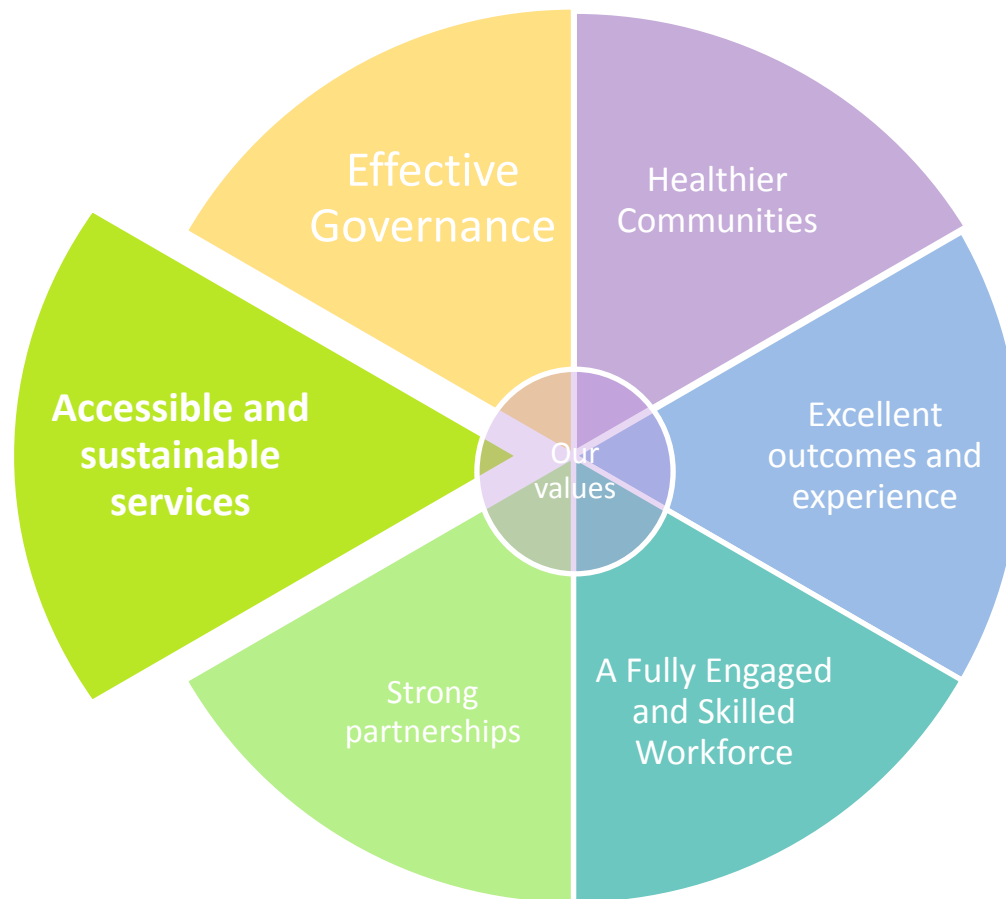


	ABM University Health Board
Health Board	Meeting on: 26th January 2017

Subject: Performance Report- Accessible and Sustainable Services



ABMU Key Priorities : Accessible and Sustainable Services

Improved Performance	16 Measures
Sustained Performance	3 Measures
Decline in Performance	8 Measures
Trend	

Measures	Period	Value	Target Attained	Trend
Number of DTOCs per 10,000 LA population for non-mental health specialities (age 75+)	Nov-2016	118.1	✗	↓
Number of DTOCs per 10,000 LA population for mental health (all ages)	Nov-2016	5.7	✗	↓
% of patients who had their procedure postponed on more than 1 occasion and then had their procedure within 14 days or at the patient's earliest convenience	Sep-2016	51.0%	✗	↓
% GP practices offering appointments between 17:00 & 18:30 at least 5 week days	Nov-2016	80.8%	✗	↑
% GP practices open during the daily core hours or within 1 hour of daily core hours	Nov-2016	86.0%	✗	↑
% patients waiting less than 26 weeks for referral to treatment (RTT)	Nov-2016	87.1%	✗	↑
Number of patients waiting more than 36 weeks for referral to treatment (RTT)	Nov-2016	4,013	✗	↑
% patients waiting less than 8 weeks for specific diagnostics	Nov-2016	100.0%	✓	↑
% patients waiting less than 8 weeks for endoscopy	Nov-2016	79.5%	✗	↑
% new patients spending no longer than 4 hours in an Emergency Department	Nov-2016	80.9%	✗	↑

ABMU Key Priorities : Accessible and Sustainable Services

Measures	Period	Value	Target Attained	Trend
Number of patients spending more than or equal to 12 hours in A&E	Nov-2016	645	✗	↑
Red Calls- % of emergency responses arriving at the scene within 8 minutes	Nov-2016	80.3%	✗	↑
Number of patients waiting more than 1 hour for an ambulance handover	Nov-2016	542	✗	↑
Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population	Mar-16	62.3%	✓	↑
% of patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days	Nov-2016	92.0%	✗	↑
% of patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days	Nov-2016	82.0%	✗	↑
% of assessment by the LPMHSS undertaken within 28 days from receipt of referral	Oct-2016	83.7%	✓	↑
% of therapeutic interventions started within 56 days following an assessment by LPMHSS	Oct-2016	87.9%	✓	→
% of LHB residents in receipt of secondary MH services (all ages) to have a valid CTP	Oct-2016	89.4%	✓	↓
% hospitals with arrangements to ensure advocacy is available to qualifying patients	Oct-2016	100.0%	✓	→
Not booked patients waiting for a follow up appointment delayed past their target date	Nov-2016	37,015	✗	↓
Booked patients waiting for a follow up appointment delayed past their target date	Nov-2016	12,997	✗	↓
% New Outpatients who did not attend	Nov-16	7.2%	✓	↑
% Follow Up Outpatients who did not attend	Nov-16	9.0%	✗	↓

ABMU Key Priorities : Accessible and Sustainable Services

Measures	Period	Value	Target Attained	Trend
% of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral	Nov-16	92.60%	✗	↑
% of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Nov-16	16.60%	✗	
% Patients with Neurodevelopmental Disorders receiving an assessment within 26 weeks	Nov-16	35.30%	✗	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	Nov-16	100.00%	✓	→
% of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Nov-16	80.00%	✗	↓

EFFECTIVE CARE - PEOPLE IN WALES RECEIVE THE RIGHT CARE AND SUPPORT AS LOCALLY AS POSSIBLE AND ARE ENABLED TO CONTRIBUTE TO MAKING THAT CARE

Measure 1: Number of Delayed Transfers of Care (DTOCs) per 10,000 LA population for non-mental health specialities (age 75+)

Measure 2: Number of Delayed Transfers of Care (DTOCs) per 10,000 LA population for mental health (all ages)

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Nov-16

IMTP Profile Target :

(1) 4.8 (2) 62.0

WG Target :

Improve

Current

Status : ❌

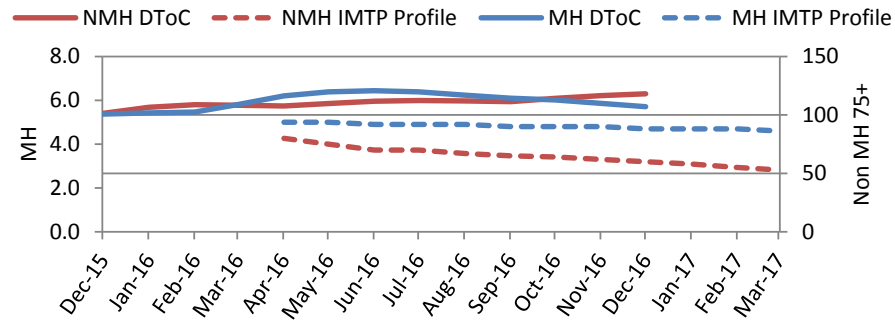
Movement :



Worsening

Current Trend: Nov 15 - Nov 16

How are we doing ?



- Delayed Transfers of Care (DTOC) rates continue to be a cause for concern across the Health Board.
- The overall number of patients classified as a delayed transfer of care in non mental health services has increased slightly in October 2016. The main reasons for the increase in the month have been :-
 - Patients awaiting long term packages of care.
 - Limited care home availability - particularly in the Bridgend locality.

Non Mental Health 75+

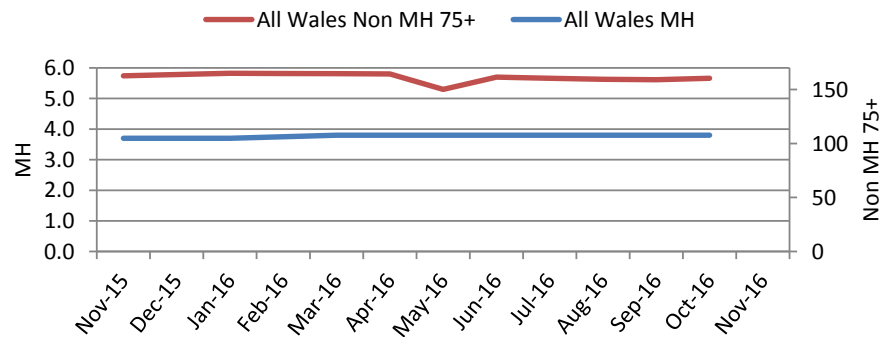
Bridgend - 111.7 NPT - 169.3 Swansea - 88.6

Mental Health

Bridgend - 3.4 NPT - 5.3 Swansea - 7.7

Benchmark

What actions are we taking?



- Continued implementation of recommendations regarding effective discharge planning.
- Targeted use of new Intermediate Care Fund (ICF) funding to address causes of DTOC's through the winter.
- Joint work with Local Authorities (LA's) regarding care home and domiciliary care sectors .
- CEO level meeting to discuss issues in NPT on 7th November 2016.

How do we compare with our peers?

What are the main areas of risk?

DTOCs continues to be a challenge for many Health Boards across Wales.

- Capacity in the care home and domiciliary care settings.
- Complex assessment processes in hospital.
- Workforce including social work capacity.
- Effective Implementation of patient choice policy and the discharge policy.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (DECEMBER 2016)

DIGNIFIED CARE - PEOPLE IN WALES ARE TREATED WITH DIGNITY AND RESPECT AND TREAT OTHERS THE SAME

Measure: % of patients who had their procedure postponed > 1 occasion & then had their procedure within 14 days or at the patient's earliest convenience

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Sep-16

IMTP Profile Target :

62.9%

WG Target :

Improve

Current

Status : ❌

Movement :



Worsening

Current Trend: Sep 15 - Sep 16

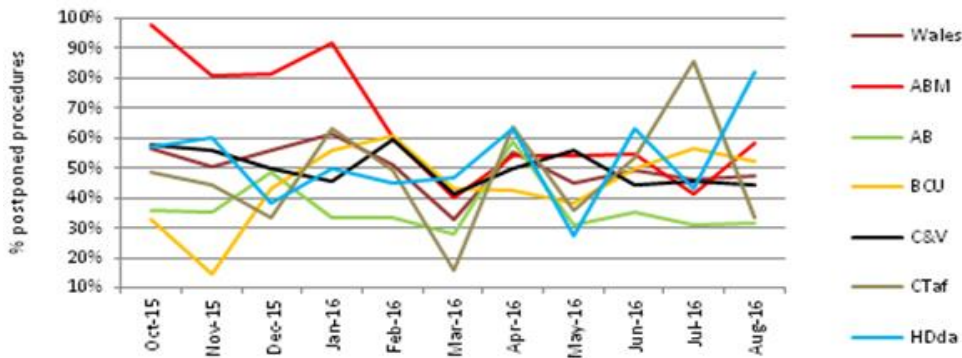
How are we doing ?



- Percentages continue to fluctuate month on month due to the relatively small numbers involved.
- It is important to note that the data only represents those patients who have had their procedure within 14 days of their last postponed appointment and does not capture those patients who have chosen to have their procedure undertaken at their earliest convenience as Myrddin is currently unable to record this. 14 days does not constitute a reasonable offer under the Referral to Treatment (RTT) rules.
- Out of the 70 patients in September 2016 who had their procedure postponed on more than one occasion, 36 had their procedure carried out within the preceding 14 days.

Benchmark

What actions are we taking?



- An enhancement to Myrddin has been requested, which will enable the system to record whether the appointment offered to undertake the procedure is at the patients earliest convenience. The timescales for this are being determined by the Myrddin Development team and will be notified once known.
- Operationally the focus is on avoiding cancellations and postponements at source and every effort is made through daily routine site management arrangements to provide the best patient experience.

How do we compare with our peers?

What are the main areas of risk?

• As at the end of August 2016, which is the latest published data available at the time of writing this report, ABMU performance was 58.5% compared with the all-Wales performance of 47.3%. ABMU is above the all-Wales position for this measure and is the second best performing Health Board.

- Continuing pressures on bed capacity as a result of unscheduled care demand.
- Priority of cancer and urgent patients ahead of routine activity.

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: % GP practices offering appointments between 17:00 & 18:30 at least 5 week days

Measure 2: % GP practices open during the daily core hours or within 1 hour of daily core hours

Strategic Aim: Accessible and Sustainable Services

Strategic Change Programme: Community Network

Executive Lead : Alex Howells

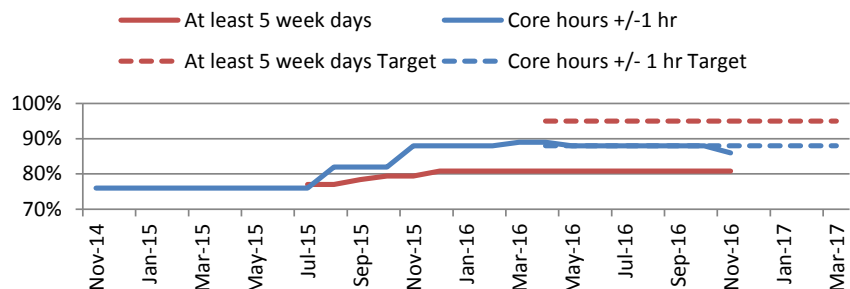
Period : Nov 16
IMTP Profile Target : (1) 95% (2) 88%

WG Target : Improve

Current Status : ✘ Movement : ↑ Improving

Current Trend: Nov 14 - Nov 16

How are we doing ?



- The measures have been amended by WG to include appointments after 5pm on 5 days of the week (from 2)
- Performance has been refreshed since a recent monitoring data collection exercise completed for Welsh Government. As at 30 November 2016 59/73 practices (81%) offered appointments between 5 and 6:30pm a minimum of 5 days per week; 63/73 practices (86%) open during daily core hours.
- Only 4 practices having half day closures

Benchmark

What actions are we taking?

LHB	5 days a week				core hours or within 1 hour			
	Current	Previous			Current	Previous		
	2015	2014	2013	2012	2015	2014	2013	2012
Wales	79%	↓ 79%	↑ 76%	↑ 65%	82%	↑ 80%	↑ 76%	↑ 69%
ABM	78%	↑ 69%	↑ 61%	↑ 58%	85%	↑ 73%	↑ 72%	↑ 70%
AB	95%	↑ 93%	↑ 93%	↑ 84%	93%	↑ 92%	↑ 87%	↑ 85%
BCU	55%	↓ 63%	↓ 63%	↑ 54%	73%	↔ 73%	↑ 70%	↑ 46%
C&V	94%	↔ 94%	↑ 93%	↑ 75%	83%	↔ 83%	↑ 76%	↑ 77%
CTaf	93%	↔ 93%	↓ 94%	↑ 65%	93%	↔ 93%	↑ 92%	↑ 91%
HDda	65%	↔ 65%	↑ 54%	↑ 47%	65%	↓ 67%	↑ 57%	↑ 48%
Powys	94%	↔ 94%	↓ 100%	↑ 82%	100%	↔ 100%	↔ 100%	↔ 100%

- Minimum access standards have been implemented in practices since last year and practices are now working towards these. The Access Forum (renamed Access and Sustainability in General Practice) is meeting regularly with an aim of driving forward improved and sustainable access within Primary Care General Medical Services across the ABMU area and monitoring implementation of the ABM Access Guidance. Access is also included in the GP practice monitoring programme. WG access requirements are being revised and ABMU access guidance considered alongside this and emerging models of alternative access arrangements in general practice e.g. triage arrangements.
- Across ABMU, practices are overhauling the means through which patients are accessing their services to help them cope more appropriately with demand, including the recruitment of other roles in the Primary care team to manage patient demand more appropriately, particularly but not exclusively where there are GP shortages.
- The Neath Network Pace Setter hub has implemented a call management and GP telephone consultation in place in 7 of the 8 practices to date, with patients being diverted to alternative clinical resources using the innovative Vision 360 software, e.g. pharmacist, mental health support worker. The other practices are working towards the full implementation of the model. The project is continuing to receive positive patient satisfaction. The project is being analysed as part of the cluster development work. A number of practices are implementing triage models appropriate to their practice in order to meet increased demand or address practice specific sustainability issues.

How do we compare with our peers?

What are the main areas of risk?

At December 2015 the ABMU position was above the Welsh Average with:

- 81% of ABMU practices were open >5 nights per week
- 86% of practices now opening 47.5 hours per week

- Reports of sustainability issues with difficulty in recruitment and retention of GPs plus a continuing issue in securing locum cover and associated costs.
- Practices will seek to manage their resources and workload by restricting or changing access arrangements that are not considered acceptable by patients, including reviewing their practice boundaries leading to complaints.

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: Number of patients waiting more than 36 weeks for referral to treatment (RTT)

Measure 2: Number of patients waiting more than 26 weeks for first OP appointment

Measure 3: % patients waiting less than 26 weeks for referral to treatment (RTT)

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

IMTP Profile Target :

(1)2912, (2) N/A, (3) 88.87%

WG Target :

(1) 0 (2) 0 (3) 95%

Current

Movement :

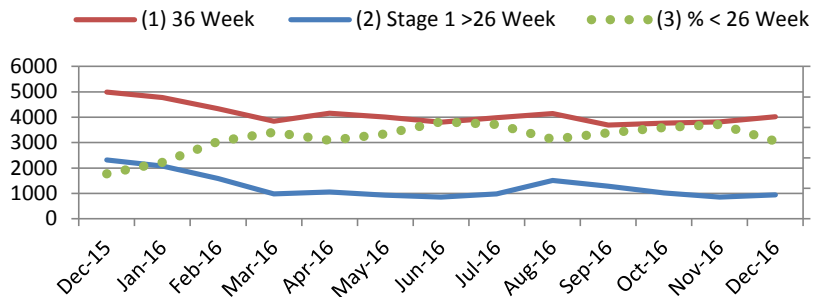
Status : ✘



Improving

Current Trend: Dec-15 - Dec-16

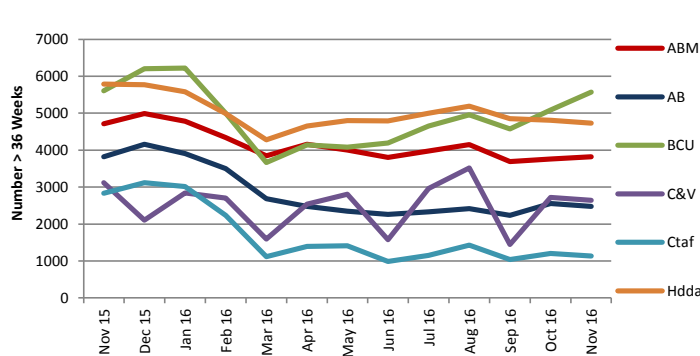
How are we doing ?



- In November 2016 the number of patients waiting over 36 weeks increased by 53 in-month (from 3,764 to 3,817) but reduced by 900 compared with November 2015 (4,717 to 3,817).
- Pressure areas continue to be ENT, Gastroenterology, General Surgery, Ophthalmology, Oral/ Maxillo Facial (OMF), Orthopaedics and Plastic Surgery, collectively accounting for 3,714 of the 3,817 over 36 weeks. 87% of the patients waiting over 36 weeks are in the treatment stage of their pathway.
- 1,262 patients are waiting over 52 weeks in November 2016, an in-month reduction of 7.
- The number waiting over 26 weeks for a first outpatient appointment saw an in-month reduction of 159 (from 1,013 to 848) and a reduction of 1,034 compared with November 2015 (from 1,882 to 848).
- The overall Health Board RTT target improved by 0.20% in November 2016 (from 88.0% to 88.2%).

Benchmark

What actions are we taking?



% > 26 weeks

LHB	Oct 16
Wales	85.8%
ABM	88.2%
AB	87.3%
BCU	85.5%
C&V	85.1%
Ctaf	86.7%
Hdda	80.6%

Meetings have been held with each of the Service Delivery Units (SDU's) to consider internal actions that could improve the end of March 2017 position without committing additional resources on outsourcing. These included the potential for clearing long waiting patients in stages 1 - 4 (outpatients, diagnostics, follow up and endoscopy), and to clear day case patients waiting over 36 weeks.

Further discussions will take place to determine which actions can proceed, require further work up or be rejected. This work will be completed by the 6th January 2017.

In order to monitor progress, a cohort based system will be developed to track the end of March 2017 patient cohort.

Progress against the agreed actions will be monitored through the weekly Executive led performance meetings with the SDU's.

How do we compare with our peers?

What are the main areas of risk?

• As at the end of October 2016, which is the latest published data available, ABMU was above the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (88.2% compared with 85.8%) but was the third worst Health Board in Wales for the number of patients waiting over 36 weeks as the Health Board sees more patients than others.

- Impact of unscheduled care and trauma as a result of seasonal pressures.
- Priority of cancer and clinically urgent patients over routine long waiting patients.
- Anaesthetic and theatre workforce gaps.
- Containment of ring fenced beds.
- Ability of private sector to deliver agreed outsourced activity.

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: Number of patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)

Measure 2: % patients waiting less than 8 weeks for specific diagnostics (excluding Endoscopy)

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Nov 16

IMTP Profile Target :

(1) 0 (2) 100%

WG Target :

Zero

Current

Status :



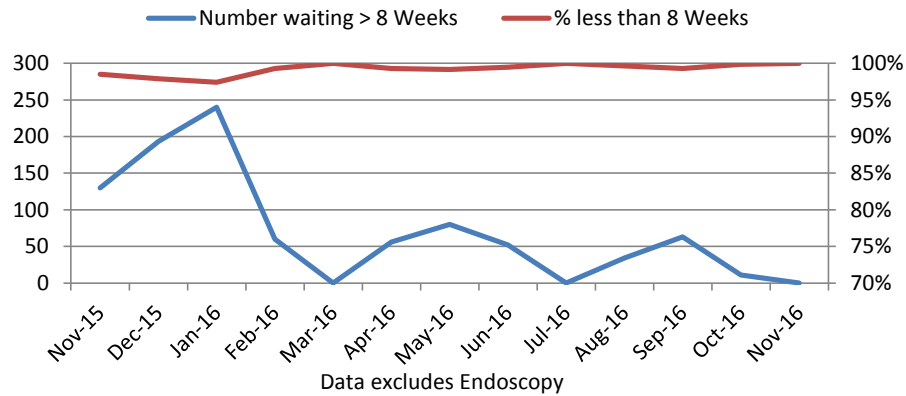
Movement :



Improving

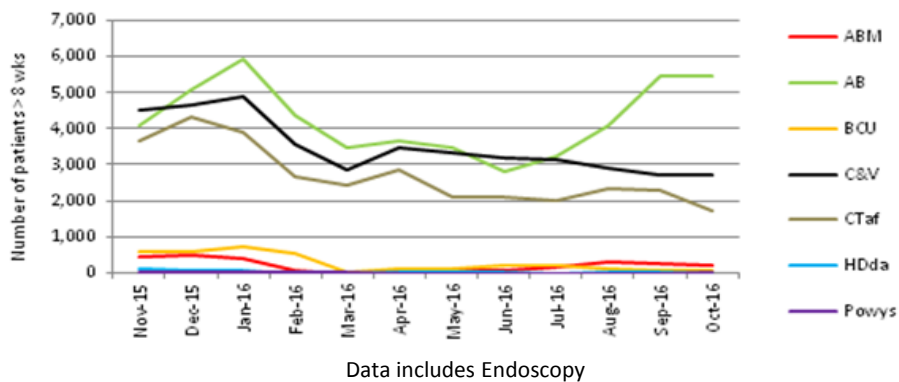
Current Trend: Nov 15 - Nov 16

How are we doing ?



• There were no patients waiting over 8 weeks for reportable diagnostics as at the end of November 2016.

Benchmark



• Executive led weekly access meetings will continue to support the Service Delivery Units in scoping, agreeing and implementing solutions to sustain a nil position through Quarter 4.

How do we compare with our peers?

• As at the end of October 2016, which is the latest published data available at the time of writing this report, ABMU was the third best performing Health Board excluding Powys.

What are the main areas of risk?

- Routine activity being displaced by urgent and cancer patients.
- Breakdown of equipment.
- Workforce constraints in key professional groups (nationally and locally).

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: Number of patients waiting less than 8 weeks for Endoscopy

Measure 2: % patients waiting less than 8 weeks for Endoscopy

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Nov 16

IMTP Profile Target :

(1) 0 (2) N/A

WG Target :

Improve

Current

Status :



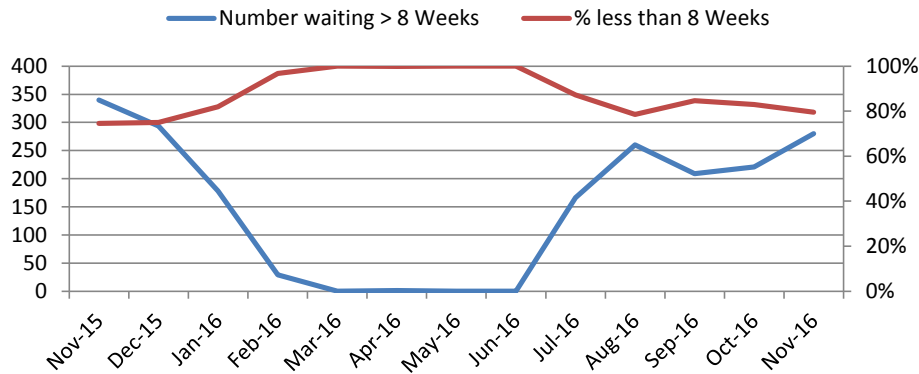
Movement :



Improving

Current Trend: Nov 15 - Nov 16

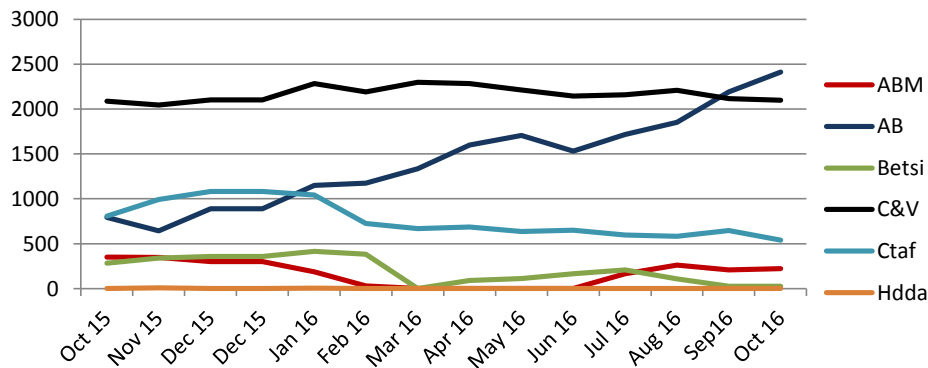
How are we doing ?



- ABMU Health Board has 280 patients waiting over 8 weeks for endoscopy as at the end of November 2016. 79% of patients were booked within the 8 week target.
- Endoscopy has continued to see a significant increase in urgent suspected cancer referrals. The majority of the increase has been in the area of Lower Gastrointestinal referrals internally from surgical specialties.
- DNA rates continue to remain low at 3.5%.

Benchmark

What actions are we taking?



- Utilising all available capacity with an average of 30 backfill lists being undertaken per month - current agreement for funding until end of December 2016.
- Capacity Plans being reviewed to ensure that capacity is being maximised on all sites (this is a weekly ongoing process). Improvements forecast in February.
- Further Gastroenterologist commenced in September 2016 which is providing one endoscopy session in Neath Port Talbot Hospital to cover current vacant sessions.
- Development of alternative diagnostic pathways in partnership with Radiology (CT Colongraphy)
- Continued focus on effective triage of referrals.
- Configuring rotas to reduce variation in the service model across the Health Board.

How do we compare with our peers?

What are the main areas of risk?

• ABMU endoscopy performance continues to be good in comparison with the rest of Wales

- Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals in recent months which will exceed capacity.
- Ability to maintain the number of additional sessions undertaken with a very small pool of scopers; Funding currently agreed through IMTP to continue backfilling of lists until end of December 2016.

Source : <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-weekwait-hospital>

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: % new patients spending no longer than 4 hours in an Emergency Department

Measure 2: Number of patients spending more than or equal to 12 hours in A&E

Strategic Aim: Accessible and Sustainable Services

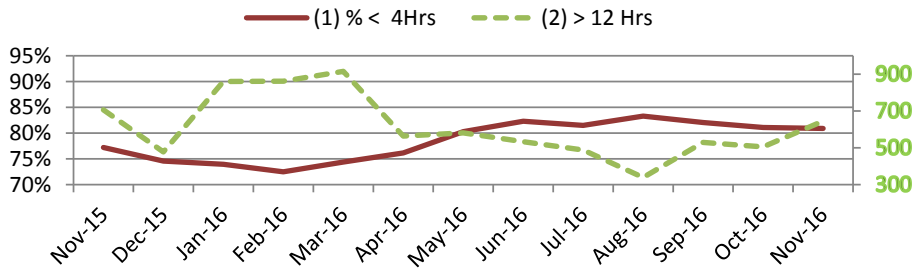
Strategic Change Programme: Unscheduled Care Board

Executive Lead : Alex Howells

Period : Nov 16	IMTP Profile Target : (1) 85% (2) 250	WG Target : (1) 95% (2) 0	Current Status : ✘	Movement : ↑ Improving
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Current Trend: Nov 15 - Nov 16

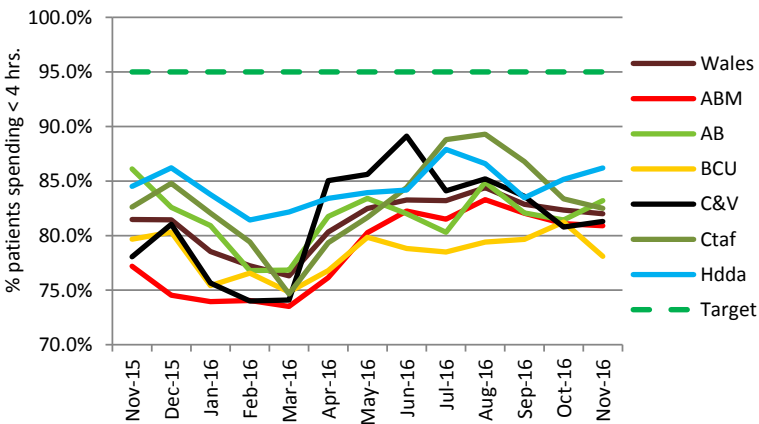
How are we doing ?



- Unscheduled care performance against the 4 hour target in October was 81.1% against the end of Quarter 3 improvement milestone of 86%.
- 505 patients stayed over 12 hours in our Emergency Departments (ED's) during October, which was a reduction from the September position of 527, and a marked reduction when compared to the October 2015 position where 641 patients experienced an extended stay.
- The number of patients discharged from our ED's and Minor Injuries Unit's (MIU's) in October 2016 increased by 4.5% when compared to September 2016, and by 4.5% when compared to October 2015.
- The month of November has been more challenging from an unscheduled care perspective, particularly at Morriston hospital.

Benchmark

What actions are we taking?



No. > 12 Hrs.	
LHB	Nov-16
Wales	2955
ABM	645
AB	438
BCU	989
C&V	70
Ctaf	422
Hdda	391

- Unscheduled care at Morriston Hospital is an area of targeted intervention and additional external support is currently being confirmed.
- A team from NHS Grampian visited the Health Board for 2 days in mid November as part of a twinning arrangement. The good practice and learning from the visit is being used to inform further improvement opportunities within ABMU.
- An ambulatory emergency care workshop is being held on 25th November to share learning across sites.
- A winter capacity plan has been agreed which will facilitate the creation of approximately 100 beds or bed equivalents for a temporary period during Q4. This plan was discussed and shared with the Cabinet Secretary on 21st November.

How do we compare with our peers?

What are the main areas of risk?

- The Health Board's 4 hour performance of 81.1% in October 2016 is comparable to the all Wales 4 hour performance of 82.3% for this period.
- 12 hour performance remains a challenge for a number of Health Boards.
- A visit is being arranged to Cardiff to understand what actions have led to their improvement.

- Capacity gaps in Care Homes, Community Resource Teams. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit'.
- Workforce - with ongoing challenges in nursing, medicine and Social Work capacity.
- Peaks in demand e.g. due to influenza.
- The impact of infection on available capacity and patient flow.

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: Red calls - % of emergency responses arriving at the scene within 8 minutes (Cat A up to 30/09/15)

Measure 2: Number of patients waiting more than 1 hour for an ambulance handover

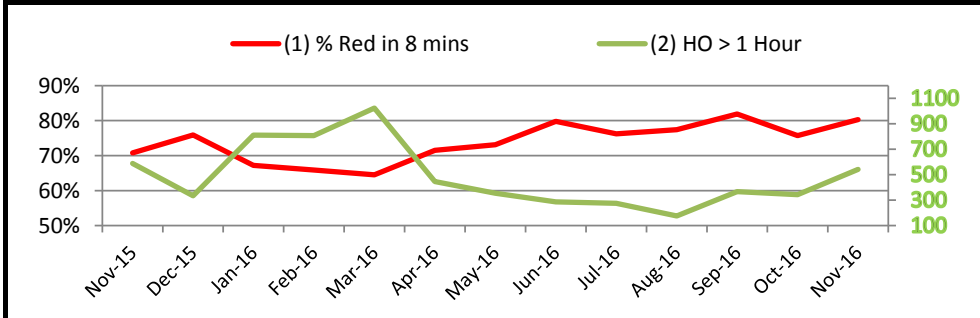
Strategic Aim : Accessible and Sustainable Services

Strategic Change Program: Unscheduled Care Board

Executive Lead : Alex Howells

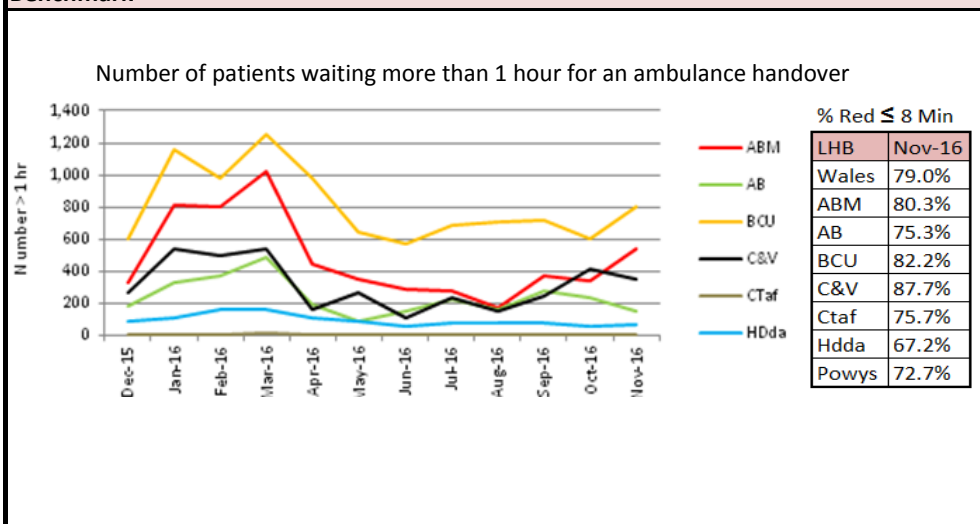
Period : Nov 16	IMTP Profile Target : (1) N/A(2) 200	WG Target : (1)65% or above(2) Zero	Current Status : ✘	Movement : ↑ Improving
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Current Trend: Nov 15 - Nov 16 How are we doing ?



- The Health Board's Category A (Red response) was 80.5% in November 2016, against the target of 65%. This was an improvement upon the October 2016 position, and the second best performance against this measure since the new clinical response model was introduced in October 2015.
- 542 patients waited >1 hour to receive ambulance handover from the Health Board in November 2016, which represents a sharp increase from October but a reduction when compared to November 2015.
- This in month increase was predominantly experienced at Morrision hospital, and correlates with an increase in the number of patients in the Emergency departments who were waiting > 12 hours for admission, discharge or transfer.

Benchmark What actions are we taking?



The key to ensuring an effective interface with ambulance services is to improve flow within Emergency Departments so that ambulances can be offloaded safely and quickly. However there are also a range of initiatives in progress including...

- Regular meetings with colleagues in WAST to review and identify opportunities for improvement within the patient handover/ early release/escalation process.
- Ensuring the most appropriate clinical management and signposting of patients as part of the launch of the new 111 service in October. Data collated confirms a significant increase in direct paramedic contact being made with the clinical hub for advice since the formal launch of the 111 service.
- The implementation of pathways that support admission avoidance, such as a new Health Board wide D&V pathway.
- The planned review in Quarter 4 of the non injury falls service to determine the optimum model for this service, as patient falls generate the highest request for an ambulance response within ABMU Health Board.
- A review of the Health Board's ambulance divert protocol which has streamlined the process.

How do we compare with our peers? What are the main areas of risk?

- ABMU performance against the Category A - Red calls target in November was 80.3%, which was above the all-Wales average performance of 79%. Continued improvement in handover performance is a key focus for Quarters 3 & 4.

- Ambulance resourcing to respond to demand.
- Hospital flow constraints which impact upon the Emergency Department's ability to receive timely handover. This can result in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.

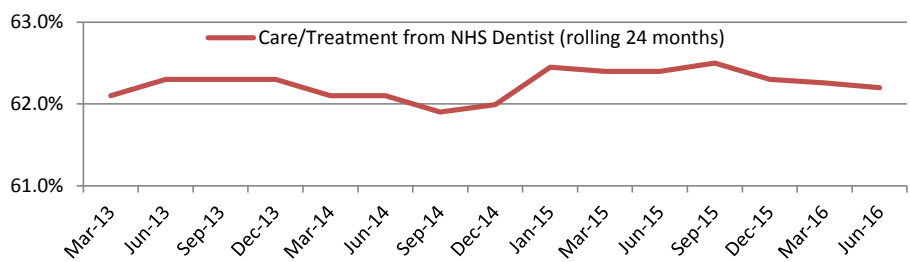
Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (DECEMBER 2016)

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: % Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population

Strategic Aim : Accessible and Sustainable Services		Strategic Change Programme: Community Network		Executive Lead : Alex Howells	
Period: Jun 16	IMTP Profile Target :		WG Target : Improve	Current Status :	Movement : Improving

Current Trend: Jun 13 - Jun 16



Patient Group	No. of Patients receiving NHS Treatment in ABMU for 2 years to:			
	Jun 14	Jun 15	Jun 16	Change, 2014-16
Adults	246,115	249,026	249,204	+1.3%
Children	77,058	77,411	77,632	+0.74%
Total	323,173	326,437	326,836	+1.1%

Stats Wales

How are we doing ?

- The latest (November 2016) Stats Wales release confirmed the number and percentage of adults and children who had received NHS treatment in the period up to March 2016, and indicates a relatively steady position, with a small but significant increase over the access 2 years previously. Updated figures are available following year-end 2017.
- Demand for an NHS dentist continues to outstrip supply of contracted activity in much of ABMU, central Swansea and Neath and Port Talbot areas in particular.
- The number of dentists taking on patients has increased with 22 practices accepting all categories of patients.
- The end of year position confirmed that a number of dentists underperformed significantly (i.e. achieved less than 95% of their contract). The overall access position will not therefore improve unless/until the underperforming monies are recovered and re-invested in performing dental practices.

Benchmark

LHB	Current	Same Period Comparison		
	Jun-16	Jun-15	Jun-14	Jun-13
Wales	54.8%	54.8%	54.7%	54.8%
ABM	62.2%	62.4%	62.1%	62.3%
AB	56.9%	56.6%	56.3%	56.4%
BCU	49.9%	50.3%	50.4%	50.9%
C&V	56.0%	55.4%	55.0%	54.9%
Ctaf	57.3%	57.2%	57.8%	58.1%
Hdda	45.9%	45.3%	45.0%	44.9%

What actions are we taking?

- Agreed for 2016/17 that 5% over performance paid to incentivise contractors to reach their target rather than 95% threshold which is accepted by the contract
- Actively reducing underperforming contracts with a view to investing in performing contracts in areas of need. Dentists with children-only NHS contracts are being encouraged to convert their contracts to include adults.
- Supporting 2 dental prototype contracts in Swansea (only Welsh LHB), with potential to expand in other areas of ABMU; working closely with the CDO to influence reform of the current dental contract,
- Commissioned larger contract in Upper Amman Valley at double its former value to commence in January 2017; transferring children from CDS to GDS in this area (part of a larger piece of work to focus CDS on vulnerable patients rather than healthy children; concluded the tendering process for orthodontic services (7 contracts) and developed SLA to provide GDS in HMP Swansea (implemented by April 2017).
- Restructuring of the primary care team is continuing with senior roles in place (including Unit Dental Director) Next stage to identify and fill contract monitoring roles.

How do we compare with our peers?

• In the 24 months to Mar 16, ABMU maintained its position as provider to the highest percentage of patients in Wales, particularly children (74.5 % vs 62% Wales average); 62.3% of ABMU's adults were treated: Wales average 54.9%

What are the main areas of risk?

The inflexibility of the NHS Dental contract (eg constraints around the timing for contract reductions) may mean that the Health Board is unable to reduce contracts in order to commission additional access in areas of most need.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (DECEMBER 16), STATS WALES

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: % of patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days

Measure 2: % of patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days

Strategic Aim : Accessible and Sustainable Services		Strategic Change Programme: Patient Flow		Executive Lead : Alex Howells	
Period : Nov 16		IMTP Profile Target : (1) 98% (2) 91%		WG Target : (1) 98% or above (2) 95% or above	
Current Trend: Nov 15 - Nov 16				Current Status : ✘	
				Movement : ↑ Improving	
		How are we doing ?			
		<ul style="list-style-type: none"> • NUSC performance in November 2016 is reporting 92% (10 breaches). • USC performance in November 2016 is currently reporting 82% (22 breaches). We anticipate this to improve to between 83 or 84% once all histology reports are received and validated. • Referrals received by the Health Board remain high. • The overall backlog position continues to fluctuate but in November and December has marooned at around 40 which is lower than in previous months. 			
Benchmark		What actions are we taking?			
		<ul style="list-style-type: none"> • Cancer is one of the areas of targeted intervention and additional support has been agreed with Capita undertaking an independent review of Demand and Capacity - a initial report is expected in early January 2017. • Additional informatics, improvement and tracking support is being targeted at key areas. • The Capital Priorities group is also reviewing replacement of key clinical equipment to improve efficiency in areas such as the Breast service (new Mammography equipment for Singleton) and Histology (new Processers and Stainers for Singleton). • New "Golden Standards" document has been agreed and shared with Delivery Units for implementation. • A review of the multi-disciplinary team lead role is ongoing with recommendations to be discussed at the January Cancer Supporting Delivery Board. 			
How do we compare with our peers?		What are the main areas of risk?			
<ul style="list-style-type: none"> • USC performance continues to struggle in comparison with other Health Boards. • Backlog in Wales remains high, with BCU and C&V reporting higher numbers than ABM. 		<ul style="list-style-type: none"> • Vacancies at Consultant level in key tumour sites - Gastroenterology; Oncology and Radiology. • Long Term Sickness of key clinical staff in areas – i.e. Gynaecology, Urology (consultant on limited duties & CNS on sick leave) continue with local arrangements in place to try and minimise gap and cover. • Increased number of USC referrals throughout April to November • Some impact from Unscheduled Care pressures resulting in cancelled and/or delayed procedures • Strategic changes needed in some areas to provide sustainable solutions, i.e. breast 			

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (DECEMBER 2016)

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY

Measure 1: % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral

Measure 2: % of therapeutic interventions started within 28 days following an assessment by LPMHSS (up to 31/10/15 was 56 days)

Measure 3: % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Changing for the Better: Mental Health

Executive Lead : Alex Howells

Period : Oct 16

IMTP Profile Target :

(1)80% (2) 80% (3) 90% (4) 100%

WG Target :

(1)80% (2) 90% (3) 90% (4) 100%

Current

Status :



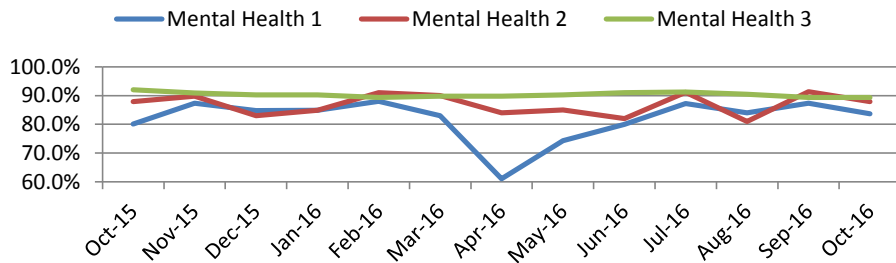
Movement :



Worsening

Current Trend: Oct 15 - Oct 16

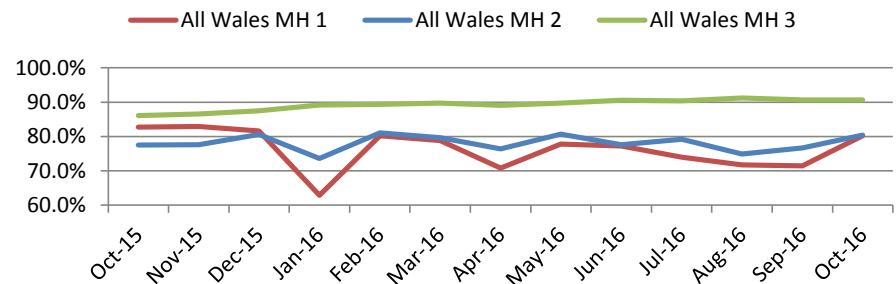
How are we doing ?



- Mental Health 1 - whilst assessment numbers reduced to 61% in April 2016 because of sickness and increased demand, the figures since June have achieved and sustained compliance up to end of October, and has been consistently higher than the All Wales figure since June.
- Mental Health 2 - intervention levels have remained above target 80% from April to October 2016. October's figure was 87.9%.
- Mental Health 3 - This data covers Adult, Older People, CAMHS and Learning Disability Services. ABMU met the target from April to August, but there has been a marginal dip in September and October to 89.4%.

Benchmark

What actions are we taking?



- The LPMHSS has benefited from recent additional Welsh Government resources to help build up the local teams. This will allow the service to help keep pace with additional demand.
- In terms of Care and Treatment Plans, the Delivery Unit is focusing on the quality of these documents. A recent Delivery Unit visit to the older people's wards within the Mental Health Service found that the plans focused too much on immediate concerns rather than longer term plans to maximise independence. Comments were also made on the "old fashioned" language used. Whilst there are some very good examples of good practice, there is a need to raise general standards. This is an issue across Wales.

How do we compare with our peers?

What are the main areas of risk?

October 2016 (all-Wales data for November has not yet been published)

- All-Wales MH1 measure ranged from 51.2% to 89% ABM 87.4%
- All-Wales MH2 measure ranged from 50% to 93.2 % ABM 91.4%
- All-Wales MH3 measure ranged from 89.4% to 95.1 % ABM 89.4%

- For assessment and interventions targets, risks relate to potentially increasing demand and the availability of suitably experienced staff.
- One of the actions of the Community Mental Health Team (CMHT) assurance group is to consider the level of demand for secondary mental health services and capacity of care coordinators. Protocols to inform safe and effective discharge from secondary care are being developed to mitigate against the risks of over capacity.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (DECEMBER 2016)

INDIVIDUAL CARE -PEOPLE IN WALES ARE TREATED AS INDIVIDUALS WITH THEIR OWN NEEDS AND RESPONSIBILITIES

Measure 1: % of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral

Measure 2: % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral

Measure 3: % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks

Measure 4: % of therapeutic interventions started within 28 days following assessment by LPMHSS

Measure 5: % of Health Board residents in receipt of Child and Adolescent Mental Health Services (CAMHS) to have a valid Care and Treatment Plan (CTP)

Strategic Aim : Accessible and Sustainable Services

Children and Young People’s Emotional and Mental Health Programme

Executive Lead : Siân Harrop-Griffiths

Period : Nov-16

IMTP Profile Target :

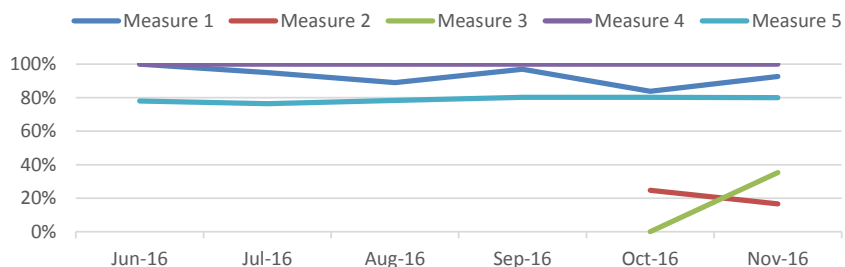
WG Target :
(1)100% (2) 100% (3) 100% (4) 100% (5) 90%

Current Status : ✘

Movement :

Current Trend: Jun 16 - Nov 16

How are we doing ?



- Measure 1: 92.6% of urgent assessments by CAMHS undertaken within 48 hours of receipt of referral. Improved performance from October (83.8%).
- Measure 2: 16.6% of routine assessments by CAMHS for ABMU residents undertaken within 28 days from receipt of referral. Performance has deteriorated from 24.7% in October 2016.
- Measure 3: 35.3% of patients with a neuro-developmental disorder are receiving diagnostic assessment within 28 weeks. Performance has improved from 0% in October 2016.
- Measure 4: 100% target achieved.
- Measure 5: 80% of Health Board residents in receipt of CAMHS have a valid Care and Treatment Plan. Performance maintained since September 2016.

What actions are we taking?

By Q3 2016/17:

- Implemented service model and pathway for children and young people presenting in mental health crisis (from October 2016).
- Neuro-developmental Service to be operational (by December 2016).
- Commence waiting list initiative activity to address waiting lists for neuro-developmental and generic CAMHS (to achieve 28 day target)

By Q4 2016/17:

- Continued waiting list initiative activity to improve neuro-developmental (to achieve 26 week target) and generic CAMHS waiting list position (to achieve 28 day target).
- Fully recruited to posts to work with young people 14-25 to offer early intervention to individuals with first episode psychosis (March 2017).
- Fully recruited to newly established neuro-developmental team (March 2017).
- Translated service specification for specialist secondary mental health services in to contract with Cwm Taf, jointly with Cwm Taf and Cardiff & Vale Health Boards, for provision of sCAMHS for 2017/18 (March 2017).
- Development of service model for tier 1/2 services with local authority colleagues from February 2017.

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
% of urgent assessments undertaken within 48 hours from receipt of referral	100.0%	↓ 95.0%	↓ 89.0%	↑ 97.0%	↓ 83.8%	↑ 92.6%
% of routine assessments undertaken within 28 days from receipt of referral					24.7%	↓ 16.6%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks					0.0%	↑ 35.3%
% of therapeutic interventions started within 28 days following assessment by LPMHSS	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	⇒ 78.0%	↓ 76.4%	↑ 78.4%	↑ 80.2%	⇒ 80.2%	↓ 80.0%

How do we compare with our peers?

Unable to compare performance for ABMU residents with Cardiff & Vale and Cwm Taf residents as performance information not available for comparison. ABMU working jointly with Cardiff & Vale and Cwm Taf Health Boards to look at benchmarking data.

What are the main areas of risk?

- Measure 2 performance at 16.6% against target of 100%. Waiting list initiative in place to achieve by end March 2017.
- Measure 3 performance at 35.3% against target of 100%. Waiting list initiative in place to make significant progress by end March 2017.

Source :

TIMELY CARE - PEOPLE IN WALES HAVE TIMELY ACCESS TO SERVICES BASED ON CLINICAL NEED AND ARE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR CARE

Measure 1: Total number of not booked patients waiting for a follow up appointment delayed past their target date

Measure 2: Total number of booked patients waiting for a follow up appointment delayed past their target date

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Nov 16

**IMTP Profile Target :
Reduction**

**WG Target :
Reduction**

**Current
Status :**



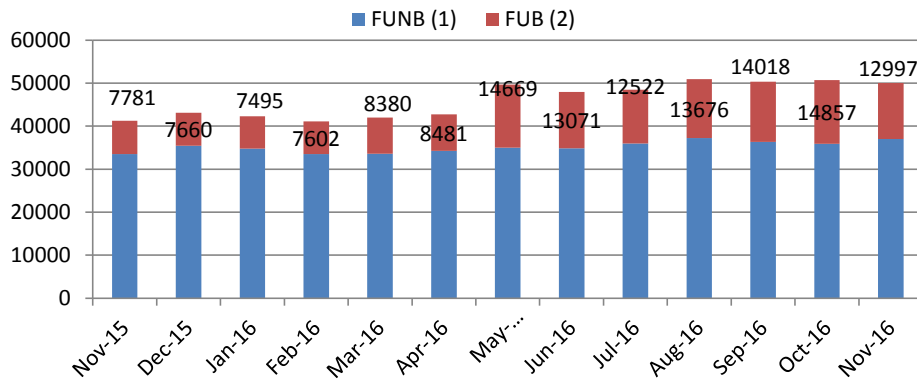
Movement :



Worsening

Current Trend: Nov 15 -Nov 16

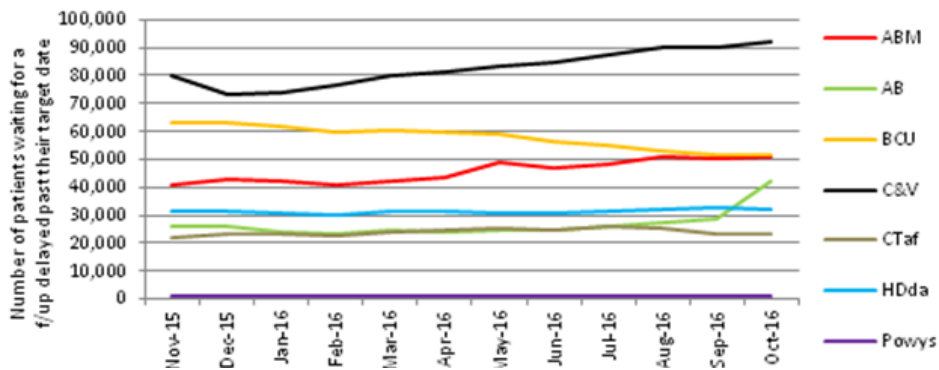
How are we doing ?



- The number of patients waiting for a follow up appointment delayed past their target date (booked and non booked) has increased from 41,280 (Nov 15) to 50,012 (Nov 16).
- Delayed Follow Up (Not Booked):In-month performance has deteriorated with an increase in the number of not booked patients waiting for a follow up appointment delayed past their target date from 35,870 to 37,015.
- Delayed Follow Up (Booked): In-month performance has improved with a decrease in the number of booked patients waiting for a follow up appointment delayed past their target date from 14,857 to 12,997.

Benchmark

What actions are we taking?



- Weekly reporting of outpatient delays including booked and not booked delays to ensure complete understanding of the total size of the problem with delayed appointments.
- Evaluate service changes adopted in 2014/15; 2015/16 and 2016/17 to address delayed follow ups and share learning across the Health Board. To be discussed at ABMU Outpatient Improvement Group in December 2016.
- Change the emphasis of an element of the Health Board Outpatient Improvement Group to focus on the longest delayed patients and solutions to manage risk by February 2017.
- National Planned Care Programme specialties (ENT, Ophthalmology, Urology and Orthopaedics) have developed plans for sustainable service models which will be considered within the Health Board IMTP process for funding and implementation (January 2017).

How do we compare with our peers?

What are the main areas of risk?

From Nov 2015 to Oct 2016 BCU have experienced a decrease in the number of patients waiting for a follow up appointment past their target date; AB, ABMU, C&V, CTaf, HD and Powys experienced an increase. ABMU contributing 18.1% of total patients waiting for a follow up appointment delayed past target date (booked and not booked), C&V contributing largest proportion at 32.5%

- Wales Audit Office review highlighted several risks including too many patients delayed with clinical risks not fully known; operational planning, scrutiny and assurance to be improved;
- Need to better prioritise validation activities. Service Delivery Units to provide regular assurance reports to Health Board Quality & Safety Committee, Outpatient Improvement Group and Planned Care Supporting Delivery Board.

OUR STAFF & RESOURCES - PEOPLE IN WALES CAN FIND INFORMATION ABOUT HOW THEIR NHS IS RESOURCED AND MAKE CAREFUL USE OF THEM

Measure 1: New Outpatient Did Not Attend (DNA) Rates For Specific Specialties

Measure 2: Follow-Up Outpatient Did Not Attend (DNA) Rates For Specific Specialties

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Outpatient Modernisation

Executive Lead : Alex Howells

Period : Nov-16

IMTP Profile Target : 8.43%

WG Target : Reduction

Current Status :



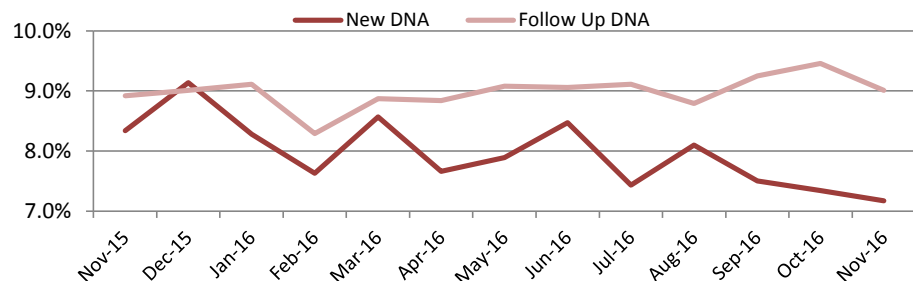
Movement :



Improving

Current Trend: Nov 15 - Nov 16

How are we doing ?



Specific Specialties:

- The specialties include General Surgery, Urology, T&O, ENT, Ophthalmology, Oral Surgery, Neurosurgery, Combined Medicine, Dermatology, Rheumatology, Paediatrics and Gynaecology
- Figures are rounded to 1 decimal place

• New DNA: From Nov 2015 - Nov 2016 performance has improved from 8.3% to 7.2%. New DNA rates have deteriorated for Princess of Wales (POW) Survive Delivery Unit (SDU), however have improved over this period for NPT, Morryston and Singleton SDUs. In-month performance for POW and NPT has improved with slight deterioration in performance for Morryston and Singleton SDUs.

• Follow-Up DNA: From Nov 2015 - Nov 2016 performance has deteriorated slightly from 8.9% to 9%. POW and Morryston positions have improved, Singleton and NPT SDUs have both experienced a deteriorating position. In month, POW, Morryston and Singleton positions have improved, NPT position deteriorating from 9.9% to 10.2% due to deteriorating performance in General Medicine (12.3% to 13.5%) and Rheumatology (8.5% to 9%).

Benchmark

What actions are we taking?

New DNA

Follow-Up DNA

LHB	Current	Previous				Current	Previous			
	Sep-16	Sep-15	Sep-14	Sep-13	Sep-16		Sep-15	Sep-14	Sep-13	
Wales	7.9%	↑ 8.3%	↑ 8.2%	↑ 8.8%	9.5%	↑ 9.6%	↑ 9.7%	↑ 10.0%		
ABM	6.9%	↑ 7.7%	↑ 7.8%	↑ 8.0%	8.8%	↓ 8.6%	↓ 8.5%	↓ 7.9%		
AB	6.4%	↑ 8.8%	↑ 8.4%	↑ 9.9%	7.0%	↑ 9.9%	↑ 9.5%	↑ 10.7%		
BCU	6.5%	↓ 5.2%	↓ 5.5%	↓ 5.6%	7.4%	↓ 7.3%	↔ 7.4%	↑ 7.7%		
C&V	11.2%	↓ 10.4%	↑ 12.2%	↑ 14.2%	11.7%	↔ 11.7%	↑ 13.1%	↑ 13.2%		
Ctaf	10.1%	↓ 9.8%	↓ 9.1%	↓ 9.6%	14.0%	↓ 12.4%	↓ 12.7%	↓ 12.8%		
Hdda	8.5%	↑ 10.2%	↓ 7.2%	↓ 6.9%	9.4%	↓ 8.7%	↓ 7.6%	↓ 8.2%		
Powys	3.9%	↑ 4.9%	↑ 5.5%	↑ 4.0%	4.4%	↑ 6.4%	↑ 5.9%	↑ 7.0%		

• The SDU's have requested to produce action plans and profiles to address New and Follow Up DNA's with regular reports to be provided to the Health Board Outpatient Improvement Group and to the Planned Care Supporting Delivery Board.

The Health Board Outpatient Improvement Group (OIG) is currently:

- Taking forward the implementation of a patient appointment reminder system across the Health Board which will send two way messages to patients in advance of their appointment and provide the facility for patients to cancel or rearrange their appointment via text message, interactive voice or speaking directly with outpatient booking colleagues.
- Reviewing the Health Board DNA policy to ensure consistent application across the Health Board. Subject to Welsh Government review of waiting list rules, the DNA policy expected to be completed by March 2017.

How do we compare with our peers?

What are the main areas of risk?

- At September 2016, ABMU performance was slightly better than the all-Wales average on New and Follow Up DNA performance. ABMU 4th highest New DNA rate and 4th highest Follow Up DNA rate.
- New DNA: ABM, AB, Hywel Dda and Powys have experienced an improved performance from September 2015; BCU, Cwm Taf and C&V position deteriorated.
- Follow Up DNA: ABMU, BCU, Cwm Taf and Hywel Dda all experienced a deteriorating position compared to September 2015; AB and Powys have experienced an improved position compared to September 2015, C&V position remained stable.

- The Wales Audit Office identified in a review of ABMU Outpatients in 2015 the need to ensure patients receive appointment letters in a timely manner in order to reduce DNAs. The efforts of the OIG to deploy an electronic appointment management system will help to address this issue.
- It is important for the Health Board to gain a better understanding of the specialties and clinical conditions which present the most risks of harm to patients who DNA their appointment.
- RTT risk to the Health Board as a result of under utilised capacity for new and follow up appointments with associated financial implications for idle capacity, rearranging appointments and potentially needing to arrange additional waiting list clinics.