

AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE
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INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(24/08/2021)
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Rowland Agidee, Head of Performance and Clinical Information
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Presented by	Prof. Kelechi Nnoaham, Executive Director of Public Health
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Approving Executive Sponsor	Executive Director of Public Health
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
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(Insert Name)	(DD/MM/YYYY)	Choose an item.
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ACRONYMS	
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ILG	Integrated Locality Group
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RTT	Referral to Treatment
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FUNB	Follow Ups Not Booked
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SOS	See on Symptom
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PIFU	Patient Initiated Follow Up
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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 Appendix 1, the Performance Dashboard, sets out the UHB's performance against the unscheduled and planned care elements of the Welsh Government (WG) Delivery Framework as at the end of June 2021.
- 1.4 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 two of its twenty-nine performance measures and is making satisfactory progress towards delivering a further 4. There remains twenty-three 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 3	Variance from Plan				Indicators	Jul-21	Jun-21	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	65.0%	65.0%	75%	●
	£m	£m	£m	£m		Jun-21	May-21	Target	RAG
Pay	-1.3	2.2			Single Cancer Pathway	58.5%	61.0%	75%	●
Non-Pay	2.5	1.4		TBC	Thrombolysis for Eligible Stroke Patients within 45 Minutes	n/a	30.0%	100%	●
Income	0.1	0.4				Apr-Jul 21	Apr-Jun 21	Target	RAG
Efficiency Savings	0.0	0.0		TBC	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	96.03	95.66		N/A
Non-delegated (including WG allocations)	-1.6	-4.0			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	32.01	32.19		
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	32.68	30.40		
						Jul-21	Jun-21	Target	RAG
Total	-0.27	-0.02	0	TBC	Number of Serious Incidents	n/a	2		
					Total number of Nationally Reportable Incidents	4	4		
					Number of Formal Complaints Received	105	149		TBC
					Number of Compliments Received	70	109		
	Current Month	Year to Date	Forecast Full Year		Falls Causing Harm (Moderate/Severe/Death) - Rolling 12 Month Position	7	8		
PSPP	95.3%	92.7%	94.0%	Target 95%	Hospital Acquired Pressure Ulcers (Grade 3/4) - Rolling 12 Month Position	26	23		
					Total number of instances of hospital acquired pressure ulcers - Rolling 12 Month Position	292	252		
Capital Expenditure	£3.4m	£9.2m	£85.2m		Number of Never Events in Month	0	1	0	●
						May-21	Apr-21		TBC
					Number of Potential Hospital Acquired Thrombosis (HATs)	4	12		
Agency as % of total pay costs	6.9%	6.8%	6.7%		Cardiac Arrest Calls	39	38		
PERFORMANCE					PEOPLE				
Indicators	Jul-21	Jun-21	Target	RAG	Indicators	Jul-21	Jun-21	Target	RAG
A&E 12 hour Waiting Times	1,149	857	Zero	●	Turnover	9.9%	9.5%	11%	●
Ambulance Handover Times >1 Hour	402	208	Zero	●	Exit Interview by Leaver	6.1%	2.0%	60%	●
RTT 52 Weeks	30,872	30,021	Zero	●		Jun-21	May-21	Target	RAG
Diagnostics >8 Weeks Waits	14,139	13,313	Zero	●	Sickness Absence Rate (in month)	7.1%	6.3%	4.5%	●
% of Stage 4 Urgent Patients Clinically Prioritised	17.9%	21.3%	100%	●	Sickness Absence Rate (rolling 12 month)	6.7%	6.6%		●
	Jun-21	May-21	Target	RAG	Return to Work Compliance	49.6%	48.9%	85%	●
Mental Health Part 1a - CAMHS	17.9%	40.0%	80%	●		Jul-21	Jun-21	Target	RAG
Mental Health Part 1b - CAMHS	76.9%	53.8%	80%	●	Fill Rate Bank	22.5%	28.5%	90%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	27,787	28,365	14,815	●	Fill Rate On-contract Agency (RNs)	51.3%	55.2%		●
Admission to Stroke Unit within 4 hrs	Data unavailable	16.0%	SSNAP Average 54%	Data unavailable	PADR	55.0%	54.6%	85%	●
Out of Hours (OOH)/111	In development - data not yet available				Statutory and Mandatory Training - All Levels	59.1%	57.3%	85%	●
Delayed Discharges waiting for packages of care rate per 100,000 population	Jul-21	Jun-21	All Wales Average	RAG	Statutory and Mandatory Training - Level 1	65.8%	66.0%		●
	10	7.3	8.6	●	Job Planning Compliance (Consultant)	16.0%	17.0%	90%	●
					Job Planning Compliance (SAs)	16.0%	15.0%		●
					Direct Engagement Compliance (M&D)	98%	97%	100%	●
					Direct Engagement Compliance (AHPs)	67%	66%	100%	●
					RN Shift Fill by Off-contract	202.5	31.0	0 Hours	●

2.2 Quadruple Aims "At a Glance" are summarised below 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%	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%	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	Q3 20/21	311.6	Q3 19/20	419.7	
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q4 20/21	70.8%	Q3 19/20	66.6%	
Uptake of influenza vaccination among:	65 year old and over		75%	68.9%		
	under 65's in risk groups		55%	46.3%		
	pregnant women	2020/21	74.6%	2019/20	81.7%	
	health care workers		60%	67.8%	63.2%	
Uptake of cancer screening for:	bowel		60%	55.0%		
	breast	2018/19	70%	74.1%	2017/18	73.9%
	cervical		80%	72.8%	not available	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	Jun-21	70.2%	May-21	95.9%
	over 18 years			91.3%		88.0%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2019/20	51.9%	2018/19	50.0%	

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

Measure	Target	Current Period	Last Period			
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20	65.4%	not available		
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q2 20/21	62.3%	Q1 20/21	64.2%	
% 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%	Jan-20	97.0%	Dec-19	91.2%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		53.5%		59.0%	
Number of ambulance patient handovers over 1 hour	Zero	Jul-21	402	Jun-21	208	
% 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%		67.4%		70.2%	
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		1149		850	
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Apr-21	66.7%	Apr-20	58.6%	
% 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 59.3%				16.0%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	SSNAP Average 65.2%	Jun-21	not available	May-21	75.6%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%				63.0%	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		13,365		13,113	
Number of patients waiting more than 14 weeks for a specified therapy	Zero	Jul-21	272	Jun-21	287	
% of patients waiting less than 26 weeks for treatment	95%		49.6%		48.4%	
Number of patients waiting more than 36 weeks for treatment	Zero		43,624		42,337	
Number of patients waiting for a follow-up outpatient appointment	74,734		106,041		106,040	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	14,815	Jun-21	28,365	May-21	28,365	
% of ophthalmology 21 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%		35.4%		35.4%	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction	2019/20	2.5		not available	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			20.7%		41.9%	
% 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)		Jun-21	65.3%	May-21	61.7%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			72.2%		62.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		83.7%		83.8%	
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment		Jul-21	48.3%	Jun-21	44.8%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-21	83.8%	May-21	81.2%	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemia (MRSA and MSSA) and; C.difficile	E.coli		96.03		95.66	
	S.aureus bacteraemia	To be confirmed	Apr-21	32.01	Apr-21	32.19
	C.difficile	to	to	32.68	to	30.40
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp		18.01		17.88	
	P. aeruginosa		6.67		5.36	
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%	Jul-21	55.0%	Jun-21	54.6%
% 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%	Jul-21	65.8%	Jun-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Jun-21	7.1%	Jun-20	6.3%
% 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 25) 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	Q1-Q3 20/21	1626	2019/20	1880
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	May-21	2.28%	Apr-21	2.37%
% 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	May-21	85.7%	Apr-21	42.5%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Apr-21	71.4%	Apr-20	56.3%
% 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	Apr-21	0.6%	Apr-20	2.8%
All new medicines recommended by AWMSSG 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 AWMSSG approval recommendation	100%		98.9%		98.8%
Total antibacterial items per 1,000 STAR-Plus (specific therapeutic age related prescribing units)	To be confirmed	Q3 20/21	279.2	Q2 20/21	262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437		1474
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21	5240.6	Q2 20/21	5017.9
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	2,713	Apr-21	667	Mar-21	571
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21	6.7%	Dec-20	6.1%
% 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

There were zero never events reported in July 2021, with one never event reported in June 2021. The never event investigation process is currently ongoing, led by the Central SI Team and is due for completion by 31st August 2021. All immediate actions were taken at the time and a full RCA investigation has been completed and is in the final stages. The patient is fully aware of the investigation.

2.2.2 Serious Incidents

On the 14th of June 2021, the All Wales Nationally Reportable Incident Framework was launched. 2 Serious Incidents and 8 Nationally Reportable Incidents were reported in June and July 2021.

2.2.3 Complaints

During June and July 2021, there were two hundred and fifty four complaints managed through Putting Things Right regulations. 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, with considerable differences in compliance across the ILG's being observed. The factors influencing these differences include levels of resource allocation towards the management of concerns; differences in complexity of concerns and the logistical management of the complaints process. Work is ongoing to identify the resource/process used within each ILG in order to identify a preferred and therefore consistent model to managing and learning from concerns across the UHB.

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

Improvements and learning from concerns will be 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 June and July 2021, there were one hundred and seventy nine compliments reported to the PALS team; an increase on the one hundred and forty four received in the previous two month period.

2.2.5 Hospital Falls

There was a slight decrease in falls reported for June and July 2021 (451) compared to the previous 2 months (480).

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 patients reported as having suffered hospital acquired pressure damage for June and July 2021 is five hundred and forty four. The number of Grade 3 & 4 hospital acquired pressure damage incidents reported for June and July 2021 is forty nine. A 12.5% decrease compared to the previous 2 months (56).

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 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 July 2021 is 55.0% and is a marginal improvement on May (54.6%).
- Combined core mandatory training compliance for July 2021 averages 59.1% with overall CTM compliance for Level 1 being 65.8%.
- The overall Cwm Taf rolling twelve month sickness rate to June 2021 is 6.71%. In comparison to the previous month, occurrences of both short and long-term sickness absence increased during June by 13.1% and 8.6% respectively.

2.4 Performance

2.4.2 Elective Services

Pages 2 and 3 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. Whilst treatment continues to be undertaken in independent hospital capacity, the granularity of data has not been maintained.

The provisional July position for Referral to Treatment Times (RTT) is:

- 30,872 patients waiting over 52 weeks
- 43,624 patients waiting over 36 weeks (includes the numbers waiting over 52 weeks)
- 49.6% of patients waiting <26 weeks

The increasing trend in elective waiting times largely continues, albeit that the total Stage 4 waiting list has reduced, aided by the waiting list validation exercise. Provisionally, at the end of July the treatment waiting list was 15,605 patients, of which 4,318 were urgent patients.

The Planned Care Recovery Programme has commenced with demand and capacity work having been completed for both RTT and Cancer waiting times.

The ambition remains to return to no patients waiting over 36 weeks for elective treatment by the end of March 2023 and to do so in a sustainable way. The milestone for March 2022 is to have no patients waiting over 52 weeks.

2.4.3 Unscheduled Care

As at the end of July the overall compliance for waiting times at all CTM's Emergency Units is:

- The total number of attendances were 16,708
- 67.4% of patients were admitted, discharged or transferred from our minor injuries and emergency units within 4 hours of arrival

- 1,149 patients were required to wait more than 12 hours in our Emergency Departments for reasons other than clinical necessity.

Further detail in regards to unscheduled care indicators is provided in Appendix 1.

2.4.3 Cancer Waiting Times

The end of June position for Single Cancer Pathway (SCP) is 58.5% of patients started first definitive treatment within 62 days from point of suspicion. The total number of patients starting treatment was 253 with 148 patient breaches.

As at 1st August 2021, the total number of active patients waiting at first outpatient stage of their pathway currently stands at 1,897 patients, while patients waiting at the diagnostic stage accounts stands at around 944 patients.

2.4.4 Stroke services

Recent clinical dataset and reporting changes introduced in SSNAP have affected the retrieval of Quality Improvement Measures (QIMs) this month. Consequently, provisional performance levels are only available for PCH at the time of writing this report. As detailed on page 8 of the dashboard, the provisional compliance for the stroke unit at PCH during June for the four QIMs is:

- Admission to stroke unit within 4 hours – 59.2%
- 45 minute door to needle time – 60.0%
- CT scan within 1 hour – 57.1%
- Stroke Consultant within 24 hours – 40.8%

2.4.5 Mental Health Measure

Compliance against Part One of the Mental Health Measure fell slightly during June to 57.0% from 59.6% in May continuing to remain below the 80% target.

Further compliance figures across the range of services are shown on page 10 and 11 of the dashboard, where compliance in Neurodevelopment and Specialist CAMHS services continue to be low. Part 1a of the Mental Health Measure for CAMHS continues to remain under target with a further deterioration in compliance to 17.9% from 40.0% in the previous month.



Compliance for Psychological Therapy further improved to 83.6% during June (81.2% in May) and is the second consecutive month where the target of 80% has been surpassed.

Psychological Therapy Waiting Times					
	M&C	RTE	Bridgend	CTM	CTM
Reporting Period June 2021	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	44	66	174	156	440
27 - 35 weeks	10	5	3	11	29
36 - 51 weeks	6	1	3	11	21
52+ weeks	12	1	7	15	35
Total Waits	72	73	187	193	525
% <26 weeks	61.1%	90.4%	93.0%	80.8%	83.8%
% >36 weeks	25.0%	2.7%	5.3%	13.5%	10.7%
% >52 weeks	16.7%	1.4%	3.7%	7.8%	6.7%

2.5 Finance

Full details will be provided in the 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 Planning, Performance & Finance Committee is asked to **NOTE** the Integrated Performance Dashboard together with this report.