

Public Finance Committee Meeting

Wed 19 April 2023, 14:00 - 16:00

Agenda

14:00 - 14:00 **1. Standing Items**

0 min

Michael Imperato

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes:

1.4.1. Strategy and Delivery meeting – 14th March 2023

1.4.2. Finance Committee meeting – 22nd March 2023

1.5. Action logs:

1.5.1. Following the Strategy and Delivery meeting held on 14th March 2023

1.5.2. Following the Finance meeting held on 22nd March 2023

1.6. Chair's Actions since previous meeting

14:00 - 14:00 **2. Items for Review and Assurance**

0 min

2.1. Financial Report – Month 12

Catherine Phillips Robert Mahoney

2.2. Unforeseen Cost Pressures Lessons Learnt Exercise

Catherine Phillips Robert Mahoney

2.3. Finance Committee Self Effectiveness Survey

James Quance

 2.3 Committee Effective Survey Cover Report.pdf (3 pages)

 2.3a ANNUAL_BOARD_EFFECTIVENESS_SURVEY_FINANCE(2).pdf (7 pages)

2.4 Operational Performance Report

Mohamed Saad
11/04/2023 17:07:20

2.5. Integrated Performance Report for Month 12

Executives

14:00 - 14:00
0 min

3. Items for Approval / Ratification

3.1. Finance and Performance Committee Terms of Reference and Workplan 2023-24

James Quance

14:00 - 14:00
0 min

4. Items for Information and Noting

No items

14:00 - 14:00
0 min

5. Agenda for Private Finance and Performance Committee Meeting

5.1. Approval of Private Strategy and Delivery Committee Minutes – 14.3.2023

5.2. Approval of Private Finance Committee Minutes – 22.3.2023

5.3. IMTP Financial Plan Update (Confidential discussion)

14:00 - 14:00
0 min

6. AOB

14:00 - 14:00
0 min

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

7.2. Date, time and venue of the next Committee meeting:

Wednesday 17th May 2023 at 2pm via MS Teams

14:00 - 14:00
0 min

8. Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah
11/04/2023 17:07:20

Report Title:	Finance Committee Self Effectiveness Survey 2022/23		Agenda Item no.	2.3	
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	19 April 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				
Main Report					
Background and current situation:					
<p>Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.</p> <p>The Health Board undertook an annual review of the effectiveness of its Board and its Committees in February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:</p> <ul style="list-style-type: none"> the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives; the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions; maximising the value of the input from non-executive directors, given their limited time commitment; and supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda. <p>For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.</p> <p>The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Finance Committee (attached as Appendix 1).</p> <p>This year, as part of the annual review, it is proposed that a workshop will take place with the Board Committee Chairs to discuss any common themes and Committee wider learning from the Committees' survey results. Any actions flowing from the same will be set out in the action plan to be presented to the Audit and Assurance Committee on 11 May 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<ul style="list-style-type: none"> The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued in February 2023. 					

- The individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Finance Committee are presented at Appendix 1 for information. There were no areas identified for improvement.
- Overall the findings were positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

To ensure effective governance the Board Committee Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

- (a) **Note** the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Finance Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

n/a

Safety: Yes/No

n/a

Financial: Yes/No

n/a

Workforce: Yes/No	
n/a	
Legal: Yes/No	
n/a	
Reputational: Yes/No	
n/a	
Socio Economic: Yes/No	
n/a	
Equality and Health: Yes/No	
n/a	
Decarbonisation: Yes/No	
n/a	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit and Assurance Committee	11 May 2023




Mohamed Sarah
11/04/2023 17:07:20

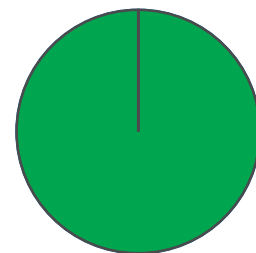
Annual Board Effectiveness Survey

Finance




Responses: 5

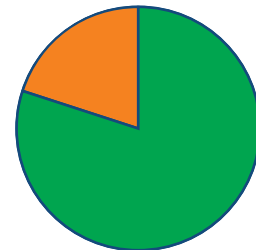
1. The Committee terms of reference clearly, adequately & realistically set out the Committee’s role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

 Strong	5
 Adequate	0
 Needs Improvements	0



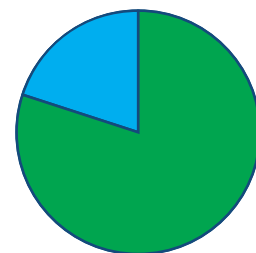
2. The Board was active in its consideration of Committee composition.

 Strong	4
 Adequate	1
 Needs Improvement	0



3. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

 Yes	4
 No	0
 Unsure	1



Mohamed Sarah
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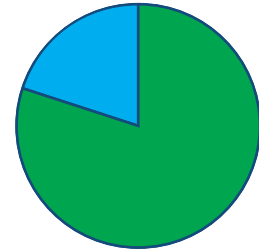


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

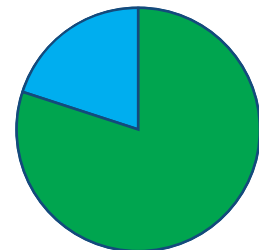
4. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

 Yes	4
 No	0
 Unsure	1






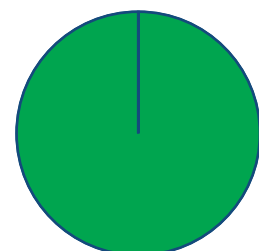
5. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

 Yes	4
 No	0
 Unsure	1






6. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

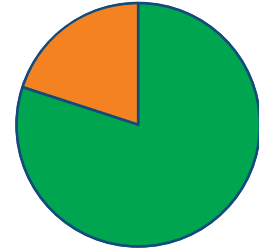
 Strong	5
 Adequate	0
 Needs Improvement	0






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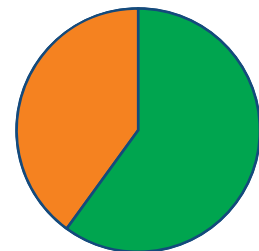
7. The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

 Strong	4
 Adequate	1
 Needs Improvement	0






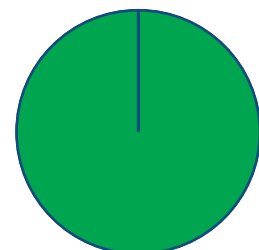
8. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

 Strong	3
 Adequate	2
 Needs Improvement	0






9. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

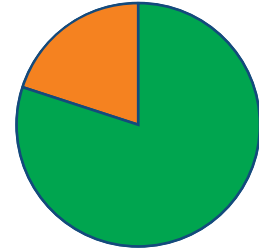
 Strong	5
 Adequate	0
 Needs Improvement	0






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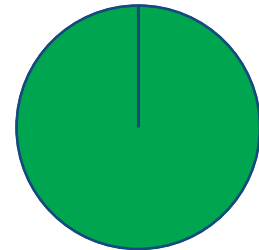
10. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

 Strong	4
 Adequate	1
 Needs Improvement	0




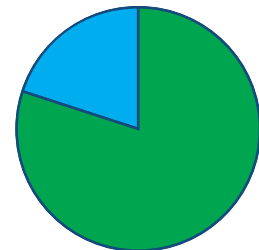
11. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

 Strong	5
 Adequate	0
 Needs Improvement	0



12. Are changes to the Committee's current and future workload discussed and approved at Board level?

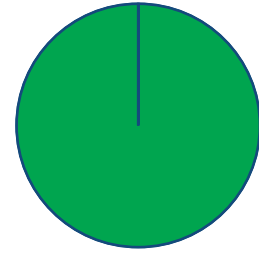
 Yes	4
 No	0
 Unsure	1






Mohamed Sarah
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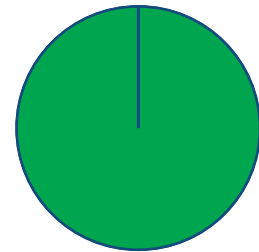
13. Are Committee members independent of the management team?

 Yes	5
 No	0
 Unsure	0



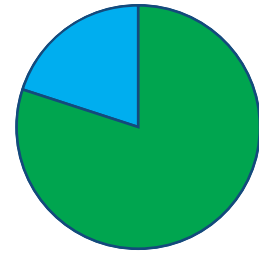
14. The Committee agenda-setting process is thorough and led by the Committee Chair.

 Strong	5
 Adequate	0
 Needs Improvement	0



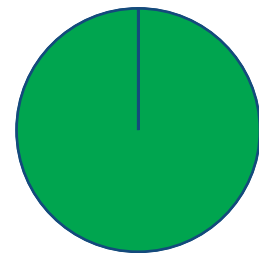
15. Has the Committee established a plan for the conduct of its work across the year?

 Yes	4
 No	0
 Unsure	1




16. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

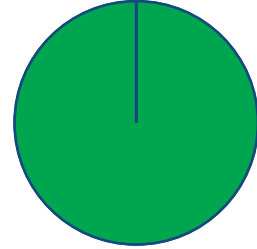
 Yes	5
 No	0
 Unsure	0






Mohamed Salah
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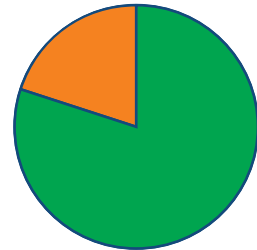
17. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

 Yes	5
 No	0
 Unsure	0



18. The Committee's self-evaluation process is in place and effective.

 Strong	4
 Adequate	1
 Needs Improvement	0



Mohamed Sarah
11/04/2023 17:07:20

19. The Committee's self-evaluation process is in place and effective

- Strong
- The Finance Committee is well run and meets regularly. It has the required range of experience when the composition of the committee is considered.
- The Committee has the appropriate expertise to provide adequate scrutiny and support. The relationship between IMs and Executives is collegiate but with appropriate independence to provide professional scrutiny.
- Appropriate level of scrutiny achieved. Members independent to management team.
- Is capable of generating good and analytical discussions.

Mohamed Sarah
11/04/2023 17:07:20

Report Title:	Key Operational Performance Indicators		Agenda Item no.	2.4
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	19/04/2023
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Performance and Planning Manager – Operations			

Main Report

Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and modernising planned care and reducing waiting lists in Wales

Whilst the Health Board is making good progress against its Operational plan, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

The Health Board submitted our final IMTP to Welsh Government at the end of June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Operational Performance update

Urgent and Emergency Care:

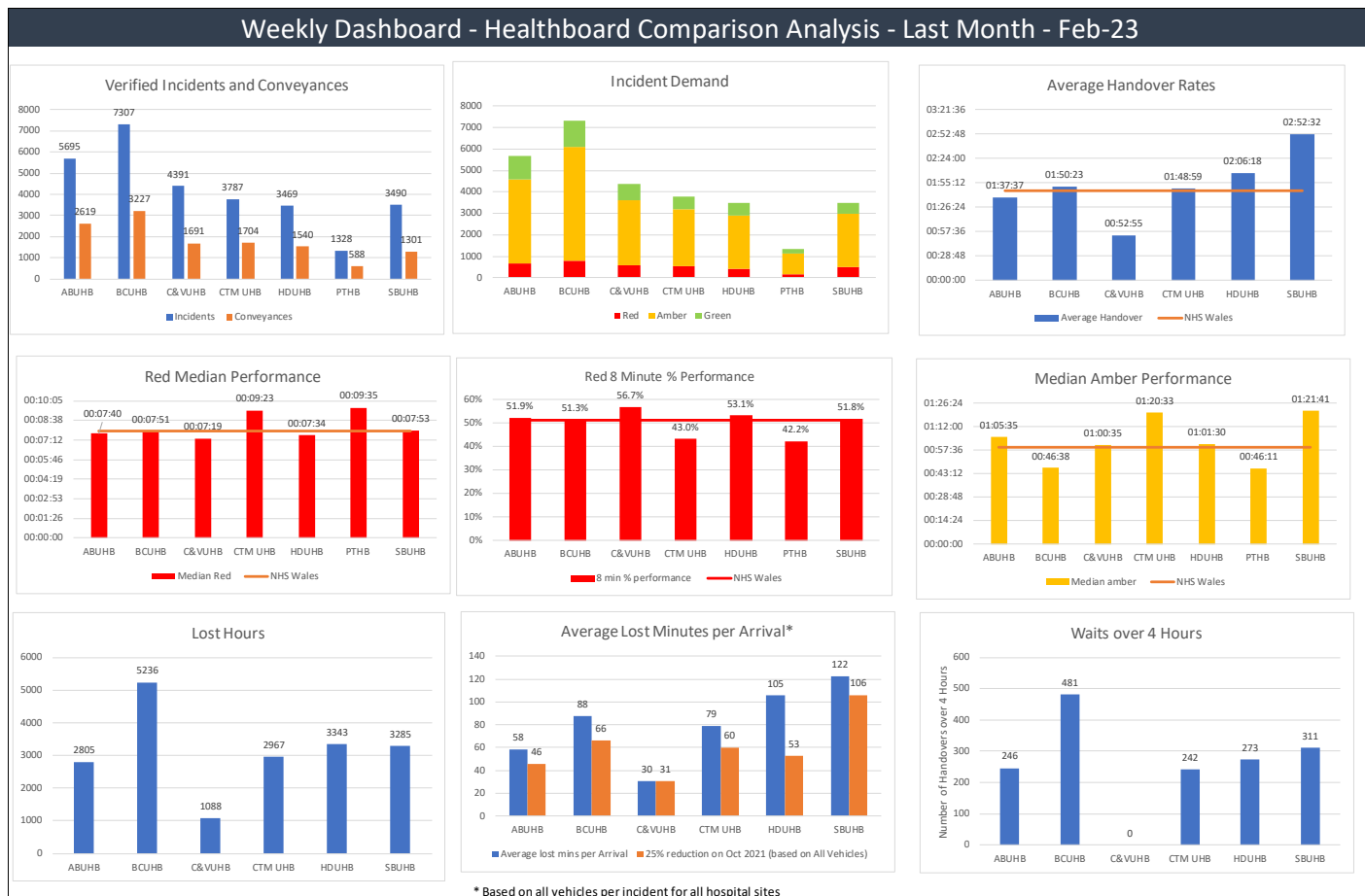
- Reportable Emergency Unit attendances reduced in February (10,979) compared with those reported in January (11,218), November (12,439) and December 2022 (12,699).
- 4-hour performance in EU was 70.87% in February, improved from 66.8% in January
- 12-hour EU waits remain high, but reduced in February with 715 reported in February 2023 compared to 876 reported in January
- No Ambulance handovers took place in over 4 hours during February 2023
- The percentage of red calls responded to within 8 minutes increased to from 56.7% in February from 50.2% in January

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 12-hour EU waits, ambulance response and handover times are shown above.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

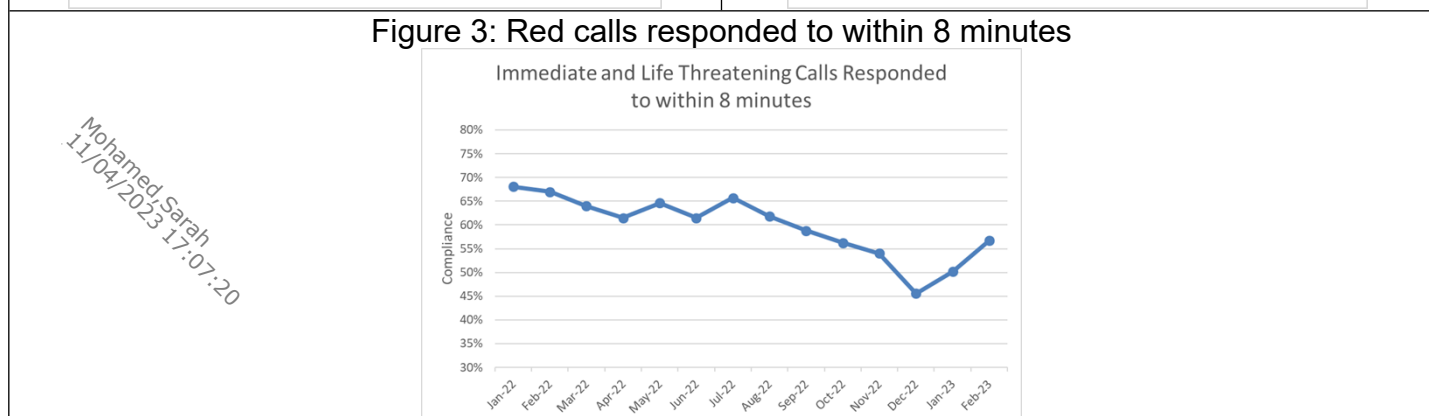
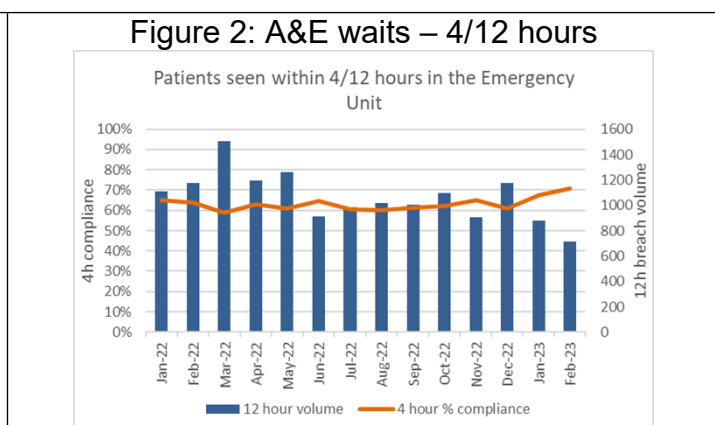
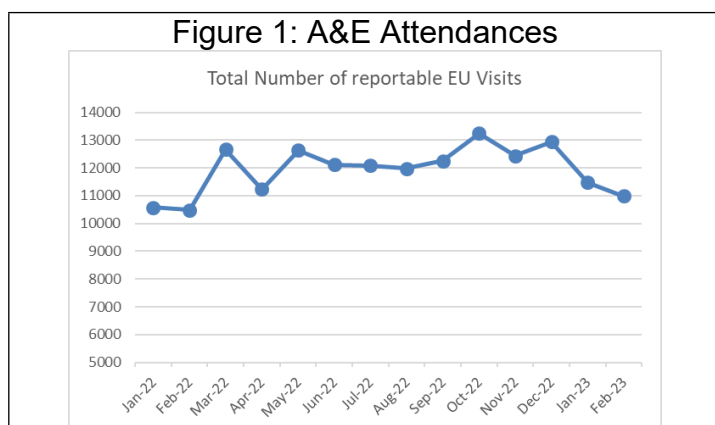
There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to in February 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.



Disclaimer
The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Source: National Collaborative Commissioning Unit (NCCU) weekly dashboard – For operational purposes only, not for public release.

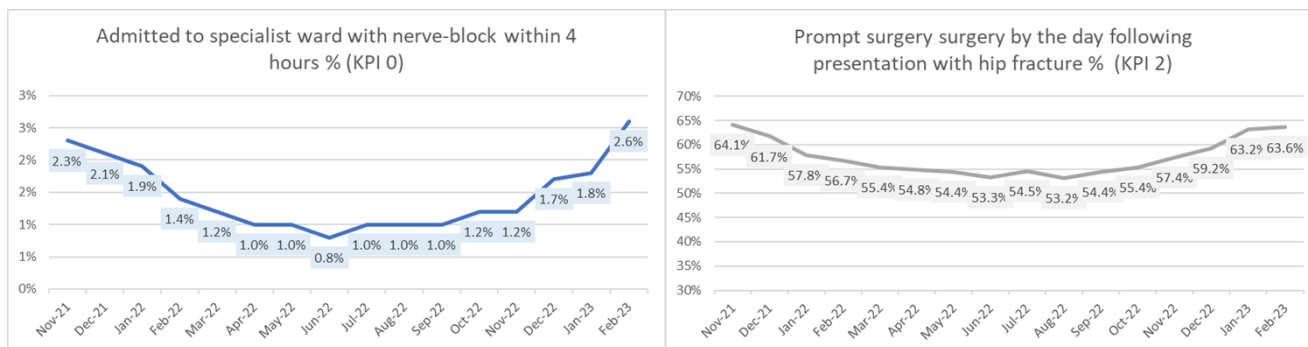


Mohamed Sarah
11/04/2023 17:07:20

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



A summit with key stakeholders was held in March with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. A follow-up session is planned for April to review the actions taken.

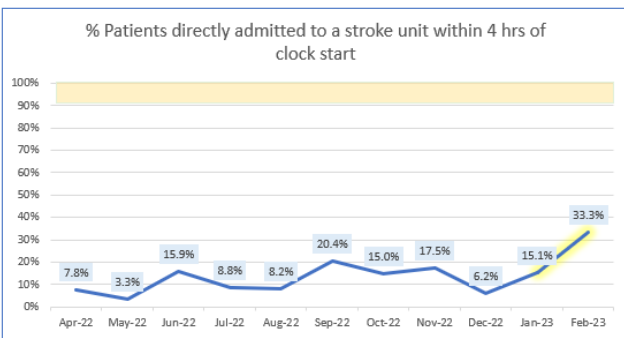
Stroke

Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

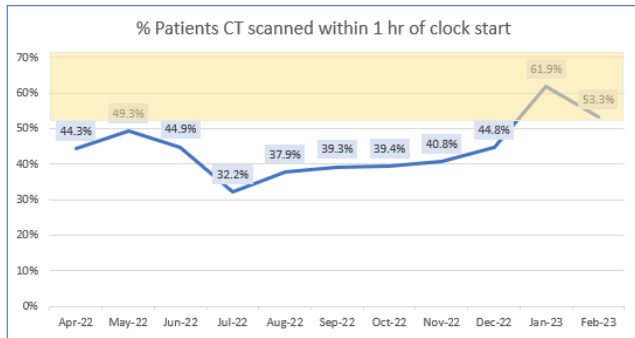
- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:

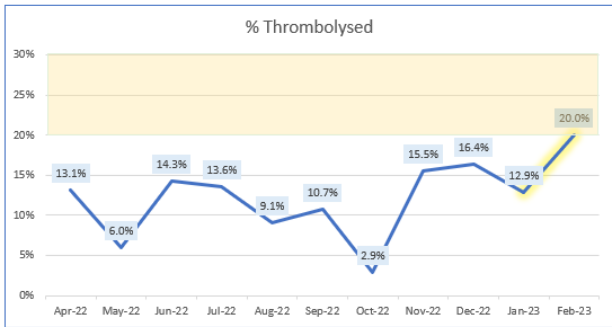
Mohamed Sarah
11/04/2023 17:07:20



SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



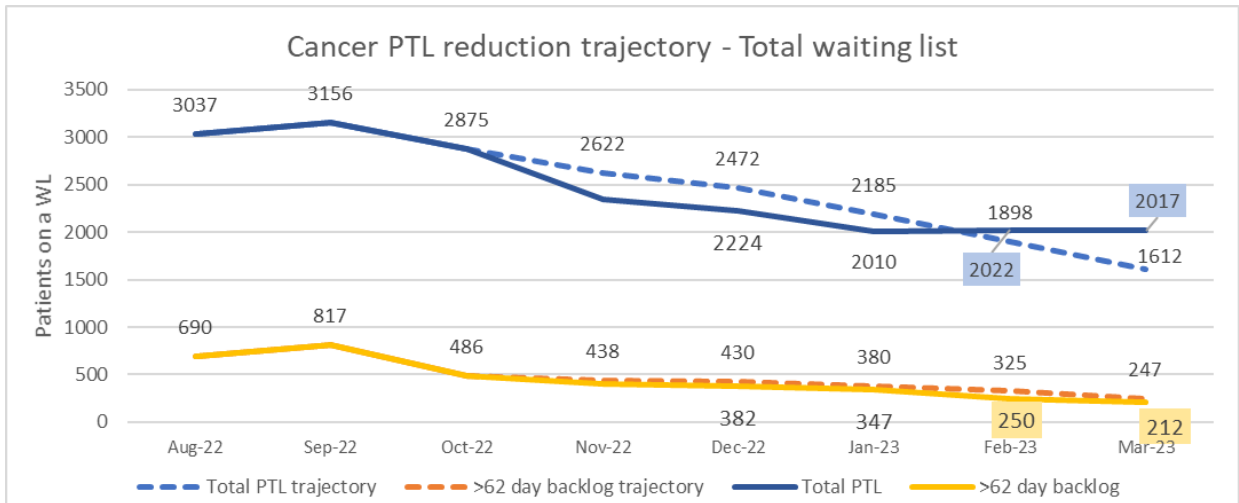
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr



SSNAP A grade: consistent 20% thrombolysis rate, 90% of eligible patients thrombolysed. 45 minute QIM (DU) 1 hour standard (SSNAP)

Cancer:

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 2017 suspected cancer patients on a single cancer pathway. 212 have waited over 62 days, of which 54 have waited over 104 days.

Of these, there are 1963 Cardiff and Vale patients (excluding tertiary patients) of which 158 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a

current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment.

Figure 4: Cancer referrals

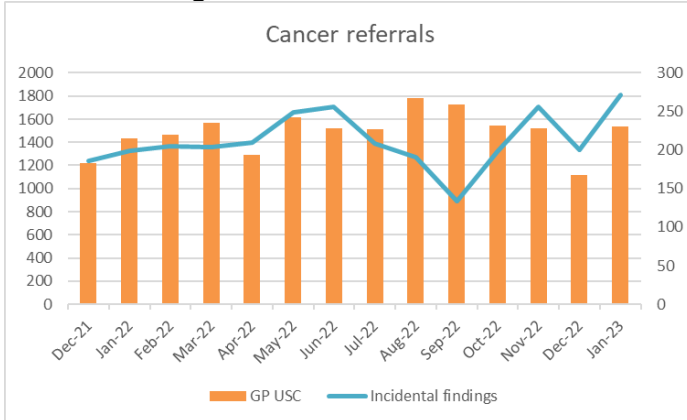


Figure 5: Single Cancer Pathway Performance

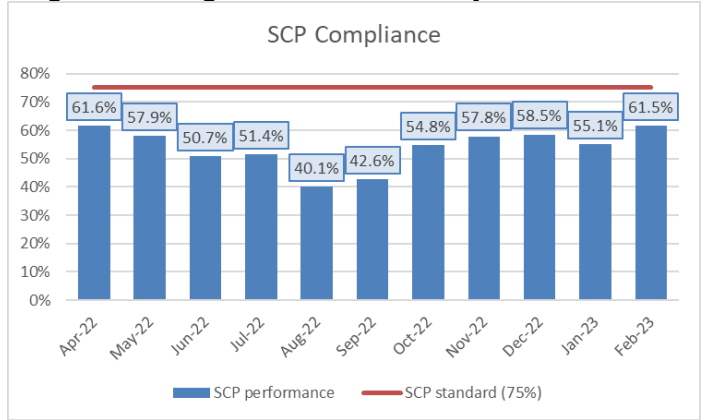


Figure 6: SCP Performance by tumour site

Tumour Site	October				November				December				January				February			
	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	2	3	5	40%	2	2	4	50%	5	6	11	45%	3	2	5	60%	2	0	2	100%
Upper GI	8	6	14	57%	10	5	15	67%	6	4	10	60%	5	6	11	45%	4	5	9	44%
Lower GI	9	15	24	38%	9	8	17	53%	16	15	31	52%	6	15	21	29%	9	9	18	50%
Lung	20	12	32	63%	24	5	29	83%	16	5	21	76%	12	12	24	50%	14	9	23	61%
Sarcoma	1	1	2	50%	1	1	2	50%	1	1	2	50%	0	2	2	0%	0	0	0	0%
Skin	1	3	4	25%	14	14	28	50%	17	17	34	50%	24	1	25	96%	33	3	36	92%
Breast	13	13	26	50%	12	22	34	35%	17	16	33	52%	22	10	32	69%	19	11	30	63%
Gynaecological	7	7	14	50%	2	11	13	15%	4	10	14	29%	4	11	15	27%	3	8	11	27%
Urological	19	14	33	58%	12	12	24	50%	17	15	32	53%	21	20	41	51%	23	21	44	52%
Haematological	3	3	6	50%	1	1	2	50%	4	1	5	80%	3	5	8	38%	3	2	5	60%
Acute Leukaemia	1	1	2	50%	1	1	2	50%	1	1	2	50%	1	0	1	100%	0	0	0	0%
Other	3	2	5	60%	3	3	6	50%	1	1	2	50%	2	0	2	100%	0	1	1	0%
Total	86	71	157	54.78%	89	65	154	57.79%	103	73	176	58.52%	103	84	187	55.08%	110	69	179	61.45%

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	>63 days	Total
Brain/CNS	2	2	0	0				0	4
Breast	122	128	132	34	13	4	4	21	437
Children's Cancer	1	2	1	0	1			1	5
Gynaecological	40	72	57	12	19	19	9	47	228
Haematological		5	4	1	1			1	11
Head & Neck	61	33	21	8	4	1	2	7	130
Lower GI	110	126	97	22	19	9	8	36	391
Lung	8	23	33	12	8	5	1	14	90
Other			1		1			1	2
Sarcoma	1	1	4		2			2	8
Skin	60	72	48	7	2			2	189
Unknown	0							0	0
Upper GI	87	96	68	13	9	8	8	25	289
Urological	41	66	53	18	26	7	22	55	233
Total	533	626	519	127	105	53	54	212	2017

NB. Taken from Total Cancer PTL as at 04/04/2023

Planned Care:

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 122,635 as at February 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – February – 929
- Patients over 104 weeks - February – 4,333
- Patients over 52 weeks – February – 23,745

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 37,937 at the end of February 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and will be an area of additional focus and support to improve the position over the next few months.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are over 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. Final figures were not available at the time of preparing this report. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Sept	Oct	Nov	Dec	Jan	Feb
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,108	3,491	2,704	2,152	1,611	1,216

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

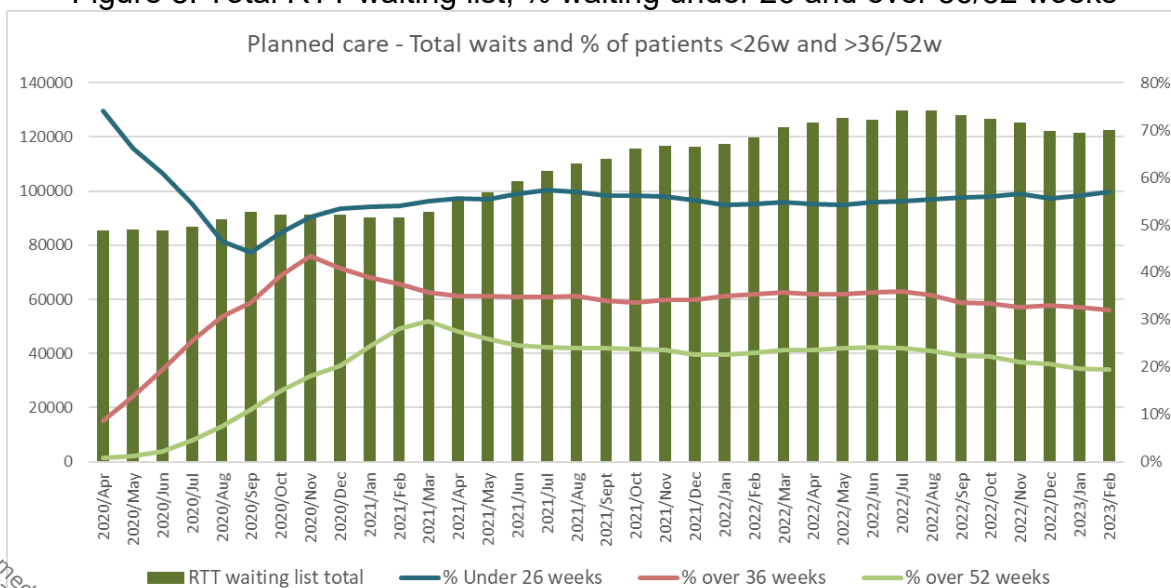
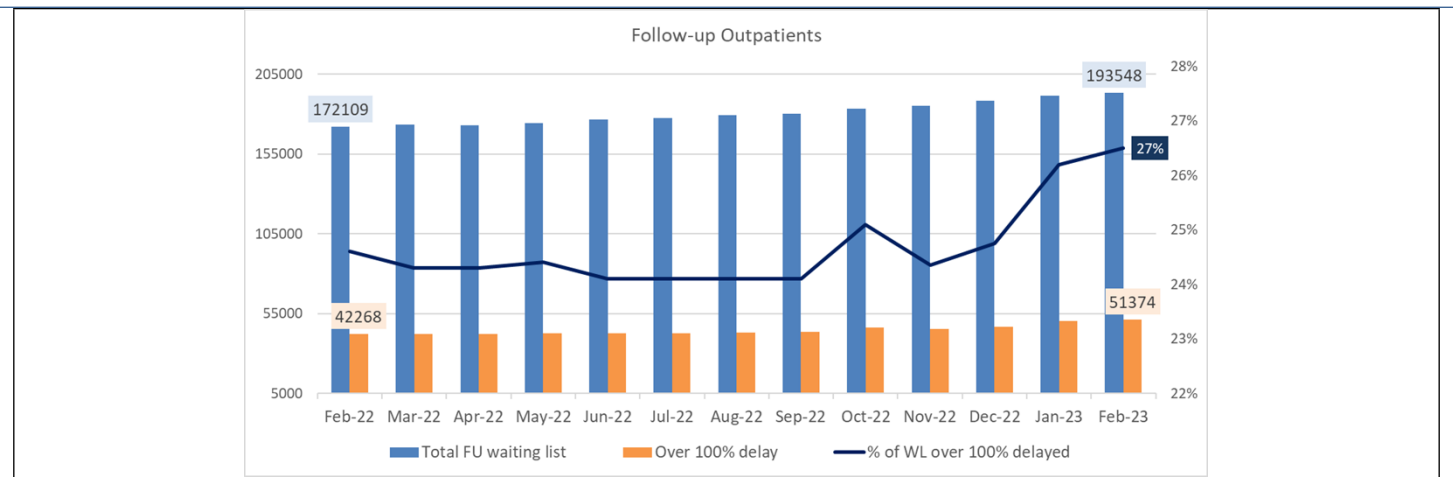


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed

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Diagnostics:

The volume of greater than eight-week **Diagnostic** waits has decreased to 4,421 at the end of February 2023 from 5,247 in December 2023, largely driven by reduced waits in Radiology, Cardiology and Endoscopy . The number patients waiting over 14 weeks for **Therapy** has reduced to 1,113 from in January to 1,113 in February, driven in a reduction in waits for Dietetics.

Figure 10: Diagnostics 8 week waits

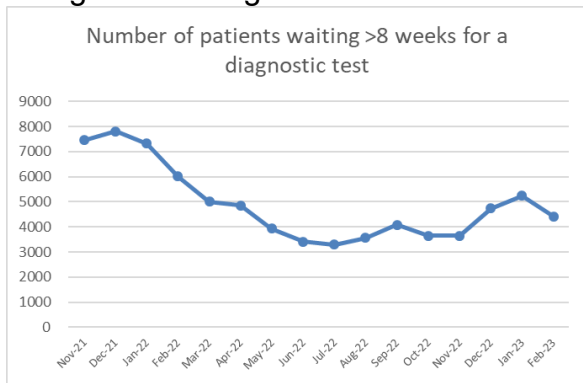
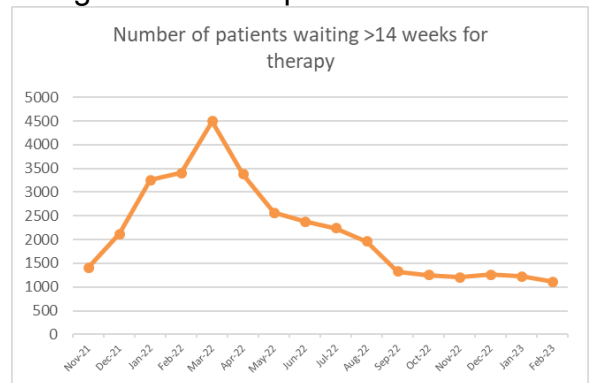


Figure 11: Therapies 14 week waits



Primary care:

The Health Board was 100% compliant in January 2023 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an ‘Emergency’ appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

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Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

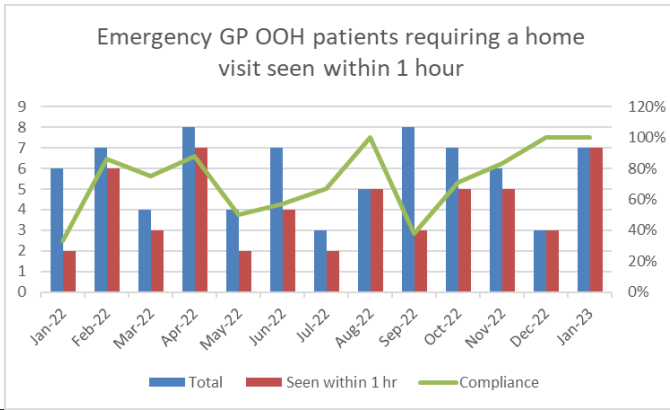
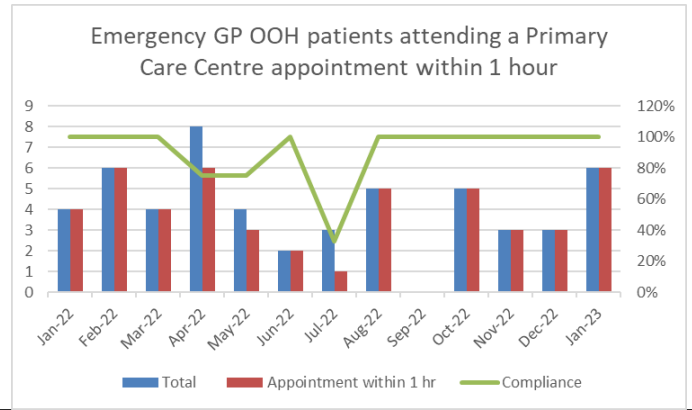


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In February the community nursing team supported over 3,400 patients to remain at home and the District Nursing team undertook 15, 527 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams’ activity across primary, secondary and social care can be seen below:

North & West Cardiff, South & East Cardiff & Vale Localities - Integrated Working - Primary, Secondary & Social Care

DURING FEBRUARY 2023...

Acute Response Team supported **1 PATIENT** with early discharge from hospital

Cardiff CRT & VCRS are currently supporting a total of **1,226 PATIENTS** to remain at home

Community Nursing is currently supporting a total of **3,439 PATIENTS** to remain at home

Cardiff CRT & VCRS supported **27 PATIENTS** to avoid hospital admission

Cardiff CRT & VCRS supported **92 PATIENTS** with early discharge from hospital

Nurse assessors supported and reviewed **1,635 PATIENTS** receiving NHS funded care in the community and nursing homes

District Nursing undertook **15,527 VISITS**

Cardiff CRT & VCRS supported **199 PATIENTS** requiring therapy support in the community

Thank you to the wards & teams who continue to make the most of community services

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Mental Health Measures:

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.6%, increased from 98.1% in January 2023. For CAMHS services, compliance increased from 90.7% in January to 97.9% in February.
- Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023, a reduction from the reported compliance in January 2023 (92.0%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023
- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

Figure 14: Mental Health Referrals

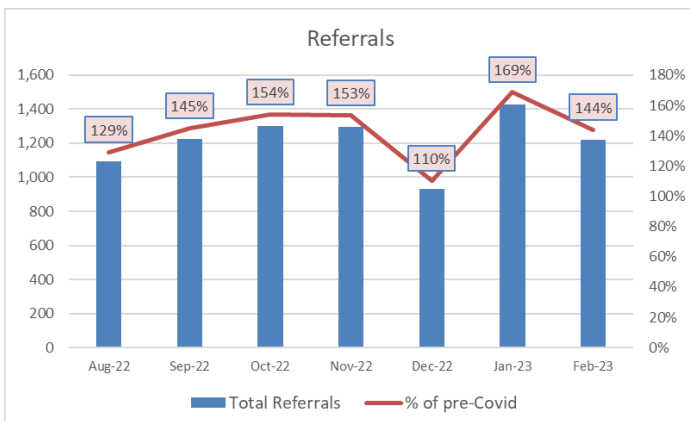


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

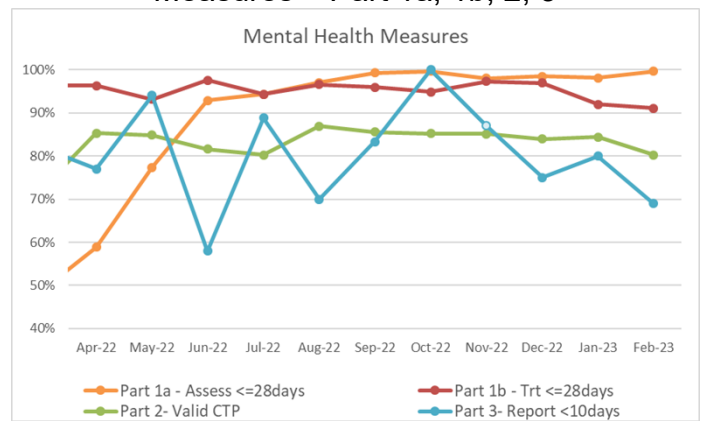
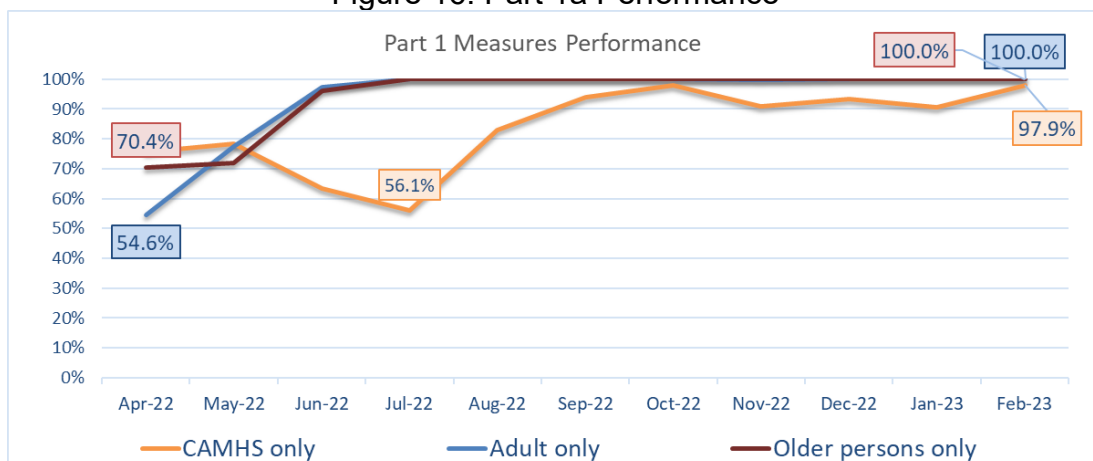


Figure 16: Part 1a Performance



Recommendation:

The Strategy and Delivery Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Mohammed
11/04/2020 10:20

Mohamed Sarah
11/04/2023 17:07:20