



**AGENDA ITEM**

6.1

**CTM BOARD**

**INTEGRATED PERFORMANCE DASHBOARD**

**Date of meeting**

(26/05/2022)

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Jose Roper – Senior Performance Monitoring Officer

**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**

Strategic Leadership Group

20/04/22

Choose an item.

**ACRONYMS**

AMU

Acute Medical Unit

C.difficile

Clostridium difficile

CAMHS

Child and Adolescent Mental Health Services

CTM

Cwm Taf Morgannwg

CTP

Care and Treatment Plan

CYP

Children and Young People



DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToc	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MDT	Multidisciplinary Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
NPT	Neath Port Talbot
ONS	Office for National Statistics
OoH	Out of Hours
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PADR/PDR	Personal Appraisal and Development Review
p-CAMHS	Primary Child and Adolescent Mental Health Services
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMO	Programme Management Office
POW	Princess of Wales
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
PU	Pressure Ulcers
QIA	Quality Impact Assessment
QIM	Quality Improvement Measures
RCS	Royal College of Surgeons
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIOF	Single Integrated Outcomes Framework
SIs	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
WAST	Welsh Ambulance Service NHS Trust
WCP	Welsh Clinical Portal

WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

## 1. SITUATION/BACKGROUND

- 1.1** This report sets out the UHB's performance against the Welsh Government's (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. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

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 of its thirty one performance measures and is making progress towards delivering a further one (previously two). There remains twenty seven measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

Welsh Government have indicated that Quadruple Aim metrics (Strategic Scorecard) will be continuing into 2022/23 incorporating the Ministerial Priorities. It is anticipated that the continuation of the framework will be formalised by end of May/early June.

## 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 11	Variance from Plan				Indicators	Apr-22	Mar-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	63.6%	46.0%	75%	●
	£m	£m	£m	£m		Mar-22	Feb-22	Target	RAG
Pay	0.86	1.50		40.7	Single Cancer Pathway	45.3%	51.4%	75%	●
Non-Pay	-1.14	5.20			Thrombolysis for Eligible Stroke Patients within 45 Minutes	21.4%	50.0%	100%	●
Income	-0.25	0.40				Apr - Mar 22	Apr - Feb 22	Target	RAG
Efficiency Savings	0.43	3.10		10.7	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	86.70	88.19	67/100k population	●
Non-delegated (including WG allocations)	-0.17	-10.80			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	26.68	25.75	20/100k population	●
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	33.46	33.04	25/100k population	●
Total	-0.27	-0.60	0	44.5		Apr-22	Mar-22	Target	RAG
					Total number of Nationally Reportable Incidents	4	8		
					Number of Formal Complaints Received	84	87		
					Number of Compliments Received	60	25		
					Falls Causing Harm (Moderate/Severe/Death)	23	13		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	1	3		
					Total number of instances of hospital acquired pressure ulcers	104	94		
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	6	22		
					Total number of instances of Community Healthcare acquired pressure ulcers	117	172		
					Number of Never Events in Month	0	0	0	●
PERFORMANCE					PEOPLE				
Indicators	Apr-22	Mar-22	Target	RAG	Indicators	Apr-22	Mar-22	Target	RAG
A&E 12 hour Waiting Times	1,781	1,901	Zero	●	Turnover	14.70%	12.26%	11%	●
Ambulance Handover Times within 15 mins	23.1%	25.7%	Annual Improvement	●	Exit Interview by Leaver	0.0%	2.1%	60%	●
RTT 52 Weeks	34,411	33,849	Zero	●		Mar-22	Feb-22	Target	RAG
Diagnostics >8 Weeks Waits	15,427	14,284	Zero	●	Sickness Absence Rate (in month)	7.5%	7.1%		●
% of Stage 4 Urgent Patients Clinically Prioritised	6.4%	6.7%	100%	●	Sickness Absence Rate (rolling 12 month)	7.6%	7.3%	4.5%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	29,023	28,845	19,606 by 2023	●	Return to Work Compliance	44.5%	43.2%	85%	●
	Mar-22	Feb-22	Target	RAG		Apr-22	Mar-22	Target	RAG
Mental Health Part 1a - CAMHS	46.9%	50.4%	80%	●	Fill Rate Bank	12.6%	34.0%		●
Mental Health Part 1b - CAMHS	56.4%	43.3%	80%	●	Fill Rate On-contract Agency (RNs)	50.6%	33.3%	90%	●
Admission to Stroke Unit within 4 hrs	7.6%	10.4%	SSNAP Average 46.8%	●	PDR	51.9%	52.9%		●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Jan-22	Dec-21	Target	RAG	Statutory and Mandatory Training - All Levels	58.5%	58.5%	85%	●
	90.1%	90.0%	90%	●	Statutory and Mandatory Training - Level 1	66.1%	66.1%		●
Delayed Discharges waiting for packages of care rate (D2RA/bypassing D2RA) per 100,000 population (at census date)	26-Apr	29-Mar	All Wales Average	RAG	Job Planning Compliance (Consultant)	26.0%	27.0%	90%	●
	15.6	15.6	10.3	●	Job Planning Compliance (SAs)	18.0%	18.0%		●
					Direct Engagement Compliance (M&D)	80%	80%	100%	●
					Direct Engagement Compliance (AHPs)	81%	84%	100%	●
					RN Shift Fill by Off-contract	3032.0	3174.0	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%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	2019/20	27.8%
% of children who received 2 doses of the MMR vaccine by age 5	95%	Q3 21/22	98.1%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	Q1-Q3 2021/22	91.6%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q3 21/22	Q2 21/22
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q3 21/22	3.30%
Uptake of influenza vaccination among:	75%	2020/21	2020/21
65 year old and over	55%	2019/20	2019/20
under 65's in risk groups	75%	2018/19	2018/19
pregnant women	60%	2017/18	2017/18
health care workers	60%	2017/18	2017/18
% of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%	2019/20	2019/20
Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%	2018/19	2018/19
Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%	2018/19	2018/19
% 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%	Mar-22	Mar-22
% 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	2019/20

**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	2019/20
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q2 21/22	Q1 21/22
% of adults regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q2 21/22	Q1 21/22
% 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%	Jan-22	Dec-21
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Jan-22	Dec-21
Number of ambulance patient handovers over 1 hour	Zero	Apr-22	Mar-22
% 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%	Apr-22	Mar-22
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	Apr-22	Mar-22
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Jan-22	Jan-21
% 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	Jan-22	Jan-21
% 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 46.8%	Mar-22	Feb-22
% of stroke patients who receive mechanical thrombectomy	10%	Feb-22	Jan-22
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%	Feb-22	Jan-22
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	Mar-22	Feb-22
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	Apr-22	Mar-22
Number of patients waiting more than 14 weeks for a specified therapy	Zero	Apr-22	Mar-22
% of patients waiting less than 26 weeks for treatment	95%	Apr-22	Mar-22
Number of patients waiting more than 36 weeks for treatment	Zero	Apr-22	Mar-22
Number of patients waiting for a follow-up outpatient appointment	51,739	Apr-22	Mar-22
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	10,256	Apr-22	Mar-22
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	Mar-22	Feb-22
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	2020/21	2019/20
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	Mar-22	Feb-22
% 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)	80%	Mar-22	Feb-22
% 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)	80%	Mar-22	Feb-22
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%	Mar-22	Feb-22
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%	Mar-22	Feb-22
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopmental assessment	80%	Mar-22	Feb-22
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Mar-22	Feb-22
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 S.aureus bacteraemia: 20 per 100,000 population C.difficile: 25 per 100,000 population	Apr-21 to Mar-22	Apr-21 to Feb-22
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp: <69 cases P. aeruginosa: <25 cases	Apr-21 to Mar-22	Apr-21 to Feb-22

**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	2020/21	2019/20
Overall staff engagement score	Annual Improvement	2020	2019/20
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADRI)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Apr-22	Mar-22
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Apr-22	Mar-22
% of sickness absence rate of staff	12 Month Reduction Trend	Mar-22	Feb-22
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	2019/20

**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	2020/21	2018/19
% 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%	Apr-22	Mar-22
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q3 21/22	Q2 21/22
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies	Q3 21/22	Q2 21/22
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Feb-22	Jan-22
% 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	Mar-22	Feb-22
% 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	12 Month Improvement Trend	Mar-22	Feb-22
All new medicines recommended by AWMMSG 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 AWMMSG appraisal recommendation	100%	Q2 21/22	Q1 21/22
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20	Q2 21/22	Q1 21/22
% of secondary care antibiotic usage within the WHO Access category	55%	Q1 21/22	Q4 20/21
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction	Q1 21/22	Q4 20/21
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction	Q1 21/22	Q4 20/21
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q1 21/22	Q4 20/21
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	Q1 21/22	Q4 20/21
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q2 21/22	Q1 21/22
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Mar-22	Feb-22
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Feb-22	Jan-22

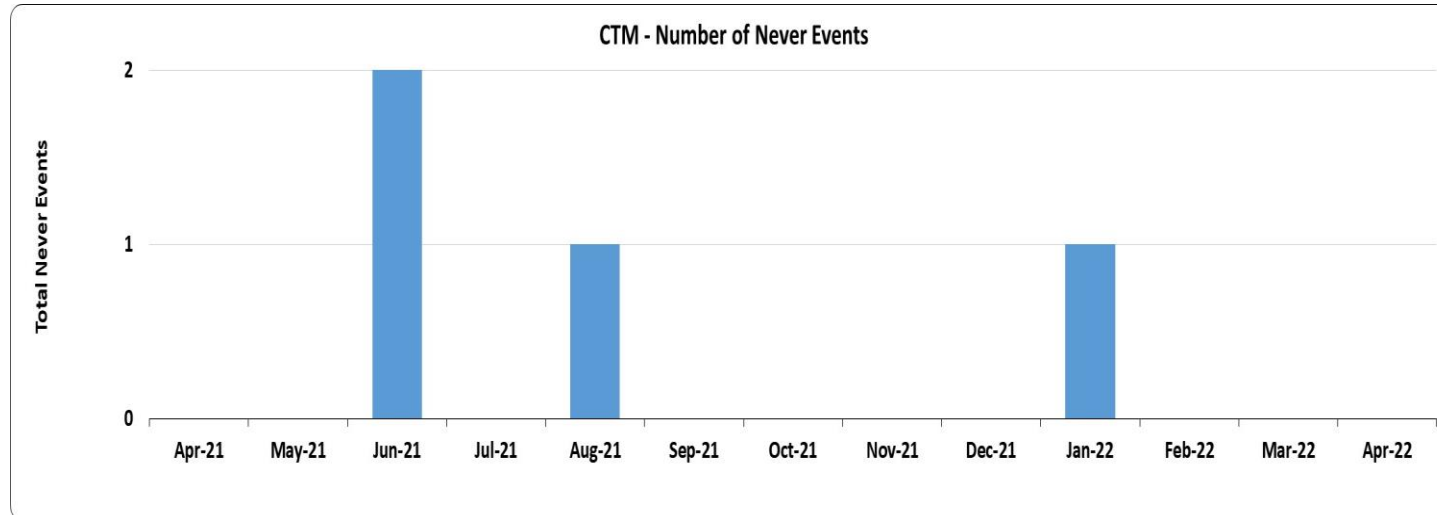
## 2.2 Quality

### Never Events & Serious Incidents

#### Never Events

Number of Never Events – April 2022

**0**



There were no never events reported for April 2022 and in total 4 reportable events have been observed during the past twelve months.

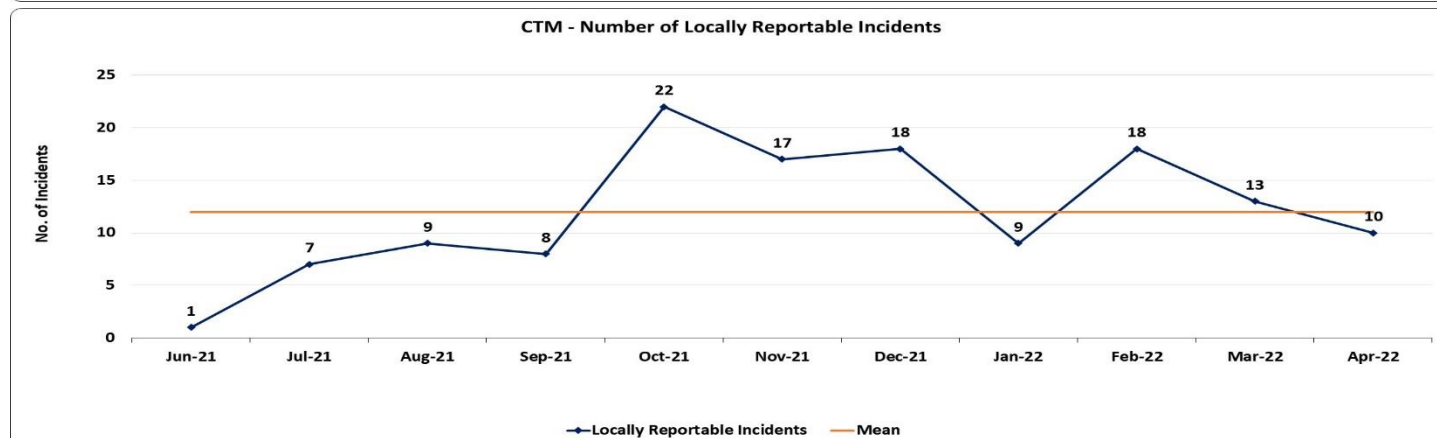
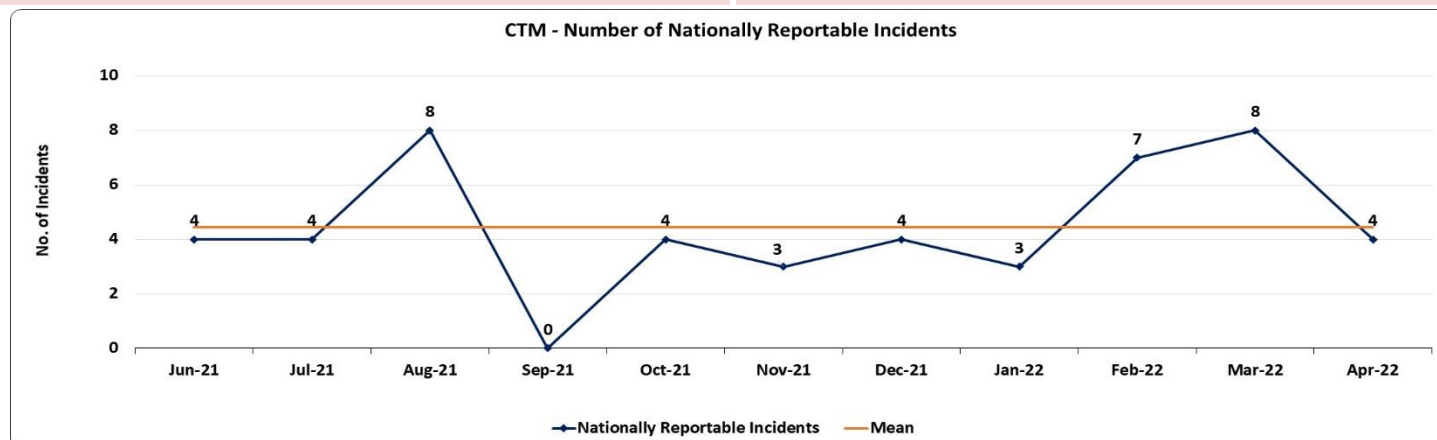
#### Nationally / Locally Reportable Incidents

Number of Nationally Reportable Incidents – April 2022

**4**

Number of Locally Reportable Incidents – April 2022

**10**



Number of Patient Safety Incidents – April 2022

**1,601**

During April 2022 there were 1,601 patient safety incidents reported on Datix across the Health Board. Of these, 4 were Nationally Reportable Incidents, 2 relating to maternity two to treatments.

A further 10 were graded as locally reportable incidents.

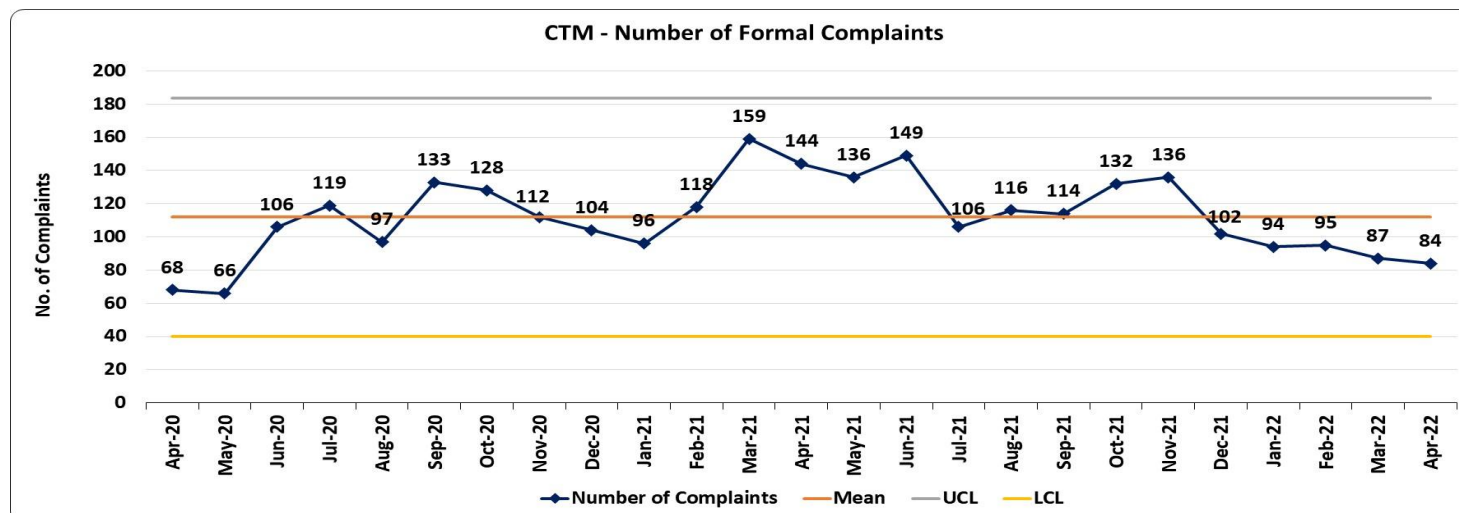
Type of Nationally Reportable Incidents	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Total
Delays				2			2		2		4	2		13
Unexpected or Trauma Related Death	2		2		2			1				1		8
Slip, Trip or Fall	0	1	2	1	1						1	1		7
Medication	1		2									1		4
Pressure Damage							1	2		1				4
Infection		1	1		2									4
Neo-Natal Event							1					2		3
Treatment Error					2				1					3
Unexpected Complications										1		1		2
Maternal Event					1						1			2
Admission / Transfer / Discharge			1							1				2
Absconding			1							1				2
Radiological Investigations	1	1												2
Organisational - Failure to follow Policy/Procedure											1			1
Personal Incident - Personal injury attributed to clinically related challenging								1						1
Incorrect Surgical Procedure			1											1
Communication	1													1
Patient injury				1										1
Treatment, Procedure													2	2
Maternity adverse occurrence													2	2
Grand Total	5	3	10	4	8	0	4	4	4	4	7	8	4	65

## Complaints & Compliments

### Complaints

Number of formal complaints managed through PTR – April 2022

**84**

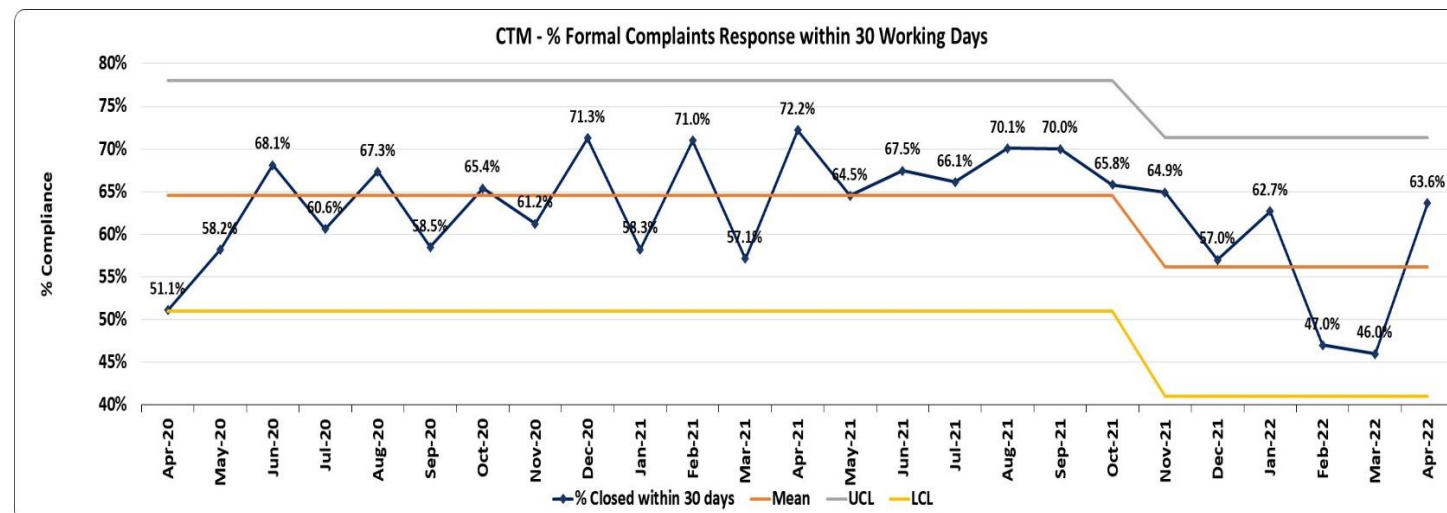


During April 2022, 84 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. For those complaints received during this period, the top five themes relate to clinical treatment/assessment (47), communication issues (8), attitude & behaviour (4), appointments (7) and discharge issues (6).

April saw an improvement in the response rate to complaints within 30 working days achieving 63.6%, but remaining under the target threshold of 75%. This has been compounded by the redeployment of staff to assist with the Covid vaccination programme and other workforce issues. The review of the operating model gives the opportunity to establish a concerns triage process to ensure all concerns are managed in the most effective way for the patient/family and the Health Board. In time this should yield an increase in early resolutions and a reduction in formal complaints, allowing more capacity to investigate and respond to formal complaints in a timely manner. A more detailed thematic analysis is due to commence to fully understand the themes and trends of complaints in order to target learning and improvements more effectively.

% formal complaints response within 30 working days – April 2022

**63.6%**

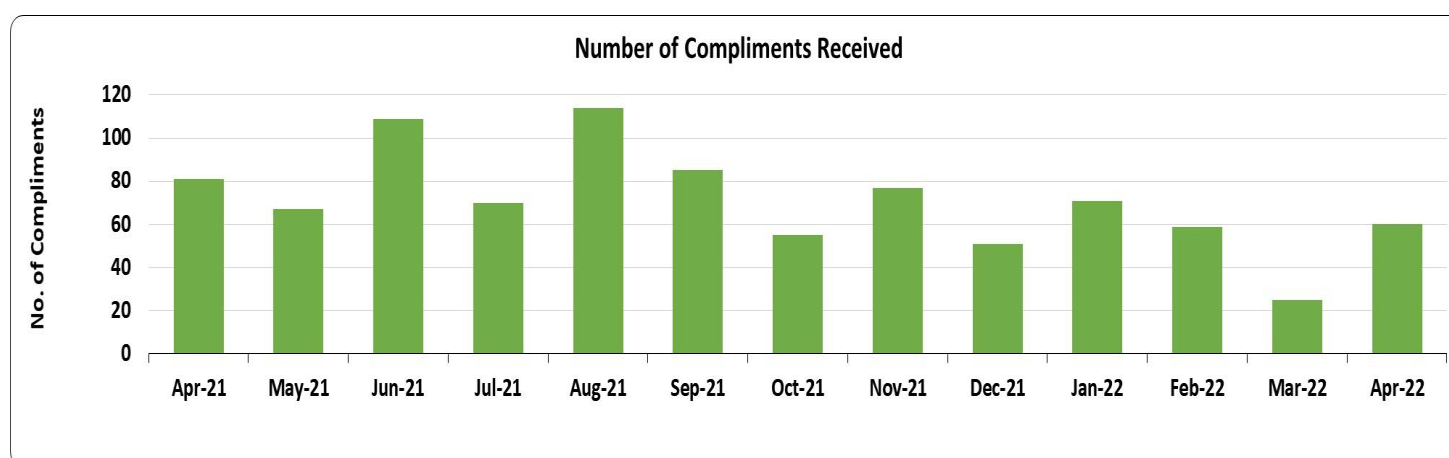


Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Total
Clinical treatment/Assessment	0	41	48	45	57	64	37	51	54	45	47	489
Communication Issues (including Language)	43	22	13	16	21	16	17	10	15	14	8	195
Attitude and Behaviour	0	10	20	8	16	11	5	7	4	8	4	93
Appointments	0	12	9	10	8	19	13	6	7	5	7	96
Discharge Issues	0	4	7	9	5	7	15	8	6	6	6	73

### Compliments

Number of compliments – April 2022

**60**



During April 2022, there were 60 compliments recorded on the Datix system; more than double the amount received in the previous period. During the past twelve months, the average number of compliments received each month has been around 70.



## Medication Incidents & Mortality Rates

### Medication Incidents

Total Medication Incidents – April 2022

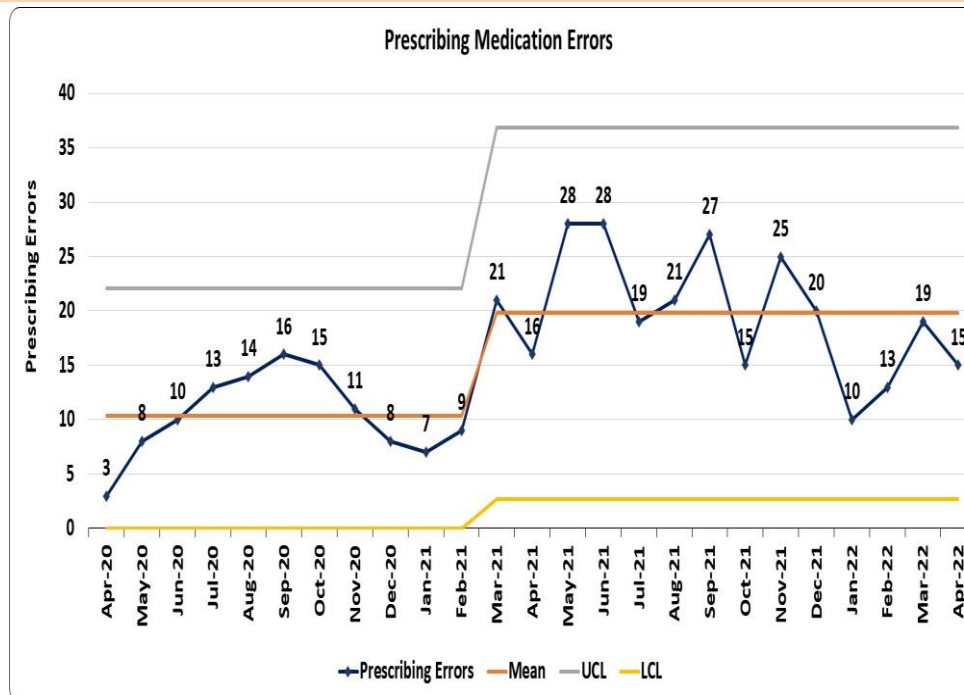
**72**

There were 72 medication incidents reported for April 2022 and of those incidents reported, none caused severe harm.

The number of Medication and administrative errors remains fairly stationary as shown in the control charts to the right.

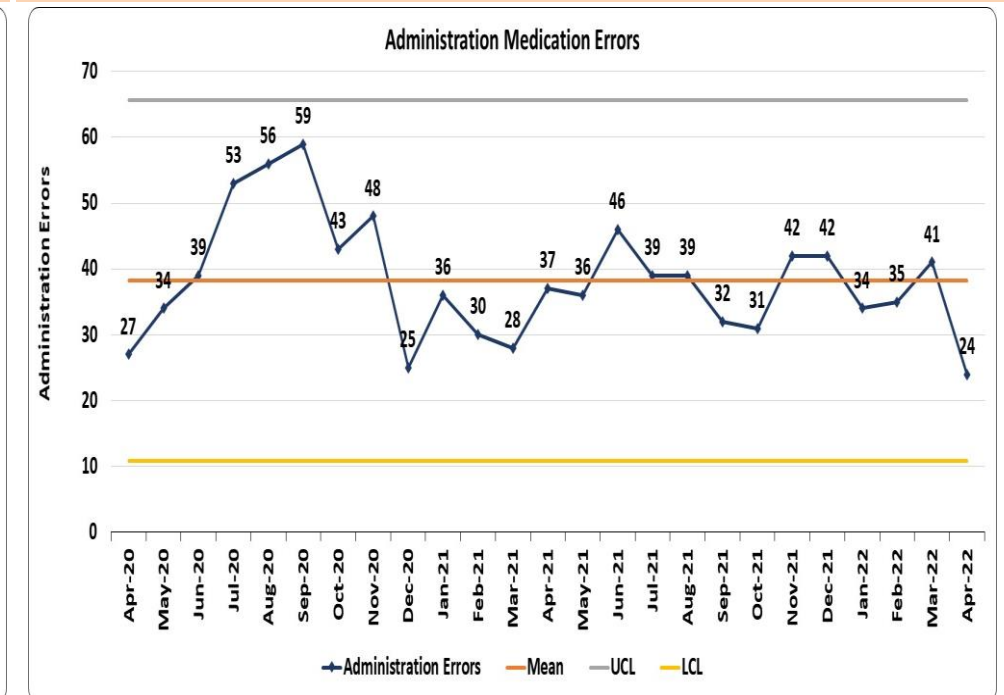
Total number of Prescribing Errors

**15**



Total Administration Errors

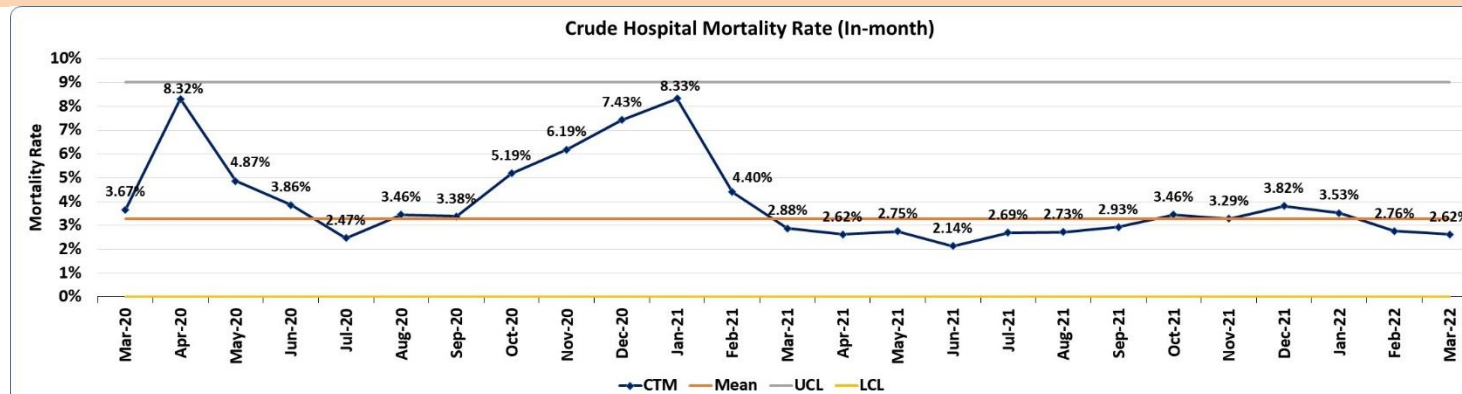
**24**



### Crude Hospital Mortality Rates

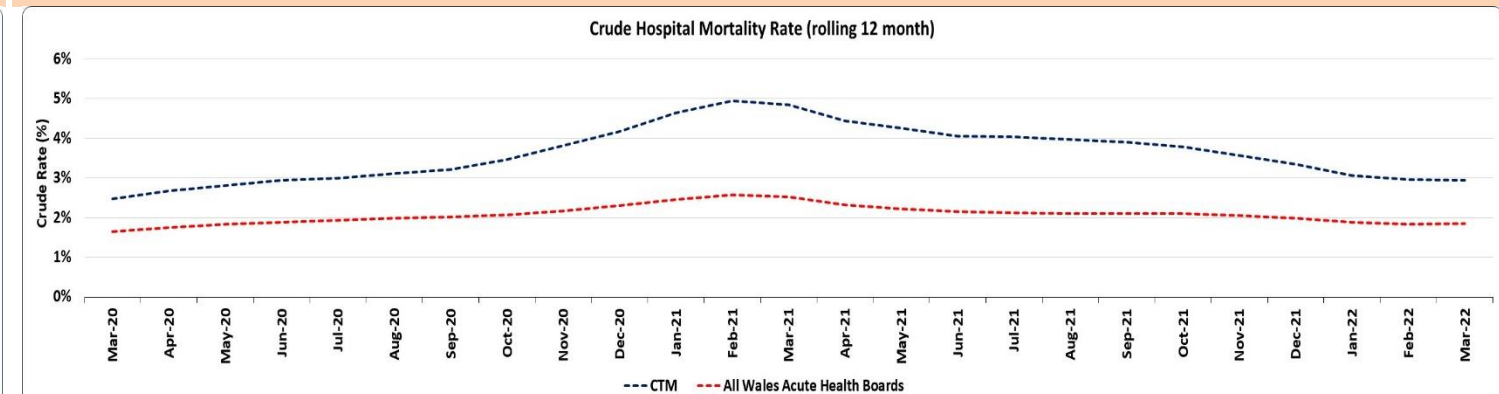
In Month Crude Hospital Mortality Rate – March 2022

**2.62%**

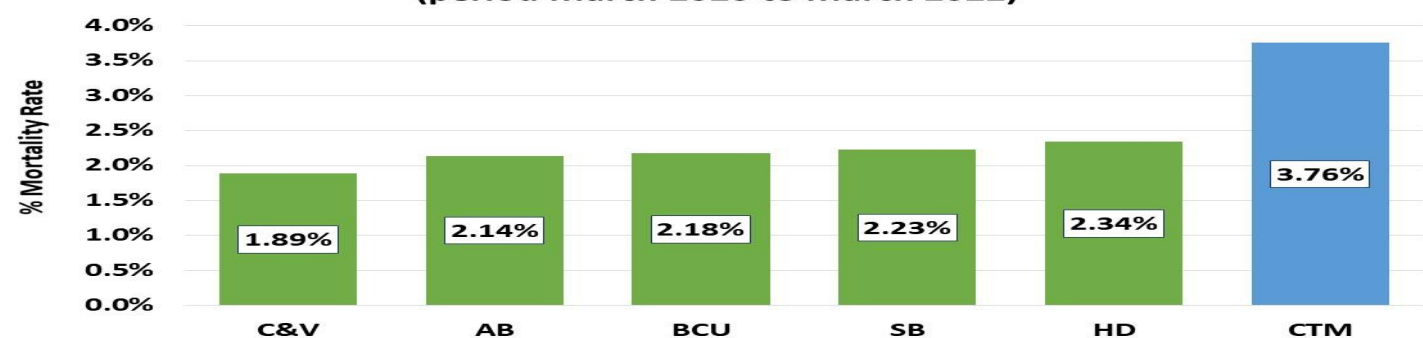


Rolling 12 Month Crude Hospital Mortality Rate to March 2022

**2.94%**



### Mortality Rate - Peer Distribution (period March 2020 to March 2022)



Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions, with numbers declining as we come out of the 3<sup>rd</sup> wave.

As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers. A factor in this outlying position is the UHB's provision of palliative care and hospice services.

## Inpatient Falls & Pressure Damage Incidents

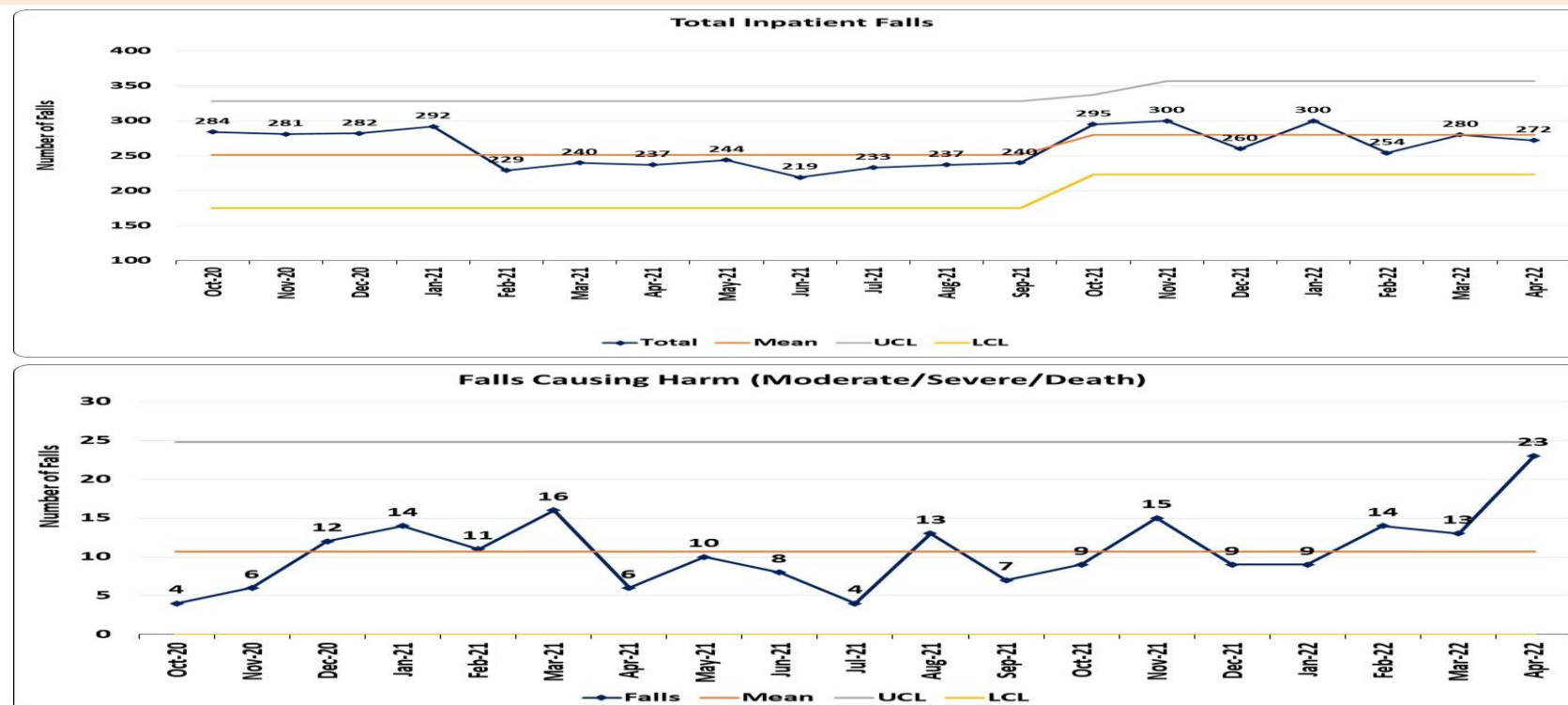
### Inpatient Falls

Total number of Inpatient Falls – April 2022

**272**

The number of patients falling whilst in the care of the UHB remained at the post-October 21 level of c.272 per month. Of these 23 resulted in moderate or severe harm. It is important to recognise that these reports are initial Datix entries and that all falls moderate and above are subject to a falls panel which may result in downgrading of harm categorisation.

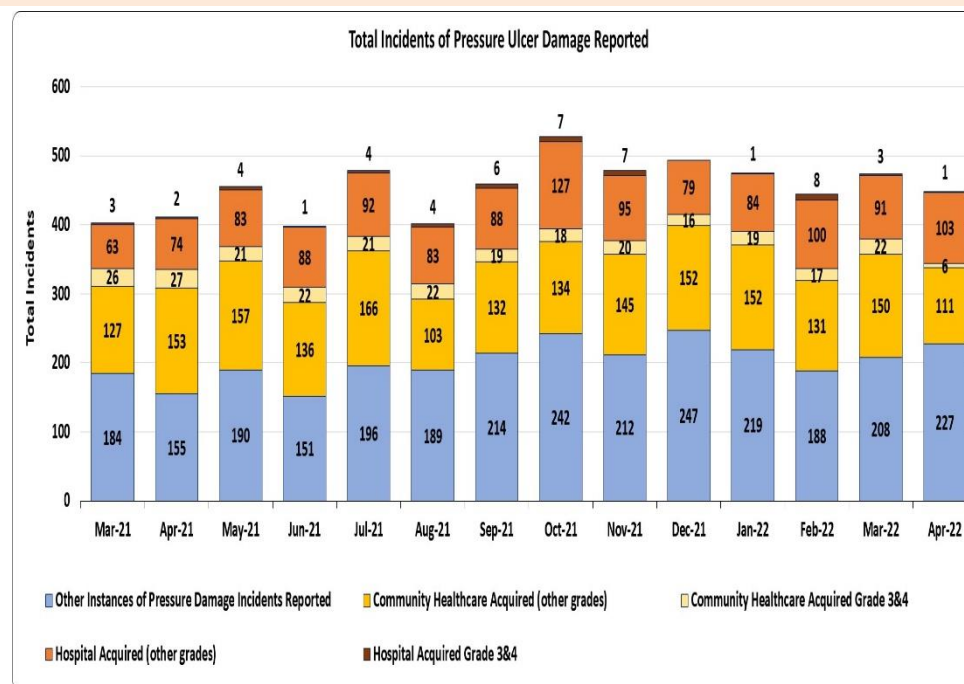
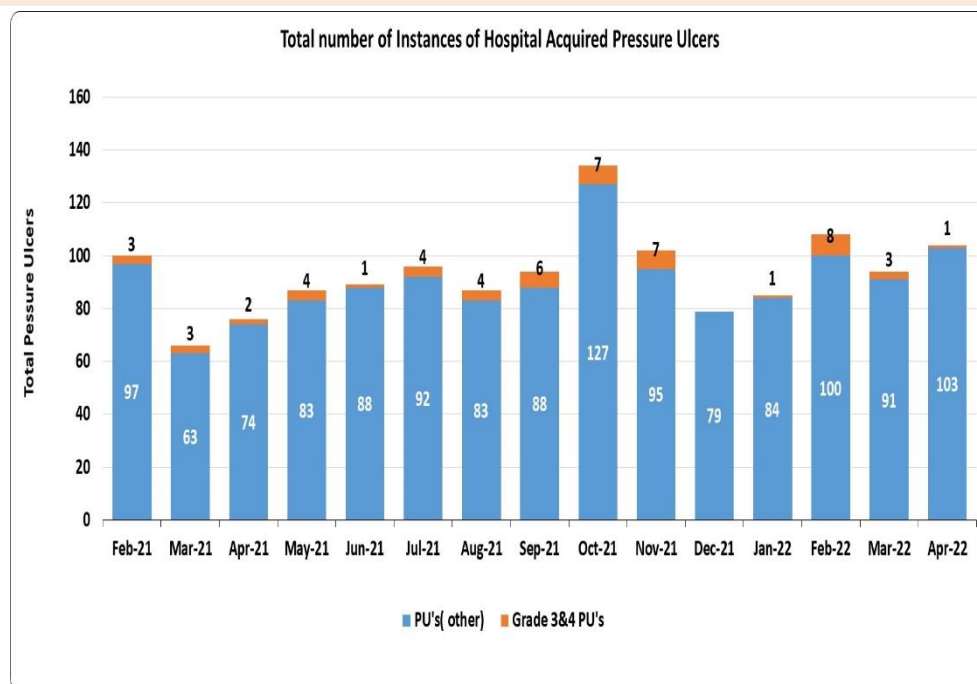
Efforts continue via the Quality and Safety Committee and the Falls Scrutiny Panel to address the high level of hospital falls within the health board. Ongoing initiatives include achieving a greater understanding of the number of repeat falls, falls per bed day, standardising improvement efforts and implementing proactive measures for fall avoidance and escalation.



### Pressure Damage Incidents

Total number of reported Pressure Damage – April 2022

**448**



During April 2022, a total of 448 pressure damage incidents were reported, around 5% lower than the previous month (474) and lower than the 12 month average of 461 incidents.

The highest number of incidents reported (117) were identified as those developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 104 were identified as hospital acquired, of which 1 was reported as grade three. The highest numbers were recorded for AMU, Princess of Wales Hospital and CDU, Prince Charles Hospital.

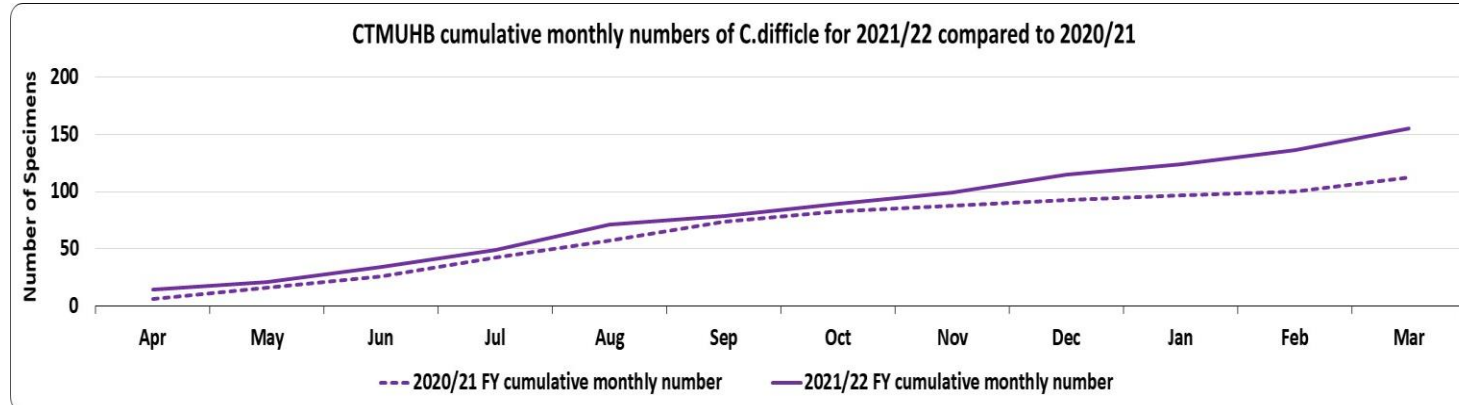
During the past 12 months, a total of 3,051 Healthcare Acquired Pressure Damage Incidents were reported. Of which, an investigation has been completed for 1,848 (60.6%) of these, with 250 recording an outcome of avoidable (13.5%).



**Infection Prevention and Control** – please note that there is no update to the page this month due to preparations for year end publications 2021/22 and the new dashboards for 2022/23 will be available from June and will include April & May figures – source Harp Team (Public Health Wales).

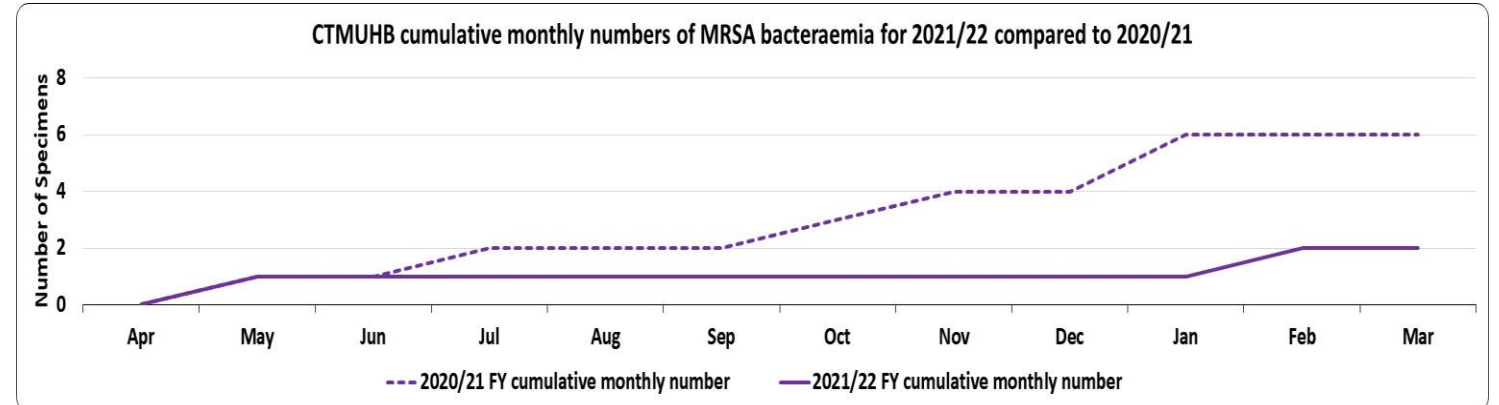
**C.difficile**

155 incidents of C.difficile were reported by CTM between Apr-Mar 2022. This is approximately 38% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.46



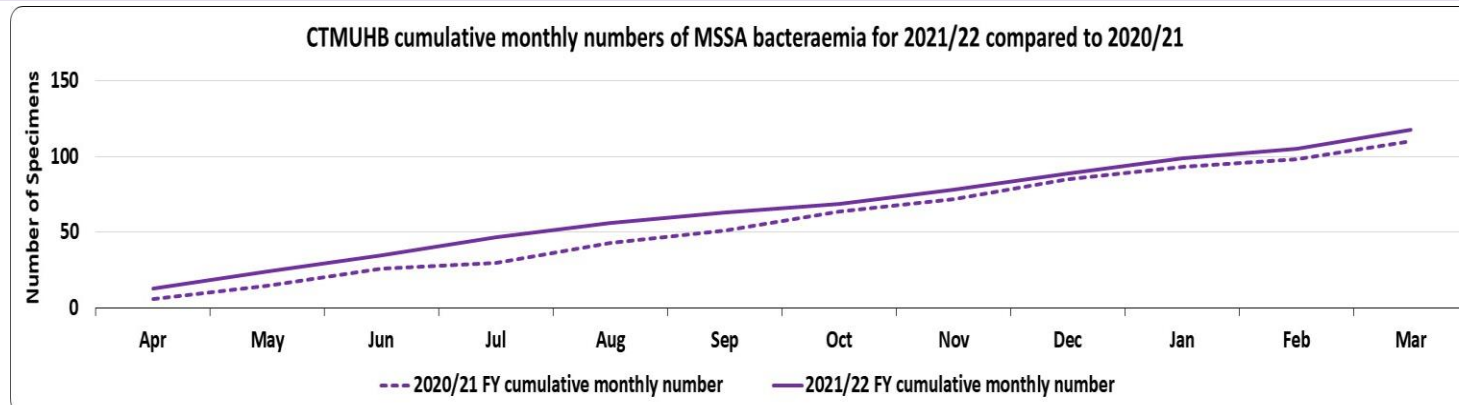
**MRSA**

2 MRSA bacteraemia have been reported by CTM between Apr-Mar 2022 (67% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.44



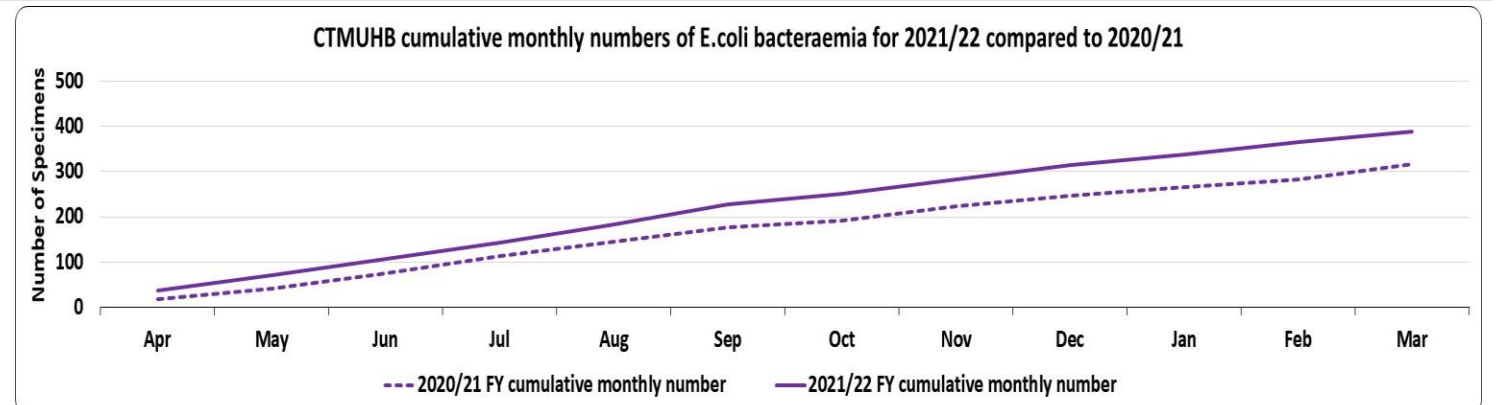
**MSSA**

118 instances of MSSA bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 7% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.23



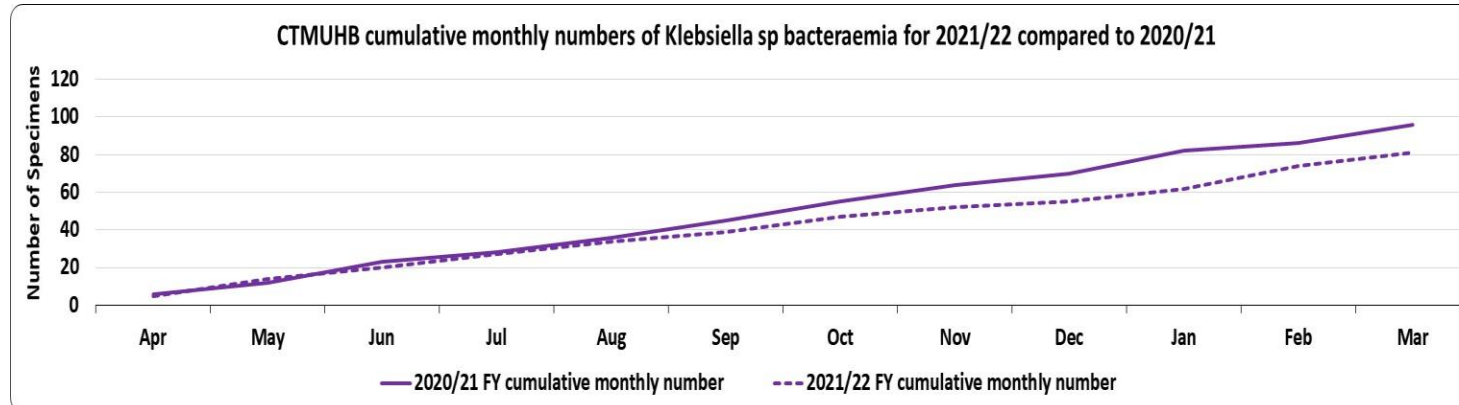
**E.coli**

390 instances of E.coli bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 23% more than equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 86.7



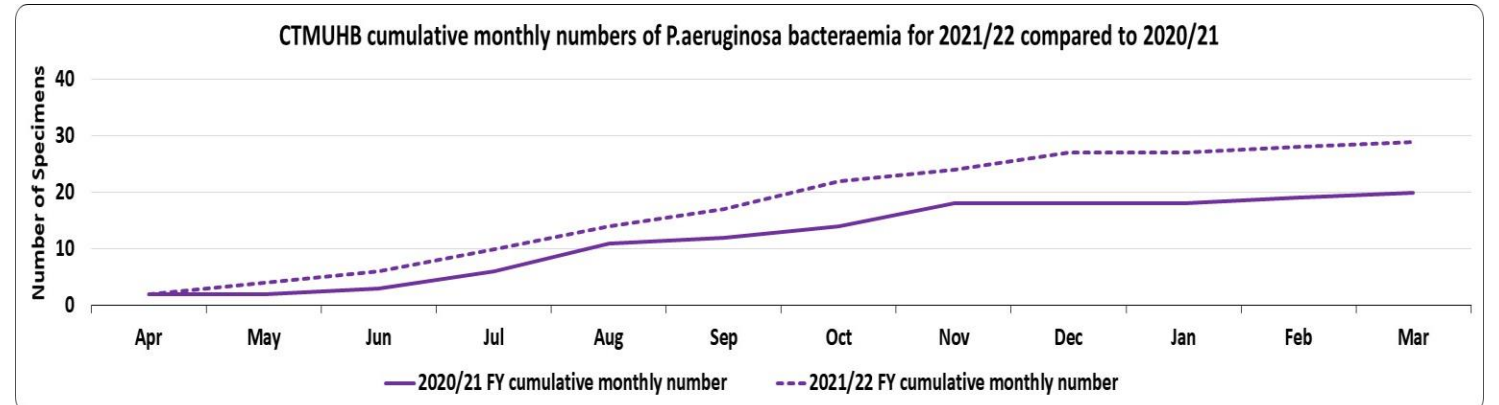
**Klebsiella sp**

81 instances of Klebsiella sp bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 16% fewer than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 18.01



**P.aeruginosa**

29 instances of P.aeruginosa bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 45% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 6.45



An increase in cases has been reported for most surveillance organisms from April – March 2022, a situation which is mirrored across Wales. Work is ongoing at a national level to determine whether the additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales. Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but remain outstanding. Infection Prevention and Control (IPC) capacity challenges persist as a result of the pandemic and an increase seen in infections are mostly community acquired. More emphasis must be placed on improvements in primary care to influence a reduction in infection rates.

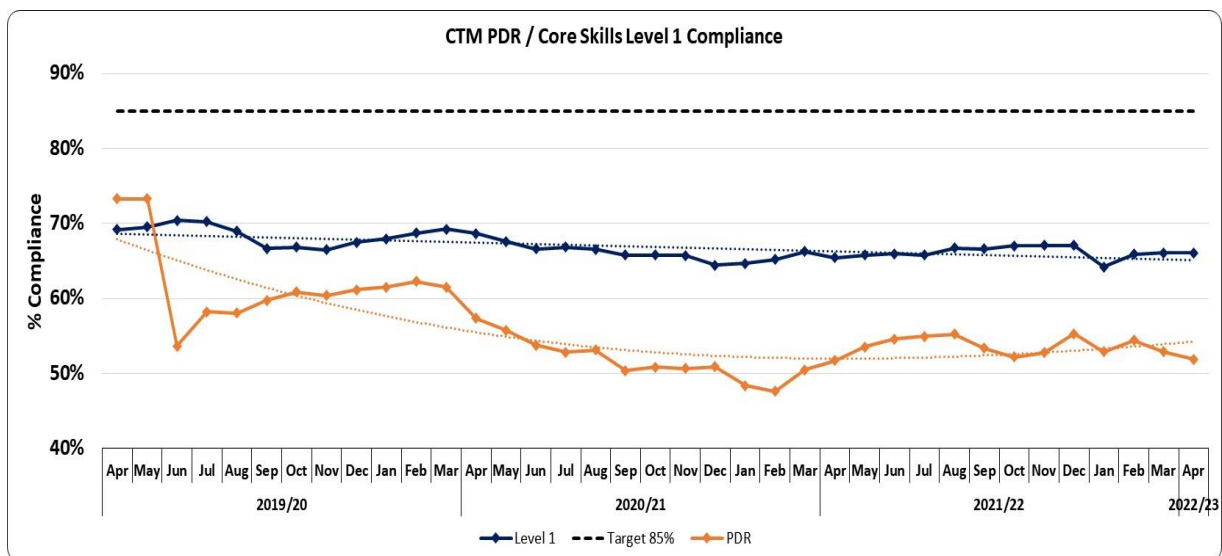


## 2.3 People

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 April 2022 is 51.9%, a small reduction in compliance on the previous month of 52.9% and continuing to remain below the target of 85%.



Combined core mandatory training compliance for April 2022 averages 58.5% (no change from the previous period), with overall CTM compliance for 'Level 1' disciplines also remaining static at 66.1%. The breakdown by module shows that uptake is not consistent, with 79.3% of staff completing the equality, diversity and human rights training, a level almost 40% higher than the proportion who are up to date with their resuscitation training (42.6%).

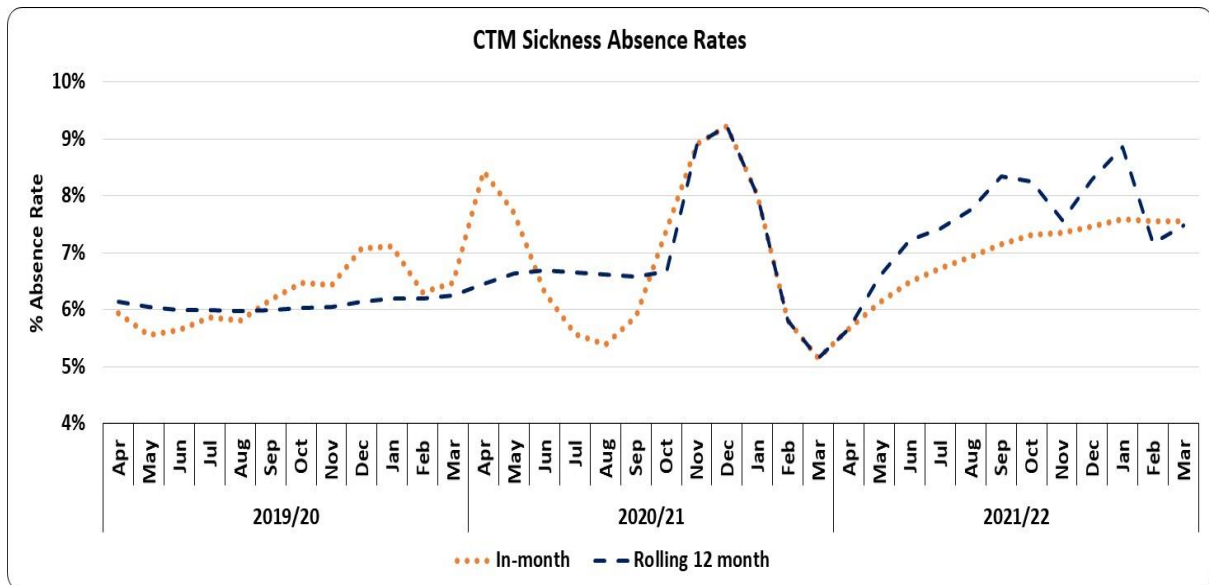
CTM Level 1 Core Mandatory Training Compliance April 2022	
Equality, Diversity & Human Rights	79.3%
Health, Safety and Welfare	77.6%
Moving & Handling	76.4%
Safeguarding Adults	72.4%
Information Governance	72.0%
Violence & Aggression	69.1%
Infection Prevention and Control	66.2%
Safeguarding Children	64.6%
Fire Training	49.1%
Resuscitation	42.6%
<b>HB Overall Compliance</b>	<b>66.1%</b>





### 2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to March 2022 is 7.6% (7.5% in-month). In comparison to the previous month, occurrences of short-term absences have risen by almost 44% with the occurrence of long-term sickness absence reducing by around 17%.



Top 10 Absence Reasons by FTE Days Lost - March 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	401	412	6,234	24.08%
Infectious diseases	849	853	5,475	21.15%
Chest & respiratory problems	320	328	2,766	10.69%
Other musculoskeletal problems	130	133	1,894	7.32%
Other known causes - not elsewhere classified	164	165	1,717	6.63%
Gastrointestinal problems	267	272	1,284	4.96%
Cold, Cough, Flu - Influenza	237	242	1,017	3.93%
Injury, fracture	69	69	1,008	3.90%
Back Problems	72	73	809	3.13%
Benign and malignant tumours, cancers	31	31	752	2.91%

### 2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff saw a slight decrease during April 2022 to around 18.72 whole time equivalents (19.67 in March). Concerted efforts remain ongoing to maximise the use of bank over agency staff.

## 2.4 Access

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

### 2.4.1 Urgent Care:

During April, just under 62% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with under a quarter of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 14,087 attendances over the course of the month, 9% lower than the same period last year.

The CTM 15 minute ambulance handover compliance fell to 23.1% (25.7% in March), with 60-minute compliance also falling to just 53.4% from 56.7% in the previous month.

### 2.4.2 Stroke Care:

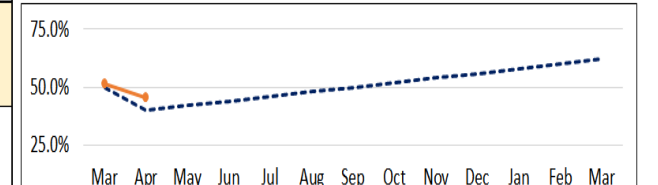
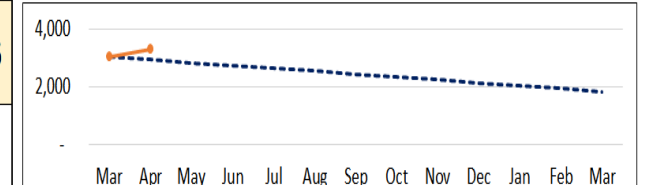
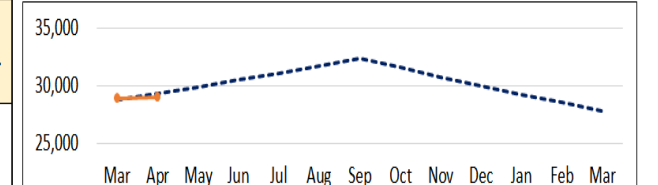
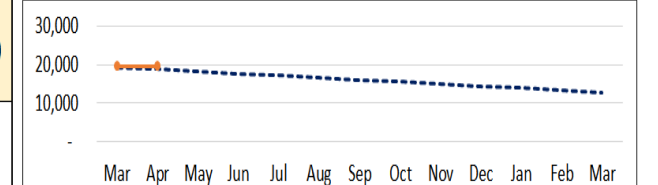
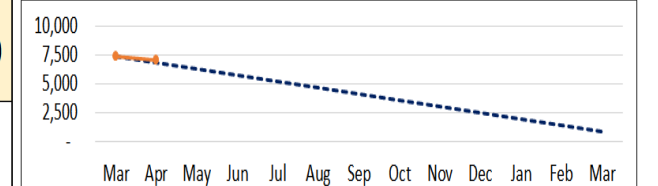
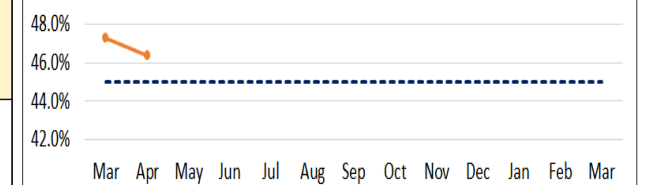
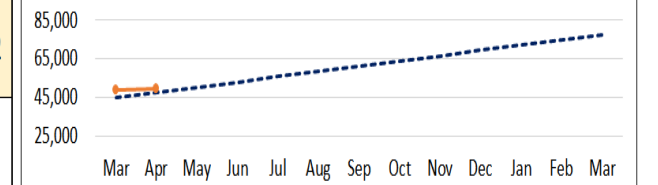
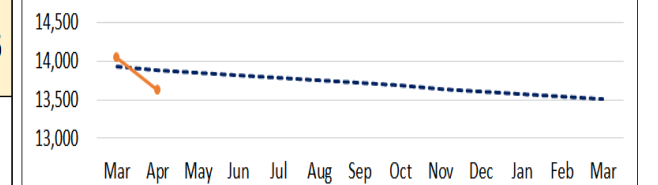
Performance in stroke care remains below desired standards with the only notable change this period being timely CT scanning and assessment by a stroke physician at the Princess of Wales Hospital.

### 2.4.3 Planned Care & Cancer Care:

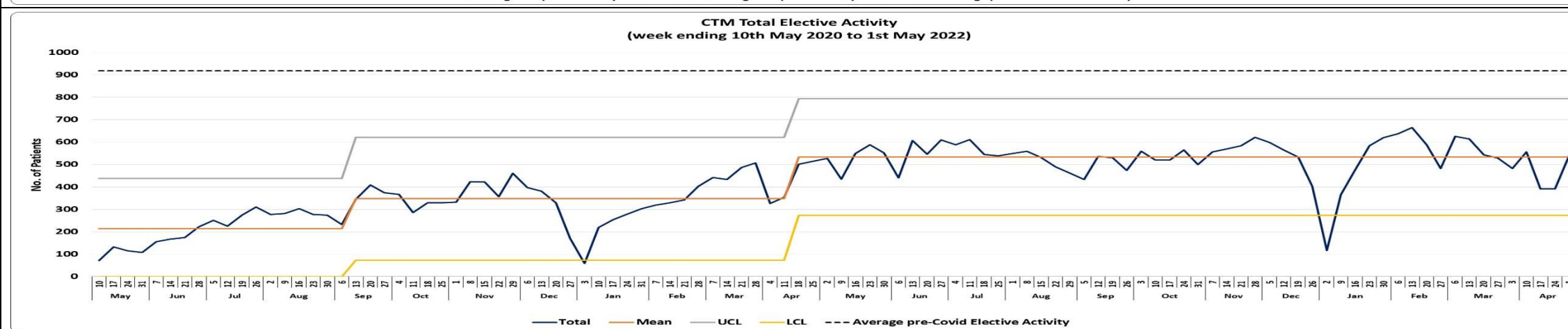
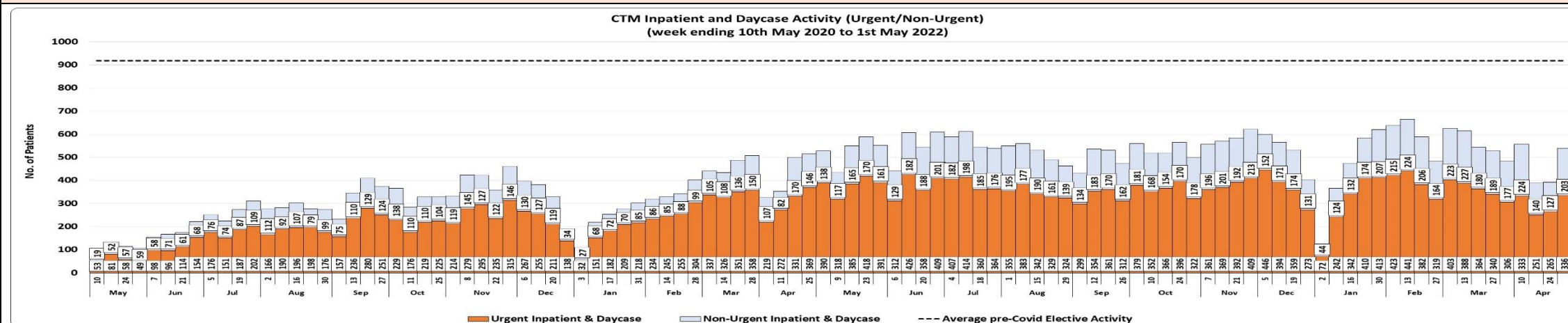
The CTM performance against the health boards trajectories are summarised on the following page for access to planned care and cancer care:

ACCESS TO TIMELY PLANNED CARE	Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23												
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13,925	13,890	13,855	13,820	13,785	13,750	13,716	13,681	13,646	13,611	13,576	13,541	13,506
		Actual	14,053	13,625											
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	44,826	47,555	50,284	53,013	55,741	58,470	61,199	63,928	66,657	69,386	72,114	74,843	77,572
		Actual	48,576	49,767											
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45.0%
		Actual	47.3%	46.4%											
	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	7,373	6,831	6,289	5,747	5,205	4,663	4,122	3,580	3,038	2,496	1,954	1,412	870
		Actual	7,385	7,062											
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	19,330	18,792	18,253	17,715	17,176	16,638	16,100	15,561	15,023	14,484	13,946	13,407	12,869
		Actual	19,468	19,689											
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	31,105	31,727	32,361	31,552	30,764	29,994	29,245	28,513	27,801
		Actual	28,845	29,023											
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846
		Actual	3,046	3,300											
	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	40.0%	42.0%	44.0%	46.0%	48.0%	50.0%	52.0%	54.0%	56.0%	58.0%	60.0%	62.0%
		Actual	51.4%	45.3%											

Key: --- IMTP — Actual



## 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 April 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
Trauma & Orthopaedic	48	116	-68	-58.4%
ENT Surgery	22	52	-30	-57.2%
General Surgery	87	176	-89	-50.4%
Gynaecology	31	62	-31	-50.4%
General Medicine	81	150	-69	-45.8%
Cardiology	20	24	-4	-17.7%
Gastroenterology	51	53	-2	-3.8%
Paediatrics	9	9	0	0.0%
Ophthalmology	49	49	0	0.0%
Urology	60	53	7	13.7%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during April compared to the average pre-Covid levels.

As can be seen, current elective activity is over 50% less in T&O, ENT, General Surgery and Gynaecology. Paediatrics and Ophthalmology are on par, with Urology treating on average 13.7% more patients than the pre-pandemic weekly average.

## How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in April was 470. The drop in activity compared to March (90 treatments (16%) per week) largely reflects the Easter holidays and loss of 2 ‘normal working days’.

Since the start of the financial year 2021/22 to date, CTM have sent 1,497 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 941 (on average 72 patients per month) have been treated, as shown below.

Outsourced Activity as at 1st May 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	548	65	401	48	34	0
SPIRE - Shoulders	25	7	14	0	4	0
SPIRE - Gynaecology	78	27	49	0	2	0
SPIRE - General Surgery	41	6	23	6	6	0
NUFFIELD - Orthopaedics	317	81	153	36	11	36
NUFFIELD - General Surgery	83	23	54	4	2	0
NUFFIELD - Gynaecology	137	22	85	6	3	21
NUFFIELD - Ophthalmology	268	55	162	14	8	29

Source: Spire / Nuffield Healthcare

## What actions are we taking & when is improvement anticipated?

A revised elective care recovery plan is being developed to support elective care recovery and attainment of the ministerial priorities. This incorporates:

- redesigning a number of high volume pathways to transform the way in which care is delivered
- supporting all specialties to improve productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities
- Investing in additional capacity where clinically and cost effective to do so.

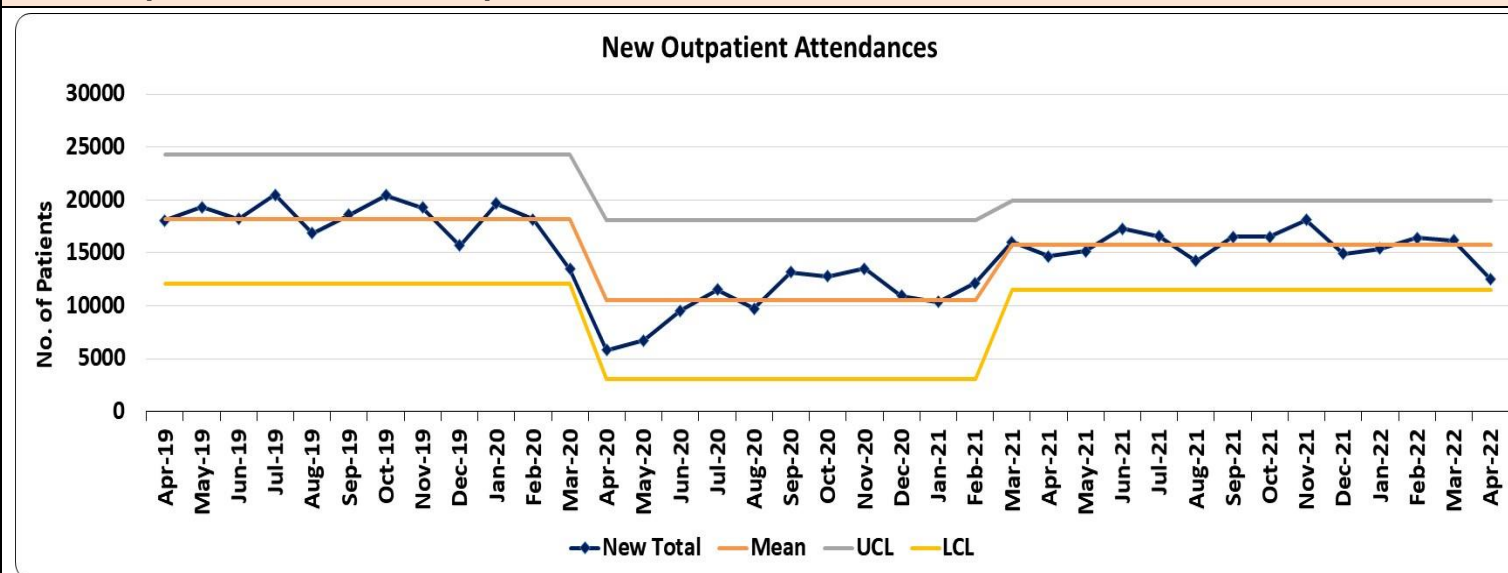
## What are the main areas of risk?

- Availability of ‘elective bed capacity’
- Ability to safely staff the requisite number of theatre sessions
- Ability to contract and use the outsourced capacity

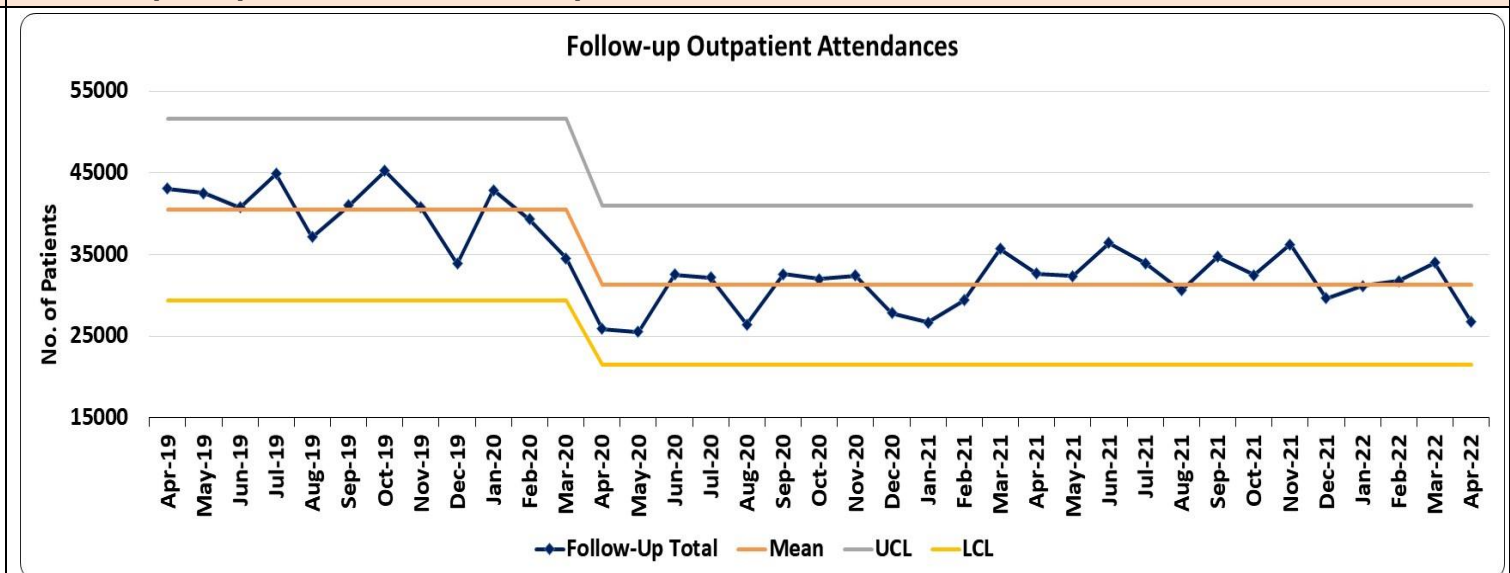


# Resetting Cwm Taf Morgannwg – Outpatient Attendances

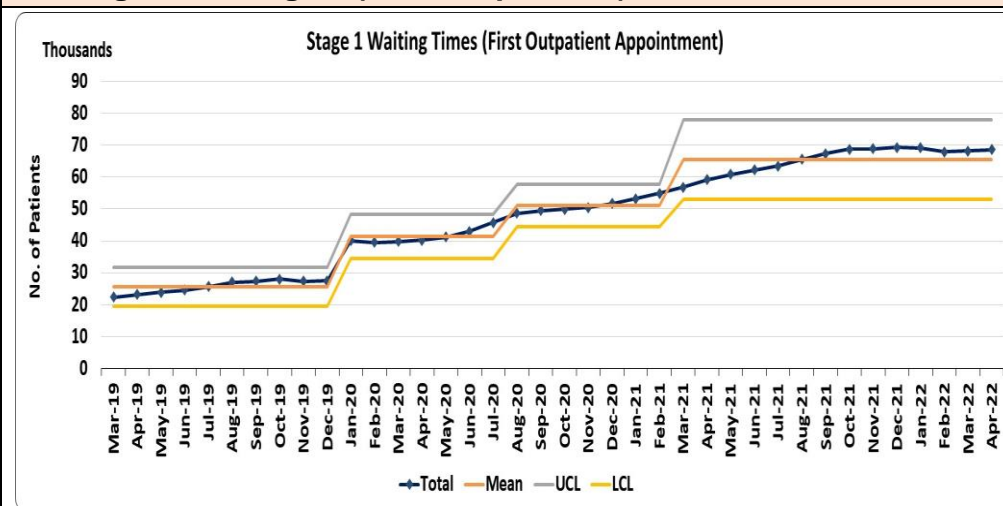
## New Outpatient Attendances April 2022 – 12,510



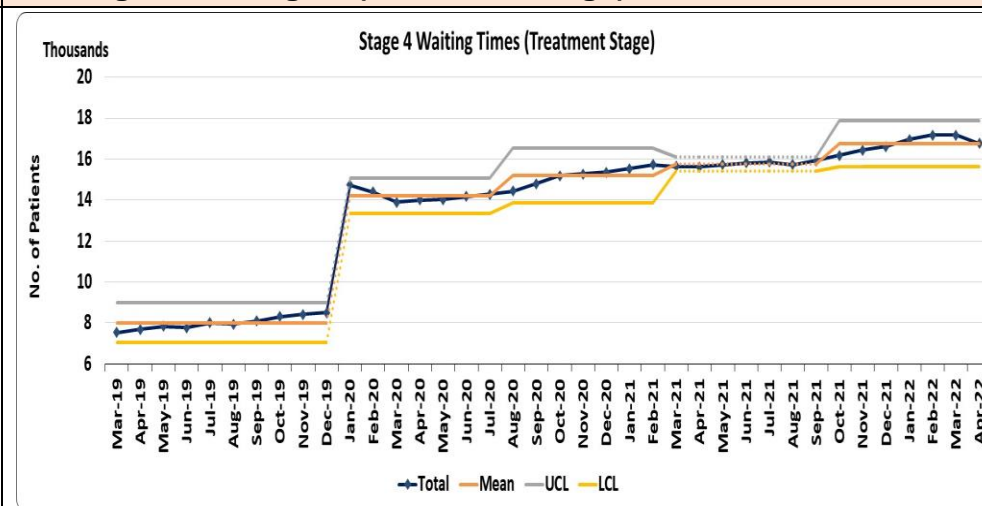
## Follow-up Outpatient Attendances April 2022 – 26,728



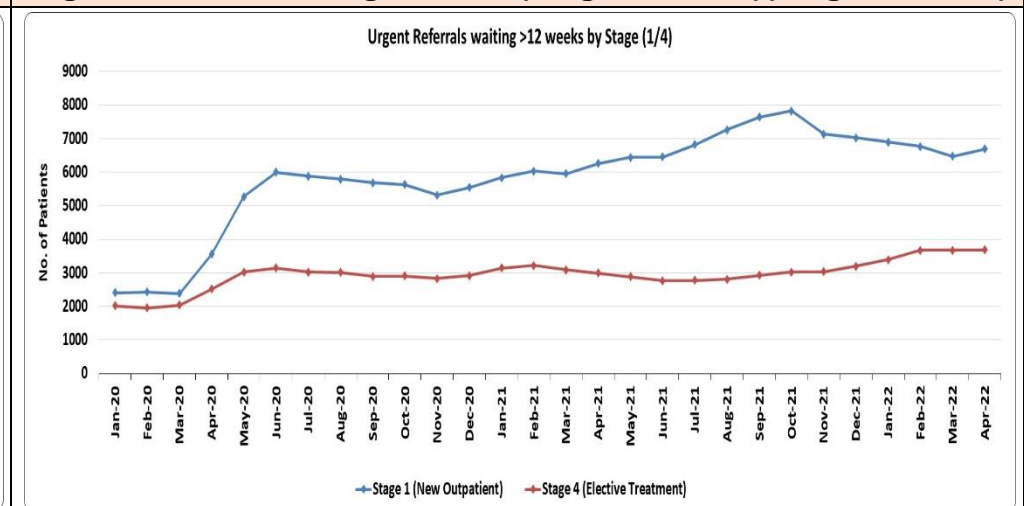
## Waiting times Stage 1 (New Outpatients) - 68,579



## Waiting times Stage 4 (Treatment Stage) – 16,757



## Urgent referrals waiting >12 wks (Stage 1 – 6,692)(Stage 4 – 3,686)



### How are we doing?

As at the end of April 2022, there were 68,579 patients awaiting a new outpatient appointment, of which, 14,669 patients were categorised as urgent and 10,798 were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents just under a 16% increase on the 59,219 patients waiting at the end of April 2021.

There were 16,757 additional patients who were awaiting treatment. Of these, 5,255 were categorised as clinically urgent, a small reduction on the March position (5,391).

### What actions are we taking & when is improvement anticipated?

**Stage 1-52+ Week Validation:** This is now transitioning into business as usual for all patients entering into the cohort of 52 weeks waiting at stage 1.

**See On Symptoms & Patient Initiated Follow up:** Three specialties (Rheumatology, Gynaecology and ENT) are now live. Regular meetings scheduled to monitor & drive Dermatology progress. Mental Health and Therapies are now lined up to implement this scheme in the 1st quarter of 22/23.

**Digital Enablers:** The roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect is continuing. Consultant Connect is being considered for urgent Ophthalmology referrals, Attend Anywhere focus is currently on the booking process pathway and mapping of services for Dietetics, Wound Clinic and the @Home Service.

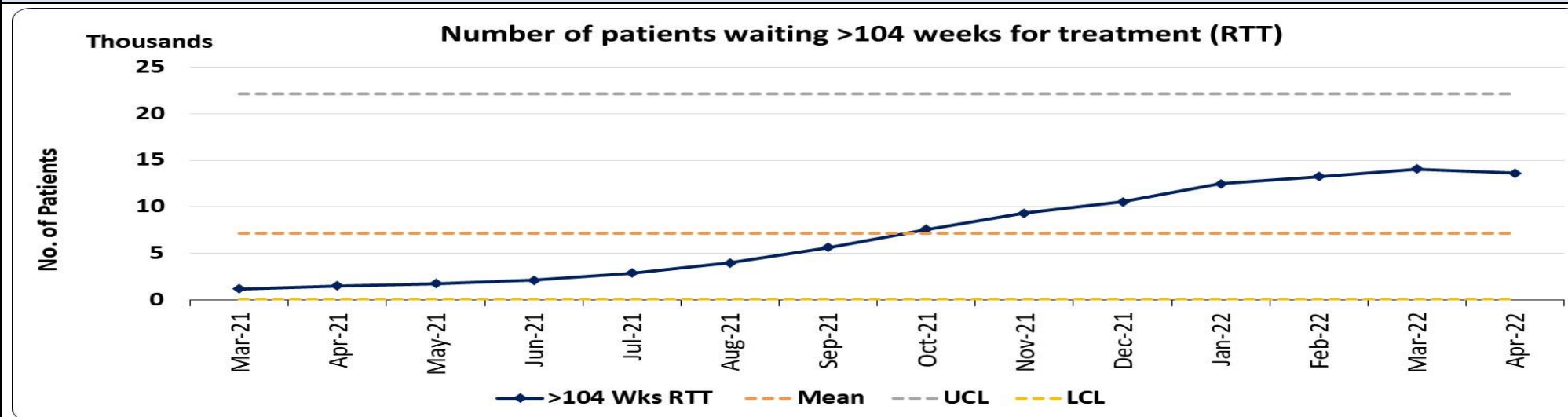
### What are the main areas of risk?

The length of the waiting lists and the expected reduction and late presentation of referrals has seen the relative proportion of patients categorised as urgent and the relative number of patients who are clinically prioritised as urgent increase. As we focus on those in greatest clinical need first, this results in the length of wait for those with conditions that are considered potentially non life threatening having to wait further.

Winter/Sickness pressures are continuing to affect clinical availability to undertake additional clinical activity alongside combined with fatigue/sickness levels.

# Referral to Treatment Times (RTT) – April 2022 (Provisional Position) – Total Open Pathways 114,227

Number of patients waiting **>104 weeks** – Target - Improvement Trajectory towards a national target of Zero by 2024



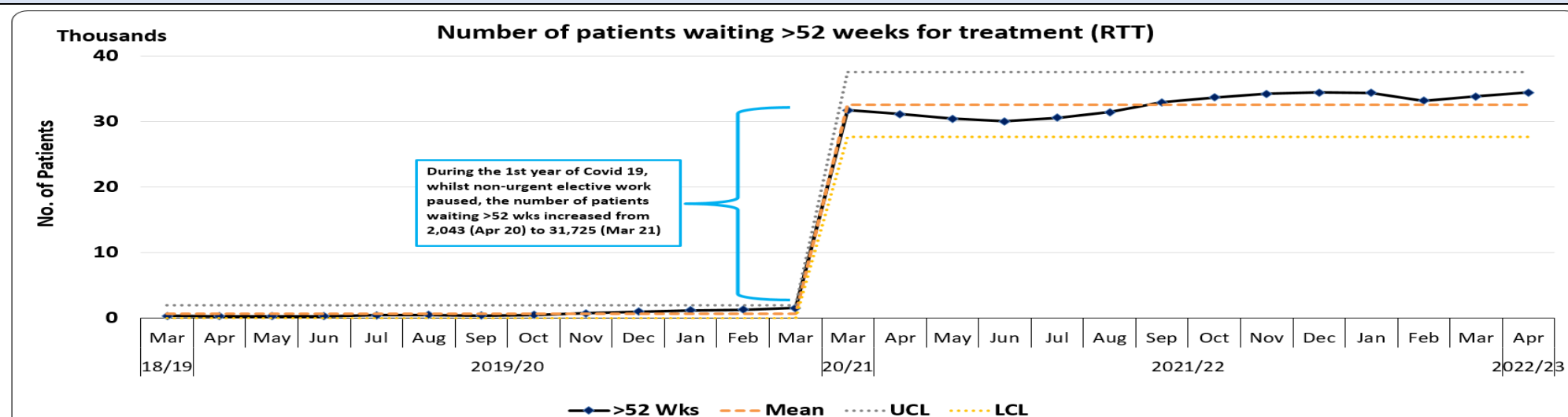
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of April is 13,625 (including direct access D&T), which as it currently stands is a fall of 3.1% (428) from March. Excluding direct access the total is 13,456 with the breakdown as follows:

- 3,431 patients relate to Merthyr & Cynon ILG waiting lists
- 4,915 patients relate to Rhondda & Taff Ely ILG waiting lists
- 5,109 patients relate to Bridgend ILG waiting lists

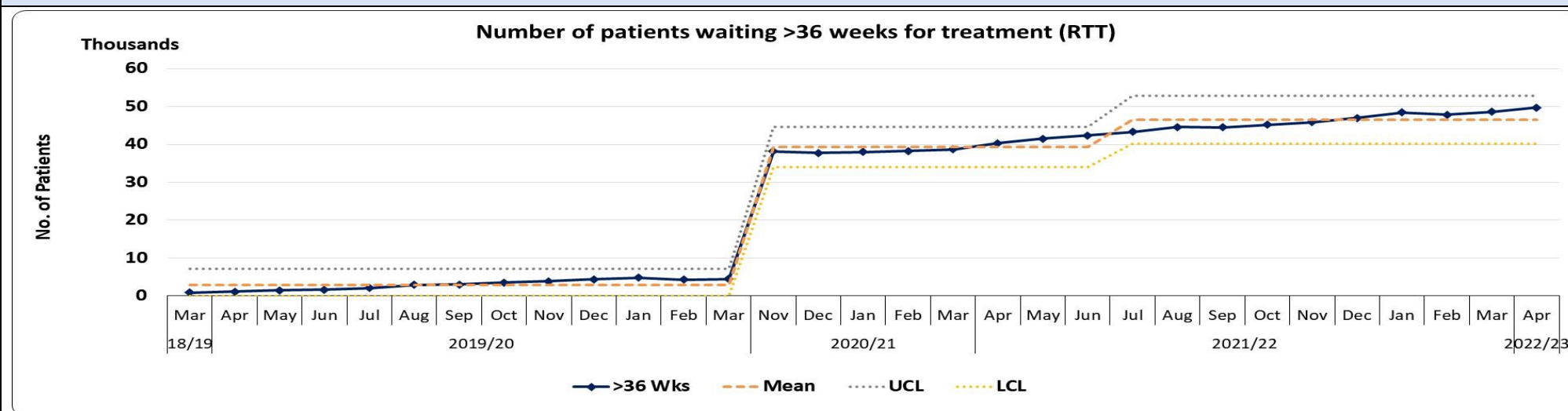
Number of patients waiting **>52 weeks** – 34,411

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of April is 34,411, which as it currently stands is a rise of 1.7% (562) from March. The breakdown of the 34,411 patients is as follows:

- 7,363 patients relate to Merthyr & Cynon ILG waiting lists
- 15,554 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,494 patients relate to Bridgend ILG waiting lists



Number of patients waiting **>36 weeks** – Target – Improvement Trajectory towards a national target of Zero by 2026 – 49,767



The provisional position for patients waiting over 36 weeks for April is 49,767 patients across Cwm Taf Morgannwg, which is an increase of 2.5% (1,191) from March (N.B. includes the 34,411 patients waiting over 52 weeks):

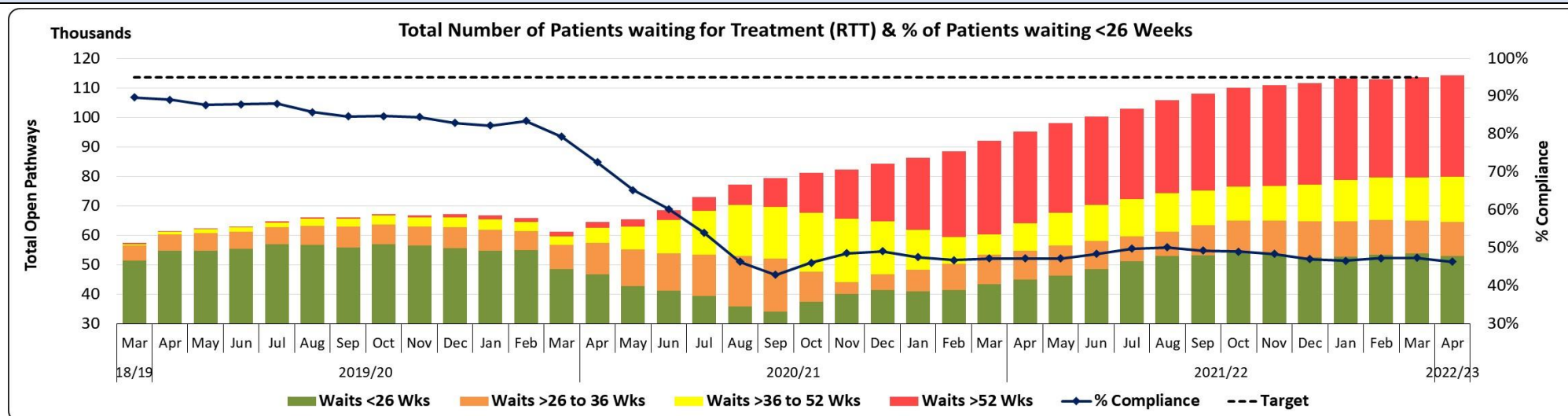
- 9,857 patients relate to Merthyr & Cynon ILG waiting lists
- 22,707 patients relate to Rhondda & Taff Ely ILG waiting lists
- 17,203 patients relate to Bridgend ILG waiting lists

RTT continued on the next page...



## Contd...Referral to Treatment Times (RTT) – April 2022 (Provisional Position) – Total Open Pathways 114,227

% of patients waiting under **26 weeks** – Target - 95% – **46.4%**



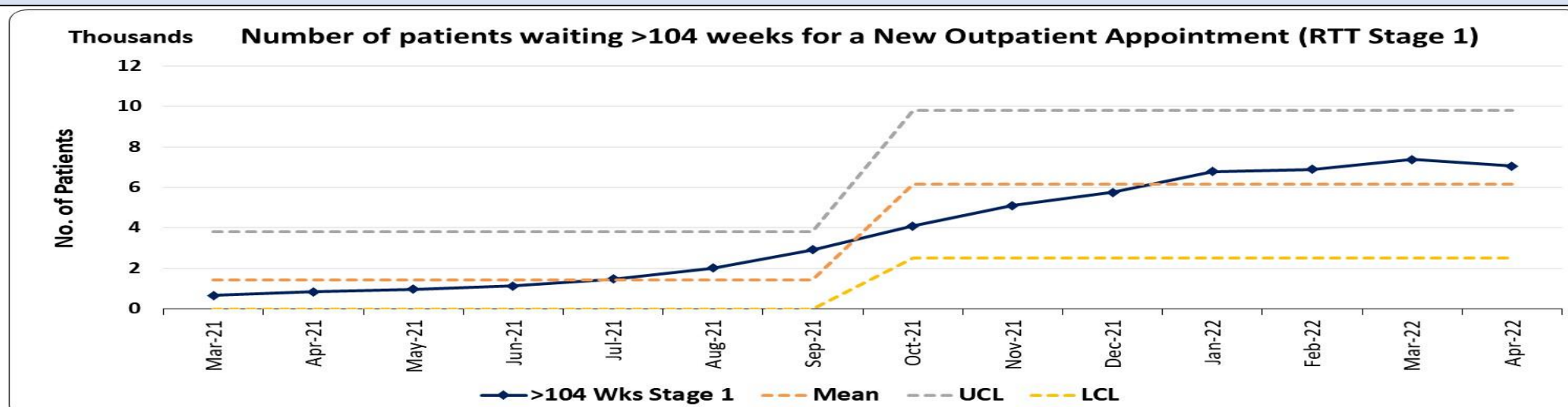
In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for April across Cwm Taf Morgannwg is 46.4%. The position within each ILG is as follows:

- **46.0%** Merthyr & Cynon ILG waiting lists
- **45.5%** Rhondda & Taff Ely ILG waiting lists
- **47.6%** Bridgend ILG waiting lists

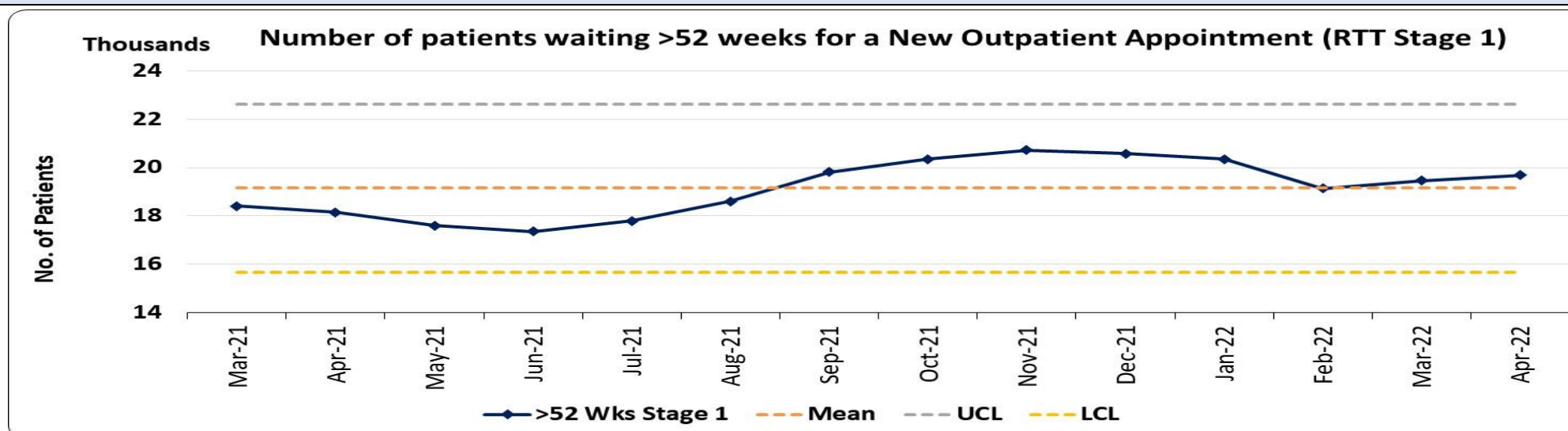
Number of patients waiting **over 104 weeks** for a **new outpatient appointment** – Target - Improvement Trajectory towards eliminating over 104 week waits by July 2022

The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks at Stage 1 at the end of April is 7,062, which as it currently stands is a fall of 4.4% (323) from March. The breakdown of the 7,062 patients is as follows:

- **1,273** patients relate to Merthyr & Cynon ILG waiting lists
- **2,418** patients relate to Rhondda & Taff Ely ILG waiting lists
- **3,371** patients relate to Bridgend ILG waiting lists



Number of patients waiting **over 52 weeks** for a **new outpatient appointment** – Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022



The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks at Stage 1 at the end of April is 19,689, which as it currently stands is a rise of 1.1% (221) from March. The breakdown of the 19,689 patients is as follows (N.B. includes the 7,062 patients waiting over 104 weeks):

- **3,543** patients relate to Merthyr & Cynon ILG waiting lists
- **8,589** patients relate to Rhondda & Taff Ely ILG waiting lists
- **7,557** patients relate to Bridgend ILG waiting lists

RTT continued on the next page...



## Contd...Referral to Treatment Times (RTT) – April 2022 (Provisional Position)

### Specialty Breakdown – April 2022 (Provisional Position)

Total number of open pathways per specialty - April 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	377	16.6%	127	237	1530	2271
Cardiology	3052	55.1%	595	757	1139	5543
Care of the Elderly	19	63.3%	5	2	4	30
Dermatology	3623	41.9%	749	1026	3251	8649
Endocrinology	182	65.7%	40	53	2	277
Gastroenterology	1737	51.8%	360	492	765	3354
General Medicine	1678	70.5%	235	220	246	2379
Nephrology	141	78.3%	17	22	0	180
Respiratory Medicine	1144	71.6%	150	166	137	1597
Rheumatology	805	46.6%	183	212	526	1726
Sport and Exercise Medicine	16	100.0%	0	0	0	16
Thoracic Medicine	499	68.0%	132	71	32	734
Diagnostics	6070	54.7%	1107	1696	2225	11098
Therapies	1586	80.0%	124	193	80	1983
ENT	1597	30.3%	458	724	2485	5264
ENT Surgery	2851	46.8%	663	840	1741	6095
Ophthalmology	5448	39.2%	1655	2352	4445	13900
Oral Surgery	1421	46.8%	326	321	968	3036
Orthodontics	179	58.1%	26	55	48	308
Restorative Dentistry	54	35.5%	18	13	67	152
Gynaecology	3554	55.1%	633	657	1606	6450
Paediatric Neurology	8	100.0%	0	0	0	8
Paediatrics	2347	91.4%	138	77	7	2569
Haem (Clinical)	124	100.0%	0	0	0	124
General Surgery	5690	40.6%	1481	2137	4719	14027
Orthopaedics	2604	31.1%	910	1348	3505	8367
Trauma & Orthopaedic	2272	43.7%	573	702	1651	5198
Urology	3254	42.5%	638	890	2877	7659
Colorectal	631	51.2%	154	93	355	1233
<b>Total</b>	<b>52963</b>	<b>46.4%</b>	<b>11497</b>	<b>15356</b>	<b>34411</b>	<b>114227</b>

### How are we doing?

At the end of April 2022, the over 52 week waiting list volumes saw an increase of 1.7% on the previous month, bringing the total to 34,411. Compared to the position at the end of April 2021; the current position represents an increase of over 10.5% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally and is unlikely to abate whilst there remains such a significant urgent waiting list.

### What actions are we taking & when is improvement anticipated?

Under the Elective Care Recovery Portfolio ILG's have worked to develop targeted schemes in order to improve the RTT position, they include:

- Additional capacity schemes
- Waiting list validation schemes
- Outsourcing activity
- Cancer recovery interventions
- Acute Recovery interventions
- Mental Health service recovery schemes
- Paediatric ND backlog
- Running additional lists
- Wellness hubs

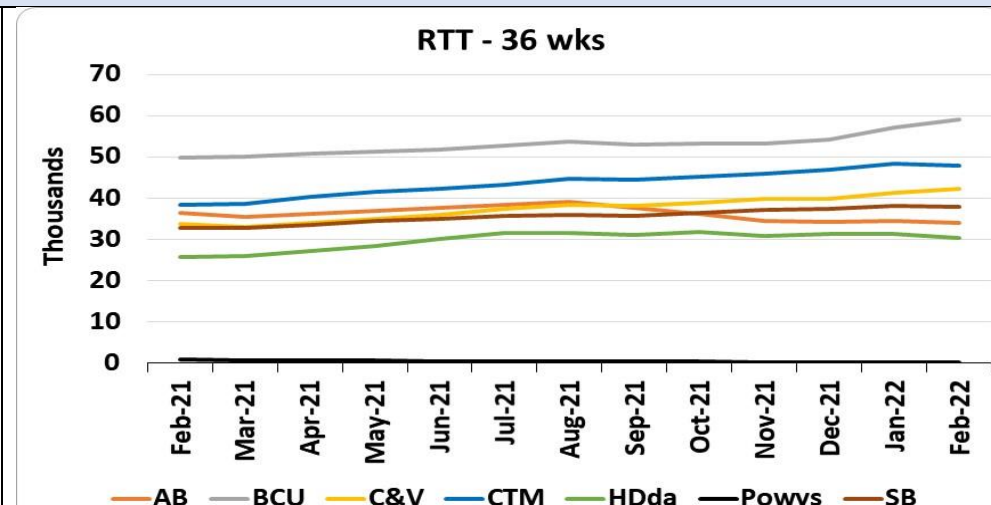
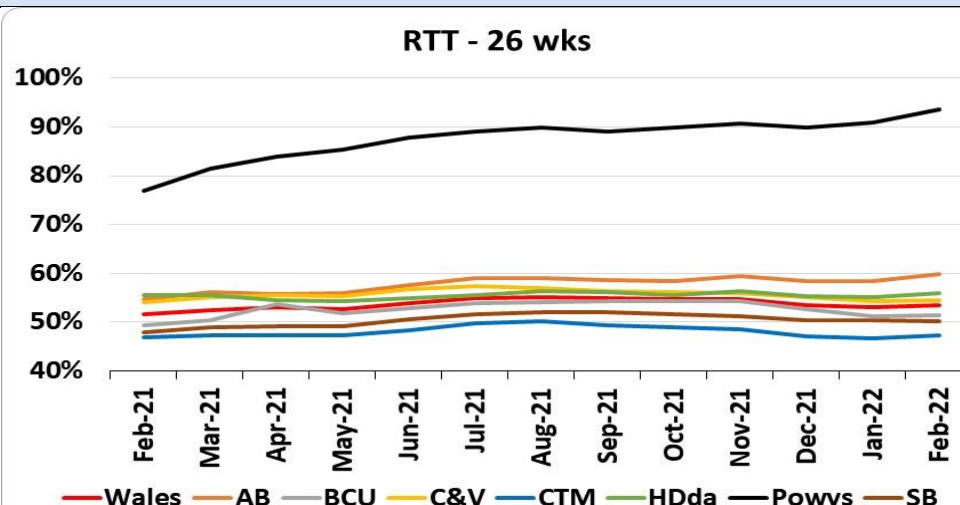
### What are the main areas of risk?

- **Limitations to return to core capacity due to clinical space on sites:** Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **A4C & staff engagement for additional activity**
- **Clinical support services capacity**
- **3rd Wave Covid:** Reduction in activity to align with guidance
- **Recruitment:** Funding for fixed term posts (WG OP funding bid is only for 21-22)
- **Staff fatigue / willingness to support additional capacity:** Additional activity reliant on staff support, even with enhanced rates uptake is lower than anticipated

### How do we compare with our peers?

As at February 2022, CTM has the lowest compliance for 26 weeks RTT (47.3%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 59.8%.

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 (47,826) with BCU ranked 7<sup>th</sup> (58,988). Best performing is Powys (174), with the better performing of the acute health boards being Hywel Dda (30,415).





## Diagnostics & Therapies – April 2022 (Provisional Position) / Endoscopy Waits

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

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

Number of patients waiting >8 weeks for a Diagnostic Endoscopy  
Target Improvement Trajectory towards a national target of Zero by March '26

**Total >8 weeks 15,427**

**Total >14 weeks 1,024**

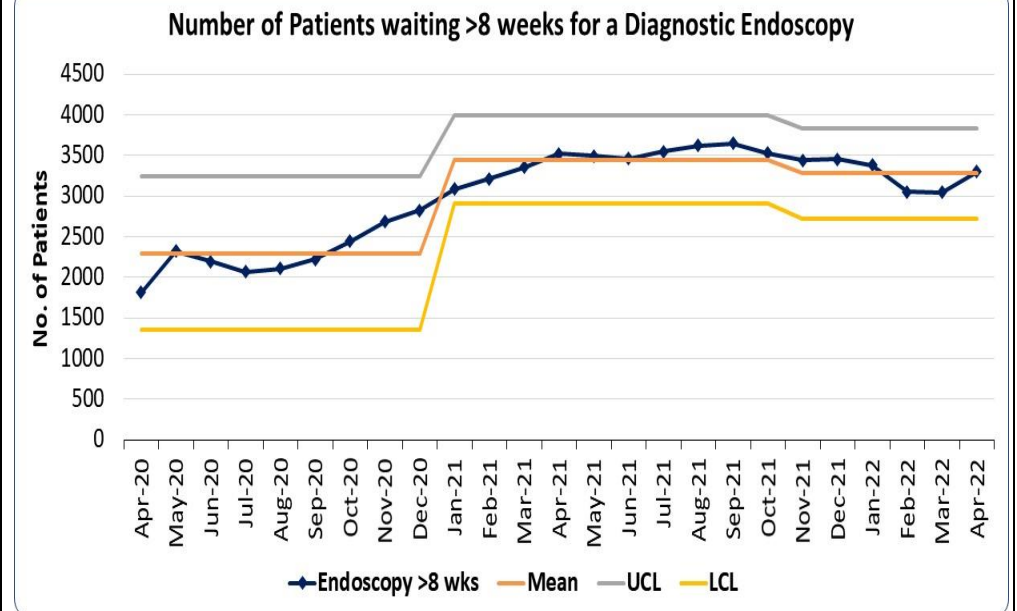
**Total >8 weeks 3,300**

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	7	136	5	148
Cardiology Services	Cardiac CT	0	72		72
	Cardiac MRI	0	2		2
	Diagnostic Angiography		28	28	56
	Stress Test	19	34	0	53
	DSE	85	0	40	125
	TOE	8		22	30
	Heart Rhythm Recording	59	51	3	113
Bronchoscopy	B.P. Monitoring	22	0	0	22
		1	1		2
Colonoscopy		111	574	5	690
Gastroscopy		132	799	8	939
Cystoscopy			414		414
Flexi Sig		519	734	2	1255
Radiology	Non-Cardiac CT		539		539
	Non-Cardiac MRI		980		980
	NOUS		9573		9573
	Non-Cardiac Nuclear Medicine		20		20
	Barium Enema		1		1
Imaging	Fluoroscopy		61		61
Physiological Measurement	Urodynamics	33	168	8	209
Neurophysiology	EMG	10	58		68
	NCS	8	47		55
<b>Total</b>		<b>1014</b>	<b>14292</b>	<b>121</b>	<b>15427</b>

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	14705	14308	15200	15841	14500	14284
2022/23	15427											

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		121	17	138
Dietetics	388	275	177	840
Occupational Therapy	4	1		5
Physiotherapy		11		11
Speech & Language	3	11	16	30
<b>Total</b>	<b>395</b>	<b>419</b>	<b>210</b>	<b>1024</b>

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	570	663	691	873	918	969
2022/23	1024											



### How are we doing?

**Diagnostics:** Provisionally, at the end of April, 15,427 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents an increase of 8% (1,143) from the reported position in March. This rise is due in part to an increase in the number of patients waiting for Non-cardiac CT which increased by 193 (almost 56%) compared to the reported March position (currently at 539 patients waiting in excess of 8 weeks). NOUS continues to have the highest volume of breaching patients with 9,573 currently waiting over 8 weeks for a scan, an increase of over 8% on the previous month is observed.

**Therapies:** There are provisionally 1,024 patients breaching the 14 week target for therapies in April, an increase of 55 (5.7%) on the reported position for March. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 840. Dietetics accounts for over 82% of the total patients waiting beyond the 14 week target for therapies.

### What actions are we taking & when is improvement anticipated?

A number of the successful initiatives undertaken in 2021/22 (e.g. first contact) are being formally appraised as part of the review of the planned care recovery plan refresh.

**Insourcing PCH:** PCH continues to run 1-2 theatres each Saturday. RGH have continued to run 1-2 lists each Sunday.

**Additional lists RGH:** Saturday lists ongoing.

**Validation of waiting list MC/RTE:** No activity currently. CSG teams mapping out service requirements to identify gaps in terms of what is required and what is feasible.

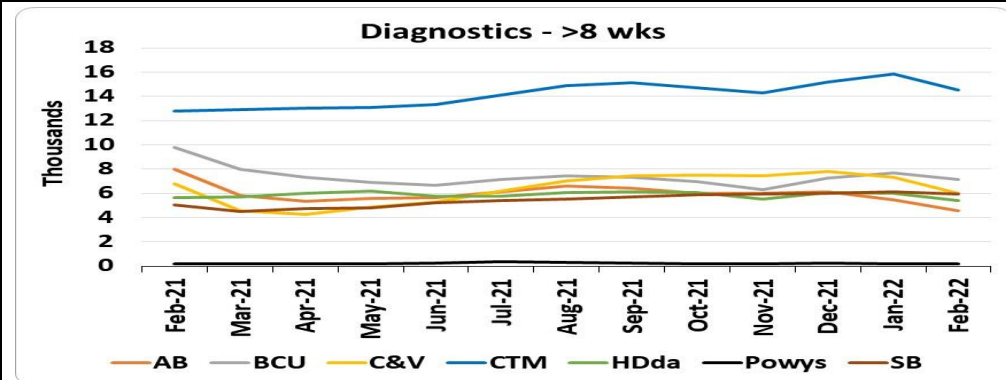
**Mobile unit:** This is now onsite at RGH, commission and installation is ongoing. With work ongoing to achieve go live by end of May/early June.

### What are the main areas of risk?

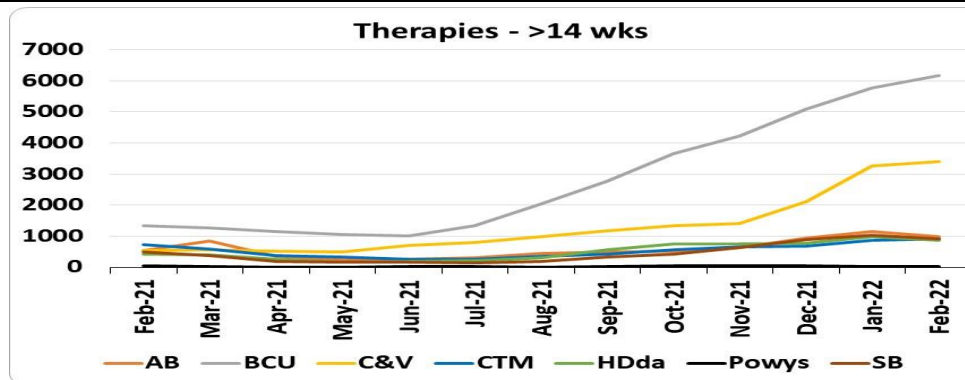
**Insourcing:** Ability of insourcing team to staff all lists.

**Mobile Unit:** Risk to delivery of go live date due to multiple deliverables across multiple concurrent work streams.

### How do we compare with our peers?



### How do we compare with our peers?



### How do we compare with our peers?

As at February 2022, CTM had the highest number of patients (14,501) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (169) with ABUHB performing better than the other acute health boards with 4,574 patient breaches.

As at the same period, CTM had 918 patients waiting over the 14 week target for a therapy and ranked 3<sup>rd</sup> out of the other health boards in Wales. Again, Powys was first with 33 patient breaches and Hywel Dda; 2<sup>nd</sup> with 875 patient breaches.





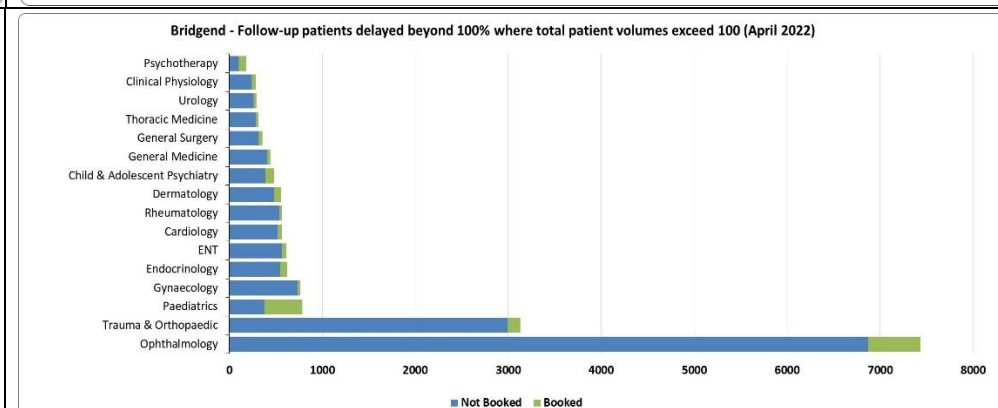
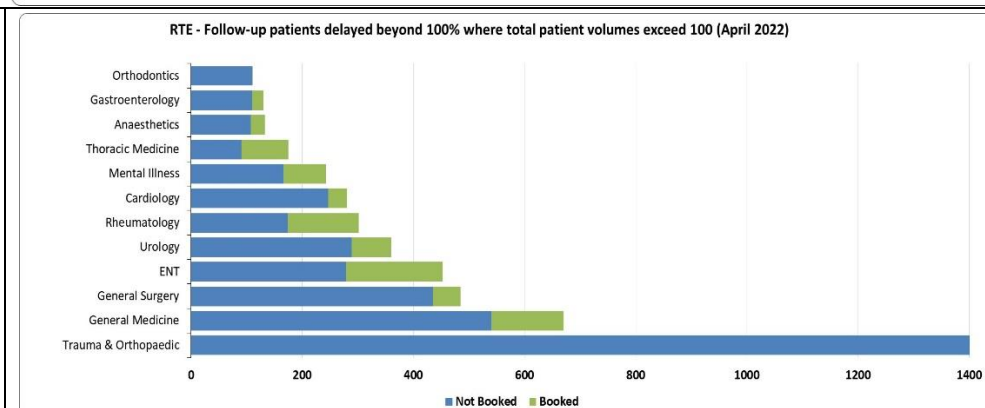
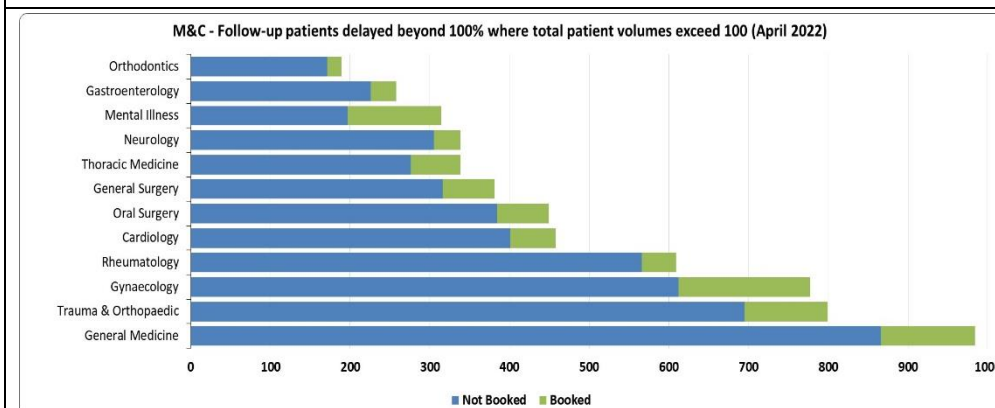
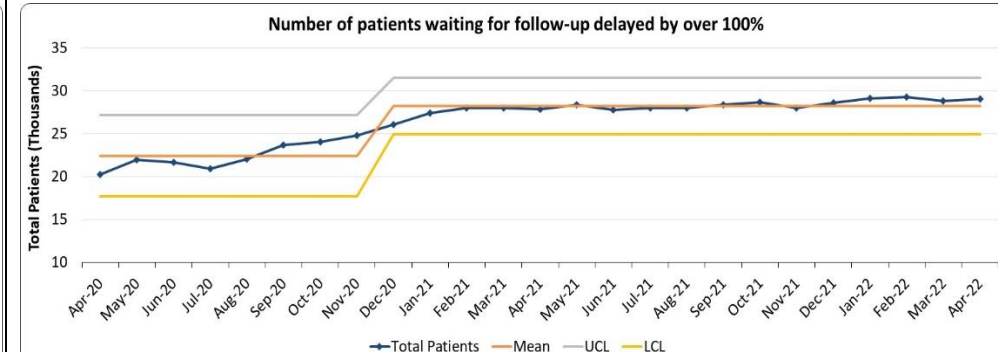
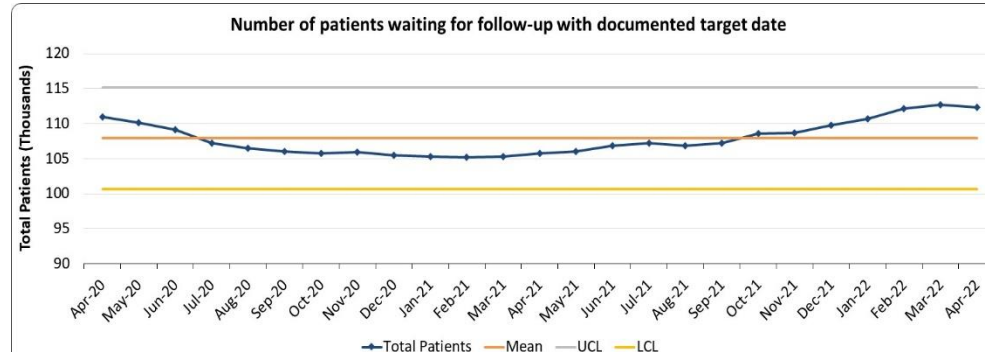
## Follow-up Outpatients Not Booked (FUNB) – April 2022 (Provisional Position)

Number of patients waiting for a Follow-up with documented target date

Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
9	74,745	37,563	112,317	25,242	3,781	29,023

Provisional April 2022	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	0	14,536	7,118	21,654	5,223	926	6,149	28.4%
Rhondda & Taff Ely	4	12,572	15,006	27,582	4,050	1,002	5,052	18.3%
Bridgend	5	47,637	15,439	63,081	15,969	1,853	17,822	28.3%
CTM	9	74,745	37,563	112,317	25,242	3,781	29,023	25.8%



### How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of April is provisionally 112,317 and of those patients waiting, 29,023 have seen delays of over a 100% past their target date, representing an increase of just over 4.1% on the same period last year.

The number of patients without a documented target date stands at 9.

Due to significant demand for cancer and urgent outpatient appointments there is limited capacity for routine and follow up appointments to take place. Resulting in increased routine and follow up waits.

### 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:

- Validation for 22-23 TBC currently in resetting.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from January figures in identified specialties as pathways are in development for implementation.
- The Outpatient Programme in line with the new financial year will undergo resetting to ensure priorities & project align with national and local directives.

### 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 at 30,029 for those two specialties, of which 42.8% (12,851) are delayed 100%.

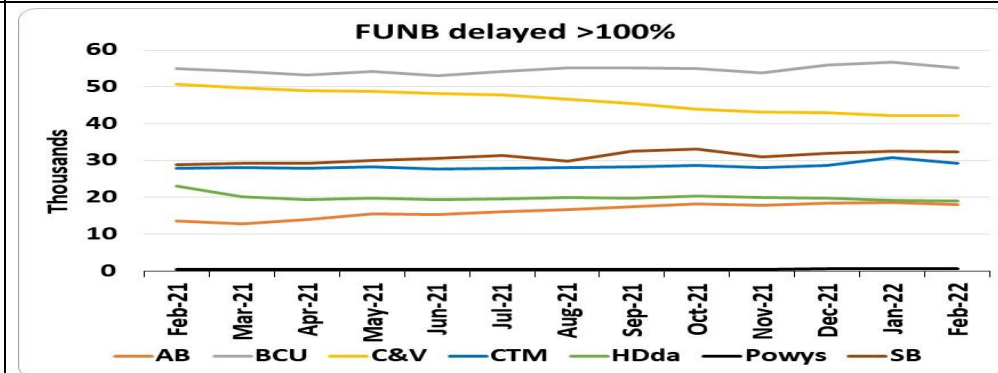
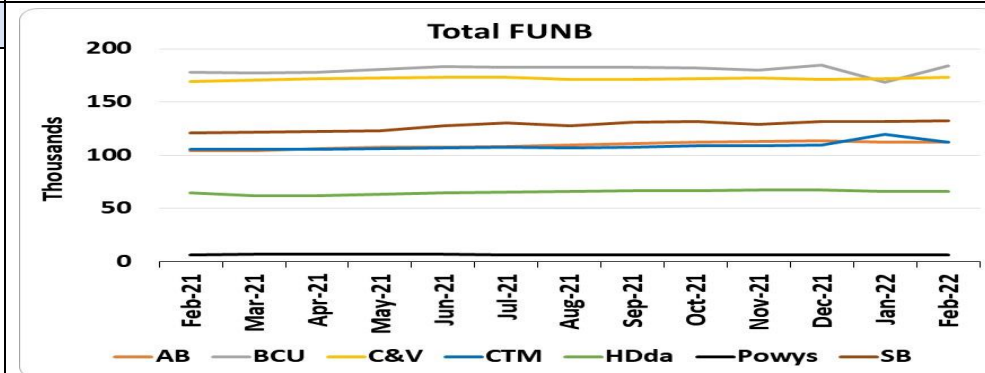
Outpatient activity levels continue to be below pre-Covid levels with the April figures below for new and follow-up patients compared to prior the pandemic: (n.b. fewer attendances during April are also due to the Easter Bank Holidays)

- Total New Patients seen: 12,510; a reduction of over 31% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 26,728; over 34% reduction on the Pre-Covid average (19/20) of 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 work stream has now started with a member of staff in post to progress this.



# Emergency Unit Waits – April 2022 (Provisional Position)

Number of Attendances

14,087

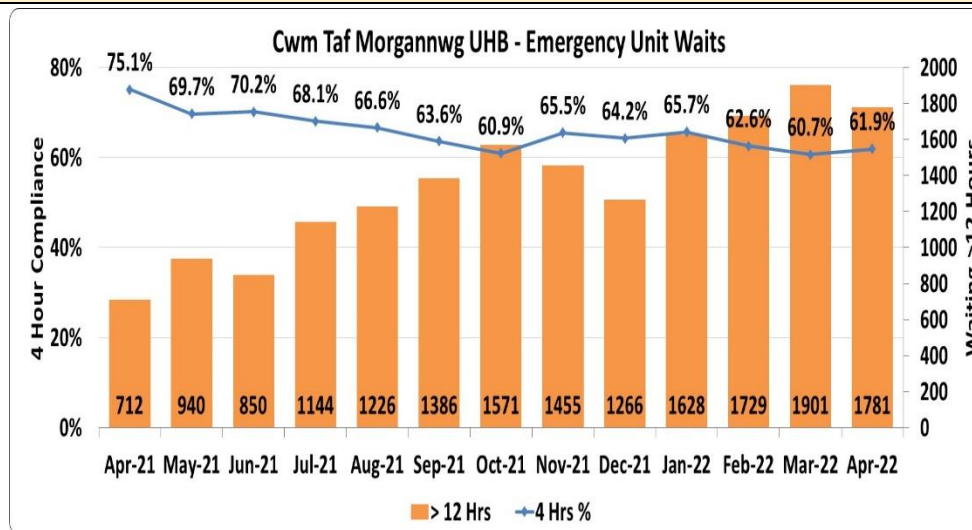
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

61.9% were seen within 4 hours (Waiting >4 hrs 5,364)

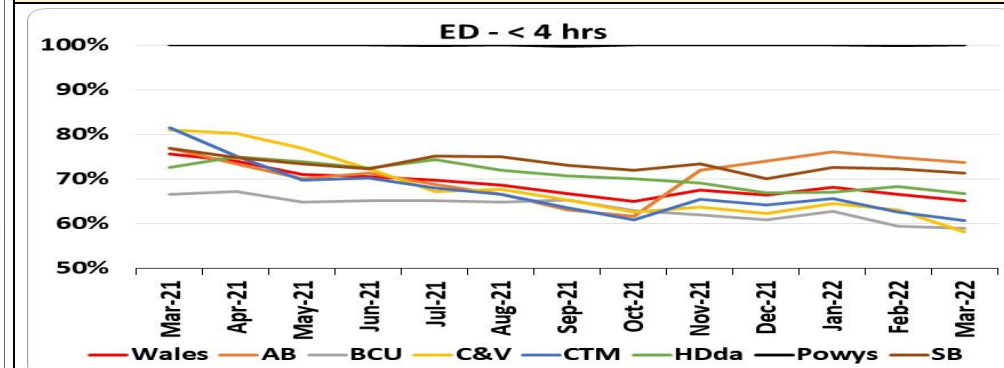
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

12.6% of patients were waiting over 12 hours (1,781)

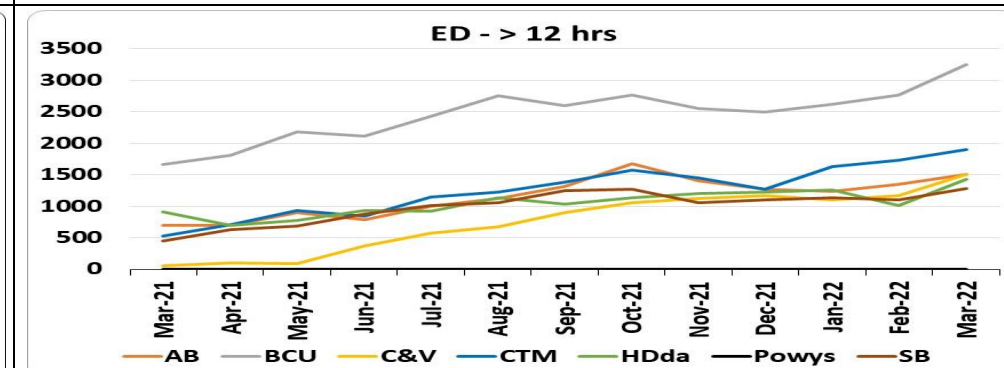
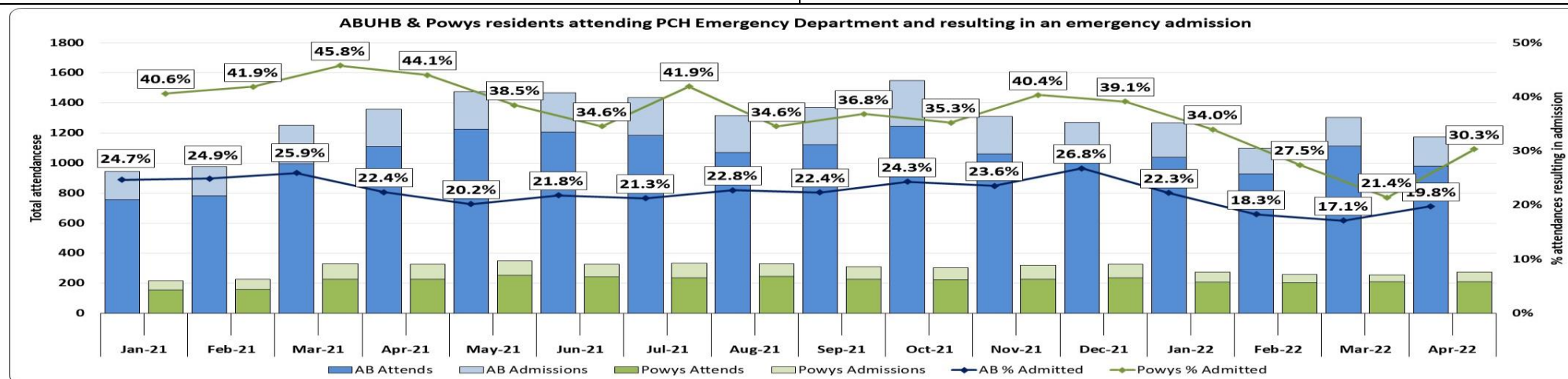
Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	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	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5072	69.6%	325	4897	59.4%	607	15346	60.9%	1571
Nov-21	4736	53.2%	604	4703	74.7%	325	4485	66.2%	526	14255	65.5%	1455
Dec-21	4482	55.3%	541	4558	72.1%	310	4211	63.6%	415	13455	64.2%	1266
Jan-22	4503	55.7%	753	4603	73.9%	403	4221	63.9%	472	13763	65.7%	1628
Feb-22	4350	55.3%	753	4359	69.1%	429	3969	59.4%	547	13101	62.6%	1729
Mar-22	5080	51.1%	882	5022	69.4%	407	4774	57.4%	612	15387	60.7%	1901
Apr-22	4641	57.1%	765	4589	69.2%	497	4444	56.0%	519	14087	61.9%	1781



How do we compare with our peers?



As at March 2022, CTM ranked 4<sup>th</sup> out of all the acute health boards in Wales, with compliance at 60.7%. Best performing acute health board was ABUHB at 73.7% and worst was C&V at 58.2%.



As at March 2022, CTM, ranked 6<sup>th</sup> out of all the acute health boards in Wales, with 1,901 patient breaches. Better performing acute health board was SBUHB with 1,284 patient breaches, worst was BCU with 3,256 patient breaches.

## How are we doing?

In comparison to the previous month, a minor improvement in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during April, with overall performance at 61.9%. As per the table above, the UHB continues to experience challenges at PCH, where performance is presently at 57.1%, fairing slightly better than POW this month where compliance was 56.0%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments remained almost static this month at 87.4%, bringing the overall total of breaching patients to 1,781 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals, however PCH observed the greatest number of breaching patients and accounted for 43% of the overall total for CTM.

Overall, attendances during April were down by 8.5% than in March at 14,087 and is just over 9% lower than the same period last year. The average monthly attendances for the past three years are detailed below:

Average Attendances	% variance from previous year
2019/20	15752
2020/21	11931
2021/22	15079
Apr-22	14087

## What actions are we taking & when is improvement anticipated?

### Bridgend ILG:

- Temporary increase in the bed base at Ysbyty'r Seren has been phased down in April and will continue to be phased down in May. Impact felt on flow across acute site resulting in some significant delays
- Patient Flow Navigators supporting wards and discharge lounge with early discharges and liaising more robustly with LA colleagues.
- More dynamic proactive boarding on wards where definite discharges have been identified.
- Involvement in the 2 week resetting exercise with focus on up to date EDDs, discharge hub, earlier discharges and daily Board Rounds. Dynamic management of Covid bed base.
- Red release policy reintroduced at POW with clear escalation and mitigating actions. Piloting through April and May.

### RTE ILG:

- Minor injury patients redirection from RGH to Ysbyty Cwm Rhondda continues with good uptake and positive feedback from patients
- Recruitment of the patient flow team has concluded with staff starting to take up posts in July.

### MCILG:

- Real time demand & capacity introduced across Acute Wards to improve efficiency and delays in transfers and discharges
- ED Improvement Programme continues
- Recruitment to additional establishment underway

## What are the main areas of risk?

- Staffing challenges due to Covid continues
- Long delays on ambulance and within ED increasing risk to patients in ED and in the community
- Frail elderly in ED for long periods awaiting beds leading to deconditioning
- Cancellation of non-urgent planned activity has potential to increase demand at the front door.
- Significant patient safety concerns associated with long delays in the Emergency Department. Known correlation between long ED stay and increased mortality.
- WAST diverts of out of area patients. This leads to longer length of stay with associated issues of repatriation back to local hospital



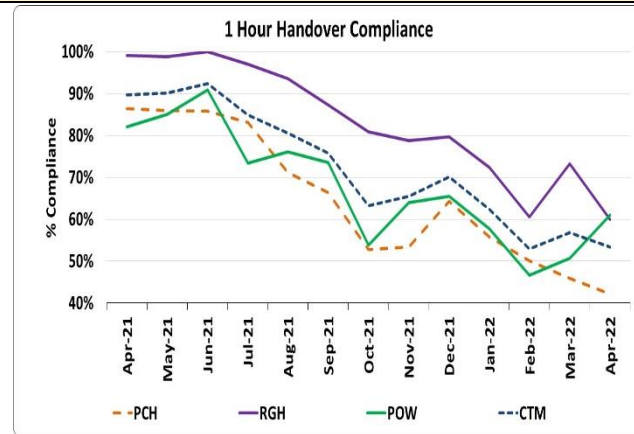
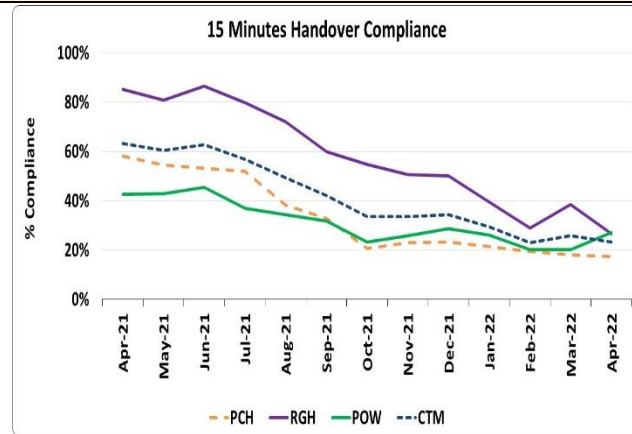
# Emergency Ambulance Services – April 2022 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

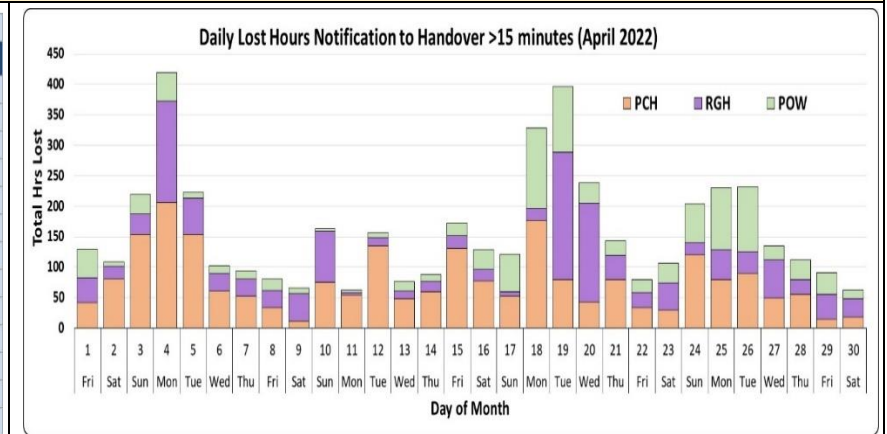
Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,177 of which 503 handovers were within 15 minutes (23.1%)**

**1,015 handovers were over 1 hour (53.4% of handovers were within 1 hour)**



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
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%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%



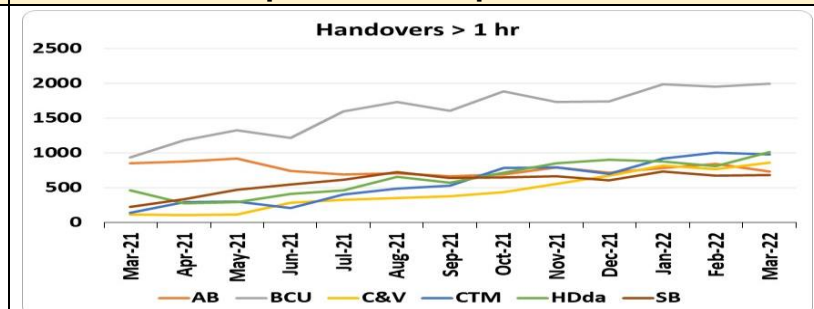
## How are we doing? What actions are we taking?

The CTM 15 minute handover compliance saw a decline this month to 23.1%, with 60-minute compliance also falling to 53.4% from 56.7% in the previous month. The number of Ambulance conveyances (2,177) was lower by c. 3.8% on the March figure and remains approximately 24% below the volume seen in the same period of 2021. Overall our community lost 4,772 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at PCH which accounted for over 48% of the total hours lost.

## What actions are we taking & when is improvement anticipated?

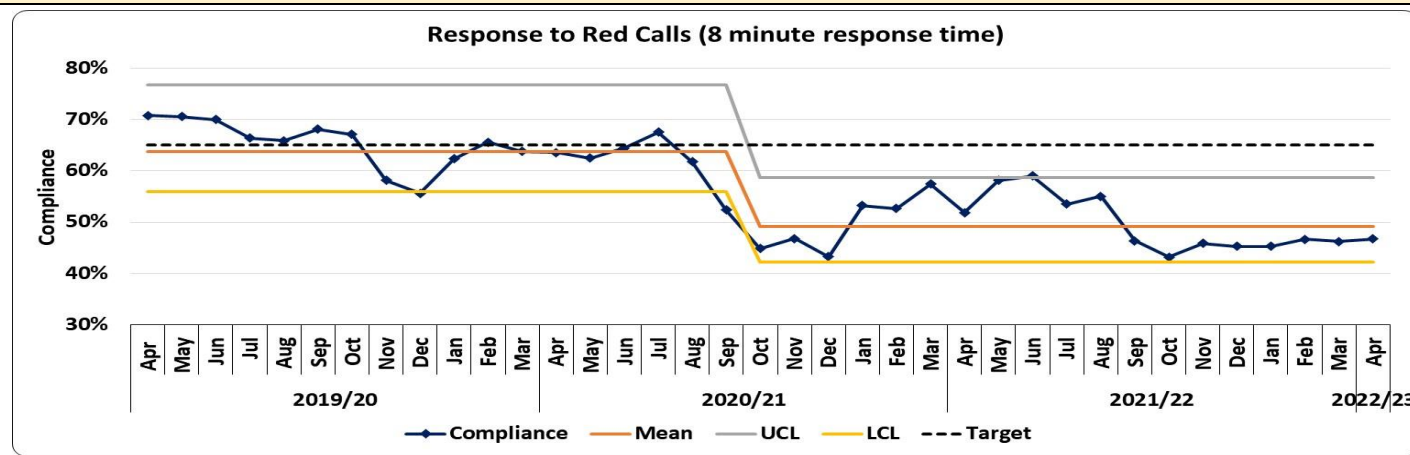
There is an increasing trend where acutely unwell patients are self-presenting at PCH as opposed to arriving by ambulance based on advice given to use own transport by WAST. Clinical space is being utilised on a clinical priority basis and it is often the case that self-presenting patients pose a greater clinical risk than many WAST patients and these take priority. WAST handover delays continue to be discussed and planned in bed meetings and ED Safety Huddle meetings.

## How do we compare with our peers?

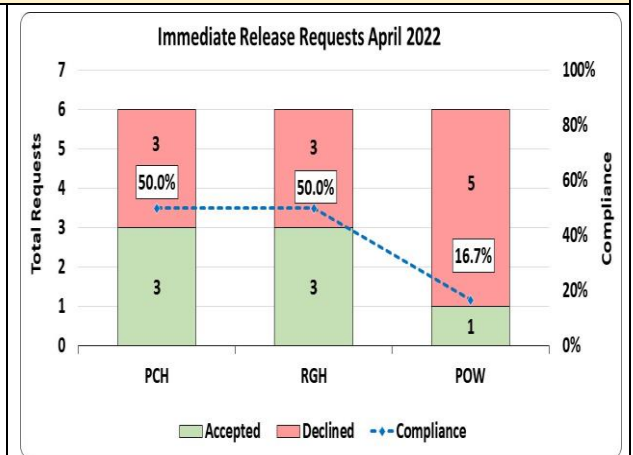


As at March 2022, CTM was ranked 4<sup>th</sup> out of the six acute HB's in Wales with 978 patient breaches. Better performing was SBUHB with 687 patient breaches and worst was BCUHB with 2,002 patients waiting more than 1 hr. for handover of care.

## Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance April 2022 – 46.8%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)												
Period	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
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%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%



## How are we doing?

### Response to Red Call

The persistent high numbers of life-threatening calls experienced by our ambulance service continues with response times remaining almost static during April at 46.8%. The Welsh average remains just over 51% and has remained below target since August 2020. CTM response times for the last twelve months averages out at 48.9%.

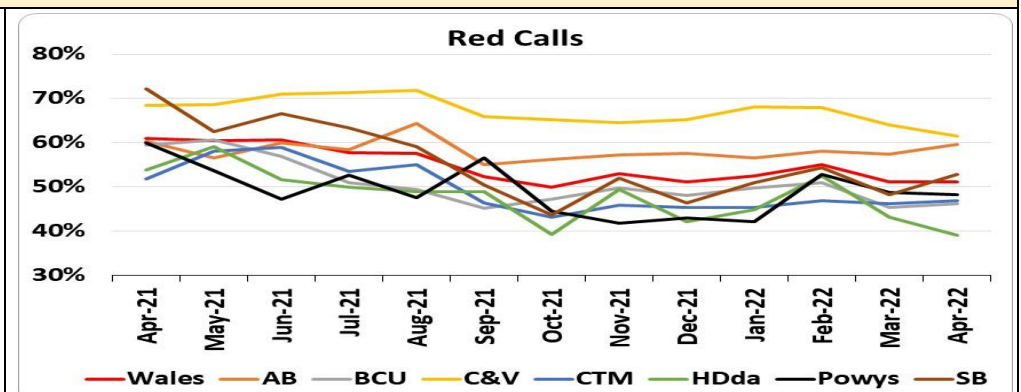
Red Call Volumes shown in the central table continues to remain high with 494 observed in April, although 10.5% lower than the previous month (552). Pre-Covid levels averaged 351 per month, whilst the Cwm Taf average for the last 12 months is 521 representing an approximate increase of 48%.

**Immediate Release Requests** (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 18 during April. The ED services were able to support affirmatively 7 (38.9%) of those requests.

## How do we compare with our peers?

CTM ranked fifth out of all the health boards in Wales for response times to red calls during April (46.8%). Response times continue to remain better in the dense urban areas, with Cardiff and Vale seeing 61.5% compliance.

Generally response times are worse in the more geographically challenging areas e.g. H Dda & BCU (39% & 46.2% respectively).





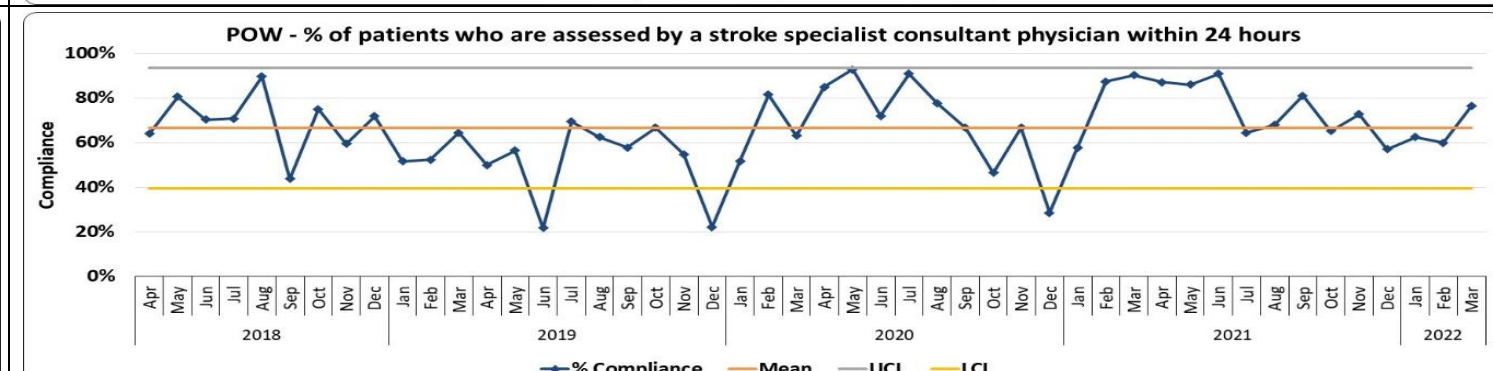
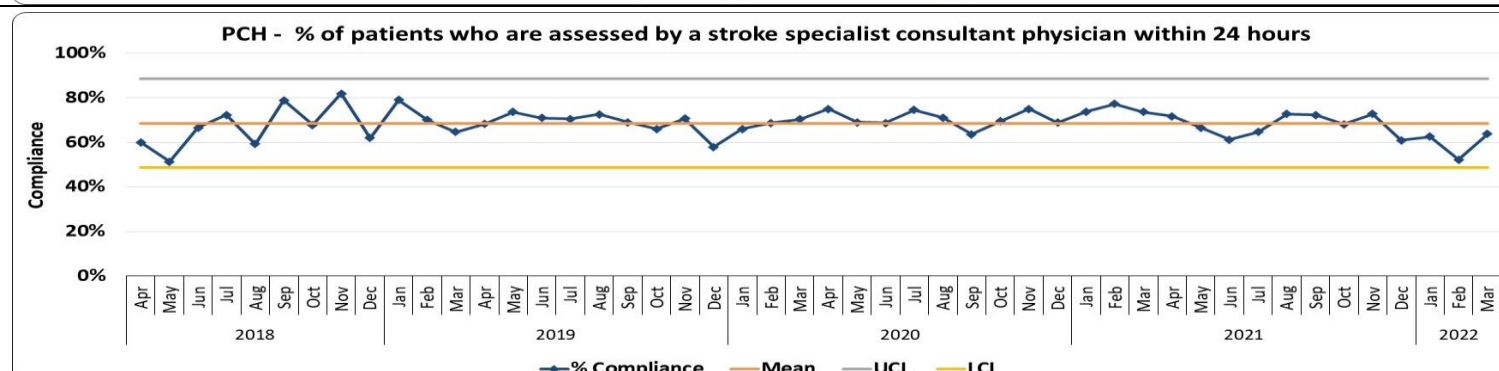
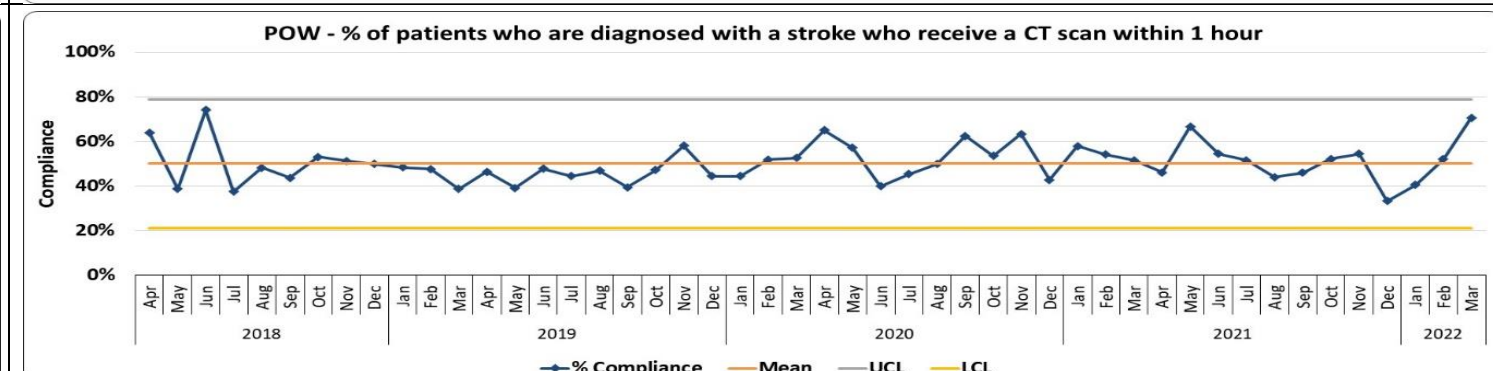
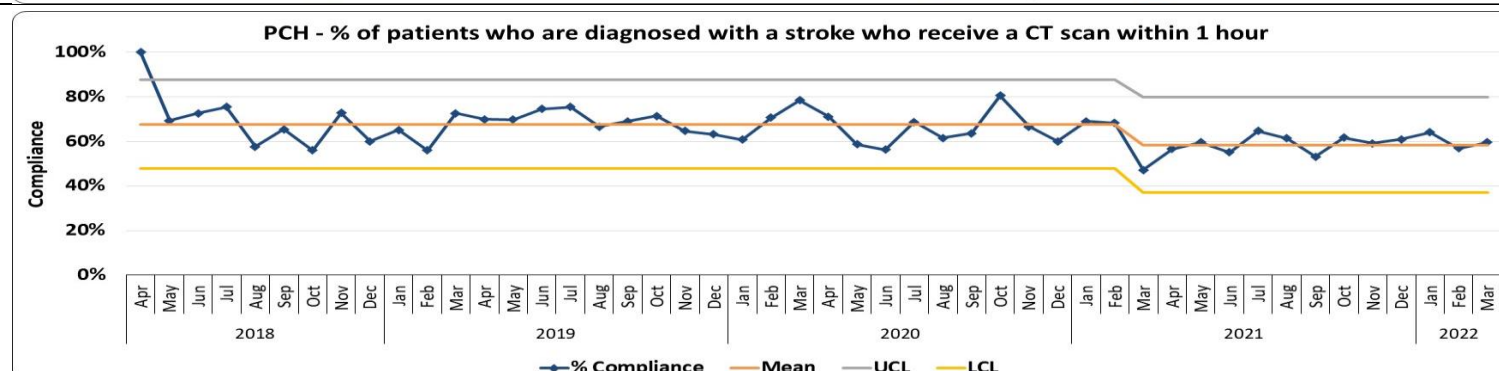
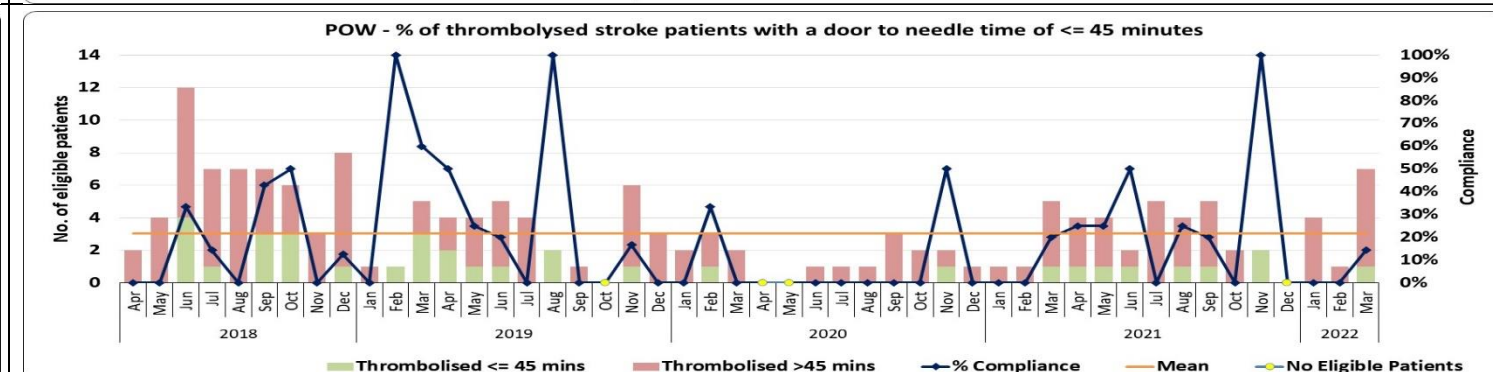
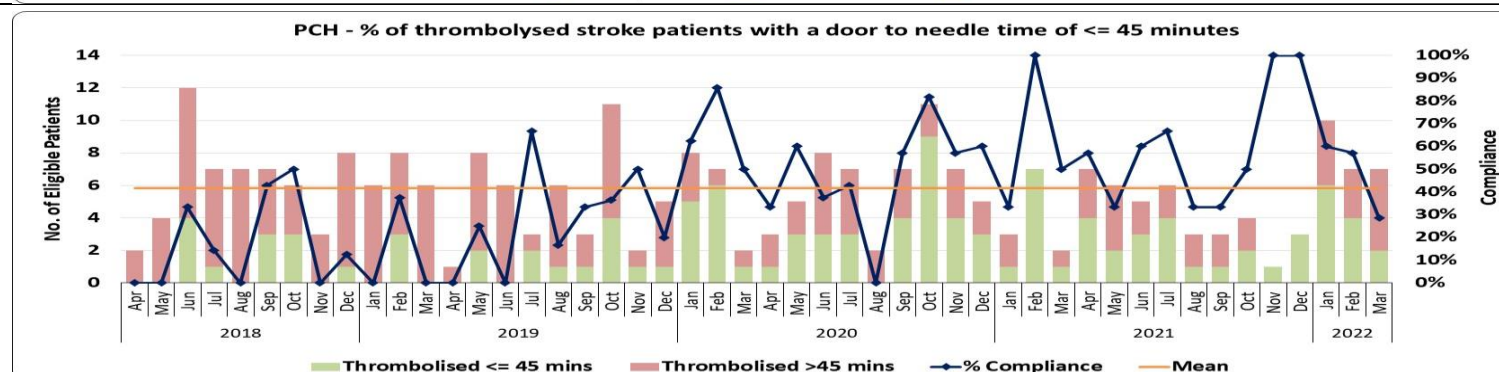
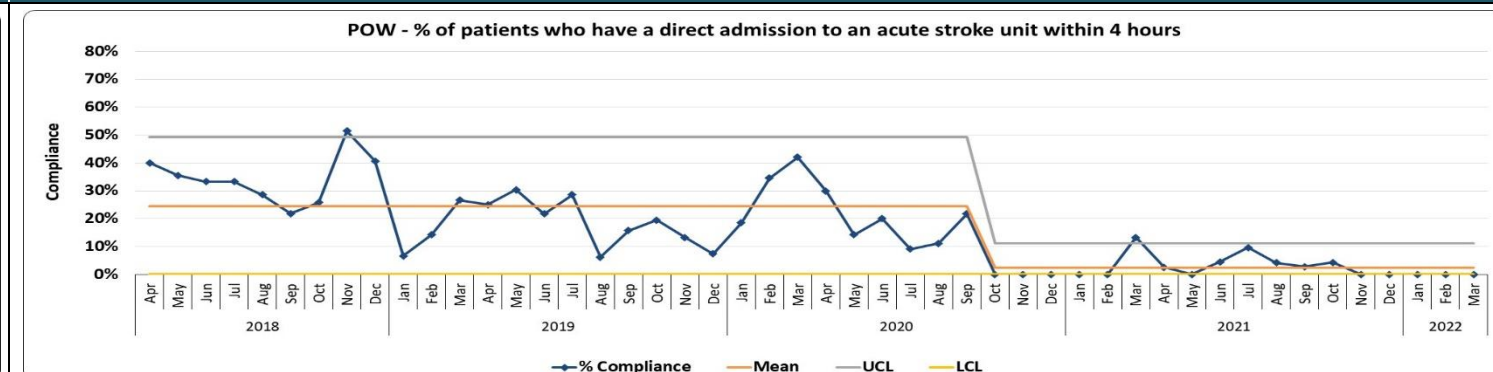
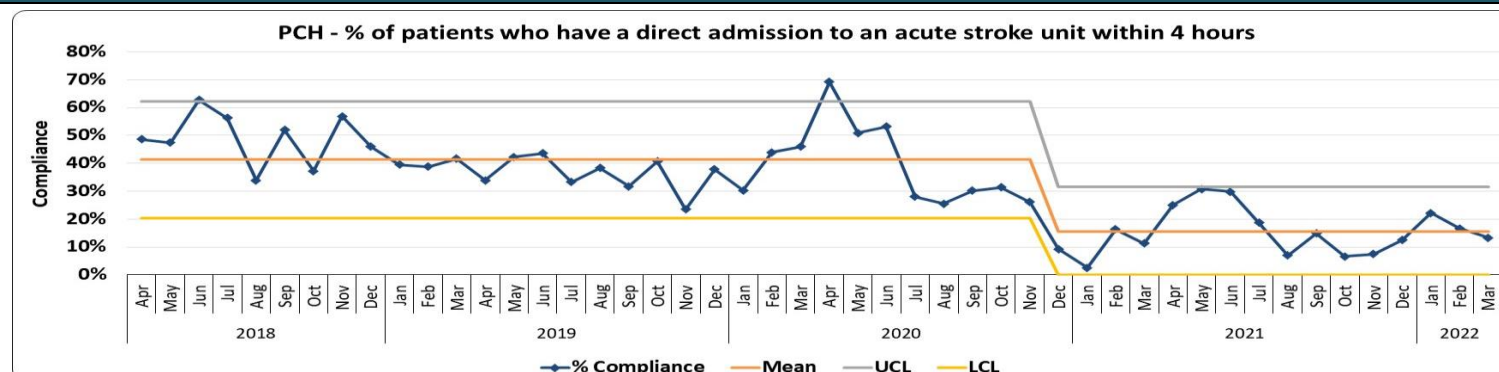


# Stroke Quality Improvement Measures (QIMs) – March 2022

% 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		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
13.3%	0%	7.6%	28.6%	14.3%	21.4%	59.6%	70.6%	64.2%	63.8%	76.5%	69.1%

## Prince Charles Hospital

## Princess of Wales Hospital



Stroke QIMS continued on the next page...

## How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance. In March, 7.6% (6 out of 79 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 21.4% of eligible patients were thrombolysed within 45 minutes (3 out of 14 eligible patients), 64.2% of patients (52 out of 81 diagnosed patients) had a CT scan within an hour and just over 69% of stroke patients (56 out of 81 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

The wider challenges of working in a Covid environment and barriers to flow noted previously remain. Diagnosis of the key factors indicates:

- The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.
- The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward.
- More recently only 40% of PCH stroke patients have been arriving via ambulance (compared to 80% in January 2021). This means fewer patients are presenting within the 4.5 hour thrombolysis window.

## March 2022 stats:

Stroke QIMs - March 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	45	34	79
	No. of patients within 4 hours	6	0	6
	% Compliance	13.3%	0.0%	7.6%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	7	7	14
	No of patients within 45 mins	2	1	3
	% Compliance	28.6%	14.3%	21.4%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	47	34	81
	No. of patients within 1 hour	28	24	52
	% Compliance	59.6%	70.6%	64.2%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	47	34	81
	No. of patients within 24	30	26	56
	% Compliance	63.8%	76.5%	69.1%

## What actions are we taking & when is improvement anticipated?

The CTM Stroke Planning Group has agreed a number of short term actions to be implemented by end of March 2022 with a review of progress in mid-April. These complement medium and long term actions which will require either additional or the re-prioritisation of resources. The stroke planning group has been able to progress with the following::

- Daily board rounds with nurses and therapists are ongoing, with the addition of medical staff and including patient flow manager in PCH.
- Maintaining weekly MDT meetings to discuss patients in PCH and POW.
- Colleague education and collaboration to ensure that junior colleagues in particular are familiar with the quality targets for stroke services and the stroke care pathway.
- Expansion of space for therapy sessions on the acute stroke unit in PCH.
- Assessment of long-term demand and capacity has been included as part of the post Covid recovery work across the ILGs.

The group will continue to look at the issue of closer links between PCH and YCR through the use of electronic whiteboards, therapy space in POW and transfer of stroke patients from RGH to PCH.

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 has undertaken 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.

CTM has also participated in regional discussions with Cardiff around a wider stroke resilience pathway (update will be provided in future reports).

## 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.

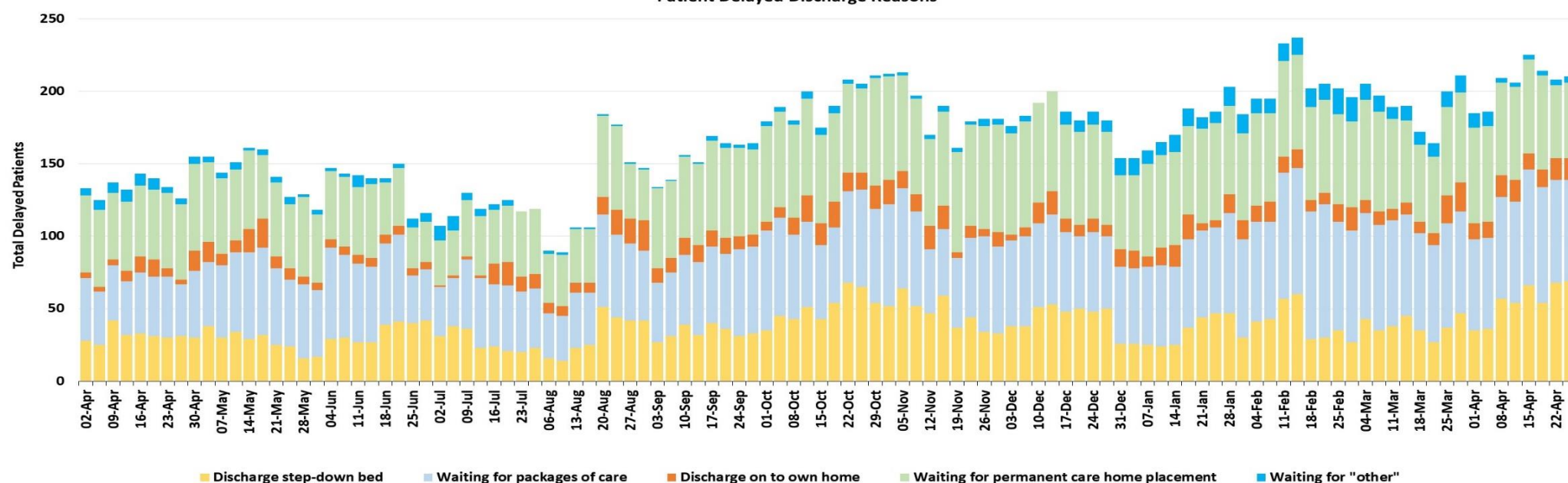


# Delayed Transfers of Care to 26<sup>th</sup> April 2022

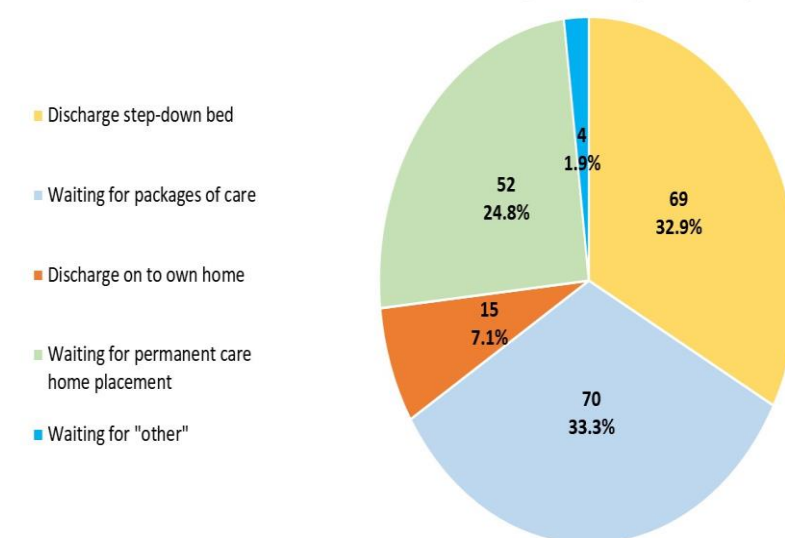
**Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)**  
(Twice weekly census from 1st January 2021 to 26th April 2022)



**Patient Delayed Discharge Reasons**



**Reasons for Patient Delays at census point 26th April 2022**



## 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 (on both the D2RA and bypassing pathways) has declined from the peak at the end of February of c.92 individuals to 70 at the end of April. This equates to 15.6 delays per 100,000 population, and is over 50% higher than the national rate which is 10.3 per 100,000 population.

The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 210 individuals in this predicament. The main reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right..

## 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" which are closed to admissions, leaving availability of beds limited.

# Single Cancer Pathway (SCP) – March 2022

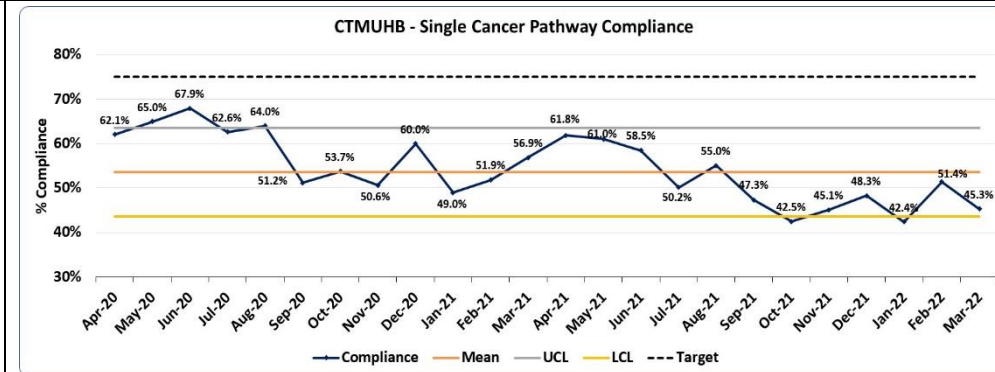
% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 45.3%**

Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - March 2022			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	1	7	14.3%
Upper GI	6	23	26.1%
Lower GI	13	39	33.3%
Lung	22	35	62.9%
Sarcoma	0	1	0.0%
Skin (exc BCC)	39	46	84.8%
Brain/CNS	1	1	100.0%
Breast	27	46	58.7%
Gynaecological	2	16	12.5%
Urological	12	63	19.0%
Haematological	6	13	46.2%
Other	6	8	75.0%
<b>Total</b>	<b>135</b>	<b>298</b>	<b>45.3%</b>

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
March 2022												
Head and Neck	1	1	2	0	4	4	0	1	1	1	6	7
Upper Gastrointestinal	3	4	7	2	8	10	1	5	6	6	17	23
Lower Gastrointestinal	6	7	13	4	8	12	3	11	14	13	26	39
Lung	4	4	8	7	4	11	11	5	16	22	13	35
Sarcoma							0	1	1	0	1	1
Skin(c)							39	7	46	39	7	46
Brain/CNS	1	0	1							1	0	1
Breast				27	19	46				27	19	46
Gynaecological	2	11	13				0	3	3	2	14	16
Urological				12	51	63				12	51	63
Haematological				5	3	8	1	4	5	6	7	13
Other	4	1	5	1	0	1	1	1	2	6	2	8
<b>Total Breaches</b>	<b>21</b>	<b>28</b>	<b>49</b>	<b>58</b>	<b>97</b>	<b>155</b>	<b>56</b>	<b>38</b>	<b>94</b>	<b>135</b>	<b>163</b>	<b>298</b>
<b>Overall Compliance</b>	<b>42.9%</b>			<b>37.4%</b>			<b>59.6%</b>			<b>45.3%</b>		



Performance for April deteriorated to 45.3% from the previous reported position of 51.4%. Predicted performance for April currently is 43.8 %.

Delays at first outpatient and diagnostic stages continues to be the most significant factor for patient breaches.

Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 2021; the lowest January 2022 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA (34%) and diagnostic stage (50%) collectively; accounting for 84% of all active patients on the SCP.

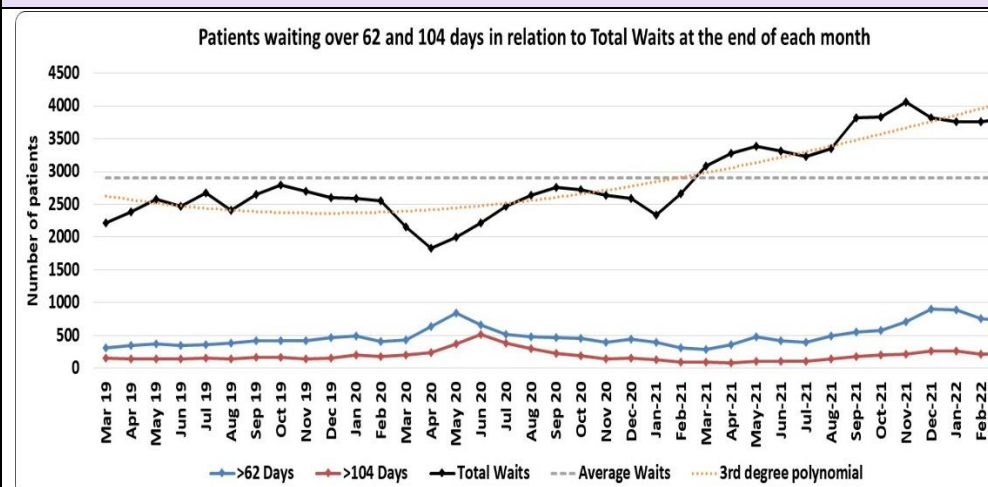
With the exception of skin, no other sites have achieved the current SCP target (brain patients are admitted with palliative or end of life care).

Services are being monitored against the new 28 day to strengthen the front end pathway management.

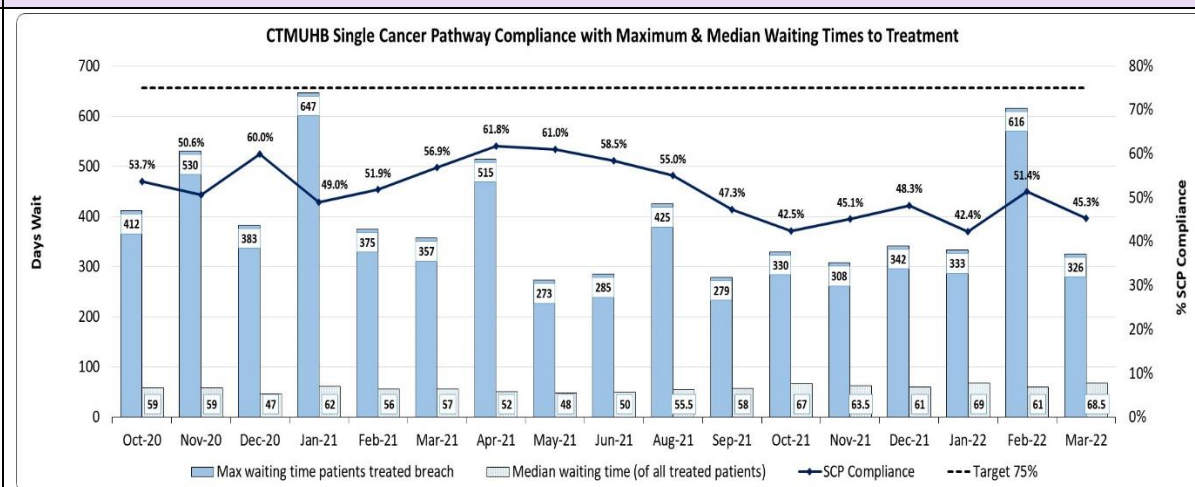
All 3 ILG's have noted a fall in performance since the last reporting period.

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



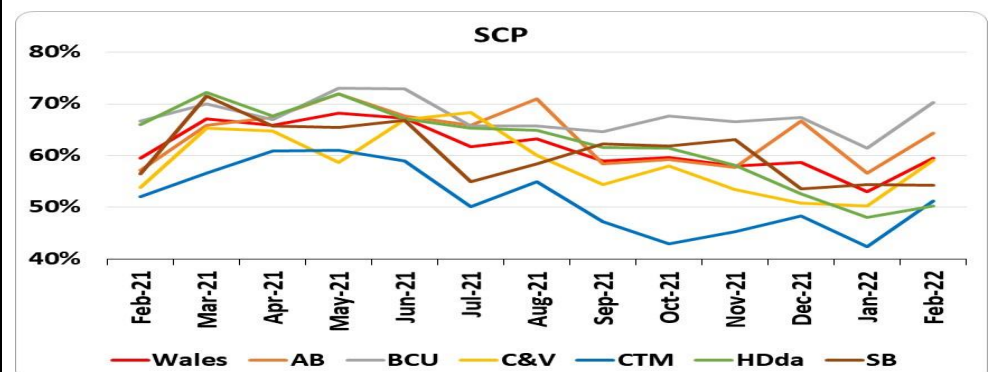
Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	4	4	
Upper Gastrointestinal	28	11	17
Lower Gastrointestinal	43	13	25
Lung	1	1	4
Gynaecological	48	14	42
Other			
<b>Grand Total</b>	<b>124</b>	<b>43</b>	<b>88</b>
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	225	19	3
Upper Gastrointestinal	154	36	12
Lower Gastrointestinal	236	68	8
Lung	26	5	1
Breast	528	158	11
Urological	511	70	27
Haematological	37	9	2
Other	62	2	1
<b>Grand Total</b>	<b>1779</b>	<b>367</b>	<b>65</b>
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	2		
Upper Gastrointestinal	4	1	1
Lower Gastrointestinal	3	2	2
Lung	1	5	
Sarcoma			
Skin(c)	37	10	9
Gynaecological	3	3	7
Haematological	4		1
Other	2	1	
<b>Grand Total</b>	<b>56</b>	<b>22</b>	<b>21</b>



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

Latest all Wales figures for February 2022, indicate that CTM is ranked 5<sup>th</sup> out of the six acute health boards in Wales at 51.2%. Best performing is BCU (70.3%) with Hdda seeing the lowest compliance at 50.2%.

As at the 1<sup>st</sup> May 2022, the number of patients waiting over 62 days has increased to 864 and over 104 days has reduced to 224 (from 250).



## What actions are we taking & when is improvement anticipated?

In regards to breast, a number of additional actions over and above those previously reported are being progressed continue as follows:

- Super Saturdays, outsourcing to Nuffield patients under 40 Years old.
- Recruitment of locum and specialty doctor
- Recruitment of pathologist
- Super-Saturdays, with the support of C&V UHB) for backlog clearance (although there is a significant risk around radiology capacity)

In endoscopy the new mobile unit should be operational shortly, providing 75 additional scopes per week.

The Urology Pathway review has been undertaken and the recommendations are now being acted upon, with the objective of streamlining and standardising care management across the HB.

The cancer 'business intelligence' suite has been developed and is being iteratively developed and not yet operational.

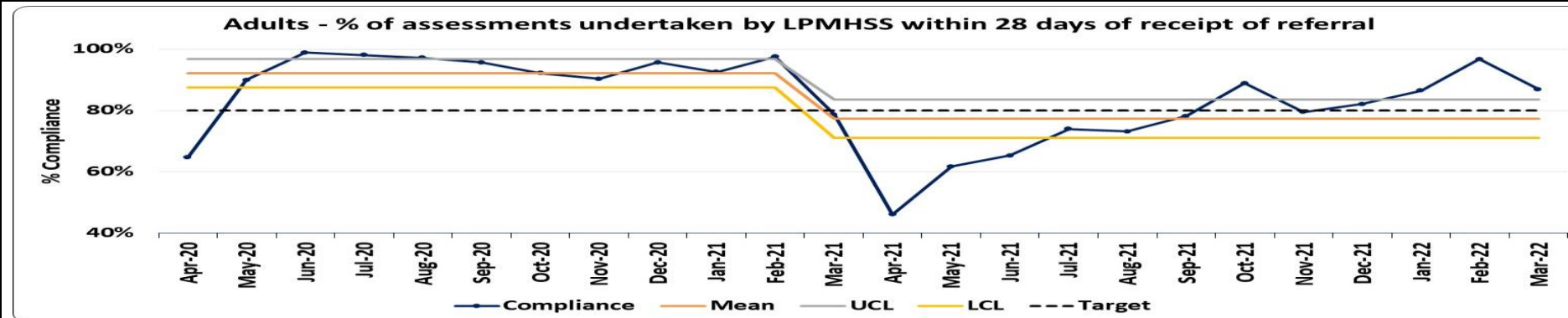
## What are the main areas of risk?

- Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 84% of all patients on the active SCP are at 1<sup>st</sup> OP or diagnostic stage
- Significant volume of patients that have already exceeded the 62 day SCP and backlog reduction will reduce performance further.
- Resources required to effectively plan and implement the Rapper / Canisc replacement programme.
- Downgrading patient practices.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked.
- Significant delays in pathology and radiology.



# CTM Mental Health Compliance detailing the Adult Mental Health Services – March 2022

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral - Target 80% – 86.9%



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.

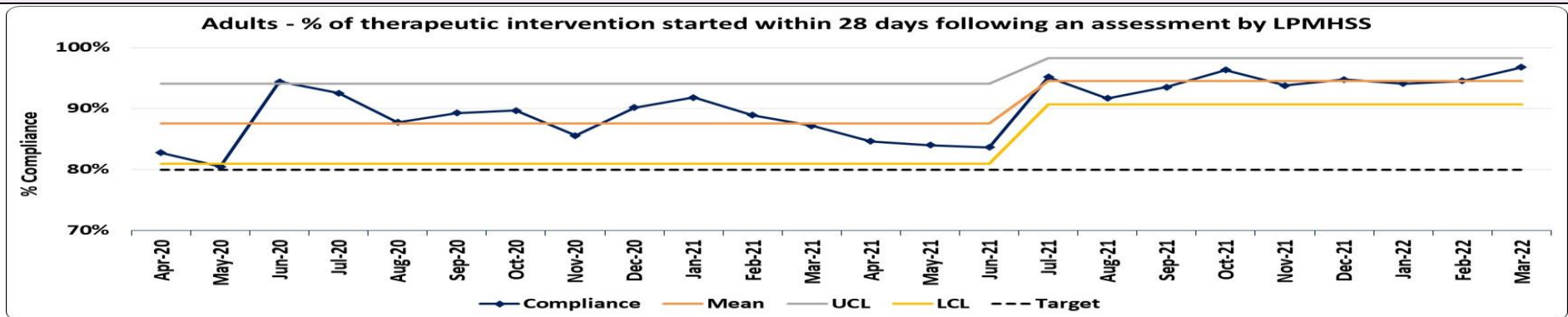
The adult mental health services compliance for March fell by almost ten points to 86.9% from the previous month, but remaining above the compliance threshold.

Overall, compared to the previous month, referrals into the adult services increased by over 45% bringing the total number of referrals to 957 during March. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 662 per month.

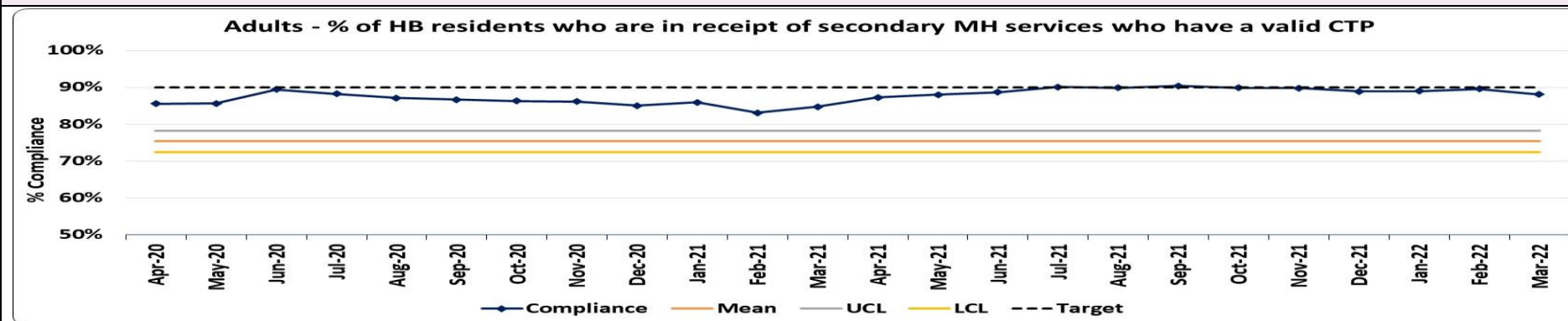
## % of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80% – 96.8%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 96.8% from 94.6% in the previous month and continues to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 311 with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during March amounted to 301 patients.



## % of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90% - 89.6%



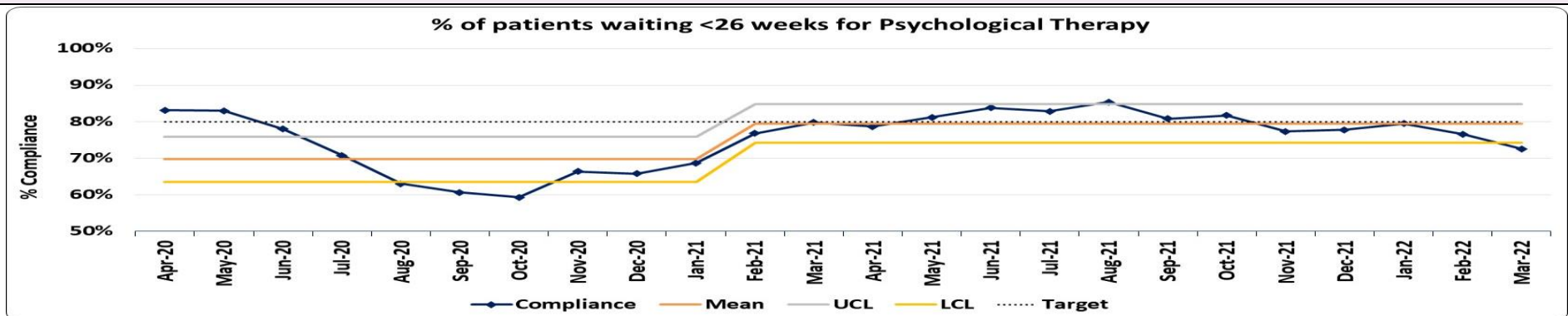
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month dipped slightly to 88.1% during March with the chart to the left demonstrating that nothing is changing significantly and has continued to remain just under the 90% target for the past six months.

**Part 3:** There were no outcome of assessment reports sent during March.

## % of patients waiting less than 26 weeks to start a Psychological Therapy - Target 80% - 72.5%

**Psychological Therapies** compliance further declined during March to 72.5%, with the total number of patients waiting equating to 706; representing an increase of over 50% on the number of patients waiting at the end of April 2021 (468).

Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.



Adult Mental Health Services continued on the next page...

## How are we doing and what actions are we taking?

**Part 1a** compliance decreased from 94.9% to 86.9% in March, although performance continues to be above target of 80%. Both RTE and M&C ILGs continued to be above the 80% target but Bridgend ILG dropped from 81.8% in February to 55.4% the following month. The trend for RTE ILG continues to stay above 90% compliance for the last quarter but there greater fluctuations in compliance for M&C and Bridgend ILGs. Part 1b remains well above compliance against stable activity.

**Part 2** compliance for both Adult and Older Adult Services have decreased compared to the previous month running to 87.9% which is below the target of 90%. Adult Services saw a decrease from 90.3% to 88.4% and Older Adult Services saw a small decrease from 87.3% to 87%.

**Psychological Therapies** the number of patients waiting for a psychological therapy continues to increase, although the trend for the number of patients waiting less than 26 weeks has almost plateaued for the last quarter (499, 506 and 512). Those waiting more than 26 weeks are seeing a steady increase in numbers waiting (129,155 and 194).

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

**Part 1a** compliance continues to be challenging with fluctuations in performance being evident month on month for some ILGs. The overall picture continues to look healthy overall with the Health Board consistently reporting compliance above 90%.

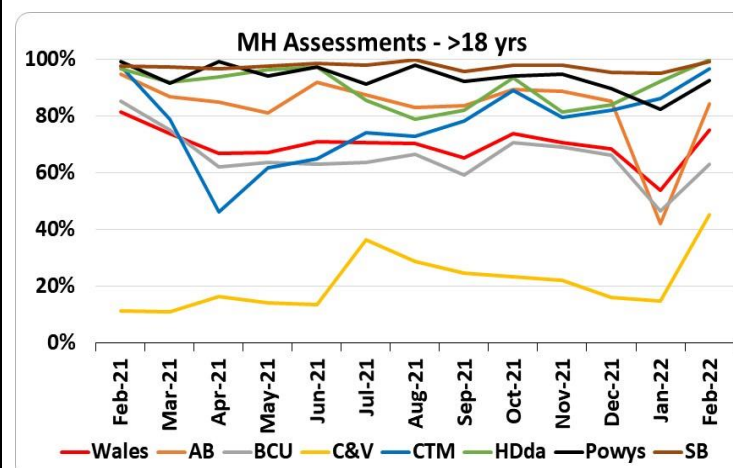
**Part 1b** compliance continues to remain above target.

**Part 2** compliance remains just below target. Close monitoring of compliance to continue to support teams in reaching the recommended target.

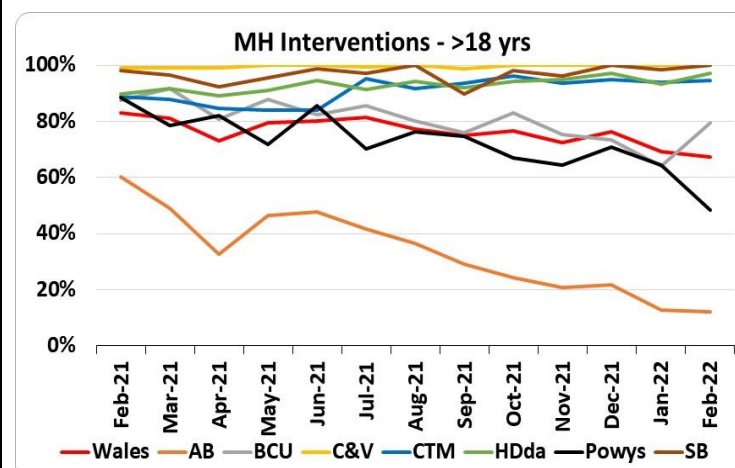
**Psychological Therapies** improvements are dependent on support for the recovery plan to address the discrepancy between the demand of this service and the capacity available whilst undertaking process redesign to ensure a right-sized system of care. Funding for a programme manager has been tentatively agreed, and the Recovery Plan is identified a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality, experience for service users.

The impact of Covid-19 continues to be the biggest risk to compliance improvements in the Mental Health Measures for Parts 1 & 2.

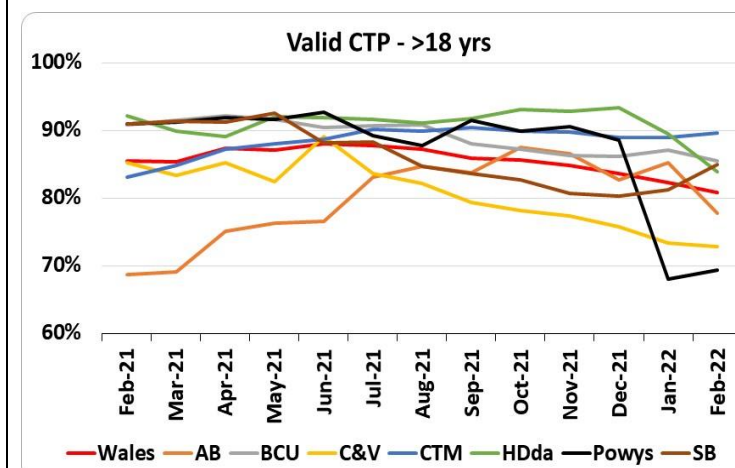
## How do we compare with our peers?



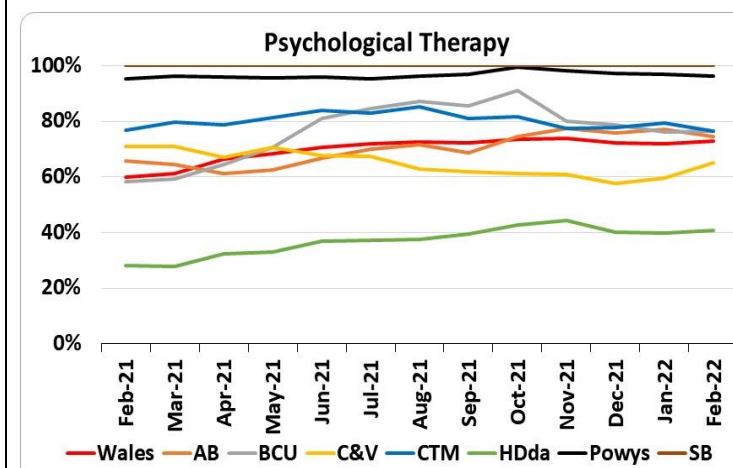
**Assessments:** as at February 2022, CTM achieved a compliance of 96.8% to rank 3<sup>rd</sup> out of all the health boards in Wales. Best performing was Hywel Dda with 100% compliance and C&V seeing the lowest compliance at 45.2%



**Interventions:** as at February 2022, both C&V and SBUHB attained 100% compliance. CTM ranked 4<sup>th</sup> out of all the health boards in Wales achieving 94.6%, whilst ABUHB had the lowest compliance at 12.2%.



**CTP:** as at February 2022, CTM ranked 1<sup>st</sup> out of all the health boards in Wales at 89.6%. Powys had the lowest compliance at 69.4%.

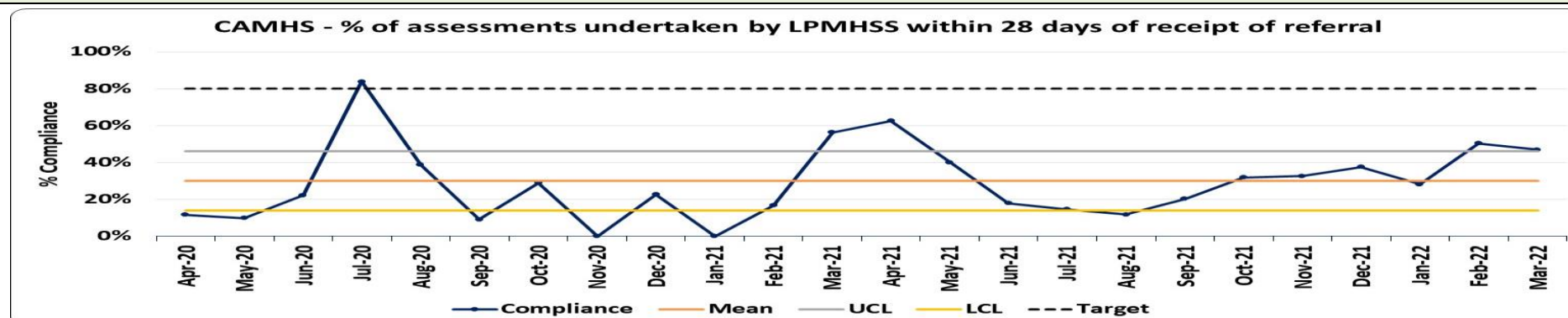


**Psychological Therapies:** as at February 2022, SBUHB achieved 100% compliance. CTM was 3<sup>rd</sup> out of all the health boards in Wales (76.6%), whilst Hywel Dda achieved the lowest compliance at 40.8%.



# CTM Child & Adolescent Mental Health Services (CAMHS) – March 2022

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral - Target 80% – 46.9%



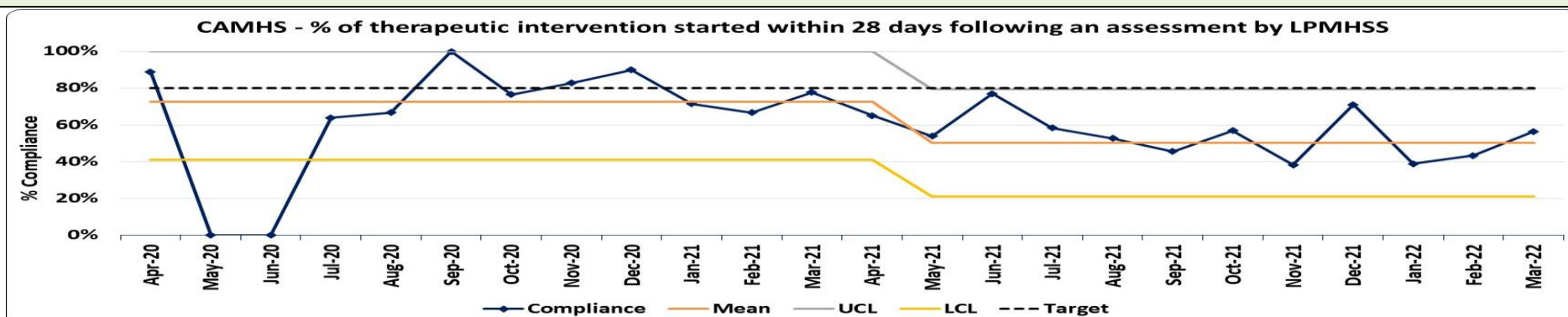
During March, 46.9% of assessments were undertaken within 28 days of referral, remaining below WG's minimum expected standard of 80%.

Waiting list volumes continue to rise and demand remains higher than pre-Covid levels. 162 referrals were received in March, which is an increase of almost twice as many referrals on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals for 2021/22 standing at 162 per month.

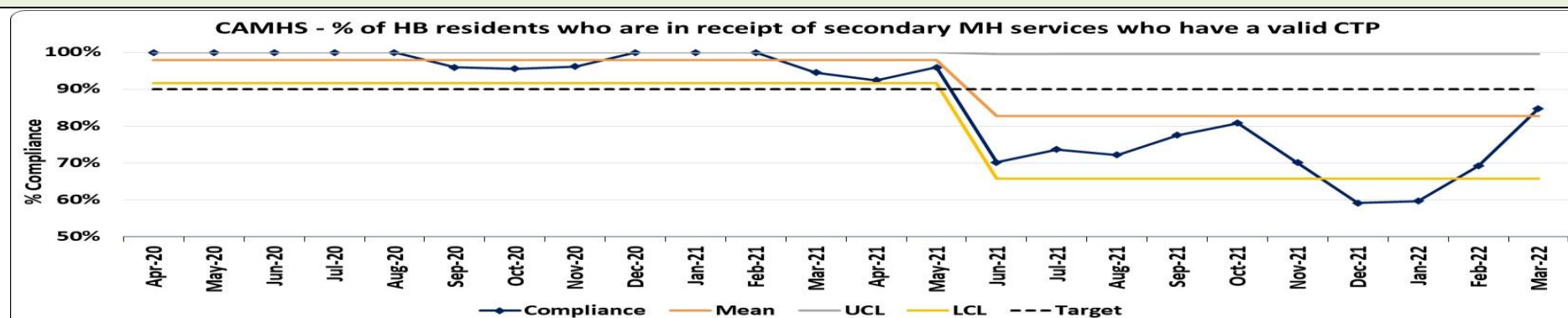
## % of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80% – 56.4%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS saw an improvement on the previous month to 56.4% (43.3% in February) with 75 of the 133 interventions for March commencing within 28 days.

Compliance remains well below the 80% target and the last time the target was met was in December of 2020 (90%).



## % of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90% - 84.8%



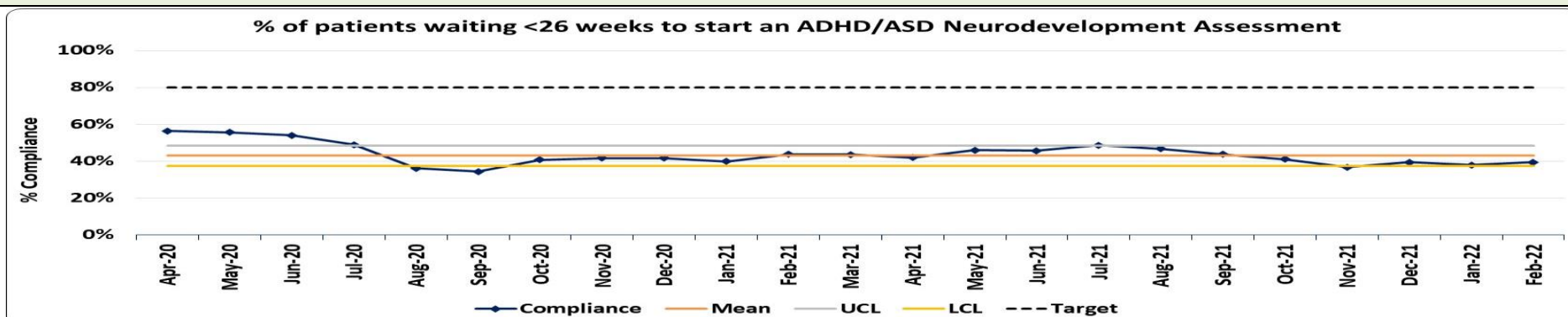
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continued to improved to 84.8% from 69.2% in the previous month, but continues to remain below the set target (90%). May 2021 was the last time compliance was achieved.

**Part 3:** There were no requests for a CAMHS assessment under Part 3 of the Mental Health Measure during March.

## % of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment - Target 80% - 39.0%

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance during March remaining almost static at 39.0%.

Additionally, the total waiting list volume continues to grow and now stands at 1,219 patients, almost 70% higher than in April 2021.



CAMHS continued on the next page...

## How are we doing and what actions are we taking?

There has been a sustained demand on services into April 2022 even through the holiday period. The acuity of the presentations of the CYP still remains high. There has also been an increased demand for the Crisis Service in March with the team receiving 99 referrals. The demand has increased since February 2022 where the team received 75 referrals and 78 referrals in January 2022. All were assessed within 48 hours. There has been a significant increase in demand, with reported increased severity of CYPs, resulting in admission in some cases. There are 5 CTM patients currently admitted at Ty Llidiard. The Crisis Team will be operational 24 hours on Friday to Sunday from 1<sup>st</sup> May 2022 with a view to moving to a full 24/7 model by July 2022 to alleviate pressure on A&E/Paediatric Departments.

The Rapid Intervention Service for Eating Disorders received 11 referrals in March, although we are seeing increasing level of clinical priority. The demand has been on a sustained trajectory since October 2021. The team received 11 referrals in October 2021, 13 referrals November, 12 referrals December, 11 referrals January and 9 referrals February. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The Mood Disorder and Anxiety Group commenced 25<sup>th</sup> April. Uptake from the CYP has been positive. The team are developing plans to run a Parent Group concurrently on a rolling programme in all locality areas alongside the groups for CYP.

Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase 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 team continues to promote Consultant Connect.

The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff will be working within their cluster schools from September 2022. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

The team have drafted several business cases to put forward for the new allocation of Service Improvement Funding to further reinforce the current establishment and the pathways for CYP.

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

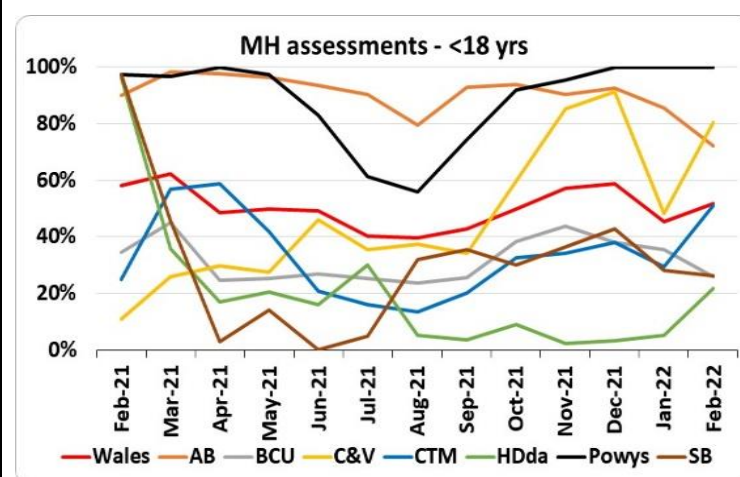
### Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

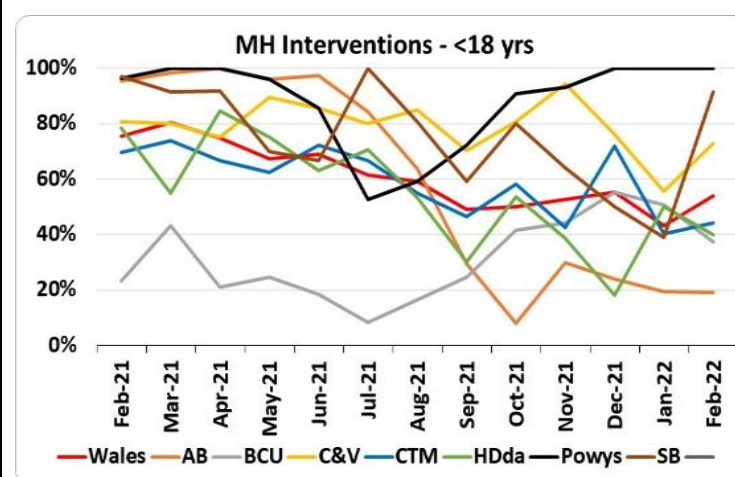
**Improvements:** an improvement plan has been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. A significant increase in identified CYP is expected from May 2022.

The implementation of the groups across all sector areas will be instrumental in terms of Part 1A and Part 1B performance improvement. The team are developing a planned programme of work over the next 5 months to alleviate waiting time pressures. A request for some additional monies to support some short term planned recovery clinics has also been submitted.

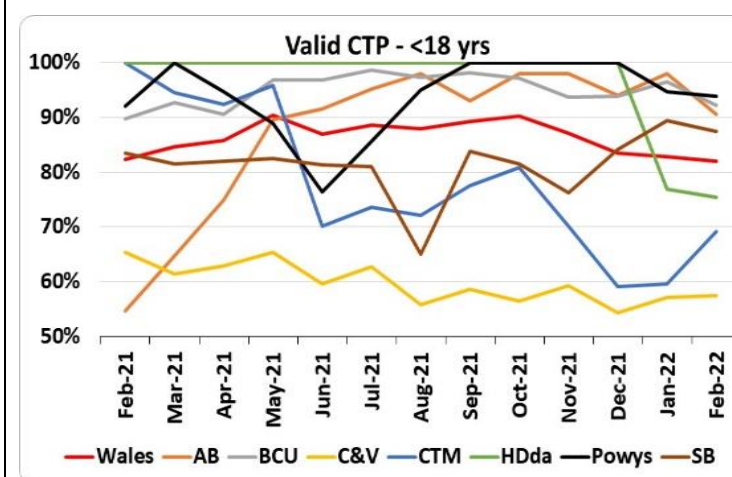
## How do we compare with our peers?



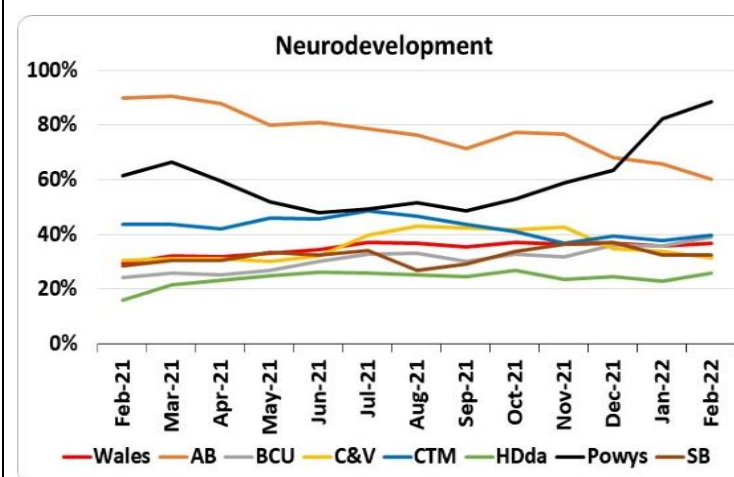
**Assessments:** as at February 2022, Powys achieved 100% compliance. CTM ranked 4<sup>th</sup> out of all the health boards in Wales with 51.1% and Hywel Dda had the least compliance at 21.9%.



**Interventions:** as at February 2022, Powys also achieved 100% compliance for Part 1b. CTM saw a compliance of 44.3% to rank 4<sup>th</sup> with ABUHB achieving the lowest performance out of all the health boards in Wales at 19.1%.



**CTP:** as at February 2022, CTM ranked 6<sup>th</sup> out of all the health boards in Wales with compliance at 69.2%. Best performing was Powys (93.9%) and worst being C&V with compliance of 57.4%



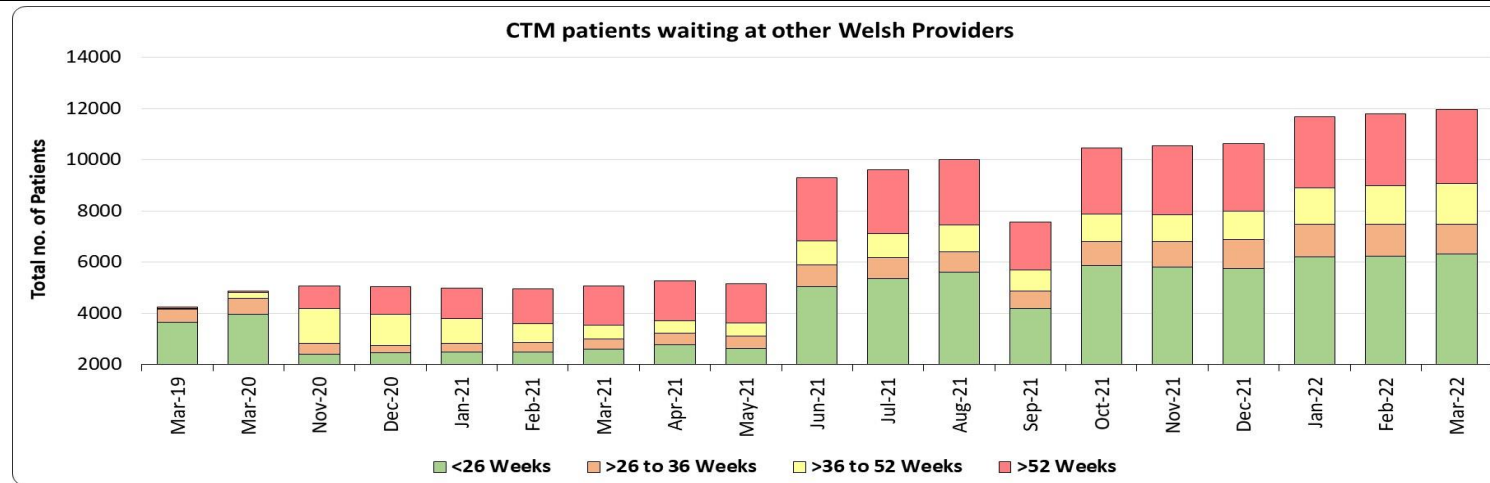
**Neurodevelopment Assessment:** as at February 2022, CTM compliance was 39.7% (ranked 3<sup>rd</sup>) with Powys achieving 88.7% to achieve best performance out of all the health boards in Wales. Hywel Dda fared the least with 25.9% compliance.





## WHSSC – Welsh Health Specialised Services Committee

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.*



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 March is 4,470. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 230 and there are 12 patients waiting over 14 weeks for a therapy.

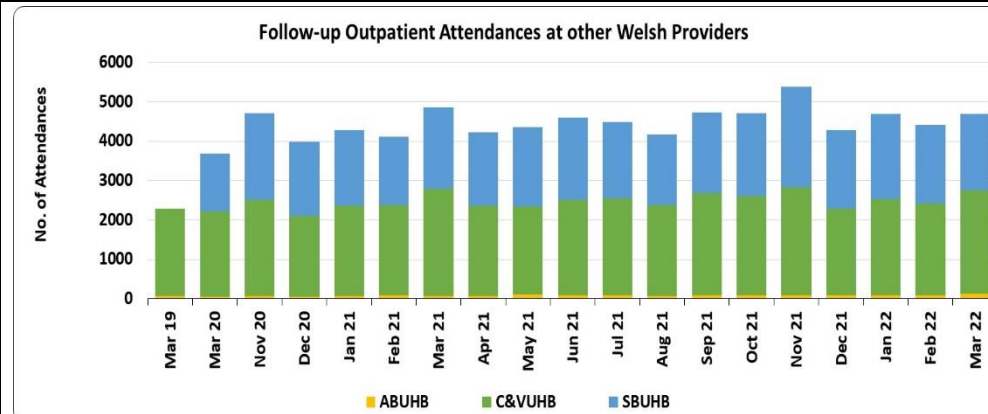
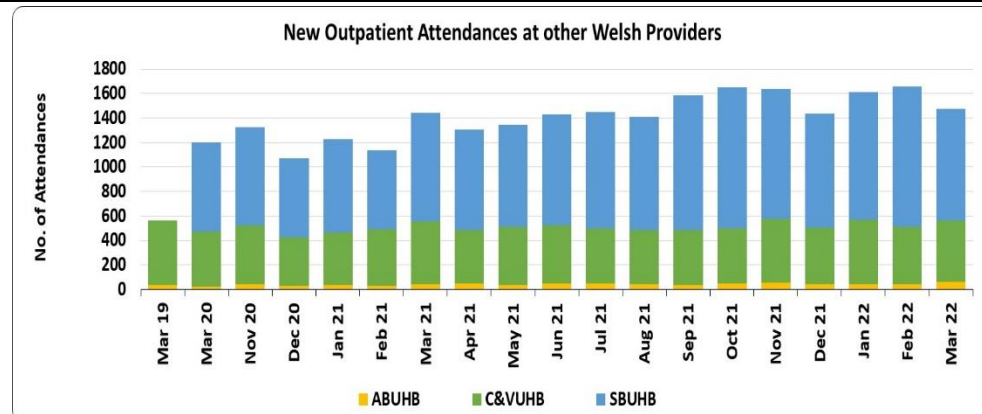
CTMUHB Patients waiting at other specific Welsh Providers RTT (March 2022)									
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB			
Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	
Trauma & Orthopaedics	194	652	Urology	4	59	Oral Surgery	219	446	
Ophthalmology	89	201	Trauma & Orthopaedics	17	55	Trauma & Orthopaedics	48	239	
Clinical Immunology And Allergy	61	126	ENT	6	15	Plastic Surgery	68	216	
General Surgery	35	68	Oral Surgery	8	10	General Surgery	86	181	
Oral Surgery	21	60	Ophthalmology	8	6	Gynaecology	48	135	
ENT	18	58	General Surgery	1	4	Orthodontics	35	66	
Gynaecology	14	44	Chemical Pathology		1	ENT	8	22	
Urology	18	29	Orthodontics	2	1	Ophthalmology	7	17	
Neurology	400	18	Cardiology	2		Gastroenterology	7	10	
Paediatric Dentistry	9	17	Gynaecology	1		Urology	7	8	
Paediatric Surgery	22	15	Gastroenterology	5		Paediatrics	1	7	
Dental Medicine Specialties	15	13	Dermatology	1		Cardiology	6	3	
General Medicine	8	12	Endocrinology	1		Cardiothoracic Surgery	1	2	
Dermatology	18	12	GrandTotal	56	151	Restorative Dentistry		1	
Cardiology	25	10				Diagnostic	1		
Anaesthetics	7	9				Dermatology	1		
Paediatrics	14	8				Neurology	3		
Restorative Dentistry	2	4				Grand Total	546	1353	
Nephrology	1	3							
Gastroenterology	3	2							
Neurosurgery	10	2							
Orthodontics		2							
Cardiothoracic Surgery		2							
Paediatric Neurology		1							
Pain Management	5	1							
Rheumatology	2								
Clinical Oncology (previously Rad	2								
Clinical Pharmacology	2								
Grand Total	995	1369							

CTM patients waiting at specific health boards						
March 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	3263	52.3%	288	52.3%	2764	53.8%
>26 to 36 Weeks	614	9.8%	56	10.2%	471	9.2%
>36 to 52 Weeks	995	15.9%	56	10.2%	546	10.6%
>52 Weeks	1369	21.9%	151	27.4%	1353	26.4%
Total Waiting	6241		551		5134	
% of Total Waiting	52.1%		4.6%		42.9%	

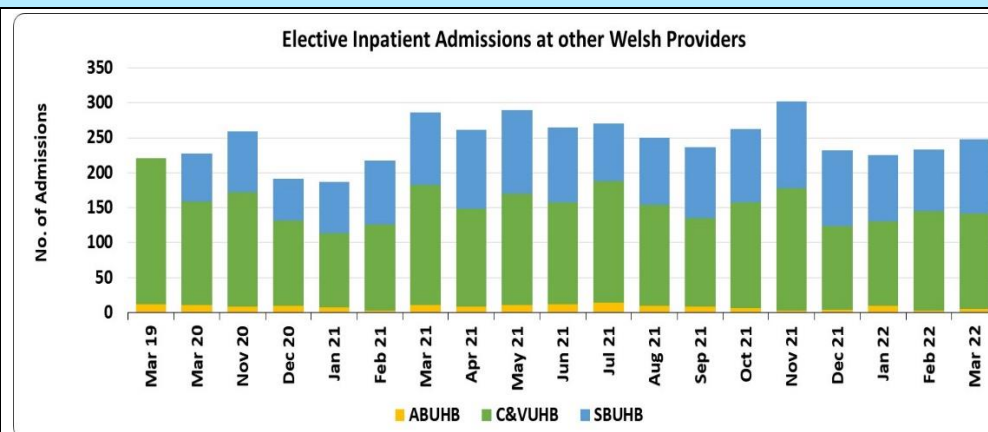
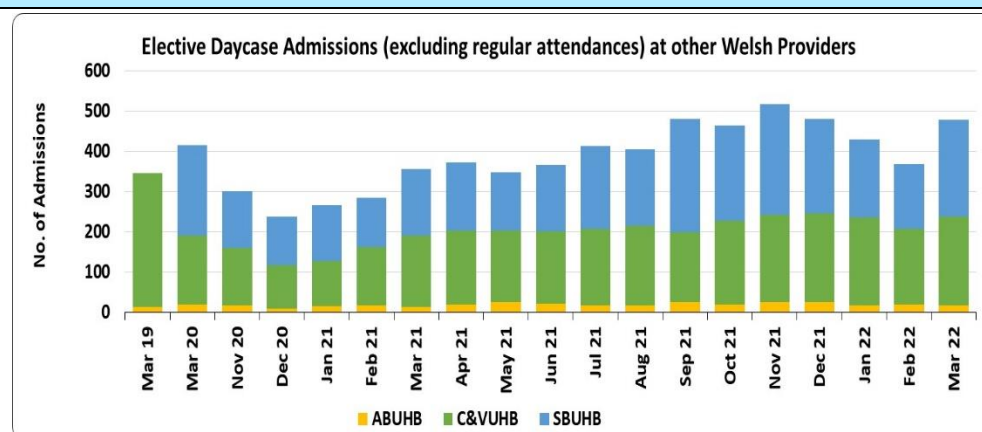
CTM Patients waiting for a Diagnostic at other Welsh Providers (March 2022)			
Cardiff & Vale UHB		Aneurin Bevan UHB	
Service	Total Waits	Service	Total Waits
Cardiology	148	Endoscopy	44
Endoscopy	61	Cardiology	4
Physiological Measurement	20	Radiology	22
Radiology	193	Physiological Measurement	1
Neurophysiology	6	Total	71
Imaging	3		
Total	431		

CTM Patients waiting for a Therapy at other Welsh Providers (March 2022)					
Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Service	Total Waits	Service	Total Waits	No patients waiting for a therapy	
Physiotherapy	31	Physiotherapy	12		
Dietetics	9	Audiology	2		
Audiology	2	SALT	1		
Occupational Therapy	4	Total	15		
Podiatry	1				
Total	47				

### CTM Outpatient Attendances at other Welsh Providers



The February 2022 position (reported at April WHSSC meetings) showed little change from the previous reported positions. Continued growth in the number of referrals across the reported specialities and whilst Cardiology, Neurosurgery and Paediatric Surgery all reported reducing waits in new and follow up appointments, within Plastic Surgery, the number of patients waiting for outpatients had doubled since Feb 2020 and even outpatients were reported as waiting up to two years. More positively whilst the number of outpatient referrals were increasing in Cardiology, there was not a corresponding increase in the number of patients converting to surgery.



CTM continues to have the 2<sup>nd</sup> lowest access rate amongst the HBs to Cardiac Surgery but for Cardiology have the third highest access rate and 2<sup>nd</sup> highest for Thoracic Surgery. Only 25% of waits for Cardiac Surgery are over 26 weeks, but Swansea are still reporting some patients waiting up to 103 weeks. For Neurosurgery, the plan was still reported to be treating all patients waiting >52 weeks by the end of March, but the February report still reported waits of up to 103 weeks. Those waiting for Plastic Surgery admissions has increased by 35% since Feb 2020 with waits of up to 104 weeks reported. Paediatric Surgery is reporting >30% of patients waiting over 52 weeks, with some waiting over 2 years. Little detail has been provided on the recovery plans for any specialised services but it is hoped that this will be provided by next month following the submission of recovery plans to Welsh Government by the end of March 2022



## 2.5 Finance update

Due to timing of Welsh Government finance monitoring returns, Finance are not able to provide an update until the Welsh Government returns are completed.

## 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:

- The health board has successfully implemented the RLDatix incident module from 1<sup>st</sup> April 2022, with the previous Datix system available for a limited period to allow for closure of open incidents entered onto the old system.
- The health board is preparing for a new operating model and during this time of change it is important that quality and patient safety remains a priority throughout. Line of sight and assurance on the breadth of services must be maintained through robust reporting and triangulation of data. A revised Quality Governance and Patient Safety framework will be required to set the standard for quality, safety and assurance of health board services.

**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

<b>Quality/Safety/Patient Experience implications</b>	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.
<b>Related Health and Care standard(s)</b>	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.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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
<b>Legal implications / impact</b>	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	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.
<b>Link to Strategic Goals</b>	Improving Care



## 5. RECOMMENDATION

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