



AGENDA ITEM

5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	23/08/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Jose Roper, Senior Performance Monitoring Officer
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
Strategic Leadership Group	18/08/2022	NOTED

ACRONYMS

AMU	Acute Medical Unit
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToC	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LRI's	Locally Reportable Incidents
LPMHSS	Local Primary Mental Health Support Service
MDT	Multidisciplinary Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
NPT	Neath Port Talbot
ONS	Office for National Statistics
OoH	Out of Hours
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PADR/PDR	Personal Appraisal and Development Review
p-CAMHS	Primary Child and Adolescent Mental Health Services
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMO	Programme Management Office
POW	Princess of Wales
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
PU's	Pressure Ulcers
QIA	Quality Impact Assessment
QIM	Quality Improvement Measures
RCS	Royal College of Surgeons
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIOF	Single Integrated Outcomes Framework
SI's	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
WAST	Welsh Ambulance Service NHS Trust
WCP	Welsh Clinical Portal
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** This report aims to highlight the key areas that the UHB is concentrating on. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with three of the its twenty nine performance measures and is making progress towards delivering a further one.

The continuation of the Quadruple Aim metrics have been endorsed by Welsh Government (Strategic Scorecard), continuing into 2022/23 and incorporating the Ministerial Priorities. The framework was made public 30th June 2022: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

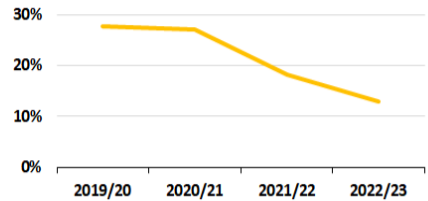
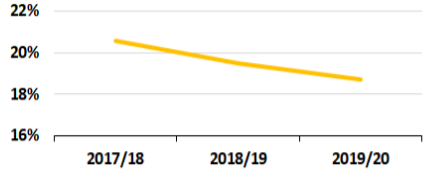
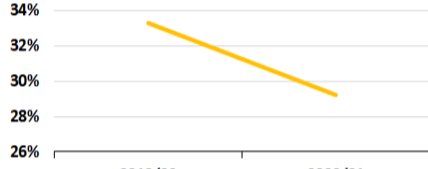
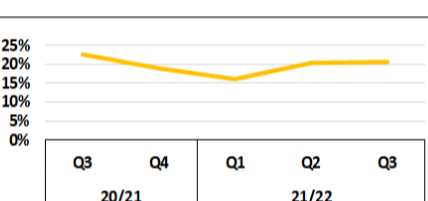
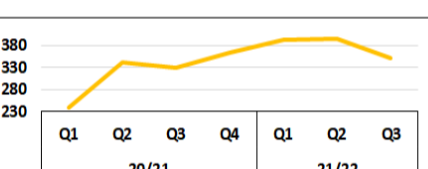
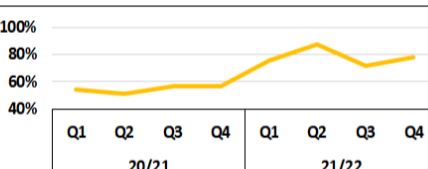
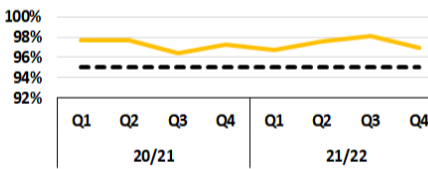
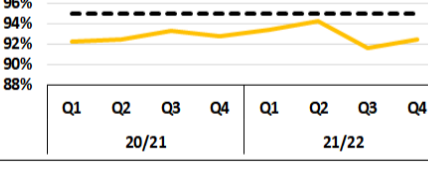
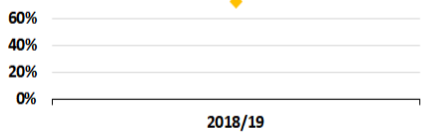


All Health Boards in Wales have now received guidance on all of the measures in the NHS Performance Framework for 2022/23, mapped to 'A Healthier Wales' quadruple aim and reflect the Ministerial priority areas of focus.

This is an interim framework whilst further work is undertaken to identify outcome focused measures that deliver the priorities outlined in the NHS Planning Framework and the Health and Social Care Outcomes Framework (in development).

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

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

2.2 The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below.

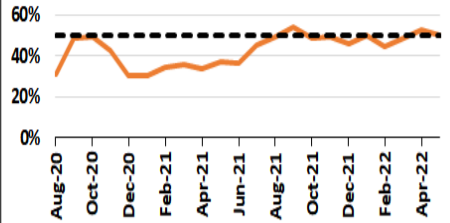
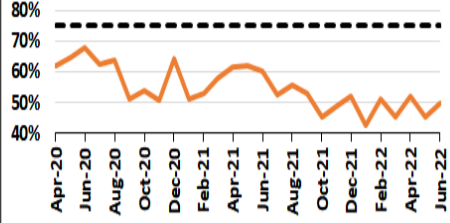
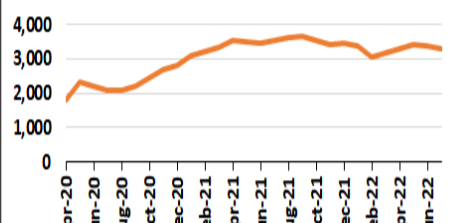
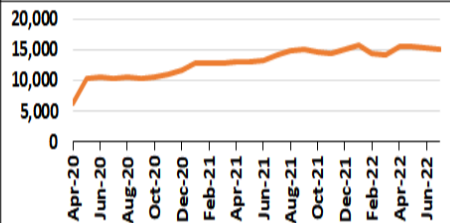
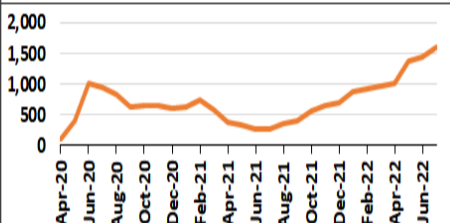
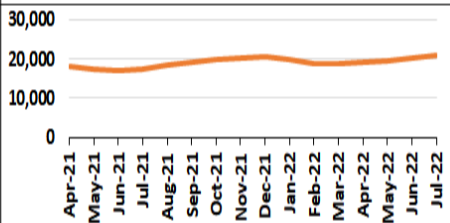
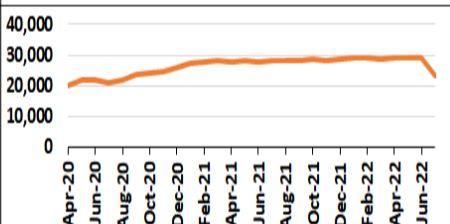
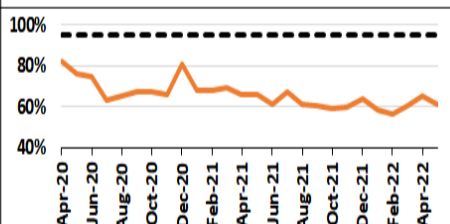
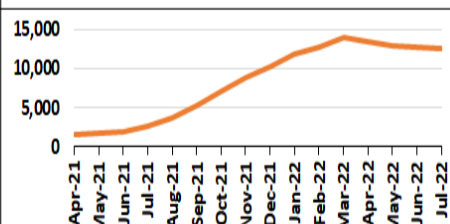
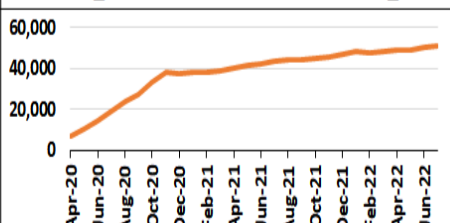
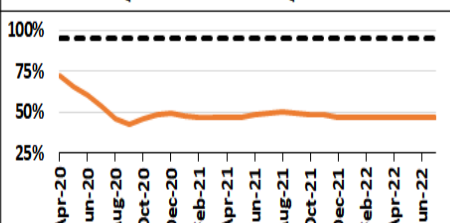
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Trend	Latest Position	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data from 2021/22 onwards is provisional locally sourced data and will be subject to change with formal publication)</i>	Annual Improvement		13.0%	Apr-Jul 2022
	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		18.7%	2019/20
Smoking	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.5%	2021/22
Diabetes	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21		29.2%	2020/21
	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against a baseline of 2020-21		20.7%	Q3 2021/22
Substance Misuse	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		352.88	Q3 2021/22
	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		78.3%	Q4 2021/22
Vaccinations	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		96.9%	Q4 2021/22
	Percentage of children who received 2 doses of the MMR vaccine by age 5			92.4%	
Screening	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		72.80%	2018/19
	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		59.1%	2019/20
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%		74.10%	2018/19



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure		Target	Trend	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q3 2021/22
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		87.8%	Mar-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		1.0%	Q4 2021/22
	% 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	38.3% (SSNAP Quarterly Average)		9.2%	Jun-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		61.4%	
	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		1,838	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		19	Jul-22
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			83	
	% 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		3.2%	Apr-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	May-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		46.8%	
	Number of ambulance patient handovers over 1 hour	Zero		929	Jul-22



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

Elective Planned Care	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		49.7%	May-22
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		49.8%	Jun-22
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,287	
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		15,103	
	Number of patients waiting more than 14 weeks for a specified therapy			1,612	Jul-22
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		20,766	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		23,011	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		61.4%	May-22
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2024		12,535	
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		51,348	Jul-22
% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		47.3%		



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Mental Health	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		3.08	2020/21
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)	80%		100.0%	Jun-22
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			22.0%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			51.0%	
	% 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	90%		51.6%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		36.2%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		62.0%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		100.0%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			80.0%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		96.4%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			70.0%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		86.9%	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Hospital Infection Control	Measure	Target	Trend	Latest Position	
	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		22	Cumulative Numbers Apr to Jul 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		14	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		77.15	Cumulative Rate Apr to Jul 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		37.91	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		22.61	



Quadruple Aim 3: The health and social care workforce in Wales in motivated and sustainable					
Performance Measure		Target	Trend	Latest Position	
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		9.8%	Jun-22
	% of sickness absence rate of staff	12 Month Reduction Trend		7.8%	Jun-22
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		68.0%	Jul-22
	% 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%		55.5%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020/21
	Overall staff engagement score	Annual Improvement		71.0%	2020

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									
Performance Measure		Target	Trend	Latest Position					
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	<table border="1"> <tr> <th>2018/19</th> <th>Target by 2025</th> </tr> <tr> <td>90,124</td> <td>75,704</td> </tr> </table>	2018/19	Target by 2025	90,124	75,704	90,124	2018/19
2018/19	Target by 2025								
90,124	75,704								
New Ways of Working	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		60.8%	Apr-22				
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		349.6 (Quarterly Target 327.9)	Q3 2021/22				
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22				
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1,420	Q3 2021/22				
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5065.4					

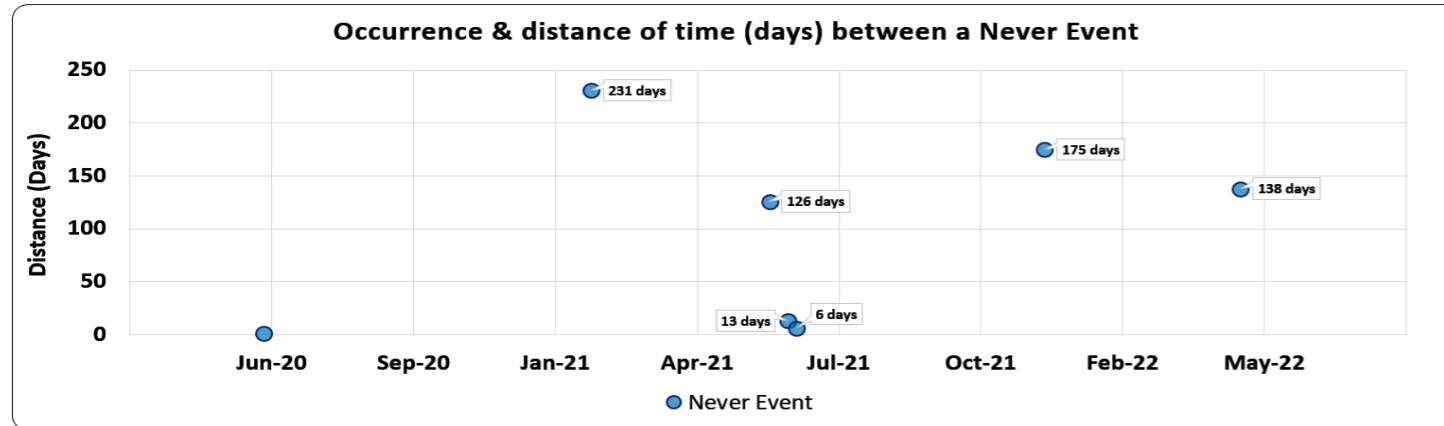
2.3 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – July 2022

0



At the time of writing this report the last never event recorded was over three months ago, 2nd May 2022, where an insulin pump was commenced instead of intravenous antibiotics. 'Make safes' and safety briefings have taken place and an investigation is in progress. Robust processes in relation to the safe use of agency staff within a critical care environment have been implemented and the full outcome of the investigation is awaited.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

In total, 2 reportable events have been observed during the past twelve months, as detailed in the chart to the left.

Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – July 2022

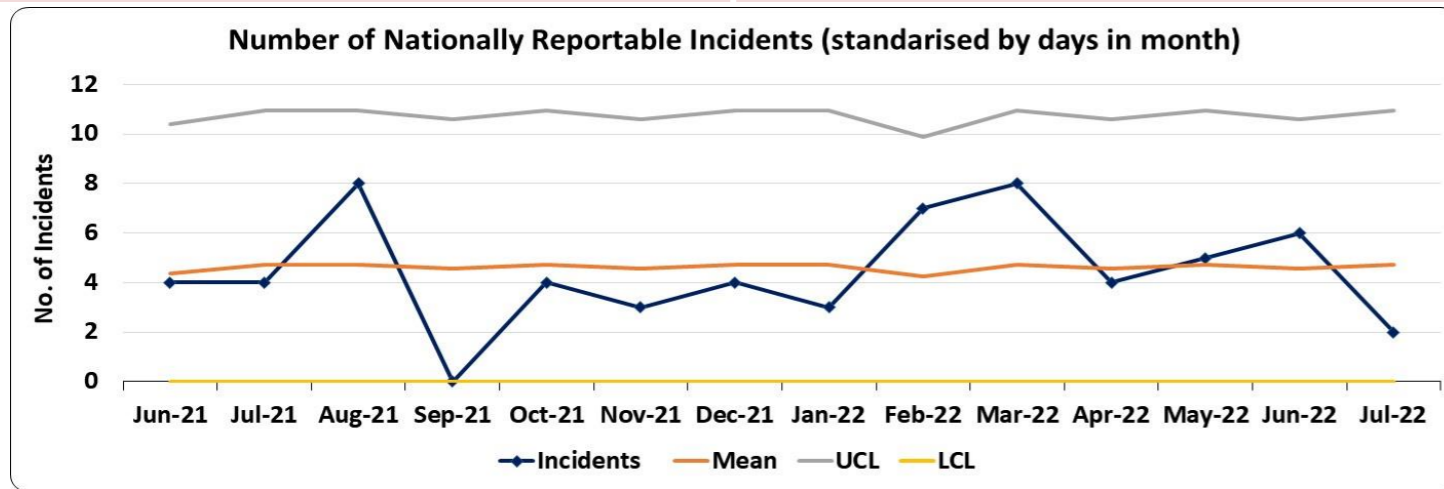
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Number of Locally Reportable Incidents – July 2022

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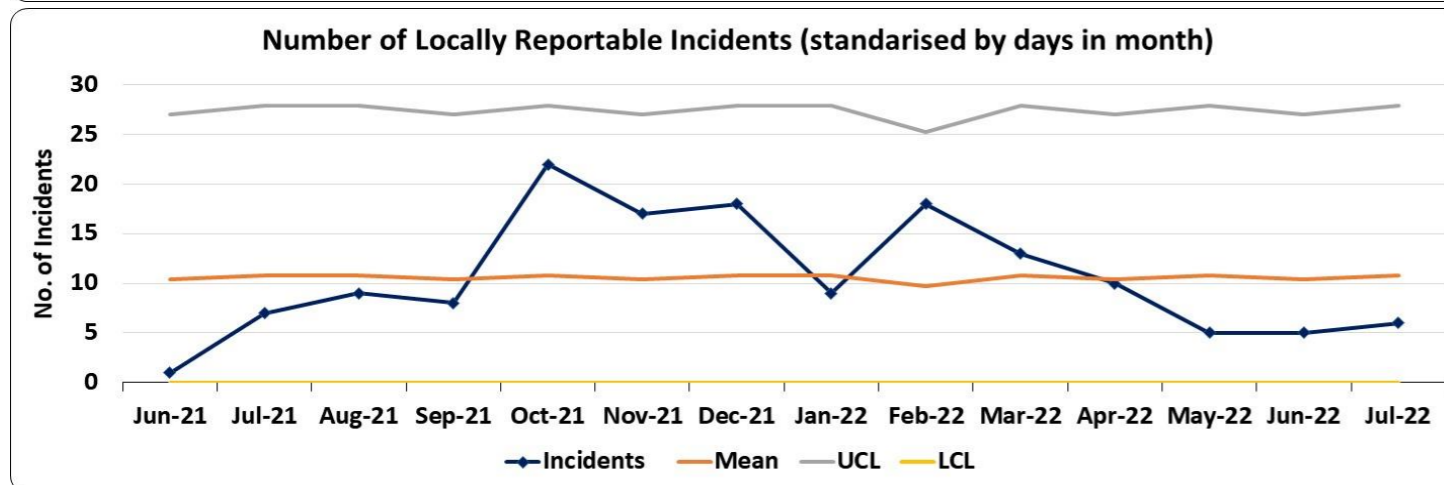
Number of Patient Safety Incidents – July 2022

1,893



Throughout July 2022, there were 1,893 patient safety incidents reported on Datix across the Health Board. Of these, 2 were Nationally Reportable Incidents (as detailed in the table below) and a further 6 were graded as locally reportable incidents (LRI's). Since the implementation of Datix Cymru, the Health Board is currently unable to accurately record the number of LRI's submitted each month within the system as this is a health board initiative to ensure robust oversight of all incidents of significance. LRI's are currently counted manually and work has been undertaken to establish an interim solution which identifies the number of open LRI's.

On the 6th June 2020, CTM launched a new toolkit and training package to support consistent management of incidents, from reporting, to investigation and learning from events requirements. Learning from Events reports (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFER's and inclusion on the corporate risk register. Without clear evidence of learning from incidents being submitted to Welsh Risk Pool (WRP), reimbursement of any claims or redress values paid out by the Health Board will not be received. A number of actions have been taken in an attempt to achieve the targets set out, including guidance developed, drop in sessions, ILG targets issued and monitored via trackers and regular meetings. However, there is still some work to do in order to reduce the backlog and ensure that current incident management includes evidence preparation for LFER's and that newly triggered LFER's are managed within WRP timescales. The Safety CTM brand has commenced its patient safety clinics to target support and improve the safety of our services with a view to enabling a safety network and learning culture.



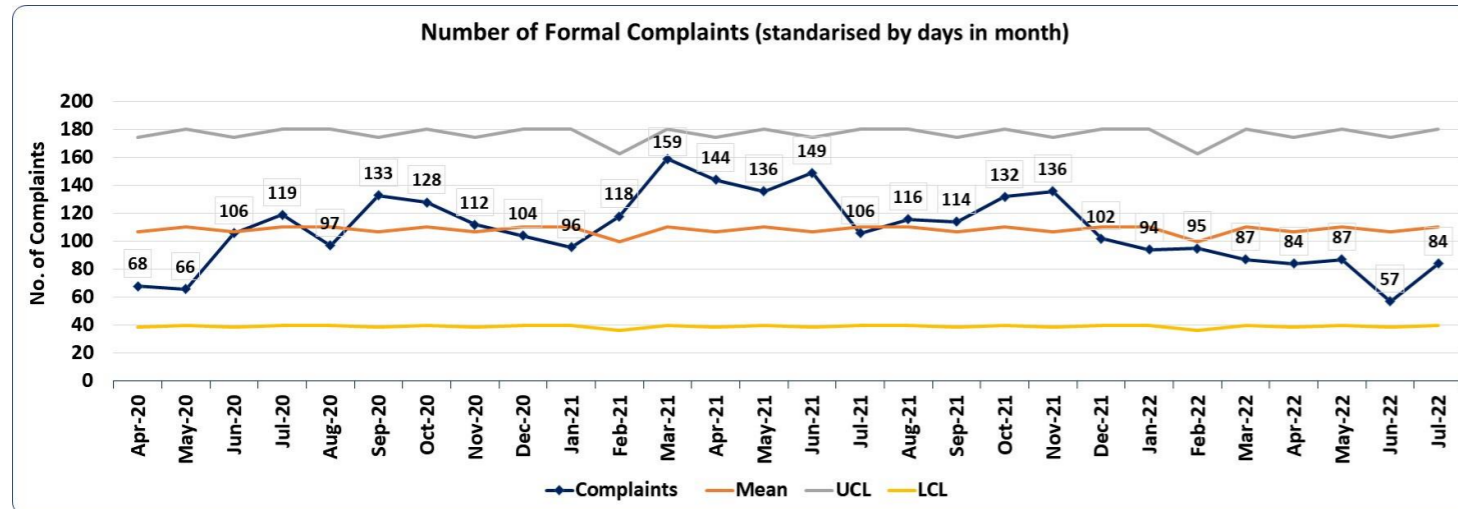
Type of Nationally Reportable Incidents	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total
Absconding							1							1
Admission / Transfer / Discharge							1							1
Behaviour (including violence and aggression)												1		1
Clinical Assessment, clinical diagnosis											1			1
Delays	2			2	1	2		4	2					13
Infection		2												2
Maternal Event		1						1						2
Maternity adverse occurrence										2				2
Medication									1		1			2
Monitoring/Observations												1		1
Neo-Natal Event				1					2					3
Organisational - Failure to follow Policy/Procedure								1						1
Patient injury	1													1
Personal Incident - Personal injury attributed to						1								1
Pressure Damage				1	2		1				1	3		8
Slip, Trip or Fall	1	1						1	1		1		1	6
Staffing													1	1
Transport											1			1
Treatment, Procedure		2				1				2		1		6
Unexpected Complications							1		1					2
Unexpected or Trauma Related Death		2			1				1					4
Grand Total	4	8	0	4	4	4	4	7	8	4	5	6	2	60

Complaints & Compliments

Complaints

Number of formal complaints managed through PTR – July 2022

84



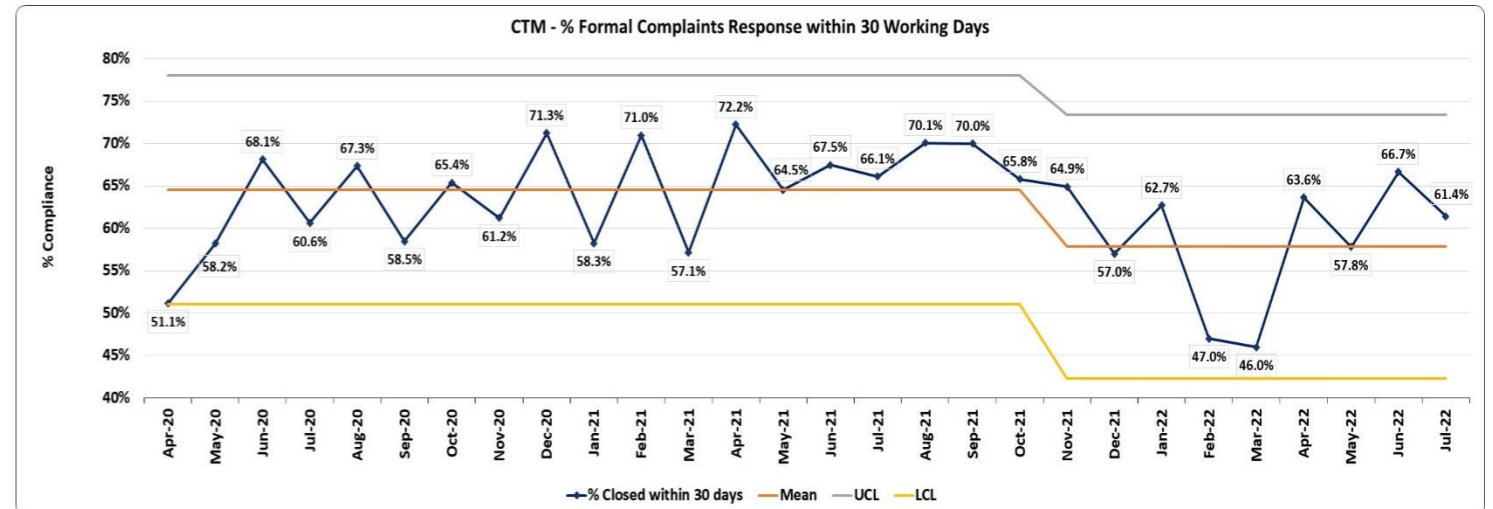
During July 2022, 84 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. This is the 8th month in a row below the mean, and indicates a sustained change (99.6% certainty). For those complaints received during this period, the top five themes relate to clinical treatment/assessment (54), attitude & behaviour (7), communication issues (4), appointments (4) and admission issues (4).

The proportion of complaints responded to within within 30 working days was 61.4%, no change from the previous 9 months and remaining under the target threshold of 75%.

A Learning from Events day is planned during the week preceding World Patient Safety Day on the 17th September 2022. The event will share learning in respect of the top themes and trends emerging from both complaints and patient safety incidents, especially in relation to the key theme of WPSD, which this year is medicines safety. Changes to the operating model are still underway; however, the central concerns team and the ILG Governance teams continue to meet to ensure the effective management of complaints. We continue to work hard to ensure that patients and their families are supported in the most efficient way possible to achieve a resolution in relation to issues raised.

% formal complaints response within 30 working days – July 2022

61.4%

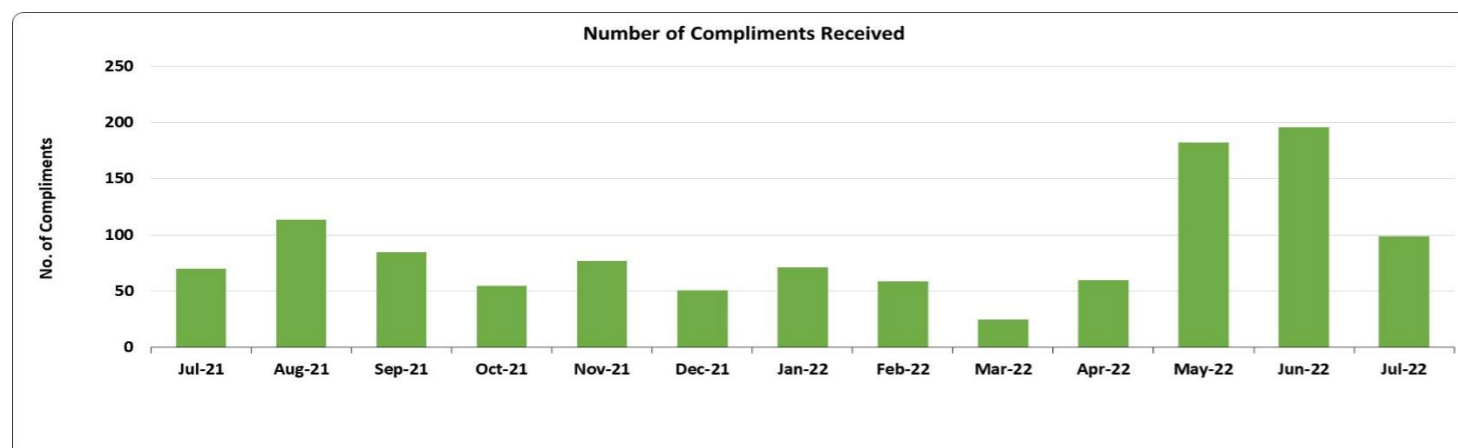


Main Themes from Complaints	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Total
Clinical treatment/Assessment	48	45	57	64	37	51	54	45	47	51	36	54	589
Communication Issues (including Language)	13	16	21	16	17	10	15	14	8	9	5	4	148
Appointments	9	10	8	19	13	6	7	5	7	5	5	4	98
Attitude and Behaviour	20	8	16	11	5	7	4	8	4	4	2	7	96
Discharge Issues	7	9	5	7	15	8	6	6	6	5	3	1	78
Medication	11	3	3	2	3	5	5	0	2	6	3	1	44
Admissions	6	9	4	4	6	2	1	3	0	2	0	4	41

Compliments

Number of compliments – July 2022

99



During July 2022, there were 99 compliments recorded on the Datix system, almost 50% less than the previous period, with the twelve month average being 90.

Work continues to be undertaken to improve the capturing of compliments within the Datix Cymru system to support improved analysis of all elements of feedback. This is reflected in the increasing numbers recorded in the system although it is acknowledged that this is a manual entry system dependant on available resource. The increase in May and June are mainly attributed to entries made by the Merthyr Cynon ILG.

Work is ongoing to effectively capture the compliments received throughout CTM to allow for improved reporting and data triangulation.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – July 2022

70

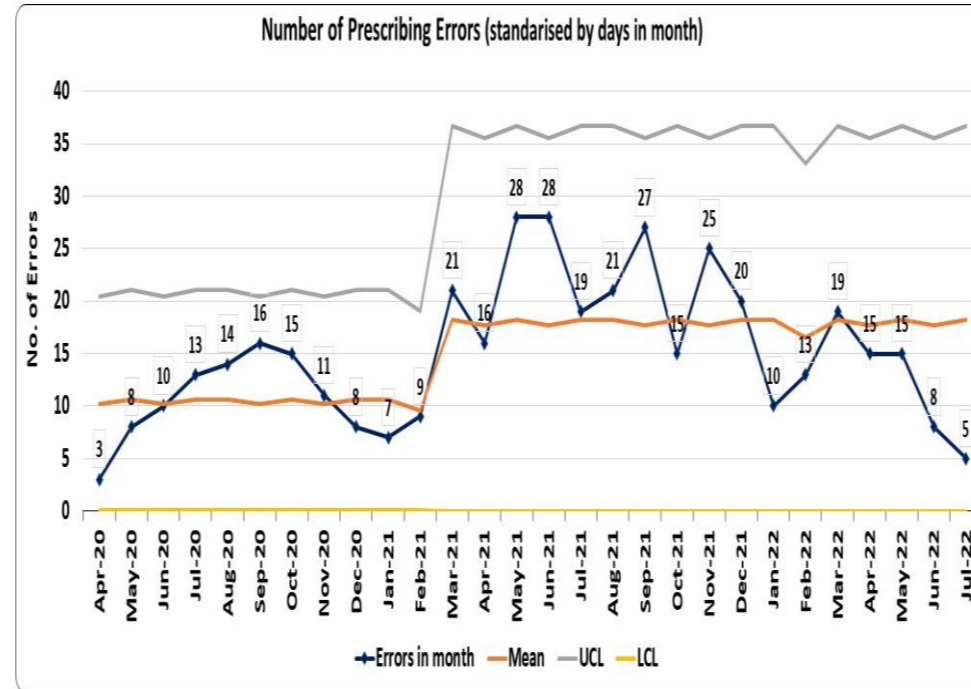
The total number of medicine related incidents is 70 with the graphs focusing on patient safety prescribing and administration errors. Of the 70 medication incidents reported for July, 2 caused severe harm (medication prescribing) and 1 caused a catastrophic injury/death (allergic reaction – previously unknown) - investigations are underway.

Medication prescribing errors continue on a downward trajectory overall (control chart first right), with a reduction in incidence seen since December 2021. Medication incidents are the subject for a proposed improvement plan supported by the CTM Improvement Team and medicines safety the focus of World Patient Safety Day in September.

Nothing is changing significantly in the number of administrative errors as shown in the control chart (second right) with errors during July below the 12-month average, c. 35 medication incidents.

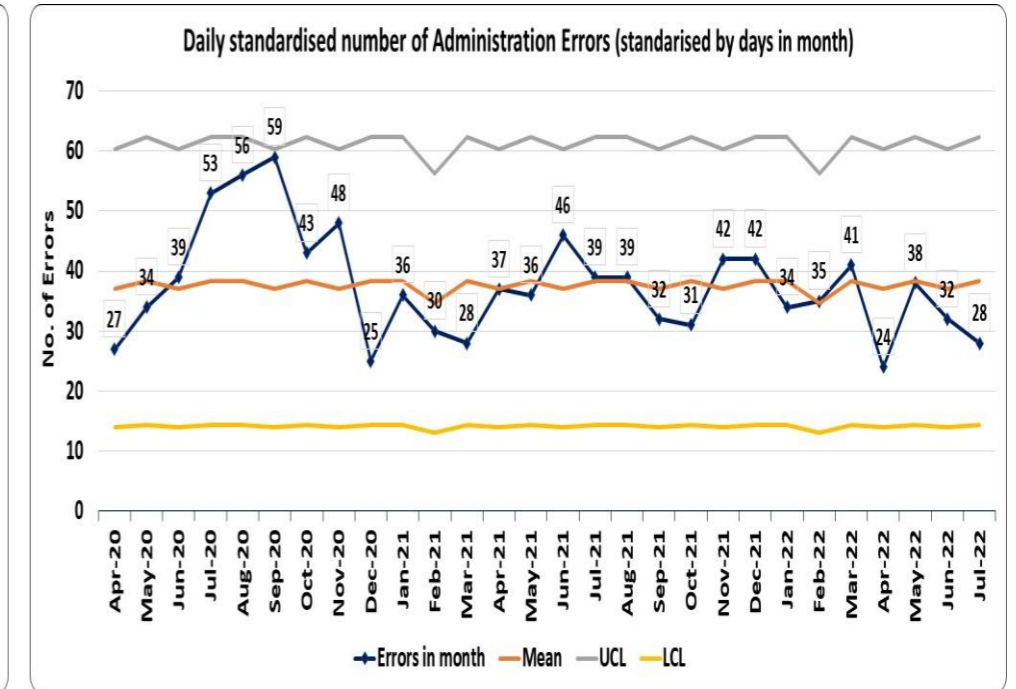
Total number of Prescribing Errors

5



Total Administration Errors

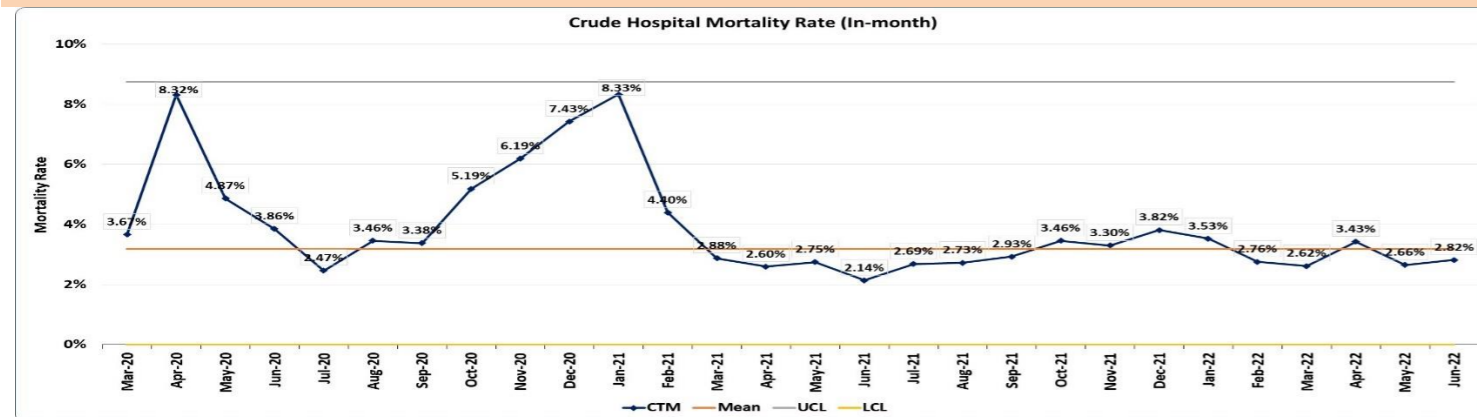
28



Crude Hospital Mortality Rates

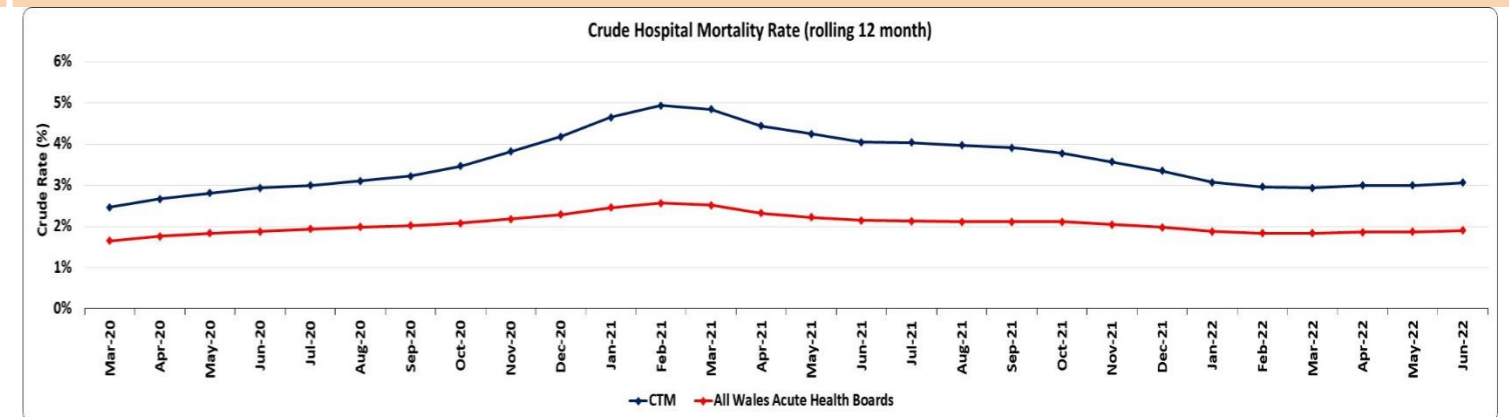
In Month Crude Hospital Mortality Rate – June 2022

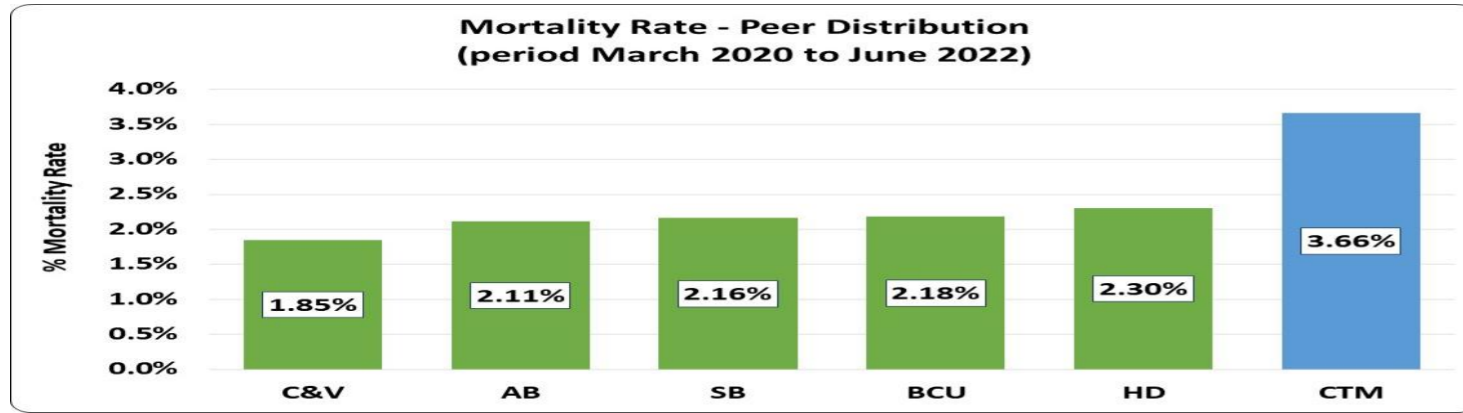
2.82%



Rolling 12 Month Crude Hospital Mortality Rate to June 2022

3.06%





Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions. With the recent increase in Covid, commencing around the time of the Stereophonics concert, which is now leading to an increase in Covid positive inpatients, there is a potential that the mortality rates for July and August will also increase.

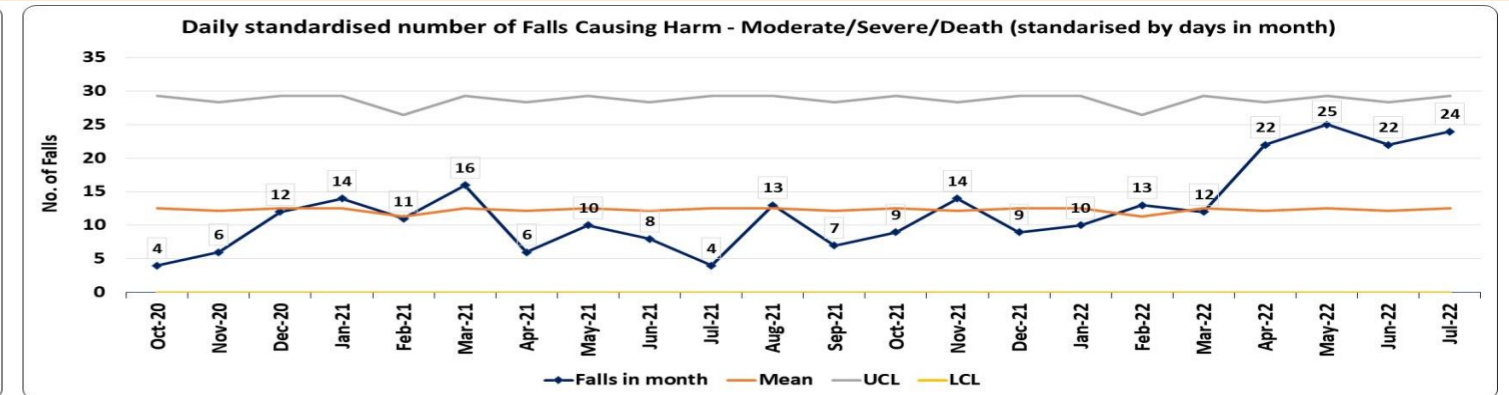
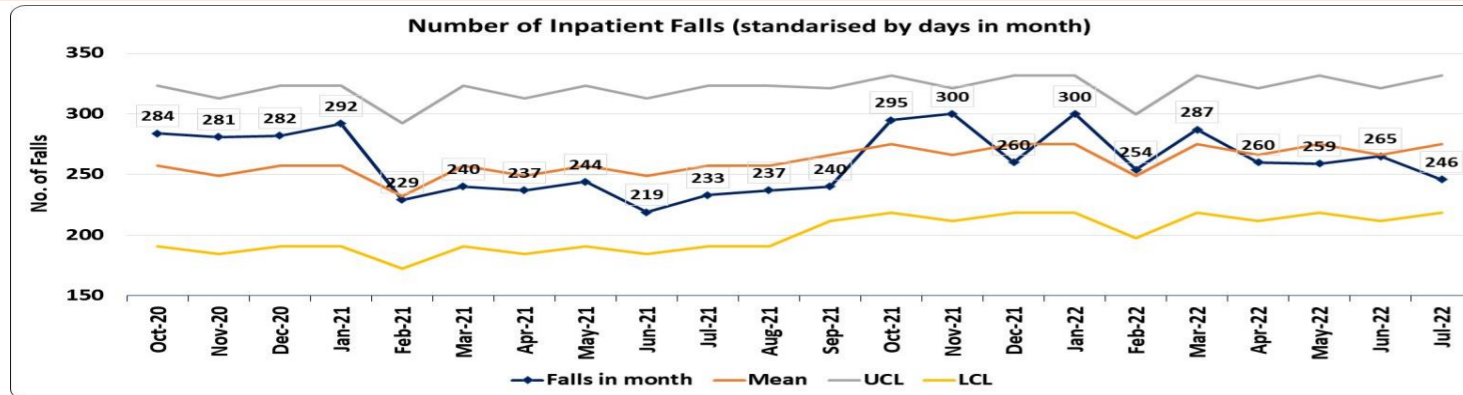
As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers. A factor in this outlying position is the UHB's provision of palliative care and hospice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

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

Total number of Inpatient Falls – July 2022

246



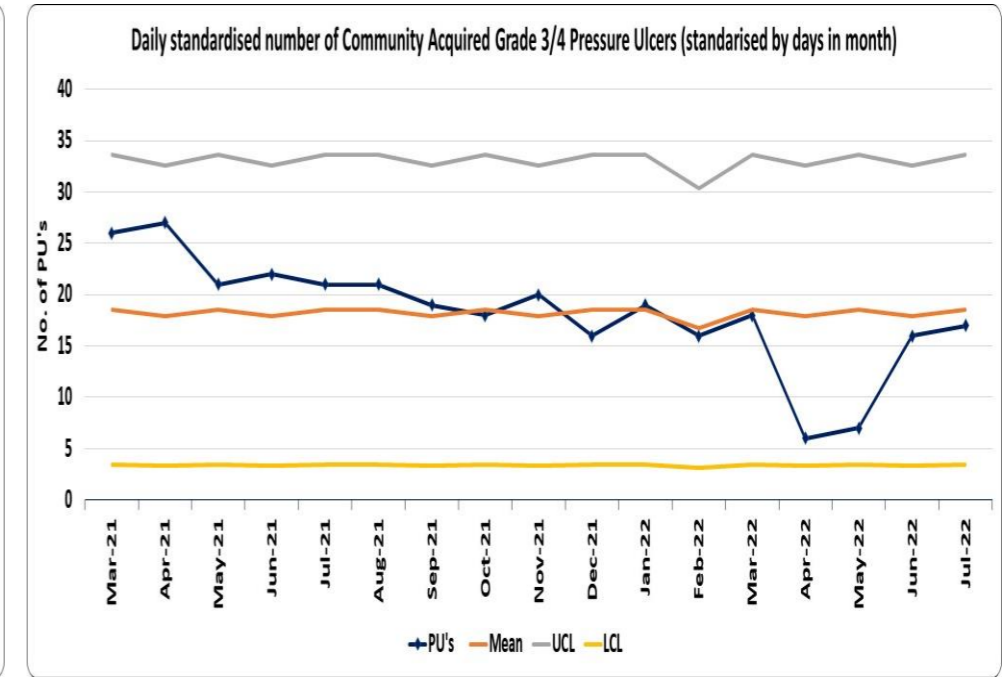
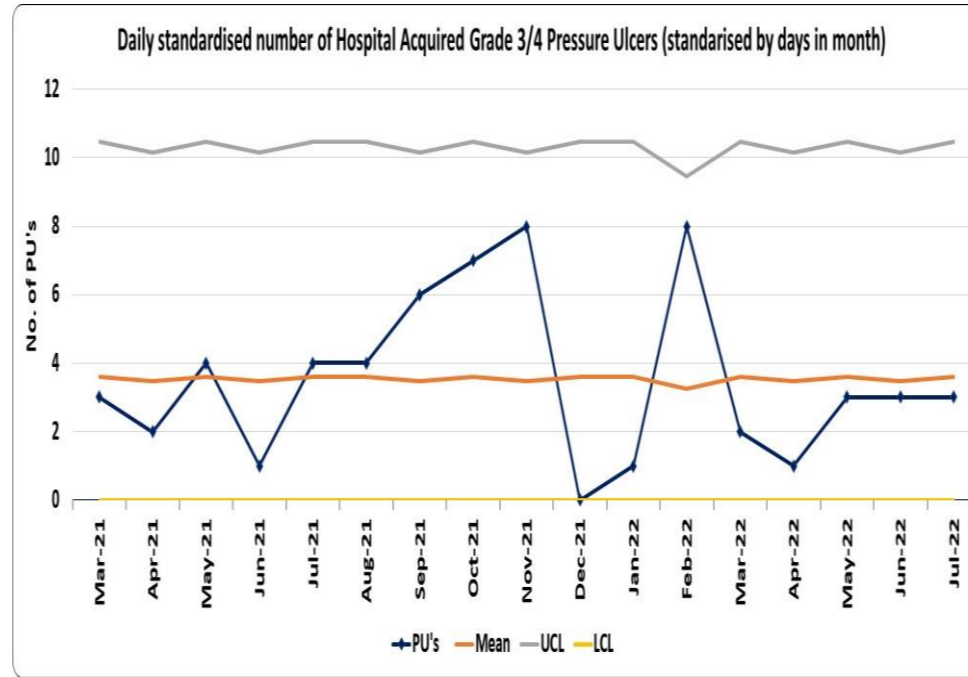
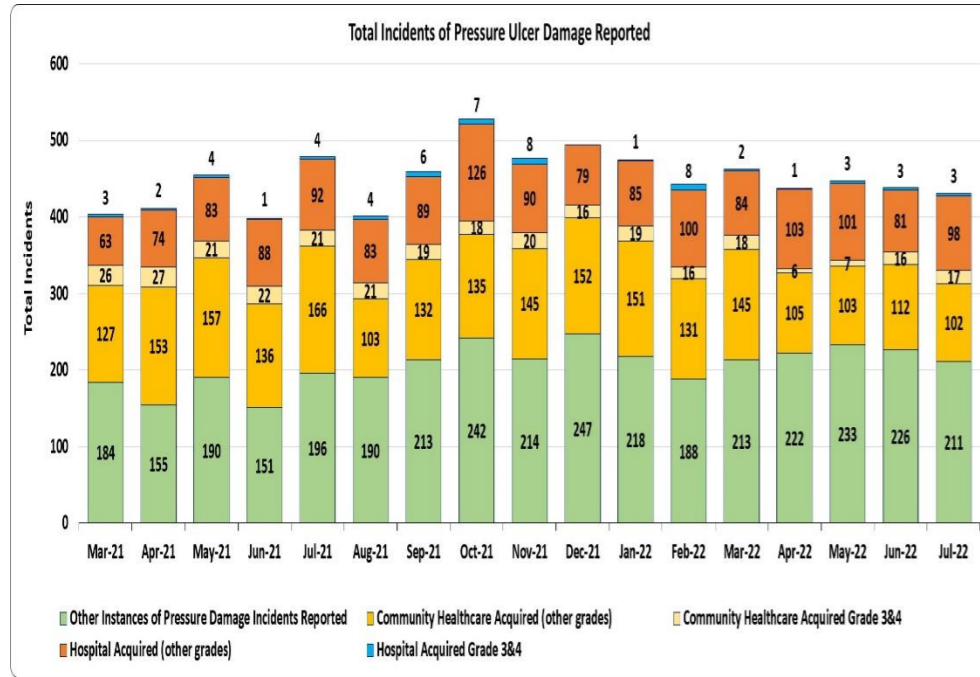
The number of patients falling whilst in the care of the UHB totalled 246 during July, a slight reduction of 7% on the previous month, with 3 resulting in severe harm. 21 patients suffered moderate harm, whilst 90% (222) of patients sustained low or no harm. It is important to recognise that these reports are initial Datix entries and that all falls moderate and above are subject to a falls panel which may result in downgrading of harm categorisation.

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

Pressure Damage Incidents

Total number of reported Pressure Damage – July 2022

431

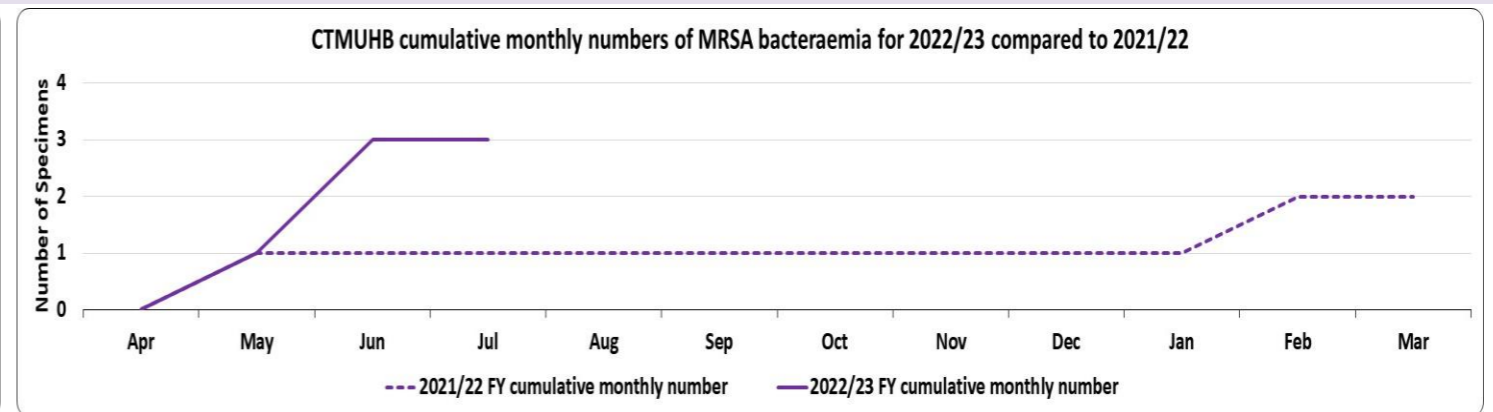
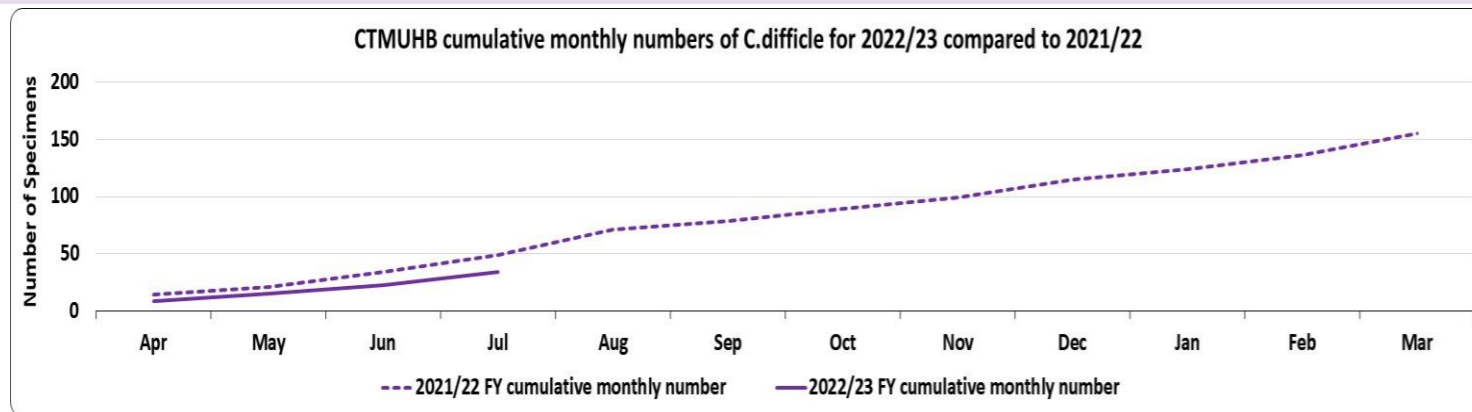


During July 2022, a total of 431 pressure damage incidents were reported, a similar amount to the previous month (438) and around 6% lower than the 12 month average of 458 incidents. Almost equal proportions of the total incidents reported were identified as those developed outside of a hospital setting (within district nursing settings) and hospital acquired, 102 & 101 respectively. Of the total number of pressure damage incidents reported, 54 (12.5%) were reported as grade three or four (3 hospital acquired and 17 community acquired). The highest numbers of hospital acquired pressure damage were recorded for Emergency Care/Emergency Care Centre, Princess of Wales Hospital (10). The Health Board launched its Community Acquired Pressure Ulcer prevention strategy on the 29th July 2022, which is a sustainable health improvement collaborative to prevent and reduce incidence of pressure damage.

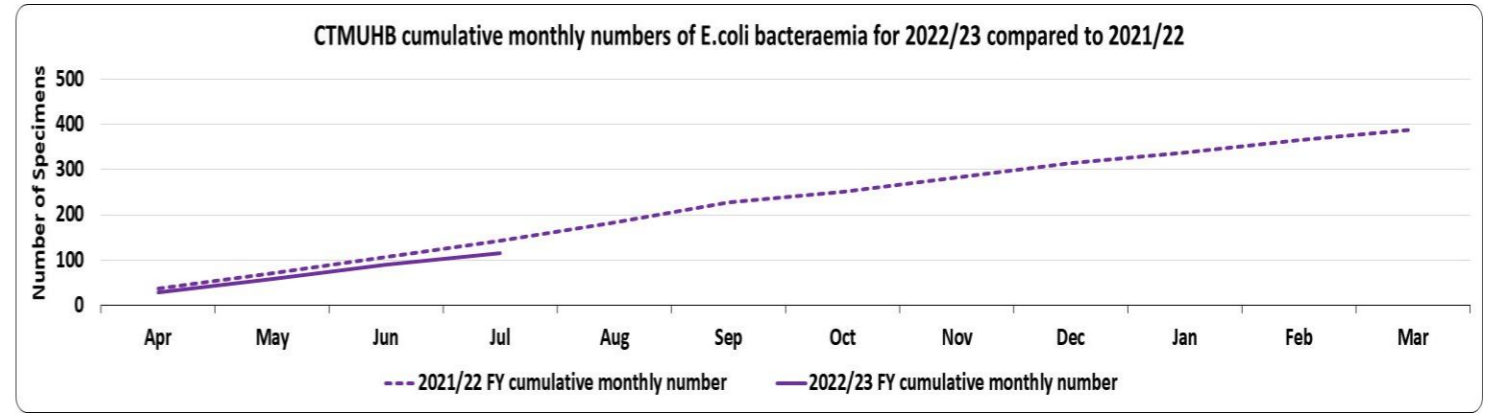
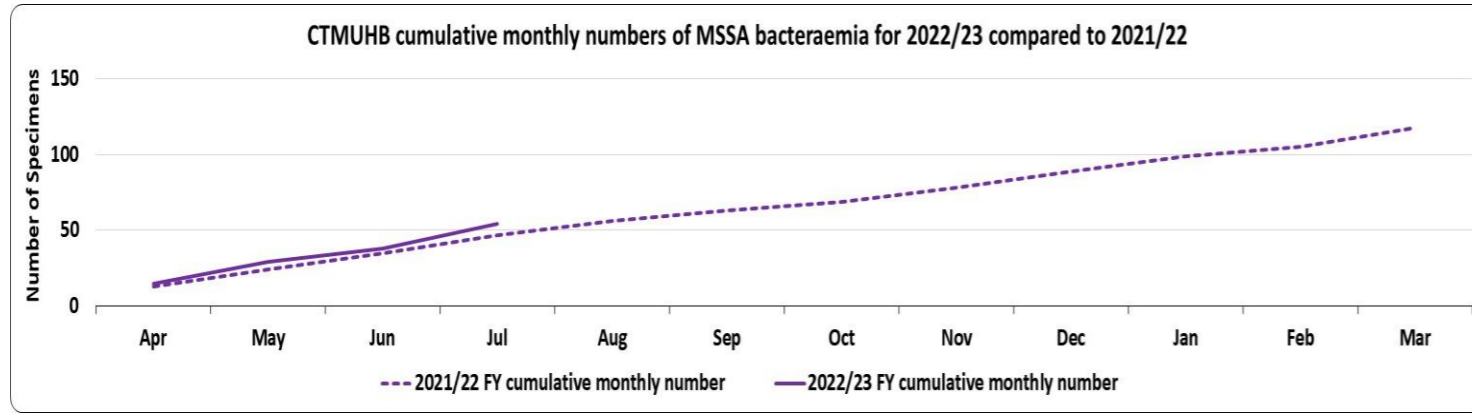
Throughout the past 12 months, a total of 2,874 Healthcare Acquired Pressure Damage Incidents were reported, of which an investigation has been completed for 1,744 (60.7%) of these, with 246 (13.6%) recording an outcome of avoidable.

Infection Prevention and Control

C.difficile	MRSA
34 C.difficile have been reported by CTM between Apr-Jul 2022. This is approximately 31% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 22.61.	3 MRSA bacteraemia have been reported by CTM between Apr-Jul 2022. This is 50% more than that reported for the whole of 2021/22. The provisional rate per 100,000 population for 2022/23 is 2.00.



MSSA	E.coli
54 MSSA bacteraemia have been reported by CTM between Apr-Jul 2022. This is approximately 15% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 35.91.	116 E.coli bacteraemia have been reported by CTM between Apr-Jul 2022. This is approximately 20% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 77.15.

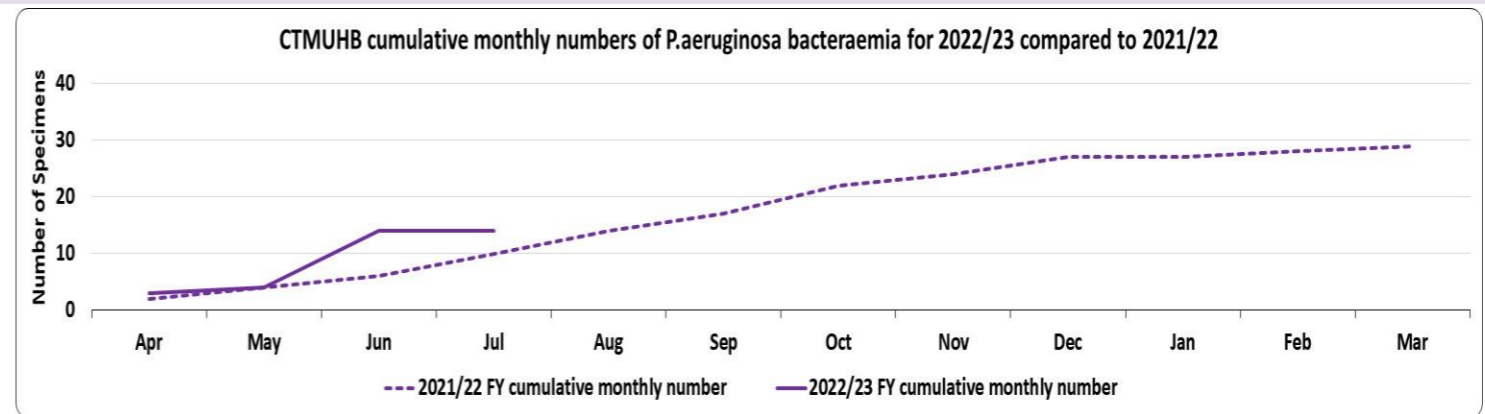
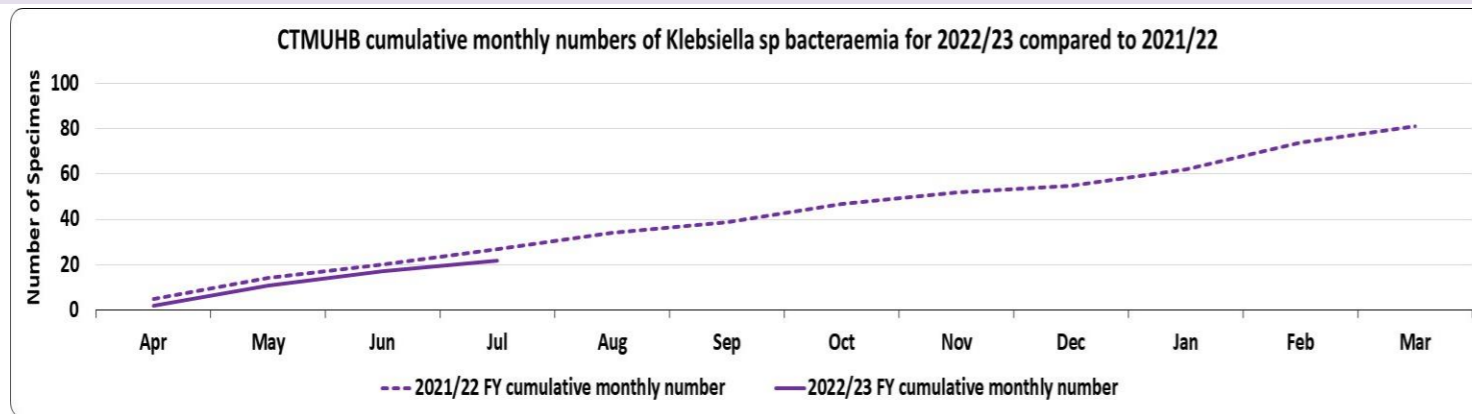


Klebsiella sp

22 Klebsiella sp bacteraemia have been reported by CTM between Apr-Jul 2022. This is approximately 19% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 14.63.

P.aeruginosa

14 P.aeruginosa bacteraemia have been reported by CTM between Apr-Jul 2022. This is approximately 40% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 9.31.



There has been an increase in Methicillin Susceptible (MSSA) & Methicillin Resistant (MRSA) Staphylococcus aureus and Pseudomonas compared with the previous year. Currently there is an equal proportion of inpatient and community acquired MSSA and MRSA and there will be an enhanced focus in the coming year to explore further how this specific area can be supported to drive improvements in order to influence a reduction. There is a need for investment in the primary care arena to support the achievement of these healthcare improvement goals. Health Education and Improvement Wales (HEIW) is coordinating and leading a task and finish group looking at workforce requirements for IPC teams across Wales. The recommendations from this group will outline the “ideal team” in an attempt to build multidisciplinary teams who are appropriately skilled and resourced to drive and deliver the IPC agenda across Wales. The ongoing response to the Covid-19 pandemic and staff shortages within the IPC team has hampered the pace of improvement work aimed at reducing healthcare associated infections.

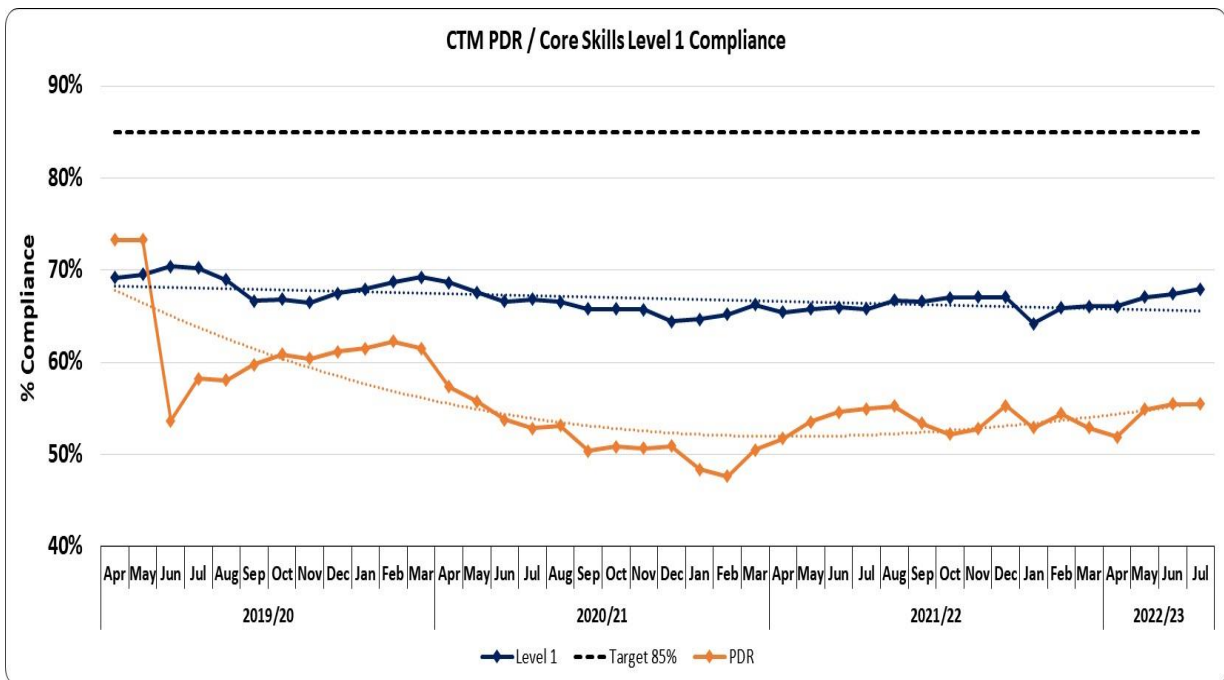


2.4 People

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

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

Overall PDR (non-medical staff) compliance for July 2022 remained static at 55.5%, continuing to remain below the target threshold of 85%.



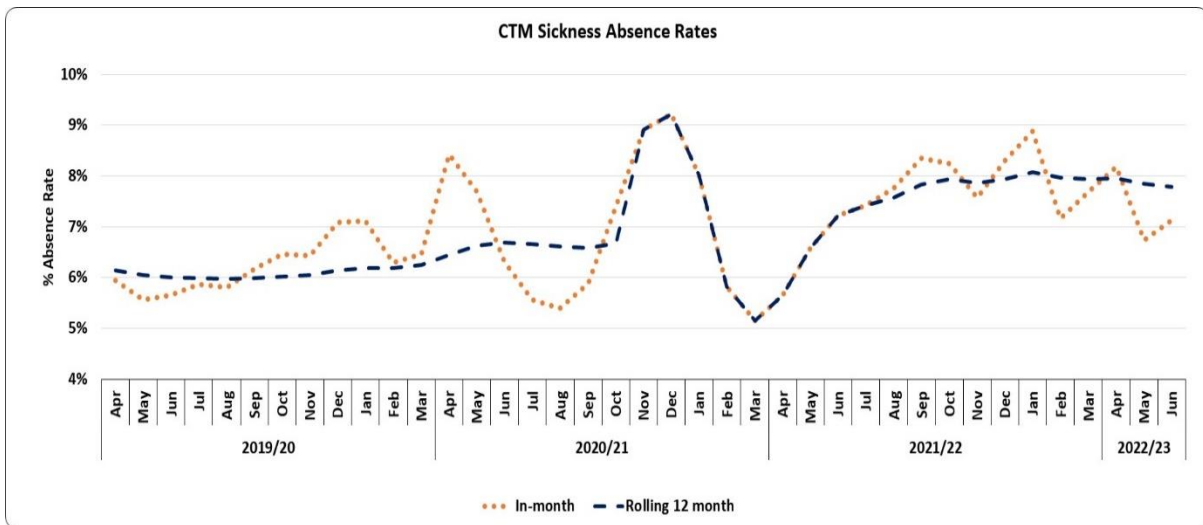
Combined core mandatory training compliance for July 2022 averages 60.5%, just a small rise from the previous month (59.8%), with overall CTM compliance for 'Level 1' disciplines also observing a very slight increase in compliance at 68% (67.4% in June) and likewise, remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance July 2022	
Equality, Diversity & Human Rights	79.1%
Health, Safety and Welfare	77.2%
Moving & Handling	75.7%
Safeguarding Adults	74.4%
Information Governance	71.4%
Violence & Aggression	70.6%
Safeguarding Children	69.3%
Infection Prevention and Control	68.0%
Fire Training	54.6%
Resuscitation	46.0%
HB Overall Compliance	68.0%



2.4.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to June 2022 is 7.8% (7.1% in-month). In comparison to the previous month, occurrences of short-term absences have risen by around 15% (totalling 1,680 episodes) additionally, the occurrence of long-term sickness absence fell by almost 14% (totalling 725 episodes).



Top 10 Absence Reasons by FTE Days Lost - June 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	391	404	6,760	28.86%
Infectious diseases	354	357	2,999	12.80%
Other musculoskeletal problems	146	147	2,076	8.86%
Chest & respiratory problems	215	220	1,920	8.19%
Other known causes - not elsewhere classified	152	152	1,421	6.06%
Gastrointestinal problems	301	305	1,197	5.11%
Injury, fracture	71	73	1,060	4.52%
Cold, Cough, Flu - Influenza	202	202	910	3.89%
Benign and malignant tumours, cancers	36	37	857	3.66%
Back Problems	75	79	772	3.29%

2.4.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff increased by 1.24 whole time equivalents (WTE) to 10.60 during July. Efforts continue to maximise the use of bank over agency staff.

2.5 Access

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

2.5.1 Urgent Care:

During July around 61% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with just under a quarter of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 15,564 attendances over the course of the month, almost 7% lower than the equivalent period last year.

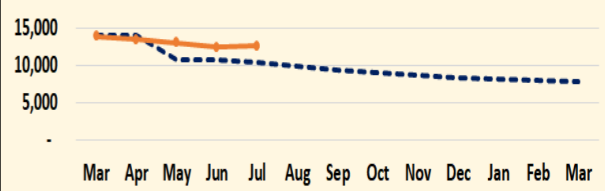
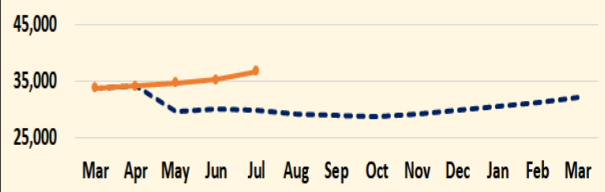
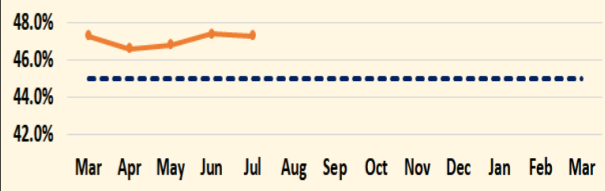
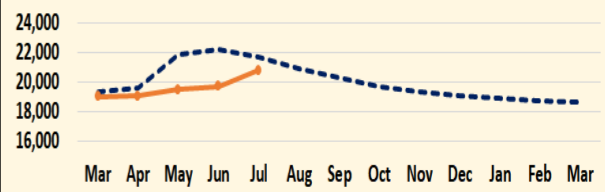
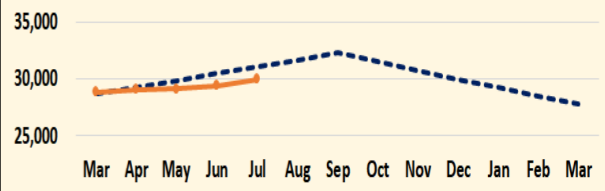
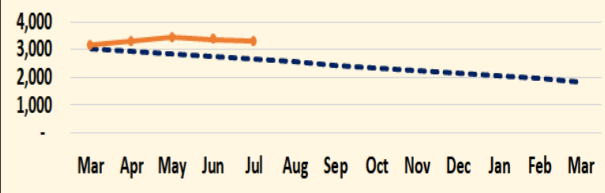
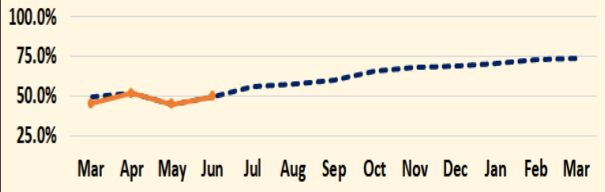
The CTM 15 minute ambulance handover compliance rose marginally to 24.6% (23.0% May), with the 60-minute compliance improving by six percentage points on the previous month to 57.4%.

2.5.2 Stroke Care:

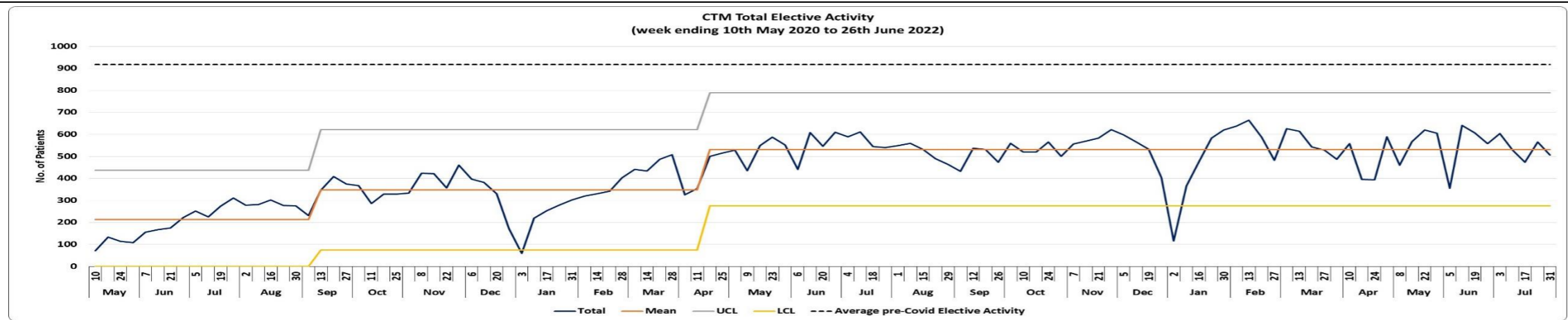
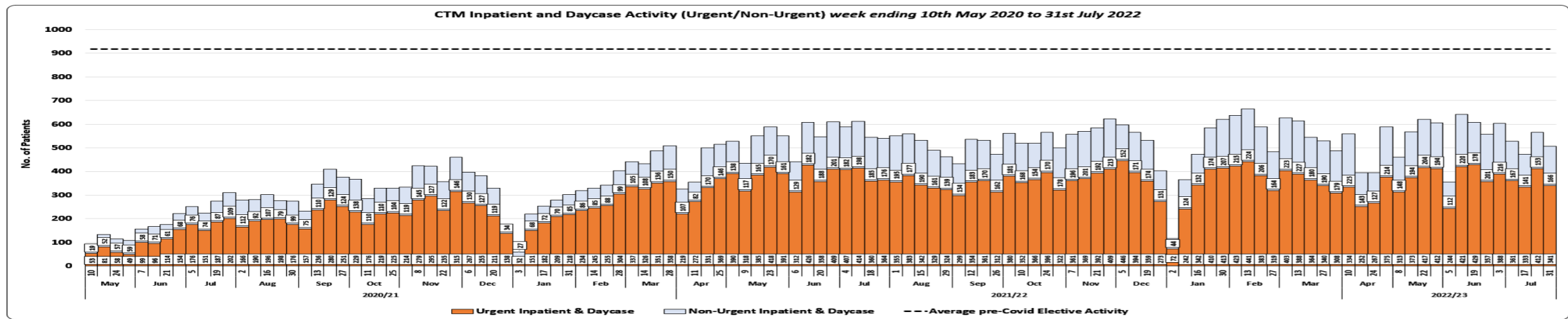
Performance against the desired standards in stroke care continues to remain low with no significant improvements observed overall for CTM during June. The only notable change in this period being an improvement in the compliance threshold at POW for stroke patients assessed by a stroke consultant physician within 24 hours at 71.0% from 45.9% in May. However, conversely none of the six eligible patients that presented with a stroke at POW were thrombolysed within the 45 minute timeframe.

2.5.3 Planned Care & Cancer Care:

The CTM performance against the health board's trajectories are summarised on the following page for access to planned care and cancer care (n.b. these are the trajectories submitted within the MDS to accompany the UHB's annual plan. Further work on the trajectories in line with the ministerial priorities is being undertaken):

Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23													Key: better than forecast same as forecast less than forecast
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13,925	13,918	10,751	10,643	10,347	9,816	9,324	8,960	8,634	8,386	8,151	7,959	7,807	
	Actual	13,885	13,439	12,968	12,446	12,535									
Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104	
	Actual	33,849	34,089	34,694	35,320	36,724									
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	
	Actual	47.3%	46.6%	46.8%	47.4%	47.3%									
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	19,330	19,579	21,842	22,161	21,631	20,884	20,266	19,684	19,311	19,076	18,866	18,719	18,601	
	Actual	18,965	19,040	19,454	19,684	20,766									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	31,105	31,727	32,361	31,552	30,764	29,994	29,245	28,513	27,801	
	Actual	28,845	29,123	29,147	29,412	30,011									
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846	
	Actual	3,169	3,306	3,435	3,366	3,287									
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	52.0%	45.0%	50.0%	56.0%	58.0%	60.0%	66.0%	68.0%	69.0%	71.0%	73.0%	74.0%	
	Actual	45.3%	52.0%	45.2%	49.8%										

Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



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

Elective Activity - Top 10 July 2022	Average Elective	Pre-covid Weekly	Variance	% Variance
General Medicine	109	150	-41	-27.5%
General Surgery	107	176	-69	-39.2%
Urology	71	53	18	34.4%
Ophthalmology	46	49	-3	-6.1%
Trauma & Orthopaedic	44	116	-72	-62.3%
Gastroenterology	40	53	-13	-24.5%
Gynaecology	32	62	-30	-48.0%
ENT Surgery	24	52	-28	-53.8%
Cardiology	21	24	-4	-14.6%
Dermatology	7	14	-7	-51.8%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during July compared to the average pre-Covid levels. As can be seen, current elective activity is over 60% less in T&O, around 50% less in Gynae, Derm & ENT. General Surgery, approx. 40% less, whilst General Medicine and Gastro is around a quarter less. Urology is the only specialty listed above that is treating more patients than the pre-pandemic weekly average; almost 35% more.

How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in July was 519; a drop in activity of just over 6% on the average for the previous month (553). In regards to the WG indicator, elective treatments continue to be around 44% less than the pre-Covid weekly average (918).

Since the start of the financial year of 2021/22 to date, CTM have sent 1,774 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,124 (on average 70 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of July 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	694	74	482	77	61	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	78	27	49	1	1	0
SPIRE - General Surgery	78	12	38	8	20	0
NUFFIELD - Orthopaedics	349	94	198	23	1	33
NUFFIELD - General Surgery	83	24	58	1	0	0
NUFFIELD - Gynaecology	158	35	99	9	6	9
NUFFIELD - Ophthalmology	309	60	185	15	24	25

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Whilst we work on maximising our existing capacity across all elements of the patient pathway from outpatients through to diagnostics and surgery on a sustainable basis, we are working with independent providers on both insourcing and outsourcing opportunities to provide short term additional capacity to address our backlogs. COO led weekly performance meetings with specialties are being put in place across all specialties with those without plans to meet the 52 and 104 week targets meeting more frequently. The meetings include monitoring of general efficiencies such as Treat in Turn and maximising capacity through using PIFU, SOS and text remind to reduce DNAs and improving day case rates. The Recovery plan incorporates:

- supporting all specialties to meet the ministerial priorities
- improving productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities i.e. outsourcing to independent providers and ensuring this is delivered at the commissioned levels where funding becomes available as existing schemes come to an end, prioritising the re-investment.
- A focus on diagnostics, with additional resource being sought from independent providers
- Re-designing a number of high volume pathways to transform the way in which care is delivered i.e. targeted work on improving the DC rates for Laparoscopic Cholecystectomies, Trans Urethral Resection of Bladder Tumour (TURBTs) in Urology and Hysterectomies.

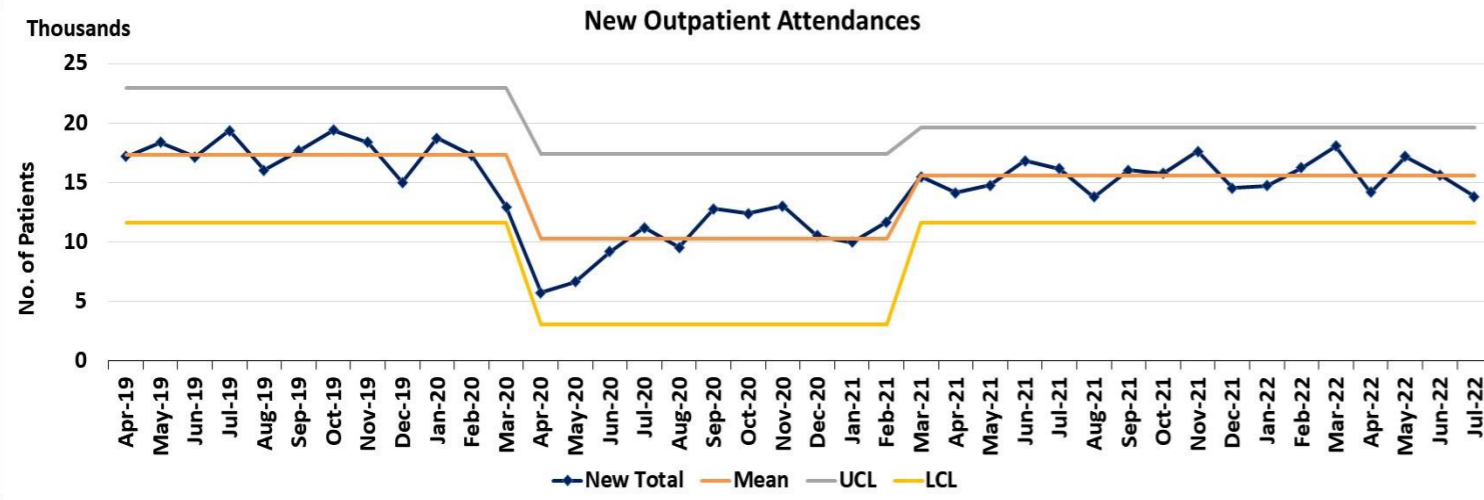
What are the main areas of risk?

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

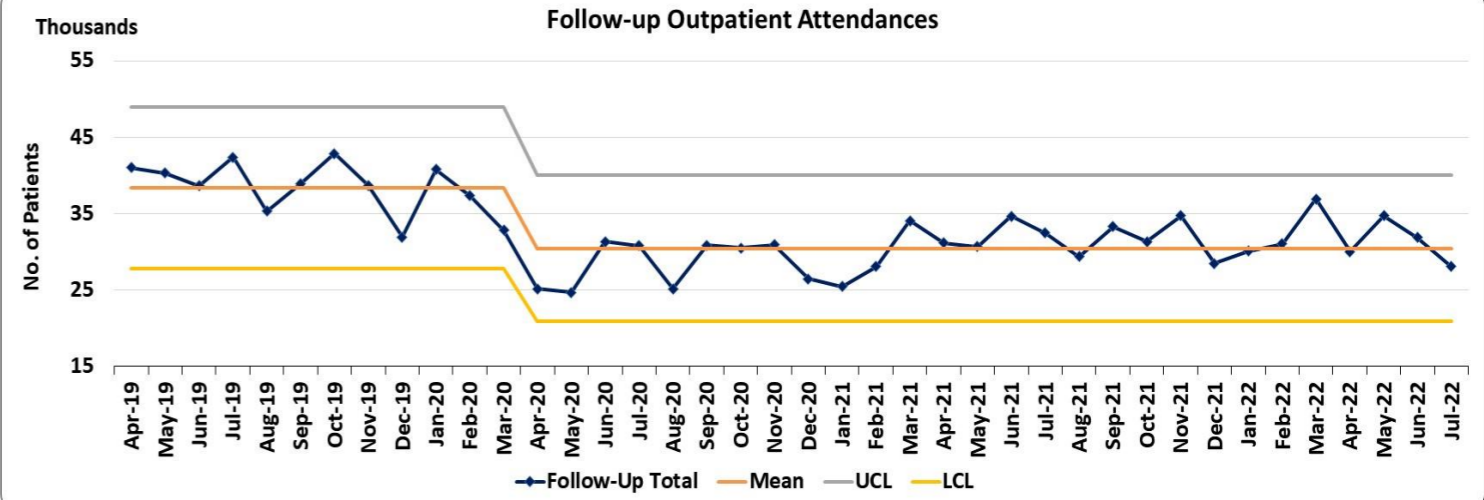


Resetting Cwm Taf Morgannwg – Outpatient Attendances – to July 2022

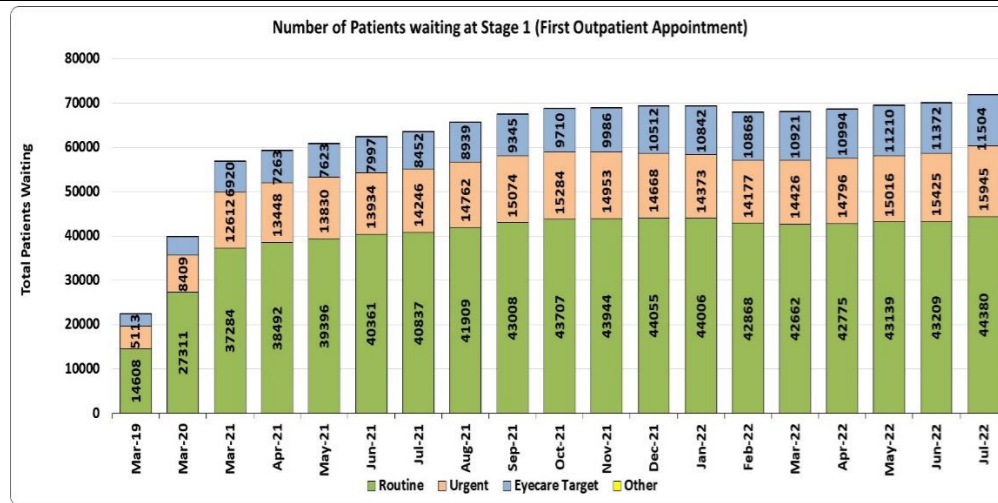
New Outpatient Attendances July 2022 – provisionally 13,825



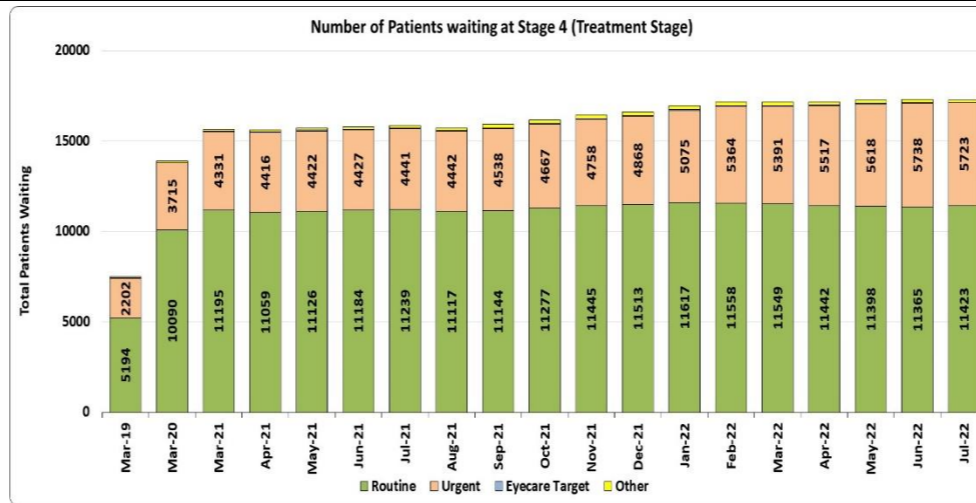
Follow-up Outpatient Attendances July 2022 – provisionally 28,074



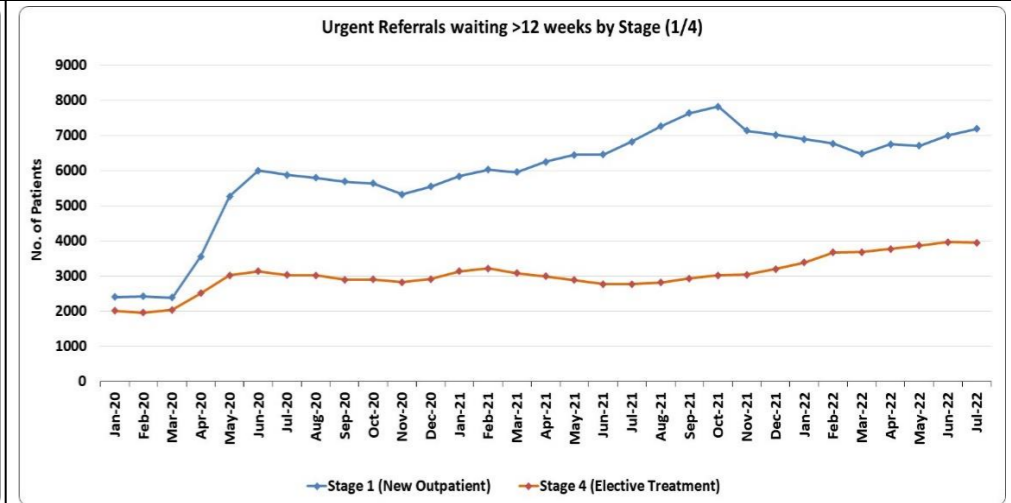
Waiting times Stage 1 (New Outpatients) - 71,847 patients




Waiting times Stage 4 (Treatment Stage) – 17,284 patients



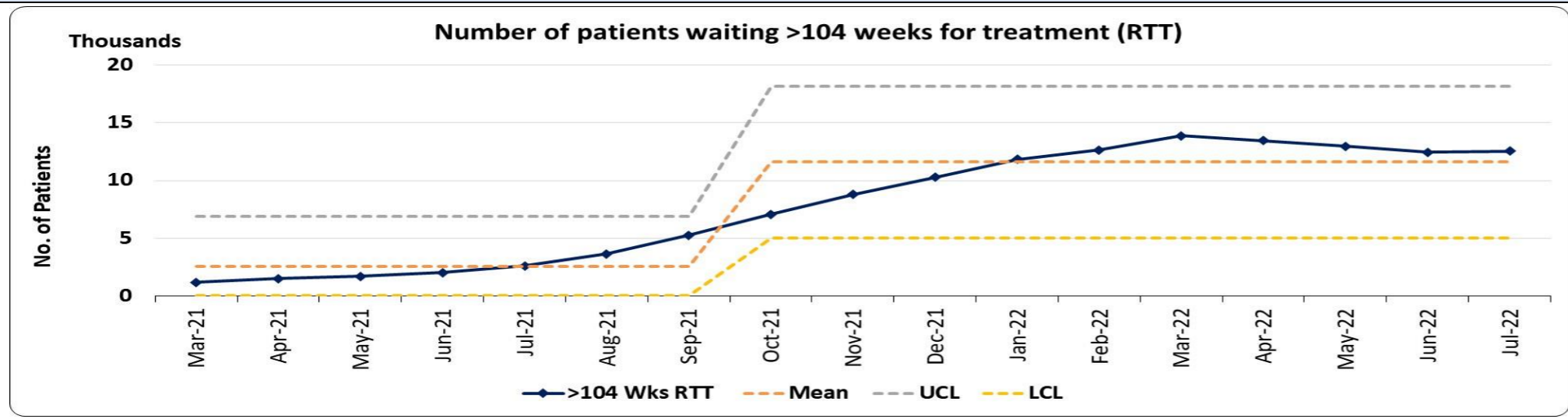
Urgent referrals waiting >12 wks (Stage 1 – 7,185)(Stage 4 – 3,946)



How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>As at the end of July 2022, there were 71,847 patients awaiting a new outpatient appointment, of which, 15,945 (22%) patients were categorised as urgent and 11,504 (16%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of 13% on the 63,560 patients waiting at the end of July 2021.</p> <p>There were 17,284 additional patients who were awaiting treatment. Of these, 5,723 (33.1%) were categorised as clinically urgent, a minor reduction (0.3%) on the June position of 5,738.</p>	<p>Stage 1-52+ Week Validation: We are working with the external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 and 104 weeks. Tailored validation scripts to collect information on patient's willingness to travel to other locations across the region for surgery and contact details to enable virtual consultations are being drafted on a specialty basis. We are also looking to include criteria for interventions not normally undertaken i.e. how many times a person referred for tonsillectomy has experienced symptoms in line with the policy which if changed since originally listed for surgery, could lead to patients no longer being eligible for treatment.</p> <p>See On Symptoms & Patient Initiated Follow up: Formal roll out programme across all specialties in 2022/23 targeting the services with the highest volumes of DNAs.</p> <p>Digital Enablers: As tried and testing models, a formal roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect is being agreed across all specialties or clinical evidence as to why they are not suitable for use to be provided. WPRS is due to be rolled out to Orthopaedics which is one of highest volumes of outpatients from September.</p>	<p>Having sufficient capacity to manage the volume of waiting list that grew exponentially during Covid alongside the continued increase in the number of urgent patients being referred.</p> <p>Staff and bed availability to undertake additional work particularly with rates of payment not attracting all staff to work overtime and delays in recruiting to existing posts.</p>

 **Referral to Treatment Times (RTT) – July 2022 (Provisional Position) – Total Open Pathways 116,916**

Number of patients waiting >104 weeks (12,535) Target - Improvement Trajectory towards a national target of Zero by 2024



The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of July is 12,535, which as it currently stands is a slight rise of 0.7% (89) from June. The position within each ILG is as follows:

- 3,436 patients relate to Merthyr & Cynon ILG waiting lists
- 4,740 patients relate to Rhondda & Taff Ely ILG waiting lists
- 4,359 patients relate to Bridgend ILG waiting lists

Number of patients waiting >52 weeks (36,724)

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of July is 36,724, which as it currently stands is a rise of almost 4% (1,404) from June. The breakdown of the 36,724 patients is as follows:

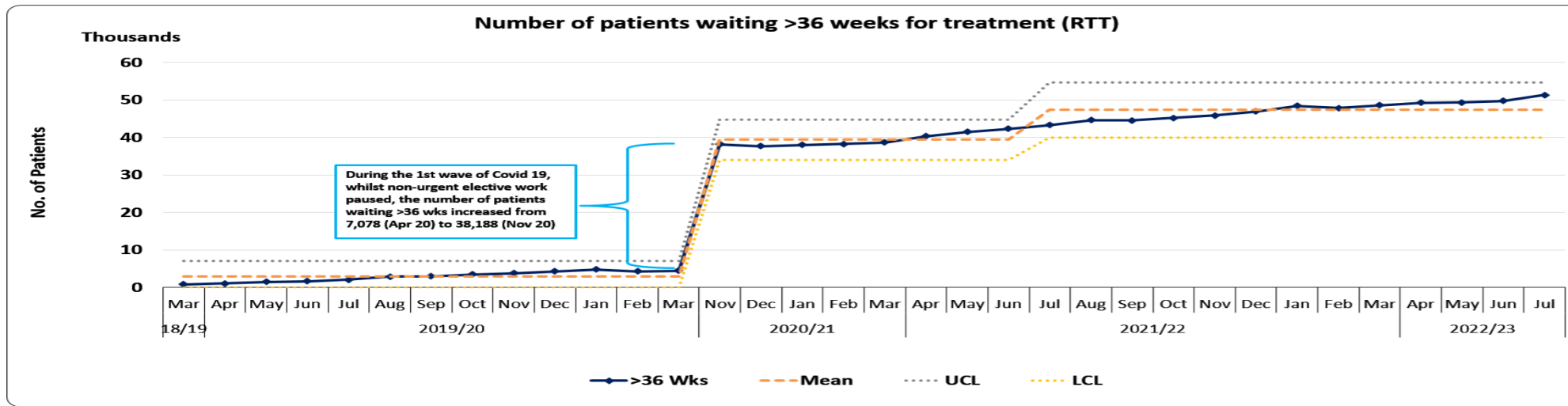
- 7,968 patients relate to Merthyr & Cynon ILG waiting lists
- 16,907 patients relate to Rhondda & Taff Ely ILG waiting lists

- 11,849 patients relate to Bridgend ILG waiting lists

Thousands **Number of patients waiting >52 weeks for treatment (RTT)**

50
40

Number of patients waiting >36 weeks (51,348) Target – Improvement Trajectory towards a national target of Zero by 2026



The provisional position for patients waiting over 36 weeks for July is 51,348 patients across Cwm Taf Morgannwg, which is an increase of 3.3% (1,620) from June (N.B. includes the 36,724 patients waiting over 52 weeks) and the position within each ILG is as follows:

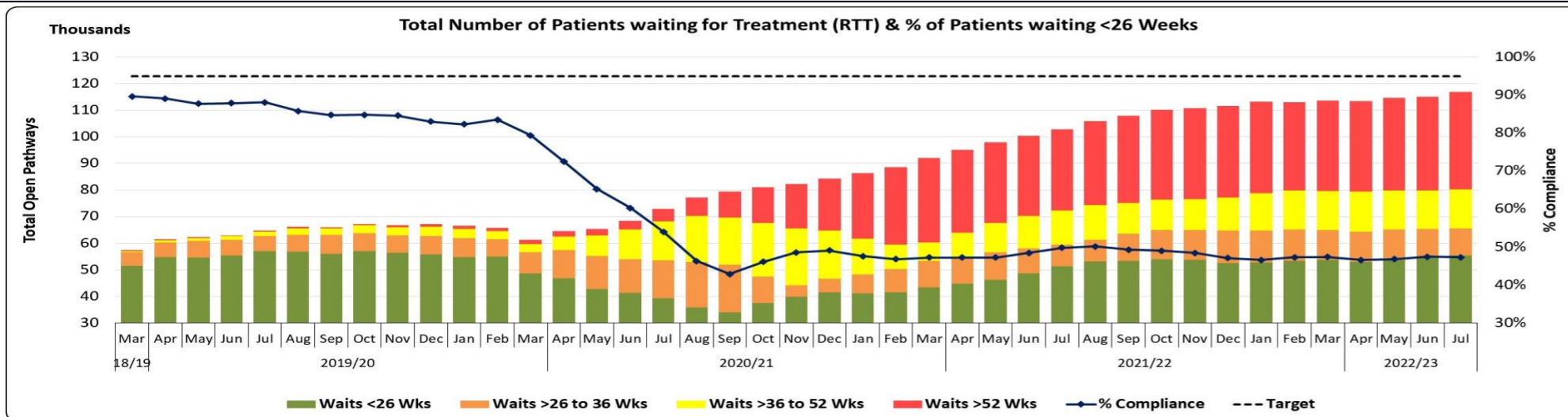
- 10,752 patients relate to Merthyr & Cynon ILG waiting lists
- 23,611 patients relate to Rhondda & Taff Ely ILG waiting lists
- 16,985 patients relate to Bridgend ILG waiting lists

RTT continued on the next page...



Cont'd...Referral to Treatment Times (RTT) – July 2022 (Provisional Position) – Total Open Pathways 116,916

% of patients waiting less than 26 weeks (47.3%) Target – Improvement Trajectory towards a national target of 95% by 2026



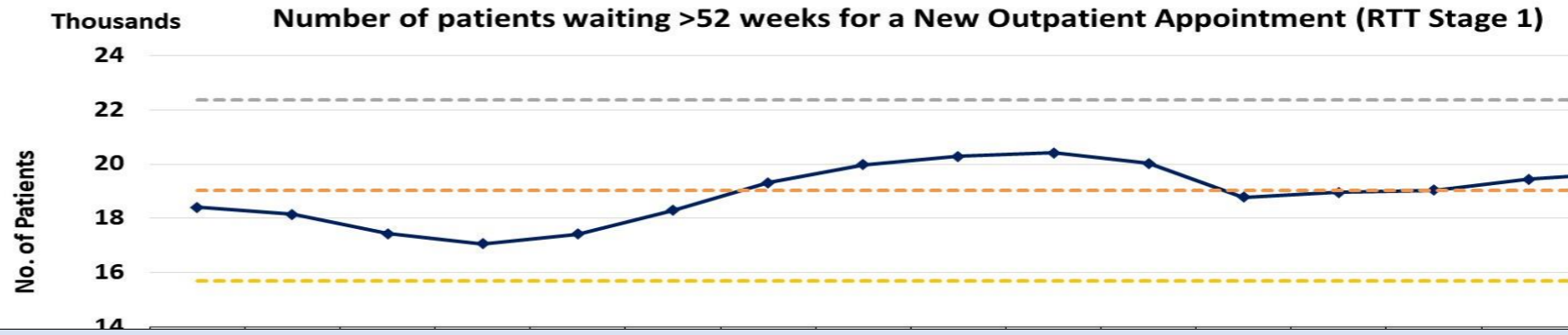
In terms of the 26 week provisional position (including the provisional direct access Diagnostic & Therapy figures), performance for July across Cwm Taf Morgannwg is 47.3%. The position within each ILG is as follows:

- 46.5% Merthyr & Cynon ILG waiting lists
- 46.1% Rhondda & Taff Ely ILG waiting lists
- 49.2% Bridgend ILG waiting lists

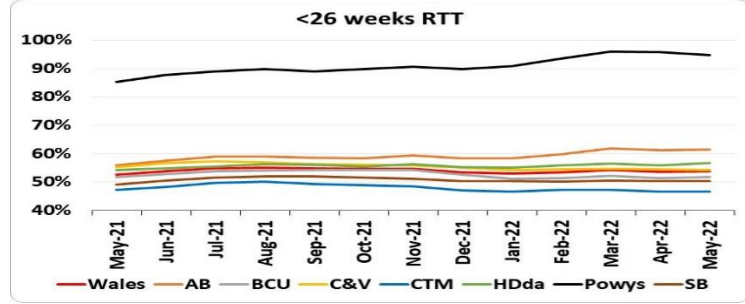
Number of patients waiting over 52 weeks for a new outpatient appointment (20,766) Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of July is 20,766, which as it currently stands is a rise of 5.5% (1,082) from June. The breakdown of the 20,766 patients is as follows:

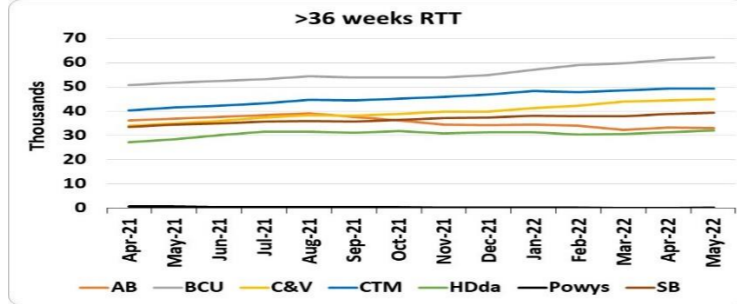
- 3,616 patients relate to Merthyr & Cynon ILG waiting lists
- 9,113 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,037 patients relate to Bridgend ILG waiting lists



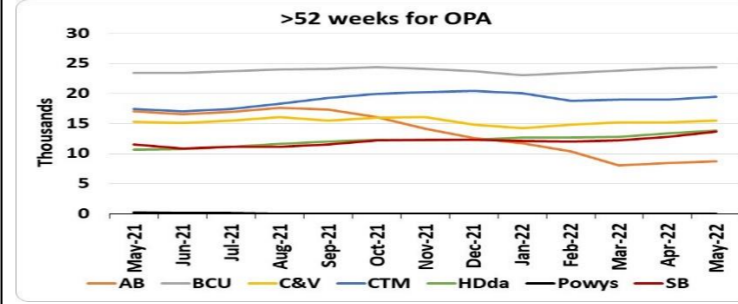
How do we compare with our peers?



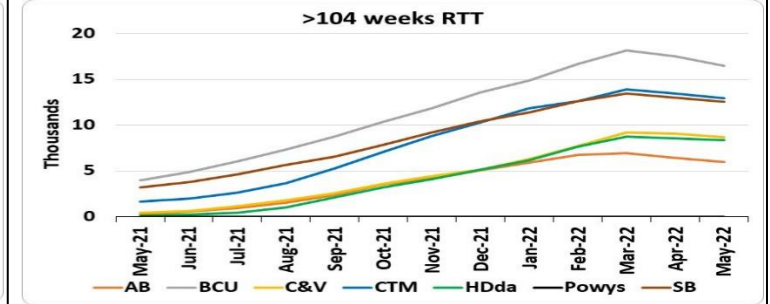
As at May 2022, CTM has the lowest compliance for 26 weeks RTT (46.8%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 61.4%.



For the same period, CTM is ranked 6th out of the seven health boards for the number of patients waiting over 36 weeks RTT (49,370) with BCU ranked 7th (62,183). Best performing is Powys (48), with the better performing of the acute health boards being Hywel Dda (32,067).



Likewise CTM is ranked 6th out of the seven health boards for the number of patients waiting over 52 weeks for first outpatient appointment (19,454) with BCU ranked 7th (24,405). Best performing is Powys (0), with the better performing of the acute health boards being ABUHB (8,736).



Again, CTM is ranked 6th out of the seven health boards for the number of patients waiting over 104 weeks RTT (12,968) with BCU ranked 7th (16,511). Best performing is Powys (0), with the better performing of the acute health boards being ABUHB (5,962).

RTT continued on the next page...

Specialty Breakdown – July 2022 (Provisional Position)

Total number of open pathways per specialty - July 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	414	17.1%	152	235	1622	2423
Cardiology	3086	60.7%	562	546	888	5082
Care of the Elderly	11	84.6%	1	0	1	13
Dermatology	4246	48.9%	584	949	2904	8683
Endocrinology	164	87.7%	23	0	0	187
Gastroenterology	1710	50.2%	370	478	845	3403
General Medicine	1654	68.5%	253	230	279	2416
Nephrology	144	80.9%	17	14	3	178
Respiratory Medicine	1306	70.9%	172	161	204	1843
Rheumatology	788	47.0%	104	200	584	1676
Sport and Exercise Medicine	15	100.0%	0	0	0	15
Thoracic Medicine	559	78.1%	63	65	29	716
Diagnostics	5865	54.1%	1013	1389	2567	10834
Therapies	2166	76.0%	115	185	383	2849
ENT	4622	38.8%	963	1601	4727	11913
Ophthalmology	5582	38.2%	1482	2215	5340	14619
Oral Surgery	1543	48.4%	266	401	975	3185
Orthodontics	195	59.8%	26	43	62	326
Restorative Dentistry	49	28.0%	22	23	81	175
Gynaecology	3730	54.2%	671	757	1720	6878
Paediatric Neurology	2	33.3%	0	4	0	6
Paediatrics	2348	91.6%	132	66	17	2563
Haematology (Clinical)	101	100.0%	0	0	0	101
General Surgery	4406	41.1%	1012	1500	3795	10713
Trauma & Orthopaedic	5266	37.2%	1272	2092	5518	14148
Urology	3162	42.9%	656	848	2701	7367
Breast Surgery	600	49.2%	86	161	372	1219
Colorectal	1531	45.2%	286	461	1107	3385
Total	55265	47.3%	10303	14624	36724	116916

How are we doing?

At the end of July 2022, the over 52 week waiting list volumes saw an increase of almost 4% on the previous month, bringing the total to 36,724. Compared to the position at the end of July 2021; the current position represents an increase of 20% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. There are plans in a number of specialties to manage the backlog and meet the max. 52 week ministerial priority by the end of the year and we are working with the specialties with high volumes of patients waiting without dates which include Ophthalmology, Orthopaedics, Dermatology, Cardiology and Neurology on potential solutions including super Saturdays and insourcing.

What actions are we taking & when is improvement anticipated?

- In addition to the continuing programmes for 2021/22, initiatives include:
- Significant validation programme funded through the National Planned Care Recovery Programme which will be in place for 16 weeks prior to Christmas.
 - Pathway improvement programme to increase the proportion of activity that can be safely and effectively undertaken as day case procedures. This work has been supported by Grant Thornton.
 - Review of our elective service model across CTM, to facilitate increased activity in the light of the uncertain Covid & IPC requirements.
 - Funding of additional Urology diagnostic capacity to improve waits within the Cancer pathway and routine elective care.
 - Trying to progress to one CTM waiting list in order to equalise access regardless of provider site. However, due to the PAS being different on the Bridgend site to the former CT sites, this does intervention at individual patient level to transfer the details across systems which is not viable on a large scale. The full ICT disaggregation from Swansea Bay for which a number of proposals have been made to WG needs to be supported to enable this whole scale change.

What are the main areas of risk?

- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers but at increased costs to if provided in house.
- Recruitment: Delays in approval to recruit to existing posts within the structure that have become vacant and new posts.
- Staff fatigue / willingness to support additional capacity: Additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- PAS issue does not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over-reporting and potentially adverse outcome for our patients.

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

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

Number of patients waiting >8 weeks for a Diagnostic Endoscopy
Target - Improvement Trajectory towards national target of Zero by March 2026

Total >8 weeks 15,103

Total >14 weeks 1,612

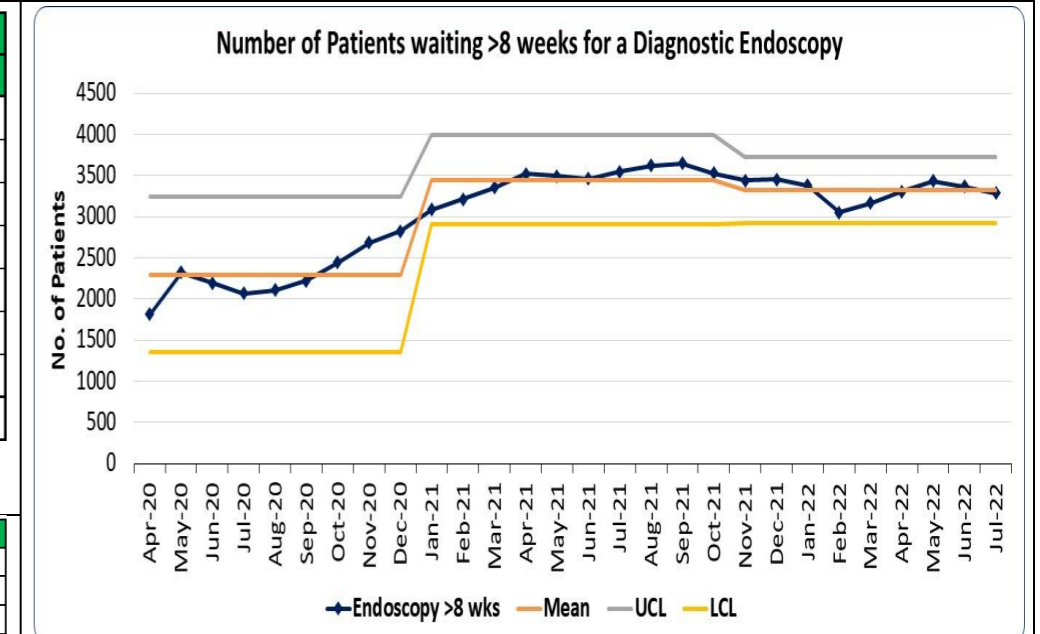
Total >8 weeks 3,287

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	15	142	1	158
Cardiology Services	Cardiac CT	0	97		97
	Cardiac MRI	4	2		6
	Diagnostic Angiography		48	42	90
	Stress Test	24	34	0	58
	DSE	44	0	55	99
	TOE	0		18	18
	Heart Rhythm Recording	66	123	3	192
	B.P. Monitoring	15	0	0	15
Bronchoscopy		1	1		2
Colonoscopy		155	561	1	717
Gastroscopy		205	679	0	884
Cystoscopy			459		459
Flexi Sig		520	703	2	1225
Radiology	Non-Cardiac CT		406		406
	Non Cardiac MRI		847		847
	NOUS		9443		9443
	Non-Cardiac Nuclear Medicine		7		7
Imaging	Fluoroscopy		39		39
Physiological Measurement	Urodynamics	28	144	2	174
Neurophysiology	EMG	14	81		95
	NCS	12	60		72
Total		1103	13876	124	15103

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Arts Therapy	2			2
Audiology		249	0	249
Dietetics	875	407		1282
Occupational Therapy	10	1	0	11
Physiotherapy	0	24		24
Podiatry	3	0		3
Speech & Language	3	17	21	41
Total	893	698	21	1612

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,500	14,284
2022/23	15,437	15,579	15,363	15,103								

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,612								



How are we doing?

Diagnostics: Provisionally, at the end of July, 15,103 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents a fall of 1.7% (260) from the reported position in June. This improvement is due in part to a reduction of 2.8% (271) in the number of patients waiting in excess of 8 weeks for NOUS compared to the previous month. However, the service continues to have the highest volume of breaching patients with 9,443 currently waiting over 8 weeks for a scan. Non-Cardiac MRI has observed an increase of 29.7% (93) patients waiting in excess of 8 weeks for a scan and currently stands at 406 patients breaching.

Therapies: There are provisionally 1,612 patients breaching the 14 week target for therapies in July, an increase of 347 (27.4%) on the reported position for June. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment & the weight management programme, which currently stands at 1,282. Dietetics accounts for almost 80% of the total patients waiting beyond the 14 week target for therapies.

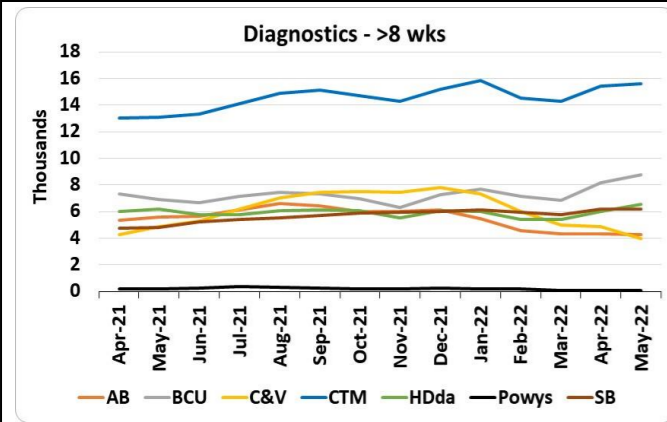
What actions are we taking & when is improvement anticipated?

- Review of radiology management structure has commenced.
- Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and put remedial actions in place.
- Weekly tracker implemented to monitor performance.
- Validation of US, MR, CT waiting lists ongoing.
- Realigning patient bookings around clinical priority.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.
- Work around booking templates to ensure there is a consistent approach to scan templates.
- Work ongoing in streamlining the Cancer Prostate and Stroke Pathway.
- Additional patient lists are running to reduce waiting times.
- Demand and Capacity of services commenced.
- Discussions held around potential additional capacity through insourcing/outsourcing.
- Implementation of the above plan July 2022, with subsequent trajectory of improvement in the following months.

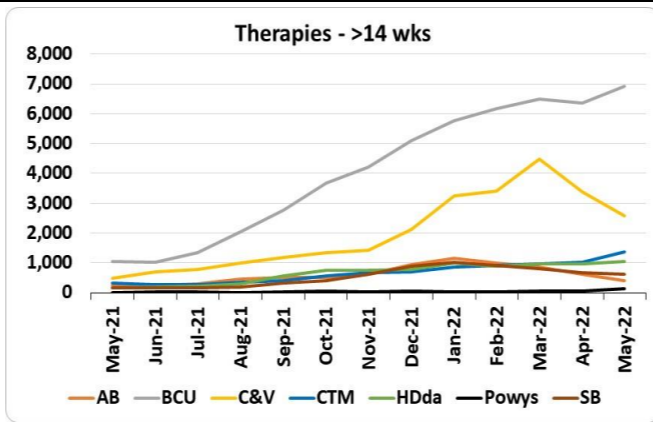
What are the main areas of risk?

- Staff availability in peak holiday season.
- Current vacancies being held at scrutiny panel.
- Limited staff numbers coming through via the staff bank.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Cardiopulmonary diagnostic services need additional staff to address the backlog.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.

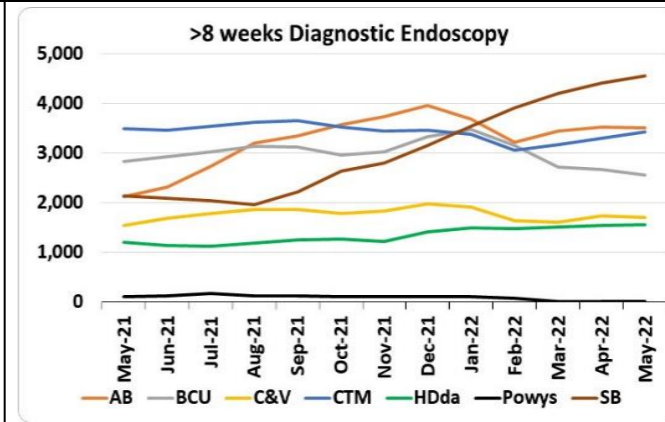
How do we compare with our peers?



As at May 2022, CTM had the highest number of patients (15,579) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (67) with C&VUHB performing better than the other acute health boards with 3,940 patient breaches.



As at the same period, CTM ranked 5th out of all the health boards in Wales with 1,370 patients breaching 14 weeks for a therapy. Powys had the fewest breaching patients (128) with BCUHB recording the highest number of patient breaches with 6,921.



As at May 2022, CTM ranked 5th (3,435) waiting more than 8 weeks for a diagnostic endoscopy of all the health boards in Wales. Powys had the fewest (6) with Hywel Dda performing better than the other acute health boards with 1,566 patients breaching.



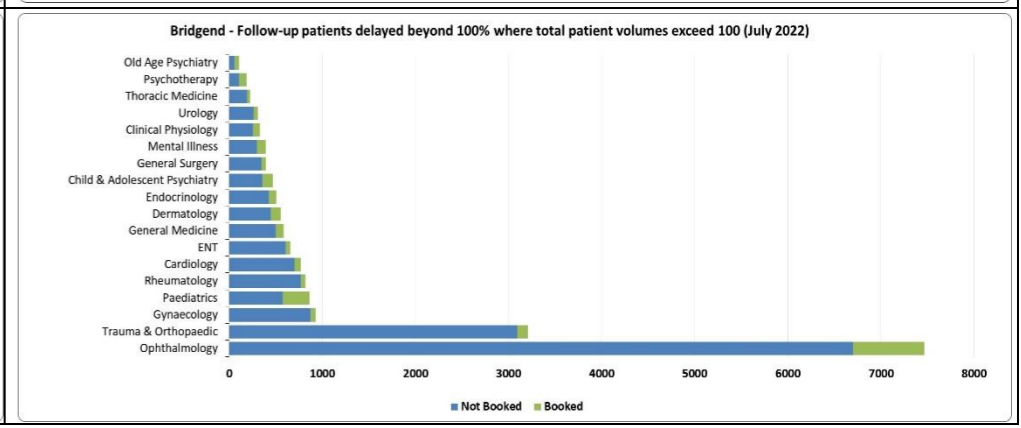
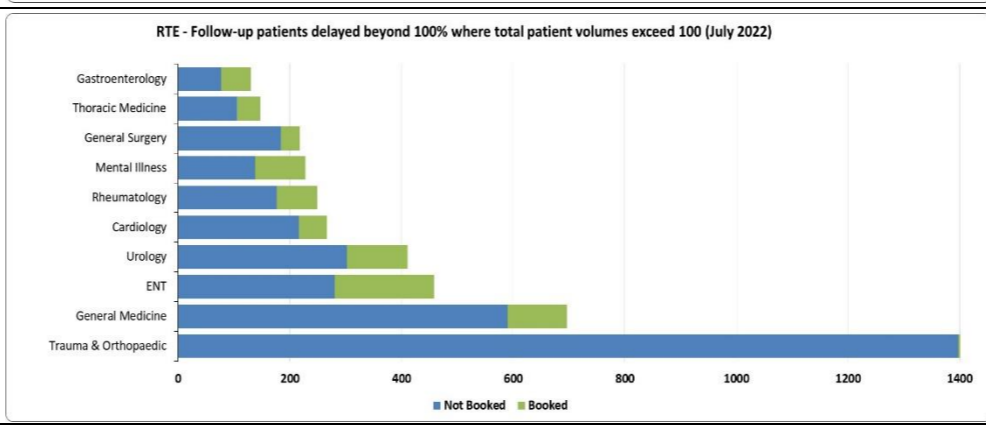
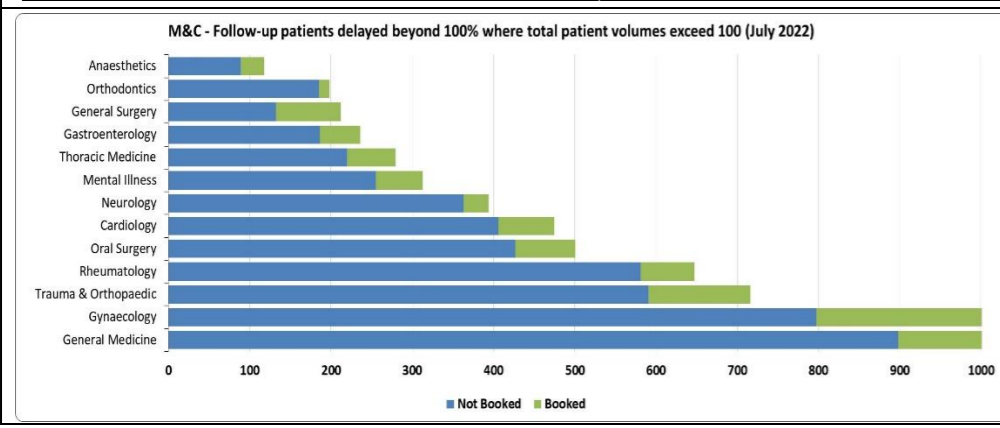
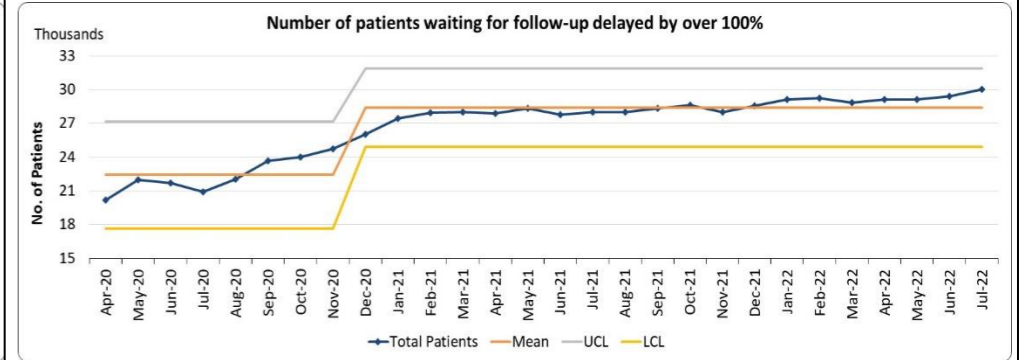
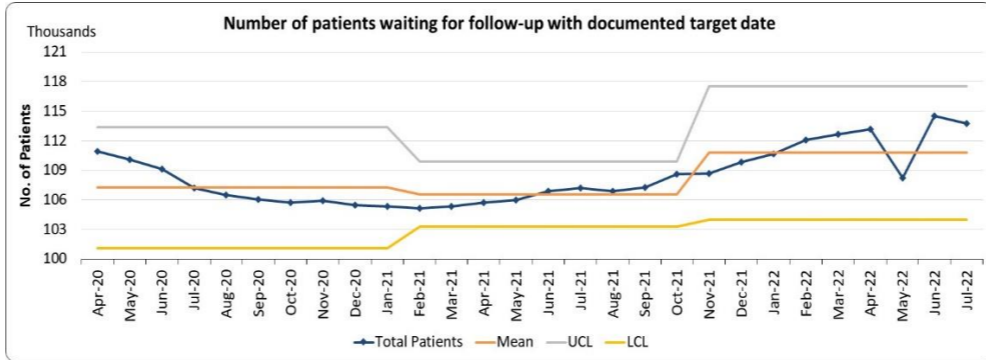
Follow-up Outpatients Not Booked (FUNB) – July 2022 (Provisional Position)

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

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

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
9	75,341	38,439	113,789	25,689	4,322	23,011

Provisional July 2022	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG								
Merthyr & Cynon	0	14,423	7,121	21,544	5,266	993	6,259	29.1%
Rhondda & Taff Ely	4	12,507	14,681	27,192	3,672	1,055	4,727	17.4%
Bridgend	5	48,411	16,637	65,053	16,751	2,274	19,025	29.2%
CTM	9	75,341	38,439	113,789	25,689	4,322	30,011	26.4%



How are we doing?
 The total number of patients waiting for a follow-up appointment in CTM as at the end of July, is provisionally 113,789 and of those patients waiting, 30,011 have seen delays of over a 100% past their target date, representing an increase of 7.2% on the equivalent period last year.

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

What actions are we taking & when is improvement anticipated?
 An Outpatient Transformation Programme Board is in place which is focused on the following:

- Validation for 2022/23 as described previously
- SOS/ PIFU Pathway Projects which are looking to be rolled out across all specialties in 2022/23 unless there are clinical exceptions.

When improvements will be anticipated needs to be determined and will be discussed in the weekly performance meetings with services at the end of the month. The Follow up not booked (FUNB) position will also be discussed with operational teams in these meetings as there are FUNBs going back a number of years.

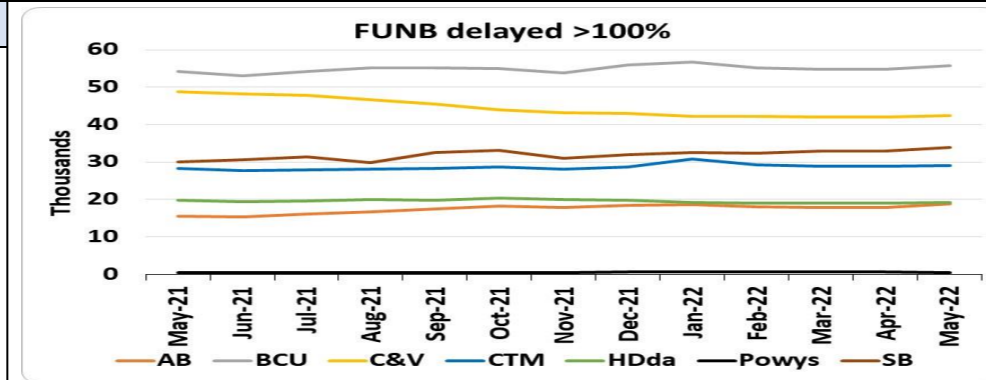
What are the main areas of risk?
 Our most concerning area remains the 100% delayed patients, this is more evident in the Ophthalmology and T&O specialties across the health board.

There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 8 months with figures currently at 29,771 for those two specialties, of which 43.2% (12,873) are delayed 100%.

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

- Total New Patients seen: 13,825; which as it currently stands is a 24% reduction on the Pre-Covid average (19/20) of 18,186 and a reduction of approximately 14.5% on attendances during the same period last year.
- Total Follow-up Patients seen: 28,074; almost a 31% reduction on the Pre-Covid average (19/20) of 40,500 and a 13.5% reduction on the equivalent period last year.

How do we compare with our peers?
 As at May 2022, CTM ranked 4th out of all the health boards in Wales with 29,123 patients delayed by more than 100% past their target date for a follow-up appointment. Powys had the least patients delayed with 497, whilst BCUHB had the highest numbers of patients waiting 100% beyond their target date, with 55,708.



Emergency Unit Waits – July 2022 (Provisional Position)

Number of Attendances

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

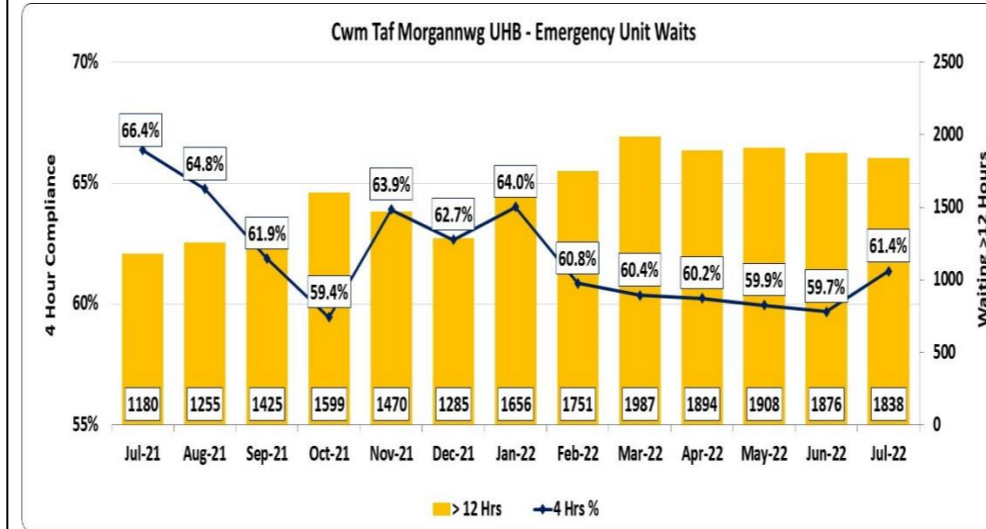
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

15,564

61.4% were seen within 4 hours (Waiting >4 hrs 6,014)

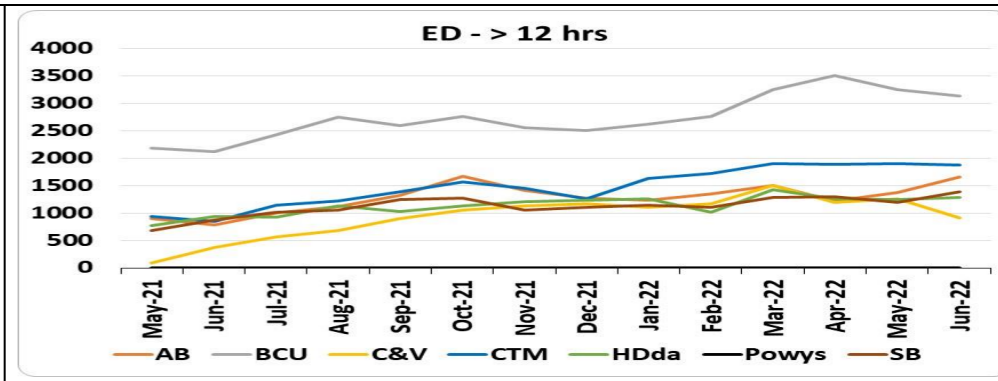
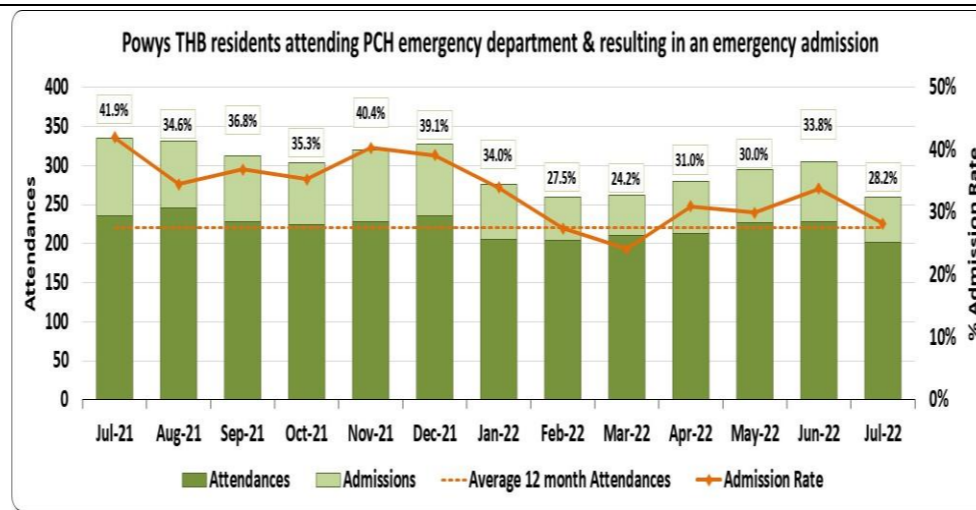
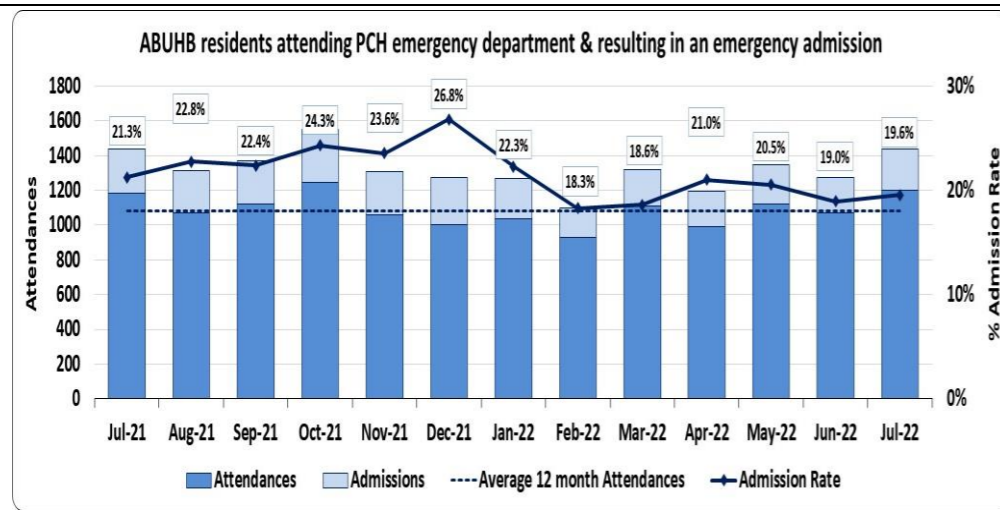
11.8% of patients were waiting over 12 hours (1,838)

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
Jul-21	5143	52.6%	636	5312	78.0%	135	5212	61.6%	409	16722	66.4%	1180
Aug-21	4902	53.7%	629	4869	74.6%	263	4993	59.6%	363	15679	64.8%	1255
Sep-21	5086	51.6%	686	5219	74.5%	270	4914	55.8%	469	15650	61.9%	1425
Oct-21	5129	52.0%	640	5075	69.6%	325	4900	54.7%	634	15353	59.4%	1599
Nov-21	4739	53.2%	603	4703	74.7%	325	4485	61.2%	542	14258	63.9%	1470
Dec-21	4485	55.3%	541	4564	72.1%	310	4211	58.5%	434	13464	62.7%	1285
Jan-22	4503	55.7%	753	4608	73.9%	403	4221	58.4%	500	13767	64.0%	1656
Feb-22	4351	55.3%	753	4362	69.1%	429	3969	53.6%	569	13107	60.8%	1751
Mar-22	5259	50.4%	964	5104	69.3%	417	4776	57.5%	606	15650	60.4%	1987
Apr-22	4750	57.1%	824	4681	68.0%	534	4438	51.7%	536	14284	60.2%	1894
May-22	5113	57.5%	767	4972	68.1%	491	4947	51.0%	650	15435	59.9%	1908
Jun-22	4939	57.6%	723	5013	66.9%	564	4750	50.4%	589	15153	59.7%	1876
Jul-22	5280	52.8%	868	4993	68.7%	429	4902	60.0%	541	15564	61.4%	1838



How do we compare with our peers?

As at June 2022, CTM had the lowest compliance out of all the acute health boards in Wales at 59.7%. Best performing acute health board was SBUHB at 71.6%.



As at June 2022, CTM, ranked 5th out of all the acute health boards in Wales, with 1,876 patient breaches. Better performing acute health board was C&V with 911 patient breaches, poorest performing was BCU with 3,142 patient breaches.

How are we doing?

Provisionally, attendances this month were greater than the volumes seen in June to our Emergency & Minor Injuries Department (currently 2.7% more), with compliance remaining fairly stable in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, with overall performance at 61.4%. As per the table above, the UHB continues to experience challenges at PCH (52.8% compliance) whilst improvements observed this month at POW in both the 4 (60%) and 12 hour (541 breaches) compliance. The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments continues to be in the region of 12% of the total attendances, bringing the overall total of breaching patients to 1,838 compared to the WG minimum standard of zero.

The average monthly attendances for the past three years are detailed below:

Average Attendances	% variance from previous year	
2019/20	15753	n/a
2020/21	11931	24.3%
2021/22	15208	27.5%
2022/23	15109	-0.65%

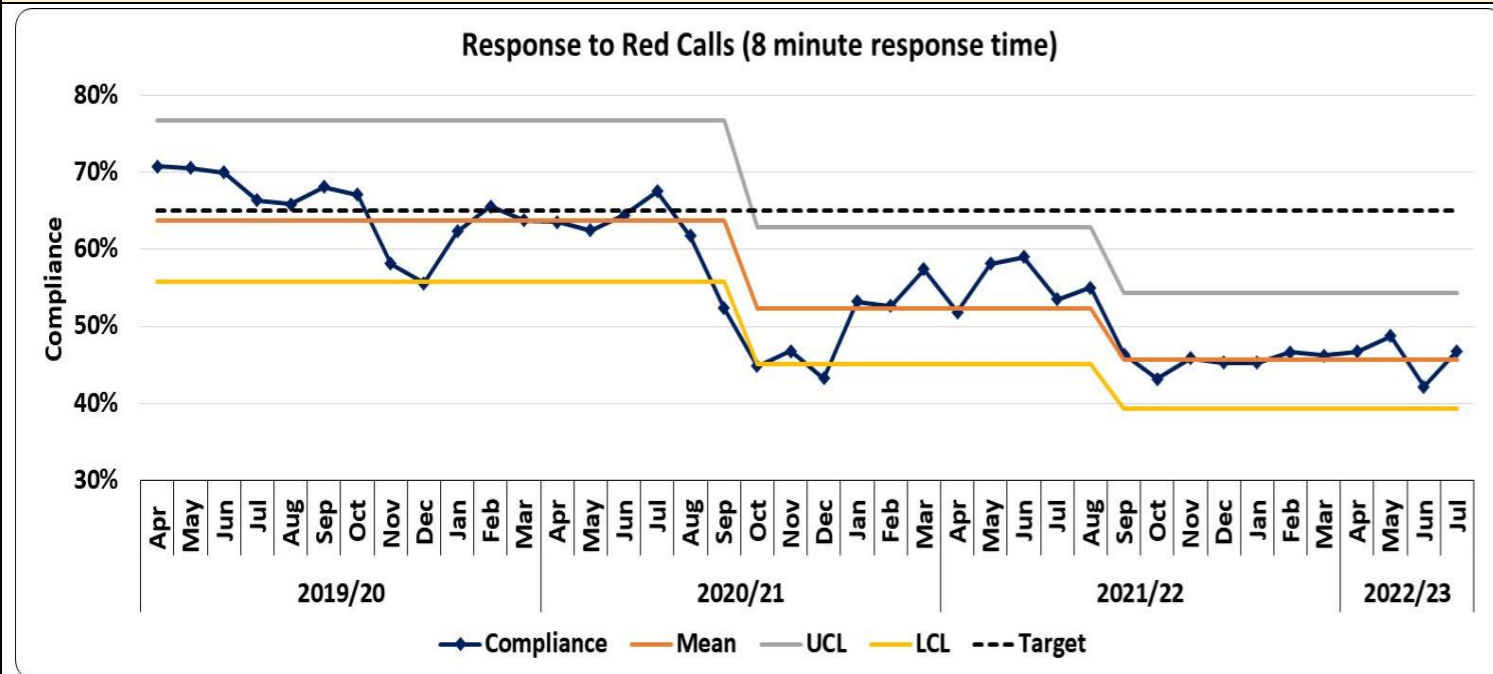
What actions are we taking & when is improvement anticipated?

- Waits which exceed three hours are reported to the COO and expedited
- Establishment of Six goals Urgent & Emergency Care Programme Board, encompassing four workstreams including Primary, Acute and Community
- Indicative timescale for programme implementation in process of being agreed
- Programme architecture agreed in August at programme board level
- Task & Finish groups established to support the four workstreams
- OneList project application being revised to align to Six Goals and D2RA requirements

What are the main areas of risk?

- Significant risk in social care capacity and funding

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



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area)												
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
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%
Jun-22	80	35	43.8%	299	124	41.5%	169	72	42.6%	548	231	42.2%
Jul-22	106	43	40.6%	314	152	48.4%	172	82	47.7%	592	277	46.8%

How are we doing?

Response to Red Calls:

Response times during July to life-threatening calls, increased to 46.8% in comparison to the previous month (42.2%), however remaining well below the compliance threshold of 65%. As can be seen in the chart above, there has been no significant change since September of last year with average response times for CTMUHB for the past 12 months equating to 46.3%.

The Welsh average also saw a minor improvement compared to June with 52% of the emergency responses during July arriving at the scene within 8 minutes and has remained below target since August 2020.

Red Call volumes shown in the top right table continue to remain significantly higher than pre-Covid volumes (means of 539 c.f. 351) with 592 observed in July and are almost 20% higher than the equivalent period of 2021.

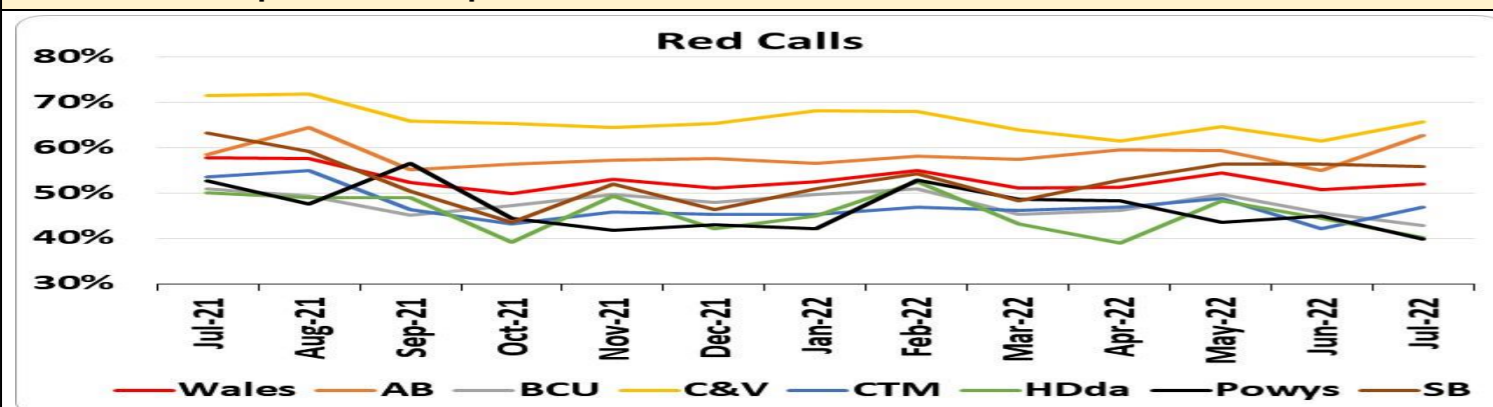
Immediate Vehicle Release Requests (please note July is provisional & will be subject to change)

Period	PCH			RGH			POW		
	Accepted	Declined	Compliance	Accepted	Declined	Compliance	Accepted	Declined	Compliance
Jan-22	10	2	83.3%	9	2	81.8%	1	11	8.3%
Feb-22	13	3	81.3%	3	5	37.5%	2	14	12.5%
Mar-22	5	7	41.7%	10	2	83.3%	2	5	28.6%
Apr-22	7	3	70.0%	4	5	44.4%	3	5	37.5%
May-22	13	2	86.7%	5	1	83.3%	5	6	45.5%
Jun-22	11	1	91.7%	10	3	76.9%	8	15	34.8%
Jul-22	3	0	100.0%	3	0	100.0%	3	3	50.0%

Immediate Release Requests (shown above) received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 12 during July. The ED services were able to support affirmatively 9 (75.0%) of those requests.

Red release is having greater scrutiny and is collected for discussion at ILG Performance Reviews

How do we compare with our peers?



CTM ranked 4th out of all the health boards in Wales for response times to red calls during July (46.8%).

Response times continue to remain better in the dense urban areas, with C&V seeing 65.6% compliance.

Generally response times are worse in the more geographically challenging areas e.g. Hywel Dda & BCU (40.2% & 42.9% respectively), although Powys had the poorest response times this month at just 39.9%.



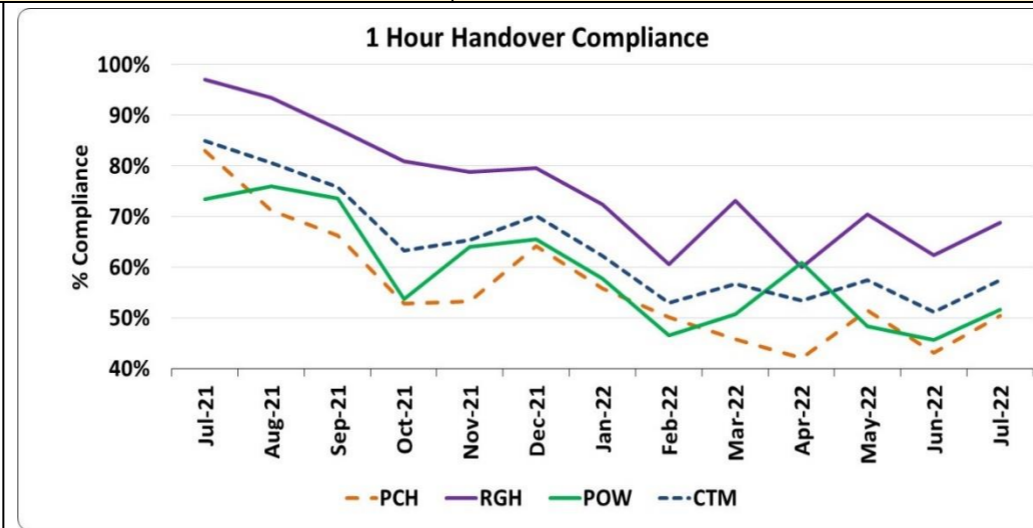
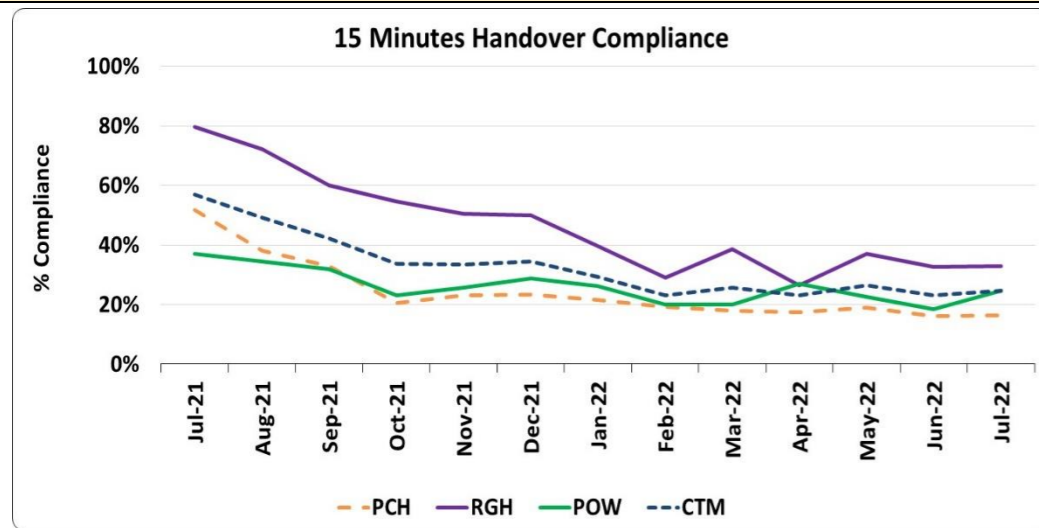
Emergency Ambulance Services - Handover Compliance – July 2022

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,182 of which 537 handovers were within 15 minutes (24.6%)

929 handovers were over 1 hour (57.4% of handovers were within 1 hour)



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%
Jun-22	777	16.2%	43.1%	845	32.5%	62.4%	593	18.4%	45.7%	2215	23.0%	51.2%
Jul-22	796	16.3%	50.4%	790	32.9%	68.9%	596	24.7%	51.7%	2182	24.6%	57.4%

How are we doing?

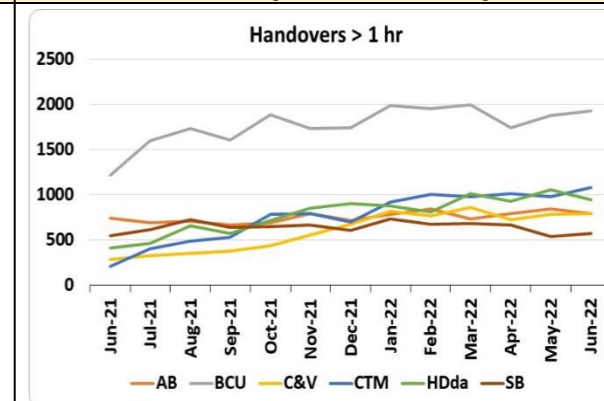
In comparison to the previous month, both the 15 minute and 1 hour handover compliance saw a small improvement this month, 24.6% (23.0% June) and 57.4% (51.2% June) respectively with a small reduction of 1.5% (33) in the number of Ambulance conveyances compared to the previous month, bringing the total to 2,182.

The volume remains around 18% below the volume seen in the comparable period of 2021.

What actions are we taking & when is improvement anticipated?

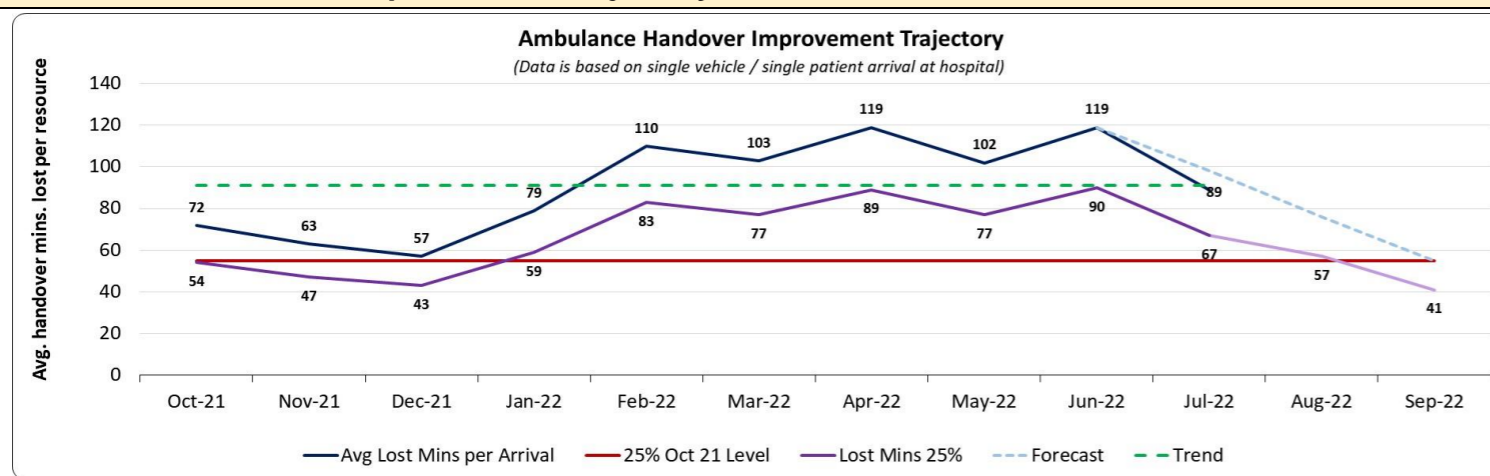
- Complete resetting of USC governance structure
- Reviewing the D2RA programme
- Improving the trauma service and escalation plans
- Addressed the out of hours planning support
- Instigate whole pathway review of YCC and YCR
- Root cause analysis of the reason for the increase in red calls

How do we compare with our peers?

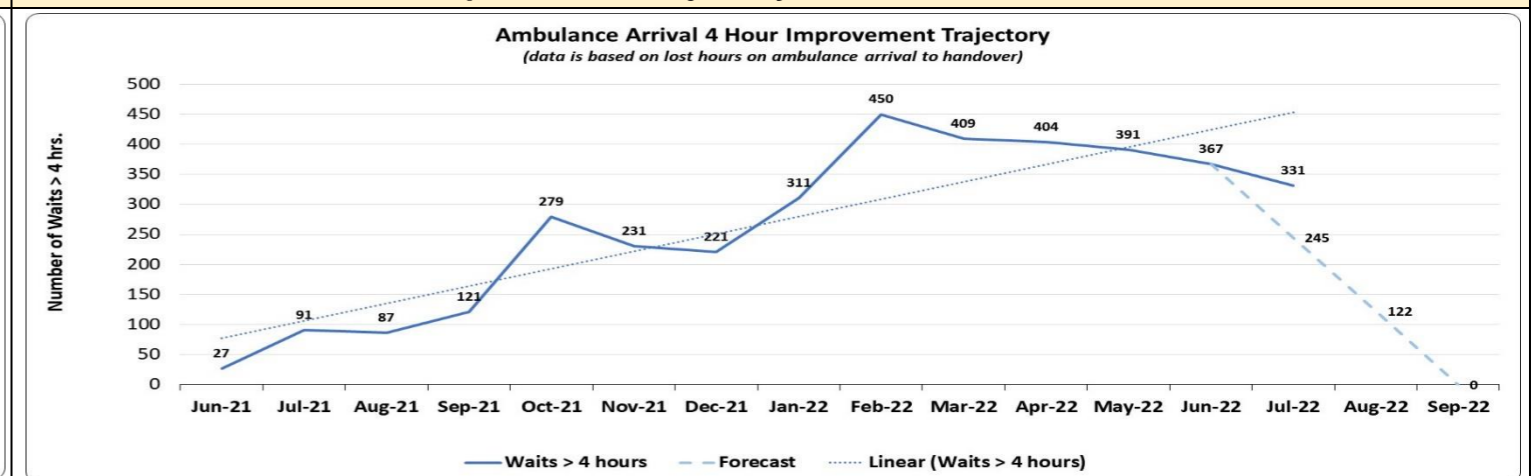


May 22: CTM was ranked 5th out of the 6 acute HB's in Wales with 1,082 patient breaches. Better performing was SB with 578 patient breaches and poorest was BCU with 1,927 patients breaching 1 hour.

Ambulance Handover Improvement Trajectory



Ambulance Arrival 4 Hour Improvement Trajectory



The graph above shows in red a 25% reduction based on a baseline of 72 minute lost per arrival in October 2021. The dark blue line depicts the actual reported lost minutes per arrival reported by the Welsh Ambulance Services NHS Trust from October 2021 to July 2022. The light blue line for June to September 2022 is a forecasted position to bring it to or below the original October 2021 baseline. The middle purple line depicts the actual reported lost hours with a 25% reduction applied. The light purple line is a forecasted reduction for July to September 2022 to bring it to or below the original October 2021 baseline.

The graph above shows the current level of ambulance waiting outside and Emergency Department over 4-hours. Based on the previous data from June 2021 the current trend line is showing an upwards trend. Reducing this level to 0 ambulance waits over 4-hours by September 2022 is shown as a dashed line.

Reduction Scale 367 :

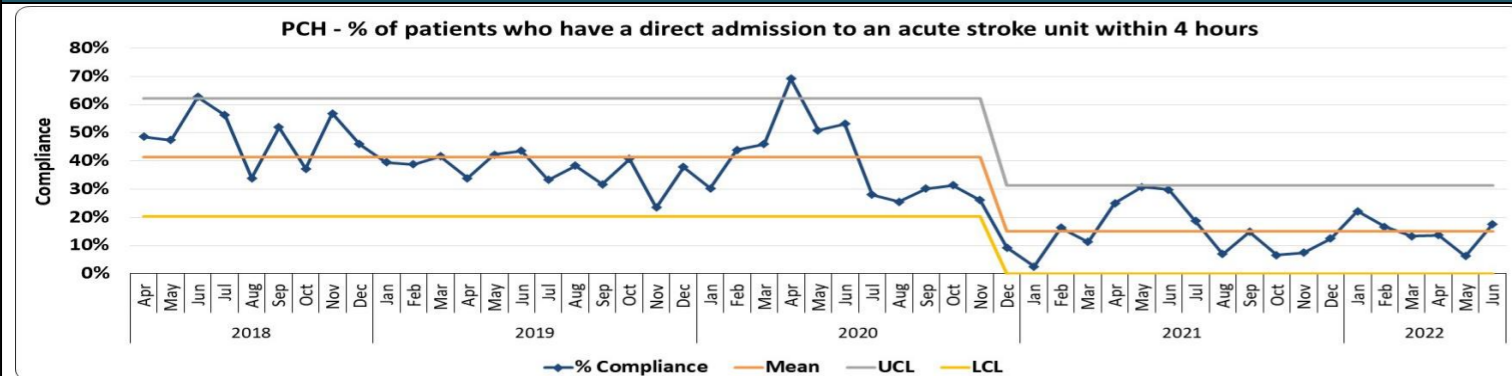
- June – July 2022 66.8% (245)
- July – August 2022 49.8% (122)
- August – September 2022 100% (0)



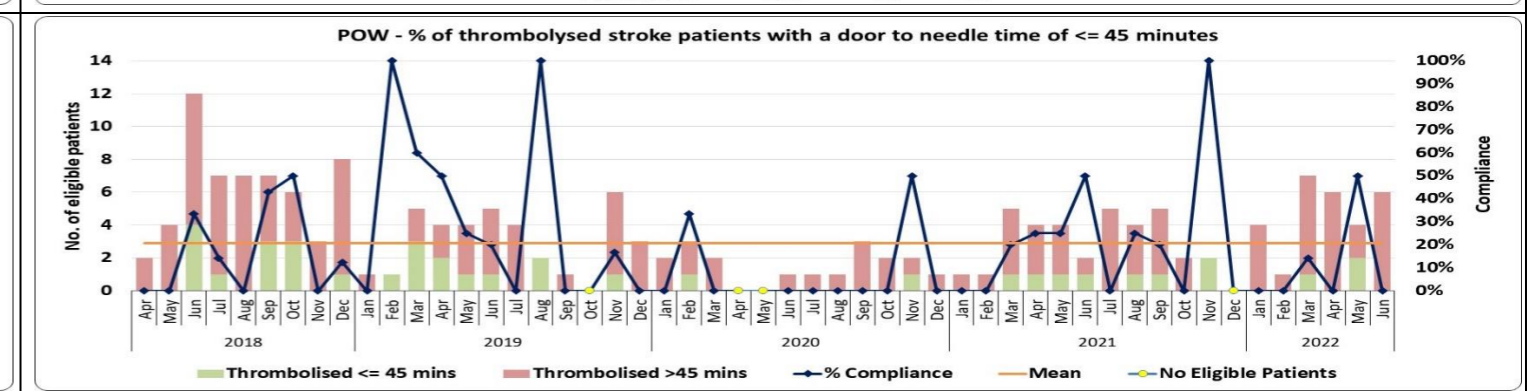
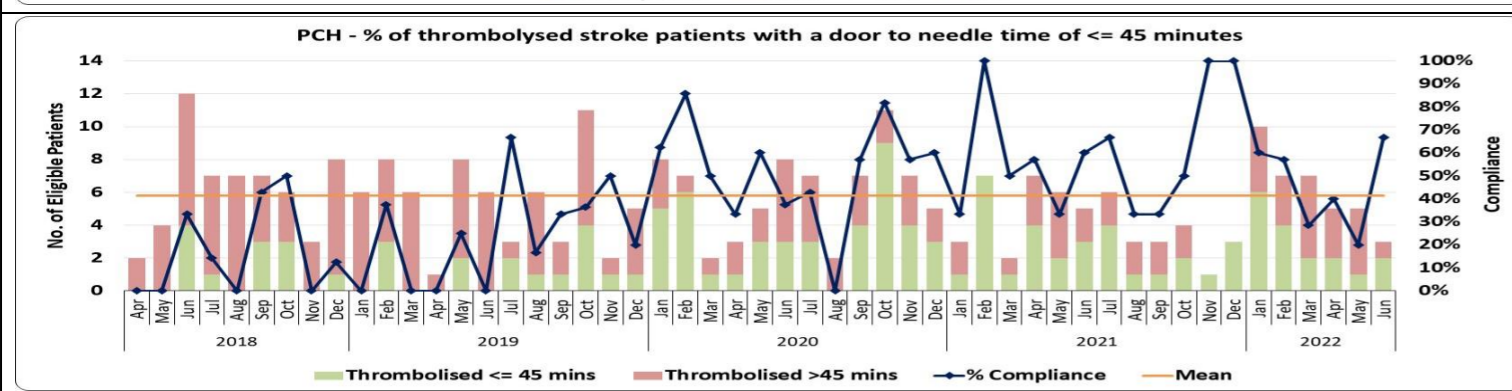
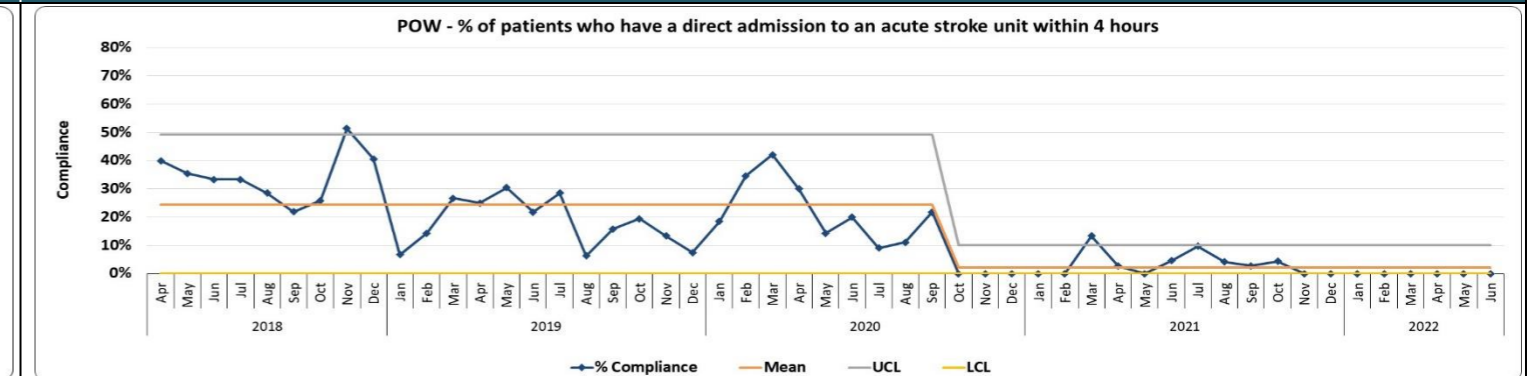
Stroke Quality Improvement Measures (QIMs) – June 2022

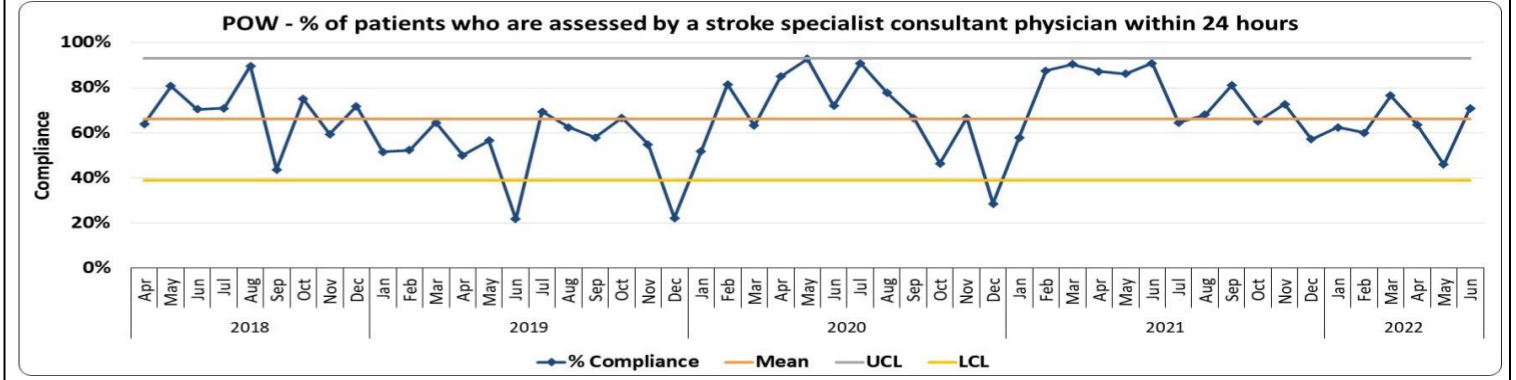
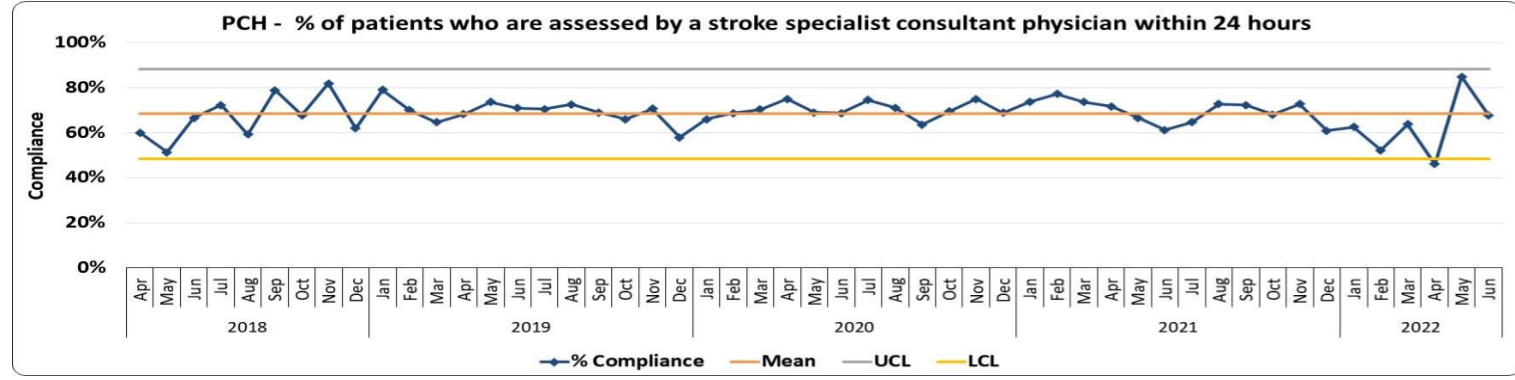
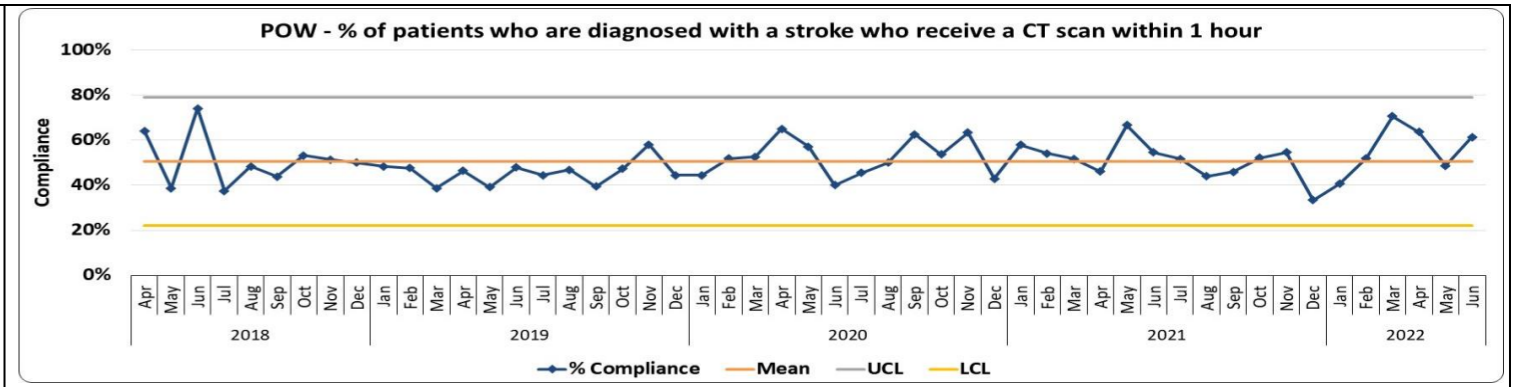
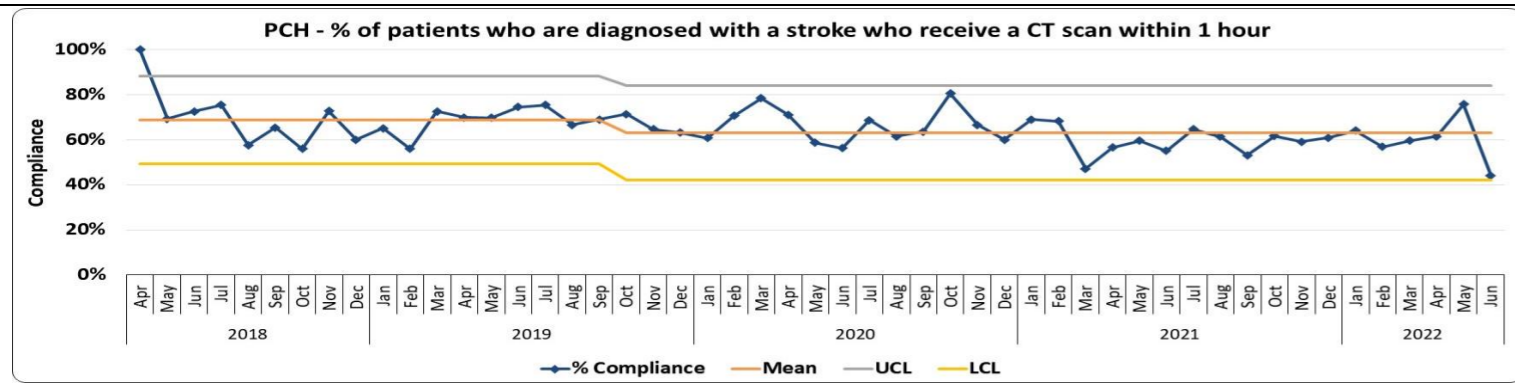
% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
17.6%	0%	9.2%	66.7%	0.0%	22.2%	44.1%	61.3%	52.3%	67.6%	71.0%	69.2%

Prince Charles Hospital



Princess of Wales Hospital





Stroke QIMS continued on the next page...

How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance and during June, just 9.2% (6 out of 65 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Under a quarter of eligible patients were thrombolysed within 45 minutes (2 out of 9 eligible patients) and just over half (52.3%) of patients (34 out of 65 diagnosed patients) had a CT scan within an hour. There were 45 out of the 65 stroke patients (69.2%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

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

- The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.
- The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward. Currently, the AMU at POW has, on average, 5 acute strokes admitted due to the inability to admit to the stroke ward, therefore any new discharges from the wards are allocated to AMU and not new strokes presenting at ED.

June 2022 stats:

Stroke QIMs - June 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	34	31	65
	No. of patients within 4 hours	6	0	6
	% Compliance	17.6%	0.0%	9.2%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	3	6	9
	No of patients within 45 mins	2	0	2
	% Compliance	66.7%	0.0%	22.2%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	34	31	65
	No. of patients within 1 hour	15	19	34
	% Compliance	44.1%	61.3%	52.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	34	31	65
	No. of patients within 24	23	22	45
	% Compliance	67.6%	71.0%	69.2%

What actions are we taking & when is improvement anticipated?

The CTM Stroke Planning Group has agreed an action plan with a number of short, medium and long term actions, some of which require either additional or the re-prioritisation of current resources. The group reviewed the action plan in its meeting in July. In addition to the completed actions reported in previous performance reports the group has achieved progress in following actions:

- Additional therapy space developed on POW site, enabling improved therapy provision on the acute site for stroke patients.
- Significant progress has been made on the development of unified evidence based criteria for thrombolysis across both acute sites. A meeting was held in July led by the Consultant in Public Health Medicine who undertook the Stroke Equity Audit and the criteria have now been agreed with the Stroke Consultants.
- A protocol has been developed and implemented enabling transfer of nasogastric fed patients from PCH to stroke rehabilitation beds at Ysbyty Cwm Rhondda.

The NHS Collaborative Executive Group has given approval for the NHS Collaborative to move to the next stage in progressing the National Stroke Programme to coordinate and develop Regional Stroke Networks and Comprehensive Regional Stroke Centres (CRSC) across NHS Wales. CTM UHB has worked in partnership with Cardiff and Vale UHB to progress a programme of work to develop a regional approach to stroke services in line with the national programme.

In addition to the above actions, CTM UHB has also been successful with a proposal for Value Based Health Care funding from a national fund of £5m. The proposal entails a project to prevent strokes through the identification and optimal management of Atrial Fibrillation and Hypertension in primary care. The project will be implemented across CTM UHB over the next 18 months.

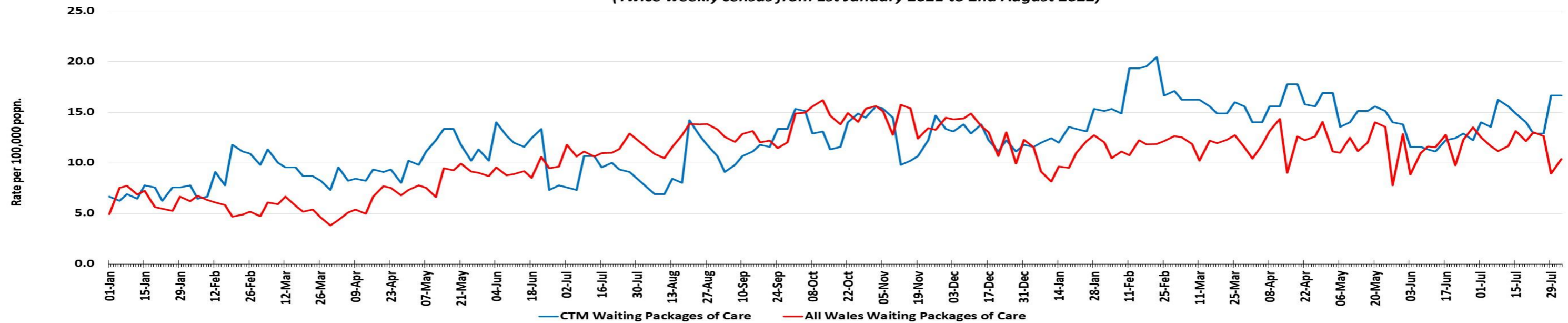
What are the main areas of risk?

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

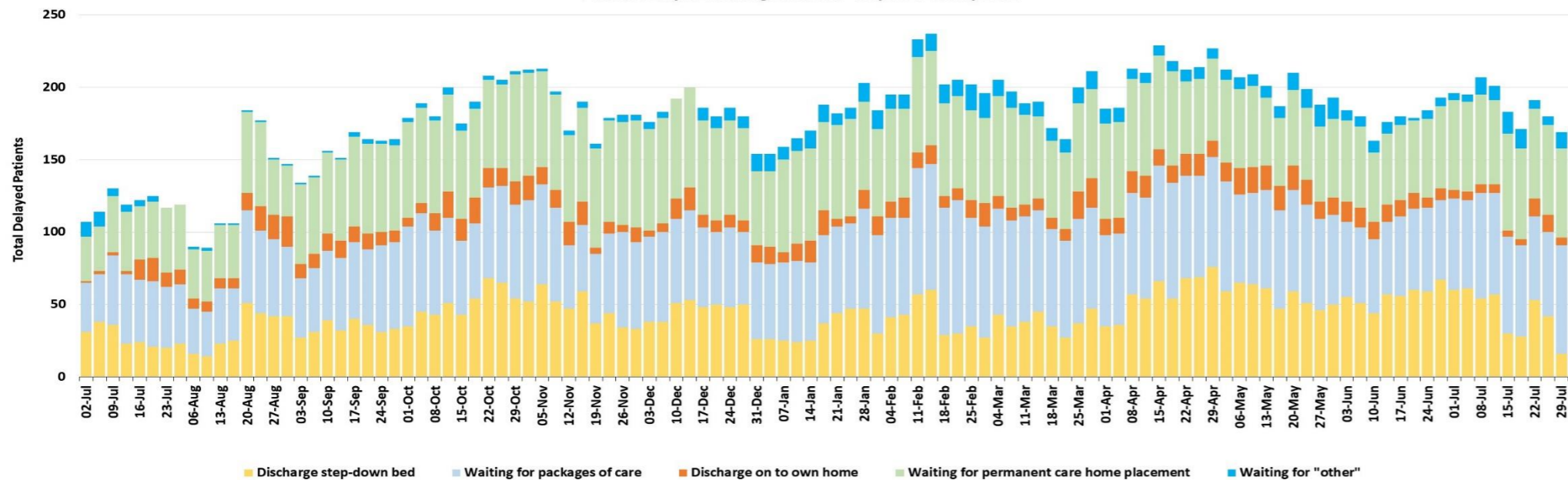
The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management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

In POW the ongoing staffing challenges within the therapy services are effecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

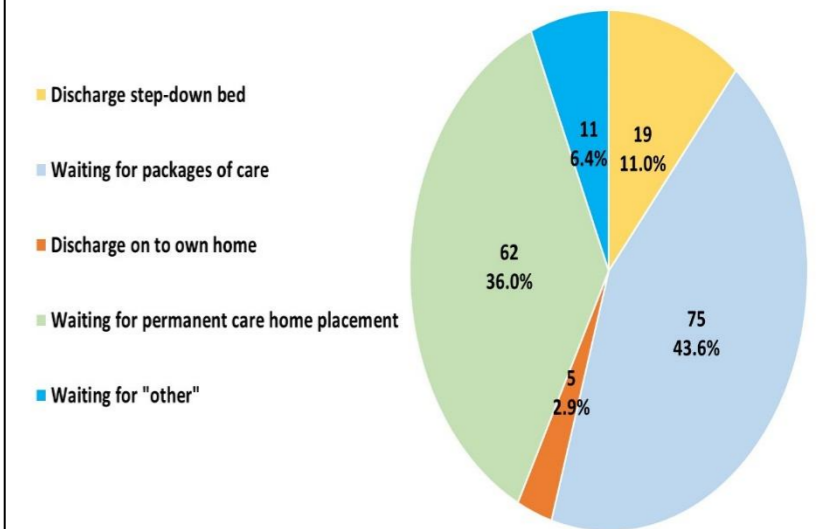
Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)
(Twice weekly census from 1st January 2021 to 2nd August 2022)



Patient Delayed Discharge Reasons - July 2021 to July 2022



Reasons for Patient Delays at census point 2nd August 2022



How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) has declined overall from the peak at the end of February of c.92 individuals to 75 at the end of July. This equates to 16.7 delays per 100,000 population, and as it currently stands is just over 60% higher than the national rate which is 10.4 per 100,000 population (please note that the all Wales data may be subject to change due to late data submissions by other health boards).

The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 172 individuals in this predicament. The main reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right.

What actions are we taking & when is improvement anticipated?

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

What are the main areas of risk

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

Our Care Home placements continue to be problematic due to Covid restrictions across the patch.

Single Cancer Pathway (SCP) – June 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 49.8%**

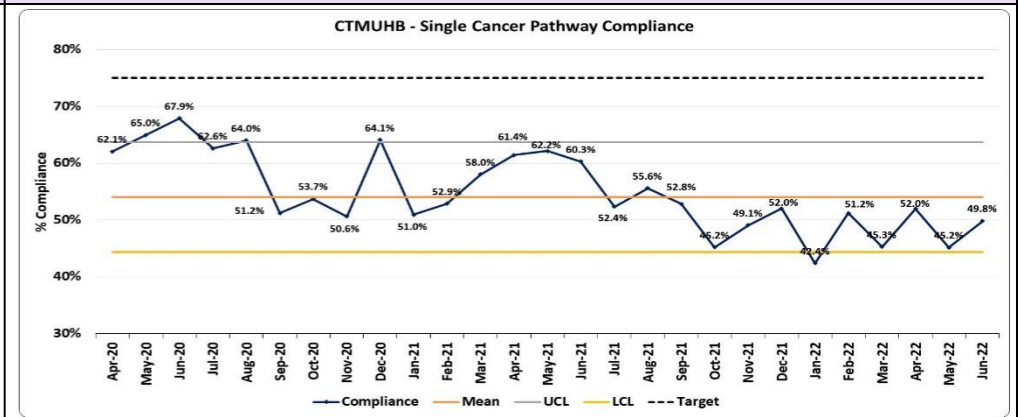
Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - June 2022

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	10	20.0%
Upper GI	10	22	45.5%
Lower GI	23	37	62.2%
Lung	18	27	66.7%
Skin (exc BCC)	43	52	82.7%
Brain/CNS	1	2	50.0%
Breast	22	55	40.0%
Gynaecological	1	10	10.0%
Urological	7	44	15.9%
Haematological	5	8	62.5%
Other	3	4	75.0%
Total	135	271	49.8%

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
June 2022												
Head and Neck	0	1	1	2	7	9				2	8	10
Upper Gastrointestinal	4	6	10	4	5	9	2	1	3	10	12	22
Lower Gastrointestinal	8	6	14	2	4	6	13	4	17	23	14	37
Lung	6	3	9	7	5	12	5	1	6	18	9	27
Skin(c)							43	9	52	43	9	52
Brain/CNS	0	1	1	1	0	1				1	1	2
Breast				22	33	55				22	33	55
Gynaecological	1	5	6	0	0	0	0	4	4	1	9	10
Urological				7	37	44				7	37	44
Haematological				5	2	7	0	1	1	5	3	8
Other	1	0	1				2	1	3	3	1	4
Total Breaches	20	22	42	50	93	143	65	21	86	135	136	271
Overall Compliance			47.6%			35.0%			75.6%			49.8%



Performance for June improved to 49.8% from the previous reported position of 45.2% with predicted performance for July currently at 49.0%.

With the exception of skin and "other", no other tumour sites have achieved the current SCP target.

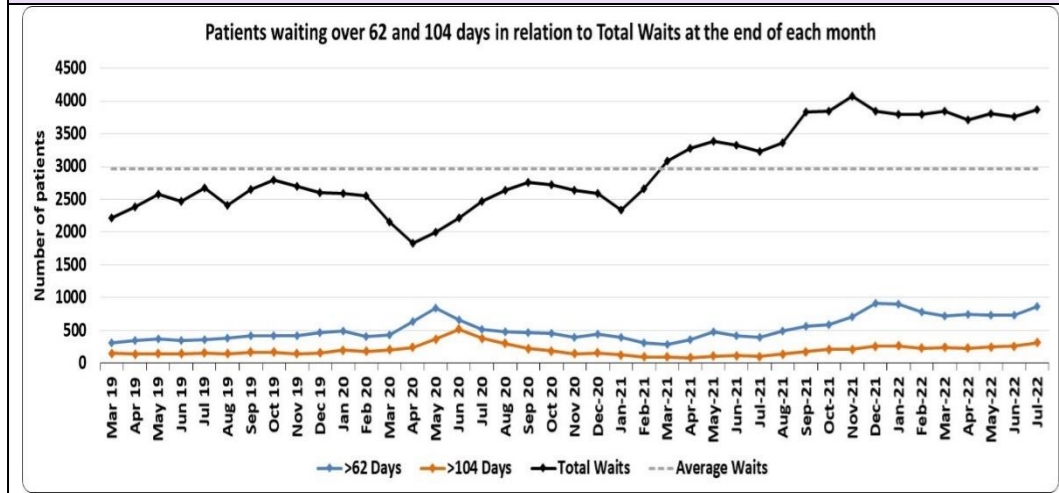
Delays at first outpatient and diagnostic stages continue to be the most significant factor for patient breaches.

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

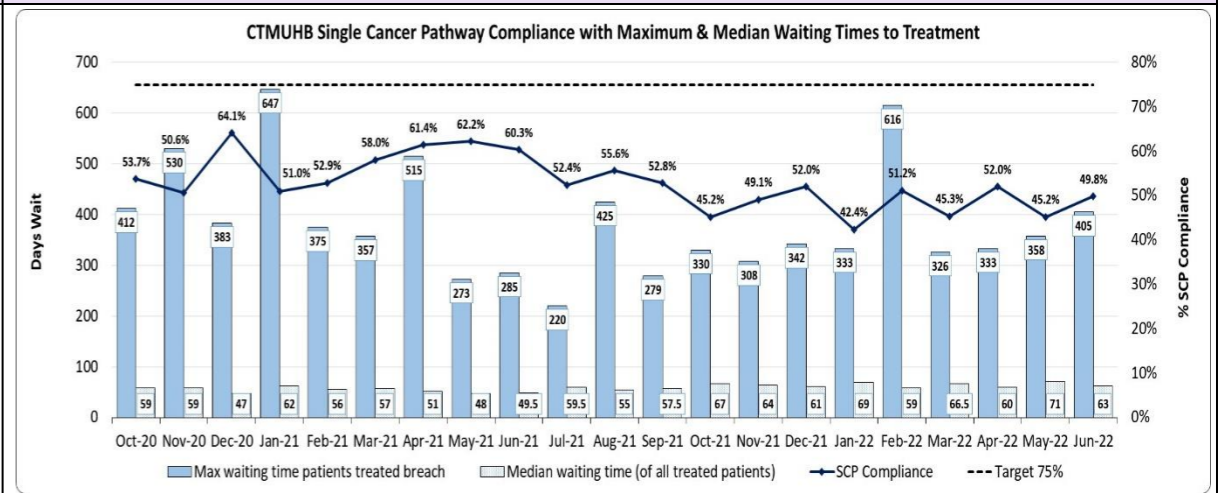
Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 2021; the lowest January 2022 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA (38%) and diagnostic stage (46%) collectively; accounting for 84% of all active patients on the SCP.

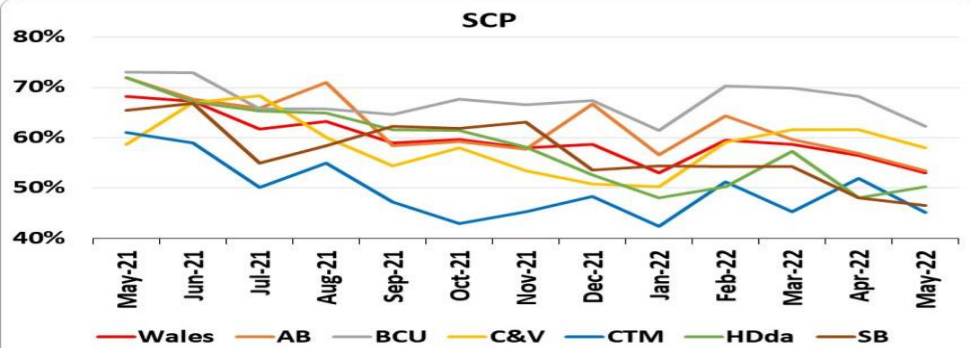
Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 1st August 2022

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



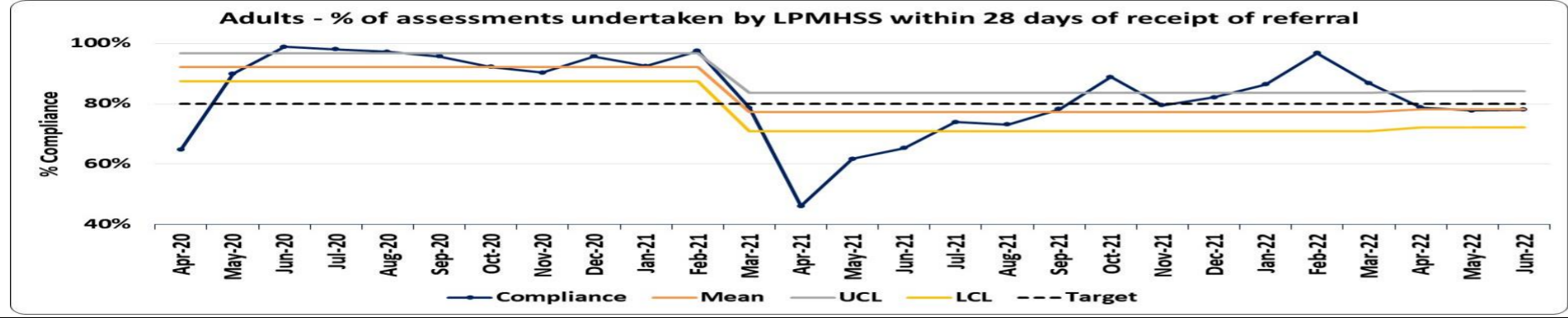
Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	7	0	0
Upper Gastrointestinal	40	7	17
Lower Gastrointestinal	41	9	23
Lung	4	0	0
Gynaecological	58	15	35
Grand Total	150	31	75
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	24	4	7
Upper Gastrointestinal	45	11	16
Lower Gastrointestinal	80	13	36
Lung	2	2	0
Breast	51	9	14
Urological	100	29	124
Haematological	9	1	1
Other	2		
Grand Total	313	69	198
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	2		
Upper Gastrointestinal	3		3
Lower Gastrointestinal	3		5
Lung	5	3	5
Sarcoma	1		3
Skin(c)	31	11	10
Gynaecological	4	1	7
Haematological	1		4
Other	2		
Grand Total	52	15	37



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>Latest all Wales figures for May 2022, indicate that CTM had the lowest compliance (45.2%) out of the six acute health boards in Wales. Better performing was BCU with 62.3% compliance.</p> <p>As at the 1st August 2022, the number of patients waiting over 62 days stands at 940 and around a third of those patients (310) are waiting over 104 days.</p> 	<ul style="list-style-type: none"> Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes. Focus specifically on reducing backlog. Urology Business Case approved for additional staffing which will facilitate an additional x4 LAPB (Local Anaesthetic Perineal Biopsy) lists per week Outsourcing of x 50 LAPB procedures to Nuffield Endoscopy unit operational Recent investment in pathology showing progress with reduction in total volumes of patients and those waiting over 7 days One stop Gynaecology service planned to commence 1st September 2022 	<ul style="list-style-type: none"> Performance challenges continue for Lower GI, Gynaecology, Head & Neck and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position. 84% of all patients on the active SCP are at 1st outpatient or diagnostic stage Resources required to effectively plan and implement the Wrapper / Canisc replacement programme. Downgrading patient practices. Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked. Significant delays in pathology, endoscopy and radiology continue. Sustained deterioration in urology diagnostic volumes and waiting times. Delays in tertiary treatments at Velindre Cancer Centre and C&V escalated

CTM Mental Health Compliance detailing the Adult Mental Health Services – June 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (78.1%) - Target 80%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days.

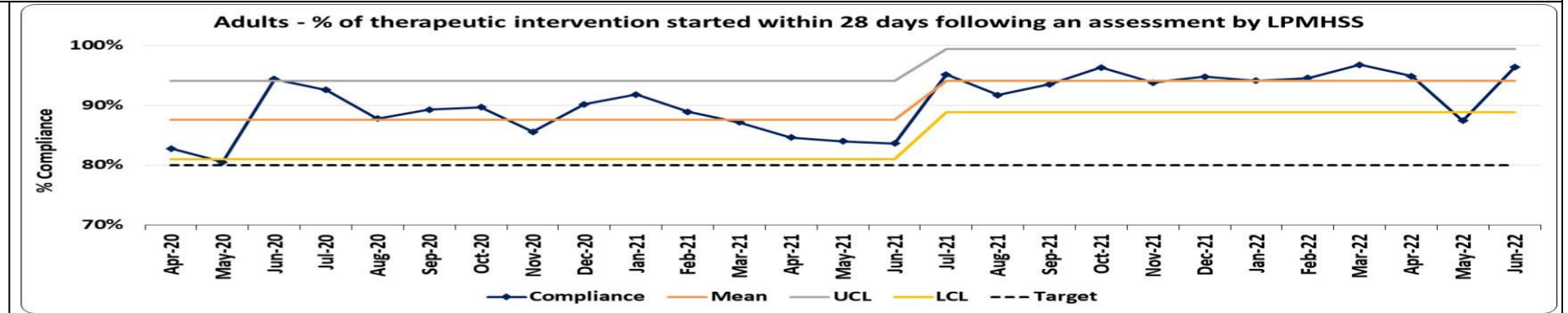
The adult mental health services compliance for the last three months has remained almost static with June recording 78.1% remaining below the compliance threshold and is predominantly due to a reduction in staffing levels driven by higher absence rates.

The number of referrals has also remained fairly static compared to the previous month with the total number of referrals being 733 during June (736 May). Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals for 2020/21 equating to 662 per month, average for 2021/22 being 823 and thus far for 2022/23, averaging 697 per month.

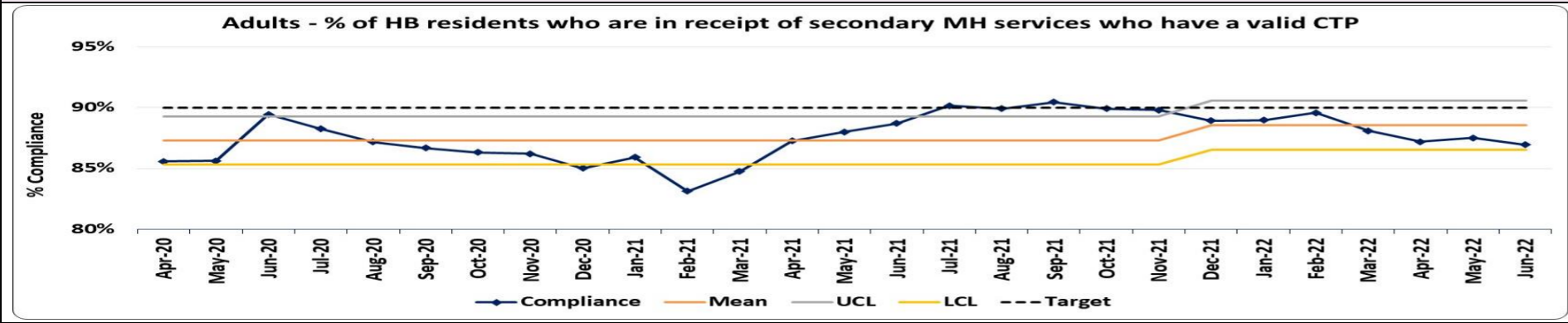
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.4%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved by nine points this month compared to May achieving 96.4% compliance and continues to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 305, with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during June amounted to 294 patients.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (86.9%) - Target 90%



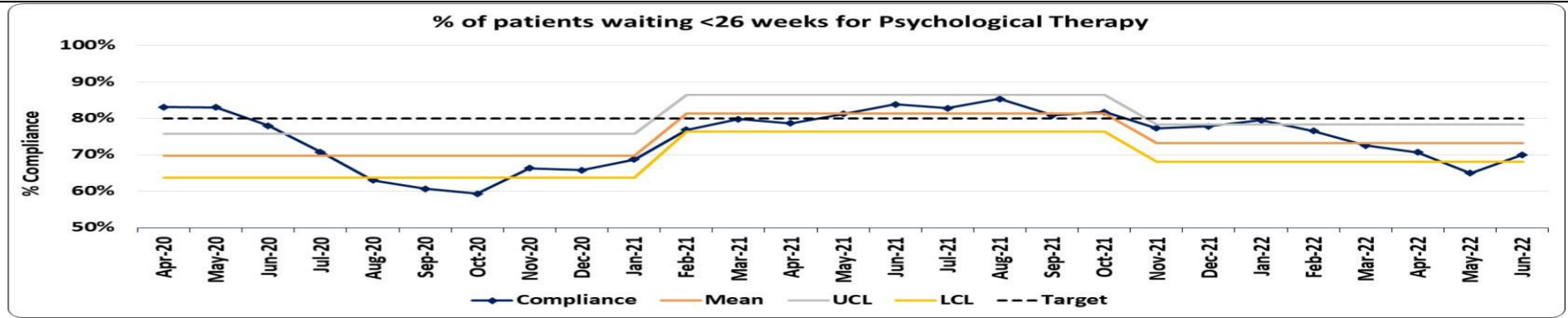
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remains relatively stable at 86.9% during June as demonstrated in the chart to the left. Compliance has continued to remain to remain just under the 90% target for the past nine months.

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

% of patients waiting less than 26 weeks to start a Psychological Therapy (70.0%) - Target 80%

Psychological Therapies compliance saw a 5% improvement on the previous month with 70% of patients waiting less than 26 weeks at the end of June, however remaining below the 80% compliance threshold. The total number of patients waiting to start a psychological therapy, as at the end of June, equates to 804, which represents an increase of just over 53% on the number of patients that were waiting at the end of June 2021 (525).

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



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

How are we doing and what actions are we taking? **When is improvement anticipated and what are the main areas of risk?**

Part 1a. compliance has continued to fall below the target for the third month running with only a small increase in performance from 77.8% to 78.1%. RTE continue to be above target with an increase from 92.8% to 95%, however, M&C performance has dropped from 92.4% to 55.3%. Bridgend has seen an improvement in their performance from 33.3% to 67.1%.

Part 1b. compliance continues to stay above target at 96.4%. All ILGs are above target.

Part 2 compliance for both Adult and Older Adult Services combined have decreased compared to the previous month from 83.8% to 81%, which is below the target of 90%. Adult Services saw a reduction from 86.7% to 84.5% and Older Adult Services saw a reduction in performance from 89.1% to 85.8%.

Psychological Therapies, those patients who are waiting less than 26 weeks for a psychological therapy has increased from 506 in April to 563 in June although those who are waiting longer than 26 weeks has decreased from 273 to 241 for the same period. This currently stands at 30% of the waiting list which is above the 20% target.

Part 1a. compliance continues to be a significant challenge for some ILGs with a reduction in staffing levels due to absences contributing to a decline in performance. Recovery plans have been implemented for those services that are below target and it is forecast that performance will improve during this quarter. Trajectories predict targets will be reached by the end of quarter 2.

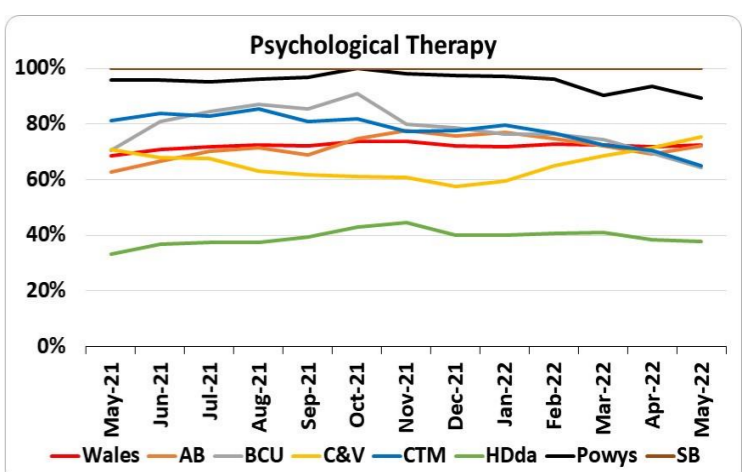
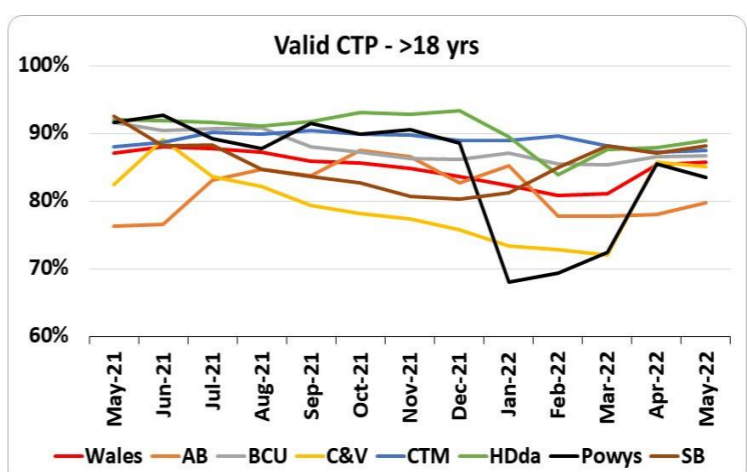
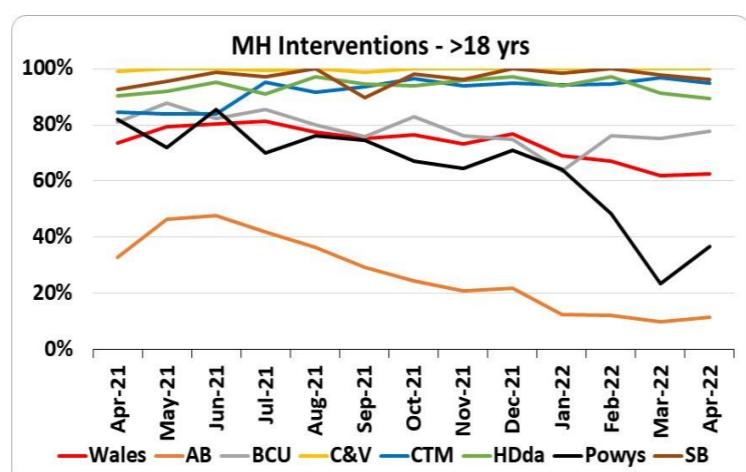
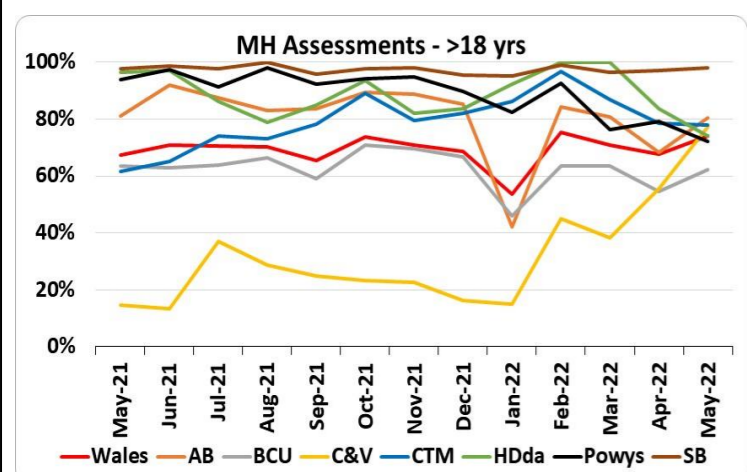
Part 1b. compliance continues to remain above target.

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

Psychological Therapies, improvements are dependent on support for the Recovery Plan to address the discrepancy between the demand of this service and the capacity available, whilst undertaking process redesign to ensure a right-sized system of care. A Programme Manager has been appointed to lead on this piece of work subject to pre-employment checks. The Recovery Plan is identified as a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality and experience for service users.

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

How do we compare with our peers?



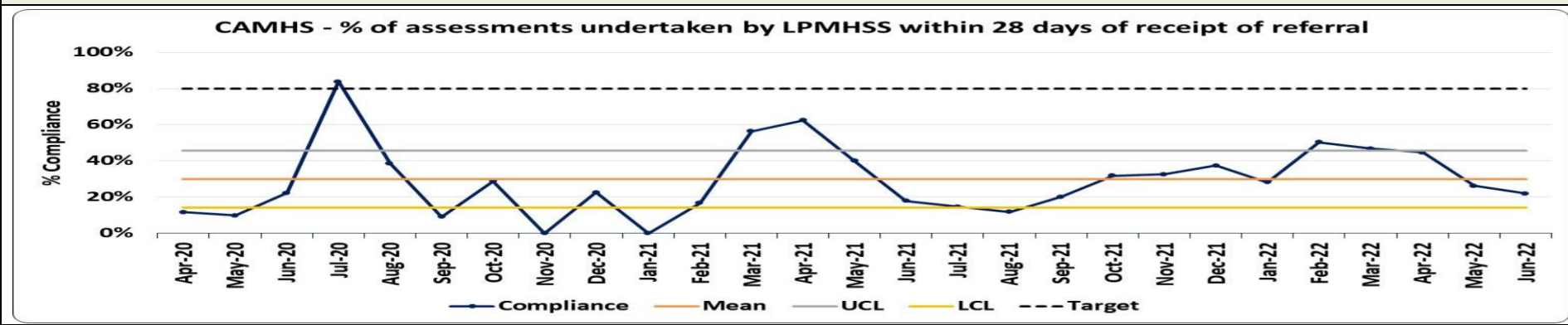
Assessments: as at May 2022, CTM achieved a compliance of 77.8% to rank 3rd out of all the health boards in Wales. Best performing was SBUHB with 98.1% compliance and BCUHB seeing the lowest compliance at 62.3%.

Interventions: as at May 2022, C&V attained the highest compliance with 99.4%. CTM ranked 3rd out of all the health boards in Wales achieving 87.3%, whilst ABUHB had the lowest compliance at 14.0%.

CTP: as at May 2022, CTM's compliance was 87.5% to rank 3rd out of all the health boards in Wales. Best performing was Hywel Dda with 88.9% compliance with ABUHB having the lowest compliance with 79.8%.

Psychological Therapies: as at May 2022, SBUHB achieved the highest compliance with 99.9%. CTM was 5th out of all the health boards in Wales (65.0%), whilst Hywel Dda saw the lowest compliance at 37.9%.

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (22.0%) - Target 80%



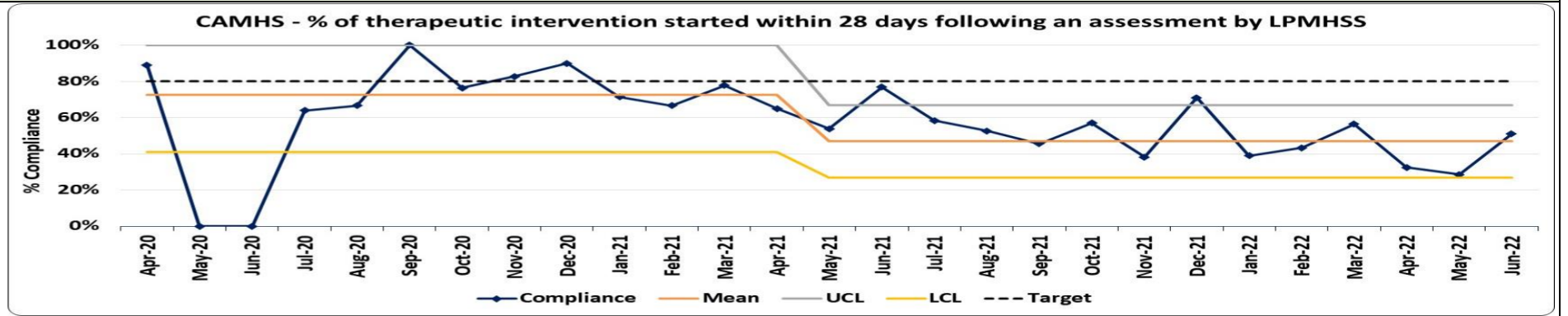
During June, under a quarter (22.0%) of assessments were undertaken within 28 days of referral, remaining below WG's minimum expected standard of 80%, with the last time the target being met was in July 2020.

Waiting list volumes continue to rise and demand remains higher than pre-Covid levels. 119 referrals were received during June, which is over 40% higher than the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals for 2021/22 standing at 162 per month. Thus far for this financial year, average referrals have been in the region of 135 per month.

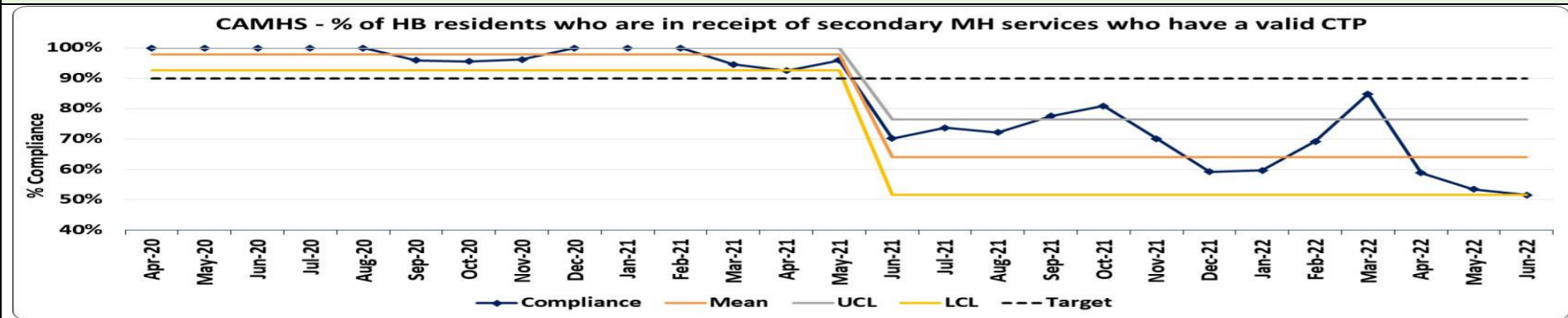
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (51.0%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved this month compared to May with just over half (51.0%) of the 49 interventions for June commencing within 28 days.

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



% of HB residents who are in receipt of secondary MH services who have a valid CTP (51.6%) - Target 90%



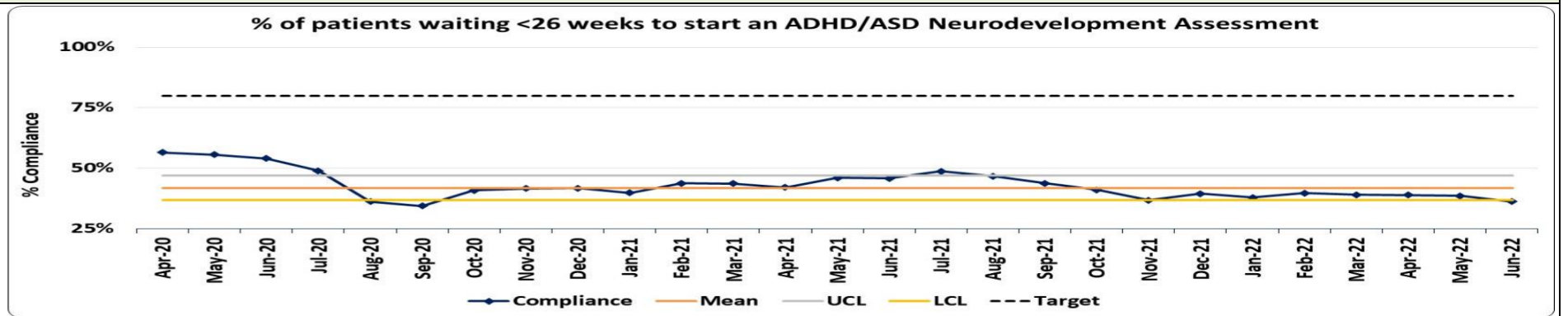
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell further to 51.6% from 53.4% in the previous month and continues to remain below the set target (90%). May 2021 was the last time compliance was achieved.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (36.2%) - Target 80%

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance at 36.2% for June and falling to its lowest level since September 2020. Compliance continues to remain well below the target threshold of 80%.

Additionally, the total waiting list volume continues to grow and now stands at 1,461 patients, almost 70% higher than the equivalent period last year.



CAMHS continued on the next page...

How are we doing and what actions are we taking?

Demand has reduced slightly during June 22 in line with seasonal demand. The acuity of the presentations of the CYP still remains high. There has also been ongoing demand for the Crisis Service in June with particular high days of demand with a number of young people presenting at Emergency Departments. The crisis service is now 24 hours on a Friday; Saturday and Sunday since the start of May and positive feedback from EDs that this is impacting on increasing discharges overnight and less admissions required.

The Rapid Intervention Service for Eating Disorders continues to experience similar level of referrals, although we are seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. There has been a backlog of patients waiting to be seen which corresponds with a lower performance in June as the service sees the longest waiters first. We are exploring alternative ways to run the groups in each locality with input from third sector organisations.

Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service and further work is taking place to ensure these patients are allocated a care co-ordinator and have a valid CTP.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect.

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

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

A proposal has been agreed to fund additional clinics to address the backlog in the service and a review of demand and capacity in each area of the service has been undertaken. There is a plan to move some of the resources to address the longest waiters currently in the service.

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

Improvements: an improvement action plan and revised trajectories have been developed in order to improve compliance for all Mental Health Measures targets. This is being reviewed with the service team leads and senior staff on a fortnightly basis. Actions from this work include; movement of resources to areas of longest waits and supporting clinicians with identifying discharge plans

Plans have been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been an increase in number of identified CYP on Part 2 of the measure.

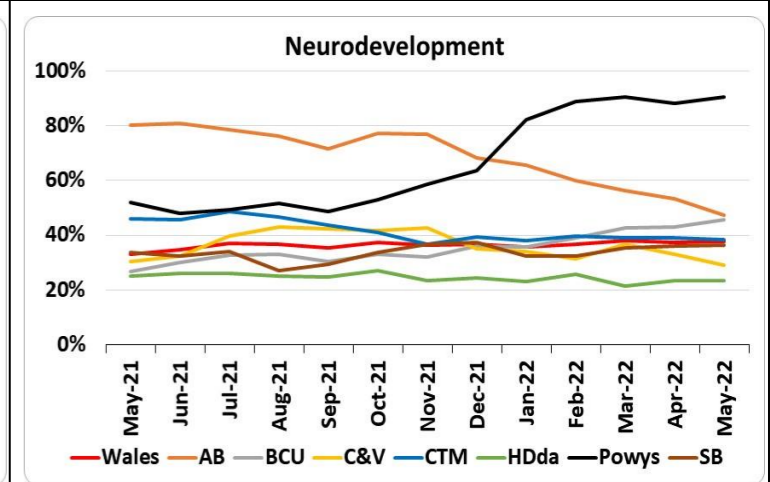
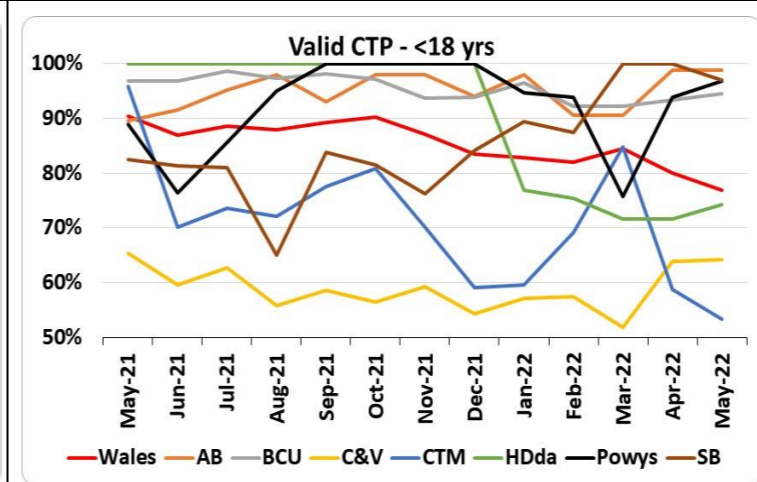
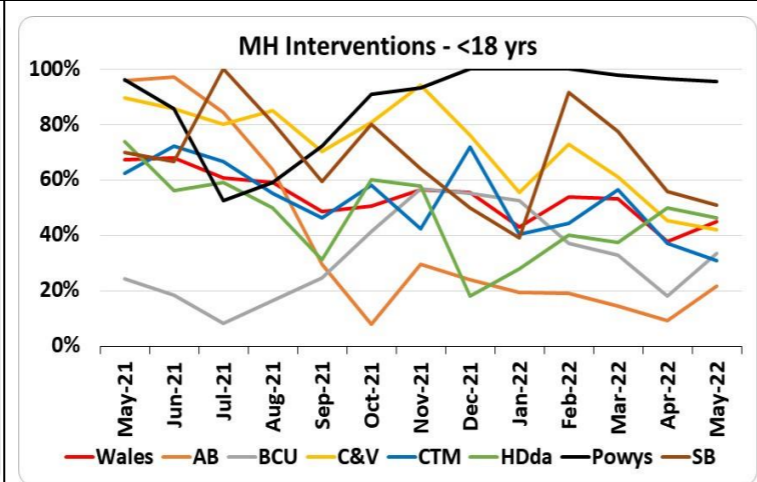
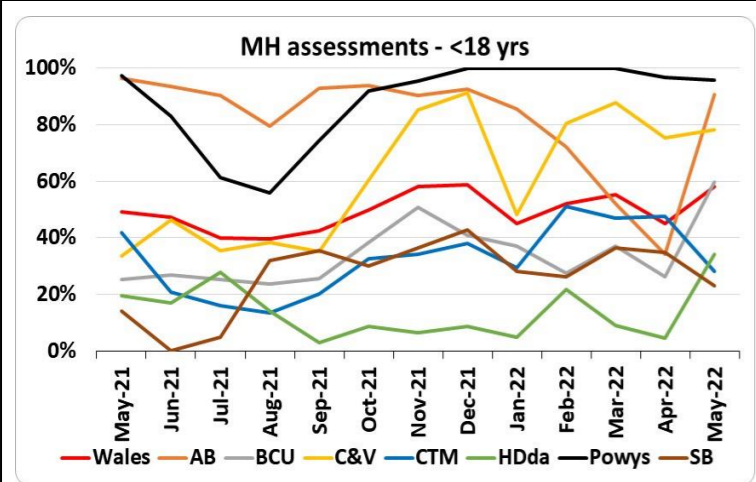
The implementation of the groups across all sector areas will provide additional capacity and a different way of working which will support performance improvement in Part 1a. and Part 1b. The first groups have commenced, with some good evaluation and other groups in each locality are being developed. We are working with 3rd sector organization Mental Health Matters to consider roll out of some further groups to support those waiting. A business case has been developed for the new Mental Health Monies to fund specific staff to support the sustained implementation of the groups and we are awaiting decision for these posts.

Staffing has been moved in some localities to support demand and waiting times and to increase capacity for assessments. This is reflected in the recent month with increasing number of assessments and reduction in the waiting list. Additional WLI have commenced to support additional capacity to target both the waiting times for assessment and the waiting times for intervention.

Main areas of risk

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

How do we compare with our peers?



Assessments: as at May 2022, Powys achieved 95.9% compliance (ranked 1st). CTM ranked 6th out of all the health boards in Wales with 28.2% and SBUHB had the lowest compliance at 23.1%.

Interventions: as at May 2022, Powys achieved the highest compliance for Part 1b at 95.5%. CTM saw a compliance of 30.9% to rank 6th with ABUHB seeing the lowest performance out of all the health boards at 21.7%.

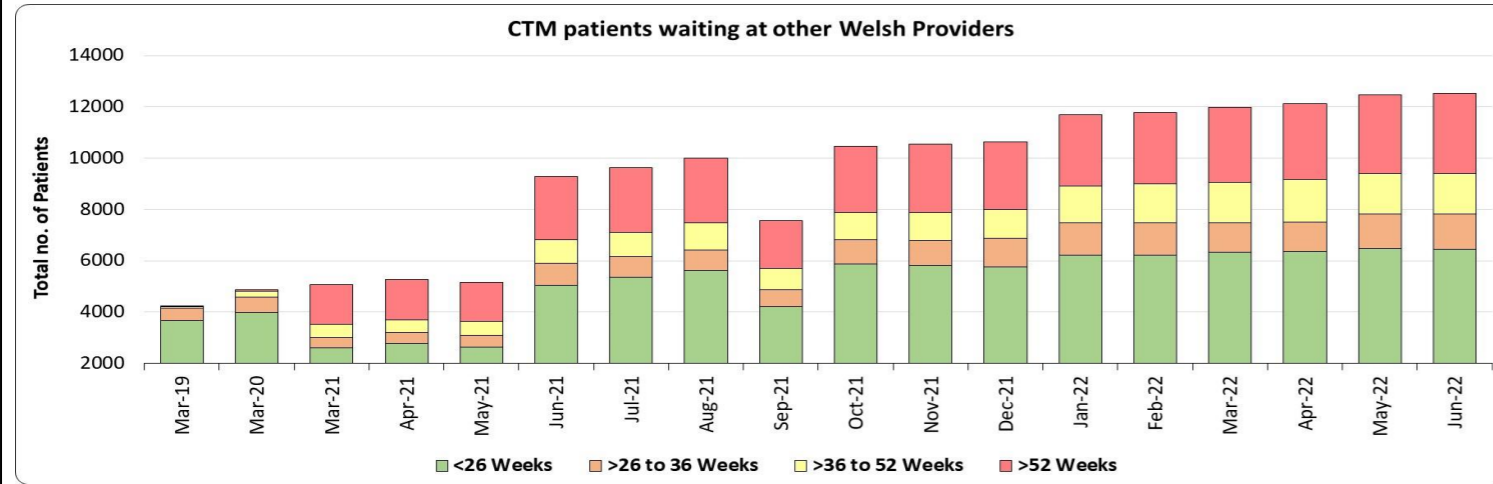
CTP: as at May 2022, CTM had the lowest compliance out of all the health boards in Wales with 53.4%. Best performing was ABUHB (98.8%).

Neurodevelopment Assessment: as at May 2022, CTM compliance was 38.5% (ranked 4th) with Powys at 90.4% to achieve best performance out of all the health boards in Wales. Hywel Dda fared the least with 23.3% compliance.



WHSSC – Welsh Health Specialised Services Committee

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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in June is 4,669 of which 3,075 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 227 and there are just 3 patients waiting over 14 weeks for a therapy.

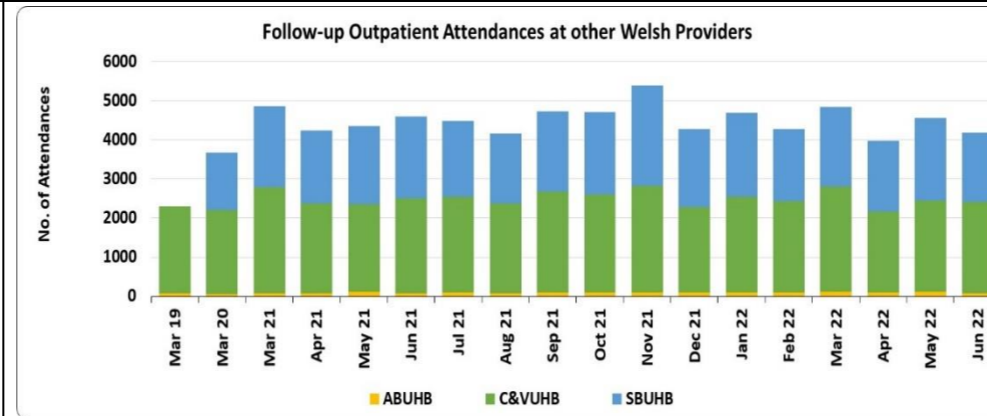
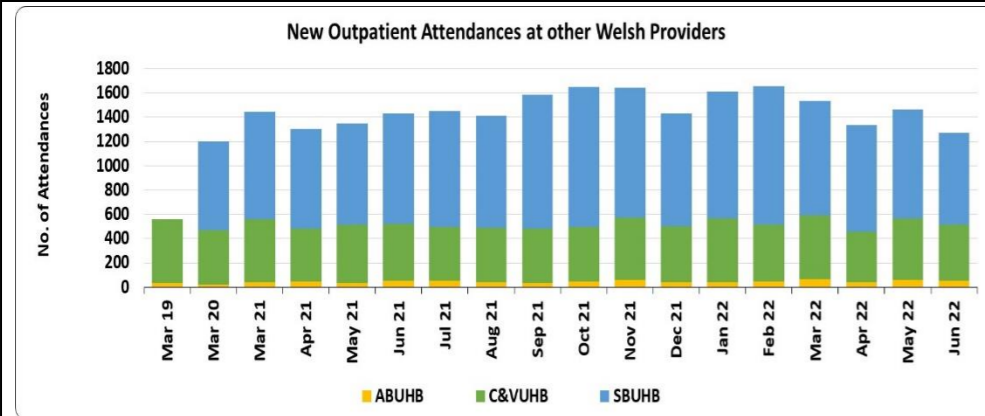
CTMUHB Patients waiting at other specific Welsh Providers RTT (June 2022)											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Specialty	>36 to 52 Weeks	>52 Weeks		Specialty	>36 to 52 Weeks	>52 Weeks		Specialty	>36 to 52 Weeks	>52 Weeks	
Trauma & Orthopaedics	179	707		Urology	9	55		Oral Surgery	188	519	
Ophthalmology	76	224		Trauma & Orthopaedics	10	52		Trauma & Orthopaedics	43	288	
Clinical Immunology And Allergy	47	143		ENT	9	21		Plastic Surgery	79	210	
General Surgery	34	61		Oral Surgery	7	9		General Surgery	62	201	
ENT	21	56		Ophthalmology	12	8		Gynaecology	50	142	
Gynaecology	14	44		General Surgery	4	4		Orthodontics	21	96	
Oral Surgery	11	42		Orthodontics	1	2		Urology	15	69	
Urology	13	38		Gynaecology	1	1		ENT	13	48	
Paediatric Surgery	16	28		Cardiology	1			Ophthalmology	19	26	
Dental Medicine Specialties	13	21		Endocrinology	1			Gastroenterology	8	14	
Dermatology	19	19		Rheumatology	1			Paediatrics	3	6	
General Medicine	17	15		Vascular Surgery	1			Cardiothoracic Surgery	2	3	
Neurology	522	10		Grand Total	57	152		Neurology	16	1	
Anaesthetics	1	8						Allied Health	16		
Neurosurgery	5	8						Cardiology	4		
Paediatric Dentistry	2	5						Diagnostic	2		
Paediatrics	12	5						Rheumatology	1		
Pain Management	2	4						Endocrinology	1		
Cardiology	28	3						Vascular Surgery	1		
Cardiothoracic Surgery	3	3						Grand Total	544	1623	
Clinical Oncology		2									
Gastroenterology	7	2									
Restorative Dentistry	2	2									
Paediatric Neurology		1									
Rheumatology	1	1									
Clinical Pharmacology	2										
Nephrology	1										
Orthodontics	2										
Grand Total	1050	1452									

CTM patients waiting at specific health boards				
June 2022	Cardiff & Vale UHB	Aneurin Bevan UHB	Swansea Bay UHB	
	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB
Weeks Wait				
<26 Weeks	3278	50.3%	300	50.2%
>26 to 36 Weeks	735	11.3%	89	14.9%
>36 to 52 Weeks	1050	16.1%	57	9.5%
>52 Weeks	1452	22.3%	152	25.4%
Total Waiting	6515		598	
% of Total Waiting	52.1%		4.8%	

CTM Patients waiting for a Diagnostic at other Welsh Providers (June 2022)				
Service	Total Waits	>8 wks	Swansea Bay UHB	
			Total Waits	>8 wks
Endoscopy	66	40	13	47
Cardiology	110	24	41	38
Physiological Measurement	22	18	78	22
Radiology	206	9	250	107
Imaging	1			
Neurophysiology	5	91		
Total	410	91		

CTM Patients waiting for a Therapy at other Welsh Providers (June 2022)				
Service	Total Waits	>14 wks	Swansea Bay UHB	
			Total Waits	>14 wks
Physiotherapy	38	2		
Dietetics	13			
Occupational Therapy	5	1		
SALT	1			
Audiology	1			
Podiatry	2			
Total	60	3		

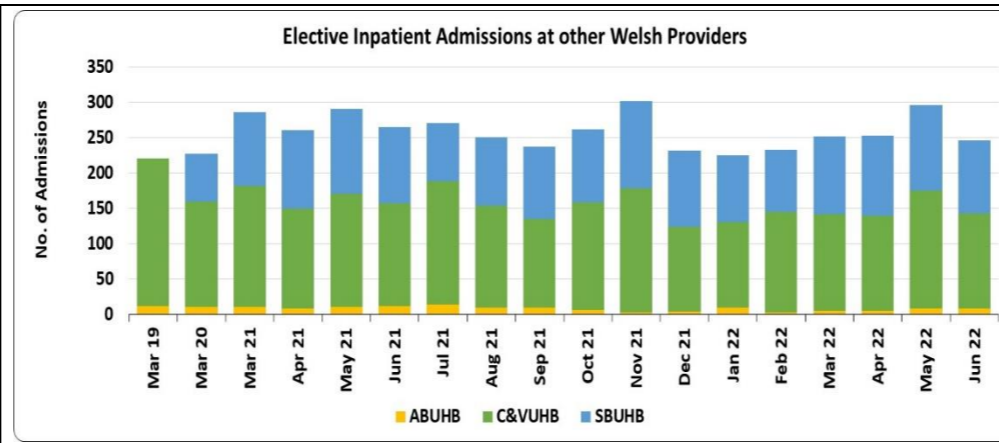
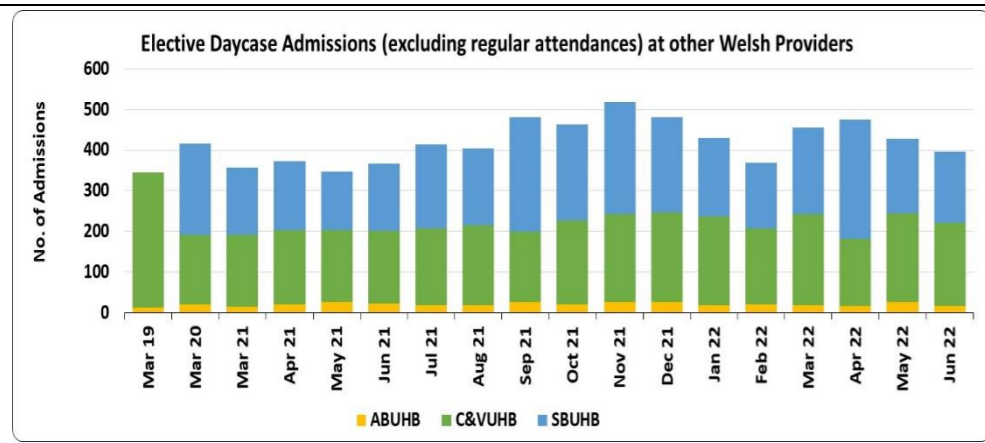
CTM Outpatient Attendances at other Welsh Providers



The June 2022 position (reported at July WHSSC meeting) still shows little change from the previous reported positions.

There was a minor deterioration in the number of long waits for Cardiac Surgery in Cardiff and Vale UHB, however the UHB reports anticipated improvements during August and September when WLIs will be undertaken. Swansea Bay reports that it is on track for the new outpatient targets in Cardiac Surgery, however there remain long waits for treatment and there was a deterioration in numbers from the previously reported position.

While Cardiff and Vale UHB reports greater than contracted elective neurosurgery activity and a stable number of 36 and 52 week breaches, the number of breaches for CTMUHB residents increased.



Cardiff and Vale Paediatric Surgery elective activity remains below profile, however there is an anticipated increase for quarter four. During June 2022 the profile of long waits worsened.

Plastic Surgery new outpatient activity is at contracted volumes, however elective and emergency activity remains significantly below contracted levels. The UHB reports a gap of 23 new appointments per month to address the >52 week waits by December 2022. There is an ongoing challenge of elective cancellations due to lack of beds and theatre capacity remains below pre-COVID-19 levels. (31 sessions pre COVID - currently 15.5 sessions)



2.6 Finance update – Month 04

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

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

3.1 The key risks for the **Performance** quadrant are covered in the summary and main body of the report.

3.2 The following issues/risks have been identified in relation to the **Quality** quadrant:

- As in all public institutions, the impact of the pandemic continues to have considerable and ongoing consequences on the ability of the HB to provide continuity around its core business.
- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people’s experience agenda remains well led and managed throughout.
- Ensuring robust implementation of the RLDatix system and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible, enable triangulation and is meaningful.
- Gaining health board wide assurance of the breadth of UHB services.

Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board requires an ambitious pursuit of quality and safety in all it does 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.



<p>Related Health and Care standard(s)</p>	<p>Choose an item.</p> <p>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.</p>
<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>Not yet assessed</p>
<p>Legal implications / impact</p>	<p>Yes (Include further detail below)</p> <p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <p>There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

5. RECOMMENDATION

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