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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	16th April 2019	Agenda Item	3.1
Report Title	Integrated Performance Report		
Report Author	Hannah Roan, Performance and Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Darren Griffiths, Associate Director of Performance 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	<p>This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.</p> <p>Additional measures for Primary and Community Services, Mental Health & Learning Disabilities and Public Health are in the process of being agreed. It is anticipated that April 2019 data will be reported in the May 2019 Integrated Performance Report.</p>		
Specific Action Required	Information	Discussion	Assurance
	✓		✓
Recommendations	Members are asked to:		

	<ul style="list-style-type: none"> note current Health Board performance against key measures and targets and the actions being taken to improve performance. 	
Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
Outstanding Research, Innovation, Education and Learning	☒	
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.</p> <p>Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p>		

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

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

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The ‘5 Ways of Working’ are demonstrated in the report as follows:

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

Report History

The last iteration of the Integrated Performance Report was presented to the Performance & Finance Committee in March and Quality & Safety Committee in February 2019. This is a routine monthly report.

Appendices	None.
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Summary of performance against national and local measures

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1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> • The Health Board achieved the internal target of 2,664 for the number of patients waiting over 36 weeks for treatment by attaining 2,630 in March 2019. This continues to be the best position since April 2014. • Therapy waiting times continue to be maintained at (or below) 14 weeks. • Sustained nil position in March 2019 for Endoscopy patients waiting over 8 weeks. • Sustained improvement in 4 hour stroke performance in Morriston since September 2018 as a result of the front door pilot. In March 2019 Morriston also achieved 100% for patients assessed by a stroke specialist consultant physician within 24 hours. • In March 2019, the internal profiles for healthcare acquired infections were achieved for C. difficile and S.Aureus Bacteraemia. 	<ul style="list-style-type: none"> • Implement recommendations of the vascular, neck of femur and assessment unit improvement programmes at Morriston hospital. • Promote attendance at MIU in NPTH for patients with a minor illness or injury. • Implement plan for introduction of revised Quality Improvement Measures (QIMs) for Stroke reporting from April 2019. • Ensure delivery of Q1 planned care profiles through implementation of outsourcing programme and maximising core capacity. • Morriston to develop and implement step change plans to maintain continual improvement in the reduction of long waiting patients. • Introduction of live radiology demand and capacity dashboard to aid better management of cancer pathways and subsequent reduction in USC backlog. • Assure continued supply of laboratory reagents and consumables during Brexit negotiations.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Maximise early supported discharge services for patients with COPD and maximise the use of community frailty services. • NHS Wales Delivery Unit is assisting with the implementation of the clinically led discharge improvement programme. • Utilisation of theatre capacity in Hywel Dda UHB from April 2019 to aid in reducing waiting times in Gynae-oncology for both Swansea Bay and Hywel Dda UHBs. • Opportunity for evaluating and developing services across the Health Board following Bridgend boundary change. • Develop incident investigation training sessions to ensure all incidents are investigated appropriately in less than 30 days. • Singleton Delivery Unit to support Health Board case for Nerve centre. 	<ul style="list-style-type: none"> • Continued impact of Bridgend Boundary Change and ongoing disruption to teams as change is embedded. • Morriston ED pressures as well as receiving more patients with resus needs than available trollies. • Capacity gaps in Care Homes. Capacity and fragility of private domiciliary care providers, leading to an increase in the number of 'discharge fit' patients in hospital and increasing length of stay. • HMRC taxation changes has been escalated within Welsh Government as a risk to the delivery of additional planned care capacity through loss of flexible opportunities. • Concern amongst GPs in relation to the impasse in the GP contract negotiations.

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

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position Feb-19
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%	75.6%	5th
		Profile	83%	83%	83%	88%	88%	88%	89%	90%	90%	90%	90%	90%	
	12 hour A&E waits	Actual	737	624	476	590	511	588	680	665	756	986	685	862	4th
		Profile	323	194	190	229	227	180	255	315	288	283	196	179	
	1 hour ambulance handover	Actual	526	452	351	443	420	526	590	628	842	1,164	619	928	6th**
		Profile	256	126	152	159	229	149	223	262	304	262	183	139	
Stroke	Direct admission within 4 hours	Actual	34.5%	36.7%	40.0%	37.5%	29.3%	53.8%	56.0%	55.8%	53.2%	35.2%	52.6%	50.7%	3rd**
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%	
	CT scan within 1 hour	Actual	41.4%	43.3%	51.3%	40.3%	40.5%	47.5%	52.7%	47.5%	48.7%	48.0%	48.3%	50.6%	6th**
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%	
	Assessed by Stroke Specialist within 24 hours	Actual	83.9%	93.3%	88.2%	80.6%	91.1%	68.8%	82.8%	75.0%	85.9%	75.3%	75.9%	86.1%	4th**
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%	
	Thrombolysis door to needle within 45 minutes	Actual	0.0%	11.1%	37.5%	21.4%	0.0%	11.1%	18.2%	15.4%	28.6%	40.0%	20.0%	30.0%	5th**
		Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120	55	30	105	89	65	125	94	153	315	207	2nd (Jan-19)
		Profile	249	200	150	100	50	0	0	0	0	0	0	0	
	Treatment waits over 36 weeks	Actual	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	5th (Jan-19)
		Profile	3,457	3,356	3,325	3,284	3,287	3,067	2,773	2,709	3,045	2,854	2,622	2,664	
	Diagnostic waits over 8 weeks	Actual	702	790	915	740	811	762	735	658	693	603	558	437	5th (Jan-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	450	
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0	0	0	0	0	0	0	Joint 1st (Jan-19)
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer	NUSC patients starting treatment in 31 days	Actual	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	88%	3rd** (Jan-19)
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	USC patients starting treatment in 62 days	Actual	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	83%	4th** (Jan-19)
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	26	18	15	29	15	9	19	10	16	7	7	8	4th
		Profile	21	18	26	20	22	20	20	24	13	19	15	21	
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	14	21	19	17	20	10	12	17	11	18	16	11	5th
		Profile	13	18	13	18	11	13	13	15	21	13	19	15	
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	42	43	41	51	46	49	41	53	38	28	31	43	4th
		Profile	45	39	40	45	42	45	44	37	41	45	39	42	

*RAG status derived from performance against trajectory

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

3. INTEGRATED PERFORMANCE DASHBOARD

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

STAYING HEALTHY- People in Wales are well informed and supported to manage their own physical and mental health																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
Childhood Immunisation & Health Visiting	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Q3 18/19	96%	95%	96%	✓	95.7%								96%			96%			
	% of children who received 2 doses of the MMR vaccine by age 5	Q3 18/19	91%	95%	93%	✗	92.3%		89%			91%			90%			91%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q2 18/19	73%	4 quarter ↑ trend			90.4%		77%			81%			73%						
Influenza	% uptake of influenza among 65 year olds and over	Mar-19	68.3%	75%	70%	✗	68.8%		68%							42.5%	59.3%	66.1%	67.5%	68.0%	68.3%
	% uptake of influenza among under 65s in risk groups	Mar-19	44.0%	55%	65%	✗	48.5%		47%							25.3%	34.0%	40.4%	41.7%	42.6%	44.0%
	% uptake of influenza among pregnant women	2017/18	93.3%	75%		✓	72.7%		93%												
	% uptake of influenza among children 2 to 3 years old	Mar-19	49.3%	40%	40%	✓	57.9%		49%							20.4%	35.9%	46.0%	47.2%	47.7%	49.3%
Smoking	% uptake of influenza among healthcare workers	Mar-19	54.1%	50%	50%	✓			58%							43.2%	50.4%	52.3%	53.8%	54.1%	54.1%
	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2017/18	4.4%	Annual ↑			27.1%		17/18= 4.												
	% of adult smokers who make a quit attempt via smoking cessation services	Dec-18	1.8%	5% annual target	2.4%	✗	1.5%		2.6%	0.2%	0.5%	0.7%	0.9%	1.1%	1.3%	1.5%	1.7%	1.8%			
Learning Disabilities	% of those smokers who are co-validated as quit at 4 weeks	Q2 18/19	56.9%	40% annual target	40.0%	✓	44.6%		55%			62%			57%						
	% people with learning disabilities with an annual health check			75%					Awaiting publication of 2018/19 data.												
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2017/18	48.0%	Annual ↓			42.2%		2017/18= 48%												
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
Prescribing	Total antibacterial items per 1,000 STAR-PUs	Q2 18/19	289	4 quarter ↓			340		364												
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q2 18/19	10%	4 quarter ↓			7.6%		9%			10%			10%						
	NSAID average daily quantity per 1,000 STAR-Pus	Q2 18/19	1,479	4 quarter ↓			1,389		1,496			1,517			1,479						
Antimicrobial Audits	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Jan-19	0	12 month ↓	0	✗	2		0	0	0	0	0	0	0	0	0	1	0		
	% indication for antibiotic documented on medication chart	Jan-19	90%		95%	✗			87%				87%		94%			90%		90%	
	% stop or review date documented on medication chart	Jan-19	56%		95%	✗			61%				61%		54%			56%		56%	
	% of antibiotics prescribed on stickers	Jan-19	47%		95%	✗			70%				77%		73%			78%		47%	
	% appropriate antibiotic prescriptions choice	Jan-19	96%		95%	✓			94%				96%		97%			95%		96%	
	% of patients receiving antibiotics for >7 days	Jan-19	13%		20%	✓			13%				8%		15%			9%		13%	
	% of patients receiving surgical prophylaxis for > 24 hours	Jan-19	46%		20%	✗			58%				25%		8%			73%		46%	
Infection control	% of patients receiving IV antibiotics > 72 hours	Jan-19	47%		30%	✗			39%				41%		49%			42%		47%	
	Cumulative cases of E.coli bacteraemias per 100k pop	Mar-19	96.0	<67			79.85			96.6	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8	96.7	95.1	96.0
	Number of E.Coli bacteraemia cases (Hospital)	Mar-19	21		12	✗	61		10	10	15	10	20	16	15	17	23	15	11	15	21
	Number of E.Coli bacteraemia cases (Community)	Mar-19	22		30	✓	108		30	32	28	31	31	30	34	24	30	23	17	16	22
	Total number of E.Coli bacteraemia cases	Mar-19	43		42	✗	169		40	42	43	41	51	46	49	41	53	38	28	31	43
	Cumulative cases of S.aureus bacteraemias per 100k pop	Mar-19	34.6	<20			28.93			32.2	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9	35.0	35.6	34.6
	Number of S.aureus bacteraemias cases (Hospital)	Mar-19	4		8	✓	31		10	6	8	7	8	9	7	7	5	9	9	9	4
	Number of S.aureus bacteraemias cases (Community)	Mar-19	7		7	✓	43		5	8	13	12	9	11	3	5	10	6	9	7	7
	Total number of S.aureus bacteraemias cases	Mar-19	11		15	✓	74		15	14	21	19	17	20	10	12	17	11	18	16	11
	Cumulative cases of C.difficile cases per 100k pop	Mar-19	33.5	<26			27.79			59.8	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4	36.6	35.1	33.5
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q3 18/19	0	0			2		0			2						0			
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Mar-19	43%	90%	80%	✗	32.6%		92%	79%	85%	85%	81%	87%	86%	56%	82%	89%	80%	68%	43%
	Number of new Never Events	Mar-19	1	0	0	✗	0		4	0	0	0	0	0	0	0	0	0	0	0	1
	Number of risks with a score greater than 20	Mar-19	51			✓			57	58	57	60	67	77	73	66	45	48	53	54	51
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Mar-19	15	12 month ↓		✗			10	8	12	10	22	14	7	13	8	12	6	17	15
	Number of Safeguarding Children Incidents	Mar-19	7		0	✗			12	5	11	5	12	14	3	10	9	3	13	7	7
	Total number of pressure ulcers acquired in hospital	Mar-19	64	12 month ↓		✗			46	48	47	39	56	45	53	47	40	40	50	45	64
	Total number of pressure ulcers acquired in hospital per 100k admissions	Mar-19	671	12 month ↓		✗			553	582	505	457	635	496	601	499	432	468	549	508	671
	Number of grade 3+ pressure ulcers acquired in hospital	Mar-19	24	12 month ↓		✗			26	17	9	14	21	12	21	26	13	14	20	17	24
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	Mar-19	252	12 month ↓		✗			306	202	97	164	238	139	219	276	141	164	220	192	252
Pressure Ulcers	Total Number of pressure ulcers developed in the community	Mar-19	47	12 month ↓		✓			69	67	80	81	68	88	71	60	62	58	77	62	47
	Number of grade 3+ pressure ulcers developed in the community	Mar-19	23	12 month ↓		✗			20	24	24	27	20	29	22	26	22	23	33	33	23
	Number of grade 3+ pressure ulcers (excluding suspected deep tissue injury)	Jan-19	20	12 month ↓	10	✗	108		13	12	13	21	5	17	8	14	12	12	20		
Inpatient Falls	Number of Inpatient Falls	Mar-19	326	12 month ↓		✓			357	333	357	326	300	290	328	293	291	300	341	276	326
	Number of Inpatient Falls reported as serious incidents	Jan-19	4	12 month ↓	2	✗	27		2	2	4	3	5	1	3	9	8	2	4		
Self Harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	2017/18	3.14	Annual ↓			4.00		2017/18= 3.14												
	Amenable mortality per 100k of the European standardised population	2016	142.9	Annual ↓			140.6		2016=142.9												
Mortality	Number of potentially preventable hospital acquired thromboses (HAT)	Q3 18/19	2	4 quarter ↓			16				1		3		2						
	% in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1st hour care bundle within 1 hour of positive screening	Feb-19	43%	12 month ↑			85%			31%	26%	18%	34%	45%	40%	50%	41%	53%	18%	43%	
Sepsis	% patients who presented at ED with a positive sepsis screening who have received all elements of the 'Sepsis Six' 1 hour care bundle within 1 hour of positive screening	Jan-19	63%	12 month ↑			73%			38%	48%	34%	44%	64%	52%	66%	54%	57%	63%		

EFFECTIVE CARE- People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
DTCs	Number of mental health HB DTCs	Mar-19	21		27	✓			25	28	22	30	27	30	29	28	26	25	29	26	21
	Number of mental health HB DTCs (12 month rolling)	Mar-19	321	10% ↓			826		333	335	331	334	337	338	332	330	326	320	320	325	321
	Number of non-mental health HB DTCs	Mar-19	112		39	✗			44	34	64	75	74	85	69	84	125	117	104	87	112
	Number of non-mental health HB DTCs (12 month rolling)	Mar-19	1030	5% ↓			4,431		624	613	625	657	689	721	721	746	803	865	928	962	1,030
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Mar-19	98%	95%	96%	✓			89%	95%	92%	95%	97%	97%	94%	98%	97%	94%	81%	99%	98%
	Stage 2 mortality reviews required	Mar-19	22						18	23	14	16	12	19	19	16	22	17	7	10	22
	% stage 2 mortality reviews completed	Jan-19	29%		100%	✗			33.3%	87.0%	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%	27.3%	40.0%	28.6%		
	Crude hospital mortality rate (74 years of age or less)	Feb-19	0.76%	12 month ↓			0.71%		0.81%	0.81%	0.81%	0.80%	0.79%	0.77%	0.76%	0.77%	0.77%	0.77%	0.76%	0.76%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Mar-19	94.0%		98%	✗			96.9%	96.5%	98.3%	98.1%	99.2%	99.3%	97.9%	97.5%	99.0%	98.4%	98.2%	99.0%	94.0%
Info Gov	% compliance of level 1 Information Governance (Wales training)	Mar-19	85%	85%					61%	62%	64%	66%	71%	74%	77%	78%	81%	83%	83%	84%	85%
Coding	% of episodes clinically coded within 1 month of discharge	Feb-19	95%	95%	96%	✗	86.5%		93%	94%	93%	94%	95%	93%	96%	95%	88%	91%	93%	95%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2018/19	91%	Annual ↑			92.3%		2017/18 = 93%	2018/19= 91.2%											
E-TOC	% of completed discharge summaries	Mar-19	61%		100%	✗			65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	62.0%	60.0%	61.0%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q2 18/19	100%	100%	100%	✓	98%		100%			100%			100%						
Research	Number of Health and Care Research Wales clinical research portfolio studies	Q2 18/19	67	10% annual ↑	53	✓			96			60			67						
	Number of Health and Care Research Wales commercially sponsored studies	Q2 18/19	22	5% annual ↑	23	✓			41			17			22						
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Q2 18/19	1,116	10% annual ↑	1,214	✓			2,206			732			1,116						
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Q2 18/19	59	5% annual ↑	211	✗			294			46			59						

DIGNIFIED CARE- People in Wales are treated with dignity and respect and treat others the same																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97												
	Number of new formal complaints received	Mar-19	114		12 month ↓ trend	✓			115	119	119	90	126	126	114	140	91	84	138	96	114
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Jan-19	84%	75%	78%	✓	58.5%		71%	80%	83%	80%	81%	81%	83%	88%	90%	80%	84%		
	% of acknowledgements sent within 2 working days	Mar-19	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%												
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Jan-19	3,344	> 5% annual ↓			15,533					4,187		3,528	3,544	3,490	3,332		3,353	3,344	
Dementia	% of patients aged >=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q2 18/19	8.0%	4 quarter ↓			7.2%		8.0%			8.0%			8.0%						
	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	2017/18	57.6%	Annual ↑			53.1%		2017/18= 57.6%												
	% GP practices that completed MH DES in dementia care or other direct training	2017/18	16.2%	Annual ↑			16.7%		2017/18=16.2%												

TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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	
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Mar-19	95%	Annual ↑	95%	✓	87%		93%	94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	95%	
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Mar-19	88%	Annual ↑	95%	✗	84%		81%	82%	82%	82%	84%	78%	88%	88%	88%	88%	88%	88%	88%	
	% of population regularly accessing NHS primary dental care	Sep-18	62.4%	4 quarter ↑				55%		62.6%			62.5%		62.4%							
Out of Hours/ Unscheduled Care	% of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	Jan-19	85%	12 month ↑					78%	83%	85%	86%	85%	89%	91%	88%	85%	84%	85%			
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Jan-19	80%	12 month ↑					67%	50%	60%	67%	33%	70%	90%	100%	80%	78%	80%			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Mar-19	73%	65%	65%	✓	71.2%		67%	78%	77%	78%	77%	79%	78%	75%	75%	75%	73%	78%	73%	
	Number of ambulance handovers over one hour	Mar-19	928	0	104	✗	3,418		1,006	526	452	351	443	420	526	590	628	842	1,164	619	928	
	% 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	Mar-19	75.6%	95%	90%	✗	79%		71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	77%	76%	77%	77%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Mar-19	862	0	179	✗	4,007		1,051	737	624	476	590	511	588	680	665	756	986	685	862	
	% of survival within 30 days of emergency admission for a hip fracture	Dec-18	75.0%	12 month ↑				80.2%		84.9%	72.4%	85.0%	78.3%	70.8%	81.3%	76.8%	83.9%	72.4%	75.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Mar-19	51%	59.7%	65%	✗	53.7%		32%	34%	37%	40%	38%	29%	54%	56%	56%	53%	35%	53%	51%	
	CT Scan (<1 hrs)	Mar-19	51%	54.40%	50%	✓	58.8%		36%	41%	43%	51%	40%	41%	48%	53%	48%	49%	48%	48%	51%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Mar-19	86%	84.0%	85%	✓	80.4%		73%	84%	93%	88%	81%	91%	69%	83%	75%	86%	75%	76%	86%	
	Thrombolysis door to needle <= 45 mins	Mar-19	30%	12 month ↑	40%	✗	33.9%		6%	0%	11%	38%	21%	0%	11%	18%	15%	29%	40%	20%	30%	
Planned Care	% of patients waiting < 26 weeks for treatment	Mar-19	89.1%	95%	90.0%	✗	87.7%		87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	89%	89%	89%	
	Number of patients waiting > 26 weeks for outpatient appointment	Mar-19	207	-	0	✗	18,766		292	166	120	55	30	105	89	65	125	94	153	315	207	
	Number of patients waiting > 36 weeks for treatment	Mar-19	2,630	0	2,664	✗	14,140		3,363	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	3,174	2,969	2,630	
	Number of patients waiting > 8 weeks for a specified diagnostics	Mar-19	437	0	0	✗	3,992		670	702	790	915	740	811	762	735	658	693	603	558	437	
	Number of patients waiting > 14 weeks for a specified therapy	Jan-19	0	0	0	✓	205		0	0	1	0	0	0	0	0	0	0	0	0	0	
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (all specialties)	Mar-19	67,908		47,862	✗				66,271	66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	65,743	66,567	67,908
	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (planned care specs only)	Mar-19	23,604	12 month ↓				194,184		24,475	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	23,026	23,044	23,604
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)	Mar-19	88%	98%	98%	✗	96.8%		93%	92%	90%	95%	99%	97%	96%	96%	96%	96%	98%	97%	88%	
	% 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	Mar-19	83%	95%	93%	✗	87.9%		88%	77%	89%	83%	92%	94%	83%	84%	88%	88%	85%	82%	83%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Feb-19	80%	80%	80%	✓	70.8%		70%	84%	86%	82%	84%	80%	76%	84%	78%	83%	73%	80%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Feb-19	88%	80%	80%	✓	76.5%		86%	79%	81%	80%	79%	90%	89%	92%	88%	85%	87%	88%		
	% of qualifying patients (compulsory & informal/voluntary) who had their first contact with an IMHA within 5 working days of the request for an IMHA	Dec-18	100%	100%	100%	✓	100%		100%			100%		100%			100%					
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Feb-19	97%		100%	✗			96%	100%	100%	100%	100%	100%	100%	96%	98%	98%	88%	97%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Feb-19	50%		80%	✗			98%	94%	95%	91%	91%	87%	81%	76%	68%	62%	47%	50%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Feb-19	27%		80%	✗			9%	43%	38%	34%	23%	22%	18%	25%	13%	4%	2%	27%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Feb-19	91%		80%	✓			82%	62%	76%	80%	57%	93%	72%	83%	91%	91%	92%	91%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Feb-19	92%		90%	✓			73%	75%	71%	76%	75%	75%	74%	74%	79%	96%	91%	92%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Feb-19	76%		80%	✗			54%	63%	73%	70%	60%	52%	67%	69%	66%	56%	70%	76%		

INDIVIDUAL CARE- People in Wales are treated as individuals with their own needs and responsibilities																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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	
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q3 18/19	120.0	4 quarter ↑			161.1		107.5			101.2			103.6			120.0				
	Rate of calls to the Wales dementia helpline per 100k pop.	Q3 18/19	8.3	4 quarter ↑			7.7		4.4			5.4			5.1			8.3				
	Rate of calls to the DAN helpline per 100k pop.	Q3 18/19	24.4	4 quarter ↑			29.6		36.3			33.7			30.1			24.4				
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Feb-19	91%	90%	90%	✓	88.8%		89%	90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%		
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Feb-19	100%	100%	100%	✓	100.0%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Experience	Number of friends and family surveys completed	Mar-19	4,141		12 month ↑	✗			5,126	4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864	4,607	4,044	4,141	
	% of who would recommend and highly recommend	Mar-19	95%		90%	✓			95%	95%	95%	96%	96%	95%	96%	96%	96%	96%	94%	95%	95%	95%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Mar-19	89%		90%	✓			84%	87%	89%	85%	85%	87%	89%	86%	88%	82%	90%	78%	89%	

OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	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
DNAs	% of patients who did not attend a new outpatient appointment	Mar-19	4.8%	12 month ↓	5.5%	✓	6.7%		5.6%	6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.4%	6.1%	5.6%	5.0%	4.8%
	% of patients who did not attend a follow-up outpatient appointment	Mar-19	5.9%	12 month ↓	7.2%	✓	8.0%		7.1%	6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	6.3%	6.7%	6.4%	5.9%	5.9%
Theatre Efficiencies	Theatre Utilisation rates	Mar-19	69.0%		90%	✗			70%	72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%
	% of theatre sessions starting late	Mar-19	39.0%		<25%	✗			46%	41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%
	% of theatre sessions finishing early	Mar-19	39.0%		<20%	✗			43%	39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q2 18/19	77.0%	Quarter on quarter ↑			87.0%		12.2%			20.9%			77.0%						
Elective Procedures	Elective caesarean rate	2017/18	13.2%	Annual ↓			12.8%		2017/18=13.2%												
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Mar-19	69%	85%	80%	✗	68.1%		64%	64%	63%	63%	65%	65%	65%	67%	69%	69%	70%	70%	69%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	2018	55%	Improvement			54%		2018= 55%												
	Overall staff engagement score – scale score method	2018	3.81	Improvement			3.82		2018= 3.81												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Mar-19	75%	85%	62%	✓	75.8%		51%	53%	55%	57%	59%	63%	65%	67%	71%	73%	73%	74%	75%
	% workforce sickness and absent (12 month rolling)	Feb-19	5.89%	12 month ↓	5.0% (Mar-19)		5.31%		5.76%	5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	5.99%	5.92%	5.89%	
% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	2018	72%	Improvement			73%		2018= 72%													

4.1 Unscheduled Care- Overview

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

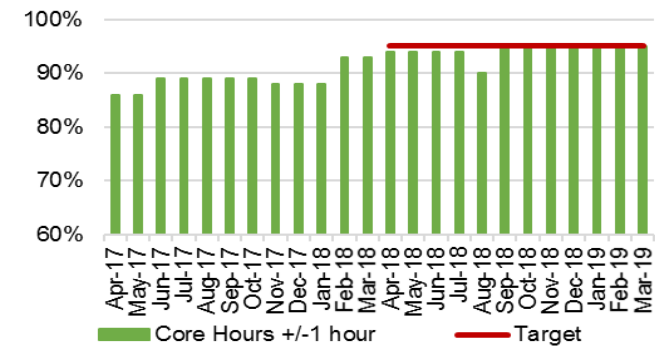


Chart 2: % GP practices offering daily appointments between 5pm- 6:30pm

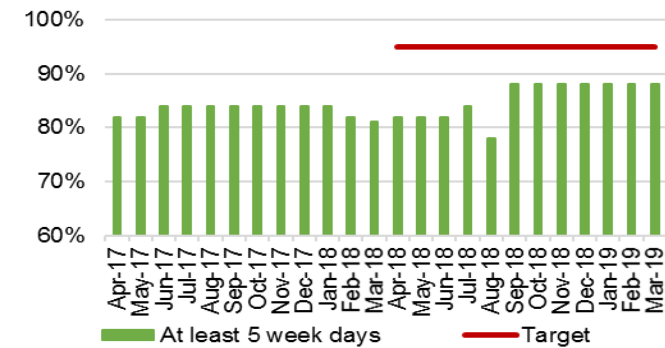


Chart 3: GP Out of Hours

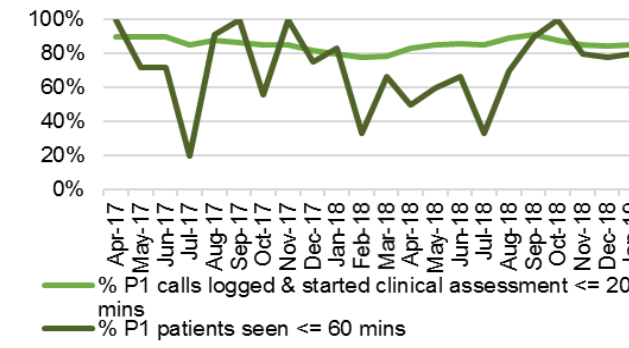


Chart 4: % red calls responded to within 8 minutes

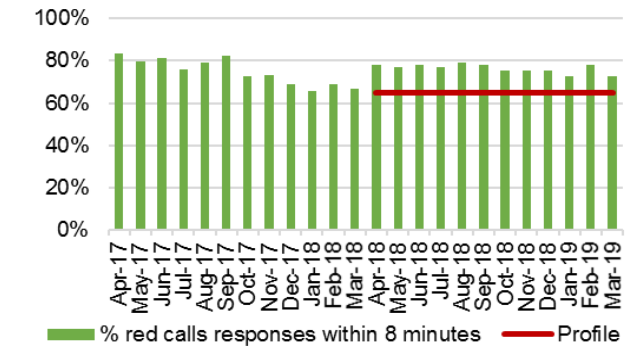


Chart 5: Number of ambulance handovers over 1 hour

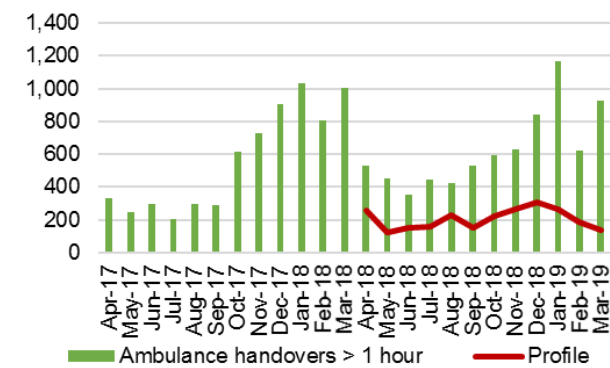


Chart 6: A&E Attendances

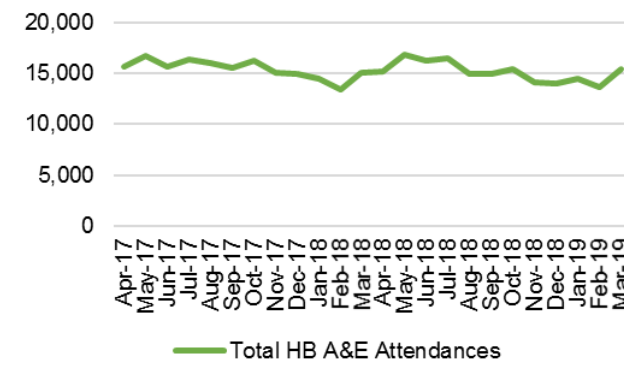


Chart 7: % patients who spend less than 4 hours in A&E

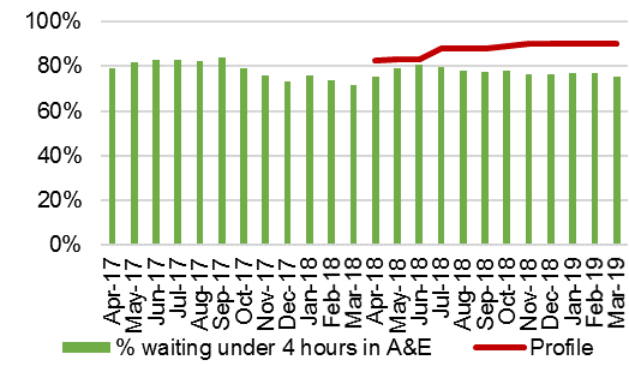


Chart 8: Number of patients waiting over 12 hours in A&E

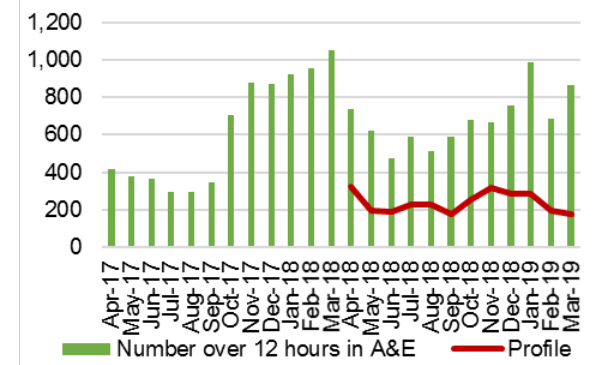


Chart 9: Number of emergency admissions

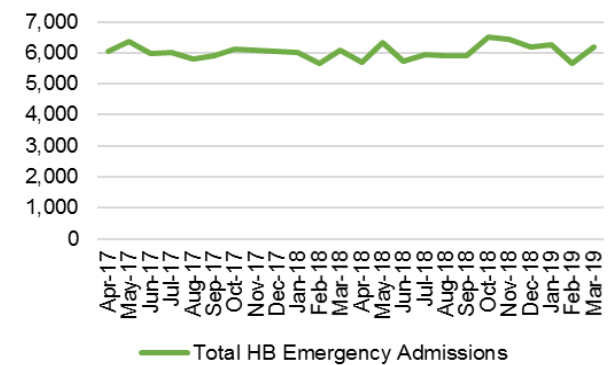


Chart 10: Elective procedures cancelled due to lack of beds

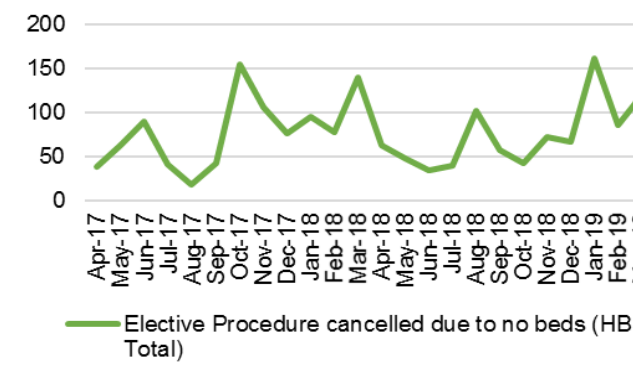


Chart 11: Number of mental health delayed transfers of care

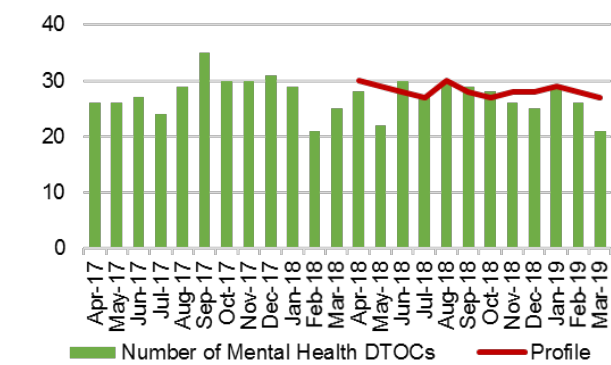


Chart 12: Number of non-mental health delayed transfers of care

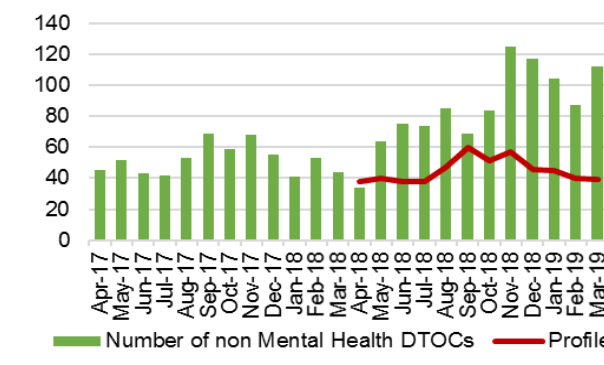


Chart 13: % of patients who have a direct admission to an acute stroke unit within 4 hours

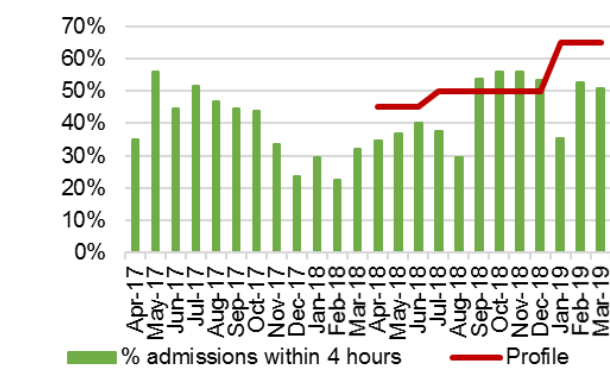


Chart 14: % of patients who receive a CT scan within 1 hour

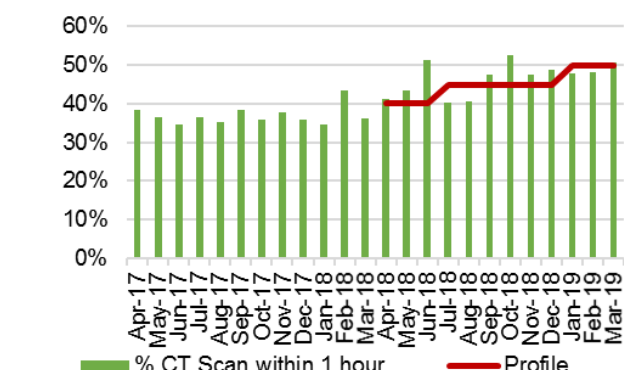


Chart 15: % patients who are assessed by a stroke specialist consultant physician within 24 hours

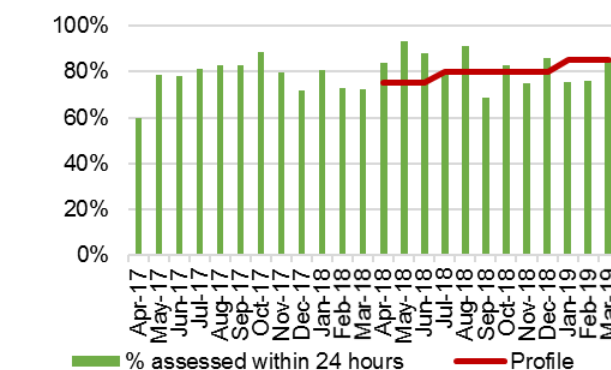
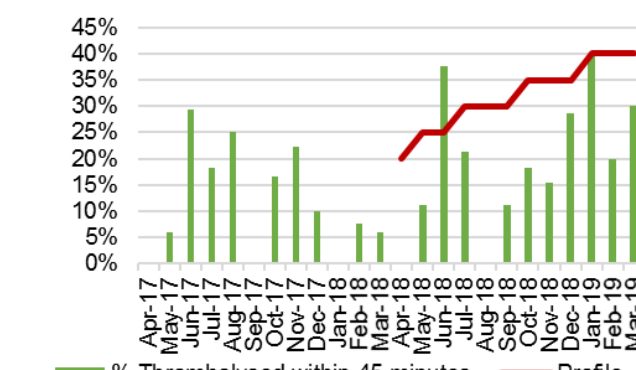
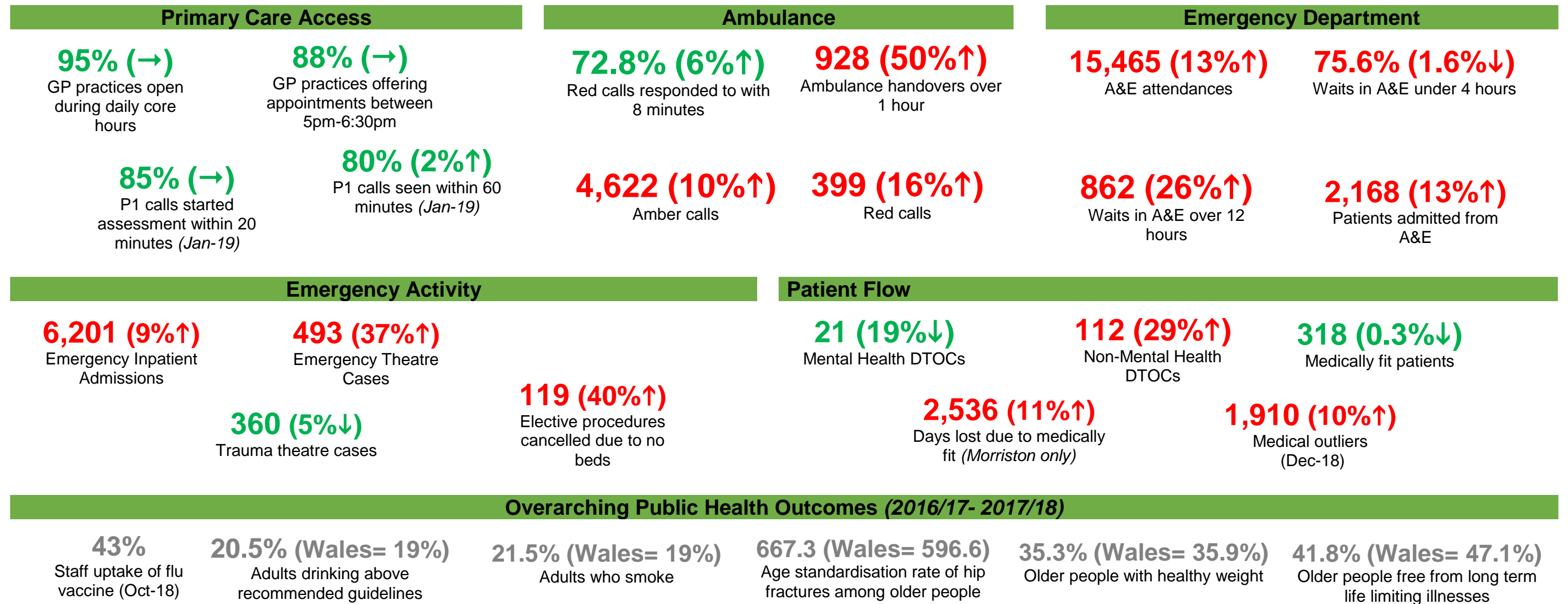


Chart 16: % of thrombolysed stroke patients with a door to door needle time of <=45 minutes



Unscheduled Care Overview (March 2019)



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

4.2 Winter Plan Dashboard

Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	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	
Impact on unscheduled care standards	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Mar-19	75.6%	↓ ●	↑ ●		71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%	76.9%	77.2%	75.6%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Mar-19	862	↑ ●	↓ ●		1,051	737	624	476	590	511	588	680	665	756	986	685	862	
	Number of ambulance handovers over one hour	Mar-19	928	↑ ●	↓ ●		1,006	526	452	351	443	420	526	590	628	842	1,164	619	928	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Mar-19	72.8%	↓ ●	↑ ●		66.7%	78.0%	77.2%	78.0%	77.0%	79.2%	78.3%	75.4%	75.2%	75.4%	72.7%	78.2%	73%	
Delayed Transfers of care and medically fit for discharge numbers	Number of mental health HB DToCs	Mar-19	21	↓ ●	↓ ●		25	28	22	30	27	30	29	28	26	25	29	26	21	
	Number of mental health HB DToCs (12 month rolling)	Mar-19	321	↓ ●	↓ ●		333	335	331	334	337	338	332	330	326	320	320	320	325	321
	Number of non-mental health HB DToCs	Mar-19	112	↑ ●	↑ ●		44	34	64	75	74	85	69	84	125	117	104	87	112	
	Number of non-mental health HB DToCs (12 month rolling)	Mar-19	1,030	↑ ●	↑ ●		624	613	625	657	689	721	721	746	803	865	928	962	1030	
	Number of medically fit for discharge patients	Mar-19	318	↑ ●	↓ ●		184	285	276	260	254	230	285	276	268	300	264	319	318	
Cancellations of operations for bed reasons	Number of elective procedures cancelled due to lack of beds	Mar-19	119	↑ ●	↓ ●		140	62	48	34	39	102	57	42	72	66	162	85	119	
Medical Outliers on non medical wards	Number of medical outliers on non-medical wards	Dec-18	1,910	↑ ●	↓ ●		2,004	1,831	1,067	938	1,037	1,090	1,141	1,403	1,736	1,910				
Bed days lost due to delays in patient repatriation outside of the health board	Number of days lost where repatriation is the main reason for delay of discharge fit patient (Morrison Hospital only)	Mar-19	94	↓ ●	↑ ●		69	81	58	169	72	159	230	298	270	97	173	211	94	
Flu uptake rates	% uptake of influenza among 65 year olds and over	Mar-19	68.3%		↑ ●		68.0%								42.5%	59.3%	66.1%	67.5%	68.0%	68.3%
	% uptake of influenza among under 65s in risk groups	Mar-19	44.0%		↑ ●		47.0%								25.3%	34.0%	40.4%	41.7%	42.6%	44.0%
	% uptake of influenza among pregnant women						93.3%													
	% uptake of influenza among children 2 to 3 years old	Mar-19	49.3%		↑ ●		49.1%								20.4%	35.9%	46.0%	47.2%	47.7%	49.3%
	% uptake of influenza among healthcare workers	Mar-19	54.1%		↓ ●		58.3%								43.2%	50.4%	52.3%	53.8%	54.1%	54.1%

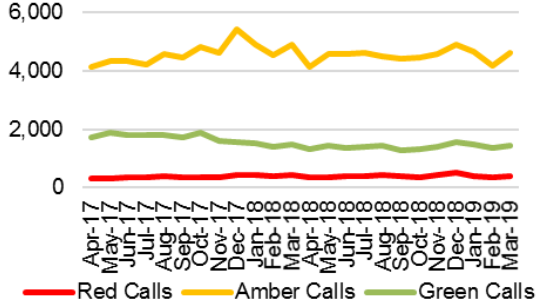
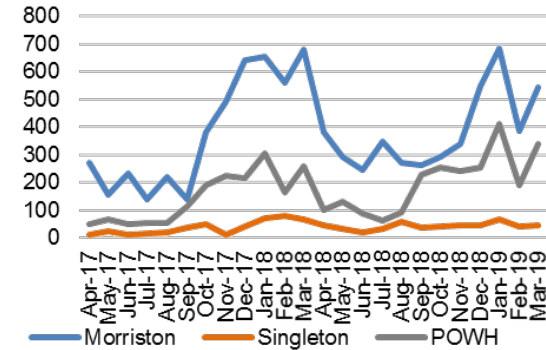
The following measures will be reported as soon as data is available/ validated:

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

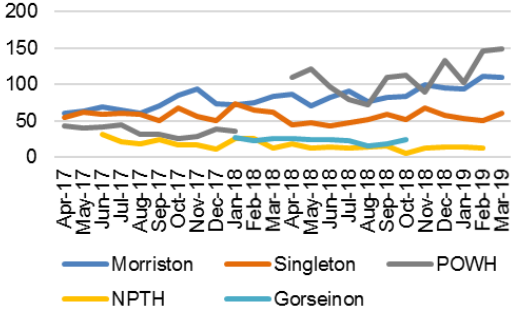
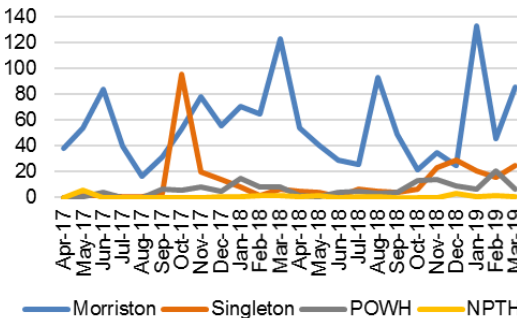
4.3 Unscheduled Care- Updates and Actions

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

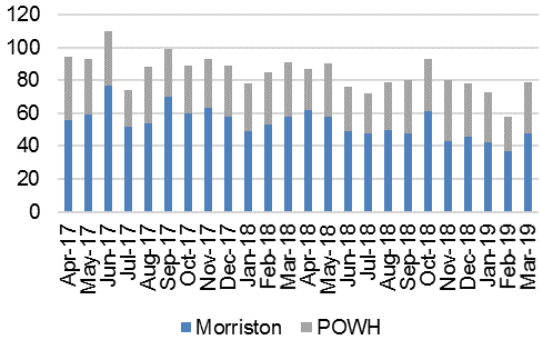
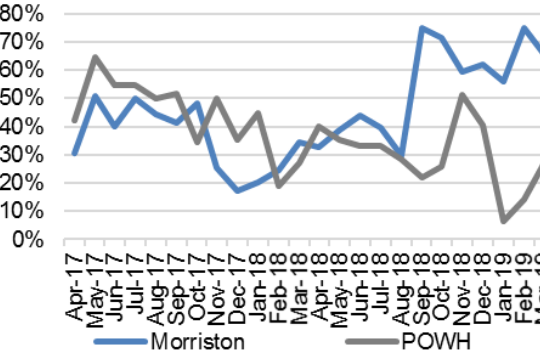
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<p>A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p>	<p>Health Board performance against the 4 hour metric in March 2019 improved by 4.18% from the March 2018 position but declined by 1.56% when compared with the reported performance for February 2019. Performance was below the internal profile of 90.3%. Neath Port Talbot Hospital continues to exceed the national target of 95% but Morriston and Princess of Wales Hospitals were below profile, achieving 67.99 % and 71.69% respectively. Morriston hospital's 4 hour performance improved marginally between February and March by 0.98%.,</p>	<p>% patients waiting under 4 hours in A&E</p> <table border="1"> <caption>Approximate data for % patients waiting under 4 hours in A&E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>POWH</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>65</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>May-17</td><td>75</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>Jun-17</td><td>73</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>Jul-17</td><td>74</td><td>98</td><td>81</td><td>98</td></tr> <tr><td>Aug-17</td><td>78</td><td>98</td><td>78</td><td>98</td></tr> <tr><td>Sep-17</td><td>63</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Oct-17</td><td>61</td><td>98</td><td>72</td><td>98</td></tr> <tr><td>Nov-17</td><td>65</td><td>98</td><td>70</td><td>98</td></tr> <tr><td>Dec-17</td><td>60</td><td>98</td><td>68</td><td>98</td></tr> <tr><td>Jan-18</td><td>65</td><td>98</td><td>70</td><td>98</td></tr> <tr><td>Feb-18</td><td>58</td><td>98</td><td>72</td><td>98</td></tr> <tr><td>Mar-18</td><td>62</td><td>98</td><td>82</td><td>98</td></tr> <tr><td>Apr-18</td><td>70</td><td>98</td><td>80</td><td>98</td></tr> <tr><td>May-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Jun-18</td><td>70</td><td>98</td><td>72</td><td>98</td></tr> <tr><td>Jul-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Aug-18</td><td>70</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Sep-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Oct-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Nov-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Dec-18</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Jan-19</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Feb-19</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> <tr><td>Mar-19</td><td>68</td><td>98</td><td>75</td><td>98</td></tr> </tbody> </table>	Month	Morriston	Singleton	POWH	NPTH	Apr-17	65	98	82	98	May-17	75	98	80	98	Jun-17	73	98	82	98	Jul-17	74	98	81	98	Aug-17	78	98	78	98	Sep-17	63	98	75	98	Oct-17	61	98	72	98	Nov-17	65	98	70	98	Dec-17	60	98	68	98	Jan-18	65	98	70	98	Feb-18	58	98	72	98	Mar-18	62	98	82	98	Apr-18	70	98	80	98	May-18	68	98	75	98	Jun-18	70	98	72	98	Jul-18	68	98	75	98	Aug-18	70	98	75	98	Sep-18	68	98	75	98	Oct-18	68	98	75	98	Nov-18	68	98	75	98	Dec-18	68	98	75	98	Jan-19	68	98	75	98	Feb-19	68	98	75	98	Mar-19	68	98	75	98	<ul style="list-style-type: none"> NHS Wales Delivery Unit is assisting with the implementation of our clinically led discharge improvement programme (SAFER flow). Surge capacity is being sustained on all of our major hospital sites and additional surge capacity will continue to be accessed where possible. Evaluate the impact of the winter pressures funding on patient flow and performance. Planning for the Easter bank holiday weekend to ensure system is as resilient as possible. Continue to recruit to staff vacancies. Consider, respond and implement to the Kendall Bluck report recommendations on ED staffing at Morriston hospital. Focussing on eliminating un-necessary patient delays as part of improving patient flow.
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<p>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</p>	<p>In March 2019, performance against this measure improved when compared with March 2018, with 189 fewer patients waiting over 12 hours. However there was an increase of 177 waiting >12 hours when compared with February 2019. In March 2019, there were 862 12 hour breaches, of which 534 were attributed to Morriston Hospital, and 328 to the Princess of Wales Hospital.</p>	<p>Number of patients waiting over 12 hours in A&E</p> <table border="1"> <caption>Approximate data for Number of patients waiting over 12 hours in A&E</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>POWH</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>300</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>May-17</td><td>250</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Jun-17</td><td>250</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Jul-17</td><td>200</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Aug-17</td><td>200</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Sep-17</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Oct-17</td><td>550</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Nov-17</td><td>580</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Dec-17</td><td>600</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Jan-18</td><td>650</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Feb-18</td><td>700</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Mar-18</td><td>750</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Apr-18</td><td>350</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>May-18</td><td>450</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Jun-18</td><td>350</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Jul-18</td><td>450</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Aug-18</td><td>350</td><td>10</td><td>150</td><td>10</td></tr> <tr><td>Sep-18</td><td>400</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Oct-18</td><td>400</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Nov-18</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Dec-18</td><td>600</td><td>10</td><td>350</td><td>10</td></tr> <tr><td>Jan-19</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Feb-19</td><td>500</td><td>10</td><td>250</td><td>10</td></tr> <tr><td>Mar-19</td><td>450</td><td>10</td><td>250</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	POWH	NPTH	Apr-17	300	10	100	10	May-17	250	10	100	10	Jun-17	250	10	100	10	Jul-17	200	10	100	10	Aug-17	200	10	100	10	Sep-17	450	10	250	10	Oct-17	550	10	250	10	Nov-17	580	10	250	10	Dec-17	600	10	250	10	Jan-18	650	10	250	10	Feb-18	700	10	250	10	Mar-18	750	10	250	10	Apr-18	350	10	150	10	May-18	450	10	150	10	Jun-18	350	10	150	10	Jul-18	450	10	150	10	Aug-18	350	10	150	10	Sep-18	400	10	250	10	Oct-18	400	10	250	10	Nov-18	450	10	250	10	Dec-18	600	10	350	10	Jan-19	450	10	250	10	Feb-19	500	10	250	10	Mar-19	450	10	250	10	
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Description	Current Performance	Trend	Actions planned for next period
<p>Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. The number of responses to ambulance calls.</p>	<p>Ambulance response times are consistently above the national target and local profile of 65%, reporting 72.8% at the end of March 2019, which was 6.2% higher than March 2018.</p>	<p>Number of ambulance call responses</p>  <p>The chart displays three data series: Red Calls (red line), Amber Calls (yellow line), and Green Calls (green line). The Y-axis represents the number of calls, ranging from 0 to 6,000. The X-axis shows monthly intervals from April 2017 to March 2019. Amber calls consistently represent the largest volume, fluctuating between approximately 4,000 and 5,500. Green calls are the next highest, ranging from about 1,000 to 2,000. Red calls remain the lowest, generally below 1,000.</p>	<ul style="list-style-type: none"> Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Implement the recommendations of the WAST internal audit report on hospital handover that are applicable to the Health Board. Working with the National Collaborative Commissioning Unit (NCCU) to target a reduction in the longer ambulance handover delays at Morriston which have a disproportionate impact on ambulance lost hours. Undertake an evaluation of winter pressures funded schemes in terms of their impact on demand and patient flow.
<p>Ambulance handovers The number of ambulance handovers over one hour</p>	<p>The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the pressures being felt across the wider unscheduled care system. In March 2019, Morriston Hospital saw a reduction compared with March 2018 (679 to 544). Princess of Wales Hospital (POWH) saw an increase of 81 (191 to 340) and Singleton Hospital saw a reduction of 24 (68 to 44).</p> <p>However there was an overall increase of 309 delays when compared with February 2019.</p>	<p>Number of ambulance handovers over one hour</p>  <p>The chart displays three data series: Morriston (blue line), Singleton (orange line), and POWH (grey line). The Y-axis represents the number of handovers, ranging from 0 to 800. The X-axis shows monthly intervals from April 2017 to March 2019. Morriston consistently has the highest number of handovers, peaking at nearly 700 in late 2017 and late 2018. POWH shows a significant increase from around 100 in early 2018 to over 300 by late 2018. Singleton maintains the lowest number of handovers, generally below 100.</p>	<ul style="list-style-type: none"> Singleton hospital to continue to support Morriston through the downgraded 999 and treat and transfer protocols to redirect appropriate demand.

Description	Current Performance	Trend	Actions planned for next period
<p>A&E Attendances The number of attendances at emergency departments in the Health Board</p>	<p>Attendances at our ED and Minor Injuries Unit (MIU) increased by 357 (2.4%) patients from 15,108 in March 2018 to 15,465 in March 2019. Singleton MIU remained closed during March as a result of refurbishment work. 547 patients were managed by this service in March 2018.</p> <p>March 2019 experienced some of the highest demand days for the whole of the 2018/19 winter.</p>	<p>Number of A&E attendances</p> <p>— Morriston — Singleton — POW — NPTH</p>	<ul style="list-style-type: none"> • 111 awareness campaign programme and communication of Choose Well pathways. • Encourage and promote the use of the Health Board's community pharmacies, 95% of whom are now in a position to offer the Common Ailment Service. • Maximise use of telephone first model to support practices to manage patient demand. • Implementation of the Cwmtawe cluster transformation work to test a cluster led integrated health & social care system.
<p>Emergency Admissions The number of emergency admissions across the Health Board by site</p>	<p>In March 2019, there were 6,201 emergency admissions across the Health Board which is 111 more than in March 2018. Orthopaedic and cardiology admissions accounted for the biggest increases experienced between March 2018 and March 2019, whilst medical admissions reduced.</p> <p>The number of emergency admissions in the over 75 age group has reduced by 123 (7.3%) from 1695 in March 2018 to 1,572 in March 2019, which is a reflection of the impact of the enhanced frailty services in the Health Board.</p> <p>Average length of stay for emergency admissions has reduced from 6.87 days in March 2018 to 6.67 days in March 2019.</p>	<p>Number of emergency admissions</p> <p>— Morriston — Singleton — POW — NPTH</p>	<ul style="list-style-type: none"> • Ongoing roll out of the <i>I fell down</i> tool in the care homes with highest call demand on WAST in Swansea and NPT. This tool supports a reduction in the number of 'long lie' residents in care homes following a fall. • Acute Care Teams working in close liaison with WAST to redirect and manage patients in the community where capacity allows as opposed to a conveyance to hospital. • Maximise and expand the alternative models to admission that have been developed during 2018/19 such as ambulatory and day unit facilities, hot clinics and direct to speciality admission pathways. • Commence review of progress against the ambulatory emergency care service recommendations in conjunction with DU at the end of April.

Description	Current Performance	Trend	Actions planned for next period
<p>Medically Fit The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</p>	<p>In March 2019, there were on average 318 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This represents a 73% increase when compared with March 2018.</p> <p>It must be noted that data collection has significantly improved which will in part reflect the increase in numbers.</p>	<p>The number of discharge/ medically fit patients by site</p>  <p><i>*Standardised collection of data from Gorseinon Hospital only commenced in January 2018 and no data available for POWH in February & March 2018. * Data for Gorseinon Hospital has not been available since November 2018.</i></p>	<ul style="list-style-type: none"> • Implementation and embedding the models of care to provide more timely discharge and value based care for frail older people. This includes the ICOP service at Singleton, the OPAS service at Morriston, and the enabling ward and early supported discharge service at NPTH. • Promote and implement the SAFER flow principles. Embedding the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit across all units. • Implement clinically led programme of work reporting into USC board to ensure senior review is undertaken in a consistent way to ensure the provision of an agreed clinical management plan which is an essential to inform the estimated discharge date. • Implement actions outlined in the section on delayed transfers of care below.
<p>Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was</p>	<p>In March 2019, there were 21 less elective procedures cancelled due to lack of beds on the day of surgery when compared with March 2018 (140 to 119). In March 2019, 86 of the 119 cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> 	<ul style="list-style-type: none"> • Continued implementation of models of care that mitigate the impact of unscheduled care pressures on elective capacity – such as ambulatory emergency care models and enhanced day of surgery models. • Maximise utilisation of surgical unit at NPTH hospital which is not affected by emergency pressures.

Description	Current Performance	Trend	Actions planned for next period
<p>Delayed Transfers of Care (DToC) The number of DToCs per Health Board- Mental Health (all ages)</p>	<p>The number of mental health related delayed transfers of care in March 2019 was 21 which is 4 less than in March 2018 and 5 less than the 26 reported in February 2019.</p>	<p>Number of Mental Health DToCs</p>	<ul style="list-style-type: none"> • Maintain expanded capacity of early supported discharge service in NPT to increase the number of discharges with the support of this service (up to 28 patients have been managed through this service). • Maximise use of reablement capacity in Bonymaen house in Swansea. • WG has supported additional investment into the British Red Cross service at Morriston ED from April to September to support the expansion of hospital to home service. • Implement the clinically led DToC improvement programme focussing on reducing delayed transfers of care within our Health Board.
<p>Delayed Transfers of Care (DToC) The number of DToCs per Health Board - Non Mental Health (age 75+)</p>	<p>In March 2019, the number of non-mental health and Learning disability delayed transfers of care was 112, which is 69 more than March 2018 and 25 more than February 2019.</p>	<p>Number of Non Mental Health DToCs</p>	<ul style="list-style-type: none"> • Whilst the majority of the improvements reflect changes to process and communication, a significant factor underpinning the expected reduction in reported numbers will be the development of a Hospital 2 Home model of care during 2019/20. A joint transformation bid between the HB and local authority partners was submitted to WG for consideration at the end of March 2019, and the outcome is awaited.

Description	Current Performance	Trend	Actions planned for next period
<p>Stroke Admissions The total number of stroke admissions into the Health Board</p>	<p>In March 2019, there were 79 confirmed stroke admissions across the Health Board; 48 in Morriston and 31 in Princess of Wales. This is 31% less when compared with March 2018 (91 to 79).</p>	<p>Total number of stroke admissions</p> 	<ul style="list-style-type: none"> • Roll out and support impact of the Directed Enhanced Service for INR and Direct-Acting Oral Anticoagulants (DOAC) service. • Plan for introduction of revised QIMs for Stroke to commence reporting in April. • Additional middle tier Medical staff appointed into Morriston – some rota gaps remain but improvements in overall establishment have been achieved. Any rota gaps are requiring them to act down on occasions. Unit to continue to try and cover all gaps to address rota and service pressures. • Stroke Champion discussions held with key medical staff – but impact of rota gaps reducing abilities to introduce change.
<p>Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours</p>	<p>In March 2019 only 39 out of 77 patients had a direct admission to an acute stroke unit within 4 hours (50.7%). March 2019 was another extremely challenging month for POWH as only 8 out of 30 patients were admitted within 4 hours (27%).</p> <p>The 4 hour target appears to be a challenge across Wales. The all-Wales data for February 2019 confirms that performance ranged from 38.8% to 81.6%. The Health Board achieved 52.6% in February 2019.</p>	<p>Percentage of patients admitted to stroke unit within 4 hours</p> 	<ul style="list-style-type: none"> • Point of care testing within ED to enable more timely access to thrombolysis intervention is being explored. • Actions to improve 4 hour target has seen improvements on the Morriston site but increased unscheduled care pressures in POWH has had a significant impact on its performance – particularly in accessing beds. • Early warning information / Communication of Stroke patients into ED is being discussed with WAST. • Thrombolysis Review recommendations have been shared with the Health Board and action plans to improve service delivery in a number of areas have been compiled. This includes the need for decisions to be made around dedicated OOH Consultants stroke rotas, changes to access to thrombolysis pathways and access to protected stroke beds.

Description	Current Performance	Trend	Actions planned for next period																																																																											
<p>Stroke CT scan Percentage of patients who receive a CT scan within 1 hour</p>	<p>In March 2019, the Health Board achieved 50.6% which was in line with the internal profile of 50%.</p>	<p>Percentage of patients receiving CT scan within 1 hour</p> <table border="1"> <caption>Percentage of patients receiving CT scan within 1 hour</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>32</td><td>48</td></tr> <tr><td>May-17</td><td>35</td><td>45</td></tr> <tr><td>Jun-17</td><td>38</td><td>42</td></tr> <tr><td>Jul-17</td><td>35</td><td>45</td></tr> <tr><td>Aug-17</td><td>38</td><td>42</td></tr> <tr><td>Sep-17</td><td>40</td><td>45</td></tr> <tr><td>Oct-17</td><td>38</td><td>45</td></tr> <tr><td>Nov-17</td><td>35</td><td>48</td></tr> <tr><td>Dec-17</td><td>32</td><td>45</td></tr> <tr><td>Jan-18</td><td>35</td><td>58</td></tr> <tr><td>Feb-18</td><td>38</td><td>45</td></tr> <tr><td>Mar-18</td><td>35</td><td>65</td></tr> <tr><td>Apr-18</td><td>40</td><td>45</td></tr> <tr><td>May-18</td><td>45</td><td>75</td></tr> <tr><td>Jun-18</td><td>42</td><td>45</td></tr> <tr><td>Jul-18</td><td>45</td><td>48</td></tr> <tr><td>Aug-18</td><td>48</td><td>45</td></tr> <tr><td>Sep-18</td><td>45</td><td>52</td></tr> <tr><td>Oct-18</td><td>48</td><td>55</td></tr> <tr><td>Nov-18</td><td>45</td><td>48</td></tr> <tr><td>Dec-18</td><td>48</td><td>48</td></tr> <tr><td>Jan-19</td><td>45</td><td>48</td></tr> <tr><td>Feb-19</td><td>48</td><td>45</td></tr> <tr><td>Mar-19</td><td>58</td><td>42</td></tr> </tbody> </table>	Month	Morriston (%)	POWH (%)	Apr-17	32	48	May-17	35	45	Jun-17	38	42	Jul-17	35	45	Aug-17	38	42	Sep-17	40	45	Oct-17	38	45	Nov-17	35	48	Dec-17	32	45	Jan-18	35	58	Feb-18	38	45	Mar-18	35	65	Apr-18	40	45	May-18	45	75	Jun-18	42	45	Jul-18	45	48	Aug-18	48	45	Sep-18	45	52	Oct-18	48	55	Nov-18	45	48	Dec-18	48	48	Jan-19	45	48	Feb-19	48	45	Mar-19	58	42	<ul style="list-style-type: none"> • Morriston to review pathway for accessing CT within 1 hour for all stroke patients. Multi-Disciplinary meeting being arranged. • IBG has considered the case for the development of an Early Supportive Discharge service at Morriston / Singleton hospitals. • POWH have updated Clerking arrangements – process to be monitored to assess effectiveness. • The stroke team at POWH to continue working closely with the patient flow team to ensure a focus on stroke flow and a prioritisation for creating assessment capacity. • At Singleton the team continues to examine all processes including senior review / early discharge / effective Board rounds on ward 7. • Assessments and criteria between Ward F and ward 7 to continue.
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<p>Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>	<p>In March 2019, the Health Board achieved 86% which was above the internal profile of 85%. Morriston achieved 100% for this measure in March 2019.</p>	<p>Percentage of patients assessed by stroke consultant within 24 hours</p> <table border="1"> <caption>Percentage of patients assessed by stroke consultant within 24 hours</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>50</td><td>75</td></tr> <tr><td>May-17</td><td>75</td><td>85</td></tr> <tr><td>Jun-17</td><td>78</td><td>82</td></tr> <tr><td>Jul-17</td><td>82</td><td>78</td></tr> <tr><td>Aug-17</td><td>85</td><td>75</td></tr> <tr><td>Sep-17</td><td>90</td><td>72</td></tr> <tr><td>Oct-17</td><td>92</td><td>70</td></tr> <tr><td>Nov-17</td><td>88</td><td>42</td></tr> <tr><td>Dec-17</td><td>85</td><td>62</td></tr> <tr><td>Jan-18</td><td>88</td><td>45</td></tr> <tr><td>Feb-18</td><td>85</td><td>80</td></tr> <tr><td>Mar-18</td><td>88</td><td>75</td></tr> <tr><td>Apr-18</td><td>92</td><td>72</td></tr> <tr><td>May-18</td><td>95</td><td>80</td></tr> <tr><td>Jun-18</td><td>92</td><td>75</td></tr> <tr><td>Jul-18</td><td>88</td><td>88</td></tr> <tr><td>Aug-18</td><td>90</td><td>45</td></tr> <tr><td>Sep-18</td><td>88</td><td>75</td></tr> <tr><td>Oct-18</td><td>85</td><td>62</td></tr> <tr><td>Nov-18</td><td>90</td><td>72</td></tr> <tr><td>Dec-18</td><td>92</td><td>50</td></tr> <tr><td>Jan-19</td><td>88</td><td>50</td></tr> <tr><td>Feb-19</td><td>90</td><td>62</td></tr> <tr><td>Mar-19</td><td>100</td><td>65</td></tr> </tbody> </table>	Month	Morriston (%)	POWH (%)	Apr-17	50	75	May-17	75	85	Jun-17	78	82	Jul-17	82	78	Aug-17	85	75	Sep-17	90	72	Oct-17	92	70	Nov-17	88	42	Dec-17	85	62	Jan-18	88	45	Feb-18	85	80	Mar-18	88	75	Apr-18	92	72	May-18	95	80	Jun-18	92	75	Jul-18	88	88	Aug-18	90	45	Sep-18	88	75	Oct-18	85	62	Nov-18	90	72	Dec-18	92	50	Jan-19	88	50	Feb-19	90	62	Mar-19	100	65	<ul style="list-style-type: none"> • Assessments and criteria between Ward F and ward 7 to continue.
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Description	Current Performance	Trend	Actions planned for next period																																																																											
Thrombolysed Patients with Door-to-Needle <= 45 mins	In March 2019 2018, 93.8% of eligible patients were thrombolysed and 6 of the 20 patients were thrombolysed within the 45 minutes (door to needle) standard.	<p>Percentage of eligible thrombolysed patients within 45 minutes</p> <table border="1"> <caption>Estimated data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>POWH (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>0</td><td>0</td></tr> <tr><td>May-17</td><td>10</td><td>10</td></tr> <tr><td>Jun-17</td><td>50</td><td>10</td></tr> <tr><td>Jul-17</td><td>25</td><td>25</td></tr> <tr><td>Aug-17</td><td>20</td><td>20</td></tr> <tr><td>Sep-17</td><td>0</td><td>0</td></tr> <tr><td>Oct-17</td><td>20</td><td>20</td></tr> <tr><td>Nov-17</td><td>10</td><td>10</td></tr> <tr><td>Dec-17</td><td>0</td><td>0</td></tr> <tr><td>Jan-18</td><td>0</td><td>0</td></tr> <tr><td>Feb-18</td><td>0</td><td>20</td></tr> <tr><td>Mar-18</td><td>0</td><td>25</td></tr> <tr><td>Apr-18</td><td>0</td><td>0</td></tr> <tr><td>May-18</td><td>0</td><td>20</td></tr> <tr><td>Jun-18</td><td>25</td><td>65</td></tr> <tr><td>Jul-18</td><td>30</td><td>0</td></tr> <tr><td>Aug-18</td><td>0</td><td>0</td></tr> <tr><td>Sep-18</td><td>0</td><td>20</td></tr> <tr><td>Oct-18</td><td>10</td><td>50</td></tr> <tr><td>Nov-18</td><td>10</td><td>50</td></tr> <tr><td>Dec-18</td><td>40</td><td>0</td></tr> <tr><td>Jan-19</td><td>45</td><td>0</td></tr> <tr><td>Feb-19</td><td>15</td><td>95</td></tr> <tr><td>Mar-19</td><td>20</td><td>60</td></tr> </tbody> </table>	Month	Morriston (%)	POWH (%)	Apr-17	0	0	May-17	10	10	Jun-17	50	10	Jul-17	25	25	Aug-17	20	20	Sep-17	0	0	Oct-17	20	20	Nov-17	10	10	Dec-17	0	0	Jan-18	0	0	Feb-18	0	20	Mar-18	0	25	Apr-18	0	0	May-18	0	20	Jun-18	25	65	Jul-18	30	0	Aug-18	0	0	Sep-18	0	20	Oct-18	10	50	Nov-18	10	50	Dec-18	40	0	Jan-19	45	0	Feb-19	15	95	Mar-19	20	60	<ul style="list-style-type: none"> As above
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5.1 Planned Care- Overview

Chart 1: Number of GP Referrals into secondary care

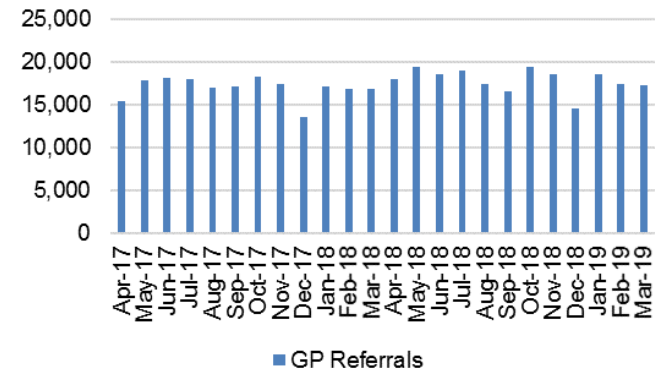


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

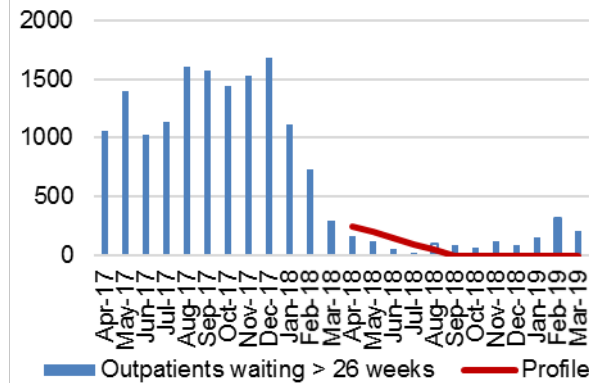


Chart 3: Number of patients waiting over 36 weeks for treatment

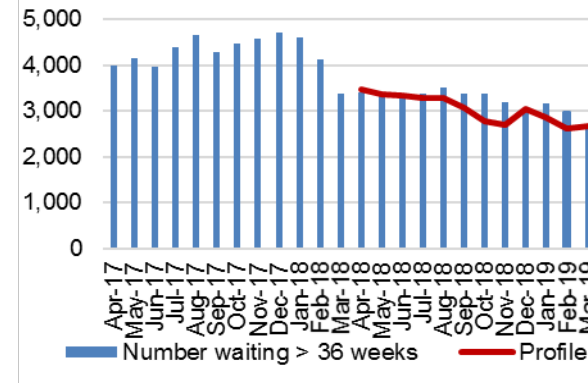


Chart 4: % patients waiting less than 26 weeks from referral to treatment

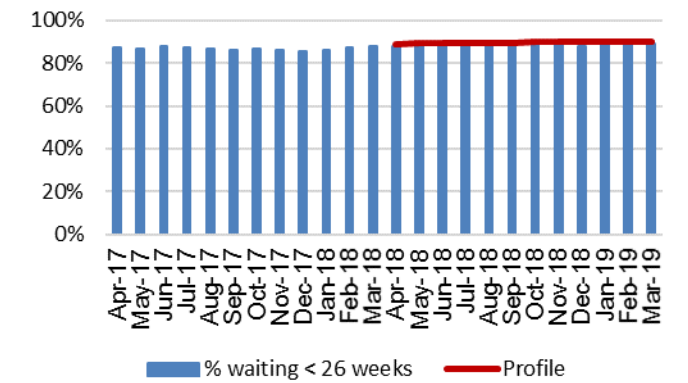


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks (excluding Cardiac)

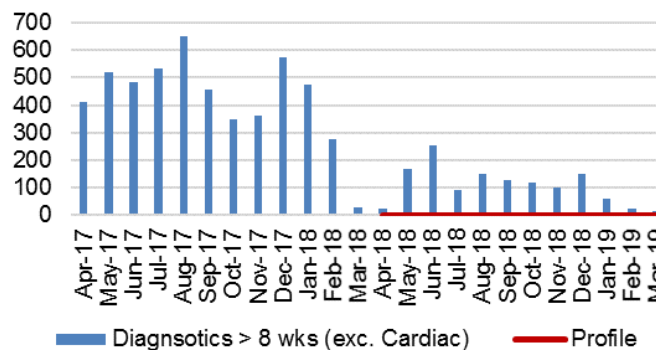


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

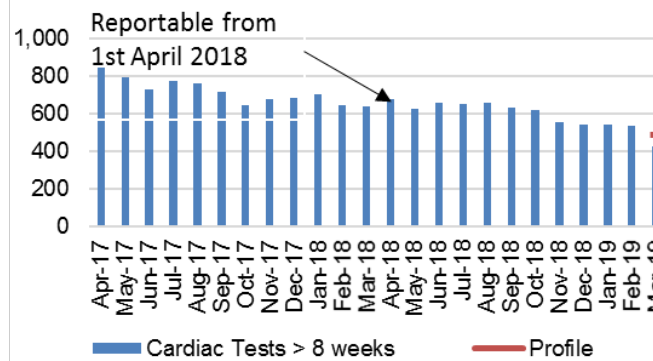


Chart 7: Therapies over 14 weeks

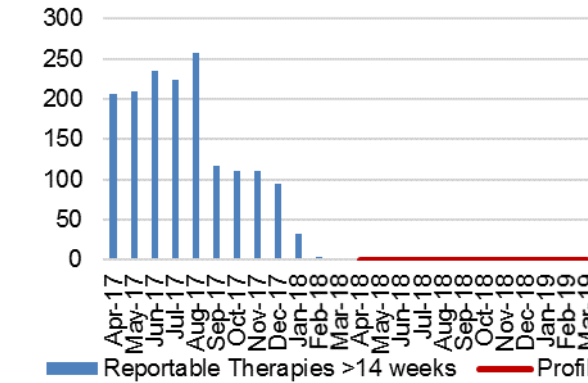


Chart 8: Cancer referrals

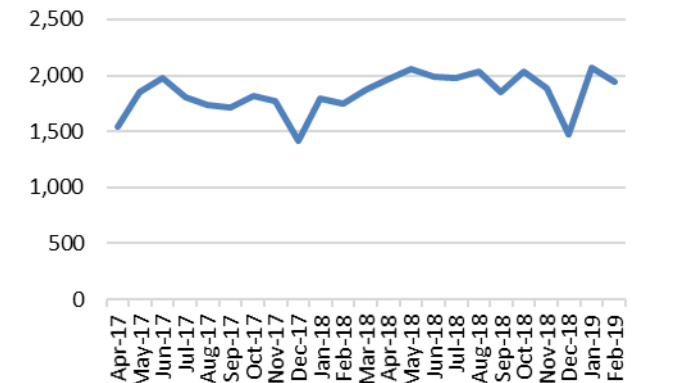


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

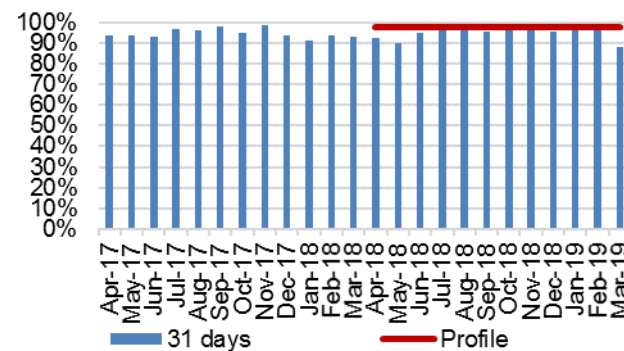


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

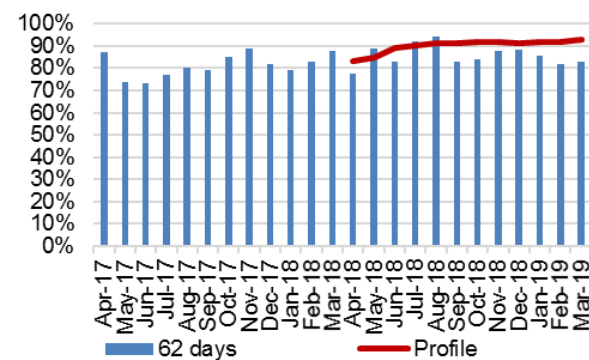


Chart 11: % of patients who did not attend a new outpatient appointment (for selected specialties)

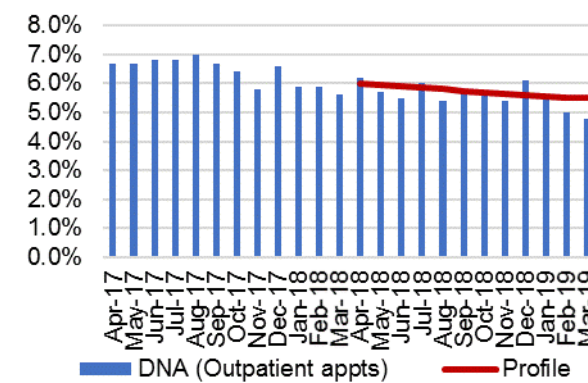
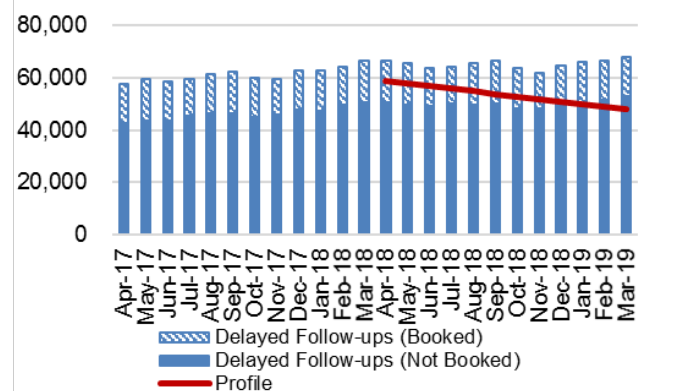


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date



Planned Care- Overview (March 2019)

Demand	Waiting Times				Outpatient Efficiencies
17,795 (1%↓) Total GP referrals	207 (34%↓) Patients waiting over 26 weeks for a new outpatient appointment	2,630 (11%↓) Patients waiting over 36 weeks for treatment	1,067 (12%↓) Patients waiting over 52 weeks for treatment	89.1% (0.1%↓) Patients waiting under 26 weeks from referral to treatment	4.8% (0.2%↓) % of patients who did not attend a new outpatient appointment (all specialties)
10,982 (3%↓) Routine GP referrals					
6,813 (2%↑) Urgent GP referrals	12 (48%↓) Patients waiting over 8 weeks for reportable diagnostics	425 (21%↓) Patients waiting over 8 weeks for Cardiac diagnostics	0 (→) Patients waiting over 14 weeks for reportable therapies	67,908 (2%↑) Patients waiting for an outpatient follow-up who are delayed past their target date	5.9% (→) % of patients who did not attend a follow-up outpatient appointment (all specialties)

Cancer				Theatre Efficiencies			
1,942 (6.2%↓) Number of USC referrals received	118 (24%↑) USC backlog over 52 days	83% (1%↑) draft USC patients receiving treatment within 62 days	88% (8.9%↓) draft NUSC patients receiving treatment within 31 days	69% (3%↓) Theatre utilisation rate	39% (6%↓) % of theatres sessions starting late	39% (2%↑) % of theatres sessions finishing early	32% (3%↓) Operations cancelled on the day

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

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

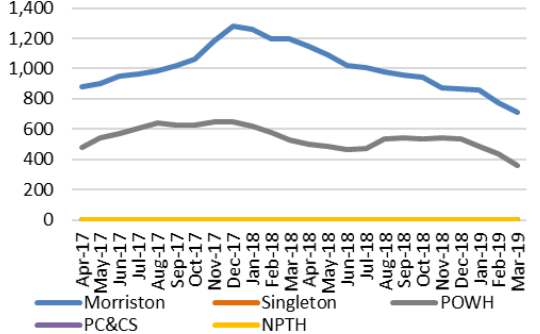
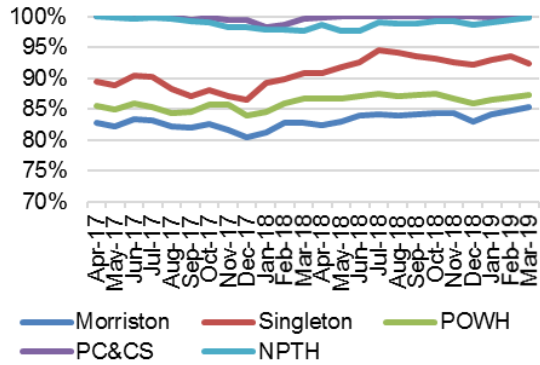
5.2 Theatre Efficiencies Dashboard

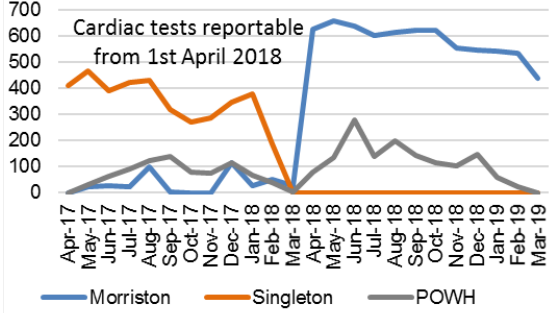
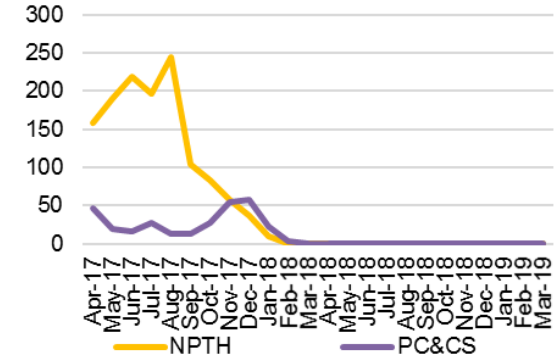
Measure		Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of cancelled operations	Morriston	Mar-19	472			↑ ●	↑ ●		441	305	433	471	409	390	396	458	368	377	507	443	472
	NPTH	Mar-19	164			↓ ●	↓ ●		181	148	149	161	135	174	182	181	177	121	177	179	164
	POWH	Mar-19	372			↑ ●	↓ ●		396	336	323	399	376	287	322	363	322	364	301	337	372
	Singleton	Mar-19	250			↑ ●	↑ ●		214	161	202	169	170	217	158	223	235	193	222	243	250
	HB Total	Mar-19	1258			↑ ●	↑ ●		1232	950	1107	1200	1090	1068	1058	1225	1102	1055	1207	1202	1258
% of cancelled operations on the day	Morriston	Mar-19	35%	10%	✗	↓ ●	↓ ●		40%	40%	32%	28%	27%	35%	34%	44%	39%	40%	41%	41%	35%
	NPTH	Mar-19	22%	10%	✗	↑ ●	↓ ●		24%	24%	29%	29%	24%	25%	21%	22%	32%	29%	23%	21%	22%
	POWH	Mar-19	28%	10%	✗	→ ●	↓ ●		43%	34%	31%	35%	33%	37%	28%	31%	32%	29%	36%	28%	28%
	Singleton	Mar-19	40%	10%	✗	↓ ●	↓ ●		43%	50%	49%	41%	38%	31%	42%	48%	47%	57%	51%	43%	40%
	HB Total	Mar-19	32%	10%	✗	↓ ●	↓ ●		39%	37%	34%	32%	31%	33%	31%	38%	37%	38%	39%	35%	32%
Reasons for cancellations on the day	Hospital Clinical	Mar-19	28%			↓	↓		31%	35%	30%	31%	32%	26%	32%	25%	29%	29%	31%	30%	28%
	Hospital Non-Clinical	Mar-19	53%			↑	↑		39%	34%	42%	42%	41%	49%	41%	46%	48%	49%	39%	52%	53%
	Other	Mar-19	0%			→	↓		8%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Patient	Mar-19	18%			→	↓		21%	30%	28%	26%	27%	24%	26%	29%	22%	22%	29%	18%	18%
	Unknown	Mar-19	1%			→	↑		0%	0%	1%	1%	0%	1%	1%	0%	0%	0%	0%	1%	1%
Late Starts	Morriston	Mar-19	37%	<25%	✗	↓ ●	↓ ●		50%	45%	37%	37%	37%	49%	38%	35%	35%	42%	45%	42%	37%
	NPTH	Mar-19	36%	<25%	✗	↓ ●	↓ ●		39%	39%	28%	30%	36%	20%	36%	36%	41%	43%	42%	42%	36%
	POWH	Mar-19	43%	<25%	✗	↓ ●	↑ ●		41%	38%	44%	40%	35%	38%	38%	42%	37%	37%	46%	44%	43%
	Singleton	Mar-19	41%	<25%	✗	↓ ●	↓ ●		46%	42%	52%	55%	43%	43%	45%	53%	54%	54%	52%	52%	41%
	HB Total	Mar-19	39%	<25%	✗	↓ ●	↓ ●		46%	41%	41%	41%	38%	42%	39%	41%	41%	44%	46%	45%	39%
Early Finishes	Morriston	Mar-19	38%	<20%	✗	↑ ●	↓ ●		41%	39%	33%	33%	34%	30%	25%	34%	37%	44%	42%	35%	38%
	NPTH	Mar-19	51%	<20%	✗	↓ ●	↓ ●		58%	39%	60%	58%	61%	59%	62%	62%	59%	66%	50%	58%	51%
	POWH	Mar-19	40%	<20%	✗	↑ ●	↓ ●		43%	37%	36%	44%	43%	35%	41%	38%	39%	39%	39%	35%	40%
	Singleton	Mar-19	34%	<20%	✗	↑ ●	↓ ●		36%	44%	34%	33%	36%	38%	34%	34%	36%	31%	29%	30%	34%
	HB Total	Mar-19	39%	<20%	✗	↑ ●	↓ ●		43%	39%	37%	39%	40%	36%	36%	39%	40%	43%	40%	37%	39%
Theatre Utilisation Rate	Morriston	Mar-19	74%	90%	✗	↓ ●	↓ ●		79%	78%	85%	79%	75%	70%	82%	80%	80%	69%	89%	78%	74%
	NPTH	Mar-19	60%	90%	✗	↓ ●	↑ ●		58%	69%	63%	62%	63%	44%	67%	70%	66%	70%	65%	64%	60%
	POWH	Mar-19	69%	90%	✗	↓ ●	↓ ●		70%	72%	76%	77%	71%	61%	72%	70%	74%	66%	77%	72%	69%
	Singleton	Mar-19	62%	90%	✗	↓ ●	↑ ●		54%	60%	61%	63%	55%	53%	62%	62%	64%	61%	70%	63%	62%
	HB Total	Mar-19	69%	90%	✗	↓ ●	↓ ●		70%	72%	76%	74%	69%	62%	74%	73%	74%	67%	80%	72%	69%
Theatre Activity Undertaken	Morriston	Day cases	Mar-19	344		↑	↑		321	312	269	310	302	368	272	371	339	300	373	305	344
		Emergency cases	Mar-19	340		↑	↑		335	354	387	374	375	391	373	335	310	286	276	247	340
		Inpatients	Mar-19	486		↑	↑		478	527	630	543	497	486	522	572	540	403	516	498	486
	NPTH	Day cases	Mar-19	260		↑	↑		257	267	240	214	234	190	290	347	297	202	295	240	260
		Emergency cases	Mar-19	9		↑	↑		7	3	5	9	6	5	8	5	9	6	2	3	9
		Inpatients	Mar-19	115		↑	↑		106	126	147	138	122	89	116	133	126	104	150	113	115
	POWH	Day cases	Mar-19	364		↑	↓		371	350	429	449	408	301	393	455	365	274	434	335	364
		Emergency cases	Mar-19	121		↑	↓		139	107	125	120	120	126	101	107	98	110	124	79	121
		Inpatients	Mar-19	209		↑	↓		234	262	238	252	251	236	223	264	263	172	259	230	209
	Singleton	Day cases	Mar-19	523		↑	↑		439	462	526	500	445	456	423	516	528	371	565	486	523
		Emergency cases	Mar-19	23		↓	↓		49	35	38	52	45	44	34	34	42	40	36	30	23
		Inpatients	Mar-19	97		↓	↑		91	124	127	120	90	102	98	141	132	94	129	105	97

5.3 Planned Care Updates and Actions

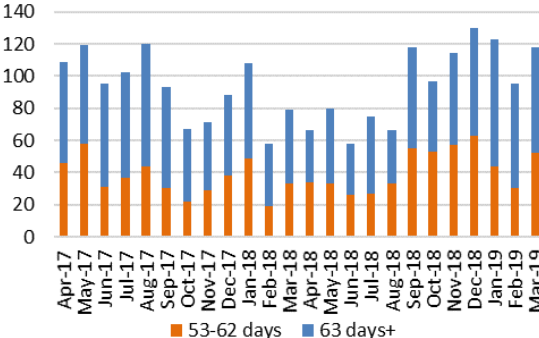
This section of the report provides further detail on key planned care measures.

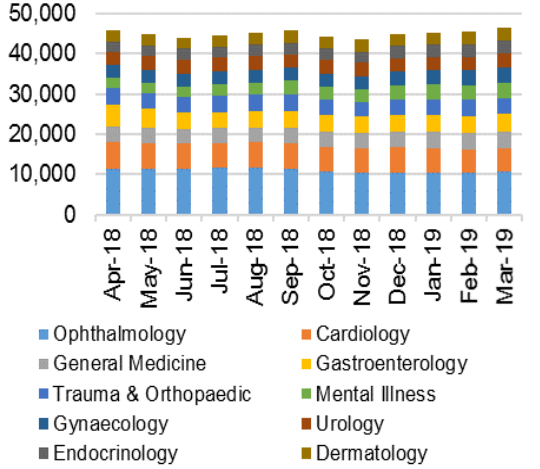
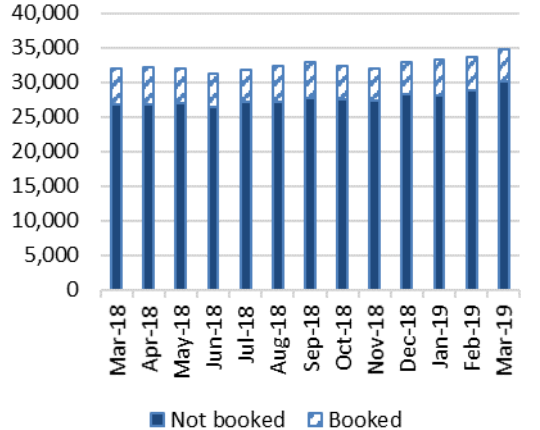
Description	Current Performance	Trend	Actions planned for next period
<p>Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment continues to be significantly lower than in previous years. There was a reduction in March 2019 with 207 patients waiting over 26 weeks compared with 315 in February 2019 and 85 less than March 2018. In March 2019, 140 breaches were in Oral Maxillo Facial Surgery (OMFS) and 67 were in Urology.</p>	<p>Number of stage 1 over 26 weeks</p>	<ul style="list-style-type: none"> • Core capacity will continue to be maximised across all specialties. • The HMRC taxation changes has been escalated within Welsh Government as a major risk to the delivery of additional capacity. A cohort of Consultants have already advised they will be unable to undertake additional clinics through April. The risk is largely within OMFS, General Surgery and Gastro where a high percentage of activity is delivered through WLIs. • Consultant sickness in OMFS along with the above is reporting a deterioration in April. The return of a retired consultant is providing an element of backfill.
<p>Total waiting times The number of patients waiting more than 36 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In March 2019 there were 2,630 patients waiting over 36 weeks, therefore achieving the internal profile of 2,664. This is the best position since April 2014.</p> <p>98% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 68% of the breaches, followed by General Surgery with 12%.</p>	<p>Number of patients waiting longer than 36 weeks</p>	<ul style="list-style-type: none"> • Following a tender process, formal contracts have been awarded and the outsourcing programme has been implemented for April to support delivery of the profile. The HMRC risk as set out above may have a negative impact on the outsourcing plan although this is yet to be clarified. • Where possible, theatre staff are being flexed across sites to close gaps and reduce cancellation of lists through April • Focussed validation across all specialities to maximise opportunity consistent with RTT rules

Description	Current Performance	Trend	Actions planned for next period
<p>Total waiting times The number of patients waiting more than 52 weeks for treatment</p>	<p>The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. In March 2019 the position has seen an in-month improvement of 142 and is 662 ahead of the March 2018 position.</p>	<p>Number of patients waiting longer than 52 weeks</p> 	<ul style="list-style-type: none"> • 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. • Morriston challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.
<p>Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment</p>	<p>Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. In March 2019 the percentage was 89.1% which is 1.3% higher than March 2018. This position is the highest percentage since July 2013.</p>	<p>Percentage of patient waiting less than 26 weeks</p> 	<ul style="list-style-type: none"> • Plans as outlined in previous tables.

Description	Current Performance	Trend	Actions planned for next period
<p>Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics</p>	<p>In March 2019, there were 437 patients waiting over 8 weeks for specified diagnostics. The noticeable increase in breaches is due to the introduction of new Cardiac diagnostic tests in April 2018. All 437 breaches are for Cardiac diagnostics in March 2019.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p>  <p>Cardiac tests reportable from 1st April 2018</p> <p>— Morriston — Singleton — POWH</p>	<ul style="list-style-type: none"> • Sustain Nil position for Endoscopy by maximising backfill and waiting list initiatives • Sustain Nil position for all other diagnostics • Plan for additional Cardiac CT/MR capacity is in place well with small improvements being seen.
<p>Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies</p>	<p>There has been significant improvement in Therapy waiting times over the last 12 months and there have been no patients waiting over 14 weeks since May 2018.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>  <p>— NPTH — PC&CS</p>	<ul style="list-style-type: none"> • Continuation of current plans to manage patients into early appointments to provide headroom for re-booking any late cancellations.

Description	Current Performance	Trend	Actions planned for next period
<p>Cancer- NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</p>	<p>March 2019 figures should be finalised on the 30th April however, WG have requested earlier submission this month. Draft figures indicate projected achievement of 93% of patients' starting treatment within 31 days. At the time of writing this report there are 9 breaches across the Health Board in March 2019:</p> <ul style="list-style-type: none"> • Breast: 3 • Lower GI: 2 • Gynaecological: 2 • H&N: 1 • Skin: 1 	<p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</p> <p>— Morriston — Singleton — POWH — NPTH</p>	<ul style="list-style-type: none"> • 8 session Consultant Clinical Oncologist post advertised. • Gynaecology to utilise theatre capacity in Hywel Dda from the end of April, will help to reduce overall waits to surgery for both Hywel Dda and Swansea Bay. • Chemotherapy Day Unit assessment on 11th and 12th April to establish if the changes to the delivery model Implemented as part of previous Service Improvement projects are still working and to consider further changes to ensure maximum utilisation of chair time.
<p>Cancer- 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</p>	<p>March 2019 figures will be finalised on 30th April however, WG have requested earlier submission this month. Draft figures indicate a projected achievement of 83% of patients starting treatment within 62 days. At the time of writing this report there are 23 breaches in total across the Health Board in March 2019:</p> <ul style="list-style-type: none"> • Urological: 11 • Breast: 4 • Haematological: 3 • Gynaecological: 2 • Upper Gastrointestinal: 2 • Lower Gastrointestinal: 1 	<p>Percentage of USC patients starting treatment within 62 days of receipt of referral</p> <p>— Morriston — Singleton — POWH — NPTH</p>	<ul style="list-style-type: none"> • 4th Gynae-oncology Consultant appointed following interview on the 22nd March. • Head and Neck Lump pathway to be partially implemented from late April, with full implementation in July when the new consultant commences in post – this will streamline time to diagnosis for head and neck and haematological cancers. • Detailed Radiology Demand and Capacity plan including reporting time requirements is being worked through, including introduction of a live dashboard. • There are significant waits to prostate biopsy at Morriston due to planned and unplanned sickness, the service are liaising with agency to support the service in the short term.

Description	Current Performance	Trend	Actions planned for next period																																																																
<p>USC backlog The number of patients with an active wait status of more than 53 days</p>	<p>End of March 2019 backlog by tumour site:</p> <table border="1" data-bbox="495 320 891 715"> <thead> <tr> <th>Tumour Site</th> <th>53 - 62 days</th> <th>63 ></th> </tr> </thead> <tbody> <tr><td>Breast</td><td>11</td><td>4</td></tr> <tr><td>Gynaecological</td><td>9</td><td>11</td></tr> <tr><td>Haematological</td><td>1</td><td>4</td></tr> <tr><td>Head and Neck</td><td>2</td><td>1</td></tr> <tr><td>Lower GI</td><td>3</td><td>6</td></tr> <tr><td>Lung</td><td>3</td><td>1</td></tr> <tr><td>Other</td><td>5</td><td>8</td></tr> <tr><td>Skin</td><td>3</td><td>2</td></tr> <tr><td>Upper GI</td><td>4</td><td>8</td></tr> <tr><td>Urological</td><td>11</td><td>21</td></tr> <tr><td>Grand Total</td><td>52</td><td>66</td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	11	4	Gynaecological	9	11	Haematological	1	4	Head and Neck	2	1	Lower GI	3	6	Lung	3	1	Other	5	8	Skin	3	2	Upper GI	4	8	Urological	11	21	Grand Total	52	66	<p>Number of patients with a wait status of more than 53 days</p>  <p>Legend: 53-62 days (orange), 63 days+ (blue)</p>	<ul style="list-style-type: none"> • Backlog has increased through March, a number of issues have contributed to this, including diagnostic waits in Urology. Reduced theatre capacity in March due to theatre staffing (leave and sickness). • Planned pathway changes and increased capacity will also help reduce the backlog, which is being monitored very closely within the Units. 																												
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<p>USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting</p>	<p>Week to week through March 2019 the percentage of patients seen within 14 days to first appointment/ assessment ranged between 28% and 33%.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of March 2019</p> <table border="1" data-bbox="954 930 1440 1342"> <thead> <tr> <th rowspan="2">Tumour Site</th> <th colspan="2">53 - 62 days</th> <th colspan="2">63 > days</th> </tr> <tr> <th>Number reported</th> <th>+ / -</th> <th>Number reported</th> <th>+ / -</th> </tr> </thead> <tbody> <tr><td>Breast</td><td>10</td><td>4</td><td>5</td><td>1</td></tr> <tr><td>Gynaecological</td><td>10</td><td>-1</td><td>10</td><td>2</td></tr> <tr><td>Haematological</td><td>2</td><td>1</td><td>5</td><td>0</td></tr> <tr><td>Head and Neck</td><td>4</td><td>2</td><td>1</td><td>0</td></tr> <tr><td>Lower GI</td><td>5</td><td>0</td><td>3</td><td>0</td></tr> <tr><td>Lung</td><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>Other</td><td>5</td><td>-1</td><td>7</td><td>3</td></tr> <tr><td>Skin</td><td>1</td><td>1</td><td>2</td><td>-1</td></tr> <tr><td>Upper GI</td><td>4</td><td>-1</td><td>6</td><td>-1</td></tr> <tr><td>Urological</td><td>8</td><td>-7</td><td>25</td><td>4</td></tr> <tr><td>Grand Total</td><td>51</td><td>-2</td><td>66</td><td>8</td></tr> </tbody> </table>	Tumour Site	53 - 62 days		63 > days		Number reported	+ / -	Number reported	+ / -	Breast	10	4	5	1	Gynaecological	10	-1	10	2	Haematological	2	1	5	0	Head and Neck	4	2	1	0	Lower GI	5	0	3	0	Lung	2	0	2	0	Other	5	-1	7	3	Skin	1	1	2	-1	Upper GI	4	-1	6	-1	Urological	8	-7	25	4	Grand Total	51	-2	66	8	<ul style="list-style-type: none"> • New first outpatient OMFS pathway stage agreed and taken forward with Primary Care, due to triage queries the plan to commence in April has been delayed to 1st June 2019.
Tumour Site	53 - 62 days			63 > days																																																															
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Description	Current Performance	Trend	Actions planned for next period
<p>Delayed follow-ups The number patients delayed past their target date for a follow-up</p>	<p>In February 2019 there were a total of 67,908 patients waiting for a follow-up past their target date. This is above the internal profile for March 2019 and 1,637 (2%) more than March 2018.</p> <p>Of the 67,908 delayed follow-ups in March 2019, 14,783 have appointments and 53,125 are still waiting for an appointment. In addition, 34,781 patients were waiting 100%+ over target date in March 2019.</p> <p>In March 2019, Ophthalmology accounted for 16% of the delayed follow-ups followed by Cardiology with 9%.</p>	<p>Delayed follow-ups: Top 10 Specialties for the largest number of delayed follow-ups</p>  <p>Delayed follow-ups: Number of patients waiting 100%+ over target date</p> 	<ul style="list-style-type: none"> Recruit to Validation Team with experienced staff and backfill. Validation Team to commence review of patients and categorisation (May / June 2019) Identify changes to FunB patients on WPAS to accommodate new definitions / categorisations of activity (e.g. See on Symptom, PROMs, Self-Managed Care, Surveillance patients) (May 2019) Composition of Outpatient Modernisation Group to be reviewed. Resources required to move programme forward to be agreed with Recovery and Sustainability Group. Draft programme of work to be agreed. Participation in National Outpatient Modernisation Board. Continue to progress / Develop Planned Care Programme activities in introducing best practice / digitalisation of activities – ie PKB / PROMs / In Touch etc. Plan clinical engagement workshop Develop training package for staff Gold Command activities – Ophthalmology to continue to support changes to service and reduce activity pressures through change management and additional resources – i.e. ODTG development in Cwmtawe Cluster. Modernisation Group to consider wider alternatives to improve pathways and reduce pressures in both New and follow up arrangements – i.e. considering multi-disciplinary outpatient review on patients with multiple co morbidities / managing frail elderly patients (June 2019)

6.1 QUALITY AND SAFETY INDICATORS

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

Description	Current Performance	Trend	Actions planned for next period
<p>Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> The number of <i>E. coli</i> bacteraemia March (43 cases) was just above the projected IMTP monthly profile. Ratio: 47% hospital acquired to 53% community acquired. The cumulative number of cases (Apr-Mar 2018/19) is 506 which is approximately 4% less than the cumulative number of cases for the same period in 2017/18. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <p>Legend: Number E.Coli cases (Community) Number E.Coli Cases (Hospital) — Profile</p>	<ul style="list-style-type: none"> Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements. Delivery Units to progress with PDSA style quality Improvement activities with a focus on urinary catheters, across acute sites. Delivery Units to explore how to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff. Improvement work underway to improve HCAI data shared with Delivery Units.
<p>Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</p>	<ul style="list-style-type: none"> There were 11 cases of <i>Staph. aureus</i> bacteraemia in February, 4 cases below the projected monthly IMTP profile. 37% were hospital acquired infections. The cumulative number of cases (Apr-Mar 2018/19) is approximately 7% less than the cumulative number of cases for the same period in 2017/18. 	<p>Number of healthcare acquired S.aureus bacteraemias cases</p> <p>Legend: Number S.Aureus cases (Community) Number S.Aureus Cases (Hospital) — Profile</p>	<ul style="list-style-type: none"> Delivery Units to continue with focus to increase numbers of staff who have been competence assessed for Aseptic Non Touch Technique (ANTT), with month-on-month improvements Improvement activities will continue to focus on the risk associated with the presence of invasive devices. Improvement work underway to improve HCAI data shared with Delivery Units.

Description	Current Performance	Trend	Actions planned for next period																																																																																																				
<p>Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases</p>	<ul style="list-style-type: none"> • There were 8 <i>Clostridium difficile</i> toxin positive cases in March. Only 2 considered to be hospital acquired. • The cumulative position from Apr-Mar 18/19 is 179 cases. This is below the IMTP projected profile, equating to approximately 37% fewer cases when compared with the same period in 2017/18. • The Health Board incidence per 100,000 population is 33.47 and continues to be the second highest in Wales. Only two health Boards in Wales achieved the reduction expectation. <p><i>High bed occupancy is a risk to achieving infection reduction.</i></p>	<p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Approximate data from the C. difficile cases chart</caption> <thead> <tr> <th>Month</th> <th>Community Cases</th> <th>Hospital Cases</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>25</td><td>18</td><td>25</td></tr> <tr><td>May-17</td><td>22</td><td>15</td><td>22</td></tr> <tr><td>Jun-17</td><td>32</td><td>25</td><td>32</td></tr> <tr><td>Jul-17</td><td>25</td><td>22</td><td>25</td></tr> <tr><td>Aug-17</td><td>25</td><td>22</td><td>25</td></tr> <tr><td>Sep-17</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>Oct-17</td><td>22</td><td>20</td><td>22</td></tr> <tr><td>Nov-17</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Dec-17</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jan-18</td><td>22</td><td>18</td><td>22</td></tr> <tr><td>Feb-18</td><td>18</td><td>15</td><td>18</td></tr> <tr><td>Mar-18</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Apr-18</td><td>25</td><td>22</td><td>25</td></tr> <tr><td>May-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jun-18</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Jul-18</td><td>28</td><td>25</td><td>28</td></tr> <tr><td>Aug-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Sep-18</td><td>10</td><td>8</td><td>10</td></tr> <tr><td>Oct-18</td><td>18</td><td>15</td><td>18</td></tr> <tr><td>Nov-18</td><td>10</td><td>8</td><td>10</td></tr> <tr><td>Dec-18</td><td>15</td><td>12</td><td>15</td></tr> <tr><td>Jan-19</td><td>8</td><td>6</td><td>8</td></tr> <tr><td>Feb-19</td><td>8</td><td>6</td><td>8</td></tr> <tr><td>Mar-19</td><td>8</td><td>6</td><td>8</td></tr> </tbody> </table>	Month	Community Cases	Hospital Cases	Profile	Apr-17	25	18	25	May-17	22	15	22	Jun-17	32	25	32	Jul-17	25	22	25	Aug-17	25	22	25	Sep-17	22	20	22	Oct-17	22	20	22	Nov-17	28	25	28	Dec-17	15	12	15	Jan-18	22	18	22	Feb-18	18	15	18	Mar-18	28	25	28	Apr-18	25	22	25	May-18	15	12	15	Jun-18	28	25	28	Jul-18	28	25	28	Aug-18	15	12	15	Sep-18	10	8	10	Oct-18	18	15	18	Nov-18	10	8	10	Dec-18	15	12	15	Jan-19	8	6	8	Feb-19	8	6	8	Mar-19	8	6	8	<ul style="list-style-type: none"> • Continue to monitor compliance with restriction of Co-amoxiclav, with feedback to Delivery Units • Primary Care antimicrobial guidelines review commenced. Restricting use of Co-amoxiclav more complex in Primary Care than in Secondary Care as limited oral antibiotic alternatives available. Lesser impact on community <i>Clostridium difficile</i> cases anticipated. • Review use of Hydrogen Peroxide Vapour technology, with a view to developing a plan for its use – plan to be completed by 31.08.2019. • Improvement work underway to improve HCAI data shared with Delivery Units.
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<p>Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government</p>	<ul style="list-style-type: none"> The Health Board reported 37 Serious Incidents for the month of March 2019 to Welsh Government. There has been a change in guidance of SI reporting for Mental Health deaths. As a result, this accounts for the increase number of SI's for the month of February. Mental Health reported 18 SI's in March. Last Never Event reported was on 13th March 2019. In March 2019, the performance against the 80% target of submitting closure forms within 60 working days was 43%. 	<p>Number of Serious Incidents</p> <table border="1"> <caption>Number of Serious Incidents Data</caption> <thead> <tr> <th>Month</th> <th>Mental Health SIs</th> <th>Number of HB SIs (exc. MH)</th> <th>Local Target</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>May-17</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Jun-17</td><td>48</td><td>20</td><td>20</td></tr> <tr><td>Jul-17</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Aug-17</td><td>30</td><td>20</td><td>20</td></tr> <tr><td>Sep-17</td><td>15</td><td>20</td><td>20</td></tr> <tr><td>Oct-17</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Nov-17</td><td>10</td><td>20</td><td>20</td></tr> <tr><td>Dec-17</td><td>10</td><td>20</td><td>20</td></tr> <tr><td>Jan-18</td><td>35</td><td>20</td><td>20</td></tr> <tr><td>Feb-18</td><td>25</td><td>20</td><td>20</td></tr> <tr><td>Mar-18</td><td>18</td><td>20</td><td>20</td></tr> <tr><td>Apr-18</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>May-18</td><td>25</td><td>20</td><td>20</td></tr> <tr><td>Jun-18</td><td>25</td><td>20</td><td>20</td></tr> <tr><td>Jul-18</td><td>10</td><td>20</td><td>20</td></tr> <tr><td>Aug-18</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Sep-18</td><td>15</td><td>20</td><td>20</td></tr> <tr><td>Oct-18</td><td>35</td><td>20</td><td>20</td></tr> <tr><td>Nov-18</td><td>28</td><td>20</td><td>20</td></tr> <tr><td>Dec-18</td><td>18</td><td>20</td><td>20</td></tr> <tr><td>Jan-19</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>Feb-19</td><td>55</td><td>20</td><td>20</td></tr> <tr><td>Mar-19</td><td>35</td><td>20</td><td>20</td></tr> </tbody> </table>	Month	Mental Health SIs	Number of HB SIs (exc. MH)	Local Target	Apr-17	20	20	20	May-17	20	20	20	Jun-17	48	20	20	Jul-17	20	20	20	Aug-17	30	20	20	Sep-17	15	20	20	Oct-17	20	20	20	Nov-17	10	20	20	Dec-17	10	20	20	Jan-18	35	20	20	Feb-18	25	20	20	Mar-18	18	20	20	Apr-18	20	20	20	May-18	25	20	20	Jun-18	25	20	20	Jul-18	10	20	20	Aug-18	20	20	20	Sep-18	15	20	20	Oct-18	35	20	20	Nov-18	28	20	20	Dec-18	18	20	20	Jan-19	20	20	20	Feb-19	55	20	20	Mar-19	35	20	20	<ul style="list-style-type: none"> Health Board is supporting the Mental Health & Learning Disabilities Unit to roll out the Serious Incidents Toolkit to ensure consistency of investigation and timeliness of investigations. 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.
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<p>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</p>	<ul style="list-style-type: none"> The overall Health Board response rate for responding to concerns within 30 working days was 84% in January 2019 against the Welsh Government target of 75% and Health Board target of 80%. 	<p>Response rate for concerns within 30 days</p> <table border="1"> <caption>Response rate for concerns within 30 days Data</caption> <thead> <tr> <th>Month</th> <th>30 day response rate</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>75%</td><td>80%</td></tr> <tr><td>May-17</td><td>75%</td><td>80%</td></tr> <tr><td>Jun-17</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-17</td><td>75%</td><td>80%</td></tr> <tr><td>Aug-17</td><td>75%</td><td>80%</td></tr> <tr><td>Sep-17</td><td>75%</td><td>80%</td></tr> <tr><td>Oct-17</td><td>75%</td><td>80%</td></tr> <tr><td>Nov-17</td><td>75%</td><td>80%</td></tr> <tr><td>Dec-17</td><td>75%</td><td>80%</td></tr> <tr><td>Jan-18</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-18</td><td>60%</td><td>80%</td></tr> <tr><td>Mar-18</td><td>75%</td><td>80%</td></tr> <tr><td>Apr-18</td><td>80%</td><td>80%</td></tr> <tr><td>May-18</td><td>80%</td><td>80%</td></tr> <tr><td>Jun-18</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-18</td><td>80%</td><td>80%</td></tr> <tr><td>Aug-18</td><td>80%</td><td>80%</td></tr> <tr><td>Sep-18</td><td>80%</td><td>80%</td></tr> <tr><td>Oct-18</td><td>90%</td><td>80%</td></tr> <tr><td>Nov-18</td><td>80%</td><td>80%</td></tr> <tr><td>Dec-18</td><td>80%</td><td>80%</td></tr> <tr><td>Jan-19</td><td>80%</td><td>80%</td></tr> <tr><td>Feb-19</td><td>80%</td><td>80%</td></tr> <tr><td>Mar-19</td><td>80%</td><td>80%</td></tr> </tbody> </table>	Month	30 day response rate	Profile	Apr-17	75%	80%	May-17	75%	80%	Jun-17	80%	80%	Jul-17	75%	80%	Aug-17	75%	80%	Sep-17	75%	80%	Oct-17	75%	80%	Nov-17	75%	80%	Dec-17	75%	80%	Jan-18	80%	80%	Feb-18	60%	80%	Mar-18	75%	80%	Apr-18	80%	80%	May-18	80%	80%	Jun-18	80%	80%	Jul-18	80%	80%	Aug-18	80%	80%	Sep-18	80%	80%	Oct-18	90%	80%	Nov-18	80%	80%	Dec-18	80%	80%	Jan-19	80%	80%	Feb-19	80%	80%	Mar-19	80%	80%	<ul style="list-style-type: none"> Performance is discussed at all Unit performance meetings. For the first 7 months of this financial year the Health Board has achieved 80% in responses for the 30 day target. Ombudsman's Officer to present to the Consultant Development Day. Concerns, Redress & Assurance Group Terms of Reference to be updated and hold 3 "Putting Things Right" summits with the Units to focus on learning and improvement and key updates in this area. 																									
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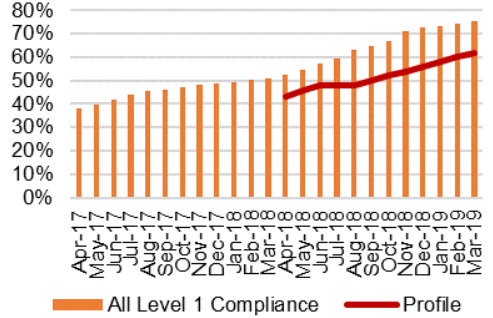
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<p>Number of pressure ulcers</p> <p>The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers</p>	<ul style="list-style-type: none"> The number of Grade 3+ pressure ulcers between February 2019 and March 2019 reduced from 50 to 47. The in-patient cases deteriorated from 17 in February 2019 to 24 in March 2019, however the number of community cases reduced from 33 to 23. In January 2019 Welsh Government changed the reporting criteria to exclude suspected deep tissue injury cases. Since this change the Health Board has not reported any reported pressure ulcers as serious incidents. 	<p>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</p> <table border="1"> <caption>Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)</caption> <thead> <tr> <th>Month</th> <th>Hospital Acquired</th> <th>Community Acquired</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>15</td><td>15</td><td>30</td></tr> <tr><td>May-17</td><td>28</td><td>12</td><td>40</td></tr> <tr><td>Jun-17</td><td>28</td><td>23</td><td>51</td></tr> <tr><td>Jul-17</td><td>15</td><td>17</td><td>32</td></tr> <tr><td>Aug-17</td><td>10</td><td>12</td><td>22</td></tr> <tr><td>Sep-17</td><td>18</td><td>12</td><td>30</td></tr> <tr><td>Oct-17</td><td>18</td><td>17</td><td>35</td></tr> <tr><td>Nov-17</td><td>18</td><td>17</td><td>35</td></tr> <tr><td>Dec-17</td><td>20</td><td>17</td><td>37</td></tr> <tr><td>Jan-18</td><td>20</td><td>17</td><td>37</td></tr> <tr><td>Feb-18</td><td>24</td><td>13</td><td>37</td></tr> <tr><td>Mar-18</td><td>26</td><td>11</td><td>37</td></tr> <tr><td>Apr-18</td><td>17</td><td>23</td><td>40</td></tr> <tr><td>May-18</td><td>17</td><td>23</td><td>40</td></tr> <tr><td>Jun-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Jul-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Aug-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Sep-18</td><td>20</td><td>20</td><td>40</td></tr> <tr><td>Oct-18</td><td>24</td><td>27</td><td>51</td></tr> <tr><td>Nov-18</td><td>14</td><td>20</td><td>34</td></tr> <tr><td>Dec-18</td><td>19</td><td>17</td><td>36</td></tr> <tr><td>Jan-19</td><td>19</td><td>32</td><td>51</td></tr> <tr><td>Feb-19</td><td>24</td><td>23</td><td>47</td></tr> <tr><td>Mar-19</td><td>24</td><td>23</td><td>47</td></tr> </tbody> </table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	15	15	30	May-17	28	12	40	Jun-17	28	23	51	Jul-17	15	17	32	Aug-17	10	12	22	Sep-17	18	12	30	Oct-17	18	17	35	Nov-17	18	17	35	Dec-17	20	17	37	Jan-18	20	17	37	Feb-18	24	13	37	Mar-18	26	11	37	Apr-18	17	23	40	May-18	17	23	40	Jun-18	20	20	40	Jul-18	20	20	40	Aug-18	20	20	40	Sep-18	20	20	40	Oct-18	24	27	51	Nov-18	14	20	34	Dec-18	19	17	36	Jan-19	19	32	51	Feb-19	24	23	47	Mar-19	24	23	47	<ul style="list-style-type: none"> PUPSG are meeting on 17th April and will receive quality improvement and learning reports from each Service Delivery Unit Work continues with e-learning at Wales to develop an e-learning pressure ulcer prevention education package that can be linked to ESR. Targeted pressure ulcer prevention and recognition education is to be provided for Morriston A&E and NPTH MIU staff. A quality improvement initiative to reduce damage associated with plaster casts by orthopaedic staff at Morriston has produced a standardised patient and carer information leaflet. This leaflet will be shared across the Health Board.
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<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web reduced from 357 in March 2018 to 326 in March 2019. The Health Board has agreed a targeted action to reduce Falls causing harm by 10%. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Inpatient Falls</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>400</td></tr> <tr><td>May-17</td><td>400</td></tr> <tr><td>Jun-17</td><td>380</td></tr> <tr><td>Jul-17</td><td>350</td></tr> <tr><td>Aug-17</td><td>380</td></tr> <tr><td>Sep-17</td><td>330</td></tr> <tr><td>Oct-17</td><td>330</td></tr> <tr><td>Nov-17</td><td>350</td></tr> <tr><td>Dec-17</td><td>320</td></tr> <tr><td>Jan-18</td><td>350</td></tr> <tr><td>Feb-18</td><td>300</td></tr> <tr><td>Mar-18</td><td>350</td></tr> <tr><td>Apr-18</td><td>330</td></tr> <tr><td>May-18</td><td>350</td></tr> <tr><td>Jun-18</td><td>320</td></tr> <tr><td>Jul-18</td><td>290</td></tr> <tr><td>Aug-18</td><td>290</td></tr> <tr><td>Sep-18</td><td>320</td></tr> <tr><td>Oct-18</td><td>290</td></tr> <tr><td>Nov-18</td><td>290</td></tr> <tr><td>Dec-18</td><td>300</td></tr> <tr><td>Jan-19</td><td>350</td></tr> <tr><td>Feb-19</td><td>280</td></tr> <tr><td>Mar-19</td><td>326</td></tr> </tbody> </table>	Month	Number of Inpatient Falls	Apr-17	400	May-17	400	Jun-17	380	Jul-17	350	Aug-17	380	Sep-17	330	Oct-17	330	Nov-17	350	Dec-17	320	Jan-18	350	Feb-18	300	Mar-18	350	Apr-18	330	May-18	350	Jun-18	320	Jul-18	290	Aug-18	290	Sep-18	320	Oct-18	290	Nov-18	290	Dec-18	300	Jan-19	350	Feb-19	280	Mar-19	326	<ul style="list-style-type: none"> Falls Injury Prevention Strategic Group will hold its 1st meeting in April 2019. All Service delivery units are providing Falls management / prevention training. The training required for completion of the new Falls and Healthy Bone Multifactorial risk assessment has been discussed at the Falls Training Task and Finish group and will now be delivered at SDU's by nominated staff and fed into the Unit Falls groups. Appropriate documentation has been sent for printing. 																																																		
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<p>Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge</p>	<ul style="list-style-type: none"> In March 2019 the percentage of electronic discharge summaries signed and sent via eToC was 61% which 4% less than March 2018. Performance varies between Service Delivery Units (range was 58% to 92% in March 2019) and between clinical teams within the Units. 	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>50</td></tr> <tr><td>May-17</td><td>60</td></tr> <tr><td>Jun-17</td><td>60</td></tr> <tr><td>Jul-17</td><td>65</td></tr> <tr><td>Aug-17</td><td>60</td></tr> <tr><td>Sep-17</td><td>65</td></tr> <tr><td>Oct-17</td><td>65</td></tr> <tr><td>Nov-17</td><td>65</td></tr> <tr><td>Dec-17</td><td>65</td></tr> <tr><td>Jan-18</td><td>60</td></tr> <tr><td>Feb-18</td><td>65</td></tr> <tr><td>Mar-18</td><td>65</td></tr> <tr><td>Apr-18</td><td>68</td></tr> <tr><td>May-18</td><td>65</td></tr> <tr><td>Jun-18</td><td>60</td></tr> <tr><td>Jul-18</td><td>60</td></tr> <tr><td>Aug-18</td><td>60</td></tr> <tr><td>Sep-18</td><td>60</td></tr> <tr><td>Oct-18</td><td>65</td></tr> <tr><td>Nov-18</td><td>60</td></tr> <tr><td>Dec-18</td><td>60</td></tr> <tr><td>Jan-19</td><td>60</td></tr> <tr><td>Feb-19</td><td>60</td></tr> <tr><td>Mar-19</td><td>60</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Apr-17	50	May-17	60	Jun-17	60	Jul-17	65	Aug-17	60	Sep-17	65	Oct-17	65	Nov-17	65	Dec-17	65	Jan-18	60	Feb-18	65	Mar-18	65	Apr-18	68	May-18	65	Jun-18	60	Jul-18	60	Aug-18	60	Sep-18	60	Oct-18	65	Nov-18	60	Dec-18	60	Jan-19	60	Feb-19	60	Mar-19	60	<ul style="list-style-type: none"> The Executive Medical Director has asked one of the two Deputy Executive Medical Directors to lead on a piece of work to look at e-discharge and improve compliance/completion Background data presented to Director of Nursing and Patient Experience for consideration through Hospital to Home.
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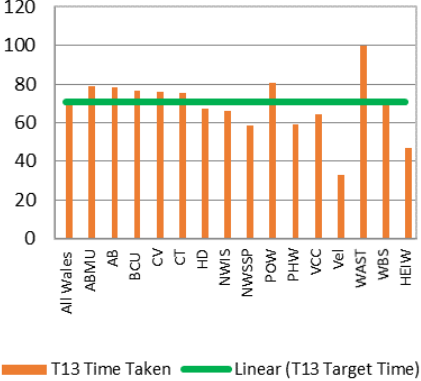
7. WORKFORCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> The 12-month rolling performance to the end of February 2019 has continued to follow the improvement we achieved in January and currently stands at 5.92% (down 0.03% on January 2019). Our in-month performance in February 2019 also improved and was 6.09%, an improvement of 0.39% on the previous month. 	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p> <p>Legend: — % sickness rate (12 month rolling) -◆- % sickness rate (in-month)</p>	<ul style="list-style-type: none"> Outputs of a best practice case study conducted in three areas of good sickness performance have been shared with DU's and learnings are to be implemented via local sickness improvement plans. Development of a pilot has commenced within a selected area in order to address high absence some of which will apply learning from the above best practise case study. Training sessions for managers regarding the new all-Wales Managing Attendance policy. Development of a full training plan to support implementation of the new Attendance policy. OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Plans to develop a more multidisciplinary approach during 2019. Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSK) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSK diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19. 300+ Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. To deliver 'menopause wellbeing workshops' across 4 main sites during Spring 2019 Draft Attendance plan has been developed as part of Recovery and Sustainability. Awaiting sign off by W&OD committee.

Description	Current Performance	Trend	Actions planned for next period																																																																											
<p>Mandatory & Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</p>	<ul style="list-style-type: none"> Over the past month compliance against the 13 core competencies has risen from 73.37% to 75.2%. This is a 1% increase from the previous month and a 22.5% rise since April 2018. 	<p>% of compliance with Core Skills and Training Framework</p>  <p>The chart displays monthly compliance percentages for 'All Level 1 Compliance' (orange bars) and a 'Profile' (red line). The y-axis ranges from 0% to 80% in 10% increments. The x-axis shows months from April 2017 to March 2019. Compliance starts at approximately 38% in April 2017 and rises to about 75% by March 2019. The profile line shows a similar upward trend, starting at 40% in April 2018 and reaching 60% in March 2019.</p> <table border="1"> <caption>Approximate data from the compliance chart</caption> <thead> <tr> <th>Month</th> <th>All Level 1 Compliance (%)</th> <th>Profile (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>38</td><td>-</td></tr> <tr><td>May-17</td><td>40</td><td>-</td></tr> <tr><td>Jun-17</td><td>42</td><td>-</td></tr> <tr><td>Jul-17</td><td>44</td><td>-</td></tr> <tr><td>Aug-17</td><td>46</td><td>-</td></tr> <tr><td>Sep-17</td><td>48</td><td>-</td></tr> <tr><td>Oct-17</td><td>50</td><td>-</td></tr> <tr><td>Nov-17</td><td>52</td><td>-</td></tr> <tr><td>Dec-17</td><td>54</td><td>-</td></tr> <tr><td>Jan-18</td><td>56</td><td>-</td></tr> <tr><td>Feb-18</td><td>58</td><td>-</td></tr> <tr><td>Mar-18</td><td>60</td><td>-</td></tr> <tr><td>Apr-18</td><td>62</td><td>40</td></tr> <tr><td>May-18</td><td>64</td><td>45</td></tr> <tr><td>Jun-18</td><td>66</td><td>48</td></tr> <tr><td>Jul-18</td><td>68</td><td>50</td></tr> <tr><td>Aug-18</td><td>70</td><td>52</td></tr> <tr><td>Sep-18</td><td>72</td><td>54</td></tr> <tr><td>Oct-18</td><td>74</td><td>56</td></tr> <tr><td>Nov-18</td><td>76</td><td>58</td></tr> <tr><td>Dec-18</td><td>78</td><td>60</td></tr> <tr><td>Jan-19</td><td>80</td><td>62</td></tr> <tr><td>Feb-19</td><td>82</td><td>64</td></tr> <tr><td>Mar-19</td><td>84</td><td>66</td></tr> </tbody> </table>	Month	All Level 1 Compliance (%)	Profile (%)	Apr-17	38	-	May-17	40	-	Jun-17	42	-	Jul-17	44	-	Aug-17	46	-	Sep-17	48	-	Oct-17	50	-	Nov-17	52	-	Dec-17	54	-	Jan-18	56	-	Feb-18	58	-	Mar-18	60	-	Apr-18	62	40	May-18	64	45	Jun-18	66	48	Jul-18	68	50	Aug-18	70	52	Sep-18	72	54	Oct-18	74	56	Nov-18	76	58	Dec-18	78	60	Jan-19	80	62	Feb-19	82	64	Mar-19	84	66	<ul style="list-style-type: none"> Outputs of a best practise case study conducted in three areas of good sickness performance have been shared with DU's and learnings are to be implemented via local sickness improvement plans. Development of a pilot has commenced within a selected area in order to address high absence some of which will apply learning from the above best practise case study. Training sessions for managers regarding the new all-Wales Managing Attendance policy. Development of a full training plan to support implementation of the new Attendance policy. OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Allied Health Professionals have been recruited to OH using TI monies, resulting in reduced waiting times for management referrals to 2 weeks. Scanning of all OH records has commenced to enable an e-record by Sept 2019 with planned increased efficiencies. Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSK) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSK diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19. 340 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. Monthly 'Menopause wellbeing workshops' commenced March 2019 across the main hospital sites
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Vacancies <i>Medical and Nursing and Midwifery</i>	<ul style="list-style-type: none"> Continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ: EU Nurses employed at Band 5 = 70 Philippine nurses arrived in 17/18 & employed at Band 5 = 30 Regionally organised nurse recruitment days which ensure we are not duplicating efforts across hospital sites. These are heavily advertised across social media platforms via our communications team. 11 Health Care Support Workers (HCSW's) recruited to part time degree in nursing. 7 commenced in Sept-17 on a 4 year programme, the remainder commenced in Jan-18 on a 2 year 9 month programme. We have also secured further external funding to offer similar places to 13 HCSW's in 18/19 and recruitment to these places is underway. A further 13 of our HCSW's are currently undertaking a 2 year master's programme. 	<p>March 2019 Vacancy data is not available before the deadline for the P&F report.</p> <p>Vacancies as at 28th Feb 2019</p> <table border="1"> <thead> <tr> <th>Grade - Medical & Dental</th> <th>Dec-18</th> <th>Jan-19</th> <th>Feb-19</th> </tr> </thead> <tbody> <tr><td>21000-Consultant (M&D)</td><td>-82.61</td><td>-78.61</td><td>-77.81</td></tr> <tr><td>21100-Locum Consultant (M&D)</td><td>7.45</td><td>6.65</td><td>7.55</td></tr> <tr><td>22110-Associate Specialist (M&D)</td><td>-12.69</td><td>-12.69</td><td>-12.69</td></tr> <tr><td>22200-Locum Associate Specialist (M&D)</td><td>0.45</td><td>0.45</td><td>0.45</td></tr> <tr><td>22250-Specialist Dental Officer</td><td>0.42</td><td>0.42</td><td>0.42</td></tr> <tr><td>22260-Senior Dental Officer</td><td>-1.80</td><td>-1.80</td><td>-0.80</td></tr> <tr><td>22270-Dental Officer</td><td>-1.99</td><td>-1.99</td><td>-1.99</td></tr> <tr><td>22310-Speciality Doctor (M&D)</td><td>-27.01</td><td>-27.92</td><td>-28.92</td></tr> <tr><td>22320-Locum Speciality Doctor (M&D)</td><td>-1.00</td><td>-1.00</td><td>-1.00</td></tr> <tr><td>23100-Specialty Registrar (M&D)</td><td>-129.48</td><td>-137.17</td><td>-142.47</td></tr> <tr><td>23120-Locum Specialty Registrar (M&D)</td><td>21.20</td><td>26.20</td><td>30.20</td></tr> <tr><td>23200-Specialist Registrar (M&D)</td><td>-6.60</td><td>-6.60</td><td>-6.60</td></tr> <tr><td>23300-Locum Specialist Registrar (M&D)</td><td>-1.20</td><td>-1.20</td><td>-1.20</td></tr> <tr><td>24100-F2 foundation year 2 (M&D)</td><td>0.03</td><td>0.08</td><td>0.08</td></tr> <tr><td>24110-Locum F2 Foundation year 2 (M&D)</td><td>2.00</td><td>2.00</td><td>3.00</td></tr> <tr><td>24400-F1 foundation year 1 (M&D)</td><td>-8.37</td><td>-7.37</td><td>-7.44</td></tr> <tr><td>24900-Dental Trainees in Hosp Post</td><td>3.96</td><td>3.96</td><td>3.96</td></tr> <tr><td>25000-Clinical Assistant (M&D)</td><td>-0.37</td><td>-0.37</td><td>-0.37</td></tr> <tr><td>25100-Senior Lecturer (M&D)</td><td>-1.90</td><td>-1.90</td><td>-1.90</td></tr> <tr><td>25300-G.P.Sessions / Staff Fund</td><td>1.21</td><td>0.59</td><td>0.81</td></tr> <tr><td>Total</td><td>-238.30</td><td>-238.28</td><td>-236.72</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Grade - 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Nursing & Midwifery	Dec-18	Jan-19	Feb-19	2A182-Nurse Consultant Band 8B	-0.31	-0.31	-0.31	2A281-Nurse Manager Band 8A	6.53	6.10	7.60	2A282-Nurse Manager Band 8B	3.76	4.76	6.26	2A283-Nurse Manager Band 8C	4.00	4.00	4.00	2A284-Nurse Manager Band 8D	-2.60	-1.60	-1.80	2A451-Registered Nurse Band 5	-338.05	-344.04	-367.17	2A461-Registered Nurse Band 6	-19.34	-17.62	-14.15	2A471-Registered Nurse Band 7	-26.91	-33.56	-31.35	2A481-Registered Nurse Band 8A	-0.89	-1.84	-1.84	2A482-Registered Nurse Band 8B	0.00	0.00	0.00	Total	-373.81	-384.11	-398.76	Grade - Health Care Support Workers	Dec-18	Jan-19	Feb-19	2AA11-Nursing HCA/HCSW Band 1	2.00	2.00		2AA21-Nursing HCA/HCSW Band 2	-86.87	-60.39	-48.13	2AA31-Nursing HCA/HCSW Band 3	-28.58	-30.86	-39.89	2AA41-Nursing HCA/HCSW Band 4	-5.17	-1.52	0.38	Total	-118.62	-90.77	-87.64	<ul style="list-style-type: none"> Joint Cwm Taf / Swansea Bay recruitment protocol to begin to address boundary change issues is in draft and will be implemented through the period up to transfer. We are also currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline. Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February.
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<p>Recruitment <i>Metrics provided by NWSSP. Comparison with All-Wales benchmarking</i></p>	<ul style="list-style-type: none"> The Health Board's overall performance is just above the target level for NHS Wales Internal controls may have contributed to this. Of the key measures where we are not yet at target - time to complete sifting has steadily improved towards the three day target and is at seven days. 	<p>Vacancy Creation to Unconditional Offer February 2019 (working days: including outliers) T13</p>  <p>March 2019 Vacancy data is not available before the deadline for the P&F report</p>	<ul style="list-style-type: none"> Outlier data is passed to Delivery Units for review. If Outliers (activity well outside the normal expected timescale) are excluded, the Health Board is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports. The February report from NWSSP was not available for inclusion in this update. 																																												
<p>Turnover <i>% turnover by occupational group</i></p>	<ul style="list-style-type: none"> Overall Turnover remains unchanged since last month. The overall FTE rate still stands around 8% (FTE). There has been some increase in Nurse turnover as compared to the year to February 2019. 	<p>Turnover Data 1st April 2018 – 31st March 2019.</p> <table border="1" data-bbox="904 979 1397 1206"> <thead> <tr> <th>Staff Group</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td> <td>8.31%</td> <td>8.54%</td> <td>↓</td> </tr> <tr> <td>Additional Clinical Services</td> <td>6.85%</td> <td>7.36%</td> <td>↓</td> </tr> <tr> <td>Administrative and Clerical</td> <td>8.56%</td> <td>8.76%</td> <td>↑</td> </tr> <tr> <td>Allied Health Professionals</td> <td>10.22%</td> <td>10.23%</td> <td>↓</td> </tr> <tr> <td>Estates and Ancillary</td> <td>4.78%</td> <td>5.19%</td> <td>↓</td> </tr> <tr> <td>Healthcare Scientists</td> <td>7.88%</td> <td>8.25%</td> <td>↑</td> </tr> <tr> <td>Medical and Dental</td> <td>10.41%</td> <td>11.97%</td> <td>↑</td> </tr> <tr> <td>Nursing and Midwifery Registered</td> <td>8.51%</td> <td>8.96%</td> <td>↑</td> </tr> </tbody> </table> <table border="1" data-bbox="904 1251 1397 1305"> <thead> <tr> <th>Overall Rate</th> <th>FTE</th> <th>Headcount</th> <th>Change Headcount</th> </tr> </thead> <tbody> <tr> <td>Overall Rate</td> <td>8.02%</td> <td>8.42%</td> <td>→</td> </tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	8.31%	8.54%	↓	Additional Clinical Services	6.85%	7.36%	↓	Administrative and Clerical	8.56%	8.76%	↑	Allied Health Professionals	10.22%	10.23%	↓	Estates and Ancillary	4.78%	5.19%	↓	Healthcare Scientists	7.88%	8.25%	↑	Medical and Dental	10.41%	11.97%	↑	Nursing and Midwifery Registered	8.51%	8.96%	↑	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	8.02%	8.42%	→	<ul style="list-style-type: none"> Roll out of exit interviews across the Health Board following the pilot in Nursing is being looked into as well as the use of ESR exit interview functionality. This is being managed on an all-Wales basis.
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<p>PADR <i>% staff who have a current PADR review recorded</i></p>	<ul style="list-style-type: none"> Staff who have had a Personal Appraisal and Development Review (PADR) as of March 2019 stands at 69.49% Medical and Dentals results have seen a decline in completed PADR's from 68.57% to 64.85%. This is an overall 3.72% drop in results. The Clinical Research Unit – Div has seen a significant drop in completed PADR from 62.79% in January to 42.86% in February. This shows a drop of 19.93% 	<p>% of staff who have had a PADR in previous 12 months</p> <p>ABMU Combined Profile</p>	<ul style="list-style-type: none"> PADR training will be offered as part of the new Managers Pathway from 1st April 2019. The Managers Pathway will be a mandatory process for all new managers who have people management responsibility, including those who joined the HB over the past 12 months. Training Managers to complete Values Based PADR/use ESR to improve reporting figures. The Schedule is in place from November 2018 to December 2019 at all sites. Additional, bespoke PADR training will be delivered as requested by teams and units. Existing workshop content has been reviewed and updated in line with current needs. Exploration of NHS pay deal is on-going and will be monitored in terms of outcome. Internal audit of the PADR process commenced in December 2018. Recommendations from this audit are still due to occur.
<p>Operational Casework <i>Number of current operational cases.</i></p>	<ul style="list-style-type: none"> There has been a steady and noticeable reduction in live ER cases over the last 5 months but volume of activity is still significantly increased on averages pre Mid 2016. There has been a reduction in both Disciplinary cases and in the number of grievances. 	<p>Number of Operational Cases Data source has been amended to reflect only SB UHB data over the last 15 months so a comparative picture can be seen over time.</p> <p>Total number of cases</p>	<ul style="list-style-type: none"> ER system configuration completed. System testing has been completed and go-live is still expected in Mid-April. User training for case handlers and system admins in preparation for testing has been completed. IO team recruitment adverts are live and a number of contacts have been made from applicants. ACAS supported training looking at improving partnership working and a programme of work with managers to look at bullying and harassment (targeted on hot spots identified in the 2018 staff survey) has been agreed. All events completed as at 4th February. ACAS summary post events is being prepared.

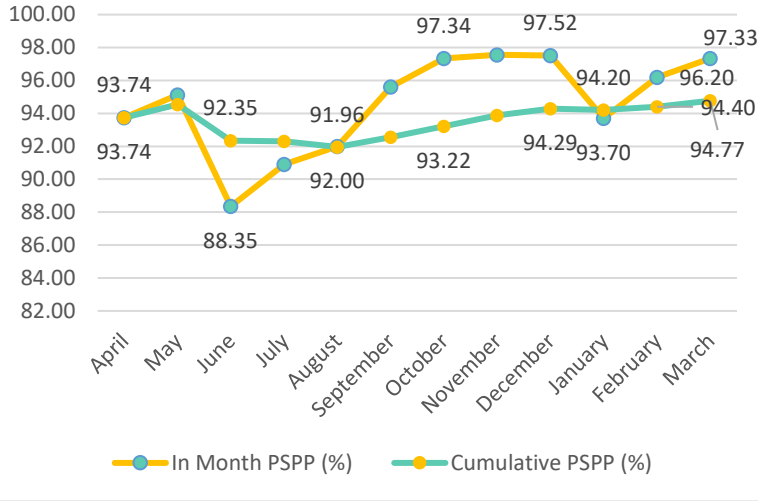
8. FINANCE UPDATES AND ACTIONS

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

Description	Current Performance	Trend	Actions planned for next period
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The draft cumulative revenue financial position at March 2019 is an overspend of £10m. The draft in-month performance produced an underspend of £1.310m against a target profile of £1.215m. Key pressures are savings not delivering in full and premium workforce cost. 	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2018/19</p>	<ul style="list-style-type: none"> Identification and assessment of the impact of 2018/19 financial performance on the 2019/20 financial plan.
<p>Forecast Position – delivery of the £10m forecast deficit</p>	<ul style="list-style-type: none"> The financial plan initially set out a planned deficit of £25m. WG then set a £20m Deficit Control Total for the Health Board. Following the provision of £10m additional WG support in recognition of operational and performance pressures, the forecast deficit has been reduced to £10m. The year-end forecast deficit of £10m has been achieved subject to audit review 		<ul style="list-style-type: none"> Identification and assessment of the impact of 2018/19 financial performance on the 2019/20 financial plan

Description	Current Performance	Trend	Actions planned for next period																										
<p>Savings Delivery – Performance against the £21.2m savings requirement</p>	<ul style="list-style-type: none"> The Health Board financial plan set out a requirement to identify and deliver £21.2m. During the year £16.2m of schemes were identified, however only £14.6m were classified as Green or Amber for delivery. The savings delivery for 2018/19 was £13.3m against the £14.6m planned green and amber schemes The actual delivery was broadly as forecast. 	<table border="1"> <caption>Savings Delivery by Month</caption> <thead> <tr> <th>Month</th> <th>Total Savings</th> </tr> </thead> <tbody> <tr><td>March</td><td>1,319,434</td></tr> <tr><td>February</td><td>1,182,785</td></tr> <tr><td>January</td><td>1,233,769</td></tr> <tr><td>December</td><td>1,194,331</td></tr> <tr><td>November</td><td>1,139,521</td></tr> <tr><td>October</td><td>1,245,724</td></tr> <tr><td>September</td><td>1,293,594</td></tr> <tr><td>August</td><td>1,442,058</td></tr> <tr><td>July</td><td>975,145</td></tr> <tr><td>June</td><td>831,444</td></tr> <tr><td>May</td><td>958,399</td></tr> <tr><td>April</td><td>444,924</td></tr> </tbody> </table>	Month	Total Savings	March	1,319,434	February	1,182,785	January	1,233,769	December	1,194,331	November	1,139,521	October	1,245,724	September	1,293,594	August	1,442,058	July	975,145	June	831,444	May	958,399	April	444,924	<ul style="list-style-type: none"> Consider the impact and opportunities for 2019/20 financial plan and performance.
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<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> Workforce expenditure is around £2.4m per month higher this year than in previous year. Around £1.5m of this relates to 18/19 pay inflation. The remainder reflects increased variable pay. The key areas of increase are Medical staffing through agency and internal locum cover and nursing agency. 	<table border="1"> <caption>Variable Pay Expenditure Components</caption> <thead> <tr> <th>Category</th> <th>Color</th> </tr> </thead> <tbody> <tr><td>Irregular Sessions</td><td>Orange</td></tr> <tr><td>WLI</td><td>Green</td></tr> <tr><td>Agency - Medical</td><td>Yellow</td></tr> <tr><td>Agency - Non Medical</td><td>Light Green</td></tr> <tr><td>Overtime</td><td>Red</td></tr> <tr><td>Bank</td><td>Blue</td></tr> <tr><td>Average Variable Pay - Last Year</td><td>Pink Line</td></tr> </tbody> </table>	Category	Color	Irregular Sessions	Orange	WLI	Green	Agency - Medical	Yellow	Agency - Non Medical	Light Green	Overtime	Red	Bank	Blue	Average Variable Pay - Last Year	Pink Line	<ul style="list-style-type: none"> Analysis of the key factors driving the use of variable pay outside of planned budget Identify actions to cease the use of non-contract nurse agency.
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Average Variable Pay - Last Year	Pink Line																		

Description	Current Performance	Trend	Actions planned for next period																																							
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> In-month performance in March was 97.33%, which was excellent. Despite strong performance during the later part of the year, the cumulative position of 94.77% fell slightly short of the 95% target. The significant improvement made in the last 6 months where not able to recover the cumulative position sufficiently. There continue to be significant challenges linked to clearing invoices on hold due to the implementation of the No PO No Pay policy. 	 <table border="1"> <caption>PSPP Performance Data (April to March)</caption> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr><td>April</td><td>93.74</td><td>93.74</td></tr> <tr><td>May</td><td>94.35</td><td>94.35</td></tr> <tr><td>June</td><td>88.35</td><td>92.35</td></tr> <tr><td>July</td><td>91.96</td><td>92.00</td></tr> <tr><td>August</td><td>92.00</td><td>91.96</td></tr> <tr><td>September</td><td>93.22</td><td>92.00</td></tr> <tr><td>October</td><td>97.34</td><td>93.22</td></tr> <tr><td>November</td><td>97.52</td><td>94.29</td></tr> <tr><td>December</td><td>94.29</td><td>94.29</td></tr> <tr><td>January</td><td>93.70</td><td>93.70</td></tr> <tr><td>February</td><td>96.20</td><td>94.40</td></tr> <tr><td>March</td><td>97.33</td><td>94.77</td></tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	93.74	93.74	May	94.35	94.35	June	88.35	92.35	July	91.96	92.00	August	92.00	91.96	September	93.22	92.00	October	97.34	93.22	November	97.52	94.29	December	94.29	94.29	January	93.70	93.70	February	96.20	94.40	March	97.33	94.77	<ul style="list-style-type: none"> Closely monitor performance improvements and identify impacts of No PO No pay to enable further awareness and training to be undertaken.
Month	In Month PSPP (%)	Cumulative PSPP (%)																																								
April	93.74	93.74																																								
May	94.35	94.35																																								
June	88.35	92.35																																								
July	91.96	92.00																																								
August	92.00	91.96																																								
September	93.22	92.00																																								
October	97.34	93.22																																								
November	97.52	94.29																																								
December	94.29	94.29																																								
January	93.70	93.70																																								
February	96.20	94.40																																								
March	97.33	94.77																																								

9. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

9.1 Morriston Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	63.5%	67.1%	70.0%	70.3%	67.9%	68.8%	70.0%	67.5%	67.7%	67.2%	67.0%	68.0%
		Profile	71%	76%	76%	83%	81%	81%	85%	87%	87%	86%	86%	86%
	12 hour A&E waits	Actual	574	468	333	447	373	311	402	383	485	621	448	534
		Profile	259	124	125	148	168	101	162	206	239	198	143	135
	1 hour ambulance handover	Actual	380	291	245	348	270	261	294	340	546	684	387	544
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	32.8%	38.6%	43.8%	39.6%	29.8%	75.0%	71.7%	59.5%	62.2%	56.1%	75.0%	66.0%
		Profile	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	65.0%	65.0%
	CT scan within 1 hour	Actual	32.3%	45.8%	38.8%	41.7%	36.0%	50.0%	52.5%	44.2%	47.8%	47.6%	48.6%	58.3%
		Profile	40.0%	40.0%	40.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%
	Assessed by Stroke Specialist within 24 hours	Actual	91.9%	100.0%	98.0%	85.4%	92.0%	85.4%	86.9%	88.4%	95.7%	92.9%	89.2%	100.0%
		Profile	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	85.0%	85.0%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	7.7%	20.0%	27.3%	0.0%	0.0%	11.8%	9.0%	30.0%	44.4%	14.3%	20.0%	
	Profile	20.0%	25.0%	25.0%	30.0%	30.0%	30.0%	35.0%	35.0%	35.0%	40.0%	40.0%	40.0%	
Planned care	Outpatients waiting more than 26 weeks	Actual	128	101	37	15	31	19	38	55	43	43	51	140
		Profile	249	200	150	100	50	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	2,379	2,309	2,250	2,285	2,312	2,160	2,179	2,054	1,971	2,046	1,960	1,801
		Profile	2,374	2,183	2,251	2,253	2,153	1,997	1,784	1,809	1,992	1,898	1,777	1,901
	Diagnostic waits over 8 weeks	Actual	623	655	638	602	613	620	619	554	544	543	535	437
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	95%	91%	93%	98%	100%	98%	93%	95%	100%	98%	100%	92%
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	100%	90%	98%	94%	91%	93%	88%	90%	92%	85%	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	10	6	6	16	4	2	5	2	2	1	4	1
		Profile	9	5	9	7	7	7	8	9	4	5	4	7
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	5	5	3	3	3	4	3	3	2	3	2
		Profile	4	5	3	5	4	3	3	2	6	5	5	6
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	2	3	4	7	5	5	8	11	7	3	5	6
		Profile	8	3	6	4	6	4	4	6	7	10	4	5
Quality & Safety Measures	Discharge Summaries	Actual	63%	58%	59%	53%	61%	59%	66%	60%	61%	58%	57%	58%
		Profile	69%	72%	75%	77%	80%	83%	86%	89%	92%	94%	97%	100%
	Concerns responded to within 30 days	Actual	93%	83%	90%	87%	84%	92%	95%	100%	89%	98%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.94%	5.94%	5.97%	5.94%	5.98%	6.01%	6.04%	6.07%	6.12%	6.06%	6.63%	
		Profile	5.87%	5.79%	5.71%	5.63%	5.55%	5.48%	5.40%	5.32%	5.24%	5.16%	5.08%	5.00%
	Personal Appraisal Development Review	Actual	62%	59%	60%	62%	63%	64%	65%	68%	68%	70%	69%	69%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	50%	52%	55%	57%	60%	61%	62%	66%	68%	68%	69%	70%
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

9.1 Morrision Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Achieved 98% response to formal complaints within 30 days (Jan 19). Re-opened complaints down from 35 to 20. • Number of incidents awaiting closure reduced by 50% since Nov 18 • Open theatres DATIX incidents reduced from 400 to 0. • Investment in TAVI resulted in number of patients on waiting list from 80 to 10 with the longest wait reduced from a peak of 128 weeks to 21 weeks. • Only 1 incidence of acquired C. difficile in March 19. MHDU below trajectory for C. difficile, MRSA & MSSA bacteraemia. • MHDU scoring at 'B' (improved from C) in the SSNAP audit of stroke performance, with high thrombolysis rate and access being achieved. • Significant improvement in referral to treatment time in 18/19 vs 17/18; 491 fewer patients waiting >52 weeks and 524 fewer patients waiting > 36 weeks. • Disciplinary cases down from 20 to 15 in one month • Improved Statutory & Mandatory training compliance rates month on month; Information Governance training compliance now 80% from 77% in January 2019. • Significant reduction in transfer waits for ACS (cardiology) patients as a result of the treat and repatriate pilot. 	<ul style="list-style-type: none"> • Monthly service updates on job planning status for consultants and SAS doctors with clear plans to complete. • Proactive plan to address theatre workforce deficit. • Meetings focusing on areas with $\geq 15\%$ sickness. • Continued focus on timeliness of Emergency Department (ED) assessment and validation of performance. • Secure ongoing support from GPs to continue working in ED. • Maintaining/improving RTT numbers throughout 2019. • Treatment of longest waiting patients. • Ward refresh programme & identification of decant facility. • Ensure opening of new Plastic Treatment Centre in July 2019. • Work across the Health Board Delivery Units to understand future operating theatre requirements. • Embed improvement work undertaken with KPMG. • Development of an integrated acute deterioration service for MHDU. • Improve clinical outcomes for fractured neck of femur/emergency laparotomies/major GI bleeds. • Create sustainable services for sarcoma/pancreatic/thyroid/lap choles. • Create a clear future plan for Critical Care capacity requirements.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Develop incident investigation training sessions to ensure all incidents are investigated appropriately in less than 30 days. • 21 nursing posts appointed in ED with the expectation of no staffing deficits by Aug 19 so long as any new vacancies are filled. • Morrision Open Day planned for Saturday 5th October 2019. • Senior Matron for CCU appointed enabling reviewed skill mix and succession planning within the unit and senior clinical leadership. • 4 critical care service development bids submitted to WG to expand key elements of service. • Recruitment of 6 additional consultant anaesthetists to enhance flexibility within the team and reduce variable pay costs. • Outcome of the Kendall-Bluck Medical/Nursing Workforce Review. 	<ul style="list-style-type: none"> • 102-120 patients medically fit patients with lack of a decant facility. • ED experiencing long ambulance offloads and assessment delays breaching targets. • ED receiving more patients with resus needs than available trollies. • Theatres late starts and early finishes increased to 42% & 46%. • Change to taxation arrangements for pensions impacting on medical staff undertaking additional clinical work or leadership posts. • Medical & Nursing deficits, funding gaps & recruitment delays. • Elective cancellations due to beds, theatre staffing and anaesthetic cancellations remains the biggest risk going into Q1. • Fragile elements of Radiology service with absence of Advanced Practice Radiographer may impact on RTT position.

9.2 Neath Port Talbot Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	98.4%	96.8%	98.9%	96.9%	99.7%	98.4%	96.8%	99.3%	99.8%	98.8%	98.4%	97.8%
		Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	12 hour A&E waits	Actual	0	0	0	0	0	0	0	0	0	0	1	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Planned care	Outpatients waiting more than 26 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Therapy waits over 14 weeks	Actual	0	1	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual			100%	100%		100%	100%	100%			100%	100%
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	100%	100%	100%	93%	100%	80%	67%	100%		100%	100%	100%
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	4	3	0	0	0	0	0	1	0	0	0	0
		Profile	0	1	0	0	1	1	1	0	0	2	2	1
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	1	1	0	1	0	1	1	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	2	2	4	4	0	0	2	0	0	2	2
		Profile	0	2	1	2	1	1	3	1	3	3	1	1
Quality & Safety Measures	Discharge Summaries	Actual	81%	77%	82%	77%	90%	76%	83%	83%	70%	80%	77%	69%
		Profile	68%	71%	74%	77%	80%	83%	85%	88%	91%	94%	97%	100%
	Concerns responded to within 30 days	Actual	100%	100%	100%	88%	75%	83%	44%	100%	100%	63%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.00%	5.06%	5.24%	5.35%	5.48%	5.48%	5.47%	5.52%	5.51%	5.46%	5.45%	
		Profile	5.85%	5.78%	5.70%	5.62%	5.54%	5.47%	5.39%	5.31%	5.23%	5.16%	5.08%	5.00%
	Personal Appraisal Development Review	Actual	72%	69%	68%	72%	70%	70%	77%	80%	83%	84%	83%	82%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	61%	65%	67%	70%	73%	74%	75%	80%	82%	82%	83%	84%
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

9.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • DTOC is at the lowest level since May 18, –15 in March • Waiting times targets achieved in all medical specialties (Gen Med, COTE, Endocrinology, Respiratory, Rheumatology, Neuro-rehab and therapies. Rheumatology waiting times for new patients under 15 weeks. • MIU attendance at 97.89% • Cancer 100% • Nurse Led Virtual Clinics will be commencing in May in Diabetes in Neath Port Talbot Hospital. It is anticipated that this will increase clinic capacity. • Coproduction has commenced in General Medicine and this will be evaluated in May 2019 	<ul style="list-style-type: none"> • Support staff and services through Brexit changes • Develop primary care services for therapies • Increase triage staffing in MIU to meet 99% 4hr target – recruiting • Recruitment of Registered Nurses. • Support the development and establishment of a stroke ESD service. • Increasing elective surgical activity to support RTT • Secure agency therapists to support winter plans – majority recruited • Support Plas Bryn Rhosyn Winter Plan to alleviate pressures within wards. • Secure agency physiotherapist to support MSK waiting times. • ALN report to Executive Directors • Establish sustainable Pharmacy support for Winter pressures. • Implementation of HEPMA phase 1 at NPT Hospital
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Remodelling of therapy management and financial structures to one structure enabling timely responsive and good clinical governance for service developments • Development of pharmacist advanced practice and consultant posts • Develop primary care OT posts to address the preventative and early intervention needs of our population • Develop R&D within OT /physio/ N&D to support clinically effective service delivery for our patients • Re-structure of primary care pharmacy team (due to staff loss) to support long term work agenda & pharmacy contract with PCCS. • Work with our communities to develop sustainable solutions to well-being by developing social enterprise opportunities • Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format. • Opportunity for evaluating and developing services across the board in light of HB restructures • Support for a nutrition support team at Morriston 	<ul style="list-style-type: none"> • Capacity within the Community for discharges • Winter pressures – staffing challenges to support surge capacity. • Loss of pharmacists to cluster & practice based roles. • Recruitment issues for pharmacy technicians • Increased workload from NICE / New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes • Nurse recruitment challenges. • Impact of Bridgend boundary changes. • Devolved management and financial therapy budgets leads to governance issues and the reduces ability of therapy services to remodel, flex and respond to patients/ service needs • Brexit – increased equipment costs, risk to pharmaceutical products etc. • WFI WHSCC activity underperforming • MIU staffing pressures awaiting recruitment • Physiotherapy recruitment- band 5`s, and paediatrics • Succession planning for Physiotherapy Senior leadership • Lack of Therapy provision to neonatal unit in Singleton.

9.3 Princess of Wales Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Unscheduled Care	4 hour A&E waits	Actual	75.4%	81.1%	82.6%	80.1%	76.9%	74.5%	76.2%	75.8%	76.1%	76.3%	77.7%	71.7%
		Profile	85%	85%	85%	88%	88%	88%	88%	88%	88%	88%	88%	88%
	12 hour A&E waits	Actual	163	155	141	141	136	274	275	282	271	365	236	328
		Profile	63	68	49	78	57	77	92	109	49	85	53	43
	1 hour ambulance handover	Actual	101	130	88	61	90	227	253	241	252	412	191	340
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	40.0%	35.5%	33.3%	33.3%	28.6%	21.9%	25.8%	51.4%	40.6%	6.7%	14.3%	26.7%
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	64.0%	38.7%	74.1%	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%	48.4%	47.6%	38.7%
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	64.0%	80.6%	70.4%	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%	51.6%	52.4%	64.5%
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	20.0%	66.7%	0.0%	0.0%	25.0%	40.0%	50.0%	25.0%	0.0%	100.0%	60.0%	
	Profile	20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%	
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15	17	12	2	15	21	66	51	107	264	67
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	1,003	1,026	1,038	1,077	1,175	1,191	1,159	1,111	1,057	1,097	996	829
		Profile	1,059	1,150	1,073	1,028	1,122	1,070	989	900	1,053	956	845	763
	Diagnostic waits over 8 weeks	Actual	79	135	277	138	198	142	116	104	149	60	23	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	89%	91%	93%	100%	96%	94%	94%	98%	90%	95%	97%	86%
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	75%	82%	76%	85%	88%	78%	76%	85%	87%	75%	65%	63%
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	3	2	1	2	2	2	6	4	2	0	0	1
		Profile	6	5	4	8	6	6	5	4	2	4	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	3	1	1	3	2	2	1	3	2	1	4	0
		Profile	1	3	0	2	0	1	1	1	2	1	1	1
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	3	4	2	2	4	3	4	5	2	3	3	4
		Profile	1	2	2	3	2	3	3	5	4	3	1	3
Quality & Safety Measures	Discharge Summaries	Actual	72%	64%	60%	64%	68%	59%	65%	67%	62%	64%	66%	62%
		Profile	55%	59%	63%	67%	71%	76%	80%	84%	88%	92%	96%	100%
	Concerns responded to within 30 days	Actual	75%	90%	64%	90%	88%	83%	100%	82%	70%	83%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.23%	5.18%	5.25%	5.25%	5.26%	5.30%	5.32%	5.36%	5.38%	5.32%	5.31%	
		Profile			5.20%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%	68%	68%	68%	67%	65%	65%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	52%	54%	55%	58%	63%	66%	68%	72%	73%	73%	74%	74%
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

9.4 Singleton Delivery Unit- Performance Dashboard

		Quarter 1			Quarter 2			Quarter 3			Quarter 4			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Unscheduled Care	4 hour A&E waits	Actual	99.8%	99.7%	99.5%	98.7%	99.2%	98.5%	98.1%	97.8%				
		Profile	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	
	12 hour A&E waits	Actual	0	1	2	2	2	3	3	0				
		Profile	1	2	5	3	2	2	1	0	0	0	1	
	1 hour ambulance handover	Actual	45	31	18	34	60	38	43	47	44	68	41	44
		Profile	8	12	6	12	16	19	17	4	31	13	4	8
Planned care	Outpatients waiting more than 26 weeks	Actual	6	4	1	3	72	55	6	4	0	1	0	0
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
	Treatment waits over 36 weeks	Actual	16	14	31	21	10	30	32	28	2	31	13	0
		Profile	24	23	1	3	12	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
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	93%	89%	100%	100%	97%	96%	96%	95%	100%	100%	95%	84%
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	83%	89%	84%	92%	100%	83%	84%	90%	88%	90%	76%	88%
		Profile	83%	85%	89%	90%	91%	91%	92%	92%	91%	92%	92%	93%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	2	1	3	5	1	1	4	2	1	2	0	0
		Profile	3	0	4	3	3	3	2	8	3	3	3	3
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	2	1	2	4	2	2	1	0	6	2	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	1	7	3	5	4	5	6	5	5	8
		Profile	6	4	4	4	5	4	4	4	2	1	1	3
Quality & Safety Measures	Discharge Summaries	Actual	73%	72%	61%	67%	61%	62%	69%	64%	59%	65%	59%	64%
		Profile	73%	76%	78%	81%	83%	86%	88%	90%	93%	95%	98%	100%
	Concerns responded to within 30 days	Actual	60%	65%	88%	83%	94%	63%	100%	86%	67%	89%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.73%	5.79%	5.91%	5.95%	6.04%	6.13%	6.17%	6.16%	6.21%	6.16%	6.07%	
		Profile	5.56%	5.51%	5.46%	5.41%	5.36%	5.31%	5.25%	5.20%	5.15%	5.10%	5.05%	5.00%
	Personal Appraisal Development Review	Actual	58%	60%	59%	62%	63%	64%	64%	71%	72%	72%	72%	71%
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%
	Mandatory Training	Actual	49%	50%	53%	55%	60%	62%	65%	70%	72%	74%	75%	77%
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%

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

9.4 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Continued achievement of no patients waiting over 8 weeks for an Endoscopy procedure for Quarter 1, 2, 3 and 4 2018/19. • Continued achievement of RTT 26, 36 and 52-week target for all medical and surgical specialties. • Singleton Assessment Unit patient list and handover system implemented. Inpatient Medical ward areas has been completed. • SAU to move back to the newly refurbished Unit end of March 2019. • Quality Management System Business case approved by Investment Benefit Group (IBG). • New electronic request form for DXA - for roll out to GPs. • Establishment of nurse led telephone and face to face clinics. • One stop PMB service is up and running with regular progress meetings in place to monitor Improvement. • Funded for end of life support has been agreed for clinical advisor sessions. • Successful evacuation of ward 12 following fire. 	<ul style="list-style-type: none"> • Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. • Service Resign: Redesign Services Ward 4&7, embedding ICOPS model and inpatient capacity. • Develop a plan to support Radiotherapies waiting times. • Improvement in PADR and Mandatory training compliance across all disciplines. • Cancer performance & scoping impact of Single Cancer pathway. • Business Cases - PET/CT & replacement Radiotherapy CT. • Brexit – assure the continued supply of laboratory reagents and consumables. • Developing capacity plans for Chemo-day unit. • Securing additional funding for sustainable plan in relation to Gastroenterology and Endoscopy RTT & Bowel Screening Wales. • Ophthalmology sustainable plan as part of GOLD command. • Remedial capital work on ward 12.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Delivery Unit to support Health Board case for Nerve centre. • Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morriston. • Piloting of Patient Knows Best (PKB) & Approval of FUNB validation proposal. • There is an opportunity to use the Tenovus bus for delivering additional cancer treatments. • Revised SARC model. • Development of Children’s Emergency Centre (Morriston) and Swansea Wellbeing Centre. • Expansion of PUPIS and FES services/Cwm Taff changes • Develop an area of the Singleton site for static PET/CT facility. • Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. • Discussions starting with the medical school to increase oncology presence. 	<ul style="list-style-type: none"> • Ongoing pressure of cladding mitigated by operational controls. Engineering plan being developed to support rework and implementation. • Workforce deficits – Rehab Engineering, Consultant - Gynae & Cardiology, Medical Junior and Middle Grade gaps and Nursing. • Under delivery of Waterfall elements. • Cancer tracking and lack of workforce to support. • New NICE drug implementation will stretch the existing chemotherapy infrastructure. • Challenge in delivering new treatments due to lack of capacity. Risk of complaints from patients not receiving SACT in a timely manner. • Separation of POW and desire of clinicians there to develop neonatal links with UHW – risk of reduction in flows into NICU at Singleton. • Impact of Bridgend boundary changes on Dermatology and Endoscopy services. • Environmental concerns in SDU Front Door services.

9.5 Mental Health & Learning Disabilities Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health Measures (excluding CAMHS)	% MH assessments undertaken within 28 days	Actual	90%	94%	91%	93%	93%	90%	93%	90%	97%	91%	93%	
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%	81%	80%	84%	90%	93%	93%	87%	84%	86%	86%	
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% of qualifying patients who had 1st contact with an Independent MH Advocacy (IMHA)	Actual			100%			100%			100%			
		Profile			100%			100%			100%			100%
% of residents in receipt of secondary MH services who have valid care and treatment plan (CTP)	Actual	90%	90%	88%	88%	90%	91%	92%	91%	91%	91%	91%		
	Profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Residents assessed under part 3 of MH measure sent a copy of their outcome assessment report within 10 working days of assessment	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Profile	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	1	1	0	0	0	0	0	0	0	0	0	0
		Profile	0	1	0	0	0	0	0	0	0	0	0	0
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	0	0	0	0	0	0	0	0	0	0	0	0
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	1	1	0	0	0	1	0	0	0	0	0	0
		Profile	0	0	0	1	0	0	0	0	0	0	0	0
Quality & Safety Measures	Discharge Summaries completed and sent	Actual	74%	71%	81%	85%	86%	88%	84%	75%	75%	88%	83%	92%
		Profile	77%	79%	81%	83%	85%	88%	90%	92%	94%	96%	98%	100%
	Concerns responded to within 30 days	Actual	71%	100%	100%	83%	100%	100%	83%	91%	50%	88%		
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Workforce Measures	Sickness rate (12 month rolling)	Actual	6.07%	6.11%	6.11%	6.05%	5.98%	6.02%	6.08%	6.11%	6.12%	6.16%	6.17%	
		Profile			6.03%			5.93%			5.83%			5.73%
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%	79%	79%	78%	75%	78%	74%
		Profile			80%			83%			85%			85%
	Mandatory Training (all staff- ESR data)	Actual	64%	66%	68%	69%	70%	72%	73%	78%	79%	79%	80%	81%
		Profile			60%			70%			80%			85%

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

9.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit regularly meets all requirements of sections of the Mental Health Measure. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. • Meeting new target for psychological therapies on a sustainable basis. • Reduced waiting times for opiate substance treatment. 	<ul style="list-style-type: none"> • 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 Delivery Unit Staff Counsellor; Pilot Performing Medicine Staff Wellbeing programme; Promote Well Being Champions roles (47). • Appoint to medical staffing vacancies or modernise service. • Move with partners to effect transformation of services across MH & LD services.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Mandatory training has improved however, Localities are working to improve this further towards compliance. • Terms of reference for the serious incident group have been updated and the format of the reports has been changed in line with the recommendations from the Delivery Unit report to be in line with the rest of the Health Board. A learning matrix has been developed to embed and share the learning identified from serious incidents. RCA Training needs to be provided for investigators. Appointment to training post has been made. • 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. 	<ul style="list-style-type: none"> • 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. • Security issues in Cefn Coed and Garngoch Hospitals. • Demand and capacity constraints in CMHT's.

9.6 Primary Care & Community Services Delivery Unit- Performance Dashboard

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Planned Care	Outpatients waiting more than 26 weeks	Actual	1	0	0	0	0	0	0	0	0	2	0	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
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily core hours	Actual	94%	94%	94%	94%	90%	95%	95%	95%	95%	95%	95%	95%	
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
	% of GP practices offering daily appointments between 17:00 and 18:30	Actual	82%	82%	82%	84%	78%	88%	88%	88%	88%	88%	88%	88%	
		Profile	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
	% population regularly accessing NHS primary dental care- 2 year rolling position	Actual			62.5%			62.4%							
		Profile													
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4	4	1	11	4	3	5	
		Profile	3	6	9	2	5	3	3	3	3	3	5	3	6
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	1	1	0	0	0	0	0	0	1	
		Profile	0	0	0	0	0	0	1	0	1	0	0	1	
	Staph.Aueurs bacteraemia cases - (Community acquired)	Actual	8	13	12	9	11	3	5	10	6	9	7	7	
		Profile	6	10	9	6	4	5	7	11	10	6	12	7	
	Staph.Aueurs bacteraemia cases - (Community Hospitals)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	
		Profile	0	0	0	0	1	1	0	0	0	0	0	0	
	E.Coli cases (Community acquired)	Actual	32	28	31	31	30	34	24	30	23	17	16	22	
		Profile	30	28	27	31	28	33	30	21	25	28	32	30	
	E.Coli cases (Community Hospitals)	Actual	0	1	1	0	0	1	1	0	0	0	0	1	
		Profile	0	0	0	0	0	0	0	0	0	0	0	0	
Quality & Safety	Concerns responded to within 30 days	Actual	57%	63%	63%	55%	38%	76%	79%	50%	88%	50%			
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Workforce Measures	Sickness rate (12 month rolling)	Actual	5.76%	5.71%	5.73%	5.74%	5.68%	5.68%	5.64%	5.62%	5.58%	5.48%	5.40%		
		Profile	5.72%	5.66%	5.59%	5.53%	5.46%	5.40%	5.33%	5.26%	5.20%	5.13%	5.07%	5.00%	
	Personal Appraisal Development Review	Actual	80%	80%	79%	78%	78%	76%	77%	78%	78%	78%	79%	78%	
		Profile	63%	66%	68%	70%	70%	70%	72%	74%	74%	76%	78%	80%	
	Mandatory Training	Actual	60%	62%	64%	67%	69%	72%	75%	80%	81%	83%	84%	85%	
		Profile	43%	46%	48%	48%	48%	50%	52%	54%	56%	58%	60%	62%	

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

9.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Achieved highest uptake in Wales for Fluenz in schools for 3rd year running • Gorseinon Hospital shortlisted for Chairman’s award and All Wales Continuous Improvement in Change Awards (hosted by Academi Wales). • £103K awarded through WG Primary Care Improvement Grant scheme to support improvement works in 3 GP practices. • Training undertaken 19 March for primary care optometrists to provide extended eye test for patients post stroke [Cwmtawe Cluster] service commenced 29 March 2019. • Pilot escalation tool in District Nursing has been developed and successfully tested within Swansea. • Significant progress made within the Cwmtawe Cluster in implementing the Whole System Transformation model. Project Manager now in post. • WEDS abstract accepted for Presentation – <i>Lower Limb Crisis Prevention – An alternative Prudent Model for risk classification and management planning</i> • College of Podiatry using the Swansea Bay University Health Board podiatry access model and data as example in Wales of First Line Practitioner 	<ul style="list-style-type: none"> • Maintain focus on service delivery and ensure smooth transition from ABMU to Swansea Bay ULHB. • Review current service structure for School Nursing & ‘Looked after Children’ post boundary change and establish a School Nursing specification document. • Progress Branch Surgery Closure process following formal request from Amman Tawe Partnership to close their branch site in Cwmllynfell. Patient engagement to commence w/c 8 April. • Roll out of whole system transformation to Neath Cluster (phase 1b) and continue planning for phase 2 to commence in July 2019. • Continue transfer of diabetic retinopathy screening services to Mountain View GP practice [Swansea] - relieve pressures in Singleton Hospital, service scheduled to move 29th of April 2019. • District Nursing & Acute Clinical Team to introduce NEWS & Sepsis tool into community. • Progress oral surgery medicine pathway, project manager now appointed. • Expression of Interest sought from General Dental Practices (GDS) to deliver new dental pathway for Syrian refugees • Integrated Community and General dental services domiciliary service steering group to be established.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Realign NPT and Swansea DN services Out of Hours provision. • Secure a vehicle to deliver outreach sexual health service • Planning the local Implementation of the recently approved national community pharmacy Common Ailments Service Plus (CAS+) service • Consider a charging tariff for all LAC health assessments carried out on behalf of other health boards and English Trusts. • Transformational working within clusters– Community services working as integral parts of the Cluster- community phlebotomy services, ANP’s for diabetes, palliative care. • Hospital to Home and roll out of Neighbourhood Approach proposals submitted to Transformation Fund - awaiting outcome 	<ul style="list-style-type: none"> • New structure for HB and Unit not yet determined • Demands on sexual health clinics increasing and difficult to manage • Notification of a tribunal to lift a national GP disqualification to be held in May 2019. • Anxiety amongst GPs in relation to the impasse in the GP contract negotiations. • The Community Pharmacy band 7 post in the Non GMS team remains vacant. The Dental band 7 position will be vacant from the 12th of April 2019 as this post is awaiting sign off at corporate VCP.

11. LIST OF ABBREVIATIONS

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

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

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