# **DELIVERY UNIT PLAN DASHBOARD - MORRISTON**

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Enabling Objective	# Actions		Milestones on Track (%)				
Enabling Objective	# Actions	Q1	Q2	Q3	Q4		
Partnerships for Improving Health & Wellbeing	0	0					
Co-production & Health Literacy	0	0					
Digitally Enabled Health & Wellbeing	0	0					
Best Value Outcomes from high Quality Care	85	38%					
Partnerships for Care	0	0					
Excellent Staff	7	28%					
Digitally Enabled Care	0	0					
Outstanding Research, Innovation, Education & Learning	3	66%					

Koy Actions		Quarter -	- On Track	
Key Actions	Q1	Q2	Q3	Q4
Continue to explore a range of options to reduce the medical bed deficit in				
Morriston Hospital				
Integrated plan for surgery which includes theatre				
staffing/anaesthetics/surgeon/bed and trolley capacity				
Development of a business case for a hybrid theatre and 2nd MRI scanner and				
SDMU/SSS wrap around - capital				
Major Trauma Unit				
Implement the agreed medical take model for Swansea				
Development of a clear out of hours model (Hospital 24/7) for Morriston Hospital				
and a GI bleed rota for Swansea and Neath population				
Regional/South Wales Developments				

#### QUALITY

	Measure		18/19		Pe	rformance		
	Weasure	HB Target	10/19		Q1	Q2	Q3	Q4
	C.difficile (15% reduction)	151 (cuml)		Actual				
	c.unnene (15% reduction)		TBC	Profile	6	5	6	6
	S.aureus bacteraemia (10%	151 (		Actual				
	reduction)	151 (cuml)	TBC	Profile	3	3	3	4
	E.cole bacteraemia (5%	452 (		Actual				
HCAIs	reduction)	452 (cuml)	TBC	Profile	6	4	6	5
	Klebsiella spp. Bacteraemia (5%	110		Actual				
	reduction)	116 (cuml)	TBC	Profile	2	5	4	3
	Pseudomonas aeruginosa	22 ( 1)		Actual				
	bacteraemia (5% reduction)	32 (cuml)	TBC	Profile	1	0	1	1
	Serious Incidents (closed& delt	80%	00/*	Actual				
	with) <60Wrk Days	80%	0%*	Profile	80%	80%	80%	80%
Patient	Complaints response <30days	80%	97%	Actual				
Exp.		00%	9170	Profile	80%	80%	80%	80%
	Friends and Family Test - would	90%	94%	Actual				
	recommend	90%	0 9470	Profile	90%	90%	90%	90%

## PERFORMANCE

	Maaaura		10/10		Pei	formance			
	Measure	HB Target	18/19		Q1	Q2	Q3	Q4	
	4hr A&E %	86%	TBC	Actual	63%				
				Profile	73%	73%	82%	82%	
USC	12hr A&E %	180	ТВС	Actual	644				
	12111 AQE 70	100 100	Profile	273	238	211	180		
	Handover %	145	ТВС	Actual	681				
		145	IBC	Profile	201	200	241	145	
Stroke	Admission <4 hrs	84%	81%	ТВС	Actual	57%			
JUOKE	Aumi331011 <4 mi3	0470	TBC	Profile	78%	80%	82%	84%	
	31 days %	98%	твс	Actual	82% draft				
Cancer	51 Udys 70	5670	TBC	Profile	98%	98%	98%	98%	
Cancer	62 days %	94%	ТВС	Actual	76% draft				
	02 days 70	5470	TBC	Profile	89%	87%	87%	94%	
	OP >26 Weeks	0		Actual	155				
RTT	01 20 WEEKS	0	TBC	Profile	0	0	0	0	
	>36 Weeks	1,921		Actual	2,198				
		1,521	TBC	Profile	2,125	2,098	2,135	1,921	

## WORKFORCE

Measure	HB Target	18/19	Perf
PADR	85%	68 73%	Act
	0.570	68.73% 6.03%	Pro
Sickness Absecnce	5%	6 02%	Act
Sickness Absectice	570	0.05%	Pro
Statutory & Mandatory Training	85%	70.06	Act
	63%	70.00	Pro

## FINANCE

Managuran		18/19	Performance					
Measures	HB Target	10/19		Q1	Q2	Q3	Q4	
Financial Position	ТВС	I IBC I	Actual					
	IDC		Profile	TBC	TBC	TBC	TBC	
Covingo Idontification	70.0	ТВС	Actual					
Savings Identification	TBC		Profile	TBC	TBC	TBC	TBC	
Savings Delivery	трс	ТВС	Actual					
Savings Delivery	TBC	IBC	Profile	TBC	TBC	TBC	TBC	

\*March 2019 position



#### rformance Q1 Q2 Q3 Q4 ctual 64% 72% ofile 77% 80% 85% ctual 6.13% (May-Reducing Long term Sickness by 0.5% ofile ctual 72% ofile 78% 85% 85% 85%

# **DELIVERY UNIT PLAN DASHBOARD - NEATH PORT TALBOT**

PLAN

Enabling Objective	# Actions		Milestones on Track (%)				
Enabling Objective	# Actions	Q1	Q2	on Track (% Q3	Q4		
Partnerships for Improving Health & Wellbeing	0	0					
Co-production & Health Literacy	1	100%					
Digitally Enabled Health & Wellbeing	0	0					
Best Value Outcomes from high Quality Care	20	60%					
Partnerships for Care	0	0					
Excellent Staff	0	0					
Digitally Enabled Care	0	0					
Outstanding Research, Innovation, Education & Learning	0	0					

		Quarter -	On Track	-
Key Actions	Q1	Q2	Q3	Q4
To develop medication management through the whole hospital system. Providing support to the patient flow				
Unscheduled Care - MIU structure				
Expand the Physiotherapy role at the front door to support initial outreach follow up in the community to maintain admission avoidance				
Paediatric OT providing education sessions to carers and all stake holders around the child-Empowering parents/ carers/ teaching staff. (Funding identified for				
Develop Business Case to implement of Foodwise in Pregnancy across the HB				

## PERFORMANCE

	Measure	UP Target	18/19		Pei	rformance		
	weasure	HB Target			Q1	Q2	Q3	Q4
	4hr A&E %	86%	ТВС	Actual	97%			
	4111 AQE 70	0070	5070 IBC	Profile	99%	99%	99%	99%
USC	12hr A&E %	180	TBC	Actual	0			
USC		100	IDC	Profile	0	0	0	0
	Handover %	145	ТВС	Actual				
	Handover %	145	IBC	Profile		0	0	0
	OP >26 Weeks	0		Actual	0			
RTT	OP >20 Weeks	0	TBC	Profile	0	0	0	0
	>36 Weeks	1,921		Actual	0			
	>30 Weeks	1,921	TBC	Profile	0	0	0	0

Measure	UP Torget	18/19	Performance					
wiedsure	HB Target			Q1	Q2	Q3	Q4	
PADR	85% 81.8	85% 81.84%	Actual	77%				
PADR		01.04%	Profile	75%	80%	85%	90%	
Sickness Absecnce	F0/	5.45%	Actual	5.41%				
Sickness Absectice	5%		Profile	5.0%	4.80%	4.60%	4.30%	
Statutory & Mandatory Training	0.5.0/	82 01%	Actual	86%				
	85%		Profile	75%	80%	85%	90%	

# FINANCE

Measures		18/19	Performance					
lvieasures	HB Target	10/19		Q1	Q2	Q3	Q4	
Financial Desition	TRC	TDC	Actual					
Financial Position	TBC	TBC	Profile	TBC	TBC	TBC	TBC	
Savings Identification	ТВС	I TBC	Actual					
Savings identification	IDC		Profile	TBC	TBC	TBC	TBC	
	TRC	TBC	Actual					
Savings Delivery	TBC		Profile	TBC	TBC	TBC	TBC	

# QUALITY

	Maaaaaa		18/19		Pe	erformance		
	Measure	HB Target			Q1	Q2	Q3	Q4
	C.difficile (15% reduction)	151 (cuml)	TBC	Actual				
		IJI (cumi)	TBC	Profile	0	0	1	1
	S.aureus bacteraemia (10%	151 (	ТВС	Actual				
	reduction)	151 (cuml)		Profile	0	0	1	0
HCAIs	E.cole bacteraemia (5%	452 ()	TBC	Actual				
TICAIS	reduction)	452 (cuml)		Profile	1	1	2	0
	Klebsiella spp. Bacteraemia (5%	116 (	TBC	Actual				
	reduction)	116 (cuml)		Profile	0	0	0	0
	Pseudomonas aeruginosa	22 (2000)	TBC	Actual				
	bacteraemia (5% reduction)	32 (cuml)		Profile	0	0	0	0
	Serious Incidents (closed& delt	80%	50%*	Actual				
	with) <60Wrk Days	80%	50%	Profile	80%	80%	80%	80%
Patient	Complaints response <30days	80%	85%	Actual				
Exp.		0070	03/0	Profile	80%	80%	80%	80%
	Friends and Family Test - would	90%	00%	Actual				
	recommend	50%	99%	Profile	90%	90%	90%	90%

	WORKFORCE		
	Measure	HB Target	
	PADR	85%	Ş



# **DELIVERY UNIT PLAN DASHBOARD - MENTAL HEALTH & LEARNING DISABILITIES**

## PLAN

Enabling Objective	# Actions	Milestones on Track (%)					
Enabling Objective	# Actions	Q1	Q2	Q3	Q4		
Partnerships for Improving Health & Wellbeing	2	100%					
Co-production & Health Literacy	6	50%					
Digitally Enabled Health & Wellbeing	1	100%					
Best Value Outcomes from high Quality Care	26	53%					
Partnerships for Care	2	50%					
Excellent Staff	4	75%					
Digitally Enabled Care	1	0%					
Outstanding Research, Innovation, Education & Learning	1	100%					

Kou Actions		Quarter -	On Track	
Key Actions	Q1	Q2	Q3	Q4
Reconsideration of service model for Older People's Mental Health in patient care				
with local authorities as a result of boundary change				
Development of Suicide prevention action plan for the NPT and Swansea areas				
with key partners				
Development of common LD service model and modenisation plan in partnership				
with 3 health Boards and 7 local authorities .				
Implementation of the Adult Mental Health Strategic framework				
Development of Adult Acute Business case to replace the not fit for purpose				
estate still in use at Cefn Coed Hospital				
Interim solution to reprovide Psychiatric Intensive Care Unit.				

#### QUALITY

	Maaaura		19/10	Performance					
	Measure	HB Target	18/19		Q1	Q2	Q3	Q4	
	C.difficile (15% reduction)	151 (cuml)	ТВС	Actual					
			TBC	Profile	0	0	0	0	
	S.aureus bacteraemia (10%	151 (cuml)	TBC	Actual					
	reduction)	IJI (cumi)		Profile	0	0	0	0	
HCAIs	E.cole bacteraemia (5%	452 (	ТВС	Actual					
IICAIS	reduction)	452 (cuml)		Profile	0	0	0	0	
	Klebsiella spp. Bacteraemia (5%	116 (	TBC	Actual					
	reduction)	116 (cuml)		Profile	0	0	0	0	
	Pseudomonas aeruginosa	22	TBC	Actual					
	bacteraemia (5% reduction)	32 (cuml)		Profile	0	0	0	0	
	Serious Incidents (closed& delt	80%	0%*	Actual					
	with) <60Wrk Days	0070	0%"	Profile	80%	80%	80%	80%	
Patient	Complaints response <30days	80%	96%	Actual					
Exp.		0070	90%	Profile	80%	80%	80%	80%	
	Friends and Family Test - would	90%	720/	Actual					
	recommend	90%	73%	Profile	90%	90%	90%	90%	

## PERFORMANCE

	Maggura	LID Torget	18/19		Per	formance		
	Measure	HB Target	18/19		Q1	Q2	Q3	Q4
	Assessment <=28 days	80%	ТВС	Actual	96% (May-19)			
SS	Assessment ~-20 days	0070	TDC	Profile	92%	92%	93%	93%
LPMHSS	Intervention <=28 days	80%	ТВС	Actual	95%(May-19)			
гы		0070	IBC	Profile	84%	84%	86%	86%
СТР	People with Care Plan	90%	ТВС	Actual	89% (May-19)			
CIP		5078	TDC	Profile	90%	90%	90%	90%
HI Psych	<= 26 weeks	100%	TBC	Actual	100%			
Therapy			IDC	Profile	95%	98%	100%	100%
S	ED <= 4 hours	100%	ТВС	Actual				
Psychiatric Liaison		10070		Profile	90%	92%	97%	100%
sych Liai	Ward <=48 hours	100%	ТВС	Actual				
4	Waru <-48 hours	10070		Profile	85%	90%	95%	100%
OP	<=10 weeks	100%	TBC	Actual				
UF	<-10 weeks	100%		Profile	100%	100%	100%	100%
	Number of Patients	ТВС	TBC	Actual	33			
DTOC	Number of Fatients	TBC	TDC	Profile	TBC	TBC	TBC	TBC
Dioc	Number of Days	ТВС	ТВС	Actual	2827			
			IBC	Profile	TBC	TBC	TBC	TBC
CDAT	Assessment <=20 days	100%	TBC	Actual	100%			
CDAT		10070		Profile	100%	100%	100%	100%

# WORKFORCE

Maasura		18/19	Performance						
Measure	HB Target			Q1	Q2	Q3	Q4		
PADR	85%	74.42%	Actual	67%					
	85%		Profile	80%	81.50%	83%	85%		
Sickness Absecnce	5%	6.17%	Actual	6.24%					
Sickness Absectice			Profile	5.73%	5.63%	5.53%	5.43%		
Statutory & Mandatory Training	85%	80.73%	Actual	82%					
Statutory & Mandatory Training			Profile	80%	81.50%	83%	85%		

# FINANCE

Maagurag		18/19	Performance						
Measures	HB Target	10/19		Q1	Q2	Q3	Q4		
Financial Position	ТВС	TDC	Actual						
		TBC	Profile	TBC	TBC	TBC	TBC		
Savings Identification	TDC	ТВС	Actual						
Savings Identification	TBC		Profile	TBC	TBC	TBC	TBC		
Savings Delivery	трс	TBC	Actual						
Savings Delivery	TBC		Profile	TBC	TBC	TBC	TBC		



# **DELIVERY UNIT PLAN DASHBOARD - SINGLETON**

PLAN

Enabling Objective	# Actions	1	Milestones on Track (%)			
Ellabiling Objective	# Actions	Q1	Q2	Q3	Q4	
Partnerships for Improving Health & Wellbeing	0					
Co-production & Health Literacy	0					
Digitally Enabled Health & Wellbeing	0					
Best Value Outcomes from high Quality Care	94	46%				
Partnerships for Care	1	0%				
Excellent Staff	6	33%				
Digitally Enabled Care	24	37%				
Outstanding Research, Innovation, Education & Learning	1	100%				

Key Actions		Quarter -	- On Track	
Rey Actions	Q1	Q2	Q3	Q4
Implementation of Front Door Redesign Action Plan within SDU.				
Reduce DToCs and Medically Fit for Discharge patients year on year from the 2018/19 baseline.				
ABMU outpatient Improvement Plan Singleton Outpatient Improvement Plan				
Implement the recommendations of the new Capita report regarding our surgical services strategy				
Delivery Transitional Care Unit.				
Ddelivery Cancer Strategy Improvements and Single Cancer Pathways				

#### QUALITY

	Magazina		10/10	Performar	nce			
	Measure	HB Target	18/19		Q1	Q2	Q3	Q4
	C.difficile (15% reduction)	151 (cuml)		Actual				
			TBC	Profile	3	1	2	1
	S.aureus bacteraemia (10%	151 (cuml)		Actual				
	reduction)		TBC	Profile	1	2	2	1
HCAIs	E.cole bacteraemia (5%	452 (cuml)		Actual				
ILAIS	reduction)	432 (cumi)	TBC	Profile	4	4	2	1
	Klebsiella spp. Bacteraemia (5%	116 (cuml)		Actual				
	reduction)		TBC	Profile	2	1	2	1
	Pseudomonas aeruginosa	32 (cuml)		Actual				
	bacteraemia (5% reduction)	SZ (cumi)	TBC	Profile	0	0	1	1
	Serious Incidents (closed& delt	80%	*40%	Actual				
	with) <60Wrk Days	8076	4070	Profile	80%	80%	80%	80%
Patient	Complaints response <30days	80%		Actual				
Exp.		0070	86%	Profile	80%	80%	80%	80%
	Friends and Family Test - would	90%	94%	Actual				
	recommend	5070	5470	Profile	90%	90%	90%	90%

## PERFORMANCE

	Measure		18/19		Pe	erformance		
	ivieasure	HB Target	18/19		Q1	Q2	Q3	Q4
				Actual	MIU not			
	4hr A&E %	86%	TBC	Actual	open			
				Profile	99%	99%	99%	99%
USC	12hr A&E %	180	ТВС	Actual				
		100		Profile	0	0	0	0
	Handover %	145	ТВС	Actual	40			
				Profile	0	0	0	0
	21 days %	98%	ТВС	Actual	90% draft			
Concor	31 days %	9070		Profile	98%	98%	98%	98%
Cancer		0.49/	ТВС	Actual	72% draft			
	62 days %	94%	IBC	Profile	89%	87%	87%	94%
	OP >26 Weeks	0		Actual	142			
RTT	OF 20 WEEKS	0	TBC	Profile	0	0	0	0
	>36 Weeks	1,921		Actual	120			
	>50 WEEKS		TBC	Profile	0	0	0	0

## WORKFORCE

Measure		18/19	Performance						
	HB Target			Q1	Q2	Q3	Q4		
PADR	85%	70.97%	Actual	70%					
			Profile	70%	75%	80%	85%		
Sickness Absecnce	5%	6.07%	Actual	6.1%					
Sickness Absectice			Profile	5%	5%	5%	5%		
Statutory & Mandatory Training	85%	76.54%	Actual	78%					
			Profile	70%	75%	80%	85%		

# FINANCE

Measures		18/19	Performance						
ivieasures	HB Target	10/19		Q1	Q2	Q3	Q4		
Financial Position	TRC	ТВС	Actual						
	TBC		Profile	TBC	TBC	TBC	TBC		
	ТВС	ТВС	Actual						
Savings Identification	IBC		Profile	TBC	TBC	TBC	TBC		
Savings Delivery	TRC	ТВС	Actual						
	TBC		Profile	TBC	TBC	TBC	TBC		



# **DELIVERY UNIT PLAN DASHBOARD - PRIMARY & COMMUNITY SERVICES**

# PLAN

Enabling Objective	# Actions	Milestones on Track (%)					
	# Actions           3           8           1           71           0	Q1	Q2	Q3	Q4		
Partnerships for Improving Health & Wellbeing	3	0%					
Co-production & Health Literacy	8	86%					
Digitally Enabled Health & Wellbeing	1	0%					
Best Value Outcomes from high Quality Care	71	45%					
Partnerships for Care	0						
Excellent Staff	1	100%					
Digitally Enabled Care	0						
Outstanding Research, Innovation, Education & Learning	1	100%					

	Quarter - On Track						
Key Actions	Q1	Q2	Q3	Q4			
Work with partners to delive Neighbourhood Approach.							
Wellness Centre							
Roll out the Whole System Transformation programme model (Cwmtawe) to all 8 Clusters							
The development of Cluster Plans and implementation of pace setter projects in line with cluster priorities.							
Reduce reliance on face to face ophthalmology outpatient appointments							
Increase access to general dental services							

## QUALITY

Measure			18/19	Performance (Community/Hospital)					
		HB Target	18/19		Q1	Q2	Q3	Q4	
	C.difficile (15% reduction)	151 (cuml)		Actual					
			TBC	Profile	3/0	3/0	3/0	3/0	
	S.aureus bacteraemia (10%	151 (cuml)		Actual					
	reduction)		TBC	Profile	8/0	5/1	9/0	6/0	
HCAIs	E.cole bacteraemia (5%	452 (cuml)		Actual					
ICAIS	reduction)	432 (cumi) 116 (cumi)	TBC	Profile	26/0	30/0	24/0	32/0	
	Klebsiella spp. Bacteraemia (5%			Actual					
	reduction)		TBC	Profile	2/0	5/0	5/0	5/0	
	Pseudomonas aeruginosa	32 (cuml)		Actual					
	bacteraemia (5% reduction)	32 (cumi)	TBC	Profile	2/0	2/0	1/0	2/0	
	Serious Incidents (closed& delt	80%	50%*	Actual					
	with) <60Wrk Days	8070	J070	Profile	80%	80%	80%	80%	
Patient	Complaints response <30days	80%		Actual					
Exp.		0070	75%	Profile	80%	80%	80%	80%	
	Friends and Family Test - would	90%	99%	Actual					
	recommend	50%	5570	Profile	90%	90%	90%	90%	

#### PERFORMANCE

Measure		HB Target 18/19		Performance						
		HB Target	18/19		Q1	Q2	Q3	Q4		
Planned Care	Outpatients waiting			Actual	0					
	>26wks	TBC	TBC	Profile	0	ТВС	ТВС	ТВС		
	Treatment waits >36			Actual	0					
	wks	TBC	TBC	Profile	0	ТВС	ТВС	ТВС		
	Therapy waits >14			Actual	0					
	weeks	TBC	TBC	Profile	0	ТВС	ТВС	ТВС		
	% GPs open core hrs			Actual	96%					
	/within 1hr	TBC	TBC	Profile	TBC	ТВС	ТВС	ТВС		
	% Gp daily appt 5-			Actual	86%					
Access	6.30pm	TBC	TBC	Profile	TBC	ТВС	ТВС	ТВС		
	% non rog accessing			Actual	62%					
	%pop reg accessing . dental care	ТВС		Actual	(Dec-18)					
			TBC	Profile	TBC	ТВС	ТВС	ТВС		

#### WORKFORCE

Measure	HB Target	18/19	Performance						
	nb taiget			Q1	Q2	Q3	Q4		
PADR	85%	77.95%	Actual	80%					
			Profile	80%	82%	83%	85%		
	5%	5.40%	Actual	5.4%					
Sickness Absecnce			Profile	5.28%	5.15%	5.08%	5.00%		
Statutory & Mandatory Training	85%	84.98%	Actual	86%					
			Profile	85%	85%	85%	85%		

# FINANCE

Magguras		10/10	Performance						
Measures	HB Target	18/19		Q1	Q2	Q3	Q4		
Financial Position			Actual						
Financial Position	TBC	TBC	Profile	TBC	TBC	TBC	TBC		
			Actual						
Savings Identification	ТВС	TBC	Profile	TBC	TBC	TBC	TBC		
			Actual						
Savings Delivery	ТВС	TBC	Profile	TBC	TBC	TBC	TBC		



Unit Actions									
	Morr	Sngltn	NPT	MHLD	PCS				
Unit Plans									
<ul> <li>Confirm via email sign off of plans by DU lead</li> </ul>	$\checkmark$	✓	✓	$\checkmark$					
Dashboards									
<ul> <li>Complete workforce measure profiles</li> </ul>	$\checkmark$	✓	$\checkmark$	$\checkmark$					
<ul> <li>Review and amend key actions as appropriate</li> </ul>	$\checkmark$	✓	✓	✓					
<ul> <li>Performance Profiles for MH to be completed</li> </ul>	N/A	N/A	N/A	$\checkmark$	N/A				
<ul> <li>Performance Profiles for PCS to be completed</li> </ul>	N/A	N/A	N/A	N/A					

Notes

HB end of year position to be confirmed on release of final Q4 Perfomrance Report Financial targets and profiles to be confirmed on completion of financial plan 2019/20