

AGENDA ITEM

5.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	18/10/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Jose Roper, Performance Manager
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Management Board	22/9/2021	NOTED

ACRONYMS	
ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom
PIFU	Patient Initiated Follow Up
DTOC	Delayed Transfers of Care



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

1. SITUATION/BACKGROUND

- 1.1** This report sets out the UHB's performance in a number of areas, considered highest risk and includes performance against targets for the year to date, as set out in the Welsh Government (WG) Delivery Framework and other priority areas for the UHB.
- 1.2** This report aims to ensure the performance report highlights the key areas that the UHB is concentrating on, to improve service delivery and those posing the greatest risk. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.
- 1.3** Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with one (previously 2) of its thirty one performance measures and is making satisfactory progress towards delivering a further three (previously 3). There remains twenty-five measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

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

- 2.1** The UHB's emerging Executive Management Scorecard is 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 4	Variance from Plan				Indicators	Aug-21	Jul-21	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	71.0%	66.0%	75%	●
	£m	£m	£m	£m		Jul-21	Jun-21	Target	RAG
Pay	-1.3	2.2		TBC	Single Cancer Pathway	50.2%	58.5%	75%	●
Non-Pay	2.5	1.4			Thrombolysis for Eligible Stroke Patients within 45 Minutes	36.4%	57.1%	100%	●
Income	0.1	0.4				Apr-Aug 21	Apr-Jul 21	Target	RAG
Efficiency Savings	0.0	0.0		7.9	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	97.84	96.03		
Non-delegated (including WG allocations)	-1.6	-4.0			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	29.78	32.01		N/A
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	37.75	32.68		
Total	-0.27	-0.02	0	39.3		Aug-21	Jul-21	Target	RAG
					Total number of Nationally Reportable Incidents	8	4		
					Number of Formal Complaints Received	116	106		
					Number of Compliments Received	114	70		TBC
					Falls Causing Harm (Moderate/Severe/Death)	16	6		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	6	3		
PSPP	96.1%	93.8%	94.5%	Target 95%	Total number of instances of hospital acquired pressure ulcers	92	98		
					Number of Never Events in Month	1	0	0	●
Capital Expenditure	£4.0m	£13.2m	£75.2m			May-21	Apr-21		
					Number of Potential Hospital Acquired Thrombosis (HATs)	4	12		TBC
Agency as % of total pay costs	8.0%	7.1%	7.3%		Cardiac Arrest Calls	39	38		
PERFORMANCE					PEOPLE				
Indicators	Aug-21	Jul-21	Target	RAG	Indicators	Aug-21	Jul-21	Target	RAG
A&E 12 hour Waiting Times	1,226	1,144	Zero	●	Turnover	10.1%	9.9%	11%	●
Ambulance Handover Times >1 Hour	490	402	Zero	●	Exit Interview by Leaver	2.3%	6.1%	60%	●
RTT 52 Weeks	31,653	30,605	Zero	●		Jul-21	Jun-21	Target	RAG
Diagnostics >8 Weeks Waits	14,881	14,111	Zero	●	Sickness Absence Rate (in month)	6.9%	7.1%		●
% of Stage 4 Urgent Patients Clinically Prioritised	15.9%	17.9%	100%	●	Sickness Absence Rate (rolling 12 month)	6.8%	6.7%	4.5%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	28,175	27,991	14,815	●	Return to Work Compliance	52.1%	49.6%	85%	●
	Jul-21	Jun-21	Target	RAG		Aug-21	Jul-21	Target	RAG
Mental Health Part 1a - CAMHS	14.7%	17.9%	80%	●	Fill Rate Bank	18.1%	22.5%	90%	●
Mental Health Part 1b - CAMHS	58.3%	76.9%	80%	●	Fill Rate On-contract Agency (RNs)	52.8%	51.3%		●
Admission to Stroke Unit within 4 hrs	15.2%	21.7%	SSNAP Average 54%	●	PADR	55.3%	55.0%	85%	●
Out of Hours (OOH)/111	In development - data not yet available				Statutory and Mandatory Training - All Levels	59.3%	59.1%		●
Delayed Discharges waiting for packages of care rate per 100,000 population	Aug-21	Jul-21	All Wales Average	RAG	Statutory and Mandatory Training - Level 1	66.7%	65.8%	85%	●
	10.4	10	8.6	●	Job Planning Compliance (Consultant)	14.0%	16.0%	90%	●
					Job Planning Compliance (SAs)	13.0%	16.0%		●
					Direct Engagement Compliance (M&D)	91%	98%	100%	●
					Direct Engagement Compliance (AHPs)	64%	67%	100%	●
					RN Shift Fill by Off-contract	1253.5	202.5	0 Hours	●

2.2 Quadruple Aims "At a Glance" are summarised below, with the narrative providing detail on key performance indicators.

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	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q4 20/21	97.3%	Q3 20/21	96.4%
% of children who received 2 doses of the MMR vaccine by age 5	95%		92.8%		93.3%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	2020/21	3.99%	2019/20	3.59%
% of those smokers who are CO-validated as quit at 4 weeks	40% Annual Target		not available		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q4 20/21	344.0	Q3 20/21	326.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q1 21/22	92.9%	Q4 20/21	64.1%
Uptake of influenza vaccination among:	65 year old and over		75.4%		68.9%
	under 65's in risk groups		46.3%		40.3%
	pregnant women	2020/21	74.6%	2019/20	81.7%
	health care workers		67.8%		63.2%
Uptake of cancer screening for:	bowel		55.0%		54.8%
	breast	2018/19	74.1%	2017/18	73.9%
	cervical		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)		Jul-21	73.7%	Jun-21	70.1%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed			90.2%		88.7%
	Annual Improvement	2019/20	51.9%	2018/19	50.0%

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

Measure	Target	Current Period	Last Period			
% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	100%	2019/20	65.4%	not available		
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q3 20/21	60.2%	Q2 20/21	62.3%	
% 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 answered	90%	Apr-21	95.0%	May-21	78.8%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		55.0%		53.5%	
Number of ambulance patient handovers over 1 hour	Zero	Aug-21	490	Jul-21	402	
% 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%		65.9%		68.1%	
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		1226		1144	
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	May-21	69.7%	May-20	82.4%	
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 49.5%	Jul-21	15.2%	Jun-21	21.7%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	SSNAP Average 85.2%		64.6%		70.4%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	Jul-21	50.2%	Jun-21	58.5%	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		14,881		14,111	
Number of patients waiting more than 14 weeks for a specified therapy			364		268	
% of patients waiting less than 26 weeks for treatment	95%	Aug-21	49.9%	Jul-21	49.6%	
Number of patients waiting more than 36 weeks for treatment	Zero		44,808		43,624	
Number of patients waiting for a follow-up outpatient appointment	74,734		106,285		107,202	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	14,815		28,175		27,991	
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%	Jul-21	37.1%	Jun-21	36.9%	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction	2019/20	2.5		not available	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			16.0%		20.7%	
% 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)			74.0%		65.3%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)		Jul-21	66.7%	Jun-21	72.2%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		95.2%		83.7%	
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			48.7%		45.7%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			82.8%		83.8%	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemia (MRSA and MSSA) and C.difficile	E.coli		97.84		96.03	
	S.aureus bacteraemia	To be confirmed	Apr-21	29.78	Apr-21	32.01
	C.difficile		to	37.75	to	32.68
			Aug-21	18.08	Jul-21	18.01
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa			7.44		6.67	
Number of potentially preventable hospital acquired thromboses	4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2	

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

Measure	Target	Current Period	Last Period		
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%		not available
Overall staff engagement score	Annual Improvement	2020	71%		not available
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Aug-21	55.3%	Jul-21	55.0%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Aug-21	66.7%	Jul-21	65.8%
% of sickness absence rate of staff	12 Month Reduction Trend	Jul-21	6.8%	Jul-20	6.7%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020	61.4%	2018	75.0%
% 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%	Q4 20/21	52.7%	Q3 20/21	62.2%

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		
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848		1626	1680	
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29	Q1-Q3 20/21	24	2019/20	28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Jun-21	2.20%	Jun-20	1.59%
% 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	Jul-21	84.1%	Jun-21	85.2%
% 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			52.2%		85.7%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	May-21	0.9%	May-20	2.8%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%		98.9%		98.9%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed	Q4 20/21	256.1	Q3 20/21	279.2
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1402		1437
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.167%		0.170%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		4995.4		5240.6
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 20/21	72.3%	Q1 20/21	66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21	25.6%	Q3 20/21	21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21	6.8%	Q3 20/21	6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons		May-21	553	Apr-21	557
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Mar-21	8.9%	Feb-21	6.4%
% of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available



2.2 Quality

2.2.1 Never Events

No Never Events were recorded during August 2021

2.2.2 The Number of Nationally Reportable Incidents

On the 14th of June 2021, the All Wales Nationally Reportable Incident Framework was launched. 8 Nationally Reportable Incidents were reported by the UHB in August, which are summarised by the type of incident below:

Nationally Reportable Incidents	Aug 2021
Slip, Trip or Fall	1
Unexpected or Trauma Related Death	2
Infection	2
Delays	0
Medication	0
Treatment Error	2
Absconding	0
Admission / Transfer / Discharge	0
Incorrect Surgical Procedure	0
Maternal Event	1
Patient injury	0
Total	8

2.2.3 Complaints

During August, there were 116 Formal Complaints received. The main themes from complaints relate to:

- Communication: these are predominantly failures in communication between health board staff and patients
- Treatment Errors: these relate to failure to treat, inappropriate treatment, and missed diagnoses.
- Delays in access to care, such as treatment waiting time and onward referral
- Potentially inappropriate or unsafe discharge and discharge planning

The Covid response has had an impact on the UHB's ability to investigate and respond to concerns within thirty days. Timeliness is however gradually improving, with compliance standing at 71% in August compared with 66% in July. The Welsh Government standard is 75%.

All complainants have received acknowledgement and explanation where there are have been any delays in providing a response to them.

Improvements and learning from concerns are being strengthened by the appointment of a centrally based Head of Complaints and Legal Services, providing a supportive steer for complaints management and response and a more streamlined framework for cross pollination of learning and improvement.

2.2.4 **Compliments**

During August 2021, 114 compliments were received; an increase of almost 63% on the previous month.

2.2.5 **Hospital Falls**

There were 16 hospital inpatients who suffered a fall in August 2021, an increase of 10 on the July 2021 figure.

Progress against the UHB's ambition will be monitored and supported through the falls prevention group which will be re-established when the current demands on staff are less acute.

2.2.6 **Hospital Acquired Pressure Damage**

The total number of pressure damage incidents reported during August 2021 was 410 (483 in July 2021). Of these 6 (3 in July 2021) were severe Grade 3 or 4 hospital acquired pressure sores, and 25 (23 in July 2021) were community healthcare acquired grade 3 or 4 pressure sores.

An improvement trajectory of a 50% reduction in Grade 3 and 4s has been set for 2021-22. Pressure ulcer scrutiny panels are held in each district general hospital and within community settings. Scrutiny panels drive accountability and quality improvement relating to pressure ulcer prevention and management, providing feedback and learning locally and potentially across the organisation.

Progress will be monitored and supported through the pressure ulcer improvement group, which will also be re-established shortly under the direction of the Rhondda Taff Ely (RTE) Nurse Director.

A new policy for the prevention and management of pressure damage has been drafted for comments. Given the financial and humanitarian cost of pressure ulcers, this potentially avoidable injury is increasingly becoming a key policy and professional target within our organisation.



2.3 People

In summary the main themes of the People Scorecard are:

- Overall PDR (non-medical staff) compliance for August 2021 is 55.3% and is a marginal improvement on July (55.0%).
- Combined core mandatory training compliance for August 2021 averages 59.3% with overall CTM compliance for Level 1 being 66.7%.
- The overall CTM rolling twelve month sickness rate to August 2021 is 6.83%. In comparison to the previous month, occurrences of both short and long-term sickness absence reduced during July 2021 by 3.7% and 17.08% respectively.

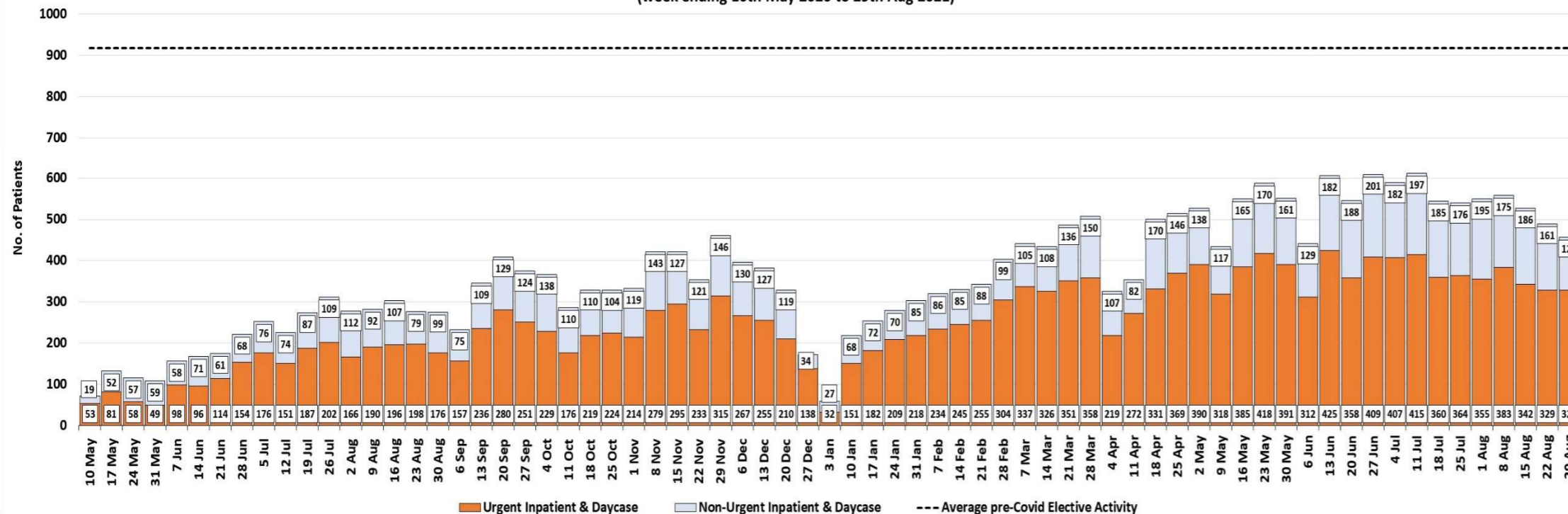
This section is in development and further detailed analysis will be provided in the next report.

2.1 Access

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

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

CTM Inpatient and Daycase Activity (Urgent/Non-Urgent)
(week ending 10th May 2020 to 29th Aug 2021)



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

Elective Activity - Top 10 Specialties August 2021	Average Weekly Elective Activity August 2021	Pre-covid Weekly Average	Variance	% Variance
General Medicine	100	147	-47	-31.8%
General Surgery	96	210	-114	-54.3%
Urology	83	101	-18	-17.6%
Gastroenterology	53	53	0	-0.5%
Ophthalmology	43	99	-56	-56.6%
Gynaecology	36	32	4	13.3%
Trauma & Orthopaedic	38	118	-81	-68.2%
ENT Surgery	21	33	-12	-35.6%
Cardiology	17	25	-8	-32.0%
Oral Surgery	10	16	-6	-39.1%

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

As can be seen current elective activity is approximately 54% less in General Surgery; T&O down just over 68% on pre-Covid levels, whilst Ophthalmology is around 56% fewer.

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

As per the top left chart there has been a slight decrease in urgent activity in August (average 346 cases per week) compared to July (average 380 cases per week) reflecting higher absence rates during the Summer holiday period. There was a similar decrease in non-urgent activity for the same period with the August average at 163 cases per week compared to 187 for July.

Year to date urgent elective activity averages at c.358 cases per week, with volumes recovering from the 2020/21 levels. Total elective cases during the same period, including those prioritised as non-urgent, have averaged at 519 cases per week.

The table below represents outsourced activity as at 8th September 2021:

Outsourced Activity as at 8th September 2021							
Specialty	M5 CAP	SENT	RTD	TRD	DTD	OP	O/S
SPIRE - Orthopaedics	360	319	29	144	211	48	0
SPIRE - General Surgery	60	0	0	0	0	0	0
SPIRE - Gynaecology	60	62	17	17	6	19	3
NUFFIELD - Orthopaedics	108	145	20	48	16	29	32
NUFFIELD - General Surgery	56	58	16	26	9	0	7
NUFFIELD - Gynaecology	40	52	4	29	13	2	5
NUFFIELD - Pain	80	0	0	0	0	0	0
NUFFIELD - Ophthalmology	100	184	8	45	13	28	90

Data Source: Elective Care Recovery Outsourcing Workstream

What actions are we taking & when is improvement anticipated?

M&C ILG:

Medicine –

- Gastro capacity challenges – locum extended 6 months.
- Endoscopy insourcing continues- issues with productivity of lists.
- Links with Wellbeing Manager to establish Wellness courses.
- D&E post recruited – commences October
- Rheumatology capacity reduction due to M/L

Surgical Services –

- T&O outsourcing allocation of 300, sent 107 of which 14 have been treated
- Gen Surgery outsourcing allocation TBA
- PESU closed for elective work due to operational pressures
- DSU additional 8 beds opening 6th September 2021
- Exploring Powys option for theatre capacity
- Paediatric OP's reviewing urgent waiting list & additional clinics from September
- Additional Colposcopy clinics running at weekends to assist with diagnostic waits
- 4 additional Gynae virtual clinics established each week
- Gynae exploring digital dictation possibilities

What are the main areas of risk?

- 3rd Wave Covid - reduction in activity to align with guidance
- Physical space – Impact of IPC guidelines as multiple services restart
- Ability to recruit to priority schemes

RTE ILG:

Medicine –

- 5/10 interventions have commenced. 1/5 on hold due to pay agreement (420 planned activity)
- 3/10 interventions commenced but halted due to staffing/recruitment issues. 1/3 due to pay agreement (128 planned activity)
- 2/10 Slippage and not proceeding: Recruitment of Diabetic locum and recruitment of Cardiology locum
- 8 new interventions to be agreed

Surgical Services –

- 8/15 – commenced. 5/9 of these are now on hold due to pay agreement (1040 planned activity)
- 3/15 - planned to commence
- 3/15 – would commence but now on hold due to pay agreement (260 planned activity)
- 1/15 – new schemes to be agreed

Sort term agency locum posts being advertised

A4C and staff engagement for additional activity – scoping all possibilities and sites

What are the main areas of risk?

- 3rd Wave Covid – reduction in activity to align with guidance
- Physical space – Impact of IPC guidelines as multiple services restart. Increases in unscheduled care demand W/c 26.7.21 resulted in ward changes for covid flow restricting elective care beds.

BRIDGEND ILG:

Acute Recovery Interventions –

- Additional clinics for orthopaedics have ceased due to payment issues circa 160 patients less per month.
- Gynae OP additional clinics continued through August. (188 seen in August to date).
- Medicine schemes dwindled due to pay offer.
- Clinicians have agreed extra echocardiograms on weekends starting September but also still trying to progress the outsourcing option.
- Weekend operating for orthopaedics and one stop hand treatments as well as additional activity cancelled after receiving the All Wales medical pay guidance.
- Theatre timetabling has enabled more core activity and additional activity. Further sessions will be planned to regain all core activity when theatre recruitment is concluded.
- All areas have been asked for an impact assessment going forward for their areas where colleagues are not engaging with pay offer some detail provided but awaiting final information.

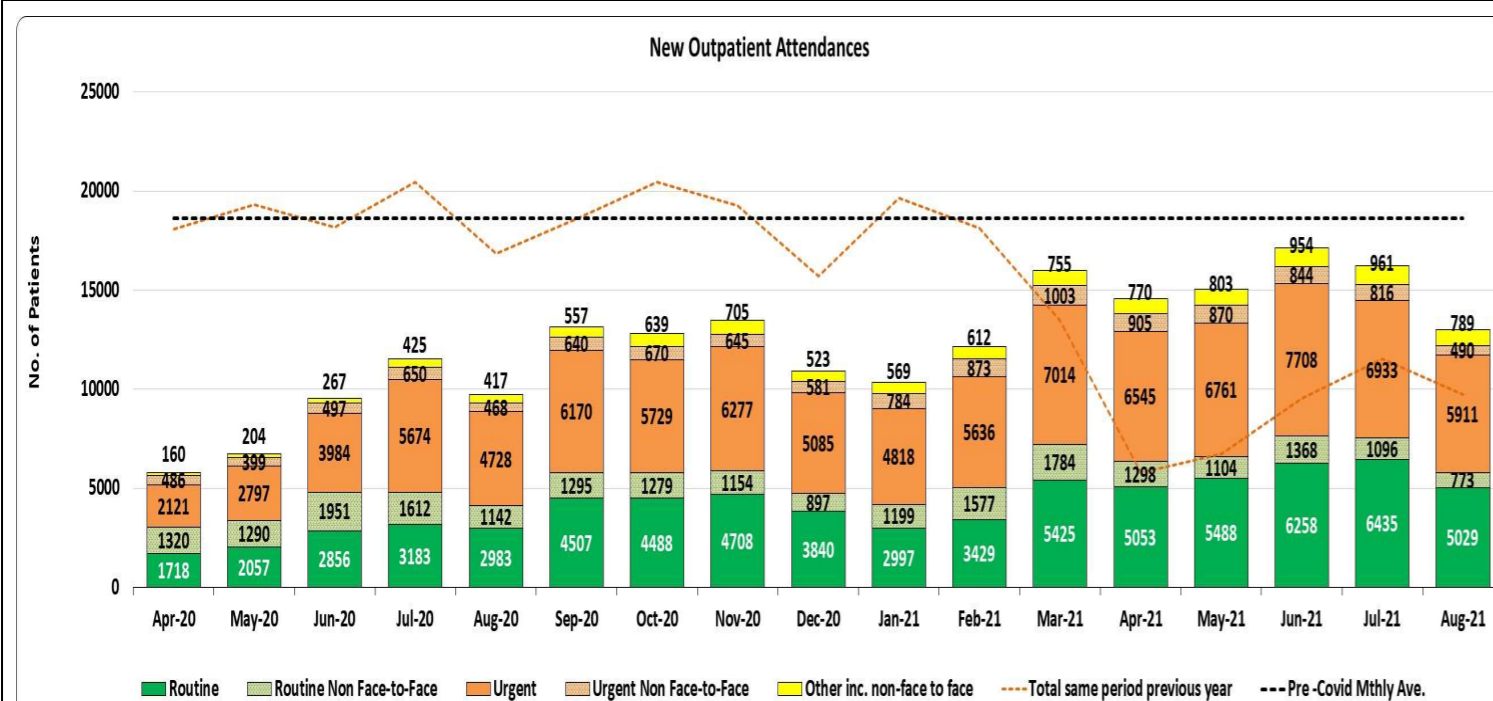
What are the main areas of risk?

- Limitations to return to core capacity due to clinical space on other sites. Particular risk for Ophthalmology and Dermatology. Ongoing discussions with other ILGs regarding options to reinstate previous clinical space and capacity. This will significantly impact on return to core activity levels
- Potential increase in unscheduled care demand, affecting surgical planned care bed capacity
- Medical Staff and A4C and staff engagement for additional activity.

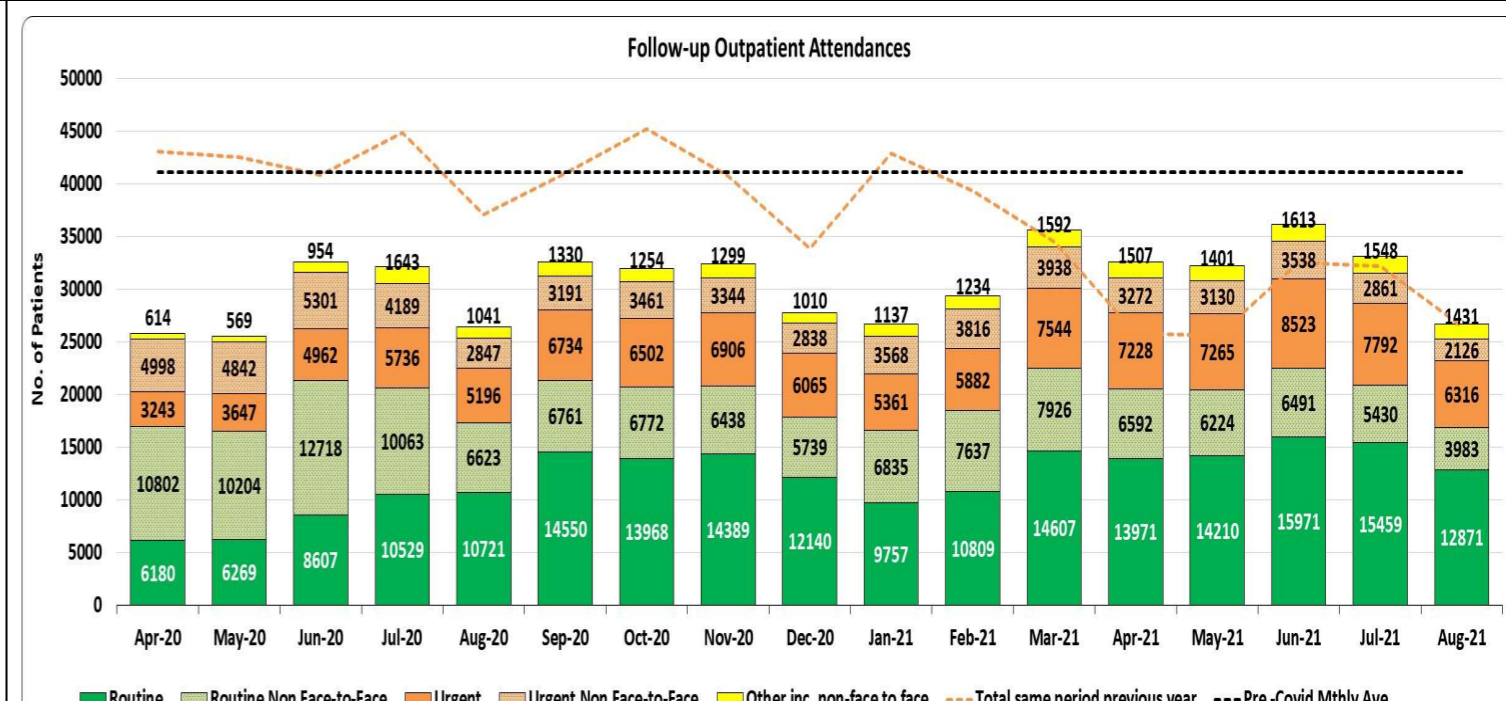


Resetting Cwm Taf Morgannwg – Outpatient Attendances

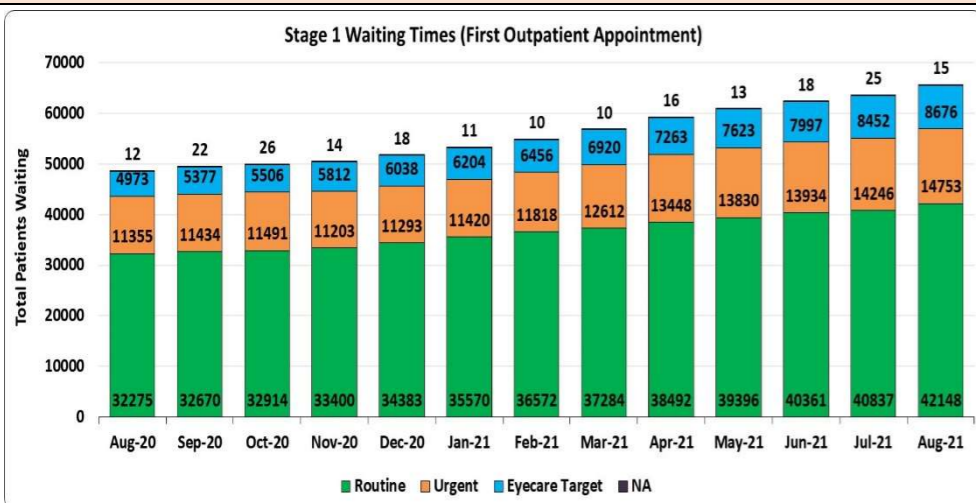
New Outpatient Attendances



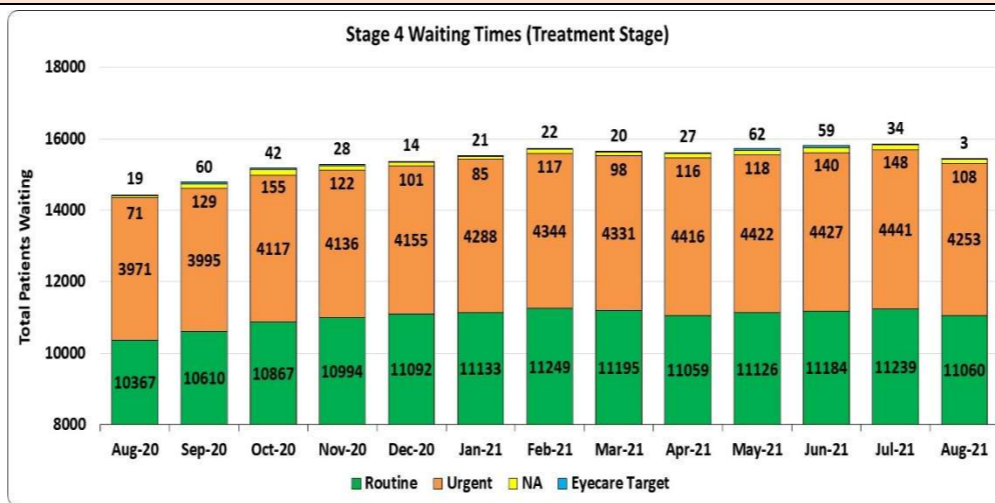
Follow-up Outpatient Attendances



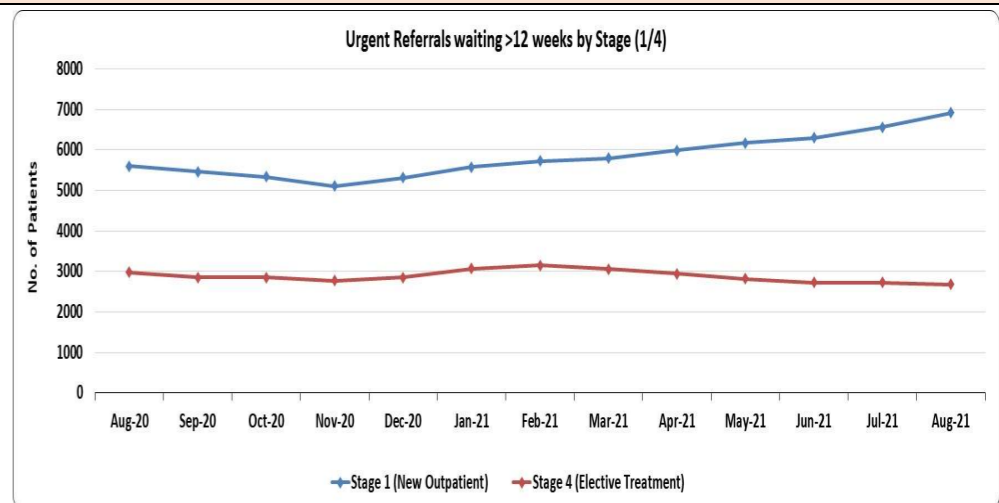
Waiting times Stage 1 (New Outpatients)



Waiting times Stage 4 (Treatment Stage)



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



How are we doing?

As at the end of August, there were 65,592 patients awaiting a new outpatient appointment of which 14,753 patients were categorised as urgent and 8,676 were ophthalmic patients. This represents a 35% increase on the 48,615 patients waiting at the end of August 2020.

At the end of August, there were 15,424 patients awaiting treatment, of which 4,253 were categorised as clinically urgent (a 4.2% reduction on the urgent patients waiting at the end of July). The slight fall in the treatment waiting list should be associated with a reduction in outpatient activity and conversions onto the list, as opposed to a sustained improvement in the position.

The number of patients prioritised as urgent waiting in excess of 12 weeks for an initial outpatient consultation had been increasing steadily at c.200 cases per month, however August saw an increase of 350 (5%) on the previous month. The urgent treatment backlog is now decreasing, reaching 2,680 at the end of August (2,724 end of July).

What actions are we taking & when is improvement anticipated?

Outpatient Transformation programme Board: Paediatric Neurodevelopment assessment and management pathways and Gynaecology–Post menopausal bleeding pathway have been proposed for review.

An Outpatient funding bid has been submitted to Welsh Government– approval confirmed for first and second bid amount.

Stage 1 - 52+ Week Validation Project: Gastro (RTE), Endocrine (MC) and OMFS (MC) pilot completed with reviews starting from 7th September. Dermatology process will focus on administrative validation and not include patient questionnaire, currently being explored via the Dr system and a text message prompt backed up letters for those who do not reply. Aim to undertake this pilot in September.

Detailed plans are being worked up for the validation of the remaining Stage 1 over 52+ pending the outcome of the pilot which should be ready for end of September.

SOS / PIFU: Band 7 x 3 WTE posts only appointed to 1 WTE, plans in development.

What are the main areas of risk?

Emerging operational pressures affecting organisational ability to scale up elective treatments pose risks to our recovery programme.

Furthermore, the recent announcement relating to the NHS pay deal for additional hours for medical staff will impact the ability to deliver additional sessions outside of job plans.

SOS/ PIFU: recruitment to short term vacancies continues to be a risk and will impact speed of projects timescales.

FU Validation Team: Slow progress setting up validation team. Reviewing options of staff overtime to undertake admin reviews in line with CSGM advice.

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

Number of patients waiting >52 weeks – Target Zero	Number of patients waiting >36 weeks – Target Zero	% of patients waiting under 26 weeks – Target 95%
31,653	44,808	49.9%

As illustrated below the provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of August is 31,653, an increase of 1,048 from July. The breakdown of the 31,653 patients is as follows:

- 7,434 patients relate to Merthyr & Cynon ILG waiting lists
- 11,955 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,264 patients relate to Bridgend ILG waiting lists

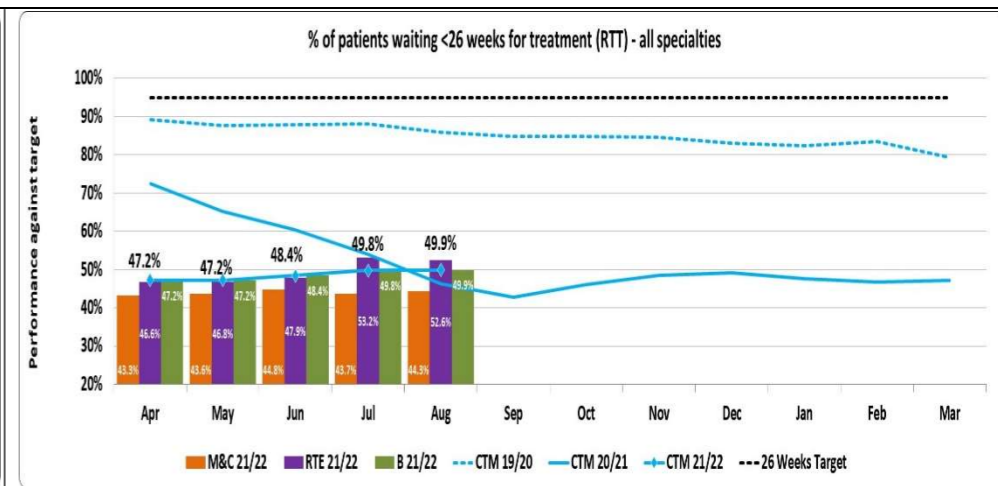
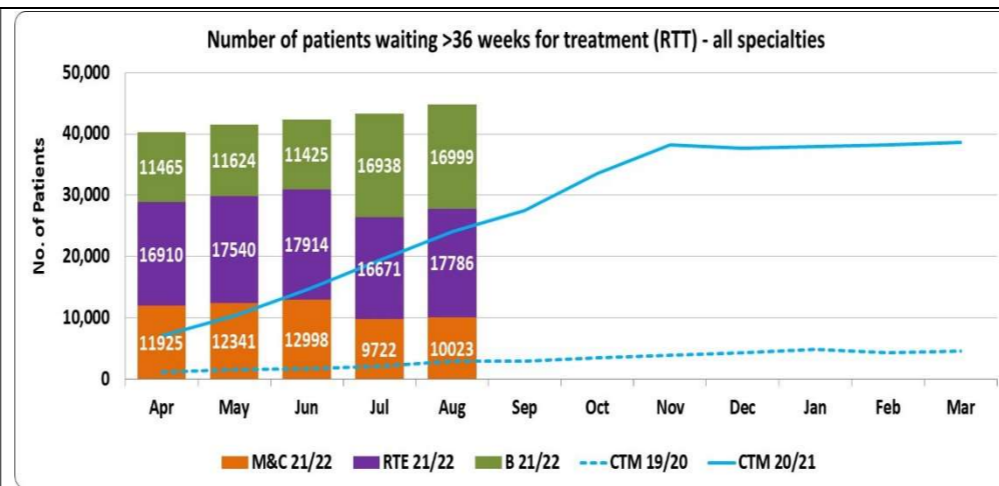
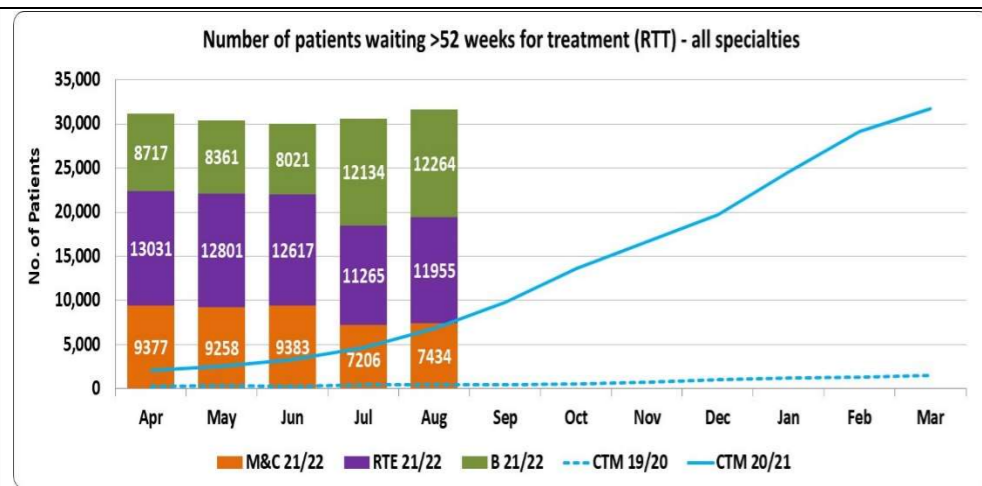
Please note that w.e.f. July, data has now been mapped to reflect the ILG hosted services namely for the specialties, Dermatology, ENT, Ophthalmology & Urology, hence a transposition in the number of patients waiting between the ILG's.

As illustrated in the chart below, the provisional position for patients waiting over 36 weeks for August is 44,808 patients across Cwm Taf Morgannwg, which is an increase of 1,477 from July (N.B. includes the 31,653 patients waiting over 52 weeks):

- 10,023 patients relate to Merthyr & Cynon ILG waiting lists
- 17,786 patients relate to Rhondda & Taff Ely ILG waiting lists
- 16,999 patients relate to Bridgend ILG waiting lists

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for August across Cwm Taf Morgannwg is 49.9%. A level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 44.3% Merthyr & Cynon ILG waiting lists
- 52.6% Rhondda & Taff Ely ILG waiting lists
- 49.8% Bridgend ILG waiting lists



How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of August, >52 week waiting list volumes increased by 3.4% on the previous month bringing the total to 31,653. Compared to the position at the end of March 2021 the August position represents a 0.23% reduction in patients waiting over 52 weeks.

The Stage 1 over 52 weeks validation project started in August in line with the Welsh Government directive. Whilst in pilot phase until the end of September, the initiative is intended to empower patients who no longer wish to remain on active waiting list to be 'seen on symptoms.'

What actions are we taking & when is improvement anticipated?

Under the Elective Care Recovery Portfolio each ILG have worked to develop targeted schemes in order to address their growing backlogs, these range from additional capacity schemes to projects that see a different way of delivering care.

We continue to work with Welsh Government on the National Programmes for improvement (at specialty level) and indeed work with our neighbouring Health Boards on delivering care.

What are the main areas of risk?

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

As part of the validation of the Stage 1 over 52 weeks and as a mitigation against the long waits, patients will be sent a questionnaire to report any changes in conditions to enable a clinical review of the returned questionnaire against the original referral form to inform a decision on referral classification. Dependent on speciality, these processes range from clinical to admin validation of the lists.

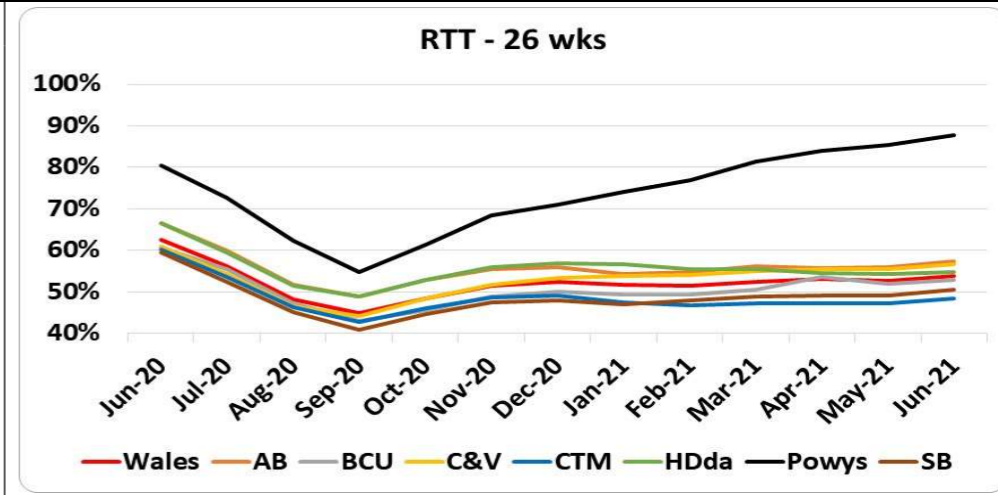
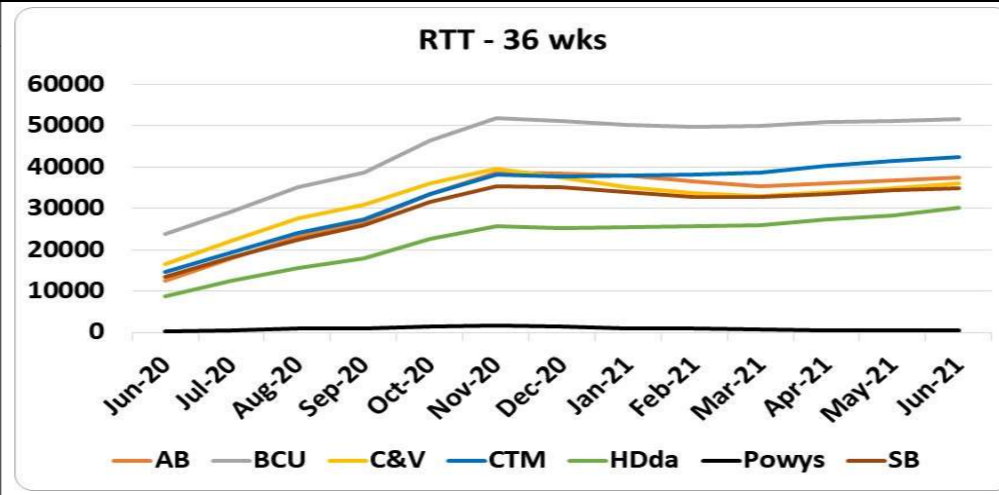
Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

How do we compare with our peers?

As at June 2021, CTM has the lowest compliance for 26 weeks RTT (48.4%) out of all the other health boards in Wales. As would be expected the best performing health board is Powys (87.8%), however the best performing of the acute health boards is ABUHB (57.5%).

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.(42,337) with BCU ranked 7th (51,717). Again, best performing is Powys (506), with the best performing of the acute health boards being Hywel Dda (30,164).

Pressures continue to be felt across all elements of the patient's pathway across all NHS Wales health boards. Across health boards, the outpatient activity still stands at about 70% of pre-Covid activity levels and this continues to have a large impact on the ability to see patients and address waiting lists.



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

14,881

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

364

Number of patients of surveillance patients waiting past their review date

1,373 (as at 1st September 2021)

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	49	85	1129	1263
Cardiology Services	Cardiac CT	0	19	0	19
	Cardiac MRI	0	12	0	12
	Diagnostic Angiography	0	43	39	82
	Stress Test	7	37	4	48
	DSE	87	2	86	175
	TOE	0	0	8	8
	Heart Rhythm Recording	1	11	147	159
	B.P. Monitoring	0	0	4	4
Bronchoscopy		0	0	0	0
Colonoscopy		172	506	1	679
Gastroscopy		620	750	1	1371
Cystoscopy			435		435
Flexi Sig		457	681	0	1138
Radiology	Non-Cardiac CT		63		63
	Non Cardiac MRI		708		708
	NOUS		8222		8222
	Non-Cardiac Nuclear Medicine		25		25
Imaging	Fluoroscopy		42		42
Physiological Measurement	Urodynamics	36	189	3	228
Neurophysiology	EMG	8	144	0	152
	NCS	2	46	0	48
Total		1439	12020	1422	14881

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology	0	38	0	38
Dietetics	79	133	73	285
Physiotherapy	5	8	0	13
SALT	1	4	23	28
Total	85	183	96	364

Patient Category as at 1st September 2021	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	105	146	20	271
Over Target	59	169	0	228
Total Patients Waiting	164	315	20	499
Urgent Non-Cancer				
Waiting <14 days	77	108	1	186
Over Target	830	1438	0	2268
Total Patients Waiting	907	1546	1	2454
Routine				
Waiting <56 days	45	36	200	281
Over Target	516	711	0	1227
Total Patients Waiting	561	747	200	1508
Surveillance				
Waiting <126 days past review date	158	219	12	389
Waiting >126 days past review date	414	570	0	984
Total Patients Waiting Past Review Date	572	789	12	1373

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	14881							

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	364							

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

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

How are we doing?

The provisional position for August shows 14,881 patients waiting over 8 weeks. This represents an increase of 5.5% (770) from the reported position in July 2021 and the highest level reported within the last 12 months.

While improvements are seen in most areas there are still challenges clearing the backlog of patients waiting. Radiology numbers have increased by around 5.3% (453) on the previous month, most notably NOUS has seen a 4.5% increase in the number of patients waiting more than 8 weeks compared to the previous month.

How are we doing?

There are provisionally 364 patients breaching the 14 week target for therapies in August, an increase of 96 on the reported position for July and is mainly attributed to an increase in waits in Dietetics (202 in July).

The recruitment process continues into the Weight Management & Escape Pain programme with the aim for start up in September, planned at Ysbyty Cwm Cynon.

Effects of lockdown has resulted in increasing demand on core therapy services (increased referrals from Primary Care and increased Inpatient complexity) e.g. vascular rehabilitation.

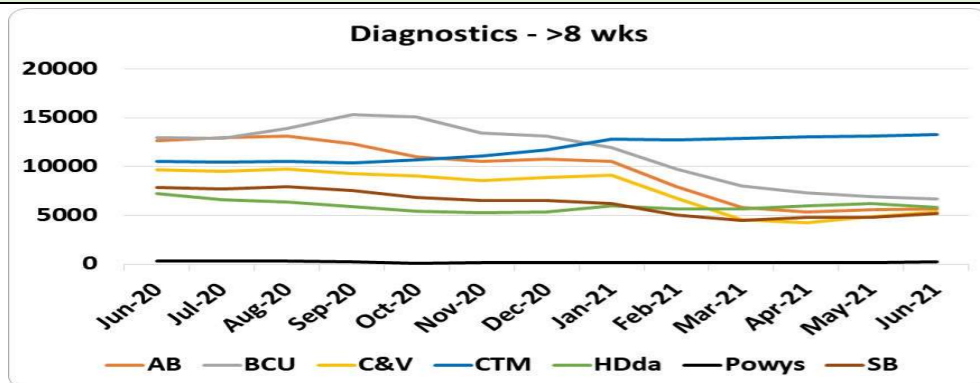
How are we doing?

In terms of actions being taken:

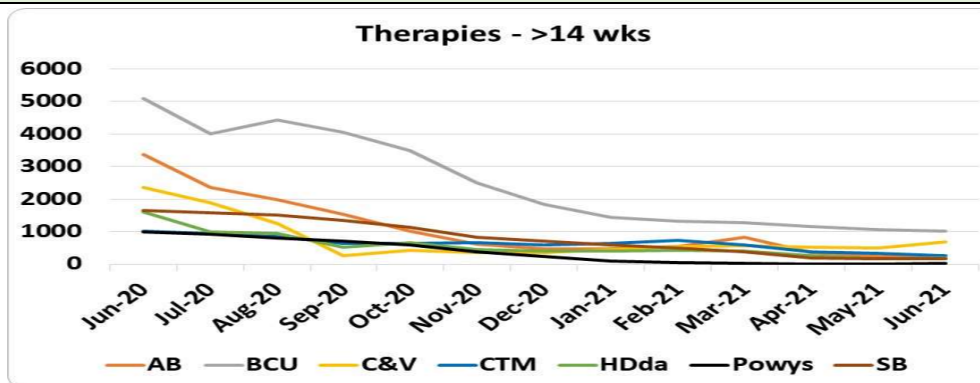
- Insourcing lists running on Saturdays at PCH
- Saturday lists ran at RGH until end August, no further lists planned currently due to clinician availability and recent pay guidance
- Validation of the surveillance waiting list at PCH (completed at RGH), applying the latest guidance/criteria – completed all overdue to be seen in 2021, plan to continue the remainder of the waiting list later in 21/22
- Validation of the urgent waiting list at RGH has been completed, applying the latest guidance/criteria and incorporating FIT testing. Work is now ongoing to progress actions for the patients validated.
- Implementation of FIT testing from July 2021 within primary care, as a test to determine whether endoscopy referral required and if so, to inform decision re: urgency, in line with NICE guidance.

Discussions remain ongoing with WG and the National Endoscopy Programme regarding short and longer-term solutions including the short-term procurement of mobile endoscopy unit(s) and longer-term development of regional endoscopy units. A procurement process is underway in relation to a mobile unit, looking to potentially commence working in early 2022.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at June 2021, CTM had the highest number of patients (13,313) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. As might be expected, Powys had the fewest patient breaches (246) with SBUHB performing better than the other acute health boards with 5,199 patient breaches.

As at the same period, CTM had 267 patients waiting over the 14 week target for a therapy and ranked 5th out of the other health boards in Wales. Again as expected, Powys was first with 21 patient breaches and once more SBUHB ranked 2nd with 171 patient breaches.

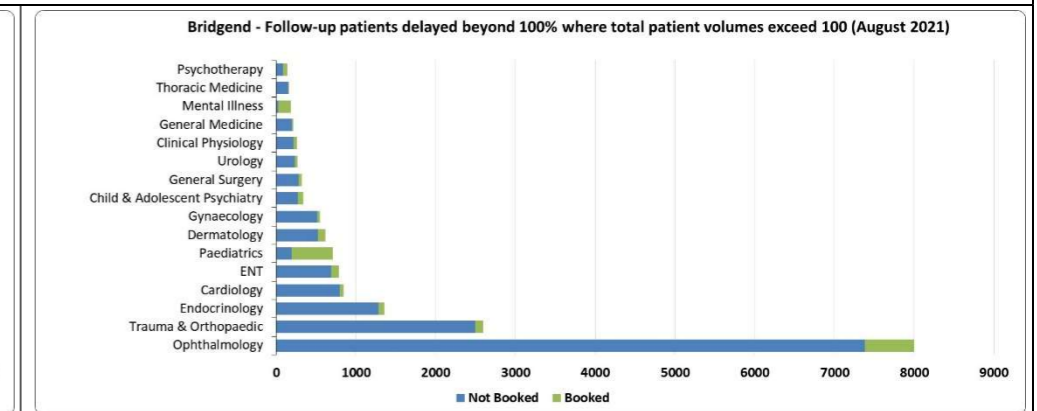
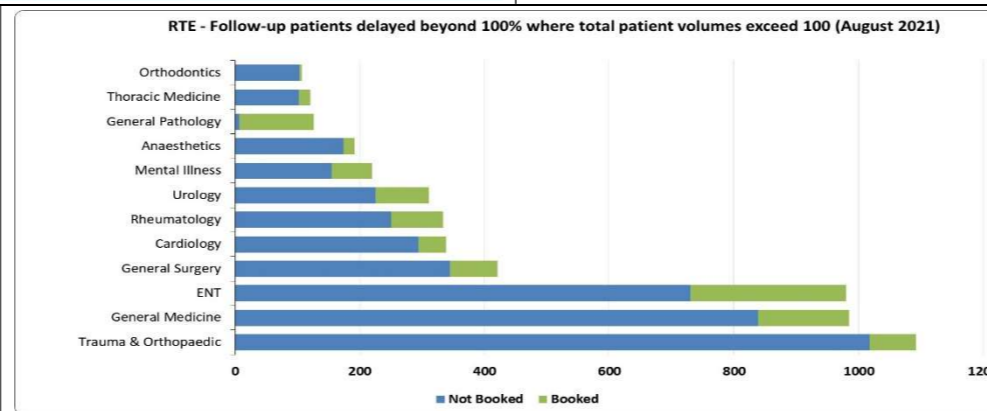
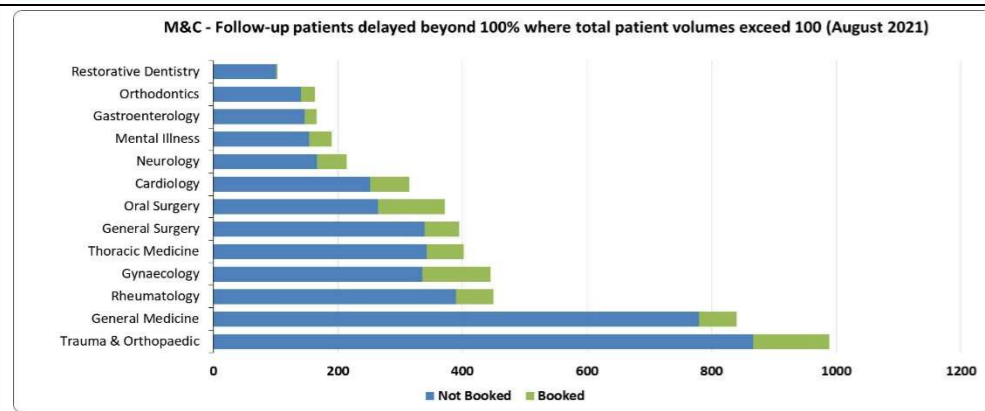
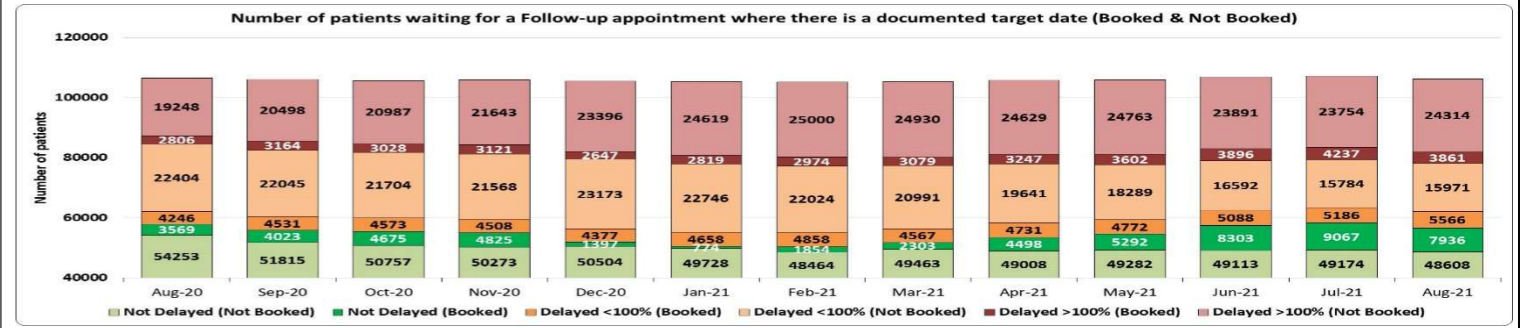
Follow-up Outpatients Not Booked (FUNB) – August (Provisional Position)

Number of patients waiting for a Follow-up with documented target date - Target <=74,734

Number of patients waiting for a Follow-up delayed over 100% - Target <=14,815

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
29	70,145	36,111	106,285	24,314	3,861	28,175

Provisional August 2021	No. of patients waiting for follow-up appointment			No. of patients delayed over 100% past their target date				
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG								
Merthyr & Cynon	1	13,393	6,840	20,234	4,361	778	5,139	25.4%
Rhondda & Taff Ely	2	13,406	14,349	27,757	4,408	1,022	5,430	19.6%
Bridgend	26	43,346	14,922	58,294	15,545	2,061	17,606	30.2%
CTM	29	70,145	36,111	106,285	24,314	3,861	28,175	26.5%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of August stands at 106,285 and of those patients waiting, 28,175 are delayed 100% past their target date.

The target set by Welsh Government for the 100% delayed patient cohort is <=14,815 and thus the current position stands at almost double that and also represents an increase of almost 32.5% on the same period last year. There has been an increase this month from 27,991 in July to 28,175.

The number of patients without a documented target date has fallen to 29; the details are actively shared for onward resolution. The number of patients with a booked appointment has fallen this month by 2.56% on the previous month.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties.
- Deployment of a Validation Team – Administrative validation of waiting lists.

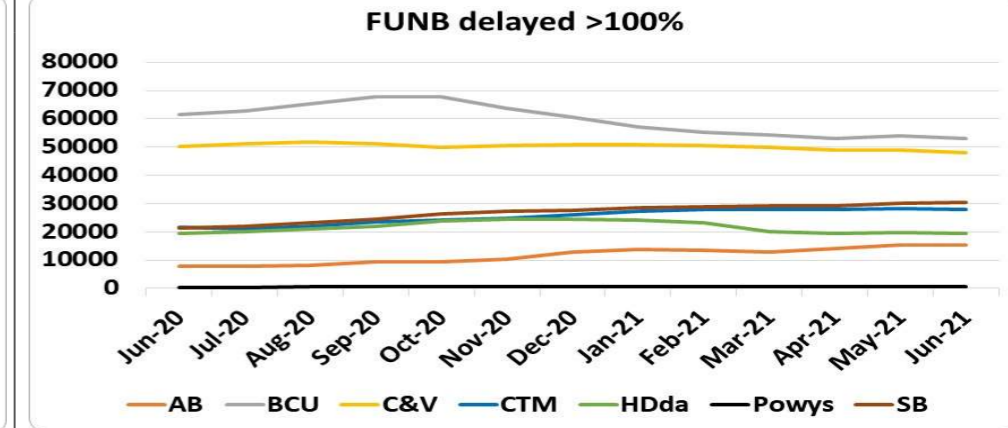
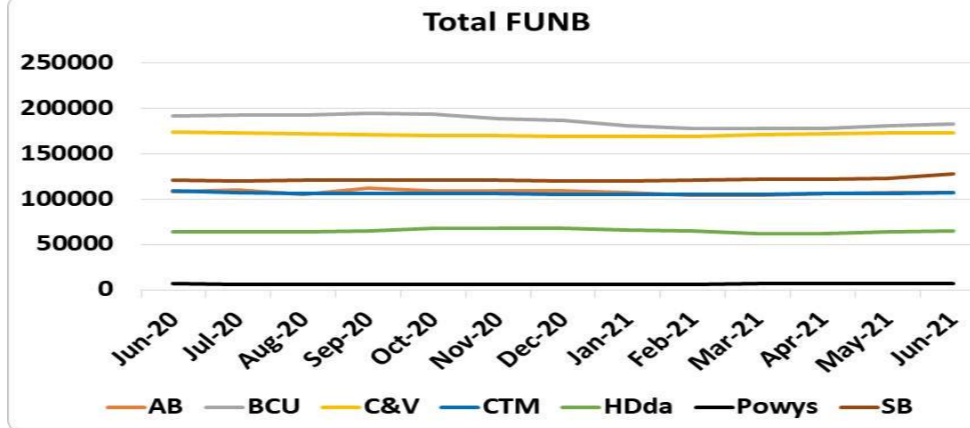
What are the main areas of risk?

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 over the last 6 months with figures holding around the 27,000 and 28,000 patients mark.

Outpatient activity levels continue to be below pre-Covid levels with the August figures below for new and follow-up patients compared to prior the pandemic:
 Total New Patients seen: 12,992 – Pre-Covid average 2019/20: 18,185
 Total Follow-up Patients seen: 26,727 - Pre-Covid average 2019/20: 40,499

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 specialities. We are delighted to welcome our new Deputy Medical Director into this group who has a keen interest in Outpatients and Elective Recovery. Validation both administrative and clinically continues to be a focus for all health board when looking at the follow up back log that has developed due to Covid.



Emergency Unit Waits – August 2021 (Provisional Position)

Number of Attendances

15,389

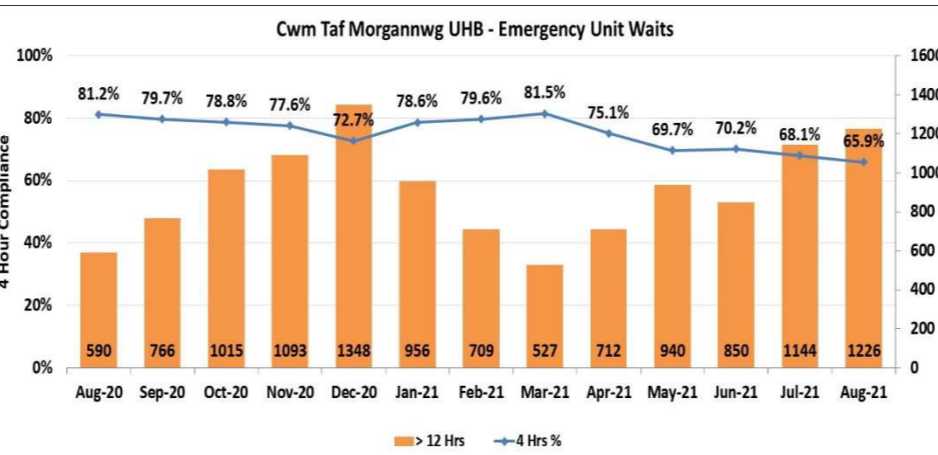
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

65.9%

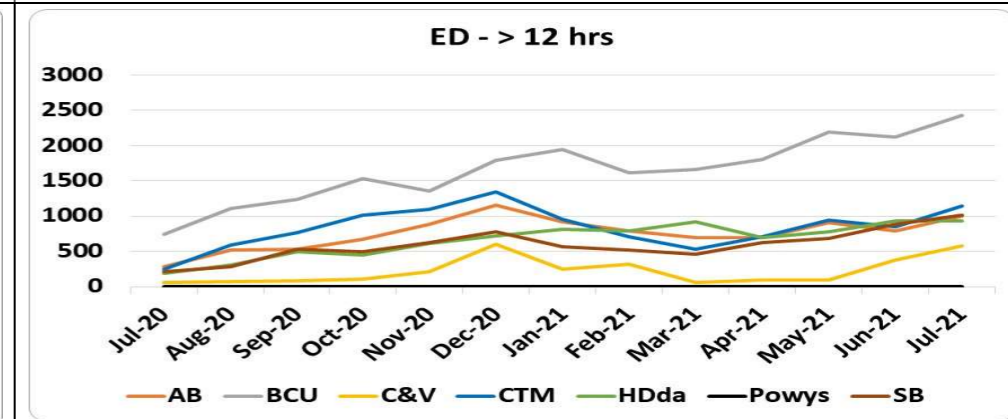
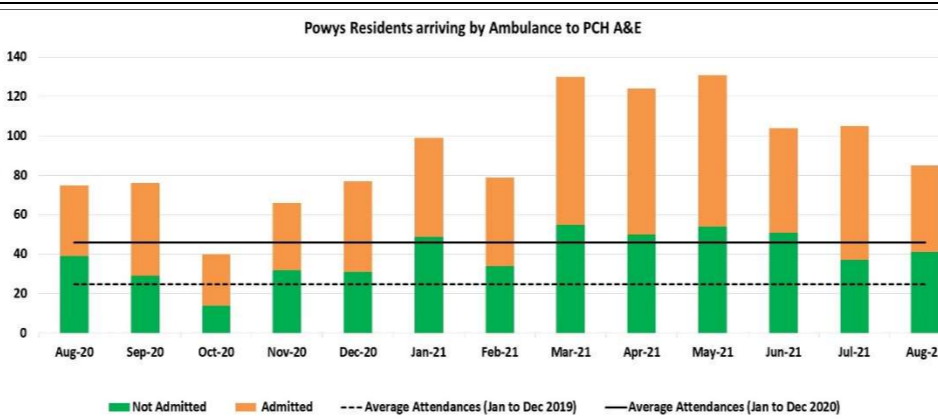
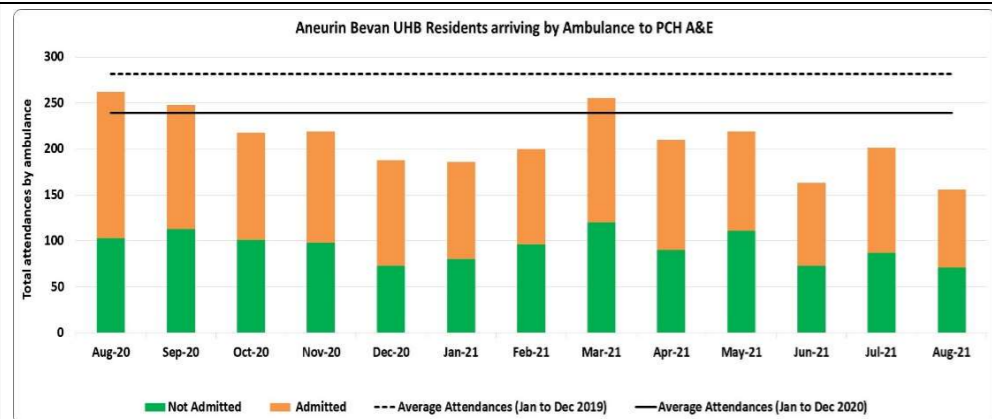
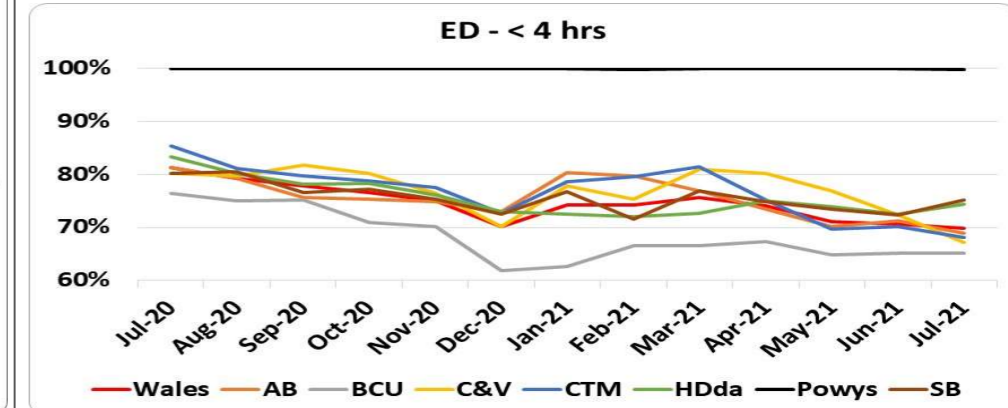
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

1,226

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
Aug-20	4849	76.7%	215	4512	93.5%	9	4820	71.5%	366	14856	81.2%	590
Sep-20	4461	73.9%	330	4242	88.6%	27	4292	73.5%	409	13716	79.7%	766
Oct-20	3973	78.4%	445	2861	79.6%	130	3740	74.9%	440	11241	78.8%	1015
Nov-20	3784	79.0%	385	3578	75.9%	267	3462	74.2%	441	11383	77.6%	1093
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4694	52.1%	613	4795	73.7%	272	4996	65.3%	341	15389	65.9%	1226



How do we compare with our peers?



How are we doing?

Deterioration continued in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during August, with performance now at 65.9%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 52.1%. An analysis of the flows into PCH indicated that in previous months they were predominantly CTM residents, with a marked increase in paediatric presentations. However, during August, provisional data reveals that paediatric presentations at PCH have fallen by around 20% on the previous month (838 in total)

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments saw an increase of 82 on the previous month bringing the overall total to 1,226 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances have fallen in August from the previous month to 15,389 (a difference of 1,315), but remains high and is at a similar to that observed during the winter months of 2019/20 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year.

The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,379.

What actions are we taking & when is improvement anticipated?

In order to ensure the safety of our paediatric patients at PCH Emergency Unit, two nurses have been allocated to the paediatric area of the unit. The Lead nurse for paediatrics and unscheduled care are working together to develop a rotational model to support ED with the recruitment of the current student workforce due to qualify September 2021.

To ensure that senior medical staffing is both safe and maximally aligned to demand of the unit a rota review is in progress; This has now progressed and is likely to be available in mid September along with the requisite medical workforce plan. An additional locum middle grade ED doctor started at the end of August, providing the capacity to alleviate long waits in the Minors area and for the majors patients who are cared for in this area.

What are the main areas of risk?

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

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

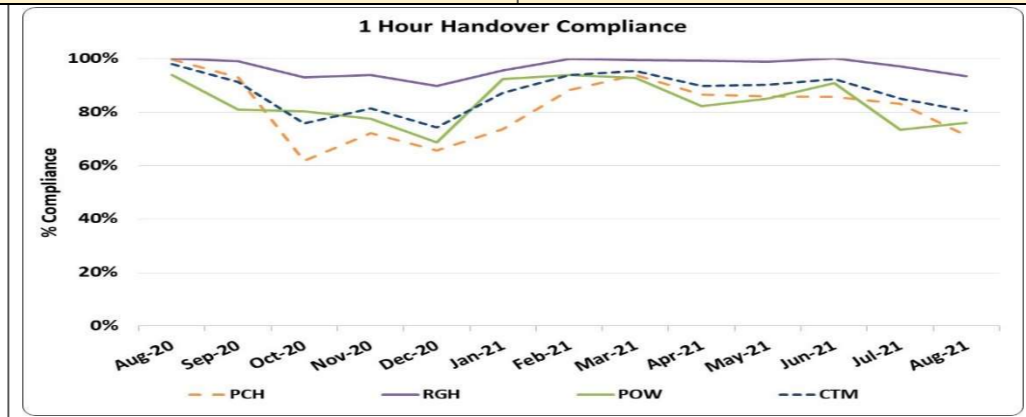
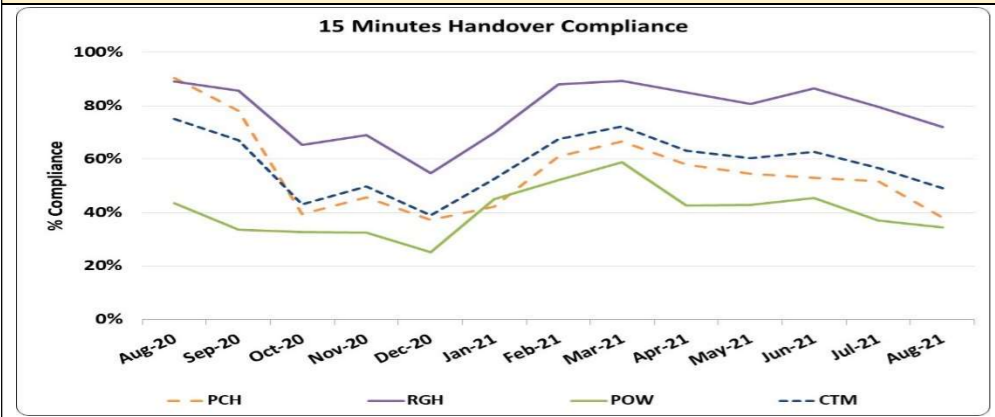
Emergency Ambulance Services – August 2021 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,523 of which 1,243 handovers were within 15 minutes (49.3%)

490 handovers were over 1 hour (80.6% 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 %
Aug-20	1079	90.5%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.2%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	877	69.0%	93.8%	753	32.5%	77.6%	2500	49.9%	81.4%
Dec-20	883	37.4%	65.7%	807	54.9%	89.7%	824	25.1%	68.6%	2514	39.0%	74.3%
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%

How are we doing? What actions are we taking?

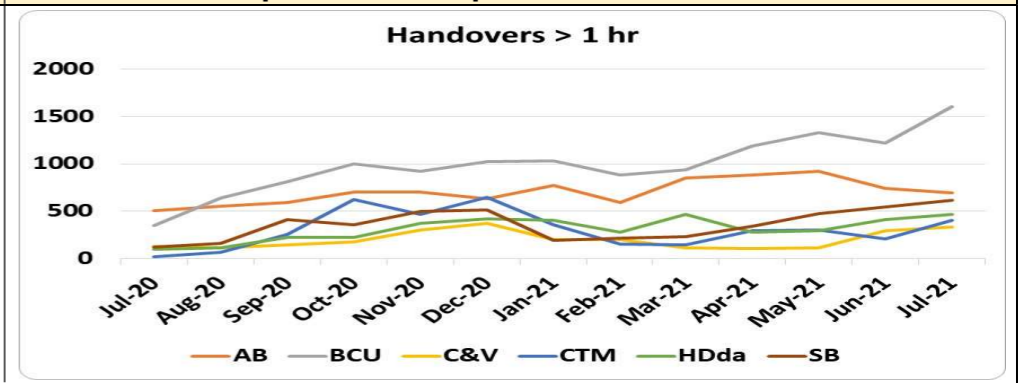
Individual departmental handovers, 15 Minute and 1 Hour Handover times are depicted in the charts and table above. Compared to the previous month, the total number of handovers was 141 less in August, bringing the total to 2,523.

Overall, the CTM 15 minute handover compliance fell from 56.8% in July to 49.3% in August. For the 1 hour handover time, PCH compliance fell to 71.2% (83.1% in July) with 258 breaches (97 more than in July) with POW improving to 76.0% (173 breaches, 41 less than the previous month), whilst RGH achieved 93.5% with 59 patients breaching over the one hour, recording 32 more breaches than in July.

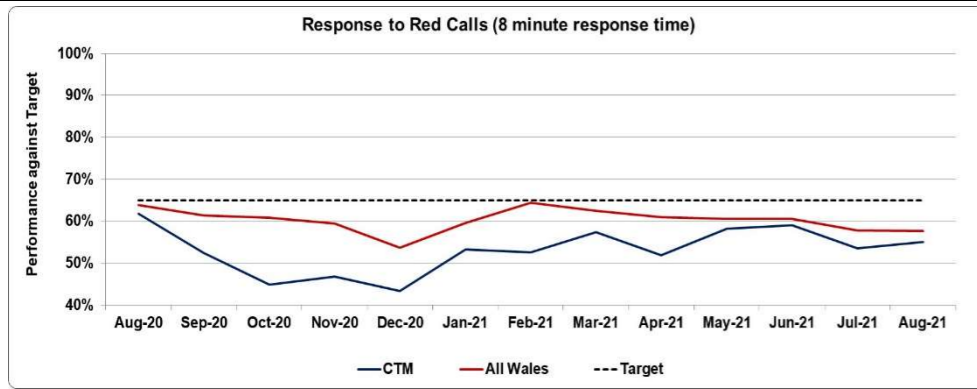
When is improvement anticipated & what are main areas of risk?

As per the Emergency Department section, the unscheduled care improvement programme and the anticipated improvements in flow are significant to achieving lower handover delays. The new rosters and accompanying workforce plan are anticipated in mid September and it is envisaged that these can start to be implemented soon afterwards.

How do we compare with our peers?



Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% August 2021 55.0%



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
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%	389	207	53.2%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%

Average Response rate per 10,000 population (period September 2020 to August 2021)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	6.3
RCT	4.8
Bridgend	4.5

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

How are we doing?

Response to Red Calls

Response times improved slightly during August to 55.0% (53.5% in July) and continues to remain under the 65% target, with July 2020 being the last time CTM achieved the target. The Welsh average fell marginally from 57.8% to 57.6% and has remained below target for the last twelve months. CTM performance for the last twelve months averages out at 52.4%.

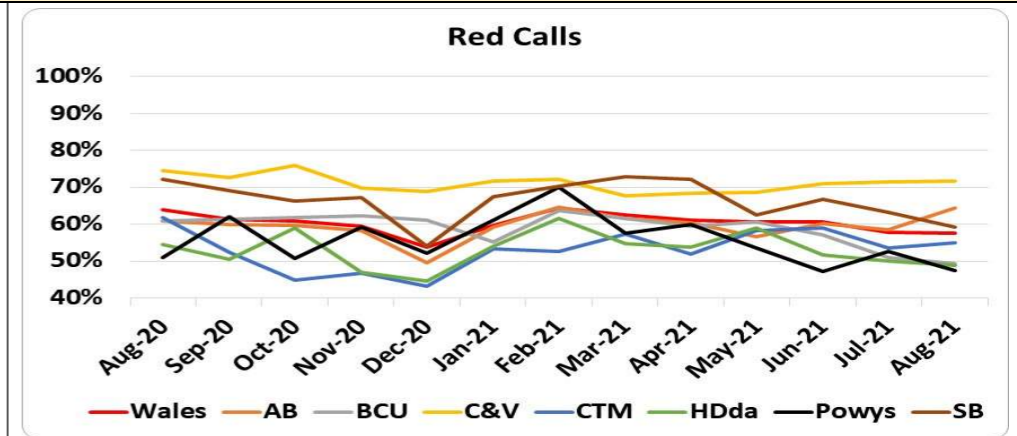
Red Call Volumes

The centre table shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past twelve months, Bridgend area has received the better response times averaging 56.3%, with Merthyr averaging 54.9% and RCT averaging the lowest at 49.6%.

How do we compare with our peers?

As at August 2021, C&VUHB continued to receive the best Red Call response times and surpassed the target at 71.8%. Just under target, at 64.4%, was ABUHB, with CTM ranked 4th at 55.0%.

Powys experienced the poorest response times out of all the health boards in Wales achieving 47.5%.

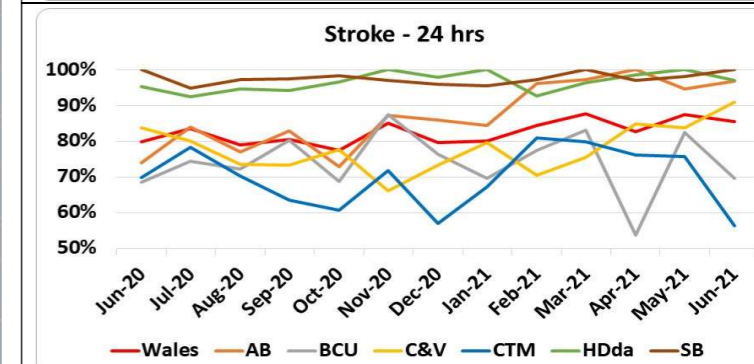
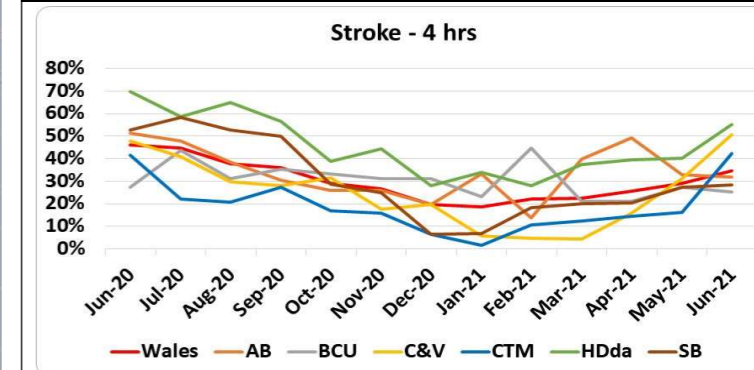


Stroke Quality Improvement Measures (QIMs) – July 2021

% compliance with direct admission to an acute stroke unit within 4 hours	% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
15.2%	36.4%	59.5%	64.6%

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%
Jun-21	29.8%	60.0%	55.1%	61.2%	4.5%	50.0%	0.0%	90.9%	21.7%	57.1%	54.9%	70.4%
Jul-21	18.8%	66.7%	64.6%	64.6%	9.7%	0.0%	51.6%	64.5%	15.2%	36.4%	59.5%	64.6%

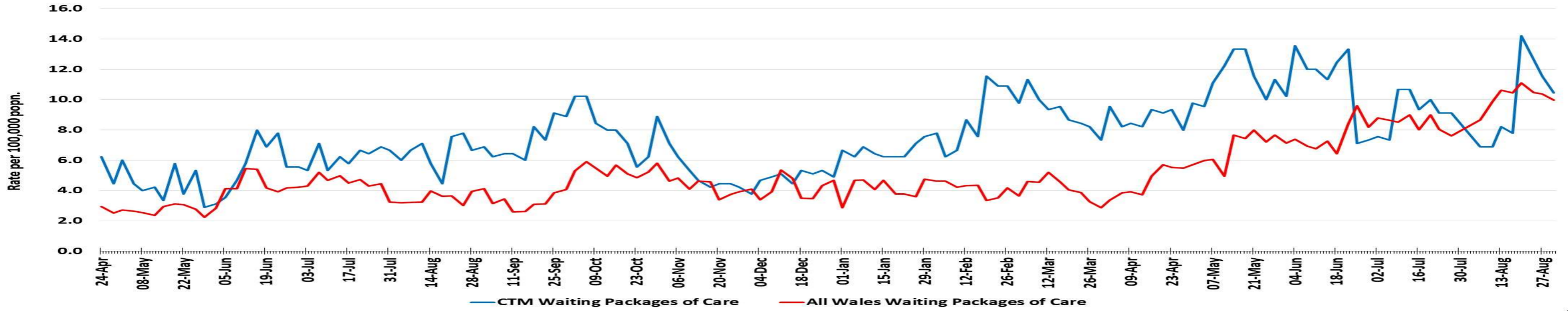
How do we compare with our peers?



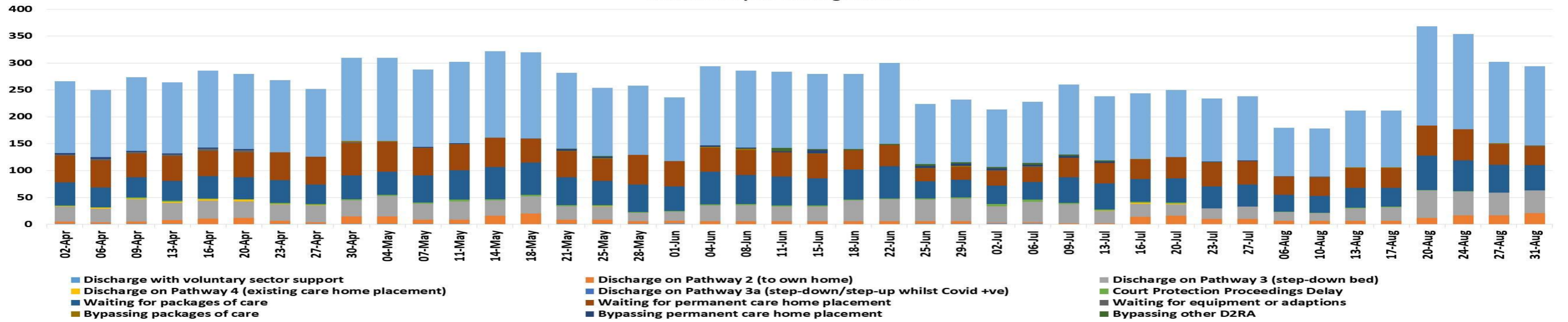
How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
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<p>Achieving the targets has proved challenging over much of 2020/21, mainly as a result of the requirement to reconfigure services due to Covid inpatient demand. Acute stroke wards were significantly affected by increased Covid-19 admissions and infection control restrictions.</p> <p>As can be seen performance varies between the sites, therefore the data is better not aggregated for analysis. POW is consistently achieving the 24 hour stroke consultant review with some variation month on month, this has reduced considerably in July as a result of the stroke consultants undertaking less locum on-call work at the weekends and reflects the funded 5 day Consultant service in place.</p> <p>Achievement of the 1 hour CT scan remains around the 40-50% mark in POW although median time to CT for 3 and 12 months is 51 and 54 minutes respectively. There is targeted improvement work ongoing to increase overall compliance. Due to the low numbers, the percentage of patients thrombolysed in 45 minutes continues to be extremely variable.</p> <p>PCH has seen an improvement in performance in the 1 hour scan time and 24 hour consultant review. It should be noted that the variation of the 45 min. thrombolysis door to needle target and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis, on a rolling 3 and 12 month basis door to needle times are one of the best in Wales and thrombolysis rates are in line with the Welsh national average of 12</p>	<p>There is site wide flow improvement work taking place in POW, which will support improvements in stroke flow and achievement of the target. The ILG has re-established a monthly Stroke Improvement Group, which is tracking actions to achieve and progress against both QIM measures and SSNAP targets. Weekly performance review indicating that no potential patients for thrombolysis have been missed and that thrombolysis is being given appropriately.</p> <p>In POW number of actions have been agreed with radiology colleagues to support the achievement of the scanning targets, in particular the 45-minute thrombolysis target, improvements are being monitored.</p> <p>In PCH, daily board rounds have started with the bed managers in an attempt to improve flow and reduce times from the Emergency Department to the Acute Stroke Unit, and help to reduce the time any patients are waiting to come across from Royal Glamorgan Hospital. However, overall bed pressure within PCH, especially at the front door, has meant they have been unable to reinstate their ring-fenced bed.</p> <p>The Stroke Planning Group have scheduled monthly meetings to develop short and long-term plans for stroke services in CTM UHB.</p>	<p>4 hour admission to the stroke unit remains a significant challenge with overall flow challenges on site having a direct impact.</p>
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Intercensal Delayed Discharge Patients Waiting for Packages of Care at census date (rate per 100,000 population)
(Twice weekly census from 24th Apr 2020 to 31st August 2021)



Patient Delayed Discharge Reasons



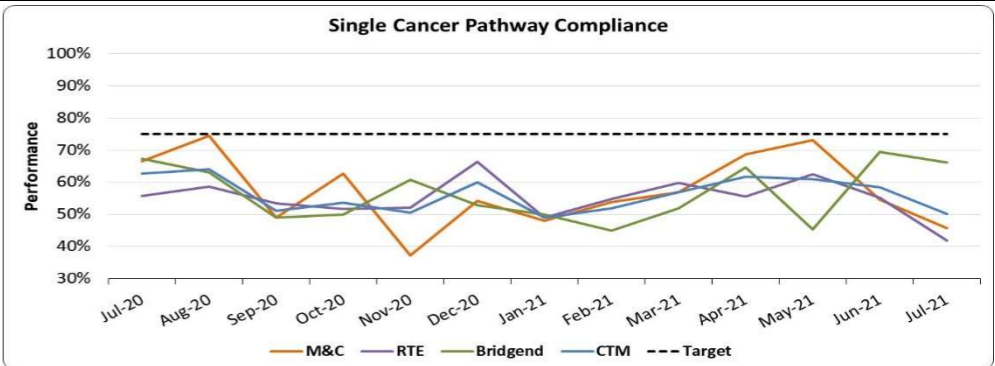
How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk
<p>This weekly return, which is taken from the twice weekly discharge flow summary and will continue for the foreseeable future, with no plans to reintroduce the previous monthly return.</p> <p>The chart top left provides a trend for two aspects of this return. CTM levels of delayed discharges waiting for packages of care per 100,000 population are above the all Wales level. The current CTM rate is 10.4 and the All Wales rate is 10.0 per 100,000 population.</p> <p>The bottom chart top right, details the reasons for the delayed patient discharges and most notably patients waiting for packages of care and those patients waiting for a permanent care home placement being the main contributory factors.</p>	<p>We are seeing increasing number of patients waiting care packages across all LA areas, however Bridgend seem to be the worst hit at this current time.</p> <p>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 no quick fix to this and so this is a significant issue moving towards the winter months.</p>	<p>EMI provision 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.</p> <p>Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 “red homes” and so closed to admissions, leaving availability of beds limited.</p> <p>To date providers have been receiving hardship monies to support the voids and this will taper off from September; we are unsure if this will have any impact.</p>

Single Cancer Pathway (SCP) – July 2021

<p>% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%</p>	<p>Number of patient breaches by tumour site</p>	<p>Single Cancer Pathway compliance trend</p>
<p>50.2%</p>		

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	8	50.0%
Upper GI	8	20	40.0%
Lower GI	10	35	28.6%
Lung	15	25	60.0%
Sarcoma	1	1	100.0%
Skin (exc BCC)	39	49	79.6%
Brain/CNS	2	2	100.0%
Breast	22	41	53.7%
Gynaecological	6	17	35.3%
Urological	10	44	22.7%
Haematological	10	13	76.9%
Other	3	4	75.0%
Total	130	259	50.2%

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
July 2021	0	0	0	4	4	8	0	0	0	4	4	8
Head and Neck	0	0	0	4	4	8	0	0	0	4	4	8
Upper Gastrointestinal	3	4	7	2	4	6	3	4	7	8	12	20
Lower Gastrointestinal	4	9	13	1	10	11	5	6	11	10	25	35
Lung	7	3	10	4	2	6	4	5	9	15	10	25
Sarcoma	0	0	0	0	0	0	1	0	1	1	0	1
Skin(c)	0	0	0	0	0	0	39	10	49	39	10	49
Brain/CNS	1	0	1	0	0	0	1	0	1	2	0	2
Breast	0	0	0	22	19	41	0	0	0	22	19	41
Gynaecological	6	10	16	0	0	0	0	1	1	6	11	17
Urological	0	0	0	10	34	44	0	0	0	10	34	44
Haematological	0	0	0	10	3	13	0	0	0	10	3	13
Other	1	0	1	2	0	2	0	1	1	3	1	4
Total Breaches	22	26	48	55	76	131	53	27	80	130	129	259
	Overall Compliance 45.8%			Overall Compliance 42.0%			Overall Compliance 66.3%			Overall Compliance 50.2%		



The Cwm Taf Morgannwg SCP performance for July fell further to 50.2% from 58.5% in June.

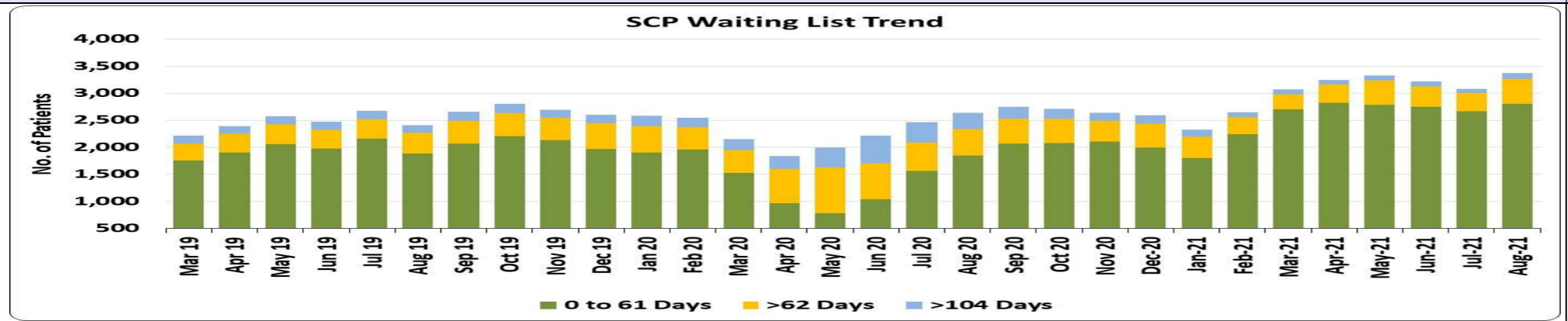
Predicted performance for August currently is 52.9%, however the data is currently un-validated. Improvement in performance noted in Lung (B-ILG and MC-ILG) and Haematology.

The overall performance for CTM during July was 50.2% with 129 patient breaches, as detailed in the above table.

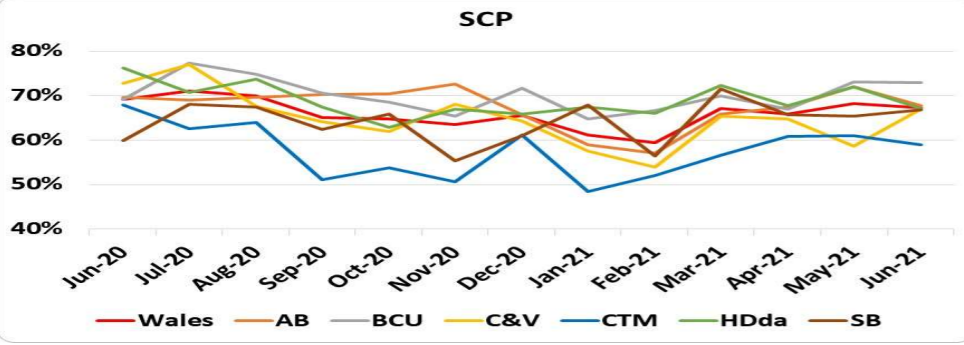
The main contributory factors recorded continue to be allocation of first outpatient appointments and diagnostics. Also, challenges with referrals from the Bowel Cancer-screening programme and services provided by tertiary organisations.

As can be seen in the graph above, overall CTM compliance has deteriorated and remains below the 75% target. This situation can be predominantly attributed to the ongoing operational challenges in access to outpatients and diagnostics.

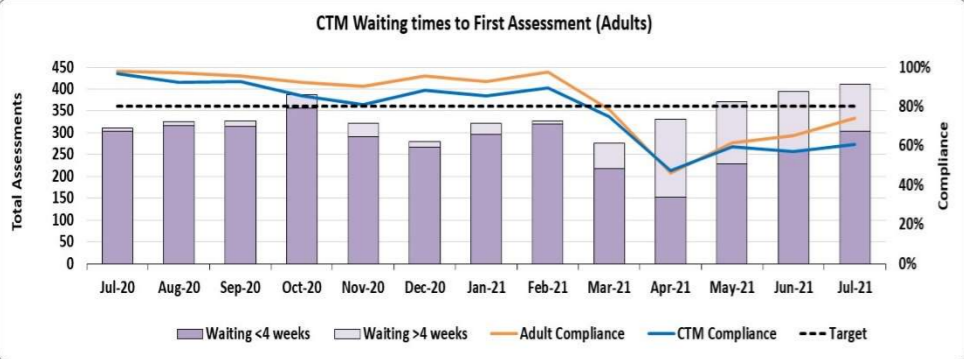
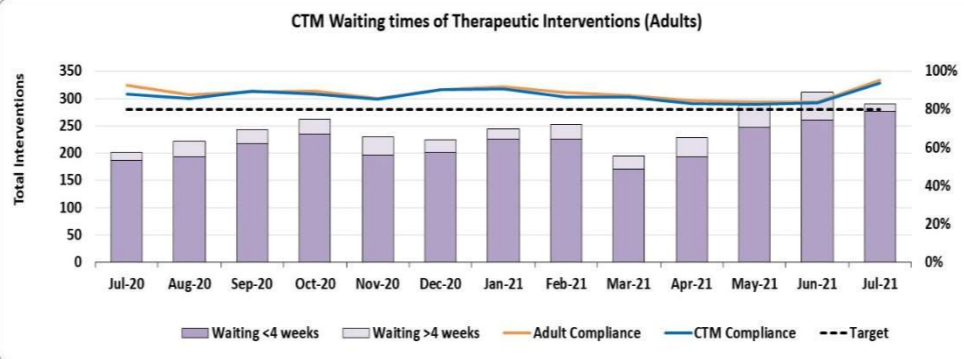
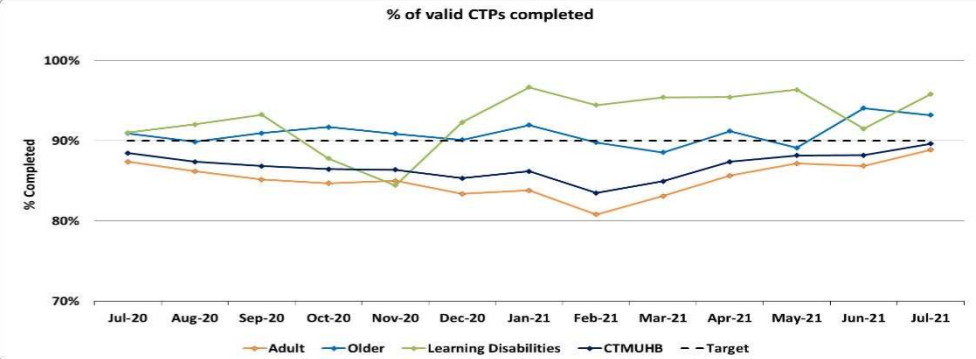
Patients currently waiting on a Cancer Pathway as at 1st September 2021



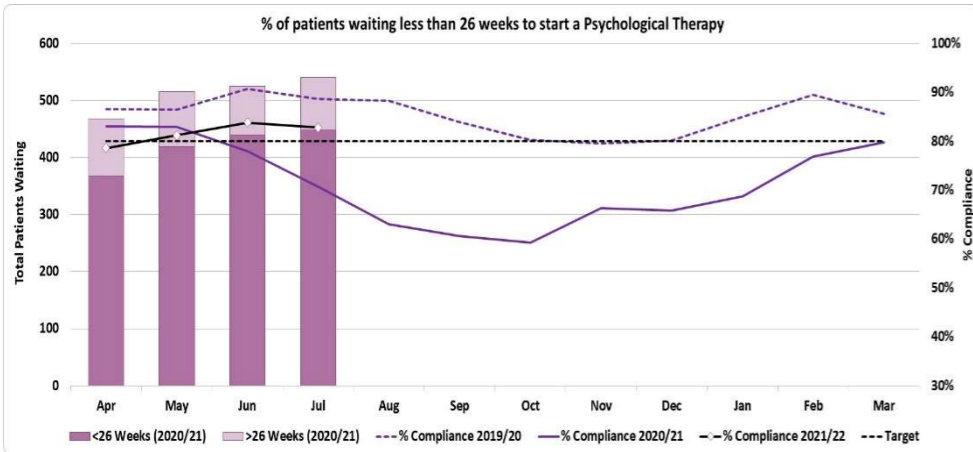
Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	9	4	4
Lower Gastrointestinal	41	7	13
Lung	6	3	2
Gynaecological	62	8	28
Other	0	1	1
Grand Total	118	23	48
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and Neck	15	3	5
Upper Gastrointestinal	20	2	4
Lower Gastrointestinal	48	8	11
Lung	2	0	0
Breast	23	5	3
Urological	53	13	17
Haematological	1	0	1
Other	0	0	1
Grand Total	162	31	42
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	3	0	3
Lower Gastrointestinal	6	1	6
Lung	3	0	3
Sarcoma	0	1	2
Skin(c)	20	2	3
Gynaecological	0	0	2
Haematological	0	0	1
Other	12	2	0
Grand Total	47	6	20

How are we doing & how do we compare with our peers?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>CTM is ranked 6th in overall performance against the other acute health boards in Wales.</p> <p>There are currently 3,356 active patient on the cancer tracker, which is a slight reduction on last month, but is still the second highest number recorded.</p> <p>There is a continued focus on longest waiting patients but this month has seen an increase in the number of patients waiting over 62 and 104 days.</p> 	<p>RTE ILG – Action plans for service redesign and workforce across Radiology, Urology and Breast services in development. Demand and capacity modelling is being undertaken but difficulties with the data. Additional clinics that were being undertaken to clear the backlog across all sites have reduced due to the revised pay agreements. Performance improvement is still impacted by COVID infection prevention and control procedures.</p> <p>MC ILG – Assessing surgical short stay move to day surgery unit while COVID numbers increase to protect planned cancer activity. Lung performance deterioration since last month due to increase in demand, plan to clear over 62 days by month end. Meeting with Colorectal Team to discuss plan to flip outpatient activity into theatre capacity. Endoscopy – still faced with insourcing challenges. Gynaecology – continues to work through first outpatient challenges around ultrasound first waits. Clinical Service Group manager working through plans with new clinical director and health board cancer lead.</p> <p>B ILG – One Stop clinic for lung started 2nd July, review and redesigning of pathways within LGI and Lung tumour sites, appointment of UGI clinical nurse specialist, working with clinicians to discuss the demand and capacity analysis undertaken and reviewing clinic templates, job plans and theatre space to ensure sufficient capacity is available.</p>	<ul style="list-style-type: none"> Reduced overall performance for fourth consecutive month – a further 8.3% decrease month on month. Performance challenges continue for LGI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such non-compliance significantly impacts CTM's overall SCP position. Month on month deterioration in the number of patients waiting above 62 and 104 days for their first definitive treatment. 80% of all active patients on the Suspected Cancer Pathway are currently at first outpatient and diagnostic stages. Predicted performance for August is 52.9%, which is a slight improvement month on month, but is still non-compliant with the SCP 75% measure.

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

% of assessments undertaken by LPMHSS within 28 days of receipt of referral - Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
Part 1a – CTM 60.9% (Adults 74.0%)	Part 1b – CTM 93.7% (Adults 95.2%)	Part 2 – CTM 89.6% (Adults, Older & LD 90.2%)
		
<p>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. CTMUHB compliance for July improved slightly to 60.9% with the adult services continuing to improve to 74.0% from 65.3% in the previous month.</p> <p>Overall, referrals in July fell by 107 on the previous month bringing the total to 940. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during July amounted to 806, a decrease of 51 on June's total.</p>	<p>Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also improved from 83.4% in June to 93.7% in July and continues to be above the 80% target. The adult services also continues to improve to 95.2% from 83.7% during June.</p> <p>The number of interventions fell this month to 302 from 325 in June with the pre-Covid average being 357 per month. The total adult interventions during July were 290, of which 276 started within 28 days.</p>	<p>Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved to 89.6% during July, just falling short of the 90% target. Overall, the target has not been met since September 2019, however, the adult services achieved 90.2% (88.7% in June)</p> <p>Part 3: There were five outcome of assessment reports sent during July; all within 10 working days for Part Three of the Mental Health Measure.</p>

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - July 82.8%



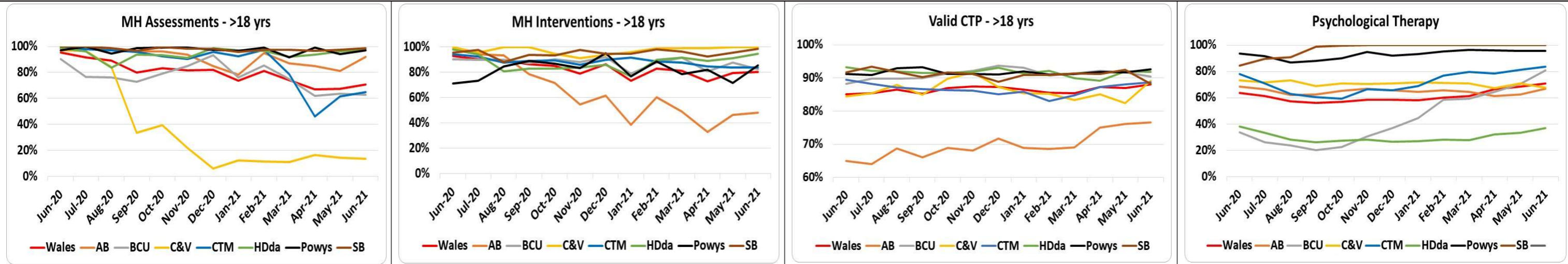
How are we doing & what action are we taking?

CTM Part 1a compliance has increased for the last 4 reported months, whilst also showing an increase in activity level from a low in April 21. CTM Part 1b compliance has increased to a 12-month high with activity slightly reducing against June 21. Part 1a compliance being below target is being driven by Merthyr & Cynon ILG (36.3% compliance in July 21). Progress is being made, including WLI and overtime clinics and temporary changes to group work slots to improve compliance. These changes have resulted in a 4 month on month improvement from 12.4% compliance in April to 36.3% in July. Work continues to improve compliance within Merthyr & Cynon ILG.

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

Improvement interventions started in April 21 and will continue. Compliance is anticipated to continue to rise. The main risks to improving compliance are increased sickness levels and annual due to time of year and adhering to Healthcare Covid compliance.

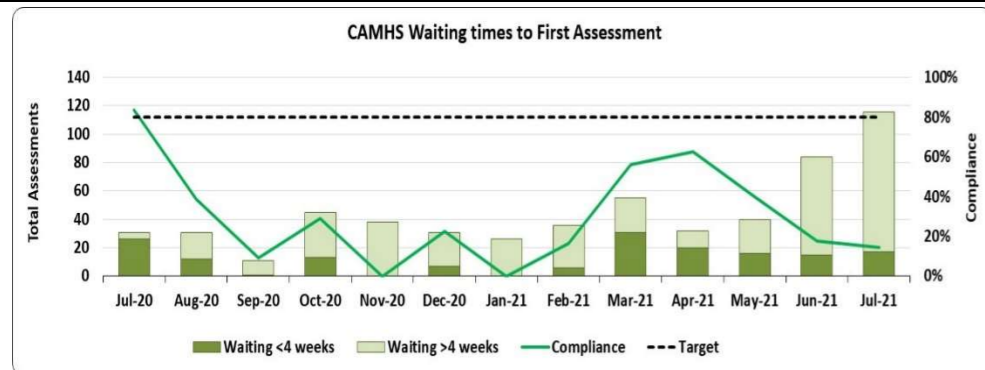
How do we compare with our peers?



Child & Adolescent Mental Health Services (CAMHS) – July 2021

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

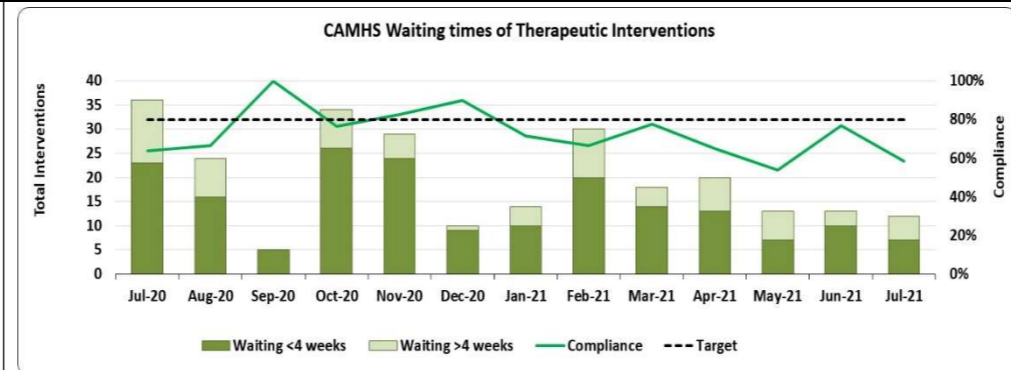
Part 1a – 14.7%



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 chart shows that in recent month's CAMHS compliance has declined. Referrals in July were lower than previous months at 134 (190 in June). Pre-Covid levels averaged 84 per month with the average referrals for 2020/21 equating to 42 per month.

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

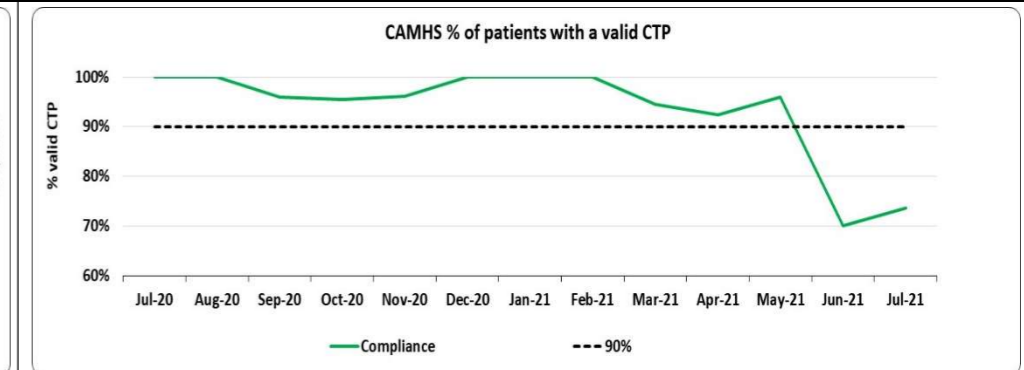
Part 1b – 58.3%



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell during July to 58.3% from 76.9% in the previous month and remains below the 80% target. The last time the target was met was in December of last year (90%) with the best performing month being September 2020 (100%). The total number of interventions remained almost static at 12 with 7 of those patients receiving intervention within 28 days.

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

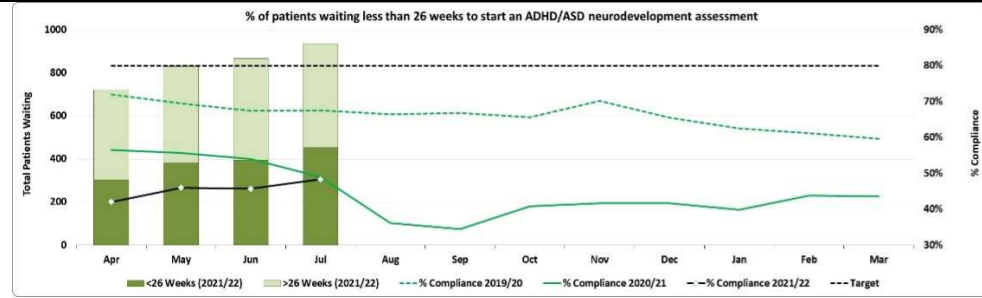
Part 2 – 70.1%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved during July to 73.7% from 70.1% in June, but remains below the 90% target.

Part 3: There were no outcome of assessment reports for CAMHS sent during July for Part Three of the Mental Health Measure.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - July 2021 48.7%



The chart above details the compliance against the 26-week target for Neurodevelopment services with compliance in July improving slightly to 48.7% from 45.7% in June. The total waiting list continues to rise to a total of 945 patients, an increase of 79 on the previous month, with the number of patients waiting above the target time increasing to 485 from 470 in June.

How are we doing & what actions are we taking?

Although CAMHS has seen a decrease in demand during the summer holiday period, capacity levels were also decreased due to staff annual leave. The acuity of the presentation of the CYP has remained high and in particular the service has seen an influx of referrals of CYP with anxiety presentations. The service transitioned into a single waiting list in June 2021, with all referrals deemed as Part 1. Work is underway in terms of improving the Part 1A and Part 1B compliance. The Locality Management team are in the process of arranging Part 2 training to improve compliance to ensure that patients are afforded the relevant patient status.

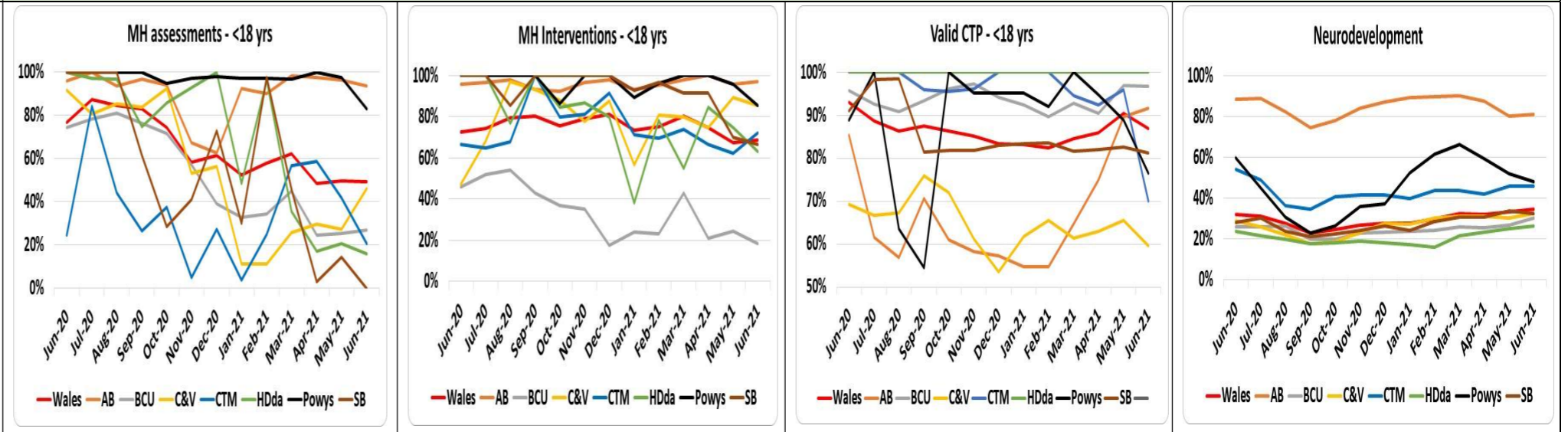
The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The uptake of Consultant Connect is poor at present, work around promoting this service is ongoing. The recruitment to the Eating Disorder Team and 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment) is underway. Due to the new funding and promotion opportunities with CAMHS, we have seen some internal movement of staff within the service. Recruitment and retention has posed challenging due to the WG funding awarded to all Health Board areas within Wales.

The recruitment to the school in-reach provision to promote early intervention/prevention is underway; the job descriptions are ready for advertising. There are currently 2 staff on secondment within the LA areas to meet the need of those who do not meet the threshold of CAMHS. The implementation of the Additional Learning Needs (ALN) Act, may also create an additional demand into CAMHS in the future.

What are the main areas of risk?

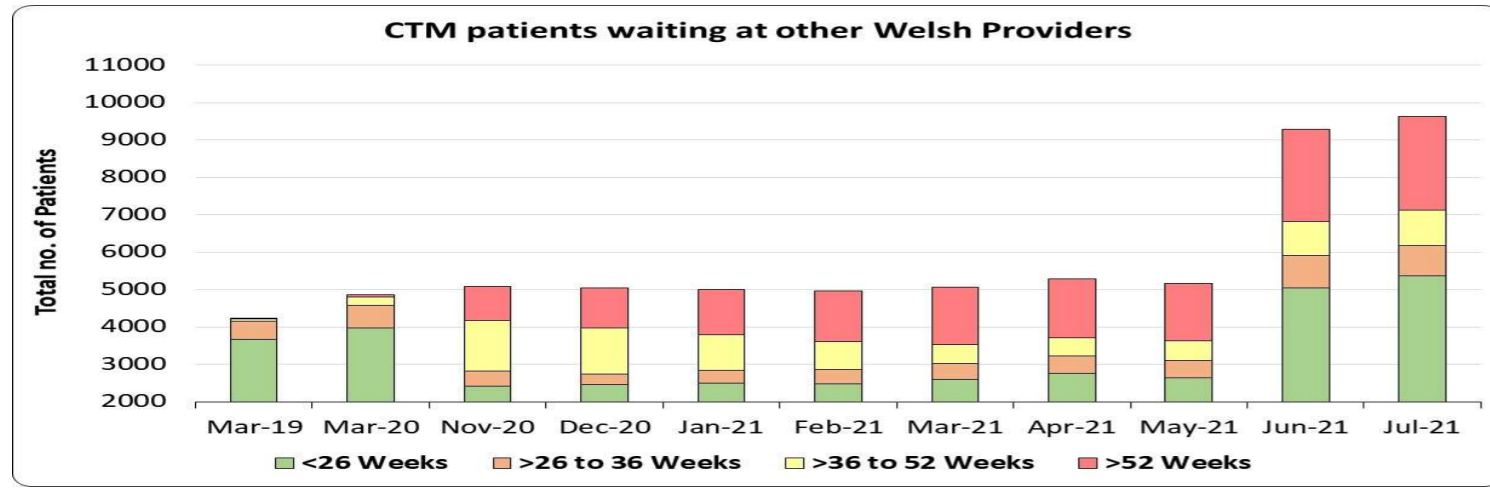
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment. Recent WG investment has meant that neighbouring HB will also be recruiting at this time.

How do we compare with our peers



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.



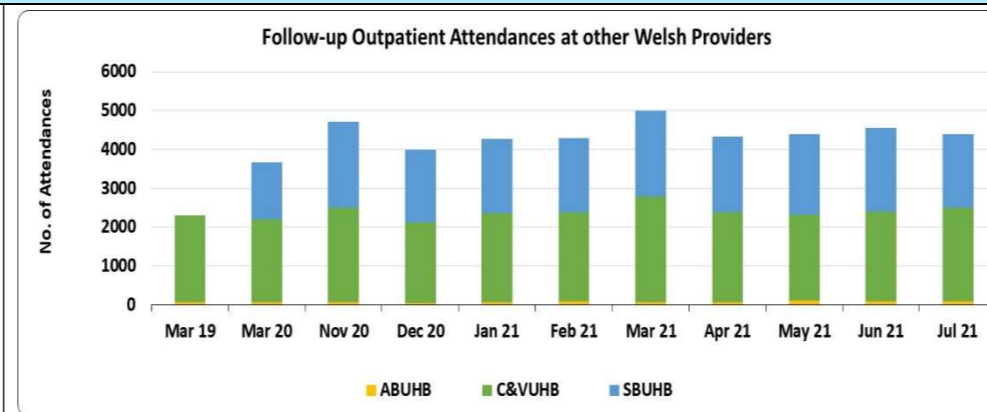
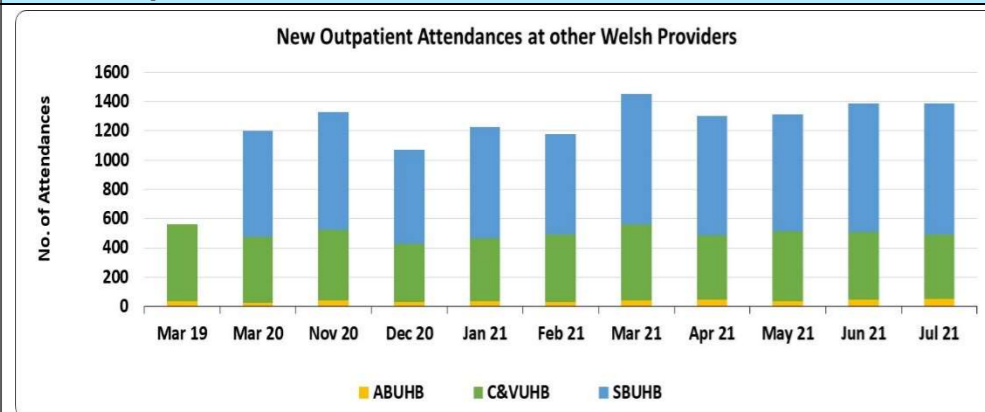
Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at **other** Welsh providers, though the actual Commissioner is not WHSSC in all instances.

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 July totals 3,429*. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 445 and there is just one patient waiting over 14 weeks for a therapy (Audiology – C&VUHB).

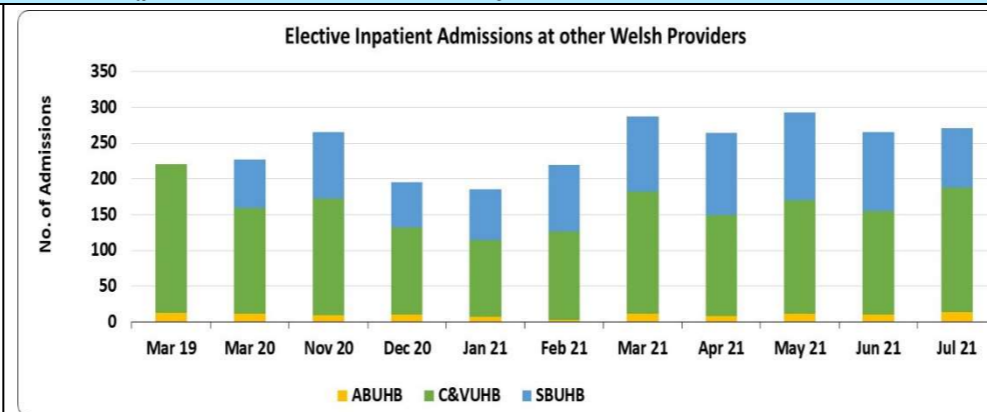
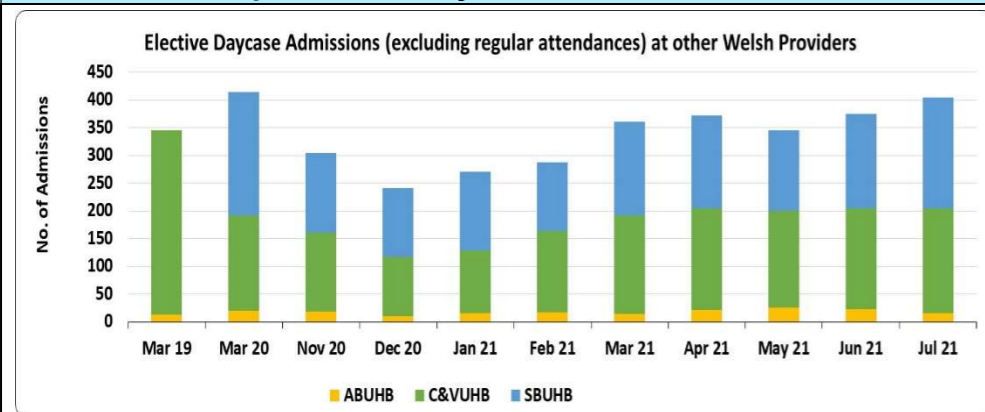
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	120	587	Trauma & Orthopaedics	11	56	Oral Surgery	114	341
Ophthalmology	43	162	Urology	20	45	Trauma & Orthopaedics	50	251
Clinical Immunology And Allergy	21	63	Ophthalmology	4	19	Plastic Surgery	68	227
Oral Surgery	13	47	Oral Surgery	5	18	General Surgery	54	203
ENT	15	41	ENT	4	16	Orthodontics	13	51
Gynaecology	5	38	General Surgery	1	8	Gynaecology	15	49
Neurology	172	31	Dermatology	5	2	Gastroenterology	5	21
General Surgery	13	22	Gynaecology	1	1	ENT	4	20
Urology	10	21	Neurology	1	0	Ophthalmology	8	13
Paediatric Surgery	9	18	Grand Total	52	165	Urology	4	12
Neurosurgery	8	16				Cardiology	3	6
Paediatric Dentistry	9	13				Clinical Haematology	5	6
Paediatrics	5	10				Cardiothoracic Surgery	2	6
Dermatology	7	8				Restorative Dentistry	5	5

CTM Outpatient Attendances at other Welsh Providers



We have yet to receive the WHSSC July activity report, so this reflects as at last month, the June position. It shows that for the specialist services covered in the report; Cardiac Surgery, Thoracic Surgery, Neurosurgery, Plastic Surgery and Paediatric Surgery, those provided in Wales continue to recover more slowly across the specialties than English counterparts. Almost all specialties are reported as delivering less activity than for the same period in 2019/20. From an outpatient perspective, performance is generally positive with first outpatients being seen within 16 weeks and follow-ups being managed appropriately.

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



Within Cardiac Surgery, CTM continue to have the lowest access rates per 100k pop. Whilst Cardiff has been steadily reducing their waits for an intervention with approx. half waiting compared to pre Covid levels, in Swansea, numbers waiting have stayed close to pre Covid levels resulting in more patients waiting significantly longer for treatment. For Thoracic, CTM is reported as having the highest access rate per 100k for treatment, but many patients are waiting over a year in both providers. The number of patients awaiting Neurosurgery and Plastic Surgery remains largely unchanged from pre-Covid and are waiting longer. Most concerning is Paediatric Surgery with all HBs bar Cardiff having low access rates and almost 35% of patients waiting over a year for an admitted intervention, significant given that the highest volume age band waiting is 0-4.

2.2 Finance update - Month 4

2.2.1 Background

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

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid & Planned Care Recovery	Q1 £m	Q2 £m	Q3 £m	Q4 £m	Total £m
Core Plan	5.1	5.1	5.1	5.1	20.4
Covid Plan	-5.1	-5.1	-5.1	-5.1	-20.4
Planned Care Recovery Plan	0.0	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0	0.0
Cumulative Total	0.0	0.0	0.0	0.0	

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22.

2.5.2 Key aspects of the 21/22 Financial Plan & Financial Outlook

The key aspects of the updated financial plan are as follows:

- Anticipated additional non-recurring Covid-19 funding of £20.5m for the Covid-19 overspends from 20/21. This includes a £16.2m shortfall against the 20/21 savings plan resulting from Covid and £4.3m of additional cost pressures. This reflects the recent funding principles issued by the WG, but will be subject to WG review, and may not be fully agreed.
- Requested additional non-recurring Covid funding of £5.5m over the confirmed WG allocation of £26.1m, to reflect a revised assessment of demand relating to Covid-19, winter and paediatric respiratory virus.
- Anticipated non-recurring allocations from WG of £7.0m in 21/22 for investment in Think 111 First, Urgent Primary Care and Same Day Emergency Care (SDEC).
- The plan assumes that around £9m of existing cost pressures projected by ILGs & Directorates are avoided or managed out. There is a £5m transitional budget to support this and Covid funding for Q1 may also provide some temporary headroom if actual costs are lower.

- The plan assumes recurrent savings delivered will be £16.1m and in year savings £14.5m. The provision for new investment in the plan is relatively low (£1m enabling) and a small amount of non-recurring funding.
- The plan is bolstered on a one off basis in 21/22 by release from the balance sheet of over £6m and by £4.7m non-recurring release of budgets committed to out of hospital transformation from 22/23. Therefore the underlying recurrent position is worse, and is a £31.4 deficit at the end of 21/22 provided that the assumptions above are delivered.

There is significant risk in the plan, and provided it is delivered in 21/22, there will still remain a large recurrent deficit to be addressed from 22/23 onwards.

The overall funding position across WG is such that there is likely to be further funding potentially becoming available, particularly around planned care recovery. This may be at a level that exceeds what the NHS in Wales could practically spend in 21/22, and so an element may be made available for other initiatives on a one-off basis. However, this is predicated on the CTM plan being delivered internally.

We will identify priorities for any non-recurring investment but the focus needs to be on delivering the plan above, which we need to do from a sustainability perspective anyway. This will put us in the best position to be able to utilise any non-recurring WG funding which does become available.

2.5.3 Month 4

Actual expenditure to M4 on Delegated budgets was showing a £5.2m overspend and this was offset by a £5.3m underspend on Non-Delegated budgets to give a small underspend of £0.1m. A significant amount of Reserve budgets have been phased into the M4 position to cover estimated costs already included in the delegated position, but where funding has not yet been released into delegated budgets. Whilst the Health Board is reporting a small surplus at M4, it is important to note the following points regarding the M4 position:

- The M4 position assumes that we get £20.5m of funding from WG for prior year Covid overspends, at least £2.8m of funding to meet the existing costs already being incurred for Think 111 First, Urgent Primary Care and SDEC plus an additional £1.2m of funding that has been requested following the transfer of £1.2m of Operational expenditure cost reductions towards the forecast shortfall against £14.5m Savings target.

- The position also assumes that we get circa £2.0m of additional funding from Powys UHB for increased patient flow into PCH and also £0.8 from the LAs to meet their share of the £2.0m forecast overspend on the Transformation programme.
- It currently excludes the extra £5.5m of funding that has been requested to reflect the revised assessment of bed demand, but also excludes the costs which it is estimated would result.
- The £14.5m in year savings target has been profiled such that the M3 YTD target equals the actual savings to M3 of £1.5m. The savings target for the next 9 months is therefore £13.0m and the monthly savings target from M4 to M9 is £1.4m per month. The forecast savings for M4 was £1.1m but the actual savings were only £0.67m giving an In-month overspend of £0.73m. A straight extrapolation of the M4 shortfall for the rest of the year would be a gap of circa £6.6m so a big step up in savings delivery is needed from M5 onwards.
- £1.9m of the £5m Covid transition budget has been released to Delegated budgets. The balance of £3.1m is held in Reserves together with a £4.8m budget for Other Covid costs. Four months of these two budgets have been phased into the Month 4 position to meet existing overspends.

The Health Board is continuing to forecast a breakeven position for 21/22, which is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

As at Month 3 we were reporting a forecast recurrent deficit of £31.4m at the end of 21/22, which was consistent with the updated financial plan submitted to WG on 30 June. The forecast recurrent deficit has been increased to £39.3m in M4 to reflect the £7.9m forecast shortfall in savings delivery against the £16.1m recurrent savings target.

2.5.4 Key actions

The key actions include:

- Feedback from WG on the draft financial plan submitted at the end of June and the funding assumptions contained therein.
- All budget holders to urgently sign off their budget schedules for 21/22 and to manage expenditure within these agreed budgets.
- Identification of additional savings plans and opportunities to close the forecast In-year gap of £1.6m and the recurring gap of £7.9m, as well as work to provide greater assurance on the forecast In year savings of £12.9m.



- Addressing the significant M4 YTD overspends on pay, non-pay and income, which are mainly in corporate directorates (£1.0m), Medicines Mgt (£0.6m), Facilities (£0.7m) and ILGs (£0.4m).
- Finalising the trackers for monitoring the reductions in the annual leave carried forward at the end of 20/21 and the associated impact on the annual leave provision for 21/22.
- Finalising the Transformation budgets and spending plans for 21/22 and then moving on to the recurrent sustainability plan for 22/23.
- Noting the deterioration in the forecast recurrent position and the significant recurrent deficit to be addressed from 22/23 onwards.

Full details of the Month 4 position are provided in the M4 Finance report.

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

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



4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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