

*Dylanwadu'n Gadarnhaol ar
Iechyd a Lles Dinasyddion
Cymru*



*Positively Influencing the
Health & Wellbeing of the
Citizens of Wales*

INTEGRATED PERFORMANCE DASHBOARD

March 2020



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

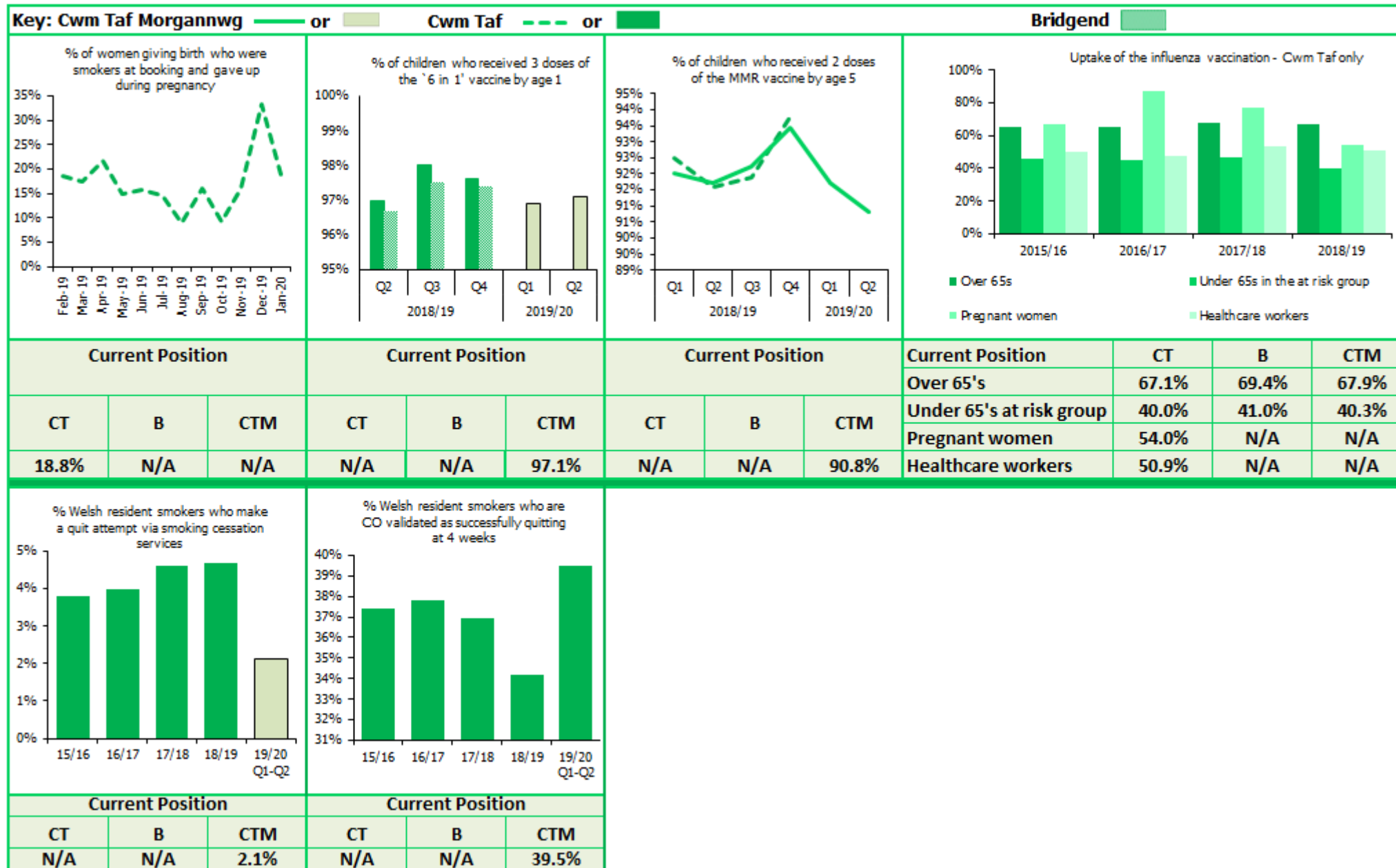
Where performance data is available for CT, B and/or CTM this has been incorporated into this dashboard, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section. As far as is possible data for Bridgend has been quality assured, however,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

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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: Feb 2019 to Jan 2020		Target: Annual Improvement																																					
Current Performance:		How are we doing, what actions are we taking?																																					
Cwm Taf Morgannwg		<div>How are we doing?</div> <ul style="list-style-type: none">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 MWs – 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 leastPlans 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 <div>What actions are we taking?</div> <ul style="list-style-type: none">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. <div>What are the areas of risk?</div> <ul style="list-style-type: none">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.																																					
Data not currently available																																							
Cwm Taf		<div>% of pregnant women who gave up smoking during pregnancy (by 36-38</div> <table><thead><tr><th></th><th>2018/19</th><th>2017/18</th><th>2016/17</th></tr></thead><tbody><tr><td>Wales</td><td>17.4%</td><td>18.2%</td><td>18.7%</td></tr><tr><td>ABMU</td><td>5.1%</td><td>4.1%</td><td>4.9%</td></tr><tr><td>ABUHB</td><td>24.5%</td><td>29.5%</td><td>27.8%</td></tr><tr><td>BCUHB</td><td>10.7%</td><td>10.4%</td><td>10.6%</td></tr><tr><td>C&V</td><td>15.5%</td><td>18.0%</td><td>21.4%</td></tr><tr><td>CTUHB</td><td>28.0%</td><td>27.2%</td><td>25.4%</td></tr><tr><td>H Dda</td><td>21.7%</td><td>22.0%</td><td>26.8%</td></tr><tr><td>Powys</td><td>18.8%</td><td>21.9%</td><td>10.7%</td></tr></tbody></table> <div>This data will be different to that produced by PHW as it has been extracted from the live database</div>			2018/19	2017/18	2016/17	Wales	17.4%	18.2%	18.7%	ABMU	5.1%	4.1%	4.9%	ABUHB	24.5%	29.5%	27.8%	BCUHB	10.7%	10.4%	10.6%	C&V	15.5%	18.0%	21.4%	CTUHB	28.0%	27.2%	25.4%	H Dda	21.7%	22.0%	26.8%	Powys	18.8%	21.9%	10.7%
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<div>Smoking habit of women giving birth in Cwm Taf</div>		<div>% of women giving birth who were smokers at booking and gave up during pregnancy</div> <table><thead><tr><th></th><th>CT</th></tr></thead><tbody><tr><td>Jan-19</td><td>6.2%</td></tr><tr><td>Feb-19</td><td>18.5%</td></tr><tr><td>Mar-19</td><td>17.3%</td></tr><tr><td>Apr-19</td><td>21.7%</td></tr><tr><td>May-19</td><td>15.0%</td></tr><tr><td>Jun-19</td><td>15.8%</td></tr><tr><td>Jul-19</td><td>14.5%</td></tr><tr><td>Aug-19</td><td>8.9%</td></tr><tr><td>Sep-19</td><td>15.9%</td></tr><tr><td>Oct-19</td><td>9.1%</td></tr><tr><td>Nov-19</td><td>16.1%</td></tr><tr><td>Dec-19</td><td>33.3%</td></tr></tbody></table>			CT	Jan-19	6.2%	Feb-19	18.5%	Mar-19	17.3%	Apr-19	21.7%	May-19	15.0%	Jun-19	15.8%	Jul-19	14.5%	Aug-19	8.9%	Sep-19	15.9%	Oct-19	9.1%	Nov-19	16.1%	Dec-19	33.3%										
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Source: Local: MITS Team/Information Team/WG

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: to Quarter 2, 2019/20

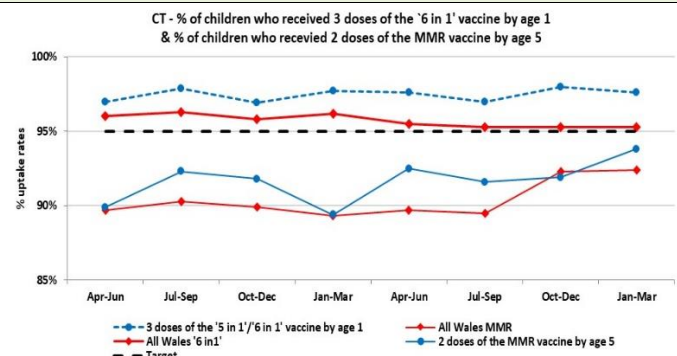
Target: 95%

Current Performance:

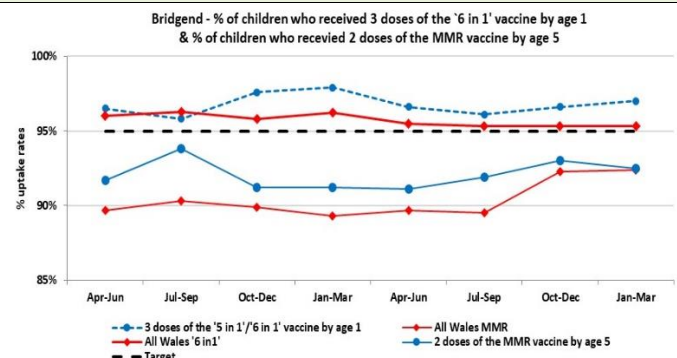
Cwm Taf Morgannwg

"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%
Jul-Sep	Jul-Sep
97.1%	90.8%

Cwm Taf



Bridgend



How are we doing, what actions are we taking?

Indicator 2: Uptake for CTMUHB during Jul-Sep 2019 was 97.1%, which remains above target, a 0.2% increase; was 96.9% during Apr-Jun 2019 (*Note that uptake of pertussis is used as a proxy for the 6 in 1 primary at 1 year*).

Indicator 3: Uptake for CTMUHB during Jul-Sep 2019 was 90.8%, which remains below target and has decreased 0.9%; was 91.7% during Apr-Jun 2019.

What actions are we taking?

- 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.
- HV's continue to receive failed to attend print outs from CH
- Missed 2 Imms appointment pilot to be reported back to SIG

What are the main areas of risk?

- Potential of outbreaks in local area if stats remain below 95% target
- Confirmed outbreak of Mumps in Cardiff by PHW (April 2019 – BBC Wales News)
- Suspected outbreak of Mumps in Cardiff/Cwm Taf Morgannwg by PHW (October 2019 – BBC Wales News)
- Suspected outbreak of Mumps in England by PHE (November 2019 – BBC News)

Benchmarking: how do we compare?

2019/20		
Apr-Jun (Quarter 1)		
	"6 in 1" vaccine by age 1	2 doses of MMR vaccine by age 5
Wales	95.8%	92.4%
AB	96.6%	90.7%
BCU	95.9%	94.2%
C&V	94.0%	92.7%
CTM	96.9%	91.7%
H Dda	95.1%	92.2%
Powys	96.9%	92.3%
SB	95.6%	92.5%

2019/20		
Jul-Sep (Quarter 2)		
	"6 in 1" vaccine by age 1	2 doses of MMR vaccine by age 5
Wales	95.1%	92.4%
AB	95.4%	92.6%
BCU	95.3%	93.6%
C&V	92.2%	92.6%
CTM	97.1%	90.8%
H Dda	94.5%	91.0%
Powys	96.4%	93.3%
SB	95.7%	92.6%

Indicator 2: Uptake was 95.1% for Wales during Jul-Sep 2019 (a 0.7% decrease; was 95.8% during Apr-Jun 2019), so CTMUHB (97.1%) continues to exceed this by 1.3%

Indicator 3: Uptake was 92.4% for Wales during Jul-Sep 2019 (no change; was 92.4% during Apr-Jun 2019), so CTMUHB (90.8%) has seen a 1.6% decline

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: To Quarter 2, 2019/20 (as at 31st Dec 2019)

Target: (a) 75%

(b) 55%

(c) 75%

(d) 60%

Current Performance:

Cwm Taf Morgannwg

National Influenza Immunisation Summary as at 31st December 2019

Uptake of influenza vaccination among:

	CTM Primary Care	CTM Primary Care Clusters	CTM Other	CTM Staff
Over 65s	66.2%	65.3%		
Under 65s in the at risk	35.9%	38.3%		
Pregnant women				
Healthcare workers				45.2%
Healthcare workers with				49.6%
No of pregnant women			1,008	

Cwm Taf

See table above

Bridgend

See table above

How are we doing, what actions are we taking?

- Distinction between strategic and operational immunisation groups, and separation of community and staff flu plans, should improve oversight and engagement.
- Learning from the 2018/19 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 and 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.
- 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
- 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
- Work started to identify a 3rd sector link in Bridgend area for promoting vaccination alongside their role with the over 65s.

What are the main areas of risk?

- Persisting myths around immunisation in the community.
- Significant delays with one of the injectable vaccines and supply issues with the Fluenz – potential to hamper hard work by School Nursing service to increase uptake. Potential to hamper uptake of 2&3 year olds as Fluenz ordering not yet opened to Primary care and CMO had advised prioritising children.

Benchmarking: how do we compare?

What are the main areas of risk continued...?

- Capacity within primary care to increase vaccination uptake.
- Attaining the increased 60% healthcare worker target for 19/20 represents an additional challenge requiring high levels of directorate support.
- Staffing issues within OH resulting in their full campaign starting in November, supported by Bank staff and no additional human resources or finance secured for Immunisation Service with the boundary change – challenges with supporting services sufficiently without enough staff
- 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.

2018/19
Uptake of influenza vaccination among:

	Over 65s	Under 65s in the at risk group	Pregnant women	Healthcare workers with direct patient
Wales	68.3%	44.1%	74.2%	55.5%
AB	69.7%	46.9%	75.7%	62.4%
BCU	71.0%	47.9%	88.2%	52.3%
C&V	69.9%	44.0%	71.9%	63.3%
CT	67.1%	40.0%	54.0%	50.9%
H Dda	62.9%	38.1%	49.0%	47.8%
Powys	65.5%	43.1%	85.7%	64.3%
ABMU	68.1%	43.0%	86.1%	54.5%
PHW				63.5%
Velindre				65.5%
WAST				40.3%

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

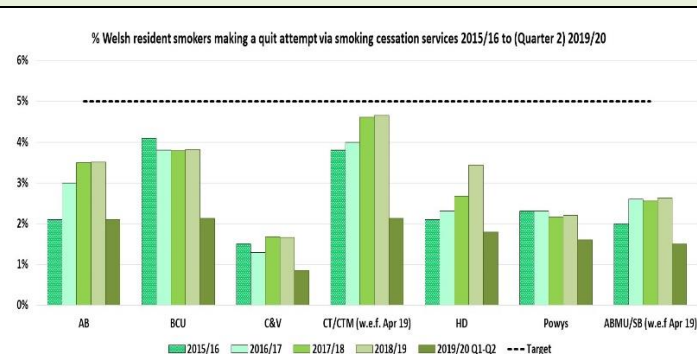
Executive Lead: Director of Public Health

Period: Quarter 1 to Quarter 2, 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 to Q2 shows a total of 1520 treated smokers via the following cessation services, and includes data for the Bridgend area:

Help Me Quit for Community – 284
Level 3 Community Pharmacy – 1099
Help Me Quit for Baby – 83
Help Me Quit in Hospital – 54

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)	HD	Powys	ABMU/SB (w.e.f. Apr 19)	Wales
2019/20 Q1-Q2	2.10%	2.13%	0.85%	2.13%	1.80%	1.60%	1.50%	1.79%
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 Q2 of 2019/20 shows a performance of 2.13% 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.

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: Quarter 1 to Quarter 2, 2019/20

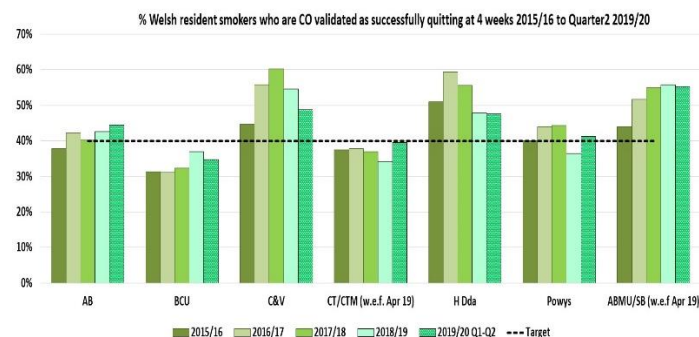
Target: 40% Annual Target

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

As above to 2018/19

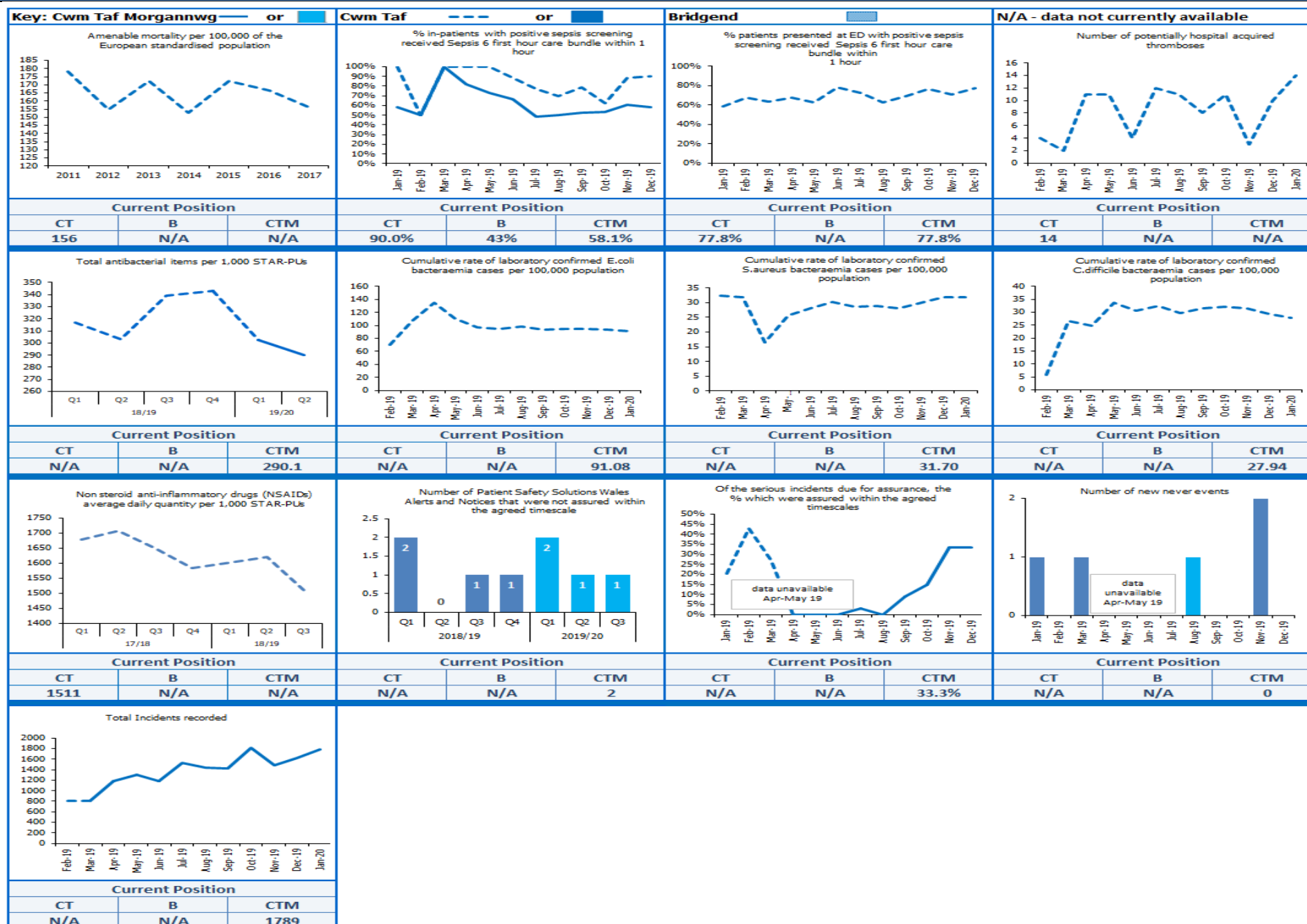
Bridgend

Data not currently available

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.

% Welsh resident smokers who are CO validated as successfully quitting at 4 weeks								
	AB	BCU	C&V	CT/CTM (w.e.f. Apr 19)	H Dda	Powys	ABMU/SB (w.e.f. Apr 19)	Wales
2019/20 Q1-Q2	44.4%	34.7%	48.8%	39.5%	47.5%	41.3%	55.3%	42.8%
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 to Q2 of 2019/20 is just below the all Wales Target of 40%, at 39.5%.



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

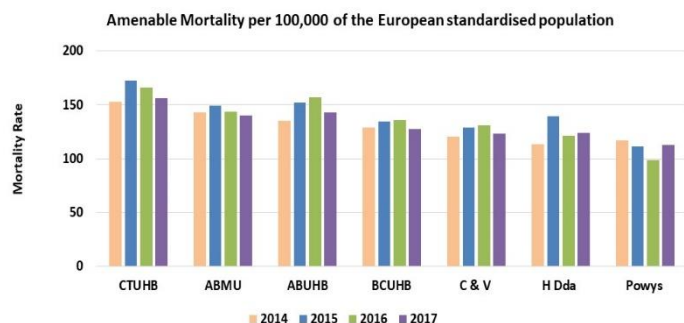
Target: Annual Reduction

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
Cardiff	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

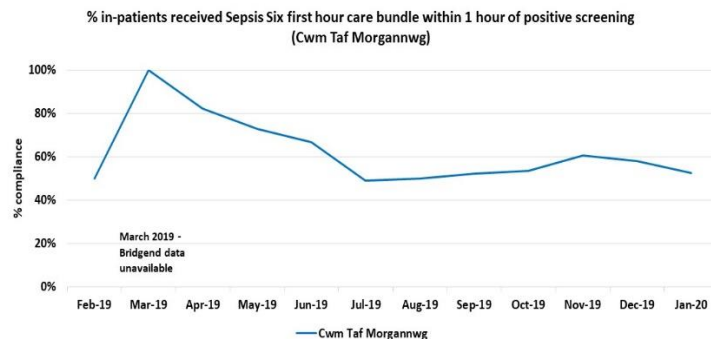
Executive Lead: Medical Director

Period: Feb 2019 to Jan 2020

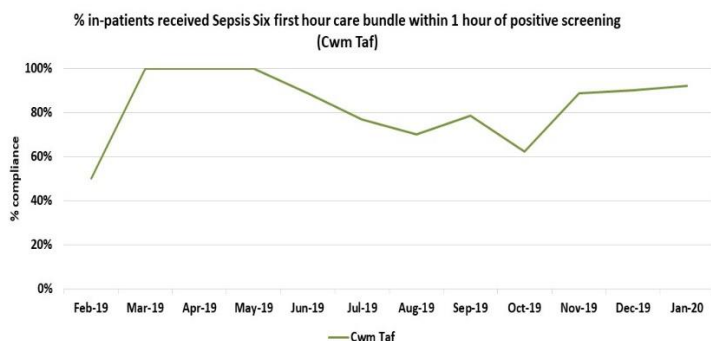
Target: 12 month improvement trend

Current Performance:

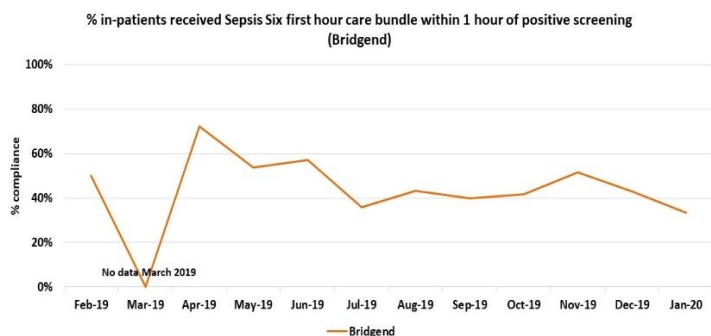
Cwm Taf Morgannwg



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.

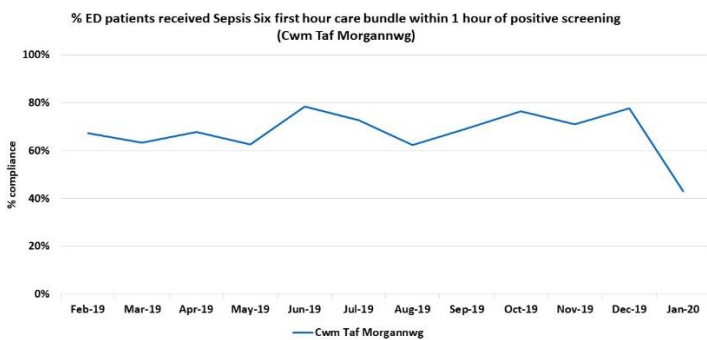
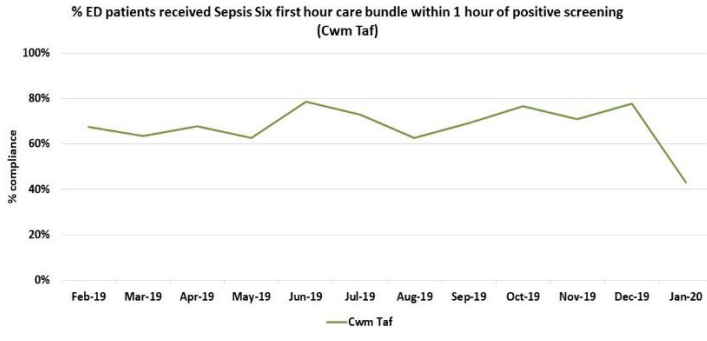
Benchmarking: how do we compare?

% 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
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%
Sep-19	52.3%	47.4%	100.0%	75.0%	92.6%	0.0%
Oct-19	53.6%			not available		
Nov-19	60.5%	48.3%	98.4%	66.7%	97.4%	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: Feb 2019 to Jan 2020		Target: 12 month improvement trend	
Current Performance:		How are we doing, what actions are we taking?	
Cwm Taf Morgannwg:		<p>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.</p> <p>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.</p> <p>There is a well-attended multi-disciplinary quarterly group engaged with the national programme.</p> <p>Working with maternity to produce sepsis guideline and working with District Nursing team to provide NEWS charts and observation equipment.</p> <p>Education of all frontline HCPs via a mix of induction, rolling programmes and ward based targeted training.</p> <p>Establishment of DRIPS meetings in both ED's to regularly review response to acute deterioration.</p> <p>What are the areas of risk?</p> <p>Engagement of staff who are increasingly finding difficulty in being released from clinical areas for training.</p> <p>Outreach team has no capacity to provide teaching when clinical areas take priority.</p>	
			
Cwm Taf			
			
Bridgend			
Data not currently collated by Princess of Wales Hospital Emergency Department			

Source: Local Clinical Audit

% 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
Dec-18	52.0%	65.3%	63.8%	N/A	94.2%	N/A
Jan-19	59.0%	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%					
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
Sep-19	69.2%	60.0%	61.1%	46.6%	84.3%	N/A
Oct-19	76.5%			not available		
Nov-19	71.0%	56.9%	46.6%	43.8%	88.8%	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. 2 2019/20

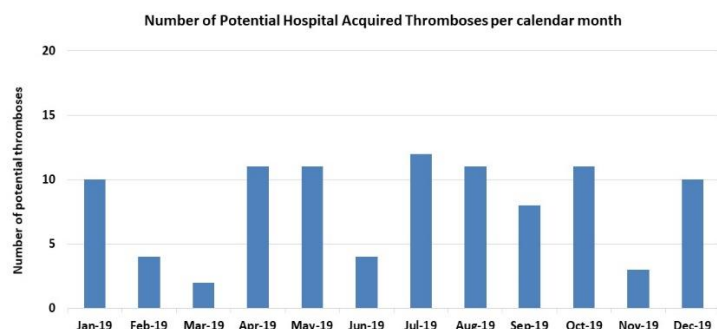
Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg - VTE-HAT RCA Documents

Data not currently available

Cwm Taf: VTE-HAT RCA Documents



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 reduction trend	2019/20		2018/19			
	Q1	Q2	Q1	Q2	Q3	Q4
Cwm Taf /Morgannwg	1	0	0	2	1	3
Abertawe Bro Morgannwg /Swansea Bay	2	3	0	3	2	1
Aneurin Bevan	3	1	4	0	2	3
Betsi Cadwaladr	1	0	4	2	0	0
Cardiff & Vale	1	2	2	0	3	1
Hywel Dda	7	2	6	2	8	7
Powys	1	0	0	0	0	0

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

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

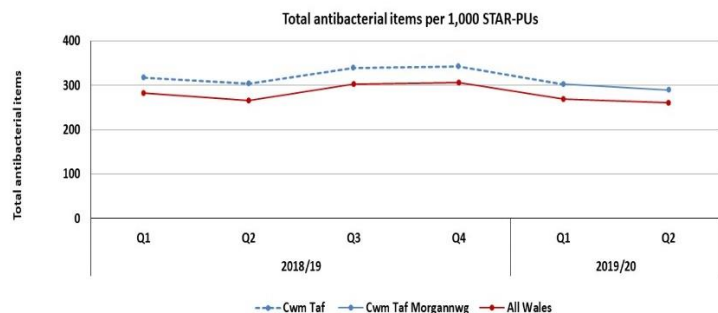
Executive Lead: Director of Primary, Community and Mental Health

Period: 2016/17 to Qtr 2 2019/20

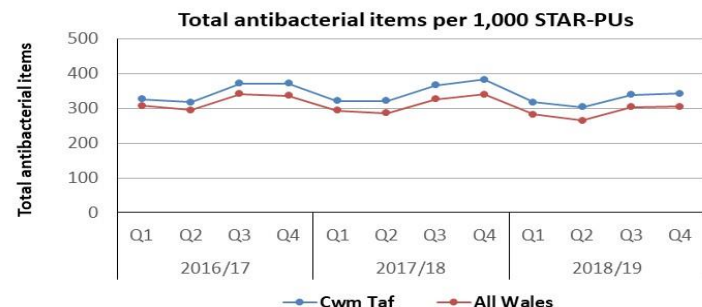
Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg



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.

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 Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
2019/20	Q1	302.8	271.6	259.8	243.2	273.8	227.1	294.0
	Q2	290.1	258.8	254.5	238.8	262.6	226.9	279.1
		Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe B Morgannwg
2018/19	Q1	317.1	227.8	274.7	263.1	287.9	233.2	307.4
	Q2	303.3	263.6	256.9	243.7	266.1	222.3	288.9
	Q3	339.3	303.5	289.5	277.3	314	253.1	330.7
	Q4	343.0	309.7	292.0	278.5	312.2	260.8	329.6

For Qtr 2 2019/20, CTMUHB are 7th in Wales.

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 Jan 2020

Target: 67 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

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 19-Jan 20

	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	282	84	95.02
Dec	<224	312	89	93.27
Jan	<249	339	91	91.08
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
Maximum average number per month <17	23
Maximum rate/100,000 population: 67.00	92.95

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	19	103.77
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	185	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).

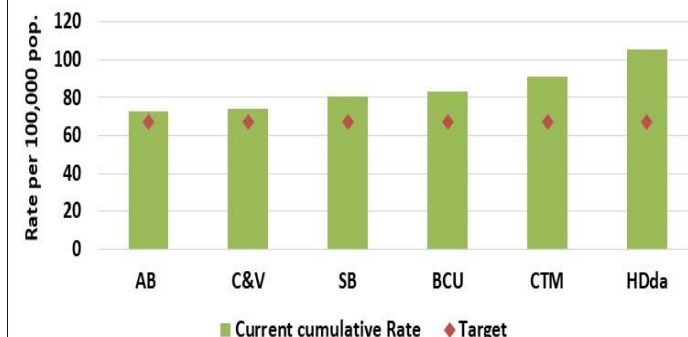
10 months into the 2019/20 reduction expectation period, the provisional rate of E.coli bacteraemia in Cwm Taf Morgannwg UHB is 91.08 per 100,000 population. This equates to an average of approximately 34 per month and based on the current trajectory, a total of approximately 407 for the FY. Cwm Taf Morgannwg can no longer achieve the 2019/20 reduction expectation.

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?

Cumulative number of cases of E.coli per 100,000 population (Apr 2019 to Jan 2020)



10 months into the 2019/20 reduction expectation period, the provisional rate of E. coli bacteraemia in Wales is 80.29 per 100,000 population. This equates to an average of approximately 211 per month. Based on the current trajectory, a total of approximately 2528 E. coli bacteraemia cases is projected for the FY. Wales can no longer achieve the 2019/20 reduction expectation. None of the 6 major acute health boards are on target to achieve the reduction expectation.

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 Jan 2020

Target: 20 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of <i>S. aureus</i> bacteraemia required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr 19-Jan 20				
	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	89	30	29.99
Dec	<67	106	40	31.69
Jan	<75	118	44	31.70
Feb	<82			
Mar	<90			

Cwm Taf

Cwm Taf UHB <i>S.aureus</i> 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: 26.00	33.77	Actual rate/100,000 population		
Cwm Taf UHB maximum cumulative monthly numbers of <i>S.aureus</i> 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	36.95
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).

10 months into the 2019/20 reduction expectation period, the provisional rate of *S. aureus* bacteraemia in Cwm Taf Morgannwg UHB is 31.7 per 100,000 population. This equates to an average of approximately 12 per month and based on the current trajectory, a total of approximately 142 for the FY. Cwm Taf Morgannwg can no longer achieve the 2019/20 reduction expectation.

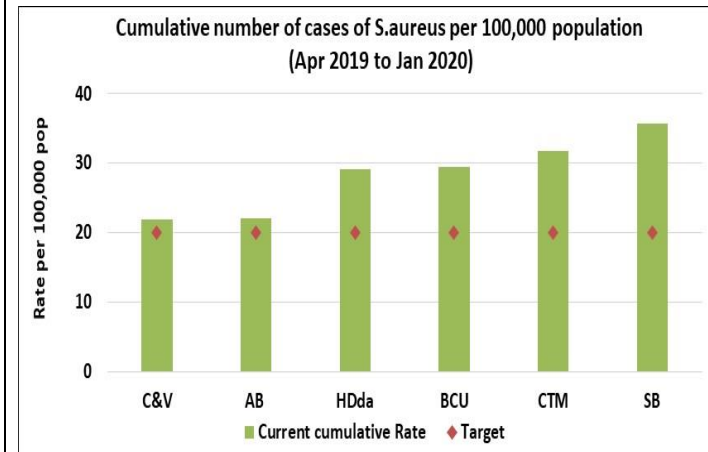
All MRSA bacteremias are investigated by the IPCT and a RCA is performed for all line related bacteremias.

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?



10 months into the 2019/20 reduction expectation period, the provisional rate of *S. aureus* bacteraemia in Wales is 26.75 per 100,000 population. This equates to an average of approximately 70 per month. Based on the current trajectory, a total of approximately 842 *S. aureus* bacteraemia cases is projected for the FY. Wales can no longer achieve the 2019/20 reduction expectation. None of the 6 major acute health boards are on target to achieve the reduction expectation.

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 Jan 2020

Target: TBC

Current Performance:

Cwm Taf Morgannwg

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 19-Jan 20

	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	94	32	31.67
Dec	<71	98	28	29.30
Jan	<78	104	27	27.94
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
Maximum average number per month <5	5
Maximum rate/100,000 population <18.00	18.39

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

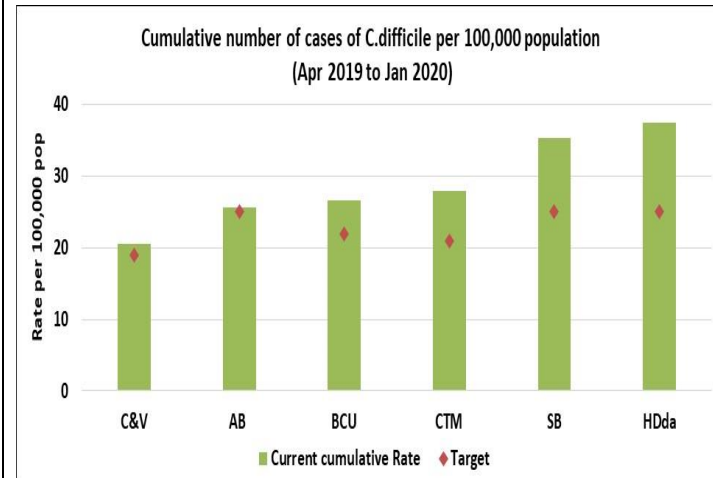
Data not currently available

How are we doing, what actions are we taking?

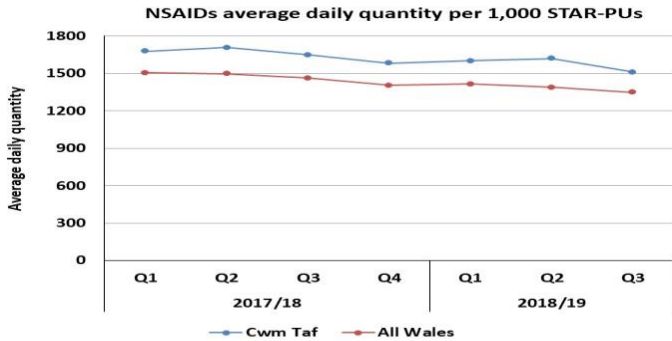
The Cwm Taf Morgannwg UHB 2019/20 reduction expectation for *C. difficile* is to achieve a rate of less than or equal to 21.00 per 100,000 population. This equates to an average of less than 8 *C. difficile* per month and less than 94 for the whole financial year (FY).

10 months into the 2019/20 reduction expectation period, the provisional rate of *C.difficile* in Cwm Taf Morgannwg UHB is 27.94 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. Cwm Taf Morgannwg can no longer achieve the 2019/20 reduction expectation.

Benchmarking: how do we compare?



10 months into the 2019/20 reduction expectation period, the provisional rate of *C. difficile* in Wales is 27.63 per 100,000 population. This equates to an average of approximately 73 per month. Based on the current trajectory, a total of approximately 870 *C. difficile* cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the reduction expectation the average number of *C. difficile* per month for the remaining 2 months must be less than 30. None of the 6 major acute health boards are on target to achieve the reduction expectation.

Indicator 21: Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PU's (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:		How are we doing, what actions are we taking?			Benchmarking: how do we compare?																																																																													
Cwm Taf Morgannwg		<p>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.</p> <p>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.</p> <p>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.</p>			<table><tr><th rowspan="2">4 Quarter Reduction Trend</th><th colspan="7">Non-steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)</th></tr><tr><th>Cwm Taf</th><th>Abertawe Bro Morgannwg</th><th>Aneurin Bevan</th><th>Betsi Cadwaladr</th><th>Cardiff & Vale</th><th>Hywel Dda</th><th>Powys</th></tr><tr><td rowspan="3">2018/19</td><td>Q1</td><td>1601</td><td>1517</td><td>1411</td><td>1419</td><td>1201</td><td>1437</td><td>1282</td></tr><tr><td>Q2</td><td>1621</td><td>1479</td><td>1402</td><td>1376</td><td>1154</td><td>1405</td><td>1289</td></tr><tr><td>Q3</td><td>1511</td><td>1447</td><td>1347</td><td>1368</td><td>1094</td><td>1385</td><td>1258</td></tr><tr><td rowspan="4">2017/18</td><td>Q1</td><td>1679</td><td>1571</td><td>1508</td><td>1495</td><td>1309</td><td>1577</td><td>1376</td></tr><tr><td>Q2</td><td>1709</td><td>1559</td><td>1487</td><td>1501</td><td>1284</td><td>1553</td><td>1392</td></tr><tr><td>Q3</td><td>1650</td><td>1541</td><td>1464</td><td>1461</td><td>1249</td><td>1511</td><td>1337</td></tr><tr><td>Q4</td><td>1584</td><td>1496</td><td>1407</td><td>1405</td><td>1195</td><td>1430</td><td>1278</td></tr></table>					4 Quarter Reduction Trend	Non-steroid 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
4 Quarter Reduction Trend	Non-steroid 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																																																																										
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	Q4	1584	1496	1407	1405	1195	1430	1278																																																																										
Cwm Taf		<p>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.</p>																																																																																
																																																																																		
Bridgend																																																																																		
Data not currently available																																																																																		

Source: Welsh Government Delivery and Performance Website

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 2018/19 to Qtr. 3 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
	Q2	1	1	1	1	1	0	1
	Q3	1	1	1	0	0	0	1

Cwm Taf

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

Target is Zero		Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
2018/19	Q1	2	1	1	0	1	0	2
	Q2		0	0	1	1	0	
	Q3	1	2	1	1	1	1	0
	Q4	1	1	2	1	2	0	1
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 are being used within the HB with WG agreement as it is an All Wales procurement issue. The HB is managing the risk through the delivery of training led by the PDNs, audit and implementation of new guidance.

Notices: A total of 50 Notices have been received. The Health Board is non-complaint with 2 of these Notices.

PSN030 – Areas of non-compliance have been identified. A paper identifying the actions taken by the Health Board to mitigate the risk is scheduled for presentation to the Quality & Risk Committee in February 2020.

PSN046 - Health Board policies and procedures are being reviewed and a Standard Operating Procedure is being developed – anticipated completion date March 2020.

Benchmarking: how do we compare?

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

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 Jan 2020

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
Oct-19	14.8%	0
Nov-19	33.3%	2
Dec-19	33.3%	0
Jan-20	45.0%	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 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.

Quarter 3, 2019/2020 - 85 Serious incidents reported, including 2 Never Events.

Quarter 4, 2019/2020 - 38 serious incidents reported during January 2020.

There was an increase in Serious Incidents reported in November 2019, the highest being Slips, Trips & Falls and Delays. Improvement work is being undertaken to reduce the risk of inpatient falls.

The 2 Never Events, both relate to the wrong side anaesthetic block and occurred in POW. Investigations are currently ongoing.

As at the 06.02.20 there were 36 closure forms outstanding outside of timescale. The highest numbers are Acute medicine, A&E at Prince Charles Hospital and Mental Health.

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. An SI toolkit to support staff with the management of serious incidents is currently out consultation.

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
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	Not available						
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%
Oct-19	14.8%	42.9%	39.5%	17.4%	38.1%	0.0%	38.9%
Nov-19	33.3%	35.3%	65.0%	52.6%	41.2%	50.0%	57.1%
Dec-19	33.3%	40.0%	84.4%	30.0%	66.7%	0.0%	44.4%
Jan-20	45.0%	39.1%	62.3%	60.0%	43.8%	20.0%	26.1%

Number of new Never Events - Target Zero							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
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	Not available						
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
Oct-19	0	4	2	0	0	0	1
Nov-19	2	1	1	0	1	0	0
Dec-19	0	0	0	0	0	0	1
Jan-20	0	0	0	0	0	0	1

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.

Local Measure: Number of incidents and severity reported

Outcome: I am safe and protected from abuse and neglect

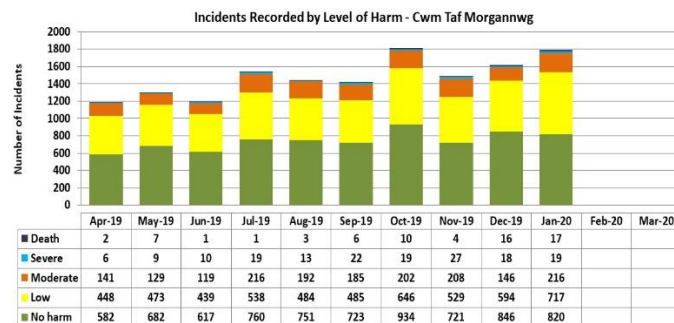
Executive Lead: Director of Nursing

Period: Apr 2018 to Jan 2020

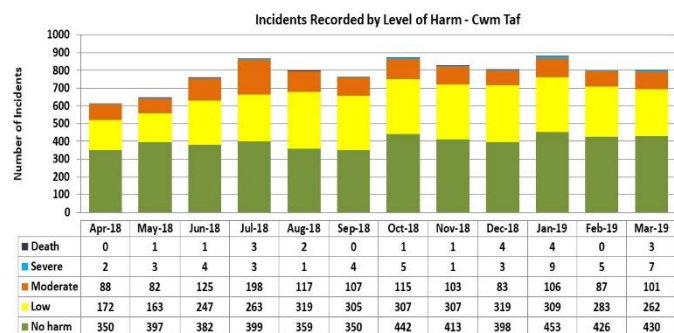
Target: Reduction

Current Performance:

Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend

Data not currently available

How are we doing, what actions are we taking?

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.

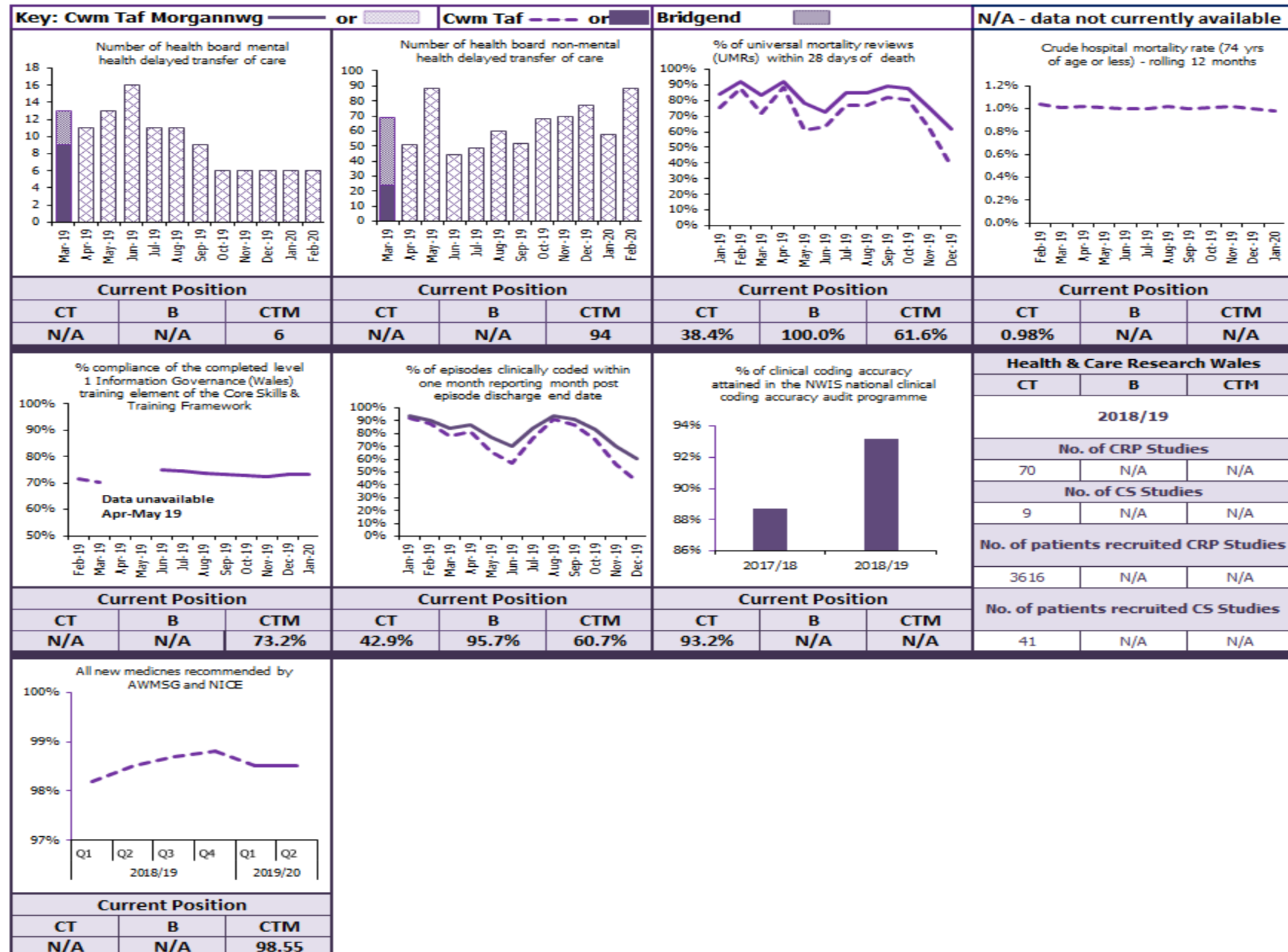
The top 3 reported categories of incidents during the period highlighted in the chart relate to pressure damage, falls and delays. Of the top three incidents reported the majority resulted in no or low harm. Improvement work being undertaken in relation to these areas.

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

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



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

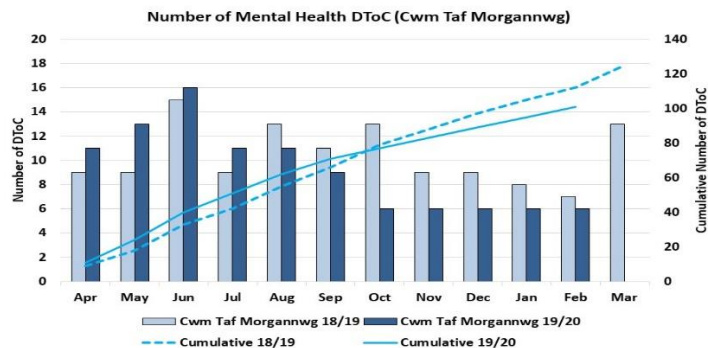
Executive Lead: Director of Primary, Community and Mental Health

Period: Apr 2018 to Feb 2020

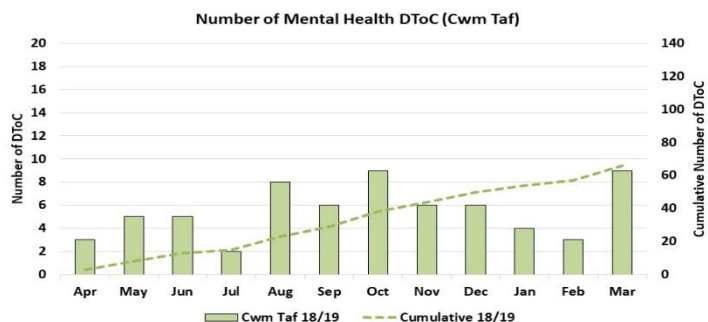
Target: 12 month reduction trend

Current Performance:

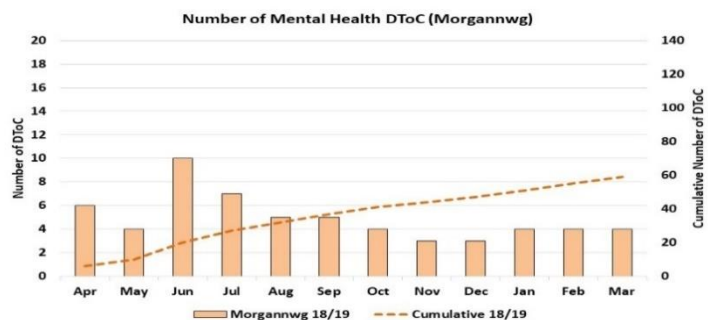
Cwm Taf Morgannwg



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 (February) shows 6 delays to transfers of care. This remains the same as January and the service continues to report no delays in RGH which is a significant improvement in line with work undertaken by the locality team. There is 1 delay in Ward 1 in Bridgend, 2 delays in Ysbyty Cwm Cynon and 3 delayed transfers of care in Ty Llidiard.

There are 3 delays in older people's services. In Ysbyty Cwm Cynon there is 1 patient with deprivation of liberty related issues and 1 with other. There is also 1 patient on Ward 1 in Angelton Clinic who is selecting a nursing care placement of choice (EMI). The 3 patients in Ty Llidiard are waiting for 2 x specialist housing and 1 Other.

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 locality management team. Where necessary lack of progress is escalated to Local Authority Service Managers. A previously developed decision making Matrix for S117 placements in place with RCT is having a positive impact on reducing funding related delays.

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
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
Oct-19	6	2	18	6	6	1	22
Nov-19	6	1	16	9	14	2	22
Dec-19	6	0	20	11	13	2	22
Jan-20	6	0	17	9	11	3	23

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: Mar 2019 to Feb 2020

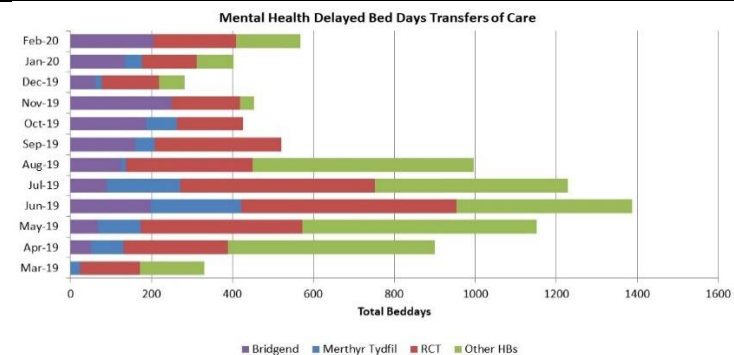
Target: 12 month reduction trend

Current Performance:

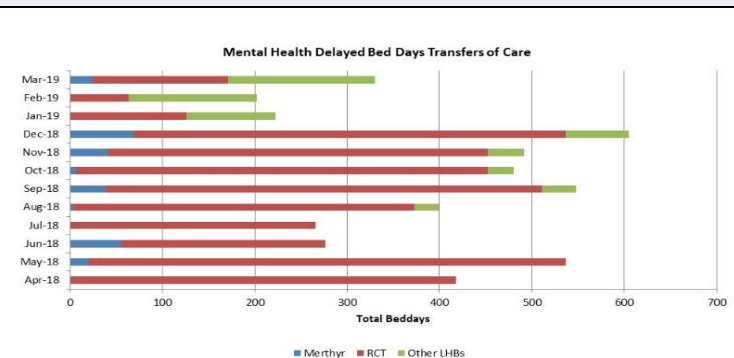
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend

Data not available

Total delayed bed days as at Census Date of 19.2.20 is 568 which is an increase from 402 in January.

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

Where necessary lack of progress is escalated to LA service managers.

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

Benchmark not available

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

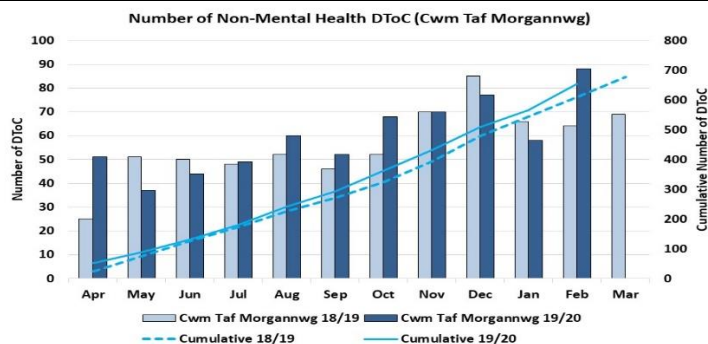
Executive Lead: Chief Operating Officer

Period: Apr 2018 to Feb 2020

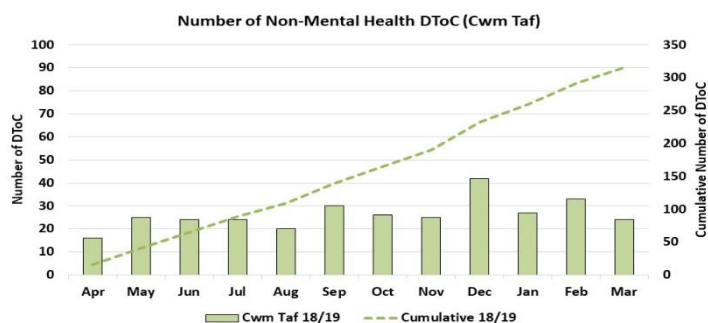
Target: 12 month reduction trend

Current Performance:

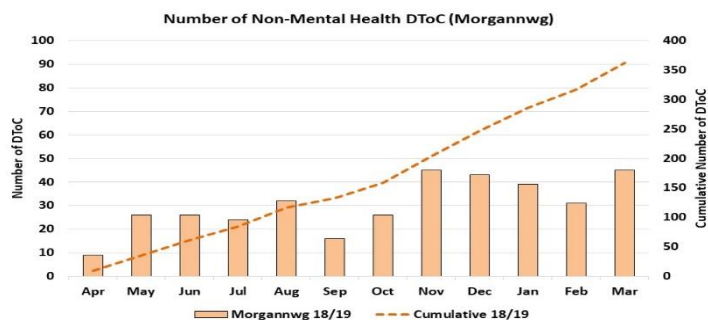
Cwm Taf Morgannwg



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:

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 improve the supply of adapted housing through our Housing Partnerships. Work is required to ensure early identification of complex needs to ensure bespoke

Cont. 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
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
Oct-19	68	67	72	59	59	19	76
Nov-19	70	69	105	52	65	20	61
Dec-19	77	61	75	48	49	17	53
Jan-20	58	71	80	45	33	15	52

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

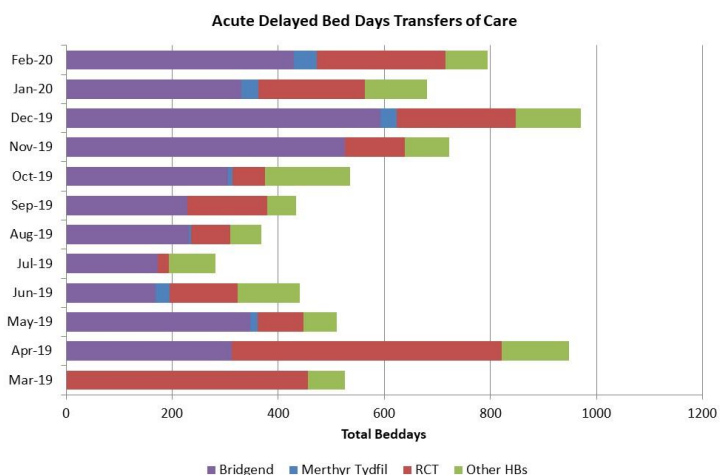
Executive Lead: Chief Operating Officer

Period: Mar 2019 to Feb 2020

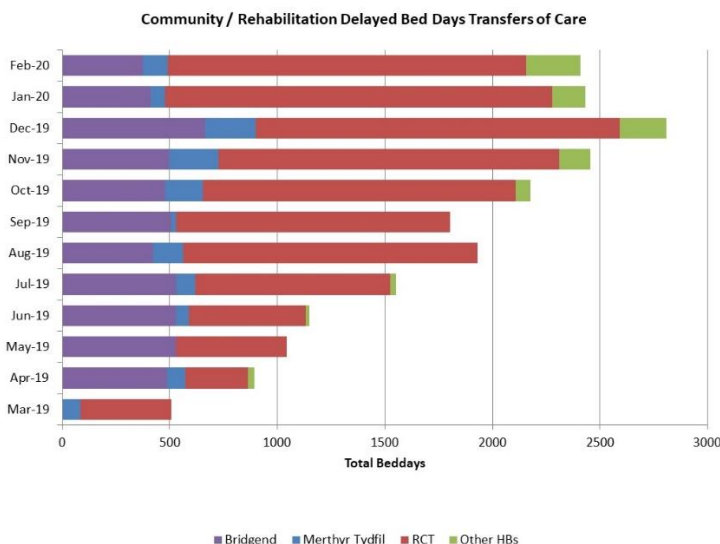
Target: 12 month reduction trend

Current Performance:

Cwm Taf Morgannwg – Acute



Cwm Taf Morgannwg – Community / Rehabilitation



How are we doing, what actions are we taking?

The number of delayed bed days in acute settings had reduced over June and July but for reasons noted on the previous page has been increasing since 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>

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

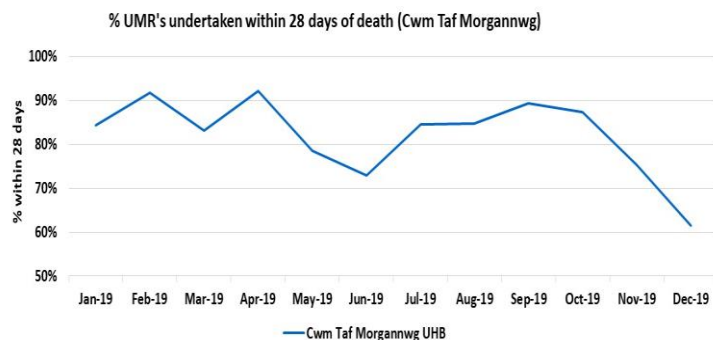
Executive Lead: Medical Director

Period: Jan 2019 to Dec 2019

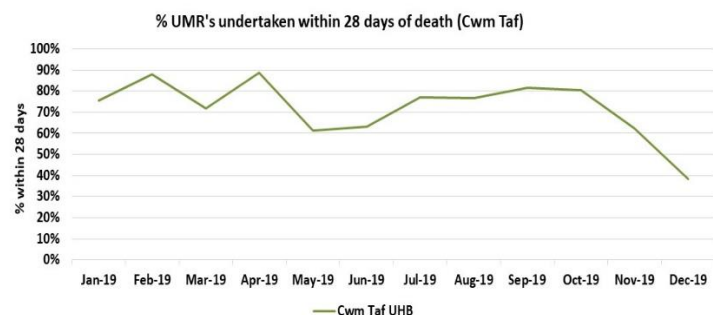
Target: 95%

Current Performance:

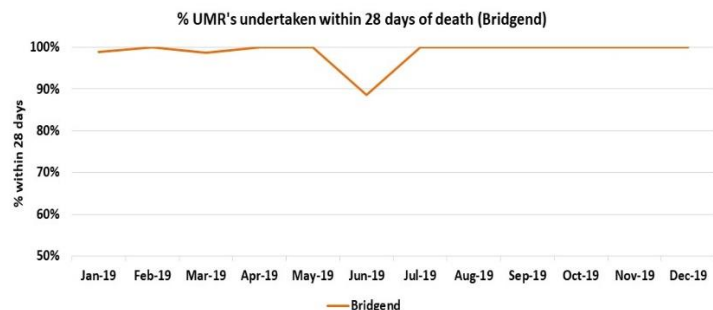
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing, what actions are we taking?

For PCH & RGH, UMR performance has remained stable since April 2016. Expected performance dip for November & December 2019 cases due to a larger number of deaths, as well as winter pressures affecting reviewer availability. Some UMRs continue to be completed as an ongoing pilot of the medical examiner system 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. .

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.

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.

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
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 Morgannwg	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%
Sep-19	89.4%	20.9%	90.5%	79.2%	91.4%	37.5%	100.0%
Oct-19	87.4%	44.6%	89.6%	79.7%	85.5%	50.0%	95.9%
Nov-19	75.3%	12.3%	91.2%	75.5%	89.9%	0.0%	100.0%
Dec-19	61.6%	19.0%	92.8%	74.9%	84.0%	20.0%	98.5%

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: Feb 2019 to Jan 2020

Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

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:

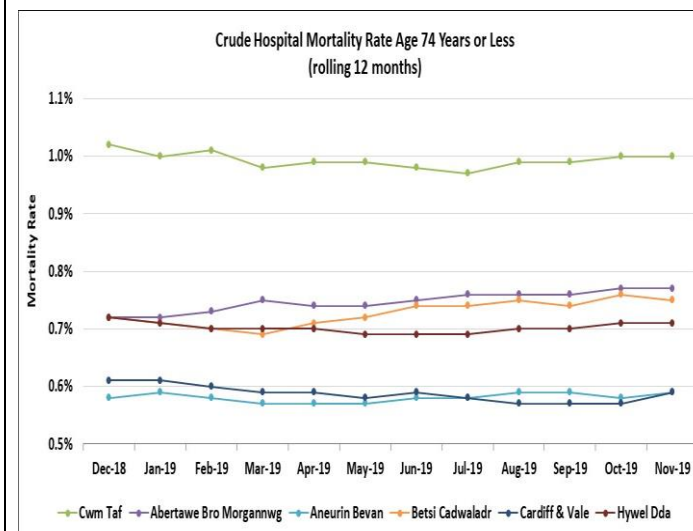
The systematic medical record reviews on the acute sites are continuing on a weekly basis. The process is evolving in readiness for the medical examiner system when introduced.

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.

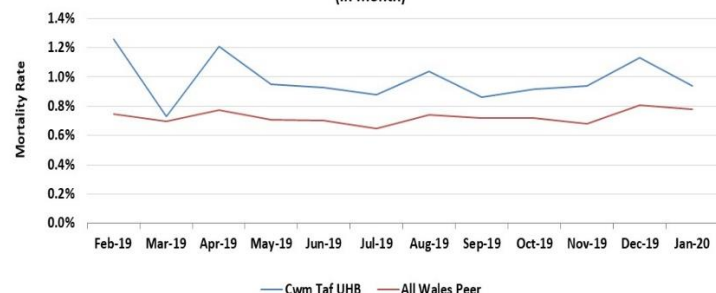
Benchmarking: how do we compare?



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

Cwm Taf

Crude Mortality Rate Age 74 years or less (in month)



Bridgend

Data not currently available

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: Feb 2019 to Jan 2020

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
Feb-19	2	2484	0.08%	0.09%	64	2760	2.52%	1.26%	122	1348	9.00%	5.27%
Mar-19	2	2756	0.07%	0.10%	40	3011	2.18%	1.17%	105	1382	9.47%	5.17%
Apr-19	0	2391	0.00%	0.09%	62	2741	2.32%	1.32%	104	1403	9.05%	5.49%
May-19	1	2562	0.04%	0.09%	50	2834	1.33%	1.19%	100	1486	7.60%	4.87%
Jun-19	1	2356	0.04%	0.09%	46	2725	2.26%	1.19%	88	1239	7.42%	4.76%
Jul-19	1	2453	0.04%	0.06%	46	2885	1.76%	1.09%	112	1496	6.73%	4.09%
Aug-19	1	2043	0.05%	0.07%	49	2756	1.69%	1.25%	100	1384	7.10%	4.46%
Sep-19	2	2224	0.09%	0.08%	40	2642	1.59%	1.22%	93	1360	7.49%	4.61%
Oct-19	3	2529	0.12%	0.08%	47	2903	1.78%	1.23%	122	1479	7.23%	4.83%
Nov-19	3	2568	0.12%	0.12%	46	2635	1.03%	1.16%	108	1384	6.19%	5.15%
Dec-19	2	2586	0.08%	0.09%	54	2373	2.28%	1.43%	139	1335	10.41%	6.28%
Jan-20	0	2358	0.00%	0.06%	47	2646	1.78%	1.30%	130	1389	9.36%	5.95%

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.

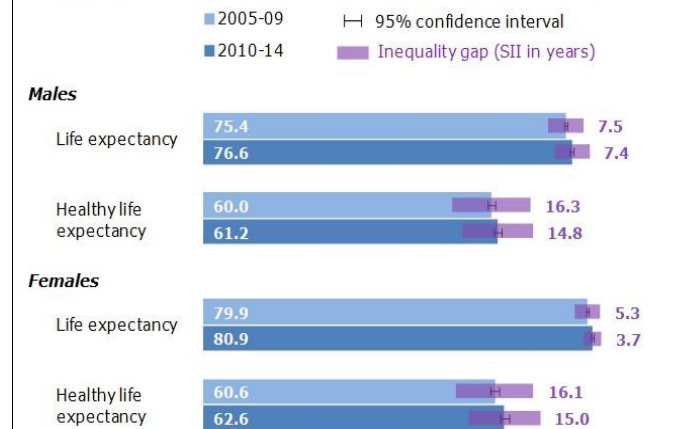
41-74 years: the Health Board reports higher % mortality than All Wales. Investigation of individual patients indicates this relates to those with a diagnosis of cancer, drug & alcohol related deaths. A high proportion of patients are coded with pneumonia (lung diseases), stroke & palliative care.

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?

Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Cwm Taf UHB, 2005-09 and 2010-14
Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)



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

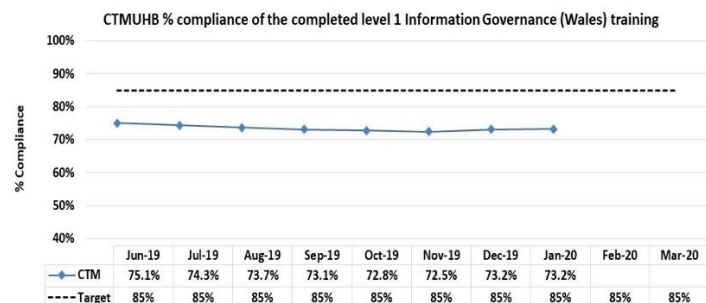
Executive Lead: Director of Workforce and Organisational Development

Period: Apr 2018 to Jan 2020

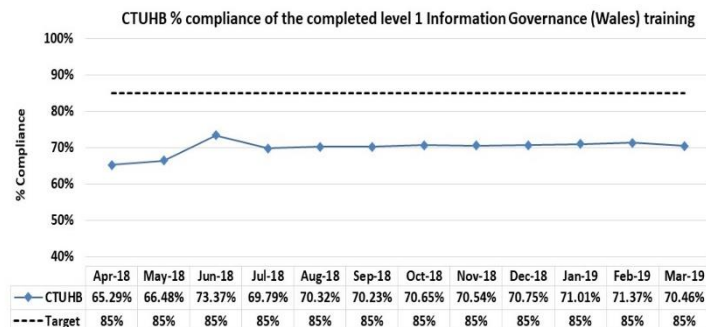
Target: 85%

Current Performance:

Cwm Taf Morgannwg: data available from June 2019



Cwm Taf



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-19	75.1%	51.7%	80.6%	73.3%	79.8%	83.5%	90.6%
Jul-19	74.3%	51.8%	81.2%	73.1%	81.3%	86.2%	90.7%
Aug-19	73.7%	51.8%	81.3%	74.5%	82.0%	87.7%	91.2%
Sep-19	73.3%	53.3%	80.6%	72.2%	80.8%	89.0%	90.0%

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 Jan 2020

Target: 95% in month (98% at Year End-Final Submission)

Current Performance:

Cwm Taf Morgannwg: 2019/20 Coding Completeness

Period	Current Position as at 03/02/2020			Reported (frozen) position
	Total FCE's	Coded FCE's	% Complete	
April	12792	11130	87.0%	48.8%
May	13563	10425	76.9%	49.9%
June	12760	8998	70.5%	54.7%
July	13861	11628	83.9%	72.6%
August	12411	11634	93.7%	89.7%
September	12739	11587	91.0%	87.9%
October	14127	11730	83.0%	80.1%
November	13446	9422	70.1%	56.5%
December	12579	7635	60.7%	53.7%
January	12135	2034	16.8%	
Total	130413	96223	73.8%	66.4%

Cwm Taf: 2019/20 Coding Completeness

Current Position as at 03/02/2020			
Period	Total FCE's	Coded FCE's	% Complete
April	8597	6983	81.2%
May	9028	5953	65.9%
June	8612	4918	57.1%
July	9183	7025	76.5%
August	8359	7643	91.4%
September	8389	7303	87.1%
October	9338	7010	75.1%
November	8874	5019	56.6%
December	8344	3582	42.9%
January	7841	829	10.6%
Total	86565	56265	65.0%

Bridgend: 2019/20 Coding Completeness

Current Position as at 03/02/2020			
Period	Total FCE's	Coded FCE's	% Complete
April	4195	4147	98.9%
May	4535	4472	98.6%
June	4148	4080	98.4%
July	4678	4603	98.4%
August	4052	3991	98.5%
September	4350	4284	98.5%
October	4789	4720	98.6%
November	4572	4403	96.3%
December	4235	4053	95.7%
January	4294	1205	28.1%
Total	43848	39958	91.1%

How are we doing, what actions are we taking?

Progress Against Target:

Princess of Wales (POW) continue to meet the 95% completeness target at month end reporting. However during December to meet their target they were not able to support the former Cwm Taf (CT) sites as they have been in recent months. A combination of staff absence and issues with moving and storing case-notes in POW have been challenging. However we have reviewed the options and we will use electronic information for coding CT episodes in POW in preference to case-notes. This means that we can again utilise the capacity in POW to support former CT sites.

CT performance against target remains challenging. A small number of staff continue to work on overtime at the weekend. In addition contract coders are targeting the April – July backlog. Performance is monitored weekly and recorded on a tracker to inform progress towards achieving the year end target (98% complete by 16th June 2020).

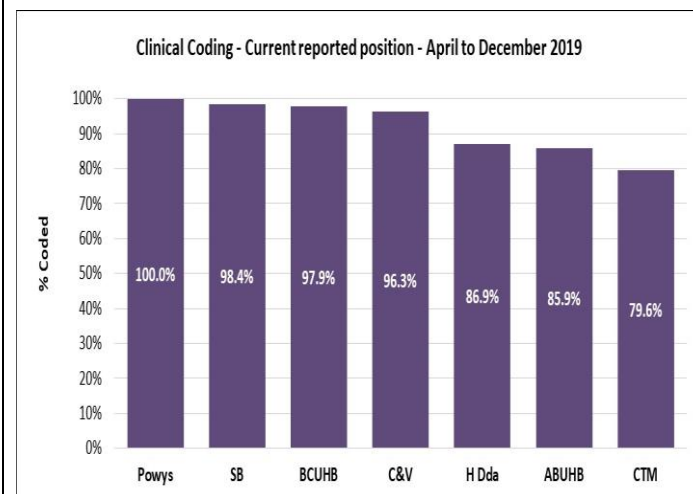
Staffing Updates :

One of the longest serving members of the coding team retired her employment in February and we are currently out to advert to fill this post.

We have other LTS within the team which is impacting on the training programme for the trainees. This poses a risk as we have 5 out of the 7 trainees on Annex U contracts which are time limited. There is a plan in place to support training offering development opportunities to two qualified coders in POW who expressed an interest in mentoring and supporting the trainees.

We recently secured additional funding for a band 5 supervisor. This would mean that we would have a supervisor on all three sites. We advertised in January however we did not attract any applicants .

Benchmarking: how do we compare?



Whilst Cwm Taf Morgannwg (CTM) is recording as the poorest performing organisation for the reported position April-December, indication is that there is improvement and we are monitoring this very closely.

Contract coders have sifts booked to the end of March, this may need to be reviewed when the trajectory is updated.

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

CTM - Audit Year 2018

Code Type	Total Number of Codes Reviewed	Total Number of Codes Correct	% Correct	Target
Primary Diagnosis	760	671	88.29%	90%
Secondary Diagnosis	2618	2432	92.90%	80%
Primary Procedure	417	397	95.20%	90%
Secondary Procedure	1016	934	91.93%	80%
Total Accuracy %	4811	4434	92.16%	

Cwm Taf

Cwm Taf - Audit Year 2018

Code Type	Total Number of Codes Reviewed	Total Number of Codes Correct	% 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

Bridgend - Audit Year 2018

Code Type	Total Number of Codes Reviewed	Total Number of Codes Correct	% Correct	Target
Primary Diagnosis	440	380	86.36%	90%
Secondary Diagnosis	1239	1125	90.80%	80%
Primary Procedure	265	253	95.47%	90%
Secondary Procedure	593	556	93.76%	80%
Total Accuracy %	2537	2314	91.21%	

How are we doing, what actions are we taking?

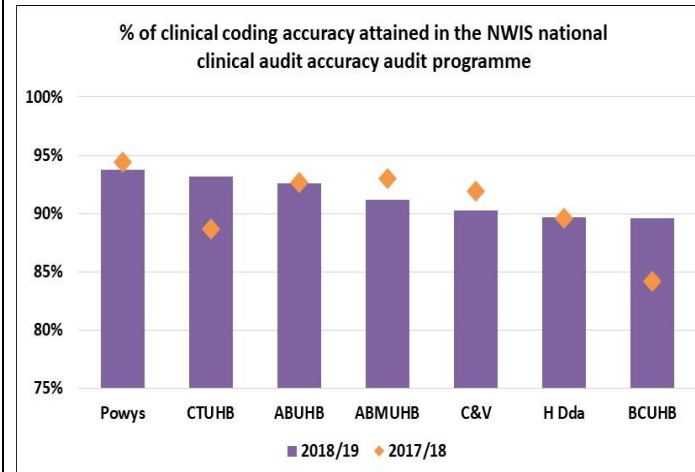
Wales Audit Office Report/Audit Year 2018

The content of the report was presented at the Audit Committee meeting on 3rd September 2019. Following this discussion an updated report was produced by WAO in October 2019 noting progress/completion of the recommendations. There remain 5 actions in relation to the content and availability of the Medical Record and one in relation to having a comprehensive training programme for trainee coders. In addition there was a requirement to include in the programme all mandated training for all members of the coding team. The comprehensive training plan is now complete and will be submitted as part of the next progress update. However there remains a challenge to complete the outstanding Medical Records actions. It was agreed at the audit committee meeting to wait until 1st April to plan to take these forward.

PDR Compliance

It was agreed to undertake all PDR's in January for all members of the coding team. As part of this process individual performance was discussed with a view to offering any support/training that was identified in order for individuals to meet the current daily/weekly coding targets. This review was completed in January and not only did the team find it useful to discuss on a one to one basis them as individuals it did reveal that the morale in the team had improved over the last year. There is still more to do however it would appear that the team feel more valued

Benchmarking: how do we compare?

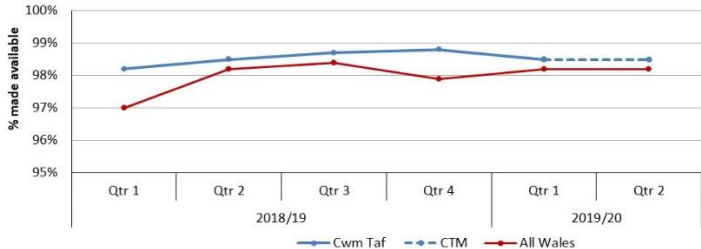
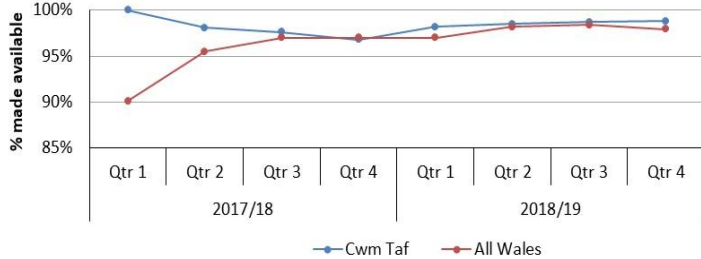


The first CTM Clinical Coding Audit was undertaken in October- December 2019. Early indication is that once again improvement in quality has been noted. This will be reported in more detail when we receive the complete report.

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
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Period: 2018/19 to Qtr. 2 2019/20	Target: 100%
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Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																																																																																		
<div>Cwm Taf Morgannwg</div> <div><p>% of new medicines made available no later than 2 months after NICE/AWMSG appraisals</p><table><caption>% of new medicines made available no later than 2 months after NICE/AWMSG appraisals</caption><thead><tr><th>Period</th><th>Qtr 1</th><th>Qtr 2</th><th>Qtr 3</th><th>Qtr 4</th><th>Qtr 1</th><th>Qtr 2</th></tr></thead><tbody><tr><td>Cwm Taf</td><td>98.2%</td><td>98.5%</td><td>98.8%</td><td>98.9%</td><td>98.5%</td><td>98.5%</td></tr><tr><td>CTM</td><td>98.2%</td><td>98.5%</td><td>98.8%</td><td>98.9%</td><td>98.5%</td><td>98.5%</td></tr><tr><td>All Wales</td><td>97.0%</td><td>98.2%</td><td>98.5%</td><td>97.8%</td><td>98.2%</td><td>98.2%</td></tr></tbody></table></div>	Period	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Cwm Taf	98.2%	98.5%	98.8%	98.9%	98.5%	98.5%	CTM	98.2%	98.5%	98.8%	98.9%	98.5%	98.5%	All Wales	97.0%	98.2%	98.5%	97.8%	98.2%	98.2%	<p>Cwm Taf Morgannwg have implemented the vast majority of new medicines within the 60 day target set by Welsh Government.</p> <p>Exceptions to this target have been where there is no clear commissioning pathway, as use within Cwm Taf Morgannwg is not appropriate.</p> <p>New technologies or medicines which require wider resources to implement their use can take longer to process.</p>	<div><p>% of new medicines recommended by NICE/AWMSG made available, where clinically appropriate, no later than 2 months from the publication of the appraisal</p><table><tr><th>100% Target</th><th>Cwm Taf Morgannwg</th><th>Aneurin Bevan</th><th>Betsi Cadwaladr</th><th>Cardiff & Vale</th><th>Hywel Dda</th><th>Powys</th><th>Swansea Bay</th></tr><tr><td>2019/20</td><td>Qtr 1</td><td>98.5%</td><td>99.0%</td><td>99.5%</td><td>96.6%</td><td>99.5%</td><td>96.1%</td><td>98.5%</td></tr><tr><td></td><td>Qtr 2</td><td>98.5%</td><td>99.0%</td><td>99.5%</td><td>96.6%</td><td>99.5%</td><td>96.1%</td><td>98.5%</td></tr></table><table><tr><th>100% Target</th><th>Cwm Taf</th><th>Aneurin Bevan</th><th>Betsi Cadwaladr</th><th>Cardiff & Vale</th><th>Hywel Dda</th><th>Powys</th><th>ABMU</th></tr><tr><td>2018/19</td><td>Qtr 1</td><td>98.2%</td><td>99.1%</td><td>99.1%</td><td>95.5%</td><td>99.1%</td><td>93.6%</td><td>100.0%</td></tr><tr><td></td><td>Qtr 2</td><td>98.5%</td><td>99.3%</td><td>99.3%</td><td>96.3%</td><td>99.3%</td><td>94.8%</td><td>100.0%</td></tr><tr><td></td><td>Qtr 3</td><td>98.7%</td><td>99.3%</td><td>99.3%</td><td>96.6%</td><td>99.3%</td><td>95.3%</td><td>100.0%</td></tr><tr><td></td><td>Qtr 4</td><td>98.8%</td><td>98.8%</td><td>99.4%</td><td>97.0%</td><td>99.4%</td><td>95.8%</td><td>96.4%</td></tr></table></div> <p>We compare favourably with our peers, as not all medicines are appropriate to be prescribed or used within Cwm Taf Morgannwg i.e. require commissioning from specialist centres.</p>	100% Target	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	2019/20	Qtr 1	98.5%	99.0%	99.5%	96.6%	99.5%	96.1%	98.5%		Qtr 2	98.5%	99.0%	99.5%	96.6%	99.5%	96.1%	98.5%	100% Target	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	ABMU	2018/19	Qtr 1	98.2%	99.1%	99.1%	95.5%	99.1%	93.6%	100.0%		Qtr 2	98.5%	99.3%	99.3%	96.3%	99.3%	94.8%	100.0%		Qtr 3	98.7%	99.3%	99.3%	96.6%	99.3%	95.3%	100.0%		Qtr 4	98.8%	98.8%	99.4%	97.0%	99.4%	95.8%	96.4%
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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				% Annual Improvement Target	2017/18	Annual % Change
		Q1	Q2	Q3	Q4			
Number of Clinical Research Portfolio Studies 38	70	38	6	11	15	10%	64	9.38%
2017/18 Data for comparison		22	39	52	64			
Number of Commercially Sponsored Studies 39	9	3	0	2	4	5%	7	28.57%
2017/18 Data for comparison		2	3	5	7			
Number of patients recruited Clinical Research Portfolio Studies 40	3616	1269	887	727	733	10%	2324	55.59%
2017/18 Data for comparison		193	507	1115	2324			
Number of patients recruited Commercially Sponsored Studies 41	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 from 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?

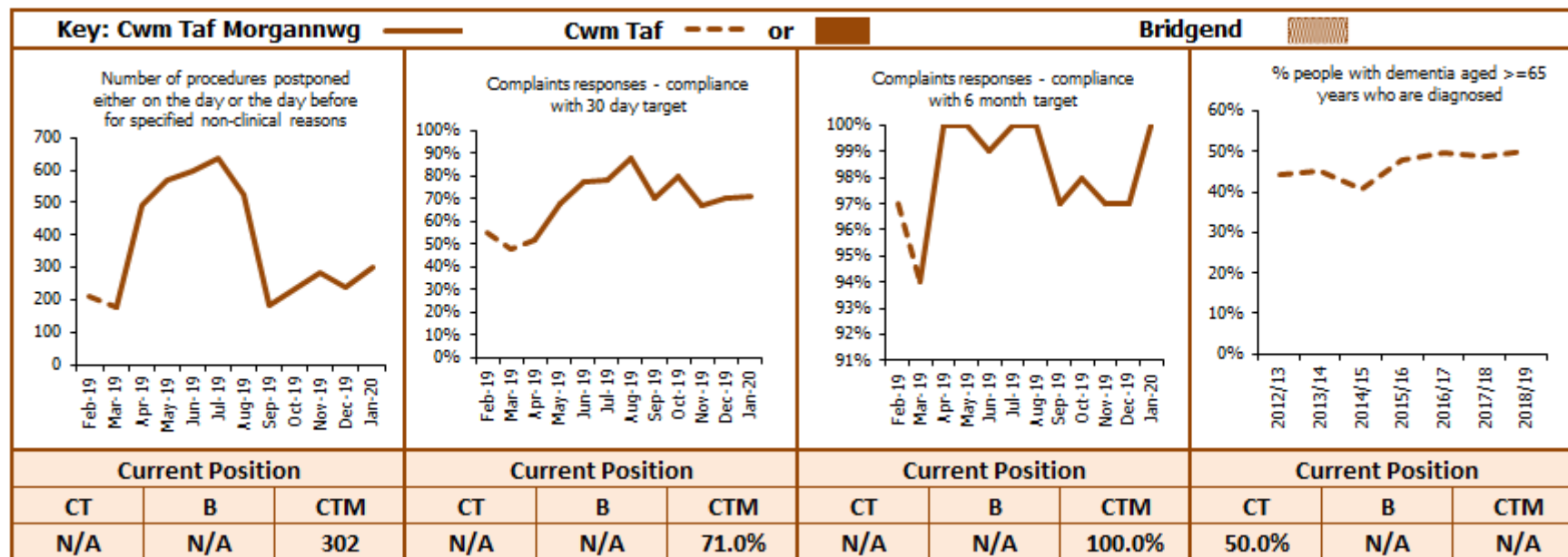
	Number of Clinical Research Portfolio Studies	Number of Commercially Sponsored Studies	Number of patients recruited Clinical Research Portfolio Studies	Number of patients recruited Commercially Sponsored Studies
2018/19				
ABMU	97	37	2276	37
AB	88	12	2134	12
BCU	81	9	1553	9
C&V	205	53	6251	53
C Taf	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.healthandcarereseach.gov.wales/performance-management/>



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

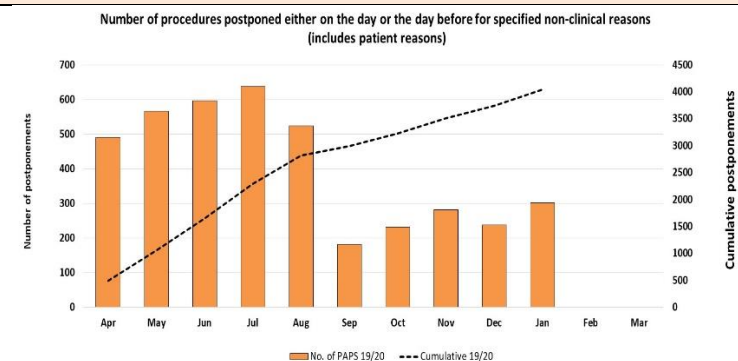
Executive Lead: Chief Operating Officer

Period: Apr 2018 to Jan 2020

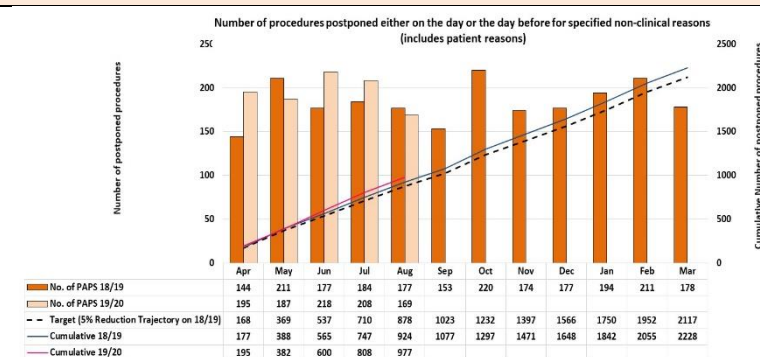
Target: >5% reduction from 17/18

Current Performance:

Cwm Taf Morgannwg



Cwm Taf



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".

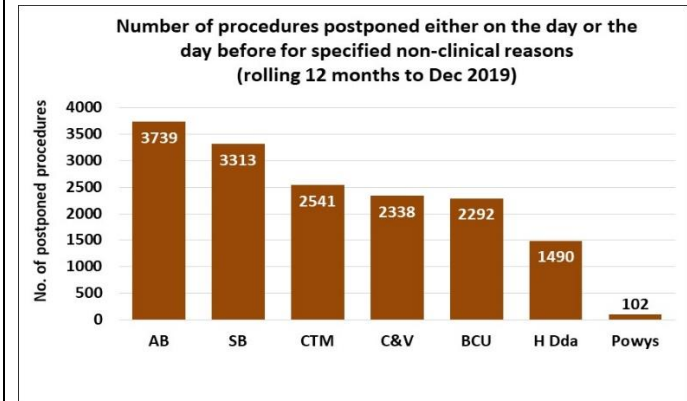
The data for this measure is extrapolated from the Health Board's Welsh PAS application at the end of each month and now includes Princess of Wales Hospital postponements from April 2019.

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:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																																																												
Cwm Taf Morgannwg																																																																														
Data not currently available	<p>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.</p> <p>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.</p> <p>This work stream is being incorporated into the prescribing team work plan for 2019-20</p> <p>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).</p> <p>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.</p>	<table><tr><th colspan="9">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</th></tr><tr><th rowspan="3">2018/19</th><th rowspan="3"></th><th>CTUHB</th><th>ABMU</th><th>AB</th><th>BCU</th><th>C&V</th><th>HDda</th><th>Powys</th></tr><tr><td>Qtr 1</td><td>8.0%</td><td>8.0%</td><td>8.3%</td><td>7.3%</td><td>6.1%</td><td>6.0%</td><td>6.3%</td></tr><tr><td>Qtr 2</td><td>8.1%</td><td>8.0%</td><td>8.1%</td><td>7.1%</td><td>6.2%</td><td>5.8%</td><td>6.1%</td></tr><tr><td rowspan="4">2017/18</td><td>Qtr 3</td><td>8.0%</td><td>7.9%</td><td>8.2%</td><td>7.1%</td><td>6.2%</td><td>5.9%</td><td>5.9%</td></tr><tr><td>Qtr 1</td><td>7.8%</td><td>7.9%</td><td>8.0%</td><td>7.3%</td><td>6.5%</td><td>5.9%</td><td>6.1%</td></tr><tr><td>Qtr 2</td><td>7.9%</td><td>7.9%</td><td>8.0%</td><td>7.3%</td><td>6.5%</td><td>5.9%</td><td>6.4%</td></tr><tr><td>Qtr 3</td><td>8.1%</td><td>8.2%</td><td>8.3%</td><td>7.5%</td><td>6.4%</td><td>6.1%</td><td>6.4%</td></tr><tr><td rowspan="4"></td><td>Qtr 4</td><td>8.1%</td><td>8.0%</td><td>8.3%</td><td>7.4%</td><td>6.2%</td><td>6.0%</td><td>6.4%</td></tr></table> <p>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.</p>	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									2018/19		CTUHB	ABMU	AB	BCU	C&V	HDda	Powys	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%	2017/18	Qtr 3	8.0%	7.9%	8.2%	7.1%	6.2%	5.9%	5.9%	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%
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		Qtr 1	8.0%	8.0%	8.3%	7.3%	6.1%	6.0%	6.3%																																																																					
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2017/18	Qtr 3	8.0%	7.9%	8.2%	7.1%	6.2%	5.9%	5.9%																																																																						
	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%																																																																						
	Cwm Taf																																																																													
	<p>% of patients aged 75 and over with an AEC of 3 or more items on active repeat</p>																																																																													
	Bridgend																																																																													
Data not currently available																																																																														

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

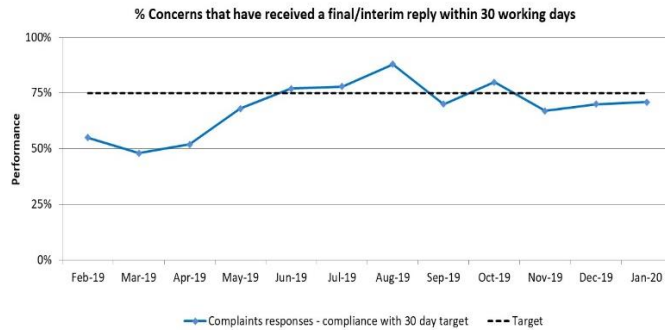
Executive Lead: Director of Nursing

Period: Feb 2019 to Jan 2020

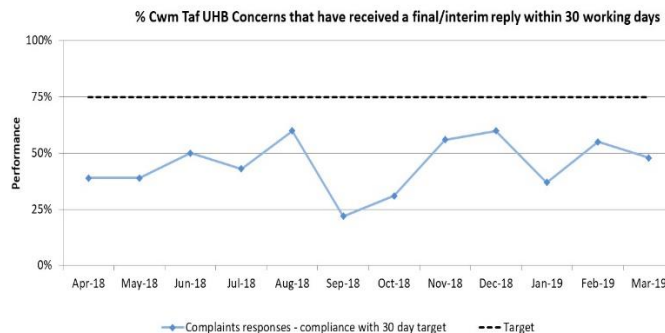
Target: 75%

Current Performance:

Cwm Taf Morgannwg: from 1st April 2019



Cwm Taf



Bridgend

Data not available

How are we doing, what actions are we taking?

Formal Complaints

Validated data has shown that the Health Board received 239 complaints during January 2020, of these, 101 (73%) of these were dealt with via Early Resolution. January shows a decline in Complaints reported with the most significant improvement in a decrease in the number of complaints related to delays, admissions and discharge issues.

Response Times

There has been a slight increase in Complaints being closed within 30 Working days, 70% in December to 71% in January.

Clear differences in response times is noted between PCH, RGH and POW with POW consistently being above 85%. The new organisational structures will mirror the structure already in place in POW which should improve the quality and timeliness of responses. Escalation is now through the service managers.

Common Themes

- Delays with appointments and follow up
- Communication
- Treatment errors

All complaints are investigated and any that meet the definition of a serious incident are reported to Welsh Government.

Public Services Ombudsman Wales

One complaint was upheld by the PSOW with a delayed diagnosis of Sepsis

Learning from Concerns

There is a work programme of Transforming Safe and Effective care together based on Quality Improvement methodology. This is led by the clinical teams with executive leadership. Concerns are shared through the quality and patient safety governance framework structure.

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%
Qtr 2	50.7%	70.3%	55.2%	83.8%	75.1%	45.5%	83.7%
Qtr 3	48.6%	63.8%	63.2%	78.4%	72.5%	28.2%	88.6%
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 collate written compliments that are received at Ward and Department level. For January the wards and departments reported 66 compliments.

There were 27 real-time surveys undertaken across PCH and RGH, 77%% of the feedback was positive, 23% negative.

Positive Comments

Cannot find anything wrong with the ward. Overall care is excellent, staff have been amazing. I have had a very good experience. Staff have been as good as gold.

Negative Comments

During the night I find the agency staff more abrupt.

I've seen staff helping an elderly lady feed and then they are called away mid-feeding and by the time they return the elderly lady has fallen asleep so she doesn't have a full meal.

Immediate Actions:

All comments are shared with the Ward Manager for immediate action at ward level.

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

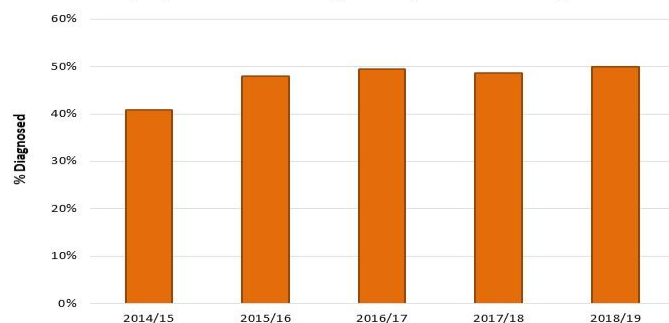
Current Performance:

Cwm Taf Morgannwg

Not currently available

Cwm Taf

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



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

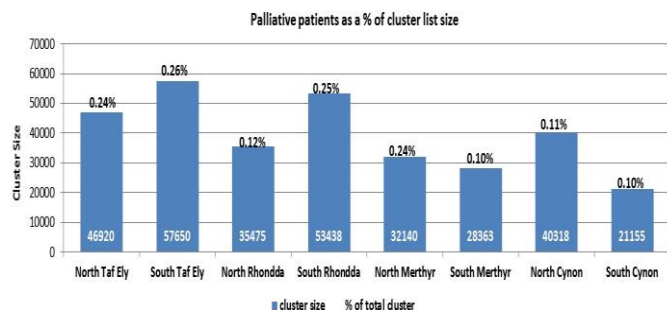
Health Boards are also requested to monitor those patients on a Palliative Care pathway.

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

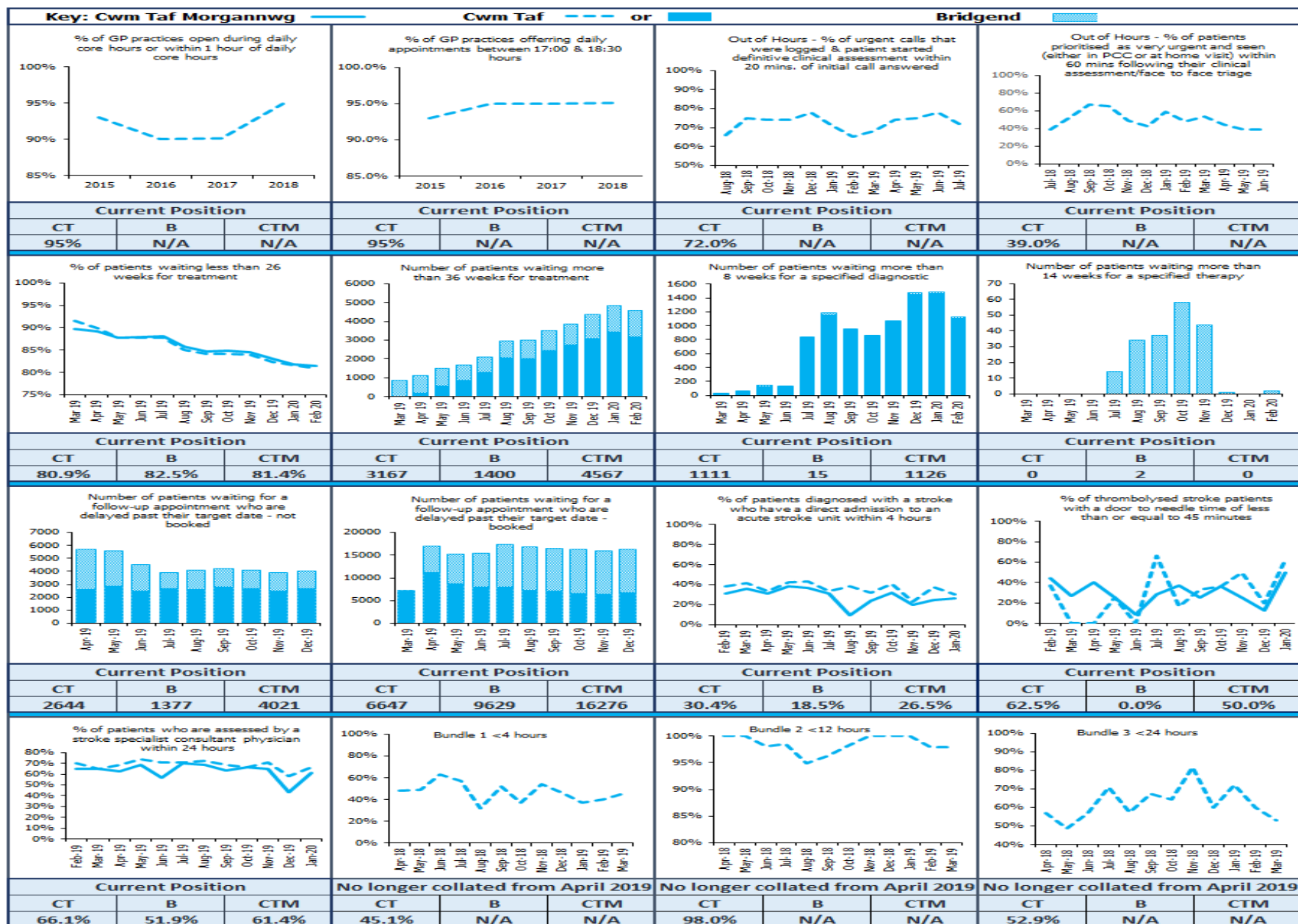
Cwm Taf

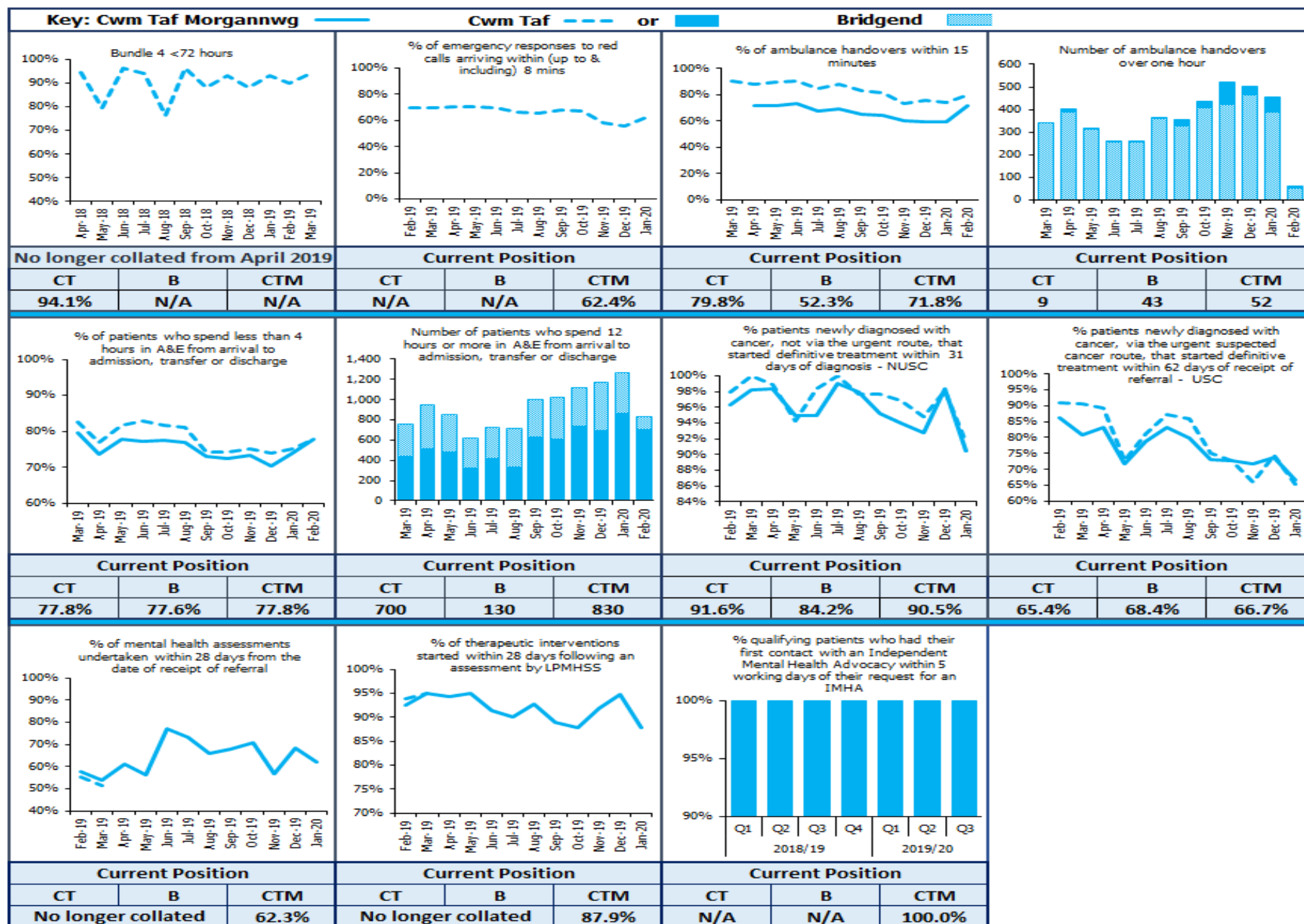


Bridgend

Not currently available

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





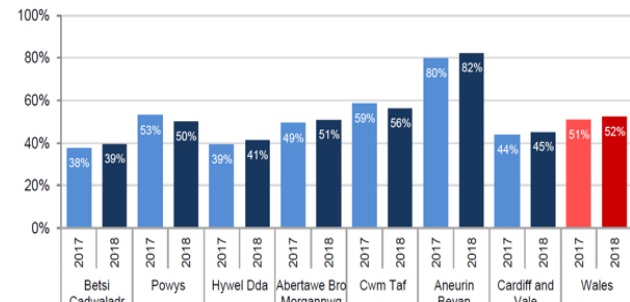
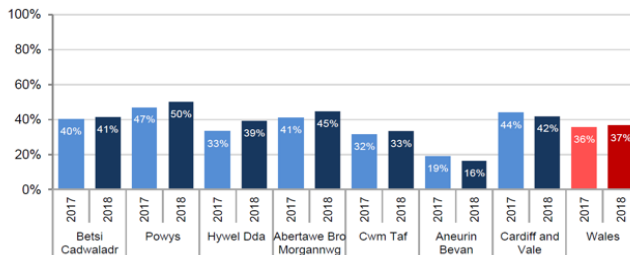
Indicator 53: Percentage of GP practices open during daily core hours or within 1 hour of daily core hours

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:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?
Cwm Taf Morgannwg	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.	<p>Percentage of practices open for all of daily core hours, 5 days a week, by health board</p>  <p>Percentage of practices not open for all of daily core hours, but open within one hour of daily core hours, 5 days a week by health board</p>  <p>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.</p> <p>Cwm Taf Health Board (as was) compared favourably with other Welsh Health Boards.</p>
Data is not currently available	<p>What actions are we taking?</p> <p>Regular assessing of practices are meeting needs by:</p> <ul style="list-style-type: none"> 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 	
Cwm Taf		
Data is not currently available		
Bridgend		
Data is not currently available		

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:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

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.

Data is not currently available

Cwm Taf

As per benchmark table

Bridgend

Data is not currently available

% 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%

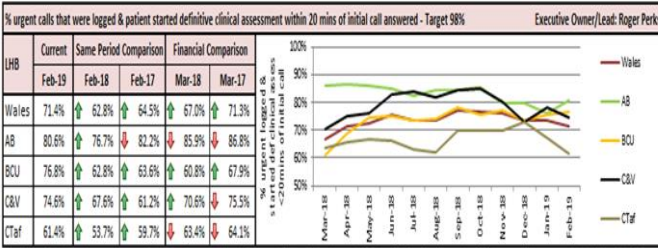
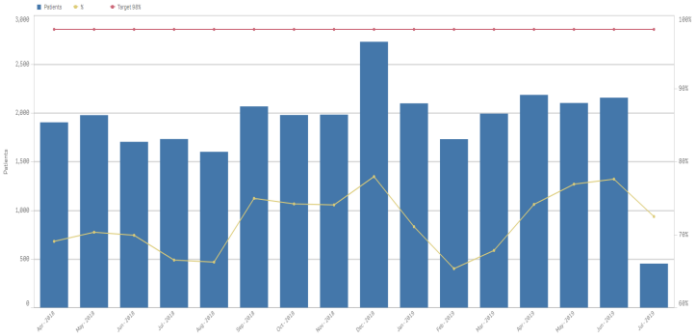
Cwm Taf Health Board (as was) compared favourably with other Welsh Health Boards.

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

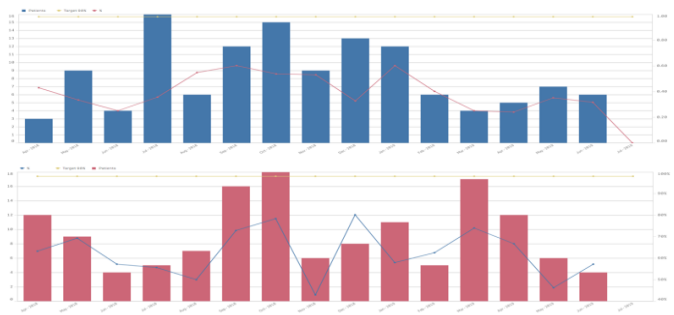
Source: <https://gov.wales/statistics-and-research/?topics=Health+and+social+care&subtopics=GPs&view=Search+results&lang=en>

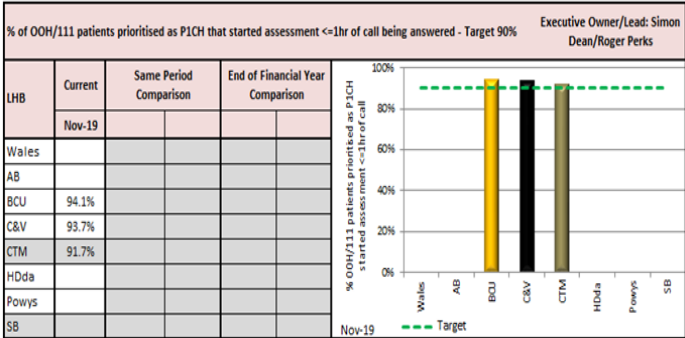
Indicator 55: For health boards with Out of Hours (OoH) services, the percentage of urgent calls that were logged and patients started their clinical definitive assessment within 20 minutes of their initial calls being answered; for health boards with 111 services, the percentage of P1 calls that were 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:		How are we doing, what actions are we taking?	Benchmarking: how do we compare?																												
Cwm Taf Morgannwg		<p>How are we doing?</p> <p>This chart shows the percentage of patients who received urgent calls and received clinical assessment within 20 minutes.</p> <p>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).</p> <p>What actions are we taking?</p> <p>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.</p> <p>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.</p> <p>What are the areas of risk?</p> <p>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.</p>	 <table border="1"> <thead> <tr> <th>LHB</th> <th>Current</th> <th>Some Period Comparison</th> <th>Financial Comparison</th> </tr> <tr> <th></th> <th>Feb-19</th> <th>Feb-18</th> <th>Mar-17</th> </tr> </thead> <tbody> <tr> <td>Wales</td> <td>71.4%</td> <td>62.8%</td> <td>64.5%</td> </tr> <tr> <td>AB</td> <td>80.6%</td> <td>76.7%</td> <td>82.2%</td> </tr> <tr> <td>BCU</td> <td>76.8%</td> <td>62.8%</td> <td>63.6%</td> </tr> <tr> <td>C&V</td> <td>74.6%</td> <td>67.6%</td> <td>61.2%</td> </tr> <tr> <td>CTaf</td> <td>61.4%</td> <td>53.7%</td> <td>59.7%</td> </tr> </tbody> </table> <p>Note: The table above shows performance for OoH services only. Hywel Dda moved fully to 111 at the end of October 2018 so from November 2018 data on will now appear in the 111 tables. Powys moved to 111 in October 2018 so data from October 2018 on will also appear in the 111 tables.</p>	LHB	Current	Some Period Comparison	Financial Comparison		Feb-19	Feb-18	Mar-17	Wales	71.4%	62.8%	64.5%	AB	80.6%	76.7%	82.2%	BCU	76.8%	62.8%	63.6%	C&V	74.6%	67.6%	61.2%	CTaf	61.4%	53.7%	59.7%
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Bridgend																															
<p>Following the boundary change on 1 April 2019 responsibility for Out of Hours for Bridgend remains with Swansea Bay University Hospital</p>																															

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 Nov 2019		Target: 90%/12 Month Improvement	
Current Performance:		How are we doing, what actions are we taking?	Benchmarking: how do we compare?
Cwm Taf Morgannwg		How are we doing? – Oct 2019 94.8% (former Cwm Taf)	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>
<p>Data not currently available</p>		<p>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.</p>	
Cwm Taf		<p>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.</p> <p>What actions are we taking?</p> <p>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.</p>	
			<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>
Bridgend			<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>
<p>Following the boundary change on 1 April 2019 responsibility for Out of Hours for Bridgend remains with Swansea Bay University Hospital</p>			
Source: Qlik			



CTM relates to the former Cwm Taf.

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: Feb 2019 to Feb 2020

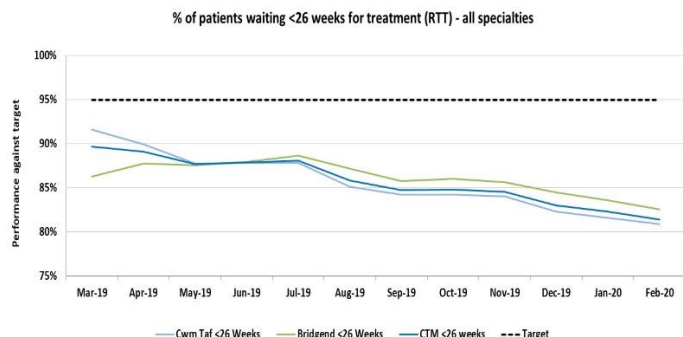
Target: 95%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?

In terms of the 26 week position, the provisional position for February 2020 is 82.5% for the Bridgend area and 80.9% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 81.4%.

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.

Period	Cwm Taf / Morgannwg	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Jan-19	89.5%	88.7%	90.7%	83.0%	86.3%	89.5%	99.1%		87.7%
Feb-19	90.2%	89.2%	91.9%	84.0%	87.6%	90.4%	99.3%		88.6%
Mar-19	91.6%	89.3%	92.0%	84.8%	87.9%	90.6%	99.7%		89.1%
Apr-19	89.9%		91.2%	83.2%	87.2%	89.4%	99.0%	88.8%	88.0%
May-19	87.7%		90.2%	82.3%	86.2%	89.0%	98.6%	88.1%	87.1%
Jun-19	87.8%		90.6%	82.1%	86.6%	89.8%	98.9%	88.0%	87.3%
Jul-19	88.1%		90.5%	82.0%	87.0%	89.3%	98.7%	87.8%	87.3%
Aug-19	85.8%		88.9%	80.4%	85.4%	87.8%	98.8%	86.4%	85.7%
Sep-19	84.8%		88.7%	79.0%	85.2%	86.5%	98.7%	85.1%	84.8%
Oct-19	84.8%		88.8%	78.7%	85.3%	87.5%	98.9%	84.5%	84.8%
Nov-19	84.6%		89.1%	78.2%	85.4%	87.6%	98.7%	84.1%	84.7%
Dec-19	83.0%		88.6%	76.9%	84.2%	86.5%	98.3%	82.6%	83.5%

Cwm Taf

See graph above

Bridgend

See graph above

Cwm Taf Morgannwg		
Feb-20		
Number of open pathways 26+ weeks	Total number of open pathways	% Compliance
1172	8041	85.4%
769	4189	81.6%
2384	8500	72.0%
807	6436	87.5%
993	6317	84.3%
624	2242	72.2%
10	85	88.2%
1	83	98.8%
540	1366	60.5%
184	1853	90.1%
325	2292	85.8%
13	350	96.3%
44	319	86.2%
43	146	70.5%
0	10	
55	201	72.6%
379	3519	89.2%
1926	5870	67.2%
246	1606	84.7%
236	1126	79.0%
13	1915	99.3%
0	18	
2	26	92.3%
632	4836	86.9%
11398		81.4%
	61346	

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: Feb 2019 to Feb 2020

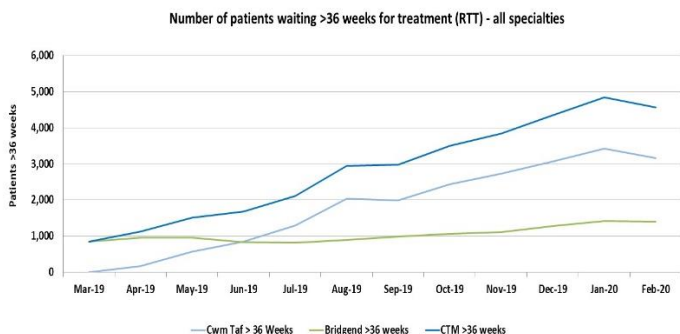
Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

See chart above

Bridgend

See chart above

How are we doing?

The provisional position for patients waiting over 36 weeks for treatment at the end of February 2020 is 4567 patients:

- 1400 relate to Bridgend waiting lists
- 3167 relate to Cwm Taf waiting lists

The provisional position for patients waiting over 52 weeks is 1340 patients across CTM:

- 548 relate to Bridgend waiting lists
- 792 relate to Cwm Taf waiting lists

(NB this figure of 4567 includes the 1340 patients waiting over 52 weeks).

What actions are we taking?

Specific focus will be to remove the volume of patients waiting at, and greater than, 52 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 specialties.

Period	Cwm Taf / Morgannwg	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Jan-19	399	3174	336	7939	984	3014	0		14140
Feb-19	440	2967	469	7717	1046	633	0		13272
Mar-19	0	2628	112	5918	327	0	0		8985
Apr-19	169		271	6768	690	213	0	1973	11043
May-19	568		478	7396	657	246	0	2101	12398
Jun-19	845		653	7886	604	122	0	2319	13260
Jul-19	1301		1061	8775	638	264	0	2691	15543
Aug-19	2940		1507	9890	995	506	0	3262	19100
Sep-19	2985		1313	9781	682	452	0	3563	18776
Oct-19	3503		1489	10501	922	476	0	4254	21145
Nov-19	3839		1456	11212	1222	564	0	4586	22879
Dec-19	4355		1542	12041	1747	726	0	5138	25549

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: Apr 2019 to Feb 2020

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

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
61	151	128	831	1189	959	855	1063	1479	1484	1126

How are we doing?

The provisional position for February 2020 is 1126 patients waiting over 8 weeks for diagnostic services. Of these patients:

- 15 patients relate to Bridgend waiting lists
- 1111 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 as at 02/03/2020

Service	Sub-Heading	Waiting >8 weeks		
		CT	Bridgend	CTM
Cardiology	Echo Cardiogram	2		2
Cardiology	Cardiac CT	5		5
Cardiology Services	Diagnostic Angiography	4	7	11
	DSE	1	4	5
	TOE			0
	Heart Rhythm Recording	1		1
	B.P.Monitoring			0
	Cardiac MRI	3		3
Colonoscopy		89		89
Gastroscopy		370		370
Cystoscopy		14	4	18
Flexi Sig		299		299
Radiology - Cons Referral	Non-Cardiac CT	9		9
	Non Cardiac MRI	2		2
	NOUS	75		75
	NOUS - Consultant Rad Only	26		26
	Non-Cardiac Nuclear Medicine	11		11
Radiology - GP Referral	NOUS - Consultant Rad Only	13		13
	NOUS	19		19
	Non-Cardiac CT	4		4
	Non-Cardiac MRI	3		3
Imaging	Fluoroscopy	10		10
Physiological Measurement	Urodynamics	6		6
Neurophysiology	EMG	76		76
	NCS	69		69
Total		1111	15	1126

Period	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	ABMU/ Swansea Bay	Wales
Jan-19	613	60	2116	448	30	122	603	3992
Feb-19	431	15	2123	270	1	60	558	3458
Mar-19	27	0	2277	40	0	0	437	2781
Apr-19	51	31	2548	158	56	16	401	3271
May-19	126	6	2857	110	185	21	401	3731
Jun-19	122	35	2737	21	115	9	295	3337
Jul-19	826	101	2721	30	192	27	261	4158
Aug-19	1153	190	2957	56	345	18	344	5091
Sep-19	959	110	2816	51	391	12	294	4633
Oct-19	855	109	2443	88	164	0	222	3881
Nov-19	1063	2233	2233	106	102	0	153	3883
Dec-19	1479	189	2502	33	129	1	259	4902

As Above

Bridgend

As Above

Source: Local/Information Team QL and Welsh Government Delivery & Performance Website <https://stats.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 2nd March 2020

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

as at 02/03/2020

Patient Category	PCH	RGH	TOTAL
Cancer			
Waiting <14 days	47	112	159
Over Target	4	9	13
Total Patients Waiting	51	121	172
Urgent Non-Cancer			
Waiting <14 days	138	187	325
Over Target	487	322	809
Total Patients Waiting	625	509	1134
Routine			
Waiting <56 days	113	193	306
Over Target	134	241	375
Total Patients Waiting	247	434	681
Surveillance			
Waiting <126 days	252	414	576
Over Target	3	3	6
Total Patients Waiting Past Review Date	255	417	672

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 managed 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.

Referral demand into the service continues to increase, with the Directorate's D&C plan clearly showing that in order to deal with current demand into PCH and RGH, additional capacity is required.

The Directorate is currently utilising insourcing at RGH, to accommodate the surveillance backlog patients.

The Directorate is in the process of developing a business case to increase capacity through development of an extra endoscopy theatre on the RGH site.

Benchmarking data is not currently available

The information in the table above demonstrates that these targets are not being met across all categories of patients in PCH and RGH sites, though there have been improvements.

Source: Local/Information Team QL and Welsh Government Delivery & Performance Website <https://stats.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: Apr 2019 to Feb 2020

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

How are we doing?

There were 2 patients breaching the 14 week target for February 2020.

What actions are we taking?

Appropriate actions will be taken to reach and maintain, a zero position.

Areas of risk?

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

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
0	0	0	13	25	37	57	44	1	1	2

Period	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	ABMU/ Swansea Bay	Wales
Jan-19	0	0	0	14	177	14	0	205
Feb-19	0	5	0	5	51	16	0	77
Mar-19	0	0	0	0	0	4	0	4
Apr-19	0	1	0	1	41	2	0	45
May-19	0	1	4	5	138	9	0	0
Jun-19	0	0	0	0	262	0	0	0
Jul-19	0	0	0	0	297	6	0	316
Aug-19	0	0	0	5	424	5	1	460
Sep-19	37	0	0	38	426	7	0	508
Oct-19	57	0	1	40	277	6	1	382
Nov-19	44	0	13	224	6	0	0	287
Dec-19	1	0	9	21	146	7	0	184

Cwm Taf

Zero patients waiting more than 14 weeks since April 2019 to date

Bridgend

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2019/20	0	0	3	13	25	37	57	44

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: January 2020

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Risks and Benchmarking: how do we compare?

Cwm Taf Morgannwg

How are we doing?

The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed 100% past their agreed target date as at the end of January 2020 is 15026.

The number of patients waiting for a follow-up outpatient appointment								
Period	CTM	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Sep-19	115,138	155,786	202,523	236,502	84,384	8,289	132,054	934,676
Oct-19	114,886	148,015	202,340	234,439	78,718	7,618	131,471	917,487
Nov-19	115,272	125,746	205,042	233,853	77,481	7,692	130,648	895,734
Dec-19	Not available							
Jan-20	114,096	124,468	206,683	207,987	78,642	7,772	131,090	870,738

The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

NOT BOOKED

	CT	Bridgend	CTM
Apr-19	11140	5786	16926
May-19	8645	6601	15246
Jun-19	8046	7382	15428
Jul-19	7921	9385	17306
Aug-19	7260	9596	16856
Sep-19	7092	9467	16559
Oct-19	6537	9717	16254
Nov-19	6436	9533	15969
Dec-19	6647	9629	16276
Jan-20	6087	8939	15026

Cwm Taf

See table above

Bridgend

See table above

Cwm Taf Morgannwg					
Census January 2020	0-25% delay	25-50% delay	50-100% delay	>100% delay	Total
Ophthalmology	956	918	1141	2672	5687
Trauma & Orthopaedic	769	556	727	2354	4406
Cardiology	411	280	280	1911	2882
General Medicine	239	170	311	1315	2035
Urology	327	264	357	750	1698
ENT	348	182	221	918	1669
Gynaecology	282	223	288	723	1516
Mental Handicap	141	106	214	926	1387
Endocrinology	263	201	350	491	1305
Thoracic Medicine	128	116	194	640	1078
Dermatology	163	84	116	427	790
Child & Adolescent Psychiatry	137	121	124	170	552
Gastroenterology	166	115	115	123	519
Obstetrics - AN (outpatients)	2	1	2	477	482
Paediatrics	240	80	54	61	435
Oral Surgery	76	66	105	122	369
General Surgery	150	60	38	68	316
Rheumatology	42	27	33	172	274
Nephrology	17	5	13	108	143
Mental Illness	62	24	24	30	140
Midwifery	0	1	1	132	134
Radiology	0	0	0	131	131
Obstetrics (patients using a bed)	2	0	1	98	101
Anaesthetics	23	8	17	35	83
Clinical Oncology	8	8	4	50	70
Restorative Dentistry	3	4	3	52	62
Paediatric Neurology	5	10	11	3	29
General Pathology	0	0	11	17	28
Clinical Physiology	2	1	5	15	23
Rehabilitation	0	0	3	20	23
Neurology	9	0	7	4	20
Old Age Psychiatry	16	2	1	0	19
Clinical Haematology	5	1	7	1	14
Community Medicine	3	1	0	6	10
Orthodontics	6	0	0	1	7
Palliative Medicine	2	1	1	1	5
Obstetrics - PN (outpatients)	0	0	0	1	1
Chemical Pathology	0	0	0	1	1
Total	5003	3636	4779	15026	28444

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: January 2020	Target: 12 Month Reduction Trend																																																																																																																																																																																																																																																																																																																																																													
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Cwm Taf Morgannwg			How are we doing? The number of patients waiting for an outpatient follow-up (booked) who are currently delayed 100% past their agreed target date as at the end of January 2020 was 4489.					The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%																																																																																																																																																																																																																																																																																																																																																						
<table><tr><td></td><td colspan="3">The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</td></tr><tr><td></td><td colspan="3">BOOKED</td></tr><tr><td></td><td>CT</td><td>Bridgend</td><td>CTM</td></tr><tr><td>Apr-19</td><td>2627</td><td>3096</td><td>5723</td></tr><tr><td>May-19</td><td>2842</td><td>2754</td><td>5596</td></tr><tr><td>Jun-19</td><td>2483</td><td>2023</td><td>4506</td></tr><tr><td>Jul-19</td><td>2649</td><td>1264</td><td>3913</td></tr><tr><td>Aug-19</td><td>2614</td><td>1484</td><td>4098</td></tr><tr><td>Sep-19</td><td>2766</td><td>1440</td><td>4206</td></tr><tr><td>Oct-19</td><td>2639</td><td>1428</td><td>4067</td></tr><tr><td>Nov-19</td><td>2477</td><td>1417</td><td>3894</td></tr><tr><td>Dec-19</td><td>2644</td><td>1377</td><td>4021</td></tr><tr><td>Jan-20</td><td>2848</td><td>1641</td><td>4489</td></tr></table>				The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%				BOOKED				CT	Bridgend	CTM	Apr-19	2627	3096	5723	May-19	2842	2754	5596	Jun-19	2483	2023	4506	Jul-19	2649	1264	3913	Aug-19	2614	1484	4098	Sep-19	2766	1440	4206	Oct-19	2639	1428	4067	Nov-19	2477	1417	3894	Dec-19	2644	1377	4021	Jan-20	2848	1641	4489	<table><tr><th colspan="6">Cwm Taf Morgannwg</th></tr><tr><th></th><th>0% up to 25% delay</th><th>25% up to 50% delay</th><th>Over 50% up to 100% delay</th><th>Over 100% delay</th><th>Total</th></tr><tr><td>Census January 2020</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Ophthalmology</td><td>459</td><td>302</td><td>310</td><td>709</td><td>1780</td></tr><tr><td>ENT</td><td>334</td><td>219</td><td>237</td><td>196</td><td>986</td></tr><tr><td>Trauma & Orthopaedic</td><td>266</td><td>152</td><td>150</td><td>390</td><td>958</td></tr><tr><td>General Medicine</td><td>209</td><td>130</td><td>169</td><td>330</td><td>838</td></tr><tr><td>Paediatrics</td><td>253</td><td>136</td><td>130</td><td>152</td><td>671</td></tr><tr><td>Gastroenterology</td><td>194</td><td>145</td><td>168</td><td>126</td><td>633</td></tr><tr><td>Gynaecology</td><td>149</td><td>80</td><td>91</td><td>308</td><td>628</td></tr><tr><td>Dermatology</td><td>173</td><td>140</td><td>128</td><td>186</td><td>627</td></tr><tr><td>Cardiology</td><td>162</td><td>98</td><td>102</td><td>263</td><td>625</td></tr><tr><td>Rheumatology</td><td>200</td><td>113</td><td>132</td><td>171</td><td>616</td></tr><tr><td>Mental Illness</td><td>154</td><td>88</td><td>75</td><td>273</td><td>590</td></tr><tr><td>General Surgery</td><td>188</td><td>85</td><td>118</td><td>194</td><td>585</td></tr><tr><td>Urology</td><td>101</td><td>67</td><td>105</td><td>309</td><td>582</td></tr><tr><td>Child & Adolescent Psychiatry</td><td>84</td><td>80</td><td>101</td><td>97</td><td>362</td></tr><tr><td>Endocrinology</td><td>99</td><td>63</td><td>61</td><td>122</td><td>345</td></tr><tr><td>General Pathology</td><td>28</td><td>20</td><td>94</td><td>162</td><td>304</td></tr><tr><td>Thoracic Medicine</td><td>42</td><td>32</td><td>28</td><td>141</td><td>243</td></tr><tr><td>Clinical Haematology</td><td>101</td><td>38</td><td>59</td><td>41</td><td>239</td></tr><tr><td>Anaesthetics</td><td>39</td><td>18</td><td>37</td><td>109</td><td>203</td></tr><tr><td>Nephrology</td><td>90</td><td>46</td><td>28</td><td>21</td><td>185</td></tr><tr><td>Oral Surgery</td><td>49</td><td>34</td><td>36</td><td>49</td><td>168</td></tr><tr><td>Neurology</td><td>50</td><td>19</td><td>29</td><td>43</td><td>141</td></tr><tr><td>Orthodontics</td><td>33</td><td>14</td><td>19</td><td>32</td><td>98</td></tr><tr><td>Clinical Physiology</td><td>18</td><td>13</td><td>10</td><td>20</td><td>61</td></tr><tr><td>Community Medicine</td><td>15</td><td>9</td><td>5</td><td>18</td><td>47</td></tr><tr><td>Old Age Psychiatry</td><td>34</td><td>7</td><td>1</td><td>1</td><td>43</td></tr><tr><td>Clinical Oncology</td><td>5</td><td>1</td><td>0</td><td>15</td><td>21</td></tr><tr><td>Obstetrics - AN (outpatients)</td><td>3</td><td>3</td><td>0</td><td>6</td><td>12</td></tr><tr><td>Restorative Dentistry</td><td>4</td><td>3</td><td>3</td><td>1</td><td>11</td></tr><tr><td>Mental Handicap</td><td>1</td><td>2</td><td>3</td><td>1</td><td>7</td></tr><tr><td>Midwifery</td><td>0</td><td>1</td><td>0</td><td>3</td><td>4</td></tr><tr><td>Obstetrics (patients using a bed)</td><td>3</td><td>0</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Palliative Medicine</td><td>1</td><td>0</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Paediatric Neurology</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Total</td><td>3541</td><td>2159</td><td>2430</td><td>4489</td><td>12619</td></tr></table>					Cwm Taf Morgannwg							0% up to 25% delay	25% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total	Census January 2020						Ophthalmology	459	302	310	709	1780	ENT	334	219	237	196	986	Trauma & Orthopaedic	266	152	150	390	958	General Medicine	209	130	169	330	838	Paediatrics	253	136	130	152	671	Gastroenterology	194	145	168	126	633	Gynaecology	149	80	91	308	628	Dermatology	173	140	128	186	627	Cardiology	162	98	102	263	625	Rheumatology	200	113	132	171	616	Mental Illness	154	88	75	273	590	General Surgery	188	85	118	194	585	Urology	101	67	105	309	582	Child & Adolescent Psychiatry	84	80	101	97	362	Endocrinology	99	63	61	122	345	General Pathology	28	20	94	162	304	Thoracic Medicine	42	32	28	141	243	Clinical Haematology	101	38	59	41	239	Anaesthetics	39	18	37	109	203	Nephrology	90	46	28	21	185	Oral Surgery	49	34	36	49	168	Neurology	50	19	29	43	141	Orthodontics	33	14	19	32	98	Clinical Physiology	18	13	10	20	61	Community Medicine	15	9	5	18	47	Old Age Psychiatry	34	7	1	1	43	Clinical Oncology	5	1	0	15	21	Obstetrics - AN (outpatients)	3	3	0	6	12	Restorative Dentistry	4	3	3	1	11	Mental Handicap	1	2	3	1	7	Midwifery	0	1	0	3	4	Obstetrics (patients using a bed)	3	0	0	0	3	Palliative Medicine	1	0	1	0	2	Paediatric Neurology	0	1	0	0	1	Total	3541	2159	2430	4489	12619	<table><tr><th>Period</th><th>CTM</th><th>Aneurin Bevan</th><th>Betsi Cadwala</th><th>Cardiff & Vale</th><th>Hywel Dda</th><th>Powys</th><th>Swansea Bay</th><th>Wales</th></tr><tr><td>Sep-19</td><td>20,570</td><td>10,466</td><td>55,531</td><td>79,112</td><td>29,411</td><td>450</td><td>23,537</td><td>219,077</td></tr><tr><td>Oct-19</td><td>20,274</td><td>9,382</td><td>55,967</td><td>76,652</td><td>20,227</td><td>412</td><td>21,778</td><td>204,692</td></tr><tr><td>Nov-19</td><td>19,863</td><td>8,379</td><td>55,463</td><td>79,641</td><td>17,322</td><td>501</td><td>20,498</td><td>201,667</td></tr><tr><td>Dec-19</td><td colspan="8">Not available</td></tr><tr><td>Jan-20</td><td>19,515</td><td>7,853</td><td>58,066</td><td>67,668</td><td>17,914</td><td>274</td><td>19,969</td><td>191,259</td></tr></table>									Period	CTM	Aneurin Bevan	Betsi Cadwala	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales	Sep-19	20,570	10,466	55,531	79,112	29,411	450	23,537	219,077	Oct-19	20,274	9,382	55,967	76,652	20,227	412	21,778	204,692	Nov-19	19,863	8,379	55,463	79,641	17,322	501	20,498	201,667	Dec-19	Not available								Jan-20	19,515	7,853	58,066	67,668	17,914	274	19,969	191,259
	The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%																																																																																																																																																																																																																																																																																																																																																													
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	CT	Bridgend	CTM																																																																																																																																																																																																																																																																																																																																																											
Apr-19	2627	3096	5723																																																																																																																																																																																																																																																																																																																																																											
May-19	2842	2754	5596																																																																																																																																																																																																																																																																																																																																																											
Jun-19	2483	2023	4506																																																																																																																																																																																																																																																																																																																																																											
Jul-19	2649	1264	3913																																																																																																																																																																																																																																																																																																																																																											
Aug-19	2614	1484	4098																																																																																																																																																																																																																																																																																																																																																											
Sep-19	2766	1440	4206																																																																																																																																																																																																																																																																																																																																																											
Oct-19	2639	1428	4067																																																																																																																																																																																																																																																																																																																																																											
Nov-19	2477	1417	3894																																																																																																																																																																																																																																																																																																																																																											
Dec-19	2644	1377	4021																																																																																																																																																																																																																																																																																																																																																											
Jan-20	2848	1641	4489																																																																																																																																																																																																																																																																																																																																																											
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Ophthalmology	459	302	310	709	1780																																																																																																																																																																																																																																																																																																																																																									
ENT	334	219	237	196	986																																																																																																																																																																																																																																																																																																																																																									
Trauma & Orthopaedic	266	152	150	390	958																																																																																																																																																																																																																																																																																																																																																									
General Medicine	209	130	169	330	838																																																																																																																																																																																																																																																																																																																																																									
Paediatrics	253	136	130	152	671																																																																																																																																																																																																																																																																																																																																																									
Gastroenterology	194	145	168	126	633																																																																																																																																																																																																																																																																																																																																																									
Gynaecology	149	80	91	308	628																																																																																																																																																																																																																																																																																																																																																									
Dermatology	173	140	128	186	627																																																																																																																																																																																																																																																																																																																																																									
Cardiology	162	98	102	263	625																																																																																																																																																																																																																																																																																																																																																									
Rheumatology	200	113	132	171	616																																																																																																																																																																																																																																																																																																																																																									
Mental Illness	154	88	75	273	590																																																																																																																																																																																																																																																																																																																																																									
General Surgery	188	85	118	194	585																																																																																																																																																																																																																																																																																																																																																									
Urology	101	67	105	309	582																																																																																																																																																																																																																																																																																																																																																									
Child & Adolescent Psychiatry	84	80	101	97	362																																																																																																																																																																																																																																																																																																																																																									
Endocrinology	99	63	61	122	345																																																																																																																																																																																																																																																																																																																																																									
General Pathology	28	20	94	162	304																																																																																																																																																																																																																																																																																																																																																									
Thoracic Medicine	42	32	28	141	243																																																																																																																																																																																																																																																																																																																																																									
Clinical Haematology	101	38	59	41	239																																																																																																																																																																																																																																																																																																																																																									
Anaesthetics	39	18	37	109	203																																																																																																																																																																																																																																																																																																																																																									
Nephrology	90	46	28	21	185																																																																																																																																																																																																																																																																																																																																																									
Oral Surgery	49	34	36	49	168																																																																																																																																																																																																																																																																																																																																																									
Neurology	50	19	29	43	141																																																																																																																																																																																																																																																																																																																																																									
Orthodontics	33	14	19	32	98																																																																																																																																																																																																																																																																																																																																																									
Clinical Physiology	18	13	10	20	61																																																																																																																																																																																																																																																																																																																																																									
Community Medicine	15	9	5	18	47																																																																																																																																																																																																																																																																																																																																																									
Old Age Psychiatry	34	7	1	1	43																																																																																																																																																																																																																																																																																																																																																									
Clinical Oncology	5	1	0	15	21																																																																																																																																																																																																																																																																																																																																																									
Obstetrics - AN (outpatients)	3	3	0	6	12																																																																																																																																																																																																																																																																																																																																																									
Restorative Dentistry	4	3	3	1	11																																																																																																																																																																																																																																																																																																																																																									
Mental Handicap	1	2	3	1	7																																																																																																																																																																																																																																																																																																																																																									
Midwifery	0	1	0	3	4																																																																																																																																																																																																																																																																																																																																																									
Obstetrics (patients using a bed)	3	0	0	0	3																																																																																																																																																																																																																																																																																																																																																									
Palliative Medicine	1	0	1	0	2																																																																																																																																																																																																																																																																																																																																																									
Paediatric Neurology	0	1	0	0	1																																																																																																																																																																																																																																																																																																																																																									
Total	3541	2159	2430	4489	12619																																																																																																																																																																																																																																																																																																																																																									
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Cwm Taf	See table above																																																																																																																																																																																																																																																																																																																																																													
Bridgend	See table above																																																																																																																																																																																																																																																																																																																																																													
	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.																																																																																																																																																																																																																																																																																																																																																													

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: Feb 2019 to Jan 2020

Target: SSNAP UK Quarterly Average

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Cwm Taf Morgannwg	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	70	78	90	75	78	95	79	79	90	81	64
	No of patients within 4 hours	22	28	28	29	29	30	20	19	29	16	16
	% Compliance	31.4%	35.9%	31.1%	38.7%	37.2%	31.6%	25.3%	24.1%	32.2%	19.8%	25.0%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	4	3	2	3	1	2	3	1	4	2	1
	Total thrombolysed	9	11	5	12	11	7	8	4	11	8	8
	% Compliance	44.4%	27.3%	40.0%	25.0%	9.1%	28.6%	37.5%	25.0%	36.4%	25.0%	12.5%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	71	82	91	76	78	97	83	80	92	82	65
	No of patients within 1 hour	38	49	57	46	52	62	49	44	57	51	36
	% Compliance	53.5%	59.8%	62.6%	60.5%	66.7%	63.9%	59.0%	55.0%	62.0%	62.2%	55.4%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	71	82	91	76	78	97	83	80	92	82	65
	No of patients within 24 hours	46	53	57	52	44	68	57	51	61	53	28
	% Compliance	64.8%	64.6%	62.6%	68.4%	56.4%	70.1%	68.7%	63.8%	66.3%	64.6%	43.1%

Cwm Taf-PCH

Prince Charles Hospital	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	49	48	62	52	55	60	47	41	54	51	37
	No of patients within 4 hours	19	20	21	22	24	20	18	13	22	12	14
	% Compliance	38.8%	41.7%	33.9%	42.3%	43.6%	33.3%	38.3%	31.7%	40.7%	23.5%	37.8%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	3	0	0	2	0	2	1	1	4	1	1
	Total thrombolysed	8	6	1	8	6	3	6	3	11	2	5
	% Compliance	37.5%	0.0%	0.0%	25.0%	0.0%	66.7%	16.7%	33.3%	36.4%	50.0%	62.5%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	50	51	63	53	55	61	51	42	56	51	38
	No of patients within 1 hour	28	37	44	37	41	46	34	29	40	33	24
	% Compliance	56.0%	72.5%	69.8%	69.8%	74.5%	75.4%	66.7%	69.0%	71.4%	64.7%	63.2%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	50	51	63	53	55	61	51	42	56	51	38
	No of patients within 24 hours	35	33	43	39	39	43	37	29	37	36	22
	% Compliance	70.0%	64.7%	68.3%	73.6%	70.9%	70.5%	72.5%	69.0%	66.1%	70.6%	57.9%

Bridgend-POW

Princess of Wales Hospital	Measure	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	21	30	28	23	23	35	32	38	36	30	27
	No of patients within 4 hours	3	8	7	7	5	10	2	6	7	4	2
	% Compliance	14.3%	26.7%	25.0%	30.4%	21.7%	28.6%	6.3%	15.8%	19.4%	13.3%	7.4%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	1	3	2	1	1	0	2	0	0	1	0
	Total thrombolysed	1	5	4	4	5	4	2	1	0	6	2
	% Compliance	100.0%	60.0%	50.0%	25.0%	20.0%	0.0%	100.0%	0.0%	Nil	16.7%	0.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	21	31	28	23	23	36	32	38	36	31	27
	No of patients within 1 hour	10	12	13	9	11	16	15	15	17	18	12
	% Compliance	47.6%	38.7%	46.4%	39.1%	47.8%	44.4%	46.9%	39.5%	47.2%	58.1%	44.4%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	21	31	28	23	23	36	32	38	36	31	27
	No of patients within 24 hours	11	20	14	13	5	25	20	22	24	17	6
	% Compliance	52.4%	64.5%	50.0%	56.5%	21.7%	69.4%	62.5%	57.9%	66.7%	54.8%	22.2%

Source: SSNAP

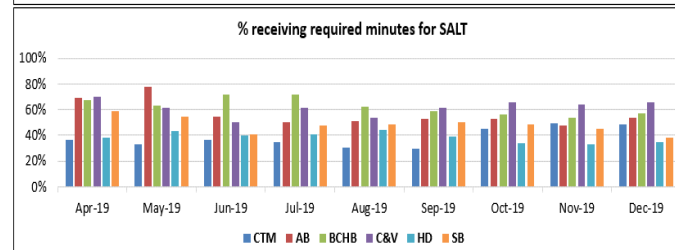
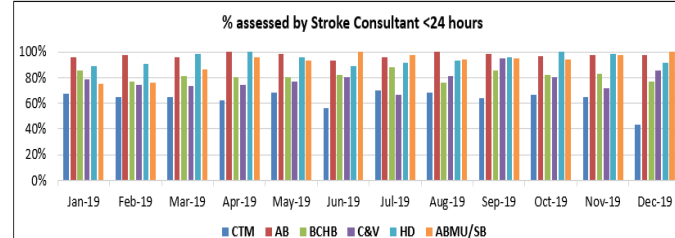
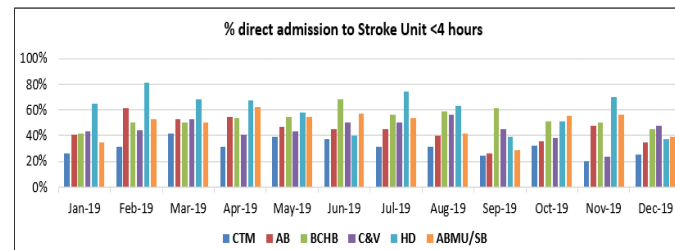
During January 2020 a total of 83 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. There were 27 patients with presentations to POW and 56 patients that presented to PCH. There were 10 patient's thrombolysed in total, 2 at POW and 8 at PCH. Five of the 10 patients were thrombolysed within 45 minutes. The January compliance for the individual sites are shown in the following tables:

Prince Charles Hospital

January 2020 Quality Improvement Measures		
Quality Improvement Measures	Aspiration	Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	N/A	14.3%
Thrombolysed patients Door To Needle <=45 mins	90%	62.5%
Percentage of patients scanned within 1 hour of clock start	N/A	60.7%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	95%	30.4%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	95%	82.4%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	95%	66.1%
Assessed by one of OT, PT, SALT within 24 hours	95%	73.2%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	95%	90.5%
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	109.9%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	N/A	72.9%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	N/A	55.5%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	100.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	37.78%
Percentage of applicable patients discharged with ESD	N/A	30.00%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	12.22%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

Princess of Wales Hospital

January 2020 Quality Improvement Measures		
Quality Improvement Measures	Aspiration	Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	N/A	7.4%
Thrombolysed patients Door To Needle <=45 mins	90%	#N/A
Percentage of patients scanned within 1 hour of clock start	N/A	44.4%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	95%	18.5%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	95%	96.0%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	95%	51.9%
Assessed by one of OT, PT, SALT within 24 hours	95%	88.9%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	95%	100.0%
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	46.1%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	N/A	44.4%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	N/A	26.4%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	#N/A
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	1.56%
Percentage of applicable patients discharged with ESD	N/A	0.00%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	1.56%
Proportion of applicable patients assessed at 6 months	N/A	0.00%



Given that both units currently run a 5 day service, review by a stroke consultant within 24 hours is very unlikely to ever reach above 70% at best, with any sickness and/or absence further exacerbating the position.

The Directorate IMTP will again state the case for a 7 day service, including additional SALT staff to address well documented shortages. A further priority is to increase the registered nurse establishment on the Acute Stroke Unit from 1.67 to 3.0 per 10 beds, as per National guidelines. Significant improvement in the achievement against these key quality improvement measures will however also require improved patient flow in the unscheduled care stream.

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 Jan 2020

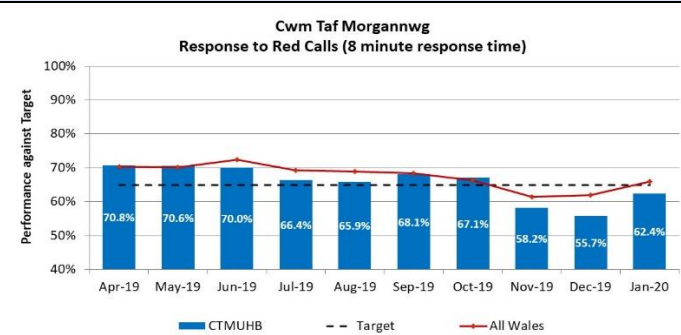
Target: 65%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

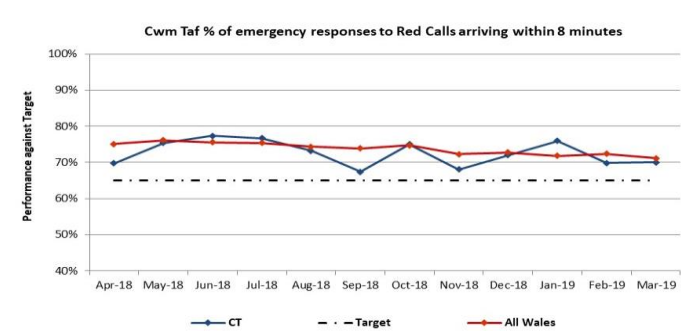


The Cwm Taf Morgannwg performance against the Red Calls Ambulance target improved from 55.7% in December to 62.4% in January but remains below the set target of 65%. The All Wales performance was just above target at 66.0%.

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

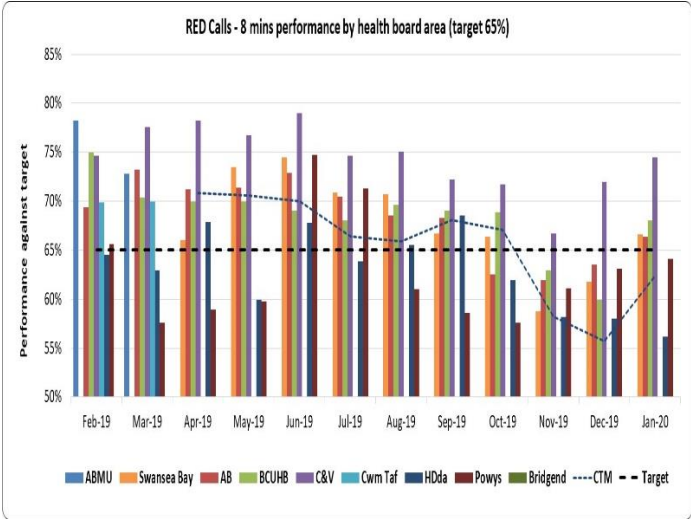
What are the risk areas?
The most significant risk is the boundary change and implications upon the service as a result.

Cwm Taf



Bridgend

Data is not currently available



Current Ranked Status	
Health Board	Jan-20
C&V	74.5%
BCU	68.0%
SB	66.6%
AB	66.4%
Powys	64.1%
CTM	62.4%
HD	56.2%

Source: Local/Information Team

<https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/emergencyambulancerecallsandresponsestoredcalls-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 Feb 2020

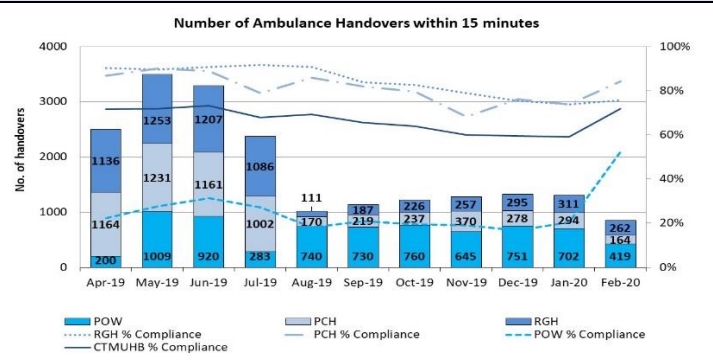
Target: Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

As Above

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 February improved to 71.8%. Compliance for POW was 52.3%, RGH 75.6% and PCH was 84.2%.

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.

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

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 Feb 2020

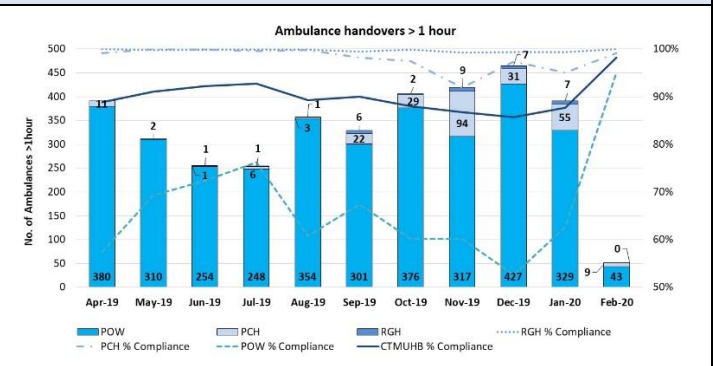
Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

As above

How are we doing?
Monitoring of the handover performance continues on a daily basis. There were 52 ambulance delays over one hour in February, an improvement on the 391 in January. POW had 43, PCH 9 and RGH had zero handovers over one hour.

The Cwm Taf Morgannwg performance for emergency ambulance services over one hour was 98.3%.

Period	Cwm Taf/ Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	ABMU/SB	Wales
Feb-19	3	519	358	351	294	619	2188
Mar-19	0	558	438	189	407	928	2544
Apr-19	Data not available						
May-19	312	629	614	200	204	646	2624
Jun-19	256	578	447	330	284	720	2634
Jul-19	255	915	811	244	251	594	3087
Aug-19	357	858	693	265	313	632	3130
Sep-19	329	932	895	357	406	778	3741
Oct-19	407	990	809	472	465	827	4009
Nov-19	420	774	792	529	670	821	4044
Dec-19	465	873	1113	489	799	863	4682
Jan-20	390	823	1041	593	751	848	4486

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 Feb 2020

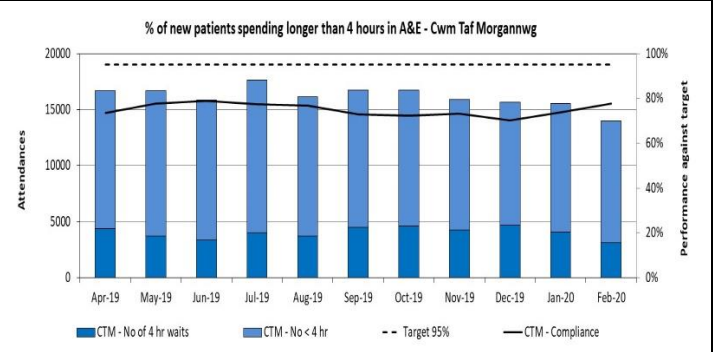
Target: 95%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

As Above

Bridgend

As Above

How are we doing?
The combined performance for Cwm Taf Morgannwg University Health Board for the 4 hour target for February 77.8%. Individual unit performance is detailed in the table below:

4 Hour A&E Performance- Target 95%		
Site	Jan 2020	Feb 2020
CTMUHB	73.8%	77.8%
PCH	73.0%	75.9%
RGH	72.5%	76.1%
POW	70.9%	77.6%
YCC	98.8%	99.8%
YCR	100.0%	100.0%

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.

Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg	Wales
Feb-19	82.7%	76.6%	72.5%	82.0%	84.4%	99.9%	77.2%	79.0%
Mar-19	82.8%	78.5%	71.1%	84.3%	81.7%	100.0%	75.7%	78.7%

Period	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Apr-19	73.5%	76.8%	69.5%	85.2%	81.3%	100.0%	74.5%	76.3%
May-19	77.8%	77.6%	71.2%	85.2%	82.8%	99.9%	76.2%	78.0%
Jun-19	77.2%	76.5%	71.8%	82.2%	84.1%	100.0%	75.4%	77.9%
Jul-19	76.0%	73.7%	73.8%	83.8%	82.1%	100.0%	74.5%	77.4%
Aug-19	75.2%	75.0%	73.1%	83.7%	82.2%	99.9%	74.3%	77.2%
Sep-19	71.3%	72.3%	71.7%	82.1%	80.3%	100.0%	71.4%	75.0%
Oct-19	72.4%	73.3%	71.2%	81.8%	81.1%	99.9%	71.0%	75.3%
Nov-19	73.5%	72.0%	72.2%	77.2%	76.8%	99.9%	73.2%	74.4%
Dec-19	70.3%	68.2%	66.8%	81.3%	75.6%	99.8%	70.9%	72.1%
Jan-20	73.8%	74.9%	68.7%	80.0%	77.9%	99.9%	71.6%	74.6%

The Health Board's performance remains comparable with peers.

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 Feb 2020

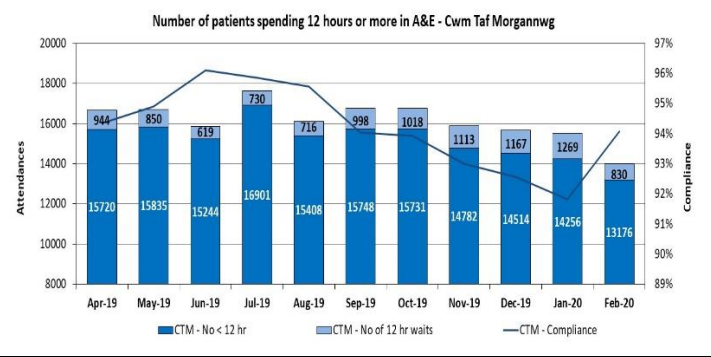
Target: Zero

Current Performance:

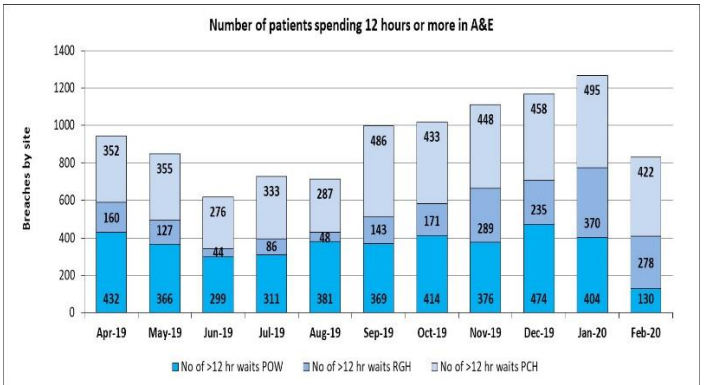
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?
The February 12 hour performance for Cwm Taf Morgannwg was 830 patient breaches. Of these breaches there were 422 at PCH, 278 at RGH and 130 at PoW.



Period	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg	Wales
Jan-19	415	615	1429	130	732	0	685	4006
Feb-19	437	561	1633	34	948	0	861	4472

Period	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Apr-19	944	752	1741	51	924	0	653	5109
May-19	848	648	1661	65	920	0	591	4797
Jun-19	619	555	1403	82	777	0	616	4057
Jul-19	754	691	2043	56	732	0	642	4918
Aug-19	770	697	1786	61	793	0	740	4847
Sep-19	912	697	1973	139	910	0	939	5708
Oct-19	1018	815	1803	173	882	0	889	5580
Nov-19	1113	821	1785	194	1053	0	927	5890
Dec-19	912	995	2265	162	1053	0	1018	6656
Jan-20	1269	924	2230	355	1066	0	1038	6882

Cwm Taf

As Above

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.

Bridgend

As Above

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

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

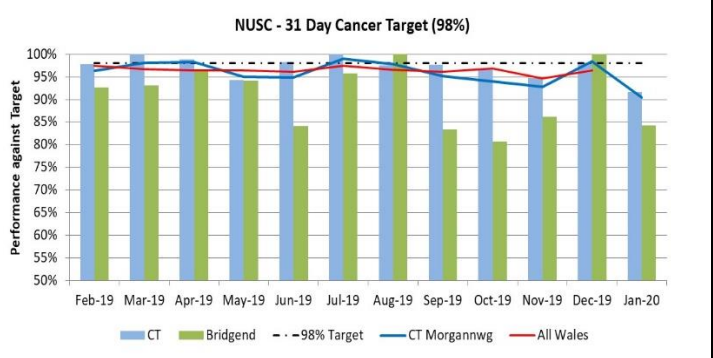
Executive Lead: Chief Operating Officer

Period: Feb 2019 to Jan 2020

Target: 98%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

CT		
Month	NUSC Treated <31	98% Target
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%
Oct-19	96.8%	98.0%
Nov-19	94.8%	98.0%
Dec-19	98.1%	98.0%
Jan-20	91.6%	98.0%

Bridgend

Bridgend		
Month	NUSC Treated <31	98% Target
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%
Oct-19	80.8%	98.0%
Nov-19	86.2%	98.0%
Dec-19	100.0%	98.0%
Jan-20	84.2%	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) target was not met for January 2020 at 91.6%.

For Bridgend, the 31 day target (NUSC) also was not reached at 84.2%.

Overall the 31 day target (NUSC) performance compliance for Cwm Taf Morgannwg for January was 90.5%.

Benchmarking: how do we compare?

Non-Urgent suspected cancer - Target 98%						
Period	Cwm Taf/CTM (1.4.19)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	ABMU/SB (1.4.19)
Jan-19	97.6%	99.5%	97.4%	94.8%	98.7%	97.7%
Feb-19	97.9%	97.5%	98.9%	95.5%	100.0%	94.7%
Mar-19	100.0%	98.2%	97.2%	96.1%	95.8%	93.5%
Apr-19	98.3%	96.3%	100.0%	95.1%	94.5%	90.8%
May-19	95.0%	97.3%	98.3%	98.6%	96.8%	91.4%
Jun-19	93.6%	94.4%	98.3%	97.2%	98.3%	93.7%
Jul-19	99.0%	96.8%	99.5%	98.5%	97.6%	91.5%
Aug-19	97.9%	95.4%	98.1%	98.6%	96.4%	93.3%
Sep-19	95.2%	96.8%	96.4%	99.0%	97.1%	91.1%
Oct-19	94.0%	93.6%	99.5%	97.8%	98.5%	97.7%
Nov-19	92.8%	90.7%	97.1%	94.6%	98.3%	94.5%
Dec-19	98.4%	92.8%	98.0%	98.8%	99.3%	91.9%

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

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

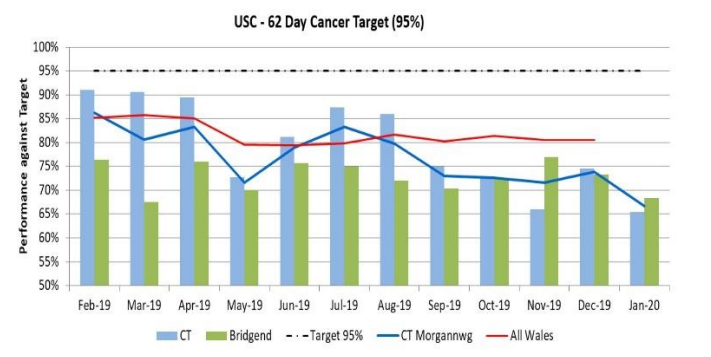
Executive Lead: Chief Operating Officer

Period: Feb 2019 to Jan 2020

Target: 95%

Current Performance: How are we doing, what actions are we taking? Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

CT		
Month	USC Treated < 62 days	Target 95%
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%
Oct-19	72.9%	95.0%
Nov-19	66.0%	95.0%
Dec-19	74.6%	95.0%
Jan-20	65.4%	95.0%

Bridgend

Bridgend		
Month	USC Treated < 62 days	95% Target
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%
Oct-19	72.3%	95.0%
Nov-19	76.9%	95.0%
Dec-19	73.3%	95.0%
Jan-20	68.4%	95.0%

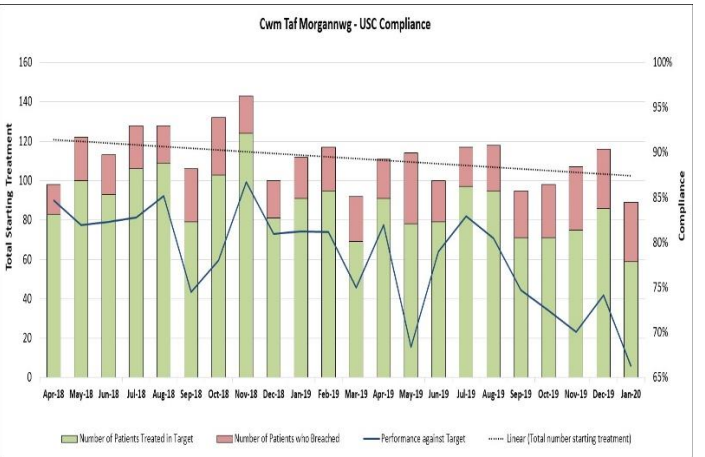
How are we doing?

For the former Cwm Taf area, the 62 day target (USC) performance was again below 90% in January at 65.4%. For Bridgend, the 62 day target (USC) performance was 68.4%.

Overall the 62 day target (USC) performance for January was 66.7%.

For Cwm Taf Morgannwg there were 30 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 table:

CTM											
USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Apr-19	8	1	1	1	1	0	2	4	2	20	83.3%
May-19	12	8	2	0	4	1	2	0	4	33	71.6%
Jun-19	8	2	3	0	4	0	1	0	1	19	78.9%
Jul-19	10	1	2	1	2	2	0	0	1	19	83.3%
Aug-19	18	2	0	0	2	1	0	0	0	23	79.8%
Sep-19	16	1	3	1	2	0	0	0	1	24	73.0%
Oct-19	16	2	4	0	1	1	0	1	1	26	72.6%
Nov-19	19	4	2	1	1	1	0	1	0	29	71.6%
Dec-19	21	0	1	2	5	0	0	0	1	30	73.9%
Jan-20	22	0	3	0	3	0	0	0	2	30	66.7%



The graph shows that whilst overall patients requiring treatment has reduced the compliance has not improved.

Urgent suspected cancer - Target 95%						
Period	Cwm Taf/CTM (1.4.19)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	ABMU/SB (1.4.19)
Jan-19	90.4%	88.0%	84.4%	85.9%	78.8%	85.4%
Feb-19	91.0%	91.4%	80.8%	87.0%	80.7%	80.6%
Mar-19	90.6%	87.2%	86.8%	84.0%	84.2%	84.1%
Apr-19	83.3%	85.8%	81.2%	85.2%	87.5%	87.0%
May-19	71.6%	82.6%	81.5%	80.6%	80.0%	80.2%
Jun-19	82.1%	75.2%	80.4%	74.2%	83.9%	80.8%
Jul-19	83.3%	78.2%	84.9%	80.0%	74.0%	75.9%
Aug-19	79.8%	78.2%	86.0%	88.0%	75.7%	83.8%
Sep-19	73.0%	71.8%	82.6%	96.5%	73.9%	85.7%
Oct-19	72.6%	81.8%	82.9%	91.0%	72.8%	84.3%
Nov-19	71.6%	72.8%	85.4%	90.4%	75.9%	85.7%
Dec-19	73.3%	76.1%	83.3%	87.5%	71.4%	92.1%

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.

SCP % Treated with Suspensions - January 2020			
Tumour site	Treated in target with suspensions	Total treated	% treated in target with suspensions
Head and neck	6	7	85.7%
Upper GI	12	20	60.0%
Lower GI	18	32	56.3%
Lung	17	24	70.8%
Sarcoma	0	1	0.0%
Skin (exc BCC)	22	24	91.7%
Breast	30	32	93.8%
Gynaecological	9	16	56.3%
Urological	17	48	35.4%
Haematological (exc acute leukaemia)	6	9	66.7%
Other	2	2	100.0%
Total	139	215	64.7%

RAG	
> 95%	Green
90%-95%	Yellow
<90%	Red

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 Jan 2020

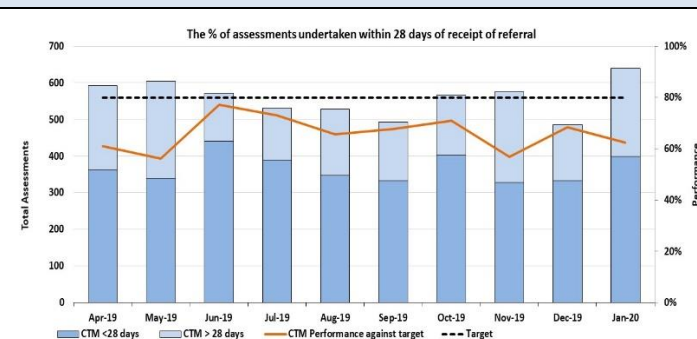
Target: 80%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



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 January has decreased from 68.31% in December to 62.0% in January.

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. There were two localities atypical deterioration in performance in month in line with this, Morgannwg and Merthyr & Cynon.

Cwm Taf

As above

A small waiting list initiative has been extended to support the service whilst work linked to the new Transformation fund is finalised and implemented and the first posts have been recruited to and post holders will commence in April 2020.

Work is also ongoing with support from the Delivery Unit to review all processes related to managing demand and delivering optimum capacity. Weekly dmenad and capacity meetings have been instigated to flex the service response in a timely way and improvements to processes are progressing.

Bridgend

As above

Two people have been appointed to work directly in the primary care MDT and should take up posts in May. Further staff are being advertised for.

% of assessments by the LPMHSS undertaken within 28 days from the date of referral (target 80%)							
Period	CT	AB	BCU	C&V	H Dda	Powys	AGMU
Jan-19	44.0%	88.7%	65.2%	55.5%	92.5%	84.7%	72.6%
Feb-19	55.2%	86.0%	19.3%	90.4%	N/A	90.2%	79.8%
Mar-19	51.2%	80.6%	75.6%	75.0%	91.9%	88.0%	76.8%
Period	CTM	AB	BCU	C&V	H Dda	Powys	SB
Apr-19	61.0%	86.9%	74.6%	56.4%	93.4%	78.6%	86.1%
May-19	56.1%	83.1%	63.3%	49.8%	87.3%	81.8%	84.8%
Jun-19	77.1%	80.9%	63.7%	48.6%	94.3%	81.0%	84.6%
Jul-19	73.1%	82.4%	66.3%	41.6%	85.8%	87.4%	80.7%
Aug-19	65.7%	86.3%	65.8%	57.9%	82.3%	87.9%	79.4%
Sep-19	67.7%	88.0%	59.8%	80.3%	N/A	84.1%	81.9%
Oct-19	71.0%	88.0%	68.6%	78.7%	93.6%	82.9%	92.8%
Nov-19	56.8%	89.8%	68.7%	74.3%	88.6%	89.2%	92.2%
Dec-19	68.3%	88.5%	69.8%	77.6%	90.3%	90.2%	87.2%

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 Jan 2020

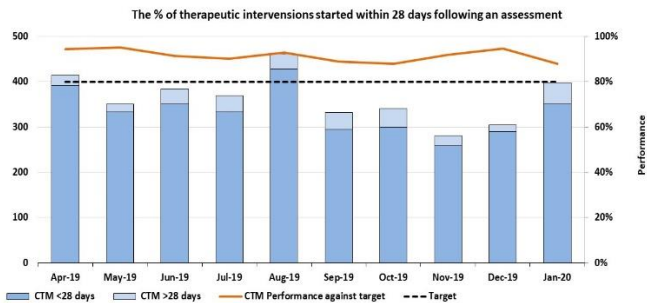
Target: 80%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

As above

Bridgend

As above

The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS has decreased from 94.75% in December to 88.0% in January.

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. Timely interventions are important as part of keeping people engaged in interventions that will help their recovery.

% of therapeutic interventions started within 28 days following assessment by LPMHSS (target 80%)							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	ABMU
Jan-19	92.7%	83.4%	48.8%	89.7%	87.2%	72.3%	86.1%
Feb-19	93.9%	82.0%	67.1%	85.2%	N/A	75.5%	87.5%
Mar-19	95.1%	83.8%	68.0%	71.2%	81.5%	74.7%	87.7%
Period	CTM	AB	BCU	C&V	H Dda	Powys	SB
Apr-19	94.4%	78.3%	70.3%	69.6%	89.8%	71.8%	97.6%
May-19	95.1%	66.8%	62.2%	55.9%	86.3%	61.6%	94.4%
Jun-19	91.4%	60.9%	72.2%	55.4%	88.0%	59.6%	98.5%
Jul-19	90.2%	73.1%	70.7%	62.3%	90.6%	49.6%	97.9%
Aug-19	92.8%	59.3%	66.8%	81.1%	87.0%	51.9%	91.6%
Sep-19	88.9%	82.9%	65.6%	79.9%	N/A	58.4%	92.9%
Oct-19	87.9%	91.6%	76.5%	80.4%	84.9%	62.1%	97.6%
Nov-19	91.8%	82.3%	74.2%	84.0%	86.0%	59.7%	92.2%
Dec-19	94.8%	88.1%	74.5%	88.1%	85.8%	72.8%	94.5%

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

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: 2019/20 to Qtr 3

Target: 80% (5 working days)

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

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%			
Health Board	2019/20		
	Q1	Q2	Q3
AB	100%	100%	100%
BCU	100%	100%	100%
C&V	100%	100%	100%
CTM	100%	100%	100%
HDda	100%	100%	100%
Powys	100%	100%	100%
SB	100%	100%	100%
Wales	100%	100%	100%

The IMHA performance for Cwm Taf University Health Board has consistently been maintained at 100%.

As shown in the tables to the left.

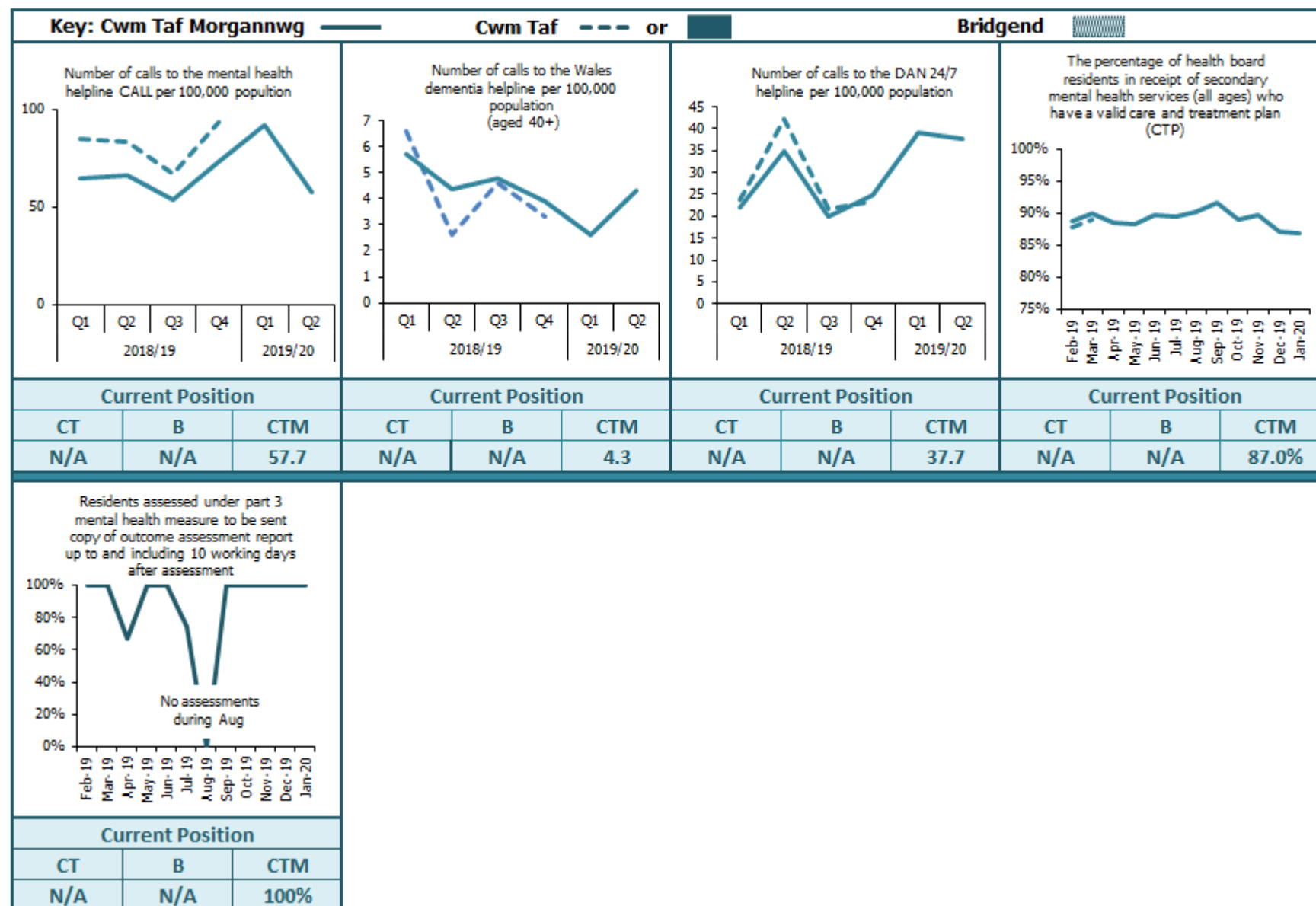
Cwm Taf

% 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%	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%	100%	100%	100%	100%	100%
Powys	100%	100%	100%	100%	100%	100%	100%	100%
Wales	100%	100%	100%	99%	100%	100%	100%	100%

Bridgend

Source: Local Mental Health

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



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

Period: 2018/19 & Qtr. 3 2019/20

Executive Lead: Director of Primary, Community and Mental Health

Target: 4 Quarter Improvement Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

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	Q2	Q3
64.5	65.9	53.9	72.9	92.3	57.7	54.4

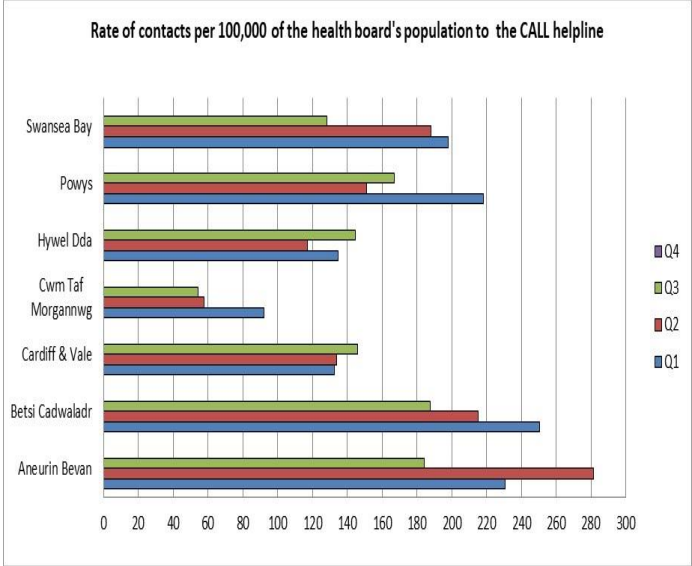
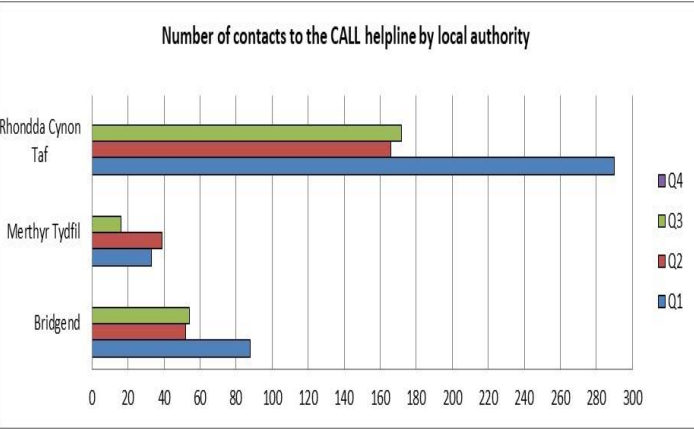
Cwm Taf			
Cwm Taf			
Number of calls to the mental health helpline CALL per 100,000 population			
2018/19			
Q1	Q2	Q3	Q4
84.6	83.6	67.2	93.6

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

Contacts to the CALL 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	92.3	57.7 ↓	54.4 ↓	
Number of contacts for health board	NA	411	257 ↓	242 ↓	
Percentage of the Wales total	NA	7.1%	4.7% ↓	5.2% ↑	

For quarter 3 2019-20, 242 contacts were made to the CALL helpline from the Cwm Taf Morgannwg University Health Board area (approximately 54 contacts per 100,000 of its population). This accounted 5.2% of the all Wales total. The local authority area with the highest number of callers is Rhondda Cynon Taf (172) – 71.1% of Cwm Taf Morgannwg total.

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



For quarter 3 2019-20, 4,728 contacts were made to the CALL helpline, of which 4,646 were made by citizens living in Wales (approximately 148 calls per 100,000 of the population). The health board area with the highest rate is Betsi Cadwaladr (with a rate of 188 calls per 100,000 of its population), followed by Aneurin Bevan (a rate of 184 calls per 100,000). The health board with the lowest rate is Cwm Taf Morgannwg (54 calls per 100,000).

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. 3 2019/20

Target: 4 Quarter Improvement Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

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	Q2	Q3
5.7	4.4	4.8	3.9	2.6	4.3	3

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

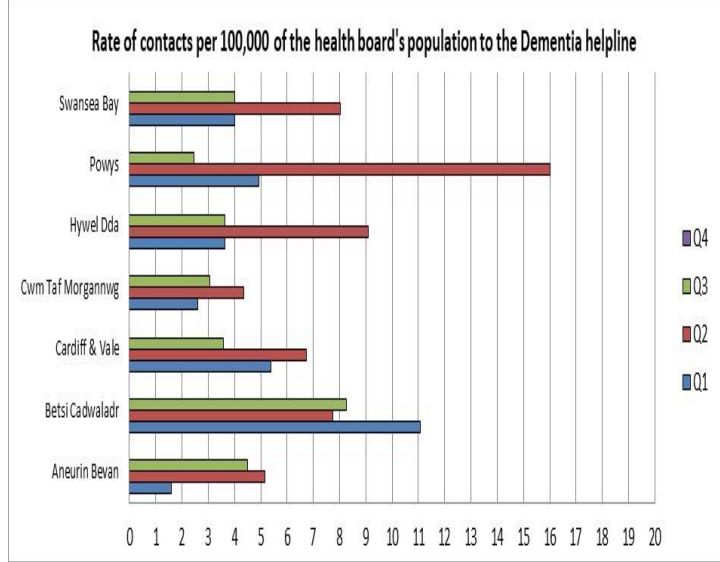
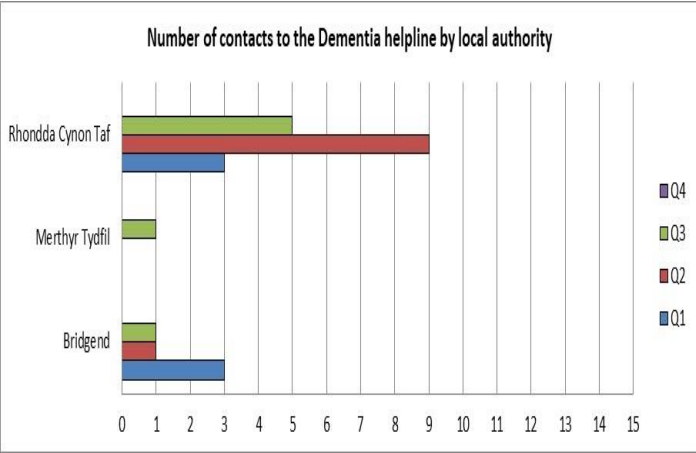
Bridgend

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

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	4.3	↑ 3.0	↓	
Number of contacts for health board	NA	6	10	↑ 7	↓	
Percentage of the Wales total	Na	7.0%	8.3%	↑ 8.9%	↑	

*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 3 2019-20, 7 contacts to the dementia helpline were made from the Cwm Taf Morgannwg area. This accounted for 8.9% of the all Wales total. Although the number of residents contacting the dementia helpline is low, the local authority area with the largest number of callers is Rhondda Cynon Taf (with 5 calls).



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 3 was 84, of which 79 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 8 calls per 100,000 of its population), whilst Powys has the lowest (2 calls per 100,000).

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. 3 2019/20

Target: 4 Quarter Improvement Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

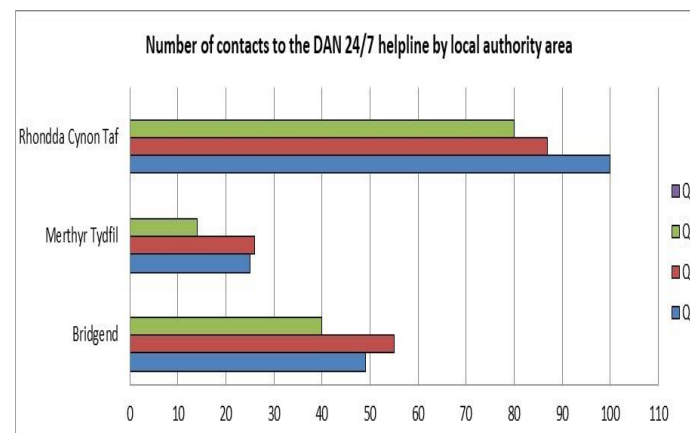
Cwm Taf Morgannwg

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	Q2	Q3
21.9	35	19.8	24.8	39.1	37.7	30.1

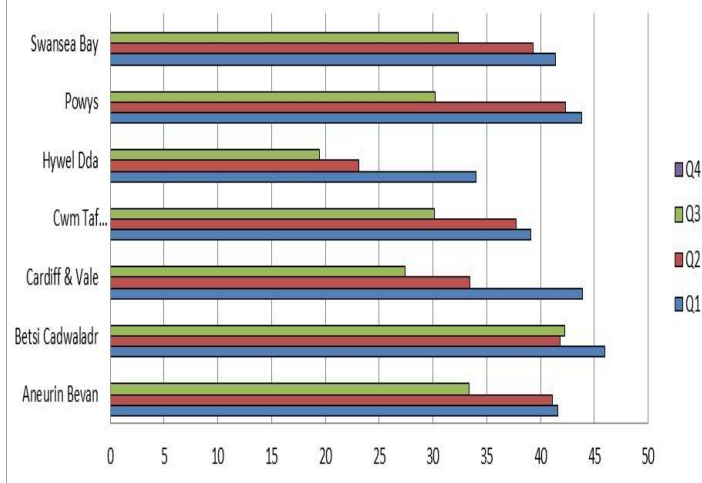
Contacts to the DAN 24/7 helpline – Cwm Taf Morgannwg University Health Board					
	2018-19	2019-20			
	Q4	Q1	Q2	Q3	Q4
Rate per 100,000 of health board population*	NA	39.1	37.7 ↓	30.1 ↓	
Number of contacts for health board	NA	174	168 ↓	134 ↓	
Percentage of the Wales total	NA	13.3%	14.4% ↑	13.4% ↓	

*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 3 2019-20, 134 contacts to the DAN 24/7 helpline came from Cwm Taf Morgannwg's area (approximately 30 calls per 100,000 of its population). This accounted for 13.4% of the all Wales total. The local authority area with the largest number of callers is Rhondda Cynon Taf (80) – 59.7% of Cwm Taf Morgannwg's total.



Rate of contacts per 100,000 of the health board's population to the DAN 24/7 helpline



The total number of contacts to the DAN 24/7 helpline for quarter 3 was 1,027. The number of contacts associated with individuals residing in Wales was 1,003 (approximately 32 calls per 100,000 of its population). Betsi Cadwaladr UHB's catchment areas has the highest rate of contacts (42 calls per 100,000 of its population), whilst Hywel Dda UHB's catchment area has the lowest rate (19 calls per 100,000).

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

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

Period: Feb 2019 to Jan 2020

Executive Lead: Director of Primary, Community and Mental Health

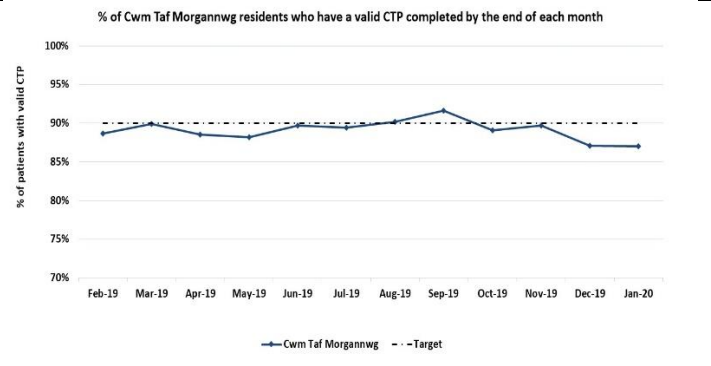
Target: 90%

Current Performance:

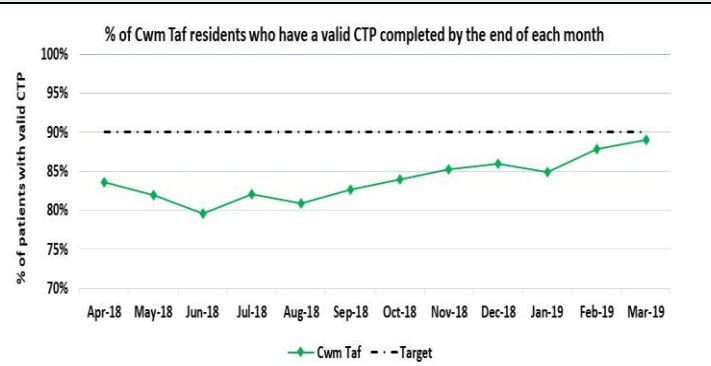
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

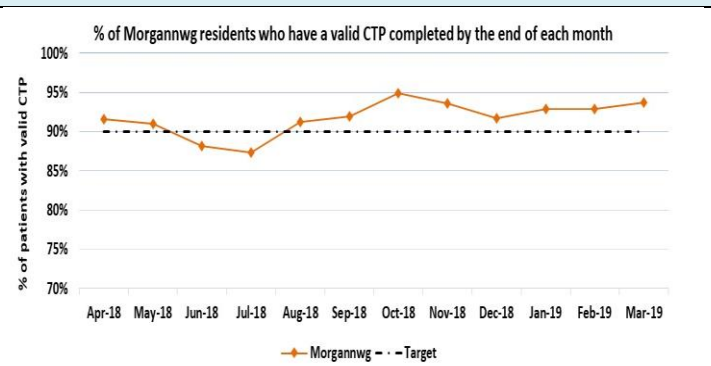
Cwm Taf Morgannwg



Cwm Taf: to 31st March 2019



Bridgend: to 31st March 2019



The performance for Cwm Taf Morgannwg at the end of January was 87.0% which is a decrease from 87.1% in December. This Performance Indicator Target remains at 90%. Compliance for CAMHS has increased to 100% in January with Learning Disabilities decreasing compliance from 92.5% in December to 87.4% in January. There has also been a slight decrease in compliance for Older Persons from 95.8% in December to 95.3% in January. Compliance has, however, increased for Adult from 84.1% in December to 84.3% in January.

- Adult 84.3%
- Older Persons Mental Health 95.3%
- Learning Disabilities 87.4%
- CAMHS 100%

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. A Project Initiation Document has been developed to support a change in approach and timescales for alternative ways of working is pending. There is an emerging pattern of a steady reduction month on month of the number of people subject to CTP in Adult Mental Health Services which is in line with the strategic plan.

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.

% 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
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%
Sep-19	91.6%	89.4%	92.0%	76.0%	92.7%	96.3%	92.1%
Oct-19	89.1%	90.3%	91.7%	75.6%	93.9%	96.9%	91.5%
Nov-19	89.7%	87.4%	90.4%	74.5%	93.0%	96.4%	91.7%
Dec-19	87.1%	89.1%	92.4%	74.0%	94.8%	86.3%	91.5%

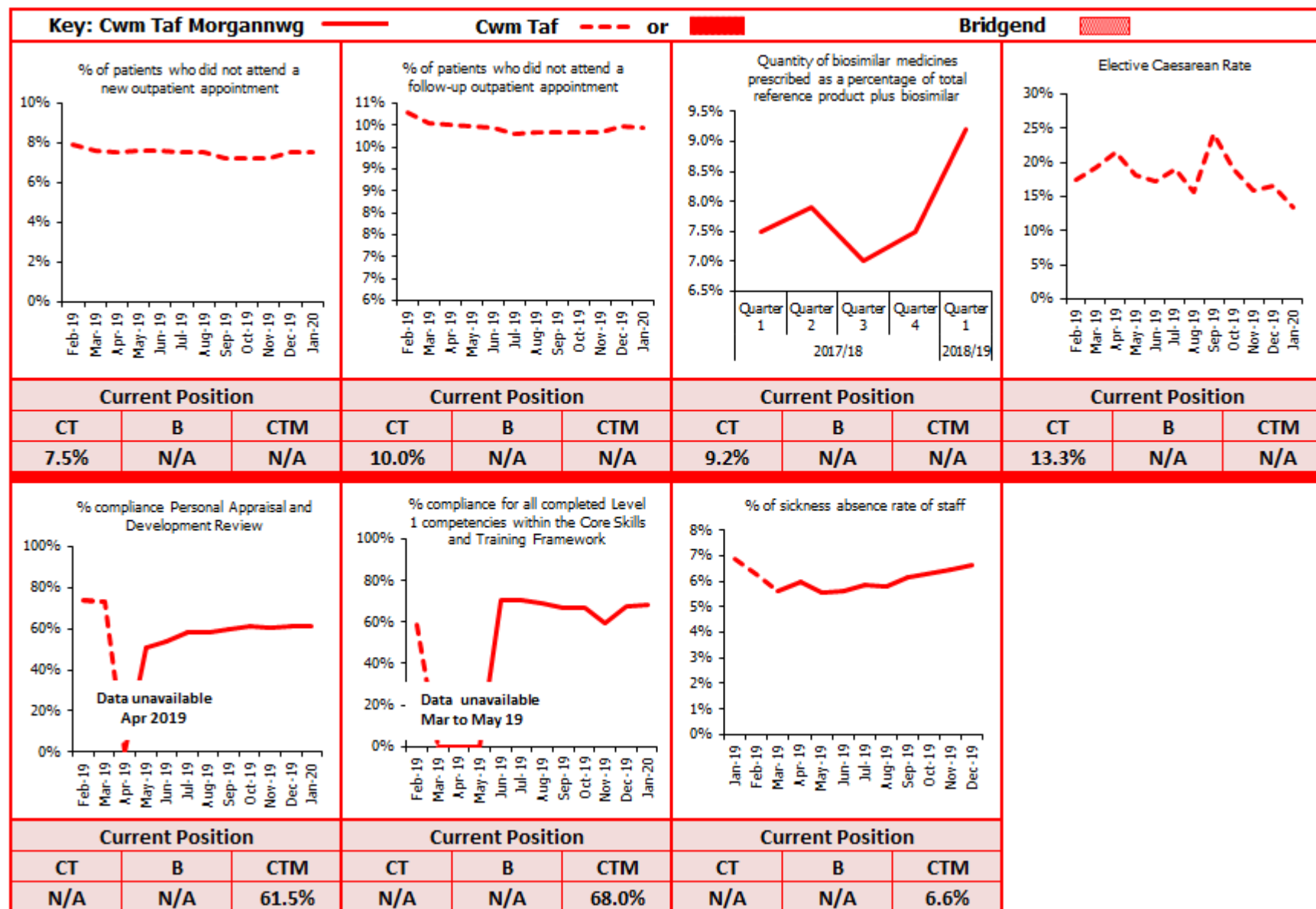
The Cwm Taf Morgannwg University Health Board performance remains below compliance in this area.

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: Feb 2019 to Jan 2020		Target: 100%	
Current Performance:		How are we doing, what actions are we taking?	Benchmarking: how do we compare?
Cwm Taf Morgannwg		There was 1 Part 3 assessment undertaken in January, all of which had outcome of assessment report was sent within 10 days.	
Cwm Taf: to 31 st March 2019			
Bridgend: to 31 st March 2019			

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



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: Feb 2019 to Jan 2020

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

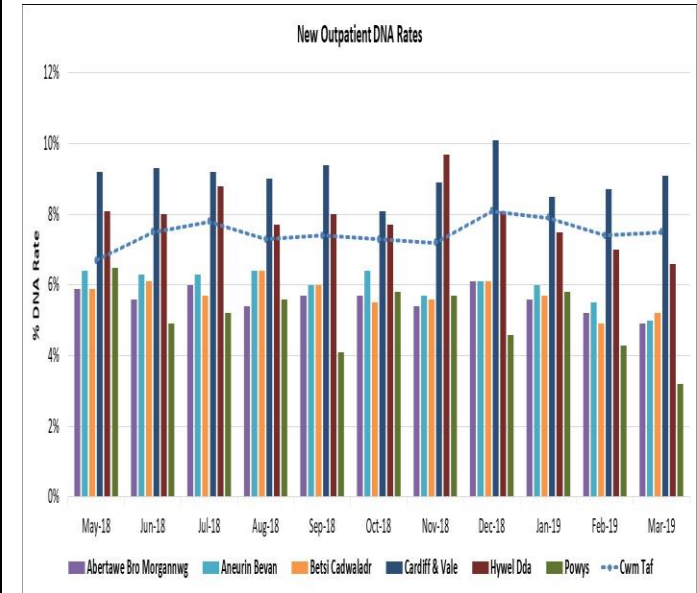
Cwm Taf Morgannwg

Data not currently available

The percentage DNA rate of new outpatient appointments for the specialties identified in the adjacent table for the rolling 12 month period to January 2020 is 7.49%.

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.



Benchmark data not available from 1st April 2019

Cwm Taf

New Outpatient DNA Rates for Specific Specialties (February 2019 to January 2020)			
Main Specialty	Number New Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5613	297	5.03%
Dermatology	4719	261	5.24%
ENT Surgery	9197	730	7.35%
Gastroenterology	2768	253	8.37%
General Medicine	4349	468	9.72%
General Surgery	10073	739	6.83%
Gynaecology	10856	891	7.58%
Haem (Clinical)	1471	93	5.95%
Nephrology	299	26	8.00%
Neurology	457	74	13.94%
Ophthalmology	9706	948	8.90%
Oral Surgery	5252	383	6.80%
Orthopaedics	13764	1073	7.23%
Paediatrics	3380	532	13.60%
Respiratory Medicine	2393	142	5.60%
Rheumatology	3609	286	7.34%
Urology	6658	465	6.53%
Total	94564	7661	7.49%

Bridgend

Data not currently available

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: Feb 2019 to Jan 2020

Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

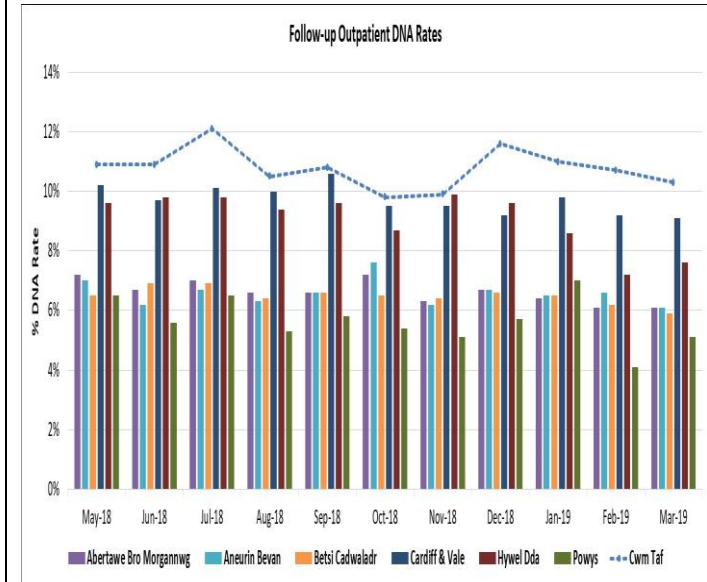
How are we doing, what actions are we taking?

The percentage DNA rate of follow up outpatient appointments for the specialties identified in the adjacent table for the rolling 12 month period to January 2020 is 9.95%.

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

Cwm Taf

Main Specialty	Number of Follow-up Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	7806	428	5.20%
Dermatology	8435	720	7.86%
ENT Surgery	15446	1678	9.80%
Gastroenterology	3979	508	11.32%
General Medicine	16371	2142	11.57%
General Surgery	12394	1256	9.20%
Gynaecology	11059	1424	11.41%
Haem (Clinical)	25283	1573	5.86%
Nephrology	1843	164	8.17%
Neurology	914	239	20.73%
Ophthalmology	29706	2994	9.16%
Oral Surgery	4882	613	11.16%
Orthopaedics	30447	3388	10.01%
Paediatrics	8815	2526	22.27%
Respiratory Medicine	4501	443	8.96%
Rheumatology	8965	1067	10.64%
Urology	9224	941	9.26%
Total	200070	22104	9.95%

Bridgend

Data not currently available

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:

How are we doing, what actions are we taking?

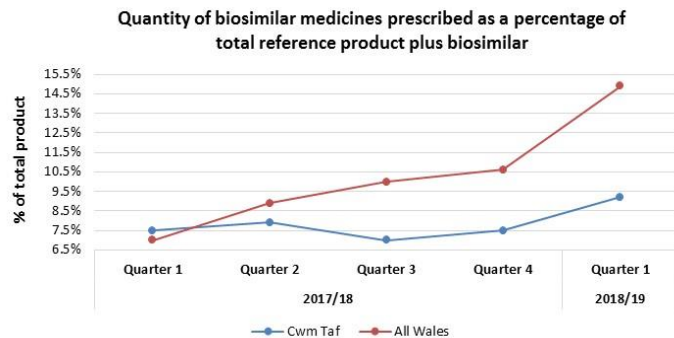
Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

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%
 Infiximab - 100%
 Rituximab - 100%
 Filgrastim primary and secondary care - 100%

Cwm Taf



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.

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

Bridgend

Data not currently available

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: Feb 2019 to Jan 2020

Target: Annual Reduction

Current Performance:

Cwm Taf Morgannwg

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.

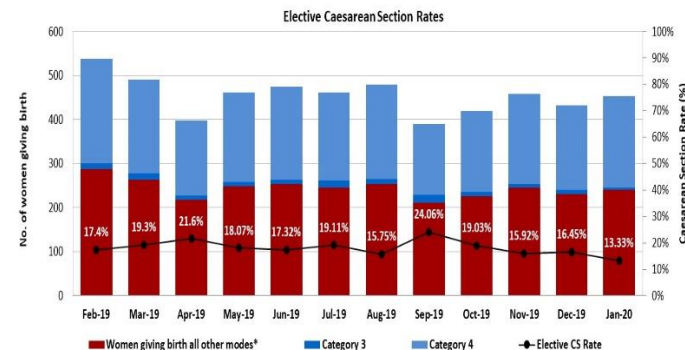
Education of Community Midwifery Teams ongoing in support of promoting choices for place of birth in line with WAG requirement for 45% of women to be offered birth in a midwifery led environment and to ensure appropriate Lead Professional throughout the pregnancy, with women returning to Midwifery Led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

Cwm Taf



Bridgend

Data not currently available

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: Feb 2019 to Jan 2020

Target: Annual Reduction

Current Performance:

Cwm Taf Morgannwg

	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Jan - 2020	Total
Planned Procedures	3466	3715	3312	3662	3519	3790	3299	3501	3799	3552	3007	3611	42313
Total No. of Cancellations	893	864	819	706	840	878	838	948	858	917	846	996	10483
% total cancellations	25.76%	23.26%	24.73%	21.46%	23.87%	23.17%	25.40%	26.47%	22.58%	25.82%	28.13%	27.58%	24.77%

How are we doing, what actions are we taking?

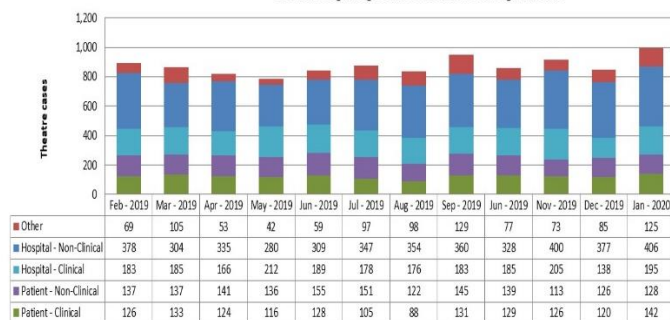
Cwm Taf

	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Jan - 2020	Total
Planned Procedures	1829	2000	1823	1865	1818	2068	1730	1890	2056	1914	1700	1969	22742
Total No. of Cancellations	374	317	387	338	358	406	327	375	417	460	465	499	4723
% total cancellations	20.45%	15.85%	21.23%	18.12%	19.69%	19.63%	18.90%	19.84%	20.28%	24.03%	26.12%	25.34%	21%

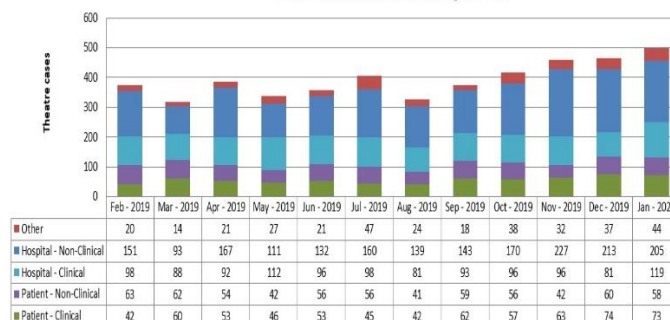
Bridgend (Princess of Wales Hospital)

	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Jan - 2020	Total
Planned Procedures	1637	1715	1489	1797	1701	1722	1569	1691	1743	1638	1227	1642	19571
Total No. of Cancellations	519	547	432	448	482	472	511	573	441	457	381	497	5760
% total cancellations	31.70%	31.90%	29.01%	24.93%	28.34%	27.41%	32.57%	33.89%	25.30%	27.90%	31.05%	30.27%	29%

Cwm Taf Morgannwg Theatre Cancellations - Rolling 12 Months



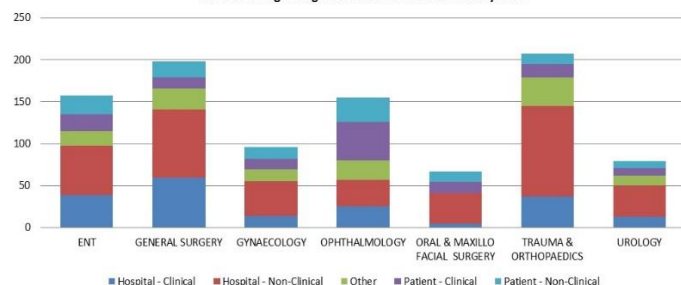
Cwm Taf Theatre Cancellations - Rolling 12 Months



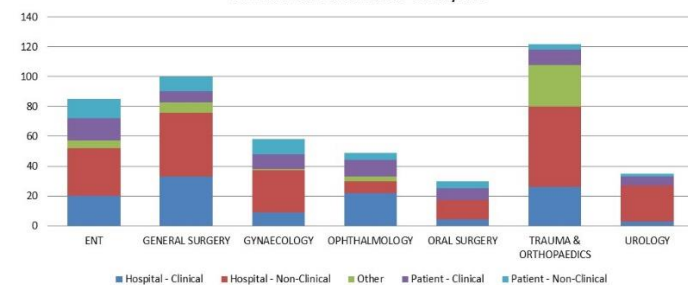
POW Theatre Cancellations - Rolling 12 Months



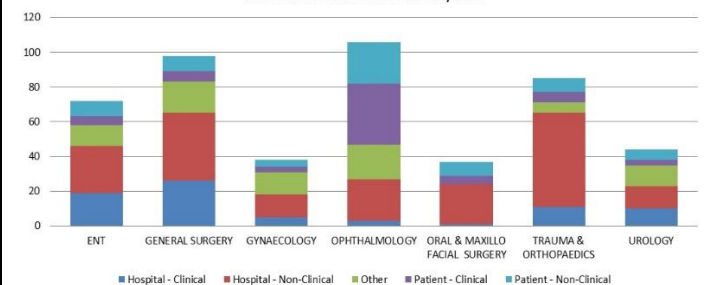
Cwm Taf Morgannwg Theatre Cancellations - January 2020



Cwm Taf Theatre Cancellations - January 2020



POW Theatre Cancellations - January 2020



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

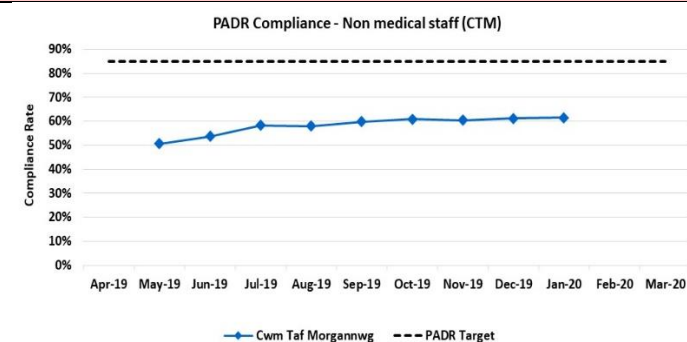
Executive Lead: Director of Workforce and Organisational Development

Period: as at 1st February 2020

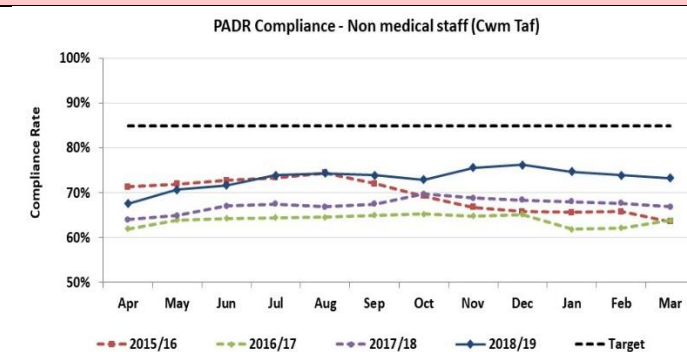
Target: 85%

Current Performance:

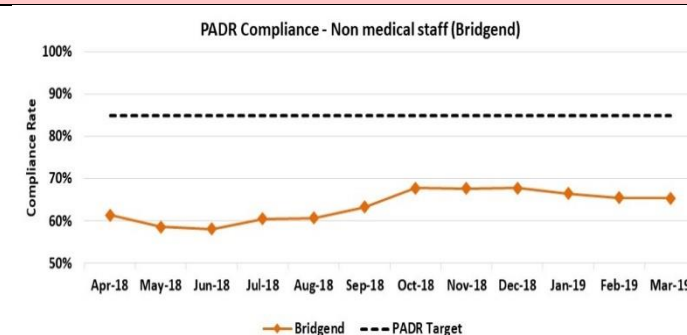
Cwm Taf Morgannwg (data available from May 2019)



Cwm Taf - To 31st March 2019



Bridgend - To 31st March 2019



Source: ESR

How are we doing, what actions are we taking?

As at 1st February 2020 PDR compliance is 61.5%*.

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.
- Providing training for reviewers

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
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%
Aug-19	65.7%	76.0%	75.5%	58.0%	78.7%	75.2%	76.0%
Sep-19	64.4%	74.3%	76.7%	58.3%	77.8%	75.3%	67.0%
Oct-19	64.3%	73.9%	76.7%	56.7%	76.9%	75.7%	65.4%

*Whilst all historical PDR data from the Bridgend area has now been manually uploaded onto ESR and are included in the compliance data above, Bridgend staff are continuing to experience problems whilst their ESR structures are set up to allow reviewers to record PDR's themselves. Where this is known L&D are continuing to enter dates manually on behalf of the reviewers

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

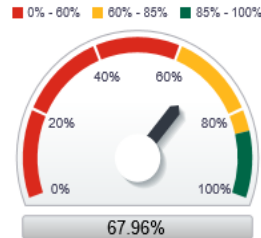
Period: as at 1st February 2020

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

UHB	Subject	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
110 Cwm Taf Morgannwg University Health Board	Equality, Diversity & Human Rights (1)	11907	11907	9543	80.15%	543	75.70%
	Fire Training (5)	11328	11412	6871	60.21%	589	55.05%
	Health, Safety and Welfare (1)	11907	11907	9310	78.19%	565	73.63%
	Infection Prevention and Control (2)	11376	11384	7098	62.35%	821	55.35%
	Information Governance (1)	11907	11907	8710	73.15%	869	66.07%
	Moving & Handling (1)	11907	11907	8993	75.53%	522	71.34%
	Resuscitation (7)	11165	12367	5696	46.06%	440	42.51%
	Safeguarding Adults (2)	11293	11293	7731	68.46%	267	66.23%
	Safeguarding Children (2)	11289	11295	8094	71.66%	330	68.83%
	Violence & Aggression (2)	11248	11260	7220	64.12%	42	63.77%

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

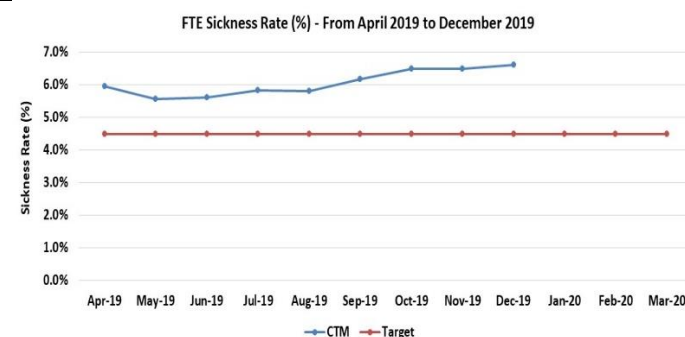
Executive Lead: Director of Workforce and Organisational Development

Period: Apr 2019 to Dec 2019

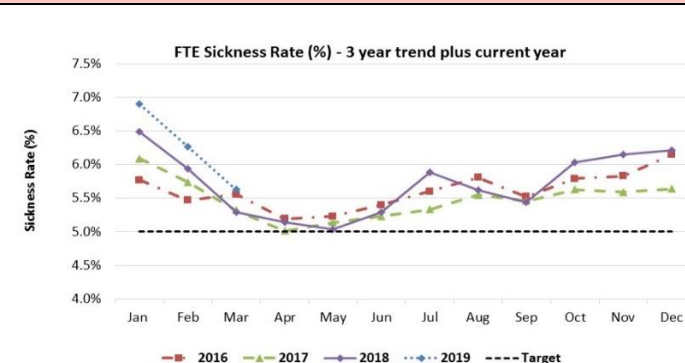
Target: 12 Month Reduction Trend

Current Performance:

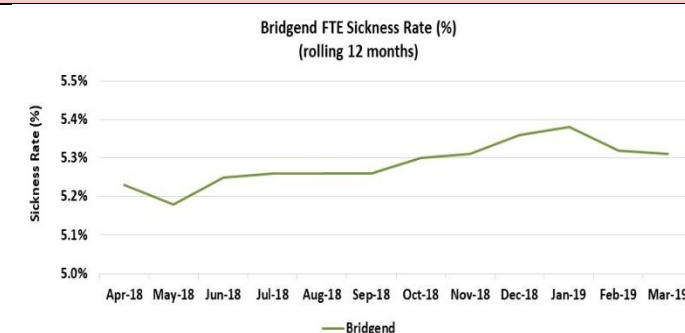
Cwm Taf Morgannwg



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 6.61% in December (6.48% in November) which is above the Health Board's target of 5%. Anxiety, stress and depression still remains the highest category of sickness absence (approximately 33%).

In January Dr Clare Wright joined the Workforce & OD team in the newly created Strategic Lead for Wellbeing post. Dr Wright will now work alongside the Workforce & OD Sickness lead (Natalie Price) to undertake a review of our current Health & Wellbeing position/ provision and look to jointly developing a revised strategy and action plan to progress this work. This planned way forward is in recognition of our worsening position, both within year and in comparison to previous years, as well as the benchmarking data. As part of this we will be looking to engage all relevant stakeholders including a working group to support this.

Hotspots: We continue to monitor hotspot areas with targeted support and encouragement to engage with sessions such as mindfulness and managing stress in the workplace.

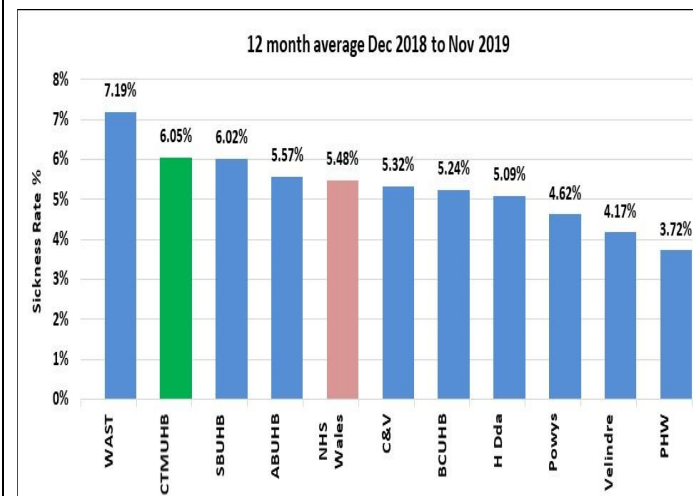
Attendance of the Managing Attendance at Work training: The percentage of all managers attending is approximately 55%.

Self-referral times for physiotherapy access: MSK illnesses are the 2nd highest reason for sickness absence, we are exploring how these could be reduced.

The introduction of dietetic expertise with OH using the FODMAP principles: this continues, as gastro illnesses are the 3rd highest reason for sickness absence and Mindfulness Courses: 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.

(*separate sickness data for Cwm Taf and POW only available on a rolling basis up until March 2019. Full rolling year will be available from March 2020)

Benchmarking: how do we compare?



For the 12 month period to Nov 2019 (All Wales Dashboard Statistics) we remain in the upper quartile of sickness absence across Wales.

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

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

Period: as at 31st January 2020

(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	2				2
Cardiology	14	2			16
Clinical Haematology		1			1
Dermatology	9	2			11
Diagnostic	8				8
Endocrinology	3				3
ENT	9	3			12
Gastroenterology	20	1			21
General Surgery	14	1			15
Geriatric Medicine	1				1
Gynaecology	11	3			14
Interventional Radiology	3				3
Neurology	8				8
Ophthalmology	20	2		1	23
Oral Surgery	29	7			36
Orthodontics	2				2
Paediatrics	3				3
Pain Management	1				1
Respiratory Medicine	4				4
Rheumatology	5				5
Trauma & Orthopaedics	39	7	7		53
Urology	34	10			44
Respiratory Physiology	13				13
Grand Total	252	39	7	1	299

Of those waiting over 52 weeks:

Specialty	53 - 56	Grand Total
Ophthalmology	1	1
Grand Total	1	1

Betsi Cadwaladr

Specialty	<=26 Weeks	>26 <=36 Weeks	Grand Total
Gastroenterology		1	1
General Surgery	1		1
Ophthalmology	1		1
Trauma & Orthopaedics	1		1
Grand Total	3	1	4

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	10				10
Anaesthetics	4				4
Cardiology	138	14	1		153
Cardiothoracic Surgery	57	10	6	1	74
Clinical Haematology	42	4			46
Clinical Immunology And Allergy	114	12	17		143
Clinical Pharmacology	2				2
Dental Medicine Specialties	10	2			12
Dermatology	53	9			62
Diagnostic	4				4
ENT	75	14	4		93
Gastroenterology	15				15
General Medicine	65	2			67
General Surgery	111	10	2		123
Geriatric Medicine	1				1
Gynaecology	66	17	1		84
Nephrology	8				8
Neurology	791	136	3		930
Neurosurgery	127	10			137
Ophthalmology	222	77	32	1	332
Oral Surgery	56	12			68
Orthodontics	14	1			15
Paediatric Dentistry	65	8			73
Paediatric Neurology	19				19
Paediatric Surgery	99	14	9		122
Paediatrics	102	8	1		111
Pain Management	18	5			23
Rehabilitation Service	1				1
Respiratory Medicine	16	1			17
Restorative Dentistry	18	8			26
Rheumatology	10	1			11
Trauma & Orthopaedics	742	179	66	37	1024
Urology	70	11	1		82
Audiological Medicine	1				1
Grand Total	3146	565	143	39	3893

Specialty	53 - 56	57 - 60	61 - 64	65 - 68	69 - 72	73 - 76	77 - 80	81 - 84	85 - 88	89 - 92	93 - 96	97 - 100	101 - 104	Grand Total
Cardiothoracic Surgery		1												1
Ophthalmology		1												1
Trauma & Orthopaedics	7	4	4	5	3	3	3	1	1	1	5	1	1	37
Grand Total	7	6	4	5	3	3	3	1	1	1	5	1	1	39

Source: Information Team/ WG D&P

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

Period: as at 31st January 2020

Hywel Dda

Specialty	<=26 Weeks	Grand Total
Dermatology	1	1
Gastroenterology	1	1
General Medicine	1	1
Geriatric Medicine	1	1
Ophthalmology	3	3
Respiratory Medicine	2	2
Trauma & Orthopaedics	3	3
Breast Surgery	1	1
Grand Total	13	13

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	219				219
Cardiology	2				2
Cardiothoracic Surgery	1				1
Clinical Haematology	2				2
Diagnostic	7				7
ENT	3	3	2	1	9
Gastroenterology	4	1	2		7
General Surgery	27	3	1	1	32
Geriatric Medicine	1				1
Gynaecology	5				5
Neurology	11				11
Ophthalmology	3	1	2	1	7
Oral Surgery	25	4			29
Orthodontics	2				2
Paediatrics	2				2
Plastic Surgery	168	17	19	9	213
Restorative Dentistry	2				2
Rheumatology	1				1
Trauma & Orthopaedics	17	5	5	2	29
Urology	4				4
Grand Total	506	34	31	14	585

Of those waiting over 52 weeks:-

Specialty	53 - 56	57 - 60	61 - 64	65 - 68	69 - 72	73 - 76	77 - 80	Grand Total
ENT			1					1
General Surgery						1		1
Ophthalmology	1							1
Plastic Surgery	3	3	1	1			1	9
Trauma & Orthopaedics					1		1	2
Grand Total	4	3	2	1	1	1	2	14

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 <i>Staphylococcus aureus</i>	A type of bacteria resistant to several widely used antibiotics.
MSSA	Methicillin Sensitive <i>Staphylococcus aureus</i>	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 1 st April