%	30%	28%	26%	27%	24%	26%	29%	22%
	Unknown		Nov-18	0%			→	↓	sparkline	1%	0%	0%	0%	0%	0%	1%	1%	0%	1%	1%	0%	0%
Late Starts	Morriston		Nov-18	35%	25%	✖	→ (amber)	↓ (green)	sparkline	47%	40%	43%	46%	50%	45%	37%	37%	37%	49%	38%	35%	35%
	NPTH		Nov-18	41%		✖	↓ (green)	↑ (red)	sparkline	38%	35%	33%	35%	39%	39%	28%	30%	36%	20%	36%	36%	41%
	POWH		Nov-18	37%		✖	↓ (green)	↓ (green)	sparkline	39%	39%	43%	35%	41%	38%	44%	40%	35%	38%	38%	42%	37%
	Singleton		Nov-18	54%		✖	↑ (red)	↑ (red)	sparkline	39%	43%	47%	51%	46%	42%	52%	55%	43%	43%	45%	53%	54%
	HB Total		Nov-18	41%		✖	→ (amber)	↓ (green)	sparkline	42%	40%	43%	43%	46%	41%	41%	41%	38%	42%	39%	41%	41%
Early Finishes	Morriston		Nov-18	37%	20%	✖	↑ (red)	↑ (red)	sparkline	29%	36%	31%	36%	41%	39%	33%	33%	34%	30%	25%	34%	37%
	NPTH		Nov-18	59%		✖	↓ (green)	↑ (red)	sparkline	53%	52%	48%	54%	58%	39%	60%	58%	61%	59%	62%	62%	59%
	POWH		Nov-18	39%		✖	↑ (red)	↑ (red)	sparkline	38%	34%	33%	37%	43%	37%	36%	44%	43%	35%	41%	38%	39%
	Singleton		Nov-18	36%		✖	↑ (red)	↑ (red)	sparkline	32%	35%	32%	27%	36%	44%	34%	33%	36%	38%	34%	34%	36%
	HB Total		Nov-18	40%		✖	↑ (red)	↑ (red)	sparkline	35%	37%	34%	36%	43%	39%	37%	39%	40%	36%	36%	39%	40%
Theatre Utilisation Rate	Morriston		Nov-18	80%	90%	✖	→ (amber)	↓ (red)	sparkline	84%	74%	80%	79%	79%	78%	85%	79%	75%	70%	82%	80%	80%
	NPTH		Nov-18	66%		✖	↓ (red)	↑ (green)	sparkline	63%	68%	70%	65%	58%	69%	63%	62%	63%	44%	67%	70%	66%
	POWH		Nov-18	74%		✖	↑ (green)	↑ (green)	sparkline	73%	80%	69%	72%	70%	72%	76%	77%	71%	61%	72%	70%	74%
	Singleton		Nov-18	64%		✖	↑ (green)	↑ (green)	sparkline	63%	61%	62%	63%	54%	60%	61%	63%	55%	53%	62%	62%	64%
	HB Total		Nov-18	74%		✖	↑ (green)	↑ (green)	sparkline	72%	72%	73%	73%	70%	72%	76%	74%	69%	62%	74%	73%	74%
Theatre Activity Undertaken	Morriston	Day cases	Nov-18	339			↓	↑	sparkline	299	273	284	299	321	312	269	310	302	368	272	371	339
		Emergency cases	Nov-18	310			↓	↓	sparkline	340	380	346	324	335	354	387	374	375	391	373	335	310
		Inpatients	Nov-18	540			↓	↓	sparkline	587	480	559	522	478	527	630	543	497	486	522	572	540
	NPTH	Day cases	Nov-18	297			↓	↑	sparkline	233	185	261	285	257	267	240	214	234	190	290	347	297
		Emergency cases	Nov-18	9			↑	↓	sparkline	13	6	15	1	7	3	5	9	6	5	8	5	9
		Inpatients	Nov-18	126			↓	↓	sparkline	133	95	141	127	106	126	147	138	122	89	116	133	126
	POWH	Day cases	Nov-18	365			↓	↓	sparkline	398	311	472	395	371	350	429	449	408	301	393	455	365
		Emergency cases	Nov-18	98			↓	↑	sparkline	91	125	120	100	139	107	125	120	120	126	101	107	98
		Inpatients	Nov-18	263			↓	↑	sparkline	253	192	162	225	234	262	238	252	251	236	223	264	263
	Singleton	Day cases	Nov-18	528			↑	↓	sparkline	569	388	509	461	439	462	526	500	445	456	423	516	528
		Emergency cases	Nov-18	42			↑	↑	sparkline	27	40	40	41	49	35	38	52	45	44	34	34	42
		Inpatients	Nov-18	132			↓	↑	sparkline	129	85	118	123	91	124	127	120	90	102	98	141	132

5.3 Planned Care Updates and Actions

This section of the report provides further detail on key planned care measures.

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. There has been an increase in November 2018 with 126 patients waiting over 26 weeks which is a deterioration of 61 on the previous month although 1,398 less than November 2017. In November 2018, 48% of the breaches were in General Surgery (61 breaches).	**Number of stage 1 over 26 weeks**	• Core capacity being maximised and additional clinics continue to be secured to maintain a Nil position across the majority of specialties. • Deterioration in General Surgery as a result of a surge in urgent suspected cancer demand. This will be cleared in January. • Ongoing fragility of Urology service in POW continues to be a challenge. Discussions with Morriston and Cwm Taf regarding support are taking place and out to advert for an interim replacement locum. • OMFS is down to only 3 breaches which require combined clinic booked in January.
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. At the time of writing this report the November 2018 position is 3,222 however it is projected that the position will be 3,212 (or less) which is 158 better than October 2018. 97% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 65% of the breaches, followed by General Surgery with 16%.	**Number of patients waiting longer than 36 weeks**	• For Orthopaedics:- o Arthroplasty lists at NPTH from November o Outsourcing triggered to treat 144 cases before end of December and 96 in quarter four o Recruitment of 2 Band 6 theatre nurses, plus 1 returned from sick leave. Agreement finalised to recruit off-contract agency nurses, 1 already secure, looking to secure a further 3. o Cwm Taf offering backfill lists available at Royal Glamorgan Hospital, first list 28th November. o Progressing local agreement for enhanced pay rates of theatre nursing staff at POW to work weekends to treat long waiting patients.

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. In November 2018 the position has seen an in-month improvement of 54 and is 252 ahead of the March 2018 position.	**Number of patients waiting longer than 52 weeks** 	• 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.
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 be an improvement on March 2018 although deteriorated in-month by 0.69%. This position is still the highest percentage since November 2013.	**Percentage of patient waiting less than 26 weeks** 	• Plans as outlined in previous tables.

Description	Current Performance	Trend	Actions planned for next period
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In November 2018, there were 646 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. However there is an improvement of 71 breaches in November 2018 from October 2018 largely within Cardiac CT. The position is:- • Cardiac Diagnostics (560) • Non Obstetric Ultrasound (101)	**Number of patients waiting longer than 8 weeks for diagnostics** 	• Sustain Nil position for Endoscopy by maximising backfill and WLIs. • 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:- 　o New core CT list at POWH commenced. 　o CT lists agreed with the Institute of Life Sciences commencing in November 　o MR sessions agreed within job plans to commence first week in December subject to the availability of a mobile unit to manage the displaced non-cardiac activity.
Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	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 November 2018 position shows a Nil position for Therapies waiting over 14 weeks.	**Number of patients waiting longer than 14 weeks for therapies** 	• Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.

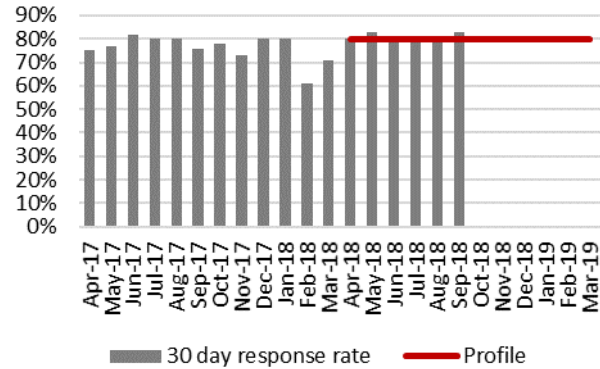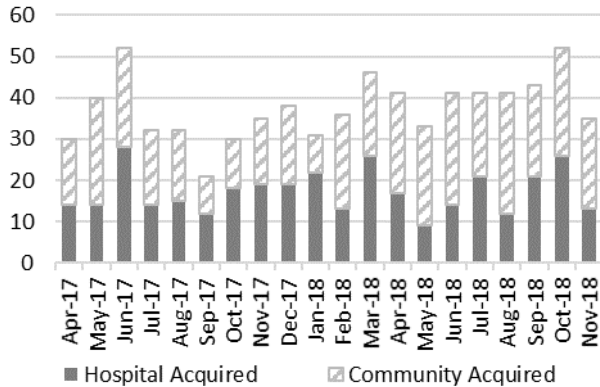| Description	Current Performance	Trend	Actions planned for next period
Cancer- NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	November 2018 figures will be finalised on 31st December. Draft figures indicate projected achievement of 94% of patients' starting treatment within 31 days. At the time of writing this report there are 5 breaches across the Health Board in November 2018: • Urological: 1 • Lower Gastrointestinal: 1 • Gynaecological: 2 • Sarcoma: 1	**Percentage of NUSC patients starting treatment within 31 days of diagnosis** 	• POW is exploring options to increase urology theatre capacity for treatment to build on improvements made in the diagnostic phase. Options to increase capacity for template biopsy are being progressed • Additional weekend surgical lists during November and into December (6 weeks) in Gynae-oncology
Cancer- 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	November 2018 figures will be finalised on 31st December. Draft figures indicate a projected achievement of 85% of patients starting treatment within 62 days. At the time of writing this report there are 21 breaches in total across the Health Board: • Urological: 2 • Gynaecological: 6 • Breast: 4 • Lower Gastrointestinal: 4 • Upper Gastrointestinal: 2 • Haematology: 1 • Lung: 2	**Percentage of USC patients starting treatment within 62 days of receipt of referral** 	• Implementation of straight to test protocols for patients referred to gastroenterology on suspicion of a lower gastrointestinal cancer, to reduce overall pathway waits. • Urology clinical staffing model at POW remains fragile – locum in place & additional theatre capacity & cystoscopy capacity planned • Upper GI pathway review and discussions to identify where bundling of diagnostic requests will be progressed following retire and return.

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 November 2018 backlog by tumour site: **Number of patients with a wait status of more than 53 days**	• Recommendations to improve processes for tracking to be progressed. DU's have indicated resources required that will be taken forward as actions of the Cancer Report during December. • There is long-term sickness within the tracking team at Morriston Delivery Unit, the unit are using other experienced staff to support the process and mitigate risk.
USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	Week to week through November 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 39% and 44%.	**The number of patients waiting for a first outpatient appointment (by total days waiting) - End of November 2018**	• Review of the time from referral received/receipted to 1st OPA for Lung USC patients and demand and capacity for CT guided and ultrasound biopsy. • Recruitment of a Locum Breast Consultant Radiographer will support the service to improve its capacity and reduce waiting times. • Plans are in place to mitigate risk due to planned sickness of a Consultant Surgeon from mid November to possibly mid January.

USC backlog — End of November 2018 backlog by tumour site:

Tumour Site	53 - 62 days	63 >
Breast	5	3
Gynaecological	13	12
Haematological	1	2
Head and Neck	7	7
Lower GI	4	12
Lung	2	1
Other	6	1
Skin	4	0
Upper GI	3	7
Urological	12	12
Grand Total	**57**	**57**

Number of patients with a wait status of more than 53 days

■ 53-62 days ■ 63 days+

The number of patients waiting for a first outpatient appointment (by total days waiting) - End of November 2018

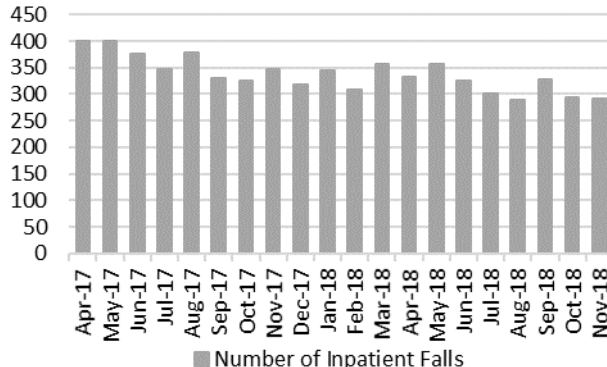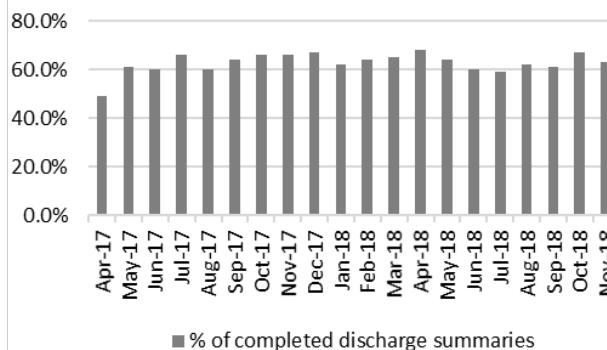|	≤10	11-20	21-30	>31	Total
Breast	4	40	62	80	186
Children Cancer	0	1	1	0	2
Gynaecological	3	59	30	0	92
Head and Neck	1	0	0	0	1
Haematological	19	21	1	1	42
Lower GI	24	14	1	1	40
Lung	2	4	0	0	6
Other	9	38	7	2	56
Skin	49	47	4	2	102
Upper GI	1	1	1	1	4
Urological	3	12	20	16	51
Total	115	237	127	103	582

6.1 QUALITY AND SAFETY INDICATORS

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

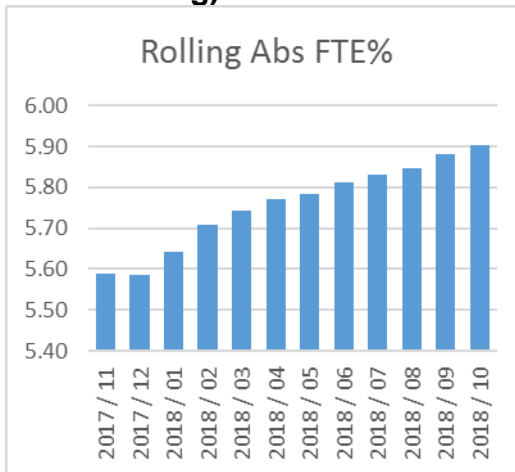| Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	In November 2018 there were 53 cases of *E. coli* bacteraemia. This is 16 cases more than the monthly profile of 37 cases. Community-acquired infections accounted for 66% of the cumulative cases this month. This proportion of the cases are challenging to target with SMART improvement activities. (MHDU – 11 cases; POWH - 5 cases; SHDU- 5 cases; Neath – 2 case). *High bed occupancy is a risk to achieving infection reduction.*	**Number of *healthcare acquired E.coli* bacteraemia cases** ■ Number E.Coli cases (Community) ■ Number E.Coli Cases (Hospital) — Profile	• Baseline prevalence data, collected from 12 key wards during November, will provide a focus for PDSA improvement activities. Three wards on each acute hospital site will participate. • A small-scale PDSA project on nurse-led removal of urinary catheters to commence in Neath Port Talbot Hospital **by 30.11.18**. • Small scales PDSA pilot of improving quality of mid-stream urine sample collection on two wards to commence **by 30.11.18**.
Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	In November 2018 indicates there have been 17 cases of *S. aureus* bacteraemia. This is 2 more than the internal profile. 10 cases recorded as community-acquired infections that can be challenging to target with SMART improvement activities. (POWH DU – 3; MHDU – 3; NPTH – 1; SH DU- 1). *High bed occupancy is a risk to achieving infection reduction*	**Number of healthcare acquired S.aureus bacteraemias cases** ■ Number S.Aureus cases (Community) ■ Number S.Aureus Cases (Hospital) — Profile	• Continued focus within the Delivery Units to increase the number of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements **by 31.03.2019.** • Following on from the November Point Prevalence Survey of Peripheral Vascular Catheters and Urinary Catheters, the baseline data will be analysed to provide a focus for PDSA improvement activities

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- C.*difficile***-** Number of laboratory confirmed C.difficile cases	In November 2018 there were 10 *Clostridium difficile* toxin cases (POWH – 4; MHDU – 2; SHDU – 2; NPTH – 1; Community- 1). This is currently 14 cases lower than the internal profile. The cumulative position April – November 2018 was approximately 30% below that for the same period in 2017. Since the restrictive prescribing policy introduction, an audit of Co-amoxiclav usage indicates an approximate 70% reduction in usage. *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.*	**Number of healthcare acquired C.difficile cases**	• Re-introduce Ultra-Violet-C Disinfection anticipated on the Morriston Hospital Site by January 2019. • Prioritise High Level Deep Cleaning of *source rooms/bays,* and plan for proactive '**4D**' programme: **D**eclutter - **D**ecant–**D**eep clean–**D**isinfect. Service demands and pressures may impede progress during Q3 & Q4. • Review compliance with restriction of Co-amoxiclav and provide feedback to Delivery Units. **Impact:** 50% reduction in annual Co-amoxiclav use by Mar-19. • Monitor the findings of weekly C.diff ward rounds taking place on Morriston & Princess of Wales Hospital sites (dependent of availability of PHW Microbiologist). **Objective**: to identify initial key control points for improvement.
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	• The Health Board reported 29 Serious Incidents for the month of November 2018 to Welsh Government. • Last Never Event reported was on 21st March 2018. • In November 2018, the performance against the 80% target of submitting closure forms within 60 working days was 82%.	**Number of Serious Incidents**	• Trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team. • The SI team have recruited 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.
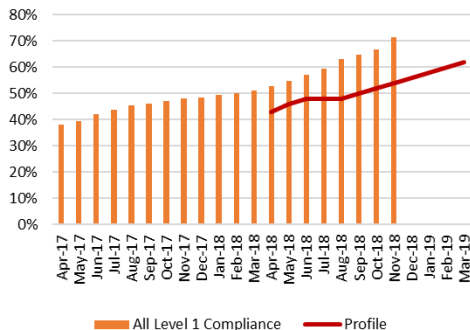
Description	Current Performance	Trend	Actions planned for next period
30 day response rate for concerns- The percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	• The overall Health Board response rate for responding to concerns within 30 working days was 83% in September 2018 against the Welsh Government target of 75% and Health Board target of 80%.	**Response rate for concerns within 30 days** 	• Performance is discussed at all Unit performance meetings. For the first 6 months of this financial year the Health Board has achieved 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 steps Robust monitoring of the 30 day complaint responses to ensure compliant with 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.
Number of pressure ulcers The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers	• The number of Grade 3+ pressure ulcers reduced between October and November 2018. The in-patient cases figure improved from 26 in October 2018 to 13 in November 2018, and similarly the number of community cases improved from 26 to 22.	**Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)** 	• A pressure ulcer performance report writing workshop to support senior staff is planned for 11 December, facilitated by Welsh Risk Pool. SDU reports are submitted quarterly to PUPSG • A report and recommendations from the October pressure ulcer grading audit is being prepared to provide assurance on the accuracy of grading on incident reports and to highlight any training requirements. • The implementation plan for the new Prevention and Management of Pressure Ulcers Policy is underway.

Description	Current Performance	Trend	Actions planned for next period
Inpatient Falls The total number of inpatient falls	• The number of Falls reported via Datix web reduced from 347 in November 2017 to 291 in November 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** Chart: Number of Inpatient Falls, Apr-17 to Nov-18, y-axis 0 to 450.	• Health Board's Falls Policy was ratified by Q&S committee in August 2018. • Implementation plan completed and added to the annual plan for monitoring. • 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. • November 2018, Unit Nurse Director for POW has completed handover to the Unit Nurse Director for NPTH who with the support of HB Deputy Director of nursing will now lead on the falls agenda.
Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	• In November 2018 the percentage of electronic discharge summaries signed and sent via eToC was 63% which is 3% less when compared with November 2017. • Performance varies between Service Delivery Units (range was 60% to 83% in November 2018) and between clinical teams within the Units.	**% discharge summaries approved and sent** Chart: % of completed discharge summaries, Apr-17 to Nov-18, y-axis 0.0% to 80.0%.	• 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 teams • The Health Board is piloting Medicines Transcribing and e-Discharge (MTeD) from August – October 2018.

7. WORKFORCE UPDATES AND ACTIONS

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- *Percentage of sickness absence rate of staff*	• The 12 month rolling performance to the end of October 2018 is 5.90% (up 0.01% on Sept 2018). Our in month performance in Oct 18 was 6.12 %, an increase of 0.15% on the previous month	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)** Rolling Abs FTE%	• Best Practice report finalised, planned circulation will now take place after R&S committee review. • Pathways guidance has been completed to be issued by end of November 2018. • Improvement Plan completed with targets for reductions in waiting time within OH to be issued following Exec approval (by end Nov 2018). Key actions include securing procured contractor to scan all OH records to enable a digital record (commence Jan 19), implementing digital dictation software for all clinicians to reduce waits for OH reports and additional AHP resource to increase capacity for management referrals (commence Jan 19). • Flu Champions trained across the health board Winter Flu Immunisation programme underway. • 7929 staff have received the vaccination as 5/12/18 and 50.4% of frontline staff have now been vaccinated – the WG Tier 1 target is 60% of frontline staff • The new all-Wales sickness absence policy has been issued to health boards for implementation. Policy contains both technical changes to the triggers but is also presented in a markedly different way focusing on attendance and wellbeing. The policy comes with a mandated commitment to deliver training over the next 24 months to all managers involved in attendance management. The issues, resources and local arrangements needed to deliver this are currently being assessed. The role of rapid access to OH support is also being considered.

Description	Current Performance	Trend	Actions planned for next period
Mandatory & Statutory Training- *Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation*	• November 2018 compliance against the 10 core competencies is 71.32%. This is a 3.04 % increase from October 2018 and a 12.54% rise since June 2018. This means that over 6,000 competencies have been completed during the month of October. Since April 2018, almost 40,000 competencies have been completed.	**% of compliance with Core Skills and Training Framework** ■ All Level 1 Compliance — Profile	• Highlighted as a risk around resourcing in the paper prepared for Audit Committee. • 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 • Review of Mandatory Framework planned
Vacancies *Medical and Nursing and Midwifery*	• 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 hospital sites. These are heavily advertised across social media platforms via our communications team. • 11 Health Care Support	**Vacancies as at 30th November 2018** <table><tr><td>Grade - Medical & Dental</td><td>Budget WTE</td><td>WTE</td><td>(Under) / Over Establishment</td></tr><tr><td>Total</td><td>1537.68</td><td>1297.52</td><td>-240.16</td></tr><tr><td>21000-Consultant (M&D)</td><td>622.98</td><td>539.33</td><td>-83.65</td></tr><tr><td>21100-Locum Consultant (M&D)</td><td>25.46</td><td>32.66</td><td>7.20</td></tr><tr><td>22110-Associate Specialist (M&D)</td><td>65.61</td><td>52.83</td><td>-12.79</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>3.00</td><td>-0.60</td></tr><tr><td>22260-Senior Dental Officer</td><td>1.80</td><td>0.00</td><td>-1.80</td></tr><tr><td>22270-Dental Officer</td><td>10.22</td><td>8.03</td><td>-2.19</td></tr><tr><td>22310-Speciality Doctor (M&D)</td><td>103.16</td><td>77.80</td><td>-25.36</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>531.81</td><td>404.97</td><td>-126.84</td></tr><tr><td>23120-Locum Specialty Registrar (M&D)</td><td>1.00</td><td>20.20</td><td>19.20</td></tr><tr><td>23200-Specialist Registrar (M&D)</td><td>6.60</td><td>0.00</td><td>-6.60</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>60.69</td><td>-2.97</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>73.74</td><td>-6.46</td></tr><tr><td>24900-Dental Trainees in Hosp Post</td><td>1.64</td><td>5.60</td><td>3.96</td></tr><tr><td>25000-Clinical Assistant (M&D)</td><td>1.28</td><td>0.91</td><td>-0.37</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.Sessions / Staff Fund</td><td>12.46</td><td>13.22</td><td>0.76</td></tr></table>	• Joint Cwm Taf / ABMU recruitment protocol to begin to address boundary change issues is in draft and will be implemented through the period up to transfer. • We are also currently exploring further options of nurses from Dubai and India. 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.

Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 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 2 year master's programme.

Grade - Nursing & Midwifery	Budget WTE	WTE	(Under) / Over Establishment
Total	4893.12	4536.33	-356.79
2A182-Nurse Consultant Band 8B	4.00	3.69	-0.31
2A281-Nurse Manager Band 8A	78.30	83.53	5.23
2A282-Nurse Manager Band 8B	19.80	26.14	6.34
2A283-Nurse Manager Band 8C	12.00	15.00	3.00
2A284-Nurse Manager Band 8D	9.00	7.00	-2.00
2A451-Registered Nurse Band 5	2693.86	2385.81	-308.05
2A461-Registered Nurse Band 6	1249.43	1222.51	-26.92
2A471-Registered Nurse Band 7	769.83	732.64	-37.19
2A481-Registered Nurse Band 8A	52.90	56.01	3.11
2A482-Registered Nurse Band 8B	4.00	4.00	0.00

Grade - Health Care Support Workers	Budget WTE	WTE	(Under) / Over Establishment
Total	2135.81	2010.80	-125.01
2AA11-Nursing HCA/HCSW Band 1	0.00	2.00	2.00
2AA21-Nursing HCA/HCSW Band 2	1424.01	1331.05	-92.96
2AA31-Nursing HCA/HCSW Band 3	637.26	609.64	-27.62
2AA41-Nursing HCA/HCSW Band 4	74.54	68.11	-6.43

Recruitment
Metrics provided by NWSSP. ABMU comparison with All wales benchmarking

- 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 and is at seven days.
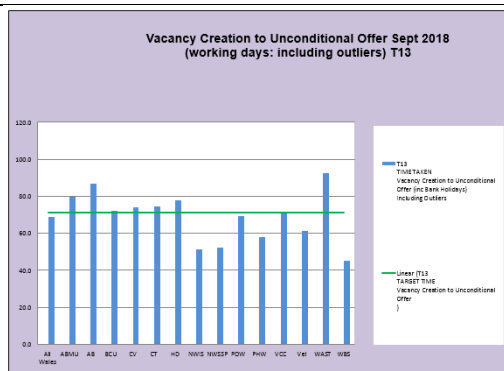
- Outlier data is passed to Delivery Units for review.
- If Outliers (activity well outside the normal expected timescale) are excluded ABMU is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports.

Description	Current Performance	Trend	Actions planned for next period
Turnover *% turnover by occupational group*	• Overall Turnover has reduced over the last six months and now stands at just over 7.5% (FTE) • There has been a steady reduction in Nursing turnover since April 2018. Ther is a very small increase in nurse turnover in Nov but FTE remains under 8%.	**Period Turnover Rate - 01 December 2017 - 30 November 2018** 	Staff Group	FTE	Headcount	Change Headcount
Add Prof Scientific and Technic	9.67%	9.54%	↑
Additional Clinical Services	7.40%	7.97%	↓
Administrative and Clerical	6.94%	7.31%	↓
Allied Health Professionals	9.63%	10.11%	↓
Estates and Ancillary	4.57%	5.03%	↓
Healthcare Scientists	6.90%	7.40%	↑
Medical and Dental	10.64%	11.94%	↑
Nursing and Midwifery Registered	7.82%	8.19%	↑ | | Overall Rate	FTE	Headcount	
Overall Rate	7.56%	8.00%	↓		• Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis.
PADR *% staff who have a current PADR review recorded*	• The percentage of staff who have had a Personal Appraisal and Development Review (PADR) in the last 12 months was 66.77% in November 2018. • Medical staff appraisals as at November 2018: 92.48%.	**% of staff who have had a PADR in previous 12 months** 	• Focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures. Schedule in place from November 2018 to December 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.

Description	Current Performance	Trend	Actions planned for next period
Operational Casework *Number of current operational cases by category.*	• 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** 	• Procurement issues have been resolved and an order placed for the system. Full implementation expected in Q1 2019. • Case for investigating officer team 3 x band 6 1 x band 3 was considered by IGB and approved. Recruitment and establishment of team underway with first appointment to the team expected Q4 2018/19. • ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment (targeted on hot spots identified in the 2018 staff survey) has been agreed and will begin delivery in Nov/Dec 2018. The first ACAS partnership event has been held. • A case review exercise is also underway with the support of NWSSP Legal and Risk looking at the most complex and problematic cases.

8. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

8.1 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%				
		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				
		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				
		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%	71.7%	59.5%				
		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%	52.5%	44.2%				
		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%				
		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%
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	0.0%	20.0%	27.3%	0.0%	0.0%	11.8%	9.1%				
		Profile	20.0%	25.0%	25.0%	30.0%	30.0%	30.0%	35.0%	35.0%	35.0%	40.0%	40.0%	40.0%
Planned care	Outpatients waiting more than 26 weeks	Actual	128	101	37	15	31	19	38	55				
		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	2,069				
		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	0	55	0	0	6	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	95%	91%	93%	98%	100%	98%	93%	89%				
		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%	87%				
		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				
		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				
		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				
		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%				
		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%						
		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%					
		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%				
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	50%	52%	55%	57%	60%	61%	62%	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

8.1 Morriston Delivery Unit- Overview

Successes	Priorities
- Strong performance and improvements in Cancer standards particularly in outpatient waits and a sustained 'zero tolerance' for cancellations due to bed availability - Opening of the NIV service (respiratory) on December 3rd - Two months sustained improvement in Stroke patients with direct admission to an acute stroke unit within 4 hours and good performance in all other stroke metrics - Evaluation of the change in model in Emergency Surgery shows significant improvement in LOS and reduction in those needing admission to a ward. - Successful recruitment of Patient Flow Co-ordinators for the ward areas - Creation of Quality Improvement Hub – bringing together 'QI, Q&S and Planning' to drive IMTP priorities. - Reduction in number of patients waiting for Pancreatic Surgery. - Approval to support the creation of a Plastics Day-case Facility that will transform the clinical pathway, release theatres space in main theatres and generate efficiencies and income - First Silver On-call training session took place 22nd November 2018.	- Delivering high quality patient care and a reduction in waiting times for patients in ED. - Winter Plan Implementation and deployment of actions to support delivery. - Winter plan schemes cost and benefit tracking through Financial Recovery Group - Flu campaign for front line staff – current uptake is at 51%. - Additional theatre for cancer services in Pancreatic and Pelvic Oncology - Implement effective IT system in ED to allow for timely data analysis to evidence what is already being done within the department and support future work-streams. - Focus on areas in the staff survey that need attention – stress at Work, Harassment and Bullying - Delivering enhanced capacity for TAVI and acute coronary syndrome patients. - Continue with dedicated vascular access lists for renal dialysis patients. - Provide a 24/7 GI bleeding rota – requires 1:8 contribution from Singleton Hospital.
Opportunities	**Risks & Threats**
- KPMG have started projects in three key areas – General / Vascular Surgery and Medicine Assessment Unit and #NOF Focussed piece of work with clinical team to be completed in 10 weeks (January 2019). - Cancer - Pathway review of out of area sarcoma patients. - Further outsourcing opportunities to improve Orthopaedic long waiting time risks. - Role redesign review of all vacancies at the weekly workforce panel. - Review of Sickness Hotspot areas. - Working with external Consultants to review the ED workforce plan against service demand (January)	- Theatre staffing/Anaesthetists for the delivery of baseline activity during September and further additional longer term Cardiac RRP to feature. - Outsourcing provider unable to deliver planned and commissioned work. - Stability in interim arrangements to support gaps in the senior team (Feb) - Nursing and Medical vacancies – recruitment challenges - Current ED medical workforce gaps - Winter

8.2 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%				
		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				
		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				
		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	1				
		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				
		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%				
		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%				
		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				
		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				
		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				
		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%				
		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%						
		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%					
		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%				
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%	70%	73%	74%	75%	80%				
		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

8.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
• Waiting times targets achieved in all medical specialties (Gen Med, COTE, Endocrinology, Rheumatology below 22 weeks) and therapies • MIU attendance at 99.4 • Cancer 100% • Overdue incidents down 33% • 97% complaints response within 30 working days. • All Nurse Practitioner posts filled • RDC – £100k funding approved for 19/20 from Cancer Network • Critical Care funding from Network for Nutrition and Dietetics and Physiotherapy for 19/20 • Maintaining performance of reduced number of falls causing harm. • ESD 21 patients admitted in month, increase of 7 with 8 discharges– 14 directly from acute sites, good outcomes excellent patient feedback none requiring Packages of Care	• Support staff and services through boundary changes • Develop primary care services for therapies • Increase triage staffing in MIU to meet 99% 4hr target – recruiting • Consultant Antimicrobial Pharmacist and Antimicrobial Stewardship IMTP • MHRA licence for Singleton PTS and replacement air handling plant for Morriston PTS. • Recruitment of Registered Nurses. • Expand ESD Team to early evening to increase support short term winter funding • 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 extended hours within Pharmacy and support Winter pressures.
Opportunities	**Risks & Threats**
• Strategic Review of MIU, Afan Nedd and rheumatology infusion unit, linking with Singleton Unit re chemotherapy infusions • Remodelling of therapy management and financial structures to one structure enabling timely responsive and good clinical governance for service developments • Centralisation of booking office for medical specialties – recruitment in progress – recruited, commencing January 2019 • Further development of pharmacy specialty teams to support inpatients and specialist clinics. • 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.	• Capacity within the Community for discharges • DTOC continuing to increase – 31 in November. • Winter pressures – no staff available to support surge capacity. • Loss of pharmacists to cluster & practice based roles. • Increased workload from NICE / New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes • Nurse recruitment challenges. • 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 • Lack of AP in Morriston for Medical Gas testing.

8.3 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%	75.7%				
		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				
		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				
		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%	25.8%	51.4%				
		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%	53.1%	51.4%				
		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%	75.0%	59.5%				
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	16.7%	66.7%	0.0%	0.0%	25.0%	40.0%	50.0%				
		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	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	1,123				
		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	23	111	254	90	143	127	116	101				
		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%				
		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%	83%				
		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				
		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				
		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				
		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%				
		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%						
		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%					
		Profile			5.20%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%	68%	68%				
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	52%	54%	55%	58%	63%	66%	68%	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

8.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
• Appointed a substantive consultant Radiologist who will commence towards end of January 2019 • Developed and submitted Unit IMTP to inform plans with Cwm Taf UHB • Funding received for additional winter pressures services and processes • Critical care funding received via Welsh Government to support service during winter (circa £600k) • Agreement via Welsh Government to support work with British Red Cross to assist discharges during winter. • Anaesthetic consultant (1st of 3 appointed during summer) commenced early December. • CT Colon Radiographer nominated for NHS Wales Award and has been asked to present at an international conference (European Congress of Radiology in Vienna) • International conference on Parkinsons held in POW led by POW Nurse Practitioner • Additional capital funding for essential equipment for urology and general surgery which will assist RTT delivery • Improvement in FUNB position across a number of specialties	• Finalise General Medicine Consultant on call arrangements • Managing the workforce implications of Cwm Taf transfer • Sonographer recruitment to vacant posts remains a priority • Implement outcome of Patient Flow Management Consultation during winter • Implement all winter planning arrangements • Delivery of RTT trajectories for Unit for 36 weeks for end of Q3 • Continue to ensure robust management in place for flu management during the winter period
Opportunities	**Risks & Threats**
• Following Exec engagement with Stroke Therapies service additional staffing can be maximised to assist in stroke target delivery. • Consultant head and neck radiologist support from neighbouring health board for Q4 to help achieve diagnostic waits • Closer working with Neath Port Talbot Unit on the efficiency of theatre lists (be that Morriston or POW activity) held in NPT. • Review of theatre timetable to increase split CEPOD and trauma capacity	• Increasing ED demand for majors and increasing minors attendances (seasonal) is resulting in unprecedented levels of attendances in addition to the acuity and complexity of patients arriving at ED by ambulance continues to increase • Impact of additional paediatric workload as per modelling of change of flows within Cwm Taf. • Ongoing financial risks relating to Urology and radiology with deteriorating workforce position within Urology across nursing and medical • Demand on management/leadership team to inform the vital boundary work prior to April • Sickness within Discharge Liaison Nurse team (working with PCS Unit to assist)

8.4 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				
		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				
		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	29				
		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				
		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%	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%	83%	84%	86%				
		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				
		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				
		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				
		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%				
		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%						
		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%					
		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%				
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	49%	50%	53%	55%	60%	62%	65%	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

8.4 Singleton Delivery Unit- Overview

Successes	Priorities
- Full ICOP Team appointed into and service implemented. - Capital bid for SAU environment improvements works commenced. - Continued achievement of: no patients waiting over 8 weeks for an Endoscopy procedure and RTT 26, 36 and 52-week target for all medical specialties. - Selection to be part of the UKAS pilot for medical equipment service management. Date set to January 15-17th 2019. - Significant Improvement in Time to RT from January '18 - Secondary breast care nurse invited to Houses of Parliament. 2 consultants awarded Honorary Associate Professor contracts in Swansea University. - Bid to expand virtual clinics for diabetic retinopathy patients. - Consultant Paediatricians appointed, Morr x2, Comm at Powh x1. - First BMS passed the Advanced Specialist Diploma in Histological Dissection.	- Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. - Service Resign: Redesign Services Ward 4&7, embedding ICOPS model and inpatient capacity. - Integrated workforce planning. - 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. - Cancer Performance and scoping of impact of Single Cancer pathway. - Funding for Consultant on call within Medicine. This actioned in October 2018. - Implementing winter plan.
Opportunities	**Risks & Threats**

• Delivery Unit to support Health Board case for Nerve centre. • Review Endoscopy Capacity & Demand to agree strategic direction. • Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morriston. • Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. • Bed Utilisation survey and opportunities within Medicine. • Temporary urgent closure of MIU during winter allowing extended role of Acute GP Unit (AGPU). • Piloting of Patient Knows Best (PKB) - high volume medical conditions. • Implementation of Treat & Extend service in wet-AMD to improve patient experience and reduce unnecessary appointments for stable patients. • Appointment of PA in rotation with medicine and GP for next year.	• Cwm Taf Boundary Remapping. • Cladding. • Availability of Staff/ Loss of Consultant Histo-Pathologists • Under delivery of Waterfall elements. • The impact of a No Deal Brexit. • Radiotherapy CT has had end of support notification for 31-12-2018. • Consultant retirement within Cardiology end of December and risk of not covering this post – discussions with Morriston DU ongoing. • Dermatology capacity administration gaps • Approval of FUNB validation proposal. • New NICE drug implementation will stretch the existing chemotherapy infrastructure.

8.5 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%	90.0%	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%	93%	93%					
		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%	91%	92%					
		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%	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	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				
		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				
		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%				
		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%						
		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%					
		Profile			6.03%			5.93%			5.83%			5.73%
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%	79%	79%				
		Profile			80%			83%			85%			85%
	Mandatory Training *(all staff- ESR data)*	Actual	64%	66%	68%	69%	70%	72%	73%	78%				
		Profile			60%			70%			80%			85%

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

8.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
• 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.	• 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**
• 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. RCA Training needs to be provided for investigators. • 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.	• 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.

8.6 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				
		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				
		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				
		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%						
		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%						
		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%									
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4	4	1				
		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				
		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				
		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				
		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				
		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				
		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%						
		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%					
		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%				
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	60%	62%	64%	67%	69%	72%	75%	80%				
		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

8.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
• Staff presented at Royal College of Speech & Language National Conference on the "so what" of therapy outcome measures • Delivery Unit recognition of Gorseinon Hospital as an "exemplar" • Family Resilience Assessment Tool and Instrument (FRAIT) tool recognised at the 2018 Impact Awards held by the University of South Wales. ABM Health Visiting staff have been key contributors • Cwmtawe Whole System Transformation project now underway with Local Area Coordinator appointed. • Merger complete for Pen y Bryn and Gowerton Surgery • HCSW in Chronic Pain service named as regional winner of Our Health Heroes Clinical Support Worker Award • Podiatry service developed new Law & Ethics module for Year 3 syllabus as well as the development of All Wales Record Documentation module – both for Cardiff Metropolitan University • Five more community pharmacies (60 total) commissioned to provide the needle exchange service – working with the Regional Planning Board to tackle the numbers of drug related deaths in the community • In-month rise of 18% in the number of Common Ailments Service consultations – taking the total to 462	• Speech & Language contribution to Singleton Hospital remodelling of inpatient capacity (7 bed closures on ward 7) • Planning for potential investment in Speech & Language in critical care from Winter Pressure funding allocation • Moving Single Point of Contact in Swansea from Local Authority to Health Board system • Finalising recruitment into Wound Care and Continence services • Analysis of Patient Flow work carried out in Gorseinon Hospital to reduce Length of Stay • Maesteg Day Hospital ongoing engagements with the public • Stabilising Bridgend District Nursing service in response to continued staff shortages • Implementing urgent care element of paediatric dental GA pathway • Recruitment of Consultants in Restorative and Special Care Dentistry to minimise risk of RTA breaches
Opportunities	**Risks & Threats**
• Potential new funding available to set up a Speech & Language element within the Pulmonary Rehab service. • Cwmtawe Whole System Transformation project and the impact on core community services • Valuing the workforce at December Patient Choice awards and recognition via "the big Thank you"	• Overall impact of Bridgend Boundary Change and ongoing disruption to teams • CCIG bid for SLT investment in Critical Care rejected as felt it should be treated as core business/funding of the Health Board • Two grievances raised within Swansea Community Therapy against 7- day working • Care sector provider capacity in light of one large agency ceasing operating • Ensuring Restorative Dentistry Activity remains on track in absence of key clinicians and managers

9. LIST OF ABBREVIATIONS

ABMU	Abertawe Bro Morgannwg University		OD	Organisational Development
AOS	Acute Oncology Service		OH	Occupational Health
CAMHS	Child and Adolescent Mental Health		OPAS	Older Persons Assessment Service
CBC	County Borough Council		OT	Occupational Therapy
CNS	Clinical Nurse Specialist		PA	Physician Associate
COPD	Chronic Obstructive Pulmonary Disease		PALS	Patient Advisory Liaison Service
CRT	Community Resource Team		P-CAMHS	Primary Child and Adolescent Mental Health
CT	Computerised Tomography		PCCS	Primary Care and Community Services
DEXA	Dual Energy X-Ray Absorptiometry		PDSA	Plan, Do, Study, Act
DNA	Did Not Attend		PEAS	Patient Experience and Advice Service
DU	Delivery Unit		PHW	Public Health Wales
ECHO	Emergency Care and Hospital Operations		PMB	Post-Menopausal Bleeding
ED	Emergency Department		POVA	Protection of Vulnerable Adults
ESD	Early Supported Discharge		POWH	Princess of Wales Hospital
ESR	Electronic Staff Record		PTS	Patient Transport Service
eTOC	Electronic Transfer of Care		Q&S	Quality and Safety
EU	European Union		R&S	Recovery and Sustainability
FTE	Full Time Equivalent		RCA	Root Cause Analysis
FUNB	Follow Up Not Booked		RDC	Rapid Diagnostic Centre
GA	General Anaesthetic		RMO	Resident Medical Officer
GMC	General Medical Council		RRAILS	Rapid Response to Acute Illness Learning Set
GMS	General Medical Services		RRP	Recruitment Retention Premium
HB	Health Board		RTT	Referral to Treatment Time
HCA	Healthcare acquired		SAFER	Senior review, All patients, Flow, Early discharge, Review
HCSW	Healthcare Support Worker		SARC	Sexual Abuse Referral Centre
HYM	Hafan Y Mor		SBAR	Situation, Background, Analysis, Recommendations
IBG	Investments and Benefits Group		S-CAMHS	Specialist Child and Adolescent Mental Health
ICOP	Integrated Care of Older People		SDU	Service Delivery Unit
IMTP	Integrated Medium term Plan		SI	Serious Incidents
IPC	Infection Prevention and Control		SLA	Service Level Agreement
IV	Intravenous		SLT	Speech and Language Therapy
JCRF	Joint Clinical Research Facility		SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
LA	Local Authority		StSP	Spot The Sick Patient
M&S training	Mandatory and Statutory training		TAVI	Transcatheter aortic valve implantation
MIU	Minor Injuries Unit		UDA	Unit of Dental Activity
MMR	Measles, Mumps and Rubella		UMR	Universal Mortality Review
MSK	Musculoskeletal		USC	Urgent Suspected Cancer
NDD	Neurodevelopmental disorder		WAST	Welsh Ambulance Service Trust
NEWS	National Early Warning Score		WFI	Welsh Fertility Institute
NICE	National Institute of Clinical Excellence		WG	Welsh Government
NMB	Nursing Midwifery Board		WHSSC	Welsh Heath Specialised Services Committee
NPTH	Neath Port Talbot Hospital		WLI	Waiting List Initiative
NUSC	Non Urgent Suspected Cancer		WPAS	Welsh Patient Administration System
NWIS	NHS Wales Informatics Service			