GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Dylanwadu'n Gadarnhaol ar Iechyd a Lles Dinasyddion Cymru

Positively Influencing the Health & Wellbeing of the Citizens of Wales

INTEGRATED PERFORMANCE DASHBOARD

November 2019

Summary

Background

At the end of the calendar year 2017 the Welsh Government issued a consultation proposing that responsibility for healthcare services in the Bridgend County Borough Council (CBC) area should transfer to Cwm Taf University Health Board (Cwm Taf) from Abertawe Bro Morgannwg University Health Board (ABMU); moving the health board boundary accordingly. Following due process, the outcome of the consultation was that the Health Board boundary be changed in accordance with the proposal; the change to take effect from 1 April 2019.

Performance Dashboard

This is the fifth performance dashboard to be produced by the Health Board providing performance reporting for Cwm Taf Morgannwg University Health Board. This dashboard is the September 2019 iteration, the dashboard wherever possible provides august reporting data.

The dashboard has been redesigned with distinct sections that show performance for Cwm Taf University Health Board (as was), Bridgend and Cwm Taf Morgannwg University Health Board.

For ease of reading the following terms have been used:

Cwm Taf University Health Board	has been referred to as "CT"
Bridgend	has been referred to as Bridgend or "B"
Cwm Taf Morgannwg University Health Board	has been referred to as "CTM"

The nomenclature N/A is used to show that data is "not available"

The following colour coding has been used for graphical representation where possible:

CT	Light Blue
CTM	Dark Blue (Corporate Blue)
Wales	Red
Bridgend	Green

Performance Data

Where performance data is available for CT, B and/or CTM this has been incorporated into this dashboard, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section. As far as is possible data for Bridgend has been quality assured, however, data should be used with due caution.

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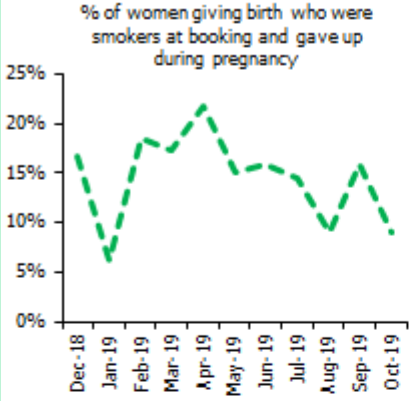
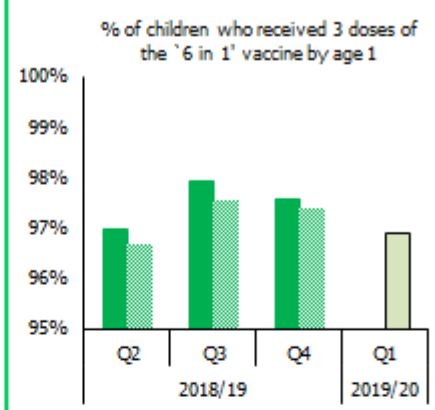
STAYING HEALTHY – People in Wales are well informed and supported to manage their own physical and mental health

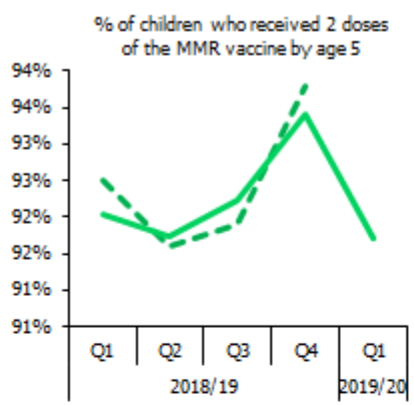
Key: Cwm Taf Morgannwg or **Cwm Taf** or **Bridgend**



Current Position		
CT	B	CTM
9.09%	N/A	N/A



Current Position		
CT	B	CTM
97.6%	97.4%	N/A



Current Position		
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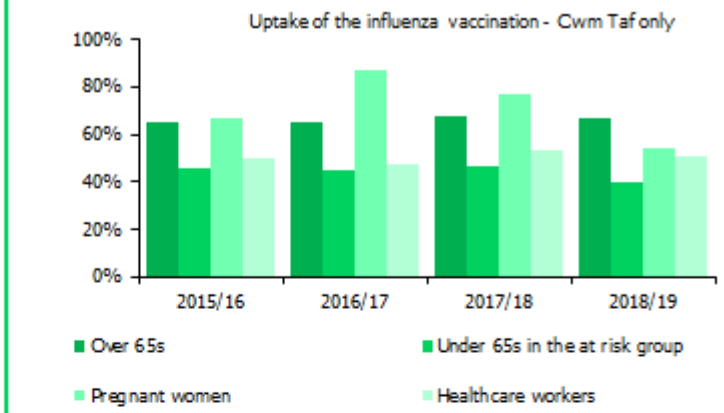
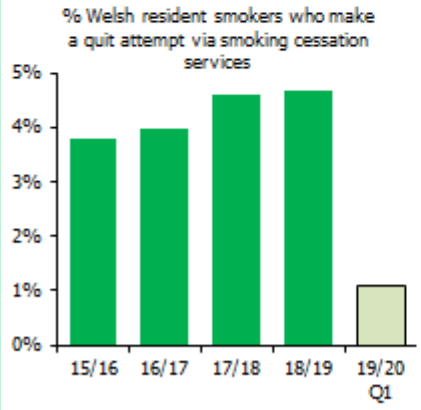
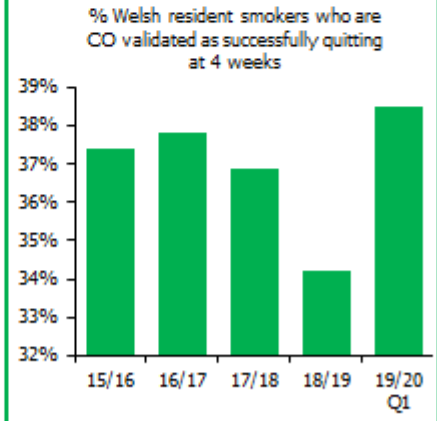
N/A	N/A	91.7%



Current Position	CT	B	CTM
Over 65's	67.1%	69.4%	67.9%
Under 65's at risk group	40.0%	41.0%	40.3%
Pregnant women	54.0%	N/A	N/A
Healthcare workers	50.9%	N/A	N/A



Current Position		
CT	B	CTM
N/A	N/A	1.1%



Current Position		
CT	B	CTM
N/A	N/A	38.5%

Indicator 1: Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)

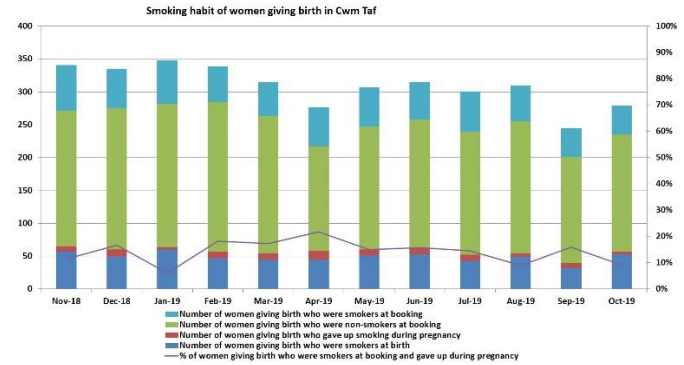
Outcome: My children have a good healthy start in life	Executive Lead: Director of Public Health
Period: Nov 2018 to Oct 2019	Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

How are we doing?

- Progress continues in relation to the work undertaken to address challenges of smoking in pregnancy within CT in line with reducing low birth weight and the more recent 1000 Lives campaign to reduce stillbirth rate continues to be a priority going forward particularly the universal offer of CO readings at booking.
- MAMSS (Models for Access to Maternal Smoking Cessation Support) is now a core service Cwm Taf run by two WTE MWSs – MAMSS is not yet in Bridgend – smokers continue to be referred on opt out basis as per NICE PH26 guidance.
- We are currently working 1000 carrying out tests of change to improve the service and ongoing for the next year at least
- Plans are underway to incorporate smoking cessation on mandatory maternity and obstetric updates and also for make every contact count training and brief intervention training mandatory across directorate starting April 2020

What actions are we taking?

- Families' First project plan was not approved 2018/19 and also funding from Flying start Merthyr was not renewed 2019-20.
- CO monitoring is now being carried out on all women at each "routine" antenatal appointment and also if a woman attends the Day Assessment Unit with a view to readdressing smoking in pregnancy (MECC) and ensuring the safety of our pregnant women with regards to Carbon monoxide that they are being unknowingly exposed to.
- PHW continue to explore other funding streams to assist with expansion of service to the new area of our Health Board.
- Awaiting collaboration of Bridgend smoking cessation data and service information.

What are the areas of risk?

- Cessation of services that have proven improved health outcomes for the women and their unborn/babies.
- Two tiered smoking cessation service in CTMUHB maternity service.

Benchmarking: how do we compare?

	ABMU	AB	BCU	C&V	HDd	Powys
2017/18	4.40%	63.50%	7.40%	18.50%	21.90%	31.30%
2016/17	4.80%	46.00%	10.70%	21.40%	26.80%	10.30%
2015/16	4.70%	32.70%	15.80%	7.10%	69.20%	2.90%

	CT	Morgannwg	CTM			Wales
2017/18	26.50%					27.10%
2016/17	25.10%					23.70%
2015/16	25.00%					22.90%

% of women giving birth who were smokers at booking and gave up during pregnancy	CT
Nov-18	11.43%
Dec-18	16.67%
Jan-19	6.15%
Feb-19	18.52%
Mar-19	17.31%
Apr-19	21.67%
May-19	15.00%
Jun-19	15.79%
Jul-19	14.52%
Aug-19	8.93%
Sep-19	15.91%
Oct-19	9.09%

Source: Local: MITS Team/Information Team

Indicator 2: Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
Indicator 3: Percentage of children who received 2 doses of the MMR vaccine by age 5

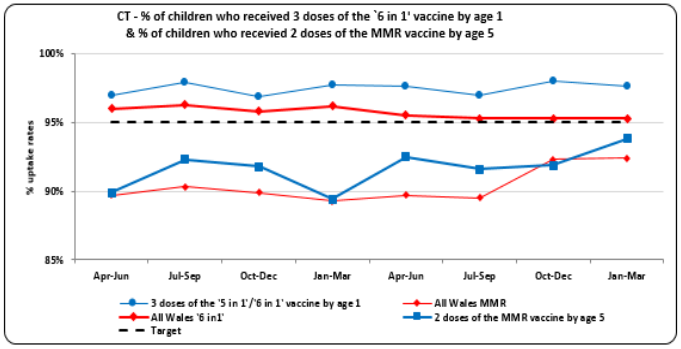
Outcome: My children have a good healthy start in life	Executive Lead: Director of Public Health
Period: Quarter 1 2019/20	Target: 95%

Current Performance:

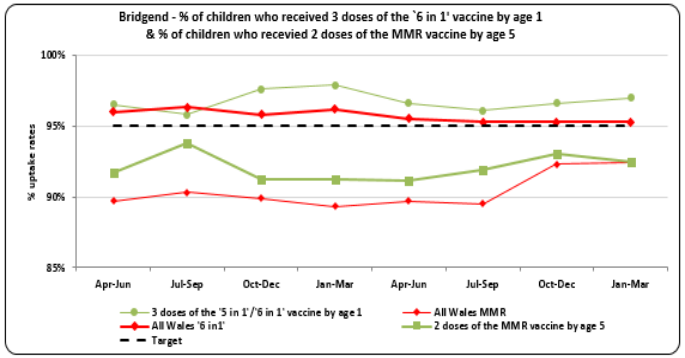
Cwm Taf Morgannwg

CTMUHB	
"6 in 1" vaccine by age 1	2 doses of MMR vaccine by age 5
2019/20	2019/20
Apr-Jun	Apr-Jun
96.9%	91.7%

Cwm Taf



Bridgend



How are we doing, what actions are we taking?

How are we doing?

Indicator 2: Uptake for CTMUHB during Apr-Jun 2019 was 96.9%, which remains above target.

Indicator 3: Uptake for CTMUHB during Apr-Jun 2019 was 91.7%, which remains below target.

What actions are we taking?

Pilot Sept-March 2019 - Missed 2 immunisation appointments documentation is being highlighted to Health Visiting Service from Child health to improve uptake in children who have incomplete immunisations up to age 5. Plans for a focus group to meet to look at time scales: 1. That health visitors need to respond by, 2. For the pilot's completion/point of evaluation

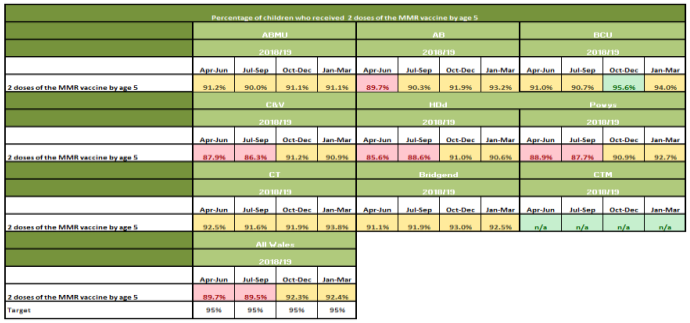
The School Nursing service has plans to devise a letter to send to parents at the school entry health review (4 years old rising 5) where immunisations are outstanding, particularly MMR

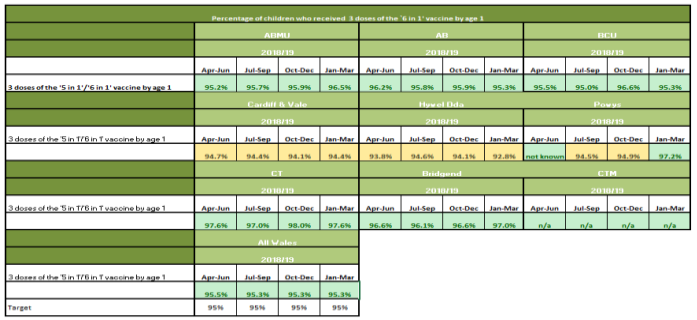
Child Health printing off lists of children with incomplete immunisations status by age 5. Lists are being sent to Health visitors and GP's.

What are the main areas of risk?

- Potential of outbreaks in local area if stats remain below 95% target
- Confirmed outbreak of Mumps in England by PHE (March 2019 – BBC News)
- Confirmed outbreak of Mumps in Cardiff by PHW (April 2019 – BBC Wales News)
- 'Should vaccinations be compulsory?' by Hugh Pym, Health Editor (September 2019 - BBC News)
- 'Vaccinations: No plans to make them compulsory in Wales' (September 2019 – BBC News

Benchmarking: how do we compare?





Indicator 2: Uptake was 95.8% for Wales during Apr-Jun 2019 (a 0.5% increase; was 95.3% during Jan-Mar 2019), so CTMUHB (96.9%) continues to exceed this by 1.1%

Indicator 3: Uptake was 92.4% for Wales during Apr-Jun 2019 (no change; was 92.4% during Jan-Mar 2019), so CTMUHB (91.7%) has seen a 0.7% decline

(PHW has been working closely with Powys Health Board on a data quality project looking into irregularities in data that have been identified. A problem with one of the algorithms meant that when a child left a health board, not all of the data went with them. A fix has been rolled out and PHW is looking to work with CTMUHB in the future to carry out similar audits. PHW has explained that this fix will mean that percentage uptake will increase in the areas that were involved)

Source: Public Health Wales Health Protection Division: *http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144*

Indicator 5: Uptake of the influenza vaccination among: (a) 65 year olds and over; (b) under 65s in risk group; (c) pregnant women; (d) health care workers

Outcome: I am healthy and active and do the things to keep myself healthy	Executive Lead: Director of Public Health			
Period: Seasons 2015/16 – 2018/19	Target: (a) 75%	(b) 55%	(c) 75%	(d) 60%

Current Performance:

Cwm Taf Morgannwg

See table below

Cwm Taf

Uptake of influenza vaccination	CT	B	CTM	All Wales
	2019/20			
	as at 23 April 2019			
Over 65s	67.1%	69.4%	67.9%	68.2%
Under 65s in the at risk group	40.0%	41.0%	40.3%	44.0%
Pregnant women*				
Healthcare workers**	50.9%			55.5%
No of pregnant women immunised	1006			

Bridgend

See table above

How are we doing, what actions are we taking?

Cwm Taf Primary Care - as at 24 April 2019
Uptake in those 65 years and older in CTUHB was 67.1% (68.2% Wales average). Uptake in those under 65 years with clinical risk in CTUHB was 40.0% (44.0% Wales average) (*see note 1*)
Cwm Taf Staff Uptake among staff with direct patient contact (*to end of Mar 19*) was 50.9% (55.0% Wales average). Uptake among total staff (*to end of February 2019*) was 48.0% (53.4% Wales average).

What actions are we taking?

- Distinction between strategic and operational immunization groups, and separation of community and staff flu plans, should improve oversight and engagement.
- Staff Flu vaccination workshop undertaken in May 2019 to evaluate the 2018/19 programme and plan for 2019/20, further engaging with members of the Board and Senior Managers.
- Staff Flu evaluation workshop outcomes to be submitted to execs in SBAR. Including requests to support improving of data collection, peer vaccinator numbers and financial resources for an ambitious campaign for 2019/20.
- Learning from the 2018/119 staff campaign will be incorporated into an updated staff flu plan for 2019/20 campaign.
- An enhanced service for vaccinating care home staff is now in place.
- GP practices and clusters will continue to receive personalised reports to incentivise further uptake efforts.
- Flu ordering scoping piece of work underway to support GPs with achieving targets by assessing what they have ordered against their denominators. This will also support the facilitation of vaccine transfer between practices to enable practices who have run out of to continue vaccinating where there is need.
- Peer vaccinator training sessions booked across sites in CTMUHB. Awaiting outcomes of SBAR to execs before request for nominations can be rolled out.
- The Immunisation Team have collaborated with Public Health to ensure Peer Vaccinators and staff flu are incorporated into as many IMTP plans in the health board as possible
- Plans to continue with successful incentive used 2018/19 which included: a voucher for a free tea/coffee in the HB, a pen and a lanyard when they have their flu vaccination. Hopes to extend our incentives, dependant on outcomes of SBAR to execs
- Scoping work being undertaken to look at how much GPs are using the free text service available via NWIS with the hope to promote usage of the service to remind those eligible for flu to be vaccinated. Text reminders are recommended in NICE guidelines for improving flu uptake.
- Sharing innovative practice in Immunisation Update around children's flu, encouraging practices to put on 'Fluenz parties'
- Sharing of uptake data with 3rd sector health link to promote vaccination with the over 65s in practices where uptake is the lowest

Benchmarking: how do we compare?

	ABMU			AB			BCU		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	64.6%	65.0%	68.2%	67.7%	68.1%	69.8%	68.7%	68.7%	70.6%
Under 65s in the at risk group	43.4%	43.7%	46.7%	49.4%	49.7%	50.8%	49.3%	49.3%	51.6%
Pregnant women*	44.1%	81.5%	93.3%	43.7%	69.8%	72.5%	50.3%	75.3%	65.2%
Healthcare workers**	54.6%	57.4%	58.5%	41.4%	52.1%	58.0%	43.2%	50.3%	55.1%
No of pregnant women immunised	1980	1851	1911	2476	5422	2621	3673	3579	3878

	C&V			HDda			Powys		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	68.9%	69.0%	71.0%	63.9%	63.4%	65.0%	64.3%	63.9%	66.3%
Under 65s in the at risk group	48.3%	48.3%	49.0%	43.2%	42.3%	42.9%	44.2%	46.0%	47.9%
Pregnant women*	51.8%	87.2%	77.2%	42.7%	87.5%	54.8%	53.5%	85.7%	100.0%
Healthcare workers**	46.8%	53.0%	64.7%	52.8%	47.0%	60.6%	60.1%	64.0%	65.4%
No of pregnant women immunised	2602	2659	2614	1278	1208	1265	643	617	647

	CT			Morgannwg			CTM		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	65.0%	64.9%	67.7%						
Under 65s in the at risk group	45.9%	45.2%	46.8%						
Pregnant women*	66.7%	57.4%	69.8%						
Healthcare workers**	50.4%	47.2%	53.1%						
No of pregnant women immunised	1003	971	986						

	All Wales		
	2015/16	2016/17	2017/18
Over 65s	66.6%	66.7%	68.8%
Under 65s in the at risk group	46.9%	46.9%	48.5%
Pregnant women*	47.1%	76.8%	72.7%
Healthcare workers**	47.3%	51.5%	57.9%
No of pregnant women immunised	13655	13410	13922

Uptake in the above reported categories has decreased on last year and continues to lag behind the all-Wales average in those under 65 years with clinical risk.

What are the main areas of risk?

- Persisting myths around immunisation in the community.
- Another new vaccine choice for 2019/20 –concerns of possible delays/staggered deliveries as happened in 2018/19
- Capacity within primary care to increase vaccination uptake.
- Attaining the increased 60% healthcare worker target for 2019/20 represents an additional challenge requiring high levels of directorate support.
- There is a risk we will not receive the number of peer vaccinator nominations we need for a successful 2019/20 campaign
- WHC for flu 2019/20 mentions that employers will need to risk assess unvaccinated staff working in high risk areas. No further guidance received from Public Health on this yet. There is a risk of significant disruption to services based on the recommendations public health makes related to this.
- Risk that sign off from execs may be delayed with other ongoing issues in the HB, having an impact on the Immunisation Service being able to take timely action for 2019/20 staff flu campaign

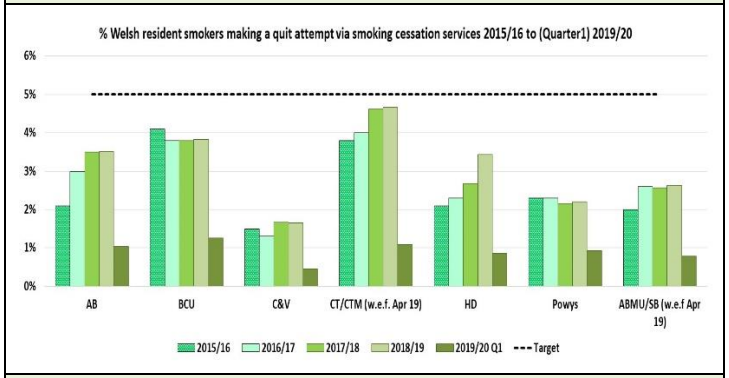
Source: Public Health Wales Health Protection Division: http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=34338 http://nww.immunisation.wales.nhs.uk/ct-ivor http://nww.immunisation.wales.nhs.uk/ct-gp-flu)

Indicator 6: The percentage of adult smokers who make a quit attempt via smoking cessation services

Outcome: I am healthy and active and do the things to keep myself healthy	Executive Lead: Director of Public Health
Period: To Quarter 1 2019/20	Target: 5% Annual Target

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As above to 2018/19

Bridgend

Data not currently available

How are we doing, what actions are we taking?

To achieve 5% during 2019/20 we required 3,500 smokers to be treated via the range of available cessation services. Data for Q1 shows a total of 774 treated smokers via the following cessation services, and includes data for the Bridgend area:

Help Me Quit for Community – 159
Level 3 Community Pharmacy – 549
Help Me Quit for Baby – 32
Help Me Quit in Hospital – 34

Data for Quarter 2 of 2019/20 will be available in December 2019.

What actions are we taking?
Integration of the range of smoking cessation services within the Help Me Quit family is a priority following the recent transfer of 'Help Me Quit for Community' staff to Health boards from Public Health Wales

What are the areas of risk?
Service funding for Help Me Quit for Baby (MAMSS)

Benchmarking: how do we compare?

% Welsh resident smokers who make a quit attempt via smoking cessation services								
	AB	BCU	C&V	CT/CTM (w.e.f. Apr 19)	HD	Powys	ABMU/SB (w.e.f Apr 19)	Wales
2019/20 Q1	1.04%	1.26%	0.46%	1.09%	0.87%	0.92%	0.78%	0.95%
2018/19	3.51%	3.82%	1.66%	4.66%	3.44%	2.21%	2.63%	3.21%
2017/18	3.49%	3.79%	1.67%	4.61%	2.67%	2.16%	2.56%	3.11%
2016/17	3.00%	3.80%	1.30%	4.00%	2.30%	2.30%	2.60%	
2015/16	2.10%	4.10%	1.50%	3.80%	2.10%	2.30%	2.00%	
Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%

How do we compare with our peers?
Data for Q1 of 2019/20 shows a performance of 1.09% towards the 5% financial year end target. It is not possible to compare this performance with last year because of the recent health board boundary change.

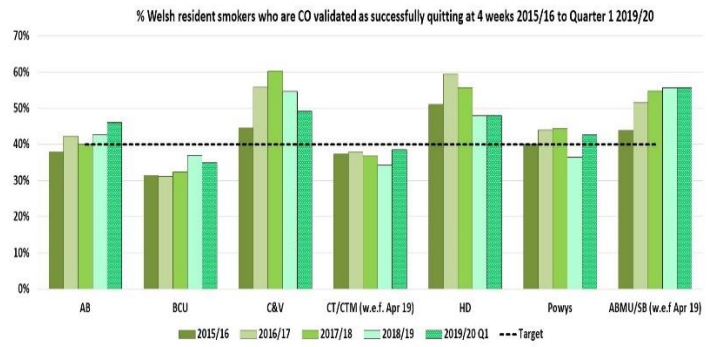
Source: Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 7: The percentage of those smokers who are CO-validated as quit at 4 weeks

Outcome: I am healthy and active and do the things to keep myself healthy	Executive Lead: Director of Public Health
Period: To Quarter 1 2019/20	Target: 40% Annual Target

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As above to 2018/19

Bridgend

Data not currently available

How are we doing, what actions are we taking?

Work is underway (All Wales) to implement a set of minimum service standards and data collection set. This will be in tandem with periodic review and audit.

Data for Quarter 2 of 2019/20 will be available in December 2019.

Benchmarking: how do we compare?

% Welsh resident smokers who are CO validated as successfully quitting at 4 weeks								
	AB	BCU	C&V	CT/CTM (w.e.f. Apr 19)	HD	Powys	ABMU/SB (w.e.f Apr 19)	Wales
2019/20 Q1	**46.0%**	**35.0%**	**49.1%**	**38.5%**	**47.9%**	**42.6%**	**55.7%**	**42.9%**
2018/19	42.6%	37.0%	54.6%	34.2%	47.9%	36.4%	55.7%	
2017/18	40.1%	32.4%	60.3%	36.9%	55.6%	44.4%	54.8%	
2016/17	42.3%	31.1%	55.8%	37.8%	59.4%	44.0%	51.6%	
2015/16	37.8%	31.3%	44.6%	37.4%	51.0%	40.1%	43.9%	
Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%

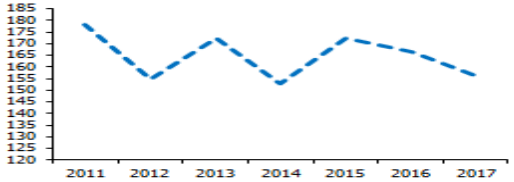
Collectively, for all services, the Health Board's performance for Q1 of 2019/20 is just below the all Wales Target of 40%, at 38.5%.

Source: Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649

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

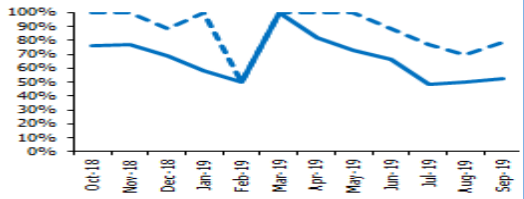
Key: Cwm Taf Morgannwg or **Cwm Taf** or **Bridgend** **N/A - data not currently available**

Amenable mortality per 100,000 of the European standardised population



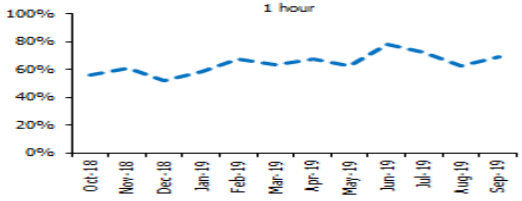
Current Position		
CT	B	CTM
156	N/A	N/A

% in-patients with positive sepsis screening received Sepsis 6 first hour care bundle within 1 hour



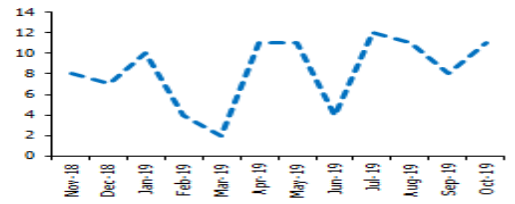
Current Position		
CT	B	CTM
78.6%	40%	52.3%

% patients presented at ED with positive sepsis screening received Sepsis 6 first hour care bundle within 1 hour



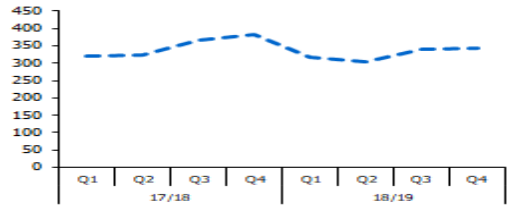
Current Position		
CT	B	CTM
69.2%	N/A	69.2%

Number of potentially hospital acquired thromboses



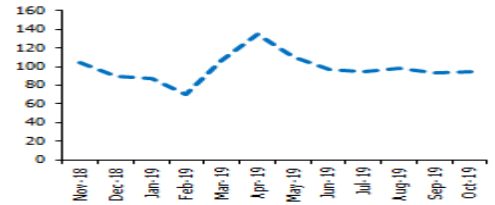
Current Position		
CT	B	CTM
11	N/A	N/A

Total antibacterial items per 1,000 STAR-PUs



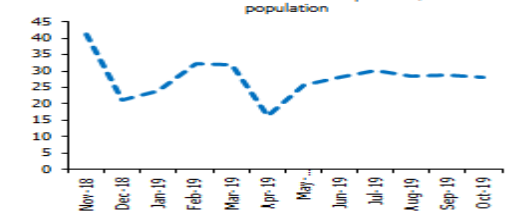
Current Position		
CT	B	CTM
339.3	N/A	N/A

Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population



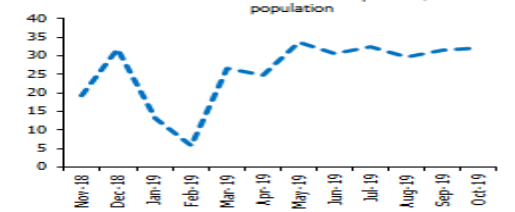
Current Position		
CT	B	CTM
N/A	N/A	94.51

Cumulative rate of laboratory confirmed S.aureus bacteraemia cases per 100,000 population



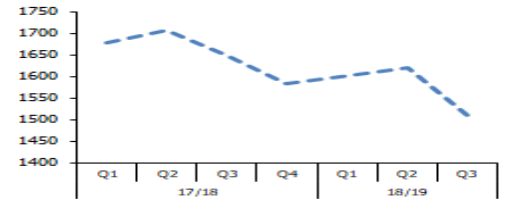
Current Position		
CT	B	CTM
N/A	N/A	28.04

Cumulative rate of laboratory confirmed C.difficile bacteraemia cases per 100,000 population



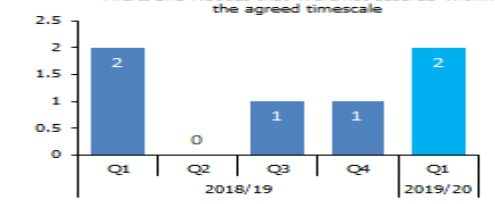
Current Position		
CT	B	CTM
N/A	N/A	32.27

Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PUs



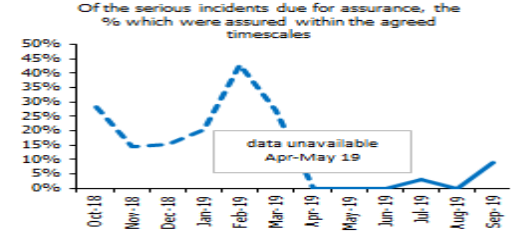
Current Position		
CT	B	CTM
1511	N/A	N/A

Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale



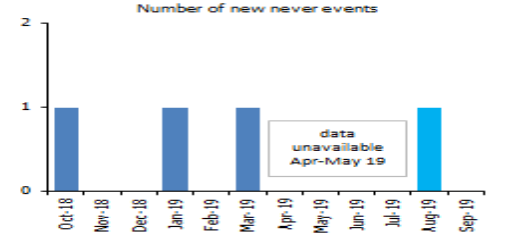
Current Position		
CT	B	CTM
N/A	N/A	2

Of the serious incidents due for assurance, the % which were assured within the agreed timescales



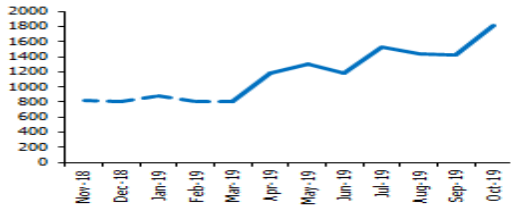
Current Position		
CT	B	CTM
N/A	N/A	9.1%

Number of new never events



Current Position		
CT	B	CTM
N/A	N/A	0

Total Incidents recorded



Current Position		
CT	B	CTM
N/A	N/A	1811

Indicator 12: Amenable mortality per 100,000 of the European standardised population

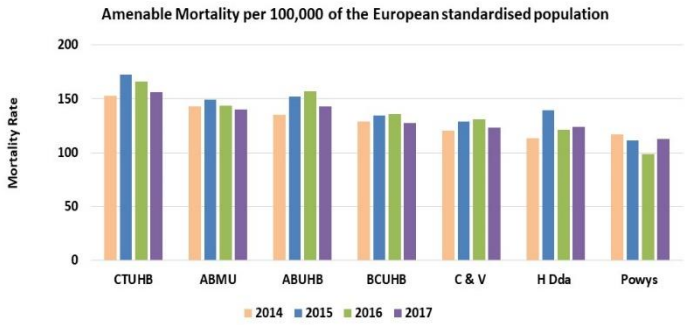
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Medical Director
Period: 2014 to 2017	Target: Annual Reduction

Current Performance:

Cwm Taf Morgannwg

Not currently available

Cwm Taf



Bridgend

Not currently available

How are we doing, what actions are we taking?

	Amenable Mortality per 100,000 of the European standardised population - Annual Reduction						
	CTUHB	ABMU	ABUHB	BCUHB	C & V	H Dda	Powys
2017	156.0	139.9	142.9	127.2	122.9	124.1	112.7
2016	166.4	143.9	156.6	135.6	130.9	121.3	98.9
2015	172.1	149.0	152.0	134.7	129.0	139.6	111.4
2014	152.9	143	135.5	128.8	120.5	113.3	116.8

The Health Board continues to improve process around mortality to ensure improving performance.

Benchmarking: how do we compare?

Mortality Indicator : Avoidable, Amenable and Preventable Mortality

Causes of death considered avoidable, amenable & preventable, European age-standardised rate (EASR) per 100,000, persons, Wales, 2015-2017

Area of usual residence	Avoidable		Amenable		Preventable	
	Deaths (annual average)	EASR	Deaths (annual average)	EASR	Deaths (annual average)	EASR
WALES	**8,041.3**	**253.5**	**4360.7**	**136.6**	**6729.0**	**212.4**
Isle of Anglesey	187.3	229.2	102.0	122.7	154.3	189.8
Gwynedd	308.3	236.9	160.3	123.9	252.0	193.9
Conwy	355.7	257.4	187.0	135.2	299.3	216.4
Denbighshire	274.3	256.2	150.3	138.5	233.3	218.0
Flintshire	391.7	240.9	210.0	127.0	334.3	206.2
Wrexham	359.7	265.7	193.3	141.1	302.7	223.9
Powys	320.7	200.6	172.0	105.6	272.3	171.4
Ceredigion	177.3	218.8	97.7	119.2	148.7	182.5
Pembrokeshire	327.3	229.7	178.0	121.1	280.3	197.7
Carmarthenshire	510.0	248.3	281.0	133.2	438.0	214.0
Swansea	640.0	272.9	331.0	141.5	548.3	233.8
Neath Port Talbot	431.7	293.7	224.7	150.9	371.7	253.1
Bridgend	376.3	260.1	203.3	138.3	317.3	220.1
The Vale of Glamorgan	276.3	205.4	142.7	105.3	224.7	167.0
Cardiff	691.0	249.8	375.3	138.7	564.0	203.2
Rhondda, Cynon, Taff	677.3	291.1	384.0	163.5	549.7	236.9
Merthyr Tydfil	175.3	304.1	95.3	163.8	142.3	247.6
Caerphilly	501.7	280.8	285.0	157.3	413.3	232.1
Blaenau Gwent	214.0	302.0	127.0	177.2	175.7	248.4
Torfaen	249.3	267.5	133.0	142.0	213.3	228.9
Monmouthshire	219.0	204.4	117.7	108.3	187.0	174.3
Newport	377.0	276.9	210.0	155.0	306.3	225.4

Avoidable, amenable & preventable mortality are classified according to ONS definitions;

amenable (treatable) mortality - deaths that could be avoided through timely and effective healthcare

preventable mortality - deaths that could be avoided by public health interventions

avoidable mortality – deaths that are amenable, preventable or both, where each death is counted only once

Source: Office for National Statistics

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2017

Across the seven Welsh Health Boards, Cwm Taf had the highest rate of amenable mortality during 2017 although a reduction has been seen from 2015, while Powys Teaching Health Board had the lowest.

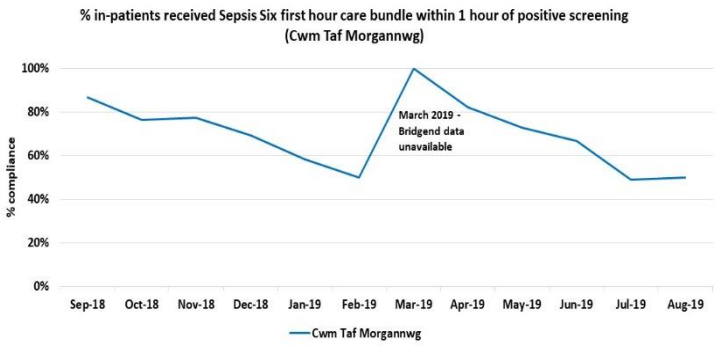
Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/avoidablemortalitybyclinicalcommissioninggroupsinenglandandhealthboardsinwales

Indicator 13: Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening

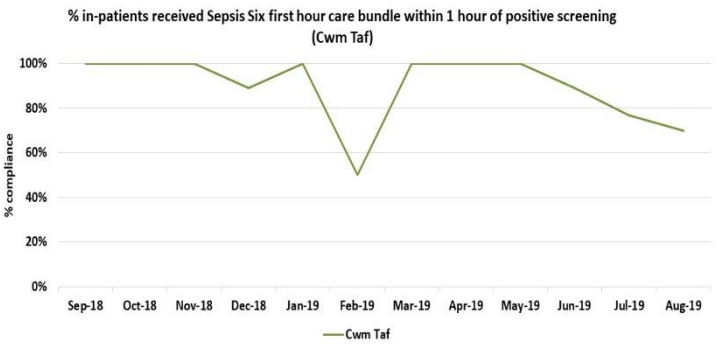
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Medical Director
Period: Sep 2018 to Aug 2019	Target: 12 month improvement trend

Current Performance:

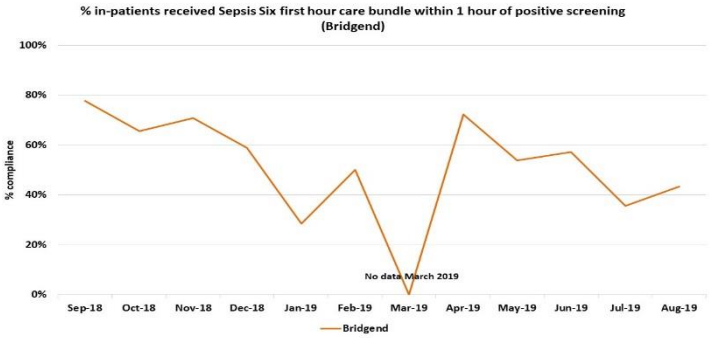
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing, what actions are we taking?

Sepsis compliance metrics are reported to Welsh Government on a monthly basis. Outreach input is now a formal part of the doctor and nurse orientation programme.

Outreach team continue to promote the work of the RRAILS and AKI groups to improve patient safety and care and there is now 24/7 cover for the whole Health Board. Suspicion of infection leads to sepsis screening and delivery of sepsis 6 of which compliance is measured by the Outreach team.

There is a well-attended multi-disciplinary quarterly group engaged with the national programme.

Working with maternity to produce sepsis guideline and working with District Nursing team to provide NEWS charts and observation equipment.

Education of all frontline HCPs via a mix of induction, rolling programmes and ward based targeted training.

Establishment of DRIPS meetings in both ED's to regularly review response to acute deterioration.

Risks are:

- Engagement of staff who are increasingly finding difficulty in being released from clinical areas for training.
- Outreach team has no capacity to provide teaching when clinical areas take priority.

Benchmarking: how do we compare?

% of inpatients with a positive sepsis screening who have received all elements of the Sepsis Six first hour care bundle within one hour of positive screening

	CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU
Sep-18	100.0%			N/A		
Oct-18	100.0%	42.4%	100.0%	77.8%	100.0%	57.1%
Nov-18	100.0%			N/A		
Dec-18	88.9%	52.6%	100.0%	71.4%	84.6%	52.6%
Jan-19	100.0%			N/A		
Feb-19	50.0%	N/A	100.0%	50.0%	93.1%	42.9%
Mar-19	100.0%	66.7%	100.0%	85.7%	86.4%	42.9%
	CTM	**AB**	**BC**	**C & V**	**H Dda**	**SB**
Apr-19	82.1%	54.8%	100.0%	68.8%	92.3%	0.0%
May-19	72.7%			not available		
Jun-19	66.7%	61.9%	100.0%	100.0%	94.1%	25.0%
Jul-19	48.8%			not available		
Aug-19	50.0%	35.1%	100.0%	71.4%	88.6%	0.0%

note: not all hospitals/wards may be included in the data supplied by health boards

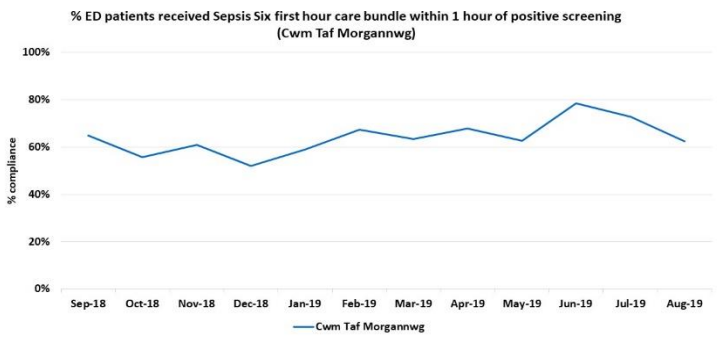
Source: Local Clinical Audit

Indicator 14: Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening

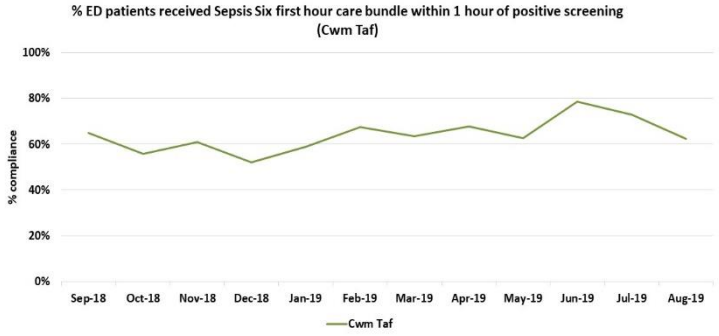
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Medical Director
Period: Sep 2018 to Aug 2019	Target: 12 month improvement trend

Current Performance:

Cwm Taf Morgannwg:
please note POW do not currently collate data in ED



Cwm Taf



Bridgend

Data not currently collated by Princess of Wales Hospital Emergency Department

How are we doing, what actions are we taking?

Sepsis compliance metrics are reported to Welsh Government on a monthly basis. Outreach input is now a formal part of the doctor and nurse orientation programme.

Outreach team continue to promote the work of the RRAILS and AKI groups to improve patient safety and care and there is now 24/7 cover for the whole Health Board. Suspicion of infection leads to sepsis screening and delivery of sepsis 6 of which compliance is measured by the Outreach team.

There is a well-attended multi-disciplinary quarterly group engaged with the national programme.

Working with maternity to produce sepsis guideline and working with District Nursing team to provide NEWS charts and observation equipment.

Education of all frontline HCPs via a mix of induction, rolling programmes and ward based targeted training.

Establishment of DRIPS meetings in both ED's to regularly review response to acute deterioration.

What are the areas of risk?
Engagement of staff who are increasingly finding difficulty in being released from clinical areas for training.

Outreach team has no capacity to provide teaching when clinical areas take priority.

Benchmarking: how do we compare?

% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the `Sepsis Six' first hour care bundle within one hour of positive screening

	CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU
Sep-18	65.0%				N/A	N/A
Oct-18	55.8%	69.0%	71.4%		95.0%	75.0%
Nov-18	60.9%	N/A	N/A		N/A	
Dec-18	52.0%	65.3%	63.8%	N/A	94.2%	
Jan-19	59.0%	N/A	N/A			N/A
Feb-19	67.4%		48.6%		87.9%	
Mar-19	63.5%	57.3%	64.9%		88.2%	
	CTM	**AB**	**BC**	**C & V**	**H Dda**	**SB**
Apr-19	67.7%	58.7%	66.2%	N/A	90.7%	N/A
May-19	62.7%	not available				
Jun-19	78.6%	58.3%	44.8%	N/A	89.2%	N/A
Jul-19	72.9%	not available				
Aug-19	62.5%	59.7%	54.9%	38.6%	88.1%	N/A

note: C&V and Swansea Bay no longer supply data. Not all hospitals/wards may be included in the data supplied by health boards

Source: Local Clinical Audit

Indicator 15: The number of potentially preventable hospital acquired thrombosis

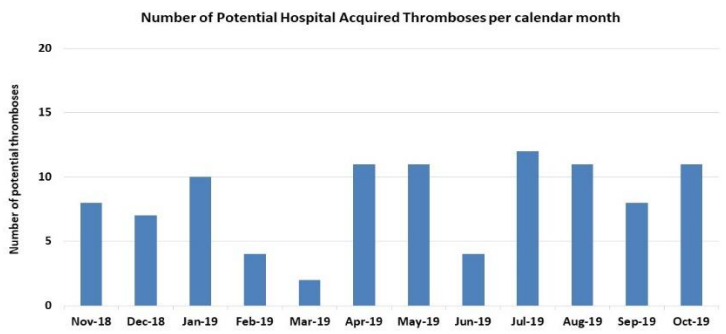
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Medical Director
Period: 2017/18 to Qtr. 3 2018/19	Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf – Number of potential hospital acquired thromboses



Bridgend

Data not currently available

How are we doing, what actions are we taking?

The pharmacy team continue to hold awareness and training sessions as well as a continuation of a number of improvement projects.

VTE risk assessment compliance is monitored via monthly Pharmacy audits with immediate feedback provided to the Ward Sister.

The RCAs are informing learning and improvement with regards to prescribing and administration timeliness.

Qlik Sense App developed to allow close monitoring of potential HATs.

Clinical Directors with MDTs to ensure completion of the VTE risk assessments and prophylaxis, prescribing and administration as per local guidelines. To monitor via local Quality and Safety meetings and feedback learning to the VTE Steering group.

The Clinical Audit Facilitator who has taken responsibility for the management of the VTE/HAT process is establishing meetings with the lead clinicians to review all HAT cases.

Benchmarking: how do we compare?

Number of potentially preventable hospital acquired thromboses (HAT) - 4 quarter	2018/19				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Cwm Taf	0	2	1	3	5	4	3	1
Abertawe Bro Morgannwg	0	3	2	1	1	2	4	0
Aneurin Bevan	4	0	2	3	6	3	3	3
Betsi Cadwaladr	4	2	0	0	5	0	0	2
Cardiff & Vale	2	0	3	1	0	6	2	0
Hywel Dda	6	2	8	7	1	2	3	3
Powys	0	0	0	0	0	0	0	0

Source: Local Clinical Audit/Local Information Team

Indicator 16: Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)

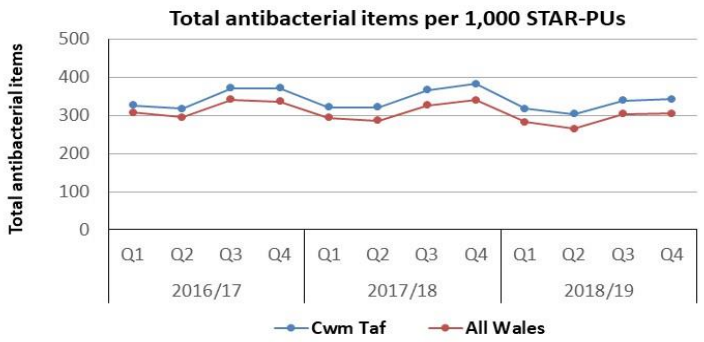
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Primary, Community and Mental Health
Period: 2016/17 to 2018/19	Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

CTMUHB have the highest prescribing rates of antimicrobials in primary care in Wales. However CTMUHB have introduced prescribing guidelines to improve the choice of antimicrobials prescribed and this has demonstrated improvement e.g. compliance with the new primary care UTI treatment guidelines is good with current audited practices achieving around 70% compliance.
Recent data in FY 2018 has shown a reduction in the volume of prescribing of both total antibiotics, and specifically broad spectrum antibiotics:

Table MM01: Indicator	2017/18 Quarterly trend	CTUHB Position in Wales (1st = best performing HB)		Cwm Taf change
		March Quarter 2018	March Quarter 2019	June Quarter 2017 v 2018
Antibacterial items per 1,000 PU	▼	7th	7th	-10.8%
4c antimicrobial items per 1,000 patients	▼	7th	7th	-10.9%

CTM have established an Antimicrobial Resistance & Health Care Associated Infection Delivery Group within the HB governance structure. There is an agreed & monitored action plan for both primary and secondary care led and delivered by the antimicrobial pharmacists.

Actions include:
New prescribing guidelines accessible via phone APPs and a quick reference guideline for GPs.
GP practice audits of antimicrobial prescribing with feedback and recommended tailored actions, clinical and public engagement with an outcome of behaviour change via education and training to GPs & community nurses.
Optimise management of urinary tract infection (UTI) in elderly people. Improve hydration of care home residents. Share best practice with carers and health care professionals on appropriate diagnosis of UTI in elderly and catheterised persons. Stop inappropriate antibiotic prophylaxis for UTI.
Develop real time AMR monitoring dashboard with GP practice level data.

Benchmarking: how do we compare?

4 Quarter Reduction Trend		Total antibacterial items per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)						
		Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
2018/19	Q1	**317.1**	307.4	227.8	274.7	263.1	287.9	233.2
	Q2	**303.3**	288.9	263.6	256.9	243.7	266.1	222.3
	Q3	**339.3**	330.7	303.5	289.5	277.3	314	253.1
	Q4	**343.0**	329.6	309.7	292.0	278.5	312.2	260.8
2017/18	Q1	321.1	311.0	294.0	290.0	273.0	297.0	250.0
	Q2	322.0	299.0	287.0	277.0	268.0	293.0	251.0
	Q3	366.0	346.0	331.0	307.0	309.0	335.0	274.0
	Q4	382.9	363.7	339.1	324.7	316.5	353.0	281.7
2016/17	Q1	332.5	340.3	313.2	322.7	290.4	319.3	261.8
	Q2	318.0	310.0	292.0	298.0	273.0	301.0	248.0
	Q3	371.0	356.0	339.0	340.0	315.0	345.0	282.0
	Q4	371.8	348.1	339.0	335.1	311.1	345.3	284.4

For Qtr 4 2018/19, CTUHB are 7th in Wales, however there has been a 14% reduction in the volume of prescribing of antimicrobial items from 2016/17 to 2018/19 in Cwm Taf.

Source: Welsh Government Delivery and Performance Website

Indicator 18: Cumulative rate of laboratory confirmed *E.coli* bacteraemia cases per 100,000 population

Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Nursing
Period: Apr 2019 to Oct 2019	Target: 67 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation		Current period numbers (Apr to Oct 19)			
Maximum number for FY	<299	422	Actual number for FY		
Maximum average number per month	<25	35	Actual average number per month	Recalculated average monthly number to achieve reduction expectation	<11
Maximum rate/100,000 population	67.00	94.51	Actual rate/100,000 population		
Maximum number for current time period	<175	246	Current period number		

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of E.coli bacteraemia required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr-Oct 19

	Maximum cumulative monthly number to achieve reduction expectation	Current cumulative monthly numbers	Difference between maximum and current cumulative monthly numbers	Current cumulative monthly rate/100,000 population
Apr	<25	49	25	134.28
May	<50	82	33	110.51
Jun	<75	107	33	96.67
Jul	<100	141	42	95.02
Aug	<125	182	58	97.79
Sep	<150	208	59	93.44
Oct	<175	246	72	94.51
Nov	<199			
Dec	<224			
Jan	<249			
Feb	<274			
Mar	<299			

Cwm Taf

Cwm Taf UHB E.coli bacteraemia 2018/19 reduction expectation results

Maximum numbers to achieve 2018/19 FY reduction expectation			Actual 2018/19 FY numbers
Maximum number for FY	<201	278	Actual number for FY
Maximum average number per month	<17	23	Actual average number per month
Maximum rate/100,000 population	67.00	92.95	Actual rate/100,000 population

Cwm Taf UHB maximum cumulative monthly numbers of E.coli bacteraemia required to achieve the 2018/19 reduction expectation and actual cumulative monthly number and rate

	Maximum cumulative monthly number to achieve reduction expectation	Actual cumulative monthly numbers	Difference between maximum and actual cumulative monthly numbers	Actual cumulative monthly rate/100,000 population
Apr	<17	26	10	105.77
May	<34	48	15	96.03
Jun	<51	72	22	96.56
Jul	<67	93	27	93.03
Aug	<84	121	38	96.52
Sep	<101	147	47	98.03
Oct	<117	165	49	94.10
Nov	<134	189	56	94.53
Dec	<151	211	61	93.64
Jan	<168	236	69	94.12
Feb	<184	253	70	92.44
Mar	<201	278	78	92.95

Bridgend

Data not currently available

How are we doing, what actions are we taking?

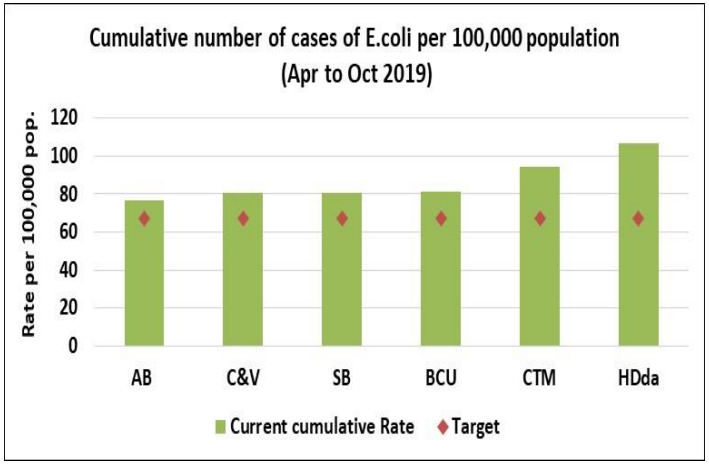
The Cwm Taf Morgannwg UHB 2019/20 reduction expectation for E.coli bacteraemia is to achieve a rate of less than or equal to 67.00 per 100,000 population. This equates to an average of less than 25 E.coli bacteraemia per month and less than 299 for the whole financial year (FY).

7 months into the 2019/20 reduction expectation period, the provisional rate of E.coli bacteraemia in Cwm Taf Morgannwg UHB is 94.51 per 100,000 population. This equates to an average of approximately 35 per month and based on the current trajectory, a total of approximately 422 for the FY. To achieve the 2019/20 reduction expectation the average number of E.coli bacteraemia per month for the remaining 5 months must be less than 11.

The IPC team are discussing all E.coli bacteraemia weekly to identify preventable sources. A collaborative has been formed to identify interventions in primary and secondary care which will support the reduction expectation.

Poor antimicrobial stewardship, poor hand hygiene and poor management of invasive devices.

Benchmarking: how do we compare?



7 months into the 2019/20 reduction expectation period, the provisional rate of E. coli bacteraemia in Wales is 82.39 per 100,000 population. This equates to an average of approximately 216 per month. Based on the current trajectory, a total of approximately 2592 E. coli bacteraemia cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of E. coli bacteraemia per month for the remaining 5 months must be less than 119. None of the 6 major acute health boards are on target to achieve the reduction expectation.

Source: Public Health Wales (WHAIP)

Indicator 19: Cumulative rate of laboratory confirmed *S.aureus* bacteraemia (MRSA & MSSA) cases per 100,000 population

Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Nursing
Period: Apr 2019 to Oct 2019	Target: 20 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation		Current period numbers (Apr to Oct 19)			
Maximum number for FY	<90	125	Actual number for FY		
Maximum average number per month	<8	10	Actual average number per month	Recalculated average monthly number to achieve reduction expectation	<4
Maximum rate/100,000 population	20.00	28.04	Actual rate/100,000 population		
Maximum number for current time period	<52	73	Current period number		

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of S. aureus bacteraemia required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr-Oct 19

	Maximum cumulative monthly number to achieve reduction expectation	Current cumulative monthly numbers	Difference between maximum and current cumulative monthly numbers	Current cumulative monthly rate/100,000 population
Apr	<8	6	-1	16.44
May	<15	19	5	25.61
Jun	<23	31	9	28.01
Jul	<30	45	16	30.32
Aug	<38	53	16	28.48
Sep	<45	64	20	28.75
Oct	<52	73	22	28.04
Nov	<60			
Dec	<67			
Jan	<75			
Feb	<82			
Mar	<90			

Cwm Taf

Cwm Taf UHB S.aureus bacteraemia 2018/19 reduction expectation results

Maximum numbers to achieve 2018/19 FY reduction expectation		Actual 2018/19 FY numbers	
Maximum number for FY	<60	101	Actual number for FY
Maximum average number per month	<5	8	Actual average number per month
Maximum rate/100,000 population	20.00	33.77	Actual rate/100,000 population

Cwm Taf UHB maximum cumulative monthly numbers of S.aureus bacteraemia required to achieve the 2018/19 reduction expectation and actual cumulative monthly number and rate

	Maximum cumulative monthly number to achieve reduction expectation	Actual monthly numbers	Difference between maximum and actual cumulative monthly numbers	Actual cumulative monthly rate/100,000 population
Apr	<5	14	10	56.95
May	<10	19	10	38.01
Jun	<15	25	11	33.53
Jul	<20	36	17	36.01
Aug	<25	43	19	34.30
Sep	<30	50	21	33.34
Oct	<35	62	28	35.36
Nov	<40	71	32	35.51
Dec	<45	77	33	34.17
Jan	<50	85	36	33.90
Feb	<55	90	36	32.89
Mar	<60	101	42	33.77

Bridgend

Data not currently available

How are we doing, what actions are we taking?

The Cwm Taf Morgannwg UHB 2019/20 reduction expectation for S. aureus bacteraemia is to achieve a rate of less than or equal to 20.00 per 100,000 population. This equates to an average of less than 8 S. aureus bacteraemia per month and less than 90 for the whole financial year (FY).

7 months into the 2019/20 reduction expectation period, the provisional rate of S. aureus bacteraemia in Cwm Taf Morgannwg UHB is 28.04 per 100,000 population. This equates to an average of approximately 10 per month and based on the current trajectory, a total of approximately 125 for the FY. To achieve the 2019/20 reduction expectation the average number of S. aureus bacteraemia per month for the remaining 5 months must be less than 4.

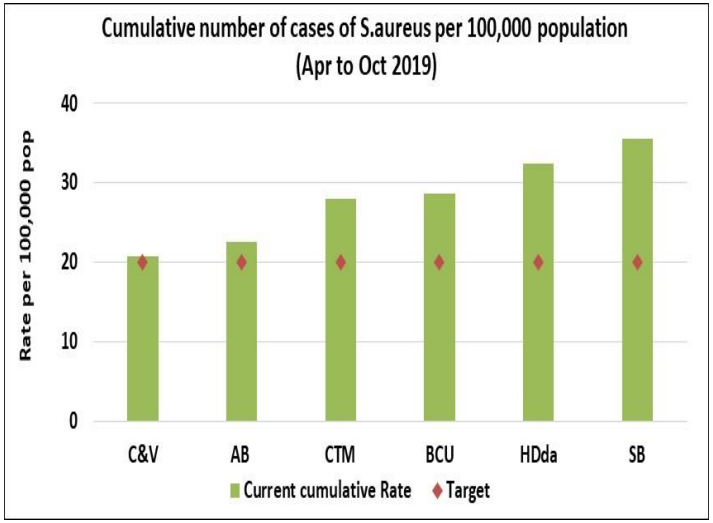
All MRSA bacteremias are investigated by the IPCT and a RCA is performed for all line related bacteremias.

Improvement work is being carried out to improve compliance with MRSA screening in our A&E departments and admission wards.

60% of the MSSA bacteraemia are identified <48 hours post admission.

Poor antimicrobial stewardship. Poor hand hygiene. Poor compliance with MRSA screening and management of invasive devices. Poor hand hygiene.

Benchmarking: how do we compare?



7 months into the 2019/20 reduction expectation period, the provisional rate of S. aureus bacteraemia in Wales is 26.32 per 100,000 population. This equates to an average of approximately 69 per month. Based on the current trajectory, a total of approximately 828 S. aureus bacteraemia cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of S. aureus bacteraemia per month for the remaining 5 months must be less than 29. None of the 6 major acute health boards are on target to achieve the reduction expectation.

Source: Public Health Wales (WHAIP)

Indicator 20: Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population

Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Nursing
Period: Apr 2019 to Oct 2019	Target: TBC

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation		Current period numbers (Apr to Oct 19)		
Maximum number for FY	<94	144	Actual number for FY	
Maximum average number per month	<8	12	Actual average number per month	Recalculated average monthly number to achieve reduction <2
Maximum rate/100,000 population	21.00	32.27	Actual rate/100,000 population	
Maximum number for current time period	<55	84	Current period number	

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of C. difficile required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr-Oct 19

	Maximum cumulative monthly number to achieve reduction expectation	Current cumulative monthly numbers	Difference between maximum and current cumulative monthly numbers	Current cumulative monthly rate/100,000 population
Apr	<8	9	2	24.66
May	<16	25	10	33.69
Jun	<24	34	11	30.72
Jul	<32	48	17	32.35
Aug	<39	55	17	29.55
Sep	<47	70	24	31.45
Oct	<55	84	30	32.27
Nov	<63			
Dec	<71			
Jan	<78			
Feb	<86			
Mar	<94			

Cwm Taf

Cwm Taf UHB C.difficile 2018/19 reduction expectation results

Maximum numbers to achieve 2018/19 FY reduction expectation		Actual 2018/19 FY numbers	
Maximum number for FY	<54	55	Actual number for FY
Maximum average number per month	<5	5	Actual average number per month
Maximum rate/100,000 population	18.00	18.39	Actual rate/100,000 population

Cwm Taf UHB maximum cumulative monthly numbers of C.difficile required to achieve the 2018/19 reduction expectation and actual cumulative monthly number and rate

	Maximum cumulative monthly number to achieve reduction expectation	Actual cumulative monthly numbers	Difference between maximum and actual cumulative monthly numbers	Actual cumulative monthly rate/100,000 population
Apr	<5	8	4	32.54
May	<9	14	6	28.01
Jun	<14	18	5	24.14
Jul	<18	27	10	27.01
Aug	<23	30	8	23.93
Sep	<27	34	8	22.67
Oct	<32	36	5	20.53
Nov	<36	39	4	19.51
Dec	<41	43	3	19.08
Jan	<45	47	3	18.74
Feb	<50	49	0	17.90
Mar	<54	55	2	18.39

Bridgend

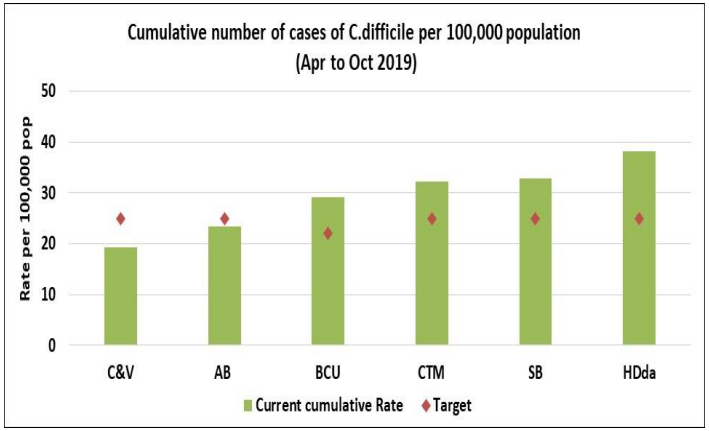
Data not currently available

How are we doing, what actions are we taking?

The Cwm Taf Morgannwg UHB 2019/20 reduction expectation for C. difficile is to achieve a rate of less than or equal to 21.00 per 100,000 population. This equates to an average of less than 8 C. difficile per month and less than 94 for the whole financial year (FY).

7 months into the 2019/20 reduction expectation period, the provisional rate of C. difficile in Cwm Taf Morgannwg UHB is 32.27 per 100,000 population. This equates to an average of approximately 12 per month and based on the current trajectory, a total of approximately 144 for the FY. To achieve the 2019/20 reduction expectation the average number of C. difficile per month for the remaining 5 months must be less than 2.

Benchmarking: how do we compare?



7 months into the 2019/20 reduction expectation period, the provisional rate of C. difficile in Wales is 27.95 per 100,000 population. This equates to an average of approximately 73 per month. Based on the current trajectory, a total of approximately 879 C. difficile cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of C. difficile per month for the remaining 5 months must be less than 55. One of the 6 major acute health boards is on target to achieve the reduction expectation (Aneurin Bevan UHB).

Source: Public Health Wales (WHAIP)

Indicator 21: Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)

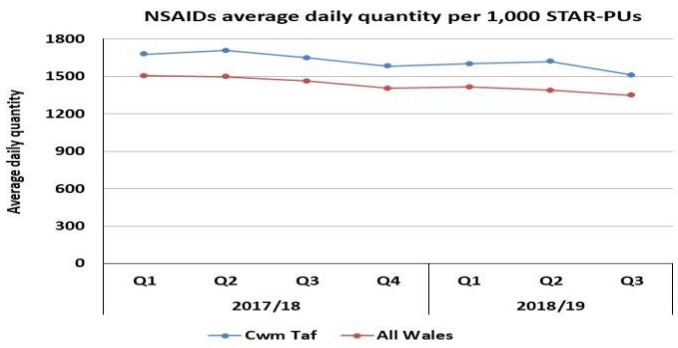
Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Primary, Community and Mental Health
Period: 2017/18 to Q3 2018/19	Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

CTUHB have the highest prescribing volumes of NSAIDS per STAR PU in Wales. This volume has shown a consistent year on year reduction. However, the choice of NSAID prescribed has a high compliance with current guidance.

The HB have incorporated this into practice work plans over a number of years, including QOF audit. Although this is no longer a prescribing indicator for 2018-19 it will still be incorporated into the prescribing team work plan.

NSAIDS have been shown to be the medicine group most likely to cause an adverse drug reaction requiring hospital admission due to such events as gastrointestinal bleeding and peptic ulceration.

Benchmarking: how do we compare?

4 Quarter Reduction Trend		Non-steriod anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)						
		Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
2018/19	Q1	**1601**	1517	1411	1419	1201	1437	1282
	Q2	**1621**	1479	1402	1376	1154	1405	1289
	Q3	**1511**	1447	1347	1368	1094	1385	1258
2017/18	Q1	1679	1571	1508	1495	1309	1577	1376
	Q2	1709	1559	1487	1501	1284	1553	1392
	Q3	1650	1541	1464	1461	1249	1511	1337
	Q4	1584	1496	1407	1405	1195	1430	1278

Cwm Taf have the highest ADQ of NSAID prescribing in Wales. This has reduced consistently (-8.6% from 2016/17 to 2017/18) over the years in line with similar reductions across Wales.

Source: Welsh Government Delivery and Performance Website

Indicator 22: Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale

Outcome: I am safe and protected from harm through high quality care, treatment and support	Executive Lead: Director of Nursing
Period: Qtr. 1 2017/18 to Qtr. 1 2019/20	Target: Zero

Current Performance:

Cwm Taf Morgannwg

Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale

Target is Zero		Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
2019/20	Q1	2	2	2	1	2	1	0

Cwm Taf

Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale

Target is Zero		Cwm Taf	Abertawe Bro Morgannw	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
2018/19	Q1	2	2	1	1	0	1	0
	Q2							
	Q3	1	0	2	1	1	1	1
	Q4	1	1	1	2	1	2	0
2017/18	Q1	0	0	0	0	0	0	0
	Q2	3	2	3	3	2	3	2
	Q3	2	3	3	3	2	2	2
	Q4	0	0	0	0	0	1	0

where a blank appears in the table this means that no alerts or notices were due for assurance in the quarter

Bridgend

Data not currently available

How are we doing, what actions are we taking?

Alerts: A total of 9 Alerts have been received. The Health Board is compliant with 8 of these Alerts.

PSA008 – CE strips non marked being used (WG agreement) so HB remains non-compliant. A review is currently being undertaken across NHS Wales by the Welsh Risk Pool to identify a way forward.

Notices: A total of 50 Notices have been received. The Health Board is non-complaint with 3 of these Notices.

PSN030 –An all Wales self-assessment tool has been completed. All of Wales is non-compliant with this Notice and the Health Board has taken actions to minimise the risk.

PSN046 - The Health Board's Bladder and Bowel Health Service deliver a management of bowel dysfunction course throughout the Organisation. Uptake of training by ward based requires improvement.
Every clinical area, District Nurse base, Residential & Nursing Home has a welcome to the bladder & bowel health service resource file.
The Guideline is being reviewed and a Standard Operating Procedure is being developed which will included more detailed information highlighted in the notice. This needs to be approved before compliance can be confirmed.

PSN049 – Progress and action being taken to date include:

- includes the establishment of a multi-professional group across all sites to take forward the recommendations of the notice
- Revised draft guideline have been circulated of The which include paediatric management, along with information, forms and a checklist for movement and transfer of patients.
- Exploration of whether the funding is still available from the Critical care network the establishment of a multi-disciplinary Tracheostomy Team.
- External training 'Train the Trainer' to be attended by Health Board Leads.

Benchmarking: how do we compare?

Cwm Taf is comparable with the other Health Boards in Wales.

Source: Welsh Government Delivery and Performance Website *http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data*

Indicator 23: Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales
Indicator 24: Number of new never events

Outcome: I am safe and protected from harm through high quality care, treatment and support

Executive Lead: Director of Nursing

Period: Apr 2018 to Sep 2019

Target - Indicator 23: 90%

Target - Indicator 24: Zero

Current Performance:

Cwm Taf Morgannwg

Period	Serious Incidents	Never Events
Apr-19	N/A	N/A
May-19	N/A	N/A
Jun-19	0.0%	0
Jul-19	2.9%	0
Aug-19	0.0%	1
Sep-19	9.1%	0

Cwm Taf

Period	Serious Incidents	Never Events
Apr-18	28.6%	0
May-18	27.8%	0
Jun-18	31.4%	0
Jul-18	11.1%	0
Aug-18	0.0%	0
Sep-18	19.4%	1
Oct-18	28.2%	0
Nov-18	14.6%	0
Dec-18	15.4%	0
Jan-19	20.5%	0
Feb-19	42.9%	0
Mar-19	27.0%	0

Bridgend

Period	Serious Incidents	Never Events
Apr-18	93.0%	0
May-18	82.0%	0
Jun-18	82.0%	0
Jul-18	71.0%	0
Aug-18	100.0%	0
Sep-18	100.0%	0
Oct-18	100.0%	0
Nov-18	100.0%	0
Dec-18	100.0%	0
Jan-19	88.0%	0
Feb-19	67.0%	0
Mar-19	N/A	N/A

How are we doing, what actions are we taking?

Reporting:

Quarter 2, 2018/19 - 120 serious incidents and one never
Quarter 3, 2018/19 - 109 serious incidents and no never events.
Quarter 4, 2018/19 - 58 serious incidents and no never events.
Quarter 1, 2019/2020 – 66 serious incidents reported and no never events.
Quarter 2, 2019/2020 – 69 Serious Incidents reported and 1 never event.

The highest category of serious incidents reported relate to slip, trip or fall. Improvement work is being undertaken to reduce the risk of inpatient falls.

As at the 31st October 2019 there were 58 closure forms outstanding outside of timescale. The highest numbers are Acute medicine, A&E, Mental health and Obstetrics and Gynaecology.

The Patient Safety Team monitor the number of incidents awaiting review and closure on a weekly basis. The Patient Safety Improvement Managers provide support within the Directorates via regular meetings with responsible Managers.

This information is formally reported to directorates on a monthly and quarterly basis.
This is also reported to the executive team via the weekly patient safety meetings and also to the Quality Safety and Risk committee.

Ongoing work is being undertaken to ensure timely reporting, investigation and learning from Serious Incidents. The aim of work, which is being supported by the Delivery Unit is to strengthen and streamline investigations processes. An SI toolkit is being developed to support staff.

Benchmarking: how do we compare?

Of the Serious Incidents due for assurance, the % which assured in agreed timescale - Target 90%

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Sep-18	19.4%	35.7%	10.8%	65.5%	48.1%	22.2%	21.4%
Oct-18	28.2%	47.2%	24.8%	69.0%	63.0%	0.0%	0.5%
Nov-18	14.6%	50.0%	25.3%	69.2%	52.0%	20.0%	88.2%
Dec-18	15.4%	29.4%	20.7%	50.0%	35.3%	0.0%	88.9%
Jan-19	20.5%	18.4%	17.0%	60.4%	26.7%	50.0%	48.7%
Feb-19	42.9%	21.7%	33.8%	19.5%	36.0%	0.0%	56.0%
Mar-19	27.0%	39.1%	50.0%	18.6%	33.3%	31.3%	22.2%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	Not available						
May-19							
Jun-19	0.0%	50.0%	32.3%	14.3%	50.0%	50.0%	22.2%
Jul-19	2.9%	37.5%	41.2%	44.4%	23.8%	33.3%	33.3%
Aug-19	0.0%	31.8%	40.5%	66.7%	53.8%	0.0%	29.4%
Sep-19	9.1%	60.9%	51.6%	50.0%	30.8%	0.0%	12.5%

Number of new Never Events - Target Zero

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Sep-18	1	0	2	1	0	0	0
Oct-18	1	1	1	1	1	0	0
Nov-18	0	0	0	0	0	0	0
Dec-18	0	0	1	0	0	0	0
Jan-19	1	0	0	1	0	0	0
Feb-19	0	0	0	0	0	0	0
Mar-19	1	1	0	0	0	0	0
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	Not available						
May-19							
Jun-19	0	2	0	0	0	0	1
Jul-19	0	0	0	0	0	0	1
Aug-19	1	2	0	1	0	0	1
Sep-19	0	0	1	1	0	0	0

The Welsh Government has identified the submission of closure forms as a specific risk for the Health Board which is being closely monitored to ensure improvement.

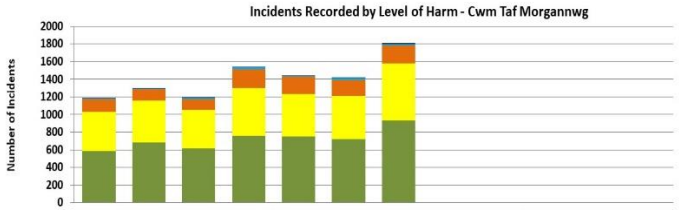
Source: Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649 /Qliksense Datix App/Local Datix

Local Measure: Number of incidents and severity reported

Outcome: I am safe and protected from abuse and neglect	Executive Lead: Director of Nursing
Period: Apr 2018 to Oct 2019	Target: Reduction

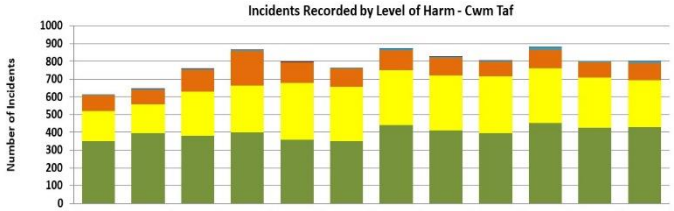
Current Performance:

Cwm Taf Morgannwg



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Death	2	7	1	1	3	6	10					
Severe	6	9	10	19	13	22	19					
Moderate	141	129	119	216	192	185	202					
Low	448	473	439	538	484	485	646					
No harm	582	682	617	760	751	723	934					

Cwm Taf to 31st March 2019



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Death	0	1	1	3	2	0	1	1	4	4	0	3
Severe	2	3	4	3	1	4	5	1	3	9	5	7
Moderate	88	82	125	198	117	107	115	103	83	106	87	101
Low	172	163	247	263	319	305	307	307	319	309	283	262
No harm	350	397	382	399	359	350	442	413	398	453	426	430

Bridgend

Data not currently available

How are we doing, what actions are we taking?

It has been noted there has been low reporting of patient safety incidents on the NRLS. This was an administrative malfunction and has since been resolved.

A high reporting of no and low harm incidents is indicative of a robust safety culture within an Organisation. Moderate incidents reported within the Health Board are currently slightly above the Welsh average – this partly due to an inaccuracy in reporting.

Daily monitoring of moderate and severe incidents is undertaken by the Corporate Team to identify inaccuracies and correct reported incidents.

The top 3 reported categories of incidents during the period highlighted in the chart relate to pressure damage falls and delays. Of the top three incidents reported the majority resulted in no or low harm. Improvement work being undertaken in relation to these areas.

A Training Needs Analysis is currently being developed to assess the levels of training in relation to concerns management including patient safety incidents across the whole of the Health Board.

Benchmarking: how do we compare?

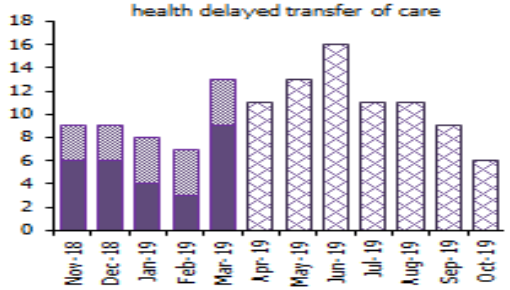
Benchmark not available

Source: Local Datix

EFFECTIVE CARE – People in Wales receive the right care and support locally as possible and are enabled to contribute to making that care successful

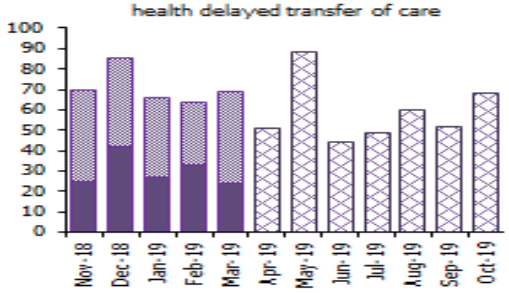
Key: Cwm Taf Morgannwg —— or ▒▒ | Cwm Taf - - - or ■ | Bridgend ▒▒ | N/A - data not currently available

Number of health board mental health delayed transfer of care



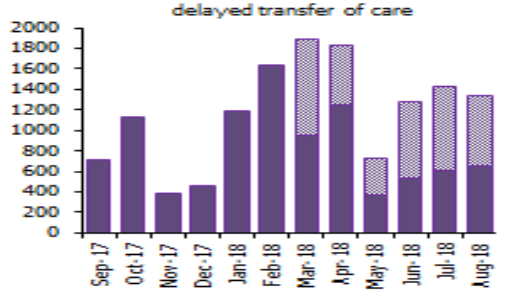
Current Position		
CT	B	CTM
N/A	N/A	6

Number of health board non-mental health delayed transfer of care



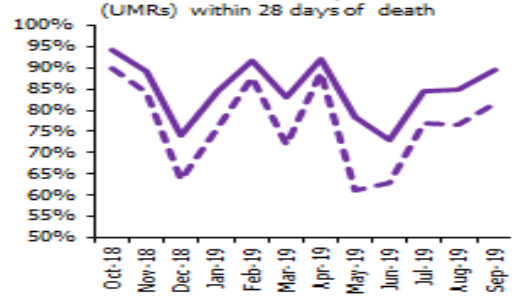
Current Position		
CT	B	CTM
N/A	N/A	68

Number of hours lost to critical care delayed transfer of care



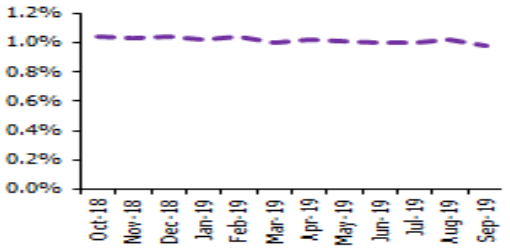
Current Position		
CT	B	CTM
660.1	686	1346.1

% of universal mortality reviews (UMRs) within 28 days of death



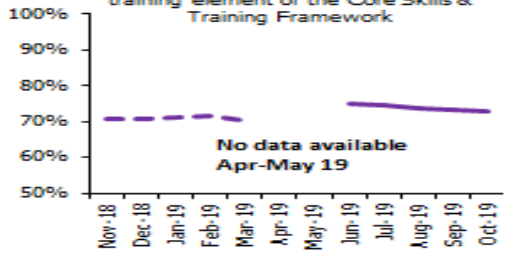
Current Position		
CT	B	CTM
81.6%	100.0%	89.4%

Crude hospital mortality rate (74 yrs of age or less) - rolling 12 months



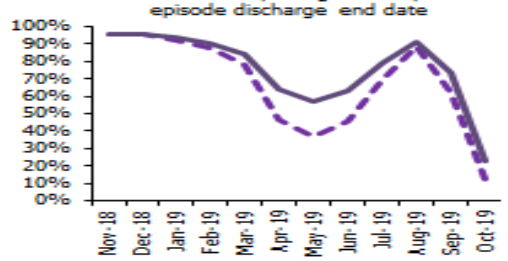
Current Position		
CT	B	CTM
0.98%	N/A	N/A

% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework



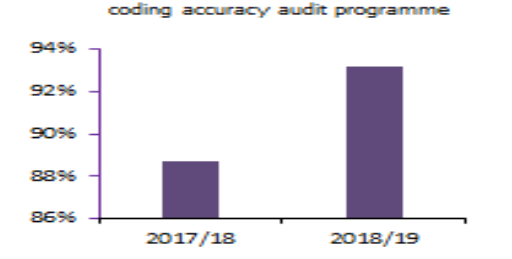
Current Position		
CT	B	CTM
N/A	N/A	72.8%

% of episodes clinically coded within one month reporting month post episode discharge end date



Current Position		
CT	B	CTM
51.5%	89.1%	63.0%

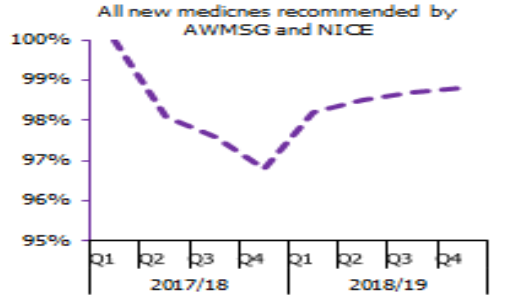
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme



Current Position		
CT	B	CTM
93.2%	N/A	N/A

Health & Care Research Wales		
CT	B	CTM
2018/19		
No. of CRP Studies		
70	N/A	N/A
No. of CS Studies		
9	N/A	N/A
No. of patients recruited CRP Studies		
3616	N/A	N/A
No. of patients recruited CS Studies		
41	N/A	N/A

All new medicnes recommended by AWMSG and NICE



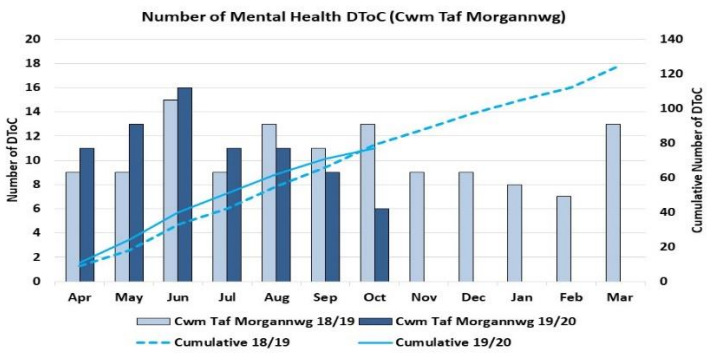
Current Position		
CT	B	CTM
98.8%	N/A	N/A

Indicator 30: Number of health board mental health delayed transfer of care (rolling 12 months)

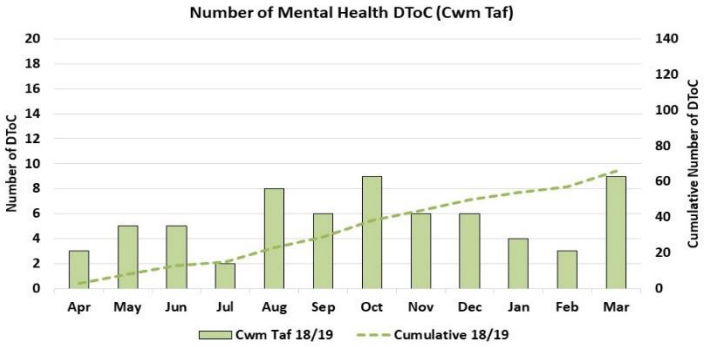
Outcome: Health care and support are delivered at or as close to my home as possible	Executive Lead: Director of Primary, Community and Mental Health
Period: Apr 2018 to Oct 2019	Target: 12 month reduction trend

Current Performance:

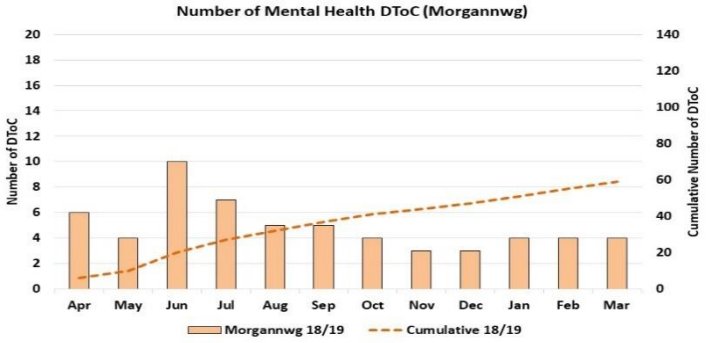
Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



How are we doing, what actions are we taking?

The 2019/20 target is a 12 month reduction trend.

This month's position (October) shows 6 delays to transfers of care. This is a decrease from 9 in September and the service is reporting no delays in RGH which is a significant improvement in line with work undertaken by the locality team. Bridgend locality have maintained a significant improvement seen two months ago.

There is 1 person with a delay in rehabilitation services awaiting private provider. There are 5 delays in older peoples services, 2 are waiting for nursing place availability in care home of choice (EMI), 1 is selecting nursing care placement of choice (EMI), 1 is recorded as other and 1 person has mental capacity issues which are being managed accordingly.

All patients with a status of having a delayed transfer of care have progress towards discharge reviewed weekly by Senior Nurses and any issues that could be resolved with additional input are reported through to the Directorate team. Where necessary lack of progress is escalated to Local Authority Service Managers by ADO when required. A newly developed decision making Matrix for S117 placements in place with RCT is having a positive impact on reducing funding related delays.

The key picture this month relates to availability and choice of EMI nursing care homes and this will be monitored over the next few months as the sector capacity may need revisiting by board and Local Authorities.

Benchmarking: how do we compare?

Number of health board mental health delayed transfer of care							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Apr-18	3	4	19	9	18	3	28
May-18	5	2	19	8	14	2	22
Jun-18	5	2	17	4	13	2	30
Jul-18	2	5	17	4	8	3	27
Aug-18	8	3	15	4	4	2	30
Sep-18	6	3	14	3	4	2	29
Oct-18	9	7	15	3	12	3	28
Nov-18	6	3	15	3	4	1	26
Dec-18	6	3	13	8	8	4	25
Jan-19	4	3	13	6	5	4	29
Feb-19	3	6	11	5	10	6	26
Mar-19	9	7	10	5	8	7	21
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	11	2	9	3	7	3	18
May-19	13	2	5	7	8	1	23
Jun-19	16	3	12	6	3	2	27
Jul-19	11	5	17	5	2	3	20
Aug-19	11	7	25	4	3	3	18
Sep-19	9	4	24	4	7	2	19

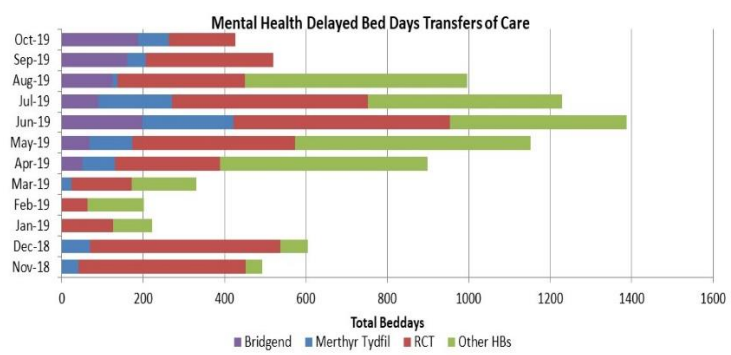
Source: Local/Information Team/http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 30 continued: Number of health board mental health delayed transfer of care

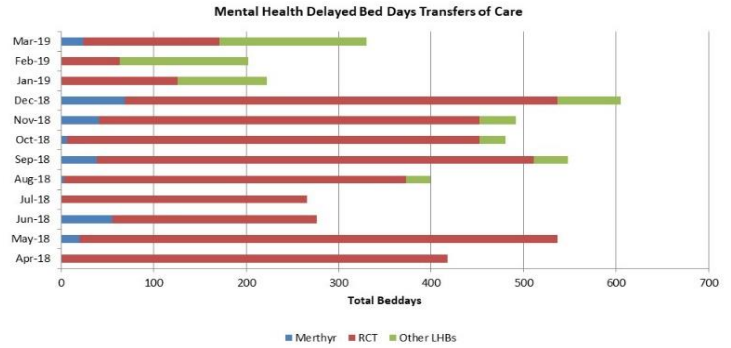
Outcome: Health care and support are delivered at or as close to my home as possible	Executive Lead: Director of Primary, Community and Mental Health
Period: Nov 2018 to Oct 2019	Target: 12 month reduction trend

Current Performance:

Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend

Data not available

How are we doing, what actions are we taking?

Total delayed bed days in October was 427 which is a significant improvement.

All DToC patients' status are reviewed weekly by Senior Nurses and progress or issues report through to the Directorate team as above.

Where necessary lack of progress is escalated to LA service managers by ADO when required.

A newly developed decision making Matrix for S117 placements in place with RCT is having a positive impact on reducing funding related delays and no delays related to funding of care packages was seen this month.

Additional stepped up scrutiny and reporting remains stood down after two months of the agreed improvements being achieved.

Benchmarking: how do we compare?

Benchmark not available

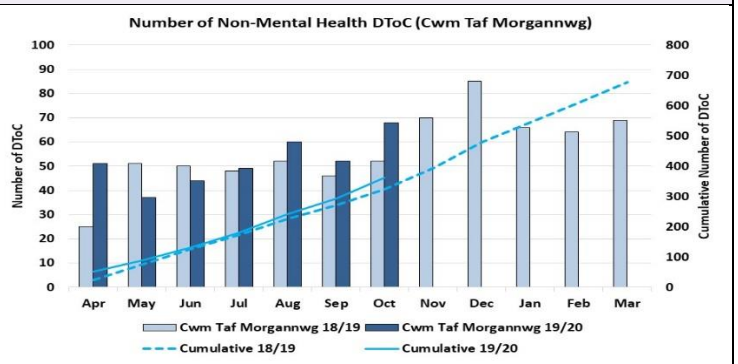
Source: Local/Information Team/http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 31: Number of health board non-mental health delayed transfer of care (rolling 12 months)

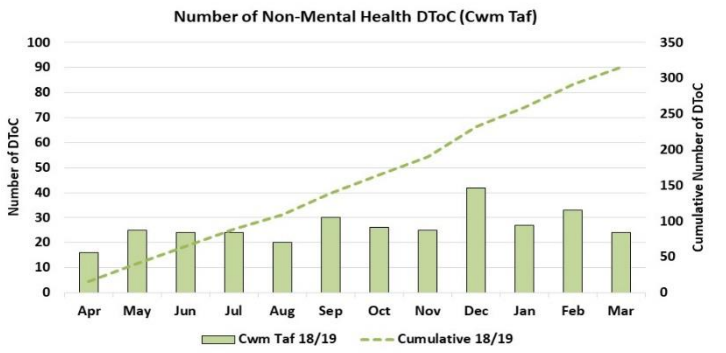
Outcome: Health care and support are delivered at or as close to my home as possible	Executive Lead: Chief Operating Officer
Period: Apr 2018 to Oct 2019	Target: 12 month reduction trend

Current Performance:

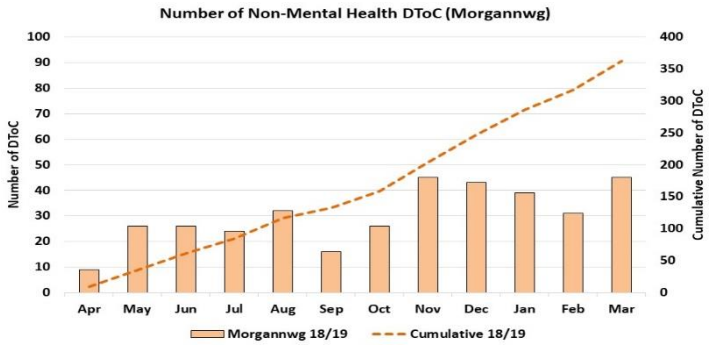
Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



How are we doing, what actions are we taking?

CTMUHB continues to work with our LA partners to manage the challenge of DToC's in a few undoing areas, listed below

Additionally to these ongoing issues, there was a significant spike in the delay of repatriation of 10 patient to the Caerphilly area this month, which were resolved shortly after Dtoc day.

Choice related issues: Care Home vacancies fluctuate from time to time, this month has seen an increase in the filling of vacancies for those individuals requiring either permanent or respite provision which has now impacted on choice related issues in our hospitals and increased our DToC position. We are vigorously implementing the choice protocol and asking families to choose vacancies further away from home and even outside the HB's footprint, families find this extremely difficult however we recognise the importance of discharging individuals in a timely way. Our demand for EMI has also increased more recently, it is an area that we have been working with providers to develop services but currently demand is high for this category.

Home care capacity: There continues to be high demand for home care packages as our LA's successfully support people with more complex care packages to live at home rather than in a care home. This continues to put pressure on supply and capacity in some areas of the county at "peak call" times. Providers continue to recruit to their services. Each Of the LA are working with their providers and in house services to minimise impact on delays awaiting commencement of home care packages.

Delays due to housing: There are a number of housing related delays this month. RCT has experienced a sustained increase in demand for housing and housing related support over the past 2 years, with a particular increase in demand for specialist and adapted housing. Work is being done to

Cont. to improve the supply of adapted housing through our Housing Partnerships. Work is required to ensure early identification of complex needs to ensure bespoke adaptations can be prioritised as early as possible to prevent delayed discharge. In addition, some clients who enter hospital when of no fixed abode are appropriately prioritised in the highest band but have encountered delays in the first quarter of 2019 when bidding via our choice based letting system as they wish to live in very high demand areas. We will work with colleagues to review the process for these clients to improve timely access to housing via the general needs register.

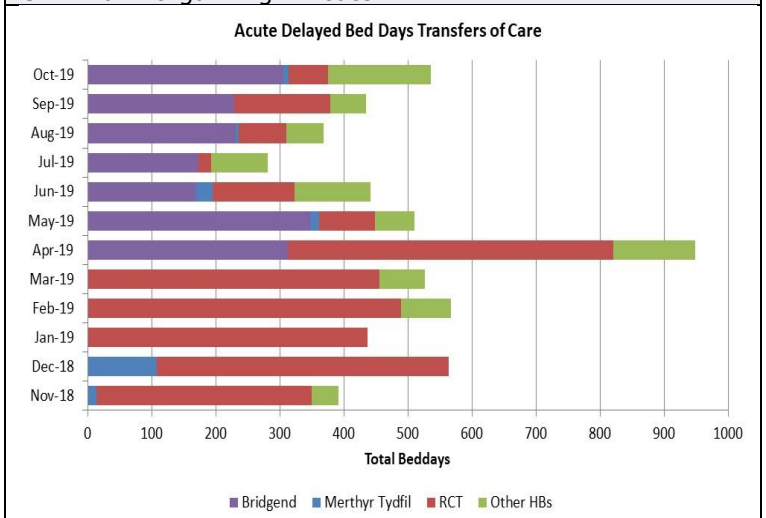
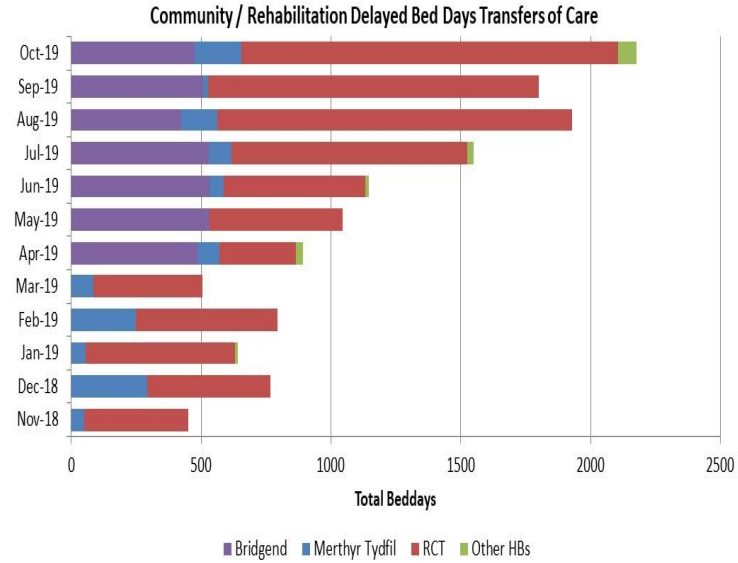
Delays due to Mental Capacity: We have over the past 2 years seen a significant and growing number of cases that require referral to the Court of Protection to confirm ongoing care arrangements (particularly placement into a care home when the person is stating they want to return home). The numbers requiring referral to the court to establish discharge destination in July and August is significant and reflects a more general trend across the service. Whilst there is often a delay between the application and the actual Court date we plan to work with the UHB to consider our procedures to look at ways of identifying cases that are likely to require a Legal process earlier in the discharge planning arrangements. There is an incredible amount of partnership work that occurs on a day to day, HB wide basis in putting patients first in addressing flow and resolving DToC.

Number of health board non-mental health delayed transfer of care

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Apr-18	16	89	114	39	54	17	34
May-18	25	73	104	37	49	15	64
Jun-18	24	60	103	47	43	22	75
Jul-18	24	53	111	43	32	17	74
Aug-18	20	61	95	37	29	6	85
Sep-18	30	73	111	26	53	12	69
Oct-18	26	86	105	37	36	20	84
Nov-18	25	97	79	35	44	14	125
Dec-18	42	65	58	43	40	18	117
Jan-19	27	74	52	39	34	18	104
Feb-19	31	69	76	44	44	29	87
Mar-19	24	95	60	32	31	32	112
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	51	61	77	39	46	31	49
May-19	38	63	68	42	43	32	67
Jun-19	44	59	68	40	58	26	70
Jul-19	49	64	67	40	47	67	61
Aug-19	60	72	74	34	72	33	69
Sep-19	52	88	87	42	54	28	69

Source: Local/Information Team/http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 31 continued: Number of health board non-mental health delayed transfer of care (rolling 12 months)	
Outcome: Health care and support are delivered at or as close to my home as possible	Executive Lead: Chief Operating Officer
Period: Nov 2018 to Oct 2019	Target: 12 month reduction trend

Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?
Cwm Taf Morgannwg – Acute  Cwm Taf Bridgend – Community / Rehabilitation  	The number of delayed bed days in acute settings had reduced over June and July but for reasons noted on the previous page increased during August. The Health Board continues to work closely with each of the local authorities to ensure any delays are kept to a minimum. Availability of community placements remains a challenge for those with complex and specialist needs. Stimulating and developing the domiciliary care market to reduce delays for vulnerable patients to be discharged with an adequate and sustainable package of care. Additional work with neighbouring LA's and HB's is required as the boundary change and current flow of admissions through POW highlights the need for additional processes to aid discharge and flow.	**Benchmark not available**

Source: Local/Information Team/http://howis.wales.nhs.uk/sitesplus/407/page/64649

Local Measure: Critical Care – Delayed transfer of care

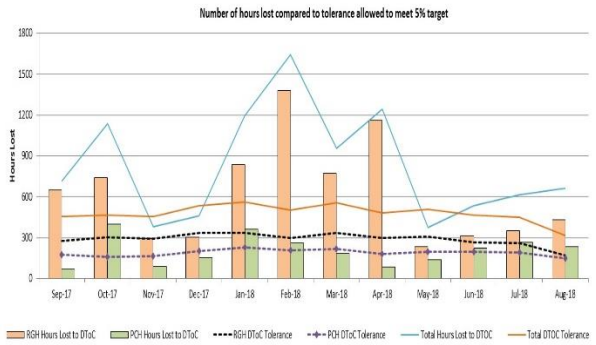
Outcome: Health care and support are delivered at or as close to my home as possible	Executive Lead: Chief Operating Officer
Period: Sep 2017 to Aug 2018	Target: 5%

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

From a critical care perspective the delays are calculated on a basis of total number of delayed hours as a percentage of the total number of hours used. The expected level of DToC by the National Critical Care Network is no more than 5%.

The main actions to be taken to keep DToC's 5% target is to ensure patient flow is working well. It is proven that when beds are available on the wards to discharge patients DToC reduces. We have now put Critical Care on the Emergency Pressures Escalation Chart so it highlights the visibility of critical care capacity.

Ensuring that patient flow is maintained so that we do not have any DToC's in the units.

Benchmarking: how do we compare?

Benchmark not available

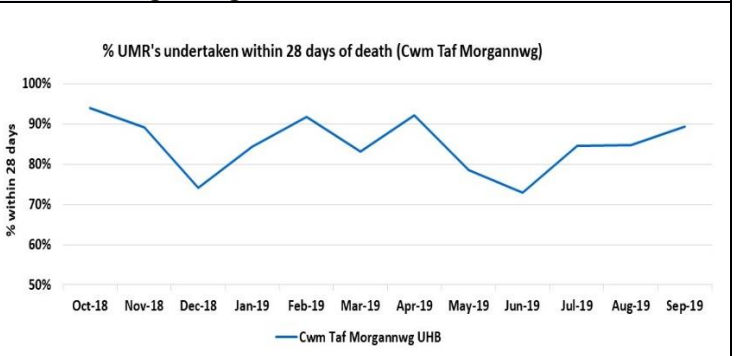
Source: Welsh Government

Indicator 32: Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death

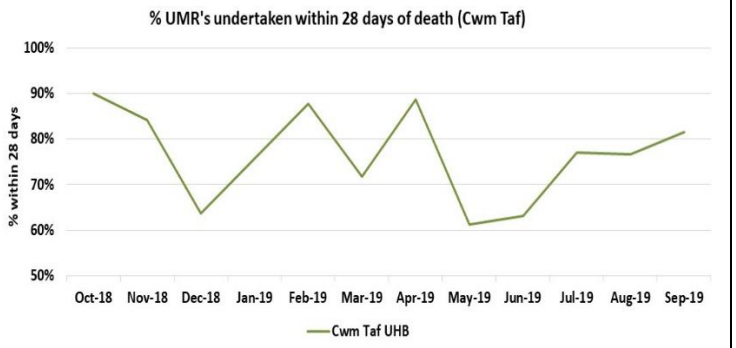
Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director
Period: Oct 2018 to Sep 2019	Target: 95%

Current Performance:

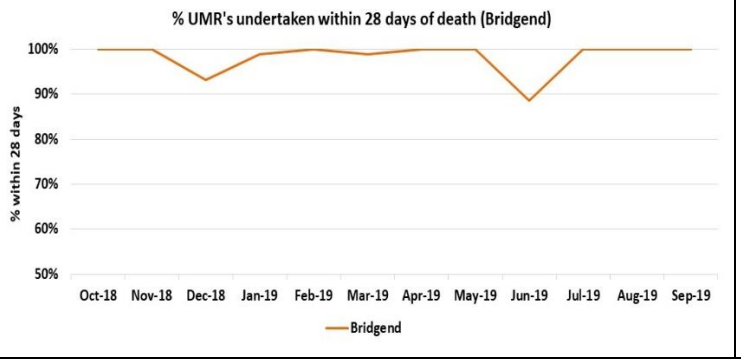
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing, what actions are we taking?

How are we doing? - For PCH & RGH, UMR performance has remained stable since April 2016. However, due to a lack of reviewer availability, performance dropped in PCH for June 2019. Some UMRs continue to be completed as an ongoing pilot of the medical examiner system by two pathologists in accordance with the agreed role of the ME in the Welsh Mortality Review process.

POW have a different system in place with UMR completed by the Clinical team at time of death. Plans are being made to change this system to the same as PCH & RGH. Information is currently being gathered on the resources required to achieve this.

Participation in Stage 2 remains reasonably stable despite there also being 2 different systems for this across CTMUHB.

The Post Stage 2 process has been further refined with a Stage 3 Panel in place, led by the AMD for Quality & Safety, to ensure that lessons learned are translated into effective changes in clinical practice.

What actions are we taking? -Discussions are due to take place to agree one system of undertaking Mortality reviews across CTMUHB. This is also linked to the implementation Medical Examiner system as well as implementation of a Mortality Module on Datix which will link with the QlikSense business intelligence tool to add value to our reporting mechanisms to Directorates and other clinical areas.

Datix Mortality module is currently in test stage.

What are the areas of risk? - There are continued risks to the performance particularly the support from primary care at Stage 1. This is too patchy and subject to staff shortages reported in that workforce. Ultimately Stage 1 will become a function of the Medical Examiner.

Risk of running 2 separate processes for Mortality review, which is currently being addressed. Plans are being made to change the POW process to the same as PCH & RGH.

Benchmarking: how do we compare?

% Universal Mortality Reviews undertaken within 28 days of death - 95% target

	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Velindre	Abertawe Bro Morgannwg
Aug-18	79.8%	16.7%	86.9%	70.7%	39.5%	100.0%	91.7%
Sep-18	85.0%	43.2%	87.7%	66.2%	81.7%	100.0%	94.6%
Oct-18	86.3%	39.8%	85.8%	71.1%	84.0%	100.0%	98.8%
Nov-18	84.2%	24.9%	90.7%	72.7%	88.0%	100.0%	99.1%
Dec-18	63.8%	16.6%	87.8%	71.3%	78.7%	100.0%	93.5%
Jan-19	75.7%	18.0%	82.7%	82.0%	87.6%	100.0%	97.3%
Feb-19	87.8%	12.1%	94.4%	81.0%	82.5%	75.0%	99.2%
Mar-19	71.8%	20.4%	94.5%	68.9%	87.1%	0.0%	98.1%
	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Velindre	Swansea Bay
Apr-19	92.1%	17.3%	89.7%	68.8%	82.7%	60.0%	98.5%
May-19	78.5%	not available					
Jun-19	72.9%	11.0%	94.7%	74.5%	85.1%	75.0%	99.4%
Jul-19	85.0%	17.5%	86.0%	73.3%	81.9%	0.0%	98.6%
Aug-19	84.8%	16.3%	85.8%	77.2%	87.0%	0.0%	100.0%

Powys has been excluded due to HB not having any DGH's

Source: Local Data Mortality Team

Indicator 33: Crude hospital mortality rate (74 years of age or less)

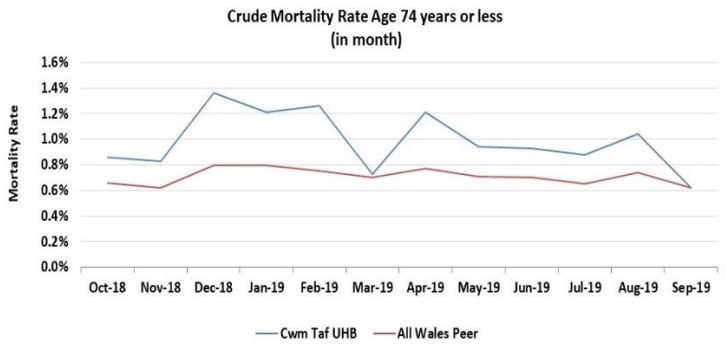
Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director
Period: Oct 2018 to Sep 2019	Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

In order to provide a more up to date position for mortality index, the graphs represent the position from an extrapolation of local data from CHKS. Crude mortality is now the only measure of in-hospital death rates as RAMI has been removed from the Outcomes Framework with effect from April for 2016.

The metric had changed from total crude mortality to crude mortality age 75 years and less 2016/17 and from the 2017/18 Outcomes Framework measures age 74 or less.

There are currently a number of specific quality improvement projects being undertaken:

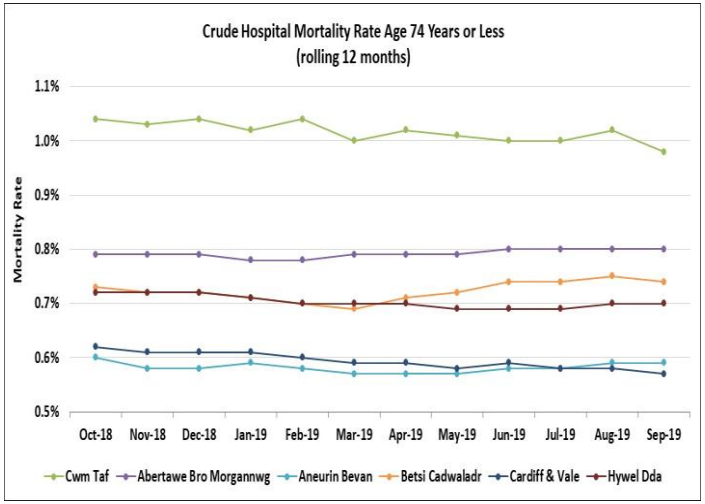
The systematic medical record reviews on the acute sites are continuing on a weekly basis. The process is evolving in readiness for the medical examiner system when introduced.

The systematic reviews of deaths in community hospitals commenced on a fortnightly basis (currently a monthly basis due to small numbers).

Mortality reviews follow a three stage process whereby Stage 1 is to screen out the expected deaths and Stage 2 is for more detailed review of unexpected deaths which could either prove to be unavoidable or proceed to Stage 3 for potential learning and improvement.

The All Wales Mortality Review Group is producing a new set of mortality indicators in line with the recommendations submitted to the Minister by Professor Stephen Palmer in 2015.

Benchmarking: how do we compare?



Cwm Taf does have higher crude mortality rates than Welsh Peers.

Source: CHKS

Indicator 33 continued: Crude hospital mortality rate (74 years of age or less)

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director
Period: Oct 2018 to Sep 2019	Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

Cwm Taf Crude Mortality Rates by Age Profile

Period	0 to 40 years				41 to 74 years				75+ years			
	Deaths	Spells	Cwm Taf	All Wales	Deaths	Spells	Cwm Taf	All Wales	Deaths	Spells	Cwm Taf	All Wales
Oct-18	4	2907	0.14%	0.09%	47	3009	1.56%	1.07%	99	1433	6.91%	4.48%
Nov-18	0	3029	0.00%	0.05%	48	2772	1.73%	1.06%	124	1427	8.69%	4.61%
Dec-18	3	2431	0.12%	0.07%	65	2580	2.52%	1.30%	122	1356	9.00%	5.70%
Jan-19	5	2690	0.19%	0.09%	62	2850	2.18%	1.27%	140	1478	9.47%	5.47%
Feb-19	2	2487	0.08%	0.09%	64	2760	2.32%	1.15%	122	1348	9.05%	4.90%
Mar-19	2	2761	0.07%	0.10%	40	3010	1.33%	1.16%	105	1382	7.60%	4.94%
Apr-19	0	2380	0.00%	0.09%	62	2740	2.26%	1.23%	104	1402	7.42%	5.24%
May-19	1	2563	0.04%	0.10%	50	2834	1.76%	1.13%	100	1485	6.73%	4.72%
Jun-19	1	2353	0.04%	0.09%	46	2725	1.69%	1.12%	88	1239	7.10%	4.55%
Jul-19	1	2454	0.04%	0.07%	46	2885	1.59%	1.04%	112	1496	7.49%	3.75%
Aug-19	1	2043	0.05%	0.07%	49	2754	1.78%	1.19%	100	1384	7.23%	4.14%
Sep-19	1	2100	0.05%	0.10%	25	2430	1.03%	1.03%	72	1163	6.19%	4.19%

Bridgend

Data not currently available

How are we doing, what actions are we taking?

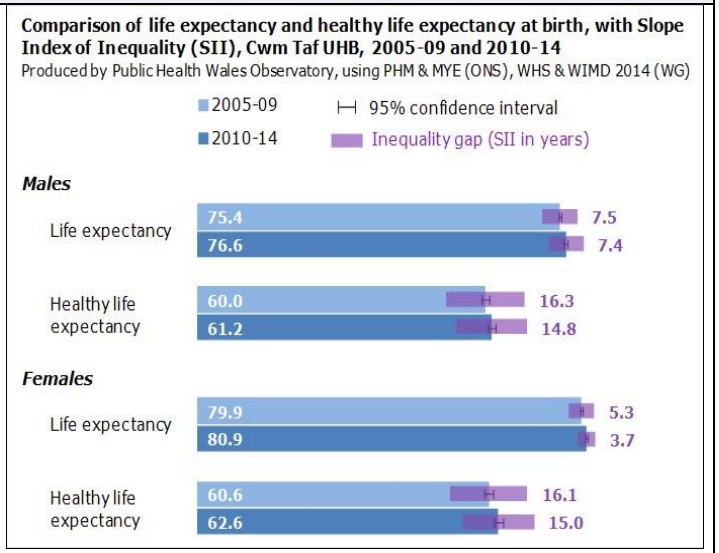
0-40 years: the Health Board is on par with the All Wales mortality with very few deaths.

41-74 years: the Health Board reports higher % mortality than All Wales. Investigation of individual patients indicates this relates to those with a diagnosis of cancer, drug & alcohol related deaths. A high proportion of patients are coded with pneumonia (lung diseases), stroke & palliative care.

75 years and over: Deaths include pneumonias (lung diseases), stroke, heart failure, palliative care, sepsis and other age related diseases are observed. Cwm Taf's population has higher rates of deprivation associated with higher rates of crude mortality as well as having greater rates of co-morbidities.

Contributory factors are lifestyle issues like obesity, smoking, alcohol and drug use which are more prevalent in the Cwm Taf population. The ratio of emergency care to elective care is higher in Cwm Taf and it is known that emergency care has higher risks and mortality. There are also a higher proportion of patients presenting with later stage cancer. 65% of deaths in Cwm Taf take place in hospital compared to an All Wales average of 55.9% therefore further improvement is still required to support patients who wish to die outside of hospital. To address the contributory factors all Cwm Taf UHB local delivery plans have specific areas to address lifestyle issues and support early recognition and speedier management of illness, particularly in cancer.

Benchmarking: how do we compare?



The Measuring Inequalities (2016) report shows that at a population level people are living longer and longer in good health in Wales as a whole. However, the report also indicates at a national level that the difference between life expectancy between the most and least deprived areas of Wales shows no sign of reducing. This is called the Slope Index of Inequalities (SII).

The graph above compares life expectancy and healthy life expectancy for Cwm Taf. It provides a comparison between the time periods 2005/09 and 2010/14 and the variation in the Slope Index of Inequalities (SII). In Cwm Taf, it is a very positive sign that life expectancy and healthy life expectancy (2010-2014) have improved since the previous report (2005-2009). The inequality gap between the most and least deprived has narrowed across all of the parameters and this has not been seen in other parts of Wales. However, we still remain below the Wales averages and for male life expectancy in Rhondda Cynon Taf, the inequality gap has increased since the previous report from 7.4 years to 7.8 years demonstrating the variations within Cwm Taf.

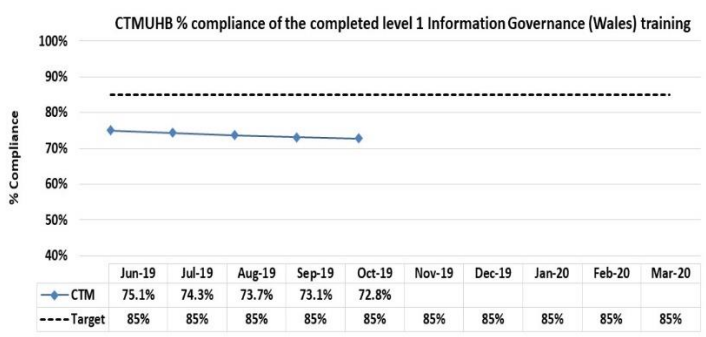
Source: CHKS

Indicator 34: Percentage compliance of the completed Level 1 Information Governance (Wales) training element of the Core Skills and Training Framework

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Director of Workforce and Organisational Development
Period: Apr 2018 to Oct 2019	Target: 85%

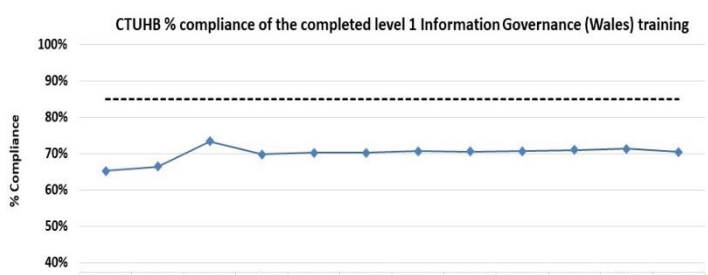
Current Performance:

Cwm Taf Morgannwg: data available from June 2019



	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
CTM	75.1%	74.3%	73.7%	73.1%	72.8%					
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Cwm Taf



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CTUHB	65.29%	66.48%	73.37%	69.79%	70.32%	70.23%	70.65%	70.54%	70.75%	71.01%	71.37%	70.46%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Bridgend

Data not currently available

How are we doing, what actions are we taking?

Please note: data for CTM was not available for April and May 2019 due to ESR system issues as a result of the boundary change that took place 1st April 2019

Overall the compliance with the IG training has remained static for the last 12 months.

Figures are monitored at the Information Governance Group via the standard key performance indicators report. These figures are also submitted to the Quality, Safety & Risk Committee. In addition to this, training compliance is presented at the directorates Clinical Business Meetings to try and increase the uptake of this mandatory training.

We continue to hold monthly classroom sessions, promote the E-learning package and the requirement for training is also highlighted at the Corporate Induction session for new starters.

Areas of high risk are directorates that have high involvement with medical records, sensitive information and access to clinical systems. We monitor the trends where incidents occur – targeted areas of risk include, CAMHS and Mental Health.

Where incidents occur, enforcement action can be considered by the regulatory bodies (which can include a monetary penalty) where these have an effect on an individual. We continue to work towards the 85% target and will routinely monitor progress as set out above.

Benchmarking: how do we compare?

	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Jun-18	74.4%	51.7%	80.6%	73.3%	79.8%	83.5%	90.6%
Jul-18	74.4%	51.8%	81.2%	73.1%	81.3%	86.2%	90.7%

Source: Local/ESR

Indicator 35: Percentage of episodes clinically coded within one reporting month post episode discharge end date

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Director of Planning and Performance
Period: Apr 2019 to Oct 2019	Target: 95% in month (98% at Year End-Final Submission)

Current Performance:

Cwm Taf Morgannwg

2019/20 Clinical Coding Completeness				
	Current Position as at 03/11/2019			Reported (frozen) position
Period	Total FCE's	Coded FCE's	% Complete	% Complete
April	12787	8143	63.7%	**48.8%**
May	13562	7784	57.4%	**49.9%**
June	12754	8008	62.8%	**54.7%**
July	13855	10978	79.2%	**72.6%**
August	12380	11342	91.6%	**89.7%**
September	12668	9388	74.1%	
October	13502	3026	22.4%	
Total	**91508**	**58669**	**64.1%**	**63.0%**

Cwm Taf

2019/20 Clinical Coding Completeness			
Current Position as at 03/11/2019			
Period	Total FCE's	Coded FCE's	% Complete
April	8592	3999	46.5%
May	9027	3316	36.7%
June	8607	3933	45.7%
July	9177	6402	69.8%
August	8330	7364	88.4%
September	8321	5191	62.4%
October	8724	1077	12.3%
Total	**60778**	**31282**	**51.5%**

Bridgend

2019/20 Clinical Coding Completeness			
Current Position as at 03/11/2019			
Period	Total FCE's	Coded FCE's	% Complete
April	4195	4144	98.8%
May	4535	4468	98.5%
June	4147	4075	98.3%
July	4678	4576	97.8%
August	4050	3978	98.2%
September	4347	4197	96.5%
October	4778	1949	40.8%
Total	**30730**	**27387**	**89.1%**

How are we doing, what actions are we taking?

The reported coded position for August is a slight improvement on the previous months. This is due to the fact that Bridgend clinical coding team are now able to assist with the shortfall in coding.

The clinical coding department at Royal Glamorgan Hospital is currently undergoing an external audit. The supervisor for Cwm Taf is assisting with the audit and will offer feedback to the coding department of the errors/anomalies found.

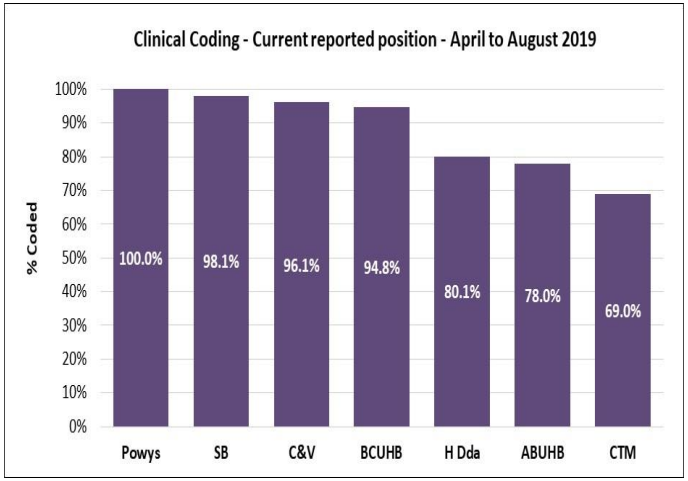
The Digitalisation Team are currently process mapping the flow of case notes with other departments and have been considering the effects it will have on clinical coding with the go live date estimated to begin in Royal Glamorgan Hospital in January 2020.

Clinical coders at the Princess of Wales site who would normally be supporting the coding service in Royal Glamorgan and Prince Charles, will in the future be able to access the casenote digitally which will prove cost effective, not having to transport cages of casenotes twice a week between hospital sites.

The clinical coding manager and the coding supervisor met with the Deputy Head of Midwifery last week to discuss the Local Coding Policies and also to discuss data quality issues. It was a productive meeting and are going to meet on a regular basis to imporve the information and gain better understanding of the specialty.

Trainee clinical coders are now able to sit a pre-ACC test supported by NWIS, the paper has been written by the National Training Programme Manager to identify if candidates are prepared for the level of knwoledge and concentration needed to sit the exam.

Benchmarking: how do we compare?



Unfortunately Cwm Taf Morgannwg are currently at 69.0% reported position April – August 2019. This is due to a number of factors, the I.T systems have been particularly poor over the past few months, Management has asked for a meeting with IT and WPAS to discuss what the technical issues have been that have caused the coding department to fall further behind with work load.

We have also been trying to identify where admissions and transfers have been transacted incorrectly on WPAS, creating spreadsheets to document the amount of time it is taking to deal with the omissions.

Sickness and absences have also been quite high the past four months, impacting even greater on productivity.

We are currently in discussion to secure additional funding in order to employ contract clinical coders to clear the backlog of coding.

Source: Local WPAS / NWIS

Indicator 36: Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Director of Planning and Performance
Period: 2018/19	Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Not currently available

Cwm Taf

Code Type	Total Number of Codes Reviewed	Total Number of Correct Codes	% Correct	Target
Primary Diagnosis	320	291	90.94%	90%
Secondary Diagnosis	1379	1307	94.78%	80%
Primary Procedure	152	144	94.74%	90%
Secondary Procedure	423	378	89.36%	80%
Total Accuracy %	2274	2120	93.23%	

Bridgend

Not currently available

How are we doing, what actions are we taking?

This week we are undergoing the first of the National Clinical Coding Audits at the Royal Glamorgan Hospital for 2019 – 2020, we are optimistic that the qualtiy of our information stays above the 90% pass rate. We continue to carry out the data quality checks of the clinical coding to maintain the standard already achieved last year, and to have confidnace in our coded data.

We have been in discussions with the Clincial Audit department regarding the low volumes of coded data for 2019/ 2020, working towards understanding the affect the uncoded episodes are having on their data validation for their National Audits,. It has been noted that the backlog of uncoded is the usual position for Clinical Coding to be in particularly the first quarter April-June as we were working toward acheivng 2019/2020 target final submission by June 2020.

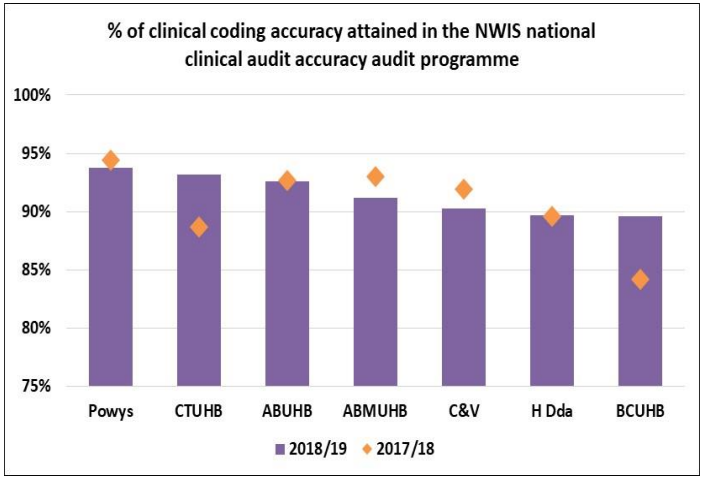
All Trainees are undergoing the full training programme to become competent clinical coders within a 2 year period.

We will have two members of staff that will be sitting the NCCQ exam in 2020.

It has been agreed that internal Audits and the NWIS audit in addition to productivity will form part of the PDR process for the Clinical Coding Team.

We will be sending three of our trianees on the National Clinical Coding Standards course in January.

Benchmarking: how do we compare?



Cwm Taf clinical coding department is pleased to have a 93.23% accuracy level, this is great improvement on 2017/18.

With our improved training programme in place for our Annex U and Band 3 trainee clinical coders we are confident we will be building a strong team for future years.

One of the supervisors is responsible for the training of junior staff at both Prince Charles Hospital and Royal Glamorgan Hospital. We have implemented a comprehensive training programme to support the needs of the trainees and when ready, achieve the ACC qualification. This process will provide the assurity that Cwm Taf Morgannwg, will in time, have a fully qualified team to deliver on coding quality and completeness.

Source: NWIS : http://nww.nwisinformationstandards.wales.nhs.uk/sitesplus/documents/299/20190129-REP-Cwm%20Taf%20Clinical%20Coding%20Audit%20Report-2018-19.pdf

Indicator 37: All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation

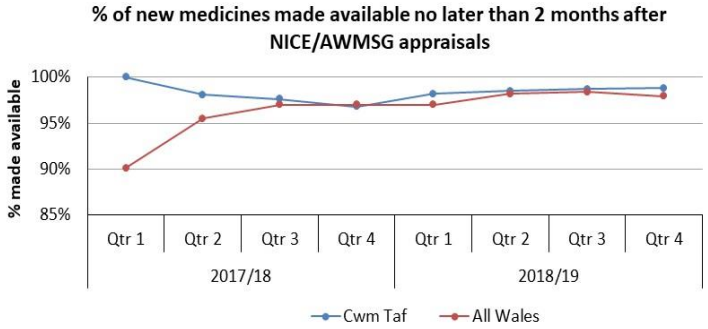
Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Director of Primary, Community and Mental Health
Period: 2017/18 & 2018/19	Target: 100%

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

Cwm Taf have implemented the vast majority of new medicines within the 60 day target set by Welsh Government.

Exceptions to this target have been where there is no clear commissioning pathway, as use within Cwm Taf is not appropriate.

New technologies or medicines which require wider resources to implement their use can take longer to process.

Benchmarking: how do we compare?

% of new medicines recommended by NICE/AWMSG made available, where clinically appropriate, no later than 2 months from the publication of the appraisal

Target is 100%		Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
2018/19	Qtr 1	98.2%	100.0%	99.1%	99.1%	95.5%	99.1%	93.6%
	Qtr 2	98.5%	100.0%	99.3%	99.3%	96.3%	99.3%	94.8%
	Qtr 3	98.7%	100.0%	99.3%	99.3%	96.6%	99.3%	95.3%
	Qtr 4	98.8%	96.4%	98.8%	99.4%	97.0%	99.4%	95.8%
2017/18	Qtr 1	100.0%	97.6%	82.9%	95.1%	90.2%	97.6%	100.0%
	Qtr 2	98.1%	98.1%	98.1%	98.1%	90.7%	98.1%	87.0%
	Qtr 3	97.6%	100.0%	98.8%	98.8%	93.9%	98.8%	91.5%
	Qtr 4	96.8%	100.0%	98.9%	98.9%	93.7%	98.9%	91.6%

We compare favourably with our peers, as not all medicines are appropriate to be prescribed or used within Cwm Taf i.e. require commissioning from specialist centres.

Source: Welsh Government Delivery and Performance Website

Indicator 38: Number of Health and Care Research Wales clinical research portfolio studies
Indicator 39: Number of Health and Care Research Wales commercially sponsored studies
Indicator 40: Number of patients recruited in Health and Care Research Wales clinical research portfolio studies
Indicator 41: Number of patients recruited in Health and Care Research Wales commercially sponsored studies

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director
Period: 2018/19 **Cwm Taf University Health Board**	Target: AS PER TABLE

Current Performance: How are we doing?

Health and Care Research Wales Indicator		Total 2018/19	2018/19 Q1	Q2	Q3	Q4	% Annual Improvement Target	2017/18	Annual % Change
38	Number of Clinical Research Portfolio Studies	70	38	6	11	15	10%	64	9.38%
	2017/18 Data for comparison		*22*	*39*	*52*	*64*			
39	Number of Commercially Sponsored Studies	9	3	0	2	4	5%	7	28.57%
	2017/18 Data for comparison		*2*	*3*	*5*	*7*			
40	Number of patients recruited Clinical Research Portfolio Studies	3616	1269	887	727	733	10%	2324	55.59%
	2017/18 Data for comparison		*193*	*507*	*1115*	*2324*			
41	Number of patients recruited Commercially Sponsored Studies	41	6	1	6	28	5%	36	13.89%
	2017/18 Data for comparison		*9*	*19*	*24*	*36*			

Local Support and Delivery funding is provided to organisations to develop their own research infrastructure to support, deliver, promote and encourage high quality research. Funding is based on research activity for the previous three rolling years (activity based funding) i.e. the number of open Clinical Research portfolio (CRP) studies, number of participants recruited to CRP studies, number of Chief Investigators affiliated to the organisation and the number of clinical research fellows within the organisation. Each NHS Organisation in receipt of the Local Delivery and Support Funding is measured against key performance indicators set by the R&D Division, Welsh Government and these are reported on a quarterly basis. Organisations are expected to increase the number of studies open and adopted onto the clinical research portfolio (CRP) by 10% per annum and commercial studies by 5% and also the number of participants recruited to CRP and commercial studies by 10% and 5% respectively.

There has been excellent performance during the last year reflected in the number of participants being recruited into CRP studies with an increase of 55% in the number of participants recruited from the previous year. The target for non-recruiting CRP studies is set at 0%, which was also met in 2018-19. One of the performance metrics which the department did not meet during 2018-19 included the recruitment to time to target for CRP studies. It is a continuing priority for the R&D team to ensure that the appropriate research nurse and research officer support is allocated to studies in order to meet the recruitment targets, as well as ensuring that early discussions with Principal Investigators establish recruitment targets that are achievable.

During 2018/19, CTUHB exceeded the KPIs for the number of open commercial studies and for the number of participants recruited to CRP and commercial studies, the highest level of annual research activity in CTUHB to date. Undertaking commercial research provides an opportunity to increase R&D related income whereby pharmaceutical and medical device companies pay all necessary costs for the study to be undertaken, to include overheads and capacity building costs. The provision of the overheads and capacity building costs provide flexible funds that can be re-invested, as per appropriate financial practices, into research.

The Assistant Director for R&D, R&D Manager and R&D Finance Analyst attended the annual performance management meeting with the R&D Division, Welsh Government and the Director of Health and Care Research Wales Support Centre on Friday, 12th July. Welsh Government were pleased with the UHB's performance during 2018-19 to include the levels of research activity, the distribution of R&D funding and the Primary Care model of work that has been established across the UHB. The R&D team continue to prioritise the increase in non-commercial and commercial research activity in circulating potential studies and providing support to clinicians in completing feasibility questionnaires, attending site selection visits and the set up and delivery of the study. The R&D team are processing an increasing number of feasibility requests (expressions of interests, feasibility questionnaires) for both commercial and non-commercial companies. Further investment in the R&D infrastructure has resulted additional posts to set up, support and deliver CRP and commercial studies across Cwm Taf.

The strategic objective to increase the number of Chief Investigators aligned to the UHB and to increase the number of "in house" Chief Investigators and research leaders was also met. During 2018-19, there were 16.6 Chief Investigators affiliated to Cwm Taf UHB and 8 of these were in house.
Since April 1st, 2019 all research undertaken within the Bridgend boundary has been the responsibility of Cwm Taf Morgannwg UHB's R&D team. The boundary change has provided an exciting opportunity to develop the R&D infrastructure in Bridgend to provide support to research active professionals (to include secondary / primary / community care and population health) in the set up and delivery of existing CRP and commercial studies. There is also an opportunity to develop and progress their own research ideas with appropriate external funding and support from the CTMUHB R&D team.

Source: Local / https://www.healthandcareresearch.gov.wales/performance-management/

Indicator 38 to 41 continued:	
Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director
Period: 2018/19 **Cwm Taf University Health Board**	

What are the areas of risk?

Support and investment is required from the Health Board to enable the organisation to continue to develop the infrastructure required to meet the targets and metrics set and performance managed by the Research and Development Division, Welsh Government and the UHB's own R&D strategy, delivery plan and ambition. This includes the further development of its Commercial research portfolio and scope for increasing the UHB's income generation and re-investment into research activities. Increasing this income will serve to complement the income currently provided from the NHS R&D allocation and successful grant applications.

Failure to invest / re-invest in the research infra-structure and maintain or increase the research activity, will result in a decreasing R&D income through grant funding and commercial studies and will be a risk to the success of the UHB's R&D ambitions and evidence based improvements in patient care.

The current Activity Based Funding formula and approach to NHS R&D funding is under review, for possible implementation in April 2020. A Task and Finish group has been set up to be chaired by the Health and Care Research Wales Director for Support and Delivery with representation form Health and Care Research Wales, Academia and the 2 of the NHS R&D Directors. Cwm Taf Morgannwg UHB's Assistant Director for R&D, with the other R&D Directors have raised a concern that there will not be representation from each of the NHS organisations. Cwm Taf UHB's Assistant Director for R&D has sought assurance from the Interim R&D Director at Welsh Government, that discussions will be open and fully transparent and that Cwm Taf Morgannwg will be given the opportunity to have a continual input into the proceedings. A draft engagement plan has been drafted in relation to the consultation process.

The development of a well-equipped, designated Clinical Research Facility that could provide dedicated clinical space for the recruitment and examination of patients consenting to participate in research remains a priority and would be a major step forward in developing Cwm Taf Morgannwg UHB's research portfolio, both commercial and non-commercial. This will optimise the UHB's income generation potential, but most importantly provide additional opportunities for the patients of Cwm Taf Morgannwg to gain access to new and innovative treatments and medical technologies. Development of such a facility would also strengthen the UHB's research infra-structure and reflect its University Health Board status. This programme of work is in setup and support will be sought from UHB Executives.

In addition to the development of the available physical space and accommodation, R&D activity could be increased if the capacity of the workforce could be optimised to ensure that research is central to their roles. This could be facilitated by the inclusion of research sessions in Consultant job plans through SPA. In addition the inclusion of research and the provision of time to undertake research in the job descriptions of the workforce. These alone would increase the research capacity considerably across the UHB, contributing to the improved quality of patient care, but also staff morale, recruitment and retention. With support from the Executives, Human Resources and Line Management this is achievable.

Due to the low volume of clinical trials of investigational medicinal products (cTIMPs) being hosted and sponsored by Cwm Taf Morgannwg a statutory inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA), in relation to the conduct of Clinical Trials has not been required to date. As the clinical trial activity grows in Cwm Taf Morgannwg UHB, the likelihood of an MHRA inspection will increase. An NHS Organisation undergoing MHRA inspection is expected to demonstrate their compliance with Good Clinical Practice and the Clinical Trials Regulations. This includes ensuring training and records are in place for staff, ensuring clarity of roles and responsibilities and ensuring adherence to trial documentation e.g. protocol. "Preparing Teams for Regulatory Inspection – MHRA Inspection Readiness' training took place at Prince Charles Hospital on Thursday 12th July 2018. This training was provided by Wendy Fisher Consulting covering the role of MHRA and inspection planning for clinical trials. 16 members of staff attended.

On completion of a research project, the R&D study file and site file is required to be archived. The length of time is dependent upon the type of study but records must be stored for at least 10 years from project completion. The files should be stored in lockable cabinets that are fire proof and waterproof. R&D files are currently stored in the Plant Room in Royal Glamorgan Hospital but they have been deemed a fire hazard and are required to be moved. It is envisaged that there will be sufficient space for archiving with the development Clinical Research Facility.

Source: Local / https://www.healthandcareresearch.gov.wales/performance-management/

Indicator 38 to 41 continued:

Outcome: Interventions to improve my health are based on good quality and timely research and best practice	Executive Lead: Medical Director

Period: 2018/19 **Cwm Taf University Health Board**

Benchmarking: how do we compare?

	Number of Clinical Research Portfolio Studies	Number of Commercially Sponsored Studies	Number of patients recruited Clinical Research Portfolio Studies	Number of patients recruited Commercially Sponsored Studies
	2018/19			
ABMU	97	37	2276	37
AB	88	12	2134	12
BCU	81	9	1553	9
C&V	205	53	6251	53
C Taf	**70**	**9**	**3616**	**41**
H Dda	58	5	1085	5
Powys	6	0	34	0
	2017/18			
ABMU	96	44	2207	401
AB	80	12	1282	161
BCU	81	10	1834	89
C&V	190	47	5031	305
C Taf	**64**	**7**	**2324**	**36**
H Dda	44	6	984	77
Powys	7	0	108	0
	2016/17			
ABMU	109	36	2784	221
AB	68	9	1932	85
BCU	97	6	1539	553
C&V	176	47	5064	351
C Taf	**54**	**4**	**1468**	**12**
H Dda	50	7	1695	19
Powys	9	0	144	0

Cwm Taf UHB had the largest increase in the number of participants recruited to CRP studies during 2018-19 and recruited the 2nd highest number of participants to CRP studies.

Compared to some NHS Organisations, Cwm Taf UHB appears to have low levels of commercial activity but there has been a significant growth in Cwm Taf UHB's research activity over the last 3 years. Other factors should also be taken into consideration to enable the appropriate comparison against other Health Board's such as the size, infrastructure, patient population and funding received from Welsh Government. All of these factors will affect the Health Board's ability to increase the number of CRP and commercial studies.

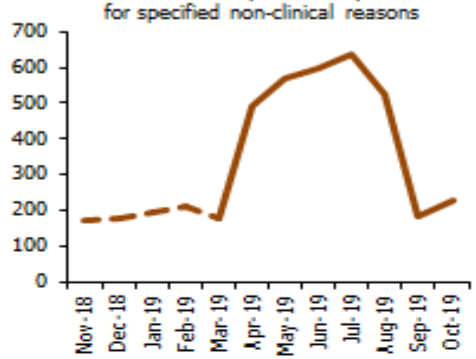
The R&D team remain dedicated to exceeding its KPIs to ensure that the opportunity to increase the ABF allocation and other income avenues to invest in the R&D infrastructure are maximised.

Source: Local / https://www.healthandcareresearch.gov.wales/performance-management/

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

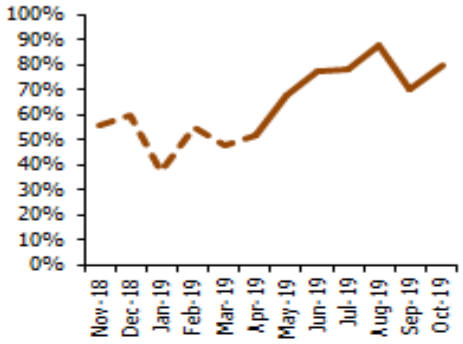
Key: Cwm Taf Morgannwg —— **Cwm Taf** - - - **or** ■ **Bridgend** ▒

Number of procedures postponed either on the day or the day before for specified non-clinical reasons



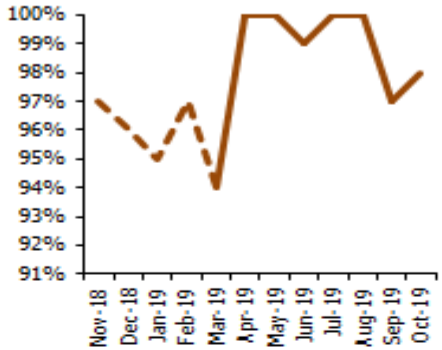
Current Position		
CT	B	CTM
N/A	N/A	228

Complaints responses - compliance with 30 day target



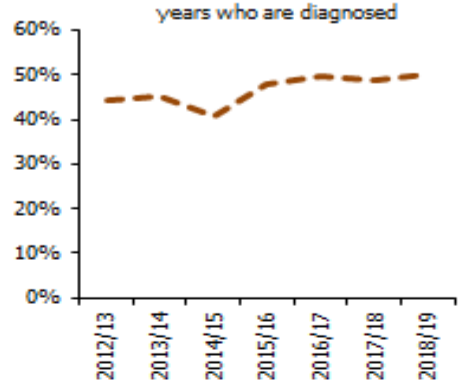
Current Position		
CT	B	CTM
N/A	N/A	80.0%

Complaints responses - compliance with 6 month target



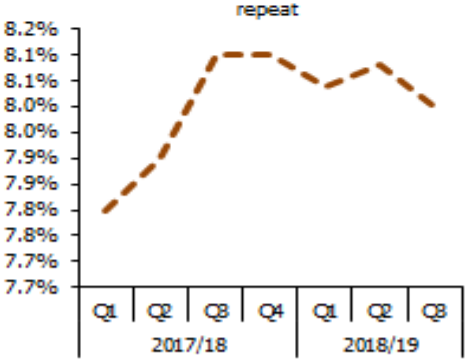
Current Position		
CT	B	CTM
N/A	N/A	98.0%

% people with dementia aged >=65 years who are diagnosed



Current Position		
CT	B	CTM
48.7%	N/A	N/A

% of patients aged 75 and over with an AECof 3 or more items on active repeat



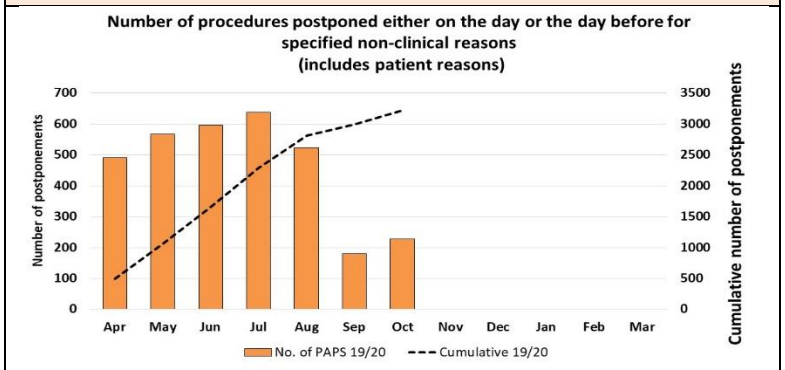
Current Position		
CT	B	CTM
8.0%	N/A	N/A

Indicator 43: Number of procedures postponed either on the day or the day before for specified non-clinical reasons

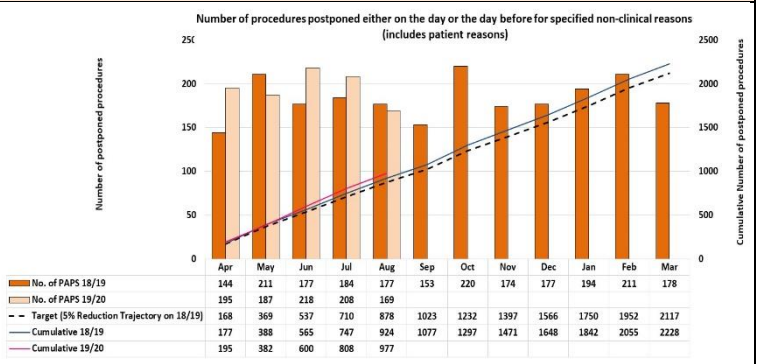
Outcome: I receive a quality service in all care settings	Executive Lead: Chief Operating Officer
Period: Apr 2018 to Oct 2019	Target: >5% reduction from 17/18

Current Performance:

Cwm Taf Morgannwg



Cwm Taf



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of PAPS 18/19	144	211	177	184	177	153	220	174	177	194	211	178
No. of PAPS 19/20	195	187	218	208	169							
Target (5% Reduction Trajectory on 18/19)	168	369	537	710	878	1023	1232	1397	1566	1750	1952	2117
Cumulative 18/19	177	388	565	747	924	1077	1297	1471	1648	1842	2055	2228
Cumulative 19/20	195	382	600	808	977							

Bridgend

Data not currently available

How are we doing, what actions are we taking?

The measure for postponed admitted procedures has changed with the 2018/19 Outcomes Framework from "Patients that should their operations be cancelled on more than one occasion, with less than 8 days' notice then they would receive treatment within 14 days of the second cancellation, or at the patient's earliest convenience" to "Number of procedures postponed either on the day or the day before for specified non-clinical reasons".

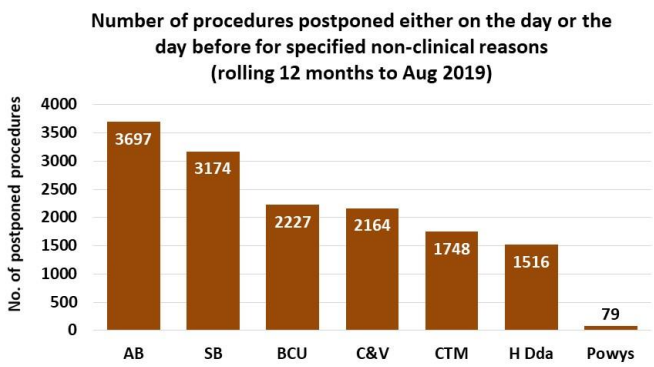
The data for this measure is extrapolated from the Health Board's Welsh PAS application at the end of each month and now includes Princess of Wales Hospital postponements from April 2019.

The Health Board is raising awareness of this measure amongst patient booking staff and ensuring that data capture accurately reflects the discussions being undertaken with patients. This will ensure increased compliance with this measure.

One of the main issues relates to patients being booked prior to being declared fit by pre-assessment. Booking staff have been instructed to follow Health Board guidance in this area. Pre-assessment delays, which attribute to this issue are being addressed as part of the planned care work-streams.

Periods of patient unavailability need to be accurately recorded for this measure to be calculated precisely. Pre-assessment delays need to be minimised.

Benchmarking: how do we compare?



Cwm Taf is performing better than its peers apart from Powys.

Source: Local Information Team

Indicator 44: Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a percentage of all patients aged 75 years and over

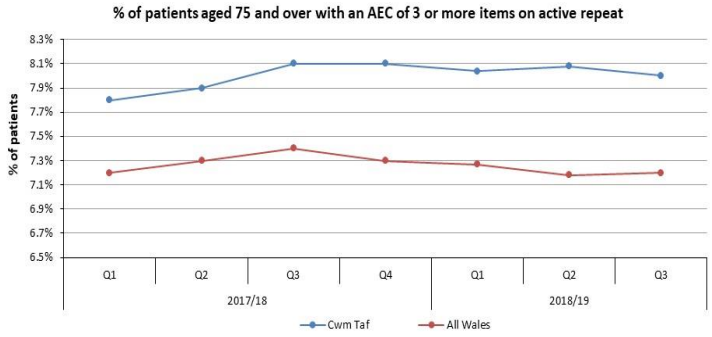
Outcome: I receive a quality service in all care settings	Executive Lead: Director of Primary, Community and Mental Health
Period: 2017/18 to 2018/19 (Qtr 3)	Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

Cwm Taf have the second highest number of patients aged 75 and over with an AEC of 3 or more. The % has increased slightly over the last few quarters.

The new care home service for community pharmacies in Wales has been designed to identify and review patients who have an ACE burden of 3 or more. This service is being commissioned within the HB from November 2018 onwards.

This work stream is being incorporated into the prescribing team work plan for 2019-20

It is good practice to use medicines with AEC scores of zero and to avoid those scored 1, 2 or 3. The clinician should discuss with the patient and carer the benefits and potential risks of continued use of these medicines with the aim of either stopping them or switching to an alternative drug with a lower AEC score (preferably zero).

There are a large number of medicines that fall into this category and reviewing all patients taking them is a time consuming process. There will be some patients where the risk / benefit ratio may favour the continuation of a higher scoring medicine.

Benchmarking: how do we compare?

Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a % of all patients aged 75 years and over

		CTUHB	ABMU	AB	BCU	C&V	HDda	Powys
2018/19	Qtr 1	8.0%	8.0%	8.3%	7.3%	6.1%	6.0%	6.3%
	Qtr 2	8.1%	8.0%	8.1%	7.1%	6.2%	5.8%	6.1%
	Qtr 3	8.0%	7.9%	8.2%	7.1%	6.2%	5.9%	5.9%
2017/18	Qtr 1	7.8%	7.9%	8.0%	7.3%	6.5%	5.9%	6.1%
	Qtr 2	7.9%	7.9%	8.0%	7.3%	6.5%	5.9%	6.4%
	Qtr 3	8.1%	8.2%	8.3%	7.5%	6.4%	6.1%	6.4%
	Qtr 4	8.1%	8.0%	8.3%	7.4%	6.2%	6.0%	6.4%

We are currently the 2nd highest prescriber in Wales, there has been an increase in Cwm Taf alongside six other HB's. Only one HB has demonstrated a decrease.

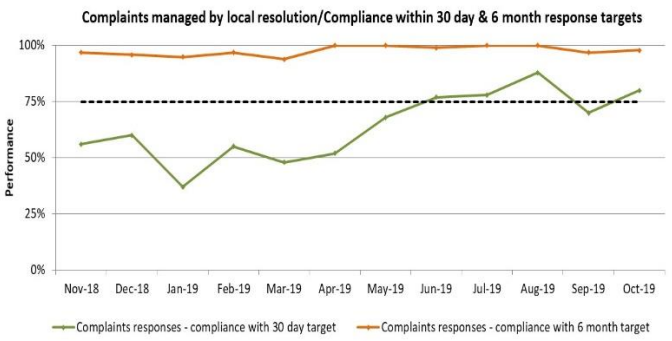
Source: Welsh Government Delivery and Performance Website

Indicator 46: The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation

Outcome: My voice is heard and listened to	Executive Lead: Director of Nursing
Period: Nov 2018 to Oct 2019	Target: 75%

Current Performance:

Cwm Taf Morgannwg: from 1st April 2019

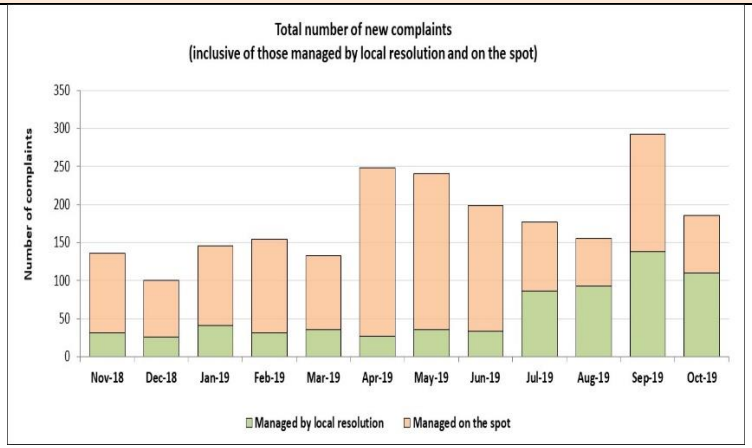


Cwm Taf: to 31st March 2019

Bridgend

Data not available

How are we doing, what actions are we taking?



The Health Board received 704 complaints during Quarter 1 of these **491 (69%)** were managed under early resolution. 278 recorded for Princess of Wales (POW), 111 Royal Glamorgan Hospital (RGH) and 87 Prince Charles Hospital (PCH). This expected increase is in line with the recently implemented changes to the recording of informal complaints and also the transition with POW.
During Quarter 1, 142 formal complaints cases were closed. Details of the complaints closed during the Quarter 1 are provided in appendix 1.

At the end of Quarter 1 there were 239 formal Complaints which were 'ongoing' i.e. in the process of being managed. At the time of writing the report, six complaints were open which were received over 6 months ago. These are complex cases which are still under investigation, 3 for Gynaecology and 3 for general medicine. Clinical pressures within the Directorates has impacted on the ability of staff to complete investigations within the timescales and work is required to enable further improvements in compliance with the 30 working day target.

Compliance with complaint response times during Quarter 1 has increased to 69% this is due to the targeted improvement work undertaken by the team and the changes to logging of cases being managed under early resolution.

Benchmarking: how do we compare?

% of concerns that have received a final reply (Reg 24) or an interim reply (Reg 26) up to & including 30 working days from the date the concern was first received by the organisation - Target 75%							
2019/20	**CTM**	**AB**	**BCU**	**C&V**	**HDda**	**Powys**	**SB**
Qtr 1	67.6%	45.7%	61.9%	79.9%	75.5%	64.8%	80.7%
2018/19	**CTUHB**	**AB**	**BCU**	**C&V**	**HDda**	**Powys**	**ABMU**
Qtr 1	50.0%	51.4%	42.1%	65.6%	62.9%	60.4%	80.7%
Qtr 2	22.9%	47.3%	35.2%	75.2%	66.4%	50.0%	77.2%
Qtr 3	16.9%	42.7%	36.0%	80.8%	68.9%	62.5%	80.7%
Qtr 4	67.5%	34.9%	33.6%	77.3%	66.5%	55.8%	82.0%

Compliments and positive feedback from patients: The Patient Experience Team collates written compliments that are received at Ward and Department level. For Quarter 1 the wards and departments reported 554 compliments.

The Health Board also regularly receives compliments through the Concerns Team and Chief Executive's office, by email, letter, Social Media Sites and on Patient Opinion websites which are reflected in the figure above.

Source: Local Datix

Indicator 47: Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia

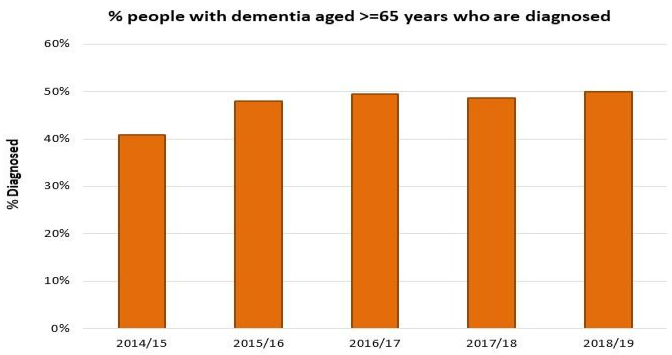
Outcome: My voice is heard and listened to	Executive Lead: Director of Primary, Community and Mental Health
Period: 2014/15 to 2018/19	Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Not currently available

Cwm Taf



Bridgend

Not currently available

How are we doing, what actions are we taking?

Health Boards are required to monitor numbers and percentages of patients recorded with Dementia.

Available data for people within dementia in Wales aged 65 years or over who are diagnosed (registered on a GP QOF register) is available up to the period 2017/18.

Discussions to be picked up with Primary Care.

Benchmarking: how do we compare?

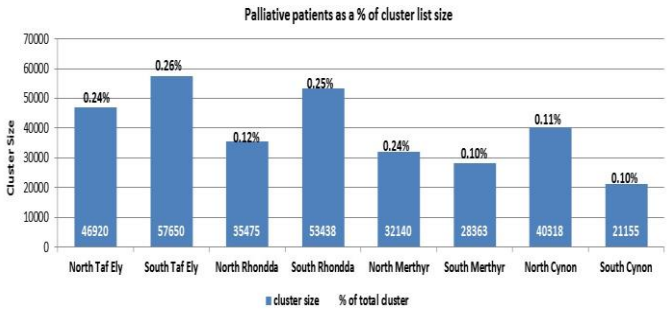
Percent of people with dementia with a diagnosis

Health Board	2014/15	2015/16	2016/17	2017/18	2018/19
Abertawe Bro Morgannwg	44.9%	55.8%	58.8%	57.6%	59.4%
Aneurin Bevan	46.3%	53.9%	54.0%	54.8%	57.5%
Betsi Cadwaladr	42.0%	49.0%	51.6%	51.3%	52.2%
Cardiff & Vale	49.5%	57.8%	63.4%	62.6%	64.9%
Cwm Taf	**40.8%**	**47.9%**	**49.5%**	**48.7%**	**50.0%**
Hywel Dda	37.2%	43.4%	45.6%	46.2%	47.9%
Powys	41.4%	45.3%	45.6%	45.7%	44.7%
Wales	43.4%	51.0%	53.3%	53.1%	54.7%

Cwm Taf is comparable to its peers

Source:https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/GMS-Contract/PatientsOnQualityAndOutcomesFramework-by-LocalHealthBoard-DiseaseRegister

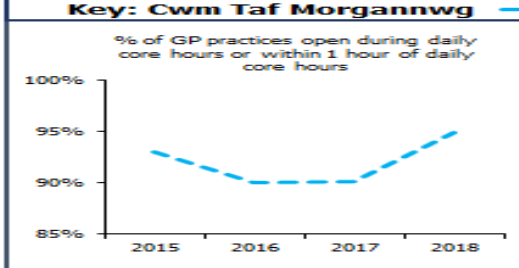
Local Measure: Percentage of Patients registered as receiving palliative care with their GP practice	
Outcome: I am treated with dignity and respect and treat others the same	Executive Lead: Director of Primary, Community and Mental Health
Period: 2018	Target: N/A

Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?
Cwm Taf Morgannwg Not currently available Cwm Taf  Bridgend Not currently available	Health Boards are also requested to monitor those patients on a Palliative Care pathway. The graphs shown are for 2016/17 for all patients on the Palliative Register. There is no further update this month. Discussions to be picked up with Primary Care.	**Benchmark not available**

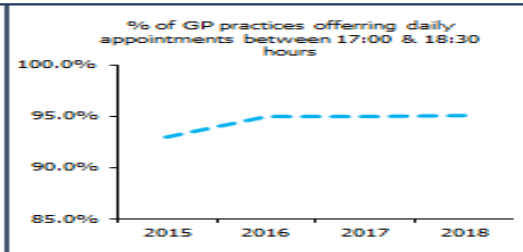
Source: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/GMS-Contract/PatientsOnQualityAndOutcomesFramework-by-LocalHealthBoard-DiseaseRegister

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

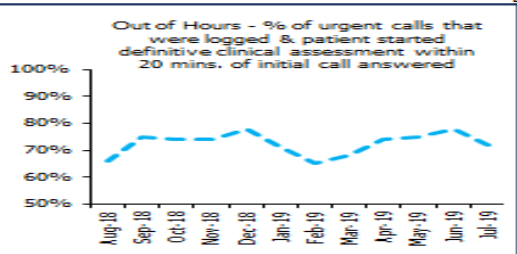
Key: Cwm Taf Morgannwg —— **Cwm Taf** - - - **or** ▬ **Bridgend**



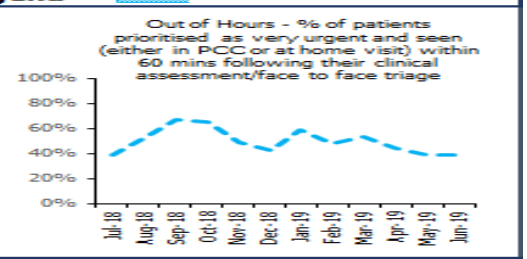
Current Position		
CT	B	CTM
95%	N/A	N/A



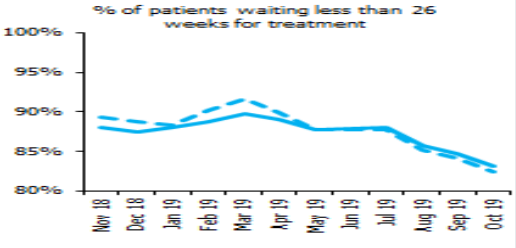
Current Position		
CT	B	CTM
95%	N/A	N/A



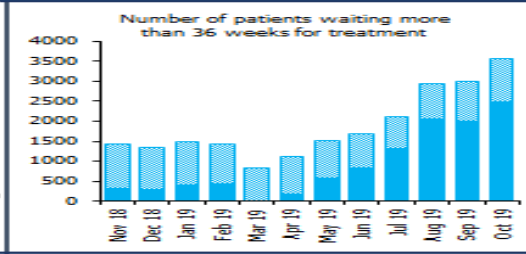
Current Position		
CT	B	CTM
72.0%	N/A	N/A



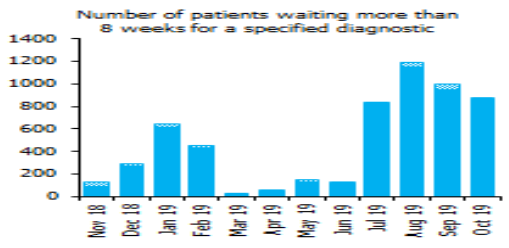
Current Position		
CT	B	CTM
39.0%	N/A	N/A



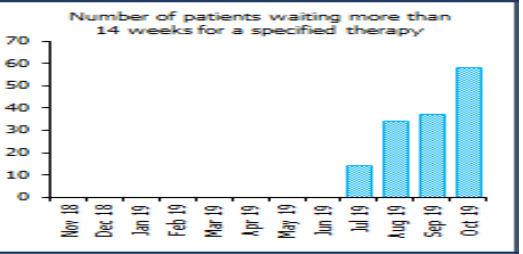
Current Position		
CT	B	CTM
82.4%	84.5%	83.1%



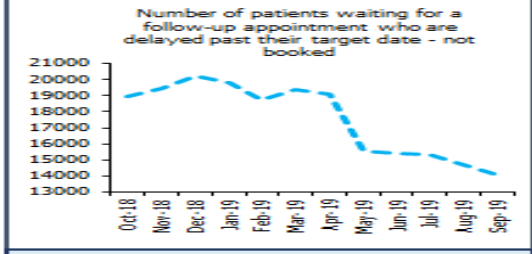
Current Position		
CT	B	CTM
2481	1086	3567



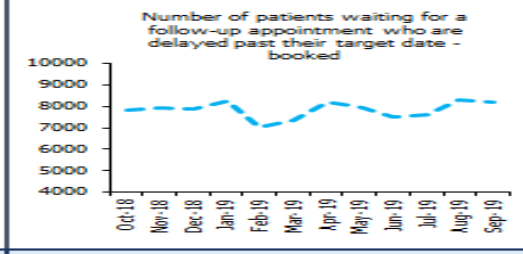
Current Position		
CT	B	CTM
839	8	847



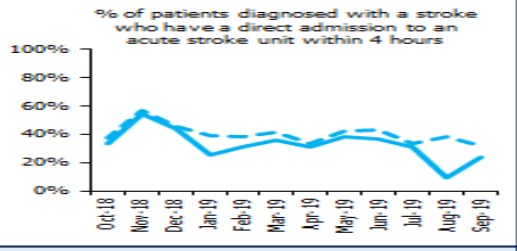
Current Position		
CT	B	CTM
0	58	58



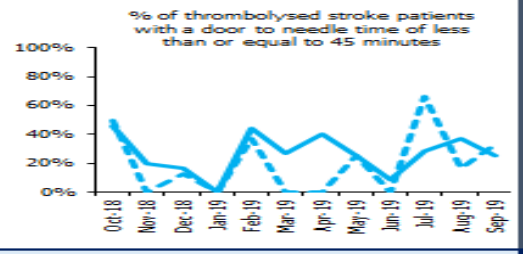
Current Position		
CT	B	CTM
14085	N/A	N/A



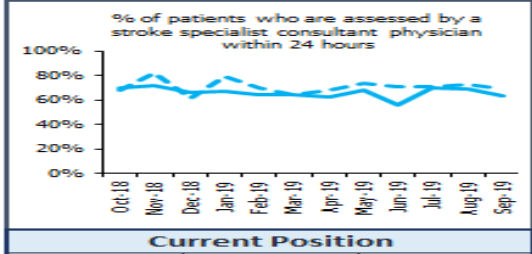
Current Position		
CT	B	CTM
8186	N/A	N/A



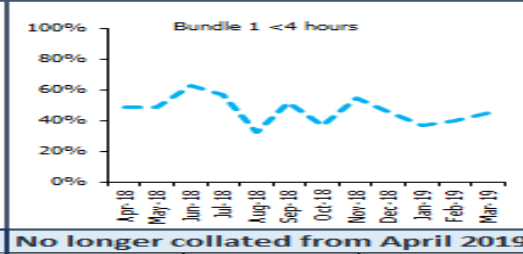
Current Position		
CT	B	CTM
31.7%	15.8%	24.1%



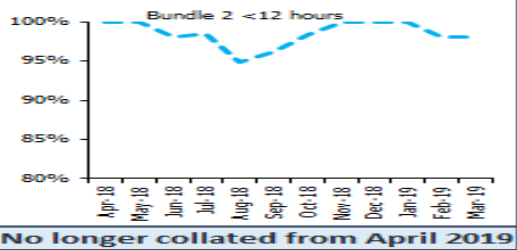
Current Position		
CT	B	CTM
33.3%	0.0%	25.0%



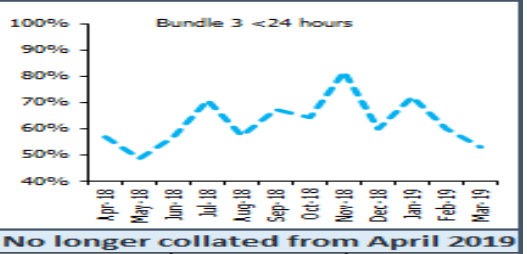
Current Position		
CT	B	CTM
69.0%	57.9%	63.8%



No longer collated from April 2019		
CT	B	CTM
451.0%	N/A	N/A

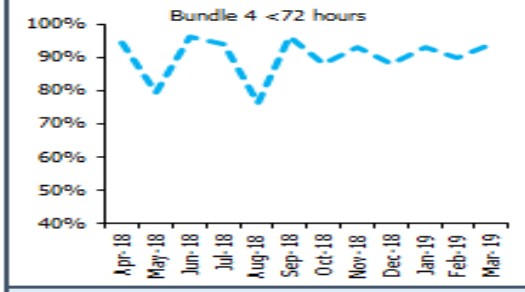


No longer collated from April 2019		
CT	B	CTM
98.0%	N/A	N/A

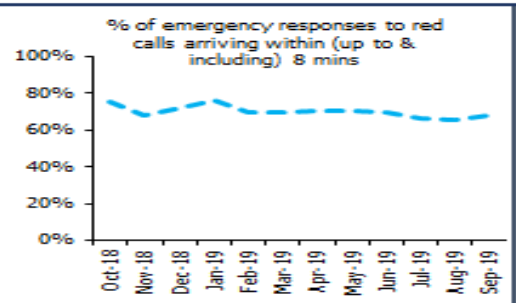


No longer collated from April 2019		
CT	B	CTM
52.9%	N/A	N/A

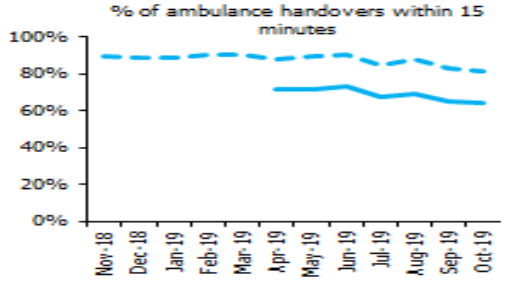
Key: Cwm Taf Morgannwg —— Cwm Taf - - - or ▬ Bridgend ▬



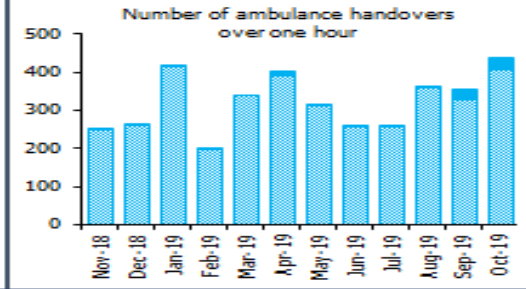
No longer collated from April 2019		
CT	B	CTM
94.1%	N/A	N/A



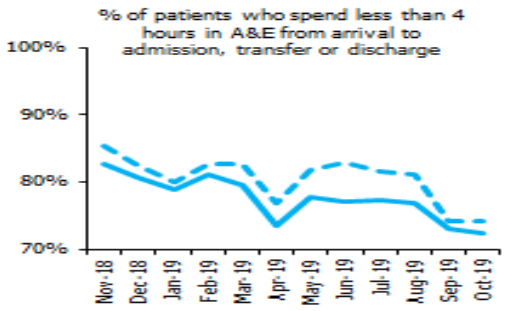
Current Position		
CT	B	CTM
N/A	N/A	68.1%



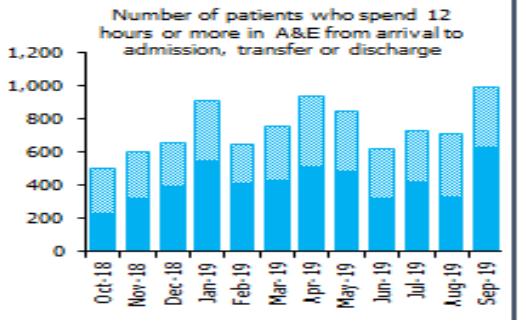
Current Position		
CT	B	CTM
81.1%	19.4%	64.0%



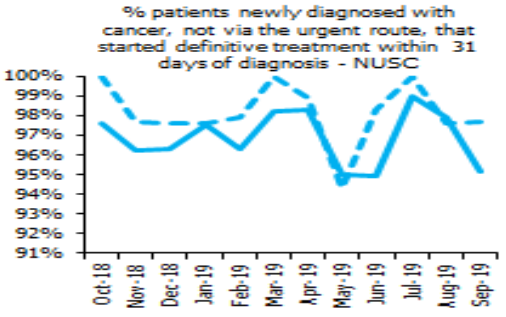
Current Position		
CT	B	CTM
31	376	407



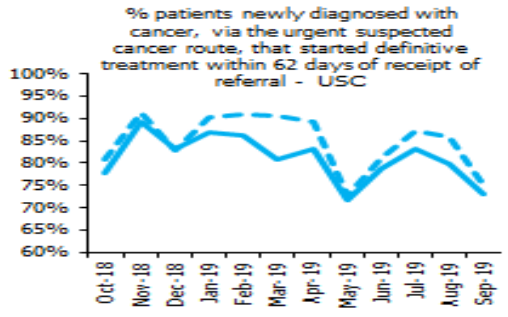
Current Position		
CT	B	CTM
74.1%	68.1%	72.3%



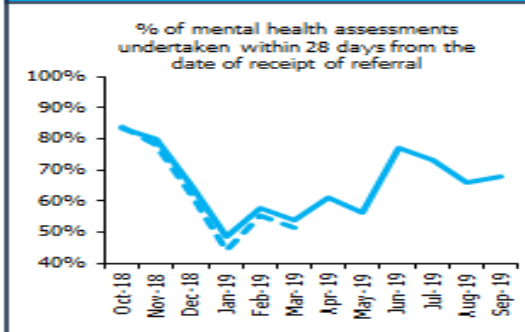
Current Position		
CT	B	CTM
629	369	998



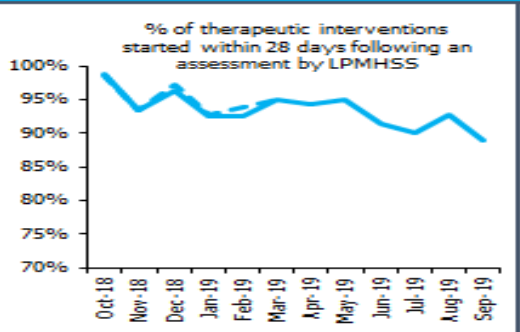
Current Position		
CT	B	CTM
97.7%	83.3%	95.2%



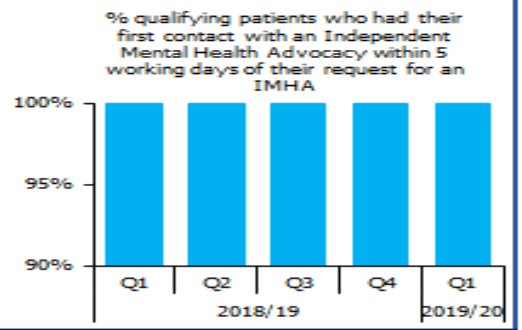
Current Position		
CT	B	CTM
75.0%	70.3%	73.0%



Current Position		
CT	B	CTM
No longer collated		67.9%



Current Position		
CT	B	CTM
No longer collated		88.9%



Current Position		
CT	B	CTM
N/A	N/A	100.0%

Indicator 53: Percentage of GP practices open during daily core hours or within 1 hour of daily core hours

Outcome: I have easy and timely access to primary care services	Executive Lead: Director of Primary, Community and Mental Health
Period: 2017/18	Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Data is not currently available

Cwm Taf

Data is not currently available

Bridgend

Data is not currently available

How are we doing, what actions are we taking?

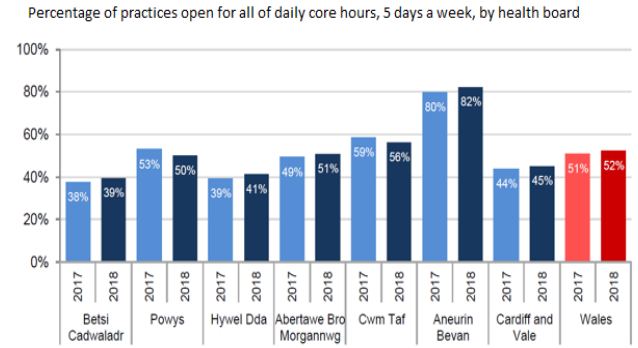
For practices not offering appointments specifically between 18:00 and 18:30 hours, it has been noted that, in the majority of practices, appointments run up to practice closing hours i.e. 18:30 hours. Depending on need, the last appointment would be scheduled to conclude by closing hours 18:30 hours.

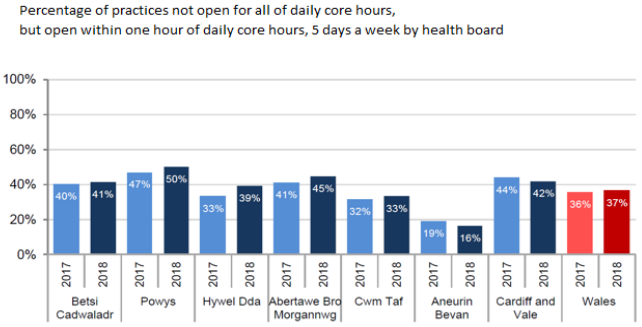
What actions are we taking?

Regular assessing of practices are meeting needs by:

- Practice development visits are completed for all GP practices where discussion on access is an integral part. During the visit the following is reviewed with the practice:
- Practice Opening times and Surgery Sessions: Emphasis is given on the optimum opening times:
- Doors open Phones on 8.00 am - 6.30 pm
- *Open all day Thursday (unless under special circumstances and agreed with CTUHB)
- Provide access to an appropriate member of the practice primary care team within 24 hours?
- The opportunity to pre book an appointment up to two weeks in advance?
- Giving patients the opportunity to be seen by a GP of the patient's choice, within 4 weeks?
- Allowing patients to book an appointment with one telephone call, with no need to call back or be directed to book online?
- Is telephone access directly to a member of staff (not a recorded message) available from 8.00 am - 6.30 pm and can patients' book telephone consultations.
- Are the doors open, phones on and reception manned during lunchtimes?
- Practices across all 4 clusters worked with the Primary Care Foundation to analyse their access and capacity to identify areas that they could improve upon or ways to work smarter. They also completed a 'reception quiz' that looked at variation in response to potentially urgent calls across the reception team.
- Cwm Taf DNA policy
- Activity monitoring – winter pressure planning

Benchmarking: how do we compare?





Nearly all (98%) of practices in Wales offer appointments at some point between 17:00 and 18:30, at least one day a week. However, there is much variation between health boards in later appointments offered with nearly half of practices in Cwm Taf offering appointments every week day for the whole half hour period between 18:00 and 18:30, whereas over 90% of practices in Betsi Cadwaladr and Cardiff and Vale do not offer appointments for the whole half hour period on any day.

Cwm Taf Health Board (as was) compared favourably with other Welsh Health Boards.

Source: https://gov.wales/statistics-and-research/?topics=Health+and+social+care&subtopics=GPs&view=Search+results&lang=en
Source: National Survey for Wales

Indicator 54: Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours on 5 days a week target

Outcome: I have easy and timely access to primary care services

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018

Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Data is not currently available

Cwm Taf

As per benchmark table

Bridgend

Data is not currently available

How are we doing, what actions are we taking?

Practices using a variety on innovations to improve patients access to services:

- E-Consult: Online access for medical advice/signposting. Practice GP triage requests which means a patient may not need a trip to the surgery, freeing up appointment slots.
- Patient Partner: Patients are able to book and cancel appointments over the phone. Enabling practices to have an effective and streamlined appointment booking system freeing up telephone lines and appointment slots.
- Increasing use of MHOL: online appointment booking, ordering prescriptions, Sick notes freeing up the telephone lines enabling the practice to free appointment slots for those in need.
- Use of Care Coordinators and social prescribing: Signposting patients to the most appropriate service for their needs, leaving the GP to be available for patients that need to see a GP.
- Use of multi-disciplinary workforce allowing GP appointments available for patients requiring to be seen by a GP

CONTRACT CHANGES 19/20: Access is a domain within the new Quality Assurance and Improvement Framework (QAIF): Practices will be required to meet certain standards coming into place Oct 19 with expected achievements by March 2021:

- Appropriate telephony and call handling systems are in place, which support the needs of callers and avoids the need for people to call back multiple times. These systems will also provide analysis data to the practice.
- Practices have in place a recorded bilingual introductory message, which includes signposting to other local services and emergency services for clearly defined life threatening conditions
- People receive a prompt response to their contact with a practice via telephone
- Practices have in place appropriate and accessible alternative methods of contact including digital solutions, SMS text messaging, email and face to face.
- People are able to use email to request a non-urgent consultation or call back.
- People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals and the level of service they can expect from their practice
- People receive a timely, co-ordinated and clinically appropriate response to their needs
- All practices have a clear understanding of patient needs and demands within their practices and how these can be met.

Benchmarking: how do we compare?

% of GP practices offering appointments between 17:00 and 18:30 on 5 days a week			
	2018	2017	2016
Cwm Taf	94.9%	95.1%	95.2%
Aneurin Bevan	98.7%	97.5%	98.8%
Betsi Cadwaladr	67.0%	68.8%	68.8%
Cardiff & Vale	93.5%	92.4%	92.4%
Hywel Dda	90.2%	80.4%	75.5%
Powys	87.5%	100.0%	100.0%
Swansea Bay	87.7%	78.1%	79.5%
Wales	86.2%	84.2%	84.1%

Cwm Taf Health Board (as was) compared favourably with other Welsh Health Boards.

What are areas of risk:

- Practice sustainability, particularly the smaller and single handed practices
- Having a number of GPs of similar age coming up to retirement
- Recruitment is still an issue leading to pressure on a practice appointment systems
- High use of locums by some surgeries
- Seasonal pressures on an already stretched workforce

Source: https://gov.wales/statistics-and-research/?topics=Health+and+social+care&subtopics=GPs&view=Search+results&lang=en
Source: National Survey for Wales

Indicator 55: For health boards with Out of Hours (OoH) services, the percentage of urgent calls that were logged and patients started their clinical definitive assessment within 20 minutes of their initial calls being answered; for health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered

Outcome: I have easy and timely access to primary care services | Executive Lead: Chief Operating Officer

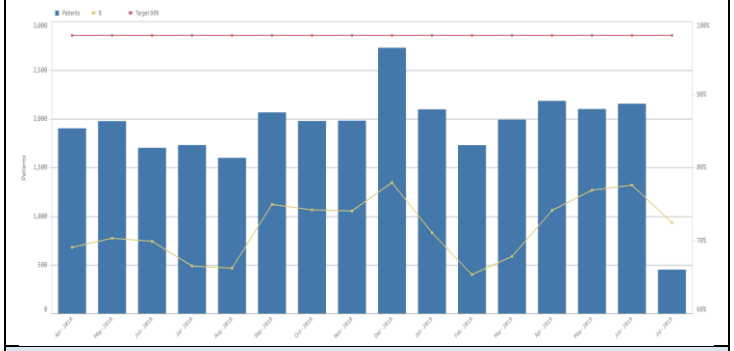
Period: Apr 2018 to Jun 2019 | Target: 98%/12 Month Improvement

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Following the boundary change on 1 April 2019 responsibility for Out of Hours for Bridgend remains with Swansea Bay University Hospital

How are we doing, what actions are we taking?

How are we doing?

This chart shows the percentage of patients who received urgent calls and received clinical assessment within 20 minutes.

The current target for this measure is at 98% (with an improvement trend). Our current position is at 78%.
(July data is incomplete: data capture undertaken on 15/7/19).

What actions are we taking?

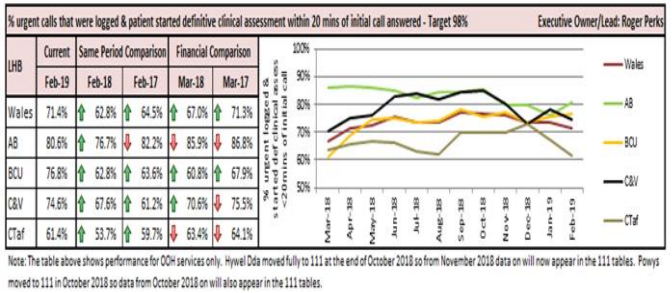
Whilst noting that the targets were set without the benefit of a detailed demand and capacity analysis, it is clear at the moment that there is a gap, with available capacity insufficient to meet the current target.

The main risk would be the availability of medical staff to fill the existing shifts within the core capacity. Thereafter, it may be worth reviewing the nature of the demand to see if there is the potential to reduce the level or avoid certain types of demand altogether.

What are the areas of risk?

Availability of medical staff to fill existing shifts. There is continued commitment within the service to fill as many shifts as possible for every day in order to provide as much resilience as possible to this key unscheduled care service.

Benchmarking: how do we compare?



Cwm Taf's OOH performance compared to peers is poor.

Source: Local OOH/Qlik

Indicator 56: For health boards with Out of Hours (OoH) services, the percentage of patients prioritised as very urgent and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage for health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage

Outcome: I have easy and timely access to primary care services

Executive Lead: Chief Operating Officer

Period: Apr 2018 to Jun 2019

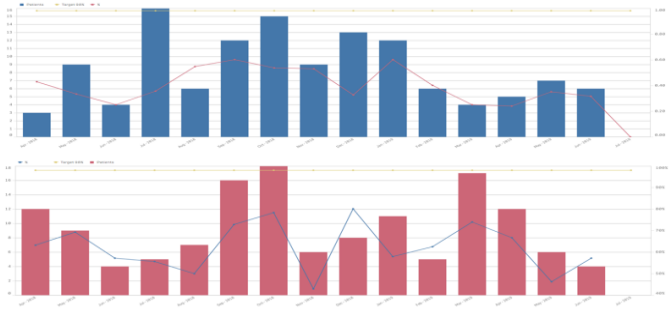
Target: 90%/12 Month Improvement

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Following the boundary change on 1 April 2019 responsibility for Out of Hours for Bridgend remains with Swansea Bay University Hospital

How are we doing, what actions are we taking?

How are we doing?

The charts shown are a combination of urgent face to face consultation either in the home, or at a Primary Care Centre (PCC). The practical ability to be able to meet the very urgent face to face target needs to be reviewed in the context of, for example, the service having to manage overnight with a single GP, working with the team to provide all aspects of the service during that time. This together with the geography of the region and the location of the Primary Care Centres provide significant challenges to be able to provide this type of urgent access, let alone meet very challenging access target times.

(July data is incomplete: data capture undertaken on 15/7/19).

Cwm Taf (from April 2019 onwards)

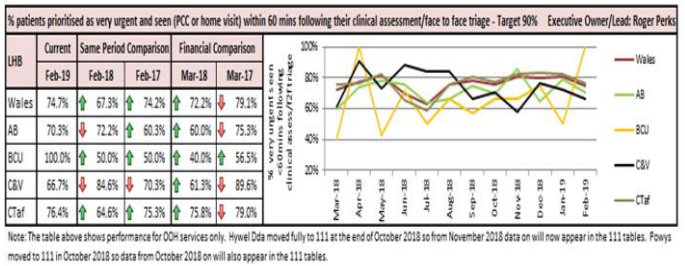
that only have GP Out of Hours (defined as P1 for health boards			
Urgent Face to Face	Apr	May	June
Home Visit	67%	46%	57%
PCC	24%	35%	32%
Total	44%	39%	39%
Number of Patients			
Home Visit	12	6	4
PCC	5	7	6
Total	17	13	10

The relatively small number of patients in these two categories mean that the compliance is highly variable when combined with other variable aspects, such as the available capacity, geography of the patients' home addresses and the distance needing to be travelled by the patients.

What actions are we taking?

The service continues to fill as many shifts as possible for every day in order to provide as much resilience as possible to this key unscheduled care service.

Benchmarking: how do we compare?



Cwm Taf's performance is comparable to other Welsh Health Boards.

Source:

Indicator 58: The percentage of patients waiting less than 26 weeks for treatment

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: Nov 2018 to Oct 2019

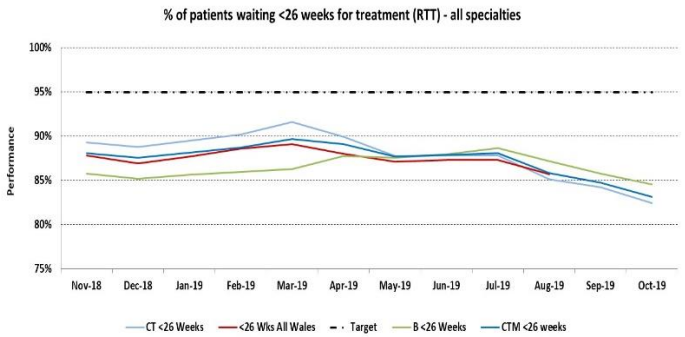
Target: 95%

Current Performance:

Cwm Taf Morgannwg

See graph below

Cwm Taf



Bridgend

See graph above

How are we doing, what actions are we taking?

How are we doing?

In terms of the 26 week position, the provisional position for October is 84.5% for the Bridgend area and 82.4% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 83.1%.

What actions are we taking?

Activity levels continue to be closely monitored month on month at the weekly RTT meetings with continuing representation from colleagues across the new Health Board.

Weekly deep dive meetings are held with senior members of the Health Board.

What are the areas of risk?

- The number of breaches post 1 April 2019 as a result of the boundary change;
- Additional waiting lists added to RTT reporting as from 1 July 2019;
- The number of open pathways 26 and 36 weeks. The provisional October open pathway position is shown below.

36 Weeks				2019/20		
				CT	Bridgend	CTM
Month	2016/17	2017/18	2018/19	Total	Total	Total
Apr	1463	249	74	169	959	1128
May	1411	376	157	568	952	1520
Jun	984	474	195	845	831	1676
Jul	1145	507	187	1301	813	2114
Aug	1424	675	229	2045	895	2940
Sep	1035	669	196	1998	987	2985
Oct	1196	738	321	2481	1086	3567

26 Weeks				2019/20		
				CT	Bridgend	CTM
Month	2016/17	2017/18	2018/19	Total	Total	Total
Apr	5221	3889	2852	3895	2795	6690
May	5355	4398	2998	4831	2835	7666
Jun	4684	4123	2597	4906	2715	7621
Jul	4865	4357	2722	5154	2549	7703
Aug	5295	5238	3325	6481	2911	9392
Sep	5061	5759	3870	6928	3148	10076
Oct	5273	5231	3936	7280	3199	10479

Benchmarking: how do we compare?

Period	Cwm Taf Compliance	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CT Morgannwg
Apr-18	92.4%	87.8%		90.2%	84.6%	85.7%	86.9%	100.0%	87.5%	85.9%	
May-18	92.0%	88.1%		89.9%	84.6%	85.7%	86.0%	99.8%	87.4%	86.2%	
Jun-18	93.1%	88.7%		90.8%	85.8%	88.7%	86.4%	99.8%	88.7%	86.3%	
Jul-18	92.9%	89.3%		91.1%	85.8%	89.3%	86.7%	99.6%	89.0%	86.6%	
Aug-18	91.4%	89.1%		89.3%	84.5%	87.4%	84.8%	99.4%	87.6%	86.1%	
Sep-18	89.9%	89.1%		89.0%	84.5%	86.7%	85.0%	99.4%	87.3%	86.4%	
Oct-18	89.7%	89.1%		90.0%	84.7%	87.3%	86.1%	99.2%	87.8%	86.6%	
Nov-18	89.3%	88.8%		91.1%	84.1%	87.0%	87.3%	99.0%	87.8%	85.8%	
Dec-18	88.8%	88.0%		90.4%	82.7%	85.5%	87.4%	98.8%	86.9%	85.2%	
Jan-19	89.5%	88.7%		90.7%	83.0%	86.3%	89.5%	99.1%	87.7%	85.6%	
Feb-19	90.2%	89.2%		91.9%	84.0%	87.6%	90.4%	99.3%	88.6%	86.0%	
Mar-19	91.6%	89.3%		92.0%	84.8%	87.9%	90.6%	99.7%	89.1%	86.3%	89.7%
Apr-19	89.9%		88.8%	91.2%	83.2%	87.2%	89.4%	99.0%	88.0%	87.7%	89.1%
May-19	87.7%		88.1%	90.2%	82.3%	86.2%	89.0%	98.6%	87.1%	87.6%	87.7%
Jun-19	87.8%		88.0%	90.6%	82.1%	86.6%	89.8%	98.9%	87.3%	88.0%	87.9%
Jul-19	87.8%		87.8%	90.5%	82.0%	87.0%	89.3%	98.7%	87.3%	88.6%	88.1%
Aug-19	85.1%		86.4%	88.9%	80.4%	85.4%	87.8%	98.8%	85.7%	87.1%	85.8%

For the period 2018/19 Cwm Taf's performance was comparable with other Welsh Health Boards.

Source: Local / Welsh Government Delivery & Performance Website: http://howis.wales.nhs.uk/sitesplus/407/page/64649 http://howis.wales.nhs.uk/sitesplus/407/page/55547

Indicator 59: The number of patients waiting more than 36 weeks for treatment

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: Nov 2018 to Oct 2019

Target: Zero

Current Performance:

Cwm Taf Morgannwg

The provisional reporting position:
53 weeks – 525 patients 36 week – 3382 patients

CT Morgannwg RTT Open Pathways 36+ Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
Total	1076	1183	1246	1263	1404	1385	1479	1420	1354	1496	1436	844	1128	1520	1676	2114	2940	2973	3567

CT Morgannwg RTT Open Pathways 53 Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	0	0	0	0	0	0	0	0	0	0	0	0	318	326	288	253	496	438	525

Cwm Taf

The provisional reporting position:
53 weeks – 218 patients
36 weeks – 2481

CT RTT Open Pathways 36+ Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Juin	Jul	Aug	Sep	Oct
Total	74	157	195	187	229	196	321	309	297	399	440	0	169	568	845	1301	2045	1998	2481

CT RTT Open Pathways 53 Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	189	182	108	218

Bridgend

The provisional reporting position:
53 weeks – 307 patients
36 weeks – 1086 patients

Bridgend RTT Open Pathways 36+ Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	1002	1026	1051	1076	1175	1189	1158	1111	1057	1097	996	844	959	952	831	813	895	987	1086

Bridgend RTT Open Pathways 53 Weeks	2018/19												2019/20						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Sep
Total			467	470	536	541	536	542	532	489	434	367	318	326	288	250	314	330	307

How are we doing, what actions are we taking?

How are we doing?
The provisional position for patients waiting over 52 weeks for treatment at the end of October 2019 is 525 patients. Of these 525 patients:

- 307 relate to Bridgend waiting lists.
- 218 relates to Cwm Taf waiting lists.

The provisional position for patients waiting over 36 weeks is 3567 patients across Cwm Taf Morgannwg. Of the 3567 patients:

- 2481 patients relate to the former Cwm Taf waiting lists.
- 1086 relate to Bridgend waiting lists.

(NB this figure of 3567 includes the 525 patients waiting over 52 weeks).

What actions are we taking?
Specific focus going into the new financial year will be to remove the volume of patients waiting at, and greater than, 53 week breaches and address waits at stages 1 and 2: the longest waits will be monitored monthly with improvement expected monthly against the agreed trajectory.

Activity levels continue to be closely monitored month on month at the weekly RTT meetings with continuing representation from colleagues across the new Health Board.

What are the areas of risk?
Focus for the Health Boards is to ensure RTT compliance across all specialities.

Benchmarking: how do we compare?

For the period 2018/19 Cwm Taf's performance was the best in Wales.

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CT Morgannwg
Apr-18	74	3398		986	6348	2266	1725	0	14797	1002	1076
May-18	157	3349		1090	6381	2569	1798	0	15344	1026	1183
Jun-18	195	3319		848	5767	686	1779	0	12594	1051	1246
Jul-18	187	3383		910	6579	890	1869	0	13818	1076	1263
Aug-18	229	3497		1159	7291	1366	2080	0	15622	1175	1404
Sep-18	196	3381		1067	6291	944	1794	0	13673	1189	1385
Oct-18	321	3370		1214	6574	984	1638	0	14101	1158	1479
Nov-18	309	3193		769	6846	954	1439	0	13510	1111	1420
Dec-18	297	3030		249	7064	948	1394	0	12982	1057	1354
Jan-19	399	3174		336	7939	984	3014	0	14140	1097	1496
Feb-19	440	2967		469	7717	1046	633	0	13272	996	1436
Mar-19	0	2628		112	5918	327	0	0	8985	844	844
Apr-19	169		1973	271	6768	690	213	0	11043	959	1128
May-19	568		2101	478	7396	657	246	0	12398	952	1520
Jun-19	845		2319	653	7886	604	122	0	13260	831	1676
Jul-19	1301		2691	1061	8775	638	264	0	15543	813	2114
Aug-19	2045		3262	1507	9890	995	506	0	19100	895	2940

Source: Local / Welsh Government Delivery & Performance Website: http://howis.wales.nhs.uk/sitesplus/407/page/64649 http://howis.wales.nhs.uk/sitesplus/407/page/55547

Indicator 60: The number of patients waiting more than 8 weeks for a specified diagnostic

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: October 2019

Target: Zero

Current Performance:

Cwm Taf Morgannwg

	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	61	151	128	831	1189	996	873

Cwm Taf

As Above

Bridgend

As Above

How are we doing, what actions are we taking?

How are we doing?
The provisional position for October 2019 is 873 patients waiting over 8 weeks for diagnostic services. Of the 873 patients:

- 8 patients relate to Bridgend waiting lists
- 865 patients related to the old Cwm Taf patients.

What actions are we taking?
There is ongoing work with the Health Board around waiting list reporting.

Provisional October 2019 position

Service	Sub-Heading	>8 weeks			
		CT	Bridgend	CT ADD IN	CTM
Cardiology	Echo Cardiogram	5			5
Cardiology Services	Cardiac Computed Tomography (Cardiac CT)	7			7
	Diagnostic Angiography	7	3		10
	Dobutamine Stress Echocardiogram (DSE)	6			6
	Trans Oesophageal Echocardiogram (TOE)		3		3
	Heart Rhythm Recording				0
	Blood pressure monitoring				0
	Cardiac Magnetic Resonance Imaging (Cardiac MRI)	1			1
Colonoscopy		108			108
Gastroscopy		136			136
Cystoscopy		140	1		141
Flexi		110	1		111
Radiology - Consultant Referral	Non Cardiac Computed Tomography				0
	Non Cardiac MRI				0
	Non-Obstetric Ultrasound	3			3
	Non-Obstetric Ultrasound - Consultant Rad Only	13			13
	Non Cardiac Nuclear Medicine	2			2
Radiology - GP Referral	NOUS	3			3
	Non-Obstetric Ultrasound - Consultant Rad Only	20			20
Physiological Measurement	Urodynamics	10			10
Imaging	Fluoroscopy	4			4
Cardio complex Echo					0
Neurophysiology	EMG			155	155
	NCS			135	135
Open Access Echo					0
Novacor Events					0
Physio Led Contrast Echo					0
Urodynamics Gynae					0
Transthoracic Echo					0
					0
Total		575	8	290	873

Benchmarking: how do we compare?

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CT Morgannwg
Sep-18	237	762		407	2200	846	48	79	4579		
Oct-18	92	735		283	1504	448	27	83	3172		
Nov-18	86	658		71	1276	431	86	35	3117		
Dec-18	270	693		4	1486	450	82	150	3135		
Jan-19	613	603		60	2116	448	30	122	3992		
Feb-19	431	558		15	2123	270	1	60	3458	23	454
Mar-19	27	437		0	2277	40	0	0	2781	0	27
Apr-19	51		401	31	2548	158	56	16	3271	10	61
May-19	132		401	6	2857	110	185	21	3731	27	159
Jun-19	122		295	35	2737	21	115	9	3337	6	128
Jul-19	826		261	101	2721	30	192	27	4158	5	831
Aug-19	1153		344	190	2957	56	345	18	5091	36	1189

(April 18- Sep 18 figures include cardiology pilot figures)

For the period 2018/19 Cwm Taf was one of the better performing Health Boards.

Source: Local/Information Team QL and Welsh Government Delivery & Performance Website https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-

Local Measure: Surveillance Patients

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: Census as at 3rd November 2019

Target: Zero

Current Performance:

Prince Charles Hospital

Cancer	0 to 2 weeks	3 to 6 weeks	Total
Patients	66	23	89
With an appointment	45	23	68

Urgent Non Cancer	0 to 3 weeks	4 to 6 weeks	7 to 12 weeks	13 to 16 weeks	17+ weeks	Total
Patients	173	123	148	88	2	534
With an appointment	15	8	7	16	2	48

Routine	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	52+ weeks	Total
Patients	97	88	1	1	187
With an appointment	2	9	0	1	12

Surveillance	0 to 7 weeks	8 to 17 weeks	18 weeks and over	Not Past Review Date	No Review Date	Total
Patients	103	48	133	1368	35	1687
With an appointment	10	22	16	2	20	70

Royal Glamorgan Hospital

Cancer	0 to 2 weeks	3 to 6 weeks	7 to 12 weeks	Total
Patients	121	8	1	130
With an appointment	77	7	1	85

Urgent Non Cancer	0 to 3 weeks	4 to 6 weeks	7 to 12 weeks	13 to 16 weeks	Total
Patients	234	141	56	4	435
With an appointment	12	32	41	4	89

Routine	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	Total
Patients	197	52	3	252
With an appointment	7	15	0	22

Surveillance	0 to 7 weeks	8 to 17 weeks	18 weeks & over	Not Past Review Date	No Review Date	Total
Patients	152	92	240	1760	127	2371
With an appointment	8	33	17	0	40	98

How are we doing, what actions are we taking?

How are we doing?

The tables to the left provide a breakdown of those surveillance patients awaiting treatment within the old Cwm Taf footprint. Patients referred into the service for Endoscopy are manage through four referral pathways each with their own waiting time target.

- USC: target 2 weeks
- Urgent: target 2 weeks
- Routine: target 8 weeks and Surveillance with a target of 18 weeks.

Other than "routine" waits the three remaining cohorts of patients are not managed via an RTT diagnostic pathway. Delays to patients within the USC cohort are discussed at the Cancer management meeting.

What Actions are we taking?

Referral demand into the service continues to increase. The Directorate's D&C plan clearly shows that in order to deal with current demand into PCH and RGH, an additional 10 sessions per week would be required. It is anticipated that this would address the current demand, and also enable booking of all patient categories within the required timescales. That said, the additional 10 sessions will not address the anticipated future increase in demand that is on the horizon with the introduction of FIT.

The Directorate is currently utilising insourcing at Royal Glamorgan, to accommodate the surveillance backlog patients with funding approved to continue the service until the middle of November 2019.

Benchmarking: how do we compare?

Benchmarking data is not currently available

Source: Local/Information Team QL and Welsh Government Delivery & Performance Website https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-

Indicator 61: The number of patients waiting more than 14 weeks for a specified therapy

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: September 2019

Target: Zero

Current Performance:

Cwm Taf Morgannwg

	Apr	May	Jun	Jul	Aug	Sep	Oct
2019/20	0	0	0	14	34	37	58

Cwm Taf

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
2019/20	0	0	0	0	0	0	0

Bridgend

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
2019/20	0	0	0	14	34	37	58

How are we doing, what actions are we taking?

How are we doing?
There are provisionally 58 therapy breaches for October 2019. All 58 being at POW within physiotherapy (paediatric patients).

What actions are we taking?
Appropriate actions to pull back to, and maintain, a zero position.

Areas of risk?
Currently Cwm Taf Morgannwg is in a sustained period with no immediate risk.

Benchmarking: how do we compare?

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CT Morgannwg
Sep-18	0	0		13	0	20	352	2	387		
Oct-18	0	0		5	0	120	332	8	465		
Nov-18	0	0		0	0	112	265	3	380		
Dec-18	0	0		0	3	12	287	3	305		
Jan-19	0	0		0	0	14	177	14	205		
Feb-19	0	0		5	0	5	51	16	77	0	0
Mar-19	0	0		0	0	0	0	4	4	0	0
Apr-19	0		0	1	0	1	41	2	45	0	0
May-19	0		0	1	4	5	138	9	0	0	0
Jun-19	0			0	0	0	262	0	0	0	0
Jul-19	0		0	0	0	0	297	6	316	13	13
Aug-19	0		1	0	0	5	424	5	460	25	25

Cwm Taf Morgannwg is one of three Health Boards continuing to achieve a zero position for therapies.

Source: Local /Information Team QL and Welsh Government Statistics Website
https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-month

Indicator 62: The number of patients waiting for an outpatient follow-up (NOT BOOKED) who are delayed past their agreed target date for planned care sub specialties

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Census: September 2019

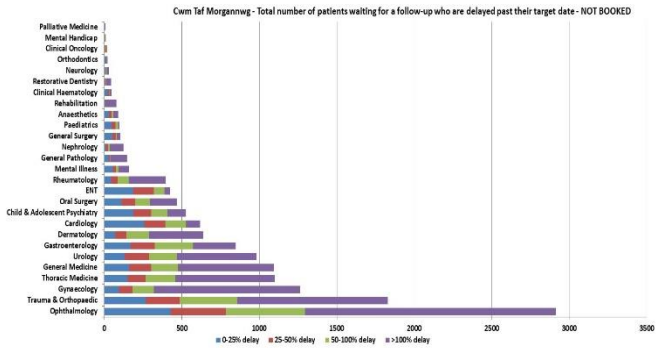
Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

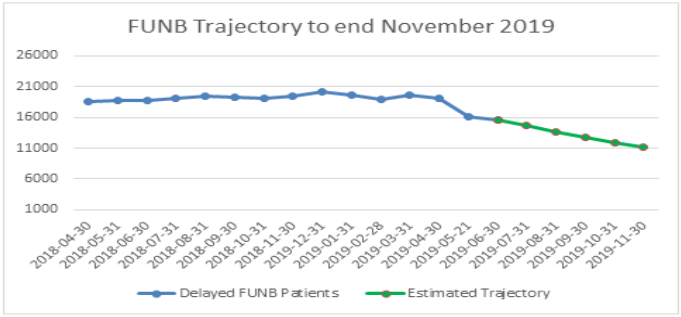
How are we doing?

The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at the end of September 2019 is 14,085 (August 14,733).

Census data 30/09/19	0-25% delay	25-50% delay	50-100% delay	>100% delay	Total
Ophthalmology	429	358	508	1616	2911
Trauma & Orthopaedic	270	218	368	974	1830
Gynaecology	96	88	137	944	1265
Thoracic Medicine	148	119	193	639	1099
General Medicine	161	143	171	621	1096
Urology	132	158	178	514	982
Gastroenterology	168	158	247	277	850
Dermatology	71	74	143	351	639
Cardiology	257	137	132	92	618
Child & Adolescent Psychiatry	186	117	105	118	526
Oral Surgery	112	88	93	176	469
ENT	185	134	68	37	424
Rheumatology	45	43	71	239	398
Mental Illness	55	21	17	68	161
General Pathology	31	8	3	104	146
Nephrology	9	14	13	89	125
General Surgery	52	23	6	22	103
Paediatrics	47	25	17	9	98
Anaesthetics	29	17	12	33	91
Rehabilitation	6	6	1	66	79
Clinical Haematology	22	7	4	13	46
Restorative Dentistry	4	5	5	30	44
Neurology	6	5	6	13	30
Orthodontics	11	2	3	4	20
Clinical Oncology	1	10	6	1	18
Mental Handicap	4	2	4	0	10
Palliative Medicine	3	2	0	2	7
Total					14085

What actions are we taking?

A trajectory to November 2019 has been put in place:



Risks and Benchmarking: how do we compare?

What are the areas of risk?

The trajectory is based on the following assumptions:

- That activity in ENT and Urology remains at the same level (ie 80 and 50 cases per specialty per week respectively) and that conversion to discharge rates applied are based on outcomes to date
- That where clinics have been confirmed for clinical case review, ie additional clinics (Oral and Maxillo Facial Surgery, Gynaecology, Respiratory and Gastroenterology) a conversion to discharge rate has been applied to the number of cases being reviewed which has been based on outcomes to date;
- Outpatient clinics scheduled specifically for FUNB proceed as planned.

An immediate concern is the potential increase in the number of FUNBs as a result of the boundary change. These numbers are not as yet available.

Benchmarking (all FUNB past target date)

Period	Cwm Taf/ CTM	Abertawe Bro Morgannwg/ SB	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales
Apr-18	26548	66526	33823	78232	135810	33599	1691	376229
May-18	13276	24288	9573	40798	77167	15800	325	181227
Jun-18	13181	24469	9361	39664	77468	15800	306	180249
Jul-18	13481	24954	9787	39449	79608	16285	348	183912
Aug-18	Data not available							
Sep-18	14020	24200	11141	45777	80558	16285	320	192301
Oct-18	13797	22553	1089	45946	81014	16887	428	191514
Nov-18								
Dec-18	14091	22931	11532	46836	81727	11680	387	194184
Jan-19	13660	23026	11851	46413	80664	16409	417	192440
Feb-19	Data not available							
Mar-19	13589	23604	10856	49293	38020	16629	359	152350
Apr-19	Data not available		10503	49495	42455	18199	524	
May-19	Data not available							
Jun-19	18359	26545	9040	53733	78195	27793	427	214092
Jul-19	Data not available							
Aug-19	19257	25758	10192	55307	79599	29379	467	219959

Source: Local Information Team and WPAS Team

Indicator 62 continued: The number of patients waiting for an outpatient follow-up (BOOKED) who are delayed past their agreed target date for planned care sub specialties

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Census: September 2019

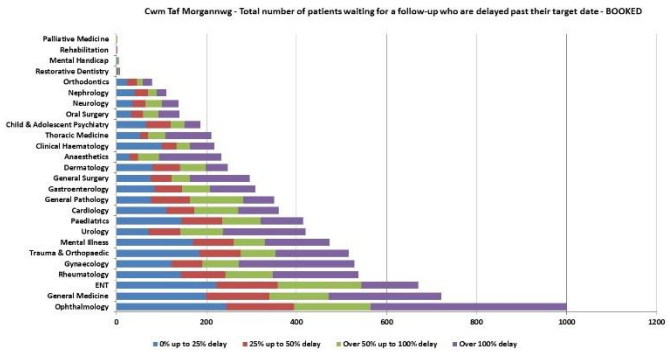
Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

How are we doing?

The number of patients waiting for an outpatient follow-up (booked) who are currently delayed past their agreed target date as at the end of September 2019 was 8186.

Census 30/09/2019	0% up to 25% delay	25% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total
Ophthalmology	244	151	169	436	1000
General Medicine	199	140	132	250	721
ENT	222	136	186	127	671
Rheumatology	144	98	105	191	538
Gynaecology	123	68	81	257	529
Trauma & Orthopaedic	184	92	78	163	517
Mental Illness	170	91	68	145	474
Urology	72	70	94	184	420
Paediatrics	145	90	86	94	415
Cardiology	111	62	98	89	360
General Pathology	77	86	119	69	351
Gastroenterology	85	61	62	100	308
General Surgery	76	46	41	133	296
Dermatology	80	61	58	49	248
Anaesthetics	29	19	47	138	233
Clinical Haematology	102	32	29	55	218
Thoracic Medicine	53	18	38	102	211
Child & Adolescent Psychiatry	66	54	31	36	187
Oral Surgery	33	26	35	46	140
Neurology	36	29	36	37	138
Nephrology	41	29	19	22	111
Orthodontics	24	22	12	21	79
Restorative Dentistry	3	1	2	3	9
Mental Handicap	3	0	3	0	6
Rehabilitation	1	1	0	1	3
Palliative Medicine	1	0	2	0	3
Total					**8186**

What actions are we taking?

The FUNB Task and Finish group continues to meet on a fortnightly basis to review the FUNB dashboard and to review progress against individual specialty action plans. Work is also ongoing to validate the list of patients recorded as See on Symptom.

Bridgend colleagues now attend meetings and discussions have commenced with regards to the management of FUNB within POW.

What are the areas of risk?

As identified previously.

Benchmarking: how do we compare?

This data is not currently available

Source: Local Information Team and WPAS Team

Indicator 63-66: Percentage compliance with stroke quality improvement measures – QIM's

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Director of Planning and Performance

Period: Oct 2018 to Sep 2019

Target: SSNAP UK Quarterly Average

Current Performance:

Cwm Taf Morgannwg

CTM	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	90	79	82	73	70	78	90	75	78	95	79	79
	No of patients within 4 hours	30	43	36	19	22	28	28	29	29	30	20	19
	% Compliance	33.3%	54.4%	43.9%	26.0%	31.4%	35.9%	31.1%	38.7%	37.2%	31.6%	25.3%	24.1%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	5	1	2	0	4	3	2	3	1	2	3	1
	Total thrombolysed	11	5	13	9	9	11	5	12	11	7	8	4
	% Compliance	45.5%	20.0%	15.4%	0.0%	44.4%	27.3%	40.0%	25.0%	9.1%	28.6%	37.5%	25.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	91	81	82	74	71	82	91	76	78	97	83	80
	No of patients within 1 hour	50	51	46	43	38	49	57	46	52	62	49	44
	% Compliance	54.9%	63.0%	56.1%	58.1%	53.5%	59.8%	62.6%	60.5%	66.7%	63.9%	59.0%	55.0%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	91	81	82	74	71	82	91	76	78	97	83	80
	No of patients within 24 hours	64	58	54	50	46	53	57	52	44	68	57	51
	% Compliance	70.3%	71.6%	65.9%	67.6%	64.8%	64.6%	62.6%	68.4%	56.4%	70.1%	68.7%	63.8%

Cwm Taf

CT	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	59	44	50	43	49	48	62	52	55	60	47	41
	No of patients within 4 hours	22	25	23	17	19	20	21	22	24	20	18	13
	% Compliance	37.3%	56.8%	46.0%	39.5%	38.8%	41.7%	33.9%	42.3%	43.6%	33.3%	38.3%	31.7%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	3	0	1	0	3	0	0	2	0	2	1	1
	Total thrombolysed	6	3	9	8	8	6	1	8	6	3	6	3
	% Compliance	50.0%	0.0%	11.1%	0.0%	37.5%	0.0%	0.0%	25.0%	0.0%	66.7%	16.7%	33.3%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	59	44	50	43	50	51	63	53	55	61	51	42
	No of patients within 1 hour	33	32	30	28	28	37	44	37	41	46	34	29
	% Compliance	55.9%	72.7%	60.0%	65.1%	56.0%	72.5%	69.8%	69.8%	74.5%	75.4%	66.7%	69.0%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	59	44	50	43	50	51	63	53	55	61	51	42
	No of patients within 24 hours	40	36	31	34	35	33	43	39	39	43	37	29
	% Compliance	67.8%	81.8%	62.0%	79.1%	70.0%	64.7%	68.3%	73.6%	70.9%	70.5%	72.5%	69.0%

Bridgend

Bridgend	Measure	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	31	35	32	30	21	30	28	23	23	35	32	38
	No of patients within 4 hours	8	18	13	2	3	8	7	7	5	10	2	6
	% Compliance	25.8%	51.4%	40.6%	6.7%	14.3%	26.7%	25.0%	30.4%	21.7%	28.6%	6.3%	15.8%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	2	1	1	0	1	3	2	1	1	0	2	0
	Total thrombolysed	5	2	4	1	1	5	4	4	5	4	2	1
	% Compliance	40.0%	50.0%	25.0%	0.0%	100.0%	60.0%	50.0%	25.0%	20.0%	0.0%	100.0%	0.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	32	37	32	31	21	31	28	23	23	36	32	38
	No of patients within 1 hour	17	19	16	15	10	12	13	9	11	16	15	15
	% Compliance	53.1%	51.4%	50.0%	48.4%	47.6%	38.7%	46.4%	39.1%	47.8%	44.4%	46.9%	39.5%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	32	37	32	31	21	31	28	23	23	36	32	38
	No of patients within 24 hours	24	22	23	16	11	20	14	13	5	25	20	22
	% Compliance	75.0%	59.5%	71.9%	51.6%	52.4%	64.5%	50.0%	56.5%	21.7%	69.4%	62.5%	57.9%

How are we doing, what actions are we taking?

During September a total of 80 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. There were 38 patients with presentations to POW and 42 patients that presented to PCH. There were 4 patient's thrombolised in all, 3 at PCH and 1 at POW. Unfortunately, only 1 patient was thrombolised within 45 minutes. The September compliance for the individual sites are shown in the following tables:

Prince Charles Hospital

September 2019 Quality Improvement Measures

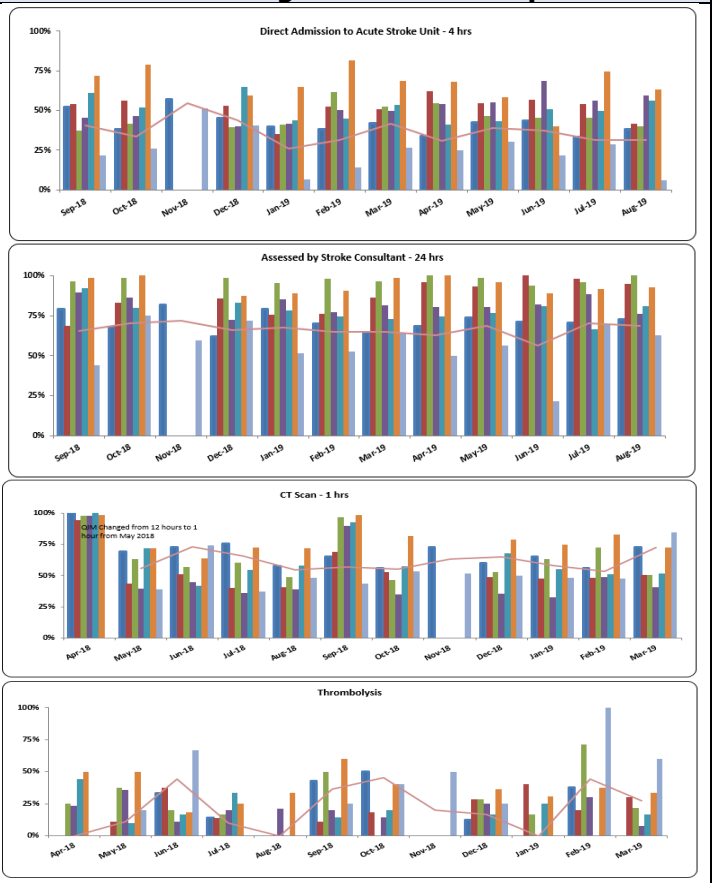
Quality Improvement Measures	*Aspiration*	*Score*
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	*N/A*	7.1%
Thrombolysed patients Door To Needle <=45 mins	*90%*	33.3%
Percentage of patients scanned within 1 hour of clock start	*N/A*	69.0%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	*95%*	31.7%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	*95%*	85.4%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	*95%*	69.0%
Assessed by one of OT, PT, SALT within 24 hours	*95%*	69.0%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	*95%*	77.8%
Inpatient rehab		
Percentage of applicable patients who spent at least 90 % of their stay on stroke unit	*N/A*	0.0%
Compliance (%) against the therapy target of an average of 25.7 Minutes of OT across all patients	*N/A*	80.5%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	*N/A*	62.6%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	*N/A*	32.3%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	*N/A*	96.30%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	*N/A*	38.38%
Percentage of applicable patients discharged with ESD	*N/A*	27.27%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	*N/A*	13.13%
Proportion of applicable patients assessed at 6 months	*N/A*	0.00%

Princess of Wales Hospital

September 2019 Quality Improvement Measures

Quality Improvement Measures	*Aspiration*	*Score*
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	*N/A*	2.6%
Thrombolysed patients Door To Needle <=45 mins	*90%*	#N/A
Percentage of patients scanned within 1 hour of clock start	*N/A*	39.5%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	*95%*	15.8%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	*95%*	78.1%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	*95%*	57.9%
Assessed by one of OT, PT, SALT within 24 hours	*95%*	92.1%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	*95%*	90.9%
Inpatient rehab		
Percentage of applicable patients who spent at least 90 % of their stay on stroke unit	*N/A*	0.0%
Compliance (%) against the therapy target of an average of 25.7 Minutes of OT across all patients	*N/A*	115.5%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	*N/A*	25.6%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	*N/A*	33.1%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	*N/A*	75.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	*N/A*	2.90%
Percentage of applicable patients discharged with ESD	*N/A*	2.90%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	*N/A*	1.45%
Proportion of applicable patients assessed at 6 months	*N/A*	0.00%

Benchmarking: how do we compare?



What actions are we taking?

It is anticipated that Cwm Taf Morgannwg compliance will decline in most areas from that of the previous Cwm Taf footprint. The exception to this is percentage compliance for thrombolysis under 45 minutes which has been consistently higher at POW than at PCH over the last year. Prior to the boundary change both POW and PCH were struggling to achieve 4 hours to ASU compliance this continues to be a significant challenge and the Health Board is now working with the Delivery Unit in this regard. The Health Board also continues to work with the Delivery Unit with regards to the follow up action plan from the thrombolysis review at the end of last year.

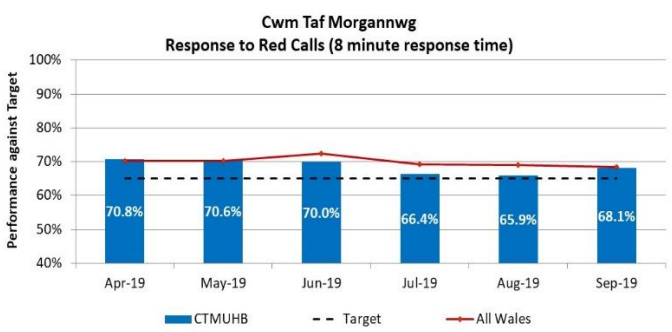
Source: SSNAP

Indicator 67: The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

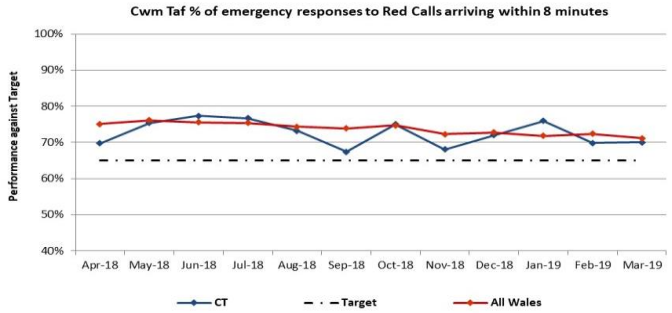
Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Executive Lead: Chief Operating Officer
Period: Apr 2019 to Sep 2019	Target: 65%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf



Bridgend

Data is not currently available

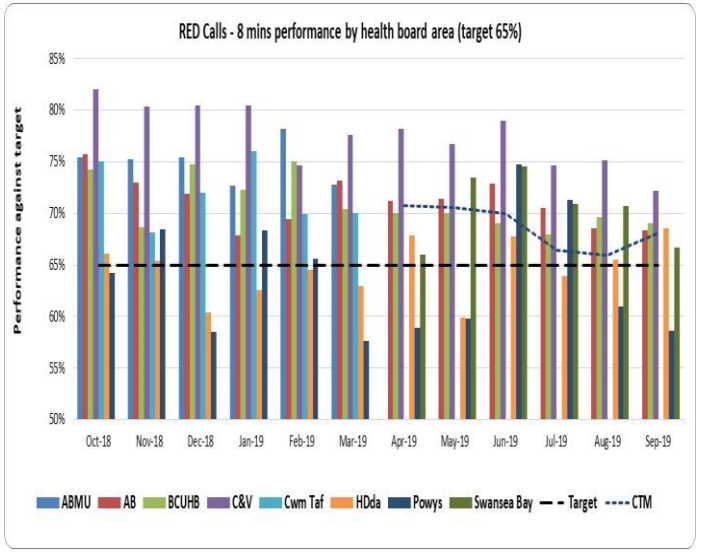
How are we doing, what actions are we taking?

How are we doing?
The Cwm Taf Morgannwg performance against the Red Calls Ambulance target was 68.1% in September an improvement on 65.9% in August. The All Wales performance was 68.4%.

What actions are we taking?
The Health Board continues to work closely with WAST colleagues to maintain this performance and develop further alternative pathways.

What are the risk areas?
The most significant risk is the boundary change and implications upon the service as a result.

Benchmarking: how do we compare?



The Health Board remains comparable with peers.

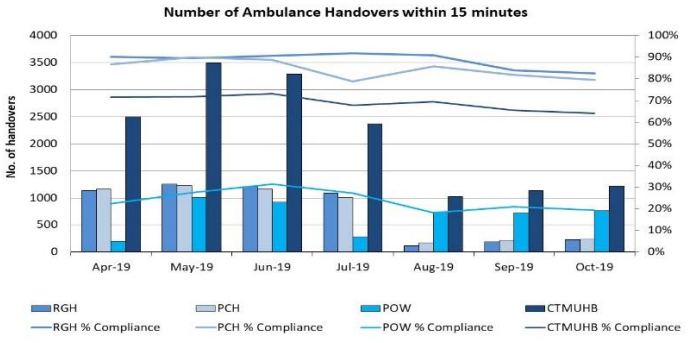
Source: Local/Information Team
https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/emergencyambulancecallsandresponsestoredcalls-by-lhb-month

Local Measure: Number of ambulance handovers within 15 minutes

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Executive Lead: Chief Operating Officer
Period: Apr 2019 to Oct 2019	Target: Improvement

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

As Above

How are we doing, what actions are we taking?

How are we doing?
The A&E departments are committed to ensuring ambulances are released back into the community as soon as clinically possible.

The status for Cwm Taf Morgannwg for October was 63.99%. Compliance for POW was 19.41%, RGH and PCH was 82.59% and 79.48% respectively.

What actions are we taking?
Monitoring of the handover performance continues and alerts are sent to senior managers when delays occur so that they can be reviewed.

Escalation within the departments is embedded to ensure support during times of high acuity.

What are the risk areas?
The most significant risk is the boundary change and implications upon the service as a result.

Benchmarking: how do we compare?

This is a local measure and therefore no benchmarking data is available

Source: Local/Information Team

Indicator 68: Number of ambulance handovers over one hour

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

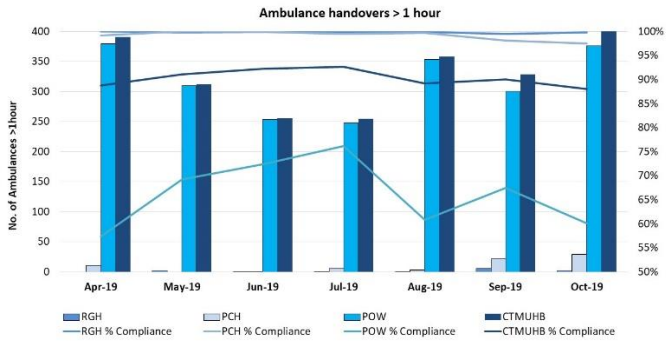
Executive Lead: Chief Operating Officer

Period: Apr 2019 to Oct 2019

Target: Zero

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

As above

How are we doing, what actions are we taking?

How are we doing?
Monitoring of the handover performance continues on a daily basis. There were 407 ambulance delays over 1 hour in October – 376 in POW, 29 at PCH and 2 at RGH.

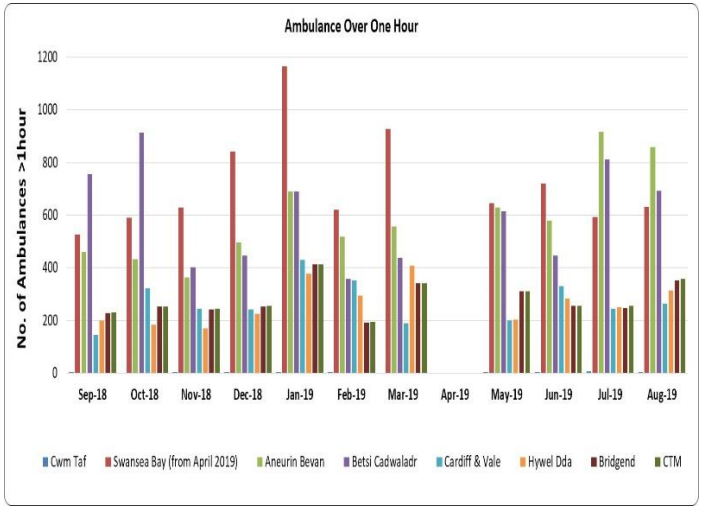
The Cwm Taf Morgannwg performance for emergency ambulance services over one hour was 88.02% with the performance for the Bridgend area being 60.13%. RGH 99.85% and PCH 97.49%.

What are the areas of risk?
This area of performance is reasonably stable at the Royal Glamorgan and Prince Charles and we do not anticipate any problems, notwithstanding the additional delays at Princess of Wales as a result of the impact of the boundary change.

Benchmarking: how do we compare?

Period	Cwm Taf	Swansea Bay (from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Wales	Bridgend	CTM
Oct-18	0	590	432	914	323	183	2486	253	253
Nov-18	3	628	363	403	244	171	1844	241	244
Dec-18	4	842	495	446	241	226	2310	252	256
Jan-19	2	1164	689	690	430	376	3418	412	414
Feb-19	3	619	519	358	351	294	2188	191	194
Mar-19	0	928	558	438	189	407	2544	340	340
Apr-19	Data not available								
May-19	2	646	629	614	200	204	2624	310	312
Jun-19	2	720	578	447	330	284	2634	254	256
Jul-19	7	594	915	811	244	251	3087	248	255
Aug-19	4	632	858	693	265	313	3130	353	357
Sep-19	28	778	932	895	357	406	3741	301	329

For the period 2018/19 Cwm Taf was the best performing Health Board in this area.



Source: Local/Information Team and Welsh Government Performance and Delivery Site http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 69: The percentage 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

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

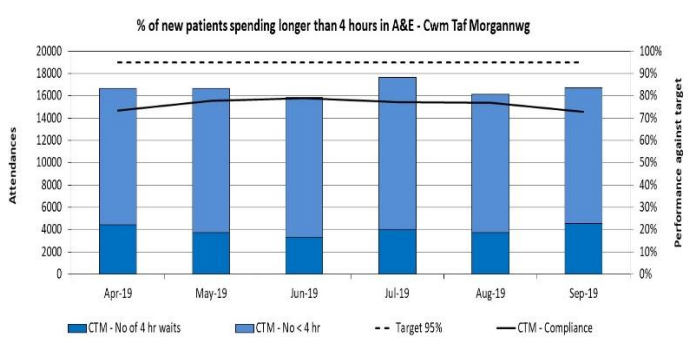
Executive Lead: Chief Operating Officer

Period: Apr 2019 to Oct 2019

Target: 95%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

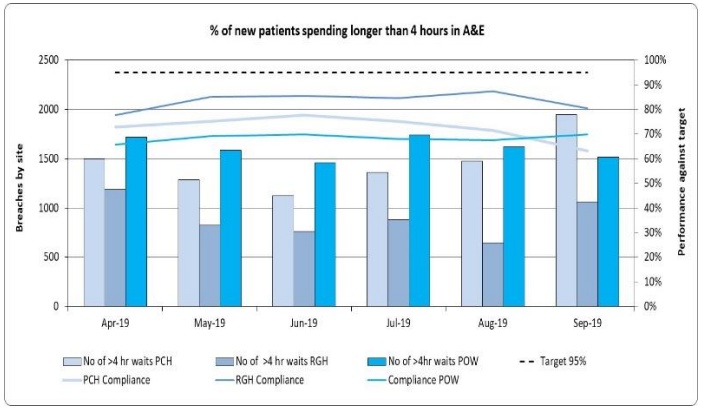
As Above

How are we doing, what actions are we taking?

How are we doing?

The combined performance for Cwm Taf Morgannwg University Health Board for the 4 hour target for October was 72.33%. Individual departmental performance was 70.47% at Prince Charles Hospital (PCH), 72.94% at Royal Glamorgan Hospital (RGH) and 70.47% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) and Ysbyty Cwm Rhondda (YCR) was 100%.

There were a total of 4634 four hour breaches in October of which there were 1484 at RGH, 1562 at PCH and 1588 at POW.



What actions are we taking?

- Daily deep dive work on all acute and community wards continues.
- LA staff are fully engaged in all aspects of patient flow and attend weekly multiagency meetings.
- Twice daily bed meetings continue on each site.
- SW@H service is now in place on both DGH sites and early indications suggest that there is a reduction in LoS.

What are the areas of risk?

Staffing issues continue to be closely monitored.

Benchmarking: how do we compare?

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CTM
Oct-18	86.0%	78.0%		78.4%	70.6%	86.2%	84.0%	99.6%	80.0%	76.2%	83.4%
Nov-18	85.5%	76.7%		78.3%	71.7%	85.7%	85.6%	99.6%	80.1%	75.8%	83.2%
Dec-18	83.0%	76.5%		74.8%	67.6%	83.8%	82.5%	99.7%	77.8%	76.1%	81.0%
Jan-19	80.0%	76.9%		76.2%	66.9%	84.0%	81.9%	99.7%	77.2%	76.3%	79.3%
Feb-19	82.7%	77.2%		76.6%	72.5%	82.0%	84.4%	99.9%	79.0%	77.7%	81.5%
Mar-19	82.8%	75.7%		78.5%	71.1%	84.3%	81.7%	100.0%	78.7%	72.2%	80.0%
Apr-19	76.9%		74.5%	76.8%	69.5%	85.2%	81.3%	100.0%	76.3%	68.7%	73.5%
May-19	81.7%		76.2%	77.6%	71.2%	85.2%	82.8%	99.9%	78.0%	69.1%	77.8%
Jun-19	82.9%		75.4%	76.5%	71.8%	82.2%	84.1%	100.0%	77.9%	69.9%	77.2%
Jul-19	81.6%		74.5%	73.7%	73.8%	83.8%	82.1%	100.0%	77.4%	63.4%	76.0%
Aug-19	81.0%		74.3%	75.0%	73.1%	83.7%	82.2%	99.9%	77.2%	62.3%	75.2%
Sep-19	74.2%		71.4%	72.3%	71.7%	82.1%	80.3%	100.0%	75.0%	64.4%	71.3%

The Health Board's performance remains comparable with peers.

Source: EDDS http://nww.infoandstats.wales.nhs.uk/page.cfm?orgid=527&pid=53004
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/performanceagainst4hourwaitingtimestarget-by-hospital

Indicator 70: 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

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

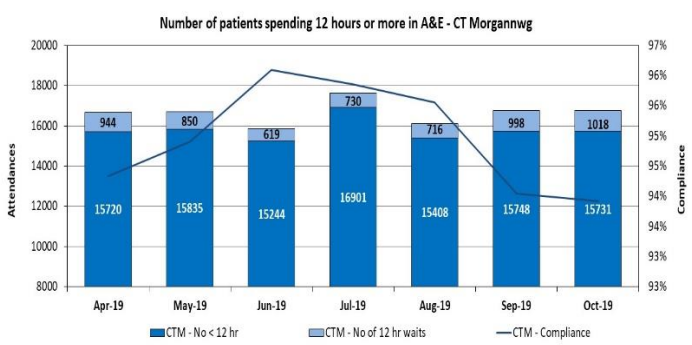
Executive Lead: Chief Operating Officer

Period: Apr 2019 to Oct 2019

Target: Zero

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

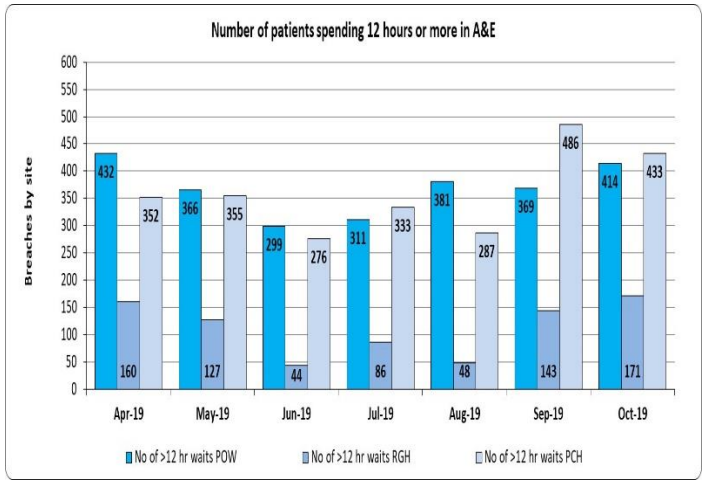
As Above

Bridgend

As Above

How are we doing, what actions are we taking?

How are we doing?
The October 12 hour performance for Cwm Taf Morgannwg was 1018 patient breaches. Of these breaches there were 433 at PCH, 171 at RGH and 414 at PoW.



What actions are we taking?
Daily deep dive work on all acute and community wards continues.
LA staff are present on both community sites as routine and patients waiting to transfer to community sites have reduced dramatically.
Concentrated effort is now being made to eradicate 12 hour waits.
SW@H teams are now in place on both DGH sites and close monitoring of their impact is in place.

What are the risk areas?
Staffing issues continue to be closely monitored.

Benchmarking: how do we compare?

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CTM
Oct-18	230	681		374	1845	94	737	0	3961	275	505
Nov-18	321	665		437	1404	56	675	0	3558	282	603
Dec-18	395	758		470	1552	39	690	0	3904	271	666
Jan-19	550	986		692	1989	137	943	0	5297	365	915
Feb-19	415	685		615	1429	130	732	0	4006	236	651
Mar-19	437	861		561	1633	34	948	0	4472	327	764
Apr-19	512		653	752	1741	51	924	0	5109	432	944
May-19	482		591	648	1661	65	920	0	4797	366	848
Jun-19	320		616	555	1403	82	777	0	4057	299	619
Jul-19	419		642	691	2043	56	732	0	4918	335	754
Aug-19	335		740	697	1786	61	793	0	4847	435	770
Sep-19	369		939	697	1973	139	910	0	5708	543	912

The Health Board's performance, prior to 1 April 2019, was amongst the best in Wales.

Source: http://nww.infoandstats.wales.nhs.uk/page.cfm?orgid=527&pid=53004

Indicator 71: The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

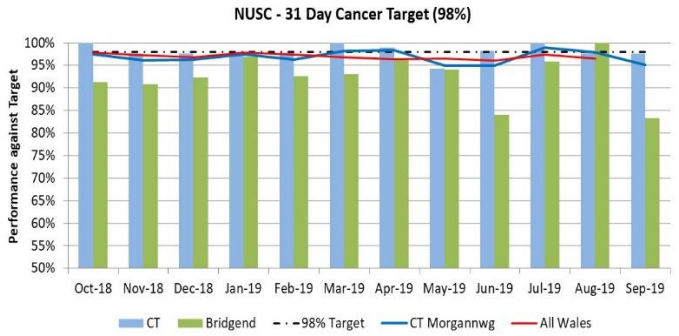
Executive Lead: Chief Operating Officer

Period: Oct 2018 to Sep 2019

Target: 98%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

CT		
Month	NUSC Treated <31 days	98% Target
Oct-18	100.0%	98.0%
Nov-18	97.7%	98.0%
Dec-18	97.6%	98.0%
Jan-19	97.6%	98.0%
Feb-19	97.9%	98.0%
Mar-19	100.0%	98.0%
Apr-19	98.9%	98.0%
May-19	94.3%	98.0%
Jun-19	98.3%	98.0%
Jul-19	100.0%	98.0%
Aug-19	97.6%	98.0%
Sep-19	97.7%	98.0%

Bridgend

Bridgend		
Month	NUSC Treated <31 days	98% Target
Oct-18	91.3%	98.0%
Nov-18	90.9%	98.0%
Dec-18	92.3%	98.0%
Jan-19	97.0%	98.0%
Feb-19	92.7%	98.0%
Mar-19	93.1%	98.0%
Apr-19	96.4%	98.0%
May-19	94.1%	98.0%
Jun-19	84.1%	98.0%
Jul-19	95.8%	98.0%
Aug-19	100.0%	98.0%
Sep-19	83.3%	98.0%

How are we doing, what actions are we taking?

How are we doing?

For the former Cwm Taf area, the 31 day target (NUSC) performance of 98% was just missed in September reaching 97.7%.

For Bridgend, the 31 day target (NUSC) performance of 98% was not reached in September at 83.3%, a deterioration from August where 100% was achieved.

Overall the 31 day target (NUSC) performance compliance for Cwm Taf Morgannwg for September was 95.2%.

Benchmarking: how do we compare?

Non-Urgent suspected cancer - Target 98%								
Period	Cwm Taf	Abertawe Bro Morgannwg/Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	CTM
Aug-18	96.6%	97.4%	96.8%	98.9%	88.6%	96.0%	95.65%	96.48%
Sep-18	98.9%	95.7%	98.6%	100.0%	95.8%	97.2%	100.00%	99.23%
Oct-18	100.0%	95.9%	96.4%	98.4%	98.8%	99.1%	91.30%	97.55%
Nov-18	97.7%	96.2%	96.4%	99.5%	98.2%	95.5%	90.91%	96.20%
Dec-18	97.6%	85.7%	97.8%	98.1%	93.9%	95.9%	92.31%	96.33%
Jan-19	97.6%	97.7%	99.5%	97.4%	94.8%	98.7%	96.97%	97.47%
Feb-19	97.9%	94.7%	97.5%	98.9%	95.5%	100.0%	92.68%	96.30%
Mar-19	100.0%	93.5%	98.2%	97.2%	96.1%	95.8%	93.1%	98.2%
Apr-19	98.9%	90.8%	96.3%	100.0%	95.1%	94.5%	96.4%	98.3%
May-19	94.3%	91.4%	97.3%	98.3%	98.6%	96.8%	94.1%	95.0%
Jun-19	98.3%	93.7%	94.4%	98.3%	97.2%	98.3%	84.1%	93.6%
Jul-19	100.0%	91.5%	96.8%	99.5%	98.5%	97.6%	95.8%	99.0%
Aug-19	97.6%	93.3%	95.4%	98.1%	98.6%	96.4%	100.0%	97.9%

Cwm Taf's performance in this area is comparable with other Welsh Health Boards.

Source: CANISC/Welsh Government Delivery & Performance Website *http://howis.wales.nhs.uk/sitesplus/407/page/64649*

Indicator 72: The percentage of 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

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

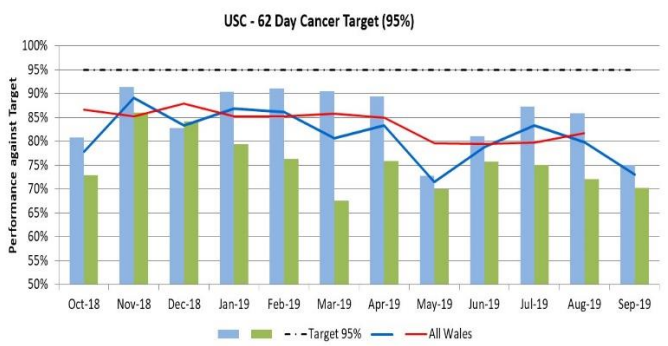
Executive Lead: Chief Operating Officer

Period: Oct 2018 to Sep 2019

Target: 95%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

CT		
Month	USC Treated < 62 days	Target 95%
Oct-18	80.8%	95.0%
Nov-18	91.4%	95.0%
Dec-18	82.8%	95.0%
Jan-19	90.4%	95.0%
Feb-19	91.0%	95.0%
Mar-19	90.6%	95.0%
Apr-19	89.4%	95.0%
May-19	72.7%	95.0%
Jun-19	81.1%	95.0%
Jul-19	87.3%	95.0%
Aug-19	85.9%	95.0%
Sep-19	75.0%	95.0%

Bridgend

Bridgend		
Month	USCTreated <62 days	95% Target
Oct-18	72.9%	95.0%
Nov-18	86.0%	95.0%
Dec-18	84.2%	95.0%
Jan-19	79.4%	95.0%
Feb-19	76.3%	95.0%
Mar-19	67.5%	95.0%
Apr-19	75.9%	95.0%
May-19	70.0%	95.0%
Jun-19	75.7%	95.0%
Jul-19	75.0%	95.0%
Aug-19	72.0%	95.0%
Sep-19	70.3%	95.0%

How are we doing, what actions are we taking?

How are we doing?

For the former Cwm Taf area, the 62 day target (USC) performance was again below 90% this month at 75%.

For Bridgend, the 62 day target (USC) performance was 70.3%.

Overall the 62 day target (USC) performance for September was 73%.

For Cwm Taf Morgannwg there were 24 USC breaches in total, with reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both in local and tertiary centres. The USC breach breakdown is shown in the following tables:

CT												
USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)	Breaches Minus Urology
Apr-19	4	0	0	1	0	0	1	0	1	7	89.4%	3
May-19	7	7	1	0	1	0	0	0	2	18	72.7%	11
Jun-19	3	1	1	0	4	0	0	0	1	10	81.1%	7
Jul-19	3	0	1	1	2	1	0	0	1	9	87.3%	6
Aug-19	6	2	0	0	0	1	0	0	0	9	85.9%	3
Sep-19	7	1	3	0	1	0	0	0	1	13	75.0%	6

Bridgend												
USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)	Breaches Minus Urology
Apr-19	4	1	1	0	1	0	1	4	1	13	75.9%	9
May-19	5	1	1	0	3	1	2	0	2	15	70.0%	10
Jun-19	5	1	2	0	0	0	1	0	0	9	75.7%	4
Jul-19	7	1	1	0	0	1	0	0	0	10	76.7%	3
Aug-19	12	0	0	0	2	0	0	0	0	14	72.0%	2
Sep-19	9	0	0	1	1	0	0	0	0	11	70.3%	2

CTM												
USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)	Breaches Minus Urology
Apr-19	8	1	1	1	1	0	2	2	4	20	83.3%	12
May-19	12	8	2	0	4	1	2	0	4	33	71.6%	21
Jun-19	12	1	1	1	5	0	0	0	1	21	47.8%	9
Jul-19	10	1	2	1	2	2	0	0	1	19	83.3%	9
Aug-19	18	2	0	0	2	1	0	0	0	23	79.8%	5
Sep-19	16	1	3	1	2	0	0	0	1	24	73.0%	8

What actions are we taking?

The new HB has put in place robust processes and actions within POW to address the poor performing areas. These actions include embedding POW into the scrutiny and escalation processes already in place in the former Cwm Taf sites.

A number of the areas above contributing to the breach numbers are outside of CTM. The Directorate escalates these through the respective medical directors, however influencing changes directly is challenging.

Cancer co-ordinator now in post within radiology to push through cancer diagnostic tests and results.

Urology Cancer Pathway co-ordinator role is being set up to expedite cancer patients through the pathway.

Benchmarking: how do we compare?

Urgent suspected cancer - Target 95%								
Period	Cwm Taf	Abertawe Bro Morgannwg/Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	CTM
Aug-18	85.0%	94.1%	83.6%	85.3%	79.8%	90.9%	89.2%	86.3%
Sep-18	75.0%	82.9%	87.1%	83.0%	83.5%	90.7%	75.6%	75.3%
Oct-18	80.8%	84.3%	89.9%	85.8%	84.5%	93.5%	72.9%	77.8%
Nov-18	91.4%	87.6%	86.1%	80.9%	81.0%	85.5%	86.0%	89.1%
Dec-18	82.8%	88.1%	91.3%	87.2%	85.7%	88.3%	84.2%	83.3%
Jan-19	90.4%	85.4%	88.0%	84.4%	85.9%	78.8%	79.4%	86.9%
Feb-19	91.0%	80.6%	91.4%	80.8%	87.0%	80.7%	76.3%	86.2%
Mar-19	90.6%	84.1%	87.2%	86.8%	84.0%	84.2%	67.5%	80.7%
Apr-19	89.4%	87.0%	85.8%	81.2%	85.2%	87.5%	75.9%	83.3%
May-19	72.7%	80.2%	82.6%	81.5%	80.6%	80.0%	70.0%	71.6%
Jun-19	81.1%	80.8%	75.2%	80.4%	74.2%	83.9%	75.9%	82.1%
Jul-19	87.3%	75.9%	78.2%	84.9%	80.0%	74.0%	75.0%	83.3%
Aug-19	85.9%	83.8%	78.2%	86.0%	88.0%	75.7%	72.0%	79.8%

Single Cancer Pathway

The Minister for Health and Social Services announced in November 2018 his intention to introduce a single cancer pathway (SCP) across Wales, with Health Boards required to publically report performance against the SCP alongside the current cancer waiting times for all patients diagnosed with cancer and treated from June 2019. SCPs will monitored initially for breast, colorectal, Head and Neck/Mucosal, Head and Neck/Neck Lump, Lung, Upper GI/Gastric and Upper GI/Oesophageal.

Source: CANISC/Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 74: The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

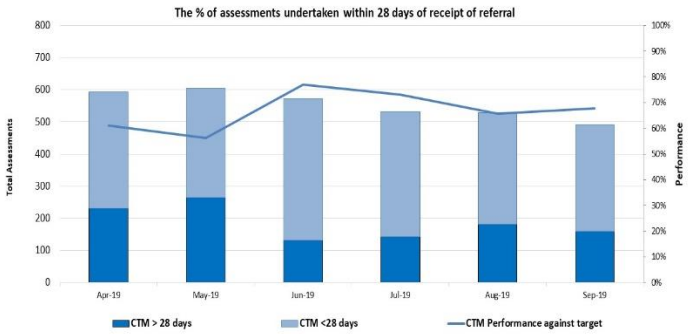
Executive Lead: Director of Primary, Community and Mental Health

Period: Apr 2019 to Sep 2019

Target: 80%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As above

Bridgend

As above

How are we doing, what actions are we taking?

Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target for 80% of referrals to be assessed within 28 days. The compliance position for September increased to 67.68% from 65.72% In August.

What are the areas of risk?
The resilience of a relatively small number of teams to maintain performance when there is annual leave and sick leave.

A small waiting list initiative has been extended to support the service whilst work linked to the new Transformation fund is finalised and implemented. Work is also planned in relation to demand and capacity and the first step of this is a training session which is scheduled for November.

Benchmarking: how do we compare?

% of assessments by the LPMHSS undertaken within 28 days from the date of referral (target 80%)

Period	Cwm Taf	Swansea Bay (as from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	CT Morgannwg
Sep-18	77.1%	76.4%	82.9%	66.1%	80.1%	93.8%	84.0%	70.2%	76.4%
Oct-18	84.0%	83.8%	91.1%	68.2%	88.6%	96.4%	87.6%	80.5%	83.5%
Nov-18	78.2%	77.7%	84.5%	66.8%	79.7%	93.0%	82.1%	90.1%	80.0%
Dec-18	61.5%	83.8%	84.0%	75.1%	68.7%	93.5%	87.1%	87.8%	64.3%
Jan-19	44.0%	72.6%	88.7%	65.2%	55.5%	92.5%	84.7%	79.1%	48.5%
Feb-19	55.2%	79.8%	86.0%	19.3%	90.4%		90.2%	85.0%	57.7%
Mar-19	51.2%	76.8%	80.6%	75.6%	75.0%	91.9%	88.0%	81.0%	53.7%
Apr-19		86.1%	86.9%	74.6%	56.4%	93.4%	78.6%		61.0%
May-19		84.8%	83.1%	63.3%	49.8%	87.3%	81.8%		56.1%
Jun-19		84.6%	80.9%	63.7%	48.6%	94.3%	81.0%		77.1%
Jul-19		80.7%	82.4%	66.3%	41.6%	85.8%	87.4%		73.1%
Aug-19		79.4%	86.3%	65.8%	57.9%	82.3%	87.9%		65.7%

The Health Board remains comparable with peers.

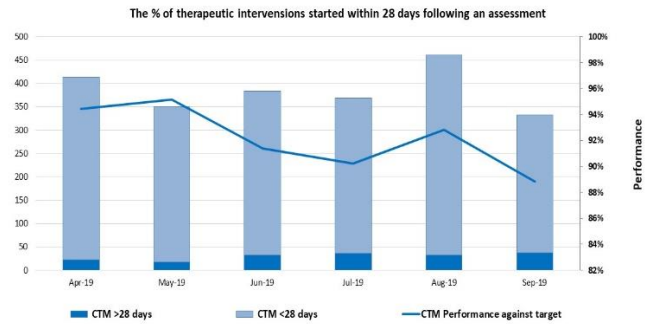
Source: Local Mental Health

Indicator 75: The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	Executive Lead: Director of Primary, Community and Mental Health
Period: Apr 2019 to Sep 2019	Target: 80%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As above

Bridgend

As above

How are we doing, what actions are we taking?

The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was 88.85% in September which is a decrease from 92.84% in August.

What are the areas of risk?
The resilience of a relatively small number of teams to maintain performance when there is annual leave and sick leave.

Benchmarking: how do we compare?

% of therapeutic interventions started within 28 days following assessment by LPMHSS (target 80%)

Period	Cwm Taf	Swansea Bay (as from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	CT Morgannwg
Sep-18	95.5%	88.6%	81.0%	61.1%	59.8%	87.5%	77.1%	91.7%	95.2%
Oct-18	98.7%	91.5%	82.4%	65.9%	64.9%	92.5%	80.3%	100.0%	98.8%
Nov-18	93.5%	87.6%	82.5%	64.0%	67.7%	95.6%	76.1%	92.0%	93.4%
Dec-18	97.3%	85.2%	80.4%	73.8%	73.3%	93.8%	77.8%	80.0%	96.4%
Jan-19	92.7%	86.1%	83.4%	48.8%	89.7%	87.2%	72.3%	88.9%	92.6%
Feb-19	93.9%	87.5%	82.0%	67.1%	85.2%		75.5%	73.1%	92.6%
Mar-19	95.1%	87.7%	83.8%	68.0%	71.2%	81.5%	74.7%	93.8%	95.1%
Apr-19		97.6%	78.3%	70.3%	69.6%	89.8%	71.8%		94.4%
May-19		94.4%	66.8%	62.2%	55.9%	86.3%	61.6%		95.1%
Jun-19		98.5%	60.9%	72.2%	55.4%	88.0%	59.6%		91.4%
Jul-19		97.9%	73.1%	70.7%	62.3%	90.6%	49.6%		90.2%
Aug-19		91.6%	59.3%	66.8%	81.1%	87.0%	51.9%		92.8%

The Health Board remains one of the best performing in this area.

Source: Local Mental Health

Indicator 76: The percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA

Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Director of Primary, Community and Mental Health

Period: Q1 2019/20

Target: 80% (5 working days)

Current Performance:

Cwm Taf Morgannwg

% qualifying patients who had their first contact with an IMHA within 5 working days of their request for an advocate Target 100%	
LHB	2019/20
	Q1
AB	100%
BCU	100%
C&V	100%
CTM	100%
HDda	100%
Powys	100%
SB	100%
Wales	100%

Cwm Taf

% qualifying patients who had their first contact with an IMHA within 5 working days of their request for an advocate Target 100%								
LHB	2018/19				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ABM/SB	100%	100%	100%	100%/91%	100%	100%	100%	100%
AB	100%	100%	99.10%	100%	99%	100%	100%	100%
BCU	100%	100%	100%	100%	100%	100%	100%	100%
C&V	100%	100%	100%	100%	100%	100%	100%	100%
CTaf	100%	100%	100%	100%	100%	100%	100%	100%
HDda	100%	100%	99.30%	100%	100%	100%	100%	100%
Powys	100%	100%	100%	100%	100%	100%	100%	100%
Wales	100%	100%	99.70%	91.10%	100%	100%	100%	100%

Bridgend

% qualifying patients who had their first contact with an IMHA within 5 working days of their request for an advocate Target 100%								
LHB	2018/19				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ABM/SB	100%	100%	100%	100%/91%	100%	100%	100%	100%
AB	100%	100%	99.10%	100%	99%	100%	100%	100%
BCU	100%	100%	100%	100%	100%	100%	100%	100%
C&V	100%	100%	100%	100%	100%	100%	100%	100%
CTaf	100%	100%	100%	100%	100%	100%	100%	100%
HDda	100%	100%	99.30%	100%	100%	100%	100%	100%
Powys	100%	100%	100%	100%	100%	100%	100%	100%
Wales	100%	100%	99.70%	91.10%	100%	100%	100%	100%

How are we doing, what actions are we taking?

The IMHA performance for Cwm Taf University Health Board for Q1 2019/20 was 100%.

Benchmarking: how do we compare?

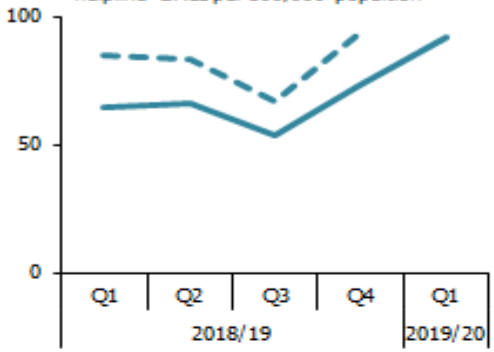
As shown in the tables to the left.

Source: Local Mental Health

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

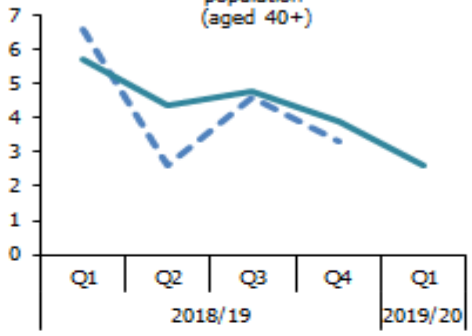
Key: Cwm Taf Morgannwg —— **Cwm Taf** - - - **or** ■ **Bridgend** ▒

Number of calls to the mental health helpline CALL per 100,000 popultion



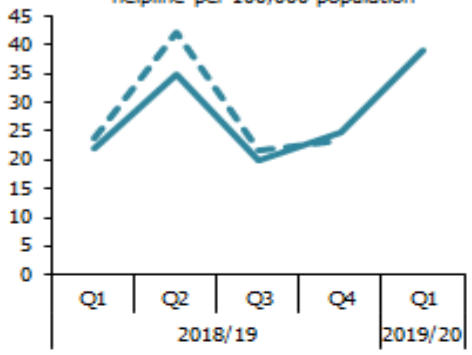
Current Position		
CT	B	CTM
N/A	N/A	92.3

Number of calls to the Wales dementia helpline per 100,000 population (aged 40+)



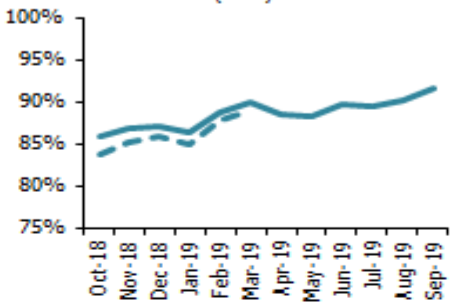
Current Position		
CT	B	CTM
3.3	5.2	3.9

Number of calls to the DAN 24/7 helpline per 100,000 population



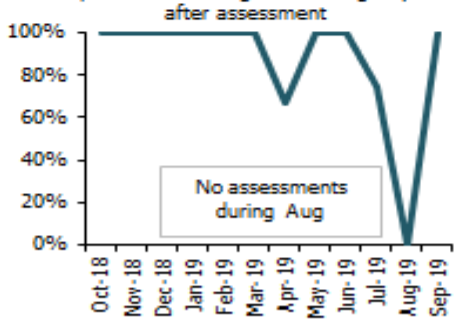
Current Position		
CT	B	CTM
N/A	N/A	39.1

The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)



Current Position		
CT	B	CTM
N/A	N/A	91.6%

Residents assessed under part 3 mental health measure to be sent copy of outcome assessment report up to and including 10 working days after assessment



Current Position		
CT	B	CTM
N/A	N/A	100%

Indicator 82: Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018/19 & Qtr. 1 2019/20

Target: 4 Quarter Improvement Trend

Current Performance:

Cwm Taf Morgannwg

Cwm Taf Morgannwg

Number of calls to the mental health helpline CALL per 100,000 population

2018/19				2019/20
Q1	Q2	Q3	Q4	Q1
64.5	65.9	53.9	72.9	92.3

Cwm Taf

Cwm Taf

Number of calls to the mental health helpline CALL per 100,000 population

2018/19			
Q1	Q2	Q3	Q4
84.6	83.6	67.2	93.6

Bridgend

Bridgend

Number of calls to the mental health helpline CALL per 100,000 population

2018/19			
Q1	Q2	Q3	Q4
22.9	29.1	26.3	29.8

How are we doing, what actions are we taking?

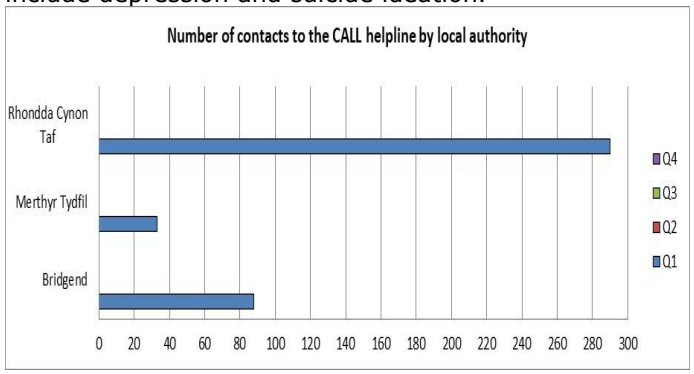
Top subject areas discussed on the CALL helpline by local authority – Quarter 1, 2019-20

	Bridgend		Merthyr Tydfil		Rhondda Cynon Taf	
	No. of enquiries	132	No. of enquiries	55	No. of enquiries	469
1	Mental Health	13.6%	Anxiety	14.5%	Mental Health	10.2%
2	Info. on CALL	7.6%	Depression	7.3%	Suicide Ideation	9.8%
3	Depression	6.1%	Info. on CALL	7.3%	Anxiety	8.1%
4	Anxiety	5.3%	Mental Health	7.3%	Depression	5.5%
5	Suicide Ideation	3.8%	Suicide Ideation	7.3%	Self-Harm	4.7%

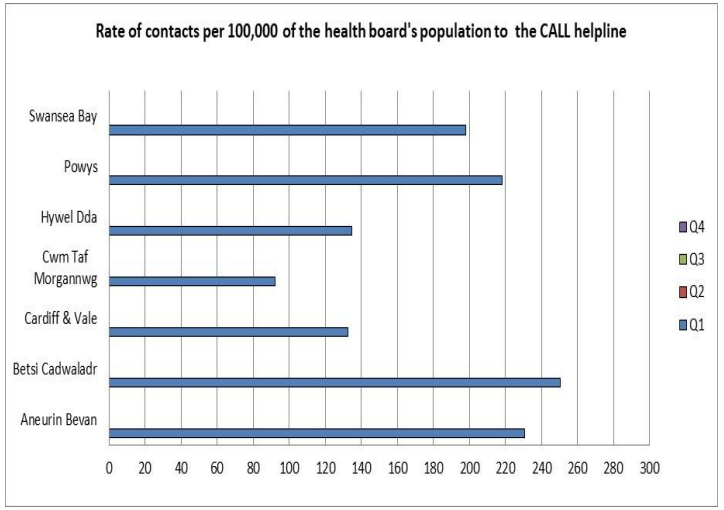
*Number of enquiries is the total number of issues that have been discussed by the local authority's residents. This figure differs to the number of contacts made to the help line.

For quarter 1 2019-20, 411 contacts were made to the CALL helpline from the Cwm Taf Morgannwg University Health Board area (approximately 92 contacts per 100,000 of its population). This accounted 7.1% of the all Wales total. The local authority area with the highest number of callers is Rhondda Cynon Taf (290) – 70.6% of Cwm Taf Morgannwg's total.

Although the data shows that the subjects discussed by individuals contacting the CALL helpline is wide ranging, the top subject for Bridgend and Rhondda Cynon Taf is mental health and for Merthyr Tydfil it is anxiety. The table outlining the top areas of focus for each local authority identifies other reported conditions – these include depression and suicide ideation.



Benchmarking: how do we compare?



For quarter 1 2019-20, 5,881 contacts were made to the CALL helpline, of which 5,760 were made by citizens living in Wales (approximately 184 calls per 100,000 of the population). The health board area with the highest rate is Betsi Cadwaladr University Health Board (with a rate of 250 calls per 100,000 of its population), followed by Aneurin Bevan (a rate of 231 calls per 100,000). The health board with the lowest rate is Cwm Taf Morgannwg (92 calls per 100,000).

Source: Welsh Government

Indicator 83: Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of the population (age 40+)

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018/19 & Qtr. 1 2019/20

Target: 4 Quarter Improvement Trend

Current Performance:

Cwm Taf Morgannwg

Cwm Taf Morgannwg				
Number of calls to the Wales dementia helpline per 100,000 population (aged 40+)				
2018/19				2019/20
Q1	Q2	Q3	Q4	Q1
5.7	4.4	4.8	3.9	2.6

Cwm Taf

Cwm Taf			
Number of calls to the Wales dementia helpline per 100,000 population (aged 40+)			
2018/19			
Q1	Q2	Q3	Q4
6.6	2.6	4.6	3.3

Bridgend

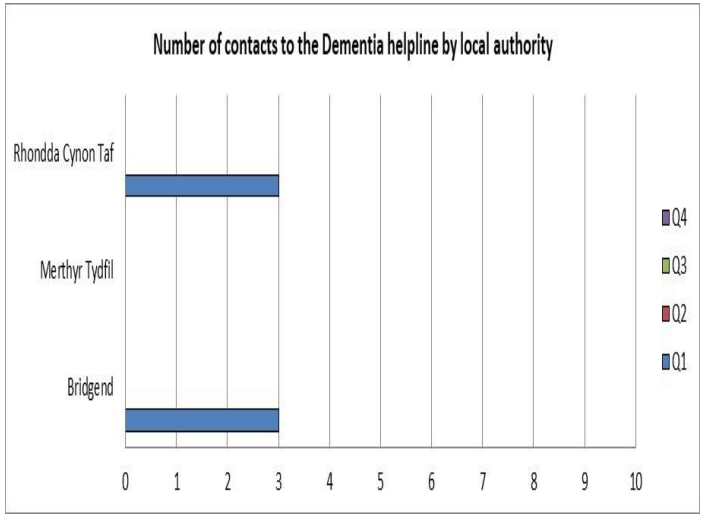
Bridgend			
Number of calls to the Wales dementia helpline per 100,000 population (aged 40+)			
2018/19			
Q1	Q2	Q3	Q4
3.9	7.8	5.2	5.2

How are we doing, what actions are we taking?

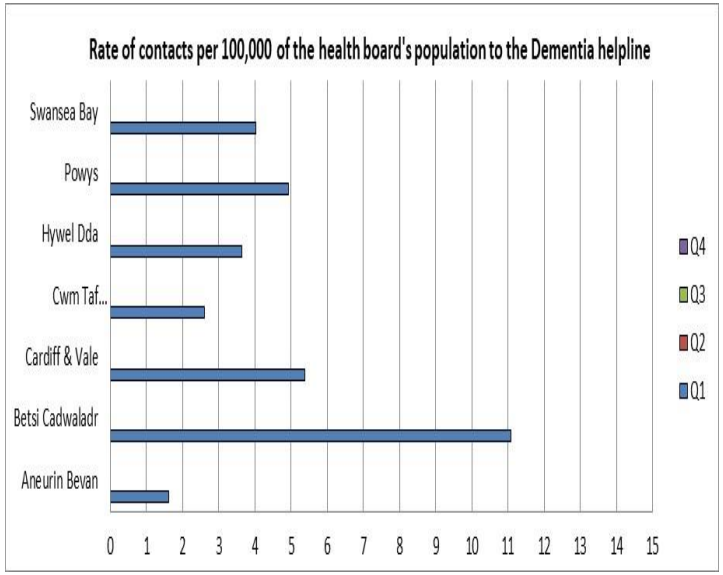
Contacts to the Dementia helpline – Cwm Taf Morgannwg University Health Board					
	2018-19	2019-20			
	Q4	Q1	Q2	Q3	Q4
Rate per 100,000 of health board population*	NA	2.6			
Number of contacts for health board	NA	6			
Percentage of the Wales total	Na	7.0%			

*2018-19 data is based on 2017 mid-year population estimates, whilst 2019-20 data is based on 2018 mid-year population estimates.

During quarter 1 2019-20, 6 contacts to the dementia helpline were made from the Cwm Taf Morgannwg area. This accounted for 7.0% of the all Wales total. Although the number of residents contacting the dementia helpline is low, the local authority areas with the largest number of callers are Bridgend and Rhondda Cynon Taf (with 3 calls each).



Benchmarking: how do we compare?



In comparison with the aforementioned helplines, the number of contacts to the dementia helpline is significantly lower. The total number of contacts to the dementia helpline for quarter 1 was 87, of which 86 were made by citizens living in Wales (approximately 5 calls per 100,000). The health board with the highest rate of contacts is Betsi Cadwaladr (a rate of 11 calls per 100,000 of its population), whilst Aneurin Bevan has the lowest (2 calls per 100,000).

Source: Welsh Government

Indicator 84: Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018/19 & Qtr. 1 2019/20

Target: 4 Quarter Improvement Trend

Current Performance:

Cwm Taf Morgannwg

Cwm Taf Morgannwg

Number of calls to the DAN 24/7 helpline per 100,000 population

2018/19				2019/20
Q1	Q2	Q3	Q4	Q1
21.9	35	19.8	24.8	39.1

Cwm Taf

Cwm Taf

Number of calls to the DAN 24/7 helpline per 100,000 population

2018/19			
Q1	Q2	Q3	Q4
23.7	42.1	21.7	23.4

Bridgend

Bridgend

Number of calls to the DAN 24/7 helpline per 100,000 population

2018/19			
Q1	Q2	Q3	Q4
18	20.1	15.9	27.7

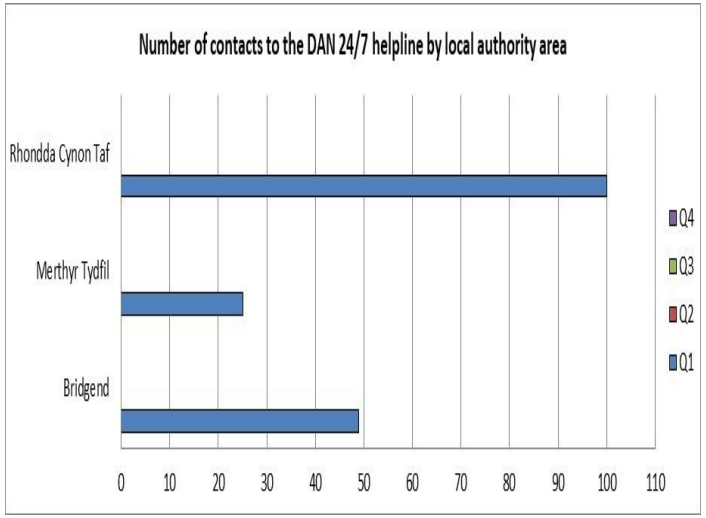
How are we doing, what actions are we taking?

Contacts to the DAN 24/7 helpline – Cwm Taf Morgannwg University Health Board

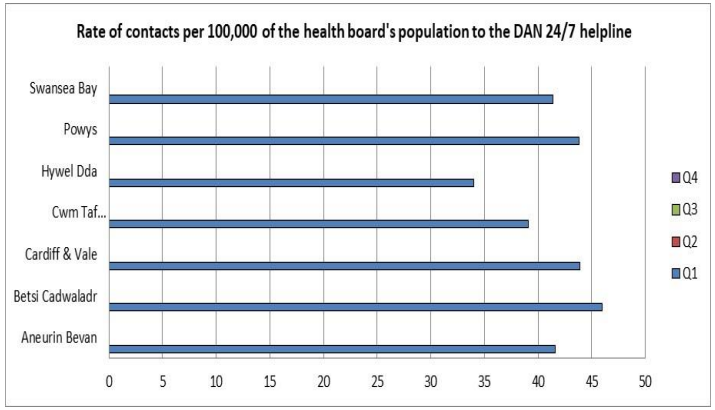
	2018-19	2019-20			
	Q4	Q1	Q2	Q3	Q4
Rate per 100,000 of health board population*	NA	39.1			
Number of contacts for health board	NA	174			
Percentage of the Wales total	NA	13.3%			

*2018-19 data is based on 2017 mid-year population estimates, whilst 2019-20 data is based on 2018 mid-year population estimates.

For quarter 1 2019-20, 174 contacts to the DAN 24/7 helpline came from Cwm Taf Morgannwg's area (approximately 39 calls per 100,000 of its population). This accounted for 13.3% of the all Wales total. The local authority area with the largest number of callers is Rhondda Cynon Taf (100) – 57.5% of Cwm Taf Morgannwg's total.



Benchmarking: how do we compare?



The total number of contacts to the DAN 24/7 helpline for quarter 1 was 1,335. The number of contacts associated with individuals residing in Wales was 1,309 (approximately 42 calls per 100,000 of its population). Betsi Cadwaladr UHB's catchment area had the highest rate of contacts (46 calls per 100,000 of its population), whilst Hywel Dda UHB's catchment area had the lowest rate (34 calls per 100,000).

Source: Welsh Government

Indicator 85: The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)

Outcome: My individual circumstances are considered

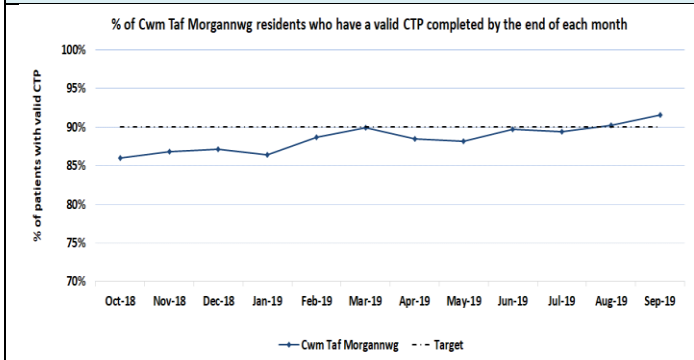
Executive Lead: Director of Primary, Community and Mental Health

Period: Oct 2018 to Sep 2019

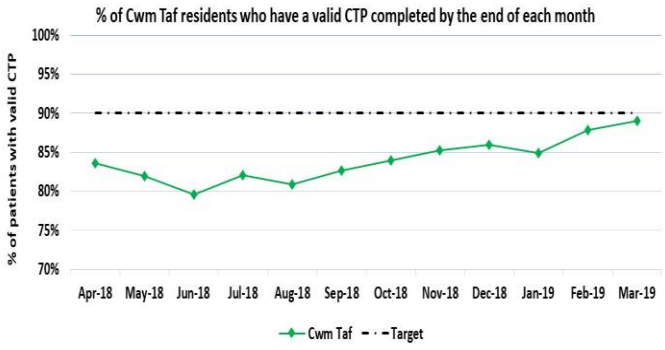
Target: 90%

Current Performance:

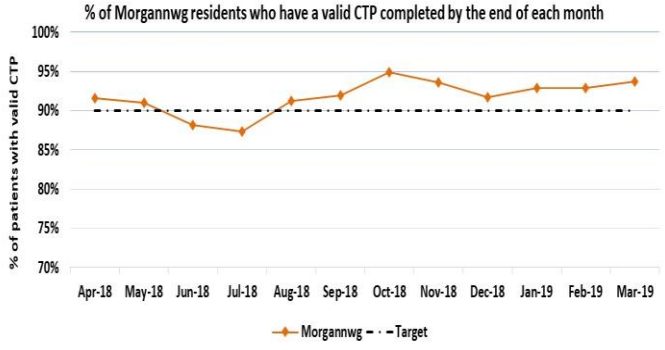
Cwm Taf Morgannwg



Cwm Taf: to 31st March 2019



Bridgend: to 31st March 2019



How are we doing, what actions are we taking?

The Performance Target for Cwm Taf Morgannwg at the end of September was 91.6% which is an increase from 90.2% at the end of August. This Performance Indicator Target remains at 90%. Compliance for both CAMHS and Learning Disabilities decreased slightly in September with CAMHS reaching 97.8% from 100% in August and Learning Disabilities reaching 95.4% from 97.2% in August. However, both remain above the 90% compliance level. There has also been an increase in compliance for adult and older persons with adult services increasing from 88.7% in August to 90.3% in September and older persons increasing from 93.8% in August to 95.4% in September.

- Adult **90.3%**
- Older Persons Mental Health **95.4%**
- Learning Disabilities **95.4%**
- CAMHS **97.8%**

A Demand & Capacity exercise has recently taken place in CAMHS due to a gap in current capacity to meet demand. New Welsh Government funding is being directed to help increase capacity and compliance has now reached 100%.

Engagement on the current model of adult community mental health services reinforcing the challenge in this area and that the volume of CTP's need completion by the medical team is not sustainable, the completion of this process will lead to a number of recommendations and a paper is being finalised and alternative models being explored. Waiting list work will continue until more sustainable approaches are in place and these have continues to a steady increase in the amount of people who have a valid CTP which is key to appropriate care.

The graph opposite shows the compliance for Cwm Taf Morgannwg from April 2019 which indicates compliance against the 90% target for Part 2 of the Mental Health Measure.

Benchmarking: how do we compare?

% of HB residents (all ages) to have a valid CTP completed at the end of each month (target 90%)

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Sep-18	82.6%	90.3%	88.0%	85.3%	91.2%	93.9%	91.3%
Oct-18	83.9%	90.6%	89.0%	85.6%	91.8%	92.3%	91.6%
Nov-18	85.2%	90.6%	89.2%	Not available	92.1%	95.4%	90.6%
Dec-18	86.0%	90.2%	89.7%	83.9%	92.5%	96.6%	91.3%
Jan-19	84.9%	91.1%	89.9%	84.2%	91.3%	95.4%	90.9%
Feb-19	87.8%	90.1%	90.7%	84.3%	91.6%	94.5%	91.1%
Mar-19	89.0%	90.3%	90.4%	84.9%	91.1%	96.0%	90.9%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	88.5%	90.5%	89.9%	83.2%	90.9%	95.1%	88.9%
May-19	88.2%	87.1%	93.7%	82.5%	91.0%	93.2%	89.0%
Jun-19	89.7%	85.6%	91.5%	79.8%	91.6%	93.6%	86.9%
Jul-19	89.4%	88.2%	90.3%	78.9%	92.0%	94.2%	87.5%
Aug-19	90.2%	88.3%	91.6%	78.5%	94.5%	96.6%	91.1%

The Cwm Taf Morgannwg University Health Board performance remains below compliance in this area.

Source: Local Mental Health

Indicator 86: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place

Outcome: My individual circumstances are considered

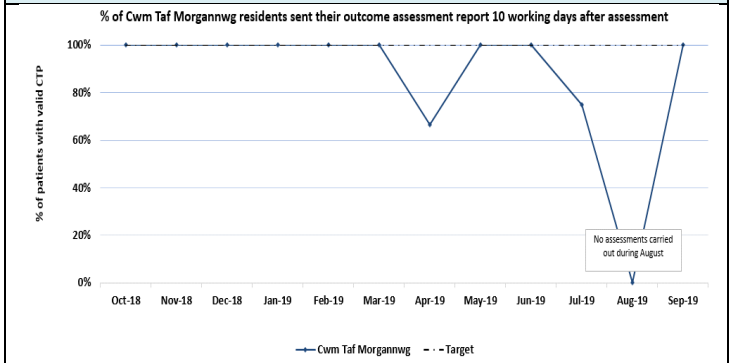
Executive Lead: Director of Primary, Community and Mental Health

Period: Oct 2018 to Sep 2019

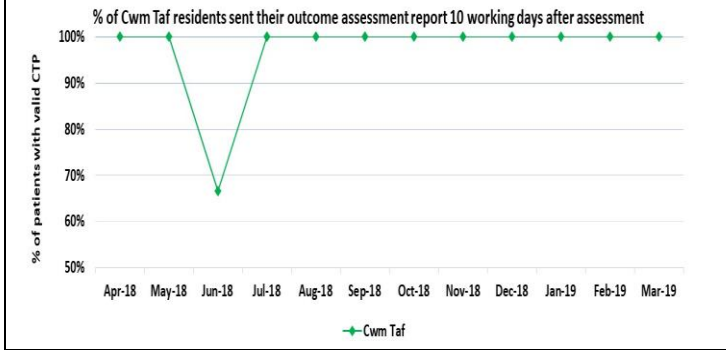
Target: 100%

Current Performance:

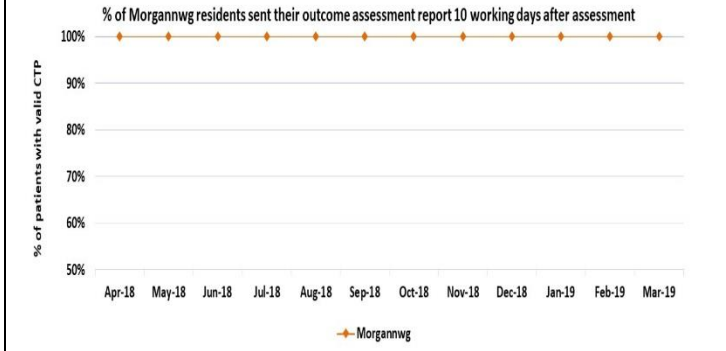
Cwm Taf Morgannwg



Cwm Taf: to 31st March 2019



Bridgend: to 31st March 2019



How are we doing, what actions are we taking?

There were two Part 3 assessments undertaken in September both of which had outcome of assessment reports sent within 10 days.

Benchmarking: how do we compare?

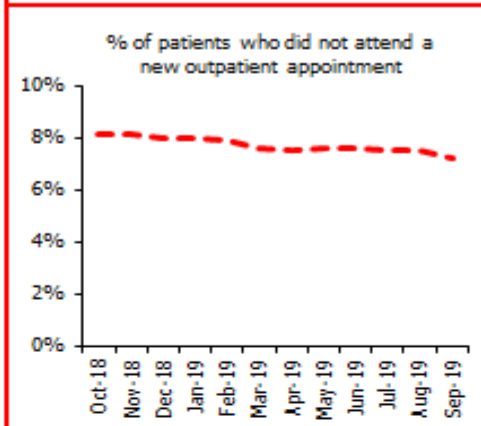
% of HB residents sent their outcome assessment report 10 working days after assessement (target 100%)

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Sep-18	100%	100%	100%	100%	100%	100%	100%
Oct-18	100%	100%	100%	100%	100%	100%	100%
Nov-18	100%	100%	100%	Not available	100%	100%	100%
Dec-18	100%	100%	100%	100%	Not available	100%	100%
Jan-19	100%	100%	100%	100%	100%	100%	100%
Feb-19	100%	100%	100%	100%	100%	100%	100%
Mar-19	100%	100%	100%	100%	100%	100%	100%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	67%	100%	100%	75.0%	100%	100%	100%
May-19	100%	100%	100%	50.0%	100%	100%	100%
Jun-19	100%	100%	100%	76.9%	100%	100%	100%
Jul-19	75%	100%	100%	76.9%	100%	100%	100%
Aug-19	No assessments carried out	100%	100%	90.0%	100%	100%	100%

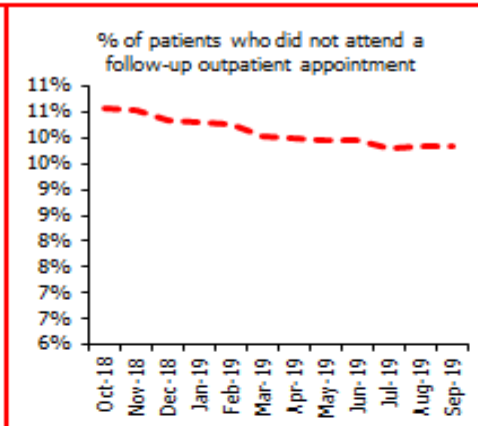
Source: Local Mental Health

OUR STAFF AND RESOURCES – People in Wales can find information about how their NHS is resourced and make careful use of them

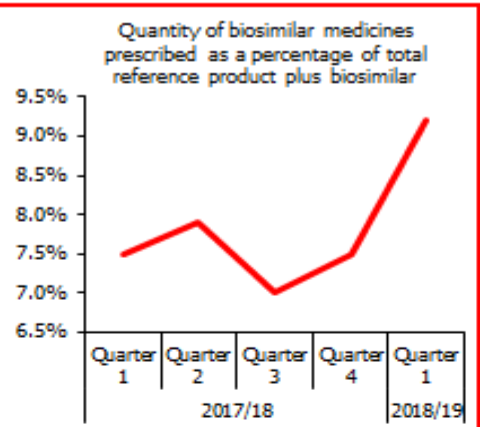
Key: Cwm Taf Morgannwg —— **Cwm Taf** - - - **or** ■ **Bridgend** ■



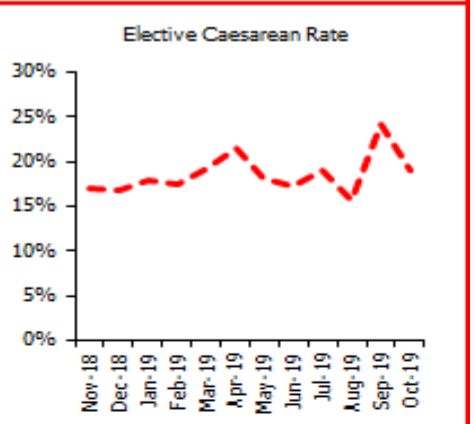
Current Position		
CT	B	CTM
7.2%	N/A	N/A



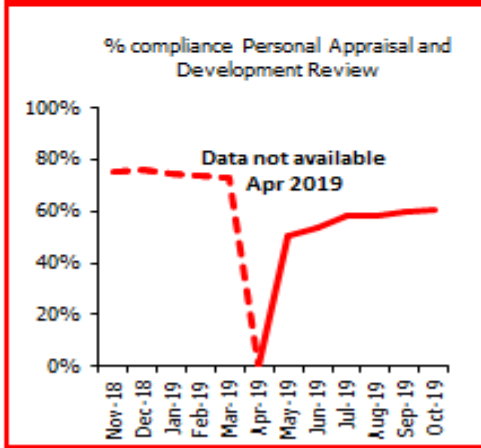
Current Position		
CT	B	CTM
9.8%	N/A	N/A



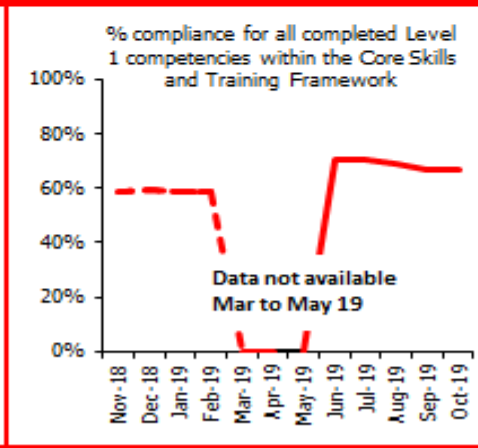
Current Position		
CT	B	CTM
9.2%	N/A	N/A



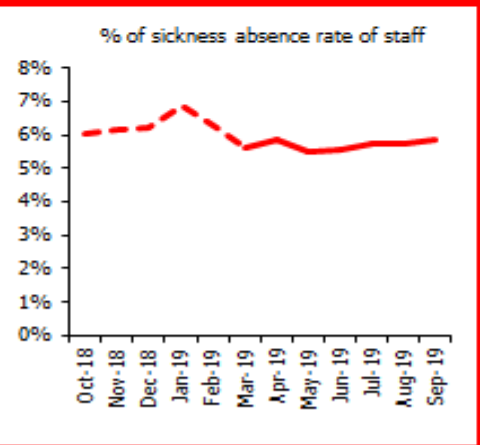
Current Position		
CT	B	CTM
19.0%	N/A	N/A



Current Position		
CT	B	CTM
N/A	N/A	60.9%



Current Position		
CT	B	CTM
N/A	N/A	66.9%



Current Position		
CT	B	CTM
N/A	N/A	5.9%

Indicator 88: The percentage of patients who did not attend a new outpatient appointment (for selected specialties)

Outcome: I work with the NHS to improve the use of resources	Executive Lead: Chief Operating Officer
Period: Nov 2018 to Oct 2019	Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

New Outpatient DNA Rates for Specific Specialties (November 2018 to October 2019)

Main Specialty	Number New Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5223	286	5.19%
Dermatology	5037	318	5.94%
ENT Surgery	9409	716	7.07%
Gastroenterology	2715	251	8.46%
General Medicine	4210	458	9.81%
General Surgery	10183	722	6.62%
Gynaecology	10110	824	7.54%
Haem (Clinical)	1474	93	5.93%
Nephrology	293	20	6.39%
Neurology	453	72	13.71%
Ophthalmology	9223	903	8.92%
Oral Surgery	5164	390	7.02%
Orthopaedics	14052	1097	7.24%
Paediatrics	3139	514	14.07%
Respiratory Medicine	2463	128	4.94%
Rheumatology	3577	273	7.09%
Urology	5961	421	6.60%
Total	92686	7486	7.47%

Bridgend

Data not currently available

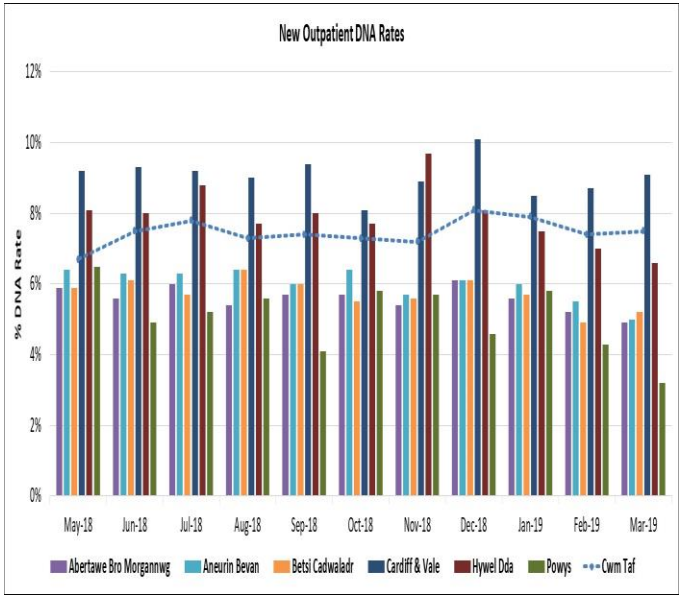
How are we doing, what actions are we taking?

The percentage DNA rate of new outpatient appointments for the specialties identified in the adjacent table for the rolling 12 month period to October 2019 is 7.47%.

Work is in progress as part of the cross cutting themes in this regard within the planned care stream.

Short notice hospital cancellations are the main risk and needs to be reduced to a manageable number.

Benchmarking: how do we compare?



Benchmark data not available from 1st April 2019

Source: Local /Information Team and Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 89: The percentage of patients who did not attend a follow-up outpatient appointment (for selected specialties)

Outcome: I work with the NHS to improve the use of resources	Executive Lead: Chief Operating Officer
Period: Nov 2018 to Oct 2019	Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

Follow-up Outpatient DNA Rates for Specific Specialties (November 2018 to October 2019)

Main Specialty	Number of Follow-up Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5395	301	5.28%
Dermatology	8566	674	7.29%
ENT Surgery	15283	1681	9.91%
Gastroenterology	3966	482	10.84%
General Medicine	16425	2180	11.72%
General Surgery	12568	1284	9.27%
Gynaecology	10684	1365	11.33%
Haem (Clinical)	26118	1441	5.23%
Nephrology	1978	173	8.04%
Neurology	883	224	20.23%
Ophthalmology	29352	3076	9.49%
Oral Surgery	5148	644	11.12%
Orthopaedics	30662	3333	9.80%
Paediatrics	8883	2426	21.45%
Respiratory Medicine	4539	441	8.86%
Rheumatology	8723	1073	10.95%
Urology	8804	875	9.04%
Total	**197977**	**21673**	**9.87%**

Bridgend

Data not currently available

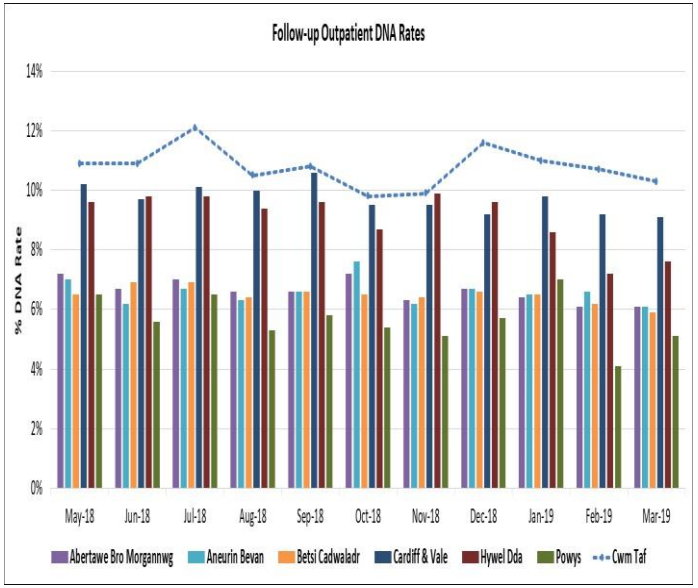
How are we doing, what actions are we taking?

The percentage DNA rate of follow up outpatient appointments for the specialties identified in the adjacent table for the rolling 12 month period to October 2019 is 9.87%.

Work is in progress as part of the cross cutting themes in this regard within the planned care stream, running alongside validation, potentially through case note review via virtual clinics, within specialties.

Short notice hospital cancellations are the main risk and needs to be reduced to a manageable number.

Benchmarking: how do we compare?



Benchmark data not available from 1st April 2019

Source: Local /Information Team and Welsh Government Delivery & Performance Website http://howis.wales.nhs.uk/sitesplus/407/page/64649

Indicator 90: Quantity of biosimilar medicines prescribed as a percentage of total `reference' product plus biosimilar

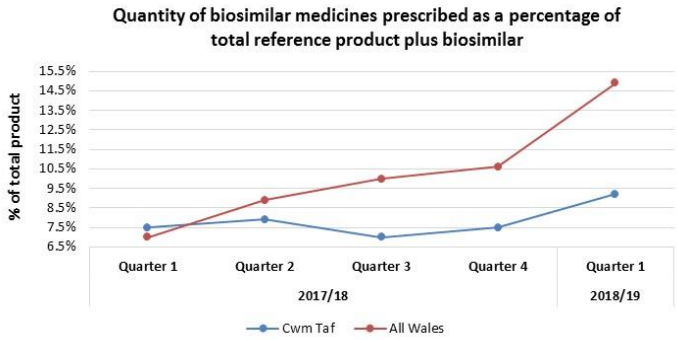
Outcome: Resources are used efficiently and effectively to improve my health outcomes	Executive Lead: Director of Primary, Community and Mental Health
Period: 2017/18 to 2018/19 Qtr. 1	Target: Quarter on Quarter Improvement

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

The table does not reflect the actual status of biosimilar uptake in CTUHB, this could be due to the inclusion of insulin glargine in primary care which is skewing the results of the basket of medicines included. All Wales central data shows that CTUHB has the following percentage use of biosimilar medicines prescribed as a percentage of the reference product:
Etanercept- 86%
Inflximab - 100%
Rituximab - 100%
Filgrastim primary and secondary care - 100%

From up to date local data: All suitable patients have been switched to biosimilar product for these medicines. For insulin glargine there is very little difference in the cost of the biosimilar vs the originator product and so no incentive to switch diabetic patients. In addition CTUHB prescribes proportionately less insulin glargine than other HBs.
Insulin glargine secondary care 4%
Insulin glargine primary care 3%.

CTUHB have agreed a programme of maximising the use of biosimilar products where there is a cost effective benefit. A medicines management nurse is supporting this programme ensuring a safe and effective process for clinical staff and patients. The programme is monitored via the monthly CRES process.

Clinical staff have been engaged and supportive of the changes, although discussions are still ongoing with some clinicians over the use of a new biosimilar – Adalimumab.

Risks are: there are patients who cannot tolerate or do not consent to change to the biosimilar and so there will always be some prescribing of the originator product. Supply of the biosimilar products must be sustainable.

Benchmarking: how do we compare?

Quantity of biosimilar medicines prescribed as a percentage of total reference product plus biosimilar

		CTUHB	ABMU	AB	BCU	C&V	HDda	Powys
2018/19	Quarter 1	9.2%	20.9%	14.0%	14.0%	12.5%	19.7%	5.9%
2017/18	Quarter 1	7.5%	6.4%	6.6%	8.7%	4.7%	9.4%	2.0%
	Quarter 2	7.9%	10.4%	7.4%	10.1%	7.4%	11.3%	3.2%
	Quarter 3	7.0%	12.3%	7.7%	11.7%	9.0%	12.7%	3.4%
	Quarter 4	7.5%	12.2%	8.7%	12.9%	9.0%	13.3%	5.3%

With the medicines we use we are as good as our peers

Source: Welsh Government Delivery and Performance Website

Indicator 92: Elective caesarean rate

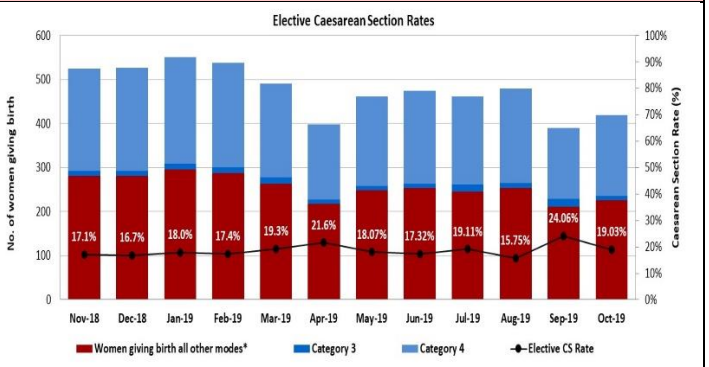
Outcome: Resources are used efficiently and effectively to improve my health outcomes	Executive Lead: Director of Nursing
Period: Nov 2018 to Oct 2019	Target: Annual Reduction

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

Individual clinical practice and women's choice have been identified as the main contributors to high rate of C-Section births. This is being addressed by the multidisciplinary team aiming for a reduction by 1% each year until the combined target rate of 25% is achieved for elective and non-elective c-sections.

Continued drive towards an increase in Midwifery led Care and Normal Birth with all healthy pregnant women having the option of home birth, free standing birth Centre at RGH, Alongside Midwifery Unit at PCH. As the default position in an 'opt out' model rather than 'opt-in' in order to reduce medicalisation of childbirth with increased use of water for labour/birth.

Birth Choices Clinic established 2015 to support and counsel all women who have had a previous CS, traumatic vaginal birth or with a fear of childbirth in support of developing a birth plan in support of normal birth. Women invited to provide 'Patient Stories' to share learning/outcomes and highlight the impact on the Patient Experience
Continuous audit of all Inductions of Labour.

CS rate a standing agenda item on Monthly Audit Meeting, Monthly Labour Ward Forums, Quarterly Directorate Quality & Safety Meeting and Bi-monthly joint (cross sites) Consultant Obstetric.

Meetings with the Directorate Management Team and Senior Midwives.

Education of Community Midwifery Teams ongoing in support of promoting choices for place of birth in line with WAG requirement for 45% of women to be offered birth in a midwifery led environment and to ensure appropriate Lead Professional throughout the pregnancy, with women returning to Midwifery Led care following Obstetric review if appropriate.

Benchmarking: how do we compare?

Elective Caesarean Rate - Annual Reduction Target

Period	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda
2017/18	17.4%	13.2%	11.6%	11.3%	11.9%	13.8%
2016/17	16.7%	14.0%	11.1%	12.8%	11.1%	12.6%
2015/16	14.4%	12.1%	10.6%	9.9%	11.8%	13.3%

Source: Information Team/MITS Team

Local Measure: Theatre efficiency

Outcome: Resources are used efficiently and effectively to improve my health outcomes	Executive Lead: Chief Operating Officer
Period: Nov 2018 to Oct 2019	Target: Annual Reduction

Current Performance: | **How are we doing, what actions are we taking?**

Cwm Taf Morgannwg

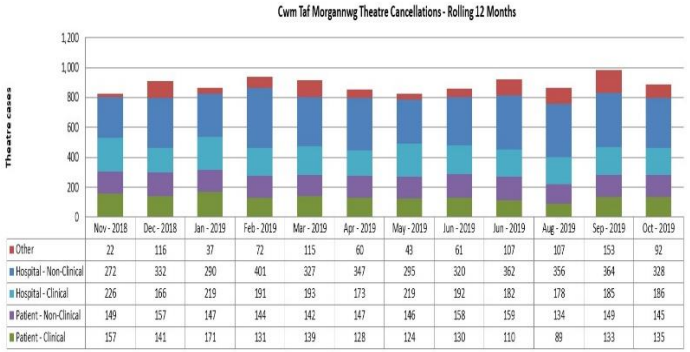
	Nov - 2018	Dec - 2018	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jun - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Total
Planned Procedures	3781	3337	3985	3591	3845	3440	3800	3635	3928	3397	3691	3908	44338
Total No. of Cancellations	826	912	864	939	916	855	827	861	920	864	984	886	10654
%age total cancellations	21.85%	27.33%	21.68%	26.15%	23.82%	24.85%	21.76%	23.69%	23.42%	25.43%	26.66%	22.67%	24.03%
Patient - Clinical	19.01%	15.46%	19.79%	13.95%	15.17%	14.97%	14.99%	15.10%	11.96%	10.30%	13.52%	15.24%	14.91%
Patient - Non-Clinical	18.04%	17.21%	17.01%	15.34%	15.50%	17.19%	17.65%	18.35%	17.28%	15.51%	15.14%	16.37%	16.68%
Hospital - Clinical	27.36%	18.20%	25.35%	20.34%	21.07%	20.23%	26.48%	22.30%	19.78%	20.60%	18.80%	20.99%	21.68%
Hospital - Non-Clinical	32.93%	36.40%	33.56%	42.71%	35.70%	40.58%	35.67%	37.17%	39.35%	41.20%	36.99%	37.02%	37.49%
Other	2.66%	12.72%	4.28%	7.67%	12.55%	7.02%	5.20%	7.08%	11.63%	12.38%	15.55%	10.38%	9.25%

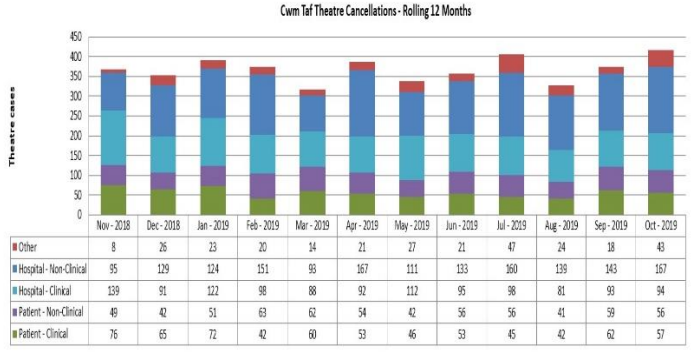
Cwm Taf

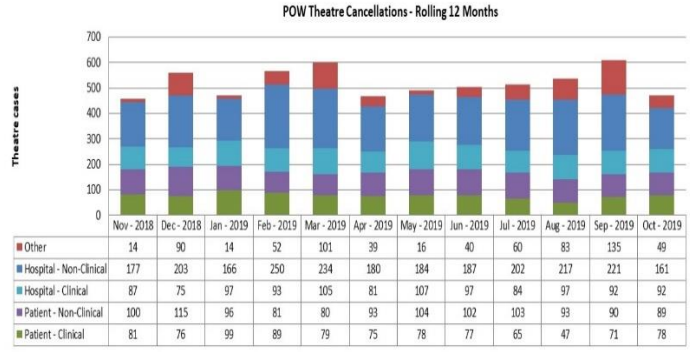
	Nov - 2018	Dec - 2018	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Total
Planned Procedures	1994	1751	2024	1829	2000	1823	1865	1818	2068	1730	1890	2056	22848
Total No. of Cancellations	367	353	392	374	317	387	338	358	406	327	375	417	4411
%age total cancellations	18.41%	20.16%	19.37%	20.45%	15.85%	21.23%	18.12%	19.69%	19.63%	18.90%	19.84%	20.28%	19%
Patient - Clinical	20.71%	18.41%	18.37%	11.23%	18.93%	13.70%	13.61%	14.80%	11.08%	12.84%	16.53%	13.67%	15.26%
Patient - Non-Clinical	13.35%	11.90%	13.01%	16.84%	19.56%	13.95%	12.43%	15.64%	13.79%	12.54%	15.73%	13.43%	14.31%
Hospital - Clinical	37.87%	25.78%	31.12%	26.20%	27.76%	23.77%	33.14%	26.54%	24.14%	24.77%	24.80%	22.54%	27.27%
Hospital - Non-Clinical	25.89%	36.54%	31.63%	40.37%	29.34%	43.15%	32.84%	37.15%	39.41%	42.51%	38.13%	40.05%	36.55%
Other	2.18%	7.37%	5.87%	5.35%	4.42%	5.43%	7.99%	5.87%	11.58%	7.34%	4.80%	10.31%	6.62%

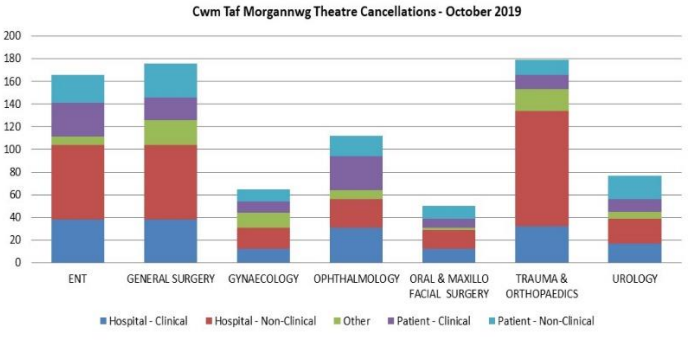
Bridgend (Princess of Wales Hospital)

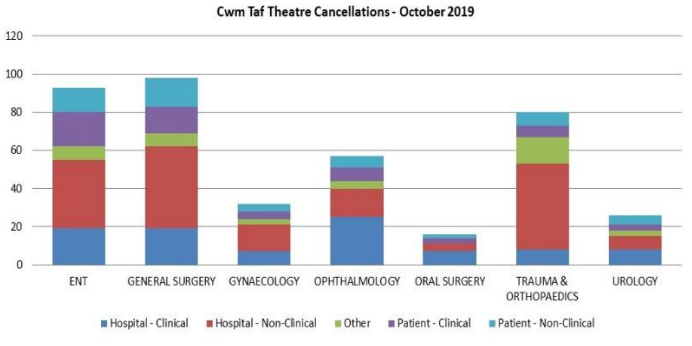
	Nov - 2018	Dec - 2018	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Total
Planned Procedures	1787	1586	1961	1762	1845	1617	1935	1817	1860	1667	1801	1852	21490
Total No. of Cancellations	459	559	472	565	599	468	489	503	514	537	609	469	6243
%age total cancellations	25.69%	35.25%	24.07%	32.07%	32.47%	28.94%	25.27%	27.68%	27.63%	32.21%	33.81%	25.32%	29%
Patient - Clinical	17.65%	13.60%	20.97%	15.75%	13.19%	16.03%	15.95%	15.31%	12.63%	8.75%	11.66%	16.63%	14.66%
Patient - Non-Clinical	21.79%	20.57%	20.34%	14.34%	13.36%	19.87%	21.27%	20.28%	20.04%	17.32%	14.78%	18.98%	18.36%
Hospital - Clinical	18.95%	13.42%	20.55%	16.46%	17.53%	17.31%	21.88%	19.28%	16.34%	18.06%	15.11%	19.62%	17.73%
Hospital - Non-Clinical	38.56%	36.31%	35.17%	44.25%	39.07%	38.46%	37.63%	37.18%	39.30%	40.41%	36.29%	34.33%	38.15%
Other	3.05%	16.10%	2.97%	9.20%	16.86%	8.33%	3.27%	7.95%	11.67%	15.46%	22.17%	10.45%	11.10%

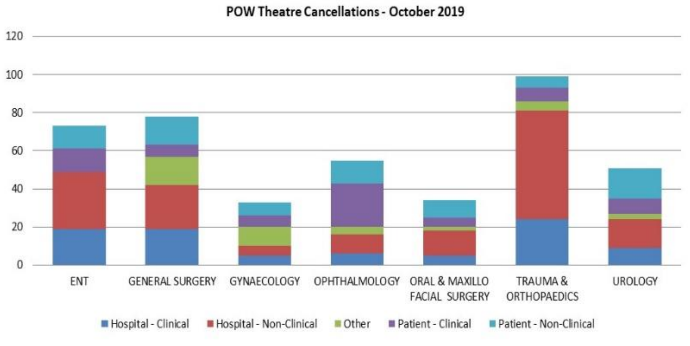












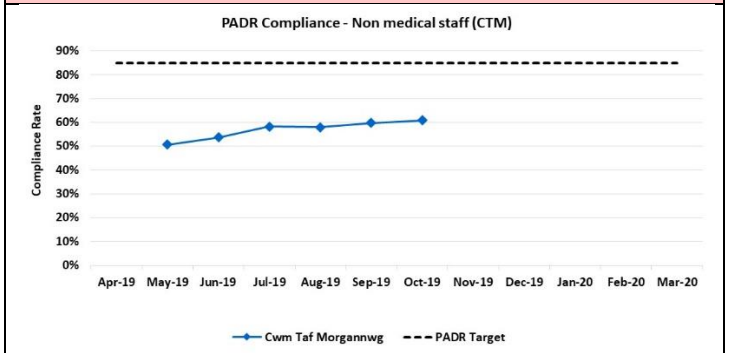
Source: Information Team

Indicator 93: Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

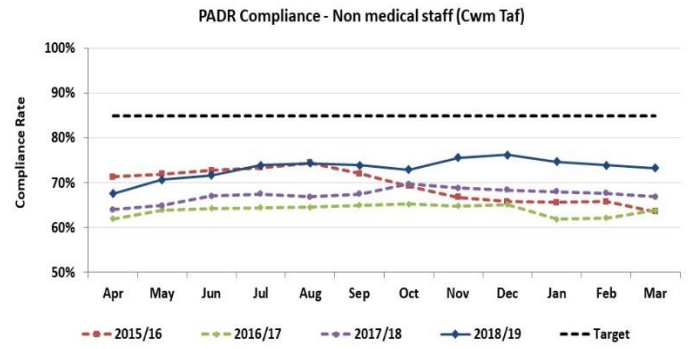
Outcome: Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	Executive Lead: Director of Workforce and Organisational Development
Period: as at 1st November 2019	Target: 85%

Current Performance:

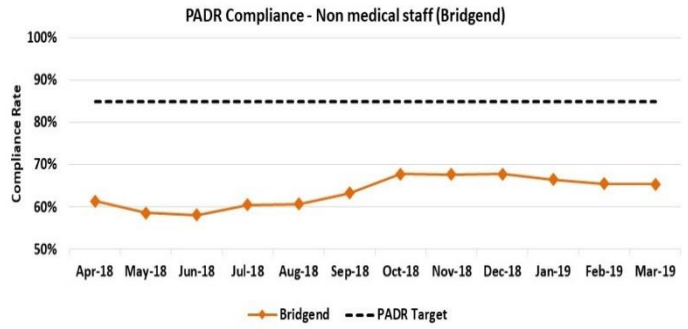
Cwm Taf Morgannwg *(data available from May 2019)*



Cwm Taf - To 31st March 2019



Bridgend - To 31st March 2019



How are we doing, what actions are we taking?

As at 1st November 2019 PDR compliance is **60.86%*,** an increase of **2.82%** since last reporting period and maintenance of an upward trend from May 19.

**All historical PDR data from the Bridgend area has now been manually uploaded onto ESR and are included in the compliance data above.*

This month continues to see Directorates (20) reporting an increase in compliance.

Using ESR Business Intelligence to report PDR compliance

- ESR Business Intelligence (BI) continues to be used to report PDR compliance to Directorate Managers & Director of Nursing.
- Managers are able to access BI PDR Dashboards through their ESR Self-Serve Accounts allowing them to view a full set of compliance data for their area of responsibility, accessible at any time and always less than 24 hours old.
- Guides on "How to Access/Use BI Dashboards" are available via the ESR Self-Serve SharePoint site

The Learning & Development Department continue to support Directorates in the following ways to improve PDR compliance:-

- Providing a comprehensive suite of reports to DMs on a monthly basis providing the latest PDR compliance data, contextualising each Directorate's performance; what to do to improve compliance; where to seek further help and guidance
- Supporting the PDR agenda at the Clinical & Corporate Business Meetings through preparation of summary reports via the PMO Office.

Benchmarking: how do we compare?

% of headcount who have had a PADR/medical appraisal in the previous 12 months (target 95%)

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Aug-18	74.4%	73.8%	64.5%	61.4%	71.8%	79.2%	60.4%
Sep-18	74.0%	Not available					
Oct-18	72.9%	73.6%	60.3%	60.6%	74.1%	79.2%	64.9%
Nov-18	75.7%	74.0%	61.5%	60.5%	74.3%	80.6%	66.3%
Dec-18	76.3%	Not available					
Jan-19	76.8%	73.4%	61.8%	58.9%	76.7%	80.8%	66.8%
Feb-19	76.0%	79.3%	67.5%	58.9%	78.4%	79.3%	66.7%
Mar-19	74.8%	78.2%	68.7%	58.8%	78.8%	77.6%	66.0%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	50.6%	77.3%	70.9%	57.8%	79.6%	72.8%	63.9%
May-19	53.7%	Not available					
Jun-19	58.3%	76.5%	73.4%	58.4%	80.0%	73.0%	64.3%
Jul-19	62.3%	76.0%	79.3%	56.4%	79.7%	74.2%	64.4%

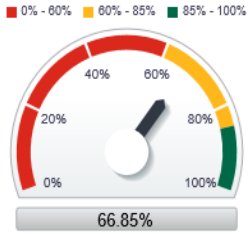
Source: ESR

Indicator 96: Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	
Outcome: Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	Executive Lead: Director of Workforce and Organisational Development
Period: as at 1st November 2019	Target: 85%

Current Performance:

Cwm Taf Morgannwg

The gauge below calculates the combined compliance % for all 10 CSTF subjects at level 1.



Cwm Taf

Data not available

Bridgend

Data not available

Before a detailed training delivery plan can be developed, the new CTM UHB needs a clear picture of its current compliance with Core Mandatory Training requirements. To facilitate this, each individual's historical training record is compared against identified training requirements. The vehicle for managing and monitoring compliance with mandatory training is the ESR.

Training needs and training records exist within ESR for staff from the historical CTUHB but not for staff transferred from the Bridgend area into the new CTMUHB.

Training Completed: The transfer to CTMUHB's ESR of training records and in date ESR competencies for Bridgend staff, for training undertaken prior to 01 April 2019, has been completed.

Training Needs: The actual training requirements for each member of staff from the Bridgend area is currently being determined by the relevant SME and uploaded into ESR.

This work is being undertaken in two phases; the simple, low level training needs have been completed:

- Equality
- Violence Against Women
- Information Governance
- Environmental Waste
- Health, Safety & Welfare Level 1
- Moving and Handling Level 1
- Dementia
- IQT

Once this work is complete, reports will provide a true reflection of the UHBs compliance and work can begin on the production of training delivery plans.

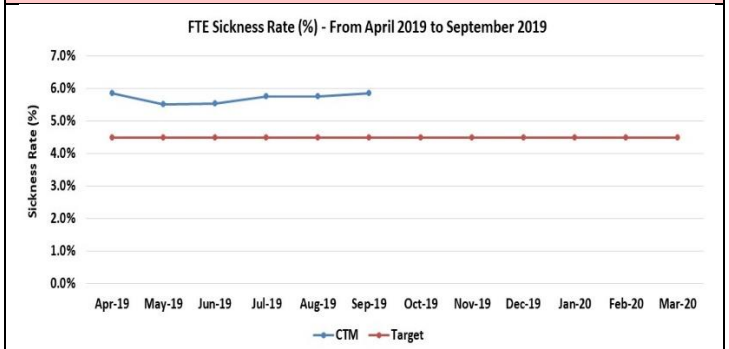
Source: ESR, L&D W&OD

Indicator 97: Percentage of sickness absence rate of staff

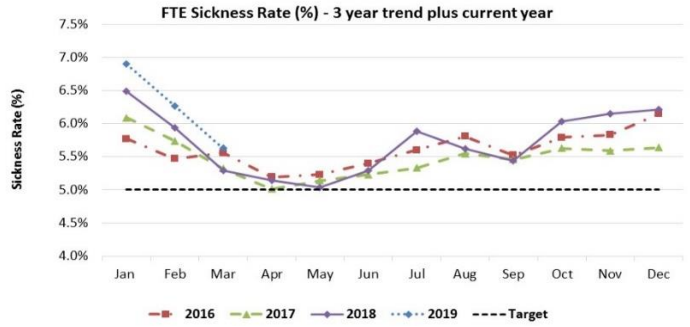
Outcome: Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	Executive Lead: Director of Workforce and Organisational Development
Period: Jan 2016 to Sep 2019	Target: 12 Month Reduction Trend

Current Performance:

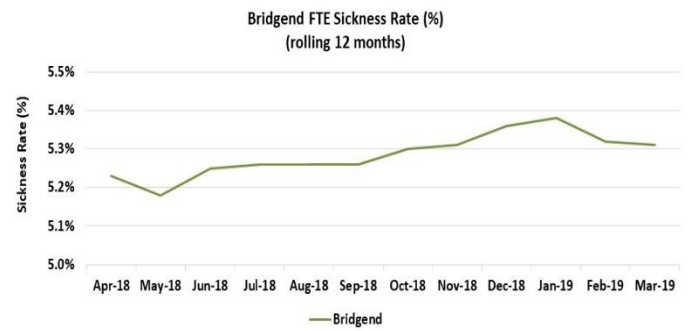
Cwm Taf Morgannwg



Cwm Taf: to 31st March 2019



Bridgend: Rolling 12 months to 31st March 2019



How are we doing, what actions are we taking?

Sickness absence increased to 6.02% in September (5.39% in August) which is above the Health Board's target of 5% (pay review is 4.2%). Anxiety, stress and depression still remains the highest category of sickness absence (around 30%). We continue to monitor hot spot areas are being targeted to attend courses such as mindfulness and managing stress in the workplace.

Attendance of the Managing Attendance at Work package. The percentage of all managers attending is now 55%.

We are currently recruiting a clinical psychologist to improve the service we provide employees with mental health illnesses. (highest reason for sickness absence)

Improved self-referral times for physiotherapy access. (MSK illnesses are the 2nd highest reason for sickness absence)

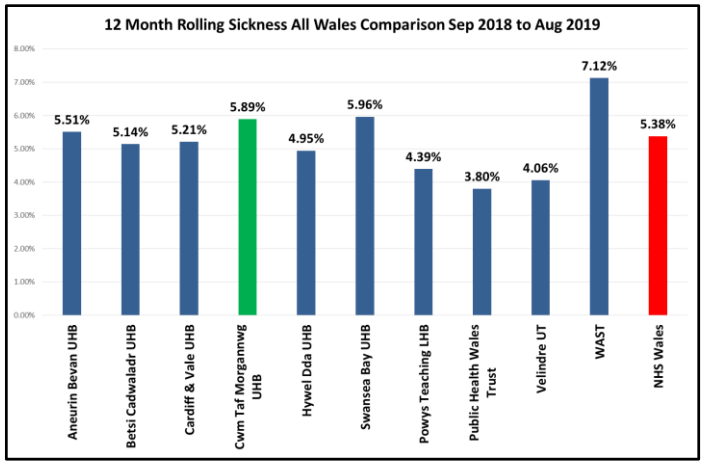
Dietetic expertise with OH using the FODMAP principles (gastro illnesses are the 3rd highest reason for sickness absence)

Sickness work stream continues to meet monthly, including staff side and Occupational Health.

We continue to run 8 week mindfulness course which has an evidence based outcome of improving employees return to work sooner than anticipated when absent from work due to stress and/or anxiety.

We are working to break down the category of stress as the reason for absence so that work related stress can be highlighted and dealt with more effectively. This will allow for positive action to be taken to help reduce its impact on individuals.

Benchmarking: how do we compare?



For the 12 month period to Aug 2019 (All Wales Dashboard Statistics) we remain in the upper quartile of sickness absence across Wales. We have seen an increase in our sickness absence this month and we continue to try and achieve a significant improvement.

Source: ESR, W&OD/ Welsh Government for Benchmark

Commissioning: Cwm Taf Residents waiting at other health boards for treatment – Referral to Treatment (RTT)

Period: as at 30th September 2019

(Commissioning figures remain subject to boundary code changes post 1 April 2019)

Aneurin Bevan UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	>52 Weeks	Grand Total
Allied Health	3				3
Cardiology	6				6
Clinical Haematology	3				3
Dermatology	13	1			14
Diagnostic	13				13
Endocrinology	5				5
ENT	12				12
Gastroenterology	15	3			18
General Surgery	21				21
Gynaecology	9	1			10
Interventional Radiology	3				3
Nephrology	1				1
Neurology	4				4
Ophthalmology	17	1	1	1	20
Oral Surgery	29	1			30
Paediatrics	5				5
Pain Management	2				2
Respiratory Medicine	3				3
Rheumatology	2				2
Trauma & Orthopaedics	44	6	1		51
Urology	49	4			53
Chemical Pathology		1			1
Infectious Diseases	1				1
Respiratory Physiology	4				4
Grand Total	**264**	**18**	**2**	**1**	**285**

Of those waiting over 52 weeks:

Specialty	57 - 60	Grand Total
Ophthalmology	1	1
Grand Total	**1**	**1**

Betsi Cadwaladr

Specialty	<=26 Weeks	Grand Total
Geriatric Medicine	1	1
Trauma & Orthopaedics	1	1
Grand Total	**2**	**2**

There were no patients waiting over 52 weeks at Betsi Cadwaladr University Local Health Board

Cardiff and Vale UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	>52 Weeks	Grand Total
Allied Health	16				16
Anaesthetics	3				3
Cardiology	136	18	3		157
Cardiothoracic Surgery	53	7	5	1	66
Clinical Haematology	38	3			41
Clinical Immunology And Allergy	121	21			142
Clinical Pharmacology	3				3
Dental Medicine Specialties	22				22
Dermatology	57	17			74
Diagnostic	8				8
ENT	78	13	1		92
Gastroenterology	19	2			21
General Medicine	64	2			66
General Surgery	85	19	2		106
Geriatric Medicine	1				1
Gynaecology	61	13			74
Nephrology	8				8
Neurology	796	99	1		896
Neurosurgery	122	11			133
Ophthalmology	220	63	5		288
Oral Surgery	67	4			71
Orthodontics	22				22
Paediatric Dentistry	57	7			64
Paediatric Neurology	22	2			24
Paediatric Surgery	109	22	3		134
Paediatrics	95	10			105
Pain Management	34	1			35
Rehabilitation Service	1				1
Respiratory Medicine	12				12
Restorative Dentistry	26	5			31
Rheumatology	11	2			13
Trauma & Orthopaedics	735	182	47	30	994
Urology	50	6			56
Clinical Oncology (previously Radiotherapy)	1				1
Grand Total	**3153**	**529**	**67**	**31**	**3780**

Of those waiting over 52 weeks:

Specialty	53 - 56	57 - 60	61 - 64	65 - 68	73 - 76	69 - 72	81 - 84	89 - 92	93 - 96	77 - 80	Grand Total
Cardiothoracic Surgery	1										1
Trauma & Orthopaedics	3	7	6	2	4	1	2	1	3	1	30
Grand Total	**4**	**7**	**6**	**2**	**4**	**1**	**2**	**1**	**3**	**1**	**31**

Source: Information Team/ WG D&P

Commissioning continued: Cwm Taf Residents waiting at other health boards for treatment – Referral to Treatment (RTT)

Period: as at 30th September 2019

Hywel Dda

Specialty	<=26 Weeks	>26 <=36 Weeks	Grand Total
General Surgery	1		1
Ophthalmology	2		2
Respiratory Medicine	1		1
Trauma & Orthopaedics	1		1
Urology	3	1	4
Breast Surgery	1		1
Grand Total	**9**	**1**	**10**

There were no patients waiting over 52 weeks at Hywel Dda Local Health Board

Powys THB

Specialty	<=26 Weeks	Grand Total
General Surgery	3	3
Grand Total	**3**	**3**

There were no patients waiting over 52 weeks at Powys Teaching Local Health Board

Swansea Bay UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	>52 Weeks	Grand Total
Allied Health	4				4
Cardiology	4		1		5
Cardiothoracic Surgery	3				3
Clinical Haematology	2				2
Dermatology	2				2
Diagnostic	1				1
Endocrinology	1				1
ENT	7	2	1		10
Gastroenterology	3				3
General Surgery	25			1	26
Gynaecology	3				3
Nephrology	3				3
Neurology	13				13
Ophthalmology	7				7
Oral Surgery	20	2	3	7	32
Orthodontics	5				5
Paediatrics	1				1
Plastic Surgery	177	26	11	6	220
Restorative Dentistry	3				3
Rheumatology	2				2
Trauma & Orthopaedics	16	1	3	2	22
Urology	4	1			5
Grand Total	**306**	**32**	**19**	**16**	**373**

Of those waiting over 52 weeks:-

Specialty	53 - 56	57 - 60	61 - 64	65 - 68	105	69 - 72	77 - 80	Grand Total
General Surgery						1		1
Oral Surgery	1	2	1		3			7
Plastic Surgery	1	1	1	1		1	1	6
Trauma & Orthopaedics		1		1				2
Grand Total	**2**	**4**	**2**	**2**	**3**	**2**	**1**	**16**

Source: Information Team/ WG D&P

Acronym	Detail	Explanation
AvLos	Average Length of Stay	A mean calculated by dividing the sum of inpatient days by the number of patients admissions
CALL	Community Advice & Listening Line	Offers emotional support and information/literature on Mental Health and related matters to the people of Wales
C. difficile	Clostridium difficile	A bacterium that can infect the bowel and cause diarrhoea.
CHKS	Part of Capita PLC	Leading provider of healthcare intelligence
CTP	Care and Treatment Planning	New measure within Mental Health Services
DAN 24/7	Wales Drug and Alcohol Helpline	A free and bilingual helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs or alcohol.
DNA	Did not attend outpatient clinic	A count of patients that failed to attend an outpatient appointment and did not notify the hospital in advance.
DSU	Delivery and Support Unit	The Welsh Government established the Delivery and Support Unit (DSU) to assist National Health Service (NHS) Wales in delivering the key targets and levels of service expected by both the Welsh Government and the public of Wales.
DTOC	Delayed transfers of care	A patient who continues to occupy a hospital bed after his/her ready-for transfer of care date during the same inpatient episode.
E.Coli	Escherichia coli	A bacteria found in the environment, foods and intestines of people and animals.
EDDS	Emergency Department Data Set	A data set which is made up of both injury data and illness data received from each of the Major Emergency Departments across Wales.
FCE	Finished Consultant Episode	A period of care under one consultant within one hospital
FTE	Full Time Equivalent	Number of employed persons as a whole unit
GP Cluster	GP Practice Cluster	Grouping of GP's & Practices locally determined by individual Local Health Boards
HAI	Hospital Acquired Infection	Any infection that occurs during a patient's stay in hospital
HPV	Human Papilloma Virus vaccination	A vaccination to reduce the incidence of communicable diseases
HONS	Heads of Nursing	
KSF	Knowledge & Skills Framework	KSF defines & describes the knowledge & skills NHS staff need to apply in their work to deliver quality services
LPMHSS	Local Primary Mental Health Support Services	Under provisions of section 2 of the Mental Health (Wales) Measure 2010, all local mental health partners must work jointly to agree a scheme for the provision of mental health services within the area.
MAMSS	Models for Access to Maternal Smoking Cessation Support	Supporting pregnant women to stop smoking
MMR	Mumps, Measles, Rubella vaccination	A vaccination to reduce the incidence of communicable diseases
MRSA	Methicillin Resistant *Staphylococcus aureus*	A type of bacteria resistant to several widely used antibiotics.
MSSA	Methicillin Sensitive *Staphylococcus aureus*	A type of bacteria not resistant to certain antibiotics.
Mortality	Measured as Crude Death Rate	The simplest death rate is the crude death rate & is usually calculated for periods of one year

Acronym	Detail	Explanation
NEWS	National Early Warning Score	Wales became the first country to adopt NEWS, with the life-saving intervention now an integral part of ward care in hospitals across the nation. It is providing frontline clinical teams with a standardised approach to deteriorating patients, meaning life-threatening conditions like sepsis are spotted earlier and stopped more quickly
NIHSS	National Institute of Health Stroke Scale	The NIH Stroke Scale/Score (NIHSS) quantifies stroke severity based on weighted evaluation findings.
NISCHR	National Institute for Social Care & Health Research	Welsh Government body that develops, in consultation with partners, strategy and policy for research in the NHS and social care in Wales.
NUSC	Non Urgent Suspected Cancer	Patients referred as non-urgent patients but subsequently diagnosed with cancer should start definitive treatment within 31 days of diagnosis, regardless of the referral route
NWIS	NHS Wales Informatics Service	Have a national role to support NHS Wales to make better use of IT skills & resources
PDR	Personal Development Review	Process whereby an employee meets at least annually with their manager or nominated deputy to discuss their performance for the last year, appraise objectives set for the previous year and agree a Personal Development Plan (PDP) for the coming year
QOF	Quality Outcomes Framework	The Quality and Outcomes Framework (QOF) is a voluntary system of financial incentives. It is about rewarding GP's for good practice through participation in an annual quality improvement cycle.
RRAILS	Rapid Response to Acute Illness	Patients who become acutely ill whilst on wards benefit from early recognition and intervention with rapid treatment and escalation if needed. The aim is to avoid further deterioration and possibly death.
RTT	Referral to treatment	95% of patients referred to Secondary Care planned care services to receive their treatment within 26 weeks. All patients referred to RTT included services are to receive treatment within 36 weeks of referral.
TOMS	Theatre Operating Management System	Cwm Taf's local electronic system for managing theatre activity
UMR	Universal Mortality Review	Process of reviewing In-Hospital Deaths
USC	Urgent Suspected Cancer	Patients referred as urgent suspected cancer and subsequently diagnosed with malignant cancer to start definitive treatment within 62 days of receipt of referral
WISDM	Welsh Information Solution for Diabetes Management	ICT solution for the management of diabetes patients across Wales. This will provide a clinical, multidisciplinary record, outpatient workflow and it will share and integrate information across primary, secondary and community healthcare settings
YTD	Year to Date	Period commencing 1st April