

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



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

INTEGRATED PERFORMANCE DASHBOARD

January 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

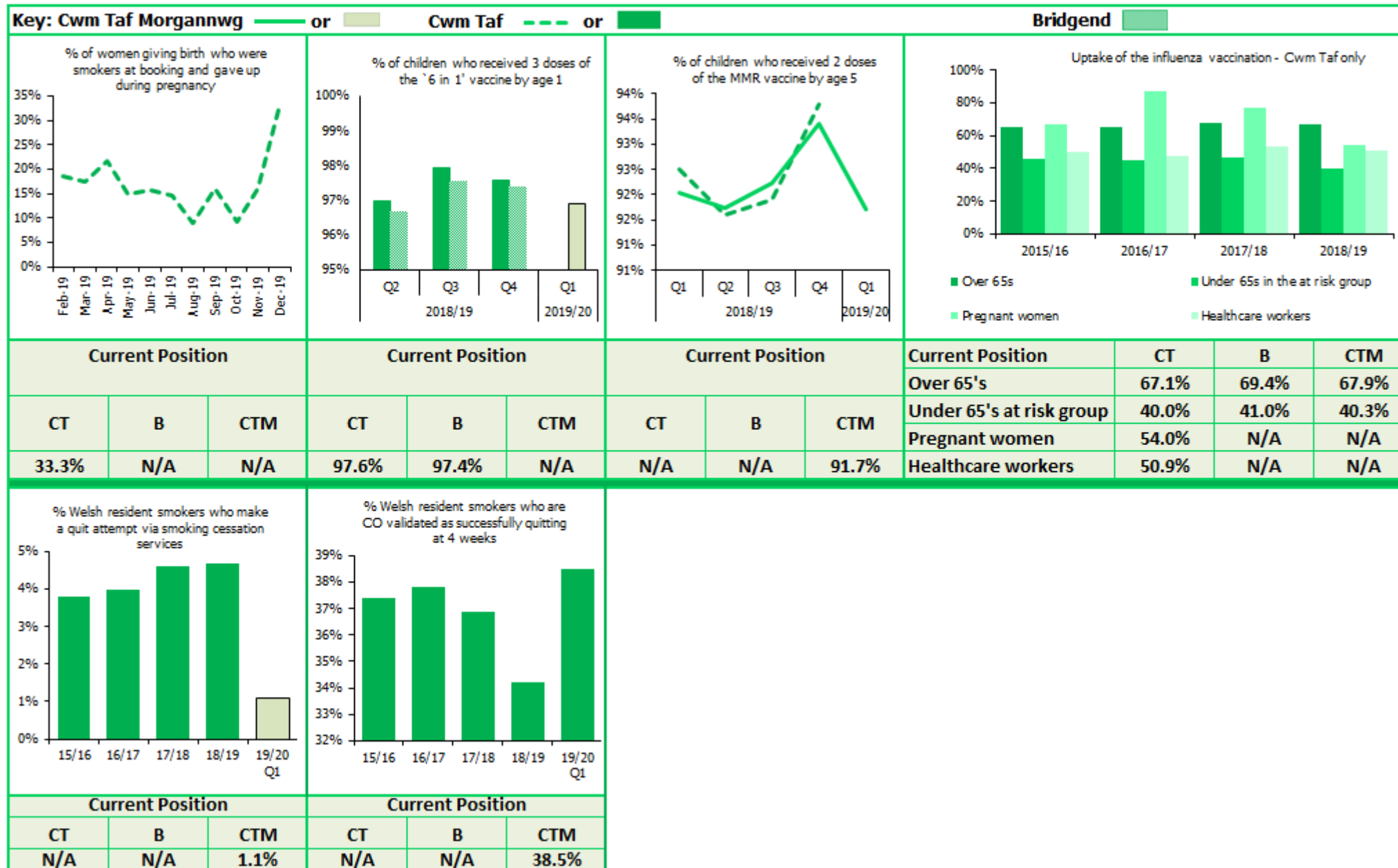
Where performance data is available for CT, B and/or CTM this has been incorporated into this dashboard, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section. As far as is possible data for Bridgend has been quality assured, however,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

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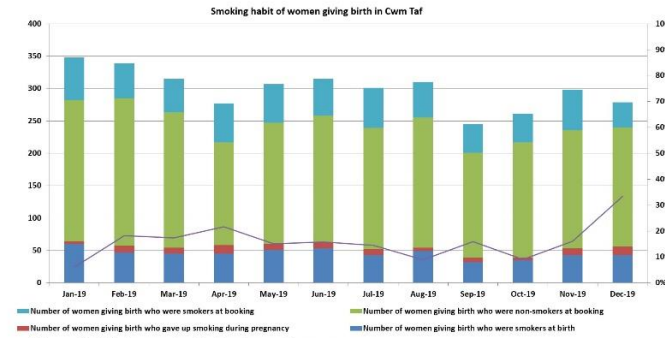
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Indicator 1: Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)

Outcome: My children have a good healthy start in life		Executive Lead: Director of Public Health																																									
Period: Dec 2018 to Nov 2019		Target: Annual Improvement																																									
Current Performance:		How are we doing, what actions are we taking?																																									
Cwm Taf Morgannwg		<p>How are we doing?</p> <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 MWSs – MAMSS is not yet in Bridgend – smokers continue to be referred on opt out basis as per NICE PH26 guidance.We are currently working 1000 carrying out tests of change to improve the service and ongoing for the next year at 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 <p>What actions are we taking?</p> <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. <p>What are the areas of risk?</p> <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		<table><tr><th colspan="4">% of pregnant women who gave up smoking during pregnancy (by 36-38</th></tr><tr><th></th><th>2018/19</th><th>2017/18</th><th>2016/17</th></tr><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></table> <p><i>This data will be different to that produced by PHW as it has been extracted from the live database</i></p>		% of pregnant women who gave up smoking during pregnancy (by 36-38					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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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: Quarter 1 2019/20

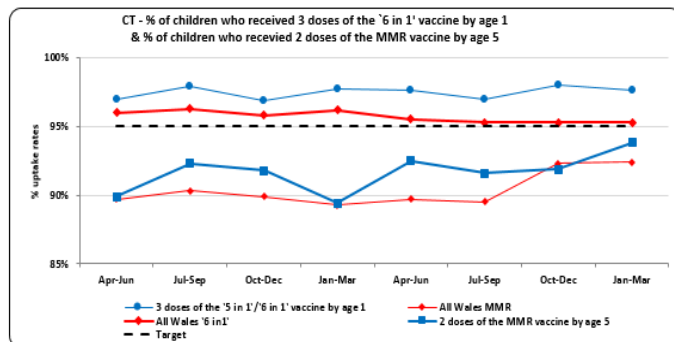
Target: 95%

Current Performance:

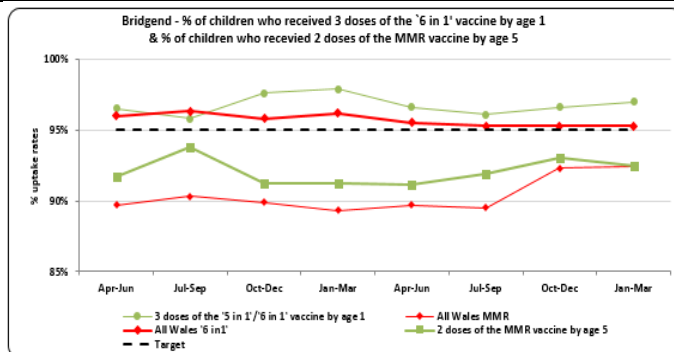
Cwm Taf Morgannwg

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

Cwm Taf



Bridgend



How are we doing, what actions are we taking?

How are we doing?

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

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

What actions are we taking?

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

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

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

What are the main areas of risk?

- Potential of outbreaks in local area if stats remain below 95% target
- Confirmed outbreak of Mumps in England by PHE (March 2019 - [BBC News](#))
- Confirmed outbreak of Mumps in Cardiff by PHW (April 2019 - [BBC Wales News](#))
- 'Should vaccinations be compulsory?' by Hugh Pym, Health Editor (September 2019 - [BBC News](#))

'Vaccinations: No plans to make them compulsory in Wales' (September 2019 - [BBC News](#))

Benchmarking: how do we compare?

Percentage of children who received 2 doses of the MMR vaccine by age 5												
	ADMMU				All				BCU			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
2 doses of the MMR vaccine by age 5	91.2%	90.0%	91.1%	91.1%	89.7%	90.3%	91.9%	93.2%	91.0%	90.7%	95.6%	94.0%
	CWV				HGL				Powys			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
2 doses of the MMR vaccine by age 5	87.9%	86.8%	91.2%	90.9%	85.6%	88.6%	91.0%	90.6%	88.9%	87.7%	90.9%	92.7%
	CT				Bridgend				CTM			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
2 doses of the MMR vaccine by age 5	92.5%	91.4%	91.0%	93.8%	91.1%	91.5%	93.0%	92.5%	n/a	n/a	n/a	n/a
	All Wales				2018/19				2018/19			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
2 doses of the MMR vaccine by age 5	89.7%	89.5%	92.3%	92.4%								
Target	95%	95%	95%	95%								

Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1												
	ADMMU				All				BCU			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
3 doses of the '6 in 1' vaccine by age 1	95.2%	95.7%	95.9%	96.5%	96.2%	95.8%	95.9%	95.3%	95.5%	95.0%	96.0%	95.3%
	Cwm Taf Morgannwg				Hered Hda				Powys			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
3 doses of the '6 in 1' vaccine by age 1	94.7%	94.4%	94.1%	94.4%	93.8%	94.6%	94.1%	92.8%	94.5%	94.0%	92.2%	92.2%
	CT				Bridgend				CTM			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
3 doses of the '6 in 1' vaccine by age 1	97.6%	97.0%	96.0%	97.6%	96.6%	96.1%	96.6%	97.0%	n/a	n/a	n/a	n/a
	All Wales				2018/19				2018/19			
	2018/19				2018/19				2018/19			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
3 doses of the '6 in 1' vaccine by age 1	95.5%	95.3%	95.3%	95.3%								
Target	95%	95%	95%	95%								

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

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

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

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

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

Outcome: I am healthy and active and do the things to keep myself healthy

Executive Lead: Director of Public Health

Period: Seasons 2015/16 – 2018/19

Target: (a) 75%

(b) 55%

(c) 75%

(d) 60%

Current Performance:

Cwm Taf Morgannwg

See table below

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

Bridgend

See table above

How are we doing, what actions are we taking?

Cwm Taf Primary Care - as at 24 April 2019

Uptake in those 65 years and older in CTUHB was 67.1% (68.2% Wales average). Uptake in those under 65 years with clinical risk in CTUHB was 40.0% (44.0% Wales average) (see note 1)

Cwm Taf Staff Uptake among staff with direct patient contact (to end of Mar 19) was 50.9% (55.0% Wales average). Uptake among total staff (to end of February 2019) was 48.0% (53.4% Wales average).

What actions are we taking?

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

Benchmarking: how do we compare?

	ABMU			AB			BCU		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	64.6%	65.0%	68.2%	67.7%	68.1%	69.8%	68.7%	68.7%	70.6%
Under 65s in the at risk group	43.4%	43.7%	46.7%	49.4%	49.7%	50.8%	49.3%	49.3%	51.6%
Pregnant women*	44.1%	81.5%	93.3%	43.7%	69.8%	72.5%	50.3%	75.3%	65.2%
Healthcare workers**	54.6%	57.4%	58.5%	41.4%	52.1%	58.0%	43.2%	50.3%	55.1%
No of pregnant women immunised	1980	1851	1911	2476	5422	2621	3673	3579	3878
	C&V			HDda			Powys		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	68.9%	69.0%	71.0%	63.9%	63.4%	65.0%	64.3%	63.9%	66.3%
Under 65s in the at risk group	48.3%	48.3%	49.0%	43.2%	42.3%	42.9%	44.2%	46.0%	47.9%
Pregnant women*	51.8%	87.2%	77.2%	42.7%	87.5%	54.8%	53.5%	85.7%	100.0%
Healthcare workers**	46.8%	53.0%	64.7%	52.8%	47.0%	60.6%	60.1%	64.0%	65.4%
No of pregnant women immunised	2602	2659	2614	1278	1208	1265	643	617	647
	CT			Morgannwg			CTM		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Over 65s	65.0%	64.9%	67.7%						
Under 65s in the at risk group	45.9%	45.2%	46.8%						
Pregnant women*	66.7%	57.4%	69.8%						
Healthcare workers**	50.4%	47.2%	53.1%						
No of pregnant women immunised	1003	971	986						
	All Wales								
	2015/16	2016/17	2017/18						
Over 65s	66.6%	66.7%	68.8%						
Under 65s in the at risk group	46.9%	46.9%	48.5%						
Pregnant women*	47.1%	76.8%	72.7%						
Healthcare workers**	47.3%	51.5%	57.9%						
No of pregnant women immunised	13655	13410	13922						

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

What are the main areas of risk?

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

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

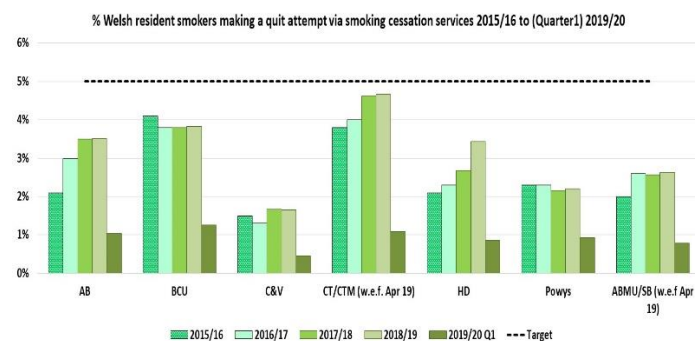
Executive Lead: Director of Public Health

Period: To Quarter 1 2019/20

Target: 5% Annual Target

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

As above to 2018/19

Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

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

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

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

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

Benchmarking: how do we compare?

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

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

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

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

Outcome: I am healthy and active and do the things to keep myself healthy

Executive Lead: Director of Public Health

Period: To Quarter 1 2019/20

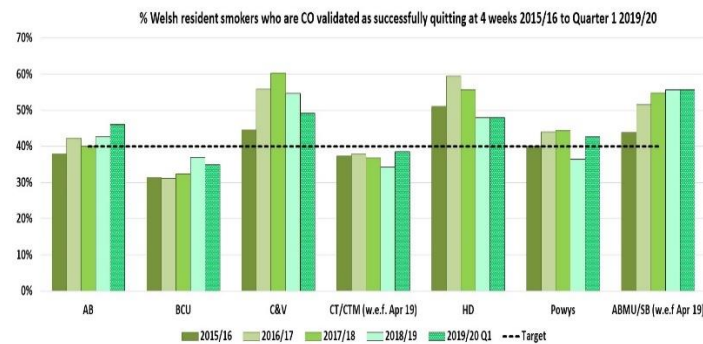
Target: 40% Annual Target

Current Performance:

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

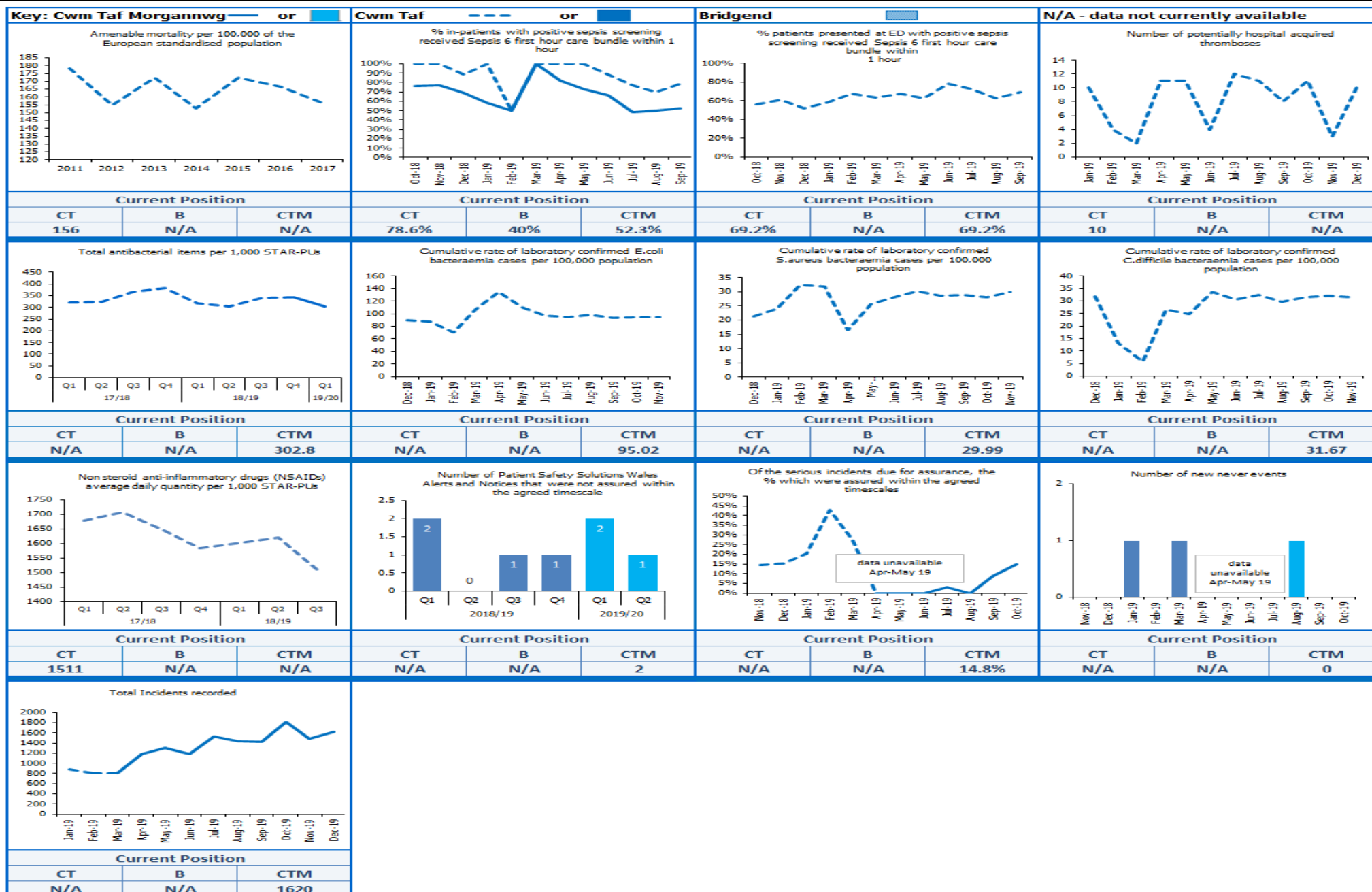
Work is underway (All Wales) to implement a set of minimum service standards and data collection set. This will be in tandem with periodic review and audit.

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

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

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

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



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

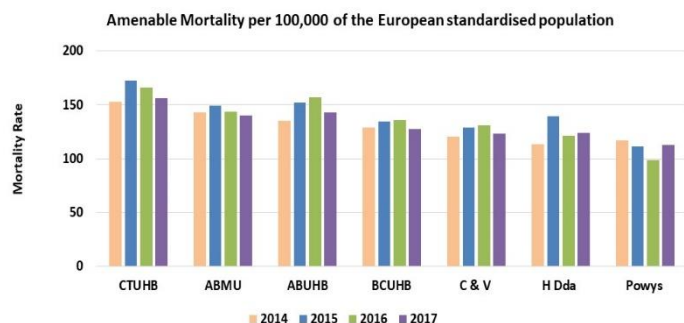
Target: Annual Reduction

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

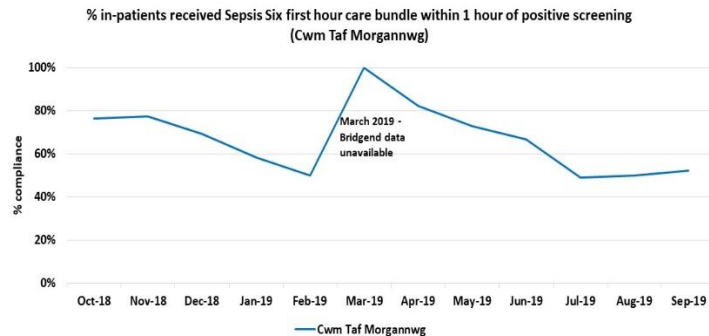
Executive Lead: Medical Director

Period: Oct 2018 to Sep 2019

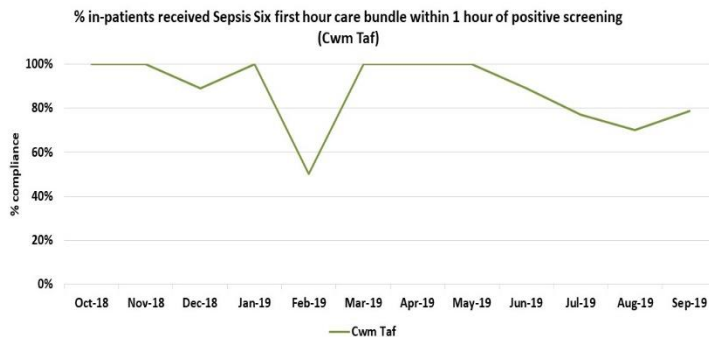
Target: 12 month improvement trend

Current Performance:

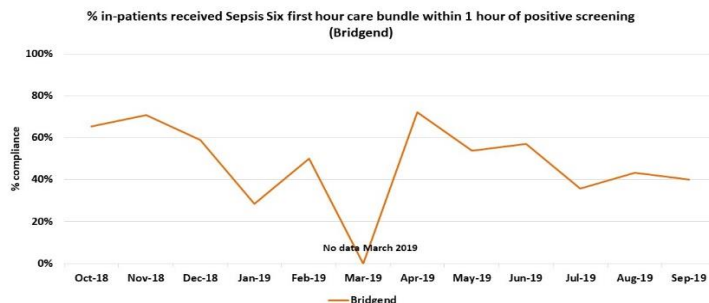
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing, what actions are we taking?

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

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

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

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

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

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

Risks are:

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

Benchmarking: how do we compare?

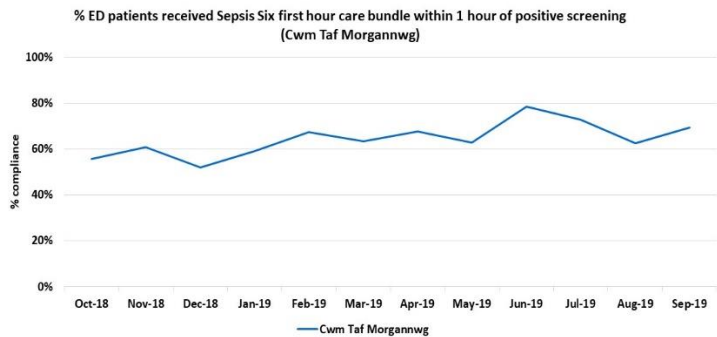
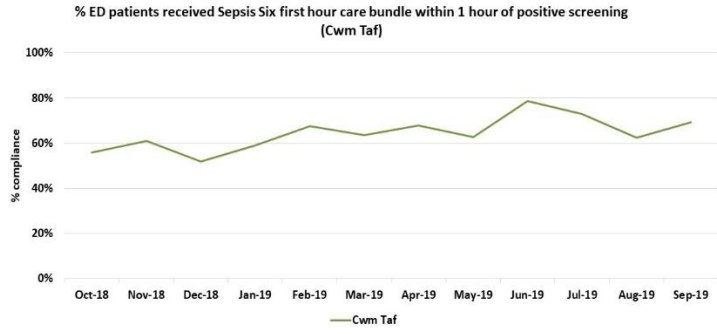
% of inpatients with a positive sepsis screening who have received all elements of the Sepsis Six first hour care bundle within one hour of positive screening						
	CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU
Oct-18	100.0%	42.4%	100.0%	77.8%	100.0%	57.1%
Nov-18	100.0%			N/A		
Dec-18	88.9%	52.6%	100.0%	71.4%	84.6%	52.6%
Jan-19	100.0%			N/A		
Feb-19	50.0%	N/A	100.0%	50.0%	93.1%	42.9%
Mar-19	100.0%	66.7%	100.0%	85.7%	86.4%	42.9%
	CTM	AB	BC	C & V	H Dda	SB
Apr-19	82.1%	54.8%	100.0%	68.8%	92.3%	0.0%
May-19	72.7%			not available		
Jun-19	66.7%	61.9%	100.0%	100.0%	94.1%	25.0%
Jul-19	48.8%			not available		
Aug-19	50.0%	35.1%	100.0%	71.4%	88.6%	0.0%
Sep-19	52.3%	47.4%	100.0%	75.0%	92.6%	0.0%

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

Source: Local Clinical Audit

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

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

Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																																																																																																					
<div>Cwm Taf Morgannwg: <i>please note POW do not currently collate data in ED</i></div> <div><p>% ED patients received Sepsis Six first hour care bundle within 1 hour of positive screening (Cwm Taf Morgannwg)</p><table border="1"><caption>% ED patients received Sepsis Six first hour care bundle within 1 hour of positive screening (Cwm Taf Morgannwg)</caption><thead><tr><th>Month</th><th>% compliance</th></tr></thead><tbody><tr><td>Oct-18</td><td>55.8%</td></tr><tr><td>Nov-18</td><td>60.9%</td></tr><tr><td>Dec-18</td><td>52.0%</td></tr><tr><td>Jan-19</td><td>59.0%</td></tr><tr><td>Feb-19</td><td>67.4%</td></tr><tr><td>Mar-19</td><td>63.5%</td></tr><tr><td>Apr-19</td><td>67.7%</td></tr><tr><td>May-19</td><td>62.7%</td></tr><tr><td>Jun-19</td><td>78.6%</td></tr><tr><td>Jul-19</td><td>72.9%</td></tr><tr><td>Aug-19</td><td>62.5%</td></tr><tr><td>Sep-19</td><td>69.2%</td></tr></tbody></table></div>	Month	% compliance	Oct-18	55.8%	Nov-18	60.9%	Dec-18	52.0%	Jan-19	59.0%	Feb-19	67.4%	Mar-19	63.5%	Apr-19	67.7%	May-19	62.7%	Jun-19	78.6%	Jul-19	72.9%	Aug-19	62.5%	Sep-19	69.2%	<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>	<div><p>% 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</p><table><tr><th></th><th>CTUHB</th><th>ABUHB</th><th>BCUHB</th><th>C & V</th><th>H Dda</th><th>ABMU</th></tr><tr><td>Oct-18</td><td>55.8%</td><td>69.0%</td><td>71.4%</td><td rowspan="5">N/A</td><td>95.0%</td><td>75.0%</td></tr><tr><td>Nov-18</td><td>60.9%</td><td>N/A</td><td>N/A</td><td>N/A</td><td rowspan="4">N/A</td></tr><tr><td>Dec-18</td><td>52.0%</td><td>65.3%</td><td>63.8%</td><td>94.2%</td></tr><tr><td>Jan-19</td><td>59.0%</td><td>N/A</td><td>N/A</td><td>87.9%</td></tr><tr><td>Feb-19</td><td>67.4%</td><td></td><td>48.6%</td><td>88.2%</td></tr><tr><td>Mar-19</td><td>63.5%</td><td>57.3%</td><td>64.9%</td><td></td><td></td><td></td></tr><tr><td></td><td>CTM</td><td>AB</td><td>BC</td><td>C & V</td><td>H Dda</td><td>SB</td></tr><tr><td>Apr-19</td><td>67.7%</td><td>58.7%</td><td>66.2%</td><td>N/A</td><td>90.7%</td><td>N/A</td></tr><tr><td>May-19</td><td>62.7%</td><td colspan="3">not available</td><td></td><td></td></tr><tr><td>Jun-19</td><td>78.6%</td><td>58.3%</td><td>44.8%</td><td>N/A</td><td>89.2%</td><td>N/A</td></tr><tr><td>Jul-19</td><td>72.9%</td><td colspan="3">not available</td><td></td><td></td></tr><tr><td>Aug-19</td><td>62.5%</td><td>59.7%</td><td>54.9%</td><td>38.6%</td><td>88.1%</td><td>N/A</td></tr><tr><td>Sep-19</td><td>69.2%</td><td>60.0%</td><td>61.1%</td><td>46.6%</td><td>84.3%</td><td>N/A</td></tr></table><p><i>note: C&V and Swansea Bay no longer supply data. Not all hospitals/wards may be included in the data supplied by health boards</i></p></div>		CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU	Oct-18	55.8%	69.0%	71.4%	N/A	95.0%	75.0%	Nov-18	60.9%	N/A	N/A	N/A	N/A	Dec-18	52.0%	65.3%	63.8%	94.2%	Jan-19	59.0%	N/A	N/A	87.9%	Feb-19	67.4%		48.6%	88.2%	Mar-19	63.5%	57.3%	64.9%					CTM	AB	BC	C & V	H Dda	SB	Apr-19	67.7%	58.7%	66.2%	N/A	90.7%	N/A	May-19	62.7%	not available					Jun-19	78.6%	58.3%	44.8%	N/A	89.2%	N/A	Jul-19	72.9%	not available					Aug-19	62.5%	59.7%	54.9%	38.6%	88.1%	N/A	Sep-19	69.2%	60.0%	61.1%	46.6%	84.3%	N/A
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	CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU																																																																																																																	
Oct-18	55.8%	69.0%	71.4%	N/A	95.0%	75.0%																																																																																																																	
Nov-18	60.9%	N/A	N/A		N/A	N/A																																																																																																																	
Dec-18	52.0%	65.3%	63.8%		94.2%																																																																																																																		
Jan-19	59.0%	N/A	N/A		87.9%																																																																																																																		
Feb-19	67.4%		48.6%		88.2%																																																																																																																		
Mar-19	63.5%	57.3%	64.9%																																																																																																																				
	CTM	AB	BC	C & V	H Dda	SB																																																																																																																	
Apr-19	67.7%	58.7%	66.2%	N/A	90.7%	N/A																																																																																																																	
May-19	62.7%	not available																																																																																																																					
Jun-19	78.6%	58.3%	44.8%	N/A	89.2%	N/A																																																																																																																	
Jul-19	72.9%	not available																																																																																																																					
Aug-19	62.5%	59.7%	54.9%	38.6%	88.1%	N/A																																																																																																																	
Sep-19	69.2%	60.0%	61.1%	46.6%	84.3%	N/A																																																																																																																	
<div>Cwm Taf</div> <div><p>% ED patients received Sepsis Six first hour care bundle within 1 hour of positive screening (Cwm Taf)</p><table border="1"><caption>% ED patients received Sepsis Six first hour care bundle within 1 hour of positive screening (Cwm Taf)</caption><thead><tr><th>Month</th><th>% compliance</th></tr></thead><tbody><tr><td>Oct-18</td><td>55.8%</td></tr><tr><td>Nov-18</td><td>60.9%</td></tr><tr><td>Dec-18</td><td>52.0%</td></tr><tr><td>Jan-19</td><td>59.0%</td></tr><tr><td>Feb-19</td><td>67.4%</td></tr><tr><td>Mar-19</td><td>63.5%</td></tr><tr><td>Apr-19</td><td>67.7%</td></tr><tr><td>May-19</td><td>62.7%</td></tr><tr><td>Jun-19</td><td>78.6%</td></tr><tr><td>Jul-19</td><td>72.9%</td></tr><tr><td>Aug-19</td><td>62.5%</td></tr><tr><td>Sep-19</td><td>69.2%</td></tr></tbody></table></div>	Month	% compliance	Oct-18	55.8%	Nov-18	60.9%	Dec-18	52.0%	Jan-19	59.0%	Feb-19	67.4%	Mar-19	63.5%	Apr-19	67.7%	May-19	62.7%	Jun-19	78.6%	Jul-19	72.9%	Aug-19	62.5%	Sep-19	69.2%																																																																																													
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<div>Bridgend</div> <div><p>Data not currently collated by Princess of Wales Hospital Emergency Department</p></div>																																																																																																																							

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. 1 2019/20

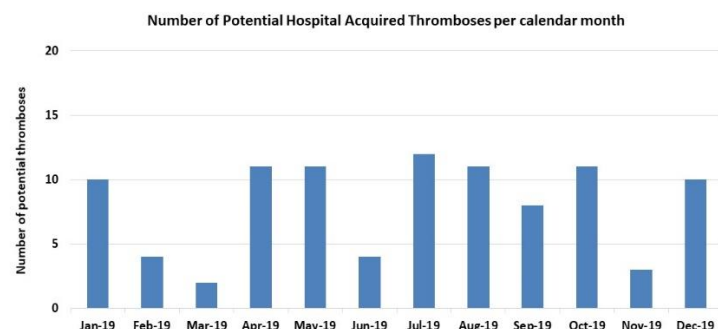
Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf – Number of potential hospital acquired thromboses



Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

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

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

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

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

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

Benchmarking: how do we compare?

Number of potentially preventable hospital acquired thromboses (HAT) - 4 quarter	2019/20	2018/19				2017/18			
	Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Cwm Taf /Morgannwg	1	0	2	1	3	5	4	3	1
Abertawe Bro Morgannwg /Swansea	2	0	3	2	1	1	2	4	0
Aneurin Bevan	3	4	0	2	3	6	3	3	3
Betsi Cadwaladr	1	4	2	0	0	5	0	0	2
Cardiff & Vale	1	2	0	3	1	0	6	2	0
Hywel Dda	7	6	2	8	7	1	2	3	3
Powys	1	0	0	0	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

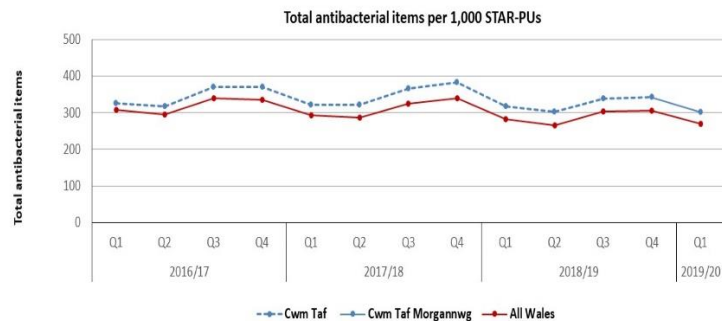
Executive Lead: Director of Primary, Community and Mental Health

Period: 2016/17 to Qtr 1 2019/20

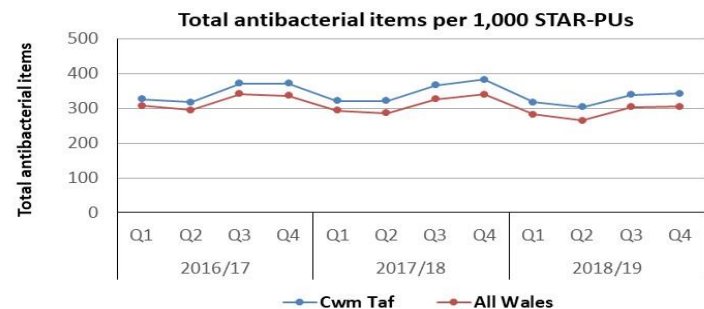
Target: 4 Quarter Reduction Trend

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. Recent data in FY 2018 has shown a reduction in the volume of prescribing of both total antibiotics, and specifically broad spectrum antibiotics:

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

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

Actions include:

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

Benchmarking: how do we compare?

4 Quarter Reduction Trend		Total antibacterial items per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)						
		Cwm Taf 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
				Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro 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
2017/18	Q1	321.1	294.0	290.0	273.0	297.0	250.0	311.0
	Q2	322.0	287.0	277.0	268.0	293.0	251.0	299.0
	Q3	366.0	331.0	307.0	309.0	335.0	274.0	346.0
	Q4	382.9	339.1	324.7	316.5	353.0	281.7	363.7
2016/17	Q1	332.5	313.2	322.7	290.4	319.3	261.8	340.3
	Q2	318.0	292.0	298.0	273.0	301.0	248.0	310.0
	Q3	371.0	339.0	340.0	315.0	345.0	282.0	356.0
	Q4	371.8	339.0	335.1	311.1	345.3	284.4	348.1

For Qtr 1 2019/20, CTMUHB are 7th in Wales, however there has been a 14% reduction in the volume of prescribing of antimicrobial items from 2016/17 to 2018/19 in Cwm Taf.

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 Nov 2019

Target: 67 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation				
Maximum number for FY	<299	423	Actual number for FY	
Maximum average number per month	<25	35	Actual average number per month	
Maximum rate/100,000 population	67.00	95.02	Actual rate/100,000 population	
Maximum number for current time period	<199	282	Current period number	

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of E.coli bacteraemia required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr-Nov 19				
Maximum cumulative monthly number to achieve reduction expectation	Current cumulative monthly numbers	Difference between maximum and current cumulative monthly numbers	Current cumulative monthly rate/100,000 population	
Apr	<25	49	25	134.28
May	<50	81	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			
Jan	<249			
Feb	<274			
Mar	<299			

Cwm Taf

Cwm Taf UHB E.coli bacteraemia 2018/19 reduction expectation results				
Maximum numbers to achieve 2018/19 FY reduction expectation		Actual 2018/19 FY numbers		
Maximum number for FY	<201	278	Actual number for FY	
Maximum average number per month	<17	23	Actual average number per month	
Maximum rate/100,000 population	67.00	92.95	Actual rate/100,000 population	

Cwm Taf UHB maximum cumulative monthly numbers of E.coli bacteraemia required to achieve the 2018/19 reduction expectation and actual cumulative monthly number and rate				
Maximum cumulative monthly number to achieve reduction expectation	Actual cumulative monthly numbers	Difference between maximum and actual cumulative monthly numbers	Actual cumulative monthly rate/100,000 population	
Apr	<17	26	10	105.77
May	<34	48	15	96.03
Jun	<51	72	22	96.56
Jul	<67	93	27	93.03
Aug	<84	121	38	96.52
Sep	<101	147	47	98.03
Oct	<117	165	49	94.10
Nov	<134	189	56	94.53
Dec	<151	211	61	93.64
Jan	<168	236	69	94.12
Feb	<184	253	70	92.44
Mar	<201	278	78	92.95

Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

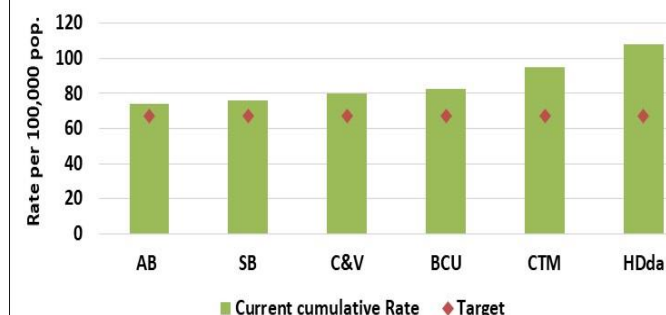
8 months into the 2019/20 reduction expectation period, the provisional rate of E.coli bacteraemia in Cwm Taf Morgannwg UHB is 95.02 per 100,000 population. This equates to an average of approximately 35 per month and based on the current trajectory, a total of approximately 423 for the FY. To achieve the 2019/20 reduction expectation the average number of E.coli bacteraemia per month for the remaining 4 months must be less than 5.

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 to Nov 2019)



8 months into the 2019/20 reduction expectation period, the provisional rate of E. coli bacteraemia in Wales is 81.58 per 100,000 population. This equates to an average of approximately 213 per month. Based on the current trajectory, a total of approximately 2561 E. coli bacteraemia cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of E. coli bacteraemia per month for the remaining 4 months must be less than 99. 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 Nov 2019

Target: 20 per 100,000 population

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation		Current period numbers (Apr to Nov 19)	
Maximum number for FY	<90	134	Actual number for FY
Maximum average number per month	<8	11	Actual average number per month
Maximum rate/100,000 population	20.00	29.99	Actual rate/100,000 population
Maximum number for current time period	<60	89	Current period number
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-Nov 19			
Maximum cumulative monthly number to achieve reduction expectation	Current cumulative monthly numbers	Difference between maximum and current cumulative monthly numbers	Current cumulative monthly rate/100,000 population
Apr	<8	6	16.44
May	<15	19	25.61
Jun	<23	31	28.01
Jul	<30	45	30.32
Aug	<38	53	28.48
Sep	<45	64	28.75
Oct	<52	73	28.04
Nov	<60	89	29.99
Dec	<67		
Jan	<75		
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	20.00	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	36.95
May	<10	19	38.01
Jun	<15	25	33.53
Jul	<20	36	36.01
Aug	<25	43	34.30
Sep	<30	50	33.34
Oct	<35	62	35.36
Nov	<40	71	35.51
Dec	<45	77	34.17
Jan	<50	85	33.90
Feb	<55	90	32.89
Mar	<60	101	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).

8 months into the 2019/20 reduction expectation period, the provisional rate of *S. aureus* bacteraemia in Cwm Taf Morgannwg UHB is 29.99 per 100,000 population. This equates to an average of approximately 11 per month and based on the current trajectory, a total of approximately 134 for the FY. To achieve the 2019/20 reduction expectation the average number of *S. aureus* bacteraemia per month for the remaining 4 months must be less than 1.

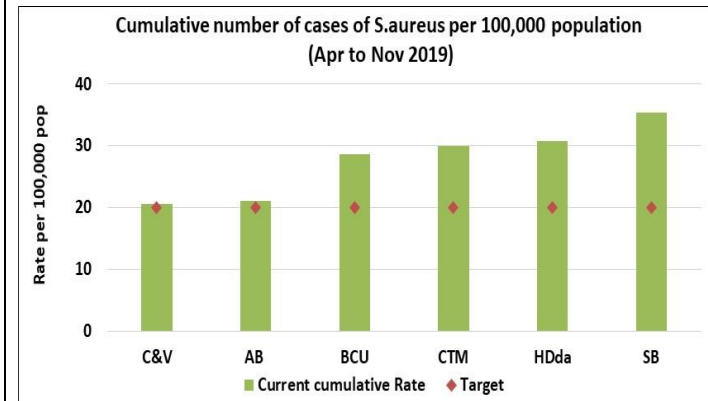
All MRSA bacteremias are investigated by the IPCT and a RCA is performed for all line related bacteremias.

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?



8 months into the 2019/20 reduction expectation period, the provisional rate of *S. aureus* bacteraemia in Wales is 26.05 per 100,000 population. This equates to an average of approximately 68 per month. Based on the current trajectory, a total of approximately 818 *S. aureus* bacteraemia cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of *S. aureus* bacteraemia per month for the remaining 4 months must be less than 21. 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 Nov 2019

Target: TBC

Current Performance:

Cwm Taf Morgannwg

Maximum numbers to achieve 2019/20 Financial Year reduction expectation				
Maximum number for FY	<94	141	Actual number for FY	
Maximum average number per month	<8	12	Actual average number per month	
Maximum rate/100,000 population	21.00	31.67	Actual rate/100,000 population	
Maximum number for current time period	<63	94	Current period number	

Cwm Taf Morgannwg UHB maximum cumulative monthly numbers of C. difficile required to achieve the 2019/20 reduction expectation and provisional cumulative monthly number and rate for Apr-Oct 19				
Month	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			
Jan	<78			
Feb	<86			
Mar	<94			

Cwm Taf

Cwm Taf UHB C.difficile 2018/19 reduction expectation results				
Maximum numbers to achieve 2018/19 FY reduction expectation		Actual 2018/19 FY numbers		
Maximum number for FY	<54	55	Actual number for FY	
Maximum average number per month	<5	5	Actual average number per month	
Maximum rate/100,000 population	18.00	18.39	Actual rate/100,000 population	

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

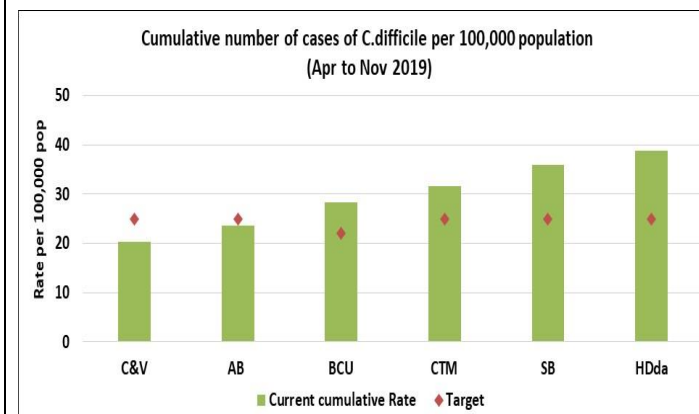
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How are we doing, what actions are we taking?

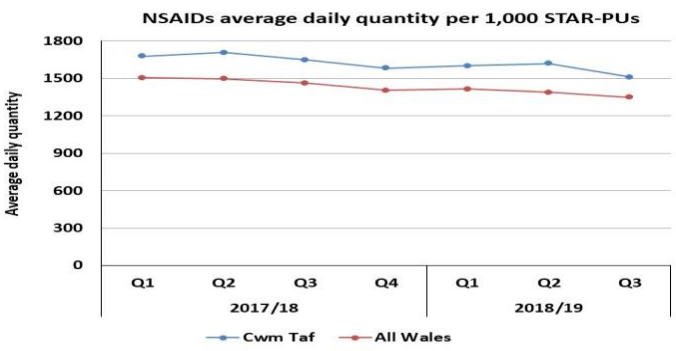
The Cwm Taf Morgannwg UHB 2019/20 reduction expectation for C. difficile is to achieve a rate of less than or equal to 21.00 per 100,000 population. This equates to an average of less than 8 C. difficile per month and less than 94 for the whole financial year (FY).

8 months into the 2019/20 reduction expectation period, the provisional rate of C. difficile in Cwm Taf Morgannwg UHB is 31.67 per 100,000 population. This equates to an average of approximately 12 per month and based on the current trajectory, a total of approximately 141 for the FY. CTMUHB can no longer achieve the 2019/20 reduction expectation.

Benchmarking: how do we compare?



8 months into the 2019/20 reduction expectation period, the provisional rate of C. difficile in Wales is 28.29 per 100,000 population. This equates to an average of approximately 74 per month. Based on the current trajectory, a total of approximately 888 C. difficile cases is projected for the FY. Wales is not currently on target to achieve the 2019/20 reduction expectation. To achieve the 2019/20 reduction expectation the average number of C. difficile per month for the remaining 4 months must be less than 49. One of the 6 major acute health boards is on target to achieve the reduction expectation (Aneurin Bevan UHB).

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>		<table><tr><th rowspan="3">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></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><th>Cwm Taf</th><th></th><th></th><th></th><th></th><th></th><th></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)								Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Cwm Taf							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)																																																																																						
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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																																																																															
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	Q3	1650	1541	1464	1461	1249	1511	1337																																																																															
	Q4	1584	1496	1407	1405	1195	1430	1278																																																																															
Cwm Taf		<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>		<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 2017/18 to Qtr. 2 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

Cwm Taf

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

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

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

Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

PSA008 – CE strips non –marked 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 Oct 2019

Target - Indicator 23: 90%

Target - Indicator 24: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

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

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

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 reported, including 2 Never Events.

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 02.01.20 there were 48 closure forms outstanding outside of timescale. The highest numbers are Acute medicine, A&E at Prince Charles Hospital and Obstetrics and Gynaecology.

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

This information is formally reported to directorates on a monthly and quarterly basis.

This is also reported to the executive team via the weekly patient safety meetings and also to the Quality Safety and Risk committee.

Ongoing work is being undertaken to ensure timely reporting, investigation and learning from Serious Incidents. An SI toolkit to support staff with the management of serious incidents is currently out consultation.

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
Nov-18	14.6%	50.0%	25.3%	69.2%	52.0%	20.0%	88.2%
Dec-18	15.4%	29.4%	20.7%	50.0%	35.3%	0.0%	88.9%
Jan-19	20.5%	18.4%	17.0%	60.4%	26.7%	50.0%	48.7%
Feb-19	42.9%	21.7%	33.8%	19.5%	36.0%	0.0%	56.0%
Mar-19	27.0%	39.1%	50.0%	18.6%	33.3%	31.3%	22.2%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	Not available						
May-19	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%

Number of new Never Events - Target Zero							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Nov-18	0	0	0	0	0	0	0
Dec-18	0	0	1	0	0	0	0
Jan-19	1	0	0	1	0	0	0
Feb-19	0	0	0	0	0	0	0
Mar-19	1	1	0	0	0	0	0
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	Not available						
May-19	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

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

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

Local Measure: Number of incidents and severity reported

Outcome: I am safe and protected from abuse and neglect

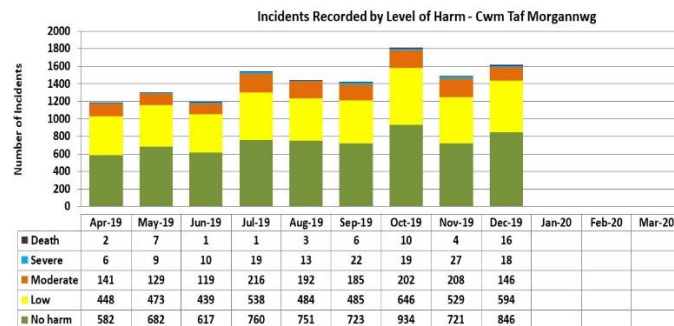
Executive Lead: Director of Nursing

Period: Apr 2018 to Dec 2019

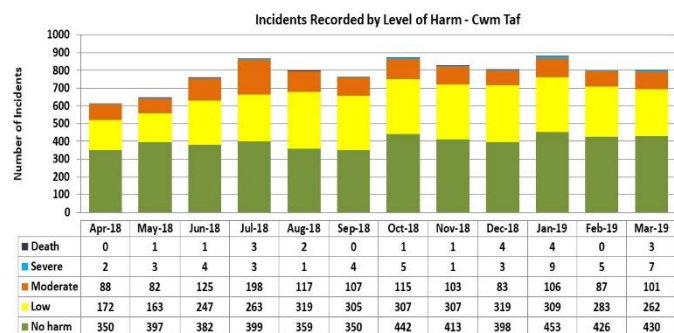
Target: Reduction

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.

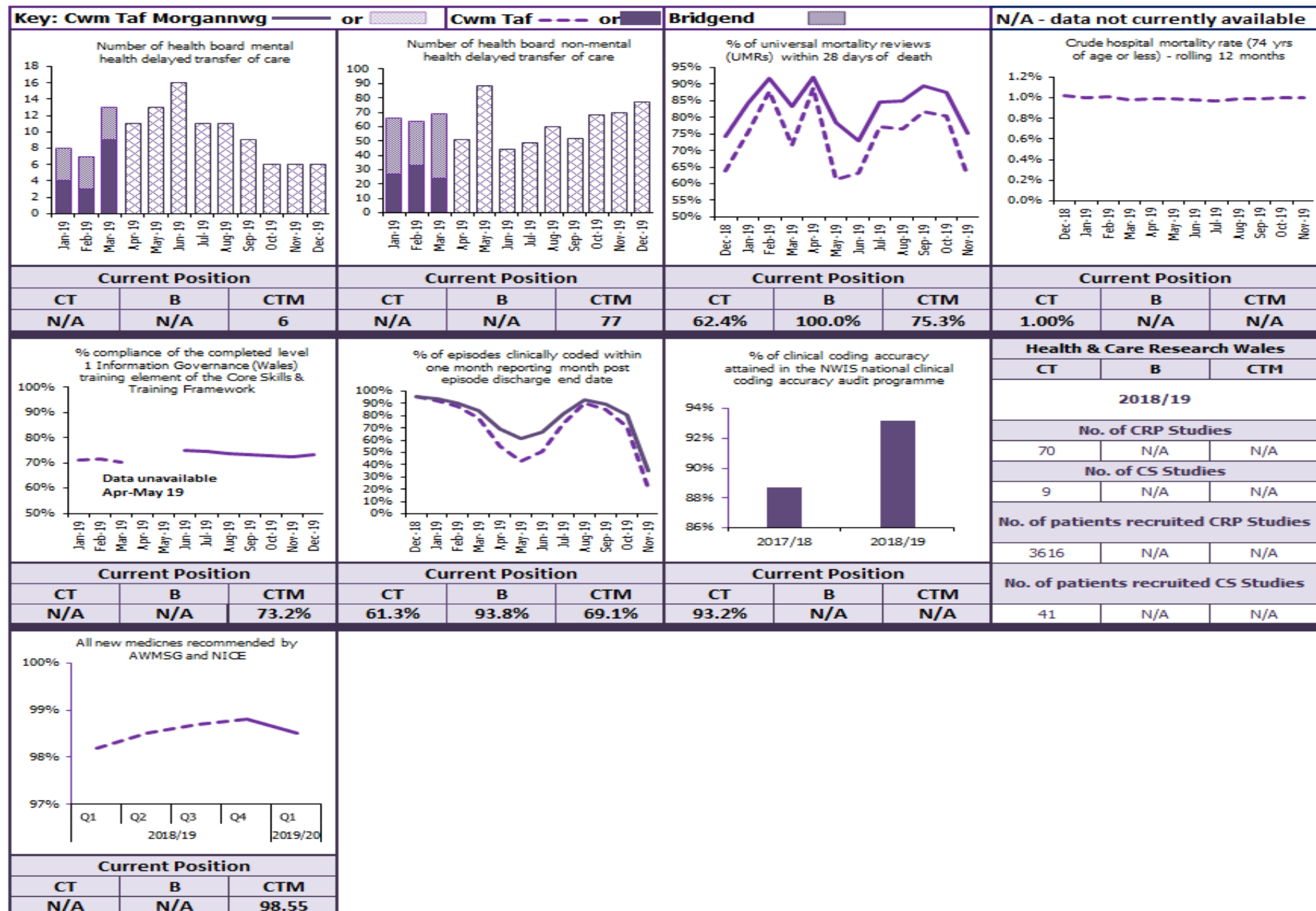
The top 3 reported categories of incidents during the period highlighted in the chart relate to pressure damage, falls and delays. Of the top three incidents reported the majority resulted in no or low harm. Improvement work being undertaken in relation to these areas.

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

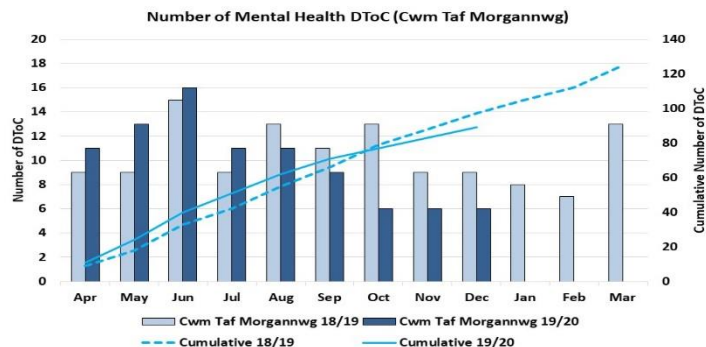
Executive Lead: Director of Primary, Community and Mental Health

Period: Apr 2018 to Dec 2019

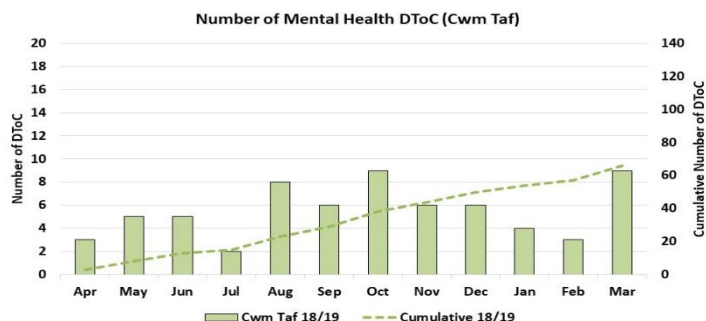
Target: 12 month reduction trend

Current Performance:

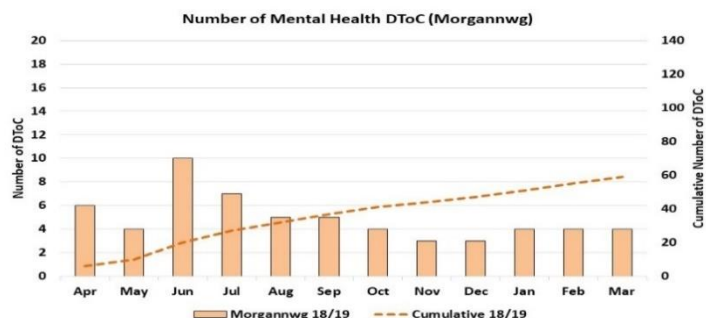
Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



How are we doing, what actions are we taking?

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

This month's position (December) shows 6 delays to transfers of care. This remains the same as November and the service continues to report no delays in RGH or Bridgend which is a significant improvement in line with work undertaken by the locality team. Ty Llidiard have 2 delay transfers of care this month and there are 4 delays in Ysbyty Cwm Cynon.

There are 4 delays in older people's services. 1 patient is waiting for nursing places becoming availability in the care home of choice (EMI), 1 is due to deprivation of liberty related issues and 2 with other. The 2 patients in Ty Llidiard are waiting for specialist housing.

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

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: Jan 2019 to Dec 2019

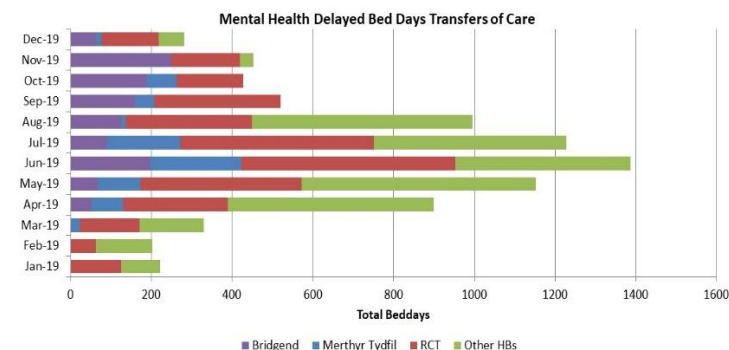
Target: 12 month reduction trend

Current Performance:

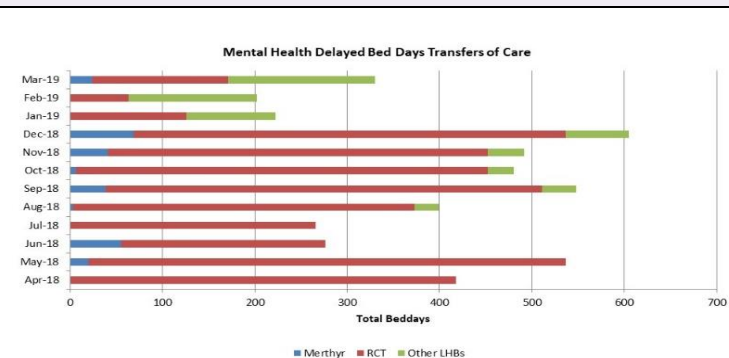
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend

Data not available

Total delayed bed days in December is 281 which is a decrease from 453 in November.

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

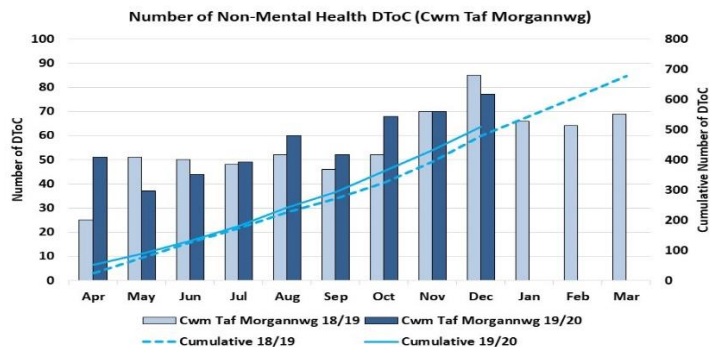
Executive Lead: Chief Operating Officer

Period: Apr 2018 to Dec 2019

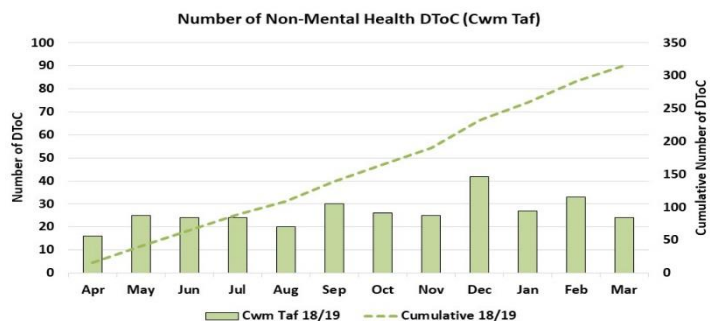
Target: 12 month reduction trend

Current Performance:

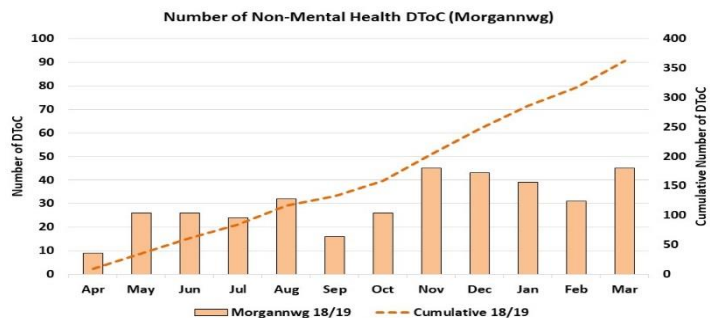
Cwm Taf Morgannwg



Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



How are we doing, what actions are we taking?

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

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.

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

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: Jan 2019 to Dec 2019

Target: 12 month reduction trend

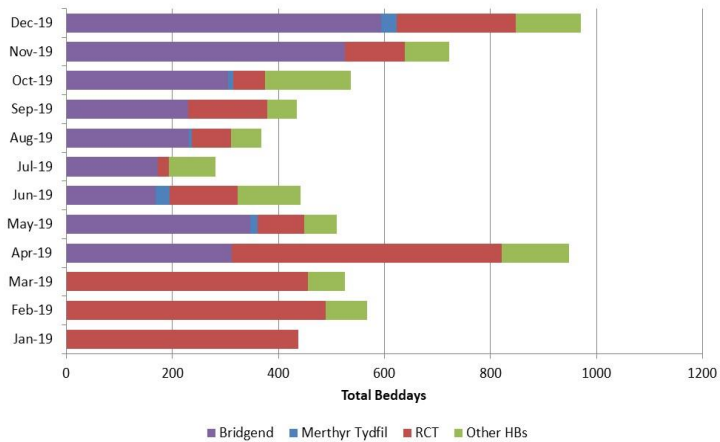
Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg – Acute

Acute Delayed Bed Days Transfers of Care



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.

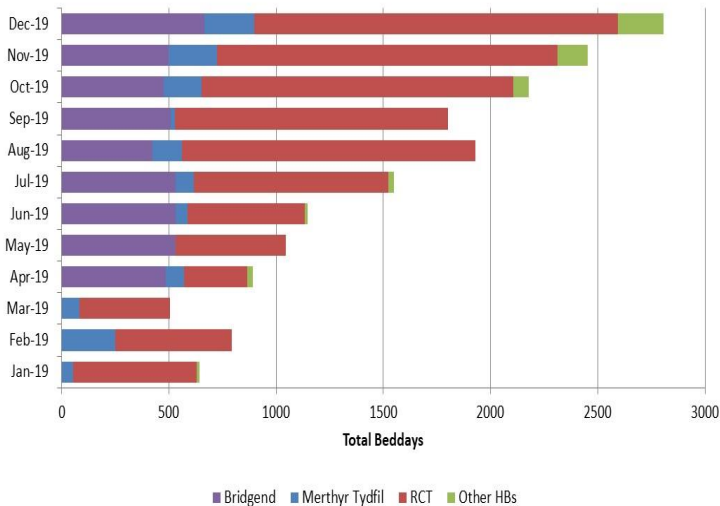
Stimulating and developing the domiciliary care market to reduce delays for vulnerable patients to be discharged with an adequate and sustainable package of care.

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

Cwm Taf Bridgend – Community / Rehabilitation

Community / Rehabilitation Delayed Bed Days Transfers of Care



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

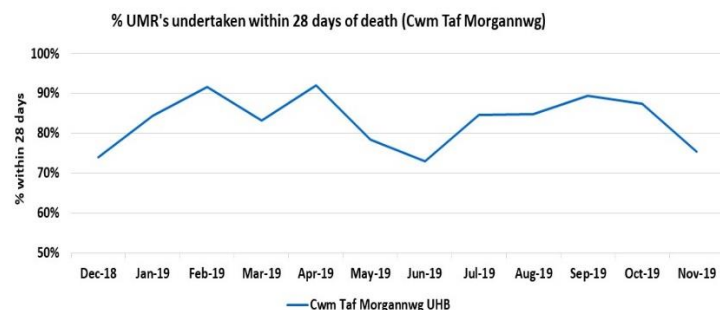
Executive Lead: Medical Director

Period: Dec 2018 to Nov 2019

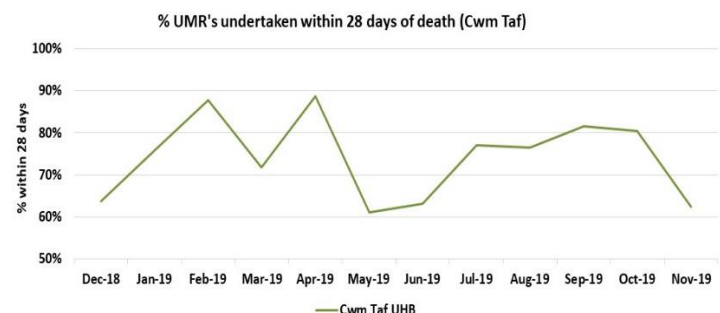
Target: 95%

Current Performance:

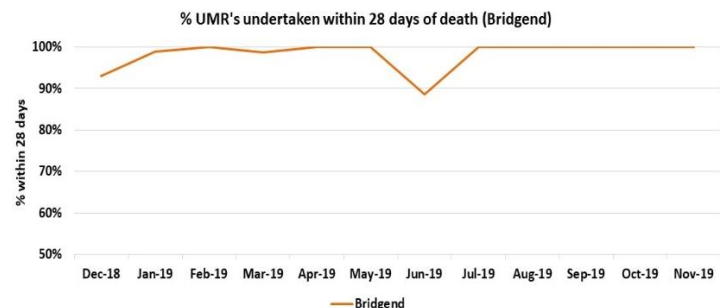
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing, what actions are we taking?

For the Prince Charles & Royal Glamorgan Hospitals, UMR performance has remained stable since April 2016. Expected performance dip for November 2019 cases due to winter pressures affecting reviewer availability. Some UMR's continue to be completed as an ongoing pilot of the medical examiner system by two pathologists in accordance with the agreed role of the ME in the Welsh Mortality Review process.

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

Participation in Stage 2 remains reasonably stable despite there also being 2 different systems for this across CTMUHB. The Post Stage 2 process has been further refined with a Stage 3 Panel in place, led by the AMD for Quality & Safety, to ensure that lessons learned are translated into effective changes in clinical practice.

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
Oct-18	86.3%	39.8%	85.8%	71.1%	84.0%	100.0%	98.8%
Nov-18	84.2%	24.9%	90.7%	72.7%	88.0%	100.0%	99.1%
Dec-18	63.8%	16.6%	87.8%	71.3%	78.7%	100.0%	93.5%
Jan-19	75.7%	18.0%	82.7%	82.0%	87.6%	100.0%	97.3%
Feb-19	87.8%	12.1%	94.4%	81.0%	82.5%	75.0%	99.2%
Mar-19	71.8%	20.4%	94.5%	68.9%	87.1%	0.0%	98.1%
	Cwm Taf 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%

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: Dec 2018 to Nov 2019

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:

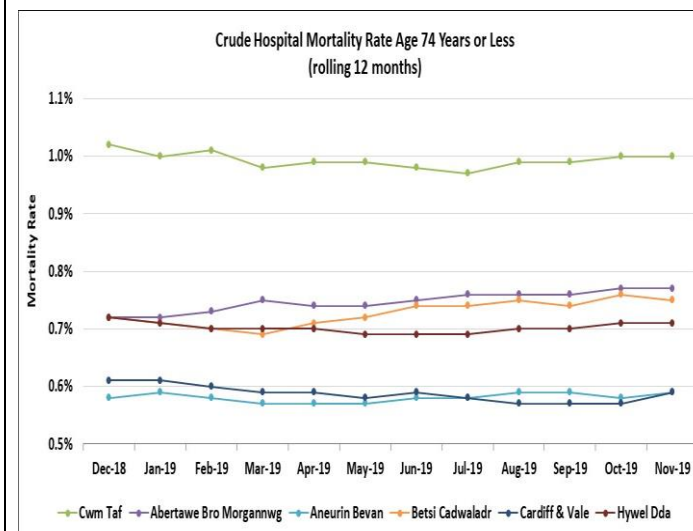
The systematic medical record reviews on the acute sites are continuing on a weekly basis. The process is evolving in readiness for the medical examiner system when introduced.

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.

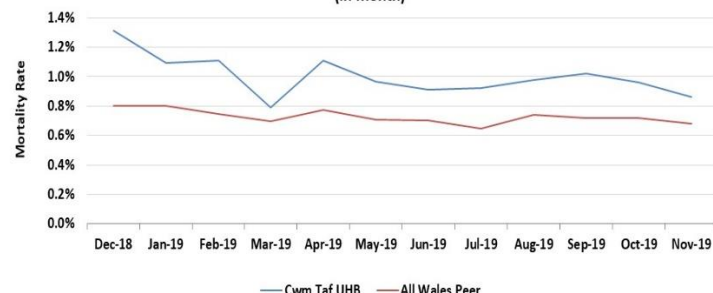
Benchmarking: how do we compare?



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: Dec 2018 to Nov 2019

Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

Cwm Taf Crude Mortality Rates by Age Profile								
	41 to 74 years				75+ years			
All Wales	Deaths	Spells	Cwm Taf	All Wales	Deaths	Spells	Cwm Taf	All Wales
0.08%	95	3861	2.52%	1.41%	181	2054	9.00%	6.06%
0.10%	90	4549	2.18%	1.35%	205	2312	9.47%	5.83%
0.09%	88	4295	2.32%	1.26%	165	2111	9.05%	5.27%
0.10%	66	4558	1.33%	1.18%	161	2194	7.60%	5.18%
0.09%	89	4236	2.26%	1.32%	167	2177	7.42%	5.50%
0.09%	81	4441	1.76%	1.20%	156	2282	6.73%	4.88%
0.09%	72	4223	1.69%	1.19%	137	1988	7.10%	4.77%
0.06%	76	4584	1.59%	1.09%	152	2333	7.49%	4.10%
0.07%	74	4265	1.78%	1.25%	145	2154	7.23%	4.47%
0.08%	79	4237	1.03%	1.22%	152	2165	6.19%	4.62%
0.08%	82	4637	1.77%	1.23%	172	2360	7.29%	4.85%
0.12%	68	4200	1.62%	1.15%	171	2193	7.80%	5.12%

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.

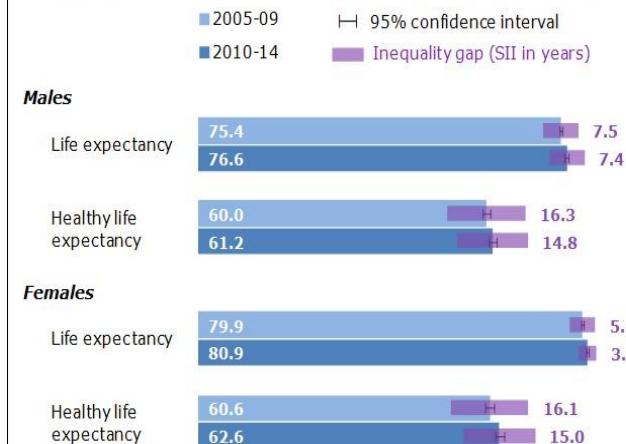
75 years and over: Deaths include pneumonias (lung diseases), stroke, heart failure, palliative care, sepsis and other age related diseases are observed. Cwm Taf's population has higher rates of deprivation associated with higher rates of crude mortality as well as having greater rates of co-morbidities.

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

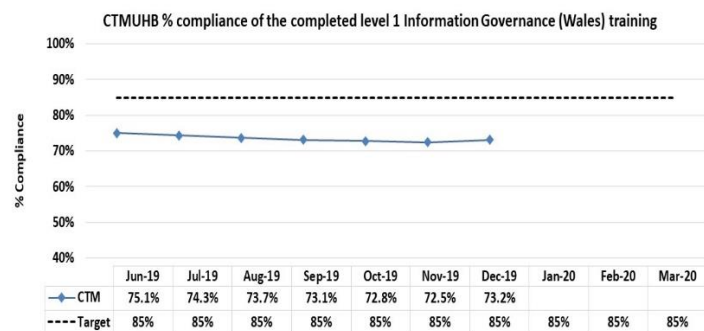
Executive Lead: Director of Workforce and Organisational Development

Period: Apr 2018 to Dec 2019

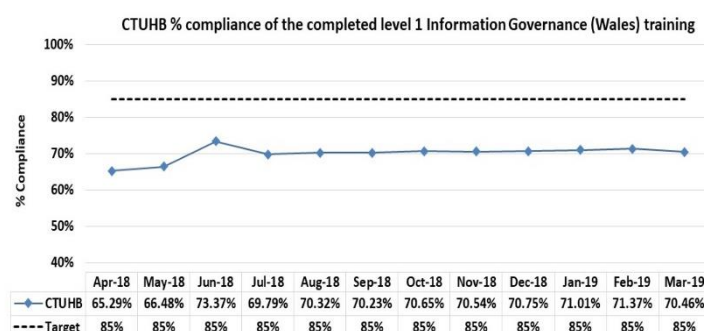
Target: 85%

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%

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 Nov 2019

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

Current Performance:

Cwm Taf Morgannwg

2019/20 Clinical Coding Completeness				
Current Position as at 15/12/2019				Reported (frozen) position
Period	Total FCE's	Coded FCE's	% Complete	% Complete
April	12790	8882	69.4%	48.8%
May	13565	8362	61.6%	49.9%
June	12759	8493	66.6%	54.7%
July	13858	11328	81.7%	72.6%
August	12405	11575	93.3%	89.7%
September	12724	11424	89.8%	87.9%
October	14080	11319	80.4%	80.1%
November	13244	4705	35.5%	
Total	105425	76088	72.2%	69.1%

Cwm Taf

2019/20 Clinical Coding Completeness			
Current Position as at 15/12/2019			
Period	Total FCE's	Coded FCE's	% Complete
April	8595	4735	55.1%
May	9030	3890	43.1%
June	8611	4413	51.2%
July	9180	6732	73.3%
August	8353	7584	90.8%
September	8375	7147	85.3%
October	9293	6620	71.2%
November	8681	1861	21.4%
Total	70118	42982	61.3%

Bridgend

2019/20 Clinical Coding Completeness			
Current Position as at 15/12/2019			
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	4596	98.2%
August	4052	3991	98.5%
September	4349	4277	98.3%
October	4787	4699	98.2%
November	4563	2844	62.3%
Total	35307	33106	93.8%

How are we doing, what actions are we taking?

The reported coded position for October is 80.1%, a slight drop in performance from the previous month 87.9%, this is primarily due to clinical coders having to undertake mandatory training. The department still has a number of staff on sick leave. Annual leave has also been high in this period. In addition supporting the training programme for seven trainee clinical coders is time consuming.

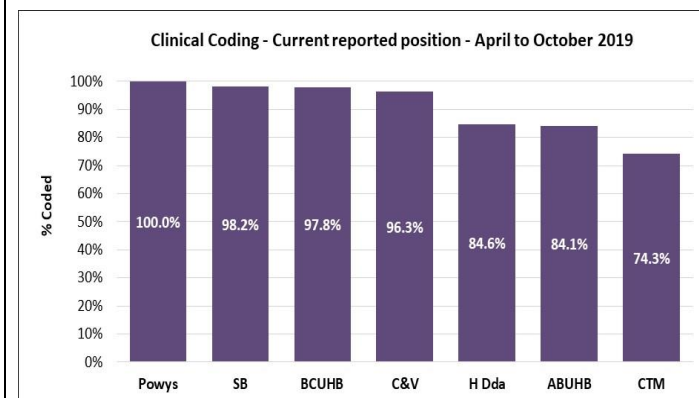
The clinical coding departments at Royal Glamorgan, Prince Charles and Princess of Wales underwent the annual external audit between October and December. Both clinical coding supervisors and one of the clinical coders at the Princess of Wales supported the auditors in the audit process. Preliminary results have been released and again we have attained the required level of accuracy and improved on last years position now at 94.02%.

Both clinical coding support officers at the Royal Glamorgan have been successful in finding alternative employment and we are currently out to advert to fill the two vacancies on a fixed term basis, taking into consideration the digitisation of medical records project.

Simplecode (Encoder Software) gave a demonstration at the Clinical Coding Steering Group to support a decision on the procurement of the most appropriate contract in the new year (we are currently using Medicode). Coding service managers have asked that if we continue with this product that we ensure a more robust agreement in place with regards to technical support.

NWIS have informed organisations that there will no longer be any funding available to support the purchase of ICD and OPCS books.

Benchmarking: how do we compare?



Cwm Taf Morgannwg are currently at 74.3% position April – October 2019, this is the same position as previous months.

Achieving the 95% in month position is proving a challenge. The high number of trainees and sickness absence impacting on performance. We continue to review productivity on a daily basis and will provide trajectory to predict delivery of the end of year target.

Work is continuing to identify where admissions and transfers have been transacted incorrectly or missed on WPAS. These are recorded on a spreadsheet not only to ensure that the episodes are corrected but as a measure of data quality issues. This re-work and record keeping is again time consuming but necessary.

Funding has now been secured to employ a small number of contract clinical coders, who work from the HUB on weekends. In addition one full time contractor is working at Prince Charles Hospital.

Source: Local WPAS / NWIS

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

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

Executive Lead: Director of Planning and Performance

Period: 2018/19

Target: Annual Improvement

Current Performance:

Cwm Taf Morgannwg

Not currently available

Cwm Taf – 2018/19

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

Bridgend

Not currently available

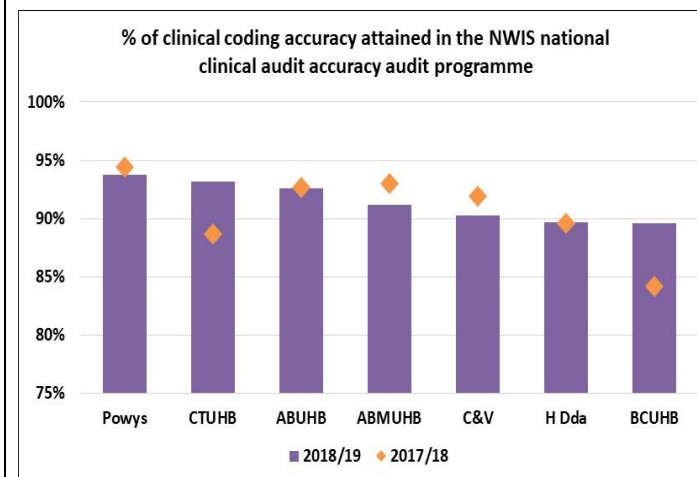
How are we doing, what actions are we taking?

This month we will be undertaking Personal Development Reviews with all of the clinical coders. At the reviews audit feedback will be given to individuals and senior non ACC coders will continue to be encouraged to sit the National Clinical Coding Qualification. Trainee clinical coders are continuing to work through their training programme to ensure that they are able to sit the ACC exam within the two year Annex U contract. Two trainees will sit the exam in 2020.

We have been in discussions with the Clinical Audit department regarding the low volumes of coded data for 2019/20, working towards understanding the affect the uncoded episodes are having on their data validation for their National Audits. It has been noted that the backlog of uncoded is the usual position for clinical coding to be in, particularly the first quarter April-June as we were working toward achieving 2018/19. The target for final submission 2019/20 will be the earlier date of May 2020.

A number of clinical coders from the three sites have been on refresher courses. Feedback from the staff noted that training material this year was more difficult than in previous years. However, all who attended achieved above the 85% pass mark averaging 95%. Three trainee clinical coders will attend the National Clinical Coding Standards course in January 2020.

Benchmarking: how do we compare?



Cwm Taf Clinical Coding department is pleased to have a 93.23% accuracy level, this is great improvement on 2017/18. In addition early results from the first Cwm Taf Morgannwg audit in 2019/20 shows further improvement to 94.02% accuracy.

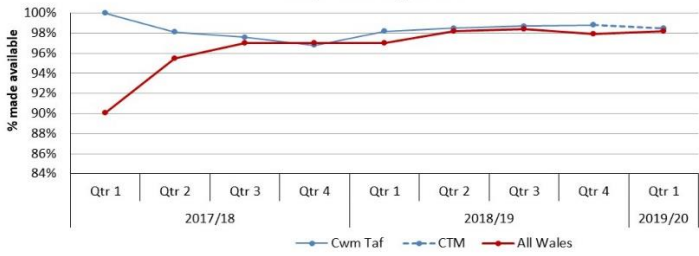
With our improved training programme in place for our Annex U and Band 3 trainee clinical coders we are confident we will be building a strong team for future years.

One of the supervisors is responsible for supporting the training programme for all trainees. To support this we have implemented a comprehensive training programme fully documented to demonstrate progress towards readiness to sit the exam.

Indicator 37: All new medicines recommended by AWMMSG 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 AWMMSG 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: 2017/18 to Qtr. 1 2019/20	Target: 100%
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Current Performance:		How are we doing, what actions are we taking?		Benchmarking: how do we compare?																																																																									
Cwm Taf Morgannwg		<p>Cwm Taf 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 is not appropriate.</p> <p>New technologies or medicines which require wider resources to implement their use can take longer to process.</p>		<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>																																																																									
<p>% of new medicines made available no later than 2 months after NICE/AWMSG appraisals</p>  <table border="1"><thead><tr><th>Period</th><th>Cwm Taf</th><th>CTM</th><th>All Wales</th></tr></thead><tbody><tr><td>Qtr 1 2017/18</td><td>100%</td><td>100%</td><td>90%</td></tr><tr><td>Qtr 2 2017/18</td><td>98%</td><td>98%</td><td>96%</td></tr><tr><td>Qtr 3 2017/18</td><td>98%</td><td>98%</td><td>97%</td></tr><tr><td>Qtr 4 2017/18</td><td>98%</td><td>98%</td><td>97%</td></tr><tr><td>Qtr 1 2018/19</td><td>98%</td><td>98%</td><td>97%</td></tr><tr><td>Qtr 2 2018/19</td><td>98%</td><td>98%</td><td>98%</td></tr><tr><td>Qtr 3 2018/19</td><td>98%</td><td>98%</td><td>98%</td></tr><tr><td>Qtr 4 2018/19</td><td>98%</td><td>98%</td><td>98%</td></tr><tr><td>Qtr 1 2019/20</td><td>98%</td><td>98%</td><td>98%</td></tr></tbody></table>				Period	Cwm Taf	CTM	All Wales	Qtr 1 2017/18	100%	100%	90%	Qtr 2 2017/18	98%	98%	96%	Qtr 3 2017/18	98%	98%	97%	Qtr 4 2017/18	98%	98%	97%	Qtr 1 2018/19	98%	98%	97%	Qtr 2 2018/19	98%	98%	98%	Qtr 3 2018/19	98%	98%	98%	Qtr 4 2018/19	98%	98%	98%	Qtr 1 2019/20	98%	98%	98%	<table border="1"><thead><tr><th>Target is 100%</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></thead><tbody><tr><td>2019/20 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></tbody></table>		Target is 100%	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%																
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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		2018/19				% Annual Improvement Target	2017/18	Annual % Change
		Total 2018/19	Q1	Q2	Q3	Q4		
Number of Clinical Research Portfolio 38 Studies	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 40 Studies	3616	1269	887	727	733	10%	2324	55.59%
2017/18 Data for comparison		193	507	1115	2324			
Number of patients recruited Commercially 41 Sponsored Studies	41	6	1	6	28	5%	36	13.89%
2017/18 Data for comparison		9	19	24	36			

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

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

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

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

The strategic objective to increase the number of Chief Investigators aligned to the UHB and to increase the number of "in house" Chief Investigators and research leaders was also met. During 2018-19, there were 16.6 Chief Investigators affiliated to Cwm Taf UHB and 8 of these were in house.

Since April 1st, 2019 all research undertaken within the Bridgend boundary has been the responsibility of Cwm Taf Morgannwg UHB's R&D team. The boundary change has provided an exciting opportunity to develop the R&D infrastructure in Bridgend to provide support to research active professionals (to include secondary / primary / community care and population health) in the set up and delivery of existing CRP and commercial studies. There is also an opportunity to develop and progress their own research ideas with appropriate external funding and support from the CTMUHB R&D team.

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

Indicator 38 to 41 continued:

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

Executive Lead: Medical Director

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

What are the areas of risk?

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

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

The current Activity Based Funding formula and approach to NHS R&D funding is under review, for possible implementation in April 2020. A Task and Finish group has been set up to be chaired by the Health and Care Research Wales Director for Support and Delivery with representation 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?

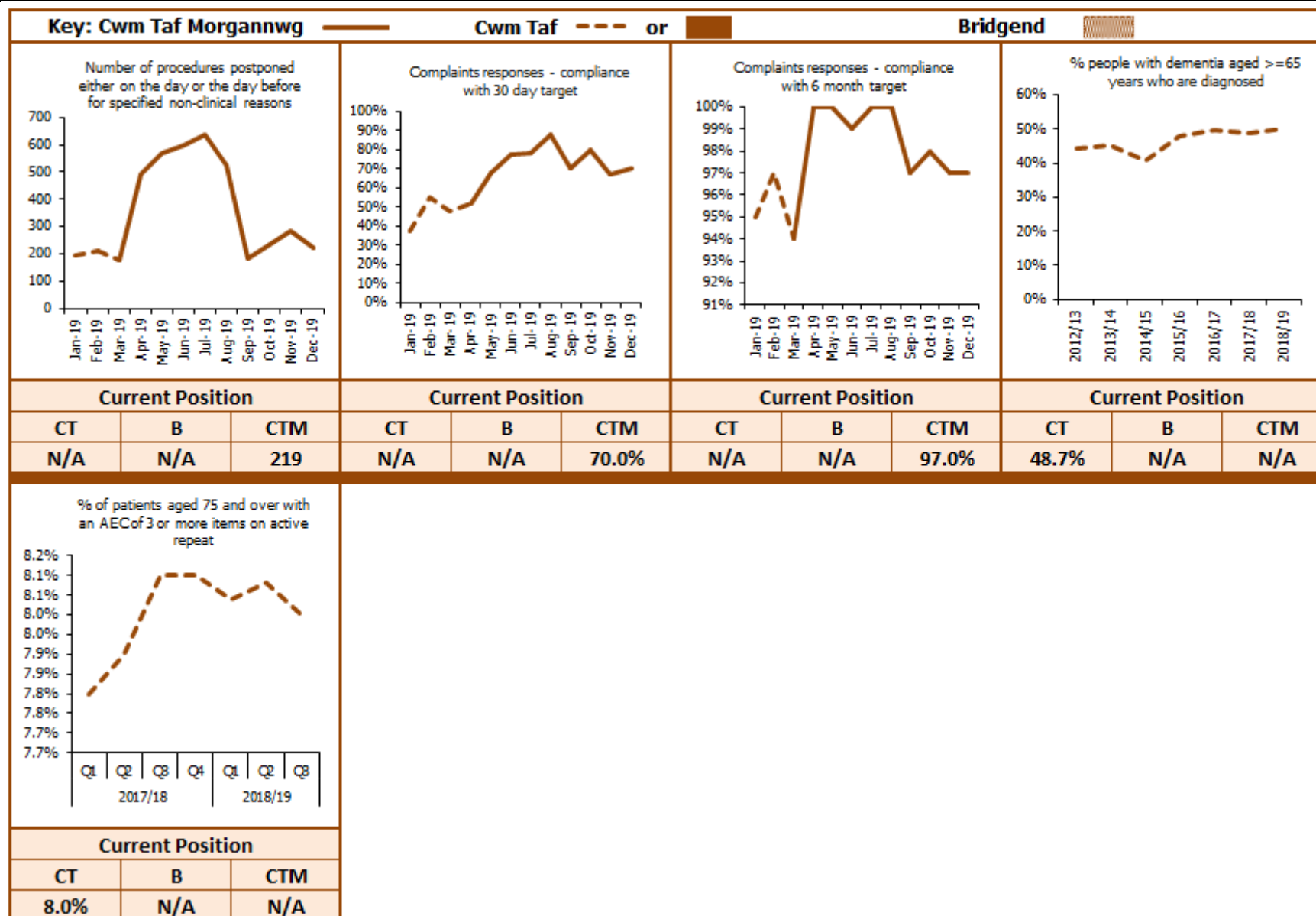
	Number of Clinical Research Portfolio Studies	Number of Commercially Sponsored Studies	Number of patients recruited Clinical Research Portfolio Studies	Number of patients recruited Commercially Sponsored Studies
2018/19				
ABMU	97	37	2276	37
AB	88	12	2134	12
BCU	81	9	1553	9
C&V	205	53	6251	53
C Taf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

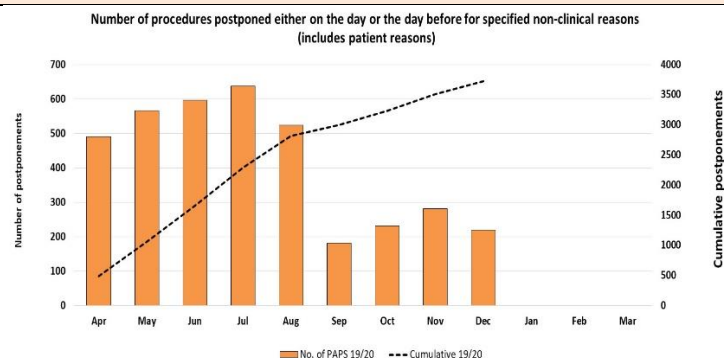
Executive Lead: Chief Operating Officer

Period: Apr 2018 to Dec 2019

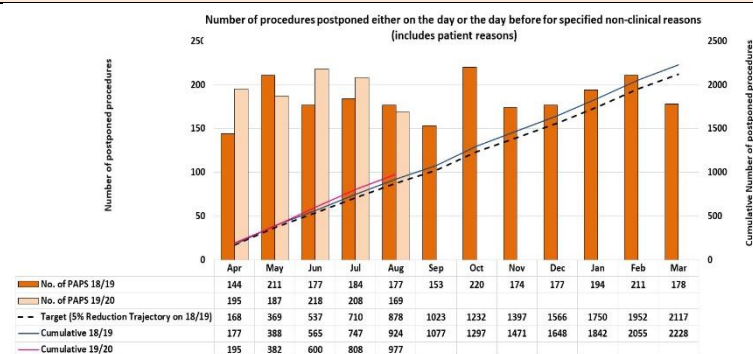
Target: >5% reduction from 17/18

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".

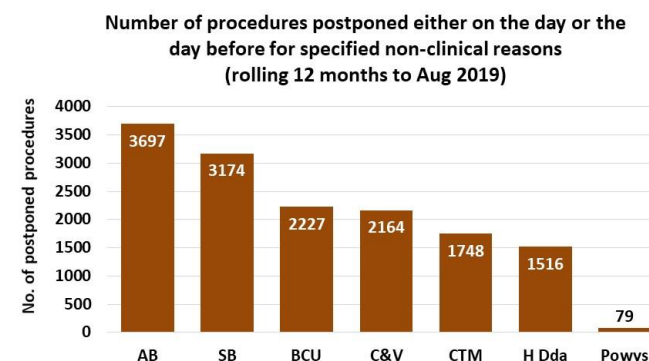
The data for this measure is extrapolated from the Health Board's Welsh PAS application at the end of each month and now includes Princess of Wales Hospital postponements from April 2019.

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		<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>		<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</p>																																																																																										
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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: Dec 2019 to Nov 2019	Target: 75%

Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																																																																										
<div>Cwm Taf Morgannwg: from 1st April 2019</div> <div><div>Formal Complaints managed through PTR</div><table><caption>Formal Complaints managed through PTR Data</caption><thead><tr><th>Month</th><th>Complaints</th></tr></thead><tbody><tr><td>Dec 2018</td><td>25</td></tr><tr><td>Jan 2019</td><td>37</td></tr><tr><td>Feb 2019</td><td>30</td></tr><tr><td>Mar 2019</td><td>29</td></tr><tr><td>Apr 2019</td><td>54</td></tr><tr><td>May 2019</td><td>72</td></tr><tr><td>Jun 2019</td><td>101</td></tr><tr><td>Jul 2019</td><td>162</td></tr><tr><td>Aug 2019</td><td>158</td></tr><tr><td>Sep 2019</td><td>111</td></tr><tr><td>Oct 2019</td><td>149</td></tr><tr><td>Nov 2019</td><td>122</td></tr></tbody></table><p>—○— Data — Mean</p></div>	Month	Complaints	Dec 2018	25	Jan 2019	37	Feb 2019	30	Mar 2019	29	Apr 2019	54	May 2019	72	Jun 2019	101	Jul 2019	162	Aug 2019	158	Sep 2019	111	Oct 2019	149	Nov 2019	122	<div><div>Formal Complaints</div><p>Validated data has shown that the Health Board received 178 complaints during November 2019, of these, 62 (35%) of these were dealt with via Early Resolution.</p><p>November 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.</p><div><div>Response Times</div><p>There has been a decline in Complaints being closed within 30 Working days, 80% in October to 67% in November.</p><p>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.</p><div><div>Common Themes</div><ul style="list-style-type: none">• Delayed follow up• Lack of Nursing observations, supervision and pain assessment• Communication especially re treatment plans and care pathways, e.g. DNAR plan.</div><div><div>Learning from Concerns</div><p>Substantial focus on waiting list management Targeted nurse training and enhanced supervision in areas of concern Reflective discussions via 1:1's with medical education supervisors/ CD's</p></div></div></div>	<div><div>% 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%</div><table><thead><tr><th>2019/20</th><th>CTM</th><th>AB</th><th>BCU</th><th>C&V</th><th>HDda</th><th>Powys</th><th>SB</th></tr></thead><tbody><tr><td>Qtr 1</td><td>67.6%</td><td>45.7%</td><td>61.9%</td><td>79.9%</td><td>75.5%</td><td>64.8%</td><td>80.7%</td></tr><tr><td>Qtr 2</td><td>50.7%</td><td>70.3%</td><td>55.2%</td><td>83.8%</td><td>75.1%</td><td>45.5%</td><td>83.7%</td></tr><tr><td>2018/19</td><td>CTUHB</td><td>AB</td><td>BCU</td><td>C&V</td><td>HDda</td><td>Powys</td><td>ABMU</td></tr><tr><td>Qtr 1</td><td>50.0%</td><td>51.4%</td><td>42.1%</td><td>65.6%</td><td>62.9%</td><td>60.4%</td><td>80.7%</td></tr><tr><td>Qtr 2</td><td>22.9%</td><td>47.3%</td><td>35.2%</td><td>75.2%</td><td>66.4%</td><td>50.0%</td><td>77.2%</td></tr><tr><td>Qtr 3</td><td>16.9%</td><td>42.7%</td><td>36.0%</td><td>80.8%</td><td>68.9%</td><td>62.5%</td><td>80.7%</td></tr><tr><td>Qtr 4</td><td>67.5%</td><td>34.9%</td><td>33.6%</td><td>77.3%</td><td>66.5%</td><td>55.8%</td><td>82.0%</td></tr></tbody></table><div><div>Compliments and positive feedback from patients:</div><p>The Patient Experience Team collate written compliments that are received at Ward and Department level. For November the wards and departments reported 119 compliments.</p><p>There were 18 real-time surveys undertaken across PCH and RGH. 73% of the feedback was positive, 27% negative.</p><div><div>Positive Comments</div><p>Could not have asked for better care. Midwives & HCA's brilliant. HCA's don't get enough praise. Everyone has been really lovely on the ward. Midwives are very supportive.</p><div><div>Negative Comments</div><p>Contradictory information provided regarding next of kin advice. Toilet door handle of the communal toilet was dirty Noise from staff at night - slamming doors and using noisy trollies.</p><div><div>Immediate Actions:</div><p>Positive comments have been fed back to staff. Housekeeping notified re extra cleaning. Mangers discussed negative staff attitude with individual staff. Staff reminded on the importance of creating a peaceful environment at night.</p></div></div></div></div></div>	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%	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%
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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

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.

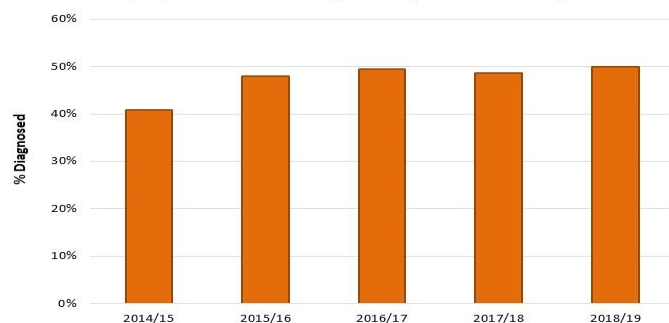
Benchmarking: how do we compare?

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

Cwm Taf

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



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>

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

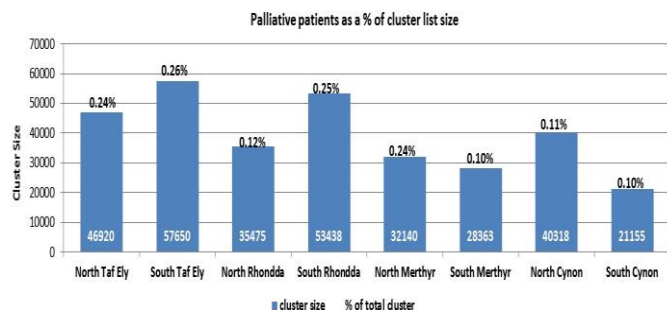
Health Boards are also requested to monitor those patients on a Palliative Care pathway.

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

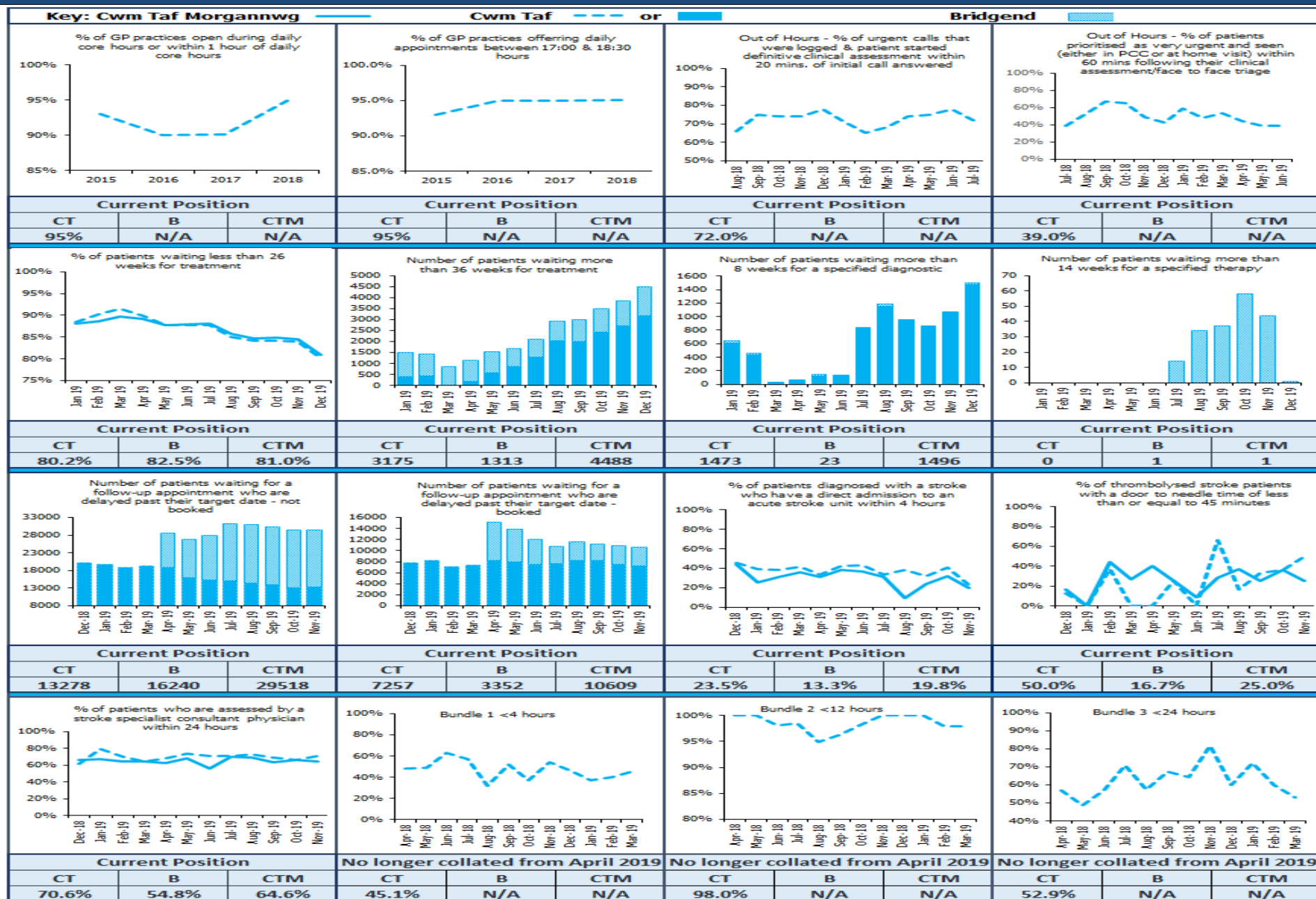


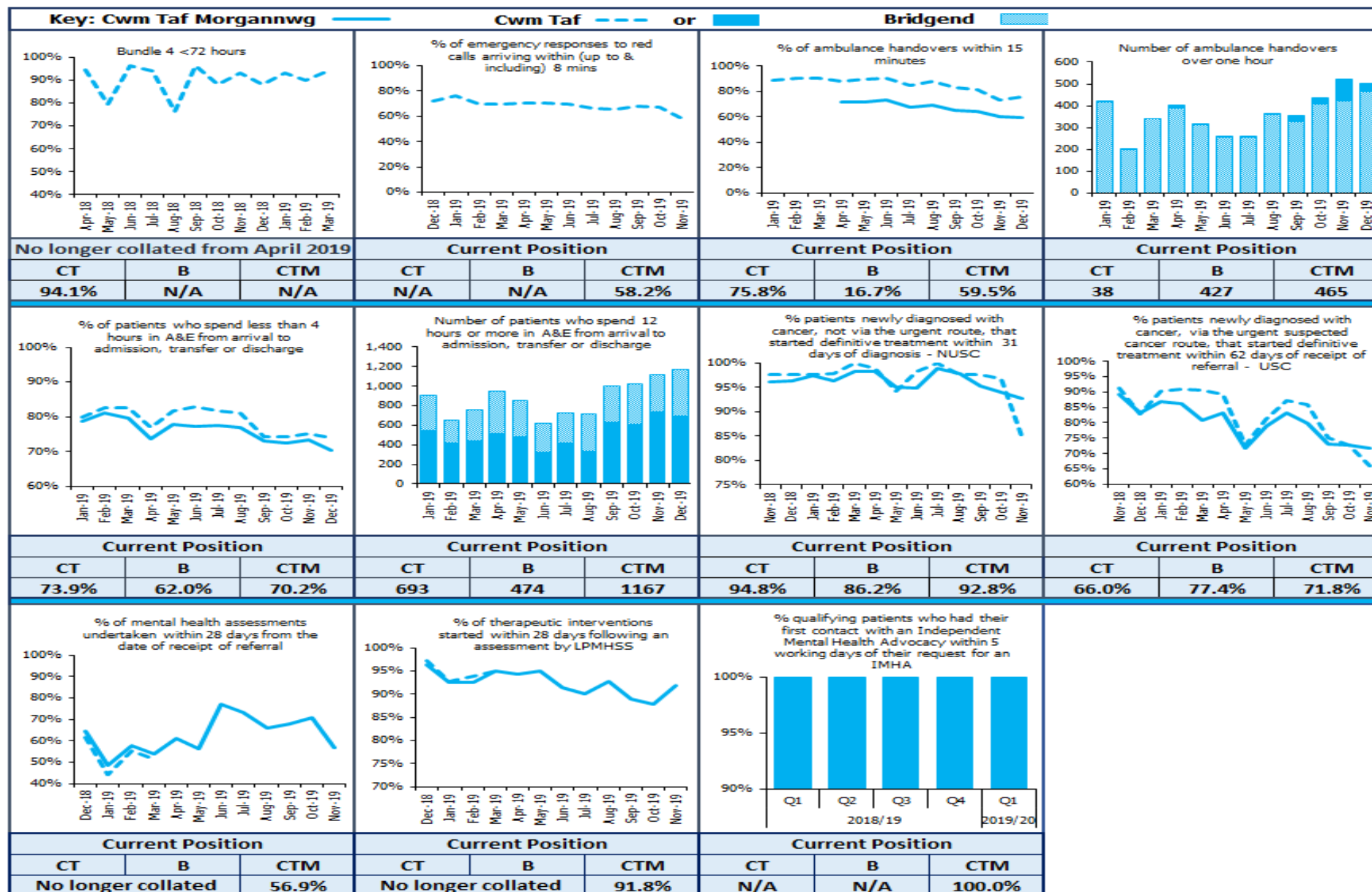
Bridgend

Not currently available

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

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





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.

Data is not currently available

What actions are we taking?

Regular assessing of practices are meeting needs by:

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

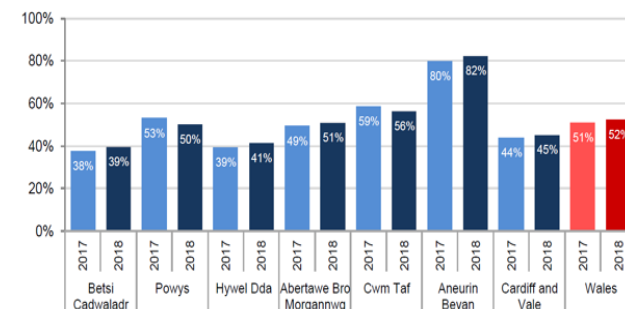
Cwm Taf

Data is not currently available

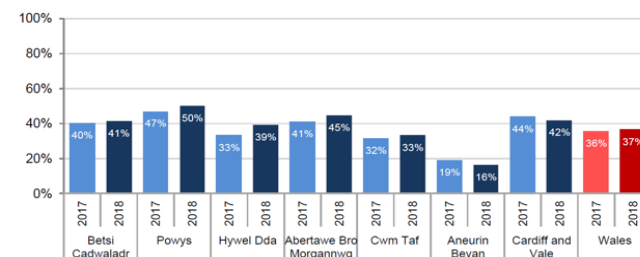
Bridgend

Data is not currently available

Percentage of practices open for all of daily core hours, 5 days a week, by health board



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



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

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

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

Source: National Survey for Wales

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

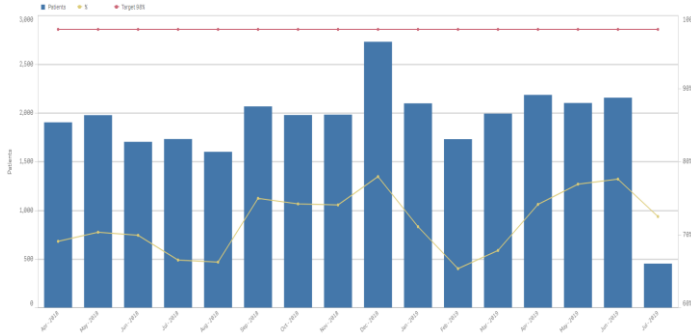
Outcome: I have easy and timely access to primary care services

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018	Target: Annual Improvement																																											
Current Performance:	How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																										
Cwm Taf Morgannwg	<p>Practices using a variety on innovations to improve patients access to services:</p> <ul style="list-style-type: none">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	<table><tr><th colspan="4">% of GP practices offering appointments between 17:00 and 18:30 on 5 days a week</th></tr><tr><th></th><th>2018</th><th>2017</th><th>2016</th></tr><tr><td>Cwm Taf</td><td>94.9%</td><td>95.1%</td><td>95.2%</td></tr><tr><td>Aneurin Bevan</td><td>98.7%</td><td>97.5%</td><td>98.8%</td></tr><tr><td>Betsi Cadwaladr</td><td>67.0%</td><td>68.8%</td><td>68.8%</td></tr><tr><td>Cardiff & Vale</td><td>93.5%</td><td>92.4%</td><td>92.4%</td></tr><tr><td>Hywel Dda</td><td>90.2%</td><td>80.4%</td><td>75.5%</td></tr><tr><td>Powys</td><td>87.5%</td><td>100.0%</td><td>100.0%</td></tr><tr><td>Swansea Bay</td><td>87.7%</td><td>78.1%</td><td>79.5%</td></tr><tr><td>Wales</td><td>86.2%</td><td>84.2%</td><td>84.1%</td></tr></table> <p>Cwm Taf Health Board (as was) compared favourably with other Welsh Health Boards.</p>			% 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%
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Cwm Taf	<p>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:</p> <ul style="list-style-type: none">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 conditionsPeople receive a prompt response to their contact with a practice via telephonePractices 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 practicePeople receive a timely, co-ordinated and clinically appropriate response to their needsAll practices have a clear understanding of patient needs and demands within their practices and how these can be met.																																											
As per benchmark table																																												
Bridgend		What are areas of risk:																																										
Data is not currently available		<ul style="list-style-type: none">Practice sustainability, particularly the smaller and single handed practicesHaving a number of GPs of similar age coming up to retirementRecruitment is still an issue leading to pressure on a practice appointment systemsHigh use of locums by some surgeriesSeasonal 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?	
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>	
Data not currently available			
Cwm Taf			
			
Bridgend		<p>Cwm Taf's OOH performance compared to peers is poor.</p>	
Following the boundary change on 1 April 2019 responsibility for Out of Hours for Bridgend remains with Swansea Bay University Hospital			

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 Oct 2019

Target: 90%/12 Month Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

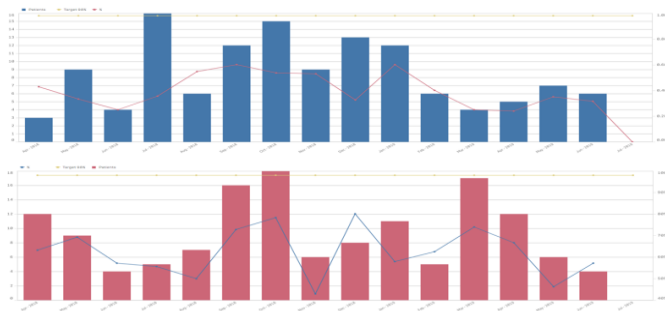
Cwm Taf Morgannwg

How are we doing? – Oct 2019 94.8% (former Cwm Taf)

Data not currently available

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.

Cwm Taf



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

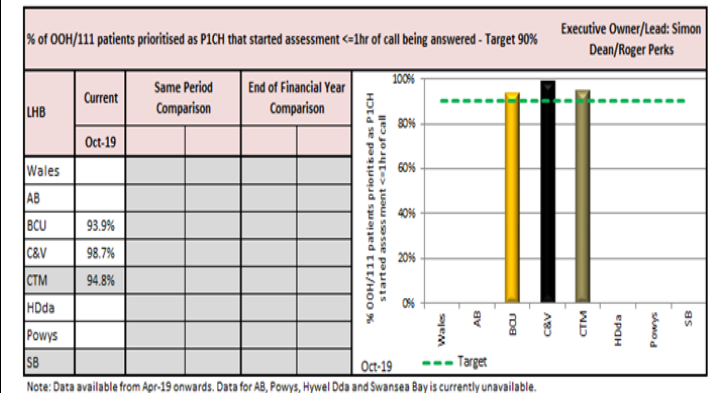
What actions are we taking?

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

Bridgend

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

Source: Qlik



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: Jan 2019 2018 to Dec 2019

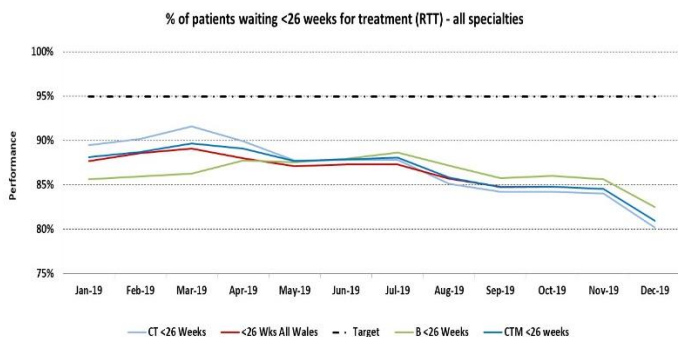
Target: 95%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Cwm Taf

See graph above

Bridgend

See graph above

How are we doing?

In terms of the 26 week position, the provisional position for December is 82.5% for the Bridgend area and 80.2% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 81.0%.

What actions are we taking?

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

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

What are the areas of risk?

- The number of breaches post 1 April 2019 as a result of the boundary change;
- Additional waiting lists added to RTT reporting as from 1 July 2019

Cwm Taf Morgannwg		
Dec-19		
Number of open pathways 26+ weeks	Total number of open pathways	% Compliance
1117	7896	85.9%
855	4202	79.7%
2421	8654	72.0%
660	6009	89.0%
1343	6850	80.4%
744	2468	69.9%
14	92	84.8%
1	59	98.3%
812	1544	47.4%
169	1865	90.9%
432	2420	82.1%
12	353	96.6%
21	342	93.9%
31	175	82.3%
0	43	
70	244	71.3%
314	3422	90.8%
1599	5869	72.8%
235	1576	85.1%
287	1209	76.3%
49	1916	97.4%
0	7	
643	4898	86.9%
0	0	
0	0	
11829	62113	81.0%

Period	Cwm Taf / Morgannwg	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales
Oct-18	89.7%	89.1%		90.0%	84.7%	87.3%	86.1%	99.2%	87.8%
Nov-18	89.3%	88.8%		91.1%	84.1%	87.0%	87.3%	99.0%	87.8%
Dec-18	88.8%	88.0%		90.4%	82.7%	85.5%	87.4%	98.8%	86.9%
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%		88.8%	91.2%	83.2%	87.2%	89.4%	99.0%	88.0%
May-19	87.7%		88.1%	90.2%	82.3%	86.2%	89.0%	98.6%	87.1%
Jun-19	87.8%		88.0%	90.6%	82.1%	86.6%	89.8%	98.9%	87.3%
Jul-19	87.8%		87.8%	90.5%	82.0%	87.0%	89.3%	98.7%	87.3%
Aug-19	85.1%		86.4%	88.9%	80.4%	85.4%	87.8%	98.8%	85.7%
Sep-19	84.7%		88.7%	79.0%	85.2%	86.5%	98.7%	85.1%	84.8%

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: Jan 2019 to Dec 2019

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

The provisional reporting position:
36 week – 4488 patients
52 weeks – 1032 patients

CT Morgannwg RTT Open Pathways 36+ Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	1076	1183	1245	1263	1404	1385	1479	1420	1354	1496	1436	844	1133	1520	1676	2114	2940	2985	3503	3839	4488			

CT Morgannwg RTT Open Pathways 52 Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	0	0	0	0	0	0	0	0	0	0	0	0	318	326	288	489	497	484	520	772	1032			

Cwm Taf

The provisional reporting position:
36 weeks – 3175
52 weeks – 610 patients

CT RTT Open Pathways 36+ Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	74	157	195	187	229	196	321	309	297	399	440	0	169	368	845	1301	2045	1998	2440	2727	3175			

CT RTT Open Pathways 52 Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	189	183	103	216	439	610			

Bridgend

The provisional reporting position:
36 weeks – 1313 patients
52 weeks – 422 patients

Bridgend RTT Open Pathways 36+ Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	1002	1026	1051	1076	1175	1189	1158	1111	1057	1097	996	844	959	952	831	813	895	987	1063	1112	1313			

Bridgend RTT Open Pathways 52 Weeks	2018/19												2019/20											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total			467	470	536	541	536	542	532	489	434	367	318	326	288	250	314	331	304	333	422			

How are we doing?

The provisional position for patients waiting over 52 weeks for treatment at the end of December 2019 is 1032 patients. Of these patients:

- 422 relate to Bridgend waiting lists.
- 610 relates to Cwm Taf waiting lists.

The provisional position for patients waiting over 36 weeks is 4488 patients across Cwm Taf Morgannwg. Of these patients:

- 3175 patients relate to the former Cwm Taf waiting lists.
- 1313 relate to Bridgend waiting lists.

(NB this figure of 4488 includes the 813 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 specialities.

Period	Cwm Taf / Morgannwg	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales
Oct-18	321	3370		1214	6574	984	1638	0	14101
Nov-18	309	3193		769	6846	954	1439	0	13510
Dec-18	297	3030		249	7064	948	1394	0	12982
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		1973	271	6768	690	213	0	11043
May-19	568		2101	478	7396	657	246	0	12398
Jun-19	845		2319	653	7886	604	122	0	13260
Jul-19	1301		2691	1061	8775	638	264	0	15543
Aug-19	2045		3262	1507	9890	995	506	0	19100
Sep-19	2985		1313	9781	682	452	0	3563	18776

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 Dec 2019

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
61	151	128	831	1189	959	855	1063	1496

How are we doing?

The provisional position for December 2019 is 1496 patients waiting over 8 weeks for diagnostic services. Of these patients:

- 23 patients relate to Bridgend waiting lists
- 1473 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 8th Jan 2020

Service	Sub-Heading	Waiting >8 weeks		
		CT	Bridgend	CTM
Cardiology	Echo Cardiogram	1		1
Cardiology	Cardiac CT	7		7
Services	Diagnostic Angiography	26	12	38
	DSE	0		0
	TOE	0		0
	Heart Rhythm Recording	0		0
	B.P.Monitoring	0		0
	Cardiac MRI	2		2
Colonoscopy		176	1	177
Gastroscopy		419		419
Cystoscopy		10	10	20
Flexi Sig		246		246
Radiology - Cons Referral	Non-Cardiac CT	6		6
	Non Cardiac MRI	2		2
	NOUS	120		120
	NOUS - Consultant Rad Only	76		76
	Non-Cardiac Nuclear Medicine	9		9
Radiology - GP Referral	NOUS	195		195
	NOUS - Consultant Rad Only	26		26
	Non-Cardiac CT	0		0
Imaging	Fluoroscopy	1		1
Physiological Measurement	Urodynamics	13		13
Neurophysiology	EMG	74		74
	NCS	64		64
Total		1473	23	1496

Period	Cwm Taf Morgannwg	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales
Oct-18	92	735		283	1504	448	27	83	3172
Nov-18	86	658		71	1276	431	86	35	3117
Dec-18	270	693		4	1486	450	82	150	3135
Jan-19	613	603		60	2116	448	30	122	3992
Feb-19	431	558		15	2123	270	1	60	3458
Mar-19	27	437		0	2277	40	0	0	2781
Apr-19	51		401	31	2548	158	56	16	3271
May-19	126		401	6	2857	110	185	21	3731
Jun-19	122		295	35	2737	21	115	9	3337
Jul-19	826		261	101	2721	30	192	27	4158
Aug-19	1153		344	190	2957	56	345	18	5091
Sep-19	959		294	110	2816	51	391	12	4633

As Above

Cwm Taf

Bridgend

As Above

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

Local Measure: Surveillance Patients

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

Executive Lead: Chief Operating Officer

Period: Census as at 1st December 2019

Target: Zero

Current Performance:

Prince Charles Hospital

Cancer	0 to 2 weeks	3 to 6 weeks	Total
Patients	77	17	94
With an appointment	53	17	70

Urgent Non Cancer	0 to 3 weeks	4 to 6 weeks	7 to 12 weeks	13 to 16 weeks	17+ weeks	Total
Patients	152	122	178	88	48	588
With an appointment	9	10	8	2	8	37

Routine	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	52+ weeks	Total
Patients	101	88	8	1	198
With an appointment	3	5	5	1	14

Surveillance	0 to 7 weeks	8 to 17 weeks	18 weeks and over	Not Past Review Date	No Review Date	Total
Patients	107	42	123	1386	14	1672
With an appointment	6	10	9	1	7	33

Royal Glamorgan Hospital

Cancer	0 to 2 weeks	3 to 6 weeks	Total
Patients	110	26	136
With an appointment	62	22	84

Urgent Non Cancer	0 to 3 weeks	4 to 6 weeks	7 to 12 weeks	13 to 16 weeks	17+ weeks	Total
Patients	198	162	146	13	11	530
With an appointment	19	17	79	4	8	127

Routine	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	52+ weeks	Total
Patients	207	105	12	1	325
With an appointment	8	14	6	1	29

Surveillance	0 to 7 weeks	8 to 17 weeks	18 weeks & over	Not Past Review Date	No Review Date	Total
Patients	154	81	210	1772	60	2277
With an appointment	23	18	27	0	33	101

How are we doing, what actions are we taking?

How are we doing?

The tables to the left provide a breakdown of those surveillance patients awaiting treatment within the old Cwm Taf footprint. Patients referred into the service for Endoscopy are 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.

What Actions are we taking?

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

Benchmarking: how do we compare?

Benchmarking data is not currently available

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

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

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

Executive Lead: Chief Operating Officer

Period: Apr 2019 to Dec 2019

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	0	3	13	25	37	57	44	1

How are we doing?

There is provisionally 1 therapy breach for December 2019 at POW within physiotherapy (paediatric patients).

What actions are we taking?

Appropriate actions to pull back to, and maintain, a zero position.

Areas of risk?

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

Period	Cwm Taf Morgannwg	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales
Oct-18	0	0		5	0	120	332	8	465
Nov-18	0	0		0	0	112	265	3	380
Dec-18	0	0		0	3	12	287	3	305
Jan-19	0	0		0	0	14	177	14	205
Feb-19	0	0		5	0	5	51	16	77
Mar-19	0	0		0	0	0	0	4	4
Apr-19	0		0	1	0	1	41	2	45
May-19	0		0	1	4	5	138	9	0
Jun-19	0			0	0	0	262	0	0
Jul-19	0		0	0	0	0	297	6	316
Aug-19	0		1	0	0	5	424	5	460
Sep-19	37		0	0	0	38	426	7	508

Cwm Taf

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

Bridgend

2019/20

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
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: November 2019

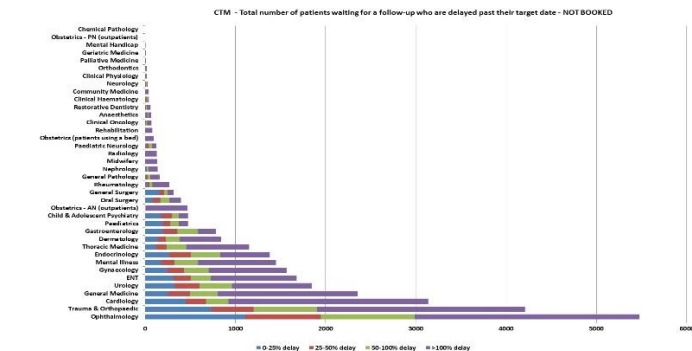
Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Risks and Benchmarking: how do we compare?

Cwm Taf Morgannwg

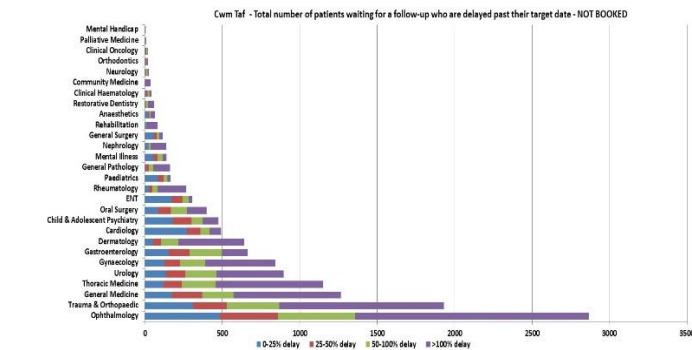


How are we doing?

The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at the end of November 2019 is 29518 i.e. 13278 for the former Cwm Taf and 16240 for Bridgend area.

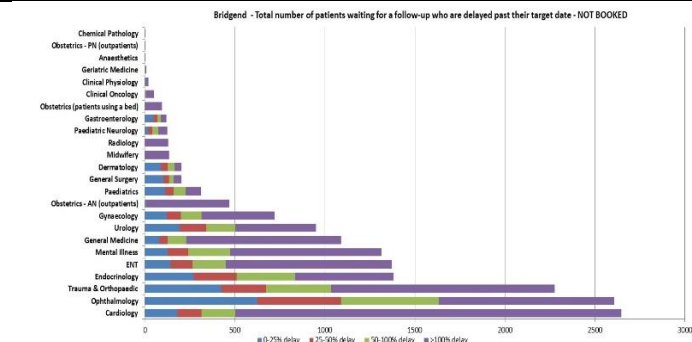
The number of patients waiting for a follow-up outpatient appointment								
Period	CTM	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay	Wales
Sep-19	115,138	155,786	202,523	236,502	84,384	8,289	132,054	934,676
Oct-19	114,886	148,015	202,340	234,439	78,718	7,618	131,471	917,487

Cwm Taf



Cwm Taf Morgannwg					
Census data 30/11/2019	0-25% delay	25-50% delay	50-100% delay	>100% delay	Total
Ophthalmology	1108	841	1038	2487	5474
Trauma & Orthopaedic	733	469	701	2305	4208
Cardiology	452	222	248	2216	3138
General Medicine	255	242	304	1555	2356
Urology	332	272	361	881	1846
ENT	315	189	226	948	1678
Gynaecology	247	183	273	863	1566
Mental Illness	180	144	263	866	1453
Endocrinology	270	241	323	548	1382
Thoracic Medicine	121	118	219	694	1152
Dermatology	141	91	149	461	842
Gastroenterology	200	157	230	196	783
Paediatrics	196	86	90	106	478
Child & Adolescent Psychiatry	180	121	72	101	474
Obstetrics - AN (outpatients)	2	1	3	463	469
Oral Surgery	86	83	100	128	397
General Surgery	160	51	39	66	316
Rheumatology	26	22	35	184	267
General Pathology	6	21	28	108	163
Nephrology	20	3	13	102	138
Midwifery	0	0	0	135	135
Radiology	0	0	0	131	131
Paediatric Neurology	19	24	32	51	126
Obstetrics (patients using a bed)	0	0	0	95	95
Rehabilitation	5	2	2	74	83
Clinical Oncology	5	5	13	47	70
Anaesthetics	19	11	7	30	67
Restorative Dentistry	3	4	14	39	60
Clinical Haematology	7	11	12	13	43
Community Medicine	1	3	0	34	38
Neurology	4	3	10	10	27
Clinical Physiology	2	1	2	15	20
Orthodontics	7	5	2	5	19
Palliative Medicine	2	1	2	5	10
Geriatric Medicine	1	0	1	5	7
Mental Handicap	3	1	1	0	5
Obstetrics - PN (outpatients)	0	0	0	1	1
Chemical Pathology	0	0	0	1	1
Total				15969	29518

Bridgend



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: November 2019

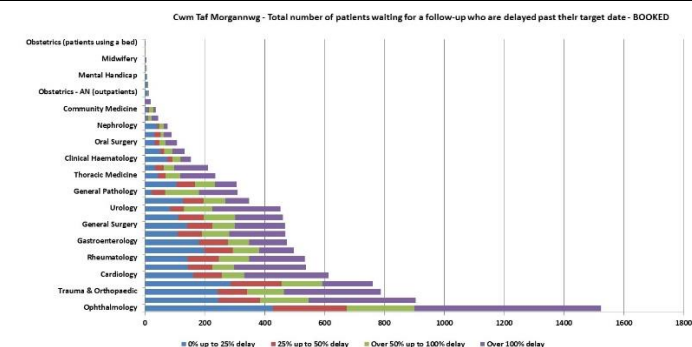
Target: 12 Month Reduction Trend

Current Performance:

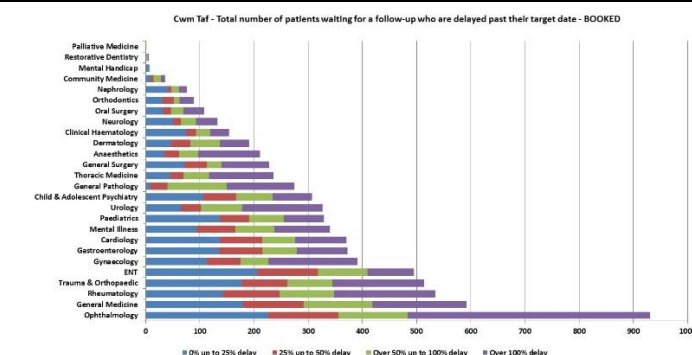
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

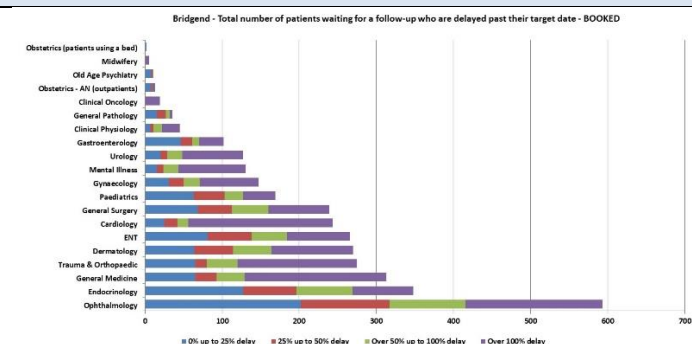
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing?

The number of patients waiting for an outpatient follow-up (booked) who are currently delayed past their agreed target date as at the end of November 2019 was 10609 i.e. 7257 for the former Cwm Taf and 3352 for Bridgend.

Cwm Taf Morgannwg					
Census 30/11/2019	0% up to 25% delay	25% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total
Ophthalmology	428	245	226	625	1524
General Medicine	245	139	164	357	905
Trauma & Orthopaedic	243	99	123	324	789
ENT	287	169	137	168	761
Cardiology	162	95	75	282	614
Gynaecology	144	81	73	240	538
Rheumatology	143	104	101	187	535
Paediatrics	199	95	88	116	498
Gastroenterology	181	96	72	126	475
Mental Illness	109	81	91	189	470
General Surgery	140	86	74	167	467
Dermatology	111	86	104	160	461
Urology	85	46	95	227	453
Endocrinology	127	69	73	79	348
General Pathology	23	44	114	129	310
Child & Adolescent Psychiatry	106	61	67	73	307
Thoracic Medicine	45	25	47	119	236
Anaesthetics	34	28	35	114	211
Clinical Haematology	75	18	26	35	154
Neurology	51	14	28	40	133
Oral Surgery	32	15	23	38	108
Orthodontics	31	21	11	26	89
Nephrology	41	7	14	14	76
Clinical Physiology	7	4	11	23	45
Community Medicine	9	6	13	8	36
Clinical Oncology	0	0	0	19	19
Obstetrics - AN (outpatients)	7	1	1	4	13
Old Age Psychiatry	8	2	1	0	11
Mental Handicap	6	0	2	0	8
Restorative Dentistry	2	0	2	2	6
Midwifery	1	1	0	3	5
Palliative Medicine	0	1	1	0	2
Obstetrics (patients using a bed)	2	0	0	0	2

Total 10609

What actions are we taking?

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

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

The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%								
Period	CTM	Aneurin Bevan	Betsi Cadwaladr	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

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: Dec 2018 to Nov 2019

Current Performance:

Cwm Taf Morgannwg

CTM	Measure	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	82	73	70	78	90	75	78	95	79	79	90	81
	No of patients within 4 hours	36	19	22	28	28	29	29	30	20	19	29	16
	% Compliance	43.9%	26.0%	31.4%	35.9%	31.1%	38.7%	37.2%	31.6%	25.3%	24.1%	32.2%	19.8%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	2	0	4	3	2	3	1	2	3	1	4	2
	Total thrombolysed	13	9	9	11	5	12	11	7	8	4	11	8
	% Compliance	15.4%	0.0%	44.4%	27.3%	40.0%	25.0%	9.1%	28.6%	37.5%	25.0%	36.4%	25.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	82	74	71	82	91	76	78	97	83	80	92	82
	No of patients within 1 hour	46	43	38	49	57	46	52	62	49	44	57	51
	% Compliance	56.1%	58.1%	53.5%	59.8%	62.6%	60.5%	66.7%	63.9%	59.0%	55.0%	62.0%	62.2%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	82	74	71	82	91	76	78	97	83	80	92	82
	No of patients within 24 hours	54	50	46	53	57	52	44	68	57	51	61	53
	% Compliance	65.9%	67.6%	64.8%	64.6%	62.6%	68.4%	56.4%	70.1%	68.7%	63.8%	66.3%	64.6%

Cwm Taf

CT	Measure	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	50	43	49	48	62	52	55	60	47	41	54	51
	No of patients within 4 hours	23	17	19	20	21	22	24	20	18	13	22	12
	% Compliance	46.0%	39.5%	38.8%	41.7%	33.9%	42.3%	43.6%	33.3%	38.3%	31.7%	40.7%	23.5%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	1	0	3	0	0	2	0	2	1	1	4	1
	Total thrombolysed	9	8	8	6	1	8	6	3	6	3	11	2
	% Compliance	11.1%	0.0%	37.5%	0.0%	0.0%	25.0%	0.0%	66.7%	16.7%	33.3%	36.4%	50.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	50	43	50	51	63	53	55	61	51	42	56	51
	No of patients within 1 hour	30	28	28	37	44	37	41	46	34	29	40	33
	% Compliance	60.0%	65.1%	56.0%	72.5%	69.8%	69.8%	74.5%	75.4%	66.7%	69.0%	71.4%	64.7%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	50	43	50	51	63	53	55	61	51	42	56	51
	No of patients within 24 hours	31	34	35	33	43	39	39	43	37	29	37	36
	% Compliance	62.0%	79.1%	70.0%	64.7%	68.3%	73.6%	70.9%	70.5%	72.5%	69.0%	66.1%	70.6%

Bridgend

Bridgend	Measure	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)	Total admissions	32	30	21	30	28	23	23	35	32	38	36	30
	No of patients within 4 hours	13	2	3	8	7	7	5	10	2	6	7	4
	% Compliance	40.6%	6.7%	14.3%	26.7%	25.0%	30.4%	21.7%	28.6%	6.3%	15.8%	19.4%	13.3%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	1	0	1	3	2	1	1	0	2	0	0	1
	Total thrombolysed	4	1	1	5	4	4	5	4	2	1	0	6
	% Compliance	25.0%	0.0%	100.0%	60.0%	50.0%	25.0%	20.0%	0.0%	100.0%	0.0%	N/A	16.7%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	32	31	21	31	28	23	23	36	32	38	36	31
	No of patients within 1 hour	16	15	10	12	13	9	11	16	15	15	17	18
	% Compliance	50.0%	48.4%	47.6%	38.7%	46.4%	39.1%	47.8%	44.4%	46.9%	39.5%	47.2%	58.1%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	32	31	21	31	28	23	23	36	32	38	36	31
	No of patients within 24 hours	23	16	11	20	14	13	5	25	20	22	24	17
	% Compliance	71.9%	51.6%	52.4%	64.5%	50.0%	56.5%	21.7%	69.4%	62.5%	57.9%	66.7%	54.8%

Source: SSNAP

Target: SSNAP UK Quarterly Average

How are we doing, what actions are we taking?

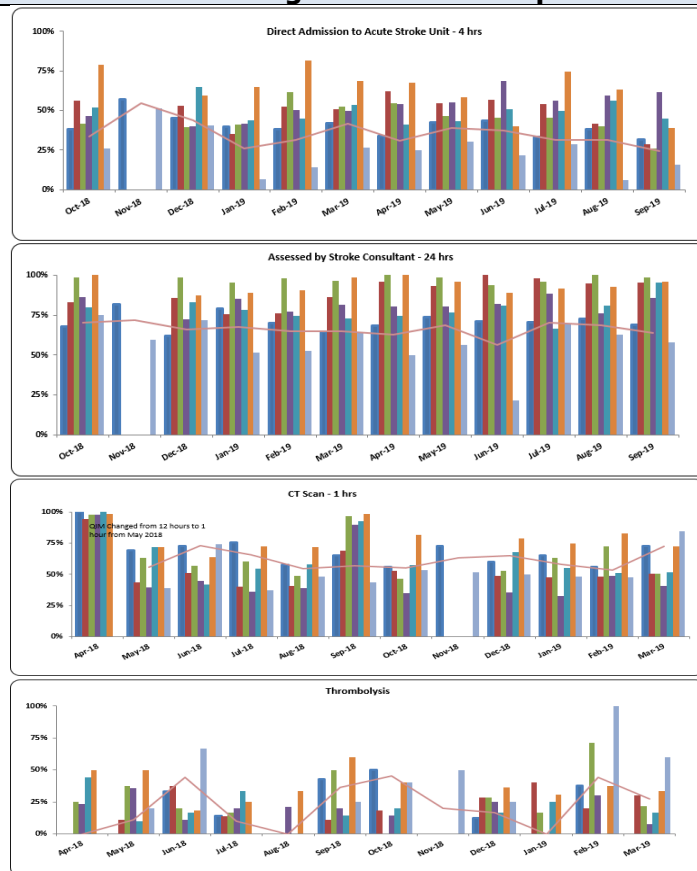
During November a total of 82 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. There were 31 patients with presentations to POW and 51 patients that presented to PCH. There were 8 patient's thrombolysed in total' 6 at POW and 2 at PCH. 3 of the 8 patients were thrombolysed within 45 minutes. The November compliance for the individual sites are shown in the following tables:
Prince Charles Hospital

November 2019 Quality Improvement Measures		
Quality Improvement Measures		Aspiration Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed		N/A 3.9%
Thrombolysed patients Door To Needle <=45 mins		90% 50.0%
Percentage of patients scanned within 1 hour of clock start		N/A 64.7%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start		95% 23.5%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start		95% 78.4%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start		95% 70.6%
Assessed by one of OT, PT, SALT within 24 hours		95% 70.6%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start		95% 75.0%
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 105.0%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients		N/A 58.1%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients		N/A 58.9%
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 33.67%
Percentage of applicable patients discharged with ESD		N/A 29.59%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team		N/A 6.12%
Proportion of applicable patients assessed at 6 months		N/A 0.00%

Princess of Wales Hospital

November 2019 Quality Improvement Measures		
Quality Improvement Measures		Aspiration Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed		N/A 19.4%
Thrombolysed patients Door To Needle <=45 mins		90% 16.7%
Percentage of patients scanned within 1 hour of clock start		N/A 58.1%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start		95% 13.3%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start		95% 82.8%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start		95% 54.8%
Assessed by one of OT, PT, SALT within 24 hours		95% 83.9%
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 64.5%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients		N/A 23.7%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients		N/A 36.1%
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 3.51%
Percentage of applicable patients discharged with ESD		N/A 3.51%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team		N/A 0.00%
Proportion of applicable patients assessed at 6 months		N/A 0.00%

Benchmarking: how do we compare?



What actions are we taking?

It is anticipated that Cwm Taf Morgannwg compliance will decline in most areas from that of the previous Cwm Taf footprint.

Prior to the boundary change both POW and PCH were struggling to achieve 4 hours to ASU compliance this continues to be a significant challenge and the Health Board is now working with the Delivery Unit in this regard. The Health Board also continues to work with the Delivery Unit with regards to the follow up action plan from the thrombolysis review at the end of last year.

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 Nov 2019

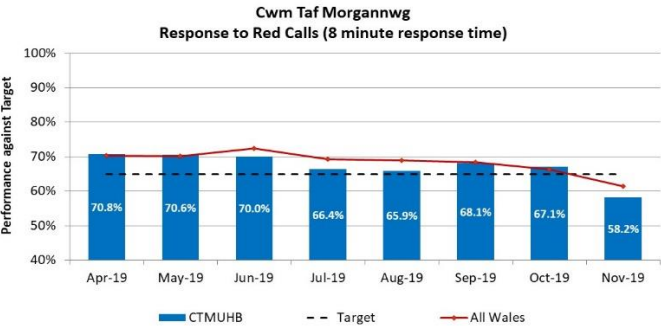
Target: 65%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

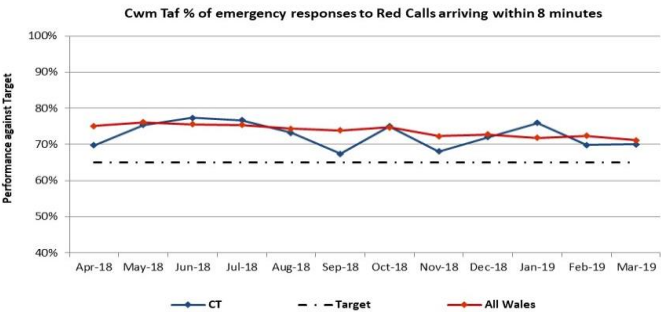


The Cwm Taf Morgannwg performance against the Red Calls Ambulance target was 58.2% in November, a deterioration from 67.1% seen in October and below the set target of 65%. The All Wales performance was also down at 61.4%.

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

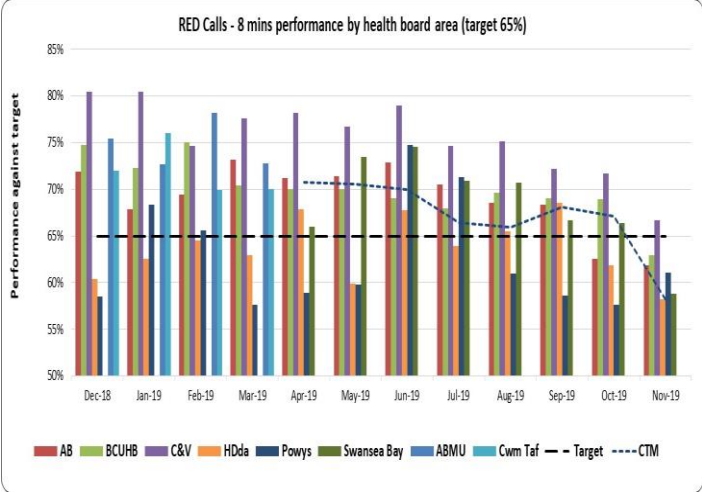
What are the risk areas?
The most significant risk is the boundary change and implications upon the service as a result.

Cwm Taf



Bridgend

Data is not currently available



Only one of the health boards in Wales met the 65% target in November 2019 (Cardiff & Vale - 66.7%)

Source: Local/Information Team

<https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/emergencyambulancecallsandresponsestoredcalls-by-lhb-month>

Local Measure: Number of ambulance handovers within 15 minutes

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

Executive Lead: Chief Operating Officer

Period: Apr 2019 to Dec 2019

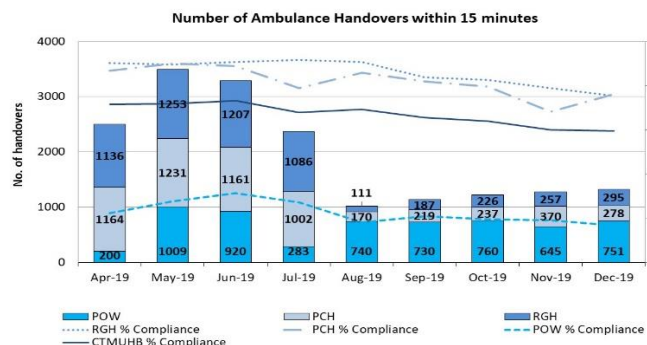
Target: Improvement

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 December was 59.5%. Compliance for POW was 16.74%, RGH 75.4% and PCH was 76.1%.

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 Dec 2019

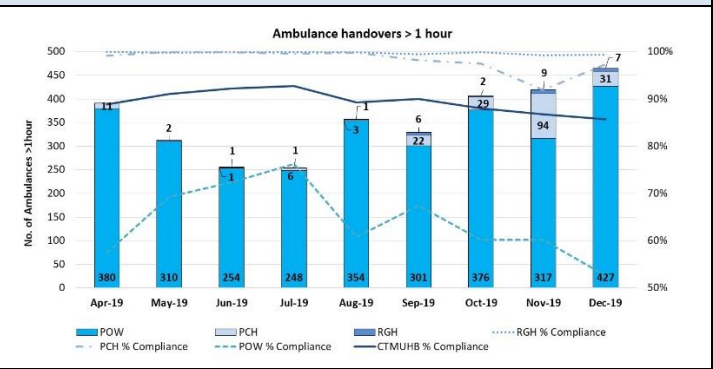
Target: Zero

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 465 ambulance delays over 1 hour in December – 427 in POW, 31 at PCH and 7 at RGH.

The Cwm Taf Morgannwg performance for emergency ambulance services over one hour was 85.8% with the performance for the Bridgend area being 52.7%. RGH 99.4% and PCH 97.3%.

Period	Cwm Taf	Swansea Bay (from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Wales	Bridgend	CTM
Nov-18	3	628	363	403	244	171	1844	241	244
Dec-18	4	842	495	446	241	226	2310	252	256
Jan-19	2	1164	689	690	430	376	3418	412	414
Feb-19	3	619	519	358	351	294	2188	191	194
Mar-19	0	928	558	438	189	407	2544	340	340
Apr-19	Data not available								
May-19	2	646	629	614	200	204	2624	310	312
Jun-19	2	720	578	447	330	284	2634	254	256
Jul-19	7	594	915	811	244	251	3087	248	255
Aug-19	4	632	858	693	265	313	3130	353	357
Sep-19	28	778	932	895	357	406	3741	301	329
Oct-19	31	827	990	809	472	465	4009	376	407

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

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 Dec 2019

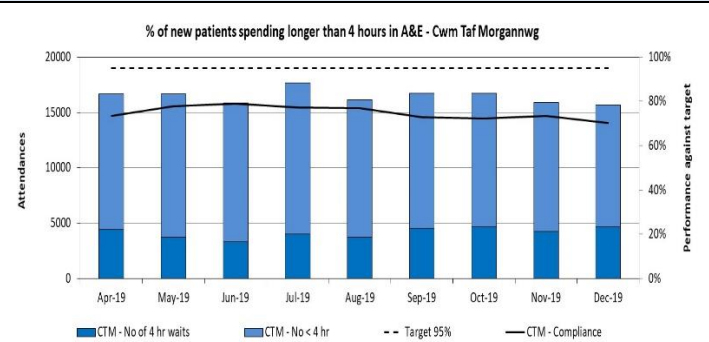
Target: 95%

Current Performance:

How are we doing, what actions are we taking?

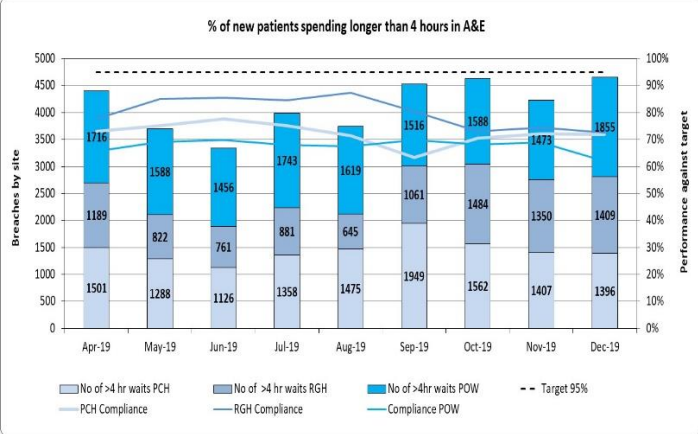
Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?
The combined performance for Cwm Taf Morgannwg University Health Board for the 4 hour target for December was 70.2%. Individual unit performance was 71.8% at Prince Charles Hospital (PCH), 72.7% at Royal Glamorgan Hospital (RGH) and 62.0% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) at 97.8% and Ysbyty Cwm Rhondda (YCR) was 100%.

There were a total of 4670 four hour breaches in December of which there were 1409 at RGH, 1396 at PCH, 1855 at POW and 10 at YCC.



Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CTM
Dec-18	83.0%	76.5%		74.8%	67.6%	83.8%	82.5%	99.7%	77.8%	76.1%	81.0%
Jan-19	80.0%	76.9%		76.2%	66.9%	84.0%	81.9%	99.7%	77.2%	76.3%	79.3%
Feb-19	82.7%	77.2%		76.6%	72.5%	82.0%	84.4%	99.9%	79.0%	77.7%	81.5%
Mar-19	82.8%	75.7%		78.5%	71.1%	84.3%	81.7%	100.0%	78.7%	72.2%	80.0%
Apr-19	76.9%		74.5%	76.8%	69.5%	85.2%	81.3%	100.0%	76.3%	68.7%	73.5%
May-19	81.7%		76.2%	77.6%	71.2%	85.2%	82.8%	99.9%	78.0%	69.1%	77.8%
Jun-19	82.9%		75.4%	76.5%	71.8%	82.2%	84.1%	100.0%	77.9%	69.9%	77.2%
Jul-19	81.6%		74.5%	73.7%	73.8%	83.8%	82.1%	100.0%	77.4%	63.4%	76.0%
Aug-19	81.0%		74.3%	75.0%	73.1%	83.7%	82.2%	99.9%	77.2%	62.3%	75.2%
Sep-19	74.2%		71.4%	72.3%	71.7%	82.1%	80.3%	100.0%	75.0%	64.4%	71.3%
Oct-19	72.3%		71.0%	73.3%	71.2%	81.8%	81.1%	99.9%	75.3%	68.1%	72.4%
Nov-19	73.4%		73.2%	72.0%	72.2%	77.2%	76.8%	99.9%	74.4%	69.0%	73.5%

The Health Board's performance remains comparable with peers.

Cwm Taf

As Above

Bridgend

As Above

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.

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

<https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/performanceagainst4hourwaitingtimestarget-by-hospital>

Indicator 70: The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge

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

Executive Lead: Chief Operating Officer

Period: Apr 2019 to Dec 2019

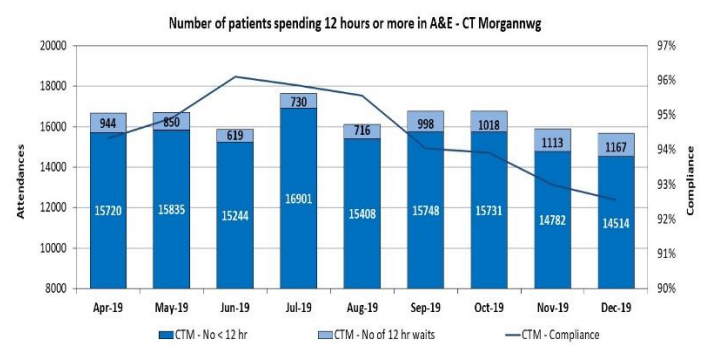
Target: Zero

Current Performance:

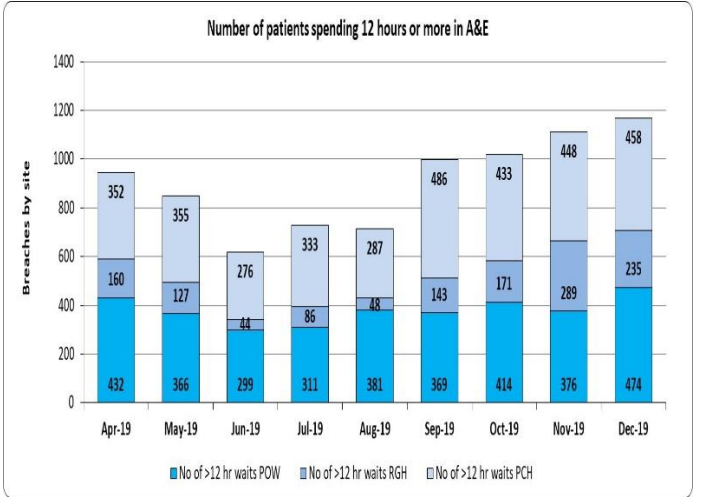
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?
The December 12 hour performance for Cwm Taf Morgannwg was 1167 patient breaches. Of these breaches there were 458 at PCH, 235 at RGH and 474 at PoW.



Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Bridgend	CTM
Dec-18	395	758		470	1552	39	690	0	3904	271	666
Jan-19	550	986		692	1989	137	943	0	5297	365	915
Feb-19	415	685		615	1429	130	732	0	4006	236	651
Mar-19	437	861		561	1633	34	948	0	4472	327	764
Apr-19	512		653	752	1741	51	924	0	5109	432	944
May-19	482		591	648	1661	65	920	0	4797	366	848
Jun-19	320		616	555	1403	82	777	0	4057	299	619
Jul-19	419		642	691	2043	56	732	0	4918	335	754
Aug-19	335		740	697	1786	61	793	0	4847	435	770
Sep-19	369		939	697	1973	139	910	0	5708	543	912
Oct-19	604		889	815	1803	173	882	0	5580	414	1018
Nov-19	737		927	821	1785	194	1053	0	5890	376	1113

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

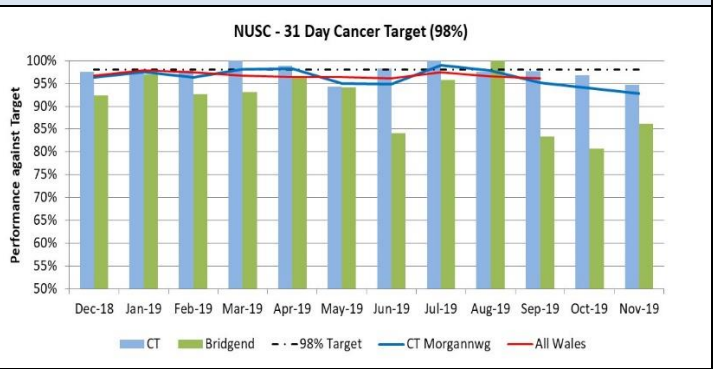
Executive Lead: Chief Operating Officer

Period: Dec 2018 to Nov 2019

Target: 98%

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

CT		
Month	NUSC Treated <31	98% Target
Dec-18	97.6%	98.0%
Jan-19	97.6%	98.0%
Feb-19	97.9%	98.0%
Mar-19	100.0%	98.0%
Apr-19	98.9%	98.0%
May-19	94.3%	98.0%
Jun-19	98.3%	98.0%
Jul-19	100.0%	98.0%
Aug-19	97.6%	98.0%
Sep-19	97.7%	98.0%
Oct-19	96.8%	98.0%
Nov-19	94.8%	98.0%

Bridgend

Bridgend		
Month	NUSC Treated <31	98% Target
Dec-18	92.3%	98.0%
Jan-19	97.0%	98.0%
Feb-19	92.7%	98.0%
Mar-19	93.1%	98.0%
Apr-19	96.4%	98.0%
May-19	94.1%	98.0%
Jun-19	84.1%	98.0%
Jul-19	95.8%	98.0%
Aug-19	100.0%	98.0%
Sep-19	83.3%	98.0%
Oct-19	80.8%	98.0%
Nov-19	86.2%	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) performance for November was 94.8%.

For Bridgend, the 31 day target (NUSC) performance of 98% was also not reached in November at 86.2% achieved.

Overall the 31 day target (NUSC) performance compliance for Cwm Taf Morgannwg for November was 92.8%.

Benchmarking: how do we compare?

Non-Urgent suspected cancer - Target 98%								
Period	Cwm Taf	ABMU/Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	CTM
Oct-18	100.0%	95.9%	96.4%	98.4%	98.8%	99.1%	91.30%	97.55%
Nov-18	97.7%	96.2%	96.4%	99.5%	98.2%	95.5%	90.91%	96.20%
Dec-18	97.6%	85.7%	97.8%	98.1%	93.9%	95.9%	92.31%	96.33%
Jan-19	97.6%	97.7%	99.5%	97.4%	94.8%	98.7%	96.97%	97.47%
Feb-19	97.9%	94.7%	97.5%	98.9%	95.5%	100.0%	92.68%	96.30%
Mar-19	100.0%	93.5%	98.2%	97.2%	96.1%	95.8%	93.1%	98.2%
Apr-19	98.9%	90.8%	96.3%	100.0%	95.1%	94.5%	96.4%	98.3%
May-19	94.3%	91.4%	97.3%	98.3%	98.6%	96.8%	94.1%	95.0%
Jun-19	98.3%	93.7%	94.4%	98.3%	97.2%	98.3%	84.1%	93.6%
Jul-19	100.0%	91.5%	96.8%	99.5%	98.5%	97.6%	95.8%	99.0%
Aug-19	97.6%	93.3%	95.4%	98.1%	98.6%	96.4%	100.0%	97.9%
Sep-19	97.7%	91.1%	96.8%	96.4%	99.0%	97.1%	83.3%	95.2%
Oct-19	96.8%	97.7%	93.6%	99.5%	97.8%	98.5%	80.8%	94.0%

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

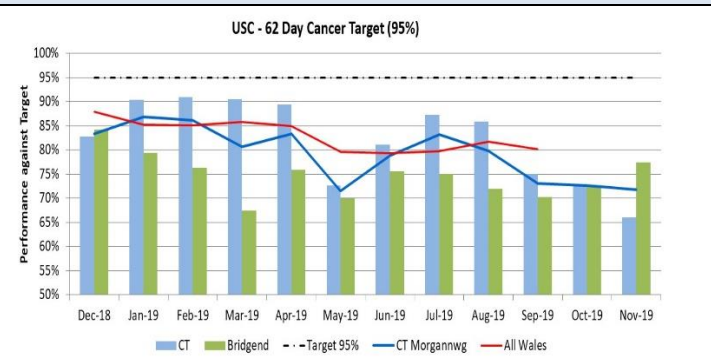
Executive Lead: Chief Operating Officer

Period: Dec 2018 to Nov 2019

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%
Dec-18	82.8%	95.0%
Jan-19	90.4%	95.0%
Feb-19	91.0%	95.0%
Mar-19	90.6%	95.0%
Apr-19	89.4%	95.0%
May-19	72.7%	95.0%
Jun-19	81.1%	95.0%
Jul-19	87.3%	95.0%
Aug-19	85.9%	95.0%
Sep-19	75.0%	95.0%
Oct-19	72.9%	95.0%
Nov-19	66.0%	95.0%

Bridgend

Bridgend		
Month	USC Treated < 62 days	95% Target
Dec-18	84.2%	95.0%
Jan-19	79.4%	95.0%
Feb-19	76.3%	95.0%
Mar-19	67.5%	95.0%
Apr-19	75.9%	95.0%
May-19	70.0%	95.0%
Jun-19	75.7%	95.0%
Jul-19	75.0%	95.0%
Aug-19	72.0%	95.0%
Sep-19	70.3%	95.0%
Oct-19	72.3%	95.0%
Nov-19	77.4%	95.0%

How are we doing?

For the former Cwm Taf area, the 62 day target (USC) performance was again below 90% this month at 66%. For Bridgend, the 62 day target (USC) performance was 77.4%.

Overall the 62 day target (USC) performance for November was 71.8%.

For Cwm Taf Morgannwg there were 29 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%)	Breaches Minus Urology
Apr-19	8	1	1	1	1	0	2	4	2	20	83.3%	12
May-19	12	8	2	0	4	1	2	0	4	33	71.6%	21
Jun-19	8	2	3	0	4	0	1	0	1	19	78.9%	11
Jul-19	10	1	2	1	2	2	0	0	1	19	83.3%	9
Aug-19	18	2	0	0	2	1	0	0	0	23	79.8%	5
Sep-19	16	1	3	1	2	0	0	0	1	24	73.0%	8
Oct-19	16	2	4	0	1	1	0	1	1	26	72.6%	10
Nov-19	19	4	2	1	0	2	0	1	0	29	71.8%	10

What actions are we taking?

We are in a position of change within the UHB and the new management and reporting structures will take a number of months to be clarified and implemented. At present existing responsibilities remain which includes site based operational cancer management at POW and a corporate cancer structure for former Cwm Taf.

Urology is the main area of focus and the area of greatest concern, particularly TRUS bx and imaging capacity for Urology.

We are reviewing capacity in Radiology on an ongoing basis however staffing shortfalls are not easily rectified. We are critically reviewing all pathways as part of the readiness planning for SCP, and this will also contribute to improving USC performance.

Urgent suspected cancer - Target 95%								
Period	Cwm Taf	ABMU/Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	CTM
Dec-18	82.8%	88.1%	91.3%	87.2%	85.7%	88.3%	84.2%	83.3%
Jan-19	90.4%	85.4%	88.0%	84.4%	85.9%	78.8%	79.4%	86.9%
Feb-19	91.0%	80.6%	91.4%	80.8%	87.0%	80.7%	76.3%	86.2%
Mar-19	90.6%	84.1%	87.2%	86.8%	84.0%	84.2%	67.5%	80.7%
Apr-19	89.4%	87.0%	85.8%	81.2%	85.2%	87.5%	75.9%	83.3%
May-19	72.7%	80.2%	82.6%	81.5%	80.6%	80.0%	70.0%	71.6%
Jun-19	81.1%	80.8%	75.2%	80.4%	74.2%	83.9%	75.9%	82.1%
Jul-19	87.3%	75.9%	78.2%	84.9%	80.0%	74.0%	75.0%	83.3%
Aug-19	85.9%	83.8%	78.2%	86.0%	88.0%	75.7%	72.0%	79.8%
Sep-19	75.0%	85.7%	71.8%	82.6%	96.5%	73.9%	70.3%	73.0%
Oct-19	72.9%	84.3%	81.8%	82.9%	91.0%	72.8%	72.3%	72.6%

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.

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 Nov 2019

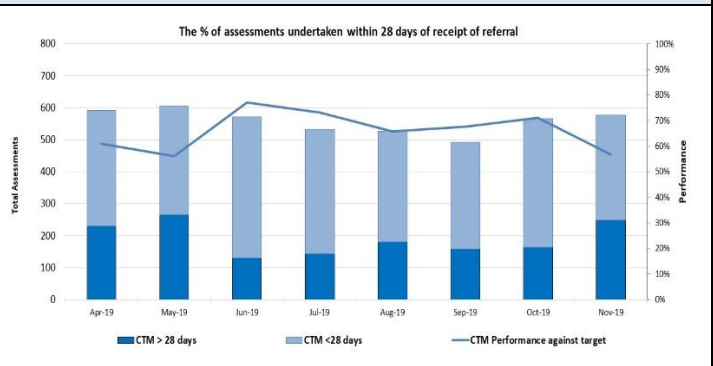
Target: 80%

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

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 November has decreased from 71.55% in October to 56.84% in November.

Child and Adolescent Mental Health Services improved from 5% to 21% in month but adult mental health services reduced to 64% from 79% in month primarily due to unexpected sickness and a higher than typical referral rate in October which seems to have been seen nationally.

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

A small waiting list initiative has been extended to support the service whilst work linked to the new Transformation fund is finalised and implemented. Work is also 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 timley way.

% of assessments by the LPMHSS undertaken within 28 days from the date of referral (target 80%)									
Period	Cwm Taf	Swansea Bay (as from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	Cwm Taf Morgannwg
Oct-18	84.0%	83.8%	91.1%	68.2%	88.6%	96.4%	87.6%	80.5%	83.5%
Nov-18	78.2%	77.7%	84.5%	66.8%	79.7%	93.0%	82.1%	90.1%	80.0%
Dec-18	61.5%	83.8%	84.0%	75.1%	68.7%	93.5%	87.1%	87.8%	64.3%
Jan-19	44.0%	72.6%	88.7%	65.2%	55.5%	92.5%	84.7%	79.1%	48.5%
Feb-19	55.2%	79.8%	86.0%	19.3%	90.4%		90.2%	85.0%	57.7%
Mar-19	51.2%	76.8%	80.6%	75.6%	75.0%	91.9%	88.0%	81.0%	53.7%
Apr-19		86.1%	86.9%	74.6%	56.4%	93.4%	78.6%		61.0%
May-19		84.8%	83.1%	63.3%	49.8%	87.3%	81.8%		56.1%
Jun-19		84.6%	80.9%	63.7%	48.6%	94.3%	81.0%		77.1%
Jul-19		80.7%	82.4%	66.3%	41.6%	85.8%	87.4%		73.1%
Aug-19		79.4%	86.3%	65.8%	57.9%	82.3%	87.9%		65.7%
Sep-19		81.9%	88.0%	59.8%	80.3%	N/A	84.1%		67.7%

The Health Board remains comparable with peers.

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 Nov 2019

Target: 80%

Current Performance:		How are we doing, what actions are we taking?	Benchmarking: how do we compare?																																																																																																																																																																																
<div>Cwm Taf Morgannwg</div> <div><p>The % of therapeutic interventions started within 28 days following an assessment</p><table border="1"><caption>CTM Performance Data (Approximate)</caption><thead><tr><th>Month</th><th>CTM <28 days</th><th>CTM >28 days</th><th>CTM Performance (%)</th></tr></thead><tbody><tr><td>Apr-19</td><td>420</td><td>80</td><td>94.1</td></tr><tr><td>May-19</td><td>350</td><td>50</td><td>95.2</td></tr><tr><td>Jun-19</td><td>380</td><td>20</td><td>94.7</td></tr><tr><td>Jul-19</td><td>370</td><td>30</td><td>92.3</td></tr><tr><td>Aug-19</td><td>460</td><td>40</td><td>96.1</td></tr><tr><td>Sep-19</td><td>340</td><td>40</td><td>89.7</td></tr><tr><td>Oct-19</td><td>340</td><td>50</td><td>87.2</td></tr><tr><td>Nov-19</td><td>280</td><td>20</td><td>91.8</td></tr></tbody></table></div>		Month	CTM <28 days	CTM >28 days	CTM Performance (%)	Apr-19	420	80	94.1	May-19	350	50	95.2	Jun-19	380	20	94.7	Jul-19	370	30	92.3	Aug-19	460	40	96.1	Sep-19	340	40	89.7	Oct-19	340	50	87.2	Nov-19	280	20	91.8	<p>The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS has increased from 87.94% in October to 91.81% in November.</p> <p>What are the areas of risk?</p> <p>The resilience of a relatively small number of teams to maintain performance when there is annual leave and sick leave.</p>	<div><table><tr><th colspan="10">% of therapeutic interventions started within 28 days following assessment by LPMHSS (target 80%)</th></tr><tr><th>Period</th><th>Cwm Taf</th><th>Swansea Bay (as from April 2019)</th><th>Aneurin Bevan</th><th>Betsi Cadwaladr</th><th>Cardiff & Vale</th><th>Hywel Dda</th><th>Powys</th><th>Morgannwg</th><th>Cwm Taf Morgannwg</th></tr><tr><td>Oct-18</td><td>98.7%</td><td>91.5%</td><td>82.4%</td><td>65.9%</td><td>64.9%</td><td>92.5%</td><td>80.3%</td><td>100.0%</td><td>98.8%</td></tr><tr><td>Nov-18</td><td>93.5%</td><td>87.6%</td><td>82.5%</td><td>64.0%</td><td>67.7%</td><td>95.6%</td><td>76.1%</td><td>92.0%</td><td>93.4%</td></tr><tr><td>Dec-18</td><td>97.3%</td><td>85.2%</td><td>80.4%</td><td>73.8%</td><td>73.3%</td><td>93.8%</td><td>77.8%</td><td>80.0%</td><td>96.4%</td></tr><tr><td>Jan-19</td><td>92.7%</td><td>86.1%</td><td>83.4%</td><td>48.8%</td><td>89.7%</td><td>87.2%</td><td>72.3%</td><td>88.9%</td><td>92.6%</td></tr><tr><td>Feb-19</td><td>93.9%</td><td>87.5%</td><td>82.0%</td><td>67.1%</td><td>85.2%</td><td></td><td>75.5%</td><td>73.1%</td><td>92.6%</td></tr><tr><td>Mar-19</td><td>95.1%</td><td>87.7%</td><td>83.8%</td><td>68.0%</td><td>71.2%</td><td>81.5%</td><td>74.7%</td><td>93.8%</td><td>95.1%</td></tr><tr><td>Apr-19</td><td></td><td>97.6%</td><td>78.3%</td><td>70.3%</td><td>69.6%</td><td>89.8%</td><td>71.8%</td><td></td><td>94.4%</td></tr><tr><td>May-19</td><td></td><td>94.4%</td><td>66.8%</td><td>62.2%</td><td>55.9%</td><td>86.3%</td><td>61.6%</td><td></td><td>95.1%</td></tr><tr><td>Jun-19</td><td></td><td>98.5%</td><td>60.9%</td><td>72.2%</td><td>55.4%</td><td>88.0%</td><td>59.6%</td><td></td><td>91.4%</td></tr><tr><td>Jul-19</td><td></td><td>97.9%</td><td>73.1%</td><td>70.7%</td><td>62.3%</td><td>90.6%</td><td>49.6%</td><td></td><td>90.2%</td></tr><tr><td>Aug-19</td><td></td><td>91.6%</td><td>59.3%</td><td>66.8%</td><td>81.1%</td><td>87.0%</td><td>51.9%</td><td></td><td>92.8%</td></tr><tr><td>Sep-19</td><td></td><td>92.9%</td><td>82.9%</td><td>65.6%</td><td>79.9%</td><td>N/A</td><td>58.4%</td><td></td><td>88.9%</td></tr></table></div> <div><p>The Health Board remains one of the best performing in this area.</p></div>	% of therapeutic interventions started within 28 days following assessment by LPMHSS (target 80%)										Period	Cwm Taf	Swansea Bay (as from April 2019)	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	Cwm Taf Morgannwg	Oct-18	98.7%	91.5%	82.4%	65.9%	64.9%	92.5%	80.3%	100.0%	98.8%	Nov-18	93.5%	87.6%	82.5%	64.0%	67.7%	95.6%	76.1%	92.0%	93.4%	Dec-18	97.3%	85.2%	80.4%	73.8%	73.3%	93.8%	77.8%	80.0%	96.4%	Jan-19	92.7%	86.1%	83.4%	48.8%	89.7%	87.2%	72.3%	88.9%	92.6%	Feb-19	93.9%	87.5%	82.0%	67.1%	85.2%		75.5%	73.1%	92.6%	Mar-19	95.1%	87.7%	83.8%	68.0%	71.2%	81.5%	74.7%	93.8%	95.1%	Apr-19		97.6%	78.3%	70.3%	69.6%	89.8%	71.8%		94.4%	May-19		94.4%	66.8%	62.2%	55.9%	86.3%	61.6%		95.1%	Jun-19		98.5%	60.9%	72.2%	55.4%	88.0%	59.6%		91.4%	Jul-19		97.9%	73.1%	70.7%	62.3%	90.6%	49.6%		90.2%	Aug-19		91.6%	59.3%	66.8%	81.1%	87.0%	51.9%		92.8%	Sep-19		92.9%	82.9%	65.6%	79.9%	N/A	58.4%		88.9%
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Source: Local Mental Health

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: Q1 2019/20

Target: 80% (5 working days)

Current Performance:

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%	
LHB	2019/20 Q1
AB	100%
BCU	100%
C&V	100%
CTM	100%
HDda	100%
Powys	100%
SB	100%
Wales	100%

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

As shown in the tables to the left.

Cwm Taf

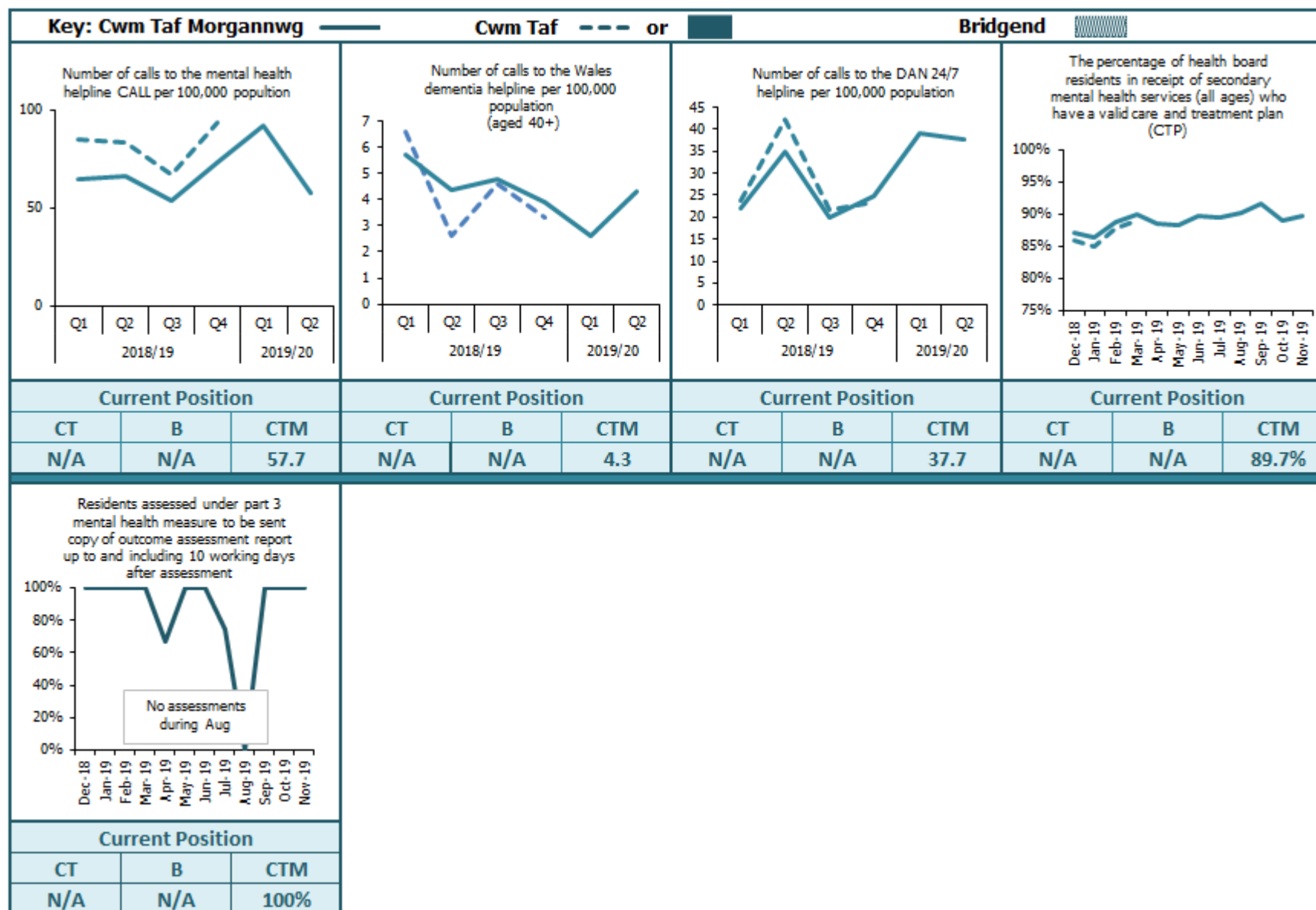
% qualifying patients who had their first contact with an IMHA within 5 working days of their request for an advocate Target 100%								
LHB	2018/19				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ABM/SB	100%	100%	100%	100%/91%	100%	100%	100%	100%
AB	100%	100%	99.10%	100%	99%	100%	100%	100%
BCU	100%	100%	100%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

Bridgend

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018/19 & Qtr. 2 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 mental health helpline CALL per 100,000 population

2018/19

2019/20

Q1

Q2

Q3

Q4

Q1

Q2

64.5

65.9

53.9

72.9

92.3

57.7

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

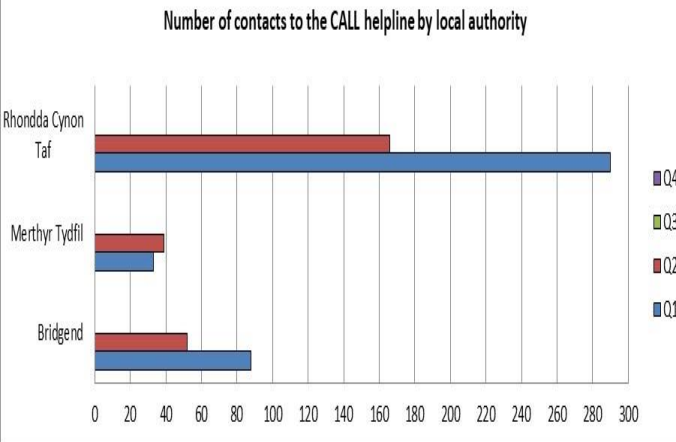
29.8

Top subject areas discussed on the CALL helpline by local authority – Quarter 2, 2019-20					
Bridgend		Merthyr Tydfil		Rhondda Cynon Taf	
No. of enquiries	94	No. of enquiries	63	No. of enquiries	309
1 Anxiety	18.1%	Mental Health	15.9%	Anxiety	10.4%
2 Mental Health	7.4%	Anxiety	12.7%	Suicide Ideation	9.1%
3 Suicide Ideation	7.4%	Bereavement	7.9%	Mental Health	6.1%
4 Depression	6.4%	Homeless	4.8%	Self-harm	6.1%
5 Family	6.4%	Loneliness	4.8%	Depression	4.5%

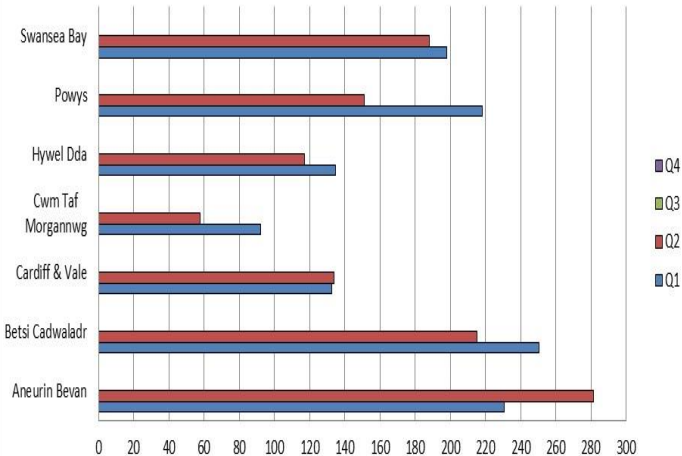
*Number of enquiries is the total number of issues that have been discussed by the local authority's residents. This figure differs to the number of contacts made to the help line.

For quarter 2 2019-20, 257 contacts were made to the CALL helpline from the Cwm Taf Morgannwg University Health Board area (approximately 58 contacts per 100,000 of its population). This accounted 4.7% of the all Wales total. The local authority area with the highest number of callers is Rhondda Cynon Taf (166) – 64.6% 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 Bridgend and Rhondda Cynon Taf is anxiety and for Merthyr Tydfil it is mental health. The table outlining the top areas of focus for each local authority identifies other reported conditions – these include suicide ideation and depression.



Rate of contacts per 100,000 of the health board's population to the CALL helpline



For quarter 2 2019-20, 5,565 contacts were made to the CALL helpline, of which 5,473 were made by citizens living in Wales (approximately 174 calls per 100,000 of the population). The health board area with the highest rate is Aneurin Bevan (with a rate of 282 calls per 100,000 of its population), followed by Betsi Cadwaladr (a rate of 215 calls per 100,000). The health board with the lowest rate is Cwm Taf Morgannwg (58 calls per 100,000).

Source: Welsh Government

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

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: 2018/19 & Qtr. 2 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
5.7	4.4	4.8	3.9	2.6	4.3

Cwm Taf

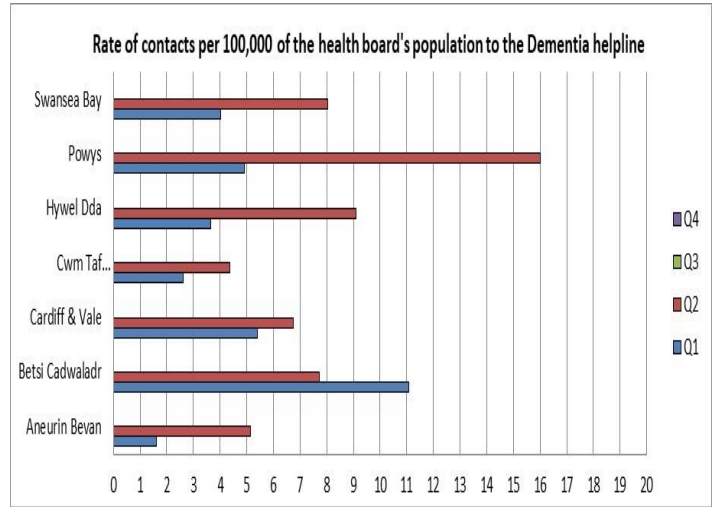
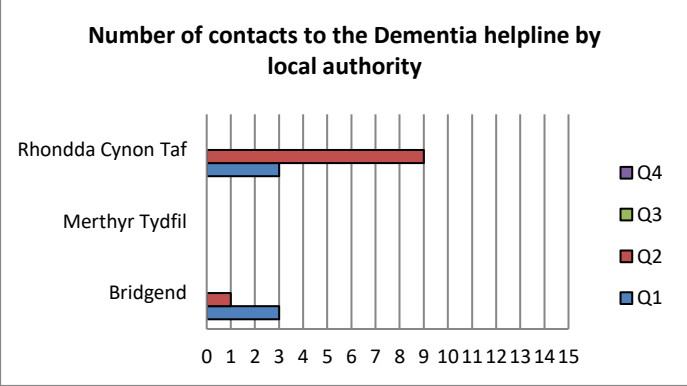
Cwm Taf			
Number of calls to the Wales dementia helpline per 100,000 population (aged 40+)			
2018/19			
Q1	Q2	Q3	Q4
6.6	2.6	4.6	3.3

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	↑	
Number of contacts for health board	NA	6	10	↑	
Percentage of the Wales total	Na	7.0%	8.3%	↑	

During quarter 2 2019-20, 10 contacts to the dementia helpline were made from the Cwm Taf Morgannwg area. This accounted for 8.3% 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 9 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 2 was 122, of which 120 were made by citizens living in Wales (approximately 7 calls per 100,000). The health board with the highest rate of contacts is Powys (a rate of 16 calls per 100,000 of its population), whilst Cwm Taf has the lowest (4 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. 2 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
21.9	35	19.8	24.8	39.1	37.7

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

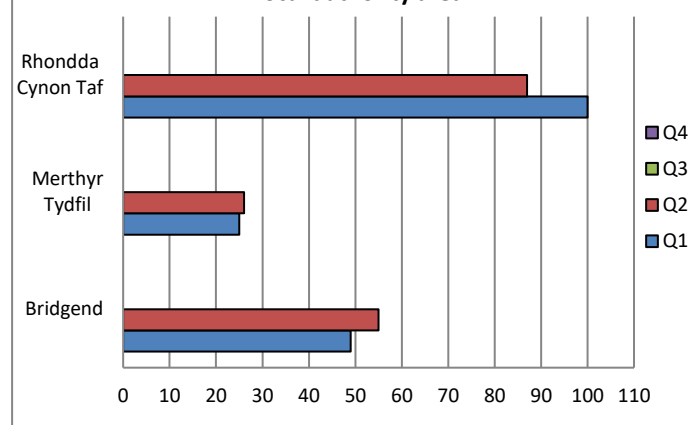
Bridgend				
Number of calls to the DAN 24/7 helpline per 100,000 population				
2018/19				
Q1	Q2	Q3	Q4	
18	20.1	15.9	27.7	

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

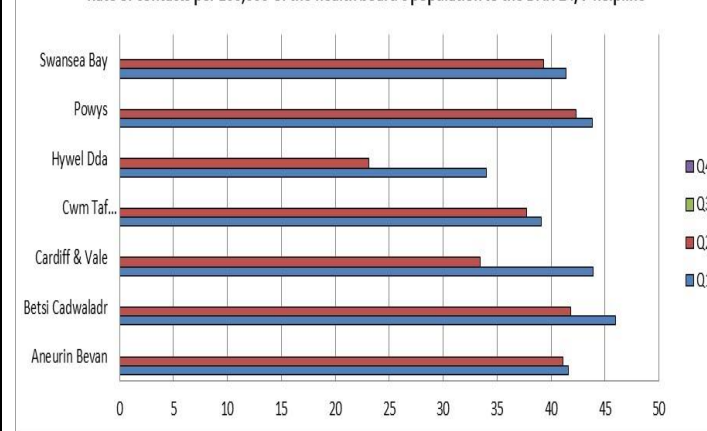
	2018-19	2019-20				
	Q4	Q1	Q2	Q3	Q4	
Rate per 100,000 of health board population*	NA	39.1	37.7	↓		
Number of contacts for health board	NA	174	168	↓		
Percentage of the Wales total	NA	13.3%	14.4%	↑		

For quarter 2 2019-20, 168 contacts to the DAN 24/7 helpline came from Cwm Taf Morgannwg area (approximately 38 calls per 100,000 of its population). This accounted for 14.4% of the all Wales total. The local authority area with the largest number of callers is Rhondda Cynon Taf (87) – 51.8% of Cwm Taf Morgannwg total.

Number of contacts to the DAN 24/7 helpline by local authority area



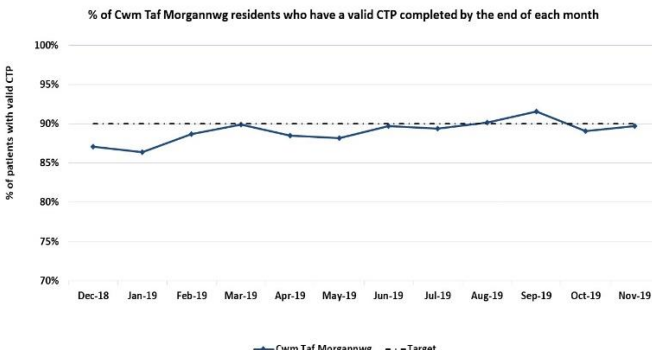
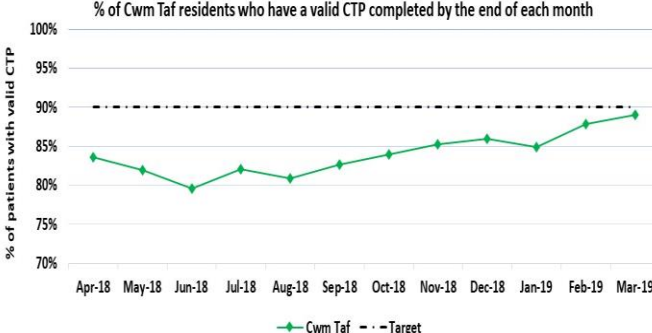
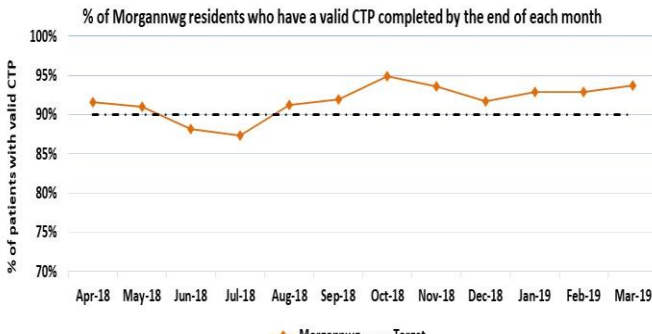
Rate of contacts per 100,000 of the health board's population to the DAN 24/7 helpline



The total number of contacts to the DAN 24/7 helpline for quarter 2 was 1,195. The number of contacts associated with individuals residing in Wales was 1,167 (approximately 37 calls per 100,000 of its population). Betsi Cadwaladr UHB and Powys THB's catchment areas have the highest rate of contacts (they both have 42 calls per 100,000 of their population), whilst Hywel Dda UHB's catchment area has the lowest rate (23 calls per 100,000).

Source: Welsh Government

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

Outcome: My individual circumstances are considered		Executive Lead: Director of Primary, Community and Mental Health																																																																																																																																																																
Period: Dec 2018 to Nov 2019		Target: 90%																																																																																																																																																																
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<div>Cwm Taf Morgannwg</div> <div><p>% of Cwm Taf Morgannwg residents who have a valid CTP completed by the end of each month</p><table><tr><th>Month</th><th>Cwm Taf Morgannwg (%)</th><th>Target (%)</th></tr><tr><td>Dec-18</td><td>87.4</td><td>90</td></tr><tr><td>Jan-19</td><td>87.8</td><td>90</td></tr><tr><td>Feb-19</td><td>89.7</td><td>90</td></tr><tr><td>Mar-19</td><td>90.0</td><td>90</td></tr><tr><td>Apr-19</td><td>89.7</td><td>90</td></tr><tr><td>May-19</td><td>89.7</td><td>90</td></tr><tr><td>Jun-19</td><td>90.0</td><td>90</td></tr><tr><td>Jul-19</td><td>90.0</td><td>90</td></tr><tr><td>Aug-19</td><td>90.0</td><td>90</td></tr><tr><td>Sep-19</td><td>91.6</td><td>90</td></tr><tr><td>Oct-19</td><td>90.0</td><td>90</td></tr><tr><td>Nov-19</td><td>90.0</td><td>90</td></tr></table></div>		Month	Cwm Taf Morgannwg (%)	Target (%)	Dec-18	87.4	90	Jan-19	87.8	90	Feb-19	89.7	90	Mar-19	90.0	90	Apr-19	89.7	90	May-19	89.7	90	Jun-19	90.0	90	Jul-19	90.0	90	Aug-19	90.0	90	Sep-19	91.6	90	Oct-19	90.0	90	Nov-19	90.0	90	<p>The performance for Cwm Taf Morgannwg at the end of November was 89.7% which is an increase from 89.1% in October. This Performance Indicator Target remains at 90%. Compliance for CAMHS increased in November to 97.9% from 97.8% in October with Learning Disabilities also increasing compliance to 93.5% in November from 92.5% in October. There has also been an increase in compliance for both adult and older persons with adult services at 87.8% in November from 87.4% in October and older persons increasing from 94.2% in October to 95.3% in November.</p> <div><div><ul style="list-style-type: none">AdultOlder Persons Mental HealthLearning DisabilitiesCAMHS</div><div><div>87.8%</div><div>95.3%</div><div>93.5%</div><div>97.9%</div></div></div>																																																																																																																									
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Jul-18	87.4	90																																																																																																																																																																
Aug-18	91.6	90																																																																																																																																																																
Sep-18	92.2	90																																																																																																																																																																
Oct-18	94.9	90																																																																																																																																																																
Nov-18	93.5	90																																																																																																																																																																
Dec-18	92.2	90																																																																																																																																																																
Jan-19	93.0	90																																																																																																																																																																
Feb-19	93.0	90																																																																																																																																																																
Mar-19	93.5	90																																																																																																																																																																

Source: Local Mental Health

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

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: Dec 2018 to Nov 2019

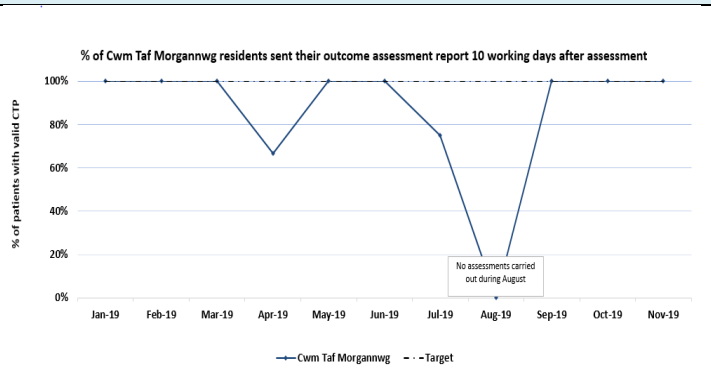
Target: 100%

Current Performance:

How are we doing, what actions are we taking?

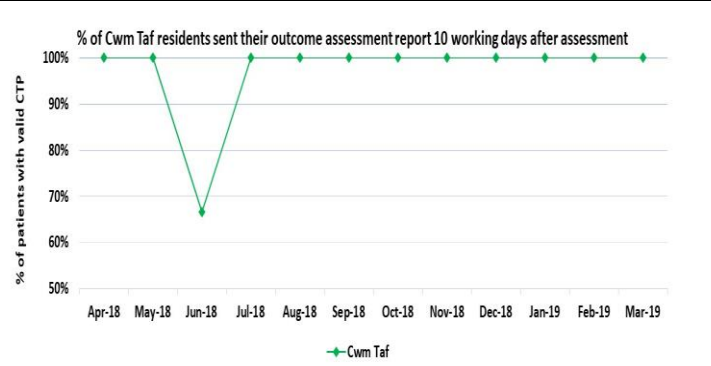
Benchmarking: how do we compare?

Cwm Taf Morgannwg

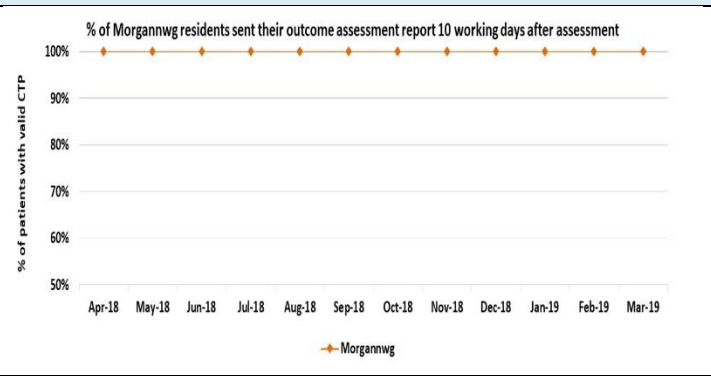


There were eight Part 3 assessments undertaken in November, all of which had outcome of assessment reports sent within 10 days.

Cwm Taf: to 31st March 2019



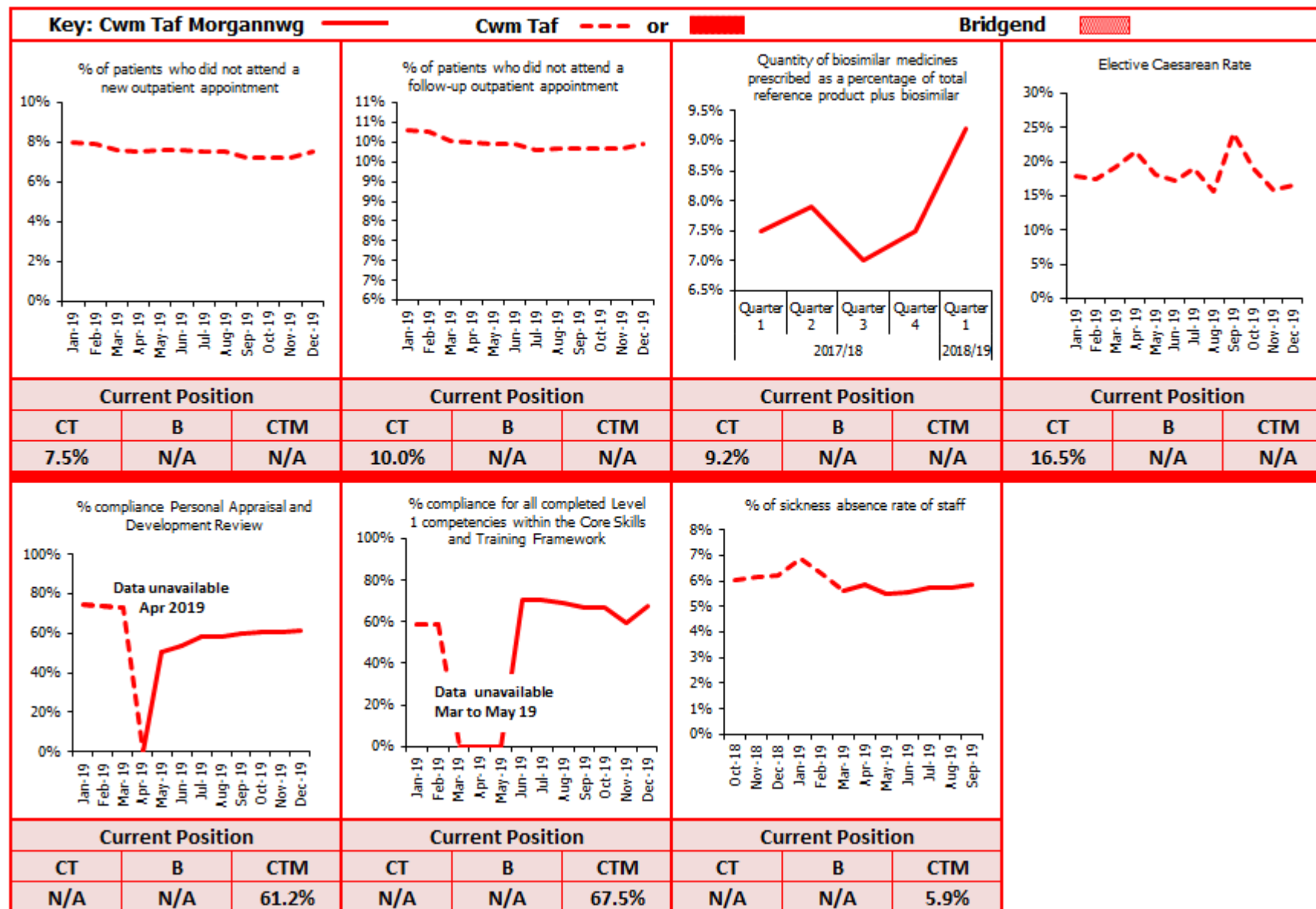
Bridgend: to 31st March 2019



% of HB residents sent their outcome assessment report 10 working days after assesment (target 100%)							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Oct-18	100%	100%	100%	100%	100%	100%	100%
Nov-18	100%	100%	100%	Not available	100%	100%	100%
Dec-18	100%	100%	100%	100%	Not available	100%	100%
Jan-19	100%	100%	100%	100%	100%	100%	100%
Feb-19	100%	100%	100%	100%	100%	100%	100%
Mar-19	100%	100%	100%	100%	100%	100%	100%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	67%	100%	100%	75.0%	100%	100%	100%
May-19	100%	100%	100%	50.0%	100%	100%	100%
Jun-19	100%	100%	100%	76.9%	100%	100%	100%
Jul-19	75%	100%	100%	76.9%	100%	100%	100%
Aug-19	No assessments carried out	100%	100%	90.0%	100%	100%	100%
Sep-19	100%	100%	100%	83.3%	64%	100%	100%

Source: Local Mental Health

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



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: Jan 2019 to Dec 2019

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

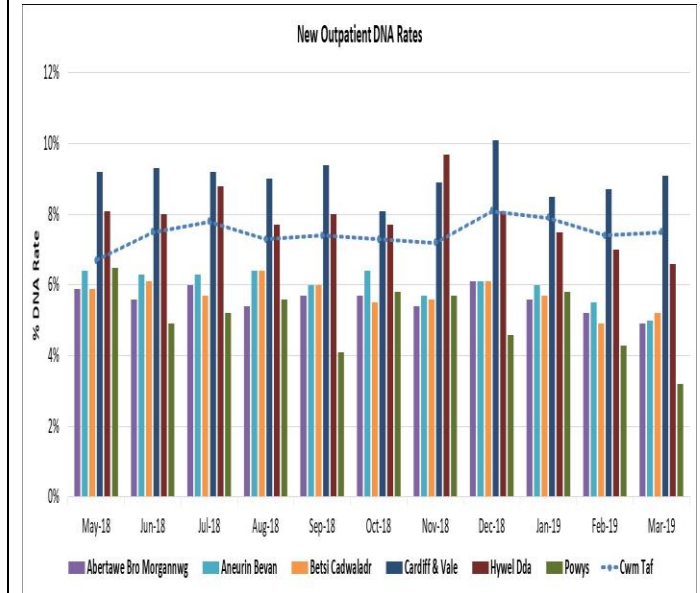
Cwm Taf Morgannwg

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 December 2019 is 7.51%.

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 (January 2019 to December 2019)			
Main Specialty	Number New Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5571	297	5.06%
Dermatology	4878	282	5.47%
ENT Surgery	9213	713	7.18%
Gastroenterology	2759	257	8.52%
General Medicine	4310	472	9.87%
General Surgery	10090	729	6.74%
Gynaecology	10588	879	7.67%
Haem (Clinical)	1476	95	6.05%
Nephrology	292	24	7.59%
Neurology	461	73	13.67%
Ophthalmology	9469	940	9.03%
Oral Surgery	5162	389	7.01%
Orthopaedics	13865	1103	7.37%
Paediatrics	3283	515	13.56%
Respiratory Medicine	2406	130	5.13%
Rheumatology	3564	286	7.43%
Urology	6582	445	6.33%
Total	93969	7629	7.51%

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: Jan 2019 to Dec 2019

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

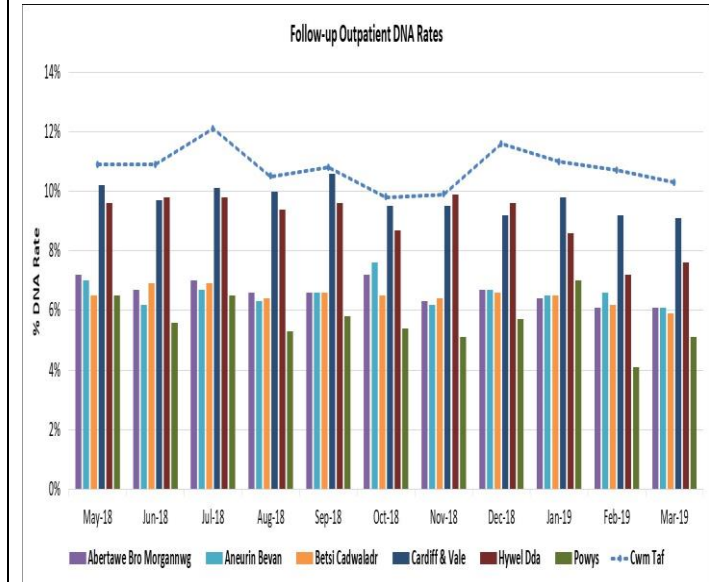
Cwm Taf Morgannwg

Data not currently available

The percentage DNA rate of follow up outpatient appointments for the specialties identified in the adjacent table for the rolling 12 month period to December 2019 is 9.97%.

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.



Benchmark data not available from 1st April 2019

Cwm Taf

Follow-up Outpatient DNA Rates for Specific Specialties (January 2019 to December 2019)			
Main Specialty	Number of Follow-up Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	7477	420	5.32%
Dermatology	8344	708	7.82%
ENT Surgery	15351	1677	9.85%
Gastroenterology	3901	500	11.36%
General Medicine	16310	2183	11.80%
General Surgery	12442	1288	9.38%
Gynaecology	10802	1391	11.41%
Haem (Clinical)	25490	1532	5.67%
Nephrology	1913	170	8.16%
Neurology	896	237	20.92%
Ophthalmology	29510	3007	9.25%
Oral Surgery	4947	621	11.15%
Orthopaedics	30435	3393	10.03%
Paediatrics	8809	2480	21.97%
Respiratory Medicine	4470	445	9.05%
Rheumatology	8830	1076	10.86%
Urology	9126	906	9.03%
Total	199053	22034	9.97%

Bridgend

Data not currently available

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?

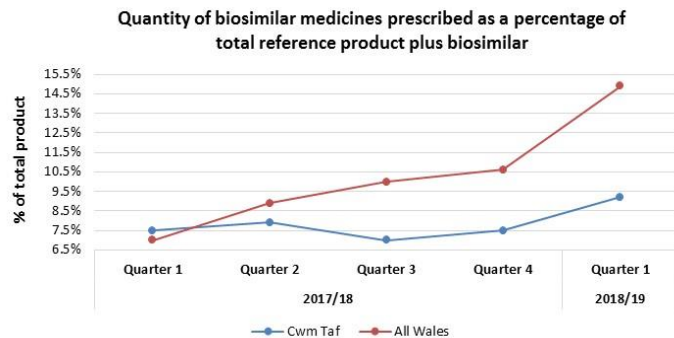
Benchmarking: how do we compare?

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%
 Infliximab - 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.

Bridgend

Data not currently available

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

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

Source: Welsh Government Delivery and Performance Website

Indicator 92: Elective caesarean rate

Outcome: Resources are used efficiently and effectively to improve my health outcomes

Executive Lead: Director of Nursing

Period: Jan 2019 to Dec 2019

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.

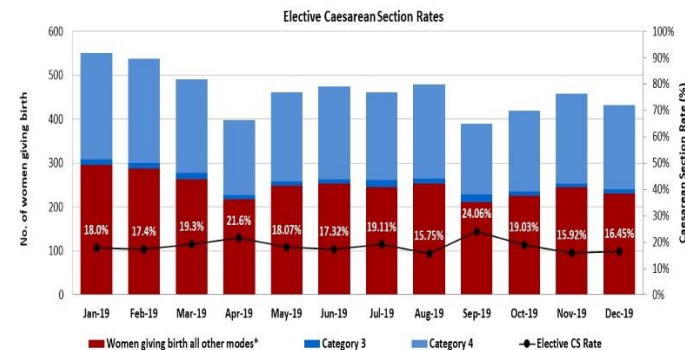
Education of Community Midwifery Teams ongoing in support of promoting choices for place of birth in line with WAG requirement for 45% of women to be offered birth in a midwifery led environment and to ensure appropriate Lead Professional throughout the pregnancy, with women returning to Midwifery Led 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: Jan 2019 to Dec 2019

Target: Annual Reduction

Current Performance:

Cwm Taf Morgannwg

	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Total
Planned Procedures	3985	3591	3845	3440	3800	3635	3928	3397	3691	3924	3779	3075	44090
Total No. of Cancellations	864	939	916	855	827	863	921	870	904	891	940	855	10725
% total cancellations	21.68%	26.15%	23.82%	24.85%	21.76%	23.74%	23.45%	25.61%	26.66%	22.71%	24.87%	27.80%	24.33%
Patient - Clinical	17.59%	13.95%	16.59%	13.60%	18.14%	14.14%	12.81%	12.30%	11.89%	16.16%	13.09%	12.98%	14.40%
Patient - Non-Clinical	17.36%	12.99%	14.96%	18.25%	18.74%	18.31%	17.37%	17.82%	13.41%	15.26%	14.15%	14.97%	16.06%
Hospital - Clinical	21.88%	18.53%	20.20%	20.94%	27.69%	22.60%	19.54%	21.26%	20.73%	21.44%	22.34%	17.78%	21.19%
Hospital - Non-Clinical	38.54%	41.43%	48.58%	38.71%	37.24%	40.44%	36.26%	36.32%	33.74%	43.77%	36.28%	36.49%	38.97%
Other	4.05%	8.09%	15.28%	6.90%	4.72%	10.08%	8.79%	11.15%	16.46%	9.09%	8.72%	7.84%	9.38%

How are we doing, what actions are we taking?

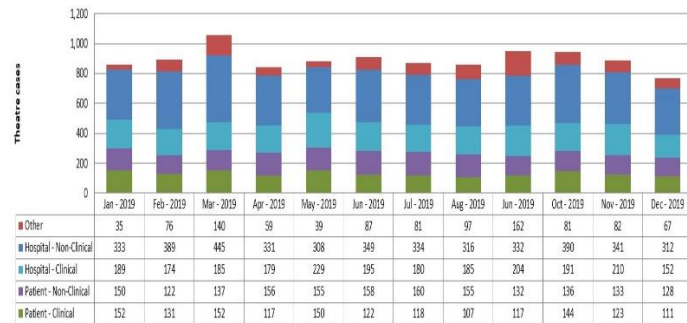
Cwm Taf

	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Total
Planned Procedures	2024	1829	2000	1823	1865	1818	2068	1790	1890	2056	2041	1780	22924
Total No. of Cancellations	392	374	317	387	338	358	406	327	375	417	468	460	4619
% total cancellations	19.37%	20.45%	15.85%	21.23%	18.12%	19.69%	19.63%	18.90%	19.84%	20.28%	22.93%	25.84%	20%
Patient - Clinical	18.37%	11.23%	18.93%	13.70%	13.61%	14.80%	11.08%	12.84%	16.53%	13.67%	14.10%	15.87%	14.53%
Patient - Non-Clinical	13.01%	16.84%	19.56%	13.95%	12.43%	15.64%	13.79%	12.54%	15.73%	13.43%	9.83%	12.39%	13.92%
Hospital - Clinical	31.12%	26.20%	27.76%	23.77%	33.14%	26.82%	24.14%	24.77%	24.80%	23.02%	20.73%	17.39%	24.96%
Hospital - Non-Clinical	31.63%	40.37%	29.34%	43.15%	32.84%	36.87%	39.41%	42.51%	38.13%	40.77%	48.50%	45.87%	39.58%
Other	5.87%	5.35%	4.42%	5.43%	7.99%	5.87%	11.58%	7.34%	4.80%	9.11%	6.84%	8.48%	7.01%

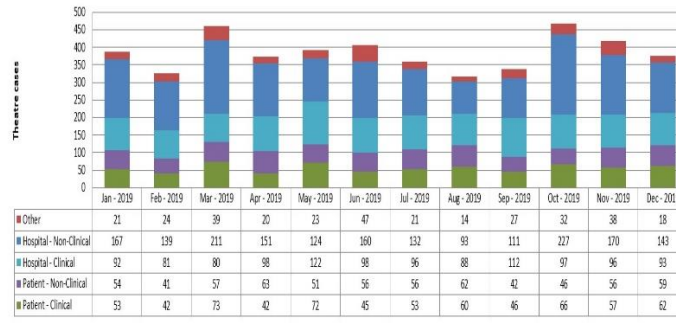
Bridgend (Princess of Wales Hospital)

	Jan - 2019	Feb - 2019	Mar - 2019	Apr - 2019	May - 2019	Jun - 2019	Jul - 2019	Aug - 2019	Sep - 2019	Oct - 2019	Nov - 2019	Dec - 2019	Total
Planned Procedures	1961	1762	1845	1617	1935	1817	1860	1667	1801	1868	1738	1295	21166
Total No. of Cancellations	472	565	599	468	489	505	515	543	609	474	472	395	6106
% total cancellations	24.07%	32.07%	32.47%	28.94%	25.27%	27.79%	27.69%	32.57%	33.81%	25.37%	27.16%	30.50%	29%
Patient - Clinical	20.97%	15.75%	13.19%	16.03%	15.95%	15.25%	12.62%	8.66%	11.66%	16.46%	13.98%	12.41%	14.30%
Patient - Non-Clinical	20.34%	14.34%	13.36%	19.87%	21.27%	20.20%	20.19%	17.13%	14.78%	18.99%	16.31%	17.47%	17.67%
Hospital - Clinical	20.55%	16.46%	17.53%	17.31%	21.88%	19.21%	16.31%	17.86%	15.11%	19.83%	24.15%	14.94%	18.34%
Hospital - Non-Clinical	35.17%	44.25%	39.07%	38.46%	37.63%	37.43%	39.22%	41.07%	36.29%	34.39%	36.23%	42.78%	38.52%
Other	2.97%	9.20%	16.86%	8.33%	3.27%	7.92%	11.65%	15.29%	22.17%	10.34%	9.32%	12.41%	11.17%

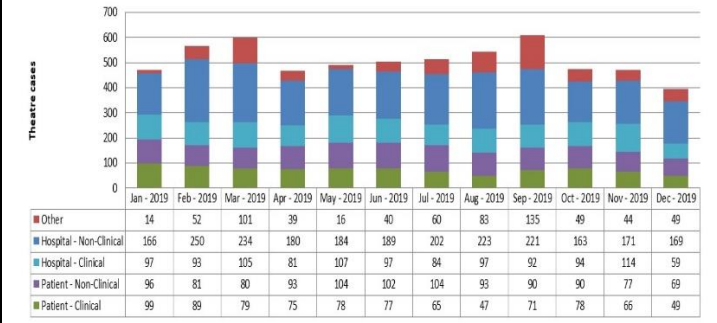
Cwm Taf Morgannwg Theatre Cancellations - Rolling 12 Months



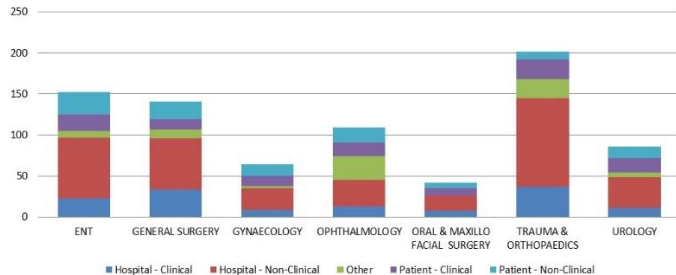
Cwm Taf Theatre Cancellations - Rolling 12 Months



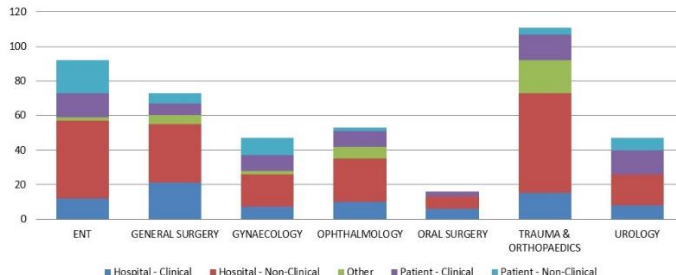
POW Theatre Cancellations - Rolling 12 Months



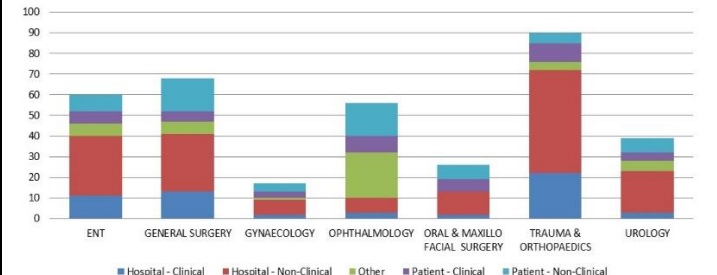
Cwm Taf Morgannwg Theatre Cancellations - December 2019



Cwm Taf Theatre Cancellations - December 2019



POW Theatre Cancellations - December 2019



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

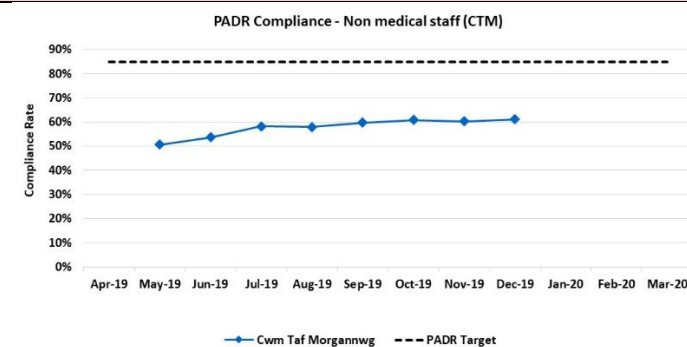
Executive Lead: Director of Workforce and Organisational Development

Period: as at 1st January 2020

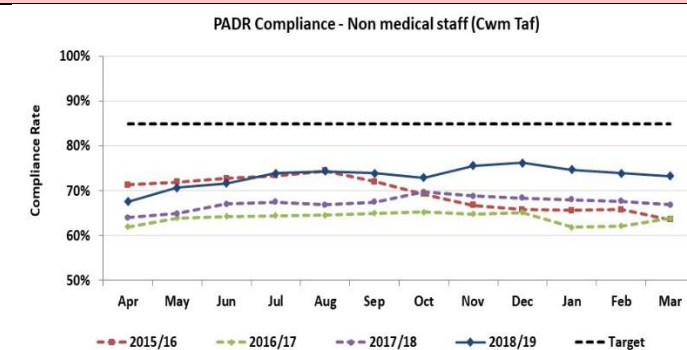
Target: 85%

Current Performance:

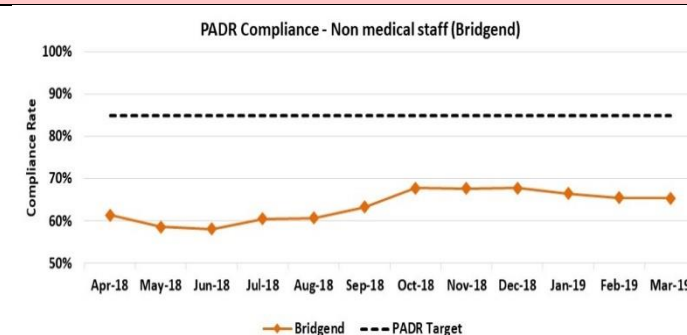
Cwm Taf Morgannwg (data available from May 2019)



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 January 2020 PDR compliance is 61.02%*. An increase of **0.79%** since last reporting period.

Using ESR Business Intelligence to report PDR compliance

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

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

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

Benchmarking: how do we compare?

% of headcount who have had a PADR/medical appraisal in the previous 12 months (target 95%)							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
Aug-18	74.4%	73.8%	64.5%	61.4%	71.8%	79.2%	60.4%
Sep-18	74.0%	Not available					
Oct-18	72.9%	73.6%	60.3%	60.6%	74.1%	79.2%	64.9%
Nov-18	75.7%	74.0%	61.5%	60.5%	74.3%	80.6%	66.3%
Dec-18	76.3%	Not available					
Jan-19	76.8%	73.4%	61.8%	58.9%	76.7%	80.8%	66.8%
Feb-19	76.0%	79.3%	67.5%	58.9%	78.4%	79.3%	66.7%
Mar-19	74.8%	78.2%	68.7%	58.8%	78.8%	77.6%	66.0%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	50.6%	77.3%	70.9%	57.8%	79.6%	72.8%	63.9%
May-19	53.7%	Not available					
Jun-19	58.3%	76.5%	73.4%	58.4%	80.0%	73.0%	64.3%
Jul-19	62.3%	76.0%	79.3%	56.4%	79.7%	74.2%	64.4%
Aug-19	65.7%	76.0%	75.5%	58.0%	78.7%	75.2%	76.0%

**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

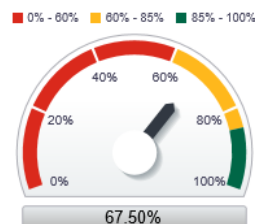
Period: as at 1st January 2020

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

The number in brackets following each subject title denotes the number of training levels within the subject that have been combined to produce the level 1 compliance figure .

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)	11294	11294	9057	80.19%	451	76.21%
	Fire Training (5)	7683	7765	4751	61.18%	344	56.75%
	Health, Safety and Welfare (1)	11168	11168	8788	78.69%	499	74.23%
	Infection Prevention and Control (2)	11375	11382	6817	59.89%	813	52.75%
	Information Governance (1)	11294	11294	8264	73.17%	726	66.75%
	Moving & Handling (1)	11312	11312	8574	75.80%	475	71.60%
	Resuscitation (7)	11167	12370	5585	45.15%	322	42.55%
	Safeguarding Adults (2)	11297	11297	7582	67.12%	229	65.11%
	Safeguarding Children (2)	11293	11299	7994	70.75%	303	68.07%
	Violence & Aggression (2)	11247	11259	7136	63.38%	33	63.09%

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

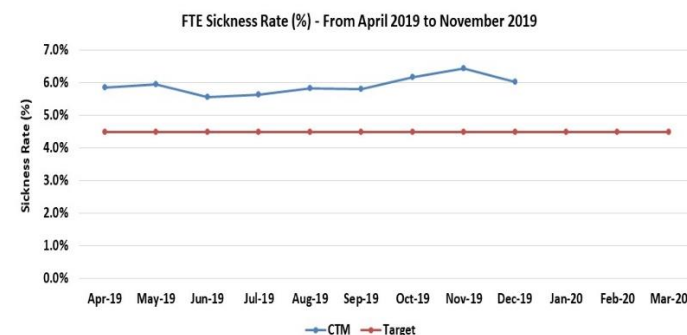
Executive Lead: Director of Workforce and Organisational Development

Period: Apr 2019 to Nov 2019

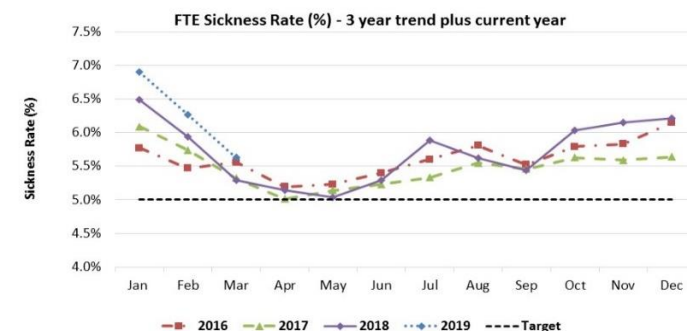
Target: 12 Month Reduction Trend

Current Performance:

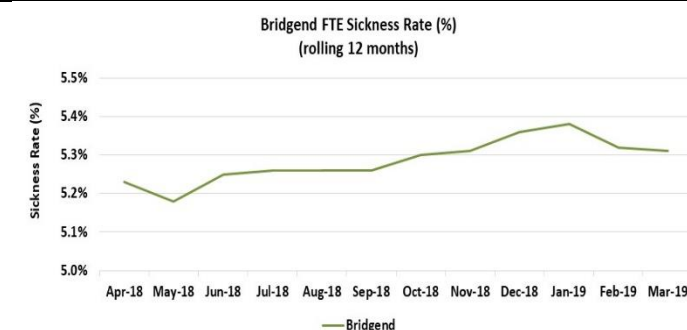
Cwm Taf Morgannwg



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 fell to 6.02% in November (6.45% in October) which is above the Health Board's target of 5%. Anxiety, stress and depression still remains the highest category of sickness absence (around 30%). We continue to monitor hot spot areas are being targeted to attend courses such as mindfulness and managing stress in the workplace.

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

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

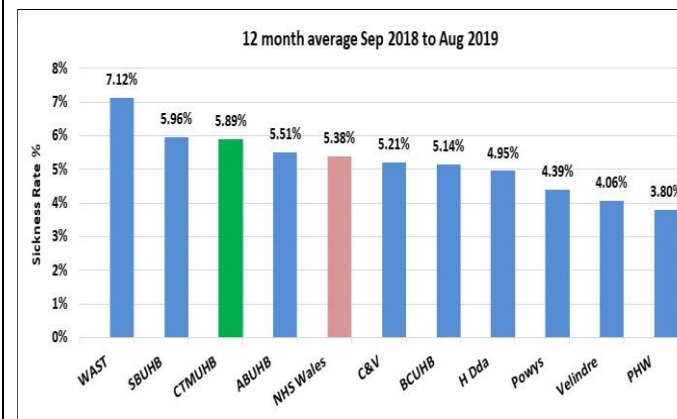
Dietetic expertise with OH using the FODMAP principles (gastro illnesses are the 3rd highest reason for sickness absence)

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

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

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

Benchmarking: how do we compare?



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

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

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

Period: as at 30th November 2019

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

Aneurin Bevan UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	Grand Total
Allied Health	4			4
Cardiology	8			8
Clinical Haematology	1			1
Dermatology	13	1		14
Diagnostic	13			13
Endocrinology	3			3
ENT	13	2		15
Gastroenterology	10	1		11
General Surgery	20	2		22
Geriatric Medicine	2			2
Gynaecology	13			13
Interventional Radiology	3			3
Neurology	5			5
Ophthalmology	18	1	1	20
Oral Surgery	23	4		27
Paediatrics	4			4
Pain Management	2			2
Respiratory Medicine	7			7
Rheumatology	5			5
Trauma & Orthopaedics	36	12	4	52
Urology	42	3		45
Chemical Pathology		1		1
Respiratory Physiology	7			7
Grand Total	252	27	5	284

There were no patients waiting over 52 weeks.

Betsi Cadwaladr

Specialty	<=26 Weeks	Grand Total
Gastroenterology	1	1
General Surgery	1	1
Trauma & Orthopaedics	1	1
Grand Total	3	3

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	6				6
Anaesthetics	3				3
Cardiology	126	9	2		137
Cardiothoracic Surgery	50	10	6	1	67
Clinical Haematology	40	4			44
Clinical Immunology And Allergy	113	37	3		153
Clinical Pharmacology	1	1			2
Dental Medicine Specialties	18				18
Dermatology	49	14			63
Diagnostic	3				3
ENT	78	9	1		88
Gastroenterology	15				15
General Medicine	74	2			76
General Surgery	91	8	1		100
Geriatric Medicine	2				2
Gynaecology	70	10			80
Nephrology	9				9
Neurology	814	148	3	1	966
Neurosurgery	147	6			153
Ophthalmology	243	69	13		325
Oral Surgery	62	8			70
Orthodontics	7				7
Paediatric Dentistry	67	10			77
Paediatric Neurology	29	3			32
Paediatric Surgery	109	16	7		132
Paediatrics	113	22			135
Pain Management	29				29
Rehabilitation Service	1				1
Respiratory Medicine	12				12
Restorative Dentistry	24	2			26
Rheumatology	8	4			12
Trauma & Orthopaedics	752	189	53	40	1034
Urology	54	8	1		63
Clinical Neurophysiology		1			1
Clinical Oncology (previously Radiotherapy)	1				1
Audiological Medicine	1				1
Grand Total	3221	590	90	42	3943

Of those waiting over 52 weeks:

Specialty	53-56	57-60	61-64	65-68	69-72	73-76	77-80	81-84	85-88	89-92	97-100	101-104	Grand Total
Cardiothoracic Surgery	1												1
Neurology		1											1
Trauma & Orthopaedics	4	8	5	4	6	3	1	3	1	1	1	3	40
Grand Total	5	9	5	4	6	3	1	3	1	1	1	3	42

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 30th November 2019

Hywel Dda

Specialty	<=26 Weeks	>26 <=36 Weeks	Grand Total
Dermatology	1		1
ENT	2		2
Gastroenterology	2		2
Ophthalmology	3	1	4
Rheumatology	1		1
Trauma & Orthopaedics	2		2
Urology	3		3
Breast Surgery	1		1
Grand Total	15	1	16

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

Powys THB

Specialty	<=26 Weeks	Grand Total
Allied Health	2	2
General Surgery	3	3
Grand Total	5	5

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	281				281
Cardiology	4				4
Cardiothoracic Surgery	1	1			2
Clinical Haematology	3				3
Dermatology	1				1
Diagnostic	7				7
Endocrinology	1				1
ENT	4	3	1		8
Gastroenterology	4	1			5
General Surgery	27	3		1	31
Gynaecology	4				4
Nephrology	2				2
Neurology	18				18
Ophthalmology	5	2			7
Oral Surgery	24	3	1	5	33
Orthodontics	4				4
Paediatrics	1				1
Pain Management	1				1
Plastic Surgery	190	21	23	2	236
Restorative Dentistry	3				3
Rheumatology	6				6
Trauma & Orthopaedics	18	6	3	2	29
Urology	7	1			8
Grand Total	616	41	28	10	695

Of those waiting over 52 weeks:-

Specialty	57 - 60	61 - 64	65 - 68	69 - 72	73 - 76	77 - 80	81 - 105	Grand Total
General Surgery						1		1
Oral Surgery		1					4	5
Plastic Surgery	1					1		2
Trauma & Orthopaedics			1	1				2
Grand Total	1	1	1	1	1	1	4	10

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