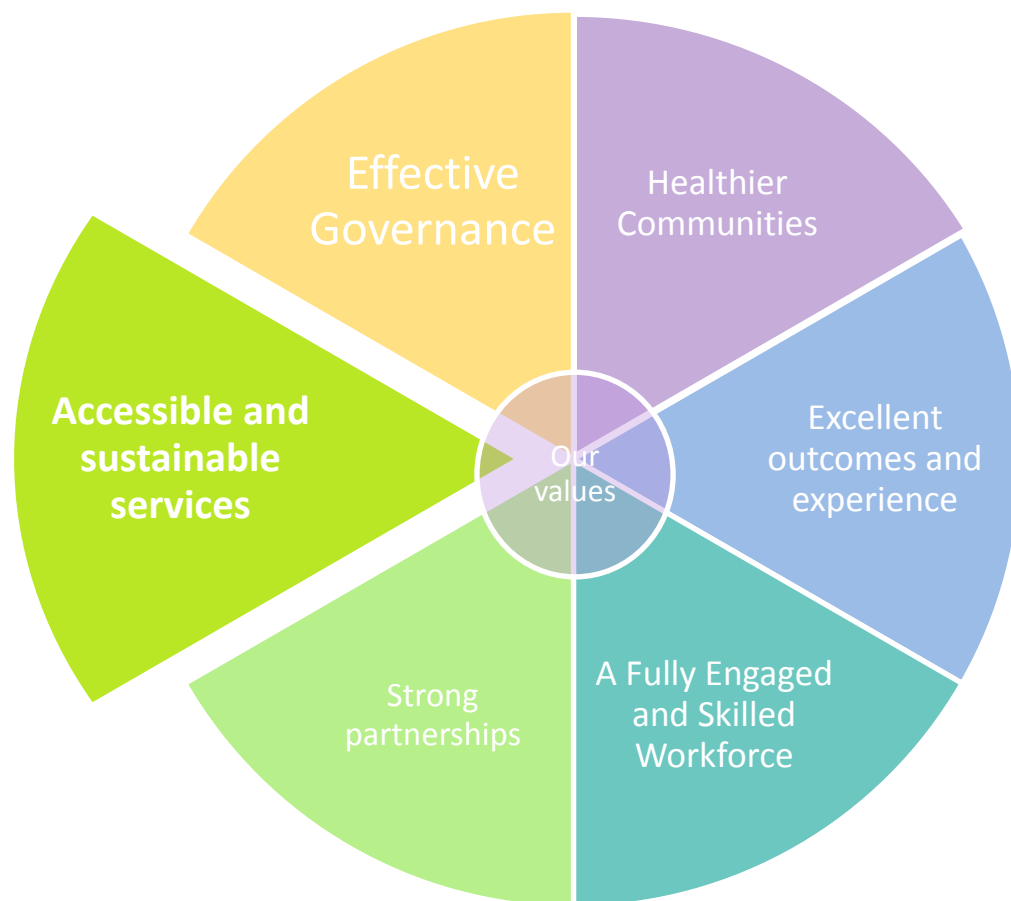


	ABM University Health Board
Health Board	Meeting on: 30th March 2017

Subject:	Performance Report- Accessible and Sustainable Services
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ABMU Key Priorities : Accessible and Sustainable Services

Improved Performance 9 Measures

Sustained Performance 5 Measures

Decline in Performance 15 Measures

Trend



Measures	Period	Value	Target Attained	Trend
Number of DTOCs per 10,000 LA population for non-mental health specialities (age 75+)	Jan-2017	119.8	×	↓
Number of DTOCs per 10,000 LA population for mental health (all ages)	Jan-2017	5.5	×	↓
% of patients who had their procedure postponed on more than 1 occasion and then had their procedure within 14 days or at the patient's earliest convenience	Nov-2016	48.6%	×	↓
% GP practices offering appointments between 17:00 & 18:30 at least 5 week days	Jan-2017	81.0%	×	↑
% GP practices open during the daily core hours or within 1 hour of daily core hours	Jan-2017	88.0%	×	↑
% patients waiting less than 26 weeks for referral to treatment (RTT)	Jan-2017	86.9%	×	→
Number of patients waiting more than 36 weeks for referral to treatment (RTT)	Jan-2017	4,223	×	→
% patients waiting less than 8 weeks for specific diagnostics	Jan-2017	99.9%	×	↑
% patients waiting less than 8 weeks for endoscopy	Jan-2017	67.8%	×	↓
% new patients spending no longer than 4 hours in an Emergency Department	Jan-2017	76.4%	×	↓

ABMU Key Priorities : Accessible and Sustainable Services

Measures	Period	Value	Target Attained	Trend
Number of patients spending more than or equal to 12 hours in A&E	Jan-2017	890	✗	↓
Red Calls- % of emergency responses arriving at the scene within 8 minutes	Jan-2017	72.1%	✗	↓
Number of patients waiting more than 1 hour for an ambulance handover	Jan-2017	823	✗	↓
Patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population	Sep-16	62.2%	✓	↑
% of patients newly diagnosed with cancer not via the urgent route that started definitive treatment within 31 days	Jan-2017	89.0%	✗	↓
% of patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days	Jan-2017	84.0%	✗	↑
% of assessment by the LPMHSS undertaken within 28 days from receipt of referral	Dec-2016	91.0%	✓	↑
% of therapeutic interventions started within 56 days following an assessment by LPMHSS	Dec-2016	87.0%	✓	→
% of LHB residents in receipt of secondary MH services (all ages) to have a valid CTP	Dec-2016	91.0%	✓	↓
% hospitals with arrangements to ensure advocacy is available to qualifying patients	Dec-2016	100.0%	✓	→
Not booked patients waiting for a follow up appointment delayed past their target date	Jan-2017	39,365	✗	↓
Booked patients waiting for a follow up appointment delayed past their target date	Jan-2017	14,372	✗	↓
% New Outpatients who did not attend	Jan-2017	7.7%	✓	↑
% Follow Up Outpatients who did not attend	Jan-2017	9.3%	✗	↓

ABMU Key Priorities : Accessible and Sustainable Services

Measures	Period	Value	Target Attained	Trend
% of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral	Jan-2017	86.50%	✗	↓
% of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Jan-2017	13.20%	✗	↓
% Patients with Neurodevelopmental Disorders receiving an assessment within 26 weeks	Jan-2017	57.10%	✗	↑
% of therapeutic interventions started within 28 days following assessment by LPMHSS	Jan-2017	100.00%	✓	→
% of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Jan-2017	79.20%	✗	↑

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

(1) 4.7 (2) 58

WG Target :

Improve

Current

Status :



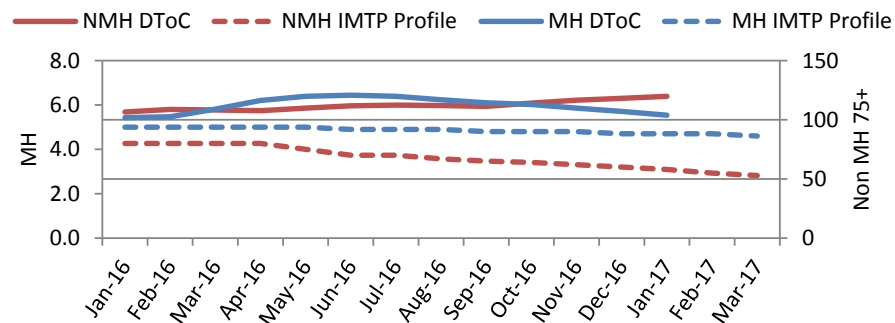
Movement :



Worsening

Current Trend: Jan 16- Jan 17

How are we doing ?



- Reducing Delayed Transfers of Care (DToc) continues to be a key focus within the Health Board.
- The overall number of patients classified as a delayed transfer reduced in January 2017 to the lowest number of reported delays this financial year to date.

Non Mental Health 75+

Bridgend - 120.7 NPT - 176.44 Swansea - 86.3

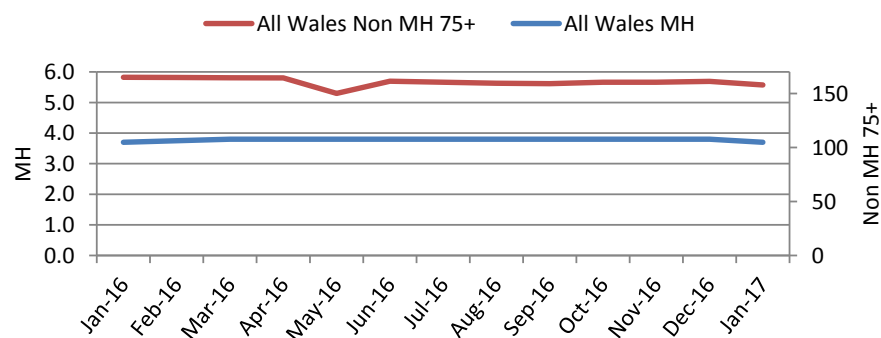
Mental Health

Bridgend - 3.45 NPT - 4.96 Swansea - 7.10

26 DTOCs rising from 20 in January 2017 (Bridgend rising to 11 from 5, NPT steady at 2, Swansea rising to 13 from 12). The number of days has reduced from 1554 in January 2017 to 791 in February 2017.

Benchmark

What actions are we taking?



- Continued implementation of recommendations regarding effective discharge planning, with a particular focus on earlier communication with patients and families on the quality and safety benefits of earlier discharge.
- Targeted use of new Intermediate Care Fund (ICF) funding to address causes of DTOC's through the winter.
- Joint work with Local Authorities (LA's) regarding options to support the provision of sustainable capacity in the care home and domiciliary care sectors. This will be supported by an external review recently commissioned by the Health Board to inform the optimum level of capacity required in community services to both support admission avoidance and to reduce delays in discharge.
- Health Board participation in the National Unscheduled Care event on 11th April on improving transfers of care for people in Wales.
- Good progress on adult mental health DTOCs with pathways into rehabilitation services working well. Increase in Bridgend Older People's DTOC linked to issues around patient choice.

How do we compare with our peers?

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

What are the main areas of risk?

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

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Nov 2016

IMTP Profile Target :

63.9%

WG Target :

Improve

Current

Status : ❌

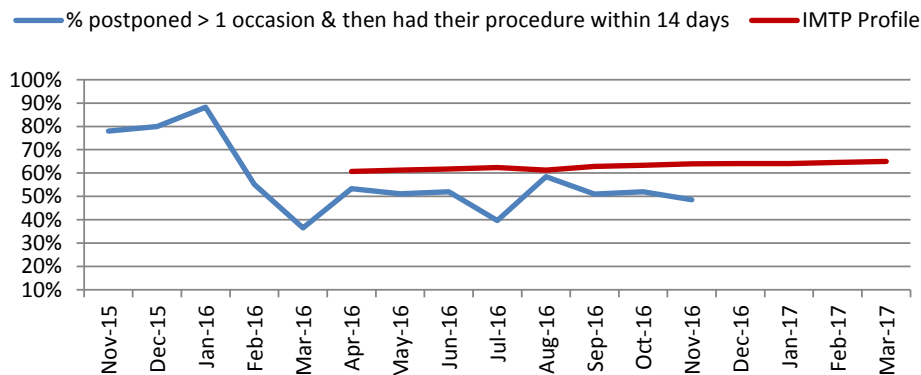
Movement :



Worsening

Current Trend: Nov 15- Nov 16

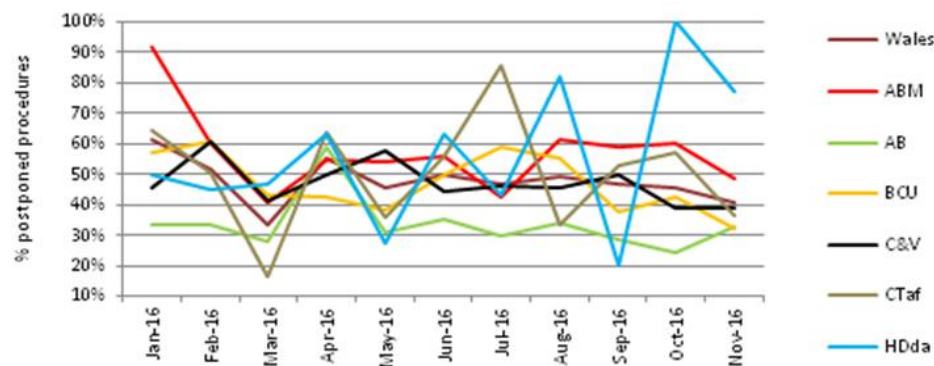
How are we doing ?



- Percentages continue to fluctuate month on month due to the relatively small numbers involved.
- It is important to note that the data only represents those patients who have had their procedure within 14 days of their last postponed appointment and does not capture those patients who have chosen to have their procedure undertaken at their earliest convenience as Myrddin is currently unable to record this. 14 days does not constitute a reasonable offer under the Referral to Treatment (RTT) rules.
- Out of the 74 patients in November 2016 who had their procedure postponed on more than one occasion, 36 had their procedure carried out within the proceeding 14 days.

Benchmark

What actions are we taking?



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

How do we compare with our peers?

What are the main areas of risk?

As at the end of November 2016, which is the latest published data available at the time of writing this report, ABMU performance was 48.5% compared with the all-Wales performance of 40.9%. ABMU is above the all-Wales position for this measure and is the second best performing Health Board.

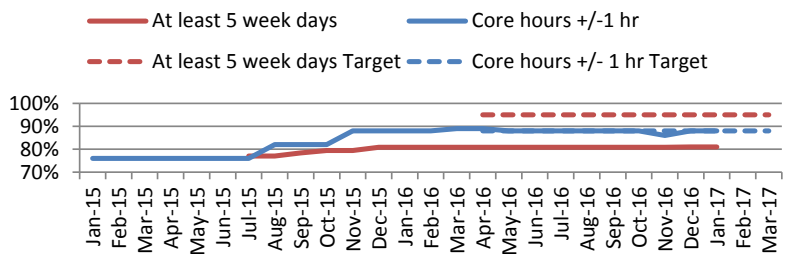
- Continuing pressures on bed capacity as a result of unscheduled care demand.
- Priority of cancer and urgent patients ahead of routine activity.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

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

Strategic Aim: Accessible and Sustainable Services				Strategic Change Programme: Community Network				Executive Lead : Alex Howells																																																																																																				
Period : Jan 2017		IMTP Profile Target : (1) 95% (2) 88%			WG Target : Improve			Current Status : ✗		Movement : ↑ Improving																																																																																																		
Current Trend: Jan 16- Jan 17					How are we doing ?																																																																																																							
					<ul style="list-style-type: none">• The measures have been amended by WG to include appointments after 5pm on 5 days of the week (from 2)• Performance has been refreshed since a recent monitoring data collection exercise completed for Welsh Government. As at 31 January 2017 59/73 practices (81%) offered appointments between 5 and 6:30pm a minimum of 5 days per week; 64/73 practices (88%) open during daily core hours.• Only 4 practices having half day closures.																																																																																																							
Benchmark					What actions are we taking?																																																																																																							
<table border="1"><thead><tr><th rowspan="3">LHB</th><th colspan="4">5 days a week</th><th colspan="4">core hours or within 1 hour</th></tr><tr><th>Current</th><th colspan="3">Previous</th><th>Current</th><th colspan="3">Previous</th></tr><tr><th>2015</th><th>2014</th><th>2013</th><th>2012</th><th>2015</th><th>2014</th><th>2013</th><th>2012</th></tr></thead><tbody><tr><td>Wales</td><td>79%</td><td>↓ 79%</td><td>↑ 76%</td><td>↑ 65%</td><td>82%</td><td>↑ 80%</td><td>↑ 76%</td><td>↑ 69%</td></tr><tr><td>ABM</td><td>78%</td><td>↑ 69%</td><td>↑ 61%</td><td>↑ 58%</td><td>85%</td><td>↑ 73%</td><td>↑ 72%</td><td>↑ 70%</td></tr><tr><td>AB</td><td>95%</td><td>↑ 93%</td><td>↑ 93%</td><td>↑ 84%</td><td>93%</td><td>↑ 92%</td><td>↑ 87%</td><td>↑ 85%</td></tr><tr><td>BCU</td><td>55%</td><td>↓ 63%</td><td>↓ 63%</td><td>↑ 54%</td><td>73%</td><td>→ 73%</td><td>↑ 70%</td><td>↑ 46%</td></tr><tr><td>C&V</td><td>94%</td><td>→ 94%</td><td>↑ 93%</td><td>↑ 75%</td><td>83%</td><td>→ 83%</td><td>↑ 76%</td><td>↑ 77%</td></tr><tr><td>CTaf</td><td>93%</td><td>→ 93%</td><td>↓ 94%</td><td>↑ 65%</td><td>93%</td><td>→ 93%</td><td>↑ 92%</td><td>↑ 91%</td></tr><tr><td>HDda</td><td>65%</td><td>→ 65%</td><td>↑ 54%</td><td>↑ 47%</td><td>65%</td><td>↓ 67%</td><td>↑ 57%</td><td>↑ 48%</td></tr><tr><td>Powys</td><td>94%</td><td>→ 94%</td><td>↓ 100%</td><td>↑ 82%</td><td>100%</td><td>→ 100%</td><td>→ 100%</td><td>→ 100%</td></tr></tbody></table>					LHB	5 days a week				core hours or within 1 hour				Current	Previous			Current	Previous			2015	2014	2013	2012	2015	2014	2013	2012	Wales	79%	↓ 79%	↑ 76%	↑ 65%	82%	↑ 80%	↑ 76%	↑ 69%	ABM	78%	↑ 69%	↑ 61%	↑ 58%	85%	↑ 73%	↑ 72%	↑ 70%	AB	95%	↑ 93%	↑ 93%	↑ 84%	93%	↑ 92%	↑ 87%	↑ 85%	BCU	55%	↓ 63%	↓ 63%	↑ 54%	73%	→ 73%	↑ 70%	↑ 46%	C&V	94%	→ 94%	↑ 93%	↑ 75%	83%	→ 83%	↑ 76%	↑ 77%	CTaf	93%	→ 93%	↓ 94%	↑ 65%	93%	→ 93%	↑ 92%	↑ 91%	HDda	65%	→ 65%	↑ 54%	↑ 47%	65%	↓ 67%	↑ 57%	↑ 48%	Powys	94%	→ 94%	↓ 100%	↑ 82%	100%	→ 100%	→ 100%	→ 100%	<ul style="list-style-type: none">• Minimum access standards implemented since last year and practices are now working towards these. The Access and Sustainability in General Practice group is meeting regularly with an aim of driving forward improved and sustainable access within Primary Care and monitoring implementation of the ABMU Access Guidance. Access is also included in the GP practice monitoring programme. WG access requirements are being revised and ABMU access guidance considered alongside this. The Community Health Council have produced a report outlining feedback received from patients registered with GP practices that have adopted a telephone triage system. Whilst a majority of people were content with the contact made with their practice, a number of concerns were raised. Many were frustrated by the system, felt it to be time consuming, inefficient for patients and carers, disadvantageous to certain groups of people including those that found it difficult to communicate by telephone, and were uneasy about discussing health issues with non clinicians.• Across ABMU, practices are overhauling the means through which patients are accessing their services to help them cope more appropriately with demand, including the recruitment of other roles in the Primary care team to manage patient demand more appropriately, particularly but not exclusively where there are GP shortages.•The Neath Network Pace Setter hub has implemented a call management and GP telephone consultation in 7 of the 8 practices, with patients being diverted to alternative clinical resources using the innovative Vision 360 software, e.g. pharmacist, mental health support worker. The other practices are working towards the full implementation of the model. The project is continuing to receive positive patient satisfaction and is being analysed as part of the cluster development work. A number of practices are implementing triage models appropriate to their practice in order to meet increased demand or address practice specific sustainability issues.•The Practice Support Team is now in place, working with a number of practices across ABMU to offer support and improvement advice with the aim of reducing risks, pressures and difficult periods currently being experienced within GP practice e.g. due to recruitment or sustainability, and to work through current and future plans.						
LHB	5 days a week					core hours or within 1 hour																																																																																																						
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How do we compare with our peers?					What are the main areas of risk?																																																																																																							
At December 2015 the ABMU position was above the Welsh Average with: <ul style="list-style-type: none">• 81% of ABMU practices were open >5 nights per week• 86% of practices now opening 47.5 hours per week					<ul style="list-style-type: none">• Reports of sustainability issues with difficulty in recruitment and retention of GPs plus a continuing issue in securing locum cover and associated costs.•Practices will seek to manage their resources and workload by restricting or changing access arrangements that are not considered acceptable by patients, including reviewing their practice boundaries leading to complaints.																																																																																																							
Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)																																																																																																												

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

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

IMTP Profile Target :

Period : Jan 2017

(1)2926, (2) N/A, (3) 88.58%

WG Target :

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

Current

Status :



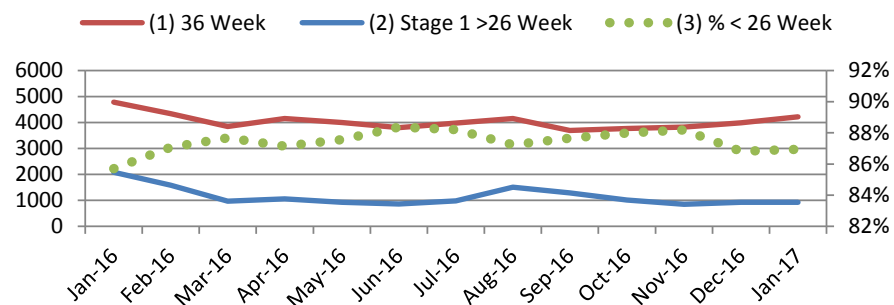
Movement :



Stable

Current Trend: Jan 16- Jan 17

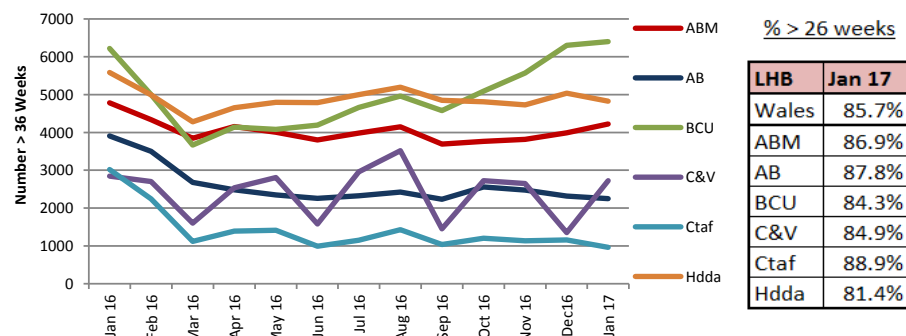
How are we doing ?



- In January 2017 patients waiting over 36 weeks increased by 233 in-month (from 3,990 to 4,223) but reduced by 559 compared with January 2016 (4,782 to 4,223).
- Pressure areas continue to exist in a number of specialties with ENT, Gastroenterology, General Surgery, Ophthalmology, Oral/ Maxillo Facial (OMF), Orthopaedics and Plastic Surgery collectively accounting for 3,908 of the 4,223 over 36 weeks. 90% of the patients waiting over 36 weeks are in the treatment stage of their pathway and this has meant slower progress in 2016/17 than in the previous year as the solutions are more challenging.
- 1,302 patients are waiting over 52 weeks in January 2017, roughly in line with December 2016. There is turnover of these patients in most specialties.
- The number waiting over 26 weeks for a first outpatient appointment saw a slight in-month reduction and a reduction of 1,160 compared with January 2016 (from 2,081 to 921).
- The overall Health Board RTT target deteriorated slightly in January 2017 from 86.81% to 86.94%.

Benchmark

What actions are we taking?



% > 26 weeks

LHB	Jan 17
Wales	85.7%
ABM	86.9%
AB	87.8%
BCU	84.3%
C&V	84.9%
Ctaf	88.9%
Hdda	81.4%

- Weekly meetings with individual Service Delivery Units (SDU's) to monitor progress against a set of internal actions planned to improve the March 2017 position. These actions include clearing the patients waiting over 36 weeks in stages 1 - 4 (outpatients, diagnostics, follow up and endoscopy), and to focus elective activity on day cases where no inpatient bed is required.
- The Princess of Wales service delivery unit is supporting Swansea to clear its long waiting Gastroenterology backlog of patients waiting over 36 weeks.
- In order to balance finance and performance, the Health Board has decided to cease outsourcing and to pursue other actions to reduce waiting times; some of these are described in the first bullet above.
- A revised forecast position of 3,500 has been developed with Units asked to improve upon this wherever possible. The IMTP forecast was 2,857. As a result of wider system pressures the 3,500 is challenging to achieve but is very much the focus for year end.
- Welsh Government has issued performance monies of £9.33m linked to performance delivery with a potential recovery mechanism to implemented if target levels are not achieved. We are not clear at this stage the nature of this mechanism.

How do we compare with our peers?

- As at the end of January 2017, which is the latest published data available, ABMU was above the all-Wales position for the percentage of patients waiting less than 26 weeks for referral to treatment (RTT) (86.9% compared with 85.7%) however, was the third worst Health Board in Wales for the number of patients waiting over 36 weeks.

What are the main areas of risk?

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

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

(1) 0 (2) 100%

WG Target :

Zero

Current

Status :



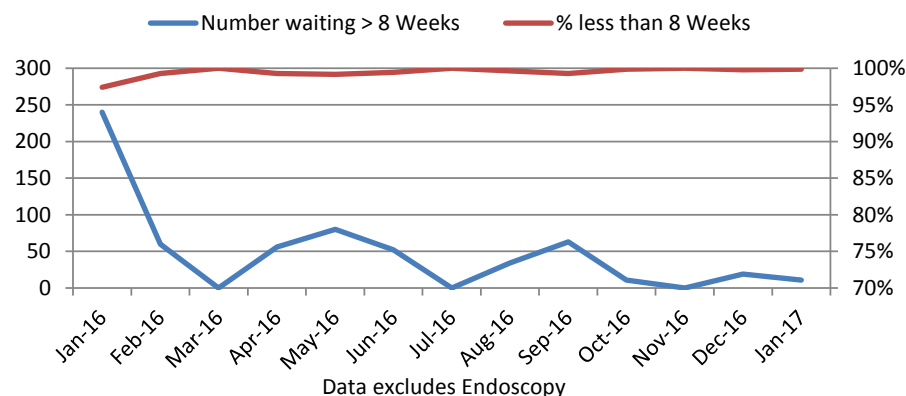
Movement :



Improving

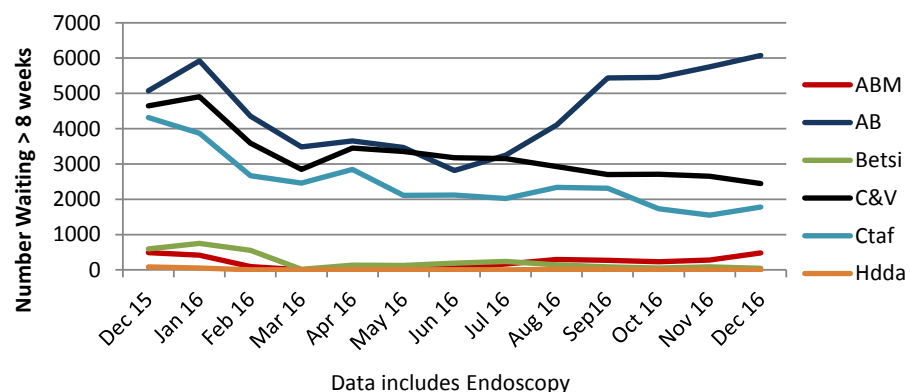
Current Trend: Jan 16- Jan 17

How are we doing ?



- There were 11 patients waiting over 8 weeks for reportable diagnostics as at the end of January 2017.
- All 11 patients were waiting for Cystoscopy. This is as a result of clinical staff sickness within the department. Neither member of staff will be back to full duties until the end of March/April.

Benchmark



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

How do we compare with our peers?

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

What are the main areas of risk?

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

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

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

(1) 0 (2) N/A

WG Target :

Improve

Current

Status :



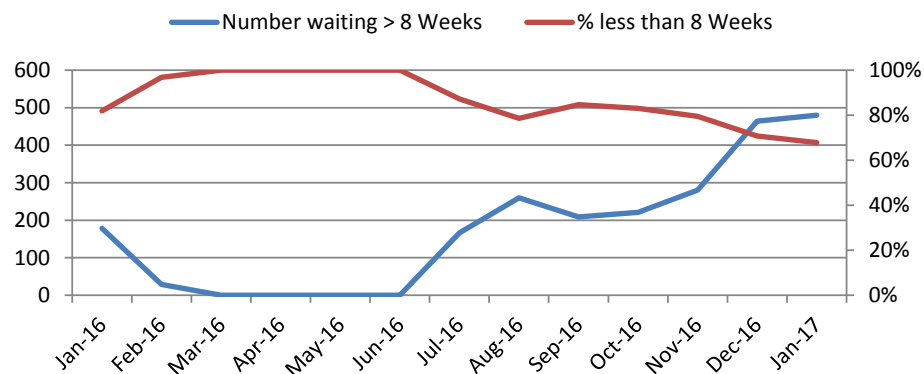
Movement :



Worsening

Current Trend: Jan 16- Jan 17

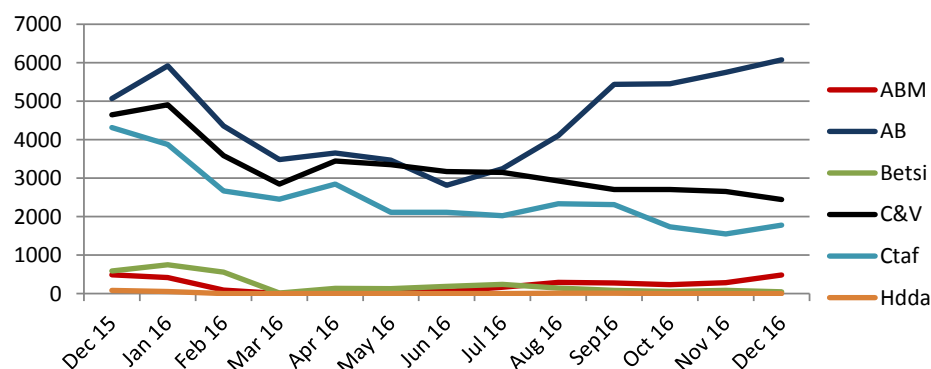
How are we doing ?



- ABMU Health Board has 480 patients waiting over 8 weeks for endoscopy as at the end of January 2017. 68% of patients were booked within the 8 week target.
- Endoscopy has continued to see a significant increase in urgent suspected cancer referrals. The majority of the increase has been in the area of Lower Gastrointestinal referrals internally from surgical specialties.
- DNA rates continue to remain low at 3%.

Benchmark

What actions are we taking?



- Utilising all available capacity with an average of 30 backfill lists being undertaken per month - current agreement for funding until end of March 2017.
- Capacity Plans being reviewed to ensure that capacity is being maximised on all sites (this is a weekly ongoing process). Improvements forecast in February.
- Further Gastroenterologist commenced in September 2016 which is providing one endoscopy session in Neath Port Talbot Hospital to cover current vacant sessions.
- Development of alternative diagnostic pathways in partnership with Radiology (CT Colongraphy)
- Continued focus on effective triage of referrals.
- Configuring rotas to reduce variation in the service model across the Health Board.

How do we compare with our peers?

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

What are the main areas of risk?

- Routine activity being displaced by cancer, urgent and RTT patients with significant pressures in Gastroenterology and an increase in USC referrals in recent months which will exceed capacity.
- Ability to maintain the number of additional sessions undertaken with a very small pool of scopers; Funding currently agreed through IMTP to continue backfilling of lists until end of March 2017.

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

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

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

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

Strategic Aim: Accessible and Sustainable Services

Strategic Change Programme: Unscheduled Care Board

Executive Lead : Alex Howells

IMTP Profile Target :

(1) 87% (2) 200

WG Target :

(1) 95% (2) 0

Current

Status :



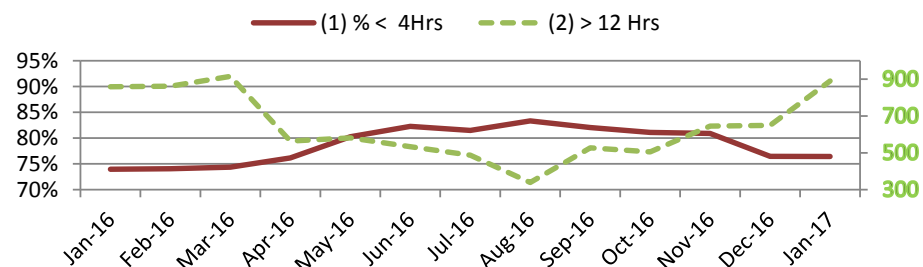
Movement :



Worsening

Current Trend: Jan 16- Jan 17

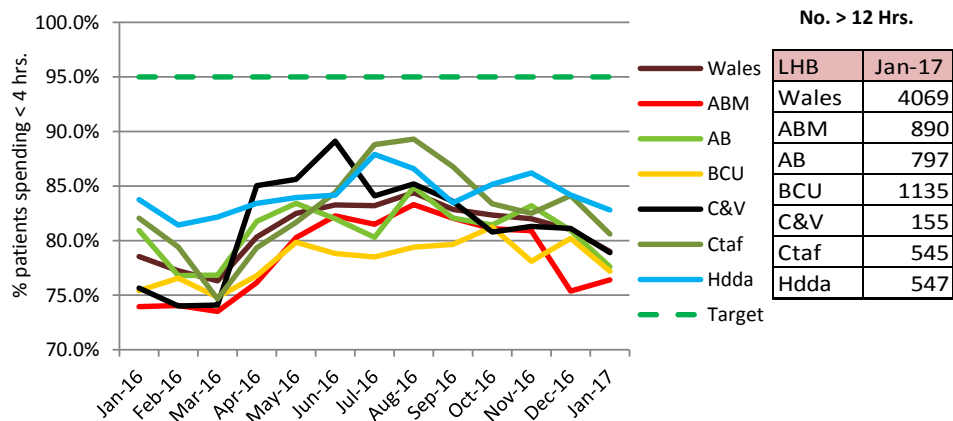
How are we doing ?



- Unscheduled care performance against the 4 hour target in January 2017 was 76.4%. This was an improved position when compared with January 2016 (73.96%) and a fairly stable position when compared to December 2016.
- 890 patients stayed over 12 hours in our Emergency Departments (ED's) during January 2017 which was a marked increase when compared with November and December 2016.
- Whilst overall the number of patients attending our Emergency departments and minor injuries units has been fairly stable, there has been a 9% increase in the number of patients requiring an unplanned hospital admission in recent months (particularly in surgery and medical specialities) when compared with the previous 2 years, over and above predicted levels of admissions.

Benchmark

What actions are we taking?



No. > 12 Hrs.

LHB	Jan-17
Wales	4069
ABM	890
AB	797
BCU	1135
C&V	155
Ctaf	545
Hdda	547

- The Service Delivery Units (SDU) are continuing to use surge capacity as required on a targeted basis as part of their winter capacity plans.
- There is an ongoing an increased focus on implementation of the SAFER flow bundle to support patient flow and release bed days, with evidence of reductions in the average length of stay for patients.
- Increased capacity and space for ambulatory emergency care was implemented at PoW and Morriston hospitals from January 2017 and these new models are being bedded in.
- A follow up review of emergency care was undertaken by ECIP at Morriston Hospital on 19th and 20th January 2017, with ongoing support confirmed to implement their recommendations in February and March 2017. There will be a particular focus on managing clinical variation and standardisation operational protocols, and also further work to maximise the benefit of ambulatory emergency pathways.

How do we compare with our peers?

What are the main areas of risk?

- The Health Board's 4 hour performance was 76.4% in January 2017 compared with the all Wales 4 hour performance of 79% for this period.
- 12 hour performance has been a particular challenge for the Health Board when compared to performance across Wales

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

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Program: Unscheduled Care Board

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

(1) 65% (2) 160

WG Target :

(1) 65% or above (2) Zero

Current

Status :



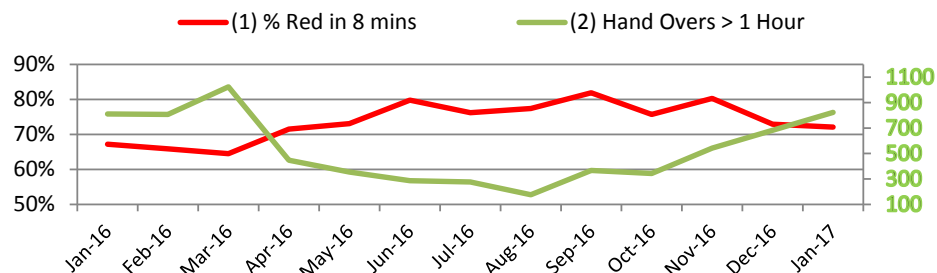
Movement :



Worsening

Current Trend: Jan 16- Jan 17

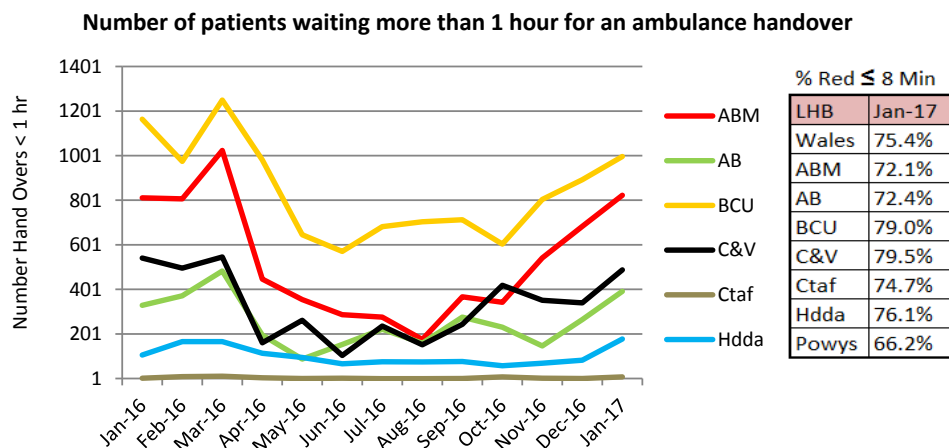
How are we doing ?



- The Health Board's Category A (Red response) was 72.1% in January 2017, against the target of 65%.
- 823 patients waited >1 hour to receive ambulance handover from the Health Board in January 2017, which is the highest number of delays experienced this financial year, and correlates with the increase in the number of patients in the Emergency Departments who were waiting > 12 hours for admission, discharge or transfer in the month of January 2017.

Benchmark

What actions are we taking?



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

- Regular meetings with colleagues in WAST to review and identify opportunities for improvement within the patient handover/ early release/escalation process.
- Ensuring the most appropriate clinical management and signposting of patients as part of the launch of the new 111 service in October 2016. There has been a significant increase in direct paramedic contact being made with the clinical hub for advice since the formal launch of the 111 service.
- The implementation of pathways that support admission avoidance, such as a new Health Board wide D&V pathway.
- The planned review in Quarter 4 of the non injury falls service to determine the optimum model for this service, as patient falls generate the highest request for an ambulance response within ABMU Health Board.
- A review of the Health Board's ambulance divert and downgraded 999 protocols which have streamlined the process.

How do we compare with our peers?

ABMU performance against the Category A - Red calls target in January was 72.1%, against the all-Wales average performance of 75.4%. Continued improvement in handover performance remains a key focus.



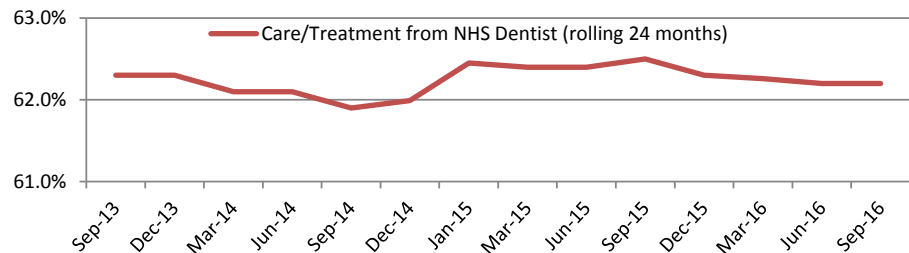
What are the main areas of risk?

- Ambulance resourcing to respond to demand within the 8 minute response time.
- Hospital flow constraints which impact upon the Emergency Department's ability to receive timely handover. This can result in increased risk to patients in the community and at hospital if there are prolonged ambulance handover times.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

Strategic Aim : Accessible and Sustainable Services		Strategic Change Programme: Community Network			Executive Lead : Alex Howells																																													
Period: Sep 2016		IMTP Profile Target :			WG Target : Improve	Current Status : 	Movement :  Improving																																											
Current Trend: Sep 13 -Sep 16				How are we doing ?																																														
<div></div> <table><tr><th>Patient Group</th><th colspan="4">No. of Patients receiving NHS Treatment in ABMU for 2 years to:</th></tr><tr><th></th><th>Sep 14</th><th>Sep 15</th><th>Sep 16</th><th>Change, 2014-16</th></tr><tr><td>Adults</td><td>245,743</td><td>249,408</td><td>248,810</td><td>+1.2%</td></tr><tr><td>Children</td><td>76,670</td><td>77,347</td><td>77,924</td><td>+1.64%</td></tr><tr><td>Total</td><td>322,413</td><td>326,755</td><td>326,734</td><td>+1.3%</td></tr></table> <p><i>Stats Wales</i></p>				Patient Group	No. of Patients receiving NHS Treatment in ABMU for 2 years to:					Sep 14	Sep 15	Sep 16	Change, 2014-16	Adults	245,743	249,408	248,810	+1.2%	Children	76,670	77,347	77,924	+1.64%	Total	322,413	326,755	326,734	+1.3%	<ul style="list-style-type: none">• The latest (February 2017) Stats Wales release confirmed the number and percentage of adults and children who had received NHS treatment in the period up to September 2016, and indicates a relatively steady position, with a small but significant increase over the access 2 years previously. Updated figures are available following year-end 2017.• Demand for an NHS dentist continues to outstrip supply of contracted activity in much of ABMU, central Swansea and Neath and Port Talbot areas in particular.• The number of dentists taking on patients has decreased since the last report with 15 practices accepting all categories of patients but might be indicative of end of year targets being met early.• Entering into the last quarter of the financial year, many practices increase their activity during the last few months to achieve yearly targets, whilst others find themselves in a position of having to restrict access if targets have already been reached. Efforts have been made to improve the previous end of year position that confirmed that a number of dentists underperformed significantly (i.e. achieved less than 95% of their contract), by temporarily reducing contracts.																					
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<table><tr><th rowspan="2">LHB</th><th>Current</th><th colspan="3">Same Period Comparison</th></tr><tr><th>Sep-16</th><th>Sep-15</th><th>Sep-14</th><th>Sep-13</th></tr><tr><td>Wales</td><td>54.8%</td><td>54.8%</td><td>54.6%</td><td>54.7%</td></tr><tr><td>ABM</td><td>62.2%</td><td>62.5%</td><td>61.9%</td><td>62.3%</td></tr><tr><td>AB</td><td>56.7%</td><td>56.8%</td><td>56.3%</td><td>56.3%</td></tr><tr><td>BCU</td><td>49.7%</td><td>50.1%</td><td>50.4%</td><td>50.9%</td></tr><tr><td>C&V</td><td>56.1%</td><td>55.6%</td><td>55.2%</td><td>54.8%</td></tr><tr><td>Ctaf</td><td>57.4%</td><td>57.2%</td><td>57.6%</td><td>58.0%</td></tr><tr><td>Hdda</td><td>46.0%</td><td>45.2%</td><td>44.7%</td><td>44.8%</td></tr></table>				LHB	Current	Same Period Comparison			Sep-16	Sep-15	Sep-14	Sep-13	Wales	54.8%	54.8%	54.6%	54.7%	ABM	62.2%	62.5%	61.9%	62.3%	AB	56.7%	56.8%	56.3%	56.3%	BCU	49.7%	50.1%	50.4%	50.9%	C&V	56.1%	55.6%	55.2%	54.8%	Ctaf	57.4%	57.2%	57.6%	58.0%	Hdda	46.0%	45.2%	44.7%	44.8%	<ul style="list-style-type: none">• Agreed for 2016/17 that 5% over performance carried forward to incentivise practices to reach > 95% threshold which is accepted by the contract and enable those that have reached their target to provide access up to year end.• Supporting 2 dental prototype contracts in Swansea (only Welsh LHB). Further rollout on a Welsh level with additional interest in the ABMU area in a model to advise on contract reform and support different skill-mix/ways of working• Restablished orthodontic Managed Clinical Network to oversee the provision of orthodontic services in the area to agreed clinical standards.• Identifying other areas to develop work to transfer healthy children from CDS to GDS thus enabling CDS to concentrate on areas of specialty.• Development of 3 year dental planning framework/strategy to identify and prioritise decision making in dental services• Development of single point of access to manage and evaluate paediatric referrals to ensure that patients receive care in most appropriate care setting		
LHB	Current	Same Period Comparison																																																
	Sep-16	Sep-15	Sep-14	Sep-13																																														
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How do we compare with our peers?				What are the main areas of risk?																																														
<ul style="list-style-type: none">• In the 24 months to Sep 16, ABMU maintained its position as provider to the highest percentage of patients in Wales, particularly children (74.5 % vs 62% Wales average); 62.2% of ABMU's adults were treated: Wales average 54.8%				<p>The inflexibility of the NHS Dental contract (eg constraints around the timing for contract reductions) may mean that the Health Board is unable to reduce contracts in order to commission additional access in areas of most need.</p>																																														

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017), STATS WALES

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Patient Flow

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

(1) 98% (2) 91%

WG Target :

(1) 98% or above (2) 95% or above

Current

Status :



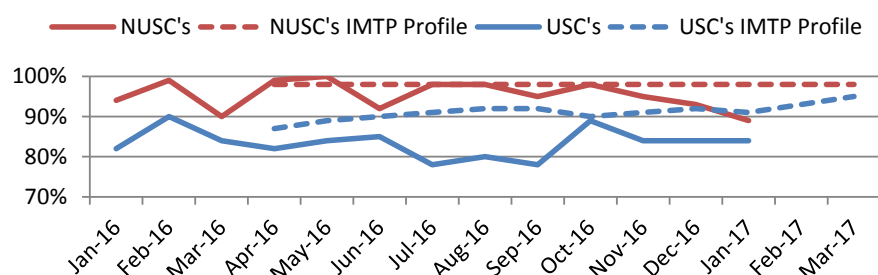
Movement :



Worsening

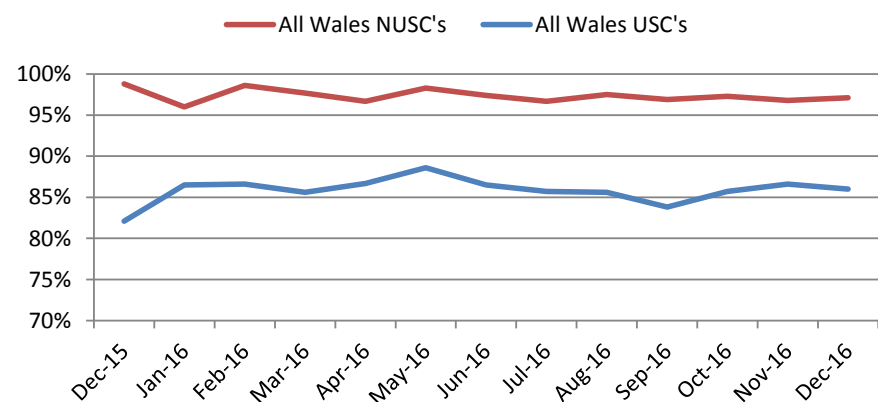
Current Trend: Jan 16- Jan 17

How are we doing ?



- NUSC performance in January 2017 is reporting 89% (14 breaches).
- USC performance in January 2017 is currently reporting 84% (26 breaches).
- Referrals received by the Health Board remain high despite a reduction in referrals in December 2016. The monthly average during the 13 months (Jan 16 to Jan 17) was 1,757. December 2016 saw 1,437 referrals. January 2017 saw 1,633 referrals.
- The overall backlog position continues to fluctuate but increased during December and January to a peak of 71. The average number in backlog during this period was 54 compared with 52 during October-November 2016.

Benchmark



What actions are we taking?

- CAPITA presented their report on the 3rd March 2017 with Service Delivery Units required to develop action plans by the 31st March – any revenue implications will need to be discussed as part of the IMTP plans.
- Focused review of Gastro / Endoscopy is being undertaken, Breast centralisation Business case under development, Urology service under review, Outpatient, F/u and Diagnostic (test & report) capacity is under review to meet standard of 14 day max wait.
- Greater clinical engagement is planned with focus on peer review and MDT working at Cancer Delivery Board and ad hoc review.
- Engagement with Welsh Government in agreeing further performance / Network wide engagement and learning re network wide services, best practice and cancer services peer review.
- Additional informatics, and Information analysis improvement and tracking support continues to be targeted at key areas.
- Replacement of key clinical equipment to improve efficiency - new Mammography equipment for Singleton and new Processors and Stainers for Histology – with installation and commissioning complete by 31st March.
- A recommendation has been made to the Medical Director around the allocation of an SPA session to be agreed with each multi-disciplinary team Clinical Lead role.

How do we compare with our peers?

- USC performance continues to struggle in comparison with other Health Boards.
- Backlog in Wales remains high, with Betsi Cadwaladr and Cardiff & Vale health boards reporting higher numbers than ABMU.

What are the main areas of risk?

- Vacancies at Consultant level in key tumour sites - Gastroenterology; Oncology and Radiology.
- Long Term Sickness of key clinical staff – i.e. Gynaecology.
- Service pressures within Urology continue at POWH, resulting in delays across most aspects of patient pathways.
- Breast radiologist availability/vacancy for 1 stop clinic at Singleton resulting in long waits to first assessment.
- Large volume USC referrals.
- Unscheduled Care pressures resulting in cancelled and/or delayed procedures

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Changing for the Better: Mental Health

Executive Lead : Alex Howells

Period : Dec 2016

IMTP Profile Target :

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

WG Target :

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

Current

Status :



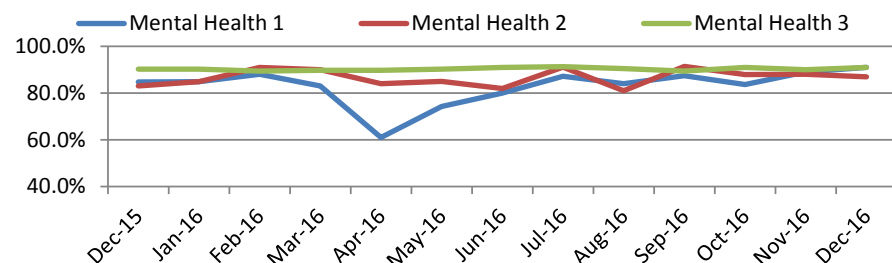
Movement :



Worsening

Current Trend: Dec 15- Dec 16

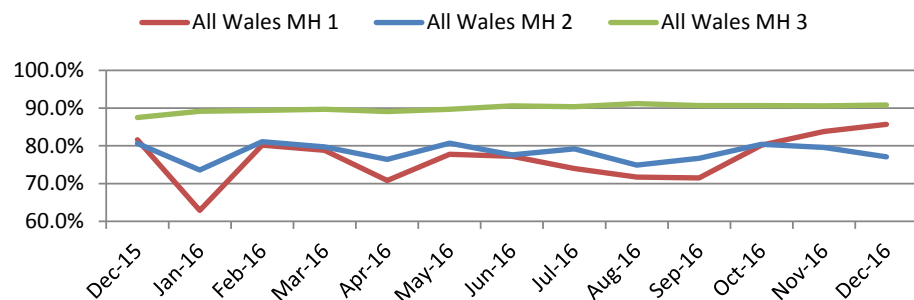
How are we doing ?



- Mental Health 1 - ABMU met the target from June to December 2016, and has been consistently higher than the all-Wales figures since May 2016. December's figure was 91%.
- Mental Health 2 - intervention levels have remained above target 80% from April to December 2016. December's figure was 87%.
- Mental Health 3 - This data covers Adult, Older People, CAMHS and Learning Disability Services. ABMU met the target from April to August 2016, but there has been a marginal dip in September to 89.4%, but has remained above target from October to December 2016, December's figure was 91%.

Benchmark

What actions are we taking?



- The Local Primary Mental Health Support Service (LPMHSS) has benefited from recent additional Welsh Government resources to help build up the local teams. This will allow the service to help keep pace with additional demand.
- The LPMHSS is in the process of developing a further range of group interventions, in order to offset the demand for therapy.

How do we compare with our peers?

What are the main areas of risk?

December 2016

- All-Wales MH1 measure ranged from 79.5% to 96% ABMU 90.9%
- All-Wales MH2 measure ranged from 68.2% to 93.3 % ABMU 86.9%
- All-Wales MH3 measure ranged from 89.6% to 92% % ABMU 91.3%

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

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

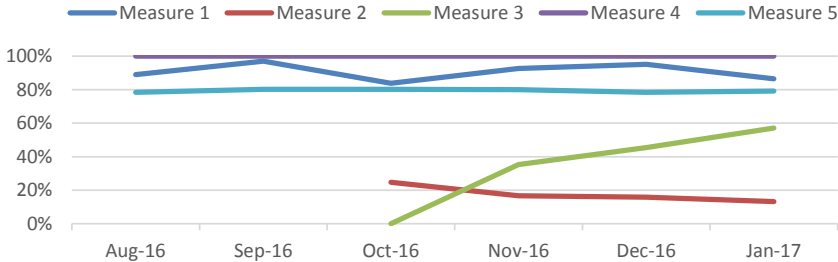
Measure 1: % of Urgent Assessment by the Child and Adolescent Mental Health Services (CAMHS) undertaken within 48 Hours from receipt of referral

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

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

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



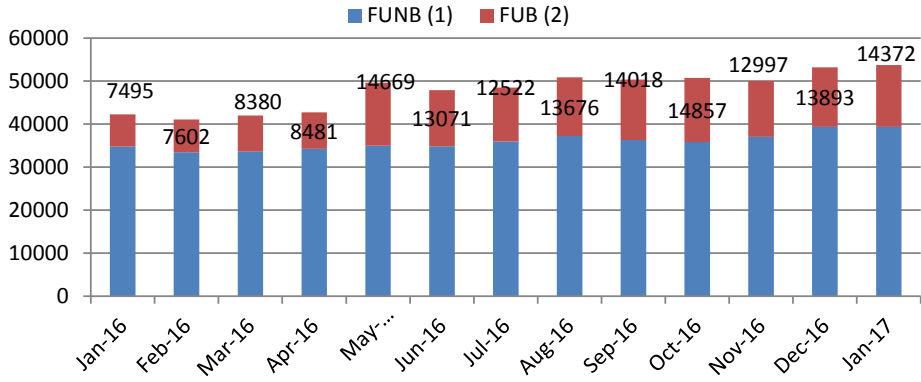
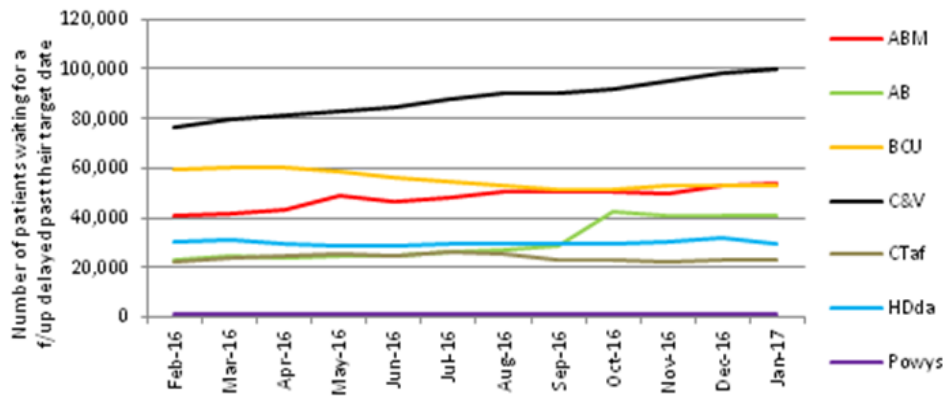
Measure 5: % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)

Strategic Aim : Accessible and Sustainable Services			Children and Young People's Emotional and Mental Health Programme			Executive Lead : Siân Harrop-Griffiths			
Period : Jan-17		IMTP Profile Target :			WG Target : (1)100% (2) 100% (3) 100% (4) 100% (5) 90%			Current Status : ✗	Movement :
Current Trend: Aug 16 - Jan 17					How are we doing ?				
					<ul style="list-style-type: none">• Measure 1: 86.5%% of urgent assessments by CAMHS undertaken within 48 hours of receipt of referral. Performance improved during November and December to a high of 95.2%, however has now deteriorated to January 2017.• Measure 2: 13.2% of routine assessments by CAMHS for ABMU residents undertaken within 28 days from receipt of referral. Performance has deteriorated from 15.8% in December 2017.• Measure 3: 57.1% of patients with a neuro-developmental disorder are receiving diagnostic assessment within 28 weeks. Performance has improved from 45.5% in December 2016.• Measure 4: 100% target achieved.• Measure 5: 79.2% of Health Board residents in receipt of CAMHS have a valid Care and Treatment Plan.				
					What actions are we taking?				
					<u>By Q4 2016/17:</u> <ul style="list-style-type: none">• Continued waiting list initiative activity to improve neuro-developmental (to achieve 26 week target) and generic CAMHS waiting list position (to achieve 28 day target).• Fully recruited to posts to work with young people 14-25 to offer early intervention to individuals with first episode psychosis (March 2017).• Fully recruited to newly established neuro-developmental team (March 2017).• Translated service specification for specialist secondary mental health services in to contract with Cwm Taf, jointly with Cwm Taf and Cardiff & Vale Health Boards, for provision of sCAMHS for 2017/18 (March 2017).• Development of service model for tier 1/2 services with local authority colleagues from February 2017.				
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17			
% of urgent assessments undertaken within 48 hours from receipt of referral	↓ 89.0%	↑ 97.0%	↓ 83.8%	↑ 92.6%	↑ 95.2%	↓ 86.5%			
% of routine assessments undertaken within 28 days from receipt of referral			24.7%	↓ 16.6%	↓ 15.8%	↓ 13.2%			
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks			0.0%	↑ 35.3%	↑ 45.5%	↑ 57.1%			
% of therapeutic interventions started within 28 days following assessment by LPMHSS	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%	⇒ 100.0%			
% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan	↑ 78.4%	↑ 80.2%	⇒ 80.2%	↓ 80.0%	↓ 78.4%	↑ 79.2%			
How do we compare with our peers?							What are the main areas of risk?		
Unable to compare performance for ABMU residents with Cardiff & Vale and Cwm Taf residents as performance information not available for comparison. ABMU working jointly with Cardiff & Vale and Cwm Taf Health Boards to look at benchmarking data.							<ul style="list-style-type: none">• Measure 2 performance at 13.2% against target of 100%. Waiting list initiative in place to achieve by end March 2017.• Measure 3 performance at 57.1% against target of 100%. Waiting list initiative in place to make significant progress by end March 2017 and achieve target by end July 2017.		
Source :									

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

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

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

Strategic Aim : Accessible and Sustainable Services		Strategic Change Programme: Patient Flow		Executive Lead : Alex Howells	
Period : Jan 2017	IMTP Profile Target : 34,980	WG Target : Reduction	Current Status : 	Movement : 	Worsening
Current Trend: Jan 16- Jan 17		How are we doing ?			
		<ul style="list-style-type: none"> The number of patients waiting for a follow up appointment delayed past their target date (booked and non booked) has increased from 42,296 (Jan 16) to 53,737 (Jan 17). Delayed Follow Up (Not Booked): In-month performance has slightly deteriorated with an increase in the number of not booked patients waiting for a follow up appointment delayed past their target date from 39,339 to 39,365. Delayed Follow Up (Booked): In-month performance has deteriorated with an increase in the number of booked patients waiting for a follow up appointment delayed past their target date from 13,893 to 14,372. 			
Benchmark		What actions are we taking?			
		<ul style="list-style-type: none"> Weekly reporting of outpatient delays including booked and not booked delays to ensure complete understanding of the total size of the problem with delayed appointments. Outpatient Improvement Group to discuss at April 2017 meeting: <ul style="list-style-type: none"> work being undertaken by the delivery units to review culture and process for follow up to match the best in class performance, in line with financial recovery and sustainability baseline assessment; opportunities to appropriately reduce the number of follow up appointments offered to patients; service delivery focus on longest delayed patients and solutions to manage risk; evaluation of service changes adopted to address delayed follow ups. Wales Audit Office planning to undertake a follow-up audit of the progress being made against the recommendations arising from the 2015 review of follow-up outpatient appointments. Timescale for audit to be confirmed. 			
How do we compare with our peers?		What are the main areas of risk?			
<p>From February 2016 to January 2017 BCU have experienced a reduction in the number of patients waiting for a follow up appointment past their target date; AB, ABMU, C&V an increase with CTaf, HD and Powys stable.</p>		<ul style="list-style-type: none"> Wales Audit Office review (2015) highlighted several risks including too many patients delayed with clinical risks not fully known; operational planning, scrutiny and assurance to be improved; Need to better prioritise validation activities. Service Delivery Units to provide regular assurance reports to Health Board Quality & Safety Committee, Outpatient Improvement Group and Planned Care Supporting Delivery Board. 			

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

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

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

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

Strategic Aim : Accessible and Sustainable Services

Strategic Change Programme: Outpatient Modernisation

Executive Lead : Alex Howells

Period : Jan 2017

IMTP Profile Target :

8.41%

WG Target :

Reduction

Current

Status :



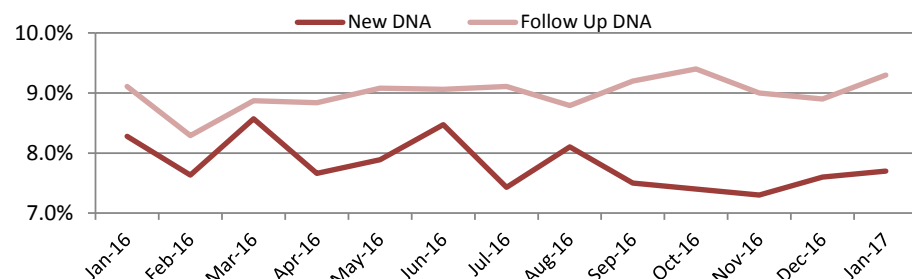
Movement :



Stable

Current Trend: Jan 16- Jan 17

How are we doing ?



Specific Specialties:

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

- New DNA: From January 2016 - January 2017 performance has improved from 8.3% to 7.7%. The position has however deteriorated from November 2016 position of 7.3% and in month has seen a deterioration from 7.6% in December 2016 to 7.7% in January 2017.
- Follow-Up DNA: From January 2016 - January 2017 performance has deteriorated slightly from 9.1% to 9.3%. The position has deteriorated from November position of 9% and in month has deteriorated from 8.9% in December 2016 to 9.3% in January 2017.

Benchmark

What actions are we taking?

LHB	New DNA					Follow-Up DNA				
	Current	Same Period Comparison				Current	Same Period Comparison			
	Dec-16	Dec-15	Dec-14	Dec-13		Dec-16	Dec-15	Dec-14	Dec-13	
Wales	8.7%	↓ 8.3%	→ 8.7%	↑ 9.0%		9.9%	↓ 9.4%	↑ 10.0%	↑ 10.0%	
ABM	7.0%	↑ 9.0%	↑ 8.0%	↑ 10.3%		8.4%	↑ 8.6%	↑ 8.9%	↑ 9.2%	
AB	7.1%	↑ 7.3%	↑ 8.8%	↑ 9.6%		7.5%	↑ 8.0%	↑ 9.3%	↑ 10.3%	
BCU	7.0%	↓ 5.9%	↓ 6.1%	↓ 5.7%		8.1%	↓ 7.4%	↓ 7.4%	↓ 8.0%	
C&V	11.3%	↓ 10.7%	↑ 13.3%	↑ 13.2%		12.5%	↓ 11.5%	↑ 13.2%	↑ 13.0%	
CTaf	11.1%	↓ 9.9%	↓ 9.7%	↓ 9.8%		14.0%	↓ 13.8%	↓ 13.9%	↓ 11.9%	
HDda	10.7%	↓ 8.3%	↓ 7.5%	↓ 6.2%		9.1%	↓ 8.7%	↓ 7.7%	↓ 7.6%	
Powys	3.1%	↑ 4.8%	↑ 4.1%	↑ 4.9%		4.4%	↑ 4.7%	↑ 5.4%	↑ 7.3%	

- Service Delivery Units (SDU's) requested to produce action plans and profiles to address New and Follow Up DNA's with regular reports to be provided to the Health Board Outpatient Improvement Group and to the Planned Care Supporting Delivery Board.

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

- Taking forward the implementation of a patient appointment reminder system across the Health Board, expected full implementation by July 2017.
- Reviewing the Health Board DNA policy to ensure consistent application across the Health Board. Subject to Welsh Government review of waiting list rules, the DNA policy expected to be completed by March 2017.
- Identified a priority for the Health Board, to address both DNAs and UTAs and report on progress to June 2017 National Outpatient Learning Collaborative conference.

How do we compare with our peers?

What are the main areas of risk?

- At December 2016, ABMU performance was below the all-Wales average on New DNA performance but above the all-Wales average for Follow Up DNAs. ABMU is joint 2nd best for New DNA rates but 4th highest for Follow Up DNA rates.
- New DNA: ABM, AB and Powys have experienced an improved performance from December 2015; BCU, Cwm Taf, C&V and Hywel Dda position deteriorated.
- Follow Up DNA: ABMU, AB and Powys all experienced an improved position compared with December 2015; BCU, C&V Cwm Taf and Hywel Dda position deteriorated.

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

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)