



GIG
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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31st January 2019		Agenda Item	3.3
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	This Integrated Performance Report provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. Actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <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 corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
	✓	✓	✓		✓	✓	✓	✓		
Quality, Safety and Patient Experience										
<p>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> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>										
Financial Implications										
<p>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.</p> <p>Planned Care additional capacity is funded by £8.3m to support delivery of target levels. Failure to deliver these target levels will result in claw back of funds by Welsh Government. The decision on whether to apply clawback or not, it is understood, will be made at the end of quarter 3.</p> <p>The achievement of releasable efficiency and productivity targets could deliver savings to support the financial position.</p>										
Legal Implications (including equality and diversity assessment)										
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>										
Staffing Implications										
<p>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.</p>										

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 and Quality & Safety Committee in December 2018.

Appendices

None

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 internal profile for number of patients waiting over 36 weeks was achieved in December (3,030 against a profile of 3,045) and is the lowest number since June 2014. Therapy waiting times continue to be maintained at (or below) 14 weeks. Sustained nil position in December 2018 for Endoscopy patients waiting over 8 weeks. Stroke performance is improving and internal profiles achieved for admission within 4 hours, CT scan within 1 hour and consultant assessment with 24 hours in December 2018. Morriston continues to deliver the high compliance as a result of the front door pilot. Projected figures for December 2018 show that Urgent Suspected Cancer performance has been maintained at 88%. Internal profiles achieved for the number of reported C. difficile cases and S. Aureus Bacteraemia cases in December 2018. 	<ul style="list-style-type: none"> Full implementation of the winter assurance funding to increase system support, resilience and patient safety. Limit unscheduled care pressure on stroke performance through implementation of planned improvement actions in Q4. Continue to deliver planned care profiles for the remainder of quarter 4 through maximising core elective capacity, outsourcing and robust validation of waiting lists. Commencement of Plastic Surgery Treatment Unit capital programme and workforce redesign prior to April 2019 opening. Recommendations to improve processes for tracking cancer patients to be agreed with Delivery Units and will be progressed in January 2019 following identification of required resources. Implementation of PDSA style quality improvement activities for infection control including focus on urinary catheters and invasive vascular devices.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Bridgend boundary changes has provided an opportunity for improvement e.g. theatre management transfer to NPTH in April 2019. Two St Johns falls response vehicles commissioned to reduce the number of falls patients conveyed to hospital and release ambulances to respond to higher acuity calls. Closer working with Morriston site management to help facilitate the smooth flow of patients between Emergency Department and the ASU. Frailty at the front door service commencing 7th January 2019 in POWH. Cwmtawe Whole System Transformation project and the impact on core community services. 	<ul style="list-style-type: none"> Overall impact of Bridgend Boundary Change and ongoing disruption to teams. Potential impact of Brexit on equipment costs and access to products Lead in times due to recruitment will result in some winter assurance initiatives not commencing until mid-January. Switching off the Singleton downgraded 999 pathway increasing ambulance delays of patients with low acuity at Morriston. Increasing number of DTOCs and lack of capacity in the community for discharges. Additional outsourcing providers currently being identified as current outsourcing Provider is unable to deliver planned and commissioned work.

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) – December 2018

			Quarter 1			Quarter 2			Quarter 3			Quarter 4			All-Wales benchmark position
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Nov-18
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%				6th
		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				5th
		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				6th**
		Profile	256	126	152	159	229	149	223	262	304	262	183	139	
Stroke	Direct admission within 4 hours	Actual	34.9%	37.5%	40.0%	37.5%	29.3%	53.8%	56.0%	55.8%	53.2%				5th**
		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%				5th**
		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%				6th**
		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%				3rd**
		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				2nd (Oct-18)
		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				6th (Oct-18)
		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				6th (Oct-18)
		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				Joint 1st (Oct-18)
		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%	91%				6th** (Oct-18)
		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%	84%				5th** (Oct-18)
		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				6th
		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				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				6th
		Profile	45	39	40	45	42	45	44	37	41	45	39	42	

*RAG status derived from performance against trajectory

** All-Wales benchmark highlights ABMU'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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Childhood Immunisation & Health Vision	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Q2 18/19	96%	95%			95.3%											96%			
	% of children who received 2 doses of the MMR vaccine by age 5	Q2 18/19	90%	95%	92%	✗	89.5%		91%			89%			91%			90%			
	% 10 day old children who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Q1 18/19	81%	4 quarter ↑ trend			90.6%		54%			77%			81%						
Influenza	% uptake of influenza among 65 year olds and over	Dec-18	66.1%	75%	70%	✗	65.7%		66%	68%	68%	68%							42.5%	59.3%	66.1%
	% uptake of influenza among under 65s in risk groups	Dec-18	40.4%	55%	65%	✗	40.4%		43%	46%	47%	47%							25.3%	34.0%	40.4%
	% uptake of influenza among pregnant women	2017/18	93.3%	75%		✓	72.7%					93%									
	% uptake of influenza among children 2 to 3 years old	Dec-18	46.0%		40%	✓	44.6%		44.9%	48.4%	49.1%	49%							20.4%	35.9%	46.0%
	% uptake of influenza among healthcare workers	Dec-18	52.3%	50%	50%	✓			55%	57%	58%	58%							43.2%	50.4%	52.3%
Smoking	% of pregnant women who gave up smoking during pregnancy (by 36- 38 weeks of pregnancy)	2017/18	4.4%	Annual ↑			27.1%		2017/18= 4.4%												
	% of adult smokers who make a quit attempt via smoking cessation services	Oct-18	1.5%	5% annual target	1.9%	✗			1.7%	2.1%	2.3%	2.6%	0.2%	0.5%	0.7%	0.9%	1.1%	1.2%	1.5%		
	% of those smokers who are co-validated as quit at 4 weeks	Q1 18/19	61.5%	40% annual target	40.0%	✓	42.6%		53%			55%			62%						
Learning Disabilities	% people with learning disabilities with an annual health check			75%					Awaiting publication of 2018/19 data.												
Primary Care	% people (aged 16+) who found it difficult to make a convenient GP appointment	2017/18	48.0%	Annual ↓			42.2%		2017/18= 48%												
SAFE CARE- People in Wales are protected from harm and supported to protect themselves from known harm																					
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Prescribing	Total antibacterial items per 1,000 STAR-PUs	Q2 18/19	289	4 quarter ↓			340		346			364			307			289			
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a % of total antibacterial items prescribed	Q2 18/19	10%	4 quarter ↓			7.6%		9%			9%			10%			10%			
	NSAID average daily quantity per 1,000 STAR-Pus	Q1 18/19	1,517	4 quarter ↓			1,405		1,541			1,496			1,517						
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	Oct-18	0	12 month ↓	0	✓	3		0	0	0	0	0	0	0	0	0	0	0		
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Nov-18	90%		95%	✗				89%		87%				87%		94%		90%	
	% stop or review date documented on medication chart	Nov-18	56%		95%	✗				59%		61%				61%		54%		56%	
	% of antibiotics prescribed on stickers	Nov-18	78%		95%	✗				79%		79%				77%		73%		78%	
	% appropriate antibiotic prescriptions choice	Nov-18	95%		95%	✓				92%		94%				96%		97%		95%	
	% of patients receiving antibiotics for >7 days	Nov-18	9%		20%	✓				9%		13%				8%		15%		9%	
	% of patients receiving surgical prophylaxis for > 24 hours	Nov-18	73%		20%	✗				58%		58%				25%		8%		73%	
	% of patients receiving IV antibiotics > 72 hours	Nov-18	42%		30%	✗				43%		39%				41%		49%		42%	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	Dec-18	100.8	<67			81.94						96.6	96.1	96.2	98.9	99.6	102.1	100.5	103.2	100.8
	Number of E.Coli bacteraemia cases (Hospital)	Dec-18	15		16	✓	60		17	18	4	10	10	15	10	20	16	15	17	23	15
	Number of E.Coli bacteraemia cases (Community)		23		25	✓	119		26	29	14	30	32	28	31	31	30	34	24	30	23
	Total number of E.Coli bacteraemia cases		38		41	✓	179		43	47	18	40	42	43	41	51	46	49	41	53	38
	Cumulative cases of S.aureus bacteraemias per 100k pop	Dec-18	34.9	<20			29.12						32.2	39.6	40.9	37.3	41.0	37.7	35.8	36.5	34.9
	Number of S.aureus bacteraemias cases (Hospital)	Dec-18	5		11	✓	21		13	8	8	10	6	8	7	8	9	7	7	7	5
	Number of S.aureus bacteraemias cases (Community)		6		10	✓	52		12	6	13	5	8	13	12	9	11	3	5	10	6
	Total number of S.aureus bacteraemias cases		11		21	✓	73		25	14	21	15	14	21	19	17	20	10	12	17	11
	Cumulative cases of C.difficile cases per 100k pop	Dec-18	39.4	<26			28.61						59.8	49.7	44.7	50.3	46.4	42.2	42.2	39.9	39.4
	Number of C.difficile cases (Hospital)	Dec-18	5		10	✓	35		10	16	14	19	20	13	10	24	8	5	15	9	5
	Number of C.difficile cases (Community)		11		3	✗	29		4	6	4	8	6	5	5	5	7	4	4	1	11
	Total number of C.difficile cases		16		13	✗	64		14	22	18	27	26	18	15	29	15	9	19	10	16
	Hand Hygiene Audits- compliance with WHO 5 moments	Dec-18	98%		95%	✓			96%	95%	95%	94%	95%	96%	95%	96%	97%	98%	97%	97%	98%
Incidents & Risks	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Q2 18/19	No alerts/ notices due	0			2		2	0					2			-			
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Dec-18	89%	90%	80%	✓	33.1%		89%	85%	92%	92%	79%	85%	85%	81%	87%	86%	56%	82%	89%
	Number of new Never Events	Dec-18	0	0	0	✓	4		1	1	2	4	0	0	0	0	0	0	0	0	0
	Number of risks with a score greater than 20	Dec-18	48	12 month ↓	12 month ↓	✓			60	78	57	57	58	57	60	67	77	73	66	45	48
	Number of Safeguarding Adult referrals relating to Health Board staff/ services	Nov-18	8	12 month ↓	12 month ↓	✓			11	12	8	10	8	12	10	22	14	7	13	8	12
	Number of Safeguarding Children Incidents	Dec-18	3		0	✗			2	8	5	12	5	11	5	12	14	3	10	9	3
Pressure Ulcers	Total number of pressure ulcers acquired in hospital	Dec-18	40	12 month ↓	12 month ↓	✗			49	51	37	46	48	47	39	56	45	53	47	40	40
	Total number of pressure ulcers acquired in hospital per 100k admissions	Dec-18	437	12 month ↓	12 month ↓	✓			572	602	497	553	581	505	457	649	506	600	498	432	437
	Number of grade 3+ pressure ulcers acquired in hospital	Dec-18	14	12 month ↓	12 month ↓	✗			19	22	13	26	17	9	14	21	12	21	26	13	14
	Number of grade 3+ pressure ulcers acquired in hospital per 100k admissions	Dec-18	153	12 month ↓	12 month ↓	✓			231	255	162	306	202	97	164	243	141	219	276	140	153
	Total Number of pressure ulcers developed in the community	Dec-18	58	12 month ↓	12 month ↓	✓			69	52	57	69	67	80	81	68	88	71	60	62	58
	Number of grade 3+ pressure ulcers developed in the community	Dec-18	23	12 month ↓	12 month ↓	✗			19	9	23	20	24	24	27	20	29	22	26	22	23
	Number of grade 3+ pressure ulcers reported as serious incidents	Oct-18	14	12 month ↓	10	✗	126		6	18	6	13	12	13	21	5	17	8	14		
Inpatient Falls	Number of Inpatient Falls	Dec-18	300	12 month ↓	12 month ↓	✓			318	344	309	357	333	357	326	300	290	328	293	291	300
	Number of Inpatient Falls reported as serious incidents	Nov-18	8	12 month ↓	2	✗	41		3	8	5	2	2	4	3	5	1	3	9	8	
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												
Mortality	Amenable mortality per 100k of the European standardised population	2016	142.9	Annual ↓			140.6		2016= 142.9												
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	Q1 18/19	0	4 quarter ↓			16						0								
Sepsis	% 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	Nov-18	41%	12 month ↑			93%						31%	26%	18%	34%	21%	32%	47%	41%	
	% 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	Nov-18	55%	12 month ↑			83%						38%	48%	34%	44%	41%	53%	75%	55%	

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
DTCs	Number of mental health HB DTCs	Dec-18	25		28	✓			31	29	21	25	28	22	30	27	30	29	28	26	25	
	Number of mental health HB DTCs (12 month rolling)	Dec-18	320	10% ↓			876		331	340	334	333	335	331	334	337	338	332	330	326	320	
	Number of non-mental health HB DTCs	Dec-18	117		46	✗			55	41	53	44	34	64	75	74	85	69	84	125	117	
	Number of non-mental health HB DTCs (12 month rolling)	Dec-18	865	5% ↓			4,324		623	615	625	624	613	625	657	689	721	721	746	803	865	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Dec-18	82%	95%	96%	✗	77.5%		93%	91%	91%	91%	95%	92%	95%	97%	97%	94%	97.6%	96.6%	82.4%	
	Stage 2 mortality reviews required	Dec-18	17						19	17	14	18	23	14	16	12	19	19	16	22	17	
	% stage 2 mortality reviews completed	Oct-18	25%		100%				54.6%	64.7%	71.4%	33.3%	87.0%	64.3%	62.5%	50.0%	44.0%	47.4%	25.0%			
	Crude hospital mortality rate (74 years of age or less)	Nov-18	0.77%	12 month ↓			0.73%		0.80%	0.80%	0.80%	0.81%	0.81%	0.81%	0.80%	0.79%	0.77%	0.76%	0.77%	0.77%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Dec-18	98.2%		100%	✗			98.6%	97.5%	98.0%	96.9%	96.6%	98.3%	98.0%	99.2%	99.2%	97.9%	97.5%	99.1%	98.2%	
Info Gov	% compliance of level 1 Information Governance (Wales training)	Dec-18	83%	85%					59%	60%	60%	61%	62%	64%	66%	71%	74%	77%	78%	81%	83%	
Coding	% of episodes clinically coded within 1 month of discharge	Nov-18	88%	95%	96%	✗	89.3%		95%	93%	91%	93%	94%	93%	94%	95%	93%	96%	95%	88%		
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	2017/18	93%	Annual ↑			91.7%		2017/18= 93%													
E-TOC	% of completed discharge summaries	Dec-18	61%		100%	✗			67.0%	62.0%	64.0%	65.0%	68.0%	64.0%	60.0%	59.0%	62.0%	61.0%	67.0%	63.0%	61.0%	
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	Q1 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	✓			85			96			60			67				
	Number of Health and Care Research Wales commercially sponsored studies	Q2 18/19	22	5% annual ↑	23	✓			38			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	✓			1492			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	✗			223			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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
Patient Experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	2016/17	5.97	Annual ↑			6.19		2016/17= 5.97. Awaiting publication of 2017/18 data.													
	Number of new formal complaints received	Dec-18	84		12 month ↓ trend	✓			97	122	91	115	119	119	90	126	126	114	140	91	84	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Oct-18	88%	75%	78%	✓	56.8%		80%	80%	61%	71%	80%	83%	80%	81%	81%	83%	88%			
	% of acknowledgements sent within 2 working days	Dec-18	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	2017/18	83.4%	Annual ↑			85.5%		2017/18= 83.4%													
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	2017/18	89.0%	Annual ↑			89.8%		2017/18= 89.0%													
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Sep-18	3,490	> 5% annual ↓			15,565							4,187		3,528	3,544	3,490				
Dementia	% of patients aged>=75 with an Anticholinergic Effect on Condition of >=3 for items on active repeat	Q1 18/19	8.0%	4 quarter ↓			7.3%		8.2%			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	2016/17	16.7%	Annual ↑			21.6%		2013/17= 16.7%. Awaiting publication of 2017/18 data.													

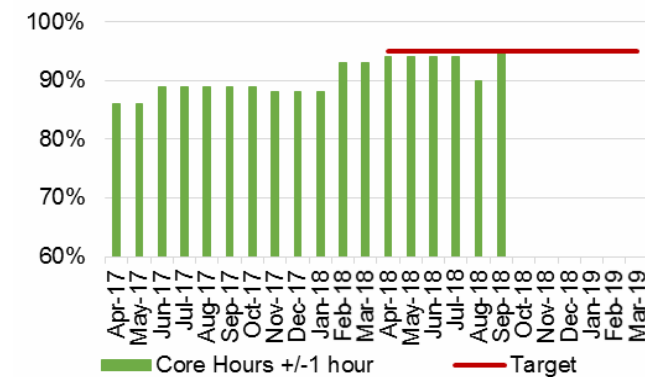
TIMELY CARE- People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care																						
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
Primary Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Dec-18	95%	Annual ↑	95%	✓	87%		88%	88%	93%	93%	94%	94%	94%	94%	90%	95%	95%	95%	95%	
	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Dec-18	88%	Annual ↑	95%	✗	84%		84%	84%	82%	81%	82%	82%	82%	84%	78%	88%	88%	88%	88%	
	% of population regularly accessing NHS primary dental care	Jun-18	62.5%	4 quarter ↑			55%		62.3%			62.6%			62.5%							
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	Sep-18	91%	12 month ↑					82%	80%	77%	78%	83%	85%	86%	85%	89%	91%				
	% of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	Sep-18	90%	12 month ↑					75%	83%	33%	67%	50%	60%	67%	33%	100%	90%				
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-18	75%	65%	65%	✓	72.7%		69%	66%	69%	67%	78%	77%	78%	77%	79%	78%	75%	75%	75%	
	Number of ambulance handovers over one hour	Dec-18	842	0	239	✗	1,844		903	1,030	805	1,006	526	452	351	443	420	526	590	628	842	
	% 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	Dec-18	76.5%	95%	90%	✗	80%		73.4%	76.1%	73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	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	Dec-18	756	0	288	✗	3,560		871	924	957	1,051	737	624	476	590	511	588	680	665	756	
	% of survival within 30 days of emergency admission for a hip fracture	Sep-18	76.8%	12 month ↑			83.4%		74.3%	84.5%	85.9%	84.9%	72.4%	85.0%	78.3%	70.8%	81.3%	76.8%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Dec-18	53%	59.7%	50%	✓	54.7%		24%	29%	22%	32%	35%	38%	40%	38%	29%	54%	56%	56%	53%	
	CT Scan (<1 hrs)	Dec-18	49%	54.40%	45%	✓	55.8%		36%	35%	44%	36%	41%	43%	51%	40%	41%	48%	53%	48%	49%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Dec-18	86%	84.0%	80%	✓	84.5%		72%	81%	73%	73%	84%	93%	88%	81%	91%	69%	83%	75%	86%	
	Thrombolysis door to needle <= 45 mins	Dec-18	29%	12 month ↑	35%	✗	14.3%		10%	0%	8%	6%	0%	11%	38%	21%	0%	11%	18%	15%	29%	
Planned Care	% of patients waiting < 26 weeks for treatment	Dec-18	88.0%	95%	89.8%	✗	87.8%		85.3%	86.2%	87.5%	87.8%	87.8%	88.1%	88.7%	89.3%	89.1%	89.1%	89.1%	88.8%	88%	
	Number of patients waiting > 26 weeks for outpatient appointment	Dec-18	94	-	0	✗	18,958		1,679	1,111	732	292	166	120	55	30	105	89	65	125	94	
	Number of patients waiting > 36 weeks for treatment	Dec-18	3,030	0	3,045	✓	14,101		4,714	4,609	4,111	3,363	3,398	3,349	3,319	3,383	3,497	3,381	3,370	3,193	3,030	
	Number of patients waiting > 8 weeks for a specified diagnostics	Dec-18	693	0	0	✗	3,172		1,260	1,179	925	670	702	790	915	740	811	762	735	658	693	
	Number of patients waiting > 14 weeks for a specified therapy	Dec-18	0	0	0	✓	465		95	32	3	0	0	1	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)	Dec-18	64,535		50,832	✗			62,797	62,492	64,316	66,271	66,526	65,287	63,776	64,318	65,407	66,269	63,538	61,889	64,535	
	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)	Dec-18	22,931	12 month ↓			191,514		22,364	22,414	23,198	24,475	24,628	24,288	24,469	24,954	24,813	24,200	22,553	22,091	22,931	
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)	Dec-18	91%	98%	98%	✗	97.8%		94%	91%	94%	93%	92%	90%	95%	99%	97%	96%	96%	96%	91%	
	% 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	Dec-18	84%	95%	91%	✗	86.6%		82%	79%	83%	88%	77%	89%	83%	92%	94%	83%	84%	88%	84%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Nov-18	78%	80%	80%	✓	82.9%		65%	67%	74%	70%	84%	86%	82%	84%	80%	76%	84%	78%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Nov-18	88%	80%	80%	✓	83.4%		70%	75%	89%	86%	79%	81%	80%	79%	90%	89%	92%	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	Sep-18	100%	100%	100%	✓	100%		100%			100%			100%			100%				
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Nov-18	98%		100%	✗			91%	98%	100%	96%	100%	100%	100%	100%	100%	100%	96%	98%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	Nov-18	68%		80%	✗			93%	91%	95%	98%	94%	95%	91%	91%	87%	81%	76%	68%		
	P-CAHMS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	Nov-18	13%		80%	✗			8%	9%	13%	9%	43%	38%	34%	23%	22%	18%	25%	13%		
	P-CAHMS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	Nov-18	91%		80%	✓			56%	47%	88%	82%	62%	76%	80%	57%	93%	72%	83%	91%		
	S-CAHMS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	Nov-18	79%		90%	✗			73%	73%	79%	73%	75%	71%	76%	75%	75%	74%	74%	79%		
	S-CAHMS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Nov-18	66%		80%	✗			32%	29%	41%	54%	63%	73%	70%	60%	52%	67%	69%	66%		

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Helplines	Rate of calls to the mental health helpline C.A.L.L. per 100k pop.	Q2 18/19	103.6	4 quarter ↑			180.9		122.1			107.5			101.2			103.6			0.0
	Rate of calls to the Wales dementia helpline per 100k pop.	Q2 18/19	5.1	4 quarter ↑			5.9		5.1			4.4			5.4			5.1			0.0
	Rate of calls to the DAN helpline per 100k pop.	Q2 18/19	30.1	4 quarter ↑			40.3		25.9			36.3			33.7			30.1			0.0
Mental Health	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	Nov-18	91%	90%	90%	✓	88.7%		89%	89%	89%	89%	90%	90%	88%	88%	90%	91%	92%	91%	
	% residents assessed under part 3 to be sent their outcome assessment report 10 working days after assessment	Nov-18	100%	100%	100%	✓	100.0%		100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Patient Experience	Number of friends and family surveys completed	Dec-18	3,864		12 month ↑	✗			4,318	5,230	5,685	5,126	4,607	4,106	6,234	5,581	5,609	4,804	5,536	5,616	3,864
	% of who would recommend and highly recommend	Dec-18	94%		90%	✓			95%	95%	95%	95%	95%	95%	96%	96%	95%	96%	96%	96%	94%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Dec-18	82%		90%	✗			84%	83%	87%	84%	87%	89%	85%	85%	87%	89%	86%	88%	82%

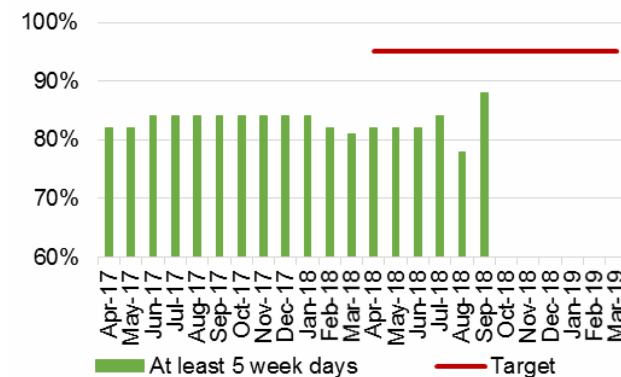
Sub Domain	Measure	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
DNAs	% of patients who did not attend a new outpatient appointment	Dec-18	6.1%	12 month ↓	5.6%	✗	6.5%		6.6%	5.9%	5.9%	5.6%	6.2%	5.7%	5.5%	6.0%	5.4%	5.7%	5.7%	5.3%	6.1%
	% of patients who did not attend a follow-up outpatient appointment	Dec-18	6.4%	12 month ↓	7.4%	✓	8.0%		8.5%	8.0%	7.7%	7.1%	6.7%	6.8%	6.2%	7.0%	6.6%	6.6%	7.2%	5.9%	6.4%
Theatre Efficiencies	Theatre Utilisation rates	Dec-18	67%		90%	✗			72%	73%	73%	70%	72%	76%	74%	69%	62%	74%	73%	74%	67%
	% of theatre sessions starting late	Dec-18	44%		<25%	✗			40%	43%	43%	46%	41%	41%	41%	38%	42%	39%	41%	41%	44%
	% of theatre sessions finishing early	Oct-18	40%		<20%	✗			37%	34%	36%	43%	39%	37%	39%	40%	36%	36%	39%	40%	43%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	Q1 18/19	20.9%	Quarter on quarter ↑			14.9%		12.3%			12.2%			20.9%						
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)	Dec-18	69%	85%	74%	✗	67.5%		64%	64%	63%	64%	64%	63%	63%	65%	65%	65%	67%	69%	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	Dec-18	73%	85%	56%	✓	75.2%		49%	49%	50%	51%	53%	55%	57%	59%	63%	65%	67%	71%	73%
	% workforce sickness and absent (12 month rolling)	Nov-18	5.96%	12 month ↓	5.0% (Mar-19)		5.27%		5.60%	5.65%	5.71%	5.76%	5.77%	5.81%	5.84%	5.87%	5.88%	5.91%	5.90%	5.96%	
	% 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%		2016= 70%			2018= 72%									

4.1 Unscheduled Care- Overview

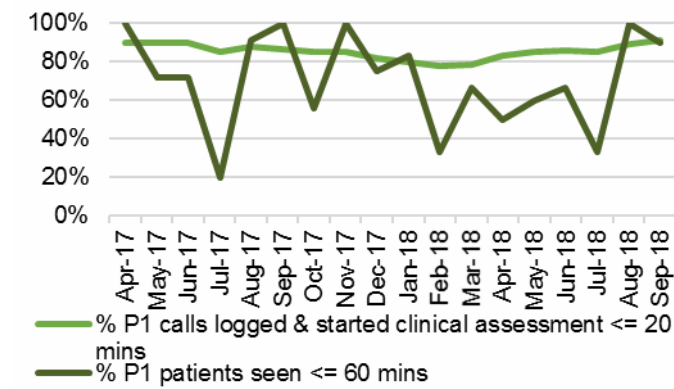
% GP practices open during core hours or within 1 hour of daily core hours



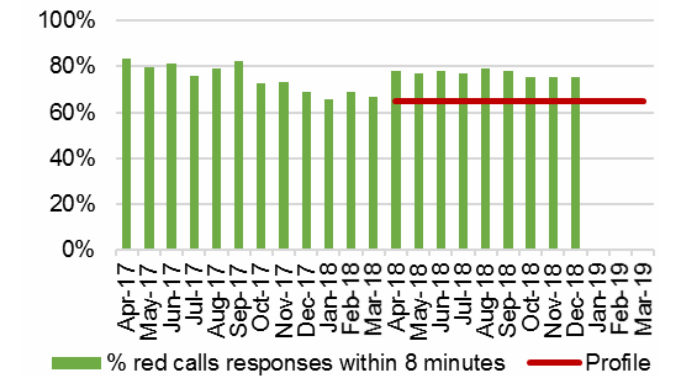
% GP practices offering daily appointments between 5pm- 6:30pm



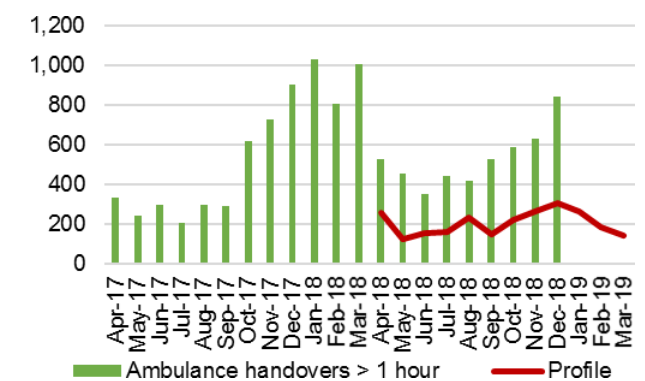
GP Out of Hours



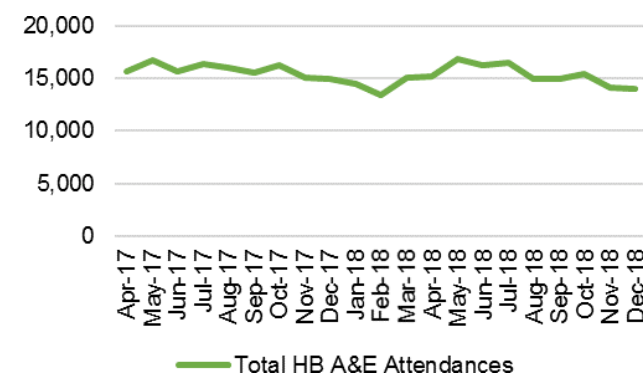
% red calls responded to within 8 minutes



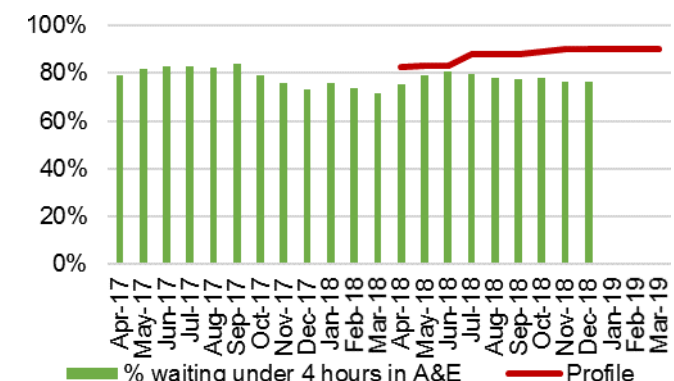
Number of ambulance handovers over 1 hour



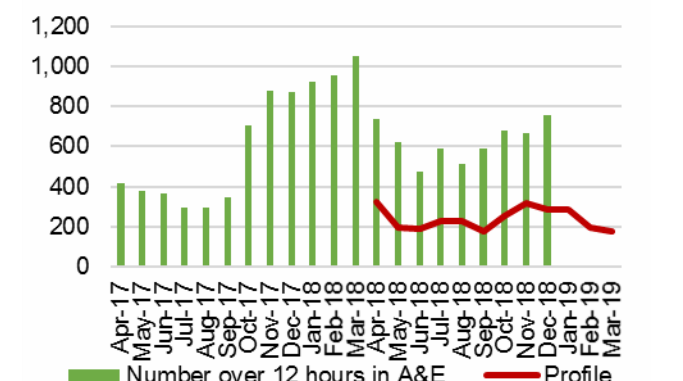
A&E Attendances



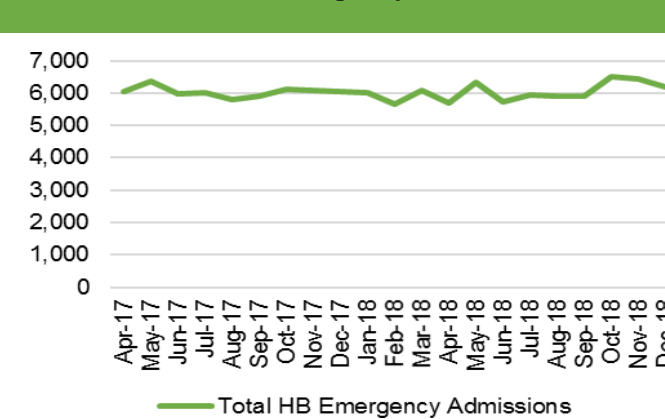
% patients who spend less than 4 hours in A&E



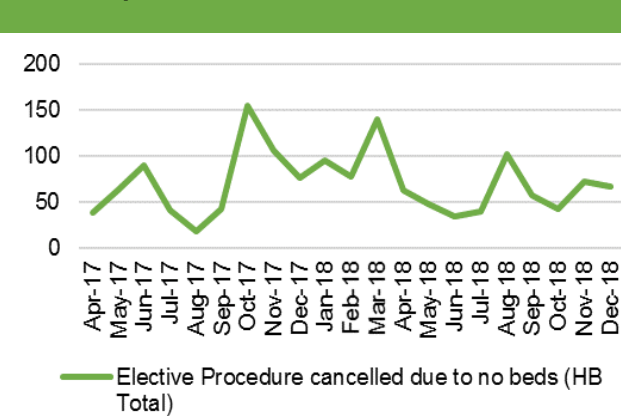
Number of patients waiting over 12 hours in A&E



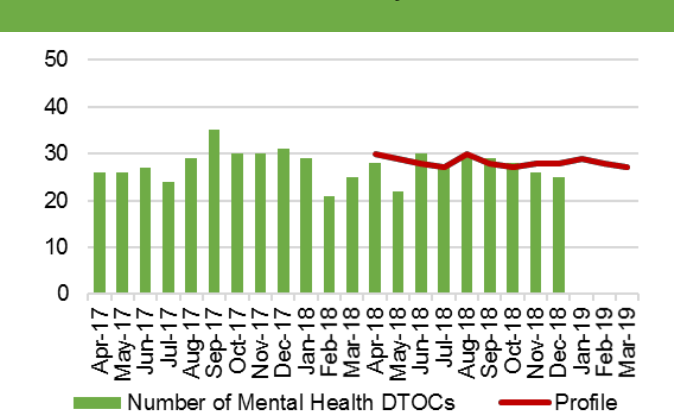
Number of emergency admissions



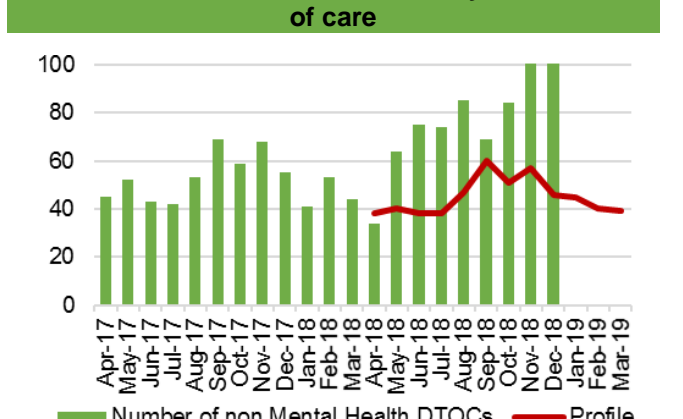
Elective procedures cancelled due to lack of beds



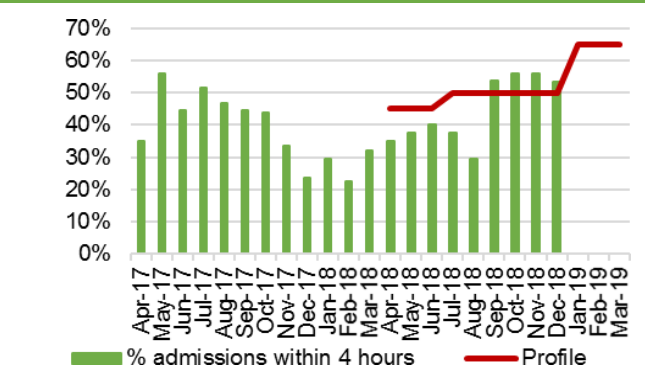
Number of mental health delayed transfers of care



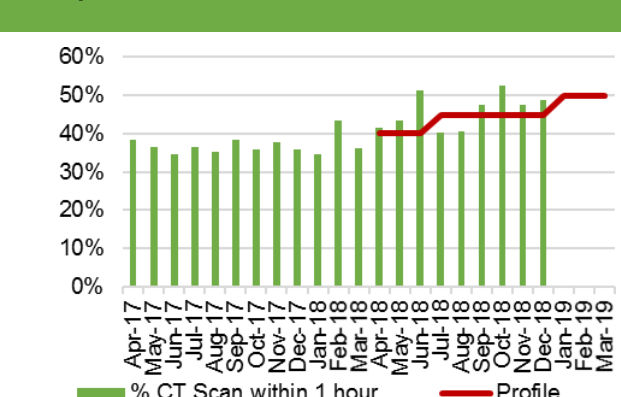
Number of non- mental health delayed transfers of care



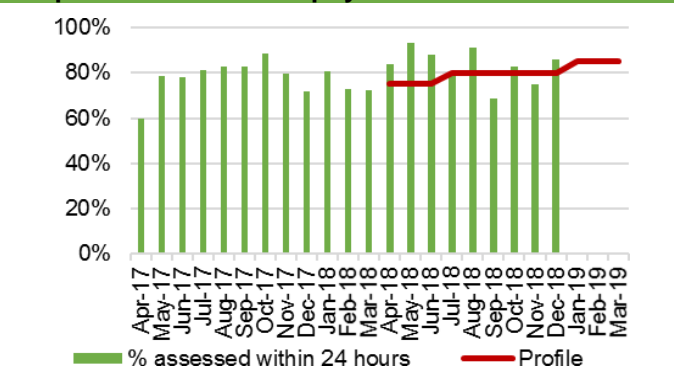
% of patients who have a direct admission to an acute stroke unit within 4 hours



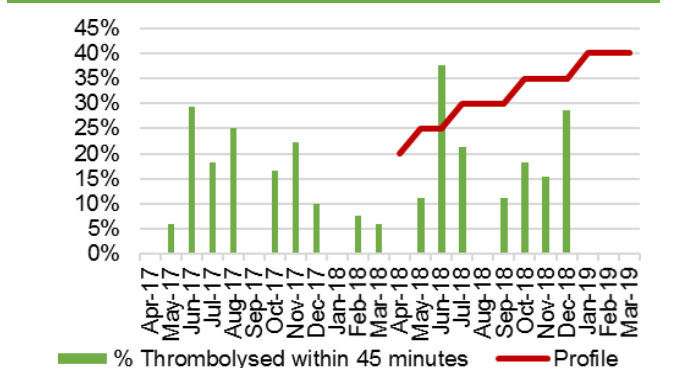
% of patients who receive a CT scan within 1 hour



% of patients who are assessed by a stroke specialist consultant physician within 24 hours



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



Unscheduled Care Overview (December 2018)

Primary Care Access		Ambulance		Emergency Department	
95% (5%↑) GP practices open during daily core hours (Sep-18)	88% (10%↑) GP practices offering appointments between 5pm-6:30pm (Sep-18)	75.4% (0.2%↑) Red calls responded to with 8 minutes	842 (34%↑) Ambulance handovers over 1 hour	13.998 (1%↓) A&E attendances	76.5% (0.2%↓) Waits in A&E under 4 hours
91% (2%↑) P1 calls started assessment within 20 minutes (Sep-18)	90% (10%↓) P1 calls seen within 60 minutes (Aug-18)	4,901 (7%↑) Amber calls	499 (18%↑) Red calls	756 (14%↑) Waits in A&E over 12 hours	2,414 (1%↓) Patients admitted from A&E
Emergency Activity		Patient Flow			
6,202 (4%↓) Emergency Inpatient Admissions	442 (4%↓) Emergency Theatre Cases	25 (4%↓) Mental Health DTOCs	117 (6%↓) Non-Mental Health DTOCs	300 (12%↑) Medically fit patients	
	412 (6%↑) Trauma theatre cases	66 (8%↓) Elective procedures cancelled due to no beds	1,782 (19%↓) Days lost due to medically fit (Morrison only)	1,910 (10%↑) Medical outliers	
Overarching Public Health Outcomes (2016/17- 2017/18)					
43% Staff uptake of flu vaccine (Oct-18)	20.5% (Wales= 19%) Adults drinking above recommended guidelines	21.5% (Wales= 19%) Adults who smoke	667.3 (Wales= 596.6) Age standardisation rate of hip fractures among older people	35.3% (Wales= 35.9%) Older people with healthy weight	41.8% (Wales= 47.1%) Older people free from long term life limiting illnesses

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

4.2 Winter Plan Dashboard

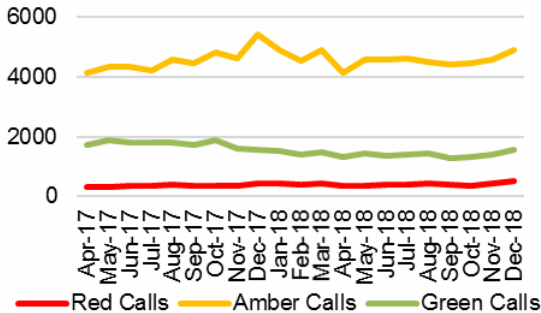
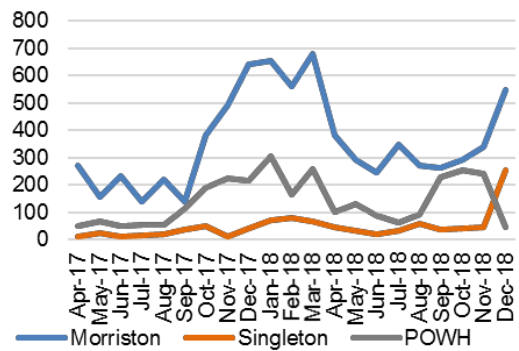
Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Impact on unscheduled care standards	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Dec-18	76.5%	↓ ●	↑ ●		73.4%	76.1%	73.8%	71.4%	75.6%	78.9%	81.0%	79.9%	77.9%	77.5%	78.0%	76.7%	76.5%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Dec-18	756	↑ ●	↓ ●		871	924	957	1,051	737	624	476	590	511	588	680	665	756
	Number of ambulance handovers over one hour	Dec-18	842	↑ ●	↓ ●		903	1,030	805	1,006	526	452	351	443	420	526	590	628	842
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-18	75.4%	→ ●	↑ ●		69%	66%	69%	67%	78%	77%	78%	77%	79%	78%	75%	75%	75%
Delayed Transfers of care and medically fit for discharge numbers	Number of mental health HB DToCs	Dec-18	25	↓ ●	↓ ●		31	29	21	25	28	22	30	27	30	29	28	26	25
	Number of mental health HB DToCs (12 month rolling)	Dec-18	320	↓ ●	↓ ●		331	340	334	333	335	331	334	337	338	332	330	326	320
	Number of non-mental health HB DToCs	Dec-18		↓ ●	↑ ●		55	41	53	44	34	64	75	74	85	69	84	125	117
	Number of non-mental health HB DToCs (12 month rolling)	Dec-18	865	↑ ●	↑ ●		623	615	625	624	613	625	657	689	721	721	746	803	865
	Number of medically fit for discharge patients	Dec-18	300	↑ ●	↑ ●		174	233	187	184	285	276	260	254	230	285	276	268	300
Cancellations of operations for bed reasons	Number of elective procedures cancelled due to lack of beds	Dec-18	66	↓ ●	↓ ●		76	95	77	140	62	48	34	39	102	57	42	72	66
Critical care utilisation and delayed discharges							Under development/ validation												
Medical Outliers on non medical wards	Number of medical outliers on non-medical wards	Dec-18	1,910	↑ ●	↓ ●		2,112	2,327	1,665	2,004	1,831	1,067	938	1,037	1,090	1,141	1,403	1,736	1,910
Use of pre-emptive/boarding policy to place additional patients on wards							Under development/ validation												
Transfer times between hospitals within the health board							Under development/ validation												
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)	Dec-18	97	↓ ●	↑ ●		59	34	72	69	81	58	169	72	159	230	298	270	97

Quality & Performance Indicator	Measure	Report Period	Current Performance	In-month trend	Annual Comparison	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Flu uptake rates	% uptake of influenza among 65 year olds and over	Dec-18	66.1%		➡ 🟡		66%	68%	68%	68%							42.5%	59.3%	66%
	% uptake of influenza among under 65s in risk groups	Dec-18	40.4%		⬇️ 🔴		43%	46%	47%	47%							25.3%	34.0%	40%
	% uptake of influenza among pregnant women						93%												
	% uptake of influenza among children 2 to 3 years old	Dec-18	46.0%		⬆️ 🟢		45%	48%	49%	49%							20.4%	35.9%	46%
	% uptake of influenza among healthcare workers	Dec-18	52.3%		⬇️ 🔴		55%	57%	58%	58%							43.2%	50.4%	52%
Home before lunch metrics							Under development/ validation												
Serious incidents in ED							Under development/ validation												
Datix reports on 12 hour waits in ED/ delayed patient handover from WAST							Under development/ validation												
Patient and staff experince (e.g. Friends and Family test)							Under development/ validation												

4.3 Unscheduled Care- Updates and Actions

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

Description	Current Performance	Trend	Actions planned for next period
A&E waiting times The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	In December 2018 performance against the 4 hour metric was maintained from the November position with 76.5% and improved by 3% when compared with the reported performance for December 2017. However, performance was below the internal profile of 90.4%. Neath Port Talbot Hospital continue to exceed the national target of 95% but Morriston and Princess of Wales Hospitals were below profile, achieving 67.7% and 76.1% respectively.	% patients waiting under 4 hours in A&E 	<ul style="list-style-type: none"> Full implementation of the Health Board and Welsh Government's winter assurance funding to increase system support, resilience and patient safety. This includes: <ul style="list-style-type: none"> Additional medical, nursing and therapy staff within our emergency departments (ED) Enhanced capacity in our frailty services in ED. Increased capacity in support services to improve access to diagnostic tests, results and the movement and discharge of patients Funding to support inpatient winter 'surge' capacity - as at 7th January 60 additional spaces were being used as surge capacity. Owing to lead in times to recruitment some of the funded proposals will not commence until mid-January.
A&E waiting times The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Performance against this measure in December 2018 improved when compared with December 2017, with 115 fewer patients waiting over 12 hours. In December 2018, the Health Board had 756 12 hour breaches of which 485 were attributed to Morriston Hospital and 271 to Princess of Wales Hospital.	Number of patients waiting over 12 hours in A&E 	<ul style="list-style-type: none"> Finalise revised boarding and escalation protocols under the leadership of the Director of Nursing and Patient experience.

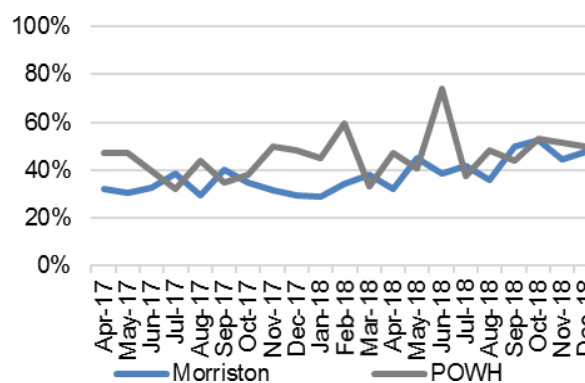
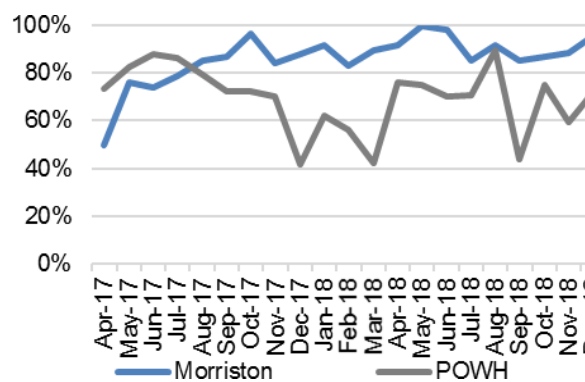
Description	Current Performance	Trend	Actions planned for next period
Ambulance responses The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. The number of responses to ambulance calls.	Ambulance response times are consistently above the national target and local profile of 65%, reporting 75.4% at the end of December 2018. The number and proportion of red call conveyances continues to increase, with Welsh Ambulance Services Trust (WAST) data suggesting that ABMU HB has the highest proportion of red calls in Wales for the population served.	Number of ambulance call responses 	<ul style="list-style-type: none"> Working with WAST to direct patients to appropriate services or pathways, ensuring emergency ambulance capacity is utilised appropriately. Overall patients conveyed by ambulance reduced by 96 (2.7%) compared with December 2017, but increased by 125 (3.7%) when compared with November 2018. Amber conveyances reduced by 6% (173 patients) in December 2018 compared with December 2017. However red call conveyances increased by 35 (10%) and green call conveyances increased by 42 (12%). Respond to the findings of the National review of amber call demand to inform further opportunities to improve ambulance response times and resource utilisation. Implement the recommendations of the WAST internal audit report on hospital handover that are applicable to ABMU Health Board. The Health Board has jointly funded a patient Hospital Ambulance Liaison Officer (HALO) role with WAST to assist with hospital handover during the winter months. Two St Johns falls response vehicles have been commissioned to reduce the number of falls patients conveyed to hospital and release ambulances to respond to higher acuity calls. Increased liaison between our acute care teams and WAST to maximise opportunities to redirect, and where appropriate, manage patients in alternative settings to hospital.
Ambulance handovers The number of ambulance handovers over one hour	The number of ambulance handovers to local hospitals taking over 1 hour continues to be over profile which is a reflection of the pressures being felt across the unscheduled care system. In December 2018, Morriston Hospital saw a reduction of 97 compared with December 2017 (643 to 546). Princess of Wales Hospital (POWH) saw an increase of 35 (217 to 252) and Singleton Hospital saw an increase of 1 (43 to 44).	Number of ambulance handovers over one hour 	

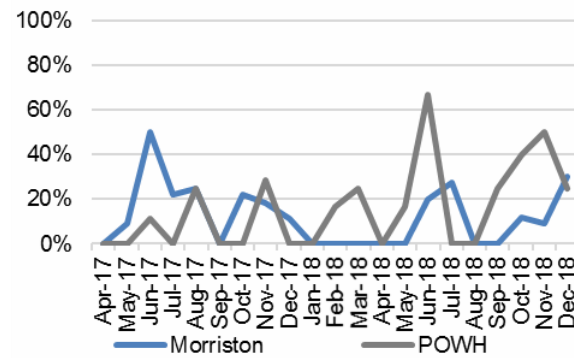
Description	Current Performance	Trend	Actions planned for next period
A&E Attendances The number of attendances at emergency departments in the Health Board	Attendances at our ED and Minor injuries units reduced from 14,141 in November to 13,998 in December 2018, and were 988 lower than in December 2017. The temporary closure of the MIU at Singleton accounted for a significant proportion of this reduction. However all sites experienced a reduction when compared with December 2017.	Number of A&E attendances 	<ul style="list-style-type: none"> Additional 111 awareness campaign communication programme underway as part of the winter planning arrangements. Encourage and promote the use of ABMU 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. Implement the Cwmtawe cluster pilot to test a cluster led integrated health and social care system. Promote attendance at MIU in NPTH for minor illness and injury.
Emergency Admissions The number of emergency admissions across the Health Board by site	<p>In December 2018, there were a total of 6,202 emergency admissions across the Health Board which is 156 more than December 2017, but 240 less November 2018.</p> <p>Surgical emergency admissions largely accounted for the increase experienced between December 2017 and December 2018 whilst medical emergency demand was 4% lower (102 admissions) than December 2017.</p>	Number of emergency admissions 	<ul style="list-style-type: none"> Training on I Stumble Version 2 started with one home in NPT from November with the intention of rolling out this approach to the remaining homes in Swansea and NPT between December and January. This tool will support a reduction in the number of 'long lie' residents in care homes following a fall Implement the 2 falls vehicles in ABMU early November to support a reduction in the number of patients who have fallen, to be conveyed to hospital. Acute Care Teams work in close liaison with WAST to redirect and manage patients in the community where capacity allows as opposed to a conveyance to hospital. Maximise alternative models to admission that have been developed in Q1-3 such as ambulatory and day unit facilities and hot clinics.

Description	Current Performance	Trend	Actions planned for next period
Medically Fit The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit	<p>In December 2018, there were on average 300 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. This is a 12% increase when compared with November 2018.</p> <p>It must be noted that data collection has significantly improved recently which could also attribute to 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.</i> <i>* Data for Gorseinon Hospital not available for November and December 2018.</i></p>	<ul style="list-style-type: none"> □ Ongoing 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, the frailty service at POWH and the enabling ward and early supported discharge service at NPTH. □ Promote and implement the SAFER flow principles. Develop the safety huddle approach to managing flow with the support of the NHS Wales Delivery Unit. Concerted focus on ensuring senior review is undertaken in a consistent way to ensure the provision of an agreed clinical management plan which is an essential part of the discharge process. □ Roll out the electronic solution to capture live information on medically fit for discharge patients to improve communication and management of patient flow. □ Implement the actions outlined in the section on delayed transfers of care below.
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was	<p>In December 2018, there were 10 less elective procedures cancelled due to lack of beds on the day of surgery when compared with December 2017 (76 to 66). The only reduction occurred in Morriston with 25 cancelled procedures in December 2018 compared with 56 in December 2017.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p>	<ul style="list-style-type: none"> • 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
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	The number of mental health related delayed transfers of care in December 2018 was three below the internal profile of 25.	Number of Mental Health DTOCs 	<ul style="list-style-type: none"> Expand capacity of early supported discharge service in NPT using winter pressures funding to increase the number of patient discharges with the support of this service. Maximise use of reablement capacity in Bonymaen house in Swansea. 4 additional beds have been funded in this unit through winter pressure monies. Increased community equipment funded through winter monies to facilitate timely discharge. Additional investment has been provided to our local British Red Cross services to support hospital to home services from January 2019. Discharge workshop led by COO and Director of Nursing arranged for 14/01/19 to review current discharge improvement work and to agree structured work programme for the remainder of 2018/19 and into 2019/20.
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board - Non Mental Health (age 75+)	In December 2018, the number of non-mental health and Learning disability delayed transfers of care was 117 which is higher than the internal profile of 46. The largest in-month increase was seen in Neath Port Talbot Hospital from 31 in November 2018 to 35 in December 2018.	Number of Non Mental Health DTOCs 	<ul style="list-style-type: none"> Following the bed utilisation audit in October the HB in partnership with the LAs has agreed to develop a proposal to create a dedicated Hospital to Home Discharge Model for 2019 under section 33 arrangements. There will be a dedicated workstream approach under the Western Bay partnership to take this forward. A team from ABMU Health Board will visit Cardiff and Vale UHB to learn from their improvement work which has achieved a sustained reduction in DTOC's. In the meantime information has been shared by Cardiff on standard operating protocols which are now being used to refine our DTOC processes. This work is being led by the Head of Nursing for Primary care and community services.

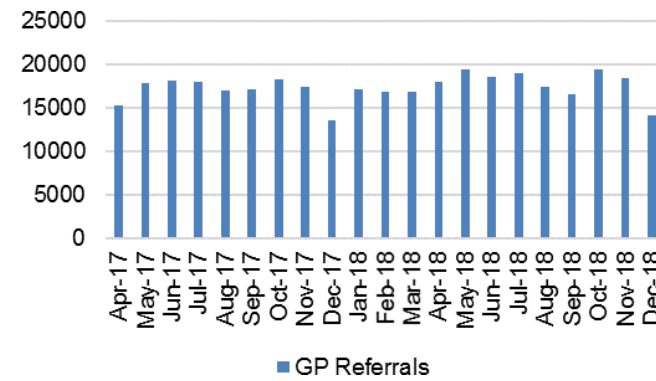
Description	Current Performance	Trend	Actions planned for next period
Stroke Admissions The total number of stroke admissions into the Health Board	<p>In December 2018, there were 78 confirmed stroke admissions across the Health Board; 46 in Morriston and 32 in Princess of Wales. This is 12% less when compared with December 2017 (89 to 78).</p>	<p>Total number of stroke admissions</p> <p>■ Morriston ■ POWH</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. □ Stroke Retrieval Pilot outcome to be factored into the 2019 / 20 IMTP. • Although additional middle tier Medical staff appointed into Morriston – pressures from other vacancies are requiring them to act down on occasions. Unit to continue to try and recruit into vacant posts to address rota and service pressures. • Stroke Champion discussions held with key medical staff – but impact of vacancies reducing abilities to introduce change. Need to fill vacant posts.
Stroke 4 hour access target % of patients who have a direct admission to an acute stroke unit within 4 hours	<p>In December 2018 only 41 out of 77 patients had a direct admission to an acute stroke unit within 4 hours (53.3%).</p> <p>The 4 hour target appears to be a challenge across Wales. The all-Wales data for October 2018 confirms that performance ranged from 41.8% to 79.1%. ABMU was the second best performing Health Board in October 2018.</p>	<p>Percentage of patients admitted to stroke unit within 4 hours</p> <p>— Morriston — POWH</p>	<ul style="list-style-type: none"> • Monitor impact of additional training to improve swallow screening compliance within the Emergency department staff. • Actions to improve 4 hour target has seen improvements on both sites during the period – but increasing unscheduled care pressures are having an impact on this performance – need to continue with improvement actions. • Speech Language Therapy (SLT) recruitment in POWH – continuing. • POWH – will build on key Task and Finish groups to focus on improving stroke performance.

Description	Current Performance	Trend	Actions planned for next period
Stroke CT scan Percentage of patients who receive a CT scan within 1 hour	In December 2018, ABMU achieved 49% which was above the internal profile of 45%.	Percentage of patients receiving CT scan within 1 hour 	<ul style="list-style-type: none"> □ Morrision 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 Morrision / Singleton hospitals – agreed that further work was required. Delivery Unit meetings to take place to update and agree next steps. • 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. • A National Thrombolysis review with both Morrision and POWH has been held during November – initial feedback has been positive.
Stroke assessment within 24 hours Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	In December 2018, ABMU achieved 86% which was above the internal profile of 80%.	Percentage of patients assessed by stroke consultant within 24 hours 	

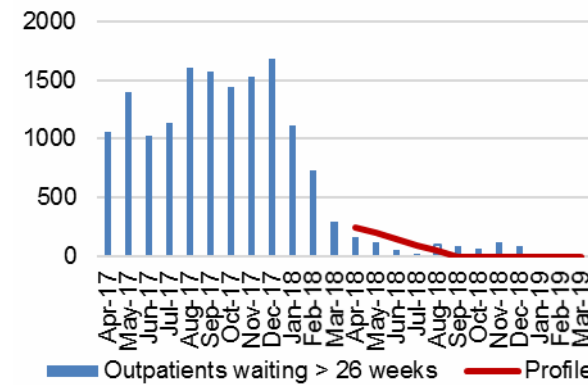
Description	Current Performance	Trend	Actions planned for next period																																																																		
Thrombolysed Patients with Door-to-Needle <= 45 mins	In December 2018, 100% of eligible patients were thrombolysed and 4 one of the 14 patients were thrombolysed within the 45 minutes (door to needle) standard.	<div>Thrombolysed patients within 45 minutes</div>  <table><caption>Estimated data for Thrombolysed patients within 45 minutes</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>10</td></tr><tr><td>Aug-17</td><td>25</td><td>25</td></tr><tr><td>Sep-17</td><td>0</td><td>10</td></tr><tr><td>Oct-17</td><td>20</td><td>10</td></tr><tr><td>Nov-17</td><td>10</td><td>25</td></tr><tr><td>Dec-17</td><td>0</td><td>10</td></tr><tr><td>Jan-18</td><td>0</td><td>10</td></tr><tr><td>Feb-18</td><td>0</td><td>20</td></tr><tr><td>Mar-18</td><td>0</td><td>10</td></tr><tr><td>Apr-18</td><td>0</td><td>10</td></tr><tr><td>May-18</td><td>10</td><td>65</td></tr><tr><td>Jun-18</td><td>25</td><td>10</td></tr><tr><td>Jul-18</td><td>0</td><td>10</td></tr><tr><td>Aug-18</td><td>0</td><td>20</td></tr><tr><td>Sep-18</td><td>0</td><td>45</td></tr><tr><td>Oct-18</td><td>10</td><td>50</td></tr><tr><td>Nov-18</td><td>20</td><td>10</td></tr><tr><td>Dec-18</td><td>25</td><td>100</td></tr></tbody></table>	Month	Morriston (%)	POWH (%)	Apr-17	0	0	May-17	10	10	Jun-17	50	10	Jul-17	25	10	Aug-17	25	25	Sep-17	0	10	Oct-17	20	10	Nov-17	10	25	Dec-17	0	10	Jan-18	0	10	Feb-18	0	20	Mar-18	0	10	Apr-18	0	10	May-18	10	65	Jun-18	25	10	Jul-18	0	10	Aug-18	0	20	Sep-18	0	45	Oct-18	10	50	Nov-18	20	10	Dec-18	25	100	<ul style="list-style-type: none">As above
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5.1 Planned Care- Overview

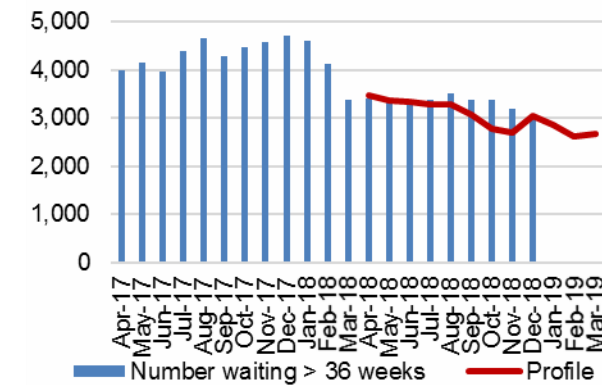
Number of GP Referrals into secondary care



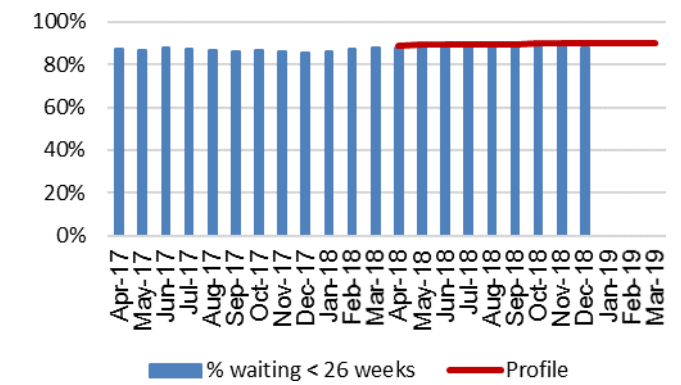
Number of patients waiting over 26 weeks for an outpatient appointment



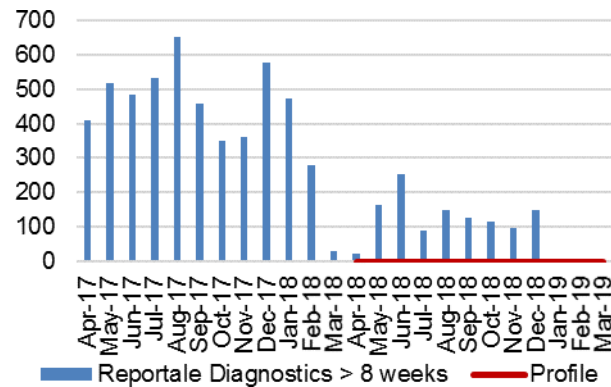
Number of patients waiting over 36 weeks for treatment



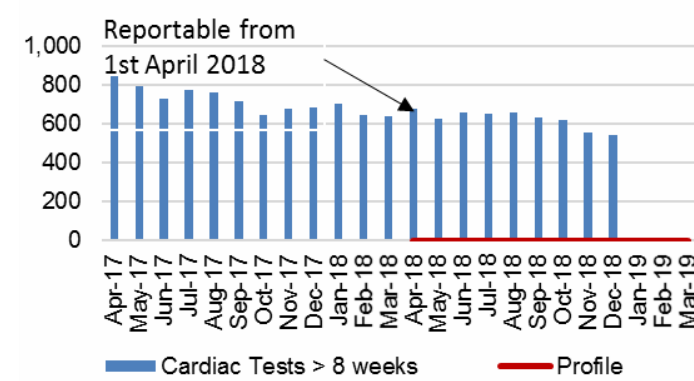
% patients waiting less than 26 weeks from referral to treatment



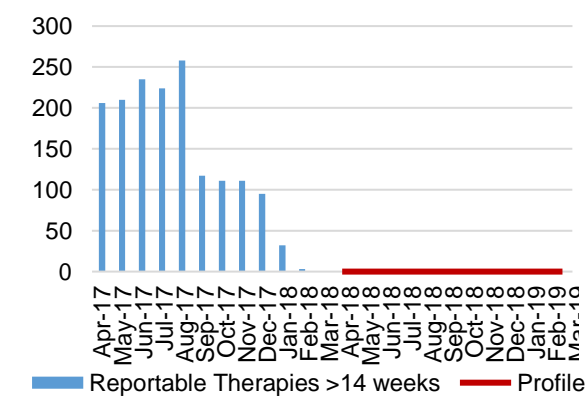
Number of patients waiting for reportable diagnostics over 8 weeks (excluding Cardiac)



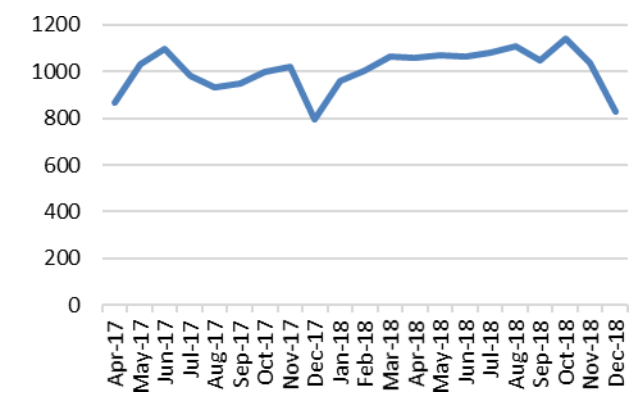
Number of patients waiting for reportable Cardiac diagnostics over 8 weeks



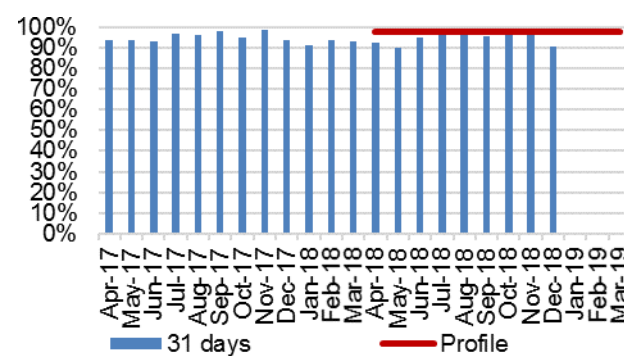
Therapies over 14 weeks



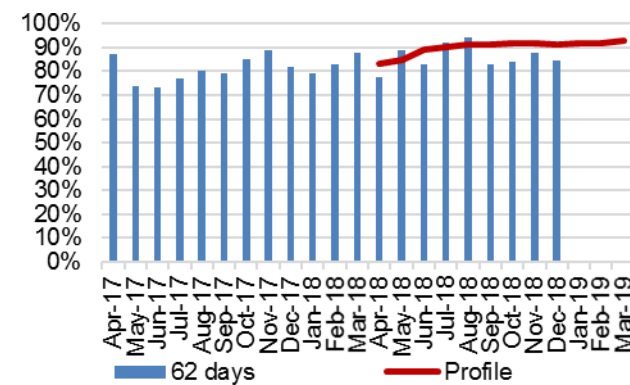
Cancer referrals



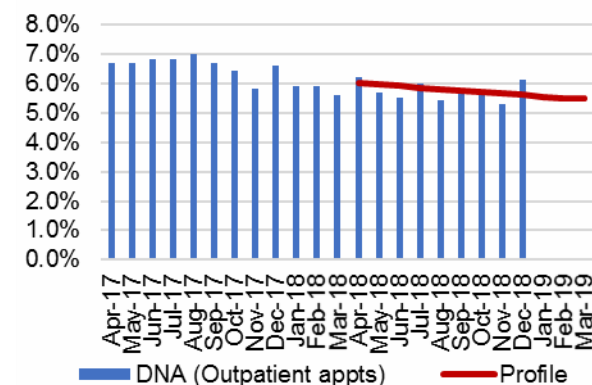
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days



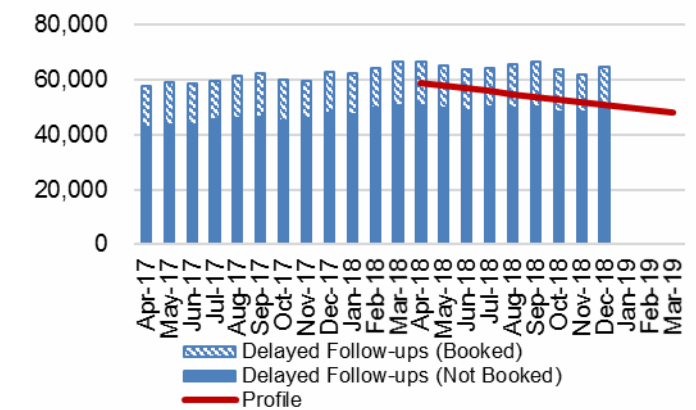
% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral



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



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



Planned Care- Overview (December 2018)

Demand	Waiting Times					Outpatient Efficiencies	
14,140 (23%↓) Total GP referrals	94 (25%↓) Patients waiting over 26 weeks for a new outpatient appointment	3,030 (5%↓) Patients waiting over 36 weeks for treatment	1,399 (1%↓) Patients waiting over 52 weeks for treatment	88.0% (0.8%↓) Patients waiting under 26 weeks from referral to treatment	6.1% (0.8%↑) % of patients who did not attend a new outpatient appointment (all specialties)		
8,788 (23%↓) Routine GP referrals							
5,3528 (24%↓) Urgent GP referrals	149 (51%↑) Patients waiting over 8 weeks for reportable diagnostics	544 (3%↓) Patients waiting over 8 weeks for Cardiac diagnostics	0 (→) Patients waiting over 14 weeks for reportable therapies	64,535 (2.6%↑) Patients waiting for an outpatient follow-up who are delayed past their target date	6.4% (0.5%↑) % of patients who did not attend a follow-up outpatient appointment (all specialties)		
Cancer		Theatre Efficiencies					
829 (20%↓) Number of USC referrals received	130 (14%↑) USC backlog over 52 days	90.9% (5.3%↓) USC patients receiving treatment within 62 days	84.4% (3.2%↓) NUSC patients receiving treatment within 31 days	67% (7%↓) Theatre utilisation rate	44% (3%↑) % of theatres sessions starting late	43% (3%↑) % of theatres sessions finishing early	38% (1%↑) 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

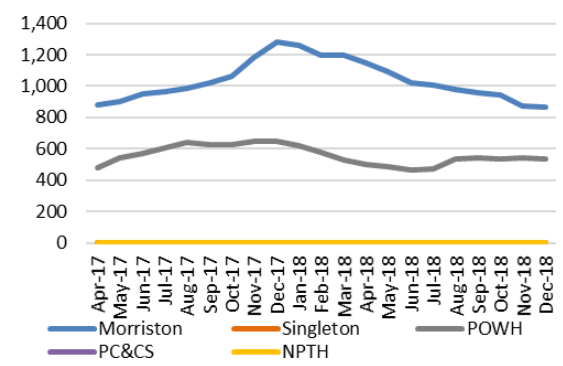
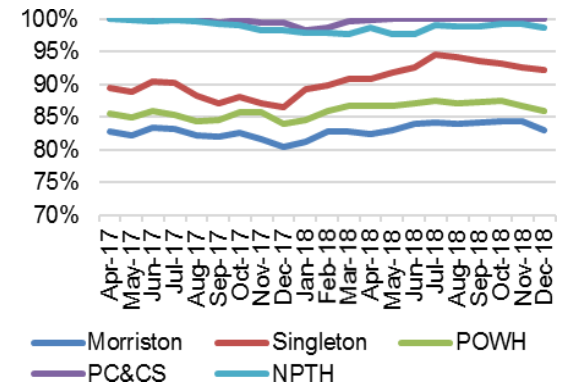
5.2 Theatre Efficiencies Dashboard

Measure			Report Period	Current Performance	Initial Target	Target Status	In-month trend	Annual Comparison	Performance Trend	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Number of cancelled operations	Morriston		Dec-18	377			⬆️🔴	⬆️🔴		357	368	319	441	305	433	471	409	390	396	458	368	377
	NPTH		Dec-18	121			⬇️🟢	⬆️🔴		116	180	205	181	148	149	161	135	174	182	181	177	121
	POWH		Dec-18	364			⬆️🔴	⬆️🔴		272	320	321	396	336	323	399	376	287	322	363	322	364
	Singleton		Dec-18	193			⬇️🟢	⬆️🔴		174	173	159	214	161	202	169	170	217	158	223	235	193
	HB Total		Dec-18	1055			⬇️🟢	⬆️🔴		919	1041	1004	1232	950	1107	1200	1090	1068	1058	1225	1102	1055
% of cancelled operations on the day	Morriston		Dec-18	40%	10%	❌	⬆️🔴	⬆️🔴		32%	45%	51%	40%	40%	32%	28%	27%	35%	34%	44%	39%	40%
	NPTH		Dec-18	29%		❌	⬇️🟢	⬇️🟢		31%	26%	26%	24%	24%	29%	29%	24%	25%	21%	22%	32%	29%
	POWH		Dec-18	29%		❌	⬇️🟢	⬇️🟢		36%	33%	36%	43%	34%	31%	35%	33%	37%	28%	31%	32%	29%
	Singleton		Dec-18	57%		❌	⬆️🔴	⬆️🔴		50%	47%	45%	43%	50%	49%	41%	38%	31%	42%	48%	47%	57%
	HB Total		Dec-18	38%		❌	⬆️🔴	⬆️🔴		37%	38%	40%	39%	37%	34%	32%	31%	33%	31%	38%	37%	38%
Reasons for cancellations on the day	Hospital Clinical		Dec-18	29%			➡️	⬆️		28%	35%	32%	31%	35%	30%	31%	32%	26%	32%	25%	29%	29%
	Hospital Non-Clinical		Dec-18	49%			⬆️	⬇️		51%	42%	40%	39%	34%	42%	42%	41%	49%	41%	46%	48%	49%
	Other		Dec-18	0%			➡️	➡️		0%	0%	0%	8%	0%	0%	1%	0%	0%	0%	0%	0%	0%
	Patient		Dec-18	22%			➡️	⬆️		21%	24%	28%	21%	30%	28%	26%	27%	24%	26%	29%	22%	22%
	Unknown		Dec-18	0%			➡️	➡️		0%	0%	0%	0%	0%	1%	1%	0%	1%	1%	0%	0%	0%
Late Starts	Morriston		Dec-18	42%	>25%	❌	⬆️🔴	⬆️🔴		40%	43%	46%	50%	45%	37%	37%	37%	49%	38%	35%	35%	42%
	NPTH		Dec-18	43%		❌	⬆️🔴	⬆️🔴		35%	33%	35%	39%	39%	28%	30%	36%	20%	36%	36%	41%	43%
	POWH		Dec-18	37%		❌	➡️🟡	⬇️🟢		39%	43%	35%	41%	38%	44%	40%	35%	38%	38%	42%	37%	37%
	Singleton		Dec-18	54%		❌	➡️🟡	⬆️🔴		43%	47%	51%	46%	42%	52%	55%	43%	43%	45%	53%	54%	54%
	HB Total		Dec-18	44%		❌	⬆️🔴	⬆️🔴		40%	43%	43%	46%	41%	41%	41%	38%	42%	39%	41%	41%	44%
Early Finishes	Morriston		Dec-18	44%	>20%	❌	⬆️🔴	⬆️🔴		36%	31%	36%	41%	39%	33%	33%	34%	30%	25%	34%	37%	44%
	NPTH		Dec-18	66%		❌	⬆️🔴	⬆️🔴		52%	48%	54%	58%	39%	60%	58%	61%	59%	62%	62%	59%	66%
	POWH		Dec-18	39%		❌	➡️🟡	⬆️🔴		34%	33%	37%	43%	37%	36%	44%	43%	35%	41%	38%	39%	39%
	Singleton		Dec-18	31%		❌	⬇️🟢	⬇️🟢		35%	32%	27%	36%	44%	34%	33%	36%	38%	34%	34%	36%	31%
	HB Total		Dec-18	43%		❌	⬆️🔴	⬆️🔴		37%	34%	36%	43%	39%	37%	39%	40%	36%	36%	39%	40%	43%
Theatre Utilisation Rate	Morriston		Dec-18	69%	90%	❌	⬇️🔴	⬇️🔴		74%	80%	79%	79%	78%	85%	79%	75%	70%	82%	80%	80%	69%
	NPTH		Dec-18	70%		❌	⬆️🔴	⬆️🔴		68%	70%	65%	58%	69%	63%	62%	63%	44%	67%	70%	66%	70%
	POWH		Dec-18	66%		❌	⬇️🔴	⬇️🔴		80%	69%	72%	70%	72%	76%	77%	71%	61%	72%	70%	74%	66%
	Singleton		Dec-18	61%		❌	⬇️🔴	➡️🟡		61%	62%	63%	54%	60%	61%	63%	55%	53%	62%	62%	64%	61%
	HB Total		Dec-18	67%		❌	⬇️🔴	⬇️🔴		72%	73%	73%	70%	72%	76%	74%	69%	62%	74%	73%	74%	67%
Theatre Activity Undertaken	Morriston	Day cases	Dec-18	300			⬇️	⬆️		273	284	299	321	312	269	310	302	368	272	371	339	300
		Emergency cases	Dec-18	286			⬇️	⬇️		380	346	324	335	354	387	374	375	391	373	335	310	286
		Inpatients	Dec-18	403			⬇️	⬇️		480	559	522	478	527	630	543	497	486	522	572	540	403
	NPTH	Day cases	Dec-18	202			⬇️	⬆️		185	261	285	257	267	240	214	234	190	290	347	297	202
		Emergency cases	Dec-18	6			⬇️	➡️		6	15	1	7	3	5	9	6	5	8	5	9	6
		Inpatients	Dec-18	104			⬇️	⬆️		95	141	127	106	126	147	138	122	89	116	133	126	104
	POWH	Day cases	Dec-18	274			⬇️	⬇️		311	472	395	371	350	429	449	408	301	393	455	365	274
		Emergency cases	Dec-18	110			⬆️	⬇️		125	120	100	139	107	125	120	120	126	101	107	98	110
		Inpatients	Dec-18	172			⬇️	⬇️		192	162	225	234	262	238	252	251	236	223	264	263	172
	Singleton	Day cases	Dec-18	371			⬇️	⬇️		388	509	461	439	462	526	500	445	456	423	516	528	371
		Emergency cases	Dec-18	40			⬇️	➡️		40	40	41	49	35	38	52	45	44	34	34	42	40
		Inpatients	Dec-18	94			⬇️	⬆️		85	118	123	91	124	127	120	90	102	98	141	132	94

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
Outpatient waiting times The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)	The number of patients waiting over 26 weeks for a first outpatient appointment continues to be significantly lower than in previous years. There was a reduction in December 2018 with 94 patients waiting over 26 weeks compared with 125 in November 2018 and 1,585 less than December 2017. In December 2018, 42 breaches were in Urology, 39 were in Oral Maxillo Facial Surgery (OMFS), 8 in General Surgery, 4 in Plastic Surgery and 1 in Cardiology.	Number of stage 1 over 26 weeks 	<ul style="list-style-type: none"> Core capacity being maximised and additional clinics continue to be secured to maintain a Nil position across the majority of specialties. Recent risk around ENT at POWH due to retirement of Consultant. Scoping appointment of a Locum as an interim measure. Ongoing fragility of Urology service in POWH continues to be a challenge. Locum Consultant in place to support improvement of backlog. Slight in-month deterioration in OMFS as a result of Consultant leave. Additional clinics being secured through January to recover the position.
Total waiting times The number of patients waiting more than 36 weeks for treatment	The number of patients waiting longer than 36 weeks from referral to treatment continues to be a challenge. In December 2018 there were 3,030 patients waiting over 36 weeks, therefore achieving the internal profile for quarter 3 of 3,045. 99% of patients are waiting in the treatment stage of the pathway and Orthopaedics accounts for 66% of the breaches, followed by General Surgery with 16%.	Number of patients waiting longer than 36 weeks 	<ul style="list-style-type: none"> Significant outsourcing programme in place for the six main pressure specialties. Capacity secured across a range of Providers and lists already commenced. Theatre staffing establishment for Orthopaedics has been enhanced through recovery of core establishment and appointment of agency staff to support elective flow at Morriston. Local arrangement for enhanced pay rates of theatre nursing staff at POWH to work weekends to treat long waiting Orthopaedic patients agreed in principle and being progressed. Development of Plastic Surgery day treatment unit at Morriston commenced.

Description	Current Performance	Trend	Actions planned for next period
Total waiting times The number of patients waiting more than 52 weeks for treatment	The number of patients waiting over 52 weeks mirrors that of the 36 week position with Orthopaedics and General Surgery accounting for the vast majority of breaches. In December 2018 the position has seen an in-month improvement of 15 and is 330 ahead of the March 2018 position.	Number of patients waiting longer than 52 weeks 	<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. Units challenged to produce sustainable step change plans to maintain continual improvement and compress the tail end of the longest waiting patients.
Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2017/18 the overall percentage of patients waiting less than 26 weeks from referral to treatment has been consistently around 86%. So far in 2018/19 the percentage continues to be an improvement on March 2018 although deteriorated in-month by 0.89%. This position is still the highest percentage since November 2013.	Percentage of patient waiting less than 26 weeks 	<ul style="list-style-type: none"> Plans as outlined in previous tables.

Description	Current Performance	Trend	Actions planned for next period
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In December 2018, there were 693 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. The position is:- <ul style="list-style-type: none"> • Cardiac Diagnostics (544) • Non Obstetric Ultrasound (82) • Radiology- MRI (61) • Cystoscopy (6) 	Number of patients waiting longer than 8 weeks for diagnostics 	<ul style="list-style-type: none"> • Sustain Nil position for Endoscopy by maximising backfill and WLIs. • Continuation of additional Locum lists through January and return of Head & Neck Consultant will clear backlog in January. • Plan for additional Cardiac CT/MR capacity is implemented and working well with improvements being seen.
Therapy waiting times The number of patients waiting more than 14 weeks for specified therapies	There has been significant improvement in Therapy waiting times over the last 12 months and there were no patients waiting over 14 weeks in April 2018. The December 2018 position shows a Nil position for Therapies waiting over 14 weeks.	Number of patients waiting longer than 14 weeks for therapies 	<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
Cancer- NUSC waiting times- Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis	December 2018 figures will be finalised on 31 st January. Draft figures indicate projected achievement of 91% of patients' starting treatment within 31 days. At the time of writing this report there are 6 breaches across the Health Board in December 2018: <ul style="list-style-type: none"> • Urological: 3 • Breast: 2 • Head & Neck: 1 	Percentage of NUSC patients starting treatment within 31 days of diagnosis	<ul style="list-style-type: none"> • New Consultant Oncologist appointed for Urology and Lung tumour sites. To commence in post March 2019. • Work to be completed by the end of January to allow the Urology single-handed template clinician to increase dedicated DSU weekly list • Chemotherapy Day Unit reviewing options for delivering some treatments outside of the day unit by utilising the Tenovus bus and possibly utilising chair facilities at Neath Port Talbot Delivery Unit.
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	December 2018 figures will be finalised on 31 st January. Draft figures indicate a projected achievement of 84% of patients starting treatment within 62 days. At the time of writing this report there are 15 breaches in total across the Health Board in December 2018: <ul style="list-style-type: none"> □ Gynaecological: 4 □ Urological: 3 □ Lower Gastrointestinal: 2 □ Head & Neck: 2 □ Upper Gastrointestinal: 1 □ Lung: 1 □ Skin: 1 □ Breast: 1 	Percentage of USC patients starting treatment within 62 days of receipt of referral	<ul style="list-style-type: none"> • New Endoscopy live dashboard released on the 18th December 2018. • Upper GI pathway review and discussions to identify where bundling of diagnostic requests will be progressed following retire and return. • Gynaecology team working with Hywel Dda to look at options of utilising theatre capacity in Hywel Dda. • Detailed Radiology Demand and Capacity plan including reporting time requirements is being finalised. Informatics to include priority flags within data warehouse by the end of January in order to develop this further • Pathway review of out of area sarcoma patients

Description	Current Performance	Trend	Actions planned for next period																																																																																								
USC backlog The number of patients with an active wait status of more than 53 days	End of December 2018 backlog by tumour site:		Number of patients with a wait status of more than 53 days <table><caption>Approximate data for USC backlog trend (from chart)</caption><thead><tr><th>Month</th><th>53-62 days</th><th>63 days+</th><th>Total</th></tr></thead><tbody><tr><td>Apr-17</td><td>45</td><td>65</td><td>110</td></tr><tr><td>May-17</td><td>55</td><td>65</td><td>120</td></tr><tr><td>Jun-17</td><td>30</td><td>60</td><td>90</td></tr><tr><td>Jul-17</td><td>35</td><td>65</td><td>100</td></tr><tr><td>Aug-17</td><td>40</td><td>80</td><td>120</td></tr><tr><td>Sep-17</td><td>30</td><td>65</td><td>95</td></tr><tr><td>Oct-17</td><td>25</td><td>45</td><td>70</td></tr><tr><td>Nov-17</td><td>30</td><td>45</td><td>75</td></tr><tr><td>Dec-17</td><td>45</td><td>45</td><td>90</td></tr><tr><td>Jan-18</td><td>50</td><td>60</td><td>110</td></tr><tr><td>Feb-18</td><td>20</td><td>40</td><td>60</td></tr><tr><td>Mar-18</td><td>35</td><td>45</td><td>80</td></tr><tr><td>Apr-18</td><td>30</td><td>35</td><td>65</td></tr><tr><td>May-18</td><td>35</td><td>45</td><td>80</td></tr><tr><td>Jun-18</td><td>25</td><td>50</td><td>75</td></tr><tr><td>Jul-18</td><td>30</td><td>40</td><td>70</td></tr><tr><td>Aug-18</td><td>35</td><td>35</td><td>70</td></tr><tr><td>Sep-18</td><td>55</td><td>65</td><td>120</td></tr><tr><td>Oct-18</td><td>50</td><td>45</td><td>95</td></tr><tr><td>Nov-18</td><td>60</td><td>55</td><td>115</td></tr><tr><td>Dec-18</td><td>65</td><td>65</td><td>130</td></tr></tbody></table>	Month	53-62 days	63 days+	Total	Apr-17	45	65	110	May-17	55	65	120	Jun-17	30	60	90	Jul-17	35	65	100	Aug-17	40	80	120	Sep-17	30	65	95	Oct-17	25	45	70	Nov-17	30	45	75	Dec-17	45	45	90	Jan-18	50	60	110	Feb-18	20	40	60	Mar-18	35	45	80	Apr-18	30	35	65	May-18	35	45	80	Jun-18	25	50	75	Jul-18	30	40	70	Aug-18	35	35	70	Sep-18	55	65	120	Oct-18	50	45	95	Nov-18	60	55	115	Dec-18	65	65	130
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USC First Outpatient Appointments The number of patients at first outpatient appointment stage by days waiting	Week to week through December 2018 the percentage of patients seen within 14 days to first appointment/assessment ranged between 19% and 40%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of December 2018						<ul style="list-style-type: none">• New first outpatient OMFS pathway stage agreed and taken forward with Primary Care with a plan to commence in April.• New neck lump pathway agreed with a plan to implement at the end of January.• Cancer Improvement Team have developed Demand & Capacity analysis for first outpatient appointment across most specialties managing suspected cancer referrals; these will be developed into live dashboard views by Informatics with timeframes for this development to be determined.																																																																		
		<table><thead><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr></thead><tbody><tr><td>Breast</td><td>5</td><td>10</td><td>47</td><td>97</td><td>159</td></tr><tr><td>Gynaecological</td><td>7</td><td>20</td><td>52</td><td>2</td><td>81</td></tr><tr><td>Head and Neck</td><td>12</td><td>28</td><td>22</td><td>2</td><td>64</td></tr><tr><td>Lower GI</td><td>2</td><td>6</td><td>2</td><td>1</td><td>11</td></tr><tr><td>Lung</td><td>3</td><td>5</td><td>3</td><td>0</td><td>11</td></tr><tr><td>Other</td><td>5</td><td>42</td><td>28</td><td>8</td><td>83</td></tr><tr><td>Skin</td><td>3</td><td>56</td><td>8</td><td>0</td><td>67</td></tr><tr><td>Upper GI</td><td>0</td><td>2</td><td>0</td><td>2</td><td>4</td></tr><tr><td>Urological</td><td>2</td><td>4</td><td>16</td><td>16</td><td>38</td></tr><tr><td>Total</td><td>39</td><td>173</td><td>178</td><td>128</td><td>518</td></tr></tbody></table>								≤10	11-20	21-30	>31	Total	Breast	5	10	47	97	159	Gynaecological	7	20	52	2	81	Head and Neck	12	28	22	2	64	Lower GI	2	6	2	1	11	Lung	3	5	3	0	11	Other	5	42	28	8	83	Skin	3	56	8	0	67	Upper GI	0	2	0	2	4	Urological	2	4	16	16	38	Total	39	173	178	128	518
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		Lower GI	2	6	2	1	11																																																																			
		Lung	3	5	3	0	11																																																																			
		Other	5	42	28	8	83																																																																			
		Skin	3	56	8	0	67																																																																			
		Upper GI	0	2	0	2	4																																																																			
		Urological	2	4	16	16	38																																																																			
		Total	39	173	178	128	518																																																																			

6.1 QUALITY AND SAFETY INDICATORS

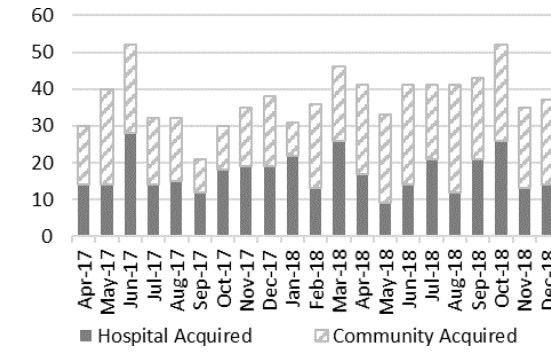
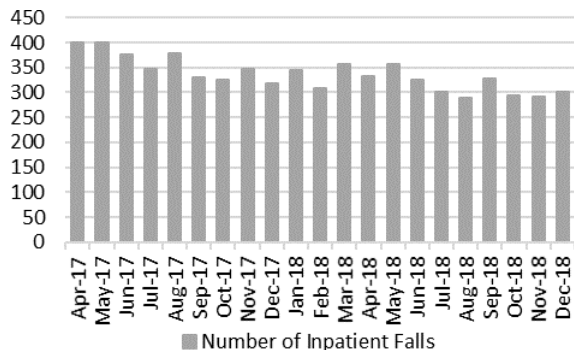
This section of the report provides further detail on key quality and safety measures.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul style="list-style-type: none"> The number of cases in December 2018 decreased to 38 cases. Natural variation can be expected, with the number of cases fluctuating over months. The average number of cases over a period of time may provide an indication of trends. There has been little variation in the monthly average number of cases of infection in the three quarters of 2018/19. The proportion of the April to December 2018 cumulative E. coli bacteraemia cases that were hospital acquired was 35% (65% community acquired). The proportion of cases in December that were hospital acquired was 40%. Improvement activities will continue to focus on the risk associated with the presence of invasive devices. <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>Number E.Coli cases (Community) Number E.Coli Cases (Hospital) Profile</p>	<ul style="list-style-type: none"> Delivery Units to progress PDSA style quality improvement activities, with a focus on urinary catheters, across acute sites. Delivery Units to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff.

Description	Current Performance	Trend	Actions planned for next period
Healthcare Acquired Infections- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> The number of cases in December 2018 decreased to 11 cases. The monthly average number of cases of infection in Quarter 1 was 18 cases per month; this monthly average reduced to 16 cases per month in Quarter 2; the monthly average in Quarter 3 had reduced further to 15 cases per month. The proportion of the April to December 2018 cumulative Staph. aureus bacteraemia cases that were hospital acquired was 45% (55% community acquired). The proportion of cases in December that were hospital acquired was 45% also. Of the hospital acquired cases, line associated infection remains a significant causative factor; improvement activities must continue to focus on the risk associated with the presence of invasive devices. <p><i>High bed occupancy is a risk to achieving infection reduction</i></p>	Number of healthcare acquired S.aureus bacteraemias cases <p>Number of healthcare acquired S.aureus bacteraemias cases</p> <p>Legend:</p> <ul style="list-style-type: none"> Number S.Aureus cases (Community) Number S.Aureus Cases (Hospital) Profile 	<ul style="list-style-type: none"> Delivery Units to progress PDSA style quality improvement activities, with a focus on invasive vascular devices, across acute sites. Delivery Units to extend Aseptic Non-touch Technique training, with competence assessment, to medical staff. Delivery Units to focus improving ANTT competence assessment compliance in those clinical areas where patients undergo frequent vascular access (e.g. Haemodialysis Unit, Chemotherapy Unit, etc.).

Description	Current Performance	Trend	Actions planned for next period																																																																																																				
Healthcare Acquired Infections- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> The number of cases of <i>Clostridium difficile</i> infection increased in December to 16 cases. The number of hospital acquired cases had decreased for the second consecutive month; there was a significant increase in the number of community acquired cases in December 2018, none of these was in a long-term care facility. The monthly average number of cases of infection in Quarter 1 was 20 cases per month; this monthly average reduced to 18 cases per month in Quarter 2; the monthly average in Quarter 3 had reduced further to 15 cases per month. The proportion of the April to December cumulative <i>Clostridium difficile</i> cases that were hospital acquired was 69% (31% community acquired). <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>Estimated data from the chart</caption> <thead> <tr> <th>Month</th> <th>Hospital Cases</th> <th>Community Cases</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>May-17</td><td>20</td><td>0</td><td>20</td></tr> <tr><td>Jun-17</td><td>31</td><td>0</td><td>31</td></tr> <tr><td>Jul-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Aug-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Sep-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Oct-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Nov-17</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Dec-17</td><td>15</td><td>0</td><td>15</td></tr> <tr><td>Jan-18</td><td>20</td><td>0</td><td>20</td></tr> <tr><td>Feb-18</td><td>15</td><td>0</td><td>15</td></tr> <tr><td>Mar-18</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>Apr-18</td><td>25</td><td>0</td><td>25</td></tr> <tr><td>May-18</td><td>15</td><td>0</td><td>20</td></tr> <tr><td>Jun-18</td><td>15</td><td>0</td><td>25</td></tr> <tr><td>Jul-18</td><td>25</td><td>0</td><td>20</td></tr> <tr><td>Aug-18</td><td>15</td><td>0</td><td>20</td></tr> <tr><td>Sep-18</td><td>10</td><td>0</td><td>20</td></tr> <tr><td>Oct-18</td><td>15</td><td>0</td><td>20</td></tr> <tr><td>Nov-18</td><td>10</td><td>0</td><td>25</td></tr> <tr><td>Dec-18</td><td>10</td><td>16</td><td>15</td></tr> <tr><td>Jan-19</td><td>15</td><td>0</td><td>18</td></tr> <tr><td>Feb-19</td><td>15</td><td>0</td><td>15</td></tr> <tr><td>Mar-19</td><td>20</td><td>0</td><td>20</td></tr> </tbody> </table>	Month	Hospital Cases	Community Cases	Profile	Apr-17	25	0	25	May-17	20	0	20	Jun-17	31	0	31	Jul-17	25	0	25	Aug-17	25	0	25	Sep-17	25	0	25	Oct-17	25	0	25	Nov-17	25	0	25	Dec-17	15	0	15	Jan-18	20	0	20	Feb-18	15	0	15	Mar-18	25	0	25	Apr-18	25	0	25	May-18	15	0	20	Jun-18	15	0	25	Jul-18	25	0	20	Aug-18	15	0	20	Sep-18	10	0	20	Oct-18	15	0	20	Nov-18	10	0	25	Dec-18	10	16	15	Jan-19	15	0	18	Feb-19	15	0	15	Mar-19	20	0	20	<ul style="list-style-type: none"> Review compliance with restriction of Co-amoxiclav, with feedback to Delivery Units. Impact: 50% reduction in annual Co-amoxiclav use by 31.03.19. Review the use of Co-amoxiclav in Primary Care, with the aim of reducing total volume usage. This will require a review of Primary Care Guidelines. Further engagement with Primary Care leads to review the December cases, to better understand whether the increase was due to special causation, and to identify actions – by 31.01.19. Commence small scale quality improvement project relating to improving the clinical detail within documented daily reviews of patients with <i>Clostridium difficile</i> infection – by 28.02.19. Launch deep cleaning & decontamination standards for <i>Clostridium difficile</i> source rooms/bays by 31.03.2019. Impact: reduction in Periods of Increased Incidence and outbreaks of Clostridium difficile toxin positive cases in Quarters 1 and 2 (2019/20) compared with Quarters 1 and 2 (2018/19). Service demands and pressures will present a challenge to achievement.
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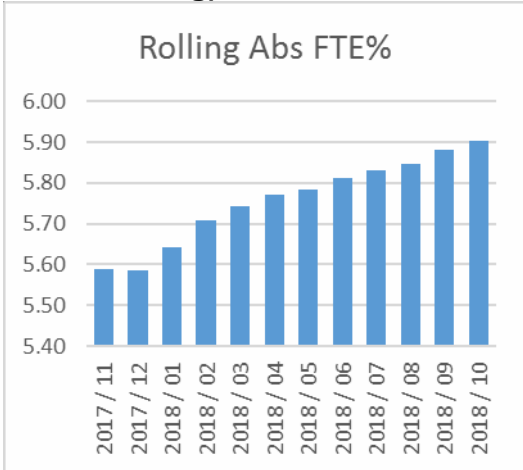
Description	Current Performance	Trend	Actions planned for next period																																																																											
Number of Serious Incidents- Number of new Serious Incidents reported to Welsh Government	<ul style="list-style-type: none">• The Health Board reported 20 Serious Incidents for the month of December 2018 to Welsh Government.• Last Never Event reported was on 21st March 2018.• In December 2018, the performance against the 80% target of submitting closure forms within 60 working days was 89%.	Number of Serious Incidents <table><caption>Number of Serious Incidents (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Local Target</th></tr></thead><tbody><tr><td>Apr-17</td><td>22</td><td>20</td></tr><tr><td>May-17</td><td>20</td><td>20</td></tr><tr><td>Jun-17</td><td>48</td><td>20</td></tr><tr><td>Jul-17</td><td>22</td><td>20</td></tr><tr><td>Aug-17</td><td>30</td><td>20</td></tr><tr><td>Sep-17</td><td>15</td><td>20</td></tr><tr><td>Oct-17</td><td>22</td><td>20</td></tr><tr><td>Nov-17</td><td>13</td><td>20</td></tr><tr><td>Dec-17</td><td>10</td><td>20</td></tr><tr><td>Jan-18</td><td>35</td><td>20</td></tr><tr><td>Feb-18</td><td>25</td><td>20</td></tr><tr><td>Mar-18</td><td>18</td><td>20</td></tr><tr><td>Apr-18</td><td>20</td><td>20</td></tr><tr><td>May-18</td><td>25</td><td>20</td></tr><tr><td>Jun-18</td><td>25</td><td>20</td></tr><tr><td>Jul-18</td><td>15</td><td>20</td></tr><tr><td>Aug-18</td><td>22</td><td>20</td></tr><tr><td>Sep-18</td><td>15</td><td>20</td></tr><tr><td>Oct-18</td><td>35</td><td>20</td></tr><tr><td>Nov-18</td><td>28</td><td>20</td></tr><tr><td>Dec-18</td><td>18</td><td>20</td></tr><tr><td>Jan-19</td><td>18</td><td>20</td></tr><tr><td>Feb-19</td><td>18</td><td>20</td></tr><tr><td>Mar-19</td><td>18</td><td>20</td></tr></tbody></table>	Month	Number of Serious Incidents	Local Target	Apr-17	22	20	May-17	20	20	Jun-17	48	20	Jul-17	22	20	Aug-17	30	20	Sep-17	15	20	Oct-17	22	20	Nov-17	13	20	Dec-17	10	20	Jan-18	35	20	Feb-18	25	20	Mar-18	18	20	Apr-18	20	20	May-18	25	20	Jun-18	25	20	Jul-18	15	20	Aug-18	22	20	Sep-18	15	20	Oct-18	35	20	Nov-18	28	20	Dec-18	18	20	Jan-19	18	20	Feb-19	18	20	Mar-19	18	20	<ul style="list-style-type: none">• Trial the new reflective methodology approach to review serious incidents managed by the Serious Incidents (SI) Team.• The SI team have recruited a Band 7 Concerns & Quality Improvement Manager to work with all Service Delivery Unit's across the Health Board.• The Welsh Risk Pool have suggested that the Pressure Ulcer Improvement methodology be applied to the Falls Improvement work and will coincide with the upcoming relaunch of the Health Board's Fall Prevention and Management Policy
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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	<ul style="list-style-type: none">• The overall Health Board response rate for responding to concerns within 30 working days was 88% in October 2018 against the Welsh Government target of 75% and Health Board target of 80%.	Response rate for concerns within 30 days <table><caption>30 day response rate (Estimated 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>80%</td><td>80%</td></tr><tr><td>Aug-17</td><td>80%</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>70%</td><td>80%</td></tr><tr><td>Dec-17</td><td>80%</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>70%</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>85%</td><td>80%</td></tr><tr><td>Nov-18</td><td>85%</td><td>80%</td></tr><tr><td>Dec-18</td><td>85%</td><td>80%</td></tr><tr><td>Jan-19</td><td>85%</td><td>80%</td></tr><tr><td>Feb-19</td><td>85%</td><td>80%</td></tr><tr><td>Mar-19</td><td>85%</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	80%	80%	Aug-17	80%	80%	Sep-17	75%	80%	Oct-17	75%	80%	Nov-17	70%	80%	Dec-17	80%	80%	Jan-18	80%	80%	Feb-18	60%	80%	Mar-18	70%	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	85%	80%	Nov-18	85%	80%	Dec-18	85%	80%	Jan-19	85%	80%	Feb-19	85%	80%	Mar-19	85%	80%	<ul style="list-style-type: none">• Performance is discussed at all Unit performance meetings. For the first 6 months of this financial year the Health Board has achieved 80% in responses for the 30 day target.• Two PALS workshops held to review the work undertaken in the Service Delivery units for the PALS teams. Formulation of a PALS Policy and standardised Job Description are the next stepsRobust monitoring of the 30 day complaint responses to ensure compliant with Regulations and the contents of the response is valued based. This is undertaken on a monthly audit basis, at a Concerns and Assurance Group meeting with the Units.
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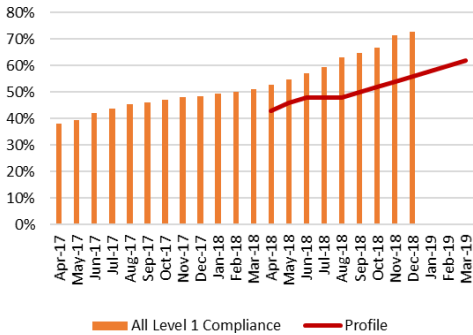
Description	Current Performance	Trend	Actions planned for next period																																																																																								
Number of pressure ulcers The number of grade 3, 4 suspected deep tissue injury and unstageable pressure ulcers	<ul style="list-style-type: none">The number of Grade 3+ pressure ulcers increased between November and December 2018 from 35 to 37. The in-patient cases deteriorated from 13 in November 2018 to 14 in December 2018, and similarly the number of community cases deteriorated from 22 in November to 23 in December 2018.	Total number of grade 3+ hospital and community acquired Pressure Ulcers (PU)  <table><caption>Data for 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>10</td><td>30</td><td>40</td></tr><tr><td>Jun-17</td><td>28</td><td>22</td><td>50</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>20</td><td>30</td></tr><tr><td>Sep-17</td><td>12</td><td>18</td><td>30</td></tr><tr><td>Oct-17</td><td>18</td><td>12</td><td>30</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>15</td><td>35</td></tr><tr><td>Jan-18</td><td>22</td><td>10</td><td>32</td></tr><tr><td>Feb-18</td><td>15</td><td>20</td><td>35</td></tr><tr><td>Mar-18</td><td>25</td><td>20</td><td>45</td></tr><tr><td>Apr-18</td><td>18</td><td>22</td><td>40</td></tr><tr><td>May-18</td><td>10</td><td>22</td><td>32</td></tr><tr><td>Jun-18</td><td>15</td><td>25</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>12</td><td>30</td><td>42</td></tr><tr><td>Sep-18</td><td>22</td><td>20</td><td>42</td></tr><tr><td>Oct-18</td><td>25</td><td>25</td><td>50</td></tr><tr><td>Nov-18</td><td>14</td><td>22</td><td>36</td></tr><tr><td>Dec-18</td><td>14</td><td>23</td><td>37</td></tr></tbody></table>	Month	Hospital Acquired	Community Acquired	Total	Apr-17	15	15	30	May-17	10	30	40	Jun-17	28	22	50	Jul-17	15	17	32	Aug-17	10	20	30	Sep-17	12	18	30	Oct-17	18	12	30	Nov-17	18	17	35	Dec-17	20	15	35	Jan-18	22	10	32	Feb-18	15	20	35	Mar-18	25	20	45	Apr-18	18	22	40	May-18	10	22	32	Jun-18	15	25	40	Jul-18	20	20	40	Aug-18	12	30	42	Sep-18	22	20	42	Oct-18	25	25	50	Nov-18	14	22	36	Dec-18	14	23	37	<ul style="list-style-type: none">The implementation plan for the new Prevention and Management of Pressure Ulcers Policy is underwayA pressure ulcer performance report writing and action planning workshop to support senior staff was delivered on 11 December, facilitated by Welsh Risk Pool. SDU reports are submitted quarterly to the Pressure Ulcer Prevention Steering Group (PUPSG).Changes to the serious incident reporting of pressure ulcers have been issued in a Welsh Health Circular. The implications for the HB are currently being evaluated.There is a new Tissue Viability Nurse in post for POWH.
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Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none">The number of Falls reported via Datix web reduced from 318 in December 2017 to 300 in December 2018.The Health Board has agreed a targeted action to reduce Falls causing harm by 10%.The number of Falls within the Health Board decreased between April 2017 and March 2018 with the number of falls causing harm decreasing by 16%.	Number of inpatient Falls  <table><caption>Data for 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>360</td></tr><tr><td>Aug-17</td><td>380</td></tr><tr><td>Sep-17</td><td>340</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>340</td></tr><tr><td>Feb-18</td><td>310</td></tr><tr><td>Mar-18</td><td>360</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>330</td></tr><tr><td>Jul-18</td><td>300</td></tr><tr><td>Aug-18</td><td>290</td></tr><tr><td>Sep-18</td><td>330</td></tr><tr><td>Oct-18</td><td>300</td></tr><tr><td>Nov-18</td><td>290</td></tr><tr><td>Dec-18</td><td>300</td></tr></tbody></table>	Month	Number of Inpatient Falls	Apr-17	400	May-17	400	Jun-17	380	Jul-17	360	Aug-17	380	Sep-17	340	Oct-17	330	Nov-17	350	Dec-17	320	Jan-18	340	Feb-18	310	Mar-18	360	Apr-18	330	May-18	350	Jun-18	330	Jul-18	300	Aug-18	290	Sep-18	330	Oct-18	300	Nov-18	290	Dec-18	300	<ul style="list-style-type: none">Health Board's Falls Policy was ratified by Q&S committee in August 2018.Implementation plan completed and added to the annual plan for monitoring.December 2018, Training Power Point presentation circulated to all Service Delivery Units (SDUs). Nurse Directors to advise plans for roll out of training in SDU's.Hand over to Director of Nursing NPTH will take place in January 2019.																																												
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Discharge Summaries The percentage of discharge summaries approved and sent to patients' doctor following discharge	<ul style="list-style-type: none">In December 2018 the percentage of electronic discharge summaries signed and sent via eToC was 61% which is 6% less when compared with December 2017.Performance varies between Service Delivery Units (range was 59% to 75% in December 2018) and between clinical teams within the Units.	% discharge summaries approved and sent <table><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>50.0%</td></tr><tr><td>May-17</td><td>60.0%</td></tr><tr><td>Jun-17</td><td>60.0%</td></tr><tr><td>Jul-17</td><td>65.0%</td></tr><tr><td>Aug-17</td><td>60.0%</td></tr><tr><td>Sep-17</td><td>65.0%</td></tr><tr><td>Oct-17</td><td>65.0%</td></tr><tr><td>Nov-17</td><td>65.0%</td></tr><tr><td>Dec-17</td><td>65.0%</td></tr><tr><td>Jan-18</td><td>60.0%</td></tr><tr><td>Feb-18</td><td>60.0%</td></tr><tr><td>Mar-18</td><td>65.0%</td></tr><tr><td>Apr-18</td><td>70.0%</td></tr><tr><td>May-18</td><td>65.0%</td></tr><tr><td>Jun-18</td><td>60.0%</td></tr><tr><td>Jul-18</td><td>60.0%</td></tr><tr><td>Aug-18</td><td>60.0%</td></tr><tr><td>Sep-18</td><td>60.0%</td></tr><tr><td>Oct-18</td><td>65.0%</td></tr><tr><td>Nov-18</td><td>60.0%</td></tr><tr><td>Dec-18</td><td>60.0%</td></tr></tbody></table>	Month	% of completed discharge summaries	Apr-17	50.0%	May-17	60.0%	Jun-17	60.0%	Jul-17	65.0%	Aug-17	60.0%	Sep-17	65.0%	Oct-17	65.0%	Nov-17	65.0%	Dec-17	65.0%	Jan-18	60.0%	Feb-18	60.0%	Mar-18	65.0%	Apr-18	70.0%	May-18	65.0%	Jun-18	60.0%	Jul-18	60.0%	Aug-18	60.0%	Sep-18	60.0%	Oct-18	65.0%	Nov-18	60.0%	Dec-18	60.0%	<div><input type="checkbox"/> Performance and improvement actions will continue to be monitored via the Discharge Information Improvement Group (DIIG)</div> <ul style="list-style-type: none">Now that overall signed and sent performance has improved, the focus will be on improving the timeliness of discharge information i.e. Delivery Units' performance in providing discharge information to GPs <24hrs and <5days after discharge.Unit Medical Directors' are working with Clinical Directors and Clinical Leads to address variation between teamsThe Health Board piloted Medicines Transcribing and e-Discharge (MTeD) from August – October 2018.
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7. WORKFORCE UPDATES AND ACTIONS

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

This section of the report provides further detail on key workforces measured:																										
Description	Current Performance	Trend	Actions planned for next period																							
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">The 12 month rolling performance to the end of October 2018 is 5.90% (up 0.01% on Sept 2018). Our in month performance in Oct 18 was 6.12 %, an increase of 0.15% on the previous month	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)	<ul style="list-style-type: none"><input type="checkbox"/> Best Practice report finalised, planned circulation will now take place after R&S committee review.<input type="checkbox"/> Pathways guidance has been completed to be issued by end of November 2018.<input type="checkbox"/> Improvement Plan completed with targets for reductions in waiting time within OH to be issued following Exec approval (by end Nov 2018). Key actions include securing procured contractor to scan all OH records to enable a digital record (commence Jan 19), implementing digital dictation software for all clinicians to reduce waits for OH reports and additional AHP resource to increase capacity for management referrals (commence Jan 19).<input type="checkbox"/> Flu Champions trained across the health board Winter Flu Immunisation programme underway.<ul style="list-style-type: none">7929 staff have received the vaccination as 5/12/18 and 50.4% of frontline staff have now been vaccinated – the WG Tier 1 target is 60% of frontline staff<input type="checkbox"/> The new all-Wales sickness absence policy has been issued to health boards for implementation. Policy contains both technical changes to the triggers but is also presented in a markedly different way focusing on attendance and wellbeing. The policy comes with a mandated commitment to deliver training over the next 24 months to all managers involved in attendance management. The issues, resources and local arrangements needed to deliver this are currently being																							
		 <table><caption>Rolling Abs FTE%</caption><thead><tr><th>Period</th><th>Percentage (%)</th></tr></thead><tbody><tr><td>2017 / 11</td><td>5.58</td></tr><tr><td>2017 / 12</td><td>5.58</td></tr><tr><td>2018 / 01</td><td>5.64</td></tr><tr><td>2018 / 02</td><td>5.71</td></tr><tr><td>2018 / 03</td><td>5.75</td></tr><tr><td>2018 / 04</td><td>5.78</td></tr><tr><td>2018 / 05</td><td>5.79</td></tr><tr><td>2018 / 06</td><td>5.82</td></tr><tr><td>2018 / 07</td><td>5.84</td></tr><tr><td>2018 / 08</td><td>5.87</td></tr><tr><td>2018 / 09</td><td>5.89</td></tr><tr><td>2018 / 10</td><td>5.90</td></tr></tbody></table>			Period	Percentage (%)	2017 / 11	5.58	2017 / 12	5.58	2018 / 01	5.64	2018 / 02	5.71	2018 / 03	5.75	2018 / 04	5.78	2018 / 05	5.79	2018 / 06	5.82	2018 / 07	5.84	2018 / 08	5.87
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			<p>assessed. The role of rapid access to OH support is also being considered.</p> <p>A draft Attendance plan has been developed as part of the R and S work which includes:</p> <ul style="list-style-type: none">• Create new Attendance Audit for ABMU in line with New MAAW Policy.• Create new Cultural Audit for ABMU to measure the culture of each department.• Pilot Focusing on early communication and support to aid early RTW for Short Term Absences.• Strategically align Health & Wellbeing plans with Attendance Management work stream.• Testing of Absence Data.• Develop pilot within Facilities to test and exploit the benefits of using ESR Manager Self-Serve in managing absence more effectively.																																																																											
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<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">• Decembers 2018 compliance against the 13 core competencies is 72.81%. This is a 1.49 % increase from November 2018 and a 18.24% rise since April 2018. This means that over 3,725 competencies have been completed during the month of December. Since April 2018, almost 45,600 competencies have been completed.	<p>% of compliance with Core Skills and Training Framework</p>  <table><tr><th>Month</th><th>All Level 1 Compliance (%)</th><th>Profile (%)</th></tr><tr><td>Apr-17</td><td>38</td><td>38</td></tr><tr><td>May-17</td><td>39</td><td>39</td></tr><tr><td>Jun-17</td><td>40</td><td>40</td></tr><tr><td>Jul-17</td><td>41</td><td>41</td></tr><tr><td>Aug-17</td><td>42</td><td>42</td></tr><tr><td>Sep-17</td><td>43</td><td>43</td></tr><tr><td>Oct-17</td><td>44</td><td>44</td></tr><tr><td>Nov-17</td><td>45</td><td>45</td></tr><tr><td>Dec-17</td><td>46</td><td>46</td></tr><tr><td>Jan-18</td><td>47</td><td>47</td></tr><tr><td>Feb-18</td><td>48</td><td>48</td></tr><tr><td>Mar-18</td><td>49</td><td>49</td></tr><tr><td>Apr-18</td><td>50</td><td>50</td></tr><tr><td>May-18</td><td>51</td><td>51</td></tr><tr><td>Jun-18</td><td>52</td><td>52</td></tr><tr><td>Jul-18</td><td>53</td><td>53</td></tr><tr><td>Aug-18</td><td>54</td><td>54</td></tr><tr><td>Sep-18</td><td>55</td><td>55</td></tr><tr><td>Oct-18</td><td>56</td><td>56</td></tr><tr><td>Nov-18</td><td>57</td><td>57</td></tr><tr><td>Dec-18</td><td>58</td><td>58</td></tr><tr><td>Jan-19</td><td>59</td><td>59</td></tr><tr><td>Feb-19</td><td>60</td><td>60</td></tr><tr><td>Mar-19</td><td>62</td><td>62</td></tr></table>	Month	All Level 1 Compliance (%)	Profile (%)	Apr-17	38	38	May-17	39	39	Jun-17	40	40	Jul-17	41	41	Aug-17	42	42	Sep-17	43	43	Oct-17	44	44	Nov-17	45	45	Dec-17	46	46	Jan-18	47	47	Feb-18	48	48	Mar-18	49	49	Apr-18	50	50	May-18	51	51	Jun-18	52	52	Jul-18	53	53	Aug-18	54	54	Sep-18	55	55	Oct-18	56	56	Nov-18	57	57	Dec-18	58	58	Jan-19	59	59	Feb-19	60	60	Mar-19	62	62	<ul style="list-style-type: none">• E-learning drop in sessions at all sites conducted bi-weekly, including staff group specific training undertaken.• Work is continuing on the review of M&S training requirements by role profile to reduce duplication of effort by staff repeating learning already covered at lower levels.• Review of Mandatory Framework planned• An internal audit of M&S Training commenced in December 2018. Recommendations from this audit are due in late February. <p>It is currently recognised that there are issues with ESR technical system reported nationally, which may impact on being able to report on compliance levels.</p>
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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 = 70Philippine nurses arrived in 17/18 & employed at Band 5 = 30Regionally 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.	Vacancies as at 31st Dec 2018		<ul style="list-style-type: none">Joint Cwm Taf / ABMU recruitment protocol to begin to address boundary change issues is in draft and will be implemented through the period up to transfer.We are also currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline.Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans will be presented to the Workforce and OD committee in January.																																																																																									
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25000-Clinical Assistant (M&D)	-0.46	-0.37	-0.37																																																																																										
25100-Senior Lecturer (M&D)	-1.90	-1.90	-1.90																																																																																										
25300-G.P.Sessions / Staff Fund	1.14	0.76	1.21																																																																																										
Total	-227.08	-240.16	-238.30																																																																																										
<table><tr><th>Grade - Nursing & Midwifery</th><th>Oct-18</th><th>Nov-18</th><th>Dec-18</th></tr><tr><td>2A182-Nurse Consultant Band 8B</td><td>-0.31</td><td>-0.31</td><td>-0.31</td></tr><tr><td>2A281-Nurse Manager Band 8A</td><td>1.50</td><td>5.23</td><td>6.53</td></tr><tr><td>2A282-Nurse Manager Band 8B</td><td>7.84</td><td>6.34</td><td>3.76</td></tr><tr><td>2A283-Nurse Manager Band 8C</td><td>2.00</td><td>3.00</td><td>4.00</td></tr><tr><td>2A284-Nurse Manager Band 8D</td><td>-3.00</td><td>-2.00</td><td>-2.60</td></tr><tr><td>2A451-Registered Nurse Band 5</td><td>-308.31</td><td>-308.05</td><td>-338.05</td></tr><tr><td>2A461-Registered Nurse Band 6</td><td>-25.11</td><td>-26.92</td><td>-19.34</td></tr><tr><td>2A471-Registered Nurse Band 7</td><td>-42.98</td><td>-37.19</td><td>-26.91</td></tr><tr><td>2A481-Registered Nurse Band 8A</td><td>0.00</td><td>3.11</td><td>-0.89</td></tr><tr><td>2A482-Registered Nurse Band 8B</td><td>0.00</td><td>0.00</td><td>0.00</td></tr><tr><td>Total</td><td>-368.36</td><td>-356.79</td><td>-373.81</td></tr></table>		Grade - Nursing & Midwifery	Oct-18	Nov-18	Dec-18	2A182-Nurse Consultant Band 8B	-0.31	-0.31	-0.31	2A281-Nurse Manager Band 8A	1.50	5.23	6.53	2A282-Nurse Manager Band 8B	7.84	6.34	3.76	2A283-Nurse Manager Band 8C	2.00	3.00	4.00	2A284-Nurse Manager Band 8D	-3.00	-2.00	-2.60	2A451-Registered Nurse Band 5	-308.31	-308.05	-338.05	2A461-Registered Nurse Band 6	-25.11	-26.92	-19.34	2A471-Registered Nurse Band 7	-42.98	-37.19	-26.91	2A481-Registered Nurse Band 8A	0.00	3.11	-0.89	2A482-Registered Nurse Band 8B	0.00	0.00	0.00	Total	-368.36	-356.79	-373.81																																												
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Description	Current Performance	Trend	Actions planned for next period																																												
Recruitment <i>Metrics provided by NWSSP. ABMU comparison with All wales benchmarking</i>	<ul style="list-style-type: none"> ABMU overall performance is just above the target level for NHS Wales Internal controls may have contributed to this. Of the key ABMU 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 October 2018 (working days: including outliers) T13</p> <p>TIME TAKEN...</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 ABMU is well under the 71 day target. Action to sanitise the data will improve accuracy of the reports. 																																												
Turnover <i>% turnover by occupational group</i>	<ul style="list-style-type: none"> Overall Turnover has reduced over the last six but increased slightly across most staff groups in December but stands below 8% (FTE) 	<p>Period Turnover Rate - 01 January 2018 - 31 December 2018</p> <table border="1"> <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>8.65%</td><td>8.74%</td><td>↓</td></tr> <tr> <td>Additional Clinical Services</td><td>7.47%</td><td>8.05%</td><td>↑</td></tr> <tr> <td>Administrative and Clerical</td><td>7.39%</td><td>7.65%</td><td>↑</td></tr> <tr> <td>Allied Health Professionals</td><td>9.82%</td><td>10.20%</td><td>↑</td></tr> <tr> <td>Estates and Ancillary</td><td>4.66%</td><td>5.20%</td><td>↑</td></tr> <tr> <td>Healthcare Scientists</td><td>7.22%</td><td>7.70%</td><td>↑</td></tr> <tr> <td>Medical and Dental</td><td>10.83%</td><td>12.17%</td><td>↑</td></tr> <tr> <td>Nursing and Midwifery Registered</td><td>7.94%</td><td>8.30%</td><td>↑</td></tr> </tbody> </table> <table border="1"> <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>7.71%</td><td>8.13%</td><td>↑</td></tr> </tbody> </table>	Staff Group	FTE	Headcount	Change Headcount	Add Prof Scientific and Technic	8.65%	8.74%	↓	Additional Clinical Services	7.47%	8.05%	↑	Administrative and Clerical	7.39%	7.65%	↑	Allied Health Professionals	9.82%	10.20%	↑	Estates and Ancillary	4.66%	5.20%	↑	Healthcare Scientists	7.22%	7.70%	↑	Medical and Dental	10.83%	12.17%	↑	Nursing and Midwifery Registered	7.94%	8.30%	↑	Overall Rate	FTE	Headcount	Change Headcount	Overall Rate	7.71%	8.13%	↑	<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.
Staff Group	FTE	Headcount	Change Headcount																																												
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Description	Current Performance	Trend	Actions planned for next period
PADR <i>% staff who have a current PADR review recorded</i>	<p>The percentage of non-medical staff who have had a Personal Appraisal and Development Review (PADR) as of December 2018 stands at 67.13%. This is an increase of 0.37% from The percentage of non-medical appraisals undertaken in December is 91.31%.</p> <p>The combined percentage for the Health Board in December 2018 is 69.2%</p>	<p>% of staff who have had a PADR in previous 12 months</p>	<ul style="list-style-type: none"> Focus on training Managers to complete Values Based PADR/use ESR to improve reporting figures. Schedule in place from November 2018 to December 2019 at all sites. Additionally, bespoke PADR training delivered as requested by teams and units. Heightened scrutiny process for Delivery Units. Explore implications of NHS Pay Deal and links with PADR. An internal audit of the PADR process commenced in December 2018. Recommendations from this audit are due in late February. The Director of WF&OD has asked for action plans from each Delivery Unit on how they will reach the tier 1 target of 85%.
Operational Casework <i>Number of current operational cases by category.</i>	<ul style="list-style-type: none"> Some fluctuation in live cases over the last three months but volume of activity is still significantly increased on averages pre Mid 2016. 	<p>Number of Operational Cases</p>	<ul style="list-style-type: none"> Procurement issues have been resolved and an order placed for the system. Full implementation expected in Q1 2019. Kick off implementation meeting on 16th January 2019. Case for investigating officer team 3 x band 6 1 x band 3 was considered by IGB and approved. Recruitment and establishment of team underway with first appointment to the team expected Q4 2018/19. 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 and will begin delivery in Nov/Dec 2018. The first ACAS partnership event has been held. A case review exercise is also underway with the support of NWSSP Legal and Risk looking at the most complex and problematic cases.

8. KEY PERFORMANCE MEASURES BY DELIVERY UNIT

8.1 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%			
		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			
		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			
		Profile	210	79	120	107	171	72	137	177	239	194	139	104
Stroke	Direct admission within 4 hours	Actual	33.9%	33.3%	43.8%	39.6%	29.8%	75.0%	71.7%	59.5%	62.2%			
		Profile	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	65.0%	65.0%	65.0%
	CT scan within 1 hour	Actual	32.3%	44.8%	38.8%	41.7%	36.0%	50.0%	52.5%	44.2%	47.8%			
		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%			
		Profile	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	85.0%	85.0%	85.0%
Planned care	Outpatients waiting more than 26 weeks	Actual	128	101	37	15	31	19	38	55	43			
		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			
		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			
		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%	87%			
		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%	87%			
		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			
		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			
		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			
		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%			
		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%					
		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%				
		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%			
		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%			
		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

8.1 Morriston Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Healthcare acquired <i>C. difficile</i> case numbers at its lowest level Non-invasive ventilation service running well with positive patient feedback. Rapid recovery during first week of “Breaking the Cycle”. Significant improvement of patients awaiting pancreatic cancer surgery. No patients exceeded targets for treatment in past month. Recruitment of orthopaedic theatre staff and more operating activity. Consistent outpatient performance. Internal target decreased from 14 to 10 working days for first appointment - <15 patients breaching this target. Acute stroke unit (ASU) access improved in Q2 and Q3. 10 confirmed stroke admissions between 31/12 and 03/01, 6 of which were admitted within four hours to the ASU. “Treat and Repatriate” Acute Coronary Syndrome (ACS) pathway started between Morriston and Hywel Dda (PPH) reducing access times for patients to the catheter lab and reduced length of stay. RTT target of fewer than 1991 patients waiting longer than 36 weeks was achieved in December 2018 (total was 1971 patients). A reduction of over 1000 patients since December 2017. 	<ul style="list-style-type: none"> “Breaking the Cycle” until 21st January to support patient flow and risk management. Implementation of final tranche of winter schemes early January 2019. Maintain oversight of winter plan schemes with cost and benefit tracking through Financial Recovery Group. Secure decision from Hywel Dda HB on a south west Wales surgical centre for oesophago-gastric (OG) cancer surgery in Morriston. Increase ‘flu vaccination rates - current uptake is 54%. Reduced waiting times and risk for TAVI and ACS patients. Establish implementation timeline for GI bleeding rota – requires 1:8 contribution from Singleton Hospital. Commencement of Plastic Surgery Treatment Unit capital programme and workforce redesign prior to April 2019 opening. Maintain strong TIA waiting times performance. TIA administrator for Swansea appointed. “Balance of Care” report outcomes shaping commissioning at Unit level. Reduce clinical transfer delays to Singleton and NPT hospitals. Introduction of single cancer pathway.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Working with Kendall Bluck to review the ED workforce plan against service demand (January). Monthly review of ER cases to recognise themes and provide additional support. Training for Disciplinary Investigating Officers planned for 29/01/19 to improve staff experience and management outcomes of ER processes. MIND’s “Time to Talk” day (07/02/19) with the importance of talking about mental health to be promoted to support staff. Focus on reducing lead time to CT head following WG thrombolysis review. Closer working with site management to help facilitate the smooth flow of patients between Emergency Department and the ASU. Embedding benefits and sustaining changes in KPMG improvement projects. 	<ul style="list-style-type: none"> Increasing social work assessment delays & delays in patients waiting social care pre discharge. Switching off the Singleton downgraded 999 pathway causing increasing ambulance delays of patients with low acuity at Morriston. Patients being cared for in inappropriate areas due to capacity issues. Current medical and nursing workforce gaps across Morriston. Reduction in cancer-tracking capacity due to sickness and a resignation that will take time to recruit and train. Late referrals from other Delivery Units and Health Boards. Reduced medical cover during the out-of-hours periods. Bed availability through winter a threat to ASU access times.

8.2 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%			
		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			
		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			
		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			
		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			
		Profile	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%				
		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%				
		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			
		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			
		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			
		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%			
		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%					
		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%				
		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%			
		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%			
		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

8.2 Neath Port Talbot Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Waiting times targets achieved in all medical specialties (Gen Med, COTE, Endocrinology, Rheumatology and Neuro-rehab and therapies • MIU attendance at 99.6% • Cancer 100% • All Nurse Practitioner posts filled • RDC – £100k funding approved for 19/20 from Cancer Network • Critical Care funding from Network for Nutrition and Dietetics and Physiotherapy for 19/20 • Maintaining performance of reduced number of falls causing harm. • ESD average case load 15 patient • ESD has been expanded it team to early evening to increase support short term winter funding 	<ul style="list-style-type: none"> • Support staff and services through boundary changes • Increase triage staffing in MIU to meet 99% 4hr target – recruiting • Consultant Antimicrobial Pharmacist and Antimicrobial Stewardship IMTP • MHRA licence for Singleton PTS and replacement air handling plant for Morriston PTS. • 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 extended hours within Pharmacy and support Winter pressures.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Strategic Review of MIU, Afan Nedd and rheumatology infusion unit, linking with Singleton Unit re chemotherapy infusions • Remodelling of therapy management and financial structures to one structure enabling timely responsive and good clinical governance for service developments • Centralisation of booking office for medical specialties • Further development of pharmacy specialty teams to support inpatients and specialist clinics. • 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. • Potential new income stream from private surgical activity. 	<ul style="list-style-type: none"> • Capacity within the Community for discharges • DTOC continuing to increase – 34 in December. • Winter pressures – staffing challenges to support surge capacity. • Loss of pharmacists to cluster & practice based roles. • Increased workload from NICE / New Treatment Fund appraisals specifically cancer drugs requiring infrastructure changes • Nurse recruitment challenges. • 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

8.3 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%			
		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			
		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			
		Profile	38	34	26	40	42	58	68	81	35	55	41	28
Stroke	Direct admission within 4 hours	Actual	42.1%	34.4%	33.3%	33.3%	28.6%	21.8%	25.8%	51.4%	40.6%			
		Profile	45%	45%	45%	50%	50%	50%	50%	50%	50%	65%	65%	65%
	CT scan within 1 hour	Actual	47.4%	40.6%	74.1%	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%			
		Profile	40%	40%	40%	45%	45%	45%	45%	45%	45%	50%	50%	50%
	Assessed by Stroke Specialist within 24 hours	Actual	76.3%	75.0%	70.4%	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%			
		Profile	75%	75%	75%	80%	80%	80%	80%	80%	80%	85%	85%	85%
Planned care	Outpatients waiting more than 26 weeks	Actual	31	15	17	12	2	15	21	66	51			
		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			
		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			
		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%	89%			
		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%	85%			
		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			
		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			
		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			
		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%			
		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%					
		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%				
		Profile			5.20%			5.15%			5.08%			5.00%
	Personal Appraisal Development Review	Actual	61%	59%	58%	60%	61%	63%	68%	68%	68%			
		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%			
		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

8.3 Princess of Wales Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • Improvement in the delivery of the Stroke target – 4 hours to a ward over 50%. Action plan being delivered and work ongoing with DU support • Recruitment of locum respiratory consultant to support additional winter pressure in the speciality • Delivery of 100% < 8 week • First Accredited Colonoscopy training course agreed for Feb 2018 in POW Endoscopy suite • Identification of additional registrar for each Saturday and Sunday to the end of February to support the ward patients and any patients suitable for discharge • Delivered the 36wk profile for RTT for delivery unit at end Quarter 3 • Successful capital replacement bids approved and awaiting delivery of new theatre equipment. 	<ul style="list-style-type: none"> • Finalise GIM on call arrangements • Winter Service Delivery • Recruit gastroenterologist and dermatologist into vacancies • Continue work to administratively review FUNB lists • Agree Emergency on-call model for ENT services for Quarter 4 • Progress workforce plan in Radiology to achieve more sustainable service and less reliance on locums. Consultant Radiologist and sonographer recruitment to vacant posts out again in January. • Continue to drive theatre efficiencies through reduction of cancellations on the day, and reducing late starts and early finishes. • Apply solutions to reduce waiting times in diagnostics below 8 weeks in quarter 4.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Frailty at the front door service commencing 7th January 2019 • IBG bid approval to recruit Parkinson's nurse • Continue to reduce elective waiting times by maximising routine capacity through outsourcing • Proceeding with further consultant radiologist advert in January 2019. • Continued head & neck radiology support from specialist to reduce backlog and waiting times in ultrasound. 	<ul style="list-style-type: none"> • Boundary change preparation and workload • Nurse staffing – ability to recruit into vacancies • Medical workforce gaps in Q4 in ENT and continuing in Urology • Continued real Risk of large financial overspend covering lost consultant sessions at NPTH Radiology (12 sessions of DCC being covered with expensive locums and outsourcing). 2 consultants now on phased return. • Theatre plant has failed again in December. • Winter demand and pressures due to flu will be in full effect in January.

8.4 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%	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	0	1
	1 hour ambulance handover	Actual	45	31	18	34	60	38	43	47	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			
		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			
		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			
		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%			
		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%	80%			
		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			
		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			
		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			
		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%			
		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%					
		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%				
		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%			
		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%			
		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

8.4 Singleton Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> <input type="checkbox"/> Full ICOP Team appointed into and service implemented. <input type="checkbox"/> Capital bid for SAU environment improvements works commenced. <input type="checkbox"/> Continued achievement of: no patients waiting over 8 weeks for an Endoscopy procedure and RTT 26, 36 and 52-week target for all medical specialties. <input type="checkbox"/> Selection to be part of the UKAS pilot for medical equipment service management. Date set to January 15-17th 2019. • Significant Improvement in Time to RT from January '18 <input type="checkbox"/> Secondary breast care nurse invited to Houses of Parliament. <input type="checkbox"/> 2 consultants awarded Honorary Associate Professor contracts in Swansea University. <input type="checkbox"/> Bid to expand virtual clinics for diabetic retinopathy patients. <input type="checkbox"/> Consultant Paediatricians appointed, Morr x2, Comm at Powh x1. <input type="checkbox"/> First BMS passed the Advanced Specialist Diploma in Histological Dissection. 	<ul style="list-style-type: none"> <input type="checkbox"/> Manage RTT pressures in Ophthalmology and Gynaecology following recent workforce challenges. <input type="checkbox"/> Service Resign: Redesign Services Ward 4&7, embedding ICOPS model and inpatient capacity. <input type="checkbox"/> Integrated workforce planning. <input type="checkbox"/> Develop a plan to support Radiotherapies waiting times. <input type="checkbox"/> Transfer of 2 x neonatal cots from POWH. <input type="checkbox"/> Improvement in PADR and Mandatory training compliance across all disciplines. <input type="checkbox"/> Cancer Performance and scoping of impact of Single Cancer pathway. <input type="checkbox"/> Funding for Consultant on call within Medicine. This actioned in October 2018. <input type="checkbox"/> Implementing winter plan.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <input type="checkbox"/> Delivery Unit to support Health Board case for Nerve centre. <input type="checkbox"/> Review Endoscopy Capacity & Demand to agree strategic direction. <input type="checkbox"/> Increase activity through Medical Day Unit to support patient flow and review opportunities to support flow from Morriston. <input type="checkbox"/> Regional collaboration with Hywel Dda for both Dermatology and Endoscopy Services. <input type="checkbox"/> Bed Utilisation survey and opportunities within Medicine. <input type="checkbox"/> Temporary urgent closure of MIU during winter allowing extended role of Acute GP Unit (AGPU). <input type="checkbox"/> Piloting of Patient Knows Best (PKB) - high volume medical conditions. <input type="checkbox"/> Implementation of Treat & Extend service in wet-AMD to improve patient experience and reduce unnecessary appointments for stable patients. <input type="checkbox"/> Appointment of PA in rotation with medicine and GP for next year. 	<ul style="list-style-type: none"> <input type="checkbox"/> Cwm Taf Boundary Remapping. <input type="checkbox"/> Cladding. <input type="checkbox"/> Availability of Staff/ Loss of Consultant Histo-Pathologists <input type="checkbox"/> Under delivery of Waterfall elements. <input type="checkbox"/> The impact of a No Deal Brexit. <input type="checkbox"/> Radiotherapy CT has had end of support notification for 31-12-2018. • Consultant retirement within Cardiology end of December and risk of not covering this post – discussions with Morriston DU ongoing. <input type="checkbox"/> Dermatology capacity administration gaps <input type="checkbox"/> Approval of FUNB validation proposal. <input type="checkbox"/> New NICE drug implementation will stretch the existing chemotherapy infrastructure.

8.5 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	90.0%	94.0%	91.2%	93.0%	93.0%	90.0%	93.0%	90.0%				
		Profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% therapeutic interventions started within 28 days	Actual	83%	81%	80%	84%	90%	93%	93%	87%				
		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%						
		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%				
		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%				
		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			
		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			
		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			
		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%			
		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%					
		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%				
		Profile			6.03%			5.93%			5.83%			5.73%
	Personal Appraisal Development Review	Actual	85%	77%	79%	77%	74%	77%	79%	79%	78%			
		Profile			80%			83%			85%			85%
	Mandatory Training (all staff- ESR data)	Actual	64%	66%	68%	69%	70%	72%	73%	78%	79%			
		Profile			60%			70%			80%			85%

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

8.5 Mental Health & Learning Disabilities Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Delivery Unit regularly meets all requirements of sections 1,3 and 4 of the Mental Health Measure. Section 2 is being managed closely to ensure the small dips experienced in June and July are avoided in the future. • Maintaining low number of healthcare acquired infections, with each occurrence reviewed for lessons learnt. • Maintaining relatively high levels of compliance with the PADR measures. 	<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). ❑ Improving Information Governance Training performance. ❑ Plan in place to deliver new target relating to psychological therapies waiting times.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ❑ Leads from Strategy continue to progress discussions with Cwm Taf towards the improvement of the CAMHS element of the Mental Health Measure. ❑ Mandatory training has improved however, Localities are working to improve this further towards compliance. ❑ Terms of reference for the serious incident group have been updated and the format of the reports has been changed in line with the recommendations from the 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. ❑ 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.

8.6 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			
		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			
		Profile	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			
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Access Measures	% of GP practices open during daily core hours or within 1 hour of daily core hours	Actual	94%	94%	94%	94%	90%	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%			
		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%									
		Profile												
Healthcare Acquired Infections	Clostridium Difficile cases (Community acquired)	Actual	6	5	5	5	7	4	4	1	11			
		Profile	3	6	9	2	5	3	3	3	3	5	3	6
	Clostridium Difficile cases (Community Hospitals)	Actual	0	0	0	1	1	0	0	0	0			
		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			
		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			
		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			
		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			
		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%					
		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%				
		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%			
		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%			
		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

8.6 Primary Care & Community Services Delivery Unit- Overview

Successes	Priorities
<ul style="list-style-type: none"> Bay and City Health Clusters have both been awarded Health Foundation monies (over 100k) to progress a preventative approach within communities (embargoed until January 2019) Dental Paediatric GA provider agreed contract amendment which will enable completion of risk-managed pathway Two Welsh Government Pathfinder community pharmacy enhanced services completed for commencement 1st Feb - Proton Pump Inhibitor [PPI] and Naloxone reflected in agreement to fund the medication Head of Adult Speech & Language presented at an International Parkinson's Disease conference PCS Unit Mandatory Training compliance rate has improved from 60% in Apr 18 to 80% in Dec 18. School Nurseries in all 3 localities completed "How to screen" and "How to intervene" WellComm Speech & Language training which is multiagency with LA representation Community Nurse based at Gorseninon Hospital was awarded Mentor of the Year at the Swansea University Mentorship Awards Dr Heather Potter, a GP at Skewen Medical Centre, was been awarded the BEM in the New Year's Honours List 	<ul style="list-style-type: none"> Work ongoing to ensure Safe staffing of Llynfi Ward, Maesteg Hospital, the Bridgend District Nursing service and the HB-wide Out of Hours District Nursing service Progression of Cwmtawe Transformation programme and preparation of rollout proposal circa £9m. Progress Primary Care Estates actions re: Swansea Wellness Centre Strategic Outline Case, refurbishment of Murton and Penclawdd Health Centres, and transfer of services from Portway Surgery to New Porthcawl Primary Care Centre – Feb 19 Development of a Patient Participation Group for Managed Practice. Implementation of complete Paediatric Dental GA pathway Develop Service Level Agreements for the 5 Dental Practices who have successfully secured WG Innovation funding Finalise ABMU/Hywel Dda pathfinder Community Pharmacy enhanced service for UTI in under 60s Complete and implement post-stroke discharge Eye-care pathway in Cwmtawe cluster Speech & Language training of Health Visitors and evaluation of training in Preschool Pre-referral Preventative Pathway
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Maximise Community Optometry contribution to tackling Ophthalmology Follow Up Not Booked issue, as part of Gold Command project Speech & Language team involvement in Stroke Rehab Arch project planning - opportunity to influence pathways and service needs. 	<ul style="list-style-type: none"> Transfer of inappropriate patients from POWH to Maesteg Hospital Overall impact of Bridgend Boundary change and ongoing staff uncertainty Notification of a tribunal to lift a national GP disqualification

9. LIST OF ABBREVIATIONS

ABMU	Abertawe Bro Morgannwg University
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
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
PMB	Post-Menopausal Bleeding
POVA	Protection of Vulnerable Adults
POWH	Princess of Wales Hospital
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
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
StSP	Spot The Sick Patient
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
WPAS	Welsh Patient Administration System