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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>28th March 2019</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
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<b>Presented by</b>	Darren Griffiths, Associate Director of Performance Leads		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Additional measures for Primary and Community Services, Mental Health &amp; Learning Disabilities and Public Health are in the process of being agreed. It is anticipated that April 2019 data will be reported in the May 2019 Integrated Performance Report.</p>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> current Health Board performance against key measures and targets and the actions being taken to improve performance.</li> </ul>		

<b>Governance and Assurance</b>							
<b>Link to corporate objectives</b> <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
	✓	✓	✓		✓		✓
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>							
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.</p> <p>Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>							
<b>Financial Implications</b>							
<p>At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care.</p> <p>Planned Care additional capacity is funded by £8.3m to support delivery of target levels. Failure to deliver these target levels will result in claw back of funds by Welsh Government. The Health Board achieved its quarter 3 target, which was the assessment of clawback point. It is critical that the quarter 4 target is now met to avoid any risk of clawback being reassessed.</p> <p>The achievement of releasable efficiency and productivity targets could deliver savings to support the financial position.</p>							
<b>Legal Implications (including equality and diversity assessment)</b>							
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>							

**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 and Quality & Safety Committee in February 2019. This is a routine monthly report.

**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"> <li>• The number of patients waiting over 36 weeks for treatment was higher than the February 2019 profile but is a significant improvement on February 2018 with 1,142 (28%) less patients waiting over 36 weeks. This is the best position since April 2014.</li> <li>• Therapy waiting times continue to be maintained at (or below) 14 weeks.</li> <li>• Sustained nil position in December 2018 for Endoscopy patients waiting over 8 weeks.</li> <li>• Sustained improvement in 4 hour stroke performance in Morriston since September 2018 as a result of the front door pilot. February 2019 saw the best recorded performance with 75%.</li> <li>• In February 2019, the internal profiles for healthcare acquired infections were achieved (i.e. <i>C. difficile</i>, <i>S.Aureus Bacteraemia</i> and <i>E.Coli</i>).</li> <li>• Acute Coronary Syndrome treat &amp; repatriate pathway with Hywel Dda has significantly reduced waiting times for treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Maximise alternative models to admission such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways.</li> <li>• Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health &amp; social care system.</li> <li>• Roll out electronic solution to capture live information on medically fit for discharge patients to improve communication and management of patient flow.</li> <li>• Limit unscheduled care pressure on stroke performance through implementation of planned improvement actions in Q4.</li> <li>• Ensure delivery of Q4 planned care profiles through outsourcing and maximising core capacity as well as ensuring good practices are implemented including increased booking rates, flexing theatre staffing, general pooling and reducing cancellation rates in March.</li> <li>• Reduce cancer backlog through increased focus on tracking cancer patient pathways across Units.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Opportunity for evaluating and developing services across the Health Board following Bridgend boundary change.</li> <li>• Piloting a visiting GP scheme out of hours in care homes in the Bay Cluster with the aim of reducing GPOOH demand and 999 transfers</li> <li>• Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format.</li> <li>• Demand and Capacity analysis for first outpatient appointments for suspected cancer referrals now available via the Cancer Dashboard.</li> <li>• Development of Children's Emergency Centre (Morriston) and Swansea Wellbeing Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Overall impact of Bridgend Boundary Change and ongoing disruption to teams.</li> <li>• Potential impact of Brexit on equipment costs and access to products</li> <li>• Increasing number of Delayed Transfers of Care and 'discharge fit' patients due to capacity and fragility of private domiciliary care providers.</li> <li>• Unscheduled Care pressures and waits for transfers of care affecting stroke care capacity and unscheduled care flow.</li> <li>• Delivery of RTT profiles for Q4 being mitigated through efficient booking processes and utilisation of all available capacity.</li> <li>• Nursing and Medical vacancies across the Health Board due to recruitment and retention challenges as well as Nursing Staffing Act (NSA) deficits.</li> <li>• Increasing sickness rates across the Health Board</li> </ul>

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

			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%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%	
		Profile	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%
	12 hour A&E waits	Actual	737	624	476	590	511	588	680	665	756	986	685	
		Profile	323	194	190	229	227	180	255	315	288	283	196	179
1 hour ambulance handover	Actual	526	452	351	443	420	526	590	628	842	1,164	619		
	Profile	256	126	152	159	229	149	223	262	304	262	183	139	
Stroke	Direct admission within 4 hours	Actual	34.5%	36.7%	40.0%	37.5%	29.3%	53.8%	56.0%	55.8%	53.2%	35.2%	52.6%	
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	50%	65%	65%
	CT scan within 1 hour	Actual	41.4%	43.3%	51.3%	40.3%	40.5%	47.5%	52.7%	47.5%	48.7%	48.0%	48.3%	
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	83.9%	93.3%	88.2%	80.6%	91.1%	68.8%	82.8%	75.0%	85.9%	75.3%	75.9%	
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	11.1%	37.5%	21.4%	0.0%	11.1%	18.2%	15.4%	28.6%	40.0%	20.0%		
	Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120	55	30	105	89	65	125	94	153	315	
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	
		Profile	3,457	3,356	3,325	3,284	3,287	3,067	2,773	2,709	3,045	2,854	2,622	2,664
	Diagnostic waits over 8 weeks	Actual	702	790	915	740	811	762	735	658	693	603	558	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	94%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	81%	
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	26	18	15	29	15	9	19	10	16	7	7	
		Profile	21	18	26	20	22	20	20	24	13	19	15	21
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	21	19	17	20	10	12	17	11	18	16	
		Profile	13	18	13	18	11	13	13	15	21	13	19	15
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	42	43	41	51	46	49	41	53	38	28	31	
		Profile	45	39	40	45	42	45	44	37	41	45	39	42

\*RAG status derived from performance against trajectory

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

### 3. INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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	
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Q2 18/19	96%	95%			95.3%									96%						
	% of children who received 2 doses of the MMR vaccine by age 5	Q2 18/19	90%	95%	92%	✗	89.5%			89%			91%			90%						
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q2 18/19	73%	4 quarter ↑ trend			90.4%			77%			81%			73%						
Influenza	% uptake of influenza among 65 year olds and over	Feb-19	68.0%	75%	70%	✗	67.8%		68%	68%							42.5%	59.3%	66.1%	67.5%	68.0%	
	% uptake of influenza among under 65s in risk groups	Feb-19	42.6%	55%	65%	✗	42.8%		47%	47%							25.3%	34.0%	40.4%	41.7%	42.6%	
	% uptake of influenza among pregnant women	2017/18	93.3%	75%		✓	72.7%			93%												
	% uptake of influenza among children 2 to 3 years old	Feb-19	47.7%	40%	40%	✓	48.1%		49.1%	49%								20.4%	35.9%	46.0%	47.2%	47.7%
Smoking	% uptake of influenza among healthcare workers	Feb-19	54.1%	50%	50%	✓	58%		58%	58%							43.2%	50.4%	52.3%	53.8%	54.1%	
	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%													
	% of adult smokers who make a quit attempt via smoking cessation services	Dec-18	1.8%	5% annual target	2.4%	✗	1.5%		2.3%	2.6%	0.2%	0.5%	0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.8%			
Learning Disabilities	% of those smokers who are co-validated as quit at 4 weeks	Q2 18/19	56.9%	40% annual target	40.0%	✓	44.6%			55%			62%			57%						
	% people with learning disabilities with an annual health check			75%					Awaiting publication of 2018/19 data.													
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2017/18	48.0%	Annual ↓			42.2%		2017/18= 48%													
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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	
Prescribing	Total antibacterial items per 1,000 STAR-PUs	Q2 18/19	289	4 quarter ↓			340			364			307			289						
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q2 18/19	10%	4 quarter ↓			7.6%			9%			10%			10%						
	NSAID average daily quantity per 1,000 STAR-Pus	Q2 18/19	1,479	4 quarter ↓			1,389			1,496			1,517			1,479						
Antimicrobial Audits	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Dec-18	1	12 month ↓	0	✗	5		0	0	0	0	0	0	0	0	0	0	1			
	% indication for antibiotic documented on medication chart	Jan-19	90%		95%	✗				87%				87%		94%		90%		90%		
	% stop or review date documented on medication chart	Jan-19	56%		95%	✗				61%				61%		54%		56%		56%		
	% of antibiotics prescribed on stickers	Jan-19	47%		95%	✗				70%				77%		73%		78%		47%		
	% appropriate antibiotic prescriptions choice	Jan-19	96%		95%	✓				94%				96%		97%		95%		96%		
	% of patients receiving antibiotics for >7 days	Jan-19	13%		20%	✓				13%				8%		15%		9%		13%		
	% of patients receiving surgical prophylaxis for > 24 hours	Jan-19	46%		20%	✗				58%				25%		8%		73%		46%		
infection control	% of patients receiving IV antibiotics > 72 hours	Jan-19	47%		30%	✗				39%				41%		49%		42%		47%		
	Cumulative cases of E.coli bacteraemias per 100k pop	Feb-19	95.1	<67	17	✓	79.85				96.6	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	
	Number of E.Coli bacteraemia cases (Hospital)	Feb-19	15		28	✓	61		4	10	10	15	10	20	16	15	17	23	15	11	15	
	Number of E.Coli bacteraemia cases (Community)	Feb-19	16		45	✓	108		14	30	32	28	31	31	30	34	24	30	23	17	16	
	Total number of E.Coli bacteraemia cases	Feb-19	31		18	✓	169		18	40	42	43	41	51	46	49	41	53	38	28	31	
	Cumulative cases of S.aureus bacteraemias per 100k pop	Feb-19	35.6	<20	7	✗	28.93				32.2	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	
	Number of S.aureus bacteraemias cases (Hospital)	Feb-19	9		13	✗	31		8	10	6	8	7	8	9	7	7	5	9	9		
	Number of S.aureus bacteraemias cases (Community)	Feb-19	7		21	✗	43		13	5	8	13	12	9	11	3	5	10	6	9	7	
	Total number of S.aureus bacteraemias cases	Feb-19	16		18	✗	74		21	15	14	21	19	17	20	10	12	17	11	18	16	
	Cumulative cases of C.difficile cases per 100k pop	Feb-19	35.1	<26	14	✓	27.79				59.8	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	
Incidents & Risks	Number of C.difficile cases (Hospital)	Feb-19	4		19	✓	29		14	19	20	13	10	24	8	5	15	9	5	3	4	
	Number of C.difficile cases (Community)	Feb-19	3		4	✓	28		4	8	6	5	5	7	4	4	1	11	4	3		
	Total number of C.difficile cases	Feb-19	7		18	✓	57		18	27	26	18	15	29	15	9	19	10	16	7	7	
	Hand Hygiene Audits- compliance with WHO 5 moments	Feb-19	96%		95%	✓			95%	94%	95%	96%	95%	96%	97%	98%	97%	97%	98%	96%	96%	
Pressure Ulcers	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q2 18/19	No alerts/ notices due	0					0				2									
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Feb-19	68%	90%	80%	✗	33.1%		92%	92%	79%	85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	
	Number of new Never Events	Feb-19	0	0	0	✓	1		2	4	0	0	0	0	0	0	0	0	0	0	0	
	Number of risks with a score greater than 20	Feb-19	54	12 month ↓	12 month ↓	✓			57	57	58	57	60	67	77	73	66	45	48	53	54	
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Feb-19	17	12 month ↓	12 month ↓	✗			8	10	8	12	10	22	14	7	13	8	12	6	17	
Pressure Ulcers	Number of Safeguarding Children Incidents	Feb-19	7	12 month ↓	12 month ↓	✗			5	12	5	11	5	12	14	3	10	9	3	13	7	
	Total number of pressure ulcers acquired in hospital	Feb-19	45	12 month ↓	12 month ↓	✓			37	46	48	47	39	56	45	53	47	40	40	50	45	
	Total number of pressure ulcers acquired in hospital per 100k admissions	Feb-19	508	12 month ↓	12 month ↓	✓			497	553	582	505	457	635	496	601	499	432	468	549	508	
	Number of grade 3+ pressure ulcers acquired in hospital	Feb-19	17	12 month ↓	12 month ↓	✓			13	26	17	9	14	21	12	21	26	13	14	20	17	
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	Feb-19	192	12 month ↓	12 month ↓	✓			162	306	202	97	164	238	139	219	276	141	164	220	192	
	Total Number of pressure ulcers developed in the community	Feb-19	62	12 month ↓	12 month ↓	✓			57	69	67	80	81	68	88	71	60	62	58	77	62	
	Number of grade 3+ pressure ulcers developed in the community	Feb-19	29	12 month ↓	12 month ↓	✗			23	20	24	24	27	20	29	22	26	22	23	33	29	
Inpatient Falls	Number of grade 3+ pressure ulcers reported as serious incidents	Dec-18	12	12 month ↓	10	✗	119		6	13	12	13	21	5	17	8	14	12	12			
	Number of Inpatient Falls	Feb-19	276	12 month ↓	12 month ↓	✓			309	357	333	357	326	300	290	328	293	291	300	341	276	
Self Harm	Number of Inpatient Falls reported as serious incidents	Dec-18	2	12 month ↓	2	✗	18		5	2	2	4	3	5	1	3	9	8	2			
	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14													
Mortality	Amenable mortality per 100k of the European standardised population	2016	142.9	Annual ↓			140.6		2016= 142.9													
	HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q1 18/19	0	4 quarter ↓		16						0									
Sepsis	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	Jan-19	25%	12 month ↑			93%				31%	26%	18%	34%	21%	32%	47%	41%	53%	25%		
	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	Nov-18	55%	12 month ↑			83%				38%	48%	34%	44%	41%	53%	75%	55%				

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
DTCs	Number of mental health HB DTCs	Feb-19	26		29	✓			21	25	28	22	30	27	30	29	28	26	25	29	26
	Number of mental health HB DTCs (12 month rolling)	Feb-19	325	10% ↓			854		334	333	335	331	334	337	338	332	330	326	320	320	325
	Number of non-mental health HB DTCs	Feb-19	87		45	✗			53	44	34	64	75	74	85	69	84	125	117	104	87
	Number of non-mental health HB DTCs (12 month rolling)	Feb-19	962	5% ↓			4,371		625	624	613	625	657	689	721	721	746	803	865	928	962
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Feb-19	99%	95%	96%	✗	58.6%		89%	89%	95%	92%	95%	97%	97%	94%	98%	97%	94%	81%	99%
	Stage 2 mortality reviews required	Feb-19	10						14	18	23	14	16	12	19	19	16	22	17	7	10
	% stage 2 mortality reviews completed	Dec-18	40%		100%				71.4%	33.3%	87.0%	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%		
	Crude hospital mortality rate (74 years of age or less)	Jan-19	0.76%	12 month ↓			0.72%		0.80%	0.81%	0.81%	0.81%	0.80%	0.79%	0.77%	0.76%	0.77%	0.77%	0.77%	0.76%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Feb-19	99.0%		98%	✓			98.0%	96.9%	96.5%	98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Feb-19	84%	85%					60%	61%	62%	64%	66%	71%	74%	77%	78%	81%	83%	83%	84%
Coding	% of episodes clinically coded within 1 month of discharge	Jan-19	93%	95%	95%	✗	92.3%		91%	93%	94%	93%	94%	95%	93%	96%	95%	88%	91%	93%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2018/19	91%	Annual ↑			92.3%		2017/18= 93%		2018/19= 91.2%										
E-TOC	% of completed discharge summaries	Feb-19	60%		100%	✗			64.0%	65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q2 18/19	100%	100%	100%	✓	98%			100%			100%			100%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q2 18/19	67	10% annual ↑	53	✓				96			60			67					
	Number of Health and Care Research Wales commercially sponsored studies	Q2 18/19	22	5% annual ↑	23	✓				41			17			22					
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q2 18/19	1,116	10% annual ↑	1,214	✓				2,206			732			1,116					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q2 18/19	59	5% annual ↑	211	✗				294			46			59					

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97. Awaiting publication of 2017/18 data.												
	Number of new formal complaints received	Feb-19	96		12 month ↓ trend	✗			91	115	119	119	90	126	126	114	140	91	84	138	96
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Dec-18	80%	75%	78%	✓	56.8%		61%	71%	80%	83%	80%	81%	81%	83%	88%	90%	80%		
	% of acknowledgements sent within 2 working days	Feb-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Dec-18	3,353	> 5% annual ↓			15,533						4,187		3,528	3,544	3,490	3,332		3,353	
Dementia	% of patients aged >=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q2 18/19	8.0%	4 quarter ↓			7.2%			8.0%			8.0%			8.0%					
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	2017/18	16.2%	Annual ↑			16.7%		2017/18=16.2%												

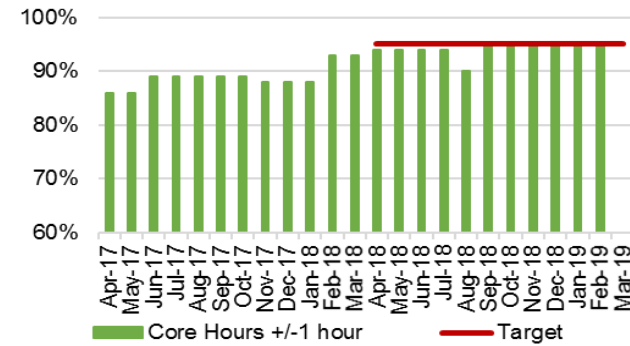
TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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	
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Feb-19	95%	Annual ↑	95%	✓	87%		93%	93%	94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Feb-19	88%	Annual ↑	95%	✗	84%		82%	81%	82%	82%	82%	84%	78%	88%	88%	88%	88%	88%	88%	88%
	% of population regularly accessing NHS primary dental care	Jun-18	62.5%	4 quarter ↑			55%			62.6%				62.5%								
Out of Hours/ Unscheduled Care	% of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	Dec-18	84%	12 month ↑					77%	78%	83%	85%	86%	85%	89%	91%	88%	85%	84%			
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Dec-18	78%	12 month ↑					33%	67%	50%	60%	67%	33%	70%	90%	100%	80%	78%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Feb-19	78%	65%	65%	✓	71.8%		69%	67%	78%	77%	78%	77%	79%	78%	75%	75%	75%	75%	73%	78%
	Number of ambulance handovers over one hour	Feb-19	619	0	139	✗	3,418		805	1,006	526	452	351	443	420	526	590	628	842	1,164	619	
	% 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	Feb-19	77.2%	95%	90%	✗	77%		73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	77%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Feb-19	685	0	196	✗	5,292		957	1,051	737	624	476	590	511	588	680	665	756	986	685	
	% of survival within 30 days of emergency admission for a hip fracture	Nov-18	72.4%	12 month ↑			80.6%		85.9%	84.9%	72.4%	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Feb-19	53%	59.7%	65%	✗	48.7%		22%	32%	34%	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	
	CT Scan (<1 hrs)	Feb-19	48%	54.40%	50%	✗	54.7%		44%	36%	41%	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Feb-19	76%	84.0%	85%	✗	81.8%		73%	73%	84%	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	
	Thrombolysis door to needle <= 45 mins	Feb-19	20%	12 month ↑	40%	✓	25.0%		8%	6%	0%	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	
Planned Care	% of patients waiting < 26 weeks for treatment	Feb-19	89.2%	95%	90.0%	✗	87.8%		87.5%	87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	
	Number of patients waiting > 26 weeks for outpatient appointment	Feb-19	315	-	0	✗	20,172		732	292	166	120	55	30	105	89	65	125	94	153	315	
	Number of patients waiting > 36 weeks for treatment	Feb-19	2,969	0	2,622	✗	12,982		4,111	3,363	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	
	Number of patients waiting > 8 weeks for a specified diagnostics	Feb-19	558	0	0	✗	3,135		925	670	702	790	915	740	811	762	735	658	693	603	558	
	Number of patients waiting > 14 weeks for a specified therapy	Feb-19	0	0	0	✓	305		3	0	0	1	0	0	0	0	0	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Feb-19	66,567		48,852	✗			64,316	66,271	66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	Feb-19	23,044	12 month ↓			194,184		23,198	24,475	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	
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)	Feb-19	94%	98%	98%	✗	96.8%		94%	93%	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	94%	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	Feb-19	81%	95%	92%	✗	87.9%		83%	88%	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	81%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Jan-19	73%	80%	80%	✓	78.1%		74%	70%	84%	86%	82%	84%	80%	76%	84%	78%	83%	73%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Jan-19	87%	80%	80%	✓	84.1%		89%	86%	79%	81%	80%	79%	90%	89%	92%	88%	85%	87%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Dec-18	100%	100%	100%	✓	100%			100%			100%			100%			100%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Jan-19	88%		100%	✗			100%	96%	100%	100%	100%	100%	100%	100%	96%	98%	98%	88%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Jan-19	47%		80%	✗			95%	98%	94%	95%	91%	91%	87%	81%	76%	68%	62%	47%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Jan-19	2%		80%	✗			13%	9%	43%	38%	34%	23%	22%	18%	25%	13%	4%	2%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Jan-19	92%		80%	✓			88%	82%	62%	76%	80%	57%	93%	72%	83%	91%	91%	92%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Jan-19	91%		90%	✓			79%	73%	75%	71%	76%	75%	75%	74%	74%	79%	96%	91%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Jan-19	70%		80%	✗			41%	54%	63%	73%	70%	60%	52%	67%	69%	66%	56%	70%		

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q3 18/19	120.0	4 quarter ↑			161.1			107.5			101.2			103.6			120.0		
	Rate of calls to the Wales dementia helpline per 100k pop.	Q3 18/19	8.3	4 quarter ↑			7.7			4.4			5.4			5.1			8.3		
	Rate of calls to the DAN helpline per 100k pop.	Q3 18/19	24.4	4 quarter ↑			29.6			36.3			33.7			30.1			24.4		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Jan-19	91%	90%	90%	✓	89.0%		89%	89%	90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Jan-19	100%	100%	100%	✓	100.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Patient Experience	Number of friends and family surveys completed	Feb-19	4,044		12 month ↑	✗			5,685	5,126	4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044
	% of who would recommend and highly recommend	Feb-19	95%		90%	✓			95%	95%	95%	95%	96%	96%	95%	96%	96%	96%	94%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Feb-19	78%		90%	✓			87%	84%	87%	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%

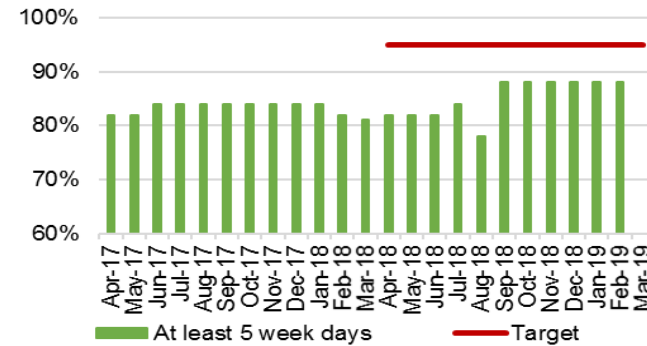
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
DNAs	% of patients who did not attend a new outpatient appointment	Feb-19	5.0%	12 month ↓	5.5%	✓	7.2%		5.9%	5.6%	6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.7%	5.0%
	% of patients who did not attend a follow-up outpatient appointment	Feb-19	5.9%	12 month ↓	7.3%	✓	8.1%		7.7%	7.1%	6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.3%	5.9%
Theatre Efficiencies	Theatre Utilisation rates	Feb-19	72.0%		90%	✗			73%	70%	72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%
	% of theatre sessions starting late	Feb-19	45.0%		<25%	✗			43%	46%	41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%
	% of theatre sessions finishing early	Feb-19	37.0%		<20%	✗			36%	43%	39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q2 18/19	77.0%	Quarter on quarter ↑			87.0%			12.2%			20.9%			77.0%					
Elective Procedures	Elective caesarean rate	2017/18	13.2%	Annual ↓			12.8%		2017/18=13.2%												
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Feb-19	70%	85%	78%	✗	67.5%		63%	64%	64%	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Feb-19	74%	85%	60%	✓	74.8%		50%	51%	53%	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%
	% workforce sickness and absent (12 month rolling)	Jan-19	5.92%	12 month ↓	5.0% (Mar-19)		5.29%		5.71%	5.76%	5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.92%	
% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2018	72%	Improvement			73%		2018= 72%													

## 4.1 Unscheduled Care- Overview

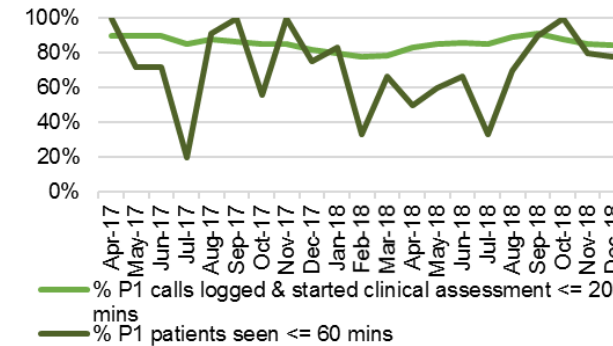
**Chart 1: % GP practices open during core hours or within 1 hour of daily core hours**



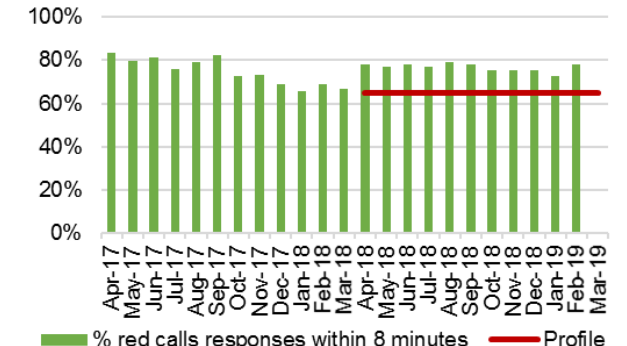
**Chart 2: % GP practices offering daily appointments between 5pm- 6:30pm**



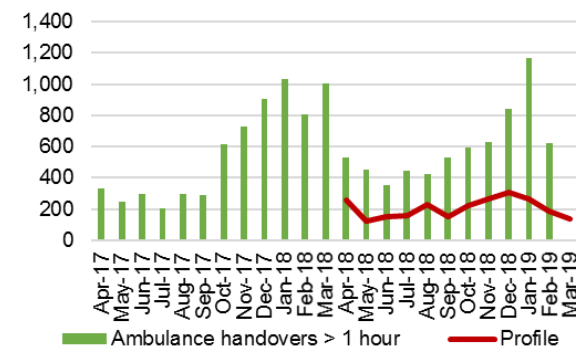
**Chart 3: GP Out of Hours**



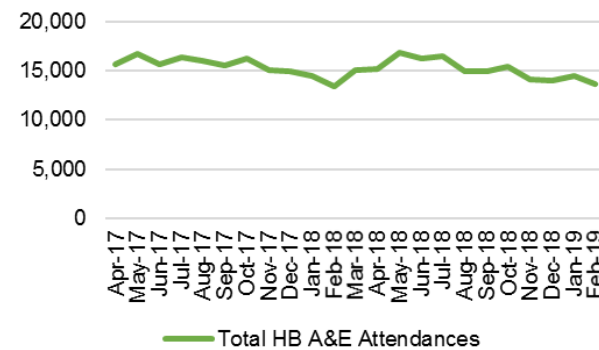
**Chart 4: % red calls responded to within 8 minutes**



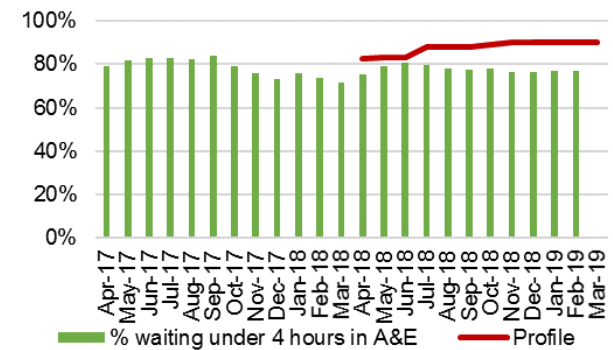
**Chart 5: Number of ambulance handovers over 1 hour**



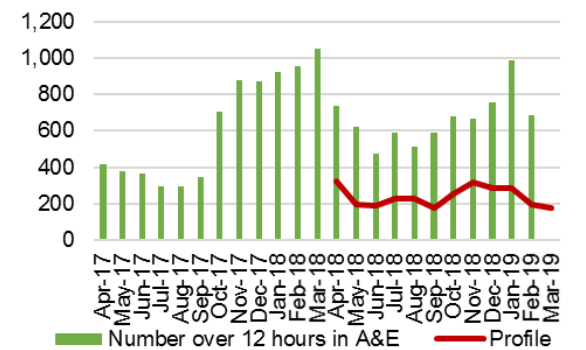
**Chart 6: A&E Attendances**



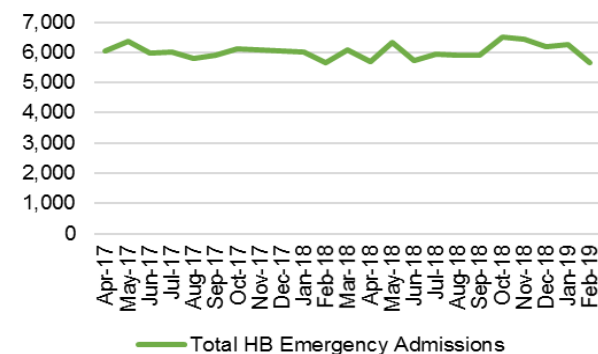
**Chart 7: % patients who spend less than 4 hours in A&E**



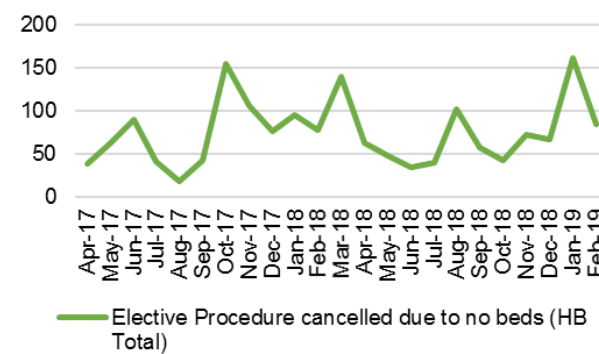
**Chart 8: Number of patients waiting over 12 hours in A&E**



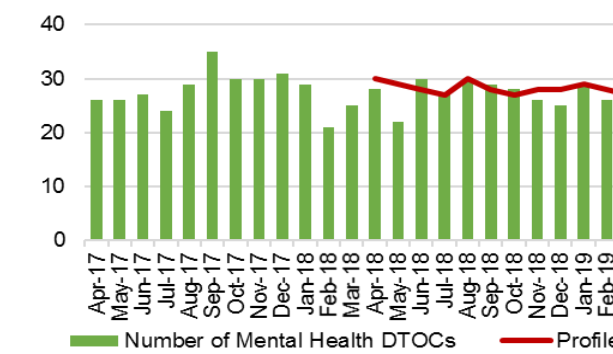
**Chart 9: Number of emergency admissions**



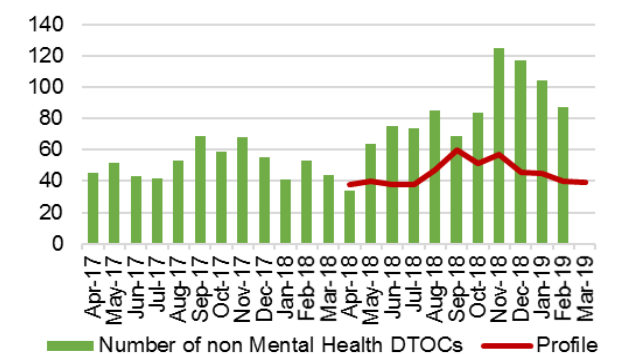
**Chart 10: Elective procedures cancelled due to lack of beds**



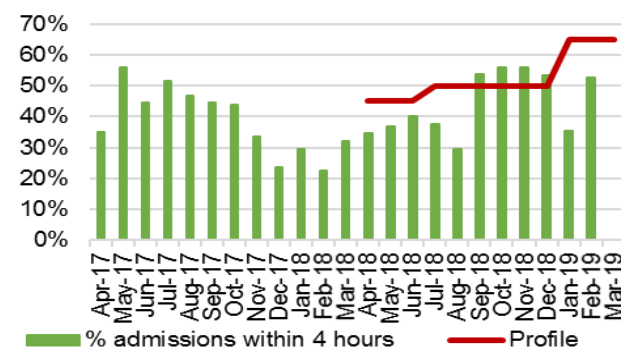
**Chart 11: Number of mental health delayed transfers of care**



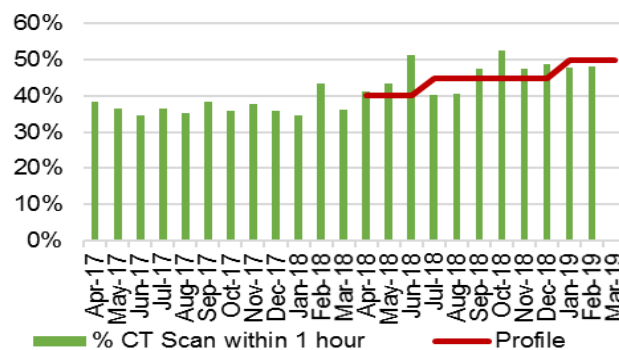
**Chart 12: Number of non- mental health delayed transfers of care**



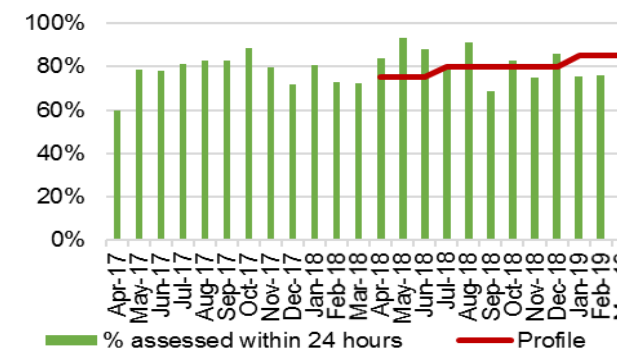
**Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours**



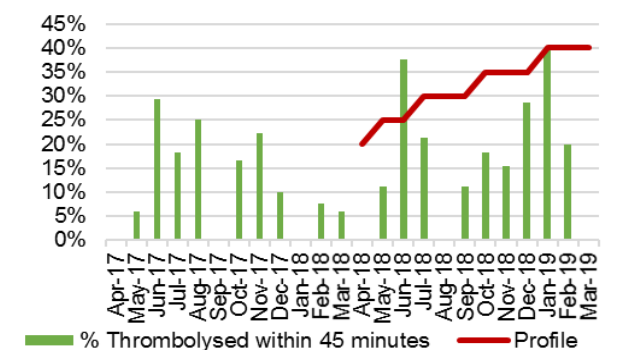
**Chart 14: % of patients who receive a CT scan within 1 hour**



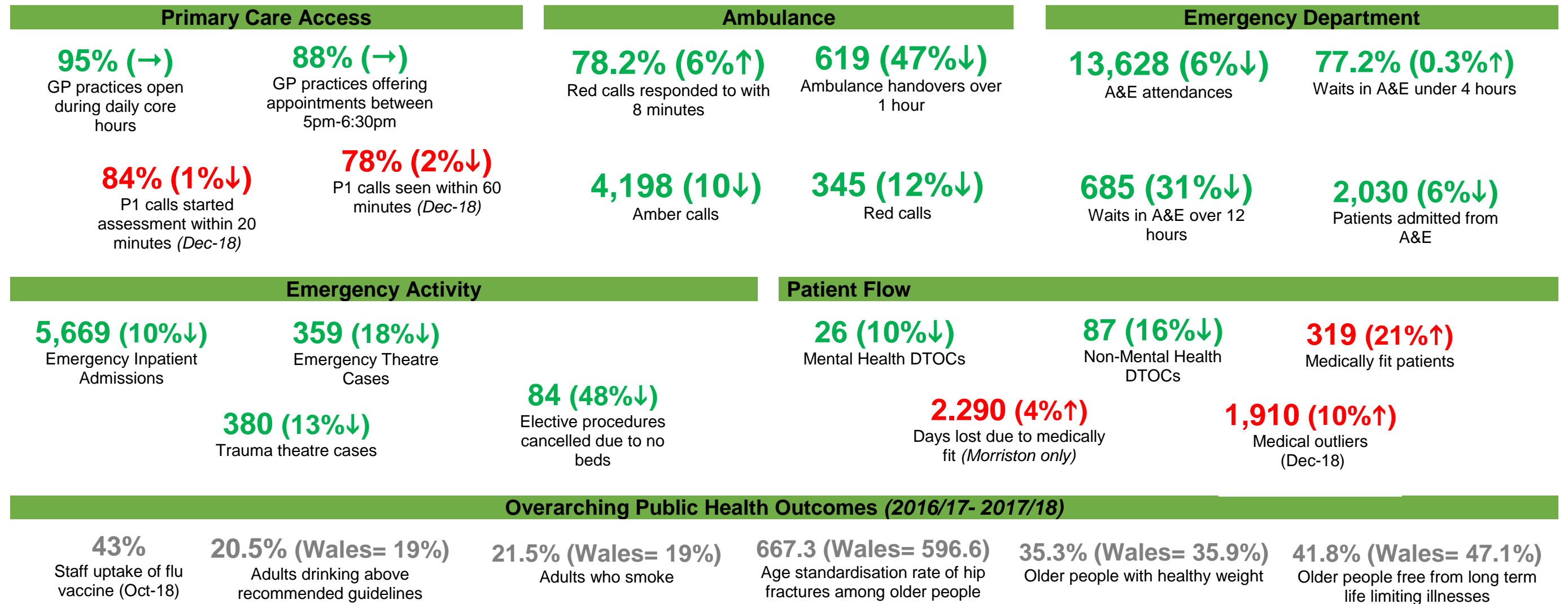
**Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours**



**Chart 16: % of thrombolysed stroke patients with a door to door needle time of <=45 minutes**



## Unscheduled Care Overview (February 2019)



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

## 4.2 Winter Plan Dashboard

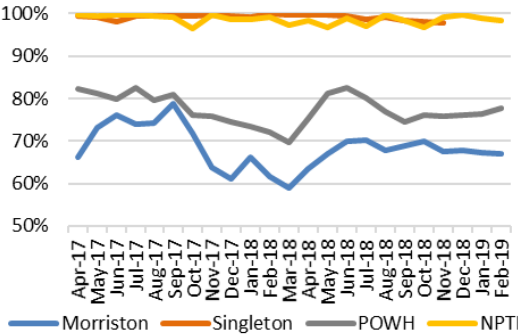
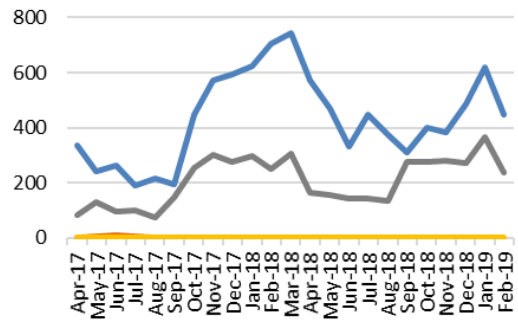
Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Impact on unscheduled care standards	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Feb-19	77.2%	↑ ●	↑ ●		73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Feb-19	685	↑ ●	↑ ●		957	1,051	737	624	476	590	511	588	680	665	756	986	685
	Number of ambulance handovers over one hour	Feb-19	619	↑ ●	↑ ●		805	1,006	526	452	351	443	420	526	590	628	842	1,164	619
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Feb-19	78.2%	↓ ●	↑ ●		68.9%	66.7%	78.0%	77.2%	78.0%	77.0%	79.2%	78.3%	75.4%	75.2%	75.4%	72.7%	78.2%
Delayed Transfers of care and medically fit for discharge numbers	Number of mental health HB DToCs	Feb-19	26	↑ ●	↑ ●		21	25	28	22	30	27	30	29	28	26	25	29	26
	Number of mental health HB DToCs (12 month rolling)	Feb-19	325	↑ ●	↓ ●		334	333	335	331	334	337	338	332	330	326	320	320	325
	Number of non-mental health HB DToCs	Feb-19	87	↓ ●	↑ ●		53	44	34	64	75	74	85	69	84	125	117	104	87
	Number of non-mental health HB DToCs (12 month rolling)	Feb-19	962	↑ ●	↑ ●		625	624	613	625	657	689	721	721	746	803	865	928	962
	Number of medically fit for discharge patients	Feb-19	319	↑ ●	↑ ●		187	184	285	276	260	254	230	285	276	268	300	264	319
Cancellations of operations for bed reasons	Number of elective procedures cancelled due to lack of beds	Feb-19	84	↑ ●	↑ ●		77	140	62	48	34	39	102	57	42	72	66	162	84
Medical Outliers on non medical wards	Number of medical outliers on non-medical wards	Dec-18	1,910	↑ ●	↓ ●		1,665	2,004	1,831	1,067	938	1,037	1,090	1,141	1,403	1,736	1,910		
Bed days lost due to delays in patient repatriation outside of the health board	Number of days lost where repatriation is the main reason for delay of discharge fit patient (Morrison Hospital only)	Feb-19	211	↓ ●	↑ ●		72	69	81	58	169	72	159	230	298	270	97	173	211
Flu uptake rates	% uptake of influenza among 65 year olds and over	Feb-19	68.0%		↓ ●		68.0%	68.0%							42.5%	59.3%	66.1%	67.5%	68.0%
	% uptake of influenza among under 65s in risk groups	Feb-19	42.6%		↓ ●		47.0%	47.0%							25.3%	34.0%	40.4%	41.7%	42.6%
	% uptake of influenza among pregnant women							93.3%											
	% uptake of influenza among children 2 to 3 years old	Feb-19	47.7%		↑ ●		49.1%	49.1%							20.4%	35.9%	46.0%	47.2%	47.7%
	% uptake of influenza among healthcare workers	Feb-19	54.1%		↑ ●		58.1%	58.3%							43.2%	50.4%	52.3%	53.8%	54.1%

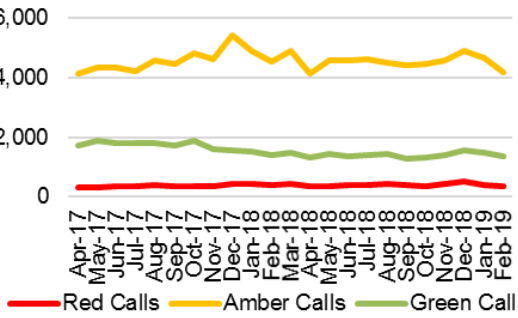
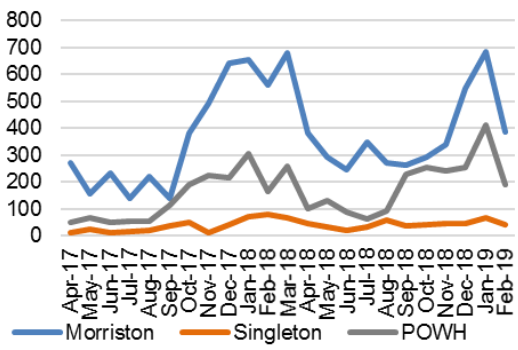
The following measures will be reported as soon as data is available/ validated:

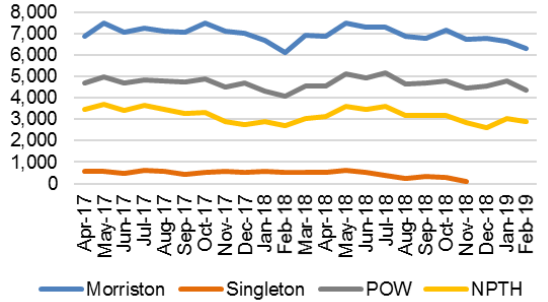
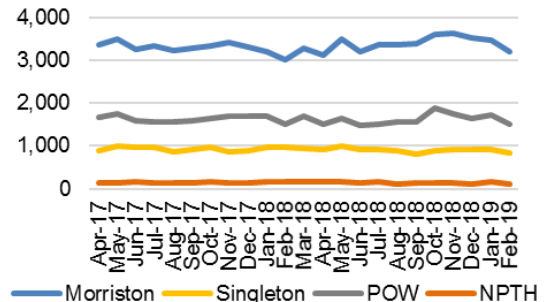
- Critical care utilisation and delayed discharges
- Use of pre-emptive/ boarding policy to place additional patients on wards
- Transfer times between hospitals within the health board
- Home before lunch metrics
- Serious incidents in ED
- Datix reports on 12 hour waits in ED/ delayed patient handover from WAST
- Patient and staff experience (e.g. Friends and Family test)

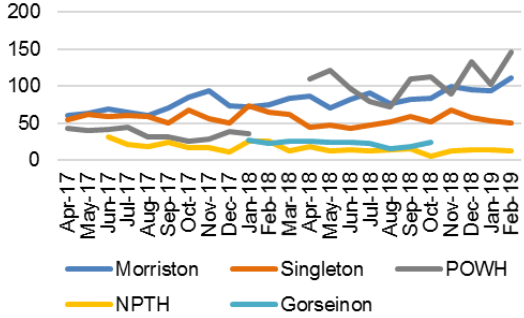
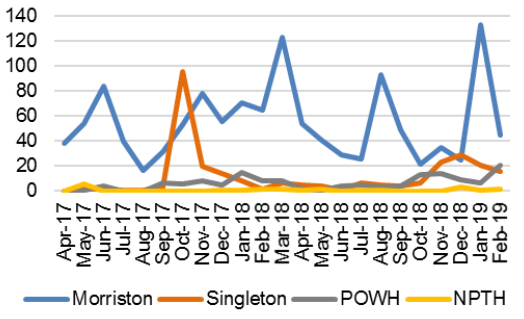
### 4.3 Unscheduled Care- Updates and Actions

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

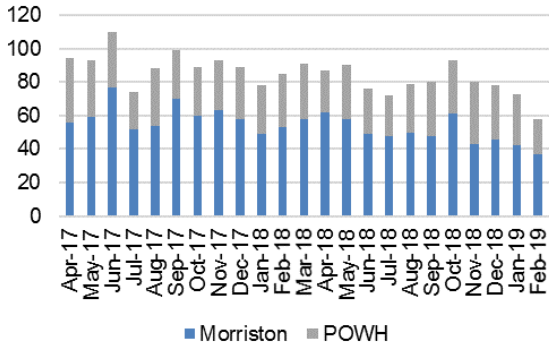
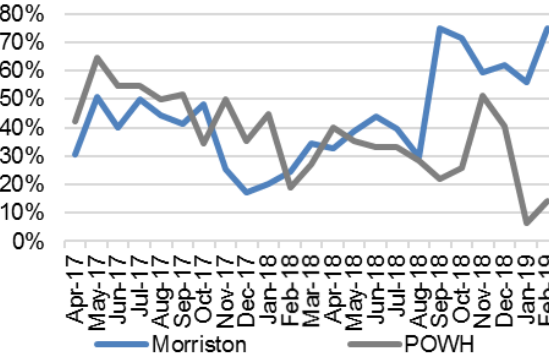
Description	Current Performance	Trend	Actions planned for next period																																																																																																																								
<p><b>A&amp;E waiting times</b> The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p>	<p>Performance against the 4 hour metric in February 2019 improved by 0.3% from the January position and improved by 3.4% when compared with the reported performance for February 2018. However, performance was below the internal profile of 90.2%. Neath Port Talbot Hospital continues to exceed the national target of 95% but Morriston and Princess of Wales Hospitals were below profile, achieving 67% and 78% respectively.</p>	<p><b>% patients waiting under 4 hours in A&amp;E</b></p>  <table border="1"> <caption>Approximate data for % patients waiting under 4 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>POWH</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>68</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>May-17</td><td>75</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>Jun-17</td><td>73</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>Jul-17</td><td>74</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>Aug-17</td><td>78</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>Sep-17</td><td>75</td><td>98</td><td>78</td><td>98</td></tr> <tr><td>Oct-17</td><td>65</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Nov-17</td><td>62</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Dec-17</td><td>65</td><td>98</td><td>72</td><td>98</td></tr> <tr><td>Jan-18</td><td>60</td><td>98</td><td>70</td><td>98</td></tr> <tr><td>Feb-18</td><td>65</td><td>98</td><td>70</td><td>98</td></tr> <tr><td>Mar-18</td><td>60</td><td>98</td><td>70</td><td>98</td></tr> <tr><td>Apr-18</td><td>65</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>May-18</td><td>70</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>Jun-18</td><td>70</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>Jul-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Aug-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Sep-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Oct-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Nov-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Dec-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Jan-19</td><td>67</td><td>98</td><td>78</td><td>98</td></tr> <tr><td>Feb-19</td><td>67</td><td>98</td><td>78</td><td>98</td></tr> </tbody> </table>	Month	Morriston	Singleton	POWH	NPTH	Apr-17	68	98	82	98	May-17	75	98	80	98	Jun-17	73	98	82	98	Jul-17	74	98	80	98	Aug-17	78	98	80	98	Sep-17	75	98	78	98	Oct-17	65	98	75	98	Nov-17	62	98	75	98	Dec-17	65	98	72	98	Jan-18	60	98	70	98	Feb-18	65	98	70	98	Mar-18	60	98	70	98	Apr-18	65	98	80	98	May-18	70	98	82	98	Jun-18	70	98	80	98	Jul-18	68	98	75	98	Aug-18	68	98	75	98	Sep-18	68	98	75	98	Oct-18	68	98	75	98	Nov-18	68	98	75	98	Dec-18	68	98	75	98	Jan-19	67	98	78	98	Feb-19	67	98	78	98	<ul style="list-style-type: none"> <li>• Full implementation of the Health Board and Welsh Government’s winter assurance funding to increase system support, resilience and patient safety. Evaluation of impact will be undertaken in April in collaboration with the National Collaborative Commissioning Unit(NCCU) using lesson learnt to inform and further develop our USC improvement plan.</li> <li>• NHS Wales Delivery Unit to assist with implementation of our clinically led discharge improvement programme (SAFER flow).</li> <li>• Recruitment in Morriston service delivery unit including OPAS, HCSW pool, and the Respiratory CNS to be completed.</li> <li>• Surge capacity has been initiated on all of our major hospital sites and additional surge capacity has also been opened where it has been possible.</li> </ul>
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<p><b>A&amp;E waiting times</b> 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</p>	<p>Performance against this measure in February 2019 improved when compared with February 2018, with 272 less patients waiting over 12 hours. In February 2019, there were 685 12 hour breaches of which 448 were attributed to Morriston Hospital, 236 to Princess of Wales Hospital and 1 to Neath Port Talbot Hospital.</p>	<p><b>Number of patients waiting over 12 hours in A&amp;E</b></p>  <table border="1"> <caption>Approximate data for Number of patients waiting over 12 hours in A&amp;E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>POWH</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>300</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>May-17</td><td>250</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Jun-17</td><td>200</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Jul-17</td><td>220</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Aug-17</td><td>200</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Sep-17</td><td>200</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Oct-17</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Nov-17</td><td>550</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Dec-17</td><td>600</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Jan-18</td><td>650</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Feb-18</td><td>700</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Mar-18</td><td>750</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Apr-18</td><td>600</td><td>10</td><td>200</td><td>10</td></tr> <tr><td>May-18</td><td>350</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Jun-18</td><td>450</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Jul-18</td><td>300</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Aug-18</td><td>400</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Sep-18</td><td>300</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Oct-18</td><td>400</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Nov-18</td><td>400</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Dec-18</td><td>500</td><td>10</td><td>350</td><td>10</td></tr> <tr><td>Jan-19</td><td>600</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Feb-19</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	POWH	NPTH	Apr-17	300	10	100	10	May-17	250	10	100	10	Jun-17	200	10	100	10	Jul-17	220	10	100	10	Aug-17	200	10	100	10	Sep-17	200	10	100	10	Oct-17	450	10	250	10	Nov-17	550	10	250	10	Dec-17	600	10	250	10	Jan-18	650	10	250	10	Feb-18	700	10	250	10	Mar-18	750	10	250	10	Apr-18	600	10	200	10	May-18	350	10	150	10	Jun-18	450	10	150	10	Jul-18	300	10	150	10	Aug-18	400	10	250	10	Sep-18	300	10	250	10	Oct-18	400	10	250	10	Nov-18	400	10	250	10	Dec-18	500	10	350	10	Jan-19	600	10	250	10	Feb-19	450	10	250	10	<ul style="list-style-type: none"> <li>• Enhanced medical and nurse staffing – particularly in ED and medical specialities to increase resilience and to ensure quality of care is maintained. Additional therapy and pharmacy support to aid patient flow and clinical care.</li> <li>• British Red Cross Home from Hospital service at Morriston and Princess of Wales hospitals</li> <li>• Care and Repair Wales to support at Morriston and NPT through a targeted Hospital to Home Assessment Service up until 31 March 2019.</li> </ul>
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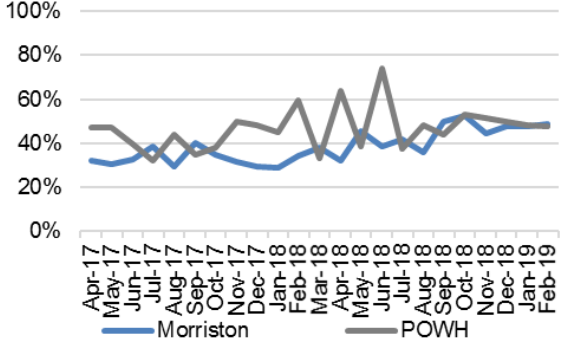
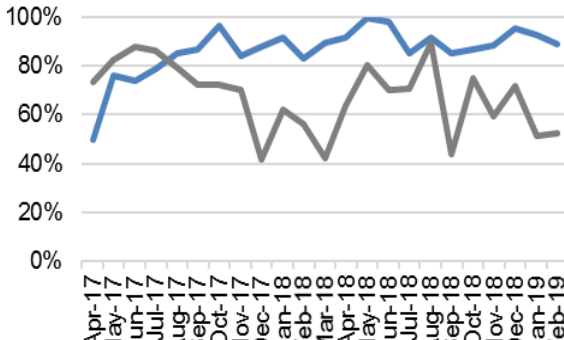
Description	Current Performance	Trend	Actions planned for next period
<p><b>Ambulance responses</b> The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. The number of responses to ambulance calls.</p>	<p>Ambulance response times are consistently above the national target and local profile of 65%, reporting 78.2% at the end of February 2019.</p>	<p><b>Number of ambulance call responses</b></p>  <p>— Red Calls — Amber Calls — Green Calls</p>	<ul style="list-style-type: none"> <li>Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately.</li> <li>Implement the recommendations of the WAST internal audit report on hospital handover that are applicable to ABMU.</li> <li>Jointly funded patient Hospital Ambulance Liaison Officer (HALO) role with WAST to assist with hospital handover until the end of March.</li> <li>Two St Johns falls response vehicles have been commissioned in the HB area to reduce the number of falls patients conveyed to hospital and to release WAST ambulances to respond to higher acuity calls. Early indications of a 63% non-conveyance rate.</li> <li>Plan to implement pilot for the Acute GP in Singleton in March to have access to the ambulance stack to intercept, assess and manage HCP calls through alternative pathways.</li> </ul>
<p><b>Ambulance handovers</b> The number of ambulance handovers over one hour</p>	<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 wider unscheduled care system. In February 2019, Morriston Hospital saw a reduction compared with February 2018 (562 to 387). Princess of Wales Hospital (POWH) saw an increase of 26 (165 to 191) and Singleton Hospital saw a reduction of 37 (78 to 41).</p>	<p><b>Number of ambulance handovers over one hour</b></p>  <p>— Morriston — Singleton — POWH</p>	<ul style="list-style-type: none"> <li>Working with the National Collaborative Commissioning Unit (NCCU) to target a reduction in the longer ambulance handover delays which have a disproportionate impact on ambulance lost hours.</li> <li>GP's in the Bay cluster – which covers a population of 75K of Gower and South West Swansea are piloting a visiting GP scheme out of hours in care homes. The ambition is to reduce GPOOH demand and 999 transfers from care homes by providing timely and proactive interventions at the start of a weekend.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<p><b>A&amp;E Attendances</b> The number of attendances at emergency departments in the Health Board</p>	<p>Attendances at our ED and Minor injuries units increased by 136 patients from 13,492 in February 2018 to 13,628 in February 2019. The attendances in February 2019 were in line with January 2019 due to the reduced number of days in the month. Singleton MIU remained closed during February as a result of refurbishment work. 504 patients were managed by this service in February 2018.</p>	<p><b>Number of A&amp;E attendances</b></p>  <p>— Morriston — Singleton — POW — NPTH</p>	<ul style="list-style-type: none"> <li>• Additional 111 awareness campaign communication programme underway as part of the winter planning arrangements and communication of Choose Well pathways.</li> <li>• Encourage and promote the use of ABMU community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service.</li> <li>• Maximise use of telephone first model to support practices to manage patient demand.</li> <li>• Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health &amp; social care system.</li> <li>• Promote attendance at MIU in NPTH for minor illness and injury.</li> </ul>
<p><b>Emergency Admissions</b> The number of emergency admissions across the Health Board by site</p>	<p>In February 2019, there were a total of 5,669 emergency admissions across the HB which is in line with February 2018. Cardiology admissions largely accounted for the largest increase experienced between Feb-18 and Feb-19. The number of emergency admissions in the over 75 age group has reduced by 175 (11%) to 1,367 in February 2019, which is a reflection of the impact of the enhanced frailty services in the Health Board.</p>	<p><b>Number of emergency admissions</b></p>  <p>— Morriston — Singleton — POW — NPTH</p>	<ul style="list-style-type: none"> <li>• Rolling out the <i>I fell down</i> tool in the care homes with highest call demand on WAST in Swansea and NPT. This tool supports a reduction in the number of 'long lie' residents in care homes following a fall.</li> <li>• Maximise the benefit of the 2 falls vehicles in ABMU HB to support a reduction in the number of patients who have fallen, to be conveyed to hospital. (63% non-conveyance rate)</li> <li>• Acute Care Teams working in close liaison with WAST to redirect and manage patients in the community where capacity allows as opposed to a conveyance to hospital.</li> <li>• Maximise alternative models to admission that have been developed in Q1-3 such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways.</li> <li>• Ongoing promotion of flu vaccine in vulnerable groups to reduce admissions to hospital.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<p><b>Medically Fit</b> The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</p>	<p>In February 2019, there were on average 319 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 71% increase when compared with February 2018.</p> <p>It must be noted that data collection has significantly improved recently which could also attribute to the increase in numbers.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p>  <p><i>*Standardised collection of data from Gorseinon Hospital only commenced in January 2018 and no data available for POWH in February &amp; March 2018. * Data for Gorseinon Hospital has not been available since November 2018.</i></p>	<ul style="list-style-type: none"> <li>• Ongoing implementation and embedding the models of care to provide more timely discharge and value based care for frail older people. This includes the ICOP service at Singleton, the OPAS service at Morriston, the frailty service at POWH and the enabling ward and early supported discharge service at NPTH.</li> <li>• Promote and implement the SAFER flow principles. Embedding the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit across all units.</li> <li>• Implement clinically led programme of work reporting into USC board to ensure senior review is undertaken in a consistent way to ensure the provision of an agreed clinical management plan which is an essential to inform the estimated discharge date.</li> <li>• Roll out the electronic solution to capture live information on medically fit for discharge patients to improve communication and management of patient flow.</li> <li>• Implement the actions outlined in the section on delayed transfers of care below.</li> </ul>
<p><b>Elective procedures cancelled due to lack of beds</b> The number of elective procedure cancelled across the hospital where the main cancellation reasons was</p>	<p>In February 2019, there were 7 more elective procedures cancelled due to lack of beds on the day of surgery when compared with February 2018 (77 to 84). In February 2019, 45 of the 84 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> 	<ul style="list-style-type: none"> <li>• Implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models.</li> <li>• Maximise utilisation of surgical unit at NPTH hospital which is not affected by emergency pressures.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed Transfers of Care (DTC)</b> The number of DTCs per Health Board- Mental Health (all ages)</p>	<p>The number of mental health related delayed transfers of care in February 2019 was 5 more than February 2018 but 2 less than the February 2019 internal profile of 28.</p>	<p><b>Number of Mental Health DTCs</b></p>	<ul style="list-style-type: none"> <li>• Maintain expanded capacity of early supported discharge service in NPT to increase the number of discharges with the support of this service.</li> <li>• Maximise use of reablement capacity in Bonymaen house in Swansea.</li> <li>• Additional investment from local British Red Cross services to support hospital to home services from January 2019.</li> <li>• Following a discharge workshop on 14/01/19 it was agreed that there will be a specific improvement programme focussing on reducing delayed transfers of care within our HB. This is a clinically led programme and the key aims are to: <ul style="list-style-type: none"> <li>○ Standardise the approach taken across all Units to weekly stranded patient meetings</li> <li>○ Undertake centralised monthly DTOC validation scrutiny meeting and monthly debrief meeting</li> <li>○ Improve and quicken the assessment process between organisations</li> <li>○ Improve communication between organisations</li> <li>○ Implement new pathways of care to support discharge, e.g. home from hospital models.</li> <li>○ Continue investment in additional community capacity to reduce admissions</li> <li>○ Document all cases on the DTOC system</li> <li>○ Benchmark with other Health Boards</li> </ul> </li> <li>• Whilst the majority of the improvements reflect changes to process and communication, a significant factor underpinning the expected reduction in reported numbers will be the development of a Hospital 2 Home model of care during 2019/20. A joint transformation bid is being developed between the HB and local authority partners with the aim of discussion with WG during March 2019.</li> </ul>
<p><b>Delayed Transfers of Care (DTC)</b> The number of DTCs per Health Board - Non Mental Health (age 75+)</p>	<p>In February 2019, the number of non-mental health and Learning disability delayed transfers of care was 87, which is 34 more than February 2018.</p> <p>However there was an in-month reduction of 17 reported delays from the 104 delayed transfers reported in January 2019.</p>	<p><b>Number of Non Mental Health DTCs</b></p>	<ul style="list-style-type: none"> <li>• Whilst the majority of the improvements reflect changes to process and communication, a significant factor underpinning the expected reduction in reported numbers will be the development of a Hospital 2 Home model of care during 2019/20. A joint transformation bid is being developed between the HB and local authority partners with the aim of discussion with WG during March 2019.</li> </ul>

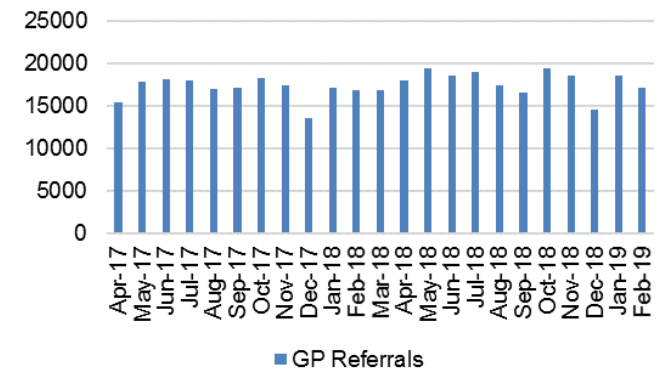
Description	Current Performance	Trend	Actions planned for next period
<p><b>Stroke Admissions</b> The total number of stroke admissions into the Health Board</p>	<p>In February 2019, there were 58 confirmed stroke admissions across the Health Board; 37 in Morriston and 21 in Princess of Wales. This is 32% less when compared with February 2018 (85 to 58).</p>	<p><b>Total number of stroke admissions</b></p>  <p>The chart shows monthly stroke admissions from April 2017 to February 2019. The y-axis represents the number of admissions, ranging from 0 to 120. The x-axis lists months from Apr-17 to Feb-19. Each bar is split into two categories: Morriston (blue) and POWH (grey). Total admissions peaked in May 2017 at approximately 110 and reached a low in February 2019 at 58.</p>	<ul style="list-style-type: none"> <li>• Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service.</li> <li>• Plan for introduction of revised QIMs for Stroke to commence reporting in April.</li> <li>• Additional middle tier Medical staff appointed into Morriston – some rota gaps remain but improvements in overall establishment have been achieved. Any rota gaps are requiring them to act down on occasions. Unit to continue to try and cover all gaps to address rota and service pressures.</li> <li>• Stroke Champion discussions held with key medical staff – but impact of rota gaps reducing abilities to introduce change.</li> </ul>
<p><b>Stroke 4 hour access target</b> % of patients who have a direct admission to an acute stroke unit within 4 hours</p>	<p>In February 2019 only 30 out of 57 patients had a direct admission to an acute stroke unit within 4 hours (52.6%). February 2019 was another extremely challenging month for POWH as only 3 out of 21 patients were admitted within 4 hours (14.3%).</p> <p>The 4 hour target appears to be a challenge across Wales. The all-Wales data for January 2019 confirms that performance ranged from 35.2% to 64.6%. ABMU was the worst performing Health Board in January 2019.</p>	<p><b>Percentage of patients admitted to stroke unit within 4 hours</b></p>  <p>The line chart tracks the percentage of patients admitted to the stroke unit within 4 hours from April 2017 to February 2019. The y-axis shows percentages from 0% to 80%. The x-axis lists months from Apr-17 to Feb-19. Two lines are shown: Morriston (blue) and POWH (grey). Morriston's performance fluctuates between 30% and 75%, while POWH's performance is generally lower, ranging from 14% to 65%.</p>	<ul style="list-style-type: none"> <li>• Point of care testing within ED to enable more timely access to thrombolysis intervention is being explored.</li> <li>• Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures in POWH has had a significant impact on its performance – particularly in accessing beds.</li> <li>• Early warning information / Communication of Stroke patients into ED is being discussed with WAST.</li> <li>• Thrombolysis Review recommendations have been shared with the Health Board and action plans to improve service delivery in a number of areas are being compiled. This includes the need for decisions to be made around dedicated OOH Consultants stroke rotas, changes to access to thrombolysis pathways and access to protected stroke beds.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																								
<p><b>Stroke CT scan</b> Percentage of patients who receive a CT scan within 1 hour</p>	<p>In February 2019, ABMU achieved 48% which was below the internal profile of 50%.</p>	<p><b>Percentage of patients receiving CT scan within 1 hour</b></p>  <table border="1"> <caption>Percentage of patients receiving CT scan within 1 hour</caption> <thead> <tr> <th>Month</th> <th>Morrision (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>30</td><td>45</td></tr> <tr><td>May-17</td><td>30</td><td>45</td></tr> <tr><td>Jun-17</td><td>35</td><td>35</td></tr> <tr><td>Jul-17</td><td>30</td><td>40</td></tr> <tr><td>Aug-17</td><td>35</td><td>35</td></tr> <tr><td>Sep-17</td><td>35</td><td>35</td></tr> <tr><td>Oct-17</td><td>30</td><td>45</td></tr> <tr><td>Nov-17</td><td>30</td><td>45</td></tr> <tr><td>Dec-17</td><td>30</td><td>45</td></tr> <tr><td>Jan-18</td><td>30</td><td>55</td></tr> <tr><td>Feb-18</td><td>35</td><td>35</td></tr> <tr><td>Mar-18</td><td>35</td><td>60</td></tr> <tr><td>Apr-18</td><td>35</td><td>40</td></tr> <tr><td>May-18</td><td>40</td><td>70</td></tr> <tr><td>Jun-18</td><td>40</td><td>40</td></tr> <tr><td>Jul-18</td><td>35</td><td>45</td></tr> <tr><td>Aug-18</td><td>40</td><td>45</td></tr> <tr><td>Sep-18</td><td>45</td><td>50</td></tr> <tr><td>Oct-18</td><td>45</td><td>50</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>45</td><td>45</td></tr> <tr><td>Feb-19</td><td>45</td><td>45</td></tr> </tbody> </table>	Month	Morrision (%)	POWH (%)	Apr-17	30	45	May-17	30	45	Jun-17	35	35	Jul-17	30	40	Aug-17	35	35	Sep-17	35	35	Oct-17	30	45	Nov-17	30	45	Dec-17	30	45	Jan-18	30	55	Feb-18	35	35	Mar-18	35	60	Apr-18	35	40	May-18	40	70	Jun-18	40	40	Jul-18	35	45	Aug-18	40	45	Sep-18	45	50	Oct-18	45	50	Nov-18	45	45	Dec-18	45	45	Jan-19	45	45	Feb-19	45	45	<ul style="list-style-type: none"> <li>• Morrision to review pathway for accessing CT within 1 hour for all stroke patients. Multi-Disciplinary meeting being arranged.</li> <li>• IBG has considered the case for the development of an Early Supportive Discharge service at Morrision / Singleton hospitals. Delivery Unit meetings to take place to update and agree next steps.</li> <li>• POWH have updated Clerking arrangements – process to be monitored to assess effectiveness.</li> <li>• The stroke team at POWH to continue working closely with the patient flow team to ensure a focus on stroke flow and a prioritisation for creating assessment capacity.</li> <li>• At Singleton the team continues to examine all processes including senior review / early discharge / effective Board rounds on ward 7.</li> <li>• Assessments and criteria between Ward F and ward 7 to continue.</li> </ul>
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<p><b>Stroke assessment within 24 hours</b> Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>	<p>In February 2019, ABMU achieved 76% which was below the internal profile of 85%.</p>	<p><b>Percentage of patients assessed by stroke consultant within 24 hours</b></p>  <table border="1"> <caption>Percentage of patients assessed by stroke consultant within 24 hours</caption> <thead> <tr> <th>Month</th> <th>Morrision (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>50</td><td>75</td></tr> <tr><td>May-17</td><td>75</td><td>85</td></tr> <tr><td>Jun-17</td><td>75</td><td>85</td></tr> <tr><td>Jul-17</td><td>80</td><td>80</td></tr> <tr><td>Aug-17</td><td>85</td><td>70</td></tr> <tr><td>Sep-17</td><td>85</td><td>70</td></tr> <tr><td>Oct-17</td><td>85</td><td>70</td></tr> <tr><td>Nov-17</td><td>85</td><td>70</td></tr> <tr><td>Dec-17</td><td>85</td><td>40</td></tr> <tr><td>Jan-18</td><td>85</td><td>60</td></tr> <tr><td>Feb-18</td><td>85</td><td>40</td></tr> <tr><td>Mar-18</td><td>85</td><td>60</td></tr> <tr><td>Apr-18</td><td>85</td><td>80</td></tr> <tr><td>May-18</td><td>85</td><td>70</td></tr> <tr><td>Jun-18</td><td>85</td><td>70</td></tr> <tr><td>Jul-18</td><td>85</td><td>85</td></tr> <tr><td>Aug-18</td><td>85</td><td>40</td></tr> <tr><td>Sep-18</td><td>85</td><td>70</td></tr> <tr><td>Oct-18</td><td>85</td><td>60</td></tr> <tr><td>Nov-18</td><td>85</td><td>70</td></tr> <tr><td>Dec-18</td><td>85</td><td>50</td></tr> <tr><td>Jan-19</td><td>85</td><td>50</td></tr> <tr><td>Feb-19</td><td>85</td><td>50</td></tr> </tbody> </table>	Month	Morrision (%)	POWH (%)	Apr-17	50	75	May-17	75	85	Jun-17	75	85	Jul-17	80	80	Aug-17	85	70	Sep-17	85	70	Oct-17	85	70	Nov-17	85	70	Dec-17	85	40	Jan-18	85	60	Feb-18	85	40	Mar-18	85	60	Apr-18	85	80	May-18	85	70	Jun-18	85	70	Jul-18	85	85	Aug-18	85	40	Sep-18	85	70	Oct-18	85	60	Nov-18	85	70	Dec-18	85	50	Jan-19	85	50	Feb-19	85	50	<ul style="list-style-type: none"> <li>• At Singleton the team continues to examine all processes including senior review / early discharge / effective Board rounds on ward 7.</li> <li>• Assessments and criteria between Ward F and ward 7 to continue.</li> </ul>
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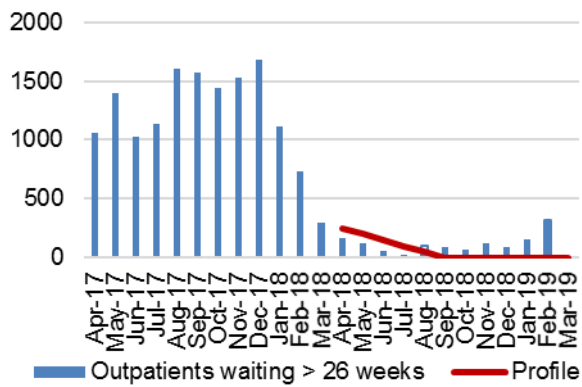
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<b>Thrombolysed Patients with Door-to-Needle &lt;= 45 mins</b>	In February 2019 2018, 100% of eligible patients were thrombolysed and 3 of the 15 patients were thrombolysed within the 45 minutes (door to needle) standard.	<p><b>Percentage of eligible thrombolysed patients within 45 minutes</b></p> <table border="1"> <caption>Estimated data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>0</td><td>0</td></tr> <tr><td>May-17</td><td>10</td><td>10</td></tr> <tr><td>Jun-17</td><td>45</td><td>10</td></tr> <tr><td>Jul-17</td><td>25</td><td>25</td></tr> <tr><td>Aug-17</td><td>20</td><td>20</td></tr> <tr><td>Sep-17</td><td>0</td><td>0</td></tr> <tr><td>Oct-17</td><td>20</td><td>20</td></tr> <tr><td>Nov-17</td><td>10</td><td>10</td></tr> <tr><td>Dec-17</td><td>0</td><td>0</td></tr> <tr><td>Jan-18</td><td>0</td><td>0</td></tr> <tr><td>Feb-18</td><td>0</td><td>15</td></tr> <tr><td>Mar-18</td><td>0</td><td>25</td></tr> <tr><td>Apr-18</td><td>0</td><td>0</td></tr> <tr><td>May-18</td><td>10</td><td>10</td></tr> <tr><td>Jun-18</td><td>25</td><td>65</td></tr> <tr><td>Jul-18</td><td>25</td><td>0</td></tr> <tr><td>Aug-18</td><td>0</td><td>0</td></tr> <tr><td>Sep-18</td><td>10</td><td>25</td></tr> <tr><td>Oct-18</td><td>10</td><td>45</td></tr> <tr><td>Nov-18</td><td>10</td><td>45</td></tr> <tr><td>Dec-18</td><td>40</td><td>0</td></tr> <tr><td>Jan-19</td><td>40</td><td>0</td></tr> <tr><td>Feb-19</td><td>15</td><td>100</td></tr> </tbody> </table>	Month	Morriston (%)	POWH (%)	Apr-17	0	0	May-17	10	10	Jun-17	45	10	Jul-17	25	25	Aug-17	20	20	Sep-17	0	0	Oct-17	20	20	Nov-17	10	10	Dec-17	0	0	Jan-18	0	0	Feb-18	0	15	Mar-18	0	25	Apr-18	0	0	May-18	10	10	Jun-18	25	65	Jul-18	25	0	Aug-18	0	0	Sep-18	10	25	Oct-18	10	45	Nov-18	10	45	Dec-18	40	0	Jan-19	40	0	Feb-19	15	100	<ul style="list-style-type: none"> <li>As above</li> </ul>
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## 5.1 Planned Care- Overview

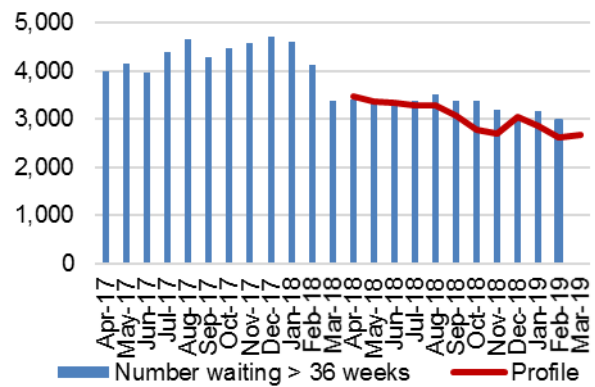
**Chart 1: Number of GP Referrals into secondary care**



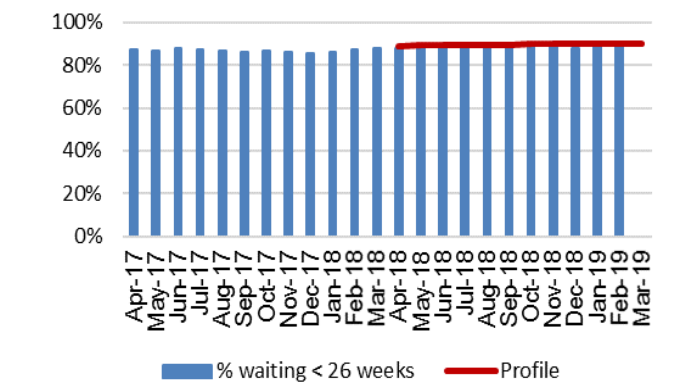
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



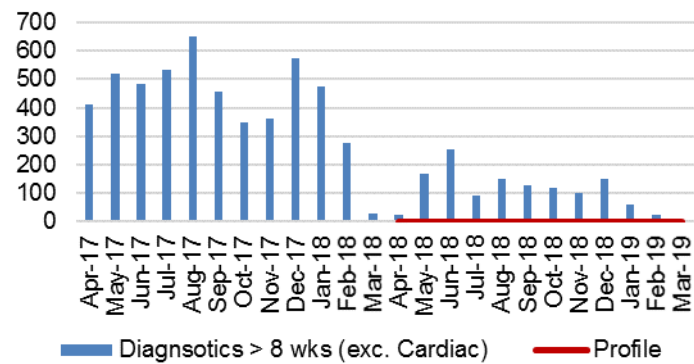
**Chart 3: Number of patients waiting over 36 weeks for treatment**



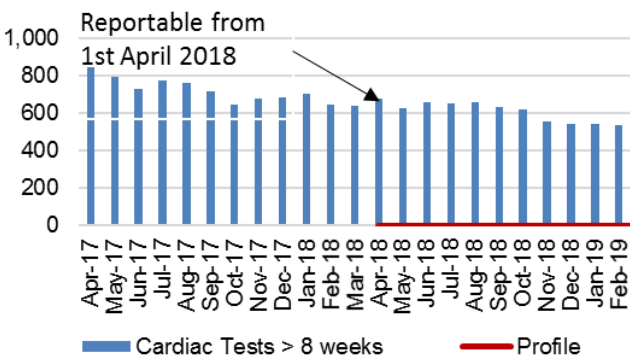
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



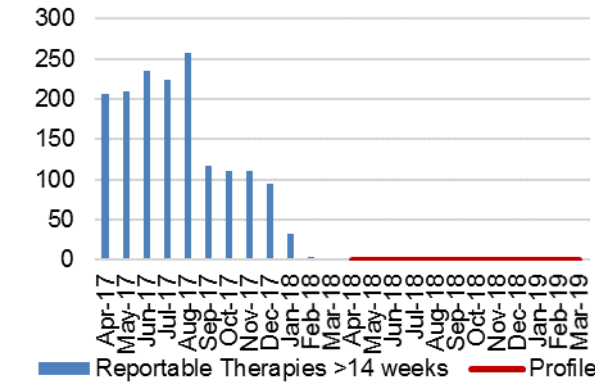
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks (excluding Cardiac)**



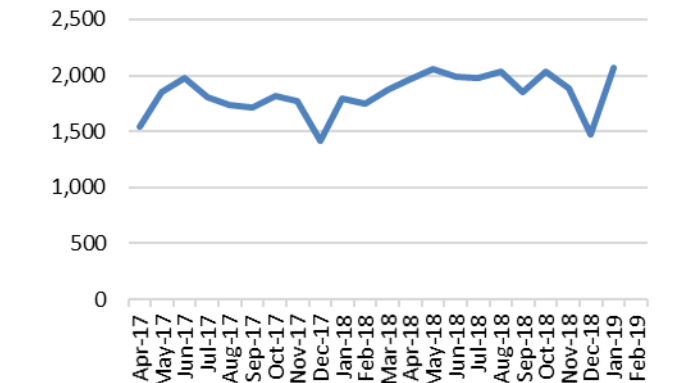
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



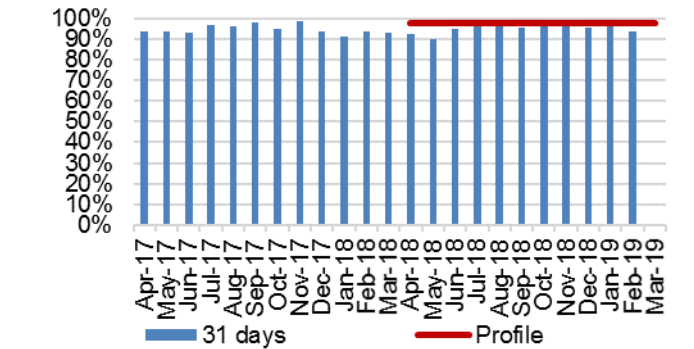
**Chart 7: Therapies over 14 weeks**



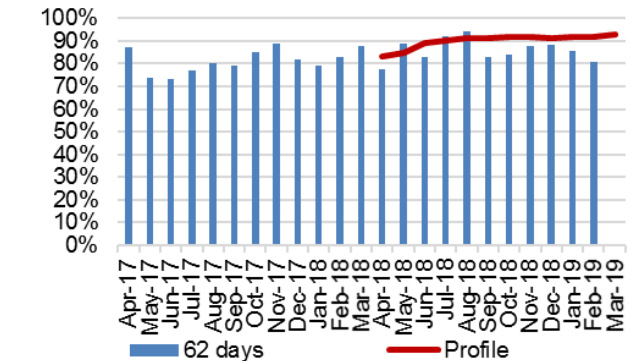
**Chart 8: Cancer referrals**



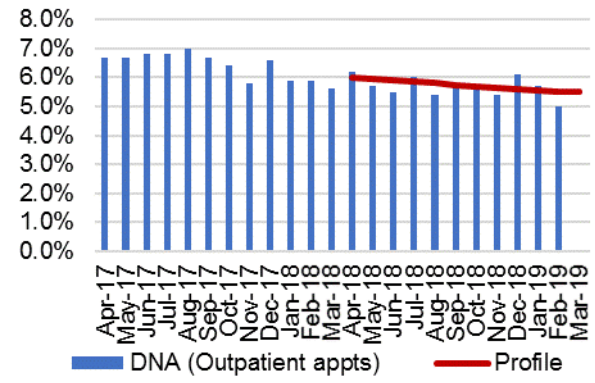
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



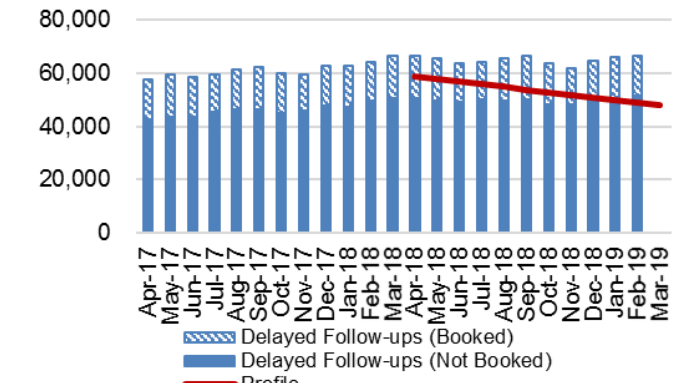
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



**Chart 11: % of patients who did not attend a new outpatient appointment (for selected specialties)**



**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



## Planned Care- Overview (February 2019)

Demand	Waiting Times					Outpatient Efficiencies
<b>17,763 (7%↓)</b> Total GP referrals	<b>315 (106%↑)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>2,969 (6%↓)</b> Patients waiting over 36 weeks for treatment	<b>1,209 (10%↓)</b> Patients waiting over 52 weeks for treatment	<b>89.2% (0.5%↑)</b> Patients waiting under 26 weeks from referral to treatment	<b>5.0% (0.7%↓)</b> % of patients who did not attend a new outpatient appointment (all specialties)	
<b>11,113 (5%↓)</b> Routine GP referrals	<b>23 (61%↓)</b> Patients waiting over 8 weeks for reportable diagnostics	<b>535 (2%↓)</b> Patients waiting over 8 weeks for Cardiac diagnostics	<b>0 (→)</b> Patients waiting over 14 weeks for reportable therapies	<b>66,567 (1.3%↑)</b> Patients waiting for an outpatient follow-up who are delayed past their target date	<b>5.9% (0.4%↓)</b> % of patients who did not attend a follow-up outpatient appointment (all specialties)	
<b>6,650 (11%↓)</b> Urgent GP referrals						

Cancer				Theatre Efficiencies			
<b>2,071 (40%↑)</b> Number of USC referrals received	<b>95 (23%↓)</b> USC backlog over 52 days	<b>94% (3.7%↓) draft</b> USC patients receiving treatment within 62 days	<b>81% (4.4%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>72% (8%↓)</b> Theatre utilisation rate	<b>45% (1%↓)</b> % of theatres sessions starting late	<b>37% (3%↓)</b> % of theatres sessions finishing early	<b>35% (4%↓)</b> Operations cancelled on the day

Overarching Public Health Outcomes (2016/17- 2017/18)					
<b>50%</b> (Wales= 53.2%) Adults meeting physical activity guidelines	<b>20.8%</b> (Wales= 23.8%) Adults eating 5 fruit or vegetables a day	<b>73.3%</b> (Wales= 72.9%) Children age 5 of healthy weight or underweight	<b>76.6%</b> (Wales= 75.9%) Adolescents of healthy weight	<b>39.2%</b> (Wales 39.2%) Working age adults of healthy weight	<b>35.3%</b> (Wales= 35.9%) Older people of healthy weight
<b>1.2</b> (Wales=1.2) Average decayed, missing or filled teeth among 5 year olds	<b>73.3%</b> (Wales=75.9%) Working age adults in good health	<b>55%</b> (Wales 56.7%) Older people in good health	<b>67.5%</b> (Wales= 73) Working age adults free from life limiting long term illnesses	<b>41.8%</b> (Wales= 47.1%) Older people free from life limiting long term illnesses	

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

## 5.2 Theatre Efficiencies Dashboard

Measure		Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	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	
Number of cancelled operations	Morriston	Feb-19	443			↓ ●	↑ ●		319	441	305	433	471	409	390	396	458	368	377	507	443	
	NPTH	Feb-19	179			↑ ●	↓ ●		205	181	148	149	161	135	174	182	181	177	121	177	179	
	POWH	Feb-19	337			↑ ●	↑ ●		321	396	336	323	399	376	287	322	363	322	364	301	337	
	Singleton	Feb-19	243			↑ ●	↑ ●		159	214	161	202	169	170	217	158	223	235	193	222	243	
	HB Total	Feb-19	1202			↓ ●	↑ ●		1004	1232	950	1107	1200	1090	1068	1058	1225	1102	1055	1207	1202	
% of cancelled operations on the day	Morriston	Feb-19	41%	10%	✗	→ ●	↓ ●		51%	40%	40%	32%	28%	27%	35%	34%	44%	39%	40%	41%	41%	
	NPTH	Feb-19	21%	10%	✗	↓ ●	↓ ●		26%	24%	24%	29%	29%	24%	25%	21%	22%	32%	29%	23%	21%	
	POWH	Feb-19	28%	10%	✗	↓ ●	↓ ●		36%	43%	34%	31%	35%	33%	37%	28%	31%	32%	29%	36%	28%	
	Singleton	Feb-19	43%	10%	✗	↓ ●	↓ ●		45%	43%	50%	49%	41%	38%	31%	42%	48%	47%	57%	51%	43%	
	HB Total	Feb-19	35%	10%	✗	↓ ●	↓ ●		40%	39%	37%	34%	32%	31%	33%	31%	38%	37%	38%	39%	35%	
Reasons for cancellations on the day	Hospital Clinical	Feb-19	30%			↓	↓		32%	31%	35%	30%	31%	32%	26%	32%	25%	29%	29%	31%	30%	
	Hospital Non-Clinical	Feb-19	52%			↑	↑		40%	39%	34%	42%	42%	41%	49%	41%	46%	48%	49%	39%	52%	
	Other	Feb-19	0%			→	→		0%	8%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	
	Patient	Feb-19	18%			↓	↓		28%	21%	30%	28%	26%	27%	24%	26%	29%	22%	22%	29%	18%	
	Unknown	Feb-19	1%			↑	↑		0%	0%	0%	1%	1%	0%	1%	1%	0%	0%	0%	0%	1%	
Late Starts	Morriston	Feb-19	42%	<25%	✗	↓ ●	↓ ●		46%	50%	45%	37%	37%	37%	49%	38%	35%	35%	42%	45%	42%	
	NPTH	Feb-19	42%	<25%	✗	→ ●	↑ ●		35%	39%	39%	28%	30%	36%	20%	36%	36%	41%	43%	42%	42%	
	POWH	Feb-19	44%	<25%	✗	↓ ●	↑ ●		35%	41%	38%	44%	40%	35%	38%	38%	42%	37%	37%	46%	44%	
	Singleton	Feb-19	52%	<25%	✗	→ ●	↑ ●		51%	46%	42%	52%	55%	43%	43%	45%	53%	54%	54%	52%	52%	
	HB Total	Feb-19	45%	<25%	✗	↓ ●	↑ ●		43%	46%	41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	
Early Finishes	Morriston	Feb-19	35%	<20%	✗	↓ ●	↓ ●		36%	41%	39%	33%	33%	34%	30%	25%	34%	37%	44%	42%	35%	
	NPTH	Feb-19	58%	<20%	✗	↑ ●	↑ ●		54%	58%	39%	60%	58%	61%	59%	62%	62%	59%	66%	50%	58%	
	POWH	Feb-19	35%	<20%	✗	↓ ●	↓ ●		37%	43%	37%	36%	44%	43%	35%	41%	38%	39%	39%	39%	35%	
	Singleton	Feb-19	30%	<20%	✗	↑ ●	↑ ●		27%	36%	44%	34%	33%	36%	38%	34%	34%	36%	31%	29%	30%	
	HB Total	Feb-19	37%	<20%	✗	↓ ●	↑ ●		36%	43%	39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	
Theatre Utilisation Rate	Morriston	Feb-19	78%	90%	✗	↓ ●	↓ ●		79%	79%	78%	85%	79%	75%	70%	82%	80%	80%	69%	89%	78%	
	NPTH	Feb-19	64%	90%	✗	↓ ●	↓ ●		65%	58%	69%	63%	62%	63%	44%	67%	70%	66%	70%	65%	64%	
	POWH	Feb-19	72%	90%	✗	↓ ●	→ ●		72%	70%	72%	76%	77%	71%	61%	72%	70%	74%	66%	77%	72%	
	Singleton	Feb-19	63%	90%	✗	↓ ●	→ ●		63%	54%	60%	61%	63%	55%	53%	62%	62%	64%	61%	70%	63%	
	HB Total	Feb-19	72%	90%	✗	↓ ●	↓ ●		73%	70%	72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	
Theatre Activity Undertaken	Morriston	Day cases	Feb-19	305			↓	↑		299	321	312	269	310	302	368	272	371	339	300	373	305
		Emergency cases	Feb-19	247			↓	↓		324	335	354	387	374	375	391	373	335	310	286	276	247
		Inpatients	Feb-19	498			↓	↓		522	478	527	630	543	497	486	522	572	540	403	516	498
	NPTH	Day cases	Feb-19	240			↓	↓		285	257	267	240	214	234	190	290	347	297	202	295	240
		Emergency cases	Feb-19	3			↑	↑		1	7	3	5	9	6	5	8	5	9	6	2	3
		Inpatients	Feb-19	113			↓	↓		127	106	126	147	138	122	89	116	133	126	104	150	113
	POWH	Day cases	Feb-19	335			↓	↓		395	371	350	429	449	408	301	393	455	365	274	434	335
		Emergency cases	Feb-19	79			↓	↓		100	139	107	125	120	120	126	101	107	98	110	124	79
		Inpatients	Feb-19	230			↓	↑		225	234	262	238	252	251	236	223	264	263	172	259	230
	Singleton	Day cases	Feb-19	486			↓	↑		461	439	462	526	500	445	456	423	516	528	371	565	486
		Emergency cases	Feb-19	30			↓	↓		41	49	35	38	52	45	44	34	34	42	40	36	30
		Inpatients	Feb-19	105			↓	↓		123	91	124	127	120	90	102	98	141	132	94	129	105

### 5.3 Planned Care Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
<p><b>Outpatient waiting times</b> The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment continues to be significantly lower than in previous years. There was an increase in February 2019 with 315 patients waiting over 26 weeks compared with 153 in January 2019 but 417 less than February 2018. In February 2019, 127 breaches were in Urology, 79 were in ENT, 58 in General Surgery, 45 in Oral Maxillo Facial Surgery (OMFS), and 6 in Plastic Surgery.</p>	<p><b>Number of stage 1 over 26 weeks</b></p>	<ul style="list-style-type: none"> <li>• Core capacity being maximised and additional clinics continue to be secured to maintain a Nil position across the majority of specialties.</li> <li>• Ongoing fragility of Urology service in POWH continues to be a challenge. Locum Consultant in place to support recovery, small risk for end of March position.</li> <li>• Issues around administrative support for General Surgery in POW has created a backlog with one consultant. Issues largely resolved but small risk for end of March.</li> <li>• Deterioration in OMFS in Morriston due to consultant sickness. Return of retired consultant to support additional clinics but small risk for end of March.</li> </ul>
<p><b>Total waiting times</b> The number of patients waiting more than 36 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In February 2019 there were 2,969 patients waiting over 36 weeks, therefore falling short of the internal profile of 2,622. This is the best position since April 2014.</p> <p>97% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 66% of the breaches, followed by General Surgery with 14%.</p>	<p><b>Number of patients waiting longer than 36 weeks</b></p>	<ul style="list-style-type: none"> <li>• Significant outsourcing programme in place for the six main pressure specialties. Still further capacity to secure and book before the end of March.</li> <li>• Clearance of all waits in stages 2 and 3.</li> <li>• Dedicated sessions in ENT for retired and returned Consultant.</li> <li>• Pooling minor General Surgery cases in POW to allocate to Junior Doctors.</li> <li>• Increase booking rates, general pooling, validation and additional lists in Plastic Surgery.</li> <li>• Flexing theatre staffing across sites to close gaps and reduce cancellation of lists through March.</li> <li>• Target all non-cohort opportunity.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<p><b>Total waiting times</b> The number of patients waiting more than 52 weeks for treatment</p>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. In February 2019 the position has seen an in-month improvement of 140 and is 520 ahead of the March 2018 position.</p>	<p><b>Number of patients waiting longer than 52 weeks</b></p>	<ul style="list-style-type: none"> <li>• The actions relating to &gt; 52 week patients are the same as 36 week patients.</li> <li>• Targeted treat in turn and clinical discussions to prioritise longest waiting patients.</li> <li>• Units challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.</li> </ul>
<p><b>Total waiting times</b> Percentage of patients waiting less than 26 weeks from referral to treatment</p>	<p>Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. So far in 2018/19 the percentage continues to be an improvement on March 2018 and the February 2019 position shows an in-month improvement of 0.5%. This position is the highest percentage since July 2013.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p>	<ul style="list-style-type: none"> <li>• Plans as outlined in previous tables.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period
<p><b>Diagnostics waiting times</b> The number of patients waiting more than 8 weeks for specified diagnostics</p>	<p>In February 2019, there were 558 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018.</p> <p>The position is:-</p> <ul style="list-style-type: none"> <li>• Cardiac Diagnostics (535)</li> <li>• Non Obstetric Ultrasound (12)</li> <li>• Cystoscopy (11)</li> </ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p>	<ul style="list-style-type: none"> <li>• Sustain Nil position for Endoscopy by maximising backfill and waiting list initiatives.</li> <li>• Locum consultant will clear Non Obstetric Ultrasound (NOUS) backlog by end of March 2019.</li> <li>• Plan for additional Cardiac CT/MR capacity is in place well with small improvements being seen. Pace of improvement is not as expected and discussions will be held before the end of March to identify areas for improvement.</li> </ul>
<p><b>Therapy waiting times</b> The number of patients waiting more than 14 weeks for specified therapies</p>	<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 February 2019 position shows a Nil position for Therapies waiting over 14 weeks.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p>	<ul style="list-style-type: none"> <li>• Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.</li> </ul>

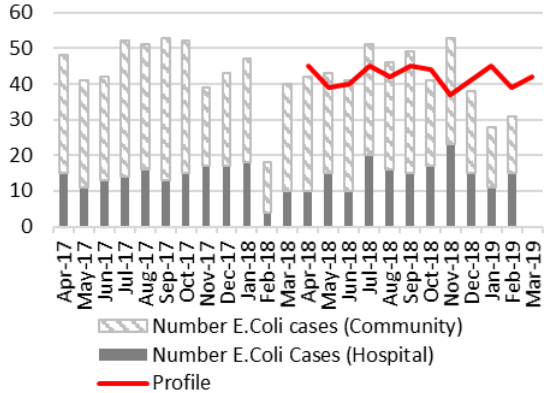
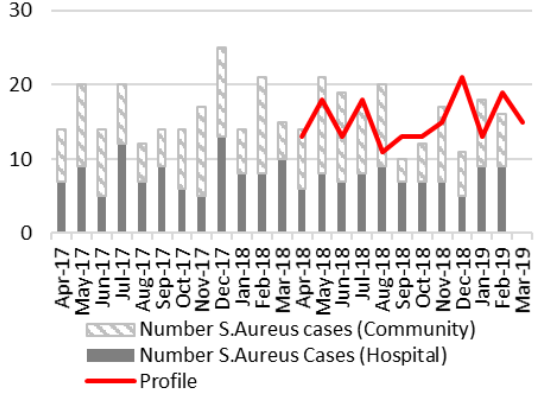
Description	Current Performance	Trend	Actions planned for next period
<p><b>Cancer- NUSC waiting times-</b> Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</p>	<p>February 2019 figures will be finalised on 29<sup>th</sup> March. Draft figures indicate projected achievement of 96% of patients' starting treatment within 31 days. At the time of writing this report there are 5 breaches across the Health Board in February 2019:</p> <ul style="list-style-type: none"> <li>• Lower Gastrointestinal: 2</li> <li>• Urological: 1</li> <li>• Head &amp; Neck: 1</li> <li>• Gynaecological: 1</li> </ul>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <p>— Morriston — Singleton — POWH — NPTH</p>	<ul style="list-style-type: none"> <li>• New Consultant Oncologist appointed for Urology and Lung tumour sites. To commence in post March 2019.</li> <li>• 8 session Consultant Clinical Oncologist post currently out to advert.</li> <li>• Progression of discussion with Hywel Dda Gynaecology team to consider options of utilising theatre capacity in Hywel Dda.</li> <li>• Singleton DU provided SBAR regarding delivery of chemotherapy services at Singleton.</li> </ul>
<p><b>Cancer- USC waiting times-</b> Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</p>	<p>February 2019 figures will be finalised on 29<sup>th</sup> March. Draft figures indicate a projected achievement of 81% of patients starting treatment within 62 days. At the time of writing this report there are 25 breaches in total across the Health Board in February 2019:</p> <ul style="list-style-type: none"> <li>• Gynaecological: 7</li> <li>• Breast: 5</li> <li>• Urological: 5</li> <li>• Lower Gastrointestinal: 4</li> <li>• Upper Gastrointestinal: 3</li> <li>• Sarcoma: 1</li> </ul>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <p>— Morriston — Singleton — POWH — NPTH</p>	<ul style="list-style-type: none"> <li>• Morriston to progress Upper GI pathway review to identify possible bundling of diagnostic requests.</li> <li>• Advertising for 4th Gynae-oncology Consultant post has closed, interview date scheduled for 22nd March pending medical HR and Exec availability.</li> <li>• Head and Neck Lump pathway to commence – date tbc that will streamline time to diagnosis.</li> <li>• Breast radiology is key element of the breast surgery pathway and a locum consultant radiographer has joined the team to provide much needed capacity. A permanent appointment is still desirable and will remain a priority for the service.</li> <li>• Detailed Radiology Demand and Capacity plan including reporting time requirements is being finalised. Informatics to include priority flags within data warehouse, this has overrun by 2 weeks and currently being addressed for QA purposes ahead of any modelling work.</li> </ul>

Description	Current Performance	Trend	Actions planned for next period																																																																								
<p><b>USC backlog</b> The number of patients with an active wait status of more than 53 days</p>	<p>End of February 2019 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>53 - 62 days</th> <th>63 &gt;</th> </tr> </thead> <tbody> <tr><td>Breast</td><td>5</td><td>2</td></tr> <tr><td>Gynaecological</td><td>4</td><td>10</td></tr> <tr><td>Haematological</td><td>0</td><td>2</td></tr> <tr><td>Head and Neck</td><td>4</td><td>4</td></tr> <tr><td>Lower GI</td><td>2</td><td>5</td></tr> <tr><td>Lung</td><td>0</td><td>0</td></tr> <tr><td>Other</td><td>0</td><td>2</td></tr> <tr><td>Skin</td><td>1</td><td>2</td></tr> <tr><td>Upper GI</td><td>2</td><td>9</td></tr> <tr><td>Urological</td><td>12</td><td>29</td></tr> <tr><td><b>Grand Total</b></td><td><b>30</b></td><td><b>65</b></td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	5	2	Gynaecological	4	10	Haematological	0	2	Head and Neck	4	4	Lower GI	2	5	Lung	0	0	Other	0	2	Skin	1	2	Upper GI	2	9	Urological	12	29	<b>Grand Total</b>	<b>30</b>	<b>65</b>	<p><b>Number of patients with a wait status of more than 53 days</b></p> <p>Legend: 53-62 days (orange), 63 days+ (blue)</p>	<ul style="list-style-type: none"> <li>Increased focus on tracking across units, backlog has reduced through February to its lowest since September 2018, with the number in the over 62 days also reduced to the lowest this year.</li> <li>Pathway changes and increased capacity will also help reduce the backlog which is being monitored very closely.</li> </ul>																																				
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<p><b>USC First Outpatient Appointments</b> The number of patients at first outpatient appointment stage by days waiting</p>	<p>Week to week through February 2019 the percentage of patients seen within 14 days to first appointment/assessment ranged between 25% and 32%.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of February 2019</b></p> <table border="1"> <thead> <tr> <th></th> <th>≤10</th> <th>11-20</th> <th>21-30</th> <th>&gt;31</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Breast</td><td>3</td><td>4</td><td>84</td><td>64</td><td>155</td></tr> <tr><td>Children Cancer</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>Gynaecological</td><td>1</td><td>9</td><td>78</td><td>11</td><td>99</td></tr> <tr><td>Head and Neck</td><td>15</td><td>24</td><td>7</td><td>2</td><td>48</td></tr> <tr><td>Lower GI</td><td>3</td><td>12</td><td>12</td><td>0</td><td>27</td></tr> <tr><td>Lung</td><td>2</td><td>1</td><td>1</td><td>1</td><td>5</td></tr> <tr><td>Other</td><td>19</td><td>34</td><td>37</td><td>3</td><td>93</td></tr> <tr><td>Skin</td><td>19</td><td>38</td><td>9</td><td>1</td><td>67</td></tr> <tr><td>Upper GI</td><td>1</td><td>3</td><td>0</td><td>1</td><td>5</td></tr> <tr><td>Urological</td><td>6</td><td>19</td><td>11</td><td>12</td><td>48</td></tr> <tr><td><b>Total</b></td><td><b>69</b></td><td><b>145</b></td><td><b>239</b></td><td><b>95</b></td><td><b>548</b></td></tr> </tbody> </table>		≤10	11-20	21-30	>31	Total	Breast	3	4	84	64	155	Children Cancer	0	1	0	0	1	Gynaecological	1	9	78	11	99	Head and Neck	15	24	7	2	48	Lower GI	3	12	12	0	27	Lung	2	1	1	1	5	Other	19	34	37	3	93	Skin	19	38	9	1	67	Upper GI	1	3	0	1	5	Urological	6	19	11	12	48	<b>Total</b>	<b>69</b>	<b>145</b>	<b>239</b>	<b>95</b>	<b>548</b>	<ul style="list-style-type: none"> <li>New first outpatient OMFS pathway stage agreed and taken forward with Primary Care with a plan to commence in April.</li> <li>Breast consultant radiographer post to be progressed via Morrision DU.</li> <li>Recruitment of 4th Gynae-oncology Consultant post following interviews on 22<sup>nd</sup> March.</li> <li>Cancer Improvement Team have developed Demand &amp; Capacity analysis for first outpatient appointment across most specialties managing suspected cancer referrals; these have been made available via the Cancer Dashboard.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Delayed follow-ups</b> The number patients delayed past their target date for a follow-up</p>	<p>In February 2019 there were a total of 66,567 patients waiting for a follow-up past their target date. This is above the internal profile for February 2019 and 2,251 (3%) more than February 2018.</p> <p>Of the 66,567 delayed follow-ups in February 2019, 15,187 have appointments and 51,380 are still waiting for an appointment.</p> <p>In February 2019, Ophthalmology accounted for 16% of the delayed follow-ups followed by Cardiology with 9%.</p>	<p><b>Delayed follow-ups: Top 10 Specialties</b></p> <p>The chart displays the following data series (from top to bottom in the stack):</p> <ul style="list-style-type: none"> <li>Ophthalmology (Blue)</li> <li>Cardiology (Orange)</li> <li>Gastroenterology (Grey)</li> <li>Trauma &amp; Orthopaedic (Light Blue)</li> <li>Gynaecology (Dark Blue)</li> <li>General Surgery (Dark Grey)</li> <li>General Medicine (Yellow)</li> <li>Mental Illness (Green)</li> <li>Urology (Brown)</li> <li>Endocrinology (Gold)</li> </ul>	<ul style="list-style-type: none"> <li>Recruit to Validation Team with experienced staff and backfill. Validation Team to commence review of patients and categorisation (March/ April 2019)</li> <li>Identify changes to WPAS to accommodate new definitions / categorisations of activity (e.g. See on Symptom, PROMs, Self-Managed Care, Surveillance patients) (March/ April 2019)</li> <li>Modernisation Group to consider wider alternatives to improve pathways and reduce pressures in both New and follow up arrangements – i.e. considering multi-disciplinary outpatient review on patients with multiple co morbidities / managing fragile elderly patients (April 2019)</li> </ul>

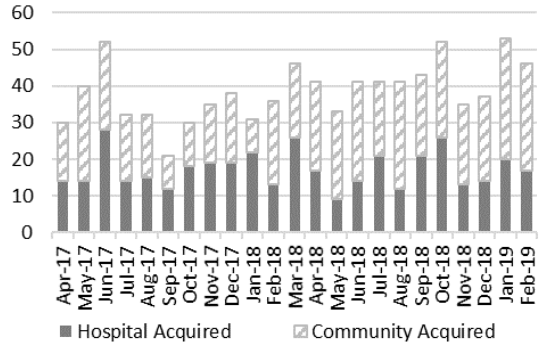
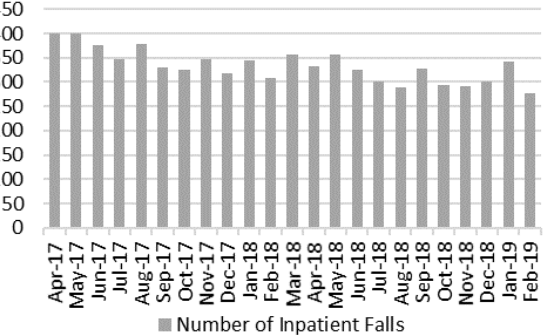
## 6.1 QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
<p><b>Healthcare Acquired Infections- E.coli bacteraemia-</b> Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> <li>The number of <i>E. coli</i> bacteraemia in February (31 cases) was 8 cases below the projected IMTP monthly profile. Ratio: 36% hospital acquired to 64% community acquired.</li> <li>The cumulative number of cases (Apr-Feb 2018/19) is approximately 5% less than the cumulative number of cases for the same period in 2017/18.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p>  <p>Legend:  <span style="display:inline-block; width:10px; height:10px; border:1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></span> Number E.Coli cases (Community)  <span style="display:inline-block; width:10px; height:10px; background-color: black;"></span> Number E.Coli Cases (Hospital)  <span style="color: red;">—</span> Profile</p>	<ul style="list-style-type: none"> <li>Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements <b>by 31.03.2019</b>.</li> <li>Delivery Units to progress with PDSA style quality Improvement activities with a focus on urinary catheters, across acute sites.</li> <li>Delivery Units to explore how to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff.</li> <li>Improvement work underway to improve HCAI data shared with Delivery Units.</li> </ul>
<p><b>Healthcare Acquired Infections- S.aureus bacteraemia-</b> Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</p>	<ul style="list-style-type: none"> <li>There were 16 cases of <i>Staph. aureus</i> bacteraemia in February, 3 cases below the projected monthly IMTP profile. 56% were hospital acquired infections.</li> <li>The cumulative number of cases (Apr-Feb 2018/19) is approximately 5% less than the cumulative number of cases for the same period in 2017/18.</li> <li>Line associated infection remains a significant causative factor.</li> </ul>	<p><b>Number of healthcare acquired S.aureus bacteraemias cases</b></p>  <p>Legend:  <span style="display:inline-block; width:10px; height:10px; border:1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></span> Number S.Aureus cases (Community)  <span style="display:inline-block; width:10px; height:10px; background-color: black;"></span> Number S.Aureus Cases (Hospital)  <span style="color: red;">—</span> Profile</p>	<ul style="list-style-type: none"> <li>Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements <b>by 31.03.2019</b>.</li> <li>Improvement activities will continue to focus on the risk associated with the presence of invasive devices.</li> <li>Improvement work underway to improve HCAI data shared with Delivery Units.</li> </ul>

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<p><b>Healthcare Acquired Infections- C.difficile-</b> Number of laboratory confirmed C.difficile cases</p>	<ul style="list-style-type: none"> <li>• There were 7 <i>Clostridium difficile</i> toxin positive cases in February. 4 were hospital acquired; all of these were associated with Morriston.</li> <li>• The cumulative position from Apr-Feb 18/19 was 47 cases below the IMTP projected profile (approximately 33% fewer cases compared with the same period in 2017/18).</li> <li>• The Health Board incidence per 100,000 population is the second highest in Wales.</li> </ul> <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <caption>Estimated data from the chart</caption> <thead> <tr> <th>Month</th> <th>Community Cases</th> <th>Hospital Cases</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>25</td><td>18</td><td>25</td></tr> <tr><td>May-17</td><td>22</td><td>15</td><td>22</td></tr> <tr><td>Jun-17</td><td>32</td><td>25</td><td>32</td></tr> <tr><td>Jul-17</td><td>25</td><td>22</td><td>25</td></tr> <tr><td>Aug-17</td><td>25</td><td>22</td><td>25</td></tr> <tr><td>Sep-17</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>Oct-17</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>Nov-17</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Dec-17</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jan-18</td><td>22</td><td>18</td><td>22</td></tr> <tr><td>Feb-18</td><td>18</td><td>15</td><td>18</td></tr> <tr><td>Mar-18</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Apr-18</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>May-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jun-18</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Jul-18</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>Aug-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Sep-18</td><td>12</td><td>10</td><td>12</td></tr> <tr><td>Oct-18</td><td>18</td><td>15</td><td>18</td></tr> <tr><td>Nov-18</td><td>10</td><td>8</td><td>10</td></tr> <tr><td>Dec-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jan-19</td><td>8</td><td>6</td><td>8</td></tr> <tr><td>Feb-19</td><td>12</td><td>10</td><td>12</td></tr> <tr><td>Mar-19</td><td>18</td><td>15</td><td>18</td></tr> </tbody> </table>	Month	Community Cases	Hospital Cases	Profile	Apr-17	25	18	25	May-17	22	15	22	Jun-17	32	25	32	Jul-17	25	22	25	Aug-17	25	22	25	Sep-17	22	20	22	Oct-17	22	20	22	Nov-17	28	25	28	Dec-17	15	12	15	Jan-18	22	18	22	Feb-18	18	15	18	Mar-18	28	25	28	Apr-18	22	20	22	May-18	15	12	15	Jun-18	28	25	28	Jul-18	22	20	22	Aug-18	15	12	15	Sep-18	12	10	12	Oct-18	18	15	18	Nov-18	10	8	10	Dec-18	15	12	15	Jan-19	8	6	8	Feb-19	12	10	12	Mar-19	18	15	18	<ul style="list-style-type: none"> <li>• Continue to monitor compliance with restriction of Co-amoxiclav, with feedback to Delivery Units. <b>Impact: 50% reduction in annual Co-amoxiclav use by 31.03.19.</b></li> <li>• Primary Care antimicrobial guidelines review commenced. Restricting use of Co-amoxiclav more complex in Primary Care than in Secondary Care as limited oral antibiotic alternatives available. Lesser impact on community <i>Clostridium difficile</i> cases anticipated.</li> <li>• Review use of Hydrogen Peroxide Vapour technology, with a view to developing a plan for its use – plan to be completed by 31.08.2019.</li> <li>• Improvement work underway to improve HCAI data shared with Delivery Units.</li> </ul>
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<p><b>Number of Serious Incidents-</b> Number of new Serious Incidents reported to Welsh Government</p>	<ul style="list-style-type: none"> <li>The Health Board reported 53 Serious Incidents for the month of February 2019 to Welsh Government. There has been a change in guidance of SI reporting for Mental Health deaths. As a result, this accounts for the increase number of SI's for the month of February. Mental Health reported 39 SI's retrospectively in February.</li> <li>Last Never Event reported was on 21st March 2018.</li> <li>In February 2019, the performance against the 80% target of submitting closure forms within 60 working days was 68%.</li> </ul>	<p><b>Number of Serious Incidents</b></p> <table border="1"> <caption>Number of Serious Incidents Data</caption> <thead> <tr> <th>Month</th> <th>Mental Health SIs</th> <th>Number of HB SIs (exc. MH)</th> <th>Local Target</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>25</td><td>20</td><td>20</td></tr> <tr><td>May-17</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Jun-17</td><td>48</td><td>25</td><td>25</td></tr> <tr><td>Jul-17</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Aug-17</td><td>35</td><td>25</td><td>25</td></tr> <tr><td>Sep-17</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Oct-17</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Nov-17</td><td>15</td><td>25</td><td>25</td></tr> <tr><td>Dec-17</td><td>15</td><td>25</td><td>25</td></tr> <tr><td>Jan-18</td><td>38</td><td>25</td><td>25</td></tr> <tr><td>Feb-18</td><td>28</td><td>25</td><td>25</td></tr> <tr><td>Mar-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Apr-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>May-18</td><td>30</td><td>25</td><td>25</td></tr> <tr><td>Jun-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Jul-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Aug-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Sep-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Oct-18</td><td>45</td><td>25</td><td>25</td></tr> <tr><td>Nov-18</td><td>30</td><td>25</td><td>25</td></tr> <tr><td>Dec-18</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Jan-19</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Feb-19</td><td>90</td><td>25</td><td>25</td></tr> <tr><td>Mar-19</td><td>25</td><td>25</td><td>25</td></tr> </tbody> </table>	Month	Mental Health SIs	Number of HB SIs (exc. MH)	Local Target	Apr-17	25	20	20	May-17	20	20	20	Jun-17	48	25	25	Jul-17	25	25	25	Aug-17	35	25	25	Sep-17	25	25	25	Oct-17	25	25	25	Nov-17	15	25	25	Dec-17	15	25	25	Jan-18	38	25	25	Feb-18	28	25	25	Mar-18	25	25	25	Apr-18	25	25	25	May-18	30	25	25	Jun-18	25	25	25	Jul-18	25	25	25	Aug-18	25	25	25	Sep-18	25	25	25	Oct-18	45	25	25	Nov-18	30	25	25	Dec-18	25	25	25	Jan-19	25	25	25	Feb-19	90	25	25	Mar-19	25	25	25	<ul style="list-style-type: none"> <li>Health Board is supporting the Mental Health &amp; Learning Disabilities Unit to roll out the Serious Incidents Toolkit to ensure consistency of investigation and timeliness of investigations.</li> <li>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.</li> </ul>
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<p><b>30 day response rate for concerns-</b> 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</p>	<ul style="list-style-type: none"> <li>The overall Health Board response rate for responding to concerns within 30 working days was 80% in December 2018 against the Welsh Government target of 75% and Health Board target of 80%.</li> </ul>	<p><b>Response rate for concerns within 30 days</b></p> <table border="1"> <caption>Response rate for concerns within 30 days Data</caption> <thead> <tr> <th>Month</th> <th>30 day response rate</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>75%</td><td>80%</td></tr> <tr><td>May-17</td><td>75%</td><td>80%</td></tr> <tr><td>Jun-17</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-17</td><td>75%</td><td>80%</td></tr> <tr><td>Aug-17</td><td>75%</td><td>80%</td></tr> <tr><td>Sep-17</td><td>75%</td><td>80%</td></tr> <tr><td>Oct-17</td><td>75%</td><td>80%</td></tr> <tr><td>Nov-17</td><td>75%</td><td>80%</td></tr> <tr><td>Dec-17</td><td>80%</td><td>80%</td></tr> <tr><td>Jan-18</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-18</td><td>60%</td><td>80%</td></tr> <tr><td>Mar-18</td><td>75%</td><td>80%</td></tr> <tr><td>Apr-18</td><td>80%</td><td>80%</td></tr> <tr><td>May-18</td><td>80%</td><td>80%</td></tr> <tr><td>Jun-18</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-18</td><td>80%</td><td>80%</td></tr> <tr><td>Aug-18</td><td>80%</td><td>80%</td></tr> <tr><td>Sep-18</td><td>80%</td><td>80%</td></tr> <tr><td>Oct-18</td><td>85%</td><td>80%</td></tr> <tr><td>Nov-18</td><td>85%</td><td>80%</td></tr> <tr><td>Dec-18</td><td>85%</td><td>80%</td></tr> <tr><td>Jan-19</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-19</td><td>80%</td><td>80%</td></tr> <tr><td>Mar-19</td><td>80%</td><td>80%</td></tr> </tbody> </table>	Month	30 day response rate	Profile	Apr-17	75%	80%	May-17	75%	80%	Jun-17	80%	80%	Jul-17	75%	80%	Aug-17	75%	80%	Sep-17	75%	80%	Oct-17	75%	80%	Nov-17	75%	80%	Dec-17	80%	80%	Jan-18	80%	80%	Feb-18	60%	80%	Mar-18	75%	80%	Apr-18	80%	80%	May-18	80%	80%	Jun-18	80%	80%	Jul-18	80%	80%	Aug-18	80%	80%	Sep-18	80%	80%	Oct-18	85%	80%	Nov-18	85%	80%	Dec-18	85%	80%	Jan-19	80%	80%	Feb-19	80%	80%	Mar-19	80%	80%	<ul style="list-style-type: none"> <li>Performance is discussed at all Unit performance meetings. For the first 6 months of this financial year the Health Board has achieved 80% in responses for the 30 day target.</li> <li>Ombudsman's Officer to present to Consultant Development Day.</li> </ul>																									
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<p><b>Number of pressure ulcers</b></p> <p>The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers</p>	<ul style="list-style-type: none"> <li>The number of Grade 3+ pressure ulcers between January 2019 and February 2019 reduced from 53 to 46. The in-patient cases improved from 20 in January 2019 to 17 in February 2019, and similarly the number of community cases reduced from 33 in January to 29 in February 2019.</li> </ul>	<p><b>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</b></p>  <table border="1"> <caption>Data for Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</caption> <thead> <tr> <th>Month</th> <th>Hospital Acquired</th> <th>Community Acquired</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>15</td><td>15</td><td>30</td></tr> <tr><td>May-17</td><td>20</td><td>20</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>15</td><td>17</td><td>32</td></tr> <tr><td>Aug-17</td><td>12</td><td>18</td><td>30</td></tr> <tr><td>Sep-17</td><td>10</td><td>10</td><td>20</td></tr> <tr><td>Oct-17</td><td>15</td><td>15</td><td>30</td></tr> <tr><td>Nov-17</td><td>18</td><td>15</td><td>33</td></tr> <tr><td>Dec-17</td><td>20</td><td>15</td><td>35</td></tr> <tr><td>Jan-18</td><td>15</td><td>15</td><td>30</td></tr> <tr><td>Feb-18</td><td>20</td><td>15</td><td>35</td></tr> <tr><td>Mar-18</td><td>25</td><td>20</td><td>45</td></tr> <tr><td>Apr-18</td><td>15</td><td>25</td><td>40</td></tr> <tr><td>May-18</td><td>10</td><td>22</td><td>32</td></tr> <tr><td>Jun-18</td><td>15</td><td>25</td><td>40</td></tr> <tr><td>Jul-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Aug-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Sep-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Oct-18</td><td>25</td><td>25</td><td>50</td></tr> <tr><td>Nov-18</td><td>15</td><td>20</td><td>35</td></tr> <tr><td>Dec-18</td><td>20</td><td>15</td><td>35</td></tr> <tr><td>Jan-19</td><td>20</td><td>33</td><td>53</td></tr> <tr><td>Feb-19</td><td>17</td><td>29</td><td>46</td></tr> </tbody> </table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	15	15	30	May-17	20	20	40	Jun-17	28	23	51	Jul-17	15	17	32	Aug-17	12	18	30	Sep-17	10	10	20	Oct-17	15	15	30	Nov-17	18	15	33	Dec-17	20	15	35	Jan-18	15	15	30	Feb-18	20	15	35	Mar-18	25	20	45	Apr-18	15	25	40	May-18	10	22	32	Jun-18	15	25	40	Jul-18	20	20	40	Aug-18	20	20	40	Sep-18	20	20	40	Oct-18	25	25	50	Nov-18	15	20	35	Dec-18	20	15	35	Jan-19	20	33	53	Feb-19	17	29	46	<ul style="list-style-type: none"> <li>The final report into Serious Incident pressure ulcers undertaken independently by Welsh Risk Pool was presented at PUPSG in February. The recommendations in the report were unanimously agreed by the group.</li> <li>Work is underway with e-learning at Wales to develop an e-learning pressure ulcer prevention education package that can be linked to ESR. Classroom teaching will continue to be delivered by TVN's and PUPIS.</li> <li>A quality improvement initiative to reduce damage associated with plaster casts by orthopaedic staff at Morriston has produced a standardised patient and carer information leaflet. This leaflet will be shared across the HB.</li> </ul>
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<p><b>Inpatient Falls</b></p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web reduced from 309 in February 2018 to 276 in February 2019.</li> <li>The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.</li> </ul>	<p><b>Number of inpatient Falls</b></p>  <table border="1"> <caption>Data for Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Inpatient Falls</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>400</td></tr> <tr><td>May-17</td><td>380</td></tr> <tr><td>Jun-17</td><td>350</td></tr> <tr><td>Jul-17</td><td>320</td></tr> <tr><td>Aug-17</td><td>370</td></tr> <tr><td>Sep-17</td><td>320</td></tr> <tr><td>Oct-17</td><td>310</td></tr> <tr><td>Nov-17</td><td>340</td></tr> <tr><td>Dec-17</td><td>310</td></tr> <tr><td>Jan-18</td><td>340</td></tr> <tr><td>Feb-18</td><td>300</td></tr> <tr><td>Mar-18</td><td>350</td></tr> <tr><td>Apr-18</td><td>320</td></tr> <tr><td>May-18</td><td>350</td></tr> <tr><td>Jun-18</td><td>310</td></tr> <tr><td>Jul-18</td><td>290</td></tr> <tr><td>Aug-18</td><td>280</td></tr> <tr><td>Sep-18</td><td>320</td></tr> <tr><td>Oct-18</td><td>290</td></tr> <tr><td>Nov-18</td><td>290</td></tr> <tr><td>Dec-18</td><td>290</td></tr> <tr><td>Jan-19</td><td>340</td></tr> <tr><td>Feb-19</td><td>276</td></tr> </tbody> </table>	Month	Number of Inpatient Falls	Apr-17	400	May-17	380	Jun-17	350	Jul-17	320	Aug-17	370	Sep-17	320	Oct-17	310	Nov-17	340	Dec-17	310	Jan-18	340	Feb-18	300	Mar-18	350	Apr-18	320	May-18	350	Jun-18	310	Jul-18	290	Aug-18	280	Sep-18	320	Oct-18	290	Nov-18	290	Dec-18	290	Jan-19	340	Feb-19	276	<ul style="list-style-type: none"> <li>Falls Injury Prevention Strategic Group will hold its 1st meeting in April 2019.</li> <li>All Service delivery units are providing Falls management / prevention training.</li> <li>The training required for completion of the new Falls and Healthy Bone Multifactorial risk assessment has been discussed at the Falls Training Task and Finish group and will now be delivered at SDU's by nominated staff and fed into the Unit Falls groups.</li> <li>Appropriate documentation has been sent for printing.</li> </ul>																																																
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<p><b>Discharge Summaries</b> The percentage of discharge summaries approved and sent to patients' doctor following discharge</p>	<ul style="list-style-type: none"> <li>In February 2019 the percentage of electronic discharge summaries signed and sent via eToC was 60% which 4% less than February 2018.</li> <li>Performance varies between Service Delivery Units (range was 57% to 83% in February 2019) and between clinical teams within the Units.</li> </ul>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>48%</td></tr> <tr><td>May-17</td><td>60%</td></tr> <tr><td>Jun-17</td><td>60%</td></tr> <tr><td>Jul-17</td><td>65%</td></tr> <tr><td>Aug-17</td><td>60%</td></tr> <tr><td>Sep-17</td><td>65%</td></tr> <tr><td>Oct-17</td><td>65%</td></tr> <tr><td>Nov-17</td><td>65%</td></tr> <tr><td>Dec-17</td><td>65%</td></tr> <tr><td>Jan-18</td><td>60%</td></tr> <tr><td>Feb-18</td><td>60%</td></tr> <tr><td>Mar-18</td><td>65%</td></tr> <tr><td>Apr-18</td><td>65%</td></tr> <tr><td>May-18</td><td>60%</td></tr> <tr><td>Jun-18</td><td>60%</td></tr> <tr><td>Jul-18</td><td>60%</td></tr> <tr><td>Aug-18</td><td>60%</td></tr> <tr><td>Sep-18</td><td>65%</td></tr> <tr><td>Oct-18</td><td>65%</td></tr> <tr><td>Nov-18</td><td>60%</td></tr> <tr><td>Dec-18</td><td>60%</td></tr> <tr><td>Jan-19</td><td>60%</td></tr> <tr><td>Feb-19</td><td>60%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Apr-17	48%	May-17	60%	Jun-17	60%	Jul-17	65%	Aug-17	60%	Sep-17	65%	Oct-17	65%	Nov-17	65%	Dec-17	65%	Jan-18	60%	Feb-18	60%	Mar-18	65%	Apr-18	65%	May-18	60%	Jun-18	60%	Jul-18	60%	Aug-18	60%	Sep-18	65%	Oct-18	65%	Nov-18	60%	Dec-18	60%	Jan-19	60%	Feb-19	60%	<ul style="list-style-type: none"> <li>The Executive Medical Director has asked one of the two Deputy Executive Medical Directors to lead on a piece of work to look at e-discharge and improve compliance/completion</li> <li>Background data presented to Director of Nursing and Patient Experience for consideration through Hospital to Home.</li> </ul>
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## 7. WORKFORCE UPDATES AND ACTIONS

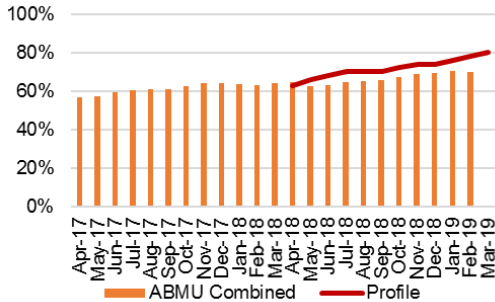
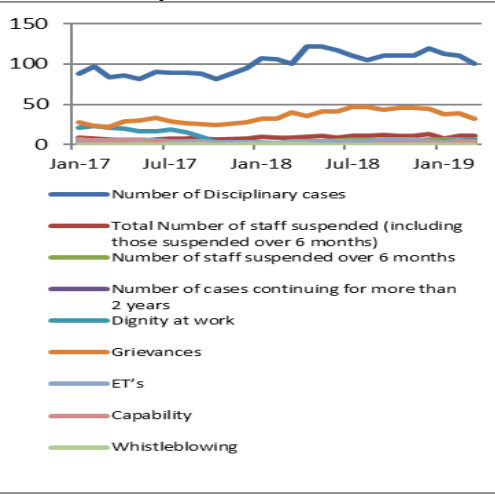
This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend	Actions planned for next period																																																																					
<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> <li>The 12 month rolling performance to the end of January 2019 is 5.92% (down 0.07% on December 2018). Our in month performance in January 2019 was 6.48%, an increase of 0.05% on the previous month</li> </ul>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</b></p> <table border="1"> <caption>Approximate data from the sickness absence trend chart</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>May-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jun-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jul-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Aug-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Sep-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Oct-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Nov-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Dec-17</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jan-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Feb-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Mar-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Apr-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>May-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jun-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jul-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Aug-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Sep-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Oct-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Nov-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Dec-18</td><td>5.5</td><td>5.5</td></tr> <tr><td>Jan-19</td><td>5.92</td><td>6.48</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Apr-17	5.5	5.5	May-17	5.5	5.5	Jun-17	5.5	5.5	Jul-17	5.5	5.5	Aug-17	5.5	5.5	Sep-17	5.5	5.5	Oct-17	5.5	5.5	Nov-17	5.5	5.5	Dec-17	5.5	5.5	Jan-18	5.5	5.5	Feb-18	5.5	5.5	Mar-18	5.5	5.5	Apr-18	5.5	5.5	May-18	5.5	5.5	Jun-18	5.5	5.5	Jul-18	5.5	5.5	Aug-18	5.5	5.5	Sep-18	5.5	5.5	Oct-18	5.5	5.5	Nov-18	5.5	5.5	Dec-18	5.5	5.5	Jan-19	5.92	6.48	<ul style="list-style-type: none"> <li>Outputs of a best practice case study conducted in three areas of good sickness performance have been shared with DU's and learnings are to be implemented via local sickness improvement plans.</li> <li>Development of a pilot has commenced within a selected area in order to address high absence some of which will apply learning from the above best practise case study.</li> <li>Training sessions for managers regarding the new all-Wales Managing Attendance policy.</li> <li>Development of a full training plan to support implementation of the new Attendance policy.</li> <li>OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Plans to develop a more multidisciplinary approach during 2019.</li> <li>Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSK) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSK diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19.</li> <li>300+ Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach.</li> <li>To deliver 'menopause wellbeing workshops' across 4 main sites during Spring 2019</li> <li>Draft Attendance plan has been developed as part of Recovery and Sustainability. Awaiting sign off by W&amp;OD committee.</li> </ul>
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<p><b>Mandatory &amp; Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</b></p>	<ul style="list-style-type: none"> <li>February 2019 compliance against the 13 core competencies is 73.37%. This is a 0.15 % increase from January 2019 and an 18.80% rise since April 2018.</li> <li>First two weeks in January ESR e-learning was not available. This was a national issue, which resulted in no new competencies being completed. Furthermore, staff were advised to not complete e-learning during this period of time. ESR e-learning system came back into use in the 3<sup>rd</sup> week of January.</li> </ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <table border="1"> <caption>Approximate data from the compliance chart</caption> <thead> <tr> <th>Month</th> <th>All Level 1 Compliance (%)</th> <th>Profile (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>38</td><td>38</td></tr> <tr><td>May-17</td><td>40</td><td>40</td></tr> <tr><td>Jun-17</td><td>42</td><td>42</td></tr> <tr><td>Jul-17</td><td>44</td><td>44</td></tr> <tr><td>Aug-17</td><td>45</td><td>45</td></tr> <tr><td>Sep-17</td><td>46</td><td>46</td></tr> <tr><td>Oct-17</td><td>47</td><td>47</td></tr> <tr><td>Nov-17</td><td>48</td><td>48</td></tr> <tr><td>Dec-17</td><td>49</td><td>49</td></tr> <tr><td>Jan-18</td><td>50</td><td>50</td></tr> <tr><td>Feb-18</td><td>51</td><td>51</td></tr> <tr><td>Mar-18</td><td>52</td><td>52</td></tr> <tr><td>Apr-18</td><td>53</td><td>53</td></tr> <tr><td>May-18</td><td>54</td><td>54</td></tr> <tr><td>Jun-18</td><td>55</td><td>55</td></tr> <tr><td>Jul-18</td><td>56</td><td>56</td></tr> <tr><td>Aug-18</td><td>57</td><td>57</td></tr> <tr><td>Sep-18</td><td>58</td><td>58</td></tr> <tr><td>Oct-18</td><td>59</td><td>59</td></tr> <tr><td>Nov-18</td><td>60</td><td>60</td></tr> <tr><td>Dec-18</td><td>61</td><td>61</td></tr> <tr><td>Jan-19</td><td>62</td><td>62</td></tr> <tr><td>Feb-19</td><td>63</td><td>63</td></tr> <tr><td>Mar-19</td><td>64</td><td>64</td></tr> </tbody> </table>	Month	All Level 1 Compliance (%)	Profile (%)	Apr-17	38	38	May-17	40	40	Jun-17	42	42	Jul-17	44	44	Aug-17	45	45	Sep-17	46	46	Oct-17	47	47	Nov-17	48	48	Dec-17	49	49	Jan-18	50	50	Feb-18	51	51	Mar-18	52	52	Apr-18	53	53	May-18	54	54	Jun-18	55	55	Jul-18	56	56	Aug-18	57	57	Sep-18	58	58	Oct-18	59	59	Nov-18	60	60	Dec-18	61	61	Jan-19	62	62	Feb-19	63	63	Mar-19	64	64	<ul style="list-style-type: none"> <li>E-learning drop in sessions are continuing across the current health board and all sites on a regular basis, with the boundary changes coming into effect from end of March and dates programed into POWH will be handed over to Cwm Taff to hold. Dates and location have already been handed over.</li> <li>A review of the Mandatory Training framework is being planned where all relevant Subject Matter Experts will be invited to a workshop to discuss current and to identify new trends that may need to be introduced.</li> <li>The results of the NWSSP Audit were received and feedback is still to occur</li> <li>Due to the impending change of boundaries the work involved in Position numbers has taken a back step, however, will become a higher priority as we move forward identifying further training that are essential for specific areas of work and for this to included in ESR staff competencies requirements</li> <li>A date has been arranged April 15th for further examination of the ESR system, we are awaiting confirmation of the identity of the person from Informatics, as the current person will no longer be involved.</li> <li>Two new user guides have been created, a longer version which explains in detail and step by step that covers ANTT and a short version that covers Mandatory &amp; Statutory requirements incorporating the updated access and use of e-learning in a simple one click process.</li> </ul>
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<b>Vacancies</b> <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"> <li>Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:</li> <li>EU Nurses employed at Band 5 = 70</li> <li>Philippine nurses arrived in 17/18 &amp; employed at Band 5 = 30</li> <li>Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team.</li> <li>11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway.</li> <li>A further 13 of our HCSW's are currently undertaking a 2 year master's programme.</li> </ul>	<b>Vacancies as at 28<sup>th</sup> Feb 2019</b> <table border="1"> <thead> <tr> <th>Grade - Medical &amp; Dental</th> <th>Dec-18</th> <th>Jan-19</th> <th>Feb-19</th> </tr> </thead> <tbody> <tr> <td>21000-Consultant (M&amp;D)</td> <td>-82.61</td> <td>-78.61</td> <td>-77.81</td> </tr> <tr> <td>21100-Locum Consultant (M&amp;D)</td> <td>7.45</td> <td>6.65</td> <td>7.55</td> </tr> <tr> <td>22110-Associate Specialist (M&amp;D)</td> <td>-12.69</td> <td>-12.69</td> <td>-12.69</td> </tr> <tr> <td>22200-Locum Associate Specialist (M&amp;D)</td> <td>0.45</td> <td>0.45</td> <td>0.45</td> </tr> <tr> <td>22250-Specialist Dental Officer</td> <td>0.42</td> <td>0.42</td> <td>0.42</td> </tr> <tr> <td>22260-Senior Dental Officer</td> <td>-1.80</td> <td>-1.80</td> <td>-0.80</td> </tr> <tr> <td>22270-Dental Officer</td> <td>-1.99</td> <td>-1.99</td> <td>-1.99</td> </tr> <tr> <td>22310-Speciality Doctor (M&amp;D)</td> <td>-27.01</td> <td>-27.92</td> <td>-28.92</td> </tr> <tr> <td>22320-Locum Speciality Doctor (M&amp;D)</td> <td>-1.00</td> <td>-1.00</td> <td>-1.00</td> </tr> <tr> <td>23100-Specialty Registrar (M&amp;D)</td> <td>-129.48</td> <td>-137.17</td> <td>-142.47</td> </tr> <tr> <td>23120-Locum Specialty Registrar (M&amp;D)</td> <td>21.20</td> <td>26.20</td> <td>30.20</td> </tr> <tr> <td>23200-Specialist Registrar (M&amp;D)</td> <td>-6.60</td> <td>-6.60</td> <td>-6.60</td> </tr> <tr> <td>23300-Locum Specialist Registrar (M&amp;D)</td> <td>-1.20</td> <td>-1.20</td> <td>-1.20</td> </tr> <tr> <td>24100-F2 foundation year 2 (M&amp;D)</td> <td>0.03</td> <td>0.08</td> <td>0.08</td> </tr> <tr> <td>24110-Locum F2 Foundation year 2 (M&amp;D)</td> <td>2.00</td> <td>2.00</td> <td>3.00</td> </tr> <tr> <td>24400-F1 foundation year 1 (M&amp;D)</td> <td>-8.37</td> <td>-7.37</td> <td>-7.44</td> </tr> <tr> <td>24900-Dental Trainees in Hosp Post</td> <td>3.96</td> <td>3.96</td> <td>3.96</td> </tr> <tr> <td>25000-Clinical Assistant (M&amp;D)</td> <td>-0.37</td> <td>-0.37</td> <td>-0.37</td> </tr> <tr> <td>25100-Senior Lecturer (M&amp;D)</td> <td>-1.90</td> <td>-1.90</td> <td>-1.90</td> </tr> <tr> <td>25300-G.P.Sessions / Staff Fund</td> <td>1.21</td> <td>0.59</td> <td>0.81</td> </tr> <tr> <td><b>Total</b></td> <td><b>-238.30</b></td> <td><b>-238.28</b></td> <td><b>-236.72</b></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Grade - Nursing &amp; 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We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.</li> <li>Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February.</li> </ul>
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<p><b>Recruitment</b> Metrics provided by NWSSP. ABMU comparison with All Wales benchmarking</p>	<ul style="list-style-type: none"> <li>ABMU overall performance is just above the target level for NHS Wales Internal controls may have contributed to this.</li> <li>Of the key ABMU measures where we are not yet at target - time to complete sifting has steadily improved towards the three day target and is at seven days.</li> </ul>	<p><b>Vacancy Creation to Unconditional Offer February 2019 (working days: including outliers) T13</b></p> <table border="1"> <caption>T13 Time Taken Data</caption> <thead> <tr> <th>Category</th> <th>T13 Time Taken</th> </tr> </thead> <tbody> <tr><td>All Wales</td><td>70</td></tr> <tr><td>ABMU</td><td>75</td></tr> <tr><td>AB</td><td>78</td></tr> <tr><td>BCU</td><td>75</td></tr> <tr><td>CV</td><td>75</td></tr> <tr><td>CT</td><td>75</td></tr> <tr><td>HD</td><td>70</td></tr> <tr><td>NWIS</td><td>65</td></tr> <tr><td>NWSSP</td><td>60</td></tr> <tr><td>POW</td><td>80</td></tr> <tr><td>PHW</td><td>60</td></tr> <tr><td>VCC</td><td>65</td></tr> <tr><td>Vel</td><td>35</td></tr> <tr><td>WAST</td><td>100</td></tr> <tr><td>WBS</td><td>70</td></tr> <tr><td>HEIW</td><td>45</td></tr> </tbody> </table>	Category	T13 Time Taken	All Wales	70	ABMU	75	AB	78	BCU	75	CV	75	CT	75	HD	70	NWIS	65	NWSSP	60	POW	80	PHW	60	VCC	65	Vel	35	WAST	100	WBS	70	HEIW	45	<ul style="list-style-type: none"> <li>Outlier data is passed to Delivery Units for review.</li> <li>If Outliers (activity well outside the normal expected timescale) are excluded ABMU is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports.</li> <li>The February report from NWSSP was not available for inclusion in this update.</li> </ul>										
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<p><b>Turnover</b> % turnover by occupational group</p>	<ul style="list-style-type: none"> <li>Overall Turnover has increased slightly across in the last two months. The overall FTE rate still stands around 8% (FTE)</li> </ul>	<table border="1"> <thead> <tr> <th>Staff Group</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr><td>Add Prof Scientific and Technic</td><td>8.99%</td><td>8.93%</td><td>↔</td></tr> <tr><td>Additional Clinical Services</td><td>7.46%</td><td>8.07%</td><td>↓</td></tr> <tr><td>Administrative and Clerical</td><td>8.19%</td><td>8.37%</td><td>↑</td></tr> <tr><td>Allied Health Professionals</td><td>10.51%</td><td>10.71%</td><td>↑</td></tr> <tr><td>Estates and Ancillary</td><td>4.89%</td><td>5.31%</td><td>↓</td></tr> <tr><td>Healthcare Scientists</td><td>7.39%</td><td>7.68%</td><td>↓</td></tr> <tr><td>Medical and Dental</td><td>10.20%</td><td>11.71%</td><td>↓</td></tr> <tr><td>Nursing and Midwifery Registered</td><td>8.24%</td><td>8.63%</td><td>↑</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Overall Rate</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr><td>Overall Rate</td><td>8.02%</td><td>8.42%</td><td>↑</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	8.99%	8.93%	↔	Additional Clinical Services	7.46%	8.07%	↓	Administrative and Clerical	8.19%	8.37%	↑	Allied Health Professionals	10.51%	10.71%	↑	Estates and Ancillary	4.89%	5.31%	↓	Healthcare Scientists	7.39%	7.68%	↓	Medical and Dental	10.20%	11.71%	↓	Nursing and Midwifery Registered	8.24%	8.63%	↑	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	8.02%	8.42%	↑	<ul style="list-style-type: none"> <li>Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis.</li> </ul>
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<p><b>PADR</b> <i>% staff who have a current PADR review recorded</i></p>	<p>The combined percentage of staff who have had a Personal Appraisal and Development Review (PADR) as of February 2019 stands at 66.71%. This shows no improvement from January's combined percentage of appraisals undertaken.</p> <p>Medical and Dentals results have also seen no improvement and remains at 68.57%.</p> <p>The Clinical Research Unit – Div has seen a significant drop in completed PADR from 62.79% in January to 42.86% in February. This shows a drop of 19.93%</p>	<p><b>% of staff who have had a PADR in previous 12 months</b></p> 	<ul style="list-style-type: none"> <li>• PADR training will be offered as part of the new Managers Pathway from 1<sup>st</sup> April 2019. The Managers Pathway will be a mandatory process for all new managers who have people management responsibility, including those who joined the HB over the past 12 months.</li> <li>• Training Managers to complete Values Based PADR/use ESR to improve reporting figures. The Schedule is in place from November 2018 to December 2019 at all sites.</li> <li>• Additional, bespoke PADR training will be delivered as requested by teams and units.</li> <li>• Existing workshop content has been reviewed and updated in line with current needs.</li> <li>• Exploration of NHS pay deal is on-going and will be monitored in terms of outcome.</li> <li>• Internal audit of the PADR process commenced in December 2018. Recommendations from this audit are still due to occur.</li> </ul>
<p><b>Operational Casework</b> <i>Number of current operational cases by category.</i></p>	<ul style="list-style-type: none"> <li>• There has been a steady and noticeable reduction in live ER cases over the last 4 months but volume of activity is still significantly increased on averages pre Mid 2016.</li> <li>• There has been a reduction in both Disciplinary cases and in the number of grievances.</li> </ul>	<p><b>Number of Operational Cases</b></p> 	<ul style="list-style-type: none"> <li>• ER system configuration completed. System testing to commence shortly and completed in preparation for system go live in Mid-April. User training for case handlers and system admins in preparation for testing has been completed.</li> <li>• IO team recruitment adverts are just going live – sifting and shortlisting will be completed in the next period with structured interviews taking place on a date TBC.</li> <li>• ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment (targeted on hot spots identified in the 2018 staff survey) has been agreed. All events completed as at 4<sup>th</sup> Feb. ACAS summary post events is being prepared.</li> </ul>

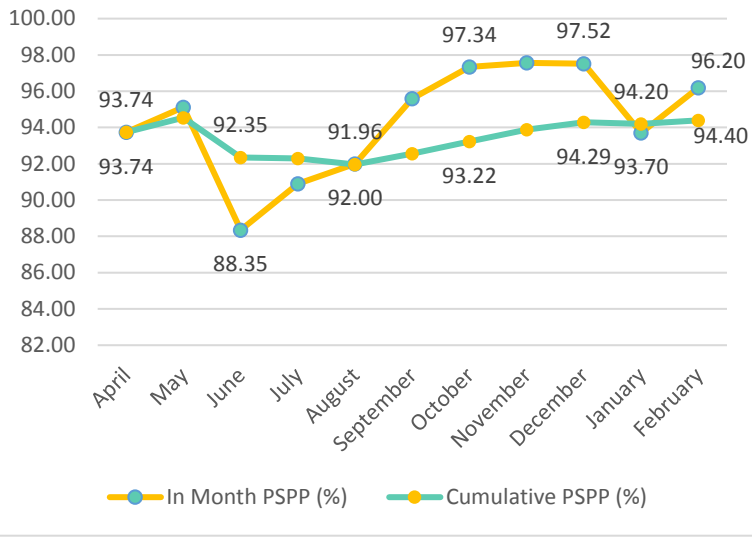
## 8. FINANCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period																																																				
<p><b>Revenue Financial Position – expenditure incurred against revenue resource limit</b></p>	<ul style="list-style-type: none"> <li>The cumulative revenue financial position at February 2019 is an overspend of £11.31m.</li> <li>The in-month performance produced an underspend of £1.304m against a target profile of £1.215m.</li> <li>Key pressures are savings not delivering in full and premium workforce cost.</li> </ul>	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2018/19</p> <table border="1"> <caption>Reported Variance Data (M1-M12)</caption> <thead> <tr> <th>Month</th> <th>Reported Variance (£'000)</th> <th>Target Variance (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,365</td><td>2,365</td></tr> <tr><td>M2</td><td>2,365</td><td>2,365</td></tr> <tr><td>M3</td><td>2,061</td><td>2,061</td></tr> <tr><td>M4</td><td>2,044</td><td>2,044</td></tr> <tr><td>M5</td><td>2,044</td><td>2,044</td></tr> <tr><td>M6</td><td>1,286</td><td>1,286</td></tr> <tr><td>M7</td><td>1,286</td><td>1,286</td></tr> <tr><td>M8</td><td>1,286</td><td>1,286</td></tr> <tr><td>M9</td><td>-1,196</td><td>-1,196</td></tr> <tr><td>M10</td><td>-1,196</td><td>-1,196</td></tr> <tr><td>M11</td><td>-1,304</td><td>-1,215</td></tr> <tr><td>M12</td><td>-1,215</td><td>-1,215</td></tr> </tbody> </table>	Month	Reported Variance (£'000)	Target Variance (£'000)	M1	2,365	2,365	M2	2,365	2,365	M3	2,061	2,061	M4	2,044	2,044	M5	2,044	2,044	M6	1,286	1,286	M7	1,286	1,286	M8	1,286	1,286	M9	-1,196	-1,196	M10	-1,196	-1,196	M11	-1,304	-1,215	M12	-1,215	-1,215	<ul style="list-style-type: none"> <li>Management and deployment of opportunities and risks within the delegated financial positions to ensure the delivery of the £10m year-end forecast deficit.</li> </ul>													
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<p><b>Forecast Position – delivery of the £10m forecast deficit</b></p>	<ul style="list-style-type: none"> <li>The financial plan initially set out a planned deficit of £25m.</li> <li>WG then set a £20m Deficit Control Total for the Health Board.</li> <li>Following the provision of £10m additional WG support in recognition of operational and performance pressures, the forecast deficit has been reduced to £10m.</li> <li>The Health Board is on track to achieve this forecast. Within this position a number of risks and opportunities are being managed to ensure delivery</li> </ul>	<p>Forecast Position</p> <table border="1"> <caption>Forecast Position Data (P01-P12)</caption> <thead> <tr> <th>Month</th> <th>Deficit Control Total (£'000)</th> <th>Forecast (£'000)</th> <th>Outturn (£'000)</th> </tr> </thead> <tbody> <tr><td>P01</td><td>-2,083</td><td>-2,083</td><td>-2,083</td></tr> <tr><td>P02</td><td>-2,365</td><td>-2,365</td><td>-2,365</td></tr> <tr><td>P03</td><td>-6,250</td><td>-6,250</td><td>-6,250</td></tr> <tr><td>P04</td><td>-6,716</td><td>-6,716</td><td>-6,716</td></tr> <tr><td>P05</td><td>-10,417</td><td>-10,417</td><td>-10,417</td></tr> <tr><td>P06</td><td>-11,005</td><td>-11,005</td><td>-11,005</td></tr> <tr><td>P07</td><td>-13,155</td><td>-13,155</td><td>-13,155</td></tr> <tr><td>P08</td><td>-13,679</td><td>-13,679</td><td>-13,679</td></tr> <tr><td>P09</td><td>-13,810</td><td>-13,810</td><td>-13,810</td></tr> <tr><td>P10</td><td>-13,309</td><td>-13,309</td><td>-13,309</td></tr> <tr><td>P11</td><td>-10,879</td><td>-10,879</td><td>-10,879</td></tr> <tr><td>P12</td><td>-10,000</td><td>-10,000</td><td>-10,000</td></tr> </tbody> </table>	Month	Deficit Control Total (£'000)	Forecast (£'000)	Outturn (£'000)	P01	-2,083	-2,083	-2,083	P02	-2,365	-2,365	-2,365	P03	-6,250	-6,250	-6,250	P04	-6,716	-6,716	-6,716	P05	-10,417	-10,417	-10,417	P06	-11,005	-11,005	-11,005	P07	-13,155	-13,155	-13,155	P08	-13,679	-13,679	-13,679	P09	-13,810	-13,810	-13,810	P10	-13,309	-13,309	-13,309	P11	-10,879	-10,879	-10,879	P12	-10,000	-10,000	-10,000	<ul style="list-style-type: none"> <li>Management and deployment of opportunities and risks within the delegated financial positions to ensure the delivery of the £10m year-end forecast deficit.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period
<p><b>Savings Delivery – Performance against the £21.2m savings requirement</b></p>	<ul style="list-style-type: none"> <li>The Health Board financial plan set out a requirement to identify and deliver £21.2m.</li> <li>To date savings of £16.2m have been identified, however only £14.6m are classified as Green or Amber for delivery.</li> <li>To date savings of £11.9m have been delivered against a planned delivery of £14.6m.</li> <li>The forecast delivery is £13.5m against the £21.2m target.</li> </ul>		<ul style="list-style-type: none"> <li>Identify areas of potential further slippage and consider the impact of scheme slippage on future year delivery.</li> </ul>

<p><b>Workforce Spend – workforce expenditure profile</b></p>	<ul style="list-style-type: none"> <li>Workforce expenditure is around £2.4m per month higher this year than in previous year. Around £1.5m of this relates to 18/19 pay inflation. The remainder reflects increased variable pay.</li> <li>The key areas of increase are Medical staffing through agency and internal locum cover and nursing agency.</li> </ul>		<ul style="list-style-type: none"> <li>Analysis of the key factors driving the use of variable pay outside of planned budget</li> <li>Identify actions to cease the use of non-contract nurse agency.</li> </ul>
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Description	Current Performance	Trend	Actions planned for next period																																				
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>In-month performance in February was 96.2%.</li> <li>Cumulative position is 94.4% which does not achieve the target.</li> <li>Significant improvements have been made in last 4 months. However there are significant challenges linked to clearing invoices on hold due to the implementation of the No PO No Pay policy.</li> </ul>	 <table border="1"> <caption>PSPP Performance Data (April to February)</caption> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>93.74</td> <td>93.74</td> </tr> <tr> <td>May</td> <td>94.20</td> <td>94.20</td> </tr> <tr> <td>June</td> <td>88.35</td> <td>92.35</td> </tr> <tr> <td>July</td> <td>91.96</td> <td>92.00</td> </tr> <tr> <td>August</td> <td>92.00</td> <td>91.96</td> </tr> <tr> <td>September</td> <td>93.22</td> <td>92.00</td> </tr> <tr> <td>October</td> <td>97.34</td> <td>93.22</td> </tr> <tr> <td>November</td> <td>97.52</td> <td>94.29</td> </tr> <tr> <td>December</td> <td>94.20</td> <td>94.29</td> </tr> <tr> <td>January</td> <td>93.70</td> <td>93.70</td> </tr> <tr> <td>February</td> <td>96.20</td> <td>94.40</td> </tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	93.74	93.74	May	94.20	94.20	June	88.35	92.35	July	91.96	92.00	August	92.00	91.96	September	93.22	92.00	October	97.34	93.22	November	97.52	94.29	December	94.20	94.29	January	93.70	93.70	February	96.20	94.40	<ul style="list-style-type: none"> <li>Closely monitor performance and identify impacts of No PO No pay to enable further awareness and training to be undertaken</li> </ul>
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## 9. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

### 9.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	63.5%	67.1%	70.0%	70.3%	67.9%	68.8%	70.0%	67.5%	67.7%	67.2%	67.0%	
		Profile	71%	76%	76%	83%	81%	81%	85%	87%	87%	86%	86%	86%
	12 hour A&E waits	Actual	574	468	333	447	373	311	402	383	485	621	448	
		Profile	259	124	125	148	168	101	162	206	239	198	143	135
	1 hour ambulance handover	Actual	380	291	245	348	270	261	294	340	546	684	387	
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	32.8%	38.6%	43.8%	39.6%	29.8%	75.0%	71.7%	59.5%	62.2%	56.1%	75.0%	
		Profile	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	65.0%	65.0%
	CT scan within 1 hour	Actual	32.3%	45.8%	38.8%	41.7%	36.0%	50.0%	52.5%	44.2%	47.8%	47.6%	48.6%	
		Profile	40.0%	40.0%	40.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%
	Assessed by Stroke Specialist within 24 hours	Actual	91.9%	100.0%	98.0%	85.4%	92.0%	85.4%	86.9%	88.4%	95.7%	92.9%	89.2%	
		Profile	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	7.7%	20.0%	27.3%	0.0%	0.0%	11.8%	9.0%	30.0%	44.4%	14.3%		
	Profile	20.0%	25.0%	25.0%	30.0%	30.0%	30.0%	35.0%	35.0%	35.0%	40.0%	40.0%	40.0%	
Planned care	Outpatients waiting more than 26 weeks	Actual	128	101	37	15	31	19	38	55	43	43	51	
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	2,379	2,309	2,250	2,285	2,312	2,160	2,179	2,054	1,971	2,046	1,960	
		Profile	2,374	2,183	2,251	2,253	2,153	1,997	1,784	1,809	1,992	1,898	1,777	1,901
	Diagnostic waits over 8 weeks	Actual	623	655	638	602	613	620	619	554	544	543	535	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	95%	91%	93%	98%	100%	98%	93%	95%	100%	98%	94%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	100%	90%	98%	94%	91%	93%	88%	90%	92%	85%	
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	10	6	6	16	4	2	5	2	2	1	4	
		Profile	9	5	9	7	7	7	8	9	4	5	4	7
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	5	5	3	3	3	4	3	3	2	3	
		Profile	4	5	3	5	4	3	3	2	6	5	5	6
Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	3	4	7	5	5	8	11	7	3	5		
	Profile	8	3	6	4	6	4	4	6	7	10	4	5	
Quality & Safety Measures	Discharge Summaries	Actual	63%	58%	59%	53%	61%	59%	66%	60%	61%	58%	57%	
		Profile	69%	72%	75%	77%	80%	83%	86%	89%	92%	94%	97%	100%
	Concerns responded to within 30 days	Actual	93%	83%	90%	87%	84%	92%	95%	100%	89%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.94%	5.94%	5.97%	5.94%	5.98%	6.01%	6.04%	6.07%	6.12%	6.06%		
		Profile	5.87%	5.79%	5.71%	5.63%	5.55%	5.48%	5.40%	5.32%	5.24%	5.16%	5.08%	5.00%
	Personal Appraisal Development Review	Actual	62%	59%	60%	62%	63%	64%	65%	68%	68%	70%	69%	
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
Mandatory Training	Actual	50%	52%	55%	57%	60%	61%	62%	66%	68%	68%	69%		
	Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%	

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

## 9.1 Morryston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Continued maintenance of cancer performance</li> <li>• Continued reduction in Healthcare acquired infections</li> <li>• Continued improvement on stroke 12; 24; &amp; 72 hour performance</li> <li>• TIA administrator appointed to further improve waiting times</li> <li>• Acute Coronary Syndrome (ACS) treat &amp; repatriate pathway between Hywel Dda and ABMU Health Boards has significantly reduced the wait for treatment.</li> <li>• HSDU Re-audited by Notified Body and reaccredited to ISO 13485.</li> <li>• Overall winter 18/19 performance improved from 17/18</li> <li>• Achieved 100% response to formal complaints (complaints received in Dec 18) – sustained &gt;80% responded in 30 days. Reduced re-opened complaints &amp; significant reduction in those open &gt; 30days (8 only)</li> <li>• Improved incident management</li> <li>• Reduced number of open ER cases</li> <li>• Positive impact of temporary band 4 Patient flow co-ordinators &amp; band 3 H@N roles(winter funding)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce sickness – by focussing on Hotspot areas &amp; sickness training</li> <li>• Further improve PDAR'S; IG &amp; Stat &amp; Mandatory training to 85%</li> <li>• Ongoing focus on stress, bullying &amp; ACAS sessions</li> <li>• Sustained improvement of 4-hour bundle performance.</li> <li>• Stroke - Reducing unnecessary delays to improve patient experience &amp; improved thrombolysis timeliness (in line with All-Wales position).</li> <li>• Cancer - Ongoing review and management of capacity &amp; maintain ten day and backlog performance.</li> <li>• Additional theatre capacity for pancreatic/pelvic oncology patients.</li> <li>• Explore all opportunities to meet March 36 week RTT profile</li> <li>• Development of new HB new model for minor injuries pathway</li> <li>• Swansea GI rota Task and Finish group established to deliver on a Swansea GI rota by Feb 2020.</li> <li>• Develop options to provide MPMRI services as per NICE Guidelines.</li> <li>• Sustainable &amp; compliant rotas for all grades of ED medical staff</li> <li>• Focus on reducing lead time to CT head following WG thrombolysis review</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Role redesign review of all vacancies at the weekly workforce panel.</li> <li>• Development of a local electronic system to streamline the Agency Cap process.</li> <li>• Monthly deep dive of all ER cases to resolve bottle necks &amp; reduce delays</li> <li>• Review of the Clinical Workforce undertaken by Kendall Bluck.</li> <li>• Redesign of neck lump pathway.</li> <li>• Improve the uptake of straight to test in Lower GI.</li> <li>• Pathway review of out of area sarcoma patients.</li> <li>• Maximise the use of outsourcing contracts</li> <li>• Cross delivery unit working group to explore opportunities to address Morryston medical bed deficits</li> <li>• External critical care funding – support development of a comprehensive Morryston 24/7 model &amp; post-operative care unit</li> <li>• Swansea Bay Theatre efficiency &amp; utilisation partnership working</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing and Medical vacancies – recruitment challenges / Nursing Staffing Act (NSA) deficits &amp; areas from staff survey that need to be addressed to improve retention.</li> <li>• Increase in the sickness absence rate.</li> <li>• Medical bed capacity / availability</li> <li>• Inability to fill core medical consultant &amp; ED medical posts</li> <li>• Stroke - Reduced medical cover during the out of hour periods.</li> <li>• Increased numbers of patients medically fit for discharge (up to 111)</li> <li>• OMFS &amp; Urology consultants on long term sick impacting on cancer &amp; RTT performance.</li> <li>• Pancreatic capacity issues may have issues with regional contract.</li> <li>• Reduced cancer tracking capacity due to sickness &amp; recruitment delays</li> <li>• Single cancer pathway &amp; late USC referrals from other Units / HBs</li> <li>• New theatre staffing challenges in particular in Orthopaedics.</li> </ul>

## 9.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Unscheduled Care	4 hour A&E waits	Actual	98.4%	96.8%	98.9%	96.9%	99.7%	98.4%	96.8%	99.3%	99.8%	98.8%	98.4%		
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	12 hour A&E waits	Actual	0	0	0	0	0	0	0	0	0	0	0	1	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0		
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0		
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0	0	0	0	0	0		
		Profile	0	0	0		0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual			100%	100%		100%	100%	100%			100%		
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	100%	100%	100%	93%	100%	80%	67%	100%		100%	100%		
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	4	3	0	0	0	0	0	1	0	0	0		
		Profile	0	1	0	0	1	1	1	0	0	2	2	1	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0		
		Profile	0	0	0	1	1	0	1	0	1	1	0	0	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	2	2	4	4	0	0	2	0	0	2		
		Profile	0	2	1	2	1	1	3	1	3	3	1	1	
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%	82%	77%	90%	76%	83%	83%	70%	80%	77%		
		Profile	68%	71%	74%	77%	80%	83%	85%	88%	91%	94%	97%	100%	
	Concerns responded to within 30 days	Actual	100%	100%	100%	88%	75%	83%	44%	100%	100%				
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.00%	5.06%	5.24%	5.35%	5.48%	5.48%	5.47%	5.52%	5.51%	5.46%			
		Profile	5.85%	5.78%	5.70%	5.62%	5.54%	5.47%	5.39%	5.31%	5.23%	5.16%	5.08%	5.00%	
	Personal Appraisal Development Review	Actual	72%	69%	68%	72%	70%	70%	77%	80%	83%	84%	83%		
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%	
	Mandatory Training	Actual	61%	65%	67%	70%	73%	74%	75%	80%	82%	82%	83%		
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%	

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

## 9.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• DTOC is at the lowest level since May 18, –16 in February</li> <li>• Waiting times targets achieved in all medical specialties and therapies.</li> <li>• MIU attendance at 98.51%</li> <li>• Cancer 100%</li> <li>• Critical Care funding from Network for Nutrition and Dietetics and Physiotherapy for 19/20</li> <li>• Maintaining performance of reduced number of falls causing harm.</li> <li>• Therapy led ESD has been expanded the team to early evening to increase support short term winter funding</li> <li>• OT will be implementing a text reminder service for outpatient therapy appointments</li> <li>• Nurse Led Virtual Clinics will be commencing in May in Diabetes in Neath Port Talbot Hospital. It is anticipated that this will increase clinic capacity.</li> <li>• Coproduction has commenced in General Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Support staff and services through boundary and no deal Brexit</li> <li>• Develop primary care services for therapies</li> <li>• Increase triage staffing in MIU to meet 99% 4hr target – recruiting</li> <li>• Consultant Antimicrobial Pharmacist and Antimicrobial Stewardship IMTP</li> <li>• MHRA licence for Singleton PTS and replacement air handling plant for Morriston PTS.</li> <li>• Recruitment of Registered Nurses.</li> <li>• Support the development and establishment of a stroke ESD service.</li> <li>• Increasing elective surgical activity to support RTT</li> <li>• Secure agency therapists to support winter plans – majority recruited</li> <li>• Support Plas Bryn Rhosyn Winter Plan to alleviate pressures within wards.</li> <li>• Secure agency physiotherapist to support MSK waiting times.</li> <li>• ALN report to Executive Directors</li> <li>• Establish sustainable Pharmacy support for Winter pressures.</li> <li>• Implementation of HEPMA phase 1 at NPT Hospital</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Remodelling of therapy management and financial structures</li> <li>• Develop primary care OT posts to address the preventative and early intervention needs of our population</li> <li>• Develop R&amp;D within OT /physio/ N&amp;D to support clinically effective service delivery for our patients</li> <li>• Re-structure of primary care pharmacy team (due to staff loss) to support long term work agenda &amp; pharmacy contract with PCCS.</li> <li>• Work with our communities to develop sustainable solutions to well-being by developing social enterprise opportunities</li> <li>• Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format.</li> <li>• Guidelines approved for the assessment and provision of equipment in the community..</li> <li>• Opportunity for evaluating and developing services across the board in light of HB restructures</li> <li>• Support for a nutrition support team at Morriston</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity within the Community for discharges</li> <li>• Winter pressures – staffing challenges to support surge capacity.</li> <li>• Loss of pharmacists to cluster &amp; practice based roles.</li> <li>• Recruitment issues for pharmacy technicians</li> <li>• Increased workload from NICE / New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes</li> <li>• Nurse recruitment challenges.</li> <li>• Bridgend boundary changes.</li> <li>• Devolved management and financial therapy budgets leads to governance issues and the reduces ability of therapy services to remodel, flex and respond to patients/ service needs</li> <li>• Brexit – increased equipment costs, risk to pharmaceutical products etc.</li> <li>• WFI WHSCC activity underperforming</li> <li>• MIU staffing pressures awaiting recruitment</li> </ul>

### 9.3 Princess of Wales Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.4%	81.1%	82.6%	80.1%	76.9%	74.5%	76.2%	75.8%	76.1%	76.3%	77.7%	
		Profile	85%	85%	85%	88%	88%	88%	88%	88%	88%	88%	88%	88%
	12 hour A&E waits	Actual	163	155	141	141	136	274	275	282	271	365	236	
		Profile	63	68	49	78	57	77	92	109	49	85	53	43
	1 hour ambulance handover	Actual	101	130	88	61	90	227	253	241	252	412	191	
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	40.0%	35.5%	33.3%	33.3%	28.6%	21.9%	25.8%	51.4%	40.6%	6.7%	14.3%	
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	64.0%	38.7%	74.1%	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%	48.4%	47.6%	
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	64.0%	80.6%	70.4%	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%	51.6%	52.4%	
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	20.0%	66.7%	0.0%	0.0%	25.0%	40.0%	50.0%	25.0%	0.0%	100.0%		
	Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15	17	12	2	15	21	66	51	107	264	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,003	1,026	1,038	1,077	1,175	1,191	1,159	1,111	1,057	1,097	996	
		Profile	1,059	1,150	1,073	1,028	1,122	1,070	989	900	1,053	956	845	763
	Diagnostic waits over 8 weeks	Actual	79	135	277	138	198	142	116	104	149	60	23	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	89%	91%	93%	100%	96%	94%	94%	98%	90%	95%	97%	
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	82%	76%	85%	88%	78%	76%	85%	87%	75%	65%	
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	2	1	2	2	2	6	4	2	0	0	
		Profile	6	5	4	8	6	6	5	4	2	4	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	1	3	2	2	1	3	2	1	4	
		Profile	1	3	0	2	0	1	1	1	2	1	1	1
Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	2	2	4	3	4	5	2	3	3		
	Profile	1	2	2	3	2	3	3	5	4	3	1	3	
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%	64%	68%	59%	65%	67%	62%	64%	66%	
		Profile	55%	59%	63%	67%	71%	76%	80%	84%	88%	92%	96%	100%
	Concerns responded to within 30 days	Actual	75%	90%	64%	90%	88%	83%	100%	82%	70%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.23%	5.18%	5.25%	5.25%	5.26%	5.30%	5.32%	5.36%	5.38%	5.32%		
		Profile			5.20%			5.15%			5.08%		5.00%	
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%	68%	68%	68%	67%	65%	
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	52%	54%	55%	58%	63%	66%	68%	72%	73%	73%	74%	
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

### 9.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• 4 hour A&amp;E performance improved in February 2019 to 78.66%, over 5.5% above February 2018</li> <li>• Transfer of patient to Morriston on ACS Treat and Repatriate pathway – reducing waiting times</li> <li>• Arrival of Cancer trackers which</li> <li>• First Accredited Colonoscopy training course agreed for February 2019 in POW Endoscopy suite</li> <li>• Successful capital replacement bids approved and awaiting delivery of equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing for transfer into CTM UHB – supporting staff and services</li> <li>• Embed revised on-call arrangements post boundary change</li> <li>• Delivery of Winter schemes</li> <li>• Implement new patient administration system within POWH Emergency Department</li> <li>• Appoint to Clinical Site Management vacancies following consultation process</li> <li>• Develop capital plans for expansion of front door assessment space</li> <li>• Frailty at the front door service</li> <li>• Improvement in PADR and Mandatory training compliance across all disciplines.</li> <li>• Cancer Performance and scoping of impact of Single Cancer pathway.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Developing engagement with current Cwm Taf team to develop working arrangements as part of new CTMUHB from April 1st 2019</li> <li>• Frailty at the front door service commencing 7th January 2019</li> <li>• IBG bid approval to recruit Parkinson’s nurse</li> <li>• Continue to reduce elective waiting times by maximising routine capacity through outsourcing</li> <li>• Proceeding with further consultant radiologist advert in January 2019.</li> <li>• Continued head &amp; neck radiology support from specialist to reduce backlog and waiting times in ultrasound.</li> </ul>	<ul style="list-style-type: none"> <li>• Boundary change preparation and workload</li> <li>• The impact of a No Deal Brexit</li> <li>• Winter demand and pressures due to flu will be in full effect in Q4.</li> <li>• Emergency Department processing time increase due to new information system.</li> <li>• Bed availability on stroke unit and delays in transfer to the unit</li> <li>• Patients being cared for in inappropriate areas due to capacity issues</li> <li>• Numbers of DTOCs continue across Unit.</li> <li>• Medical workforce gaps in Q4 in ENT and continuing in Urology</li> <li>• Continued real Risk of large financial overspend covering lost consultant sessions at NPTH Radiology (12 sessions of DCC being covered with expensive locums and outsourcing). 2 consultants now on phased return.</li> <li>• Nursing workforce gaps</li> </ul>

## 9.4 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Unscheduled Care	4 hour A&E waits	Actual	99.8%	99.7%	99.5%	98.7%	99.2%	98.5%	98.1%	97.8%					
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
	12 hour A&E waits	Actual	0	1	2	2	2	3	3	0					
		Profile	1	2	5	3	2	2	1	0	0	0	0	0	1
	1 hour ambulance handover	Actual	45	31	18	34	60	38	43	47	44	68	41		
		Profile	8	12	6	12	16	19	17	4	31	13	4	8	
Planned care	Outpatients waiting more than 26 weeks	Actual	6	4	1	3	72	55	6	4	0	1	0		
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	16	14	31	21	10	30	32	28	2	31	13		
		Profile	24	23	1	3	12	0	0	0	0	0	0	0	0
	Diagnostic waits over 8 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0		
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	93%	89%	100%	100%	97%	96%	96%	95%	100%	100%	91%		
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	83%	89%	84%	92%	100%	83%	84%	90%	88%	90%	76%		
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	2	1	3	5	1	1	4	2	1	2	0		
		Profile	3	0	4	3	3	3	2	8	3	3	3	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	2	1	2	4	2	2	1	0	6	2		
		Profile	2	0	1	3	1	3	1	1	2	0	1	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	1	7	3	5	4	5	6	5	5		
		Profile	6	4	4	4	5	4	4	4	2	1	1	3	
Quality & Safety Measures	Discharge Summaries	Actual	73%	72%	61%	67%	61%	62%	69%	64%	59%	65%	59%		
		Profile	73%	76%	78%	81%	83%	86%	88%	90%	93%	95%	98%	100%	
	Concerns responded to within 30 days	Actual	60%	65%	88%	83%	94%	63%	100%	86%	67%				
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.73%	5.79%	5.91%	5.95%	6.04%	6.13%	6.17%	6.16%	6.21%	6.16%			
		Profile	5.56%	5.51%	5.46%	5.41%	5.36%	5.31%	5.25%	5.20%	5.15%	5.10%	5.05%	5.00%	
	Personal Appraisal Development Review	Actual	58%	60%	59%	62%	63%	64%	64%	71%	72%	72%	72%		
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%	
	Mandatory Training	Actual	49%	50%	53%	55%	60%	62%	65%	70%	72%	74%	75%		
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%	

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

## 9.4 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• SAU environment improvements continue.</li> <li>• Continued achievement of RTT 26, 36 and 52-week target for all medical specialties in Quarter 1, 2 and 3 2018/19.</li> <li>• Singleton Assessment Unit patient list and handover system implemented successfully. Rollout to inpatient ward areas continues.</li> <li>• Full ICOP Team appointed.</li> <li>• Martin Rolles elected to Royal College Radiologists National Council</li> <li>• All newly funded drugs built ready for prescribing on the electronic prescribing system within the 8 week deadline.</li> <li>• Team within BSW standard and able to offer colonoscopy within 2 weeks and SSP assessment within 24 hours.</li> <li>• Successful income generation on Neonates by providing additional capacity following transfer of POW cots/nursing resource.</li> <li>• Youth Board presentation at RCPCH Conference in Cardiff and Well child conference in London.</li> </ul>	<ul style="list-style-type: none"> <li>• Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges.</li> <li>• Service Resign: Redesign Services Ward 4&amp;7, embedding ICOPS model and inpatient capacity.</li> <li>• Integrated workforce planning.</li> <li>• Develop a plan to support Radiotherapies waiting times.</li> <li>• Improvement in PADR and Mandatory training compliance across all disciplines.</li> <li>• Cancer Performance and scoping of impact of Single Cancer pathway.</li> <li>• Business Cases - PET/CT &amp; replacement Radiotherapy CT.</li> <li>• Brexit – assure the continued supply of laboratory reagents and consumables.</li> <li>• Developing capacity plans for Chemo-day unit.</li> <li>• Embedding the COPD early supporting discharge team</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Delivery Unit to support Health Board case for Nerve centre.</li> <li>• Review Endoscopy Capacity &amp; Demand to agree strategic direction.</li> <li>• Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morrision.</li> <li>• Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services.</li> <li>• Piloting of Patient Knows Best (PKB)</li> <li>• Identify mechanism for funding resources and capacity to deliver therapy in line with NICE recommended new drugs/treatment within Haematology.</li> <li>• There is an opportunity to use the Tenovus bus for delivering additional cancer treatments.</li> <li>• Approval of FUNB validation proposal.</li> <li>• Revised SARC model.</li> <li>• Development of Children’s Emergency Centre (Morrision) and Swansea Wellbeing Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Cwm Taf Boundary Remapping.</li> <li>• Cladding.</li> <li>• Availability of Staff/Loss of Consultant Histo-Pathologists</li> <li>• Under delivery of Waterfall elements.</li> <li>• Capacity issues within Dermatology Capital requirement for Fibrosan.</li> <li>• Cancer tracking and lack of workforce to support.</li> <li>• New NICE drug implementation will stretch the existing chemotherapy infrastructure.</li> <li>• The challenge in delivering new treatments due to lack of capacity. There is a risk of complaints from patients not being able to receive SACT in a timely manner.</li> <li>• Failure to recruit to Gynae Consultant job for 5th year in a row.</li> <li>• Separation of POW and desire of clinicians there to develop neonatal links with UHW – risk of reduction in flows into NICU at Singleton.</li> </ul>

## 9.5 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	90%	94%	91%	93%	93%	90%	93%	90%	97%	91%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%	81%	80%	84%	90%	93%	93%	87%	84%	86%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			100%			100%			100%			
		Profile			100%			100%			100%			100%
% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	90%	90%	88%	88%	90%	91%	92%	91%	91%	91%			
	Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	1	0	0	0	0	0	0	0	0	0	
		Profile	0	1	0	0	0	0	0	0	0	0	0	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	1	0	0	0	0	0	0	0	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	1	0	0	0	1	0	0	0	0	0	
		Profile	0	0	0	1	0	0	0	0	0	0	0	
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	71%	81%	85%	86%	88%	84%	75%	75%	88%	83%	
		Profile	77%	79%	81%	83%	85%	88%	90%	92%	94%	96%	98%	
	Concerns responded to within 30 days	Actual	71%	100%	100%	83%	100%	100%	83%	91%	50%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.07%	6.11%	6.11%	6.05%	5.98%	6.02%	6.08%	6.11%	6.12%	6.16%		
		Profile			6.03%			5.93%			5.83%		5.73%	
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%	79%	79%	78%	75%	78%	
		Profile			80%			83%			85%		85%	
	Mandatory Training (all staff- ESR data)	Actual	64%	66%	68%	69%	70%	72%	73%	78%	79%	79%	80%	
		Profile			60%			70%			80%		85%	

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

## 9.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• The Delivery Unit regularly meets all requirements of sections of the Mental Health Measure.</li> <li>• Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt.</li> <li>• Maintaining relatively high levels of compliance with the PADR measures.</li> <li>• Met new target for psychological therapies in January, with a plan to meet on a sustainable basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing intervention with frequent areas of poor compliance. Awareness on importance of timely discharge summaries with all Clinical Staff.</li> <li>• Recruitment and retention of staff for critical nursing and medical vacancies.</li> <li>• Hold and improve current rate of sickness through, Staff Health &amp; Wellbeing Action Plan 18/19; Pilot Delivery Unit Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47).</li> <li>• Appoint to medical staffing vacancies or modernise service.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Mandatory training has improved however, Localities are working to improve this further towards compliance.</li> <li>• Terms of reference for the serious incident group have been updated and the format of the reports has been changed in line with the recommendations from the Delivery Unit report to be in line with the rest of the Health Board. A learning matrix has been developed to embed and share the learning identified from serious incidents. RCA Training needs to be provided for investigators. Appointment to training post has been made.</li> <li>• A new system for supporting performance on complaints has been put in place with weekly reviews by the Q&amp;S team lead by the Head of Operations to support the localities to respond within the 30 day time scale.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Recruitment market for substantive nursing and medical vacancies.</li> <li>• Security issues in Cefn Coed and Garngoch Hospitals.</li> <li>• Demand and capacity constraints in CMHT's.</li> </ul>

## 9.6 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Planned Care	Outpatients waiting more than 26 weeks	Actual	1	0	0	0	0	0	0	0	0	2	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily core hours	Actual	94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	82%	82%	82%	84%	78%	88%	88%	88%	88%	88%	88%	
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual			62.5%									
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4	4	1	11	4	3	
		Profile	3	6	9	2	5	3	3	3	3	3	5	3
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	1	1	0	0	0	0	0	0	
		Profile	0	0	0	0	0	0	1	0	1	0	0	1
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	8	13	12	9	11	3	5	10	6	9	7	
		Profile	6	10	9	6	4	5	7	11	10	6	12	7
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	32	28	31	31	30	34	24	30	23	17	16	
		Profile	30	28	27	31	28	33	30	21	25	28	32	30
	E.Coli cases (Community Hospitals)	Actual	0	1	1	0	0	1	1	0	0	0	0	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety	Concerns responded to within 30 days	Actual	57%	63%	63%	55%	38%	76%	79%	50%	88%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.76%	5.71%	5.73%	5.74%	5.68%	5.68%	5.64%	5.62%	5.58%	5.48%		
		Profile	5.72%	5.66%	5.59%	5.53%	5.46%	5.40%	5.33%	5.26%	5.20%	5.13%	5.07%	5.00%
	Personal Appraisal Development Review	Actual	80%	80%	79%	78%	78%	76%	77%	78%	78%	78%	79%	
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	60%	62%	64%	67%	69%	72%	75%	80%	81%	83%	84%	
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

## 9.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Pulmonary Rehab Team invited to present to an International Nursing Meeting ‘Nursing, Practice &amp; Care’.</li> <li>• First meeting of a Patient Participation Group for Cymmer/Cwmavon Managed Practice</li> <li>• District Nursing Escalation Tool in pilot phase across all ABMU.</li> <li>• Successful Bid from Western Bay to increase size of Dementia Support Team in Swansea – Service Lead has been invited to showcase the service at a European Integrated Conference in line with successful Bevan Commission Exemplar work</li> <li>• Reduction in children referred for Dental treatment under general anaesthetic since the roll out of the Paediatric General Anaesthetic pathway in Jan 2019</li> <li>• National E-Referral programme rolled out for Dental providers – ABMU HB is an early adopter for the new electronic referral system across Wales</li> <li>• 5 further Dental practices selected to join the General Dental Services Reform Scheme</li> <li>• 11,500 flu vaccines delivered by Community Pharmacies in 18/19 – this is a 37% increase compared to the 17/18 flu season</li> <li>• Community Pharmacy Medicines Management in Care Homes service commissioned across ABMU, with 24 care homes engaged in the service to date; this is 42% higher than the national average</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm District Nursing Strategic Development work plan for 2019.</li> <li>• District Nursing and Primary Care Out of Hours services to identify best models of care and where necessary, service remodelling to accommodate multidisciplinary OOH working.</li> <li>• Improve provision of outreach services for vulnerable groups in Integrated Sexual Health</li> <li>• Progress Branch Surgery Closure process following formal request from Amman Tawe Partnership to close their branch site in Cwmllynfell</li> <li>• Implement the new Assessment Care in Custody and Teamwork process in HM Prison Swansea</li> <li>• Finalise development of new Dental pathway for Syrian refugees</li> <li>• Establish Integrated Community Dental/General Dental Domiciliary service steering group</li> <li>• Training for Primary Care Optometrists to undertake extended eye tests for Stroke patients (Cwmtawe)</li> <li>• Continue work with 111 and Hywel Dda to finalise the Community Pharmacy UTI service by 31/03/19 as requested by WG</li> <li>• Support transfer of Diabetic Retinopathy screening service in the Community relieving service pressures in Singleton Hospital</li> <li>• Progression of ABMU Transformation schemes (including Hospital 2 Home, Whole System Cluster Transformation and ‘Our Neighbourhood Approach’)</li> <li>• Swansea Wellness Centre SOC going to Health Board in March</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Identify key areas where Swansea and NPT can work prudently, for example an aligned District Nursing Single Point of Contact</li> <li>• Confirm dates for the pilot for SEPSIS/NEWS/Recognising the deteriorating patient and clinical handover using the SBAR tool</li> <li>• Development of sedation service in Dental Teaching Unit in Port Talbot Resource Centre</li> <li>• Common Ailments Plus service – allowing community pharmacists who are Independent Prescribers to prescribe treatment for patients reducing demand on GP consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of a tribunal to lift a national GP disqualification</li> <li>• Issues re the under-establishment in the Swansea District Nursing Single Point of Contact - ongoing complaints from GPs and patients.</li> <li>• Band 8a Senior Service &amp; Patient Pathway Improvement Manager Community Dental Service post deferred again at Corporate Vacancy panel. Significant risk to service delivery if unfilled.</li> </ul>

## 11. LIST OF ABBREVIATIONS

ABMU	Abertawe Bro Morgannwg University
ACS	Acute Coronary Syndrome
AOS	Acute Oncology Service
CAMHS	Child and Adolescent Mental Health
CBC	County Borough Council
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CT	Computerised Tomography
DEXA	Dual Energy X-Ray Absorptiometry
DNA	Did Not Attend
DU	Delivery Unit
ECHO	Emergency Care and Hospital Operations
ED	Emergency Department
ESD	Early Supported Discharge
ESR	Electronic Staff Record
eTOC	Electronic Transfer of Care
EU	European Union
FTE	Full Time Equivalent
FUNB	Follow Up Not Booked
GA	General Anaesthetic
GMC	General Medical Council
GMS	General Medical Services
HB	Health Board
HCA	Healthcare acquired
HCSW	Healthcare Support Worker
HYM	Hafan Y Mor
IBG	Investments and Benefits Group
ICOP	Integrated Care of Older People
IMTP	Integrated Medium term Plan
IPC	Infection Prevention and Control
IV	Intravenous
JCRF	Joint Clinical Research Facility

LA	Local Authority
M&S training	Mandatory and Statutory training
MIU	Minor Injuries Unit
MMR	Measles, Mumps and Rubella
MSK	Musculoskeletal
NDD	Neurodevelopmental disorder
NEWS	National Early Warning Score
NICE	National Institute of Clinical Excellence
NMB	Nursing Midwifery Board
NPTH	Neath Port Talbot Hospital
NUSC	Non Urgent Suspected Cancer
NWIS	NHS Wales Informatics Service
OD	Organisational Development
OH	Occupational Health
OPAS	Older Persons Assessment Service
OT	Occupational Therapy
PA	Physician Associate
PALS	Patient Advisory Liaison Service
P-CAMHS	Primary Child and Adolescent Mental Health
PCCS	Primary Care and Community Services
PDSA	Plan, Do, Study, Act
PEAS	Patient Experience and Advice Service
PHW	Public Health Wales
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
PTS	Patient Transport Service
Q&S	Quality and Safety
R&S	Recovery and Sustainability
RCA	Root Cause Analysis
RDC	Rapid Diagnostic Centre
RMO	Resident Medical Officer
RRAILS	Rapid Response to Acute Illness Learning Set

RRP	Recruitment Retention Premium
RTT	Referral to Treatment Time
SAFER	Senior review, All patients, Flow, Early discharge, Review
SARC	Sexual Abuse Referral Centre
SBAR	Situation, Background, Analysis, Recommendations
S-CAMHS	Specialist Child and Adolescent Mental Health
SDU	Service Delivery Unit
SI	Serious Incidents
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SMART	Specific, Measurable, Agreed upon, Realistic, Time-based
SOC	Strategic Outline Case
StSP	Spot The Sick Patient
SACT	Systematic Anti-Cancer Therapy
TAVI	Transcatheter aortic valve implantation
UDA	Unit of Dental Activity
UMR	Universal Mortality Review
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service Trust
WFI	Welsh Fertility Institute
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WLI	Waiting List Initiative
W&OD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System