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

Your ref/eich cyf:
Our ref/ein cyf: AJW/KAD
Date/Dyddiad: 18th May 2015
Tel/ffôn: 01443 744803
Fax/ffacs: 01443 744888
Email/ebost: Allison.williams4@wales.nhs.uk
Dept/adran: Chair & Chief Executive

Claire Griffiths Received 5/6/15. CG.
Deputy Clerk
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff

Dear Claire

Public Accounts Committee 28th April 2015 – Supporting Information

Further to your email of 28th April 2015, please find below and appended to this letter the requested supporting information in respect of the Health Board's attendance at that morning's Public Accounts Committee.

- **The Health Board's latest report showing the trajectories month on month together with the percentage of patients who have missed targets.**

  Our latest Integrated Performance Dashboard report is attached at **Appendix 1** which relates to the financial year 2014/15 and was presented to our Board on the 6th May 2015. This contains our referral to treatment times and trajectories on page 8.

- **A copy of the Health Board's current three-year plan**

  Our approved plan relating to 2014/15 to 2016/17 is available on our Health Board website at the following web site address: http://www.cwmtafuhb.wales.nhs.uk/opendoc/239809 . Our refreshed plan for 2015/16 – 2017/18 has been endorsed by the Health Board at it's public meeting in May but remains as a final draft pending formal approval from Welsh Government. This document is also available on the Cwm Taf UHB website and can be found at the web site address: http://www.cwmtafuhb.wales.nhs.uk/opendoc/265662 .

- **Templates of all the appointment letters issued to patients.**

Due to the requirements of individual services, the Health Board currently has over 1,000 individual letter templates. Attached at **Appendix 2** is a sample of the generic templates. If further samples are required, then please let me know and we would be happy to provide them.

- **A note on ophthalmology services within the Health Board.**

As I described to Committee members during the meeting, ophthalmology is one of our challenging service delivery areas at present and the Health Board has developed an internal operational plan to drive the delivery of our referral to treatment targets and follow-up outpatient appointments. We are also working with the Chief Optometric Adviser for Wales, in the Welsh Government, to refresh our broader Eye Care Plan for the population of Cwm Taf.

As part of our local plan, we are implementing a number of service improvements including:

- Greater use of optometrists for patients in the community setting.
  Increased use of medical photography in the delivery of our acute eye care pathways.
  Working with orthoptic staff to look at increasing their role in ocular pressure delivery.
- Creating additional follow up outpatient capacity with the expansion of the Ophthalmic Diagnostic and Treatment Centre in Ysbyty Cwm Rhondda and the establishment of a similar facility in Ysbyty Cwm Cynon in June 2015.
- Setting up virtual clinics for follow up outpatients with diabetic retinopathy, which will commence in June 2015; this should increase the follow up capacity for these clinics by approximately 30%.
- We are also seeking to secure some additional capacity for treating our patients including the running of additional weekend clinics in Cwm Taf.

- **A note on how patients, currently waiting for treatment, who move into the Health Board's area from outside of Wales, are added to waiting lists so as not to be disadvantaged.**

I can confirm that all patients held on a Cwm Taf waiting list are treated in line with published guidance. The initial criterion applied is clinical necessity and within each clinical priority, patients are treated in chronological order. No exceptions are made for area of residency once patients have been accepted onto a waiting list. This would include patients who have previously resided out of Cwm Taf boundaries and also patients who are not Cwm Taf residents but where services are commissioned from Cwm Taf UHB.

- **A note on the timescale for the audit work being undertaken on long-term follow up patients (follow ups not booked patients).**

  At the end of May 2014, 59% of the records requiring administrative validation will have been completed. This work remains on-going with a view to completion by 1st September 2015. In parallel to the administrative validation is a clinical validation being undertaken by the relevant General Practitioners.

I would also like to take this opportunity to clarify one point made during the course of the discussion at Public Accounts Committee. I gave assurance that patient "clocks" are not reset if they cancel their first appointment and that this was in line with the 'Guide to Good Practice'. The 'Guide to Good Practice' was superseded by the 'Consolidated Rules for RTT', which state that it is acceptable to reset the "clock" for a patient on their first cancellation of an agreed appointment date. However in respect of the extant guidance, there are two separate issues that I would like to clarify for the Committee:

- The impact of the cancellation on the patient's position in the waiting list.
- The impact of the first cancellation on the Health Board's compliance with the targets.

For the purpose of reporting Health Board compliance with the waiting times target, if a patient cancels an appointment the national guidance ensures that the Health Board is not unfairly penalised for the patient's decision. Therefore for reporting purposes, the "clock" is reset.

From a patient perspective however, that first cancellation will result in them being given the next available appointment slot which ensures that they are not personally disadvantaged from having to make that cancellation. The distinction is important, so that neither the patient nor the Health Board is disadvantaged by such a decision.

I hope the above provides the Committee with further useful supporting information and if you require any further information, please do not hesitate to let me know.

Yours sincerely

Mrs Allison Williams
Chief Executive/Prif Weithredydd

Appendix 2 – Sample Outpatient Appointment Letters

PARTIAL BOOKING LETTER (1ST APPOINTMENT) first invitation to ring

Appointment Centre Tel 01443 444060. Open Mon-Fri. 8.15 am - 5.45pm

Date 13 May 2015

Document Reference

FIRST INVITATION

Dear

INVITATION TO ARRANGE A FIRST APPOINTMENT

You can now arrange an appointment in the following speciality

SPECIALITY:

by telephoning the Appointments Centre on the above number. Please ring at your convenience, but please note that lines are usually busiest in the morning, particularly on Mondays.

This letter should have been delivered to you within 2 working days of the date above. If it has been delayed, please keep the envelope and tell us when you ring.

You can phone between 8.15 am and 5.45pm, Monday to Friday. Please have pen and paper to hand to note down your appointment details. Please ring within 7 days if possible. If you no longer need an appointment, please let us know.

If you have any questions, please ring the Appointments Centre as soon as possible.

Yours sincerely

MEDICAL RECORDS MANAGER

Hospital Reference No

PARTIAL BOOKING (1ST APPOINTMENT) REMINDER LETTER

Appointment Centre Tel. 01443 444060. Open Mon - Fri, 8.15 - 5.45pm

FORENAME
ADDRESS

Date: 13-May-2015

Document Reference No:. C

REMINDER

POSTCOD

Header

Dear

REMINDER TO ARRANGE AN APPOINTMENT

We recently wrote, asking you to ring and arrange an appointment int he following specialty:

SPECIALITY MAIN_SPEC_I

We do not appear to have heard from you and we would like to ensure that you do not miss the opportunity. Please contact the Appointment Centre on the above number within 7 days from today to arrange an appointment. If you no longer need an appointment, please let us know. If we do not hear from you within 7 days, we will assume you no longer require an appointment and you will be removed from the waiting list.

This letter should have been delivered to you within 2 working days of the date above. If it has been delayed, please keep the envelope and tell us when you ring.

You can phone between 8.15am and 5.45pm, Monday to Friday. Please have pen and paper to hand to note down your appointment details.

If you have any questions, please ring the Appointments Centre As soon as possible.

Yours sincerely

MEDICAL RECORDS MANAGER

APPOINTMENT LETTER

TELEPHONE NUMBER

Date: 13-May-2015

Hospital Ref:

Dear

The following Outpatient appointment has been made for you -

CONSULTANT

SPECIALITY

DATE

TIME

LOCATION

Drops may be put in your eyes which will prevent you from driving home.

On your first visit, please bring this letter, a urine sample, all your current medication, spectacles and magnifiers. Patients under 16 must be accompanied by a parent or legal guardian.

On arrival, please report to the above location. You may not see the doctor indicated on this letter. If you think you may be entitled to an ambulance, please contact 0800 32 82 332.

If you cannot attend, please telephone the above number immediately. Failure to do so will mean your referral back to your GP.

Cwm Taf is smoke free. You are not allowed to smoke in our buildings, doorways, grounds or car-parks during your visit or hospital stay.

Yours sincerely

MEDICAL RECORDS MANAGER

Referral Ref:

GENERAL CANCELLATION LETTER

FORENAM
ADDRESS

DATE: 13-May-2015
HOSPITAL REF: CASENO
SC

POSTCOI

Heade

Dear

Re: CANCELLATION OF OUTPATIENT APPOINTMENT

Due to unavoidable circumstances, your Outpatient Appointment has had to be cancelled. Details of the cancelled appointment are shown below. We will send you details of your new appointment separately.

WHEN YOUR NEW APPOINTMENT LETTER ARRIVES, PLEASE CHECK THE DATE AND TIME CAREFULLY, AS SOMETIMES ONLY THE APPOINTMENT TIME WILL HAVE CHANGED, NOT THE DATE.

PLEASE NOTE - THIS APPOINTMENT HAS BEEN CANCELLED

NAME	ALL_NAME		
SPECIALITY	MAIN_SPEC		
DATE	TRT_DATE	TIME:	APPT
LOCATION	BASE_DESC		

If you need to cancel an ambulance booking, please contact the Ambulance Booking Centre on 0800 32 82 332.

We do apologise for any inconvenience this change has caused.

Yours sincerely

MEDICAL RECORDS MANAGER

Dear

CANCELLATION LETTER – EYES

TELEPHONE NUMBER 01685 728266

DATE: 13-May-2015

HOSPITAL REF. M2061131

21

Header

Dear

Re: CANCELLATION OF OUTPATIENT APPOINTMENT

Due to unavoidable circumstances, your Outpatient Appointment has had to be cancelled. Details of the cancelled appointment are shown below. We will send you details of your new appointment separately.

WHEN YOUR NEW APPOINTMENT LETTER ARRIVES, PLEASE CHECK THE DATE AND TIME CAREFULLY, AS SOMETIMES ONLY THE APPOINTMENT TIME WILL HAVE CHANGED, NOT THE DATE.

IMPORTANT - IF YOU HAVE A 'VISUAL FIELDS' APPOINTMENT, PLEASE NOTE THAT IF OTHERWISE INFORMED THE VISUAL FIELDS APPOINTMENT WILL STAND.

PLEASE NOTE - THIS APPOINTMENT HAS BEEN CANCELLED

NAME

SPECIALITY

DATE

TIME

LOCATION

If you need to cancel an ambulance booking, please contact the Ambulance Booking Centre on 0800 32 82 332.

We do apologise for any inconvenience this change has caused.

Yours sincerely,

NEW APPOINTMENT PHYSIOTHERAPY

Header

Dear

An appointment has been made for you to attend the Physiotherapy Outpatient Department, Prince Charles Hospital on:

APPOINTMENT DATE
APPOINTMENT TIME

Please report to the reception desk in the Physiotherapy Department which is situated on the Ground Floor.

The first appointment will take approximately 40 to 60 minutes and will consist of a detailed history, physical examination and discussion of findings.

If you are unable to keep your appointment you must inform the department on 01685 728111 as soon as possible. If you fail to attend or do not notify us of your inability to attend we will assume you do not require treatment and will be discharged.

Yours Sincerely

Mrs Sally A Thomas
HEAD OF PHYSIOTHERAPY SERVICE
Cwm Taf Health Board

Cwm Taf University Health Board is smoke-free. This means you are not allowed to smoke in our buildings, doorways, grounds or car parks during your visit or hospital stay.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

INTEGRATED PERFORMANCE DASHBOARD

Lead Director – Director of Planning and Performance

6th May 2015 – Health Board

CONTENTS

My Local Health Service

In addition to this internal performance report, Cwm Taf UHB also participates in the Welsh Government initiative which enables sharing of quality and performance information with the public. **My Local Health Service** is designed to share more information about Cwm Taf with the general public than ever before.

Cwm Taf UHB is responsible to the public for the health and social care that is provided within its boundaries. My Local Health Service will present information on the workings of all these areas in a user friendly way so everyone can see how we are performing for our population.

This is a journey of honesty and increasing openness, with a lot more information to be provided over the coming months and then regularly updated. My Local Health Service will publish various measures showing the quality of NHS services all over Wales. The information is provided where possible with comparisons to be made between regions and organisations across Wales and not just within Cwm Taf. We encourage members of the public to use this information to navigate the NHS and to challenge where improvement is needed.

The Website currently includes:

- Bilingual access to performance measures for NHS Wales
- The option to view information as a table or chart
- Direct links to useful websites for further information
- A frequently asked questions tab

Future work

My Local Health Service is an evolving project with scope for the publication of a wide variety of performance data and useful public health service information. The vision for My Local Health Service is to provide health care measures of success in more details on a local level. This will include information about the performance of individual services within a hospital or General Practice.

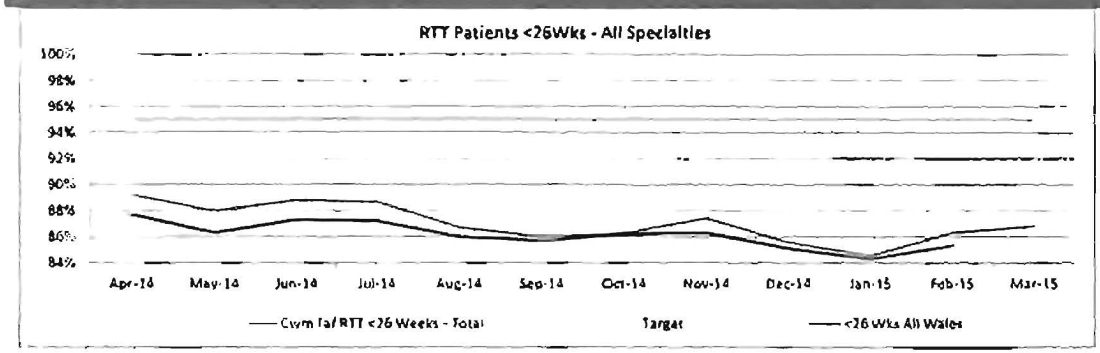
1	Cwm Taf UHB at a Glance								
Key	Forecast for next month's position	G	A		R				
	New Escalation	New		Data Quality		Under Development			
	Update on	Prev		TBC		To Be Completed			
EXPERIENCE AND ACCESS		**Standard**	**Current Month Data**	**Month Actual**	**YTD (April to March)**	**Forecast next month**	**Month Actual 2014**	**YTD (April to March) 2013/14**	**Data Quality Indicator**
Access	A&E Seen in < 4 hours	95%	March	89.30%	89.55%		85.20%	88.90%	⊛
	A&E seen in < 12 hours	100%		98.80%	99.28%		N/A		⊛
	Ambulance Cat A in 8 mins	65%	March	46.4%	43.9%		42.9%	53.1%	
	A&E Handover within 15 mins	95%		85.7%	87.2%		85.8%	81.6%	
	A&E Handover within 60 mins	100%		99.90%	99.90%		98.00%	99.80%	
	RTT No Patient > 36 Weeks	zero	March	1155	N/A	R	638	N/A	
	RTT <26 Weeks - Total	95%		86.80%	N/A	R	89.50%	N/A	
Cancer Target	USC Treated < 62 days	95%	February	81.5%	89.0%	R	89.8%	85.0%	
				10/54	64/582	R	6/59	82/548	
	NUSC Treated <31 days	98%		97.0%	98.5%	G	97.7%	98.4%	
				3/101	17/1156	G	2/85	18/1102	
Fractured Neck of Femur (#NOF)	#NOF - 2 hr to admission	Improvement	March	4.5 hrs	3.0hrs		3.4hrs	NA	
	#NOF - 24 hr to theatre			33.6 hrs	33.4hrs		26hrs	NA	
Efficiency & Utilisation	Theatre Productivity (Mins): Late	zero unproductive time by End March 2015	March	6689			6879		
	Early finish			15259			13192		
	Total Sessions lost			210			1785		
	Turn around > 20 mins			5231			5462		
	Theatre cancellations by hospital	Total		73%	75%		N/A		
	Outpatients DNA Rates - New	5% (local)		8.0%	8.0%		7.9%	7.9%	
	Outpatients DNA Rates - F/up	7% (local)		10.7%	10.7%		9.3%	10.4%	
	Outpatient Clinic Cancellations < 6 Weeks	Local - Improvement		46	760		76	886	
	Emergency Ave LOS - Acute Medicine	Local		6.6			6.3		
	Emergency Ave LOS - Orthopaedics	9.9		7.9	7.5		7.9	7.9	
	Emergency Ave LOS - General Surgery	6.0		4.3	5.2		5.1	5.3	
	Admission on Day of Surgery - General Surgery	62%	November	60%	56%		N/A		
	Admission on Day of Surgery - Urology	75%		74%	66%		N/A		
	Admission on Day of Surgery - Orthopaedics	55%		18%	18%		N/A		
	Admission on Day of Surgery - ENT	81%		79%	79%		N/A		
	Admission on Day of Surgery - Ophthalmology	79%		100%	72%		N/A		
	Admission on Day of Surgery - Oral Surgery	46%		63%	56%		N/A		
	Admission on Day of Surgery - Gynaecology	61%		71%	60%		N/A		
	Elective Ave LoS - General Surgery	3.3	February	3.0	3.3		4.0	3.6	
	Elective Ave LoS - Orthopaedics	3.2		3.6	3.9		4.4	4.1	
Need & Prevention	Immunisation Uptake Rates (Quarterly	95%	Qtr 3	87.5%			88.70%		
	Smoking Cessation (Quarterly)	5%		2.70%			4.32%		

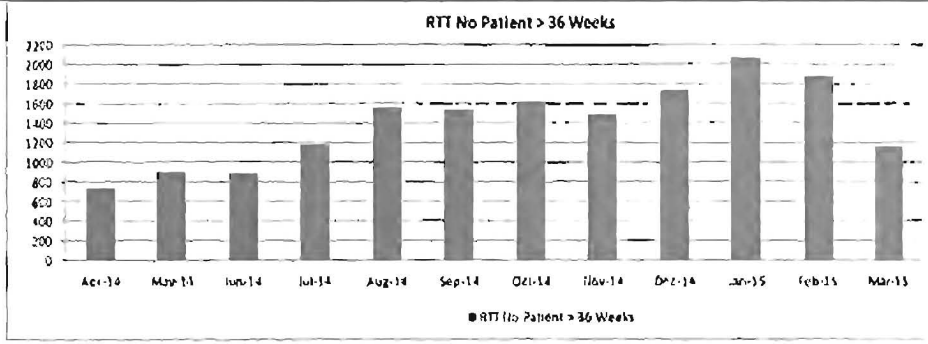
2 Cwm Taf UHB at a Glance

EXPERIENCE AND ACCESS		Standard	Current Month Data	Month Actual	YTD (April to March)	Forecast next month	Month Actual 2013	YTD (April to March) 2013	Data Quality Indicator
Patient Safety	HAI - C.Diff in IP > 65 years	<= 92 cases FYE	March	3	101	R	8	81	
	HAI - MRSA	<= 8 cases FYE		0	15	R	1	14	
	Hand Hygiene Compliance	Improvement	February	95.7%			94.6%		
	Nutritional Assessment Compliance	Improvement		95.9%			96.0%		
	Spells with Pressure Sores (Decubitus Ulcers)	20% reduction against baseline 2013/14		14%	48%	G	-17%	18%	
		No. Pts (cumulative)		12	245	G	48	439	
	Surgical Site Infection Rates	Primary Hip	Jan - Dec 14	1.1%	N/A	G	1.3%	N/A	
		Primary Knee		0.9%	N/A	G	1.5%	N/A	
		Caesarean	January	2.1%	3%	R	3.3%	2.8%	
	Potential Hospital Acquired Thromboses	Improvement	March	33	169		15	N/A	
	Crude Mortality	Improvement	November	2.19%	N/A		2.49%	N/A	
	Risk Adjusted Mortality Index 2014	100	Rolling	N/A	121		N/A	N/A	
	Condition Specific - Heart Attack	reduction	12 months	N/A	4.5%		N/A	N/A	
	Condition Specific - Stroke	reduction	Dec 13 to	N/A	14.8%		N/A	N/A	
	Condition Specific - Fracture Neck of Femur	reduction	Nov 14	N/A	6.0%		N/A	N/A	
	Stroke First Hours Bundle	95%	March	100.0%	96.7%	G	100.0%	90.9%	
		zero		0/32	15/441		0/28	31/311	
	Stroke First Day Bundle	95%		65.3%	65.6%	R	75%	54.7%	
		zero		11/32	152/441		7/21	155/311	
	Stroke First 3 Days Bundle	95%		81.3%	95.3%	R	96.0%	73.4%	
		zero		6/32	21/441		1/27	91/311	
	Stroke First 7 Days Bundle	95.0%		81.3%	94.2%	G	100.0%	81.0%	
		zero		6/32	30/441		0/28	65/311	
	No of Complaints	reduce by YTD	January	73	696	R	55	484	
	Mental Health Access - Care Treatment Plan Completion	90%	February	85.2%	85.9%	R	82%	72%	
	Mental Health Access - LPMHSS Assessments within 28 days	80%		76.8%	69.15%	R	65.9%	70.40%	
	Mental health Access - LPMHSS Therapeutic Interventions	90%		100.0%	97.4%	G	100.0%	92.90%	
	Clinical Coding (by 31st March 2015)	98% within 12 weeks on rolling 12 months 2013/14	Apr 13 to Mar 14	N/A	N/A		N/A	99.2%	
		95% within 12 weeks of month end (in month)	November	96.6%	N/A	G	N/A		
Use of Resource									
Workforce	Workforce - Sickness Absence Rates	4.50%	January	6.10%			5.50%		
	PDR Compliance	100%	March	67.96%			57.9%		
	Consultant Appraisal	100%	January	55.1%			40%		
Finance	I&E surplus (actual versus plan)	< 1% over plan	February	-1.92%	1.20%		N/A		
	Pay expenditure (actual versus plan)	<0.5% over plan		1.72%	0.29%		N/A		
	Non-pay expenditure (actual versus pl	< 1% over plan		1.69%	1.38%		N/A		
	Efficiency savings(actual versus plan)	< 5% over plan		16.33%	41.56%		N/A		
	Capital expenditure(actual versus plan	< +/- 5% of plan	February	38.62%	0.08%		N/A		
	30 day payment compliance % (No)	95% of total		95.10%	95.00%		N/A		
	30 day payment compliance % (£)	95% of total		83.90%	87.90%		N/A		

1. Measures in Escalation

Referral to Treatment Time (RTT)





The table below outlines by specialty the RTT performance against the 36 week target during 2014/15. The March performance shows a reduction in the numbers of patients waiting over 36 weeks from 1869 in February to 1155 at the end of March. As you can see, with the exception of Ophthalmology, up to October most specialties were making good progress towards achieving a compliant 36 week performance. Unfortuantely that has been unbalanced by the unscheduled care pressures expereinced during the winter period. However, the Health Board is committed to returning as many specialties as is possible to a zero position over 36 weeks.

Specialty	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Orthopaedics	141	182	175	170	204	134	109	74	112	184	157	144
General Surgery	156	189	125	112	174	165	173	133	167	190	174	133
Urology	3	6	12	13	27	4	9	4	12	18	29	0
ENT	94	94	89	83	69	59	44	25	65	105	95	25
Ophthalmology	151	238	313	533	802	940	1113	1074	1165	1324	1162	751
Oral Surgery	168	163	135	127	146	145	143	128	137	133	97	84
Gynaecology	10	13	26	111	106	60	16	0	20	71	52	0
Cardiology	1	4	8	15	16	16	16	13	15	8	48	9
Rest Dentistry	0	0	0	0	1	1	0	0	3	3	14	7
Gastroenterology	11	11	5	9	14	16	5	13	18	18	20	2
Diagnostics	2	4	5	5	3	0	4	4	1	5	11	0
Respiratory	0	0	0	0	2	1	0	9	8	5	4	0
Anaesthetics	0	0	0	0	0	0	0	1	0	0	0	0
Dermatology	0	0	0	0	0	0	0	1	1	2	4	0
General Medicine	0	0	0	0	0	0	0	7	18	0	1	0
Rheumatology	0	0	0	0	0	0	0	1	0	0	1	0
Total	**737**	**904**	**893**	**1178**	**1564**	**1541**	**1632**	**1487**	**1742**	**2066**	**1869**	**1155**

Referral to Treatment Time (RTT) (cont)

Issues affecting performance

Reporting for March shows a decrease in the number of patients waiting over 36 weeks for treatment, from 1869 in February (reflected above), to 1174.

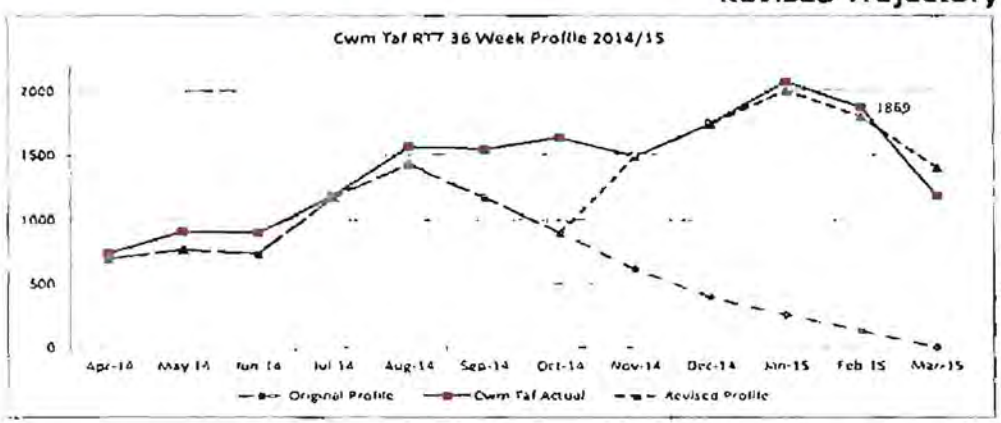
The main area for concern remains Ophthalmology, with 620 patients at stage 1 and 540 at stage 4. Plans are in place to increase the capacity for outpatients and ensure treatment of long waiting cataract patients.

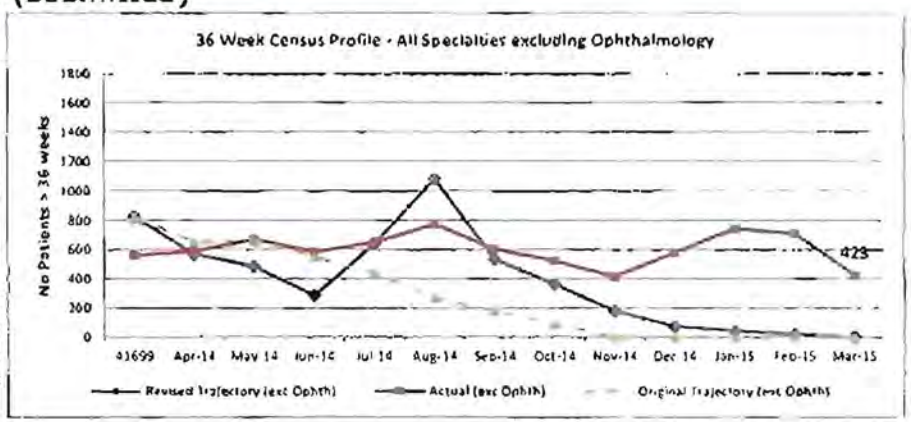
Agreed actions

- Develop comprehensive demand and capacity plans for delivery in 2015/16.
- Maintain treat in turn rates achieved during the last quarter of 2013/14.
- Improve the rate of back fill for lists not being utilised due to planned annual leave and study leave.
- Minimise use of additional theatre sessions at weekends.

WG Escalation

Revised Trajectory (submitted)

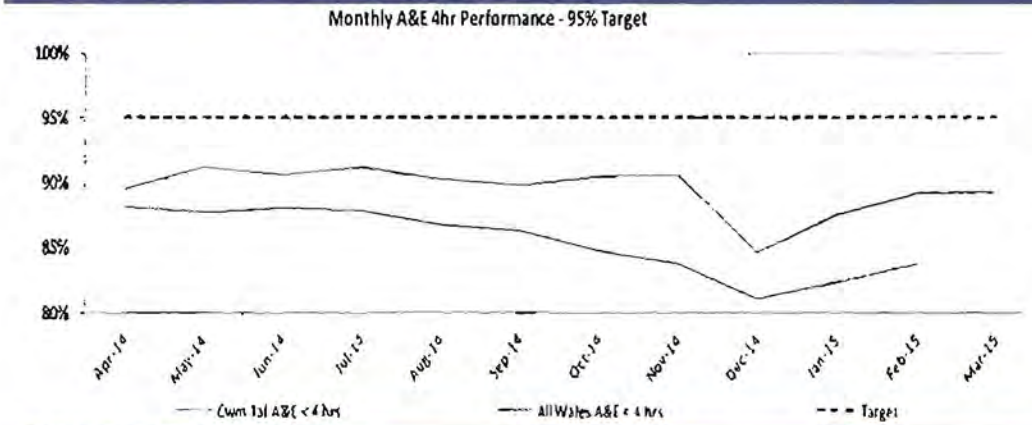


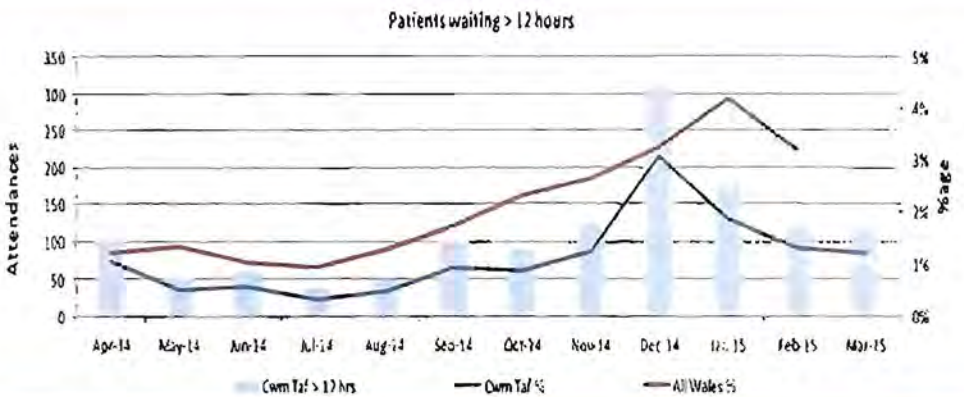


The graphs above depict the 36 week position for the end of February, with and without Ophthalmology. Unfortunately even with Ophthalmology excluded the actual improvement trajectory is above the target trajectory. Aside from Ophthalmology, where there are currently 404 patients waiting over 36 weeks, the main specialties remaining above profile are General Surgery (133 patients) and Orthopaedics (144 patients).

Indicator Level	Target	March 2015	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	Zero 36 wk 95% less 26 wk	1155 86.8%	n/a		COO	30th Nov 2014 31st March 2015	

A&E 4 Hour Waits





Current Performance

< 4 hour - 89.3%%

< 8 hour - 97.17%%

No of Patients > 12 Hours - 134

< 12 hour performance - 98.79%

Issues affecting performance

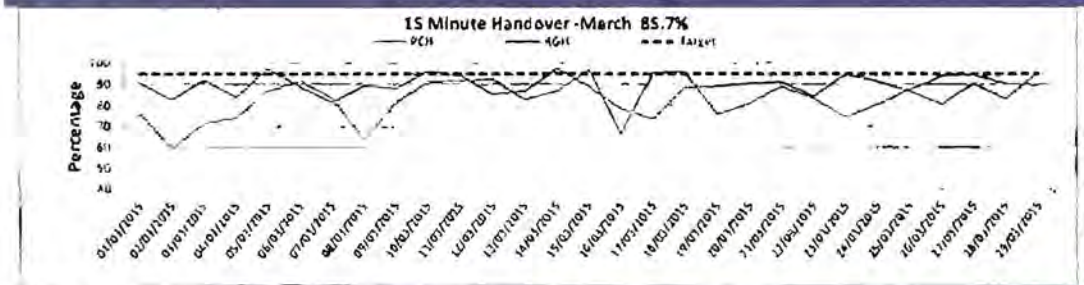
4, 8 and 12 hour performance across the Health Board continues to recover following the pressure experienced during December and January. It is envisaged that this improvement will continue as the sites become more stable.

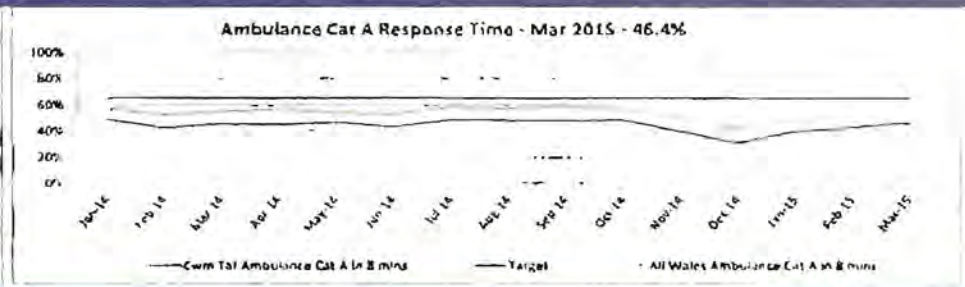
Agreed actions

- 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 has reduced dramatically.
- Concentrated effort is now being made to improve 4 hour performance and eradicate 12 hour waits.

Indicator Level	Target	March	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	95% treatment compliance within 4 hours	89.3%	89.55%		COO	31st March 2015	

Ambulance Handover & CAT A Response





Issues affecting performance

Handover

Handover performance remains above 80% in the main although PCH has had episodes of performance around 70%. It appears the direct admissions to the clinical decision area presents problems as there is no handover screen in this area, resulting in delays in actually clearing the screen.

There have been a small number of long delays which are being investigated and appropriate action will be implemented to once again eradicate these.

Cat A

Cat A performance remains at a low level and there continues to be no correlation between the 15 min handover and CAT A performance. The Health Board is working closely with WAST colleagues in developing a PDSA cycle to ringfence resources within the Cwm Taf boundary. There will be a 24 hour and 48 hour test of this cycle in the next two weeks with a go live date of the end of March for a six week PDSA cycle.

The Health Board are also developing a PDSA cycle with WAST to provide alternative transport for GP admissions across Cwm Taf it is hoped this will also contribute to an improvement in the Cat A response times.

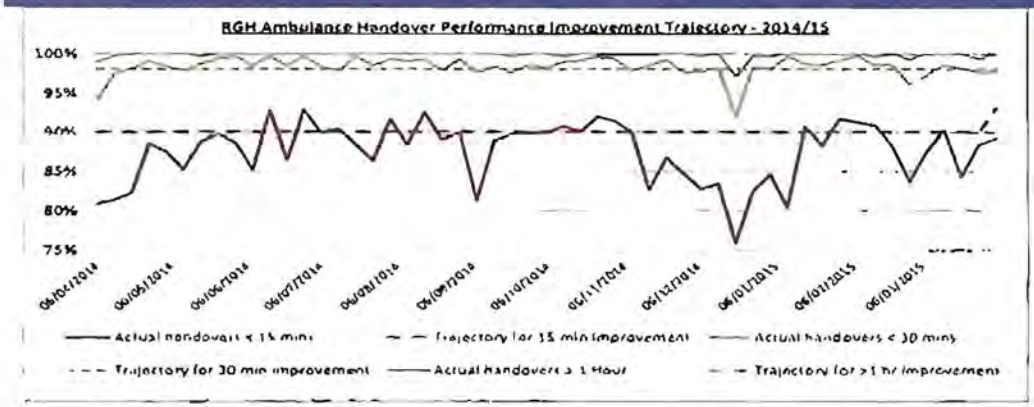
Agreed actions

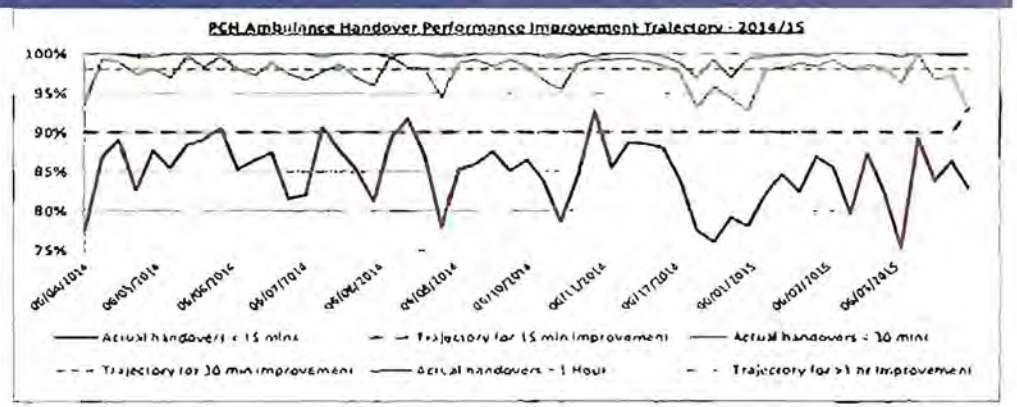
- Maintain focus on delivering and further improving the existing performance.
- Continue to work with WAST to monitor performance on response times to ensure that the improvement in handover times is translated into improvements for response times for Cwm Taf residents.
- Undertake two PDSA cycles and monitor success.
- Work with other HBs to assist in improvement of Cat A response times.

Commence work on nursing home calls for WAST. Almost ¾ of calls relate to HCP call and falls. A new group will be set up to start to scope areas for improvement and alternatives to admission and ambulance contact.

Indicator Level	Target	March	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	95% within 15 minutes. Zero handovers > 1 hour	15 – 85.7% 60 – 99.9%	86.3% 99.8%		COO	31st March 2015	
Delivery Framework	65% Cat A response times (with a stretch target of 70%).	46.4%	43.9%		COO	31st March 2015	

Unscheduled Care Escalation





Month	PCH	RGH	Cwm Taf
April	84.45%	83.46%	83.93%
May	88.46%	88.10%	88.27%
June	85.22%	89.72%	87.54%
July	85.82%	88.69%	87.32%
August	85.83%	90.28%	88.16%
September	85.69%	87.90%	86.79%
October	85.21%	90.88%	88.19%
November	88.19%	87.37%	87.79%
December	79.67%	82.07%	80.95%
January	82.79%	87.54%	85.26%
February	84.08%	89.25%	86.72%
March	83.30%	88.01%	85.75%
Average for 2014/15	84.89%	87.77%	86.39%

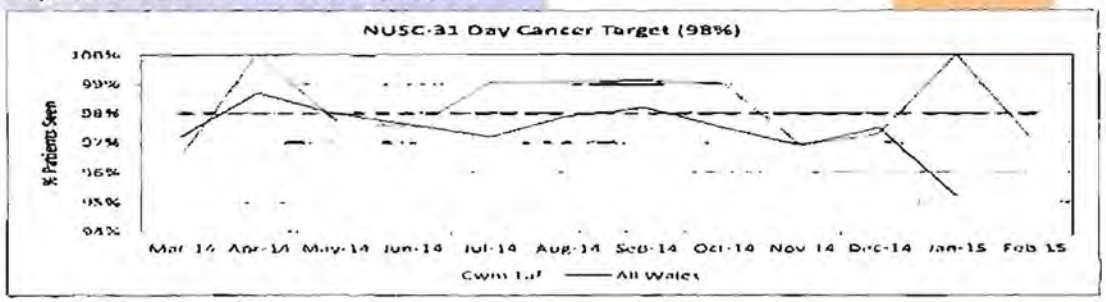
The table opposite details the Health Boards performance against the 15 minute handover target on a monthly basis.

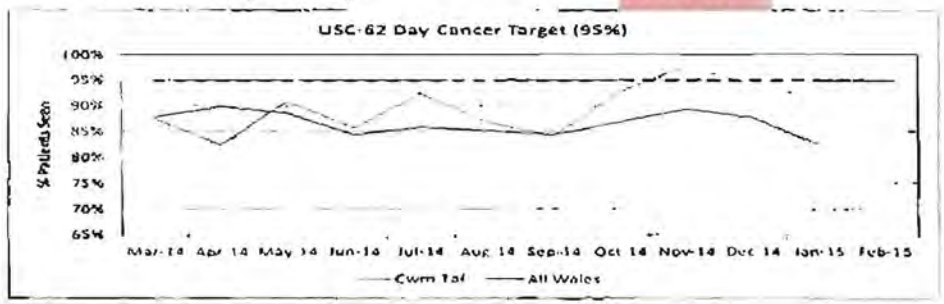
As above there has been an improvement in performance during January and February but performance has not recovered to the levels seen during the previous 6 months. Silver and gold command actions had a significant impact on the pressures experienced and there has been a significant improvement in patient flow as a result. Close monitoring of the HB position continues as there have been fairly significant infection control issues which have resulted in some A&E/ECC delays.

Indicator Level	Target 95%	February	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	4 hour waits 15 min handover	89.17% 85.3%	89.55% 86.3%		COO	31st March 2015	

Cancer 31 & 62 day target

Executive Lead:	**Medical Director**	**31 day target**	The 31 day target has been achieved for the month of January (100%).	**62 day target**	Feb 81.5%
Forecast:		Feb 97%	The 62 day target has not been achieved for	YTD 89.5%	
Expected date to achieve standard:			the month of January (91.5%).		



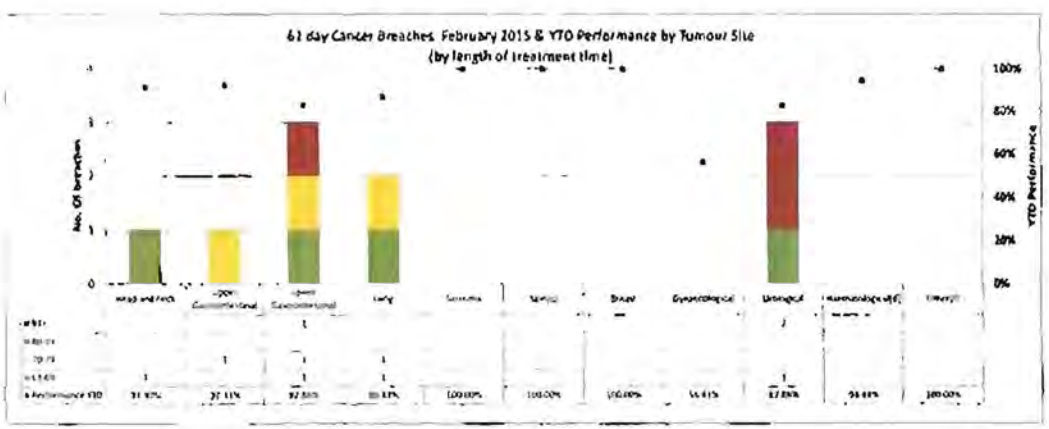


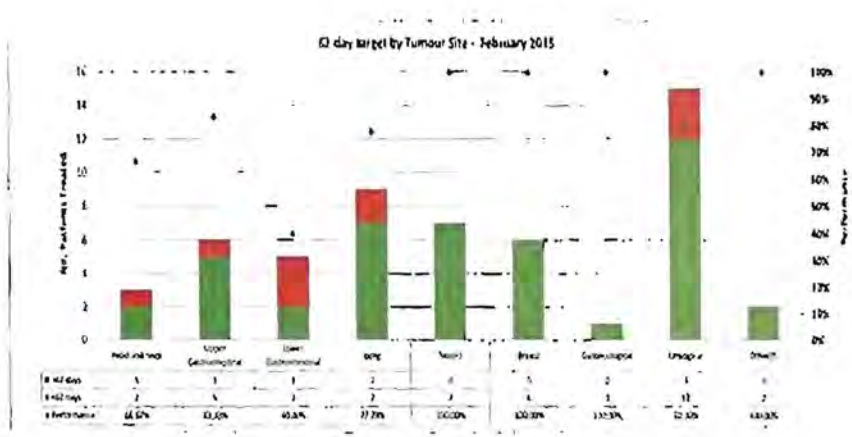
Agreed actions

- Weekly meetings with each MDT management team to scrutinise suspected cancer patient lists.
- Ensure capacity flexibility to prioritise cancer patients appointments and treatments.
- Continue drive to increase downgrading of referrals not considered to be cancer.
- Increase dialogue and escalation with tertiary centres to speed up patient pathway events.

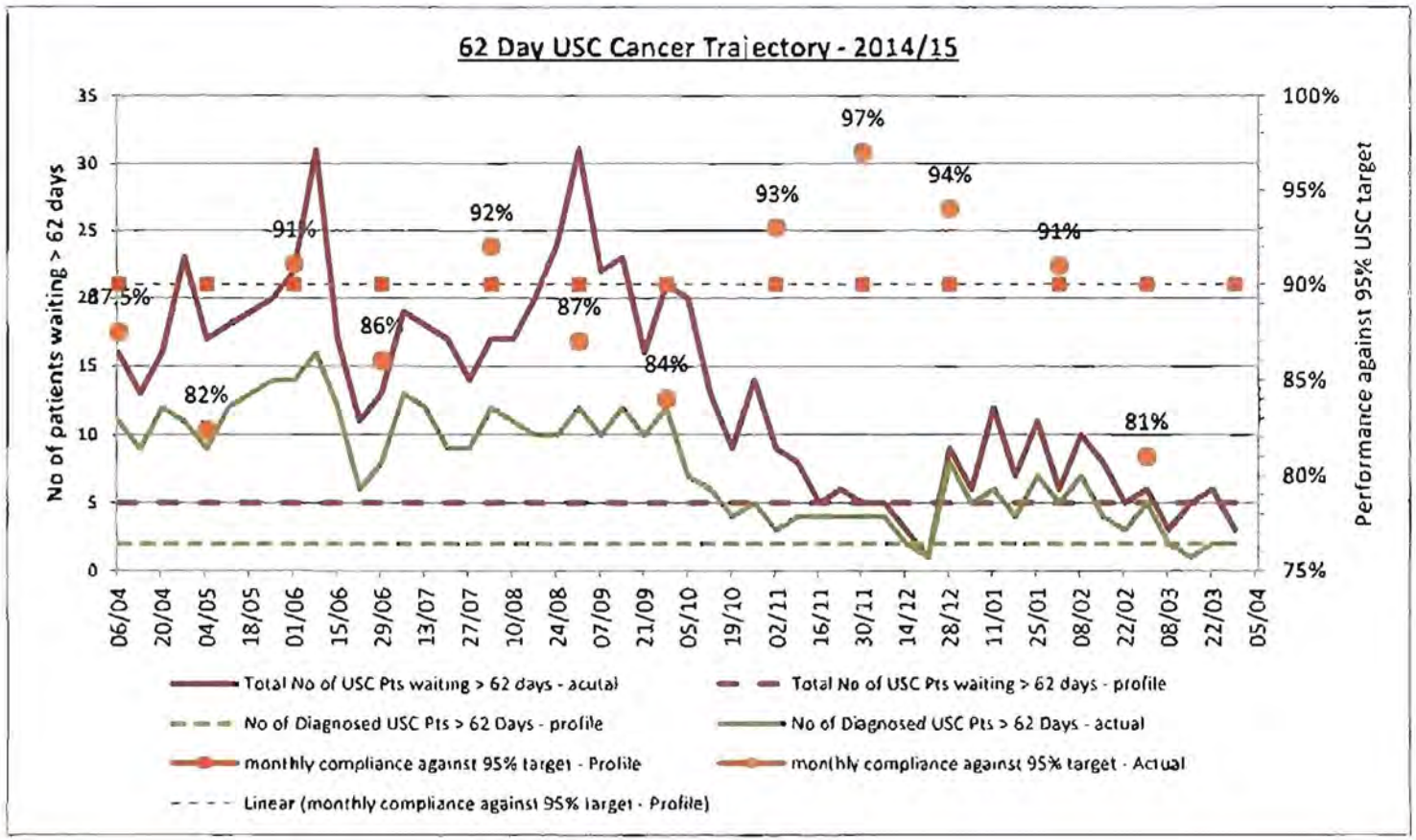
Issues causing performance

- Compliance with the 62 day target remains challenging for the Health Board due to the small number of patients treated. Internal pathway and capacity issues remain within the GI and Urology services. However, on a rolling monthly basis over 90% performance is being achieved consistently since October 2014, meeting WG agreed improvement.
- The compliance figures include those breaches where we referred on for tertiary treatment within 31 days. Capacity in UHW and Velindre is adversely impacting our performance.





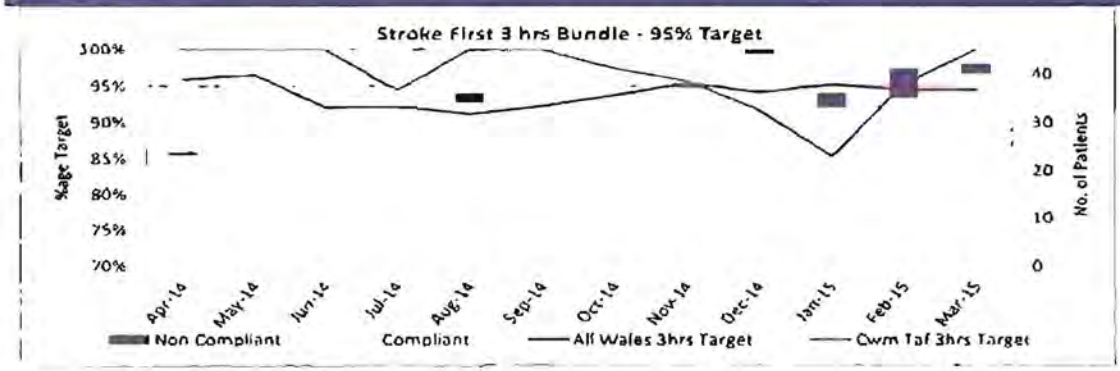
Cancer 31 & 62 day target (cont)

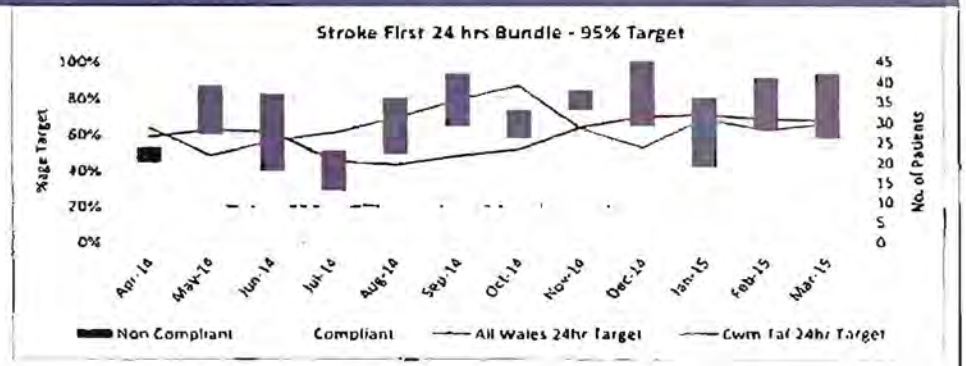


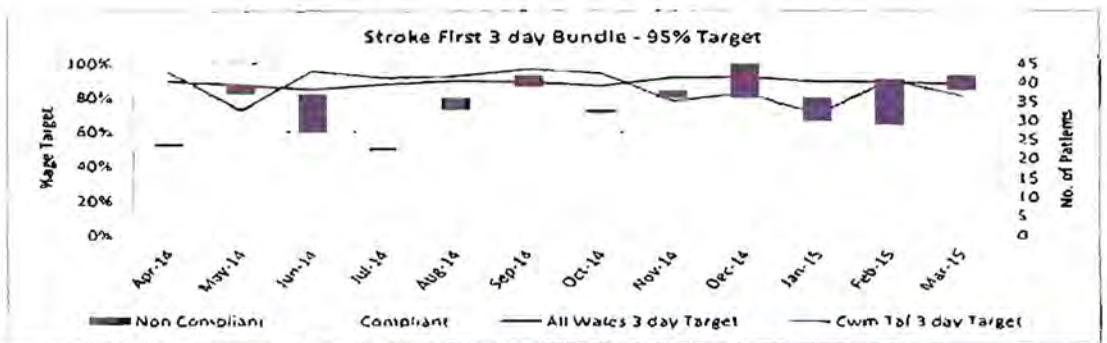
WG Escalation

The Health Board made a commitment to Welsh Government that from October 2014, it would achieve and maintain a performance level of > 90% against the 62 day target. For the 5 months commencing October 2014 up to February 2015 inclusive, the overall performance achieved was 91.4%. The Health Board continues to strive to achieve 95% recognising that with small numbers of patients it is not an easy task.

Stroke Bundles







Issues affecting performance

Bundle	32 Pts – Target 95%	Expected date to achieve target
First Hours (1)	100% (32/32 pts)	31st March 15
First Day (2)	65.3% (21/32 pts)	31st March 15
First 3 Days (3)	81.3% (26/32 pts)	31st March 15
First 7 Days (4)	81.3% (26/32 pts)	31st March 15

March 2015 saw an increase in compliance for bundle 2, however only to 65.3%, the main area of non-compliance being direct admission to the acute stroke unit at the Royal Glamorgan. This was adversely affected by a viral D&V outbreak which appropriately restricted all admissions to ward 12 for one week. The patients were assessed promptly on AMU by the stroke team, so the clinical care was not particularly compromised but there were difficulties in coordinating care effectively. In addition the sickness absence of the stroke specialist meant that patients were not seen until admitted to the stroke ward, where ideally they would be assessed in A&E.

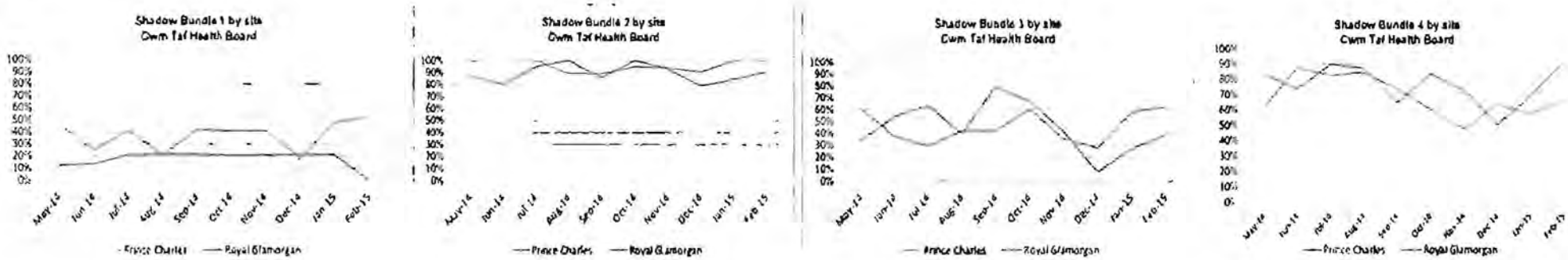
Bundle 3 was affected by physiotherapy staffing levels.

Stroke (Continued)

Comments

Shadow Stroke Bundles

The Health Board is now shadow reporting against a new set of bundles for acute stroke patients which are due to replace the current bundles from April 2015:



The main change is the more challenging timeline in which the interventions are to be delivered eg: admission to the stroke ward within 4 hours rather than 24 hours. The following graphs show Cwm Taf's performance from May to December 2014; Cwm Taf is performing very well against bundle 2, the 12 hour target for CT scanning, whereas the other bundles are more challenging. It is envisaged that compliance against the shadow bundles will improve significantly with the implementation of the single site service from March 2015.

February's performance against the shadow stroke bundles improved slightly compared with January's, apart from bundle 1 which had improved at PCH but reduced significantly for RGH for the reasons outlined above :

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
1. < 4 Hours Bundle	24.30%	17.40%	30.60%	21.40%	33.30%	34.20%	28.30%	19.40%	35%	26.20%	
2. < 12 Hours Bundle	91.90%	87%	97.20%	95.20%	84.80%	97.40%	95.70%	86%	92.50%	95.20%	
3. < 24 Hours Bundle	43.20%	47.80%	47.20%	40.50%	57.60%	63.20%	39.10%	19.40%	42.50%	50%	
4. < 72 Hours Bundle	75.70%	78.30%	86.10%	85.70%	69.70%	71.10%	63%	58.30%	62.50%	78.60%	

2. NEED AND PREVENTION

Immunisation Uptake Rates (Children)

Vaccination of all children to age 4 with all scheduled vaccines:	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Q1 2014/15	Q2 2014/15
% uptake rates of MMR at age 2 (95% target)	96.0%	94.7%	93.7%	95.9%	97.7%	98.6%	97.4%	97.5%	96.20%	95.90%
% uptake rates of MMR at age 5 (95% target)	96.3%	96.7%	96.2%	96.4%	97.6%	98.7%	97.4%	98.1%	97.40%	96.80%
% uptake rates of MMR at age 5 (2 doses) (95 % target)	91.3%	91.2%	90.0%	92.0%	93.4%	94.5%	92.3%	92.7%	94.40%	93.10%
% uptake rates of 5 in 1 vaccine at age 1 (95% target)	97.4%	97.0%	97.1%	97.5%	97.5%	96.6%	98.4%	97.5%	97.90%	95.40%
% uptake rates of 4 in 1 vaccine at age 5 (95% target)	93.2%	92.2%	88.9%	93.7%	93.5%	95.1%	93.5%	96.2%	95.40%	94.60%
% uptake rates of HPV 1 dose for girls at age 12-13 (90% target)	93.2%	94.0%	92.8%	92.8%	93.3%	93.7%	92.8%	93.7%	94.10%	93.10%
Tier 1 composite target, up to date in schedule by four years of age				86.3%	88.8%	89.7%	89.9%	91.2%	90.40%	87.60%

Issues affecting performance

Quarters 1+2 have shown a slight fall in the uptake of childhood vaccines at key ages. This quarterly fall is apparent in all HBs to a greater or lesser extent. It is particularly apparent at one year of age, where quarterly uptake of the 5 in 1 combined vaccine for Wales has fallen below the 95% target for the first time in eight years.

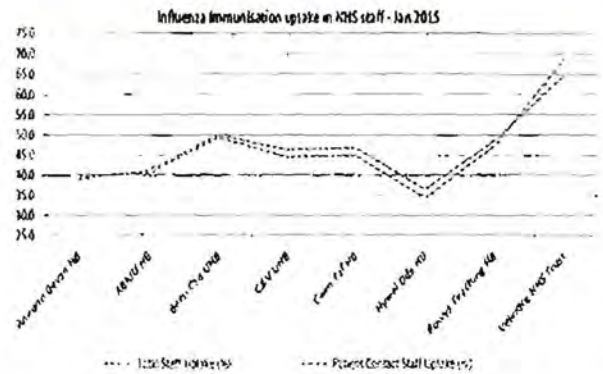
This fall is probably the result of the introduction of new vaccines into the schedule for rotavirus, influenza and shingles in summer and autumn 2013, this would have been a challenge to immunisation capacity in general practice. Children reaching their first birthday now were receiving their primary immunisations at that time.

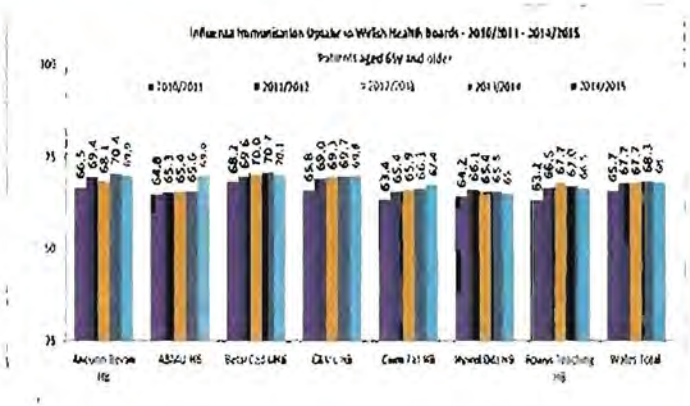
Agreed actions

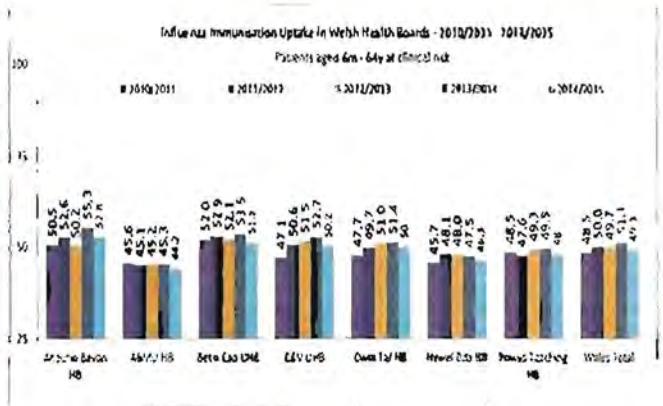
Work is currently being planned for Quarters 3+4 to identify practices with lowest uptake. Subsequent practice visits will be arranged.

Indicator Level	Target	Qtr 2 2014/15	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	95%	87.60%	87.60%	94% by Qtr 4 2014/15	Director of Public Health	31st March 15	

Immunisation Uptake Rates (Influenza)







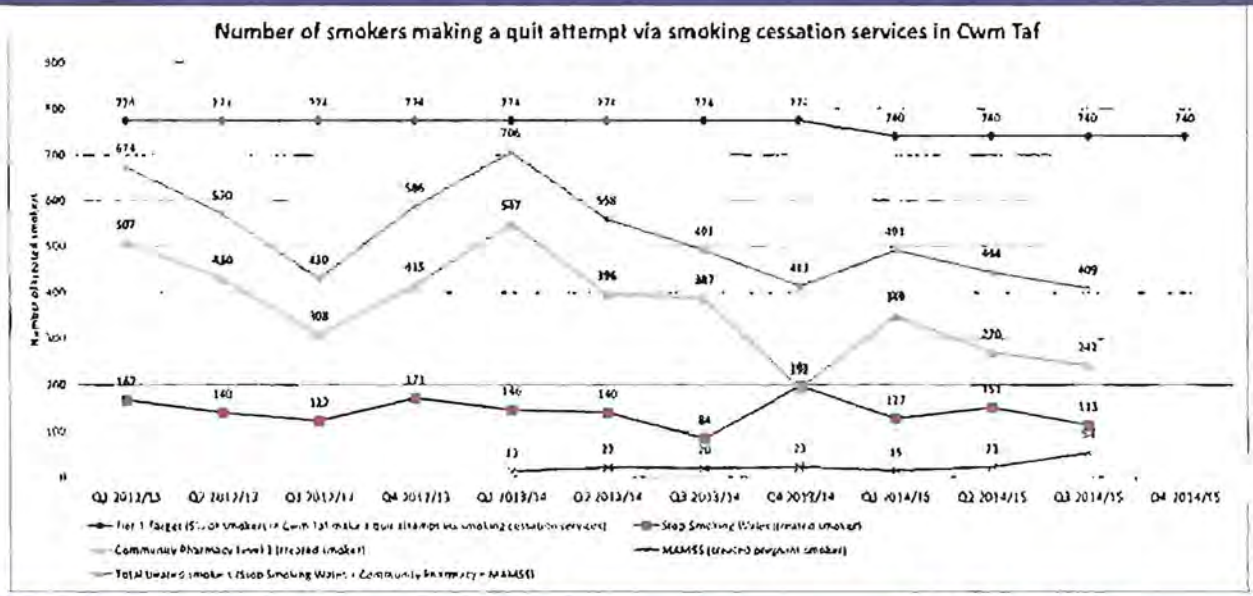
Comments

We are pleased at the level of staff uptake which increases year on year. Latest figures indicate that our uptake is approaching 45% of all staff compared to 41.1% last yr. It is important to note that this figure does not include the uptake by Bank staff, which if included would have achieved the target of 50%.

Uptake of flu immunisation in primary care for the over 65's has improved, 5 practices have reached the 75% target. There has been a slight decrease in under 65 at risk, more work needs to be undertaken in Primary Care to increase uptake.

Indicator Level	Target	January	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	Under 65 at Risk : 75% Over 65 : 75%	50% 67.4%	50% 67.4%		Director of Public Health	31st March 15 31st March 15	

Smoking Cessation



Issues affecting performance

MAMSS – referrals into the maternal smoking cessation service continue to increase, with 30% of pregnant smokers treated in the last reporting quarter.

Stop Smoking Wales -we are seeing an increase of referrals from secondary care based on intensive work we are undertaking with our clinicians. However, overall referrals into the service continue to fall; this trend is seen across Wales.

Community pharmacy - the number of clients accessing support is still declining despite additional pharmacies engaging in the level 3 service. It is unclear if an increase in the use of e-cigarettes is a factor.

Agreed actions

Meet monthly with SSW regarding performance targets.

Continue to monitor the proportion of patients listed for surgery who want support to quit smoking.

Maintain support for the recently recruited secondary care ward 'smoking champions'.

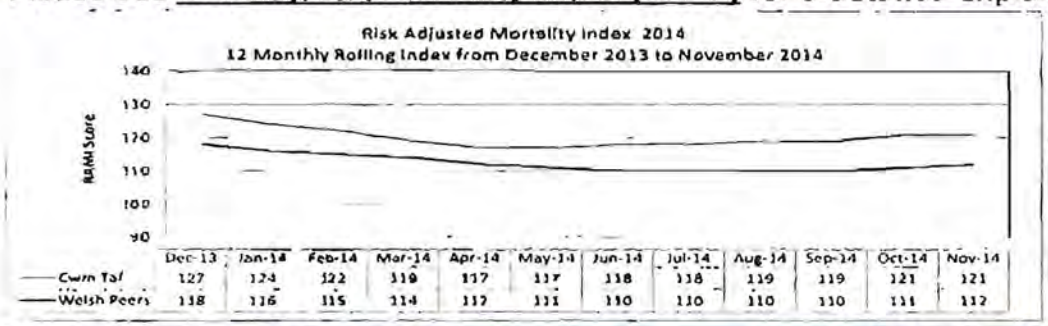
Discuss additional marketing opportunities with the communication team to promote local support services.

Indicator Level	Target	December	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	5% quit attempt	2.7%			Director of Public Health	31st March 2015	

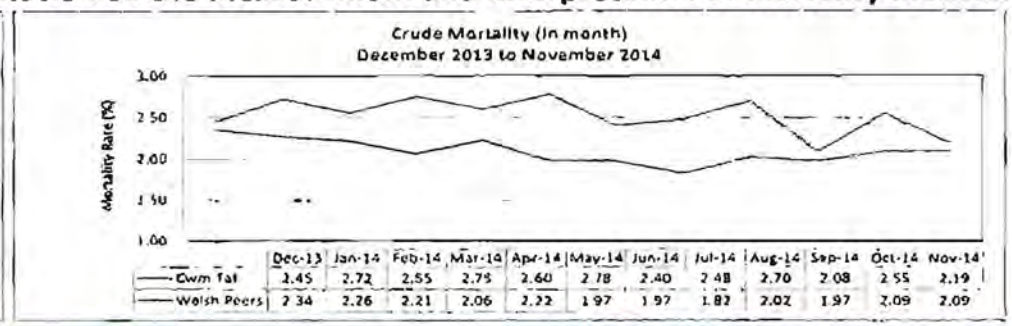
3. QUALITY AND SAFETY

RAMI/Mortality

Please see Risk Adjusted Mortality Index (RAMI) for a detailed explanation on the measurement and interpretation of mortality metrics.



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Cwm Taf	127	124	122	119	117	117	118	118	119	119	121	121
Welsh Peers	118	116	115	114	112	111	110	110	110	110	111	112



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Cwm Taf	2.45	2.72	2.55	2.75	2.60	2.78	2.40	2.48	2.70	2.08	2.55	2.19
Welsh Peers	2.34	2.26	2.21	2.06	2.22	1.97	1.97	1.82	2.02	1.97	2.09	2.09

Issues affecting performance

In order to provide a more up to date position for mortality index, the above graphs represent the position from an extrapolation of local data from CHKS.

Mortality and RAMI rely heavily on the completeness of clinical coding, the standard for which is for Health Boards to work towards achieving currently 95% at a 12 week rolling scale and 98% on a rolling 12 month scale by 31st March 2014. Cwm Taf is presently at 80% against the 95% target and 95.59% against the 98%.

Agreed actions

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

- The systematic medical record reviews on the acute sites are continuing on weekly basis. Some delay due to bank holidays which is expected to be cleared shortly. The process is evolving in readiness for the medical examiner system expected in 2015.
- The systematic reviews of deaths in community hospitals commenced on a fortnightly basis.
- Mortality reviews are regularly undertaken at both acute A&E departments.
- Ongoing discussions with 1000 Lives improvement team regarding appropriate mortality indicators & interpretation.
- Thrombosis risk assessment & prophylaxis has been rolled out and Root Cause analysis form being finalised. First report indicated 13 cases of potential hospital associated thrombosis.
- Fractured NOF perioperative management, being led by the Director of Public Health.
- Anticoagulation management review is progressing with support of a project manager.

RAMI/Mortality (cont)

The table below shows crude mortality reflected by age band in comparison with the rest of Wales:

Cwm Taf Crude Mortality Rates by Age Profile																				
	0 - 15 years				16 - 44 years				45 - 64 years				65 - 74 years				75+ years			
Period	Deaths	Spells	Cwm Taf	Welsh Peers	Deaths	Spells	Cwm Taf	Welsh Peers	Deaths	Spells	Cwm Taf	Welsh Peers	Deaths	Spells	Cwm Taf	Welsh Peers	Deaths	Spells	Cwm Taf	Welsh Peers
Apr-13	1	954	0.10%	0.09%	4	1456	0.27%	0.10%	27	1212	2.23%	0.97%	46	846	5.44%	2.13%	138	1396	9.89%	6.53%
May-13	0	914	0.00%	0.09%	2	1680	0.12%	0.08%	24	1436	1.67%	0.69%	31	969	3.20%	1.79%	93	1474	6.31%	5.78%
Jun-13	0	818	0.00%	0.15%	0	1741	0.00%	0.07%	15	1274	1.18%	0.75%	26	923	2.82%	1.81%	88	1290	6.82%	5.17%
Jul-13	0	865	0.00%	0.10%	3	1772	0.17%	0.08%	15	1414	1.06%	0.71%	21	981	2.14%	1.53%	98	1449	6.76%	4.60%
Aug-13	0	652	0.00%	0.14%	1	1770	0.06%	0.08%	16	1355	1.18%	0.79%	33	928	3.56%	1.73%	106	1350	7.85%	4.90%
Sep-13	1	754	0.13%	0.13%	1	1663	0.06%	0.04%	13	1300	1.00%	0.65%	30	891	3.37%	1.71%	102	1324	7.70%	5.08%
Oct-13	0	951	0.00%	0.13%	0	1913	0.00%	0.06%	18	1525	1.18%	0.72%	40	1082	3.70%	1.64%	94	1562	6.02%	5.05%
Nov-13	0	1030	0.00%	0.03%	0	1789	0.00%	0.07%	14	1511	0.93%	0.81%	38	1081	3.52%	1.77%	119	1447	8.22%	5.80%
Dec-13	0	957	0.00%	0.05%	4	1619	0.25%	0.12%	18	1356	1.33%	0.68%	17	995	1.71%	1.97%	119	1512	7.87%	6.18%
Jan-14	0	858	0.00%	0.07%	4	1815	0.22%	0.08%	18	1427	1.26%	0.85%	32	1041	3.07%	1.84%	125	1449	8.63%	5.80%
Feb-14	0	879	0.00%	0.07%	1	1613	0.06%	0.07%	11	1334	0.82%	0.81%	33	950	3.47%	1.59%	111	1339	8.29%	5.77%
Mar-14	1	960	0.10%	0.09%	5	1818	0.28%	0.09%	23	1509	1.52%	0.76%	31	1075	2.88%	1.61%	126	1391	9.06%	5.46%
Apr-14	0	863	0.00%	0.10%	3	1658	0.18%	0.08%	19	1329	1.43%	0.83%	26	986	2.64%	1.90%	115	1430	8.04%	5.71%
May-14	0	812	0.00%	0.05%	4	1743	0.23%	0.07%	25	1453	1.72%	0.69%	38	1025	3.71%	1.81%	112	1398	8.01%	5.14%
Jun-14	0	843	0.00%	0.10%	5	1744	0.29%	0.08%	21	1499	1.40%	0.65%	33	1024	3.22%	1.65%	97	1398	6.94%	5.13%
Jul-14	0	800	0.00%	0.07%	3	1826	0.16%	0.06%	17	1485	1.14%	0.64%	28	1129	2.48%	1.39%	122	1624	7.51%	4.78%
Aug-14	1	594	0.17%	0.02%	3	1686	0.18%	0.07%	17	1396	1.22%	0.87%	24	952	2.52%	1.84%	117	1382	8.47%	5.03%
Sep-14	0	827	0.00%	0.04%	8	1785	0.45%	0.09%	19	1421	1.34%	0.75%	23	1009	2.28%	1.58%	82	1302	6.30%	5.17%
Oct-14	1	883	0.11%	0.18%	5	1973	0.25%	0.13%	19	1598	1.19%	0.66%	33	1091	3.02%	1.67%	119	1409	8.45%	5.46%
Nov-14	1	934	0.11%	0.08%	0	1757	0.00%	0.07%	14	1434	0.98%	0.77%	29	968	3.00%	1.67%	96	1301	7.38%	5.44%
Dec-14	0	1101	0.00%	0.09%	1	1415	0.07%	0.08%	19	1251	1.52%	0.93%	40	1000	4.00%	2.30%	146	1429	10.22%	6.63%
Jan-15	0	838	0.00%	0.07%	2	1678	0.12%	0.11%	20	1371	1.46%	0.89%	36	1017	3.54%	2.40%	158	1429	11.06%	7.77%
Feb-15	0	826	0.00%	0.12%	2	1590	0.13%	0.08%	27	1497	1.80%	0.89%	26	967	2.69%	1.87%	119	1291	9.22%	6.53%

Observations

- 0-15 years – the Health Board is on par with the All Wales mortality with very few deaths.
- 16-44 years – the Health Board reports higher % mortality than All Wales. A drilldown on the individual patients indicates this relates to those with a diagnosis of cancer.
- 45-64 years – the Health Board reports a more significantly higher level of mortality than other age group. This includes a case mix of cancer and drug & alcohol related deaths.
- 65-74 years – the Health Board reports a higher % than All of Wales. A high proportion of patients coded with palliative care, pneumonia, stroke.
- 75+ years – the Health Board reports a high number of deaths. CHKS records excess deaths of 315. Age 75 to 90 (663 deaths), which include pneumonias (lung diseases), stroke, heart failure, palliative care. Age 91 to 100 (179 deaths), which includes pneumonia, heart failure, palliative. Age 100+ (10 deaths) oldest being 106, which includes pneumonia, sepsis and other age related diseases.

RAMI/Mortality (cont)

Acute Hospital Deaths						Cwm Taf Mortality Review 2014/15	Community Hospital Deaths					
Quarter 1 Apr - Jun		Quarter 2 Jul - Sep		Quarter 3 Oct - Dec			Quarter 1 Apr - Jun		Quarter 2 Jul - Sep		Quarter 3 Oct - Dec	
Number of deaths	% of deaths	Number of deaths	% of deaths	Number of deaths	% of deaths		Number of deaths	% of deaths	Number of deaths	% of deaths	Number of deaths	% of deaths
390	-	353	-	421	-	Number of deaths subject to review	86	-	66	-	79	-
384	98%	344	97%	350	83%	Total reviews	85	99%	64	97%	55	70%
316	82%	299	87%	305	86%	Stage 1 only	81	94%	62	97%	52	95%
68	18%	49	13%	45	14%	Referred for Stage 2	4	6%	2	3%	3	5%
50	74%	46	94%	29	64%	Stage 2 complete	4	100%	2	100%	2	67%
10	3%	11	3%	4	1%	Referred for Stage 3	1	1%	1	2%	1	2%
51 days		28 days		19 days		Average time from death to Stage 1 review	72 days		61 days		34 days	
145 days		43 days		33 days		Average time from death to Stage 2 review	87 days		111 days		73 days	
92 days		16 days		23 days		Average time from Stage 1 to Stage 2 review	42 days		32 days		46 days	

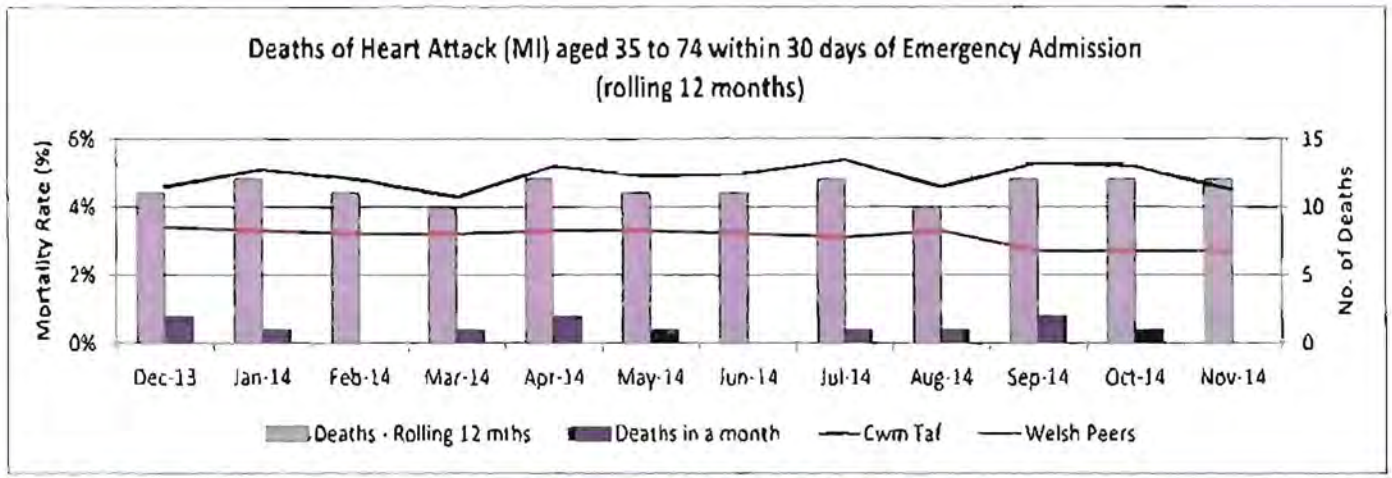
These figures demonstrate that, for our acute hospitals, there has been an improvement in performance. This is illustrated by the reduced time taken for cases to flow through the review system at all stages. This is partly due to the pilot of the medical examiner system by two pathologists performing a proportion of stage 1 (Universal Mortality Review - UMR) reviews at the time of death certification and therefore identifying cases for Stage 2 within days of the death. It is also partly because of a steady increase in participation at Stage 2 by a range of clinicians in the Health Board, but notably from the Medical Directorate.

The numbers for community are probably too low to draw any particular conclusion but the process has benefitted from having been developed from the acute model where the lessons around practical implementation have been learned.

There are continued risks to the performance, in particular, the support from primary care at Stage 1 is too patchy and subject to staff shortages reported in that workforce.

Indicator Level	Target	November	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	Continuous Improvement	122	122		Medical Director	N/A	

Condition Specific Mortality – Heart Attack



Issues affecting performance

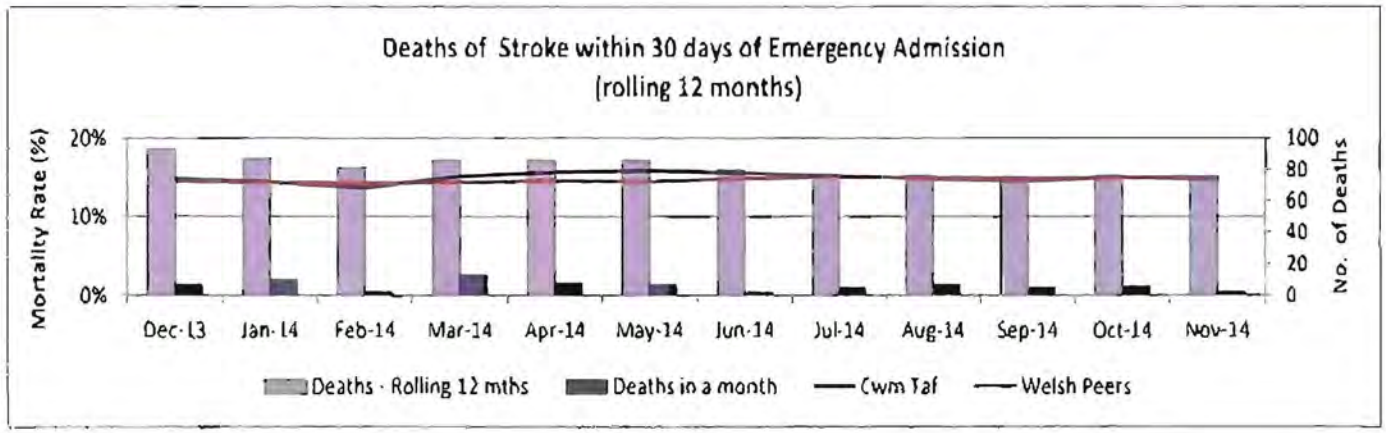
- It should be noted that there is a Networking arrangement in place for acute coronary intervention for Cwm Taf patients. An audit undertaken in June 2013 has shown that there is a risk of this resulting in a delay in the patients receiving the intervention they require.
- Unlike other Health Boards, there is no specific on-call service for Cardiology at Cwm Taf. Cardiolgists form part of the General Medicine intake which means there is no 24/7 cardiac service on either acute DGH.
- Low numbers of cases can affect percentages.

Agreed actions

- MINAP post-STEMI mortality data is expected to be available on hospital basis shortly.
- There is a higher risk for CVD in Cwm Taf < 74 years old patients due to higher incidence of smoking, high blood pressure, obesity and type 2 diabetes.

Indicator Level	Target	November	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	Continuous Improvement	4.5%	N/A		Medical Director	N/A	

Condition Specific Mortality - Stroke



Issues affecting performance

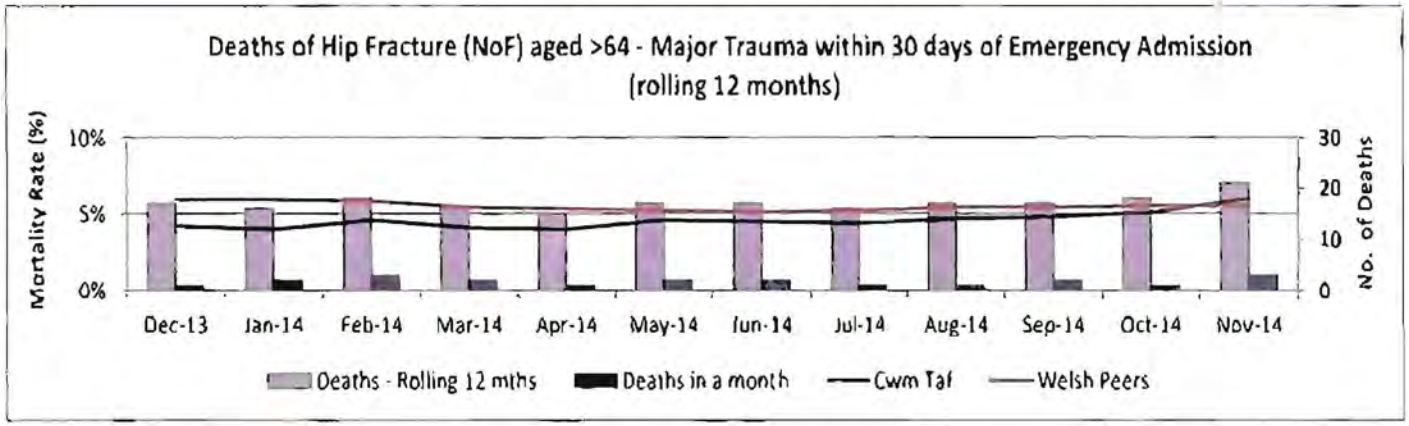
- Small instances of deaths within stroke can cause signifcant fluctuations in the RAMI.
- The compliance with the Intelligent Stroke targets is also used to inform the mortality reviews in stroke patients and further redesign work to centralise the Stroke services at Cwm Taf continues.
- Low numbers of cases can affect percentages.

Agreed actions

- Recent improvements in performance are as a result of improved patient flow in general.
- There is now a dedicated stroke bed on the ward, which has been successfully ring-fenced.
- There are now 24/7 thrombolysis services.

Indicator Level	Target	November	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	Continuous Improvement	15.9%	N/A		Medical Director	N/A	

Condition Specific Mortality - #NOF



Issues affecting performance

Work is ongoing to improve outcomes in fractured neck of femur (#NOF), using an approach targeted at different elements of the pathway. This includes:

- Work with WAST for pre admission elements eg improved analgesia.
- Monitoring of delays in A&E to reduce these.
- Prioritising these patients to enable speedy access to theatre.
- Determining how to improve ortho-geriatric input.

Again, small numbers at a local level will result in more variation at UHB level than would be seen at all Wales level.

Agreed actions

- Fracture Neck of femur is prioritised on the emergency list on Saturday and Sunday (supported by the anaesthetic department).
- Implement a ring fenced cubicle on the ward for Fracture Neck of femur patients.
- Improved rates of local block in A&E.

Indicator Level	Target	November	YTD	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Delivery Framework	Continuous Improvement	5.5%	N/A		Medical Director	N/A	

Clinical Coding (Completeness)

Coding Completeness	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total 2013/14
Episodes	7873	8392	7577	8245	7603	7369	8803	8545	8138	8403	7839	8578	97365
Uncoded	70	68	46	72	47	60	57	57	71	79	54	83	764
% Coded Cwm Taf	99.1%	99.2%	99.4%	99.1%	99.4%	99.2%	99.4%	99.3%	99.1%	99.1%	99.3%	99.0%	99.2%
% Coded All Wales	98.5%	98.9%	98.9%	98.8%	98.7%	98.5%	98.5%	98.3%	97.9%	97.4%	97.0%	94.6%	98.0%
Coding Completeness	**Apr-14**	**May-14**	**Jun-14**	**Jul-14**	**Aug-14**	**Sep-14**	**Oct-14**	**Nov-14**	**Dec-14**	**Jan-15**	**Feb-15**	**Mar-15**	**Total 2014/15**
Episodes	8121	8264	8289	8703	7638	8159	8810	7987	0	0	0	0	65971
Uncoded	21	55	117	159	137	190	215	274	0	0	0	0	1168
% Coded Cwm Taf	99.7%	99.3%	98.6%	98.2%	98.2%	97.7%	97.6%	96.6%	0.0%	0.0%	0.0%	0.0%	98.2%
% Coded All Wales	97.5%	96.1%	93.8%	91.4%	91.1%	90.1%	88.5%	84.7%	0.0%	0.0%	0.0%	0.0%	91.6%

Expected performance:

The chart demonstrates that as an organisation we continue to code the remaining backlog for 2013/14 albeit progress has slowed towards completing the year, currently at 99.2%.

Progress continues to be made in meeting the 95% in month target as is demonstrated in the chart above. The latest reported month, November 2014 is recording 96.6% complete.

The rolling 12 months target of 98% from December 2013 to November 2014 is currently at 98.53%.

The reported position and the ongoing monitoring of productivity of the coding team are contributing towards meeting the standard and progress is being made towards a sustainable delivery of targets.

Issues affecting Performance:

Issues affecting Performance

- 1 member of staff commenced maternity leave on 30/10/2014 (ongoing), 2 WTE Sickness Absence.
- An audit of missing case notes, and case notes not appropriately tracked has started w/c 3 November. The first report will be finalised in April.
- Continuing overtime for Clinical Coders, Administrative and Agency Staff to support the department absences, and to support the administration function of retrieving the case notes for the coding process.

Agreed actions: (Planned and Commenced)

- Development of a Clinical Coding dashboard to measure key performance indicators is in draft form of which will be in conjunction with the Qlik Sense implementation(Continuing)
- Monitor closely trajectory to meet target for 2014/15 reviewing weekday and weekend productivity levels. Include in the trajectory the known planned absences.
- Clinical Coding Audit being undertaken by the Classifications Standards Manager and the organisations Internal Auditor, waiting reports.
- Three Clinical Coders sat the Accredited Clinical Coding exam in March 2015, results expected in August 2015.

Indicator Level	Target 2014	November	98% Rolling 12 Mths (95% Target Previously Achieved)	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	95% in mth @ 12 Wks 98% rolling 12mth	96.6% 98.5%	98%		Director of Planning & Performance	31st March 2015	

Clinical Coding (Quality)

DATA QUALITY INDICATOR (source:CHKS)	2012/13		2013/14		2014/15 (April to November 2014)	
	CTUHB	Welsh Peers	CTUHB	Welsh Peers	CTUHB	Welsh Peers
Data Quality & Completeness Index	93.5%	93.9%	94.9%	94.7%	94.2%	92.4%
Blank Primary Diagnosis	0.41%	1.55%	1.05%	1.46%	1.73%	4.14%
Invalid Primary Diagnosis	0.26%	0.49%	0.00%	0.00%	0.00%	0.00%
Unacceptable Primary Diagnosis	0.29%	0.53%	0.04%	0.05%	0.06%	0.04%
Diagnosis Non-specific	16.19%	14.37%	15.54%	14.82%	15.12%	15.41%
Procedure Code Invalid	0.00%	0.00%			0.00%	0.00%
Sign & Symptom as a Primary Diagnosis	11.11%	11.34%	10.86%	14.70%	13.67%	11.64%

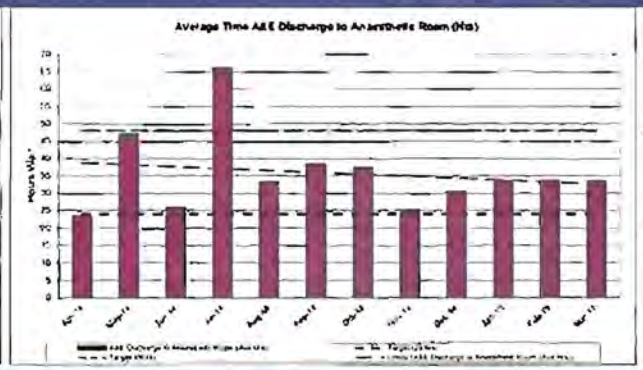
Comments

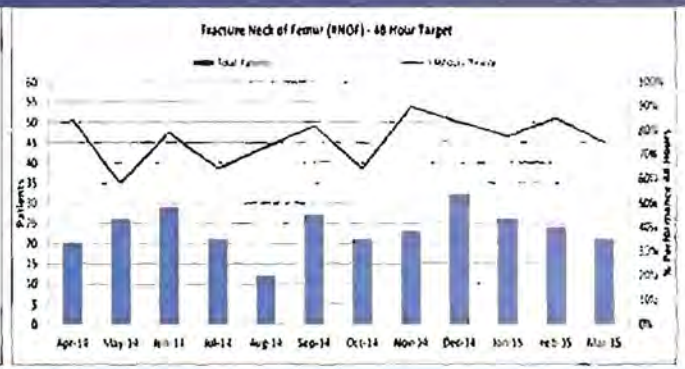
Routinely data quality of clinical coding is measured by CHKS, the NHS Wales Benchmarking Service. The table above outlines Cwm Taf's position in comparison with rest of Wales in relation to some key data quality indicators. Coding completeness is the main contributor to the quality index, which is why our performance is lower than the all Wales position. However unlike last month there has been slippage in performance compared to the All Wales position. On review of this change in performance the following was identified:

- The coding of high volume emergency General Medicine admissions, especially discharges from the Clinical Decisions Units, is prioritised. Whilst this information is available electronically, in many cases there is no specific or conclusive diagnosis made and is therefore coded as such.
- Due to pressures of work and annual leave the Coding Manager has not undertaken the routine data quality analysis and update of information. This has been discussed and an action in place to ensure that this quality review is firmly embedded in daily duties.

The CHKS Data Quality Index is based on three elements scores for coding completeness, correctness and coding richness. Each record starts with a data quality score of 1 which then has deductions applied depending on the data. Un-coded episodes have a data quality score of zero. In terms of the table above and the measures recorded "invalid primary diagnosis" and "unacceptable primary diagnosis" were affected with the introduction of the update to ICD10 and the changes to some of the coding rules in June 2012. These two areas have shown acceptable improvement. The improvement work is ongoing and is recorded as part of the detailed action plan following the recent WAO audit reports progress is monitored closely at the Clinical Coding Improvement Group (CCIG).

Fractured Neck of Femur (#NOF)





Issues affecting performance

The Health Board is currently measuring two elements of the #NOF pathway

- The time it takes the patient to move through the ECC, currently given a target of 2 hours
- The time from discharge from the ECC to the patient arriving at the operating theatre. This is currently being measured against two targets; 24 hours and 48 hours.

This graphs show the performance each week against both targets. The average wait in A&E has unfortunately increased over the last 12 month period, although it has improved since the implementation of this measure overall.

Agreed actions

Following discussion with the Clinical Director for Trauma and Orthopaedics, It has been agreed that we will expand these metrics to also include those recommended by those bodies governing the National Hip Fracture Database, which will allow benchmarking between orthopaedic units nationally. Initially we will include:

- Admission to an orthopaedic ward within 4 hours,
- Surgery within 48 hours and during working hours - since the beginning of January the Health Board has achieved 85% against this measure which is comparable to the national achievement of 86% in 2013. Further work will be done to produce this information over the last two years for completeness.

In the longer term we will also seek to include the following, which will give a complete view of the #NOF service at Cwm Taf:

- Patients developing pressure ulcers
- Pre-operative assessment by an ortho-geriatrician
- Discharged on bone protection medication,
- Received a falls assessment prior to discharge

Work has been undertaken to reduce overall length of stay, which improves outcomes, and eases bed pressures.

Indicator Level	Target (Improvement)	March	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Focus On Programme	2 hour 24 hour	4.5 hrs 33.6 hrs			Director of Public Health	N/A	

Healthcare Acquired Infections

	Target FYE	Target (YTD)	YTD (March)
C-difficile	93	93	98
MRSA	8	8	15

	Forecast Next Month	Expected Date to Achieve Standard
C.Difficile		31st March 2015
MRSA		31st March 2015
Executive Lead	Director of Nursing	

The source for monitoring progress against this target is the monthly WHAIP report. The graphical representation of this information has changed to that previously shown. This now illustrates infection rates per 1,000 hospital admissions rather than the flat number of infections. This is published for an 18 month period from April 14 to September 15. The target above is pro-rata over 12 months. Note there is now no target for MSSA but this will continued to be monitored locally. The figures above represents total number of cases in the HB, not all necessarily Healthcare associated.

Issues affecting performance

The reduction in C-difficile cases in Feb was not sustained in the month of Mar as hoped, and the numbers of cases have increased again. For the financial year 2014-15, we have had a 25% increase in C-diffcile cases from 81 in the previous year to 101. This is the first year which we have seen a significant rise in number of cases since 2010/11 (4 years).

The total MRSA cases for the year is 15 which is static from last year's (14 cases) with no reduction of cases. Two of these cases were line associated - preventable HCAI. We have already exceeded the WG's 18 months Target of 12 cases, 12 months into the surveillance.

Agreed actions

- Increase hand washing audits within effected clinical areas.
- Deliver education & training for IV line management
- Implemented care bundles which will be monitored & audited.
- Good Antimicrobial Stewardship - reducing the need for antibiotic prescription where not indicated, targeting narrow spectrum therapy according to clinical findings & investigations; reviewing antibiotic prescription 24-48 hrs after starting & de-escalating treatment where appropriate. CDI RCAs (root cause analysis) have shown a recurring theme of probable poor antimicrobial stewardship practices.

Chart 1. Cwm Taf University Health Board monthly numbers of C. difficile, for the period Apr 10 to Mar 15

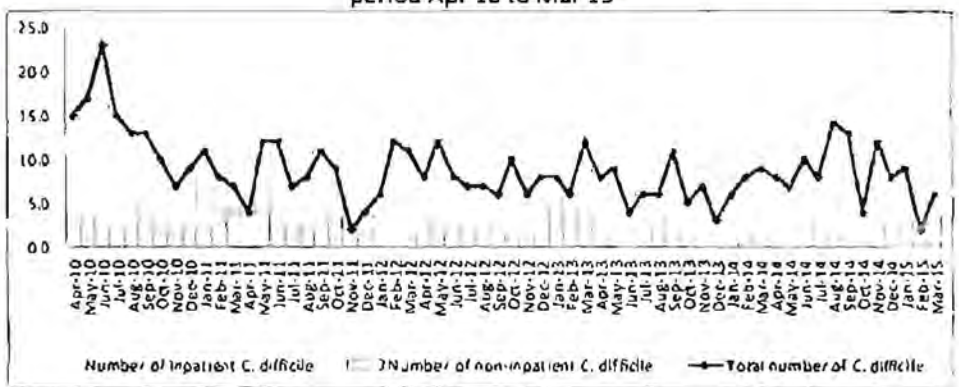
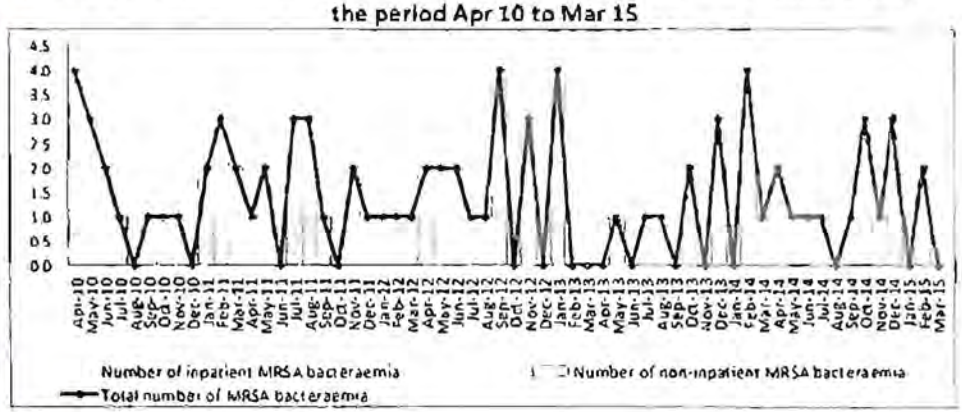
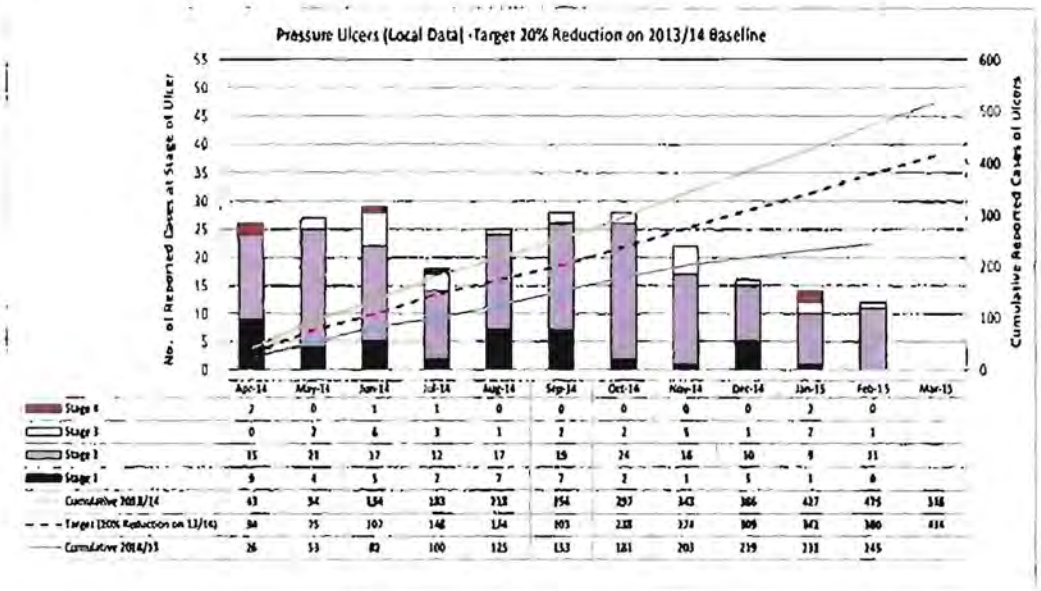


Chart 1. Cwm Taf University Health Board monthly numbers of MRSA bacteraemia, for the period Apr 10 to Mar 15



Elimination of Pressure Sores

Improvement work has been progressed to strengthen compliance with accurate recording of grading of Healthcare Aquired Pressure Ulcers (HAPUs). From April 2014, all HAPU data will be reported via the Fundamentals of Care system, utilising the incident reporting system DATIX to triangulate the information for quality assurance purposes. The graph illustrates the instances of HAPU broken down by the 4 grades of pressure ulcer.



Agreed actions:

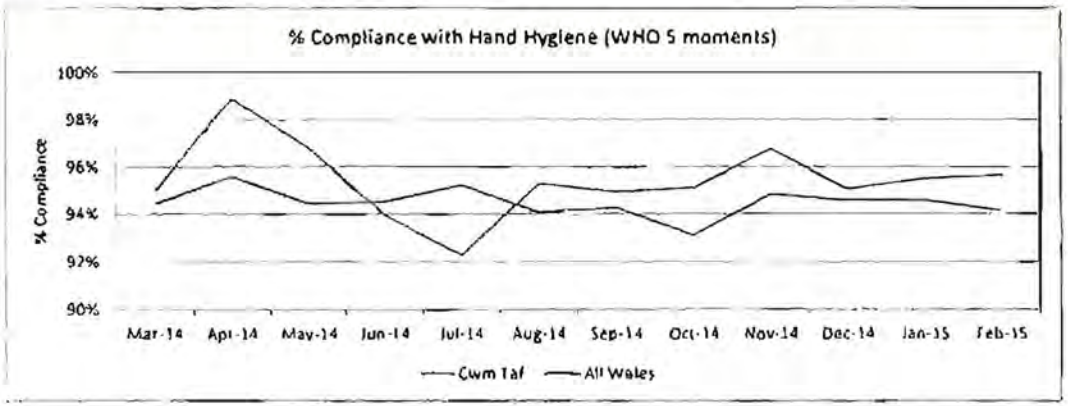
The HAPU task and finish group is continuing to review the reporting and monitoring of HAPUs:

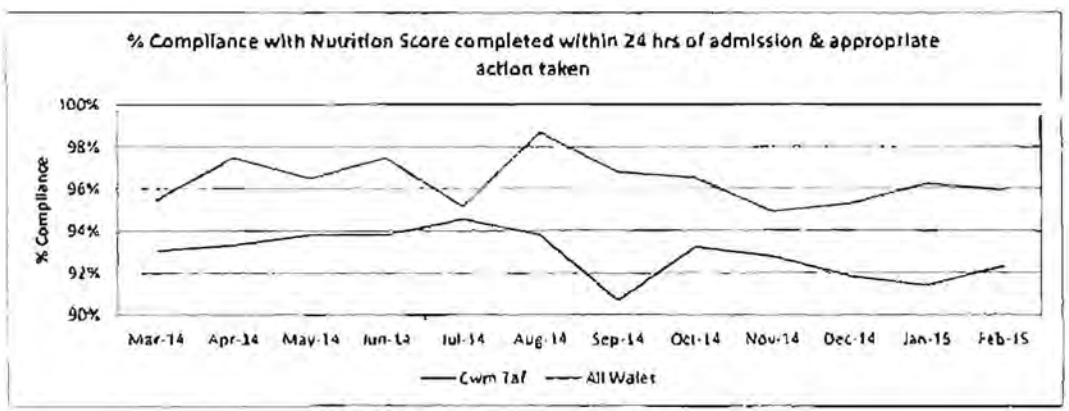
- To improve compliance with pressure ulcer training the TV nurses have developed a revised 6 hour training programme that will utilse the 6 hour staff make-up shift rather a full day's training.
- Focused work with the revised training and documentation is being piloted on two medical wards in RGH.
- Monthly audits for compliance with the new HAPU reporting process are being undertaken to inform a monthly report to Board.

Indicator Level	Target	February	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	Continuous Improvement	12	245		Director of Nursing	N/A	

Hand Hygiene & Nutritional Assessment Compliance

The recording of Hand Hygiene and Nutritional scroring compliance is now undertaken in the All Wales Nursing Dashboard.





Issues affecting performance

Hand hygiene compliance has improved by 4% during the period July to November 2014, above the All Wales average position. During this period the largest single group of staff to be non-compliant were medical staff. However, there was non-compliance noted across nursing and allied health professional staff.

CTUHB has consistently performed better than the All Wales average for completion of nutritional risk assessment within 24 hours of admission to hospital.

Performance has remained consistently above 94% during 2014 but we continue to strive for better.

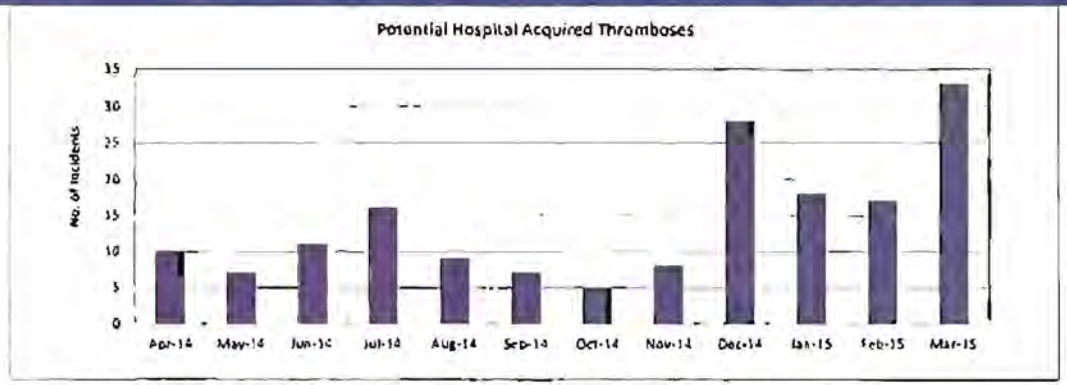
The Chief Nursing Officer has directed that completion of the nutrition e-learning programme is mandatory for all nursing staff in Wales. CTUHB has committed to full compliance by July 2015; this will require a focused effort to comply.

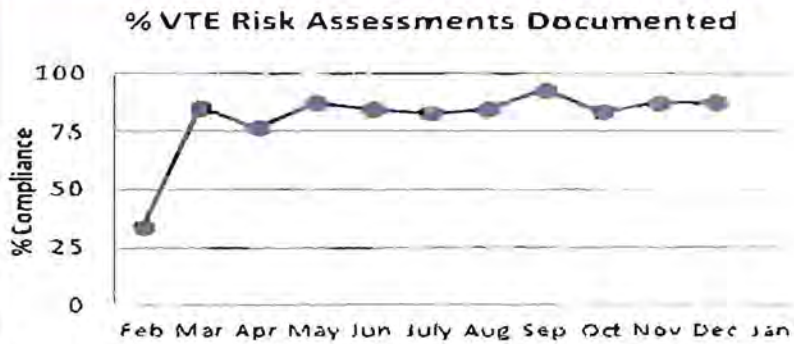
Agreed actions:

- The failure to comply with hand hygiene noted predominantly with medical staff will be addressed through the medical director and for the other allied health professions via their professional groups.
- For nursing monitoring of compliance with nutritional assessment will continue on a monthly basis with feedback via the heads of nursing, senior nurse and ward manager forums.
- To continue the implementation plan with the aim to be fully compliant with the nutrition e-learning programme by July 2015.

Indicator Level	Target	February	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Tier 1	Improvement	Hand Hygiene : Nutritional Assessment:	95.7% 95.9%		Director of Nursing	N/A	

Potential Hospital Acquired Thrombosis





It is a Welsh Government Tier 1 requirement that Health Boards have a process for assessing preventable harm from Hospital Acquired Thrombosis (HAT). Radiology and Informatics are now producing monthly data giving a list of those patients who are potential HAT (i.e. a DVT or a PE occurring within 90 days of a hospital admission).

The VTE risk assessment and prescription was introduced on the in-patient medication charts across Cwm Taf in February 2014 (with a sticker now available for Community Hospitals). Since then, the compliance rate with completing the risk assessment has improved significantly.

Issues affecting performance

- The need to continue to demonstrate improvement with compliance with VTE risk assessments which is promoted via Medical Education induction and Senior Nurse/Band 7 Forums.
- VTE risk assessment (sticker) is being embedded into community hospitals - monitor compliance via monthly audits.
- 100% compliance with risk assessment is not being achieved. Full commitment by consultant medical and surgical staff is required to achieve this. Registered nurses to continue to engage with medical staff to ensure that they complete the VTE risk assessments on the medication chart boxes.

Agreed actions

- Clinical Directors must ensure full engagement from consultants. Senior nurses and registered ward nurses to continue to direct medical colleagues with ensuring completion of the VTE risk assessment process.
- The CTUHB VTE RCA tool has been designed and tested for implementation to investigate potential VTE patients identified from Radiology reporting.
- Clinical leads have been identified within Directorates to coordinate the RCAs from the monthly data, feedback to Directorate integrated governance meetings and to Quality Steering group.
- The training package for Medical and Nursing colleagues has been redesigned to promote role clarity, (promote via Post Graduate Department training and incorporate into Nursing training programme (in house).
- CTUHB "ask about Clots", promotion was held in June with poster for wards and also via intranet and internet sites.

Indicator Level	Target	March	YTD From Jan 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
National	Continuous Improvement	33	169		Medical Director	N/A	

Surgical Site Infection Rates (Arthroplasty)

Elective Primary Hip Arthroplasty	Total Procedures	Number of forms received	Number of valid forms received	Number of inpatient SSI	Number of post-discharge SSI	Overall SSI Rate	Period	Elective Primary Knee Arthroplasty	Total Procedures	Number of forms received	Number of valid forms received	Number of inpatient SSI	Number of post-discharge SSI	Overall SSI Rate
Cwm Taf	416	264	264	1	2	1.1%	Jan 2014 to Dec 2014	Cwm Taf	466	335	335	0	3	0.9%
All Wales	no data	2003	1985	7	11	0.9%		All Wales	no data	2131	2119	8	29	1.7%
Cwm Taf	388	236	236	0	3	1.3%	Jan 2013 to Dec 2013	Cwm Taf	441	336	336	0	5	1.5%
All Wales	no data	2688	2675	3	28	1.2%		All Wales	no data	2973	2962	13	28	1.4%
Cwm Taf	427	353	353	4	1	1.4%	Jan 2012 to Dec 2012	Cwm Taf	561	543	543	3	6	1.7%
All Wales	no data	3523	3513	19	36	1.6%		All Wales	no data	4177	4167	19	59	1.9%
Cwm Taf	434	268	268	6	6	4.5%	Jan 2011 to Dec 2011	Cwm Taf	543	411	411	1	9	2.4%
All Wales	no data	3078	3038	31	33	2.1%		All Wales	no data	3770	3735	18	49	1.8%

Since 2003, Health Boards that carry out orthopaedic procedures in Wales have been required by the Welsh Government to undertake continuous surveillance of surgical site infections (SSI) following orthopaedic procedures. From 2007 onwards, surveillance has been restricted to just elective primary hip and elective primary knee arthroplasty.

Issues affecting performance

Performance in this area has improved considerably over the last 3 years. Infection rates for both primary knee and primary hip replacements are now below the all Wales level. However there is a variance between the recorded primary arthroplasty carried out and the number of forms received by WHAIP.

Agreed actions

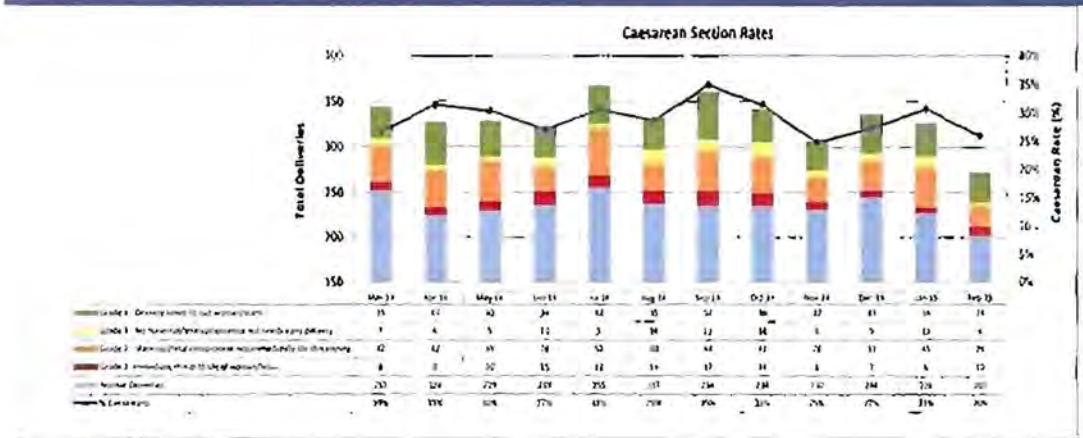
To ensure all relevant procedures are recorded and an accurate infection rate derived:

- Establish accurate number of arthroplasty operations carried out across relevant years.
- Ensure all relevant procedures are cross reference with WHAIP infection information.
- Derive infection rates in line with accurate numbers and rationale.

This work will be on-going until a satisfactory rationale for compliant procedures is implemented.

Indicator Level	Target	YTD (September)	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	Reduction - Knee (1.6%) Reduction - Hip (1.7%)	0.8% 1.5%		Director of Nursing	N/A	

Surgical Site Infection Rates (Caesarean Section)



Issues affecting performance

All Health Boards in Wales have been required by the Welsh Assembly Government to implement Caesarean Section surgical site infection surveillance since 01/01/2006, and to report these data to the WHAIP on a monthly basis. Previously reported high rates of infection within the Health Board have been reviewed and attributed to over reporting. The directorate has since addressed these issues and the resulting drop in SSI rates reflects the accurate position going forward.

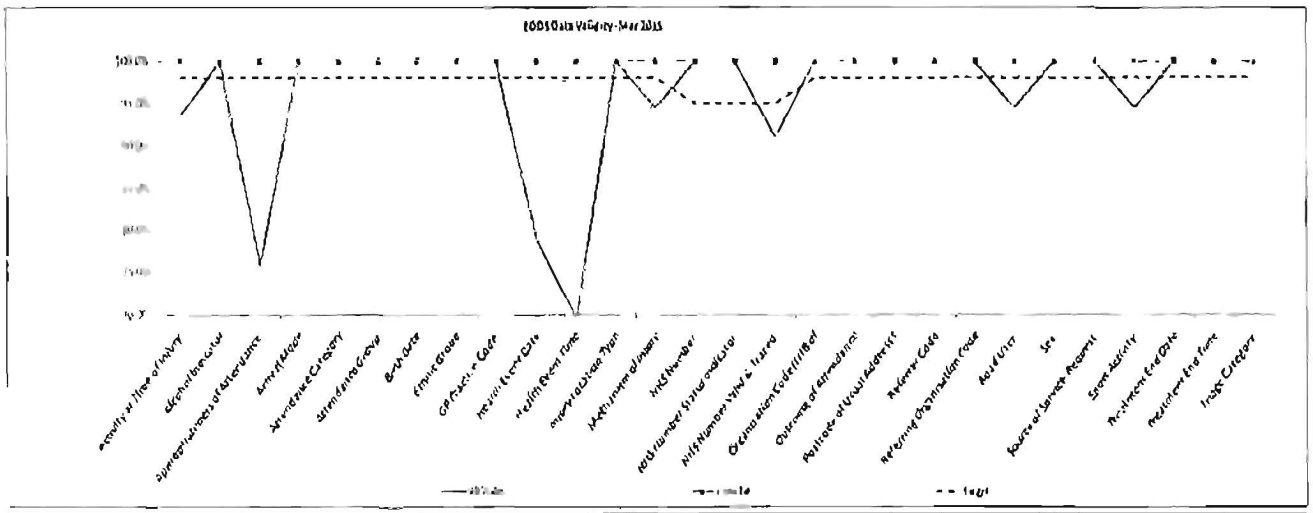
Individual clinical practice and women's choice have been identified as the main contributors to Cwm Taf's high instances of Caesarean Section births. This is now being addressed by a Normal Birth Working Group with the aim of reducing by 1% each year until the target rate is achieved.

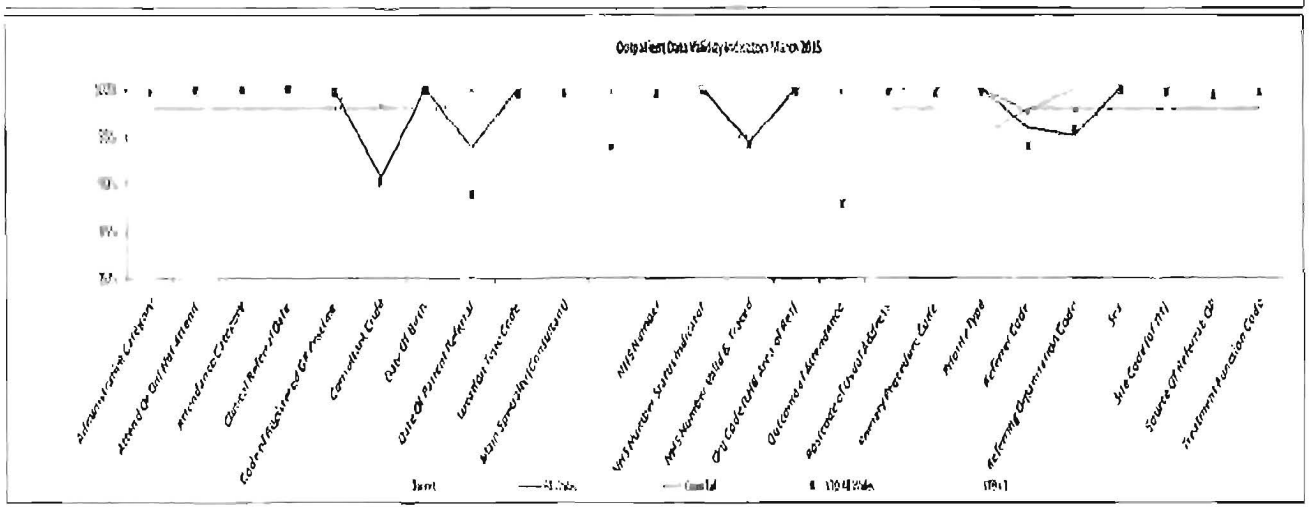
Agreed actions

- Improved monitoring of reporting of C-sections and associated SSIs.
- Established Multidisciplinary Normal Birth Working Group.
- Audit of all CS performed in March 2014 to investigate peak.
- Continuous audit of all Inductions of Labour.
- Birth Environmental audit and refurbishment.
- Cohort of Midwives trained to provide Aromatherapy.
- Developing MDT Panel to review request for CS.
- Developing Midwife Led VBAC Clinic.
- Benchmarking practice across Wales.
- Introduction of a standard operating procedure (SOP)for pre intra and post operative care.

Indicator Level	Target	Jan	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	Reduction (baseline to be established)	2.1%	2.9%		Director of Nursing	N/A	

Data Quality





Issues affecting Performance

The above graphs are a sample of the indicators produced by NWIS on data quality. The ones shown represent Cwm Taf's performance against the 3 most critical indicators operationally.

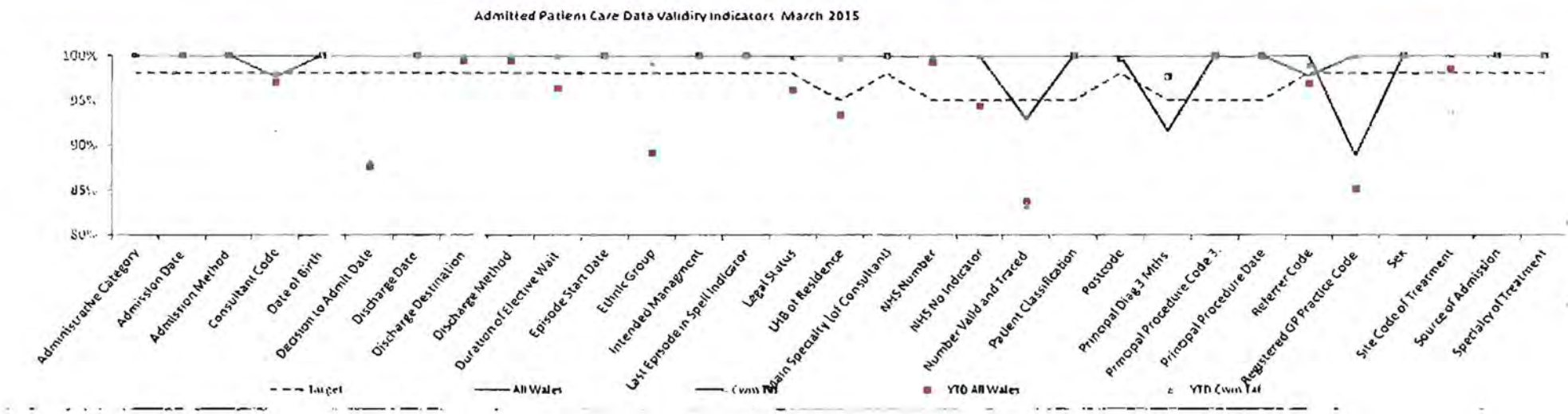
Overall, Cwm Taf LHB has an above-average compliance with the national data quality standards for data validity and consistency being monitored for NHS Wales. The combined percentage across Wales is **98.5%** compared with a value of **99.6%** at Cwm Taf. Above average compliance is also seen in the individual national datasets as shown above.

The only indicator Cwm Taf falls short of is the consultant code target for outpatient activity. This is due to the number of health care professionals which are registered to run clinics on PAS without a GMC code recognised by NWIS data standards (ie are not consultants). This will shortly be under review by NWIS as it is recognised that nurses and other health care professionals (eg optometrists) now run clinics independently of a consultant and their activity should be recognised in the same way, which will in turn improve Cwm Taf's performance.

The Information Department continues to work with NWIS Information Standards regarding all data quality issues.

The data quality group steering group will receive regular updates regarding data compliance with these NWIS data standards.

Data Quality (cont)



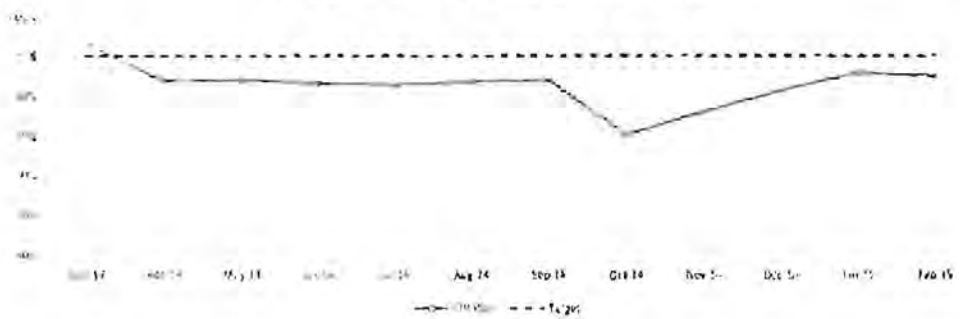
Indicator Level	Target	February	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
NWIS	95% - 98%	99.6%	99.6%		Director of Planning and Performance	Standard Being Met	

Mental Health Measure

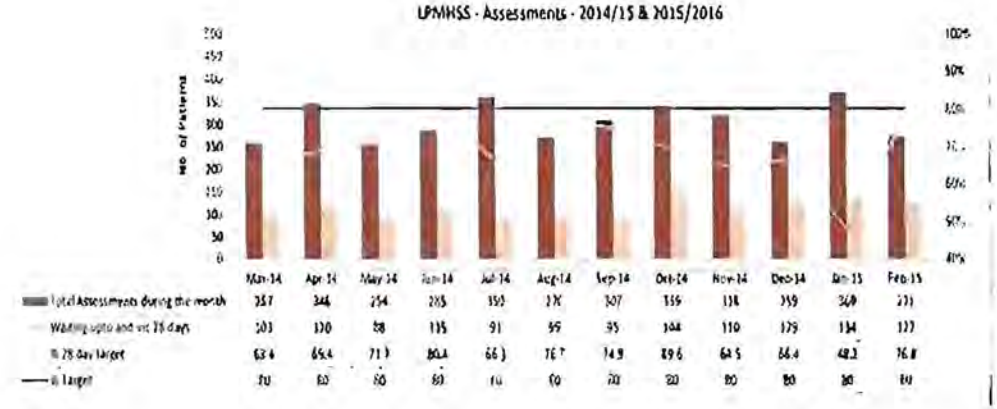
The Mental Health Measure has four main components:

- Part 1 will ensure more mental health services are available within primary care.
- Part 2 makes sure all patients in secondary care have a Care and Treatment Plan.
- Part 3 enables all adults discharged from secondary care services to refer themselves back to those services.
- Part 4 supports every in-patient to have help from an independent mental health advocate if wanted.

Care Treatment Plan Completion - Feb 2014- Jan 2015



LPMHSS - Assessments - 2014/15 & 2015/2016



Under the Mental Health Measure, Health Boards are to report the following indicators on a monthly basis:

- Assessment by the LPMHSS undertaken within 28 days of referral (target 80%).
- Therapeutic interventions undertaken within 56 days of an assessment (target 90%).
- Number of valid CTPs completed each month (target 90%). Part 2 MHM

Issues affecting performance

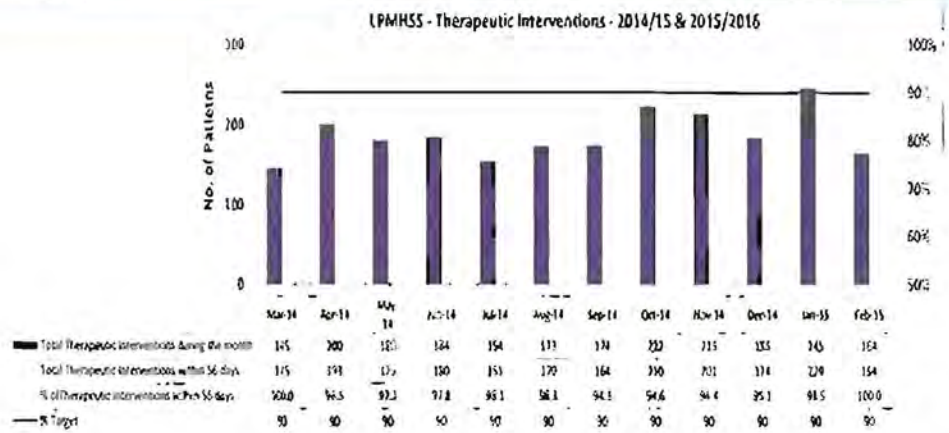
Part 2 – Care & Treatment Planning

Compliance is not meeting the 90% target, but it has increased from 76 to 85.9% (from November 2014 to January 2015) but has now remained at 85.2% for February 2015. Two main issues affecting performance are: 1) there are still some outstanding care plans needing to be completed 2) Care Plans have been completed but have not received a CTP Review in the required timescale. The intention is to reach the target of 90% once more by end of March 2015.

Those without a CTP Care Plan continue to receive interventions as before so will see no change to the service they have been receiving. All patients currently without a CTP Care Plan will receive a care plan as directed under our action plan. Our plan to increase performance to 90% for Part 2 of the MHM by March 2015 is to examine the individual performance of each and every practitioner, including social worker care coordinators working in the local authority. We now have that level of data after implementing a new system and will use it for monitoring individual performance improvement. This is being led by all professional heads including the local authority.

The Directorate Management Team will be monitoring the compliance on a weekly basis and taking improvement actions where necessary. A paper on performance was presented and discussed at the Finance & Performance Committee in January 2015. A recent positive performance meeting was also held with the local authority leads.

Mental Health Measure (Continued)



Agreed Actions

Part 1 – Primary care assessment and treatment

Due to the large volume of referrals into the LPCMHSSA the 80% assessment target is a challenge. The compliance for assessment is currently 76.8% (target 80%) and for treatment is 100% (target 90%). Our current capacity is not meeting the demand for assessment within 28 days and a strategy for increasing resources in this area is required. An action plan for improvement has been submitted to Welsh Government for full compliance by June 2015.

The LPCMHSS will focus on educating the GP's to also consider, where appropriate, signposting clients to our Open Access courses instead of making a referral for an assessment. The future introduction of the Valley Steps project will also make a significant difference to options.

Indicator Level		Feb	YTD	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework	MHM Part 2 - 90% of patients with valid CTP completed at the end of each month.	85.2%	85.9%		Director of Primary Care & Mental Health	31st March 2015	December 2014
	80% of assessments by the LPMHSS within 28 days from the date of referral.	76.8%	69.15 %				
	90% of therapeutic interventions by the LPMHSS within 56 days of assessment.	100%	97.7%				

4. EXPERIENCE AND ACCESS

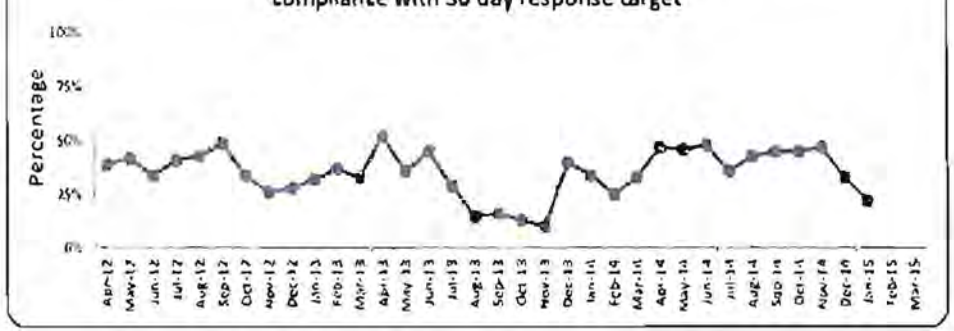
Concerns - Complaints

CG01

Total number of new complaints per month
(inclusive of those managed by local resolution and on the spot)

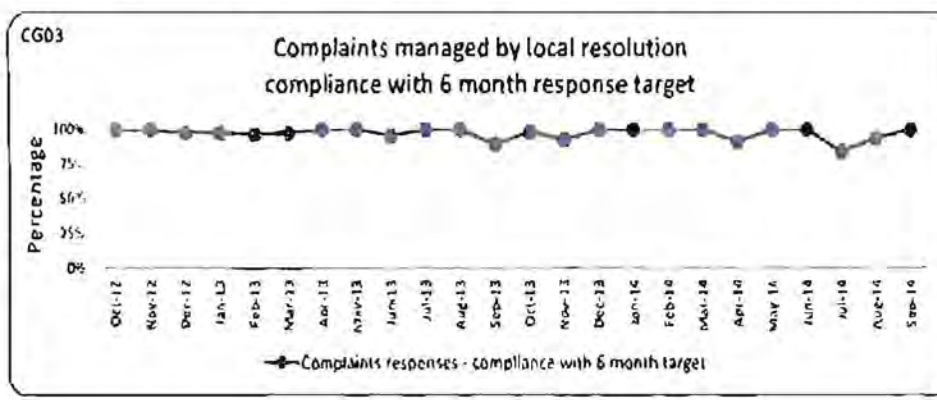
CG02

Complaints managed by local resolution
compliance with 30 day response target



CG03

Complaints managed by local resolution
compliance with 6 month response target



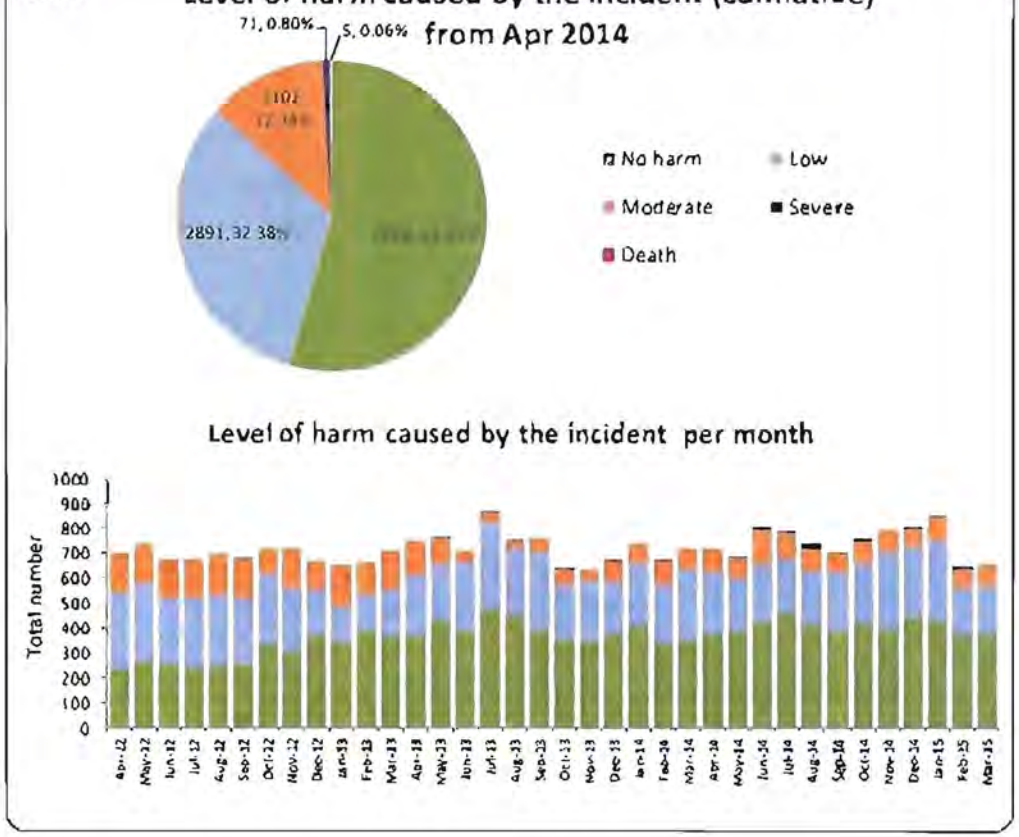
Issues affecting performance

Timescales for responding to complaints are set by Welsh Government through *Putting Things Right*.

- Graph CG01 shows the number of new complaints received by the Health Board and includes those managed 'On the Spot' and by 'Local Resolution'. 'On the Spot' describes complaints resolved to the satisfaction of the person raising the Concern **within 24 hours**. 'Local Resolution' are those complaints that take longer than 24 hours to resolve are therefore managed under the Regulations set out in *Putting Things Right*. 'On the Spot' are not counted in the complaints figures (graph CG02) but are included in Graph CG01 to demonstrate the work that is being undertaken to avoid a protracted process, and to reflect the Health Board's commitment to maximising the number of complaints resolved within 24 hours to the patient's satisfaction.
- Once a complaint is received by the Health Board (which takes over 24 hours to resolve) a final response should be issued **within 30 working days** of first receipt of the concern; performance against this target is reflected in graph CG02. Decreased performance with meeting the 30 day target for responding to complaints received in December and January is partly a reflection of the increased clinical pressures which impacted on the ability of Directorate Staff to focus on responding to complaints. Regular complaints performance meetings are now being scheduled to address issues at the earliest stage.
- If, however, this is not possible the person raising the concern must be informed of the reason for delay and the response must then be sent as soon as possible and **within 6 months** of the date the concern was received; performance against this target is reflected in graph CG03. The compliance with the 6 month response target reflects the increasing complexity of the complaints received and the level of investigation required. Support continues to be provided to the clinical areas to undertake investigations appropriate to the level of concern and provide a response within agreed timescales.

Concerns – Incidents

CG04



Issues affecting performance

High reporting rates for incidents resulting in low harm and minor harm is considered a positive indication of the awareness of staff and their responsibility in reporting incidents, and of an open culture and learning organisation. Cwm Taf University Health Board reports more incidents than other Health Boards in Wales - most caused no harm to patients or minor harm only (CG04).

Agreed actions

- All incidents are reviewed; serious incidents undergo a root cause analysis investigation to identify areas of improvement to improve patient experience and safety.
- The main focus of the Health Board's work on all Concerns (complaints, patient safety incidents and clinical negligence claims) is to ensure thorough investigation and reviews that result in learning and improvement. Examples include reducing pressure damage, reducing patient falls resulting in harm, and improving care for patients with dementia.
- Specialist patient safety staff continue to work closely with clinical staff in departments to support and improve safe practice through education and training.
- The Health Board currently reports 12.82% compared with the national average of 9.8%. A reduction has been highlighted and is indicative of the monitoring and focused work undertaken by the Patient Safety Improvement Managers within Directorates to ensure accurate reporting.

Indicator Level	Target	January	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	Linked to the Older Persons Commissioner Report	73	696		Director of Nursing	Unlikely to achieve reduction	

Theatre Efficiency

2013-14	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Planned Procedures 2013/14	2166	2292	2259	2509	2198	2262	2540	2011	2054	2324	2280	2455	27350
Total No. of Cancellations	778	475	446	586	438	503	495	369	429	492	474	446	5931
%age total cancellations	35.9%	20.7%	19.7%	23.4%	19.9%	22.2%	19.5%	18.3%	20.9%	21.2%	20.8%	18.2%	21.7%
%age bed related cancellations	62.30%	24.20%	7.80%	34.00%	18.70%	16.70%	10.30%	4.30%	2.10%	13.00%	11.00%	3.80%	20.40%
%age patient cancellations	9.60%	20.80%	27.10%	17.60%	24.00%	18.90%	26.90%	29.80%	30.50%	29.10%	21.90%	27.60%	22.60%
%age clinical cancellations	16.50%	36.00%	35.70%	28.30%	30.60%	23.70%	29.70%	27.10%	24.00%	23.00%	25.90%	30.00%	26.90%
%age cancellations - other	11.60%	18.90%	29.40%	20.10%	26.70%	40.80%	33.10%	38.80%	43.40%	35.00%	41.10%	38.60%	30.10%

2014-15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Planned Procedures 2014/15	2133	2239	2468	2569	2099	2289	2562	2374	1985	2246	2260	2373	27597
Total No. of Cancellations	361	384	468	464	377	401	463	499	577	638	478	506	5616
%age total cancellations	16.92%	17.15%	18.96%	18.06%	17.96%	17.52%	18.07%	21.02%	29.07%	28.41%	21.15%	21.32%	20.35%
%age bed related cancellations	1.66%	1.04%	1.07%	0.65%	1.33%	3.99%	7.78%	12.83%	37.61%	40.60%	2.93%	7.91%	7.91%
%age patient cancellations	28.25%	26.82%	25.64%	28.66%	26.53%	28.68%	25.49%	25.05%	19.06%	20.69%	25.31%	26.88%	26.88%
%age clinical cancellations	29.09%	27.34%	25.21%	32.76%	23.87%	27.93%	24.62%	22.44%	17.85%	14.58%	23.43%	25.30%	25.30%
%age cancellations - other	41.00%	44.79%	48.08%	37.93%	48.28%	39.40%	42.12%	39.68%	25.48%	24.14%	48.33%	39.92%	39.92%

Issues affecting performance

Cancellations

To provide more of an indepth understanding of the cancellation data the report will include the numbers of patients cancelled for the top 10 reasons, which account for 72% of the cancellations:

1	67	MORE URGENT CASE	Other
2	40	NO BEDS	No beds
3	35	CLINICALLY UNFIT FOR SURGERY	Clinical
4	29	SURGEON ILL	Other
5	27	OVERSUBSCRIBED	Other
6	27	PATIENT CANCEL-UNWELL	By Patient
7	25	DNA	By Patient
8	19	HOSPITAL-OPERATION NOT NECESSARY	Clinical
9	19	CANCELLED BY PATIENT	By Patient
10	17	PATIENT CANCEL- OP NOT WANTED	By Patient

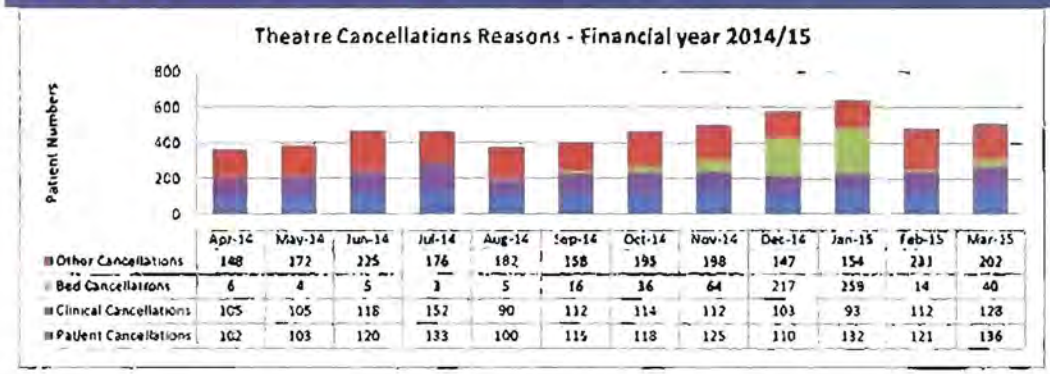
305 or 60% out of the 506 total cancellations were in the top 10 reasons; of which 88 or 28% were cancellations generated by the patients themselves. The other high cancellation rate was for other reasons mainly clinical 123 or 40%. March saw a slight deteriation in bed cancellations compared to February. However overall for the year it was 641 which is a much better position compared to 13/14 when we cancelled 1175. Bed cancellations affected RGH BY 535 compared to 106 in PCH. The largest specialty hit by bed cancellations was T&O 239 and the General Surgery 161.

Productivity

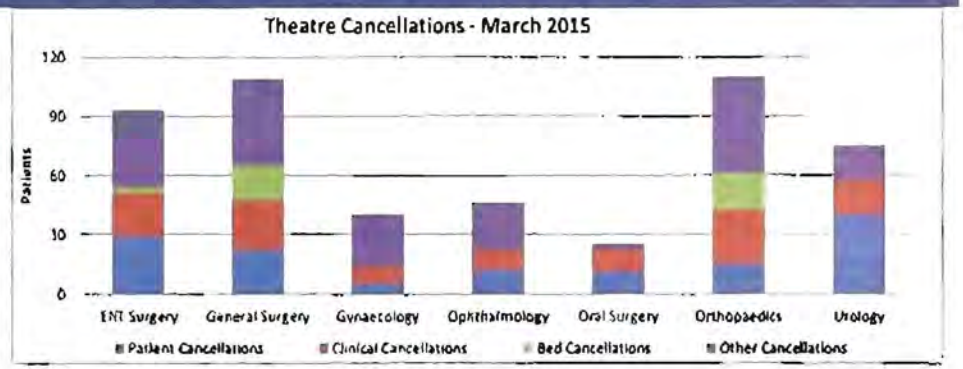
In order to raise the profile of the improvement required within our operating theatres, the ACT Directorate has developed a programme which monitors time lost due to late starts, early finishes and delays between operating procedures. The theatre optimisation charts are on view for all staff to see within the main theatre suite.

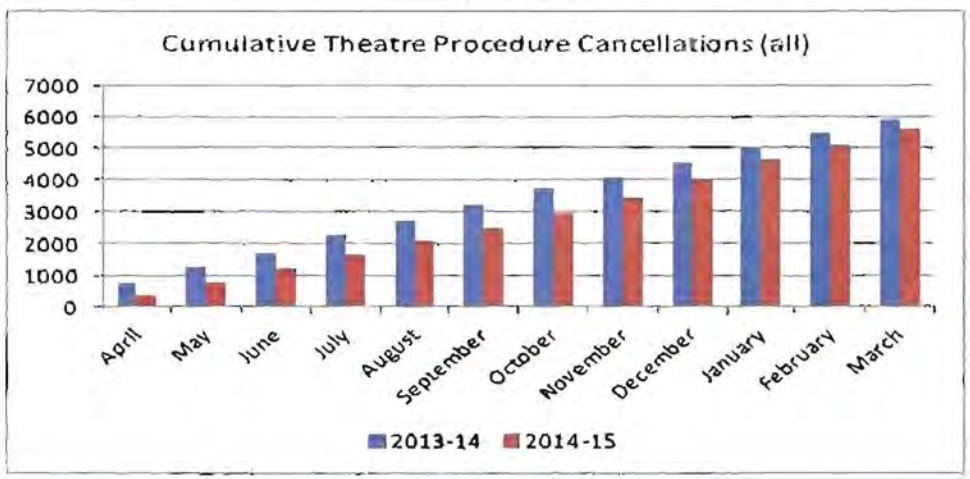
January
43460 minutes lost over 405 sessions = 41% per session (107 minutes)
February
24359 minutes lost over 433 sessions = 22% per session (58 minutes)
March
27389 minutes lost over 483 sessions = 22% per session (56 minutes)

Theatre Efficiency (cont)



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Other Cancellations	148	172	225	176	182	158	195	198	147	154	231	202
Bed Cancellations	6	4	5	3	5	16	36	64	217	259	14	40
Clinical Cancellations	105	105	118	152	90	132	114	112	103	93	112	128
Patient Cancellations	102	103	120	133	100	115	118	125	110	132	121	136



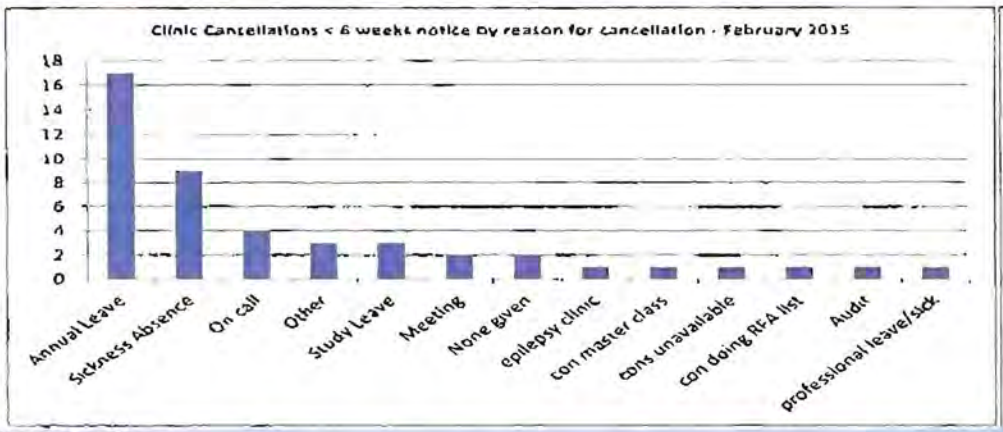


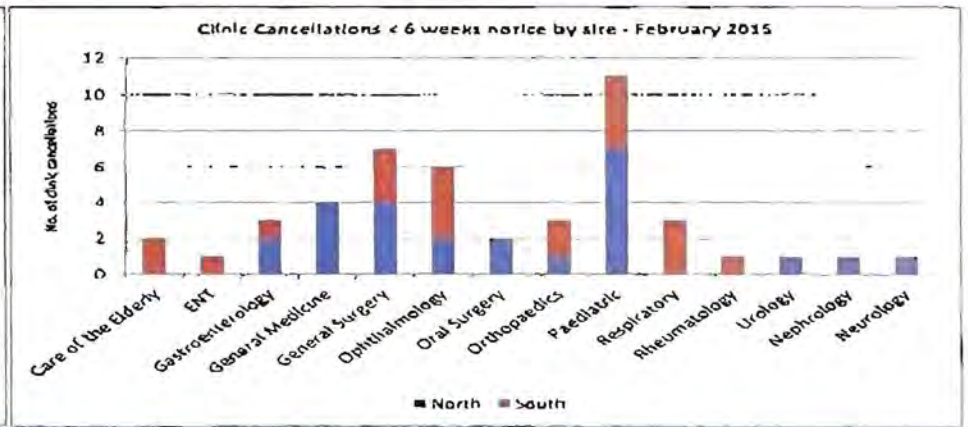
Agreed actions

- Continue to ensure the pre-operative assessment is working effectively
- The newly developed theatre scheduling is now being rolled for the secretaries and waiting list team to use. Training has been provided on how to schedule patients from Myrddin onto the theatre scheduler.the information department to develop a theatre scheduling tool. The Head & Neck directorate have a plan to roll it out be the end of February it will then rolled out into Orthopaedics.
- The next TQIT meeting will discuss options for creating a ward on the RGH site that can be used as a day surgery ward so it can be ring fenced from medical patients so that at least day case elective activity can contiunue.

Indicator Level	Target	Mar (446)	YTD (5931)	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	Reduce theatre cancellations using 2013/14 as a baseline	506	5616		COO	31st March 2015	

Outpatient Clinic Cancellations





Comments

The above charts are derived from data collected by medical records as a result of forms received requesting clinics to be cancelled. At present this only relates to those clinics managed by the medical records department. It excludes clinics that are arranged and administered by specialty teams within surgical directorates. This work will progress to cover all outpatient clinics. As can be seen from the graph above, the majority of short notice cancellations are due to annual leave, which contravenes the Health Board's 6 week annual leave policy for clinical staff. The next biggest reason for short notice cancellation of clinics is captured under "Other". This needs to be explored so that more granularity is available. The Performance and Information team will work with the directorates to improve reporting in this area.

The charts illustrate the number of clinics cancelled during the month of January with less than 6 weeks' notice of cancellation. The cross-cutting theme for outpatient improvement is focussing on short notice clinic cancellations as a strand of the project. Improving in this area will be pivotal to the implementation of the Text & Remind service.

Indicator Level	Target	February (76)	YTD (886)	Forecast	Executive Lead	Expected date of compliance	Revised date of compliance
Local	Continuous Improvement	46	760		COO	N/A	

Outpatient Efficiency

DNA Rates (Main Specialties) April to March 2014/2015	New O/P	New DNA	2014/2015 YTD % New DNA	F/Up O/P	F/Up DNA	2014/2015 YTD % F/Up DNA
General Surgery	9846	607	5.8%	12886	1517	10.5%
Urology	3699	250	6.3%	8190	963	10.5%
Orthopaedics	15691	1311	7.7%	32161	4343	11.9%
ENT Surgery	8296	671	7.5%	14471	2185	13.1%
Ophthalmology	8496	852	9.1%	29595	3323	10.1%
Oral Surgery	6011	529	8.1%	6551	970	12.9%
General Medicine	18510	1953	9.5%	18345	3073	14.3%
Gastroenterology	1711	159	8.5%	5042	704	12.3%
Haem (Clinical)	2457	220	8.2%	37341	2655	6.6%
Cardiology	2695	165	5.8%	4788	674	12.3%
Dermatology	4915	285	5.5%	10065	903	8.2%
Respiratory Medicine	2374	246	9.4%	5810	732	11.2%
Rheumatology	3762	262	6.5%	10447	1604	13.3%
Paediatrics	2798	329	10.5%	6109	1572	20.5%
Gynaecology	9084	1104	10.8%	11461	1488	11.5%
Nursing	14089	990	6.6%	35583	3486	8.9%
Totals (Main Specs)	117639	10180	8.0%	263010	31419	10.7%

Issues affecting performance

- Efficiency and activity measures will form part of the Health Board Matrix at a strategic level and at an operational level the Consultant Dashboard, which will be utilised by CDs at directorate meetings.
- Good progress is being made in improving the booking processes for follow-up appointments in line with RTT Rules or with previous Guide to Good Practice Guidance, It is anticipated that this will improve the number of DNAs experienced for follow-up appointments.
- Currently the specialties are working on plans of how to address their follow up backlogs through validation potentially through case note review via virtual clinics.

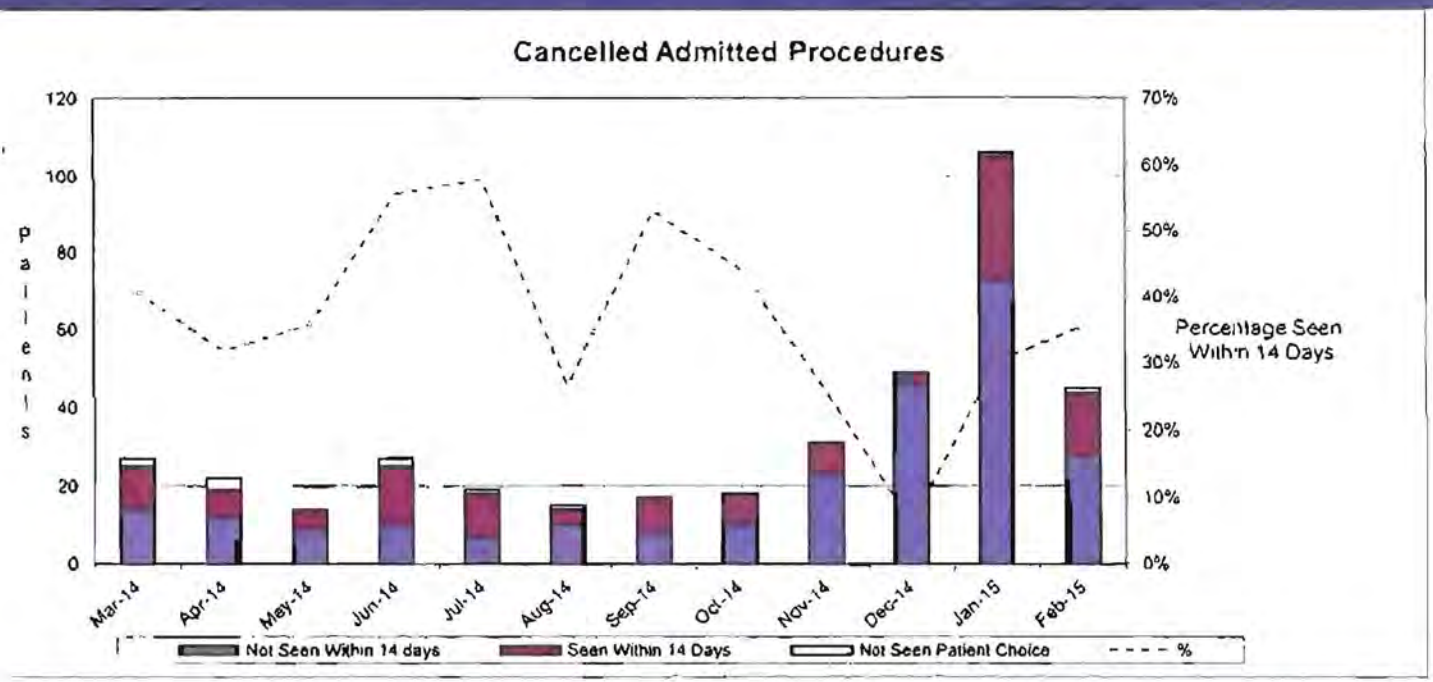
Agreed actions

There are currently two initiatives about to come on board to improve attendance at clinical consultations:

- Text and Remind – this facilitates each patient being sent a reminder of their scheduled appointment seven days in advance. It allows the patient the opportunity to confirm attendance, reschedule or permanently cancel their appointment.
- Self Service Kiosk – this service will allow patients to update their own demographics as they attend for an appointment. It will ensure that we hold the right information for each patient and will aid communication processes.

Indicator Level	Target	March	YTD From April 2014	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	5% New 7% follow-up	8.0% 10.7%	7.9% 10.6%		COO	31st March 2015	

Cancelled Admitted Procedures

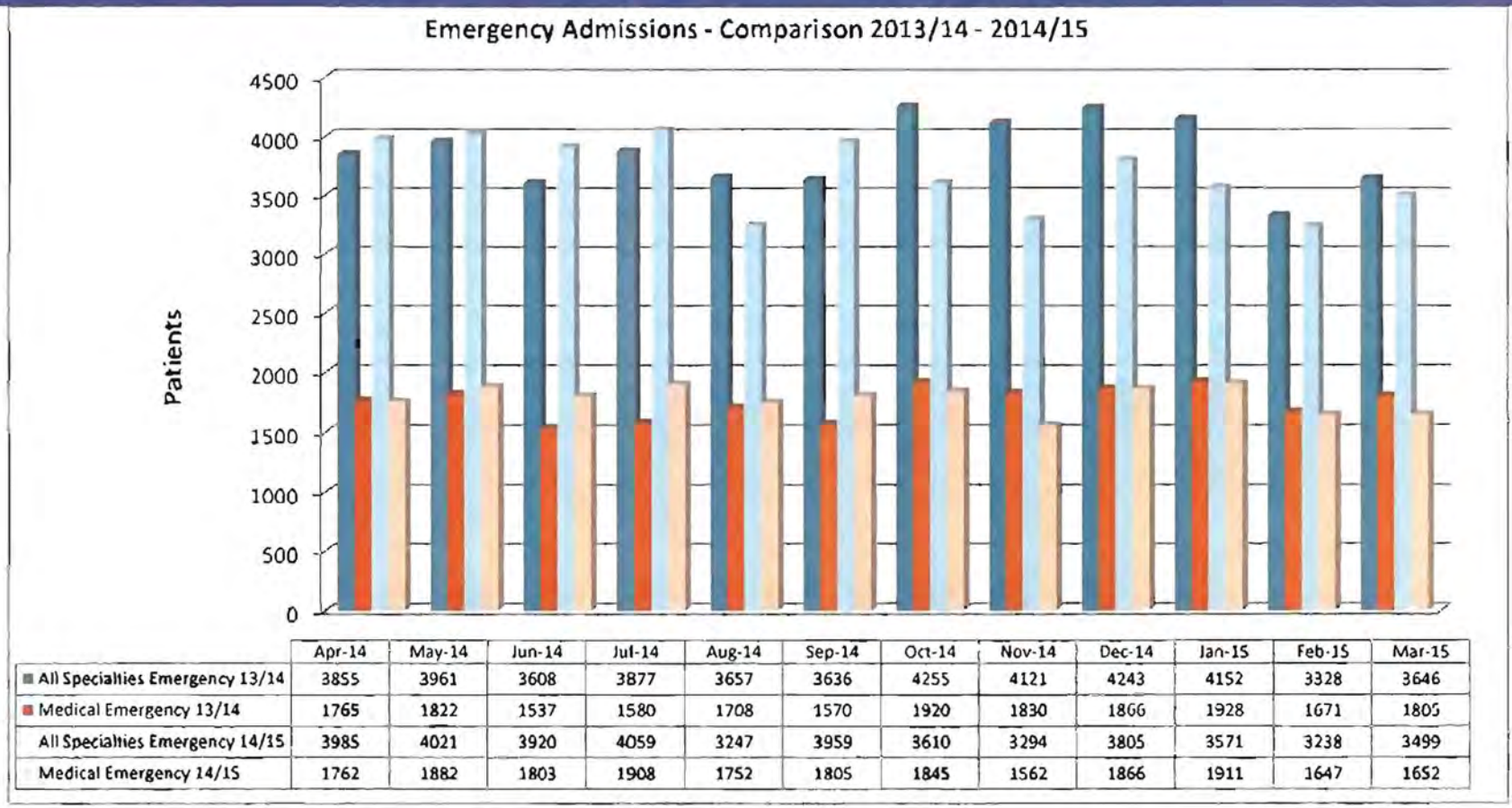


Comments

As part of WG's manifesto, the Health Minister gave a commitment to patients that should their operations be cancelled on more than one occasion, with less than 8 day's notice then they would receive treatment within 14 days of the second cancellation, or at the patient's earliest convenience. This has now become a Tier 1 target on which Health Boards report monthly. The data for this measure is extrapolated from the Health Board's Myrddin application at the end of each month.

The graph above shows the level of procedures cancelled on more than one occasion recorded each month and whether the procedure is then carried out within 14 days of the second cancellation. The secondary axis (red dotted line) plots the % performance for the procedures carried out within 14 days. For example, in July 2014 19 patients had their procedure cancelled on more than one occasion and 60% were subsequently carried out within 14 days of the second cancellation. This is in comparison with 35% of 45 patients in February 2015.

Emergency Admissions



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
All Specialties Emergency 13/14	3855	3961	3608	3877	3657	3636	4255	4121	4243	4152	3328	3646
Medical Emergency 13/14	1765	1822	1537	1580	1708	1570	1920	1830	1866	1928	1671	1805
All Specialties Emergency 14/15	3985	4021	3920	4059	3247	3959	3610	3294	3805	3571	3238	3499
Medical Emergency 14/15	1762	1882	1803	1908	1752	1805	1845	1562	1866	1911	1647	1652

Comments

The above graph illustrates the comparison between emergency admissions for the last full financial year against this year to date. It also looks at Medical Emergency admissions. The live bed management project is 80% complete for acute sites with the remaining 20% being addressed currently, the project will shortly be moving on to the community sites.

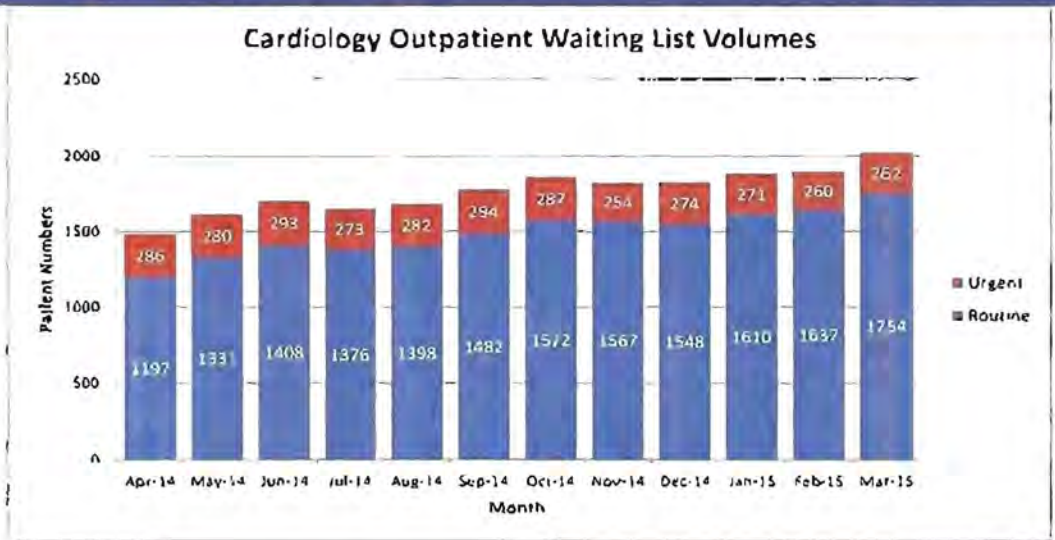
The current financial year shows an increased variation in the total emergency admission activity, which needs to be looked at in more detail.

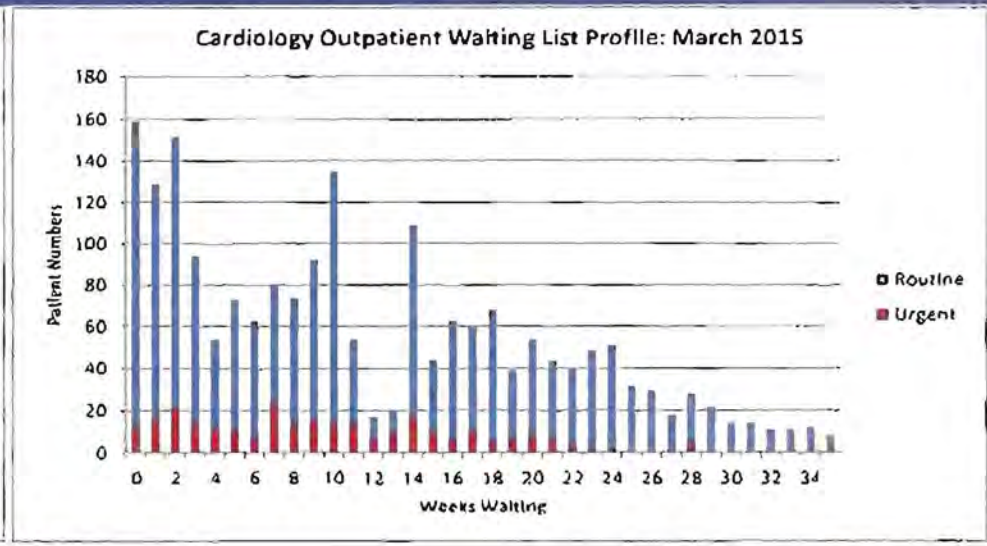
Activity

The tables below a month by month and YTD comparison of activity delivered by Cwm Taf over 2013/14 and 2014/15. The inpatient activity includes both acute and community discharges and also emergency assessment admissions with a zero length of stay. It should be noted that the recording of assessment activity has been variable across these periods due to changes in clinical models at the Royal Glamorgan Hospital.

Activity per Day		April	May	June	July	August	Sept.	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative average
Daycases (per working day)	Activity 14/15	74	75	82	81	74	72	80	86	64	78	84	80	78
	Activity 13/14	64	75	75	72	68	67	80	79	68	70	72	78	72
	% change since prior year	13%	0%	10%	11%	8%	7%	0%	9%	-5%	11%	15%	2%	7%
Daycases - Surgical	Activity 14/15	50	52	57	58	49	50	54	57	44	51	54	47	52
	Activity 13/14	41	51	55	49	46	48	56	57	48	50	51	57	51
	% change since prior year	17%	1%	3%	15%	5%	4%	-3%	0%	-10%	2%	6%	-21%	2%
Daycases - Medical	Activity 14/15	24	23	26	23	26	22	26	29	21	27	30	33	26
	Activity 13/14	23	23	19	23	22	19	24	22	20	20	21	21	21
	% change since prior year	4%	-1%	25%	0%	13%	13%	7%	25%	4%	27%	31%	36%	20%
Daycases - Other	Activity 14/15	0	0	0	0	0	0	0	0	0	0	0	0	0.01
	Activity 13/14	0	0	0	0	0	0	0	0	0	0	0	0	0.03
	% change since prior year	0%	-90%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	-58%
Elect IP (per working day)	Activity 14/15	33	35	32	33	32	30	34	35	20	23	35	35	31
	Activity 13/14	23	34	38	32	32	35	36	38	32	31	36	37	34
	% change since prior year	30%	2%	-18%	2%	-1%	-14%	-4%	-7%	-61%	-34%	-3%	-7%	-7%
Non-Elect IP (per day)	Activity 14/15	140	138	139	138	127	138	140	133	144	138	137	134	137
	Activity 13/14	136	136	128	132	125	128	145	147	145	142	143	140	137
	% change since prior year	3%	1%	8%	5%	2%	8%	-3%	-11%	0%	-3%	-4%	-4%	0%
OP-New (per working day)	Activity 14/15	502	497	520	475	445	547	520	537	468	496	539	525	506
	Activity 13/14	510	479	509	489	413	500	502	488	440	499	512	513	488
	% change since prior year	-2%	4%	2%	-3%	7%	9%	3%	9%	6%	-1%	5%	2%	4%
OP-F Up (per working day)	Activity 14/15	1,319	1,269	1,260	1,191	1,129	1,321	1,254	1,319	1,192	1,266	1,275	1,315	1,259
	Activity 13/14	1,283	1,242	1,265	1,219	1,101	1,275	1,350	1,258	1,124	1,289	1,259	1,277	1,245
	% change since prior year	3%	2%	0%	-2%	3%	4%	-8%	5%	6%	-2%	1%	3%	1%
OP-Procedures (per working day)	Activity 14/15	290	298	280	255	268	255	165	167	169	196	193	66	217
	Activity 13/14	223	232	218	217	192	210	237	222	173	219	300	276	227
	% change since prior year	23%	22%	22%	15%	29%	18%	-44%	-33%	-3%	-12%	-55%	-317%	-4%
A&E Attendances (per day)	Activity 14/15	383	384	389	393	347	393	364	357	354	386	351	376	373
	Activity 13/14	377	373	378	412	360	370	362	345	335	344	345	380	365
	% change since prior year	1%	3%	3%	-5%	-4%	6%	1%	3%	5%	11%	2%	-1%	2%

Waiting Lists (Cardiology)





Comments

The above charts show that the total volume of patients waiting for cardiology review (graph 1), there has been an increase in the total volume waiting again this month with the total volume of 2016 patients waiting, this represents the highest number of patients waiting during this financial year. The number of urgent patients waiting has increased to 262. Although the majority of patients are seen within 20 weeks (graph 2), there is a tail of patients waiting up to 35 weeks, which is of concern. The information also shows that some urgent patients are waiting in excess of the required time, with the longest waiting patient showing at 28 weeks.

The main reason for the tail of long waits has been attributed to a capacity gap within some sub-specialty clinics due to long term staff absences and recent retirements. A full demand and capacity analysis of the service is also being undertaken to redress the balance on a sustainable basis.

As the pathway for cardiac surgery is delivered jointly between Cwm Taf and the tertiary units (Cardiff and Vale and Abertawe Bro-morgannwg University Health Boards), this analysis has also included patients waiting outside of Cwm Taf. From the last reports received from the tertiary centres we can see that there are 133 patients waiting for treatment at Cardiff and Vale and two at ABMU. The longest waiting patients have been reviewed and show that, on average, patients are seen at first outpatients within 8 weeks. However they appear to be waiting a further 36 weeks for surgical intervention. To complete this review, all patients will be subject to a case note review to ascertain their length of wait and level of consultation with all services in the interim period.

Diagnostic & Therapy Waiting Lists

Diagnostic Waiting Times

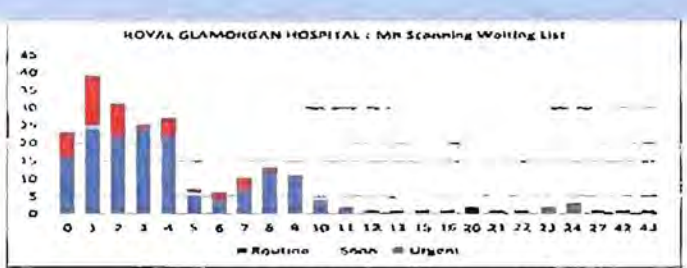
March'15		Total Number Waiting			Number Waiting > 8 weeks			Longest week wait		
Specialty	Diagnostic Test	Royal Glamorgan	Prince Charles	Cwm Taf	Royal Glamorgan	Prince Charles	Cwm Taf	Royal Glamorgan	Prince Charles	Cwm Taf
Cardiology	Echo	1164	747	1911	725	381	1106	[illegible]	[illegible]	[illegible]
	Stress Test	70	15	85	11	0	11	[illegible]	7	[illegible]
	Total	1234	762	1996	736	381	1117	[illegible]	[illegible]	[illegible]
Endoscopy	Bronchoscopy	0	1	1	0	0	0	0	0	0
	Colonoscopy	144	124	268	27	36	63	[illegible]	[illegible]	[illegible]
	Cystoscopy	52	102	154	19	26	45	[illegible]	[illegible]	[illegible]
	Flexi-sigmoidoscopy	202	134	336	78	44	122	[illegible]	[illegible]	[illegible]
	Gastroscopy	308	236	542	79	42	121	[illegible]	[illegible]	[illegible]
	Total	784	597	1361	203	148	351	[illegible]	[illegible]	[illegible]
Radiology	Barium Enema	136	109	245	33	1	34	12	[illegible]	[illegible]
	CT	317	370	687	3	12	15	11	9	11
	MRI	215	222	437	44	13	57	[illegible]	12	[illegible]
	Non Obs USS	2273	1489	3762	1003	97	1100	[illegible]	[illegible]	[illegible]
	Nuclear Medicine	32	0	32	0	0	0	7	0	7
	Fluoroscopy	165	125	290	90	22	112	[illegible]	[illegible]	[illegible]
	Total	3138	2315	5453	1173	145	1318	[illegible]	[illegible]	[illegible]
Neurophysiology	EMG	127	72	199	101	58	159	[illegible]	[illegible]	[illegible]
	Nerve Conduction Studies	210	128	338	155	102	257	[illegible]	[illegible]	[illegible]
	Total	337	200	537	256	160	416			
Physiological Measurement	Urodynamic Tests	42	12	54	23	2	25	[illegible]	[illegible]	[illegible]
	Total	42	12	54	23	2	25			
Total		5515	3886	9401	2391	836	3227			

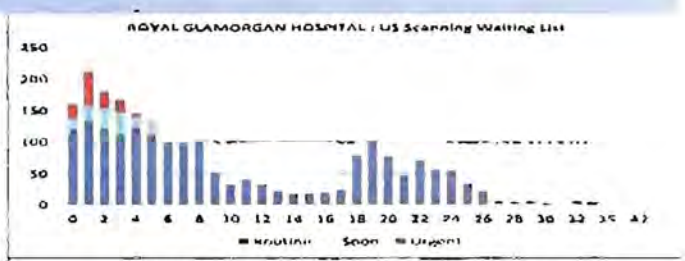
Therapies Waiting Times

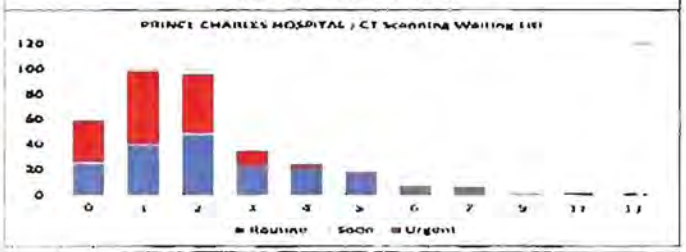
March'15		Total Number Waiting			Number Waiting > 8 weeks			Longest week wait		
Specialty	Diagnostic Test	Royal Glamorgan	Prince Charles	Cwm Taf	Royal Glamorgan	Prince Charles	Cwm Taf	Royal Glamorgan	Prince Charles	Cwm Taf
Audiology	Consultant	143	0	143	52	0	52	[illegible]	0	[illegible]
	GP	225	0	225	72	0	72	12	0	12
	Total	368	0	368	124	0	124			
Dietetics	Adults	232	153	385	8	4	12	9	11	11
	Paediatrics	42	21	63	4	0	4	10	7	10
	Total	274	174	448	12	4	16			
Occupational Therapy	Adults	28	36	64	6	18	24	[illegible]	[illegible]	[illegible]
	Paediatrics	5	1	6	5	1	6	11	8	11
	Total	33	37	70	11	19	30			
Physiotherapy	Adults	651	625	1276	35	44	79	10	12	12
	Paediatrics	81	35	116	0	1	1	7	8	8
	Total	732	660	1392	35	45	80			
Podiatry	Routine	311	287	598	5	4	9	9	9	9
	Urgent	23	11	34	0	0	0	6	7	7
	Total	334	298	632	5	4	9			
Speech Language	Adults	62	30	101	6	9	15	11	10	11
	Paediatrics	0	244	243	0	29	29	0	10	10
	Total	62	282	344	6	38	44			
Total		1803	1451	3254	193	110	303			

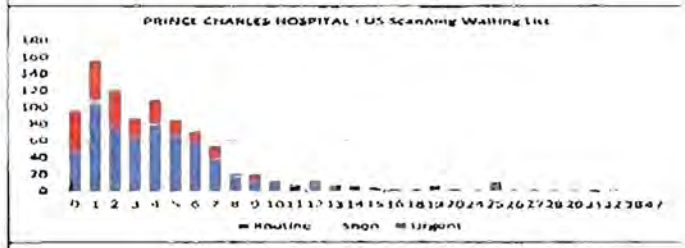
Key:-	
	< 8 Weeks
	8 - 13 Weeks

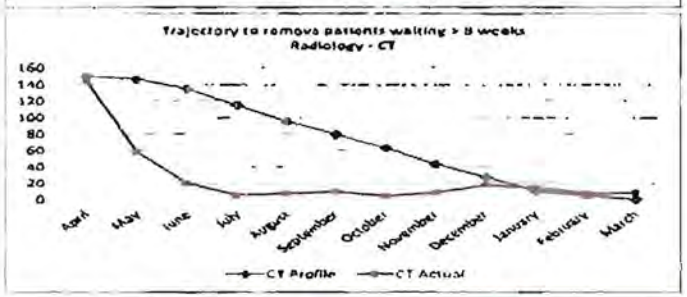
Radiology

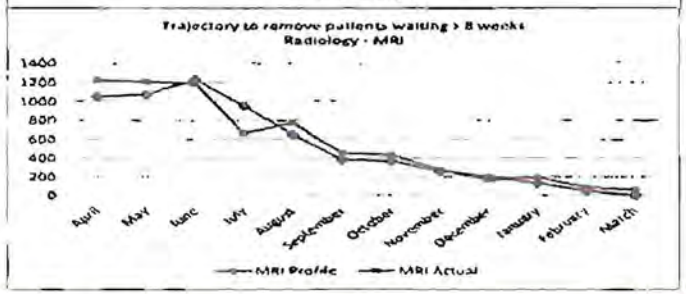


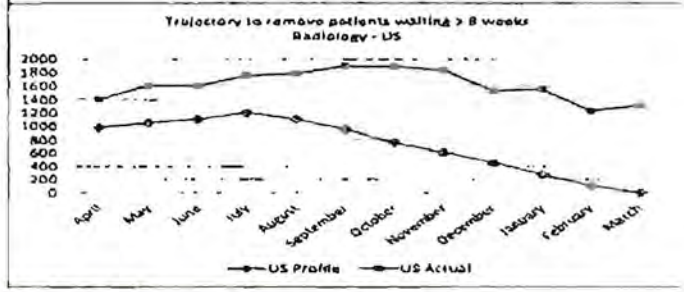










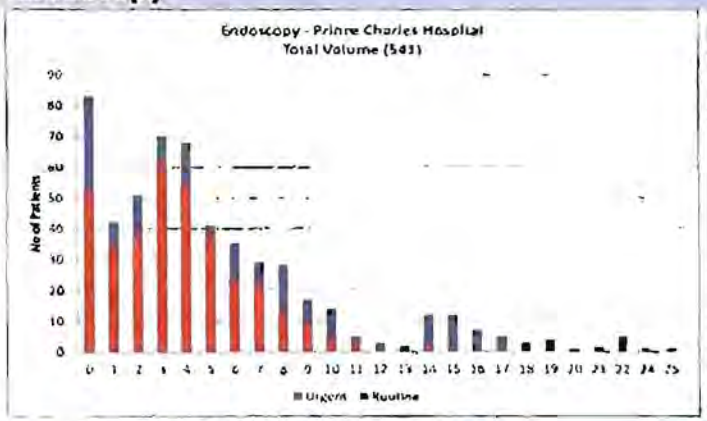


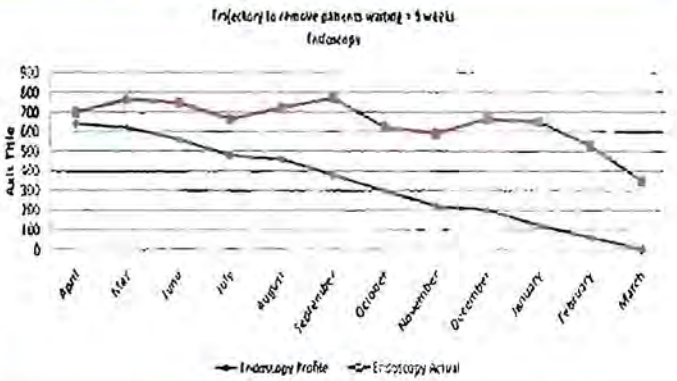
Issues affecting performance

In order for the Health Board to achieve against the improvement trajectories submitted to Welsh Government, it acknowledges that significant improvement also need to be made within the main diagnostic services provided internally. The graphs above show the current waiting lists for the main radiology modalities (MRI, CT and USS). The Health Board has also submitted improvement trajectories that cover these areas and map improvements expected this financial year. However, it should be noted that considerable investment is required to ensure this level of improvement is attainable.

The graphs above show there is a significant "tail" on both hospital sites with waits for both MRI and USS. Targeted waiting list management should be implemented to reduce these lengthy waits. Both CT and MRI remain on track in terms of the submitted trajectory but USS remains a concern.

Endoscopy





Issues affecting performance

In order for the Health Board to achieve against the improvement trajectories submitted to Welsh Government, it acknowledges that significant improvement also need to be made within the main diagnostic services provided internally. The graphs above show the current waiting lists for the main endoscopy services split by acute sites. The Health Board has also submitted improvement trajectories that cover these areas and map improvements expected this financial year. However, it should be noted that considerable investment is required to ensure this level of improvement is attainable.

The graphs above show there is significant variation in walts for endoscopy Investigations between the two acute hospital sites, with significant difference in the volumes. The length in waiting time has been as a result of shortages in consultant gastroenterologists over recent months. New appointments have now been made and it is anticipated that improvements in this area will be realised within the next quarter. The directorate has also been tasked with reviewing booking processes to ensure there is equity between the two sites and that urgent suspected cancer cases are prioritised.

The trajectory included shows the expected levels of improvement to be achieved by 31st March 2015.

Commissioning

The Information below provides an update on the position at the end of November in relation to services commissioned by Cwm Taf UHB from Cardiff and Vale UHB and also those services commissioned via WHSSC. The comments to the right of the figures provide a narrative of the current position.

Cwm Taf Commissioner Activity Monitoring- 2014-15 **Month 9** **Comments**

Cardiff Summary

Specialty	Month 9				Month 12 Forecast	Month 12 2013-14	Increase/ (Decrease)	Comments
	Plan	Act	Var	Perf (£)	Perf (£)	Perf (£)	Perf (£)	
Inpatients	1,427	1,274	(153)	(134,662)	(179,550)	(116,380)	(63,170)	Underperformance on the Cardiff contract for ENT/Oral surgery/urology
Daycases/RDAs	2,039	3,129	1,091	310,458	413,944	502,519	(88,574)	Early data shows a reduction in daycase activity- CT aim to repatriate haematology activity in 2014-15
Outpatients	15,114	14,971	(143)	(50,910)	(67,880)	(58,112)	(9,768)	Underperformance on the Cardiff contract for medical specialties
CAVOC	tbc	tbc	tbc	69,632	145,176	62,456	82,720	overspend compared to 13-14
AICU				77,017	102,689	31,382	71,307	Higher AICU performance than in 2013-14
NICE				922,334	1,218,779	918,191	300,588	Early data indicates a pressure for NICE high cost drugs in 2014-15
Other High Cost				185,962	247,949	132,786	115,163	Overspend driven by high AICU activity
TOTAL	**18,580**	**19,374**	**794**	**1,374,831**	**1,881,108**	**1,472,842**	**408,266**	

Cardiff Cost and Volume Contract by Specialty

Specialty	Inpatients				Daycases/RDAs				Outpatients				Comments
	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	
Haematology	107	168	62	51,007	288	1,135	847	200,739	965	1,318	353	8,214	Savings target in 2014-15 to repatriate haematology activity
Rheumatology	13	3	(10)	(19,242)	10	117	107	32,686	825	578	(247)	(11,078)	Savings target in 2014-15 to repatriate rheumatology activity
Addiction					242	689	448	84,126					Savings target in 2014-15 to repatriate addiction activity

WHSSC Monitoring

Contract	Month 10				Forecast	Comments
	Plan (£'000)	Actual (£'000)	Variance (£'000)	CT Share (£'000)	CT Share (£'000)	
Cardiff & Vale University Health Board	140,136	140,793	(2,343)	(388)	(460)	The WHSSC plan is 423k in excess of what Cwm Taf can afford to meet our financial plan, so an underspend of 423k is required against the WHSSC budget at the end of the year for CT to 'breakeven'
Abertawe Bro Morgannwg University Health Board	70,800	70,029	(771)	(83)	(95)	
Cwm Taf University Health Board	3,835	3,898	61	8	9	
Aneurin Bevan Health Board	2,312	2,468	156	(0)	(1)	
Other Welsh LTAs	155,212	155,314	102	21	25	
Non Welsh SLAs	78,282	84,272	5,990	261	278	
IPM & NCA	38,015	38,409	2,394	250	266	The WHSSC month 10 performance is now 36k worse than the Cwm Taf planned underspend, and forecast 30k over budget. Cwm Taf are in ongoing discussions with WHSSC to review options to reduce spend
Renal	6,104	5,948	(157)	(8)	(32)	
Unallocated Development and Savings targets	8,186	5,798	(2,387)	(350)	(347)	
Direct Running Costs	3,832	3,560	(271)	(27)	(36)	
Total Expenditure	**507,613**	**507,613**	**2,774**	**(316)**	**(383)**	
WHSSC Savings Requirement				**(353)**	**(423)**	
Variance from Cwm Taf Plan				**36**	**30**	

Commissioning (continued)

The information below provides an update on the position at the end of November in relation to services commissioned by neighbouring Health Boards from Cwm Taf UHB. The comments to the right of the figures provide a narrative update on the current position.

Cwm Taf Provider Activity Monitoring- 2014-15 — Month 9

Summary Contract Performance

Commissioner	Inpatients				Daycases				New Outpatients				Comments
	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	
Aneurin Bevan	4,254	4,633	379	528,583	428	1,104	677	152,910	3,822	5,582	1,760	208,001	The Health Board continue to overperform for AB against baseline, as expected, although early indications are that the overperformance is falling as AB repatriate outpatients to YYF
Cardiff and Vale	1,241	1,012	(238)	(19,108)	314	351	37	5,266	1,683	1,643	(54)	2,973	Month 9 shows some underperformance for CV on inpatients, following validation of mental illness activity
ABMU	476	317	(159)	(69,781)	100	111	11	(2,356)	648	478	(170)	(19,327)	Both Health Boards aim to repatriate activity in 2014-15. 60% MR negotiated in 2013-14.
Powys	177	213	36	34,807	84	76	(8)	(338)	267	282	15	1,311	The baseline was updated in 2013-14 but some IP growth showing
Hywel Dda	44	26	(18)	(9,053)	8	13	5	1,628	32	24	(8)	(1,823)	Cwm Taf only have a small contract with Hywel Dda, some underperformance showing
TOTAL	**6,192**	**6,201**	**-**	**465,455**	**934**	**1,655**	**722**	**157,109**	**6,452**	**8,009**	**1,543**	**191,135**	

Contract Performance against RTT Specialties

Specialty	Inpatients				Daycases				New Outpatients				Comments
	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	
General surgery	1,091	1,120	29	24,609	163	314	151	24,030	664	803	139	10,929	Inpatient overperformance primarily delivered for AH
Trauma & Orthopaedics	688	556	(132)	(149,313)	76	125	49	7,531	807	1,458	651	80,268	Significant underperformance for IP, but over on OP. Primarily for AB residents
ENT	243	267	25	20,695	22	50	28	12,890	508	562	55	7,673	Some overperformance coming through- AB and ABMU
Ophthalmology	24	16	(8)	(1,197)	34	186	152	60,931	648	620	(28)	(2,377)	Significant daycase overperformance being delivered for AB
Oral Surgery	120	151	31	18,403	64	130	66	19,505	491	601	110	18,434	Some overperformance coming through for AB
Cardiology	2	31	29	22,328	1	45	44	4,164	194	267	73	16,537	Some overperformance coming through for AB
TOTAL	**2,167**	**2,141**	**(26)**	**(64,475)**	**361**	**850**	**489**	**129,051**	**3,311**	**4,311**	**1,000**	**131,470**	

Exceptional Variance against Contract

Contract Specialty	Inpatients				Daycases				New Outpatients				Comments
	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	Plan	Act	Var	Perf (£)	
AB- General Medicine	1,341	1,798	457	549,226	140	301	161	16,298	578	864	286	51,320	Continued overperformance for AB, predominantly as a result of an emergency/A&E
AB- General Surgery	776	786	10	12,697	59	187	128	21,866	377	557	180	13,270	Overperformance for AB on an RTT specialty- may need to review depending on D&C plans
AB- Obstetrics	263	445	183	80,018	-	-	-		173	324	152	20,548	Significant overperformance for AB, may need to review baseline in future
Cardiff- T&O	115	111	(4)	(3,236)	24	37	13	1,209	278	299	21	1,531	Minimal variance from contracted levels

Commissioning (continued)

Cwm Taf Residents awaiting treatment at Cardiff and Vale UHB – RTT

	RTT Adjusted Weeks						
	Up to 26 Weeks	27-36 Weeks	37-52 Weeks	>52 Weeks	Grand Total	% Up to 36 Weeks	% > 36 Weeks
Anaesthetics	30				30	100.0%	0.0%
Cardiology	141	10		4	155	97.4%	2.6%
Cardiothoracic Surgery	84	3			87	100.0%	0.0%
Clinical Haematology	23				23	100.0%	0.0%
Clinical Pharmacology	8	2	2		12	83.3%	16.7%
Dental Medicine	2				2	100.0%	0.0%
Dermatology	49	4	8		61	86.9%	13.1%
ENT	70	12	1		83	98.8%	1.2%
Gastroenterology	9	6	3		18	83.3%	16.7%
General Medicine	91	17	20	2	130	83.1%	16.9%
General Pathology	36	12	7		55	87.3%	12.7%
General Surgery	107	29	3	4	143	95.1%	4.9%
Geriatric Medicine	3	1			4	100.0%	0.0%
GP Maternity	1				1	100.0%	0.0%
Gynaecology	51	10	2	2	65	93.8%	6.2%
Nephrology	9				9	100.0%	0.0%
Neurology	495	25	1	1	522	99.6%	0.4%
Neurosurgery	118	19	3		140	97.9%	2.1%
Ophthalmology	175	36	13	1	225	93.8%	6.2%
Oral Surgery	57				57	100.0%	0.0%
Orthodontics	22				22	100.0%	0.0%
Paediatric Dentistry	15	1	3		19	84.2%	15.8%
Paediatric Neurology	9	1			10	100.0%	0.0%
Paediatric Surgery	74	8	10	2	94	87.2%	12.8%
Paediatrics	72	2			74	100.0%	0.0%
Pain Management	16	2			18	100.0%	0.0%
Rehabilitation	2				2	100.0%	0.0%
Restorative Dentistry	52				52	100.0%	0.0%
Rheumatology	8	2	5	1	16	62.5%	37.5%
Thoracic Medicine	40	4		1	45	97.8%	2.2%
Trauma & Orthopaedics	756	90	26		872	97.0%	3.0%
Urology	67	11	11	9	98	79.6%	20.4%
Grand Total	2692	307	118	27	3146	95.3%	4.6%

The table above depicts the specialty level waiting lists for Cwm Taf patients at Cardiff and Vale University Health Board and also shows the percentage performance against the 36 week target.

It should be noted that the longest waiting patients are within cardiology and urology. there are currently two patients waiting> 200 weeks within cardiology (261 and 275 weeks) and 3 patients waiting > 100 weeks within Urology, the longest wait being 159 weeks.

Commissioning (continued)

Cwm Taf Residents awaiting treatment at Aneurin Bevan HB - RTT	RTT Adjusted Wait						
Specialty	Up to 26 Weeks	27-36 Weeks	37-52 Weeks	>52 Weeks	Grand Total	% Up To 36 Weeks	% > 36 Weeks
Cardiology	7	0			7	100.00%	0.00%
Care of the Elderly	2				2	100.00%	0.00%
Dermatology	1				1	100.00%	0.00%
Diabetes And Endocrinology	5				5	100.00%	0.00%
ENT	6	1			7	100.00%	0.00%
Gastroenterology	10	1			11	100.00%	0.00%
General Surgery	12	2		1	15	93.33%	6.67%
Gynaecology	8		1		9	88.89%	11.11%
Haematology	1				1	100.00%	0.00%
Maxillo-Facial	8	2			10	100.00%	0.00%
Neurology	5	1			6	100.00%	0.00%
Ophthalmology	12		2		14	85.71%	14.29%
Orthodontics	1				1	100.00%	0.00%
Pain Management	3				3	100.00%	0.00%
Radiology	2				2	100.00%	0.00%
Respiratory	4				4	100.00%	0.00%
Rheumatology	1				1	100.00%	0.00%
Trauma & Orthopaedics	23	7	4	2	36	83.33%	16.67%
Urology	26	9	1		36	97.22%	2.78%
Grand Total	137	23	8	3	171	93.57%	6.43%

The table above depicts the specialty level waiting lists for Cwm Taf patients at Aneurin Bevan University Health Board and also shows the percentage performance against the 36 week target.

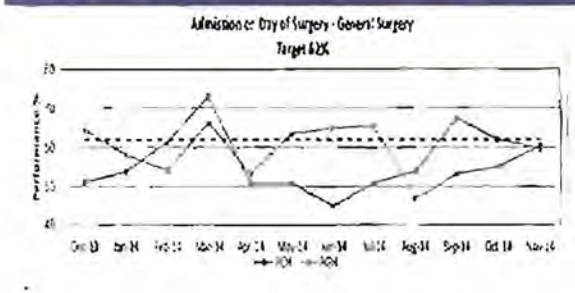
It should be noted that the longest waiting patient is within orthopaedics, there is currently one patients waiting 67 weeks.

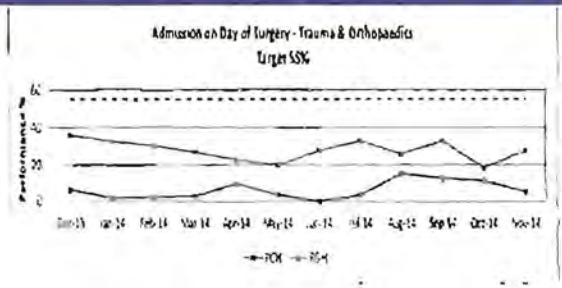
Commissioning (continued)

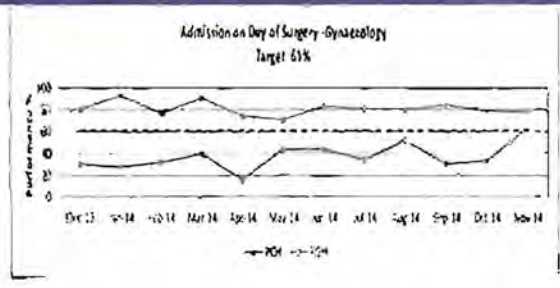
The following table shows the waiting list for Cwm Taf residents for services commissioned via WHSSC at ABMU Health Board and Cardiff and Vale UHB. These waiting lists are monitored on a regular basis by the Contracts and Commissioning Team at Cwm Taf UHB.

			Wales							
Programme Group	**Specialty**	**Wait**	**ABM**	Cwm Taf Residents	**C&V**	Cwm Taf Residents				**Total**
Neuro & Complex Conditions	Neurology	>26 Wks								**0**
		>36 Wks								**0**
	Other Neurology	>26 Wks								**0**
		>36 Wks								**0**
	Neurosurgery	>26 Wks			87	16				**87**
		>36 Wks			21	5				**21**
Cardiac	Cardiology	>26 Wks	213	1	508	14				**721**
		>36 Wks	12	0	46	2				**58**
	Cardiac Surgery	>26 Wks	174	2	13	2				**187**
		>36 Wks	112	1	4	1				**116**
	Thoracic Surgery	>26 Wks			31	7				**31**
		>36 Wks			3	1				**3**
Women & Children	Paediatric Surgery	>26 Wks			197	25				**197**
		>36 Wks			89	11				**89**
	Paediatric Cardiology	>26 Wks			11	1				**11**
		>36 Wks			1	0				**1**
Cancer	Plastic Surgery	>26 Wks	564	63						**564**
		>36 Wks	259	35						**259**

Admission on Day of Surgery







Specialty	Target
Orthopaedics	55%
Gynaecology	61%
General Surgery	62%
Urology	75%
ENT	81%
Ophthalmology	79%
Oral Surgery	46%

This indicator measures the percentage of patients, expected to have an overnight stay during their admission, who are admitted to hospital on the day of their intended operation. It should be noted that Ophthalmology inpatients are very small numbers.

Central reporting of this measure ceased with the implementation of the 2013/14 Delivery Framework. However as it is a key indicator of efficiency in elective surgery, it will continue to be reported on a quarterly basis internally. All of the data for this measure is now sourced from CHKS which is more timely and reliable than data previously provided to the national repository.

Issues affecting performance

The main area of concern in relation to this target remains orthopaedics. Gynaecology and General Surgery have both recently improved their performance in this area but remains below their expected targets. It should be noted that the small numbers of patients managed as inpatients at PCH will have an impact on this target in Urology.

Agreed actions

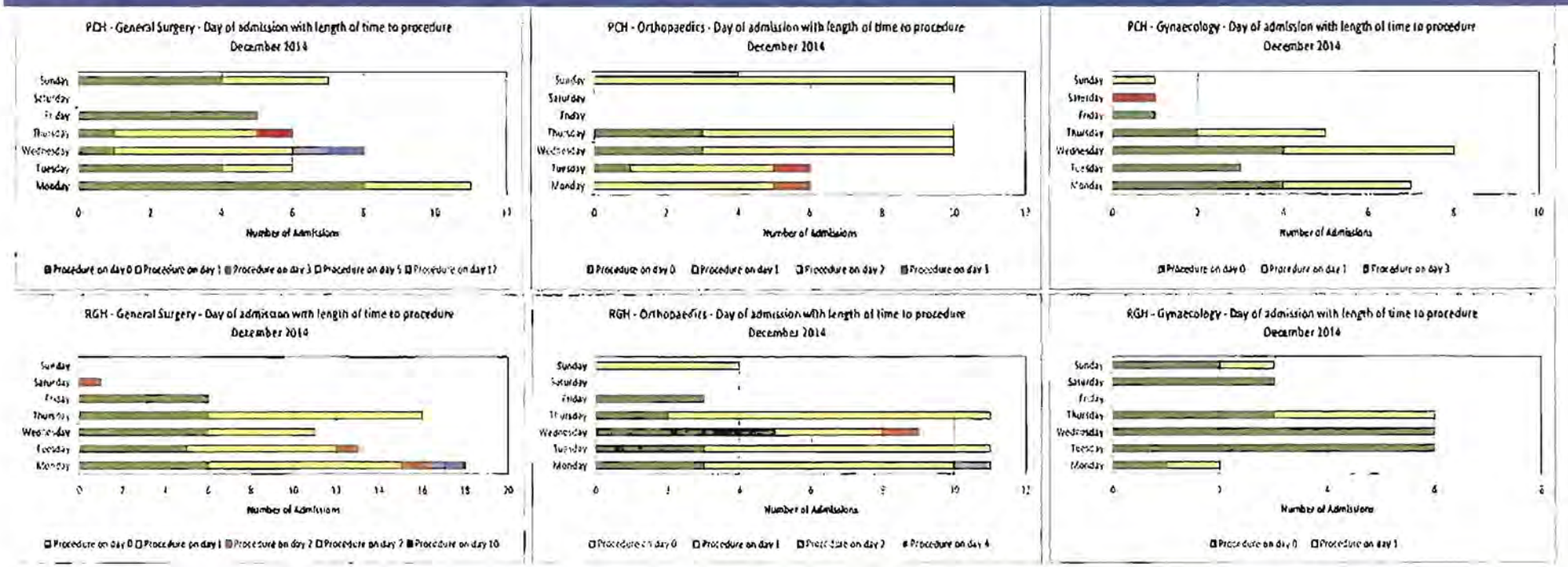
Recent work undertaken with the Clinical Director of Orthopaedics has realised significant improvements in this area. Specific issues addressed were:

- Anaesthetic Pre-assessment.
- Specialty specific pre-operative assessment – including physio an OT input.
- Nursing documentation.

As this work commenced during September, the improvement should filter through to reporting in next month's update.

Indicator Level	Target	November	YTD	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	To achieve previously set targets by specialty				COO		

Admission on Day of Surgery (Continued)



Comments

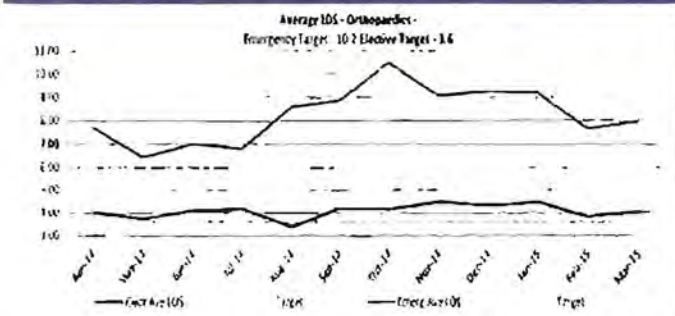
The above charts illustrate the day the procedure was carried out compared to the day the patient was admitted for those specialties not achieving the required day of surgery on admission target

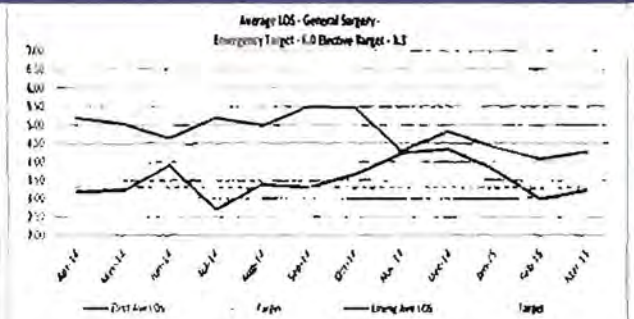
Orthopaedics has the biggest problem in relation to this measure this month, of the 91 elective procedures undertaken only 23 were carried out on the day of admission.

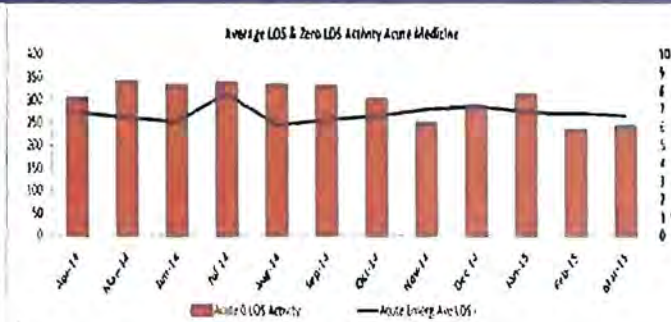
The directorates need to look at why patients are being admitted on days when elective inpatient surgery is not scheduled and look to change this practice to be able to meet the current admission on day of surgery targets.

A pilot with the Clinical Director of Orthopaedics began in August to admit all patients for that specific consultant on the day of surgery. Changes to processes for pre-assessment and nursing documentation resulted in this being a success and has therefore continued. The directorate are in the process of developing a roll-out plan across the specialty for all consultants in the next six months.

Average Length of Stay (AvLOS)







Central reporting of this measure ceased with the implementation of the 2013/14 Delivery Framework. However as it is a key indicator of efficiency in elective and emergency admissions, it will continue to be reported on a monthly basis internally.

Issues affecting performance

Performance against these indicators remains at the level previously set by the WG targets. However work continues to make improvements wherever possible.

At the moment the Los for Emergency orthopaedic patients has increase month on month since July 2014. Further analysis is being undertaken to understand the root cause of this increase. An improvement in the day of surgery admission rates for Orthopaedics should have a positive impact on the AvLOS performance for elective patients.

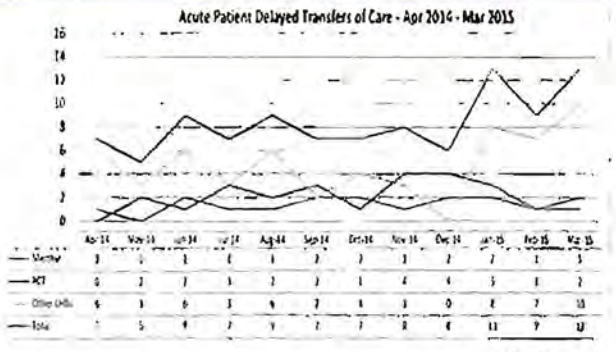
Agreed actions

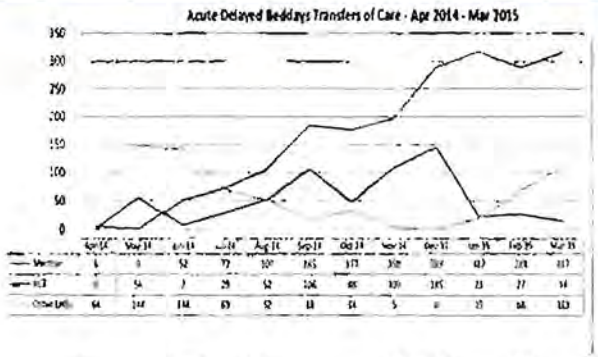
- Efficiency indicators including LOS will be a focus of the work being undertaken by directorates going forward with the Matrix.
- Focus work on LOS for emergency admissions.
- Derive historic elective and emergency LOS data from CHKS and compare to previous published information.

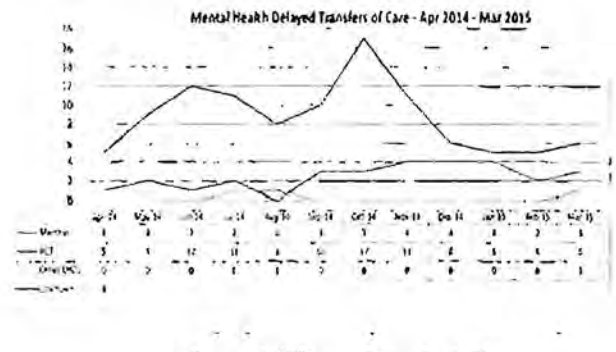
Indicator Level	Target		February	YTD	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Local	Achieve previously set AQF targets	Elective				COO	N/A	
		Non Elective						

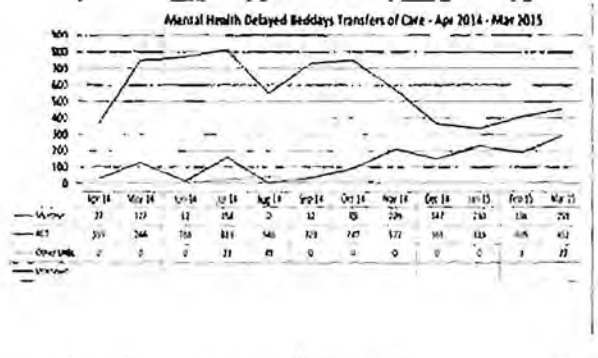
5. Integration and Partnership

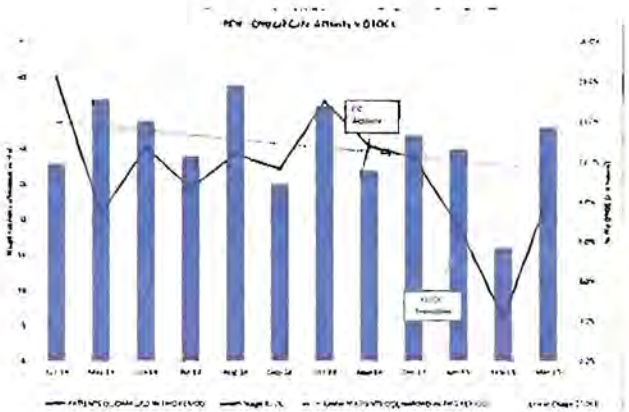
Delayed Transfers of Care (DToC)

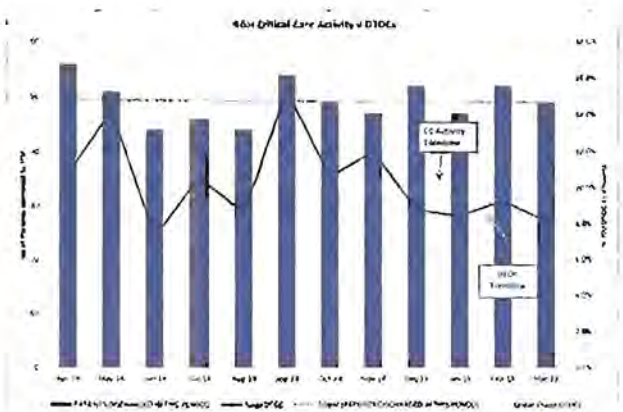












Issues affecting performance

Acute DTOC within the Health Board remains very low, and three of the seven reported delays are attributed to neighbouring Health Boards (in the main ABH8). There are however delays at present attributed to delays in social worker assessment which may impact in the forthcoming months. The HB is working closely with LA colleagues to overcome this issue.

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%.

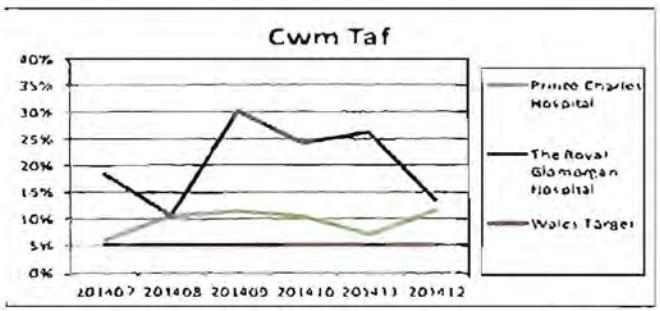
Further work is required to address delayed discharges for patients leaving the critical care environment.

Agreed actions

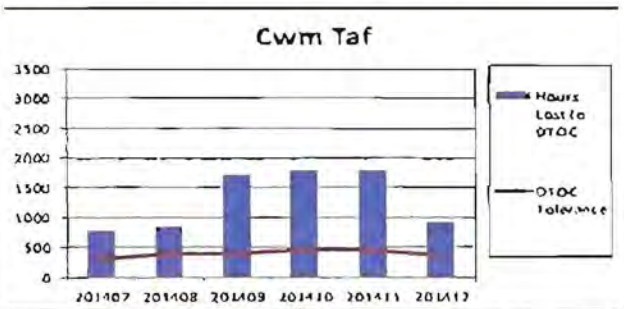
- Continue joint working between Health and Local Authority colleagues.
- Address delays at ward level to facilitate timely discharge (within 4 hours) of patients recovering from critical care admission.

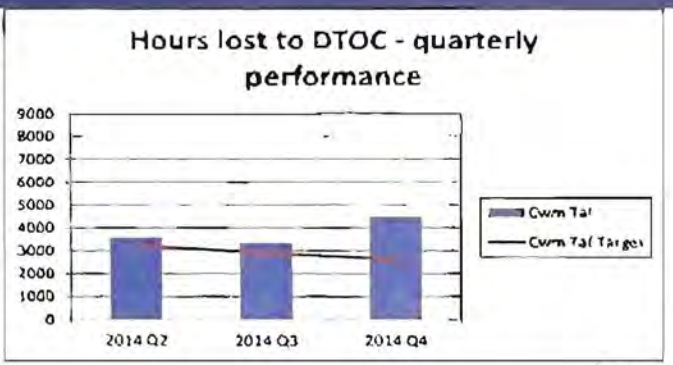
Delayed Transfer of Care (Continued)

% DTOC Bed Occupancy - Wales Target 5%

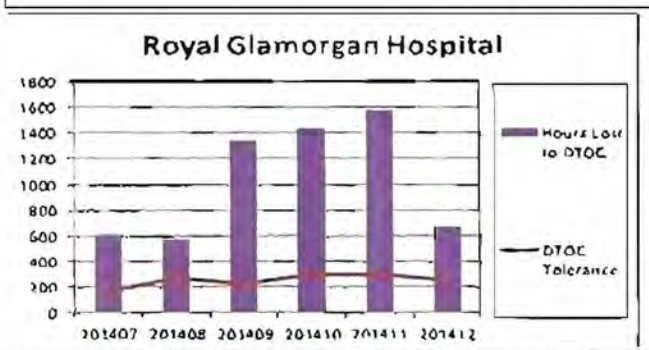


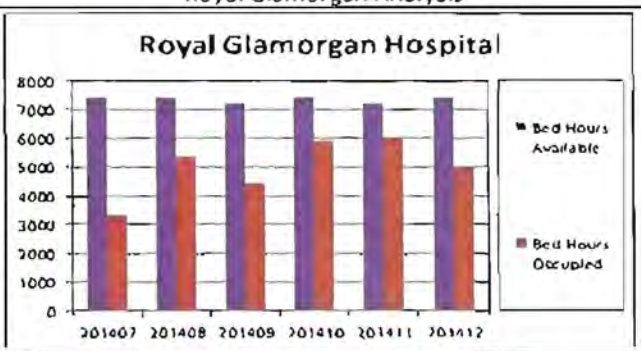
Hours lost to DTOC reduction needed to meet target

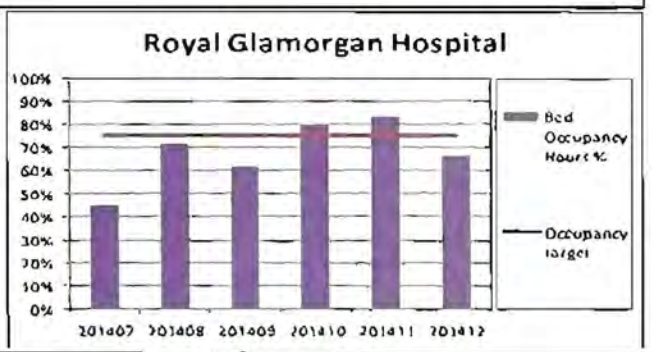




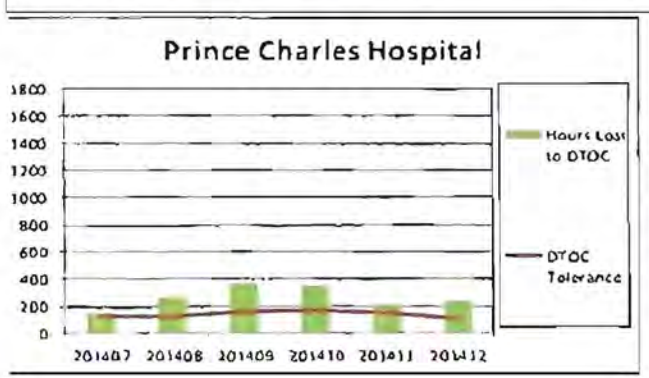
Royal Glamorgan Analysis

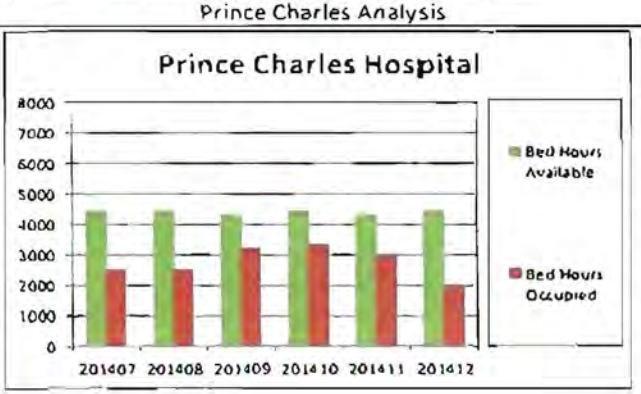


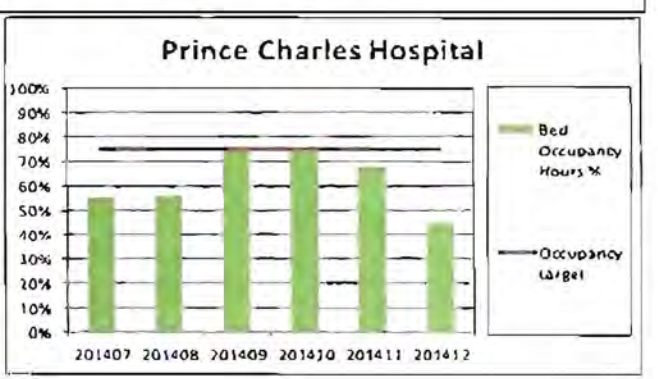




Prince Charles Analysis







Primary Care

Quality Outcomes Framework (QOF)

The main measure for primary care at the moment is via the Quality Outcomes Framework (QOF).

Examples of QOF indicators are able to supply the following information:

- The percentage of patients with hypertension in whom there is a record of the blood pressure in the preceding 9 months - attracts 8 points
- All patients with coronary heart disease - attracts 4 points
- The percentage of patients with a diagnosis of heart failure (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment - attracts 6 points.

QOF	Access		Enhanced Services	Cwm Taf as a Whole Immunisation Cover				Premises
	Appts after 5pm	Thurs opening		2yrs MMR1	5yrs MMR2	16yrs MMR1	16yrs MMR2	
38	47	41	39	95.90%				36
7	1	6	7		92.00%	92.00%		20
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]

Access

In July 2012, the Health Minister announced a three-phrase strategy for improving access to GPs, with a focus on improving access for working people. Phase one was to improve access between 5pm and 6.30pm and to reduce those practices with half day closing during the week. Phase two will be to improve access after 6.30pm and phase three to improve access at weekends.

Enhanced Services

Our Primary Care practitioners are expected to carry out core services for their practice population. In addition to these core services are additional or enhanced services. These may be carried out by some or all of GP practices depending on the levels of demand and specialism within each practice. There are 3 levels of enhanced services within NHS Wales:

- Direct Enhanced Services (DES) - all Health Boards have a duty to commission a level of DES for their population. Immunisation services are included within DES.
- National Enhanced Services (NES) - Health Boards are not duty bound to commission NES but where they do there is a national minimum specification that forms part of any agreement. Minor injury services and INR monitoring form part of the NES package.
- Local Enhanced Services (LES) - Health Boards are able to negotiate terms of any LES freely. Within Cwm Taf some minor surgical procedures are commissioned from GPs with special interest in minor surgery.

The information in the table above applies the criteria explained above to the 49 Primary Care practices within Cwm Taf HB. Performance is broken down as follows:

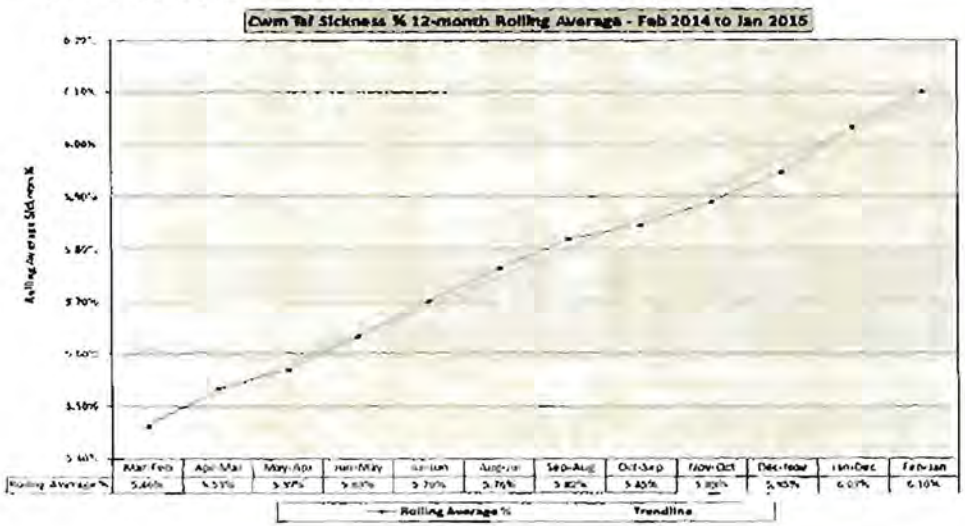
QOF indicator - the number of practices that achieve a level of over 950 points as green, between 900 and 950 as amber and < 900 points as red.
Enhanced services - practices are considered green if there is a take up of 80%, amber for 60% and red for 50% of core enhanced services.
Condition of premises is indicated as Green if considered to be very good/good, amber if reasonable and red if in a poor condition.

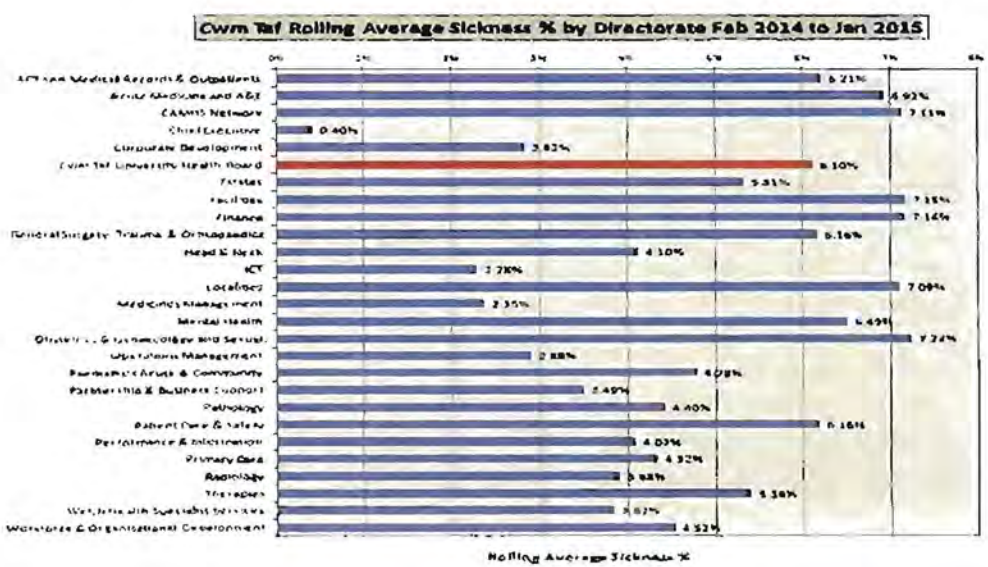
Indicator Level	Target	July	YTD From May 2013	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework					Director of Primary Care & Mental Health		

6. Allocation and Use of Resource

Sickness Absence

A considerable amount of analysis is carried out on a regular basis within the Workforce and OD Directorate on sickness absence rates, personal development review (PDR) rates and Consultant Job Plans, which is included below in the Integrated Performance Dashboard. The source of data for this analysis is the Electronic Staff Record (ESR).





Issues affecting performance

The most recent ESR sickness data for January 2015 shows that the "rolling" average, which analyses the sickness rate over the last 12 month period is being reported as 6.10%. Since February 2014 sickness absence has increased month on month from 5.46% to 6.10%.

The management of sickness and the overall reduction in the Health Board's sickness percentage remains a fundamental key priority within the Workforce & OD Unit. Managing sickness absence and staff health and wellbeing needs to be strongly embedded into organisational culture, with an understanding of the links between sickness absence and the impact on patient care.

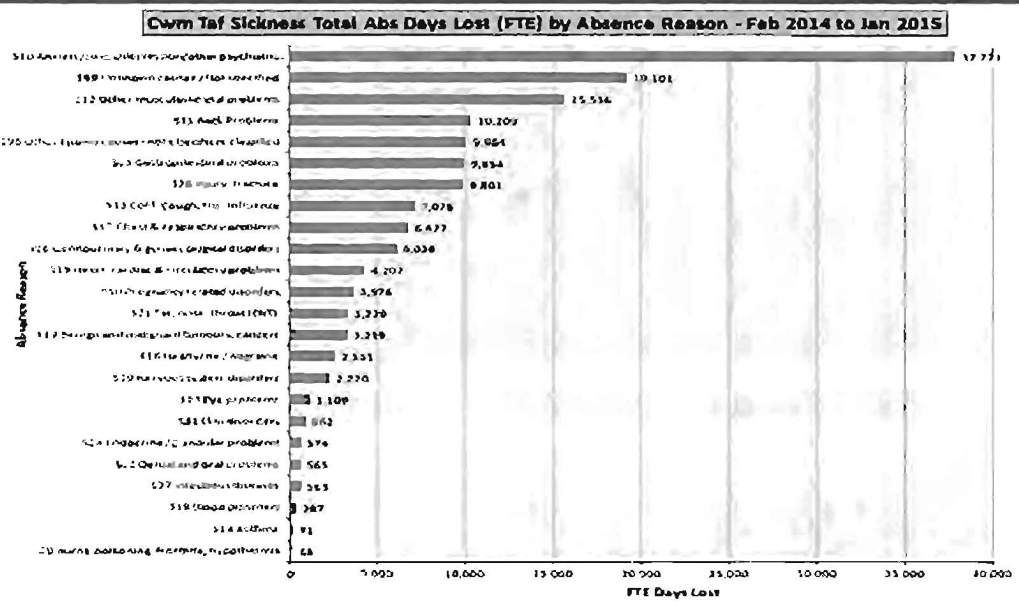
Efforts are being focused on the following areas with the ultimate aim of reducing sickness absence across the Health Board:

- Schedule of Audits to monitor compliance with the Sickness Absence Policy;
- Employee Engagement training and support for all managers;
- Analysing sickness absence data to highlight trends, patterns, etc;
- Continue roll out of ESR and E-Rostering with close to real time reporting;
- Encouraging staff to look after their own well-being, through I-CARE;
- Building an effective Occupational Health & Wellbeing Service.

The second graph identifies the 'rolling average' broken down by directorate. Areas with consistently high levels of sickness absence over the last 12 months are:

Obs, Gynae & Sexual Health	7.22%	Finance	7.16%
Facilities	7.15%	CAMHS	7.11%
Acute Medicine & A&E	6.92%	Network	6.49%
		Mental Health	

Sickness Absence (cont)



	2012	2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
All Organisations	5.4	5.3	5.7	5.2	5.5
Betsi Cadwaladar UHB	5.1	5.0	5.3	4.9	5.1
Powys Teaching LHB	5.1	5.2	5.0	4.8	4.7
Hywel Dda UHB	4.8	4.8	5.4	5.0	5.4
Abertawe Bro Morgannwg UHB	5.9	6.0	5.8	5.3	5.8
Cwm Taf UHB	**5.7**	**5.4**	**6.1**	**5.8**	**6.0**
Aneurin Bevan UHB	5.5	5.2	5.6	5.0	5.3
Cardiff & Vale UHB	5.5	5.6	6.0	5.4	5.6
Public Health Wales NHS Trust	3.4	3.4	3.8	3.6	3.3
Velindre NHS Trust	4.1	3.9	3.7	3.2	3.6
Welsh Ambulance Services NHS Trust	7.2	7.6	8.1	7.8	8.6

The third graph highlights the reasons for absence over the last 12 month period. The highest cause of sickness within the UHB continues to be recorded as stress/anxiety/depression at 37,771 days lost. The second highest is unknown causes at 19,101 days lost, thirdly MSK at 15,536 days lost.

The focus is on:

- Managers reporting sickness as unknown causes are being supported to ensure accurate recording in the future
- The highest reason for staff sickness absence is mental health and stress and yet this remains one of the underdeveloped health and wellbeing areas for OH and managers. We need to provide managers with training on identifying and managing mental health issues;
- Staff training in sickness absence and supporting health and wellbeing is focused primarily on providing only policy-based training, more needs to be done to equip managers with training on the range of soft skills required to manage sickness absence.

The final table is the official (ESR derived) validated data from Stats Wales which compares the sickness absence rate for organisations within NHS Wales. The timeline Jul-Sep 2014 remains current with an update due in May 2015. This shows that Cwm Taf UHB has the second highest % for sickness absence at 6%.

The three University Health Boards that have the highest sickness absence rates have some of the highest deprivation scores. Populations with high deprivation have poorer health and increased levels of chronic conditions. Within Cwm Taf UHB our staff are also our community, therefore there is a correlation between sickness absence being higher due to the high deprivation with the geographic areas of the Health Board.

Sickness Absence (cont)

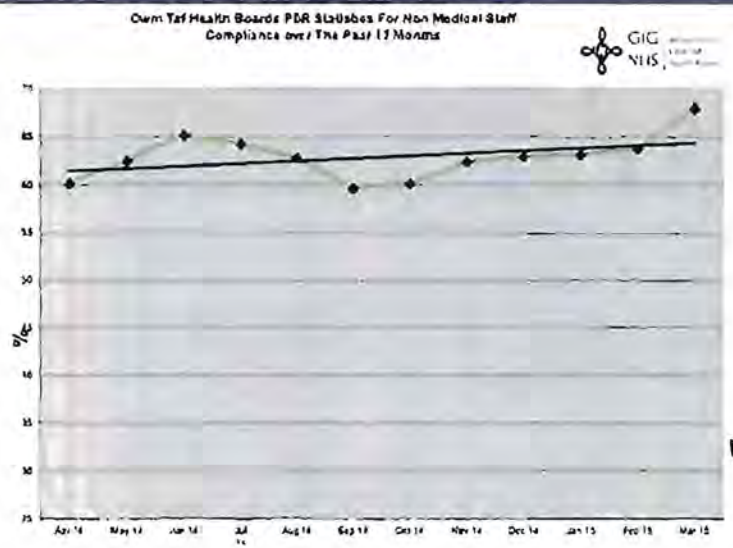
Agreed actions

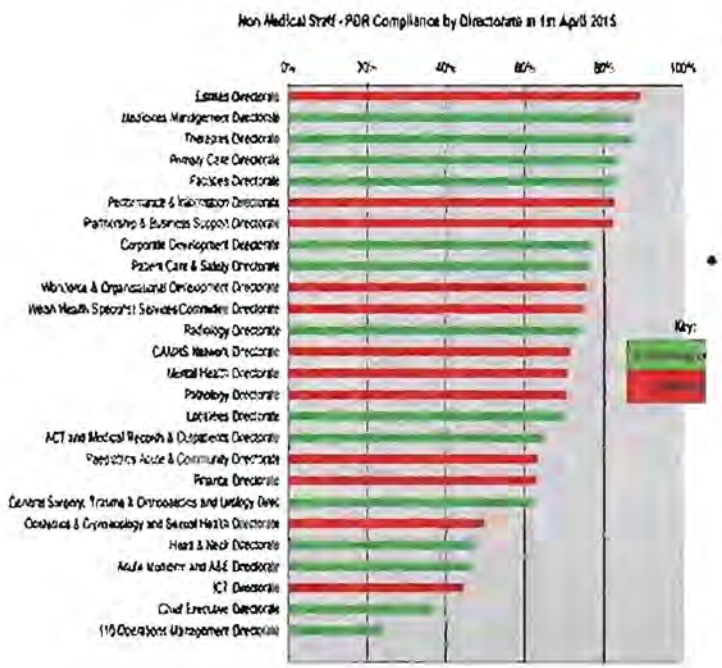
A detailed action plan has been developed jointly by the Occupational health and Wellbeing and W&OD Business Partners informed by feedback from operational management. Current focus include:

- Improving the health and wellbeing of staff through further development of the corporate health standard activity.
- Improving the quality, accuracy and timeliness of sickness absence though maximum utilisation of ESR Improved reporting and data cleansing.
- Improved analysis of reasons, patterns and trends to identify hot spot areas, understand reasons and contributing factors and ensure high level support and intervention is provided to these.
- Improving access to Occupational Health Services and ensuring the quality of services provided by OH is fit for purpose and facilitates effective management of staff absence and wellbeing.
- Training managers to effectively engage their staff as evidence shows that an engaged employee takes less sick time, is more productive, is motivated and is more likely to suggest improvements to patient care, etc.
- Supporting managers to manage change effectively.
- Auditing records in areas with high levels of sickness absence to ensure that the Sickness Absence Policy is being adhered to and managers are managing the absence.
- Delivering bespoke training for managers as required.

Indicator Level	Target	January	YTD	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework (Sickness)	4.5%	6.10%	N/A		Director of Workforce and Organisational Development	31st March 2014	

PDR, Appraisal and Job Plan Compliance





- As at 1st April 2015 compliance is **67.96%,** an increase of 4.15% since last month, representing a significant jump from the previously slow, upward trend since Oct 14
- March 2015 has seen more Directorates increase significantly in compliance ranging between 7%-54%, notably Acute Medicine & A&E (11%), ACT Med Recs & OPD (7%), Radiology (54%), and Therapies (8%). However these improvements in compliance are offset by decreases in other Directorates
- The majority of Directorates are performing above 60% compliance with only 6 below 50%
- The number of staff progressing through 2nd gateways without a PDR on a monthly basis has remained static at **55%.**
- The volume of PDRs recorded via ESR Self Service is increasing as Self Service training is rolled our for Managers/Supervisors.

Using ESR Business Intelligence to report PDR compliance

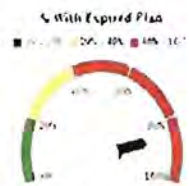
- ESR Business Intelligence (BI) continues to be used to report PDR compliance to Directorate managers & Director of Nursing as part of their monthly PDR updates. Directorate feedback on this has been positive.
- Work is on-going to develop more compliance reports using BI. Such reports are anticipated April 2015.
- The requirement remains for managers to routinely check the recorded data, identify any anomalies in PDR recordings and ESR structures and also to prioritise those staff approaching 2nd gateways. These simple checks will ensure the accuracy of reporting and a reflection of true compliance.

- 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 in advance of each CBM and attendance where necessary
  - Assigning L&D officers to individual Directorates to assist in the identification and rectifying of report anomalies; develop compliance plans; provide 1:1 support to managers; raising awareness at briefing and department meetings
  - Training Reviewers to enable them to record PDRs via ESR Self Service; offering on-going support and guidance.
  - PDR training for Reviewers is an accredited 1-day programme offered on a twice monthly basis to all Directorates. Uptake of this programme is excellent.

PDR, Appraisal and Job Plan Compliance (cont)

Consultants Job Plans as at end of Jan 2015

Directorate	Assignments	With Expired Plan	% With Expired Plan	With Unsigned Plan	% With Unsigned Plan	With Current Plan	% With Current Plan
150 ACT and Medical Records & Outpatients Directorate	33	29	87.88%	0	0.00%	4	12.12%
130 Acute Medicine and AAE Directorate	59	49	83.05%	3	5.08%	7	11.86%
160 CAMHS Network Directorate	24	18	75.00%	0	0.00%	6	25.00%
150 Chief Executive Directorate	1	1	100.00%	0	0.00%	0	0.00%
150 General Surgery, Trauma & Orthopaedics and Urology Directorate	38	36	94.74%	0	0.00%	2	5.26%
120 Head & Neck Directorate	18	11	57.89%	1	5.26%	7	36.84%
110 Localities Directorate	3	3	100.00%	0	0.00%	0	0.00%
140 Mental Health Directorate	18	17	94.44%	0	0.00%	1	5.56%
150 Obstetrics & Gynaecology and Sexual Health Directorate	14	14	100.00%	0	0.00%	0	0.00%
130 Paediatrics Acute & Community Directorate	15	15	100.00%	0	0.00%	0	0.00%
150 Pathology Directorate	12	9	75.00%	0	0.00%	3	25.00%
150 Primary Care Directorate	1	1	100.00%	0	0.00%	0	0.00%
120 Radiology Directorate	19	16	84.21%	0	0.00%	3	15.79%
130 Welsh Health Specialist Services Committee Directorate	2	2	100.00%	0	0.00%	0	0.00%
Grand Total	258	221	85.66%	4	1.55%	33	12.79%



SAS Job Plans as at end of Jan 2015

Directorate	Assignments	With Expired Plan	% With Expired Plan	With Unsigned Plan	% With Unsigned Plan	With Current Plan	% With Current Plan
150 ACT and Medical Records & Outpatients Directorate	17	7	41.18%	0	0.00%	10	58.82%
130 Acute Medicine and AAE Directorate	13	13	100.00%	0	0.00%	0	0.00%
160 CAMHS Network Directorate	12	12	100.00%	0	0.00%	0	0.00%
150 General Surgery, Trauma & Orthopaedics and Urology Directorate	19	18	94.74%	0	0.00%	1	5.26%
120 Head & Neck Directorate	10	10	100.00%	0	0.00%	0	0.00%
110 Localities Directorate	14	11	78.57%	0	0.00%	3	21.43%
140 Mental Health Directorate	2	2	100.00%	0	0.00%	0	0.00%
150 Obstetrics & Gynaecology and Sexual Health Directorate	7	7	100.00%	0	0.00%	0	0.00%
130 Paediatrics Acute & Community Directorate	6	6	100.00%	0	0.00%	0	0.00%
150 Pathology Directorate	1	1	100.00%	0	0.00%	0	0.00%
150 Patient Care & Safety Directorate	1	1	100.00%	0	0.00%	0	0.00%
Grand Total	115	101	87.83%	0	0.00%	14	12.17%

The Medical appraisal year commences 1st April each year. A total of 55.1% of doctors have had an appraisal for the period up to 31st January 2015. This includes GP's for Merthyr Tydfil and RCT.

Job planning needs to be re-envigorated. An e-mail to all CDs and DMs was sent out on 11th February appealing for all completed job plans to be sent to W&OD for recording on ESR and this work is ongoing. A number of Directorates, showing in the red category on the dashboards, undertook job

plan reviews June 2012 - December 2013 and these now need to be reviewed. All directorates are actively working on setting up and undertaking job plan review meetings, including Acute Medicine and A&E, Pathology and CAMHS. The Mental Health Directorate has provided job plan review meeting schedules for the period 2014 to 2016 and plans to dovetail reviews to co-incide with the anniversary of start dates; other directorates prefer to undertake job plan review meetings within a two or three week window each year - ACT and Radiology fall into this category and their job plan reviews are usually undertaken during January and February. The end of January figure for consultant job planning has dipped, whilst we await the newly completed job plans for ACT (sheduled January and April this year). Resource within Paediatrics has been stretched, due to work on the Alliance / SWP, however job planning based on new service meodels is about to commence. The new Programme Manager started the refresh of Job Plan schedules started during February and is this is ongoing.

Indicator Level	Target	March	YTD	Forecast	Executive Lead:	Expected Date to meet Standard	Revised Date to meet Standard
Delivery Framework (PDR)	100%	67.96%			Director of Workforce and Organisational Development	31st March 2015	

7. Glossary

Acronym	Detail	Explanation
BADS	British Association of Day Surgery	A basket of surgical procedures deemed suitable for management via a short hospital stay by the British Association of Day Surgery.
CHKS	Caspe Healthcare Knowledge Systems	A Limited Company that is a provider of Healthcare Intelligence.
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.
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.

Acronym	Detail	Explanation
ERAS	Enhanced Recovery after Surgery	A programme to support enhanced recovery/rehabilitation after surgery
FCE	Finished Consultant Episode	A period of care under one consultant within one hospital
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
KSF & PDR	Knowledge & Skills Framework / Personal Development Review	KSF defines & describes the knowledge & skills NHS staff need to apply in their work to deliver quality services and is used to review learning & development needs
MMR	Mumps, Measles, Rubella vaccination	A vaccination to reduce the incidence of communicable diseases
Mortality	Measured as Crude Death Rate	The simplest death rate is the crude death rate & is usually calculated for periods of one year
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
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.
RAMI	Risk Adjusted Mortality Index	The NHS uses a number of indicators to measure the quality & safety of healthcare in Wales
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.
CTP	Care and Treatment Planning	New measure within Mental Health Services
LPMHSS	Local Primary Mental Health Support	Under provisions of section 2 of the Mental Health (Wales) Measure 2010, all local

Acronym	Detail	Explanation
	Services	mental health partners must work jointly to agree a scheme for the provision of mental health services within the area.
TOMS	Theatre Operating Management System	Cwm Taf's local electronic system for managing theatre activity.
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