

AGENDA ITEM

6.1

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting

24/11/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Linda Prosser, Executive Director of Strategy and Transformation

Approving Executive Sponsor

Linda Prosser, Executive Director of Strategy and Transformation

Report purpose

FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals

Date

Outcome

Strategic Leadership Group

19/10/22

Choose an item.

ACRONYMS

AMU

Acute Medical Unit

C.difficile

Clostridium difficile

CAMHS

Child and Adolescent Mental Health Services

CTM

Cwm Taf Morgannwg

CTP

Care and Treatment Plan

CYP

Children and Young People

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

1. SITUATION/BACKGROUND

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

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecard indicates that the UHB is presently compliant with one (previously) two of its twenty nine performance measures and is making progress towards delivering a further two. There remains twenty six measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

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

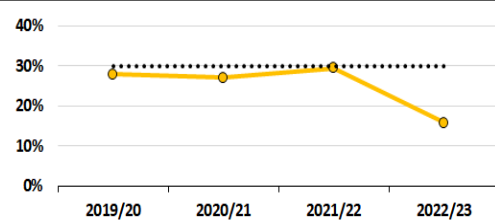
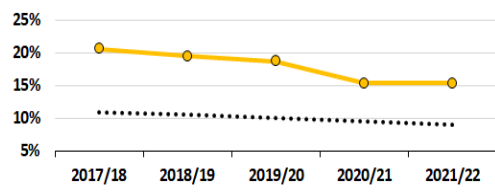
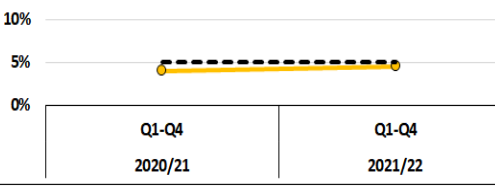
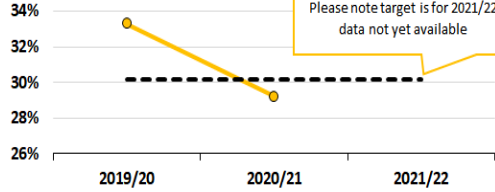
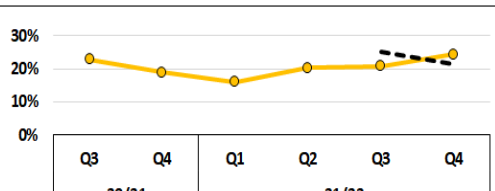
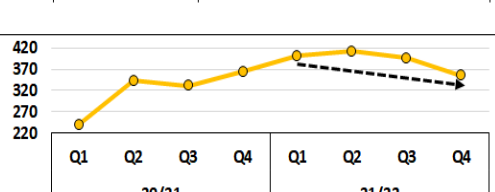
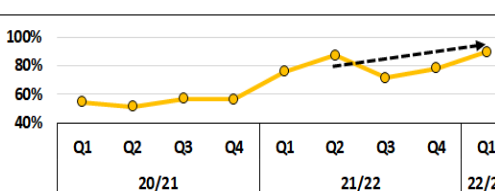
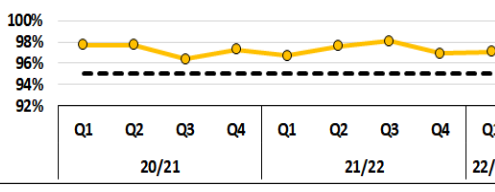
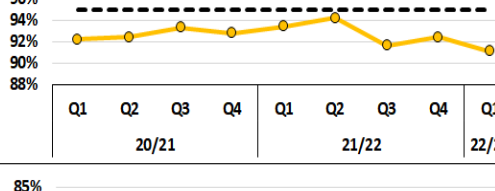
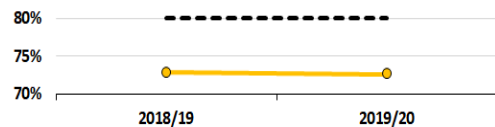
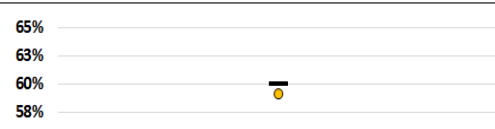
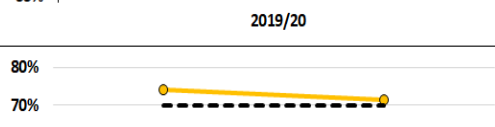
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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



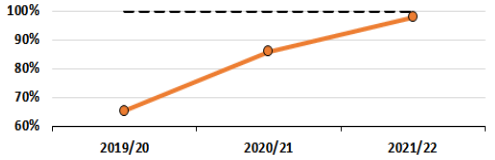
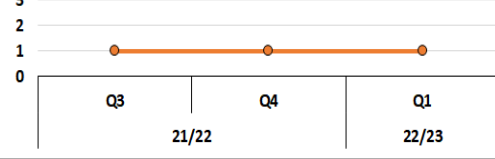
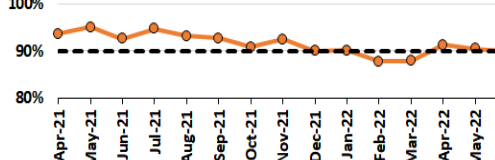
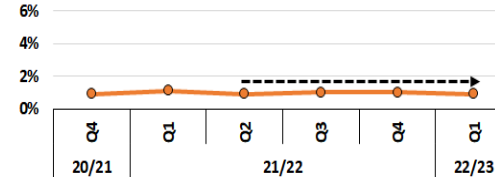
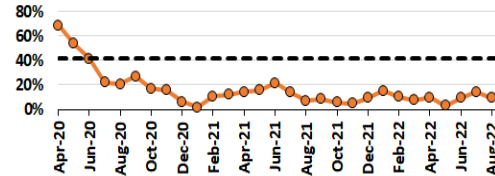
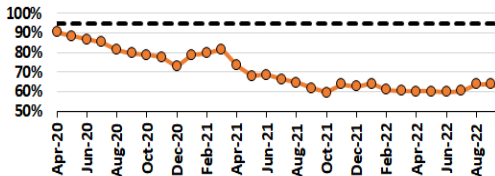
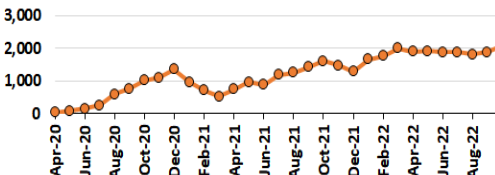
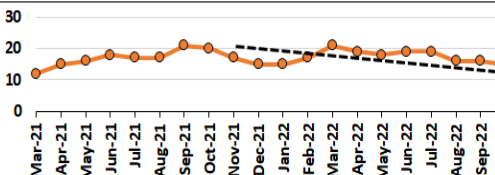
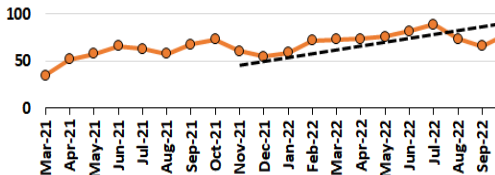
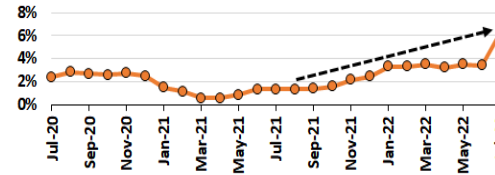
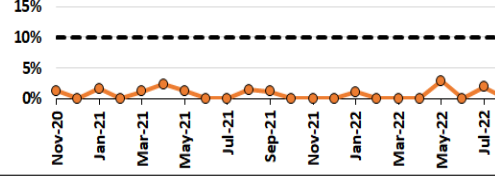
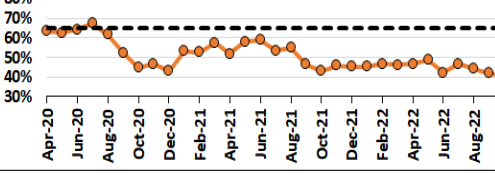
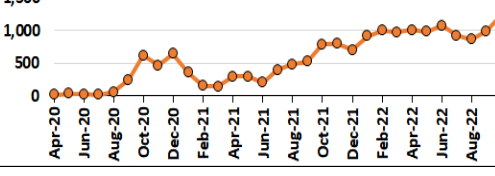
FINANCE					QUALITY				
Month 6	Variance from Plan				Indicators	Oct-22	Sep-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	62.7%	63.8%	75%	●
	£m	£m	£m	£m		Sep-22	Aug-22	Target	RAG
Pay	-1.4	-0.8	TBC	TBC	Single Cancer Pathway	46.2%	46.0%	75%	●
Non-Pay	1.8	0.0			Thrombolysis for Eligible Stroke Patients within 45 Minutes	45.5%	14.3%	100%	●
Income	0.6	3.2				Apr - Oct 22	Apr - Sep 22	Target	RAG
Efficiency Savings	-1.9	-1.1			Cumulative rate of bacteraemia cases per 100,000 population - E.coli	88.34	85.57	67 per 100,000 pop.	●
Allocations	0.0	0.0	6.9	6.9	Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	34.88	37.24	20 per 100,000 pop.	●
Planned Deficit	2.2	13.3			Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	26.92	27.49	25 per 100,000 pop.	●
Total	1.3	14.6	26.5	34.9		Oct-22	Sep-22	Target	RAG
PSPP	Current Month	Year to Date	Forecast Full Year	Target 95%	Total number of Nationally Reportable Incidents	7	2	TBC	●
					Number of Formal Complaints Received	75	88		
					Number of Compliments Received	80	80		
					Falls Causing Harm (Moderate/Severe/Death)	22	17		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	6	5		
					Total number of instances of hospital acquired pressure ulcers	133	120		
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	12	9		
					Total number of instances of Community Healthcare acquired pressure ulcers	118	105		
					Number of Never Events in Month	0	0	0	●
Capital Expenditure	£4.1m	£26.3m	£63.7m						
Agency as % of total pay costs	7.6%	8.9%	8.7%	12 Month Reduction Trend					
PERFORMANCE					PEOPLE				
Indicators	Oct-22	Sep-22	Target	RAG	Indicators	Oct-22	Sep-22	Target	RAG
A&E 12 hour Waiting Times	2,085	1,881	Zero	●	Turnover	13.33%	13.22%	11%	●
Ambulance Handover Times within 15 mins	20.2%	19.0%	Annual Improvement	●	Exit Interview by Leaver	0.00%	0.00%	60%	●
RTT 52 Weeks	38,423	38,222	Zero	●		Sep-22	Aug-22	Target	RAG
Diagnostics >8 Weeks Waits	15,566	15,570	Zero	●	Sickness Absence Rate (in month)	6.7%	7.1%	4.5%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	30,663	30,854	19,606 by 2023	●	Sickness Absence Rate (rolling 12 month)	7.7%	7.8%		●
	Sep-22	Aug-22	Target	RAG	Return to Work Compliance	44.1%	44.0%	85%	●
Mental Health Part 1a - CAMHS	22.3%	14.9%	80%	●		Oct-22	Sep-22	Target	RAG
Mental Health Part 1b - CAMHS	42.6%	32.3%	80%	●	Fill Rate Bank	35.4%	36.7%	90%	●
Admission to Stroke Unit within 4 hrs	21.9%	9.5%	SSNAP Average 38.3%	●	Fill Rate On-contract Agency (RNs)	36.1%	35.1%		●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Jun-22	May-22	Target	RAG	PDR	57.0%	57.5%		●
Delayed Discharges waiting for packages of care rate	Oct-22	Sep-22	All Wales Average	RAG	Statutory and Mandatory Training - All Levels	60.5%	60.7%	85%	●
(D2RA/bypassing D2RA) per 100,000 population (at census date)	19.1	19.8	13.4	●	Statutory and Mandatory Training - Level 1	68.2%	68.1%		●
					Job Planning Compliance (Consultant)	36.0%	38.0%	90%	●
					Job Planning Compliance (SAs)	31.0%	35.0%		●
					Direct Engagement Compliance (M&D)	72%	67%	100%	●
					Direct Engagement Compliance (AHPs)	90%	95%	100%	●
					RN Shift Fill by Off-contract	764.0	692.5	0 Hours	●

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Key: — Trend --- Target Desired Position	Latest Position	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional & locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		15.8%	Apr-Oct 2022
	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		15.4%	2021/22
Smoking	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.5%	2021/22
	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21		29.2%	2020/21
Diabetes	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against a baseline of 2020-21 (21.5%)		24.4%	Q4 2021/22
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		Reduction achieved against Qtr 1 21/22 354.5	Q4 2021/22
Substance Misuse	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		Improvement achieved against Qtr 2 21/22 89.7%	Q1 2022/23
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		97.1%	Q1 2022/23
Vaccinations	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%		91.1%	Q1 2022/23
	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		72.60%	2019/20
Screening	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		59.1%	2019/20
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%		71.40%	2019/20

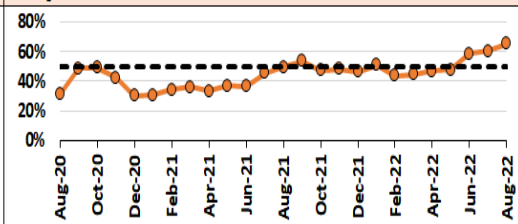
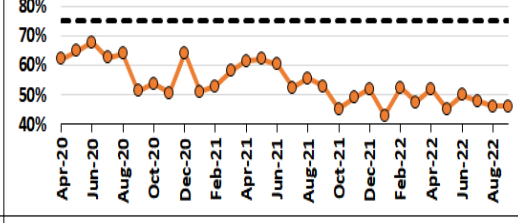
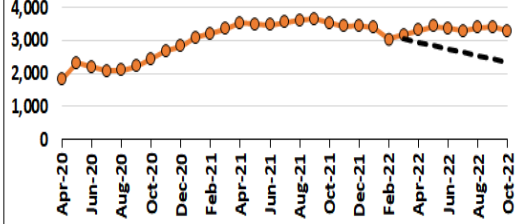
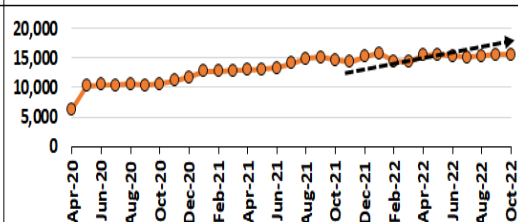
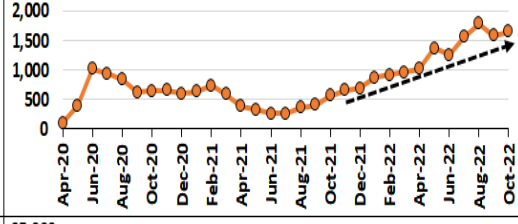
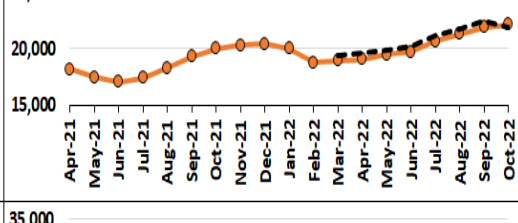
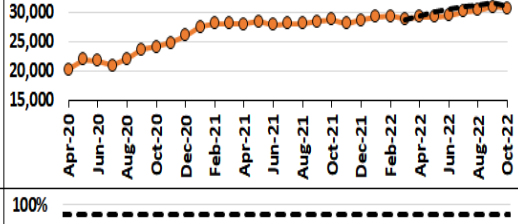
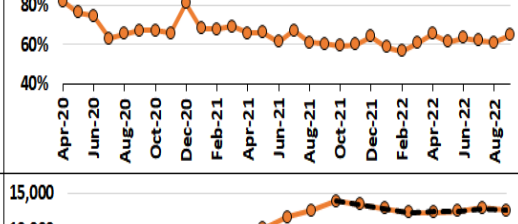
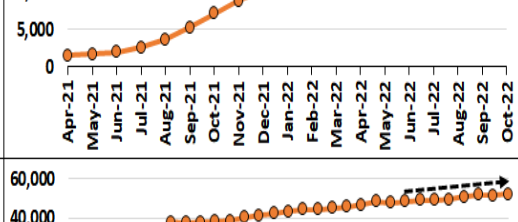
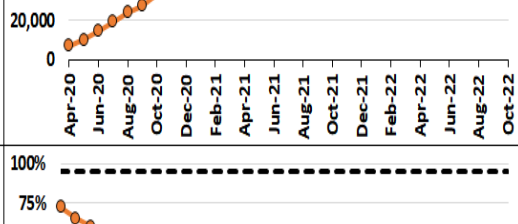
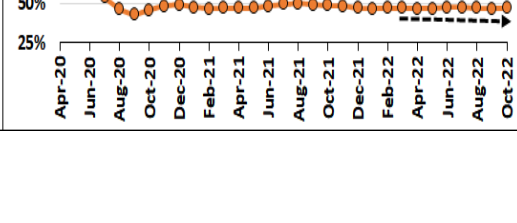


Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Performance Measure		Target	Key: — Trend --- Target Desired Position	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q1 2022/23
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		89.8%	Jun-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		Improvement not achieved against Qtr 2 21/22 0.9%	Q1 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	38.3% (SSNAP Quarterly Average)		21.9%	Sep-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		61.1%	Oct-22
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		2,085	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		12 month reduction achieved 15	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			12 month reduction not achieved 79	
	% 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		12 month improvement achieved 6.4%	Jul-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Aug-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		40.5%	Oct-22
	Number of ambulance patient handovers over 1 hour	Zero		1,245	



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

Performance Measure	Target	Key: — Trend --- Target Desired Position	Latest Position	
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		65.3%	Aug-22
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		46.2%	Sep-22
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,283	Oct-22
Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		12 month reduction not achieved 15,566	
Number of patients waiting more than 14 weeks for a specified therapy			12 month reduction not achieved 1,652	
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		21,896	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		30,663	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		64.8%	Sep-22
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2023		12,811	Oct-22
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		Improvement trajectory not achieved 52,223	
% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		Improvement trajectory not achieved 47.2%	



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

Performance Measure		Target	Key: Trend Target Desired Position	Latest Position	
Mental Health	Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		Annual reduction not achieved 3.08	2020/21
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (SCAMHS)	80%		92.9%	Sep-22
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			26.1%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			47.5%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		37.1%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		30.7%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		55.7%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		100.0%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		96.9%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			92.4%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			63.7%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		83.8%	



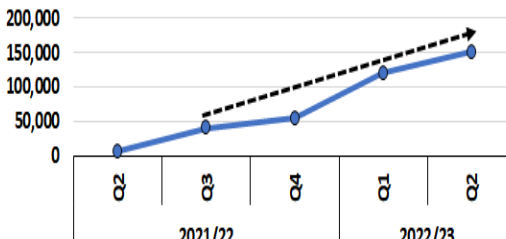
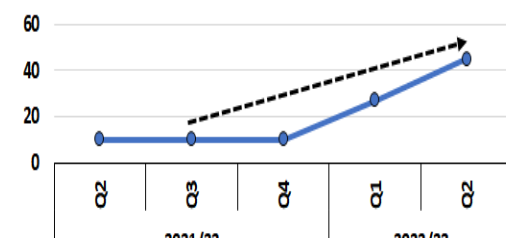
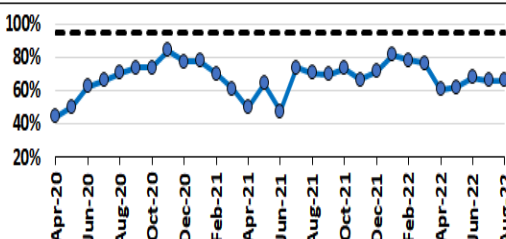
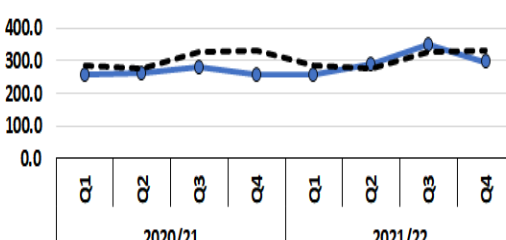
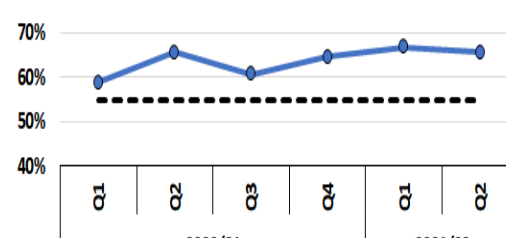
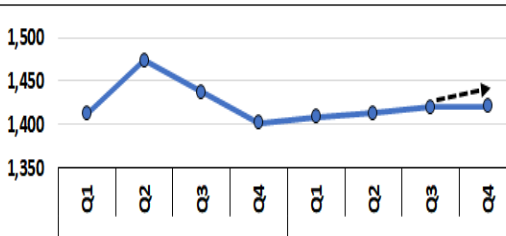
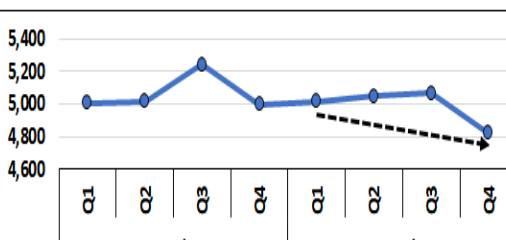
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Measure	Target	Key: Trend Target Desired Position	Latest Position	
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		46	Cumulative Numbers Apr to Oct 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		23	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		88.34	Cumulative Rate Apr to Oct 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		34.88	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		26.92	
	% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 41.8%	Sep-22
	% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 15.8%	

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

	Performance Measure	Target	Key: Trend Target Desired Position	Latest Position	
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		Reduction trend not achieved 9.1%	Aug-22
	% of sickness absence rate of staff	12 Month Reduction Trend		Reduction trend achieved 7.7%	Sep-22
	% of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Bi-annual Improvement		Improvement achieved 7.2%	Mar-22
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		68.2%	Oct-22
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		57.0%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020

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

Performance Measure		Target	Key: Trend Target Desired Position	Latest Position					
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	<table><tr><th>2018/19</th><th>Target by 2025</th></tr><tr><td>90,124</td><td>75,704</td></tr></table>	2018/19	Target by 2025	90,124	75,704	90,124	2018/19
2018/19	Target by 2025								
90,124	75,704								
New Ways of Working	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend		Improvement achieved against Qtr 3 21/22 150,352	Q1 2022/23				
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust			Improvement achieved against Qtr 3 21/22 45					
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		66.0%	Aug-22				
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		295.1	Q4 2021/22				
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22				
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		Reduction not achieved against Qtr 3 21/22 1,421	Q4 2021/22				
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		Reduction achieved against Qtr 1 21/22 4,823					

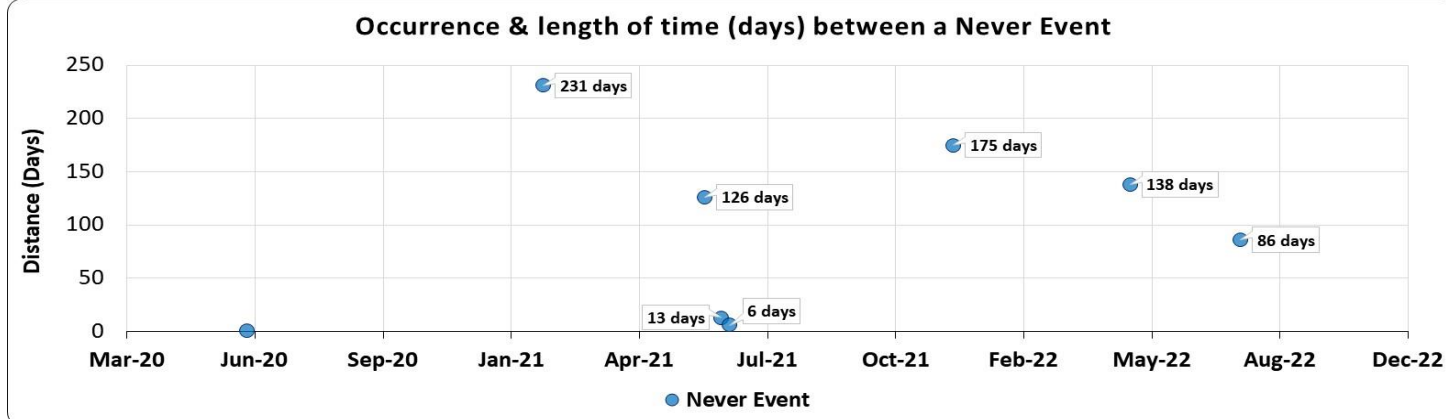
2.3 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – October 2022

0



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

There were no Never Events reported in October with the last occurrence being 27th July 2022 (formal reporting September 2022) relating to a wrong side implant and an investigation is ongoing.

In total, 3 reportable events have been observed during the past twelve months, as detailed in the chart to the left.

Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – October 2022

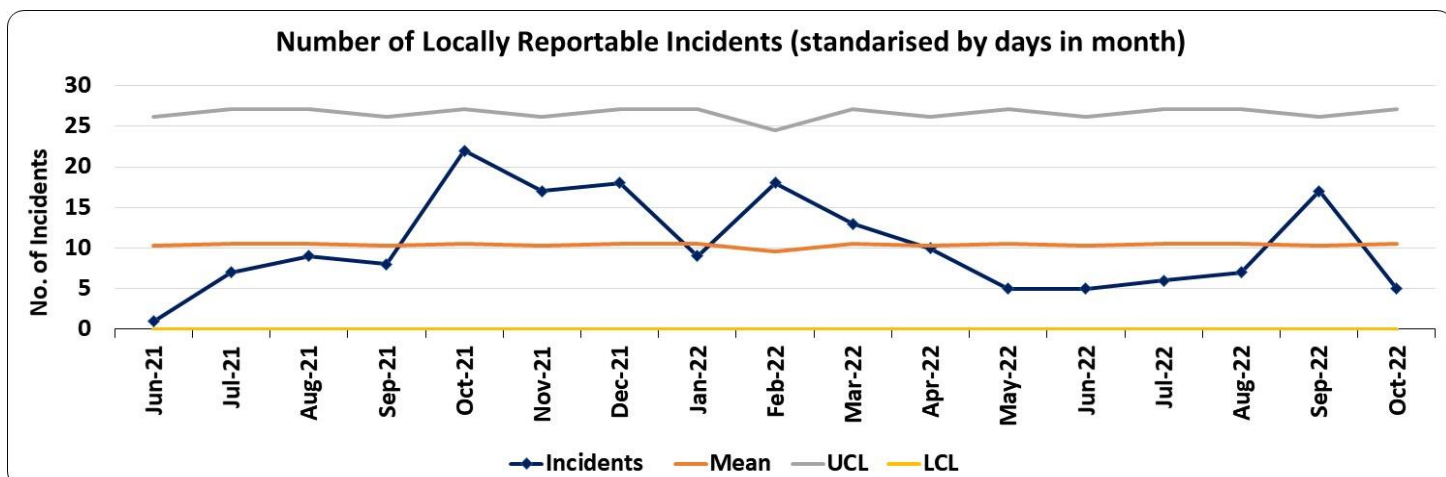
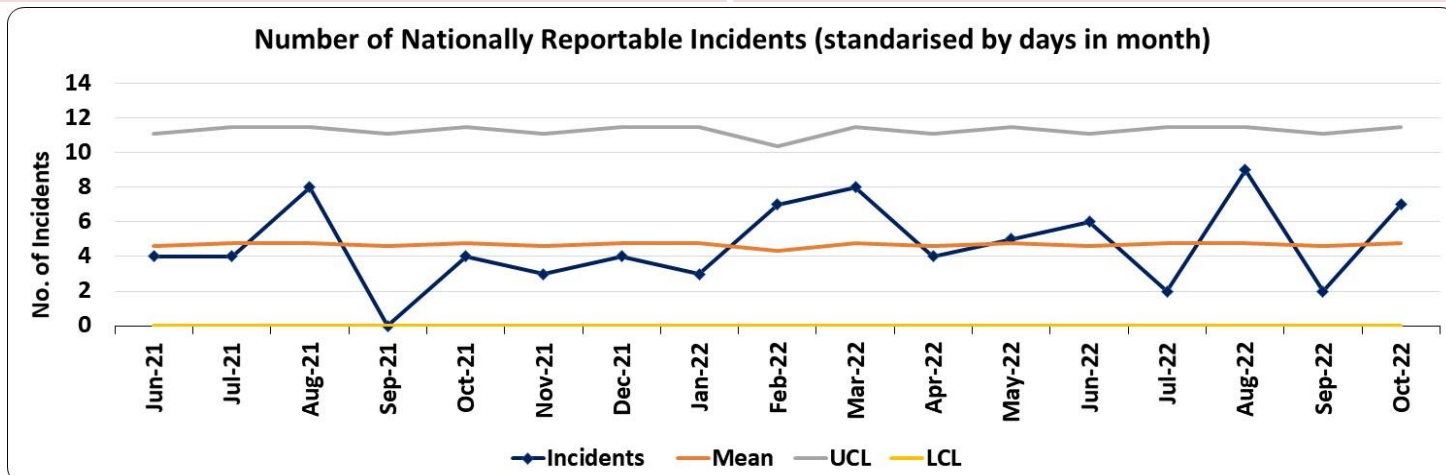
7

Number of Locally Reportable Incidents – October 2022

5

Number of Patient Safety Incidents – October 2022

2,291



Throughout October 2022, there were 2,291 patient safety incidents reported on Datix across the Health Board. Of these, 7 were Nationally Reportable Incidents (NRIs are detailed in the table below) and a further 5 were graded as Locally Reportable Incidents (LRIs).

LRIs are reported centrally to ensure timeliness of investigation and organisational oversight of patient safety incidents previously identified as Serious Incidents but are no longer nationally escalated.

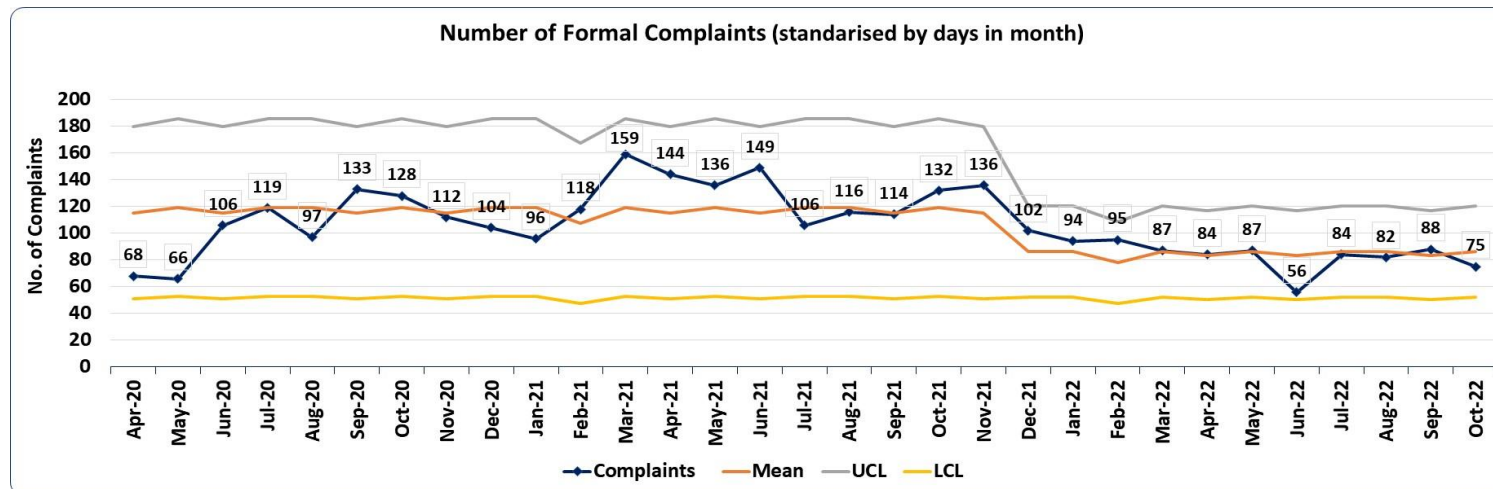
Type of Nationally Reportable Incidents	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Total
Absconding			1										1
Admission / Transfer / Discharge			1									2	3
Behaviour (including violence and aggression)								1		2			3
Clinical Assessment, clinical diagnosis							1					1	2
Delays	1	2		4	2					2			11
Diagnostic Testing - Radiology										1			1
Maternal Event				1									1
Maternity adverse occurrence						2						1	3
Medication					1		1						2
Monitoring/Observations								1			1		2
Neo-Natal Event					2								2
Organisational - Failure to follow Policy/Procedure				1									1
Personal Incident - Personal injury attributed to clinically related challenging behaviour of patient		1											1
Pressure Damage	2		1				1	3		1			8
Records, Information										1			1
Safeguarding												1	1
Slip, Trip or Fall				1	1		1		1				4
Staffing									1				1
Transport							1						1
Treatment Error		1											1
Treatment, Procedure						2		1			1	2	6
Unexpected Complications			1		1								2
Unexpected or Trauma Related Death	1				1					2			4
Grand Total	4	4	4	7	8	4	5	6	2	9	2	7	62

Complaints & Compliments

Complaints

Number of formal complaints managed through PTR – October 2022

75



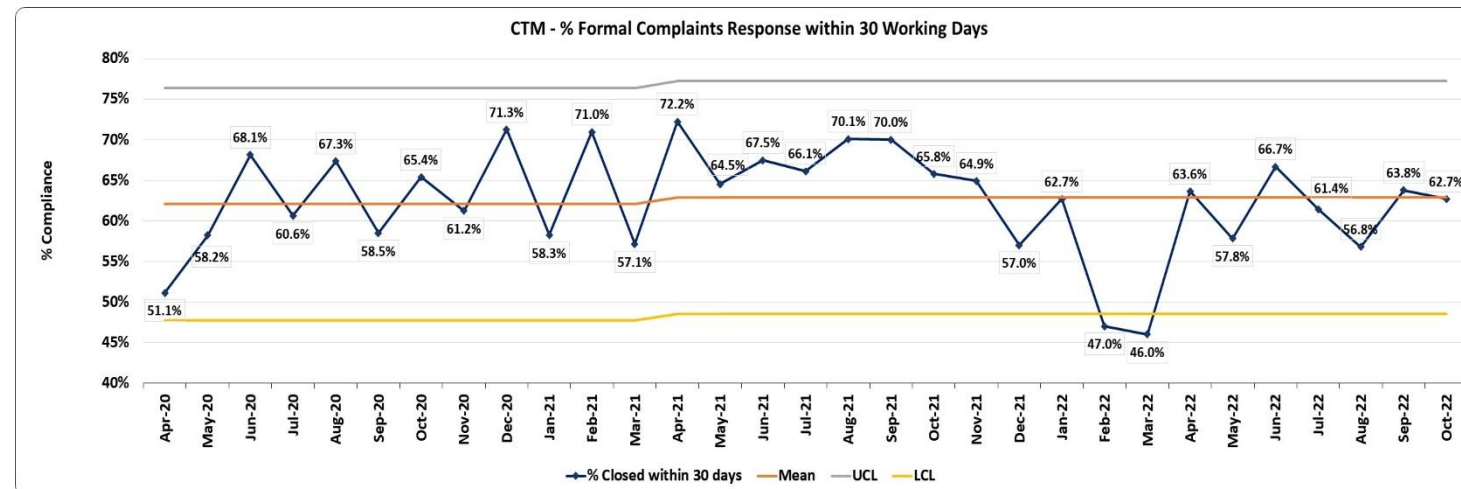
During October 2022, 75 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. As can be seen, the chart above indicates a sustained change from December 2021. For those complaints received during October 2022, the top five themes relate to clinical treatment/assessment (40), medication issues (8), patient care (7), attitude & behaviour (4) and communication issues (3).

The proportion of complaints responded to within 30 working days was 62.7%, with no sustained change observed since December 2021 and remaining under the target threshold of 75%.

The review of the operating model gives the opportunity to establish a concerns triage process to ensure all concerns are managed in the most effective way for the patient/family and the Health Board. It is envisaged that changes will be in place during the early part of 2023. It is hoped that there will be a reduction in formal complaints and a rise in early resolutions, giving a better outcome for our patients and their families. Systems and processes in respect of the management of complaints are being reviewed taking into account changes to the operating model. Improvements have already been made in respect of the MS/MP complaints. Quality assurance and audit programmes in respect of complaint responses are due to recommence. Templates for complaint responses are being reviewed and improved.

% formal complaints response within 30 working days – October 2022

62.7%

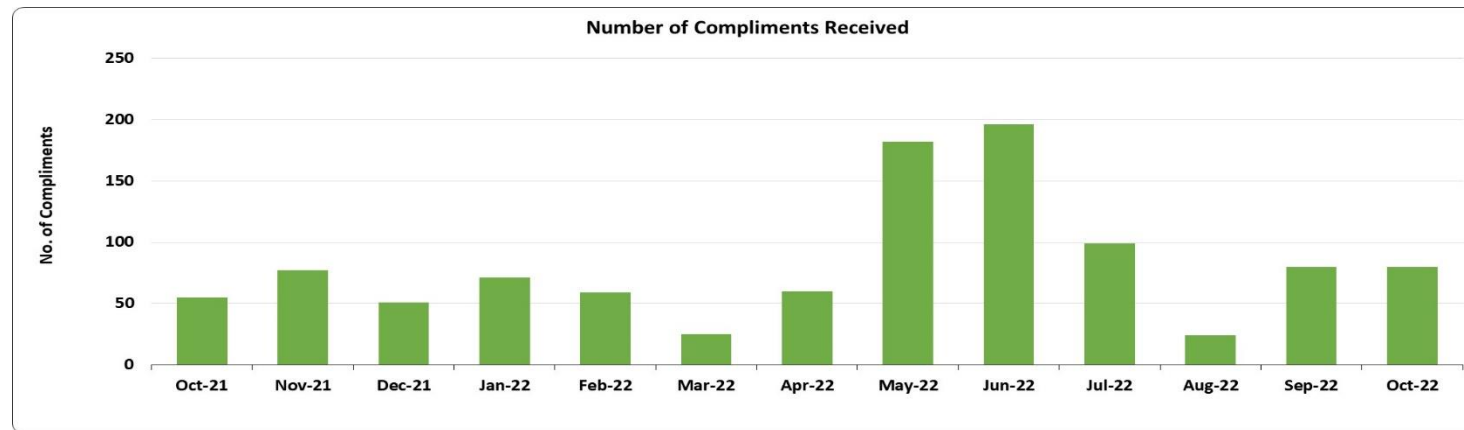


Top Ten - Main Themes from Complaints	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Total
Clinical treatment/Assessment	64	37	51	54	45	47	51	36	54	44	55	40	578
Communication Issues (including Language)	16	17	10	15	14	8	9	5	4	1	5	3	107
Appointments	19	13	6	7	5	7	5	5	4	4	4	3	82
Attitude and Behaviour	11	5	7	4	8	4	4	2	7	9	5	4	70
Discharge Issues	7	15	8	6	6	6	5	3	1	5	3	1	66
Medication	2	3	5	5	0	2	6	3	1	3	3	8	41
Admissions	4	6	2	1	3	0	2	0	4	2	2	1	27
Test & Investigation Results	1	2	2	1	2	1	1	0	0	0	0	2	12
Patient Care	1	0	0	0	0	3	0	0	0	4	4	7	19
Referral	2	0	1	0	0	1	0	0	3	5	1	0	13

Compliments

Number of compliments – October 2022

80



During October 2022, there was an equal amount in the number of compliments recorded on the Datix system as the previous period, totalling 80, which is around the 12 month average.

Compliments are captured via a number of feedback mechanisms, but are mainly captured on Datix Cymru and CIVICA.

There is an All Wales Compliments Workstream focusing on how compliments are captured and coded.

There are a number of social media platforms which capture compliments. The Health Board are in the process of scoping the various platforms which capture compliments to determine how they can be captured and recorded in a unified way.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – October 2022

98

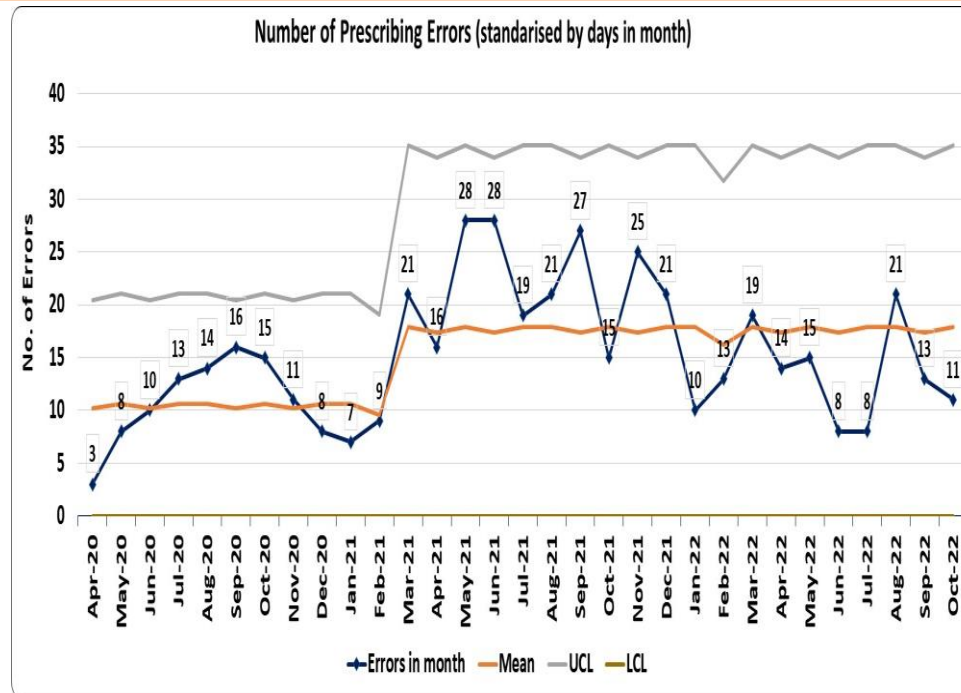
The total number of medicine related incidents is 98 with the charts to the right focusing on patient safety prescribing and administration errors. Of the 98 medication incidents reported for October, 61% caused no harm with around 29% of incidents recorded as moderate/low. One medication supply error resulted in severe harm, this related to the discovery of a bacterial contaminant in an IV preparation and a safety alert was issued with all batches affected being removed. One person in the community known to have received the drug was admitted for sepsis management and has made a good recovery.

Medication prescribing errors fell to 11 this period and remains within natural variation (control chart first right). Medicines safety was the focus of World Patient Safety Day where pharmacists and patient safety teams visited hospital sites in September to raise awareness and optimise safe medicines use. The CTMHB public health campaign *Your Medicines, Your Health* was also reintroduced to advise on the benefits of safe and effective use, storage and disposal of medicines in the community.

The number of administrative errors, shown in the control chart (second right), increased to 40 incidents this month, but remains within natural variation.

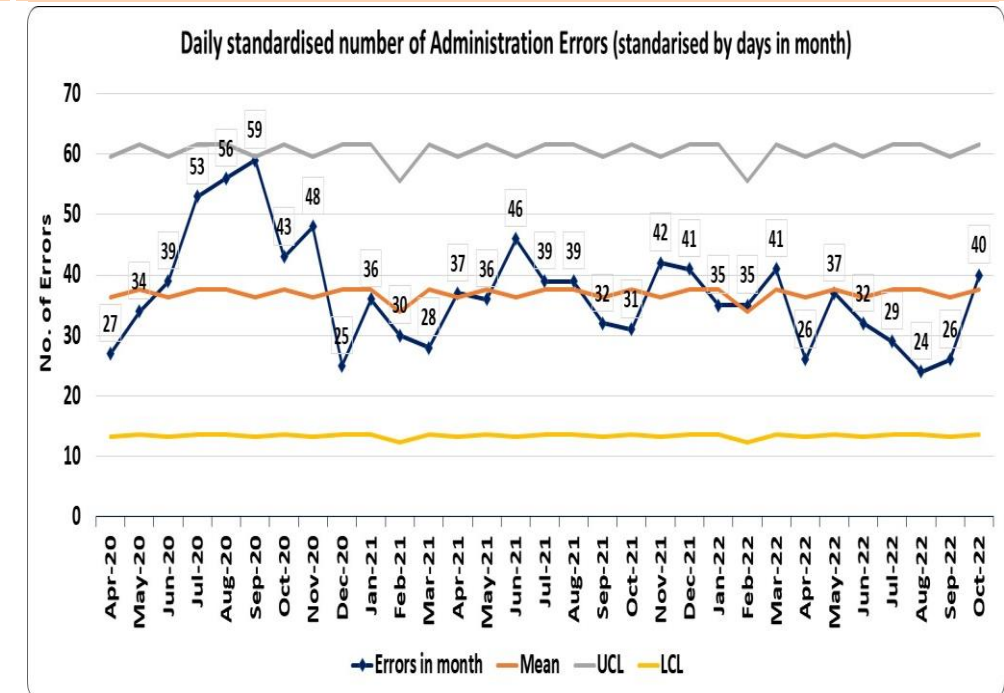
Total number of Prescribing Errors

11



Total Administration Errors

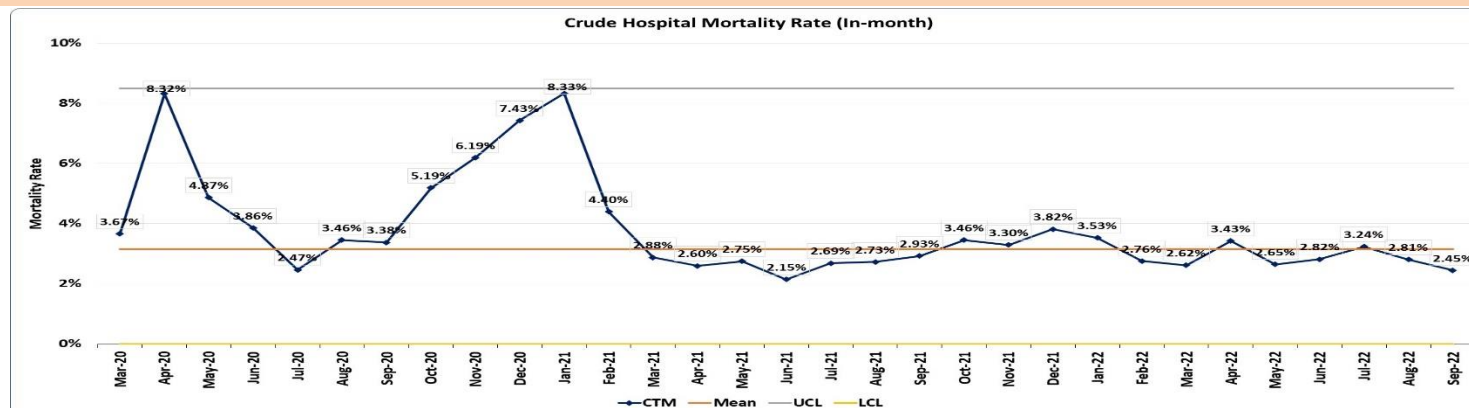
40



Crude Hospital Mortality Rates

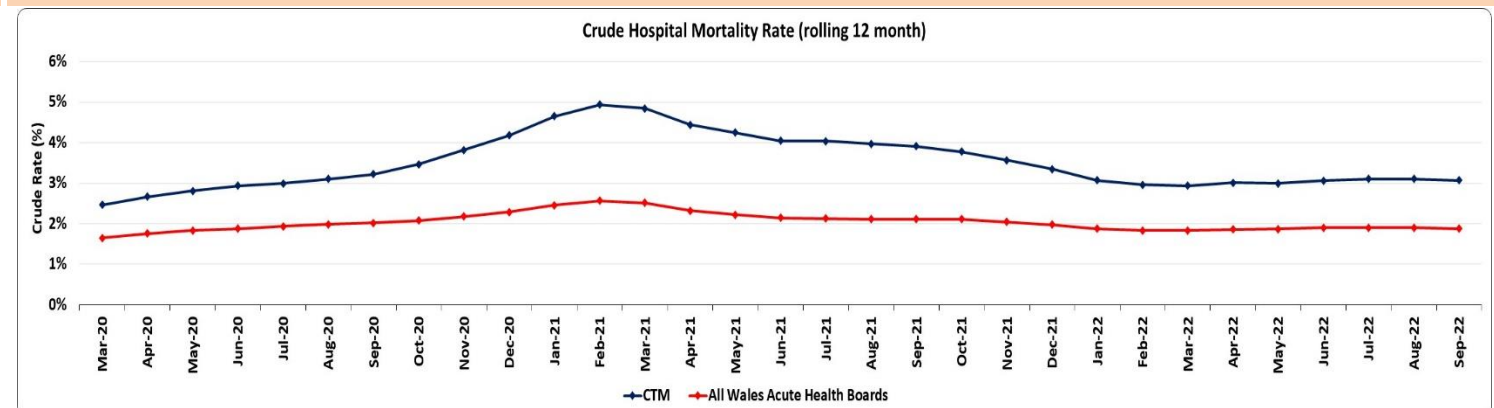
In Month Crude Hospital Mortality Rate – September 2022

2.45%

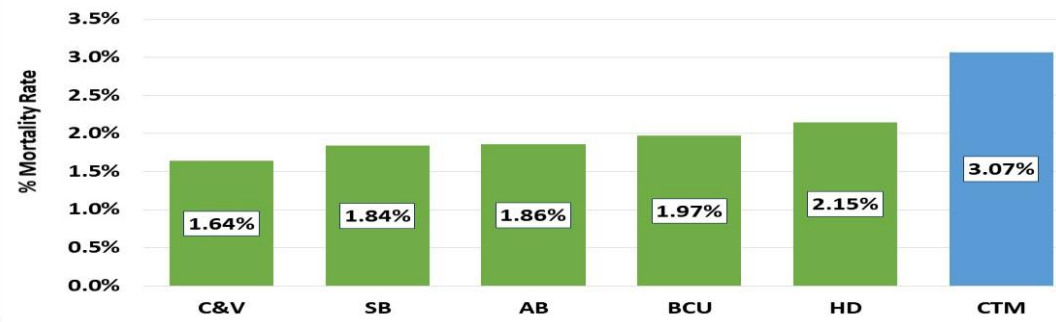


Rolling 12 Month Crude Hospital Mortality Rate to September 2022

3.07%



Mortality Rate - Peer Distribution
(rolling 12 month period to September 2022)



Rolling 12 month Mortality Rates
(period October to September)

2017/18	2.42%
2018/19	2.28%
2019/20	3.22%
2020/21	3.91%
2021/22	3.07%

Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions. Predicted monthly mortality rates increased during July, but now appear to be falling, albeit not at the levels seen prior to Covid 19, as demonstrated in the table to the left. The rolling 12 month rate currently stands at 3.07%, a similar rate that that observed during January of 2022.

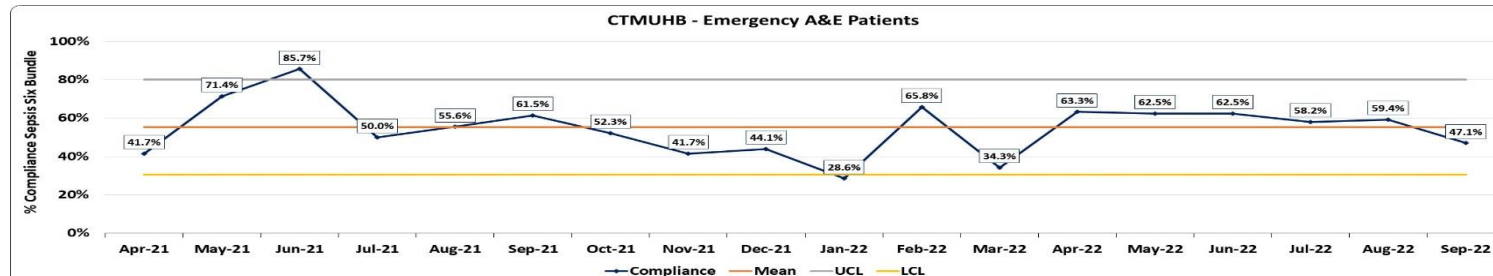
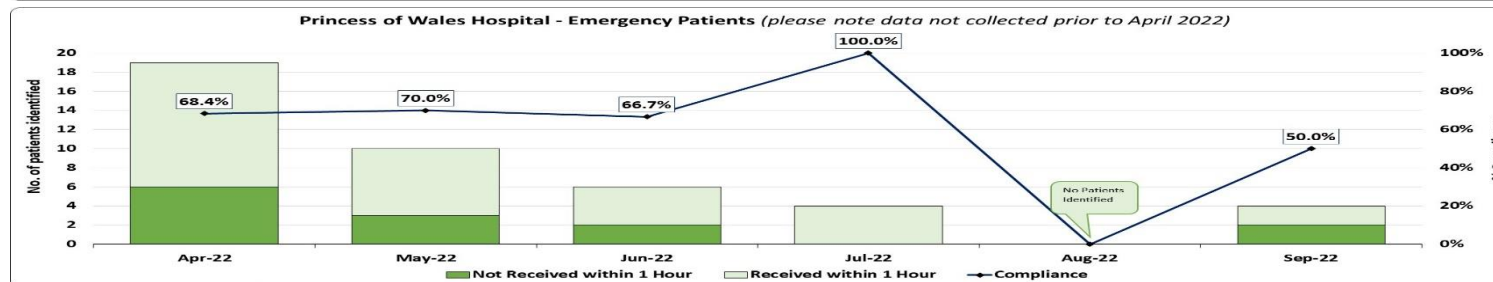
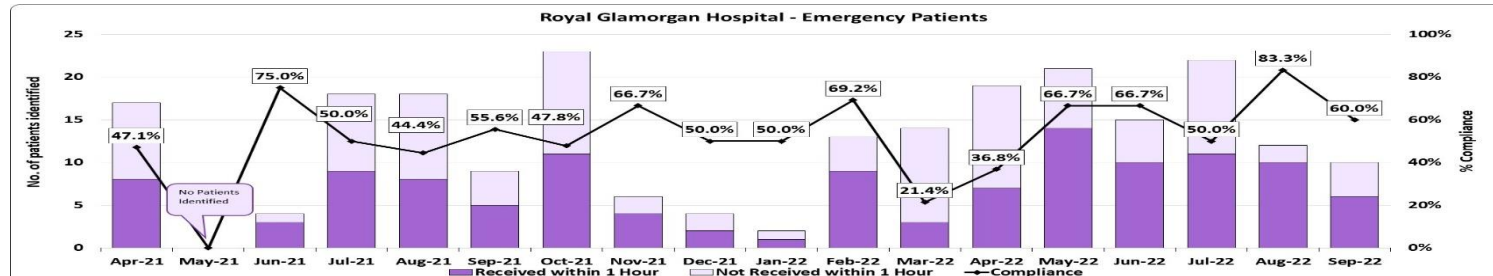
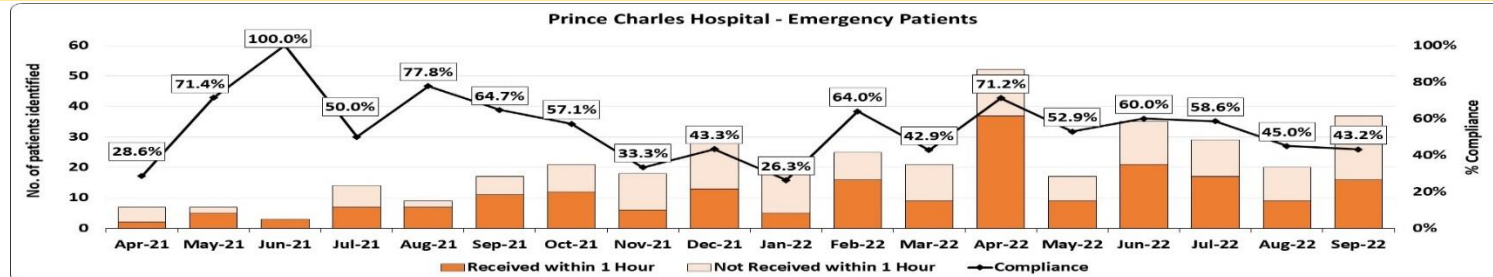
As can be seen in the peer distribution chart to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than other health boards. A factor in this outlying position is the UHB's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

Sepsis Six Bundle

Emergency A&E Patients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the "Sepsis Six" Bundle within 1 Hour – Emergency A&E

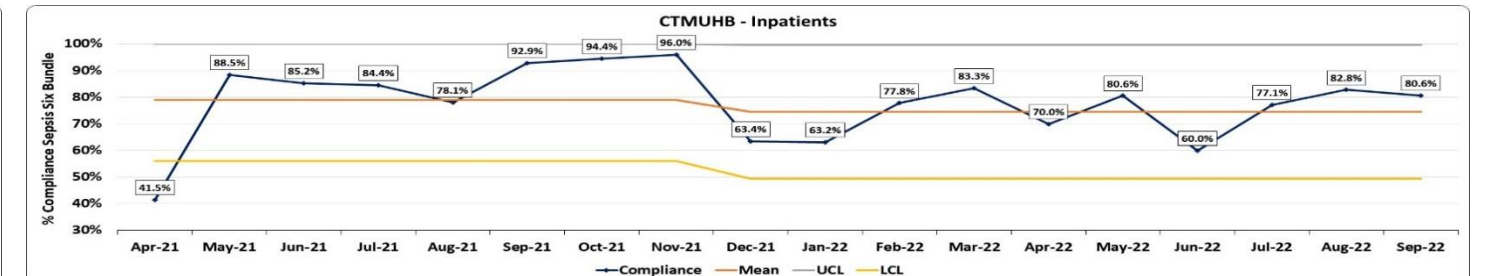
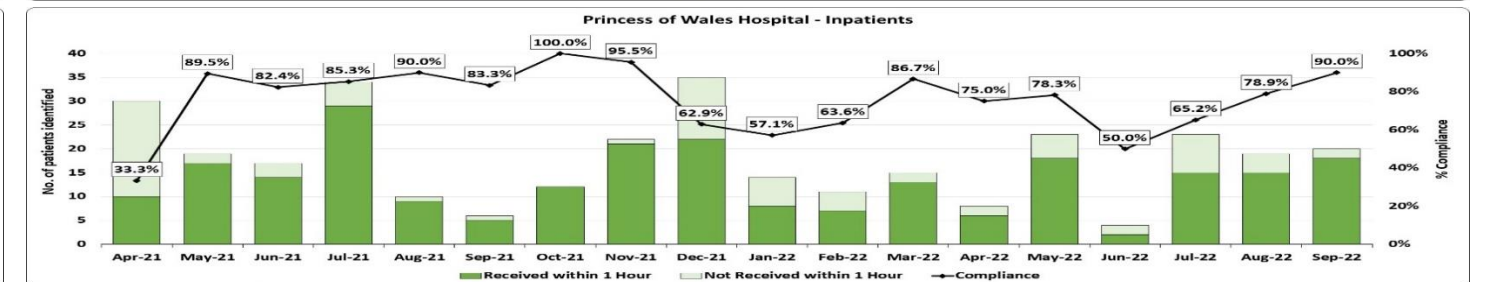
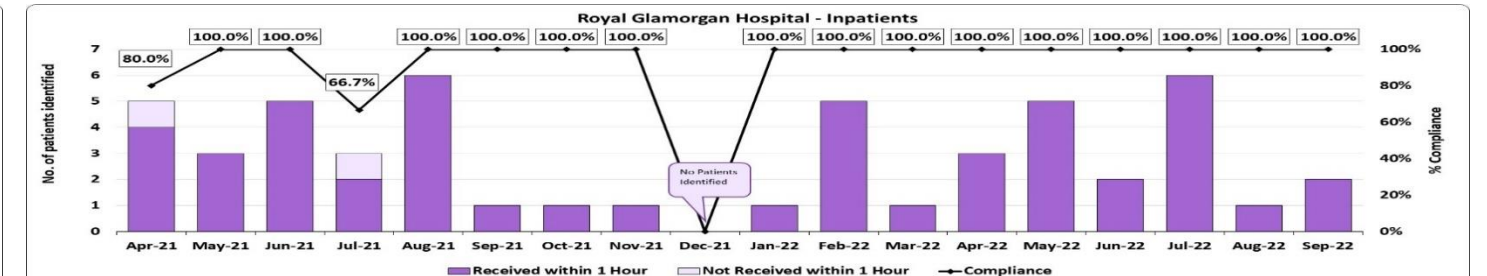
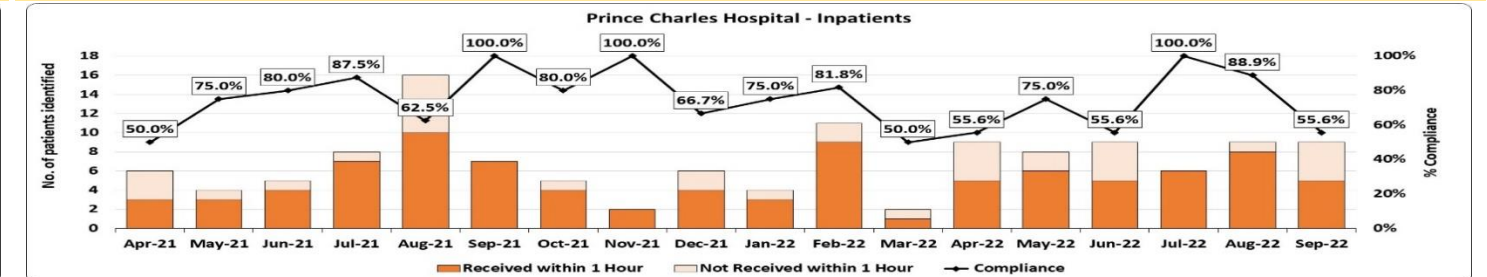
CTMUHB - 47.1%



Inpatients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the "Sepsis Six" Bundle within 1 Hour – Inpatients

CTMUHB - 80.6%



How are we doing & what actions are we taking?

When is improvement anticipated & what are the risks?

To standardise care within CTM the sepsis screening tool has been revised. This revision risk stratified patients into 'probable sepsis', 'possible sepsis' and 'sepsis unlikely'. The aim of risk stratification is to ensure that patients with 'probable sepsis' receive timely treatment of the sepsis 6 interventions within 1 hour. Patients with 'possible sepsis' require time for further investigation with an antibiotic decision being made within 3 hours and patients with 'unlikely sepsis' requiring a search for other diagnosis and re-assessment if their condition changes.

In March 2022 a trial of the revised tool was conducted within our three Emergency Departments (EDs). Audit results for April 2022 for the EDs indicate that the use of the screening tool had increased in all three sites with sepsis compliance also improving (note: only 'sepsis probable' patient data is displayed). Previous data, pre-April 2022, included all patients with a 'suspicion of sepsis' using a different screening process. Every month, incidence of sepsis and compliance with treatment data is collected and circulated to the sepsis leads within each ED. Themes and trends are noted, and a plan for improvement made. As illustrated, compliance within PCH/RGH for the sepsis6 intervention bundle dipped in September 22. This was put down to clinical pressures with the departments. A plan for more education and formation of a sepsis nursing group within PCH has been established. Sepsis is also on the agenda for the PCH ED monthly Governance meetings. Plans are in place to replicate this approach within RGH/POW.

Following the trial within EDs the sepsis tool was rolled out to the wards at RGH/PCH/POW in September 2022. As illustrated Sepsis6 compliance for the inpatient wards is increased (80.6% compared to 47.6% for ED). This is attributed to a lower number of inpatients with 'probable sepsis' and timely delivery of the sepsis 6 interventions by the Critical Care Outreach teams on each site evidenced by completed sepsis forms.

The introduction of the new tool and the associated education showed instant improvement in gathering data on cases of sepsis. This improvement has been maintained. Compliance with the treatment bundle has also improved but, depending on a number of factors, has fluctuated over the last few months. These factors are mostly related to the clinical acuity pressures in the EDs and also the presence or absence of Outreach staff.

The new sepsis tool is in use on all PCH, RGH and POW adult ward areas (excluding Mental Health for now).

There is ongoing sepsis education for medical and nursing staff.

There is monthly reporting of sepsis probable incidence and compliance.

The Acute deterioration team are working with Welsh government and Peers in other HBs to standardise our approach across Wales.

The Risks to this improvement are:

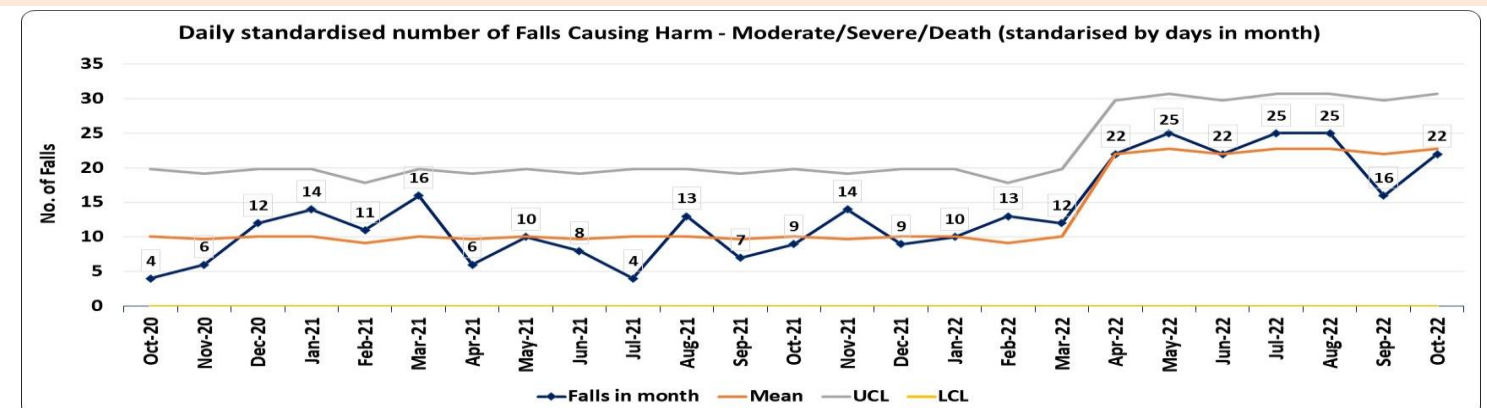
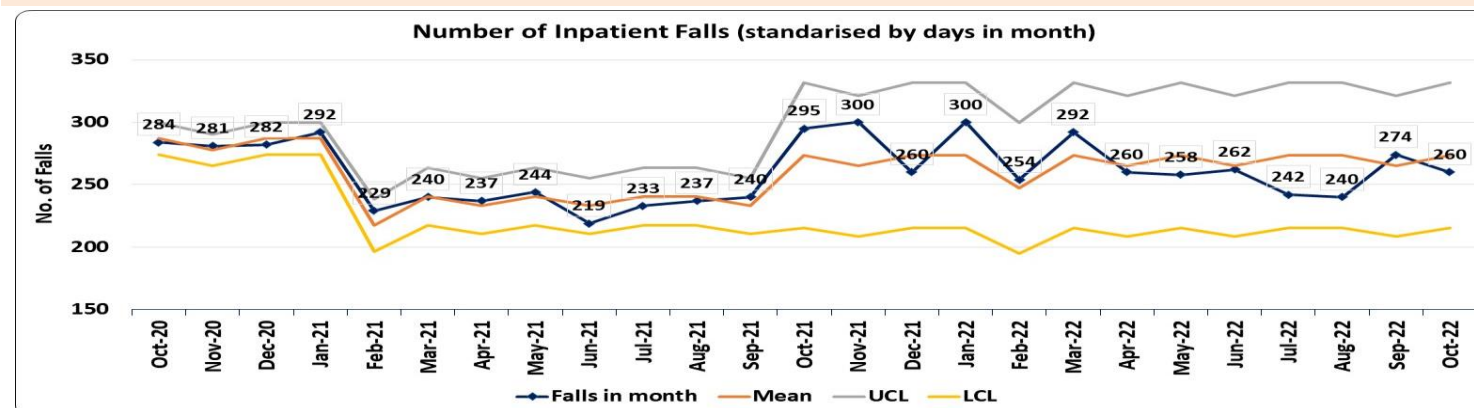
- Inability to know the true number of patients presenting to ED with Sepsis (to provide a number to which to aspire to treat.)
- Need to emphasise that clinical tools are just part of wider clinical judgement which should be made in a timely fashion by suitably senior clinical decision makers.
- Education and clinical response are often provided by the Outreach teams which, in times of clinical pressures, are pulled back into critical care, thus reducing their inability to respond to cases of sepsis.
- The Acute Deterioration clinical leads who developed and maintain the tool are funded non-recurrently and there is no plan from the care groups to ensure continued funding of Sepsis and other work streams from next April.

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

Total number of Inpatient Falls – October 2022

260

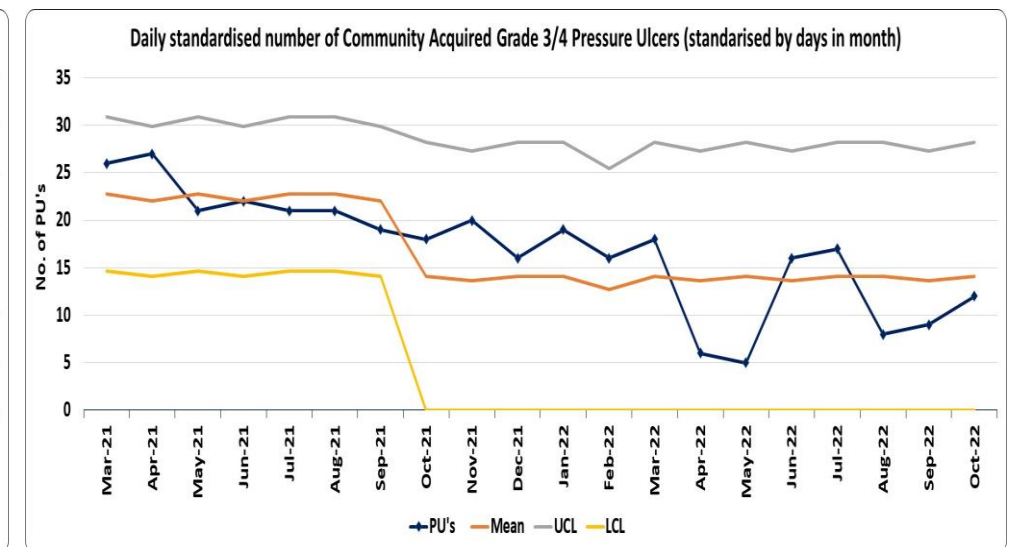
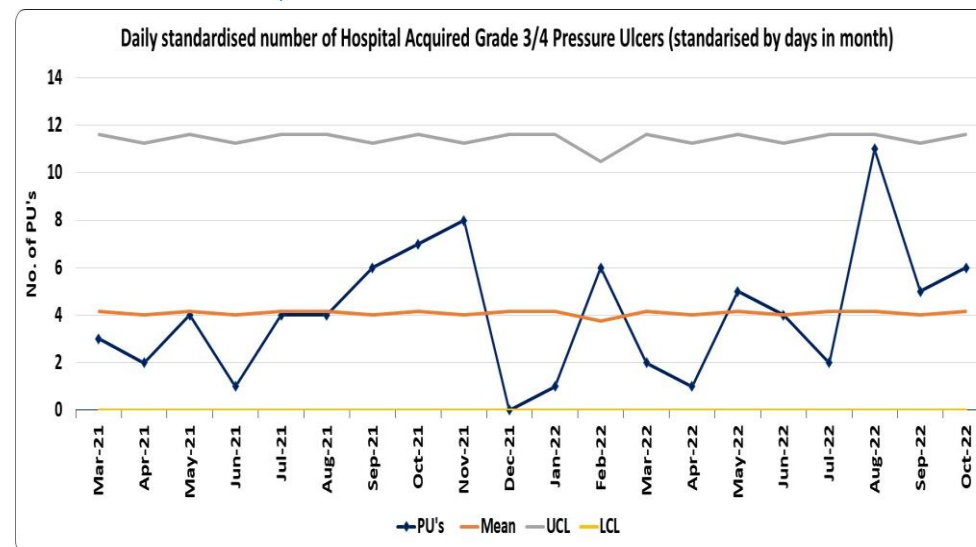
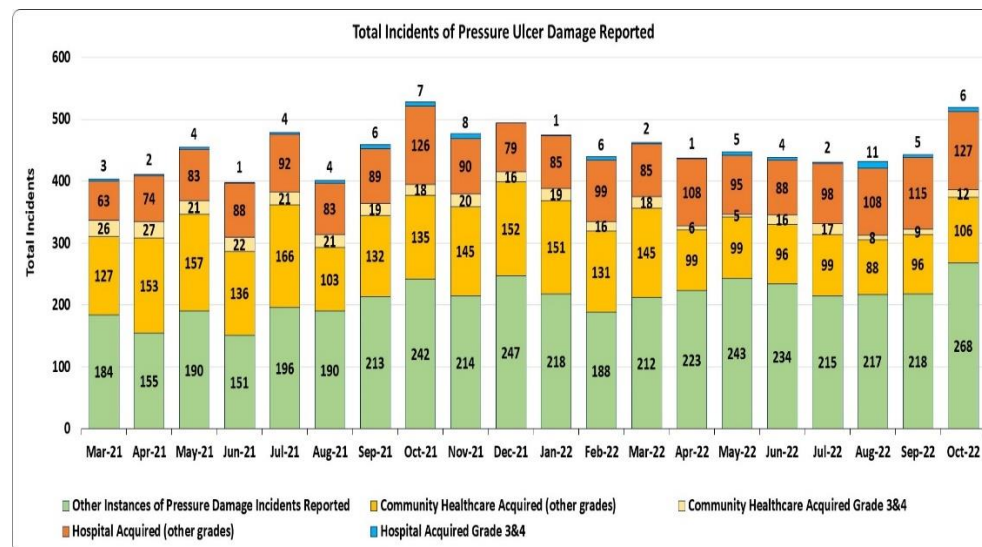


The number of patients falling whilst in the care of the UHB totalled 260 during October and lies just below the mean of 274. Four of the falls resulted in severe harm and a further 18 causing moderate harm and as per the right hand control chart, lies just below the current mean. Whilst there appears to be an increase in falls causing higher grades of harm, it is important to recognise that since the introduction of the new incident module in April 2022, these reports are initial Datix entries and that all falls moderate and above are subject to a falls panel which may result in downgrading of harm categorisation. The new module did not permit clinical teams to downgrade initial categorisation on Datix, hence the apparent increase in harm since April 2022. There is an expectation that when the first line approval issues have been resolved that reporting of initial categorisation of harm will have greater accuracy, however it is important that vigilance remains to ensure that we explore any increase in numbers for assurance and action. We have introduced for Quality & Safety Committee pressure damage and falls per 1,000 occupied bed days as an improved measure of benchmarking fall rates, with the next step to set reduction goals for numbers and severity of harm. This metric also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly.

Pressure Damage Incidents

Total number of reported Pressure Damage – October 2022

519



During October 2022, a total of 519 pressure damage incidents were reported which is around 13% higher than the 12 month average of 458 incidents. Just under 26% of the total incidents reported were identified as those being hospital acquired and almost 23% recorded as developing outside of a hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 52 (10.0%) were reported as grade three or four (6 hospital acquired and 12 community acquired).

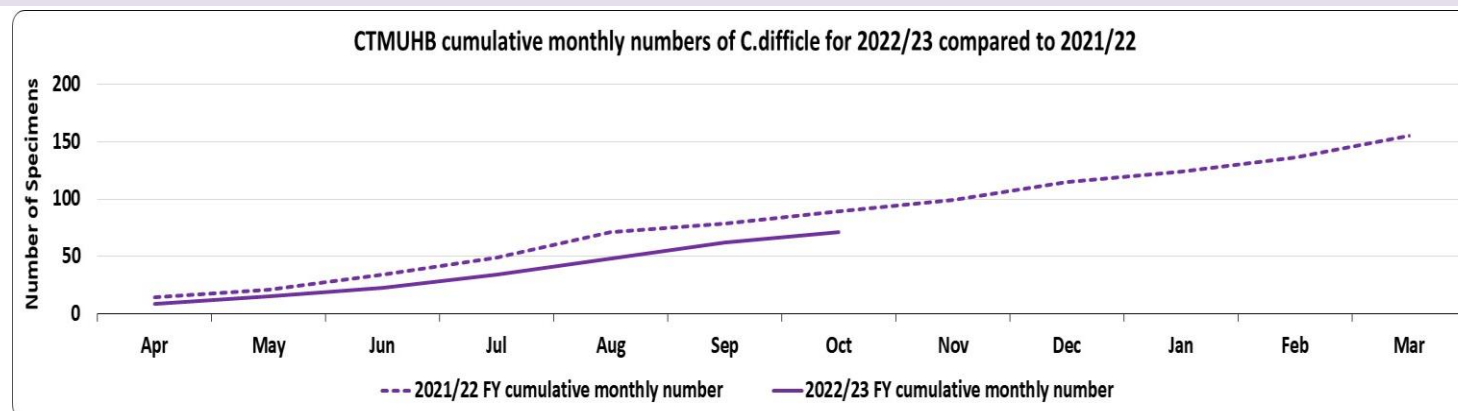
The highest numbers of hospital acquired pressure damage were recorded for Emergency Care & AMU, Princess of Wales Hospital (16). There is an increase seen in hospital acquired pressure damage in August and this may be related to excessive delays in ambulance handovers where pressure relief is more difficult to administer, and generalised increase in acuity which will require continued monitoring. There is a sustained reduction in higher grades of community acquired pressure damage. The Health Board launched its Community Acquired Pressure Ulcer prevention strategy in July, which is a sustainable health improvement collaborative to prevent and reduce incidence of pressure damage where the highest numbers of incidents are reported. The collaborative have now moved into its second learning phase with lead professionals working on agreed actions using QI methodology for evidencing impact.

Throughout the past 12 months, a total of 2,796 Healthcare Acquired Pressure Damage Incidents were reported, of which an investigation has been completed for 1,594 (57.0%) of these, with 221 (13.9%) recording an outcome of avoidable.

Infection Prevention and Control

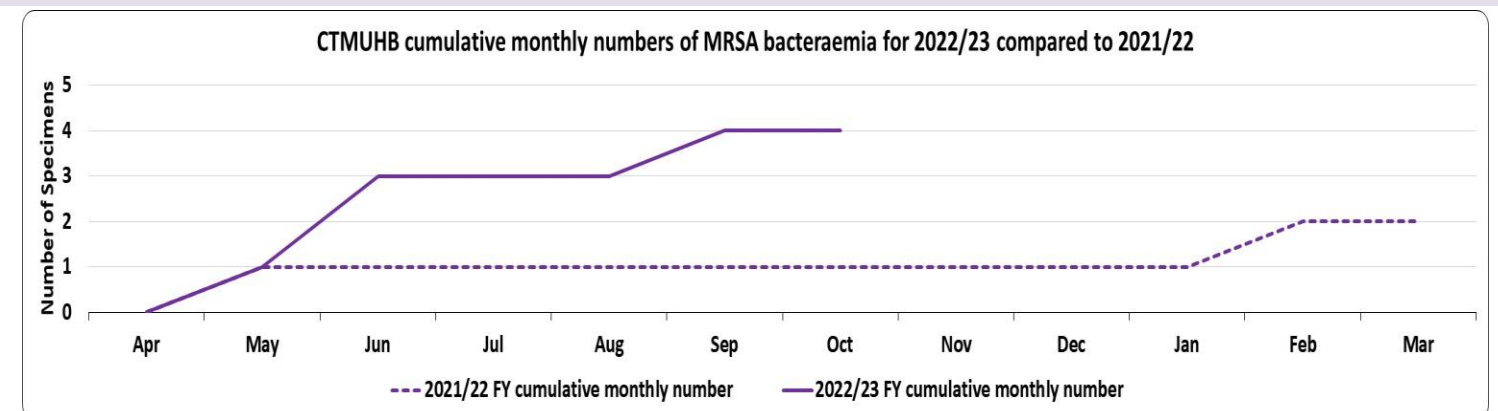
C.difficile

71 C.difficile have been reported by CTM between Apr-Oct 2022. This is approximately 20% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 29.92



MRSA

4 MRSA bacteraemia have been reported by CTM between Apr-Oct 2022. This is twice as many as that reported for the whole of 2021/22. The provisional rate per 100,000 population for 2022/23 is 1.52

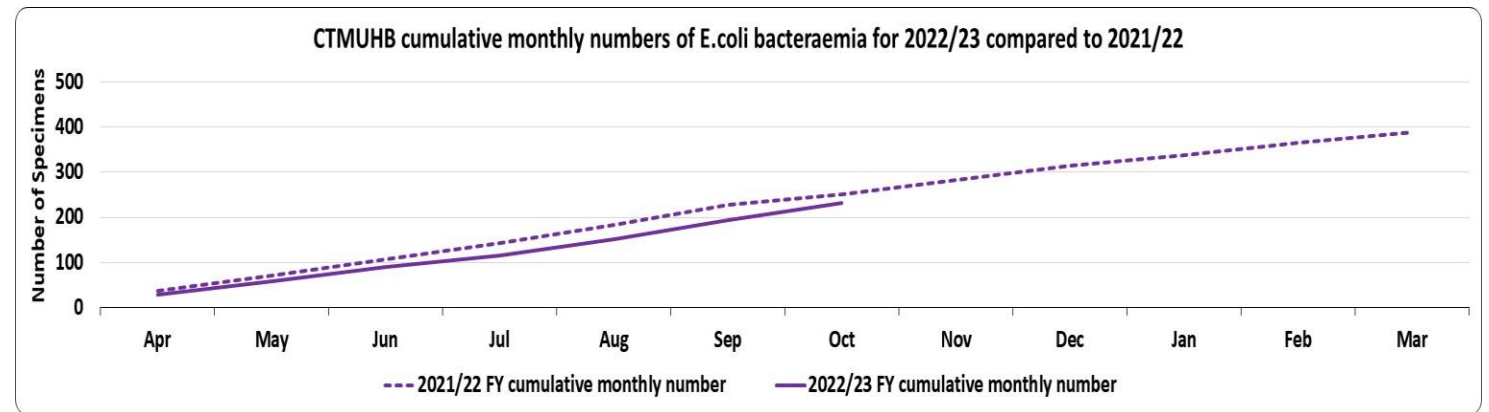
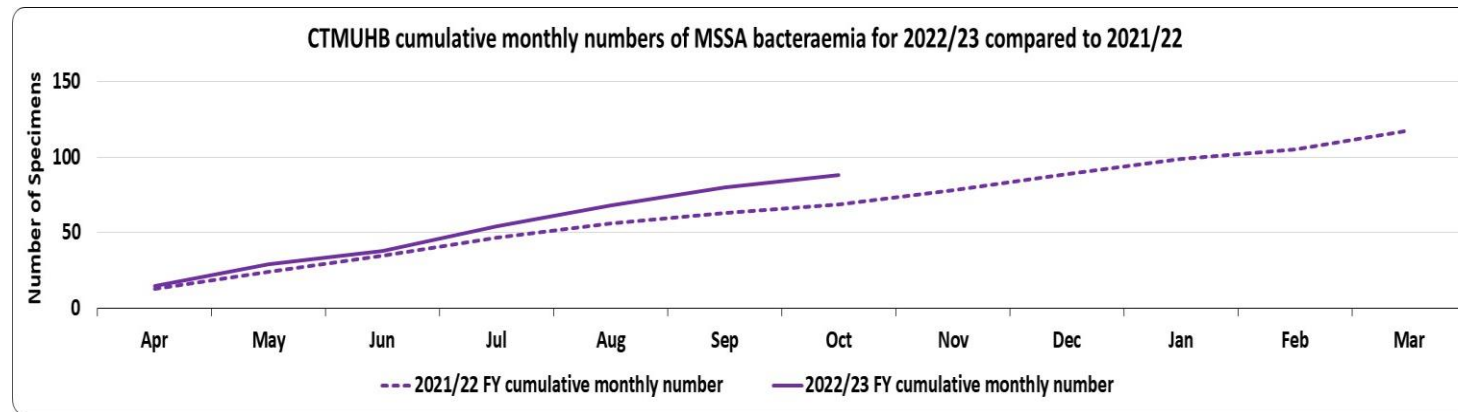


MSSA

88 MSSA bacteraemia have been reported by CTM between Apr-Oct 2022. This is approximately 28% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 33.37

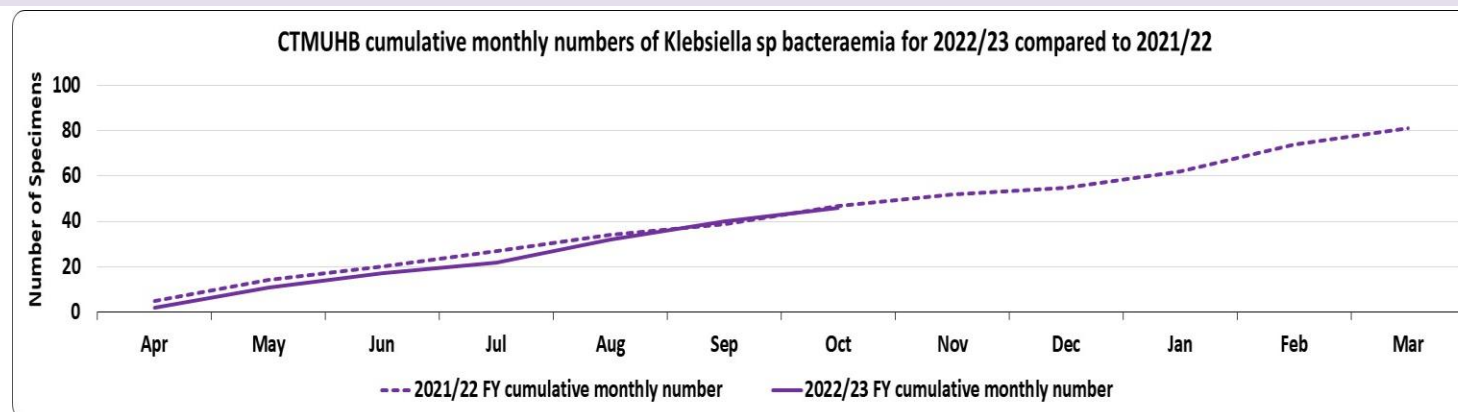
E.coli

233 E.coli bacteraemia have been reported by CTM between Apr-Oct 2022. This is approximately 8% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 88.34



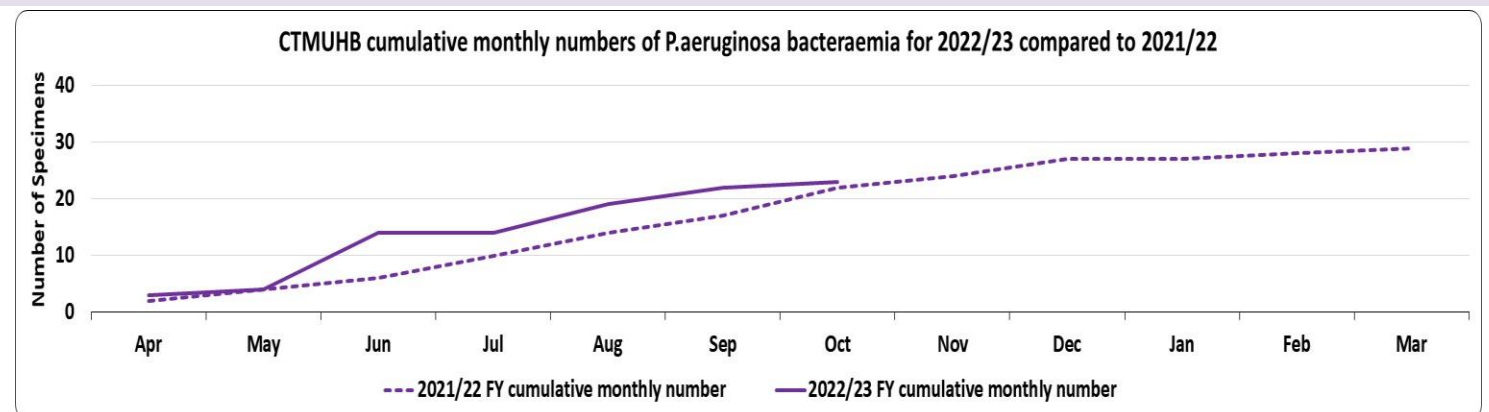
Klebsiella sp

46 Klebsiella sp bacteraemia have been reported by CTM between Apr-Oct 2022. This is approximately 2% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 17.44



P.aeruginosa

23 P.aeruginosa bacteraemia have been reported by CTM between Apr-Oct 2022. This is approximately 5% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 8.72



Mandatory surveillance continues nationally for five key organisms including C. difficile, Staphylococcus aureus bacteraemia and E.coli, Pseudomonas and Klebsiella bacteraemia. The Health Board has reported fewer cases of C.Difficile infection and gram-negative bacteraemia compared to the same period in 2021. Local reduction expectations have been agreed with Senior Clinicians, which has improved understanding and ownership of data. More than half of the bacteraemia reported are community acquired infections and work is underway to secure an infection prevention and control resource for primary care.

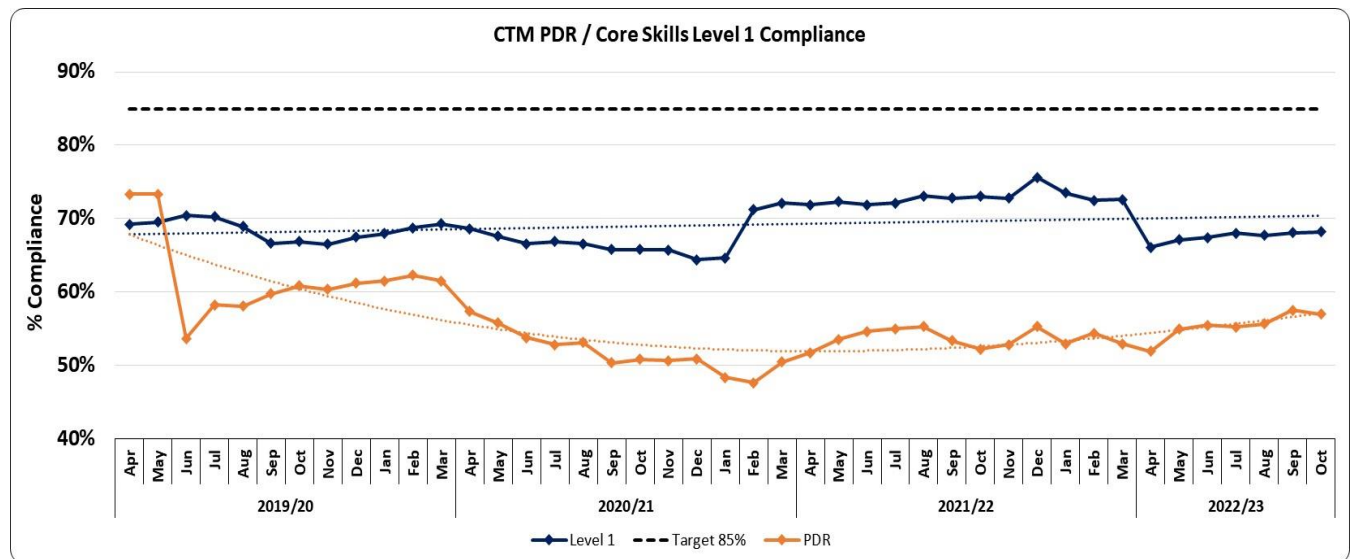


2.4 People

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

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

Overall PDR compliance (non-medical staff) during October 2022 remained almost static at 57% (57.5% September). It is acknowledged that this continues to remain below the target threshold of 85%.



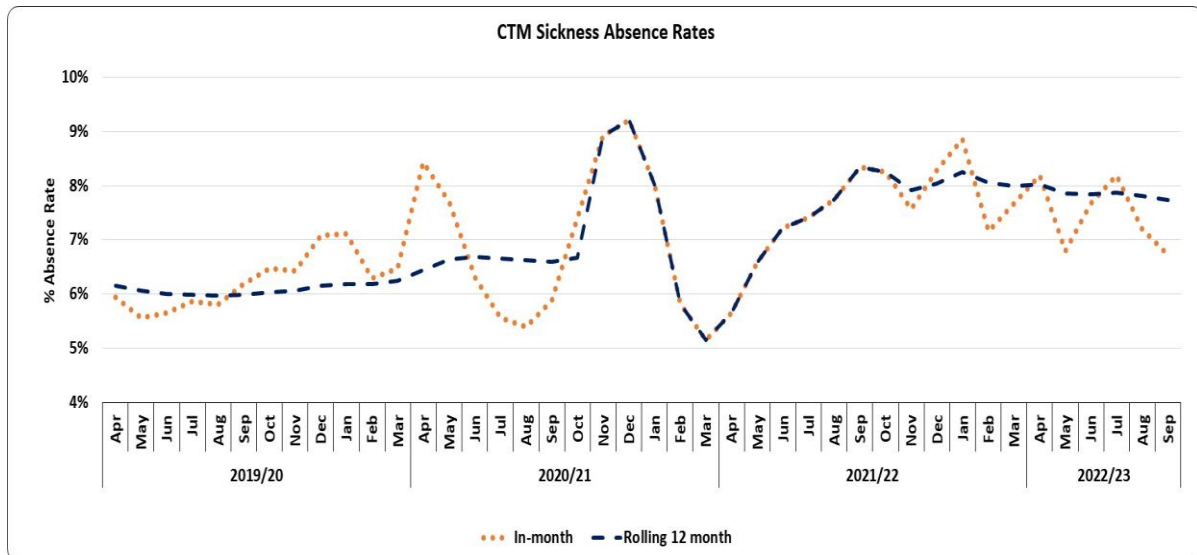
Combined core mandatory training compliance for October 2022 remains fairly static at 60.5%, with overall CTM compliance for 'Level 1' disciplines just over 68% and likewise, remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance October 2022	
Equality, Diversity & Human Rights	79.5%
Health, Safety and Welfare	76.2%
Moving & Handling	75.7%
Safeguarding Adults	74.9%
Information Governance	72.2%
Safeguarding Children	71.9%
Infection Prevention and Control	69.3%
Violence & Aggression	63.8%
Fire Training	57.6%
Resuscitation	44.8%
HB Overall Compliance	68.2%



2.4.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to September 2022 is 7.7% (6.7% in-month), continuing on a downwards trajectory. In comparison to the previous month, provisionally occurrences of short term absences have increased by 7.2% (91 occurrences), bringing the total to 1353, whilst long term absences have reduced by just over 16% (148) occurrences, bringing the total to 756.



Top 10 Absence Reasons by FTE Days Lost - September 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	427	437	6,940	31.61%
Infectious diseases	189	189	1,933	8.81%
Other musculoskeletal problems	124	126	1,814	8.26%
Chest & respiratory problems	140	141	1,560	7.11%
Gastrointestinal problems	300	305	1,411	6.43%
Other known causes - not elsewhere classified	127	128	1,242	5.66%
Back Problems	88	89	1,111	5.06%
Injury, fracture	74	75	1,096	4.99%
Benign and malignant tumours, cancers	37	38	856	3.90%
Cold, Cough, Flu - Influenza	206	209	782	3.56%

2.4.3 Premium rate agency nurse

The CTMUHB's use of premium rate nurse agency staff saw a small increase of 7.5% during October to 4.76 whole time equivalents (WTE), with efforts continuing to maximise the use of bank over agency staff.



2.5 Access

Detailed analysis is provided in the following section of this report, but in summary, the main themes of the Access Scorecard are:

2.5.1 Urgent Care:

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

There were 15,846 attendances over the course of the month, 3.2% higher than the equivalent period last year.

The CTM 15 minute ambulance handover compliance rose marginally this month, albeit to just 20.2%, whilst the 60-minute compliance fell to its lowest level of just over 48%.

2.5.2 Stroke Care:

Performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that any variances is natural rather than special cause in nature.

The only observable change this month, though performance being low, was the 4 hour compliance to ASU within 4 hours at POW; after recording zero compliance for the past ten months, 2 of the 15 stroke patients (13.3%) were admitted within the specified timescale.

2.5.3 Planned Care & Cancer Care:

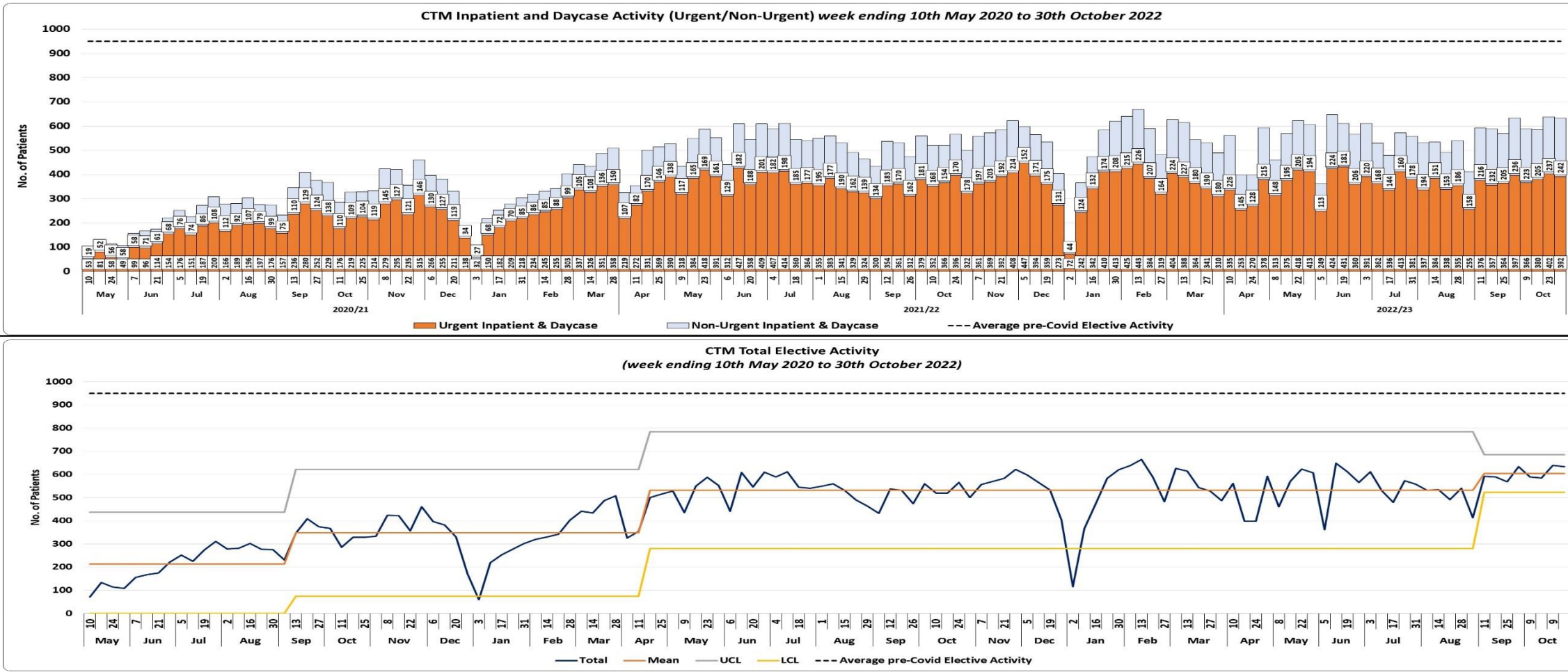
The CTM performance against the health board's trajectories for access to planned care and cancer care (shown on the following page), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, but are improving ahead of trajectory for follow up outpatient management.

ACCESS TO TIMELY PLANNED CARE	Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23										Key: Better than Forecast Same as Forecast Worse than Forecast			Key: — Actual - - - IMTP										
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar											
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2023	13,925	13,387	12,848	12,375	12,483	12,595	12,818	12,811	12,805	12,798	12,792	12,785	13,846											
		Actual	13,885	13,439	12,968	12,441	12,449	12,605	12,715	12,701																
	Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104											
		Actual	33,849	34,089	34,694	35,320	36,504	37,286	38,222	38,423																
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%											
		Actual	47.3%	46.6%	46.8%	47.4%	47.4%	47.0%	46.9%	47.2%																
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	19,330	19,606	19,892	20,198	21,198	21,719	22,433	21,896	21,359	20,822	20,284	19,747	12,884											
		Actual	18,965	19,040	19,454	19,684	20,637	21,291	21,916	22,108																
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	30,899	31,128	31,703	30,910	30,138	29,384	28,650	27,933	27,235											
		Actual	28,845	29,123	29,147	29,412	30,024	30,246	30,854	30,663																
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	3,354	3,488	3,424	3,345	3,437	3,477	3,377	3,277	3,177	3,077	2,977	2,877											
		Actual	3,169	3,306	3,435	3,366	3,281	3,382	3,395	3,283																
	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	52.8%	45.4%	51.9%	48.5%	46.0%	53.7%	66.0%	68.0%	69.0%	71.0%	73.0%	74.0%											
		Actual	47.4%	52.0%	45.2%	50.0%	47.9%	46.0%	46.2%																	



Resetting Cwm Taf Morgannwg – Inpatient / Day Case Activity – to 2nd October 2022

Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



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

Elective Activity - Top 10 October 2022	Average Weekly Elective Activity	Pre-covid Weekly	Variance	% Variance
General Surgery	129	211	-82	-38.9%
General Medicine	98	150	-53	-35.0%
Urology	67	108	-42	-38.4%
Trauma & Orthopaedic	64	120	-56	-46.9%
Ophthalmology	57	100	-43	-43.0%
Gastroenterology	56	53	3	5.7%
Gynaecology	38	66	-28	-42.4%
ENT Surgery	32	55	-24	-42.7%
Cardiology	31	24	7	29.2%
Oral Surgery	15	22	-8	-34.1%

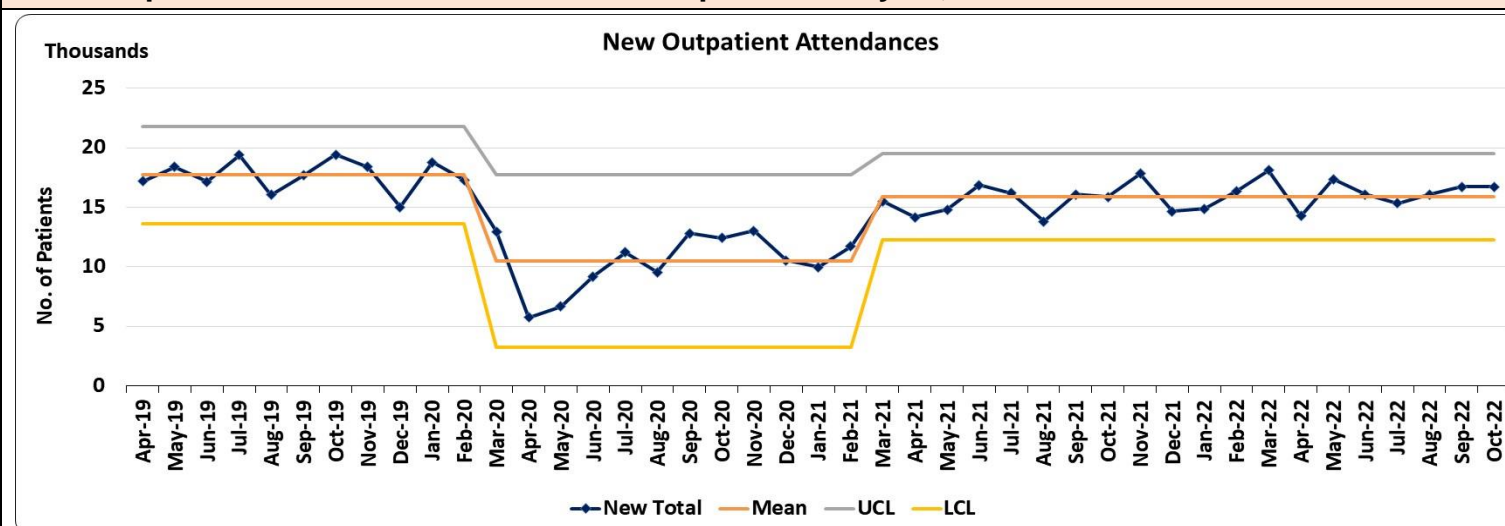
The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during October compared to the average pre-Covid levels (six week average calculated from 27th January to 8th Mar 2020). As can be seen, Cardiology & Gastro are the only specialties treating more patients within internal capacity than pre-Covid. A number of specialties do not have access to the same number of theatre lists as they did pre-Covid (Gynaecology and Ophthalmology) and others such as Surgery in POW have limited beds.

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																																						
<p>As per the charts above, the average number of weekly elective treatments delivered in October currently stands at 612; an increase in activity of 3% on the average for the previous month (596). In regards to the WG indicator, elective treatments continue to be less (around 36%) than the pre-Covid weekly average (951).</p> <p>Since the start of the last financial year (2021/22) to date, CTM have sent 2,122 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,385 (on average 73 patients per month) have been treated, as detailed below:</p> <table><tr><th colspan="7">Outsourced Activity as at end of October 2022</th></tr><tr><th>Specialty</th><th>Sent to Date</th><th>Returned</th><th>Treated to Date</th><th>Dated</th><th>Outpatient Booked</th><th>Outstanding</th></tr><tr><td>SPIRE - Orthopaedics</td><td>863</td><td>98</td><td>599</td><td>87</td><td>56</td><td>23</td></tr><tr><td>SPIRE - Shoulders</td><td>25</td><td>10</td><td>15</td><td>0</td><td>0</td><td>0</td></tr><tr><td>SPIRE - Gynaecology</td><td>78</td><td>29</td><td>49</td><td>0</td><td>0</td><td>0</td></tr><tr><td>SPIRE - General Surgery</td><td>114</td><td>19</td><td>54</td><td>18</td><td>23</td><td>0</td></tr><tr><td>NUFFIELD - Orthopaedics</td><td>415</td><td>104</td><td>246</td><td>12</td><td>3</td><td>50</td></tr><tr><td>NUFFIELD - General Surgery</td><td>83</td><td>24</td><td>59</td><td>0</td><td>0</td><td>0</td></tr><tr><td>NUFFIELD - Gynaecology</td><td>201</td><td>52</td><td>123</td><td>6</td><td>15</td><td>5</td></tr><tr><td>NUFFIELD - Ophthalmology</td><td>343</td><td>67</td><td>240</td><td>9</td><td>7</td><td>20</td></tr></table> <p><i>Source: Spire / Nuffield Healthcare</i></p>	Outsourced Activity as at end of October 2022							Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding	SPIRE - Orthopaedics	863	98	599	87	56	23	SPIRE - Shoulders	25	10	15	0	0	0	SPIRE - Gynaecology	78	29	49	0	0	0	SPIRE - General Surgery	114	19	54	18	23	0	NUFFIELD - Orthopaedics	415	104	246	12	3	50	NUFFIELD - General Surgery	83	24	59	0	0	0	NUFFIELD - Gynaecology	201	52	123	6	15	5	NUFFIELD - Ophthalmology	343	67	240	9	7	20	<p>The focus by the end of October has been on the reducing the number of patients waiting over 156 weeks for treatment and reducing the number of patients waiting over 104 weeks by the end of December. During October, all the Medical specialties which have small numbers of IPDC were on track to meet both these targets but this was not the case for any of the surgical specialties.</p> <p>Ophthalmology: Funding has been provided to Ophthalmology to undertake Super Saturday outpatient, pre-assessment and operating lists for cataracts between now and Christmas. This will clear the number of patients currently waiting >156 weeks on the IPDC waiting list, but must note that there is a high level of conversions for surgery from outpatients, for which >1800 patients are waiting over 104 weeks for a first appointment.</p> <p>Orthopaedics and Day Surgery: Additional theatre staff have been procured from an insourcing company which will allow for centralisation of Orthopaedic Inpatients in the Royal Glamorgan and increase capacity by approx. 17 Orthopaedic elective cases per week from the beginning of December. The insourced staff will allow for an additional two all day surgery theatre lists a week to be undertaken in Prince Charles across a number of specialties inc. Gynaecology, General Surgery and Oral Maxillo Facial Surgery. It is estimated that this will generate an additional 12 patients a week.</p> <p>Stage 4-104+ Week Validation: The external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 104 weeks started work in October to ensure that those on the waiting list still require the operation and whether they are willing travel to different sites to receive it.</p>	<ul style="list-style-type: none">There are still a number of specialties without clear plans to make improvements to their IP/DC elective position as their capacity is predominantly being used for cancer cases. These include ENT, Gynaecology and Urology. Gynaecology have also seen their theatre capacity reduced by approx. 6 lists a week compared to pre-Covid.Ophthalmology and Orthopaedics are areas of risk from a pure volume perspective with >5,000 patients awaiting a cataract.Availability of 'elective bed capacity'. Currently POW only has 9 beds identified for elective care although plans to reinstate the Day Unit are being implemented. This risk is heightened by the Winter forecast that has identified that the organisation has a 100 bed shortage going in to the Winter, and that this excludes the potential for covid and influenza to increase the bed requirement by a further 200 at the peak
Outsourced Activity as at end of October 2022																																																																								
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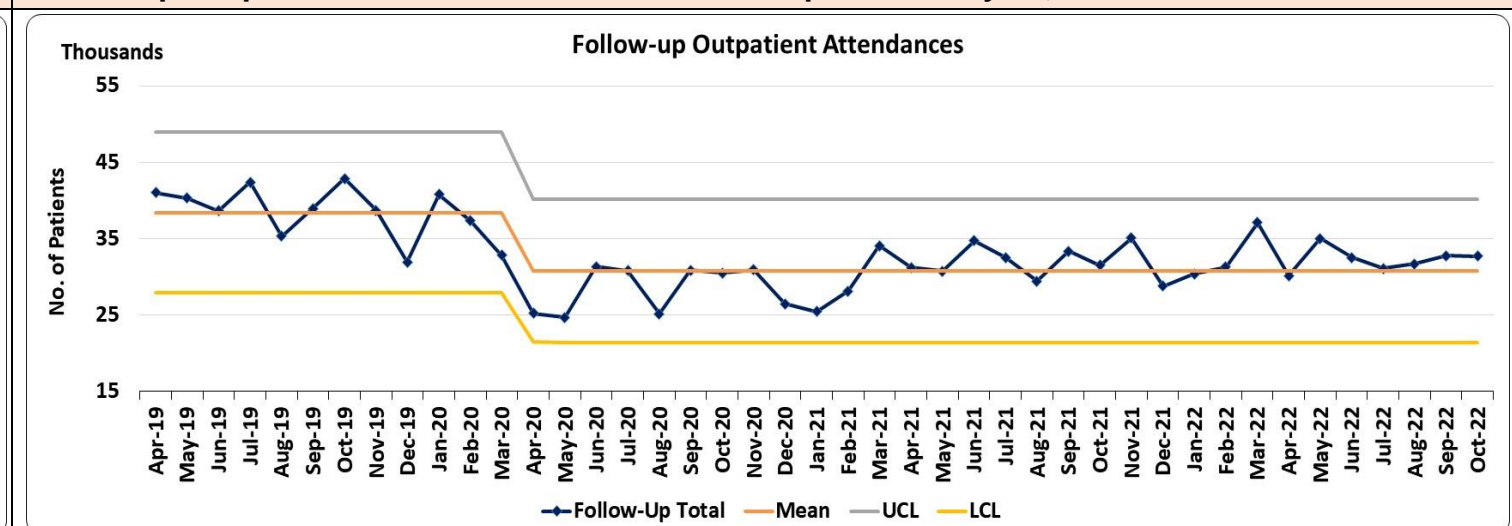


Resetting Cwm Taf Morgannwg – Outpatient Attendances – October 2022

New Outpatient Attendances October 2022 – provisionally 16,731

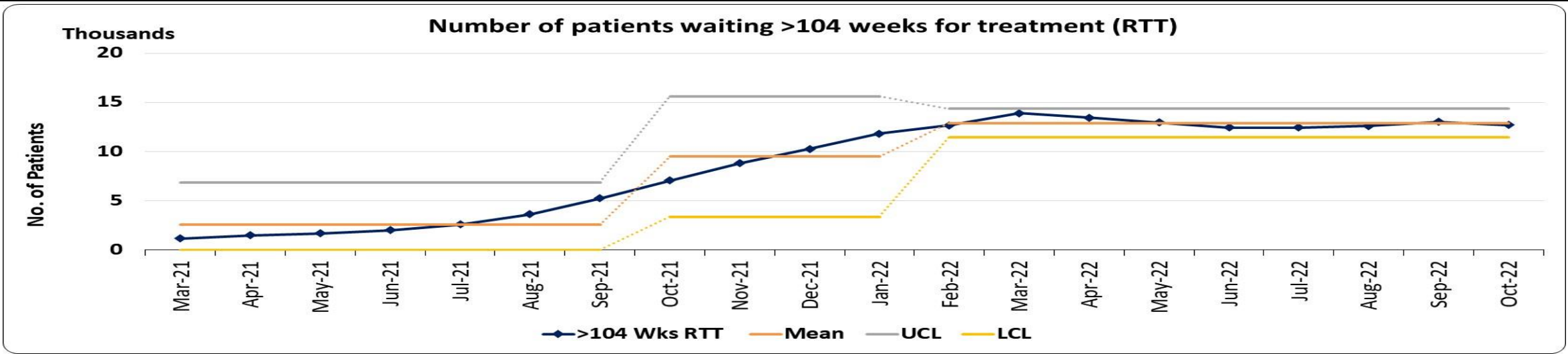


Follow-up Outpatient Attendances October 2022 – provisionally 32,691



Waiting times Stage 1 (New Outpatients) - 74,528 patients		Waiting times Stage 4 (Treatment Stage) – 17,551 patients		Urgent referrals waiting >12 wks (Stage 1 – 7,782)(Stage 4 – 4,121)																																																																																																																																																																																																																																																																																																																																																																																														
<div>Number of Patients waiting at Stage 1 (First Outpatient Appointment)</div> <table><thead><tr><th>Month</th><th>Routine</th><th>Urgent</th><th>Eyecare Target</th><th>Other</th><th>Total</th></tr></thead><tbody><tr><td>Mar-19</td><td>14608</td><td>5113</td><td>0</td><td>0</td><td>19721</td></tr><tr><td>Mar-20</td><td>27311</td><td>8409</td><td>0</td><td>0</td><td>35720</td></tr><tr><td>Mar-21</td><td>37284</td><td>12612</td><td>6920</td><td>0</td><td>56816</td></tr><tr><td>Apr-21</td><td>38492</td><td>13448</td><td>7263</td><td>0</td><td>60203</td></tr><tr><td>May-21</td><td>39396</td><td>13830</td><td>7623</td><td>0</td><td>63849</td></tr><tr><td>Jun-21</td><td>40361</td><td>13934</td><td>7997</td><td>0</td><td>66292</td></tr><tr><td>Jul-21</td><td>40837</td><td>14246</td><td>8452</td><td>0</td><td>68535</td></tr><tr><td>Aug-21</td><td>41909</td><td>14762</td><td>8939</td><td>0</td><td>71610</td></tr><tr><td>Sep-21</td><td>43008</td><td>15074</td><td>9345</td><td>0</td><td>75427</td></tr><tr><td>Oct-21</td><td>43707</td><td>15284</td><td>9710</td><td>0</td><td>78701</td></tr><tr><td>Nov-21</td><td>43944</td><td>14953</td><td>9986</td><td>0</td><td>80883</td></tr><tr><td>Dec-21</td><td>44055</td><td>14668</td><td>10512</td><td>0</td><td>83235</td></tr><tr><td>Jan-22</td><td>44006</td><td>14373</td><td>10842</td><td>0</td><td>85221</td></tr><tr><td>Feb-22</td><td>42868</td><td>14177</td><td>10868</td><td>0</td><td>83913</td></tr><tr><td>Mar-22</td><td>42662</td><td>14426</td><td>10921</td><td>0</td><td>85009</td></tr><tr><td>Apr-22</td><td>42775</td><td>14796</td><td>10994</td><td>0</td><td>86565</td></tr><tr><td>May-22</td><td>43139</td><td>15016</td><td>11210</td><td>0</td><td>89365</td></tr><tr><td>Jun-22</td><td>43209</td><td>15425</td><td>11372</td><td>0</td><td>90006</td></tr><tr><td>Jul-22</td><td>44183</td><td>16037</td><td>11608</td><td>0</td><td>91828</td></tr><tr><td>Aug-22</td><td>44656</td><td>16959</td><td>11948</td><td>0</td><td>93563</td></tr><tr><td>Sep-22</td><td>45620</td><td>16981</td><td>12064</td><td>0</td><td>94665</td></tr><tr><td>Oct-22</td><td>46081</td><td>16291</td><td>12123</td><td>0</td><td>74528</td></tr></tbody></table>		Month	Routine	Urgent	Eyecare Target	Other	Total	Mar-19	14608	5113	0	0	19721	Mar-20	27311	8409	0	0	35720	Mar-21	37284	12612	6920	0	56816	Apr-21	38492	13448	7263	0	60203	May-21	39396	13830	7623	0	63849	Jun-21	40361	13934	7997	0	66292	Jul-21	40837	14246	8452	0	68535	Aug-21	41909	14762	8939	0	71610	Sep-21	43008	15074	9345	0	75427	Oct-21	43707	15284	9710	0	78701	Nov-21	43944	14953	9986	0	80883	Dec-21	44055	14668	10512	0	83235	Jan-22	44006	14373	10842	0	85221	Feb-22	42868	14177	10868	0	83913	Mar-22	42662	14426	10921	0	85009	Apr-22	42775	14796	10994	0	86565	May-22	43139	15016	11210	0	89365	Jun-22	43209	15425	11372	0	90006	Jul-22	44183	16037	11608	0	91828	Aug-22	44656	16959	11948	0	93563	Sep-22	45620	16981	12064	0	94665	Oct-22	46081	16291	12123	0	74528	<div>Number of Patients waiting at Stage 4 (Treatment Stage)</div> <table><thead><tr><th>Month</th><th>Routine</th><th>Urgent</th><th>Eyecare Target</th><th>Other</th><th>Total</th></tr></thead><tbody><tr><td>Mar-19</td><td>5194</td><td>2202</td><td>0</td><td>0</td><td>7396</td></tr><tr><td>Mar-20</td><td>10090</td><td>3715</td><td>0</td><td>0</td><td>13805</td></tr><tr><td>Mar-21</td><td>11195</td><td>4331</td><td>0</td><td>0</td><td>15526</td></tr><tr><td>Apr-21</td><td>11059</td><td>4416</td><td>0</td><td>0</td><td>15475</td></tr><tr><td>May-21</td><td>11126</td><td>4422</td><td>0</td><td>0</td><td>15548</td></tr><tr><td>Jun-21</td><td>11184</td><td>4427</td><td>0</td><td>0</td><td>15611</td></tr><tr><td>Jul-21</td><td>11239</td><td>4441</td><td>0</td><td>0</td><td>15680</td></tr><tr><td>Aug-21</td><td>11117</td><td>4442</td><td>0</td><td>0</td><td>15559</td></tr><tr><td>Sep-21</td><td>11144</td><td>4538</td><td>0</td><td>0</td><td>15682</td></tr><tr><td>Oct-21</td><td>11277</td><td>4667</td><td>0</td><td>0</td><td>15944</td></tr><tr><td>Nov-21</td><td>11445</td><td>4758</td><td>0</td><td>0</td><td>16203</td></tr><tr><td>Dec-21</td><td>11513</td><td>4868</td><td>0</td><td>0</td><td>16381</td></tr><tr><td>Jan-22</td><td>11617</td><td>5075</td><td>0</td><td>0</td><td>16692</td></tr><tr><td>Feb-22</td><td>11558</td><td>5364</td><td>0</td><td>0</td><td>16922</td></tr><tr><td>Mar-22</td><td>11549</td><td>5391</td><td>0</td><td>0</td><td>16940</td></tr><tr><td>Apr-22</td><td>11442</td><td>5517</td><td>0</td><td>0</td><td>16959</td></tr><tr><td>May-22</td><td>11398</td><td>5618</td><td>0</td><td>0</td><td>17016</td></tr><tr><td>Jun-22</td><td>11365</td><td>5738</td><td>0</td><td>0</td><td>17103</td></tr><tr><td>Jul-22</td><td>11476</td><td>5844</td><td>0</td><td>0</td><td>17320</td></tr><tr><td>Aug-22</td><td>11581</td><td>5941</td><td>0</td><td>0</td><td>17522</td></tr><tr><td>Sep-22</td><td>11659</td><td>6094</td><td>0</td><td>0</td><td>17753</td></tr><tr><td>Oct-22</td><td>11421</td><td>6013</td><td>0</td><td>0</td><td>17434</td></tr></tbody></table>		Month	Routine	Urgent	Eyecare Target	Other	Total	Mar-19	5194	2202	0	0	7396	Mar-20	10090	3715	0	0	13805	Mar-21	11195	4331	0	0	15526	Apr-21	11059	4416	0	0	15475	May-21	11126	4422	0	0	15548	Jun-21	11184	4427	0	0	15611	Jul-21	11239	4441	0	0	15680	Aug-21	11117	4442	0	0	15559	Sep-21	11144	4538	0	0	15682	Oct-21	11277	4667	0	0	15944	Nov-21	11445	4758	0	0	16203	Dec-21	11513	4868	0	0	16381	Jan-22	11617	5075	0	0	16692	Feb-22	11558	5364	0	0	16922	Mar-22	11549	5391	0	0	16940	Apr-22	11442	5517	0	0	16959	May-22	11398	5618	0	0	17016	Jun-22	11365	5738	0	0	17103	Jul-22	11476	5844	0	0	17320	Aug-22	11581	5941	0	0	17522	Sep-22	11659	6094	0	0	17753	Oct-22	11421	6013	0	0	17434	<div>Urgent Referrals waiting >12 weeks by Stage (1/4)</div> <table><thead><tr><th>Month</th><th>Stage 1 (New Outpatient)</th><th>Stage 4 (Elective Treatment)</th></tr></thead><tbody><tr><td>Jan-20</td><td>2000</td><td>2000</td></tr><tr><td>Feb-20</td><td>2200</td><td>2000</td></tr><tr><td>Mar-20</td><td>2500</td><td>2000</td></tr><tr><td>Apr-20</td><td>3000</td><td>2500</td></tr><tr><td>May-20</td><td>3500</td><td>3000</td></tr><tr><td>Jun-20</td><td>3800</td><td>3000</td></tr><tr><td>Jul-20</td><td>3500</td><td>3000</td></tr><tr><td>Aug-20</td><td>3200</td><td>3000</td></tr><tr><td>Sep-20</td><td>3000</td><td>3000</td></tr><tr><td>Oct-20</td><td>2800</td><td>3000</td></tr><tr><td>Nov-20</td><td>2500</td><td>3000</td></tr><tr><td>Dec-20</td><td>2800</td><td>3000</td></tr><tr><td>Jan-21</td><td>3000</td><td>3000</td></tr><tr><td>Feb-21</td><td>3200</td><td>3000</td></tr><tr><td>Mar-21</td><td>3000</td><td>3000</td></tr><tr><td>Apr-21</td><td>3200</td><td>3000</td></tr><tr><td>May-21</td><td>3500</td><td>3000</td></tr><tr><td>Jun-21</td><td>3800</td><td>3000</td></tr><tr><td>Jul-21</td><td>4000</td><td>3000</td></tr><tr><td>Aug-21</td><td>4200</td><td>3000</td></tr><tr><td>Sep-21</td><td>4000</td><td>3000</td></tr><tr><td>Oct-21</td><td>4200</td><td>3000</td></tr><tr><td>Nov-21</td><td>4000</td><td>3000</td></tr><tr><td>Dec-21</td><td>3800</td><td>3000</td></tr><tr><td>Jan-22</td><td>3500</td><td>3000</td></tr><tr><td>Feb-22</td><td>3200</td><td>3000</td></tr><tr><td>Mar-22</td><td>3000</td><td>3000</td></tr><tr><td>Apr-22</td><td>3500</td><td>3000</td></tr><tr><td>May-22</td><td>3800</td><td>3000</td></tr><tr><td>Jun-22</td><td>4000</td><td>3000</td></tr><tr><td>Jul-22</td><td>4200</td><td>3000</td></tr><tr><td>Aug-22</td><td>4000</td><td>3000</td></tr><tr><td>Sep-22</td><td>4200</td><td>3000</td></tr><tr><td>Oct-22</td><td>4000</td><td>3000</td></tr></tbody></table>		Month	Stage 1 (New Outpatient)	Stage 4 (Elective Treatment)	Jan-20	2000	2000	Feb-20	2200	2000	Mar-20	2500	2000	Apr-20	3000	2500	May-20	3500	3000	Jun-20	3800	3000	Jul-20	3500	3000	Aug-20	3200	3000	Sep-20	3000	3000	Oct-20	2800	3000	Nov-20	2500	3000	Dec-20	2800	3000	Jan-21	3000	3000	Feb-21	3200	3000	Mar-21	3000	3000	Apr-21	3200	3000	May-21	3500	3000	Jun-21	3800	3000	Jul-21	4000	3000	Aug-21	4200	3000	Sep-21	4000	3000	Oct-21	4200	3000	Nov-21	4000	3000	Dec-21	3800	3000	Jan-22	3500	3000	Feb-22	3200	3000	Mar-22	3000	3000	Apr-22	3500	3000	May-22	3800	3000	Jun-22	4000	3000	Jul-22	4200	3000	Aug-22	4000	3000	Sep-22	4200	3000	Oct-22	4000	3000
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Mar-19	14608	5113	0	0	19721																																																																																																																																																																																																																																																																																																																																																																																													
Mar-20	27311	8409	0	0	35720																																																																																																																																																																																																																																																																																																																																																																																													
Mar-21	37284	12612	6920	0	56816																																																																																																																																																																																																																																																																																																																																																																																													
Apr-21	38492	13448	7263	0	60203																																																																																																																																																																																																																																																																																																																																																																																													
May-21	39396	13830	7623	0	63849																																																																																																																																																																																																																																																																																																																																																																																													
Jun-21	40361	13934	7997	0	66292																																																																																																																																																																																																																																																																																																																																																																																													
Jul-21	40837	14246	8452	0	68535																																																																																																																																																																																																																																																																																																																																																																																													
Aug-21	41909	14762	8939	0	71610																																																																																																																																																																																																																																																																																																																																																																																													
Sep-21	43008	15074	9345	0	75427																																																																																																																																																																																																																																																																																																																																																																																													
Oct-21	43707	15284	9710	0	78701																																																																																																																																																																																																																																																																																																																																																																																													
Nov-21	43944	14953	9986	0	80883																																																																																																																																																																																																																																																																																																																																																																																													
Dec-21	44055	14668	10512	0	83235																																																																																																																																																																																																																																																																																																																																																																																													
Jan-22	44006	14373	10842	0	85221																																																																																																																																																																																																																																																																																																																																																																																													
Feb-22	42868	14177	10868	0	83913																																																																																																																																																																																																																																																																																																																																																																																													
Mar-22	42662	14426	10921	0	85009																																																																																																																																																																																																																																																																																																																																																																																													
Apr-22	42775	14796	10994	0	86565																																																																																																																																																																																																																																																																																																																																																																																													
May-22	43139	15016	11210	0	89365																																																																																																																																																																																																																																																																																																																																																																																													
Jun-22	43209	15425	11372	0	90006																																																																																																																																																																																																																																																																																																																																																																																													
Jul-22	44183	16037	11608	0	91828																																																																																																																																																																																																																																																																																																																																																																																													
Aug-22	44656	16959	11948	0	93563																																																																																																																																																																																																																																																																																																																																																																																													
Sep-22	45620	16981	12064	0	94665																																																																																																																																																																																																																																																																																																																																																																																													
Oct-22	46081	16291	12123	0	74528																																																																																																																																																																																																																																																																																																																																																																																													
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Mar-19	5194	2202	0	0	7396																																																																																																																																																																																																																																																																																																																																																																																													
Mar-20	10090	3715	0	0	13805																																																																																																																																																																																																																																																																																																																																																																																													
Mar-21	11195	4331	0	0	15526																																																																																																																																																																																																																																																																																																																																																																																													
Apr-21	11059	4416	0	0	15475																																																																																																																																																																																																																																																																																																																																																																																													
May-21	11126	4422	0	0	15548																																																																																																																																																																																																																																																																																																																																																																																													
Jun-21	11184	4427	0	0	15611																																																																																																																																																																																																																																																																																																																																																																																													
Jul-21	11239	4441	0	0	15680																																																																																																																																																																																																																																																																																																																																																																																													
Aug-21	11117	4442	0	0	15559																																																																																																																																																																																																																																																																																																																																																																																													
Sep-21	11144	4538	0	0	15682																																																																																																																																																																																																																																																																																																																																																																																													
Oct-21	11277	4667	0	0	15944																																																																																																																																																																																																																																																																																																																																																																																													
Nov-21	11445	4758	0	0	16203																																																																																																																																																																																																																																																																																																																																																																																													
Dec-21	11513	4868	0	0	16381																																																																																																																																																																																																																																																																																																																																																																																													
Jan-22	11617	5075	0	0	16692																																																																																																																																																																																																																																																																																																																																																																																													
Feb-22	11558	5364	0	0	16922																																																																																																																																																																																																																																																																																																																																																																																													
Mar-22	11549	5391	0	0	16940																																																																																																																																																																																																																																																																																																																																																																																													
Apr-22	11442	5517	0	0	16959																																																																																																																																																																																																																																																																																																																																																																																													
May-22	11398	5618	0	0	17016																																																																																																																																																																																																																																																																																																																																																																																													
Jun-22	11365	5738	0	0	17103																																																																																																																																																																																																																																																																																																																																																																																													
Jul-22	11476	5844	0	0	17320																																																																																																																																																																																																																																																																																																																																																																																													
Aug-22	11581	5941	0	0	17522																																																																																																																																																																																																																																																																																																																																																																																													
Sep-22	11659	6094	0	0	17753																																																																																																																																																																																																																																																																																																																																																																																													
Oct-22	11421	6013	0	0	17434																																																																																																																																																																																																																																																																																																																																																																																													
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<div>How are we doing?</div> <p>As at the end of October 2022, there were 74,528 patients awaiting a new outpatient appointment, of which, 16,291 (21.9%) patients were categorised as urgent and 11,916 (16.3%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of just over 8% (5,802) on the 68,726 patients waiting at the end of the equivalent period last year.</p> <p>Additionally, there were 17,551 patients who were awaiting treatment and of these, 6,013 (34.3%) were categorised as clinically urgent, a small reduction (1.3%) on the September position of 6,094.</p>		<div>What actions are we taking & when is improvement anticipated?</div> <p>The following actions are being taken to eliminate waits of >104 weeks by the end of December</p> <p>Use of WISE for Pain Management patients: The Health Board’s Wellness Improvement Service (WISE) is the initial intervention for Pain Management Stage 1 referrals.</p> <p>Super Saturday clinics: Are being undertaken in Oral Maxillo Facial Surgery and Cardiology</p> <p>Implementation of Breast Pain pathway: The Breast Clinic Fellow is undertaking specific clinics to see the Breast Pain referrals.</p> <p>Health Board wide waiting lists: We are working to HB wide waiting list management in order to bring equity to waiting times i.e. General Surgery patients are only breaching in RTE currently so are requesting to be seen by Clinicians in the other two localities.</p> <p>Stage 1-52+ Week Validation: The external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 weeks started work in October.</p> <p>Dermatology: we are out to advert for a Locum Consultant and are looking for opportunities with the wider MDT including nursing and pharmacy support. This will reduce rather than eliminate >104 weeks.</p>		<div>What are the main areas of risk?</div> <p>The main areas of risk in terms of meeting the WG revised priority of no patients waiting over 104 weeks by the end of December are in Dermatology, Ophthalmology, ENT, Urology and Cardiology. These specialties are all currently forecasting patients waiting over 104 weeks for a first appointment.</p> <p>Those specialties with a high Urgent Suspected Cancer referral rate have highlighted that should the rates increase then the capacity for referrals prioritised as routine will continue to experience long waits.</p>																																																																																																																																																																																																																																																																																																																																																																																														
<div><div></div><div>Referral to Treatment Times (RTT) – October 2022 (Provisional Position) – Total Open Pathways 120,545</div></div>																																																																																																																																																																																																																																																																																																																																																																																																		

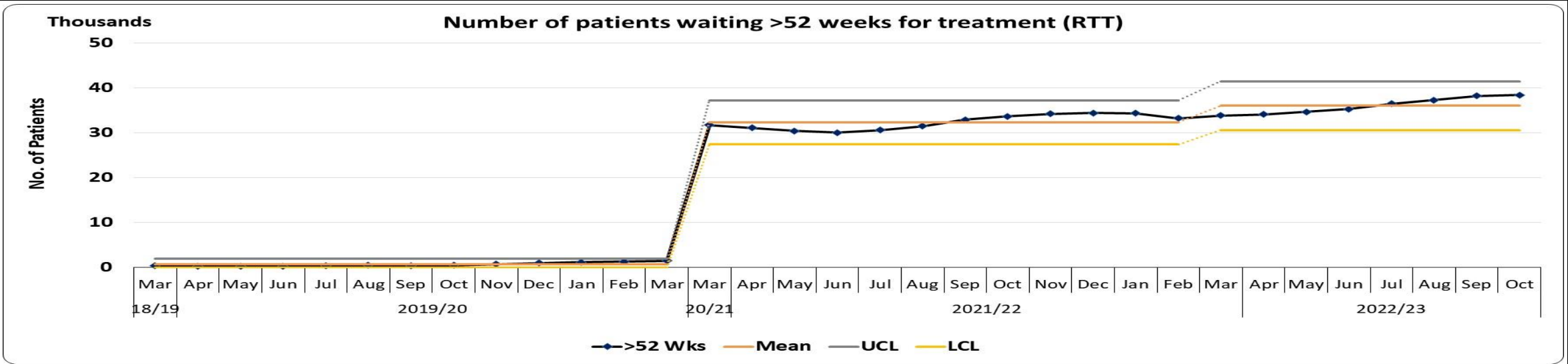
Number of patients waiting >104 weeks (12,701) Target - Improvement Trajectory towards a national target of Zero by 2023



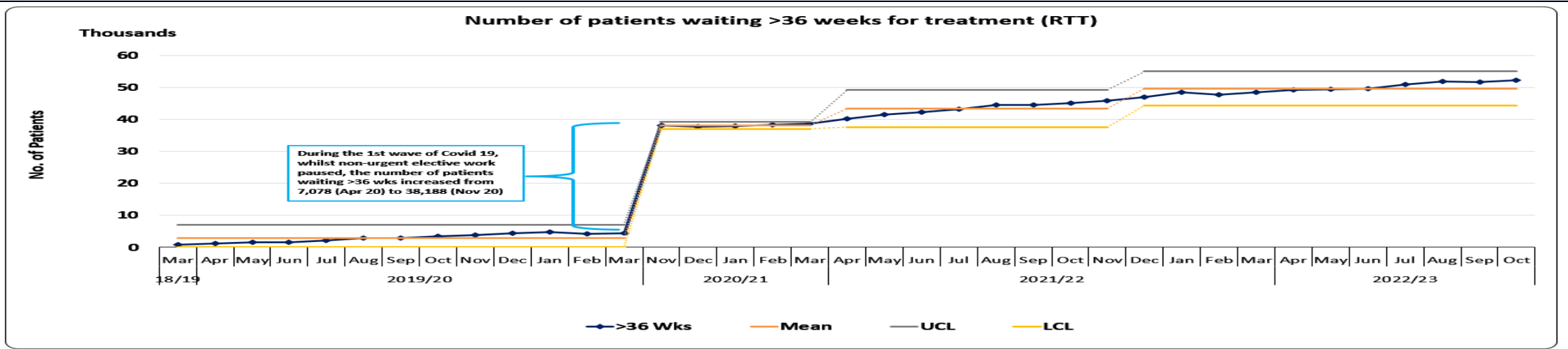
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of October is 12,701, which as it currently stands is a reduction of 2.4% (316) from the reported September position.

Number of patients waiting >52 weeks (38,423)

The provisional position across the Health Board for patients waiting over 52 weeks for treatment at the end of October is 38,423, which as it currently stands is a small rise of around 0.5% (201) from the September reported position.



Number of patients waiting >36 weeks (52,223) Target – Improvement Trajectory towards a national target of Zero by 2026

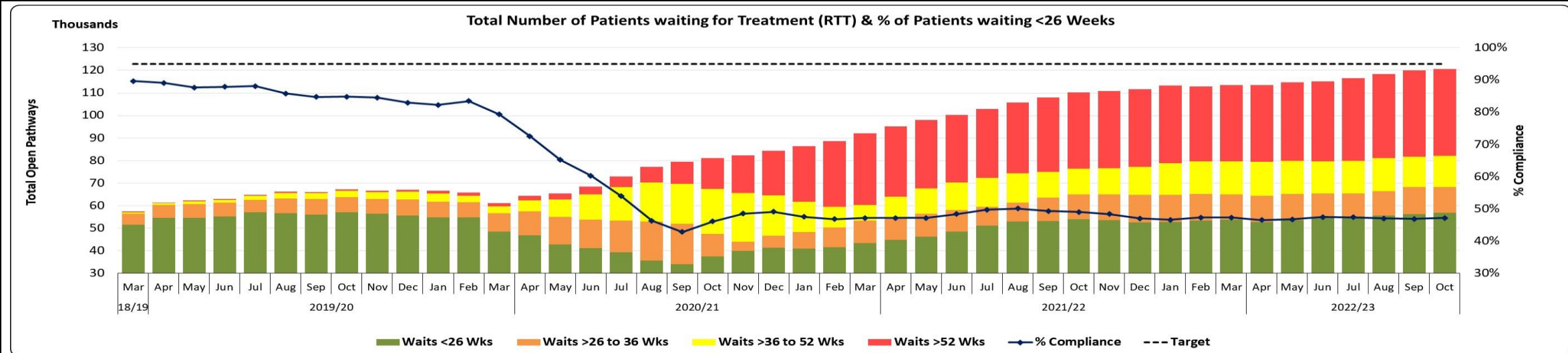


The number of patients waiting over 36 weeks at the end of October, across Cwm Taf Morgannwg, is a provisional position of 52,223 patients, which is an increase of around 1% (507) from September (N.B. includes the 38,423 patients waiting over 52 weeks).

RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT) – October 2022 (Provisional Position) – Total Open Pathways 120,545

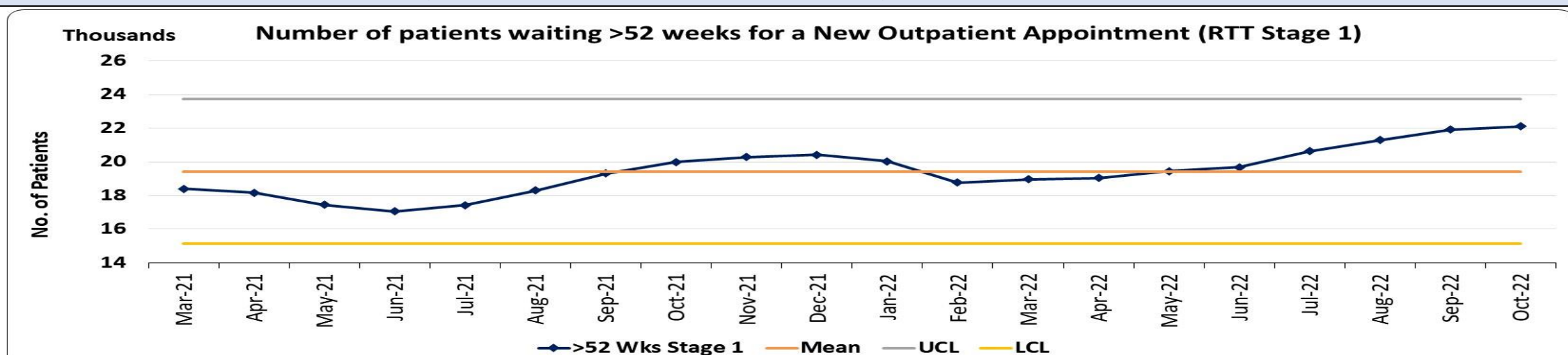
% of patients waiting less than **26 weeks (47.2%)** Target – Improvement Trajectory towards a national target of 95% by 2026



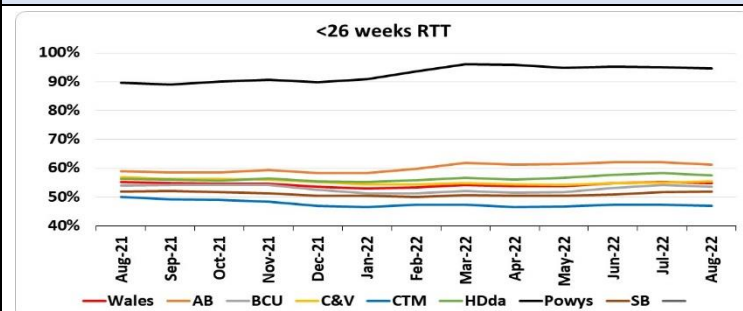
In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for October across Cwm Taf Morgannwg is a provisional 47.2%.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (22,108)** Target - Improvement Trajectory towards eliminating over 52 week waits by December 2022

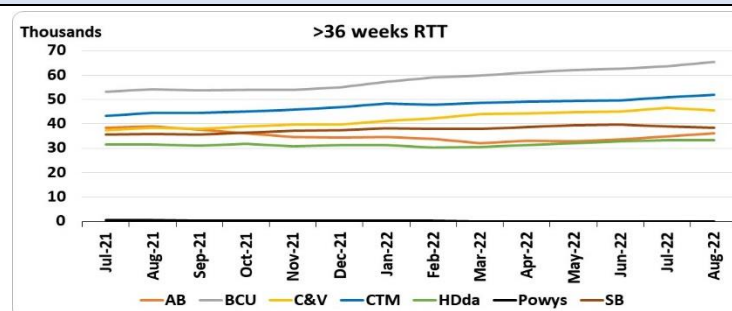
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of October is 22,108, which as it currently stands is a rise of 0.9% (192) from the September reported position.



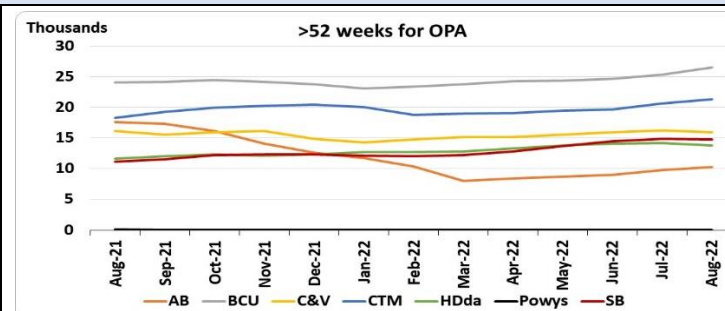
How do we compare with our peers?



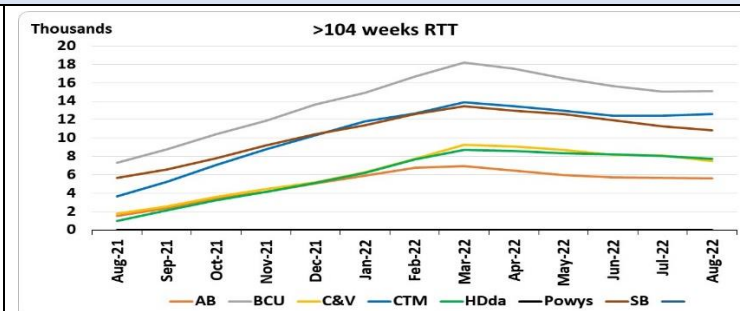
Status as at August 2022		
Health Board	Compliance	Rank
Powys	94.6%	1st
AB	61.3%	2nd
HDda	57.4%	3rd
C&V	55.4%	4th
BCU	53.6%	5th
SB	52.0%	6th
CTM	47.0%	7th



Status as at August 2022		
Health Board	Compliance	Rank
Powys	94	1st
HDda	33,475	2nd
AB	36,051	3rd
SB	38,576	4th
C&V	45,600	5th
CTM	51,964	6th
BCU	65,405	7th



Status as at August 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	10,242	2nd
HDda	13,822	3rd
SB	14,830	4th
C&V	15,962	5th
CTM	21,291	6th
BCU	26,515	7th



Status as at August 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	5,620	2nd
C&V	7,517	3rd
HDda	7,708	4th
SB	10,825	5th
CTM	12,605	6th
BCU	15,075	7th

RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT) – October 2022 (Provisional Position)

Specialty Breakdown – October 2022 (Provisional Position)

Total number of open pathways per specialty - October 2022 (provisional)							
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks to 104 Weeks	>104 Weeks	Total Open Pathways
Anaesthetics	435	18.1%	125	216	579	1047	2402
Cardiology	3242	61.7%	610	637	457	309	5255
Care of the Elderly	15	93.8%	0	0	1	0	16
Dermatology	4216	46.8%	913	842	1533	1495	8999
Endocrinology	203	87.5%	12	17	0	0	232
Gastroenterology	1968	52.4%	347	501	730	208	3754
General Medicine	1938	70.4%	272	266	196	80	2752
Nephrology	141	78.3%	24	15	0	0	180
Respiratory Medicine	1390	69.0%	204	220	195	6	2015
Rheumatology	758	51.3%	118	138	283	180	1477
Sport and Exercise Medicine	8	88.9%	1	0	0	0	9
Thoracic Medicine	454	85.2%	60	18	1	0	533
Diagnostics	5793	52.7%	989	1210	2865	129	10986
Therapies	2223	76.2%	170	150	324	52	2919
ENT	4601	37.2%	1078	1594	3118	1963	12354
Ophthalmology	5743	37.9%	1428	1981	4224	1767	15143
Oral Surgery	1876	53.0%	336	404	587	335	3538
Orthodontics	201	59.8%	29	50	53	3	336
Restorative Dentistry	51	26.0%	17	27	68	33	196
Gynaecology	4245	55.2%	780	869	988	814	7696
Paediatric Neurology	5	100.0%	0	0	0	0	5
Paediatrics	2164	86.0%	239	62	50	0	2515
Haematology (Clinical)	124	98.4%	2	0	0	0	126
General Surgery	3869	38.9%	1058	1332	2532	1161	9952
Trauma & Orthopaedic	5601	38.2%	1541	1853	3931	1739	14665
Urology	3024	41.3%	669	862	1749	1019	7323
Colorectal	1946	50.5%	342	395	867	305	3855
Breast Surgery	634	48.3%	90	141	391	56	1312
Total	56868	47.2%	11454	13800	25722	12701	120545

How are we doing?

At the end of October 2022, the provisional position for the over 52 week waiting list saw volumes increase marginally by 0.53% on the previous month, bringing the total to 38,423. Compared to the position at the end of October 2021; the current position represents an increase of just over 14% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. Weekly performance meetings are in place with specialties.

What actions are we taking & when is improvement anticipated?

- As described previously it is anticipated that the length of time that patients are waiting will reduce across all specialties by the end of December, with patients being seen for first outpatients within two years within all specialties other than ENT, Urology, Ophthalmology and Dermatology where plans are being put in place to increase capacity.
- Additional IPDC capacity will be in place between December 2022 – March 2023 through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated DC capacity in PCH.
- A request for a regional approach to managing cataracts has been submitted to WG which between January and March would allow the Health Board to treat a minimum of 400 additional cases in the additional theatres in Cardiff.

What are the main areas of risk?

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

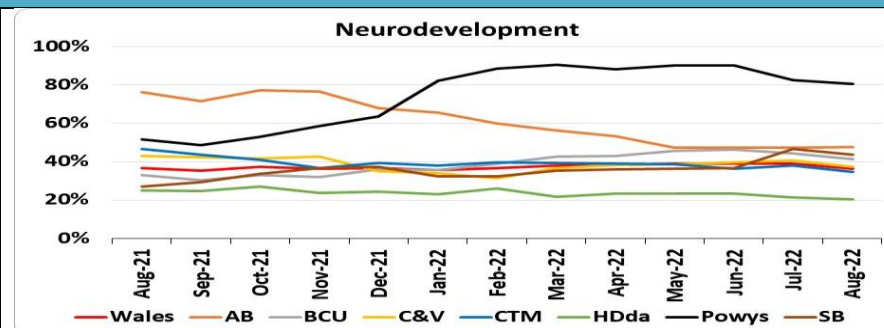
% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (30.7%) - Target 80%

The chart to the left highlights that there has been a significant deterioration in the compliance against the 26 week target for Neurodevelopment services with compliance remaining falling to 30.7% for September, well below the target threshold of 80%.

The total waiting list volume continues to grow and now stands at 1,631 patients, which as it currently stands is 62% higher than the equivalent period last year.

The chart to the left highlights that there has been a significant deterioration in the compliance against the 26 week target for Neurodevelopment services with compliance remaining falling to 30.7% for September, well below the target threshold of 80%.

The total waiting list volume continues to grow and now stands at 1,631 patients, which as it currently stands is 62% higher than the equivalent period last year.





The additional Consultant post and uplift to the Pharmacy post that was supported through Planned Care funding for a fixed term has been made permanent but it is recognised that this does not increase capacity but sustains the current through-put. Additional funding has been made available to RPBs for Neuro-Development and a workshop is taking place with partners in education and social services as to how

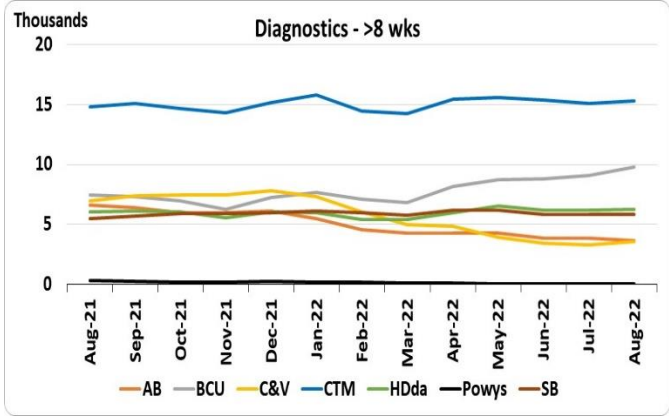
Status as at August 2022		
Health Board	Compliance	Rank
Powys	80.8%	1st
AB	47.7%	2nd
SB	43.5%	3rd
BCU	41.2%	4th
C&V	37.3%	5th
CTM	34.7%	6th
HDda	20.3%	7th



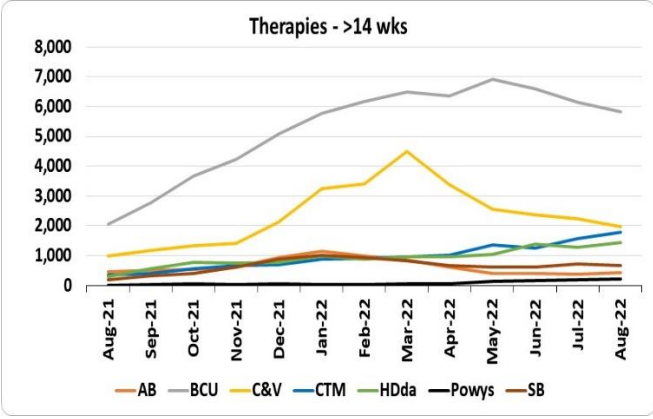
Diagnostics & Therapies – October 2022 (Provisional Position)

Number of patients waiting >8 weeks for Diagnostics – Target Zero													Number of patients waiting >14 weeks for Therapies – Target Zero													Number of patients waiting >8 weeks for a Diagnostic Endoscopy Target - Improvement Trajectory towards national target of Zero by March 2026																																																																																																							
Total >8 weeks 15,566													Total >14 weeks 1,652													Total >8 weeks 3,283																																																																																																							
<table><tr><th colspan="3">CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test</th></tr><tr><th colspan="3">Service</th></tr><tr><td rowspan="9">Cardiology Cardiology Services</td><td>Echo Cardiogram</td><td>424</td></tr><tr><td>Cardiac CT</td><td>98</td></tr><tr><td>Cardiac MRI</td><td>9</td></tr><tr><td>Diagnostic Angiography</td><td>87</td></tr><tr><td>Stress Test</td><td>60</td></tr><tr><td>DSE</td><td>55</td></tr><tr><td>TOE</td><td>18</td></tr><tr><td>Heart Rhythm Recording</td><td>187</td></tr><tr><td>B.P. Monitoring</td><td>0</td></tr><tr><td>Bronchoscopy</td><td></td><td>5</td></tr><tr><td>Colonoscopy</td><td></td><td>755</td></tr><tr><td>Gastroscopy</td><td></td><td>830</td></tr><tr><td>Cystoscopy</td><td></td><td>485</td></tr><tr><td>Flexi Sig</td><td></td><td>1208</td></tr><tr><td rowspan="4">Radiology</td><td>Non-Cardiac CT</td><td>366</td></tr><tr><td>Non Cardiac MRI</td><td>775</td></tr><tr><td>NOUS</td><td>9728</td></tr><tr><td>Non-Cardiac Nuclear Medicine</td><td>1</td></tr><tr><td>Imaging</td><td>Fluoroscopy</td><td>38</td></tr><tr><td>Physiological Measurement</td><td>Urodynamics</td><td>160</td></tr><tr><td>Neurophysiology</td><td>EMG</td><td>141</td></tr><tr><td></td><td>NCS</td><td>136</td></tr><tr><td>Total</td><td></td><td>15566</td></tr></table>													CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test			Service			Cardiology Cardiology Services	Echo Cardiogram	424	Cardiac CT	98	Cardiac MRI	9	Diagnostic Angiography	87	Stress Test	60	DSE	55	TOE	18	Heart Rhythm Recording	187	B.P. Monitoring	0	Bronchoscopy		5	Colonoscopy		755	Gastroscopy		830	Cystoscopy		485	Flexi Sig		1208	Radiology	Non-Cardiac CT	366	Non Cardiac MRI	775	NOUS	9728	Non-Cardiac Nuclear Medicine	1	Imaging	Fluoroscopy	38	Physiological Measurement	Urodynamics	160	Neurophysiology	EMG	141		NCS	136	Total		15566	<table><tr><th colspan="2">CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy</th></tr><tr><th colspan="2">Service</th></tr><tr><td>Arts Therapy</td><td>1</td></tr><tr><td>Audiology</td><td>187</td></tr><tr><td>Dietetics</td><td>1384</td></tr><tr><td>Occupational Therapy</td><td>43</td></tr><tr><td>Physiotherapy</td><td>3</td></tr><tr><td>Podiatry</td><td>4</td></tr><tr><td>Speech & Language</td><td>30</td></tr><tr><td>Total</td><td>1652</td></tr></table>													CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy		Service		Arts Therapy	1	Audiology	187	Dietetics	1384	Occupational Therapy	43	Physiotherapy	3	Podiatry	4	Speech & Language	30	Total	1652	<div>Number of Patients waiting >8 weeks for a Diagnostic Endoscopy</div>																			
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2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,652																																																																																																																										
How are we doing?													What actions are we taking & when is improvement anticipated?													What are the main areas of risk?																																																																																																							
<p>Diagnostics: Provisionally, at the end of October, 15,566 patients had been waiting in excess of 8 weeks for a diagnostic procedure, an almost static position compared to the previous month (15,570). Improvements are observed in Endoscopy with a 3% reduction in the number patients waiting in excess of eight weeks, however the number of patients currently breaching the target now stands at 3,283. The NOUS service continues to have the highest volume of breaching patients with 9,728 currently waiting over 8 weeks for a scan, an increase of 2.3% (215) from September.</p> <p>Therapies: There are provisionally 1,652 patients breaching the 14 week target for therapies in October, an increase of 63 (4%) on the reported position for September. This increase can be attributed, in part, to the rise in the number of breaching patients for Audiology and Dietetics, which currently stands at 187 and 1,384 respectively.</p> <p>The Dietetic service accounts for almost 84% of the total patients waiting beyond the 14 week target for therapies.</p>													<ul style="list-style-type: none">Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and productivity and to agree remedial actions. Weekly tracker implemented to monitor performance.Validation of US, MR, CT waiting lists ongoing.Realigning patient bookings around clinical priority.Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.Additional staff funded for the additional Mammography machine in the new Breast Unit.Work ongoing in streamlining the Single Cancer Pathway.Additional patient lists are running to reduce waiting times.Demand and Capacity monitoring and forecasting of services commenced.Discussions held around potential additional capacity through insourcing/outsourcing.Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board once cases for MRI and CT are also complete.													<ul style="list-style-type: none">Current vacancies being held at scrutiny panel.Limited staff numbers coming through via the staff bank.Demand and Capacity imbalance.Securing funding for additional activity.Cardiopulmonary diagnostic services need additional staff to address the backlog.Current sickness and vacancies within the administration teams.Lack of Band 2 and Band 3, HCA support staff.Consultant vacancies and inability to recruit.Radiographer vacancies and inability to recruit.																																																																																																							

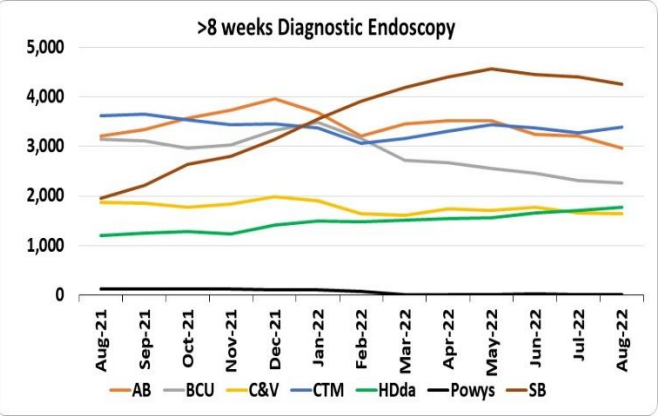
How do we compare with our peers?



Status as at August 2022		
Health Board	Compliance	Rank
Powys	71	1st
C&V	3,564	2nd
AB	3,641	3rd
SB	5,861	4th
HDda	6,261	5th
BCU	9,776	6th
CTM	15,315	7th



Status as at August 2022		
Health Board	Compliance	Rank
Powys	212	1st
AB	419	2nd
SB	682	3rd
HDda	1,449	4th
CTM	1,795	5th
C&V	1,962	6th
BCU	5,837	7th



Status as at August 2022		
Health Board	Compliance	Rank
Powys	5	1st
C&V	1,645	2nd
HDda	1,768	3rd
BCU	2,260	4th
AB	2,967	5th
CTM	3,382	6th
SB	4,257	7th



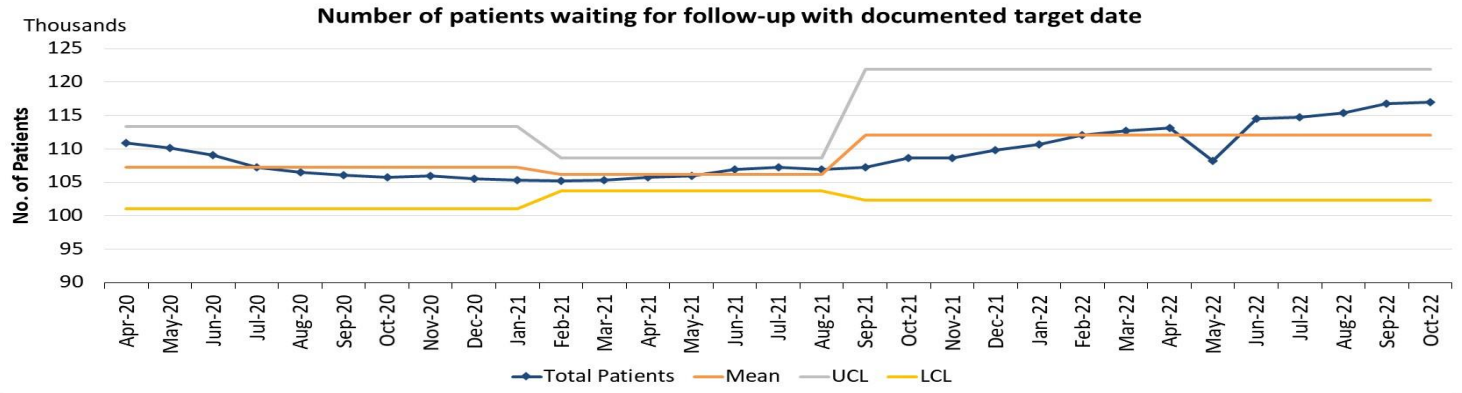
Follow-up Outpatients Not Booked (FUNB) – October 2022 (Provisional Position)

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

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

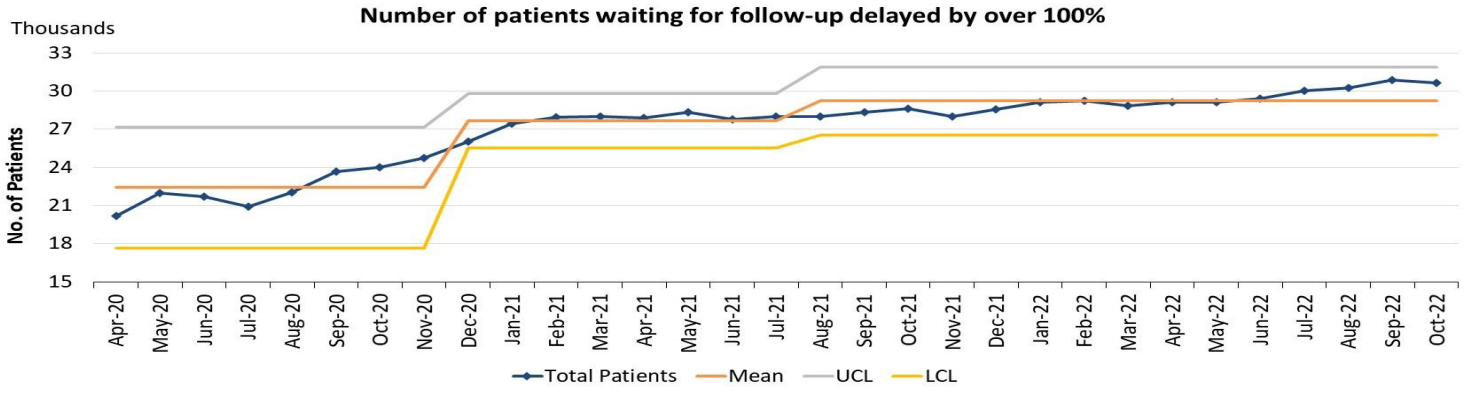
No. of patients waiting for follow-up appointment

No documented target date	Not Booked	Booked	Total
14	76,911	40,072	116,997

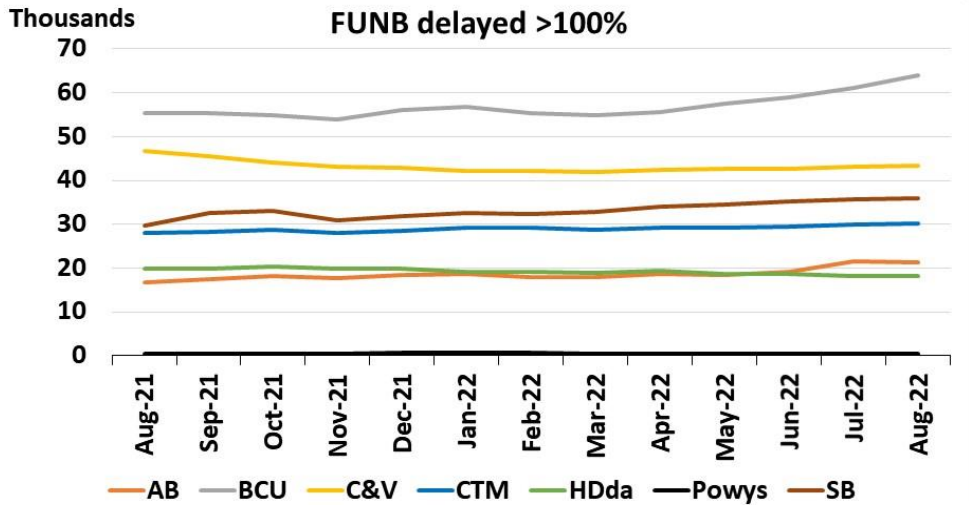


No. of patients delayed over 100% past their target date

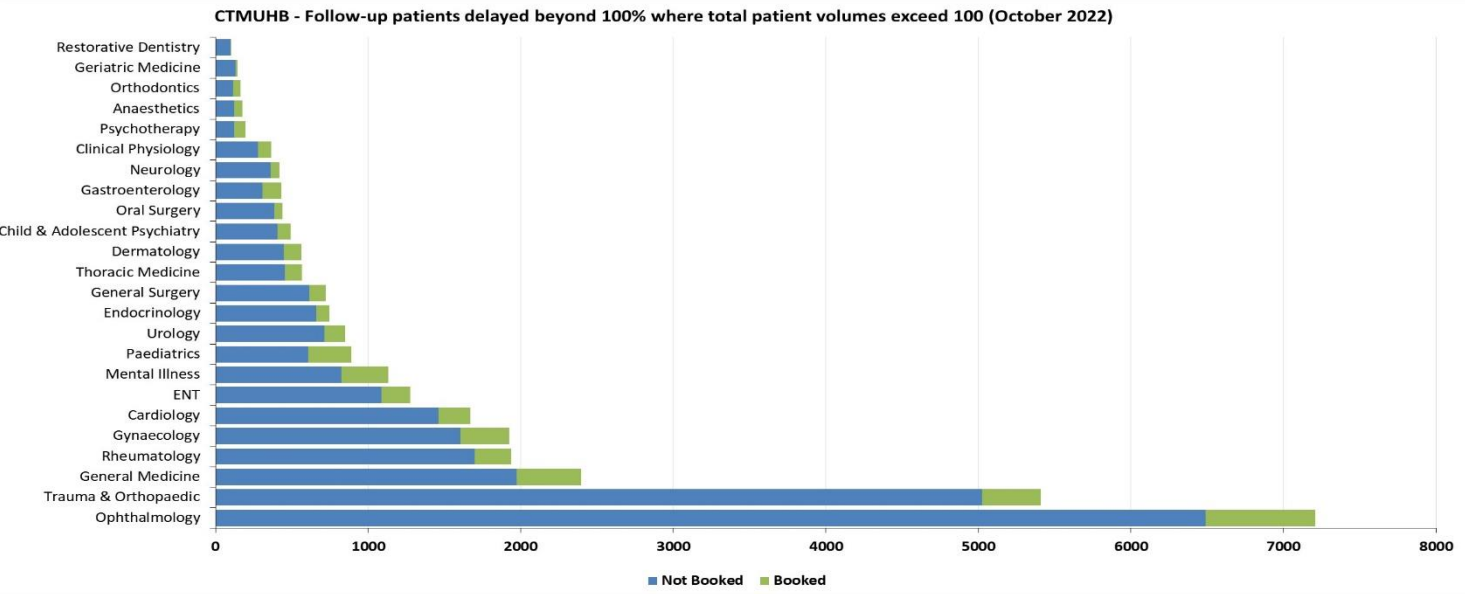
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
26,315	4,348	30,663	26.2%



How do we compare with our peers?



Status as at August 2022		
Health Board	Compliance	Rank
Powys	541	1st
HDda	18,259	2nd
AB	21,306	3rd
CTM	30,246	4th
SB	36,037	5th
C&V	43,454	6th
BCU	64,002	7th



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of October provisionally stands at 116,997 and of those patients waiting, 30,663 have seen delays of over a 100% past their target date, representing an increase of 7% on the equivalent period last year.

The number of patients without a documented target date stands at 14.

What actions are we taking & when is improvement anticipated?

Clinical validation of follow ups not booked (FUNB) by CTM Consultants in Ophthalmology continues to be undertaken which demonstrates that a high number of patients do not require follow up and should have been recorded as discharged. These outcomes are still in the process of being updated on wPAS but should be completed by the end of October.

Targeted work on reducing the number of follow ups not booked across specialties has reduced the number of years that FUNBs are reported as waiting by five years. This work is continuing.

What are the main areas of risk?

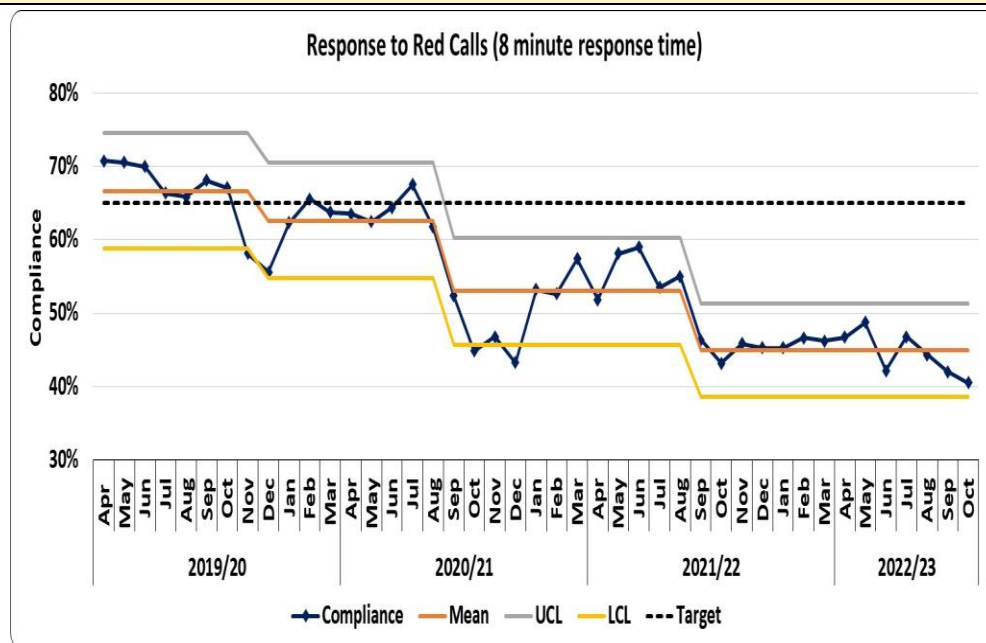
As at October 2022, there has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 116,997 patients (76,911 not booked & 40,072 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialties across the health board with figures currently at 29,713 for those two specialties, of which around 42.5% (12,617) are delayed beyond 100% of their target date.

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

- Total New Patients seen: 16,731; which as it currently stands is around an 8% reduction on the Pre-Covid average (19/20) of 18,186, but is 5.5% higher than attendances during the same period last year.
- Total Follow-up Patients seen: 32,691; just over a 19% reduction on the Pre-Covid average (19/20) of 40,500, but is a rise of 3.7% on the equivalent period last year.

Emergency Ambulance Services – Response to Red Calls & Red Release Requests - October 2022

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) October 2022 – 40.5%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%
Jun-22	80	35	43.8%	299	124	41.5%	169	72	42.6%	548	231	42.2%
Jul-22	106	43	40.6%	314	152	48.4%	172	82	47.7%	592	277	46.8%
Aug-22	83	41	49.4%	248	108	43.5%	136	58	42.6%	467	207	44.3%
Sep-22	97	52	53.6%	281	109	38.8%	150	61	40.7%	528	222	42.0%
Oct-22	121	59	48.8%	345	128	37.1%	191	79	41.4%	657	266	40.5%

Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	24	13	54.2%	33	14	42.4%	47	2	4.3%
Oct-22	19	7	36.8%	8	4	50.0%	24	1	4.2%

How are we doing?

Response to Red Calls: Response times during October to life-threatening calls, fell further to its lowest level of 40.5% and remaining well below the compliance threshold of 65%. As can be seen in the chart above, there has been no significant change since September of last year with the performance trend demonstrating natural variation with average response times for CTMUHB for the past 12 months equating to 45.0%.

The Welsh average for October saw under half (48.0%) of emergency responses arriving at the scene within 8 minutes. Likewise this is the lowest compliance observed and has remained below target since August 2020.

There was a 24% increase in the volume of Red Calls during October (657) compared to the previous month, as shown in the top right table. Volumes remain higher than pre-Covid levels (currently 89% higher) which averaged 347 per month, with the average pre-Covid response times just under the compliance threshold at 64.7%.

Immediate Release Requests (shown above) received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totaled 51 during October. The ED services were able to support affirmatively only 12 (23.5%) of those requests.

What actions are we taking & when is improvement anticipated?

Red Calls – Red Release Standard Operating Procedure approved 10th October 2022 via Emergency Department Task & Finish Group with review period set up at 6 weeks.

The operational procedure approved by stakeholders will ensure that there is a consistent approach for the response to an immediate release request in all Emergency Departments across CTM. This includes ring fencing arrangements (1 x Resuscitation space and 1 x Majors space) to be in place at all times.

What are the main areas of risk?

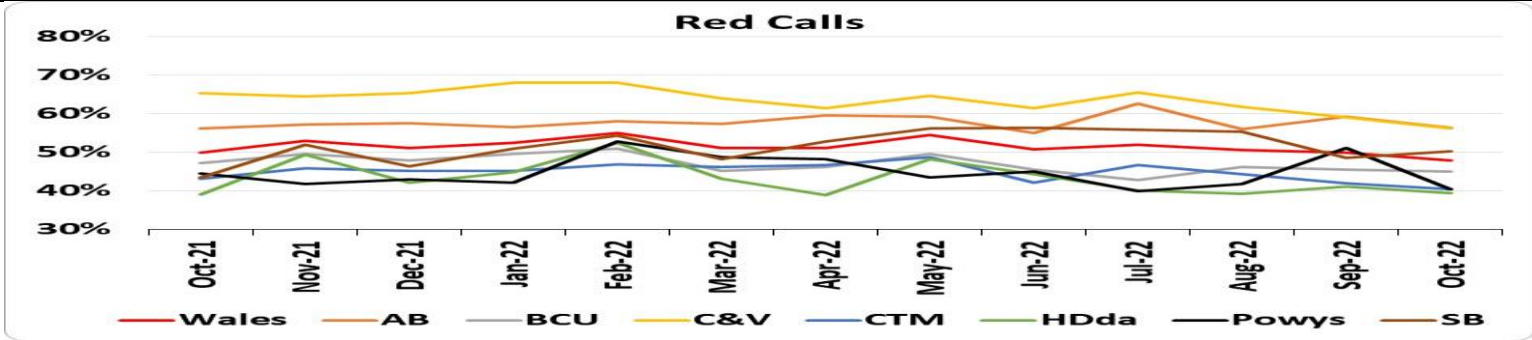
System flow and lack of in-patient capacity across sites remains as the major risk in responding to red release requests. Furthermore, the acuity of ambulatory patients presenting in ED often requires a provision of trolley in the ED waiting areas.

Ring fencing offload capacity to ensure immediate release is a challenge as due to the acuity of patients self presenting in an ambulant way (as a marker, 50% of the total admissions to ITU from ED originally walk in to the departments, whilst 48% of ambulance arrivals end up being discharged from ED).

The ring fencing arrangements (1x Resuscitation space and 1 x Majors space) are subject to a review of improved flow on each acute site against the rapid improvement actions detailed below, and should this be achieved with the intended impact we would seek to remove one of the ring-fenced areas:

1. Implementation of discharge lounges on all 3 acute sites by 4th November
2. Implementation of clear and consistent pre-emptive transfer and boarding processes and SOP across all 3 sites by 4th November
3. Visit to EDs by all adult inpatient band 7s and band 6 deputies to visualise and understand current ED pressures and risks, and facilitate the sharing of risk across the hospital.

How do we compare with our peers?



Status as at October 2022		
Health Board	Compliance	Rank
AB	56.4%	1st
C&V	56.2%	2nd
SB	50.3%	3rd
BCU	45.0%	4th
CTM	40.5%	5th
Powys	40.5%	5th
HDda	39.4%	7th



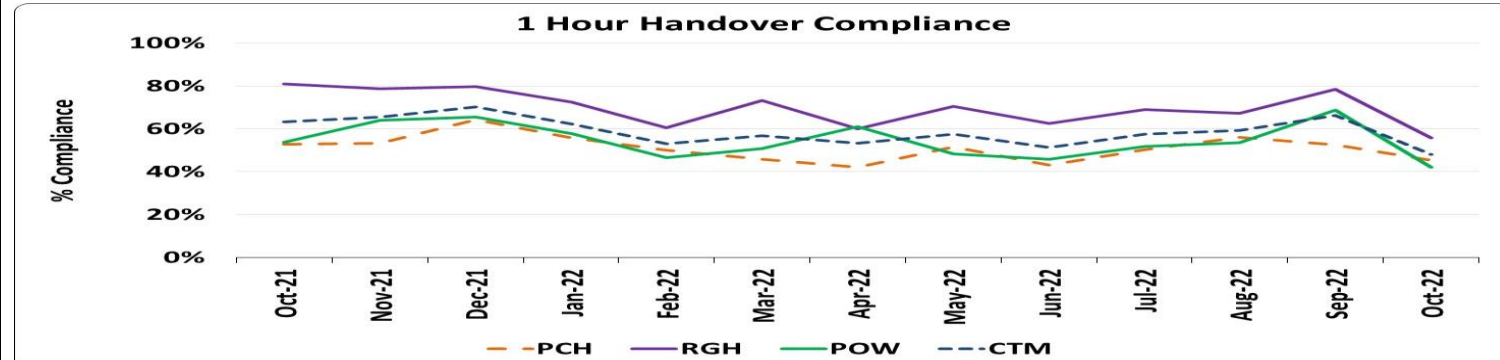
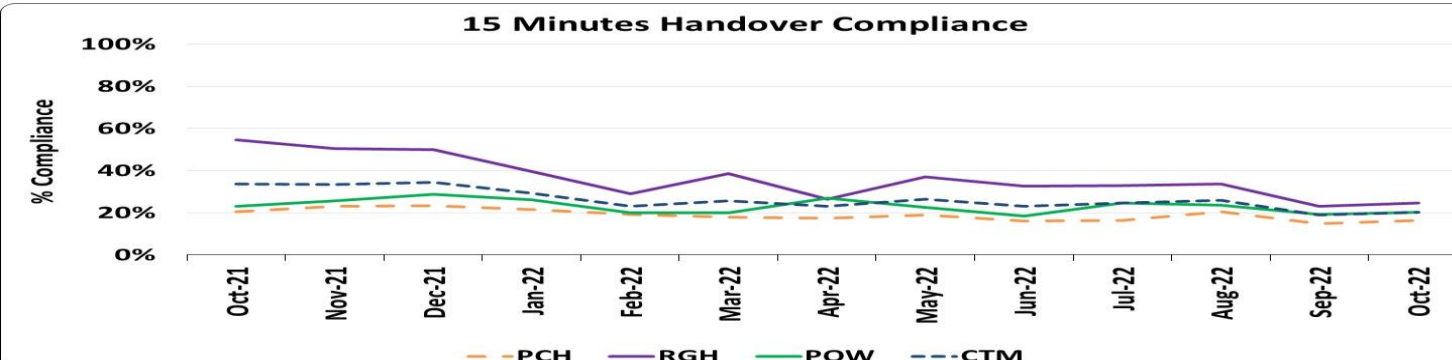
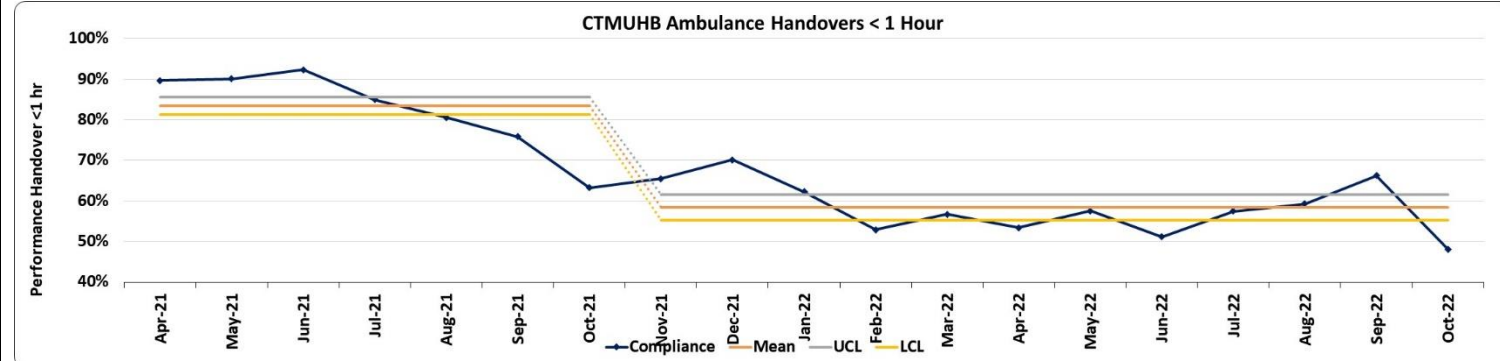
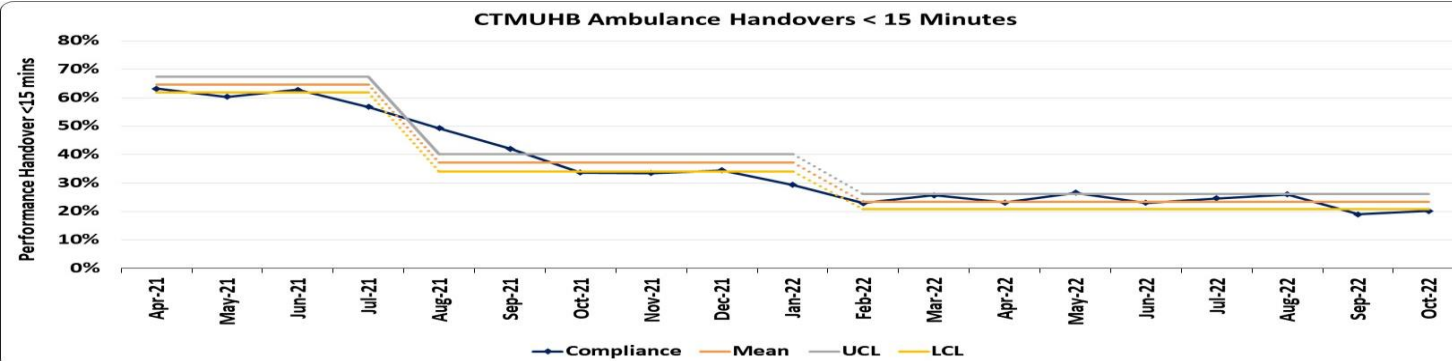
Emergency Ambulance Services - Handover Compliance – October 2022

Number of ambulance handovers within 15 minutes – Target Improvement

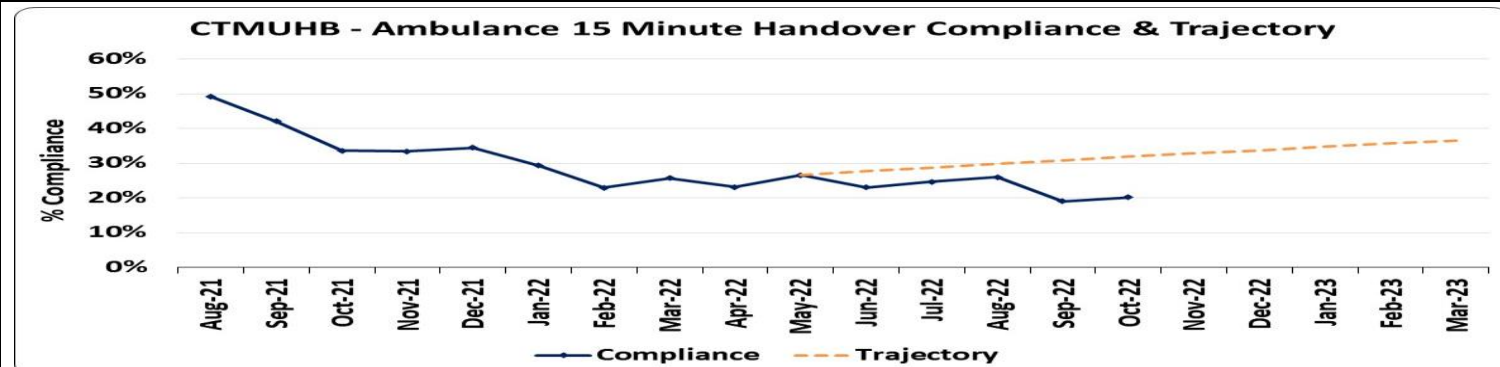
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,398 of which 484 handovers were within 15 minutes (20.2%)

1,245 handovers were over 1 hour (48.1% 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 %
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%
Jun-22	777	16.2%	43.1%	845	32.5%	62.4%	593	18.4%	45.7%	2215	23.0%	51.2%
Jul-22	796	16.3%	50.4%	790	32.9%	68.9%	596	24.7%	51.7%	2182	24.6%	57.4%
Aug-22	808	20.5%	56.1%	748	33.7%	67.1%	568	23.6%	53.5%	2124	26.0%	59.3%
Sep-22	761	14.8%	52.4%	756	23.1%	78.3%	590	19.2%	68.6%	2107	19.0%	66.3%
Oct-22	988	16.3%	45.3%	821	24.7%	55.7%	589	20.4%	42.1%	2398	20.2%	48.1%



How are we doing?

During October the 15 minute handover compliance rose by just 1.2 points on the previous month to 20.2%, whilst the compliance of handovers within 1 hour fell to its lowest level of 48.1% from 66.3% in September.

The number of Ambulance conveyances increased by c. 14% on the previous month, bringing the total to 2,398. The volume is around 12% higher than the volume seen in the comparable period of 2021.

What actions are we taking & when is improvement anticipated?

We have launched the flow recording system One List App, which identifies all the patients in a hospital bed who are medically fit for discharge. This will be enhanced by the implementation of eWhiteboards to enable efficient flow management and support appropriate discharge process across CTM. The implementation is expected on 5th December across all 3 sites in CTM.

Pre-emptive boarding SOP to be reviewed at ELG on 7th November.

Preliminary ring-fencing of beds for patients presenting with stroke and respiratory difficulties (NIV) was implemented at the end of October and the capacity for ring-fenced beds is being monitored daily during site calls.

Implementation of CTM cross site-call SOP – with associated site meeting scripts have been drafted and awaiting official launch on 5th December with the aim of improving standard principals across CTM with renewed focus on quality and safety of care for our patients.

Escalation plan policy and associated action cards have been formulated and awaiting official launch on 5th Dec., this will enable unscheduled care group to have an oversight and appropriately monitor pressures across the system.

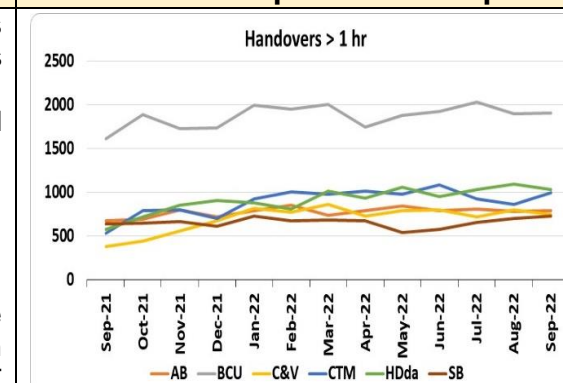
What are the main areas of risk?

The levels of acuity of patients walking into ED departments remains high. Recent data shows, of the total patients admitted to ICU, 50% were not conveyed by ambulance. The data analysis also shows that 48% of patients conveyed by WAST were discharged from ED the same day.

System flow remains highly impacted by capacity within social care.

Implementation of Navigation Hub (admission avoidance element) is in progress, but the launch of service has been delayed, which has a direct impact on redirection of WAST conveyances to other services in community.

How do we compare with our peers



Status as at September 2022		
Health Board	Compliance	Rank
SB	732	1st
C&V	745	2nd
AB	789	3rd
CTM	995	4th
HDda	1,028	5th
BCU	1,905	7th

Emergency Unit Waits – October 2022 (Provisional Position)

Number of Attendances

15,846

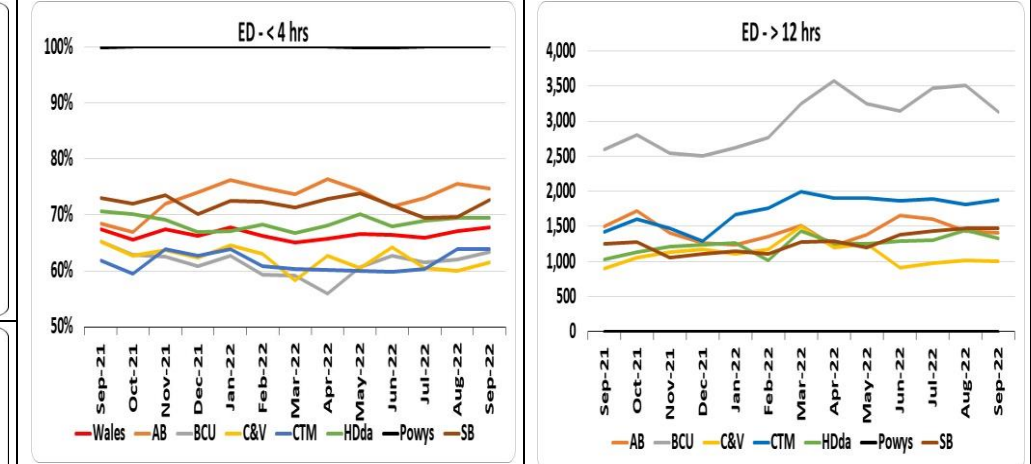
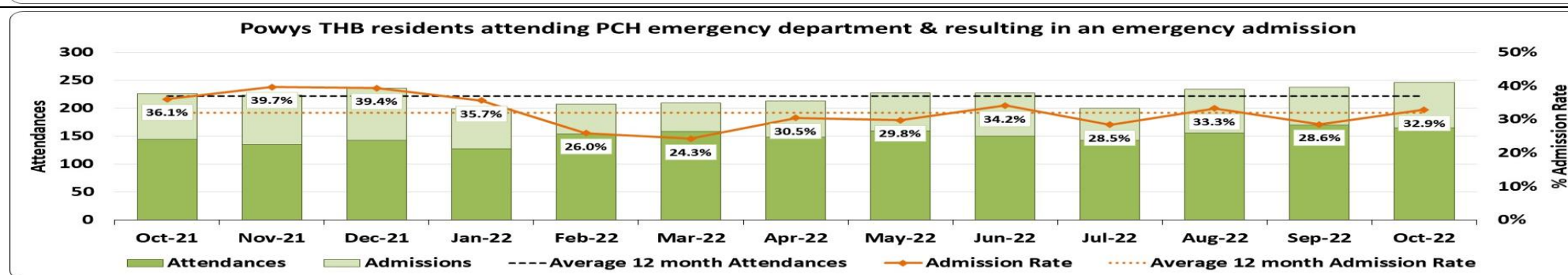
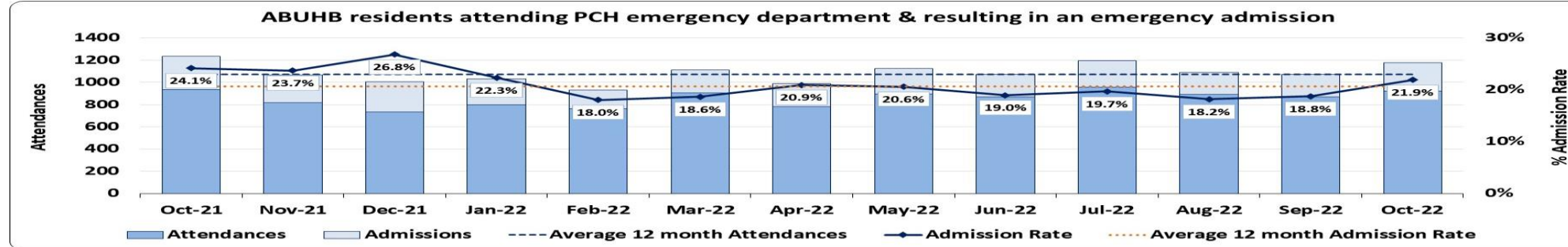
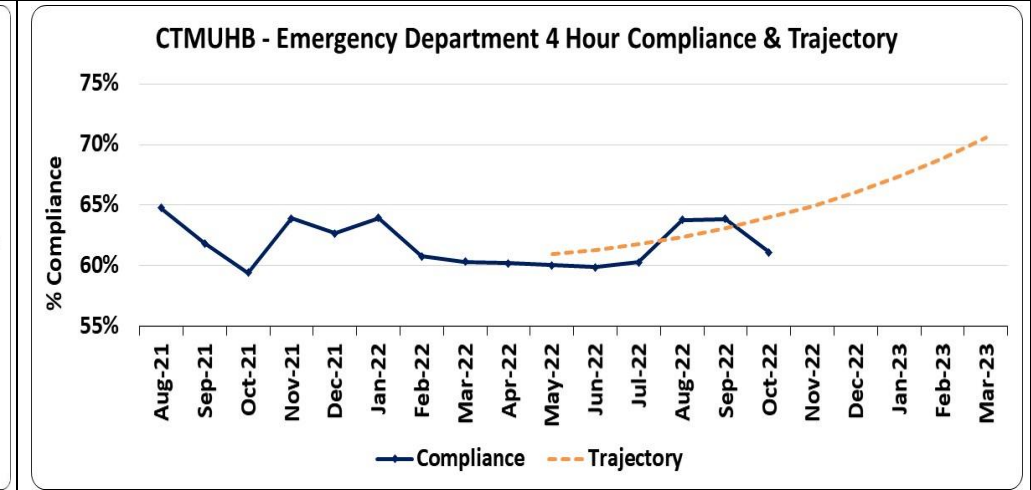
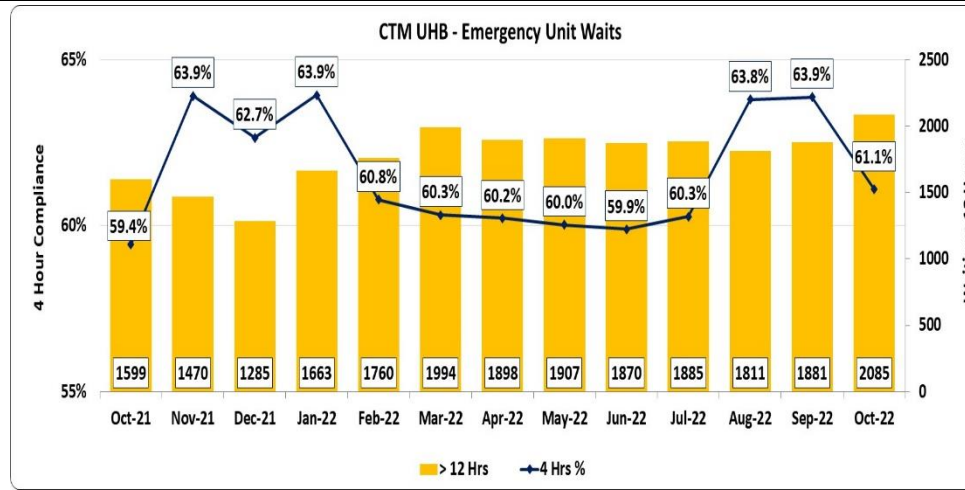
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

61.1% were seen within 4 hours (Waiting >4 hrs 6,164)

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

13.2% of patients were waiting over 12 hours (2,085)

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
Oct-21	5129	52.0%	640	5075	69.6%	325	4900	54.7%	634	15353	59.4%	1599
Nov-21	4739	53.2%	603	4703	74.7%	325	4485	61.2%	542	14258	63.9%	1470
Dec-21	4485	55.3%	541	4564	72.1%	310	4211	58.5%	434	13464	62.7%	1285
Jan-22	4503	55.7%	753	4608	73.9%	403	4242	58.1%	507	13788	63.9%	1663
Feb-22	4351	55.3%	753	4362	69.1%	429	3997	53.5%	578	13135	60.8%	1760
Mar-22	5259	50.4%	964	5104	69.3%	417	4798	57.4%	613	15672	60.3%	1994
Apr-22	4750	57.1%	824	4681	68.0%	534	4452	51.7%	540	14298	60.2%	1898
May-22	5119	57.5%	767	4972	68.1%	491	4947	51.2%	649	15455	60.0%	1907
Jun-22	4942	57.6%	722	5013	66.9%	564	4752	51.1%	584	15162	59.9%	1870
Jul-22	5285	53.7%	872	4991	68.9%	429	4915	55.5%	584	15580	60.3%	1885
Aug-22	5016	59.0%	817	4881	69.2%	422	4660	60.7%	572	14891	63.8%	1811
Sep-22	4801	59.2%	767	4798	70.1%	546	4683	59.4%	568	14649	63.9%	1881
Oct-22	5340	53.4%	839	5166	65.8%	607	4911	61.2%	639	15846	61.1%	2085



Status as at September 2022		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	74.8%	2nd
SB	72.7%	3rd
HDda	69.5%	4th
CTM	63.9%	5th
BCU	63.3%	6th
C&V	61.5%	7th

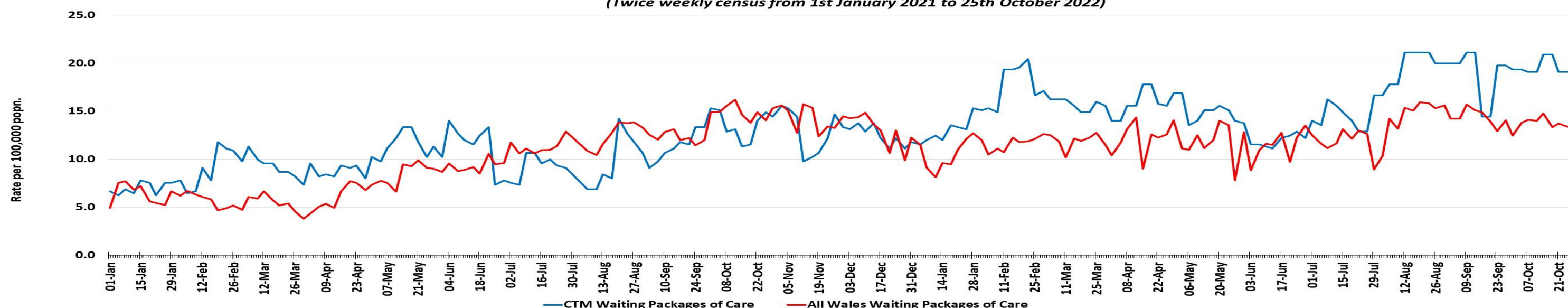
Status as at September 2022		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,004	2nd
HDda	1,331	3rd
AB	1,413	4th
SB	1,475	5th
CTM	1,881	6th
BCU	3,126	7th

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, fell slightly from the previous month to 61.1%.</p> <p>As per the table above, the UHB continues to experience challenges at PCH, with compliance at around 53.4% for the four hour waiting times measure. Improvement was observed this month at POW at 61.2%, whilst RGH fell to 65.8%</p> <p>All three acute sites saw a rise in the number of patients waiting in excess of twelve hours within the UHB's Emergency Departments, with a combined 11% increase from September, bringing the total for CTM to 2,085 patient breaches compared to the WG minimum standard of zero.</p>	<p>CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – planned launch on 5th December</p> <p>Data Sharing Agreement with Local Authorities is in progress to enable effective data input and information transfer across patient pathways (One List/eWhiteboards and e-Transfer of Care)</p> <p>D2RA pathways and delivery model has been redesigned at the national level and all associated policies, pathways and data collection processes within CTM have been amended to address the change and prevent delays with implementation.</p> <p>Implementation of MIU in YCC from 7th November with operational provision from Monday to Friday 8.30 am to 6.30 pm.</p> <p>Implementation of discharge lounges across 3 DGHs in progress to enable more effective discharge processes and improve flow across each site. Anticipated launch in November.</p>	<ul style="list-style-type: none"> Significant risk in social care capacity and funding D2RA Pathway 1 (new) will have resource gaps to meet demand – need to identify funding resources Insufficient therapy resources within CTM to drive effective D2RA pathway 2 (new) in community beds (mitigation is resource allocation) Supported Discharge Team resource insufficient – (mitigation is resource allocation) Seasonal demand plus exceptional Covid-19 and influenza demand, exacerbated by the challenges in social care may result in significant inefficiencies to care delivery, flow and consequently detriment to patient care, safe staffing levels and staff morale. Discharge lounge in PCH – lack of physical space, ongoing work with Estates to mitigate the issue

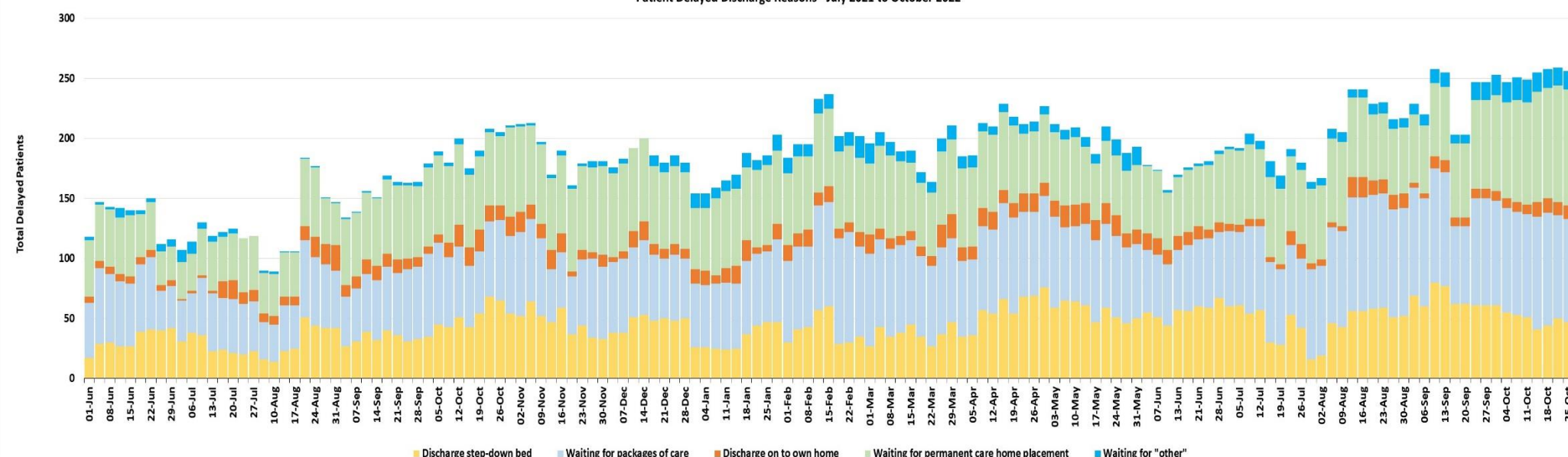


Monitoring Patient Discharge & Flow to 25th October 2022

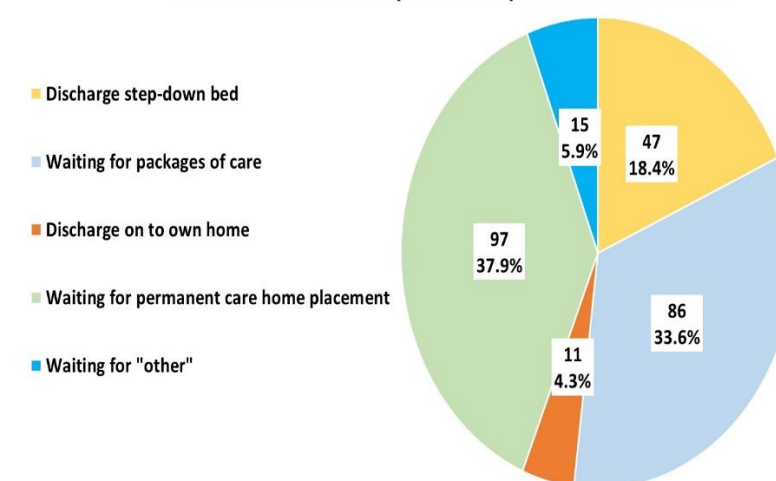
Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)
(Twice weekly census from 1st January 2021 to 25th October 2022)



Patient Delayed Discharge Reasons - July 2021 to October 2022



Reasons for Patient Delays at census point 25th October 2022



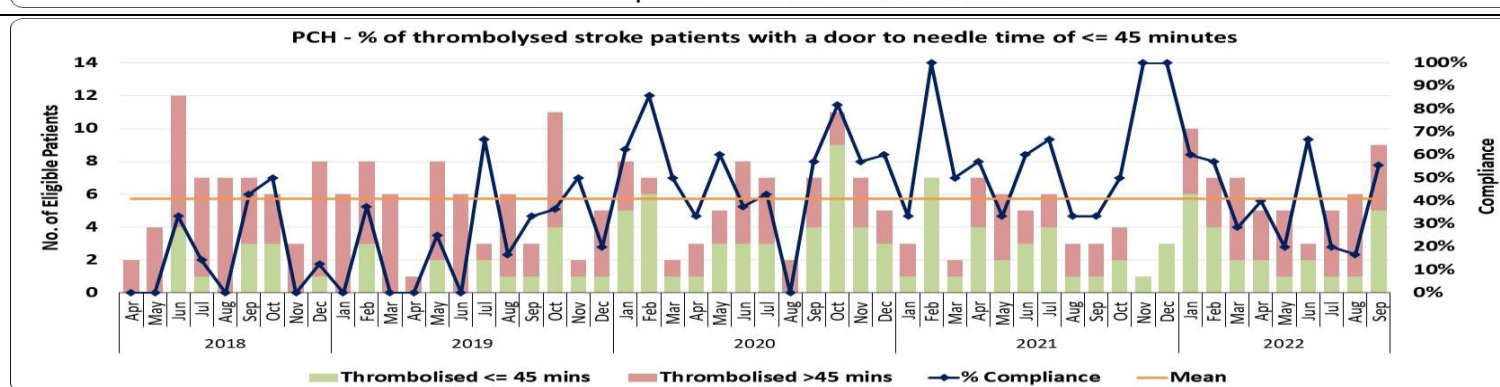
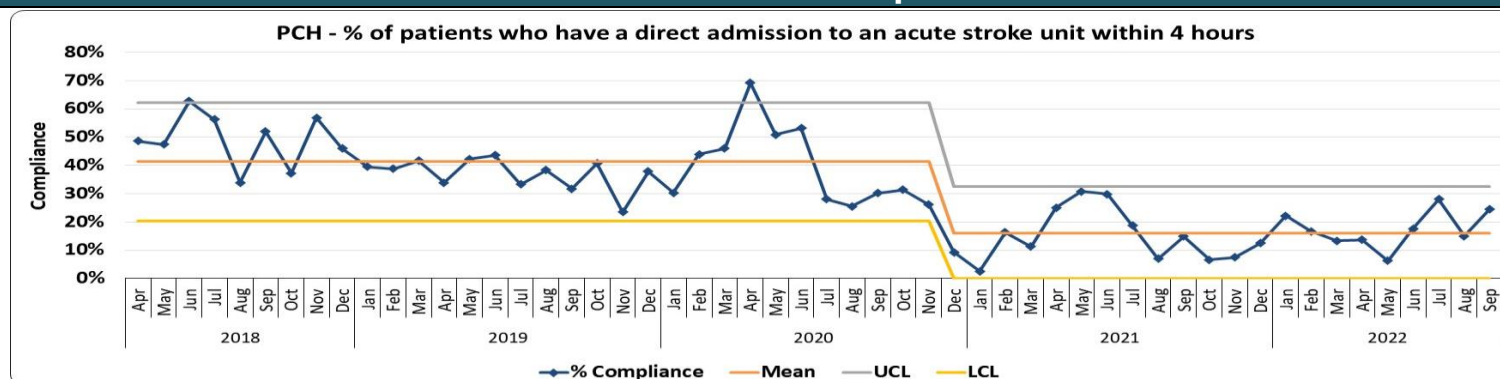
How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk
<p>The top chart indicates that the current volume of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) is at a similar high level to that seen during February this year {86 individuals}. This equates to approximately 19.1 delays per 100,000 population, and as it currently stands is just over 42% higher than the national rate which is 13.4 per 100,000 population (please note that the all Wales data may be subject to change due to late data submissions by other health boards).</p> <p>The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 256 individuals in this predicament. The reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right. As shown the greatest proportion are awaiting care home placement, followed by the wait for a package of care.</p>	<p>We continue progressing implementation of D2RA pathways working closely with Local Authority colleagues. Data metrics and reporting across sites has been agreed and signed off by health and social care, which is currently tested via One List App (almost fully operationalised across all 3 sites). Furthermore, digital enablers such as installation of eWhiteboards across unscheduled care inpatients areas in POW and further implementation of phase 2 eWhiteboards system specification (all-CTM) will enable ward staff to have an oversight and ability to plan daily activities, monitor delays concerning patient journey (Red 2 Green implementation) and support ongoing referral based on patients' needs (electronic Transfer of Care). Both digital solutions will be implemented and operationalised on 5th December. The set-up of Navigation Hub service (backdoor element) on 5th December, will function as central point of discharge, referrals coordinated and managed by CTM staff in partnership with social care colleagues to ensure ongoing provision of appropriate care and support in community.</p> <p>1000 Beds and Partnership plans to provide additional capacity in community (D2RA bridging beds)</p>	<p>Provision for individuals who are elderly and have mental illnesses remains limited in the independent sector and is impacting on our discharges.</p> <p>Our Care Home placements continue to be problematic due to Covid-19 restrictions across the patch.</p> <p>High-level risk remain and are associated with resource capacity and recruitment – lack of or limited funding and difficulties to recruit specific health professionals groups: pharmacy, therapy, and medical staff. To mitigate, teams are reviewing alternative ways of workforce modelling, this is being supported by Workforce colleagues and addressed in Integrated Workforce Sub-group.</p> <p>Staffing risk – Navigation Hub (backdoor element) difficulty in acquiring provision of administrative staff provision (utilising existing resources) to support referral management process. Mitigation - reviewing re-deployment register, but current options are limited, funding request submitted via Winter Schemes – awaiting update.</p> <p>Location risk – Navigation Hub (backdoor element) – reviewing various options across CTM to secure an office space for up to 8 staff allowing to provide space for newly establish team to coordinate and manage e-ToC referrals.</p>



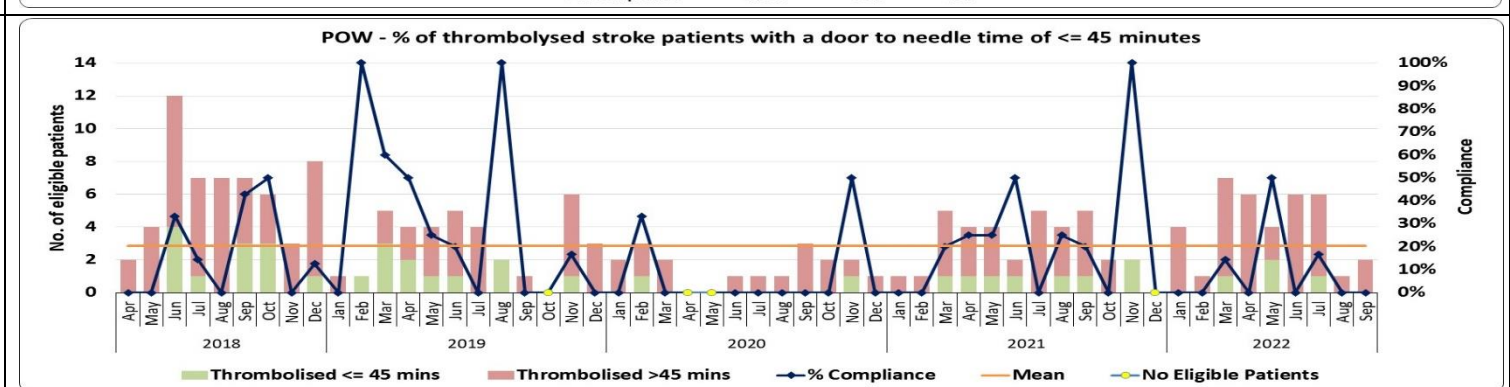
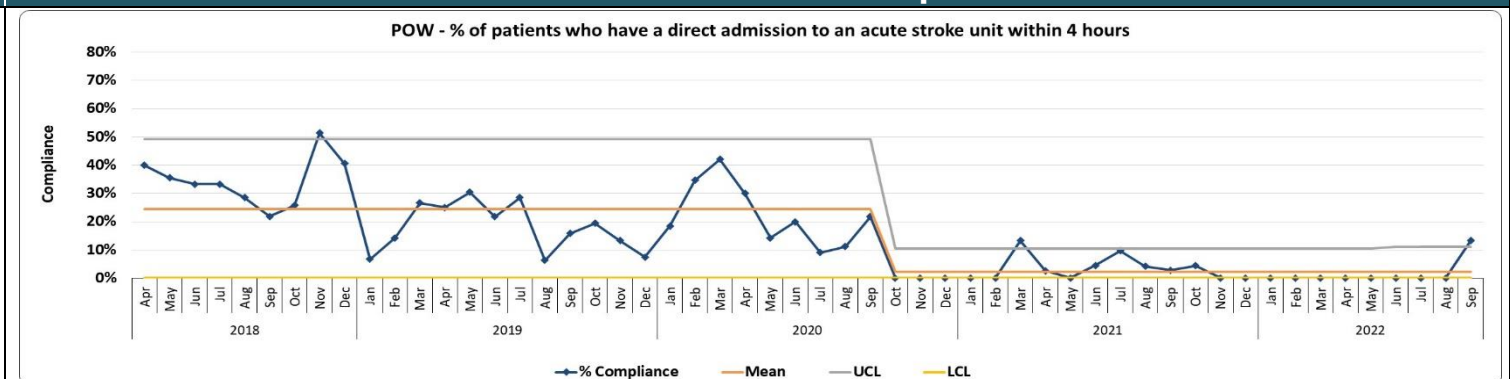
Stroke Quality Improvement Measures (QIMs) – September 2022

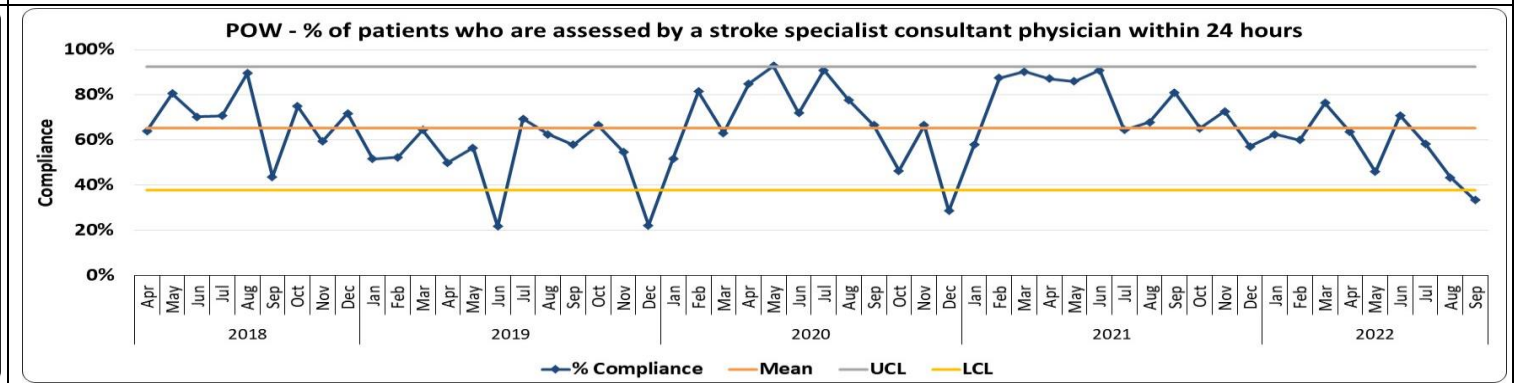
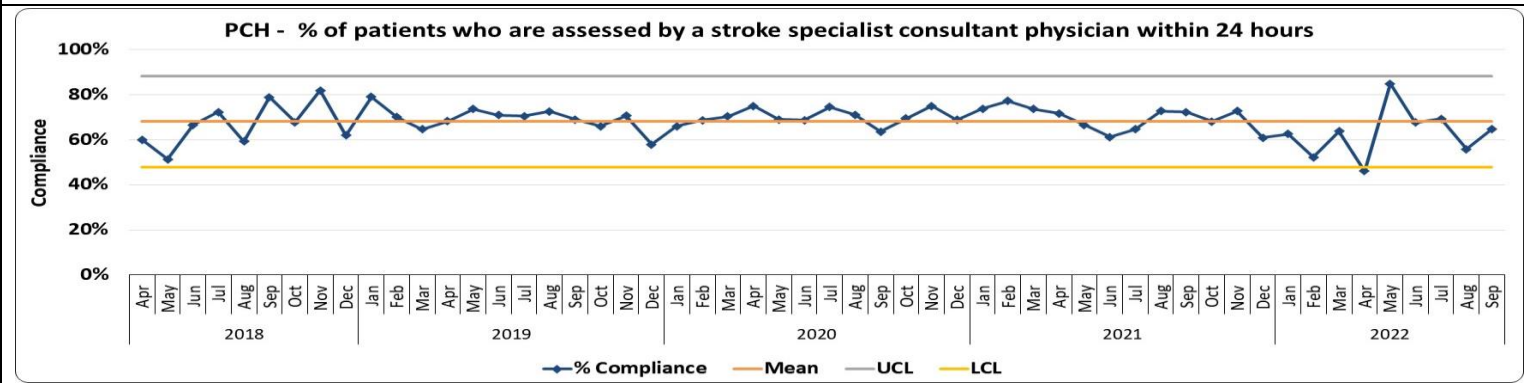
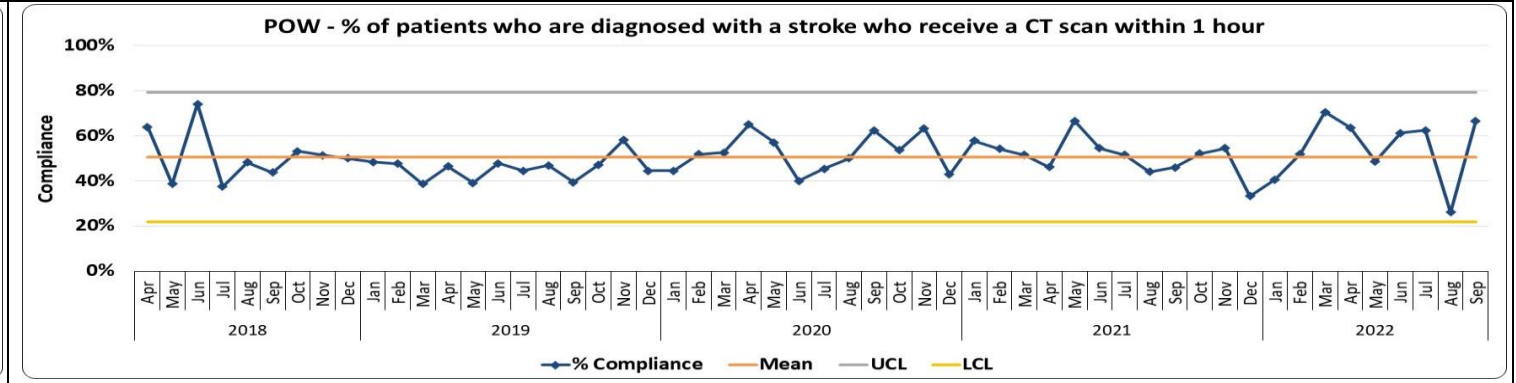
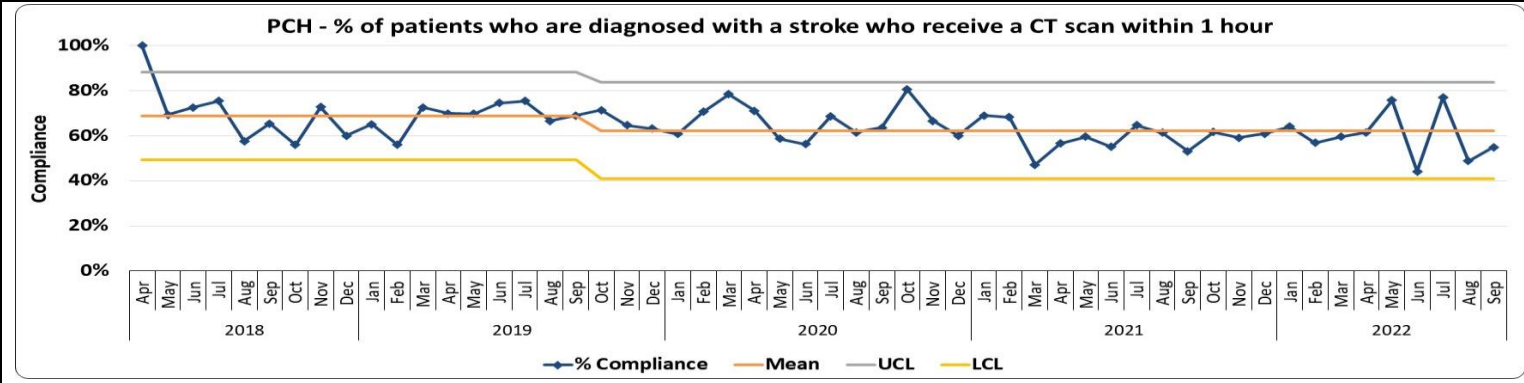
% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
24.5%	13.3%	21.9%	55.6%	0%	45.5%	54.9%	66.7%	57.6%	64.7%	33.3%	57.6%

Prince Charles Hospital



Princess of Wales Hospital





Stroke QIMS continued on the next page...

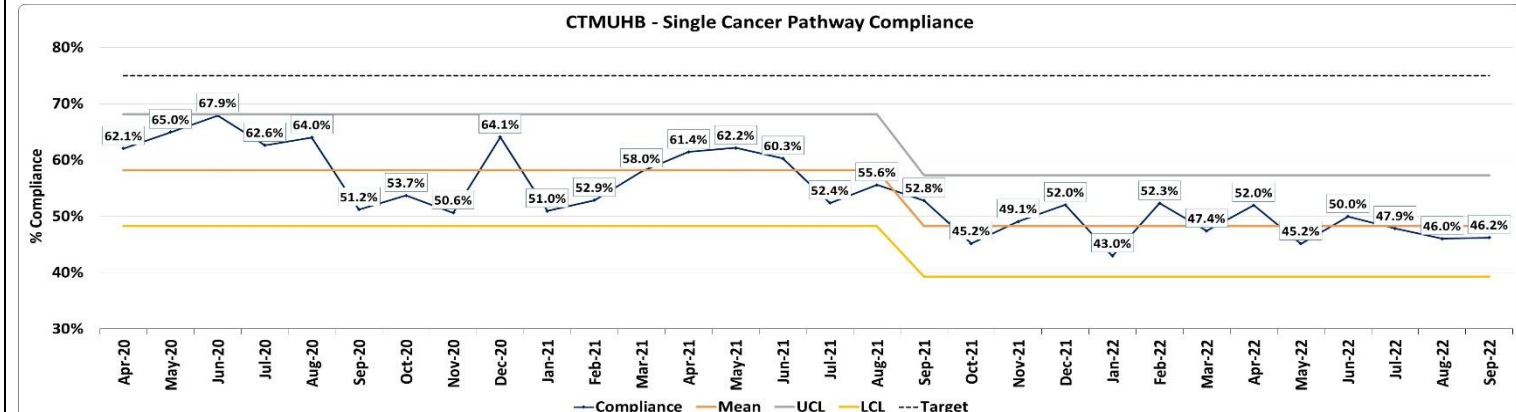
How are we doing?	September 2022 stats:																																																									
<p>Across all four metrics, stroke performance continues to remain at low levels of compliance. During September 21.9% (14 out of 64 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Only 5 of the 11 eligible patients were thrombolysed within 45 minutes (45.5%) and 57.6% of patients (38 out of 66 diagnosed patients) had a CT scan within an hour. There were also 38 out of the 66 stroke patients (57.6%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.</p> <p>Key factors contributing to poor performance against stroke care standards include:</p> <ul style="list-style-type: none">5-day/week service model for medical and therapy provision.Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation beds impact on length of stay and flow of stroke patients through the Princess of Wales hospitalDemand for acute beds and the absence of ring-fenced stroke beds impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.	<table><tr><th colspan="2">Stroke QIMs - September 2022</th><th>PCH</th><th>POW</th><th>CTM</th></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours</td><td>Total admissions</td><td>49</td><td>15</td><td>64</td></tr><tr><td>No. of patients within 4 hours</td><td>12</td><td>2</td><td>14</td></tr><tr><td>% Compliance</td><td>24.5%</td><td>13.3%</td><td>21.9%</td></tr><tr><td rowspan="3">% of thrombolysed stroke patients with a door to needle time of <= 45 mins</td><td>Total thrombolysed</td><td>9</td><td>2</td><td>11</td></tr><tr><td>No of patients within 45 mins</td><td>5</td><td>0</td><td>5</td></tr><tr><td>% Compliance</td><td>55.6%</td><td>0.0%</td><td>45.5%</td></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour</td><td>Number diagnosed</td><td>51</td><td>15</td><td>66</td></tr><tr><td>No. of patients within 1 hour</td><td>28</td><td>10</td><td>38</td></tr><tr><td>% Compliance</td><td>54.9%</td><td>66.7%</td><td>57.6%</td></tr><tr><td rowspan="3">% of patients who are assessed by a stroke specialist consultant physician within 24 hours</td><td>Total admissions</td><td>51</td><td>15</td><td>66</td></tr><tr><td>No. of patients within 24</td><td>33</td><td>5</td><td>38</td></tr><tr><td>% Compliance</td><td>64.7%</td><td>33.3%</td><td>57.6%</td></tr></table>	Stroke QIMs - September 2022		PCH	POW	CTM	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	49	15	64	No. of patients within 4 hours	12	2	14	% Compliance	24.5%	13.3%	21.9%	% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	9	2	11	No of patients within 45 mins	5	0	5	% Compliance	55.6%	0.0%	45.5%	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	51	15	66	No. of patients within 1 hour	28	10	38	% Compliance	54.9%	66.7%	57.6%	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	51	15	66	No. of patients within 24	33	5	38	% Compliance	64.7%	33.3%	57.6%
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What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																									
<p>The CTM Stroke Strategy Group has agreed an integrated action plan with a number of short, medium and long term actions, some of which have resource implications. Progress is being made in a number of areas:</p> <ul style="list-style-type: none">Recruitment process underway as part of CTM Consultant Recruitment Drive. The CSG are working with medical staffing agencies to aid the recruitment of a Locum Consultant following the resignation of Consultant Stroke Physician at Prince Charles Hospital. Development of a CTM stroke consultant rota, with joint working between PCH and POW consultants to enable a more stable rota. Continued dialogue with Cardiff and Vale UHB to look at long term solutions, feeding into the South Wales Central Regional Programme Board.Regional developments with Cardiff and Vale UHB continue to progress, with second meeting of the South Central Regional Programme Board taken place on 25th October and joint CTM/C&V UHB Stakeholder Event on 26th October. Continued engagement with NHS Collaborative over timelines for national programme.Stroke Pathway Task and Finish Group meetings continue to take place at fortnightly intervals. Review of priorities and risks undertaken within the Task & Finish meetings, nominated leads identified and priority actions are being progressed at pace. Work underway to review demand/capacity and therapies workforce gaps, exploring potential improvements to data streams and review of pathways for TIA across CTM.Action taken forward from Stroke and Bed Management Task and Finish Groups to re-start ring fencing stroke capacity on a daily basis. Daily plan to create a ring fenced bed for stroke in PCH and POW to be confirmed through daily flow calls. Confirmation of stroke demand on all three sites (PCH, RGH and POW) also to be communicated through daily flow calls. Stroke patients needing transfer from RGH to PCH to be prioritised, however if there is significant pressure in PCH then POW can be explored as an option. Communications poster will be circulated soon.Continued implementation of VBHC stroke prevention programme: optimal management and targeted case finding of atrial fibrillation and hypertension in primary care. GP with Special Interest recruited and other key posts underway.FAST programme being rolled out nationally and analysis underway to understand delayed seeking of help within Merthyr locality. Plan to be developed once reasons better understood.	<p>The intended impact of the short-term actions, along with the long-term aims, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy for progressing towards a SSNAP rating of ‘A’.</p> <p>The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the 4 hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of the system (see actions alongside) .</p> <p>In POW, the ongoing staffing challenges within the therapy services are effecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.</p> <p>The inability to access ESD and a specialist bedded rehab unit for POW patients impact on outcomes, length of stay, and flow. Expanding these services to support all localities across CTM requires additional or re-allocation of resource.</p>																																																									

Single Cancer Pathway (SCP) – September 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75%
Compliance 46.2%

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - September 2022				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	3	9	12	25.0%
Upper GI	15	11	26	57.7%
Lower GI	13	18	31	41.9%
Lung	18	12	30	60.0%
Skin (exc BCC)	32	8	40	80.0%
Breast	24	21	45	53.3%
Gynaecological	4	11	15	26.7%
Urological	12	48	60	20.0%
Haematological	5	8	13	38.5%
Other	3	4	7	42.9%
Total	129	150	279	46.2%

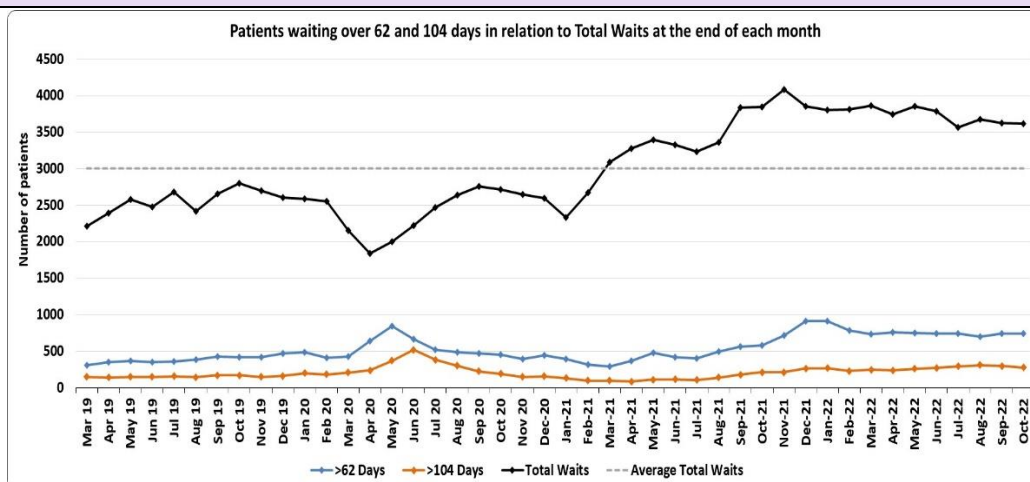


Performance for September remained almost static at 46.2% attainment, with predicted compliance for October currently at 46.3%. With the exception of Skin, no other tumour sites have achieved the current SCP target. Delays at first outpatient (39.5%) and diagnostic stage (41%) continue to be the biggest concern and significant factor for not achieving target.

Total volumes have reduced by 9% over the last month as have backlog volumes (7.5%). Backlog clearance is the primary focus.

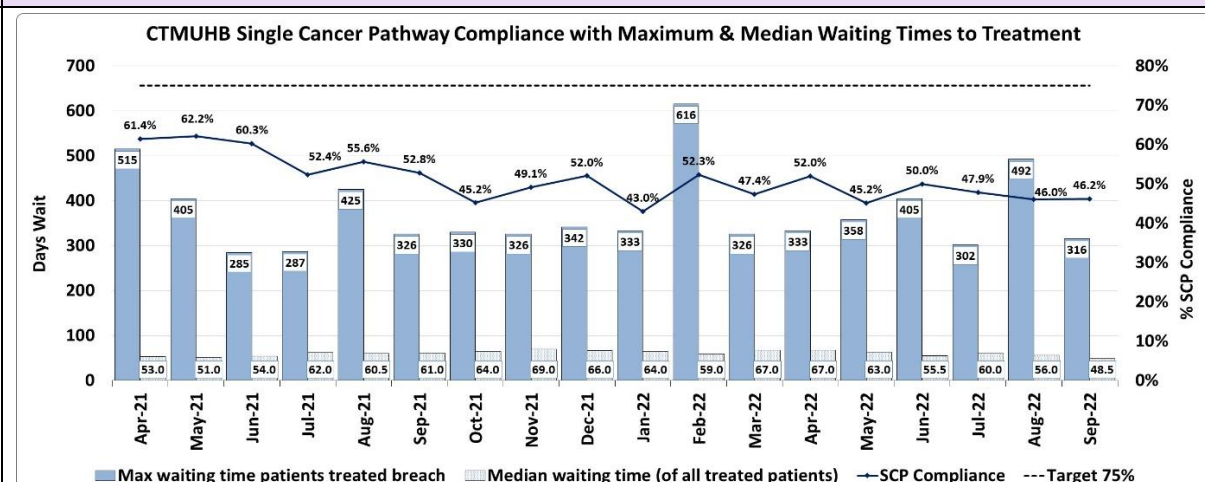
Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 1st November 2022

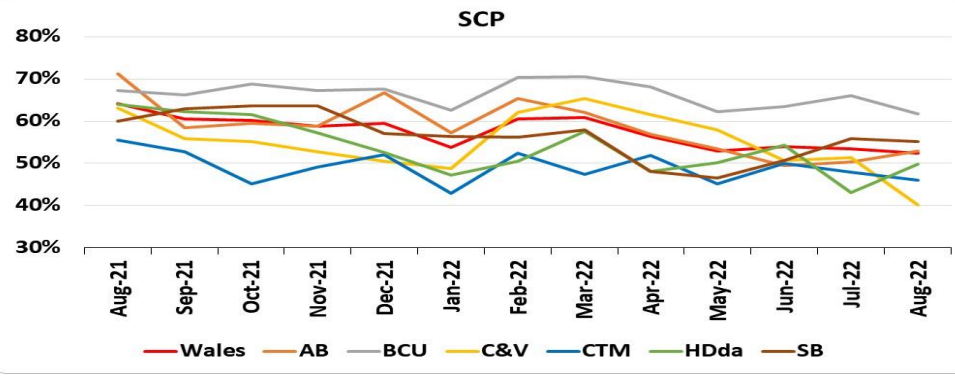
SCP Compliance detailing Maximum & Median Waiting Times to Treatment



CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	17	5	11
Upper GI	49	13	30
Lower GI	115	37	79
Lung	17	0	3
Sarcoma	0	0	2
Skin (exc BCC)	32	8	11
Brain/CNS	0	1	1
Breast	23	6	1
Gynaecological	50	16	24
Urological	78	25	98
Haematological	7	2	6
Other	2	0	1
Grand Total	390	113	267

As at the 1st November 2022, the number of patients waiting over 62 days stands at 770 and around a third of those patients (267) are waiting over 104 days.

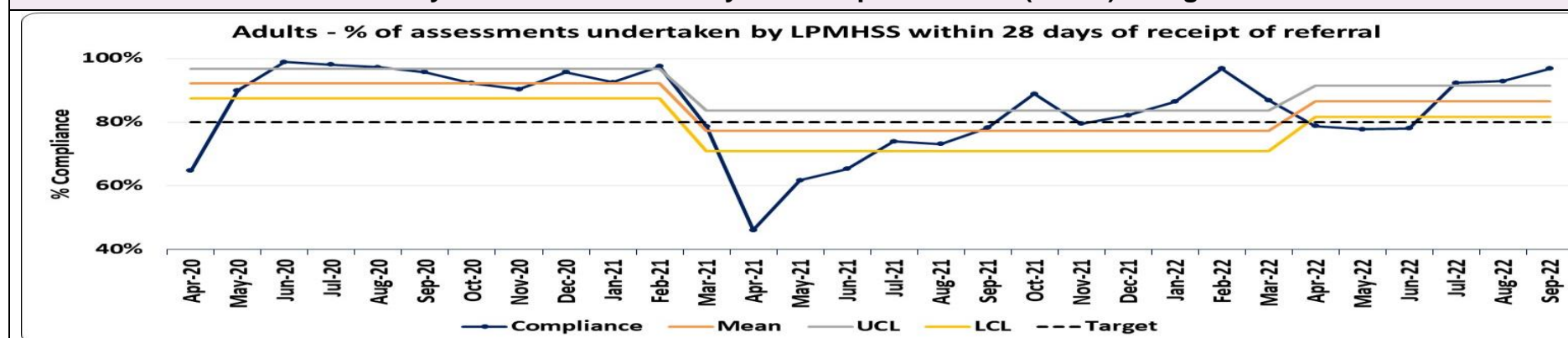


How are we doing & how do we compare with our peers?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																					
<p>SCP</p>  <p>Status as at August 2022</p> <table border="1"> <thead> <tr> <th>Health Board</th><th>Compliance</th><th>Rank</th></tr> </thead> <tbody> <tr> <td>BCU</td><td>61.7%</td><td>1st</td></tr> <tr> <td>SB</td><td>55.1%</td><td>2nd</td></tr> <tr> <td>AB</td><td>53.0%</td><td>3rd</td></tr> <tr> <td>HDda</td><td>49.8%</td><td>4th</td></tr> <tr> <td>CTM</td><td>46.0%</td><td>5th</td></tr> <tr> <td>C&V</td><td>40.1%</td><td>6th</td></tr> </tbody> </table>	Health Board	Compliance	Rank	BCU	61.7%	1st	SB	55.1%	2nd	AB	53.0%	3rd	HDda	49.8%	4th	CTM	46.0%	5th	C&V	40.1%	6th	<ul style="list-style-type: none"> Breast recovery plans continue, with noted improvements in relation to total volumes. Breast unit launch is now planned for January 2023. Development and agreed implementation of Lower GI pathway Super Saturday clinics undertaken to clear backlog at 1st Outpatient stage Focus specifically on reducing backlog. Outsourcing of LAPB procedures (Local Anaesthetic Perineal Biopsy) agreed with start from October to Dec 2022 Merging of Urology MDT's and streamlining of processes / pathways Additional OP and surgical lists in skin continue with anticipated full backlog clearance by Dec 2022. 	<ul style="list-style-type: none"> Performance challenges for Lower and Upper GI, Gynaecology, Head & Neck and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position. 80.5% of all patients on the active SCP are at 1st outpatient or diagnostic stage Resources required to effectively plan and implement the Wrapper / Canisc replacement programme. Downgrading practices. Delays in pathology, endoscopy and radiology continue. Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V. Delays in Pathology turnaround times for routine specimens. Incidental findings of malignancies in samples sent that have taken almost 1 year to process. Increased demand via BSW due to age range being lowered for screening.
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CTM Adult Mental Health Services – September 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.8%) - Target 80%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for September further improved to 96.8% and is the highest compliance attained since February this year. The number of referrals increased by 72% on the previous month bringing the total referrals received during September to 962. Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals thus far for 2022/23, averaging 830 per month.

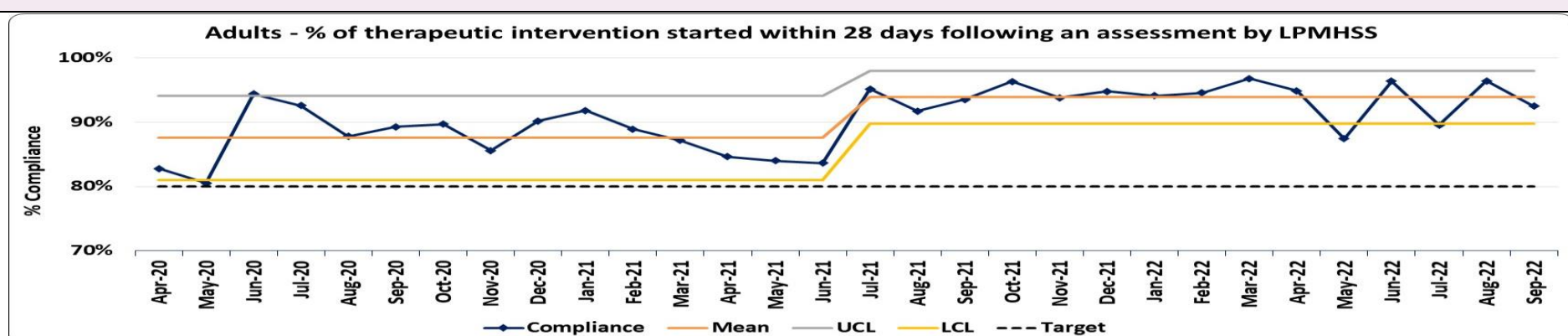
As a result of a Quality Improvement project, changes have been made to the delivery of our local primary mental health support services (LPMHSS). These changes will be rolled out gradually throughout the university health board and as a consequence our data collection parameters may be shifting for this period.

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (92.5%) - Target 80%

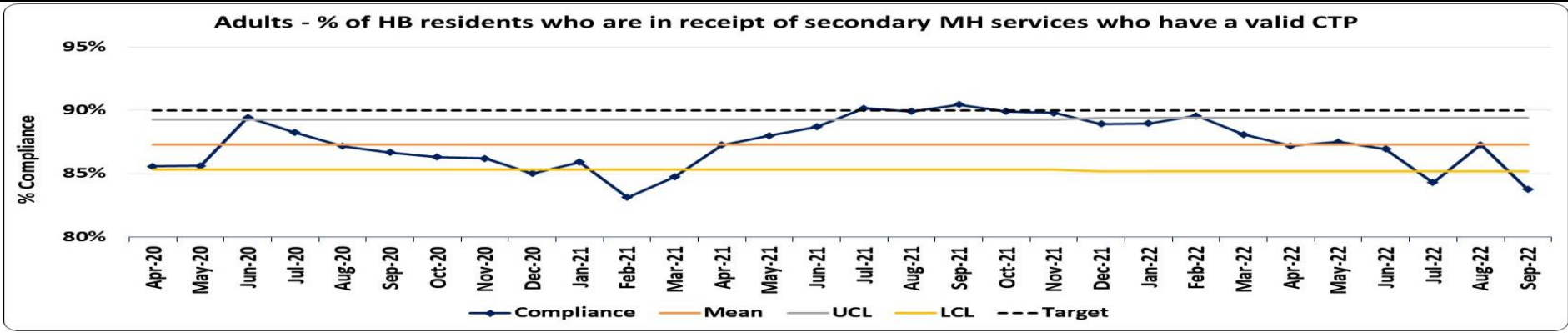
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS dipped slightly to 92.5% from 96.4% in the previous month, with the target being achieved consistently for over two years.

The total number of adult interventions during the month were 333, a similar amount to the pre-Covid average. The total adult interventions commencing within 28 days during September amounted to 308 patients.

As assessments have increased in month, to mitigate the risk of the demand for interventions rising a pre-emptive waiting list initiative has been commenced to increase capacity.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (83.7%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell to 83.7% during September and is at the lowest level observed since February 2021.

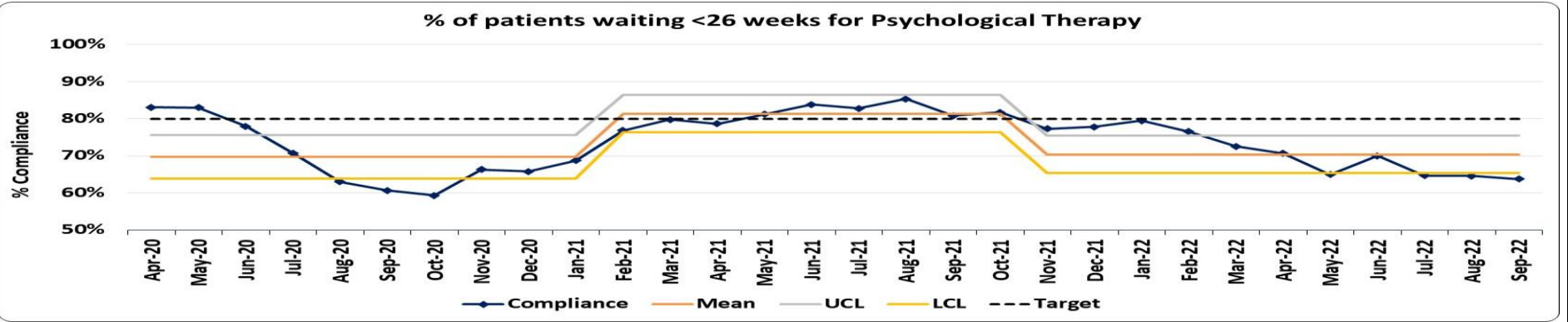
As seen in the chart to the left, compliance has remained just under the target threshold since April 2020, with the exception July and September 2021.

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

% of patients waiting less than 26 weeks to start a Psychological Therapy (63.7%) - Target 80%

During September Psychological Therapies compliance fell to 63.7% of patients waiting less than 26 weeks to start a therapy and continuing to remain below the 80% compliance threshold.

The total number of patients waiting to start a psychological therapy, as at the end of September, equates to 852, which represents an increase of around 39% on the number of patients that were waiting at the end of September 2021 (611). Two waiting list initiatives have been approved (1) to outsource intervention for 80 service users and (2) to recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure 'waiting well' and improve the utilisation of existing capacity.



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



Cont'd...Adult Mental Health Services

How are we doing and what actions are we taking?	When is improvement anticipated and what are the main areas of risk?
<p>Part 1a: compliance has slightly improved on the previous month from 92.8% to 96.8%. All areas of the Health Board are above target.</p> <p>Part 1b: compliance continues to stay above target at 92.5%. All areas are above target.</p> <p>Part 2: Compliance for both Adult and Older Adult Services combined has reduced to 83.9% from 85.9% and is below the target threshold of 90%</p> <ul style="list-style-type: none"> Adult Services reduced from 85.5% to 82.3% Older Adult Services improved from 87.3% to 89%. <p>Analysis is on-going on Non-Compliant CTPs to identify and prioritise work to reducing risk and providing assurances.</p> <p>Psychological Therapies: The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In September, only 63.73% are waiting for less than 26 weeks. Particular areas of challenge include the CMHT in the Rhondda Taff Ely area where 20.15% of those waiting have waited for less than 26 weeks, the CMHT in the Merthyr and Cynon area where 44% of those waiting have waited for less than 26 weeks. Challenges also remain in the LPMHSS in the Rhondda Taff Ely area, where 46.74% of those waiting have waited for less than 26 weeks.</p>	<p>Part 1a: compliance continues to be above the target of 80%. Increased demand during the winter months and the possibility of reduced capacity due to staff absence poses a risk to fluctuations in performance. Systems are in place to regularly monitor performance.</p> <p>Part 1b: compliance continues to remain above target.</p> <p>Part 2: In response to the targeted work being carried out on non-compliant CTPs an anticipated increase to above target compliance (90%) is expected in Quarter 4 2022/23. There is also on-going work with Local Authority partners to ensure non-compliant social worker lead CTPs are also prioritised based on reducing risk. The main risk to these improvements will be a reduction in staffing capacity caused by increased sickness and turnover.</p> <p>Psychological Therapies: CMHT Mental Health Service Improvement funding has been approved for a waiting list initiative to procure an external provider to deliver care for 80 of the 129 service users on a waiting list. This will enable core services to prioritise the remaining 49 service users on that waiting list.</p> <p>The improvement involves an initial cohort of patients commencing therapy in February 2023 and for all 80 service users to have commenced therapy by April 2023.</p> <p>Progress against plan reports into the fortnightly MH&LD Planned Care Recovery Board. Discussions with other Health Boards and procurement indicate that external providers with the capacity exist, however this remains a risk until a suitable provider has been identified and the contract has been awarded.</p> <p>An action plan is being developed to address the shortfall in staff due to retirement / staff having found other positions.</p> <p>LPMHSS: A waiting list initiative has been approved to fund 2 x Band 5 Assistant Psychologists to deliver tests of change it will (1) Introduce a 'first contact' and 6 month contact calls to ensuring 'waiting well' and improve waiting list data and (2) trial single session pre-therapy workshops to clarify goals of therapy, along with arrangements for those who do not wish to attend workshops and evaluate impact on length of treatment and improved outcomes. This scheme reports into the fortnightly MH&LD Planned Care Recovery Board and recruitment is on track to have staff in post by April 2023. The impact of increased demand and the current number of vacancies on potential increases in waiting times on a waiting list has been assessed and a plan has been agreed to deliver additional groups to mitigate against this risk.</p>

How do we compare with our peers?

MH Assessments - >18 yrs

Status as at August 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	97.4%	2nd
HDda	93.6%	3rd
CTM	92.7%	4th
AB	91.9%	5th
Powys	80.2%	6th
BCU	77.3%	7th

MH Interventions - >18 yrs

Status as at August 2022		
Health Board	Compliance	Rank
SB	100.0%	1st
C&V	99.5%	2nd
CTM	96.4%	3rd
HDda	84.0%	4th
BCU	72.9%	5th
Powys	50.3%	6th
AB	30.2%	7th

Valid CTP - >18 yrs

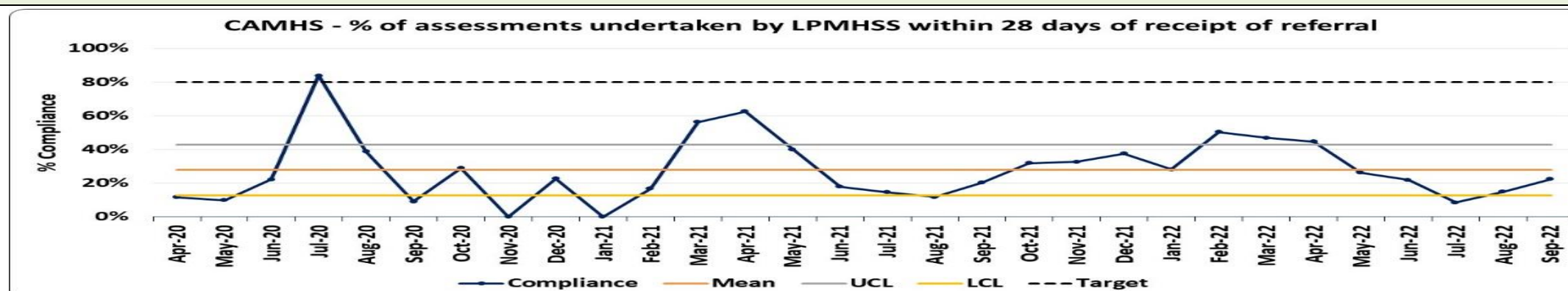
Status as at August 2022		
Health Board	Compliance	Rank
HDda	92.3%	1st
C&V	91.1%	2nd
SB	89.6%	3rd
CTM	87.3%	4th
BCU	84.3%	5th
Powys	81.4%	6th
AB	75.0%	7th

Psychological Therapy

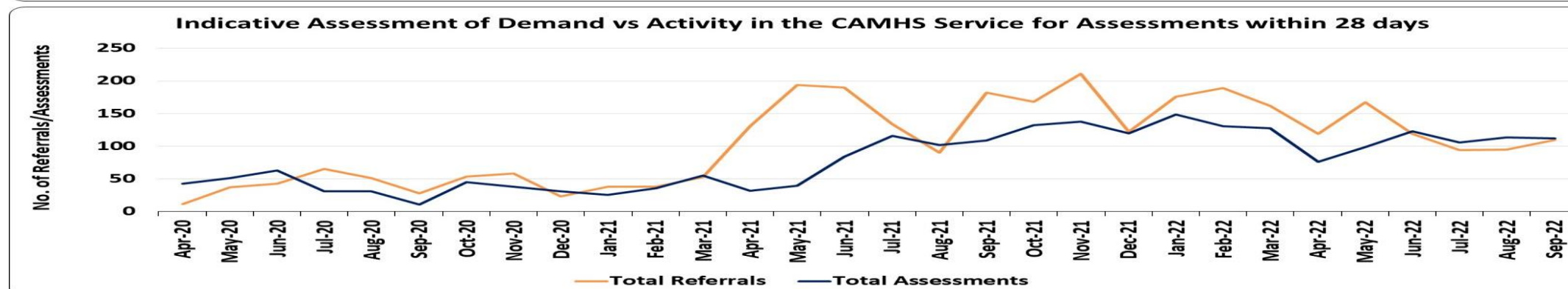
Status as at August 2022		
Health Board	Compliance	Rank
SB	96.0%	1st
Powys	92.0%	2nd
BCU	88.5%	3rd
C&V	76.4%	4th
AB	72.0%	5th
CTM	64.6%	6th
HDda	41.0%	7th

CTM Child & Adolescent Mental Health Services (CAMHS) – September 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (22.3%) - Target 80%



Compliance during September saw a small improvement on the previous month but remaining low with just 22.3% of assessments undertaken within 28 days of referral and continuing to remain well below WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

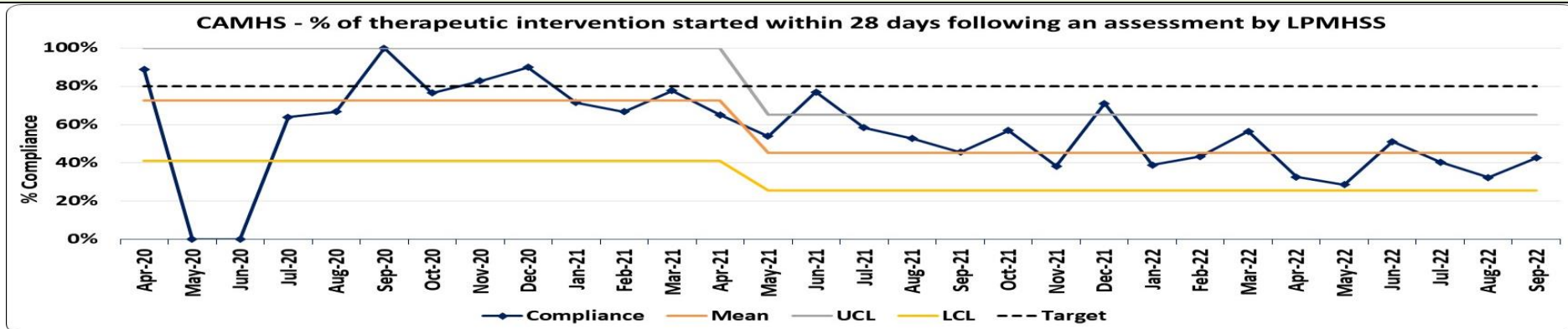


Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left, but further progress needs to be made in order to achieve the desired compliance.

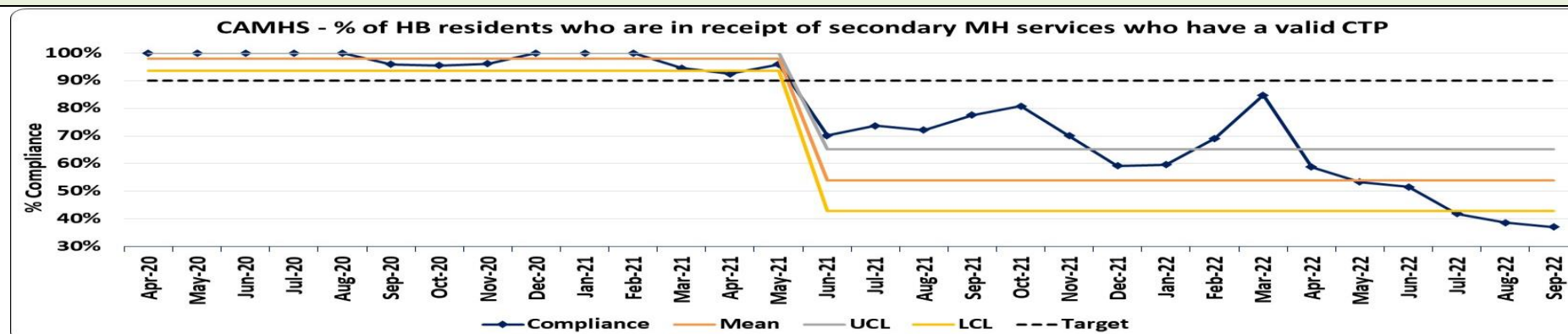
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (42.6%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved compared to the previous month to 42.6% with 23 of the 54 interventions for September commencing within 28 days.

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



% of HB residents who are in receipt of secondary MH services who have a valid CTP (37.1%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continues to fall with just 37.1% compliance observed during September and continuing to remain below the set target (90%). The last time compliance was achieved was May 2021.

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

CAMHS continued on the next page...

How are we doing and what actions are we taking?

Demand has increased slightly during September 2022 in line with seasonal demand. The acuity of the presentations of the CYP still remains high and evidenced by the increasing number of CYP requiring Part 2 in the service. There has been an expected slight decrease in the demand for crisis over the summer school holidays. The crisis service has extended to providing 24 hours cover on a Friday; Saturday; Sunday; Monday and a Tuesday as staffing levels increase with positive feedback from EDs on the impact on increasing discharges overnight and young people requiring less admissions.

The Rapid Intervention Service for Eating Disorders continues to experience similar level of referrals, although we are consistently seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours. The service aims to meet the NICE guidance whereby young people should be seen within 2 weeks of referral for assessment. More recently we have had funding approved to support additional medical time in the service alongside some additional nursing time, and recruitment to these posts is underway.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. There was a backlog of patients waiting to be seen over 28 days across all areas which corresponds with the lower performance in July and August as the service also saw a decrease in the number of referrals and patients who were deemed urgent alongside focusing on seeing the longest waiters first. However, September has shown a decrease in patients waiting over 28 days, improved treat in turn rates and equity across the locality teams in terms of length of wait. We are progressing plans to consider alternative ways to run the groups in each locality with input from third sector organisations, such as Mind Cymru and Mental Health Matters. Additional funding has also been approved to support the Community CAMHS team in terms of Health Care Support Workers for each locality and also CAMHS RMN's, and part of their roles will be to facilitate groups. This is a new and exciting initiative in the service, and it's anticipated to support the development of staff and also enable the service to offer alternative methods of delivering treatment to CYP. Recruitment to these posts is progressing.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service (increasing to over 400 CYP) and further work is taking place to ensure these patients are allocated a care co-ordinator and have a valid CTP. Some detailed project work is being undertaken to put in place improvements and also identify the capacity gap in the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect and the team has met with GPs to discuss the service and referrals. With confirmation of funding from the Mental Health Service Improvement Funds the service is recruiting into a further 2 posts to support the development of liaison with primary care.

The In-Reach Service/Whole Schools Approach was implemented from beginning of September and there is staff working within their cluster schools as planned. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

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

Improvements: An improvement action plan and revised trajectories have been developed in order to improve compliance for all Mental Health Measures targets. This is being reviewed with the service team leads and senior staff on a fortnightly basis. Actions from this work include; movement of resources to areas of longest waits and supporting clinicians with identifying discharge plans as well as identifying ways to increase capacity by reducing non-clinical work as well as working with third sector partners.

Staffing has continued to be moved in some localities to support demand and waiting times and to increase capacity for assessments as well as interventions. This is reflected in the last few months with increasing number of assessments and reduction in the waiting list. Additional WLI have commenced to support additional capacity to target both the waiting times for assessment and the waiting times for intervention.

There has been a slight increase in the performance against the mental health measure for September. The overall number of patients on the waiting list for CAMHS has reduced further to around 185. This is the lowest the waiting list has been in over a year. However, it's anticipated that following the return to school, the numbers will increase in line with seasonal demand. There are now less patients waiting longer than 28 days for assessment, and the predicted compliance for October stands at 49%, which is a significant improvement and the highest it's been since the beginning of the year. Average waiting time is now around 3 weeks.

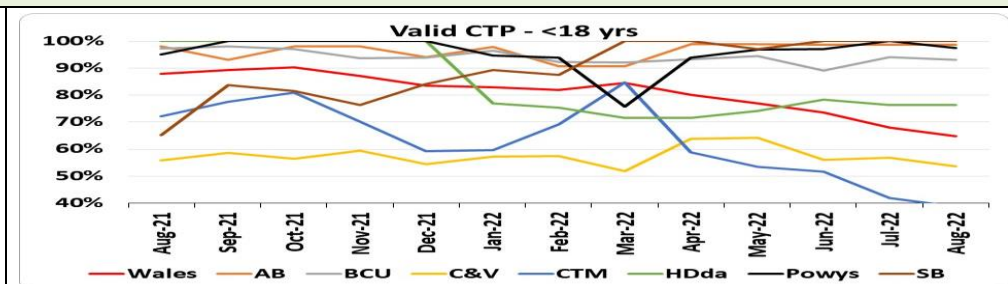
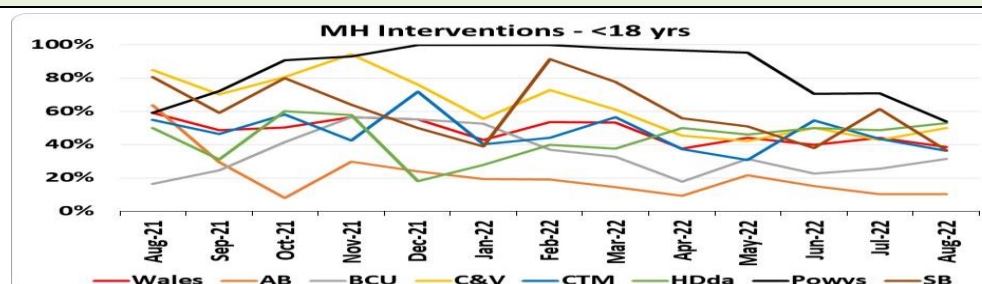
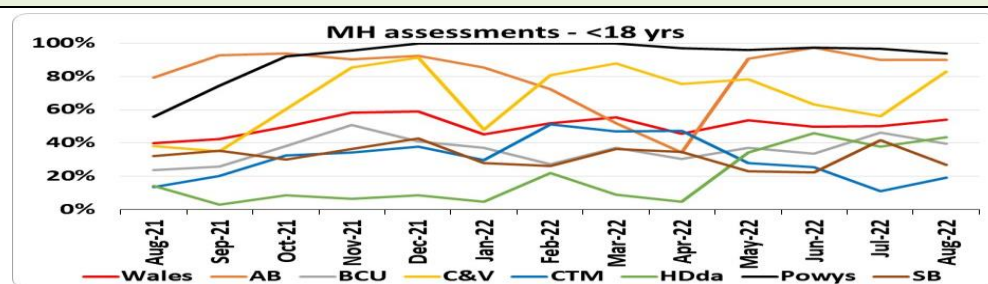
Plans have been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been a significant increase in number of identified CYP on Part 2 of the measure but recognition that there needs to be an increase in the number of patients with a valid CTP. Actions have been identified to support this area, including reducing non-clinical time and undertaking an analysis of numbers in each areas to determine the capacity gap.

The implementation of the groups across all sector areas will provide additional capacity and a different way of working which will support performance improvement in Part 1a. and Part 1b. The first groups have commenced, with some good evaluation and other groups in each locality are being developed. We are working with 3rd sector organisation Mental Health Matters and have started discussions with Mind Cymru to consider roll out of some further groups to support those waiting as well as support patients deemed suitable for discharge. The service has had confirmation of funding from the Mental Health Service Improvement Funding in September and has progressed recruitment into these posts with interviews scheduled in October to support additional capacity into the Winter when demand increases.

Main areas of risk

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

How do we compare with our peers?



Status as at August 2022		
Health Board	Compliance	Rank
Powys	93.9%	1st
AB	90.1%	2nd
C&V	82.9%	3rd
HDda	43.6%	4th
BCU	39.6%	5th
SB	26.9%	6th
CTM	19.2%	7th

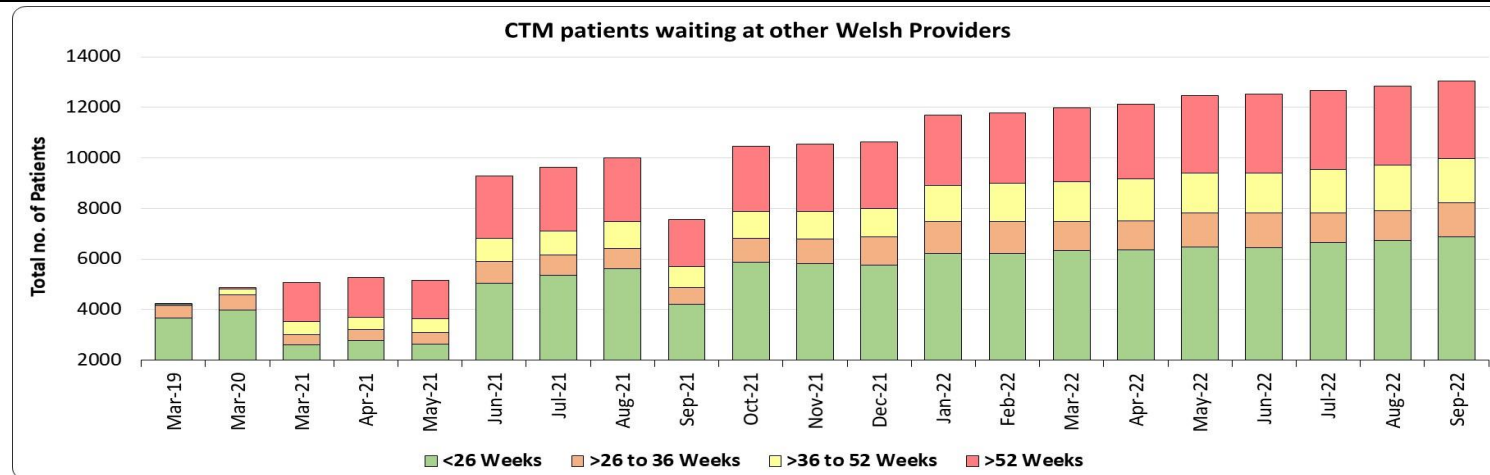
Status as at August 2022		
Health Board	Compliance	Rank
Powys	53.8%	1st
HDda	53.0%	2nd
C&V	50.0%	3rd
SB	36.8%	4th
CTM	36.2%	5th
BCU	31.6%	6th
AB	10.3%	7th

Status as at August 2022		
Health Board	Compliance	Rank
SB	100.0%	1st
AB	98.6%	2nd
Powys	97.6%	3rd
BCU	93.0%	4th
HDda	76.4%	5th
C&V	53.7%	6th
CTM	38.7%	7th



WHSSC – Welsh Health Specialised Services Committee

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



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 September is 4,791 of which 3,040 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 281 and there are just 2 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	207	725
Ophthalmology	88	228
Clinical Immunology & Allergy	43	167
General Surgery	37	74
Gynaecology	19	46
Urology	19	38
ENT	19	36
Oral Surgery	14	30
Paediatric Surgery	21	27
General Medicine	15	25
Dental Medicine Specialties	9	21
Dermatology	13	7
Gastroenterology	12	7
Neurology	618	7
Cardiology	11	6
Paediatric Dentistry	6	4
Neurosurgery	5	4
Paediatrics	21	3
Restorative Dentistry	1	3
Pain Management	1	
Anaesthetics	1	
Clinical Pharmacology	1	
Orthodontics	6	
Paediatric Neurology	2	
Cardiothoracic Surgery	1	
Grand Total	1190	1458

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	77	43
Cardiology	116	30
Radiology	191	17
Physiological Measurement	17	14
Neurophysiology	2	
Imaging	1	
Total	404	104

Therapies		
Service	Total Waits	>14 wks
SALT	5	2
Dietetics	11	0
Podiatry	2	0
Occupational Therapy	4	0
Physiotherapy	27	0
Total	49	2

CTMUHB Patients waiting at Aneurin Bevan UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Urology	20	58
Trauma & Orthopaedics	10	57
ENT	12	27
Ophthalmology	15	14
Oral Surgery	2	6
General Surgery	10	4
Orthodontics	5	1
Gastroenterology	1	
Cardiology	2	
Gynaecology	2	
Grand Total	79	167

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	27	14
Radiology	19	1
Cardiology	6	
Physiological Measurement	2	
Total	54	15

Therapies		
Service	Total Waits	>14 wks
Audiology	3	0
Dietetics	1	0
Physiotherapy	15	0
Total	19	0

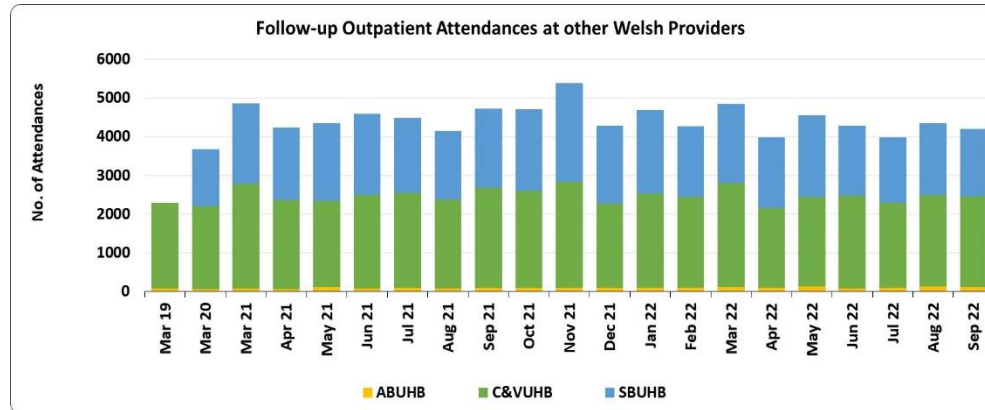
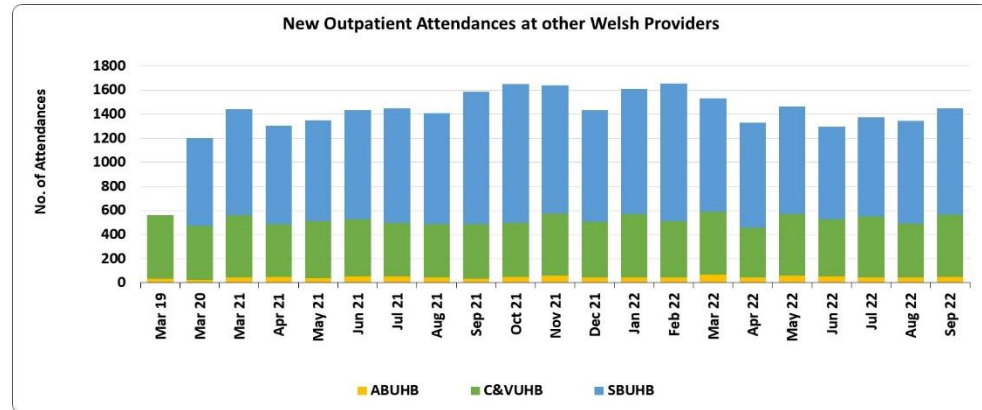
CTMUHB Patients waiting at Swansea Bay UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	170	541
Plastic Surgery	77	216
Trauma & Orthopaedics	50	214
Gynaecology	54	128
General Surgery	50	126
Orthodontics	30	101
ENT	6	21
Ophthalmology	4	19
Gastroenterology	4	17
Urology	3	16
Dental Medicine Specialties	2	9
Paediatrics	4	4
Neurology	23	3
Cardiothoracic Surgery	1	
Diagnostic	1	
Clinical Haematology	1	
Cardiology	1	
Grand Total	482	1415

Diagnostics		
Service	Total Waits	>8 wks
Neurophysiology	195	103
Endoscopy	43	32
Cardiology	81	27
Total	319	162

Therapies		
No patients waiting for a therapy		

CTM patients waiting at specific health boards (RTT)						
September 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea	Bay UHB
Weeks Wait	Patients	% waiting	Patients	% waiting	Patients	% waiting
<26 Weeks	3547	51.2%	284	46.5%	3046	55.8%
>26 to 36 Weeks	738	10.6%	81	13.3%	517	9.5%
>36 to 52 Weeks	1190	17.2%	79	12.9%	482	8.8%
>52 Weeks	1458	21.0%	167	27.3%	1415	25.9%
Total Waiting	6933		611		5460	
% of Total Waiting	53.1%		4.7%		41.8%	

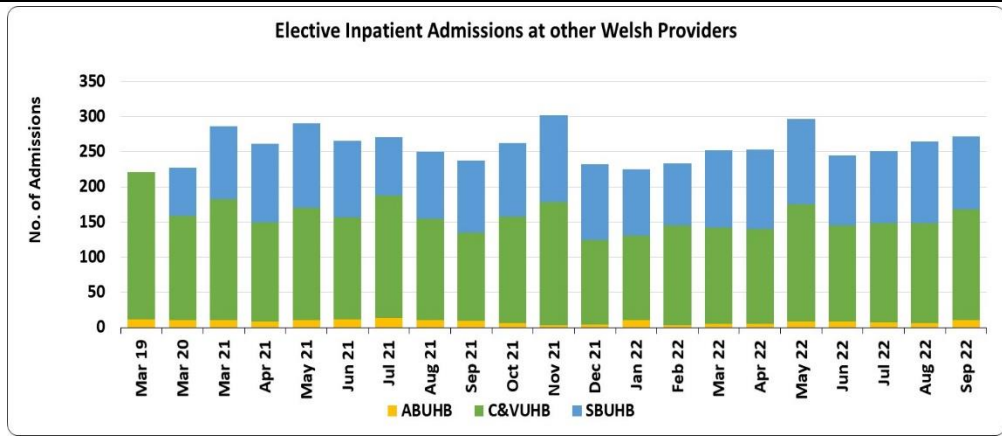
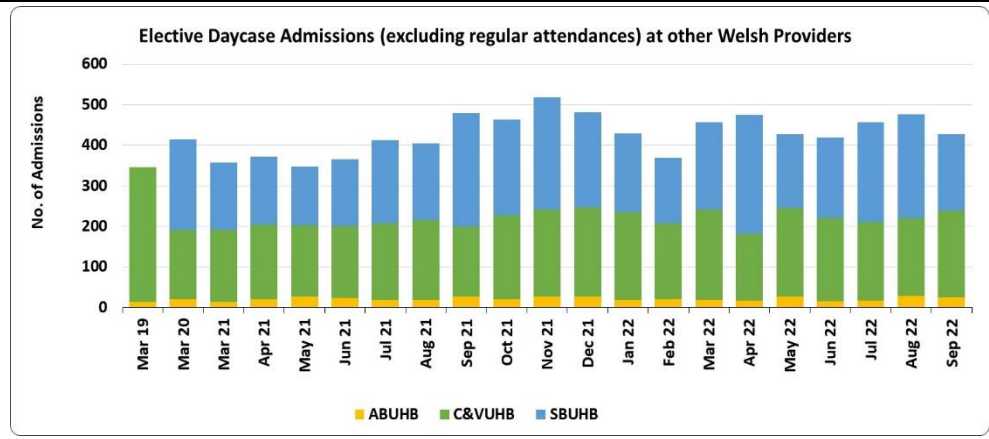
CTM Outpatient Attendances at other Welsh Providers



The September 2022 position (reported at October WHSSC meeting) continues to show marginal change from the previous reported positions overall with some marked improvement in Cardiac Surgery.

There is currently one CTMUHB resident waiting up to 52 weeks at Cardiff and Vale UHB for and one further patient in the 36-52 week category at Swansea Bay UHB for Cardiac Surgery. This month's report is the first with no patients waiting over 52 weeks. Swansea Bay reports that it is on track for the new outpatient targets in Cardiac Surgery.

The volume of CTMUHB residents with long waits for Neurosurgery remains relatively stable. Overall patient numbers reduced by one by waits over 52 weeks increased by one.



Cardiff and Vale reports an anticipated increase in Paediatric Surgery elective activity for quarter four. However, during September the total number of long waiting patients (Greater than 36 weeks) increased by one.

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

2.6 Finance update – Month 7

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report. **£3.0m of the accrual which is 6/12ths of £6.0m.**

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:

- Learning From Events Reports (LFERs) remain a challenge, however work continues to address the backlog. In addition, new systems and process in respect of learning and capturing learning have been implemented, which will support the timely management of LFERs for the newly triggering cases.
- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business. The six goals programme board is being launched within urgent and emergency care.
- The health board is working with the Welsh Ambulance Service Trust (WAST) to review how incidences such as patients being unable to receive an ambulance in the community can be reduced, and to mitigate the risk of harm to those waiting extended periods to be off loaded from ambulance in the meantime. The Unscheduled Care Nurse Director and acute sites Heads of Nursing are working through a set of care principles during delays in offloading to Emergency Departments. This will be co-produced with consultants and WAST.
- Prince Charles Hospital is committed to being an active participant in the development and sustainability of stroke services across CTM. If current increase in number and complexity of stroke patients across these sites continues, then the ability of Occupational Therapy, Speech and Language Therapy, Physiotherapy and Dietetics, to respond and provide a quality service to these patients will reduce and not be sustainable without additional resource. A CTM wide, stroke plan is currently in progress to the previously escalated concerns regarding the staffing and the on call rota; furthermore



under the six goals framework the 'hyper acute sites' will be moving to a model of ring-fenced 'hyper acute stroke beds' next month.

- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.
- Ensuring robust implementation of the RLDatix system, which is aligned to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible enable triangulation and is meaningful.
- Gaining health board wide assurance across the breadth of UHB services, especially during a period of significant change in its operations.
- Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board require ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not yet assessed



Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

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