



AGENDA ITEM

5.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	28/06/2022
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	14/06/2022	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



DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToc	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LFER's	Learning From Events Reports
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 Hospital
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
PUs	Pressure Ulcers
QIA	Quality Impact Assessment
QIM	Quality Improvement Measures
RCS	Royal College of Surgeons
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIOF	Single Integrated Outcomes Framework
SIs	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
WAST	Welsh Ambulance Service NHS Trust



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

1. SITUATION/BACKGROUND

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

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with none of the its twenty five performance measures (previously thirty one measures; waiting for confirmation of three of the healthcare acquired infection targets of the Quality quadrant, a review of the exit questionnaire data of the People Quadrant is underway, whilst PSPP & Capital Expenditure data will not be available until month two of the Finance Quadrant). Progress towards delivering a further one is observed (Out of Hours measure).

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

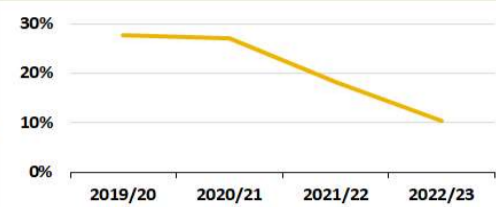
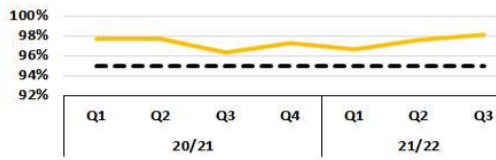
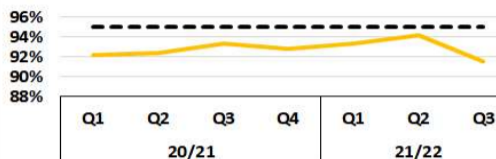
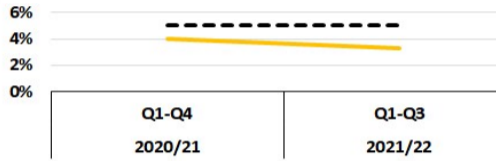
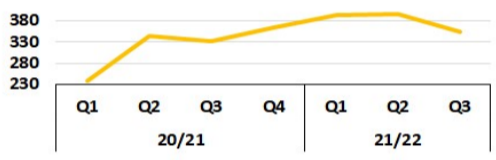
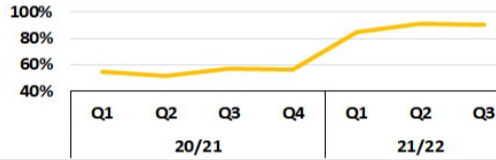
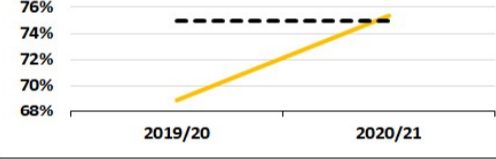
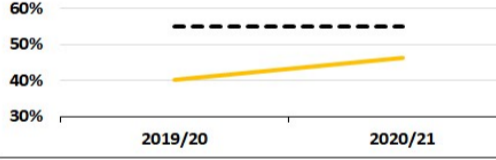
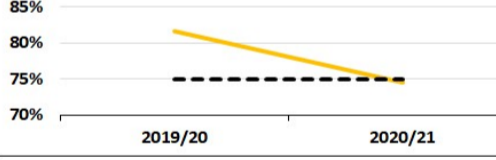
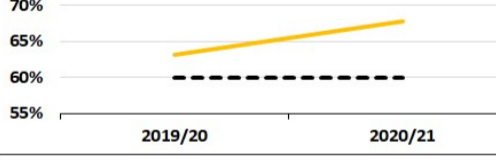
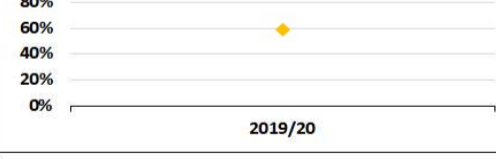
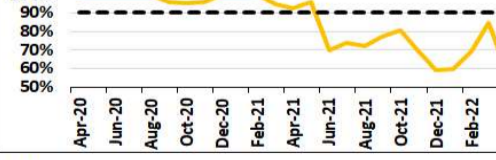
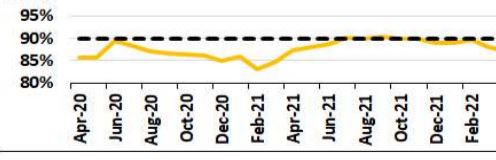

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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



FINANCE					QUALITY				
Month 1	Variance from Plan				Indicators	May-22	Apr-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	57.8%	63.6%	75%	●
	£m	£m	£m	£m		Apr-22	Mar-22	Target	RAG
Pay	1.40	1.40			Single Cancer Pathway	52.0%	45.3%	75%	●
Non-Pay	-0.10	-0.10		TBC	Thrombolysis for Eligible Stroke Patients within 45 Minutes	18.2%	21.4%	100%	●
Income	0.30	0.30				Apr - May 22	Apr 21 - Mar 22	Target	RAG
Efficiency Savings	0.70	0.70		10.0	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	78.48	86.70		
Allocations	0.00	0.00			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	39.91	26.68	TBC	
Total	2.40	2.40	26.5	28.0	Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	19.95	33.46		
						May-22	Apr-22	Target	RAG
					Total number of Nationally Reportable Incidents	5	4		
					Number of Formal Complaints Received	87	84		
					Number of Compliments Received	182	60		
					Falls Causing Harm (Moderate/Severe/Death)	25	22		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	3	1	TBC	
PSPP	Current Month	Year to Date	Forecast Full Year	Target 95%	Total number of instances of hospital acquired pressure ulcers	104	104		
	Not available until Month 2		95.0%		Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	7	6		
Capital Expenditure					Total number of instances of Community Healthcare acquired pressure ulcers	110	111		
Agency as % of total pay costs	9.0%	9.0%	8.2%		Number of Never Events in Month	1	0	0	●
PERFORMANCE					PEOPLE				
Indicators	May-22	Apr-22	Target	RAG	Indicators	May-22	Apr-22	Target	RAG
A&E 12 hour Waiting Times	1,872	1,892	Zero	●	Turnover	12.83%	14.70%	11%	●
Ambulance Handover Times within 15 mins	26.6%	23.1%	Annual Improvement	●	Exit Interview by Leaver <i>(data not available at the time of writing this report and will be reported next month)</i>			60%	
RTT 52 Weeks	34,691	34,089	Zero	●		Apr-22	Mar-22	Target	RAG
Diagnostics >8 Weeks Waits	15,602	15,437	Zero	●	Sickness Absence Rate (in month)	8.1%	7.5%	4.5%	●
% of Stage 4 Urgent Patients Clinically Prioritised	5.9%	6.4%	100%	●	Sickness Absence Rate (rolling 12 month)	7.8%	7.6%		●
FUNB - Patients Delayed over 100% for Follow-up Appointment	29,149	29,123	19,606 by 2023	●	Return to Work Compliance	41.6%	44.5%	85%	●
	Apr-22	Mar-22	Target	RAG		May-22	Apr-22	Target	RAG
Mental Health Part 1a - CAMHS	44.7%	46.9%	80%	●	Fill Rate Bank	33.6%	12.6%	90%	●
Mental Health Part 1b - CAMHS	32.5%	56.4%	80%	●	Fill Rate On-contract Agency (RNs)	38.4%	50.6%		●
Admission to Stroke Unit within 4 hrs	9.6%	7.6%	SSNAP Average 41.8%	●	PDR	54.9%	51.9%		●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Mar-22	Feb-22	Target	RAG	Statutory and Mandatory Training - All Levels	59.4%	58.5%	85%	●
	87.8%	87.7%	90%	●	Statutory and Mandatory Training - Level 1	67.1%	66.1%		●
Delayed Discharges waiting for packages of care rate (D2RA/bypassing D2RA) per 100,000 population (at census date)	May-22	Apr-22	All Wales Average	RAG	Job Planning Compliance (Consultant)	38.0%	26.0%	90%	●
	13.8	16.9	12.1	●	Job Planning Compliance (SAS)	23.0%	18.0%		●
					Direct Engagement Compliance (M&D)	82%	80%	100%	●
					Direct Engagement Compliance (AHPs)	81%	81%	100%	●
					RN Shift Fill by Off-contract	2393.0	3032.0	0 Hours	●

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	Measure	Target	Trend	Latest Position	
	% 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		10.3%	Apr-May 2022
	% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		98.1%	Q3 2021/22
	% of children who received 2 doses of the MMR vaccine by age 5	95%		91.6%	
	% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		3.3%	Q1 to Q3 2021/22
	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
	% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		90.8%	
	Uptake of influenza vaccination among 65 year old and over	75%		75.0%	2020/21
	Uptake of influenza vaccination among under 65's in risk groups	55%		46.3%	
	Uptake of influenza vaccination among pregnant women	75%		74.6%	
	Uptake of influenza vaccination among health care workers	60%		67.8%	
	% of eligible people who have participated in the bowel screening programme within the last 2.5 years - bowel	60%		59.1%	
	% 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%		58.8%	Apr-22
	% 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			87.2%	
	% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement		51.9%	2019/20



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement (Part 1)	Measure	Target	Trend	Latest Position	
	% 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
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		48.8%	
	Number of ambulance patient handovers over 1 hour	Zero		986	
	% 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%		61.0%	May-22
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		1,872	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		17 mins	May-22
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			68 mins	
	% of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend		65.0%	Feb-22
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours			3.5%	Mar-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	41.8%		9.6%	Apr-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		52.1%	Mar-22
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		52.0%		



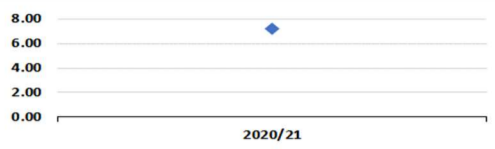
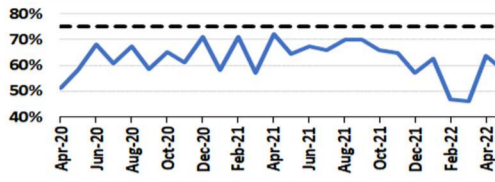
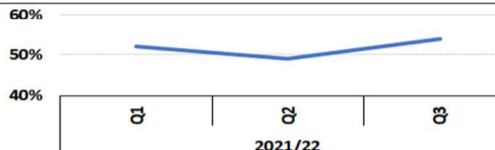
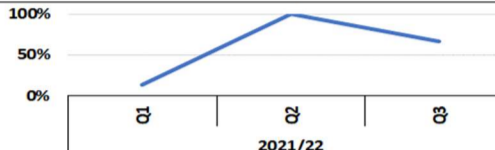
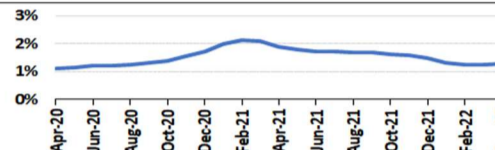
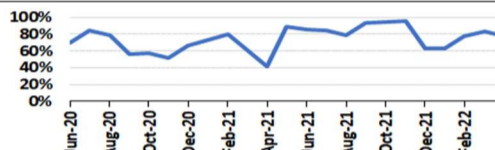
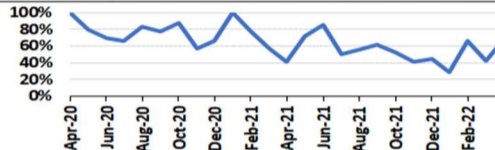
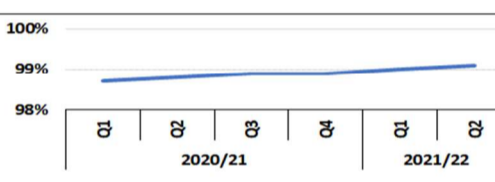

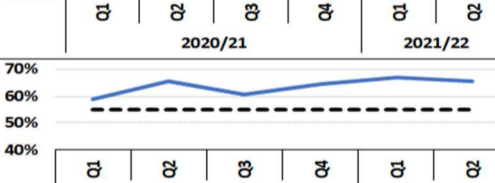
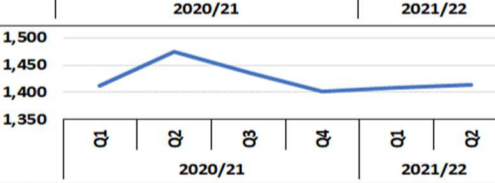
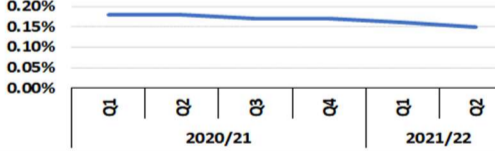
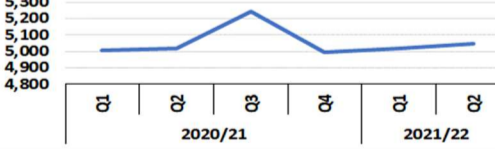
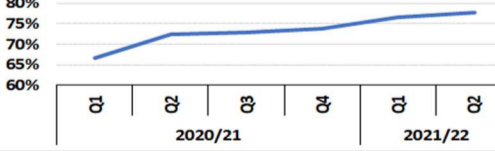
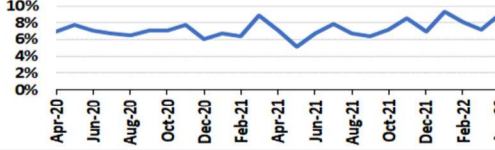
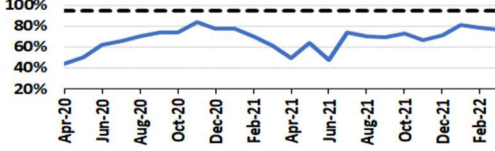
Measure	Target	Trend	Latest Position	
			Value	Date
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		15,602	
Number of patients waiting more than 14 weeks for a specified therapy	Zero		1,013	
% of patients waiting less than 26 weeks for treatment	75%		46.7%	
Number of patients waiting more than 36 weeks for treatment	Zero		49,383	May-22
Number of patients waiting for a follow-up outpatient appointment	51,739		113,122	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		29,149	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		65.2%	
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)			92.3%	Mar-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)			44.7%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			78.8%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		32.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			94.9%	Apr-22
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment			38.7%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			70.6%	

Quadruple Aim 2: (Part 2)



Quadruple Aim 2: (Part 3)	Measure	Target	Trend	Latest Position	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	TBC		78.48	Cumulative Rate per 100,000 population Apr to May 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia			39.91	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile			19.95	
	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp			9	
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa			1		

Quadruple Aim 3: The health and social care workforce in Wales in motivated and sustainable	Measure	Target	Trend	Latest Position	
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement		87.0%	2020/21
	Overall staff engagement score	Annual Improvement		71.0%	
	% 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%		54.9%	May-22
	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		67.1%	
	% of sickness absence rate of staff	12 Month Reduction Trend		7.78%	Apr-22
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020/21	

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Measure	Target	Trend	Latest Position	
	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement		7.2	2020/21
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%		57.8%	May-22
	% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies		54.0%	Q3 2021/22
	% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		67.0%	
	Crude hospital mortality rate (74 years of age or less) (rolling 12 months)	12 Month Reduction Trend		1.27%	Apr-22
	% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend		77.8%	Apr-22
	% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	Improvement Trend		67.9%	
	All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%		99.1%	
	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	275.6		290.4	
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1,413	Q2 2021/22
	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction		0.15%	
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5046.9	
	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		77.8%	
Agency spend as a percentage of the total pay bill	12 month reduction trend		9.0%	Apr-22	
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		72.7%	Feb-22	

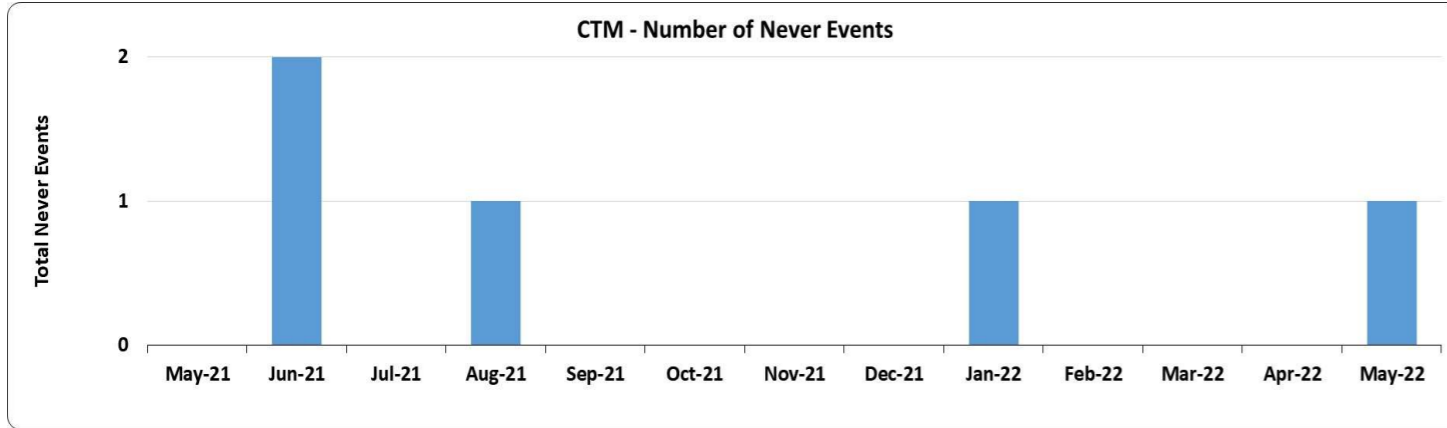
2.3 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – May 2022

1



There was one never event reported during May 2022 (investigations are ongoing and there are no details as yet at the time of writing this report) and in total 5 reportable events have been observed during the past twelve months.

Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – May 2022

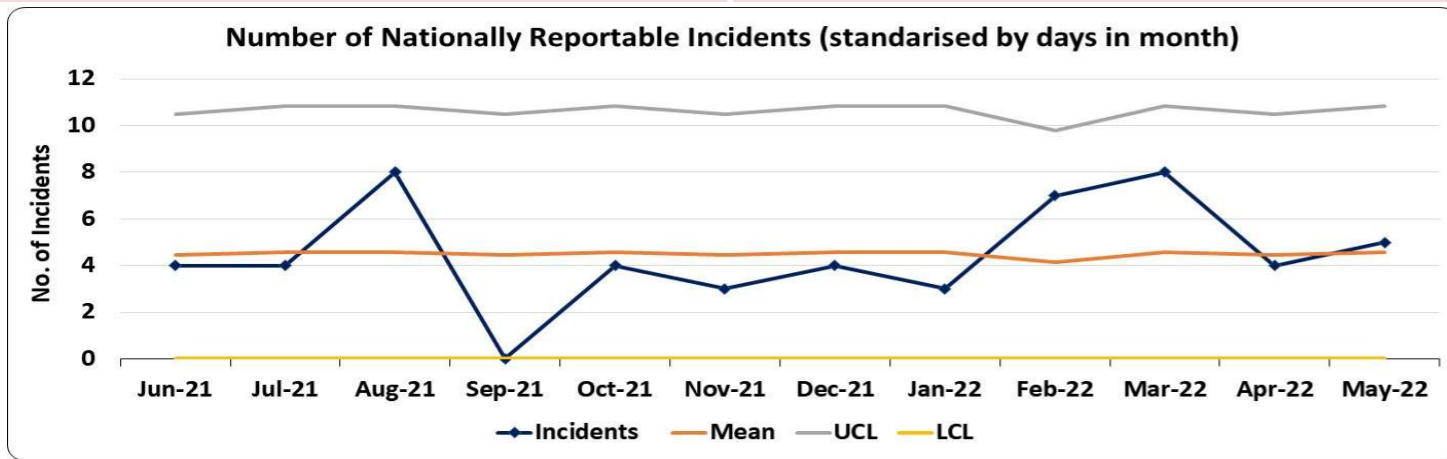
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Number of Locally Reportable Incidents – May 2022

5

Number of Patient Safety Incidents – May 2022

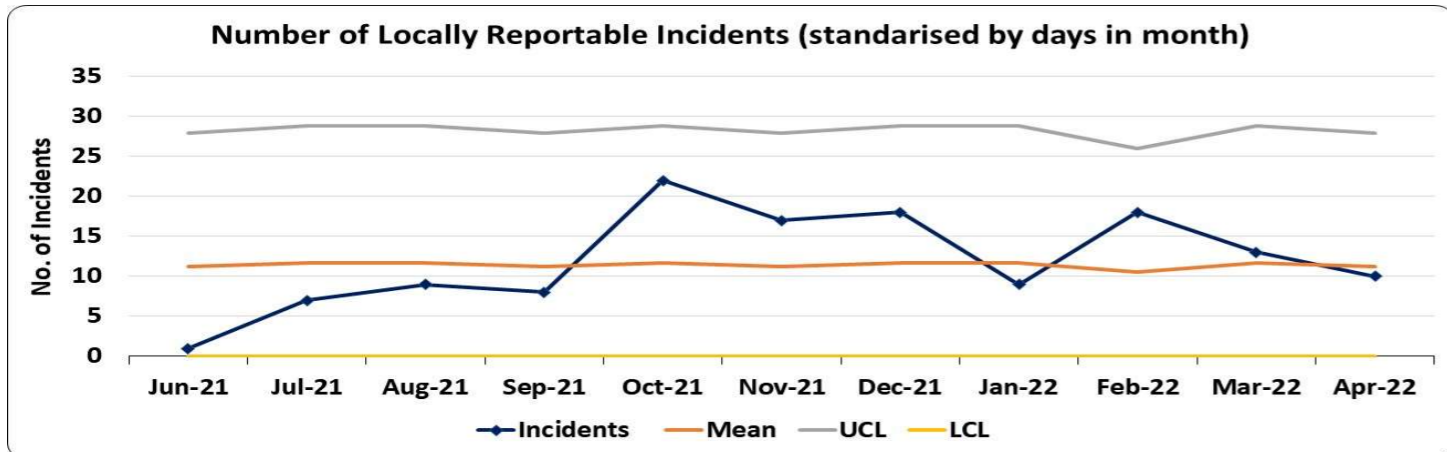
1,791



During May 2022 there were 1,791 patient safety incidents reported on Datix across the Health Board. Of these, 5 were Nationally Reportable Incidents as detailed in the table below and a further 5 were graded as locally reportable incidents.

In line with the changes to national reporting and incident investigation requirements, CTM are launching 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, (LFERs) continue to be a challenge for the Health Board, with a historic backlog of overdue LFERs 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 LFERs 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.



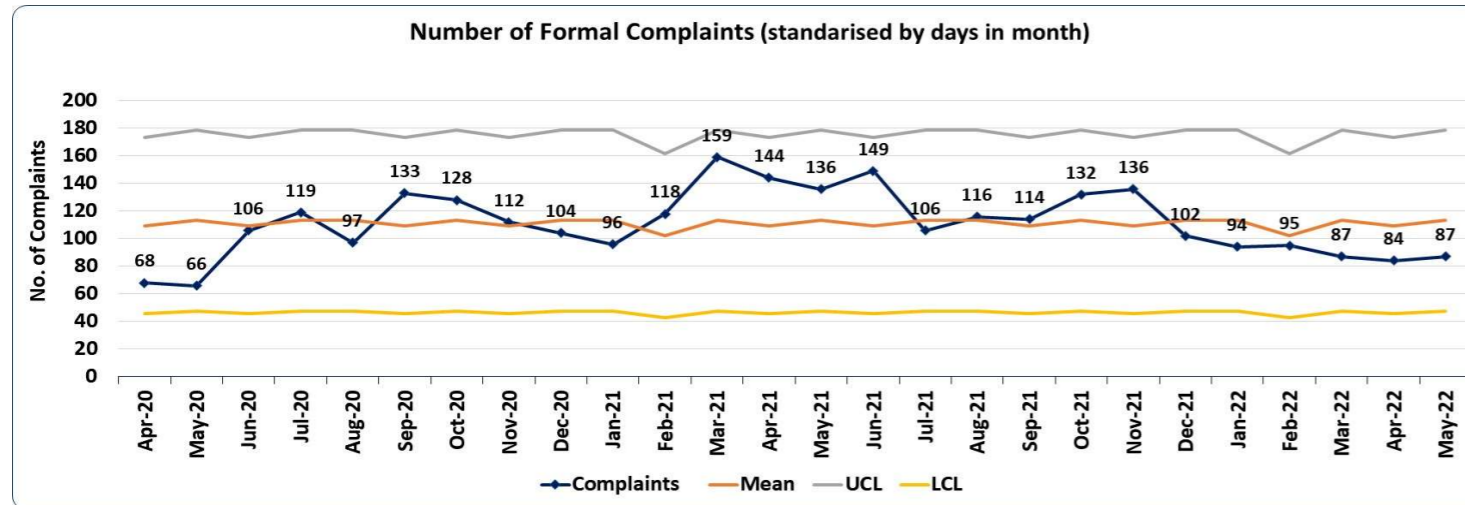
Type of Nationally Reportable Incidents	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Total
Delays				2			2				4	2			13
Unexpected or Trauma Related Death	2		2		2			1	2			1			8
Slip, Trip or Fall	0	1	2	1	1						1	1		1	8
Medication	1		2								1	1		1	5
Pressure Damage							1	2		1					5
Infection		1	1		2										4
Neo-Natal Event							1					2			3
Treatment Error					2		1		1			1			3
Unexpected Complications										1		1			2
Maternal Event					1						1				2
Admission / Transfer / Discharge			1							1					2
Absconding			1							1					2
Radiological Investigations	1	1									1				2
Organisational - Failure to follow											1				1
Personal Incident - Personal injury attributed									1						1
Incorrect Surgical Procedure			1												1
Communication	1														1
Patient injury				1											1
Treatment, Procedure													2		2
Maternity adverse occurrence													2		2
Clinical Assessment, clinical diagnosis														1	1
Transport														1	1
Grand Total	5	3	10	4	8	0	4	4	4	4	7	8	4	5	70

Complaints & Compliments

Complaints

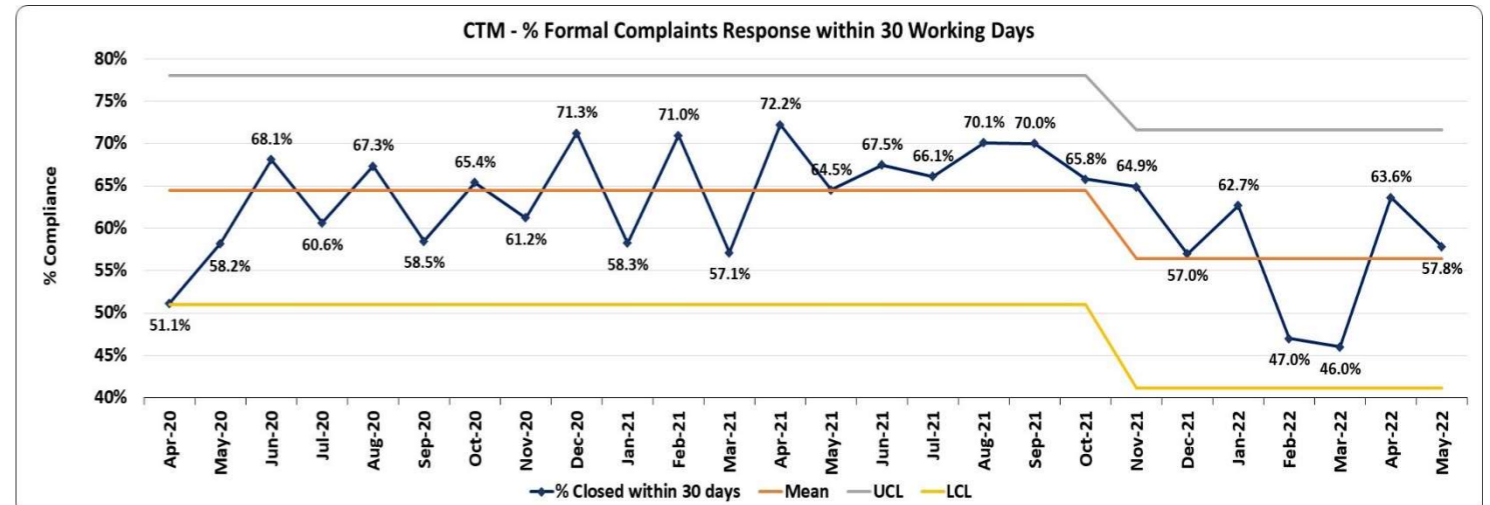
Number of formal complaints managed through PTR – May 2022

87



% formal complaints response within 30 working days – May 2022

57.8%



During May 2022, 87 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. For those complaints received during this period, the top five themes relate to clinical treatment/assessment (51), communication issues (9), attitude & behaviour (4), appointments (5) and discharge issues (5).

May saw a fall in the response rate to complaints within 30 working days, achieving 57.8% and remains under the target threshold of 75%.

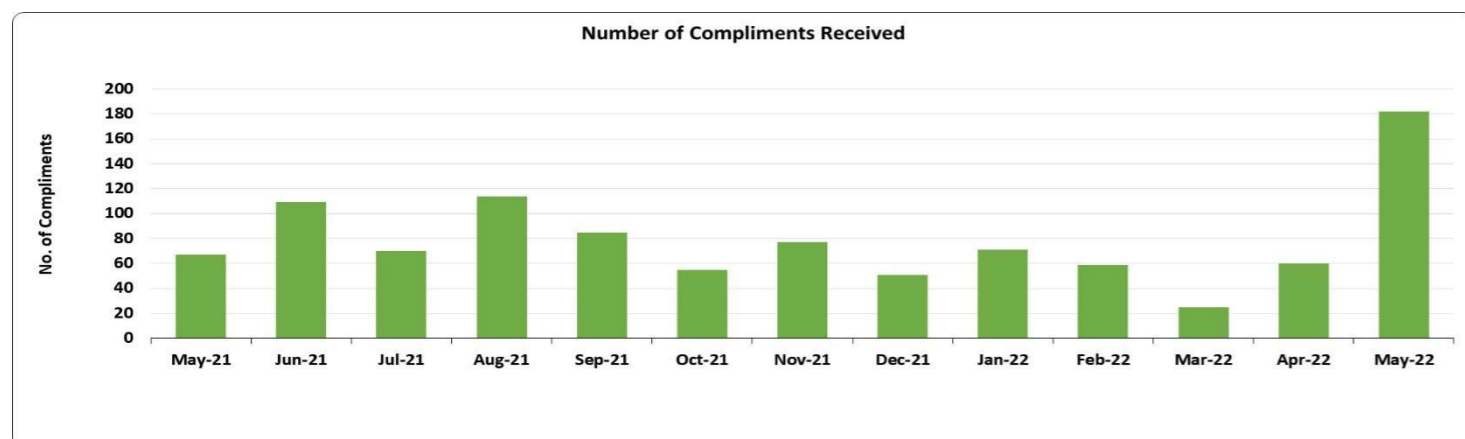
The review of the operating model gives the opportunity to establish a concerns triage process to ensure all concerns are managed in the most effective way for the patient/family and the Health Board. In time this should yield an increase in early resolutions and a reduction in formal complaints, allowing more capacity to investigate and respond to formal complaints in a timely manner. A more detailed thematic analysis is due to commence to fully understand the themes and trends of complaints in order to target learning and improvements more effectively.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Total
Clinical treatment/Assessment	0	41	48	45	57	64	37	51	54	45	47	51	540
Communication Issues (including Language)	43	22	13	16	21	16	17	10	15	14	8	9	204
Attitude and Behaviour	0	10	20	8	16	11	5	7	4	8	4	4	97
Appointments	0	12	9	10	8	19	13	6	7	5	7	5	101
Discharge Issues	0	4	7	9	5	7	15	8	6	6	6	5	78

Compliments

Number of compliments – May 2022

182



During May 2022, there were 182 compliments recorded on the Datix system, thrice the amount received in the previous period. During the past twelve months, the average number of compliments received each month has been around 80.

Work is ongoing to effectively capture the compliments received within CTM to allow for improved reporting.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – May 2022

99

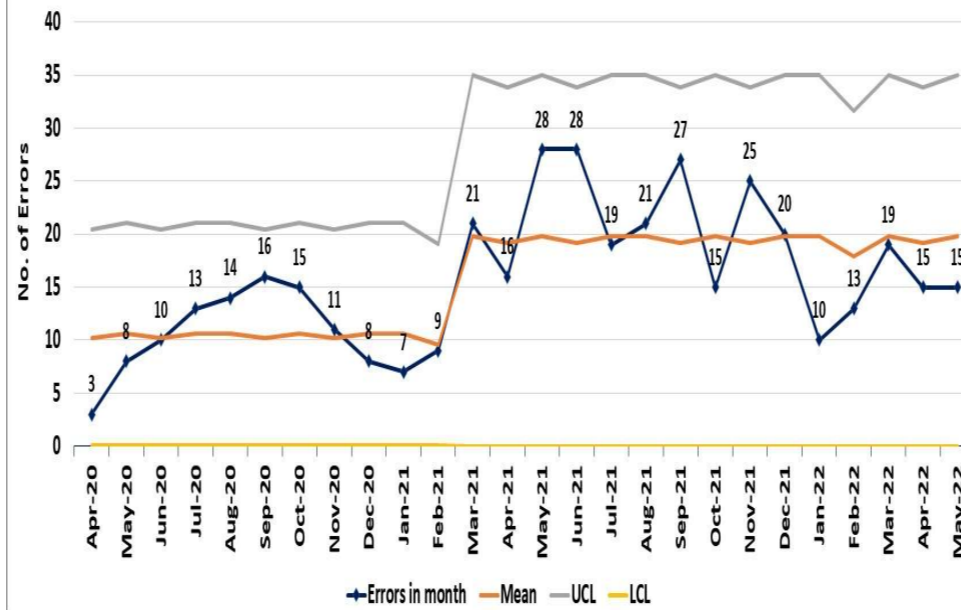
There were 99 medication incidents reported for May 2022 and of those incidents reported, 3 caused severe harm (there is no further detail at the time of writing this report).

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

Total number of Prescribing Errors

15

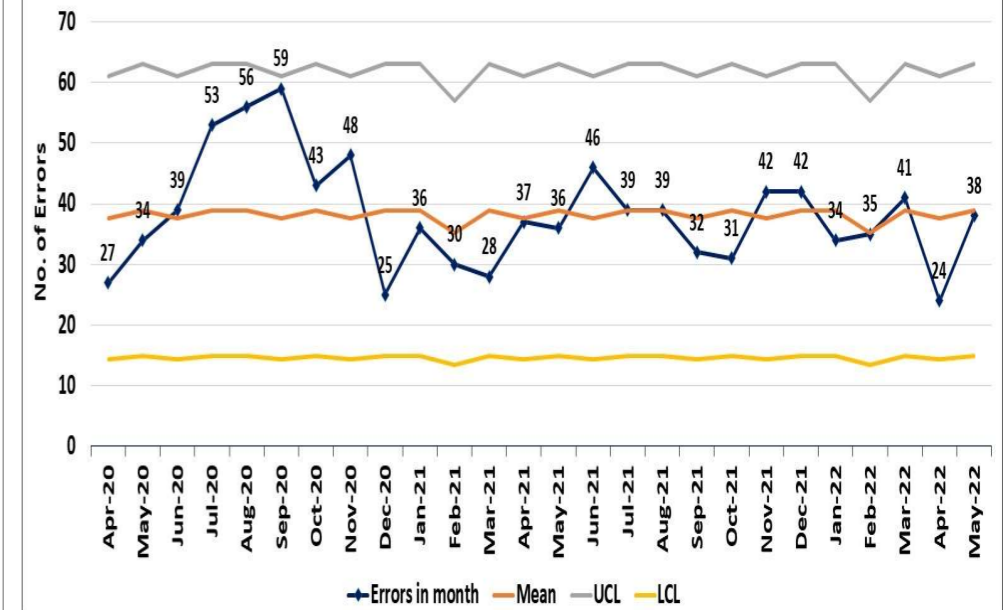
Number of Prescribing Errors (standardised by days in month)



Total Administration Errors

38

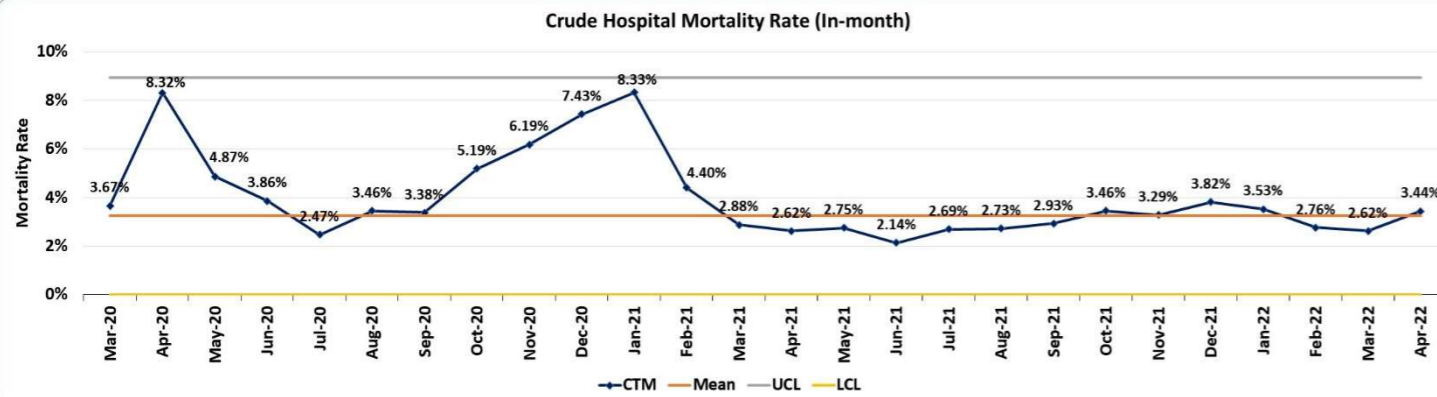
Daily standardised number of Administration Errors (standardised by days in month)



Crude Hospital Mortality Rates

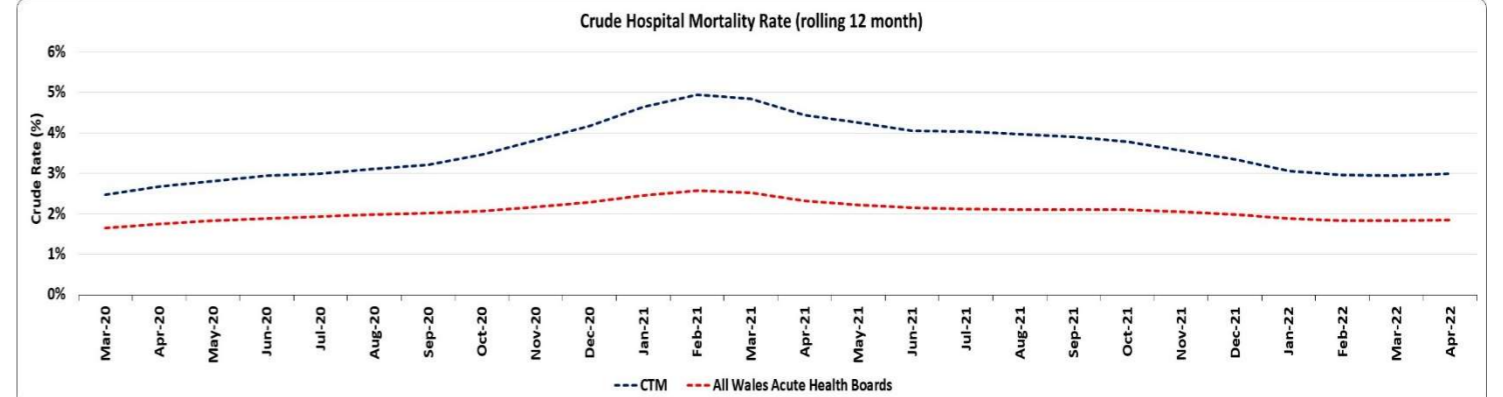
In Month Crude Hospital Mortality Rate – April 2022

2.62%

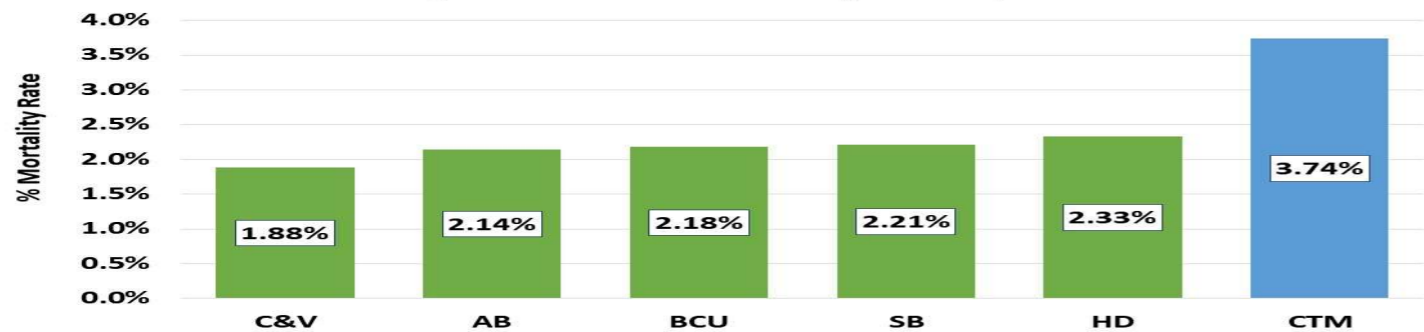


Rolling 12 Month Crude Hospital Mortality Rate to April 2022

2.94%



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



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

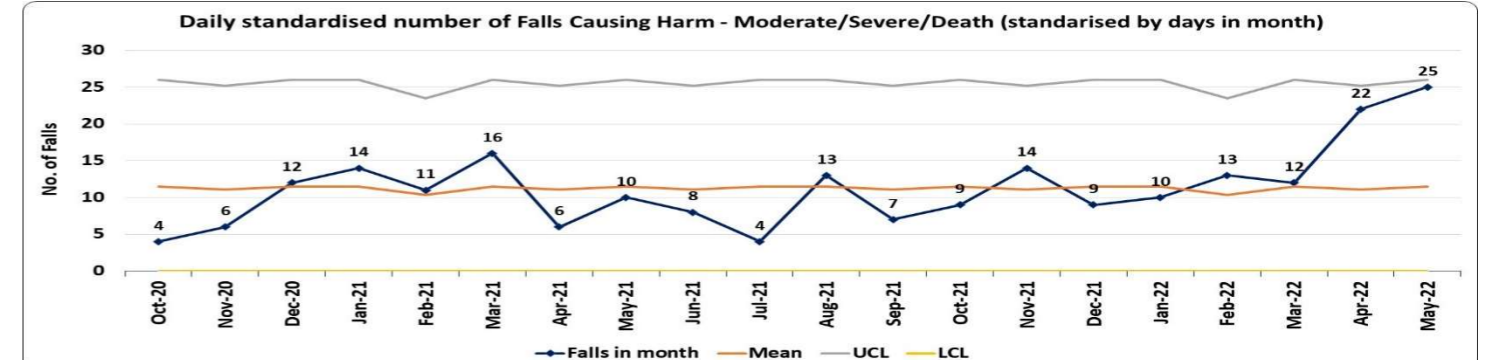
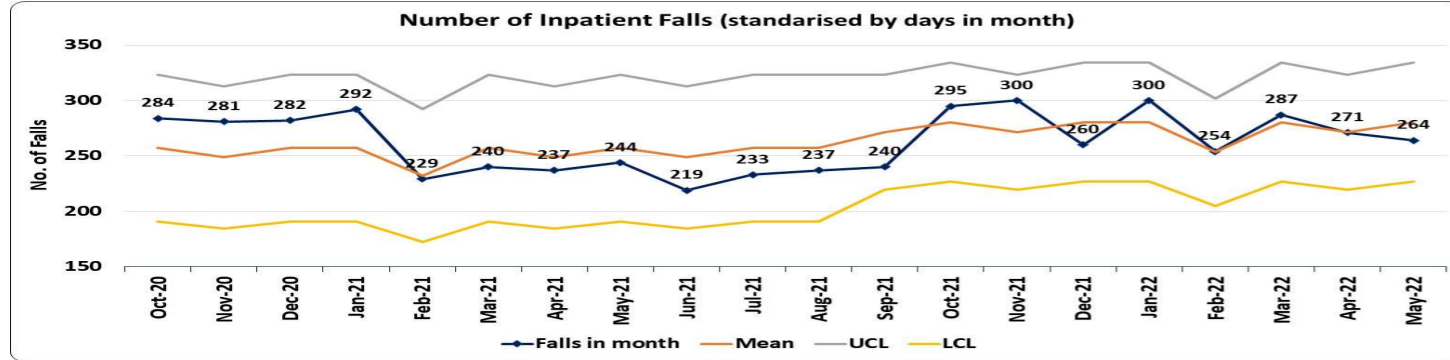
As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers. A factor in this outlying position is the UHB's provision of palliative care and hospice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

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

Total number of Inpatient Falls – May 2022

264



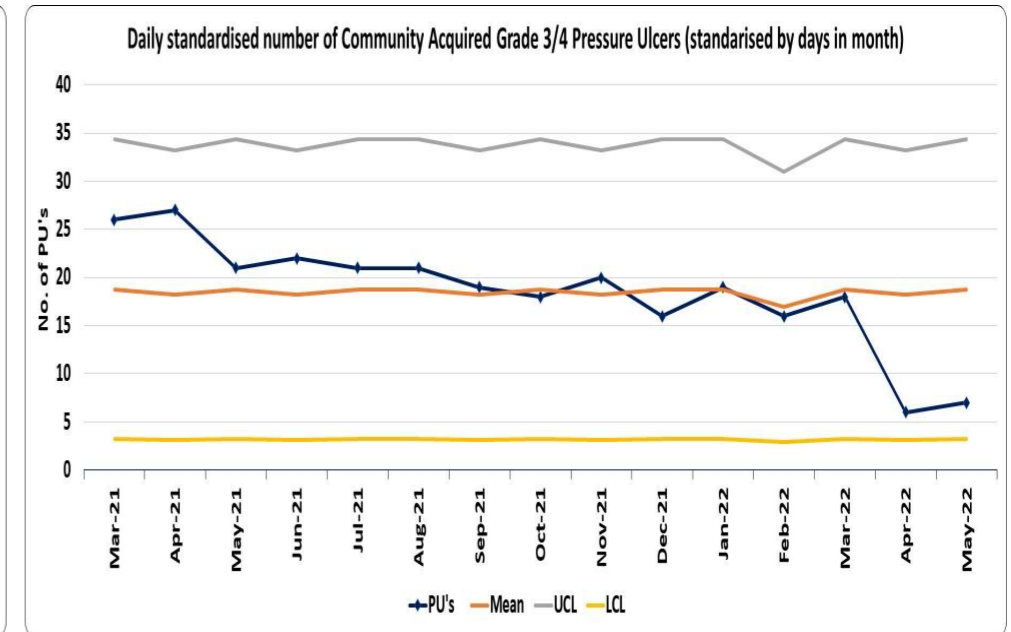
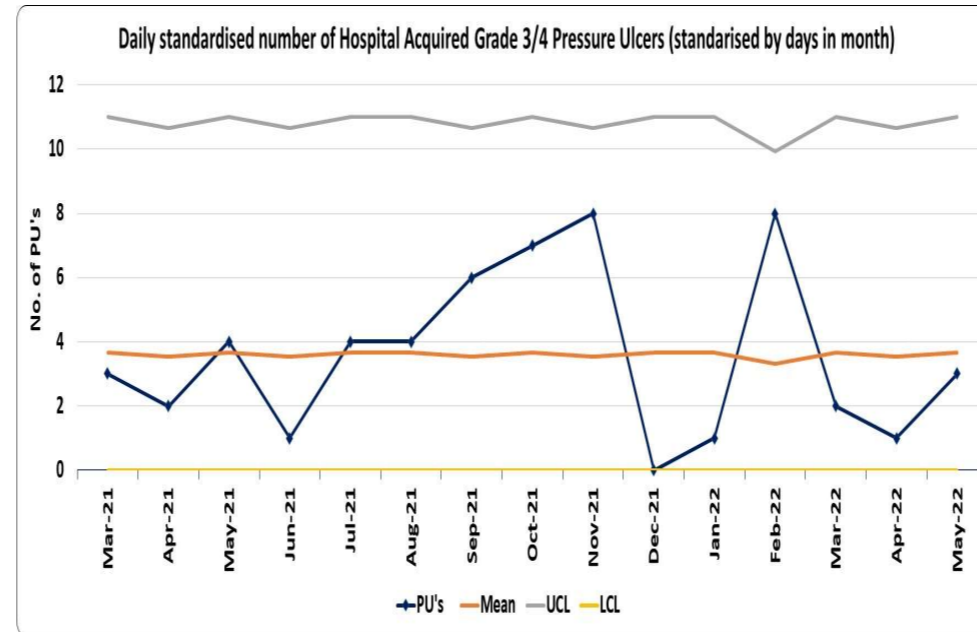
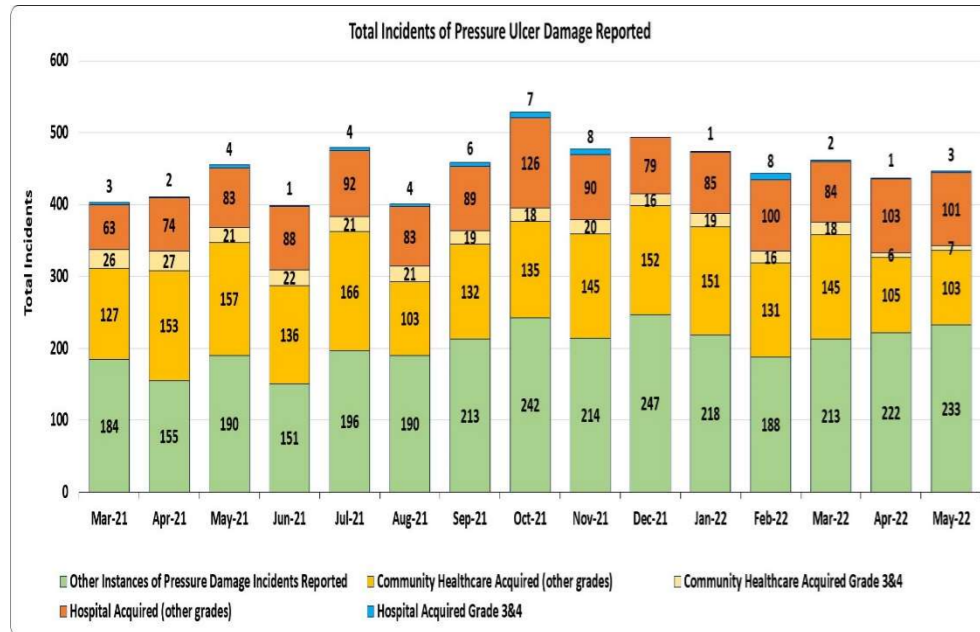
The number of patients falling whilst in the care of the UHB remained at the post-October 21 level of c.276 per month. Of these 25 resulted in moderate or severe harm. It is important to recognise that these reports are initial Datix entries and that all falls moderate and above are subject to a falls panel which may result in downgrading of harm categorisation.

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

Pressure Damage Incidents

Total number of reported Pressure Damage – May 2022

447



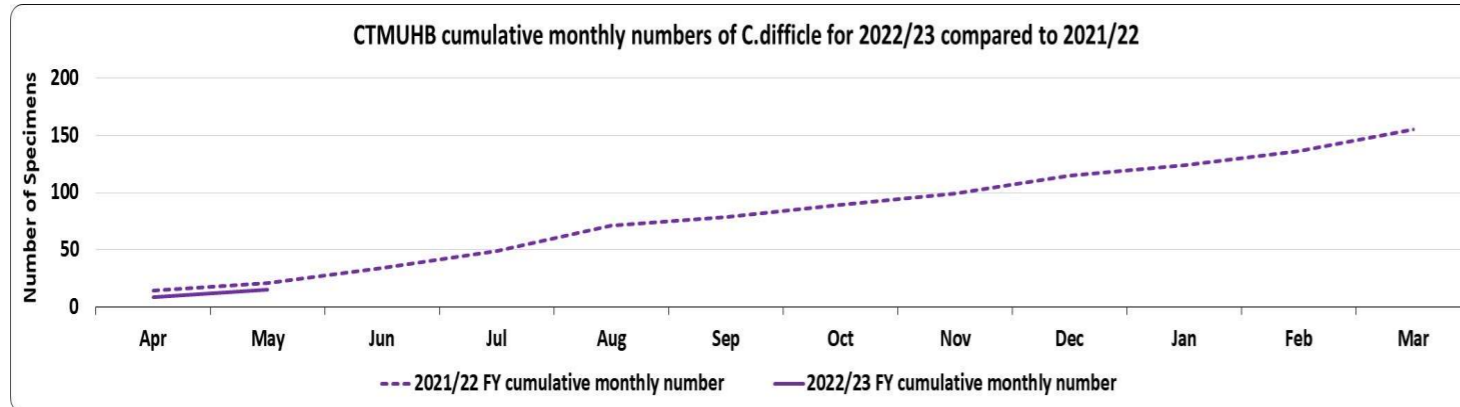
During May 2022, a total of 447 pressure damage incidents were reported, around 2% more than the previous month (437) but just lower than the 12 month average of 458 incidents. The highest number of incidents reported (110) were identified as those developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 104 were identified as hospital acquired, of which 3 were reported as grade three. The highest numbers were recorded for Emergency Care/Emergency Care Centre, Prince Charles Hospital (10).

During the past 12 months, a total of 2,972 Healthcare Acquired Pressure Damage Incidents were reported. Of which, an investigation has been completed for 1,832 (61.6%) of these, with 250 recording an outcome of avoidable (13.6%).

Infection Prevention and Control

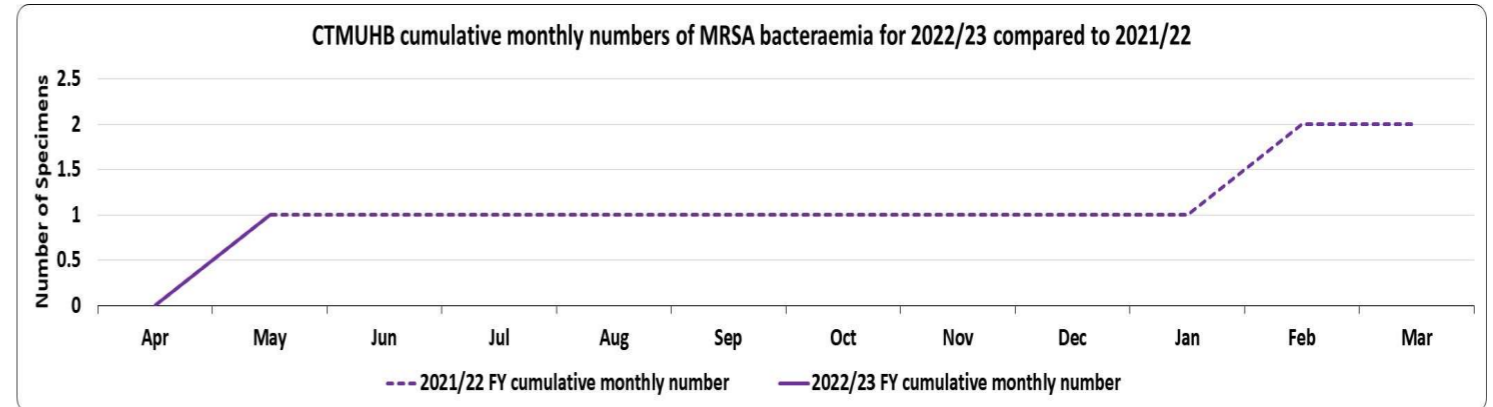
C.difficile

15 incidents of C.difficile were reported by CTM between Apr-May 2022. This is approximately 29% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 19.95.



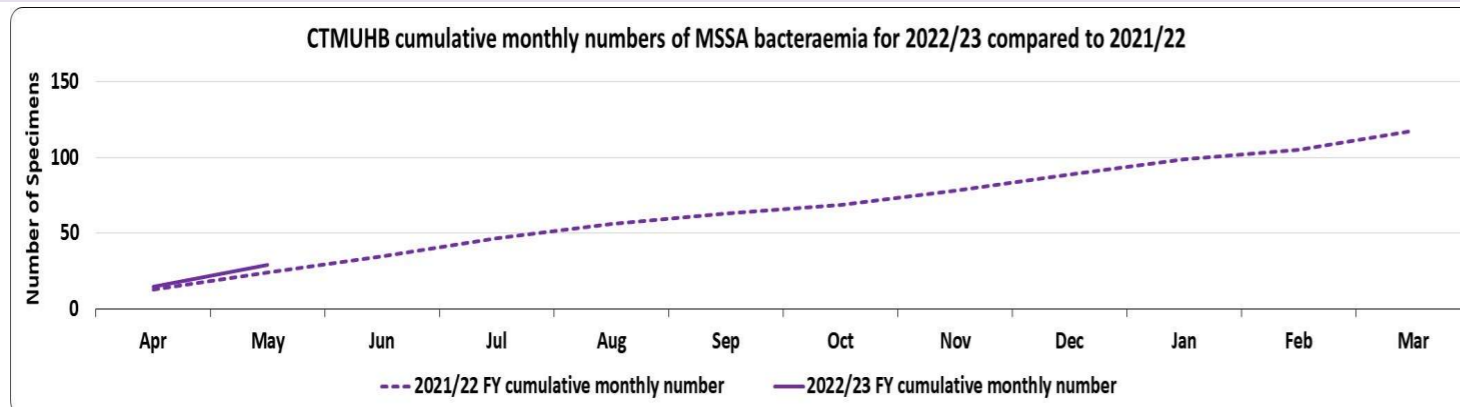
MRSA

1 MRSA bacteraemia have been reported by CTM between Apr-May 2022. This is the same as the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 1.33.



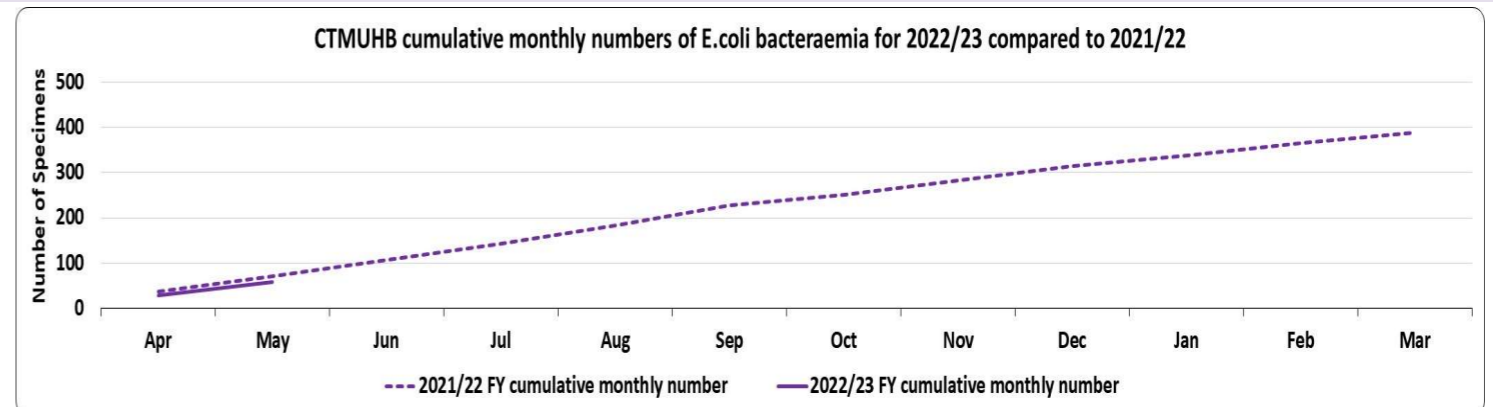
MSSA

29 instances of MSSA bacteraemia were reported by CTM between Apr-May 2022. This is approximately 21% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 38.58.



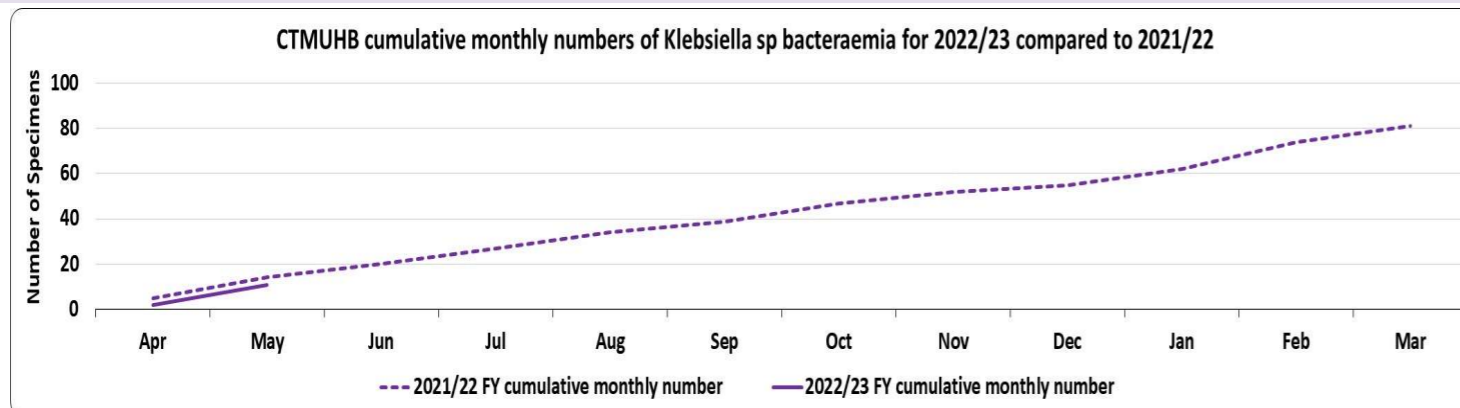
E.coli

59 instances of E.coli bacteraemia were reported by CTM between Apr-May 2022. This is approximately 18% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 78.48.



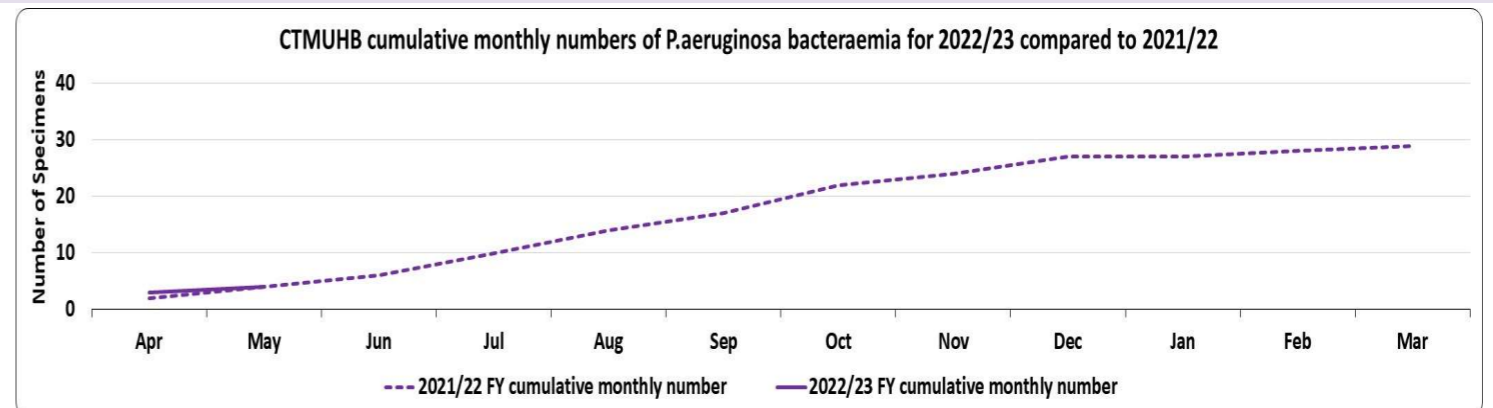
Klebsiella sp

11 instances of Klebsiella sp bacteraemia were reported by CTM between Apr-May 2022. This is approximately 21% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 14.63.



P.aeruginosa

4 instances of P.aeruginosa bacteraemia were reported by CTM between Apr-May 2022. This is the same as the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 5.32.



The Health Board did not meet the Welsh Government reduction expectations for 2021/22. There has been an increase in C. difficile, Methicillin Sensitive Staphylococcus aureus (MSSA), E.coli and Pseudomonas compared with the previous year. The majority of infections are noted to be acquired in the community 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 in C. difficile, Staphylococcus aureus and gram negative bacteraemia. 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.

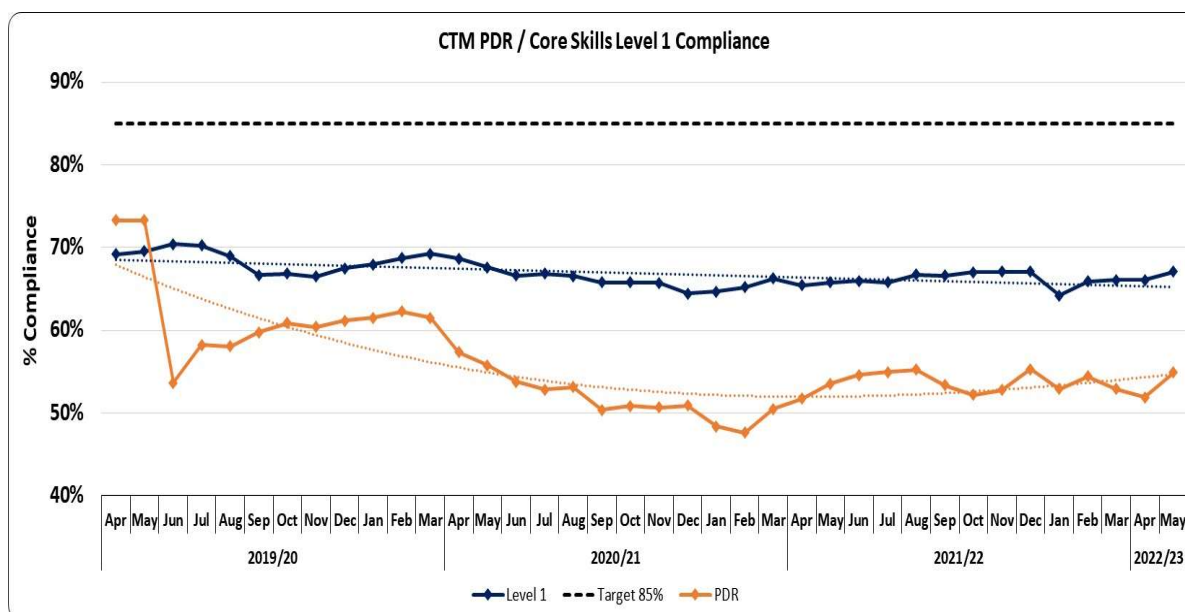


2.4 People

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 May 2022 is 54.9%, an improvement of three points on the previous month of (51.9%), but continues to remain below the target of 85%.



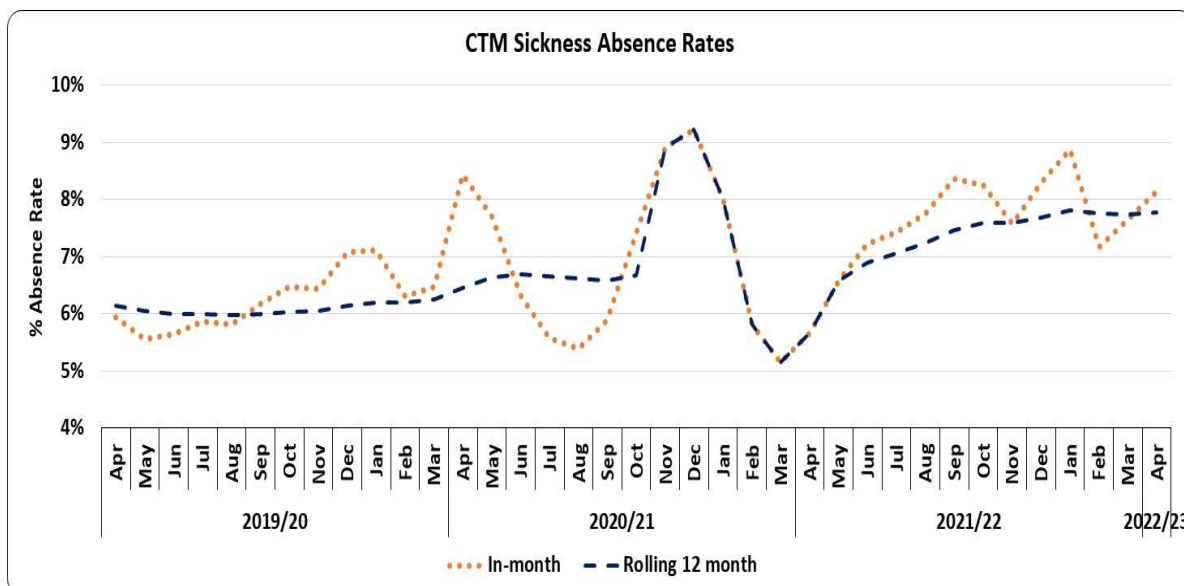
Combined core mandatory training compliance for May 2022 averages 59.4%, a marginal improvement on April (58.5%), with overall CTM compliance for 'Level 1' disciplines also observing a small increase in compliance at 67.1% (66.1% in the previous period).

CTM Level 1 Core Mandatory Training Compliance May 2022	
Equality, Diversity & Human Rights	79.9%
Health, Safety and Welfare	78.2%
Moving & Handling	76.5%
Safeguarding Adults	73.4%
Information Governance	73.0%
Violence & Aggression	69.5%
Infection Prevention and Control	67.3%
Safeguarding Children	66.5%
Fire Training	51.2%
Resuscitation	43.8%
HB Overall Compliance	67.1%



2.4.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to April 2022 is 7.8% (8.1% in-month). In comparison to the previous month, occurrences of short-term absences have continued to rise by almost 4.5% (totalling 2,396 episodes) with the occurrence of long-term sickness absence continuing to reduce by around 16% (totalling 691 episodes).



Top 10 Absence Reasons by FTE Days Lost - April 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Infectious diseases	1004	1017	6,652	24.73%
Anxiety/stress/depression/other psychiatric illnesses	382	396	6,592	24.51%
Chest & respiratory problems	314	321	2,540	9.44%
Other musculoskeletal problems	131	132	2,045	7.60%
Other known causes - not elsewhere classified	149	150	1,502	5.58%
Gastrointestinal problems	302	312	1,324	4.92%
Cold, Cough, Flu - Influenza	248	252	1,108	4.12%
Injury, fracture	62	62	959	3.57%
Benign and malignant tumours, cancers	33	33	705	2.62%
Back Problems	58	61	686	2.55%

2.4.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff saw a further decrease during May 2022 to around 14.7 whole time equivalents (18.72 in April). Concerted efforts remain ongoing to maximise the use of bank over agency staff.

It is anticipated that Agency costs will start to reduce following the closure of Ysbyty'r Seren in early June.



2.5 Access

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

2.5.1 Urgent Care:

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

There were 15,447 attendances over the course of the month, 4.3% lower than the same period last year.



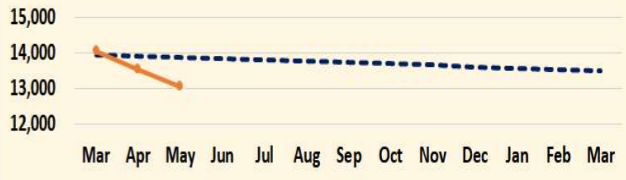

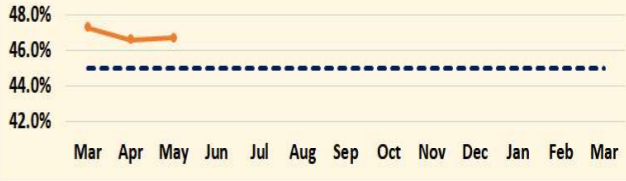
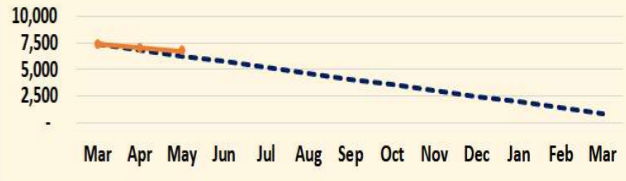
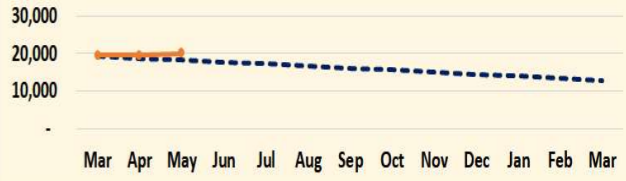
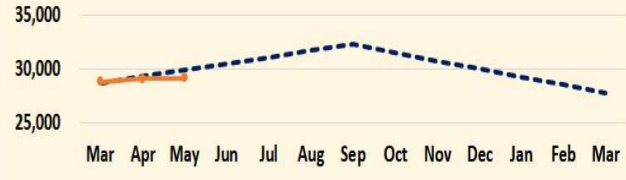


The CTM 15 minute ambulance handover compliance observed a small improvement to 26.6% (23.1% in April) as did the 60-minute compliance, 57.5% this month (53.4% in April).

2.5.2 Stroke Care:

Performance in stroke care remains below desired standards with no demonstrable improvements observed for CTM during April. The only notable change this period being a reduction in the compliance threshold for stroke patients assessed by a stroke consultant physician within 24 hours, down by almost 16 points to 51.4% (PCH the main contributor to the deterioration at 46.2% compliance).

2.5.3 Planned Care & Cancer Care:

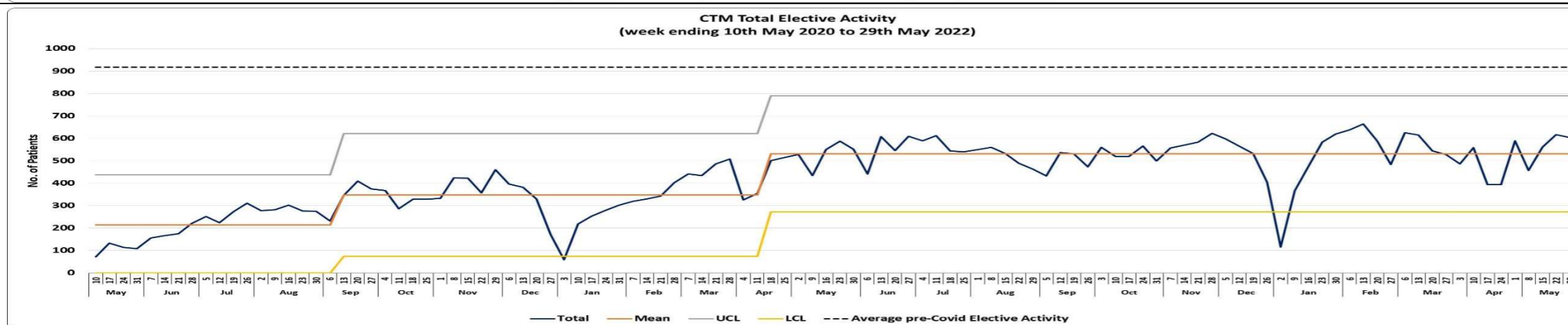
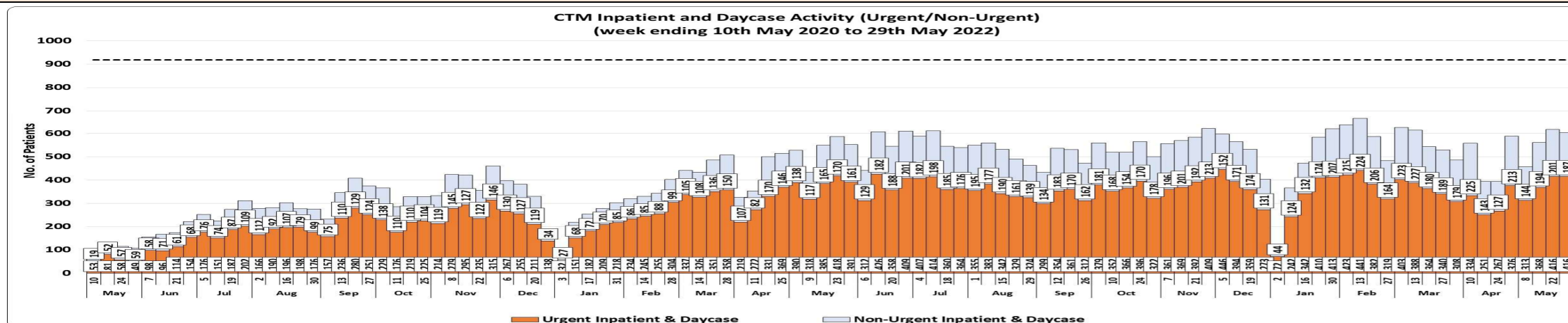
The CTM performance against the health boards trajectories are summarised on the following page for access to planned care and cancer care (n.b. these are the trajectories submitted within the MDS to accompany the UHB's annual plan. Further work on the trajectories in line with the ministerial priorities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

Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23													Key:  
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13,925	13,890	13,855	13,820	13,785	13,750	13,716	13,681	13,646	13,611	13,576	13,541	13,506	
	Actual	14,053	13,532	13,050											
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	44,826	47,555	50,284	53,013	55,741	58,470	61,199	63,928	66,657	69,386	72,114	74,843	77,572	
	Actual	48,576	49,211	49,383											
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45.0%	
	Actual	47.3%	46.6%	46.7%											
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	7,373	6,831	6,289	5,747	5,205	4,663	4,122	3,580	3,038	2,496	1,954	1,412	870	
	Actual	7,385	7,026	6,725											
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	19,330	18,792	18,253	17,715	17,176	16,638	16,100	15,561	15,023	14,484	13,946	13,407	12,869	
	Actual	19,468	19,579	19,996											
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	29,149											
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846	
	Actual	3,046	3,306	3,435											
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	40.0%	42.0%	44.0%	46.0%	48.0%	50.0%	52.0%	54.0%	56.0%	58.0%	60.0%	62.0%	
	Actual	51.4%	45.3%	52.0%											



Resetting Cwm Taf Morgannwg – Inpatient / Day Case Activity – to May 2022

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 Specialties May 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Surgery	112	176	-64	-36.4%
General Medicine	111	150	-39	-26.0%
Urology	67	53	14	25.5%
Trauma & Orthopaedic	58	116	-58	-49.8%
Gastroenterology	56	53	3	5.2%
Ophthalmology	51	49	2	4.6%
Gynaecology	34	62	-29	-46.0%
ENT Surgery	25	52	-27	-52.4%
Cardiology	19	24	-5	-20.8%
Oral Surgery	13	21	-8	-38.1%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during May compared to the average pre-Covid levels. As can be seen, current elective activity is around 50% less in T&O, ENT & Gynaecology. Urology are treating 25% more patients than the pre-pandemic weekly average with Gastroenterology and Ophthalmology also treating a small percentage more patients (5.2% & 4.6% respectively).

How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in May was 560 (the same volume as in March) and is 16% more than in April (the drop in activity compared to March/May largely reflects the Easter holidays and loss of 2 ‘normal working days’). However, elective treatments continue to be around 40% less than the pre-Covid weekly average (918).

Since the start of the financial year 2021/22 to date, CTM have sent 1,623 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,001 (on average 72 patients per month) have been treated, as shown below.

Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	596	69	437	47	42	1
SPIRE - Shoulders	25	10	14	1	0	0
SPIRE - Gynaecology	78	27	49	1	1	0
SPIRE - General Surgery	61	8	25	12	12	4
NUFFIELD - Orthopaedics	348	88	169	26	29	36
NUFFIELD - General Surgery	83	24	56	2	1	0
NUFFIELD - Gynaecology	149	26	90	8	14	11
NUFFIELD - Ophthalmology	283	55	161	26	9	32

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

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

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

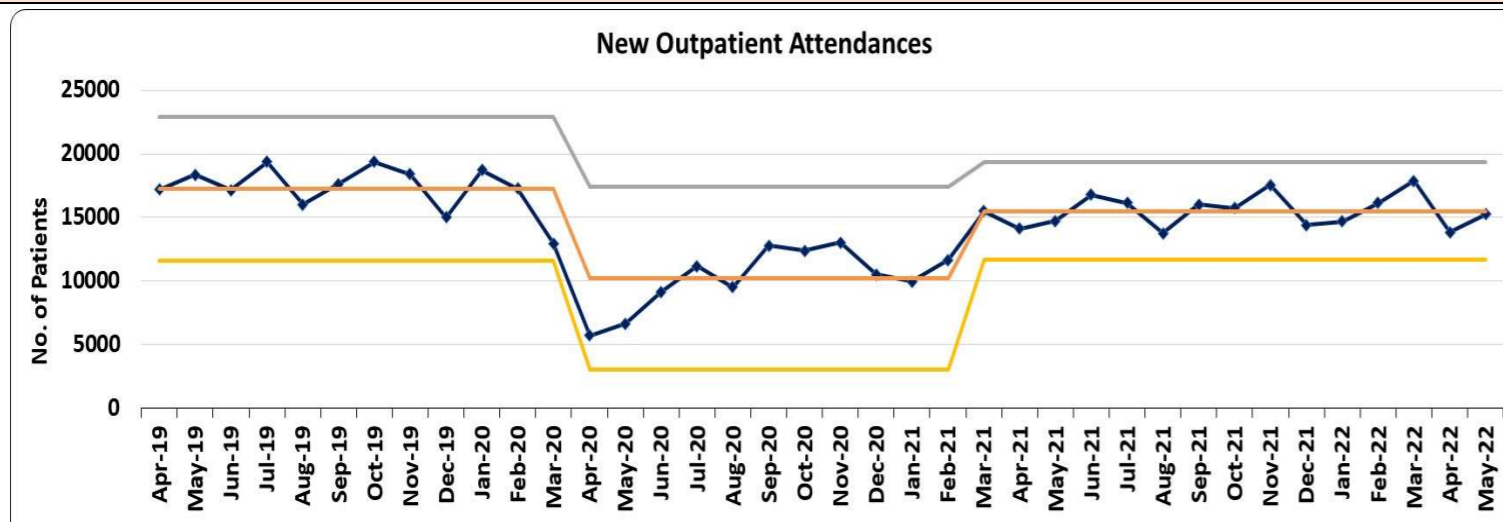
What are the main areas of risk?

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

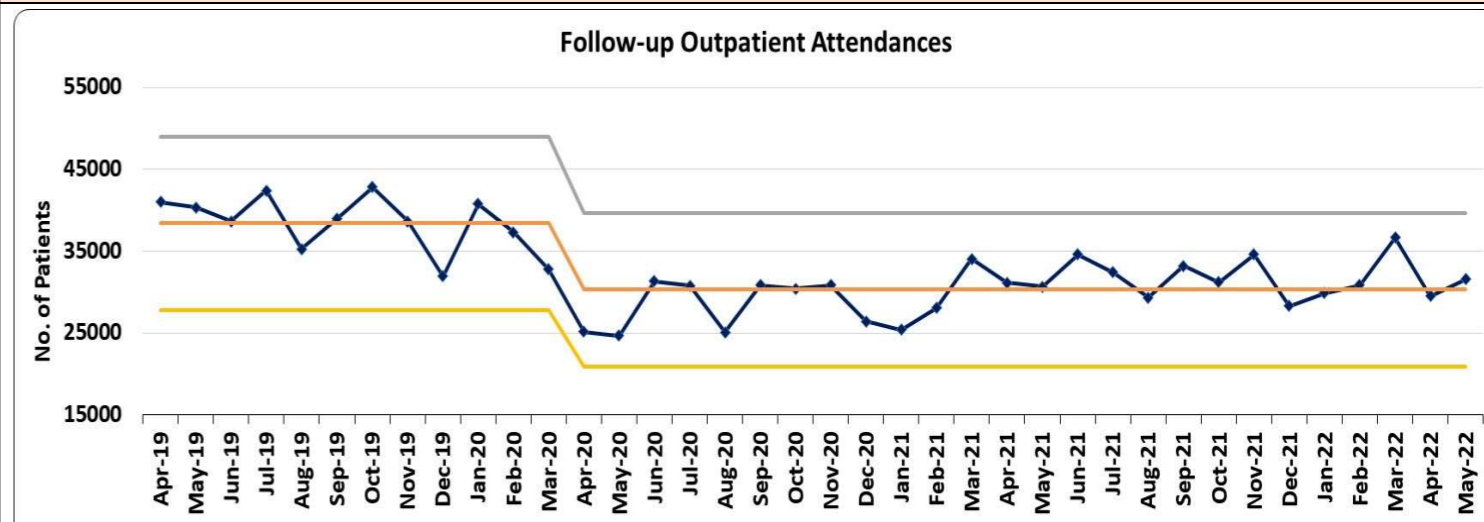


Resetting Cwm Taf Morgannwg – Outpatient Attendances – to May 2022

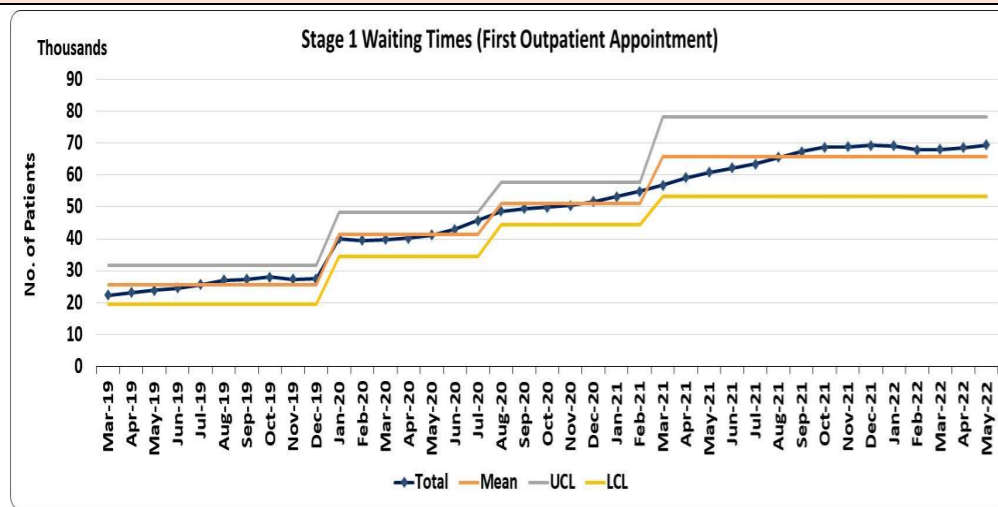
New Outpatient Attendances May 2022 – 15,276



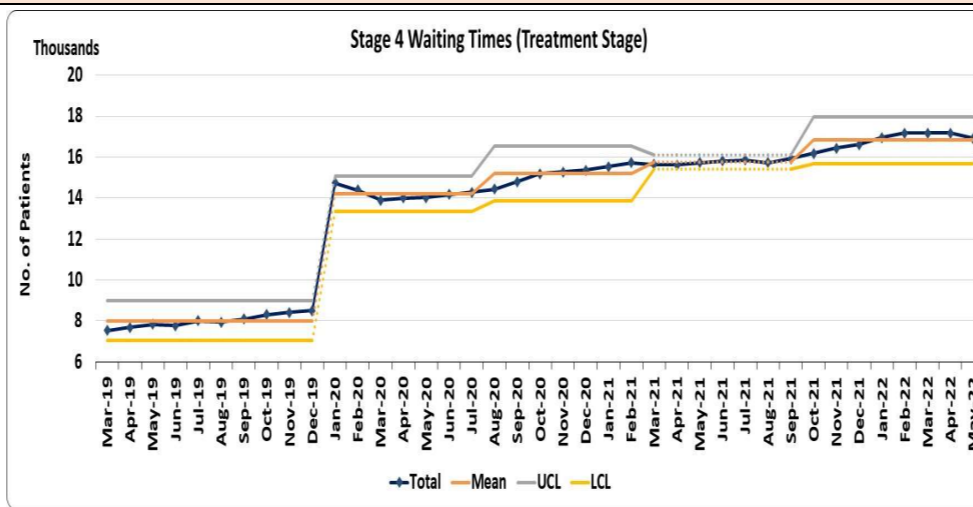
Follow-up Outpatient Attendances May 2022 – 31,548



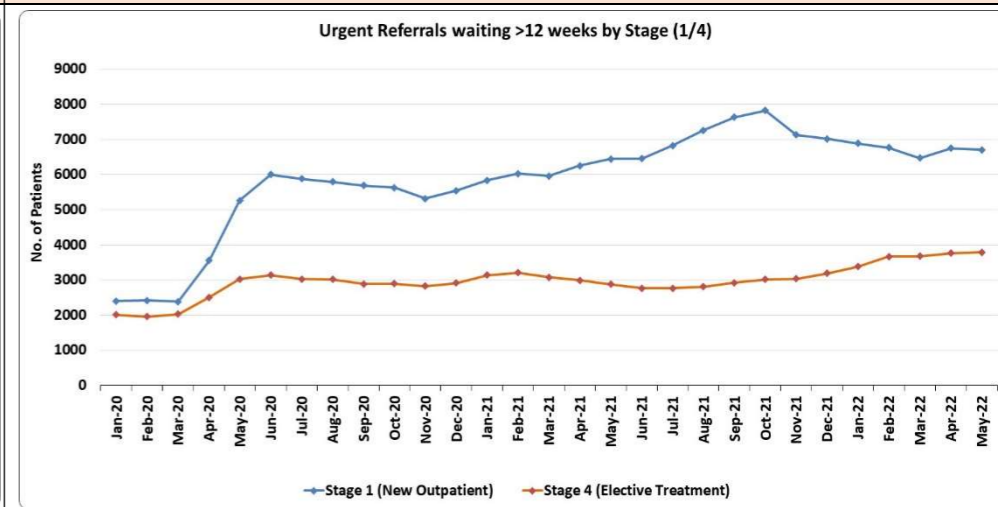
Waiting times Stage 1 (New Outpatients) - 69,506



Waiting times Stage 4 (Treatment Stage) – 16,916



Urgent referrals waiting >12 wks (Stage 1 – 6,706)(Stage 4 – 3,795)



How are we doing?

As at the end of May 2022, there were 69,506 patients awaiting a new outpatient appointment, of which, 15,034 patients were categorised as urgent and 11,072 were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of over 14% on the 60,862 patients waiting at the end of May 2021.

There were 16,916 additional patients who were awaiting treatment. Of these, 5,410 were categorised as clinically urgent, a small reduction on the April position (5,517).

What actions are we taking & when is improvement anticipated?

Stage 1-52+ Week Validation: This is now transitioning into business as usual for all patients entering into the cohort of 52 weeks waiting at stage 1. This has been affected by a number of vacancies within the team due to short term funding.

See On Symptoms & Patient Initiated Follow up: Three specialties (Rheumatology, Gynaecology and ENT) are now live. Regular meetings scheduled to monitor & drive Dermatology progress. Mental Health and Therapies are now lined up to implement this scheme in the 1st quarter of 2022/23.

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

Bridgend ILG: Ophthalmology Stage 1 will not achieve 52 weeks, but can achieve significant improvement with all recruitment and schemes commencing soon.

M&C ILG: Service and clinical teams who's services have people potentially or actually waiting more than 52 weeks, are working on plans to deliver additional activity to achieve zero 52 week waits by end of Dec 2022.

What are the main areas of risk?

The length of the waiting lists and the expected reduction and late presentation of referrals has seen the relative proportion of patients categorised as urgent and the relative number of patients who are clinically prioritised as urgent increase.

As we focus on those in greatest clinical need first, this results in the length of wait for those with conditions that are considered potentially non life threatening having to wait further.

Bridgend ILG:

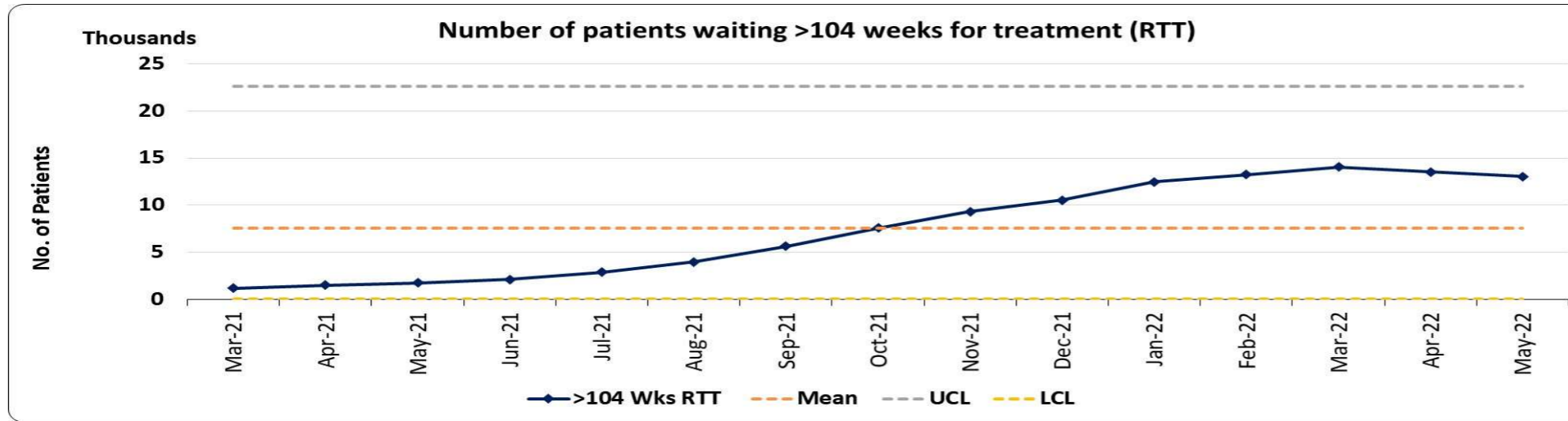
General Surgery- Bed availability hindering progress of Stage 4

Orthopaedics - Stage 4 will not be achieved, but significant improvement could be made with access to inpatients beds elsewhere.

M&C ILG: Availability of staff.

Referral to Treatment Times (RTT) – May 2022 (Provisional Position) – Total Open Pathways 114,525

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



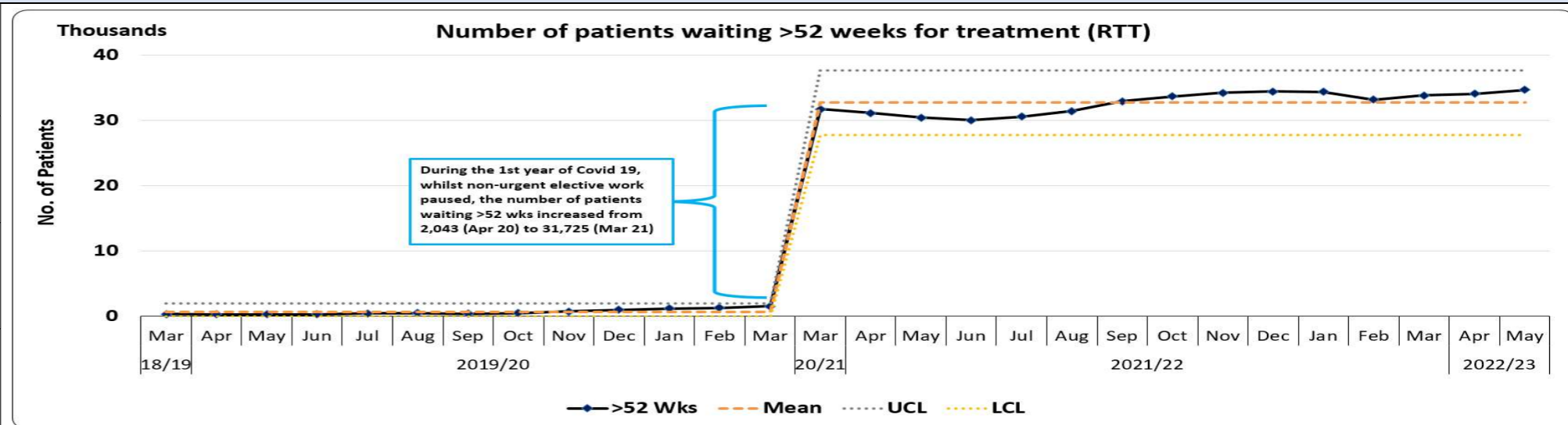
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of May is 13,050 (including direct access D&T), which as it currently stands is a fall of 3.6% (482) from April. Excluding direct access the total is 12,868 with the breakdown as follows:

- 3,392 patients relate to Merthyr & Cynon ILG waiting lists
- 4,722 patients relate to Rhondda & Taff Ely ILG waiting lists
- 4,754 patients relate to Bridgend ILG waiting lists

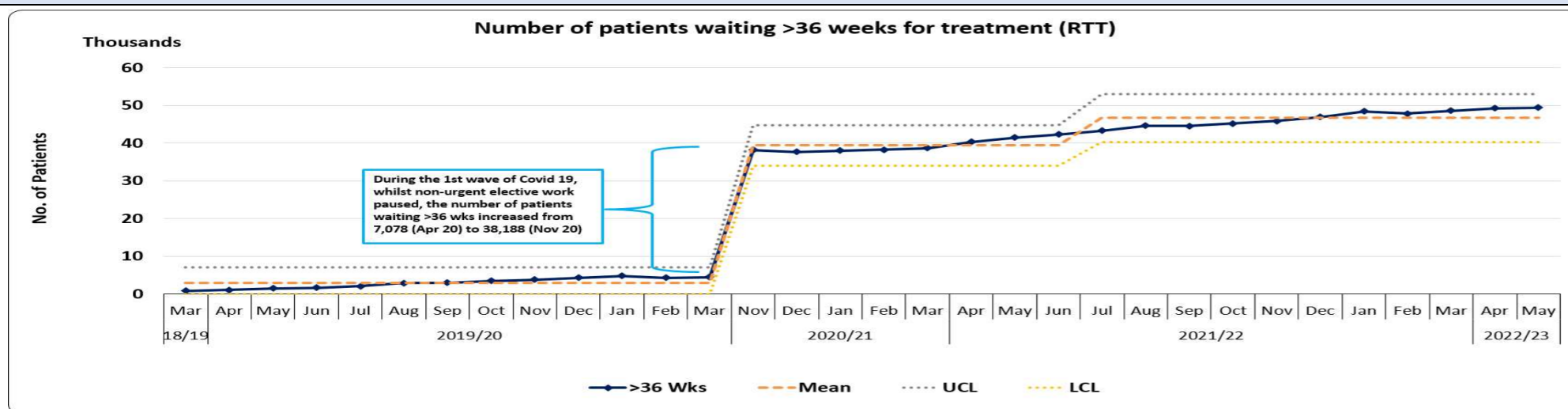
Number of patients waiting >52 weeks – 34,691

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of May is 34,691, which as it currently stands is a rise of 1.8% (602) from April. The breakdown of the 34,691 patients is as follows:

- 7,488 patients relate to Merthyr & Cynon ILG waiting lists
- 15,705 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,498 patients relate to Bridgend ILG waiting lists



Number of patients waiting >36 weeks – Target – Improvement Trajectory towards a national target of Zero by 2026 – 49,383



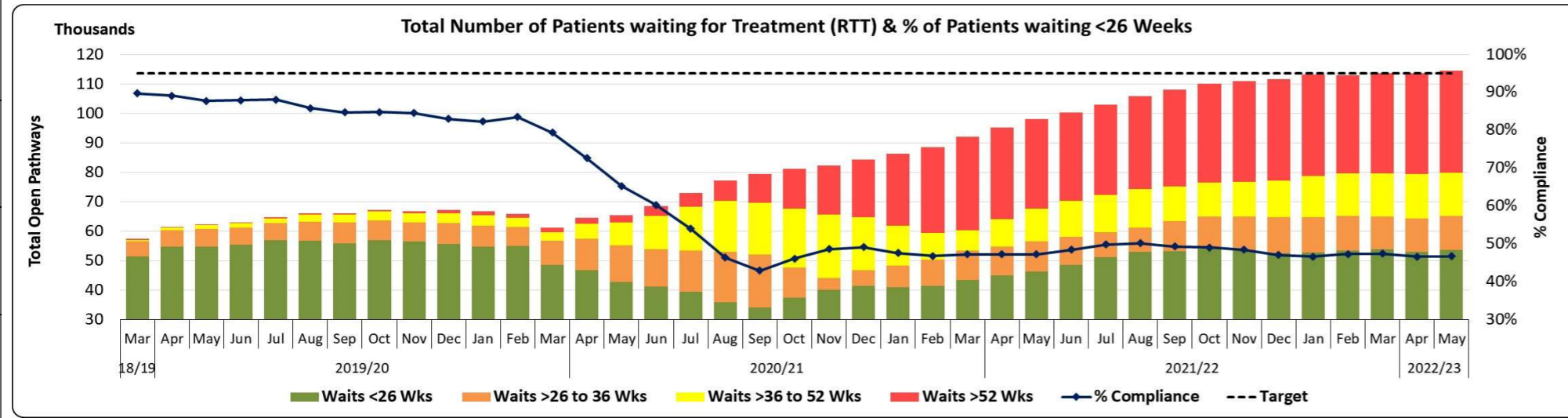
The provisional position for patients waiting over 36 weeks for May is 49,383 patients across Cwm Taf Morgannwg, which is an increase of 0.35% (172) from April (N.B. includes the 34,691 patients waiting over 52 weeks):

- 9,932 patients relate to Merthyr & Cynon ILG waiting lists
- 22,534 patients relate to Rhondda & Taff Ely ILG waiting lists
- 16,917 patients relate to Bridgend ILG waiting lists

RTT continued on the next page...

Contd...Referral to Treatment Times (RTT) – May 2022 (Provisional Position) – Total Open Pathways 114,525

% of patients waiting under **26 weeks** – Target - 95% – **46.7%**



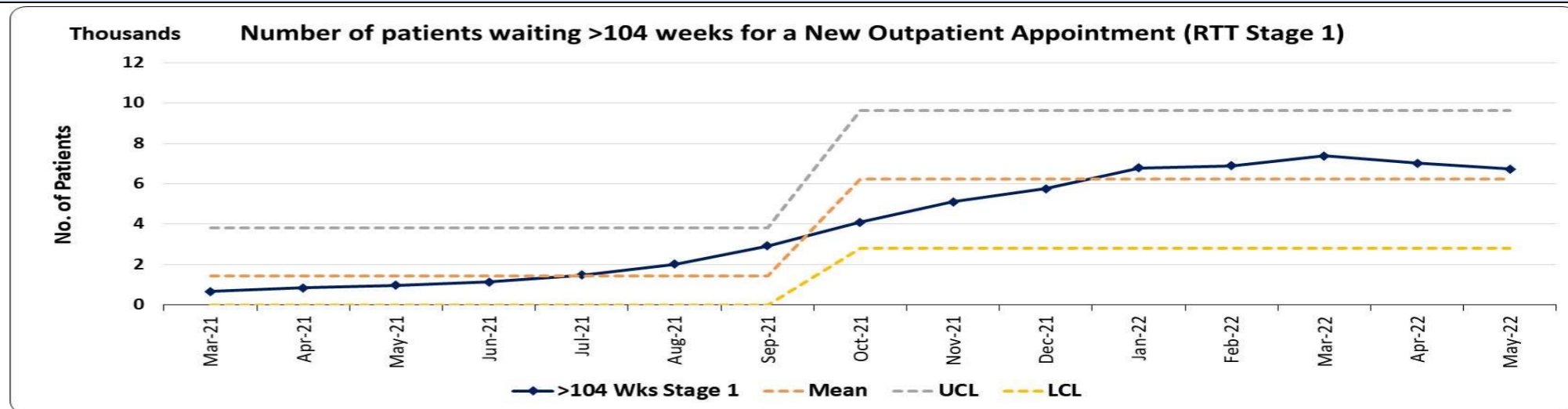
In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for May across Cwm Taf Morgannwg is 46.7%. The position within each ILG is as follows:

- **45.9%** Merthyr & Cynon ILG waiting lists
- **46.3%** Rhondda & Taff Ely ILG waiting lists
- **47.6%** Bridgend ILG waiting lists

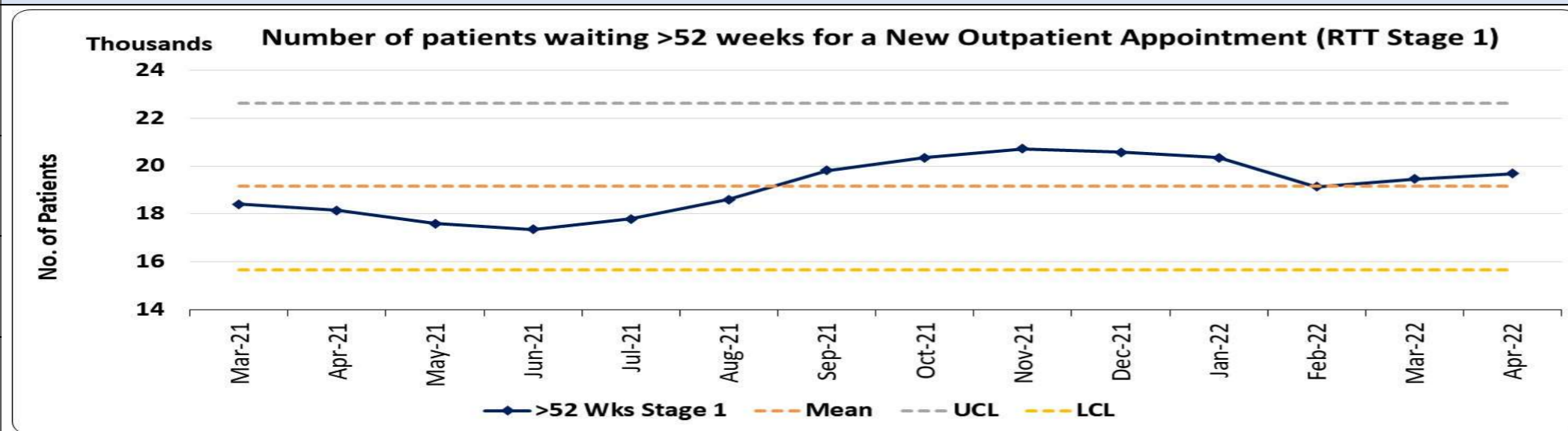
Number of patients waiting **over 104 weeks** for a **new outpatient appointment** – Target - Improvement Trajectory towards eliminating over 104 week waits by July 2022

The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks at Stage 1 at the end of May is 6,725, which as it currently stands is a fall of 4.3% (301) from April. The breakdown of the 6,725 patients is as follows:

- **1,289** patients relate to Merthyr & Cynon ILG waiting lists
- **2,261** patients relate to Rhondda & Taff Ely ILG waiting lists
- **3,175** patients relate to Bridgend ILG waiting lists



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



The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks at Stage 1 at the end of May is 19,996, which as it currently stands is a rise of 2.1% (417) from April. The breakdown of the 19,996 patients is as follows (N.B. includes the 6,725 patients waiting over 104 weeks):

- **3,614** patients relate to Merthyr & Cynon ILG waiting lists
- **8,614** patients relate to Rhondda & Taff Ely ILG waiting lists
- **7,768** patients relate to Bridgend ILG waiting lists

RTT continued on the next page...

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

Specialty Breakdown – May 2022 (Provisional Position)

Total number of open pathways per specialty - May 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	371	15.8%	172	231	1576	2350
Cardiology	3057	57.9%	592	613	1015	5277
Care of the Elderly	21	75.0%	2	0	5	28
Dermatology	3666	43.3%	715	999	3088	8468
Endocrinology	182	94.8%	4	5	1	192
Gastroenterology	1725	52.2%	342	484	753	3304
General Medicine	1577	69.1%	240	212	254	2283
Nephrology	145	77.5%	10	32	0	187
Respiratory Medicine	1181	71.9%	166	136	160	1643
Rheumatology	794	45.8%	168	213	559	1734
Sport and Exercise Medicine	14	100.0%	0	0	0	14
Thoracic Medicine	357	70.0%	75	65	13	510
Diagnostics	6270	55.4%	1081	1593	2380	11324
Therapies	1810	81.2%	113	199	106	2228
ENT	1592	30.2%	446	662	2576	5276
ENT Surgery	2879	46.0%	704	830	1851	6264
Ophthalmology	5416	38.1%	1731	2319	4731	14197
Oral Surgery	1408	46.1%	362	329	956	3055
Orthodontics	176	57.5%	31	56	43	306
Restorative Dentistry	51	33.1%	16	14	73	154
Gynaecology	3678	55.5%	695	611	1646	6630
Paediatric Neurology	2	33.3%	4	0	0	6
Paediatrics	2302	91.1%	145	68	13	2528
Haem (Clinical)	107	100.0%	0	0	0	107
General Surgery	5824	41.5%	1444	2067	4712	14047
Orthopaedics	2778	32.3%	938	1299	3579	8594
Trauma & Orthopaedic	2247	43.6%	601	691	1614	5153
Urology	3254	43.8%	681	853	2648	7436
Colorectal	614	49.9%	166	111	339	1230
Total	53498	46.7%	11644	14692	34691	114525

How are we doing?

At the end of May 2022, the over 52 week waiting list volumes saw an increase of 1.8% on the previous month, bringing the total to 34,691. Compared to the position at the end of May 2021; the current position represents an increase of over 14% in the number of patients waiting over 52 weeks.

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

What actions are we taking & when is improvement anticipated?

Many of the elective recovery schemes have been rolled over from 2021/22 into 2022/23, however there are a number where funding has not been made available. In addition there are a number of decisions to fund additional activities in specialties with considerable shortfalls in capacity compared with activity which have yet to be taken and operationalised.

Service level plans to identify how the ministerial ambitions in regards to both activity volumes and waiting times have very recently started to be developed. Plans are expected to be finished by the end of June 2022.

Clinical groups to lead pathway improvement initiatives in 3 or 4 key areas are in the process of being established.

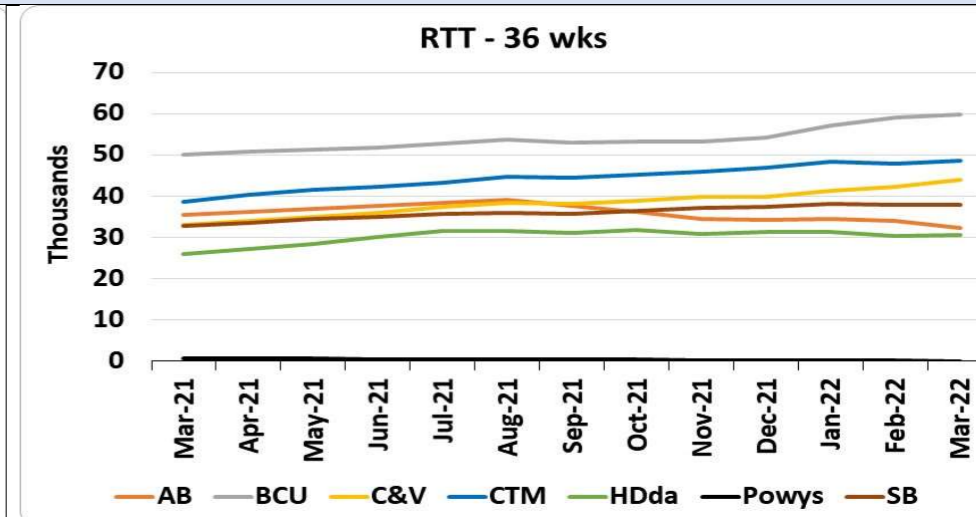
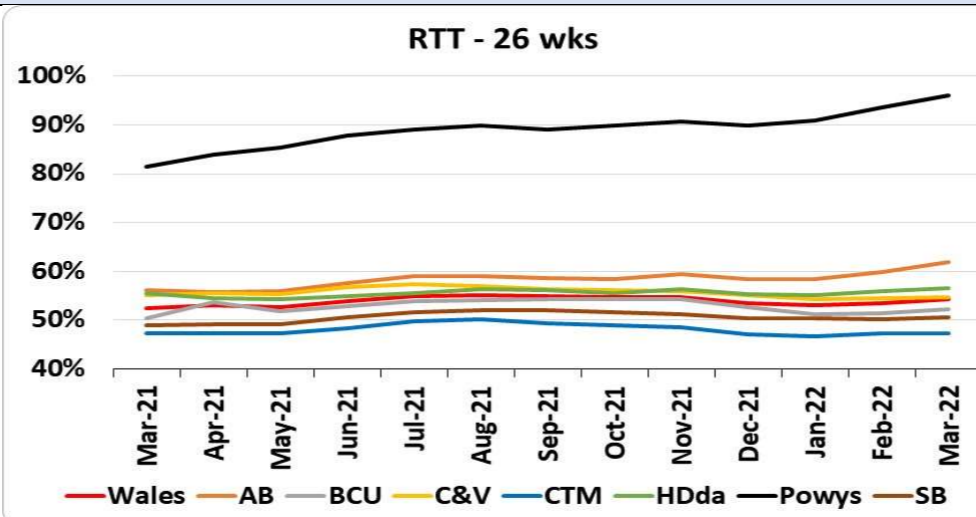
What are the main areas of risk?

- **Limitations to return to core capacity due to clinical space on sites:** Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **Recruitment:** Funding for fixed term posts
- **Staff fatigue / willingness to support additional capacity:** Additional activity reliant on staff support, even with enhanced rates uptake is lower than anticipated
- Lack of clarity on leadership, governance and decision making process around the elective care recovery programme
- Digital software architecture does not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which would result in losses in productivity, over-reporting and potentially adverse outcome for our patients

How do we compare with our peers?

As at March 2022, CTM has the lowest compliance for 26 weeks RTT (47.3%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 61.9%.

For the same period, CTM is ranked 6th out of the seven health boards for the number of patients waiting over 36 weeks RTT (48,576) with BCU ranked 7th (59,865). Best performing is Powys (41), with the better performing of the acute health boards being Hywel Dda (30,584).





Diagnostics & Therapies – May 2022 (Provisional Position) & Endoscopy Waits

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

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

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

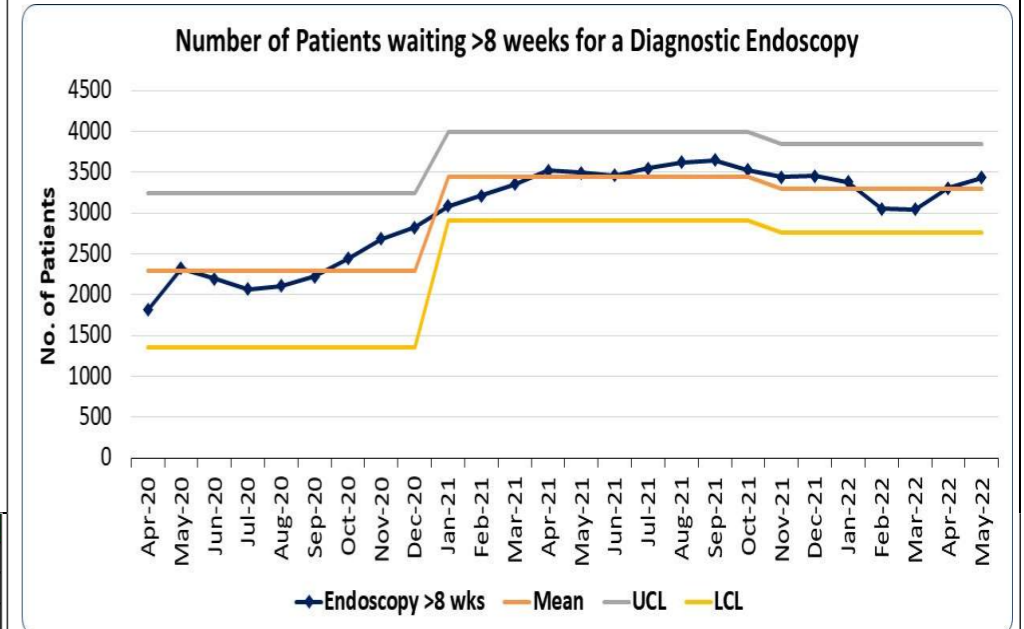
Total >8 weeks 15,602

Total >14 weeks 1,103

Total >8 weeks 3,435

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	11	181	3	195
	Cardiac CT	0	66		66
	Cardiac MRI	1	2		3
	Diagnostic Angiography		26	49	75
	Stress Test	19	35	0	54
	DSE	76		53	129
	TOE	8		23	31
	Heart Rhythm Recording	14	82	4	100
Cardiology Services	B.P. Monitoring	20	1	0	21
Bronchoscopy		1	1		2
Colonoscopy		128	588	1	717
Gastroscopy		170	844	3	1017
Cystoscopy			428		428
Flexi Sig		519	751	1	1271
Radiology	Non-Cardiac CT		464		464
	Non Cardiac MRI		941		941
	NOUS		9655		9655
	Non-Cardiac Nuclear Medicine		16		16
Imaging	Fluoroscopy		63		63
	Urodynamics	34	159	7	200
Physiological Measurement					
Neurophysiology	EMG	7	79		86
	NCS	12	56		68
Total		1020	14438	144	15602

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Arts Therapy	5			5
Audiology		137	10	147
Dietetics	446	277	171	894
Occupational Therapy	6	2		8
Physiotherapy	4	13		17
Podiatry	1	2		3
Speech & Language	4	12	13	29
Total	466	443	194	1103



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14705	14308	15200	15841	14500	14284
2022/23	15437	15602										

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1019	1103										

How are we doing?

Diagnostics: Provisionally, at the end of May, 15,602 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents a small increase of just over 1% (165) from the reported position in April. This rise is due in part to an increase in the number of patients waiting for Echo Cardiogram which increased by 44 (just over 29%) compared to the reported April position (currently at 195 patients waiting in excess of 8 weeks). NOUS continues to have the highest volume of breaching patients with 9,655 currently waiting over 8 weeks for a scan, however the increase from the last reported period is slight, less than 1% (82). Non-Cardiac MRI has also observed a small improvement compared to the previous month with 7.2% fewer breaching patients and currently stands at 941 patients waiting in excess of 8 weeks for a scan.

Therapies: There are provisionally 1,103 patients breaching the 14 week target for therapies in May, an increase of 84 (8.2%) on the reported position for April. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 894. Dietetics accounts for over 81% of the total patients waiting beyond the 14 week target for therapies.

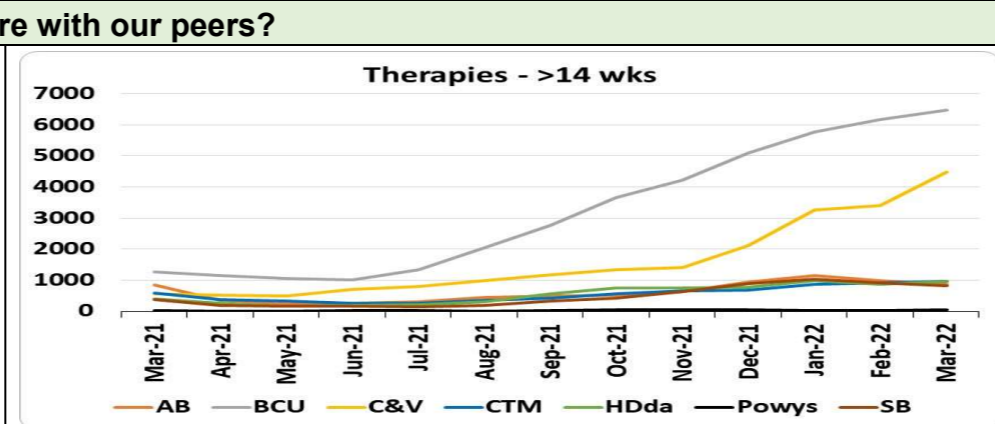
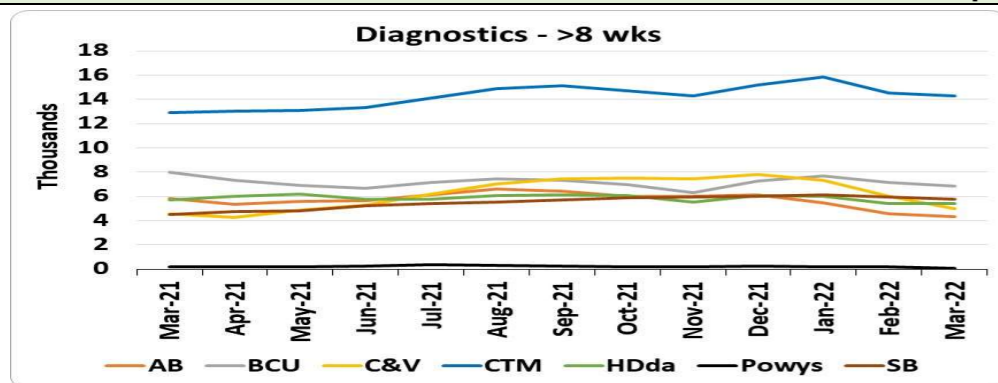
What actions are we taking & when is improvement anticipated?

- New management support started in service May 2022.
- Structured performance meetings established with CT, MRI and US Modality Teams in order to reset services.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Scoping work around additional MR Scanners for USC patients.
- MR @POW was extended short term. This has now finished.
- Additional lists are running to reduce waiting times.
- Implementation of plans, July 2022 with subsequent trajectory of improvement in the following months.
- Demand and Capacity of service commenced.

What are the main areas of risk?

- Staff availability in peak holiday season.
- Staff availability to staff mobile units.
- Current vacancies being held for streamlining
- Limited staff numbers coming through via the staff bank.
- Demand and Capacity imbalance.
- Insourcing contract is unable to deliver contract requirements.

How do we compare with our peers?



How do we compare with our peers?

As at March 2022, CTM had the highest number of patients (14,285) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (81) with ABUHB performing better than the other acute health boards with 4,300 patient breaches.

As at the same period, CTM had 969 patients waiting over the 14 week target for a therapy and ranked 5th out of the other health boards in Wales. Again, Powys was first with 49 patient breaches and SBUHB; 2nd with 820 patient breaches.



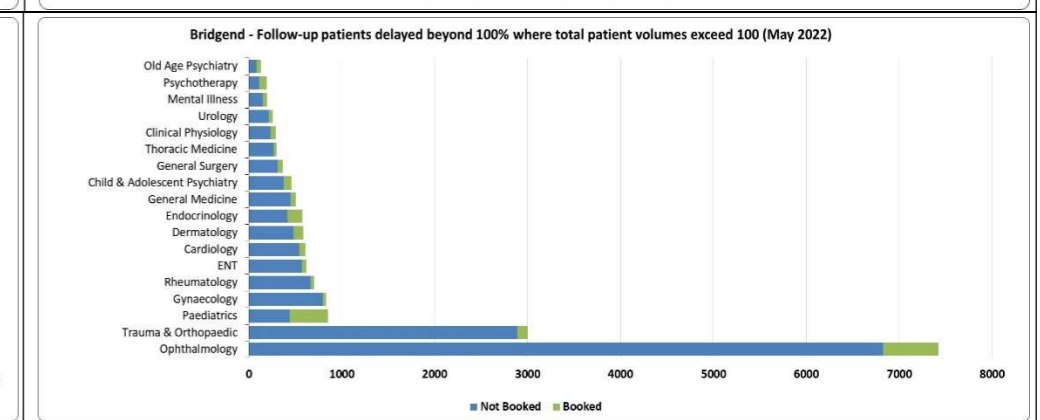
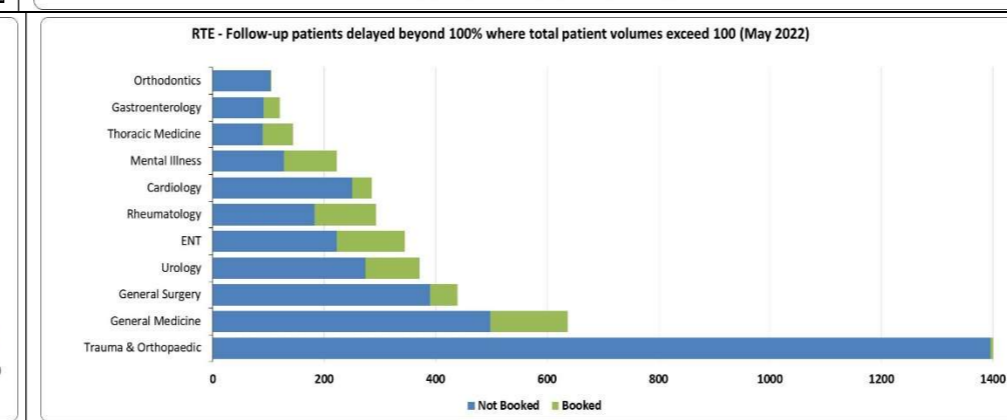
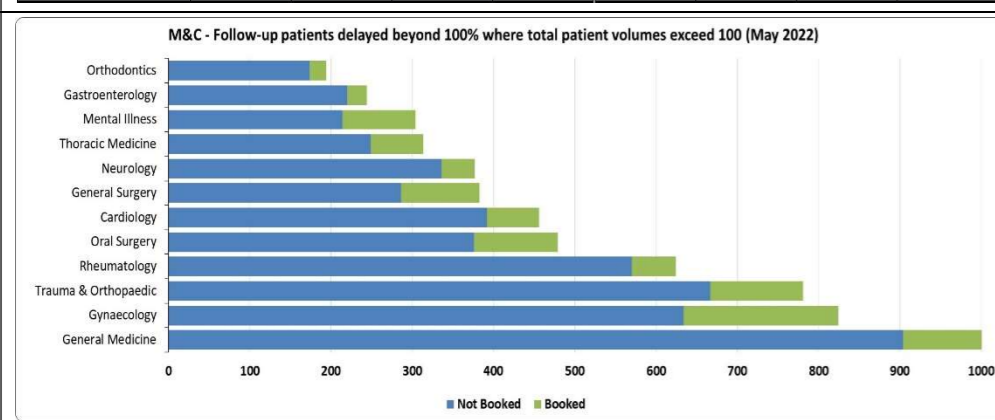
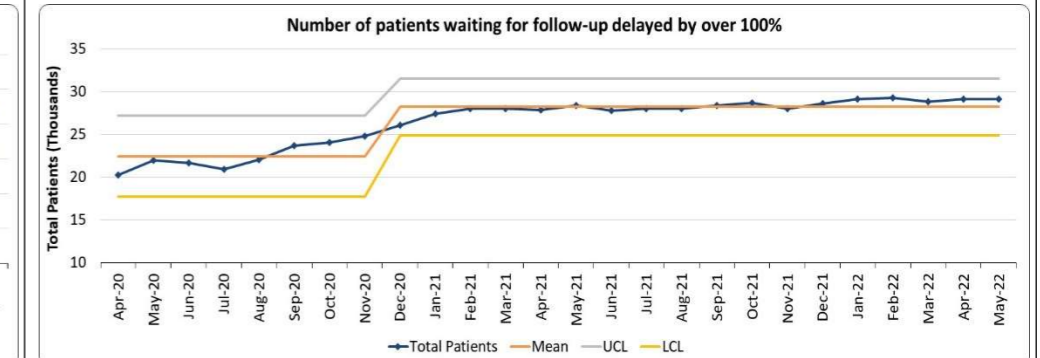
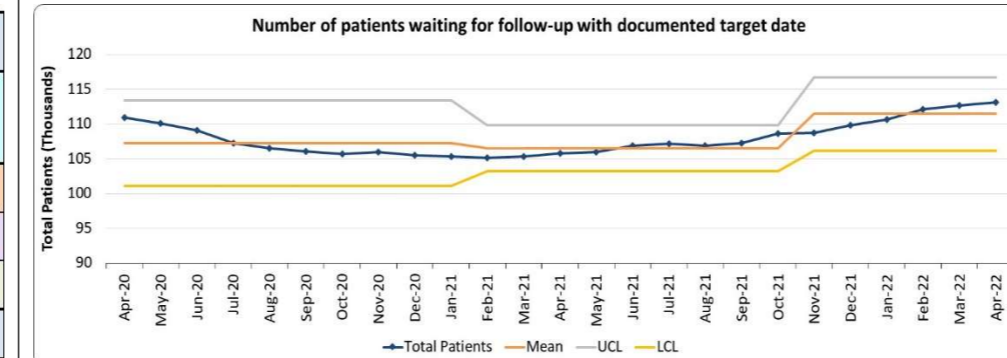
Follow-up Outpatients Not Booked (FUNB) – May 2022 (Provisional Position)

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
15	74,613	38,494	113,122	25,055	4,094	29,149

Provisional May 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	1	14,448	7,353	21,802	5,226	1,026	6,252	28.7%
Rhondda & Taff Ely	9	12,699	14,911	27,619	3,798	961	4,759	17.2%
Bridgend	5	47,466	16,230	63,701	16,031	2,107	18,138	28.5%
CTM	15	74,613	38,494	113,122	25,055	4,094	29,149	25.8%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of May is provisionally 113,122 and of those patients waiting, 29,149 have seen delays of over a 100% past their target date, representing an increase of 2.8% on the same period last year.

The number of patients without a documented target date stands at 15.

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

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Validation for 2022/23; TBC currently in resetting.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from January figures in identified specialties as pathways are in development for implementation.
- The Outpatient Programme in line with the new financial year will undergo resetting to ensure priorities & project align with national and local directives.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 29,887 for those two specialties, of which 42.4% (12,682) are delayed 100%.

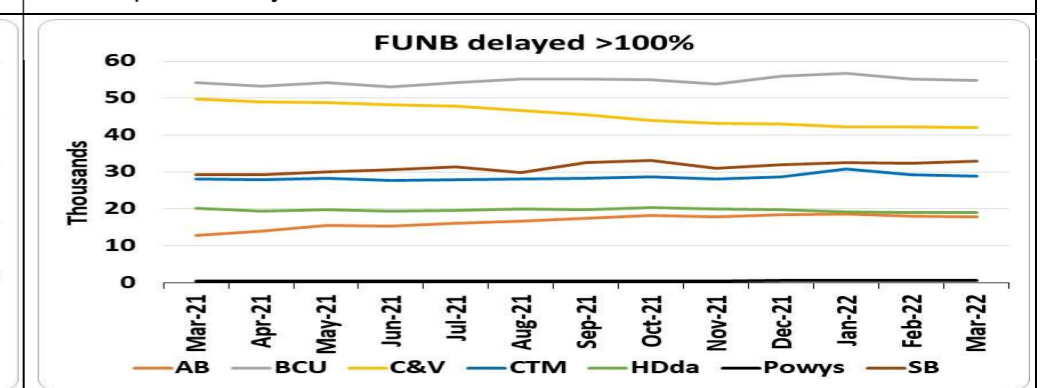
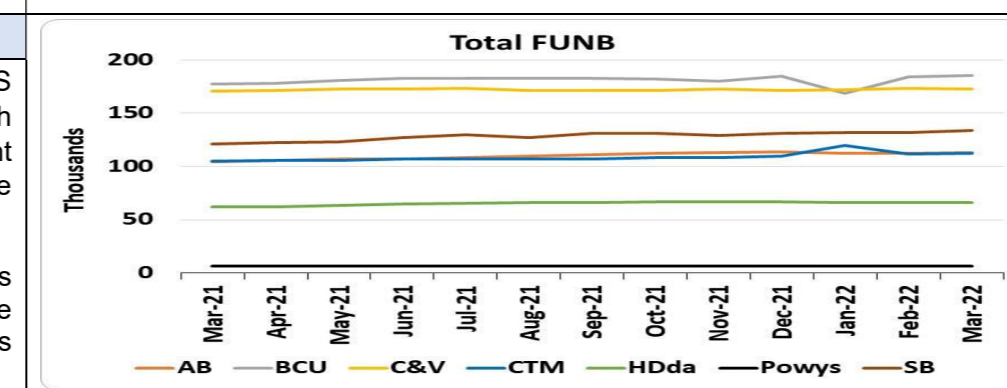
Outpatient activity levels continue to be below pre-Covid levels with the May figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 15,276; a reduction of 16% on the Pre-Covid average (19/20) of 18,186, but an increase of 3.6% on the same period last year.
- Total Follow-up Patients seen: 31,548; over 22% reduction on the Pre-Covid average (19/20) of 40,500, but an increase of 2.9% on the same period last year.

How do we compare with our peers?

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

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



Emergency Unit Waits – May 2022 (Provisional Position)

Number of Attendances

15,447

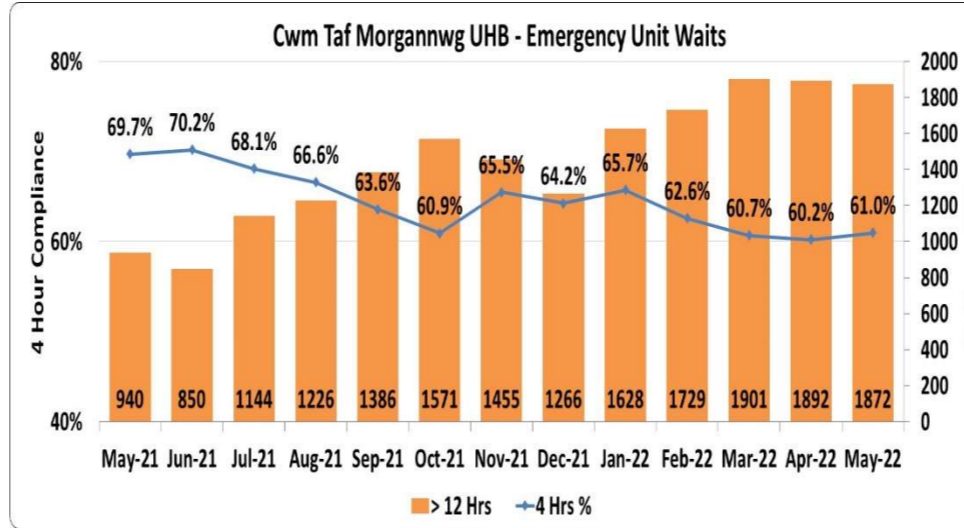
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

61.0% were seen within 4 hours (Waiting >4 hrs 6,027)

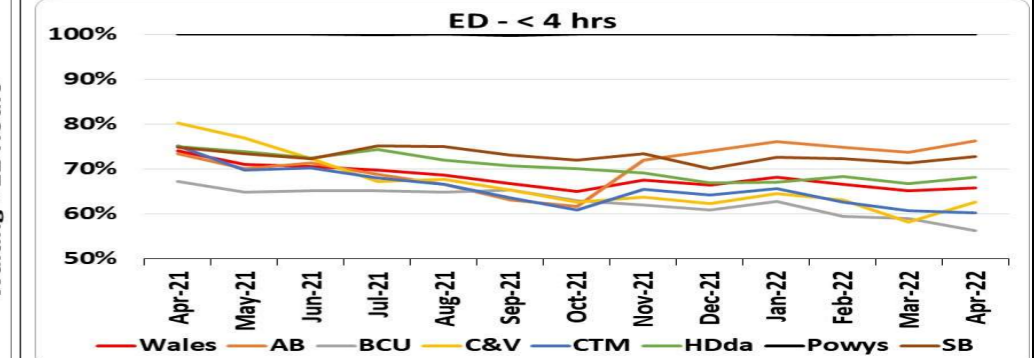
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

12.1% of patients were waiting over 12 hours (1,872)

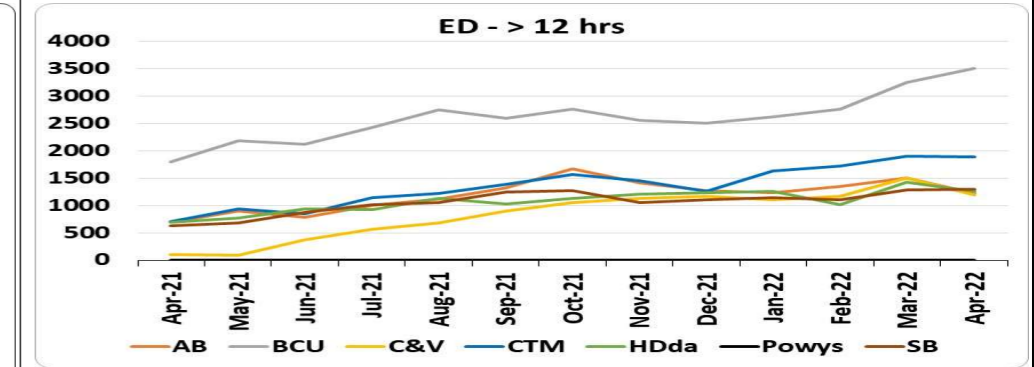
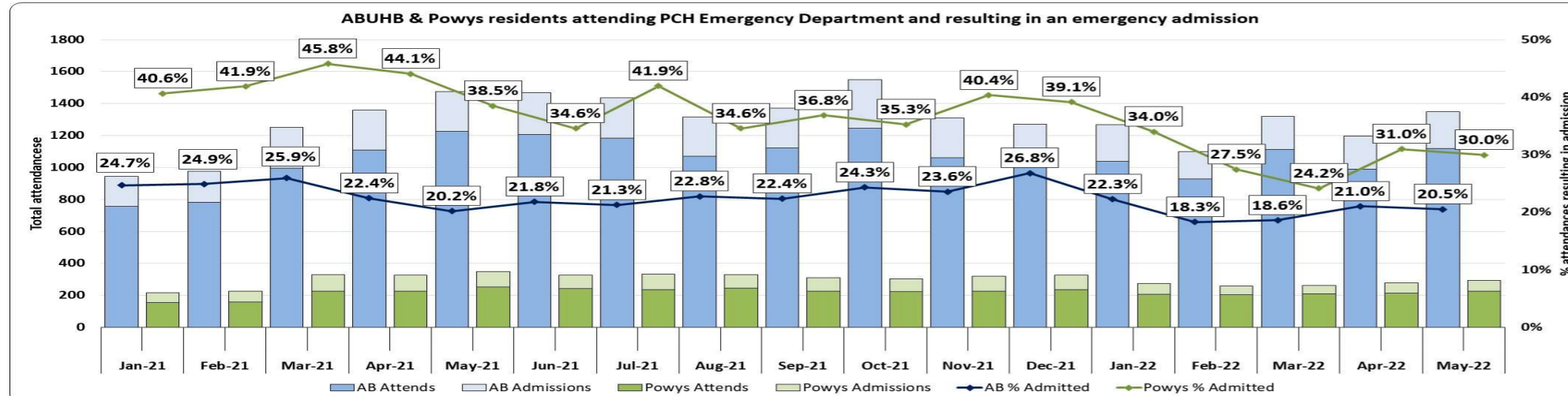
Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5072	69.6%	325	4897	59.4%	607	15346	60.9%	1571
Nov-21	4736	53.2%	604	4703	74.7%	325	4485	66.2%	526	14255	65.5%	1455
Dec-21	4482	55.3%	541	4558	72.1%	310	4211	63.6%	415	13455	64.2%	1266
Jan-22	4503	55.7%	753	4603	73.9%	403	4221	63.9%	472	13763	65.7%	1628
Feb-22	4350	55.3%	753	4359	69.1%	429	3969	59.4%	547	13101	62.6%	1729
Mar-22	5080	51.1%	882	5022	69.4%	407	4774	57.4%	612	15387	60.7%	1901
Apr-22	4750	57.1%	824	4681	68.0%	534	4435	51.6%	534	14281	60.2%	1892
May-22	5119	56.9%	766	4971	67.7%	487	4941	55.1%	619	15447	61.0%	1872



How do we compare with our peers?



As at April 2022, CTM ranked 5th out of all the acute health boards in Wales, with compliance at 60.2%. Best performing acute health board was ABUHB at 76.3% and poorest was BCUHB at 56.2%.



As at April 2022, CTM, ranked 5th out of all the acute health boards in Wales, with 1,892 patient breaches. Better performing acute health board was C&V with 1,196 patient breaches, poorest performing was BCU with 3,513 patient breaches.

How are we doing?

Although there were 8.2% (1,166) more attendances to our Emergency & Minor Injuries Department during May than in the previous month, a slight improvement in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, with overall performance at 61%. As per the table above, the UHB continues to experience challenges at PCH, where performance is presently at 56.9%, fairing slightly better than POW this month where compliance was 55.1%. The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments continues to be in the region of 87%, bringing the overall total of breaching patients to 1,872 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals, however PCH observed the greatest number of breaching patients and accounted for almost 41% of the overall total for CTM.

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

Average Attendances	% variance from previous year	
2019/20	15752	n/a
2020/21	11931	-24.3%
2021/22	15176	27.2%
2022/23	14864	-2.1%

What actions are we taking & when is improvement anticipated?

Bridgend ILG:

- Patient flow has been the main issue affecting ED Performance. The closure of Ysbyty'r Seren is likely to compound this issue from June.
- Ongoing work with WAST to review Handover Screen effectiveness and Red Release approvals

RTE ILG:

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

M&CILG:

- Real time demand & capacity introduced across hospital to improve understanding of acute demand and the barriers to efficient discharge.
- ED Improvement Programme continues
- Recruitment to additional nursing establishment underway
- Limited minor injuries service has restarted in YCC.

What are the main areas of risk?

- Staffing challenges continue
- Length of stay for non-elective patients has risen to its highest level for 5 years, creating exit block for the ED and Assessment areas. This is predominantly due to the crisis in social care capacity and funding.
- Long delays on ambulance and within ED increasing risk to patients in ED and in the community
- Frail elderly in ED for long periods awaiting beds leading to deconditioning
- Cancellation of non-urgent planned activity has potential to increase demand at the front door.
- Significant patient safety concerns associated with long delays in the Emergency Department. Known correlation between long ED stay and increased mortality.
- WAST diverts of out of area patients. This leads to longer length of stay with associated issues of repatriation back to local hospital



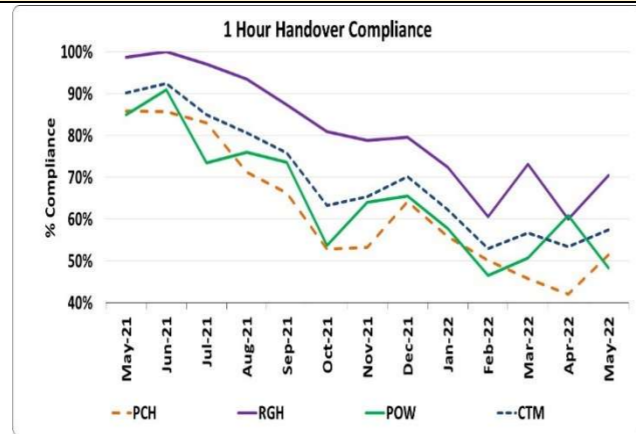
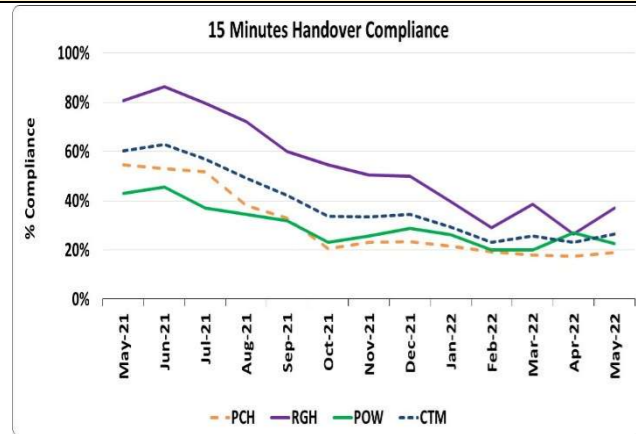
Emergency Ambulance Services – May 2022 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

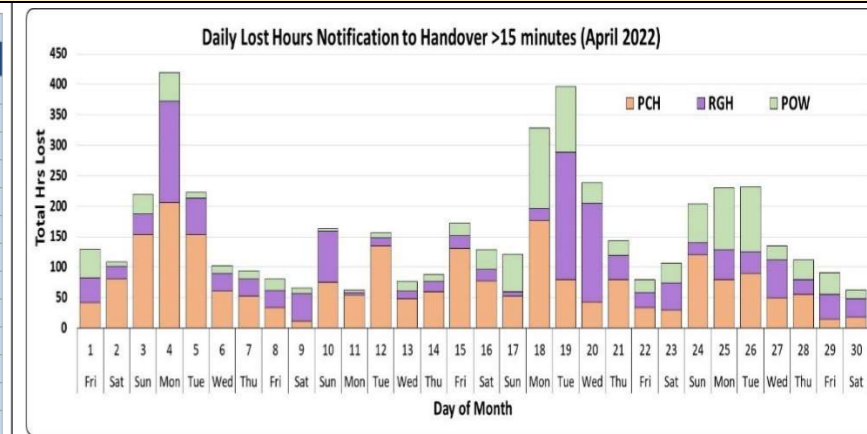
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,320 of which 616 handovers were within 15 minutes (26.6%)

986 handovers were over 1 hour (57.5% 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 %
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%



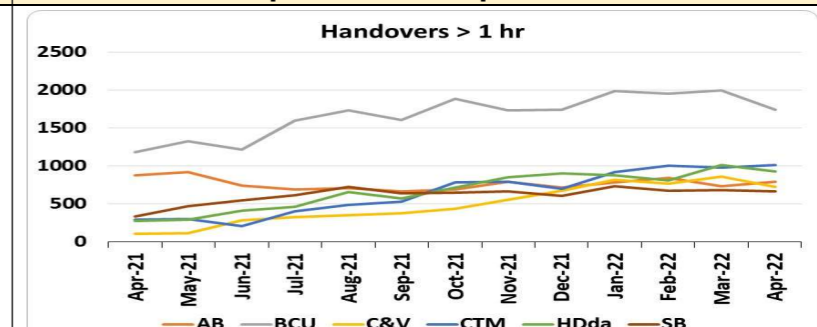
How are we doing? What actions are we taking?

Both the 15 minute and 1 hour handover compliance saw an improvement this month, 26.6% (23.1% April) and 57.5% (53.4% April) respectively despite there being an increase of 6.7% (143) in the number of Ambulance conveyances compared to the previous month, bringing the total to 2,320. The volume remains approximately 24% below the volume seen in the same period of 2021. During April our community lost 4,772 hours of ambulance cover due to handover delays at the Emergency Departments. May data was not available at the time of writing this report.

What actions are we taking & when is improvement anticipated?

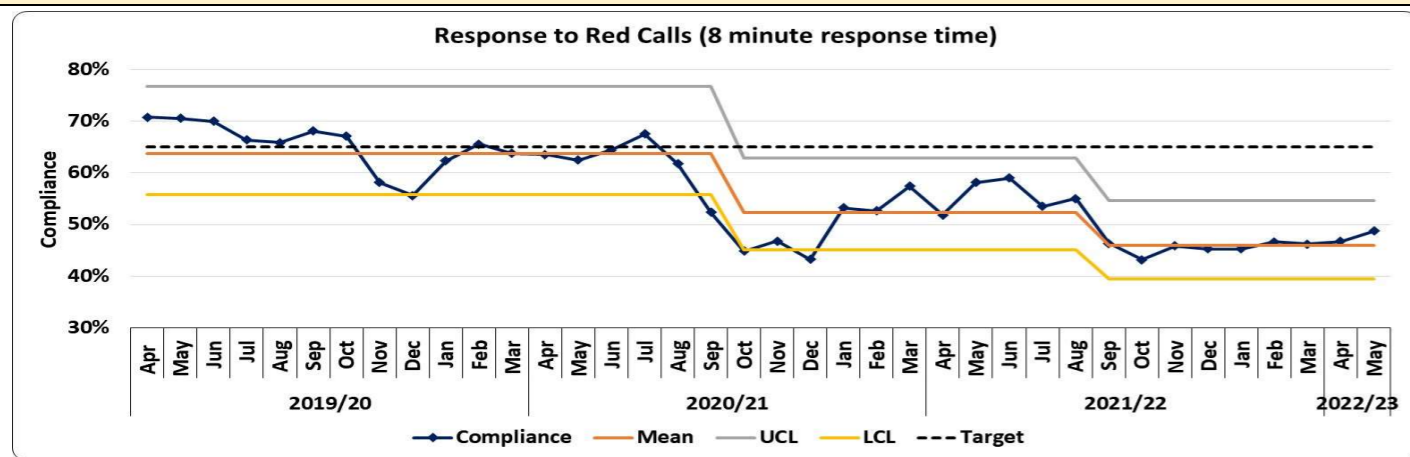
There is an increasing trend where acutely unwell patients are self-presenting at acute sites as opposed to arriving by ambulance based on advice given to use own transport by WAST. Clinical space is being utilised on a clinical priority basis and it is often the case that self-presenting patients pose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

How do we compare with our peers?

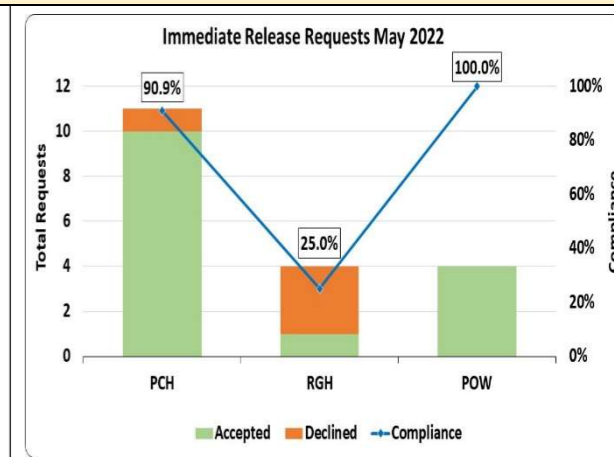


As at April 22, CTM was ranked 5th out of the six acute HB's in Wales with 1,014 patient breaches. Better performing was SBUHB with 672 patient breaches and poorest was BCUIHB with 1,748 patients waiting over 1 hr. for handover of care.

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance May 2022 – 48.8%



Period	WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)											
	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%



How are we doing?

Response to Red Call

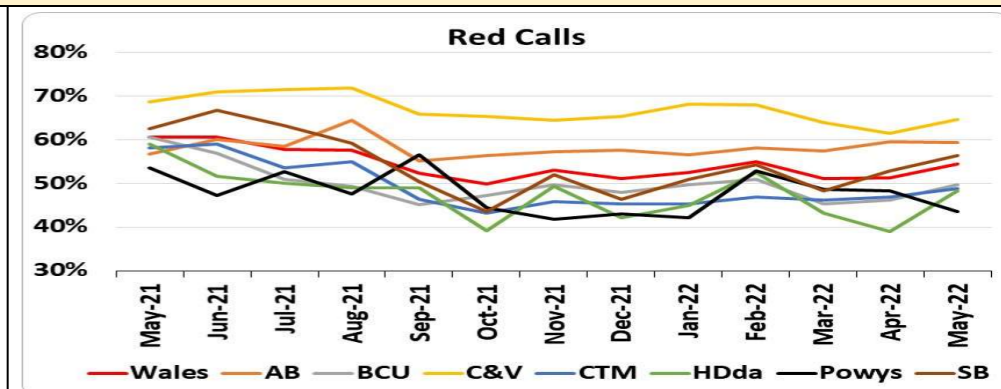
The persistent high numbers of life-threatening calls experienced by our ambulance service continues with response times during May only marginally improving to 48.8%. The Welsh average also improved slightly to 54.5% from 51% in April and has remained below target since August 2020. CTM response times for the last twelve months averages out at 48.2%.

Red Call Volumes shown in the central table continues to remain high with 521 observed in May, 5.5% higher than the previous month (494). Pre-Covid levels averaged 351 per month, whilst the Cwm Taf average for the last 12 months is 525 representing an approximate increase of 50%.

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call provisionally totalled 19 during May. The ED services were able to support affirmatively 15 (78.9%) of those requests.

How do we compare with our peers?

CTM ranked 5th out of all the health boards in Wales for response times to red calls during May (48.8%). Response times continue to remain better in the dense urban areas, with C&V seeing 64.6% compliance. Generally response times are worse in the more geographically challenging areas e.g. H Dda & BCU (48.3% & 49.7% respectively), although Powys had the poorest response times this month at 43.5%.



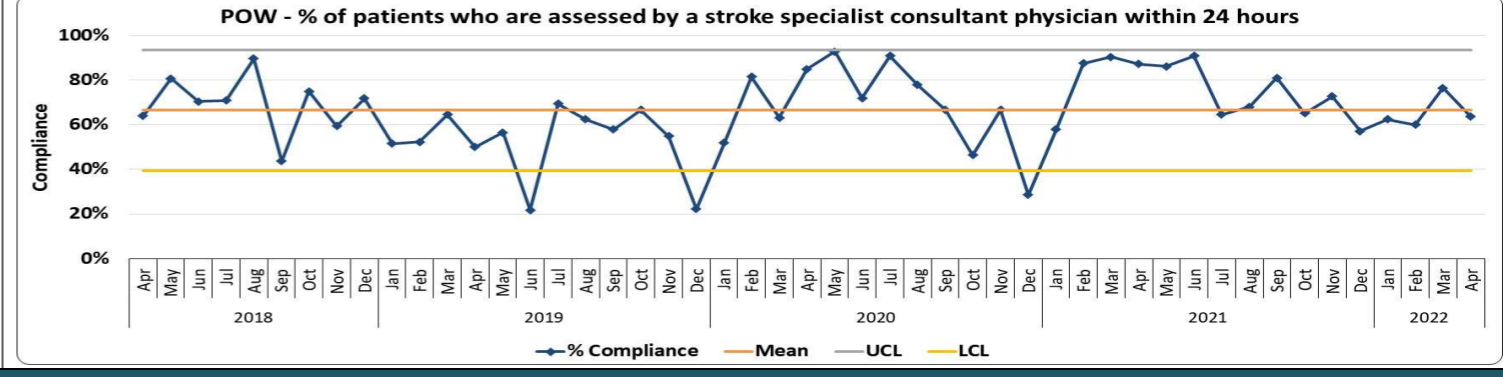
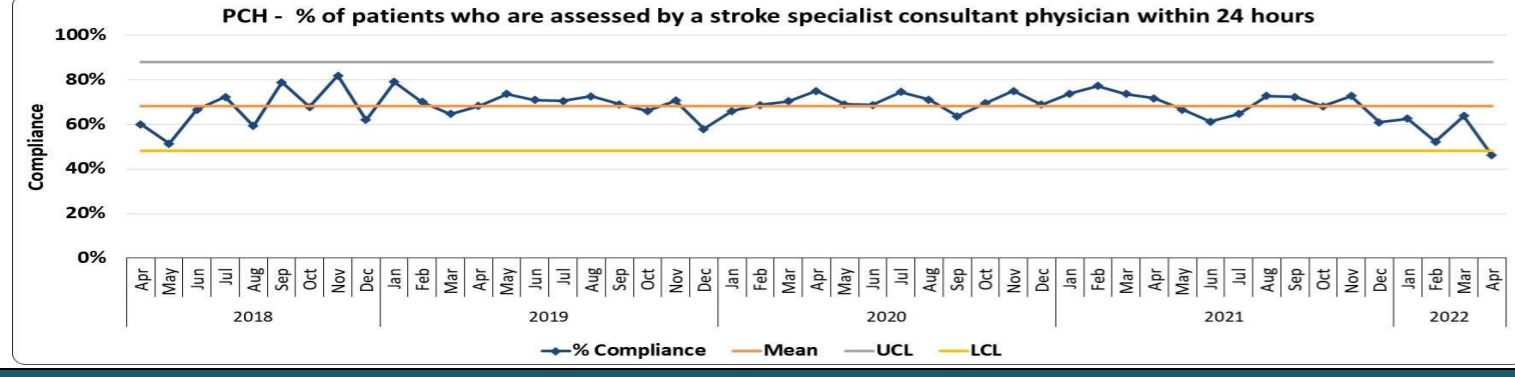
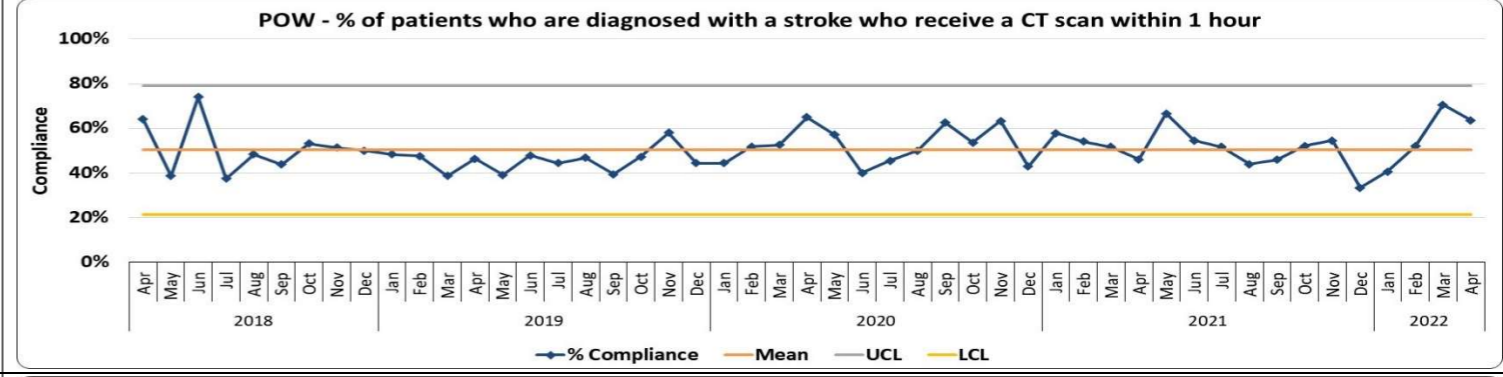
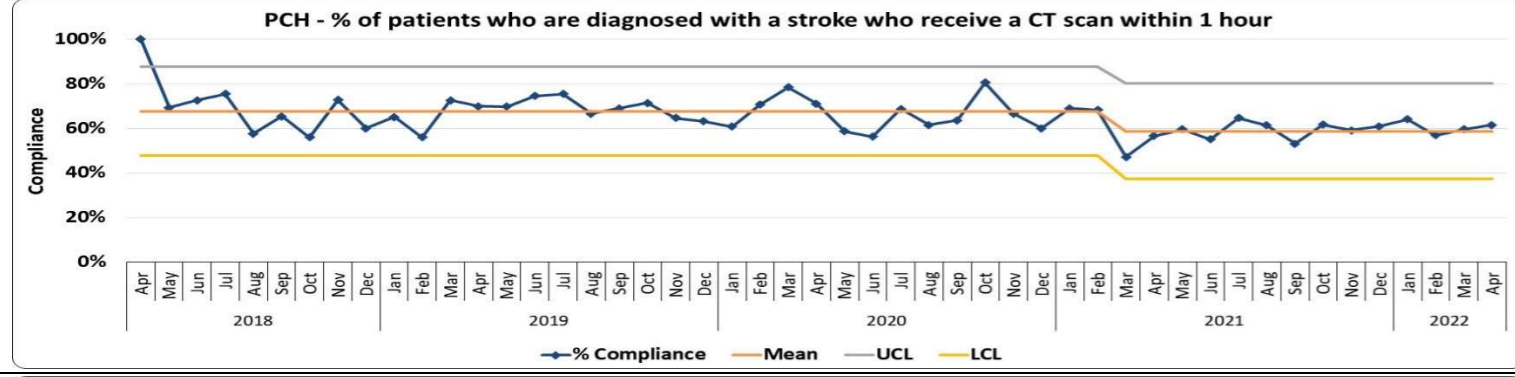
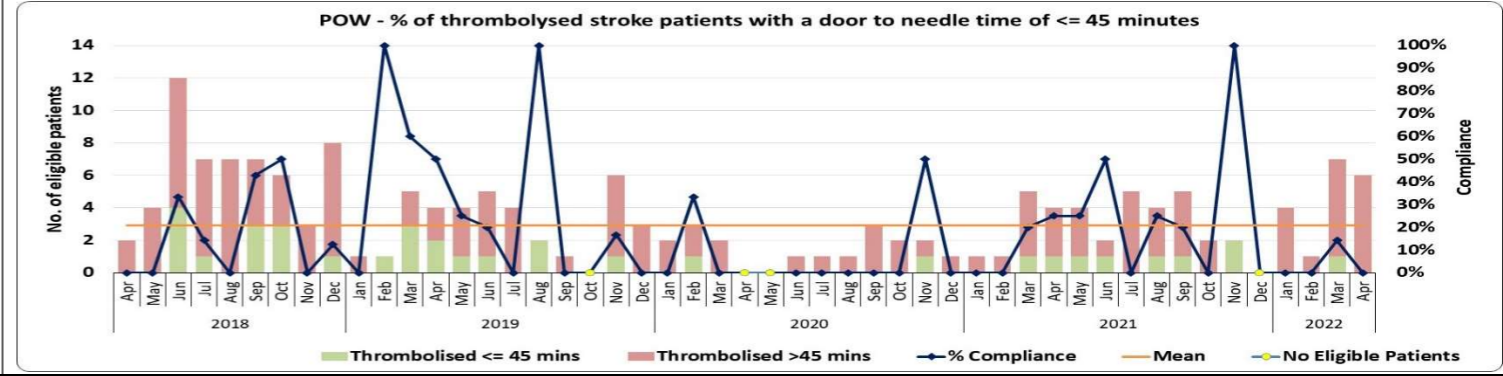
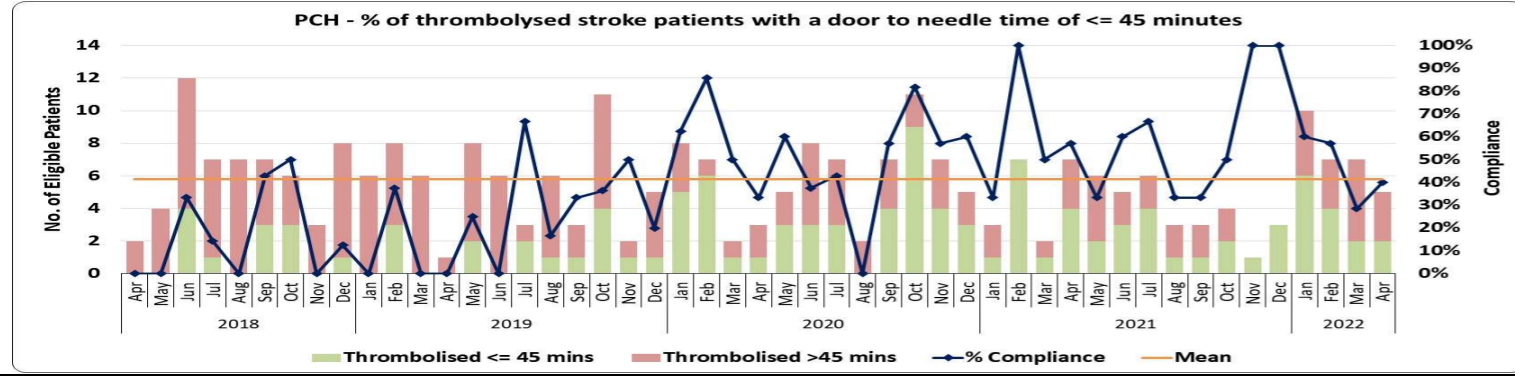
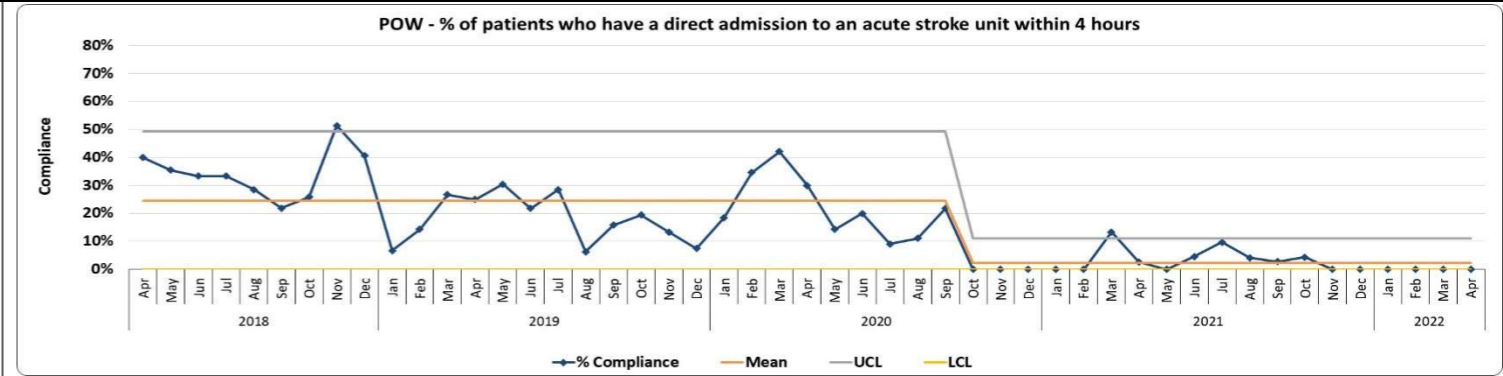
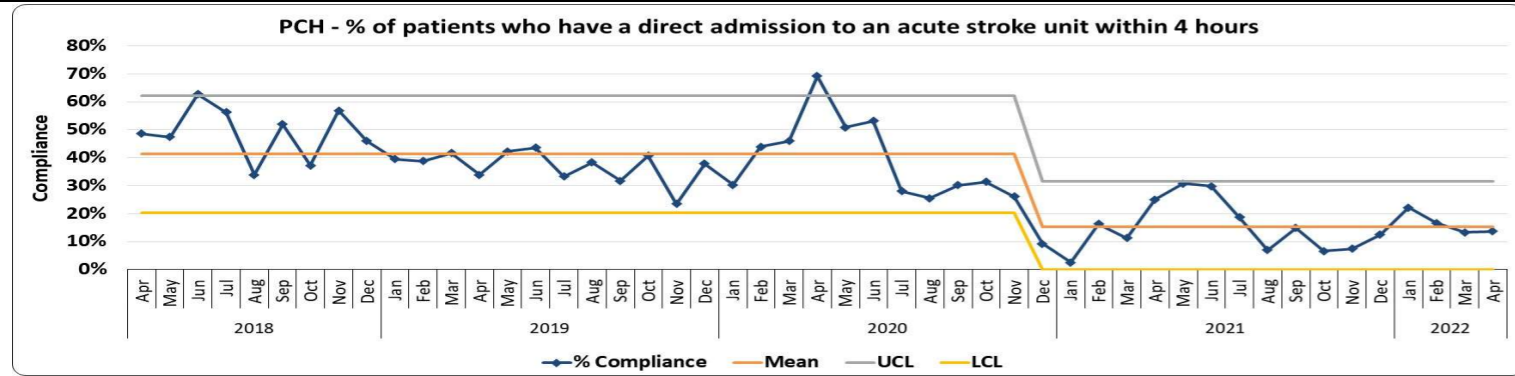


Stroke Quality Improvement Measures (QIMs) – April 2022

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
13.7%	0%	9.6%	40.0%	0%	18.2%	61.5%	63.6%	62.2%	46.2%	63.6%	51.4%

Prince Charles Hospital

Princess of Wales Hospital



Stroke QIMS continued on the next page...

How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance. In April, 9.6% (7 out of 73 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 18.2% of eligible patients were thrombolysed within 45 minutes (2 out of 11 eligible patients), 62.2% of patients (46 out of 74 diagnosed patients) had a CT scan within an hour and just over 51% of stroke patients (38 out of 74 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

As shown in the bottom left chart of the page above, of concern is the statistically significant deterioration in the percentage of patients being assessed by a stroke specialist within 24 hours of arrival, which fell below 50% for the first time in April 2022.

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

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

April 2022 stats:

Stroke QIMs - April 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	51	22	73
	No. of patients within 4 hours	7	0	7
	% Compliance	13.7%	0.0%	9.6%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	5	6	11
	No of patients within 45 mins	2	0	2
	% Compliance	40.0%	0.0%	18.2%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	52	22	74
	No. of patients within 1 hour	32	14	46
	% Compliance	61.5%	63.6%	62.2%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	52	22	74
	No. of patients within 24	24	14	38
	% Compliance	46.2%	63.6%	51.4%

What actions are we taking & when is improvement anticipated?

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

- Daily board rounds with nurses and therapists continue, with the addition of medical staff and including patient flow manager in PCH.
- Weekly MDT meetings has proved a useful forum – and will continue in the short to medium term as a priority.
- Continuing colleague education and collaboration ensuring that junior colleagues in particular are familiar with the quality targets for stroke services and the stroke care pathway.
- Expansion of space for therapy sessions on the acute stroke unit in PCH. An interim space has been utilised but the long term plan is to secure alternative accommodation for the ward.
- Assessment of long-term demand and capacity has been completed included as part of the post Covid recovery work across the ILGs. Longer term population health needs should be considered.

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

The CTM Stroke Planning Group continues to meet on a monthly basis.

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

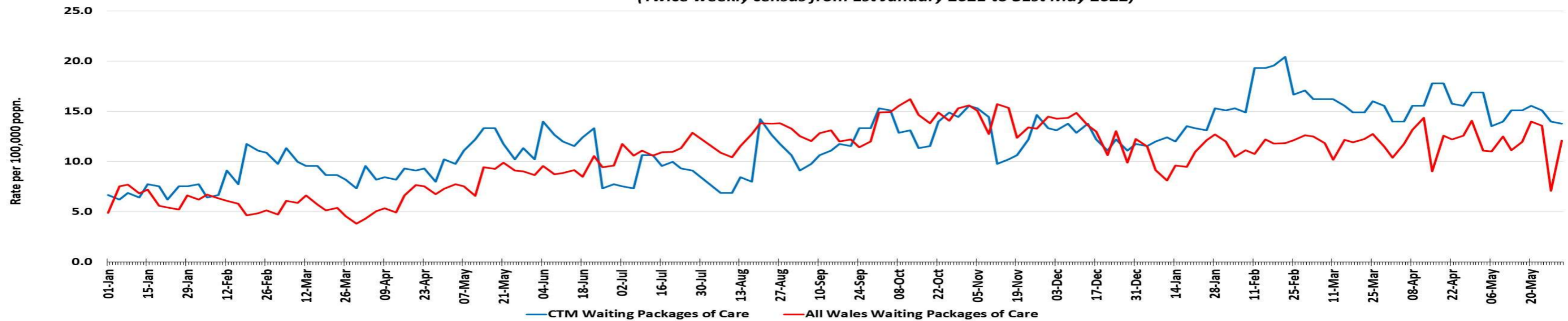
What are the main areas of risk?

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.

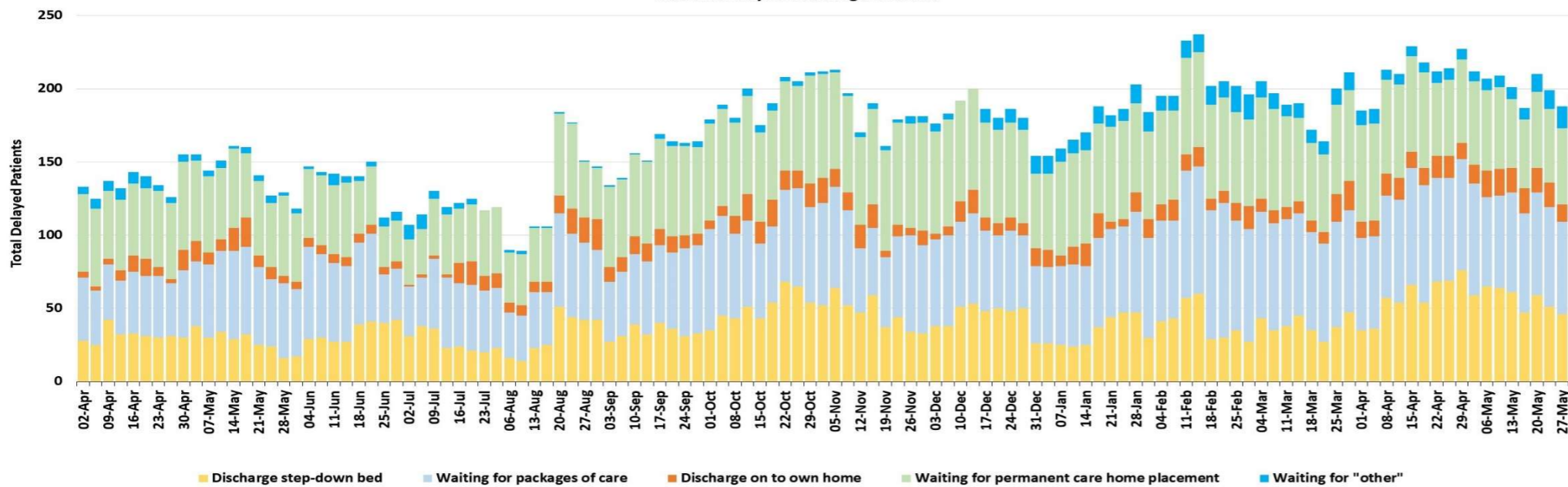
The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management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

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

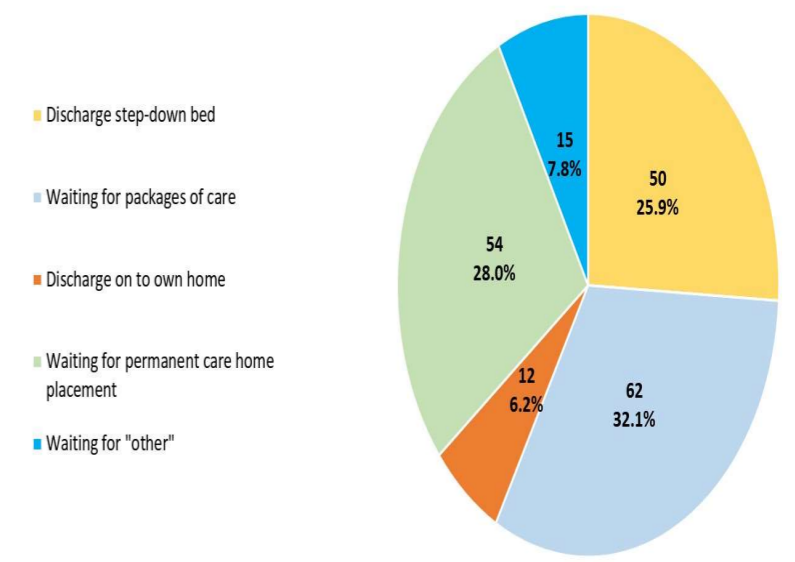
Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population) (Twice weekly census from 1st January 2021 to 31st May 2022)



Patient Delayed Discharge Reasons



Reasons for Patient Delays at census point 31st May 2022



How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) has declined from the peak at the end of February of c.92 individuals to 62 at the end of May. This equates to 13.8 delays per 100,000 population, and as it currently stands 14% higher than the national rate which is 12.1 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 193 individuals in this predicament. The main reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right.

What actions are we taking & when is improvement anticipated?

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

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

What are the main areas of risk

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

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



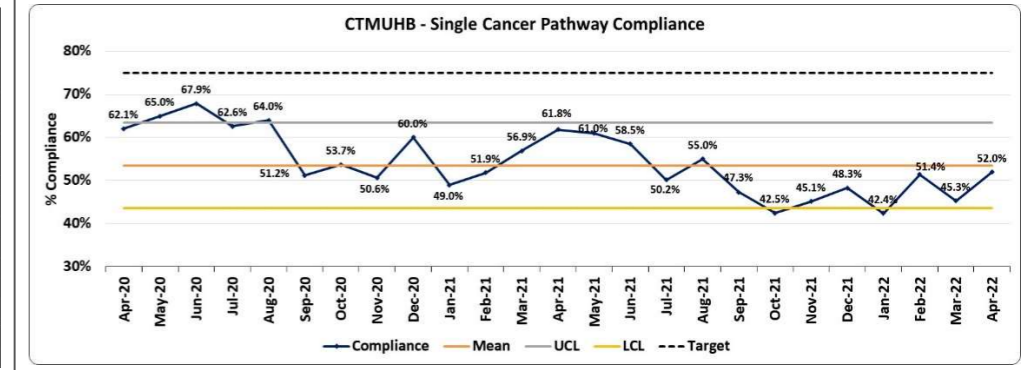
Single Cancer Pathway (SCP) – April 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 52.0%**

Number of patient breaches by tumour site

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
April 2022												
Head and Neck	2	3	5	2	6	8	2	1	3	4	9	13
Upper Gastrointestinal	1	4	5	10	1	11	5	3	8	13	6	19
Lower Gastrointestinal	0	1	1	5	8	13	5	3	8	10	12	22
Lung	4	3	7	8	2	10	6	8	14	18	13	31
Sarcoma							0	1	1	0	1	1
Skin(c)							33	3	36	33	3	36
Breast				18	18	36				18	18	36
Gynaecological	3	12	15				1	0	1	4	12	16
Urological				10	28	38				10	28	38
Haematological				6	5	11	1	3	4	7	8	15
Other							2	0	2	2	0	2
Total Breaches	10	23	33	59	68	127	50	19	69	119	110	229
Overall Compliance	30.3%			46.5%			72.5%			52.0%		

Single Cancer Pathway compliance trend



Performance for April improved to 52.0% from the previous reported position of 45.3%. Predicted performance for May currently is 47.5%.

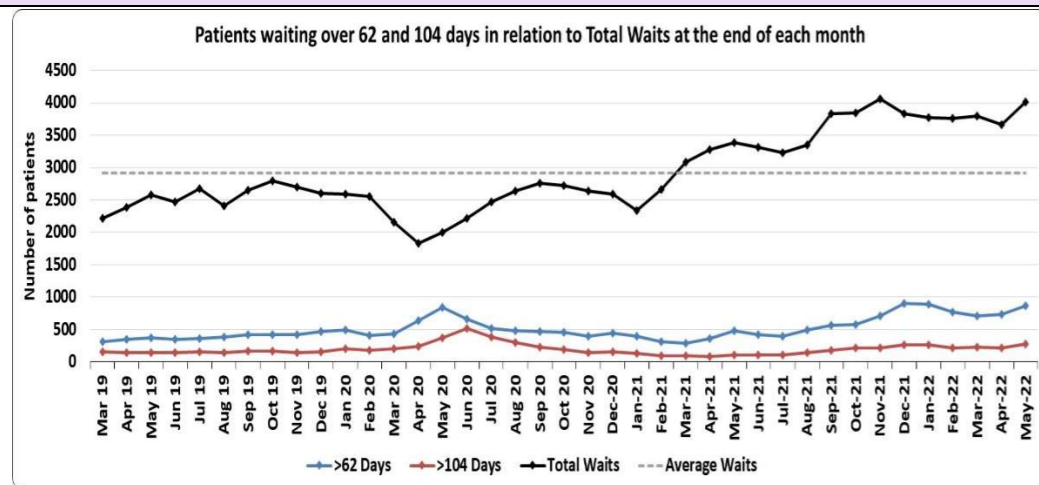
With the exception of skin and "other", no other sites have achieved the current SCP target, although Upper GI saw the greatest improvement in compliance, up from 26.1% in March to 68.4% in April.

Delays at first outpatient and diagnostic stages continues 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.

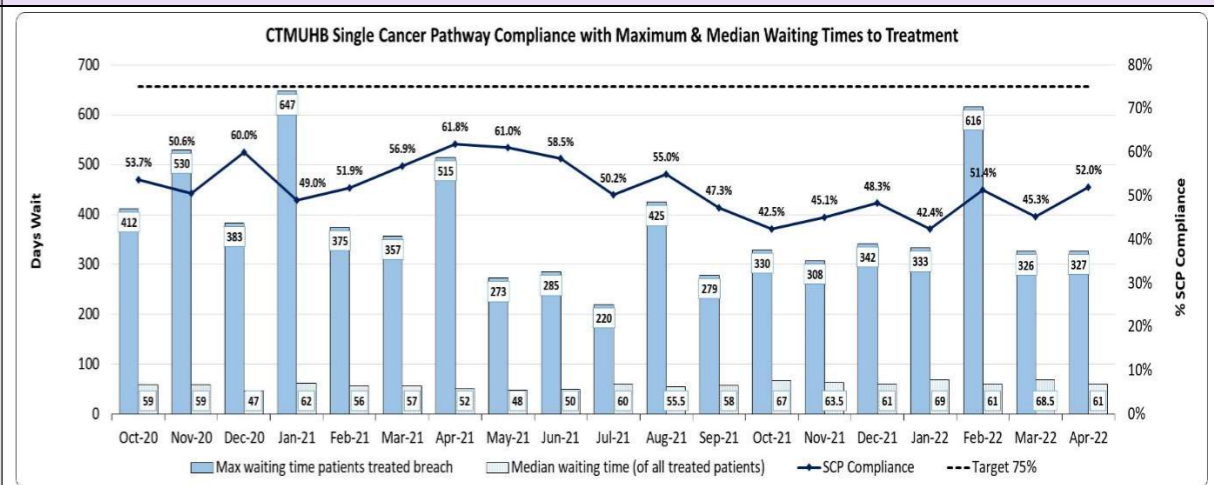
Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 2021; the lowest January 2022 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA (35%) and diagnostic stage (48%) collectively; accounting for 83% of all active patients on the SCP. Bridgend ILG noted an improved performance to 72.5%.

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



Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	5		2
Upper Gastrointestinal	37	3	21
Lower Gastrointestinal	42	7	27
Lung			2
Gynaecological	74	19	39
Other	2		
Grand Total	160	29	91
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	12	1	6
Upper Gastrointestinal	36	15	16
Lower Gastrointestinal	72	15	29
Lung	6		1
Breast	83	26	24
Urological	106	29	74
Haematological	1		2
Other	1		
Grand Total	317	86	152
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	2	1	3
Lower Gastrointestinal	2	1	5
Lung	6	1	4
Sarcoma			1
Skin(c)	22	3	10
Gynaecological	8	1	8
Haematological	1	1	2
Other	3	1	
Grand Total	44	9	33

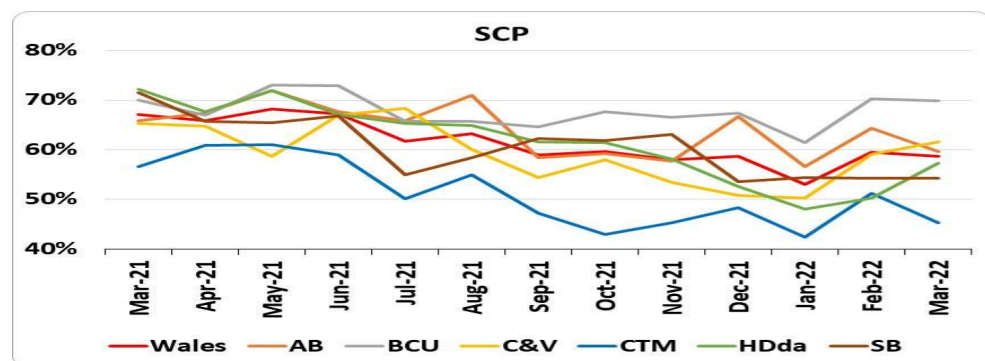
SCP Compliance detailing Maximum & Median Waiting Times to Treatment



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

Latest all Wales figures for March 2022, indicate that CTM has the lowest compliance out of the six acute health boards in Wales at 45.3%. Best performing is BCU with 69.8% compliance.

As at the 1st June 2022, the number of patients waiting over 62 days stands at 882 and of those, 275 patients are waiting over 104 days.



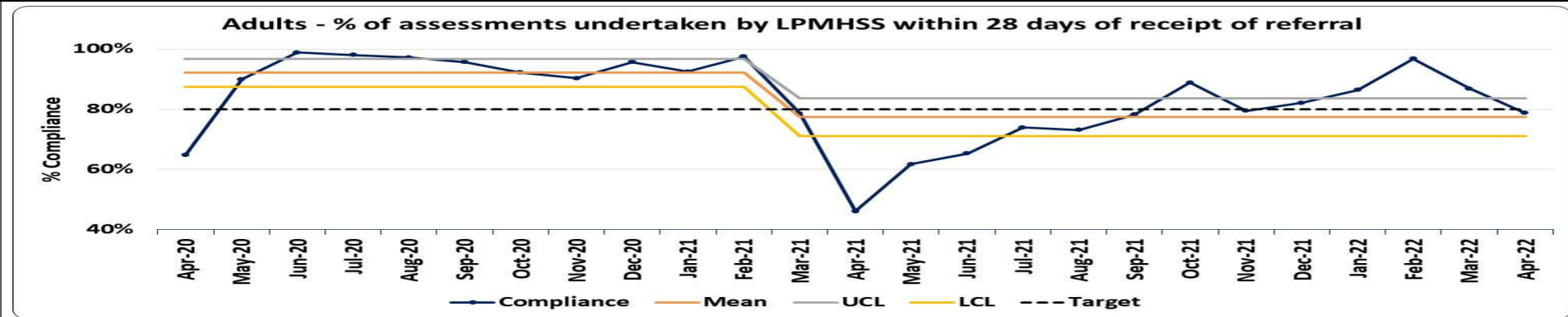
What actions are we taking & when is improvement anticipated?

- Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes.
- Change in format to weekly assurance meetings changed by COO.
- Focus specifically on reducing backlog.
- Urology review meetings increased to fortnightly to enhance progression against planned actions for improvement.
- Qlik insights, the specific cancer BI app is now live.
- Deep dive into Urology backlog clearance undertaken.

What are the main areas of risk?

- Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 83% of all patients on the active SCP are at 1st OP or diagnostic stage
- Increase in total volumes on active SCP
- Deterioration in backlog at both > 62 and > 104 days
- 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 and radiology.

% of assessments undertaken by LPMHSS within 28 days of receipt of referral - Target 80% – 78.8%



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.

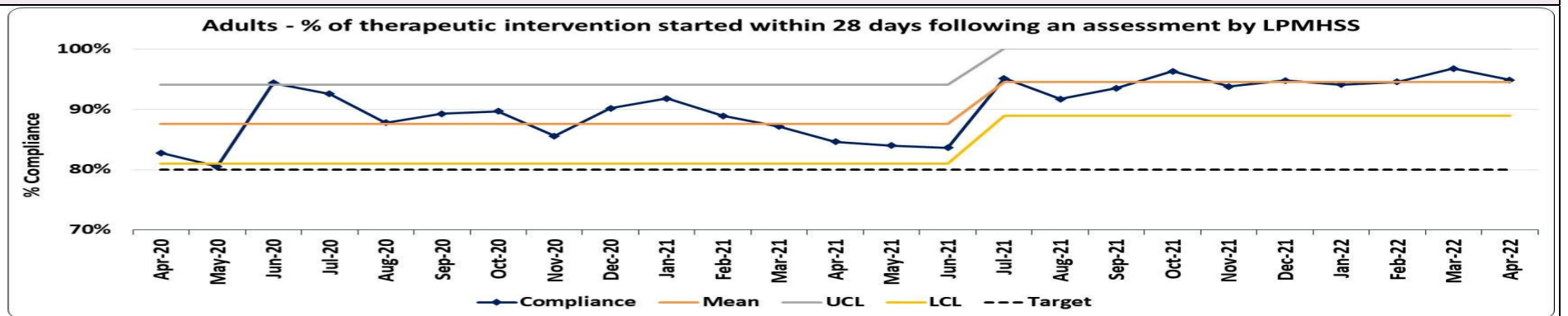
The adult mental health services compliance for April continued to fall to 78.8% from 86.9% in the previous month, and falling below the compliance threshold for the first time since November 2021, predominantly due to a reduction in staffing levels drive by higher absence rates.

Overall, compared to the previous month, referrals into the adult services fell by a third bringing the total number of referrals to 633 during April. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 662 per month.

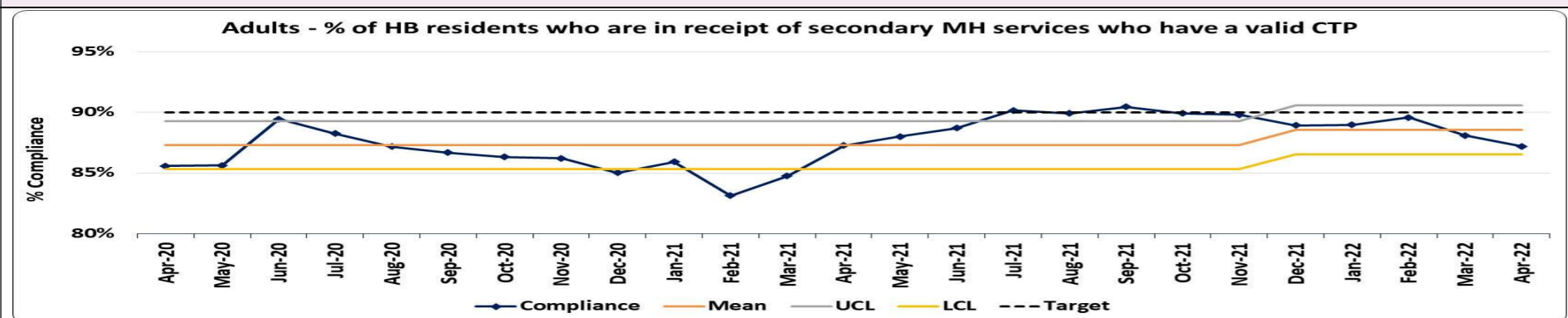
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80% – 94.9%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS remains reasonably stable at 94.9% and continues to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 254 with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during April amounted to 241 patients.



% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90% - 87.2%



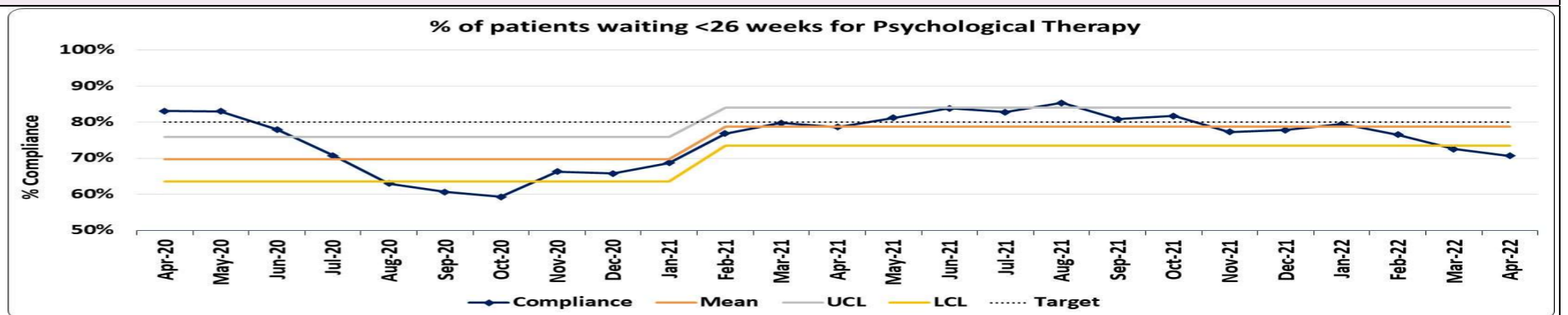
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell marginally to 87.2% during April with the chart to the left demonstrating that nothing is changing significantly and has continued to remain just under the 90% target for the past seven months.

Part 3: There was one outcome of assessment report sent during April and within the 10 working day timeframe.

% of patients waiting less than 26 weeks to start a Psychological Therapy - Target 80% - 70.6%

Psychological Therapies compliance further declined during April to 70.6%, with the total number of patients waiting equating to 763; representing an increase of over 63% on the number of patients waiting at the end of April 2021 (468).

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



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

How are we doing and what actions are we taking?

Part 1a compliance decreased for the second month running from 86.9% to 78.8% in April. Performance has now fallen below the 80% target for the first time since November 2021. Of the three ILGs, only RTE is above target (96.5%), whilst M&C and Bridgend ILG are below target. M&C ILG have dropped from 80.18% in March to 76.5% in the following month. Activity levels have also fallen compared to the previous month. Bridgend ILG has seen a second consecutive drop in performance from 55.4% in March to 27.7% in April despite a small increase in activity.

Part 1b compliance continues to stay above target at 94.9%. All ILGs are above target.

Part 2 compliance for both Adult and Older Adult Services combined have decreased compared to the previous month from 87.9% to 84.8%, which is below the target of 90%. Adult Services saw a decrease from 88.4% to 86.1%, however, Older Adult Services saw an improvement from 87% to 90.7%. During this period, Adult Services saw an increase in caseload size from 1699 to 1734 and Older Adult Services saw an increase from 522 to 526.

Psychological Therapies the overall times for patients waiting to start a psychological therapy continues to increase. The service has seen an increase in numbers waiting below 26 weeks from 512 to 539, and those waiting more than 26 weeks from 194 to 224.

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

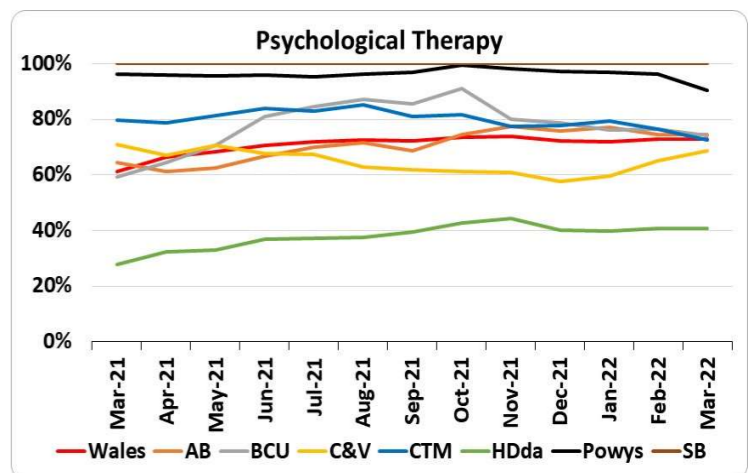
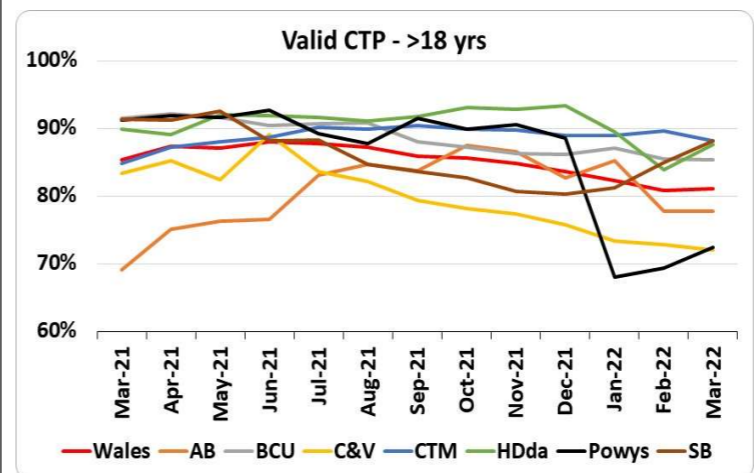
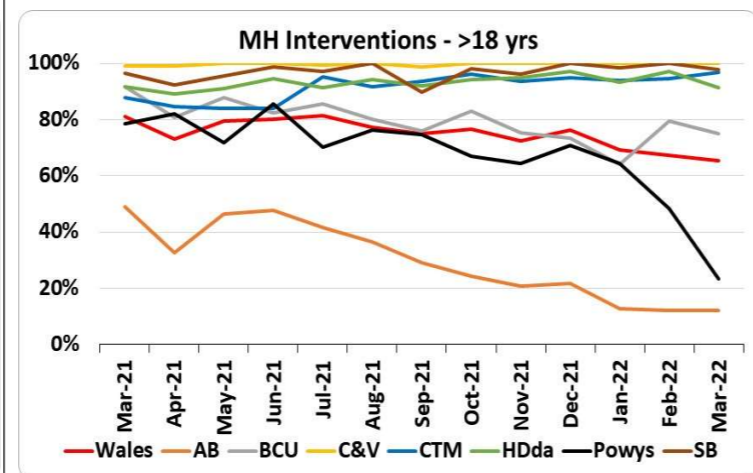
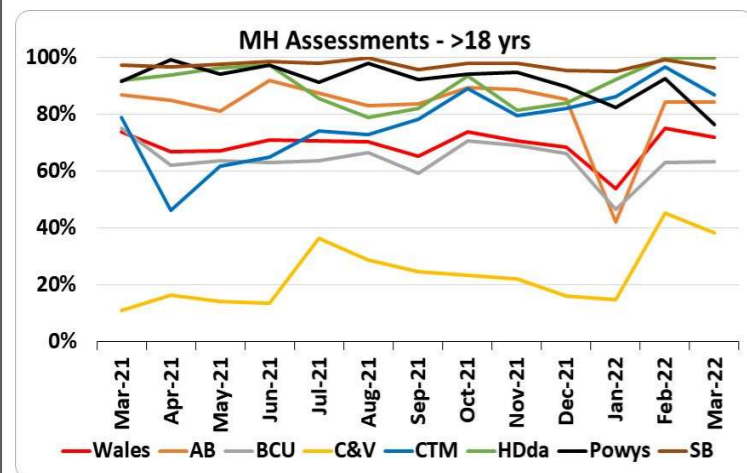
Part 1a compliance continues to be a significant challenge for some ILGs with a reduction in staffing levels due to absences causing a reduction in performance. Recovery plans are being developed for those services with significant pressures to ensure performance improves and services are more resilient to changes in demand and capacity.

Part 1b compliance continues to remain above target.

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

Psychological Therapies improvements are dependent on support for the recovery plan to address the discrepancy between the demand of this service and the capacity available whilst undertaking process redesign to ensure a right-sized system of care. Funding for a programme manager has been agreed and advertised. The Recovery Plan is identified a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality, experience for service users. The impact of Covid-19 continues to be the biggest risk to compliance improvements in the Mental Health Measures for Parts 1 & 2.

How do we compare with our peers?



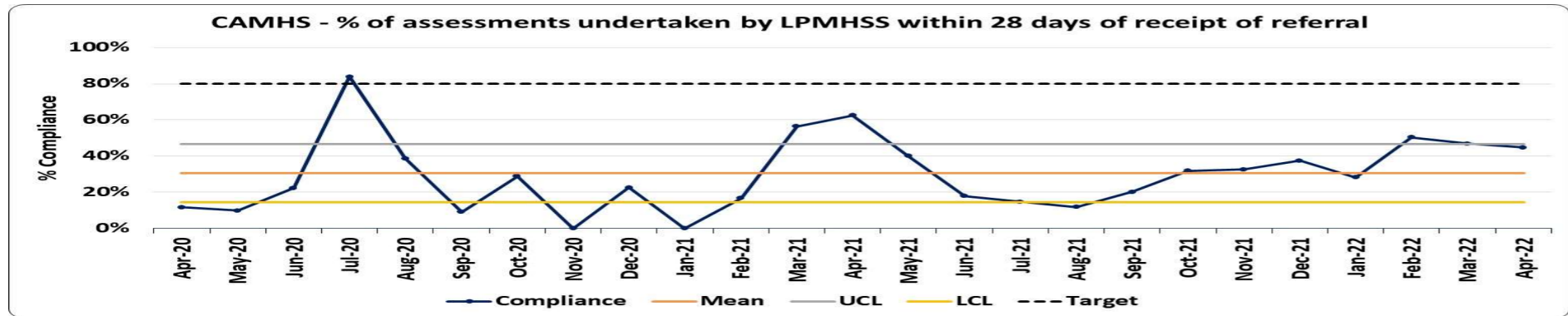
Assessments: as at March 2022, CTM achieved a compliance of 86.9% to rank 3rd out of all the health boards in Wales. Best performing was Hywel Dda with 100% compliance and C&V seeing the lowest compliance at 38.4%.

Interventions: as at March 2022, C&V attained 100% compliance. CTM ranked 3rd out of all the health boards in Wales achieving 96.8%, whilst ABUHB had the lowest compliance at 12.2%.

CTP: as at March 2022, both CTM and SBUHB had the highest compliance out of all the health boards in Wales at 88.1% apiece. C&V had the lowest compliance at 72.0%.

Psychological Therapies: as at March 2022, SBUHB achieved 100% compliance. CTM was 5th out of all the health boards in Wales (72.5%), whilst Hywel Dda achieved the lowest compliance at 40.9%.

% of assessments undertaken by LPMHSS within 28 days of receipt of referral - Target 80% – 44.7%



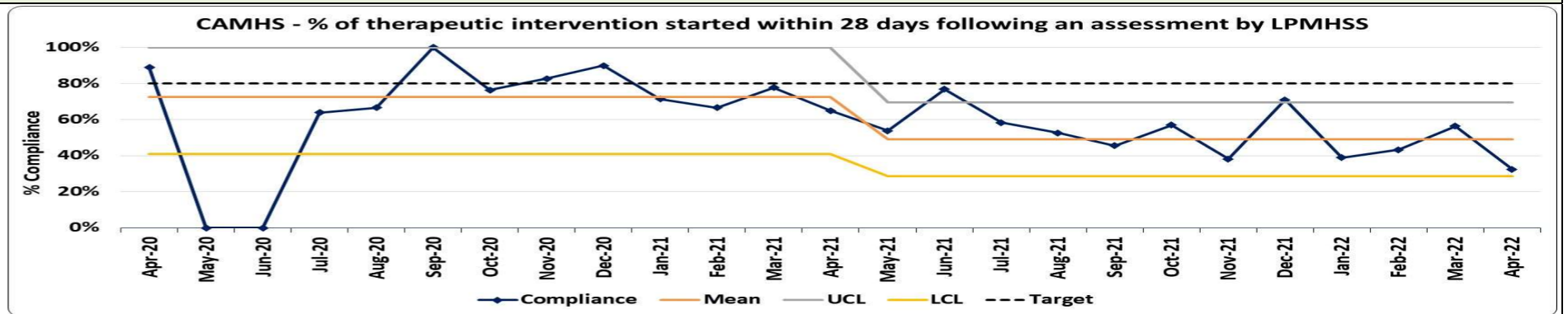
During April, 44.7% of assessments were undertaken within 28 days of referral, remaining below WG's minimum expected standard of 80% with the last time the target being met was in July 2020.

Waiting list volumes continue to rise and demand remains higher than pre-Covid levels. 119 referrals were received in April, which is an increase of over 40% on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals for 2021/22 standing at 162 per month.

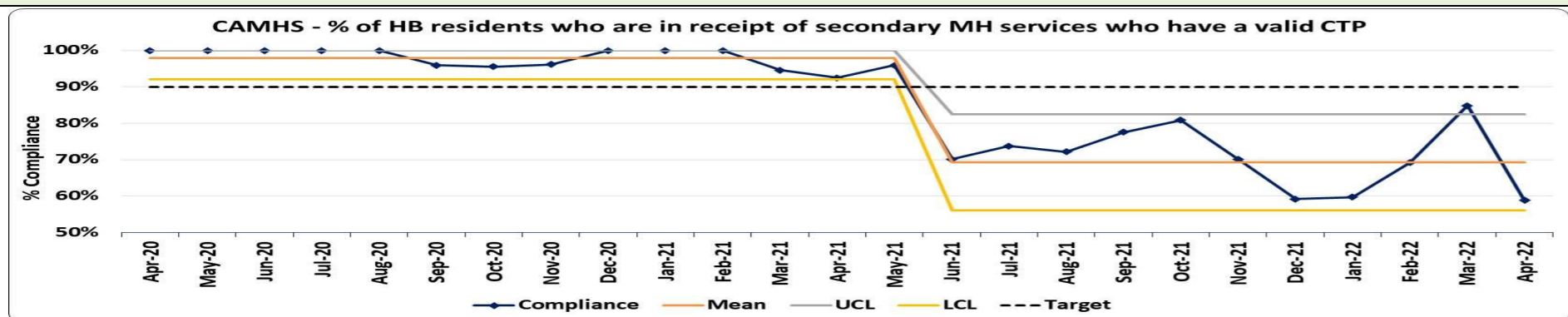
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80% – 32.5%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell to 32.5%, the lowest level observed since June 2020, with just 13 of the 40 interventions for April 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 – Target 90% - 58.8%



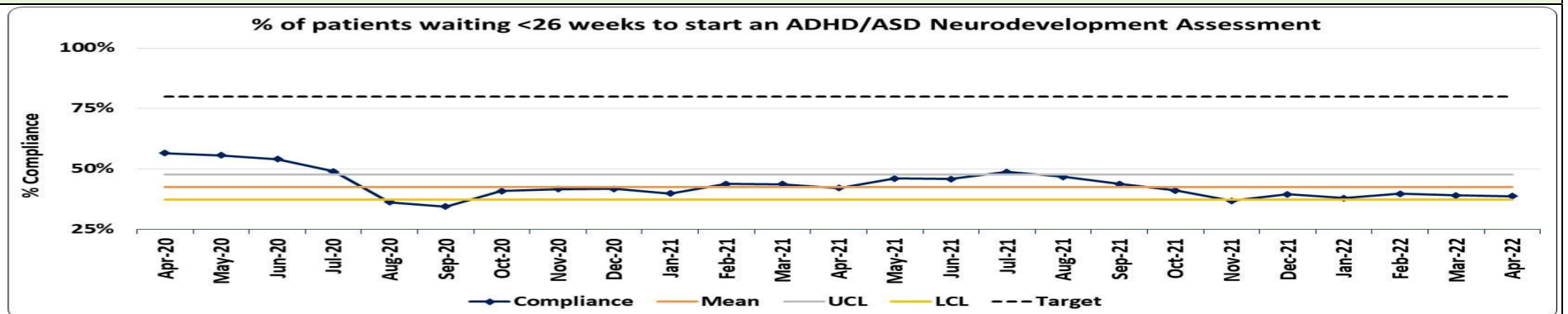
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell to 58.8% from 84.8% in the previous month and remains below the set target (90%). May 2021 was the last time compliance was achieved.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment - Target 80% - 38.7%

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance during April remaining almost static at 38.7%.

Additionally, the total waiting list volume continues to grow and now stands at 1,290 patients, over 55% higher than in May 2021.



CAMHS continued on the next page...

How are we doing and what actions are we taking?

There has been a sustained demand on services through April 2022 even through the Easter holiday period. The acuity of the presentations of the CYP still remains high. There has also been an increased demand for the Crisis Service into April 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 from the start of May.

The Rapid Intervention Service for Eating Disorders received a further 11 referrals in April, 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. The Mood Disorder and Anxiety Group commenced 25th April. Uptake from the CYP has been positive. The team are developing plans to run a Parent Group concurrently on a rolling programme in all locality areas alongside the groups for CYP.

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

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

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

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

A proposal has been developed to fund additional clinics to address the backlog in the service.

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

Main areas of risk

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

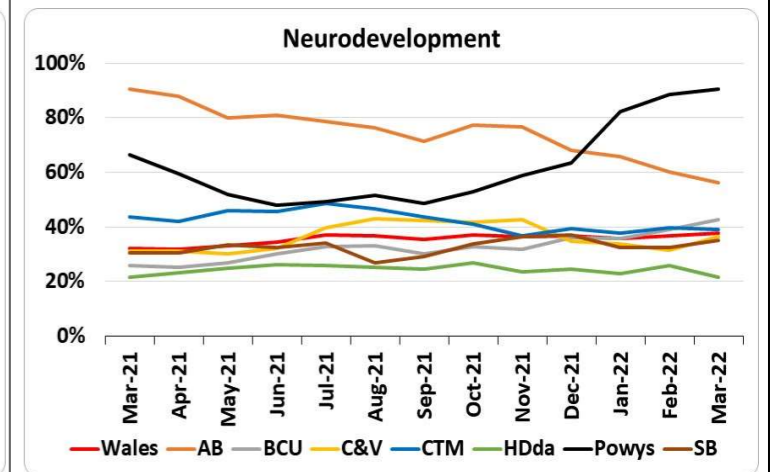
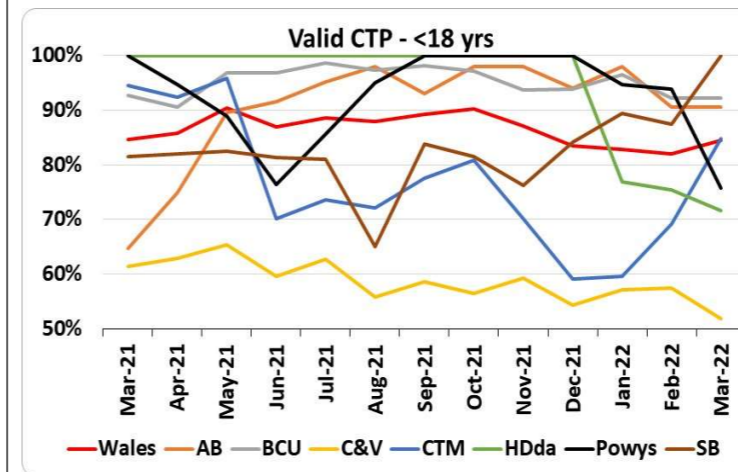
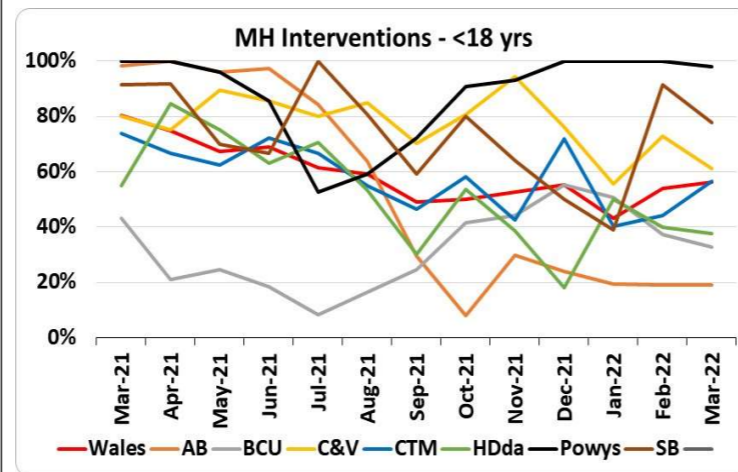
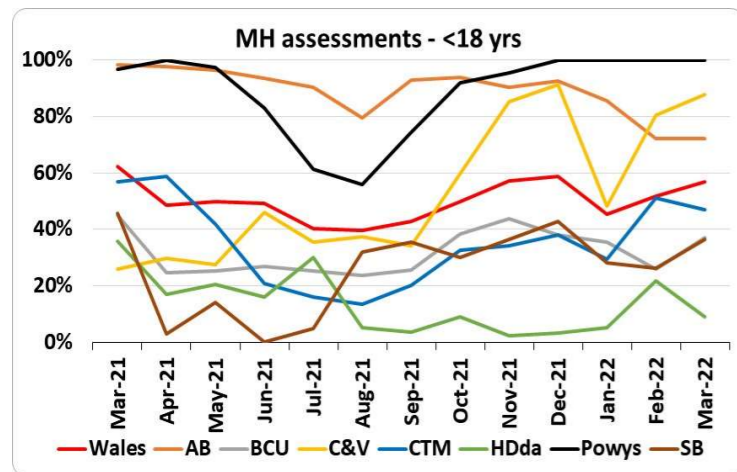
Improvements: an improvement plan has been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been an increase in number of identified CYP on Part 2 of the measure.

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 and other groups in each locality are being developed. A business case has been developed for the new Mental Health Monies to fund specific staff to support the sustained implementation of the groups.

Staffing has been moved in some localities to support demand and waiting times and to increase capacity for assessments. A request for some additional monies to support some short term planned recovery clinics is being submitted to provide some additional capacity.

Trajectories are being developed to project the performance improvement

How do we compare with our peers?



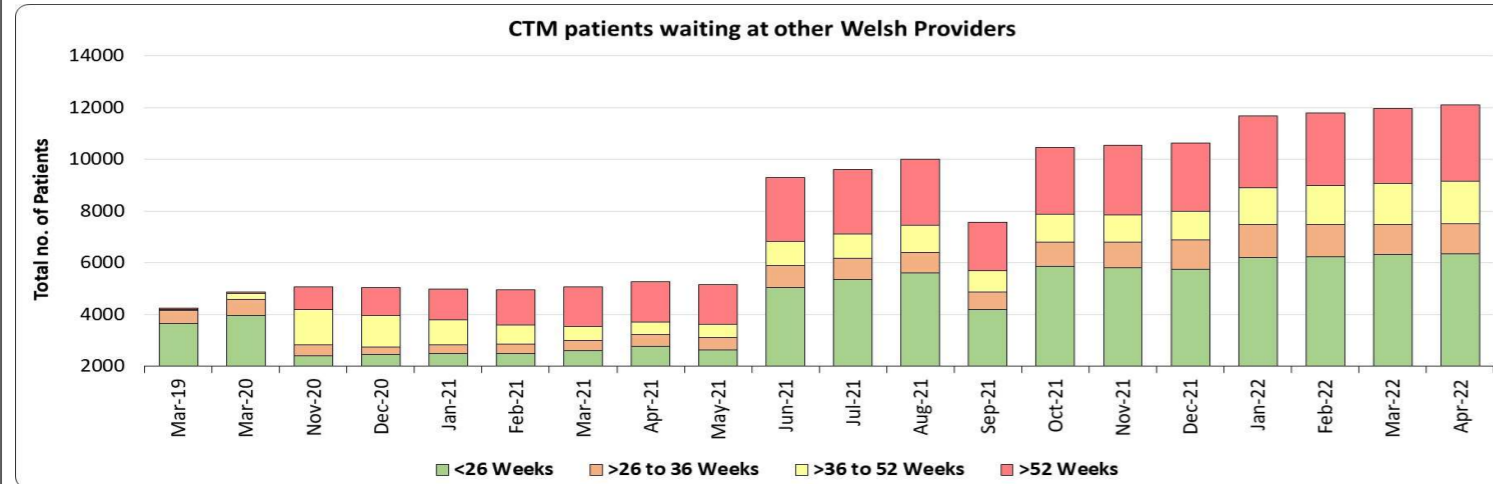
Assessments: as at March 2022, Powys achieved 100% compliance. CTM ranked 4th out of all the health boards in Wales with 46.9% and Hywel Dda had the lowest compliance at 9.1%.

Interventions: as at March 2022, Powys achieved the highest compliance for Part 1b at 97.8%. CTM saw a compliance of 56.4% to rank 4th with ABUHB seeing the lowest performance out of all the health boards in Wales at 19.1%.

CTP: as at March 2022, CTM ranked 4th out of all the health boards in Wales with compliance at 84.8%. Best performing was SBUHB (100%) and worst being C&V with compliance of 51.9%.

Neurodevelopment Assessment: as at March 2022, CTM compliance was 39.2% (ranked 4th) with Powys achieving 90.6% to achieve best performance out of all the health boards in Wales. Hywel Dda fared the least with 21.6% compliance.

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 April is 4,609. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 229 and there are 7 patients waiting over 14 weeks for a therapy.

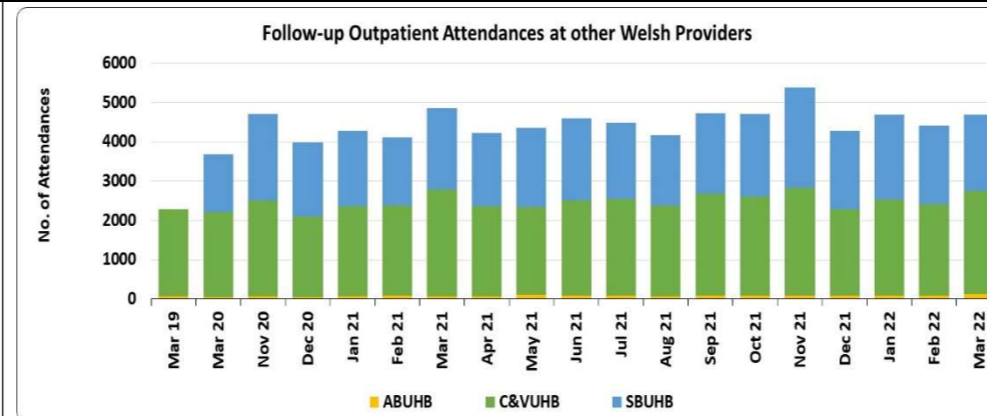
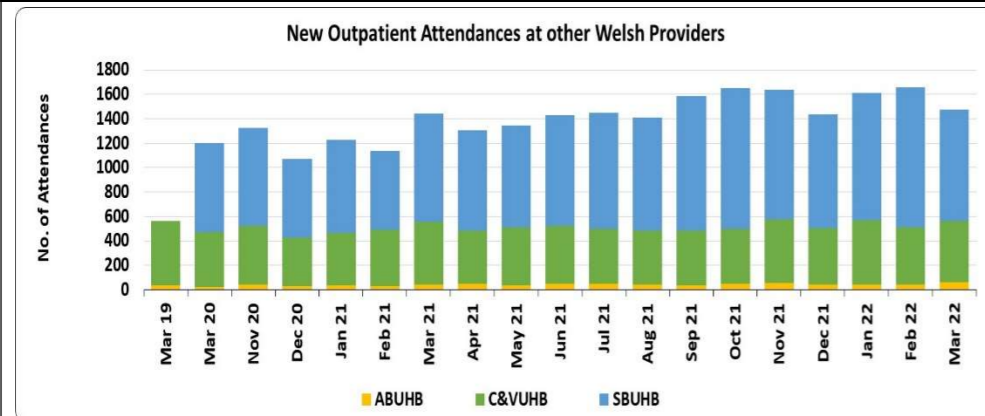
Specialty	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	203	658	5	57	223	461
Ophthalmology	88	210	13	53	45	234
Clinical Immunology And Allergy	42	124	7	17	81	192
General Surgery	34	68	7	11	86	191
Oral Surgery	17	64	12	6	51	140
ENT	18	59	4	4	26	76
Gynaecology	11	43	1	1	9	22
Urology	17	35	3	1	5	13
Dental Medicine Specialties	17	18	1	1	9	11
Paediatric Dentistry	7	18	1	1	9	11
Paediatric Surgery	21	18	1	1	3	6
Dermatology	15	14	1	1	1	3
Neurology	453	13	55	152	1	1
General Medicine	11	13			1	1
Cardiology	33	11			1	1
Paediatrics	11	9			1	1
Anaesthetics	7	7			1	1
Neurosurgery	6	6			1	1
Restorative Dentistry	2	4			1	1
Nephrology	2	3			1	1
Gastroenterology	3	2			1	1
Orthodontics	1	2			1	1
Pain Management	4	2			1	1
Cardiothoracic Surgery	2	2			1	1
Clinical Oncology		2			1	1
Paediatric Neurology		1			1	1
Clinical Haematology	1	1			1	1
Rheumatology	3				1	1
Clinical Pharmacology	2				1	1
Grand Total	1031	1406			569	1363

Weeks Wait	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	3302	51.7%	299	52.9%	2738	53.5%
>26 to 36 Weeks	652	10.2%	59	10.4%	450	8.8%
>36 to 52 Weeks	1031	16.1%	55	9.7%	569	11.1%
>52 Weeks	1406	22.0%	152	26.9%	1363	26.6%
Total Waiting	6391		565		5120	
% of Total Waiting	52.7%		4.7%		42.2%	

Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Total Waits	>8 wks	Total Waits	>8 wks	Total Waits	>8 wks
Cardiology	133	50	42	27	37	36
Endoscopy	65	32	6	1	98	27
Physiological Measurement	23	16	1	1	122	25
Radiology	196	13	22	1	257	88
Neurophysiology	1	1				
Imaging	6	1				
Total	424	112	71	29	257	88

Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Total Waits	>14 wks	Total Waits	>14 wks	No patients waiting for a therapy	
Physiotherapy	28	3	6	1		
Dietetics	12	1	2			
Audiology	1	1				
Occupational Therapy	5	2	1			
Podiatry	1		1			
SALT	1		1			
Total	47	6	12	1		

CTM Outpatient Attendances at other Welsh Providers

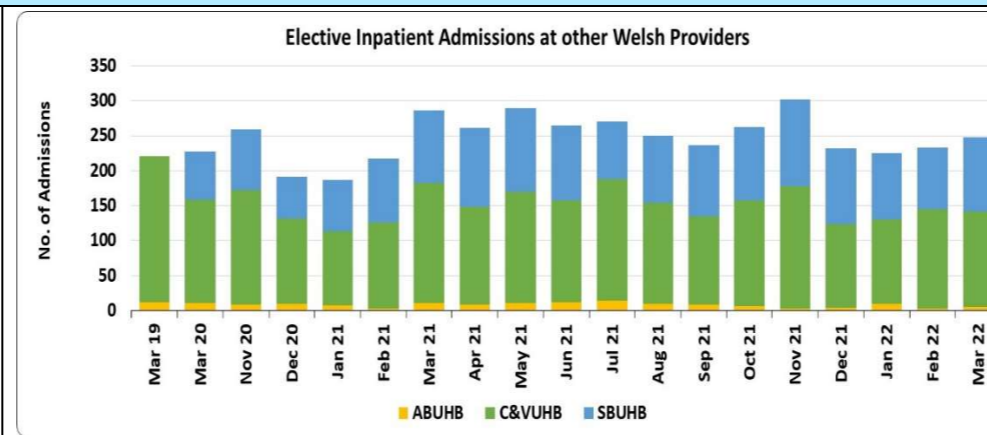
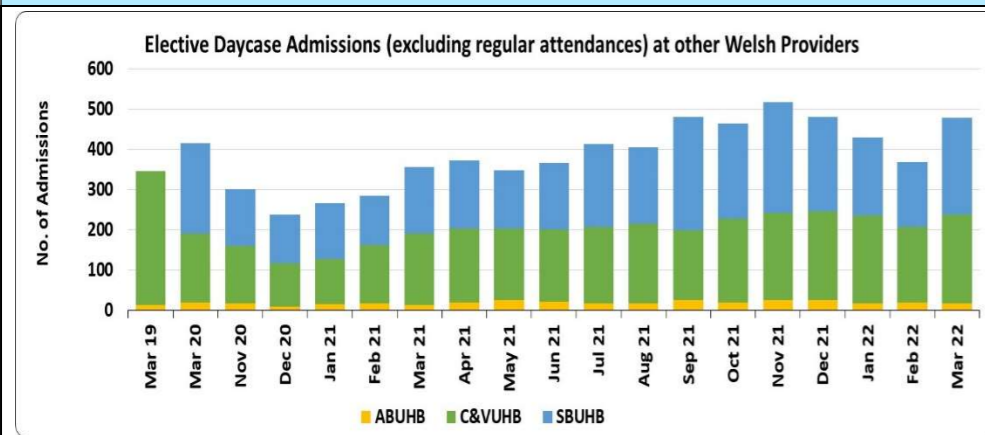


The March 2022 position (reported at May WHSSC meetings) still shows little change from the previous reported positions.

Outpatient referrals are increasing in Cardiology and Thoracic Surgery in Cardiff with waits up to 51 weeks for a first appointment, however there is not a corresponding increase in those converting to treatments.

Neurosurgery are undertaking additional clinics to reduce the waiting times for first appointments to less than 28 weeks. There are waits of over 104 weeks in Plastic Surgery with no plan for reducing these.

More positively, Paediatric Surgery have seen their outpatient waiting times reduce to 26 weeks.



CTM continues to have the 2nd lowest access rate amongst the HBs to Cardiac Surgery, but for Cardiology have the third highest access rate and 2nd highest for Thoracic Surgery. Cardiff are reporting some patients waiting up to 103 weeks.

For Neurosurgery, the plan was to treat all patients waiting >52 weeks by the end of March, but there were still reported waits of up to 103 weeks.

The number of patients waiting over 104 weeks for Plastic Surgery continues to grow with no plan for these reducing in the short term.

Paediatric Surgery is still reporting waits of over 104 weeks with no plans outlined for recovery in the short term.



2.6 Finance update – Month 02

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

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

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

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

- The organisation has implemented the RLDatix 'Once for Wales' incident module from 1st April 2022, with the previous Datix system available for a limited period to allow for closure of open incidents entered onto the old system.
- The organisation is preparing for a new operating model and during this time of change, it is important that quality and patient safety remains the priority throughout. Line of sight and assurance on the breadth of services must be maintained through robust reporting systems and triangulation of data.
- A revised Quality Governance and Patient Safety framework will be required to set the standard for quality, safety and assurance of health board services. A Quality Strategy is in draft and will be presented to the next Quality & Safety Committee for approval; this will clearly set out the quality priorities for the Health Board and its stakeholders, facilitating high expectations for care and service delivery.
- A new Quality Assurance Group is planned to support the strategic oversight and operational delivery of quality services and facilitate assurance reporting to the Quality and Safety Committee. The purpose of the Quality Assurance Group will be to receive assurance that high standards of care are provided throughout the organisation, and in particular, that adequate and appropriate governance structures, processes and controls are in place. The inaugural meeting is planned for the 29th June 2022 and will interface with the Shared Listening & Learning

Framework and Forum to ensure learning, sharing and improvement opportunities are maximised and coordinated.

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.



<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>Yes (Include further detail below)</p>
<p>Legal implications / impact</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.