

University Health Board Report

INTEGRATED PERFORMANCE DASHBOARD

Executive Lead: Deputy Chief Executive/Director of Planning and Performance

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Purpose of the Health Board Report

The purpose of this report is to provide the Health Board with a summary of current performance across a range of indicators and key issues, in particular where there are current organisational challenges and achievement and/or the organisation is under formal escalation with the Welsh Government.

Governance

Link to Health Board Strategic Objective(s)

The Health Board's overarching role is to ensure its Strategy outlined within 3 Year Integrated Medium Term Plan and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

This report focuses on all of the above objectives.

Supporting evidence

The Integrated Performance Dashboard is included as supporting evidence.

Engagement – Who has been involved in this work?

The data and information contained within the dashboard originates from a variety of sources having a number of associated engagement processes. The Integrated Performance Dashboard is also discussed monthly at both the Finance, Planning & Workforce Committee and Executive Board.

Health Board Resolution To:							
APPROVE		ENDORSE		DISCUSS	✓	NOTE	✓
Recommendation	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the Integrated Performance Dashboard, this report and performance actions outlined to support the achievement of targets • NOTE work underway on the new integrated referral to treatment and diagnostic trajectories, building on those already agreed and set in the IMTP for the former Cwm Taf area. 						

Summarise the Impact of the Health Board Report	
Equality and diversity	There are no directly related Equality and Diversity implications as a result of this report.
Legal implications	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Population Health	A number of indicators monitor progress in relation to Population Health, such as vaccination and immunisation uptake rates.
Quality, Safety & Patient Experience	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Resources	There are no directly related resource implications as a result of this report.
Risks and Assurance	Within the Integrated Performance Dashboard, actions are listed where performance is not compliant with national or local targets.
Health and Care Standards	<p>The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources</p> <p>http://www.wales.nhs.uk/sitesplus/documents/1064/24729/Health%20Standards%20Framework 2015 E 1.pdf</p> <p>The work reported in this summary and related annexes take into account many of the related quality themes.</p>
Workforce	A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates.
Freedom of information status	Open

INTEGRATED PERFORMANCE DASHBOARD

1. **SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide the Health Board with a summary of performance against a number of key quality and performance indicators, including areas where the organisation has made significant improvements or has particular challenges, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

It should be noted that this is the first performance dashboard to report performance data for the Bridgend area as an integral part of the new Cwm Taf Morgannwg University Health Board from 1 April 2019. For the purposes of this report therefore, the former Cwm Taf footprint is referred to as Cwm Taf (CT), performance specifically related to Bridgend is referred to as Morgannwg (M) and the new Health Board performance is set out as Cwm Taf Morgannwg University Health Board (CTM or CTMUHB).

Where performance data is available for CT, M and/or CTM this has been incorporated into this report, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section. The Integrated Performance Dashboard is attached as **Appendix 1**.

It is important to note that we are working closely with Swansea Bay University Health Board and the Delivery Unit in terms of ensuring the robustness of available data, appropriate data splits, application of the correct rules and appropriate presentation of the new, integrated data for the organisation. The Delivery Unit is providing helpful oversight and assurance in this respect, with the Welsh Government also being kept informed of the work as it develops.

The Health Board is requested to **DISCUSS** and **NOTE** the contents of the report and the supporting actions to improve the achievement of national and local targets.

2. **BACKGROUND / INTRODUCTION**

This report provides the Health Board with an update on progress across a number of key quality and performance targets. These relate to the following organisational objectives:

- To improve quality, safety and patient experience.
- To protect and improve population health.
- To ensure that the services provided are accessible and sustainable into the future.
- To provide strong governance and assurance.
- To ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.

The report also sets out any issues affecting performance and associated actions underway to secure improvement. The report contains fewer indicators than is normally the case given the timing of the meeting.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

KEY ISSUES:

- **Referral to Treatment Times (RTT) (escalation level 1) – Executive Lead, Chief Operating Officer**

The reported position for patients waiting over 52 weeks for April 2019 is 318. All 318 patients are patients with resident addresses within the Bridgend area. The reported position for patients waiting over 36 weeks is 1128. Of these, 169 patients are patients with resident addresses within Cwm Taf and 959 within the Bridgend area (this figure of 959 includes the 318 patients waiting over 52 weeks).

Following approval to secure outsourced capacity early in 2019-20, to support delivery, discussions are now underway with providers and contracts are being put in place for commencement of outsourcing in June 2019. This additional activity will focus on the management of patients within General Surgery, Orthopaedics, Urology, Gynaecology and Ophthalmology. Activity levels will be closely monitored month on month at the weekly RTT meetings at which there will be representation from across the new Health Board.

It should be noted that RTT trajectories have been agreed as part of the IMTP for the former Cwm Taf footprint but not yet on a monthly basis for the combined new Cwm Taf Morgannwg organisation. Proposals are being discussed at the May 2019 Executive Board and an update will be provided at the meeting.

- **RTT Patients waiting less than 26 weeks**

The reported position for April is 87.73% for the Bridgend area and 89.91% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 89.1%. The reported 26 week position for the corresponding month last year ie April 2018 was 85.88% for the Bridgend area and for the former Cwm Taf area 92.40%, giving a combined compliance of 90.19%.

- **Open Pathways**

The number of open pathways for April 2019 compared to April 2018 is as follows:

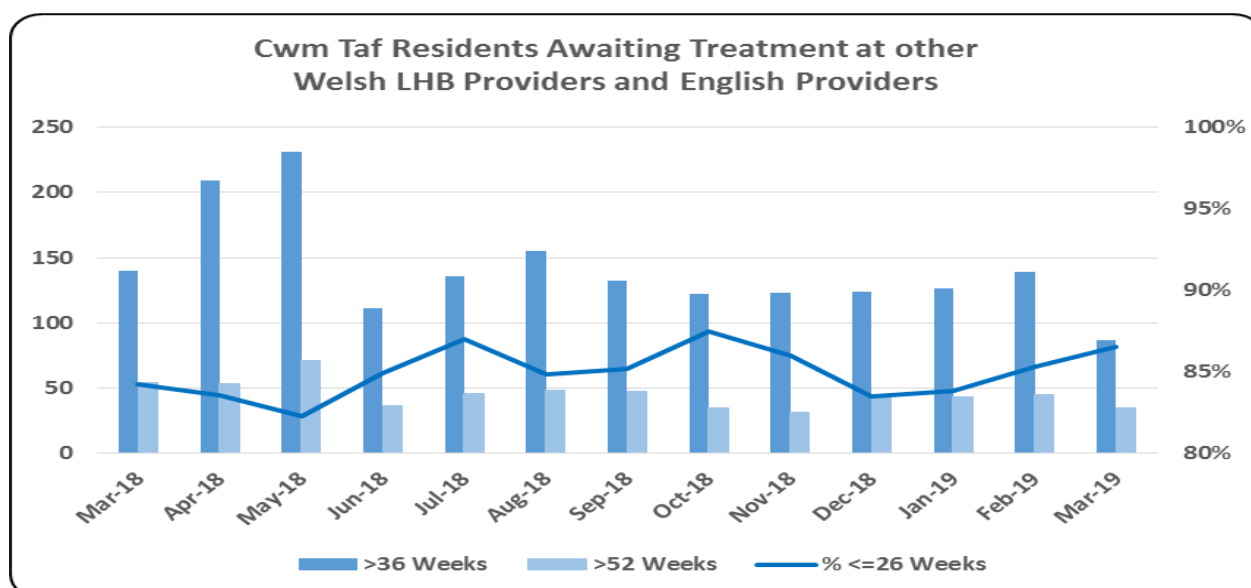
36 Weeks				2019/20		
				CT	Morgannwg	CTM
Month	2016/17	2017/18	2018/19	Total	Total	Total
Apr	1463	249	74	166	961	1127

26 Weeks				2019/20		
				CT	Morgannwg	CTM
Month	2016/17	2017/18	2018/19	Total	Total	Total
Apr	5221	3889	2852	3969	2933	6902

- RTT Commissioned Services - Executive Lead, Deputy Chief Executive/Director of Planning and Performance**

The following table shows the March position for services commissioned from other Welsh Health Boards and the February position for services commissioned from England (please note that the data relates to the former Cwm Taf area only at present).

Cwm Taf Residents awaiting treatment at:					
	<26 weeks	<26 <=36 weeks	36-51 weeks	52+ weeks	Total
ABM UHB	475	40	16	15	546
AB UHB	186	20	0	0	206
BC UHB	1	0	0	0	1
C&V UHB	2999	424	36	20	3479
Hywel Dda UHB	6	2	0	0	8
Powys LHB	3	0	0	0	3
English Providers <i>* Feb figures</i>	73	2	1	0	76



The following table shows the reported position at the end of March 2019 for residents living outside of the Cwm Taf area, who were waiting for treatment in the former Cwm Taf UHB (please note that the English provider data is for February 2019).

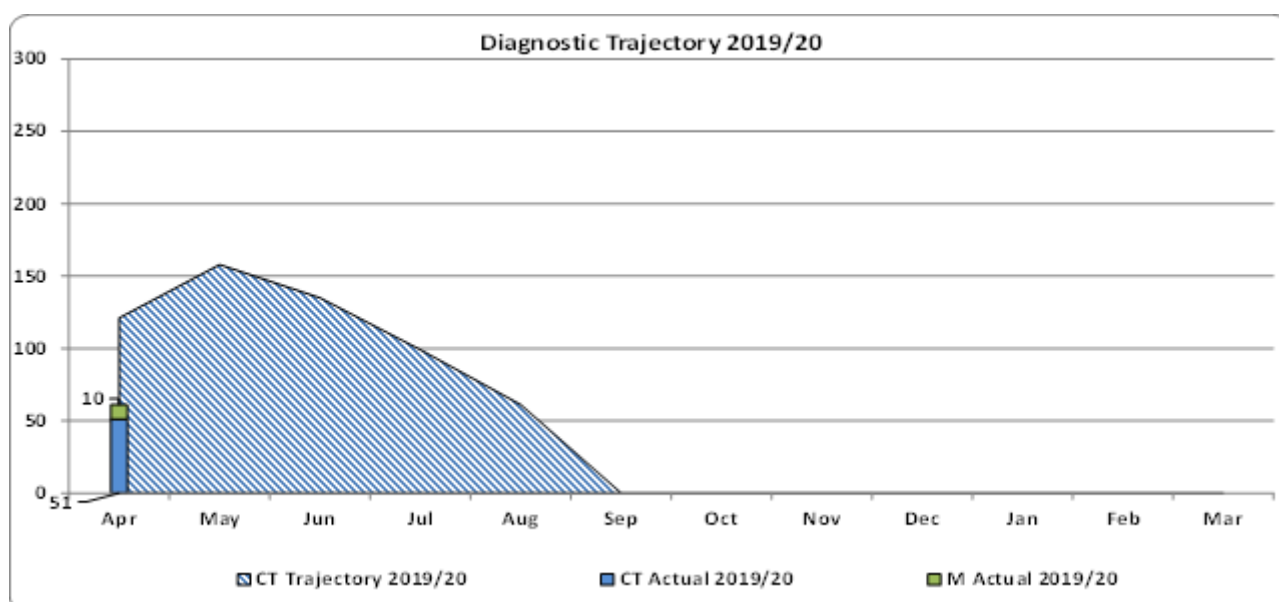
Welsh Residents awaiting treatment at Cwm Taf:				
	<26 weeks	<26 <=36 weeks	>36 <=52 weeks	Total
ABM UHB	250	26	276	552
AB UHB	2091	143	0	2234
BC UHB	1	0	0	1
C&V UHB	556	41	0	597
Hywel Dda UHB	12	1	0	13
Powys LHB	182	23	0	205
English Residents awaiting treatment at Cwm Taf:				
All Providers	26	4	0	30

- **Diagnostic Waits – Executive Lead, Chief Operating Officer**

The reported position for April is 61 patients waiting over 8 weeks for diagnostic services. There are 10 patients within the Bridgend area and 51 within the former Cwm Taf area. The majority of the 51 patients within the former Cwm Taf area are awaiting treatment in three areas - diagnostic angiography, endoscopy and cardiac heart rhythm. All 10 patients within Bridgend are awaiting cystoscopy.

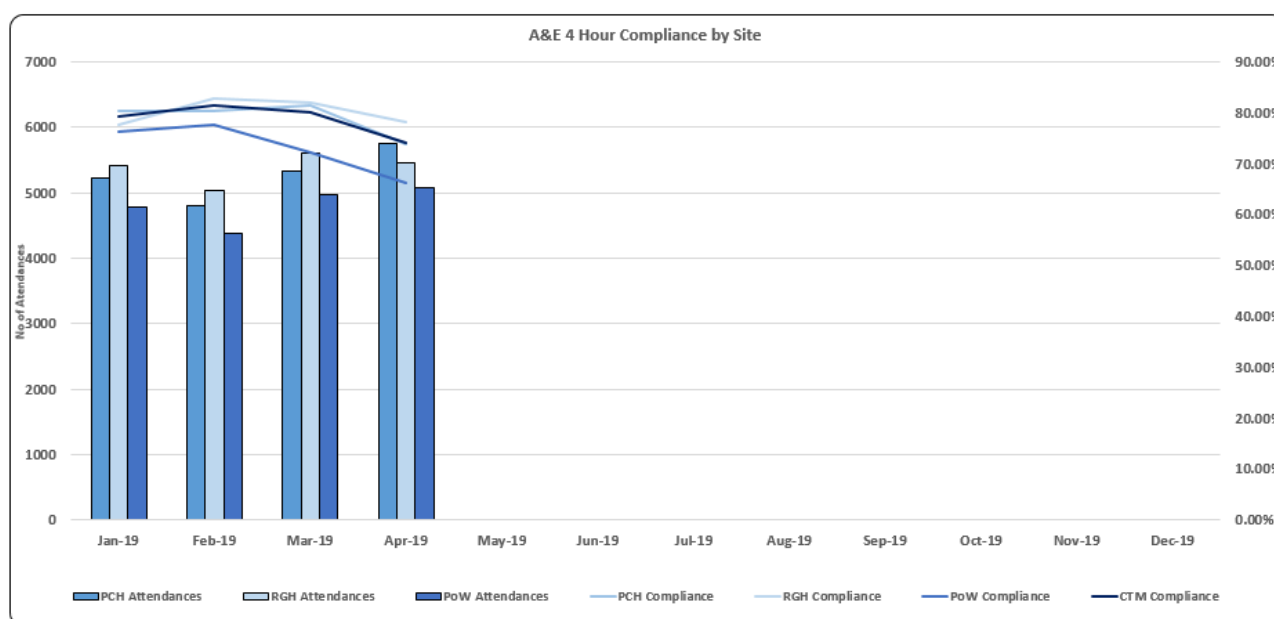
The reported diagnostic position for the corresponding month last year ie April 2018 was 75 for the former Bridgend area and 190 for the former Cwm Taf area, giving a combined diagnostic figure of 265 patients waiting at that time.

The graph below shows the diagnostic trajectory for the Cwm Taf footprint. A monthly trajectory for Cwm Taf Morgannwg is due to be discussed at the Executive Board in May 2019 and an update will be provided at the meeting.



- **Unscheduled Care – Executive Lead, Chief Operating Officer and Director of Primary, Community & Mental Health**

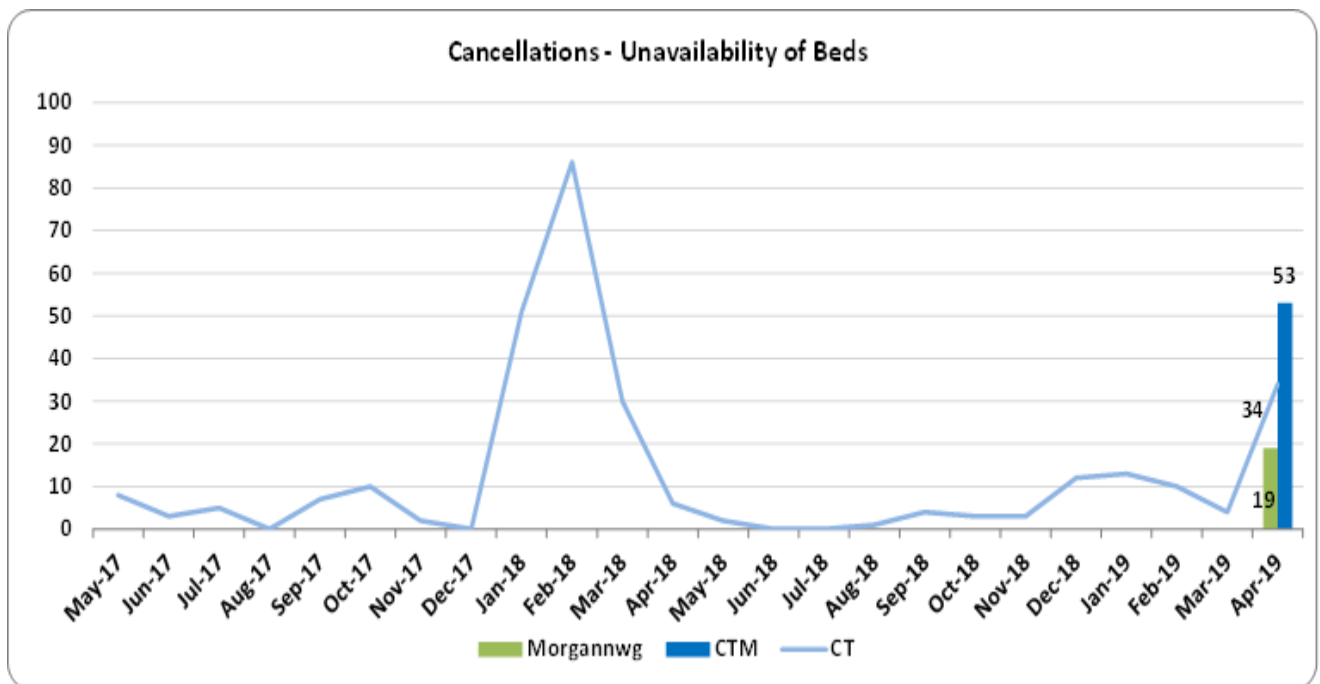
The combined performance for Cwm Taf Morgannwg University Health Board for the four hour target for April was 74.2%. Individual departmental performance was 73.9% at Prince Charles Hospital (PCH), 78.2% at Royal Glamorgan Hospital (RGH) and 66.2% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) was 99.2% and Ysbyty Cwm Rhondda (YCR) was 100%. For reference, the former Cwm Taf University Health Board compliance in April 2018 was 89.1%.



The April combined performance for the twelve hour target was 944 patient breaches. There were 355 breaches at PCH, 171 at RGH and 418 at PoW. The corresponding breach figure for Cwm Taf University Health Board in April 2018 was 219.

Elective Bed Cancellations

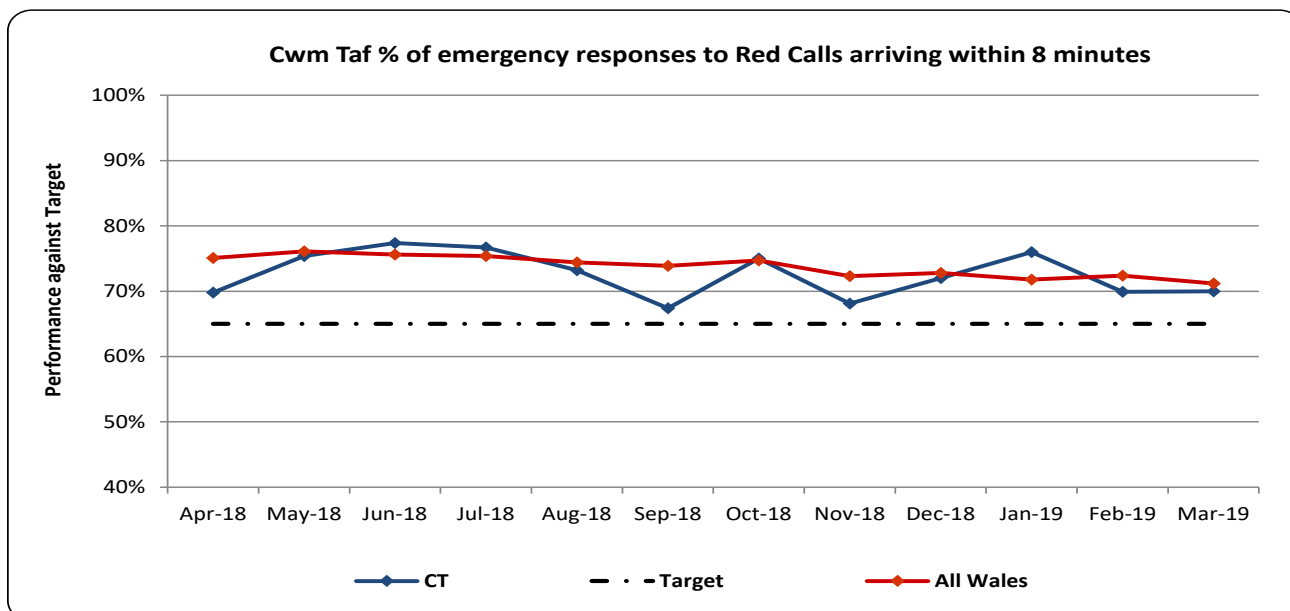
At the time of the production of this report, 53 elective bed cancellations have been reported for April across the new Health Board. These bed cancellations were at Prince Charles Hospital (34 cancellations) and the Princess of Wales Hospital (19 cancellations).



Emergency Ambulance Services

The April 2019 performance for emergency ambulance services against the 15 minute handover target for the former Cwm Taf area was 88.43% compared to 90.3% in March. The April performance for the Bridgend area was 22.4%. The Cwm Taf area performance for emergency ambulance services over one hour was 99.58% (March 100%), with the performance for the Bridgend area being 57.4%.

In March 2019 the former Cwm Taf area performance against the Red Ambulance target improved slightly during March to 70% from 69.9% in February. Cwm Taf's performance was lower than the All Wales average of 72.4% but remains above the target of 65%. Discussions are currently ongoing within WAST with regards to the availability of Red call data.



- **Delayed Transfer of Care (DTOC) – Executive Lead, Chief Operating Officer and Director of Primary, Community and Mental Health**

The delayed transfers of care (DToC) position for April is presented below as an aggregate for the new Health Board.

Table 1(a) – Number of DToC Patients (by census)

Number of patients by census		CTUHB						
		Census Month	Census	Acute	Community	Mental Health	Rehab	Total
	May-18	16/05/2018	8	0	5	15	28	
	Jun-18	20/06/2018	4	0	5	20	29	
	Jul-18	18/07/2018	5	0	2	19	26	
	Aug-18	15/08/2018	5	0	8	15	28	
	Sep-18	19/09/2018	9	0	6	21	36	
	Oct-18	17/10/2018	6	0	9	20	35	
	Nov-18	21/11/2018	7	0	6	18	31	
	Dec-18	19/12/2018	16	0	6	26	48	
	Jan-19	16/01/2019	4	0	23	4	31	
	Feb-19	20/02/2019	10	0	3	23	36	
	Mar-19	20/03/2019	7	0	9	17	33	
	Cwm Taf Morgannwg from 01/04/2019 (data now aggregated)			20	1	11	30	62
		Apr-19	17/04/2019					
	Rolling 12 months		101	1	93	228	423	

The main concerns around DToC continue to be:

- Length of time taken for cases to be heard by the Court of Protection.
- Limited domiciliary care provider capacity in some areas at peak times of the day, certain geographical areas, particularly Talbot Green, Tonteg, Pontyclun, Beddau and North Cynon.
- Patient refusal to leave hospital.

Table 1(b) - No of DToC Patients by locality (in month)

Apr-19	Merthyr Tydfil	Rhondda Cynon Taff	Morgannwg	Other	Total
Acute	0	4	12	4	20
Rehabilitation	3	13	13	1	30
Community	0	1	0	0	1
Mental Illness	2	6	1	2	11
Total	5	24	26	7	62

Prior to April 2019 Morgannwg patients would have been included within "Other" – therefore data should not be compared with data prior to April 2019.

Table 2(a) - Number of DToCs (Bed Days lost within month)

	CTUHB					
	Census Month	Acute	Community	Mental Health	Rehab	Total
	May-18	113	34	119	283	549
	Jun-18	106	0	140	574	820
	Jul-18	101	9	56	278	444
	Aug-18	118	0	122	266	506
	Sep-18	130	0	182	433	745
	Oct-18	81	0	155	324	560
	Nov-18	106	0	196	247	549
	Dec-18	243	0	154	518	915
	Jan-19	88	0	90	438	616
	Feb-19	181	0	91	545	817
	Mar-19	100	0	173	352	625
Cwm Taf Morgannwg from 01/04/2019 (data now aggregated)	Apr-19	361	6	258	605	1230
	Rolling 12 months	1728	49	1736	4863	8376

- Follow-Up Outpatients Not Booked – Executive Lead, Chief Operating Officer**

The follow-up outpatients not booked (FUNB) data provided below is for March 2019 and is currently provided for the former Cwm Taf area only. Further information for the Bridgend area, to provide a new consolidated Health Board position will be provided in future and is part of the current work programme under development.

The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at the end of March was 19586 (the February figures was 18,918).

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'.

- **Cancer 31 Non Urgent Suspected Cancer (NUSC) and 62 Urgent Suspected Cancer (USC) Day Target (escalation level 2) – Executive Lead, Medical Director**

For the former Cwm Taf area, the 31 day target (NUSC) of 100% was attained in March 2019 and the 62 day target (USC) performance was 90.57%. This is the third month in succession where a compliance greater than 90% has been attained, which is the target set in the Integrated Medium Term Plan.

In total there were five breaches, with reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both in local and tertiary centres.

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)	Breaches Minus Urology
Apr-18	3	0	1	0	1	0	0	0	0	5	89.8%	2
May-18	10	0	2	0	1	0	1	0	0	14	82.3%	4
Jun-18	5	2	3	0	1	0	0	0	0	11	83.3%	6
Jul-18	9	2	2	0	0	0	0	0	0	13	83.8%	4
Aug-18	3	1	1	0	1	0	0	0	0	12	85.0%	3
Sep-18	10	2	0	0	1	1	0	0	0	14	75.0%	4
Oct-18	7	1	5	0	1	0	0	0	1	15	80.8%	8
Nov-18	4	1	2	0	0	0	0	0	0	7	91.4%	3
Dec-18	6	0	2	0	2	0	0	0	0	10	82.8%	4
Jan-19	2	1	0	1	2	0	1	0	0	7	90.4%	5
Feb-19	2	2	1	0	1	0	0	0	1	7	91.0%	5
Mar-19	2	0	1	0	0	0	0	0	2	5	90.6%	3

The forecast Cancer position for the next three months in the former Cwm Taf area is shown in the following table.

Forecast for next 3 months					
Apr 19		May 19		Jun 19	
USC Best Case	90%	USC Best Case	90%	USC Best Case	90%
No Treated	60	No Treated	60	No Treated	60
No Breaches	6	No Breaches	6	No Breaches	6
USC worst Case	86%	USC worst Case	86%	USC Worst Case	86%
No Treated	58	No Treated	58	No Treated	58
No Breaches	8	No Breaches	8	No Breaches	8
NUSC estimate	98%	NUSC estimate	98%	NUSC estimate	98%

There are operational concerns with regards to referral numbers and capacity within some diagnostic services. There are currently issues with endoscopy capacity as a result of clinical staff shortages. There are also challenges with regards to throughput of colorectal patients as a result of capacity. The Directorate continues to scrutinise and escalate as appropriate all patient pathways, in particular Urology pathways.

The following table provides the cancer performance for March 2019 in the Bridgend area:

	Morgannwg	
	NUSC	USC
Apr-18	94.12%	82.61%
May-18	98.25%	82.22%
Jun-18	94.23%	76.74%
Jul-18	100.00%	84.62%
Aug-18	95.65%	89.19%
Sep-18	100.00%	75.61%
Oct-18	91.30%	72.92%
Nov-18	90.91%	85.96%
Dec-18	92.31%	84.21%
Jan-19	96.97%	79.41%
Feb-19	92.68%	76.32%
Mar-19	93.10%	67.50%

Please note that this performance be consolidated in next month's report when the April 2019 performance is provided for the new Health Board.

- **Quality Improvement Measures (QIMs) (escalation level 1) - Executive Lead, Deputy Chief Executive/Director of Planning and Performance**

The stroke data below is for March 2019 and is therefore for this period provided separately for Prince Charles Hospital and for information – for the Princess of Wales Hospital. Going forward, with the presentation of the April performance next month, this will need to be the provision of a consolidated, new Health Board position, as well as hospital position.

For Prince Charles Hospital, during March a total of 51 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. All six eligible patients were thrombolysed.

March 2019 Care Performance Indicators Prince Charles Hospital		
Thrombolysis Care Performance Indicators	Aspiration	Score
1. Access		
1a - Percentage of All Stroke Patients Thrombolysed	N/A	11.76%
1b - Percentage of Eligible Stroke Patients Thrombolysed	100%	100.0%
2. Time		
2a - Thrombolysed Patients with Door-to-needle <=30 mins	50%	0.0%
2b - Thrombolysed Patients with Door-to-needle <=45 mins	90%	0.0%
2c - Thrombolysed Patients with Onset-to-Needle <=90 mins	N/A	0.0%
2d - Thrombolysed Patients with Pre and Post Thrombo NIHSS Score	100%	100.0%
72 Hour Pathway Care Performance Indicators		
1. Within 4 Hours Care Performance Indicator	95%	45.1%
1a - Direct Admission to Acute Stroke Unit	95%	41.7%
1b - Swallow Screening	95%	78.4%
2. Within 12 Hours Care Performance Indicator	95%	98.0%
2a - CT Scan	95%	98.0%
3. Within 24 Hours Care Performance Indicator	95%	52.9%
3a - Assessed by a Stroke Consultant	95%	64.7%
3b - Assessed by a Stroke Nurse	95%	88.2%
3c - Assessed by One of OT, PT, SALT	95%	62.7%
4. Within 72 Hours Care Performance Indicator	95%	94.1%
4a - Formal Swallow Assessment	95%	87.5%
4b - OT Assessment	95%	95.8%
4c - Physiotherapy Assessment	95%	95.8%
4d - SALT Communications Assessment	95%	93.8%

Less than 4 Hours - Prince Charles Hospital

<= 4 Hours (Compliant)	23
<= 4 Hours (Total)	51
% Within 4 Hours	45.1%

Less than 12 Hours - Prince Charles Hospital

<= 12 Hours (Compliant)	50
<= 12 Hours (Total)	51
% Within 12 Hours	98.0%

Less than 24 Hours - Prince Charles Hospital

<= 24 Hours (Compliant)	27
<= 24 Hours (Total)	51
% Within 24 Hours	52.9%

Less than 72 Hours - Prince Charles Hospital

<= 72 Hours (Compliant)	48
<= 72 Hours (Total)	51
% Within 72 Hours	94.1%

The March performance for the 4 hour bundle improved this month to 45.1% from 40% in February. The one hour to CT time performance improved to 72.5% from 56% last month and there were 37 of the 51 patients who were compliant against the one hour to CT target.

The new Stroke QIMs were implemented from 1 April 2019. Performance will be monitored closely to ensure compliance for both Prince Charles and Princess of Wales Hospitals going forward.

QIM Bundles						
Period	Patients	<4 hours	<12 hours	(Nurse)	(Consultant)	Swallow Screen
Apr-18	35	48.6%	100.0%	91.4%	60.0%	91.7%
May-18	39	48.7%	100.0%	87.2%	51.3%	84.6%
Jun-18	51	62.7%	98.0%	94.1%	66.7%	95.2%
Jul-18	65	56.9%	98.5%	93.8%	72.3%	87.5%
Aug-18	59	32.2%	94.9%	84.7%	59.3%	66.7%
Sep-18	52	51.9%	96.2%	96.2%	78.8%	93.3%
Oct-18	59	37.3%	98.3%	88.1%	67.8%	100.0%
Nov-18	44	54.5%	100.0%	95.5%	81.8%	95.2%
Dec-18	50	46.0%	100.0%	86.0%	62.0%	83.3%
Jan-19	43	37.2%	100.0%	83.7%	79.1%	95.0%
Feb-19	50	40.0%	98.0%	84.0%	70.0%	82.4%
Mar-19	51	45.1%	98.0%	88.2%	64.7%	87.5%

The following sets out the Princess of Wales Hospital position for March 2019.

	Measure	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	25	31	27	24	28	32	31	35	32	30	21	30
	No of patients within 4 hours	10	11	9	8	8	7	8	18	13	2	3	8
	% Compliance	40.0%	35.5%	33.3%	33.3%	28.6%	21.9%	25.8%	51.4%	40.6%	6.7%	14.3%	26.7%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	0	1	4	0	0	1	2	1	1	0	1	3
	Total thrombolysed e	4	5	6	3	6	4	5	2	4	1	1	5
	% Compliance	0.0%	20.0%	66.7%	0.0%	0.0%	25.0%	40.0%	50.0%	25.0%	0.0%	100.0%	60.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Total admissions	25	31	27	24	29	32	32	37	32	31	21	31
	No of patients within 1 hour	16	12	20	9	14	14	17	19	16	15	10	12
	% Compliance	64.0%	38.7%	74.1%	37.5%	48.3%	43.8%	53.1%	51.4%	50.0%	48.4%	47.6%	38.7%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	25	31	27	24	29	32	32	37	32	31	21	31
	No of patients within 24 hours	16	25	19	17	26	14	24	22	23	16	11	20
	% Compliance	64.0%	80.6%	70.4%	70.8%	89.7%	43.8%	75.0%	59.5%	71.9%	51.6%	52.4%	64.5%

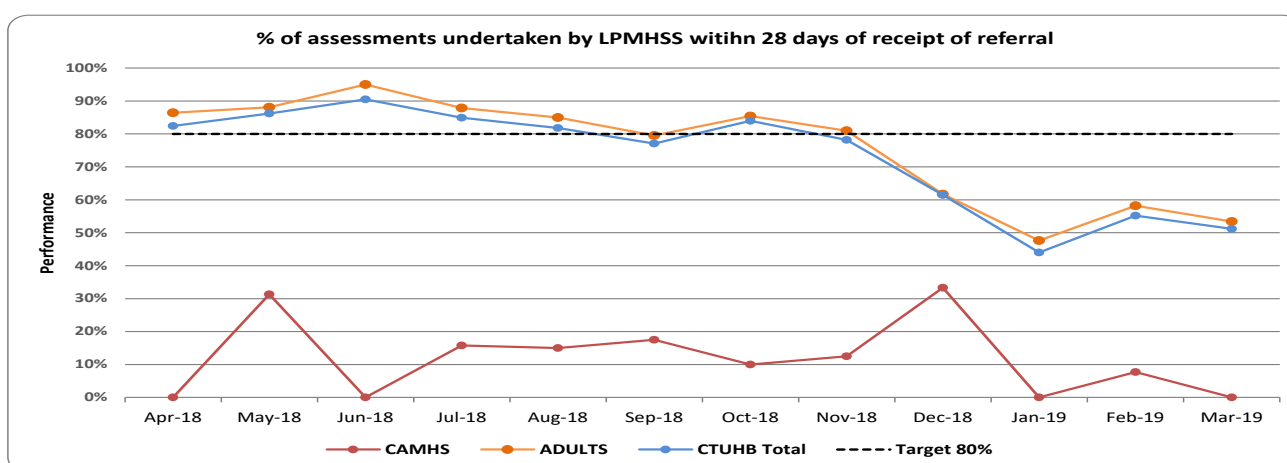
- Mental Health Measure - Executive Lead, Director of Primary, Community & Mental Health**

The Mental Health data below relates to March 2019 and therefore is provided in detail for the former Cwm Taf area only.

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. March compliance decreased slightly to 51.2%. Compliance is shown for the adult service as a whole, CAMHS and overall compliance for residents under 18 years of age, recognising that some from this cohort are seen by the adult service.

Mental Health Part 1 (a) indicators			< 18 yrs Seen by Adult	All < 18 yrs	Adults (includes <18 years)	CTUHB Total Summary
Primary Care Assessment within 28 days	Mar-19	CAMHS				
The number of referrals for an assessment by LPMHSS received during the month for:	Primary Care Patients	72	5	77	928	1000
	Secondary mental health service patients	0	0	0	1	1
	Total number of referrals received during the month	72	5	77	929	1001
Of the assessments undertaken by LPMHSS during the month, how many were for:	Patients who had waited up to and including 28 days	0	3	3	238	238
	Patients who had waited between 29 and 56 days inclusive	0	4	7	202	202
	Patients who had waited 57 days and over	19	0	19	6	25
	Total number of assessments undertaken in month	19	7	26	446	465
Performance against Target		0.0%	42.9%	11.5%	53.4%	51.2%

The corresponding level for Bridgend is 81%.

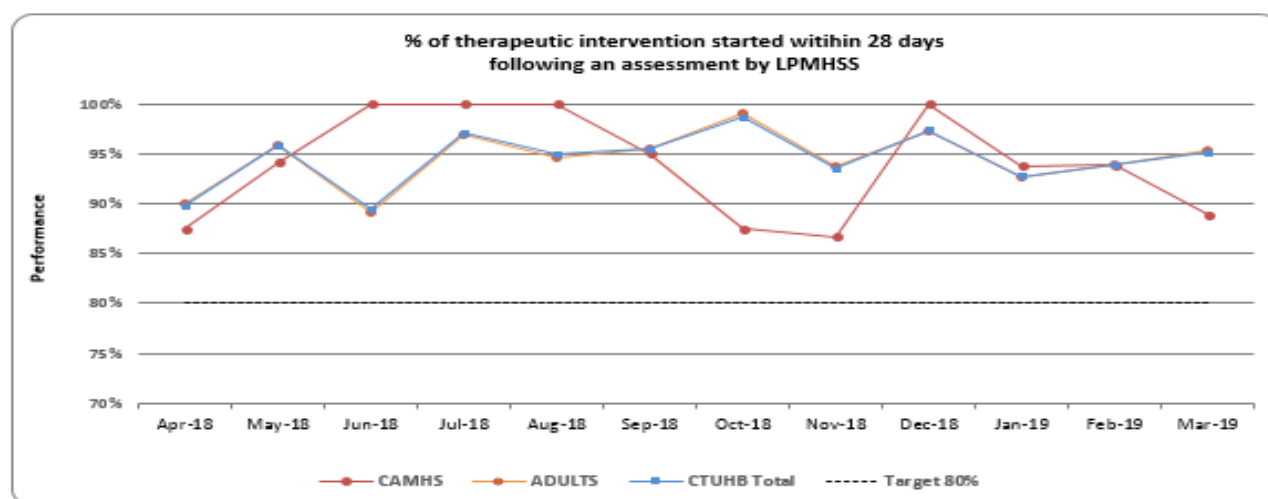


The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was 95.1% in March compared to 93.9% in February. Here again the same breakdown is provided, as well as a year's trend.

Mental Health Part 1 (b) indicators % of therapeutic interventions started within 28 days following a	Mar-19	CAMHS	< 18 yrs Seen by Adult	< 18 yrs	Adults (includes <18 years)	CTUHB Total Summary
Of the patients discharged during the month, how many patients were:	Discharged following a therapeutic intervention provided by the LPMHSS	0	2	2	58	58
	Discharged following a referral or signpost to other services (other than secondary mental health services)	0	0	0	10	10
	Discharged following the provision of information or advice	0	0	0	2	2
	Discharged following referral to secondary care services	2	0	2	6	8
	Total number of patients discharged during the month	2	2	4	76	78
Of the therapeutic interventions started during the month, how many were for:	Patients who had waited up to and including 28 days	16	5	21	373	389
	Patients who had waited between 29 and 56 days inclusive	2	0	2	6	8
	Patients who had waited 57 days and over	0	0	0	12	12
	Total number of therapeutic interventions started in month	18	5	23	391	409
Performance against Target		88.9%	100.0%	91.3%	95.4%	95.1%

All services are showing levels of performance consistently above the target.

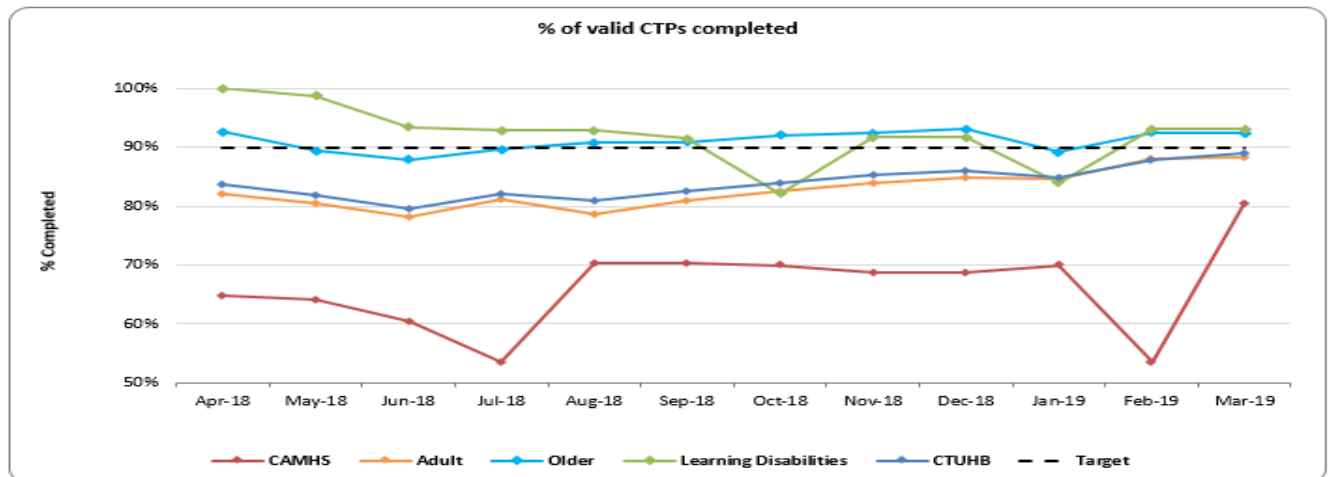
The corresponding level for Bridgend increased from 73% last month to 94% in March.



Part Two of the Mental Health Measure: i.e. % of Cwm Taf residents who have a valid Care Treatment Plan completed by the end of each month was 89% in March having been 87.8% in February. Steady improvement is being seen in adult learning disability and older patient mental health services performance.

Mental Health Part 2 indicators CTP	Mar-19	Adult	Older	CAMHS	Learning Disabilities	Total
Total number of patients in your LHB with a valid CTP at the end of the month		1743	422	41	67	2273
Total number of LHB resident patients new to secondary Mental Health services in month		88	19	1	0	108
Number of patients resident in your LHB discharged/transferred out of secondary Mental Health services within the month		59	26	36	0	121
Total number of patients resident in your LHB currently in receipt of secondary Mental Health services at the end of the month		1973	457	51	72	2553
Performance against Target		88.3%	92.3%	80.4%	93.1%	89.0%

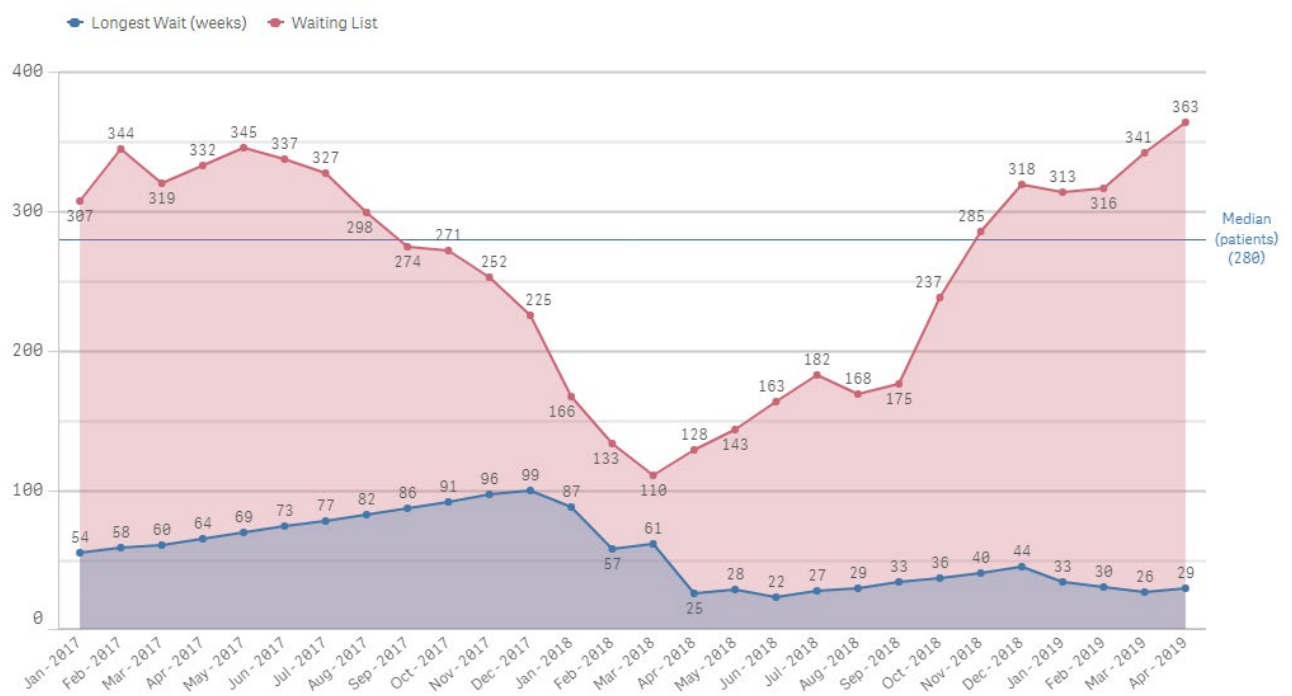
Unfortunately, continuing challenges within CAMHS, meant that the target of 90% was narrowly missed for the March 2019 end of year target. The corresponding level for Bridgend is 94%, based on 587 patients in secondary care.



Part Three of the Mental Health Measure i.e. "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" was 100% for March 2019.

Primary Care CAMHS (p-CAMHS)

The former Cwm Taf area p-CAMHS waiting list has been growing since March 2019 to 363 in April 2019. However, the maximum waiting time has reduced in recent months from 44 weeks to 26 weeks at the end of March. This climbed slightly to 29 weeks at the end of April but is expected to reduce again in May.



The service has seen a significant increase in demand over the last year, though Directorate initiatives over a number of months stabilised the waiting list despite the continued growth in referrals.

Whereas there are long waiting times for assessment, the target for intervention within 28 days continues to be met. However, in April, provisional data suggests there was a drop to approximately 67% but this was due to a very low number of assessments undertaken in month.

Neurodevelopment

Unfortunately, April saw a drop in compliance against the 26 week target for the former Cwm Taf area for neurodevelopment services from 77.7% to 70.9%.

Neurodevelopmental	CT
Total Waiting List	422
Waiting 0-25 weeks	299
Waiting 26+ weeks	123
% < 26 weeks	71%
Longest Waiter in weeks	63

Specialist CAMHS (s-CAMHS)

Compliance against the 4 week target (28 days) for Specialist CAMHS services for the former Cwm Taf area dropped significantly during April from 92% at the end of March to 56.8%. The reasons for this are a reduction in activity, including waiting list initiatives, during the Easter period combined with a reduction in the number of referrals received. Despite the total waiting list slightly reducing from 133 at the end of March to 131 the number of patients waiting over 4 weeks increased to 57. The patient waiting 27 weeks transferred over from the PCAMHS service. It is expected that with the recommencement of waiting list initiatives performance will improve during May.

Specialist CAMHS	Swansea Bay	CTM
Total Waiting List	99	131
Waiting 0 - 3 weeks	61	74
Waiting 4+ weeks	38	57
% <4 weeks	62%	57%
Longest Waiter in weeks	9	27

4. **RECOMMENDATION**

The Health Board is asked to:

- **DISCUSS** and **NOTE** the Integrated Performance Dashboard, this report and performance actions outlined to support the achievement of targets
- **NOTE** work underway on the new integrated referral to treatment and diagnostic trajectories, building on those already agreed and set in the IMTP for the former Cwm Taf area.

Freedom of information status	Open
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