



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	26th July 2018		Agenda Item	4ii
Report Title	Integrated Performance Report			
Report Author	Hannah Roan, Performance and Contracting Manager Darren Griffiths, Assistant Director of Strategy			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy Executive Leads			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2018/19 NHS Wales Delivery Framework.			
Key Issues	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> 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 <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care		Dignified Care		Timely Care	Individual Care	Staff and Resources	
	✓	✓	✓		✓		✓	✓	✓	

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.

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 June 2018. Quality and Safety elements of the report are also presented to the Quality & Safety Committee.

Appendices

None

Summary of performance against national and local measures

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1. Overview

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

Successes	Priorities
<ul style="list-style-type: none"> Internal profiles for stage 1 > 26 weeks and total waiting time over 36 weeks continues to reduce and internal profiles achieved for every month in quarter 1. Therapy waiting times continue to be maintained at (or below) 14 weeks. Sustained nil position in June 2018 for Endoscopy patients waiting over 8 weeks No Never Events reported since 21st March 2018 Although below national target, staff appraisal rates and compliance with mandatory and statutory training continues to improve. Improving unscheduled care performance for the last 3 months 	<ul style="list-style-type: none"> Supporting and promoting the national #endpjsparalysis campaign between April and August 2018 to support earlier and more timely patient discharge. The campaign claims that getting patients up and moving will reduce falls and improve patient experience. Continued implementation and adherence with restricted Antimicrobial Prescribing Policy Continued focus on reducing A&E attendances thorough 111 awareness campaign and roll out of common ailments service to all eligible pharmacies by September 2018. Implementation of Quarter 2 unscheduled care improvement plan. Implementation of a suite of improvement actions to support people to live a healthy lifestyle, including smoking cessation, and weight management programmes.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Utilise the staff survey results to inform discussions, decisions and potential changes in the organisation. Explore benefits of cross Unit collaboration in order to improve ways of working and patient access (i.e. Frailty Assessment Service, Stroke Early Supported Discharges) Testing and further developing ambulatory care and frailty models to support admission avoidance Aid the delivery of unscheduled care measures through learning from Breaking the Cycle and implementation of the SAFER bundle. Development of long term sickness pathways to help guide managers in managing common absence conditions. Continued focus on pressure ulcers including the introduction of the Serious Incident Pressure Ulcer Causal Factor Analysis and piloting the development of a local strategic quality improvement plan in Singleton Delivery Unit. 	<ul style="list-style-type: none"> High bed occupancy is a risk to achieving infection reduction profiles. ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process; not utilising these technologies is a risk to achieving infection reduction. Ongoing medical and nursing staffing gaps. Ability to achieve diagnostic waiting times target following the introduction of additional cardiac tests in 2018/19. Demand for cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed capacity. An increasing amount of frail older people at home are at increased risk of developing pressure damage. Capacity gaps in Care Homes, Community Resource Teams.
































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


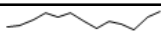




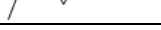






			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%									
		Profile	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%
	12 hour A&E waits	Actual	737	624	476									
		Profile	323	194	190	229	227	180	255	315	288	283	196	179
	1 hour ambulance handover	Actual	526	452	351									
		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%									
		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%									
		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%									
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120	55									
		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									
		Profile	3,457	3,356	3,325	3,284	3,287	3,067	2,773	2,709	3,045	2,854	2,622	2,664
	Diagnostic waits over 8 weeks	Actual	702	786	915									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	Thrombolysis door to needle within 45 minutes	Actual	0.0%	11.1%	37.5%									
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
	Therapy waits over 14 weeks	Actual	0	1	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	NUSC patients starting treatment in 31 days	Actual	92%	90%	95%									
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Healthcare Acquired Infections	USC patients starting treatment in 62 days	Actual	77%	89%	83%									
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
	Number of healthcare acquired C.difficile cases	Actual	26	18	15									
		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									
		Profile	13	18	13	18	11	13	13	15	21	13	19	15
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	42	43	42									
		Profile	45	39	40	45	42	45	44	37	41	45	39	42

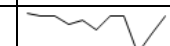

*RAG status derived from performance against trajectory



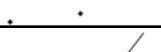

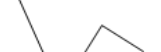

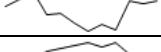
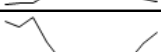



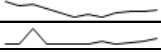

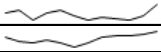
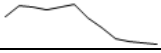
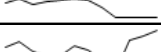
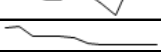
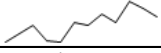

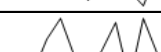
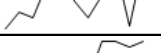
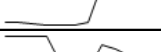
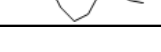

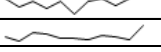
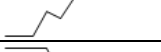
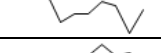


3. Integrated Performance Dashboard

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 Profile	IMTP Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18				
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1			95%					New measure for 2018/19. Awaiting publication of data.																
	% of children who received 2 doses of the MMR vaccine by age 5	Q4 17/18	89%	95%	90%	✗	89.3%		92%			92%			91%			89%							
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q3 17/18	54%	4 quarter ↑ trend			83.1%		75%			61%			54%										
Influenza	% uptake of influenza among 65 year olds and over	Mar-18	68%	75%	70%	✗	69%							33%	66%	66%	68%	68%	68%						
	% uptake of influenza among under 65s in risk groups	Mar-18	47%	55%	65%	✗	49%							18%	43%	43%	46%	47%	47%						
	% uptake of influenza among pregnant women	2016/17		75%										2016/17= 81.5%. Awaiting publication of 2017/18 data											
	% uptake of influenza among children 2 to 3 years old	Mar-18	49%		40%	✓	50%							6.6%	44.9%	44.9%	48.4%	49.1%	49%						
	% uptake of influenza among healthcare workers	Mar-18	58%	50%	60%	✗								49%	54%	55%	57%	58%	58%						
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2016/17	4.8%	Annual ↑			23.7%		2016/17= 4.8%																
	% of adult smokers who make a quit attempt via smoking cessation services	Mar-18	2.5%	5% annual target	2.5%	✓	2.3%		0.6%	0.8%	1.0%	1.2%	1.4%	1.6%	1.7%	2.1%	2.3%	2.5%							
	% of those smokers who are co-validated as quit at 4 weeks	Q4 17/18	55.9%	40% annual target	40%	✓	42.6%		56%			54.3%			53.4%			55.9%							
Learning Disabilities	% people with learning disabilities with an annual health check			75%			Not avail.		New measure for 2018/19. Awaiting publication of data.																
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2016/17	37.2%	Annual ↓			38.7%		2016/17= 37.2%																
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 Profile	Annual Plan Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18				
Prescribing	Total antibacterial items per 1,000 STAR-Pus (specific therapeutic group age related prescribing unit)	Q4 17/18	364	4 quarter ↓			340		311			299			346			364							
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q4 17/18	9%	4 quarter ↓			7.6%		10%			10%			9%			9%							
	NSAID average daily quantity per 1,000 STAR-Pus	Q4 17/18	1,496	4 quarter ↓			1,405		1,571			1,559			1,541			1,496							
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	May-18	0	12 month ↓	0	✓	4							0	0	0	0	0	0	0	0				
infection control	Cases of E.coli bacteraemias per 100k pop	Jun-18	92.8	TBC			84.42		96.6	115.7	111.2	117.2	120.1	85.1	93.4	109.0	44.3	89.0	85.1	95.7	92.8				
	Number of E.Coli bacteraemias cases	Jun-18	42		40	✗	216		42	52	51	53	52	39	43	47	18	40	42	43	42				
	Cases of S.aureus bacteraemias per 100k pop	Jun-18	43.7	TBC			29.7		32.2	42.3	24.5	34.5	28.9	39.1	57.8	31.1	51.7	31.1	28.9	46.7	43.7				
	Number of S.aureus bacteraemias cases	Jun-18	22		13	✗	76		14	20	12	14	14	17	25	14	21	15	14	21	22				
	Cases of C.difficile cases per 100k pop	Jun-18	34.5	TBC			26.97		75.9	53.4	57.8	50.6	53.4	66.7	31.1	44.5	41.9	51.2	57.8	40.0	34.5				
	Number of C.difficile cases	Jun-18	15		26	✓	69		31	24	26	24	24	28	14	22	18	27	26	18	15				
	Hand Hygiene Audits- compliance with WHO 5 moments	Jun-18	96%		95%	✓			95%	96%	99%	94%	96%	95%	96%	95%	95%	95%	95%	96%	96%				
Incidents	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Apr-18	1	0			-		-	-	1	-	2	-	0	-	0	-	1						
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	May-18	82%	90%	80%	✓	34.4%		87%	88%	88%	86%	83%	86%	89%	85%	92%	92%	79%	82%					
	Number of new Never Events	Jun-18	0	0	0	✓	2		0	0	0	1	0	1	1	1	2	4	0	0	0				
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Jun-18	39		Reduce	✓			61	46	33	34	47	43	49	51	37	46	48	47	39				
	Total number of pressure ulcers acquired in hospital per 100k admissions	Jun-18	477		Reduce	✓			672	545	390	442	525	495	572	602	497	553	611	524	477				
	Number of grade 3, 4, suspected deep tissue injury and unstageable pressure ulcers acquired in hospital	Jun-18	14		Reduce	✓			28	14	15	12	18	19	19	22	13	26	17	9	14				
	Number of grade 3, 4, suspected deep tissue injury and unstageable pressure ulcers acquired in hospital per 100k admissions	Jun-18	171		Reduce	✓			283	174	177	116	205	219	231	255	162	306	212	100	171				
	Total Number of pressure ulcers developed in the community	Jun-18	81		Reduce	✗			76	68	72	47	27	62	69	52	57	69	67	80	81				
	Number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers developed in the community	Jun-18	27		Reduce	✗			24	18	17	9	12	16	19	9	23	20	24	24	27				
	Number of grade 3, 4 and unstageable healthcare acquired pressure ulcers reported as serious incidents	May-18	13	12 month ↓	10	✗	114		39	19	18	8	10	5	6	18	6	13	12	13					
Inpatient Falls	Number of Inpatient Falls	Jun-18	326		Reduce	✓			376	346	382	335	326	350	318	344	309	357	347	357	326				
	Number of Inpatient Falls reported as serious incidents	May-18	4	12 month ↓	2	✓	26		1	1	2	2	4	2	3	8	5	2	2	4					
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) 1k pop.	2016/17	3.25	Annual ↓			3.99		2016/17= 3.25																
Mortality	Amenable mortality per 100k of the European standardised pop.	2016	142.9	Annual ↓			140.6		2016= 142.9																
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q2 17/18	2	4 quarter ↓			17			2															

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
DTCs	Number of mental health HB DTCs	Jun-18	28	10% ↓	28	✓			27	24	29	35	30	30	31	27	19	23	26	19	28	
	Number of non-mental health HB DTCs	Jun-18	70	10% ↓	38	✗			40	43	53	66	58	66	51	37	49	44	33	58	70	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Jun-18	90%	95%	95%	✗	64.4%		97%	95%	90%	90%	91%	95%	93%	91%	91%	91%	95%	95%	90%	
	Crude hospital mortality rate (74 years of age or less)	May-18	0.81%	12 month ↓			0.73%		0.79%	0.81%	0.82%	0.83%	0.81%	0.81%	0.80%	0.80%	0.80%	0.81%	0.81%	0.81%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Jun-18	98%		100%	✗			97.4%	93.7%	99.0%	99.1%	99.6%	96.0%	99.3%	97.4%	97.8%	96.7%	98%	98%	97%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	Apr-18	62%	85%						47%	50%	52%	55%	56%	60%	61%	60%	61%	62%	64%	66%	
Coding	% of episodes clinically coded within 1 month of discharge	May-18	93%	95%	96%	✗	93.5%		94%	95%	96%	96%	95%	89%	95%	93%	91%	93%	94%	93%		
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	93%	Annual ↑	0.95		91.7%		2017/18= 93%													
E-TOC	% of completed discharge summaries	Jun-18	60%		100%	✗			60%	66%	60%	64%	66%	66%	67%	62%	64%	65%	68%	64%	60%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	Q3 17/18	100.0%	100%	100%	✓	97%		98%			98%			100%			100%				
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q4 17/18	96	10% annual ↑	120	✗	317		48			72			85			96				
	Number of Health and Care Research Wales commercially sponsored studies	Q4 17/18	41	5% annual ↑	38	✓	101		16			28			38			41				
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q4 17/18	2,206	10% annual ↑	3,062	✗	9,134		456			884			1492			2,206				
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q4 17/18	294	5% annual ↑	232	✓	691		69			120			223			294				

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 Profile	Annual Plan Status	Welsh Average		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18			
Patient Experience	The 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.															
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Apr-18	61%	75%	78%	✓			82%	80%	80%	76%	78%	73%	80%	80%	61%	71%	80%					
	% 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	2016/17	88.9%	Annual ↑			89.7%		2016/17= 88.9%. Awaiting publication of 2017/18 data.															
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2016/17	91.3%	Annual ↑			91.3%		2016/17=91.3%. Awaiting publication of data.															
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons			< 5%					New measure for 2018/19. Awaiting publication of data.															
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q4 17/18	8.0%	4 quarter ↓			7.3%		7.9%			7.9%			8.2%			8.0%						
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2016/17	58.8%	Annual ↑			53.3%		2016/17= 58.8%. Awaiting publication of 2017/18 data.															
	% GP practices that completed MH DES in dementia care or other direct training	2016/17	16.7%	Annual ↑			21.6%		2016/17= 16.7%. Awaiting publication of 2017/18 data.															

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Primary Care	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours	Jun-18	94%	Annual ↑	95%	✗	87%		89%	89%	89%	89%	89%	88%	88%	88%	93%	93%	94%	94%	94%
	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Jun-18	82%	Annual ↑	95%	✗	84%		84%	84%	84%	84%	84%	84%	84%	84%	82%	81%	82%	82%	82%
	% of population regularly accessing NHS primary dental care	Dec-17	62.6%	4 quarter ↑			55%		62.3%			62.4%			62.6%						
Out of Hours/ Unscheduled Care	For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	Apr-18	83.1%	12 month ↑												79.9%	77.5%	78.5%	83.1%		
	For health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Apr-18	50.0%	12 month ↑												83.3%	25.0%	66.7%	50.0%		
	The % of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-18	78%	65%	65%	✓	76.1%		81%	76%	79%	82%	73%	73%	69%	66%	69%	67%	78%	77%	78%
	Number of ambulance handovers over one hour	Jun-18	351	0	152	✗	1,562		295	206	295	289	617	752	904	1,030	815	1,019	526	452	351
	% 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	Jun-18	81%	95%	83%	✗	82%		83%	83%	82%	84%	79%	76%	73%	76%	74%	71%	76%	79%	81%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Jun-18	476	0	190	✗	2,827		369	296	294	347	706	875	871	924	957	1051	737	624	476
	Percentage of survival within 30 days of emergency admission for a hip fracture	Mar-18	85.9%	12 month ↑			76.5%		72.0%	78.2%	85.2%	84.6%	80.2%	80.8%	74.3%	84.5%	85.9%	84.9%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Jun-18	40%	58.7%	45%	✗	49.5%		50%	57%	49%	49%	42%	35%	26%	32%	25%	34%	36%	38%	40%
	CT Scan (<1 hrs)	Jun-18	51%	TBC	40%	✓	57.0%		35%	36%	35%	80%	36%	38%	36%	35%	44%	36%	38%	43%	51%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Jun-18	88%	84.5%	75%	✓	86.3%		78%	81%	83%	83%	89%	80%	72%	81%	73%	73%	84%	93%	88%
	Thrombolysis door to needle <= 45 mins	Jun-18	38%	12 month ↑	25%	✓	26.5%		29%	18%	25%	0%	17%	22%	10%	0%	8%	6%	0%	11%	38%
Planned Care	% of patients waiting < 26 weeks for treatment	Jun-18	89%	95%	89.2%	✓	87.5%		88%	87%	86%	86%	87%	86%	85%	86%	87%	88%	88%	88%	89%
	Number of patients waiting > 26 weeks for outpatient appointment	Jun-18	55	-	150	✓	16,736		1,029	1,134	1,599	1,567	1,438	1,524	1,679	1,111	732	292	166	120	55
	Number of patients waiting > 36 weeks for treatment	Jun-18	3,319	0	3,325	✓	14,797		3,966	4,388	4,642	4,284	4,463	4,561	4,716	4,609	4,111	3,363	3,398	3,349	3,319
	Number of patients waiting > 8 weeks for a specified diagnostics	Jun-18	915	0	0	✗	3,488		484	533	651	455	349	361	576	473	278	29	702	786	915
	Number of patients waiting > 14 weeks for a specified therapy	Jun-18	0	0	0	✓	315		235	224	258	117	111	111	95	32	3	0	0	1	0
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	Jun-18	63,776	12 month ↓	56,770	✗	376,229		58,490	59,551	61,120	62,346	59,828	59,584	62,797	62,492	64,316	62,799	66,526	65,287	63,776
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)	Jun-18	95%	98%	98%	✗	97.5%		93%	97%	96%	98%	95%	99%	94%	91%	94%	93%	92%	90%	95%
	% 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	Jun-18	83%	95%	89%	✓	85.5%		73%	77%	80%	79%	85%	89%	82%	79%	83%	88%	77%	89%	83%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	May-18	94%	80%	80%	✓	82.4%		89%	67%	67%	66%	65%	65%	65%	67%	95%	94%	90%	94%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	May-18	81%	80%	80%	✓	81.8%		90%	94%	94%	95%	95%	79%	70%	75%	89%	87%	83%	81%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA			100%	100%				New measure for 2018/19. Awaiting publication of data.												
CAMHS	% urgent assessment by CAMHS within 48 hours of referral	May-18	100%		100%	✓			98%	100%	95%	98%	94%	98%	91%	98%	100%	96%	100%	100%	
	% routine assessment by CAMHS within 28 days of referral	May-18	68%		100%	✗			41%	37%	26%	48%	44%	35%	33%	30%	42%	38%	31%	68%	
	% patients with neurodevelopmental disorders receiving diagnostic assessment within 26 weeks	May-18	95%		100%	✗			0%	0%	0%	0%	59%	44%	93%	91%	95%	98%	94%	95%	
	% therapeutic interventions started within 28 days following assessment by LPMHSS	May-18	77%		100%	✗			100%	100%	100%	100%	100%	59%	71%	71%	88%	82%	44%	77%	
	% Health Board residents in receipt of CAMHS with valid CTP	May-18	71%		90%	✗			75%	71%	72%	73%	73%	73%	73%	73%	79%	73%	75%	71%	

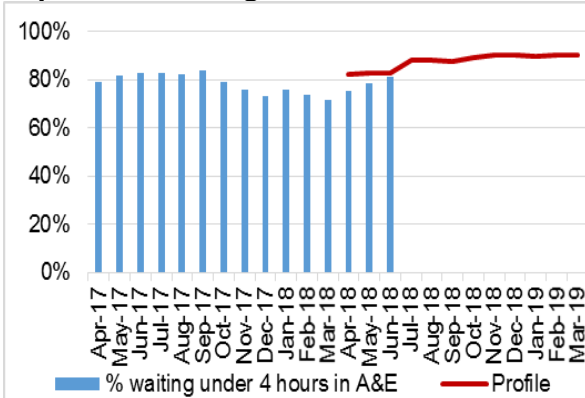
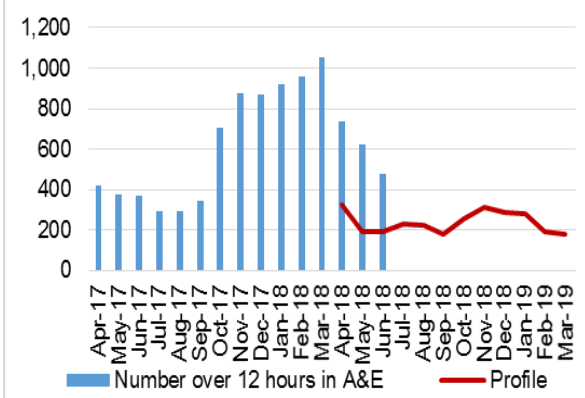
INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q4 17/18	107.5	4 quarter ↑			173.9		77.8			116.0			122.1			107.5			
	Rate of calls to the Wales dementia helpline per 100k pop.	Q4 17/18	4.4	4 quarter ↑			7.6		10.5			5.1			5.1			4.4			
	Rate of calls to the DAN helpline per 100k pop.	Q4 17/18	36.3	4 quarter ↑			34.4		36.5			33.6			25.9			36.3			
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Jun-18	90%	90%	90%	✓	89.3%		88.6%	89.1%	87.6%	89.2%	89.7%	90.1%	89.4%	88.8%	89.0%	88.8%	90.0%	90.0%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Jun-18	100%	100%	100%	✓	98.6%		100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100%	100%	

OUR STAFF & RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
DNAs	% of patients who did not attend a new outpatient appointment	Jun-18	6.2%	12 month reduction trend	5.9%	✗	7.2%		7.2%	7.0%	7.5%	7.1%	7.0%	6.5%	7.1%	6.6%	6.2%	6.2%	6.5%	6.4%	6.2%
	% of patients who did not attend a follow-up outpatient appointment	Jun-18	7.4%	12 month reduction trend	7.8%	✓	8.2%		9.4%	9.1%	9.5%	9.2%	9.1%	8.6%	9.4%	9.1%	8.2%	8.1%	7.8%	7.85%	7.4%
Theatre Efficiencies	Theatre Utilisation rates	Jun-18	74%		Increase	✗			75%	73%	68%	76%	75%	75%	72%	73%	73%	70%	72%	76%	74%
	% of theatre sessions starting late	Jun-18	41%		Reduce	✗			39%	39%	41%	43%	41%	42%	40%	43%	43%	46%	41%	41%	41%
	% of theatre sessions finishing early	Jun-18	39%		Reduce	✗			40%	37%	36%	36%	36%	35%	37%	34%	36%	43%	39%	37%	39%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q4 17/18	12%	Quarter on quarter ↑			10.6%		6%						12%			12%			
Elective Procedures	Elective caesarean rate	2016/17	14%	Annual ↓			12.80%		2016/17= 14%. Awaiting publication of 2017/18 data.												
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Jun-18	63%	85%	68%	✗	65.1%		59%	60%	61%	61%	63%	64%	64%	64%	63%	64%	64%	63%	63%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2016	55%	Improvement			53%		2016= 55%. Awaiting publication of 2017 data.												
	Overall staff engagement score – scale score method	2016	3.68	Improvement			3.65		2016= 3.68. Awaiting publication of 2017 data.												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Jun-18	57.0%	85%	48%	✓	68.1%		42%	44%	45%	46%	47%	48%	49%	49%	50%	51%	53%	55%	57%
	% workforce sickness and absent	May-18	5.81%	12 month ↓			5.24%		5.54%	5.55%	5.55%	5.54%	5.56%	5.59%	5.60%	5.65%	5.71%	5.76%	5.77%	5.81%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2016	70%	Improvement			68%		2016= 70%. Awaiting publication of 2017 data.												

4. Exception Reporting

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

4.1 Unscheduled Care (WG measures 67- 70)

Description	Current Performance	Trend	Actions planned for next period																																																																											
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	The achievement of the 4 hour performance measure has shown a month on month improvement in Quarter 1, reporting 81.02% in June. However this was below the internal profile of 83%. Singleton and Neath Port Talbot Hospitals continue to exceed the national target of 95% but Morriston and Princess of Wales hospital (POWH) are below profile, achieving 70.03% and 82.64% respectively. 4 hour performance at the POWH in June was the best achieved since September 2016.	% patients waiting under 4 hours in A&E  <table><caption>% patients waiting under 4 hours in A&E</caption><thead><tr><th>Month</th><th>% waiting under 4 hours in A&E</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>80.00</td><td>83.00</td></tr><tr><td>May-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Jun-17</td><td>81.02</td><td>83.00</td></tr><tr><td>Jul-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Aug-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Sep-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Oct-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Nov-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Dec-17</td><td>81.00</td><td>83.00</td></tr><tr><td>Jan-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Feb-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Mar-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Apr-18</td><td>81.00</td><td>83.00</td></tr><tr><td>May-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Jun-18</td><td>81.02</td><td>83.00</td></tr><tr><td>Jul-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Aug-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Sep-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Oct-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Nov-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Dec-18</td><td>81.00</td><td>83.00</td></tr><tr><td>Jan-19</td><td>81.00</td><td>83.00</td></tr><tr><td>Feb-19</td><td>81.00</td><td>83.00</td></tr><tr><td>Mar-19</td><td>81.00</td><td>83.00</td></tr></tbody></table>	Month	% waiting under 4 hours in A&E	Profile	Apr-17	80.00	83.00	May-17	81.00	83.00	Jun-17	81.02	83.00	Jul-17	81.00	83.00	Aug-17	81.00	83.00	Sep-17	81.00	83.00	Oct-17	81.00	83.00	Nov-17	81.00	83.00	Dec-17	81.00	83.00	Jan-18	81.00	83.00	Feb-18	81.00	83.00	Mar-18	81.00	83.00	Apr-18	81.00	83.00	May-18	81.00	83.00	Jun-18	81.02	83.00	Jul-18	81.00	83.00	Aug-18	81.00	83.00	Sep-18	81.00	83.00	Oct-18	81.00	83.00	Nov-18	81.00	83.00	Dec-18	81.00	83.00	Jan-19	81.00	83.00	Feb-19	81.00	83.00	Mar-19	81.00	83.00	<ul style="list-style-type: none">Ongoing and increased focus on implementation of the SAFER flow bundle to support patient flow, reducing unnecessary stays in hospital and increasing avoidable admissions.Implementation of Quarter 2 USC improvement plans with a particular focus on frailty services, ambulatory care models and working with partners in Local Authorities and the 3rd sector on arrangements to develop more sustainable models of care to support patient flow.Implementation of the action plan developed following Breaking the Cycle to support sustainable improvement in patient flow and safety.Improved system escalation arrangements.
Month	% waiting under 4 hours in A&E	Profile																																																																												
Apr-17	80.00	83.00																																																																												
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A&E waiting times The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Performance against the 12 hour A&E measure also continues to be although the performance is improving. In June 2018, the Health Board had 476 12 hour breaches of which 333 were attributed to Morriston Hospital, 141 to Princess of Wales Hospital and 2 to Singleton Hospital. Whilst this position is improving, it remains outside of trajectory.	Number of patients waiting over 12 hours in A&E  <table><caption>Number of patients waiting over 12 hours in A&E</caption><thead><tr><th>Month</th><th>Number over 12 hours in A&E</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>400</td><td>200</td></tr><tr><td>May-17</td><td>350</td><td>200</td></tr><tr><td>Jun-17</td><td>350</td><td>200</td></tr><tr><td>Jul-17</td><td>300</td><td>200</td></tr><tr><td>Aug-17</td><td>300</td><td>200</td></tr><tr><td>Sep-17</td><td>300</td><td>200</td></tr><tr><td>Oct-17</td><td>300</td><td>200</td></tr><tr><td>Nov-17</td><td>300</td><td>200</td></tr><tr><td>Dec-17</td><td>300</td><td>200</td></tr><tr><td>Jan-18</td><td>300</td><td>200</td></tr><tr><td>Feb-18</td><td>300</td><td>200</td></tr><tr><td>Mar-18</td><td>300</td><td>200</td></tr><tr><td>Apr-18</td><td>300</td><td>200</td></tr><tr><td>May-18</td><td>300</td><td>200</td></tr><tr><td>Jun-18</td><td>476</td><td>200</td></tr><tr><td>Jul-18</td><td>300</td><td>200</td></tr><tr><td>Aug-18</td><td>300</td><td>200</td></tr><tr><td>Sep-18</td><td>300</td><td>200</td></tr><tr><td>Oct-18</td><td>300</td><td>200</td></tr><tr><td>Nov-18</td><td>300</td><td>200</td></tr><tr><td>Dec-18</td><td>300</td><td>200</td></tr><tr><td>Jan-19</td><td>300</td><td>200</td></tr><tr><td>Feb-19</td><td>300</td><td>200</td></tr><tr><td>Mar-19</td><td>300</td><td>200</td></tr></tbody></table>	Month	Number over 12 hours in A&E	Profile	Apr-17	400	200	May-17	350	200	Jun-17	350	200	Jul-17	300	200	Aug-17	300	200	Sep-17	300	200	Oct-17	300	200	Nov-17	300	200	Dec-17	300	200	Jan-18	300	200	Feb-18	300	200	Mar-18	300	200	Apr-18	300	200	May-18	300	200	Jun-18	476	200	Jul-18	300	200	Aug-18	300	200	Sep-18	300	200	Oct-18	300	200	Nov-18	300	200	Dec-18	300	200	Jan-19	300	200	Feb-19	300	200	Mar-19	300	200	
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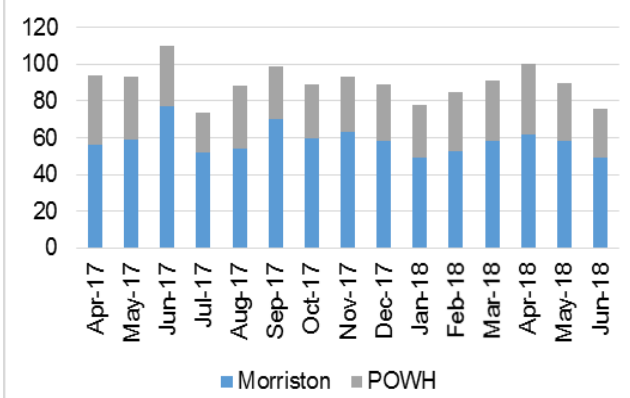
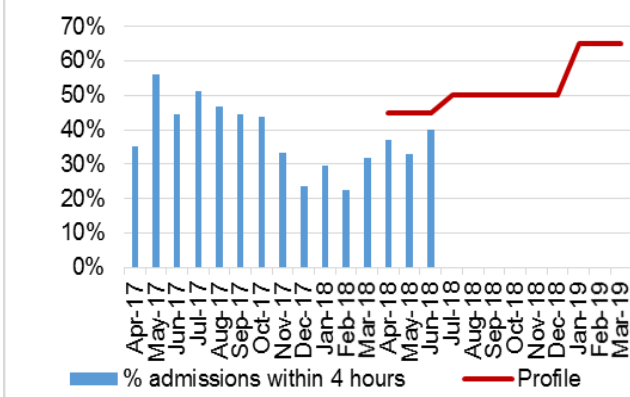
Description	Current Performance	Trend	Actions planned for next period																																																																											
Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Ambulance response times are consistently above the national target and local profile of 65%, reporting 78% at the end of June, which was the second highest performance across Wales. 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 number and proportion of red calls in Wales for the population served.	Percentage of red call responses within 8 minutes <table border="1"><caption>Percentage of red call responses within 8 minutes</caption><thead><tr><th>Month</th><th>% red calls responses within 8 minutes</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>82%</td><td>65%</td></tr><tr><td>May-17</td><td>80%</td><td>65%</td></tr><tr><td>Jun-17</td><td>80%</td><td>65%</td></tr><tr><td>Jul-17</td><td>78%</td><td>65%</td></tr><tr><td>Aug-17</td><td>78%</td><td>65%</td></tr><tr><td>Sep-17</td><td>82%</td><td>65%</td></tr><tr><td>Oct-17</td><td>72%</td><td>65%</td></tr><tr><td>Nov-17</td><td>72%</td><td>65%</td></tr><tr><td>Dec-17</td><td>70%</td><td>65%</td></tr><tr><td>Jan-18</td><td>68%</td><td>65%</td></tr><tr><td>Feb-18</td><td>68%</td><td>65%</td></tr><tr><td>Mar-18</td><td>68%</td><td>65%</td></tr><tr><td>Apr-18</td><td>78%</td><td>65%</td></tr><tr><td>May-18</td><td>78%</td><td>65%</td></tr><tr><td>Jun-18</td><td>78%</td><td>65%</td></tr><tr><td>Jul-18</td><td>-</td><td>65%</td></tr><tr><td>Aug-18</td><td>-</td><td>65%</td></tr><tr><td>Sep-18</td><td>-</td><td>65%</td></tr><tr><td>Oct-18</td><td>-</td><td>65%</td></tr><tr><td>Nov-18</td><td>-</td><td>65%</td></tr><tr><td>Dec-18</td><td>-</td><td>65%</td></tr><tr><td>Jan-19</td><td>-</td><td>65%</td></tr><tr><td>Feb-19</td><td>-</td><td>65%</td></tr><tr><td>Mar-19</td><td>-</td><td>65%</td></tr></tbody></table>	Month	% red calls responses within 8 minutes	Profile	Apr-17	82%	65%	May-17	80%	65%	Jun-17	80%	65%	Jul-17	78%	65%	Aug-17	78%	65%	Sep-17	82%	65%	Oct-17	72%	65%	Nov-17	72%	65%	Dec-17	70%	65%	Jan-18	68%	65%	Feb-18	68%	65%	Mar-18	68%	65%	Apr-18	78%	65%	May-18	78%	65%	Jun-18	78%	65%	Jul-18	-	65%	Aug-18	-	65%	Sep-18	-	65%	Oct-18	-	65%	Nov-18	-	65%	Dec-18	-	65%	Jan-19	-	65%	Feb-19	-	65%	Mar-19	-	65%	<ul style="list-style-type: none">Work with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Evidence suggests that there has been a reduction in the number of patients being conveyed to hospital in the amber and green(health care professional) call category.Review of amber 1 and 2 call demand in conjunction with WAST and participate in the National review of amber call demand initiated by the Cabinet Secretary.
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Ambulance handovers The number of ambulance handovers over one hour	<p>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 June 2018, Morriston Hospital saw an increase of 22 compared with June 2017 (233 to 245). Princess of Wales Hospital (POWH) saw an increase of 38 (50 to 88) and Singleton Hospital saw an increase of 6 (12 to 18).</p> <p>The number of > 1 hour ambulance patient handover delays increased by 56 from 295 in June 2018 to 351 in June 2018.</p>	Number of ambulance handovers over one hour <table border="1"><caption>Number of ambulance handovers over one hour</caption><thead><tr><th>Month</th><th>Ambulance handovers > 1 hour</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>300</td><td>250</td></tr><tr><td>May-17</td><td>250</td><td>250</td></tr><tr><td>Jun-17</td><td>250</td><td>250</td></tr><tr><td>Jul-17</td><td>200</td><td>250</td></tr><tr><td>Aug-17</td><td>250</td><td>250</td></tr><tr><td>Sep-17</td><td>250</td><td>250</td></tr><tr><td>Oct-17</td><td>600</td><td>250</td></tr><tr><td>Nov-17</td><td>750</td><td>250</td></tr><tr><td>Dec-17</td><td>900</td><td>250</td></tr><tr><td>Jan-18</td><td>1000</td><td>250</td></tr><tr><td>Feb-18</td><td>800</td><td>250</td></tr><tr><td>Mar-18</td><td>1000</td><td>250</td></tr><tr><td>Apr-18</td><td>500</td><td>250</td></tr><tr><td>May-18</td><td>450</td><td>150</td></tr><tr><td>Jun-18</td><td>350</td><td>150</td></tr><tr><td>Jul-18</td><td>-</td><td>150</td></tr><tr><td>Aug-18</td><td>-</td><td>200</td></tr><tr><td>Sep-18</td><td>-</td><td>150</td></tr><tr><td>Oct-18</td><td>-</td><td>200</td></tr><tr><td>Nov-18</td><td>-</td><td>250</td></tr><tr><td>Dec-18</td><td>-</td><td>250</td></tr><tr><td>Jan-19</td><td>-</td><td>200</td></tr><tr><td>Feb-19</td><td>-</td><td>150</td></tr><tr><td>Mar-19</td><td>-</td><td>150</td></tr></tbody></table>	Month	Ambulance handovers > 1 hour	Profile	Apr-17	300	250	May-17	250	250	Jun-17	250	250	Jul-17	200	250	Aug-17	250	250	Sep-17	250	250	Oct-17	600	250	Nov-17	750	250	Dec-17	900	250	Jan-18	1000	250	Feb-18	800	250	Mar-18	1000	250	Apr-18	500	250	May-18	450	150	Jun-18	350	150	Jul-18	-	150	Aug-18	-	200	Sep-18	-	150	Oct-18	-	200	Nov-18	-	250	Dec-18	-	250	Jan-19	-	200	Feb-19	-	150	Mar-19	-	150	<ul style="list-style-type: none">A joint review Health Board/WAST review and response is being developed to the WAST internal audit report recommendations on opportunities to improve timeliness of hospital handover. This will report into the Audit Committee meeting on 31st July.
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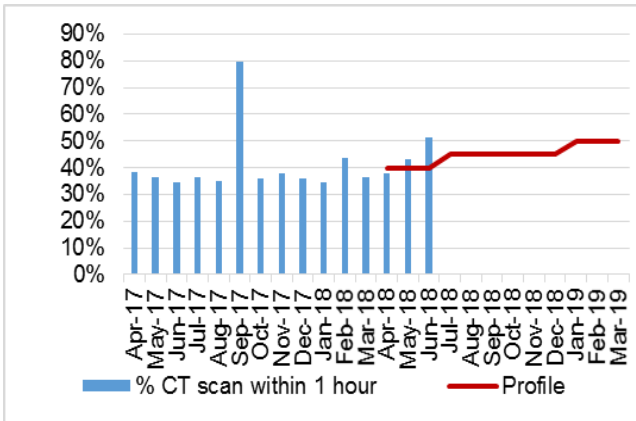
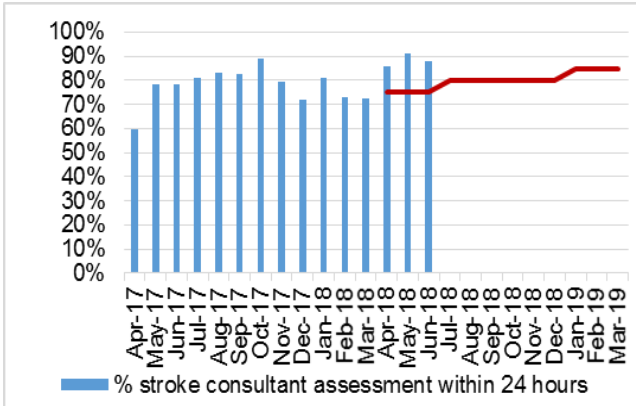
Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	<p>In June 2018, there were at total of 16,251 A&E attendances across the Health Board which is 522 more than June 2017:</p> <ul style="list-style-type: none"> Morrison Hospital: 3.5% increase in the number of attendances (7,061 to 7,305) Singleton Hospital Minor Injury Unit (MIU): 9.5% increase in attendances (497 to 544) Princess of Wales Hospital: 4.4% increase in attendances (4,726 to 4932) Neath Port Talbot Hospital MIU: a marginal increase in attendances (3,445 to 3,470). 	<p>Number of A&E attendances</p> <p>Legend: Morrison, Singleton, POW, NPTH</p>	<ul style="list-style-type: none"> 111 awareness campaign continues and 111 Directory of ABMU services will be reviewed in Q2. Public Health and Health Board communications on tips for keeping safe and well in hot weather. Continued implementation of the sustainability plan for the out of hours service including completing the recruitment of Nurse Clinical Lead for the multidisciplinary non-medical workforce. GMS Access Action Plan being prepared in response to CHC patient satisfaction Survey. Roll out of the Common Ailments Service (CAS) to all eligible pharmacies (124/125) by Q2.
Emergency Admissions The number of emergency admissions across the Health Board by site	<p>In June 2018, there were a total of 5,740 emergency admissions across the Health Board which is 223 less than June 2017</p> <p>The reduction masks increases in trauma and plastic surgery admissions of 13% and 5 % respectively, which can be attributable to the unusually hot weather experienced in June 2018.</p>	<p>Number of emergency admissions</p> <p>Legend: Morrison, Singleton, POW, NPTH</p>	<ul style="list-style-type: none"> Testing and further developing ambulatory care and frailty models to support admission avoidance. Scoping potential options to increase the number of patients who are discharged home to determine their ongoing care support needs in conjunction with LA and 3rd sector partners. Proposals will be discussed at the unscheduled care board on 24th July.

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 June 2018, there were 260 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 30% increase when compared with June 2017. However it must be noted that data collection has significantly improved recently which could also attribute to the increase in numbers.	<p>The number of discharge/ medically fit patients by site</p> <p>*Standardised collection of data from Gorseinon Hospital only commenced in January 2018 and no data available for POWH in February & March 2018.</p>	<ul style="list-style-type: none"> Supporting and promoting the national #endpjsparalysis campaign between April and August to support earlier and timelier patient discharge, and to raise awareness of the impact of unnecessary or avoidable hospital stays on patient outcomes. Exploring options for models of care to provide more timely discharge and value based care for frail older people, and support an increase in patients who have their ongoing care needs assessed outside of the hospital setting. Continue to promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	In June 2018, the number of elective procedures cancelled due to lack of beds was 62% less than in June 2017. Across the Health Board 34 procedures were cancelled in June 2018 compared with 90 in June 2017. Morriston saw the largest proportion of cancelled procedures (85%).	<p>Total number of elective procedures cancelled due to lack of beds</p>	<ul style="list-style-type: none"> Introduce revised escalation process in Morriston Hospital to reduce ward delays and early release of bed space for admissions. Continue to implement additional arrangements to mitigate impact of unscheduled care pressures on elective capacity.

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 June 2018 was in line with the internal profile of 28. In June 2018, Swansea had 14 delays compared with 8 in Bridgend and 6 in Neath Port Talbot.	Number of Mental Health DToCs 	<ul style="list-style-type: none"> Discussions are taking place with Local Authority partners at all levels to discuss collaborative opportunities to improve the discharge pathway and patient experience, and to consider how this may be supported through the Transformation Funds in 2018/19 or via invest to save proposals.
Delayed Transfers of Care (DToC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In June 2018, the number of non-mental health and Learning disability delayed transfers of care was 70 which is higher than the internal profile of 38. Swansea Locality usually has the largest proportion of delays but in June NPT had the largest proportion (43%) followed by Swansea with 33% and Bridgend with 24%. The growth in NPT is attributed to an increase in patients waiting LA placement of care or completion of assessment; and patients waiting for CRT input (but there is currently no capacity in the service).	Number of Non Mental Health DToCs 	<ul style="list-style-type: none"> Define and maximise opportunities to increase the number of patients who are discharged home to determine their ongoing care support needs.

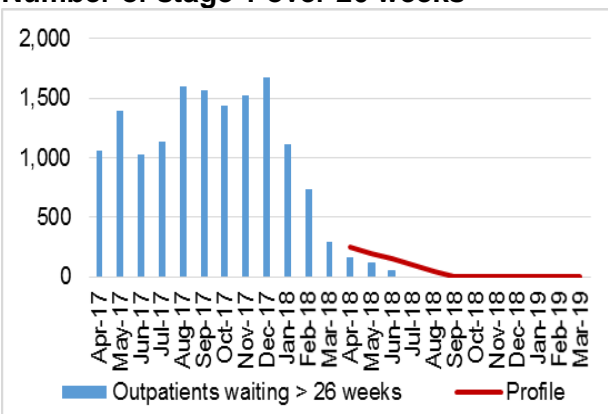
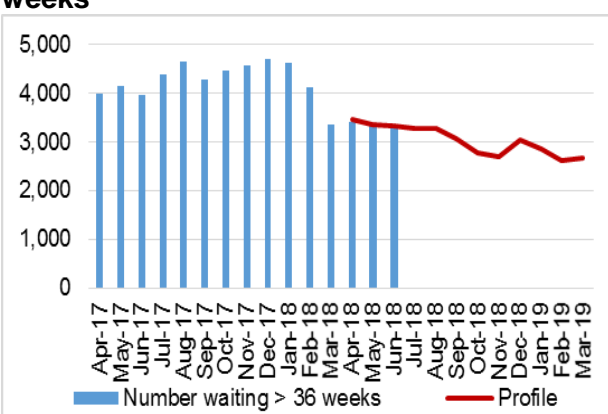
4.2 Acute Stroke Care (WG Measures 63- 66)

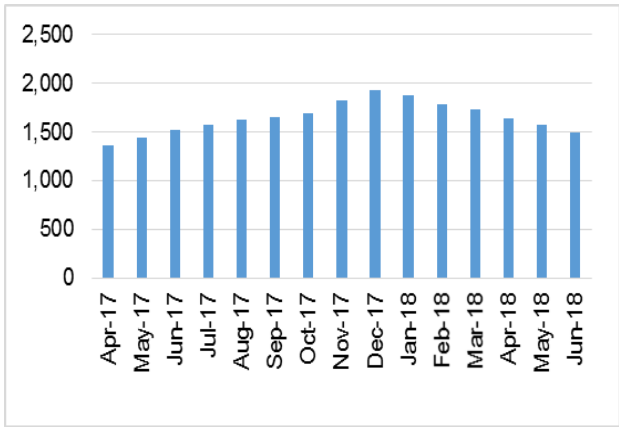
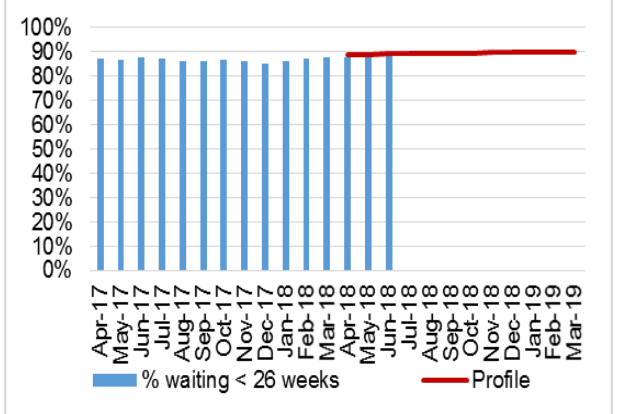
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Stroke Admissions The total number of stroke admissions into the Health Board	In June 2018, there were 76 confirmed stroke admissions across the Health Board; 49 in Morriston and 27 in Princess of Wales. This is 31% less when compared with June 2017 (110 to 76).	Total number of stroke admissions  <table><caption>Total number of stroke admissions</caption><thead><tr><th>Month</th><th>Morriston</th><th>POWH</th><th>Total</th></tr></thead><tbody><tr><td>Apr-17</td><td>55</td><td>40</td><td>95</td></tr><tr><td>May-17</td><td>60</td><td>35</td><td>95</td></tr><tr><td>Jun-17</td><td>80</td><td>30</td><td>110</td></tr><tr><td>Jul-17</td><td>50</td><td>25</td><td>75</td></tr><tr><td>Aug-17</td><td>55</td><td>35</td><td>90</td></tr><tr><td>Sep-17</td><td>70</td><td>30</td><td>100</td></tr><tr><td>Oct-17</td><td>60</td><td>30</td><td>90</td></tr><tr><td>Nov-17</td><td>65</td><td>30</td><td>95</td></tr><tr><td>Dec-17</td><td>60</td><td>30</td><td>90</td></tr><tr><td>Jan-18</td><td>50</td><td>30</td><td>80</td></tr><tr><td>Feb-18</td><td>55</td><td>30</td><td>85</td></tr><tr><td>Mar-18</td><td>60</td><td>35</td><td>95</td></tr><tr><td>Apr-18</td><td>65</td><td>35</td><td>100</td></tr><tr><td>May-18</td><td>60</td><td>30</td><td>90</td></tr><tr><td>Jun-18</td><td>49</td><td>27</td><td>76</td></tr></tbody></table>	Month	Morriston	POWH	Total	Apr-17	55	40	95	May-17	60	35	95	Jun-17	80	30	110	Jul-17	50	25	75	Aug-17	55	35	90	Sep-17	70	30	100	Oct-17	60	30	90	Nov-17	65	30	95	Dec-17	60	30	90	Jan-18	50	30	80	Feb-18	55	30	85	Mar-18	60	35	95	Apr-18	65	35	100	May-18	60	30	90	Jun-18	49	27	76	<ul style="list-style-type: none">Continue to roll out and support the impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.Implementing a suite of improvement actions to support people to live a healthy lifestyle (inc. smoking cessation, weight management).Evaluate success of Stroke Retrieval Pilot undertaken in Morriston during June to identify areas of opportunity and challenge further improvements.An additional 9 Senior Clinical Fellows will take up their Morriston appointments in August which will allow an additional middle tier - each night and week-ends.											
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Jun-18	49	27	76																																																																											
Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	<p>In June 2018 only 30 out of 75 patients had a direct admission to an acute stroke Unit within 4 hours (40%).</p> <p>The four hour target appears to be a challenge across Wales. The latest all-Wales published data is May 2018 which confirms that performance ranged from 37.5% to 65.5%. ABMU achieved 37.5%.</p>	Percentage of patients admitted to stroke unit within 4 hours  <table><caption>Percentage of patients admitted to stroke unit within 4 hours</caption><thead><tr><th>Month</th><th>% admissions within 4 hours</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>35%</td><td></td></tr><tr><td>May-17</td><td>55%</td><td></td></tr><tr><td>Jun-17</td><td>45%</td><td></td></tr><tr><td>Jul-17</td><td>50%</td><td></td></tr><tr><td>Aug-17</td><td>45%</td><td></td></tr><tr><td>Sep-17</td><td>45%</td><td></td></tr><tr><td>Oct-17</td><td>45%</td><td></td></tr><tr><td>Nov-17</td><td>35%</td><td></td></tr><tr><td>Dec-17</td><td>25%</td><td></td></tr><tr><td>Jan-18</td><td>30%</td><td></td></tr><tr><td>Feb-18</td><td>25%</td><td></td></tr><tr><td>Mar-18</td><td>35%</td><td></td></tr><tr><td>Apr-18</td><td>35%</td><td>45%</td></tr><tr><td>May-18</td><td>30%</td><td>45%</td></tr><tr><td>Jun-18</td><td>40%</td><td>45%</td></tr><tr><td>Jul-18</td><td></td><td>50%</td></tr><tr><td>Aug-18</td><td></td><td>50%</td></tr><tr><td>Sep-18</td><td></td><td>50%</td></tr><tr><td>Oct-18</td><td></td><td>50%</td></tr><tr><td>Nov-18</td><td></td><td>50%</td></tr><tr><td>Dec-18</td><td></td><td>65%</td></tr><tr><td>Jan-19</td><td></td><td>65%</td></tr><tr><td>Feb-19</td><td></td><td>65%</td></tr><tr><td>Mar-19</td><td></td><td>65%</td></tr></tbody></table>	Month	% admissions within 4 hours	Profile	Apr-17	35%		May-17	55%		Jun-17	45%		Jul-17	50%		Aug-17	45%		Sep-17	45%		Oct-17	45%		Nov-17	35%		Dec-17	25%		Jan-18	30%		Feb-18	25%		Mar-18	35%		Apr-18	35%	45%	May-18	30%	45%	Jun-18	40%	45%	Jul-18		50%	Aug-18		50%	Sep-18		50%	Oct-18		50%	Nov-18		50%	Dec-18		65%	Jan-19		65%	Feb-19		65%	Mar-19		65%	<ul style="list-style-type: none">Revise the Morriston medical On-Call rota with the additional senior Medical staff to support greater spread of cover into the wards and medical cover to support A & E.Additional training to improve swallow screening compliance within the Emergency department staff.POWH – will build on two recent workshops to develop 5 key Task and Finish groups to focus on improving stroke performance.Further review of Consultant Job Plans to ensure sufficient ward cover.
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Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In June 2018, ABMU achieved 51.3% which was above the internal profile of 45%.	Percentage of patients receiving CT scan within 1 hour  <table><caption>Percentage of patients receiving CT scan within 1 hour</caption><thead><tr><th>Month</th><th>% CT scan within 1 hour</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>38%</td><td>45%</td></tr><tr><td>May-17</td><td>35%</td><td>45%</td></tr><tr><td>Jun-17</td><td>35%</td><td>45%</td></tr><tr><td>Jul-17</td><td>35%</td><td>45%</td></tr><tr><td>Aug-17</td><td>35%</td><td>45%</td></tr><tr><td>Sep-17</td><td>80%</td><td>45%</td></tr><tr><td>Oct-17</td><td>35%</td><td>45%</td></tr><tr><td>Nov-17</td><td>35%</td><td>45%</td></tr><tr><td>Dec-17</td><td>35%</td><td>45%</td></tr><tr><td>Jan-18</td><td>35%</td><td>45%</td></tr><tr><td>Feb-18</td><td>42%</td><td>45%</td></tr><tr><td>Mar-18</td><td>35%</td><td>45%</td></tr><tr><td>Apr-18</td><td>40%</td><td>45%</td></tr><tr><td>May-18</td><td>40%</td><td>45%</td></tr><tr><td>Jun-18</td><td>51.3%</td><td>45%</td></tr><tr><td>Jul-18</td><td>45%</td><td>45%</td></tr><tr><td>Aug-18</td><td>45%</td><td>45%</td></tr><tr><td>Sep-18</td><td>45%</td><td>45%</td></tr><tr><td>Oct-18</td><td>45%</td><td>45%</td></tr><tr><td>Nov-18</td><td>45%</td><td>45%</td></tr><tr><td>Dec-18</td><td>45%</td><td>45%</td></tr><tr><td>Jan-19</td><td>50%</td><td>45%</td></tr><tr><td>Feb-19</td><td>50%</td><td>45%</td></tr><tr><td>Mar-19</td><td>50%</td><td>45%</td></tr></tbody></table>	Month	% CT scan within 1 hour	Profile	Apr-17	38%	45%	May-17	35%	45%	Jun-17	35%	45%	Jul-17	35%	45%	Aug-17	35%	45%	Sep-17	80%	45%	Oct-17	35%	45%	Nov-17	35%	45%	Dec-17	35%	45%	Jan-18	35%	45%	Feb-18	42%	45%	Mar-18	35%	45%	Apr-18	40%	45%	May-18	40%	45%	Jun-18	51.3%	45%	Jul-18	45%	45%	Aug-18	45%	45%	Sep-18	45%	45%	Oct-18	45%	45%	Nov-18	45%	45%	Dec-18	45%	45%	Jan-19	50%	45%	Feb-19	50%	45%	Mar-19	50%	45%	<ul style="list-style-type: none">Relocate the TIA clinic and look to increase the number of clinics.Develop Early Supportive Discharge cases for investment in both Morriston and POW units for consideration by the IGB.Finalise the DU review of the stroke pathway within POW.Continue to roll out amended Stroke documentation in POW.At Singleton the team will examine all processes including senior review / early discharge / effective Board rounds on ward 7.Singleton will also review their Rehabilitation pathway / hand over assessments and criteria between Ward F and ward 7.
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Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In June 2018, ABMU achieved 88.2% which was above the internal profile of 75%.	Percentage of patients assessed by stroke consultant within 24 hours  <table><caption>Percentage of patients assessed by stroke consultant within 24 hours</caption><thead><tr><th>Month</th><th>% stroke consultant assessment within 24 hours</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>60%</td><td>75%</td></tr><tr><td>May-17</td><td>78%</td><td>75%</td></tr><tr><td>Jun-17</td><td>78%</td><td>75%</td></tr><tr><td>Jul-17</td><td>80%</td><td>75%</td></tr><tr><td>Aug-17</td><td>80%</td><td>75%</td></tr><tr><td>Sep-17</td><td>82%</td><td>75%</td></tr><tr><td>Oct-17</td><td>85%</td><td>75%</td></tr><tr><td>Nov-17</td><td>80%</td><td>75%</td></tr><tr><td>Dec-17</td><td>72%</td><td>75%</td></tr><tr><td>Jan-18</td><td>80%</td><td>75%</td></tr><tr><td>Feb-18</td><td>72%</td><td>75%</td></tr><tr><td>Mar-18</td><td>72%</td><td>75%</td></tr><tr><td>Apr-18</td><td>85%</td><td>75%</td></tr><tr><td>May-18</td><td>88.2%</td><td>75%</td></tr><tr><td>Jun-18</td><td>88.2%</td><td>75%</td></tr><tr><td>Jul-18</td><td>80%</td><td>75%</td></tr><tr><td>Aug-18</td><td>80%</td><td>75%</td></tr><tr><td>Sep-18</td><td>80%</td><td>75%</td></tr><tr><td>Oct-18</td><td>80%</td><td>75%</td></tr><tr><td>Nov-18</td><td>80%</td><td>75%</td></tr><tr><td>Dec-18</td><td>80%</td><td>75%</td></tr><tr><td>Jan-19</td><td>85%</td><td>75%</td></tr><tr><td>Feb-19</td><td>85%</td><td>75%</td></tr><tr><td>Mar-19</td><td>85%</td><td>75%</td></tr></tbody></table>	Month	% stroke consultant assessment within 24 hours	Profile	Apr-17	60%	75%	May-17	78%	75%	Jun-17	78%	75%	Jul-17	80%	75%	Aug-17	80%	75%	Sep-17	82%	75%	Oct-17	85%	75%	Nov-17	80%	75%	Dec-17	72%	75%	Jan-18	80%	75%	Feb-18	72%	75%	Mar-18	72%	75%	Apr-18	85%	75%	May-18	88.2%	75%	Jun-18	88.2%	75%	Jul-18	80%	75%	Aug-18	80%	75%	Sep-18	80%	75%	Oct-18	80%	75%	Nov-18	80%	75%	Dec-18	80%	75%	Jan-19	85%	75%	Feb-19	85%	75%	Mar-19	85%	75%	<ul style="list-style-type: none">As above
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Thrombolysed Patients with Door-to-Needle <= 45 mins	In June 2018, 100% of eligible patients were thrombolysed but only 6 of the 16 patients were thrombolysed within the 45 minutes (door to needle) standard.	<div>Thrombolysed patients within 45 minutes</div> <table><thead><tr><th>Month</th><th>% thrombolysed within 45 minutes</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>5%</td><td></td></tr><tr><td>May-17</td><td>28%</td><td></td></tr><tr><td>Jun-17</td><td>18%</td><td></td></tr><tr><td>Jul-17</td><td>25%</td><td></td></tr><tr><td>Aug-17</td><td>16%</td><td></td></tr><tr><td>Sep-17</td><td>22%</td><td></td></tr><tr><td>Oct-17</td><td>10%</td><td></td></tr><tr><td>Nov-17</td><td>8%</td><td></td></tr><tr><td>Dec-17</td><td>5%</td><td></td></tr><tr><td>Jan-18</td><td>5%</td><td></td></tr><tr><td>Feb-18</td><td>5%</td><td></td></tr><tr><td>Mar-18</td><td>5%</td><td></td></tr><tr><td>Apr-18</td><td>5%</td><td>20%</td></tr><tr><td>May-18</td><td>38%</td><td>25%</td></tr><tr><td>Jun-18</td><td>100%</td><td>38%</td></tr><tr><td>Jul-18</td><td>30%</td><td>30%</td></tr><tr><td>Aug-18</td><td>30%</td><td>30%</td></tr><tr><td>Sep-18</td><td>35%</td><td>35%</td></tr><tr><td>Oct-18</td><td>35%</td><td>35%</td></tr><tr><td>Nov-18</td><td>40%</td><td>40%</td></tr><tr><td>Dec-18</td><td>40%</td><td>40%</td></tr><tr><td>Jan-19</td><td>40%</td><td>40%</td></tr><tr><td>Feb-19</td><td>40%</td><td>40%</td></tr><tr><td>Mar-19</td><td>40%</td><td>40%</td></tr></tbody></table>	Month	% thrombolysed within 45 minutes	Profile	Apr-17	5%		May-17	28%		Jun-17	18%		Jul-17	25%		Aug-17	16%		Sep-17	22%		Oct-17	10%		Nov-17	8%		Dec-17	5%		Jan-18	5%		Feb-18	5%		Mar-18	5%		Apr-18	5%	20%	May-18	38%	25%	Jun-18	100%	38%	Jul-18	30%	30%	Aug-18	30%	30%	Sep-18	35%	35%	Oct-18	35%	35%	Nov-18	40%	40%	Dec-18	40%	40%	Jan-19	40%	40%	Feb-19	40%	40%	Mar-19	40%	40%	<ul style="list-style-type: none">As above
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4.3 Planned Care (WG Measures 58- 61)

Description	Current Performance	Trend	Actions planned for next period
Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)	The number of patients waiting over 26 weeks for a first outpatient appointment continues to reduce in line with the internal trajectory. In June 2018 there were 55 patients waiting over 26 weeks. OMFS accounts for 65% of the breaches. The remaining breaches are in Gynaecology, Ophthalmology, Cardiology and Paediatrics.	Number of stage 1 over 26 weeks 	<ul style="list-style-type: none"> Core capacity being maximised and additional clinics being secured across a range of specialties to sustain an improving position. There is a risk in Gynaecology at Princess of Wales due to the mid-long term sickness of 4 consultants (50% of team). Two locums have been secured to provide some sustainability.
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In June 2018 there were 647 less patients waiting over 36 weeks compared with June 2018. 97% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 67% of the breaches, followed by General Surgery with 16%. June 2018 is 44 patients lower than the March 2018 position.	Number of patients waiting longer than 36 weeks 	<ul style="list-style-type: none"> Additional Orthopaedic cases through outsourcing in Quarter 2 for the West. Scoping commenced for a staffed mobile theatre unit at Princess of Wales for Orthopaedics and some General Surgery. If feasible could be located by September. Locum Spinal Consultant appointed and commencing in August. Improvement plan for the booking and Treatment in Turn (TinT) rates for Gynaecology at Singleton, being monitored and impact reviewed at the end of July.

Description	Current Performance	Trend	Actions planned for next period																																																		
Total waiting times The number of patients waiting more than 52 weeks for treatment	The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. The position has improved by 85 patients in June 2018 and is 239 ahead of the March 2018 position.	Number of patients waiting longer than 52 weeks  <table><caption>Number of patients waiting longer than 52 weeks</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Apr-17</td><td>1,350</td></tr><tr><td>May-17</td><td>1,450</td></tr><tr><td>Jun-17</td><td>1,500</td></tr><tr><td>Jul-17</td><td>1,550</td></tr><tr><td>Aug-17</td><td>1,600</td></tr><tr><td>Sep-17</td><td>1,650</td></tr><tr><td>Oct-17</td><td>1,700</td></tr><tr><td>Nov-17</td><td>1,800</td></tr><tr><td>Dec-17</td><td>1,900</td></tr><tr><td>Jan-18</td><td>1,850</td></tr><tr><td>Feb-18</td><td>1,750</td></tr><tr><td>Mar-18</td><td>1,700</td></tr><tr><td>Apr-18</td><td>1,650</td></tr><tr><td>May-18</td><td>1,600</td></tr><tr><td>Jun-18</td><td>1,500</td></tr></tbody></table>	Month	Number of patients	Apr-17	1,350	May-17	1,450	Jun-17	1,500	Jul-17	1,550	Aug-17	1,600	Sep-17	1,650	Oct-17	1,700	Nov-17	1,800	Dec-17	1,900	Jan-18	1,850	Feb-18	1,750	Mar-18	1,700	Apr-18	1,650	May-18	1,600	Jun-18	1,500	<ul style="list-style-type: none">The actions relating to > 52 week patients are the same as 36 week patients.Targeted treat in turn and clinical discussions to prioritise longest waiting patients.Units challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.																		
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Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. So far in 2018/19 the percentage continues to improve with June 2018 reaching 88.7%.	Percentage of patient waiting less than 26 weeks  <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>% waiting < 26 weeks</th></tr></thead><tbody><tr><td>Apr-17</td><td>86.0%</td></tr><tr><td>May-17</td><td>86.0%</td></tr><tr><td>Jun-17</td><td>86.0%</td></tr><tr><td>Jul-17</td><td>86.0%</td></tr><tr><td>Aug-17</td><td>86.0%</td></tr><tr><td>Sep-17</td><td>86.0%</td></tr><tr><td>Oct-17</td><td>86.0%</td></tr><tr><td>Nov-17</td><td>86.0%</td></tr><tr><td>Dec-17</td><td>86.0%</td></tr><tr><td>Jan-18</td><td>86.0%</td></tr><tr><td>Feb-18</td><td>86.0%</td></tr><tr><td>Mar-18</td><td>86.0%</td></tr><tr><td>Apr-18</td><td>86.0%</td></tr><tr><td>May-18</td><td>86.0%</td></tr><tr><td>Jun-18</td><td>88.7%</td></tr><tr><td>Jul-18</td><td>88.0%</td></tr><tr><td>Aug-18</td><td>88.0%</td></tr><tr><td>Sep-18</td><td>88.0%</td></tr><tr><td>Oct-18</td><td>88.0%</td></tr><tr><td>Nov-18</td><td>88.0%</td></tr><tr><td>Dec-18</td><td>88.0%</td></tr><tr><td>Jan-19</td><td>88.0%</td></tr><tr><td>Feb-19</td><td>88.0%</td></tr><tr><td>Mar-19</td><td>88.0%</td></tr></tbody></table>	Month	% waiting < 26 weeks	Apr-17	86.0%	May-17	86.0%	Jun-17	86.0%	Jul-17	86.0%	Aug-17	86.0%	Sep-17	86.0%	Oct-17	86.0%	Nov-17	86.0%	Dec-17	86.0%	Jan-18	86.0%	Feb-18	86.0%	Mar-18	86.0%	Apr-18	86.0%	May-18	86.0%	Jun-18	88.7%	Jul-18	88.0%	Aug-18	88.0%	Sep-18	88.0%	Oct-18	88.0%	Nov-18	88.0%	Dec-18	88.0%	Jan-19	88.0%	Feb-19	88.0%	Mar-19	88.0%	<ul style="list-style-type: none">Plans as outlined in previous tables.
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Description	Current Performance	Trend	Actions planned for next period																																																																											
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	<p>In June 2018, there were 915 patients waiting over 8 weeks for specified diagnostics. However, the significant increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. The main elements of the 915 breaches are split as follows:</p> <ul style="list-style-type: none">Non Obstetric Ultrasound= 254Cardiac Tests= 661	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"><caption>Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Reportable Diagnostics > 8 weeks</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>400</td><td>0</td></tr><tr><td>May-17</td><td>500</td><td>0</td></tr><tr><td>Jun-17</td><td>480</td><td>0</td></tr><tr><td>Jul-17</td><td>520</td><td>0</td></tr><tr><td>Aug-17</td><td>600</td><td>0</td></tr><tr><td>Sep-17</td><td>450</td><td>0</td></tr><tr><td>Oct-17</td><td>350</td><td>0</td></tr><tr><td>Nov-17</td><td>350</td><td>0</td></tr><tr><td>Dec-17</td><td>450</td><td>0</td></tr><tr><td>Jan-18</td><td>450</td><td>0</td></tr><tr><td>Feb-18</td><td>200</td><td>0</td></tr><tr><td>Mar-18</td><td>50</td><td>0</td></tr><tr><td>Apr-18</td><td>700</td><td>0</td></tr><tr><td>May-18</td><td>800</td><td>0</td></tr><tr><td>Jun-18</td><td>915</td><td>0</td></tr><tr><td>Jul-18</td><td>0</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td></tr></tbody></table>	Month	Reportable Diagnostics > 8 weeks	Profile	Apr-17	400	0	May-17	500	0	Jun-17	480	0	Jul-17	520	0	Aug-17	600	0	Sep-17	450	0	Oct-17	350	0	Nov-17	350	0	Dec-17	450	0	Jan-18	450	0	Feb-18	200	0	Mar-18	50	0	Apr-18	700	0	May-18	800	0	Jun-18	915	0	Jul-18	0	0	Aug-18	0	0	Sep-18	0	0	Oct-18	0	0	Nov-18	0	0	Dec-18	0	0	Jan-19	0	0	Feb-19	0	0	Mar-19	0	0	<ul style="list-style-type: none">Sustain Nil position for Endoscopy by maximising backfill and utilising the capacity of the insourcing company.Outsourcing of Cystoscopy cases agreed to sustain Nil position in Q2.Progress recruitment of two band 7 sonographers.Appoint two locum vascular lab technicians to sustain Nil position in Q2.Develop joint improvement plans for Health Board wide solutions for the new suite of reportable cardiology diagnostic tests, including scoping of mobile MRI unit.
Month	Reportable Diagnostics > 8 weeks	Profile																																																																												
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Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	<p>There has been significant improvement in Therapy waiting times over the last 12 months and there were no patients waiting over 14 weeks in April 2018. The June position shows a nil position for Therapies waiting over 14 weeks.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"><caption>Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Reportable Therapies > 14 weeks</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>200</td><td>0</td></tr><tr><td>May-17</td><td>200</td><td>0</td></tr><tr><td>Jun-17</td><td>220</td><td>0</td></tr><tr><td>Jul-17</td><td>220</td><td>0</td></tr><tr><td>Aug-17</td><td>250</td><td>0</td></tr><tr><td>Sep-17</td><td>120</td><td>0</td></tr><tr><td>Oct-17</td><td>110</td><td>0</td></tr><tr><td>Nov-17</td><td>110</td><td>0</td></tr><tr><td>Dec-17</td><td>100</td><td>0</td></tr><tr><td>Jan-18</td><td>30</td><td>0</td></tr><tr><td>Feb-18</td><td>10</td><td>0</td></tr><tr><td>Mar-18</td><td>0</td><td>0</td></tr><tr><td>Apr-18</td><td>0</td><td>0</td></tr><tr><td>May-18</td><td>0</td><td>0</td></tr><tr><td>Jun-18</td><td>0</td><td>0</td></tr><tr><td>Jul-18</td><td>0</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td><td>0</td></tr></tbody></table>	Month	Reportable Therapies > 14 weeks	Profile	Apr-17	200	0	May-17	200	0	Jun-17	220	0	Jul-17	220	0	Aug-17	250	0	Sep-17	120	0	Oct-17	110	0	Nov-17	110	0	Dec-17	100	0	Jan-18	30	0	Feb-18	10	0	Mar-18	0	0	Apr-18	0	0	May-18	0	0	Jun-18	0	0	Jul-18	0	0	Aug-18	0	0	Sep-18	0	0	Oct-18	0	0	Nov-18	0	0	Dec-18	0	0	Jan-19	0	0	Feb-19	0	0	Mar-19	0	0	<ul style="list-style-type: none">Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.
Month	Reportable Therapies > 14 weeks	Profile																																																																												
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4.4 Cancer (WG Measures 71 and 72)

Description	Current Performance	Trend	Actions planned for next period																																																		
NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	June 2018 figures will be finalised on 31st July. Draft figures indicate achievement of 95% for the percentage of patients' starting treatment within 31 days. At the time of writing this report there were 6 breaches in total across the Health Board in June 2018: <ul style="list-style-type: none">Gynaecological: 1Upper Gastrointestinal: 1Urological: 4	Percentage of NUSC patients starting treatment within 31 days of diagnosis <table><caption>Approximate data for NUSC 31-day trend</caption><thead><tr><th>Month</th><th>31 days (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>95</td></tr><tr><td>May-17</td><td>95</td></tr><tr><td>Jun-17</td><td>95</td></tr><tr><td>Jul-17</td><td>95</td></tr><tr><td>Aug-17</td><td>95</td></tr><tr><td>Sep-17</td><td>95</td></tr><tr><td>Oct-17</td><td>95</td></tr><tr><td>Nov-17</td><td>95</td></tr><tr><td>Dec-17</td><td>95</td></tr><tr><td>Jan-18</td><td>95</td></tr><tr><td>Feb-18</td><td>95</td></tr><tr><td>Mar-18</td><td>95</td></tr><tr><td>Apr-18</td><td>95</td></tr><tr><td>May-18</td><td>95</td></tr><tr><td>Jun-18</td><td>95</td></tr><tr><td>Jul-18</td><td>95</td></tr><tr><td>Aug-18</td><td>95</td></tr><tr><td>Sep-18</td><td>95</td></tr><tr><td>Oct-18</td><td>95</td></tr><tr><td>Nov-18</td><td>95</td></tr><tr><td>Dec-18</td><td>95</td></tr><tr><td>Jan-19</td><td>95</td></tr><tr><td>Feb-19</td><td>95</td></tr><tr><td>Mar-19</td><td>95</td></tr></tbody></table>	Month	31 days (%)	Apr-17	95	May-17	95	Jun-17	95	Jul-17	95	Aug-17	95	Sep-17	95	Oct-17	95	Nov-17	95	Dec-17	95	Jan-18	95	Feb-18	95	Mar-18	95	Apr-18	95	May-18	95	Jun-18	95	Jul-18	95	Aug-18	95	Sep-18	95	Oct-18	95	Nov-18	95	Dec-18	95	Jan-19	95	Feb-19	95	Mar-19	95	<ul style="list-style-type: none">Additional consultant surgeons for Gynae-oncology to be progressed.The Macmillan Quality Improvement Manager vacancy is currently out to advert. The post holder will play a key role in leading and delivering the Cancer Services Improvement Programme across ABMU Health Board.
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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	June 2018 figures will be finalised on 31st July. Draft figures indicate achievement of 83% for the percentage of patients starting treatment within 62 days. At the time of writing this report there were 22 breaches in total across the Health Board in June 2018: <ul style="list-style-type: none">Breast: 6Gynaecological: 4Haematological: 1Lower Gastrointestinal: 1Other: 1Sarcoma: 1Upper Gastrointestinal: 3Urological: 5	Percentage of USC patients starting treatment within 62 days of receipt of referral <table><caption>Approximate data for USC 62-day trend</caption><thead><tr><th>Month</th><th>62 days (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>85</td></tr><tr><td>May-17</td><td>75</td></tr><tr><td>Jun-17</td><td>75</td></tr><tr><td>Jul-17</td><td>80</td></tr><tr><td>Aug-17</td><td>80</td></tr><tr><td>Sep-17</td><td>80</td></tr><tr><td>Oct-17</td><td>85</td></tr><tr><td>Nov-17</td><td>85</td></tr><tr><td>Dec-17</td><td>85</td></tr><tr><td>Jan-18</td><td>85</td></tr><tr><td>Feb-18</td><td>85</td></tr><tr><td>Mar-18</td><td>85</td></tr><tr><td>Apr-18</td><td>85</td></tr><tr><td>May-18</td><td>85</td></tr><tr><td>Jun-18</td><td>85</td></tr><tr><td>Jul-18</td><td>85</td></tr><tr><td>Aug-18</td><td>85</td></tr><tr><td>Sep-18</td><td>85</td></tr><tr><td>Oct-18</td><td>85</td></tr><tr><td>Nov-18</td><td>85</td></tr><tr><td>Dec-18</td><td>85</td></tr><tr><td>Jan-19</td><td>85</td></tr><tr><td>Feb-19</td><td>85</td></tr><tr><td>Mar-19</td><td>85</td></tr></tbody></table>	Month	62 days (%)	Apr-17	85	May-17	75	Jun-17	75	Jul-17	80	Aug-17	80	Sep-17	80	Oct-17	85	Nov-17	85	Dec-17	85	Jan-18	85	Feb-18	85	Mar-18	85	Apr-18	85	May-18	85	Jun-18	85	Jul-18	85	Aug-18	85	Sep-18	85	Oct-18	85	Nov-18	85	Dec-18	85	Jan-19	85	Feb-19	85	Mar-19	85	<ul style="list-style-type: none">Bimonthly support and challenge meetings between MDT Lead, Service Managers and Cancer Clinical Lead continue.Continue to arrange additional Waiting List Initiatives (WLI's) where feasible over the SummerLower GI capacity and demand modelling for OPA/Straight to test pathways is progressingUrology capacity and demand modelling for straight to test
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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 June 2018 backlog by tumour site: <table><tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr><tr><td>Breast</td><td>5</td><td>0</td></tr><tr><td>Gynaecological</td><td>5</td><td>2</td></tr><tr><td>Haematological</td><td>1</td><td>3</td></tr><tr><td>Head and Neck</td><td>4</td><td>4</td></tr><tr><td>Lower GI</td><td>0</td><td>2</td></tr><tr><td>Lung</td><td>2</td><td>2</td></tr><tr><td>Other</td><td>1</td><td>1</td></tr><tr><td>Skin</td><td>2</td><td>1</td></tr><tr><td>Upper GI</td><td>3</td><td>1</td></tr><tr><td>Urological</td><td>3</td><td>16</td></tr><tr><td>Grand Total</td><td>26</td><td>32</td></tr></table>	Tumour Site	53 - 62 days	63 >	Breast	5	0	Gynaecological	5	2	Haematological	1	3	Head and Neck	4	4	Lower GI	0	2	Lung	2	2	Other	1	1	Skin	2	1	Upper GI	3	1	Urological	3	16	Grand Total	26	32	Number of patients with a wait status of more than 53 days <p>53-62 days 63 days +</p>	In addition to the actions described above. <ul style="list-style-type: none">Meetings held with Morriston, Singleton and Princess of Wales Delivery Units at the end of June 2018 to review tracking/management arrangements and recommendations to improve processes for tracking.																																				
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Grand Total	26	32																																																																									
USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	Week to week through June 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 46% and 61%.	The number of patients waiting for a first outpatient appointment (by total days waiting)- June 2018 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>2</td><td>10</td><td>53</td><td>91</td><td>156</td></tr><tr><td>Gynaecological</td><td>5</td><td>54</td><td>4</td><td>1</td><td>64</td></tr><tr><td>Haematological</td><td>2</td><td>0</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Head and Neck</td><td>27</td><td>19</td><td>0</td><td>0</td><td>46</td></tr><tr><td>Lower GI</td><td>41</td><td>27</td><td>4</td><td>0</td><td>72</td></tr><tr><td>Lung</td><td>4</td><td>4</td><td>2</td><td>0</td><td>10</td></tr><tr><td>Other</td><td>25</td><td>44</td><td>9</td><td>2</td><td>80</td></tr><tr><td>Skin</td><td>30</td><td>71</td><td>10</td><td>2</td><td>113</td></tr><tr><td>Upper GI</td><td>1</td><td>2</td><td>1</td><td>0</td><td>4</td></tr><tr><td>Urological</td><td>1</td><td>18</td><td>11</td><td>4</td><td>34</td></tr><tr><td>Total</td><td>138</td><td>249</td><td>94</td><td>100</td><td>581</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	2	10	53	91	156	Gynaecological	5	54	4	1	64	Haematological	2	0	0	0	2	Head and Neck	27	19	0	0	46	Lower GI	41	27	4	0	72	Lung	4	4	2	0	10	Other	25	44	9	2	80	Skin	30	71	10	2	113	Upper GI	1	2	1	0	4	Urological	1	18	11	4	34	Total	138	249	94	100	581	Cancer Improvement Team undertaking Demand & Capacity for USC first outpatient waits. Live data in place for: <ul style="list-style-type: none">BreastGynaecology (PMB)UrologyLGI (Surgery)Gastroenterology Under development: <ul style="list-style-type: none">RadiotherapyChemotherapy To be developed: <ul style="list-style-type: none">EndoscopyUrology straight to test
	≤10	11-20	21-30	>31	Total																																																																						
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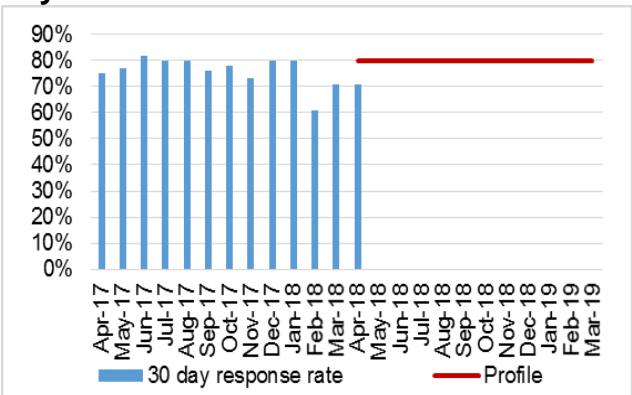
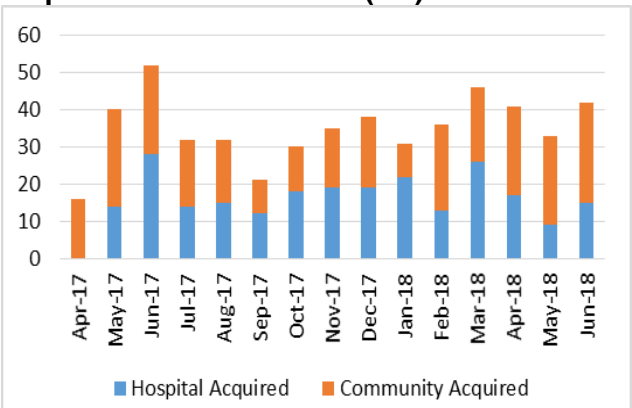
4.5 Healthcare Acquired Infections (WG Measures 18-20)

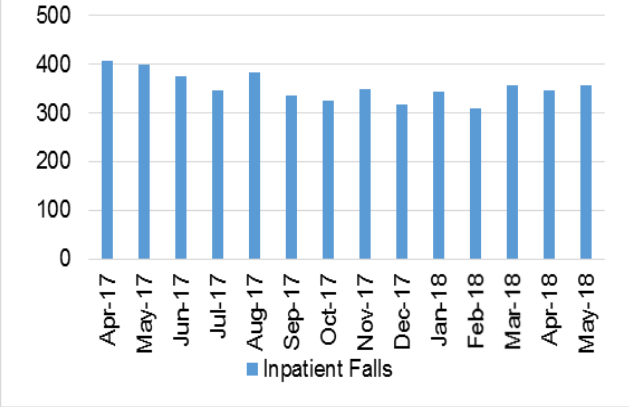
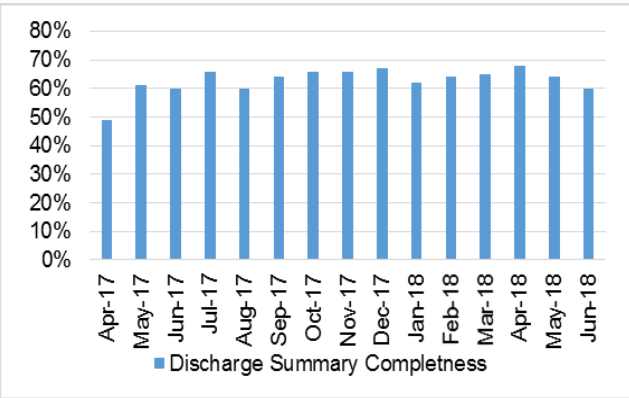
Description	Current Performance	Trend	Actions planned for next period																																																																											
E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemias cases	<p>In June 2018, there was a total of 42 cases of <i>E. coli</i> bacteraemia; 2 more than the internal profile.</p> <p>31 cases were community acquired infections; 10 cases were hospital acquired infections (MH DU= 4; NPTH DU- 2; POWH DU- 2; SH DU- 1; PCCS-1).</p> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired <i>E.coli</i> bacteraemias cases</p> <table border="1"><caption>Approximate data for E.Coli cases and Profile</caption><thead><tr><th>Month</th><th>E.Coli cases</th><th>Profile</th></tr></thead><tbody><tr><td>Apr-17</td><td>48</td><td>42</td></tr><tr><td>May-17</td><td>42</td><td>40</td></tr><tr><td>Jun-17</td><td>42</td><td>40</td></tr><tr><td>Jul-17</td><td>52</td><td>42</td></tr><tr><td>Aug-17</td><td>50</td><td>42</td></tr><tr><td>Sep-17</td><td>52</td><td>42</td></tr><tr><td>Oct-17</td><td>50</td><td>42</td></tr><tr><td>Nov-17</td><td>38</td><td>40</td></tr><tr><td>Dec-17</td><td>42</td><td>40</td></tr><tr><td>Jan-18</td><td>48</td><td>40</td></tr><tr><td>Feb-18</td><td>18</td><td>40</td></tr><tr><td>Mar-18</td><td>40</td><td>42</td></tr><tr><td>Apr-18</td><td>42</td><td>42</td></tr><tr><td>May-18</td><td>42</td><td>40</td></tr><tr><td>Jun-18</td><td>42</td><td>38</td></tr><tr><td>Jul-18</td><td>42</td><td>42</td></tr><tr><td>Aug-18</td><td>42</td><td>42</td></tr><tr><td>Sep-18</td><td>42</td><td>42</td></tr><tr><td>Oct-18</td><td>42</td><td>38</td></tr><tr><td>Nov-18</td><td>42</td><td>42</td></tr><tr><td>Dec-18</td><td>42</td><td>42</td></tr><tr><td>Jan-19</td><td>42</td><td>42</td></tr><tr><td>Feb-19</td><td>42</td><td>40</td></tr><tr><td>Mar-19</td><td>42</td><td>42</td></tr></tbody></table>	Month	E.Coli cases	Profile	Apr-17	48	42	May-17	42	40	Jun-17	42	40	Jul-17	52	42	Aug-17	50	42	Sep-17	52	42	Oct-17	50	42	Nov-17	38	40	Dec-17	42	40	Jan-18	48	40	Feb-18	18	40	Mar-18	40	42	Apr-18	42	42	May-18	42	40	Jun-18	42	38	Jul-18	42	42	Aug-18	42	42	Sep-18	42	42	Oct-18	42	38	Nov-18	42	42	Dec-18	42	42	Jan-19	42	42	Feb-19	42	40	Mar-19	42	42	<ul style="list-style-type: none">Quarter 1 programmes: reducing peripheral cannulae & urinary catheters; daily review within Board Rounds; use of catheter labels. Extend these to NPTH and POWH by end of July 2018.Ward-based training on the prevention of Urinary Infections – develop a targeted approach for care homes in Quarter 2.Delivery Units to improve numbers of clinical staff who have been Aseptic Non Touch Technique (ANTT) competency assessed by March 2019, with quarterly incremental increases.
Month	E.Coli cases	Profile																																																																												
Apr-17	48	42																																																																												
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Feb-19	42	40																																																																												
Mar-19	42	42																																																																												
S.aureus bacteraemias- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<p>In June 2018, there were 19 cases of <i>Staph. aureus</i> bacteraemia; 6 cases more than the internal profile.</p> <p>12 cases were community acquired infections; 7 cases were hospital acquired infections (MH DU – 5; POWH DU – 1; SH DU- 1).</p> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired <i>S.aureus</i> bacteraemias cases</p>	<ul style="list-style-type: none">Quarter 1 programmes as above, blood culture collection protocol. Extend QI programmes to NPTH and POWH by end of July 2018.Focus on MRSA bacteraemia. Deliver ward-based training on new MRSA decolonisation which will be introduced in July 2018 to improve compliance with treatment.																																																																											

		<p>Y-axis: 0, 5, 10, 15, 20, 25, 30 X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19 Legend: S. aureus cases (blue bar), Profile (red line)</p>	
Description	Current Performance	Trend	Actions planned for next period
<p>C.difficile- Number of laboratory confirmed C.difficile cases</p>	<p>In June 2018, there were 15 cases of Clostridium difficile infection; 11 less than the internal profile. 5 cases were community acquired infections; 10 cases were hospital acquired (MH DU – 6; SH DU- 3, POWH DU- 1). <i>High bed occupancy is a risk to achieving infection reduction.</i> <i>ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process; not utilising these technologies is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired C.difficile cases</p> <p>Y-axis: 0, 5, 10, 15, 20, 25, 30, 35 X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19 Legend: C. Diff cases (blue bar), Profile (red line)</p>	<ul style="list-style-type: none"> • Continue restricted Antimicrobial policy. • Appointment of Quality Improvement Clinical Leads in each Delivery Unit, with dedicated sessions and clear objectives – slippage in DU timescales. • Delivery Units to ensure all single and multi-bedded source rooms are reactively emptied and deep cleaned/decontaminated and develop a proactive programme for Quarter 2. • Agree a Health Board wide strategy on in-house HPV and UV-C use, or tender for external contract in Quarter 2.

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

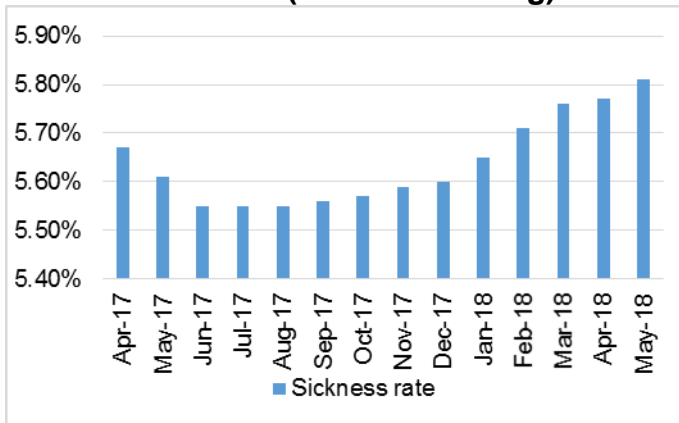
Description	Current Performance	Trend	Actions planned for next period																																																		
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	<ul style="list-style-type: none">The Health Board reported 26 Serious Incidents for the month of June 2018 to Welsh Government.Last Never Event reported was on 21st March 2018.In May 2018, the performance against the 80% target of submitting closure forms within 60 working days was 82%.	Number of Serious Incidents <table><caption>Number of Serious Incidents (Estimated Data)</caption><thead><tr><th>Month</th><th>Serious Incidents</th></tr></thead><tbody><tr><td>Apr-17</td><td>22</td></tr><tr><td>May-17</td><td>20</td></tr><tr><td>Jun-17</td><td>48</td></tr><tr><td>Jul-17</td><td>22</td></tr><tr><td>Aug-17</td><td>30</td></tr><tr><td>Sep-17</td><td>15</td></tr><tr><td>Oct-17</td><td>22</td></tr><tr><td>Nov-17</td><td>12</td></tr><tr><td>Dec-17</td><td>8</td></tr><tr><td>Jan-18</td><td>35</td></tr><tr><td>Feb-18</td><td>25</td></tr><tr><td>Mar-18</td><td>18</td></tr><tr><td>Apr-18</td><td>22</td></tr><tr><td>May-18</td><td>20</td></tr><tr><td>Jun-18</td><td>25</td></tr><tr><td>Jul-18</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td></tr></tbody></table>	Month	Serious Incidents	Apr-17	22	May-17	20	Jun-17	48	Jul-17	22	Aug-17	30	Sep-17	15	Oct-17	22	Nov-17	12	Dec-17	8	Jan-18	35	Feb-18	25	Mar-18	18	Apr-18	22	May-18	20	Jun-18	25	Jul-18	0	Aug-18	0	Sep-18	0	Oct-18	0	Nov-18	0	Dec-18	0	Jan-19	0	Feb-19	0	Mar-19	0	<ul style="list-style-type: none">Continue to trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team.Presentations promoting the approach are being undertaken across the Health Board to help promote an organisational learning culture.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.
Month	Serious Incidents																																																				
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Mar-19	0																																																				

30 day response rate for concerns- The percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	<ul style="list-style-type: none">The overall Health Board response rate for responding to concerns within 30 working days was 71% in April 2018 against the WG target of 75% and HB target of 80%. <p>May 2018 data due to be published on 18th July 2018</p>	Response rate for concerns within 30 days  <table border="1"><caption>30 day response rate data (approximate)</caption><thead><tr><th>Month</th><th>Response Rate (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>75</td></tr><tr><td>May-17</td><td>75</td></tr><tr><td>Jun-17</td><td>80</td></tr><tr><td>Jul-17</td><td>80</td></tr><tr><td>Aug-17</td><td>78</td></tr><tr><td>Sep-17</td><td>75</td></tr><tr><td>Oct-17</td><td>75</td></tr><tr><td>Nov-17</td><td>72</td></tr><tr><td>Dec-17</td><td>78</td></tr><tr><td>Jan-18</td><td>78</td></tr><tr><td>Feb-18</td><td>60</td></tr><tr><td>Mar-18</td><td>70</td></tr><tr><td>Apr-18</td><td>70</td></tr><tr><td>May-18</td><td>80</td></tr><tr><td>Jun-18</td><td>80</td></tr><tr><td>Jul-18</td><td>80</td></tr><tr><td>Aug-18</td><td>80</td></tr><tr><td>Sep-18</td><td>80</td></tr><tr><td>Oct-18</td><td>80</td></tr><tr><td>Nov-18</td><td>80</td></tr><tr><td>Dec-18</td><td>80</td></tr><tr><td>Jan-19</td><td>80</td></tr><tr><td>Feb-19</td><td>80</td></tr><tr><td>Mar-19</td><td>80</td></tr></tbody></table>	Month	Response Rate (%)	Apr-17	75	May-17	75	Jun-17	80	Jul-17	80	Aug-17	78	Sep-17	75	Oct-17	75	Nov-17	72	Dec-17	78	Jan-18	78	Feb-18	60	Mar-18	70	Apr-18	70	May-18	80	Jun-18	80	Jul-18	80	Aug-18	80	Sep-18	80	Oct-18	80	Nov-18	80	Dec-18	80	Jan-19	80	Feb-19	80	Mar-19	80	<ul style="list-style-type: none">Performance to be discussed in the Unit performance meetings.PALS workshop being held in June to review the work of these teams.Interim Director of Nursing & patient Experience to write to all Unit Directors setting out the importance of ensuring the responses are values based, complaint with Putting Things Right Regulations.														
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Description	Current Performance	Trend	Actions planned for next period																																																																
Number of pressure ulcers The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers	<ul style="list-style-type: none">During June 2018 there was an increase in the number of Grade 3+ pressure ulcers occurring in the Health Board from 33 in May 2018 to 42 in June 2018.The in-patient figures deteriorated from 8 in May 2018 to 13 in June 2018. The number of community cases deteriorated from 24 in May to 27 in June 2018.	Total number of hospital and community acquired Pressure Ulcers (PU)  <table border="1"><caption>Total number of hospital and community acquired Pressure Ulcers (PU) data (approximate)</caption><thead><tr><th>Month</th><th>Hospital Acquired</th><th>Community Acquired</th><th>Total</th></tr></thead><tbody><tr><td>Apr-17</td><td>0</td><td>16</td><td>16</td></tr><tr><td>May-17</td><td>14</td><td>26</td><td>40</td></tr><tr><td>Jun-17</td><td>28</td><td>23</td><td>51</td></tr><tr><td>Jul-17</td><td>14</td><td>18</td><td>32</td></tr><tr><td>Aug-17</td><td>14</td><td>18</td><td>32</td></tr><tr><td>Sep-17</td><td>12</td><td>9</td><td>21</td></tr><tr><td>Oct-17</td><td>18</td><td>12</td><td>30</td></tr><tr><td>Nov-17</td><td>18</td><td>16</td><td>34</td></tr><tr><td>Dec-17</td><td>18</td><td>20</td><td>38</td></tr><tr><td>Jan-18</td><td>22</td><td>9</td><td>31</td></tr><tr><td>Feb-18</td><td>14</td><td>22</td><td>36</td></tr><tr><td>Mar-18</td><td>26</td><td>19</td><td>45</td></tr><tr><td>Apr-18</td><td>18</td><td>22</td><td>40</td></tr><tr><td>May-18</td><td>10</td><td>24</td><td>34</td></tr><tr><td>Jun-18</td><td>15</td><td>27</td><td>42</td></tr></tbody></table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	0	16	16	May-17	14	26	40	Jun-17	28	23	51	Jul-17	14	18	32	Aug-17	14	18	32	Sep-17	12	9	21	Oct-17	18	12	30	Nov-17	18	16	34	Dec-17	18	20	38	Jan-18	22	9	31	Feb-18	14	22	36	Mar-18	26	19	45	Apr-18	18	22	40	May-18	10	24	34	Jun-18	15	27	42	<ul style="list-style-type: none">Independent review of deep PU's for 2017-18 was presented at PUPSG meeting in June. The review identified 23.2% cases as avoidable and 65.5% as unavoidable.The review offers strong assurance that the causal factor map is a valid tool for the identification of work streams to reduce avoidable pressure ulcers. The causal factor analysis also provides insight for individual SDU's to focus on location specific work.Work streams will be tracked in the Strategic Quality Improvement Plan & capture quality measures which are indicators of performance.
Month	Hospital Acquired	Community Acquired	Total																																																																
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Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none">The number of Falls reported via Datix web reduced from 357 in May 2017 to 326 in	Number of inpatient falls	<ul style="list-style-type: none">Review of Health Board's Falls Policy to include guidance from the National Patient Safety Agency. Policy due to																																																																

	<p>June 2018.</p> <ul style="list-style-type: none"> 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% 	 <p>■ Inpatient Falls</p>	<p>be ratified by Q&S committee on 05/07/18</p> <ul style="list-style-type: none"> Falls Policy now includes “Putting Things Right”, Serious Incident (SI) reporting mechanisms & Nurse Staffing Act sections Training needs analysis compiled, due for completion in July 2018 A further review of equipment is being undertaken due for completion July 2018
Description	Current Performance	Trend	Actions planned for next period
<p>Discharge Summaries</p> <p>The percentage of discharge summaries approved and sent to patients’ doctor following discharge</p>	<ul style="list-style-type: none"> In June 2018 the percentage of electronic discharge summaries signed and sent via eToC was 60% which is the same position when compared with June 2017 Performance varies between Service Delivery Units (Range 59%-82% in June 2018) and between clinical teams within the Units 	<p>% discharge summaries approved and sent</p>  <p>■ Discharge Summary Completeness</p>	<ul style="list-style-type: none"> Performance and improvement actions will continue to be monitored via the Discharge Information Improvement Group (DIIG) Now that overall signed and sent performance has improved, the focus will be on improving the timeliness of discharge information i.e.SDUs’ performance in providing discharge information to GPs <24hrs and <5days after discharge. UMDs’ plans for addressing variation between teams and improving overall SDU performance will be discussed and agreed at the next quarterly DIIG meeting. The Health Board will be piloting Medicines Transcribing and e-

			Discharge (MTeD) from August – October 2018
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4.7 Workforce Measures (WG measures 96 and 97)

Description	Current Performance	Trend	Actions planned for next period																														
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">The 12 month rolling performance to the end of May 2018 is 5.79% (up 0.02% on April 2018). Our in month performance in May 18 was 5.44%, a reduction of 0.03% on the previous month.	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p>  <table><caption>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</caption><thead><tr><th>Month</th><th>Sickness rate (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>5.65</td></tr><tr><td>May-17</td><td>5.61</td></tr><tr><td>Jun-17</td><td>5.55</td></tr><tr><td>Jul-17</td><td>5.55</td></tr><tr><td>Aug-17</td><td>5.55</td></tr><tr><td>Sep-17</td><td>5.56</td></tr><tr><td>Oct-17</td><td>5.57</td></tr><tr><td>Nov-17</td><td>5.58</td></tr><tr><td>Dec-17</td><td>5.59</td></tr><tr><td>Jan-18</td><td>5.64</td></tr><tr><td>Feb-18</td><td>5.70</td></tr><tr><td>Mar-18</td><td>5.76</td></tr><tr><td>Apr-18</td><td>5.78</td></tr><tr><td>May-18</td><td>5.81</td></tr></tbody></table>	Month	Sickness rate (%)	Apr-17	5.65	May-17	5.61	Jun-17	5.55	Jul-17	5.55	Aug-17	5.55	Sep-17	5.56	Oct-17	5.57	Nov-17	5.58	Dec-17	5.59	Jan-18	5.64	Feb-18	5.70	Mar-18	5.76	Apr-18	5.78	May-18	5.81	<ul style="list-style-type: none">Improve access to staff health and wellbeing services in a timely mannerEnable managers to recognise and support staff with common manageable health problems in the workplaceStandardising long term sickness review process in Delivery Units with focus on progressing decision making, return to work and data collection.Development of LTS pathways to help guide managers in managing common absence conditions.Best practise case study being conducted in three areas of good
Month	Sickness rate (%)																																
Apr-17	5.65																																
May-17	5.61																																
Jun-17	5.55																																
Jul-17	5.55																																
Aug-17	5.55																																
Sep-17	5.56																																
Oct-17	5.57																																
Nov-17	5.58																																
Dec-17	5.59																																
Jan-18	5.64																																
Feb-18	5.70																																
Mar-18	5.76																																
Apr-18	5.78																																
May-18	5.81																																

			sickness performance.																																																																											
Mandatory & Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	<ul style="list-style-type: none">Compliance against 10 core competencies policies 57% in June 2018. This is an improvement from 38% in Apr-17.Highlighted as a risk around resourcing in the paper prepared for Audit Committee.Reformatting of Mandatory and Statutory Training guides to fit ABMU	% of compliance with Core Skills and Training Framework <table><caption>% of compliance with Core Skills and Training Framework</caption><thead><tr><th>Month</th><th>Mandatory Training Completion (%)</th><th>Profile (%)</th></tr></thead><tbody><tr><td>Apr-17</td><td>38</td><td></td></tr><tr><td>May-17</td><td>39</td><td></td></tr><tr><td>Jun-17</td><td>41</td><td></td></tr><tr><td>Jul-17</td><td>43</td><td></td></tr><tr><td>Aug-17</td><td>44</td><td></td></tr><tr><td>Sep-17</td><td>45</td><td></td></tr><tr><td>Oct-17</td><td>45</td><td></td></tr><tr><td>Nov-17</td><td>48</td><td></td></tr><tr><td>Dec-17</td><td>48</td><td></td></tr><tr><td>Jan-18</td><td>49</td><td></td></tr><tr><td>Feb-18</td><td>50</td><td></td></tr><tr><td>Mar-18</td><td>50</td><td></td></tr><tr><td>Apr-18</td><td>52</td><td>42</td></tr><tr><td>May-18</td><td>54</td><td>45</td></tr><tr><td>Jun-18</td><td>58</td><td>48</td></tr><tr><td>Jul-18</td><td></td><td>48</td></tr><tr><td>Aug-18</td><td></td><td>48</td></tr><tr><td>Sep-18</td><td></td><td>50</td></tr><tr><td>Oct-18</td><td></td><td>52</td></tr><tr><td>Nov-18</td><td></td><td>55</td></tr><tr><td>Dec-18</td><td></td><td>58</td></tr><tr><td>Jan-19</td><td></td><td>60</td></tr><tr><td>Feb-19</td><td></td><td>62</td></tr><tr><td>Mar-19</td><td></td><td>65</td></tr></tbody></table>	Month	Mandatory Training Completion (%)	Profile (%)	Apr-17	38		May-17	39		Jun-17	41		Jul-17	43		Aug-17	44		Sep-17	45		Oct-17	45		Nov-17	48		Dec-17	48		Jan-18	49		Feb-18	50		Mar-18	50		Apr-18	52	42	May-18	54	45	Jun-18	58	48	Jul-18		48	Aug-18		48	Sep-18		50	Oct-18		52	Nov-18		55	Dec-18		58	Jan-19		60	Feb-19		62	Mar-19		65	<ul style="list-style-type: none">Investigation into Inter Authority Transfer Process and Direct Hire Process around transfer of compliance in Mandatory and Statutory Training data.Resource bid for investment into ESR/ Mandatory Training.
Month	Mandatory Training Completion (%)	Profile (%)																																																																												
Apr-17	38																																																																													
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Mar-19		65																																																																												

5. Key performance measures by Delivery Unit

5.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	63.5%	67.1%	70.0%									
		Profile	71%	76%	76%	83%	81%	81%	85%	87%	87%	86%	86%	86%
	12 hour A&E waits	Actual	574	468	333									
		Profile	259	124	125	148	168	101	162	206	239	198	143	135
Stroke	1 hour ambulance handover	Actual	380	291	245									
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
	Direct admission within 4 hours	Actual	33.9%	33.3%	43.8%									
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
Planned care	CT scan within 1 hour	Actual	32.3%	44.8%	38.8%									
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	91.9%	100.0%	98.0%									
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Cancer	Thrombolysis door to needle within 45 minutes	Actual	0.0%	0.0%	20.0%									
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
	Outpatients waiting more than 26 weeks	Actual	128	101	37									
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
Healthcare Acquired Infections	Treatment waits over 36 weeks	Actual	2,379	2,309	2,250									
		Profile	2,327	2,223	2,291	2,293	2,193	2,051	1,861	1,858	2,034	1,946	1,833	1,934
	Diagnostic waits over 8 weeks	Actual	623	655	638									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety Measures	NUSC patients starting treatment in 31 days	Actual	95%	91%	93%									
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	100%	90%									
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Workforce Measures	Number of healthcare acquired C.difficile cases	Actual	10	6	6									
		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									
		Profile	4	5	3	5	4	3	3	2	6	5	5	6
Unscheduled Care	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	3	4									
		Profile	8	3	6	4	6	4	4	6	7	10	4	5
	Discharge Summaries	Actual	63%	58%	59%									
		Profile												
Stroke	Never Events	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	5	3	2									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Concerns responded to within 30 days	Actual	93%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	94	116	82									
		Profile												
Cancer	Pressure Ulcers (grade 3+)	Actual	6	4	5									
		Profile												
	Sickness rate	Actual	5.94%	5.94%										
		Profile												
Healthcare Acquired Infections	Personal Appraisal Development Review	Actual	62%	59%	60%									
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	50%	52%	55%									
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%
Quality & Safety Measures	Vacancies- Doctors	Actual	12.85	16.39	15.88									
		Actual	77.75	70.06	71.53									
	Vacancies- Other Medical Staff	Actual	103.49	128.75	143.00									
		Actual	18.20	23.84	26.37									
Workforce Measures	Vacancies- Nursing	Actual	-20.85	-15.63	-8.47									
		Actual												
	Vacancies- A&C	Actual												
		Actual												
Unscheduled Care	Vacancies- Other	Actual												
		Actual												
		Actual												
		Actual												

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.1 Morriston Delivery Unit- Overview

Successes	Priorities
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<ul style="list-style-type: none"> • Cancer - Improvement in 1st OP performance and reduce 52-day backlog. • New pathways implemented to support GP expected patients no longer attending the Emergency Department from July 1st. • Good clinical care provided and specialty assessment times improving with wider hospital engagement to Unscheduled Care target in ED. • RTT - reduction of 118 patients waiting > 104wks since 1st April 2018. • Consultation with Theatre staff to transition into specialty teams to achieve whole time equivalent for baseline activity positively received. • Resolution of Radiology clerical staff back pay dispute. • Weekly review of Agency cap breaches. • Stroke pilot to improve response times and access with plans for increased service provision and improved access • Collaboration with Primary Care colleagues on the Frailty Assessment Service with very positive results – plans for Gorseinon are a key to this. • Collaboration with Singleton to develop the IBG submission for Stroke Early Supported Discharges 	<ul style="list-style-type: none"> • ED 4hr standard Q2 Improvement Plans and trajectory • Cancer – Maintaining ten-day performance to first outpatient appointment and reducing unnecessary delays to improve patient experience. • Fulfilling staff potential by maximising education and development opportunities and providing support to all ED staff. • Delivery Unit Stay Huddles project and risk based assessment training underway. • Detailed workforce plan completed for Theatres reviewing banding and proportion of part time staff and banding. • Reduction in sickness absence. • Further improve PDR compliance rate and improvement in IG and mandatory training rate • RTT – Increase treatment in turn rates of patients to further improve position. Focus on general surgery and maintaining other areas of good performance.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Cancer – Redesign of neck lump pathway and improve the uptake in straight to test for Lower GI. • Spend to Save and external funding opportunities – pipeline of quality assured bids assessed via Morriston Financial Recovery Group ready for any open bid or ABMU spend to save opportunity • Improvement of triage times in ED noting that GP expected patients will no longer be reviewed there but will go direct to host specialty. This will also allow improvement of direct flow to minors. • Consolidation of pre assessment services in MDU Theatres releasing additional capacity in SDU and increasing cohort activity. • Staff engagement Open Day planned for September 2018. • Role redesign review of all vacancies at the weekly workforce panel. • RTT – Scope the potential of using a ‘Vanguard’ staffed mobile theatre unit to support Orthopaedic elective surgery utilising Ward W ring-fenced beds. • Collaboration through cricket – Morriston, Singleton and Primary Care Clinicians ‘Big Bash’ Cricket Tournament on July 15th. 	<ul style="list-style-type: none"> • Cancer - Late referrals from other Delivery Units and Health Boards and the introduction of a single cancer pathway. • Ongoing medical staffing gaps across all specialties are causing an impact on assessment times and unable to guarantee paediatric opening 24/7 due to workforce restrictions. • RTT – Orthopaedic and Spinal Surgery is currently a risk due to theatre staffing deficits, trauma levels and medical staffing. • Separate recruitment initiatives for Theatres across three sites. • Nursing and Medical vacancies – recruitment challenges and Deanery fill rate in August 2018. • Waiting times for TAVI • Bed closure plans for other sites if alternative pathways are not established for example Stroke Early Supported Discharge

5.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	98.4%	96.8%	98.9%									
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	12 hour A&E waits	Actual	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									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	1	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-	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%									
		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									
		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									
		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									
		Profile	0	2	1	2	1	1	3	1	3	3	1	1
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%	82%									
		Profile												
	Never Events	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	0	0	1									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual	100%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	40	32	35									
		Profile												
Workforce Measures	Sickness rate	Actual	5.00%	5.06%										
		Profile												
	Personal Appraisal Development Review	Actual	72%	69%	68%									
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%									
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%
	Vacancies- Doctors	Actual	0.43	0.53										
	Vacancies- Nursing	Actual	14.88	9.56										
	Vacancies- A&C	Actual	6.97	5.93										

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • MIU – 98% of patients seen within 4 hours. No 12 hour breaches. • TOCALs – 1617 bed days saved during May 2018. • There were 0 stage 1 patients waiting over 26 weeks at end of May 2018 for an outpatient appointment. • DNA rate improvements being maintained. • Delayed Follow-Up Not Book reduction being maintained. • No USC breaches during June 2018. • RDC approach with expansion of boundaries. • 0 cases of MRSA. • E-Coli trajectory for 2018/19 being maintained. • Maintaining delivery of WFI activity levels. • No never events and no serious incidents. • ETOC sign off rate increased from 83% in April to 98% in May. • Rheumatology Infusion Unit centralised to NPTH. • 100% complaints response within 30 working days. 	<ul style="list-style-type: none"> • Working relationships with Local Authority – creation of Discharge Hub and Integrated Way of Working (Flow and Discharge). • 10% improvement in reduction in DTOCs bed days lost by end of Q2. • Maximise opportunities for planned care improvements in Q1 and Q2 (stretch targets of 5 weeks per specialty other than respiratory – 2 week improvement target; and Rheumatology – 8 week improvement target; by end of Q2). • USC stretch target to reduce 1st appointment to 8 days by end of Q2. • Zero tolerance for all avoidable pressure damage. • Learn from infection control outbreak to identify causes of increased incidence and develop action plan to address improvement. • Maintain ETOC compliance rates.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Rapid Diagnostic Centre (RDC) – continued collaboration with GPs to ensure appropriate referrals; work with Swansea University for Economic and Financial Evaluation. • Secure support to Lung CNS in response to peer reviews. • Opportunity to utilise MacMillan Lead CNS. • Continued focus on co-production clinics and patient initiated follow ups. • Deliver national average of 35% for pregnancy per cycle (WFI). • Service remodelling to reduce bed compliment by further 20 beds. • Implementation of the SAFER bundle. • Continued focus on reducing sickness, increasing PADR and mandatory training compliance. 	<ul style="list-style-type: none"> • Infection control – 6 cases of C.Diff year to date. • Pressure damage – 2 avoidable cases year to date. • Capacity within Care Homes and Community Resource Teams with potential to adversely affect hospital length of stay for discharge fit patients. • Clinical Risks associated with Delayed Follow up patients. • 1 patient waiting over 14 weeks for a Therapies appointment, this was in N&D. • Partnership with NPT CBC relating to Plas Bryn Rhosyn. • Uncertainty around appointment of Unit Service Director.

5.3 Princess of Wales Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Unscheduled Care	4 hour A&E waits	Actual	75.4%	81.1%	82.6%										
		Profile	85%	85%	85%	88%	88%	88%	88%	88%	88%	88%	88%	88%	
	12 hour A&E waits	Actual	163	155	141										
		Profile	63	68	49	78	57	77	92	109	49	85	53	43	
	1 hour ambulance handover	Actual	101	130	88										
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%										
		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%										
		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%										
Profile		75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%		
Planned care	Thrombolysis door to needle within 45 minutes	Actual	0.0%	16.7%	66.7%										
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
	Outpatients waiting more than 26 weeks	Actual	31	15	17										
		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										
Profile		1,059	1,150	1,073	1,028	1,122	1,070	989	900	1,053	956	845	763		
Cancer	Diagnostic waits over 8 weeks	Actual	79	131	277										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	NUSC patients starting treatment in 31 days	Actual	89%	91%	93%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	75%	82%	76%										
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										
		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										
		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										
Profile		1	2	2	3	2	3	3	5	4	3	1	3		
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%										
		Profile													
	Never Events	Actual	0	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents	Actual	1	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Concerns responded to within 30 days	Actual	75%												
Profile		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		
Workforce Measures	Inpatient Falls	Actual	75	10	11										
		Profile													
	Pressure Ulcers (grade 3+)	Actual	6	3	7										
		Profile													
	Sickness rate	Actual	5.23%	5.18%											
Profile															
Workforce Measures	Personal Appraisal Development Review	Actual	61%	59%	58%										
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%	
	Mandatory Training	Actual	52%	54%	55%										
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%	
	Vacancies- Doctors	Actual	11.1	10.4	10.3										
		Actual	45.36	44.56	45.56										
	Vacancies- Nursing	Actual	98.1	91.03	97.74										
		Actual	-	-											
	Vacancies- Therapies	Actual	-	-											
Actual		6.96	7.83	15.68											
Vacancies- A&C	Actual	8.45	9.71	9.24											
	Actual														

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • April – June reduction in hospital acquired C diff & Bacteraemia • 82.64% 4hr performance achieved in June 2018 which is the highest level reported since September 2016 following focus on Minors and the pilot of Ambulatory Emergency Surgery. • Recruitment to 2 x Emergency Medicine Consultants resulting in POWH ED extending consultant cover from 20:00 to 21:30. • Successful relocation of remaining breast clinics at POW to NPTH in May enabling a full one stop model at NPTH with Radiology support. Positive impact being made on backlog. • Successful joint appointment with Cardiff to a Consultant Radiologist commencing in September 2018. • Submitted critical care delivery plan within deadline and received positive feedback from Welsh Government. • Sustained improvement in LOS on COTE wards • Appointment of permanent consultant in COTE. There are now no Consultant vacancies in the Medical or COTE specialities. 	<ul style="list-style-type: none"> • Ward 19 flooring – remedial works not sufficient therefore full flooring refit planned. If programme can be delivered 5 beds will be reduced for the summer to accommodate work • MDT Audit compliance with new antibiotic guidance • Implement the actions set out for Q2 to build improved performance and increased resilience in our Emergency Departments (ED) including test model of Ambulatory Surgical Assessment and Frailty at the Front Door. • Consultant and sonographer recruitment to vacant radiology posts. • Explore potential for part time Specialist Breast Consultant Radiographer • Continue to drive theatre efficiencies through reduction of cancellations on the day, and reducing late starts and early finishes. • Expansion of preoperative assessment in terms of incorporating all specialties and use of screening and CPET • Focus on the delivery of the new cardiac diagnostic targets managed in POW – on course for sub 8 week position by the end of Quarter 2 and plans to sustain through Quarter 3 and 4.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Out to recruitment on Consultant Anaesthetists to reduce ad hoc variable pay and provide more sustainability to theatre cover and RTT performance. Interviews on 13th August 2018. • Going out to advert for Consultant Radiologist in July high confidence in appointing a suitable candidate. • Continued resilience on tackling theatre safety and inefficiencies. • Completion of baseline review of POW stroke services with the DU and establishment of four T&F groups to act on findings. • Good fill rates for medical and care of the elderly junior doctor rotas for first 6 months of 2018/2019 medical staffing years – opportunity to further improve RTT and FUNB position in some key specialities (Cardiology, Respiratory, Diabetes). • Adoption of the lung cancer team by MacMillan and possible securing of administration support through Macmillan. • Working with Corporate teams to scope up potential of additional physical theatre capacity within POW to reduce backlog in orthopaedics 	<ul style="list-style-type: none"> • Change in C diff testing will potentially result in a 20% increase in positive cases (PCR testing) • Awaiting HB review of cleaning hours and standardisation of products • No face to face HB IPC training available • The acuity and complexity of patients arriving at ED by ambulance is increasing. • Emerging risk in sub specialist radiology (Ultrasound neck) requiring outsourcing to try and maintain targets. • Cost pressures of supporting additional activity through Radiology and Theatres to support delivery of Health Board Tier 1 targets. • Working to develop sustainable urology demand and capacity models.

5.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	99.8%	99.7%	99.5%									
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	0	1	2									
		Profile	1	2	5	3	2	2	1	0	0	0	0	1
Planned care	1 hour ambulance handover	Actual	45	31	18									
		Profile	8	12	6	12	16	19	17	4	31	13	4	8
	Outpatients waiting more than 26 weeks	Actual	6	4	1									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	Treatment waits over 36 weeks	Actual	16	14	31									
		Profile	24	23	1	3	12	0	0	0	0	0	0	0
	Diagnostic waits over 8 weeks	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Acquired Infections	NUSC patients starting treatment in 31 days	Actual	93%	89%	100%									
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	83%	89%	84%									
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Quality & Safety Measures	Number of healthcare acquired C.difficile cases	Actual	2	1	3									
		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									
		Profile	2	0	1	3	1	3	1	1	2	0	1	1
Workforce Measures	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	1									
		Profile	6	4	4	4	5	4	4	4	2	1	1	3
	Discharge Summaries	Actual	73%	72%	61%									
		Profile												
Quality & Safety Measures	Never Events	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	0	1	3									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety Measures	Concerns responded to within 30 days	Actual	60%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	49	51	51									
		Profile												
Quality & Safety Measures	Pressure Ulcers (grade 3+)	Actual	7	11	7									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Workforce Measures	Sickness rate	Actual	5.73%	5.79%										
		Profile												
	Personal Appraisal Development Review	Actual	57.8%	60.1%	59.2%									
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
Workforce Measures	Mandatory Training	Actual	49%	50%	53%									
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%
	Number of Vacancies- Consultants	Actual	16.55	17.25	17.25									
	Number of Vacancies- Other Medical Staff	Actual	16.07	17.47	19.35									
Workforce Measures	Number of Vacancies- Nursing/ Midwives (Qualified)	Actual	60.19	59.56	68.36									
	Number of Vacancies- Nursing/ Midwives (Unqualified)	Actual	-23.99	-25.73	-22.38									
	Number of Vacancies- A&C	Actual	11.17	4.35	12.2									
	Number of Vacancies- Other	Actual	17.71	19.83	38.25									

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.4 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • LIN A in place fully operational. • Achieved full accreditation against ISO 15189 standards for ABMU Laboratory Medicine and Histology Pathology Laboratories. • Achievement of no patients waiting over 8 weeks for an Endoscopy procedure. • Successful development of an implementation plan and consultation process for Health Roster and standardisation of shifts (Allocate). • First Health Board in Wales to establish Clinical Scientist who is a registered Magnetic Resonance Safety Expert providing expert scientific safety advice to patients with metal and electronic implants needing MRI. • Grow own training scheme for BMS skilled in Laboratory Medicine techniques successfully delivered on training to reduce agency need from 7 locums to 1 (June 2018). 	<ul style="list-style-type: none"> • RTT. • Service Resign: Redesign Services Ward 4&7 and embedding ICOPS model. Maintaining engagement levels with our workforce. • Improvement in Workforce Measures. • Finalise consultation and begin Implement Shift Standardisation. • Medical workforce efficiency programme (e Job Planning / Agency Cap / Junior Doctor Rotas / Attendance). • Integrated workforce planning. • Develop a plan to support Radiotherapies waiting times. • Continue Linear accelerator programme to be funded by WG with fully funded business case including engineering support.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • ARCH Project to create regional pathology lab for sustainable state of art histology services in South West Wales – DSOC for submission to WG. • Undertake review of impact of the new drug treatment fund on available capacity. • Develop new Cost Reduction or Increased Income Opportunities. • All Wales procurement agreed for implementation of Digital Scanners in ABMU Histology to improve flexibility of cover by reporting Pathologists. 	<ul style="list-style-type: none"> • SARC –Need to confirm reporting structure within ABMU. • Cwm Taf Boundary Remapping. • Support in relation to HD LTA to recognise continuing over-performance in gynae-oncology. • Ophthalmology services Additional support will be required to ensure future delivery & sustainability. • Cladding. • New treatment Fund / Introduction of new drugs- Limited capacity in CDU for delivery of infusion therapies. • Pressures on front door. • Under delivery of Waterfall elements.

5.5 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health Measures	% MH assessments undertaken within 28 days	Actual	90.0%	94.0%										
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%	81%										
		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 (IMHS)	Actual												
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	90%	90%										
		Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	1	0									
		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									
		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									
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Discharge Summaries	Actual	74%	71%	81%									
		Profile												
Quality & Safety Measures	Never Events	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	3	5	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual	71%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	77	84	63									
		Profile												
Workforce Measures	Pressure Ulcers (grades 3+)	Actual	1	0	1									
		Profile												
	Sickness rate	Actual	6.07%	6.11%										
		Profile												
	Personal Appraisal Development Review	Actual	85%	77%	79%									
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	64%	66%	68%									
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%
	Vacancies- Doctors	Actual	35.65	37.95	37.95									
	Vacancies- Nursing	Actual	142.12	144.1	145.79									
	Vacancies- Other Professionals	Actual	50.41	50.21	49.69									
	Vacancies- A&C	Actual	16.59	15.38	15.4									

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.5 Mental Health & Learning Disabilities Delivery Unit- Overview

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

5.6 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily core hours	Actual	94%	94%	94%									
		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%									
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5									
		Profile	3	6	9	2	5	3	3	3	3	5	3	6
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	0	0	0	1	0	1	0	0	1
		Profile	0	0	0	0	0	0	1	0	1	0	0	1
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	8	13	12									
		Profile	6	10	9	6	4	5	7	11	10	6	12	7
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	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									
		Profile	30	28	27	31	28	33	30	21	25	28	32	30
Quality & Safety Measures	Never Events	Actual	0	0	0									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	8	10	19									
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual	57%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	12	64	84									
		Profile												
	Pressure Ulcers (Community acquired)	Actual	24	24	27									
		Profile												
Workforce Measures	Sickness rate	Actual	5.76%	5.71%										
		Profile												
	Personal Appraisal Development Review	Actual	80%	80%	79%									
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	60%	62%	64%									
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%
	Number of Vacancies- Doctors	Actual	2	2.5	2.5									
	Number of Vacancies- Other Medical Staff	Actual	-1.72	-0.29	-0.56									
	Number of Vacancies- Nursing	Actual	38.46	47.15	43.19									
	Number of Vacancies- A&C	Actual	22.5	47.75	19.85									
	Number of Vacancies- Other	Actual	33.17	65.87	50.01									

Health Board profiles have been utilised in the absence of agreed Unit level profiles

5.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Shortlisted for Transforming Health Care Awards 2018 (mobilisation of the workforce) • NPT DN SPQ student, Lucy Edwards, has been awarded the Queens Nursing Institute Phillip Goodeve-Docker Award from the University. • SLT was nominated for 6 Chairman's Awards • Partnership working with Local Authority, securing external funding for posts to deliver SALT services to school aged children • WellCome programme roll out to nurseries across ABMU, providing targeted intervention for pre schoolchildren • SALT achieved and maintaining WG 14 week wait target • New general dental service provision commenced mid-June in HMP Swansea. (3 year SLA) • 97 pharmacies commissioned to provide flu service in 2018/19, a 13% increase from 2017/18. 	<ul style="list-style-type: none"> • Development of District Nursing Workforce in line with Nurse Staffing Act Principles • Community Hospital / Day Unit PODs • Further develop in year cost reducing measures to ensure financial balance. • Bridgend border change: workforce mapping being undertaken • Complete tender for HMP Swansea medical provision • Roll out of mobilisation on a cluster by cluster basis • Demand and capacity profiling and service re-design in paediatric service to address FUNB lists • Preparation for the national dental e-referral implementation planned September 2018. • Preparation for extension of Contract Reform Programme for implementation October 2018. • Progress Primary Care estates programme • DOLs Recovery Plan developed follow IA review
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Continence product supply provision • ICF Capital allocation • Out of hours provision across primary and community services • New DN Single point of access in NPT post evaluation in Swansea • Review of WB Optimal model workshop • SLT involved with 2 research projects – CACTUS and PATHOS • Workforce re-design, consideration of advanced practitioner posts releasing medical capacity • Complete roll out of Common Ailments Service to remaining 2 clusters by end of July 2018 (ahead of planned schedule). • Identify primary/secondary care services that can possibly transfer to Parkway Clinic for delivery. 	<ul style="list-style-type: none"> • FNC judgement and potential financial impact • Childhood immunisation compliance and internal audit • Safe service delivery against backdrop of decreasing resources • Service sustainability in Bridgend District Nursing service • Implications of Additional Learning Needs Bill <ul style="list-style-type: none"> ◦ ABMU will have a statutory duty to provide services for children identified under to bill • No funded SLT service for mental health, existing model not sustainable • ABMU/Cwm Taff Health Board boundary change • Delayed opening of new dental practice in Port Talbot due to building restrictions, circa 1000 people affected

