Meeting Date	20th June 2018	Agenda Item	
Report Title	Integrated Performance Report		
Report Author	Hannah Roan, Performance and Contracting Manager Darren Griffiths, Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy Executive Leads		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2018/19 NHS Wales Delivery Framework.		
Key Issues	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.		

Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	

Recommendations	Members are asked to: • To note current Health Board performance against key measures and targets and the actions being taken to improve performance.

Governance and Assurance

Link to corporate objectives (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.

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 Health Board and Performance & Finance Committee in May 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
• Outpatient waiting times continue to reduce in line with the internal profile and whilst the 36 week position deteriorated slightly in April, it recovered in May 2018 to be lower than March 2018. Performance for the first two months of 2018/19 did not mirror the significant increase that has occurred at the beginning of previous financial years. • Therapy waiting times continue to be maintained at (or below) 14 weeks. • Although below national target, staff appraisal rates and compliance with mandatory and statutory training continues to improve.	• Supporting and promoting the national #endpjparalysis campaign between April and July 2018 to support earlier and more timely patient discharge • Support the roll out of the telephone first model within General Medical Services • Improved and ongoing communication and awareness of the stroke pathway within hospital units and between services. Resolve pressures in breast, urology and gynaecology tumour sites • Once the ten never events investigations have been completed for 2017/18 a thematic review will be undertaken to identify any further learning/actions for the Health Board to take forward.
Opportunities	**Risks & Threats**
• Continued focus on pressure ulcers including the introduction of the Serious Incident Pressure Ulcer Causal Factor Analysis and piloting the development of a local strategic quality improvement plan in Singleton Delivery Unit. • Conduct a best practice case study on process, culture and leadership in POW Delivery Unit for management of sickness absence to share and adopt practices with other Delivery Units. • Aid the delivery of unscheduled care measures through learning from Breaking the Cycle and implementation of the SAFER bundle • Full implementation of outpatient appointment text reminder service implementation by October 2018 with the aim of continuing to improve DNA rates and maximise outpatient capacity.	• An increasing amount of frail older people at home are at increased risk of developing pressure damage. • Current increased use of pre-emptive beds on acute sites increases risks of infection transmission. • ABMU has the highest cumulative incidence of Clostridium difficile infection and Staph. aureus bacteraemia in comparison with the other major Welsh Health Boards. • Demand for cancer and urgent surgical cases utilising planned routine elective capacity and protecting elective bed capacity. • The acuity and complexity of patients arriving at ED by ambulance is increasing. • Ability to sustain an improving position for the number of patients waiting over 36 weeks. • Capacity gaps in Care Homes, Community Resource Teams. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of patients in hospital who are 'discharge fit' and increasing length of stay.

2. Targeted Intervention Priority Measures Summary- Health Board Level – May 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%										
		Profile	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%
	12 hour A&E waits	Actual	737	624										
		Profile	323	194	190	229	227	180	255	315	288	283	196	179
	1 hour ambulance handover	Actual	526	452										
		Profile	256	126	152	159	229	149	223	262	304	262	183	139
Stroke	Direct admission within 4 hours	Actual	37.0%	33.0%										
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	38.0%	43.3%										
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	86.0%	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%	5.6%										
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120										
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	3,398	3,349										
		Profile	3,357	3,264	3,252	3,219	3,152	2,956	2,725	2,683	2,986	2,846	2,689	2,748
	Diagnostic waits over 8 weeks	Actual	702	786										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	1										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	90%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	77%	89%										
		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										
		Profile	21	18	26	20	22	20	20	24	13	19	15	21
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	21										
		Profile	13	18	13	18	11	13	13	15	21	13	19	15
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	42	43										
		Profile	45	39	40	45	42	45	44	37	41	45	39	42

RAG status derived from performance against trajectory

3. Integrated Performance Dashboard

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

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

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	IMTP Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1			95%				*New measure for 2018/19. Awaiting publication of data.*													
	% of children who received 2 doses of the MMR vaccine by age 5	Q4 17/18	89%	95%	90%	✖	89.3%			92%			92%			91%			89%		
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q3 17/18	54%	4 quarter ↑ trend			83.1%			75%			61%			54%					
Influenza	% uptake of influenza among 65 year olds and over	Mar-18	68.2%	75%	70%	✖	68.8%							33%	66%	66%	68%	68%	68%		
	% uptake of influenza among under 65s in risk groups	Mar-18	46.7%	55%	65%	✖	48.5%		Data collection starts Oct-17					18%	43%	43%	46%	47%	47%		
	% uptake of influenza among pregnant women	2016/17		75%									2016/17= 81.5%. Awaiting publication of 2017/18 data								
	% uptake of influenza among children 2 to 3 years old	Mar-18	49.1%		40%	✔	50.2%							6.6%	44.9%	44.9%	48.4%	49.1%	49.1%		
	% uptake of influenza among healthcare workers	Mar-18	58.3%	50%	60%	✖								49%	54%	55%	57%	58%	58%		
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2016/17	4.8%	Annual ↑			23.7%						2016/17= 4.8%								
	% of adult smokers who make a quit attempt via smoking cessation services	Mar-18	2.5%	5% annual target	2.5%	✔	2.3%		0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%	1.7%	2.1%	2.3%	2.5%		
	% of those smokers who are co-validated as quit at 4 weeks	Q4 17/18	55.9%	40% annual target	40%	✔	42.6%			56%			54%			53%			56%		
Learning Disabilities	% people with learning disabilities with an annual health check			75%			Not avail.			*New measure for 2018/19. Awaiting publication of data.*											
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2016/17	37.2%	Annual ↓			38.7%						2016/17= 37.2%								

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

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Prescribing	Total antibacterial items per 1,000 STAR-Pus (specific therapeutic group age related prescribing unit)	Q4 17/18	364	4 quarter ↓			326			311			299			346			364		
	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q4 17/18	8.9%	4 quarter ↓			7.9%			10%			10%			9%			9%		
	NSAID average daily quantity per 1,000 STAR-Pus	Q4 17/18	1,496	4 quarter ↓			1,463			1,571			1,559			1,541			1,496		
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Apr-18	0	12 month ↓	0	✔	2		*Data not available*					0	0	0	0	0	0	0	
infection control	Cases of E.coli bacteraemias per 100k pop	May-18	95.7	TBC			82.84		95.66	96.55	115.68	111.23	117.24	120.13	85.05	93.43	109	44.33	88.98	85.05	95.66
	Number of E.Coli bacteraemias cases	May-18	43		39	✖			41	42	52	51	53	52	39	43	47	18	40	42	43
	Cases of S.aureus bacteraemias per 100k pop	May-18	46.7	TBC			30.13		42.27	32.18	42.27	24.47	34.48	28.92	39.08	57.84	31.14	51.72	31.14	28.92	46.72
	Number of S.aureus bacteraemias cases	May-18	21		18	✖			20	14	20	12	14	14	14	25	14	21	15	14	21
	Cases of C.difficile cases per 100k pop	May-18	40.0	TBC			36.59		46.72	75.86	53.39	57.84	50.57	53.39	66.66	31.14	44.49	41.87	51.17	57.84	40.04
	Number of C.difficile cases	May-18	18		18	✔			19	31	24	26	24	24	28	14	22	18	27	26	18
	Hand Hygiene Audits- compliance with WHO 5 moments	Apr-18	95%		0.95	✔			94%	95%	96%	99%	94%	96%	95%	96%	95%	95%	95%	95%	
Incidents	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Mar-18	-	0			-		-	-	-	1	-	2	-	0	-	0	-		
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	May-18	82%	90%	80%	✔	33.5%		87%	87%	88%	88%	86%	83%	86%	89%	85%	92%	92%	79%	82%
	Number of new Never Events	May-18	0	0	0	✔	2		0	0	0	0	1	0	1	1	1	2	4	0	0
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	May-18	47		Reduce	✔			66	61	46	33	34	47	43	49	51	37	46	48	47
	Total number of pressure ulcers acquired in hospital per 100k admissions	Apr-18	603		Reduce	✔			731	672	545	390	442	525	495	572	602	497	553	603	
	Number of grade 3, 4, suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital	May-18	9		Reduce	✔			14	28	14	15	12	18	19	19	22	13	26	17	9
	Number of grade 3, 4, suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital per 100k admissions	Apr-18	209		Reduce	✔			321	283	174	177	116	205	219	231	255	162	306	209	
	Total Number of pressure ulcers developed in the community	May-18	80		Reduce	✔			95	76	68	72	47	27	62	69	52	57	69	67	80
	Number of grade 3, 4 suspected deep tissue injury and un-stageable pressure ulcers developed in the community	May-18	24		Reduce	✖			26	24	18	17	9	12	16	19	9	23	20	24	24
	Number of grade 3, 4 and unstageable healthcare acquired pressure ulcers reported as serious incidents	Apr-18	12	12 month ↓	10	✖	115		*Data not available*					8	5	6	6	6	7	12	
Inpatient Falls	Number of Inpatient Falls	May-18	347		Reduce	✔			400	376	346	382	335	326	350	318	344	309	357	347	357
	Number of Inpatient Falls reported as serious incidents	Apr-18	2	12 month ↓	2	✔	37		*Data not available*					3	2	3	2	5	1	2	
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 Profile	Annual Plan Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
DTOCs	Number of mental health HB DToCs	May-18	19	10% ↓	29	✔			26	27	24	29	35	30	30	31	27	19	23	26	19
DTOCs	Number of non-mental health HB DToCs	May-18	58	10% ↓	40	✘			48	40	43	53	66	58	66	51	37	49	44	33	58
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Apr-18	93.5%	95%	95%	✘	63.5%		95.3%	96.8%	94.7%	89.6%	89.7%	90.8%	94.9%	92.9%	90.8%	90.6%	91.1%	93.5%	
Mortality	Crude hospital mortality rate (74 years of age or less)	Mar-18	0.81%	12 month ↓			0.76%		0.77%	0.79%	0.81%	0.82%	0.83%	0.81%	0.81%	0.80%	0.80%	0.80%	0.81%	0.81%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	May-18	98.2%		100%	✘			97.8%	97.4%	93.7%	99.0%	99.1%	99.6%	96.0%	99.3%	97.4%	97.8%	96.7%	97.7%	98.17%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Apr-18	62%	85%							47%	50%	52%	55%	56%	60%	61%	60%	61%	62%	
Coding	% of episodes clinically coded within 1 month of discharge	Apr-18	94%	95%	95%	✘	93.5%		93%	94%	95%	96%	96%	95%	89%	95%	93%	91%	93%	94%	
Coding	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	93%	Annual ↑	0.95		91.7%		2017/18= 93%												
E-TOC	% of completed discharge summaries	Apr-18	64%		100%	✘			61.0%	60.0%	66.0%	60.0%	64.0%	66.0%	66.0%	67.0%	62.0%	64.0%	65.0%	68.0%	64.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q3 17/18	100.0%	100%	100%	✔	97%			98%			98%			100%				100%	
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q4 17/18	96	10% annual ↑	120	✘	317			48			72			85				96	
Research	Number of Health and Care Research Wales commercially sponsored studies	Q4 17/18	41	5% annual ↑	38	✔	101			16			28			38				41	
Research	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q4 17/18	2,206	10% annual ↑	3,062	✘	9,134			456			884			1492				2,206	
Research	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q4 17/18	294	5% annual ↑	232	✔	691			69			120			223				294	

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Profile	Annual Plan Status	Welsh Average		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Patient Experience	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97. Awaiting publication of 2017/18 data.												
Patient Experience	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Mar-18	61%	75%		✘			77%	82%	80%	80%	76%	78%	73%	80%	80%	61%	71%		
Patient Experience	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2016/17	88.9%	Annual ↑			89.7%		2016/17= 88.9%. Awaiting publication of 2017/18 data.												
Patient Experience	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2016/17	91.3%	Annual ↑			91.3%		2016/17=91.3%. Awaiting publication of data.												
Patient Experience	Number of procedures postponed either on the day or the day before for specified non-clinical reasons			< 5%					New measure for 2018/19. Awaiting publication of data.												
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q3 17/18	8.2%	4 quarter ↓			7.40%										8.2%				
Dementia	% 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.												
Dementia	% GP practices that completed MH DES in dementia care or other direct training	2016/17	16.7%	Annual ↑			21.6%		2016/17= 16.7%. Awaiting publication of 2017/18 data.												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Primary Care	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours	Apr-18	94%	Annual ↑	95%	✖	87%		86%	89%	89%	89%	89%	89%	88%	88%	88%	93%	93%	94%	
	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Apr-18	82%	Annual ↑	95%	✖	84%		82%	84%	84%	84%	84%	84%	84%	84%	84%	82%	81%	82%	
	% of population regularly accessing NHS primary dental care	Dec-17	62.6%	4 quarter ↑			55%			62%			62%			63%					
Out of Hours/ Unscheduled Care	For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being	Mar-18	78.5%	12 month ↑								Data not available					79.9%	77.5%	78.5%		
	For health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Mar-18	66.7%	12 month ↑								Data not available					83.3%	25.0%	66.7%		
	The % of emergency responses to red calls arriving within (up to and including) 8 minutes	May-18	77%	65%	65%	✖	75.1%		80%	81%	76%	79%	82%	73%	73%	69%	66%	69%	67%	78%	77%
	Number of ambulance handovers over one hour	May-18	452	0	126	✖	2,334		244	295	206	295	289	617	752	904	1,030	815	1,019	526	452
	% 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	May-18	79%	95%	83%	✖	80%		82%	83%	83%	82%	84%	79%	76%	73%	76%	74%	71%	76%	78.88%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	May-18	624	0	194	✖	3,819		377	369	296	294	347	706	875	871	924	957	1051	737	624
	Percentage of survival within 30 days of emergency admission for a hip fracture	Feb-18	85.9%	12 month ↑			67.2%		70.3%	72.0%	78.2%	85.2%	84.6%	80.2%	80.8%	74.3%	84.5%	85.9%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	May-18	33%	58.7%	45%	✖	43.8%		58%	50%	57%	49%	49%	42%	35%	26%	32%	25%	34%	36%	33%
	CT Scan (<1 hrs)	May-18	43%	TBC	40%	✔	55.6%		37%	35%	36%	35%	80%	36%	38%	36%	35%	44%	36%	38%	43%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	May-18	91%	84.5%	75%	✔	86.5%		78%	78%	81%	83%	83%	89%	80%	72%	81%	73%	73%	84%	91%
	Thrombolysis door to needle <= 45 mins	May-18	6%	12 month ↑	25%	✖	26.6%		6%	29%	18%	25%	0%	17%	22%	10%	0%	8%	6%	0%	6%
Planned Care	% of patients waiting < 26 weeks for treatment	May-18	87%	95%	89.4%	✖	87.6%		87%	88%	87%	86%	86%	87%	86%	85%	86%	87%	88%	88%	87%
	Number of patients waiting > 26 weeks for outpatient appointment	May-18	120	-	200	✔	15,212		1,395	1,029	1,134	1,599	1,567	1,438	1,524	1,679	1,111	732	292	166	120
	Number of patients waiting > 36 weeks for treatment	May-18	3,349	0	3,305	✖	19,748		4,155	3,966	4,388	4,642	4,284	4,463	4,561	4,716	4,609	4,111	3,363	3,398	3,349
	Number of patients waiting > 8 weeks for a specified diagnostics	May-18	786	0	0	✖	1,476		519	484	533	651	455	349	361	576	473	278	29	702	786
	Number of patients waiting > 14 weeks for a specified therapy	May-18	1	0	0	✔	247		210	235	224	258	117	111	111	95	32	3	0	0	1
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	May-18	65,287	12 month ↓	57,759	✖	371.626		59,217	58,490	59,551	61,120	62,346	59,828	59,584	62,797	62,492	64,316	62,799	66,526	65,287
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)	May-18	90%	98%	98%	✖	96.6%		94%	93%	97%	96%	98%	95%	99%	94%	91%	94%	93%	88%	90%
	% 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	May-18	89%	95%	85%	✔	87.8%		74%	73%	77%	80%	79%	85%	89%	82%	79%	83%	88%	75%	89%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Apr-18	90%	80%	80%	✔	84.1%		83%	89%	67%	67%	66%	65%	65%	65%	67%	95%	94%	90%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Apr-18	83%	80%	80%	✔	84.8%		86%	90%	94%	94%	95%	95%	79%	70%	75%	89%	87%	83%	
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA				100%	100%						New measure for 2018/19. Awaiting publication of data.								
CAMHS	% urgent assessment by CAMHS within 48 hours of referral	Apr-18	100%		100%	✔			92%	98%	100%	95%	98%	94%	98%	91%	98%	100%	96%	100%	
	% routine assessment by CAMHS within 28 days of referral	Apr-18	31%		100%	✖			35%	41%	37%	26%	48%	44%	35%	33%	30%	42%	38%	31%	
	% patients with neurodevelopmental disorders receiving diagnostic assessment within 26 weeks	Apr-18	94%		100%	✖			0%	0%	0%	0%	0%	59%	44%	93%	91%	95%	98%	94%	
	% therapeutic interventions started within 28 days following assessment by LPMHSS	Apr-18	44%		100%	✖			100%	100%	100%	100%	100%	100%	59%	71%	71%	88%	82%	44%	
	% Health Board residents in receipt of CAMHS with valid CTP	Apr-18	75%		90%	✖			75%	75%	71%	72%	73%	73%	73%	73%	73%	79%	73%	75%	

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q4 17/18	107.5	4 quarter ↑			173.9			77.8			116.0			122.1			107.5		
	Rate of calls to the Wales dementia helpline per 100k pop.	Q4 17/18	4.4	4 quarter ↑			7.6			10.5			5.1			5.1			4.4		
	Rate of calls to the DAN helpline per 100k pop.	Q4 17/18	36.3	4 quarter ↑			34.4			36.5			33.6			25.9			36.3		
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Apr-18	90%	90%	90%	✔	89.0%		89.6%	88.6%	89.1%	87.6%	89.2%	89.7%	90.1%	89.4%	88.8%	89.0%	88.8%	90.0%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Apr-18	100%	100%	100%	✔	100%		100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100%	
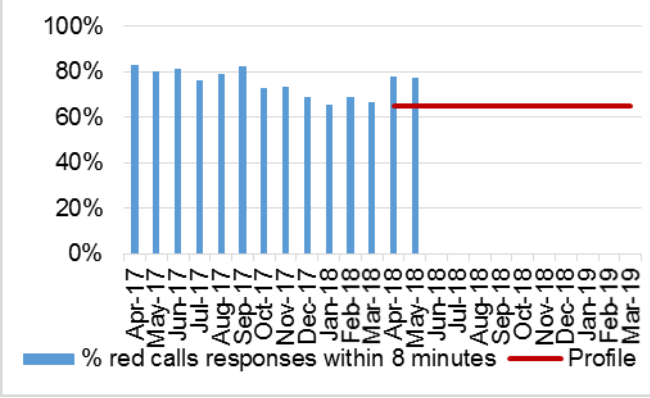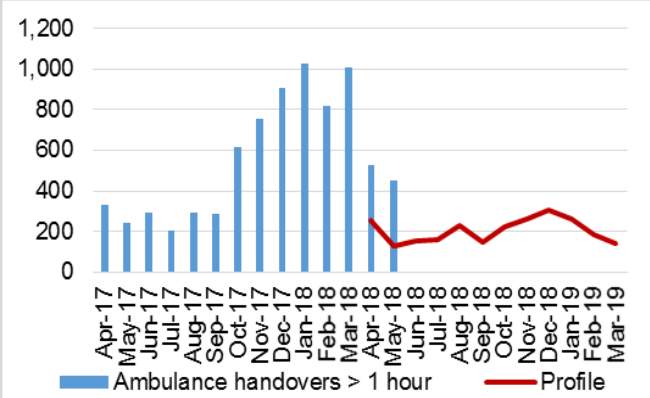
OUR STAFF & RESOURCES- People in Wales can find information about how their NHS is resourced and make careful use of them

Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan Profile	Annual Plan Status	Welsh Average	Performance Trend	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
DNAs	% of patients who did not attend a new outpatient appointment	Apr-18	6.6%	12 month reduction trend	6.01%	✖	8.3%		6.9%	7.2%	7.0%	7.5%	7.1%	7.0%	6.5%	7.1%	6.6%	6.2%	6.2%	6.6%	
	% of patients who did not attend a follow-up outpatient appointment	Apr-18	7.9%	12 month reduction trend	7.94%	✔	9.8%		8.9%	9.4%	9.1%	9.5%	9.2%	9.1%	8.6%	9.4%	9.1%	8.2%	8.1%	7.9%	
Theatre Efficiencies	Theatre Utilisation rates	May-18	76.0%		Increase	✖			78.9%	74.9%	73.2%	68.0%	75.7%	74.6%	75.0%	72.3%	73.1%	72.6%	69.8%	71.9%	76.0%
	% of theatre sessions starting late	May-18	41.0%		Reduce	✖			39%	39%	39%	41%	43%	41%	42%	40%	43%	43%	46%	41%	41.0%
	% of theatre sessions finishing early	May-18	37.0%		Reduce	✔			38%	40%	37%	36%	36%	36%	35%	37%	34%	36%	43%	39%	37.0%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q3 17/18	12.3%	Quarter on quarter ↑			10.0%			6%						12%					
Elective Procedure	Elective caesarean rate	2016/17	14%	Annual ↓			12.80%		2016/17= 14%. Awaiting publication of 2017/18 data.												
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Apr-18	64%	85%	63%	✔	66.3%		57%	59%	60%	61%	61%	63%	64%	64%	64%	63%	64%	64%	
	% 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	Apr-18	52.68%	85%	43%	✔	68.1%		40%	42%	44%	45%	46%	47%	48%	49%	49%	50%	51%	53%	
	% workforce sickness and absent	Mar-18	5.76%	12 month ↓			5.18%		5.65%	5.54%	5.55%	5.55%	5.54%	5.56%	5.59%	5.60%	5.65%	5.71%	5.76%	5.77%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2016	70%	Improvement			68%		2016= 70%. Awaiting publication of 2017 data.												
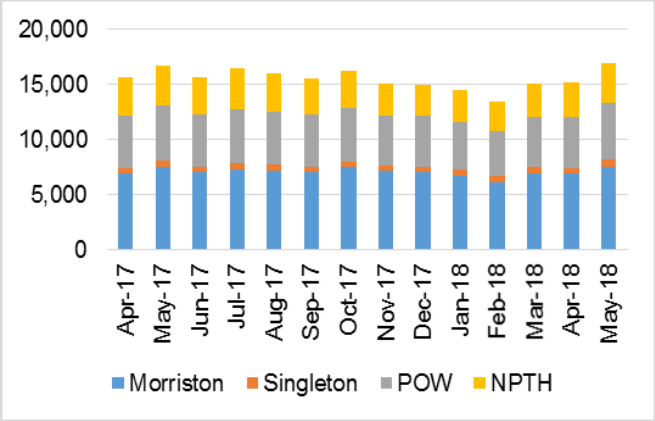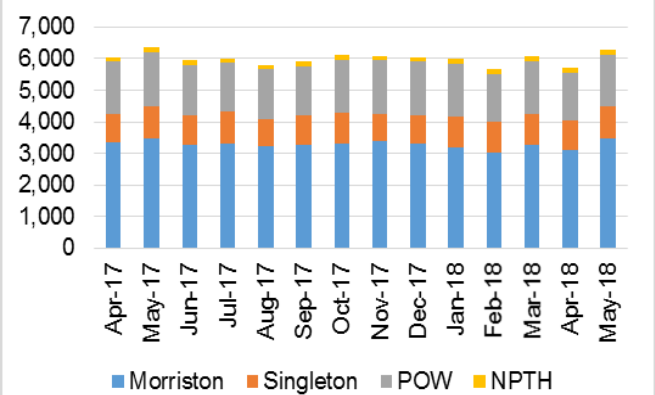
4. Exception Reporting
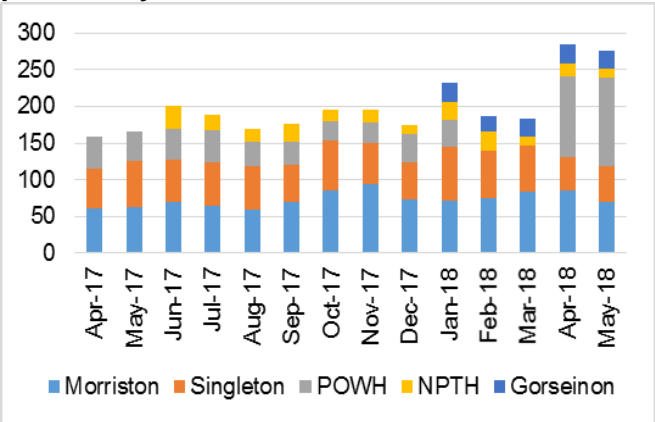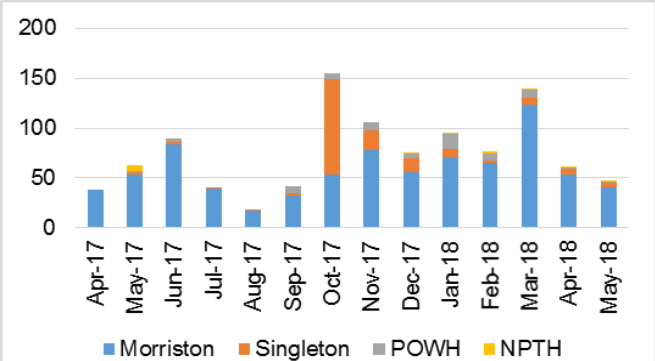
This section of the report provides further detail on key measures that are below internal profiles or required levels.

4.1 Unscheduled Care (WG measures 67- 70)

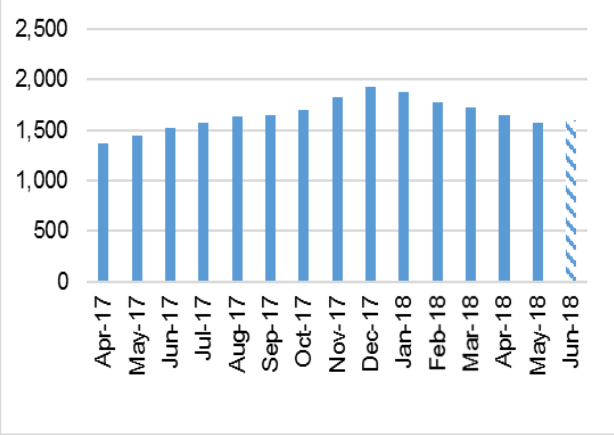| Description	Current Performance	Trend	Actions planned for next period
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	The achievement of the 4 hour performance measure continues to be a challenge and in May 2018, the Health Board was below the internal profile of 83%. Singleton and Neath Port Talbot Hospitals continue to exceed the national target of 95% but Morriston and Princess of Wales are below profile achieving 67.1% and 81.1% in May 2018.	**% patients waiting under 4 hours in A&E** % waiting under 4 hours in A&E — Profile	• Ongoing and increased focus on implementation of the SAFER flow bundle to support patient flow, reducing un-necessary stays in hospital and increasing avoidable admissions. • Supporting and promoting the national #endpjparalysis campaign between April and July to support earlier and more timely patient discharge, and to raise awareness of staff and the general public on the impact of unnecessary or avoidable hospital stays on patient outcomes. • Working with partners in Local Authorities on arrangements to develop more sustainable models of care to support patient flow. • Implementation of Quarter 1 USC improvement plans with a particular focus on frailty services and ambulatory care models. • Implementation of the action plan developed following Breaking the Cycle to support sustainable improvement in patient flow and safety.
A&E waiting times The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Performance against the 12 hour A&E measure also continues to be a challenge especially through the Winter period. In May 2018, the Health Board had 624 12 hour breaches of which 468 were attributed to Morriston Hospital, 155 to Princess of Wales Hospital and 1 to Singleton Hospital. Whilst this position is improving, it remains outside of trajectory.	**Number of patients waiting over 12 hours in A&E** Number over 12 hours in A&E — Profile	

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%. The number and proportion of red call conveyances continues to increase, with Welsh Ambulance Services Trust (WAST) data suggesting that ABMU HB has the highest number and proportion of red calls in Wales for the population served.	**Percentage of red call responses within 8 minutes** *[Bar chart showing % red calls responses within 8 minutes (blue bars) from Apr-17 to May-18, ranging roughly 65%-82%, with a red Profile line at 65% extending from Apr-18 to Mar-19]* █ % red calls responses within 8 minutes ——— Profile	• Work with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Evidence suggests that the number of health care professional (green call) conveyances is reducing as a result. • Conclude the evaluation of the Bevan Exemplar WAST / Acute Clinical Care Team (to reduce avoidable emergency admissions). • Review of amber 1 and 2 call demand in conjunction with WAST and participate in the National review of amber call demand initiated by the Cabinet Secretary.
Ambulance handovers The number of ambulance handovers over one hour	The number of ambulance handovers to local hospitals taking over 1 hour continue to be over profile which is a reflection of the pressures being felt across the Unscheduled care system. In May 2018, Morriston Hospital saw an increase of 137 compared with May 2017 (154 to 291). Princess of Wales Hospital (POWH) saw an increase of 64 (66 to 130) and Singleton Hospital saw an increase of 7 (24 to 31).	**Number of ambulance handovers over one hour** *[Bar chart showing Ambulance handovers > 1 hour (blue bars) from Apr-17 to May-18, peaking around 1,000 in Jan-18, with a red Profile line from Apr-18 to Mar-19 ranging roughly 130-300]* █ Ambulance handovers > 1 hour ——— Profile	• A joint review Health Board/WAST review and response is being developed to the WAST internal audit report recommendations on opportunities to improve timeliness of hospital handover.

Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	In May 2018, there were at total of 16,936 A&E attendances across the Health Board which is 161 more than May 2017: • Morriston Hospital: no noted change in number of attendances (7,508 to 7,545) • Singleton Hospital Minor Injury Unit (MIU): 7% increase in attendances (583 to 626) • Princess of Wales Hospital: 4% increase in attendances (4,980 to 5,160) • Neath Port Talbot Hospital MIU: 3% reduction in attendances (3,704 to 3,605)	**Number of A&E attendances** 	• 111 awareness campaign continues and the 111 Directory of ABMU services will be reviewed in Quarter 2. • A sustainability plan for the out of hours service is being finalised by Primary Care and Community Services (PCCS) Delivery Unit. • 125 pharmacies have been commissioned to deliver the common ailment service by the end of June 2018. • Support the roll out of the telephone first model within General Medical Services • Improving access to general dental services through increased capacity.
Emergency Admissions The number of emergency admissions across the Health Board by site	In May 2018, there were a total of 6,284 emergency admissions across the Health Board which is 86 less than May 2017: • Morriston Hospital: 0.1% increase in admissions • Singleton Hospital: 1.3% reduction • Princess of Wales Hospital: 5% reduction in admissions • Neath Port Talbot Hospital: 6% increase in admissions (from 151 to 160)	**Number of emergency admissions** 	• Testing and further developing ambulatory care and frailty models to support admission avoidance. • Scoping potential options to increase the number of patients who are discharged home to determine their ongoing care support needs.

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 May 2018, there were 276 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 67% increase when compared with May 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.*	• Exploring options to develop models of care to provide more timely discharge and value based care for frail older people, and to support an increase in the number of patients who have their ongoing care needs assessed outside of the hospital setting. • Continue to promote and implement the SAFER flow principles and to develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit. • Roll out of the ward training programme to support increased electronic data capture commenced in Quarter 1.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	In May 2018, the number of elective procedures cancelled due to lack of beds was 24% less than in May 2017. Across the Health Board 48 procedures were cancelled in May 2018 compared with 63 in May 2017. Morriston saw the largest proportion of cancelled procedures (85%).	**Total number of elective procedures cancelled due to lack of beds** 	• Introduce revised escalation process in Morriston Hospital to reduce ward delays and early release of bed space for admissions. • Continue to implement additional arrangements to mitigate impact of unscheduled care pressures on elective capacity.

Description	Current Performance	Trend	Actions planned for next period
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in May 2018 was below the internal profile of 29. In May 2018, Swansea had 11 delays compared with 3 in Bridgend and 5 in Neath Port Talbot.	**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 Fund in 2018/19.
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In May 2018, the number of non-mental health delayed transfers of care was 58 which is higher than the internal profile of 40. Swansea Locality continues to account for the largest proportion of delays (36%), followed by Bridgend with 34% and NPT with 29%. However the largest in-month increase between April and May 2018 was attributed to Bridgend (from 7 to 20) and NPT (from 7-17).	**Number of Non Mental Health DToCs**	• Define and maximise opportunities to increase the number of patients who are discharged home to determine their ongoing care support needs.
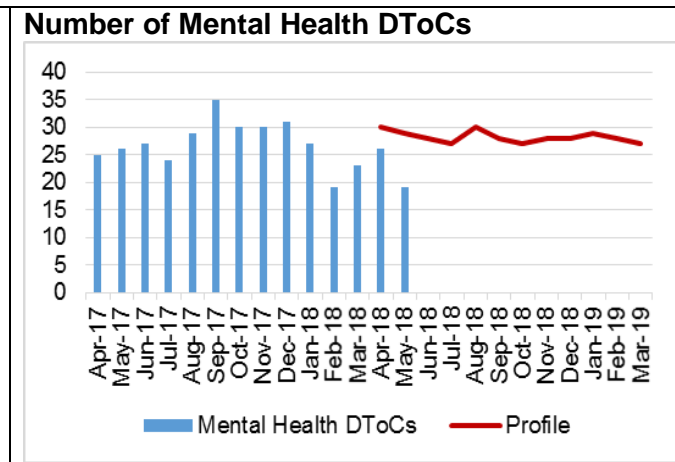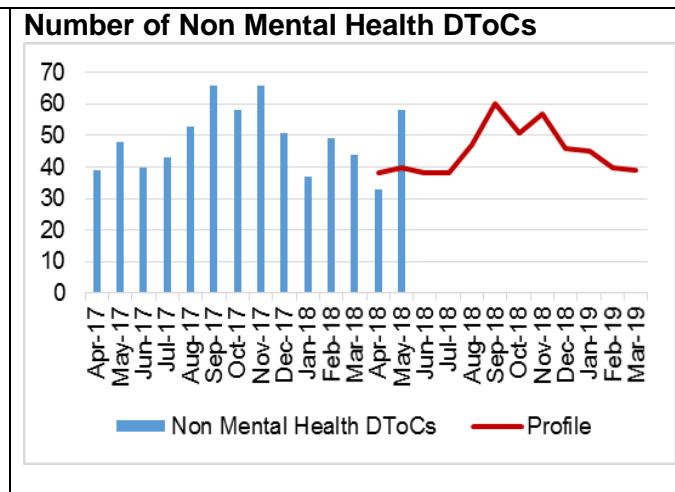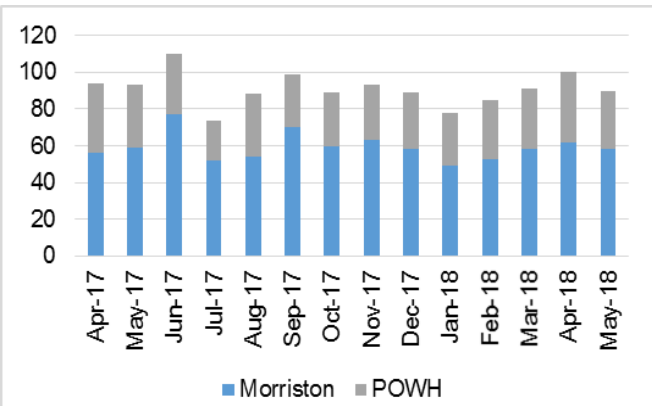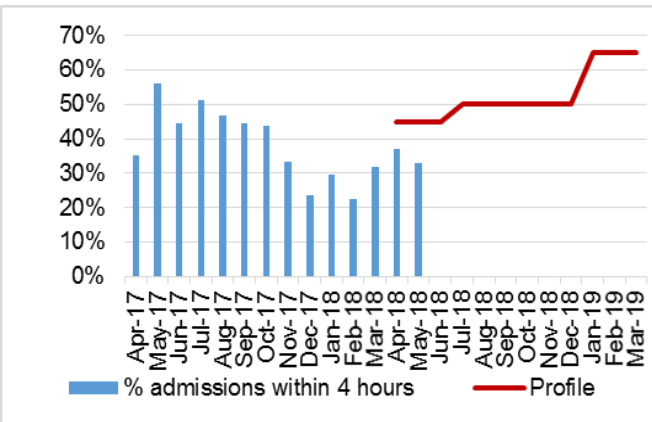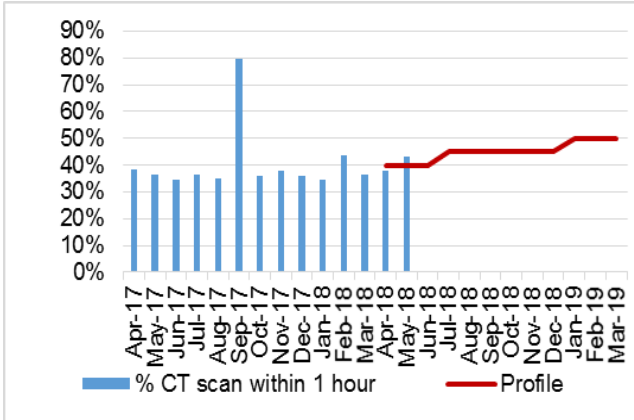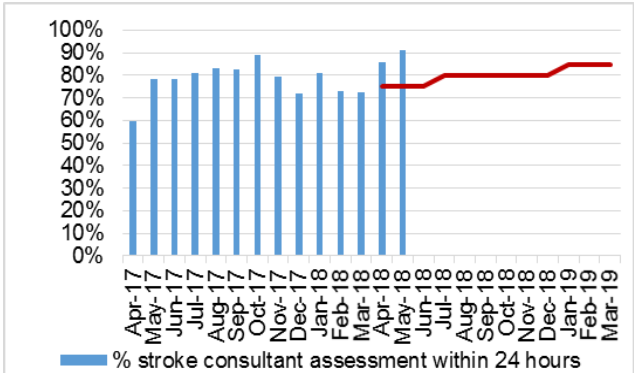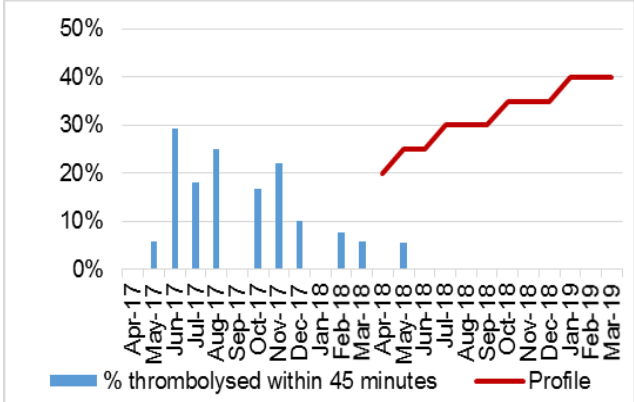
4.2 Acute Stroke Care (WG Measures 63- 66)

Description	Current Performance	Trend	Actions planned for next period
Stroke Admissions The total number of stroke admissions into the Health Board	In May 2018, there were 90 confirmed stroke admissions across the Health Board; 58 in Morriston and 32 in Princess of Wales. This is comparable the number of admissions in May 2017.	**Total number of stroke admissions**	• Maximising the impact of the Directed Enhanced Service for INR which was introduced on a phased basis from October 2017. • The Health Board is implementing a suite of improvement actions to support people to live a healthy lifestyle, including smoking cessation, and weight management programmes. • Introduction of Direct-Acting Oral Anticoagulants (DOAC) service from 1st April.
Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	In May 2018 only 30 out of the 90 patients had a direct admission to an acute stroke Unit within 4 hours. The four hour target appears to be a challenge across Wales as in April 2018 performance ranged from 34.9% to 59.6%. ABMU achieved 34.9%. All- Wales data for May 2018 is due to be published around 18th June 2018.	**Percentage of patients admitted to stroke unit within 4 hours**	• Morriston- Increase the number of protected ring-fenced stroke beds and improved governance arrangements to support the ring-fenced protocol. • Stroke Retrieval pilot planned for June to support (dedicated) early stroke assessment in ED. • POWH- Focus on improving 4 hours – number of actions to support including role of Clinical Site Managers/Assessment Bed protocol • Review stroke pathway with the support of the NHS Wales Delivery Unit - to identify and address any barriers – initial feedback workshop in June 2018.

Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In May 2018, ABMU achieved 43.3% which was is above the internal profile of 40%.	**Percentage of patients receiving CT scan within 1 hour**	• As above
Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In May 2018, ABMU achieved 91.1% which was above the internal profile of 75%.	**Percentage of patients assessed by stroke consultant within 24 hours**	• As above

Description	Current Performance	Trend	Actions planned for next period
Thrombolysed Patients with Door-to-Needle <= 45 mins	In May 2018, 93.8% of eligible patients were thrombolysed but only one of the 18 patients were were thrombolysed within the 45 minutes (door to needle) standard.	**Thrombolysed patients within 45 minutes** Chart showing % thrombolysed within 45 minutes (blue bars) and Profile (red line), Apr-17 to Mar-19, y-axis 0% to 50%.	• 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 reduce in line with the internal trajectory. In May 2018 there were 120 patients waiting over 26 weeks. OMFS accounts for 75% of the breaches. The remaining breaches are in Gynaecology, Ophthalmology, Urology, General Surgery and Plastic Surgery.	**Number of stage 1 over 26 weeks** 	• Core capacity being maximised and additional clinics being secured across a range of specialties to sustain an improving position. • OMFS is forecasting further improvement of 30 in June (60). • There is a risk in Gynaecology due to mid-long term sickness of 4 consultants (50% of team). Two locums have been secured to provide some sustainability.
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In May 2018 there were 806 less patients waiting over 36 weeks compared with April 2017. 97% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 55% of the breaches, followed by General Surgery with 16%. May 2018 is 14 patients lower than the March 20198 position.	**Number of patients waiting longer than 36 weeks** 	• Securing protected Friday list for Orthopaedics at Singleton and Saturday working for the Vanguard Unit for Orthopaedics and General Surgery. • Working with insourcing company to support Spinal activity to cover consultant absence and Cataract activity to mitigate gap in outsourcing capacity in June. • Increased number of Orthopaedic outsourcing cases through June to compress deterioration of Q2 position.

Description	Current Performance	Trend	Actions planned for next period
Total waiting times The number of patients waiting more than 52 weeks for treatment	The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. The position has improved by 68 patients in May 2018 and is 154 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. • Assess plan for appointment of second upper GI consultant for General Surgery.
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% and was 86.6% in May 2018.	**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 May 2018, there were 786 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 786 breaches are split as follows: • Cystoscopy= 50 • MRI (machine break down) = 39 • Cardiac Tests= 624	**Number of patients waiting longer than 8 weeks for diagnostics** Reportale Diagnostics > 8 weeks — Profile	• Sustain Nil position for Endoscopy through May and June through maximising backfill arrangements and utilising the capacity of the insourcing company. • Outsourcing of Cystoscopy cases agreed to deliver Nil June position. • Utilise consultant vacancy funding to recruit two band 7 sonographers. Progress through vacancy panel for approval. • Appoint two locum vascular lab technicians to cover sickness and maternity leave to deliver Nil June position.
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 May 2018 draft position shows 1 possible patient waiting over 14 weeks which at time of writing is being investigated.	**Number of patients waiting longer than 14 weeks for therapies** Reportable Therpies >14 weeks — Profile	• 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	In April 2018 the percentage of patients starting treatment within 31 days was 92%. There were 11 breaches in total across the Health Board: • Breast: 5 • Gynaecological: 3 • Urological: 1 • Upper GI: 1 • Lower GI: 1 May 2018 figures will be finalised on 29th June. Draft figures indicate achievement of 90.32%	**Percentage of NUSC patients starting treatment within 31 days of diagnosis** 	• Additional consultant surgeons for Gynae-oncology to be progressed. • Macmillan have agreed the Job Description to fund the Quality Improvement Manager vacancy. The post holder will play a key role in leading and delivering the Cancer Services Improvement Programme across ABMU Health Board. Quality Improvement to advertise post.
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	In April 2018 the percentage of patients starting treatment within 62 days was 77%. There were 33 breaches in total across the Health Board: • Breast: 10 • Lower GI: 6 • Upper GI: 4 • Lung: 4 • Urological: 2 • Sarcoma: 2 • Haematological: 2 • Head & Neck: 1 • Gynaecological: 1 • Other: 1 May 2018 figures will be finalised on 29th June. Draft figures indicate achievement of 88.81%	**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. • Breast one-stop clinics to commence from 1st May 2018 for NPTH/POW patients. Weekend Waiting List Initiatives (WLI's) to be held in May and June to reduce Outpatient Appointment (OPA) backlog. • Lower GI capacity and demand modelling for OPA/Straight to test pathways • Urology capacity and demand modelling for OPA

Description	Current Performance	Trend	Actions planned for next period
USC backlog The number of patients with an active wait status of more than 53 days	End of May 2018 backlog by tumour site: | Tumour Site	53 - 62 days	63 >
---	---	---
Breast	3	7
Gynaecological	6	5
Haematological	1	3
Head and Neck	2	3
Lower GI	2	1
Lung	6	1
Other	3	1
Skin	0	0
Upper GI	2	5
Urological	8	21
Grand Total	**33**	**47**		**Number of patients with a wait status of more than 53 days** 	In addition to the actions described above. • Additional trackers in post at POWH Unit for Urology and Breast. • Further clinical engagement to consider potential improvements in the Urology cancer backlog in POWH Unit is planned and additional surgery capacity being organised.
USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	Week to week through May 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 40% and 51%.	**The number of patients waiting for a first outpatient appointment (by total days waiting)- May 2018** |	≤10	11-20	21-30	>31	Total
---	---	---	---	---	---
Breast	1	6	61	71	139
Childrens Cancer	1	0	0	0	1
Gynaecological	8	25	1	0	34
Head and Neck	14	40	0	0	54
Lower GI	15	35	9	0	59
Lung	2	2	0	0	4
Other	18	41	4	1	64
Skin	31	63	2	0	96
Upper GI	1	4	2	0	7
Urological	0	5	14	8	27
Total	**91**	**221**	**93**	**80**	**485**		• Cancer Improvement Team have undertaking Demand & Capacity for USC first outpatient waits. • Live data in place for: Breast Gynaecology (PMB) To go live w/c 11th June: Urology LGI Gastroenterology
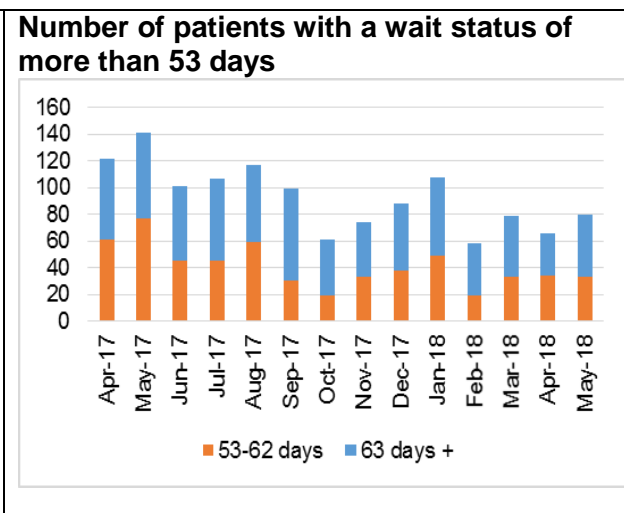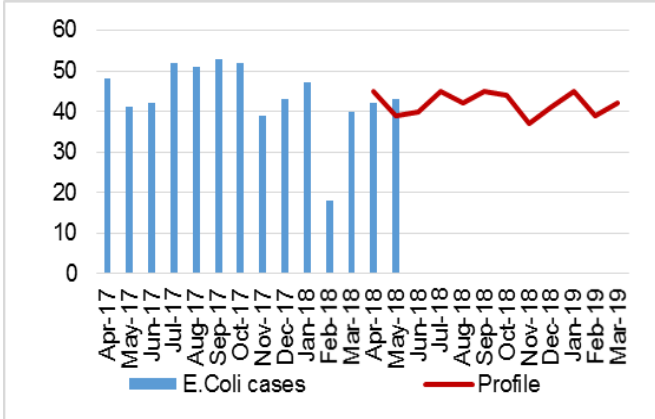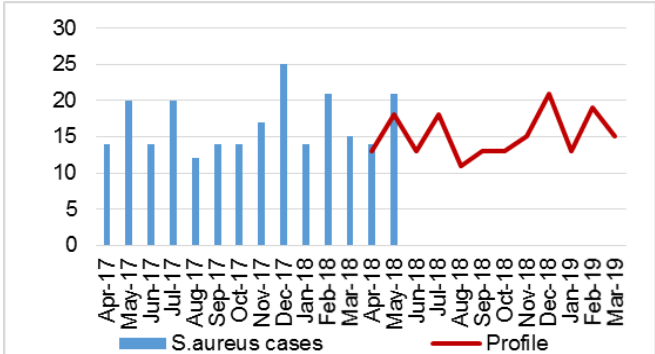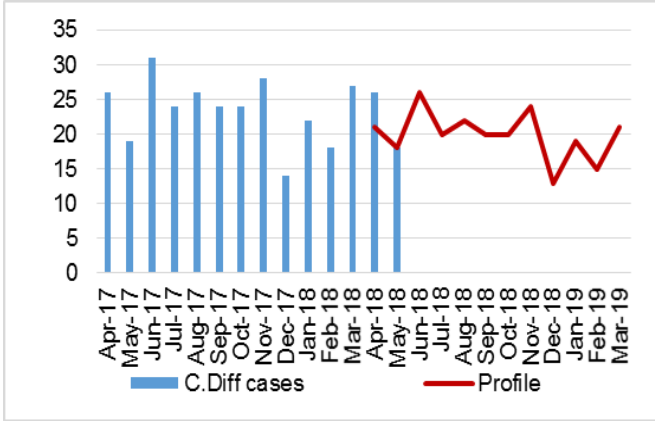
4.5 Healthcare Acquired Infections (WG Measures 18-20)
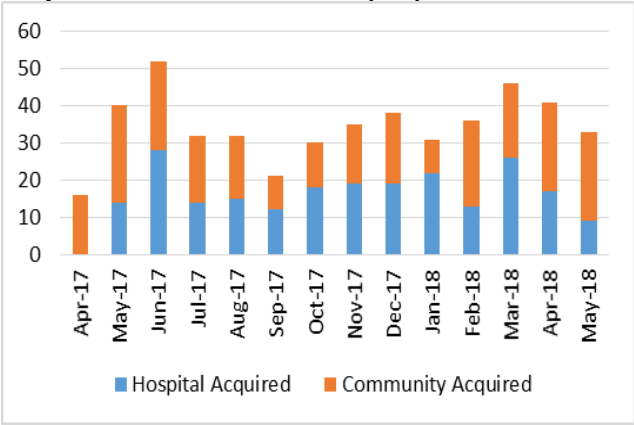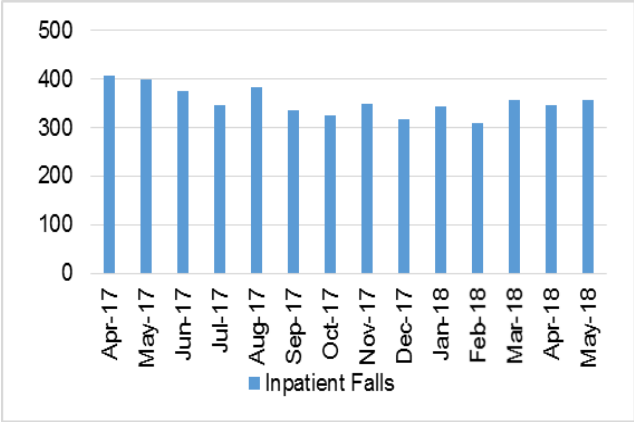
Description	Current Performance	Trend	Actions planned for next period
E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemias cases	In May 2018, there was a total of 43 cases of *E. coli* bacteraemia; 4 more than the IMTP profile. 28 cases were community acquired infections; 15 cases were hospital acquired infections (POWH DU – 4; SH DU – 4; MH DU -3; NPTH DU -2; MH&LD – 1; PCCS - 1). *High bed occupancy is a risk to achieving infection reduction.*	**Number of *healthcare acquired E.coli* bacteraemias cases**	• QI programmes: reducing peripheral cannulae & urinary catheters; daily review within Board Rounds; use of catheter labels. Extend these to NPTH and POWH by end of July 2018. • Ward-based training on the prevention of Urinary Infections – develop a targeted approach for care homes in Quarter 2. • Delivery Units to improve numbers of clinical staff who have been Aseptic Non Touch Technique (ANTT) competency assessed by March 2019, with quarterly incremental increases.
S.aureus bacteraemias- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	In May 2018, there were 21 cases of *Staph. aureus* bacteraemia; 3 cases more than the IMTP profile. 13 cases were community acquired infections; 8 cases were hospital acquired infections (MH DU – 5; POW DU – 1; SH DU- 2). *High bed occupancy is a risk to achieving infection reduction.*	***Number of healthcare acquired S.aureus*** **bacteraemias cases**	• QI programmes as above, and revision of blood culture collection protocol. Extend QI programmes to NPTH and POWH by end of July 2018. • Deliver ward-based training on new MRSA decolonisation which will been introduced in July 2018 to improve compliance with treatment.

Description	Current Performance	Trend	Actions planned for next period
C.difficile- Number of laboratory confirmed C.difficile cases	In May 2018, there were 18 cases of Clostridium difficile infection which is in line with the internal profile. 13 cases were hospital acquired (MH DU – 6; NPTH DU – 3; SH DU – 1; POWH DU – 2; MH&LD – 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*** 	• Implementation date for restricted Antimicrobial policy – "go live" date is 12 June 2018. • Appointment of Quality Improvement Clinical Leads in each Delivery Unit, with dedicated sessions and clear objectives – slippage in DU timescales. • Delivery Units to ensure all single and multi-bedded source rooms are reactively emptied and deep cleaned/decontaminated and develop a proactive programme for Q2. • Agree a Health Board wide strategy on in-house HPV and UV-C use, or tender for external contract in Quarter 2.

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

Description	Current Performance	Trend	Actions planned for next period
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	• The Health Board reported 25 Serious Incidents for the month of May 2018 to Welsh Government. • Last Never Event reported was on 21st March 2018. • In May 2018, the performance against the 80% target of submitting closure forms within 60 working days was 82%.	**Number of Serious Incidents** Chart: bar chart showing number of Serious Incidents from Apr-17 to Mar-19, with values approximately Apr-17: 23, May-17: 20, Jun-17: 48, Jul-17: 22, Aug-17: 30, Sep-17: 15, Oct-17: 22, Nov-17: 13, Dec-17: 9, Jan-18: 35, Feb-18: 26, Mar-18: 18, Apr-18: 21. Red line = Profile. Legend: Serious Incidents, Profile	• Continue to trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team. • Presentations promoting the approach are being undertaken across the Health Board to help promote an organisational learning culture. • The Welsh Risk Pool have suggested that the Pressure Ulcer Improvement methodology be applied to the Falls Improvement work and will coincide with the upcoming relaunch of the Health Board's Fall Prevention and Management Policy.
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 improved in March 2018 to 71% against the WG target of 75% and HB target of 80%.	**Response rate for concerns within 30 days** Chart: bar chart showing 30 day response rate from Apr-17 to Mar-19, with values approximately 75%-82% across months, Feb-18 dropping to ~61%, Mar-18 ~71%. Red line = Profile at 80%. Legend: 30 day response rate, Profile	• Performance to be discussed in the Unit performance meetings. • PALS workshop being held in June to review the work of these teams. • Interim Director of Nursing & patient Experience to write to all Unit Directors setting out the importance of ensuring the responses are values based, complaint with Putting Things Right Regulations.

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	• During May 2018 there was an overall decrease in the number of Grade 3+ pressure ulcers occurring in the Health Board from 41 in April 2018 to 33 in May 2018. • The in-patient figures improved substantially from 17 in April 2018 to 9 in May 2018. The number of community cases remained constant at 24 in April and May 2018.	**Total number of hospital and community acquired Pressure Ulcers (PU)**	• Independent review of deep PU's for 2017-18 completed. Findings will be presented at the Pressure Ulcer Prevention Strategic Group (PUPSG) meeting in June and include the casual factors. The analysis will provide the foundation for the work streams in 2018/2019. • Work streams will be tracked in the Strategic Quality Improvement Plan & capture quality measures which are indicators of performance. • New PU tools go live in June & will enhance the investigation and scrutiny process and capture key learning for PU prevention.
Inpatient Falls The total number of inpatient falls	• The number of Falls reported via Datix web increased from 347 in April 2018 to 357 in May 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**	• Review of Health Board's Falls Policy to include guidance from the National Patient Safety Agency. Policy due to be ratified June 2018 • Falls Policy now includes "Putting Things Right" and Serious Incident (SI) reporting mechanisms • Training needs analysis compiled, due for completion in July 2018 • A further review of equipment is being undertaken due for completion July 2018 • Annual Plan has been updated and an action plan developed as a result of National inpatient falls audit.

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 May 2018 the percentage of electronic discharge summaries signed and sent via eToC was 64% compared with 61% in May 2017 • Performance varies between Service Delivery Units (Range 58%-77% in May 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. • UMDs' plans for addressing variation between teams and improving overall SDU performance will be discussed and agreed at the next quarterly DIIG meeting. • The Health Board will be piloting Medicines Transcribing and e-Discharge (MTeD) from August – October 2018

4.7 Workforce Measures (WG measures 93, 96 and 97)

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 April 2018 is 5.77% (up 0.01% on march 2018) This is off our planned IMTP trajectory by 0.61%.	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)** 	• Improve access to staff health and wellbeing services in a timely manner • Enable managers to recognise and support staff with common manageable health problems in the workplace • Standardising long term sickness review process in Delivery Units with focus on progressing decision making, return to work and data collection. • Delivering a bespoke training and toolkit programme for Units to manage sickness and promote wellbeing and good work.
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 plus 3 ABMU specific policies 53% in Apr-18. This is an improvement from 38% in Apr-17. • All data has now been uploaded from Learn@NHSWales following the move to using ESR enhanced as a new platform for delivery of Elearning training.	**% of compliance with Core Skills and Training Framework** 	• Workshop on use of digital systems to take place in June 2018, focussing on Training Compliance. • Reformatting of Mandatory and Statutory Training guides to fit ABMU Systems • Investigation into Inter Authority Transfer Process and Direct Hire Process around transfer of compliance in Mandatory and Statutory Training data.

5. Key performance measures by Delivery Unit

5.1 Morriston Delivery Unit- Performance Dashboard

Morriston Summary

Category	Measure	Metric	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%										
		Profile	71%	76%	72%	83%	81%	81%	85%	87%	87%	86%	86%	86%
	12 hour A&E waits	Actual	574	468										
		Profile	259	124	136	148	168	101	162	206	239	198	143	135
	1 hour ambulance handover	Actual	380	291										
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	33.9%	33.3%										
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	32.3%	44.8%										
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	91.9%	100.0%										
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	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	128	101										
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	2,379	2,312										
		Profile	2,327	2,223	2,291	2,293	2,193	2,051	1,861	1,858	2,034	1,946	1,833	1,934
	Diagnostic waits over 8 weeks	Actual	623	655										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	95%	91%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	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	10	6										
		Profile	9	5	9	7	7	7	8	9	4	5	4	7
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	5										
		Profile	4	5	3	5	4	3	3	2	6	5	5	6
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	3										
		Profile	8	3	6	4	6	4	4	6	7	10	4	5
Quality & Safety Measures	Discharge Summaries	Actual	63%	58%										
		Profile												
	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	5	3										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	94	116										
		Profile												
	Pressure Ulcers (grade 3+)	Actual	6	4										
		Profile												
Workforce Measures	Sickness rate	Actual	5.94%											
		Profile												
	Personal Appraisal Development Review	Actual	62%											
		Profile												
	Mandatory Training	Actual	50%											
		Profile												
	Vacancies- Doctors	Actual	12.85	12.85										
	Vacancies- Nursing	Actual	103.49	103.49										
	Vacancies- Therapies	Actual	-											
	Vacancies- A&C	Actual	18.2	18.2										

5.1 Morriston Delivery Unit- Overview

Successes	Priorities

• DRAGONS DEN, Clinical Innovation Programme – Out of 31 ideas, 6 cases were selected to showcase and there were 3 presentations that received prizes
• SAFER HUDDLE implementation – NHS Wales Delivery Unit Assessment that Morriston is "75% compliant"
• Unit Directors Workforce Panel – vacancy control, agency cap, redesign, governance
• Stroke Performance is improving
• Breaking the Cycle methodology implementation
• Collaboration with Primary and Community Service regarding a joint piece of work to maintain Gorseinon beds linked to Morriston Frailty Service
• Cancer Performance – USC 100% and NUSC 91% (unvalidated) cancellation data for May not available until 12th June
• Reduction in longest waiting elective patients and over 52 week waiters reduced from 1,200 (end Mar 18) to 1,088 (end May 18).
• Phase 1 Surgical bed reconfiguration
	• USC Improvement Plan specifically to push through to 76% in July:
	   ➢ GP Expected pathway outside of ED
	   ➢ CDU / Ambulatory area for Medicine
	   ➢ Review of long waiting x discharge patients of those waiting for social care assessment or community support. The mean wait is 44 days which equates to 13 beds per day of delays
	• Maintain Urgent Suspected Cancer Performance at a minimum of 92%
	• Stroke improvement regarding 4 hour metric to 50% or higher
	• Investments & Benefits Group (IBG) Invest to Save Programme
	• Strategic Plan for Morriston in discussion with executives including developing capacity at NPTH.
	• Support required to delivery service and business planning
	• Thoracic Surgery Single Centre service and capital development
	• Ward refurbishment programme
	• Reduction in sickness absence

Opportunities	**Risks & Threats**
• Development of alternative pathways linked to bed closures e.g. Stroke and investment in Early Supported Discharge Service (circa 400k) • Staff engagement through innovation programme • Role-Redesign and review of vacancies • Antimicrobial policy implementation • Off-site service models specifically utilising any closed capacity that would reduce expensive infrastructure costs in Morriston • NIV Respiratory Development at Morriston • Frailty Clinical System Development aligned to beds at Gorseinon • Optimisation of theatre capacity in NPT and Singleton • Regional working to improve service efficiency and flow in regional services: Vascular, Cardiology, Orthopaedics	• Lack of HR capacity – Unit has 3,400 staff and 1 HR Business Partner – equivalent to NPT with 1,457 staff and 1 wte HR Business Partner and Singleton with 2,350 staff and 1.62 wte HR Business Partner • Bed closures ahead of winter without adequate alternatives i.e. stroke beds at Singleton • Workforce in unscheduled care • Nursing and Medical vacancies – recruitment challenge and deanery fill rate • Insufficient capacity to deliver service changes & programme of work • Lack of system linking and identifying of core functions of other units

5.2 Neath Port Talbot Delivery Unit- Performance Dashboard

NPT Summary

			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%										
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	12 hour A&E waits	Actual	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										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	1										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	-	-										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	100%	100%										
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	4	3										
		Profile	0	1	0	0	1	1	1	0	0	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	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										
		Profile	0	2	1	2	1	1	3	1	3	3	1	1
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%										
		Profile												
	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	40	32										
		Profile												
	Pressure Ulcers (grade 3+)	Actual	1	1										
		Profile												
Workforce Measures	Sickness rate	Actual	5.00%											
		Profile												
	Personal Appraisal Development Review	Actual	72%											
		Profile												
	Mandatory Training	Actual	61%											
		Profile												
	Vacancies- Doctors	Actual	0.43	0.53										
	Vacancies- Nursing	Actual	14.88	9.56										
	Vacancies- A&C	Actual	6.97	5.93										

5.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
- MIU – 96.8% of patients seen within 4 hours. No 12 hour breaches. - Reduced average length of stay being maintained. - TOCALS – 1,485 bed days saved during April 2018. - There were 0 stage 1 patients waiting over 26 weeks at end of May 2018 for an outpatient appointment; 0 patients waiting over 14 weeks for a Therapies appointment. - DNA rate improvements being maintained across New and Follow Up appointments. - No USC breaches during April and May 2018. - Rapid Diagnostic Centre approach with expansion of boundaries. 0 cases of MRSA and E-coli. - Maintaining delivery of Welsh Fertility Institute (WFI) activity levels. - No never events and no serious incidents. 100% of complaints acknowledge within 2 days.	- Working relationships with Local Authority – creation of Discharge Hub and Integrated Way of Working (Flow and Discharge). 10% improvement in reduction in DTOCs bed days lost by end of Q2. - Maximise opportunities for planned care improvements in Q1 and Q2 (stretch targets of 5 weeks per specialty other than respiratory – 2 week improvement target; and Rheumatology – 8 week improvement target; by end of Q2). - USC stretch target to reduce 1st appointment to 8 days by end of Q2. - Zero tolerance for all avoidable pressure damage. - Implement Infection Control priorities for 2018-19. - Improve discharge summary/ ETOC compliance rates.
Opportunities	**Risks & Threats**
- RDC – continued collaboration with GPs to ensure appropriate referrals; work with Swansea University for Economic and Financial Evaluation. - Secure support to Lung CNS in response to peer reviews. - Opportunity to recruit MacMillan Lead CNS. - Continued focus on co-production clinics and patient initiated follow ups. - Deliver national average of 35% for pregnancy per cycle (WFI). - Service remodelling to reduce bed compliment by further 20 beds. - Centralisation of Rheumatology Infusion Unit.	- Increase in sickness levels. - Infection control – 4 cases of C.*Difficile* in April and 1 case in May 2018. - Pressure damage – 1 avoidable case. - Capacity within Care Homes and Community Resource Teams with potential to adversely affect hospital length of stay for discharge fit patients. - Clinical Risks associated with Delayed Follow-up patients.

• Centralised booking office for NPT Delivery Unit specialties. • Implementation of the SAFER bundle. • Improvement in complaints responded to within 30 days.

5.3 Princess of Wales Delivery Unit- Performance Dashboard

POW Summary

			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%										
		Profile	85%	85%	85%	88%	88%	88%	88%	88%	88%	88%	88%	88%
	12 hour A&E waits	Actual	163	155										
		Profile	63	68	49	78	57	77	92	109	49	85	53	43
	1 hour ambulance handover	Actual	101	130										
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	42.1%	34.4%										
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	47.4%	40.6%										
		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%										
		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%										
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,003	1,023										
		Profile	1,030	1,041	961	926	959	905	864	825	952	900	856	814
	Diagnostic waits over 8 weeks	Actual	79	131										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	89%	91%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	82%										
		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										
		Profile	6	5	4	8	6	6	5	4	2	4	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1										
		Profile	1	3	0	2	0	1	1	1	2	1	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4										
		Profile	1	2	2	3	2	3	3	5	4	3	1	3
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%										
		Profile												
	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	75	64										
		Profile												
	Pressure Ulcers (grade 3+)	Actual	6	3										
		Profile												
Workforce Measures	Sickness rate	Actual	5.23%											
		Profile												
	Personal Appraisal Development Review	Actual	61%											
		Profile												
	Mandatory Training	Actual	52%											
		Profile												
	Vacancies- Doctors	Actual	11.1	10.4										
	Vacancies- Nursing	Actual	98.1	91.03										
	Vacancies- A&C	Actual	6.96	7.83										

5.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
• Achievement of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation standards, and the award of JAG accreditation for one year. • 72% compliance with discharge summary completeness in April. This is the unit's best position since October 2017. • Gemma Harker has become the 1st and only nurse in Wales to gain full qualification and accreditation in echocardiography. She scans most days and continues her role as a Specialist Nurse in Stress Echo Clinics. • 81.1% 4 hour performance achieved against a backdrop of highest number of ED attendances for at least 4 years giving the best reported position since July 2017 and equals May 2017 position • We achieved the radiology diagnostic waiting time target in 2017-18 of no patients waiting over 8 weeks.	• Implement the actions set out for Q1 to build improved performance and increased resilience in our Emergency Departments (ED) including test model of Ambulatory Surgical Assessment • Supporting and promoting the UK wide #endpjparalysis campaign. • Resolve pressures in Breast, Urology and Gynaecology tumour sites • Maximising opportunities for planned care improvements in Q1 & Q2 • Work continues with the Datix user group to configure the system to collate & report accurately falls with harm versus falls without harm. • Progress workforce plan in Radiology to achieve more sustainable service and less reliance on locums. • Continue to drive theatre efficiencies through reduction of cancellations on the day, and reducing late starts and early finishes. • Expansion of preoperative assessment in terms of incorporating all specialties and use of screening and CPET
Opportunities	**Risks & Threats**
• Continued focus of reducing sickness rates with focus on improving staff wellbeing and to provide training mental health in workplace and work related stress • Continue to reduce elective waiting times by maximising routine capacity through improving utilisation & outsourcing. • Maximise opportunities for Unscheduled Care improvements with the NHS elect work streams. • Transfer of Cardiac CT list to assist the wider health board team deliver more efficient activity • Appointments to consultant anaesthetic team will make theatre sessions more sustainable and reduce variable ad hoc payments in Q2 of 2018-19.	• Medical workforce sickness issues across specialities impacting on capacity for Cancer, Planned Care and Unscheduled Care delivery. • Unit is currently an outlier in relation to the number of Never Events. • Acuity & complexity of patients arriving at ED by ambulance is increasing. • Capacity gaps in Care Homes, Community Resource Teams. Capacity and fragility of private domiciliary care providers, leading to increasing number of 'discharge fit' patients and length of stay. • Radiologist workforce national shortage and age profile. Risk of large financial overspend covering lost consultant session at NPTH. • Unexpected changes in demand in all specialties, to achieve high level of cancer performance and RTT.

5.3 Singleton Delivery Unit- Performance Dashboard

Singleton Summary

			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%										
		Profile	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	12 hour A&E waits	Actual	0	1										
		Profile	1	2	5	3	2	2	1	0	0	0	0	1
	1 hour ambulance handover	Actual	45	31										
		Profile	8	12	6	12	16	19	17	4	31	13	4	8
Planned care	Outpatients waiting more than 26 weeks	Actual	6	4										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	16	14										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Diagnostic waits over 8 weeks	Actual	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%										
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	83%	89%										
		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										
		Profile	3	0	4	3	3	3	2	8	3	3	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	2										
		Profile	2	0	1	3	1	3	1	1	2	0	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4										
		Profile	6	4	4	4	5	4	4	4	2	1	1	3
Quality & Safety Measures	Discharge Summaries	Actual	73%	72%										
		Profile												
	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	0	1										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	49	51										
		Profile												
	Pressure Ulcers (grade 3+)	Actual	7	11										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Workforce Measures	Sickness rate	Actual	5.73%											
		Profile												
	Personal Appraisal Development Review	Actual	57.8%											
		Profile												
	Mandatory Training	Actual	49%											
		Profile												
	Number of Vacancies- Consultants	Actual	16.55	17.25										
	Number of Vacancies- Junior Doctors	Actual	-	-										
	Number of Vacancies- Nursing/ Midwives (Qualified)	Actual	60.19	59.56										
	Number of Vacancies- Nursing/ Midwives (Unqualified)	Actual	-23.99	-25.73										

5.4 Singleton Delivery Unit- Overview

Successes	Priorities
• Linac Business Case. • Reduced backlog of patients waiting Neurodevelopmental assessment and target of 80% within 26 weeks achieved. • Achievement of no patients waiting over 8 weeks for an Endoscopy procedure. • Achievement of waiting times targets in Ophthalmology achieved for first time in 4 years. • Improvements to patient flow within Medicine leading to a reduction in the average length of stay of medical patients. • Successful development of an implementation plan and consultation process for Health Roster and standardisation of shifts (Allocate). • Effective winter planning to support increased ambulance conveyances and demand through the front door.	• RTT. • Service Resign: Redesign Services Ward 4&7 and embedding ICOPS model. Maintaining engagement levels with our workforce. • Improvement in Workforce Measures. • Finalise consultation and begin Implement Shift Standardisation. • Medical workforce efficiency programme (e Job Planning / Agency Cap / Junior Doctor Rotas / Attendance). • Integrated workforce planning. • Develop a plan to support Radiotherapies waiting times.
Opportunities	**Risks & Threats**
• Implement Advanced BMs practitioners as qualify end of 2018/19. • Undertake review of impact of the new drug treatment fund on available capacity. • Develop new Cost Reduction or Increased Income Opportunities.	• SARC – Need to confirm reporting structure within ABMU. • Cwm Taf Boundary Remapping. • Support in relation to Hywel Dda 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. • Under delivery of Waterfall elements.

5.5 Mental Health & Learning Disabilities Performance Dashboard

Mental Health & Learning Disabilities

			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%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%											
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHS)	Actual												
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	90%											
		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%											
		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										
		Profile	0	1	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	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										
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
Quality & Safety Measures	Discharge Summaries	Actual	74%	71%										
		Profile												
	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	3	5										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	77	84										
		Profile												
	Pressure Ulcers (grades 3+)	Actual	1	0										
		Profile												
Workforce Measures	Sickness rate	Actual	6.07%											
		Profile												
	Personal Appraisal Development Review	Actual	85%											
		Profile												
	Mandatory Training	Actual	64.1%											
		Profile												
	Vacancies- Doctors	Actual	35.65	37.95										
	Vacancies- Nursing	Actual	142.12	144.1										
	Vacancies- Other Professionals	Actual	50.41	50.21										
	Vacancies- A&C	Actual	16.59	15.38										

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 improved from 45.42% to 64.11% in the last 12 months, 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
Primary Care & Community Services Summary

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily	Actual	94%											
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% of GP practices offering daily appointments between 17:00 and	Actual	82%											
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual												
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5										
		Profile	3	6	9	2	5	3	3	3	3	5	3	6
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	0	0	1	0	1	0	0	1
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	8	13										
		Profile	6	10	9	6	4	5	7	11	10	6	12	7
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0										
		Profile	0	0	0	0	1	1	0	0	0	0	0	0
	E.Coli cases (Community acquired)	Actual	32	28										
		Profile	30	28	27	31	28	33	30	21	25	28	32	30
	E.Coli cases (Community Hospitals)	Actual	0	1										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Quality & Safety Measures	Never Events	Actual	0	0										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Actual	8	10										
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Concerns responded to within 30 days	Actual												
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Inpatient Falls	Actual	12	10										
		Profile												
	Pressure Ulcers (Community acquired)	Actual	24	24										
		Profile												
	Pressure Ulcers (Community hospitals)	Actual	0	0										
		Profile												
Workforce Measures	Sickness rate	Actual	5.76%											
		Profile												
	Personal Appraisal Development Review	Actual	80%											
		Profile												
	Mandatory Training	Actual	60%											
		Profile												
	Number of Vacancies- Doctors	Actual	2.0	2.5										
	Number of Vacancies- Nursing	Actual	38.5	47.15										
	Number of Vacancies- Therapies/ Health Scientists	Actual	-	-										
	Number of Vacancies- A&C	Actual	22.5	47.75										

5.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
• Opening of innovative Mountain view integrated primary care and family centre in Mayhill Swansea by Rebecca Evans AM (positive news coverage) • Patient awareness campaign reached 397k so far re: Telephone First and Common Ailment Service. • Telephone First Access introduced in the Health Board Managed Practice on 22nd May 2018. • 6,799 more than previous year received Flu vaccination (equivalent 6 avoided admissions) • 21% more treated and 67% Quit Rate at four weeks through the Community Pharmacy Smoking Cessation Service. • Pulmonary Rehab waiting time reduced from 18 to 1-5 months. • Increased GP access position to 94% open within 1 hour of daily core hours • Improved pressure ulcer management • Improved falls management in community hospitals • Improved PADR compliance	• Further develop in year cost reducing measures to ensure financial balance. • Community hospital model review and implementation • Vision of a Primary Care USC action plan to be proposed as service improvement. • Progress the Primary Care led management of Diabetes proposals • Contingency plans for GP practice sustainability in ABMU • Further develop GMS access action plan for 18/19 and agree with CHC/ LMC. • Review implementation of the care home enhanced service • Progress Primary Care estates programme • Implement new Dental and medical model in HMP Swansea • Ensure no further RTT breaches in Restorative Dentistry. • Finalise and engage on new model for Primary Care OOH service
Opportunities	**Risks & Threats**
• Business case & delivery of diabetes transformation work • Securing WG innovation fund investment to support enhanced dental provision. • Learning from the Neath Hub to continue be rolled out to other clusters following successful bid of pacesetter funding for 2018/19. • Complete roll out of Common Ailments Service to 2 clusters. • Access to ICF capital funding scheme 2018/19	• Tribunal in 06/2018 may destabilise GP practice in Swansea. Contingency plan / media brief being prepared • Delayed opening of new dental practice in Port Talbot due to building restrictions, circa 1000 people affected. • Reduction in childhood vaccinations. Below the 95% target for 1 year olds (historically maintained above 95%) • Poor fill rate of Out of Hours GP – risk of unmet demand or escalation to EDs/WAST whilst new model developed/ embeds.