

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



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

INTEGRATED PERFORMANCE DASHBOARD

JULY 2019



Executive 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 third performance dashboard to be produced by the Health Board providing performance reporting for Cwm Taf Morgannwg University Health Board. This dashboard is the July 2019 iteration, the dashboard wherever possible provides June reporting data.

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

For ease of reading the following terms have been used:

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

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

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

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

Performance Data

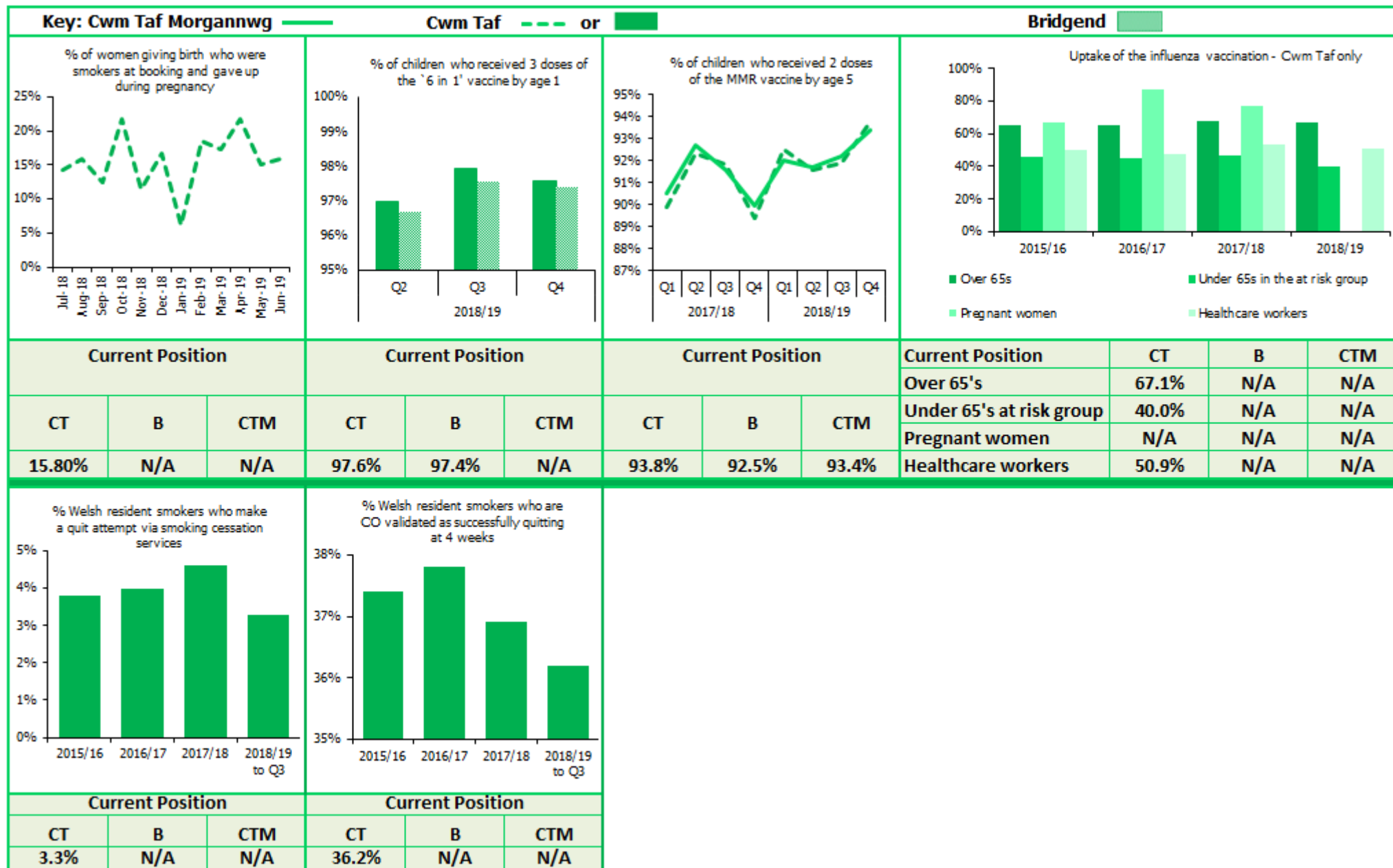
Where performance data is available for CT, B and/or CTM this has been incorporated into this dashboard, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section. As far as is possible data for Bridgend has been quality assured, however,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

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

Outcome: My children have a good healthy start in life

Executive Lead: Director of Public Health

Period: July 2018 to June 2019

Target: Annual Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

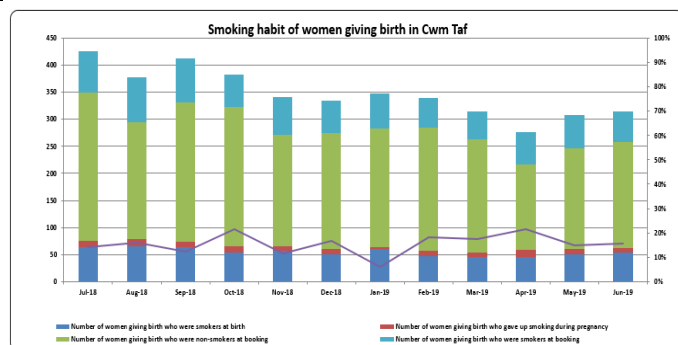
How are we doing?

- Progress is continuing in relation to the work being undertaken to address the challenges of smoking in pregnancy within CTUHB in line with reducing the low birth weight and the more recent 1000 lives campaign to reduce the stillbirth rate continues to be a priority going forward in particular the universal offer of CO readings at booking.
- MAMSS (Models for Access to Maternal Smoking Cessation Support) MAMSS is now a core service for the whole of Cwm Taf run by two WTE MWs – MAMSS is not yet in Bridgend – smokers continue to be referred on opt out basis as per NICE PH26 guidance.

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

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

Cwm Taf



What actions are we taking?

- The Families' First project plan was not approved 2018/19 and also funding from Flying start Merthyr was not renewed for 2019-20 however, all areas in Cwm Taf now have access to MAMSS smoking cessation support.
- 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 (DAU) 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.

	CT	B	CTM
Jul-18	14.23%		
Aug-18	15.85%		
Sep-18	12.35%		
Oct-18	21.67%		
Nov-18	11.43%		
Dec-18	16.67%		
Jan-19	6.15%		
Feb-19	18.52%		
Mar-19	17.31%		
Apr-19	21.67%		
May-19	15.00%		
Jun-19	15.73%		

Bridgend

Data not currently available

What are the areas of risk?

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

Source: Local: MITS Team/Information Team

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

Indicator 3: Percentage of children who received 2 doses of the MMR vaccine by age 5

Outcome: My children have a good healthy start in life

Executive Lead: Director of Public Health

Period: Q1 2017/18 – Q4 2018/19

Target: 95%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

How are we doing?

Indicator 2: Uptake for CTUHB during Jan-Mar 2019 97.6% remains above target, a 0.40% decrease; was 98.0% during Oct-Dec 2018 (Source: COVER 128 & 129 reports; Note that uptake of pertussis is used as a proxy for the 6 in 1 primary at 1 year).

Indicator 3: Uptake for CTUHB during Jan-Mar 2019 93.8% remains below target despite a 1.9% increase; was 91.9% during Oct-Dec 2018 (Source: COVER 128 & 129 reports).

*Note: WHC (2017) 039 introduced the hexavalent ("6 in 1") vaccine, adding hepatitis B into the routine immunisation schedule, for babies born on or after 1 August 2017.

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 GPs.

What are the areas of risk?

Potential of outbreaks in local area if stats remain below 95% target

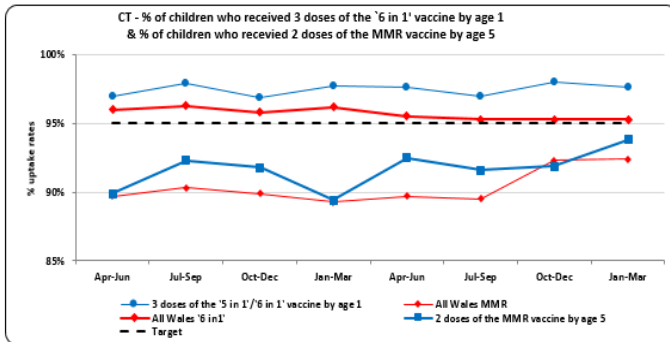
Confirmed outbreak of Mumps in England by PHE (March 2019)

Confirmed outbreak of Mumps in Cardiff by PHW (April 2019 – BBC Wales News)

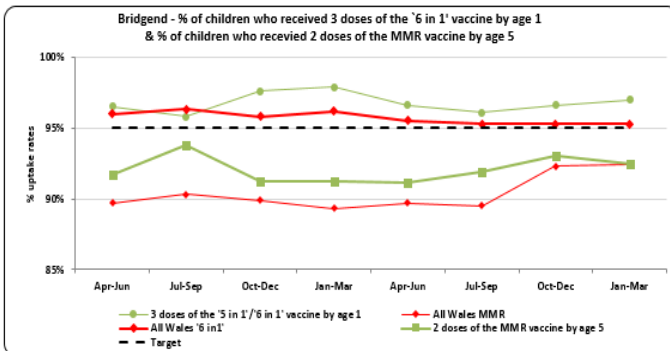
Percentage of children who received 2 doses of the MMR vaccine by age 5												
	AllWales				All				BCHU			
	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19
2 doses of the MMR vaccine by age 5	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
	91.2%	90.0%	91.1%	91.1%	89.7%	90.3%	91.0%	93.2%	91.0%	90.7%	95.6%	94.0%
	Cwm Taf				Heraf				Flwyddi			
	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	87.0%	86.3%	91.2%	90.9%	85.6%	88.6%	91.0%	90.6%	88.9%	87.7%	90.9%	92.7%
	CT				Dyddiad				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	92.0%	91.6%	91.9%	91.8%	91.1%	91.9%	93.0%	92.5%	n/a	n/a	n/a	n/a
	AllWales				AllWales				AllWales			
	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												
	AllWales				All				BCHU			
	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19
3 doses of the '6 in 1' vaccine by age 1	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
	95.2%	95.7%	95.9%	96.5%	96.2%	95.8%	95.9%	95.3%	95.5%	95.0%	96.6%	95.3%
	Cardiff & Vale				Hwyl Dda				Flwyddi			
	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%	93.8%	not known	94.5%	94.9%	97.2%
	CT				Dyddiad				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%	98.0%	97.6%	96.6%	96.1%	96.6%	97.0%	n/a	n/a	n/a	n/a
	AllWales				AllWales				AllWales			
	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%								

Cwm Taf



Bridgend



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

How do we compare with our peers?

- Indicator 2: Uptake was 95.3% for Wales during Jan-Mar 2019 compared to 97.6% for CTUHB.
- Indicator 3: Uptake was 92.4% for Wales during Jan-Mar 2019 compared to 93.8% for CTUHB.

For both indicators Cwm Taf is above the Welsh Average.

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:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

See table below

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.
- Fluenz pilot from 2016/17 to vaccinate 3 year olds within LA nursery schools instead of by GP's increased uptake; an evaluation of 2017/18 season is underway. Pilot programme has continued for 2018/19 while awaiting evaluation.
- Communication to practices that Fluenz is available to from hospital pharmacy in CTUHB.
- Continue to promote 'It's not too late to be vaccinated', Learning from the 2017/18 staff campaign will be incorporated into an updated staff flu plan for 2018/19.
- Staff Flu vaccination workshop planned for May 2019 to evaluate the 2018/19 programme and plan for 2019/20, further engaging with members of the Board and Senior Managers.
- An enhanced service for vaccinating care home staff is now in place.
- GP practices and clusters are now receiving personalised reports to incentivise further uptake efforts.
- Facilitation of vaccine transfer between practices to enable practices who have run out of to continue vaccinating where there is need.
- 36 peer vaccinators have been trained to undertake staff flu vaccinations in the areas of work.
- 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
- An incentive has been agreed and is in use so that staff received a voucher for a free tea/coffee in the HB, a pen and a lanyard when they have their flu vaccination.
- Occupational Health have extra funding to input staff flu data onto Cohort (50% of forms were not on their system when first figures sent to PHW).
- Communication to staff in a variety of formats that it's not too late to be vaccinated including posters and intranet comms.

	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			Morganwg			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

Cwm Taf's position is comparable with peers.

What are the areas of risk?

- Persisting myths around immunisation in the community.
- Delay in Delivery of QIV vaccine and staggered deliveries of aTIV
- 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.

Cwm Taf

Uptake of influenza vaccination a	CT	M	CTM	All Wales
	2019/20			
	as at 24 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**				
No of pregnant women immunised	1006			

Bridgend

See table above

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

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

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

Executive Lead: Director of Public Health

Period: 2018/19

Target: 5% Annual Target

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

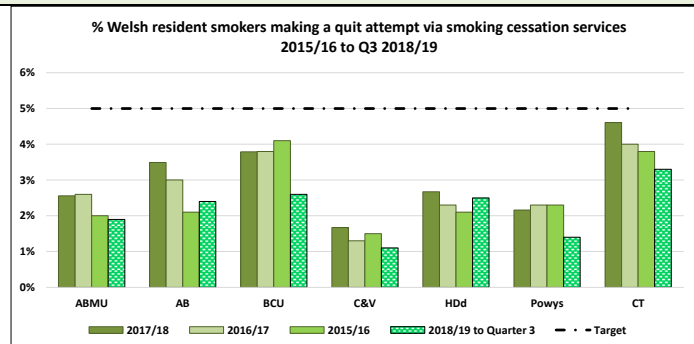
Cwm Taf Morgannwg

Data not currently available

How are we doing?
Data pertaining to Welsh resident smokers making a quit attempt via smoking cessation is available on a quarterly basis.

The number of Welsh resident smokers treated by smoking cessation services during 2017/18 was 14,783 with an estimated number of Welsh resident smokers standing at 476,057 giving an estimated All Wales percentage of 3.11%. The equivalent figures for Cwm Taf were 2,325 of 50,413 ie 4.61%. To achieve 5% during 2018/19 we required 2,500 smokers to be treated via the range of available cessation services. Provisional available data to Quarter 1-4 shows a total of 2,376 treated smokers via the following cessation services:

Cwm Taf



Stop Smoking Wales – 476
Level 3 Community Pharmacy – 1659
MAMSS – 157
Secondary Care Service – 84

(Figures for Q4 are provisional and therefore not included in the table)

Data for Quarter 1 of 2019/20 will be available in October 2019, and will include data for the Bridgend area.

What actions are we taking?

Information on the process of referral into Help Me Quit has been sent to all General Dental Practices in the former Cwm Taf boundary area. This will be extended to the Bridgend area in the near future.

Work is underway with optometry to raise awareness of the options available for clients who smoke, linked to National Eye Health week in September. The optical advisor for the health board is working with the public health team to develop this information.

What are the areas of risk?

Service funding for MAMSS and the secondary care smoking cessation service.

	ABMU	AB	BCU	C&V	HDd	Powys
2018/19 to Quarter 3	1.9%	2.4%	2.6%	1.1%	2.5%	1.4%
2017/18	2.6%	3.5%	3.8%	1.7%	2.7%	2.2%
2016/17	2.6%	3.0%	3.8%	1.3%	2.3%	2.3%
2015/16	2.0%	2.1%	4.1%	1.5%	2.1%	2.3%
Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

	CT	Morgannwg	CTM			Wales
2018/19 to Quarter 3	3.3%					
2017/18	4.6%					
2016/17	4.0%					
2015/16	3.8%					
Target	5.0%	5.0%	5.0%			

How do we compare with our peers?

To the end of Q3 the number of residents making a quit attempt exceeded all other Health Boards in Wales.

Bridgend

Data not currently available

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: 2018/19

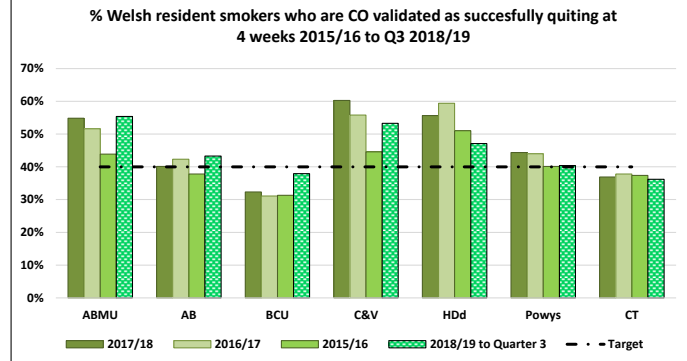
Target: 40% Annual Target

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

How are we doing?

Data pertaining to Welsh resident smokers CO-validated as quit at 4 weeks is available on a quarterly basis. For quarters 1-4 of 2018/19 average Cwm Taf CO validation rates are 34.2% (provisional).

Data for Quarter 1 of 2019/20 will be available in October 2019, and will include data for the Bridgend area.

What actions are we taking?

Continue to reinforce Russell Standards for the timeline of capturing data, and reporting on four week CO validated quits.

Benchmarking: how do we compare?

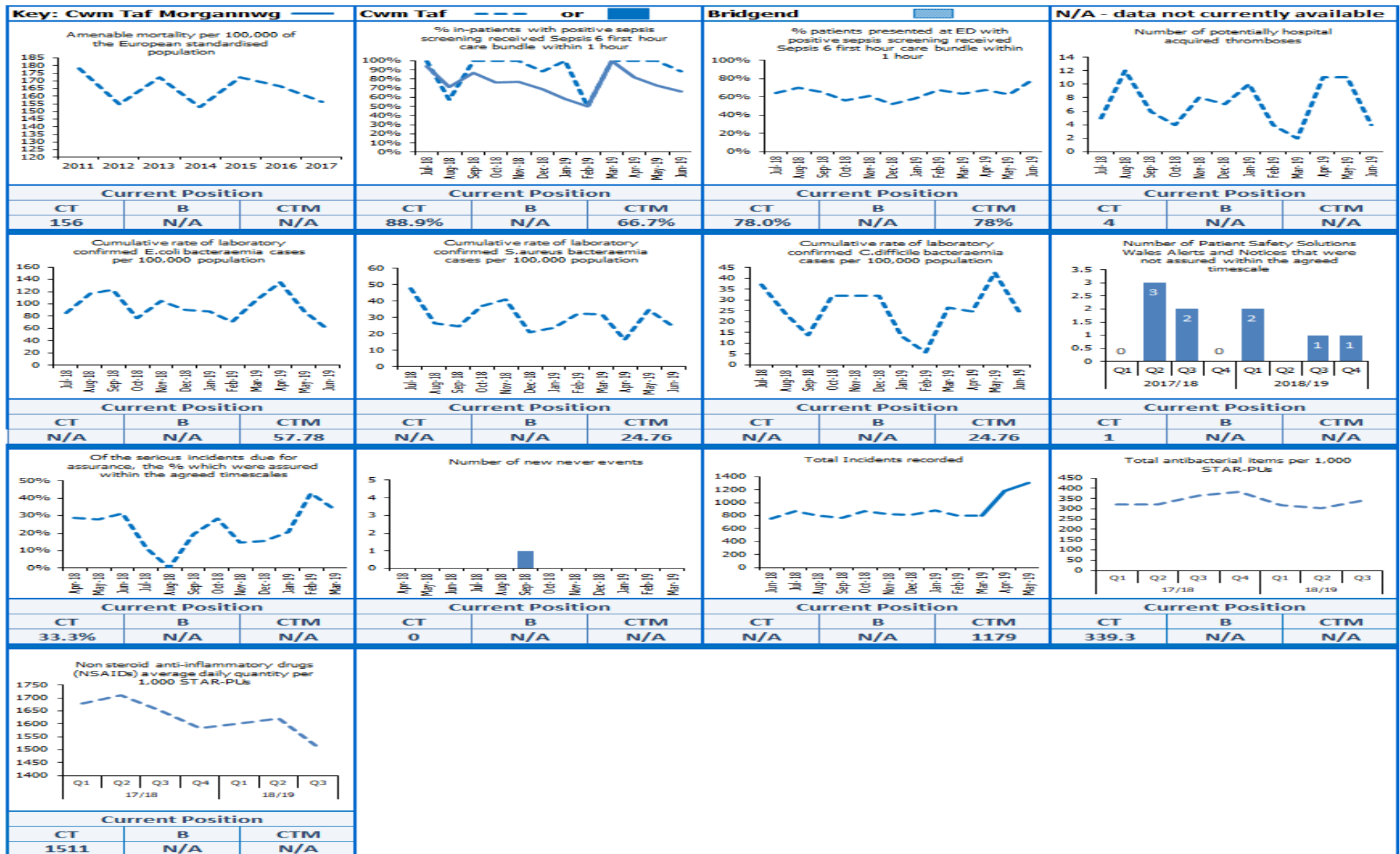
% Welsh resident smokers who are CO validated as successfully quitting at 4 weeks (target 40% end of financial year)						
	ABMU	AB	BCU	C&V	HDd	Powys
2018/19 to Quarter 3	55.4%	43.3%	37.9%	53.3%	47.1%	40.4%
2017/18	54.8%	40.1%	32.4%	60.3%	55.6%	44.4%
2016/17	51.6%	42.3%	31.1%	55.8%	59.4%	44.0%
2015/16	43.9%	37.8%	31.3%	44.6%	51.0%	40.1%
Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%

	CT	Morgannwg	CTM			Wales
2018/19 to Quarter 3	36.2%					
2017/18	36.9%					
2016/17	37.8%					
2015/16	37.4%					
Target	40.0%	40.0%	40.0%			

How do we compare with our peers?

Collectively, for all services, the Health Board's performance for 2018/19 is currently below the all Wales Target of 40%, but is near to achieving Nice guidance of 35% (NG92).

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

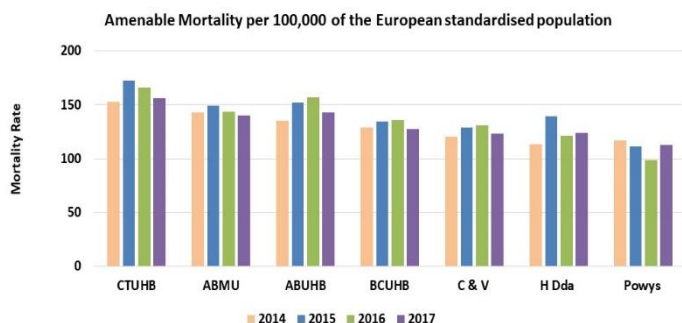
Target: Annual Reduction

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
Carmarthenshire	510.0	248.3	281.0	133.2	438.0	214.0
Swansea	640.0	272.9	331.0	141.5	548.3	233.8
Neath Port Talbot	431.7	293.7	224.7	150.9	371.7	253.1
Bridgend	376.3	260.1	203.3	138.3	317.3	220.1
The Vale of Glamorgan	276.3	205.4	142.7	105.3	224.7	167.0
Cardiff	691.0	249.8	375.3	138.7	564.0	203.2
Rhondda, Cynon, Taff	677.3	291.1	384.0	163.5	549.7	236.9
Merthyr Tydfil	175.3	304.1	95.3	163.8	142.3	247.6
Caerphilly	501.7	280.8	285.0	157.3	413.3	232.1
Blaenau Gwent	214.0	302.0	127.0	177.2	175.7	248.4
Torfaen	249.3	267.5	133.0	142.0	213.3	228.9
Monmouthshire	219.0	204.4	117.7	108.3	187.0	174.3
Newport	377.0	276.9	210.0	155.0	306.3	225.4

Avoidable, amenable & preventable mortality are classified according to ONS definitions:
amenable (treatable) mortality - deaths that could be avoided through timely and effective healthcare
preventable mortality - deaths that could be avoided by public health interventions
avoidable mortality - deaths that are amenable, preventable or both, where each death is counted only once
 Source: Office for National Statistics
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2017>

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

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

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

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

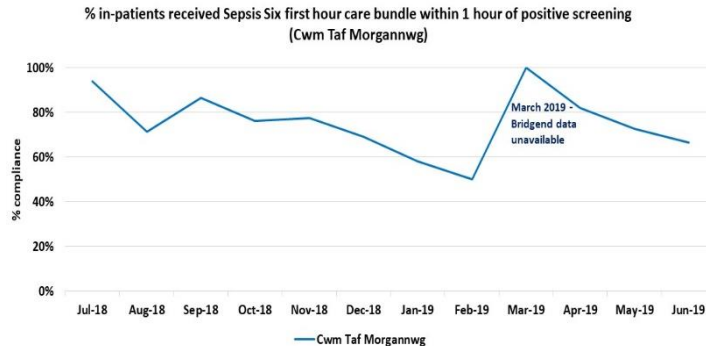
Executive Lead: Medical Director

Period: Jul 2018 to Jun 2019

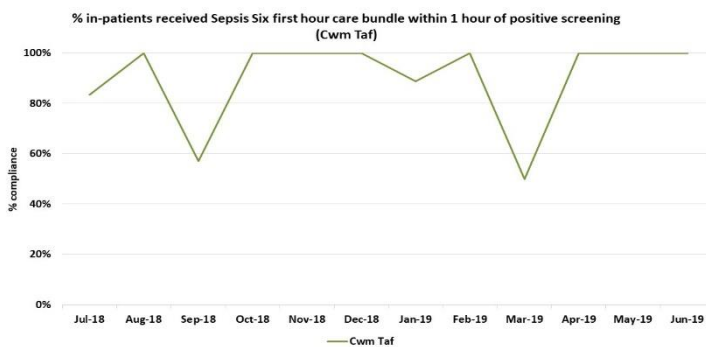
Target: 12 month improvement trend

Current Performance:

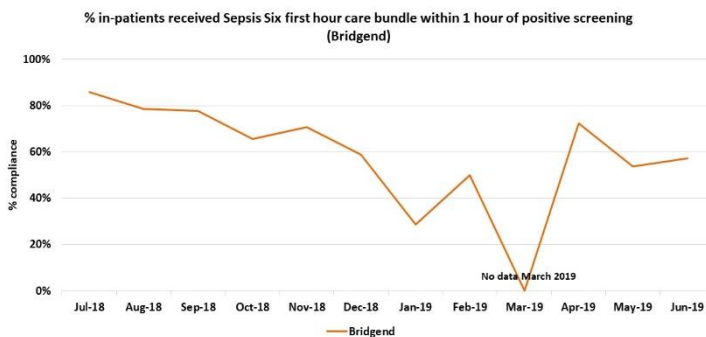
Cwm Taf Morgannwg



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						
	CT	AB	BC	C & V	H Dda	ABMU
May-18	100.0%	50.0%		N/A		27.9%
Jun-18	83.3%	61.3%	100.0%	68.8%	93.9%	16.3%
Jul-18	100.0%	61.1%				36.9%
Aug-18	57.1%	32.3%	100.0%	61.3%	90.3%	18.3%
Sep-18	100.0%			N/A		
Oct-18	100.0%	42.4%	100.0%	77.8%	100.0%	57.1%
Nov-18	100.0%			N/A		
Dec-18	88.9%	52.6%	100.0%	71.4%	84.6%	52.6%
Jan-19	100.0%			N/A		
Feb-19	50.0%	N/A	100.0%	50.0%	93.1%	42.9%
Mar-19	100.0%	66.7%	100.0%	85.7%	86.4%	42.9%
Apr-19	CTM	AB	BC	C & V	H Dda	SB
	81.5%	54.8%	100.0%	68.8%	92.3%	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

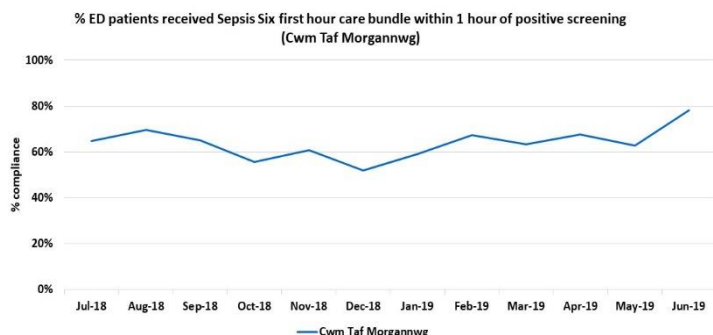
Executive Lead: Medical Director

Period: Jul 2018 to Jun 2019

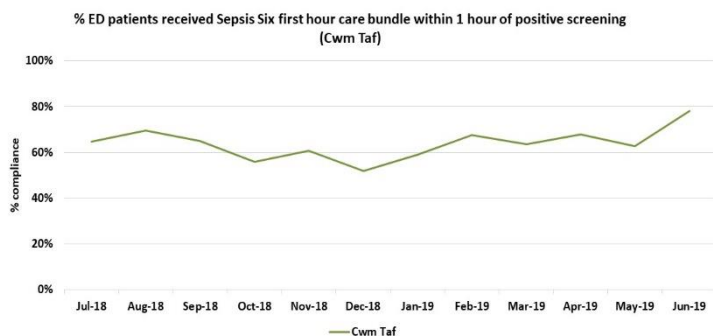
Target: 12 month improvement trend

Current Performance:

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



Cwm Taf



Bridgend

Data not currently collated by Princess of Wales Hospital Emergency Department

How are we doing, what actions are we taking?

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

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

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

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

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

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

What are the areas of risk?

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

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

Benchmarking: how do we compare?

% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening						
	CTUHB	ABUHB	BCUHB	C & V	H Dda	ABMU
May-18	51.4%	61.7%	N/A			58.0%
Jun-18	61.6%	62.4%	29.7%	61.6%	95.5%	34.2%
Jul-18	64.7%	66.7%	N/A	N/A	N/A	43.8%
Aug-18	69.6%	59.8%	39.6%		91.6%	36.4%
Sep-18	65.0%				N/A	N/A
Oct-18	55.8%	69.0%	71.4%		95.0%	75.0%
Nov-18	60.9%	N/A	N/A		N/A	N/A
Dec-18	52.0%	65.3%	63.8%		94.2%	
Jan-19	59.0%	N/A	N/A			
Feb-19	67.4%		48.6%		87.9%	
Mar-19	63.5%	57.3%	64.9%		88.2%	
	CTM	AB	BC		C & V	H Dda
Apr-19	67.7%	58.7%	66.2%	N/A	90.7%	N/A

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

Indicator 15: The number of potentially preventable hospital acquired thrombosis

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

Executive Lead: Medical Director

Period: 2017/18 to Qtr. 3 2018/19

Target: 4 Quarter Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

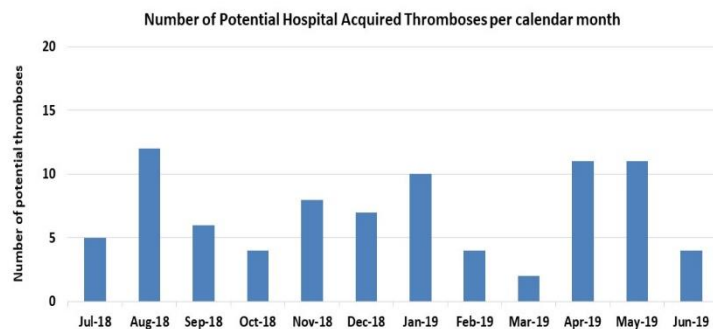
The pharmacy team continue to hold awareness and training sessions as well as a continuation of a number of improvement projects.

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.

Cwm Taf



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.

Bridgend

Data not currently available

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

Source: Local Clinical Audit/Local Information Team

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 2018/19

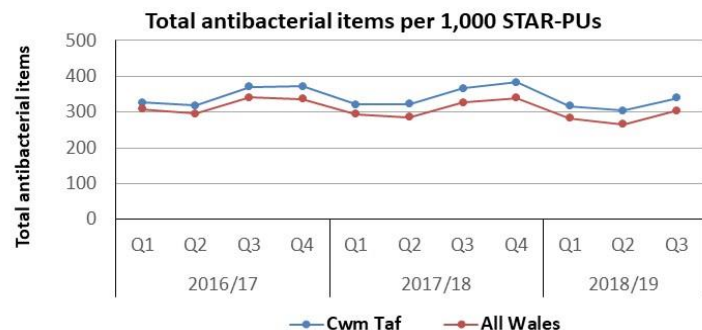
Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

CTUHB have the highest prescribing rates of antimicrobials in primary care in Wales and are not reducing at the rate of other HBs. However CTUHB 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 volume of prescribing:

Table MM01: Indicator	2017/18 Quarterly trend	CTUHB Position in Wales (1 st = best performing HB)		Cwm Taf change June Quarter 2017 v 2018
		June Quarter 2017	June Quarter 2018	
Antibacterial items per 1,000 PU	▼	7 th	7 th	-1.19%
4c antimicrobial items per 1,000 patients	▼	7 th	7 th	-0.93%

CT have established an AM stewardship 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 and "antibiotic myth busting" public education sessions which has been recognised as best practice and was a finalist in the international Antibiotic Guardian Awards 2018.

High volumes of antimicrobial prescribing are associated with increased levels of antimicrobial resistance and can contribute to HCA infections.

Benchmarking: how do we compare?

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

For Qtr 3 2018/19, CTUHB are 6th in Wales, however the continued increase in the volume of prescribing has shown a decrease in more recent data in 2018.

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

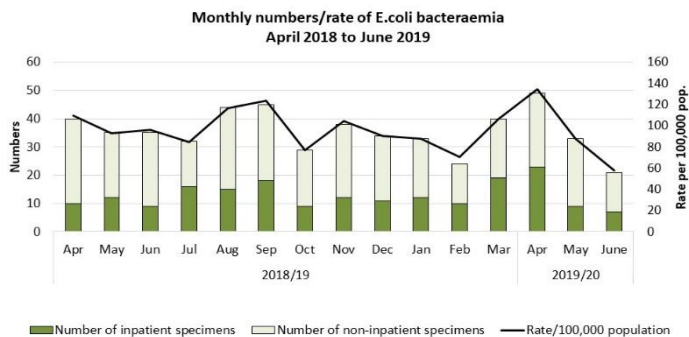
Executive Lead: Director of Nursing

Period: Apr 2018 to Jun 2019

Target: TBC

Current Performance:

Cwm Taf Morgannwg



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	103
Maximum average number per month <17	23	Actual average number per month	34
Maximum rate/100,000 population <67.00	92.95	Actual rate/100,000 population	80.18

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			
Month	Maximum cumulative monthly number to achieve reduction expectation	Actual cumulative monthly numbers	Actual cumulative monthly rate/100,000 population
Apr	<17	26	105.77
May	<34	48	96.03
Jun	<51	72	96.56
Jul	<67	93	93.03
Aug	<84	121	96.52
Sep	<101	147	98.03
Oct	<117	165	94.10
Nov	<134	189	94.53
Dec	<151	211	93.64
Jan	<168	236	94.12
Feb	<184	253	92.44
Mar	<201	278	92.95

Bridgend

Data not currently available

How are we doing, what actions are we taking?

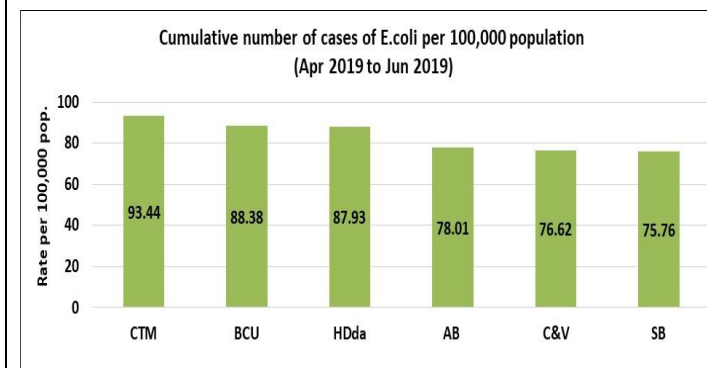
Cwm Taf Morgannwg UHB numbers and rates of E.coli bacteraemia per 1,000 hospital admissions and 100,000 population, April 2018 to June 2019						
Period	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population	
2018/19	Apr	40	10	30	6.3	109.77
	May	35	12	23	5.2	92.95
	Jun	35	9	26	5.5	96.05
	Jul	32	16	16	4.7	84.98
	Aug	44	15	29	6.9	116.85
	Sep	45	18	27	7.1	123.49
	Oct	29	9	20	4	77.01
	Nov	38	12	26	5.2	104.28
	Dec	34	11	23	5.3	90.29
	Jan	33	12	21	4.7	87.64
	Feb	24	10	14	3.8	70.56
	Mar	40	19	21	6	106.23
	Total 18/19	429	153	276	5.35	96.76
2019/20	Apr	49	23	26	7.75	134.83
	May	33	9	24	4.87	87.88
	June	21	7	14	3.28	57.78
Total 19/20	103	39	64	5.28	93.44	

103 E.coli bacteraemia have been reported by CTM UHB for Apr to Jun 19. This is approximately -6% fewer than the equivalent period in 2018/19. The provisional rate of E. coli bacteraemia in CTM for Apr to Jun 19 is 138.51 per 100,000 population.

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?



623 cases of E. coli bacteraemia have been reported by health boards in Wales for Apr to Jun 19. This is approximately -2% fewer cases than the equivalent period in 2018/19. The provisional rate of E. coli bacteraemia in Wales for Apr to Jun 19 is 80.18 per 100,000 population. 4 of the 8 health boards/NHS trusts in Wales have fewer cases than the previous financial year, Aneurin Bevan UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Swansea Bay UHB. Powys THB has remained the same (0).

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

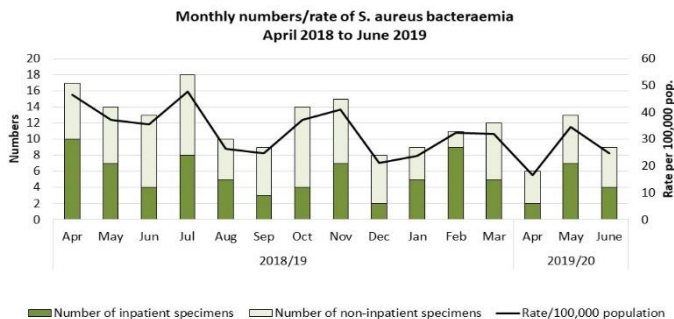
Executive Lead: Director of Nursing

Period: Apr 2018 to Jun 2019

Target: TBC

Current Performance:

Cwm Taf Morgannwg



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			
Month	Maximum cumulative monthly number to achieve reduction expectation	Actual monthly numbers	Actual cumulative monthly rate/100,000 population
Apr	<5	14	56.95
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?

Cwm Taf Morgannwg UHB numbers and rates of <i>S. aureus</i> bacteraemia per 1,000 hospital admissions and 100,000 population, April 2018 to June 2019						
Period	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population	
2018/19	Apr	17	10	7	2.69	46.65
	May	14	7	7	2.07	37.18
	Jun	13	4	9	2.03	35.67
	Jul	18	8	10	2.65	47.8
	Aug	10	5	5	1.56	26.56
	Sep	9	3	6	1.42	24.7
	Oct	14	4	10	1.91	37.18
	Nov	15	7	8	2.07	41.16
	Dec	8	2	6	1.24	21.25
	Jan	9	5	4	1.28	23.9
	Feb	11	9	2	1.74	32.34
	Mar	12	5	7	1.8	31.87
	Total 18/19	150	69	81	1.87	33.83
2019/20	Apr	6	2	4	0.95	16.51
	May	13	7	6	1.92	34.62
	June	9	4	5	1.40	24.76
Total 19/20	28	13	15	1.43	25.40	

28 *S. aureus* bacteraemia have been reported by CTM UHB for Apr to Jun 19. This is approximately -36% fewer than the equivalent period in 2018/19. The provisional rate of *S. aureus* bacteraemia in CTM for Apr to Jun 19 is 37.65 per 100,000 population.

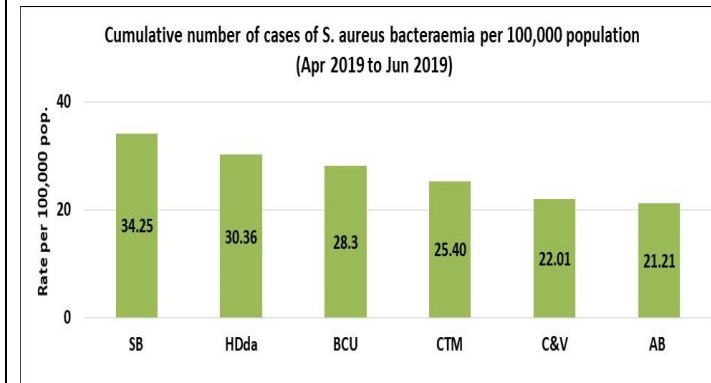
All MRSA bacteremias are investigated by the IPCT and a RCA is performed for all line related bacteremias.

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?



197 cases of *S. aureus* bacteraemia have been reported by health boards in Wales for Apr to Jun 19. This is approximately -17% fewer cases than the equivalent period in 2018/19. The provisional rate of *S. aureus* bacteraemia in Wales for Apr to Jun 19 is 25.35 per 100,000 population. 5 of the 8 health boards/NHS trusts in Wales have fewer cases than the previous financial year, Aneurin Bevan UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Swansea Bay UHB. 2 health boards/NHS trusts have remained the same, Powys THB, Velindre NHST. (0)

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

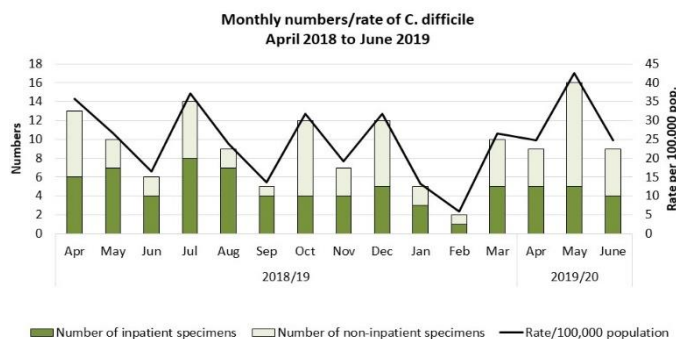
Executive Lead: Director of Nursing

Period: Apr 2018 to Jun 2019

Target: TBC

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

Cwm Taf UHB <i>C.difficile</i> 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 <i>C.difficile</i> 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

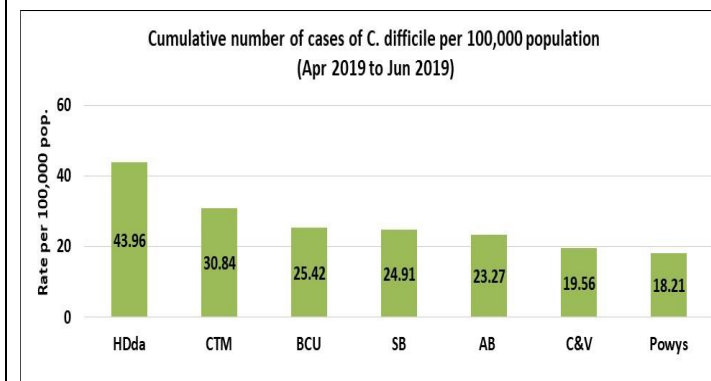
Data not currently available

How are we doing, what actions are we taking?

Cwm Taf Morgannwg UHB numbers and rates of <i>C. difficile</i> per 1,000 hospital admissions and 100,000 population, April 2018 to June 2019						
Period	Number of specimens	Number of inpatient specimens	Number of non-inpatient specimens	Rate/1,000 admissions	Rate/100,000 population	
2018/19	Apr	13	6	7	2.06	35.67
	May	10	7	3	1.48	26.56
	Jun	6	4	2	0.94	16.46
	Jul	14	8	6	2.06	37.18
	Aug	9	7	2	1.41	23.9
	Sep	5	4	1	0.79	13.72
	Oct	12	4	8	1.64	31.87
	Nov	7	4	3	0.96	19.21
	Dec	12	5	7	1.86	31.87
	Jan	5	3	2	0.71	13.28
	Feb	2	1	1	0.32	5.88
	Mar	10	5	5	1.50	26.56
	Total 18/19	105	58	47	1.31	23.68
2019/20	Apr	9	5	4	1.42	24.76
	May	16	5	11	2.36	42.61
	June	9	4	5	1.40	24.76
Total 19/20	34	14	20	1.74	30.84	

34 *C. difficile* have been reported by CTM UHB for Apr to Jun 19. This is approximately 17% more than the equivalent period in 2018/19. The provisional rate of *C. difficile* in CTM for Apr to Jun 19 is 45.72 per 100,000 population.

Benchmarking: how do we compare?



210 cases of *C. difficile* have been reported by health boards in Wales for Apr to Jun 19. This is approximately -13% fewer cases than the equivalent period in 2018/19. The provisional rate of *C. difficile* in Wales for Apr to Jun 19 is 27.03 per 100,000 population. 4 of the 8 health boards/NHS trusts in Wales have fewer cases than the previous financial year, Betsi Cadwaladr, Cardiff and Vale UHB, Hywel Dda UHB, Swansea Bay UHB. 1 health board/NHS trusts have remained the same, Anuerin 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)

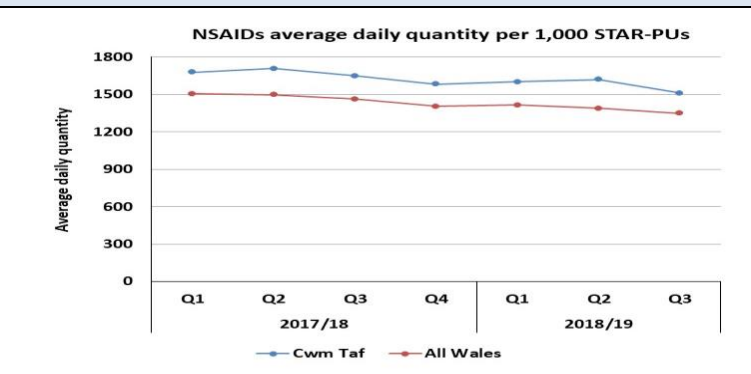
Outcome: I am safe and protected from harm through high quality care, treatment and support
 Executive Lead: Director of Primary, Community and Mental Health
 Period: 2017/18 to Qtr 3 2018/19
 Target: 4 Quarter Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf



Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

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

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

Benchmarking: how do we compare?

4 Quarter Reduction Trend	Non-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

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

Source: Welsh Government Delivery and Performance Website

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

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

Executive Lead: Director of Nursing

Period: Qtr. 1 2017/18 to Qtr. 4 2018/19

Target: Zero

Current Performance:

Cwm Taf Morgannwg

Data not currently available

How are we doing, what actions are we taking?

Previously reported alerts and notices as two separate measures. This has been amended so that they are reported within the same measure for 2018/19. Previously reported monthly. The 2018/19 measure is to be reported quarterly.

Patient Safety Solutions (after April 2014) Alerts and Notices.

Current position is:

Alerts: A total of 9 Alerts have been received. The Health Board is compliant with 7 (87.5%) of these Alerts. The compliance deadlines for the one outstanding alert is 30th October 2017.

Notices: A total of 49 notices have been issued. The Health Board is non-compliant with 2 notices outside of timescale.

Alerts: 1 non-compliant outside of the timescale for completion

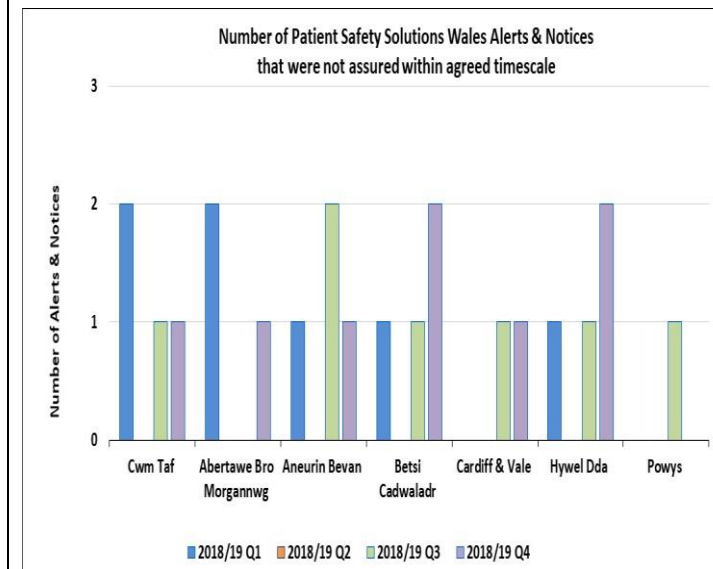
PSA008 – Nasogastric tube misplacement continuing risk of death and severe harm. Compliance deadline 30th October 2017. The procedure has been approved and competency based training added into the guidance. Standardisation of GBUK tubes completed. LocSSIP training arranged for 21/09/2018. Included on annual audit plan.

Notices: 3 non-complaint outside of timescale for completion

PSN030 – The safe storage of medicines: Cupboards Areas of non-compliance have been identified and actions taken to minimise the risk. Storage and Security of medicines procedure updated and a delivery plan for modernisation of medicines storage is being developed. PSN043 - There is currently a Protocol in place which refers to Patients with spinal cord injuries. Processes are in place and training programmes delivered across the Health Board - Acute & Community Care. The Guideline is being reviewed and a Standard Operating Procedure is being developed which will included more detailed information highlighted in the notice.

PSN049 – Guidelines being updated. Task & Finish Group established. Action Plan developed.

Benchmarking: how do we compare?



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

Cwm Taf

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

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

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

Bridgend

Data not currently available

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 Mar 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

Data not currently available

As at the 7th March 2019 within the Health Board there were 40 closure forms outstanding outside of timescale.

It should be noted, that whilst the formal process of completing the closure form has not been undertaken, for the majority of incidents the investigations have been concluded. The never events reported by Cwm Taf UHB have been fully investigated and action plans to address the learning identified.

Quarter 1, 2018/19 - 92 serious incidents and no never
Quarter 2, 2018/19 - 120 serious incidents and one never

Quarter 3, 2018/19 - 109 serious incidents and no never events during this quarter.

Quarter 4, 2018/19 - 58 serious incidents and no never events

Quarter 1, 2019/2020 - 64 serious incidents reported and no never events.

Weekly meetings are held with the Patient Safety Improvement Managers to monitor progress with the submission of closure forms. Information presented in this meeting is included in the weekly Concerns Report provided to the Executive Leads.

In addition, recent developments have been implemented in relation to Datix (risk management system used to report incidents) which supports the monitoring of serious incidents. This enables identification of barriers to completion and targeted action being taken as required.

The remaining risk is that of organisational reputation in view of overdue closures.

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

Period	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
Apr-18	28.6%	51.4%	36.8%	21.1%	66.7%	50.0%	0.0%
May-18	27.8%	69.6%	64.3%	18.3%	42.1%	55.6%	0.0%
Jun-18	31.4%	38.1%	47.1%	15.5%	53.3%	21.4%	21.4%
Jul-18	11.1%	73.3%	52.0%	25.3%	42.4%	81.3%	25.0%
Aug-18	0.0%	86.7%	64.0%	17.3%	25.0%	69.0%	33.3%
Sep-18	19.4%	21.4%	35.7%	10.8%	65.5%	48.1%	22.2%
Oct-18	28.2%	50.0%	47.2%	24.8%	69.0%	63.0%	0.0%
Nov-18	14.6%	88.2%	50.0%	25.3%	69.2%	52.0%	20.0%
Dec-18	15.4%	88.9%	29.4%	20.7%	50.0%	35.3%	0.0%
Jan-19	20.5%	48.7%	18.4%	17.0%	60.4%	26.7%	50.0%
Feb-19	42.9%	56.0%	21.7%	33.8%	19.5%	36.0%	0.0%
Mar-19	33.3%	34.8%	50.0%	17.1%	27.0%	31.3%	22.2%

Number of new Never Events - Target Zero

Period	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
Apr-18	0	0	0	0	2	0	0
May-18	0	0	0	1	0	0	0
Jun-18	0	0	0	1	0	1	0
Jul-18	0	0	1	1	0	0	0
Aug-18	0	0	0	1	0	0	0
Sep-18	1	0	0	2	1	0	0
Oct-18	0	0	1	1	1	1	0
Nov-18	0	0	0	0	0	0	0
Dec-18	0	0	0	1	0	0	0
Jan-19	0	0	0	0	1	0	0
Feb-19	0	0	0	0	0	0	0
Mar-19	0	1	0	0	1	0	0

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

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	33.3%	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

Source: Welsh Government Delivery & Performance Website [http://howis.wales.nhs.uk/sitesplus/407/page/64649 /QlikSense Datix App/Local Datix](http://howis.wales.nhs.uk/sitesplus/407/page/64649/QlikSense%20Datix%20App/Local%20Datix)

Local Measure: Number of incidents and severity reported

Outcome: I am safe and protected from abuse and neglect

Executive Lead: Director of Nursing

Period: Jun 2018 to May 2019

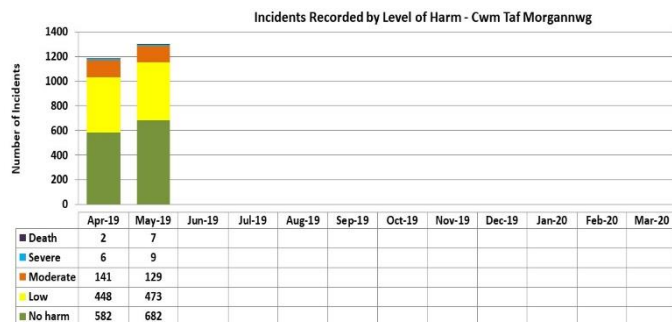
Target: Reduction

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



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.

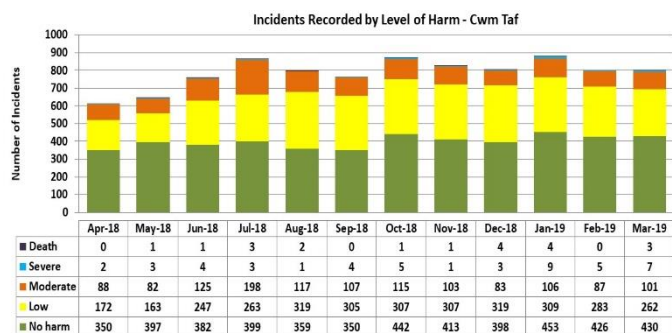
Daily monitoring of moderate and severe incidents is undertaken by the Corporate Team to identify inaccuracies and correct reported incidents.

Training is provided across the Health Board to ensure accurate reporting of patient safety incidents, which includes category and severity. Additional training is provided to responsible managers to ensure timely review of incidents and that appropriate action is taken.

Inaccurate reporting which results in being unable to identify trends and real risks which need urgent action to address.

Benchmark not available

Cwm Taf to 31st March 2019

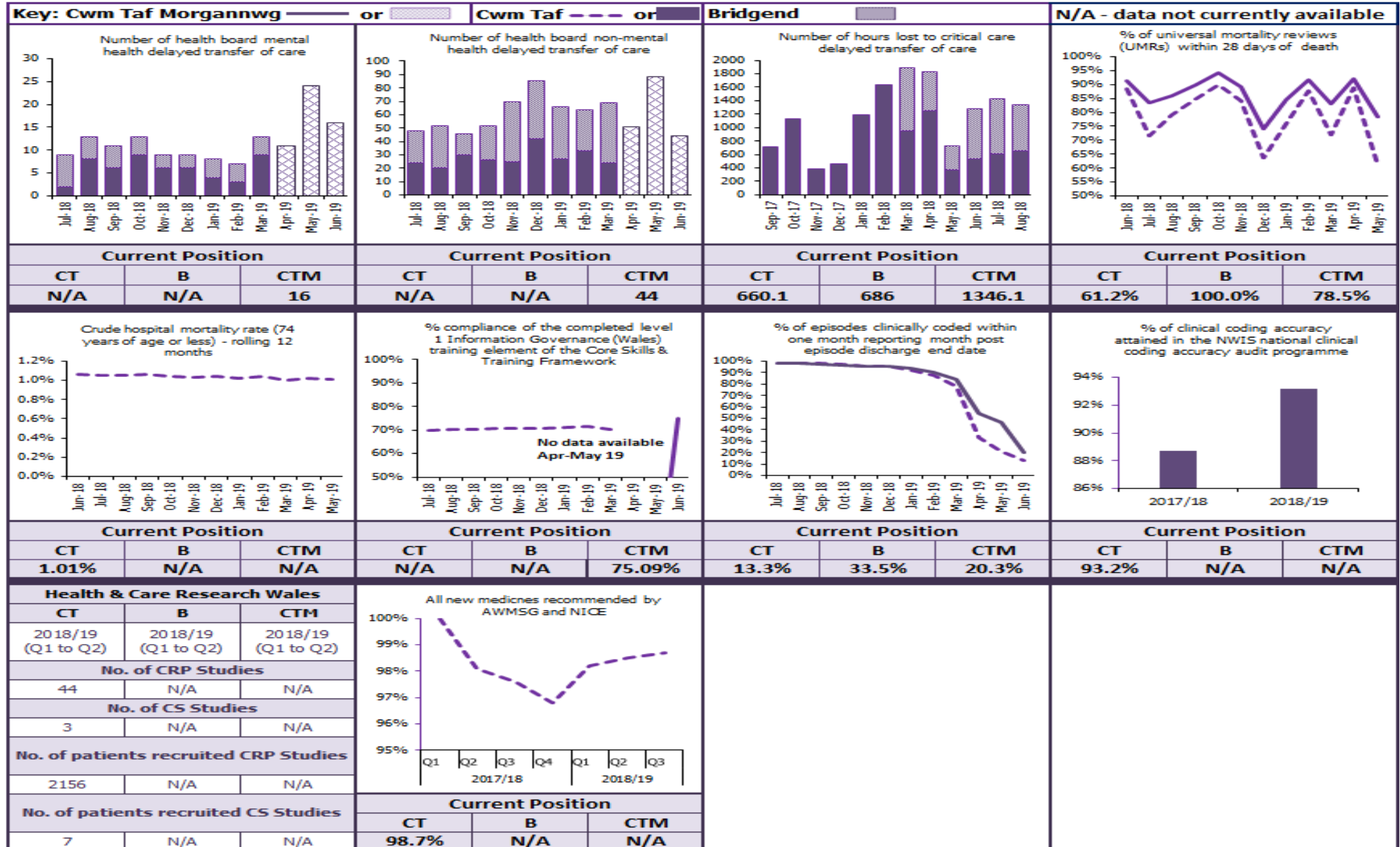


Bridgend

Data not currently available

Source: Local Datix

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



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 Jun 2019

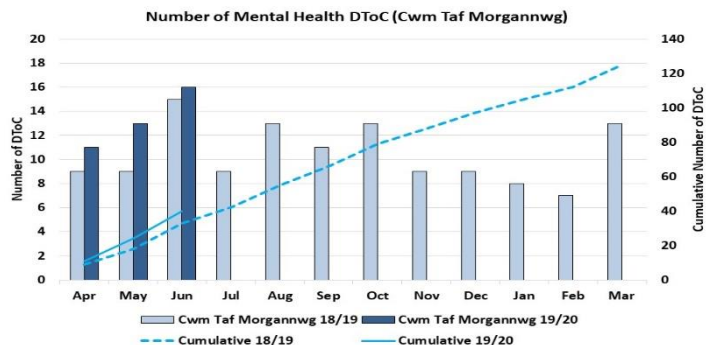
Target: 12 month reduction trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



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

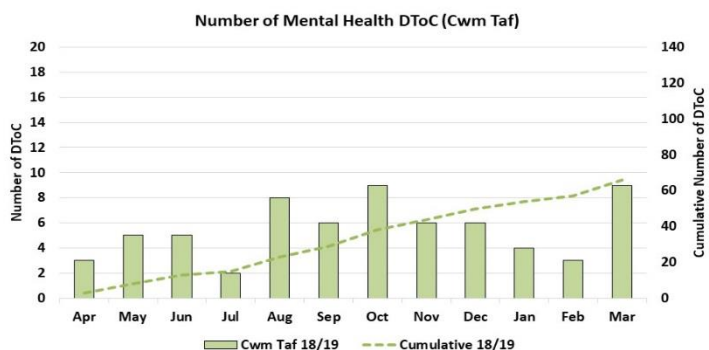
This month's position (June) shows 16 delays to transfers of care.

There are 6 delays in adult / rehabilitation services, 2 people are waiting specialist housing placements, 2 people are waiting for mainstream housing, 1 person is waiting for residential care placement of choice (mental health) and 1 person is waiting for residential place availability in care home of choice (mental health). There are 7 delays in older peoples services, 3 people are waiting with regard to mental capacity related issues, 1 person is waiting due to selecting nursing care placement of choice (EMI), 1 person is waiting for residential place availability in care home of choice, 1 person is waiting for nursing care placement of choice (general) and 1 person waiting for other not stated. There are also 3 patients from Ty Lliardiard with 1 person waiting due to internal family and/or carer dispute, 1 awaiting completion of assessment and 1 other not reason stated.

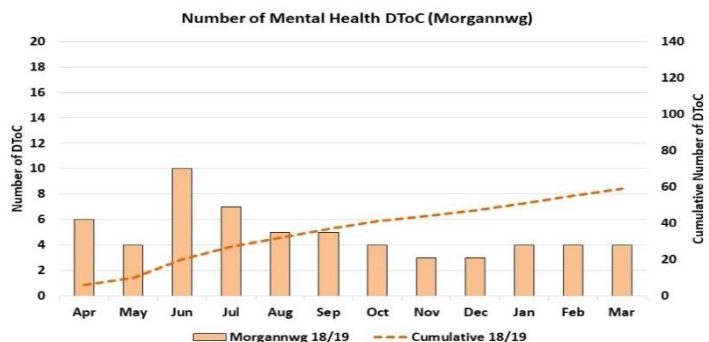
All patients with a status of having a delayed transfer of care has progress towards discharge reviewed weekly by Senior Nurses and progress or issues are reported through to the Directorate team. Where necessary lack of progress is escalated to Local Authority Service Managers by ADO when required.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

Choice related issues continue to cause delays but not for a significant number of people, delays related to capacity assessment processes are starting to emerge more frequently and are being monitored to understand any themes. It is unusual to have so many people awaiting mainstream or adapted housing and this is anticipated to resolve quickly.

Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



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

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: Jul 2018 to Jun 2019

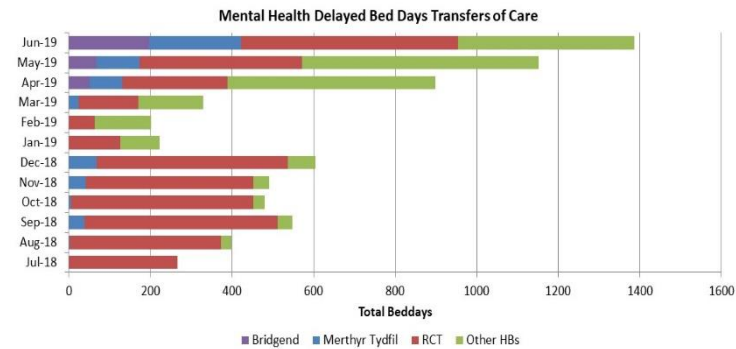
Target: 12 month reduction trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Total delayed bed days in June was 1387. One patient, a Swansea resident has had a lengthy delay waiting for specialist housing which has contributed to a significant rise in total bed day delays. Senior management oversight is taking place in Swansea Bay to help ensure regular progress is made.

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

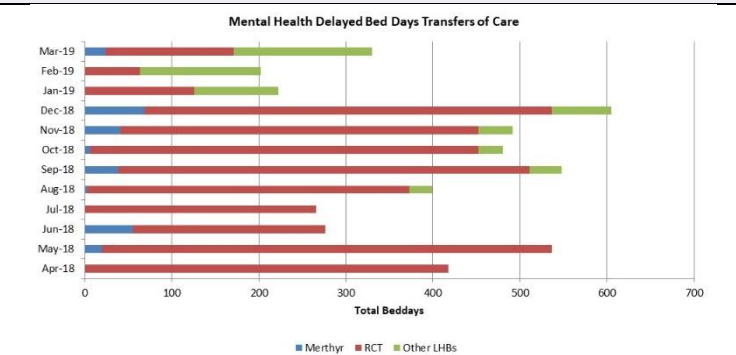
Where necessary lack of progress is escalated to LA service managers by ADO when required.

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

Additional stepped up scrutiny and reporting locally more frequently instigated end May and will remain in place until DTOC's are below low.

Benchmark not available

Cwm Taf to 31st March 2019



Bridgend

Data not available

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

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

Outcome: Health care and support are delivered at or as close to my home as possible

Executive Lead: Chief Operating Officer

Period: Apr 2018 to Jun 2019

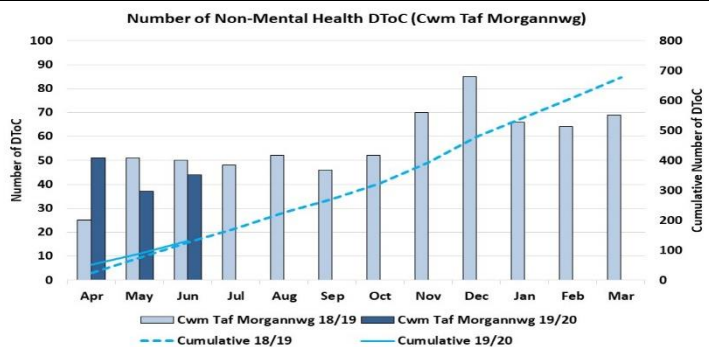
Target: 12 month reduction trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



As expected the boundary changes have affected our DToc profile and figures

The Health Board continues to work with our Local authorities to address and reduce the DToc.

Robust monitoring processes are in place and update and training is occurring on the Bridgend hospital sites to ensure there is a common understanding of delays and recordings.

Continued joint working between health and local authority colleagues.

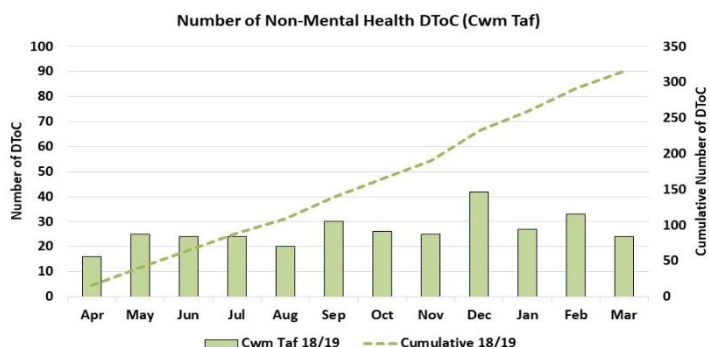
Capacity within the domiciliary care sector, remains a problem this month and whilst this appears to be in specific geographical areas, the boundary change has exacerbated this for the DToc figures. All local authorities are working with the providers to improve the market and are using alternative options.

Mainstream/Specialist housing is increasing problem. LA are planning to meet with housing to address some of these issues.

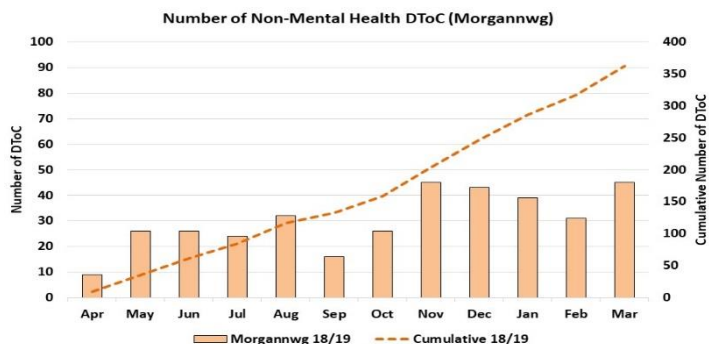
Legal issues for those without capacity remains a challenge particularly in R.C.T. and Merthyr localities as does Choice issues and engagement of patients, families and carers.

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

Cwm Taf to 31st March 2019



Bridgend to 31st March 2019



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: Jul 2018 to Jun 2019

Target: 12 month reduction trend

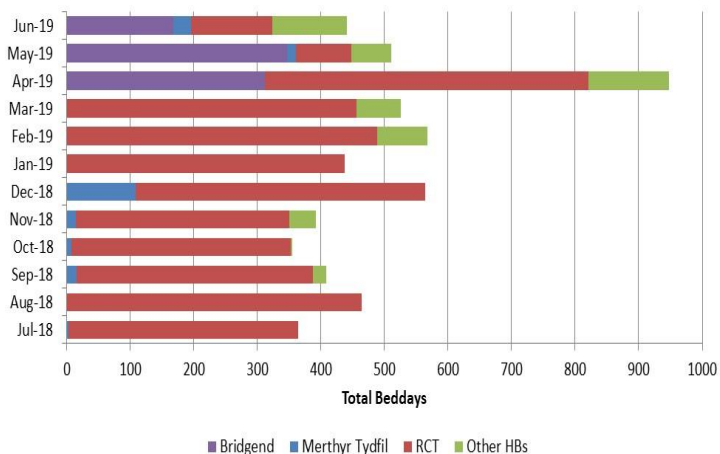
Current Performance:

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 remains high and equates to a small number of complex patients and legal challenges.

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.

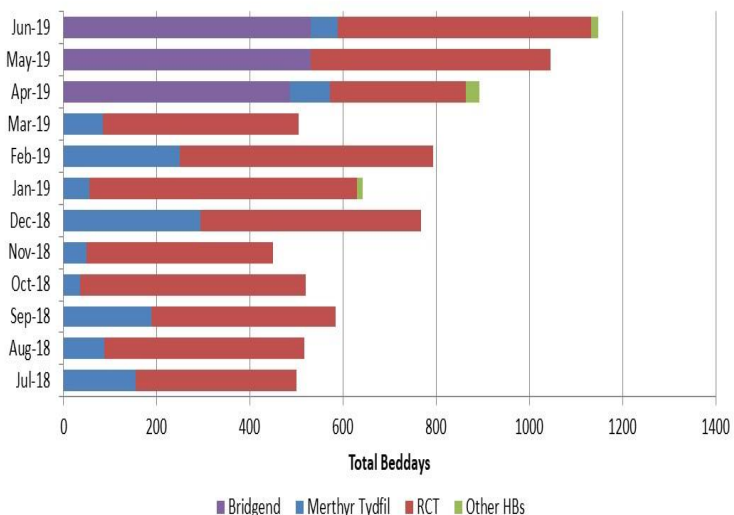
Stimulating and developing the domiciliary care market to reduce delays for vulnerable patients to be discharged with an adequate and sustainable package of care.

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>

Local Measure: Critical Care – Delayed transfer of care

Outcome: Health care and support are delivered at or as close to my home as possible

Executive Lead: Chief Operating Officer

Period: Sep 2017 to Aug 2018

Target: 5%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

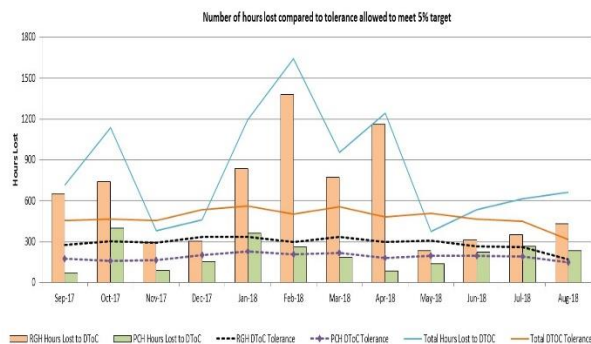
Data not currently available

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

Benchmark not available

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

Cwm Taf



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

Bridgend

Data not currently available

Source: Welsh Government

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

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

Executive Lead: Medical Director

Period: Jun 2018 to May 2019

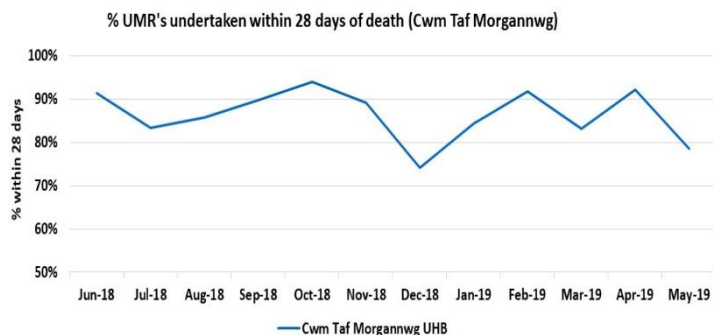
Target: 95%

Current Performance:

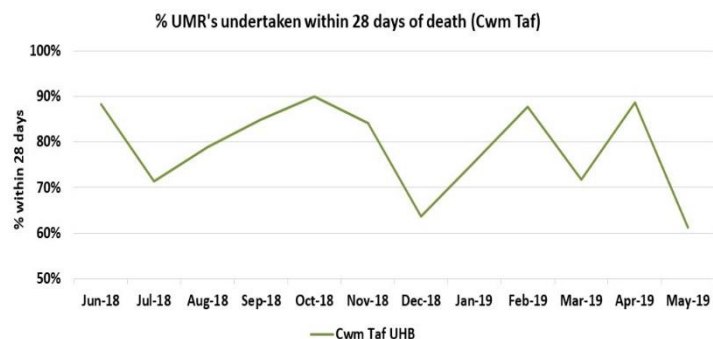
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

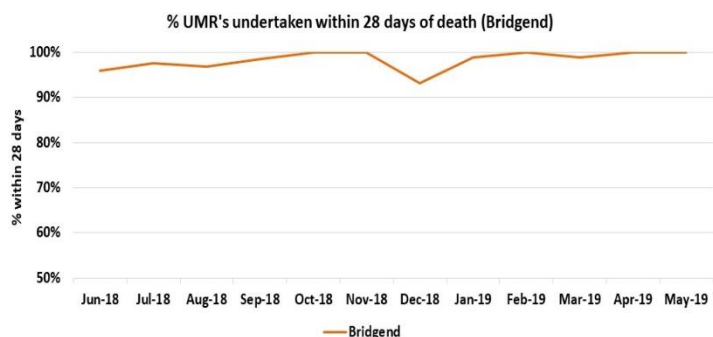
Cwm Taf Morgannwg



Cwm Taf



Bridgend



Performance dipped during March and May but overall has improved since December 2018 after the expected drop in performance in which was as a result of the increased number of in-hospital deaths during the winter and the unavailability of reviewers over the holiday period as a result of both bank holiday, annual leave and clinical cover for colleagues.

The implementation of the Mortality Module on Datix is progressing as planned, which will link with the Qlik Sense business intelligence tool to add value to our reporting mechanisms to Directorates and other clinical areas.

It is anticipated that at some point in the future, Stage 1 Mortality Review will become a function of the Medical Examiners Department.

% Universal Mortality Reviews undertaken within 28 days of death - 95% target							
	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Velindre
Apr-18	84.7%	92.5%	16.2%	88.3%	74.4%	33.5%	100.0%
May-18	93.3%	94.4%	17.8%	88.1%	72.9%	34.0%	100.0%
Jun-18	88.3%	90.3%	31.6%	90.4%	69.7%	34.4%	100.0%
Jul-18	72.2%	94.6%	7.0%	96.2%	65.2%	47.4%	100.0%
Aug-18	79.8%	91.7%	16.7%	86.9%	70.7%	39.5%	100.0%
Sep-18	85.0%	94.6%	43.2%	87.7%	66.2%	81.7%	100.0%
Oct-18	86.3%	98.8%	39.8%	85.8%	71.1%	84.0%	100.0%
Nov-18	84.2%	99.1%	24.9%	90.7%	72.7%	88.0%	100.0%
Dec-18	63.8%	93.5%	16.6%	87.8%	71.3%	78.7%	100.0%
Jan-19	75.7%	97.3%	18.0%	82.7%	82.0%	87.6%	100.0%
Feb-19	87.8%	99.2%	12.1%	94.4%	81.0%	82.5%	75.0%
Mar-19	71.8%	98.1%	20.4%	94.5%	68.9%	87.1%	0.0%

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: Jun 2018 to May 2019

Target: 12 Month Reduction Trend

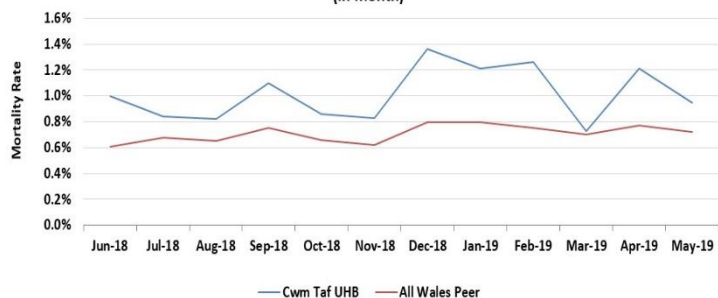
Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

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



Bridgend

Data not currently available

How are we doing, what actions are we taking?

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

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

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

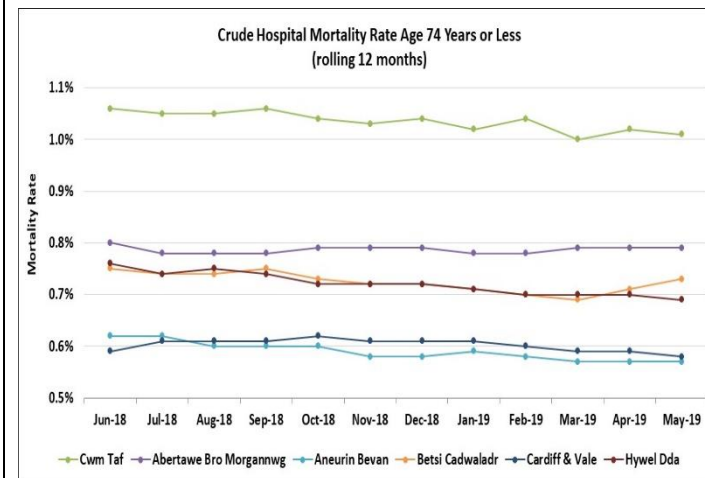
The systematic medical record reviews on the acute sites are continuing on a weekly basis. The process is evolving in readiness for the medical examiner system when introduced.

The systematic reviews of deaths in community hospitals commenced on a fortnightly basis (currently a monthly basis due to small numbers). Mortality reviews are regularly undertaken at both acute A&E depts.

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.

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: Jun 2018 to May 2019

Target: 12 Month Reduction Trend

Current Performance:

Cwm Taf Morgannwg

Data not currently available

Cwm Taf

Cwm Taf Crude Mortality Rates by Age Profile

Period	0 to 40 years				41 to 74 years				75+ years			
	Deaths	Spells	Cwm Taf	All Wales	Deaths	Spells	Cwm Taf	All Wales	Deaths	Spells	Cwm Taf	All Wales
Jun-18	3	2576	0.12%	0.07%	52	2944	1.77%	1.03%	87	1317	6.61%	4.70%
Jul-18	2	2684	0.07%	0.08%	45	2933	1.53%	1.16%	81	1425	5.68%	4.53%
Aug-18	1	2379	0.04%	0.08%	42	2856	1.47%	1.10%	85	1473	5.77%	4.47%
Sep-18	2	2434	0.08%	0.09%	54	2659	2.03%	1.28%	95	1316	7.22%	4.80%
Oct-18	4	2907	0.14%	0.10%	47	3009	1.56%	1.11%	99	1433	6.91%	4.72%
Nov-18	0	3029	0.00%	0.04%	48	2772	1.73%	1.12%	124	1427	8.69%	5.04%
Dec-18	3	2431	0.12%	0.08%	65	2580	2.52%	1.41%	122	1356	9.00%	6.05%
Jan-19	5	2690	0.19%	0.10%	62	2850	2.18%	1.35%	140	1478	9.47%	5.82%
Feb-19	2	2488	0.08%	0.09%	64	2760	2.32%	1.26%	122	1348	9.05%	5.26%
Mar-19	2	2761	0.07%	0.10%	40	3010	1.33%	1.18%	105	1382	7.60%	5.17%
Apr-19	0	2371	0.00%	0.09%	62	2741	2.26%	1.32%	104	1403	7.41%	5.50%
May-19	1	2542	0.04%	0.09%	50	2832	1.77%	1.20%	100	1483	6.74%	4.89%

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.

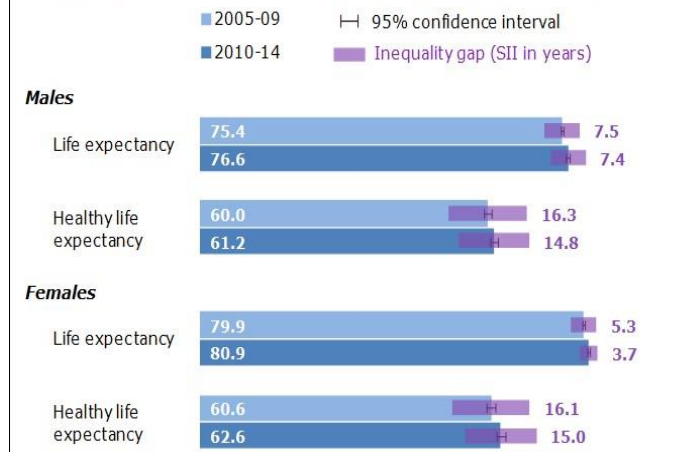
75 years and over: Deaths include pneumonias (lung diseases), stroke, heart failure, palliative care, sepsis and other age related diseases are observed. Cwm Taf's population has higher rates of deprivation associated with higher rates of crude mortality as well as having greater rates of co-morbidities.

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 Jun 2019

Target: 85%

Current Performance:

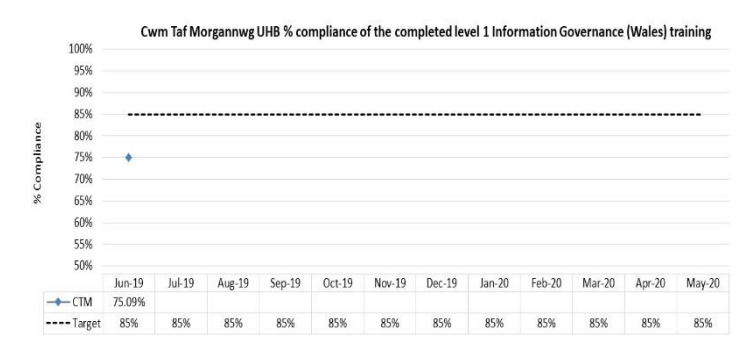
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg: data not available until June 2019

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

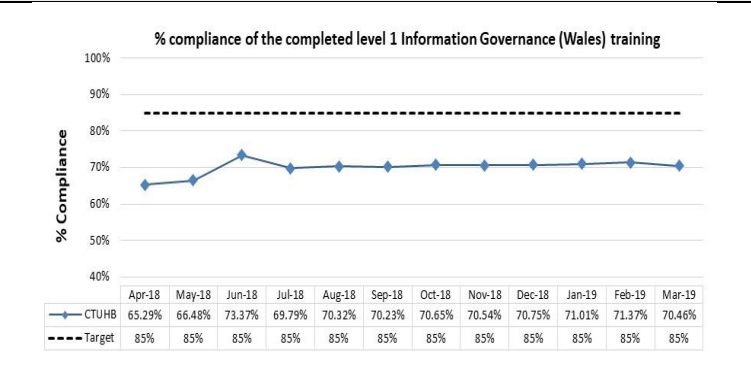
Benchmark not available



Overall the compliance with the IG training continues to improve. 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.

Cwm Taf

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.

Bridgend

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.

Data not currently available

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 Jun 2019

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

Current Performance:

Cwm Taf Morgannwg

2019/20 Clinical Coding Completeness				
Period	Reported (frozen) position			Position as at 02/07/2019
	Total FCE's	Coded FCE's	% Complete	% Complete
April	12808	6244	48.8%	54.8%
May	0			46.5%
June	0			20.3%
July	0			
August	0			
September	0			
October	0			
November	0			
December	0			
January	0			
February	0			
March	0			
Total	12808	6244	48.8%	41.1%

Cwm Taf

2019/20 Clinical Coding Completeness			
as at 02/07/2019			
Period	Total FCE's	Coded FCE's	% Complete
April	8559	2865	33.5%
May	8936	1858	20.8%
June	7747	1027	13.3%
July	0		
August	0		
September	0		
October	0		
November	0		
December	0		
January	0		
February	0		
March	0		
Total	25242	5750	22.8%

Bridgend

2019/20 Clinical Coding Completeness			
as at 02/07/2019			
Period	Total FCE's	Coded FCE's	% Complete
April	4195	4126	98.4%
May	4532	4405	97.2%
June	4135	1385	33.5%
July	0		
August	0		
September	0		
October	0		
November	0		
December	0		
January	0		
February	0		
March	0		
Total	12862	9916	77.1%

How are we doing, what actions are we taking?

Final Coding Position for 2018/19			
Total FCE's	Total Coded	Total Uncoded	% Complete
105949	104509	1440	98.6%

Cwm Taf Clinical Coding department was proud to have achieved the 95% in month target set out by Welsh Government and also the 98% target supporting the Welsh Costing Return for 2018/2019.

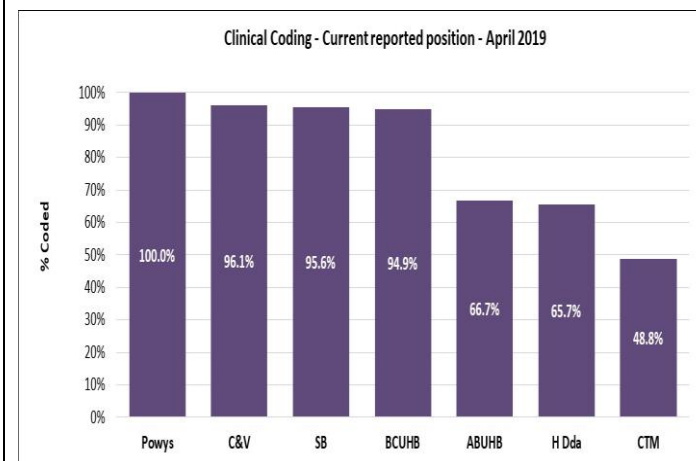
We have built a coding backlog for April, May and June 2019/2020; however moving forward into 2019/2020 Cwm Taf Morgannwg Clinical Coding at Royal Glamorgan Hospital, Prince Charles Hospital and also the Princess of Wales will be looking forward to working together as a team to reach the monthly deadlines.

We do have high sickness levels at the moment which is impacting on day to day productivity. In addition we are experiencing significant technical difficulties with our IT systems. This has been raised as a service point call and we have noted the "down time" in hours.

The Clinical Coding Manager has met with heads of IT to discuss the ongoing Server/Medicode/WPAS issues, she has made them aware of the importance of Clinical Coding to Welsh Government and to the organisation. With the amount of time each Clinical Coder is spending not being able to carry out their role entering Diagnosit/Procedural Codes onto the IT systems because of technical issues we feel this will have a detrimental affect on us reaching our monthly targets. The weekend contracting for Clinical Coding has now ceased and with all three Clinical Coding Departments working together we are enthusiastic about working as one big team aiming to reach our targets.

This month we welcome one new trainee Clinical Coder at the Royal Glamorgan Hospital, and have appointed a second trainee to fill the final vacancy whom will be starting with us in Royal Glamorgan in due course. The results for the ACC examinations have been reported and we are pleased to announce that yet another of our coders at Princess of Wales has passed the exams.

Benchmarking: how do we compare?



Unfortunately due to the number of Trainee Clinical Coders we now have in the organisation, and the back log of 2018 / 2019 Clinical Coding undertaken for that financial year it has put us in a poor position percentage wise compared to the rest of Wales.

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:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Not currently available

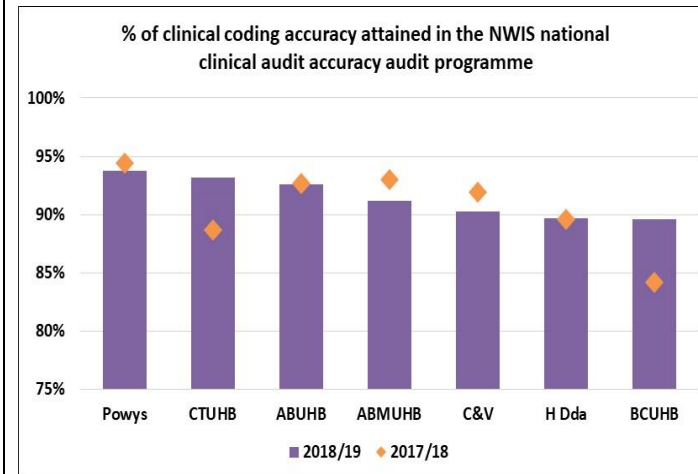
NWIS are discussing an all Wales single procurement for an Encoder system, the consensus amongs coding managers accross Wales is that currently all organisations would benefit from exploring what other products are available, considering the amount of issues and lack of technical support we feel we have had.

NWIS has also devised a Data Quality Dashboard that produces Quality Checks looking at any issues in Coding assignment indicating that Clinical Coding Standards have not been adhered to. Organisations are given the opportunity to improve on the Quality of Coding, this is our reasurance that although we occasionally fall short of reaching our in month targets, Cwm Taf coders are producing Quality Coded Data, as demonstrated in the table opposite.

The percentages in the table are from the 2018 / 2019 External Clinical Coding Audit Report carried out by the all Wales Clinical Coding Data Standards Auditors at NWIS. The percentages recorde show that we have met and exceeded the required levels of accuracy. The full report is available via the link below. Whilst there is work to do the conclusion that can be drawn is the organisation can have confidence in coding accuracy.

We are continually striving to improve the quality of Information available in the Case notes and / or electronically to support the coding process. This will be enhanced by the Digitisation Programme of work which we are involved in as a high end user of the information.

In addition t has been recognised through the All Wales Clinical Coding Audits that the number of blank and not completed Discharge Advice Letters (DAL) are very high across all organisations. The lack of completed DAL's will have a negative affect on coding particularly in our larger specialties i.e General Medicine, where we rely solely on the docotrs documentation.



We now have an improved training programme in place for our Annex U and Band 3 trainee clinical coders. We are working toward a programme of study for the next two years that will prepare the trainee's and build their knowledge and confidence. Our supervisor who is currently responsible for both Prince Charles and Royal Glamorgan Hospital is delivering this training.

Cwm Taf

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

Bridgend

Not currently available

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

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: 2017/18 & to Qtr 3 2018/19

Target: 100%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

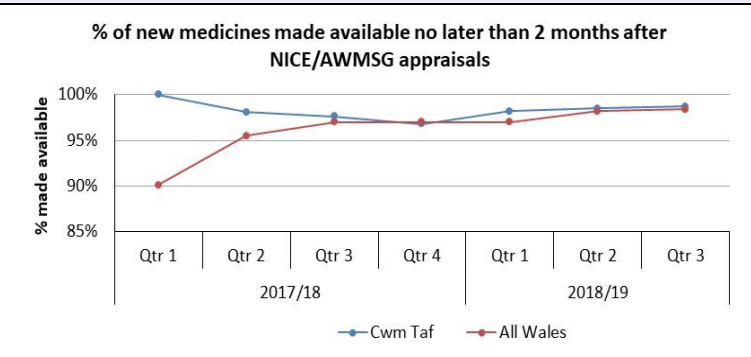
Cwm Taf have implemented the vast majority of new medicines within the 60 day target set by Welsh Government.

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

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

% of new medicines recommended by NICE/AWMSG made available, where clinically appropriate, no later than 2 months from the publication of the appraisal								
Target is 100%	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	
2018/19	Qtr 1	98.2%	100.0%	99.1%	99.1%	95.5%	99.1%	93.6%
	Qtr 2	98.5%	100.0%	99.3%	99.3%	96.3%	99.3%	94.8%
	Qtr 3	98.7%	100.0%	99.3%	99.3%	96.6%	99.3%	95.3%
2017/18	Qtr 1	100.0%	97.6%	82.9%	95.1%	90.2%	97.6%	100.0%
	Qtr 2	98.1%	98.1%	98.1%	98.1%	90.7%	98.1%	87.0%
	Qtr 3	97.6%	100.0%	98.8%	98.8%	93.9%	98.8%	91.5%
	Qtr 4	96.8%	100.0%	98.9%	98.9%	93.7%	98.9%	91.6%

Cwm Taf



Bridgend

Data not currently available

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

Source: Welsh Government Delivery and Performance Website

Indicator 38: Number of Health and Care Research Wales clinical research portfolio studies

Indicator 39: Number of Health and Care Research Wales commercially sponsored studies

Indicator 40: Number of patients recruited in Health and Care Research Wales clinical research portfolio studies

Indicator 41: Number of patients recruited in Health and Care Research Wales commercially sponsored studies

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

Executive Lead: Medical Director

Period: 2018/19

Target: AS PER TABLE

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

Performance indicators for research are set by the Research and Development Department, WG. 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. 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 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.

	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
Quarter 1 to Quarter 2 2018/19				
ABMU	67	22	1116	59
AB	57	7	970	60
BCU	57	10	736	150
C&V	136	38	3116	167
C Taf	44	3	2156	7
H Dda	40	3	548	21
Powys	4	0	18	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

Cwm Taf

Health and Care Research Wales Indicator	2017/18	2018/19 (Cumulative)				% Annual Improvement Target	Annual % Change
		Q1	Q2	Q3	Q4		
Number of Clinical Research Portfolio Studies 38 Studies	64	38	44	55		10%	-14.06%
2017/18 Data for comparison		22	39	52	64		
Number of Commercially Sponsored Studies 39 Sponsored Studies	7	3	3	5		5%	-28.57%
2017/18 Data for comparison		2	3	5	7		
Number of patients recruited Clinical Research Portfolio Studies 40 Studies	2324	1269	2156	2883		10%	24.05%
2017/18 Data for comparison		193	507	1115	2324		
Number of patients recruited Commercially Sponsored Studies 41 Sponsored Studies	36	6	7	13		5%	-63.89%
2017/18 Data for comparison		9	19	24	36		

During 2017/18, CTUHB exceeded the KPIs for the number of open CRP and 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.

The R&D team has continued to work to meet the strategic objective to increase the number of Chief Investigators aligned to CTUHB and to increase the number of "in house" Chief Investigators.

The department continues to review research priorities and provide support to researchers, academic and industry partners.

Bridgend

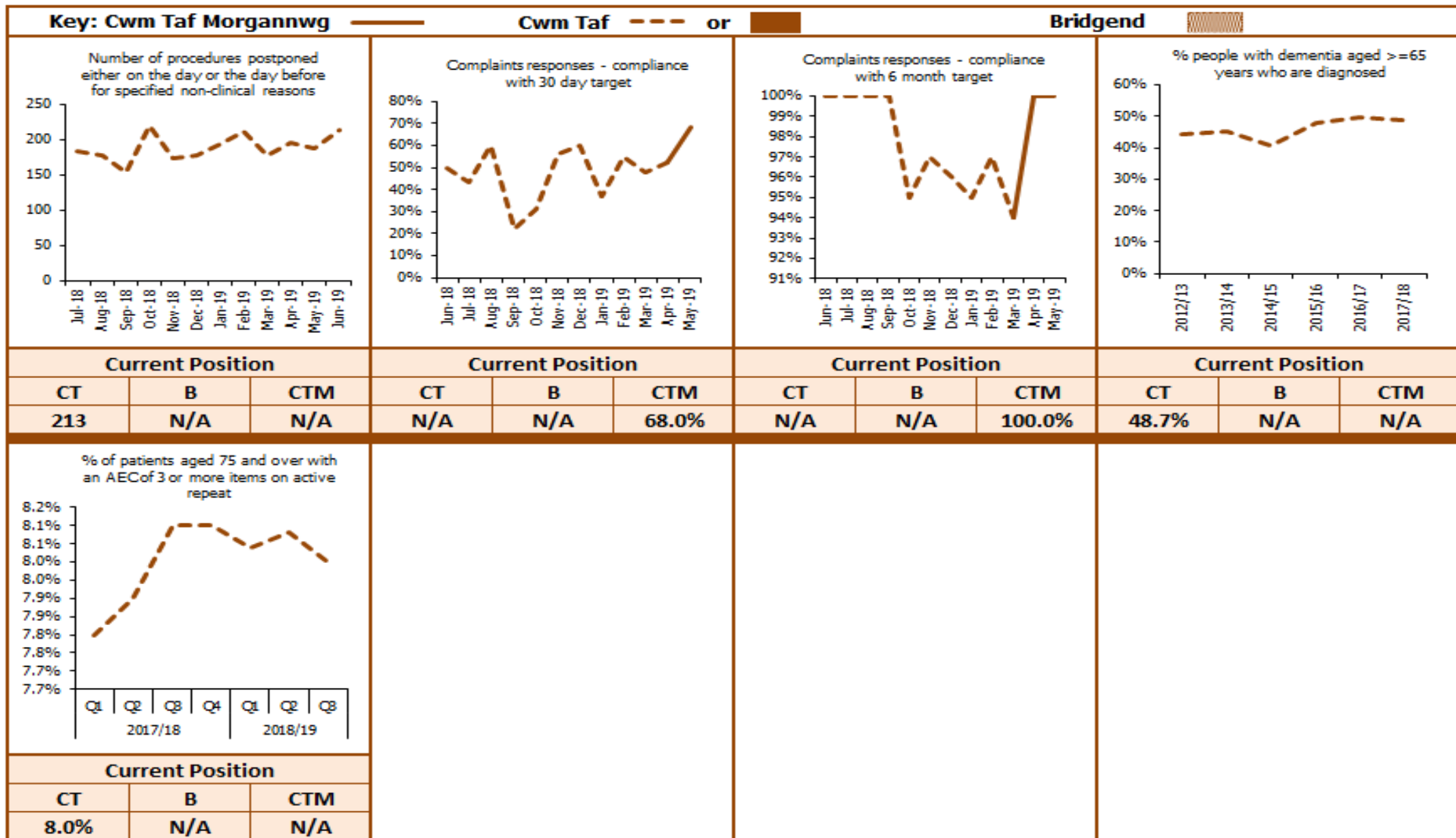
Data not currently available

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 R&D team are processing an increasing number of feasibility requests (expressions of interests, feasibility questionnaires) for both commercial and non-commercial companies.

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

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



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 Jun 2019

Target: >5% reduction from 17/18

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

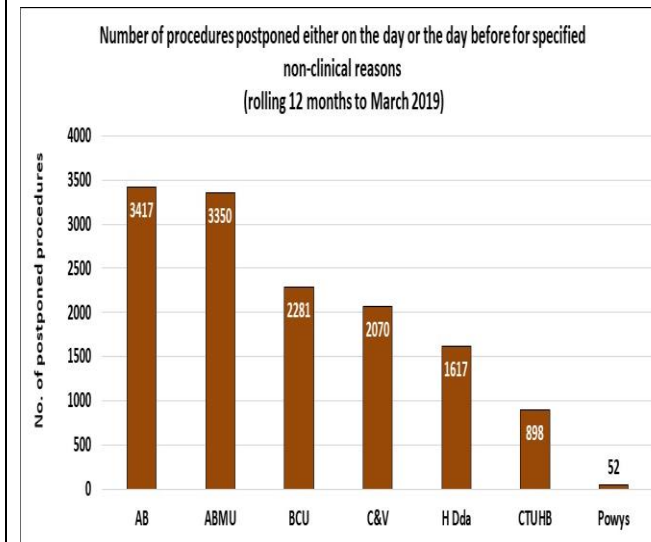
The measure for postponed admitted procedures has changed with the 2018/19 Outcomes Framework from "Patients that should their operations be cancelled on more than one occasion, with less than 8 days' notice then they would receive treatment within 14 days of the second cancellation, or at the patient's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

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.

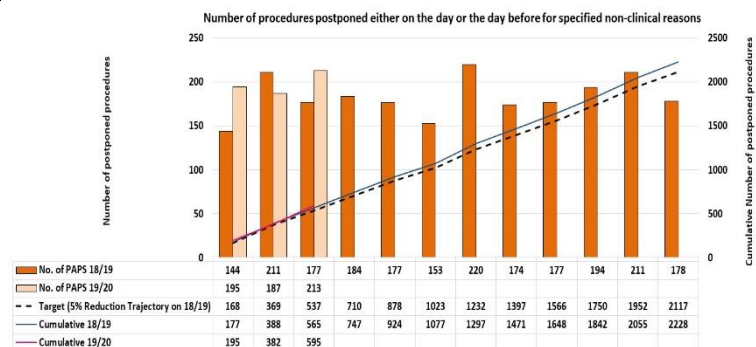
One of the main issues relates to patients being booked prior to being declared fit by pre-assessment. Booking staff have been instructed to follow Health Board guidance in this area. Pre-assessment delays, which attribute to this issue are being addressed as part of the planned care work-streams.

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



Cwm Taf is performing better than it's peers apart from Powys.

Cwm Taf



Bridgend

Data not currently available

Source: Local Information Team

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

Outcome: I receive a quality service in all care settings

Executive Lead: Director of Primary, Community and Mental Health

Period: 2017/18 to 2018/19 (Qtr 3)

Target: 4 Quarter Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

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

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

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

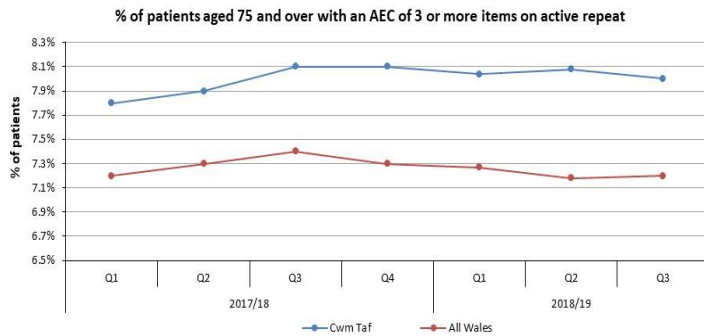
It is good practice to use medicines with AEC scores of zero and to avoid those scored 1, 2 or 3. The clinician should discuss with the patient and carer the benefits and potential risks of continued use of these medicines with the aim of either stopping them or switching to an alternative drug with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

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

Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a % of all patients aged 75 years and over								
		CTUHB	ABMU	AB	BCU	C&V	HDda	Powys
2018/19	Qtr 1	8.0%	8.0%	8.3%	7.3%	6.1%	6.0%	6.3%
	Qtr 2	8.1%	8.0%	8.1%	7.1%	6.2%	5.8%	6.1%
	Qtr 3	8.0%	7.9%	8.2%	7.1%	6.2%	5.9%	5.9%
2017/18	Qtr 1	7.8%	7.9%	8.0%	7.3%	6.5%	5.9%	6.1%
	Qtr 2	7.9%	7.9%	8.0%	7.3%	6.5%	5.9%	6.4%
	Qtr 3	8.1%	8.2%	8.3%	7.5%	6.4%	6.1%	6.4%
	Qtr 4	8.1%	8.0%	8.3%	7.4%	6.2%	6.0%	6.4%

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

Cwm Taf



Bridgend

Data not currently available

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

Outcome: My voice is heard and listened to

Executive Lead: Director of Nursing

Period: Feb 2018 to May 2019

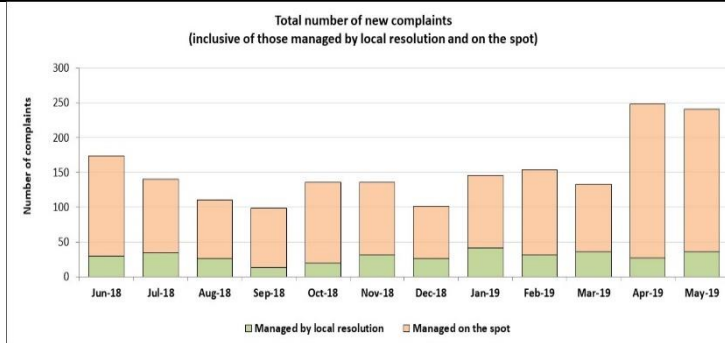
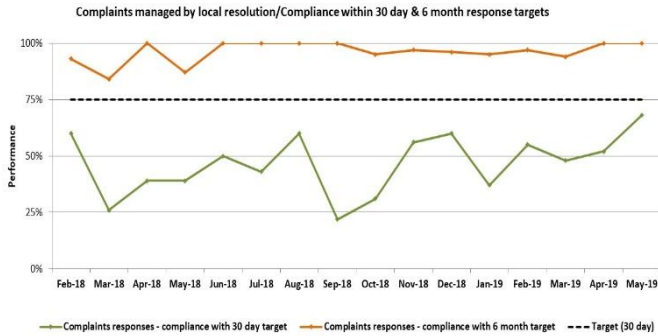
Target: 75%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg: from 1st April 2019



% 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%

2018/19	CTUHB	ABMU	AB	BCU	C&V	HDda	Powys
Qtr 1	50.0%	80.7%	51.4%	42.1%	65.6%	62.9%	60.4%
Qtr 2	22.9%	77.2%	47.3%	35.2%	75.2%	66.4%	50.0%
Qtr 3	16.9%	80.7%	42.7%	36.0%	80.8%	68.9%	62.5%
Qtr 4	67.5%	82.0%	34.9%	33.6%	77.3%	66.5%	55.8%

Cwm Taf: to 31st March 2019



Q4, 115 formal complaints were closed. At the end of Q4, 149 formal complaints were 'ongoing' i.e. in the process of being managed. At the time of writing the report, 8 complaints were open which were received over 6 months ago. These are complex cases which are still under investigation. Compliance with complaints response times during Q4 has increased to 29% due targeted improvement work undertaken by the team since Nov 18. Work continues to embed improvements to processes to ensure compliance with Putting Things Right response targets. Additional complaints management support is being given to Mental Health, Obs & Gynae. Adverse media attention within maternity services has resulted in 5 formal complaints logged for Q4, of these 5 cases, 2 involve contraction of sepsis and 2 involve post-partum haemorrhages. These cases were managed and responded to within the 3 month target. **Changes to Reporting:** In Apr 19 the panel were briefed on the upcoming changes to reporting of complaints data. Formal guidance has since been issued by Welsh Risk Pool to all CEO's (and DoN) setting out requirements, timescales and definitions for the new complaints submission pro forma. From 1st Apr 19, any concerns which fall outside of the 2 day target of which would normally be managed under the informal process, will now be logged formally and managed under Putting Things Right Regs. and within the 30 working day target. As a consequence of these changes a Reg. 24 letter will also need to be issued, unless the complainant states otherwise. This change in recording will have a significant impact on the management of informal concerns. However, with regards to compliance we will see a significant improvement in response times.

Cwm Taf was the worst performing for Quarter 2 2018/19. ABMU and C&V were the only health boards to achieve target.

Bridgend

Data not available

Compliments and positive feedback from patients

The Patient Experience Team collates written compliments that are received at Ward and Department level. For Quarter 4, the wards and departments reported 431 compliments.

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

Source: Local Datix

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

Outcome: My voice is heard and listened to

Executive Lead: Director of Primary, Community and Mental Health

Period: 2014 to 2018

Target: Annual Improvement

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

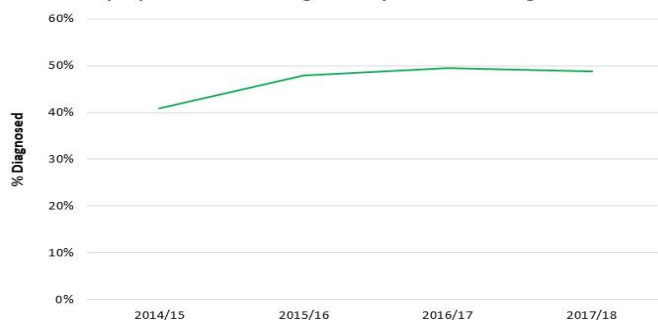
Available data for people within dementia in Wales aged 65 years or over who are diagnosed (registered on a GP QOF register) is available up to the period 2017/18.

Discussions to be picked up with Primary Care.

	Number of people on QoF dementia register (number with a diagnosis)			
Health Board	2014/15	2015/16	2016/17	2017/18
Abertawe Bro Morgannwg	3305	3581	3925	3768
Aneurin Bevan	3608	3685	3873	3883
Betsi Cadwaladr	4614	4705	5191	5092
Cardiff & Vale	2799	2859	3266	3158
Cwm Taf	1531	1622	1693	1629
Hywel Dda	2369	2424	2671	2685
Powys	1013	979	1036	1023
Wales	19239	19806	21655	21238
	Estimated number of people with dementia (diagnosed and undiagnosed)			
Health Board	2014/15	2015/16	2016/17	2017/18
Abertawe Bro Morgannwg	7359	6412	6480	6545
Aneurin Bevan	7798	6841	6954	7090
Betsi Cadwaladr	10985	9600	9752	9922
Cardiff & Vale	5652	4947	4993	5045
Cwm Taf	3752	3287	3321	3345
Hywel Dda	6368	5588	5681	5807
Powys	2448	2160	2204	2239
Wales	44362	43478	39385	39995
	Percent of people with dementia with a diagnosis			
Health Board	2014/15	2015/16	2016/17	2017/18
Abertawe Bro Morgannwg	44.9%	55.8%	58.8%	57.6%
Aneurin Bevan	46.3%	53.9%	54.0%	54.8%
Betsi Cadwaladr	42.0%	49.0%	51.6%	51.3%
Cardiff & Vale	49.5%	57.8%	63.4%	62.6%
Cwm Taf	40.8%	47.9%	49.5%	48.7%
Hywel Dda	37.2%	43.4%	45.6%	46.2%
Powys	41.4%	45.3%	45.6%	45.7%
Wales	43.4%	51.0%	53.3%	53.1%

Cwm Taf

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



Bridgend

Not currently available

Cwm Taf is comparable to its peers

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

Local Measure: Percentage of Patients registered as receiving palliative care with their GP practice

Outcome: I am treated with dignity and respect and treat others the same

Executive Lead: Director of Primary, Community and Mental Health

Period:

Target:

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Not currently available

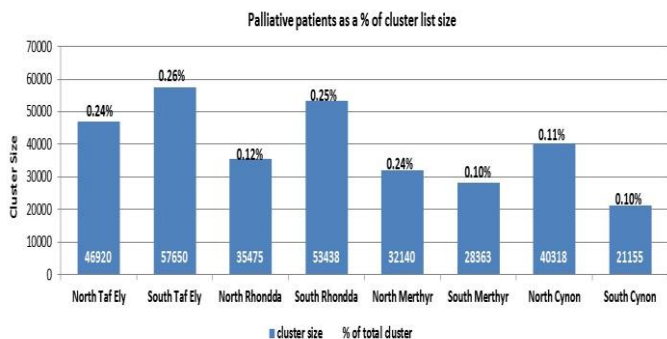
Health Boards are also requested to monitor those patients on a Palliative Care pathway.

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

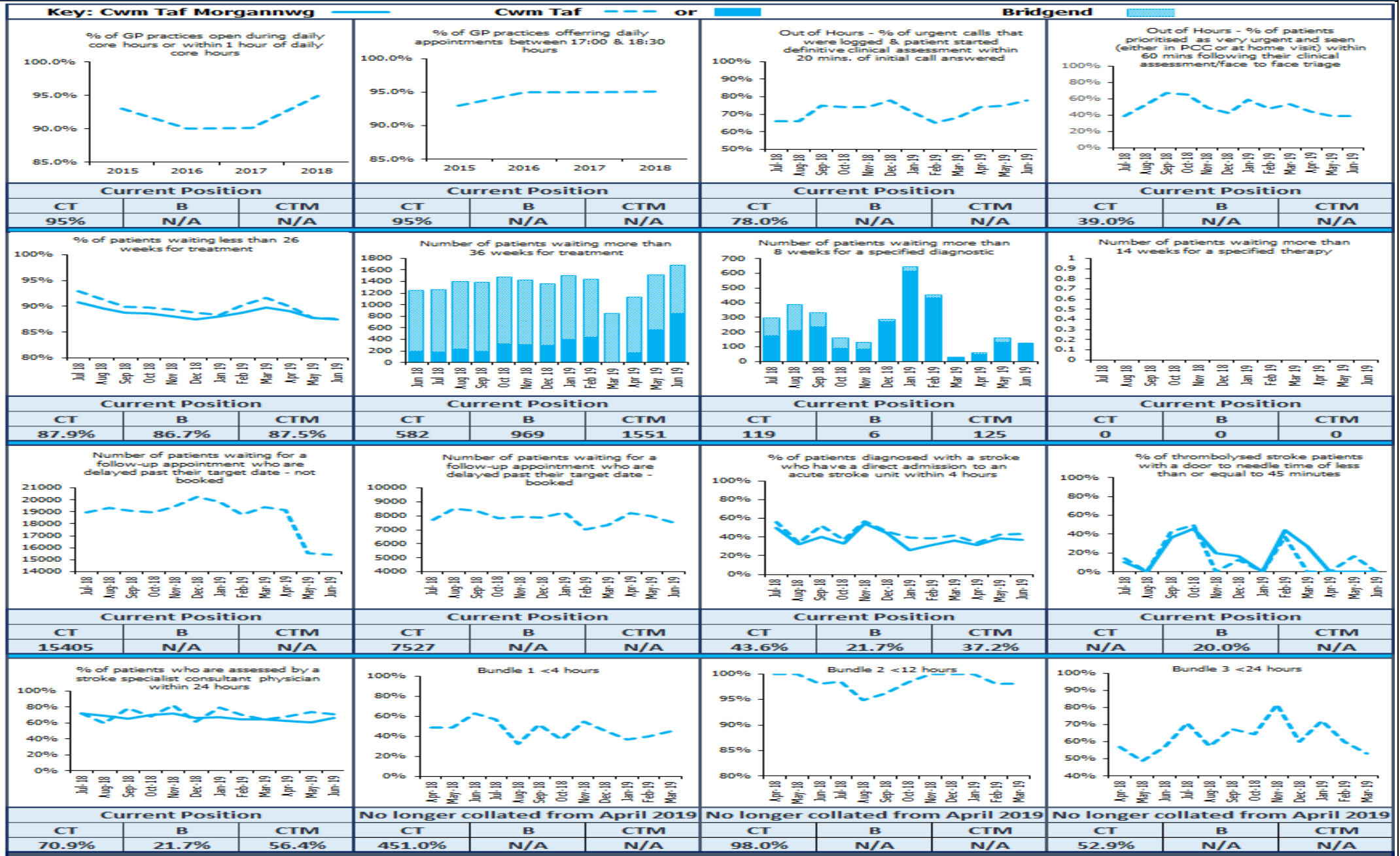


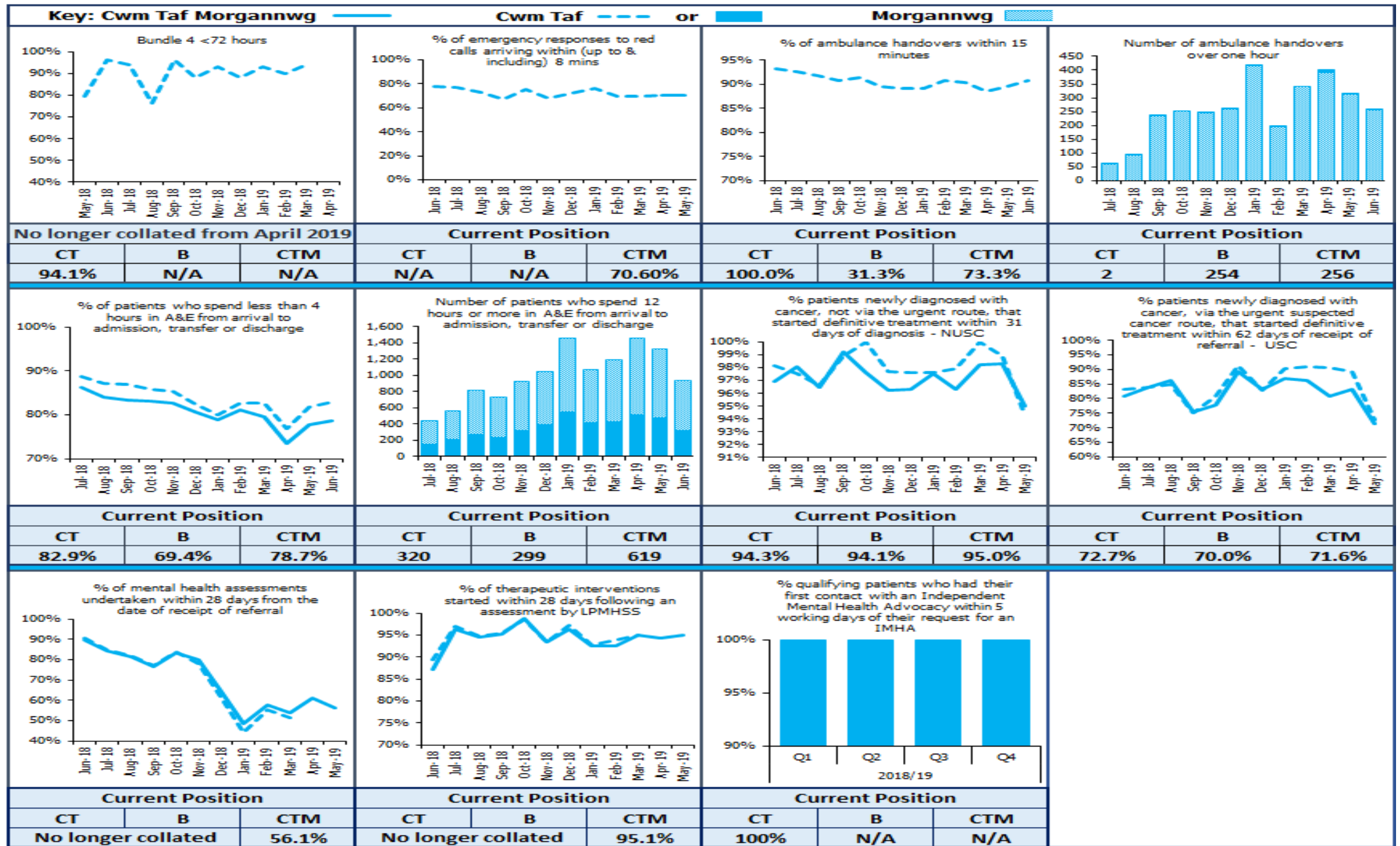
Bridgend

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

Indicator 54: Percentage of GP practices offering daily appointments between 17:00 and 18:30 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?

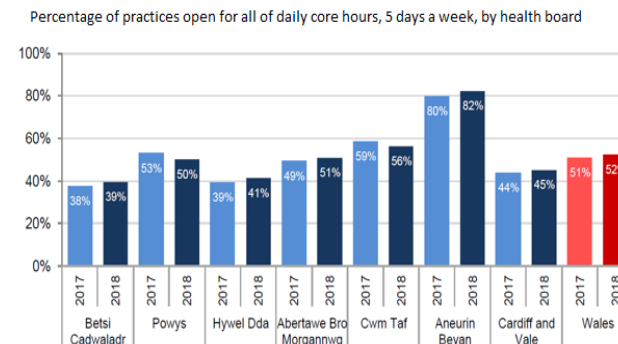
Cwm Taf Morgannwg

How are we doing?

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

Data is not currently available

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 ie 18:30 hours. Depending on need, the last appointment would be scheduled to conclude by closing hours 18:30 hours.

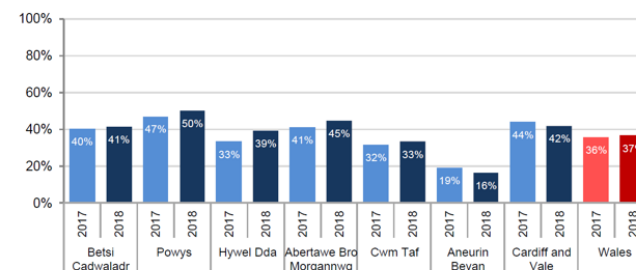


What actions are we taking?

Regularly assessing if practices are meeting needs by:

- Cluster Programme – all practices assessing patient satisfaction by survey and or creation of patient participation group.
- Access Improvement Group (meet quarterly):
 - Membership: Representatives from all localities, LMC, CHC, Clinical Director, OOH and Primary Care Team.
 - Cwm Taf wide DNA policy.
 - Practices comply with opening and surgery times meeting the contract requirements.
 - Activity monitoring – seasonal planning.
 - OOH and A&E attendance.

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



Cwm Taf

What are the areas of risk?

- Single handers and small practices.
- Recruitment issues leading to pressure and difficulty in sustaining appointments.
- Demand fluctuations and seasonal pressures.
- High use of Locum GPs.

Practices offering appointments during the whole half hour between 17:30 and 18:00, by number of weeks days and health board

Local health board	no week days			1-4 Days			every week day		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Betsi Cadwaladr	61	61	61	14	12	12	25	27	28
Powys	29	29	31	6	6	0	65	65	69
Hywel Dda	28	29	29	26	22	20	45	49	51
Abertawe Bro Morgannwg	49	42	42	10	11	9	41	47	49
Cwm Taf	0	0	3	10	10	10	90	90	87
Aneurin Bevan	4	4	3	6	5	5	90	91	92
Cardiff and Vale	39	39	40	8	8	8	53	53	52
Wales	34	34	33	12	11	10	54	56	57

Data is not currently available

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>

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

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

Executive Lead: Chief Operating Officer

Period: Apr 2018 to Jun 2019

Target: 98%/12 Month Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Data not currently available

How are we doing?

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

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

What actions are we taking?

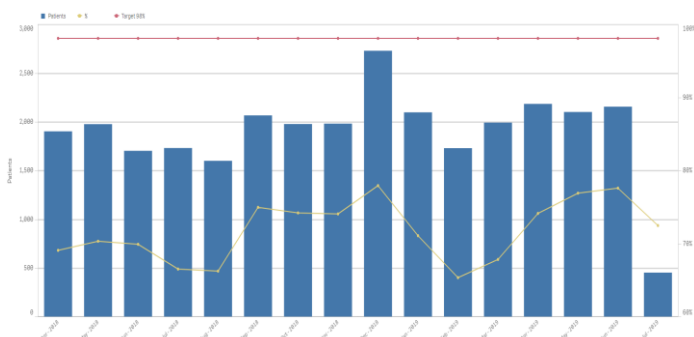
Whilst noting that the targets were set without the benefit of a detailed demand and capacity analysis, it is clear at the moment that there is a gap, with available capacity insufficient to meet the current target.

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

What are the areas of risk?

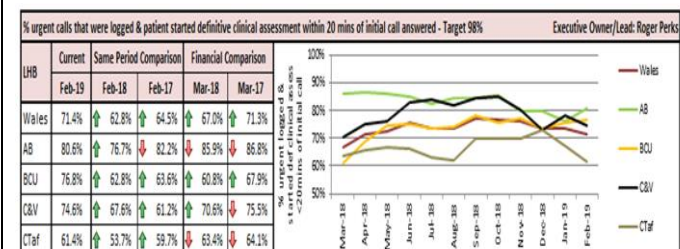
Availability of medical staff to fill existing shifts. There is continued commitment within the service to fill as many shifts as possible for every day in order to provide as much resilience as possible to this key unscheduled care service.

Cwm Taf



Bridgend

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



Note: The table above shows performance for OoH services only. Hywel Dda moved fully to 111 at the end of October 2018 so from November 2018 data on will now appear in the 111 tables. Powys moved to 111 in October 2018 so data from October 2018 on will also appear in the 111 tables.

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

Source: Local OoH/Qlik

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

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

Executive Lead: Chief Operating Officer

Period: Apr 2018 to Jun 2019

Target: 90%/12 Month Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

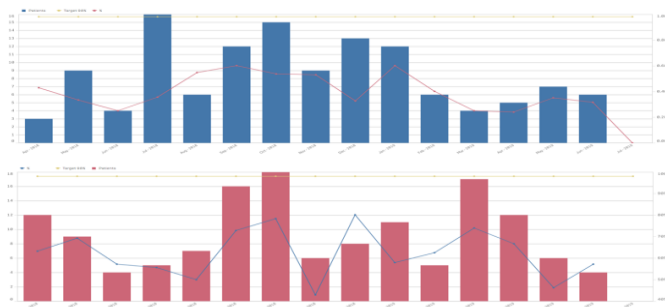
Cwm Taf Morgannwg

How are we doing?

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

Cwm Taf



Cwm Taf (from April 2019 onwards)

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

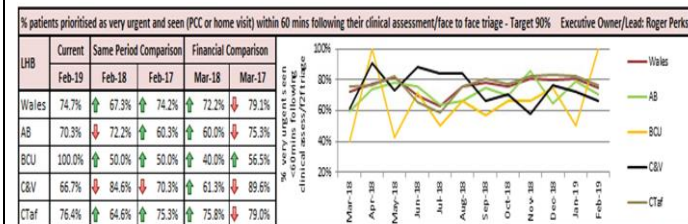
The relatively small number of patients in these two categories mean that the compliance is highly variable when combined with other variable aspects, such as the available capacity, geography of the patients' home addresses and the distance needing to be travelled by the patients.

What actions are we taking?

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

Bridgend

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



Note: The table above shows performance for OoH services only. Hywel Dda moved fully to 111 at the end of October 2018 so from November 2018 data on will now appear in the 111 tables. Powys moved to 111 in October 2018 so data from October 2018 on will also appear in the 111 tables.

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

Source:

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

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

Executive Lead: Chief Operating Officer

Period: Jul 2018 to Jun 2019

Target: 95%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

See graph below

How are we doing?

The provisional position for June is 86.69% for the Bridgend area and 87.85% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 87.46%. The reported 26 week position for the corresponding month last year i.e. June 2018 was 86.3% for the Bridgend area and for the former Cwm Taf area 93.1%, giving a combined compliance of 90.7%.

What actions are we taking?

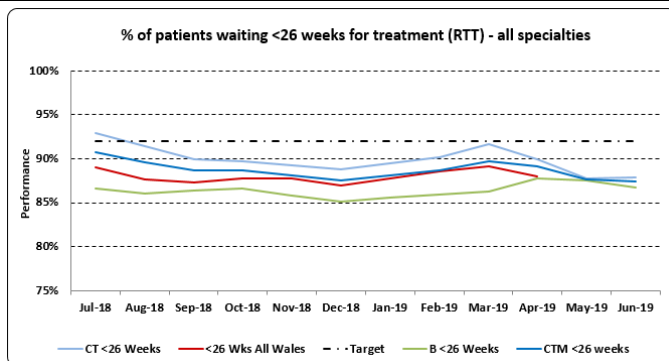
A 26 week trajectory is in development.

What are the areas of risk?

- The number of 53 week breaches post 1 April 2019 as a result of the boundary change;
- The number of open pathways 26 and 36 weeks. The provisional June open pathway position is shown below.

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

Cwm Taf



Bridgend

See graph above

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

36 Weeks

Month	2016/17	2017/18	2018/19	2019/20		
				CT	Morgannwg	CTM
Apr	1463	249	74	169	959	1128
May	1411	376	157	568	952	1520
Jun	984	474	195	845	831	1676

26 Weeks

Month	2016/17	2017/18	2018/19	2019/20		
				CT	Morgannwg	CTM
Apr	5221	3889	2852	3895	2796	6691
May	5355	4398	2998	4831	2835	7666
Jun	4684	4123	2597	4911	2715	7626

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: Jul 2018 to Jun 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:
53 weeks – 288 patients 36 week – 1676 patients

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

CT Morgannwg RTT Open Pathways 53 Weeks	2018/19						2019/20					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total	470	536	541	536	542	532	489	434	367	318	326	288

Cwm Taf

The provisional reporting position:
53 weeks – 0 patients
36 weeks – 845

CT RTT Open Pathways 36+ Weeks	2018/19						2019/20					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total	187	229	196	321	309	297	399	440	0	169	568	845

Bridgend

The provisional reporting position:
53 weeks – 288 patients
36 weeks – 831 patients

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

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

How are we doing?

The provisional position for patients waiting over 52 weeks for June 2019 is 288. All 288 patients are patients with resident addresses within the Bridgend area. The provisional position for patients waiting over 36 weeks is 1676. Of these 1676 patients, 845 patients are patients with resident addresses within Cwm Taf and 831 within the Bridgend area (this figure of 1676 includes the 288 patients waiting over 52 weeks). The reported position for May was 1520. 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 actions are we taking?

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

What are the areas of risk?

This additional activity will focus on the management of patients within General Surgery, Orthopaedics, Urology, Gynaecology and Ophthalmology.

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

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

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: Jun 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	Jan	Feb	Mar
CTM Actual 2018/19	250	275	344	187	274	254	160	129	287	644	454	27
CTM Actual 2019/20	61	159	125									

Cwm Taf

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CT Actual 2017/18	966	1079	1212	1181	1347	1483	1504	1522	1676	1500	1071	72
CT Actual 2018/19	190	168	112	64	101	161	92	86	270	613	431	27
CT Actual 2019/20	51	132	119									
CT Trajectory 2018/19	232	189	156	134	56	0	0	0	0	0	0	0
CT Trajectory 2017/18	0	0	0	0	0	1370	1076	948	1087	779	351	76

Bridgend

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
B Actual 2018/19	60	107	232	123	173	93	68	43	17	31	23	0
B Actual 2019/20	10	27	6									

How are we doing?

The provisional position for June is 125 patients waiting over 8 weeks for diagnostic services. There are 6 patients within the Bridgend area and 119 within the former Cwm Taf area. Cwm Taf continues to report breaches in the areas of diagnostic angiography, endoscopy and cardiac heart rhythm. The anticipated non-obstetric ultrasound patient waits increase in June was not apparent however this may well now move into July. The most significant concern this month was within flexible cystoscopy: the Directorate continues to explore solutions to address this. Of the six patients waiting in Bridgend three were for echo and three for paediatric physiotherapy – the physiotherapy waits are as a result of staffing issues which are to be resolved in September.

The reported diagnostic position for the corresponding month last year i.e. June 2018 was 232 for the former Bridgend area and 112 for the former Cwm Taf area, giving a combined diagnostic figure of 344 patients waiting at that time.

What actions are we taking?

Following the boundary change on 1 April 2019 an agreed trajectory is being discussed and put in place.

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Morgannwg	CT Morgannwg
May-18	285	790		279	1147	1379	113	0	3993		
Jun-18	207	915		502	1742	1527	122	3	5018		
Jul-18	175	740		417	2107	1371	84	22	4916		
Aug-18	213	811		663	2462	1186	78	38	5449		
Sep-18	237	762		407	2200	846	48	79	4579		
Oct-18	92	735		283	1504	448	27	83	3172		
Nov-18	86	658		71	1276	431	86	35	3117		
Dec-18	270	693		4	1486	450	82	150	3135		
Jan-19	613	603		60	2116	448	30	122	3992		
Feb-19	431	558		15	2123	270	1	60	3458	23	454
Mar-19	27	437		0	2277	40	0	0	2781	0	27
Apr-19	132		401	31	2548	158	56	16	3271	27	159

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

For the period 2018/19 Cwm Taf was one of the better performing Health Boards. Post the 1 April 2019 boundary change, it is not anticipated that there will be any significant change to diagnostic waits over and above.

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: June to 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?

Benchmarking data is not currently available

Data not currently available

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.

The current backlog of surveillance patients is of the order of 843 patients. This cohort of patients is seen as being at the greatest risk, and as such a risk for the Health Board.

What Actions are we taking?

The Directorate is in the process of preparing a paper outlining the current position with associated risk, cost implications, actions and option appraisals one option being an additional theatre to treat surveillance patients.

What is the associated risk?

The current backlog of surveillance patients is of the order of 843 patients. This cohort of patients is seen as being at the greatest risk, and as such a risk for the Health Board.

Cwm Taf

ROYAL GLAMORGAN HOSPITAL

USC

Values	0 to 2 weeks	3 to 6 weeks	7 to 12 weeks	Grand Total
Patients	97	7	1	105
With an Appointment	36	5	0	41

URGENT

Values	0 to 2 weeks	4 to 6 weeks	7 to 12 weeks	17+ Weeks	Grand Total
Patients	168	76	22	1	267
With an Appointment	29	37	19	0	85

ROUTINE (8 WEEKS DIAGNOSTIC RTT)

Values	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	Grand Total
Patients	202	13	2	217
With an Appointment	26	12	1	39

SURVEILLANCE

Values	0 to 7 weeks	8 to 17 weeks	18 weeks and over	NotPastReviewDate	No Surveillance Target Date Recorded on Myrddin	Grand Total
Patients	137	131	473	1635	79	2455
With an Appointment	4	4	5	0	8	21

PRINCE CHARLES HOSPITAL

USC

Values	0 to 2 weeks	3 to 6 weeks	Grand Total
Total Patients Waiting	49	9	58
With an Appointment	37	6	43

URGENT

Values	0 to 2 weeks	4 to 6 weeks	7 to 12 weeks	17+ Weeks	Grand Total
Total Patients Waiting	175	74	49	1	299
With an Appointment	26	32	41	1	100

ROUTINE (8 WEEKS DIAGNOSTIC RTT)

Values	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	Grand Total
Total Patients Waiting	69	8	1	78
With an Appointment	17	7	1	25

SURVEILLANCE

Values	0 to 7 weeks	8 to 17 weeks	18 weeks and over	NotPastReviewDate	No Surveillance Target Date Records on Myrddin	Grand Total
Total Patients Waiting	128	122	370	1318	20	1958
With an Appointment	1	3	7	0	3	14

Bridgend

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: Jun 2019

Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

Number of patients waiting over 14 weeks for therapies

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

How are we doing?

There were no therapy breaches for June 2019.

What actions are we taking?

Maintaining the current position of zero breaches.

Areas of risk?

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

Cwm Taf

Number of patients waiting over 14 weeks for therapies

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Bridgend

Number of patients waiting over 14 weeks for therapies

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Morgannwg	CT Morgannwg
May-18	0	1		15	0	166	164	1	347		
Jun-18	14	0		3	0	163	226	1	407		
Jul-18	0	0		31	0	61	288	0	380		
Aug-18	0	0		9	0	42	307	2	360		
Sep-18	0	0		13	0	20	352	2	387		
Oct-18	0	0		5	0	120	332	8	465		
Nov-18	0	0		0	0	112	265	3	380		
Dec-18	0	0		0	3	12	287	3	305		
Jan-19	0	0		0	0	14	177	14	205		
Feb-19	0	0		5	0	5	51	16	77	0	0
Mar-19	0	0		0	0	0	0	4	4	0	0
Apr-19	0		0	1	0	1	41	2	45	0	0

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

Source: Local /Information Team QL and Welsh Government Statistics Website

<https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-month>

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

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

Executive Lead: Chief Operating Officer

Period: as at 11 July 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 11 July 2019 is 15,405.

What are the areas of risk?

The trajectory is based on the following assumptions:

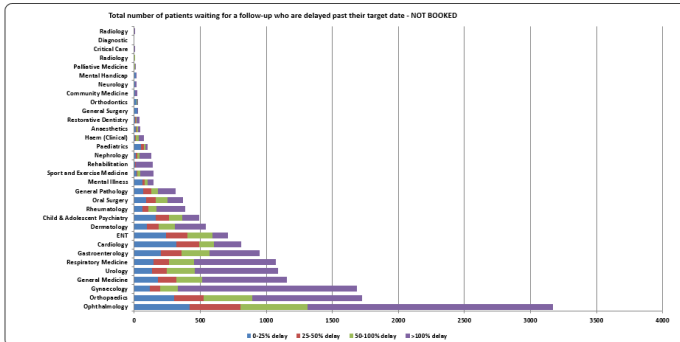
- That activity in ENT and Urology remains at the same level (ie 80 and 50 cases per specialty per week respectively) and that conversion to discharge rates applied are based on outcomes to date;
- That where clinics have been confirmed for clinical case review, ie additional clinics (Oral and Maxillo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

Data not currently available

Census data 6/6/19	0-25% delay	25-50% delay	50-100% delay	>100% delay	Total
Ophthalmology	421	381	510	1860	3172
Orthopaedics	259	225	369	834	1727
Gynaecology	115	81	136	1353	1685
General Medicine	177	142	193	645	1157
Urology	133	111	213	629	1086
Respiratory Medicine	144	121	188	619	1072
Gastroenterology	202	158	211	380	951
Cardiology	319	171	112	208	810
ENT	242	158	190	120	710
Dermatology	95	92	120	236	543
Child & Adolescent Psychiatry	163	101	99	130	493
Rheumatology	64	42	59	221	386
Oral Surgery	91	69	94	112	366
General Pathology	68	60	50	132	310
Mental Illness	64	14	20	49	147
Sport and Exercise Medicine	17	6	23	100	146
Rehabilitation	7	2	2	129	140
Nephrology	11	12	15	88	126
Paediatrics	50	24	12	16	102
Haem (Clinical)	8	6	19	39	72
Anaesthetics	14	3	11	18	46
Restorative Dentistry	4	7	8	21	40
General Surgery	21	1	0	7	29
Orthodontics	17	2	3	5	27
Community Medicine	4	2	1	13	20
Neurology	5	2	1	11	19
Mental Handicap	11	0	0	1	12
Palliative Medicine	2	0	2	1	5
Radiology	0	0	4	0	4
Critical Care	0	0	0	1	1
Diagnostic	0	0	0	0	0
Radiology	0	0	0	1	1

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

Cwm Taf

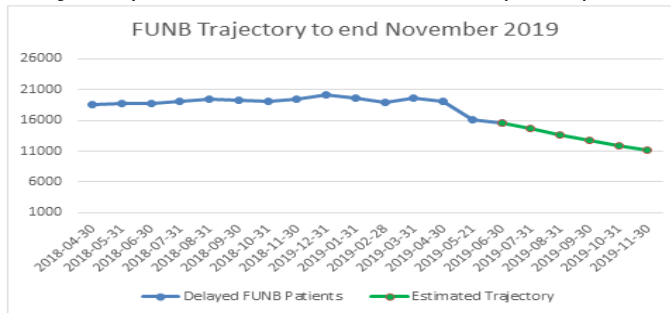


What actions are we taking?
A trajectory to November 2019 has been put in place:

Benchmarking (all FUNB past target date)

Bridgend

Data not currently available



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

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

Period: as at 11 July 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

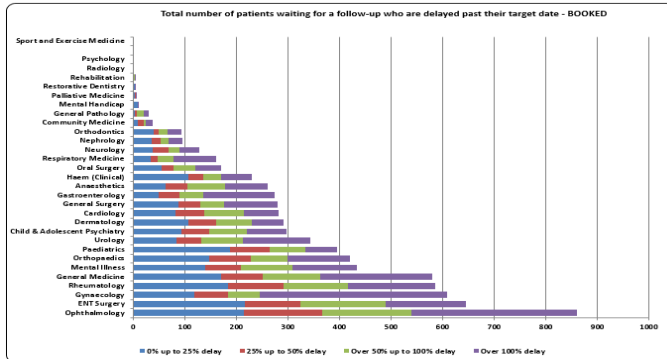
How are we doing?
The number of patients waiting for an outpatient follow-up (booked) who are currently delayed past their agreed target date as at 6 June 2019 has reduced to 7973.

This data is not currently available

Data not currently available

Census 6/6/2019	0% up to 25% delay	25% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total
Ophthalmology	215	151	173	321	860
ENT Surgery	217	106	167	155	645
Gynaecology	118	65	63	363	609
Rheumatology	184	108	124	170	586
General Medicine	170	81	111	217	579
Mental Illness	140	63	99	125	433
Orthopaedics	147	81	70	122	420
Paediatrics	187	77	63	62	395
Urology	83	49	81	131	344
Child & Adolescent Psychiatry	93	54	74	76	297
Dermatology	107	54	63	62	292
Cardiology	81	56	78	66	281
General Surgery	87	43	46	104	280
Gastroenterology	50	39	46	138	273
Anaesthetics	63	41	73	84	261
Haem (Clinical)	107	28	35	60	230
Oral Surgery	54	24	42	51	171
Respiratory Medicine	34	13	31	82	160
Neurology	37	32	21	37	127
Nephrology	36	17	15	28	96
Orthodontics	40	9	18	27	94
Community Medicine	8	12	4	13	37
General Pathology	2	5	14	8	29
Mental Handicap	8	1	1	1	10
Palliative Medicine	3	1	1	2	7
Restorative Dentistry	2	1		2	5
Rehabilitation	1		1	1	3
Radiology	1				1
Psychology				1	1
				1	1
Sport and Exercise Medicine					0

Cwm Taf



Bridgend

Data not currently available

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

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

What are the areas of risk?
As identified previously.

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: July 2018 to June 2019

Current Performance:

Cwm Taf Morgannwg

QIM	Measure	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke	Total admissions	88	87	84	90	79	82	73	70	78	90	75	78
	No of patients within 4 hours	44	28	34	30	43	36	19	22	28	28	29	29
	% Compliance	50.0%	32.2%	40.5%	33.3%	54.4%	43.9%	26.0%	31.4%	35.9%	31.1%	38.7%	37.2%
Percentage of thrombolysed stroke patients with a door to needle time of <=45 mins	No of patients within 45 mins eligible	10	13	11	11	5	12	9	9	11	5	N/A	1
	Total thrombolysed	1	0	4	5	1	2	0	4	3	2	N/A	5
	% Compliance	10.0%	0.0%	36.4%	45.5%	20.0%	16.7%	0.0%	44.4%	27.3%	40.0%	N/A	20.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	89	88	84	91	81	82	74	71	82	91	76	78
	No of patients within 1 hour	58	48	48	50	51	46	43	38	49	57	46	52
	% Compliance	65.2%	54.5%	57.1%	54.9%	63.0%	56.1%	58.1%	53.5%	59.8%	62.6%	60.5%	66.7%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	89	88	84	91	81	82	74	71	82	91	76	78
	No of patients within 24 hours	64	61	55	64	58	54	50	46	53	57	52	44
	% Compliance	71.9%	69.3%	65.5%	70.3%	71.6%	65.9%	67.6%	64.8%	64.6%	62.6%	68.4%	56.4%

Cwm Taf

CT	Measure	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (<4hours)	Total admissions	64	59	52	59	44	50	43	49	48	62	52	55
	No of patients within 4 hours	36	20	27	22	25	23	17	19	20	21	22	24
	% Compliance	56.3%	33.9%	51.9%	37.3%	56.8%	46.0%	39.5%	38.8%	41.7%	33.9%	42.3%	43.6%
Percentage of thrombolysed stroke patients with a door to needle time of <=45 mins	No of patients within 45 mins eligible	7	7	7	6	3	8	8	8	6	0	6	6
	Total thrombolysed	1	0	3	3	0	1	0	3	0	1	1	N/A
	% Compliance	14.3%	0.0%	42.9%	50.0%	0.0%	12.5%	0.0%	37.5%	0.0%	N/A	16.7%	0.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	65	59	52	59	44	50	43	50	51	63	53	55
	No of patients within 1 hour	49	34	34	33	32	30	28	28	37	44	37	41
	% Compliance	75.4%	57.6%	65.4%	55.9%	72.7%	60.0%	65.1%	56.0%	72.5%	69.8%	69.8%	74.5%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	65	59	52	59	44	50	43	50	51	63	53	55
	No of patients within 24 hours	47	35	41	40	36	31	34	35	33	43	39	39
	% Compliance	72.3%	59.3%	78.8%	67.8%	81.8%	62.0%	79.1%	70.0%	64.7%	68.3%	73.6%	70.9%

Bridgend

Bridgend	Measure	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (<4hours)	Total admissions	24	28	32	31	35	32	30	21	30	28	23	23
	No of patients within 4 hours	8	8	7	8	18	13	2	3	8	7	7	5
	% Compliance	33.3%	28.6%	21.9%	25.8%	51.4%	40.6%	6.7%	14.3%	26.7%	25.0%	30.4%	21.7%
Percentage of thrombolysed stroke patients with a door to needle time of <=45 mins	No of patients within 45 mins	0	0	1	2	1	1	0	1	3	2	2	1
	Total thrombolysed	3	6	4	5	2	4	1	1	5	4	N/A	5
	% Compliance	0.0%	0.0%	25.0%	40.0%	50.0%	25.0%	0.0%	100.0%	60.0%	50.0%	N/A	20.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	24	29	32	32	37	32	31	21	31	28	23	23
	No of patients within 1 hour	9	14	14	17	19	16	15	10	12	13	9	11
	% Compliance	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%	48.4%	47.6%	38.7%	46.4%	39.1%	47.8%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	24	29	32	32	37	32	31	21	31	28	23	23
	No of patients within 24 hours	17	26	14	24	22	23	16	11	20	14	13	5
	% Compliance	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%	51.6%	52.4%	64.5%	50.0%	56.5%	21.7%

Source: SSNAP

Target: SSNAP UK Quarterly Average

How are we doing, what actions are we taking?

How are we doing?

During June a total of 78 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. There were 23 patients presented to the Princess of Wales Hospital, Bridgend and 55 patients that presented to Prince Charles Hospital, Merthyr Tydfil. There were five patients thrombolysed at the Princess of Wales Hospital of which 1 was thrombolysed within 45 minutes. There were six patients thrombolysed at Prince Charles Hospital, however, none of these patient were thrombolysed within 45 minutes.

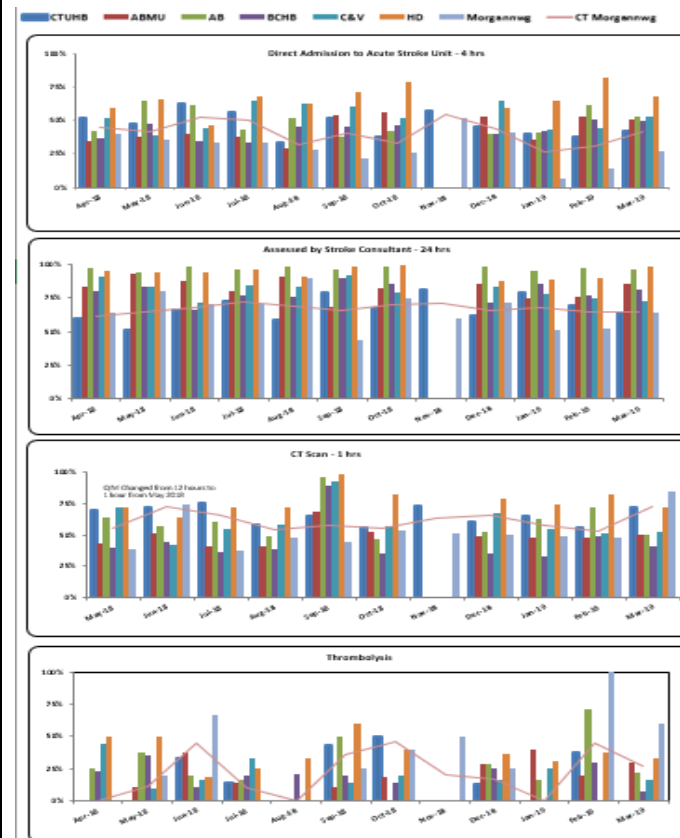
Prince Charles

June 2019 Quality Improvement Measures		Aspiration	Score
Quality Improvement Measures			
Urgent Intervention			
Percentage of all Stroke Patients Thrombolysed		N/A	30.9%
Thrombolysed patients Door To Needle <=45 mins		50%	0.0%
Percentage of patients scanned within 1 hour of clock start		N/A	74.5%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start		95%	43.6%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start		95%	79.2%
Urgent Assessment			
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start		95%	70.9%
Assessed by one of OT, PT, SALT within 24 hours		95%	61.8%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start		95%	85.7%
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	#DIV/0!
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients		N/A	#DIV/0!
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients		N/A	#DIV/0!
Discharge Standards			
Percentage of applicable patients screened for nutrition and seen by a dietician by discharge		N/A	#N/A
Percentage of applicable patients discharged with ESO/ Community Therapy Multidisciplinary Team		N/A	0.00%
Percentage of applicable patients discharged with ESO		N/A	0.00%
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%

Princess of Wales

June 2019 Quality Improvement Measures		Aspiration	Score
Quality Improvement Measures			
Urgent Intervention			
Percentage of all Stroke Patients Thrombolysed		N/A	21.7%
Thrombolysed patients Door To Needle <=45 mins		50%	20.0%
Percentage of patients scanned within 1 hour of clock start		N/A	47.8%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start		95%	21.7%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start		95%	87.0%
Urgent Assessment			
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start		95%	65.2%
Assessed by one of OT, PT, SALT within 24 hours		95%	60.9%
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	123.2%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients		N/A	37.4%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients		N/A	44.4%
Discharge Standards			
Percentage of applicable patients screened for nutrition and seen by a dietician by discharge		N/A	85.71%
Percentage of applicable patients discharged with ESO/ Community Therapy Multidisciplinary Team		N/A	1.92%
Percentage of applicable patients discharged with ESO		N/A	1.92%
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. The exception to this is percentage compliance for thrombolysis under 45 minutes which has been consistently higher at POW than at PCH over the last 6 months. 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: Jun 2018 to May 2019

Target: 65%

Current Performance:

How are we doing, what actions are we taking?

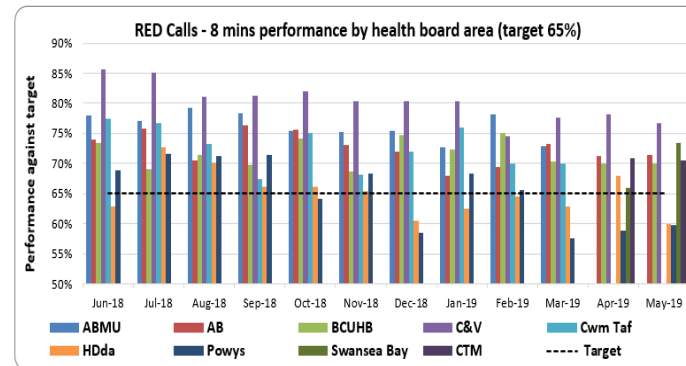
Benchmarking: how do we compare?

Cwm Taf Morgannwg

How are we doing?
The Cwm Taf Morgannwg May performance against the Red Ambulance target was 70.6%. The All Wales performance being 70.2%.

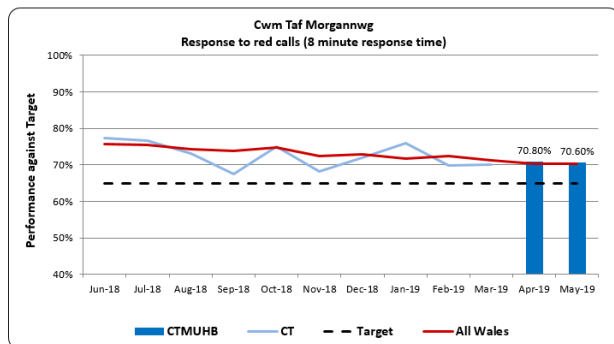
What actions are we taking?
The Health Board continues to work closely with WAST colleagues to maintain this performance and develop further alternative pathways.

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



The Health Board remains comparable with peers.

Cwm Taf



Bridgend

Data is not currently available

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: Jul 2018 to Jun 2019

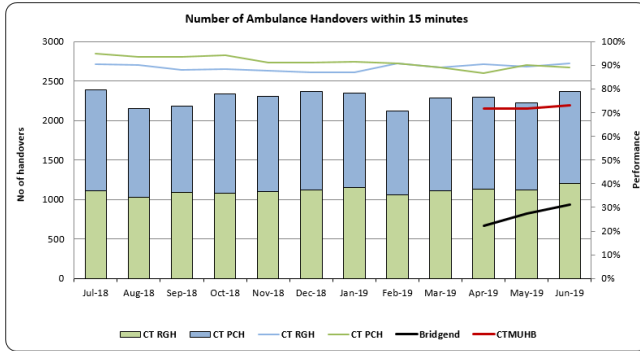
Target: Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?

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

Current status for Cwm Taf Morgannwg for May is 73.24%. Compliance for Bridgend was an improved 31.3%.

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.

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

Cwm Taf

As Above

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.

Bridgend

As Above

Source: Local/Information Team

Indicator 68: Number of ambulance handovers over one hour

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

Executive Lead: Chief Operating Officer

Period: Jul 2018 to Jun 2019

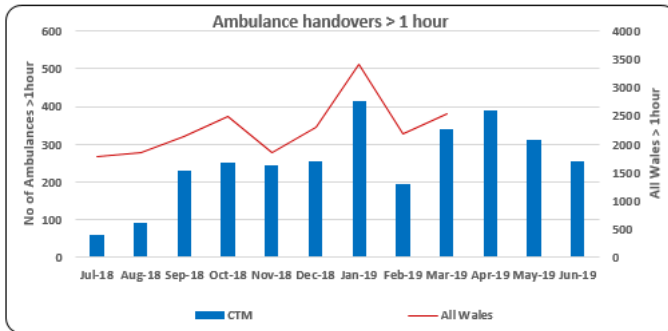
Target: Zero

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?

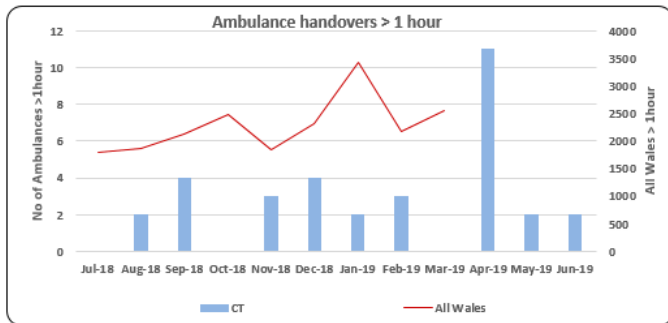
Monitoring of the handover performance continues on a daily basis. There were 256 ambulance delays over 1 hour in June – 254 in POW and 1 each at PCH and RGH.

The Cwm Taf Morgannwg performance for emergency ambulance services over one hour was 92.21% with the performance for the Bridgend area being 72.39%. RGH 99.92% and PCH 99.91%.

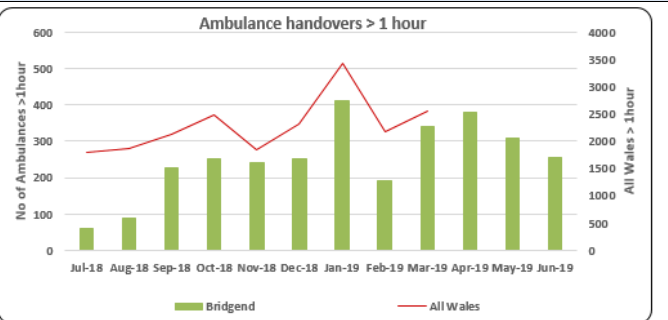
What are the areas of risk?

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

Cwm Taf

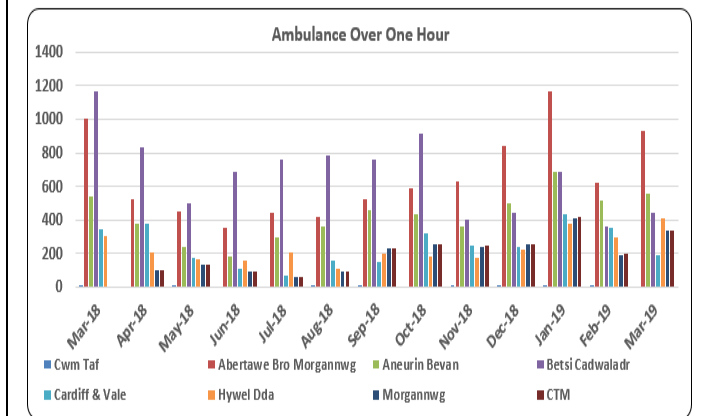


Bridgend



Period	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Wales	Morgannwg	CTM
Mar-18	11	1006	537	1170	344	303	3371		
Apr-18	0	526	373	835	374	202	2334	101	101
May-18	2	452	239	498	171	165	1562	130	132
Jun-18	0	351	178	686	109	158	1495	88	88
Jul-18	0	443	293	761	68	209	1790	61	61
Aug-18	2	420	357	785	161	112	1837	90	92
Sep-18	4	526	461	757	145	200	2132	227	231
Oct-18	0	590	432	914	323	183	2486	253	253
Nov-18	3	628	363	403	244	171	1844	241	244
Dec-18	4	842	495	446	241	226	2310	252	256
Jan-19	2	1164	689	690	430	376	3418	412	414
Feb-19	3	619	519	358	351	294	2188	191	194
Mar-19	0	928	558	438	189	407	2544	340	340

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



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

Indicator 69: The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

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

Executive Lead: Chief Operating Officer

Period: Jul 2018 to Jun 2019

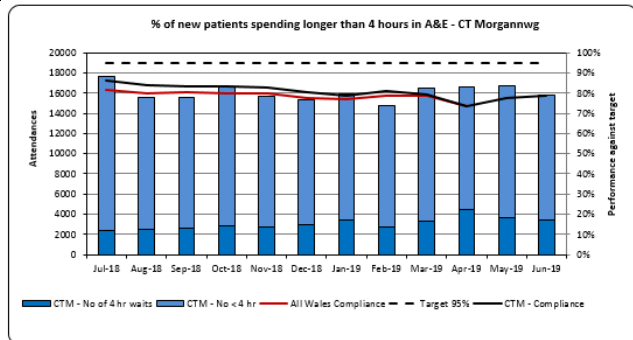
Target: 95%

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 four hour target for June was 78.7%. Individual departmental performance was 77.4% at Prince Charles Hospital (PCH), 85.5% at Royal Glamorgan Hospital (RGH) and 69.4% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) was 100% and Ysbyty Cwm Rhondda (YCR) was 100%. For reference, the former Cwm Taf University Health Board compliance in June 2018 was 90%.

What actions are we taking?

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

What are the areas of risk?

Staffing issues continue to be closely monitored.

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Morgannwg	CTM
May-18	91.8%	78.9%		79.6%	77.5%	83.4%	83.3%	100.0%	82.0%	81.1%	88.9%
Jun-18	90.1%	81.0%		82.5%	74.8%	91.0%	84.4%	99.6%	83.2%	82.7%	88.1%
Jul-18	88.7%	79.9%		78.8%	71.5%	92.5%	82.9%	99.6%	81.4%	80.1%	86.5%
Aug-18	87.2%	77.9%		78.6%	69.9%	89.7%	82.9%	99.8%	80.0%	76.9%	84.5%
Sep-18	87.1%	77.5%		78.6%	69.7%	90.3%	83.4%	99.8%	80.3%	74.5%	83.6%
Oct-18	86.0%	78.0%		78.4%	70.6%	86.2%	84.0%	99.6%	80.0%	76.2%	83.4%
Nov-18	85.5%	76.7%		78.3%	71.7%	85.7%	85.6%	99.6%	80.1%	75.8%	83.2%
Dec-18	83.0%	76.5%		74.8%	67.6%	83.8%	82.5%	99.7%	77.8%	76.1%	81.0%
Jan-19	80.0%	76.9%		76.2%	66.9%	84.0%	81.9%	99.7%	77.2%	76.3%	79.3%
Feb-19	82.7%	77.2%		76.6%	72.5%	82.0%	84.4%	99.9%	79.0%	77.7%	81.5%
Mar-19	82.8%	75.7%		78.5%	71.1%	84.3%	81.7%	100.0%	78.7%	72.2%	80.0%
Apr-19	76.9%		74.5%	76.8%	69.5%	85.2%	81.3%	100.0%	76.3%	68.7%	73.5%

The Health Board's performance remains comparable with peers.

Cwm Taf

As Above

Bridgend

As Above

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: Jul 18 – Jun 19

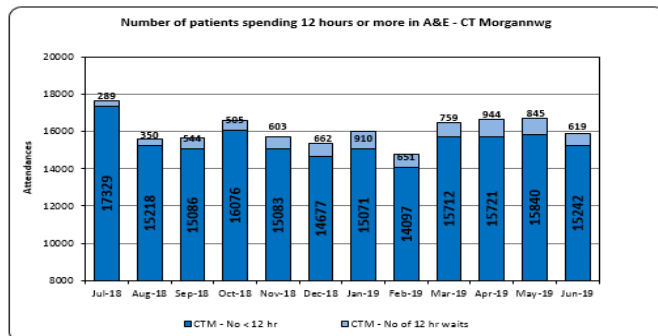
Target: Zero

Current Performance:

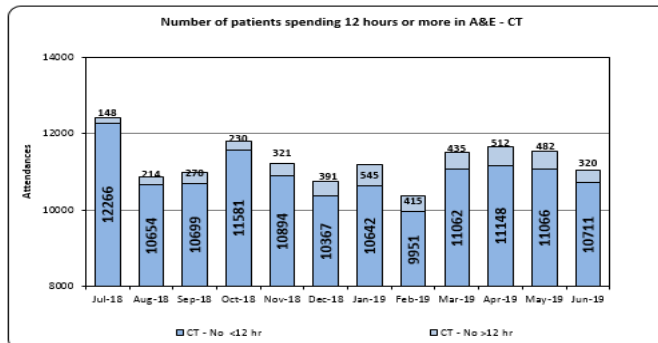
How are we doing, what actions are we taking?

Benchmarking: how do we compare?

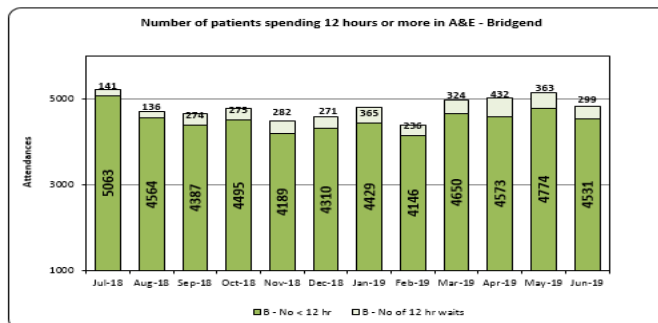
Cwm Taf Morgannwg



Cwm Taf



Bridgend



How are we doing?

Twelve hour breaches continue to come down with the combined performance for June being 619 patient breaches: there were 944 breaches in April and 845 in May. Of the 619 breaches there were 276 breaches at PCH, 44 at RGH and 299 at PoW. The corresponding breach figure for Cwm Taf University Health Board in June 2018 was 72.

What actions are we taking?

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

What are the risk areas?

Staffing issues continue to be closely monitored.

Period	Cwm Taf	Abertawe Bro Morgannwg	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Wales	Morgannwg	CTM
May-18	99	624		331	1040	26	707	0	2827	155	254
Jun-18	71	476		246	1450	16	650	0	2909	141	212
Jul-18	148	591		349	1854	17	813	0	3779	141	289
Aug-18	214	511		389	1898	7	603	0	3622	136	350
Sep-18	270	588		450	1816	17	663	0	3804	274	544
Oct-18	230	681		374	1845	94	737	0	3961	275	505
Nov-18	321	665		437	1404	56	675	0	3558	282	603
Dec-18	395	758		470	1552	39	690	0	3904	271	666
Jan-19	550	986		692	1989	137	943	0	5297	365	915
Feb-19	415	685		615	1429	130	732	0	4006	236	651
Mar-19	437	861		561	1633	34	948	0	4472	327	764
Apr-19	512		653	752	1741	51	924	0	5109	432	944

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

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

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

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

Executive Lead: Chief Operating Officer

Period: Jun 2018 to May 2019

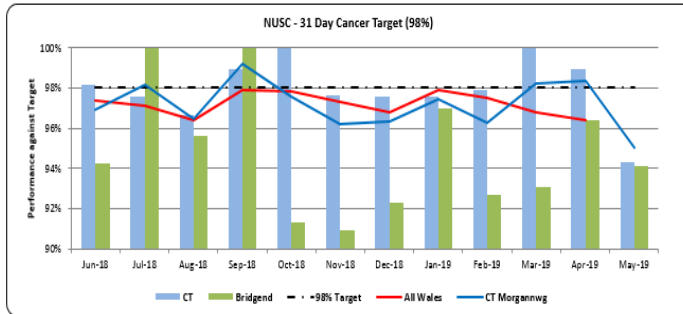
Target: 98%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?
For the former Cwm Taf area, the 31 day target (NUSC) performance of 98% was not attained in May standing at 94.3%

For Bridgend, the 31 day target (NUSC) performance of 98% was not reached in May 2019 at 94.14%.

Overall the 31 day target (NUSC) performance compliance for Cwm Taf Morgannwg for May was not achieved at 95%.

Cwm Taf

Month	CT	
	NUSC Treated <31 days	98% Target
May-18	97.64%	98.00%
Jun-18	98.18%	98.00%
Jul-18	97.54%	98.00%
Aug-18	96.64%	98.00%
Sep-18	98.95%	98.00%
Oct-18	100.00%	98.00%
Nov-18	97.66%	98.00%
Dec-18	97.53%	98.00%
Jan-19	97.60%	98.00%
Feb-19	97.87%	98.00%
Mar-19	100.00%	98.00%
Apr-19	98.91%	98.00%
May-19	94.30%	98.00%

Bridgend

Month	Bridgend	
	NUSC Treated <31 days	98% Target
May-18	98.25%	98.00%
Jun-18	94.23%	98.00%
Jul-18	100.00%	98.00%
Aug-18	95.65%	98.00%
Sep-18	100.00%	98.00%
Oct-18	91.30%	98.00%
Nov-18	90.91%	98.00%
Dec-18	92.31%	98.00%
Jan-19	96.97%	98.00%
Feb-19	92.68%	98.00%
Mar-19	93.10%	98.00%
Apr-19	96.43%	98.00%
May-19	94.14%	98.00%

Period	Non-Urgent suspected cancer - Target 98%							
	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	New CT
May-18	97.6%	94.2%	98.2%	95.0%	96.4%	99.1%	98.25%	97.83%
Jun-18	98.2%	96.2%	98.1%	97.8%	96.4%	97.5%	94.23%	96.91%
Jul-18	97.5%	99.3%	96.2%	95.4%	94.4%	99.2%	100.00%	98.14%
Aug-18	96.6%	97.4%	96.8%	96.9%	88.6%	96.0%	95.65%	96.48%
Sep-18	98.9%	95.7%	98.6%	100.0%	95.8%	97.2%	100.00%	99.23%
Oct-18	100.0%	95.9%	96.4%	96.4%	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%	96.9%	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%

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

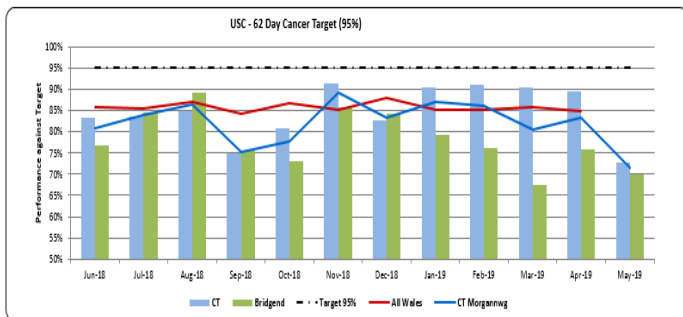
Outcome: To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need

Executive Lead: Chief Operating Officer

Period: Jun 2018 to May 2019

Current Performance:

Cwm Taf Morgannwg



Cwm Taf

Month	CT	
	USC Treated <	Target 95%
May-18	82.28%	95.00%
Jun-18	83.33%	95.00%
Jul-18	83.75%	95.00%
Aug-18	85.00%	95.00%
Sep-18	75.00%	95.00%
Oct-18	80.77%	95.00%
Nov-18	91.35%	95.00%
Dec-18	82.76%	95.00%
Jan-19	90.40%	95.00%
Feb-19	91.03%	95.00%
Mar-19	90.57%	95.00%
Apr-19	89.33%	95.00%
May-19	72.70%	95.00%

Bridgend

Month	Bridgend	
	USC Treated < 62 days	95% Target
May-18	82.22%	95.00%
Jun-18	76.74%	95.00%
Jul-18	84.62%	95.00%
Aug-18	89.19%	95.00%
Sep-18	75.61%	95.00%
Oct-18	72.92%	95.00%
Nov-18	85.96%	95.00%
Dec-18	84.21%	95.00%
Jan-19	79.41%	95.00%
Feb-19	76.32%	95.00%
Mar-19	67.50%	95.00%
Apr-19	75.93%	95.00%
May-19	70.00%	95.00%

Target: 95%

How are we doing, what actions are we taking?

How are we doing?

For the former Cwm Taf area, the 62 day target (USC) performance was again below 90% this month at 72.7%. For Bridgend, the 62 day target (USC) performance was 70%. Overall the 62 day target (USC) performance was a disappointing 71.55%.

For Cwm Taf Morgannwg there were thirty-three USC breaches in total, with reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both in local and tertiary centres.

The USC breach breakdown is shown in the following tables:

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UCI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Jun-18	5	2	3	0	1	0	0	0	0	11	83.3%
Jul-18	9	2	2	0	0	0	0	0	0	13	83.8%
Aug-18	9	1	1	0	1	0	0	0	0	12	85.0%
Sep-18	10	2	0	0	1	1	0	0	0	14	75.0%
Oct-18	7	1	5	0	1	0	0	0	1	15	80.0%
Nov-18	4	1	2	0	0	0	0	0	0	7	91.4%
Dec-18	6	0	2	0	2	0	0	0	0	10	82.8%
Jan-19	2	1	0	1	2	0	1	0	0	7	90.4%
Feb-19	2	2	1	0	1	0	0	0	1	7	91.0%
Mar-19	2	0	1	0	0	0	0	0	2	5	90.0%
Apr-19	4	0	0	1	0	0	1	0	1	7	89.4%
May-19	7	7	1	0	1	0	0	0	2	18	72.7%

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UCI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Apr-19	4	1	1	0	1	0	1	4	1	13	75.33%
May-19	5	1	1	0	3	1	2	0	2	15	70.00%

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UCI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Apr-19	8	1	1	1	1	0	2	2	4	20	83.33%
May-19	12	8	2	0	4	1	2	0	4	33	71.55%

What actions are we taking?

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

A number of the areas above contributing to the breach numbers are outside of CTM. The Directorate escalates these through the respective medical directors, however influencing changes directly is challenging. As well the Directorate is in the process of critically reviewing all pathways as part of the readiness planning for SCP, and this will also contribute to improving USC performance.

Benchmarking: how do we compare?

Period	Cwm Taf	Urgent suspected cancer - Target 95%							CTM
		Abertawe Bro Morgannwg/ Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Bridgend	CTM	
May-18	82.30%	90.40%	80.50%	80.80%	75.00%	95.40%	82.22%	82.26%	
Jun-18	83.33%	84.10%	87.90%	83.30%	87.00%	91.00%	76.74%	80.73%	
Jul-18	83.75%	92.20%	84.00%	82.10%	81.80%	88.00%	84.62%	84.03%	
Aug-18	85.00%	94.10%	83.60%	85.30%	79.80%	90.90%	89.19%	86.32%	
Sep-18	75.00%	82.90%	87.10%	83.00%	83.50%	90.70%	75.61%	75.26%	
Oct-18	80.77%	84.30%	89.90%	85.80%	84.50%	93.50%	72.92%	77.78%	
Nov-18	91.35%	87.60%	86.10%	80.90%	81.00%	85.50%	85.96%	89.13%	
Dec-18	82.80%	88.10%	91.30%	87.20%	85.70%	88.30%	84.21%	83.33%	
Jan-19	90.40%	85.40%	88.00%	84.40%	85.90%	78.80%	79.41%	86.92%	
Feb-19	91.00%	80.60%	91.40%	80.80%	87.00%	80.70%	76.32%	86.21%	
Mar-19	90.60%	84.10%	87.20%	86.80%	84.00%	84.20%	67.50%	80.65%	
Apr-19	89.33%	87.00%	85.80%	81.20%	85.20%	87.50%	75.93%	83.30%	

Cwm Taf's performance in this area is amongst the best in Wales.

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 be 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: Jun 2018 to May 2019

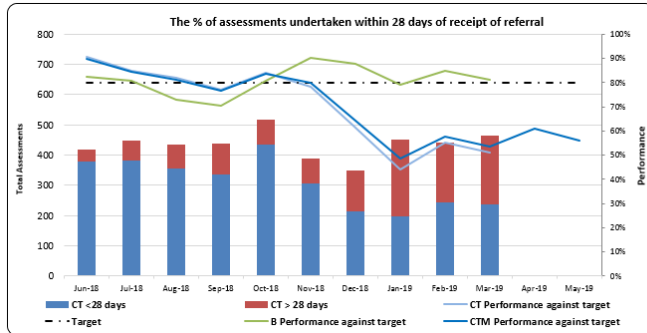
Target: 80%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?

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. May compliance was 56%.

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.

% of assessments by the LPM/HSS undertaken within 28 days from the date of referral (target 80%)									
Period	Cwm Taf	Swansea Bay	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	CT Morgannwg
May-18	86.2%	85.5%	91.6%	71.9%	87.5%	97.1%	85.0%	87.80%	86.36%
Jun-18	90.5%	82.5%	86.8%	73.4%	90.5%	96.6%	93.1%	82.35%	89.87%
Jul-18	84.9%	83.8%	87.7%	72.7%	85.2%	96.2%	83.5%	80.56%	84.54%
Aug-18	81.8%	80.5%	83.2%	70.9%	83.1%	93.4%	80.1%	73.08%	81.30%
Sep-18	77.1%	76.4%	82.9%	66.1%	80.1%	93.8%	84.0%	70.21%	76.45%
Oct-18	84.0%	83.8%	91.1%	68.2%	88.6%	96.4%	87.6%	80.52%	83.53%
Nov-18	78.2%	77.7%	84.5%	66.8%	79.7%	93.0%	82.1%	90.14%	80.04%
Dec-18	61.5%	83.8%	84.0%	75.1%	68.7%	93.5%	87.1%	87.80%	64.27%
Jan-19	44.0%	72.6%	88.7%	65.2%	55.5%		84.7%	79.10%	48.55%
Feb-19	55.2%	79.8%	86.0%	19.3%	90.4%		90.2%	85.00%	57.71%
Mar-19	51.2%	76.8%	80.6%	75.6%	75.0%	91.9%	88.0%	80.95%	53.65%
Apr-19		86.1%	86.9%	74.6%	56.4%	93.4%	78.6%		61.00%

Cwm Taf

As above

The Health Board remains comparable with peers.

Bridgend

As above

Source: Local Mental Health

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: Jun 2018 to May 2019

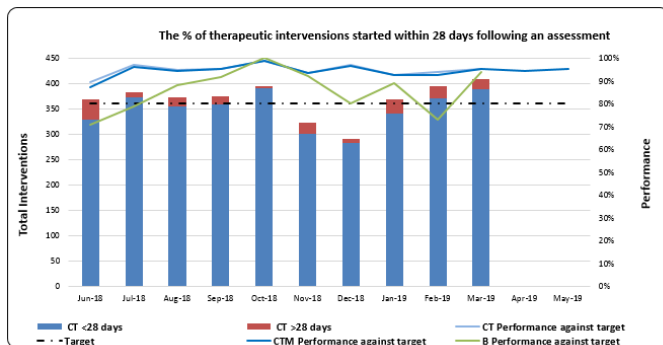
Target: 80%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



How are we doing?

The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was 95.1% in June.

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.

Cwm Taf

As above

Bridgend

As above

% of therapeutic interventions started within 28 days following assessment by LPMHSS (target 80%)									
Period	Cwm Taf	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Morgannwg	CT Morgannwg
May-18	95.8%	80.5%	86.5%	81.1%	81.1%	96.0%	70.3%	76.92%	93.96%
Jun-18	89.4%	79.5%	85.0%	71.5%	71.4%	88.9%	82.1%	70.83%	87.26%
Jul-18	97.1%	79.1%	82.7%	55.4%	82.1%	95.1%	64.8%	78.95%	96.27%
Aug-18	94.9%	90.3%	91.2%	59.9%	74.3%	90.7%	70.7%	88.00%	94.47%
Sep-18	95.5%	88.6%	81.0%	61.1%	59.8%	87.5%	77.1%	91.67%	95.24%
Oct-18	98.7%	91.5%	82.4%	65.9%	64.9%	92.5%	80.3%	100.00%	98.84%
Nov-18	93.5%	87.6%	82.5%	64.0%	67.7%	95.6%	76.1%	92.00%	93.37%
Dec-18	97.3%	85.2%	80.4%	73.8%	73.3%	93.8%	77.8%	80.00%	96.41%
Jan-19	92.7%	86.1%	83.4%	48.8%	89.7%	87.2%	72.3%	88.89%	92.57%
Feb-19	93.9%	87.5%	82.0%	67.1%	85.2%		75.5%	73.08%	92.64%
Mar-19	95.1%	87.7%	83.8%	68.0%	71.2%	81.5%	74.7%	93.75%	95.06%
Apr-19		97.6%	78.3%	70.3%	69.6%	89.8%	71.8%		94.40%

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

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: Nov 2017 to Sep 2018

Target: 80% (5 working days)

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

There are no concerns in this area.
All Health Boards report 100% month on month.

Data is not currently available

% 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	Q1	Q2	Q3	Q4
ABM	100%	100%	100%	100%	100%	100%
AB	100%	100%	99%	100%	100%	100%
BCU	100%	100%	100%	100%	100%	100%
C&V	100%	100%	100%	100%	100%	100%
CTaf	100%	100%	100%	100%	100%	100%
HDda	100%	100%	100%	100%	100%	100%
Powys	100%	100%	100%	100%	100%	100%
Wales	100%	100%	100%	100%	100%	100%

Cwm Taf

Performance compliance is 100%

Bridgend

Performance compliance is 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: Qtr. 1 to Qtr. 4 2018/19

Target: 4 Quarter Improvement Trend

Current Performance:

How are we doing, what actions are we taking?

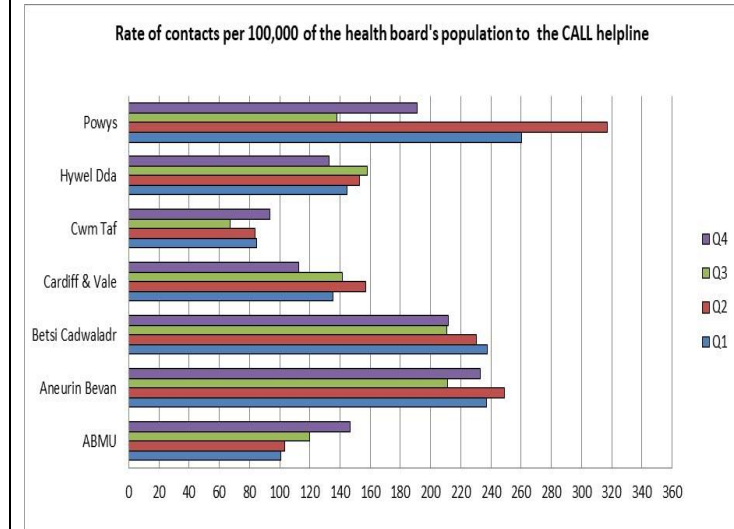
Benchmarking: how do we compare?

Cwm Taf Morgannwg

Top subject areas discussed on the CALL helpline by local authority – Quarter 4, 2018-19

Merthyr Tydfil		Rhondda Cynon Taf	
No. of enquiries	61	No. of enquiries	449
1 Mental Health	13.1%	Anxiety	10.0%
2 Bladder Problems	11.5%	Self-harm	9.8%
3 Suicide Ideation	11.5%	Mental Health	9.6%
4 Anxiety	6.6%	Suicide Ideation	7.6%
5 Medication	6.6%	Info on CALL	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 4 2018-19, 5,344 contacts were made to the CALL helpline, of which 5,223 were made by citizens living in Wales (approximately 167 calls per 100,000 of the population). The health board areas with the highest rate is Aneurin Bevan Health Board (with a rate of 233 calls per 100,000 of its population), followed by BCU (a rate of 212 calls per 100,000). The health board with the lowest rate is Cwm Taf (94 calls per 100,000).

For quarter 4 2018-19, 280 contacts were made to the CALL helpline from the Cwm Taf University Health Board area (approximately 94 contacts per 100,000 of its population). This accounted 5.4% of the all Wales total. The local authority area with the highest number of callers is Rhondda Cynon Taf (244) – 87.1% of Cwm Taf's total.

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

Cwm Taf Morgannwg				
Number of calls to the mental health helpline CALL per 100,000 population				
2018/19				
Q1	Q2	Q3	Q4	
64.5	65.9	53.9	72.9	

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	

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: Qtr. 1 to Qtr. 4 2018/19

Target: 4 Quarter Improvement Trend

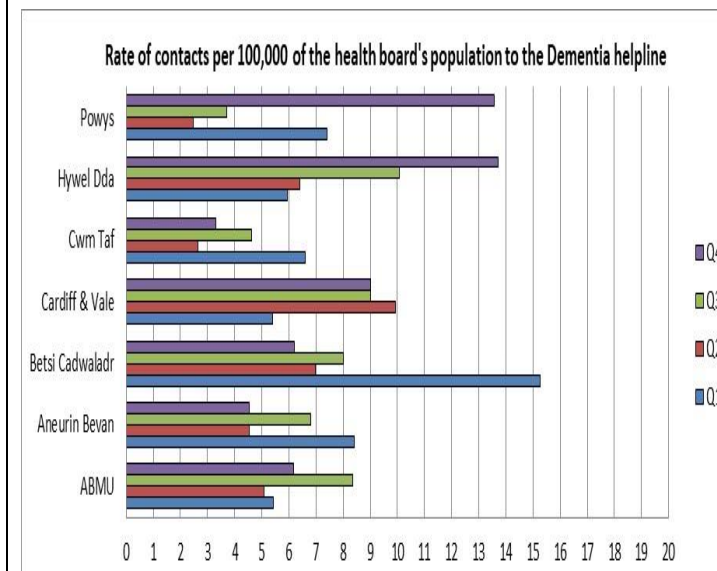
Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

During quarter 4 2018-19, 5 contacts to the dementia helpline were made from the Cwm Taf area. This accounted for 4.1% of the all Wales total. Although the number of residents contacting the dementia helpline is low, the local authority area with the largest number of callers is Rhondda Cynon Taf (with 5 calls).



In comparison with the DAN and CALL helplines, the number of contacts to the dementia helpline is significantly lower. The total number of contacts to the dementia helpline for quarter 4 was 128, of which 121 were made by citizens living in Wales (approximately 7 calls per 100,000). The health boards with the highest rate of contacts are Hywel Dda and Powys (with each having a rate of 14 calls per 100,000 of its population), whilst Cwm Taf has the lowest (3 calls per 100,000).

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

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	

Source: Welsh Government

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

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: Qtr. 1 to Qtr. 4 2018/19

Target: 4 Quarter Improvement Trend

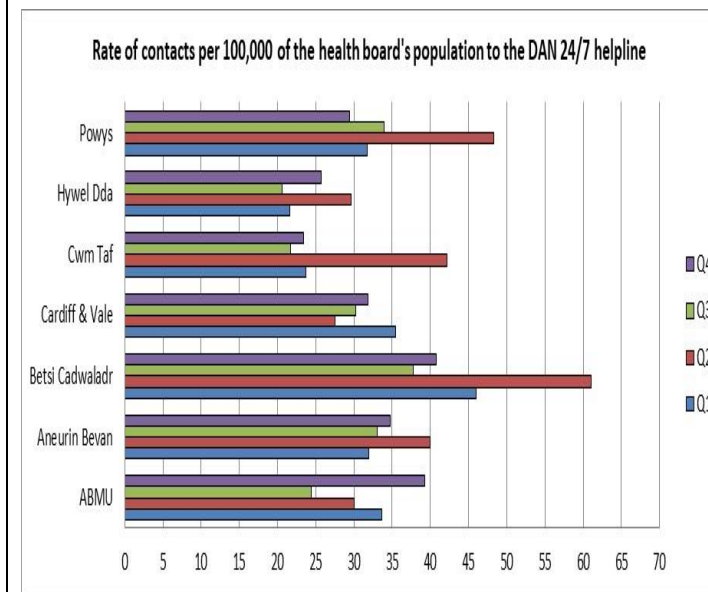
Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

For quarter 4 2018-19, 70 contacts to the DAN 24/7 helpline came from Cwm Taf's area (approximately 23 calls per 100,000 of its population). This accounted for 6.6% of the all Wales total. The local authority area with the largest number of callers is Rhondda Cynon Taf (60) – 85.7% of Cwm Taf's total.



The total number of contacts to the DAN 24/7 helpline for quarter 4 was 1,088. The number of contacts associated with individuals residing in Wales was 1,062 (approximately 34 calls per 100,000 of its population). Betsi Cadwaladr UHB's catchment area had the highest rate of contacts (41 calls per 100,000 of its population), whilst Cwm Taf UHB's catchment area had the lowest rate (23 calls per 100,000).

Cwm Taf Morgannwg				
Number of calls to the DAN 24/7 helpline per 100,000 population				
2018/19				
Q1	Q2	Q3	Q4	
21.9	35	19.8	24.8	

Cwm Taf

Cwm Taf				
Number of calls to the DAN 24/7 helpline per 100,000 population				
2018/19				
Q1	Q2	Q3	Q4	
23.7	42.1	21.7	23.4	

Bridgend

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

Source: Welsh Government

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

Outcome: My individual circumstances are considered
 Period: June 2018 to May 2019

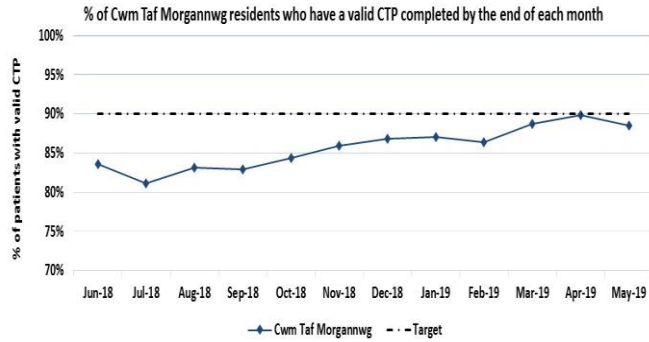
Executive Lead: Director of Primary, Community and Mental Health
 Target: 90%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

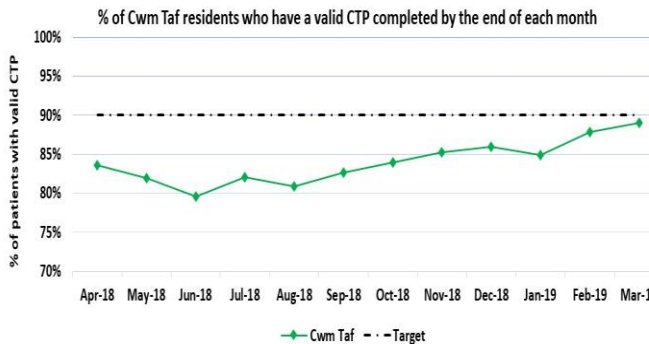
Cwm Taf Morgannwg



The Performance Target for Cwm Taf Morgannwg at the end of May was 88.2% which is a slight decrease from 88.5% at the end of April. This Performance Indicator Target remains at 90%. CAMHS compliance remained the same as in April at 79.7%, with Learning Disabilities increasing from 88.6% in April to 94.3% in May. The adult mental health services compliance decreased in May to 87.7% from 88.5% in April, however there was an increase in compliance in older persons from 90.1% in April to 90.7% in May.

- Adult **87.7%**
- Older Persons Mental Health **90.7%**
- Learning Disabilities **94.3%**
- CAMHS **79.7%**

Cwm Taf: to 31st March 2019

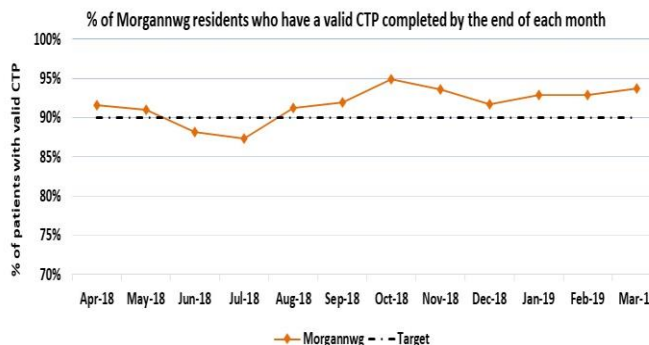


Experienced nursing staff had time redirected to support additional clinics with increased capacity for 16 patients weekly, the benefits have been seen from October onwards and as such these arrangements will remain in place and have been extended to a second locality.

Waiting list initiatives in CAMHS have continued up to March 2019 and an improvement in compliance can be seen. A recent Demand & Capacity exercise shows a gap in current capacity to meet demand. Engagement on the current model of adult community mental health services reinforcing the challenge in this area and that the volume of CTP's need completion by the medical team is not sustainable, the completion of this process will lead to a number of recommendations and a paper is being finalised and alternative models being explored. Waiting list work will continue until more sustainable approaches are in place.

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

Bridgend: to 31st March 2019



% of HB residents (all ages) to have a valid CTP completed at the end of each month (target 90%)							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
May-18	81.9%	90.9%	91.7%	84.1%	92.8%	92.2%	89.6%
Jun-18	79.6%	91.2%	92.1%	85.3%	91.8%	94.0%	88.2%
Jul-18	82.1%	87.4%	88.0%	85.1%	91.1%	95.3%	87.6%
Aug-18	80.9%	90.9%	87.0%	86.1%	93.3%	93.4%	89.7%
Sep-18	82.6%	90.3%	88.0%	85.3%	91.2%	93.9%	91.3%
Oct-18	83.9%	90.6%	89.0%	85.6%	91.8%	92.3%	91.6%
Nov-18	85.2%	90.6%	89.2%	Not available	92.1%	95.4%	90.6%
Dec-18	86.0%	90.2%	89.7%	83.9%	92.5%	96.6%	91.3%
Jan-19	84.9%	91.1%	89.9%	84.2%	91.3%	95.4%	90.9%
Feb-19	87.8%	90.1%	90.7%	84.3%	91.6%	94.5%	91.1%
Mar-19	89.0%	90.3%	90.4%	84.9%	91.1%	96.0%	90.9%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	88.5%	90.5%	89.9%	83.2%	90.9%	95.1%	88.9%

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

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

Outcome: My individual circumstances are considered

Executive Lead: Director of Primary, Community and Mental Health

Period: June 2018 to May 2019

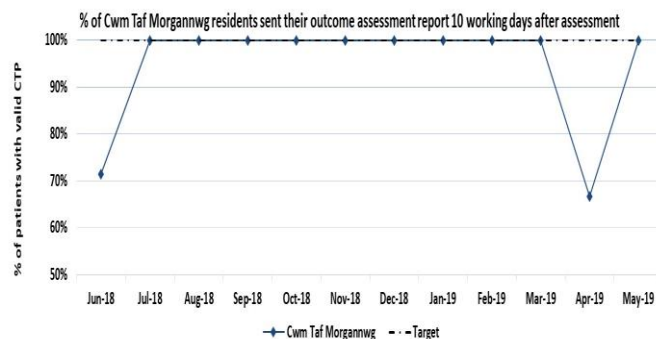
Target: 100%

Current Performance:

How are we doing, what actions are we taking?

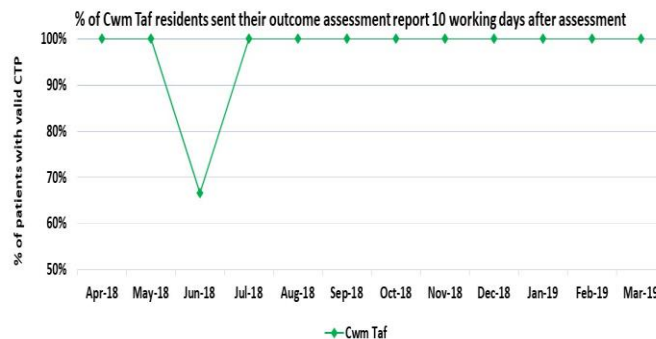
Benchmarking: how do we compare?

Cwm Taf Morgannwg

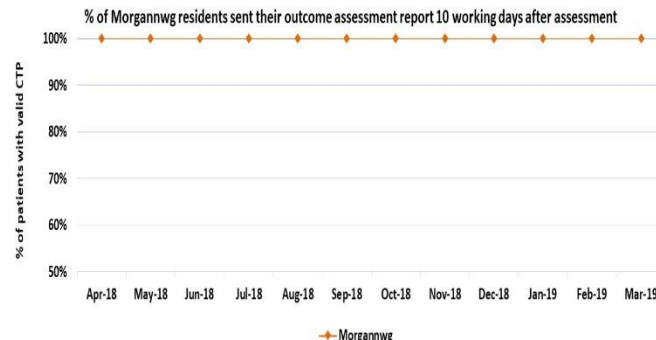


The current compliance at the end of May has increased to 100% from 67% at the end of April. Other than April there at only been one month since June 2018 when compliance had not reached 100%.

Cwm Taf: to 31st March 2019



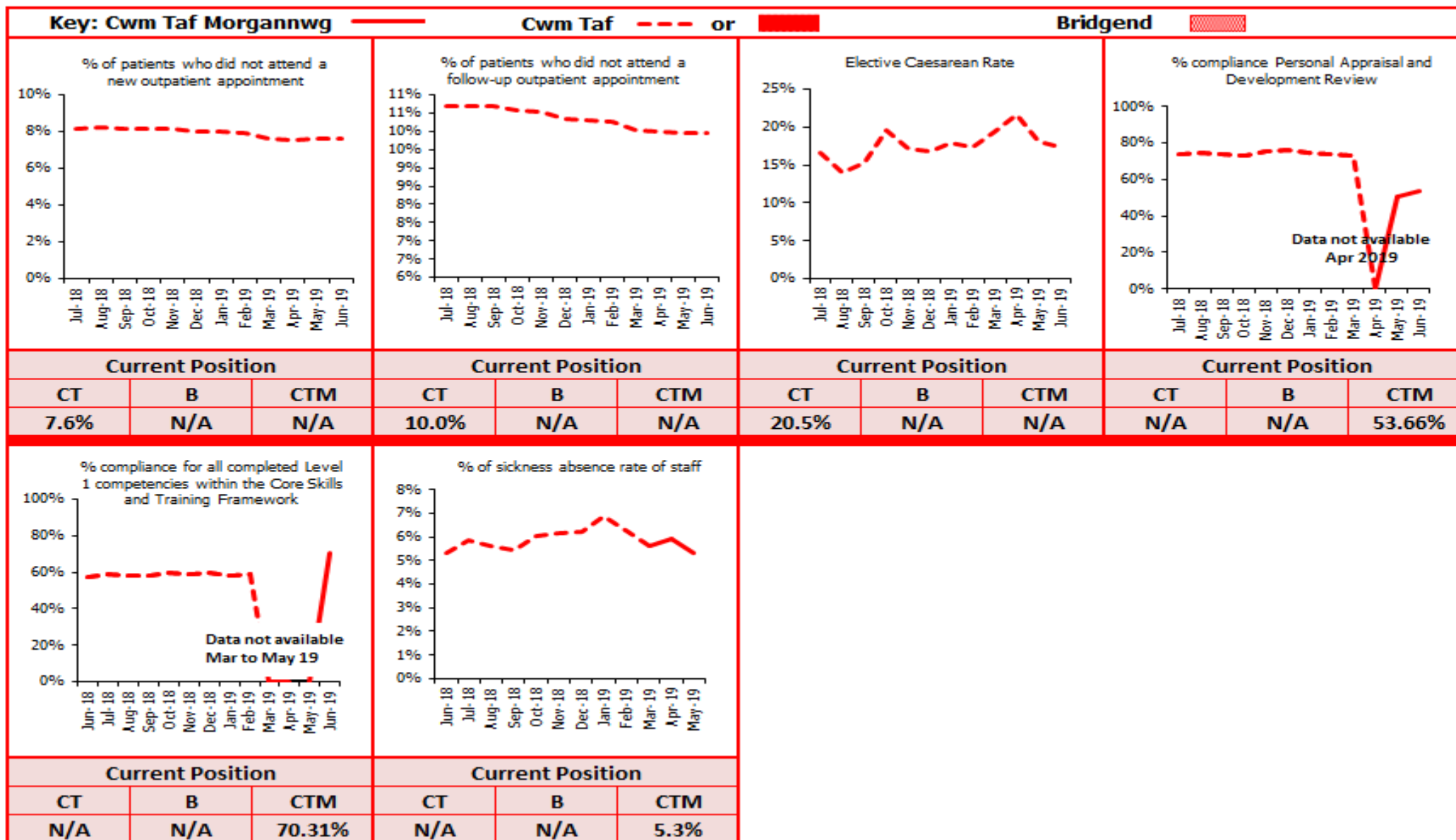
Bridgend: to 31st March 2019



% of HB residents sent their outcome assessment report 10 working days after assessment (target 100%)							
Period	Cwm Taf	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Abertawe Bro Morgannwg
May-18	100%	100%	100.0%	100%	44.4%	100%	100%
Jun-18	66.7%	100%	88.9%	100%	100%	100%	100%
Jul-18	100%	100%	100%	100%	62.5%	100%	100%
Aug-18	100%	100%	100%	100%	100%	100%	100%
Sep-18	100%	100%	100%	100%	100%	100%	100%
Oct-18	100%	100%	100%	100%	100%	100%	100%
Nov-18	100%	100%	100%	Not available	100%	100%	100%
Dec-18	100%	100%	100%	100%	Not available	100%	100%
Jan-19	100%	100%	100%	100%	100%	100%	100%
Feb-19	100%	100%	100%	100%	100%	100%	100%
Mar-19	100%	100%	100%	100%	100%	100%	100%
	Cwm Taf Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys	Swansea Bay
Apr-19	67%	100%	100%	75%	100%	100%	100%

Source: Local Mental Health

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



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: July 2018 to June 2019

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

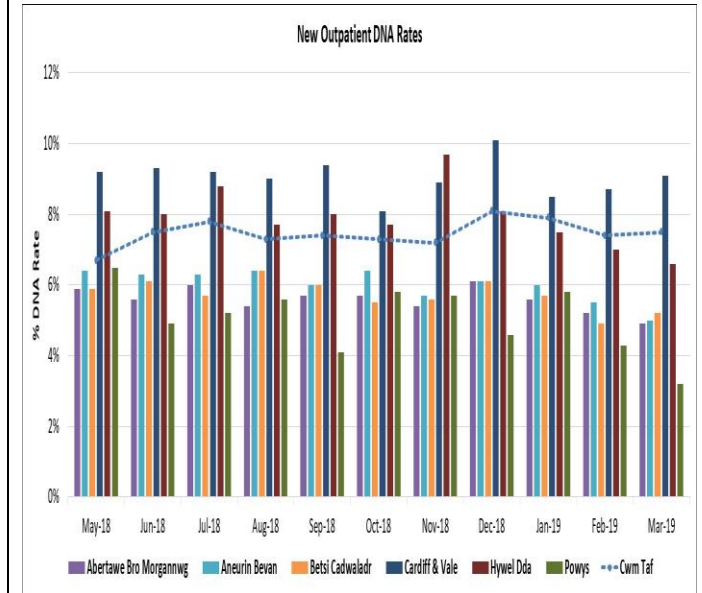
Cwm Taf Morgannwg

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 June 2019 is 7.61%.

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.



Cwm Taf

New Outpatient DNA Rates for Specific Specialties (July 2018 to June 2019)			
Main Specialty	Number New Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5141	277	5.11%
Dermatology	5028	309	5.79%
ENT Surgery	10136	723	6.66%
Gastroenterology	2450	251	9.29%
General Medicine	4165	467	10.08%
General Surgery	10110	768	7.06%
Gynaecology	9003	800	8.16%
Haem (Clinical)	1486	94	5.95%
Nephrology	289	22	7.07%
Neurology	441	67	13.19%
Ophthalmology	9014	929	9.34%
Oral Surgery	5346	390	6.80%
Orthopaedics	13831	1062	7.13%
Paediatrics	3144	546	14.80%
Respiratory Medicine	2593	165	5.98%
Rheumatology	3454	271	7.28%
Urology	5474	368	6.30%
Total	91105	7509	7.61%

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: July 2018 to June 2019

Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

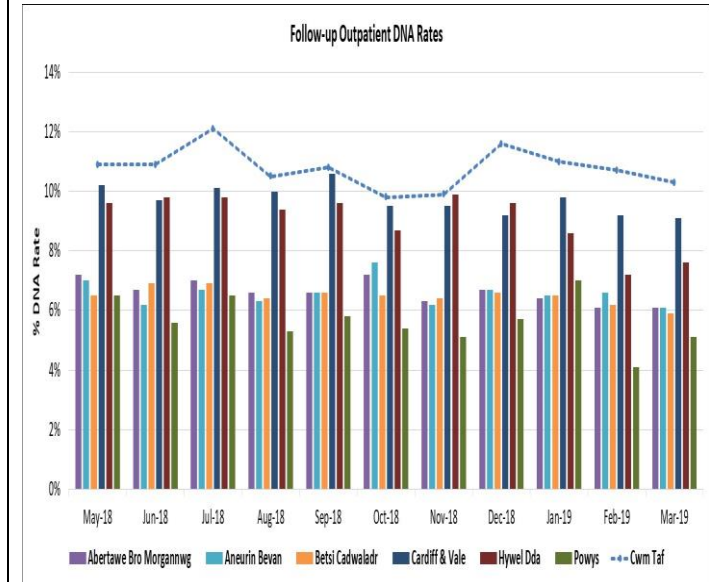
Cwm Taf Morgannwg

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 June 2019 is 9.95%.

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

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



Cwm Taf

Follow-up Outpatient DNA Rates for Specific Specialties (July 2018 to June 2019)			
Main Specialty	Number of Follow-up Outpatients Attendances	Number of DNA's	DNA Rate (%)
Cardiology	5074	312	5.79%
Dermatology	9095	706	7.20%
ENT Surgery	15406	1702	9.95%
Gastroenterology	3848	506	11.62%
General Medicine	16158	2206	12.01%
General Surgery	12415	1333	9.70%
Gynaecology	10668	1330	11.09%
Haem (Clinical)	27767	1384	4.75%
Nephrology	1968	185	8.59%
Neurology	822	211	20.43%
Ophthalmology	29476	3229	9.87%
Oral Surgery	5385	698	11.47%
Orthopaedics	30204	3341	9.96%
Paediatrics	8845	2364	21.09%
Respiratory Medicine	4653	498	9.67%
Rheumatology	8381	1117	11.76%
Urology	8319	817	8.94%
Total	198484	21939	9.95%

Bridgend

Data not currently available

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

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

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

Executive Lead: Director of Primary, Community and Mental Health

Period: 2017/18 to 2018/19 Qtr. 1

Target: Quarter on Quarter Improvement

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg

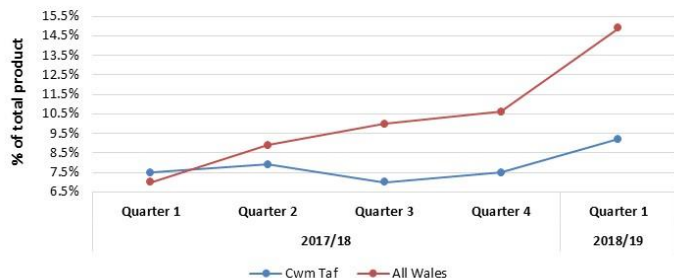
Data not currently available

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

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%
	Quarter 2	7.5%	6.4%	6.6%	8.7%	4.7%	9.4%	2.0%
2017/18	Quarter 1	7.9%	10.4%	7.4%	10.1%	7.4%	11.3%	3.2%
	Quarter 2	7.0%	12.3%	7.7%	11.7%	9.0%	12.7%	3.4%
	Quarter 3	7.5%	12.2%	8.7%	12.9%	9.0%	13.3%	5.3%

Cwm Taf

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



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.

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

Bridgend

Data not currently available

Indicator 92: Elective caesarean rate

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

Executive Lead: Director of Nursing

Period: July 2018 to June 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.

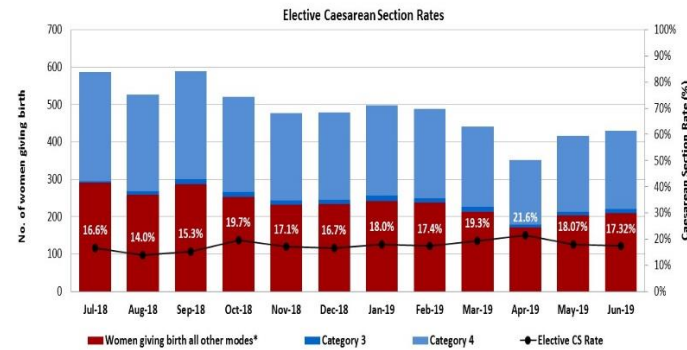
Education of Community Midwifery Teams ongoing in support of promoting choices for place of birth in line with WAG requirement for 45% of women to be offered birth in a midwifery led environment and to ensure appropriate Lead Professional throughout the pregnancy, with women returning to Midwifery Led 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: Jul 2018 to Jun 2019

Target: Annual Reduction

Current Performance:

How are we doing, what actions are we taking?

Cwm Taf Morgannwg

	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Total
Planned Procedures	3992	3593	3657	4267	3781	3337	3985	3591	3843	3440	3800	3634	44920
Total No. of Cancellations	955	737	868	1002	826	912	864	938	915	855	826	853	10551
%age total cancellations	23.92%	20.51%	23.74%	23.48%	21.85%	27.33%	21.68%	26.12%	23.81%	24.85%	21.74%	23.47%	23.49%
Patient - Clinical	12.88%	16.55%	19.35%	18.96%	19.01%	15.46%	19.79%	13.97%	15.19%	14.97%	15.01%	15.24%	16.34%
Patient - Non-Clinical	18.53%	17.37%	17.97%	15.87%	18.04%	17.21%	17.01%	15.35%	15.52%	17.19%	17.68%	18.52%	17.15%
Hospital - Clinical	30.37%	26.59%	22.47%	24.25%	27.36%	18.20%	25.35%	20.36%	21.09%	20.23%	26.51%	22.39%	23.71%
Hospital - Non-Clinical	28.48%	37.04%	36.64%	35.93%	32.93%	36.40%	33.56%	42.64%	35.63%	40.58%	35.47%	36.69%	35.98%
Other	9.74%	2.44%	3.57%	4.99%	2.66%	12.72%	4.28%	7.68%	12.57%	7.02%	5.21%	7.15%	6.81%

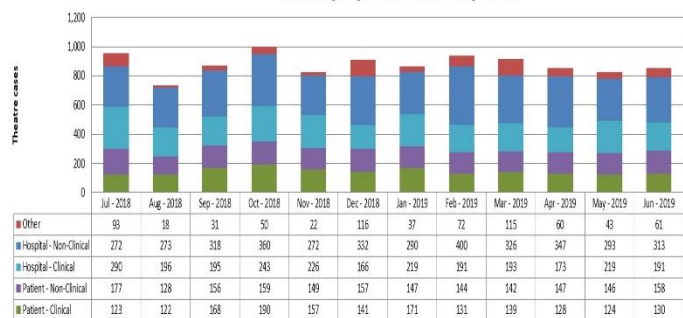
Cwm Taf

	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Total
Planned Procedures	2117	2072	1912	2230	1994	1751	2024	1829	1998	1823	1865	1817	23432
Total No. of Cancellations	444	357	368	452	367	353	392	374	317	387	338	357	4506
%age total cancellations	20.97%	17.23%	19.25%	20.27%	18.41%	20.16%	19.37%	20.45%	15.87%	21.23%	18.12%	19.65%	19%
Patient - Clinical	11.94%	16.81%	19.84%	18.81%	20.71%	18.41%	18.37%	11.23%	18.93%	13.70%	13.61%	14.85%	16.38%
Patient - Non-Clinical	13.51%	14.29%	13.86%	13.94%	13.35%	11.90%	13.01%	16.84%	19.56%	13.95%	12.43%	15.69%	14.29%
Hospital - Clinical	36.26%	29.13%	28.80%	26.77%	37.87%	25.78%	31.12%	26.20%	27.76%	23.77%	33.14%	26.33%	29.47%
Hospital - Non-Clinical	18.24%	35.01%	33.70%	34.51%	25.89%	36.54%	31.63%	40.87%	29.34%	43.15%	32.84%	37.25%	33.04%
Other	20.05%	4.76%	3.80%	5.97%	2.18%	7.37%	5.87%	5.35%	4.42%	5.43%	7.99%	5.88%	6.81%

Bridgend (Princess of Wales Hospital)

	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Total
Planned Procedures	1875	1521	1745	2037	1787	1586	1961	1762	1845	1617	1935	1817	21488
Total No. of Cancellations	511	380	500	550	459	559	472	564	598	468	498	496	6045
%age total cancellations	27.25%	24.98%	28.65%	27.00%	25.69%	35.25%	24.07%	32.01%	32.41%	28.94%	25.22%	27.30%	28%
Patient - Clinical	13.70%	16.32%	19.00%	19.09%	17.65%	13.60%	20.97%	15.78%	13.21%	16.03%	15.98%	15.52%	16.31%
Patient - Non-Clinical	22.90%	20.26%	21.00%	17.45%	21.79%	20.57%	20.34%	14.36%	13.38%	19.87%	21.31%	20.56%	19.29%
Hospital - Clinical	25.24%	24.21%	17.80%	22.18%	18.95%	13.42%	20.55%	16.49%	17.56%	17.31%	21.93%	19.56%	19.42%
Hospital - Non-Clinical	37.38%	38.95%	38.80%	37.08%	38.56%	36.31%	35.17%	44.15%	38.96%	38.46%	37.50%	36.29%	38.18%
Other	0.78%	0.26%	3.40%	4.18%	3.05%	16.10%	2.97%	9.22%	16.89%	8.33%	3.28%	8.06%	6.80%

Cwm Taf Morgannwg Theatre Cancellations - Rolling 12 Months



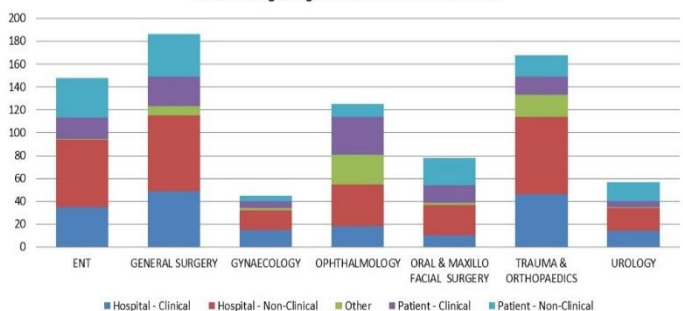
Cwm Taf Theatre Cancellations - Rolling 12 Months



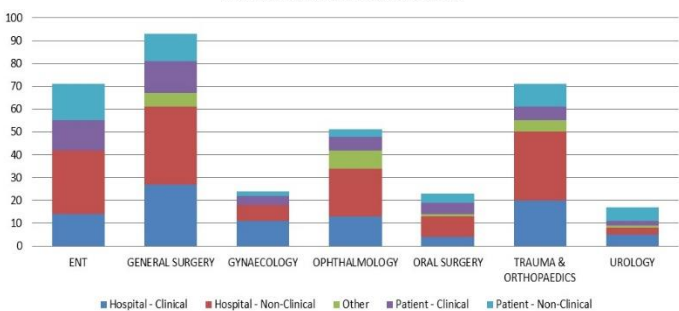
POW Theatre Cancellations - Rolling 12 Months



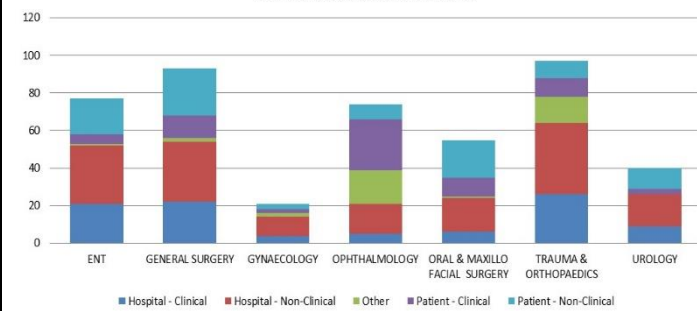
Cwm Taf Morgannwg Theatre Cancellations - June 2019



Cwm Taf Theatre Cancellations - June 2019



POW Theatre Cancellations - June 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 July 2019

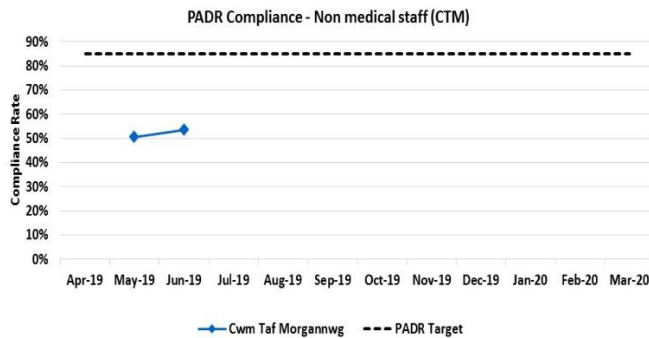
Target: 85%

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg (No data available Apr 19)



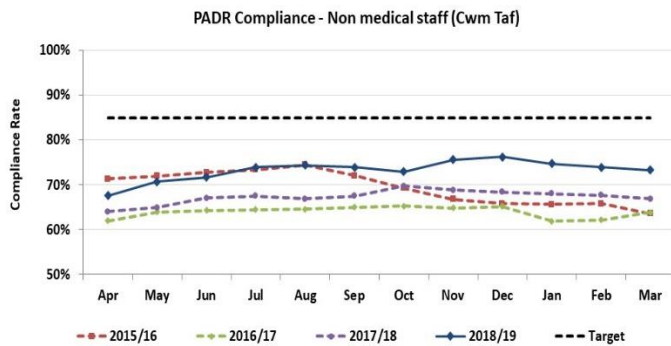
As at 1st July 2019 PDR compliance is **53.66%*** An increase of 3.07% since last reported position in June 19.

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 continually encouraged 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

% of headcount who have had a PADR/medical appraisal in the previous 12 months (target 95%)							
Period	Cwm Taf Morgannwg	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Hywel Dda	Powys
Mar-18	66.9%	59.9%	74.3%	64.8%	59.7%	65.3%	66.5%
Apr-18	67.6%	60.4%	75.7%	64.1%	60.4%	66.8%	76.8%
May-18	70.7%	58.4%	75.6%	65.7%	61.1%	68.0%	78.7%
Jun-18	71.7%	58.1%	75.4%	65.1%	61.7%	70.2%	77.6%
Jul-18	74.0%	60.4%	73.8%	65.9%	61.5%	71.8%	78.7%
Aug-18	74.4%	60.4%	73.8%	64.5%	61.4%	71.8%	79.2%
Sep-18	74.0%	Not available					
Oct-18	72.9%	64.9%	73.6%	60.3%	60.6%	74.1%	79.2%
Nov-18	75.7%	66.3%	74.0%	61.5%	60.5%	74.3%	80.6%
Dec-18	76.3%	Not available					
Jan-19	76.8%	66.8%	73.4%	61.8%	58.9%	76.7%	80.8%
Feb-19	76.0%	66.7%	79.3%	67.5%	58.9%	78.4%	79.3%

Cwm Taf - To 31st March 2019

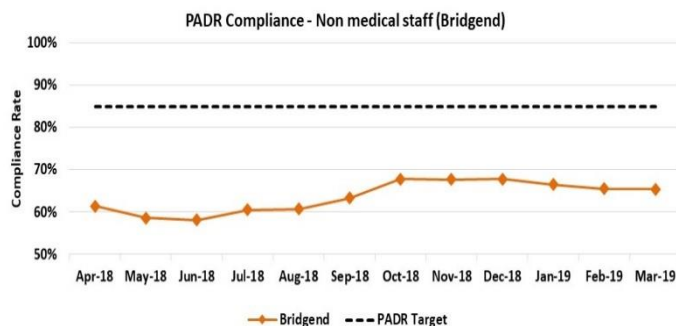


The Learning & Development Department continue to support Directorates in the following ways to improve PDR compliance:-

- 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.

**Please be aware this compliance data now includes staff from the Bridgend area who have transferred across within ESR. Unfortunately the historical PDR data did not come across with the ESR record and has impacted on the overall compliance. L&D are in the process of manually uploading this data into ESR to reflect the actual PDR position. Directorates will be informed when this work is complete.*

Bridgend - To 31st March 2019



Source:ESR/MARS

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 July 2019

Target: 85%

Current Performance:

Cwm Taf Morgannwg

See adjacent table

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)	11486	11486	8888	77.38%	560	72.51%
	Fire Training (5)	7897	7981	4901	61.41%	503	55.11%
	Health, Safety and Welfare (1)	11487	11487	8707	75.80%	709	69.63%
	Infection Prevention and Control (2)	7940	7946	5438	68.44%	1196	53.39%
	Information Governance (1)	11486	11486	8625	75.09%	1103	65.49%
	Moving & Handling (1)	11487	11487	8149	70.94%	430	67.20%
	Resuscitation (7)	6832	7387	3914	52.98%	437	47.07%
	Safeguarding Adults (2)	7940	7940	5358	67.48%	310	63.58%
	Safeguarding Children (2)	7937	7946	5548	69.82%	358	65.32%
	Violence & Aggression (2)	7941	7956	5934	74.59%	89	73.47%

Cwm Taf

Data not available

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



Bridgend

Data not available

Indicator 97: Percentage of sickness absence rate of staff

Outcome: Quality trained staff who are fully engaged in delivering excellent care and support to me and my family

Executive Lead: Director of Workforce and Organisational Development

Period: Jan 2016 to May 2019

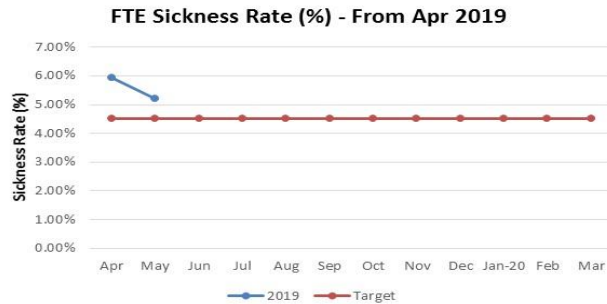
Target: 12 Month Reduction Trend

Current Performance:

How are we doing, what actions are we taking?

Benchmarking: how do we compare?

Cwm Taf Morgannwg



Sickness absence decreased to 5.21% in May which is below the Health Board's target of 5.30%. Short term occurrences have decreased since April (1008 occurrences Apr 2019, compared with 766 occurrences May 2019).

Anxiety, stress and depression remains the highest category of sickness absence. This is being addressed on a corporate level within the corporate action plan following the staff survey. At a directorate level hot spot areas are being targeted to attend courses such as mindfulness and managing stress in the workplace.

Training for the new Attendance Management Policy commenced in November, is being delivered in partnership, and is ongoing. Feedback on the training to date is positive, and Cwm Taf Morgannwg are leading the way with training in this area. Training attendance is highlighted at CBMs with a reminder for all managers to attend, at local establishment meetings for ward areas in RGH and PCH, and within Princess of Wales hospital there are monthly meetings with unit managers.

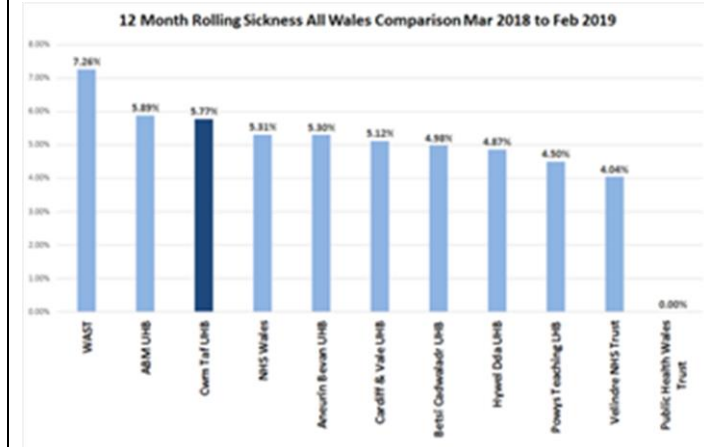
A Toolkit to support managers when managing attendance has been published.

Health and wellbeing initiatives introduced, with a monthly calendar of events.

Sickness work stream meets monthly, including staff side and Occupational Health.

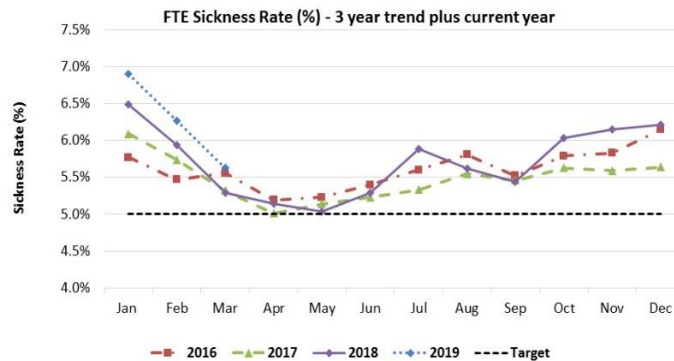
We are currently reviewing the organisation's support process around dealing with stress and anxiety, including a review of the stress risk assessment and action plan.

We are working on a further break down with stress as the reason for absence so that work related stress can be highlighted and dealt with more effectively.



For the 12 month period to Feb 2019 (All Wales Dashboard Statistics) we know that comparatively we remain in the upper quartile of sickness absence across Wales. Though we have seen in recent decrease in our sickness absence we would still look to expect to significantly improve our position immediately but hope some betterment given the many initiatives that we are promoting.

Cwm Taf



Bridgend

Data not currently available

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

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

Period: as at 31st May 2019

waiting at Swansea Bay UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	>52 Weeks	Grand Total
Allied Health	1				1
Cardiology	4				4
Cardiothoracic Surgery	2				2
Dermatology	4				4
Endocrinology	1				1
ENT	8				8
Gastroenterology	2				2
General Surgery	25			1	26
Gynaecology	3				3
Nephrology	2				2
Neurology	6				6
Ophthalmology	8				8
Oral Surgery	16	3	3	4	26
Orthodontics	3				3
Plastic Surgery	169	19	11	9	208
Restorative Dentistry	1				1
Rheumatology	2				2
Trauma & Orthopaedics	21	1	2		24
Urology	5				5
Grand Total	283	23	16	14	336

Of those waiting over 52 weeks:-

Specialty	53 - 56	57 - 60	61 - 65	66 - 70	71 - 75	76 - 80	81 - 85	Grand Total
General Surgery	1							1
Oral Surgery	1			3				4
Plastic Surgery	2	2	2		2	1		9
Grand Total	4	2	2	3	2	1		14

waiting at Aneurin Bevan UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	Grand Total
Allied Health	5			5
Cardiology	4			4
Dermatology	8	1		9
Diagnostic	9			9
Endocrinology	5	1		6
ENT	12	5		17
Gastroenterology	17			17
General Surgery	21			21
Geriatric Medicine	2			2
Gynaecology	8	1		9
Interventional Radiology	2	1		3
Neurology	5			5
Ophthalmology	16	2	1	19
Oral Surgery	12	3		15
Orthodontics	1			1
Pain Management	2			2
Respiratory Medicine	7			7
Rheumatology	1			1
Trauma & Orthopaedics	31	5	1	37
Urology	32	8		40
Chemical Pathology	1	1		2
Grand Total	201	28	2	231

There were no patients waiting over 52 weeks.

waiting at Betsi Cadwaladr UHB

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

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

Period: as at 31st May 2019

waiting at Cardiff and Vale UHB

Specialty	<=26 Weeks	>26 <=36 Weeks	>36 <=52 Weeks	>52 Weeks	Grand Total
Allied Health	7	1			8
Cardiology	143	17	1		161
Cardiothoracic Surgery	50	13	4	2	69
Clinical Haematology	29	8			37
Clinical Immunology And Allergy	110	24			134
Clinical Pharmacology	2	1			3
Dental Medicine Specialties	20	1			21
Dermatology	78	10			88
Diagnostic	5				5
ENT	75	12			87
Gastroenterology	23	3			26
General Medicine	75	9			84
General Surgery	104	16	1	1	122
Geriatric Medicine	3				3
Gynaecology	50	15			65
Nephrology	9				9
Neurology	776	90			866
Neurosurgery	117	8	1		126
Ophthalmology	220	60			280
Oral Surgery	47	7			54
Orthodontics	11	2			13
Paediatric Dentistry	57	9			66
Paediatric Neurology	12	2			14
Paediatric Surgery	92	26			118
Paediatrics	99	17			116
Pain Management	31				31
Rehabilitation Service	1				1
Respiratory Medicine	39				39
Restorative Dentistry	28	2			30
Rheumatology	10	3			13
Trauma & Orthopaedics	680	137	47	29	893
Urology	62	6			68
Clinical Oncology (previously Radiotherapy)	1				1
Grand Total	3066	499	54	32	3651

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	Grand Total
Cardiothoracic Surgery	1						1			2
General Surgery								1		1
Trauma & Orthopaedics	7	7	2	2	1	4	3	1	2	29
Grand Total	8	7	2	2	1	4	4	2	2	32

waiting at Hywel Dda LHB

Specialty	<=26 Weeks	>26 <=36 Weeks	Grand Total
Cardiology	1		1
Endocrinology	1		1
General Medicine	1		1
Neurology	1	1	2
Ophthalmology	2		2
Urology	2		2
Grand Total	8	1	9

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

waiting at Powys TLHB

Specialty	<=26 Weeks	Grand Total
Allied Health	1	1
General Surgery	3	3
Pain Management	1	1
Grand Total	5	5

There were no patients waiting over 52 weeks at Powys Teaching Local Health Board

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