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| <b>AGENDA ITEM</b> |
| 7.2                |

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| <b>CTM BOARD</b> |
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|                                         |
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| <b>INTEGRATED PERFORMANCE DASHBOARD</b> |
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|                        |              |
|------------------------|--------------|
| <b>Date of meeting</b> | (30/09/2021) |
|------------------------|--------------|

|                   |             |
|-------------------|-------------|
| <b>FOI Status</b> | Open/Public |
|-------------------|-------------|

|                                         |                                |
|-----------------------------------------|--------------------------------|
| <b>If closed please indicate reason</b> | Not Applicable - Public Report |
|-----------------------------------------|--------------------------------|

|                                    |                                                                  |
|------------------------------------|------------------------------------------------------------------|
| <b>Prepared by</b>                 | Jose Roper, Performance Manager                                  |
| <b>Presented by</b>                | Linda Prosser, Executive Director of Strategy and Transformation |
| <b>Approving Executive Sponsor</b> | Executive Director of Planning & Performance                     |

|                       |                         |
|-----------------------|-------------------------|
| <b>Report purpose</b> | FOR DISCUSSION / REVIEW |
|-----------------------|-------------------------|

| <b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b> |             |                 |
|---------------------------------------------------------------------------------------------------------------|-------------|-----------------|
| <b>Committee/Group/Individuals</b>                                                                            | <b>Date</b> | <b>Outcome</b>  |
| Management Group                                                                                              | 22/09/21    | Choose an item. |

| <b>ACRONYMS</b> |                             |
|-----------------|-----------------------------|
| ILG             | Integrated Locality Group   |
| RTT             | Referral to Treatment       |
| FUNB            | Follow Ups Not Booked       |
| SOS             | See on Symptom              |
| PIFU            | Patient Initiated Follow Up |



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



## **1. SITUATION/BACKGROUND**

- 1.1** This report sets out CTMUHB's performance in a number of areas, considered highest risk and includes performance against targets for the year to date, as set out in the Welsh Government (WG) Delivery Framework and other priority areas for CTMUHB.
- 1.2** This report aims to ensure the performance report highlights the key areas that CTMUHB is concentrating on, to improve service delivery and those posing the greatest risk. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.
- 1.3** Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with one (previously 2) of its thirty one performance measures and is making satisfactory progress towards delivering a further three (previously 3). There remains twenty-five measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.
- 1.4** Work is underway to develop this report over the next 6 months to ensure that the board is presented with the most critical areas for focus, including actions to redress and expected results. See SBAR at Appendix 1 for further information. This will include a review of what data is presented and how, in the meantime we are focusing on developing the narrative.

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

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



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

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

**Quadruple Aim 1:** People in Wales have improved health and well-being with better prevention and self-management

| Measure                                                                                                                                                                  | Target                    | Current Period | Last Period   |               |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|---------------|---------------|---------------|
| % of babies who are exclusively breastfed at 10 days old                                                                                                                 | Annual Improvement        | 2019/20        | 27.8%         | not available |               |
| % of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1                                                                                           | 95%                       | Q4 20/21       | 97.3%         | Q3 20/21      | 96.4%         |
| % of children who received 2 doses of the MMR vaccine by age 5                                                                                                           | 95%                       | Q4 20/21       | 92.8%         | Q3 20/21      | 93.3%         |
| % of adult smokers who make a quit attempt via smoking cessation services                                                                                                | 5% Annual Target          | 2020/21        | 3.99%         | 2019/20       | 3.59%         |
| % of those smokers who are CO-validated as quit at 4 weeks                                                                                                               | 40% Annual Target         | 2020/21        | not available | 2019/20       | 38.4%         |
| European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)                                               | 4 Qtr Reduction Trend     | Q4 20/21       | 344.0         | Q3 20/21      | 326.7         |
| % of people who have been referred to health board services who have completed treatment for alcohol misuse                                                              | 4 Qtr Improvement Trend   | Q1 21/22       | 92.9%         | Q4 20/21      | 64.1%         |
| Uptake of influenza vaccination among:                                                                                                                                   | 65 year old and over      | 75%            | 75.4%         | 2019/20       | 68.9%         |
|                                                                                                                                                                          | under 65's in risk groups | 55%            | 46.3%         | 2019/20       | 40.3%         |
|                                                                                                                                                                          | pregnant women            | 75%            | 74.6%         | 2019/20       | 81.7%         |
|                                                                                                                                                                          | health care workers       | 60%            | 67.8%         | 2019/20       | 63.2%         |
| Uptake of cancer screening for:                                                                                                                                          | bowel                     | 60%            | 55.0%         | 2017/18       | 54.8%         |
|                                                                                                                                                                          | breast                    | 70%            | 74.1%         | 2017/18       | 73.9%         |
|                                                                                                                                                                          | cervical                  | 80%            | 72.8%         | 2017/18       | not available |
| % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over) | 90%                       | Jul-21         | 73.7%         | Jun-21        | 70.1%         |
| % of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed                                                      | Annual Improvement        | 2019/20        | 51.9%         | 2018/19       | 50.0%         |

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

| Measure                                                                                                                                                             | Target                     | Current Period   | Last Period |                  |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|-------------|------------------|---------|
| % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS                                                        | 100%                       | 2019/20          | 65.4%       | not available    |         |
| % of children regularly accessing NHS primary dental care within 24 months                                                                                          | 4 Qtr Improvement Trend    | Q3 20/21         | 60.2%       | Q2 20/21         | 62.3%   |
| % of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered      | 90%                        | Apr-21           | 95.0%       | May-21           | 78.8%   |
| % of emergency responses to red calls arriving within (up to and including) 8 minutes                                                                               | 65%                        | Aug-21           | 55.0%       | Jul-21           | 53.5%   |
| Number of ambulance patient handovers over 1 hour                                                                                                                   | Zero                       | Aug-21           | 490         | Jul-21           | 402     |
| % of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge           | 95%                        | Aug-21           | 65.9%       | Jul-21           | 68.1%   |
| Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge         | Zero                       | Aug-21           | 1226        | Jul-21           | 1144    |
| % of survival within 30 days of emergency admission for a hip fracture                                                                                              | 12 Month Improvement Trend | May-21           | 69.7%       | May-20           | 82.4%   |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time                         | SSNAP Average 49.5%        | Jul-21           | 15.2%       | Jun-21           | 21.7%   |
| % of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time                                        | SSNAP Average 85.2%        | Jul-21           | 64.6%       | Jun-21           | 70.4%   |
| % of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)                                  | 75%                        | Jul-21           | 50.2%       | Jun-21           | 58.5%   |
| Number of patients waiting more than 8 weeks for a specified diagnostic                                                                                             | Zero                       | Aug-21           | 14,881      | Jul-21           | 14,111  |
| Number of patients waiting more than 14 weeks for a specified therapy                                                                                               | Zero                       | Aug-21           | 364         | Jul-21           | 268     |
| % of patients waiting less than 26 weeks for treatment                                                                                                              | 95%                        | Aug-21           | 49.9%       | Jul-21           | 49.6%   |
| Number of patients waiting more than 36 weeks for treatment                                                                                                         | Zero                       | Aug-21           | 44,808      | Jul-21           | 43,624  |
| Number of patients waiting for a follow-up outpatient appointment                                                                                                   | 74,734                     | Aug-21           | 106,285     | Jul-21           | 107,202 |
| Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%                                                                         | 14,815                     | Aug-21           | 28,175      | Jul-21           | 27,991  |
| % of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments | 95%                        | Jul-21           | 37.1%       | Jun-21           | 36.9%   |
| Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population                          | Annual Reduction           | 2019/20          | 2.5         | not available    |         |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)                  | 80%                        | Jul-21           | 16.0%       | Jun-21           | 20.7%   |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)               | 80%                        | Jul-21           | 74.0%       | Jun-21           | 65.3%   |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)                        | 80%                        | Jul-21           | 66.7%       | Jun-21           | 72.2%   |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)                     | 80%                        | Jul-21           | 95.2%       | Jun-21           | 83.7%   |
| % of children and young people waiting less than 26 weeks to start a neurodevelopment assessment                                                                    | 80%                        | Jul-21           | 48.7%       | Jun-21           | 45.7%   |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health                                                         | 80%                        | Jul-21           | 82.8%       | Jun-21           | 83.8%   |
| Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile                     | E-coli                     | Apr-21 to Aug-21 | 97.84       | Apr-21 to Jul-21 | 96.03   |
|                                                                                                                                                                     | S.aureus bacteraemia       | Apr-21 to Aug-21 | 29.78       | Apr-21 to Jul-21 | 32.01   |
|                                                                                                                                                                     | C.difficile                | Apr-21 to Aug-21 | 37.75       | Apr-21 to Jul-21 | 32.68   |
| Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa                                                                          | Klebsiella sp              | Apr-21 to Aug-21 | 18.08       | Apr-21 to Jul-21 | 18.01   |
|                                                                                                                                                                     | P. aeruginosa              | Apr-21 to Aug-21 | 7.44        | Apr-21 to Jul-21 | 6.67    |
| Number of potentially preventable hospital acquired thromboses                                                                                                      | 4 Qtr Reduction Trend      | Q1 - Q3 20/21    | 4           | Q4 19/20         | 2       |

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

| Measure                                                                                                                                                                                                                 | Target                   | Current Period | Last Period |               |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|-------------|---------------|-------|
| Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales                                                                                                                 | Improvement              | 2018/19        | 6.33        | 2016/17       | 6.03  |
| % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor                                                                                  | Annual Improvement       | 2019/20        | 90.8%       | not available |       |
| Overall staff engagement score                                                                                                                                                                                          | Annual Improvement       | 2020           | 71%         | not available |       |
| % of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)                                 | 85%                      | Aug-21         | 55.3%       | Jul-21        | 55.0% |
| % of staff who have had a performance appraisal who agree it helps them improve how they do their job                                                                                                                   | Annual Improvement       | 2018           | 53.0%       | 2016          | 54%   |
| % compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation                                                                                                           | 85%                      | Aug-21         | 66.7%       | Jul-21        | 65.8% |
| % of sickness absence rate of staff                                                                                                                                                                                     | 12 Month Reduction Trend | Jul-21         | 6.8%        | Jul-20        | 6.7%  |
| % of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment                                                                                         | Annual Improvement       | 2020           | 61.4%       | 2018          | 75.0% |
| % of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | 75%                      | Q4 20/21       | 52.7%       | Q3 20/21      | 62.2% |

**Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

| Measure                                                                                                                                                                                                                                                                                     | Target                                                 | Current Period | Last Period |          |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|-------------|----------|---------------|
| Number of patients recruited in Health and Care Research Wales clinical research portfolio studies                                                                                                                                                                                          | 1,848                                                  | Q1-Q3 20/21    | 1626        | 2019/20  | 1680          |
| Number of patients recruited in Health and Care Research Wales commercially sponsored studies                                                                                                                                                                                               | 29                                                     | Q1-Q3 20/21    | 24          | 2019/20  | 28            |
| Crude hospital mortality rate (74 years of age or less)                                                                                                                                                                                                                                     | 12 Month Reduction Trend                               | Jun-21         | 2.20%       | Jun-20   | 1.59%         |
| % of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening                                                                                                                             | 12 Month Improvement Trend                             | Jul-21         | 84.1%       | Jun-21   | 85.2%         |
| % of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening                                                                                      | 12 Month Improvement Trend                             | Jul-21         | 52.2%       | Jun-21   | 85.7%         |
| % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours                                                                                                                                                       | 12 Month Improvement Trend                             | May-21         | 0.9%        | May-20   | 2.8%          |
| All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation | 100%                                                   | Q4 20/21       | 98.9%       | Q3 20/21 | 98.9%         |
| Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)                                                                                                                                                                                           | To be confirmed                                        | Q4 20/21       | 256.1       | Q3 20/21 | 279.2         |
| Number of patients age 65 years or over prescribed an antipsychotic                                                                                                                                                                                                                         | Qtr on Qtr Reduction                                   | Q4 20/21       | 1402        | Q3 20/21 | 1437          |
| Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age                                                                                                                                                                                 | Qtr on Qtr Reduction                                   | Q4 20/21       | 0.167%      | Q3 20/21 | 0.170%        |
| Optoid average daily quantities per 1,000 patients                                                                                                                                                                                                                                          | 4 Qtr Reduction Trend                                  | Q4 20/21       | 4995.4      | Q3 20/21 | 5240.6        |
| Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)                                                                                                                               | Qtr on Qtr Improvement                                 | Q2 20/21       | 72.3%       | Q1 20/21 | 66.7%         |
| % of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months                                                                                                                                                                       | 4 Qtr Reduction Trend                                  | Q4 20/21       | 25.6%       | Q3 20/21 | 21.6%         |
| % of critical care bed days lost to delayed transfer of care (ICNARC definition)                                                                                                                                                                                                            | Qtr on Qtr Reduction towards Target of no more than 5% | Q4 20/21       | 6.8%        | Q3 20/21 | 6.7%          |
| Number of procedures postponed either on day or the day before for specified non-clinical reasons                                                                                                                                                                                           | 2,713                                                  | May-21         | 553         | Apr-21   | 557           |
| Agency spend as a percentage of the total pay bill                                                                                                                                                                                                                                          | 12 Month Reduction Trend                               | Mar-21         | 8.9%        | Feb-21   | 6.4%          |
| % of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme                                                                                                                                                                                         | Annual Improvement                                     | 2019/20        | 94%         | 2018/19  | not available |



## 2.2 Quality

### 2.2.1 Never Events

No Never Events were recorded during August 2021

### 2.2.2 The Number of Nationally Reportable Incidents

Eight Nationally Reportable Incidents were reported by the UHB in August, which are summarised by the type of incident below:

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

### 2.2.3 Complaints

During August, there were 116 Formal Complaints received. The main themes have not changed from previous reports and relate to communication, treatment errors, delays and hospital discharge.

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

### 2.2.4 Compliments

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

### 2.2.5 Hospital Falls

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

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

### 2.2.6 Hospital Acquired Pressure Damage

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

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

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

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

## 2.3 People

In summary the main themes of the People Scorecard are:

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

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

## 2.1 Access

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

### **Urgent Care:**

A key measure of urgent care system performance is how many people wait for less than 4 hours in the Emergency Department (ED). Another is how quickly patients on Ambulances are handed over. Performance is below 70% for 4 hours and less than 50% for 15 minute handovers, indicating that ED pressures are greater than we want. This is driven by a combination of high demand and arrested flow through the hospital and sometimes processes in ED. The solution lies in a range of actions across the system.

The Emergency Department Quality and Delivery Framework (EDQDF) will be a key pillar of a wider PCH Flow project, the learning from which will then roll into PoW and RGH. EDQDF is designed to improve both quality and flow in emergency departments. This is in the planning stage and timescales are not yet agreed.

An Urgent Primary Care Centre is up and running in MC and plans for further centres are in train to enable referral and conveyance of urgent cases not requiring full ED diagnostics and access to specialities to be treated outside our acute hospitals.

We are awaiting confirmation of funding (c.£2.5m) for SDEC proposals submitted to Welsh Government. Same Day Emergency Care plans include support for frail elderly patients and same day access to surgical assessment and treatment.

### **Planned Care:**

The recovery programme is set out on page 12 of this document and includes the re-establishment of lists, outsourcing and additional internal lists as able. It should however be noted that the impact of the current wave of COVID represents a high risk to delivery in the autumn.

### **Cancer Care:**

- July 2021 performance in treating people within 62 days has decreased by 8.3% month on month. Predicted performance for August 2021 currently is 52.9%, however the data is currently unvalidated. Delays occur at all stages, particularly diagnostics and surgery.
- The biggest concern and a significant factor in not achieving target this month continues to relate to the total number of active patients waiting at first outpatient and diagnostic stage of their pathway. This accounts for over 80% of all active patients on the suspected cancer pathway.



- Our focus on treating the longest waiting patients continues, although a deterioration in this position has been observed for the last two months.

Actions to address this are described below:

- Backlog clearance plans are being implemented across the health board, although a slight month on month increase has been noted over the summer period. There has been a reduction in the number of referrals received in July 21, but remains above monthly median of 2103.
- When comparing the total number of referrals for the last 12 months compared to the previous year, there has been an increase of 4776 referrals – 19.61% increase year on year.
- **Bridgend ILG**
- Cancer performance and patient tracking continues via the weekly PTL tracking meeting, which has resulted in significant progress in reducing waiting times across all specialities. This forum is adapting to focus on all patients over 31 days with active monitoring of cohort size and 1st outpatient waiting times.
- Delays in tertiary diagnostics and treatments across all tumour sites has impacted on waiting times. This has been exacerbated by long-term consultant sickness within Gynaecology.
- Sustained improvement in 1st appointment waits for Lung, LGI and Gynaecology currently <10 days. Due to seasonal increase of skin referrals and capacity issues at RTE/MC, the ILG have reallocated referrals across the health board to ensure equity for patients however remains outside of 10 days.
- The business case for the relocation/repatriation of all gynaecology clinics including PMB and outpatient hysteroscopy remains in development. Long-term consultant sickness within SBUHB is impacting on tertiary treatment times.
- Interventions and innovations include the successful commencement of the one stop clinic within lung on the 2nd July, review and redesigning of pathways within lower GI and lung tumour sites, appointment of an upper GI CNS, working with clinicians to discuss the D&C analysis undertaken, and reviewing clinic templates, job plans and theatre space to ensure sufficient capacity is available to assist in achieving both the national optimum clinical pathways, and SCP performance target across all specialities.
- Acute Services General Manager, Director of Operations.
- **MC ILG**
- Service challenges still being escalated to pathology and radiology for delayed waits, escalated through ILG and CBU.
- Annual leave, sickness and COVID continues to impact on 1<sup>st</sup> OPA, 28 day diagnostics and theatre treatment.
- Working with ILG Head of performance to create SCP dash board, weekly tracker data to allow tumour sites to target 10 days OPA, 28 day diagnostics, no treatments over 62 days and over 104 day waits. The

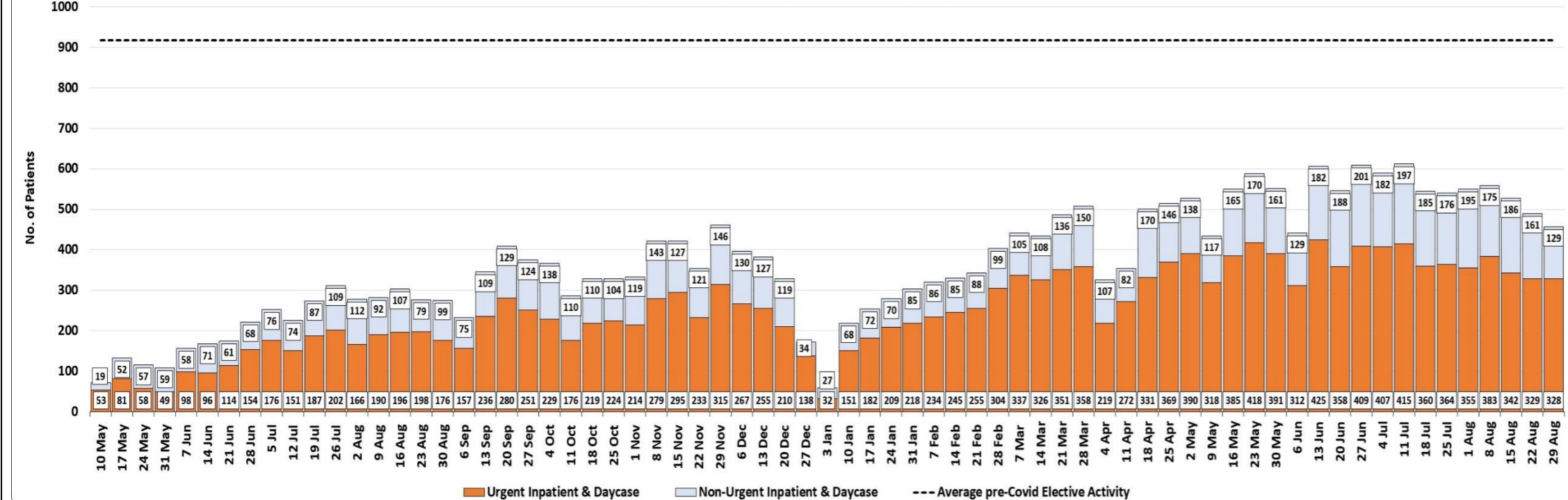
plan is to build a trajectory tool to look at backlog clearance and increase in demand/capacity.

- Currently assessing moving surgical short stay within our day surgery unit while the COVID numbers increase to protect planned cancer activity.
- Lung performance deterioration since last month due to increase in demand, plan to clear over 62 days by month end.
- Colorectal surgery backlog due to consultant sickness, meeting with colorectal team to discuss plan to flip outpatient activity into theatre capacity.
- Endoscopy – still faced with insourcing challenges. One risk being decontamination staff, a plan to deploy shielding staff to endoscopy to support decontamination will hopefully improve this.
- Gynae – continues to work through 1<sup>st</sup> OPA challenges around USS first waits. CSG manager working through plans with new CD and MC Cancer Lead.
- Clinical Service Group Manager, Director of Operations.
- **RTE ILG**
- The SCP performance for August 2021 is currently un-validated. With the biggest concern and a significant factor in not achieving target continues to relate to the total number of active patients waiting at first outpatient and diagnostic stage of their pathway. As an ILG, we have continued to focus on treating the longest waiting patients, with backlog clearance plans being implemented. As previously noted Pre COVID-19, demand and capacity in some tumour sites were not in balance and required transformational change to meet the target and deliver sustainably.
- RTE ILG waiting list overall has seen an increase in month. The ILG continue to see improvements as planned with the interventions, and remain challenged by Urology, radiology and endoscopy which directly impacts the upper GI and colorectal service. Innovations underway to assist in achieving the SCP target for all tumour sites, include action plans relating to service redesign and workforce across radiology, urology and breast services. Referrals show early indications of a decline in demand which will enable waiting lists to reduce and performance to increase. Activity has greatly increased across the ILG, with referrals being closed now **exceeding pre COVID-19 levels**. July's position reflects the decrease in demand and the decrease in capacity due to annual leave, which continues into August.
- Lower GI performance relates to **BSW** and the delays associated with their pathway. This is a UHB wide issue and has been raised at national level. Breast, Urology, Upper & Lower GI, and Gynaecology account for 83% of all patients waiting > 62 days.
- Innovations underway to assist in achieving the SCP target for all tumour sites, include action plans relating to service redesign and workforce across radiology, urology and breast services. Accurate D&C is being undertaken but I&P continue to have difficulties with the data.

WLI clinics that were being undertaken to clear the backlog across all sites have reduced due to the PCR pay agreements. Performance improvement is still restricted by the continued impact of COVID -19 IPC guidelines on 'one stop' clinic capacity and delays in the pathology and radiology services.

## Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

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



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

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

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

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

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

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

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

The table below represents outsourced activity as at 8<sup>th</sup> September 2021:

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

Data Source: Elective Care Recovery Outsourcing Workstream

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

#### M&C ILG:

##### Medicine –

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

##### Surgical Services –

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

#### What are the main areas of risk?

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

#### RTE ILG:

##### Medicine –

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

##### Surgical Services –

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

Sort term agency locum posts being advertised

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

#### What are the main areas of risk?

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

#### BRIDGEND ILG:

##### Acute Recovery Interventions –

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

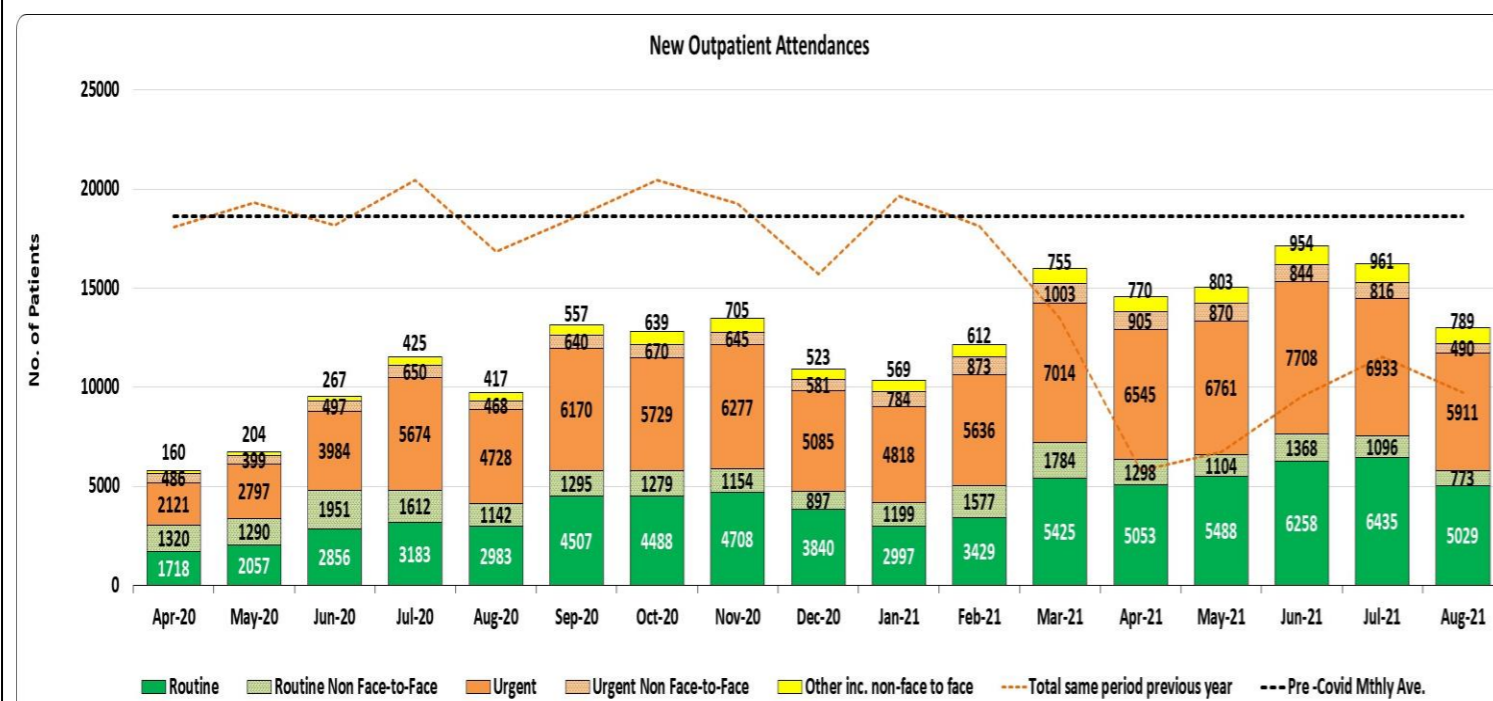
#### What are the main areas of risk?

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

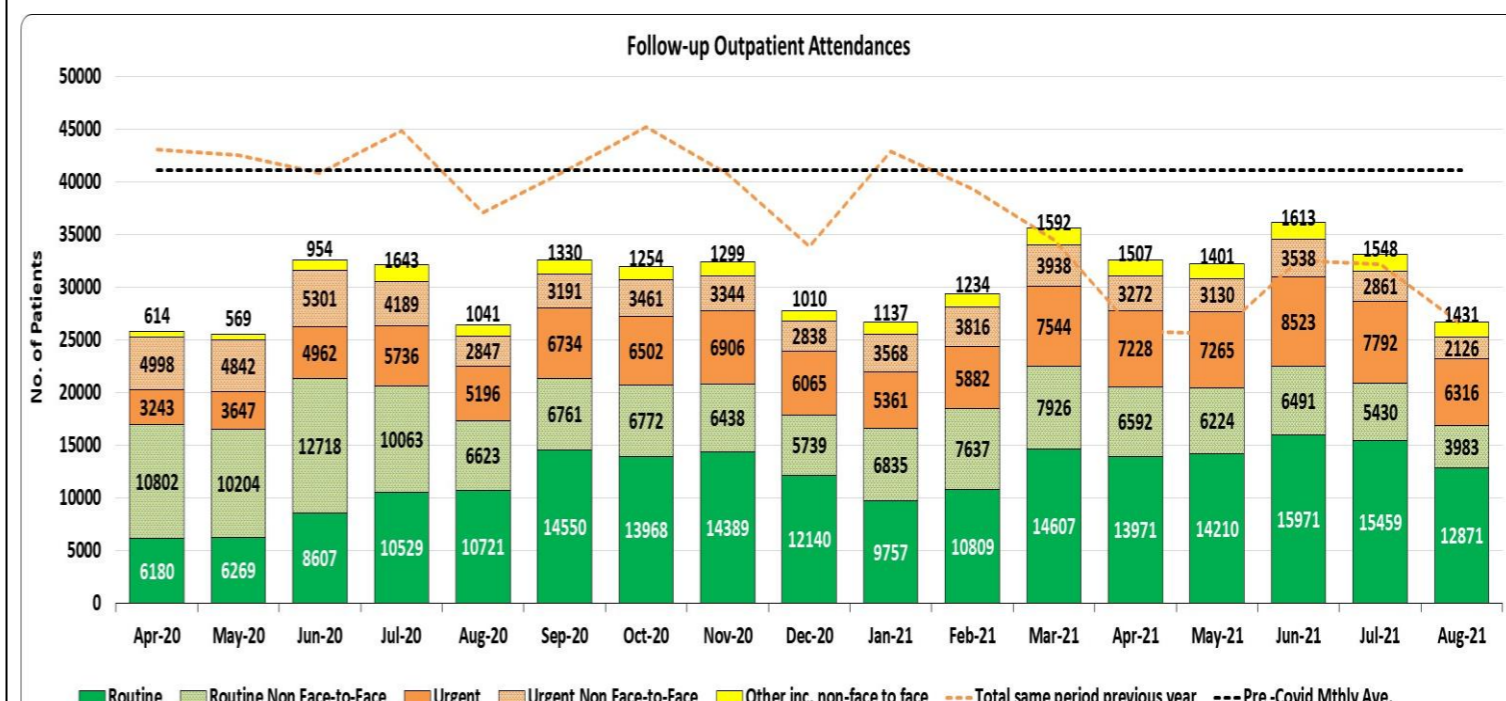


## Resetting Cwm Taf Morgannwg – Outpatient Attendances

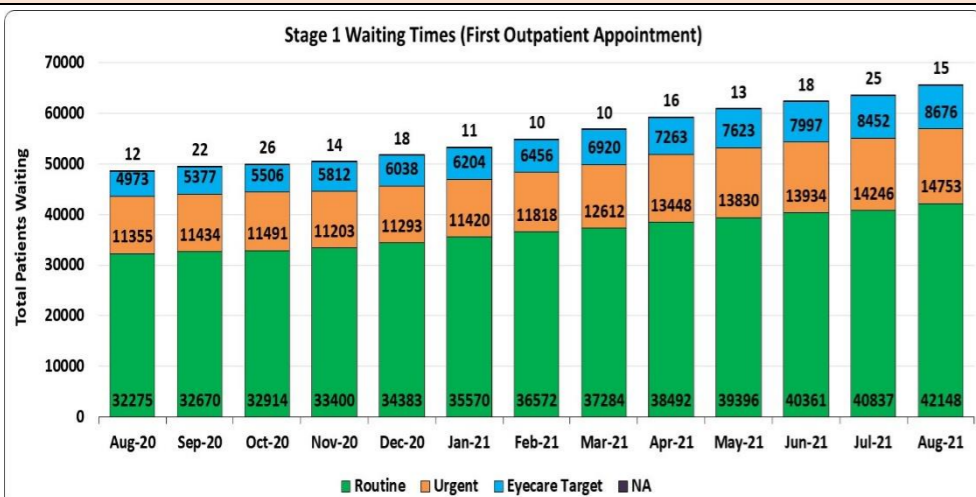
### New Outpatient Attendances



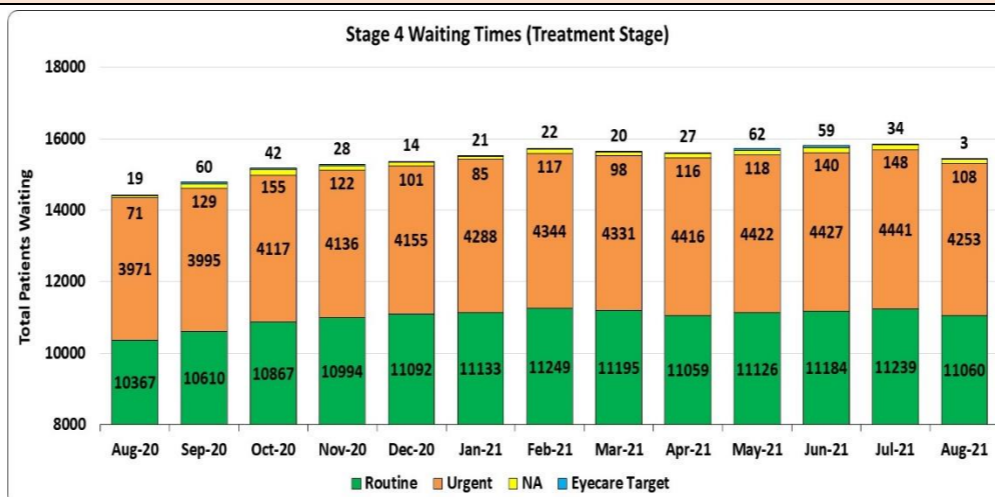
### Follow-up Outpatient Attendances



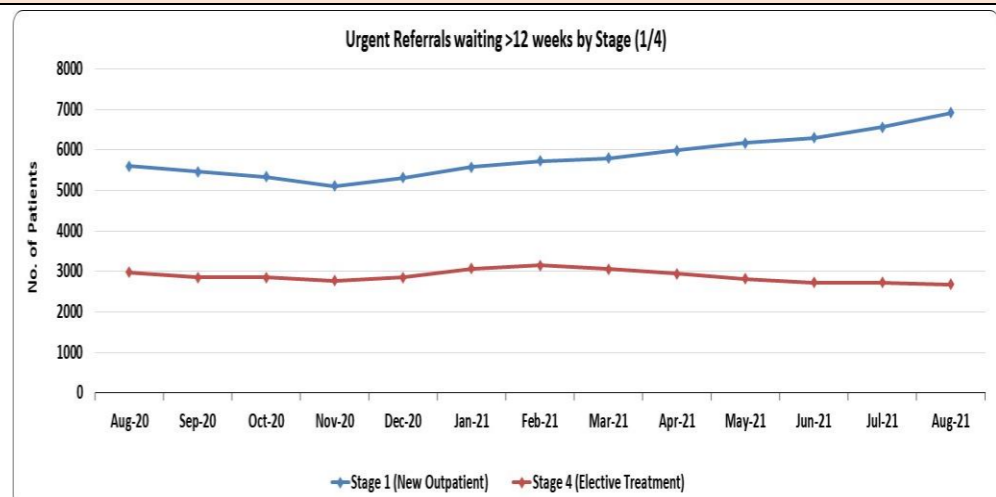
### Waiting times Stage 1 (New Outpatients)



### Waiting times Stage 4 (Treatment Stage)



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



### How are we doing?

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

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

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

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

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

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

**Stage 1 - 52+ Week Validation Project:** Gastro (RTE), Endocrine (MC) and OMFS (MC) pilot completed with reviews starting from 7<sup>th</sup> September. Dermatology process will focus on administrative validation and not include patient questionnaire, currently being explored via the Dr system and a text message prompt backed up letters for those who do not reply. Aim to undertake this pilot in September. Detailed plans are being worked up for the validation of the remaining Stage 1 over 52+ pending the outcome of the pilot which should be ready for end of September.

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

### What are the main areas of risk?

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

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

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

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

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

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

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

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

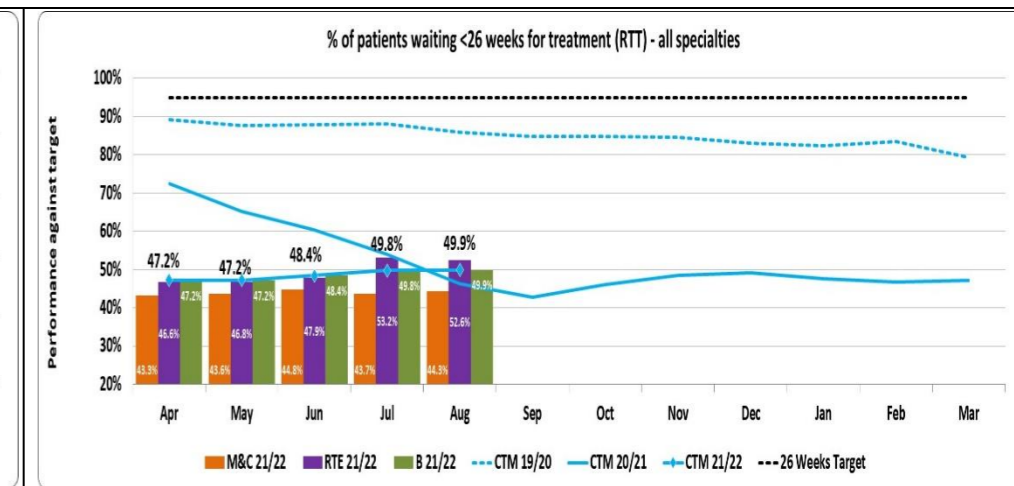
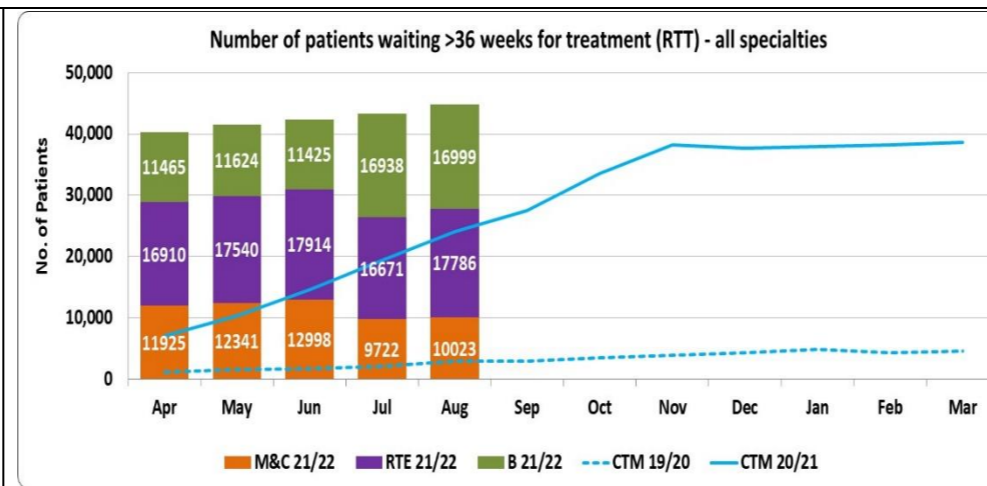
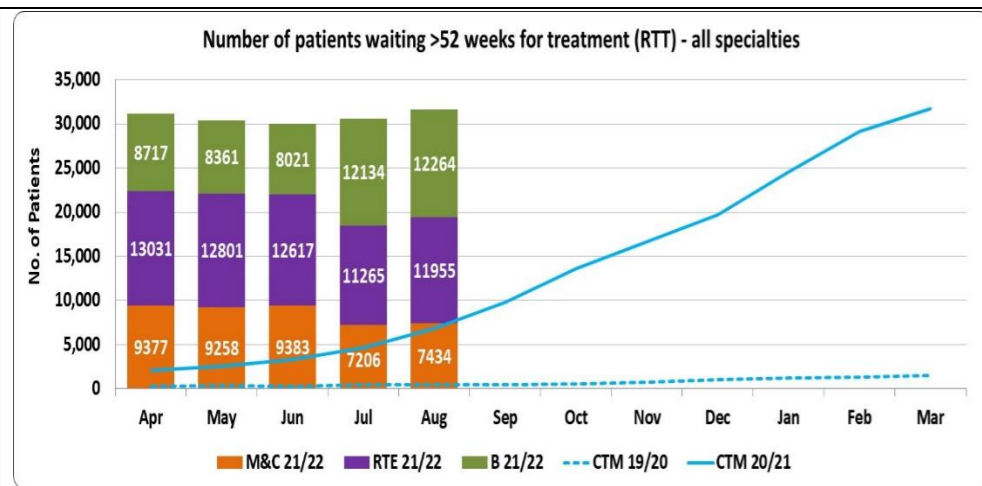
Please note that w.e.f. July, data has now been mapped to reflect the ILG hosted services namely for the specialties, Dermatology, ENT, Ophthalmology & Urology, hence a transposition in the number of patients waiting between the ILG's.

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

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

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

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



**How are we doing?**

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

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

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

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

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

**What are the main areas of risk?**

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

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

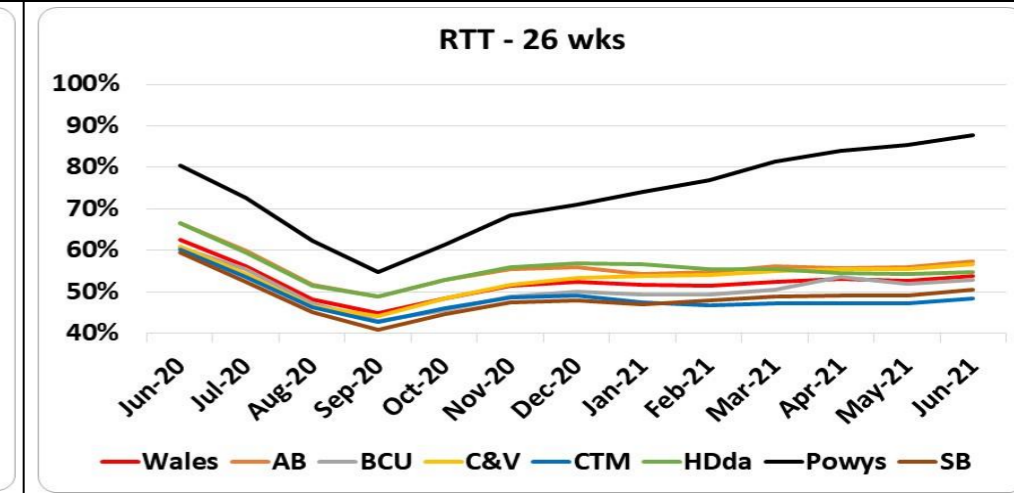
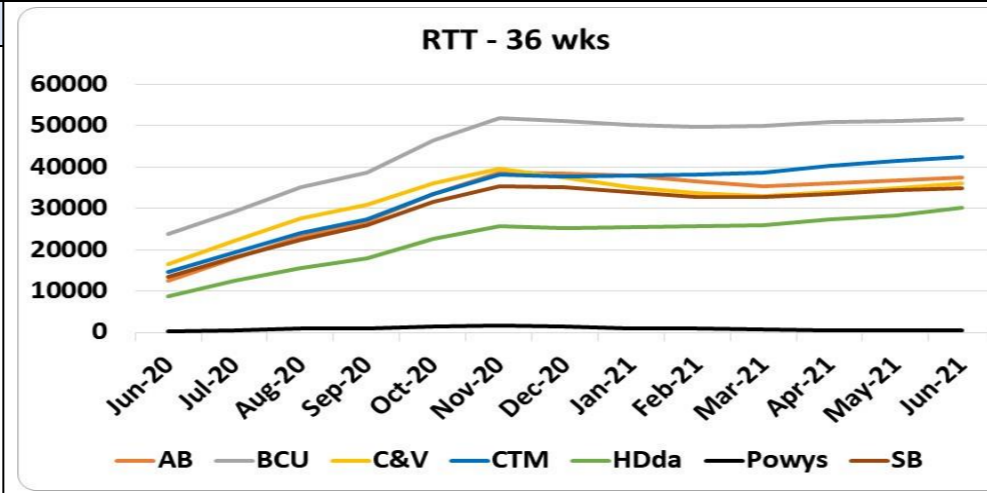
Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

**How do we compare with our peers?**

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

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT.(42,337) with BCU ranked 7<sup>th</sup> (51,717). Again, best performing is Powys (506), with the best performing of the acute health boards being Hywel Dda (30,164).

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



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

14,881

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

364

Number of patients of surveillance patients waiting past their review date

1,373 (as at 1st September 2021)

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

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

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

| Diagnostics | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2020/21     | 6338  | 10282 | 10508 | 10429 | 10561 | 10338 | 10631 | 11052 | 11747 | 12776 | 12759 | 12890 |
| 2021/22     | 13019 | 13113 | 13313 | 14111 | 14881 |       |       |       |       |       |       |       |

| Therapies | Apr | May | Jun  | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2020/21   | 109 | 396 | 1020 | 945 | 842 | 632 | 647 | 674 | 603 | 639 | 740 | 595 |
| 2021/22   | 388 | 336 | 267  | 268 | 364 |     |     |     |     |     |     |     |

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

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

### How are we doing?

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

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

### How are we doing?

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

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

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

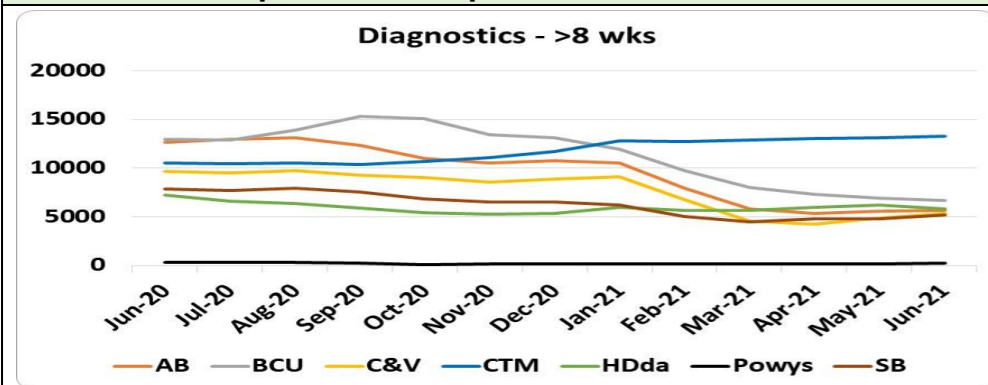
### How are we doing?

In terms of actions being taken:

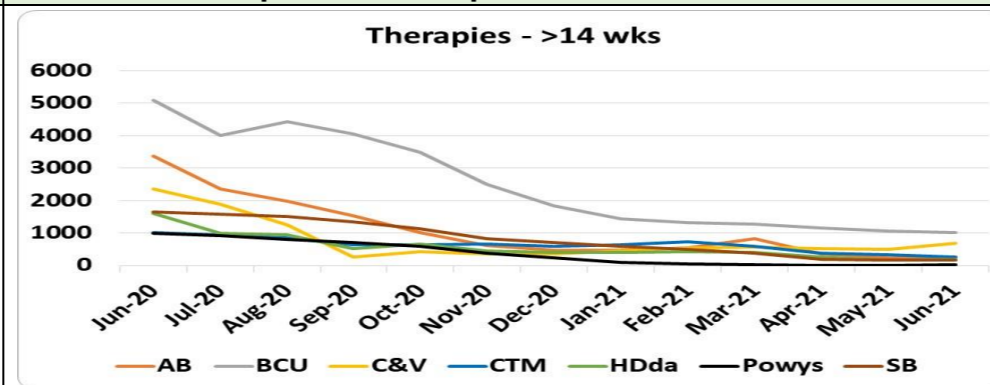
- Insourcing lists running on Saturdays at PCH
- Saturday lists ran at RGH until end August, no further lists planned currently due to clinician availability and recent pay guidance
- Validation of the surveillance waiting list at PCH (completed at RGH), applying the latest guidance/criteria – completed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

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

### How do we compare with our peers?



### How do we compare with our peers?



### How do we compare with our peers?

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

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

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

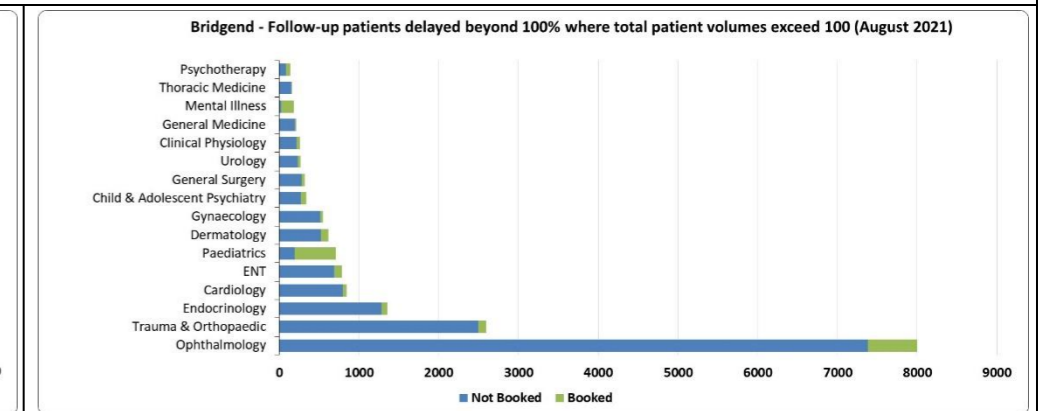
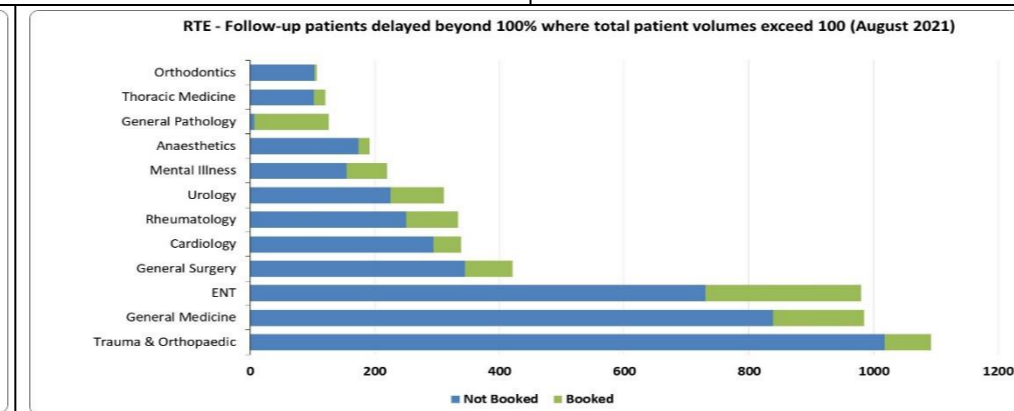
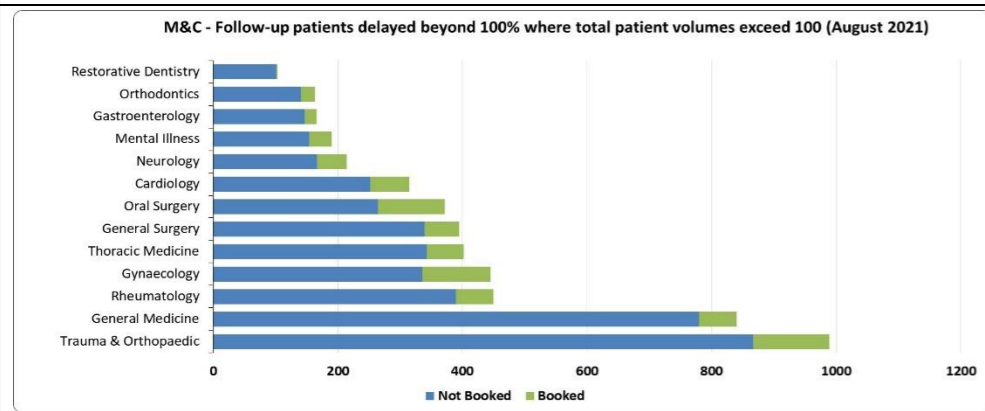
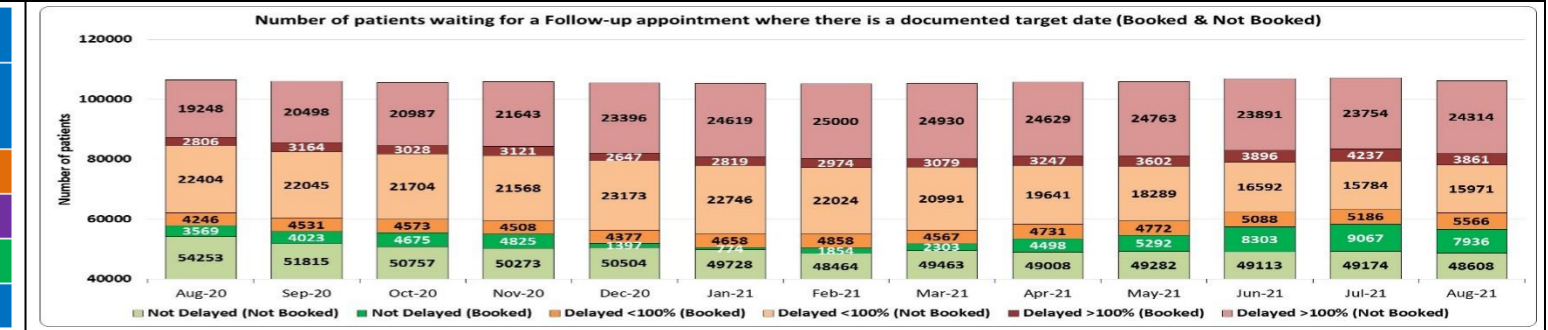
Number of patients waiting for a Follow-up with documented target date - Target <=74,734

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

| No Target Date | Not Booked | Booked | Total   |
|----------------|------------|--------|---------|
| 29             | 70,145     | 36,111 | 106,285 |

| Not Booked | Booked | Total  |
|------------|--------|--------|
| 24,314     | 3,861  | 28,175 |

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



## How are we doing?

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

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

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

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

The Outpatient Transformation Programme Board has three strategic aims:

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

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

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

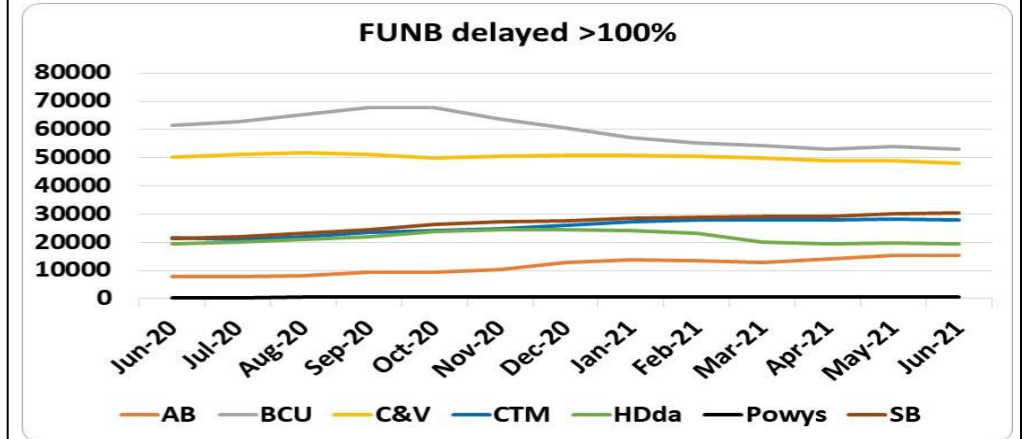
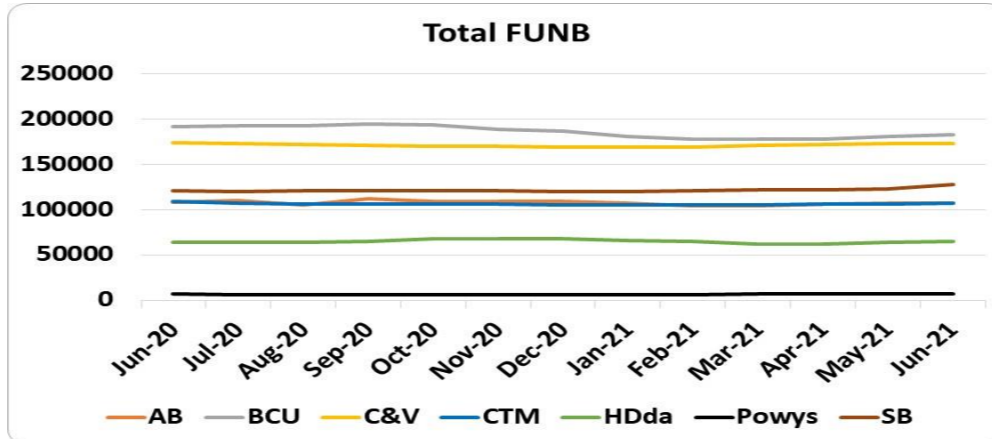
## What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement over the last 6 months with figures holding around the 27,000 and 28,000 patients mark.

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

### How do we compare with our peers?

Pressures in follow up waiting lists continue to be felt across the whole of NHS Wales, with very little movement in the total follow up position for any health board. We are engaged in monthly all Wales meetings through the Outpatient Steering Group, a sub section of the National Planned Care Board where progress and new initiative ideas are shared and discussed. There is a real focus on developing appropriate advice and guidance links between primary and secondary care and this remains a key focus alongside developing SOS/PIFU pathways across specialities. We are delighted to welcome our new Deputy Medical Director into this group who has a keen interest in Outpatients and Elective Recovery. Validation both administrative and clinically continues to be a focus for all health board when looking at the follow up back log that has developed due to Covid.



## Emergency Unit Waits – August 2021 (Provisional Position)

Number of Attendances

**15,389**

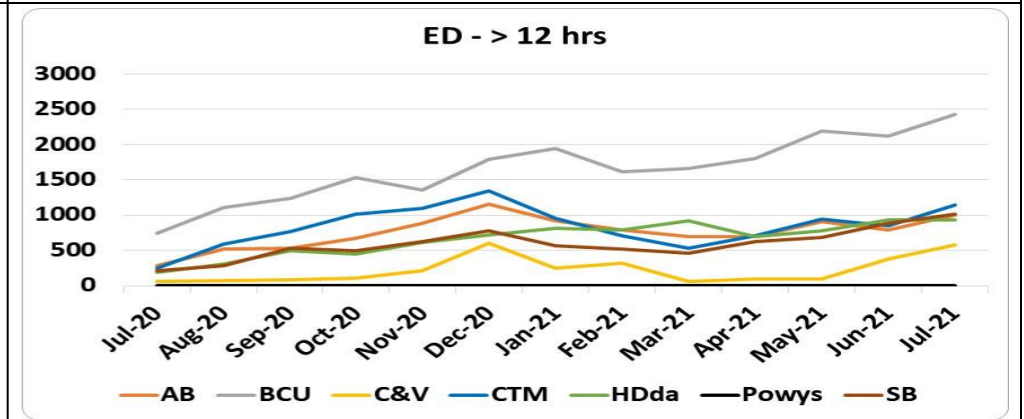
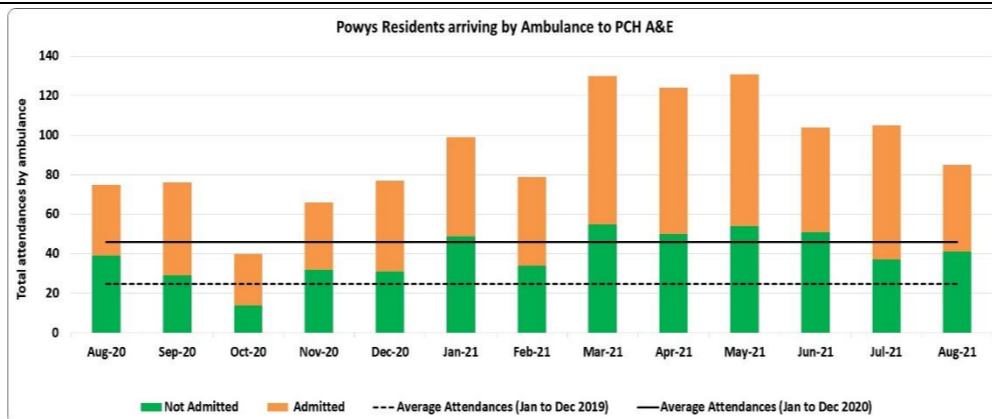
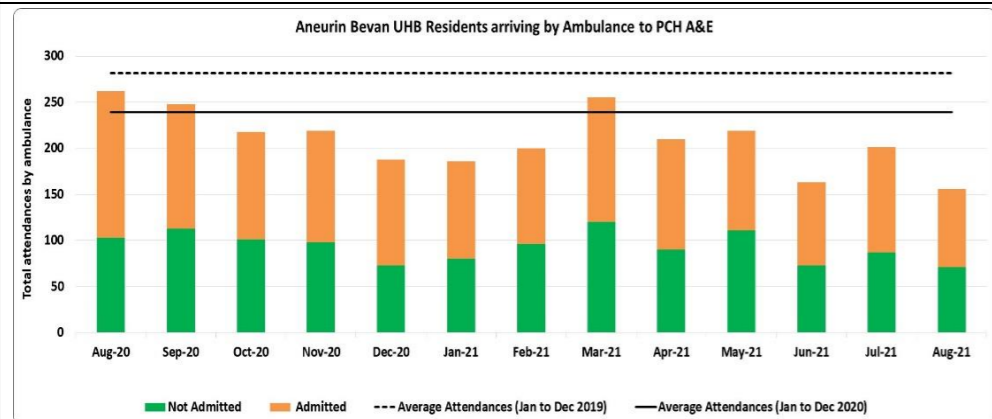
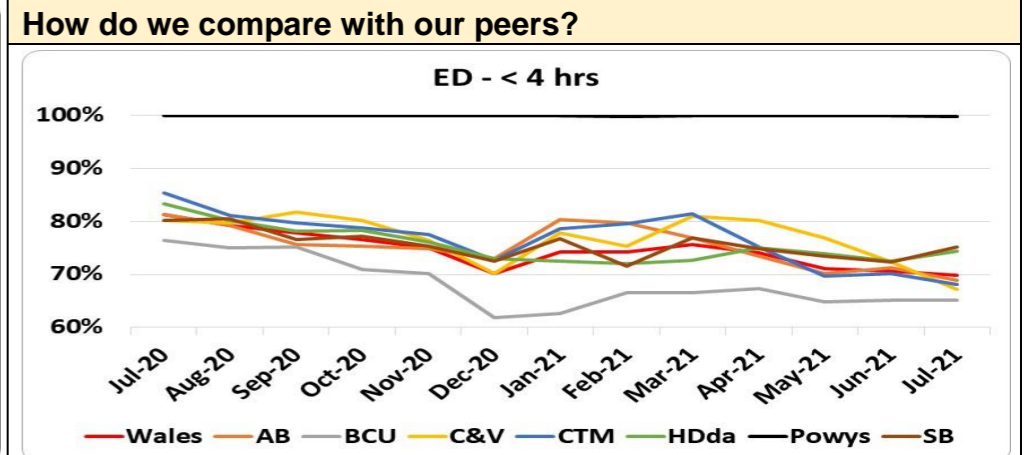
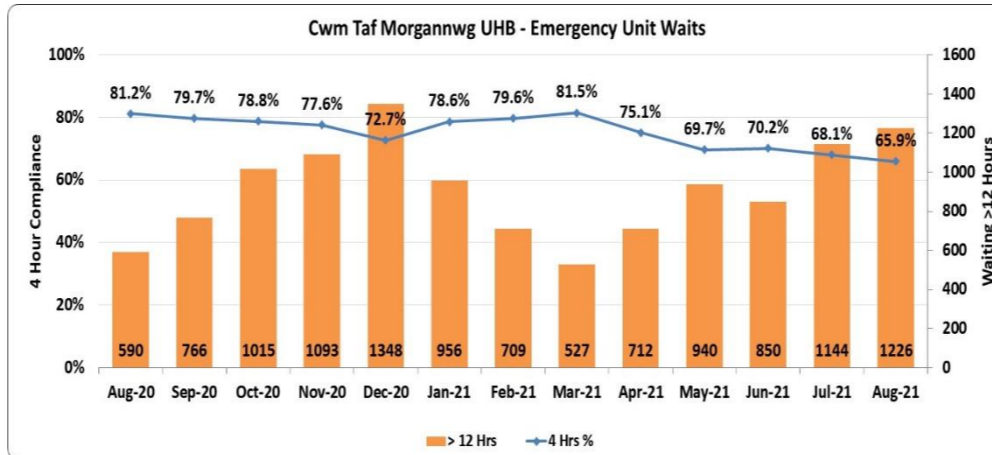
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

**65.9%**

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

**1,226**

| Period | PCH     |         |          | RGH     |         |          | POW     |         |          | CTM     |         |          |
|--------|---------|---------|----------|---------|---------|----------|---------|---------|----------|---------|---------|----------|
|        | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs |
| Aug-20 | 4849    | 76.7%   | 215      | 4512    | 93.5%   | 9        | 4820    | 71.5%   | 366      | 14856   | 81.2%   | 590      |
| Sep-20 | 4461    | 73.9%   | 330      | 4242    | 88.6%   | 27       | 4292    | 73.5%   | 409      | 13716   | 79.7%   | 766      |
| Oct-20 | 3973    | 78.4%   | 445      | 2861    | 79.6%   | 130      | 3740    | 74.9%   | 440      | 11241   | 78.8%   | 1015     |
| Nov-20 | 3784    | 79.0%   | 385      | 3578    | 75.9%   | 267      | 3462    | 74.2%   | 441      | 11383   | 77.6%   | 1093     |
| Dec-20 | 3707    | 75.7%   | 424      | 3394    | 71.2%   | 344      | 3456    | 67.3%   | 580      | 11016   | 72.7%   | 1348     |
| Jan-21 | 3375    | 79.6%   | 451      | 3282    | 82.3%   | 116      | 3111    | 70.7%   | 389      | 10197   | 78.6%   | 956      |
| Feb-21 | 3504    | 79.3%   | 392      | 3414    | 83.2%   | 19       | 3013    | 73.1%   | 298      | 10383   | 79.6%   | 709      |
| Mar-21 | 4557    | 76.6%   | 285      | 4525    | 86.6%   | 13       | 3974    | 77.9%   | 229      | 13770   | 81.5%   | 527      |
| Apr-21 | 4963    | 65.0%   | 402      | 4958    | 83.4%   | 53       | 4695    | 72.4%   | 257      | 15514   | 75.1%   | 712      |
| May-21 | 5204    | 58.4%   | 552      | 5271    | 78.1%   | 99       | 4897    | 68.0%   | 289      | 16141   | 69.7%   | 940      |
| Jun-21 | 5384    | 54.0%   | 596      | 5434    | 81.7%   | 48       | 5219    | 68.8%   | 206      | 17146   | 70.2%   | 850      |
| Jul-21 | 5136    | 52.6%   | 634      | 5301    | 78.0%   | 135      | 5212    | 67.1%   | 375      | 16704   | 68.1%   | 1144     |
| Aug-21 | 4694    | 52.1%   | 613      | 4795    | 73.7%   | 272      | 4996    | 65.3%   | 341      | 15389   | 65.9%   | 1226     |

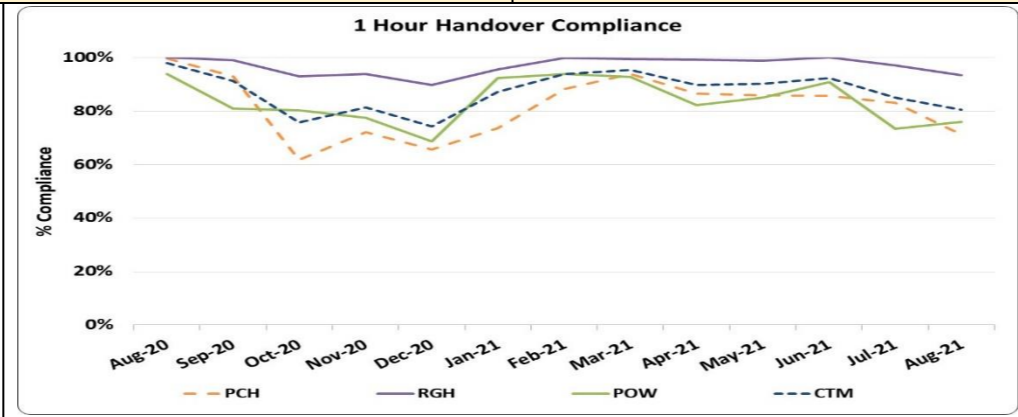
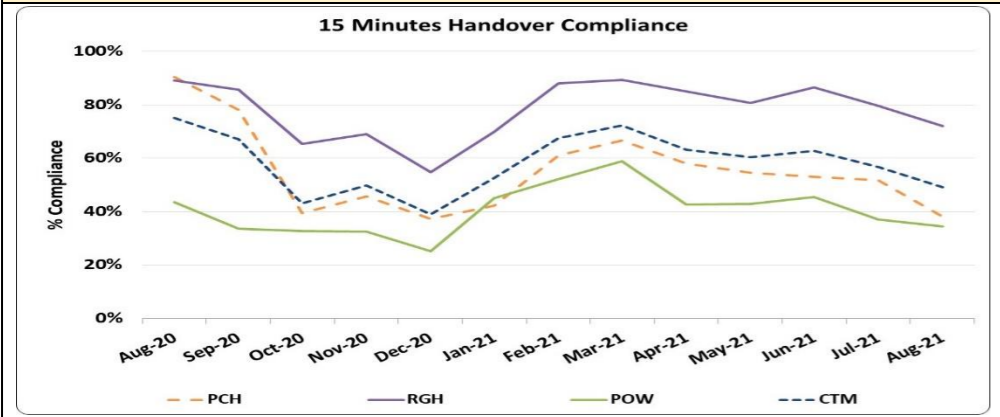


| How are we doing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | What actions are we taking & when is improvement anticipated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What are the main areas of risk?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Deterioration continued in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during August, with performance now at 65.9%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 52.1%. An analysis of the flows into PCH indicated that in previous months they were predominantly CTM residents, with a marked increase in paediatric presentations. However, during August, provisional data reveals that paediatric presentations at PCH have fallen by around 20% on the previous month (838 in total)</p> <p>The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments saw an increase of 82 on the previous month bringing the overall total to 1,226 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.</p> <p>Overall, attendances have fallen in August from the previous month to 15,389 (a difference of 1,315), but remains high and is at a similar to that observed during the winter months of 2019/20 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year.</p> <p>The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,379.</p> | <p>In order to ensure the safety of our paediatric patients at PCH Emergency Unit, two nurses have been allocated to the paediatric area of the unit. The Lead nurse for paediatrics and unscheduled care are working together to develop a rotational model to support ED with the recruitment of the current student workforce due to qualify September 2021.</p> <p>To ensure that senior medical staffing is both safe and maximally aligned to demand of the unit a rota review is in progress; This has now progressed and is likely to be available in mid September along with the requisite medical workforce plan. An additional locum middle grade ED doctor started at the end of August, providing the capacity to alleviate long waits in the Minors area and for the majors patients who are cared for in this area.</p> <p>The Emergency Department Quality and Delivery Framework (EDQDF) will be a key pillar of a wider PCH Flow project, the learning from which will then roll into PoW and RGH. EDQDF is designed to improve both quality and flow in emergency departments. This is in the planning stage and timescales are not yet agreed.</p> <p>An Urgent Primary Care Centre is up and running in MC and plans for further centres are in train to enable referral and conveyance of urgent cases not requiring full ED diagnostics and access to specialities to be treated outside our acute hospitals.</p> | <p>The emergency department manages an undifferentiated case mix, some of whom are very poorly and in a critical position, some of whom are very elderly and some who need treating with a lot of care and dignity. Flow through the department is critical to ensuring that all groups of patients are managed safely and to a high standard, with the implications of poor management ranging from far poorer clinical outcomes, lower levels of efficiency and reputational damage. Furthermore it leads to constraints for WAST and GPs, and patients being managed out-with the agreed care pathways.</p> <p>Achieving flow is dependent on time sensitive alignment of capacity (both in regards clinical decision makers and treatment trolleys) and demand.</p> |

**Emergency Ambulance Services – August 2021 (Provisional Position)**

Number of ambulance handovers within 15 minutes – Target Improvement      Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,523 of which 1,243 handovers were within 15 minutes (49.3%)**      **490 handovers were over 1 hour (80.6% of handovers were within 1 hour)**



| Period | PCH       |           |          | RGH       |           |          | POW       |           |          | CTM       |           |          |
|--------|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|----------|
|        | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % |
| Aug-20 | 1079      | 90.5%     | 99.6%    | 996       | 89.3%     | 100.0%   | 968       | 43.6%     | 93.9%    | 3043      | 75.2%     | 97.9%    |
| Sep-20 | 1100      | 78.2%     | 93.0%    | 920       | 85.8%     | 99.0%    | 865       | 33.5%     | 80.9%    | 2885      | 67.2%     | 91.3%    |
| Oct-20 | 1044      | 39.6%     | 61.7%    | 595       | 65.4%     | 92.9%    | 921       | 32.8%     | 80.3%    | 2560      | 43.1%     | 75.7%    |
| Nov-20 | 870       | 45.6%     | 72.2%    | 877       | 69.0%     | 93.8%    | 753       | 32.5%     | 77.6%    | 2500      | 49.9%     | 81.4%    |
| Dec-20 | 883       | 37.4%     | 65.7%    | 807       | 54.9%     | 89.7%    | 824       | 25.1%     | 68.6%    | 2514      | 39.0%     | 74.3%    |
| Jan-21 | 912       | 42.3%     | 73.7%    | 950       | 69.9%     | 95.5%    | 917       | 45.0%     | 92.3%    | 2779      | 52.6%     | 87.3%    |
| Feb-21 | 896       | 61.2%     | 88.2%    | 860       | 88.1%     | 99.8%    | 778       | 52.2%     | 93.8%    | 2534      | 67.6%     | 93.8%    |
| Mar-21 | 1152      | 66.7%     | 93.8%    | 1084      | 89.4%     | 99.4%    | 884       | 58.8%     | 92.8%    | 3120      | 72.3%     | 95.4%    |
| Apr-21 | 995       | 58.1%     | 86.4%    | 1022      | 85.1%     | 99.1%    | 850       | 42.7%     | 82.1%    | 2867      | 63.2%     | 89.7%    |
| May-21 | 1111      | 54.5%     | 85.9%    | 1066      | 80.8%     | 98.8%    | 880       | 42.8%     | 85.0%    | 3057      | 60.3%     | 90.1%    |
| Jun-21 | 954       | 53.0%     | 85.7%    | 975       | 86.5%     | 100.0%   | 793       | 45.5%     | 90.9%    | 2722      | 62.8%     | 92.4%    |
| Jul-21 | 951       | 51.8%     | 83.1%    | 907       | 79.7%     | 97.0%    | 806       | 37.0%     | 73.4%    | 2664      | 56.8%     | 84.9%    |
| Aug-21 | 895       | 38.1%     | 71.2%    | 907       | 72.1%     | 93.5%    | 721       | 34.4%     | 76.0%    | 2523      | 49.3%     | 80.6%    |

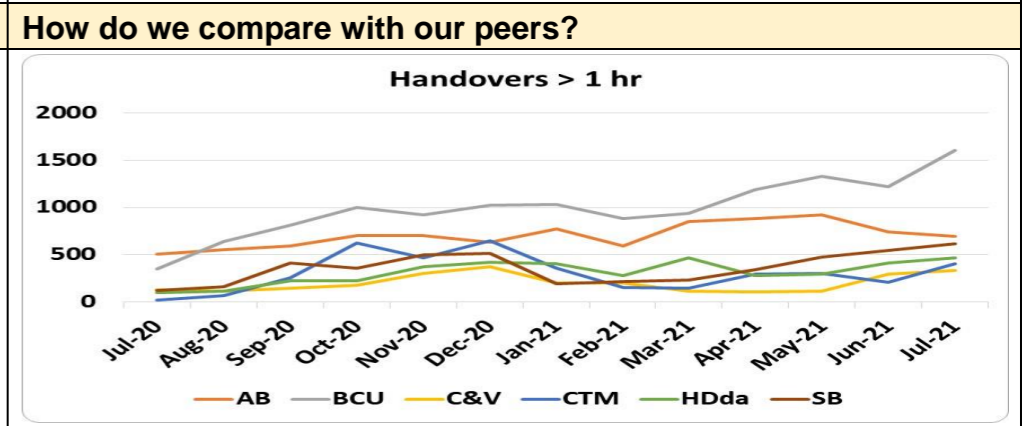
**How are we doing? What actions are we taking?**

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

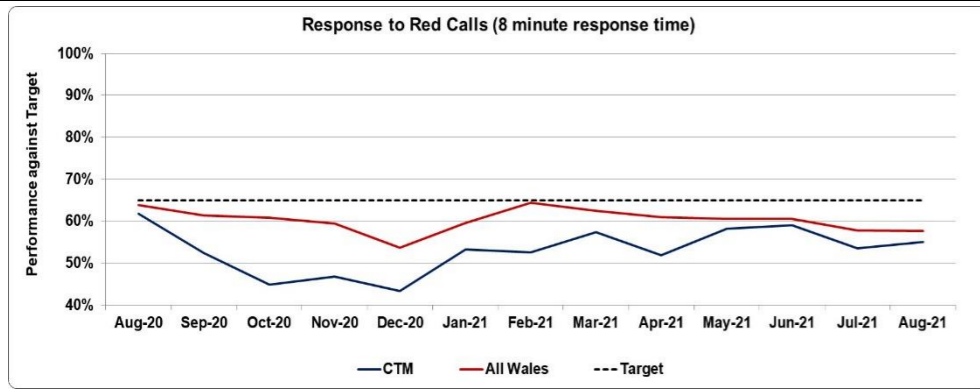
Overall, the CTM 15 minute handover compliance fell from 56.8% in July to 49.3% in August. For the 1 hour handover time, PCH compliance fell to 71.2% (83.1% in July) with 258 breaches (97 more than in July) with POW improving to 76.0% (173 breaches, 41 less than the previous month), whilst RGH achieved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

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

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



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



| Period | Merthyr         |                         |                 | RCT             |                         |                 | Bridgend        |                         |                 | CTM             |                         |                 |
|--------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|
|        | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins |
| Aug-20 | 63              | 41                      | 65.1%           | 194             | 112                     | 57.7%           | 117             | 78                      | 66.7%           | 374             | 231                     | 61.8%           |
| Sep-20 | 56              | 27                      | 48.2%           | 200             | 101                     | 50.5%           | 122             | 70                      | 57.4%           | 378             | 198                     | 52.4%           |
| Oct-20 | 67              | 33                      | 49.3%           | 237             | 97                      | 40.9%           | 102             | 52                      | 51.0%           | 406             | 182                     | 44.8%           |
| Nov-20 | 68              | 33                      | 48.5%           | 227             | 104                     | 45.8%           | 96              | 46                      | 47.9%           | 391             | 183                     | 46.8%           |
| Dec-20 | 74              | 41                      | 55.4%           | 254             | 95                      | 37.4%           | 162             | 76                      | 46.9%           | 490             | 212                     | 43.3%           |
| Jan-21 | 65              | 38                      | 58.5%           | 199             | 99                      | 49.7%           | 125             | 70                      | 56.0%           | 389             | 207                     | 53.2%           |
| Feb-21 | 53              | 30                      | 56.6%           | 177             | 85                      | 48.0%           | 72              | 44                      | 61.1%           | 302             | 159                     | 52.6%           |
| Mar-21 | 69              | 40                      | 58.0%           | 234             | 127                     | 54.3%           | 68              | 46                      | 67.6%           | 371             | 213                     | 57.4%           |
| Apr-21 | 59              | 35                      | 59.3%           | 240             | 111                     | 46.3%           | 125             | 74                      | 59.2%           | 424             | 220                     | 51.9%           |
| May-21 | 100             | 59                      | 59.0%           | 250             | 137                     | 54.8%           | 121             | 78                      | 64.5%           | 471             | 274                     | 58.2%           |
| Jun-21 | 73              | 36                      | 49.3%           | 260             | 153                     | 58.8%           | 150             | 96                      | 64.0%           | 483             | 285                     | 59.0%           |
| Jul-21 | 73              | 39                      | 53.4%           | 269             | 139                     | 51.7%           | 153             | 87                      | 56.9%           | 495             | 265                     | 53.5%           |
| Aug-21 | 77              | 47                      | 61.0%           | 243             | 137                     | 56.4%           | 129             | 63                      | 48.8%           | 449             | 247                     | 55.0%           |

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

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

**How are we doing?**

**Response to Red Calls**

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

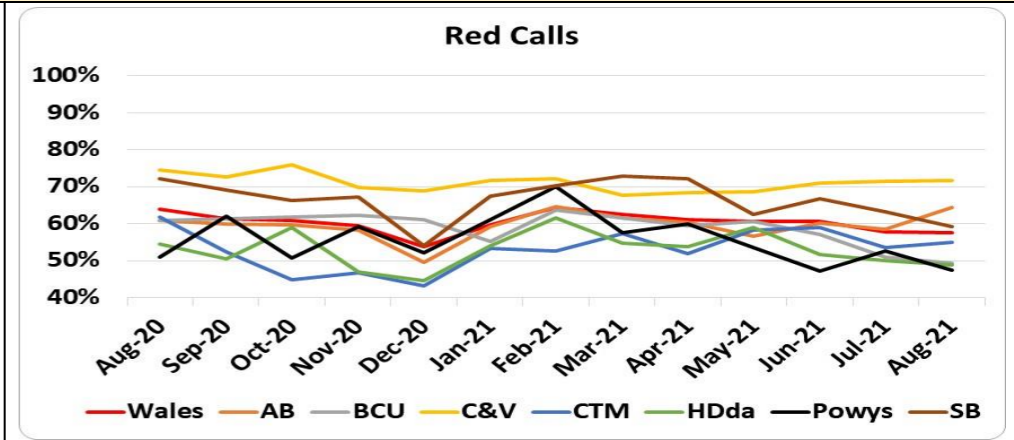
**Red Call Volumes**

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

**How do we compare with our peers?**

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

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

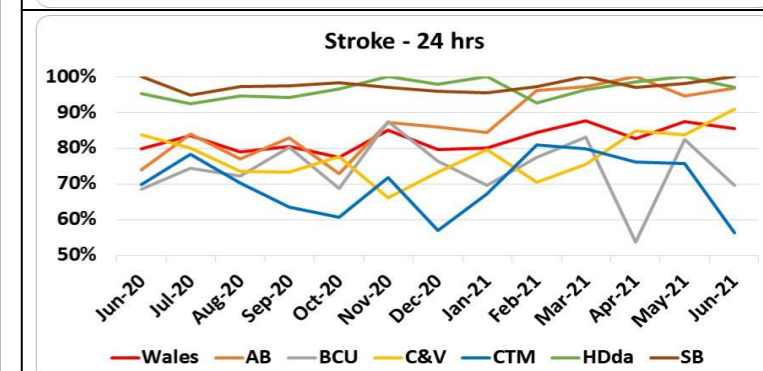
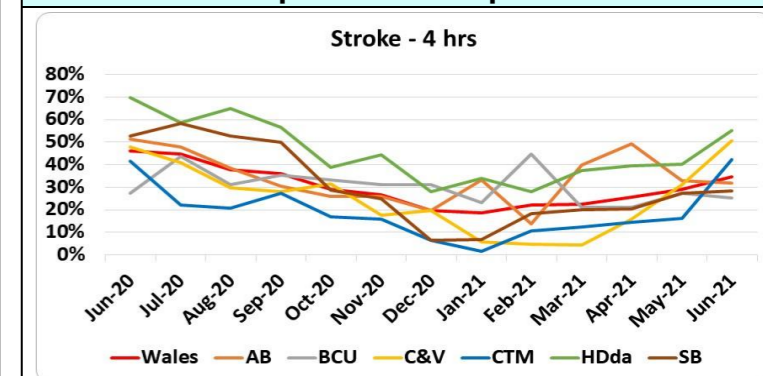


**Stroke Quality Improvement Measures (QIMs) – July 2021**

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

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

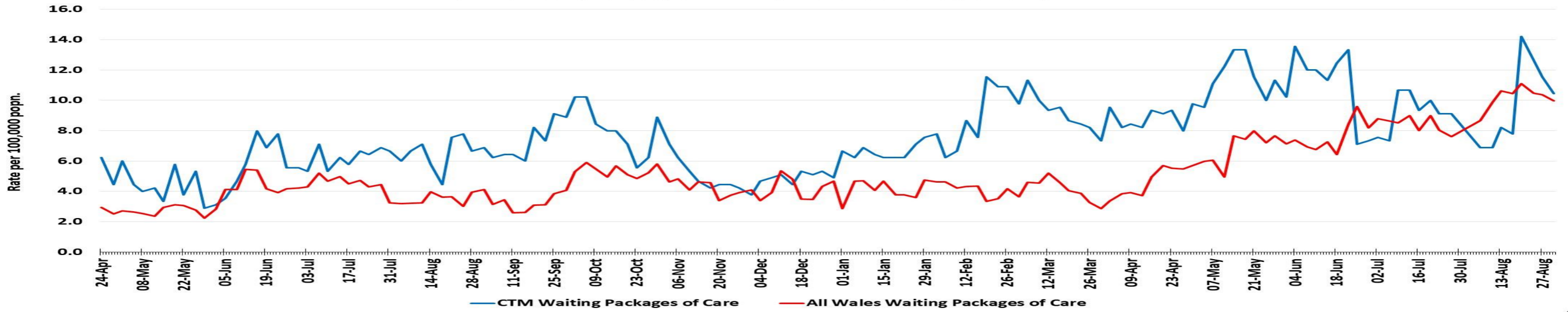
### How do we compare with our peers?



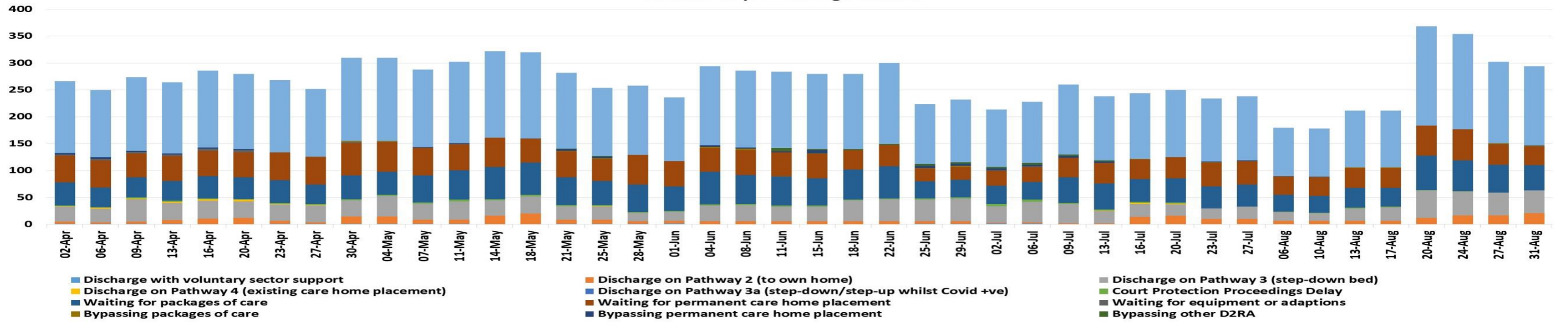
| How are we doing? | What actions are we taking & when is improvement anticipated? | What are the main areas of risk? |
|-------------------|---------------------------------------------------------------|----------------------------------|
|-------------------|---------------------------------------------------------------|----------------------------------|

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

**Intercensal Delayed Discharge Patients Waiting for Packages of Care at census date (rate per 100,000 population)**  
*(Twice weekly census from 24th Apr 2020 to 31st August 2021)*



**Patient Delayed Discharge Reasons**



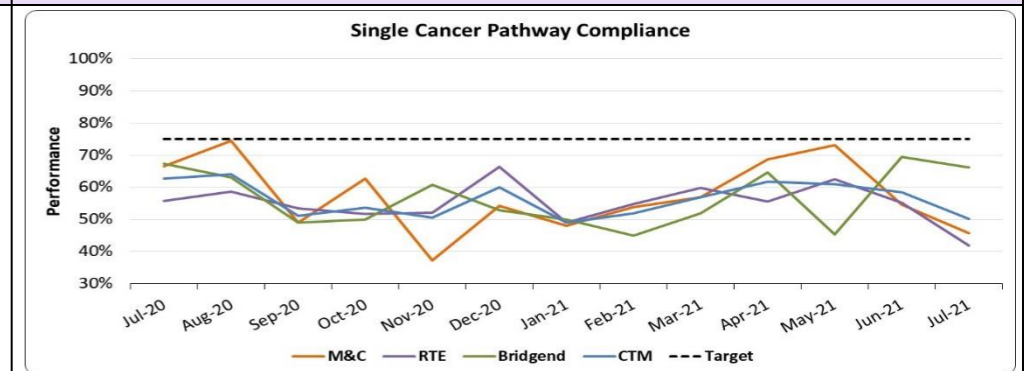
| How are we doing?                                                                                                                                                                                                                                                                                         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

**Single Cancer Pathway (SCP) – July 2021**

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

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

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



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

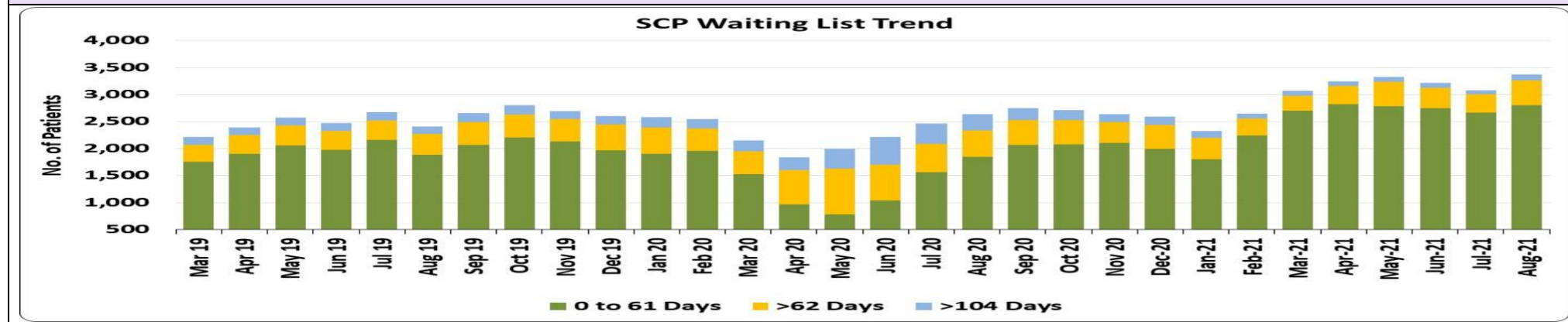
Predicted performance for August currently is 52.9%, however the data is currently un-validated. Improvement in performance noted in Lung (B-ILG and MC-ILG) and Haematology.

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

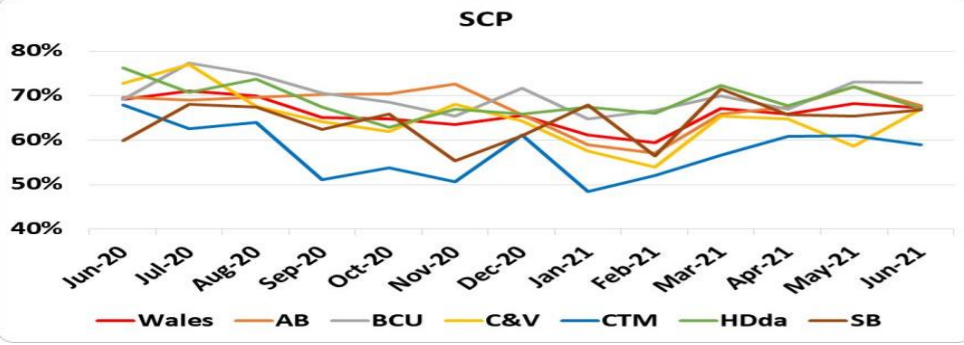
The main contributory factors recorded continue to be allocation of first outpatient appointments and diagnostics. Also, challenges with referrals from the Bowel Cancer-screening programme and services provided by tertiary organisations.

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

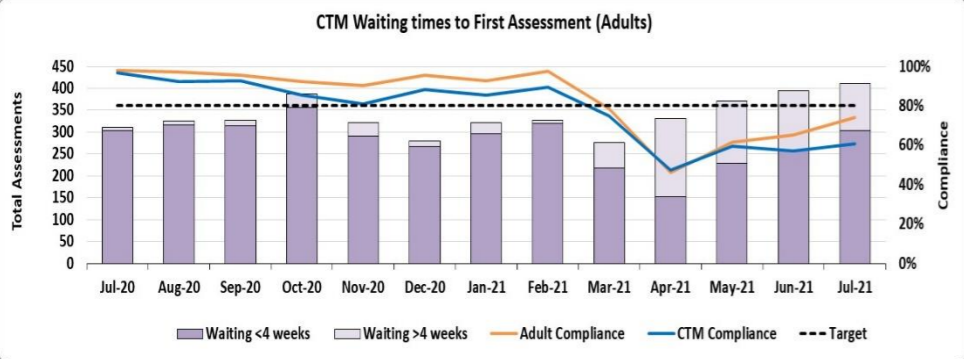
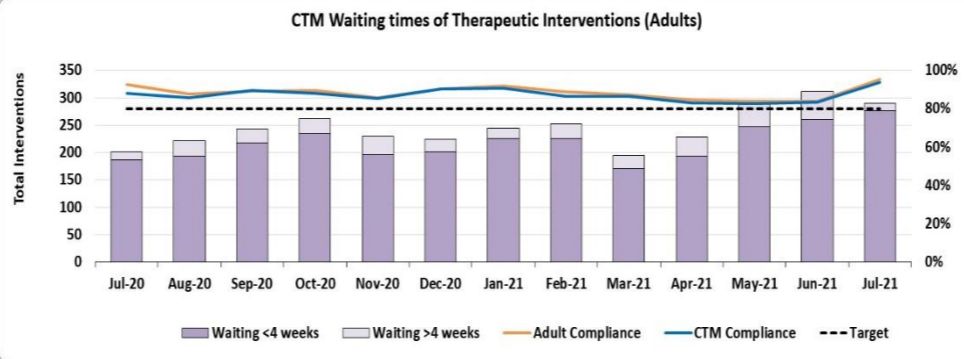
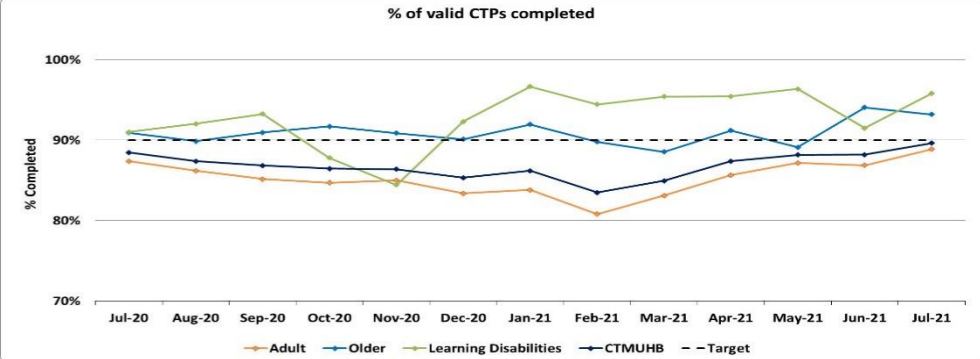
**Patients currently waiting on a Cancer Pathway as at 1<sup>st</sup> September 2021**



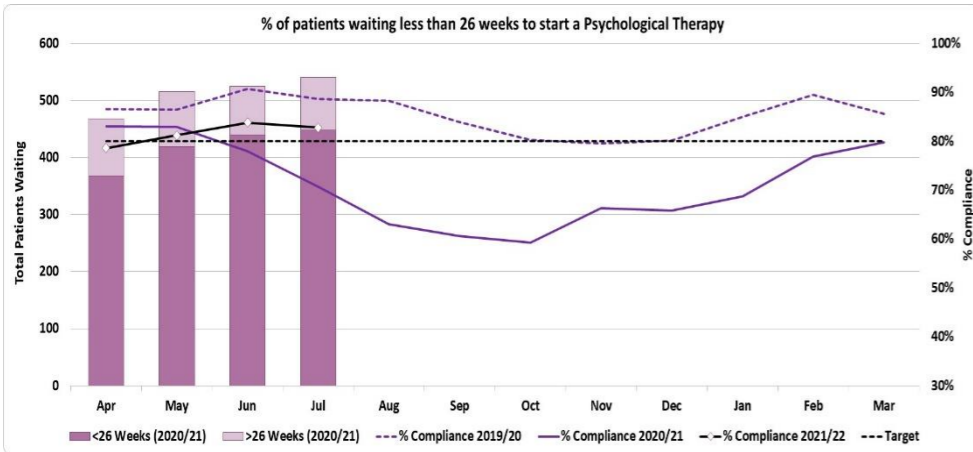
| Merthyr & Cynon ILG    | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|------------------------|----------------------|-----------------------|---------------------|
| Upper Gastrointestinal | 9                    | 4                     | 4                   |
| Lower Gastrointestinal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

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

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

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

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



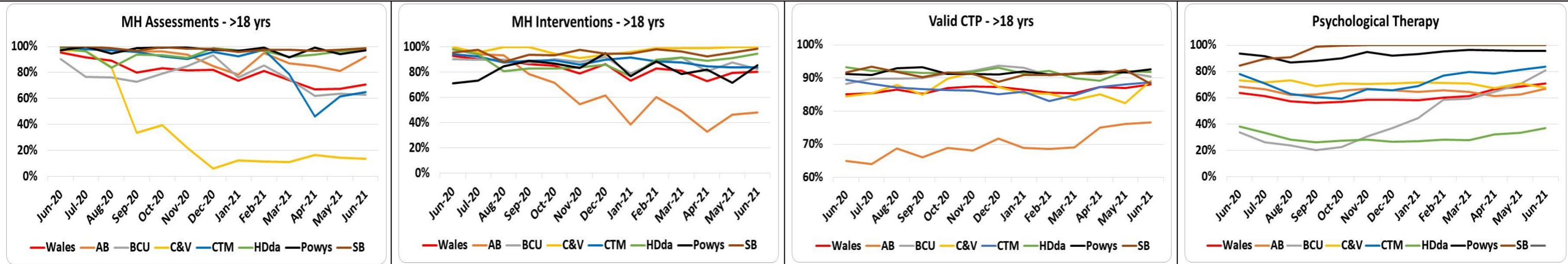
**How are we doing & what action are we taking?**

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

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

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

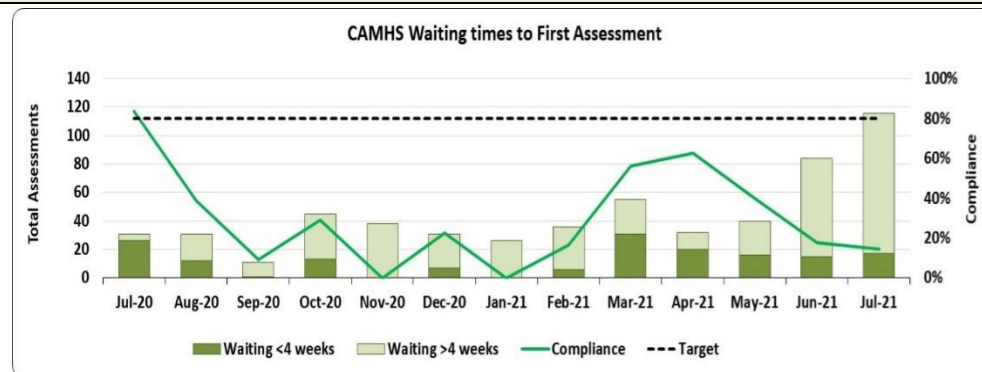
**How do we compare with our peers?**



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

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

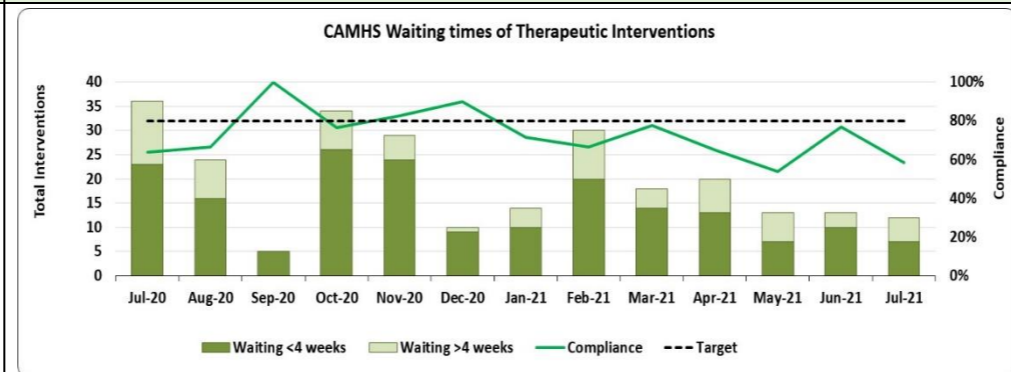
**Part 1a – 14.7%**



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The chart shows that in recent month's CAMHS compliance has declined. Referrals in July were lower than previous months at 134 (190 in June). Pre-Covid levels averaged 84 per month with the average referrals for 2020/21 equating to 42 per month.

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

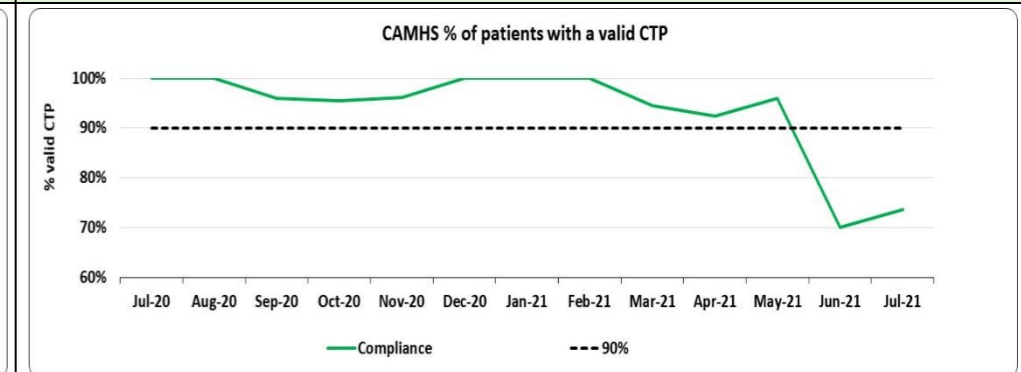
**Part 1b – 58.3%**



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

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

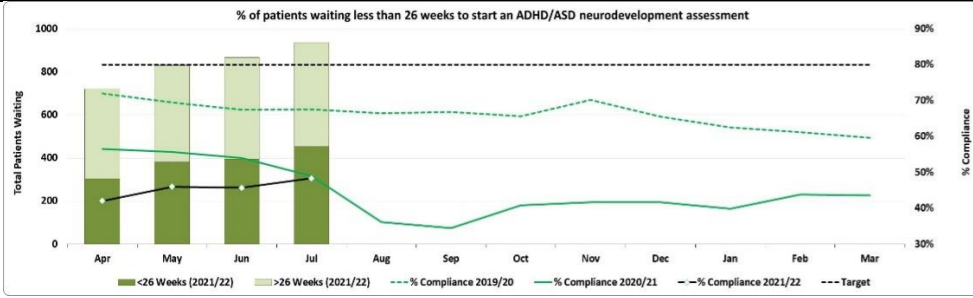
**Part 2 – 70.1%**



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

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

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



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

**How are we doing & what actions are we taking?**

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

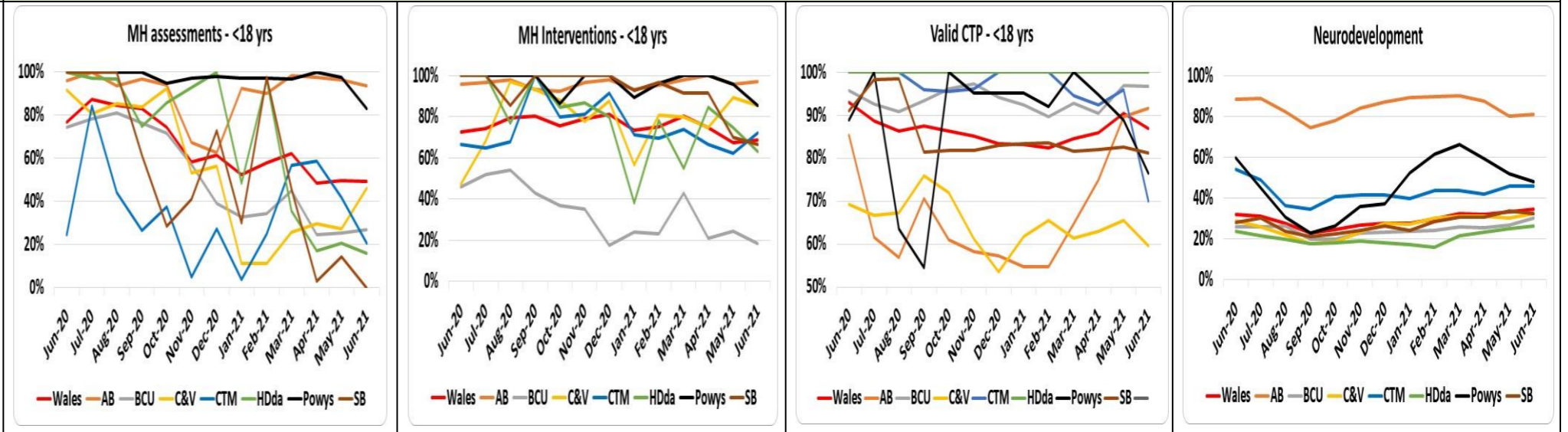
The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The uptake of Consultant Connect is poor at present, work around promoting this service is ongoing. The recruitment to the Eating Disorder Team and 24/7 Crisis/Liaison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

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

**What are the main areas of risk?**

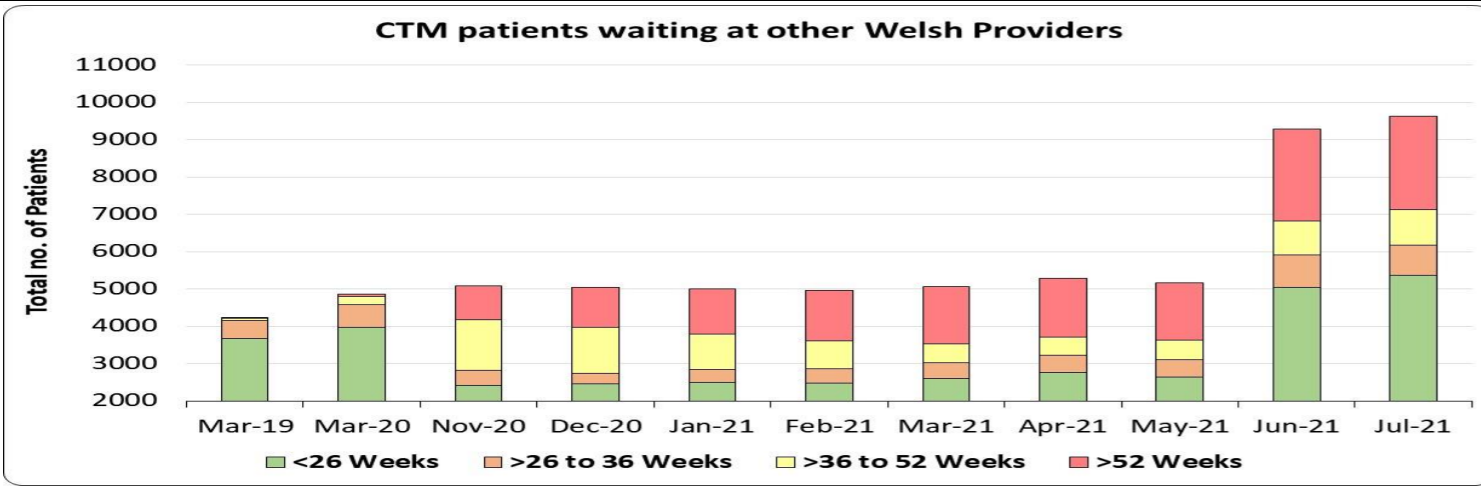
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment. Recent WG investment has meant that neighbouring HB will also be recruiting at this time.

**How do we compare with our peers**



**WHSSC – Welsh Health Specialised Services Committee**

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



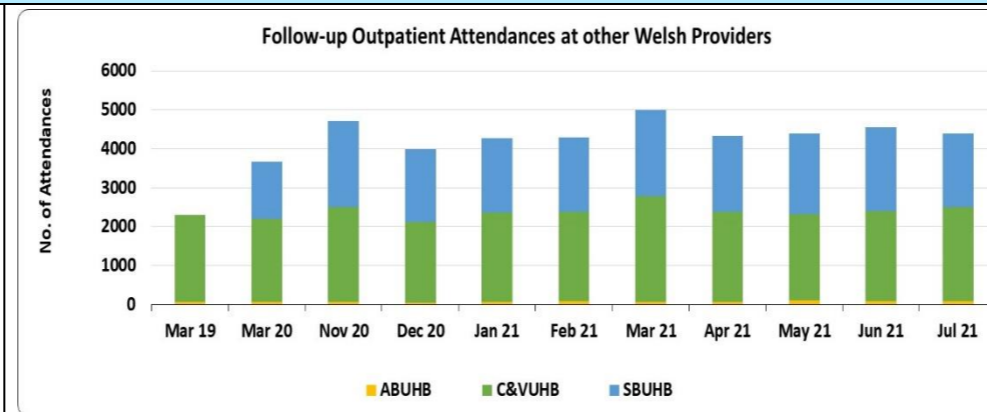
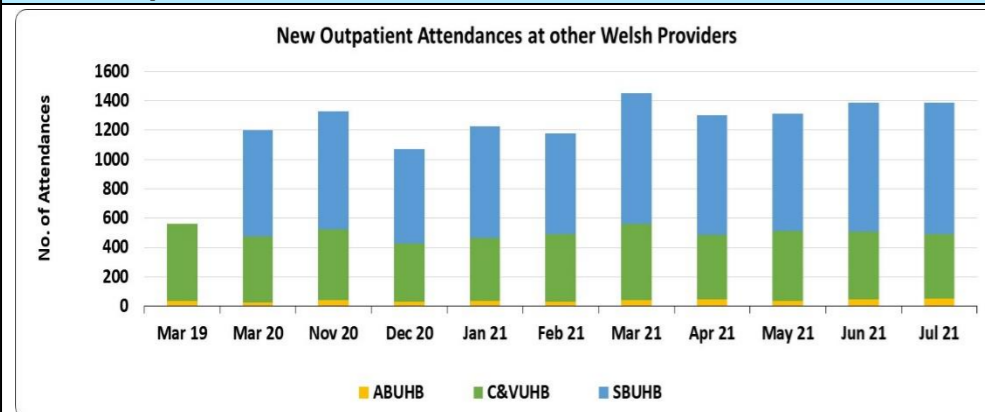
Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at **other** Welsh providers, though the actual Commissioner is not WHSSC in all instances.

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in July totals 3,429\*. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 445 and there is just one patient waiting over 14 weeks for a therapy (Audiology – C&VUHB).

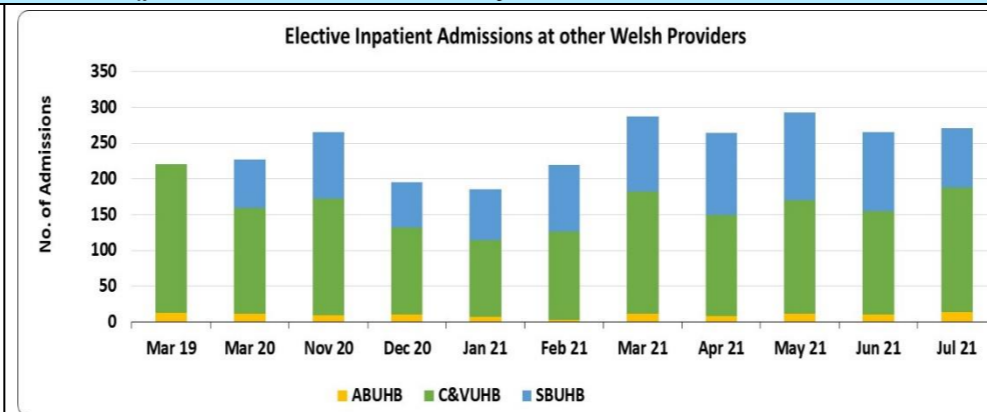
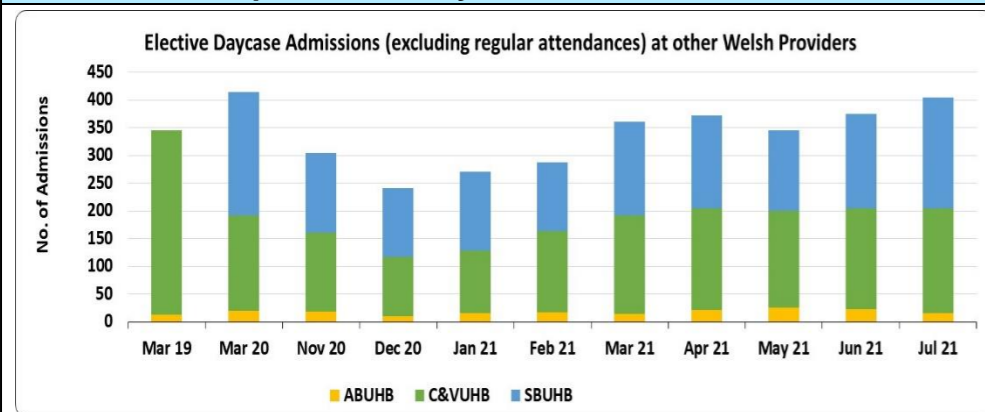
| Cardiff & Vale UHB              |                 |           | Aneurin Bevan UHB     |                 |           | Swansea Bay UHB        |                 |           |
|---------------------------------|-----------------|-----------|-----------------------|-----------------|-----------|------------------------|-----------------|-----------|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

### CTM Outpatient Attendances at other Welsh Providers



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

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



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

## 2.2 Finance update - Month 4

### 2.2.1 Background

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

- The core plan
- Covid response
- Planned care recovery

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

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

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

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

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

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

funding for Q1 may also provide some temporary headroom if actual costs are lower.

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

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

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

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

#### 2.5.3 Month 4

Actual expenditure to M4 on Delegated budgets was showing a £5.2m overspend and this was offset by a £5.3m underspend on Non-Delegated budgets to give a small underspend of £0.1m. A significant amount of Reserve budgets have been phased into the M4 position to cover estimated costs already included in the delegated position, but where funding has not yet been released into delegated budgets.

Whilst the Health Board is reporting a small surplus at M4, it is important to note the following points regarding the M4 position:

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

£1.2m of Operational expenditure cost reductions towards the forecast shortfall against £14.5m Savings target.

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

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

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

#### 2.5.4 Key actions

The key actions include:

- Feedback from WG on the draft financial plan submitted at the end of June and the funding assumptions contained therein.
- All budget holders to urgently sign off their budget schedules for 21/22 and to manage expenditure within these agreed budgets.

- Identification of additional savings plans and opportunities to close the forecast In-year gap of £1.6m and the recurring gap of £7.9m, as well as work to provide greater assurance on the forecast In year savings of £12.9m.
- Addressing the significant M4 YTD overspends on pay, non-pay and income, which are mainly in corporate directorates (£1.0m), Medicines Mgt (£0.6m), Facilities (£0.7m) and ILGs (£0.4m).
- Finalising the trackers for monitoring the reductions in the annual leave carried forward at the end of 20/21 and the associated impact on the annual leave provision for 21/22.
- Finalising the Transformation budgets and spending plans for 21/22 and then moving on to the recurrent sustainability plan for 22/23.
- Noting the deterioration in the forecast recurrent position and the significant recurrent deficit to be addressed from 22/23 onwards.

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

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

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The following issues/risks have been identified in relation to the **Quality** quadrant:
- 3.3** As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.
- 3.4** Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.

**3.5** An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.

**3.6** Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board’s work is imperative in order to provide excellence in service delivery to the population of CTM.

#### 4. IMPACT ASSESSMENT

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



## 5. RECOMMENDATION

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