Meeting Date	**26th September 2018**	**Agenda Item**	**3ii**
Report Title	**Integrated Performance Report**		
Report Author	Hannah Roan, Performance and Contracting Manager Darren Griffiths, Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy Executive Leads		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2018/19 NHS Wales Delivery Framework.		
Key Issues	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. The NHS Delivery Framework contains a number of qualitative measures that are reported via self-assessment templates. Internal Audit has recommended that the committee should have sight of the templates prior to submission, therefore a copy of the reporting template for Service User Experience is included in Section 6 of this report.		
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • note current Health Board performance against key measures and targets and the actions being taken to improve performance. • endorse submission of the Service User Experience			

	reporting template to Welsh Government

Governance and Assurance

Link to corporate objectives *(please ✓)*	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
	✓	✓	✓	✓	✓

Link to Health and Care Standards *(please ✓)*	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓

Quality, Safety and Patient Experience

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.

Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

There are no directly related Equality and Diversity implications as a result of this report.

Financial Implications

At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care.

Planned Care additional capacity is funded by £8.3m to support delivery of target levels. Failure to deliver these target levels will result in claw back of funds by Welsh Government. The decision on whether to apply clawback or not, it is understood, will be made at the end of quarter 3.

The achievement of releasable efficiency and productivity targets could deliver savings to support the financial position.

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The '5 Ways of Working' are demonstrated in the report as follows: Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2018/19 which provides focus on the expected delivery for every month as well as the year end position in March 2019. Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. Involvement – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.

Report History	The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in August 2018. Quality and Safety elements of the report are also presented to the Quality & Safety Committee.
Appendices	None

Summary of performance against national and local measures

CONTENTS PAGE

1. Overview

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

Successes	Priorities
• The percentage of patients waiting under 26 weeks from referral to treatment is the highest since June 2013. • Therapy waiting times continue to be maintained at (or below) 14 weeks. • Sustained nil position in August 2018 for Endoscopy patients waiting over 8 weeks. • Cancer waiting times continue to improve. Final figures for July 2018 confirm that internal profiles were met for both 31 and 62 day access measures and that ABMU was the best performing Health Board in Wales. Draft figures for August confirm that the improving trend is continuing. • Improvement in the number of staff completing Aseptic Non Touch Technique (ANTT) training. • No Never Events reported since 21st March 2018.	• System wide focus on targeted intervention areas • Development of the winter assurance planning arrangements protecting 36 week scheduled care. • Roll out and support the impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service. • Evaluate impact of #endpjparalysis campaign. • Focus on improving theatre efficiency and safety. • Targeted treat in turn and clinical discussions to prioritise longest waiting elective patients • Increased use of POWH Cath labs as part of Health Board's TAVI management plan • Implement Early Supported Discharge Team to improve patient pathways. • Implementation of restricted Antimicrobial Prescribing Policy.
Opportunities	**Risks & Threats**
• Learn from infection control outbreaks including developing action plans from root causes analysis • Implementation of the SAFER flow bundle will aid patient flow and unscheduled care. • Roll out of independent prescribers within community pharmacy to aid unscheduled care, GMS sustainability and sexual health services. • Testing and further developing ambulatory care and frailty models to support admission avoidance. • Development of long term sickness pathways to help guide managers in managing common absence conditions. • Development of new models of care with partners to remodel services in line with Parliamentary Review	• Additional work required by services to prepare for Boundaries change. • Recruitment of pharmacists to acute sector and primary care, and loss to cluster/ practice based roles. • Ongoing sustainability of Therapies waiting times due to planned sickness and maternity leave. • High number of medically fit patients remaining in hospital. • Sustainability of the South Wales Cleft Lip Palate service delivered from Morriston Hospital following the resignation of single handed consultant. • ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process; not utilising these technologies is a risk to achieving infection reduction. • Ongoing medical and nursing staffing gaps in acute services.

	• Workforce challenges at consultant and middle grade level in POWH

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

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%	79.9%	77.9%							
		Profile	*83%*	*83%*	*83%*	*88%*	*88%*	*88%*	*89%*	*90%*	*90%*	*90%*	*90%*	*90%*
	12 hour A&E waits	Actual	737	624	476	590	511							
		Profile	*323*	*194*	*190*	*229*	*227*	*180*	*255*	*315*	*288*	*283*	*196*	*179*
	1 hour ambulance handover	Actual	526	452	351	443	420							
		Profile	*256*	*126*	*152*	*159*	*229*	*149*	*223*	*262*	*304*	*262*	*183*	*139*
Stroke	Direct admission within 4 hours	Actual	34.9%	37.5%	40.0%	37.5%	29.3%							
		Profile	*45%*	*45%*	*45%*	*50%*	*50%*	*50%*	*50%*	*50%*	*50%*	*65%*	*65%*	*65%*
	CT scan within 1 hour	Actual	41.4%	43.3%	51.3%	40.3%	40.5%							
		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%							
		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%							
		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*							
		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*							
		Profile	*3,457*	*3,356*	*3,325*	*3,284*	*3,287*	*3,067*	*2,773*	*2,709*	*3,045*	*2,854*	*2,622*	*2,664*
	Diagnostic waits over 8 weeks	Actual	*702*	*786*	*915*	*740*	*811*							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Therapy waits over 14 weeks	Actual	*0*	*1*	*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%	98%							
		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%	93%							
		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							
		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							
		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							
		Profile	*45*	*39*	*40*	*45*	*42*	*45*	*44*	*37*	*41*	*45*	*39*	*42*

**RAG status derived from performance against trajectory*

3. Integrated Performance Dashboard

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1			95%													*Awaiting publication of 2018/19 data.*				
	% of children who received 2 doses of the MMR vaccine by age 5	Q1 17/18	91%	95%	92%	✗	89.3%			92%			91%			89%			91%		
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q3 17/18	54%	4 quarter ↑ trend			83.1%			61%			54%								
Influenza	% uptake of influenza among 65 year olds and over	2017/18	68%	75%	70%	✗	69%				33%	66%	66%	68%	68%	68%					
	% uptake of influenza among under 65s in risk groups	2017/18		55%	65%	✗	49%				18%	43%	43%	46%	47%	47%					
	% uptake of influenza among pregnant women	2017/18	93%	75%		✓	73%									93%					
	% uptake of influenza among children 2 to 3 years old	2017/18	49%		40%	✓					6.6%	44.9%	44.9%	48.4%	49.1%	49%					
	% uptake of influenza among healthcare workers	2017/18	58%	50%	60%	✗	58%				49%	54%	55%	57%	58%	58%					
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2016/17	4.8%	Annual ↑			23.7%		2016/17= 4.8%												
	% of adult smokers who make a quit attempt via smoking cessation services	Jun-18	0.6%	5% annual target	0.8%	✗			1.0%	1.2%	1.4%	1.6%	1.7%	2.1%	2.3%	2.6%	0.2%	0.5%	0.6%		
	% of those smokers who are co-validated as quit at 4 weeks	Q4 17/18	54.8%	40% annual target	40.0%	✓	42.6%			54%			53%			55%					
Learning Disabilities	% people with learning disabilities with an annual health check			75%													*Awaiting publication of 2018/19 data.*				
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2017/18	48.0%	Annual ↓			42.2%		2017/18= 48%												

SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Prescribing	Total antibacterial items per 1,000 STAR-Pus (specific therapeutic group age related prescribing unit)	Q4 17/18	364	4 quarter ↓			340			299			346			364					
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q4 17/18	9%	4 quarter ↓			7.6%			10%			9%			9%					
	NSAID average daily quantity per 1,000 STAR-Pus	Q4 17/18	1,496	4 quarter ↓			1,405			1,559			1,541			1,496					
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Jul-18	0	12 month ↓	0	✓	4				0	0	0	0	0	0	0	0	0	0	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	Aug-18	99.6	<67			84.29										96.6	96.1	96.2	98.9	99.6
	Number of E.Coli bacteraemias cases	Aug-18	46		42	✗	240		51	53	52	39	43	47	18	40	42	43	41	51	46
	Cumulative cases of S.aureus bacteraemias per 100k pop	Aug-18	41.0	<20			29.58										32.2	39.6	40.9	37.3	41.0
	Number of S.aureus bacteraemias cases	Aug-18	20		11	✗	75		12	14	14	17	25	14	21	15	14	21	19	17	20
	Cumulative cases of C.difficile cases per 100k pop	Aug-18	46.4	<26			31.27										59.8	49.7	44.7	50.3	46.4
	Number of C.difficile cases	Aug-18	15		22	✓	78		26	24	24	28	14	22	18	27	26	18	15	29	15
	Hand Hygiene Audits- compliance with WHO 5 moments	Aug-18	97%		95%	✓			97%	94%	96%	94%	96%	95%	95%	94%	95%	96%	94%	95%	97%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q1 18/19	2	0			2		0		2			0					2		
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Jul-18	81%	90%	80%	✓	27.8%		88%	86%	83%	86%	89%	85%	92%	92%	79%	85%	85%	81%	
	Number of new Never Events	Aug-18	0	0	0	✓	2		1	1	0	1	1	1	2	4	0	0	0	0	0
	Number of risks with a score greater than 20	Aug-18	67		12 month ↓	✗			35	61	64	59	60	78	57	57	58	57	60	67	77
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Aug-18	14		12 month ↓	✓			26	23	11	6	11	12	8	10	8	12	10	22	14
	Number of Safeguarding Children Incidents	Aug-18	16		0	✗			8	10	10	5	2	8	5	12	6	11	5	12	16
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Aug-18	43		12 month ↓	✗			33	34	47	43	49	51	37	46	48	47	39	56	43
	Total number of pressure ulcers acquired in hospital per 100k admissions	Aug-18	405		12 month ↓	✗			387	382	522	524	564	595	472	546	611	524	477	654	405
	Number of grade 3, 4, suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital	Aug-18	12		12 month ↓	✓			15	12	18	19	19	22	13	26	17	9	14	21	12
	Number of grade 3, 4, suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital per 100k admissions	Aug-18	143		12 month ↓	✓			176	127	204	205	228	252	161	302	212	100	171	245	143
	Total Number of pressure ulcers developed in the community	Aug-18	88		12 month ↓	✗			72	47	27	62	69	52	57	69	67	80	81	68	88
	Number of grade 3, 4 suspected deep tissue injury and un-stageable pressure ulcers developed in the community	Aug-18	29		12 month ↓	✗			17	9	12	16	19	9	23	20	24	24	27	20	29
	Number of grade 3, 4 and unstageable healthcare acquired pressure ulcers reported as serious incidents	Jul-18	5	12 month ↓	10	✓	108		18	8	10	5	6	18	6	13	12	13	21	5	
Inpatient Falls	Number of Inpatient Falls	Aug-18	290		12 month ↓	✓			379	331	326	347	318	344	309	357	333	357	326	300	290
	Number of Inpatient Falls reported as serious incidents	Jul-18	5	12 month ↓	2	✗	42		2	2	4	2	3	8	5	2	2	4	3	5	
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) 1k pop.	2016/17	3.25	Annual ↓			3.99		2016/17= 3.25												
Mortality	Amenable mortality per 100k of the European standardised pop.	2016	142.9	Annual ↓			140.6		2016= 142.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q2 17/18	2	4 quarter ↓			17		2												

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that acre successful																						
Sub Domain	**Measure**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average**	**Performance Trend**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
DTOCs	Number of mental health HB DToCs	Aug-18	30		30	✔			29	35	30	30	31	29	21	25	28	22	30	27	30
	Number of mental health HB DToCS (12 month rolling)	Aug-18	338	10% ↓			4,243		279	295	305	319	331	340	334	333	335	331	334	337	338
	Number of non-mental health HB DToCs	Aug-18	85		47	✖			53	69	59	68	55	41	53	44	34	64	75	74	85
	Number of non-mental health HB DToCs (12 month rolling)	Aug-18	721	5% ↓			970		613	623	621	628	623	615	625	624	613	625	657	689	721
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Aug-18	89.8%	95%	95%	✖	70.2%		89.6%	89.7%	90.8%	94.9%	92.9%	90.8%	90.6%	91.1%	95.4%	95.2%	92.9%	94.6%	89.8%
	Crude hospital mortality rate (74 years of age or less)	Jul-18	0.80%	12 month ↓			0.72%		0.82%	0.83%	0.81%	0.81%	0.80%	0.80%	0.80%	0.81%	0.81%	0.81%	0.81%	0.80%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Aug-18	99.4%		100%	✖			98.9%	99.1%	99.7%	94.4%	98.6%	97.5%	98.0%	96.9%	96.4%	98.3%	97.9%	99.1%	99.4%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Aug-18	74%	85%					54%	55%	57%	59%	59%	60%	60%	61%	62%	64%	66%	71%	74%
Coding	% of episodes clinically coded within 1 month of discharge	Jul-18	95%	95%	95%	✔	84.6%		96%	96%	95%	89%	95%	93%	91%	93%	94%	93%	94%	95%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	93%	Annual ↑			91.7%		2017/18= 93%												
E-TOC	% of completed discharge summaries	Aug-18	62%		100%	✖			60.0%	64.0%	66.0%	66.0%	67.0%	62.0%	64.0%	65.0%	68.0%	64.0%	60.0%	59.0%	62.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q4 17/18	100.0%	100%	100%	✔	97%			98%			100%			100%					
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q1 18/19	63	10% annual ↑	26	✔				72			85			96			63		
	Number of Health and Care Research Wales commercially sponsored studies	Q1 18/19	17	5% annual ↑	12	✔				28			38			41			17		
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q1 18/19	721	10% annual ↑	607	✔				884			1492			2,206			721		
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q1 18/19	41	5% annual ↑	105	✖				120			223			294			41		

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**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
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	Aug-18	126		12 month ↓ trend	✔			117	125	129	111	97	122	91	115	119	119	90	126	126
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Jun-18	80%	75%	78%	✔			80%	76%	78%	73%	80%	80%	61%	71%	80%	83%	80%	81%	
	% of acknowledgements sent within 2 working days	Aug-18	100%		100%	✔			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	May-18	4,187	> 5% annual ↓			19,144											4,187			
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q4 17/18	8.0%	4 quarter ↓			7.3%			7.9%			8.2%			8.0%					
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2016/17	58.8%	Annual ↑			53.3%		2016/17= 58.8%. Awaiting publication of 2017/18 data.												
	% GP practices that completed MH DES in dementia care or other direct training	2016/17	16.7%	Annual ↑			21.6%		2016/17= 16.7%. Awaiting publication of 2017/18 data.												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																							
Sub Domain	**Measure**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average**	**Performance Trend**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Aug-18	90%	Annual ↑	95%	✗	87%		89%	89%	89%	88%	88%	88%	93%	93%	94%	94%	94%	94%	90%
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Aug-18	78%	Annual ↑	95%	✗	84%		84%	84%	84%	84%	84%	84%	82%	81%	82%	82%	82%	84%	78%
	% of population regularly accessing NHS primary dental care	Mar-18	62.6%	4 quarter ↑			55%			62%			62.3%			62.6%					
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	Jun-18	86.0%	12 month ↑					87%	87%	85%	85%	82%	80%	77%	78%	83%	85%	86%		
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Jun-18	66.7%	12 month ↑					91%	100%	56%	100%	75%	83%	33%	67%	50%	60%	67%		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-18	79%	65%	65%	✓	75.5%		79%	82%	73%	73%	69%	66%	69%	67%	78%	77%	78%	77%	79%
	Number of ambulance handovers over one hour	Aug-18	420	0	171	✗	1,790		295	289	617	727	903	1,030	805	1,006	526	452	351	443	420
	% 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	Aug-18	78%	95%	88%	✗	81%		82%	84%	79%	76%	73%	76%	74%	71%	76%	79%	81%	80%	78%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Aug-18	511	0	227	✗	3,772		294	347	706	875	871	924	957	1,051	737	624	476	590	511
	% of survival within 30 days of emergency admission for a hip fracture	May-18	85.0%	12 month ↑			81.1%		85.2%	84.6%	80.2%	80.8%	74.3%	84.5%	85.9%	84.9%	72.4%	85.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Aug-18	29%	58.7%	50%	✗	46.3%		47%	44%	44%	33%	24%	29%	22%	32%	35%	38%	40%	38%	29%
	CT Scan (<1 hrs)	Aug-18	41%	52.80%	45%	✗	50.7%		35%	80%	36%	38%	36%	35%	44%	36%	41%	43%	51%	40%	41%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Aug-18	91%	84.5%	80%	✓	83.4%		83%	83%	89%	80%	72%	81%	73%	73%	84%	93%	88%	81%	91%
	Thrombolysis door to needle <= 45 mins	Aug-18	0%	12 month ↑	30%	✗	10.5%		25%	0%	17%	22%	10%	0%	8%	6%	0%	11%	38%	21%	0%
Planned Care	% of patients waiting < 26 weeks for treatment	Aug-18	89.1%	95%	89.4%	✓	87.4%		86.5%	86.1%	86.9%	86.2%	85.3%	86.2%	87.5%	87.8%	87.8%	88.1%	88.7%	89.3%	89.1%
	Number of patients waiting > 26 weeks for outpatient appointment	Aug-18	105	-	50	✓	17,010		1,599	1,567	1,438	1,524	1,679	1,111	732	292	166	120	55	30	105
	Number of patients waiting > 36 weeks for treatment	Aug-18	3,497	0	2,153	✗	15,344		4,642	4,284	4,463	4,561	4,714	4,609	4,111	3,363	3,398	3,349	3,319	3,383	3,497
	Number of patients waiting > 8 weeks for a specified diagnostics	Aug-18	811	0	12	✗	3,993		601	455	349	361	460	444	226	29	702	786	915	740	811
	Number of patients waiting > 14 weeks for a specified therapy	Aug-18	0	0	1,122	✓	347		258	117	111	111	95	32	3	0	0	1	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)	Aug-18	65,407		54,790	✗			61,120	62,346	59,828	59,584	62,797	62,492	64,316	66,271	66,526	65,287	63,776	64,318	65,407
	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)	Aug-18	21,094	12 month ↓			180,249		21,694	22,161	21,075	20,648	22,364	22,414	23,198	24,475	24,628	24,288	24,469	21,673	21,094
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)	Aug-18	98%	98%	98%	✓	97.4%		96%	98%	95%	99%	94%	91%	94%	93%	92%	90%	95%	99%	98%
	% 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	Aug-18	93%	95%	91%	✓	85.9%		80%	79%	85%	89%	82%	79%	83%	88%	77%	89%	83%	92%	93%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Jul-18	84%	80%	80%	✓	84.0%		67%	66%	65%	65%	65%	67%	74%	70%	84%	86%	82%	84%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Jul-18	79%	80%	80%	✗	82.4%		94%	95%	97%	79%	70%	75%	89%	86%	79%	81%	80%	79%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Jun-18	100%	100%	100%	✓	99.90%			100%			100%			100%			100%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Aug-18	100%		100%	✓			95%	98%	94%	98%	91%	98%	100%	96%	100%	100%	100%	100%	100%
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Aug-18	87%		80%	✓			0%	0%	59%	44%	93%	91%	95%	98%	94%	95%	91%	91%	87%
	P-CAHMS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Aug-18	22%		80%	✗			2%	3%	2%	1%	4%	6%	6%	8%	43%	43%	33%	22%	22%
	P-CAHMS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Aug-18	92%		80%	✓			100%	100%	100%	59%	71%	71%	88%	82%	44%	77%	78%	63%	92%
	S-CAHMS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Aug-18	75%		90%	✗			72%	73%	73%	73%	73%	73%	79%	73%	75%	71%	76%	75%	75%
	S-CAHMS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Aug-18	25%		80%	✗			25%	29%	43%	34%	32%	29%	41%	54%	63%	73%	70%	49%	25%

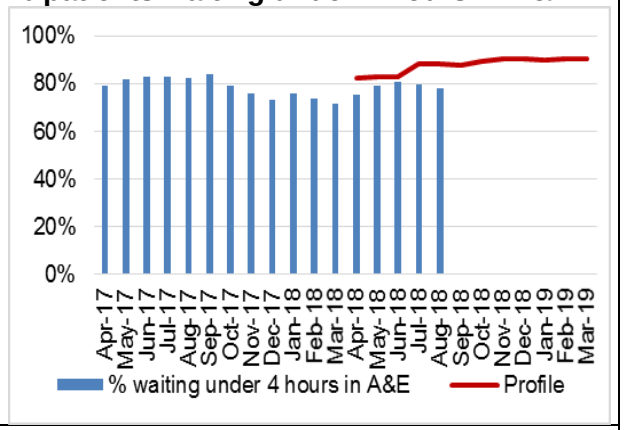
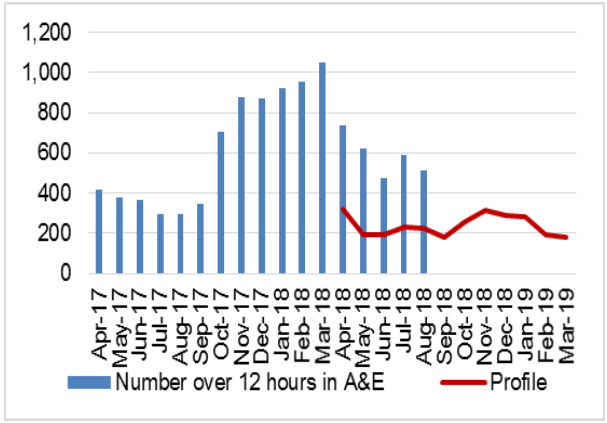
INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																							
Sub Domain	**Measure**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average**	**Performance Trend**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q1 18/19	101.2	4 quarter ↑			173			116.0			122.1			107.5			101.2		
	Rate of calls to the Wales dementia helpline per 100k pop.	Q1 18/19	5.4	4 quarter ↑			8.6			5.1			5.1			4.4			5.4		
	Rate of calls to the DAN helpline per 100k pop.	Q1 18/19	33.7	4 quarter ↑			33.9			33.6			25.9			36.3			33.7		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Jul-18	88%	90%	90%	✗	88.7%		87.6%	89.2%	89.7%	90.1%	89.4%	88.8%	89.0%	88.8%	90.0%	89.6%	88.0%	88.0%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Jul-18	100%	100%	100%	✓	95.5%		100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Aug-18	5,609		12 month ↑	✗			6,157	6,250	6,375	6,136	4,318	5,230	5,685	5,126	4,638	3,086	6,246	5,563	5,609
	% of who would recommend and highly recommend	Aug-18	95%		90%	✓			94%	96%	95%	96%	95%	95%	95%	95%	95%	95%	96%	96%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Aug-18	87%		90%	✗			85%	88%	83%	84%	84%	83%	87%	84%	87%	89%	84%	85%	87%

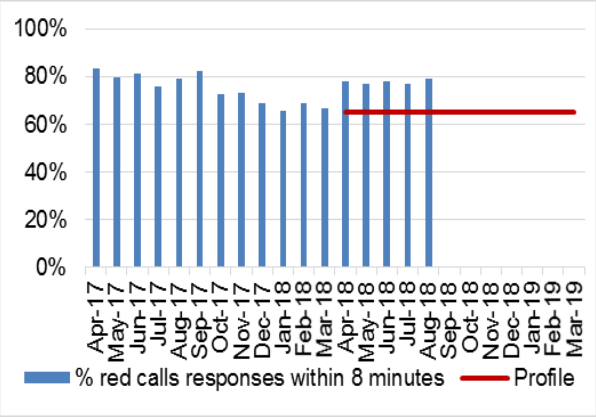
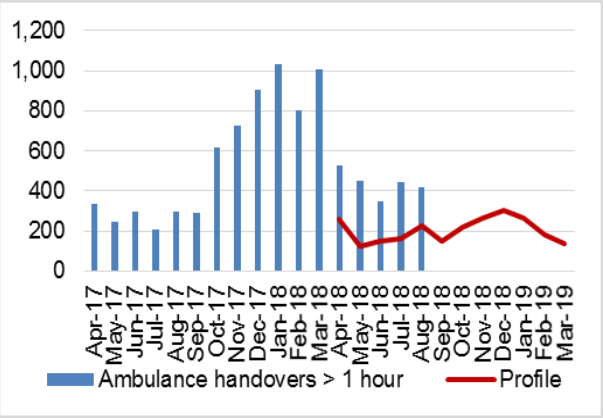
OUR STAFF & RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them																							
Sub Domain	**Measure**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average**	**Performance Trend**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**
DNAs	% of patients who did not attend a new outpatient appointment	Aug-18	5.2%	12 month ↓	5.8%	✓	6.9%		7.0%	6.7%	6.4%	5.8%	6.6%	5.9%	5.9%	5.6%	6.2%	5.7%	5.5%	5.9%	5.2%
	% of patients who did not attend a follow-up outpatient appointment	Aug-18	6.4%	12 month ↓	7.7%	✓	8.1%		8.8%	8.6%	8.1%	7.7%	8.5%	8.0%	7.7%	7.1%	6.7%	6.8%	6.2%	6.6%	6.4%
Theatre Efficiencies	Theatre Utilisation rates	Aug-18	62%		Increase	✓			68%	76%	75%	72%	72%	73%	73%	70%	72%	76%	74%	69%	62%
	% of theatre sessions starting late	Aug-18	42%		Reduce	✗			41%	43%	41%	42%	40%	43%	43%	46%	41%	41%	41%	38%	42%
	% of theatre sessions finishing early	Aug-18	36%		Reduce	✗			36%	36%	36%	35%	37%	34%	36%	43%	39%	37%	39%	40%	36%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q4 17/18	12.2%	Quarter on quarter ↑			10.6%			10.4%			12.3%			12.2%					
Elective Procedures	Elective caesarean rate	2016/17	14%	Annual ↓			12.8%		2016/17= 14%. Awaiting publication of 2017/18 data.												
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Aug-18	65%	85%	70%	✗	60.8%		61%	61%	63%	64%	64%	64%	63%	64%	64%	63%	63%	65%	65%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2016	55%	Improvement			53%		2016= 55%. Awaiting publication of 2017 data.												
	Overall staff engagement score – scale score method	2016	3.68	Improvement			3.65		2016= 3.68. Awaiting publication of 2017 data.												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Aug-18	63%	85%	48%	✓	70.5%		45%	46%	47%	48%	49%	49%	50%	51%	53%	55%	57%	59%	63%
	% workforce sickness and absent (12 month rolling)	Jul-18	5.87%	12 month ↓			5.26%		5.55%	5.56%	5.57%	5.59%	5.60%	5.65%	5.71%	5.76%	5.77%	5.81%	5.84%	5.87%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2016	70%	Improvement			68%		2016= 70%. Awaiting publication of 2017 data.												

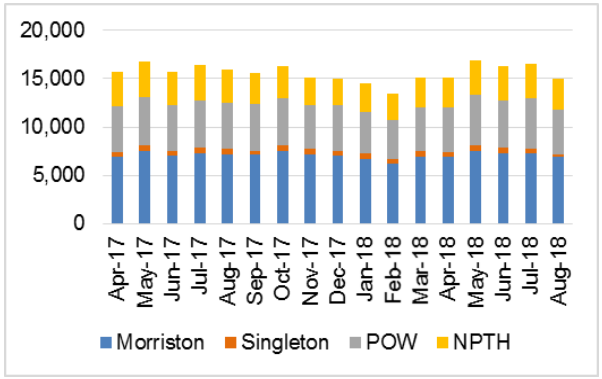
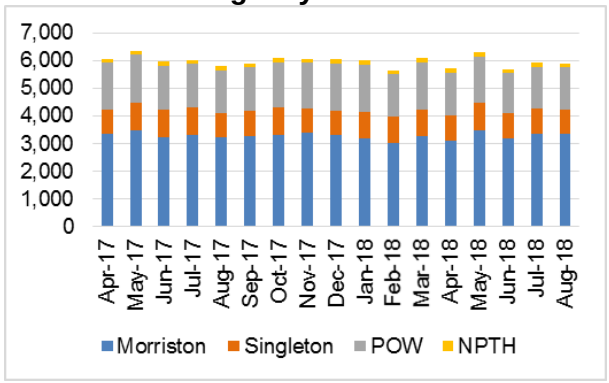
4. Exception Reporting

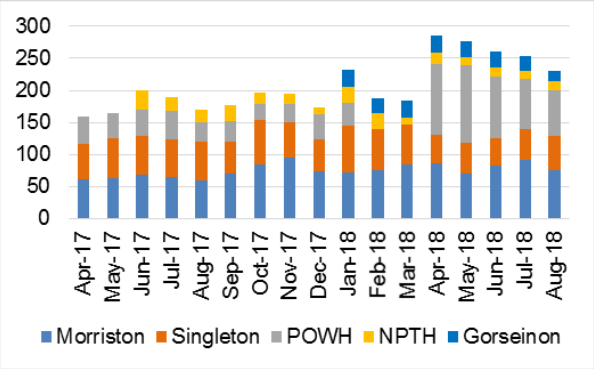
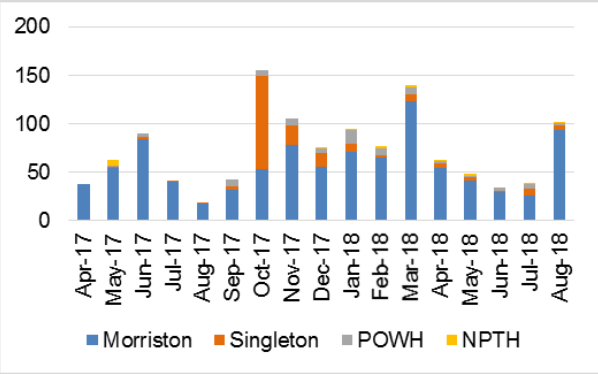
This section of the report provides further detail on key measures that are below internal profiles or required levels.

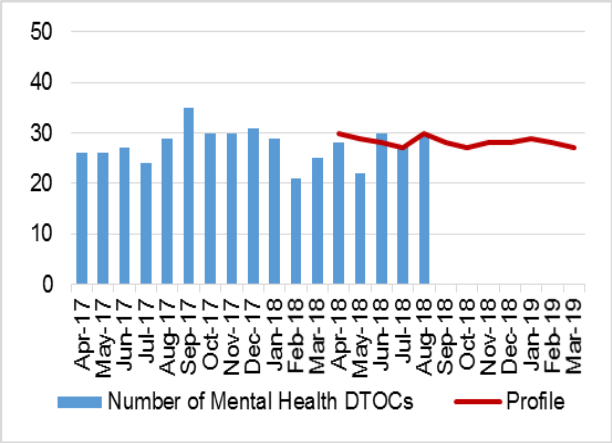
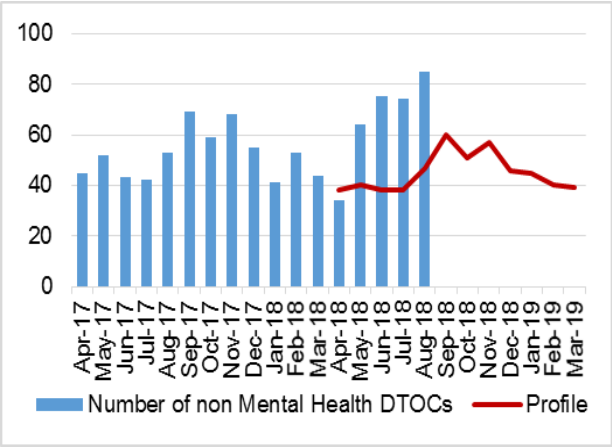
4.1 Unscheduled Care (WG measures 67- 70)

Description	Current Performance	Trend	Actions planned for next period
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	In August 2018 performance against the 4 hour metric deteriorated from the position reported in July 2018 from 79.87% to 77.937% and was below the internal profile of 88.1%. Singleton and Neath Port Talbot Hospitals continue to exceed the national target of 95% but Morriston and Princess of Wales Hospitals are below profile, achieving 67.87% and 76.89% respectively.	**% patients waiting under 4 hours in A&E** 	• Focus on implementation of the SAFER flow bundle to support patient flow, reducing unnecessary stays in hospital and increasing avoidable admissions. • Implementation of Quarter 2 USC improvement plans with a particular focus on developing our frailty services and ambulatory emergency care models. • Development of the winter assurance planning arrangements. • Extend weekday consultant medical cover at POWH from 8.00pm – 9.30pm wef 3/9/18, following consultant recruitment. • Fully implement changes to the management of speciality expected patients at Morriston hospital to bypass the emergency department. • Patient Flow consultation process throughout August/early September to be implemented late September in relation to redefining the model for the management of Patient Flow on the POWH through the creation of Band 7 clinical site management 24/7. • Training staff on implementation of safety huddle model at Morriston hospital for implementation late Autumn.
A&E waiting times The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Performance against the 12 hour A&E measure has improved when compared with July 2018. In August 2018, the Health Board had 511 12 hour breaches of which 373 were attributed to Morriston Hospital, 136 to Princess of Wales Hospital and 2 to Singleton Hospital.	**Number of patients waiting over 12 hours in A&E** 	

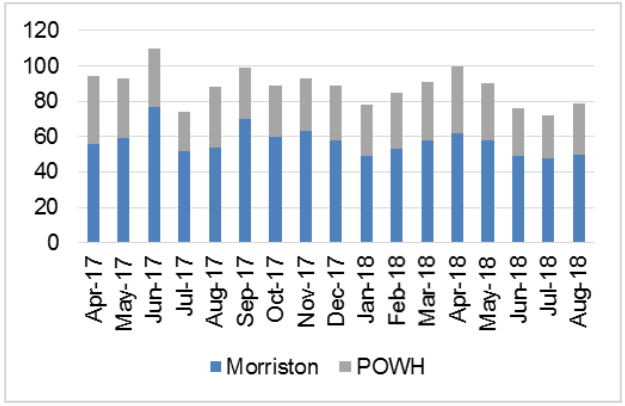
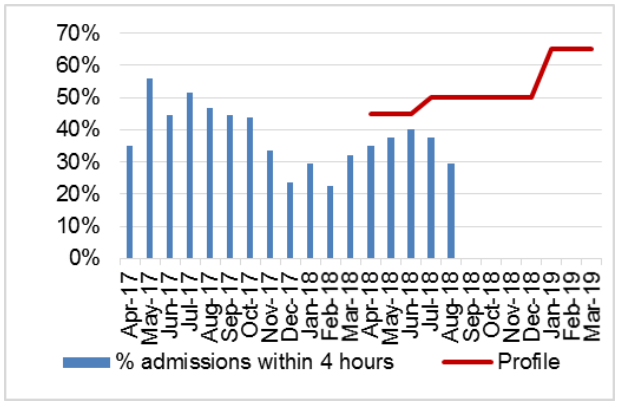
Description	Current Performance	Trend	Actions planned for next period
Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Ambulance response times are consistently above the national target and local profile of 65%, reporting 79.2% at the end of August 2018. The number and proportion of red call conveyances continues to increase, with Welsh Ambulance Services Trust (WAST) data suggesting that ABMU HB has the highest proportion of red calls in Wales for the population served.	**Percentage of red call responses within 8 minutes** 	• Ongoing work with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Green (HCP) call conveyances to hospital have reduced by 16% in August 2018 when compared with August 2017 and amber conveyances have reduced by 12%. • Await publication of National review of amber call demand in October to inform further opportunities for improving ambulance response times and resource utilisation.
Ambulance handovers The number of ambulance handovers over one hour	The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the pressures being felt across the unscheduled care system. In August 2018, Morriston Hospital saw an increase of 49 compared with August 2017 (221 to 270). Princess of Wales Hospital (POWH) saw an increase of 37 (53 to 90) and Singleton Hospital saw an increase of 39 (21 to 60). The number of > 1 hour ambulance patient handover delays reduced by 23 from 443 in July 2018 to 420 in August 2018.	**Number of ambulance handovers over one hour** 	• Implement the recommendations of the WAST internal audit report on hospital handover that are applicable to ABMU Health Board. • Implement USC improvement plans to deliver system capacity to support timely patient handover. • A national workshop to support improvements in the management of health care professional call demand has been arranged on 4th October which a number of Health Board representatives will be attending.

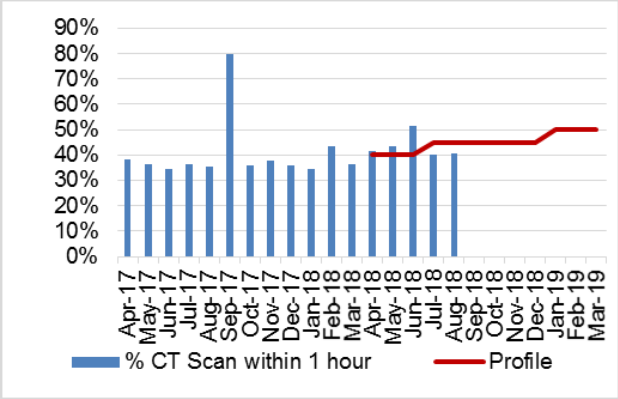
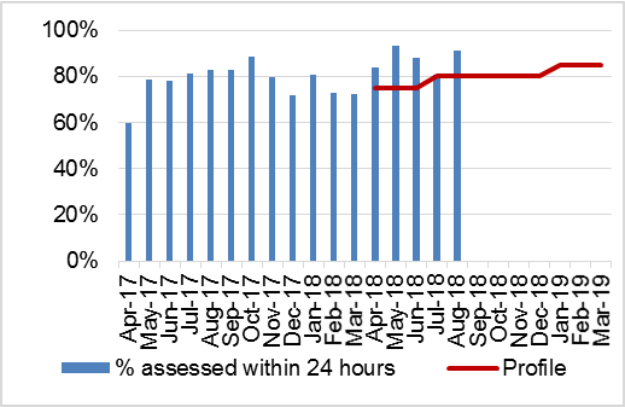
Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	In August 2018, there were at total of 14,994 A&E attendances across the Health Board which is 1,006 less than August 2017: • Morriston Hospital: 4% reduction in the number of attendances (7,154 to 6,893) • Singleton Hospital Minor Injury Unit (MIU): 58% reduction in attendances (593 to 250) • Princess of Wales Hospital: 2% reduction in attendances (4,782 to 4,683) • Neath Port Talbot Hospital MIU: a 9% reduction in attendances (3,471 to 3,168).	**Number of A&E attendances** 	• 111 awareness campaign continues and 111 Directory of ABMU services will be reviewed in Q2. • Implementation of the sustainability plan for out of hours service including completing recruitment of Nurse Clinical Lead for the multidisciplinary non-medical workforce. • 95% of ABMU community pharmacies now in a position to offer the Common Ailment Service (CAS) reducing the need for unnecessary GP appointments • A number of GMS practices have increased their daytime opening hours to reach WG targets. Discussions are ongoing with practices who do not meet the agreed standards and access is included in cluster plans and in the HB clinical governance visiting programme.
Emergency Admissions The number of emergency admissions across the Health Board by site	In August 2018, there were a total of 5,900 emergency admissions across the Health Board which is 95 more than August 2017, but 47 less than July 2018. The reduction masks increases in trauma and regional surgery admissions of 7.6% and 17 % respectively, which can be attributable to the unusually hot weather experienced in July 2018.	**Number of emergency admissions** 	• Medical on-call model changing at POWH – 2 week test of change in September with Cardiology Consultants providing the “shop floor” DCC from 5pm – 9pm each weekday which releases the “on-call” GIM consultant to be on-call. • Recruit to Swansea respiratory team to support patients at home, to avoid admission to hospital and to provide a consistent model across the HB. • Heart Failure at POWH- team set up and now fully established. Anticipate reduced admissions though direct referral to HF team and reduced LOS.

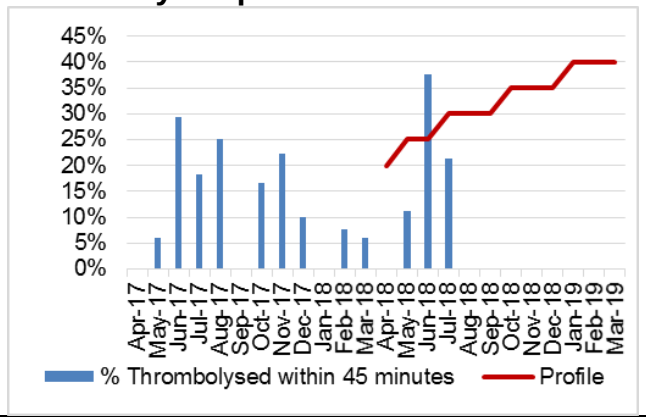
Description	Current Performance	Trend	Actions planned for next period
Medically Fit The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit	In July 2018, there were on average 230 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 35% increase when compared with August 2017. However it must be noted that data collection has significantly improved recently which could also attribute to the increase in numbers.	**The number of discharge/ medically fit patients by site**  *****_Standardised collection of data from Gorseinon Hospital only commenced in January 2018 and no data available for POWH in February & March 2018._	• Evaluation of #endpjparalysis campaign will be considered by the USC board in September 2018. • Exploring options for models of care to provide more timely discharge and value based care for frail older people • Promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit. • Following a review of the Western Bay optimal model in July and a presentation to the USC board in August, the Western Bay unscheduled care plan is being revised. • Undertake bed utilisation review in Swansea and NPT hospitals in early October 2018 to inform service modelling/ redesign.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	In August 2018, there were 84 more elective procedures cancelled due to lack of beds on the day of surgery when compared with August 2017 (18 to 102). Morriston was the main cause of the significant increase with 93 procedures cancelled in August compared with 17 in August 2017.	**Total number of elective procedures cancelled due to lack of beds** 	• Implement 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. • The increased cancellations at Morriston were attributable to essential plan to bioquell wards in August as a result of increased incidence of C Difficile

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in August 2018 was in line with the internal profile of 30.	**Number of Mental Health DToCs** 	• Discussions are taking place with Local Authority partners at all levels to discuss collaborative opportunities to improve the discharge pathway and patient experience, and to consider how this may be supported through the Transformation Funds in 2018/19 or via invest to save proposals.
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In August 2018, the number of non-mental health and Learning disability delayed transfers of care was 85 which is higher than the internal profile of 47. Swansea Locality traditionally has the largest proportion of delays but in August NPT had the largest proportion (47%) followed by Swansea with 23% and Bridgend with 30%. The growth in NPT is attributed to an increase in patients waiting LA placement of care or completion of assessment; and patients waiting for CRT input (but there is currently no capacity in the service).	**Number of Non Mental Health DToCs** 	• Discussions taking place with LA partners at all levels to discuss collaborative opportunities to improve the discharge pathway and patient experience, and to consider how this may be supported through the Transformation Funds in 2018/19 or via invest to save proposals. • Promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit • Undertake bed utilisation review in Swansea and NPT hospitals in early October 2018. • Receive feedback from Delivery Unit on the complex discharge audit undertaken in August – to inform and strengthen discharge improvement process.

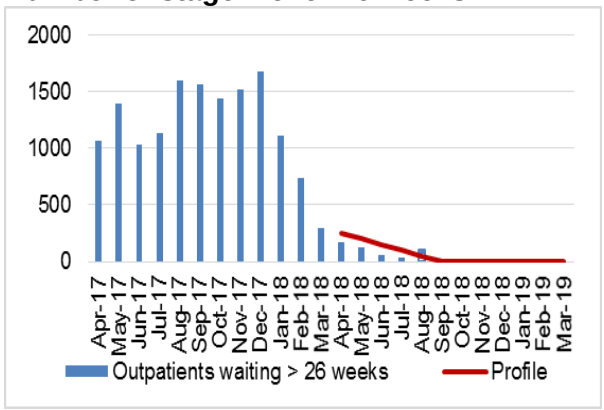
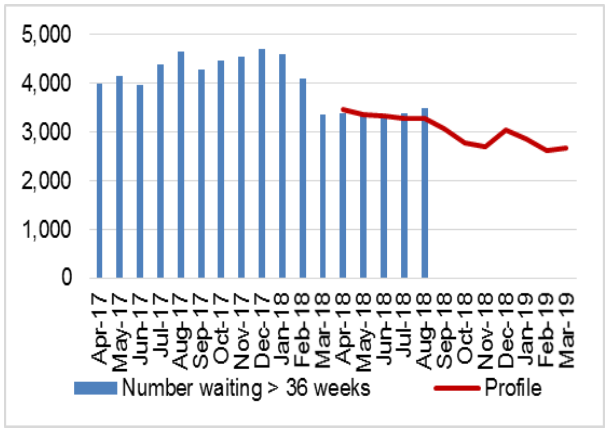
4.2 Acute Stroke Care (WG Measures 63- 66)

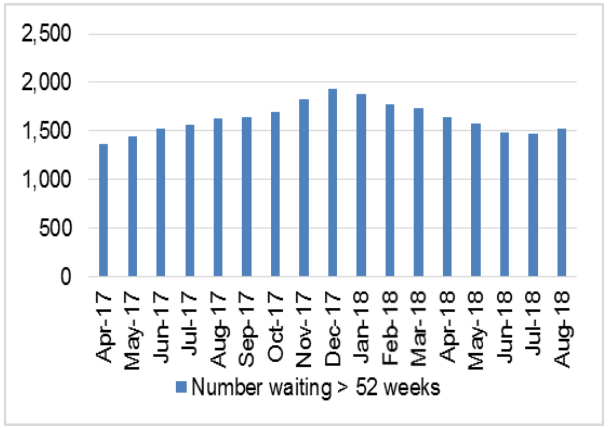
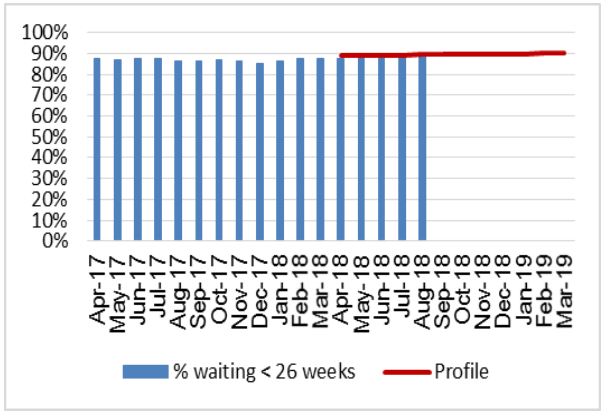
Description	Current Performance	Trend	Actions planned for next period
Stroke Admissions The total number of stroke admissions into the Health Board	In August 2018, there were 79 confirmed stroke admissions across the Health Board; 50 in Morriston and 29 in Princess of Wales. This is 10% less when compared with August 2017 (88 to 79).	**Total number of stroke admissions** 	• Roll out and support the impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service. • Business case to be considered following on from the success of Stroke Retrieval Pilot undertaken in Morriston during June. • An additional 6 Senior Clinical Fellows have been appointed to ensure two registrars are available from 10pm to 9:30am Midweek and on Weekends two registrars providing cover from 9am - 2:00am the next morning. One registrar focuses on the ward cover and the other provides a presence in A&E for all conditions but including Stroke.
Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	In August 2018 only 22 out of 75 patients had a direct admission to an acute stroke Unit within 4 hours (29%). The 4 hour target appears to be a challenge across Wales. The all-Wales data for August 2018 confirms that performance ranged from 29% to 63%. ABMU was the lowest performing Health Board in August 2018.	**Percentage of patients admitted to stroke unit within 4 hours** 	• Monitor Morriston medical On-Call rota with the additional senior Medical staff to support greater cover into wards and medical cover to support A&E. • Complete additional training to improve swallow screening compliance within the Emergency department staff. • POWH – will build on two recent workshops to develop 5 key Task and Finish groups to focus on improving stroke performance. • Consultant Job Plans have been agreed to ensure sufficient ward cover.

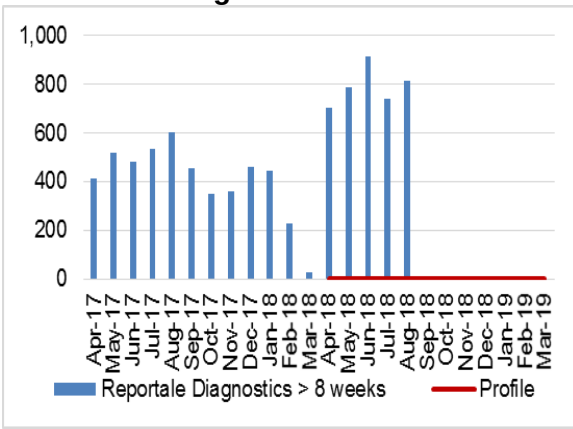
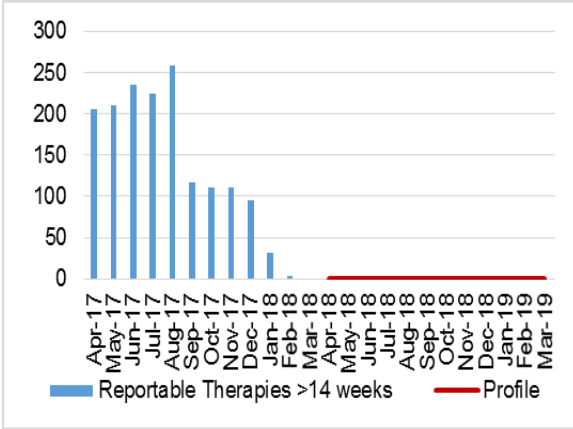
Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In August 2018, ABMU achieved 41% which was is below the internal profile of 45%.	**Percentage of patients receiving CT scan within 1 hour** 	• IBG to consider a case for the development of an Early Supportive Discharge service at Morriston / Singleton hospitals in September meeting. • Final DU report for POWH has been received – Unit now planning and implementing recommendations. • Roll out amended Stroke documentation in POWH. • The stroke team at POWH working closely with the patient flow team, particularly the newly appointed Clinical Site Managers to ensure a focus on stroke flow and a prioritisation for creating assessment capacity. • At Singleton the team will examine all processes including senior review / early discharge / effective Board rounds on ward 7. • assessments and criteria between Ward F and ward 7. • Singleton will also review their Rehabilitation pathway / hand over assessments and criteria between Ward F and ward 7.
Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In August 2018, ABMU achieved 91% which was above the internal profile of 80%.	**Percentage of patients assessed by stroke consultant within 24 hours** 	

Description	Current Performance	Trend	Actions planned for next period
Thrombolysed Patients with Door-to-Needle <= 45 mins	In August 2018, 100% of eligible patients were thrombolysed but none of the 15 patients were thrombolysed within the 45 minutes (door to needle) standard.	**Thrombolysed patients within 45 minutes** 	• As above

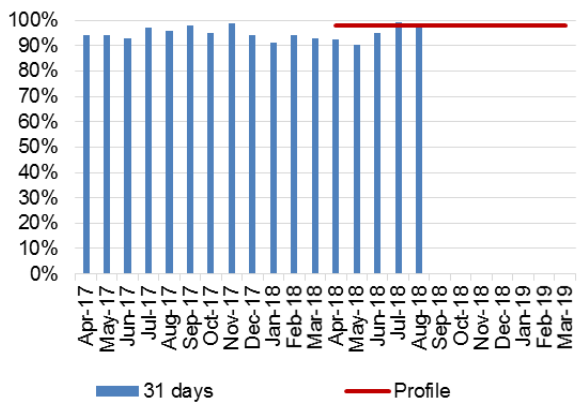
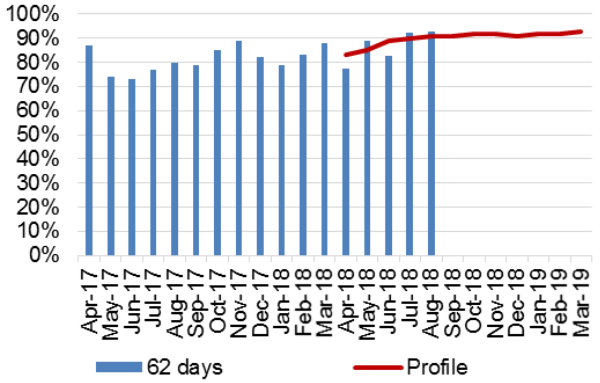
4.3 Planned Care (WG Measures 58- 61)

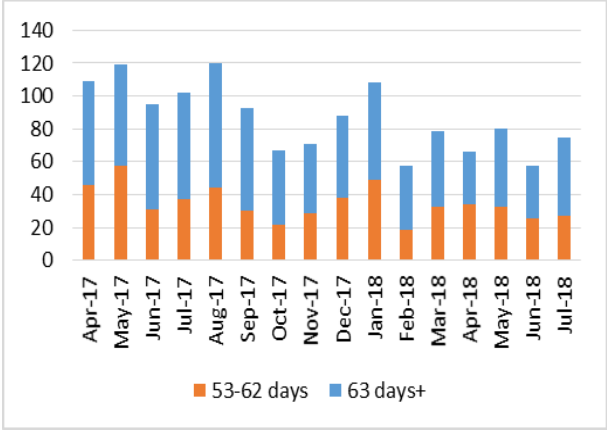
Description	Current Performance	Trend	Actions planned for next period
Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)	The number of patients waiting over 26 weeks for a first outpatient appointment continues to be significantly lower than in previous years. In August 2018 there were 105 patients waiting over 26 weeks which is 75 more than July 2018 but 1,494 less than August 2017. In August 2018 the breaches were as follows: Ophthalmology (64); Gynaecology (10); OMFS (8); Cardiology (7); General Surgery (7); Spinal (4); Urology (3); and Orthopaedics (2)	**Number of stage 1 over 26 weeks** 	• Core capacity being maximised and additional clinics continue to be secured. There has been an anticipated rise through the summer months due to consultant availability at Morriston being limited. This will resolve itself in September. • Unforeseen sickness absence of two Ophthalmology consultants at Singleton will result in circa 50+ increase rise in September for this specialty, actions to mitigate are being scoped. • Ongoing sickness absence in Gynaecology at Princess of Wales affecting 50% of the clinical team. Ongoing recruitment of locums.
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In August 2018 there were 1,145 less patients waiting over 36 weeks compared with August 2017. 96% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 66% of the breaches, followed by General Surgery with 17%.	**Number of patients waiting longer than 36 weeks** 	• Orthopaedics – increasing outsourcing, concluding the feasibility of a staffed mobile theatre unit at Morriston and reinstating weekend lists at NPTH if theatre staffing can be secured. • Upscale recruitment of Spinal consultant workforce through appointment of a locum and return of consultant from sick leave absence. • Additional lists secured for ENT. • Actions in place for Gynaecology at Singleton including pooling of lists, focussed attention to Treat in Turn and maximising booking and backfill. • Plan being finalised for replacement of CLP consultant end of October.

Description	Current Performance	Trend	Actions planned for next period
Total waiting times The number of patients waiting more than 52 weeks for treatment	The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. The position has deteriorated slightly in August 2018 with an increase of 42 from July 2018 but is 211 ahead of the March 2018 position.	**Number of patients waiting longer than 52 weeks** 	• The actions relating to > 52 week patients are the same as 36 week patients. • Targeted treat in turn and clinical discussions to prioritise longest waiting patients. • Units challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.
Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. So far in 2018/19 the percentage continues to improve and whilst August 2018 was slightly below the July 2018 position (89.1% from 89.3%) it is still the highest percentage since November 2013.	**Percentage of patient waiting less than 26 weeks** 	• Plans as outlined in previous tables.

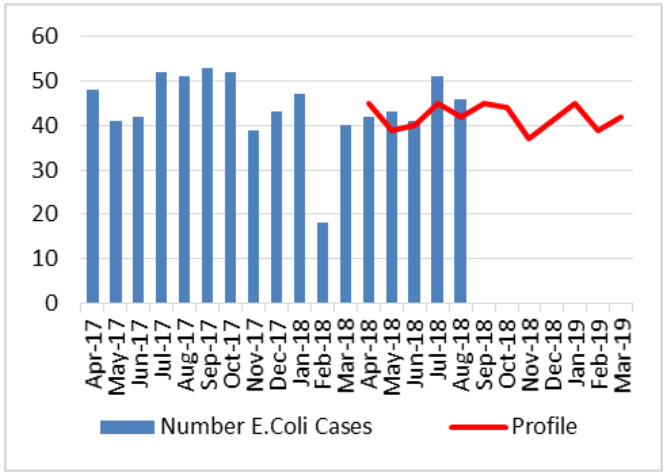
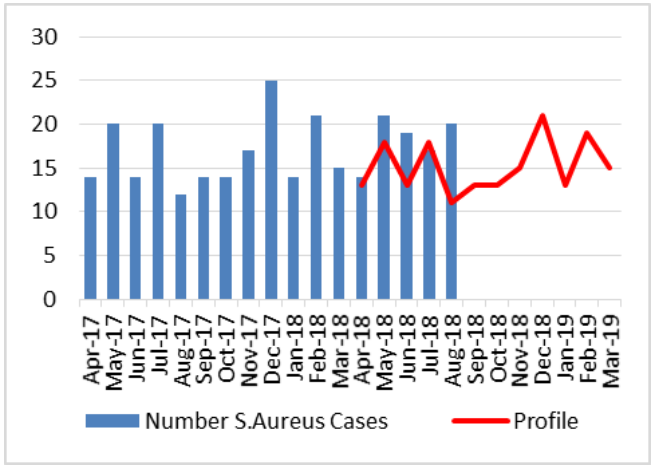
Description	Current Performance	Trend	Actions planned for next period
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In August 2018, there were 811 patients waiting over 8 weeks for specified diagnostics. However, the significant increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. The main elements of the 740 breaches are split as follows: • Cystoscopy= 5 • Physiological measurement= 6 • Non Obstetric Ultrasound= 138 • Cardiac Tests= 662	**Number of patients waiting longer than 8 weeks for diagnostics** 	• Sustain Nil position for Endoscopy by maximising backfill and utilising the capacity of the insourcing company. • Additional lists, outsourcing and redesign of skill mix for non-obstetric ultrasound cases. Go back out to advert for recruitment of two band 7 sonographers. • Implement additional cardiac CT/MR capacity in October utilising fallow lists in POW and increasing efficiency of lists at Singleton through backfill.
Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	There has been significant improvement in Therapy waiting times over the last 12 months and there were no patients waiting over 14 weeks in April 2018. The August 2018 position shows a Nil position for Therapies waiting over 14 weeks.	**Number of patients waiting longer than 14 weeks for therapies** 	• Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.

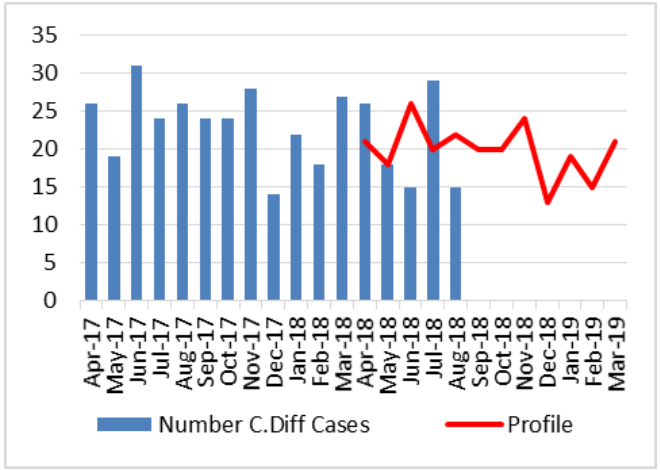
4.4 Cancer (WG Measures 71 and 72)

Description	Current Performance	Trend	Actions planned for next period
NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	August 2018 figures will be finalised on 28th September. Draft figures indicate achievement of 98% of patients' starting treatment within 31 days. At the time of writing this report there are 2 breaches across the Health Board in August 2018: • Lower Gastrointestinal: 1 • Gynaecological: 1	**Percentage of NUSC patients starting treatment within 31 days of diagnosis** 	• Additional consultant surgeon for Gynae-oncology with the Royal College for approval. • The Macmillan Quality Improvement Manager has commenced in post and commencing a review of the lung cancer pathway. The post holder will play a key role in leading and delivering the Cancer Services Improvement Programme across ABMU Health Board.
USC waiting times- Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral	August 2018 figures will be finalised on 28th September. Draft figures indicate achievement of 93% of patients starting treatment within 62 days. At the time of writing this report there are 9 breaches in total across the Health Board: • Breast: 2 • Gynaecological: 2 • Urological: 2 • Sarcoma: 2 • Upper Gastrointestinal: 1	**Percentage of USC patients starting treatment within 62 days of receipt of referral** 	• Bimonthly support and challenge meetings between MDT Lead, Service Managers and Cancer Clinical Lead continue. • Additional Waiting List Initiatives (WLI's) being held when feasible. • Endoscopy capacity and demand modelling has been undertaken and awaiting Informatics to include as live data within the dashboard. • Radiotherapy Linac utilisation dashboard released 14th September. • Detailed Radiology D&C including reporting time requirements is being finalised.

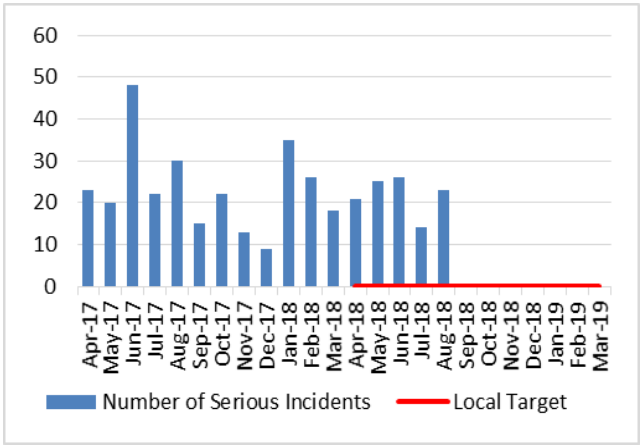
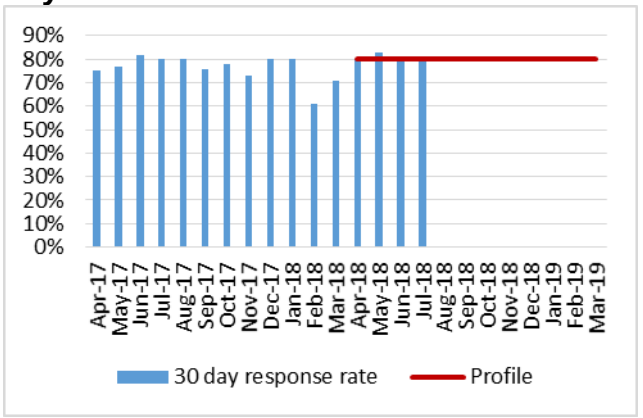
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Actions planned for next period</th></tr>
<tr>
<td>USC backlog
The number of patients with an active wait status of more than 53 days</td>
<td>End of August 2018 backlog by tumour site:
<table>
<tr><th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr>
<tr><td>Breast</td><td>3</td><td>3</td></tr>
<tr><td>Gynaecological</td><td>12</td><td>12</td></tr>
<tr><td>Haematological</td><td>1</td><td>2</td></tr>
<tr><td>Head and Neck</td><td>6</td><td>1</td></tr>
<tr><td>Lower GI</td><td>4</td><td>3</td></tr>
<tr><td>Lung</td><td>1</td><td>4</td></tr>
<tr><td>Other</td><td>1</td><td>6</td></tr>
<tr><td>Skin</td><td>1</td><td>0</td></tr>
<tr><td>Upper GI</td><td>1</td><td>8</td></tr>
<tr><td>Urological</td><td>8</td><td>19</td></tr>
<tr><td>Grand Total</td><td>38</td><td>58</td></tr>
</table>
</td>
<td>Number of patients with a wait status of more than 53 days
 
</td>
<td>In addition to the actions described above.
Recommendations to improve processes for tracking to be progressed during September and October.
Training of new tracking staff during September.</td>
</tr>
<tr>
<td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td>
<td>Week to week through August 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 32% and 45%.</td>
<td>The number of patients waiting for a first outpatient appointment (by total days waiting)- End of August 2018
<table>
<tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr>
<tr><td>Breast</td><td>2</td><td>10</td><td>61</td><td>61</td><td>134</td></tr>
<tr><td>Gynaecological</td><td>13</td><td>5</td><td>37</td><td>37</td><td>60</td></tr>
<tr><td>Haematological</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Head and Neck</td><td>25</td><td>25</td><td>1</td><td>2</td><td>53</td></tr>
<tr><td>Lower GI</td><td>0</td><td>16</td><td>14</td><td>14</td><td>30</td></tr>
<tr><td>Lung</td><td>0</td><td>4</td><td>0</td><td>0</td><td>4</td></tr>
<tr><td>Other</td><td>14</td><td>43</td><td>69</td><td>9</td><td>135</td></tr>
<tr><td>Skin</td><td>24</td><td>71</td><td>1</td><td>2</td><td>98</td></tr>
<tr><td>Upper GI</td><td>1</td><td>1</td><td>1</td><td>0</td><td>3</td></tr>
<tr><td>Urological</td><td>2</td><td>2</td><td>16</td><td>3</td><td>23</td></tr>
<tr><td>Total</td><td>82</td><td>177</td><td>200</td><td>82</td><td>541</td></tr>
</table>
</td>
<td>Cancer Improvement Team undertaking Demand & Capacity for USC first outpatient waits.
Live data in place for:
Breast
Gynaecology (PMB)
Urology
LGI (Surgery)
Gastroenterology
Radiotherapy
Under development:
Chemotherapy
Endoscopy
Gynae-oncology
Radiology
To be developed:
Urology straight to test
Gynae-oncology surgery
Pathology</td>
</tr>
</table>

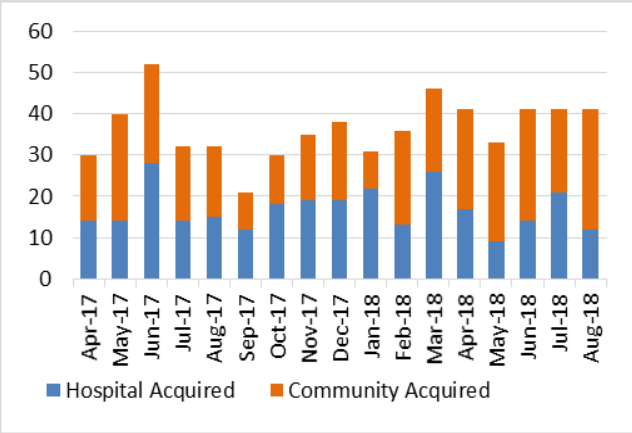
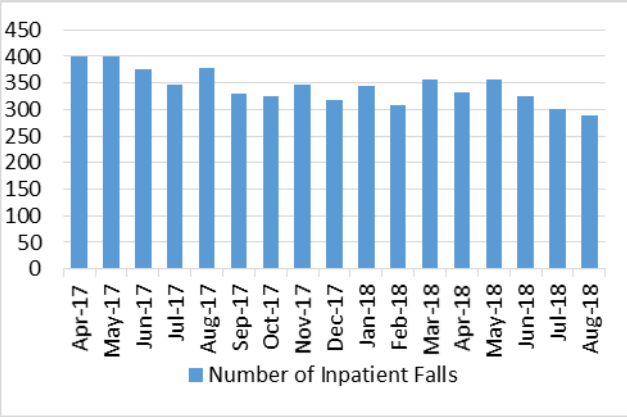
4.5 Healthcare Acquired Infections (WG Measures 18-20)

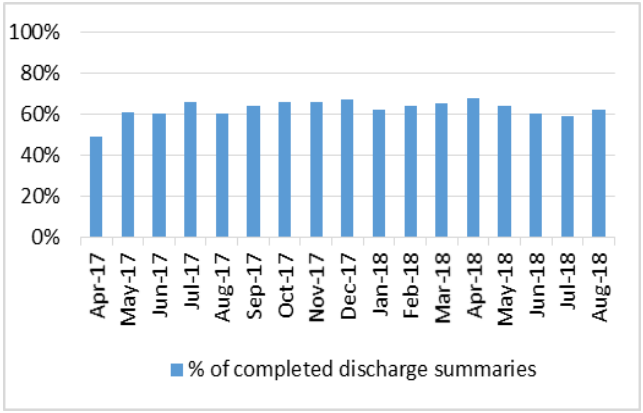
Description	Current Performance	Trend	Actions planned for next period
E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemias cases	In August 2018, there was a total of 46 cases of *E. coli* bacteraemia; 4 more than the internal profile. 30 cases were community acquired infections; 16 cases were hospital acquired infections (MH DU- 5; NPTH DU- 4; POWH DU- 4; SH DU- 3). The proportion of these cases that are community acquired are challenging to target from an improvement perspective. *High bed occupancy is a risk to achieving infection reduction.*	**Number of *healthcare acquired E.coli* bacteraemias cases** 	• Continue Q2 programmes to reduce prevalence of, and improve management of, invasive devices across Health Board – extend PDSA to key wards on all sites **by 30.09.18**. • Delivery Units are improving numbers of clinical staff that have completed Aseptic Non Touch Technique (ANTT) training **and** who have been ANTT competency assessed. • Key appointments to strengthen the IPC Team, including Assistant Nurse Director IPC, IPC Quality Improvement Matron, Surveillance Support – all of whom should take up post **during Quarter 3.**
S.aureus bacteraemias- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	In August 2018, there were 20 cases of *Staph. aureus* bacteraemia; 9 cases more than the internal profile. 11 cases were community acquired infections; 9 cases were hospital acquired (SH DU- 4; MH DU – 3; POWH DU – 2). The proportion of these cases that are community acquired are challenging to target from an improvement perspective. *High bed occupancy is a risk to achieving infection reduction.*	***Number of healthcare acquired S.aureus* bacteraemias cases** 	• Continue Q2 programmes to reduce prevalence of, and improve management of, invasive devices across Health Board – extend PDSA to key wards on all sites **by 30.09.18**. • Delivery Units are improving numbers of clinical staff that have completed Aseptic Non Touch Technique (ANTT) training **and** who have been ANTT competency assessed. • Key appointments to strengthen the IPC Team, including Assistant Nurse Director IPC, IPC Quality Improvement Matron, Surveillance Support – all of whom should take up post **during Quarter 3.**

Description	Current Performance	Trend	Actions planned for next period
C.*difficile*- Number of laboratory confirmed C.difficile cases	In August 2018, there were 15 cases of *Clostridium difficile* infection; 7 fewer than the internal profile. 7 cases were community acquired infections; 8 cases were hospital acquired (MH DU – 4; POWH DU- 2; SH DU- 1, PCCS- 1). *High bed occupancy is a risk to achieving infection reduction.* *ABMU continues to be the only Health Board in Wales not to use HPV or UV-C decontamination process; not utilising these technologies is a risk to achieving infection reduction.*	***Number of healthcare acquired C.difficile* cases** 	• Bimonthly auditing/monitor the implement of the restrictive antimicrobial policy (restricting use of Co-Amoxiclav. • All Delivery Units appointed Quality Improvement Leads for Infection; Morriston & Singleton to appoint imminently – **by 30.09.2018**. • Delivery Units to prioritise High Level Deep Cleaning of ***source rooms/bays,*** and plan for proactive '**4D**' programme: **D**eclutter - **D**ecant – **D**eep clean – **D**isinfect. Service demands and pressures may impede progress during Q3. • Newly appointed Assistant Nurse Director of IPC to strengthen strategic leadership in HCAI and AMR (**appointee will be in post in Q3**). • Identify an IPC Quality Improvement Matron within the existing Infection Prevention & Control Team, to provide expert support to Delivery Units in their infection reduction improvement initiatives – **by 30.09.2018** • Health & Safety Executive has approved re-introduction of Ultraviolet C decontamination. Task and finish group established for the reintroduction of UVC – **establish T&F and first meeting by 30.09.2018**

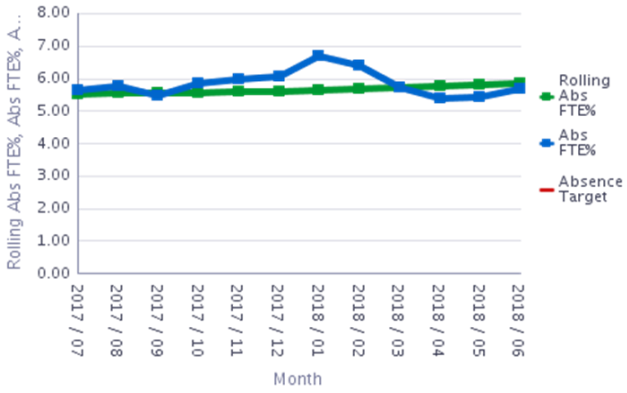
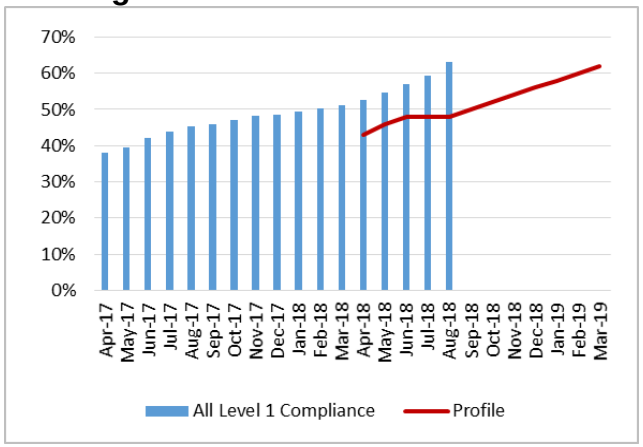
4.6 Quality & Safety Measures (Local and WG measures 24 and 46)

Description	Current Performance	Trend	Actions planned for next period
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	• The Health Board reported 26 Serious Incidents for the month of August 2018 to Welsh Government. • Last Never Event reported was on 21st March 2018. • In August 2018, the performance against the 80% target of submitting closure forms within 60 working days was 90%.	**Number of Serious Incidents** 	• Trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team. • The SI team are currently in the process of recruiting a Band 7 Concerns & Quality Improvement Manager to work with all Service Delivery Unit's across the Health Board. • The Welsh Risk Pool have suggested that the Pressure Ulcer Improvement methodology be applied to the Falls Improvement work and will coincide with the upcoming relaunch of the Health Board's Fall Prevention and Management Policy.
30 day response rate for concerns- The percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	• The overall Health Board response rate for responding to concerns within 30 working days was 81% in July 2018 against the Welsh Government target of 75% and Health Board target of 80%.	**Response rate for concerns within 30 days** 	• Performance is discussed at all Unit performance meetings. For the first 3 months of this financial year the Health Board has achieved an 80% in responses for the 30 day target. • A Task and Finish group has been established following the PALS workshop in June to review the work of these teams. • Monitoring of the 30 day complaint responses to ensure compliant with Putting Things right Regulations and the contents of the response is valued based is undertaken on a monthly audit basis , at a Concerns and Assurance meeting with the Units.

Description	Current Performance	Trend	Actions planned for next period
Number of pressure ulcers The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers	• The number of Grade 3+ pressure ulcers remained steady between July and August 2018 however the split between hospital and community acquired pressure ulcers notably changed. The community figures deteriorated from 68 in July to 88 in August 2018, whereas the number of in-patient cases improved from 21 to 12.	**Total number of hospital and community acquired Pressure Ulcers (PU)** 	• Health Board Prevention and Management of Pressure Ulcers was ratified by the quality and Safety Committee. • A training needs analysis and implementation plan for the new policy is being developed. • A patient and carer focused pressure ulcer prevention information video has been produced to improve public awareness: “Move a Little More”. A communication strategy for the video will be presented at the next PUPSG meeting in October.
Inpatient Falls The total number of inpatient falls	• The number of Falls reported via Datix web reduced from 379 in August 2017 to 290 in August 2018. • The Health Board has agreed a targeted action to reduce falls causing harm by 10%. • The number of falls within the Health Board decreased between April 2017 and March 2018 with the number of falls causing harm decreasing by 16%	**Number of inpatient falls** 	• Health Board’s Falls Policy was ratified by HB Q&S committee in August 2018. • Training needs analysis ongoing and will form part of the implementation plan of the new policy. • Health Board falls group have cascaded PowerPoint educational training presentation to all delivery units • A further review of equipment is ongoing; an update will be provided to the Health Board falls group in September • Unit Nurse Director (POW) will discuss Falls policy implementation plan at NMB & HB falls group in September

Description	Current Performance	Trend	Actions planned for next period
Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	• In August 2018 the percentage of electronic discharge summaries signed and sent via eToC was 62% which is 2% higher when compared with August 2017. • Performance varies between Service Delivery Units (range was 61% to 90% in August 2018) and between clinical teams within the Units.	**% discharge summaries approved and sent** 	• Performance and improvement actions will continue to be monitored via the Discharge Information Improvement Group (DIIG) • Now that overall signed and sent performance has improved, the focus will be on improving the timeliness of discharge information i.e.SDUs' performance in providing discharge information to GPs <24hrs and <5days after discharge. • Unit Medical Directors' plans for addressing variation between teams and improving overall SDU performance will be discussed and agreed at the next quarterly DIIG meeting on 25th September • The Health Board is piloting Medicines Transcribing and e-Discharge (MTeD) from August – October 2018

4.7 Workforce Measures (Revised Workforce Measures)

Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- *Percentage of sickness absence rate of staff*	• The 12 month rolling performance to the end of July 2018 is 5.85% (up 0.01% on June 2018). Our in month performance in July 18 was 5.90%, an increase of 0.22% on the previous month.	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)** 	• Share outputs of best practise case study conducted in 3 areas of good sickness performance and develop plan for implementation of learnings across all Units. • Roll out of LTS pathways for MSK conditions to help guide managers in managing common absence conditions. • Develop improvement plan for occupational health services based on data analysis and engagement with clinical team • Complete roll out of training for this year's Flu Champions.
Mandatory & Statutory Training- *Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation*	• Compliance against 10 core competencies policies was 64% in August 2018. This is an improvement from 38% in April 2017. • Compliance rates have increased by nearly 10% from April 2018. This increase accounts for an additional 25,000 competencies achieved by staff • A further 50,000 competencies will need to be achieved to meet the 85% WAG target.	**% of compliance with Core Skills and Training Framework** 	• Highlighted as a risk around resourcing in the paper prepared for Audit Committee. • Reformatting of Mandatory and Statutory Training guides to fit ABMU. Step by step guides have been developed in partnership with Shared Services. • E-learning drop in sessions at all sites conducted bi-weekly, including staff group specific training undertaken. • Increased governance measures in place for administrators. All administrators have received additional training (or their access rights have been withdrawn). • Work is underway to review M&S training requirements by role profile to reduce duplication of effort by staff repeating learning already covered at lower levels.

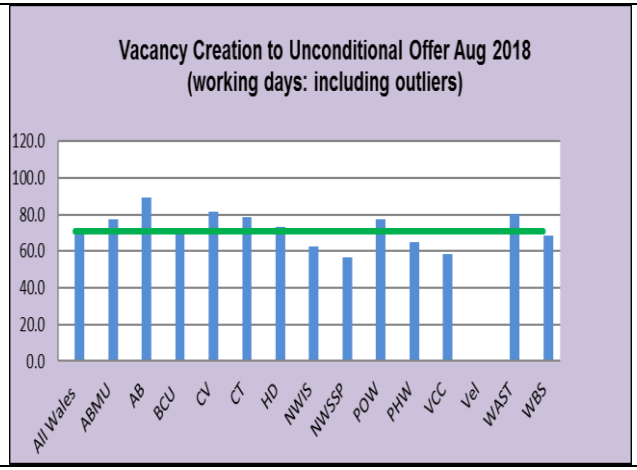
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Actions planned for next period</th></tr>
<tr>
<td>Vacancies
Medical and Nursing and Midwifery</td>
<td>

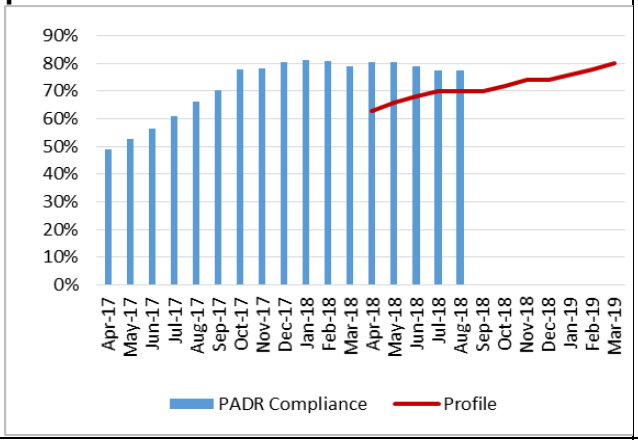
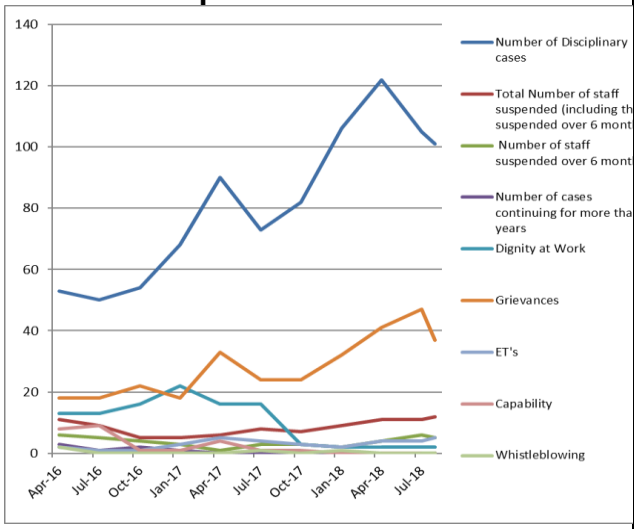
We continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:
EU Nurses employed at Band 5 = 70
Philippine nurses arrived in 17/18 & employed at Band 5 = 30
Regionally organised nurse recruitment days which ensure we are not duplicating efforts across our hospital sites. These are heavily advertised across social media platforms via our communications team.
Eleven of our Health Care Support Workers (HCSW’s) recruited to a part time degree in nursing. Seven commenced in September 2017 on a four-year programme, the remainder commenced in January 2018 on a two year nine month programme. We have also secured further external funding to offer similar places to Thirteen HCSW’s in 18/19 and recruitment to these places is underway.
A further thirteen of our HCSW’s are currently undertaking a two-year master’s programme.
Eight HCSW’s with overseas registration have recently commenced a programme developed with Swansea University to become registered nurses in the UK.

</td>
<td>
Vacancies as at 13th September 2018
<table>
<tr><th>Grade - Medical & Dental</th><th>Budget WTE</th><th>WTE</th><th>(Under) / Over Establishment</th></tr>
<tr><td>Total</td><td>1534.69</td><td>1279.02</td><td>-255.67</td></tr>
<tr><td>21000-Consultant (M&D)</td><td>617.51</td><td>537.73</td><td>-79.79</td></tr>
<tr><td>21100-Locum Consultant (M&D)</td><td>25.66</td><td>35.26</td><td>9.60</td></tr>
<tr><td>22110-Associate Specialist (M&D)</td><td>67.11</td><td>54.28</td><td>-12.84</td></tr>
<tr><td>22200-Locum Associate Specialist (M&D)</td><td>0.00</td><td>0.45</td><td>0.45</td></tr>
<tr><td>22250-Specialist Dental Officer</td><td>3.60</td><td>3.20</td><td>-0.40</td></tr>
<tr><td>22260-Senior Dental Officer</td><td>1.80</td><td>1.20</td><td>-0.60</td></tr>
<tr><td>22270-Dental Officer</td><td>10.22</td><td>6.63</td><td>-3.59</td></tr>
<tr><td>22310-Speciality Doctor (M&D)</td><td>104.64</td><td>79.55</td><td>-25.09</td></tr>
<tr><td>22320-Locum Speciality Doctor (M&D)</td><td>2.10</td><td>1.10</td><td>-1.00</td></tr>
<tr><td>23100-Specialty Registrar (M&D)</td><td>531.31</td><td>394.76</td><td>-136.55</td></tr>
<tr><td>23120-Locum Specialty Registrar (M&D)</td><td>0.50</td><td>15.60</td><td>15.10</td></tr>
<tr><td>23200-Specialist Registrar (M&D)</td><td>6.78</td><td>0.00</td><td>-6.78</td></tr>
<tr><td>23300-Locum Specialist Registrar (M&D)</td><td>1.20</td><td>1.00</td><td>-0.20</td></tr>
<tr><td>24100-F2 foundation year 2 (M&D)</td><td>63.66</td><td>61.69</td><td>-1.97</td></tr>
<tr><td>24400-F1 foundation year 1 (M&D)</td><td>80.20</td><td>68.58</td><td>-11.62</td></tr>
<tr><td>24900-Dental Trainees in Hosp Post</td><td>1.64</td><td>3.00</td><td>1.36</td></tr>
<tr><td>25000-Clinical Assistant (M&D)</td><td>1.37</td><td>0.91</td><td>-0.46</td></tr>
<tr><td>25100-Senior Lecturer (M&D)</td><td>2.90</td><td>1.00</td><td>-1.90</td></tr>
<tr><td>25300-G.P.Sessions / Staff Fund</td><td>12.49</td><td>13.09</td><td>0.60</td></tr>
</table>
<table>
<tr><th>Grade - Nursing and Midwifery</th><th>Budget WTE</th><th>WTE</th><th>(Under) / Over Establishment</th></tr>
<tr><td>Total</td><td>4894.23</td><td>4399.08</td><td>-495.15</td></tr>
<tr><td>2A182-Nurse Consultant Band 8B</td><td>4.00</td><td>3.69</td><td>-0.31</td></tr>
<tr><td>2A281-Nurse Manager Band 8A</td><td>78.30</td><td>81.80</td><td>3.50</td></tr>
<tr><td>2A282-Nurse Manager Band 8B</td><td>19.80</td><td>24.58</td><td>4.78</td></tr>
<tr><td>2A283-Nurse Manager Band 8C</td><td>12.00</td><td>15.00</td><td>3.00</td></tr>
<tr><td>2A284-Nurse Manager Band 8D</td><td>9.00</td><td>6.00</td><td>-3.00</td></tr>
<tr><td>2A451-Registered Nurse Band 5</td><td>2701.70</td><td>2283.79</td><td>-417.91</td></tr>
<tr><td>2A461-Registered Nurse Band 6</td><td>1242.86</td><td>1204.80</td><td>-38.06</td></tr>
<tr><td>2A471-Registered Nurse Band 7</td><td>770.67</td><td>726.51</td><td>-44.16</td></tr>
<tr><td>2A481-Registered Nurse Band 8A</td><td>51.90</td><td>48.90</td><td>-3.00</td></tr>
<tr><td>2A482-Registered Nurse Band 8B</td><td>4.00</td><td>4.00</td><td>0.00</td></tr>
</table>
</td>
<td>

Joint CT / ABMU recruitment protocol to begin to address boundary change issues is in draft and will be implemented through the period up to transfer.
We are also currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.

</td>
</tr>
</table>

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Actions planned for next period</th></tr>
<tr>
<td>Recruitment
Metrics provided by NWSSP. ABMU comparison with All wales benchmarking</td>
<td>• ABMU overall performance for August 2018 was slightly above target level for NHS Wales for the first time in over 6 months.
• Of the key ABMU measures where we are not yet at target - time to complete sifting has continued to be below the level as at the beginning of 18/19, needs further progress towards the three day target.</td>
<td> 
</td>
<td>• Outlier data is passed to Delivery Units for review.
• If Outliers (activity well outside the normal expected timescale) are excluded ABMU is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports.</td>
</tr>
<tr>
<td>Turnover
% turnover by occupational group</td>
<td>• Although overall turnover increased in the last period the last 6 months it has averaged approximately 8.5% for that period.</td>
<td>Staff Turnover - Health Board - 1 Sep 2017 to 31 Aug 2018
<table>
<tr><th>Staff Group</th><th>FTE</th><th>Headcount</th><th>Change</th></tr>
<tr><td>Add Prof Scientific and Technic</td><td>9.32%</td><td>9.23%</td><td>↑</td></tr>
<tr><td>Additional Clinical Services</td><td>8.06%</td><td>8.40%</td><td>↑</td></tr>
<tr><td>Administrative and Clerical</td><td>8.23%</td><td>8.55%</td><td>↑</td></tr>
<tr><td>Allied Health Professionals</td><td>10.10 %</td><td>10.31%</td><td>↑</td></tr>
<tr><td>Estates and Ancillary</td><td>5.85%</td><td>6.07%</td><td>↑</td></tr>
<tr><td>Healthcare Scientists</td><td>4.84%</td><td>5.10%</td><td>↑</td></tr>
<tr><td>Medical and Dental</td><td>10.89 %</td><td>11.82%</td><td>↑</td></tr>
<tr><td>Nursing and Midwifery Registered</td><td>8.41%</td><td>8.75%</td><td>↑</td></tr>
</table>
<table>
<tr><th>Overall Rate</th><th>FTE</th><th>Headcount</th><th></th></tr>
<tr><td>Overall Rate</td><td>8.23%</td><td>8.54%</td><td>↑</td></tr>
</table></td>
<td>• Full roll out of exit questionnaire process across the Health Board via ESR.</td>
</tr>
</table>

Description	Current Performance	Trend	Actions planned for next period
PADR *% staff who have a current PADR review recorded*	• The percentage of staff who have had a Personal Appraisal and Development Review (PADR) in the last 12 months was 65% in August 2018: • Non-medical staff- 63% • Medical staff= 91%	**% of staff who have had a PADR in previous 12 months** 	• Continued focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures. Schedule in place from October 2018 to March 2019 at all sites. • Additionally, bespoke PADR training delivered as requested by teams and units. • Heightened scrutiny process for Delivery Units.
Operational Casework *Number of current operational cases by category.*	• Some reduction in live cases over since April 18 but volume of activity is still significantly increased on averages pre Mid 2016.	**Number of Operational Cases** 	• IGB have approved purchase of case management software which will aid improved reporting and recording of activity, currently resolving procurement pathway. • Case to be submitted to IGB for Investigating officer team - dedicated resource will deal with cases more quickly reducing the number of live cases and improve quality of reports. This will address HiW recommendations regarding management of cases.

5. Key performance measures by Delivery Unit

5.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	63.5%	67.1%	70.0%	70.3%	67.9%							
		Profile	*71%*	*76%*	*76%*	*83%*	*81%*	*81%*	*85%*	*87%*	*87%*	*86%*	*86%*	*86%*
	12 hour A&E waits	Actual	574	468	333	447	373							
		Profile	*259*	*124*	*125*	*148*	*168*	*101*	*162*	*206*	*239*	*198*	*143*	*135*
	1 hour ambulance handover	Actual	380	291	245	348	270							
		Profile	*210*	*79*	*120*	*107*	*171*	*72*	*137*	*177*	*239*	*194*	*139*	*104*
Stroke	Direct admission within 4 hours	Actual	33.9%	33.3%	43.8%	39.6%	29.8%							
		Profile	*45.0%*	*45.0%*	*45.0%*	*50.0%*	*50.0%*	*50.0%*	*50.0%*	*50.0%*	*50.0%*	*65.0%*	*65.0%*	*65.0%*
	CT scan within 1 hour	Actual	32.3%	44.8%	38.8%	41.7%	36.0%							
		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%							
		Profile	*75.0%*	*75.0%*	*75.0%*	*80.0%*	*80.0%*	*80.0%*	*80.0%*	*80.0%*	*80.0%*	*85.0%*	*85.0%*	*85.0%*
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	0.0%	20.0%	27.3%	0.0%							
		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							
		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							
		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							
		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%							
		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%							
		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							
		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							
		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							
		Profile	*8*	*3*	*6*	*4*	*6*	*4*	*4*	*6*	*7*	*10*	*4*	*5*
Quality & Safety Measures	Discharge Summaries	Actual	63%	58%	59%	53%	61%							
		Profile	*69%*	*72%*	*75%*	*77%*	*80%*	*83%*	*86%*	*89%*	*92%*	*94%*	*97%*	*100%*
	Concerns responded to within 30 days	Actual	93%	83%	90%	87%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
Workforce Measures	Sickness rate	Actual	5.94%	5.94%	5.97%	5.94%								
		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%							
		Profile	*63%*	*66%*	*68%*	*70%*	*70%*	*70%*	*72%*	*74%*	*74%*	*76%*	*78%*	*80%*
	Mandatory Training	Actual	50%	52%	55%	57%	60%							
		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

5.1 Morriston Delivery Unit- Overview

Successes	Priorities
• Early creation of a clinically approved winter plan that included cross site collaboration and a shared approach posed to emergency care cancer surgery access at Morriston • Datix Incident Reporting – All no harm incidents reported prior to 2018 reviewed and closed where appropriate • RTT- Consistent reduction in the number of patients waiting in excess of 52 weeks for treatment. End of August position under 1,000 for the first time this year • ECHO – Further changes to pathways for GP expected patients accessing direct to specialities. T&O and Fractured NoF implementation on October 1st • Cancer – sustained performance and consistent delivery of reduced Outpatient waits • Stroke – 12, 24 and 72 hour performance indicators consistently high • Theatres – Trial of 3D imaging equipment in ENT Morriston theatres • Infection – Significant reduction in HCA c. difficile – 4 cases Aug 18 (18 cases in July 18, remain within trajectory for HCA bacteraemia's	• Health Board decision on Winter funding required to ensure the Unit is able to optimise recruitment and benefits of early planning • Unscheduled Care performance recovery plan • Commencement of TAVI recovery plan • Plans to address financial challenge in Q3 and Q4 • Stroke – To improve 4 hour performance & swallow screening in a joint programme with ED • Workforce – To improve mandatory training rates and reduce sickness absence • Cancer – a focus on Pancreatic Cancer pathways • RTT- Progressing the staffed mobile theatre unit for arthroplasty • Datix Incident Reporting – Service Groups to focus on incidents reported since April 2018 • ECHO – NHS Wales Delivery Unit Stay Huddles project and risk based assessments training underway • Infection – maintain outbreak control measures put in place on 31st July 2018
Opportunities	**Risks & Threats**
• RTT - Improving the 'treatment in turn rates' for OMFS and Plastic Surgery • Use of NPT theatres for T&O to reduce long delays in access • Stroke – Second registrar on nights from 1st August to help reduce delays to assessment delays out of hours • Cross-site meeting established for theatre management teams reviewing LOCSIP/NATSIP process and validation • Reducing the -41 bed deficit in the Morriston medical bed base could enable a reduction in costly outsourcing and potential to explore growth in income • Morriston Open Day planned for 6th October '18 • Balance of Care bed survey on October 3rd will provide a 'day of admission' and a 'day of survey' view of our inpatients and those in the community. This could help shape and 'right size' the bed base for HB admissions and reduce the pressure on regional and tertiary service delivery in Morriston	• Health Board winter planning process and urgent need for a timely decision on resource allocation and capacity • Recognised deficit of -41 medical beds in Morriston with outliers impacting on opportunities to deliver growth in Surgery • T&O elective operating compromised by staffing issues in Theatres leading to excessive waits for routine elective surgery • Stroke – No Out of Hours cover to aid retrieval and identification of stroke patients in A & E. • Cancer – Management of capacity in Theatre and MDT • Datix Incident Reporting - Data quality and incorrect reporting requires significant resource to review and amend • Separate management of theatres and recruitment across 3 HB sites • Infection – cost of Bioquell cleaning programme & risk of being unable to maintain all control measures due to overall bed capacity gaps

5.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	98.4%	96.8%	98.9%	96.9%	99.7%							
		Profile	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*
	12 hour A&E waits	Actual	0	0	0	0	0							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Planned care	Outpatients waiting more than 26 weeks	Actual	*0*	*0*	*0*	*0*	*0*							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Treatment waits over 36 weeks	Actual	*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*							
		Profile	*0*	*0*	*0*		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-	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%							
		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							
		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							
		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							
		Profile	*0*	*2*	*1*	*2*	*1*	*1*	*3*	*1*	*3*	*3*	*1*	*1*
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%	82%	77%	90%							
		Profile	68%	71%	74%	77%	80%	83%	85%	88%	91%	94%	97%	100%
	Concerns responded to within 30 days	Actual	100%	100%	100%	88%								
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate	Actual	5.00%	5.06%	5.24%	5.35%								
		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%							
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%	70%	73%							
		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

5.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
• Waiting times targets achieved in medicine, rheumatology and therapies • DNA rate improvements 18/19 vs 17/18 being maintained. • No USC breaches during August 2018. • 0 cases of Staph.aureus bacteraemia, E-Coli trajectory avhieved. • 100% complaints response within 30 working days. • Bioquelled all ward areas without disruption to patients, staff and patient flow • Pharmacy Transformation Programme initiated. • Streamlined Meetings schedule for senior team. • Recruitment of 2 RMO's – 1 in post, 1 start date early October. • HFEA award 4 year licence to WFI in UHW. • Appointment of leads for infection control and quality improvement. • Short Listed for RCN in Wales Nurse of the Year Awards – Neuro-Rehabilitation.	• Improve DNA performance to achieve 2018/19 targets to achieve 10% reduction as per annual plan. • USC stretch target to reduce 1st appointment to 8 days by end of Q2. • Zero tolerance for all avoidable pressure damage. • Learn from infection control outbreak to identify causes of increased incidence and develop action plan to address improvement. • Consultant Antimicrobial Pharmacist and Antimicrobial Stewardship. • MHRA licence for Singleton PTS and replacement air handling plant for Morriston PTS. • Recruitment of Registered Nurses. • Implement Early Supported Discharge Team to improve patient pathways.
Opportunities	**Risks & Threats**
• Deliver national average of 35% for pregnancy per cycle (WFI). • Service remodelling to reduce bed compliment by further 8 beds. • Strategic Review of MIU, Afan Nedd and rheumatology infusion unit. • Implementation of the SAFER bundle. • Focus on reducing sickness and increasing PADR • Improve Ward Average Length of Stay, Delayed Transfers of Care and monthly bed days lost position. • Centralisation of booking office for medical specialties. • Further development of pharmacy specialty teams to support inpatients and specialist clinics. • Re-structure of primary care pharmacy team (due to staff loss) to support long term work agenda & pharmacy contract with PCCS. • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format.	• Infection control – 8 cases of C.Diff year to date. None since Bioquel – ensure continuation. • Capacity within Care Homes, LA Packages of Care and Community Resource Teams with potential to adversely affect hospital length of stay for discharge fit patients. 4 local nursing homes currently under special measures. • Relatively low number of training technician posts and therefore capacity for new technician role expansion. • Recruitment of pharmacists to acute sector & primary care and loss to cluster & practice based roles. • Increased workload from NICE / New Treatment Fund appraisals. • Pressures in therapy services with sickness (surgery) and maternity leave. Discussions are ongoing in respect of ensuring that there are no 14 week breaches.

5.3 Princess of Wales Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.4%	81.1%	82.6%	80.1%	76.9%							
		Profile	*85%*	*85%*	*85%*	*88%*	*88%*	*88%*	*88%*	*88%*	*88%*	*88%*	*88%*	*88%*
	12 hour A&E waits	Actual	163	155	141	141	136							
		Profile	*63*	*68*	*49*	*78*	*57*	*77*	*92*	*109*	*49*	*85*	*53*	*43*
	1 hour ambulance handover	Actual	101	130	88	61	90							
		Profile	*38*	*34*	*26*	*40*	*42*	*58*	*68*	*81*	*35*	*55*	*41*	*28*
Stroke	Direct admission within 4 hours	Actual	42.1%	34.4%	33.3%	33.3%	28.6%							
		Profile	*45%*	*45%*	*45%*	*50%*	*50%*	*50%*	*50%*	*50%*	*50%*	*65%*	*65%*	*65%*
	CT scan within 1 hour	Actual	47.4%	40.6%	74.1%	37.5%	48.3%							
		Profile	*40%*	*40%*	*40%*	*45%*	*45%*	*45%*	*45%*	*45%*	*45%*	*50%*	*50%*	*50%*
	Assessed by Stroke Specialist within 24 hours	Actual	76.3%	75.0%	70.4%	70.8%	89.7%							
		Profile	*75%*	*75%*	*75%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*85%*	*85%*	*85%*
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	16.7%	66.7%	0.0%	0.0%							
		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							
		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							
		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	131	277	138	198							
		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%							
		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%							
		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							
		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							
		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							
		Profile	*1*	*2*	*2*	*3*	*2*	*3*	*3*	*5*	*4*	*3*	*1*	*3*
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%	64%	68%							
		Profile	*55%*	*59%*	*63%*	*67%*	*71%*	*76%*	*80%*	*84%*	*88%*	*92%*	*96%*	*100%*
	Concerns responded to within 30 days	Actual	75%	90%	64%	90%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
Workforce Measures	Sickness rate	Actual	5.23%	5.18%	5.25%	5.25%								
		Profile	*5.17%*	*5.16%*	*5.14%*	*5.13%*	*5.11%*	*5.10%*	*5.08%*	*5.06%*	*5.05%*	*5.03%*	*5.02%*	*5.00%*
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%							
		Profile	*63%*	*66%*	*68%*	*70%*	*70%*	*70%*	*72%*	*74%*	*74%*	*76%*	*78%*	*80%*
	Mandatory Training	Actual	52%	54%	55%	58%	63%							
		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

5.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
• Increased Emergency Medicine consultant cover from 20:00 to 21:30 from 3rd September 2018 • Improvement in stage 1 RTT position • Sickness management • Agreement to move Cardiac CT list to POW increasing HB capacity (RTT diagnostic target) – first list 16th October • Locum Sonographer to start in September. • Paediatric Consultant Radiologist commenced on 4th September 2018. • Consultant Radiologist post out to advert in August. • Successfully appointed 3 excellent candidates for Consultant anaesthetic vacancies to start in Q4 2018-19	• Progress workforce plan in Radiology to achieve more sustainable service and less reliance on locums. Consultant and sonographer recruitment to vacant posts. • Drive theatre efficiencies through reduction of cancellations on the day, and reducing late starts and early finishes. • Deliver refined winter planning arrangements • Implement the actions set out for Q2 to build improved performance & increased resilience in our Emergency Departments (ED) • Implement outcome of Patient Flow Management Consultation • Focus on Cancer Performance and mitigate where possible the challenges • To progress T&F work to improve stroke performance. August 4 hour to ward performance was the lowest in 12 months • Delivery of all RTT cardiac diagnostic targets where lists are held in POW – support delivery of HB wide lists.
Opportunities	**Risks & Threats**
• Consultant Radiologist recruitment commenced in August. Closes 12th September. High confidence in appointing a suitable candidate. • Meeting progressed with potential Breast Consultant Radiographer. This is in line with workforce redesign group led by Christine Morrell and would provide more resilience in the Breast Radiology support as well as help us develop talent and succession planning within. 2 days for ABMU looks very promising to start in Q3 • Continued resilience on tackling theatre safety and inefficiencies • RTT- Improve booking of cohort TCI's within T&O • Two appointable applicants for Skin Cancer CNS post – interviews this month • Proposals to increase use of Cath lab sessions in POW to 10 sessions a week – liked to Health Board TAVI management plans • Plans to commence endoscopy training in JAG unit – potential income generation and development of workforce skills and opportunities	• Sonographer x 2 adverts closed with no suitable applicants. • Consultant sick leave from Swansea Radiologists who perform Ultrasound scans at NPTH losing a large number of patient slots in August/ September. • Unexpected changes in demand in all specialties, to achieve high level of cancer performance and RTT. • Continuing risk in sub specialist radiology (Ultrasounds) requiring outsourcing to try and maintain targets. • Staffing in theatres (sickness, suspensions, Disciplinaries and resignations) • Workforce issues impacting on ability to robustly track and validate - Cancers • Increasing ED demand for majors and increasing minors attendances (seasonal) is resulting in unprecedented levels of attendances in addition to acuity and complexity of patients arriving at ED by ambulance is increasing. • Reduction in HR support and gaps in Governance support • DTOCs – High levels of medically fit patients remaining in hospital • To deliver cardiac angiogram performance <8 weeks by end of Sept (WG target end of March). • No applicants for vacant consultant gastroenterologist post – impact on CD

	availability

5.3 Singleton Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	99.8%	99.7%	99.5%	98.7%	99.2%							
		Profile	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*	*99.0%*
	12 hour A&E waits	Actual	0	1	2	2	2							
		Profile	*1*	*2*	*5*	*3*	*2*	*2*	*1*	*0*	*0*	*0*	*0*	*1*
	1 hour ambulance handover	Actual	45	31	18	34	60							
		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*							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Treatment waits over 36 weeks	Actual	*16*	*14*	*31*	*21*	*10*							
		Profile	*24*	*23*	*1*	*3*	*12*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Diagnostic waits over 8 weeks	Actual	*0*	*0*	*0*	*0*	*0*							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Cancer	NUSC patients starting treatment in 31 days	Actual	93%	89%	100%	100%	97%							
		Profile	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*	*98%*
	USC patients starting treatment in 62 days	Actual	83%	89%	84%	92%	100%							
		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	2							
		Profile	*3*	*0*	*4*	*3*	*3*	*3*	*2*	*8*	*3*	*3*	*3*	*3*
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	2	1	2	4							
		Profile	*2*	*0*	*1*	*3*	*1*	*3*	*1*	*1*	*2*	*0*	*1*	*1*
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	1	7	3							
		Profile	*6*	*4*	*4*	*4*	*5*	*4*	*4*	*4*	*2*	*1*	*1*	*3*
Quality & Safety Measures	Discharge Summaries	Actual	73%	72%	61%	67%	61%							
		Profile	*73%*	*76%*	*78%*	*81%*	*83%*	*86%*	*88%*	*90%*	*93%*	*95%*	*98%*	*100%*
	Concerns responded to within 30 days	Actual	60%	65%	88%	83%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
Workforce Measures	Sickness rate	Actual	5.73%	5.79%	5.91%	5.95%								
		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%							
		Profile	*63%*	*66%*	*68%*	*70%*	*70%*	*70%*	*72%*	*74%*	*74%*	*76%*	*78%*	*80%*
	Mandatory Training	Actual	49%	50%	53%	55%	60%							
		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

5.4 Singleton Delivery Unit- Overview

Successes	Priorities
• Achievement of no patients waiting over 8 weeks for an Endoscopy procedure. • Continued achievement of RTT 26, 36 and 52 week target for all medical specialties in Q1 2018/19. • Rollout of RFID bar code of equipment by MEMS at Morriston • 2 consultants awarded Honorary Associate Professor contracts in Swansea University. • Cancer MDT is successfully working collaboratively with clinical and management teams to ensure referrals are triaged appropriately resulting in proficient use of capacity. • Surgical services management team have successfully managed the unscheduled care challenges on Ward 2 which has resulted in minimum theatre cancellations, therefore minimising risk to RTT targets. • LA lists have been introduced within Gynae and are carried out monthly reducing theatre requirements.	• Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. • Service Resign: Redesign Services Ward 4&7 and embedding ICOPS model. • Integrated workforce planning. • Engage in 3 year plan process and develop Unit plan. • Develop a plan to support Radiotherapies waiting times. • Linear accelerator programme to be funded by Welsh Government with fully funded business case including engineering support. • Extend RFID bar code to Singleton equipment. • Prepare for the UKAS audit (January 2019) MEMS. • Transfer of 2 x neonatal cots from POWH. • Improvement in PADR and Mandatory training compliance across all disciplines.
Opportunities	**Risks & Threats**
• Develop new Cost Reduction or Increased Income Opportunities. • All Wales procurement agreed for implementation of Digital Scanners in ABMU Histology to improve flexibility of cover by reporting Pathologists. • Partnership working with the Swansea University for nursing to undertake degree and masters qualifications supporting their day to day work and professional development. • Management of early miscarriage at home reducing LOS. • Delivery of additional Day Case Gynae Surgery and reduction in LOS. • Role of non medical prescribers (CNS, pharmacists). • Appointment of PA in rotation with medicine and GP for next year.	• Cwm Taf Boundary Remapping. • Support in relation to HD LTA to recognise continuing over-performance in gynae-oncology. • Ophthalmology services Additional support will be required to ensure future delivery & sustainability. • Cladding. • New treatment Fund / Introduction of new drugs- Limited capacity in CDU for delivery of infusion therapies. • Pressures on front door. • Availability of Staff. • Under delivery of Waterfall elements.

5.5 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health Measures	% MH assessments undertaken within 28 days	Actual	90.0%	94.0%	91.2%	93.0%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
	% therapeutic interventions started within 28 days	Actual	83%	81%	80%	84%								
		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%									
		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%								
		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%								
		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							
		Profile	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0							
		Profile	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	1	0	0	0							
		Profile	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	71%	81%	100%	97%							
		Profile	*77%*	*79%*	*81%*	*83%*	*85%*	*88%*	*90%*	*92%*	*94%*	*96%*	*98%*	*100%*
	Concerns responded to within 30 days	Actual	71%	100%	100%	83%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
Workforce Measures	Sickness rate *(12 month rolling)*	Actual	6.07%	6.11%	6.11%	6.05%								
		Profile			*6.03%*			*5.93%*			*5.83%*			*5.73%*
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%							
		Profile			*80%*			*83%*			*85%*			*85%*
	Mandatory Training *(all staff- ESR data)*	Actual	64%	66%	68%	69%	70%							
		Profile			*60%*			*70%*			*80%*			*85%*

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

5.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
• The Delivery Unit continues to meet all requirements of the Mental Health Measure. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining compliance with the PADR measures.	• Ongoing intervention with frequent areas of poor compliance. Awareness on importance of timely discharge summaries with all Clinical Staff. • Recruitment and retention of staff for critical nursing and medical vacancies. • Hold and improve current rate of sickness through, Staff Health & Wellbeing Action Plan 18/19; Pilot DU Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47)
Opportunities	**Risks & Threats**
• Leads from Strategy continue to progress discussions with Cwm Taf towards the improvement of the CAMHS element of the Mental Health Measure. • Mandatory training has improved however, Localities are working to improve this further towards compliance. • Terms of reference for the serious incident group have been updated and the format of the reports has been changed in line with the recommendations from the DU report to be in line with the rest of the Health Board. A learning matrix has been developed to embed and share the learning identified from serious incidents. • A new system for supporting performance on complaints has been put in place with weekly reviews by the Q&S team lead by the Head of Operations to support the localities to respond within the 30 day time scale.	• Capacity gaps in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay. • Recruitment market for substantive nursing and medical vacancies

5.6 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Planned Care	*Outpatients waiting more than 26 weeks*	Actual	*1*	*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*							
		Profile	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Therapy waits over 14 weeks	Actual	*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%							
		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%							
		Profile	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	6							
		Profile	*3*	*6*	*9*	*2*	*5*	*3*	*3*	*3*	*3*	*5*	*3*	*6*
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	1	1							
		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							
		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							
		Profile	*0*	*0*	*0*	*0*	*1*	*1*	*0*	*0*	*0*	*0*	*0*	*0*
	E.Coli cases (Community acquired)	Actual	32	28	31	31	30							
		Profile	*30*	*28*	*27*	*31*	*28*	*33*	*30*	*21*	*25*	*28*	*32*	*30*
	E.Coli cases (Community Hospitals)	Actual	0	1	1	0	0							
		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%								
		Profile	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*
Workforce Measures	Sickness rate	Actual	5.76%	5.71%	5.73%	5.74%								
		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%							
		Profile	*63%*	*66%*	*68%*	*70%*	*70%*	*70%*	*72%*	*74%*	*74%*	*76%*	*78%*	*80%*
	Mandatory Training	Actual	60%	62%	64%	67%	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

5.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
• Meet the Matron introduced in Community Hospitals – good feedback • Health Visitors & School Nursing showcased work at ABM Board • Commended by Chief Dental Officer for good practice for improved Oral Health Service standards and quality • Maintained compliance with 14 week Wait targets (Podiatry) • Diagnostic Aid for spinal injections developed by Chronic Pain Lead • Speech & Language joint working with ENT consultant in POW to support therapists in acquiring pre requisite scoping practice • Implemented new (Wales ground-breaking) General Dental Fellowship pilot from 1st Sept 18 • Ground-breaking ceremony to celebrate on-site start of the Vale of Neath Primary Care Development • Confirmed in Eye Health Examination Wales Annual Report – 23,000 utilisation of this service in ABMU remains the highest in Wales	• Roll-out of Mobilisation project, due to commence in Swansea this month • Assessing the Impact of All Wales Staffing principles for District Nursing and Health Visiting • Complete overview of service model along with capacity and demand for implementing MCAS as a pilot in Neath Hub – Cluster model • Secure more practices to join Dental Contract reform programme from November; engage with first wave group to extend scope. • Prepare for Community Stakeholder meetings with the Cymmer Community – 3 dates arranged (25/09/18, 11/10/18, 15/10/18) • Ensure safe transition of GP services for patients of former Cockett Practice from 21st September 2018 when surgery shuts. • Health Board support for the merger of Pen y Bryn and Gowerton practice.
Opportunities	**Risks & Threats**
• Chronic Pain working with MCAS to support injection waiting list, improving appropriateness and quality of referrals • Use of volunteers to support completion of PREMs • Speech & Language staff included in planning meetings for Frailty at the Front Door service in Princess of Wales Hospital • Recruited 7 Community Pharmacists to enrol in independent prescribers course from January; thanked and praised by WEDS lead for filling all places and monitoring tool produced • National allocation of funding £21K to ABMU to support Primary Care Health Care Support Worker development • To support Unscheduled Care, GMS sustainability and Sexual Health services with roll out of independent prescribers within community pharmacy: applications for WG funded courses currently being sought	• Overall impact of Bridgend Boundary Change • Bridgend District Nursing service - due to temporary reduction in workforce • NPT District Nursing service – volume of patients requiring nurse calls to administer Insulin • No cover in Community Independence & Wellbeing team for Speech & Language has resulted in patients being referred to Core services where there is no capacity – resulting in a clinical risk for patients • Community hospital performance reporting on NEWS (National Early Warning Score) • Progress and implement contingency plans to minimise risk of RTA breaches in Restorative Dentistry in face of loss of 50% of senior clinicians before mid-November. • Potential for continued negative engagement from Cymmer population during Community Stakeholder group • Capital Estates advised works for Penclawdd & Murton now need to be tendered, causing a potential 3-4 month delay in process

	• Contingency plans not fully effective in supporting transfer of GMS for Cockett surgery patients. (as in Priority section)

6. Welsh Government Reporting Template

Evidence of how NHS organisations are responding to service user experience to improve services

NHS Organisation	ABMU Health Board
Date of Report	11/09/18
Report Prepared By	Marcia Buchanan, Patient Experience Manager

The NHS Framework for Assuring Service User Experience explains the importance of gaining service user experience feedback in a variety of ways using the four quadrant model (real time, retrospective, proactive/reactive and balancing). It outlines three domains to support the use and design of feedback methods and is intended to guide and complement service user (patient) feedback strategies in all NHS Wales organisations. NHS organisations are required to evidence that service user experience feedback is gathered and acted upon in all care settings (as applicable).

Reporting Schedule: Evidence of how NHS organisations are responding to service user experience feedback to improve/redesign their services is to be reported annually. This form is to be submitted on 30 September to cover the period April 2017 to March 2018.

	What has your organisation done to encourage feedback from service users on their experience of your services?	**What has your organisation done to respond to service user feedback to improve/redesign your services?**	**How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?**
Prevention Services (to protect & improve health). This includes Screening Services	Monthly patient experience Audiology (adult and paediatric) 510 surveys collected across ABMU. Weekly and monthly patient experience Endoscopy 1,458 surveys collected across	Audiology reports created and placed on notice boards for members of the public to see. Any issues raised in the feedback are addressed and reported back via the 'You said – We did' report. You said- We did reports posted on ABM website. Endoscopy reports created and placed on notice boards for members of the public to see.	Patient feedback reports are used when developing service improvements in the Commissioning Intelligence Centre Of Excellence. Patient Feedback reports are used to inform the Value Based Healthcare Work. Patient feedback reports are used to improve services and reported in the Delivery Units

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	ABMU. Patient experience feedback collected for Gum clinics although numbers are low, 62 for this time. Monthly and Weekly patient experience feedback for Haematology is collected across ABMU and during this time frame 747 surveys collected. Overall satisfaction rate of 98% Phelbotomy monthly and weekly patient feedback collected across ABM, for this time period 395 Friends and Family test were collected. Satisfaction rate was low 80%	Any issues raised in the feedback are addressed and reported back via the 'You said – We did' report. You said- We did reports posted on ABM website. Service managers review the feedback and use to highlight issues and improve services. Haematology reports created and placed on notice boards for members of the public to see. Any issues raised in the feedback are addressed and reported back via the 'You said – We did' report. You said- We did reports posted on ABM website. Hotspot wards are identified across inpatient ward, which are averaging below 90% satisfaction rate on Friends and Family responses. Each of the DSU management teams receive detailed reports identified the themes and develop action plan for improvement at ward level. The hotspot performance can be considered in	Quality and assurance meetings. Any outcomes are captured on the Datix system. Patient feedback reports are used to improve services and reported in the Delivery Units Quality and assurance meetings.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
		conjunction with each DSU individual report. It is then possible to identify any triangulated areas of concern from incidents or concerns. Patient users and report results placed on the clinic/ward areas for members of the public to review.	The Cancer feedback report was shared with All Wales Cancer Network. And is used for the Macmillan Peer reviews.
	Cancer services: During 2017/18 There were 2,111 Friends and Family collected across the cancer services with a recommended score of 96%. Clinical Nurse Specialist (CNS) surveys for Paediatric service were developed late 2017. To date they have captured 217 Friends and Family Cards. This survey captures diabetes, respiratory, epilepsy, nutrition, endocrine and enuresis.	Hotspot wards are identified across inpatient ward, which are averaging below 90% satisfaction rate on Friends and Family responses. Each of the DSU management teams receive detailed reports identified the themes and develop action plan for improvement at ward level. The hotspot performance can be considered in conjunction with each DSU individual report. It is then possible to identify any triangulated areas of concern from incidents or concerns. Patient users and report results placed on the clinic/ward areas for members of the public to review. All weekly reports are shared with	The weekly reports are sent to the Service Managers and patient feedback is linked into the DSU reports. DSU reports the Quality Improvement plan, which feeds into the IMPT plan.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
		the team and placed on the department notice board. Any issues raised in the feedback are addressed and reported back via the 'You said – We did' report.	
	Patient feedback captured via the Friends and Family survey is populating the ABM Elderly Dashboard.	Feedback is used to theme issues and improve services. The 'at a glance' dashboard links allows services manager and staff to view there areas and have a better understanding of the issues across their areas	Elderly dashboard is reported in the Quality Improvement plan, which feeds into ABMS IMTP.
	Patient Advice Liaison Service (PALS) teams are set up in our four acute sites and provide support to patients and families and help to 'nip issues in the bud'.	PALS team respond to the service user via email, telephone, skype, or face to face.	PALS activity is recorded via the Datix system. Issues and concerns are escalated to complaints teams. Information captured in the Datix System informs the IMPT.
	<u>GENERAL INFORMATION</u> ABMU overall Friends and Family recommendation rate is 95% during this time frame, for two months during 2017 the recommended rate reached 96%.	Results of the ward visits are given feedback on area of good practice and improvements required. Wards produce improvement plans based on the feedback received. Improvement plans are discussed	

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	Real time alerts. These alerts are generated when a member of the pubic write/type a particular 'buzz word' on the online Friends and Family Test. The email alert is sent to the Ward Manager for review and if needed urgent action. There are 500 volunteers across ABM and they play an active part in obtaining the patient feedback i.e. supporting those who find it difficult to complete forms, organising and distributing the Friends and Family and All Wales Patient Experience Surveys. **<u>FUTURE DEVELOPMENTS</u>** Macmillan/GPs and ABM working to develop bespoke questionnaire to capture patient feedback on cancer pathways. Sexual Health Clinics Childhood immunisation Linking with the top 5 Public	in units Quality and Safety meetings and also included in unit exception reports, which are presented to Corporate Quality and Safety Committee meetings. Being on the front line they link with staff to ensure any issues are dealt with.	The work the volunteers undertake is reported centrally in the Annual Quality plan

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	Health initiatives, to gather feedback.		
Primary Care	Bespoke patient survey created for the PRAMS service to help support improvements and developments. Users of the service were very happy with the service but felt they wanted it to be extended for a few more weeks as they found it 6 week too short. Bespoke Ophthalmology patient feedback surveys created for the team to use. During this time, 76 surveys completed. District nursing patient feedback surveys used. Although numbers are low during this period. **<u>General Information</u>** Patient Experience feedback reports are shared with our Stake Holder Reference Group	Report shared with service users via email. Report sent to Service managers to review and develop action plans where needed. District nursing reports are used to support improvement work with the managers. The report is linked to the DSU reports and feeds in to the ABM overall report.	PRAMS Service Managers reviewing the survey results and will discuss the future improvements. Any actioned required reported back to the DSU Quality and Assurance meetings. DSU reports the Quality Improvement plan, which feeds into the IMPT plan. This data is reported in the ABMU Quality and Safety Committee.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	at bi-monthly meetings. Let's Talk is a platform members of the public use. They can send us a messages, concerns, feedback or compliments about a service. Twitter and Facebook: Managed by the communications department Care Opinion: Managed by the Corporate Nursing Team Compliments: On the Health Board website, there is a link to follow to provide feedback for Primary Care Services within each area. The Health Board records all written compliments on their Datix system to ensure positive feedback is recorded and reported effectively The Health Board is now in its 4th year of collecting Friends and Family Test (**Real Time – Short Surveys)** across the organisation The Health Board collect 1,085		This data is reported in the ABMU Quality and Safety Committee. This data is reported in the ABMU Quality and Safety Committee.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	Primary Care Friends and Family feedback forms with an overall recommendation rate of 91% during April 2017 to March 2018 Retrospective – More in depth surveys – The health board utilities the All Wales Framework during this time frame 424 All Wales Surveys were completed with a satisfaction rate of 93%. **<u>Future Developments</u>** Primary Care and Patient feedback teams have meet to discuss capturing patient feedback and increasing the overall numbers. This is ongoing work. Increase the use of F&F across the District nursing area. Developing surveys and Capturing feedback from: Dentists, Care homes, School	Hotspot areas are identified across inpatient ward, which are averaging below 90% satisfaction rate on Friends and Family responses. Each of the DSU management teams receive detailed reports identified the themes and develop action plan for improvement at ward level. The hotspot performance can be considered in conjunction with each DSU individual report. It is then possible to identify any triangulated areas of concern from incidents or concerns. Member of the public is contacted and discussions on the issues raised in the alert. If a serious concern then it is recorded on the Datix system.	Delivery Unit specific reports are generated and taken bi-monthly to the Quality and Safety Committee. Hospital site reports are published on the Health Board Internet website together with 'You said – We did' which given a sample of the actions undertaken because of direct patient feedback. Reported in the Unit Quality and Safety meeting.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	nursing, Community Midwives, Prisons.		
Planned Care	Endoscopy survey developed. During this time scale 892 Friends and Family cards have been completed. With 545 bespoke surveys competed. Surveys also cross over screening services	Patient Feedback results are used to develop action plans for service improvements. Example question: Given a choice of time and date of test. Results show that 93% were given a choice. How they accomplish this, is by clerical staff undertake a telephone pre-assessment for all patient attending for procedures – If patients have difficulty attending appointments this is discussed.	Unit manager is responsible for receiving reports, ensuring feedback is provided and actions taken where needed. Results are displayed on the 'Know how we are doing board. Results and action are discussed and agreed in department bi-monthly staff user group meetings.
	Maternity: there were 11,272 Friends and Family tests completed by patients who attended the maternity departments during this time frame. The recommended satisfaction rate across maternity was 98%. Maternity bespoke survey is also running in parallel and 895 survey were completed with	Main themes from the F&F and bespoke survey was: Parking, Food, Waiting, and department being busy. Maternity feedback results are reported to the Quality and Safety Meetings. Ward managers post the report on the Ward notice boards. You said: would like an information pack for younger parents. We did: Contacts the Council who	Maternity feedback used to inform IMPT

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	overall satisfaction rate of 85%. Survey also cover antenatal services which also come under screening services.	already have packs and they are now on the Maternity wards for staff to give to younger parents.	
	Day Surgery patient experience feedback collected across ABM. During this time period 2,224 forms completed with a satisfaction rate of 99%.	Day Surgery reports sent to Unit nurse directors and ward managers to help inform any improvement work. Although patient feedback is telling us services users do not want any changes made, as it is a wonderful service and staff are amazing.	Ward reports used to inform IMPT
	General Information The Health Board is now in its 4th year of collecting Friends and Family Test (**Real Time – Short Surveys)** across the organisation The Health Board collect 51,804 Planned Care Friends and Family feedback forms during April 2017 to March 2018 with a recommended satisfaction rate of 95%. Retrospective – More in depth surveys – The health board	Hotspot wards are identified across inpatient ward, which are averaging below 90% satisfaction rate on Friends and Family responses. Each of the DSU management teams receive detailed reports identified the themes and develop action plan for improvement at ward level. The hotspot performance can be considered in conjunction with each DSU individual report. It is then possible to identify any triangulated areas of	Delivery Unit specific reports are generated and taken bi-monthly to the Quality and Safety Committee. Hospital site reports are published on the Health Board Internet website together with 'You said – We did' which given a sample of the actions undertaken as a result of direct patient feedback.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	utilities the All Wales Framework questionnaire which is undertaken within all patient areas and reported on a bi-monthly basis to the Quality and Assurance Committee. During this time frame 3,782 surveys were completed. Quality Assurance Framework Patient survey toolkit (Previously the 15 Steps challenge) is used to capture feedback from ward areas. Scheduled visits and announced visits take throughout the year. Patient Advice Liaison Service (PALS) teams are set up in our four acute sites and provide support to patients and families and help to 'nip issues in the bud'. Let's Talk is a platform members of the public use. They can send us a messages, concerns, feedback or compliments about a service.	concern from incidents or concerns. Main themes: Car parking, Waiting times, quality of food. PALS team respond to the service user via email, telephone, skype, or face to face.	Information used to inform the IMPT PALS activity is recorded via the Datix system. Issues and concerns are escalated to complaints teams. Information captured in the Datix System informs the IMPT.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	Twitter and Facebook: Managed by the communications department Care Opinion: Managed by the Corporate Nursing Team Patient Stories: ABM has developed a Patient Story Toolkit and Staff and Patient Stories are developed and viewed at Board level. Used for learning and development and improvement work across the organisation.		Patient Stories are reviewed at Stakeholder Reference Group and ABM Board meetings and used to inform IMPT.
Emergency & Unscheduled Care	Support from volunteer services (Red Cross), who help patients complete the Friends and Family test throughout the week at A&E, Morriston Hospital. 5,067 Friends and Family surveys have been competed from across **ABM Emergency Department, A&E, MIU, SAU.**	Emergency service reports sent to Unit nurse directors and ward managers to help inform any improvement work. Main theme for the Emergency departments is: waiting times. Hotspot areas are identified across inpatient ward, which are averaging below 90% satisfaction rate on Friends and Family responses. Each of the DSU management teams receive detailed reports identified the themes and develop	Delivery Unit specific reports are generated and taken bi-monthly to the Quality and Safety Committee. Hospital site reports are published on the Health Board Internet website together with 'You said – We did' which given a sample of the actions undertaken as a result of direct patient feedback. Information used to inform the IMPT

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
		action plan for improvement at ward level. The hotspot performance can be considered in conjunction with each DSU individual report. It is then possible to identify any triangulated areas of concern from incidents or concerns. You said: we need to have information on the waiting times in the department We did: New information screen fitted displaying waiting times and health information.	
	Paediatric Assessment Unit (PAU) patient feedback collected during this time see's 200 completed forms and a satisfaction rate of 95%	Ward report sent to Unit Nurse Director, ward manager for review. Any complaints or issued raised are logged on Datix.	Delivery Unit specific reports are generated and taken bi-monthly to the Quality and Safety Committee. Hospital site reports are published on the Health Board Internet website together with 'You said – We did' which given a sample of the actions undertaken as a result of direct patient feedback. Information used to inform the IMPT
	Sharing data from our patient		

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	feedback with Welsh Government. i.e Winter pressures review Sharing data from our patient feedback with Community Health Council. Helping to give a better understanding of the service user's perspective. **<u>General Information</u>** Patient Advice Liaison Service (PALS) teams are set up in our four acute sites and provide support to patients and families and help to 'nip issues in the bud'. Let's Talk is a platform members of the public use. They can send us a messages, concerns, feedback or compliments about a service. Twitter and Facebook: Managed by the communications department Care Opinion: Managed by the Corporate Nursing Team **<u>Future Developments</u>**	Reported in Patient Experience section in the Quality and Assurance Report. PALS team respond to the service user via email, telephone, skype, or face to face. Reported in Patient Experience section in the Quality and Assurance Report.	Information used to inform the IMPT PALS activity is recorded via the Datix system. Issues and concerns are escalated to complaints teams. Information captured in the Datix System informs the IMPT.

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services?	How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?
	Develop feedback system for 111, and GP Out Of hours		
Community Care & Patient Transport	WAST are the major provider of our patient transport service, the Health Board do not provide the service. The Health Board liaises with WAST to discuss any compliments / concerns. ABM provide monthly themed report for the Friends and Family Survey shared with WAST on any issues or concerns which may have been identified around transport **<u>Future Development</u>** Develop discharge survey asking for feedback on the discharge process and build in the question 'did you have transport home?'	In the regular meetings between the Health Board and WAST service improvements are discussed. Examples include Renal and Oncology. WAST Patient Experience managers use the information to improve their services.	Patient transport has been included in IMTP. This will inform the IMTP

Completed form to be returned to: hss.performance@gov.wales