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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	23rd May 2018	Agenda Item	2c
Report Title	Performance Trajectories		
Report Author	Darren Griffiths, Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	<p>To update the Performance and Finance Committee on progress against the delivery of the planned performance trajectories set out in the Health Board's Annual Plan for 2018/19.</p> <p>Appendix 1 provides the detailed charts setting out April 2018 performance against trajectory and forms the basis of the detail of the report.</p>		
Key Issues	<p>Key points: -</p> <ul style="list-style-type: none"> • Improved performance in April in unscheduled care and stroke but not yet at trajectory levels • Stable planned care position with plan to manage newly reportable cardiac diagnostics being developed • Challenging April for cancer performance with both measured under trajectory and not improving • Reduced infection numbers in c.difficile and s.aureus but both outside of trajectory. Increase in E.Coli cases but within trajectory 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the current progress against the planned performance trajectories for the Health Board and the actions underway to recover performance where relevant 		

Performance Trajectories

1. INTRODUCTION

In its Annual Plan for 2018/19 the Health Board set out its proposed performance trajectories for the year (by month) for a range of key performance indicators.

This report updates the Performance and Finance Committee on the current (April 2018) position against these trajectories. The trajectories are focussed on the Targeted Intervention Improvement areas.

2. BACKGROUND

The Health Board's Annual Plan 2018/19 sets out the actions, services changes and expected outputs for its activities in 2018/19.

Within the Appendices to the Annual Plan 2018/19, which are mandated by Welsh Government, is a range of trajectories across broad performance areas. Future iterations of the performance reports planned for the Performance and Finance Committee will receive overview monitoring against each of these individual areas for completeness. The focus of this report is on the Targeted Intervention Improvement areas.

The trajectories set out in detail in **Appendix 1** to this report show performance for the month of April as it relates specifically to the performance measures which are factors in the Health Board's current level of escalation with Welsh Government; the targeted Intervention measures.

Each measure is underpinned by a detailed service improvement plan which has its own individual chapter in the Annual Plan 2018/19.

The report will be introduced by the Director of Strategy and detail on each performance area will be covered verbally by the relevant Executive Director with responsibility for that portfolio. The key high level performance messages for the month of April are set out below: -

- Improved performance in April in unscheduled care and stroke but not yet at trajectory levels
- Stable planned care position with plan to manage newly reportable cardiac diagnostics being developed
- Challenging April for cancer performance with both measured under trajectory and not improving
- Reduced infection numbers in c.difficile and s.aureus but both above trajectory. Increase in E.Coli cases but within trajectory

3. GOVERNANCE AND RISK ISSUES

Appendix 1 of this report sets out performance against trajectory at Health Board level and for each individual Unit where the trajectories are relevant. Actions are listed where performance is outside of the planned position.

Performance improvement in these areas is important to the management of the escalation level of the Health Board and to enable the Health Board to be in a position to submit and approvable Integrated medium Term Plan (IMTP) for 2019-2022.

4. FINANCIAL IMPLICATIONS

The financial overview of the Health Board is subject to a separate paper to this Committee. However, elements of the delivery of the trajectories, such as planned care in particular, require financing from both within and outside of the Health Board. Also, elements of the Health Board's Winter Plan will require additional resource which will be linked to the delivery of the trajectories.

5. RECOMMENDATION

The Performance and Finance Committee is asked to note the current progress against the planned performance trajectories for the Health Board and the actions underway to recover performance where required.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
Quality, Safety and Patient Experience							
<p>This trajectories report and associated appendix outline performance for the five targeted intervention improvement areas: -</p> <ul style="list-style-type: none"> • Unscheduled care • Stroke care • Planned care • Cancer • Infection Control <p>Improvements in performance of each of these areas will have a positive impact on quality and safety.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>							
Financial Implications							
<p>Financial implications of delivering the performance trajectories are set out in the Health Board's Annual Plan. At time of writing, a dialogue with Welsh Government is open regarding additional resource for planned care improvement, but this has not yet concluded due to the work ongoing to provide revised, more assured and more stretching planned care improvements; this is covered via a separate report to the May Committee.</p>							
Legal Implications (including equality and diversity assessment)							
<p>There are no direct implications of this report on equality and diversity as the measures reported are population based and system wide.</p>							
Staffing Implications							
<p>There are no direct implications of this report on staffing although the delivery of the trajectories is dependent upon a stable workforce with assumptions around sickness levels and recruitment and retention levels being within normal expectations.</p>							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p>							

Long term – The trajectories are for the Targeted Intervention Improvement priorities for 2018/19 which provides focus on the expected delivery for every month as well as the year end position in March 2019. These should be viewed as foundation performance levels from which further improvement will be planned.

Prevention – provision of accessible and timely care through the delivery of these trajectories will result in timely intervention and the prevention of patient deterioration as a result of their conditions. The trajectories reported here are not directly related to prevention itself, but are based on services where intervention can improve health and well-being.

Integration – a number of measures reported are reliant upon whole system working and integrated service models to maintain patient flow.

Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with all the leads within the Delivery units 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	This report is last standalone trajectory report that will be reported to the Committee. A new integrated performance report is in development and will combine a number of existing reports under one umbrella for the committee.
Appendices	Appendix 1- Detailed charts of performance for April 2018 against Annual Plan 2018/19 trajectories.

2018-19 Performance Trajectories

Performance and Finance Committee

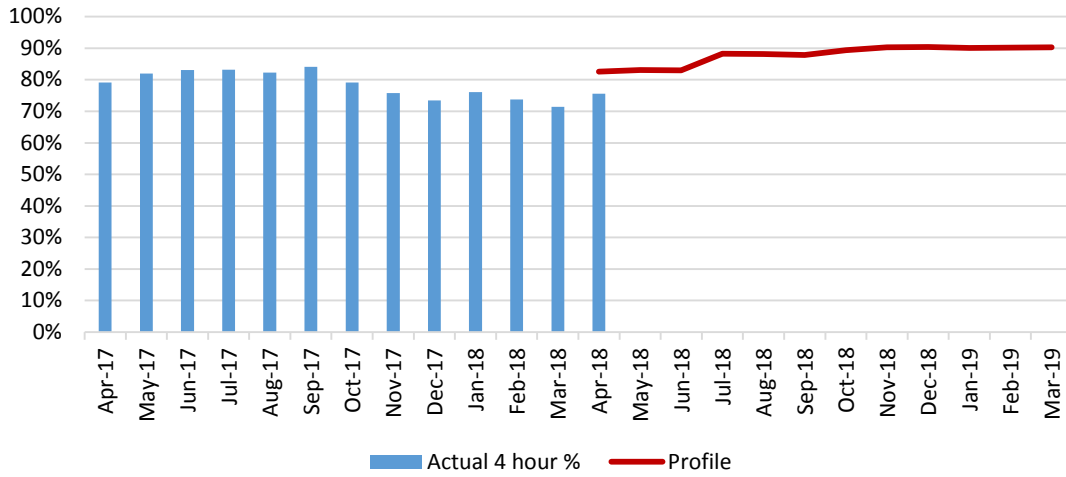
23rd May 2018

Health Board- Summary

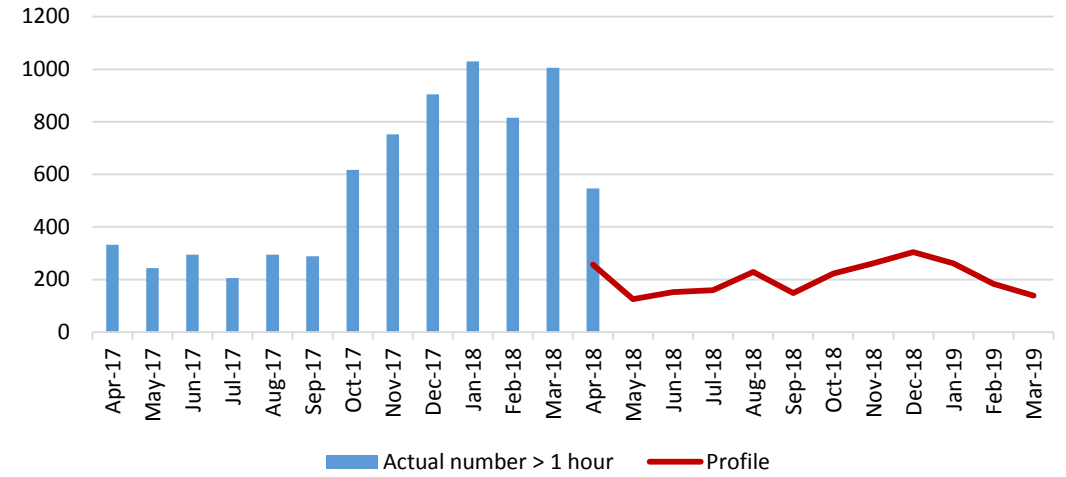
			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	71.4%	75.6%											
		Profile	90%	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%
	12 hour A&E waits	Actual	1,051	737											
		Profile	300	323	194	190	229	227	180	255	315	288	283	196	179
	1 hour ambulance handover	Actual	1,006	546											
		Profile	100	256	126	152	159	229	149	223	262	304	262	183	139
Stroke	Direct admission within 4 hours	Actual	31.9%	36.0%											
		Profile		45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	36.3%	38.0%											
		Profile		40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	72.5%	84.0%											
		Profile		75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	5.9%	0.0%											
		Profile		20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%
Planned care	Outpatients waiting more than 26 weeks	Actual	292	166											
		Profile	551	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	3,363	3,398											
		Profile	2,640	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	29	702											
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0											
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	88%											
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	87%	73%											
		Profile	90%	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	27	26											
		Profile		21	18	26	20	22	20	20	24	13	19	15	21
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	15	14											
		Profile		13	18	13	18	11	13	13	15	21	13	19	15
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	40	42											
		Profile		45	39	40	45	42	45	44	37	41	45	39	42

Health Board- Unscheduled Care

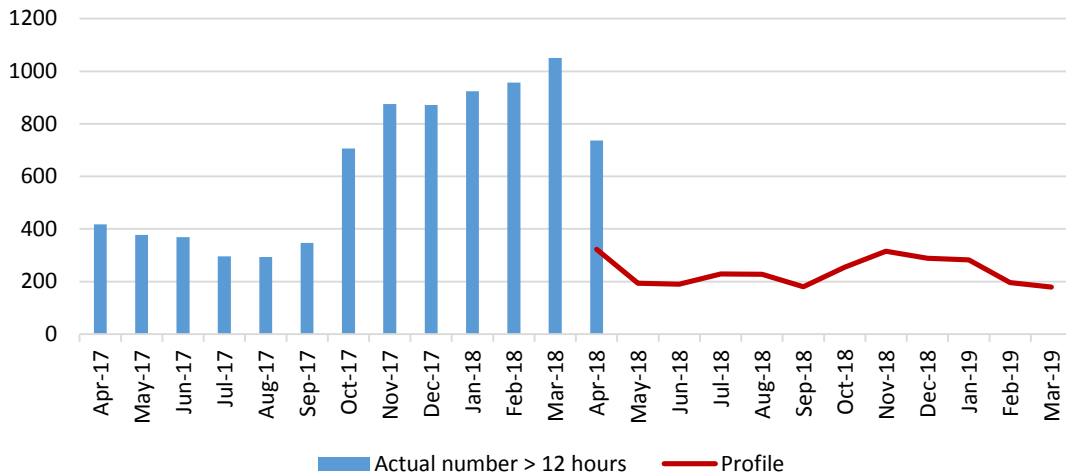
% 4 hours A&E waits (HB Total)










Ambulance handovers > 1 hour (HB Total)



Number of 12 hour A&E waits (HB Total)

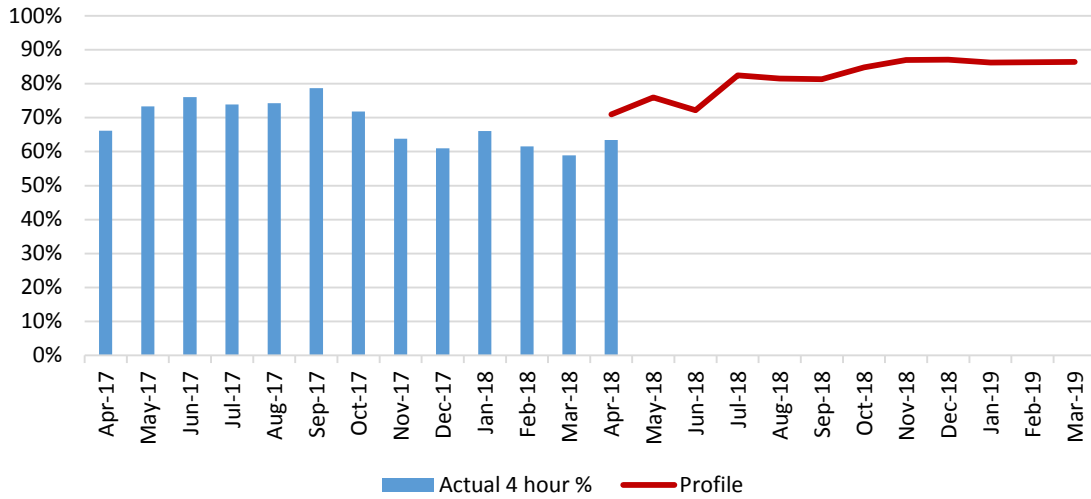


Unscheduled Care Trajectories

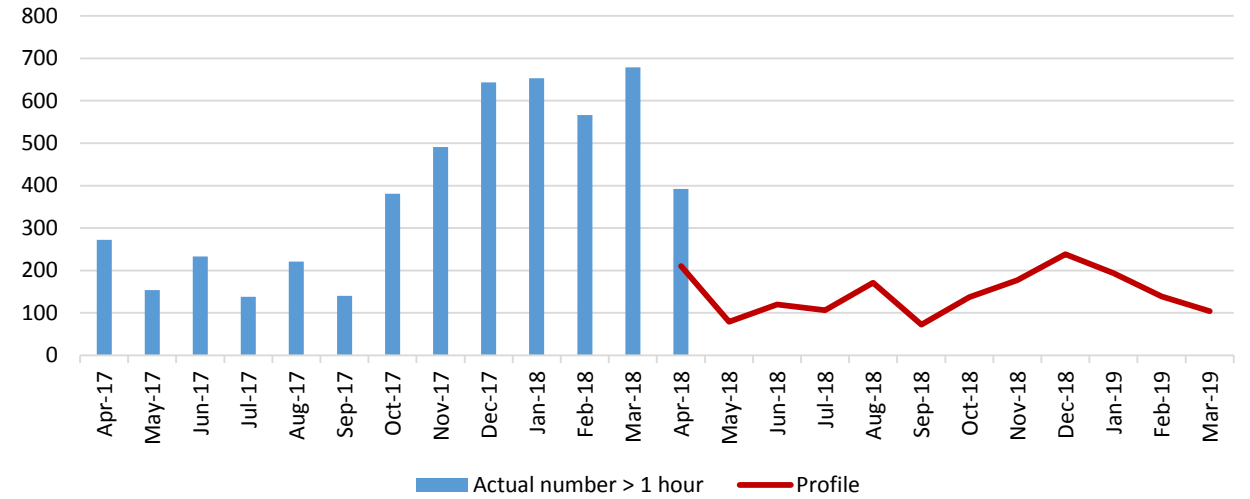
Principal Service Action	Predicted Impact	Start Quarter	Delivery Confidence
Unscheduled Care			
Increasing flu vaccinations for our population and our workforce	1.00%	Q3	
Maintaining and improving timely access to primary care in hours and out of hours – telephone first, HUBS, redesign of Out Of Hours services.	0.25%	Q1	
Maximising pathways that avoid admission to hospital – WAST, community resource teams, ambulatory emergency care, assessment units, hot clinics	0.25% to 1.25%	Q2	
Improving patient flow through increased focus on compliance with safer bundle	0.45% to 1.90%	Q1 ramping up	
Developing new integrated models of care to support timely discharge – discharge to assess, transfer of care teams, integrated step down facilities	1.00%	Q2	
Improving senior decision making and support 24/7 – ED medical staffing, surgical assessment	1.00%	Q3	
Reducing variation / ensuring consistency of the above in all areas	0.30% to 0.50%	Q1 ramping up	

Morrison- Unscheduled Care

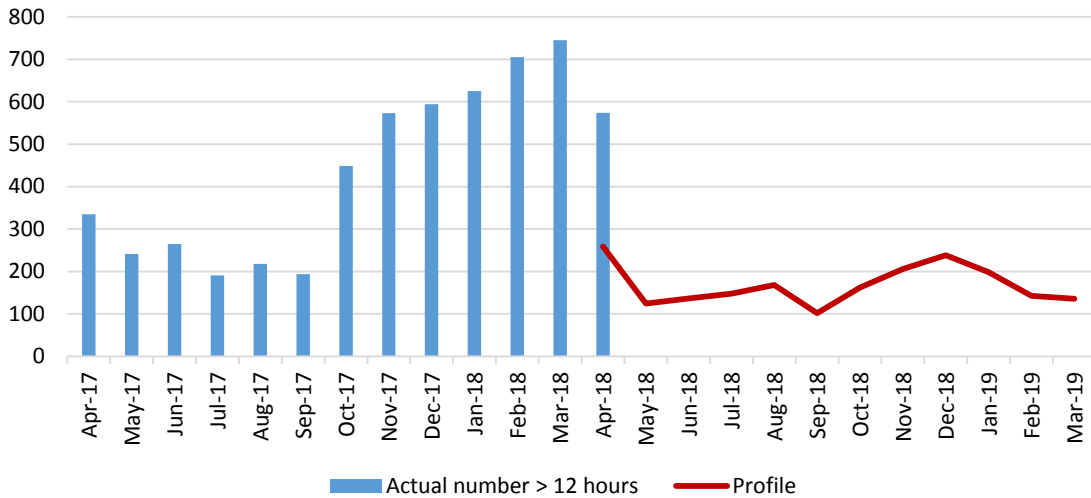
%4 hours A&E waits (Morrison)



Ambulance handovers > 1 hour (Morrison)

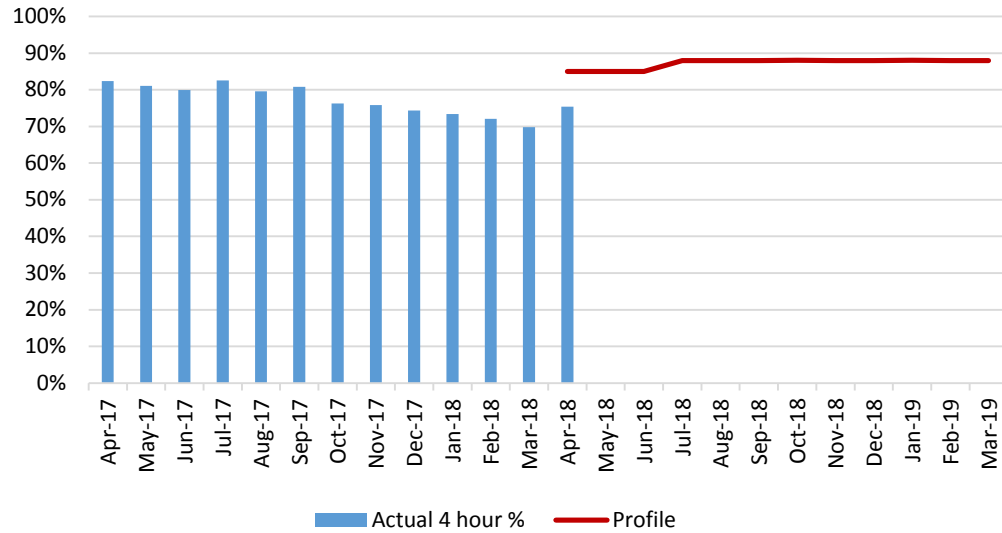


Number of 12 hour A&E waits (Morrison)

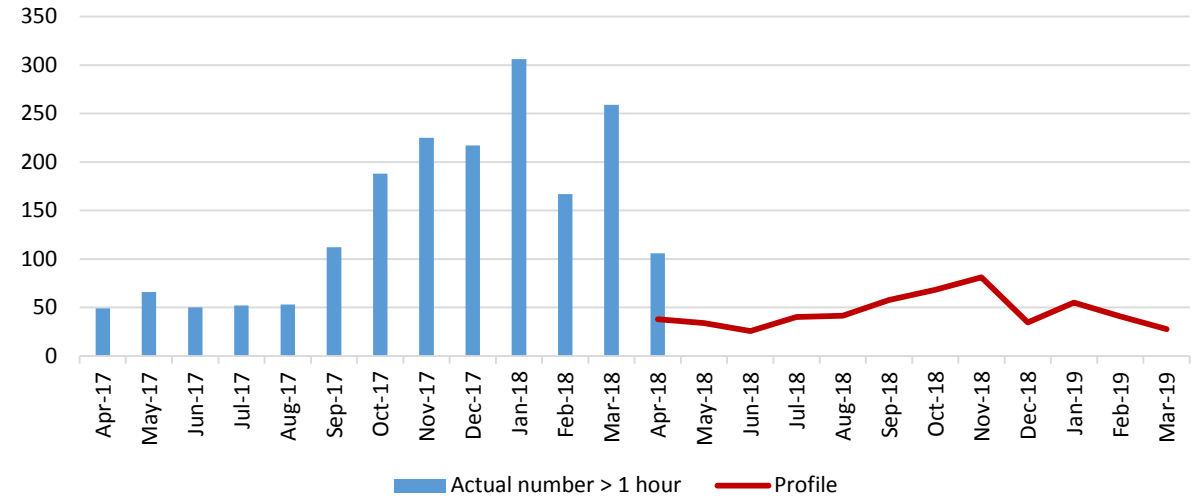


Princess of Wales- Unscheduled Care

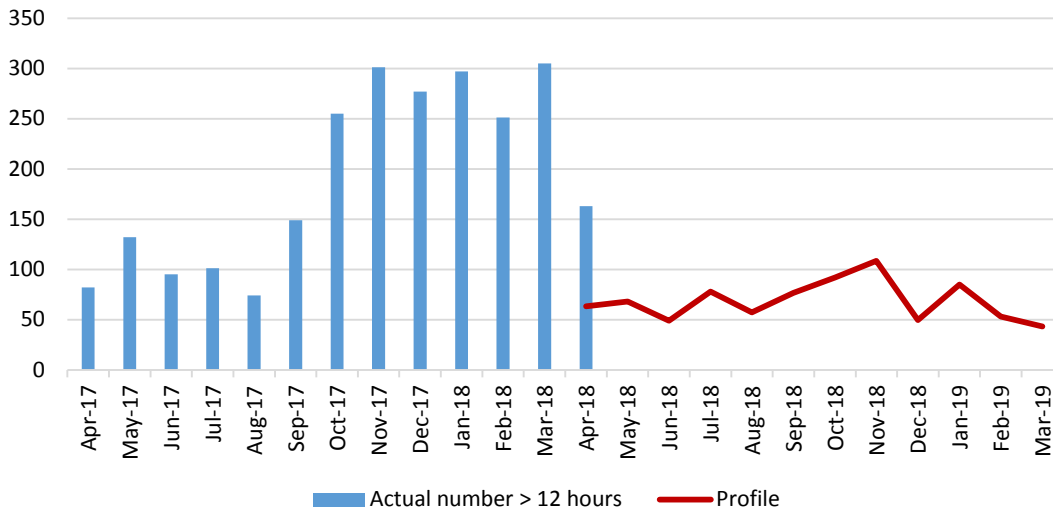
% 4 hours A&E waits (POWH)



Ambulance handovers > 1 hour (POW)

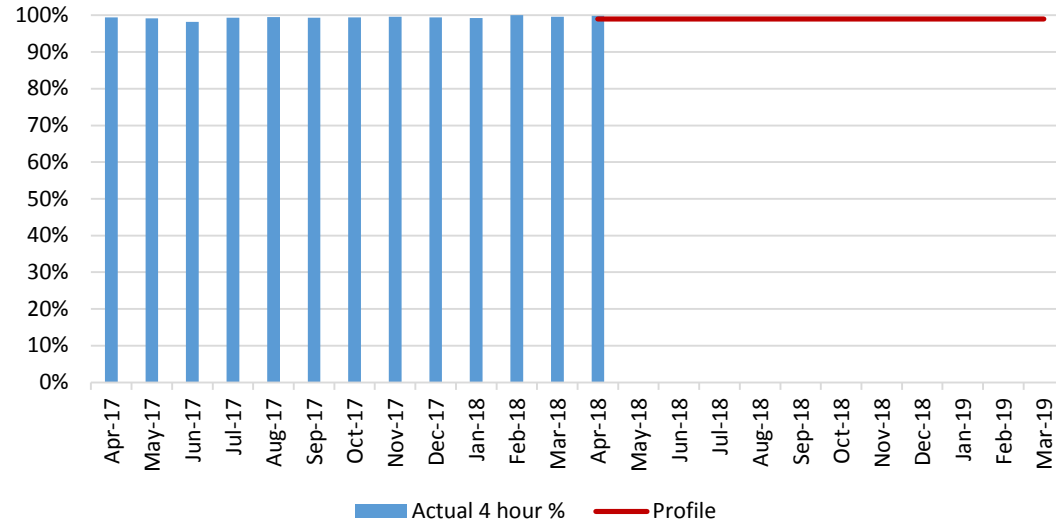


Number of 12 hour A&E waits (POW)

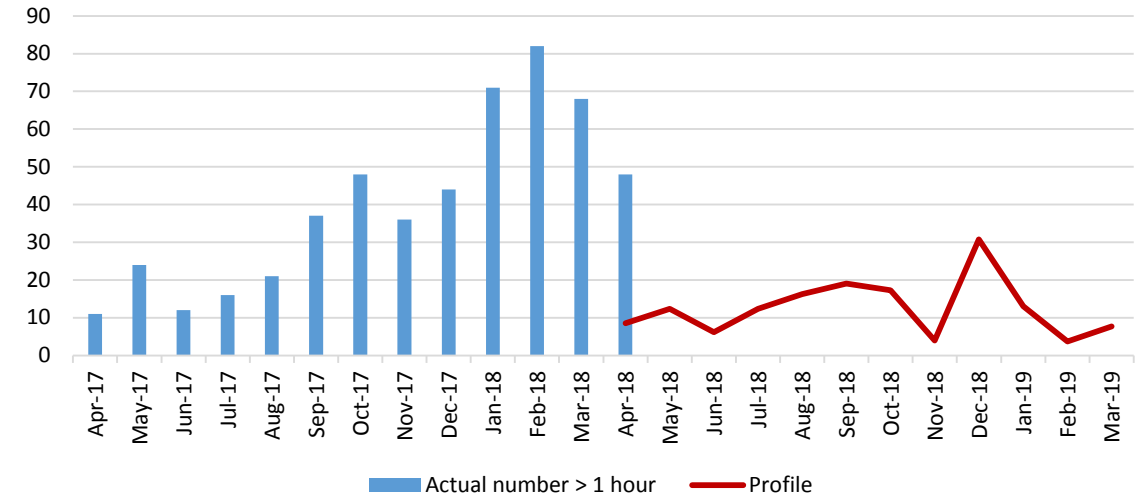


Singleton- Unscheduled Care

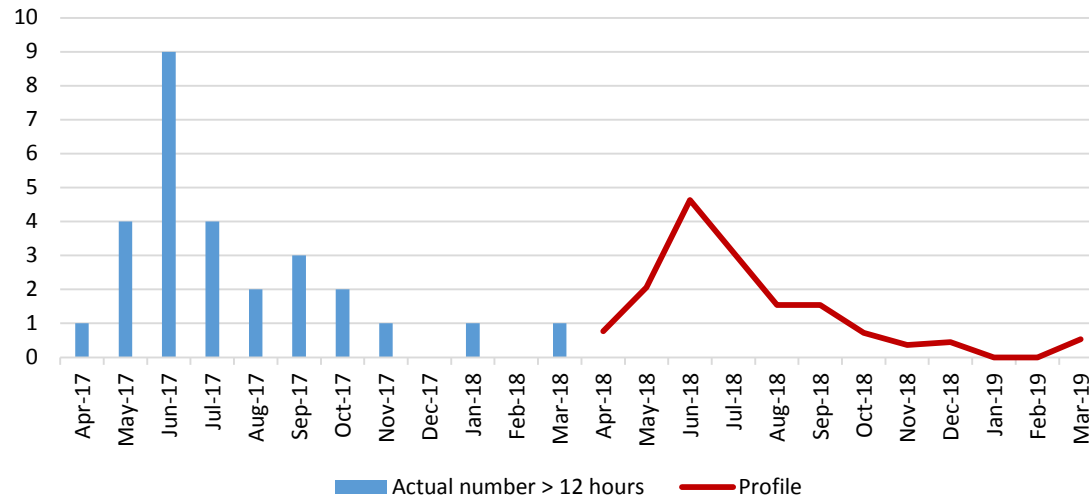
% 4 hours A&E waits (Singleton)



Ambulance handovers > 1 hour (Singleton)

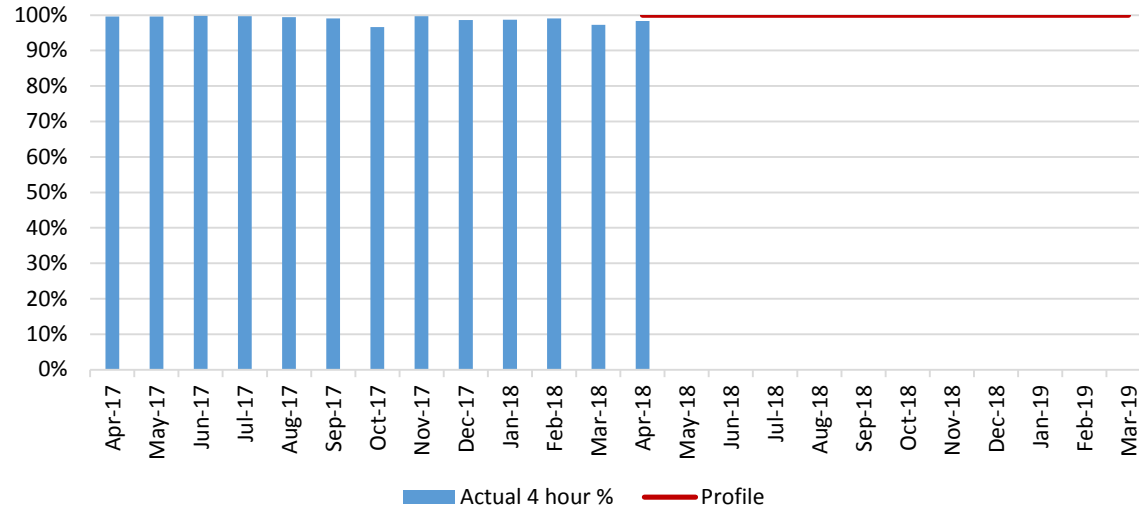


Number of 12 hour A&E waits (Singleton)

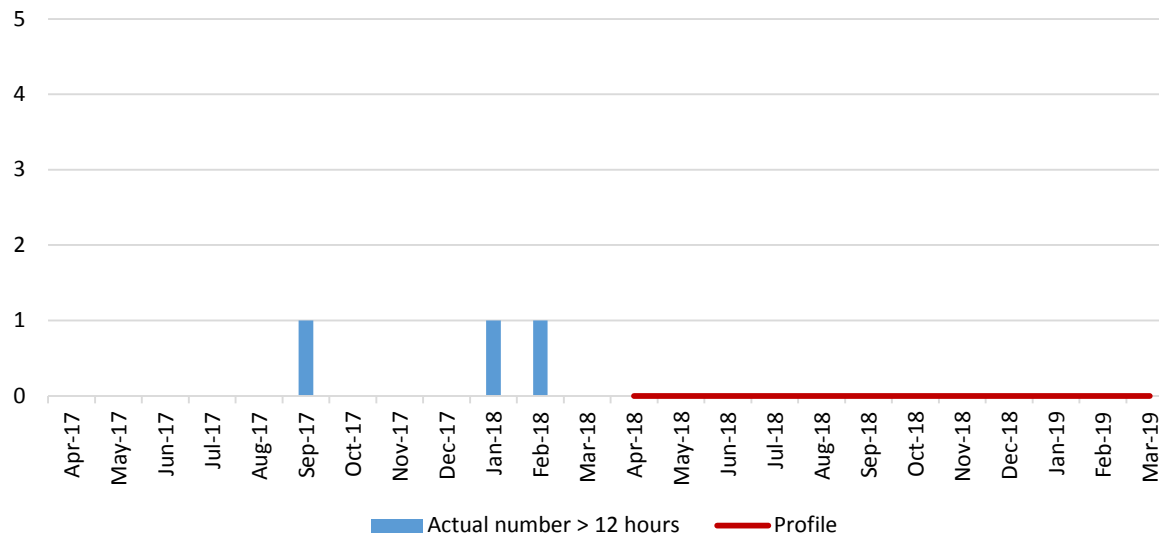


Neath Port Talbot- Unscheduled Care

% 4 hours A&E waits (NPTH)

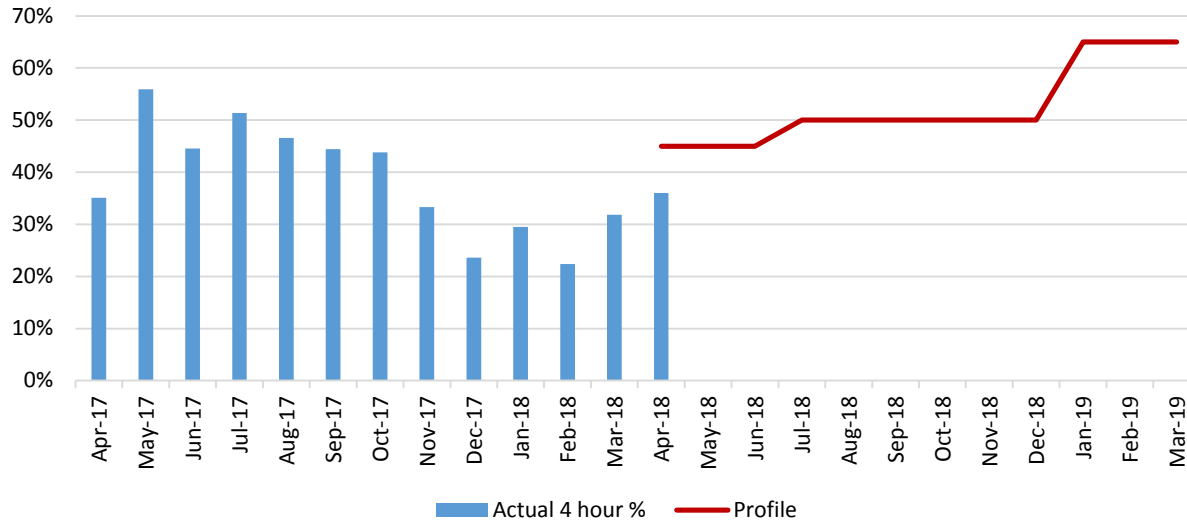


Number of 12 hour A&E waits (NPTH)

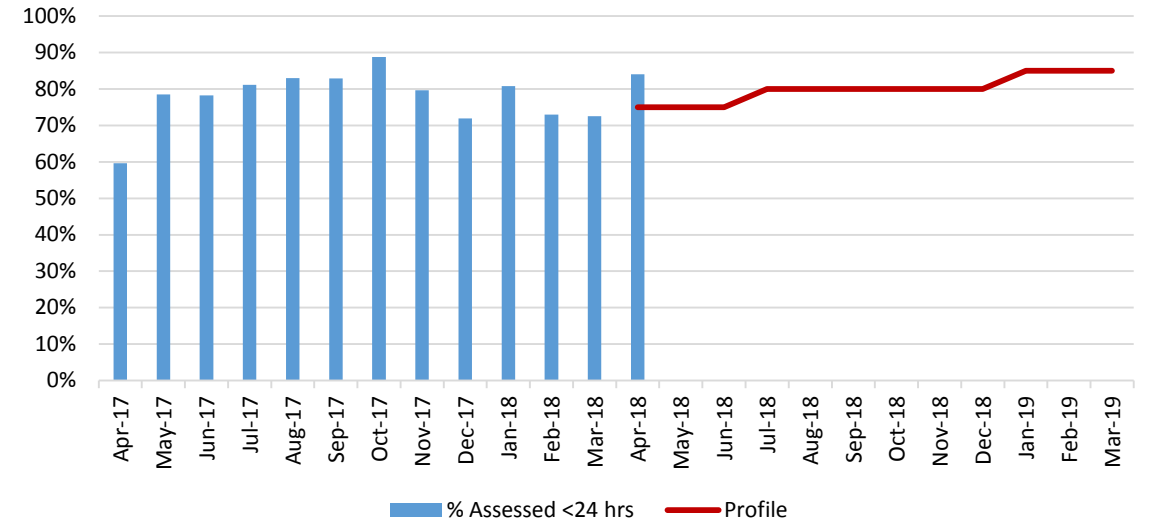


Health Board- Stroke

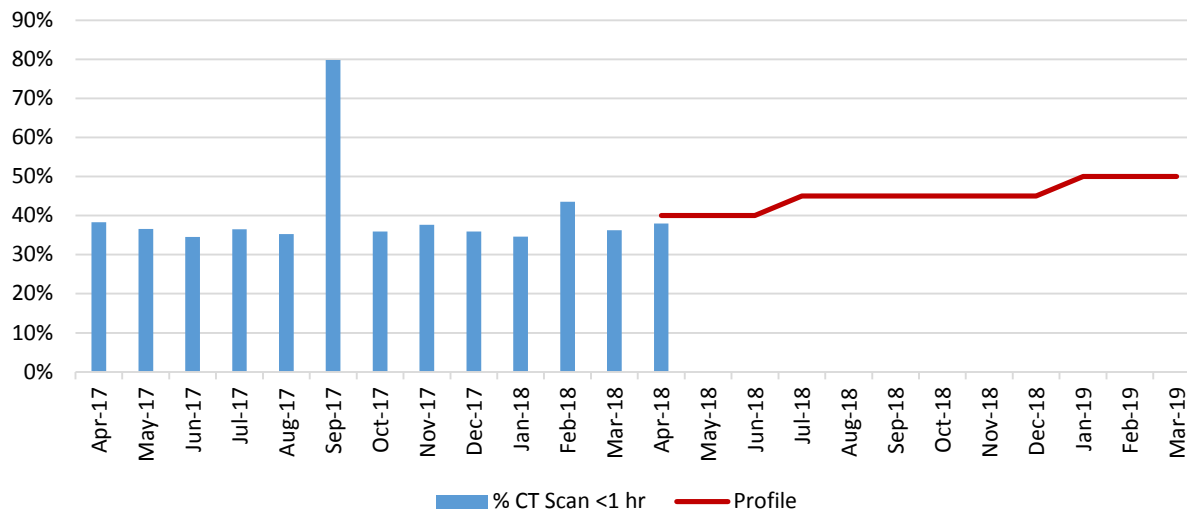
Direct admission to Acute Stroke Unit (< 4 hours) (HB Total)



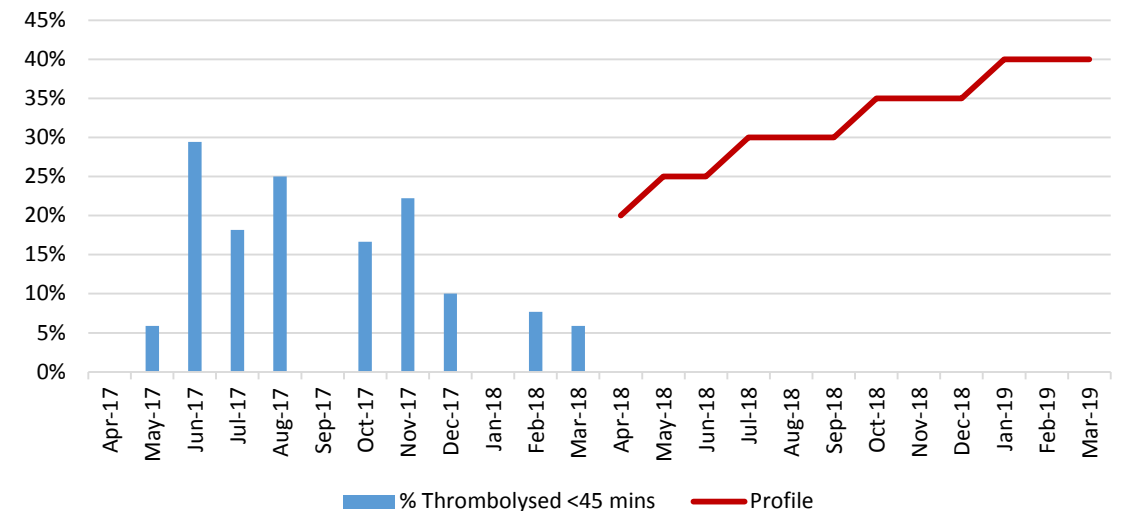
Assessed by Stroke Specialist (< 24 hours) (HB Total)



CT Scan (<1 hour) (HB Total)



Thrombolysis door to needle <= 45 mins (HB Total)



Stroke Trajectories

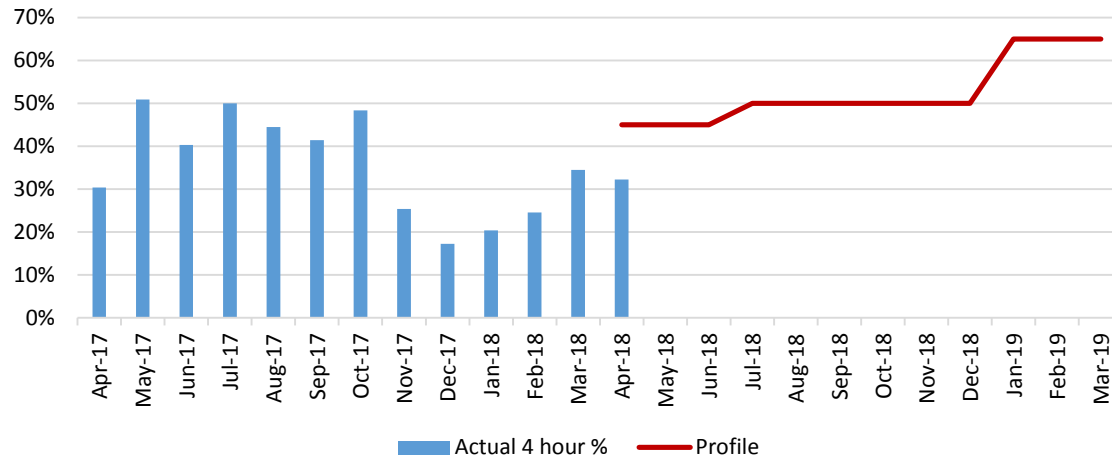
Principal Service Action	Predicted Impact	Start Quarter	Delivery Confidence
Stroke			
Prevention - Improve no of patients on INR through DES in primary care & BHF-funded service for blood pressure reduction	2.50%	Q2	High
Continue to develop TIA services (all year)	5.00%	Q1	Medium
Recruit second SpR at Morriston – improve 4 hour bundle	2.50%	Q2	High
ESD embedding and full impact	15.00%	Q4	Medium

Stroke - Summary

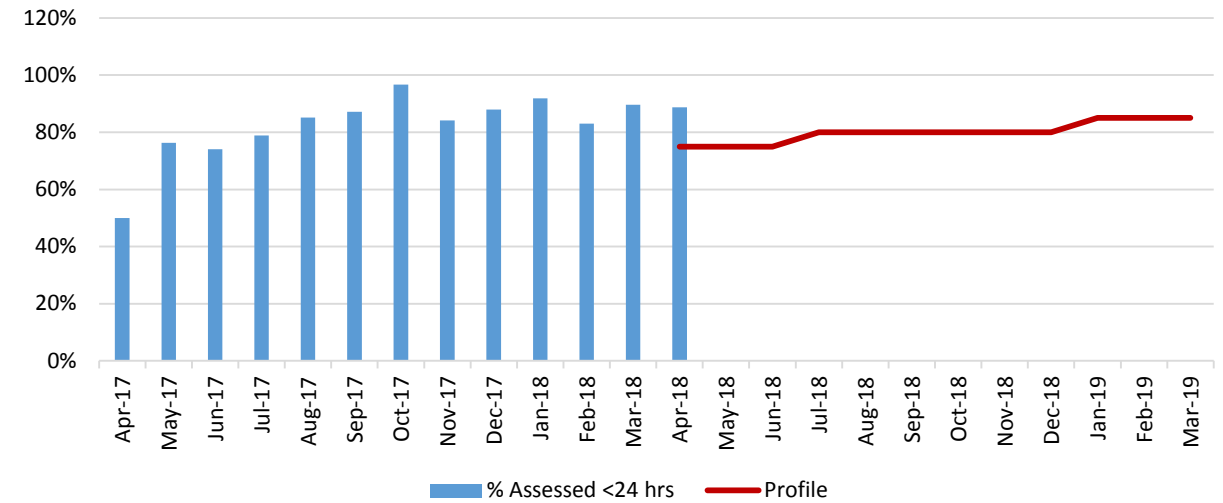
Stroke Summary			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Morrison	Direct admission within 4 hours	Actual	34.5%	32.3%	0	0	0	0	0	0	0	0	0	0	0	
		Profile		45%	45%	45%	50%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	37.9%	32.3%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		40%	40%	40%	45%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	89.7%	88.7%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		75%	75%	75%	80%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		20%	25%	25%	30%	30%	30%	30%	35%	35%	35%	40%	40%	40%
POWH	Direct admission within 4 hours	Actual	27.3%	42.1%	0	0	0	0	0	0	0	0	0	0	0	
		Profile		45%	45%	45%	50%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	33.3%	47.4%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		40%	40%	40%	45%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	42.4%	76.3%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		75%	75%	75%	80%	80%	80%	80%	80%	80%	80%	85%	85%	85%
	Thrombolysis door to needle within 45 minutes	Actual	25.0%	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
		Profile		20%	25%	25%	30%	30%	30%	30%	35%	35%	35%	40%	40%	40%

Morrison- Stroke

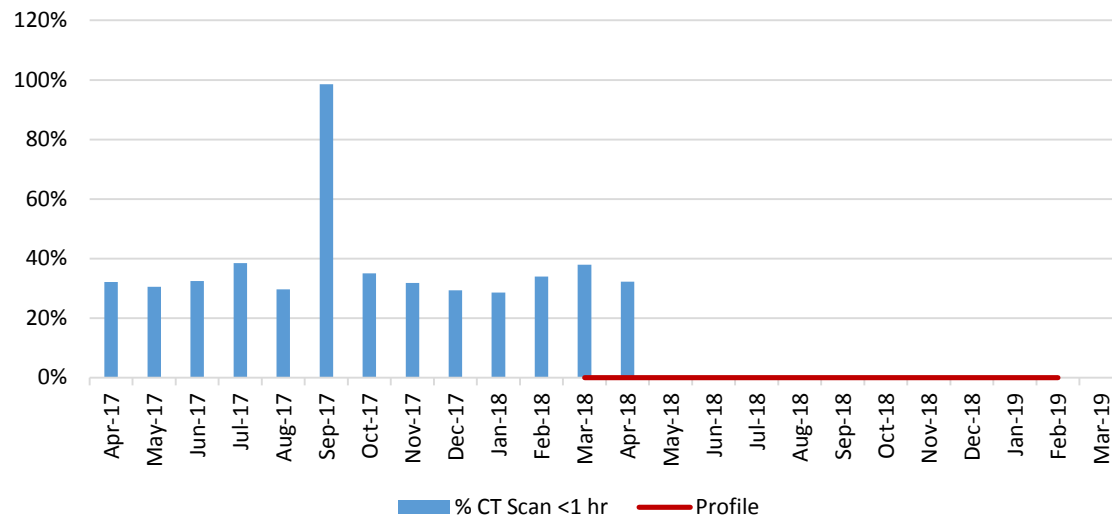
**Direct admission to Acute Stroke Unit (< 4 hours)
(Morrison)**



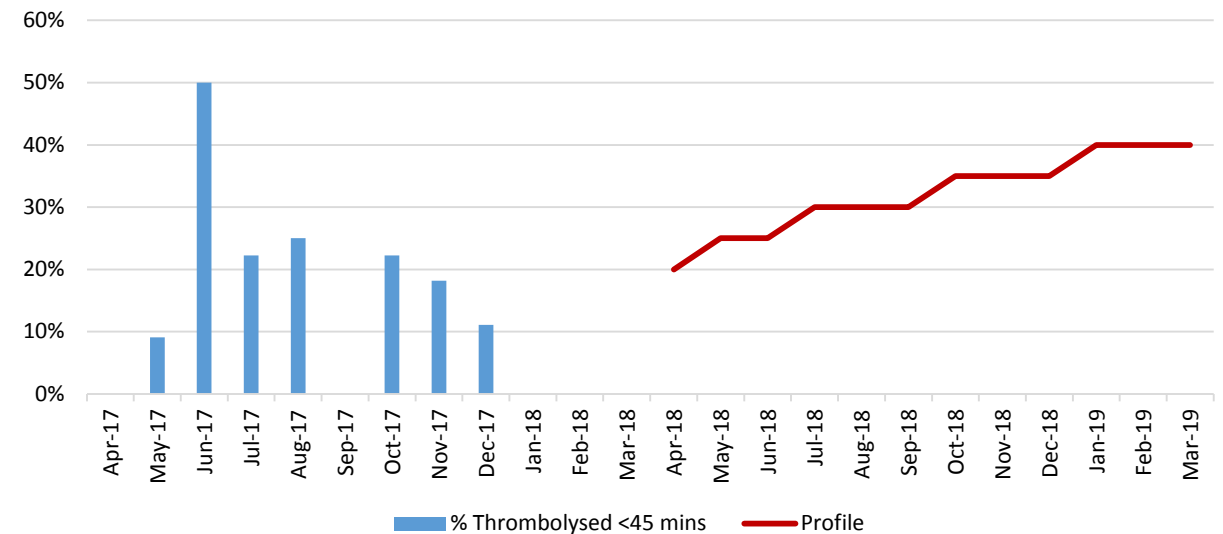
Assessed by Stroke Specialist (< 24 hours) (Morrison)



CT Scan (<1 hour) (Morrison)

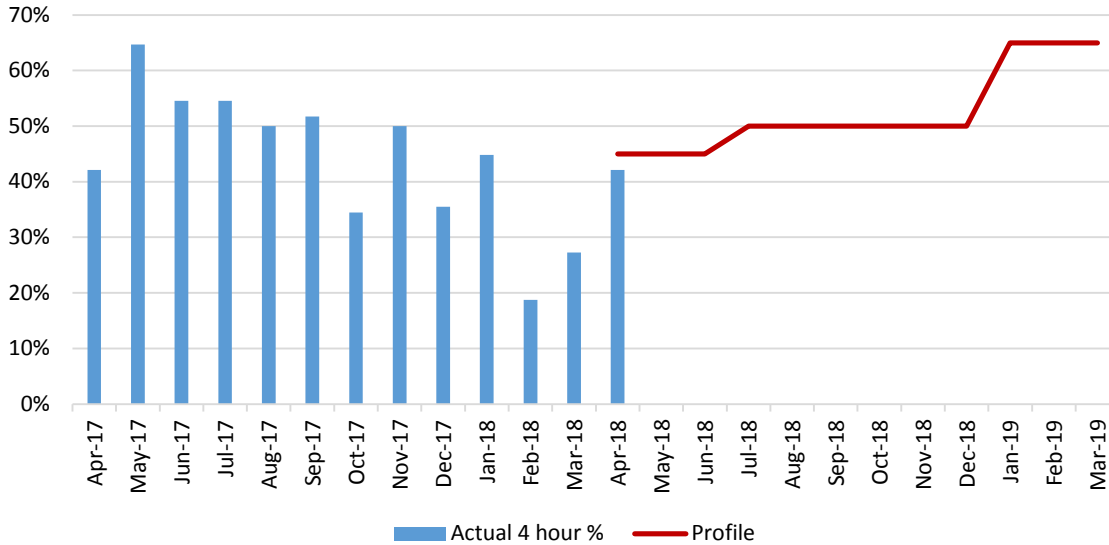


Thrombolysis door to needle <= 45 mins (Morrison)

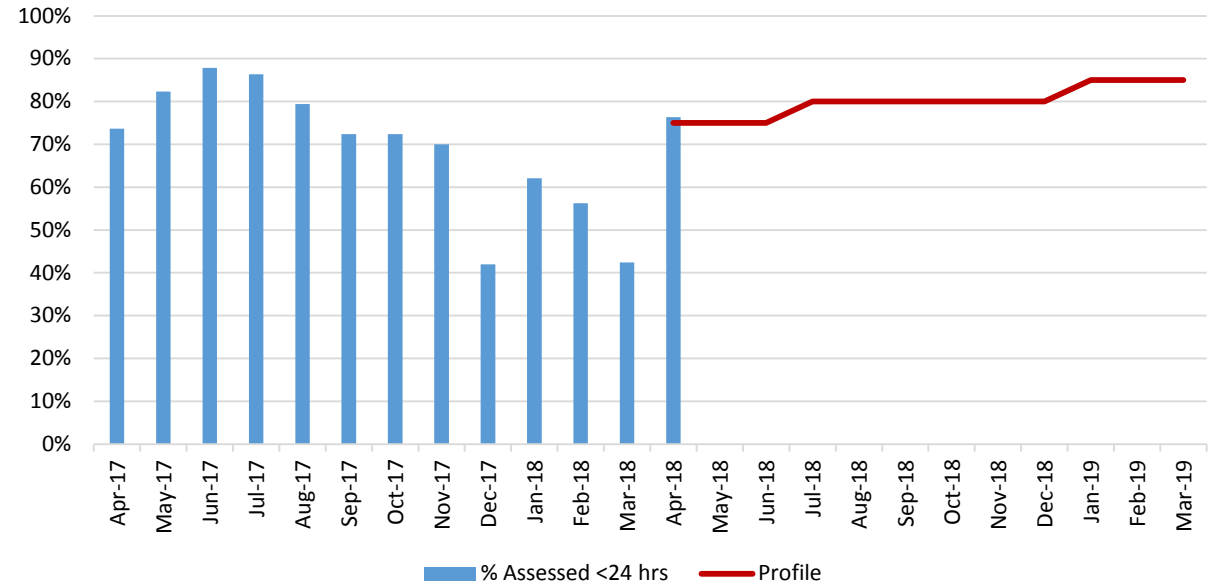


Princess of Wales- Stroke

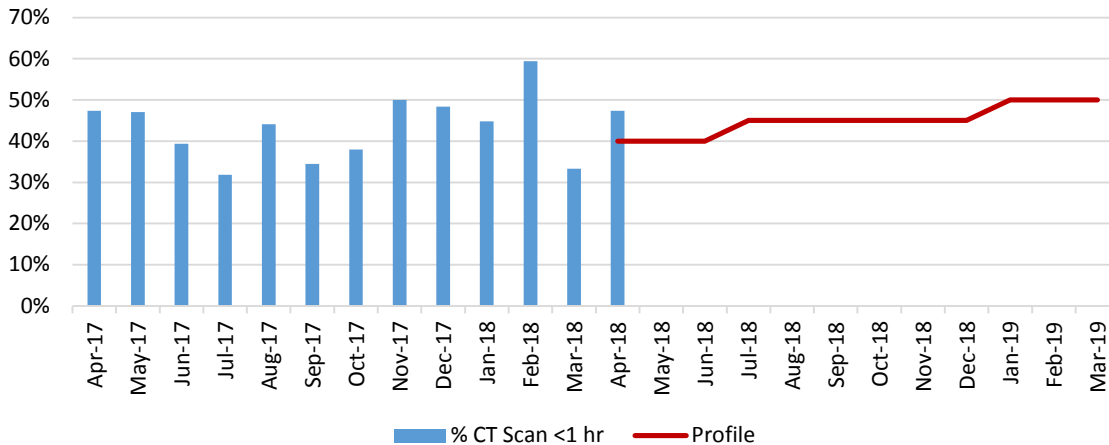
Direct admission to Acute Stroke Unit (< 4 hours) (POWH)



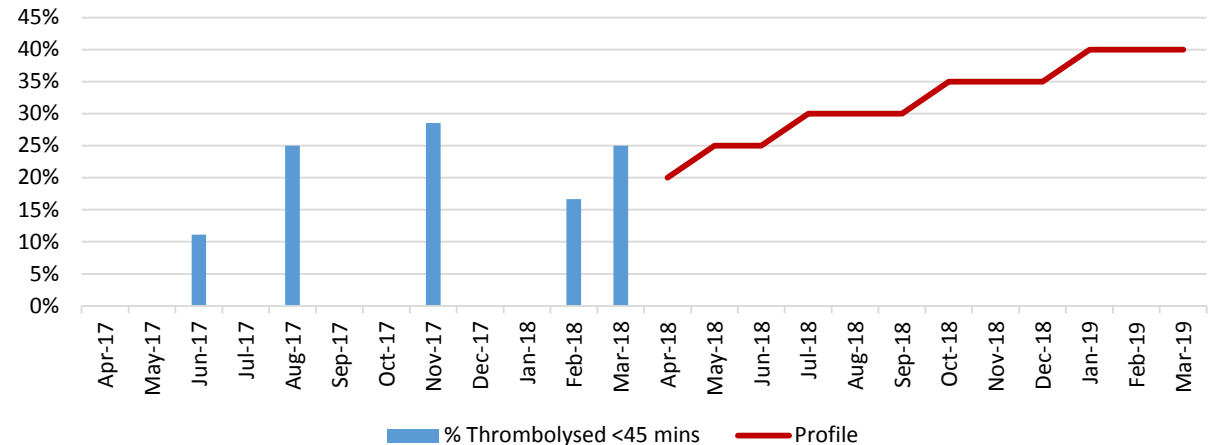
Assessed by Stroke Specialist (< 24 hours) (POWH)



CT Scan (<1 hour) (POWH)

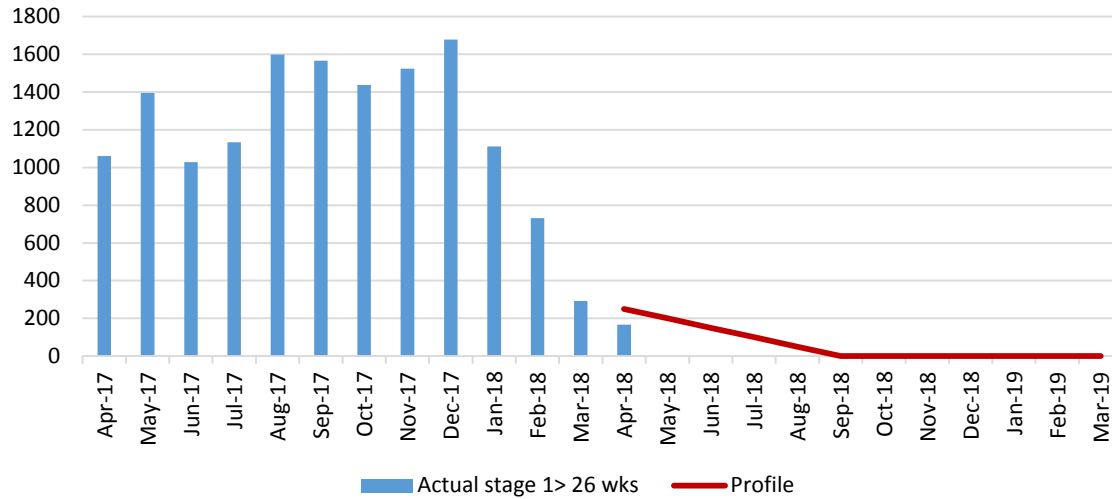


Thrombolysis door to needle <= 45 mins (POWH)

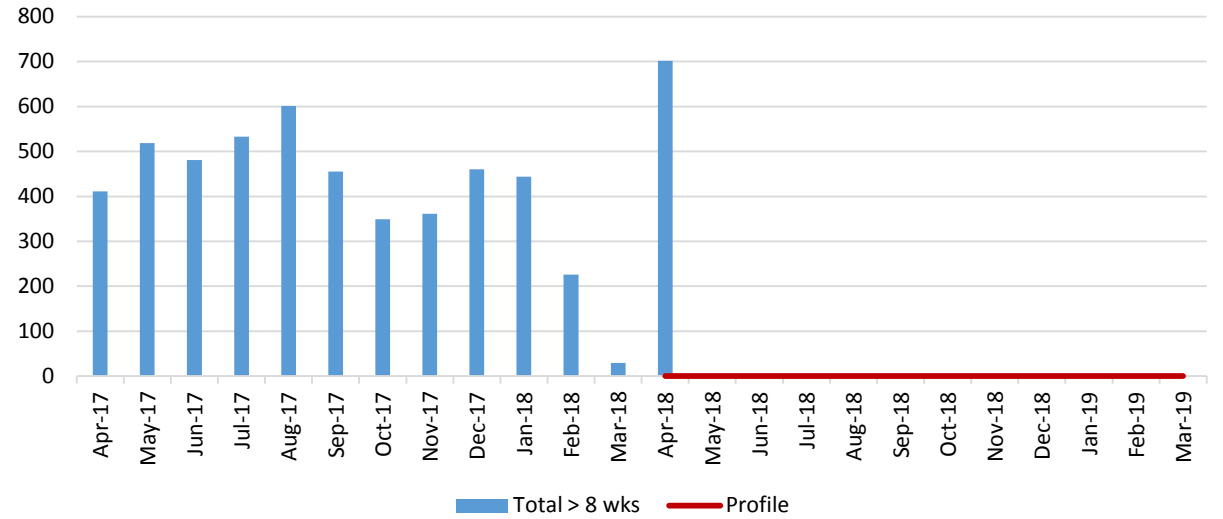


Health Board- Planned Care (RTT)

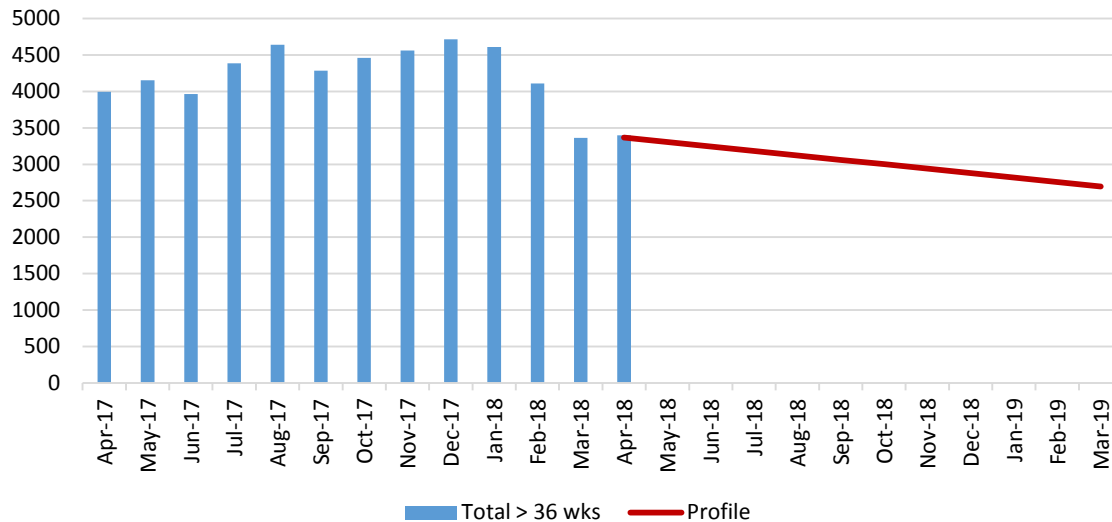
RTT- stage 1 waiting over 26 weeks (HB Total)



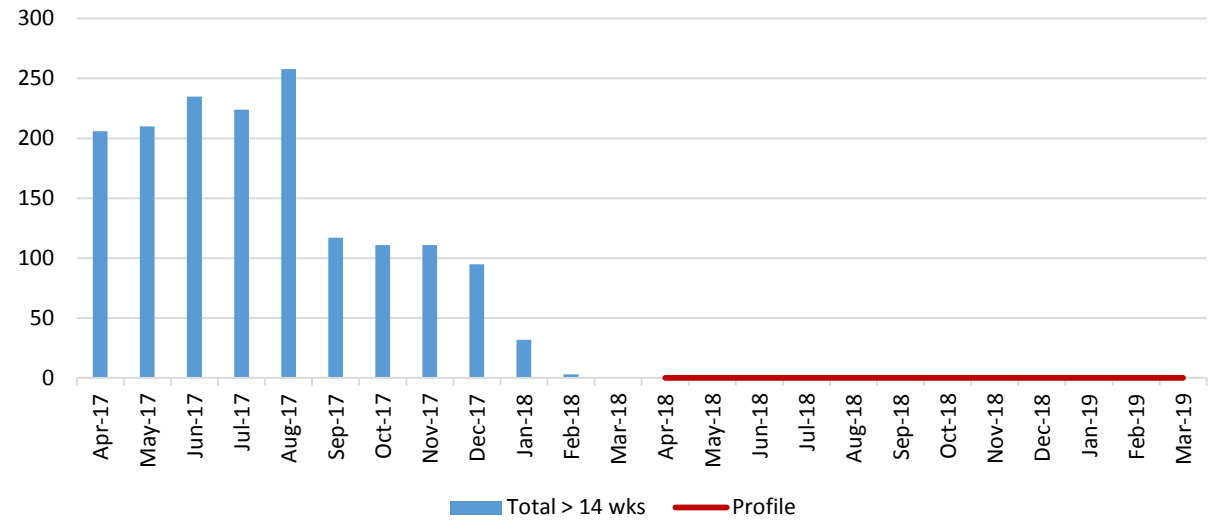
Diagnostics waiting over 8 weeks (HB Total)











RTT- total waiting over 36 weeks (HB Total)



Therapies waiting over 14 weeks (HB Total)



Planned Care Trajectories

Principal Service Action	Predicted Impact	Start Quarter	Delivery Confidence
Planned Care			
Roll out e-referrals - all year	TBC	Q1	
Audiology / optometry improvements – all year	4,000 OP	Q1	
Extend National Planned care programme to OMFS, Gynae, vascular surgery	5% efficiency	Q3	
Other outpatient improvement in line with the national plan – virtual clinics, see on symptom, reduce follow up ratios	1,000 OP	Q1	
Use of technology to shift to day cases	500 DC	Q1	
Regional solutions to outsourcing in ophthalmology and orthopaedics	1,000 IP & DC	Q1	
Repatriation pathways for regional specialties	Improved L.o.S.	Q2	
National Planned care Plans	Included above	Q1	

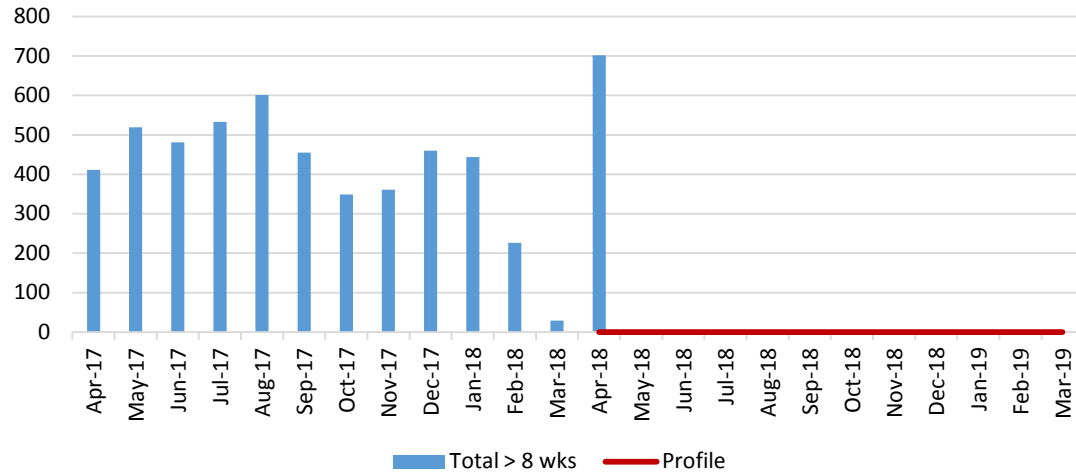
Planned Care - Summary

RTT Summary															
			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Morriston	Outpatients waiting more than 26 weeks	Actual	279	128	0	0	0	0	0	0	0	0	0	0	0
		Profile	484	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	2,325	2,379	0	0	0	0	0	0	0	0	0	0	0
		Profile	2,333	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	27	623	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
POWH	Outpatients waiting more than 26 weeks	Actual	10	31	0	0	0	0	0	0	0	0	0	0	0
		Profile	67	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,031	1,003	0	0	0	0	0	0	0	0	0	0	0
		Profile	1,197	1,030	1,041	961	926	959	905	864	825	952	900	856	814
	Diagnostic waits over 8 weeks	Actual	2	79	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
Singleton	Outpatients waiting more than 26 weeks	Actual	0	6	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	6	16	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Diagnostic waits over 8 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
NPTH	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	0

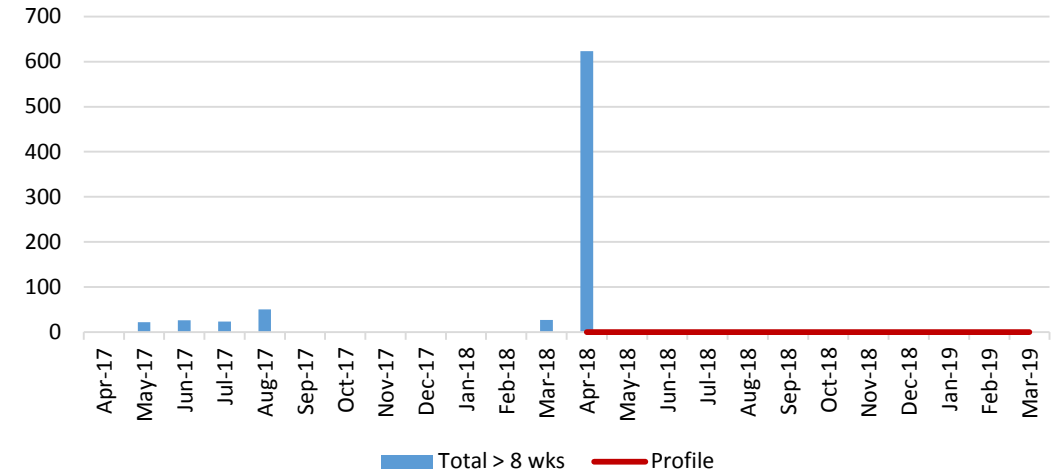
Note: Diagnostics now include reportable cardiac diagnostics from 01/04/18. Work is going on to agree a reduction profile for the year which is planned to deliver a Nil end of March 2019 position.

Morrison- Planned Care

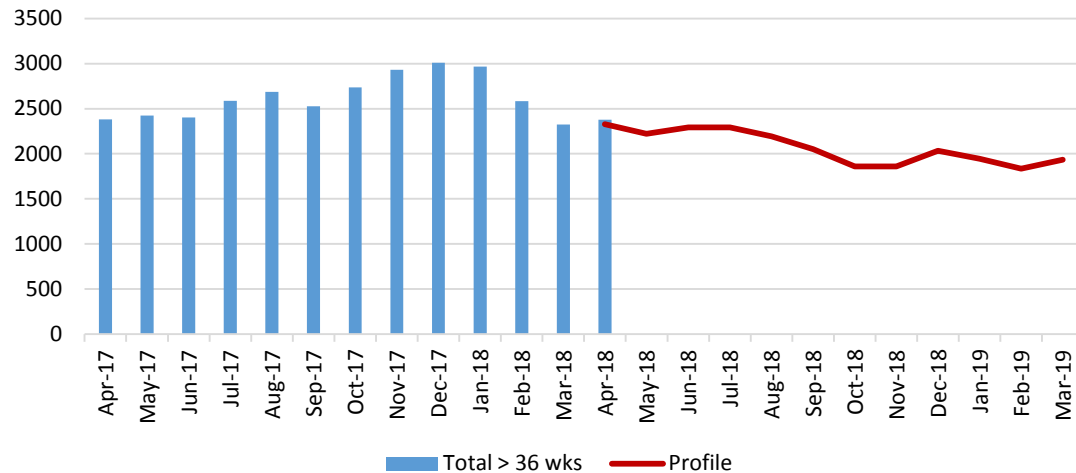
Diagnostics waiting over 8 weeks (HB Total)



Diagnostics waiting over 8 weeks (Morrison)

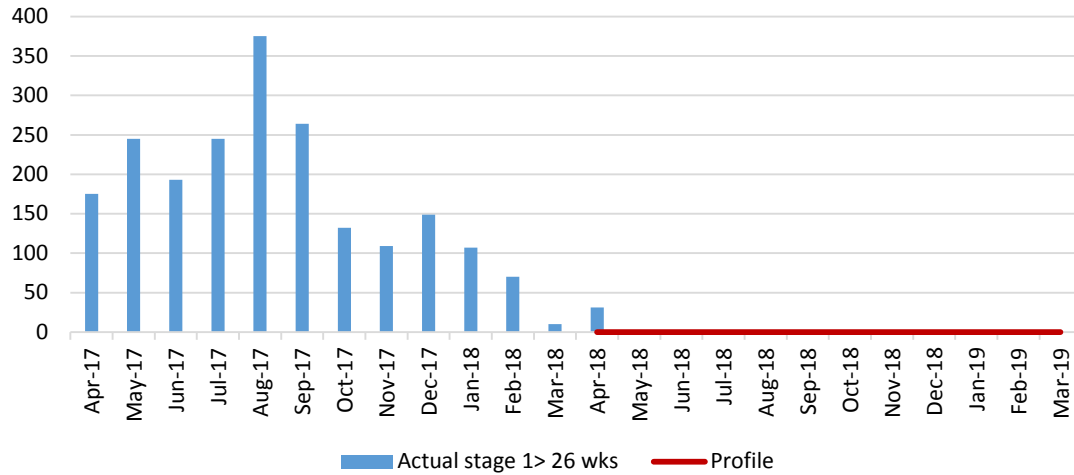


RTT- total waiting over 36 weeks (Morrison)

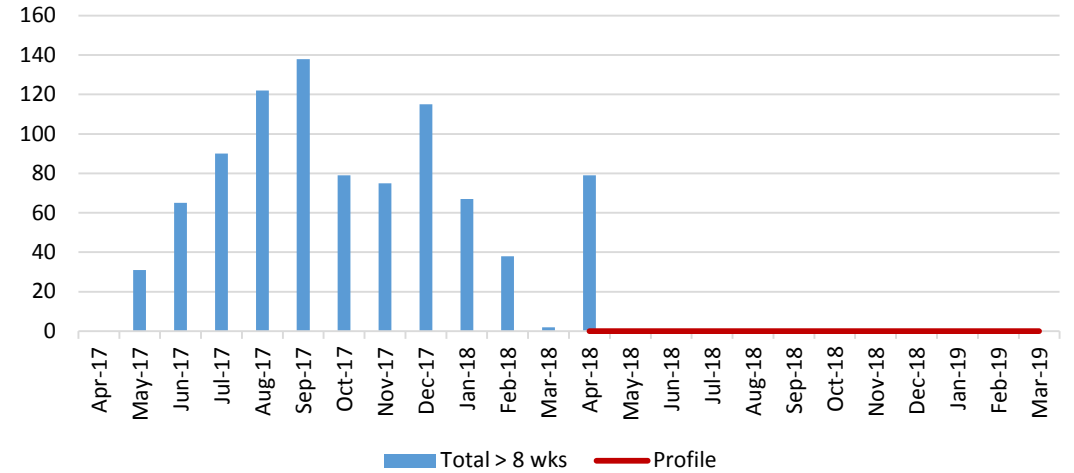


Princess of Wales- Planned Care

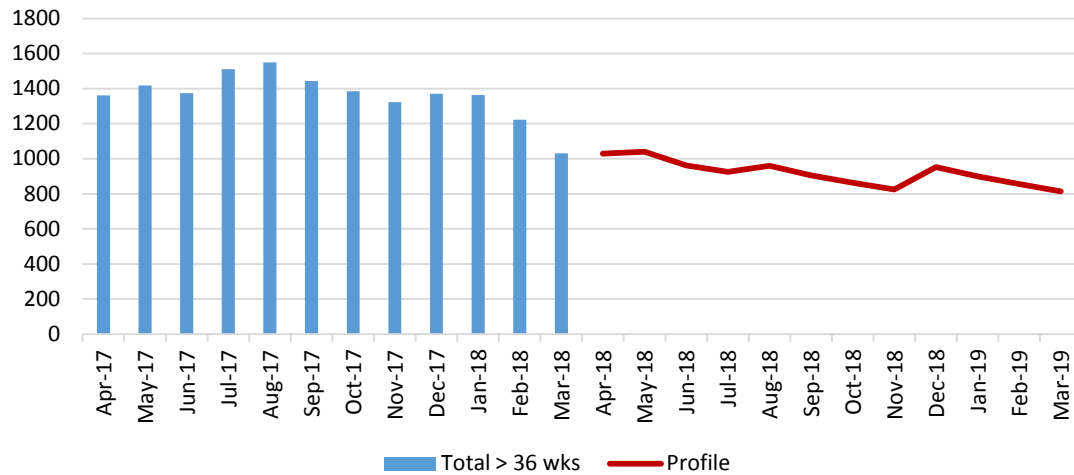
RTT- stage 1 waiting over 26 weeks (POWH)



Diagnostics waiting over 8 weeks (POWH)

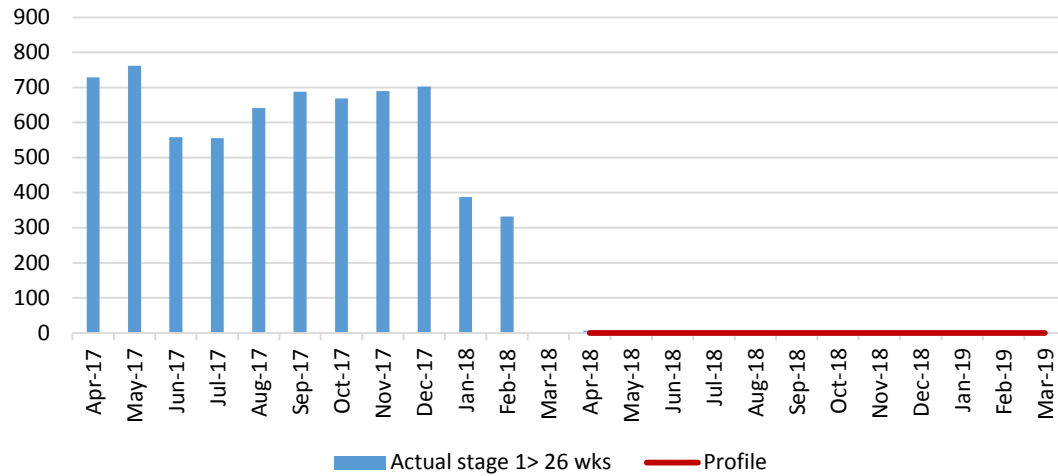


RTT- total waiting over 36 weeks (POWH)

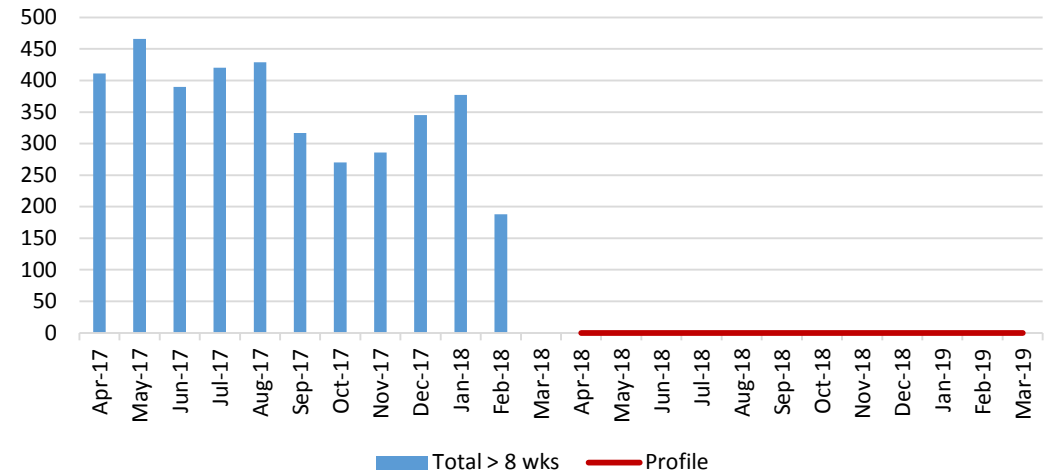


Singleton- Planned Care

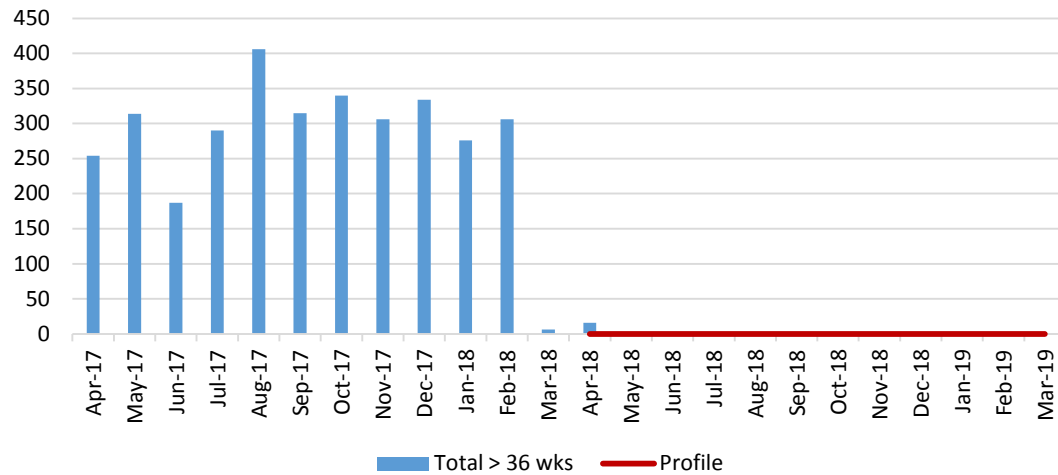
RTT- stage 1 waiting over 26 weeks (Singleton)



Diagnostics waiting over 8 weeks (Singleton)

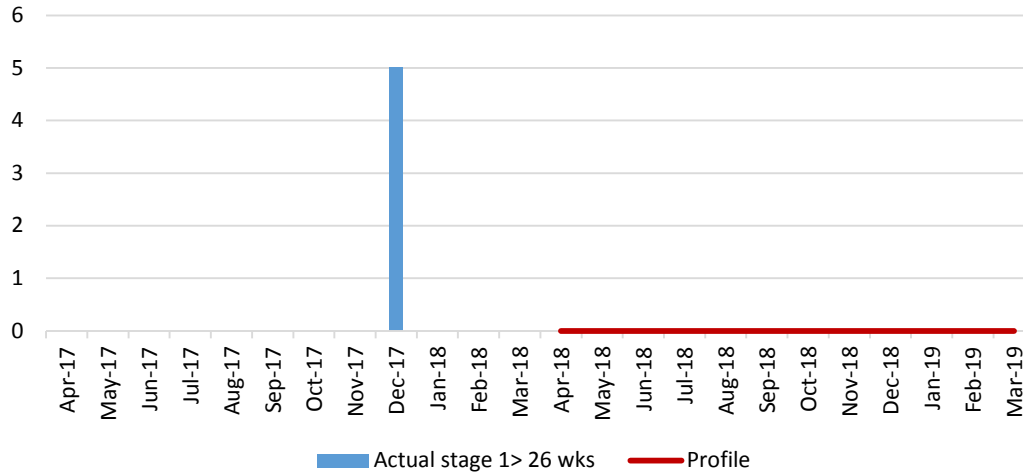


RTT- total waiting over 36 weeks (Singleton)

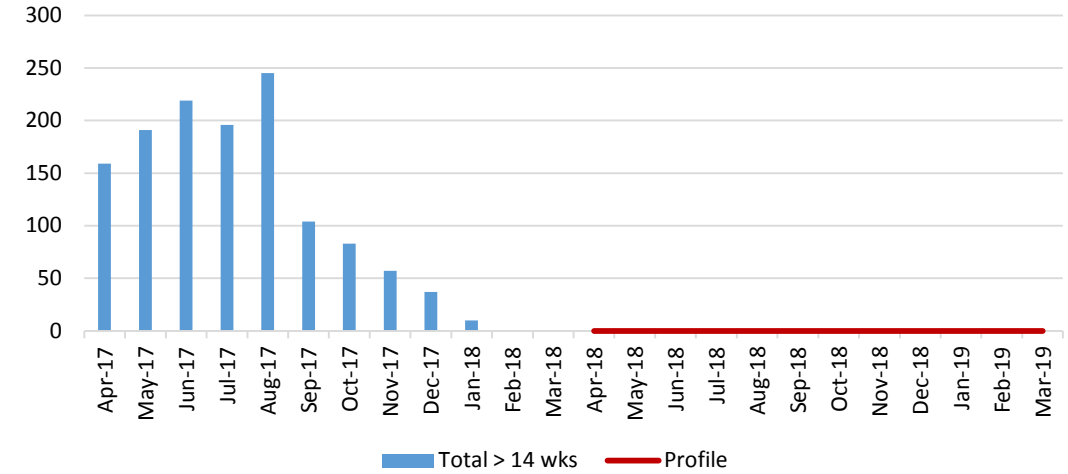


Neath Port Talbot- Planned Care

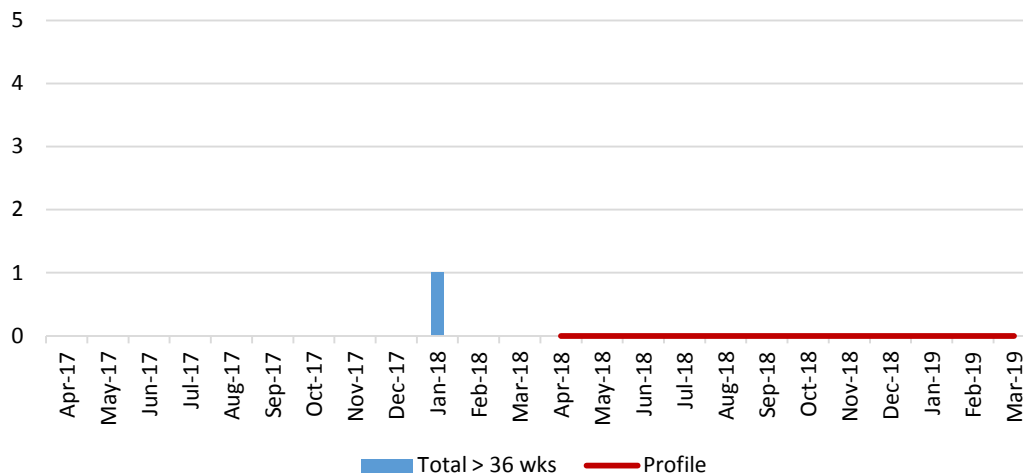
RTT- stage 1 waiting over 26 weeks (NPTH)



Therapies waiting over 14 weeks (NPTH)

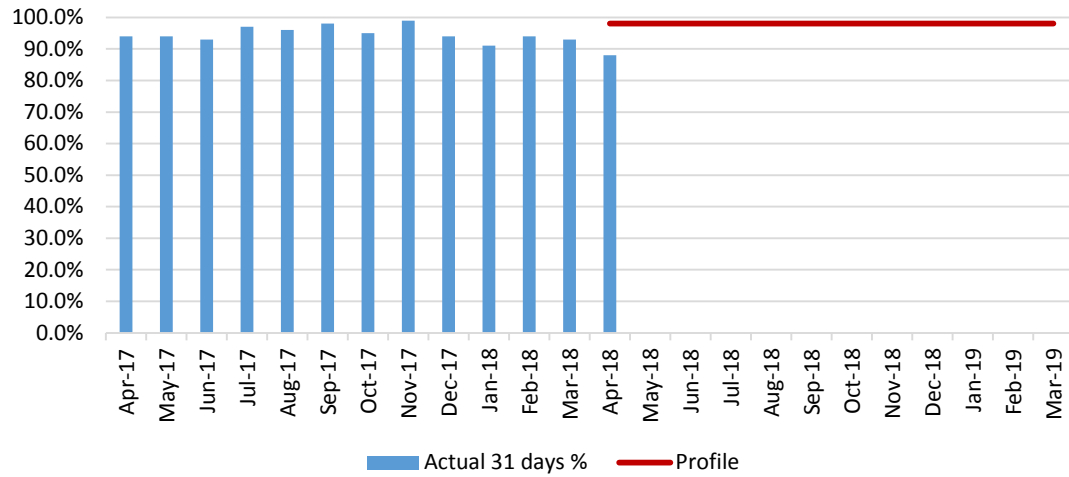


RTT- total waiting over 36 weeks (NPTH)

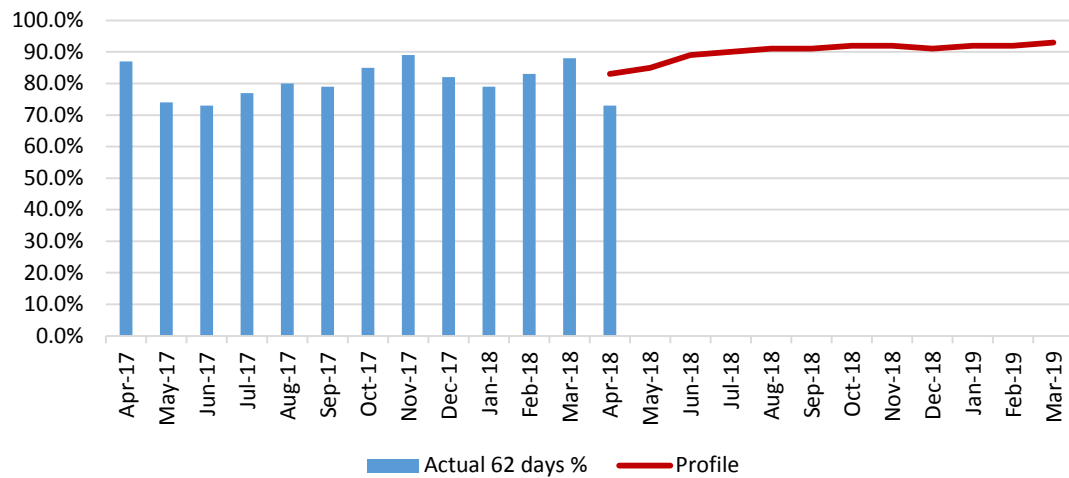


Health Board- Cancer

NUSC patients treated within 31 days (HB Total)



USC patients treated within 62 days (HB Total)

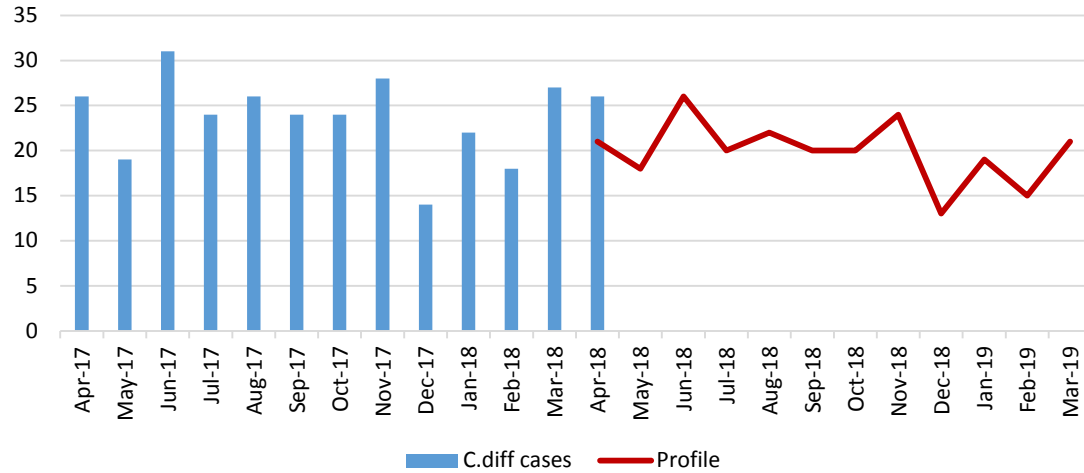


Cancer Trajectories

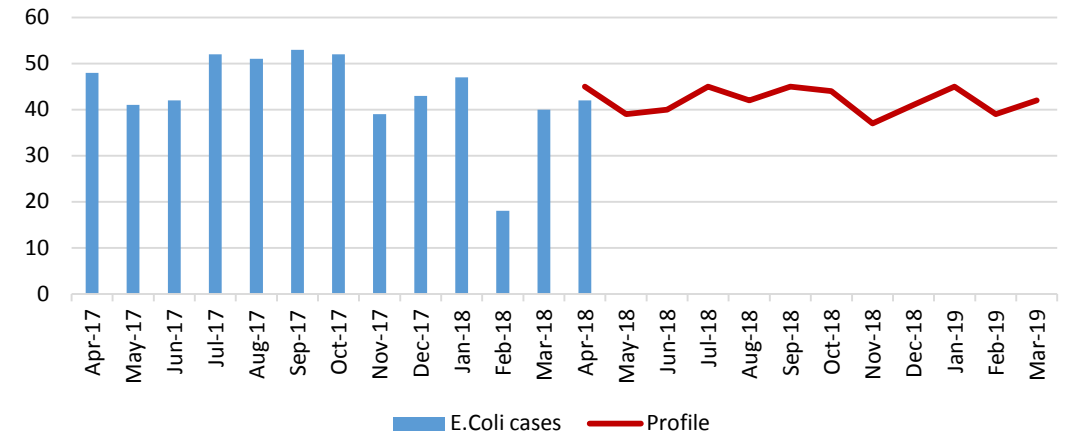
Principal Service Action	Predicted Impact	Start Quarter	Delivery Confidence
Cancer			
Outpatients - Improve access through outpatients, particularly e-referral, improve re 10-day target, centralised OP centre at NPTH for breast outpatients	0.50%	Q1	High
Diagnostics - Capacity / demand improvement in endoscopy, pathology & gastroenterology, roll our Early Diagnostic Centre to 4 more Clusters, review processes around lung diagnostics	1.00%	Q2	Medium
MDT process – improve MDT processes in general, review urology MDTs, merge the 2 breast MDTs to 1.	0.50%	Q1	High
Inpatient capacity – improve Gynae theatre utilisation, focus on breast, urology and gynaecology, other planned care and USC actions	5.00%	Q1	Low
Reduce variation in general (as USC)	1.00%	Q1 to Q4 ramping up	High

Health Board- Healthcare Acquired Infections

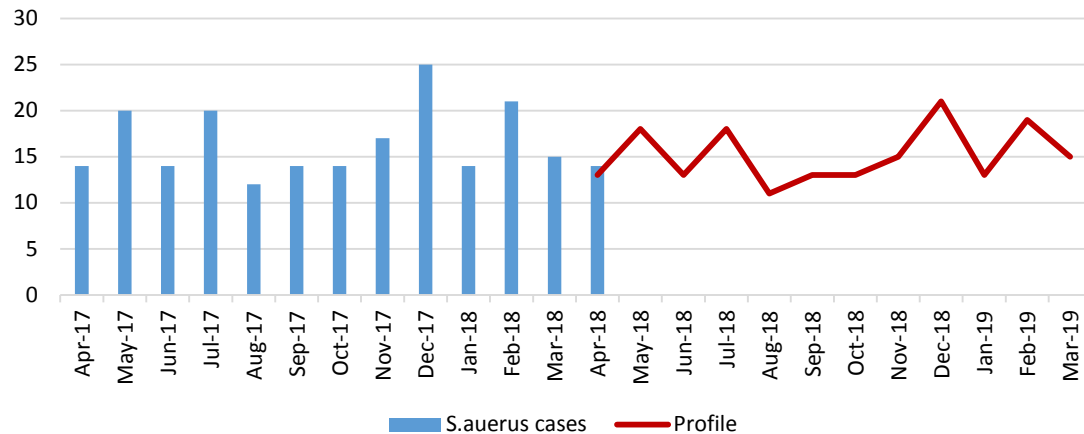
Number of healthcare acquired C. difficile cases (HB Total)



Number of healthcare acquired E.Coli bacteraemia cases (HB Total)



Number of healthcare acquired S.aureus bacteraemia cases (HB Total)

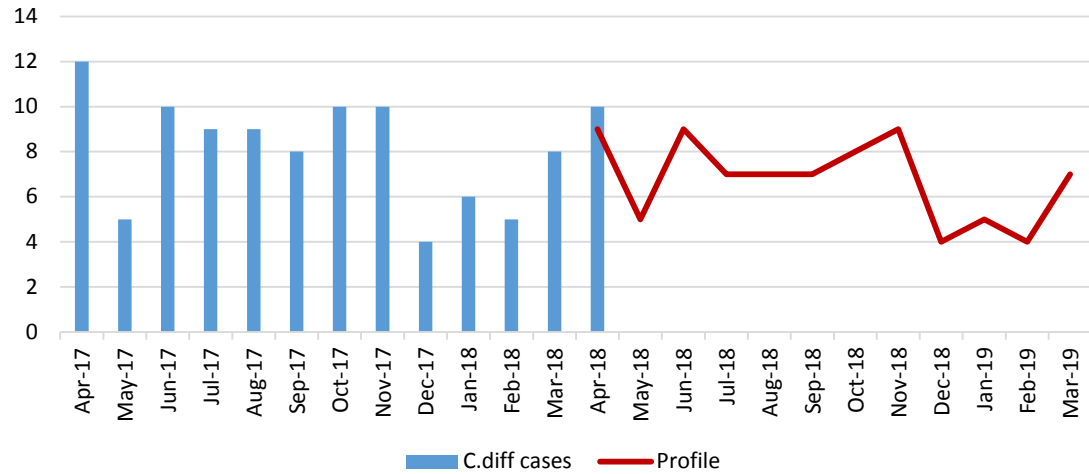


HCAI Trajectories

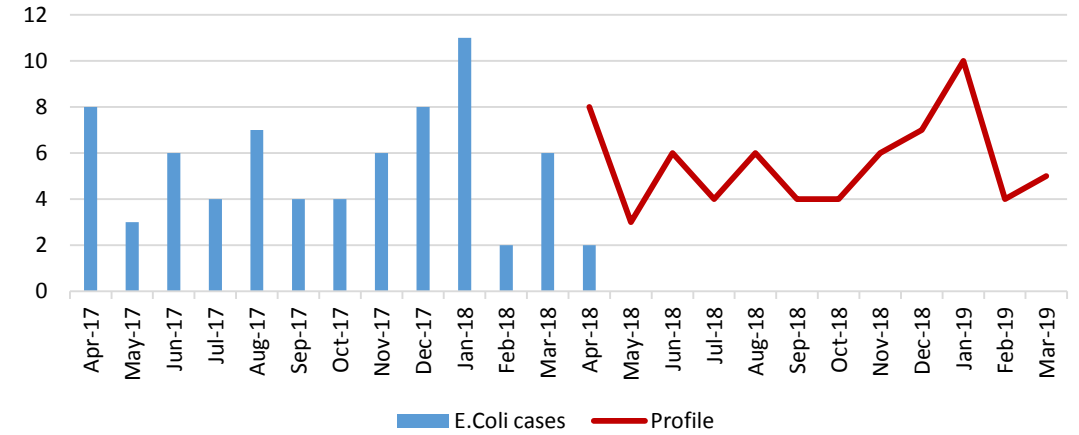
Principal Service Action	Predicted Impact	Start Quarter	Delivery confidence
HCAI			
Underpinning improvement in antibiotic reduction, hand hygiene, training, audit and compliance	5.00% (2.50% E.coli)	Q1 ramping up	
C. diff – reduce antibiotic usage (AMR Plan), compliance with isolation practice, cleaning protocols and treatment algorithms	10.00%	Q1 ramping up	
Staph aureus – reduce unnecessary use of peripheral venous catheters (PVC), compliance with decolonisation protocol	5.00%	Q1 ramping up	
E. coli – reduce use of urethral catheters, improvement in patients' hydration (to prevent UTIs and thereby use of catheters), improve use of urethral catheters at home	2.50%	Q1 ramping up	

Morrison- Healthcare Acquired Infections

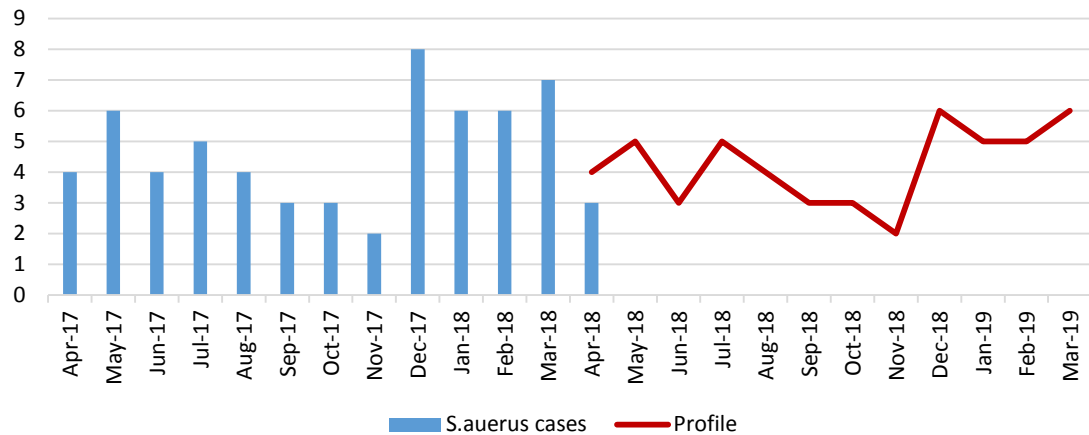
Number of hospital acquired C. difficile cases (Morrison)



Number of hospital acquired E.Coli bacteraemia cases (Morrison)

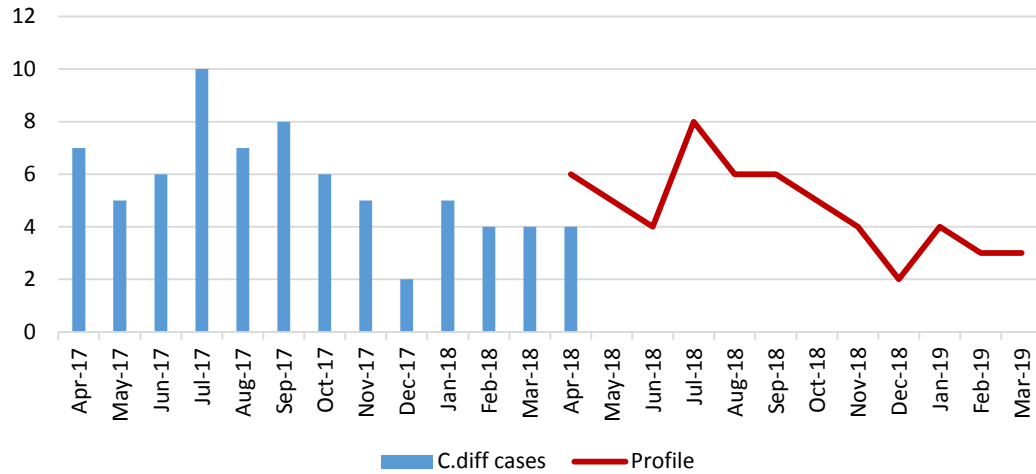


Number of hospital acquired S.aureus bacteraemia cases (Morrison)

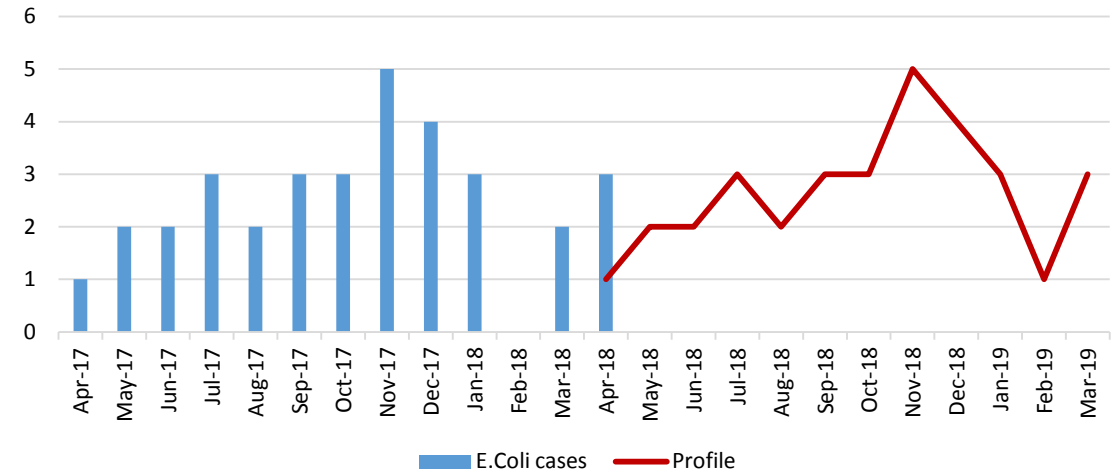


Princess of Wales- Healthcare Acquired Infections

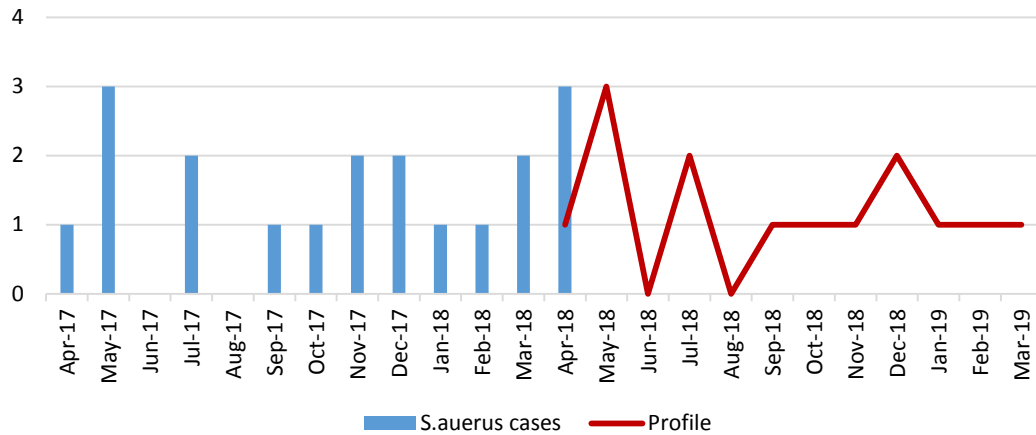
Number of hospital acquired C. difficile cases (POWH)



Number of hospital acquired E.Coli bacteraemia cases (POWH)

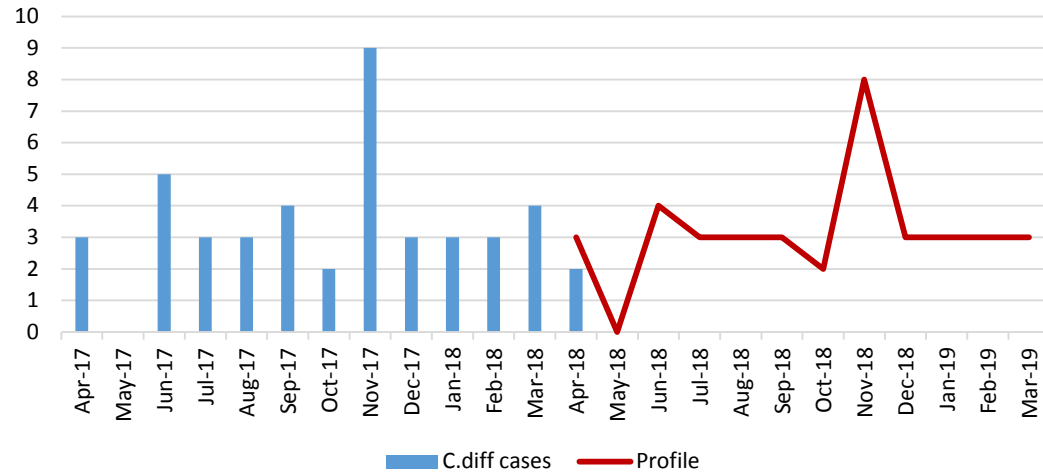


Number of hospital acquired S.aureus bacteraemia cases (POWH)

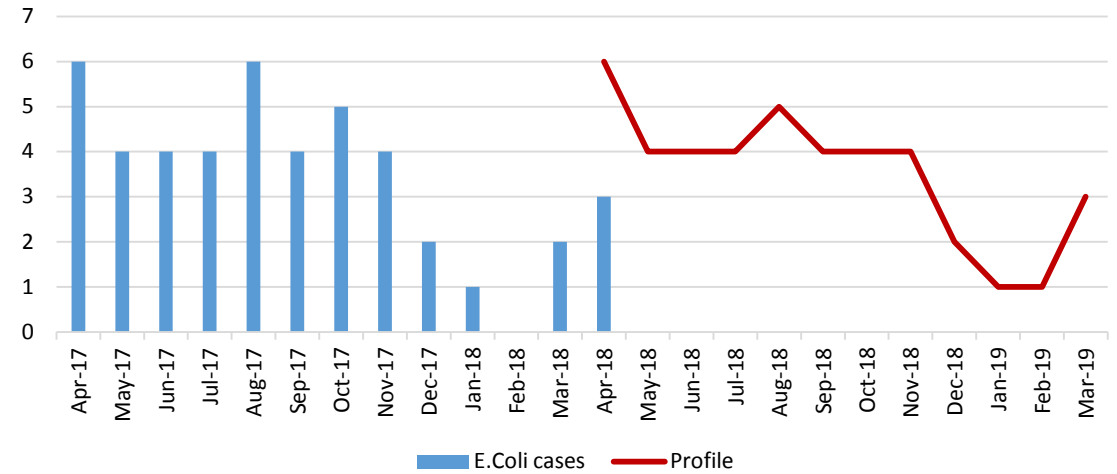


Singleton- Healthcare Acquired Infections

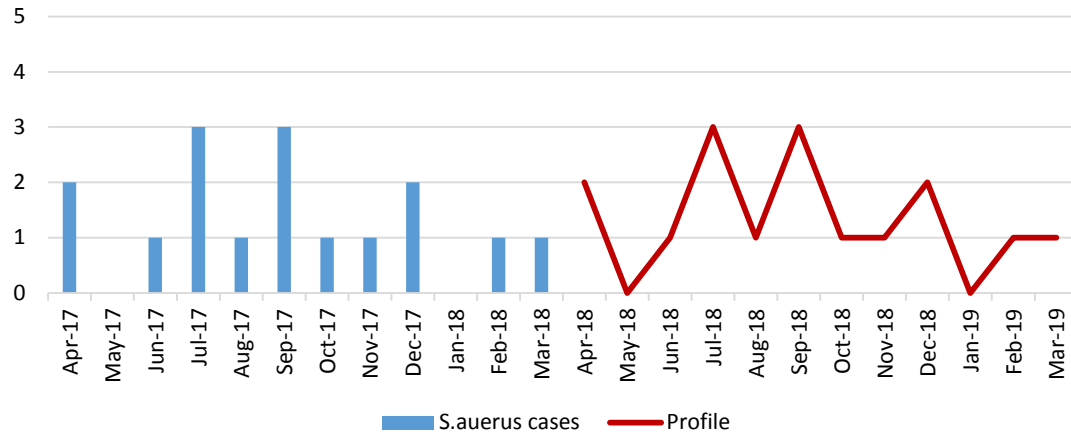
Number of hospital acquired C. difficile cases (Singleton)



Number of hospital acquired E.Coli bacteraemia cases (Singleton)

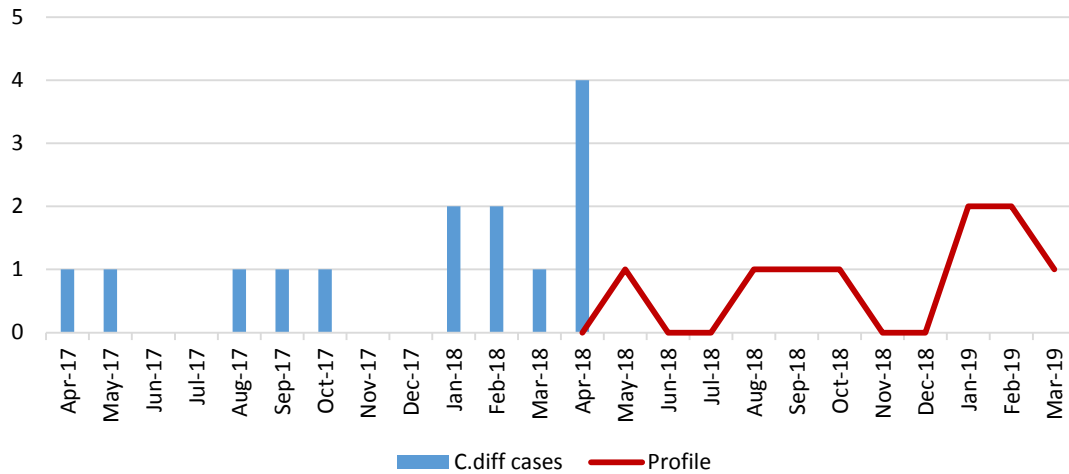


Number of hospital acquired S.aureus bacteraemia cases (Singleton)

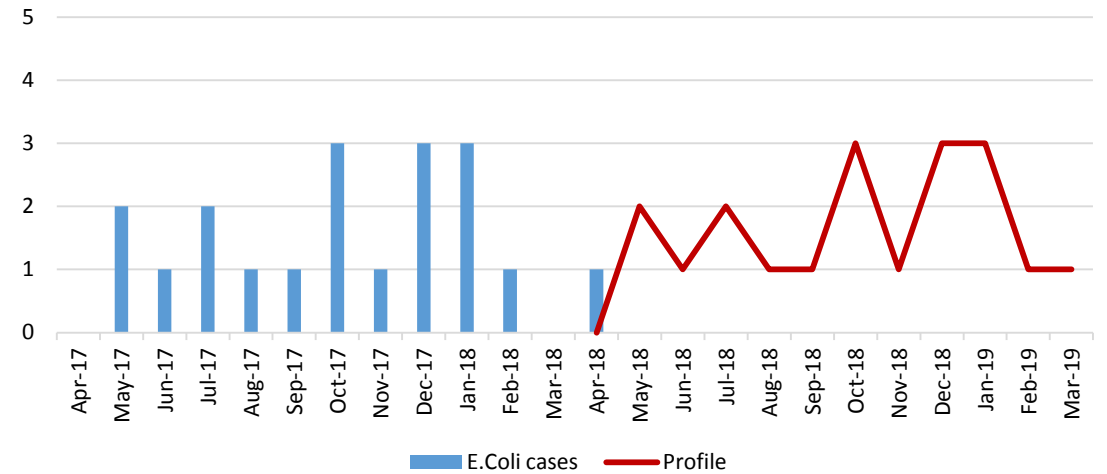


Neath Port Talbot- Healthcare Acquired Infections

Number of hospital acquired C. difficile cases (NPTH)



Number of hospital acquired E.Coli bacteraemia cases (NPTH)



Number of hospital acquired S.aureus bacteraemia cases (NPTH)

