



AGENDA ITEM

7.5

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(25/11/2021)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rowland Agidee, Head of Performance & Clinical Information
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Management Group	20/10/21	Choose an item.
Strategic Leadership Group	17/11/2021	NOTED

ACRONYMS

ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom



PIFU	Patient Initiated Follow Up
DTOC	Delayed Transfers of Care
PMO	Programme Management Office
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
CT	Cwm Taf
POW	Princess of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
CTM	Cwm Taf Morgannwg
RCT	Rhondda Cynon Taff
SB	Swansea Bay
NPT	Neath Port Talbot
IMTP	Integrated Medium Term Plan
ED	Emergency Department
IPC	Infection Prevention and Control
SIs	Serious Incidents
SCP	Single Cancer Pathway
NOUS	Non Obstetric Ultra-Sound
SSNAP	Sentinel Stroke National Audit Programme
QIM	Quality Improvement Measures
SALT	Speech and Language Therapy
CAMHS	Child and Adolescent Mental Health Services
p-CAMHS	Primary Child and Adolescent Mental Health Services
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SIOF	Single Integrated Outcomes Framework
ONS	Office for National Statistics
WAST	Welsh Ambulance Service NHS Trust
WPAS	Welsh Patient Administration System
MPI	Master Patient Index
RCS	Royal College of Surgeons
WCP	Welsh Clinical Portal
WHSSC	Welsh Health Specialised Services Committee
TAVI	Transcatheter Aortic Valve Implantation
QIA	Quality Impact Assessment



1. SITUATION/BACKGROUND

- 1.1** This report sets out the UHB's performance in a number of areas, considered highest risk and includes performance against targets for the year to date, as set out in the Welsh Government (WG) Delivery Framework and other priority areas for the UHB.
- 1.2** This report aims to highlight the key areas that the UHB is concentrating on, those posing the greatest risk and to improve service delivery. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.
- 1.3** Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with three (previously two) of its thirty one performance measures and is making satisfactory progress towards delivering a further three (previously five). There remains twenty five measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

The two areas where improvement has been noted are:

- Public Sector Payment Performance (PSPP) - Improvement towards 95% target (Year to Date currently at 94.7%).
- Direct Engagement Compliance – Allied Healthcare Professionals improved to 73%.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1** The Executive Management Scorecard is shown below. The measures selected are operational and outputs based; they allow for earlier detection of change in metrics that affect our impact and outcomes.



FINANCE					QUALITY				
Month 7					Indicators				
Variance from Plan					Oct-21	Sep-21	Target	RAG	
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	67.0%	71.0%	75%	●
	£m	£m	£m	£m		Sep-21	Aug-21	Target	RAG
Pay	0.7	-1.2			Single Cancer Pathway	47.3%	55.0%	75%	●
Non-Pay	-0.5	2.9		TBC	Thrombolysis for Eligible Stroke Patients within 45 Minutes	50.0%	28.6%	100%	●
Income	0.0	0.8				Apr - Oct 21	Apr - Sep 21	Target	RAG
Efficiency Savings	0.5	1.8		9.4	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	95.80	100.92	67/100k population	●
Non-delegated (including WG allocations)	-0.9	-4.8			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	26.61	28.45	20/100k population	●
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	33.46	35.12	25/100k population	●
Total	-0.068	-0.47	0	50.1		Oct-21	Sep-21	Target	RAG
					Total number of Nationally Reportable Incidents	4	0		
					Number of Formal Complaints Received	132	114		
					Number of Compliments Received	55	85		
					Falls Causing Harm (Moderate/Severe/Death)	16	9		TBC
					Hospital Acquired Pressure Ulcers (Grade 3/4)	9	5		
PSPP	Current Month	Year to Date	Forecast Full Year	Target 95%	Total number of instances of hospital acquired pressure ulcers	148	101		
	97.6%	95.1%	95.0%		Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	17	20		
Capital Expenditure	£4.97m	£26.97m	£72.5m		Total number of instances of Community Healthcare acquired pressure ulcers	152	157		
Agency as % of total pay costs	7.2%	7.0%	7.1%		Number of Never Events in Month	0	0	0	●
PERFORMANCE					PEOPLE				
Indicators	Oct-21	Sep-21	Target	RAG	Indicators	Oct-21	Sep-21	Target	RAG
A&E 12 hour Waiting Times	1,584	1,398	Zero	●	Turnover	10.4%	10.3%	11%	●
Ambulance Handover Times >15 mins	33.6%	42.1%	Improvement	●	Exit Interview by Leaver	0.9%	5.8%	60%	●
RTT 52 Weeks	33,947	32,924	Zero	●		Sep-21	Aug-21	Target	RAG
Diagnostics >8 Weeks Waits	14,866	15,134	Zero	●	Sickness Absence Rate (in month)	8.2%	7.6%	4.5%	●
% of Stage 4 Urgent Patients Clinically Prioritised	12.5%	14.1%	100%	●	Sickness Absence Rate (rolling 12 month)	7.3%	7.1%		●
FUNB - Patients Delayed over 100% for Follow-up Appointment	28,400	27,895	10,256	●	Return to Work Compliance	46.1%	48.0%	85%	●
	Sep-21	Aug-21	Target	RAG		Oct-21	Sep-21	Target	RAG
Mental Health Part 1a - CAMHS	20.2%	11.8%	80%	●	Fill Rate Bank	37.9%	40.0%	90%	●
Mental Health Part 1b - CAMHS	50.0%	41.7%	80%	●	Fill Rate On-contract Agency (RNs)	28.0%	28.1%		●
Admission to Stroke Unit within 4 hrs	9.6%	6.0%	SSNAP Average 54%	●	PDR	52.2%	53.4%	85%	●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Aug-21	Jul-21	Target	RAG	Statutory and Mandatory Training - All Levels	60.4%	60.2%	85%	●
	93.10%	94.70%	90%	●	Statutory and Mandatory Training - Level 1	67.0%	66.6%		●
Delayed Discharges waiting for packages of care rate per 100,000 population	Oct-21	Sep-21	All Wales Average	RAG	Job Planning Compliance (Consultant)	14.0%	14.0%	90%	●
	14.6	12.4	11.3	●	Job Planning Compliance (SAs)	14.0%	16.0%		●
					Direct Engagement Compliance (M&D)	90%	96%	100%	●
					Direct Engagement Compliance (AHPs)	73%	64%	100%	●
					RN Shift Fill by Off-contract	2558.5	1253.5	0 Hours	●

The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aims are shown below. Narrative is provided on the indicators where updated figures are available.

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Measure	Target	Current Period	Last Period		
% of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	27.0%	2019/20	27.8%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q1 21/22	96.7%	Q4 20/21	97.3%
% of children who received 2 doses of the MMR vaccine by age 5	95%		93.4%		92.8%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	Q1 2021/22	1.27%	2020/21	3.99%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q4 20/21	344.0	Q3 20/21	326.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q1 21/22	92.9%	Q4 20/21	64.1%
Uptake of influenza vaccination among:	65 year old and over	75%	75.4%	2019/20	68.9%
	under 65's in risk groups	55%	46.3%		40.3%
	pregnant women	75%	74.6%		81.7%
	health care workers	60%	67.8%		63.2%
Uptake of cancer screening for:	bowel	60%	55.0%	2018/19	54.8%
	breast	70%	74.1%		73.9%
	cervical	80%	72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	90%	Sep-21	77.5%	Aug-21	72.2%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2019/20	51.9%	2018/19	50.0%

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Measure	Target	Current Period	Last Period			
% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	100%	2020/21	86.0%	2019/20	65.4%	
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q4 20/21	60.1%	Q3 20/21	59.0%	
% of adults regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend		52.5%		54.6%	
% of Out of Hours (OoH)/111 patients prioritised as P1/CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Aug-21	93.1%	Jul-21	94.7%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		43.2%		46.3%	
Number of ambulance patient handovers over 1 hour	Zero	Oct-21	788	Sep-21	529	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		60.6%		63.6%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		1584		1385	
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Jul-21	72.2%	Jul-20	66.7%	
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Jul-21	1.3%	Jul-20	2.4%	
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 49.5%	Sep-21	9.6%	Aug-21	6.0%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		47.3%		55.0%	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		14,866		15,134	
Number of patients waiting more than 14 weeks for a specified therapy			572		422	
% of patients waiting less than 26 weeks for treatment	95%	Oct-21	48.9%	Sep-21	49.3%	
Number of patients waiting more than 36 weeks for treatment	Zero		45,523		44,517	
Number of patients waiting for a follow-up outpatient appointment	51,739		108,318		107,236	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	10,256		28,400		28,369	
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%	Sep-21	36.9%	Aug-21	36.4%	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction	2019/20	2.5		not available	
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)			7.7%		43.0%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			20.2%		13.5%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			78.2%		73.1%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%	Sep-21	50.0%	Aug-21	53.3%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			93.5%		91.7%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment			43.7%		46.7%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			80.9%		85.3%	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile	E.coli	67 per 100,000 population	Apr-21	95.80	Apr-21	100.92
	S.aureus bacteraemia	20 per 100,000 population	to	26.61	to	28.45
	C.difficile	25 per 100,000 population		33.46		35.12
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	<69 cases	Oct-21	47	Sep-21	39
	P. aeruginosa	<25 cases		21		17

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Measure	Target	Current Period	Last Period		
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%		not available
Overall staff engagement score	Annual Improvement	2020	71%		not available
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Oct-21	52.2%	Sep-21	53.4%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		67.0%		66.6%
% of sickness absence rate of staff	12 Month Reduction Trend	Sep-21	7.3%	Aug-21	7.1%
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	56.1%		not available

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Measure	Target	Current Period	Last Period		
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Sep-21	71.0%	Aug-21	71.0%
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q1-Q3 20/21	1626	2019/20	1680
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Sep-21	1.68%	Sep-20	1.30%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Sep-21	92.9%	Aug-21	75.0%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			61.5%		68.4%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%		98.9%		98.9%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20	Q4 20/21	256.1	Q3 20/21	279.2
% of secondary care antibiotic usage within the WHO Access category	55%		1402		1437
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction		0.167%		0.170%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		4995.4		5240.6
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q3 20/21	73.8%	Q2 20/21	72.8%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q1 21/22	20.6%	Q4 20/21	6.8%
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Mar-21	8.9%	Feb-21	6.4%
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Aug-21	70.4%	Jul-21	73.9%

2.2 Quality

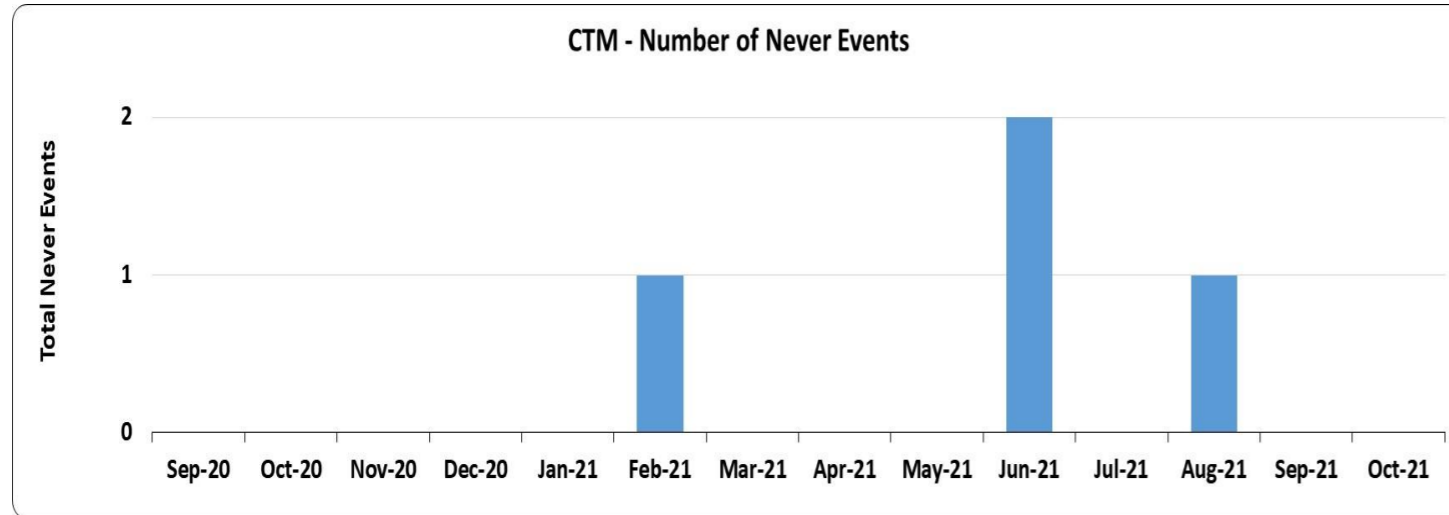


Never Events & Serious Incidents

Never Events

Number of Never Events – July to October 2021

1



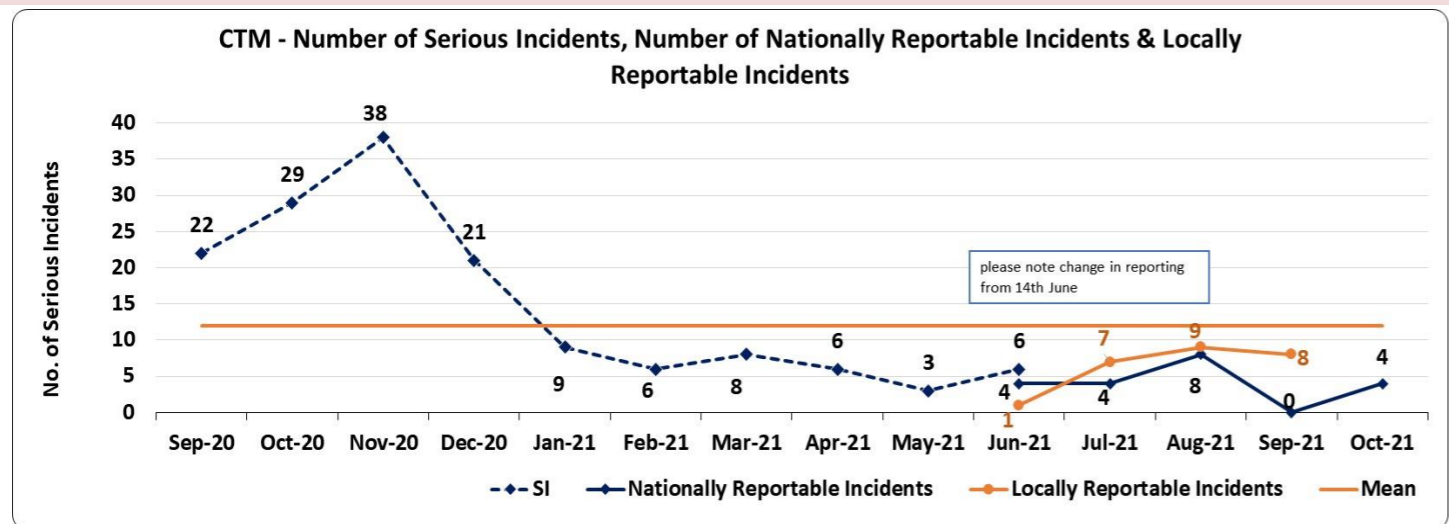
During the last quarter, 1 never event was reported (in August 2021).

This event related to the incorrect placement of an endotracheal tube; the investigation remains ongoing at the time of writing this report.

Nationally Reportable Incidents

Number of Serious Incidents – July to October 2021

16



Number of Patient Safety Incidents – Quarter 2

6,502

During Quarter 2 (between 01.07.21 and 31.09.21), 6,502 incidents were reported across the Health Board. The number of incidents increased by 244 compared to the previous quarter. 86% of the 6,502 incidents (5575) were reported as patient safety incidents. Of these, 74 (1.33%) were reported with a severity of 'severe harm or death'.

Nationally Reportable Incidents

Previous reports highlighted the implementation of the NHS Wales National Incident Reporting. The introduction of the policy changed the criteria and the terminology for incident reporting (from Serious Incident to Nationally Reportable Incident (NRI)). Incidents that were previously reported at Serious Incidents are now not necessarily reportable as NRI's, however CTMUHB ensure these significant incidents are captured locally for assurance and learning. Any incidents that were SI's under the Putting Things Right legislation are now reported as Locally Reportable Incidents (LRI's) if they do not meet the NRI criteria. This ensures that any harmful incidents occurring throughout the UHB are known, investigated and monitored. During July to October 2021, there were 16 nationally reportable incident notifications submitted to the Delivery Unit.

Type of Nationally Reportable Incidents	Jul-21	Aug-21	Sep-21	Oct-21	Total
Slip, Trip or Fall	1	1			2
Unexpected or Trauma related Death		2			2
Infection		2			2
Delays	2			2	4
Treatment Error		2			2
Maternal Event		1			1
Patient Injury	1				1
Neo-natal Event				1	1
Pressure Damage				1	1
Total	4	8	0	4	16

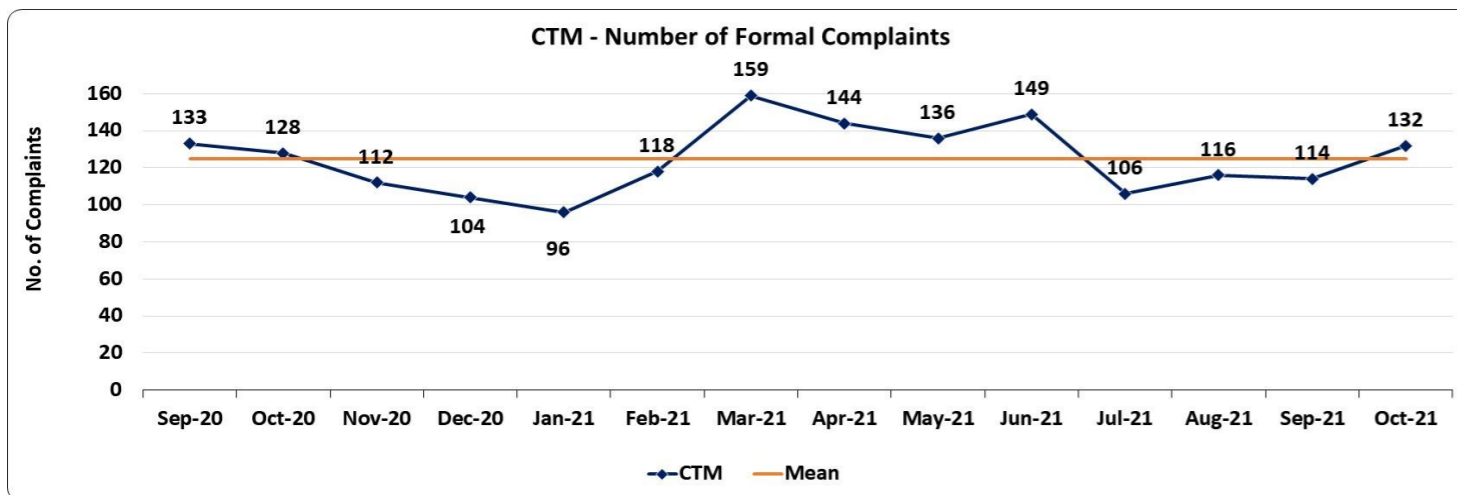
Reviews of Datix continue to ensure that any Covid-19 related harms are captured. Complaints relating to the impact of Covid-19 on those affected by the pause or delay in non-essential services are also being captured.

Complaints & Compliments

Complaints

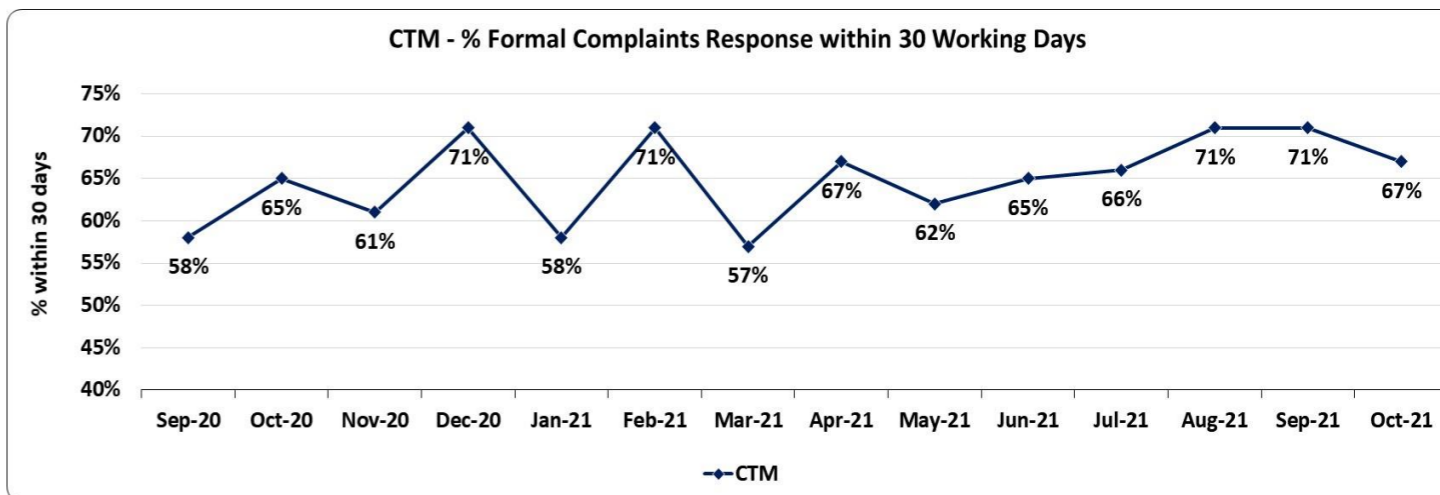
Number of formal complaints managed through PTR – July to October 2021

468



% formal complaints response within 30 working days – July to October 2021

67%



Complaints

During July to October 2021, 468 formal complaints were received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart above. For those complaints received during this period, the top 3 themes relate to clinical treatment/assessment (191), communication issues (126) and appointment issues (39). From 05.07.21, the Health Board implemented the All Wales Datix Cloud IQ Feedback (complaints) functionality. A key function of the new system is that more than one subject type can be allocated to a complaint. This supports detailed information gathering regarding themes and trends, and clearly identifies areas for improvement.

Compliance with the 30 working day target has remained relatively consistent since April this year, and is reflected in the top right chart.

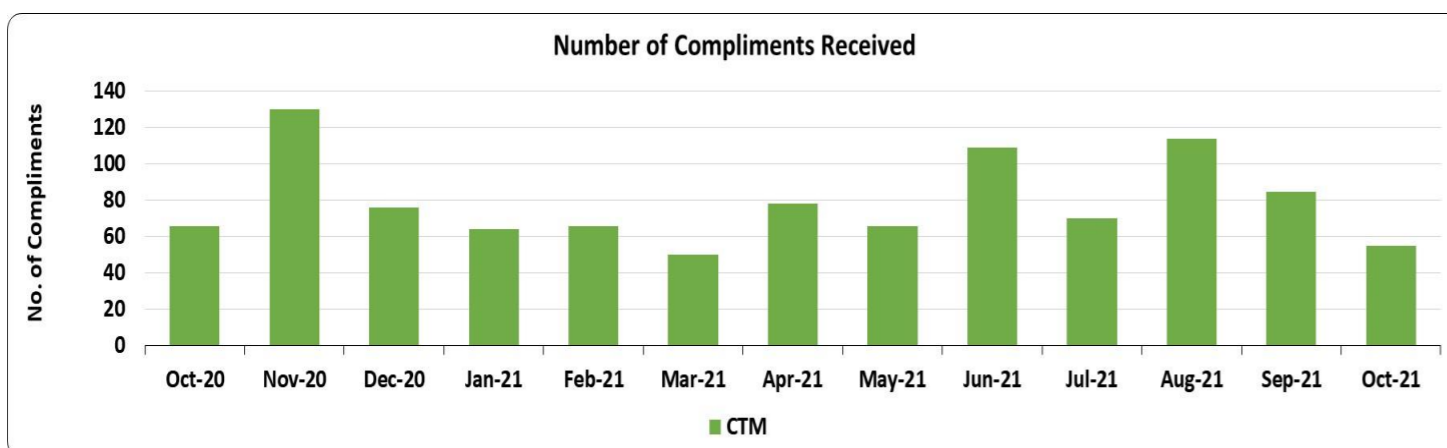
Main Themes from Complaints (July to October 2021)

Clinical Treatment/Assessment	191
Communication Issues (<i>inc. attitudes & behaviours</i>)	126
Appointment Issues	39

Compliments

Number of compliments – July to October 2021

324



During July to October 2021, there were 324 compliments recorded on the Datix system. This represents a slight increase from the previous 4-month period where 303 compliments were received.

Compliments are now recorded on Datix within a category of *beyond duty of care* and can be broken down into demonstrating favourable **communication, understanding, listening and environment**. It is important that this positive patient/family feedback is used for balance, and greater analysis will provide intelligence for getting things right.

Summary:

The Delivery Unit (DU) are currently facilitating a national working group for the review and management of Patient Safety Solutions (PSS). Health boards support ongoing internal work to achieve compliance in this area by coming together to share progress, discuss challenges and proffer solutions. The sessions also offer members an opportunity to raise issue with alerts or notices if required. More recently, the DU are undertaking a review of internal processes within health boards for the management of PSS. It is understood that the purpose of this is to gain assurance and to streamline a standardised approach across Wales and within health boards and Trusts.

The internal management, monitoring and reporting process for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) has been reviewed. A revised process was proposed, approved and implemented. The new process ensures devolved responsibility to the relevant ILG teams with the central Patient Care and Safety Team providing support, co-ordination and oversight. The process is now managed through Datix which will fall in line with future plans due to be delivered through the 'Once for Wales' project. It is anticipated that utilising Datix, will reduce the need for significant process change when this is rolled out. Progress of this new process will be updated at next committee.

Compliance: We have recently achieved and reported compliance in the following 3 areas:

PSA010: High Flow Nasal Oxygen during Transfer	PSN053: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices	PSN046: Resources to support safer bowel care for patients at risk of autonomic dysreflexia
Compliance achieved September 2021	Compliance achieved September 2021	Compliance achieved October 2021

Non-Compliance: The Health Board currently reports non-compliance in 6 PSAs and PSNs:

PSA008: Nasogastric tube misplacement: continuing risk of death and severe harm	PSA012: Deterioration due to rapid offload of pleural effusion fluid from chest drains	PSN051: Depleted batteries in intraosseous injectors	PSN052: Risk of death & severe harm from ingesting superabsorbent polymer gel granules	PSN030 / 055: The safe storage of medicines: cupboards	PSN056: Foreign body aspiration during intubation, advanced airway management or ventilation
Interim arrangements put in place by the Health Board are supported by the DU and WG patient safety team until an alternative product is sourced for Wales. In February 2021, the Health Board received a notification on behalf of the Healthcare Safety Investigation Branch advising that initial investigations are now concluded and this work is moving to the next stage of resolution for an All Wales solution. Through the All Wales Patient Safety Solution group, it has been reported that one Welsh health board has formally written to the Chief Medical Officer for Wales, requesting that this notice be withdrawn and re-issued. Pan Wales, we are currently awaiting a decision.	This notice was issued in April 2021, with a due date of 1st July 2021. This work is centrally led and is linked to the LocSSIP for chest drains. We expect to achieve compliance by 1st November 2021.	This notice was issued in February 2020, with due date of August 2020. We are partially compliant, outstanding action relates to training and competency assessment. The Resus Team are leading on this alert and with the recent appointment of a new manager, the training framework and competency assessments will be revised to enable compliance. We expect to achieve compliance by 31st December 2021.	We report compliance in Merthyr & Cynon ILG and in Rhondda Taf Ely ILG. We are currently non-compliant in Bridgend ILG. Work is underway in Bridgend ILG, with support from pharmacy to achieve compliance	Progress with this work has been hindered by 2 factors: <ul style="list-style-type: none"> The prioritisation of vaccine storage in the Mass Vaccination Centres Access to wards to undertake required audits has been challenged due to Covid-19 and subsequent outbreaks. This notice is being managed by pharmacy and an Action Log has been provided and attached for assurance purposes and to demonstrate planned timescales.	This notice was issued in October 2020, with a compliance due date of 1st July 2021. The notice was disseminated to ILGs and remains non-compliant in all areas. The Medical Director has been asked to be the Executive lead and has nominated leads to progress this work to compliance. We do not currently have an expected date of compliance and will update further at next committee.

In progress and not yet due: The Health Board currently holds 6 PSS that are not yet due:

PSN057: Emergency Steroid Therapy Cards: Supporting Early Recognition & Management of Adrenal Crisis in Adults & Children	PSN058: Urgent assessment / treatment following ingestion of 'super strong' magnets	PSN059: Eliminating the risk of inadvertent connection to medical air via a flow meter	PSN060: Reducing the Risk of Inadvertent Administration of Oral Medication by the Wrong Route	PSN061: Inappropriate anticoagulation of patients with a mechanical heart valve	PSN062: Elimination of bottles of liquefied phenol 80%
------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------

<p>This notice was issued Jun 2021, with a compliance due date of 31st Jan 22. Pharmacy have led the initial phase with partial compliance being met.</p> <p>The ILGs will lead on the remaining actions to achieve compliance.</p>	<p>This notice was issued Jul 2021, with a compliance due date of Oct 2021. The ILGs are currently leading on actions to achieve compliance.</p>	<p>This notice was issued Sep 2021, with a compliance due date of 16th Dec 21. The notice has been disseminated - a Task & Finish Group has been set up, led by the central Patient Care & Safety Team to progress to compliance.</p>	<p>This notice was issued Sep 2021, with a compliance due date of 20th Dec 2021. This work is being led by Pharmacy with some actions designated to ILGs.</p>	<p>This notice was issued on 8th Oct 2021, with a compliance due date of 28th Oct 2021. Primary Care services are currently leading on actions to achieve compliance, with oversight by the ILGs and central team.</p>	<p>This notice was issued in Sep 2021, with a compliance due date of 25th Feb 2022. Central team worked with Procurement & Pharmacy identifying areas that stock this item & now this notice will be managed by Pharmacy with support from the ILGs.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

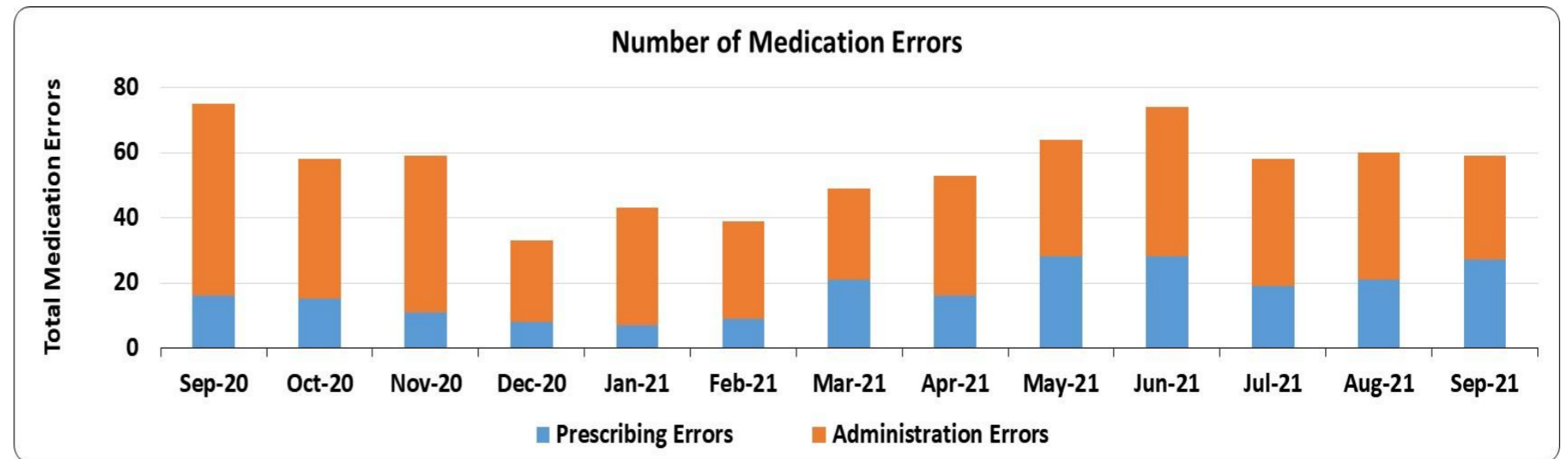
Medication Incidents & Mortality Rates

Medication Incidents		
<p>Total Medication Incidents – Quarter 2</p> <p style="text-align: center;">277</p>	<p>Total number of Prescribing Errors – Quarter 2</p> <p style="text-align: center;">67</p>	<p>Total Administration Errors – Quarter 2</p> <p style="text-align: center;">110</p>

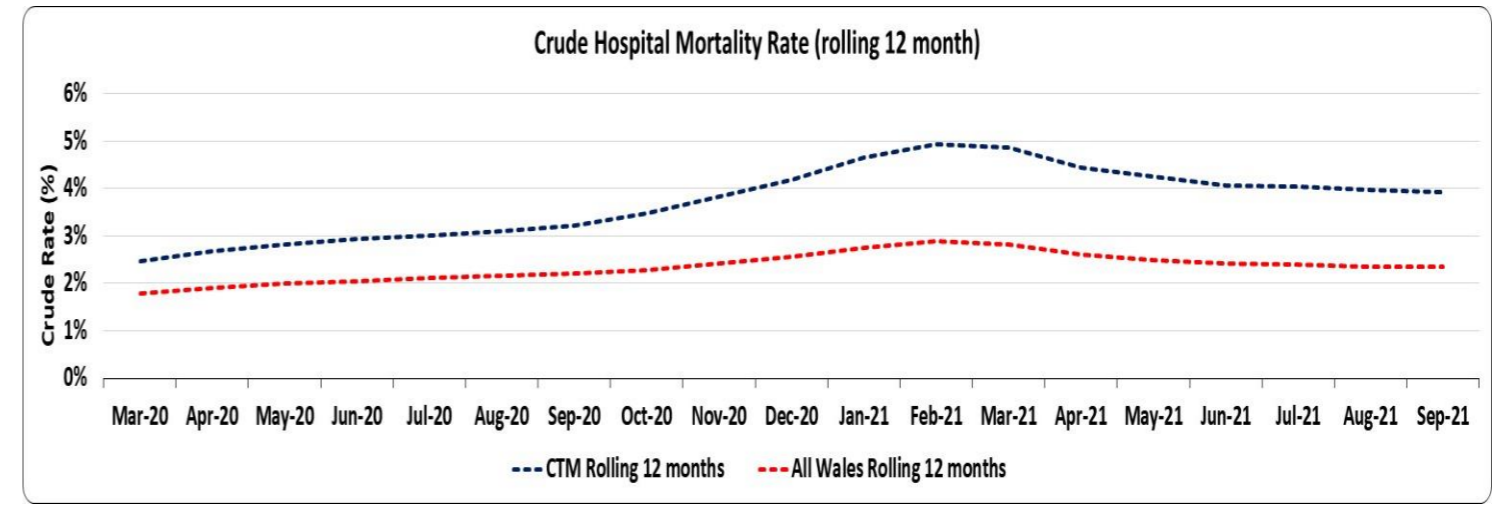
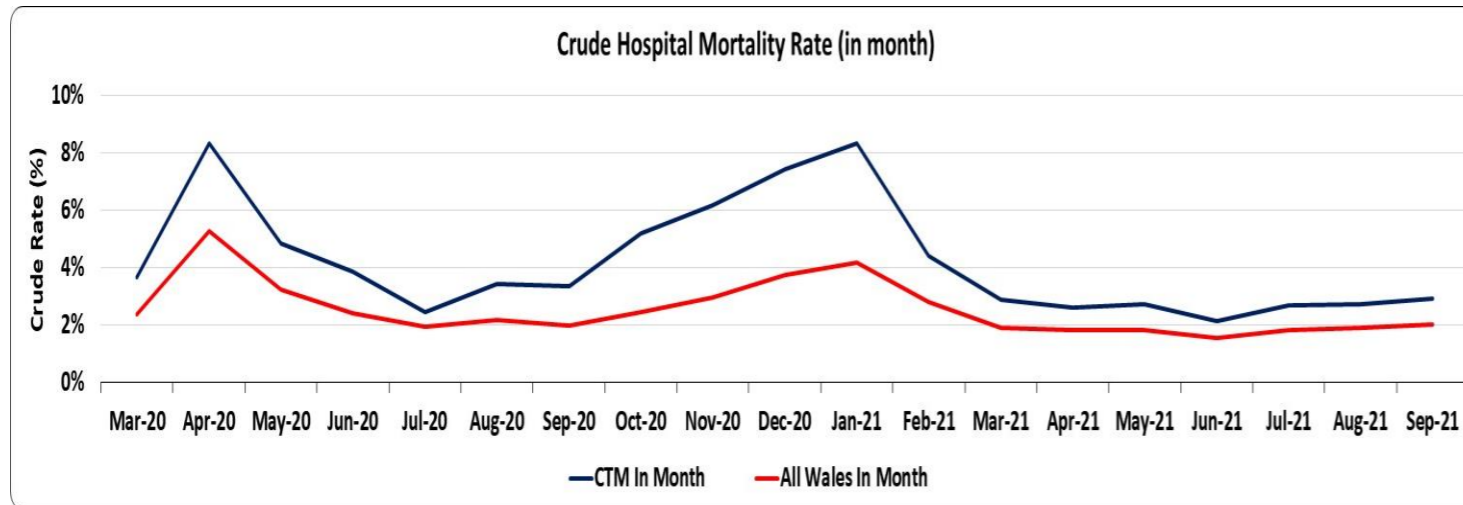
A total number of 277 medication incidents were reported between the 01.07.21 & 30.09.21, which is consistent with the previous quarter (279).

91.7% of the incidents were reported as resulting in no (188) or low (6) harm. Of the total number of medication incidents reported, 110 related to the administration of medication and 67 to prescribing.

No administration or prescribing medication incidents were reported as resulting in severe harm or death.



Crude Hospital Mortality Rates	
<p>In Month Crude Hospital Mortality Rate – September 2021</p> <p style="text-align: center;">2.94%</p>	<p>Rolling 12 Month Crude Hospital Mortality Rate to September 2021</p> <p style="text-align: center;">3.92%</p>



Overall mortality rates fell following the second COVID wave from 2.89% (in March 2021) to 2.15% (the lowest level in June of this year). Rates increased after this date, but not at the levels seen during the second wave (the highest recorded rate being January 2021 (8.34%)). In month crude hospital mortality rate for September 2021 is 2.94% with the rolling 12-month rate being 3.92%.

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

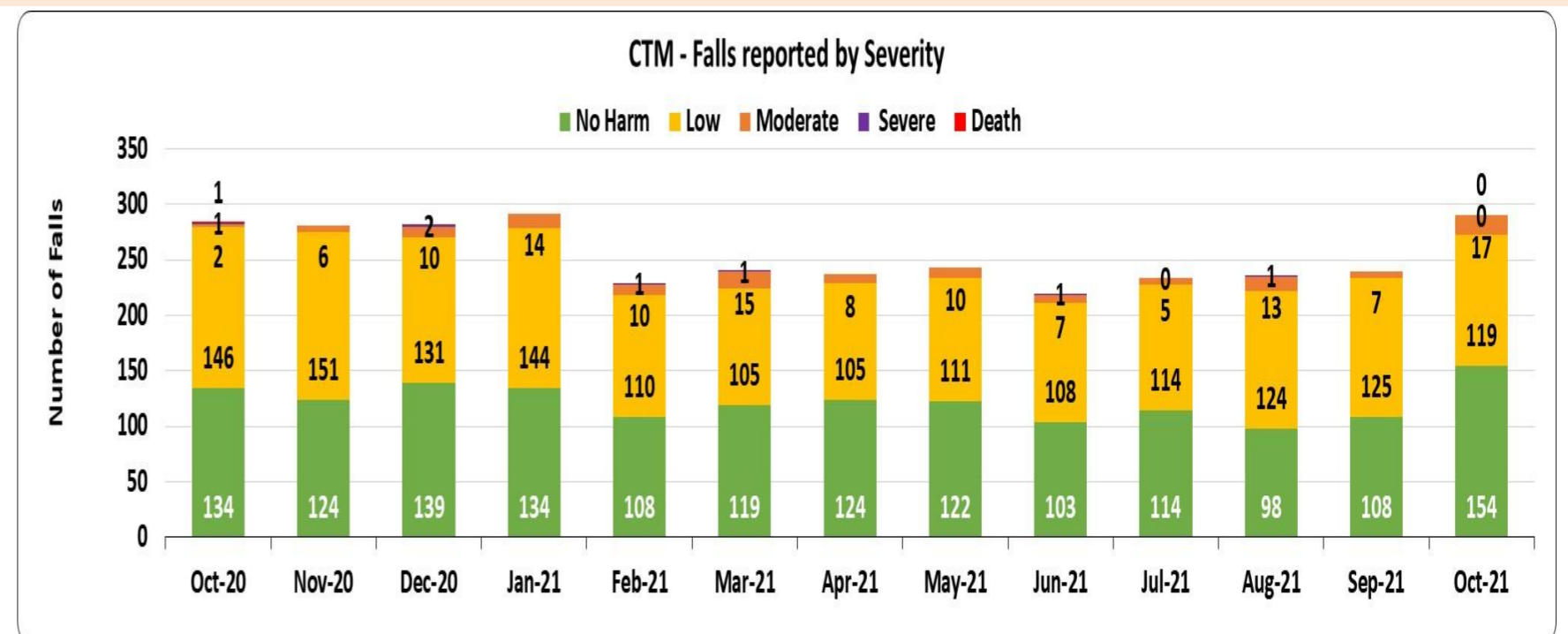
Total number of Inpatient Falls – July to October 2021

999

There was a slight increase in the number of falls reported for July to October 2021 (999) compared to the previous 4 months (939). Although the number of incidents reported as resulting in moderate harm has increased during the current period, statistically the volume has not altered significantly over the past 12 months.

No incidents were reported as resulting death. The highest number of inpatient falls occurred within the Seren Unit at the Royal Glamorgan Hospital and the Acute Medical Unit at Princess of Wales Hospital. The central team *Learning from Events Co-ordinator* has been regularly attending all falls panel and supporting the teams to adopt a standardised and robust process.

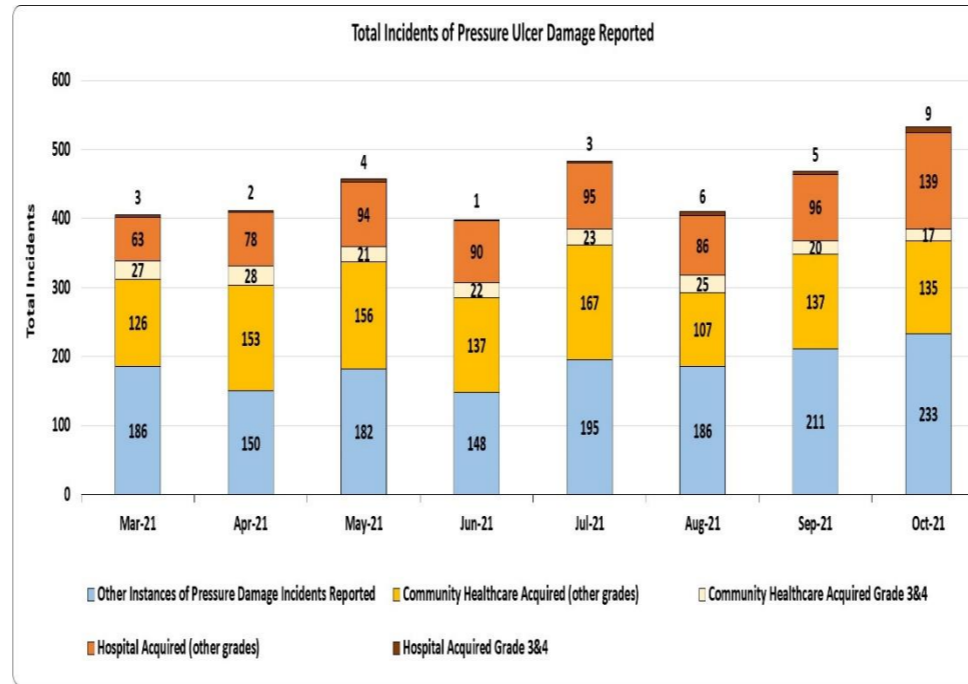
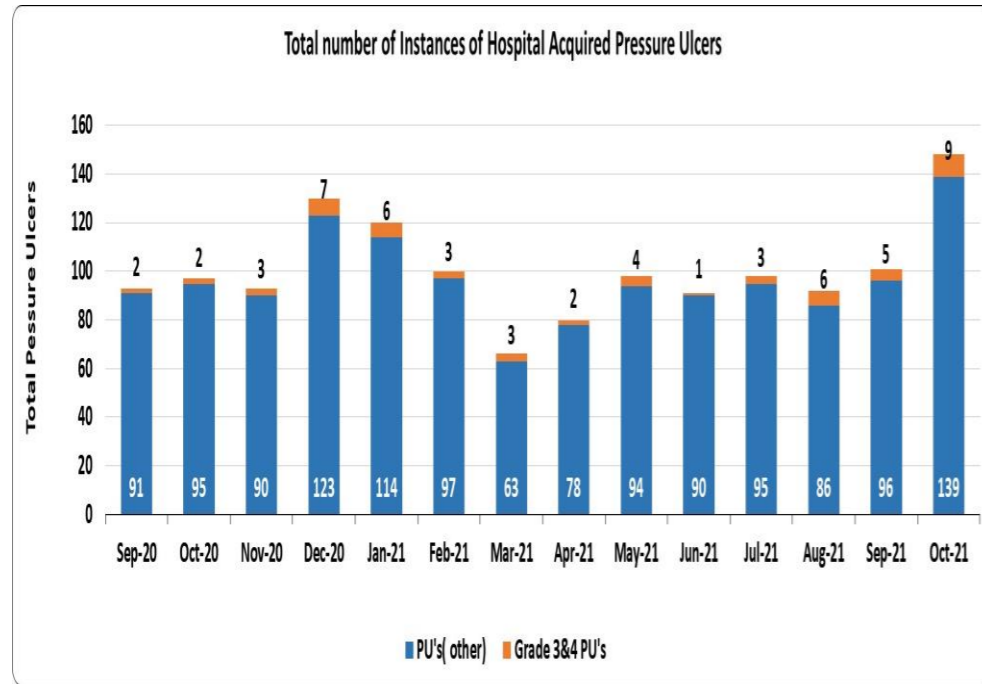
There is some disparity across ILGs still noted, but the work is showing some improvements and is continuing.



Pressure Damage Incidents

Total number of reported Pressure Damage – July to October 2021

1895



During July to October 2021, a total of 1895 pressure damage incidents were reported, an increase of 224 on the previous 4 month period. The highest number of incidents reported (631) were identified as developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 439 were identified as hospital acquired, with Emergency Care and AMU at Princess of Wales Hospital recorded as the highest. 23 incidents were recorded as Grade 3 and 4.

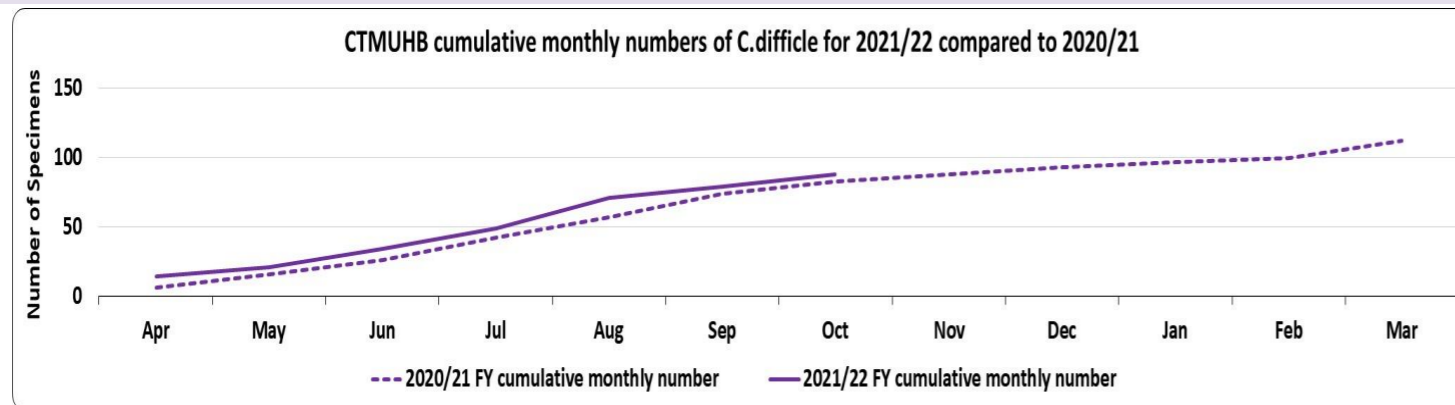
Alongside a member of the safeguarding team, the Learning from Events Co-ordinator is supporting the Pressure Ulcer panels. The increased oversight will facilitate improved recognition of avoidable harm, a consistent approach across all scrutiny panels and improved learning opportunities.

Work is ongoing to improve data granulation, support interventions / improvement activities and give enhanced assurance of pressure ulcer prevention within the health board. The current dataset does not provide outcomes in terms of avoidable and unavoidable healthcare acquired pressure damage. A recent All Wales pressure damage investigation, demonstrated that in 1801 cases, 273 were recorded as avoidable (15%).

Infection Prevention and Control

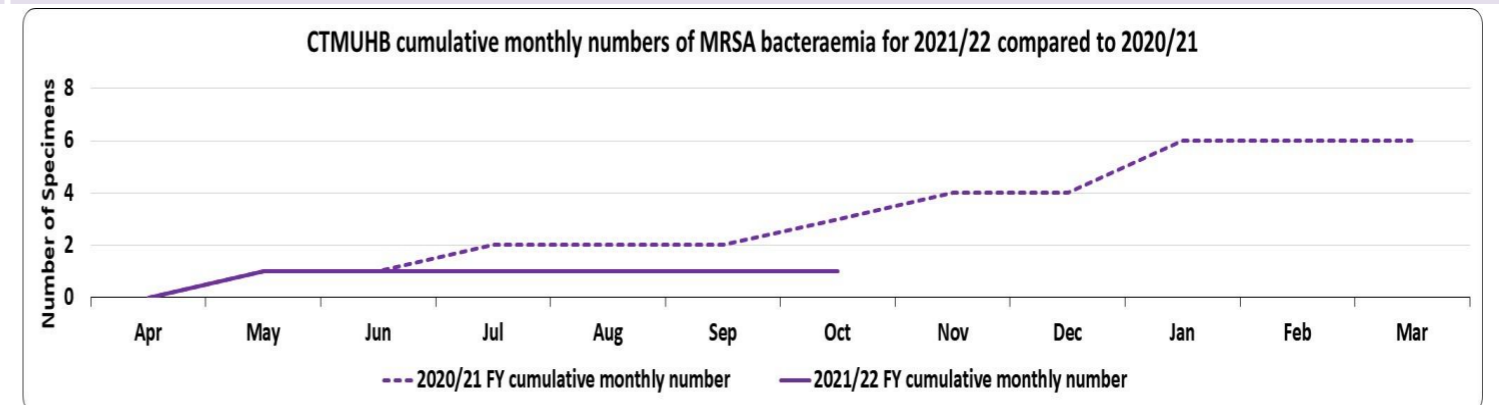
C.difficile

88 incidents of C.difficile were reported by CTM between Apr-Oct 2021. This is approximately 6% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.46.



MRSA

1 incident of MRSA bacteraemia was reported by CTM between Apr-Oct 2021 (67% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.38.

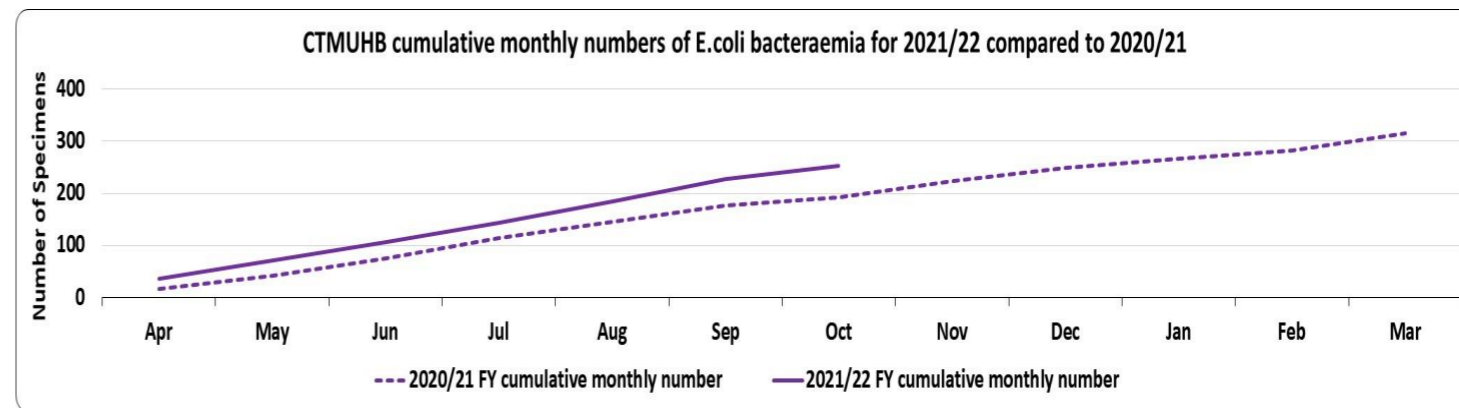
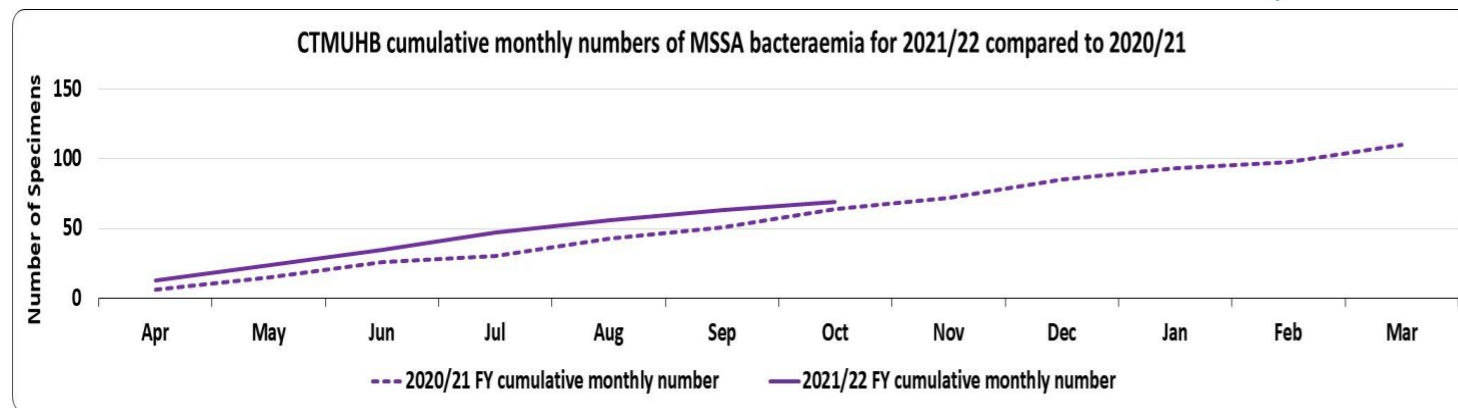


MSSA

69 instances of MSSA bacteraemia were reported by CTM between Apr-Oct 2021 (approximately 8% more than the equivalent period 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.23.

E.coli

252 instances of E.coli bacteraemia were reported by CTM between Apr-Oct 2021 (approximately 31% more than 2020/21). The provisional rate per 100,000 population for 2021/22 is 95.80.



The IPC team have supported the Health Boards preparedness and response for the second and third waves of COVID through 2020-21. They managed individual cases/outbreaks of infection throughout CTMUHB and worked in collaboration with a range of stakeholders to develop patient pathways, testing strategies, participate in Health Board and ILG meetings, provide advice based on national guidance and support risk assessments to minimise the risk of infection to staff, patients and visitors.

Although the Health Board did not achieve the reduction expectations for 4 of the 5 surveillance organisms for the financial year 2020/21, fewer cases were reported compared to the previous year. An increase in cases has been reported for all surveillance organisms from April – October 2021 (this situation is mirrored across Wales). Work is ongoing at a national level to determine whether additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales.

Despite the increase in S.aureus bacteraemia and gram negative bacteraemia, a significant proportion of infections are community acquired. Consideration is being given resourcing a dedicated IPC Team for primary care which evidence from elsewhere in the UK has shown has the potential to make sustainable reductions in community-acquired infections. The Lead IPC Nurse is part of an all Wales task and finish group looking at workforce planning for IPC. The IPC team has developed local reduction expectations for each of the ILGs to facilitate ownership of data and improve clinical engagement. A monthly infographic is shared with the ILG demonstrating their position against the WG reduction expectations. Further engagement is required to strengthen the root cause analysis process in primary and secondary care to learn lessons from incidents and share best practice. Further work is also required to improve antimicrobial stewardship as antimicrobial pharmacists were redeployed to support the COVID response and haven't returned to their substantive roles as yet.

An external review of decontamination in CTM has been jointly undertaken by the Health Board and NHS Wales Shared Services. The report focusses on the current infrastructure, the processes and systems in place and the role of the decontamination officer. A report with recommendations will be presented to Infection Prevention and Control Committee in November 2021. Planned improvements to the IPC services include:

- Development of a business case for a dedicated IPC resource for primary care
- Development of a business case for a dedicated Decontamination Officer/Operational Lead for Decontamination.
- Support for ILGs to introduce targeted interventions in primary and secondary care to influence improvements
- IPC team to deliver a blended approach for IPC training – face to face sessions and access to eLearning
- Provision of guidance and support to introduce and implement revised national guidance for IPC across CTM.

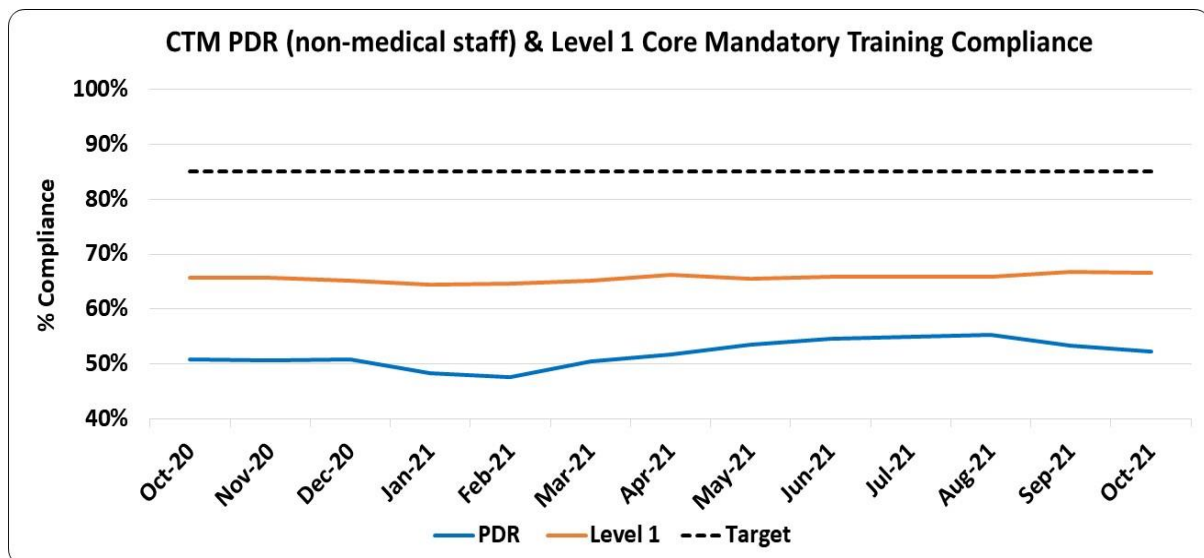


2.3 People

In summary, the main themes of the People Scorecard are:

2.3.1 Personal Development Reviews (PDRs) & Core Mandatory Training (Level 1):

Overall PDR (non-medical staff) compliance for October 2021 is 52.2%, a slight fall on the previous month of 53.4%. The Health Board's overall PDR compliance has improved from January this year, however, during the last two months there has been a decline in compliance from the peak of 55.3% seen in August. Level 1 core mandatory training compliance has held steady during the past year at around 66%. However, it is acknowledged that there remains a lot of progress to be made to improve compliance and attain the target of 85%.



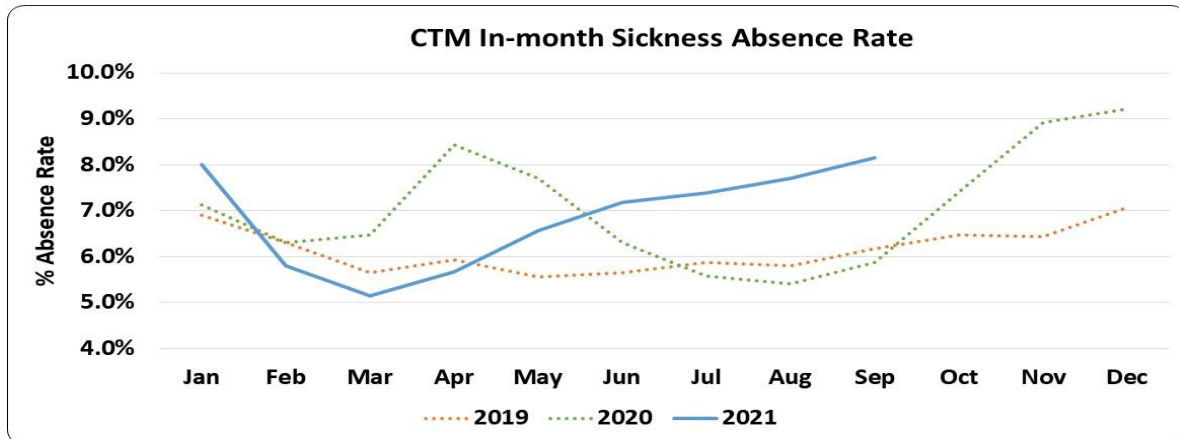
Combined core mandatory training compliance for October 2021 averages 60.4% with overall CTM compliance for 'Level 1' disciplines being 67.0%.

CTM Level 1 Core Mandatory Training Compliance October 2021	
Equality, Diversity & Human Rights	77.2%
Health, Safety and Welfare	76.3%
Moving & Handling	74.9%
Information Governance	72.9%
Safeguarding Adults	72.3%
Violence & Aggression	67.0%
Infection Prevention and Control	66.9%
Safeguarding Children	65.5%
Fire Training	52.0%
Resuscitation	46.3%
HB Overall Compliance	67.0%



2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to September 2021 is 7.3% (8.2% in-month). In comparison to the previous month, occurrences of short-term absences have increased by almost 50%, whilst long-term sickness absence reduced by 16.4%.



The continued reporting of Covid related absence, including isolation, has provided essential information to ILGs and managers. Reports are made available on a weekly basis to the ILGs to allow them to manage their teams and support their response to the changing situation.

2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff continues to increase. Actions, similar to those taken successfully earlier in the year, are being put in place to reverse this.

2.4 Access

Detailed analysis is provided in the following section of this report, but in summary:

2.4.1 Urgent Care:

Fewer than 61% of patients were treated within 4 hours in our Emergency Departments and less than 34% of ambulances were ready to respond to the next '999' call within 15 minutes of arrival at an ED. This is driven by a combination of high demand and arrested flow through the hospital and sometimes processes in ED. The solution lies in a range of actions across the system.

In early October, the Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to the Emergency Department and Clinical Decision Unit in the Prince Charles Hospital (PCH). There were some immediate recommendations and actions taken to address concerns.

The final report is due to be published by HIW in December 2021 and will include action taken to address any immediate lessons learnt. The findings will also inform the Merthyr and Cynon Integrated Locality Group Prince Charles Hospital Improvement Programme, which is working to improve the quality and Safety of services across the site.

Recommendations from the HIW report will be incorporated into the Prince Charles Hospital action plan to mitigate risks around patient safety (caused by demand outstripping capacity and the impact on flow on the Emergency Care Centre (ECC)). The Health Board continues to engage with HIW on the development of a robust response to the unannounced visit.

Assessment of options around the possible redesign of the ECC to provide an improved care facility for patients and staff is ongoing. One of the key requirements is for a single point of access for patients as the two entrances to the current department has been identified as presenting significant risks to patient safety.

Efforts continue to improve patient safety and governance within the ECC. The UHB's plans are focussing on meeting the Royal College of Emergency Medicine's (RCEM) 50 Measures and the Royal College of Nursing's (RCN) guidance.

Though the additional rooms acquired from Fracture Clinic to absorb some of the demand for Minor Injury services have had a positive impact, overcrowding challenges are now being observed in other areas of the department.

Efforts continue to increase Middle Grade cover in the ED to meet demand and to support junior staff. A new ED Consultant roster has been agreed

and will commence at the end of November. Work with the eRoster team is ongoing to digitize the roster in advance.

The HIW Report will inform an assurance review of PoW & RGH EDs in the coming weeks. A CTM Health Quality & Safety/Emergency Department Nurse Leads group is to be established to ensure standardisation of approach and learning from HIW.

2.4.2 **Stroke Care:**

A consequence of the challenges being faced in providing accessible emergency care during a third wave of Covid, is seen by the stroke quality indicators, which measure our ability to provide timely stroke care at each stage of the pathway. Last month:

- 25% of patients diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments
- 50% of patients received a CT scan within an hour of arrival
- 9.6% of stroke patients were admitted to an acute stroke unit within 4 hours of their arrival
- 76.2% of stroke patients were assessed by a stroke consultant within 24 hours

The CTM Stroke Planning Group has agreed a number of short-term actions for implementation by end of March 2022. These are set out on page 25 of this document and complement medium and long-term actions which require either additional or the re-prioritisation of resources.

2.4.3 **Planned Care:**

The number of patients waiting for elective treatment continues to increase. At the end of October the number of patients who had waited in excess of 36 weeks had increased to 45,523, of whom 33,947 had been waiting in excess of 52 weeks. The number of patients waiting over 36 weeks for surgery is 5,863. A number of recovery schemes are ongoing; they are set out within the relevant sections in this document, they include the re-establishment of lists, outsourcing and additional internal lists as able.

Additionally, the ILGs have centralised the operational management of all elective activity under one Elective Care Recovery Planning cell which aims to manage resources across CTM in a single-co-ordinated manner. This will allow all resources (staff, beds, theatres) to be redeployed more quickly and more effectively to increase the amount of patient care that can be provided

It should however be noted that the impact of the current wave of COVID represents a high risk to delivery in the autumn.

2.4.4 **Cancer Care:**

While the number of patients actually treated has increased, the Health Board has seen a deterioration in performance, with the unvalidated performance for October indicating that only 45.5% of patients on a cancer pathway commenced treatment within 62 days. This reflects the increased number of referrals now being received into the services and the fact that the HB continues to adopt the policy of managing the longest waiting patients first.

Total number of active patients on the suspected cancer pathway has continued to increase, with a further rise of 14% since the last reporting period. This is partly reflected by improvements in data quality assurance, the increase in referrals received over the last year, which is noted across almost all tumour sites, and partly due to delays in implementing recovery plans.

There has been a further increase in patients waiting at 1st OP stage, now accounting for 65% of all active patients on the SCP.

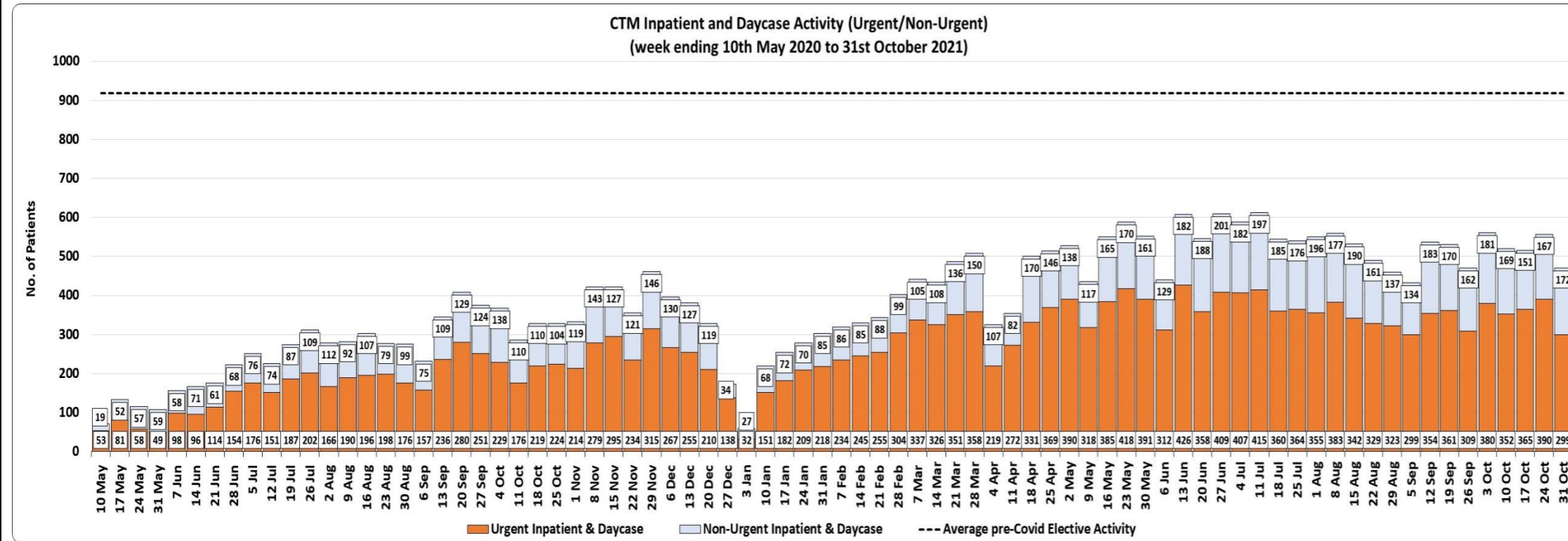
There has been a further deterioration in backlog of total number of patients at both 62 and > 104 days, with predicted further deterioration in October.

Lower GI, Urology and Gynaecology tumour sites, due to performance are a concern, the latter two being subject to executive level escalation. The CBU continue to work with local senior operational teams to focus on key areas for improvement, which is supported by the medical director. Additionally, there is engagement with the ILG teams by the COO to implement the Cancer Operating framework and clarify accountability.

There is a noted increase in cancelled cancer operations over the last reporting period, with 27 patient's having their care delayed in October across the Health Board. The COO and CEO are leading an initiative to centralise all in patient surgery at the Royal Glamorgan Hospital.

A number of improvement actions are in progress, these are set out on page 27 of this document. They include developing demand and capacity models, revision of the downgrade and upgrade policy for radiology and pathology, securing of additional clinics and improved collaborative working and theatre utilisation.

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase



“Top-10” Specialties with highest volumes of treatments carried out within Internal Capacity

Elective Activity - Top 10 Specialties October 2021	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
ENT Surgery	21	52	-31	-59.6%
Oral Surgery	9	21	-12	-59.0%
Trauma & Orthopaedic	48	116	-68	-58.6%
Gynaecology	34	62	-28	-45.5%
Cardiology	13	24	-11	-45.0%
General Surgery	108	176	-68	-38.8%
General Medicine	115	147	-32	-21.5%
Ophthalmology	44	49	-5	-10.2%
Gastroenterology	53	53	0	0.8%
Urology	69	54	15	27.0%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during October compared to the average pre-Covid levels. As can be seen current elective activity is approximately 60% less in ENT, Oral Surgery and T&O with Gynaecology and Cardiology both around 45% fewer than pre-Covid levels.

How are we doing & how do we compare with our peers?

Elective treatment activity was greater in October than the levels seen in the previous 2 months, with urgent activity averaging 357 cases per week relative to the mean of 346 and 331 cases delivered in August and September respectively. However, we continue to undertake only 55% of the elective inpatient volumes delivered in 2019.

Staffing shortages are having an ongoing impact on our ability to improve theatre utilisation and the available outsourcing capacity made available to CTM has been reduced due to an increase in self-pay demand within the Independent Sector, Spire and Nuffield.

Since the 1st April 514 patients have been treated at Spire and Nuffield Hospitals, as shown below, this is lower than the initial agreed capacity of 1,480. CTM have sent 1,127 patients to the providers over the same period.

Specialty	Sent	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	424	41	241	59	43	40
SPIRE - Shoulders	23	4	4	4	11	0
SPIRE - Gynaecology	77	17	31	6	10	13
SPIRE - General Surgery	11	0	0	3	7	1
NUFFIELD - Orthopaedics	226	45	87	25	10	59
NUFFIELD - General Surgery	58	18	37	3	0	0
NUFFIELD - Gynaecology	83	6	37	11	5	24
NUFFIELD - Ophthalmology	225	30	77	18	57	43

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

- Plans intended to achieve improvements by the end of the financial year include:
- Working differently to maximise capacity across CTM, including a centralised prioritisation group being introduced to ensure that there is equitable access to the population that CTM serves.
 - Virtual outpatient outsourcing: procurement underway with first outpatients expected to be seen during January 2022 (following a discovery phase). This project will require increased administrative support initially.

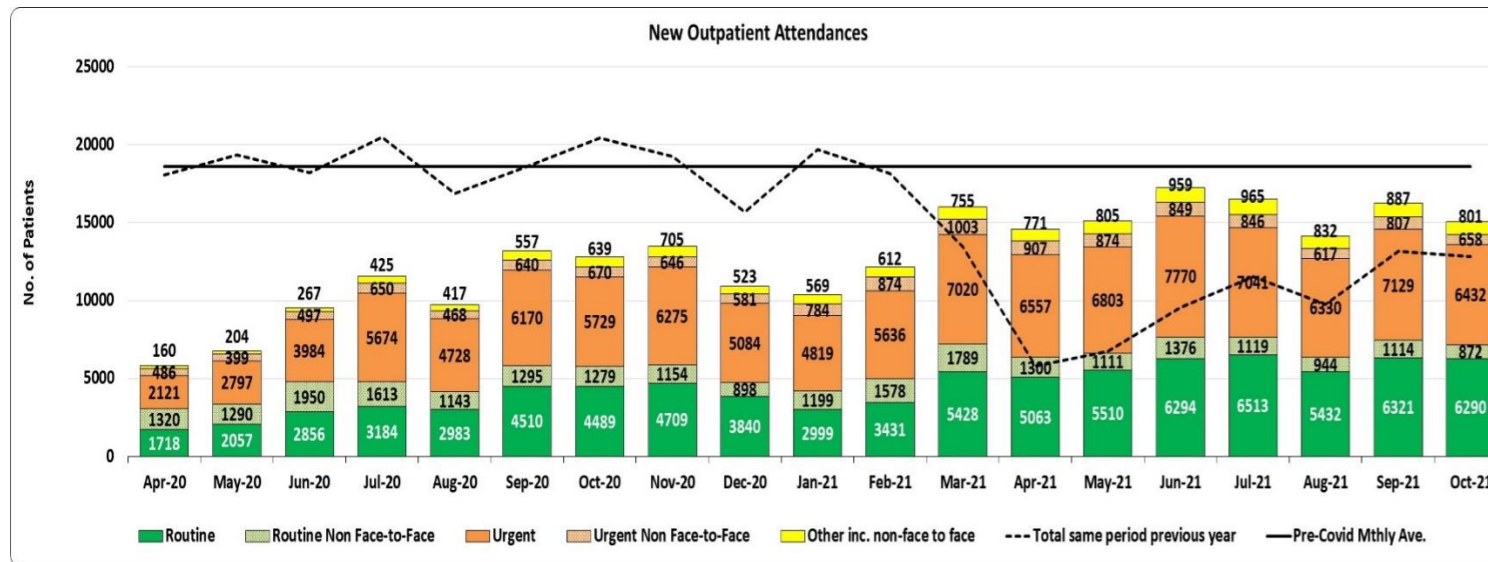
What are the main areas of risk?

- Outsourcing capacity- the independent sector are experiencing issues in relation to capacity for NHS patients; having been overwhelmed in relation to self-pay and private demand

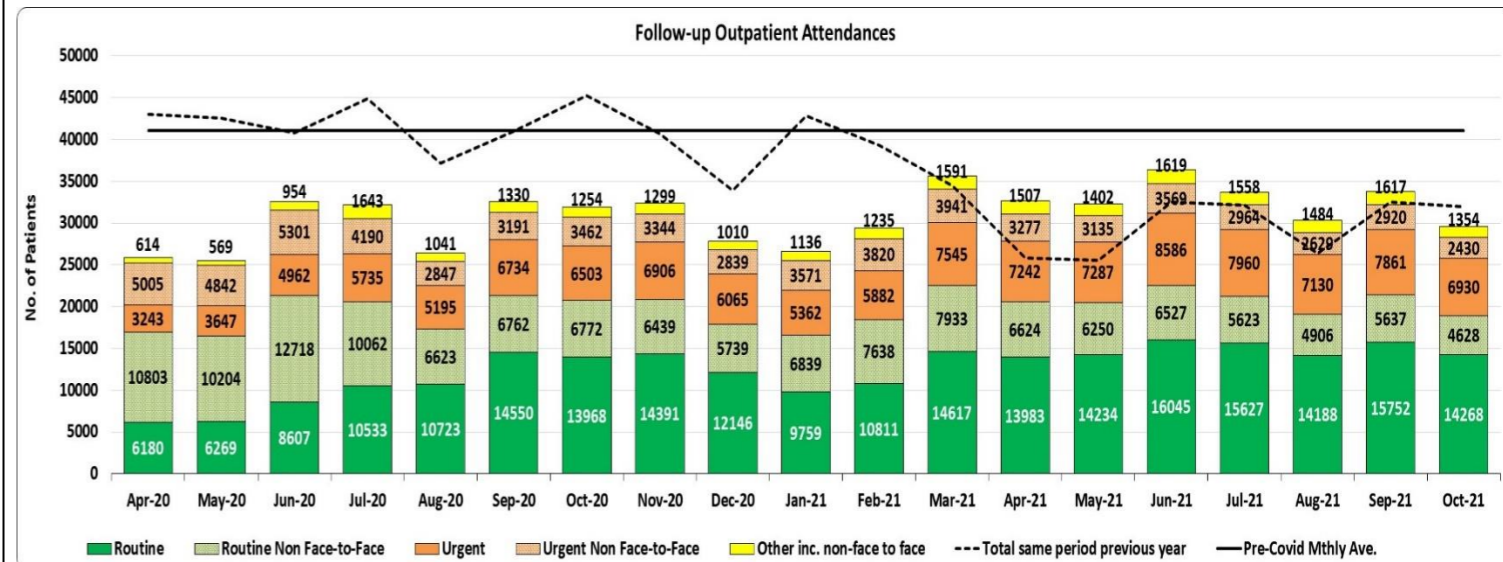


Resetting Cwm Taf Morgannwg – Outpatient Attendances - to October 2021

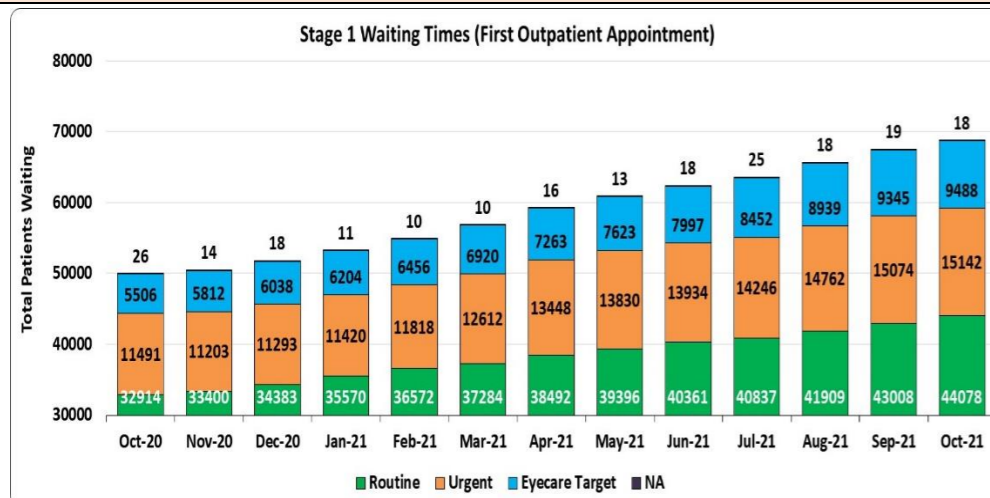
New Outpatient Attendances



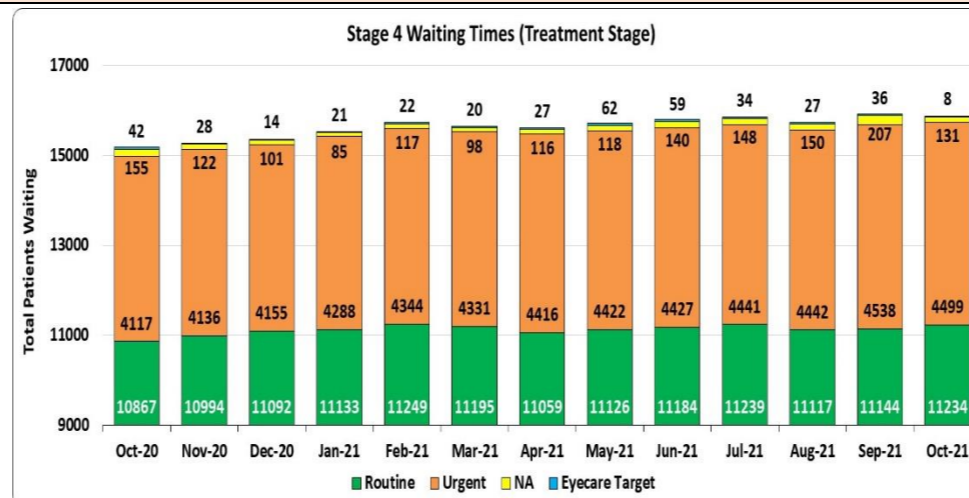
Follow-up Outpatient Attendances



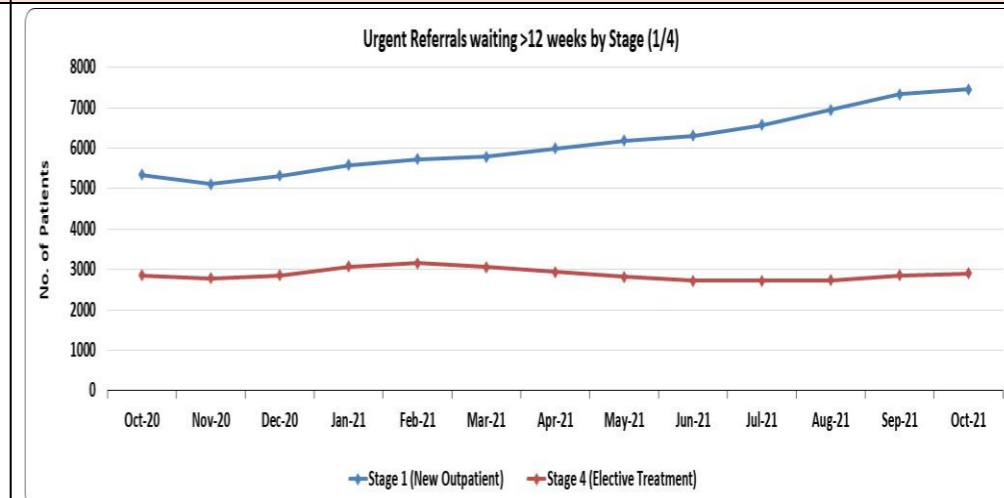
Waiting times Stage 1 (New Outpatients)



Waiting times Stage 4 (Treatment Stage)



Urgent referrals waiting >12 weeks (Stages 1 & 4)



How are we doing?

As at the end of October, there were 68,726 patients awaiting a new outpatient appointment of which 15,142 patients were categorised as urgent and of these 9,488 were ophthalmic patients. This represents an increase of over 37% on the 49,937 patients waiting at the end of October 2020.

There were 15,872 additional patients awaiting treatment and of these, 4,499 were categorised as clinically urgent (just under a 1% reduction on the urgent patients waiting at the end of September). The slight fall in the treatment waiting list should be associated with a reduction in outpatient activity and conversions onto the list, as opposed to a sustained improvement in the position.

The number of patients prioritised as urgent waiting in excess of 12 weeks for an initial outpatient consultation had been increasing steadily at c.300 cases per month, however during October the increase was half that and represents a 1.8% increase on the previous month. The urgent treatment backlog also increased at a similar rate this month reaching 2,905 at the end of October (2,852 end of September).

What actions are we taking & when is improvement anticipated?

Outpatient Transformation Programme Board: We have a number of active projects which aim to ensure that patients are followed up appropriately and seen in a timely and risk based fashion. Please see below the schemes / projects that are active; **Stage 1-52+ Week Validation Project:** Wider roll out has commenced with a number of specialities in agreement for admin validation of lists, primary focus for immediate roll out will be long waiting surgical lists across the Health Board. A recent Text Message validation pilot commenced on the 3rd November 2021. The aim of this project is to ensure that patients who have waited for a significant time are contacted to ensure they still wish to be seen by a Health Care Professional. **SOS / PIFU:** Projects have commenced within four specialities to review and implement these pathways across the health board; Gynaecology, Rheumatology, Ophthalmology and ENT. The aim of these pathways is to place emphasis on patients taking control of their health and care, ensuring they are seen when they need to be and not necessarily at a specific time based interval. **FU Admin Validation:** 100%, delayed patients waiting for follow up data has been shared with Clinical Service Groups; overtime funding has been made available for admin staff to validate their patients, this aims to ensure that only patients who are genuinely waiting for follow up care are offered an appointment and links with the SOS and PIFU projects being undertaken. **Digital Enablers:** Focused work to increase virtual appointment slots/ usage.

What are the main areas of risk?

Emerging operational pressures affecting organisational ability to scale up elective treatments pose risks to our recovery programme. Winter/ COVID pressures affecting clinical availability to undertake addition clinical activity alongside combined with fatigue/ sickness levels. Whilst new referral rates have not yet returned to pre-Covid levels, these are increasing. Due to space limitations and social distancing outpatient numbers for new and follow up appointments continue to be far below pre-Covid levels. **Workforce:** recruitment to short-term vacancies continues to be a risk and will affect speed of projects timescales. **DNA Rates:** Due to continue high DNA rates we are in the process of restarting text reminders for appointments and a social media campaign to highlight to the public the importance of early notification of unavailability for appointments.

Referral to Treatment Times (RTT) – October 2021 (Provisional Position)

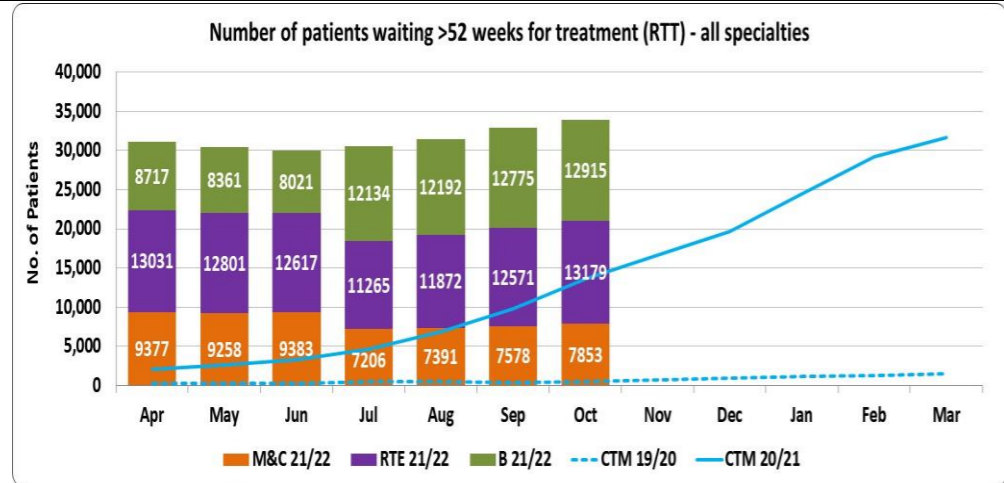
Number of patients waiting >52 weeks – Target Zero

33,947

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of October is 33,947, an increase of 1,023 (3.1%) from September. The breakdown of the 33,947 patients is as follows:

- 7,853 patients relate to Merthyr & Cynon ILG waiting lists
- 13,179 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,915 patients relate to Bridgend ILG waiting lists

Please note that since July, services have been mapped to the hosting ILG

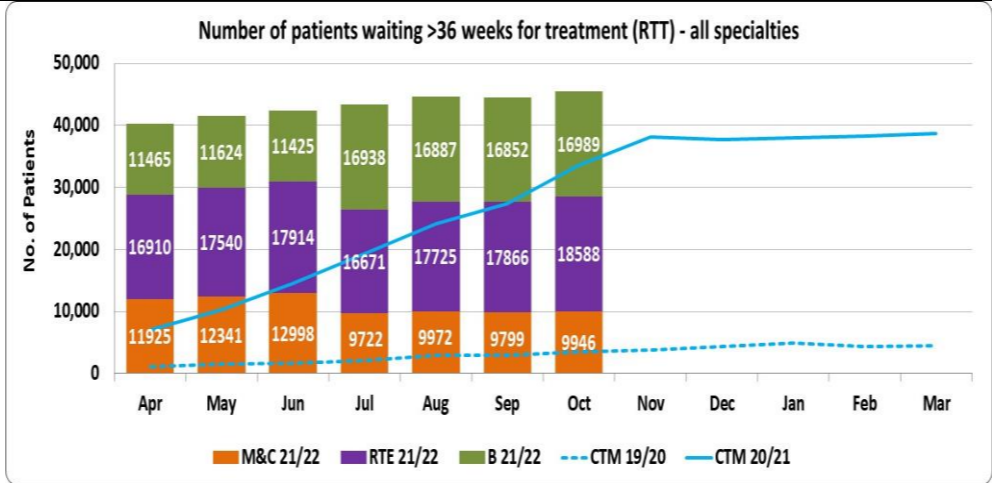


Number of patients waiting >36 weeks – Target Zero

45,523

The provisional position for patients waiting over 36 weeks for October is 45,523 patients across Cwm Taf Morgannwg, which is an increase of 1006 (2.3%) from September (N.B. includes the 33,947 patients waiting over 52 weeks):

- 9,946 patients relate to Merthyr & Cynon ILG waiting lists
- 18,588 patients relate to Rhondda & Taff Ely ILG waiting lists
- 16,989 patients relate to Bridgend ILG waiting lists

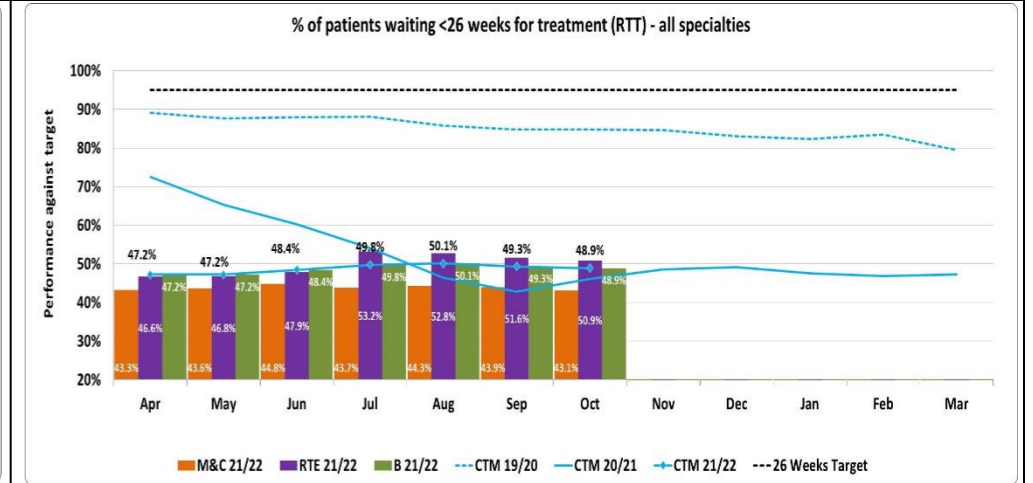


% of patients waiting under 26 weeks – Target 95%

48.9%

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for October across Cwm Taf Morgannwg is 48.9%. A level, which has been relatively stable since October 2020. The position within each ILG is as follows:

- 43.1% Merthyr & Cynon ILG waiting lists
- 50.9% Rhondda & Taff Ely ILG waiting lists
- 49.4% Bridgend ILG waiting lists



How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of October the >52 week waiting list volumes increased by 3.1% on the previous month, bringing the total to 33,947. Compared to the position at the end of March 2021; the October position represents an increase of 7% in the number of patients waiting over 52 weeks.

The Stage 1 52+ week validation project started in August in line with the Welsh Government directive. Update:

- Engagement meetings have been held with all CSG's, a number of specialities now in agreement with plans in place to start validation in November.
- Staff expected now in post.
- Dermatology text validation pilot to be evaluated mid-November.

What actions are we taking & when is improvement anticipated?

MC ILG

Clinical support services engaged in weekly meetings to support capacity plan. Women's & Children's Services are currently undertaking validation across the stages, submitted a proposal for cancer recovery funding for additional clinics and are looking to establish Saturday outpatient all day sessions.

BILG

Planned Care Recovery additional activity are currently being reactivated. Pay rates issues now resolved.

RTE ILG

Work ongoing across a number of areas including recruitment, setting up additional clinics and consideration of alternative options.

What are the main areas of risk?

Main areas of risk include the long waiting patients waiting over 36 and 52 weeks for a first appointment.

As part of the validation of the Stage 1 over 52 weeks and as a mitigation against the long waits, patients will go through a validation process as agreed within each individual speciality. This will help with the removal of patients who no longer wish to remain on the waiting lists.

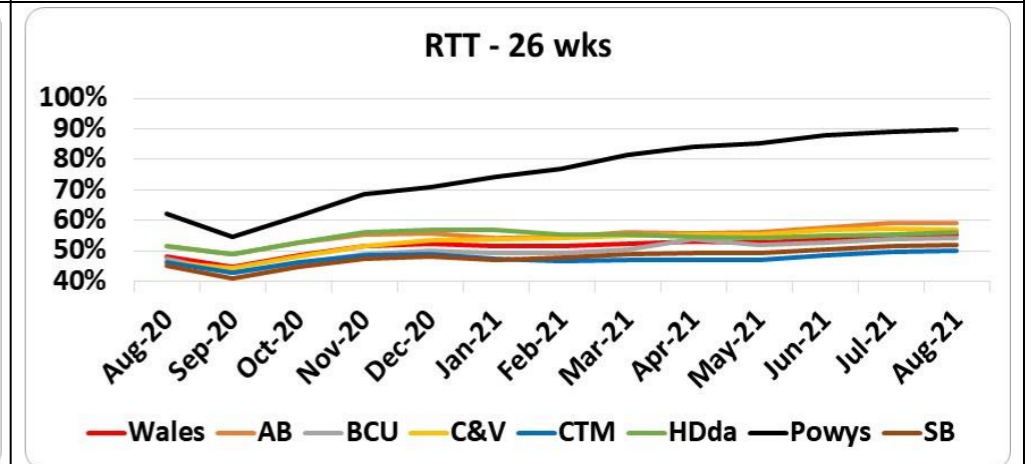
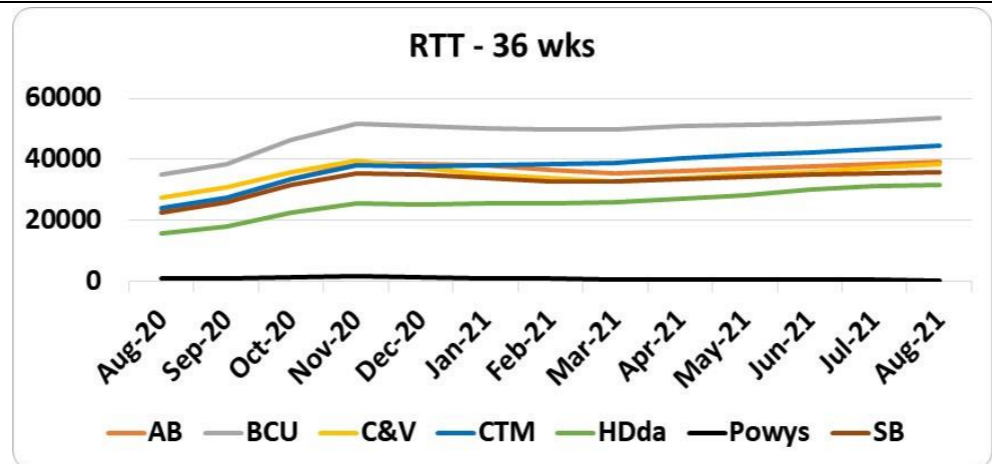
Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

New and follow up activity levels continue to be far below pre Covid levels.

How do we compare with our peers?

As at August 2021, CTM has the lowest compliance for 26 weeks RTT (50.1%) out of all the other health boards in Wales. The best performing of the acute health boards is ABUHB (59.0%).

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (44,584) with BCU ranked 7th (53,666). Again, best performing is Powys (440), with the best performing of the acute health boards being Hywel Dda (31,509).



Diagnostics & Therapies – October 2021 (Provisional Position) / Endoscopy Waits & Surveillance Monitoring

Number of patients waiting >8 weeks for Diagnostics – Target Zero

14,866

Number of patients waiting >14 weeks for Therapies – Target Zero

572

Number of patients of surveillance patients waiting past their review date

1,434 (as at 1st November 2021)

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	24	71	795	890
Cardiology Services	Cardiac CT	0	22	0	22
	Cardiac MRI	1	3	0	4
	Diagnostic Angiography	0	32	37	69
	Stress Test	9	27	0	36
	DSE	91	0	24	115
	TOE	1	0	10	11
	Heart Rhythm Recording	9	20	85	114
	B.P. Monitoring	0	0	0	0
Bronchoscopy		0	0	0	0
Colonoscopy		178	527	0	705
Gastroscopy		389	870	0	1259
Cystoscopy			436		436
Flexi Sig		475	695	2	1172
Radiology	Non-Cardiac CT		30		30
	Non Cardiac MRI		875		875
	NOUS		8618		8618
	Non-Cardiac Nuclear Medicine		28		28
Imaging	Fluoroscopy		42		42
Physiological Measurement	Urodynamics	41	190	3	234
Neurophysiology	EMG	12	149	0	161
	NCS	9	36	0	45
Total		1239	12671	956	14866

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology	0	28	0	28
Dietetics	157	187	147	491
Occupational Therapy	7	5	0	12
Speech & Language	1	8	24	33
Physiotherapy	2	6	0	8
Total	167	234	171	572

Patient Category as at 1st November 2021	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	103	194	28	325
Over Target	29	161	0	190
Total Patients Waiting	132	355	28	515
Urgent Non-Cancer				
Waiting <14 days	82	98	6	186
Over Target	606	1584	0	2190
Total Patients Waiting	688	1682	6	2376
Routine				
Waiting <56 days	50	43	221	314
Over Target	538	706	0	1244
Total Patients Waiting	588	749	221	1558
Surveillance				
Waiting <126 days past review date	159	218	0	377
Waiting >126 days past review date	441	616	0	1057
Total Patients Waiting Past Review Date	600	834	0	1434

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14866					

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	572					

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target:

Referral Pathway	Target
Urgent Suspected Cancer	2 weeks/14 days
Urgent	2 weeks/14 days
Routine	8 weeks/56 days
Surveillance	18 weeks/126 days

How are we doing?

Diagnostics: The provisional position for October indicates that 14,866 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents an improvement of 1.8% (268) from the reported position in September 2021. This improvement is due in part to the reduction in the numbers waiting for Echo Cardiograms at Bridgend (23% reduction on September's position). Whilst activity is starting to increase in most areas there are still challenges clearing the backlog of patients waiting.

Therapies: There are provisionally 572 patients breaching the 14 week target for therapies in October, an increase of 156 on the reported position for September. This can be attributed to the further increase in people awaiting a dietetics assessment, which has increased to 491 from 362 in September.

How are we doing?

Weight Management & Escape Pain: scheme due to begin 15th November 2021.

Urology/Gynaecology Stage 1 Waiting List: Limiting factor in increasing activity is rooms and consultant clinic cancellation rate (6 clinics).

Persistent Pain MDT service in Primary Care: Awaiting recruitment at risk template approval.

Vascular MDT: On hold – room availability

Risks

- Time and ability to recruit to posts
- Patients deconditioning: effects of lockdown has resulted in increasing demand on core therapy services.
- Resource: Limited resource available
- Medical records & outpatient capacity: Space & medical records limiting factor in Urology/Gynaecology Stage 1 Waiting List & Vascular MDT schemes.
- New wave COVID.

How are we doing?

Insourcing PCH: Back to running 2 theatres each Saturday. Clinician support for lists now confirmed.

Validation of waiting list MC: All patients due to be booked in 2021 now validated. 85 patients removed from total cohort of 221.

Validation of waiting list RTE: All urgent patients now reviewed and various actions to be progressed (e.g. arranging FIT tests, clinic review etc.) Plans now in place to manage the pathways resulting from this.

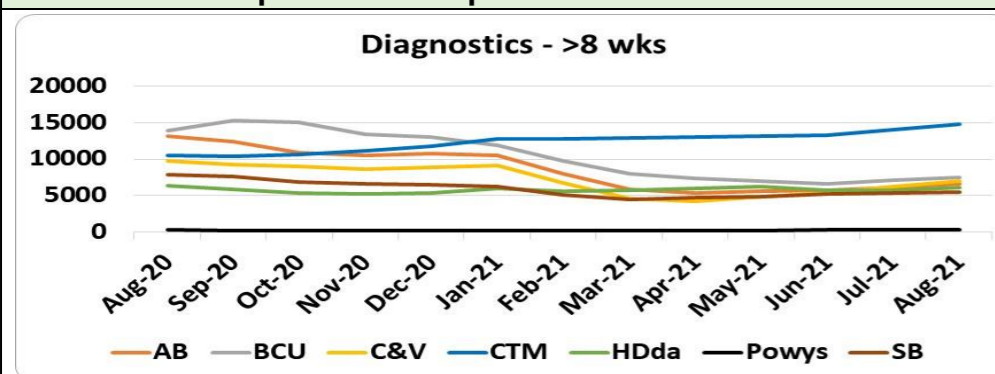
FIT testing: Meeting planned in November with leads from all sites. Pathology & primary care to review data and how the pathway is operating.

Mobile unit: Procurement process has identified concerns in relation to decontamination / IPC, discussions ongoing in relation to this.

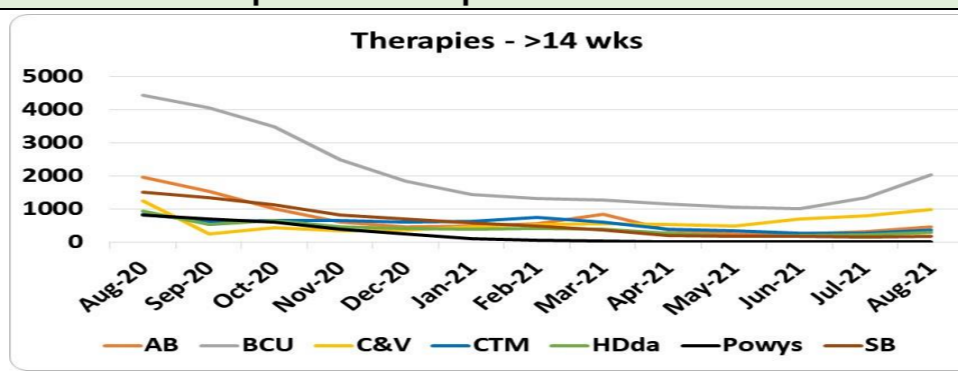
Risks

- Need to train insource team to undertake decontamination
- Nursing staff to support insource lists on the weekends
- Availability of scopes to support insource lists
- Administrative and clerical staff to support validation
- GPs to accept and follow FIT testing pathway
- Inability to pay double time rates limits potential additional activity

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at August 2021, CTM had the highest number of patients (14,855) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (302) with SBUHB performing better than the other acute health boards with 5,497 patient breaches.

As at the same period, CTM had 363 patients waiting over the 14 week target for a therapy and ranked 4th out of the other health boards in Wales. Again, Powys was first with 14 patient breaches and once more SBUHB ranked 2nd with 186 patient breaches.

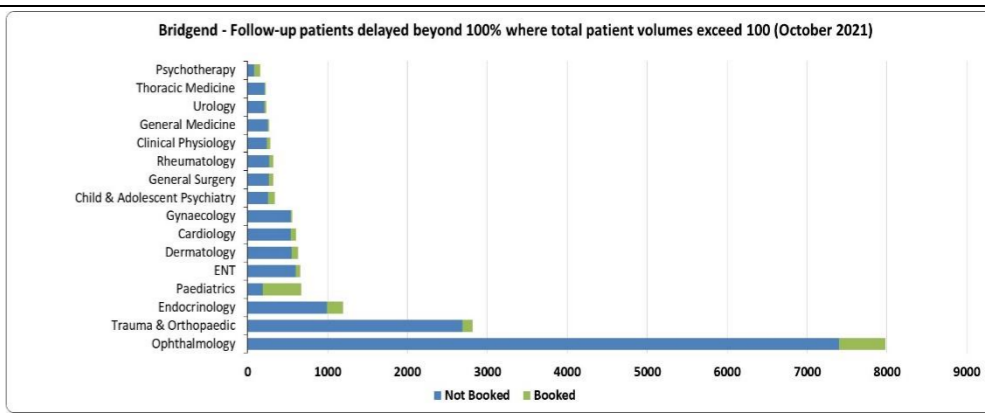
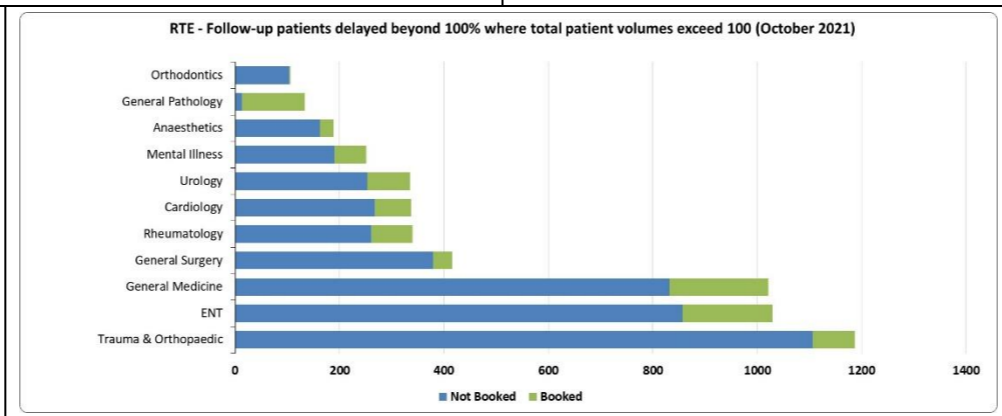
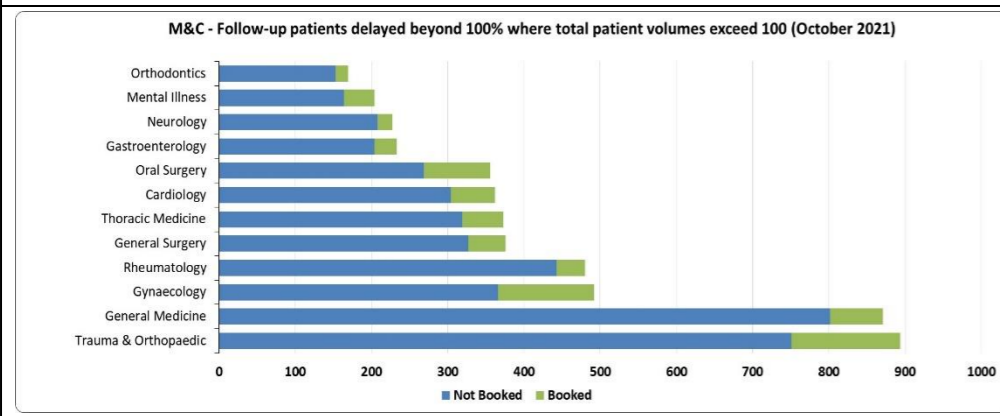
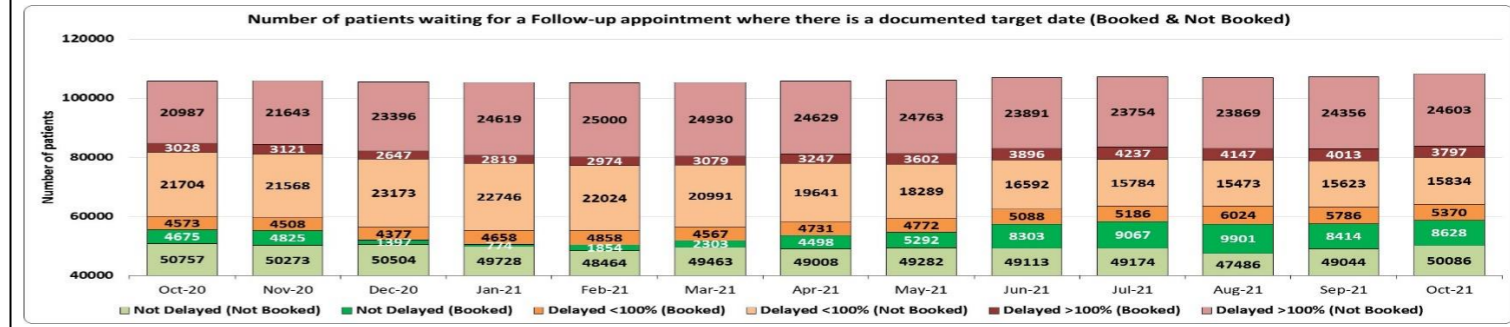
Follow-up Outpatients Not Booked (FUNB) – October 2021 (Provisional Position)

Number of patients waiting for a Follow-up with documented target date - Target <=51,739

Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
7	71,290	37,028	108,325	24,603	3,797	28,400

Provisional October 2021	No. of patients waiting for follow-up appointment			No. of patients delayed over 100% past their target date				
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG								
Merthyr & Cynon	2	13,398	6,903	20,303	4,481	774	5,255	25.9%
Rhondda & Taff Ely	2	13,054	14,443	27,499	4,604	1,004	5,608	20.4%
Bridgend	3	44,838	15,682	60,523	15,518	2,019	17,537	29.0%
CTM	7	71,290	37,028	108,325	24,603	3,797	28,400	26.2%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of October is provisionally 108,325 and of those patients waiting, 28,400 have seen delays of over a 100% past their target date, representing an increase of 18.3% on the same period last year. Overall there has been a minimal increase of 31 patients delayed 100% this month compared to September.

The number of patients without a documented target date now stands at 7.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

1. Reduce the numbers of patients waiting for a follow up appointment.
2. Reduce the length of time patients are waiting for new & follow-up appointment.
3. Transform the way outpatient services are delivered (and that these are sustainable).

The projects that will underpin and support the achievement of these include:

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Impact to be seen from Nov onward as we roll out wider validation across the ILG's, 300 patients per ILG per week to be validated from mid Nov.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from Dec figures in identified specialties as pathways are in development for implementation.
- FU Validation – Administrative validation of waiting lists with a focus on the 100% delayed for an appointment. Small scales but has started across HB.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently around 30,795 for those two specialties.

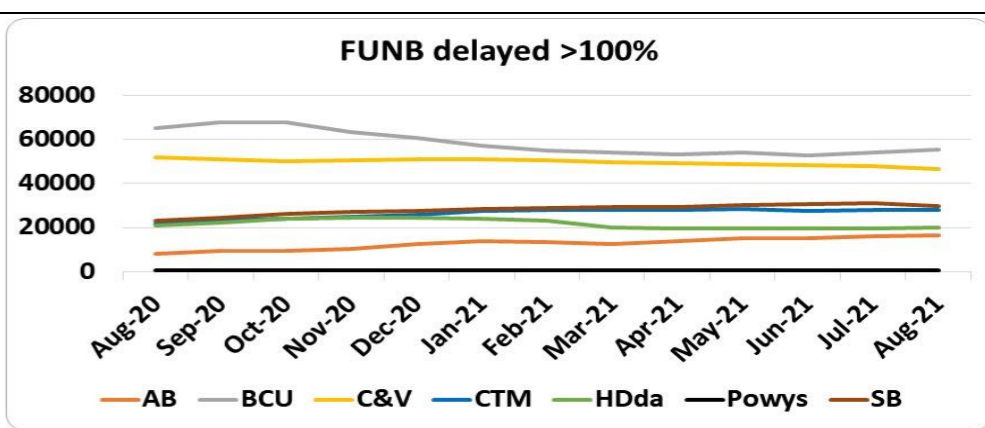
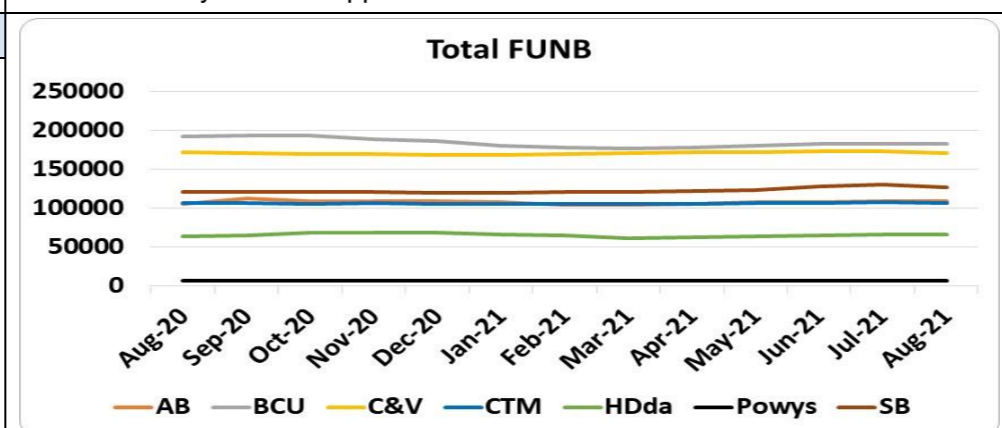
Outpatient activity levels continue to be below pre-Covid levels with the October figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 15,053 – Pre-Covid average 2019/20: 18,186
- Total Follow-up Patients seen: 29,610 - Pre-Covid average 2019/20: 40,500

How do we compare with our peers?

Pressures in follow up waiting lists continue to be felt across the whole of NHS Wales, with very little movement in the total follow up position for any health board. We are engaged in monthly all Wales meetings through the Outpatient Steering Group, a sub section of the National Planned Care Board where progress and new initiative ideas are shared and discussed.

There is a real focus on developing appropriate advice and guidance links between primary and secondary care and this remains a key focus alongside developing SOS/ PIFU pathways across specialties and are pleased to report this workstream has now started with a member of staff in post to progress this.



Emergency Unit Waits – October 2021 (Provisional Position)

Number of Attendances

15,346

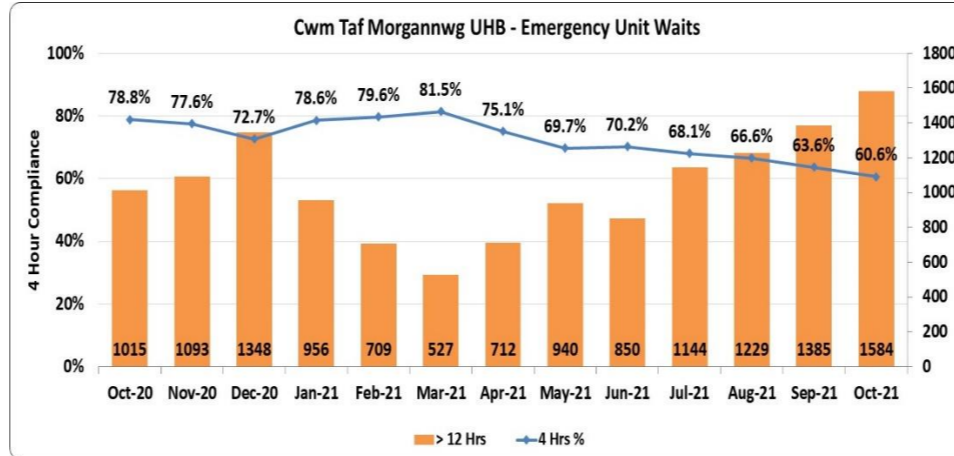
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

60.6%

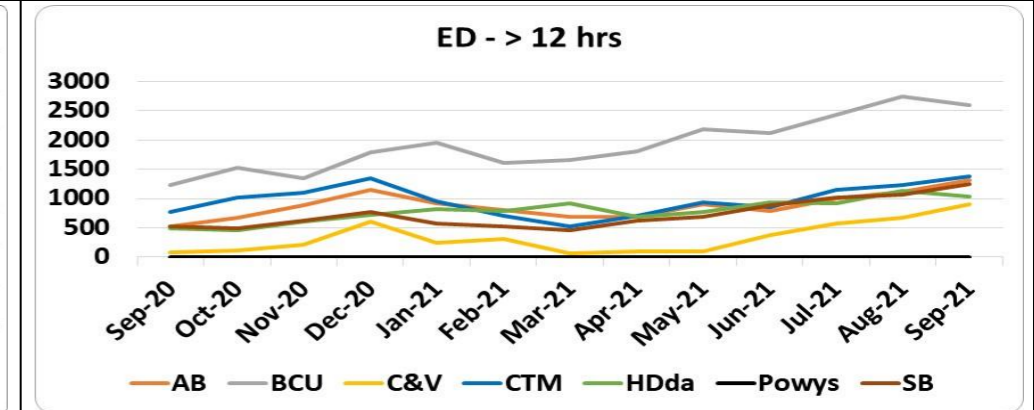
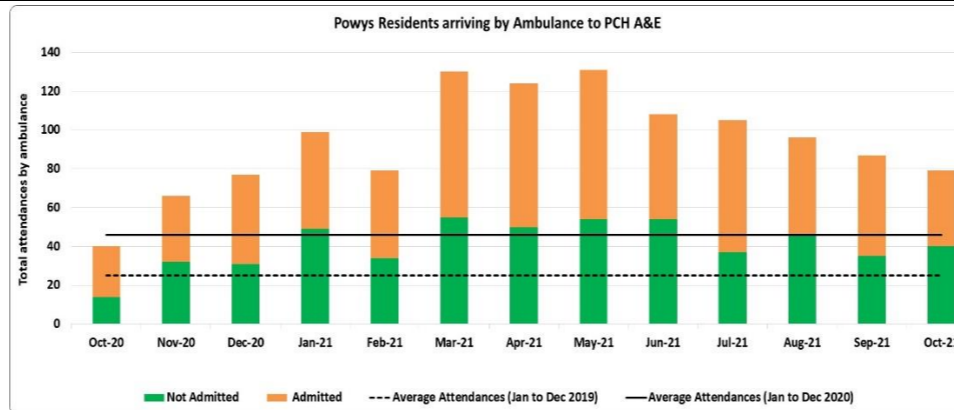
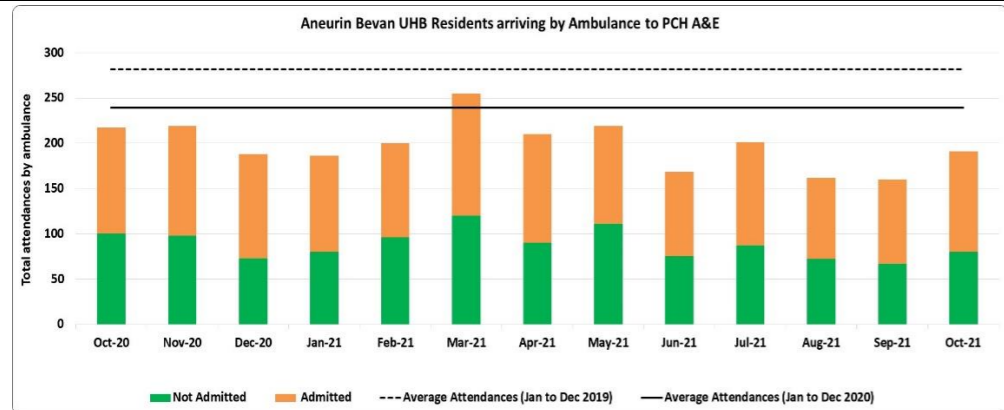
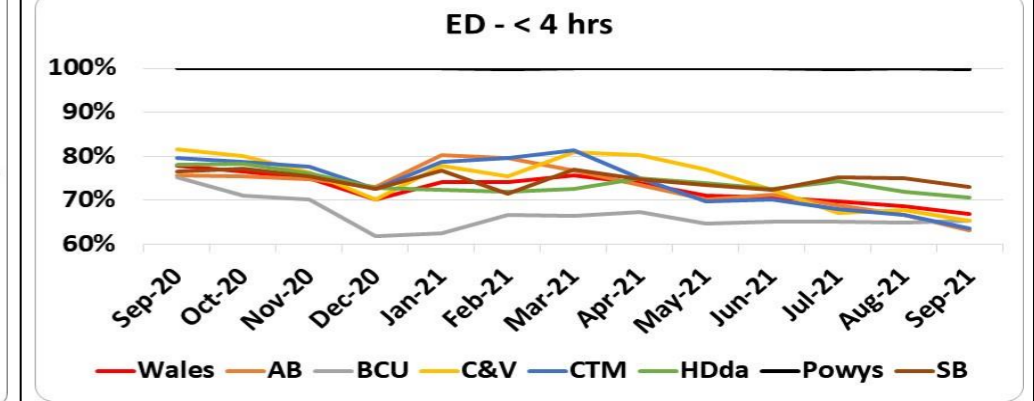
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

1,584

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Oct-20	3973	78.4%	445	2861	79.6%	130	3740	74.9%	440	11241	78.8%	1015
Nov-20	3784	79.0%	385	3578	75.9%	267	3462	74.2%	441	11383	77.6%	1093
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4990	65.5%	340	15657	66.6%	1229
Sep-21	5083	51.6%	685	5215	74.5%	270	4912	61.4%	430	15641	63.6%	1385
Oct-21	5131	51.9%	642	5073	68.9%	332	4893	59.1%	610	15346	60.6%	1584



How do we compare with our peers?



How are we doing?

Further deterioration in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department was observed during October, with performance now at 60.6% (the lowest observed during the last 13 months). As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 51.9%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments also continued to increase by 199 on the previous month bringing the overall total to 1,584 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances were fewer in October (approx. 1.9%) from the previous month at 15,346, but remains high and is at a similar to that observed during the winter months of 2019/20.

The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,021.

What actions are we taking & when is improvement anticipated?

The findings from the HIW unannounced visit to PCH will be included in the Merthyr and Cynon Integrated Locality Group and Bridgend Integrated Locality Group Improvement Programme.

An action plan is being developed to mitigate risks around flow in the PCH ECC. Assessment of options around the possible redesign of the ECC to provide an improved care facility for patients and staff is ongoing.

Additional rooms acquired to absorb some of the demand for Minor Injury services have had a positive impact.

Efforts continue to increase Middle Grade cover in the ED to meet demand and to support junior staff.

A new ED Consultant roster has been agreed and will commence on the 22.11.21.

A Winter Plan is being developed; this is anticipated to have a positive impact on the UHB's efforts towards lowering emergency unit waits.

What are the main areas of risk?

The emergency department manages an undifferentiated case mix, some of whom are very poorly and in a critical position, some of whom are very elderly and some who need treating with a lot of care and dignity. Flow through the department is critical to ensuring that all groups of patients are managed safely and to a high standard, with the implications of poor management ranging from far poorer clinical outcomes, lower levels of efficiency and reputational damage. Furthermore it leads to constraints for WAST and GPs, and patients being managed out-with the agreed care pathways.

Achieving flow is dependent on time sensitive alignment of capacity (both in regards clinical decision makers and treatment trolleys) and demand.



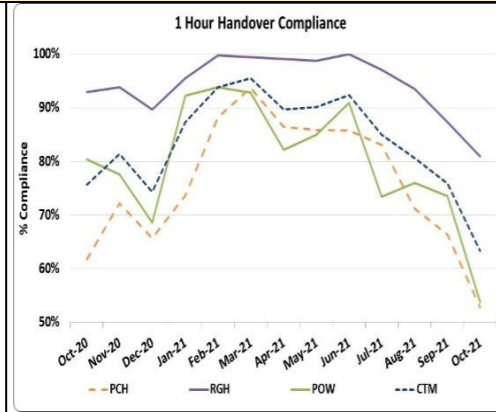
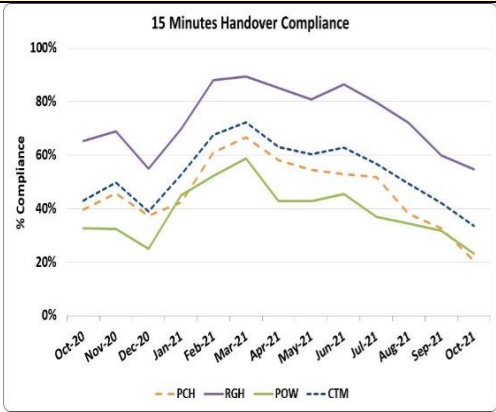
Emergency Ambulance Services – October 2021 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

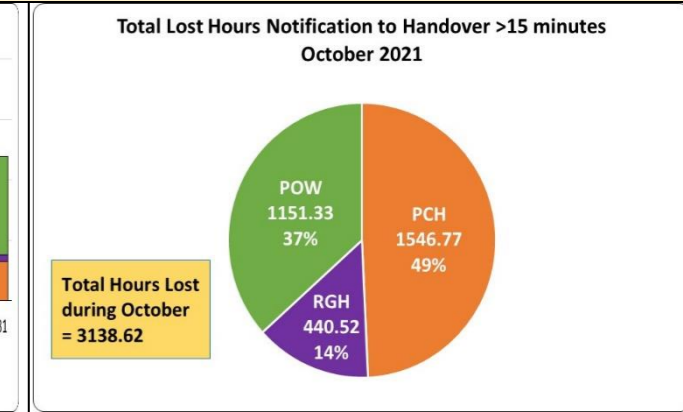
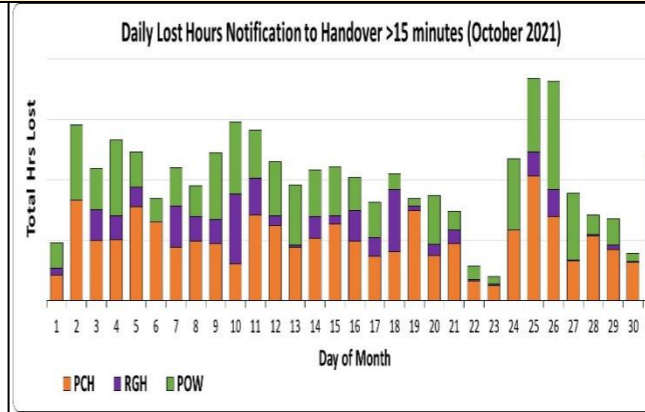
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,146 of which 722 handovers were within 15 minutes (33.6%)

788 handovers were over 1 hour (63.3% of handovers were within 1 hour)



Period	PCH			RGH			POW			CTM		
	Handover s	15 Mins %	1 Hour %	Handover s	15 Mins %	1 Hour %	Handover s	15 Mins %	1 Hour %	Handover s	15 Mins %	1 Hour %
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	877	69.0%	93.8%	753	32.5%	77.6%	2500	49.9%	81.4%
Dec-20	883	37.4%	65.7%	807	54.9%	89.7%	824	25.1%	68.6%	2514	39.0%	74.3%
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%



How are we doing? What actions are we taking?

The CTM 15 minute handover compliance fell further this month to 33.6% from 42.1% in September. For the 1 hour handover time, PCH compliance fell to 52.8% (66.3% in September) with 375 breaches; the highest number of breaches seen since October 2020 (400), with POW falling to 53.8%, the lowest level seen in almost 2 years (264 breaches). RGH achieved 80.9%, a further decline in compliance, from 87.3% in September, recording a total of 149 breaches. The number of Ambulance conveyances was just under 2% lower than in September bringing the total to 2,146.

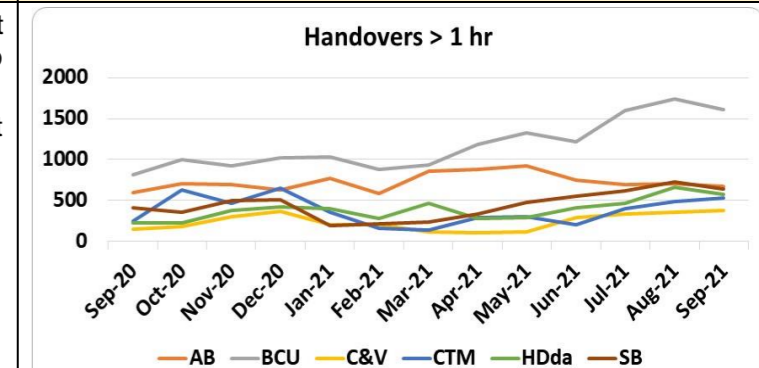
It is important that when ambulance crews handover the care of patients to our emergency units, that this is done swiftly so that ambulances can be released back into the community; consequently the delays during October resulted in over 3,138 lost hours to the ambulance service. PCH was the main contributor to the lost hours, accounting for almost 50% of those lost hours, POW 37% whilst RGH accounted for 14% as depicted in the top right chart.

What actions are we taking & when is improvement anticipated?

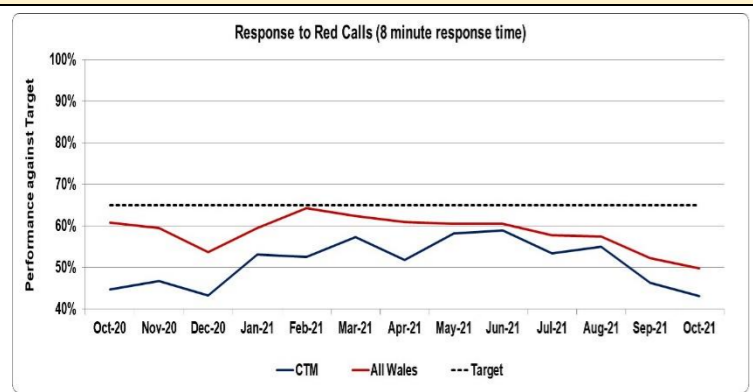
As per the Emergency Department section, the unscheduled care improvement programmes and the anticipated improvements in flow are significant to achieving lower handover delays.

A Winter Plan has been developed; this is anticipated to have a positive impact on the UHB's efforts towards achieving lower handover delays.

How do we compare with our peers?



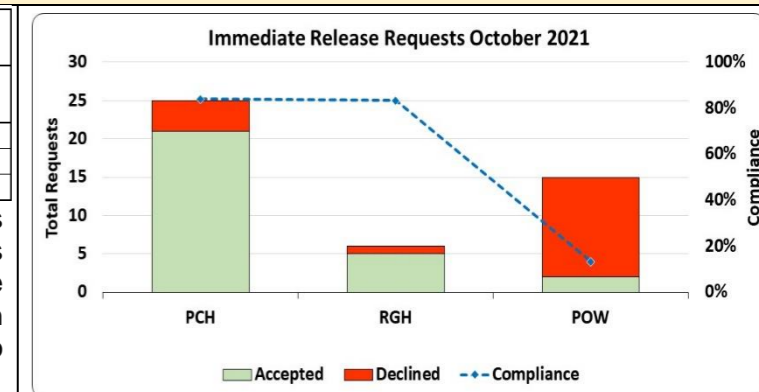
Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% Compliance October 2021 – 43.2%



Period	WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)											
	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%	389	207	53.2%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%

Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326 6.8
RCT	241,264 5.0
Bridgend	147,049 4.7

The table above highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.



How are we doing?

Response to Red Calls

Due to the significant and sustained pressures faced by our ambulance services response times fell further during October to 43.2% (46.3% in September) and is at its lowest level since December last year. The Welsh average fell from 52.3% to 49.9% and has remained below target for the past year. CTM performance for the last twelve months averages out at 51.3%.

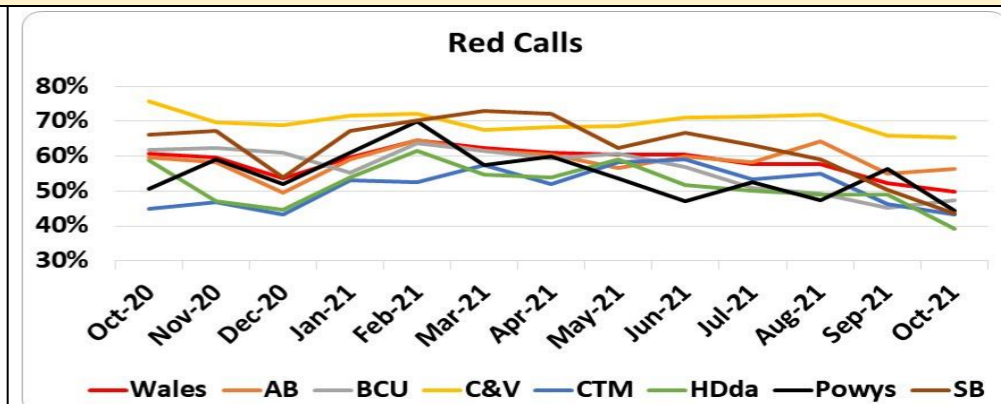
Red Call Volumes shown in the central table continue to increase, with 623 observed in October being a 13 month peak.

Immediate Release Requests (shown centre right) where a WAST crew is currently with a patient at hospital be released to respond totalled 46 during October with 61% (28) of those requests for immediate vehicle release were compliant. Both PCH and RGH were 84% compliant with POW just 13.3%.

How do we compare with our peers?

CTM ranked 6th out of all the health boards in Wales, at 43.2%.

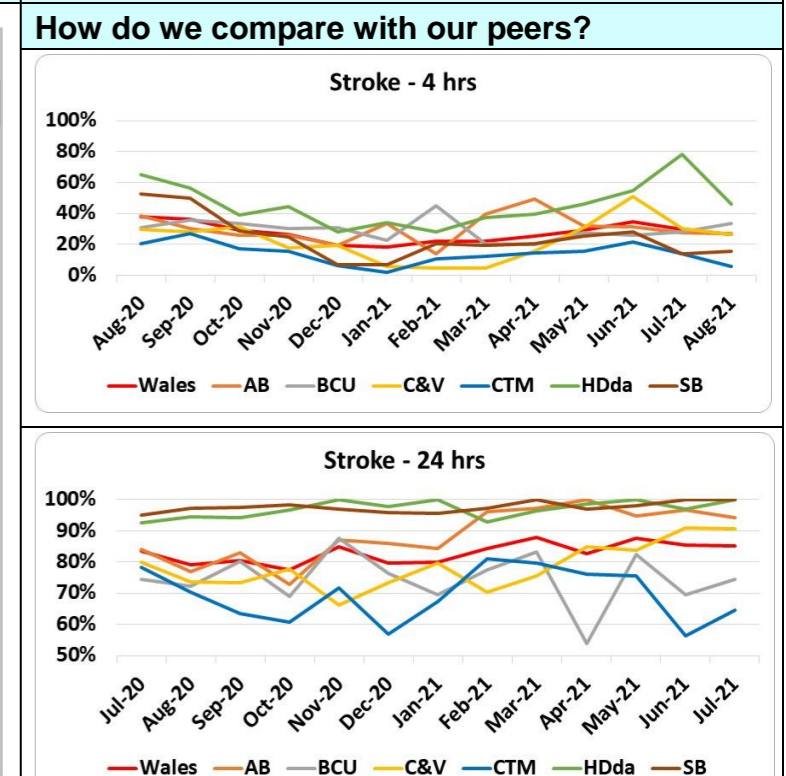
Response times remain better in the dense urban areas, with Cardiff and Vale achieving 65.3% compliance and worse in the more geographically challenging areas, with Hywel Dda receiving the poorest response times at 39.2%.



Stroke Quality Improvement Measures (QIMs) – September 2021

% compliance with direct admission to an acute stroke unit within 4 hours	% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
9.6%	25.0%	50.0%	76.2%

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%
Jun-21	29.8%	60.0%	55.1%	61.2%	4.5%	50.0%	0.0%	90.9%	21.7%	57.1%	54.9%	70.4%
Jul-21	18.8%	66.7%	64.6%	64.6%	9.7%	0.0%	51.6%	64.5%	15.2%	36.4%	59.5%	64.6%
Aug-21	7.0%	33.3%	61.4%	72.7%	4.2%	25.0%	44.0%	68.0%	6.0%	28.6%	55.1%	71.0%
Sep-21	14.9%	33.3%	53.2%	72.3%	2.8%	20.0%	45.9%	81.1%	9.6%	25.0%	50.0%	76.2%



How are we doing?

The UHB is failing to meet any of the stroke quality improvement measures, and has struggled to provide effective stroke pathways throughout the Covid pandemic.

However there has been some increase in performance against the 24 hour stroke consultant review target in both stroke units compared to July, with some variation month on month. This reflects the funded 5 day Consultant service being put in place.

Achievement of the 1 hour CT scan remains around the 40-50% mark in POW although median time to CT over the previous 3 and 12 months is 51 and 54 minutes respectively. There is targeted improvement work ongoing to increase overall compliance.

4 hour admission to the PCH stroke unit remains a significant challenge with overall flow challenges on the site

Due to the low numbers, the percentage of patients' thrombolysed in 45 minutes each month continues to be extremely variable.

What actions are we taking & when is improvement anticipated?

The CTM Stroke Planning Group has agreed a number of short term actions which we intend to implement by end of March 2022. These complement medium and long term actions which will would require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:

- Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow.
- Review of transfer policy from RGH to PCH for stroke patients
- Maintaining weekly MDT meetings
- Ensure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectively
- Staff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise needed
- Closer links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transfer
- Increase in therapy / quiet space in PCH and POWH to improve therapy input to reduce LOS and improve performance against SSNAP therapy target
- Assessment of long term demand capacity.

The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.

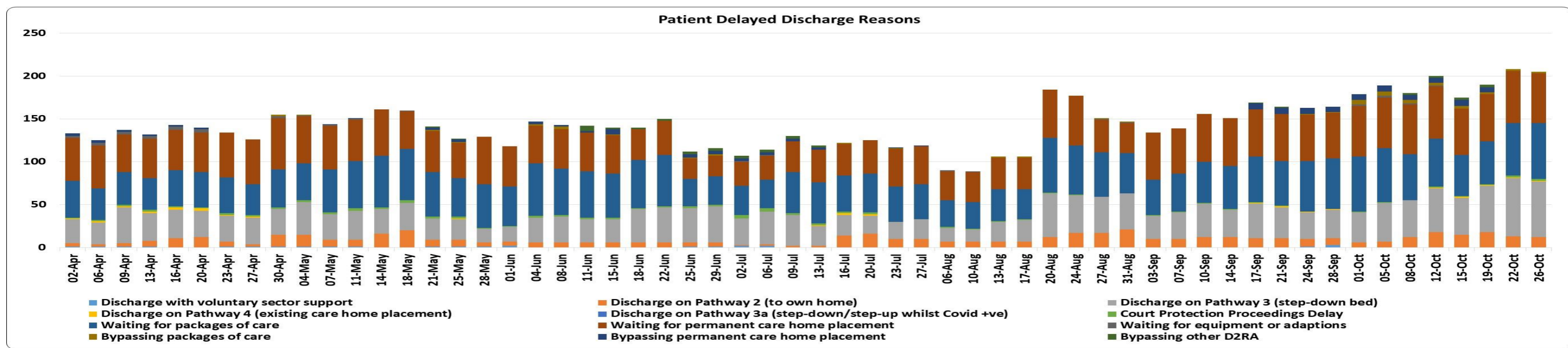
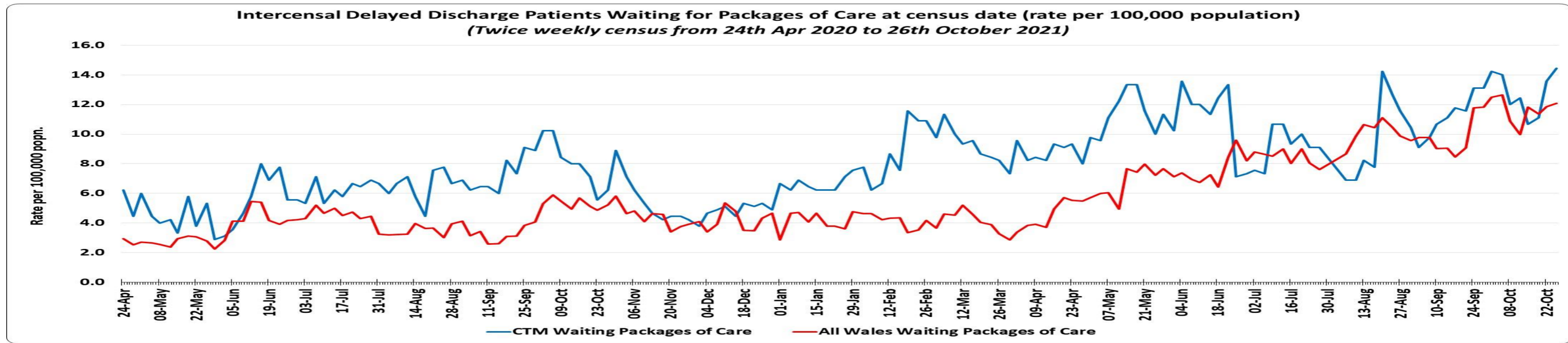
In addition to the above bullet points and the longer term strategic aims, Public Health Wales are undertaking a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.

What are the main areas of risk?

The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.

The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of ILGs.

A further risk is in the UHB's ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.



How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (bypassing the Discharge to Recover then Assess Pathways – D2RA) has risen since July and presently stands at 14.6 delays per 100,000 population (c.65 individuals). This is higher than the national rate which is 12.1 per 100,000 population.

The bottom chart shows the total number of patients currently awaiting their next stage of care and is c.205 individuals. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. Just recently there has also been an increase in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility (step-down bed).

What actions are we taking & when is improvement anticipated?

We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase

This is a national issue and WG have a strategic work stream looking at this. Internally CTM are working with all three Local Authorities to try and address this or find alternatives. There is perceived to be no easy solution to this and as such the environment is considered to present a significant risk to patient experience, outcomes and effective care delivery especially as we move towards the winter months.

What are the main areas of risk

Provision for individuals who are elderly and have mental illnesses remains limited in the independent sector and is impacting on our discharges. Sadly, some of these individuals are extremely complex and there are limited options available.

Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 “red homes” and so closed to admissions, leaving availability of beds limited.

To date providers have been receiving hardship monies to support the voids and this has tapered off from September; we are unsure if this will have any impact.



Single Cancer Pathway (SCP) – September 2021

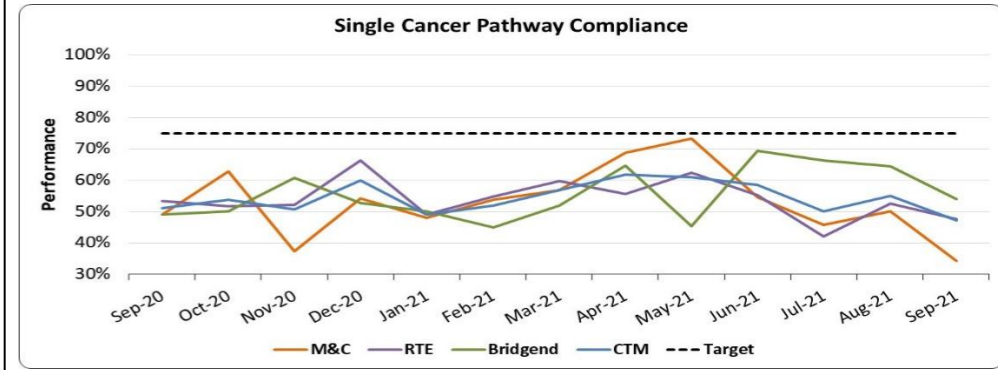
% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 47.3%**

Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - September 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	5	40.0%
Upper GI	8	18	44.4%
Lower GI	8	35	22.9%
Lung	20	33	60.6%
Skin (exc BCC)	25	32	78.1%
Brain/CNS	1	1	100.0%
Breast	19	31	61.3%
Gynaecological	1	9	11.1%
Urological	15	43	34.9%
Haematological	4	11	36.4%
Other	2	4	50.0%
Total	105	222	47.3%

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
September 2021												
Head and Neck				2	3	5				2	3	5
Upper Gastrointestinal	4	3	7	2	4	6	2	3	5	8	10	18
Lower Gastrointestinal	2	10	12	5	9	14	1	8	9	8	27	35
Lung	5	5	10	10	2	12	5	6	11	20	13	33
Sarcoma							0	0	0	0	0	0
Skin(c)							25	7	32	25	7	32
Brain/CNS				1	0	1				1	0	1
Breast				19	12	31				19	12	31
Gynaecological	0	5	5				1	3	4	1	8	9
Urological				15	28	43				15	28	43
Haematological				4	5	9	0	2	2	4	7	11
Other	1	0	1	1	2	3				2	2	4
Total Breaches	12	23	35	59	65	124	34	29	63	105	117	222
Overall Compliance			34.3%	Overall Compliance		47.6%	Overall Compliance		54.0%	Overall Compliance		47.3%



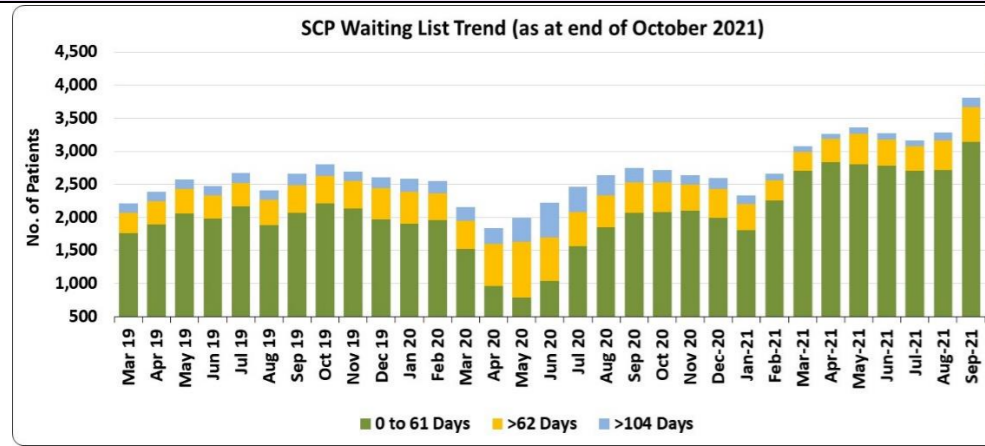
The Cwm Taf Morgannwg SCP performance for September fell to 47.3% from 55.0% in the previous month. Predicted performance for October currently is 45.5%. Breast have continued to improve along with improvement noted in H&N & Urology since last reporting period. All other sites have noted deterioration, with Gynaecology and Haematology deterioration being sustained.

37 out of the 117 breaches treated > 104 days. Urology (24%) continues to account for the greatest number followed by lower GI (23%). Significant factor in the breaches relate to delays at 1st OP and diagnostic stage.

Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April of this year, with September seeing the lowest at 47.3%; continuing to remain below the 75% target. This is predominantly attributed to the total number of patients at 1st OPA & diagnostics; accounting for 85% of all patients on the suspected cancer pathway

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days

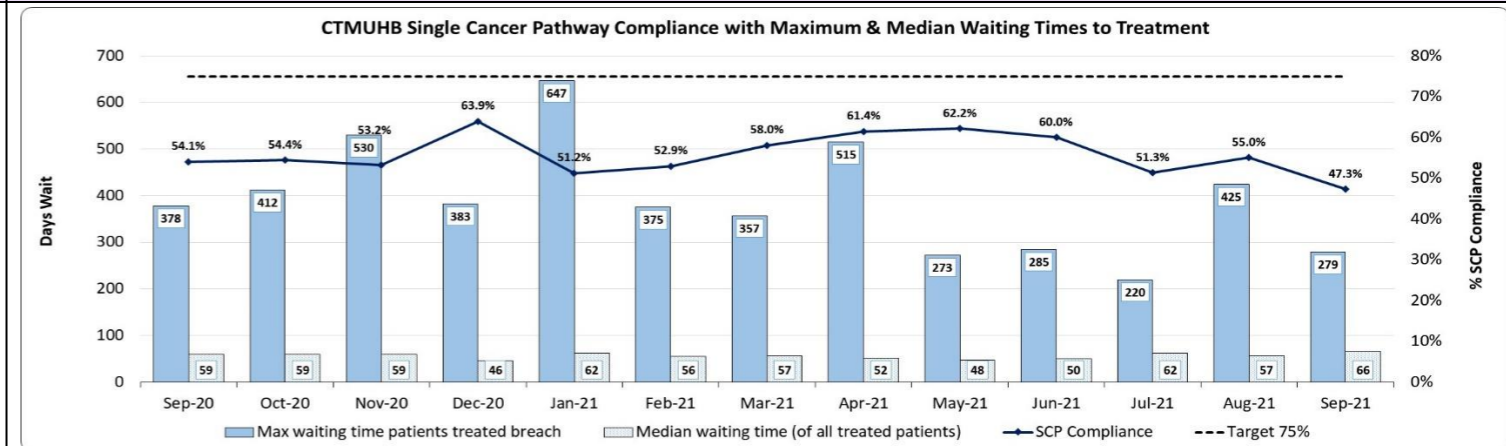
SCP Compliance detailing Maximum & Median Waiting Times to Treatment



Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	12	3	10
Lower Gastrointestinal	68	6	20
Lung	5	2	3
Gynaecological	79	29	55
Other	2		2
Grand Total	166	40	90

Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and Neck	16	3	6
Upper Gastrointestinal	14	5	8
Lower Gastrointestinal	51	18	19
Lung	3	1	0
Breast	23	7	2
Urological	62	12	46
Haematological	1		2
Other	1		2
Grand Total	171	46	83

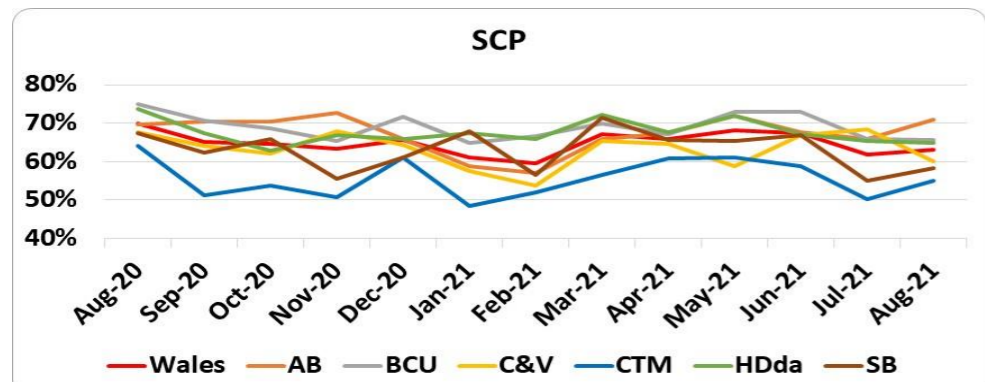
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	5	3	3
Lower Gastrointestinal	8	2	5
Lung	8		2
Sarcoma	1		2
Skin(c)	32	15	14
Gynaecological	3	1	1
Haematological	1	1	3
Other	2		1
Grand Total	59	22	29



How are we doing & how do we compare with our peers?

Performance against other HB's in Wales has not been published at the time of writing this report. There are currently 4270 active patients on the cancer tracker.

There is a continued focus on treating longest waiting patients but for the third consecutive month, we have seen an increase in the number of patients waiting over 62 and 104 days.



What actions are we taking & when is improvement anticipated?

RTE ILG – Developing Demand and Capacity models per specialty has been the focus along with the downgrade and upgrade policy for radiology and pathology.

MC ILG –Gynaecology consultants job planned for weekly MDM attendance. Post menopausal bleeding clinic secured subject to availability of USS which will streamline this cohort of patients. Evaluating the streamlining of referrals via newly developed triage form. Proposal put forward for revenue spend of cancer recovery fund to secure WLI clinics.

B ILG –Collaborative working and utilisation of RGH theatres has assisted in reducing lower GI backlog. Discussions with cancer lead and primary care underway to assist compliance with Fit 10, in addition to further planned discussions with BSW around pathway improvements.

What are the main areas of risk?

- Performance challenges continue for LGI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such non-compliance significantly impacts CTM's overall SCP position.
- A further increase of 9% in patients at 1st OP stage on last months, accounting for 65% of all active patients on the SCP.
- Continued sustained rise in total volume of actives patients on SCP; increased by 46% since Jan 21, 36% in last 3/12.
- Month on month deterioration in the number of patients waiting above 62 and 104 days for their first definitive treatment.
- 20% of all patients at diagnostic stage.
- Predicted performance for October is 45.5%, which not only is non-compliant with the SCP 75% measure, but is the worst performance on record for CTM.
- Implementation of Wrapper / Canisc replacement.
- Noncompliance with the upgrade / downgrade SOP continues, resulting in not all SCP patients being captured and tracked
- Increased cancelled cancer operations.



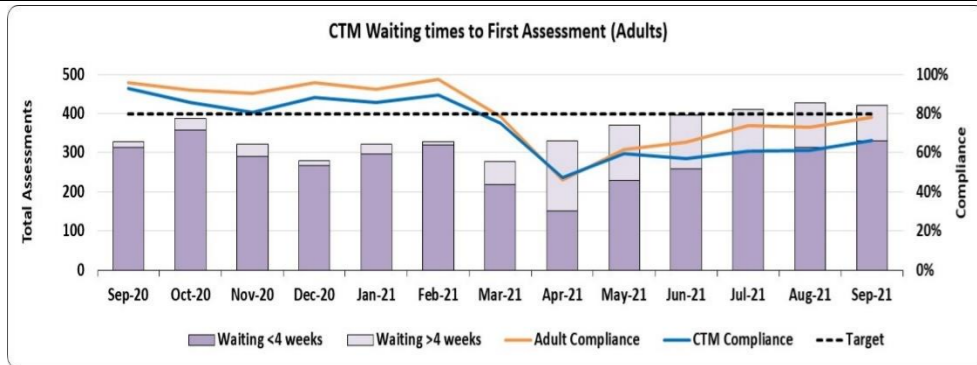
CTM Mental Health Compliance detailing the Adult Mental Health Services – September 2021

% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%

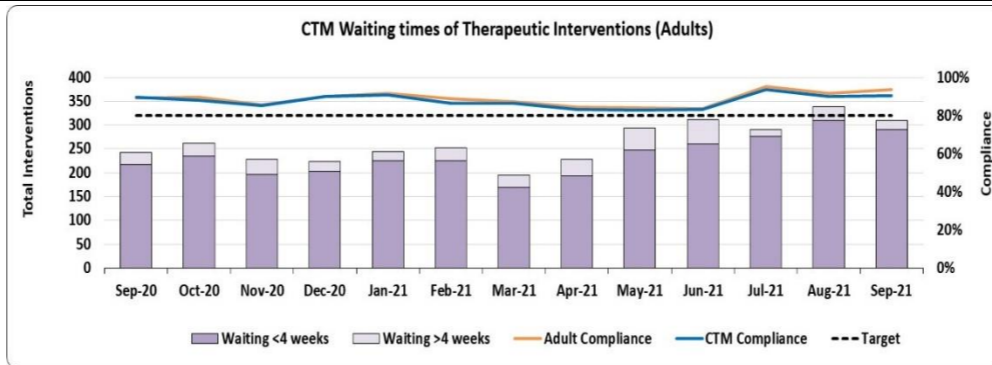
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%

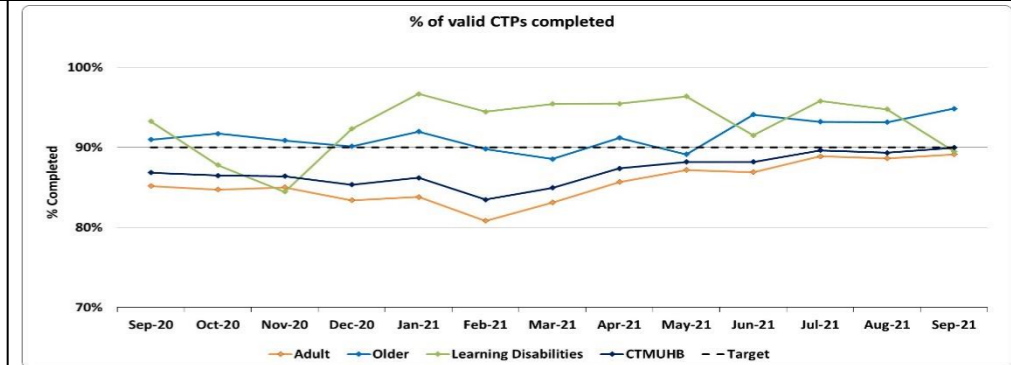
Part 1a – CTM 66.3% (Adults 78.2%)



Part 1b – CTM 90.4% (Adults 93.5%)



Part 2 – CTM 90.0% (Adults, Older & LD 90.5%)



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. CTM compliance for September improved to 66.3% with the adult services also improving to 78.2% from 73.1% in the previous month. Overall, referrals rose in September by 308 on the previous month bringing the total to 1,120. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during September amounted to 938; an increase of 216 on August's total.

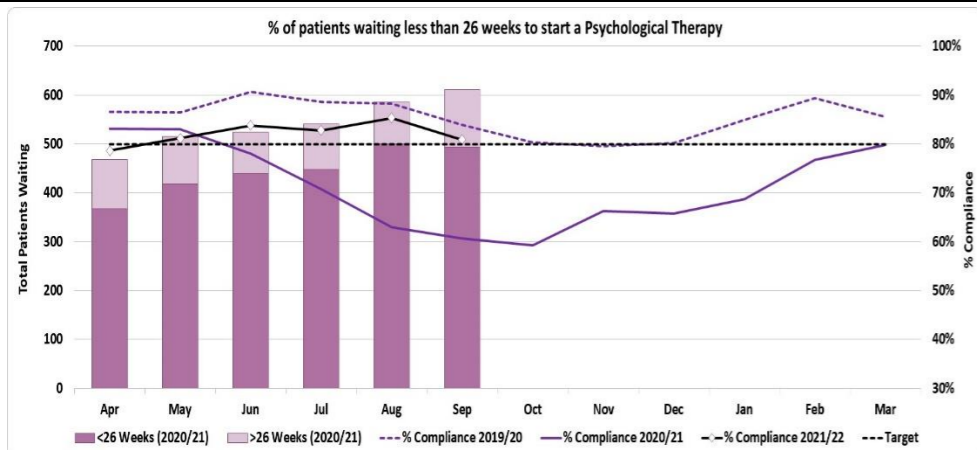
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS remained fairly static at 90.4% during September and continues to be above the 80% target. The adult services improved to 93.5% from 91.7% in the previous month.

Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved marginally to 90.0% during September; attaining the 90% target. This is the first time compliance has been reached since September 2019.

The total number of interventions fell slightly this month to a total of 334 from 350 in August with the pre-Covid average being 357 per month. The total adult interventions during September were 310, of which 290 started within 28 days.

Part 3: There were no requests for an assessment under Part 3 of the Mental Health Measure during September.

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - September 80.9%



How are we doing & what action are we taking?

Part 1a compliance increased in September 21 to a 6-month high as recovery interventions continue to make improvements. Merthyr ILG has improved to a low of 12.5% compliance in April-21 to a high of 97.9% compliance in September-21 whilst also seeing continued increase in activity. Part 1b remains well above target compliance despite elevated activity levels.

When improvement anticipated and what are the main areas of risk?

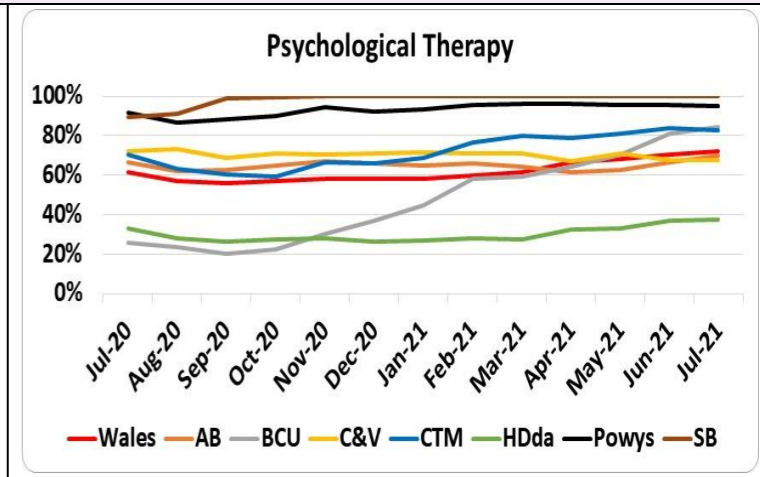
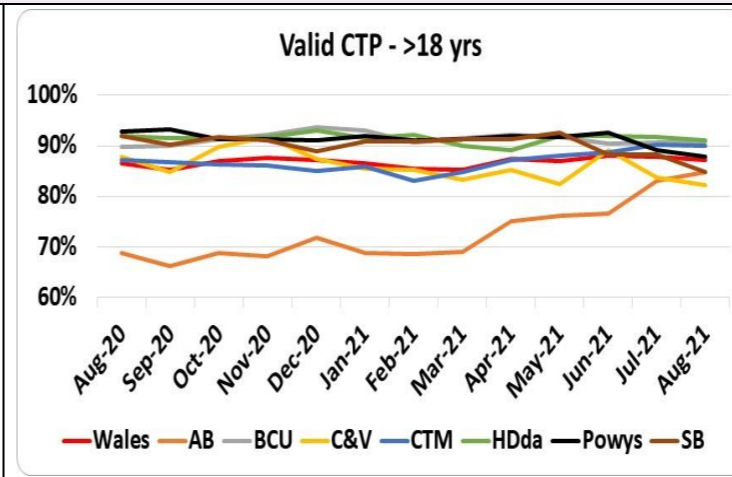
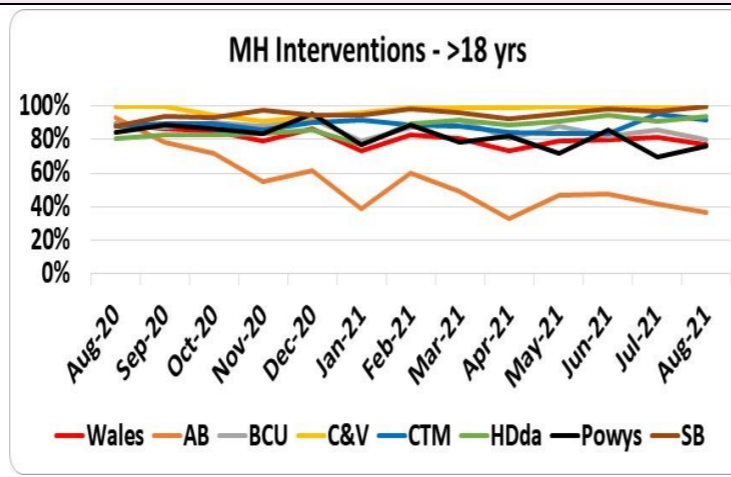
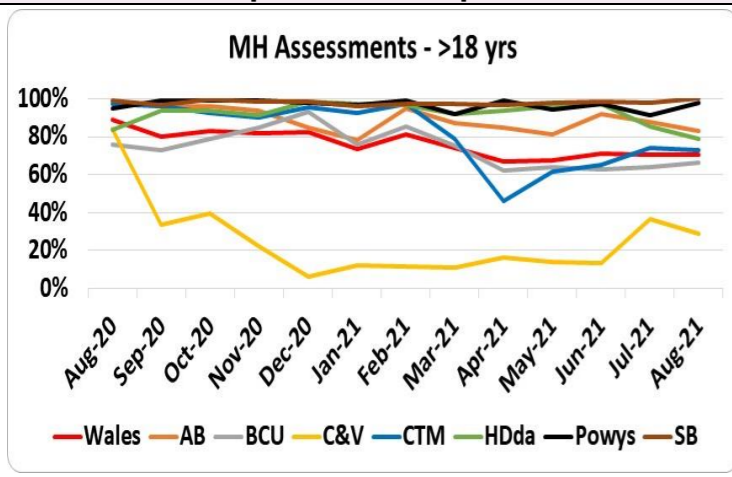
Part 1a improvement interventions started in April 21 and will continue. Compliance is anticipated to continue to rise in the coming months.

Part 2 compliance has increased slightly to 89.7% to a 6 month high and just below the target of 90%. The focus on non-compliant hot spot areas continues to try and elevate compliant to target.

The main risks to improving compliance continues to be elevated staff sickness levels whilst activity levels continue to increase.

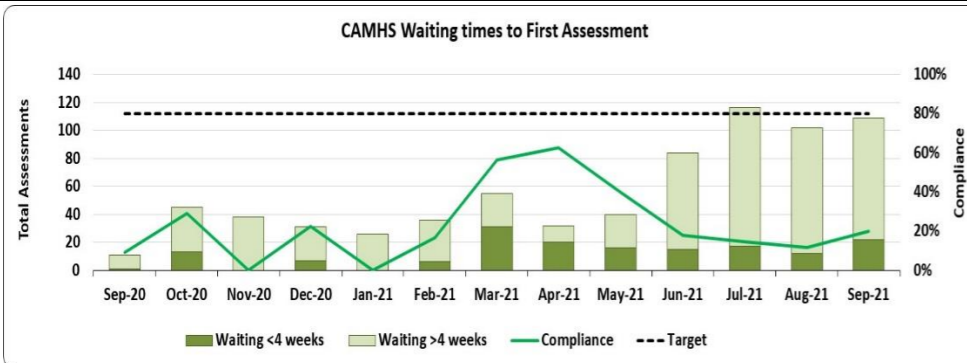
Psychological Therapies are presently meeting the compliance target but mindful of continued increase in referrals. Recovery plans being developed across waiting list areas to reduce backlog and 2 x LTS staff have returned to further assist improvements.

How do we compare with our peers?



% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%

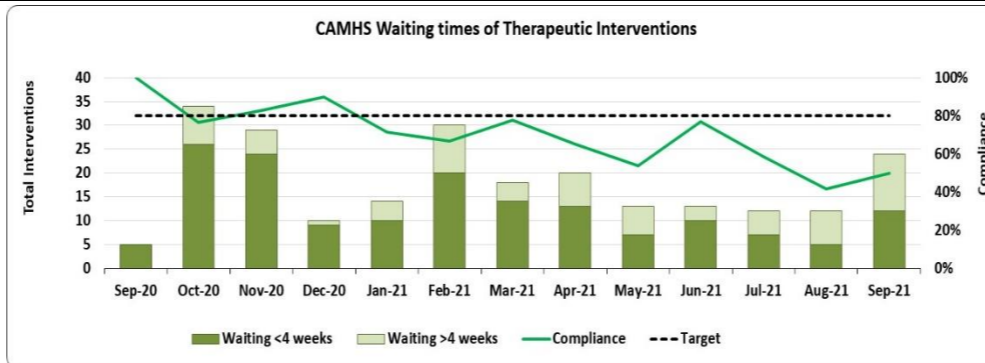
Part 1a – 20.2%



In September, just 20.2% of assessments were undertaken within 28 days of referral. WG's minimum expected standard is for 80%. The chart shows that in recent months CAMHS compliance has declined as waiting list volumes have increased from 30 in the summer to 109 currently. Demand is still higher than pre-covid levels, with 182 referrals received in September, which compares to the pre-covid average of 42 per month.

% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

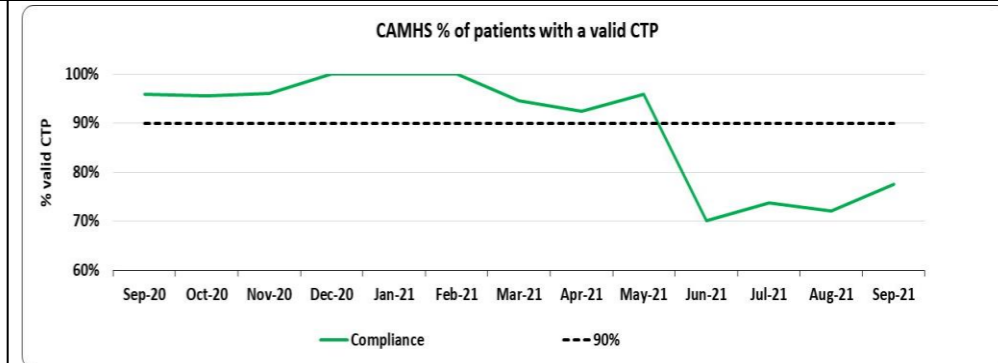
Part 1b – 50.0%



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to fall during September to 50.0% from 41.7% in the previous month and remains below the 80% target. The last time the target was met was in December of last year (90%). The total number of interventions doubled this month to 24, with 12 of those patients receiving intervention within 28 days.

% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%

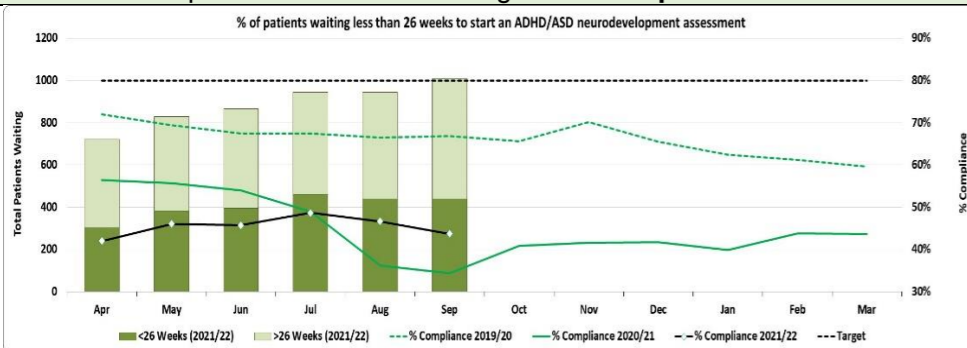
Part 2 – 77.5%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a small improvement during September to 77.5% from 72.2% in August and remains below the 90% target.

Part 3: There were no requests for an assessment under Part 3 of the Mental Health Measure during September.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - **September 2021 – 43.7%**



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in September falling further to 43.7% from 46.7% in August. The total waiting list volume continues to grow and now stands at 1,007 patients, from 700 at the end of April.

How are we doing & what actions are we taking?

There has also been an expected increase in demand since September into October with the acuity of the presentation of the CYP remaining high and in particular anxiety and low mood presentations. There has been a recent increase in demand for the Crisis Service with CYP presenting with Suicidal Ideation and Self Harm. An additional assessor post has been recruited to increase new patient capacity. The service are currently in the process of setting up a Planned Care Recovery scheme to improve Part 1A compliance.

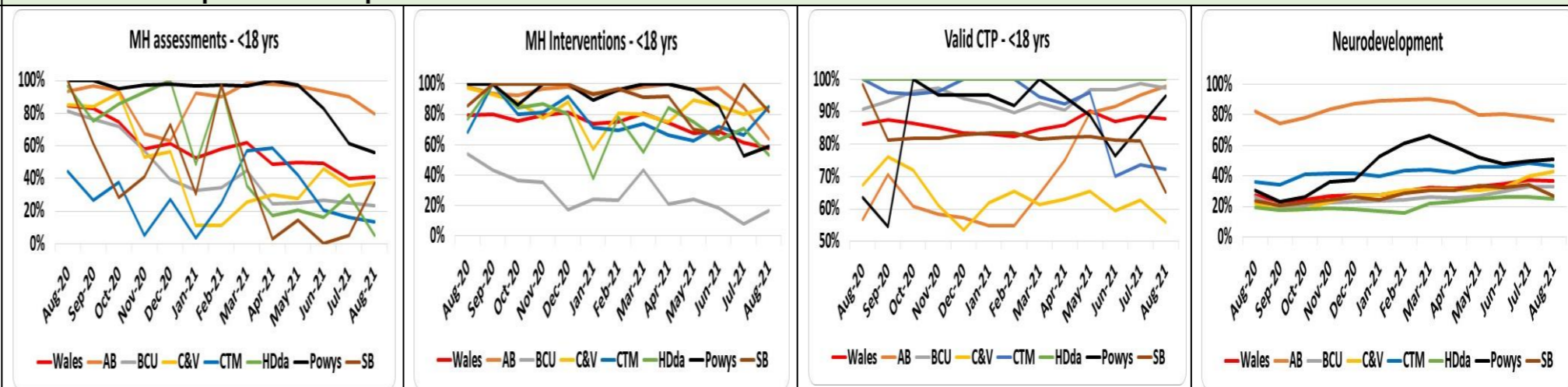
The Locality Management team have rolled out Part 2 training to all staff groups. Patients presenting with higher levels of need and risks should be identified as Relevant Patients and in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan has subsequently increased within the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The uptake of Consultant Connect is poor at present, work around promoting this service is ongoing. The recruitment to the Eating Disorder Team and 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment) is ongoing. The services has also been awarded funding to develop an In-Reach Service to integrate a whole-system, regional approach to developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed. Recruitment to all new posts is currently underway.

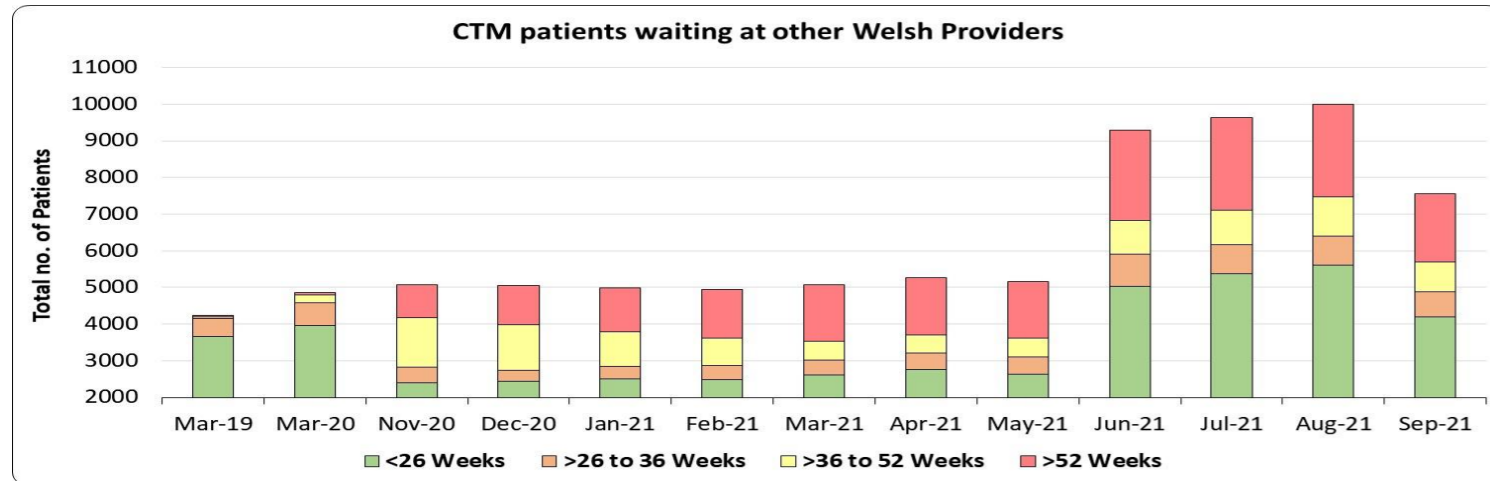
What are the main areas of risk?

- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment and Retention - Recent WG investment has meant that neighboring HB will also be recruiting at this time.

How do we compare with our peers



CTM Patients Waiting for Treatment at other Welsh Providers – *Please note that w.e.f. from June 2021, Swansea Bay UHB have applied a LHB residents code to their waiting list submission that has had the impact of revealing an increase in the number of CTM residents waiting for treatment at SB that were previously regarded as being their own residents. This does not affect the management of the patients as they have been reported on SB waiting lists and will continue to do so until the patients are treated. Please note that 50% of the CTM patients on the SB waiting list were submitted with an incorrect LHB code, resulting in a temporary reduction in the number of patients displayed for September. This will be rectified for the next report.



Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at **other** Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty breakdown of the number of patients waiting.

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in September is approx. 3,606* (please note comment at the top of this page). The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 375 and there is just one patient waiting over 14 weeks for a therapy (Dietetics – C&VUHB).

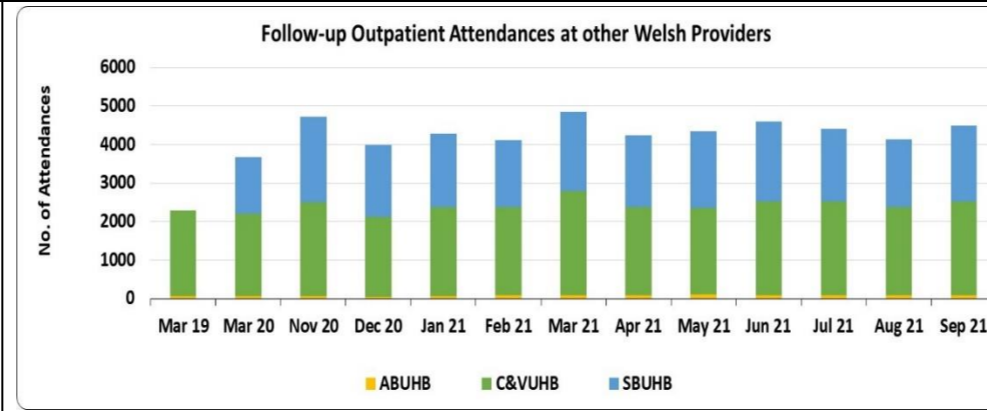
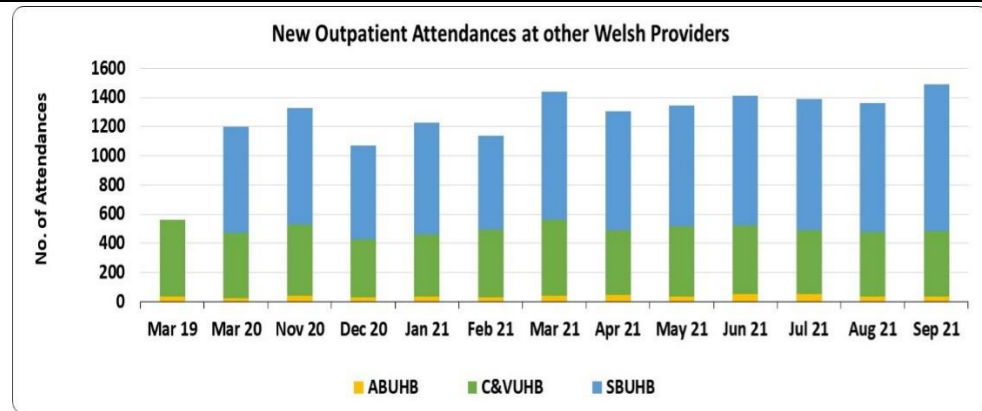
CTMUHB Patients waiting at other specific Welsh Providers RTT (September 2021)									
Specialty	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB				
	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks			
Trauma & Orthopaedics	136	589	11	62	32	172			
Ophthalmology	49	174	21	50	40	127			
Clinical Immunology And Allergy	18	72	4	22	29	90			
Oral Surgery	9	55	2	20	22	56			
ENT	16	39	7	16	13	31			
Gynaecology	8	33	2	7	3	18			
General Surgery	14	22	3	5	1	11			
Urology	9	22	3	0	2	8			
Neurology	202	18	1	0	2	8			
Cardiology	24	14	54	182	3	7			
Paediatric Surgery	13	14			0	3			
Dermatology	7	12			0	2			
Neurosurgery	12	11			2	2			
Paediatric Dentistry	12	10			2	1			
Paediatrics	5	8			0	1			
Dental Medicine Specialties	4	7			0	1			
Restorative Dentistry	1	3			0	1			
Cardiothoracic Surgery	1	2			0	1			
Pain Management	4	2			0	0			
Orthodontics	0	2			0	0			
Rheumatology	1	2			10	0			
Anaesthetics	5	1			50	0			
Respiratory Medicine	0	1			1	0			
Paediatric Neurology	1	0			50	0			
General Medicine	4	0			1	0			
Gastroenterology	3	0			1	0			
Grand Total	558	1113			212	540			

CTM patients waiting at specific health boards									
Specialty	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB				
	Number of Patients	% waiting at SB	Number of Patients	% waiting at SB	Number of Patients	% waiting at SB			
<26 Weeks	2694	56.0%	263	48.5%	1229	56.8%			
>26 to 36 Weeks	442	9.2%	43	7.9%	182	8.4%			
>36 to 52 Weeks	558	11.6%	54	10.0%	212	9.8%			
>52 Weeks	1113	23.2%	182	33.6%	540	25.0%			
Total Waiting	4807		542		2163				
% of Total Waiting	63.6%		7.2%		28.6%				

CTM Patients waiting for a Diagnostic at other Welsh Providers (September 21)									
Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB				
	Total Waits	>8 wks	Total Waits	>8 wks	Total Waits	>8 wks			
Radiology	151	18	36	31	358	259			
Cardiology	153	62	8	1	107	44			
Endoscopy	45	26	7	7	29	17			
Physiological Measurement	17	8	51	39	494	320			
Neurophysiology	18	2							
Imaging	4	0							
Total	383	116							

CTM Patients waiting for Therapy at other Welsh Providers (September 21)									
Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB				
	Total Waits	>14 wks	Total Waits	>14 wks	Total Waits	>14 wks			
Physiotherapy	18	0	14	0					
Dietetics	13	1	2	0					
Podiatry	2	0	1	0					
Audiology	2	0	17	0					
SALT	1	0							
Occupational Therapy	1	0							
Total	37	1							

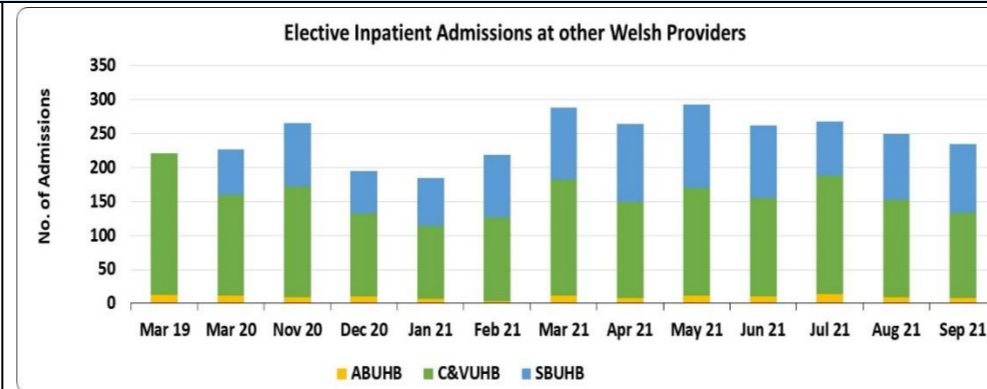
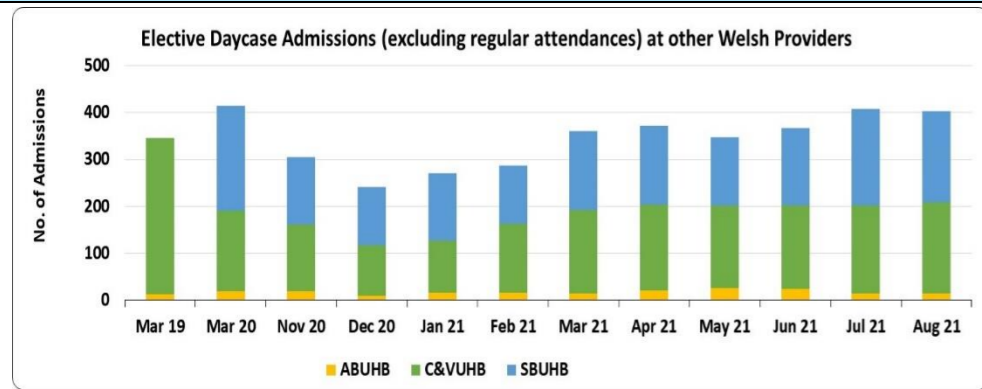
CTM Outpatient Attendances at other Welsh Providers



We are yet to receive the September Activity report from WHSSC. At the October WHSSC Management Group, a number of concerns/questions were raised by the CTM representative regarding the performance information.

Assurance was given in relation to Cardiac Surgery in Swansea, an additional weekly theatre list has been in place since August and a Locum Consultant has been appointed to aid recovery/backfill empty sessions. At end of Sept, they reported 10 patients waiting >36 weeks of which 3 were waiting > 52 weeks, which is an improvement on the 24 patients waiting >36 weeks at the end of August. For Neurosurgery which earlier reported long waits at outpatient stage, additional clinics are being held for both new and follow up patients and there has been a significant reduction in the waits for post-surgery follow up appointments.

CTM Elective Inpatients & Daycase Admissions at other Welsh Providers (please note Swansea Bay data not available for March 2019)



Assurances could not be provided for Paediatric Surgery in Children's Hospital for Wales, Cardiff in response to asking what systems are in place to monitor risks to those awaiting surgery and what communication has been made with those waiting. As reported for August, a significant number of patients are waiting over 52 weeks for treatment, with the highest numbers in the 0-4 age band. A recovery plan from C&V for Paediatrics is still outstanding.

A breakdown of the waiting times for CTM patients across the main WHSSC specialities has been provided but is not currently in a format that is easily shared so work on this continues.

2.5 Finance update - Month 7

2.5.1 Background

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on 'Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021 consists of three elements:

- The core plan
- Covid response
- Planned care recovery

2.5.2 Month 7

At M7, we are reporting a small underspend of £0.47m. Actual expenditure to M7 on delegated budgets was showing a £4.4m overspend and this was offset by a £4.87m underspend on Non Delegated budgets to give a small underspend of £0.47m. Significant reserve funding has been phased into the M7 position to cover costs reported within the delegated position but where funding has not yet been released into delegated budgets.

Revenue Performance	Year to Date £'m	Annual Forecast £'m
Under/(Over) spend	0.47	0

2.5.3 Savings Performance

The actual savings to M7 of £6.9m includes Delegated savings of £5.5m plus non-delegated savings of £1.4m relating to a VAT recovery in M5. The actual savings in M7 was only £0.9m. If this level of savings continues for the next 5 months, the total savings for 21/22 would only be £11.4m. A further step up in savings is therefore needed in order to deliver the forecast savings of £13.0m.

2.5.4 Forecast Outturn

The Health Board is anticipating slippage of up to £8.45m against the recently confirmed allocations for Planned Care recovery Tranche 2 (£7.7m), PACU (0.6m) and Community checks (0.2m). However, WG have indicated that they do not intend to take back this funding in 21/22 and

asked health boards to redeploy funds internally, or with partners, to maintain broader resilience across the local health and care system.

The Health Board is therefore continuing to forecast a break even position at M7, whilst we continue to explore redeployment options. Any redeployment of resources will need to have a measurable impact in the recovery context with appropriate board approval.

In addition, the impact of the November Pay Advisory Notices re bank and overtime payments needs to be evaluated and factored into our pay forecast. This could result in significant upward movement in monthly pay costs.

2.5.5 Underlying Position

The forecast recurring deficit has deteriorated to £50.1m at M7 (M6: £39.3m). The movement from M6 includes a deterioration in the forecast recurrent savings of £1.5m plus other recurrent overspends of £9.3m. WG have requested information on the forecast recurrent deficits going into 22/23 as part of their review of the underlying deficit and recurrent positions across NHS Wales. The Health Board submitted its response on 5 November and is awaiting further discussions with WG.

This level of underlying deficit represents a significant concern, especially given the challenging resource outlook for 2022-23. There needs to be a clear focus to increase recurrent savings plans and reduce the impact going into next financial year.

2.5.6 Capital

The Capital Resource Limit for 21/22 currently stands at £72.3m. Actual spend to M7 is £26.9m, giving a reported underspend compared to the revised plan of £1.8m. This is mainly due to slippage on the PCH Ground & First Floor scheme.

The Health Board is continuing to forecast a breakeven position against the CRL for 2021/22.

2.5.7 Key actions

The key actions include:

- All budget holders to urgently sign off their budget schedules for 2021/22.
- Urgent work is needed in explore options to redeploy resources to utilise the anticipated slippage on the new allocations for planned care recovery etc.

- Evaluate impact of the November Pay Advisory Notices re bank and overtime payments
- Feedback from WG on the Health Board's £2.8m funding assumptions for SDEC and Think 111 first.
- Addressing the significant M7 YTD overspends on pay, non pay and income noted in Section 6.4 which total £7.1m.
- Finalising the trackers for monitoring the reductions in the annual leave carried forward at the end of 2020/21 and the associated impact on the annual leave provision for 21/22.
- Identification of additional savings plans to close the forecast recurring savings gap of £9.5m.
- Finalising the recurrent sustainability plan for Transformation and ICF schemes in 2022/23.
- Noting the deterioration in the forecast recurrent position from 2022/23 onwards and the need to develop recovery plans to address this deterioration.

Full details of the Month 7 position are provided in the M7 Finance report.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The following issues/risks have been identified in relation to the **Quality** quadrant:
- 3.3** As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.
- 3.4** Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.
- 3.5** An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.
- 3.6** Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not yet assessed
Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.