



AGENDA ITEM

7.4

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(27/01/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rowland Agidee, Head of Performance & Clinical Information
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
Strategic Leadership Group	19/01/2022	NOTED

ACRONYMS

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



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



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

1. SITUATION/BACKGROUND

- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Delivery Framework and other priority areas for the UHB.
- 1.2** This report aims to highlight the key areas that the UHB is concentrating on, those posing the greatest risk and to improve service delivery. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.
- 1.3** Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with five (previously four) of its thirty one performance measures and is making progress towards delivering a further two (previously five). There remains twenty-four measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

The area with the most improvement this reporting period is the Fill Rate on Contract (RN). There has been good progress towards the 90% target (current in month figure is 56.8%, up from 28.5% the previous month).

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.

The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aims are shown below. Narrative is provided on the indicators where updated figures are available.

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

Measure	Target	Current Period	Last Period		
% of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	27.0%	2019/20	27.8%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q2 21/22	97.6%	Q1 21/22	96.7%
% of children who received 2 doses of the MMR vaccine by age 5	95%	Q2 21/22	94.2%	Q1 21/22	93.4%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	Q1 2021/22	1.20%	2020/21	3.99%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q2 21/22	352.4	Q1 21/22	371.0
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q2 21/22	92.3%	Q1 21/22	87.9%
Uptake of influenza vaccination among:	65 year old and over	75%	75.4%	2019/20	68.9%
	under 65's in risk groups	55%	46.3%	40.3%	
	pregnant women	75%	74.6%	81.7%	
	health care workers	60%	67.8%	63.2%	
% of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%	2019/20	59.1%	2018/19	55.0%
Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	breast	70%	74.1%	74.1%	
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	cervical	80%	72.8%	72.8%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	70.1%	80.9%	
	over 18 years		89.8%	89.9%	
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2019/20	51.9%	2018/19	50.0%

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

Measure	Target	Current Period	Last Period			
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	86.0%	2019/20	65.4%	
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q1 21/22	56.7%	Q4 20/21	60.1%	
% of adults regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q1 21/22	49.5%	Q4 20/21	52.5%	
% of Out of Hours (OoH)/111 patients prioritised as P1/CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Nov-21	92.5%	Oct-21	90.8%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Nov-21	45.3%	Oct-21	45.9%	
Number of ambulance patient handovers over 1 hour	Zero	Dec-21	706	Nov-21	798	
% 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%	Dec-21	63.6%	Nov-21	65.2%	
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	Dec-21	1275	Nov-21	1463	
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Sep-21	69.0%	Oct-20	58.0%	
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatric assessment within 72 hours	12 Month Improvement Trend	Oct-21	1.6%	Oct-20	2.6%	
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 51.5%	Nov-21	4.8%	Oct-21	5.9%	
% of stroke patients who receive mechanical thrombectomy	10%	Oct-21	0.0%	Sep-21	1.2%	
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%	Oct-21	53.8%	Sep-21	53.6%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	Nov-21	45.1%	Oct-21	42.5%	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	Dec-21	15,218	Nov-21	14,308	
Number of patients waiting more than 14 weeks for a specified therapy	Zero	Dec-21	696	Nov-21	663	
% of patients waiting less than 26 weeks for treatment	95%	Dec-21	46.7%	Nov-21	48.4%	
Number of patients waiting more than 36 weeks for treatment	Zero	Dec-21	47,565	Nov-21	45,900	
Number of patients waiting for a follow-up outpatient appointment	51,739	Dec-21	109,864	Nov-21	108,694	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	10,256	Dec-21	28,672	Nov-21	28,025	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	Nov-21	59.9%	Oct-21	59.3%	
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	2020/21	3.08	2019/20	2.5	
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	Nov-21	8.8%	Oct-21	10.8%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%	Nov-21	34.3%	Oct-21	32.6%	
% 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%	Nov-21	79.5%	Oct-21	89.1%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%	Nov-21	42.5%	Oct-21	58.2%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%	Nov-21	93.8%	Oct-21	90.5%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%	Nov-21	35.2%	Oct-21	41.1%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Nov-21	77.3%	Oct-21	81.7%	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile	E.coli	67 per 100,000 population	Apr-21	92.65	Apr-21	94.36
	S.aureus bacteraemia	20 per 100,000 population	to	26.56	to	26.01
	C.difficile	25 per 100,000 population	Dec-21	33.93	Nov-21	33.01
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	<69 cases	Dec-21	55	Nov-21	52
	P. aeruginosa	<25 cases	Dec-21	27	Nov-21	24

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

Measure	Target	Current Period	Last Period		
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Dec-21	55.3%	Nov-21	52.8%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Dec-21	67.1%	Nov-21	67.1%
% of sickness absence rate of staff	12 Month Reduction Trend	Nov-21	7.4%	Oct-21	8.2%
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	56.1%	not available	

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

Measure	Target	Current Period	Last Period		
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Dec-21	57.0%	Nov-21	64.9%
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q2 21/22	49.0%	Q1 21/22	52.0%
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies	Q2 21/22	100.0%	Q1 21/22	14.0%
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Nov-21	1.59%	Oct-21	1.73%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Nov-21	95.8%	Oct-21	94.4%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Nov-21	41.7%	Oct-21	52.6%
All new medicines recommended by AWMMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation	100%	Q1 21/22	99.0%	Q4 20/21	98.9%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20	Q1 21/22	256.0	Q4 20/21	256.1
% of secondary care antibiotic usage within the WHO Access category	55%	Q1 21/22	not available	Q4 20/21	1402
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction	Q1 21/22	1409	Q4 20/21	1402
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction	Q1 21/22	0.160%	Q4 20/21	0.167%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q1 21/22	5016.5	Q4 20/21	4995.4
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q1 21/22	76.7%	Q4 20/21	73.8%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q2 21/22	13.0%	Q1 21/22	20.6%
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Nov-21	8.4%	Oct-21	7.2%
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Oct-21	71.9%	Sep-21	69.6%

2.2 Quality

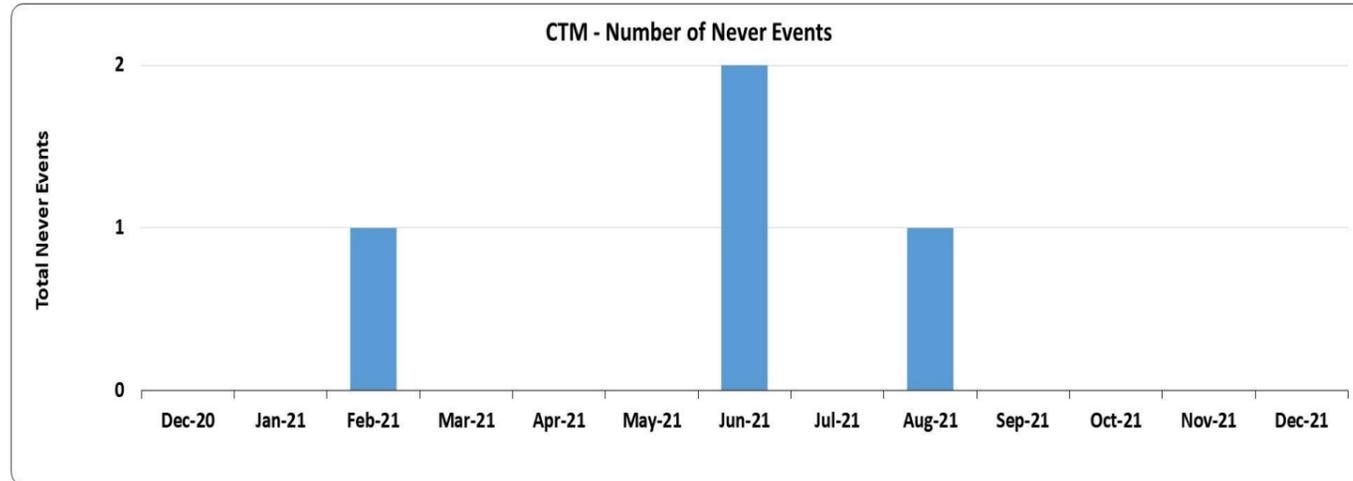


Never Events & Serious Incidents

Never Events

Number of Never Events – December 2021

0

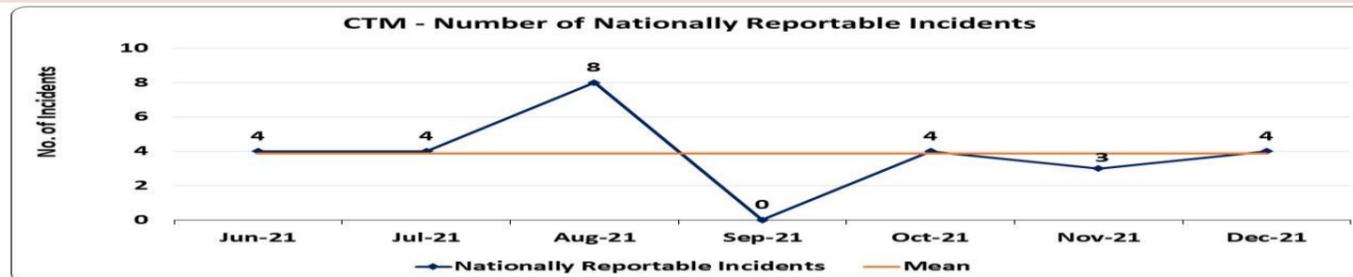


There were no never events reported during the last month (December 2021), with 4 reportable events in the past 12 months.

Nationally Reportable Incidents

Number of Nationally Reportable Incidents – December 2021

4

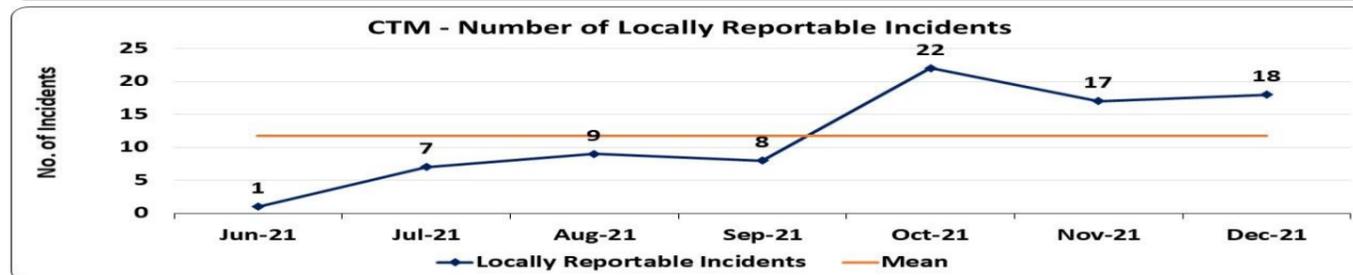


Number of Patient Safety Incidents – December 2021

1,839

During December 2021 there were 1,839 incidents reported on Datix across the Health Board. Of these 4 were Nationally Reportable Incidents, 1 relating to treatment error, 1 relating to Personal Incident (Personal Injury Attributed) and the remaining 2 related to delays in treatment.

A further 18 were graded as locally reportable incidents. Whilst the time chart suggests a step increase in the numbers occurred in October, this is slightly misleading as the changes in the reporting processes brought in by WG from June 2021 have been adopted at different times by the operational teams, with 17 of the more recently reported incidents related to the period between November 2019 and September 2021. The reporting processes have been reaffirmed with the ILG's and it is anticipated that the data quality issues will quickly be addressed..



Reviews of Datix continue to ensure that any Covid-19 related harms are captured. Complaints relating to the impact of Covid-19 on those affected by the pause or delay in non-essential services are also being captured.

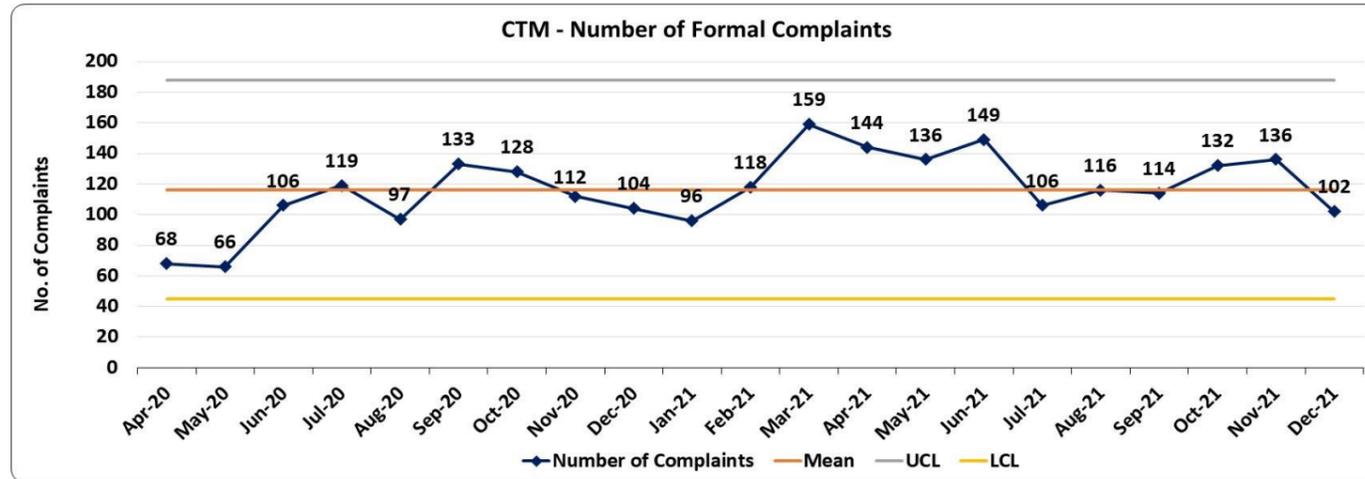
Type of Nationally Reportable Incidents	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Delays		2			2		2	6
Unexpected or Trauma Related Death	2		2			1		5
Slip, Trip or Fall	2	1	1					4
Infection	1		2					3
Pressure Damage					1	2		3
Treatment Error			2				1	3
Medication	2							2
Abducting	1							1
Admission / Transfer / Discharge	1							1
Incorrect Surgical Procedure	1							1
Maternal Event			1					1

Complaints & Compliments

Complaints

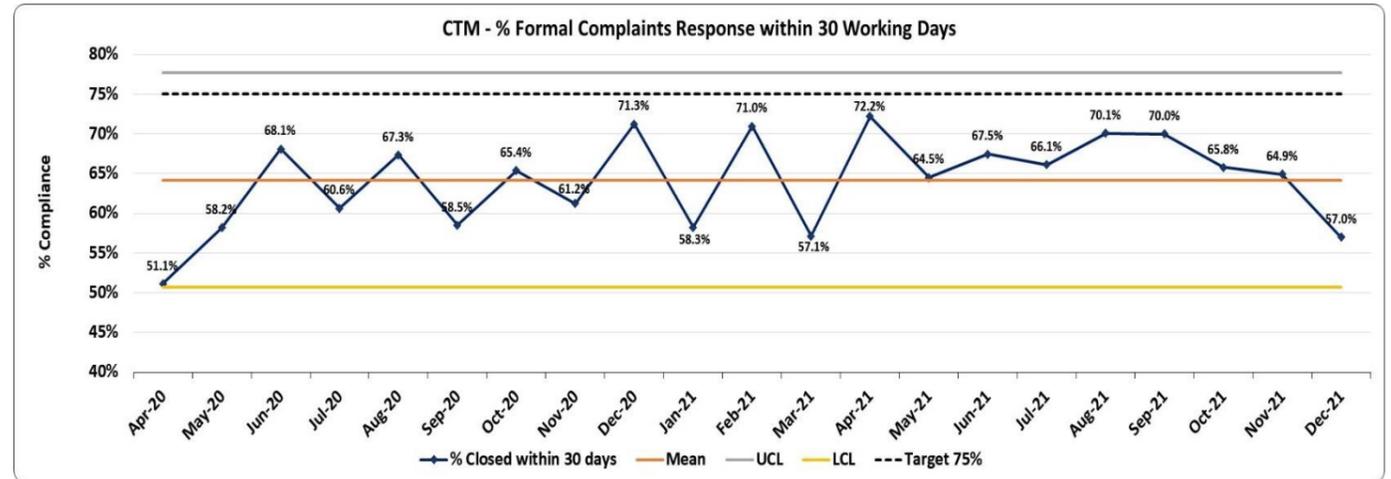
Number of formal complaints managed through PTR – December 2021

102



% formal complaints response within 30 working days – December 2021

57.0%



Complaints

During December 2021, 102 formal complaints were received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart above. For those complaints received during this period, the top 4 themes relate to clinical treatment/assessment (37), communication issues (17), discharge issues (15) and appointment issues (13).

Compliance with the 30 working day target has fluctuated around a mean of 64% since April this year, as is reflected in the top right chart. Efforts continue to improve to the expected 80% target.

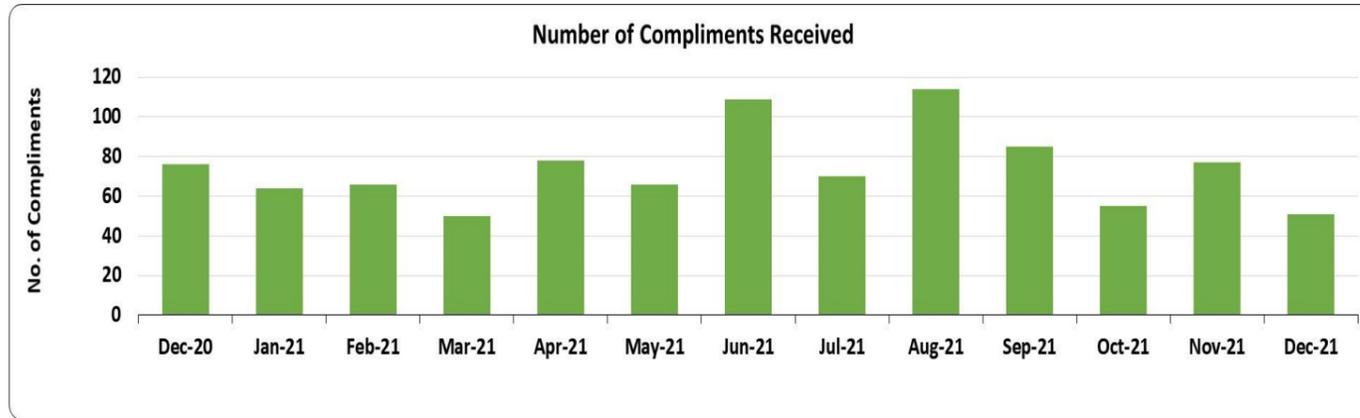
Performance dashboards indicate that the level variation across both areas above is common cause. Services will need to carefully monitor the main themes on the table to the right.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Clinical treatment/Assessment	0	41	48	45	57	64	37	292
Communication Issues (including Language)	43	22	13	16	21	16	17	148
Attitude and Behaviour	0	10	20	8	16	11	5	70
Appointments	0	12	9	10	8	19	13	71

Compliments

Number of compliments – December 2021

51



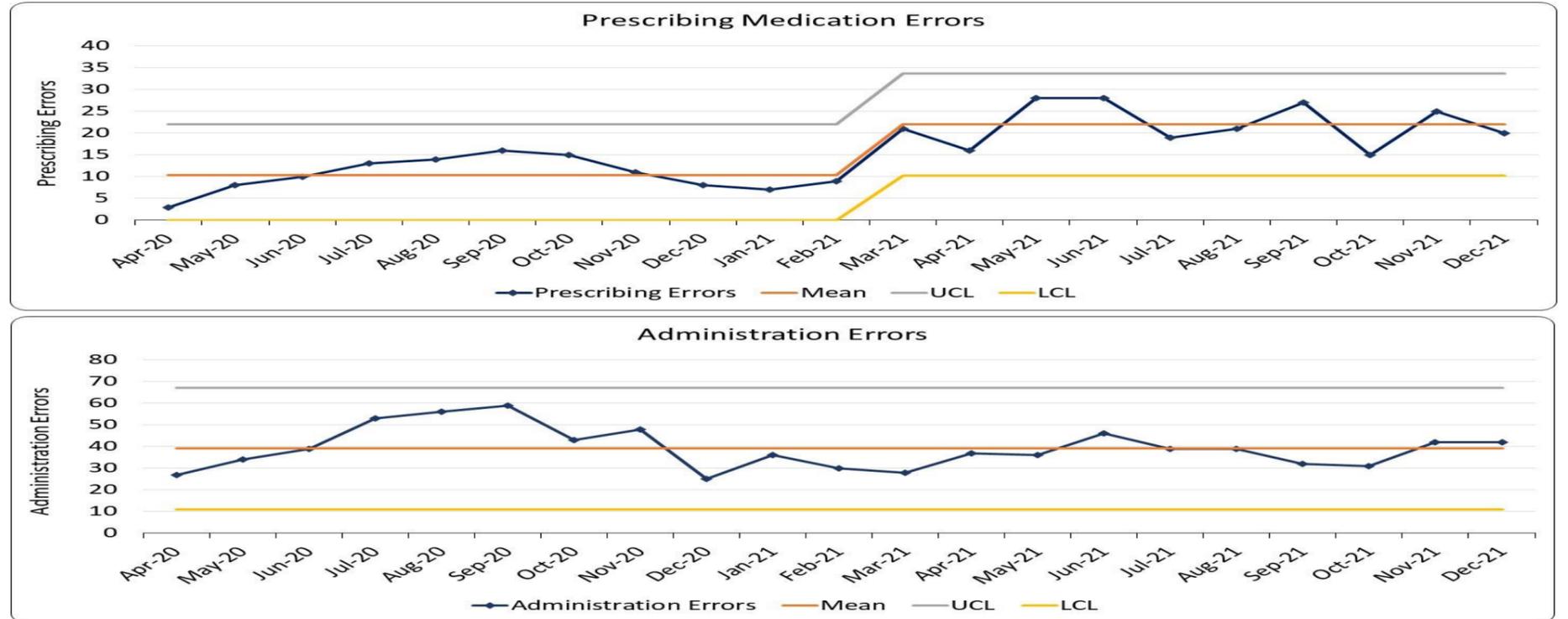
During December 2021, there were 51 compliments recorded on the Datix system; a third less than the previous period where 77 compliments were received.

Medication Incidents Total Medication Incidents – December 21 91	Total number of Prescribing Errors 20	Total Administration Errors 42
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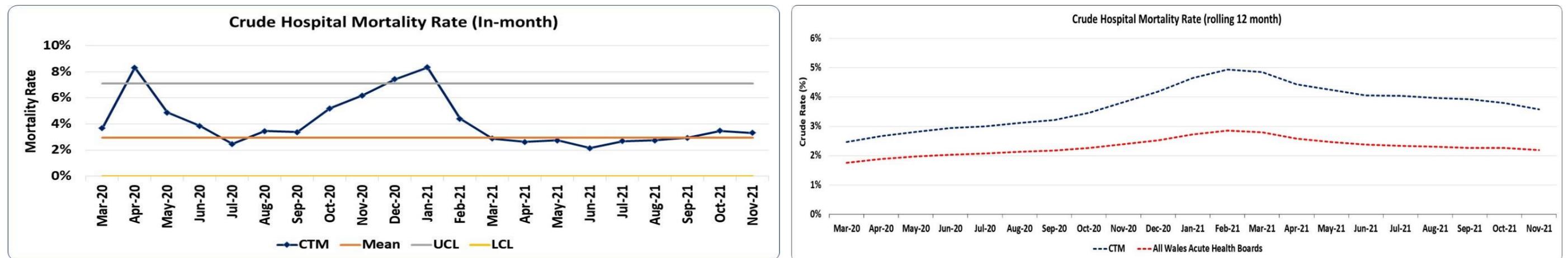
There were 91 medication incidents reported for December. 41 incidents were reported as being related to medication incidents, 21 as prescribing incidents, 8 as medication dispensing, 3 as medication security, 4 as medication monitoring and 14 as other medication error. No administration or prescribing medication incidents were reported as resulting in severe harm or death.

The chart to the right shows a reduction in the number of prescribing errors for December 2021. The reported value is marginally higher than the average for the last 12 months and within the limits of common variation. There has been an increase in the number of administrative errors since October; with 42 errors recorded in both November and December (above the 12 month average of 37).

The data indicates that the overall performance in relation to medication and administration errors continues to remain as special cause variation (concern).



Crude Hospital Mortality Rates In Month Crude Hospital Mortality Rate – November 2021 3.32%	Rolling 12 Month Crude Hospital Mortality Rate to November 2021 3.58%
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Overall in month mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.14% (the lowest level in June of this year). Rates have been increasing after this date, but not at the levels seen during the second wave (the highest recorded rate being January 2021 (8.33%). In month crude hospital mortality rate for November 2021 is 3.32%, a similar level seen in September of last year (3.38%) with the rolling 12-month rate being 3.58%.

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

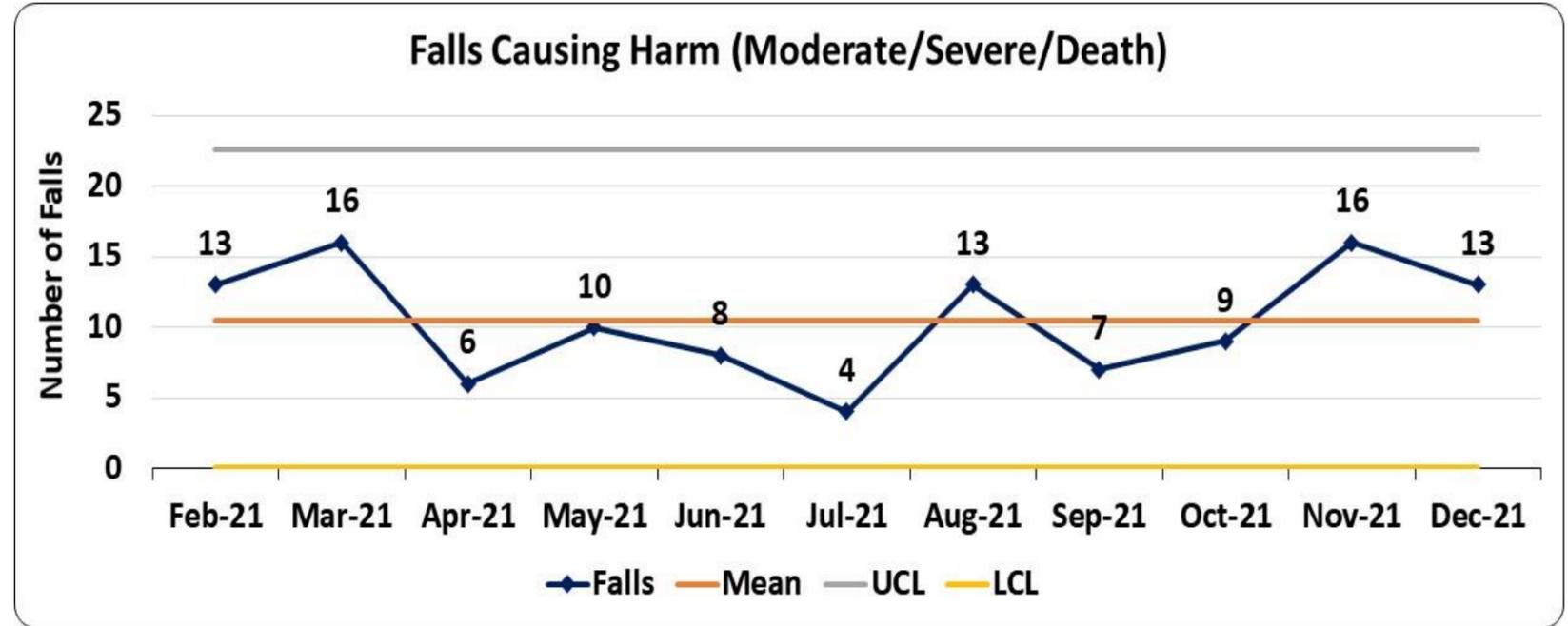
Total number of Inpatient Falls – December 2021

259

There was a decrease in the number of falls reported for December 2021 (259) compared to the previous month (300). This is just above the 12-month average of 252.

The number of incidents reported as resulting in moderate harm this month is 11 with 1 fall recorded as severe and 1 resulting in death. A review is currently underway to identify any opportunities for learning.

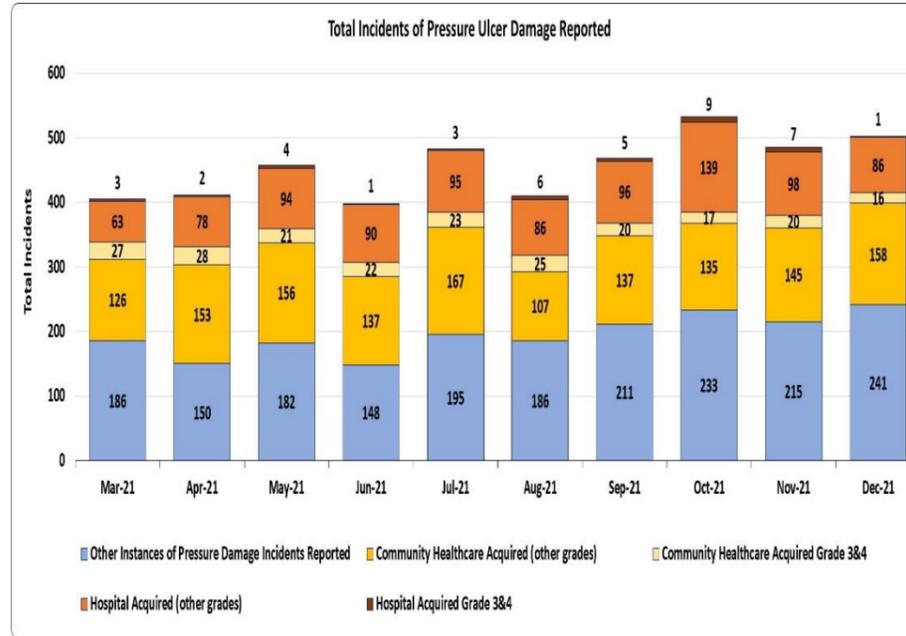
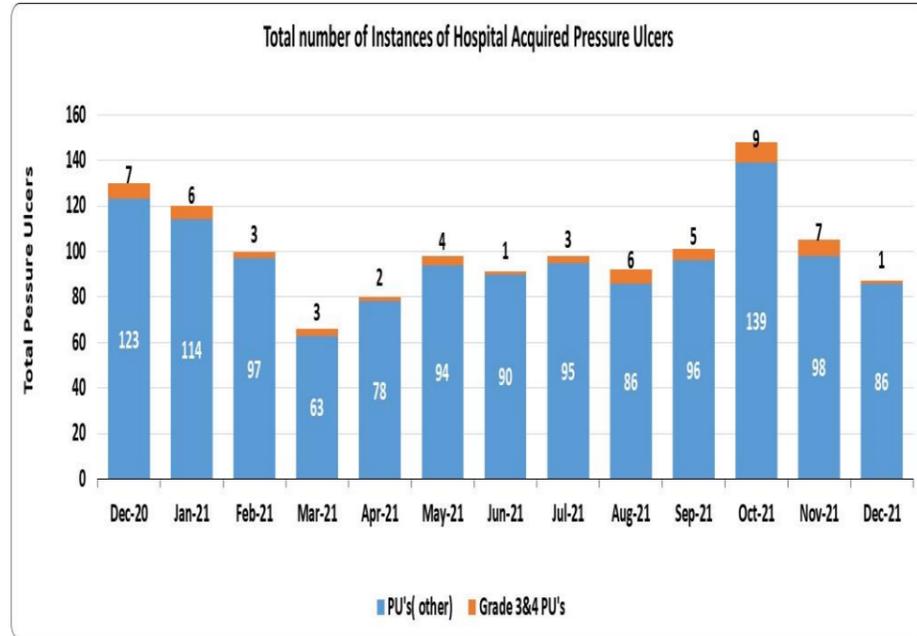
Efforts continue via the Quality and Safety Committee and the Falls Scrutiny Panel to address the high level of hospital falls within the health board. Ongoing initiatives include achieving a greater understanding of the number of repeat falls, falls per bed day, standardising improvement efforts and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



Pressure Damage Incidents

Total number of reported Pressure Damage – December 2021

502



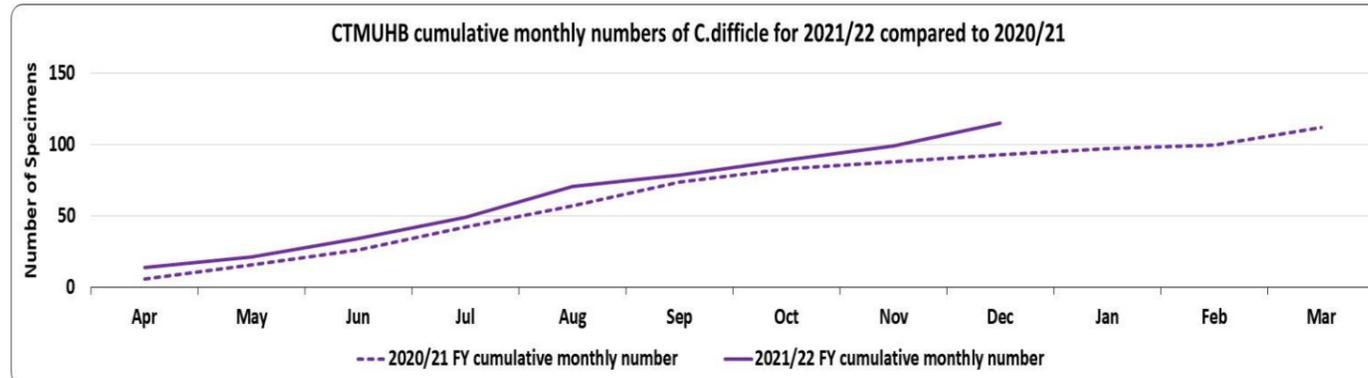
During December 2021, a total of 502 pressure damage incidents were reported, an increase of 3.5% on the previous month (485). The highest number of incidents reported (174) were identified as developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 87 were identified as hospital acquired, 1 was reported as grade 3. The highest numbers were recorded for AMU at the Princess of Wales and Ward 4 at the Royal Glamorgan Hospital.

In the calendar year 2021, 3030 Healthcare Acquired Pressure Damage Incidents were reported. To date, an investigation has been completed for 1802 (59%) of these, with 257 recording an outcome of avoidable (14%).

Infection Prevention and Control

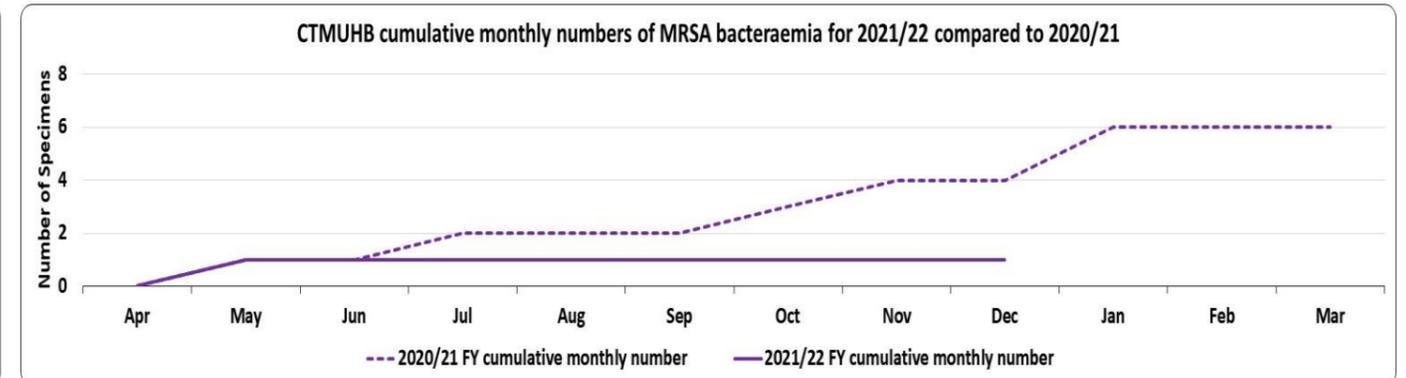
C.difficile

115 incidents of C.difficile were reported by CTM between Apr-Dec 2021. This is approximately 24% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.93



MRSA

1 incident of MRSA bacteraemia was reported by CTM between Apr-Dec 2021 (75% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.30

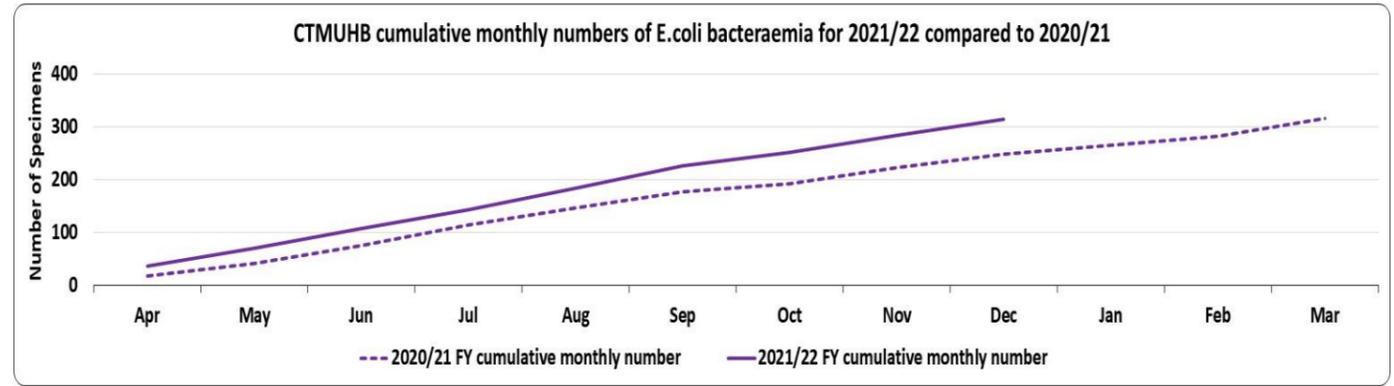
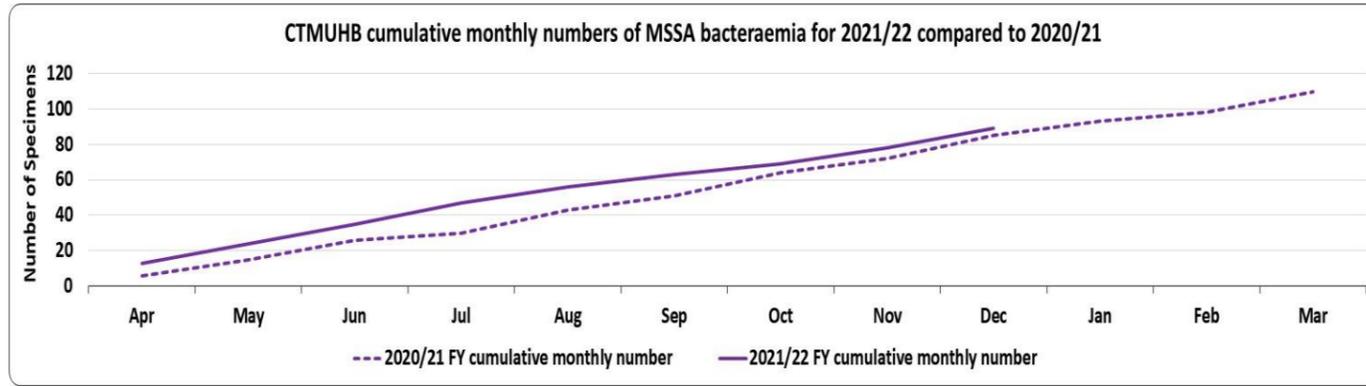


MSSA

89 instances of MSSA bacteraemia were reported by CTM between Apr-Dec 2021 (approximately 5% more than the equivalent period 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.26

E.coli

314 instances of E.coli bacteraemia were reported by CTM between Apr-Dec 2021 (approximately 27% more than 2020/21). The provisional rate per 100,000 population for 2021/22 is 92.65



An increase in cases has been reported for most surveillance organisms from April – December 2021, a situation which is mirrored across Wales. Work is ongoing at a national level to determine whether the additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales.

Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but remain outstanding.

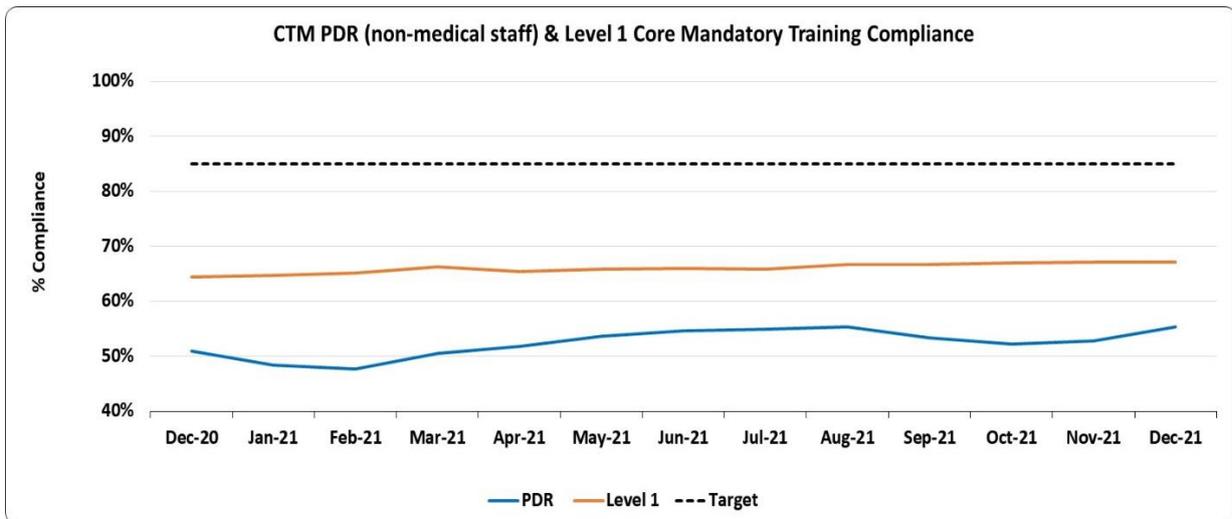


2.3 People

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

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

Overall PDR (non-medical staff) compliance for December 2021 is 55.3%, an improvement on the previous month of 52.8%, but remains below the target of 85%.



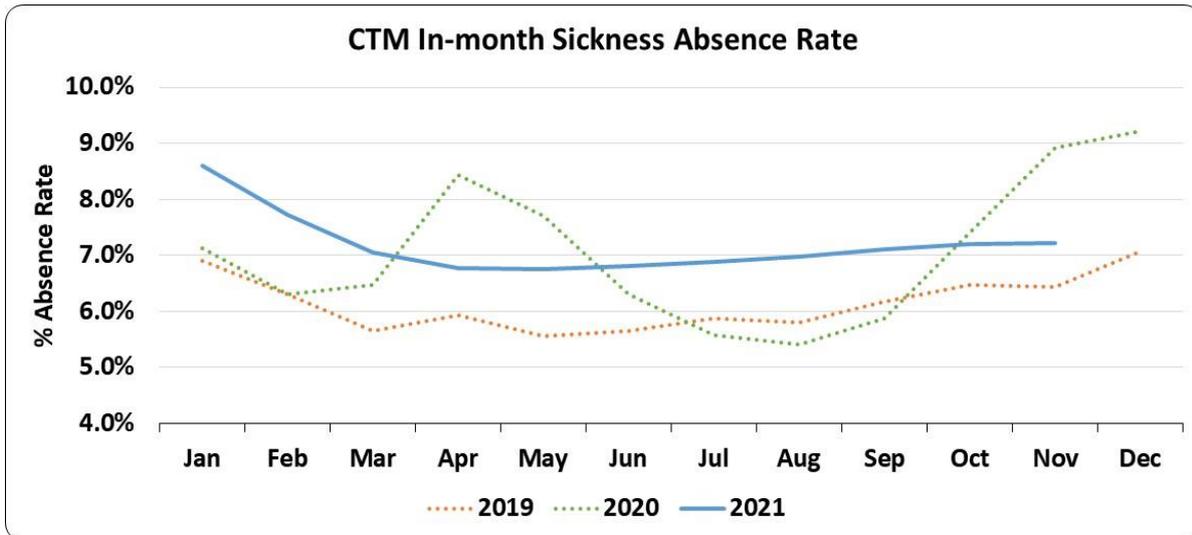
Combined core mandatory training compliance for December 2021 averages 60.7%, with overall CTM compliance for 'Level 1' disciplines remaining static this month at 67.1%. The break down by module shows that uptake is not consistent with 77.8% of staff completing the equality, diversity and human rights training, a level over 60% higher than the proportion who are up to date with their resuscitation training.

CTM Level 1 Core Mandatory Training Compliance December 2021	
Equality, Diversity & Human Rights	77.8%
Health, Safety and Welfare	76.8%
Moving & Handling	75.5%
Information Governance	72.7%
Safeguarding Adults	72.5%
Infection Prevention and Control	68.7%
Violence & Aggression	67.0%
Safeguarding Children	66.2%
Fire Training	52.3%
Resuscitation	46.8%
HB Overall Compliance	67.1%



2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to November 2021 is 7.2% (7.4% in-month). In comparison to the previous month, occurrences of short-term absences have decreased by 5.3% with long-term sickness absence also reducing by 19.3%. As there is a clear correlation with the prevalence of Covid amongst our community, it is probable that a significant increase in Covid with the 4th Omicron wave will result in higher absenteeism.



Top 10 Absence Reasons by FTE Days Lost - November 2021				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	454	461	7,466.98	30.0%
Chest & respiratory problems	303	308	2,563.49	10.3%
Other musculoskeletal problems	139	142	2,222.19	8.9%
Other known causes - not elsewhere classified	159	160	1,848.32	7.4%
Infectious diseases	164	164	1,821.38	7.3%
Cold, Cough, Flu - Influenza	370	376	1,624.16	6.5%
Gastrointestinal problems	271	275	1,108.23	4.5%
Injury, fracture	71	72	963.39	3.9%
Back Problems	77	77	866.89	3.5%
Genitourinary & gynaecological disorders	69	71	782.34	3.1%

2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff remained fairly stationary for December (at around 16.5 whole time equivalents). Actions, similar to those taken successfully earlier in the year, are being put in place to reverse this.

2.4 Access

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

Urgent Care:

In December, just over 63% of patients were treated within 4 hours in our Emergency Departments and less than 35% of ambulances were ready to respond to the next '999' call within 15 minutes of arrival at an ED.

The UHB faces the greatest challenges at PCH. The in-month reported figure is 54.3%, with the average for the past 12 months being 59.7%.

Overall, attendances remains high, the in-month figure is 5.6% lower than the reported figure for the previous month (at 13,467). December's reported position is 22% greater than the same period last year.

The CTM 15 minute handover compliance saw a very slight improvement this month to 34.5%, with 60-minute compliance improving to 70% from 65.5% in the previous month.

The operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E is materially impacting on the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

For PCH, the impact of strategic changes within Aneurin Bevan UHB is on the one hand increasing the emergency patient flow from Powys. The current volume of Powys residents arriving by ambulance to PCH A&E is well above the average volume recorded for 2019 and 2020. However, it should be noted that the increased volumes from Powys is somewhat offset by the reduction in emergency patient flow from Anuerin Bevan.

2.4.1 Stroke Care:

A consequence of the challenges being faced in providing accessible emergency care during a third wave of Covid, is seen by the stroke quality indicators, which measure our ability to provide timely stroke care at each stage of the pathway. For November:

- All 3 eligible patients (100%) diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments
- 76 patients (57.6%) received a CT scan within an hour of arrival
- 6 stroke (4.8%) patients were admitted to an acute stroke unit within 4 hours of their arrival
- 96 stroke (72.7%) patients were assessed by a stroke consultant within 24 hours.

The CTM Stroke Planning Group has agreed a number of short-term actions for implementation by end of March 2022. These are set out on page 24 of this document and complement medium and long-term actions which require either additional or the re-prioritisation of resources.

2.4.2 **Planned Care:**

The number of patients waiting for elective treatment continues to increase. At the end of December the number of patients who had waited in excess of 36 weeks had increased to 47,565, of whom 34,920 had been waiting in excess of 52 weeks.

A number of recovery schemes have been put at risk due to the Omicron Covid situation, where physically possible (following a risk assessment) patients are continuing to be seen and treated and where this is not possible plans are being made to change appointments to a virtual contact.

Outsourcing to the Independent Sector has continued, albeit at a slower pace than anticipated.

Key themes to note and for escalation are as follows:

- Cancellation of routine activity due to Omicron COVID position
 - Impact on ability to deliver against targets set by Welsh Government, in relation to outpatient waiting times
 - Impact on ability to deliver benefits associated with Elective Recovery schemes, in relation to elective surgery
 - Impact on ability to accurately forecast financial position due to changing circumstances
- Delivery date for Endoscopy mobile unit now anticipated late February

2.4.3 **Cancer Care:**

Weekly executive lead enhanced review meetings have been established over the last month in these key areas.

The unvalidated performance for December indicates that 46.1% of patients on a cancer pathway commenced treatment within 62 days. This represents a 3.6% improvement in overall performance for December compared to the October position.

A continuous sustained rise in the total volume of active patients on the SCP and the backlog of patients waiting > 62 and 104 days is noted, with the trend continuing to climb.

There has been a 22% reduction in the total number of referrals compared to last month's position, with referrals consistent with median monthly

referral rate. Reduction in referrals were noted across all tumour sites in November.

The foremost contributory factors to not achieving expected cancer targets continue to relate to the total number of active patients waiting at first outpatient and diagnostic stage of their pathway, accounting for 83% of all active patients on the suspected cancer pathway. The focus on treating the longest waiting patients continues.

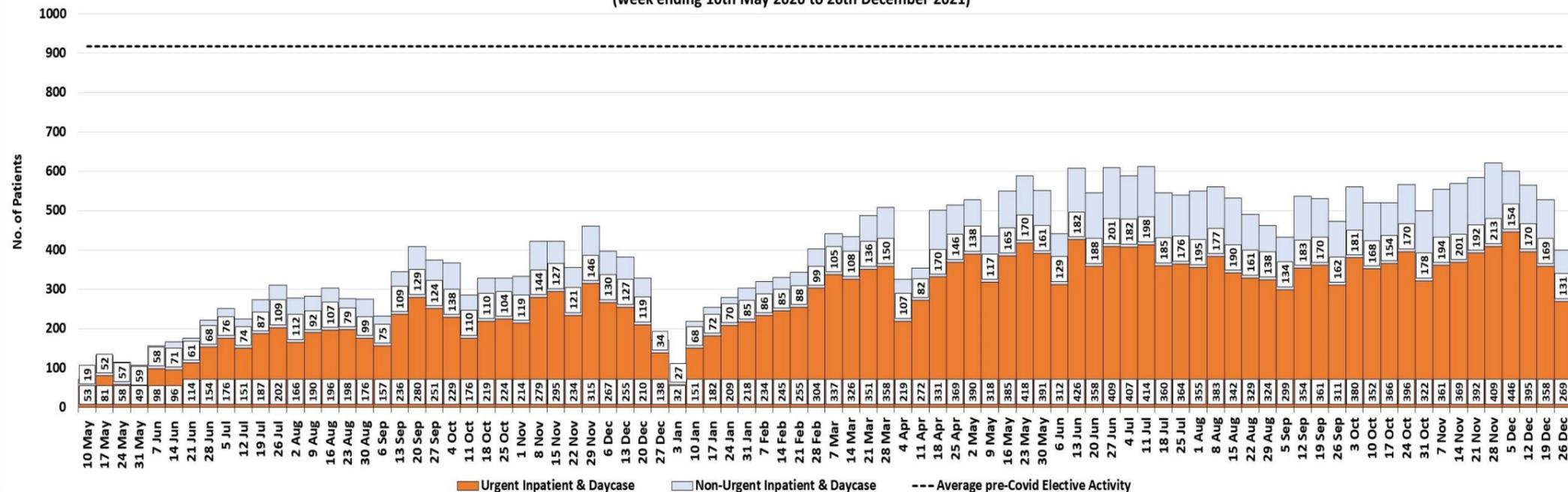
The key areas driving the deteriorating performance are first outpatient appointments and diagnostics across breast, lower GI, gynaecology and urology.

Health board wide actions in place to address the deterioration position include:

- Operational teams focusing on validating all of their active patients and updating the cancer tracker. Quality of cancer data is the focus.
- Weekly executive lead reviews across all three ILG's as indicated:
 - RTE
 - Urology
 - Lower GI
 - Breast
 - Radiology
 - Pathology
 - MC
 - Lower GI
 - Gynaecology
 - Bridgend
 - Lower GI
 - Gynaecology

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

CTM Inpatient and Daycase Activity (Urgent/Non-Urgent)
(week ending 10th May 2020 to 26th December 2021)



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

Elective Activity - Top 10 Specialties December 2021	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Surgery	111	176	-65	-37.1%
General Medicine	110	150	-40	-26.5%
Urology	67	53	14	26.9%
Gastroenterology	55	53	2	2.8%
Ophthalmology	45	49	-5	-9.2%
Gynaecology	39	62	-24	-37.9%
Trauma & Orthopaedic	35	116	-81	-69.6%
Cardiology	21	24	-3	-11.5%
ENT	18	52	-34	-65.9%
Anaesthetics	7	13	-7	-50.0%

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

As can be seen, current elective activity is over 65% less in ENT and T&O, with Gynaecology and General Surgery over 37% fewer than pre-Covid levels.

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

As can be seen in the chart above, the number of elective treatments delivered in December fell in comparison to November (down to 4184 from 4662), which had been the highest monthly figure since the start of the pandemic in March 2020. Current reporting is approximately 48% of the elective inpatient volumes delivered in 2019. Urgent activity continues to be in line with volumes observed in previous months suggesting the increase has been in non-urgent activity.

Since the 1st April 2021, CTM have sent 1,183 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 650 have been treated, as shown below, which is lower than the initial agreed capacity of 1,480.

Outsourced Activity as at 1st January 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	434	49	306	47	27	5
SPIRE - Shoulders	23	4	10	2	7	0
SPIRE - Gynaecology	78	21	38	8	8	3
SPIRE - General Surgery	21	2	4	3	5	6
NUFFIELD - Orthopaedics	228	51	103	39	6	29
NUFFIELD - General Surgery	76	20	40	15	0	1
NUFFIELD - Gynaecology	98	12	50	5	8	23
NUFFIELD - Ophthalmology	225	38	99	29	13	46

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Progress on work streams to establish robust operational and clinical governance frameworks for the outsourcing of services to the private sector and to ensure a contractual monitoring system are as follows:

- **PID:** PID complete
- **Private Providers Contracts:** Contracts in place compliantly (Spire until July 2022, Nuffield until Sept 2022. 6 month commitment agreed).
- **Activity - Demand and Capacity:** Capacity opportunities are currently being scoped. Virtual solutions in Outpatients (Cardiology, Respiratory, Rheumatology) Dermatology and Mental Health.
- **Operational Process for Patient Validation, Allocation and Tracking:** Internal CTM co-ordination required across providers based on longest waiters/priorities. Weekly operational meetings established with Spire. Weekly operational meetings needed with Nuffield.
- **Financial Tracking, Approval and Forecasting:** Top level forecasting complete. Risk Forecasting/Planning Meeting scheduled with Spire for 11/01/2022.
- **Monthly Contract and Operational Meeting:** Monthly meeting established. Activity and capacity constrained due to self-pay and private medical insurance.

What are the main areas of risk?

The independent sector are experiencing issues in relation to:

Outsourcing:

- Capacity for NHS patients in comparison to original plans
- Self-pay/Med Insurance vs NHS patients
- Adopting different ways of working to narrow capacity gap

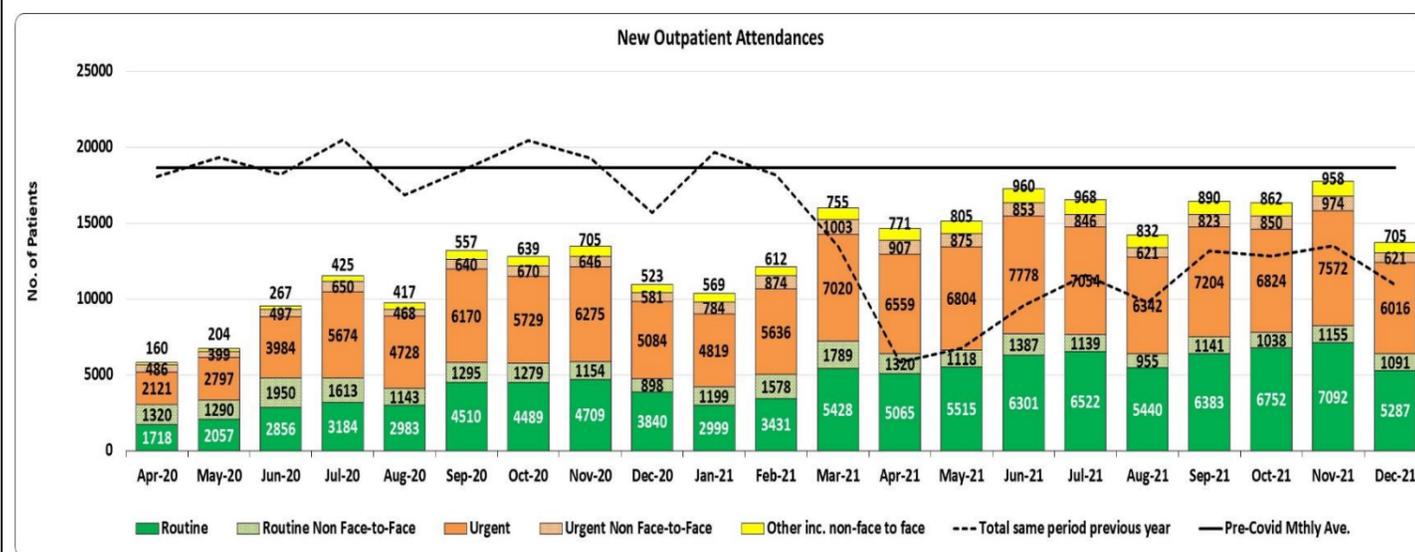
Procurement:

- Procurement capacity to support year end spend solutions

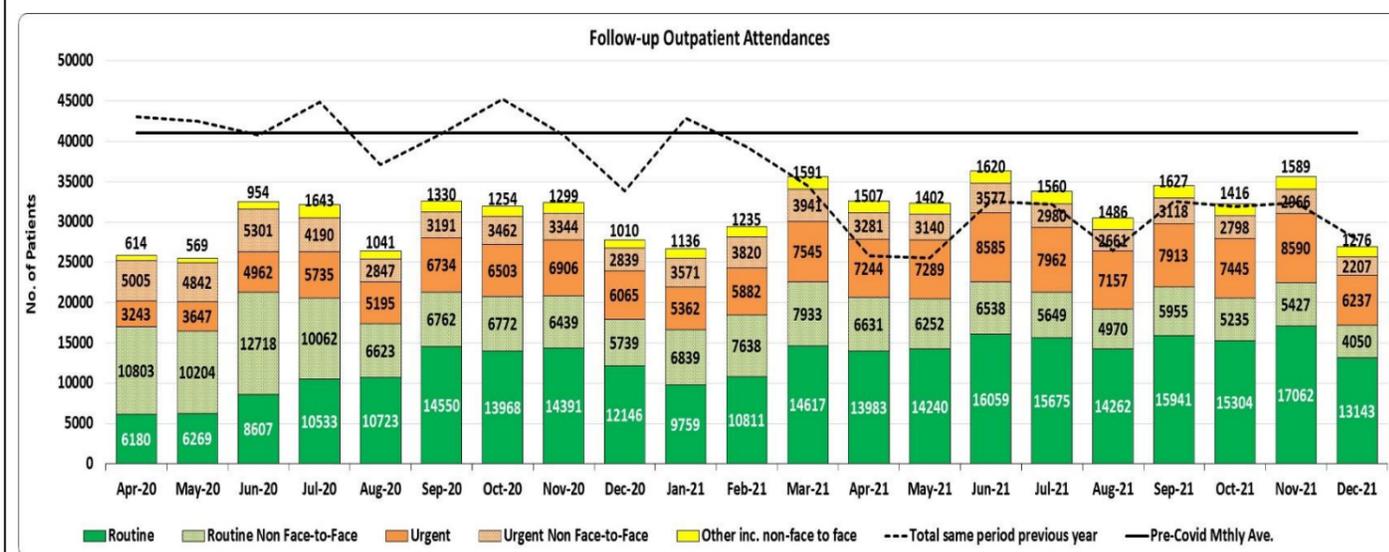


Resetting Cwm Taf Morgannwg – Outpatient Attendances - December 2021 New Attendances 13,720 / Follow-up Attendances 26,913

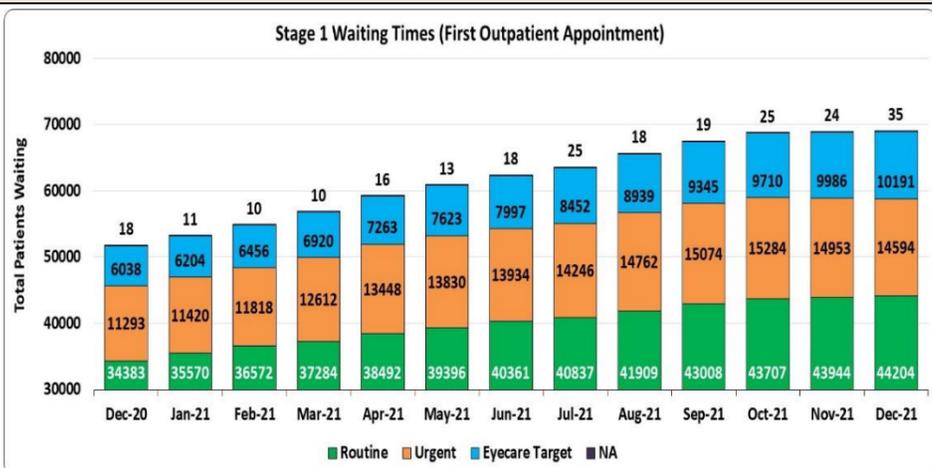
New Outpatient Attendances



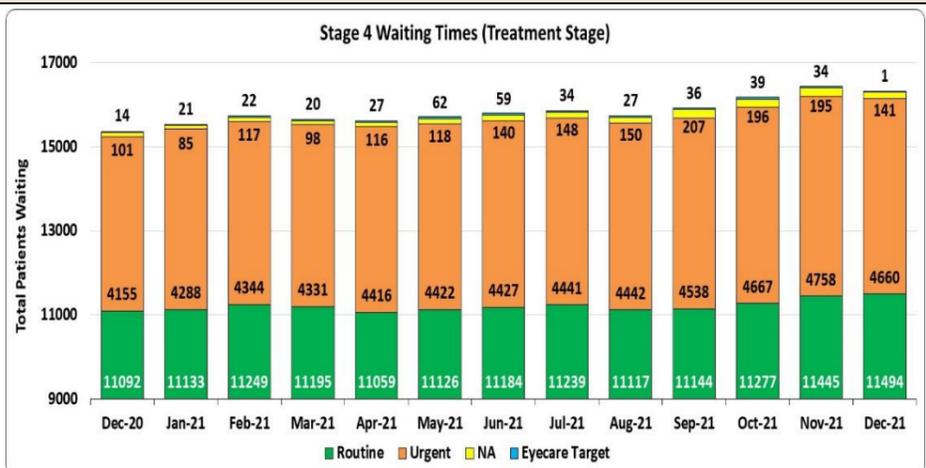
Follow-up Outpatient Attendances



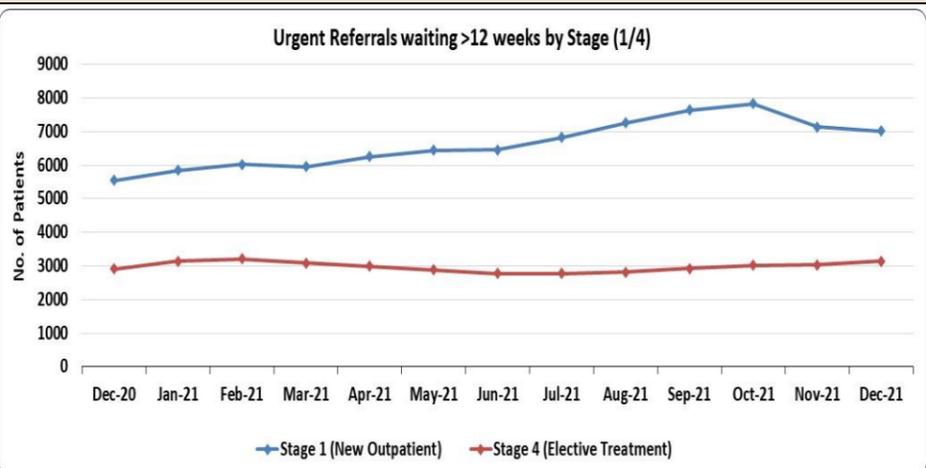
Waiting times Stage 1 (New Outpatients) - 69,024



Waiting times Stage 4 (Treatment Stage) – 16,296



Urgent referrals waiting >12 wks (Stage 1 - 7,014) (Stage 4 – 3,141)



How are we doing?

As at the end of December, there were 69,024 patients awaiting a new outpatient appointment of which 14,594 patients were categorised as urgent and of these 10,191 were ophthalmic patients. This represents an increase of over 33% on the 51,732 patients waiting at the end of December 2020.

There were 16,296 additional patients awaiting treatment and of these, 4,660 were categorised as clinically urgent (just over a 2% reduction on the urgent patients waiting at the end of November).

Further analysis is planned to determine whether the growth in the waiting list volumes has been arrested or whether we have observing temporary lowered levels of demand and lower conversion rates.

What actions are we taking & when is improvement anticipated?

The Welsh Government Outpatient Transformation Programme Board is overseeing the delivery of the national ambitions, however locally the Elective Recovery governance structure oversees the programmes of work which aim to ensure that patients are followed up appropriately and seen in a timely and risk based fashion. These include:

Stage 1-52+ Week Validation - Validation remains a priority, with service based approaches within Dermatology and Surgical Specialties. The WG initiated approach was delayed but has now gathered momentum.

See On Symptoms & Patient Initiated Follow up: Four specialties (Rheumatology, Gynaecology, Dermatology and ENT) have made progress in incorporating patient initiated follow up into their service models. An increase in numbers reported are expected from January 2022.

The **Follow-up validation exercise** remains active, yet reduced due to operational pressures across the Health Board.

Digital Enablers - The roll out of electronic referral (GP to hospital) and Consultant Connect (which allows real time communication channels between the 2 sectors) is continuing. It is anticipated that by providing more timely access to advice, there will be better triaging of patients to the most appropriate service (e.g. diagnostics, outpatients, therapies).

What are the main areas of risk?

The standing down of all non-urgent/ USC appointments due to Omicron is likely to result in an increase of waiting times for some services and as a mitigation, suitable clinics are being converted to virtual contacts. Therapies and other supporting services are continuing to provide advice and deliver virtual services.

Pressures are also affecting our ability to scale up elective care in line with our recovery programme. ILG's are working together to ensure Cancer and Urgent surgeries are still taking place with some cross site support being offered; patients are being offered alternate sites in order to receive their care.

Winter/COVID pressures affecting clinical availability to undertake addition clinical activity alongside combined with fatigue/sickness levels.

DNA Rates - Text message reminds have restarted for appointments that are taking place. There is also an ongoing social media campaign on the DNA rates and impacts these have on waiting times/lost capacity.

Referral to Treatment Times (RTT) – December 2021 (Provisional Position) – Total Open Pathways 112,274

Number of patients waiting >52 weeks – Target Zero	Number of patients waiting >36 weeks – Target Zero	% of patients waiting under 26 weeks – Target 95%
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34,920	47,565	46.7% (<26 weeks 52,382) (>26 weeks 59,892)
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The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of December is 34,920, an increase of 688 (2.0%) from November. The breakdown of the 34,920 patients is as follows:

- 7,726 patients relate to Merthyr & Cynon ILG waiting lists
- 14,357 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,837 patients relate to Bridgend ILG waiting lists

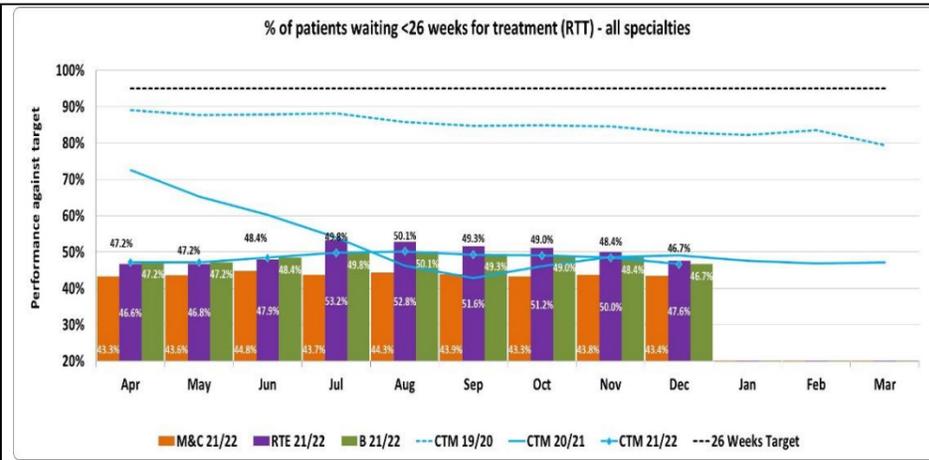
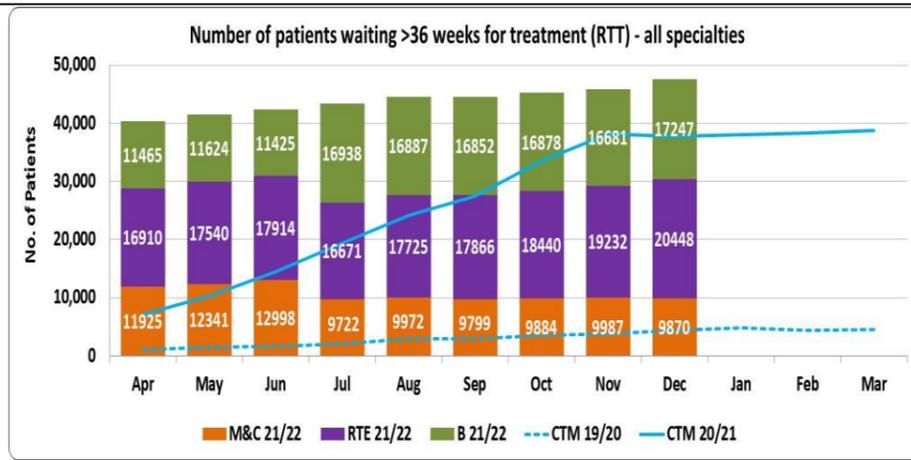
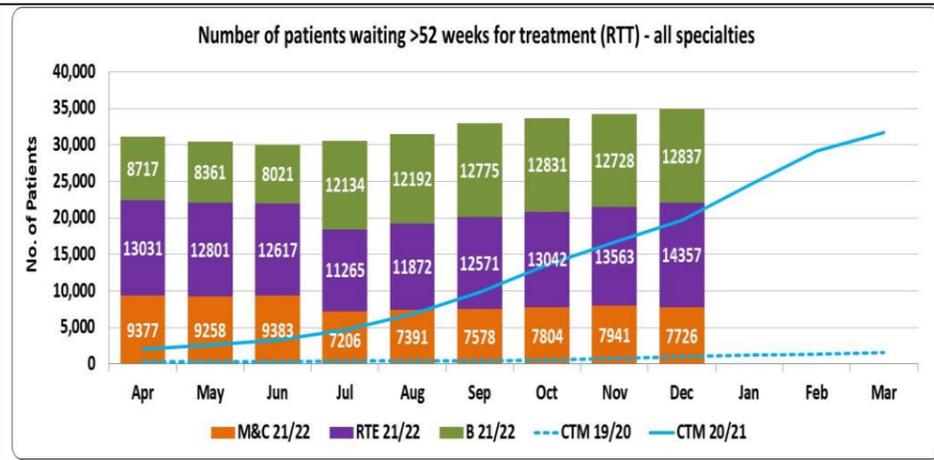
Please note that since July 2020, services have been mapped to the hosting ILG.

The provisional position for patients waiting over 36 weeks for December is 47,565 patients across Cwm Taf Morgannwg, which is an increase of 1665 (3.6%) from November (N.B. includes the 34,920 patients waiting over 52 weeks):

- 9,870 patients relate to Merthyr & Cynon ILG waiting lists
- 20,448 patients relate to Rhondda & Taff Ely ILG waiting lists
- 17,247 patients relate to Bridgend ILG waiting lists

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for December across Cwm Taf Morgannwg is 46.7%. The lowest level observed since March 2021. The position within each ILG is as follows:

- 43.4% Merthyr & Cynon ILG waiting lists
- 47.6% Rhondda & Taff Ely ILG waiting lists
- 47.2% Bridgend ILG waiting lists



How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of December, the over 52 week waiting list volumes increased by 2% on the previous month, bringing the total to 34,920. Compared to the position at the end of April 2021; the December position represents an increase of 12% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing for 7 months in a row and is unlikely to abate whilst there remains such a significant urgent waiting list.

What actions are we taking & when is improvement anticipated?

No further update from the last reported position.

What are the main areas of risk?

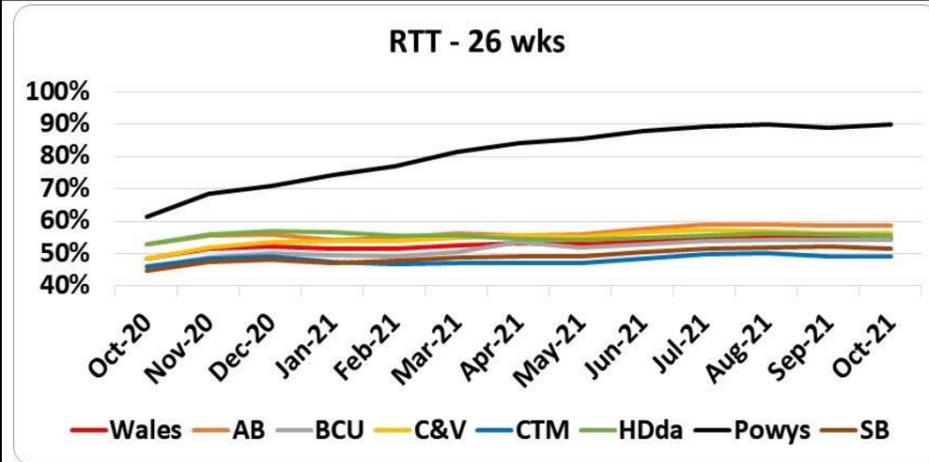
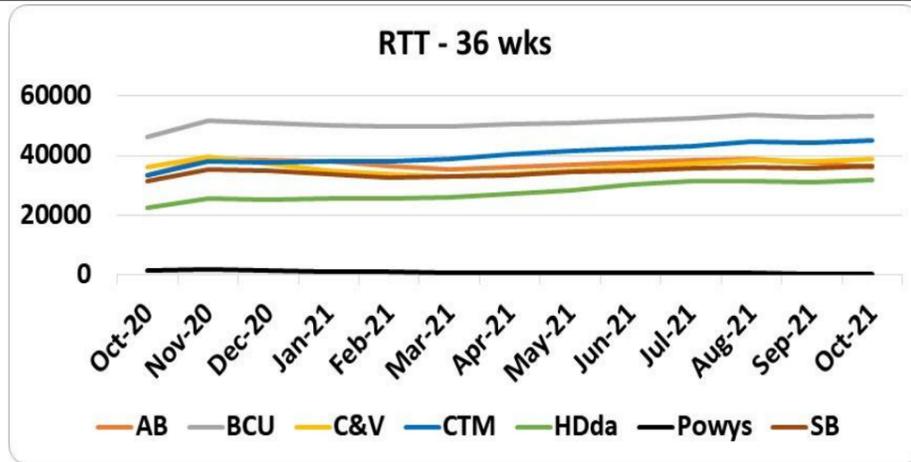
Main areas of risk include the long waiting patients waiting over 36 and 52 weeks for a first appointment.

As part of the validation of the Stage 1 over 52 weeks and as a mitigation against the long waits, patients will go through a validation process as agreed within each individual speciality. This will help with the removal of patients who no longer wish to remain on the waiting lists.

How do we compare with our peers?

As at October 2021, CTM has the lowest compliance for 26 weeks RTT (49.0%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 58.5%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (45,202) with BCU ranked 7th (53,233). Again, best performing is Powys (313), with the better performing of the acute health boards being Hywel Dda (31,750).



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

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

Number of surveillance patients waiting past their review date

Total >8 weeks 15,218

Total >14 weeks 696

(as at 4th January 2022)

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	8	81	311	400
	Cardiac CT		44	0	44
	Cardiac MRI	1	2		3
	Diagnostic Angiography		37	3	40
	Stress Test	11	33	0	44
	DSE	75	0	22	97
	TOE	1	0	7	8
	Heart Rhythm Recording	15	34	3	52
	B.P. Monitoring				0
Bronchoscopy				0	
Colonoscopy		177	570	1	748
Gastroscopy		244	878	3	1125
Cystoscopy		0	427		427
Flexi Sig		496	676	0	1172
Radiology	Non-Cardiac CT		164		164
	Non Cardiac MRI		1419		1419
	NOUS		8974		8974
	Non-Cardiac Nuclear Medicine		26		26
Imaging	Fluoroscopy		38		38
Physiological Measurement	Urodynamics	37	166	5	208
Neurophysiology	EMG	18	151		169
	NCS	18	42		60
Total		1101	13762	355	15218

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		33	0	33
Dietetics	251	224	145	620
Occupational Therapy	0	0	0	0
Physiotherapy	1	5	0	6
Podiatry	0	0	0	0
Speech & Language	0	16	21	37
Total	252	278	166	696

Patient Category as at 4th January 2022	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	86	115	22	223
Over Target	72	166	1	239
Total Patients Waiting	158	281	23	462
Urgent Non-Cancer				
Waiting <14 days	72	83	6	161
Over Target	589	1741	0	2330
Total Patients Waiting	661	1824	6	2491
Routine				
Waiting <56 days	78	28	224	330
Over Target	466	728	0	1194
Total Patients Waiting	544	756	224	1524
Surveillance				
Waiting <126 days past review date	170	219	63	452
Waiting >126 days past review date	440	670	0	1110
Total Patients Waiting Past Review Date	610	889	63	1562

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14705	14308	15218			

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	696			

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

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

How are we doing?

Diagnostics: The provisional position for December indicates that 15,218 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents a deterioration of 6.4% (910) from the reported position in November 2021. This deterioration is due in part to an increase in the number of breaching patients waiting for NOUS which has increased by 451 (5.3%) on the reported November position and currently stands at 8,523 patients waiting in excess of 8 weeks. However, further reduction in the numbers waiting for Echo Cardiograms at Bridgend continues (28.5% reduction on November's position).

Therapies: There are provisionally 696 patients breaching the 14 week target for therapies in December, an increase of 33 on the reported position for November. This can be attributed, in part, to the further increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 620. Dietetics accounts for almost 90% of the total patients waiting beyond the 14 week target for therapies.

How are we doing?

Weight Management & Escape Pain: The weight management part of scheme has been cancelled, it is now funded via the Obesity pathway. Escape Pain will be delivered from January 2022.

Urology/Gynaecology Stage 1 Waiting List: 51% of consultant referrals triaged for Physio to seen in Specialist Clinic (saving up to 20 Consultant Clinics). PREMS – shows 8/10 experience, with the majority as 10/10.

Persistent Pain MDT service in Primary Care: Recurrent funding not approved, therefore recruitment to temporary position on hold.

Vascular MDT: This service is now live, 21 patients seen.

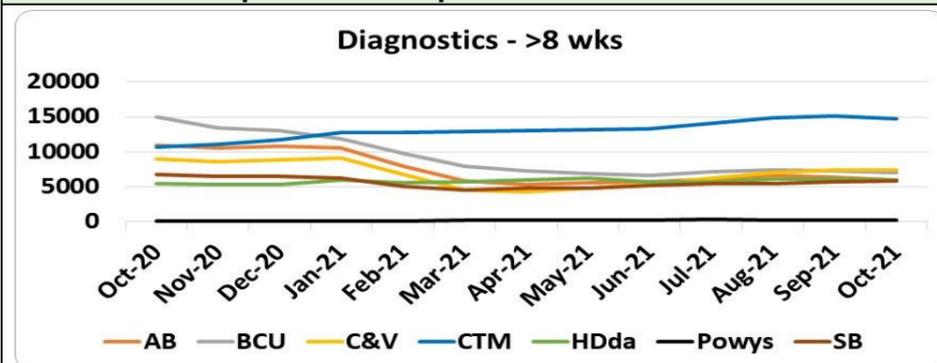
Risks

- Time and ability to recruit to temporary posts
- Effects of lockdown has resulted in increasing demand on core therapy services (increased referrals from PC and increased I/P complexity)
- New wave COVID, increasing staff isolation issues
- Space & medical records limiting factor in UroGynae and vascular schemes

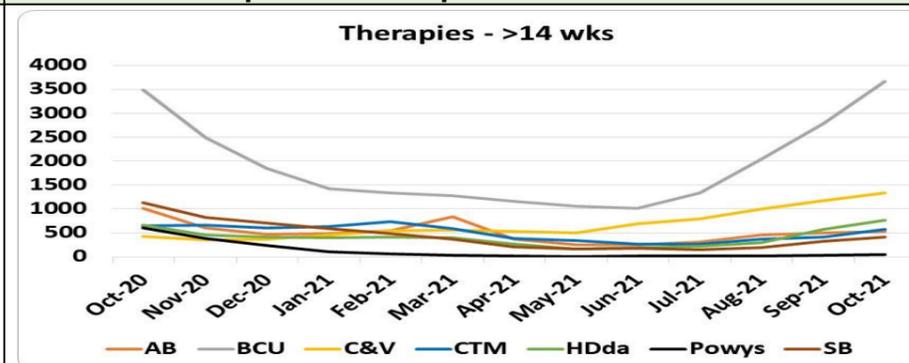
How are we doing?

No further update from the last reported position.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at October 2021, CTM had the highest number of patients (14,705) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (190) with SBUHB performing better than the other acute health boards with 5,914 patient breaches.

As at the same period, CTM had 570 patients waiting over the 14 week target for a therapy and ranked 3rd out of the other health boards in Wales. Again, Powys was first with 52 patient breaches and once more SBUHB ranked 2nd with 414 patient breaches.



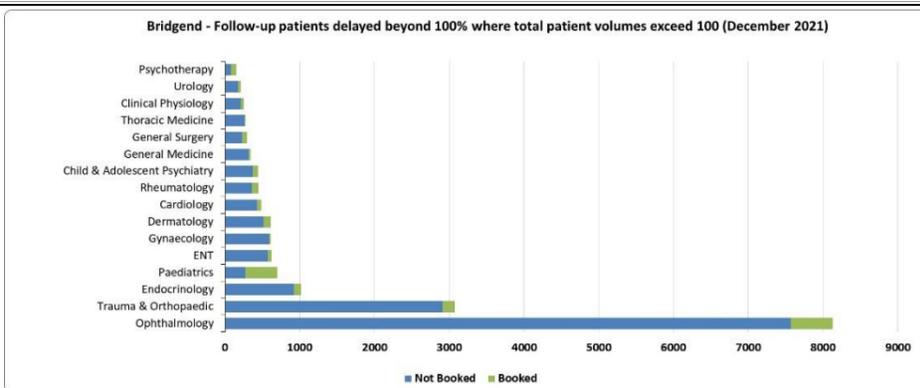
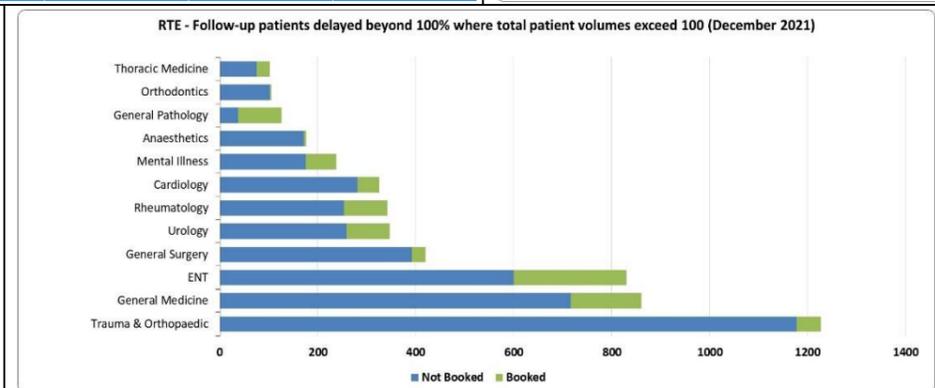
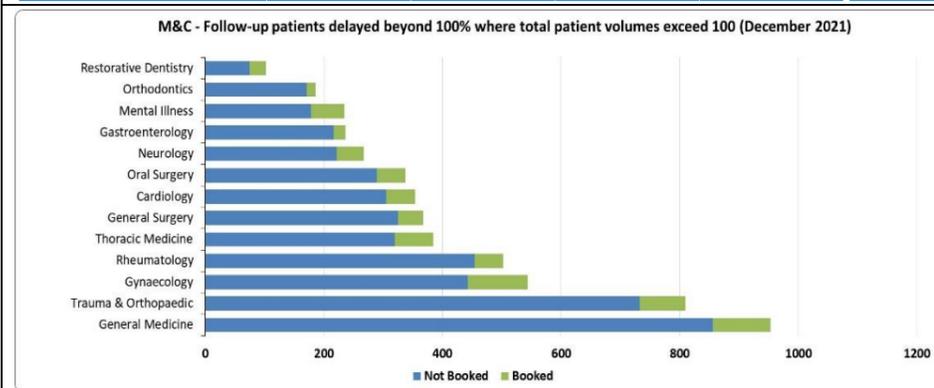
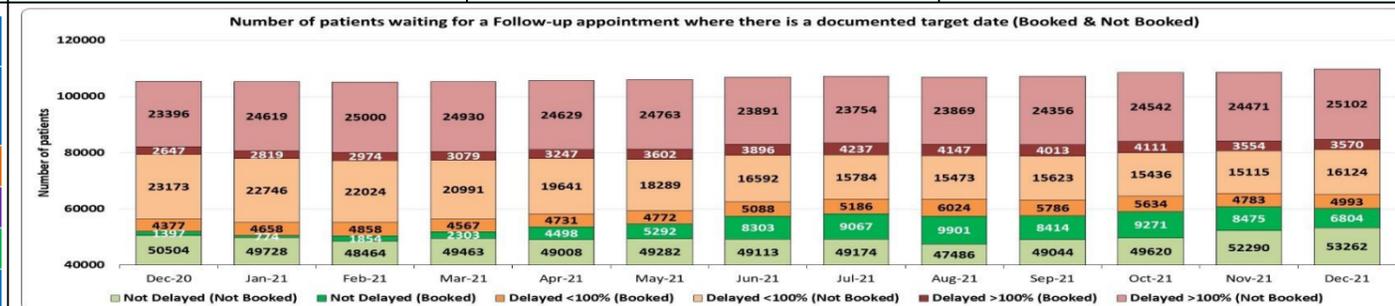
Follow-up Outpatients Not Booked (FUNB) – December 2021 (Provisional Position)

Number of patients waiting for a Follow-up with documented target date - Target <=51,739

Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
9	74,379	35,476	109,864	25,102	3,570	28,672

Provisional December 2021	No. of patients waiting for follow-up appointment			No. of patients delayed over 100% past their target date				
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG								
Merthyr & Cynon	1	13,936	6,477	20,414	4,664	705	5,369	26.3%
Rhondda & Taff Ely	1	12,861	14,286	27,148	4,366	922	5,288	19.5%
Bridgend	7	47,582	14,713	62,302	16,072	1,943	18,015	28.9%
CTM	9	74,379	35,476	109,864	25,102	3,570	28,672	26.1%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of December is provisionally 109,864 and of those patients waiting, 28,672 have seen delays of over a 100% past their target date, representing an increase of just over 10% on the same period last year.

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

The standing down of clinics in outpatients due to the impact of Omicron will impact upon our FUNB figures as vast majority of Follow Up appointments will not be urgent/USC and therefore not take place. There is a drive to communicate the Attend Anywhere system for clinicians to be able to use video consultations where appropriate and these will be picked up in the ILG recovery meetings.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Started and will continue across the HB for majority of patients within this cohort.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from Jan figures in identified specialties as pathways are in development for implementation.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 30,788 for those two specialties.

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

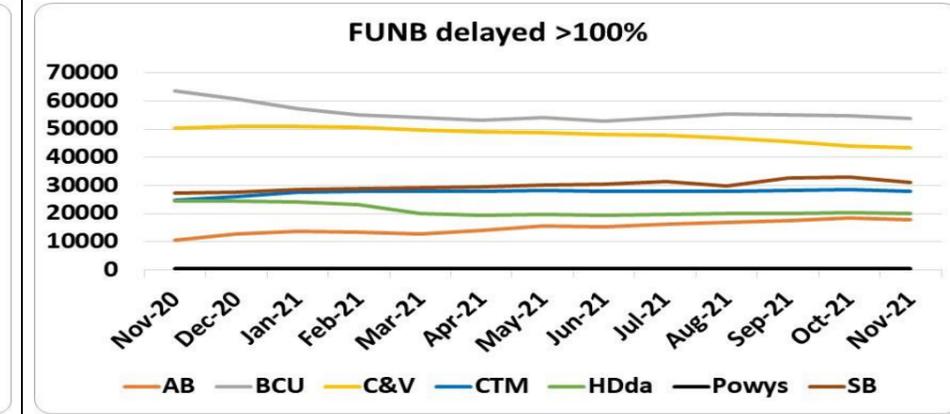
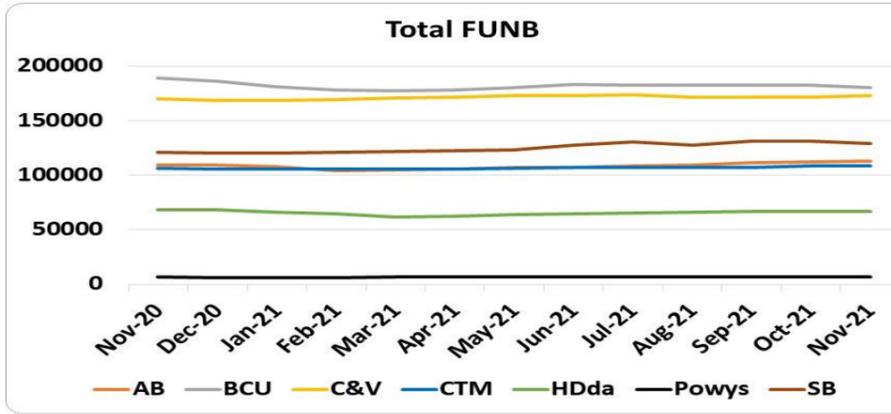
- Total New Patients seen: 13,720; a reduction of 24.6% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 26,913; over 33.5% reduction on the Pre-Covid average (19/20) of 40,500.

Due to the standing down of non-urgent/ USC clinics these figures are likely to reduce further.

How do we compare with our peers?

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

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



Emergency Unit Waits – December 2021 (Provisional Position)

Number of Attendances

13,467

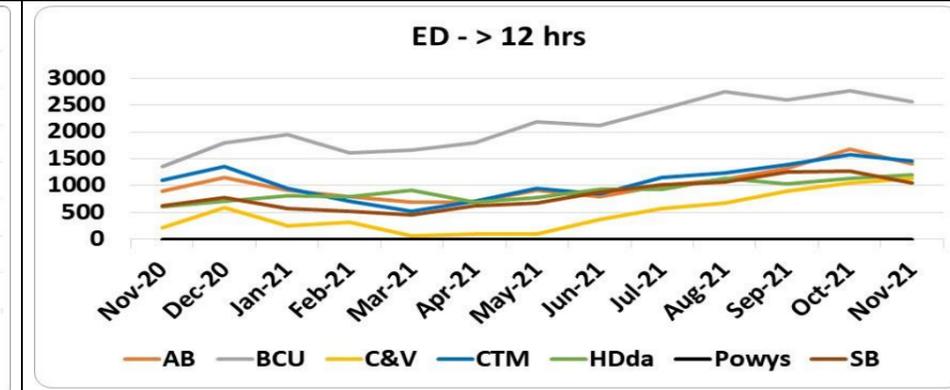
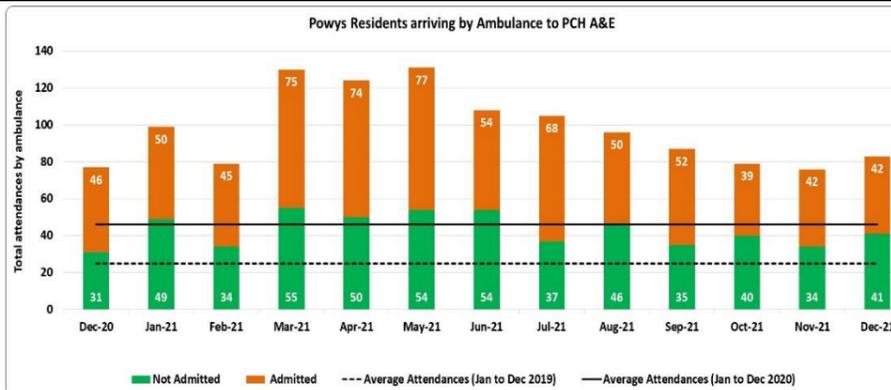
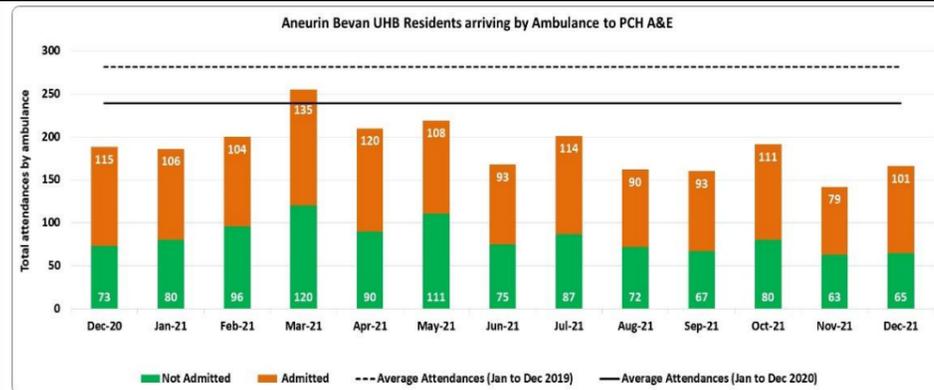
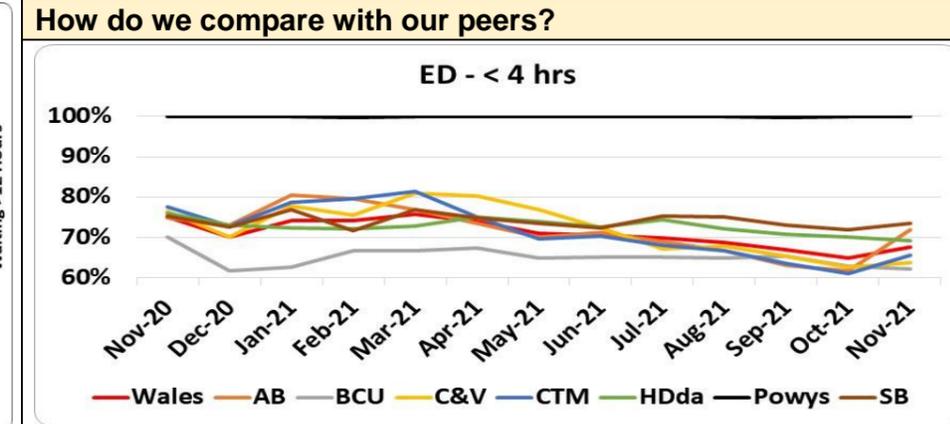
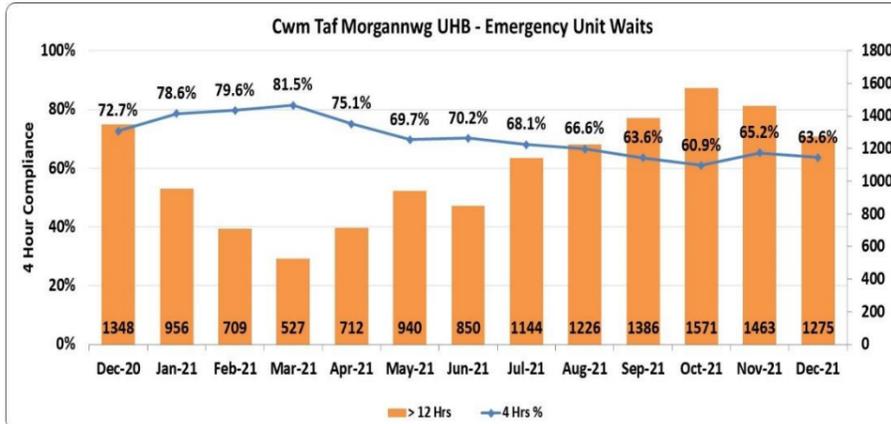
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

63.6% were seen within 4 hours (Waiting >4 hrs 4,902)

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

9.5% of patients were waiting over 12 hours (1,275)

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
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5071	69.6%	325	4894	59.4%	607	15342	60.9%	1571
Nov-21	4740	53.2%	608	4708	74.0%	329	4497	66.2%	526	14273	65.2%	1463
Dec-21	4484	54.3%	543	4561	71.3%	316	4218	63.4%	416	13467	63.6%	1275



How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>A small deterioration was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during December, with overall performance at 63.6%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 54.3%, with the average for the past 12 months, at this site, being 59.7%.</p> <p>The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments saw some improvement on the previous month with 188 fewer breaching patients, bringing the overall total to 1,275 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.</p> <p>Overall, attendances were fewer in December (approx. 5.6%) from the previous month at 13,467, but remains high and is more than 22% greater than the same period last year.</p> <p>The average attendances 2019/20 were around 15,752, with the average 2020/21 being 11,931. From April to date this year, the monthly attendance average has been 15,543, representing an average increase of around 30% on the previous year.</p>	<p>No further updates available at the time of this report.</p> <p>The Unscheduled Care Improvement Programme (UCIP) Board Group will be utilised as a lessons learned and improvement learning platform to improve the quality and safety of services across CTM sites.</p> <p>Conversations are ongoing regarding a CTM-wide Emergency Department Quality and Delivery Framework (EDQDF) group which would report to the UCIP Board.</p> <p>Updates regarding ongoing improvement actions from the last report will be provided in the next iteration of the Integrated Performance Report.</p>	<p>No further updates available at the time of this report.</p> <p>The emergency department manages an undifferentiated case mix, some of whom are very poorly and in a critical position, some of whom are very elderly and some who need treating with a lot of care and dignity. Flow through the department is critical to ensuring that all groups of patients are managed safely and to a high standard, with the implications of poor management ranging from far poorer clinical outcomes, lower levels of efficiency and reputational damage. Furthermore it leads to constraints for WAST and GPs, and patients being managed out-with the agreed care pathways.</p> <p>Achieving flow is dependent on time sensitive alignment of capacity (both in regards clinical decision makers and treatment trolleys) and demand.</p>

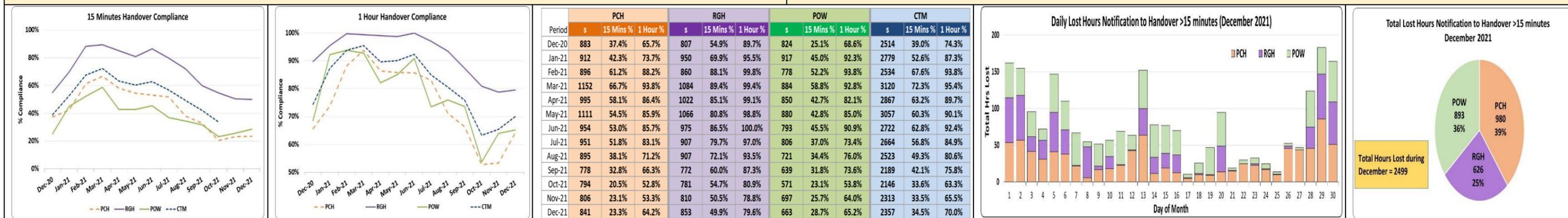
Emergency Ambulance Services – December 2021 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

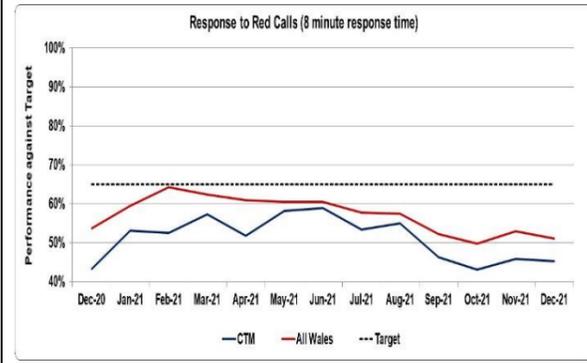
Total handovers 2,357 of which 812 handovers were within 15 minutes (34.5%)

706 handovers were over 1 hour (70.0% of handovers were within 1 hour)



How are we doing? What actions are we taking?	What actions are we taking & when is improvement anticipated?	How do we compare with our peers?
<p>The CTM 15 minute handover compliance saw a very slight improvement this month to 34.5%, with 60-minute compliance improving to 70% from 65.5% in the previous month. The number of Ambulance conveyances (2357) increased by c. 2% on the November figure, however remains approximately 6% below the volume seen in the same period of 2020.</p> <p>Overall our community lost 2,499 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at PCH and POW (36% and 39% respectively) and 25% at RGH.</p>	<p>No further updates available at the time of this report.</p> <p>As part of the HIW action plan, over the weekend of the 12th December, a significant reconfiguration of the ED at PCH has been made. Segregation of the estate for COVID Suspected Pathways for both Majors and Ambulatory from COVID Not Suspected Pathways for both Majors and Ambulatory has been established, enabled by Nurse Screening Area</p> <p>Dedicated parking has been provided to enable WAST to transfer of COVID not suspected patients directly in to an appropriate area.</p>	<p>Handovers > 1 hr</p>

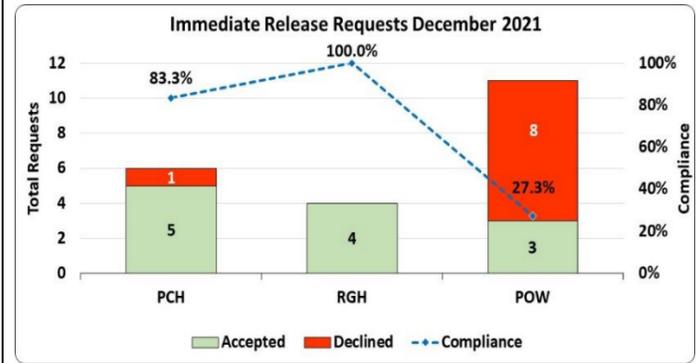
Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% Compliance December 2021 – 45.3%



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
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%	389	207	53.2%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%

Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	7.0
RCT	5.2
Bridgend	4.9

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



How are we doing?

Response to Red Call

Significant and sustained pressures faced by our ambulance services continues and response times remained fairly static during December at 45.3% (45.9% in November). The Welsh average saw a slight fall to 51.1% from 53.0% and has remained below target for the past year. CTM performance for the last twelve months averages out at 51.1%.

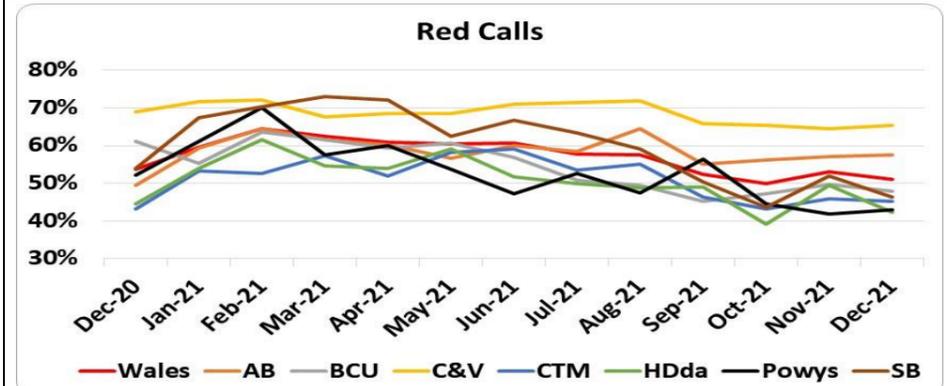
Red Call Volumes shown in the central table continues to remain high, with 607 observed in December (pre-Covid levels averaged 351 per month).

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 21 during December. The ED services were able to support affirmatively 12 (57.1%) of those requests.

How do we compare with our peers?

CTM ranked 5th out of all the health boards in Wales, at 45.3%.

Response times remain better in the dense urban areas, with Cardiff and Vale achieving 65.3% compliance and worse in the more geographically challenging areas, with Hywel Dda receiving the poorest response times at 42.2%.



Stroke Quality Improvement Measures (QIMs) – November 2021

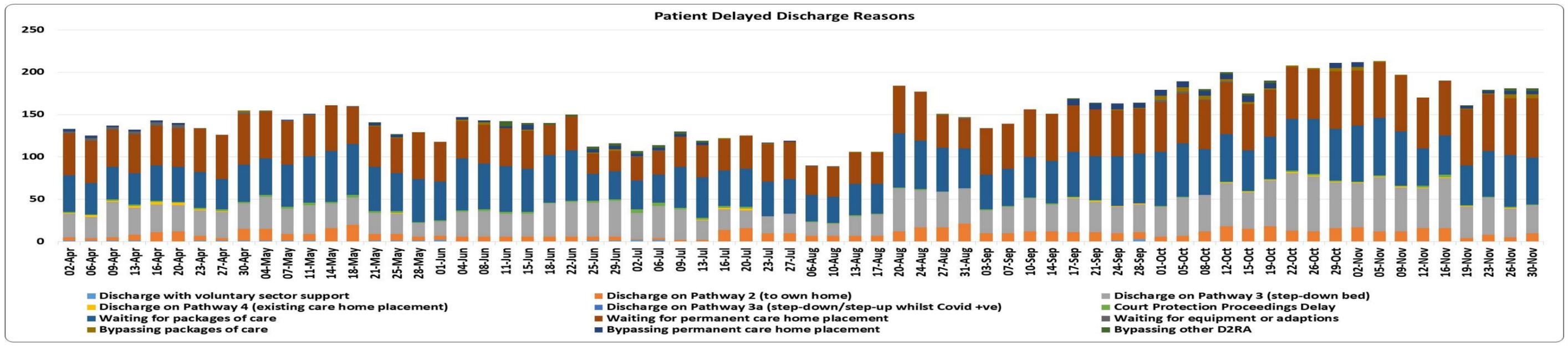
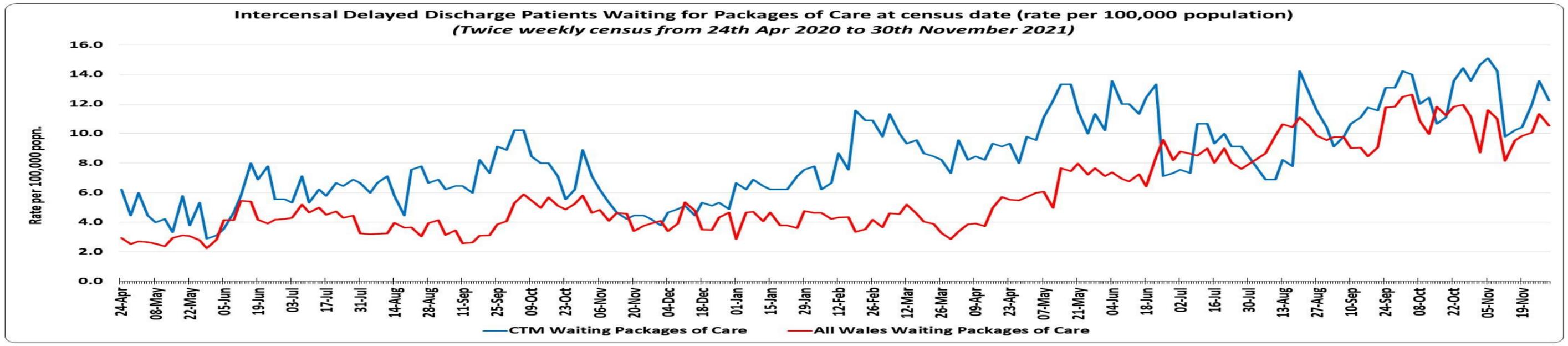
% compliance with direct admission to an acute stroke unit within 4 hours	% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
4.8%	100%	57.6%	72.7%

Prince Charles Hospital	Measure	Nov-20	Dec-20	Jan-21	Feb-21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-21	Sep-21	Oct-21	Nov-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (<4hours)	Total admissions	46	43	40	43	53	44	39	47	48	43	47	45	40
	No of patients within 4 hours	12	4	1	7	6	11	12	14	9	3	7	3	3
	% Compliance	26.1%	9.3%	2.5%	16.3%	11.3%	25.0%	30.8%	29.8%	18.8%	7.0%	14.9%	6.7%	7.5%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	4	3	1	7	1	4	2	3	4	1	1	2	1
	Total thrombolysed	7	5	3	7	2	7	6	5	6	3	3	4	1
	% Compliance	57.1%	60.0%	33.3%	100.0%	50.0%	57.1%	33.3%	60.0%	66.7%	33.3%	33.3%	50.0%	100.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	48	45	42	44	53	46	42	49	48	44	47	47	44
	No of patients within 1 hour	32	27	29	30	25	26	25	27	31	27	25	29	26
	% Compliance	66.7%	60.0%	69.0%	68.2%	47.2%	56.5%	59.5%	55.1%	64.6%	61.4%	53.2%	61.7%	59.1%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	48	45	42	44	53	46	42	49	48	44	47	47	44
	No of patients within 24 hours	36	31	31	34	39	33	28	30	31	32	34	32	32
	% Compliance	75.0%	68.9%	73.8%	77.3%	73.6%	71.7%	66.7%	61.2%	64.6%	72.7%	72.3%	68.1%	72.7%

Princess of Wales Hospital	Measure	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (<4hours)	Total admissions	29	21	18	23	30	38	36	22	31	24	36	23	22
	No of patients within 4 hours	0	0	0	0	4	1	0	1	3	1	1	1	0
	% Compliance	0.0%	0.0%	0.0%	0.0%	13.3%	2.6%	0.0%	4.5%	9.7%	4.2%	2.8%	4.3%	0.0%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	1	0	0	0	1	1	1	1	0	1	1	0	2
	Total thrombolysed	2	1	1	1	5	4	4	2	5	4	5	2	2
	% Compliance	50.0%	0.0%	0.0%	0.0%	20.0%	25.0%	25.0%	50.0%	0.0%	25.0%	20.0%	0.0%	100.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	30	21	19	24	31	39	36	22	31	25	37	23	22
	No of patients within 1 hour	19	9	11	13	16	18	24	12	16	11	17	12	12
	% Compliance	63.3%	42.9%	57.9%	54.2%	51.6%	46.2%	66.7%	54.5%	51.6%	44.0%	45.9%	52.2%	54.5%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	30	21	19	24	31	39	36	22	31	25	37	23	22
	No of patients within 24 hours	20	6	11	21	28	34	31	20	20	17	30	15	16
	% Compliance	66.7%	28.6%	57.9%	87.5%	90.3%	87.2%	86.1%	90.9%	64.5%	68.0%	81.1%	65.2%	72.7%

Cwm Taf Morgannwg	Measure	Nov-20	Dec-20	Jan-21	Feb-21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-21	Sep-21	Oct-21	Nov-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (<4hours)	Total admissions	75	64	58	66	83	82	75	69	79	67	83	68	62
	No of patients within 4 hours	12	4	1	7	10	12	12	15	12	4	8	4	3
	% Compliance	16.0%	6.3%	1.7%	10.6%	12.0%	14.6%	16.0%	21.7%	15.2%	6.0%	9.6%	5.9%	4.8%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	5	3	1	7	2	5	3	4	4	2	2	2	3
	Total thrombolysed	9	6	4	8	7	11	10	7	11	7	8	6	3
	% Compliance	55.6%	50.0%	25.0%	87.5%	28.6%	45.5%	30.0%	57.1%	36.4%	28.6%	25.0%	33.3%	100.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	78	66	61	68	84	85	78	71	79	69	84	70	66
	No of patients within 1 hour	51	36	40	43	41	44	49	39	47	38	42	41	38
	% Compliance	65.4%	54.5%	65.6%	63.2%	48.8%	51.8%	62.8%	54.9%	59.5%	55.1%	50.0%	58.6%	57.6%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	78	66	61	68	84	85	78	71	79	69	84	70	66
	No of patients within 24 hours	56	37	42	55	67	67	59	50	51	49	64	47	48
	% Compliance	71.8%	56.1%	68.9%	80.9%	79.8%	78.8%	75.6%	70.4%	64.6%	71.0%	76.2%	67.1%	72.7%

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>Across all 4 metrics, stroke performance remains at very low levels of compliance. In November, 4.8% (3 out of 62 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 100% of eligible patients were thrombolysed within 45 minutes (3 eligible patients), 57.6% of patients (38 out of 66 diagnosed patients) had a CT scan within an hour and almost three quarters of stroke patients (48 patients of 66 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.</p> <p>The wider challenges of working in a Covid environment, with longer service times and barriers to flow, noted previously remain. Diagnosis of the key factors indicates:</p> <ul style="list-style-type: none"> • The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend. • The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward. • The challenges to provide timely thrombolysis rates are likely to be a consequence of longer ambulance wait times and fewer patients presenting within the thrombolysis window. Over half of the PCH patients now self-present via their own transport rather than WAST and consequently more patients are presenting to RGH rather than PCH. 	<p>The CTM Stroke Planning Group has agreed a number of short term actions which we intend to implement by end of March 2022. These complement medium and long term actions which will require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:</p> <ul style="list-style-type: none"> • Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow. • Review of transfer policy from RGH to PCH for stroke patients • Maintaining weekly MDT meetings • Ensure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectively • Staff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise needed • Closer links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transfer • Increase in therapy / quiet space in PCH and POW to improve therapy input to reduce LOS and improve performance against SSNAP therapy target • Assessment of long term demand capacity. <p>The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.</p> <p>In addition to the above bullet points and the longer term strategic aims, Public Health Wales are undertaking a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.</p>	<p>The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.</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 four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of ILGs.</p> <p>A further risk is in the UHB's ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.</p>



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 rate of patients whose transfer of care is delayed due to waiting for packages of care (bypassing the Discharge to Recover then Assess Pathways – D2RA) has risen since July and presently stands at 14.4 delays per 100,000 population (c.65 individuals). This is higher than the national rate which is 10.9 per 100,000 population.</p> <p>The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 154 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. Just recently there has been further improvement in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility (step-down bed).</p>	<p>We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase</p> <p>This is a national issue and WG have a strategic work stream looking at this. Internally CTM are working with all three Local Authorities to try and address this or find alternatives. There is perceived to be no easy solution to this and as such the environment is considered to present a significant risk to patient experience, outcomes and effective care delivery especially as we move towards the winter months.</p>	<p>Provision for individuals who are elderly and have mental illnesses remains limited in the independent sector and is impacting on our discharges. Sadly, some of these individuals are extremely complex and there are limited options available.</p> <p>Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 “red homes” which are closed to admissions, leaving availability of beds limited.</p> <p>Until recently providers had been receiving hardship monies to support the voids. This has tapered off from September; and there remains uncertainty as to whether this will have any impact and when this impact may materialise.</p>

Single Cancer Pathway (SCP) – November 2021

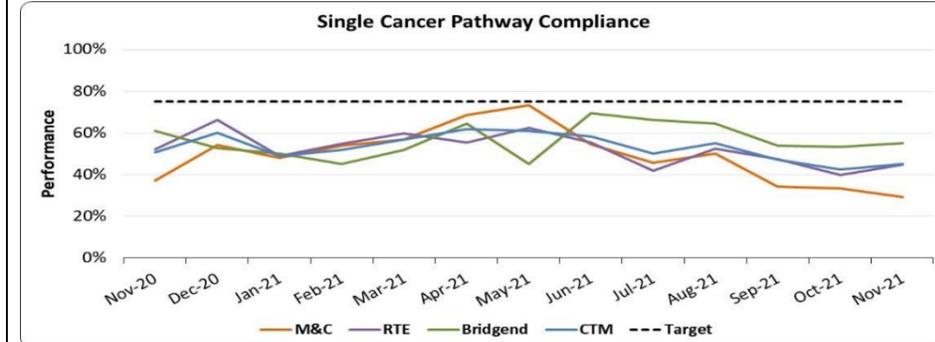
% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 45.1%**

Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	7	18	38.9%
Upper GI	10	27	37.0%
Lower GI	15	47	31.9%
Lung	18	29	62.1%
Sarcoma	0	1	0.0%
Skin (exc BCC)	41	54	75.9%
Brain/CNS	3	3	100.0%
Breast	18	44	40.9%
Gynaecological	6	24	25.0%
Urological	13	45	28.9%
Haematological	7	14	50.0%
Other	1	2	50.0%
Total	139	308	45.1%

Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
November 2021												
Head and Neck	0	2	2	7	9	16				7	11	18
Upper Gastrointestinal	2	6	8	5	2	7	3	9	12	10	17	27
Lower Gastrointestinal	4	12	16	7	8	15	4	12	16	15	32	47
Lung	4	3	7	11	3	14	3	5	8	18	11	29
Sarcoma							0	1	1	0	1	1
Skin(c)							41	13	54	41	13	54
Brain/CNS	2		2				1		1	3		3
Breast				18	26	44				18	26	44
Gynaecological	5	17	22	0	0	0	1	1	2	6	18	24
Urological				13	32	45				13	32	45
Haematological				6	4	10	1	3	4	7	7	14
Other	0	1	1	1	0	1				1	1	2
Total Breaches	17	41	58	68	84	152	54	44	98	139	169	308
Overall Compliance			29.3%			44.7%			55.1%			45.1%



The Cwm Taf Morgannwg SCP performance for November improved slightly to 45.1% from 42.5% in the previous month. Predicted performance for December currently is 46.1%. With the exception of skin, no other tumour sites have achieved the current SCP target.

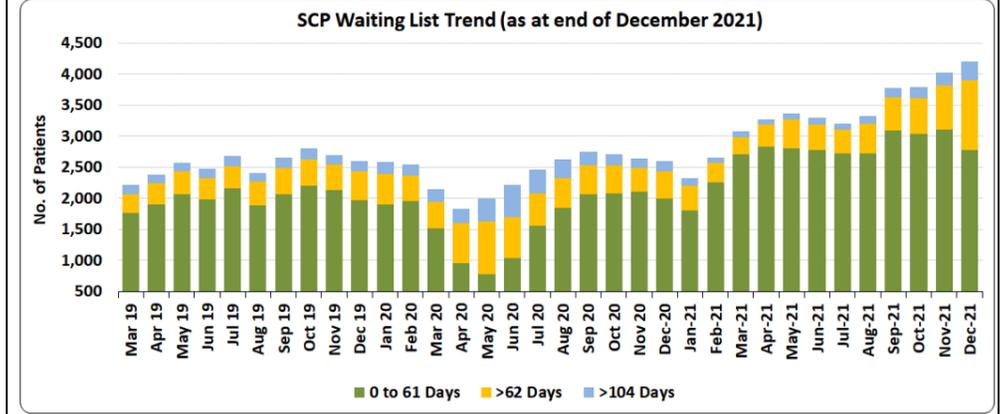
72 out of the 169 breaches were treated over 104 days. Lower GI (19%) accounts for the greatest number of breaches followed by Urology (18%) and Breast (15%).

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

Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April of this year, and the lowest being October at 42.5%. Throughout the year performance has remained well below the 75% target. This is predominantly attributed to the total number of patients at the first outpatient appointment and diagnostic stage collectively; accounting for 82% of all patients on a cancer pathway.

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days

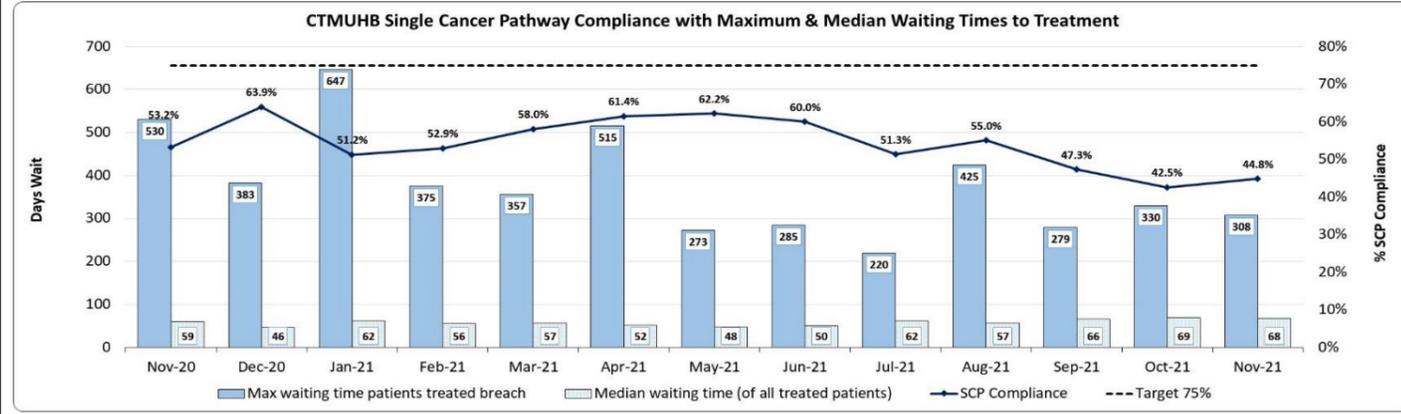
SCP Compliance detailing Maximum & Median Waiting Times to Treatment

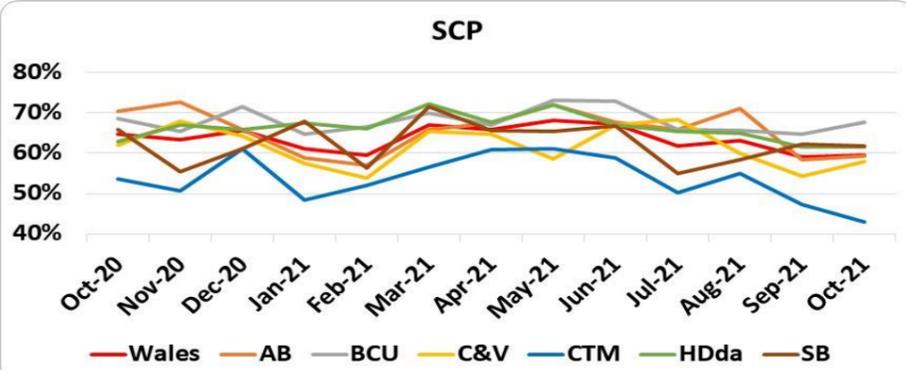


Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Brain/CNS	1	1	1
Head and Neck	8	4	4
Upper Gastrointestinal	51	9	20
Lower Gastrointestinal	74	24	49
Lung	3	1	1
Gynaecological	81	22	65
Other	13	5	1
Grand Total	231	66	140

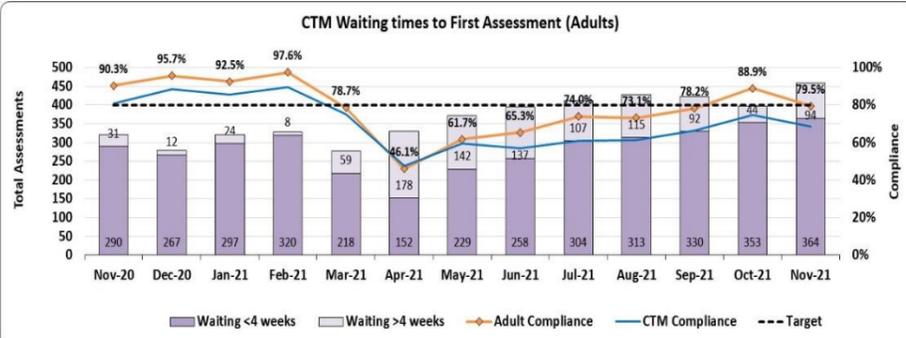
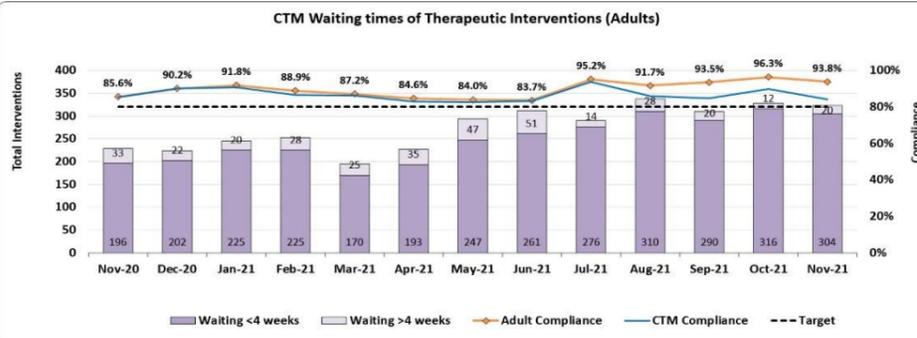
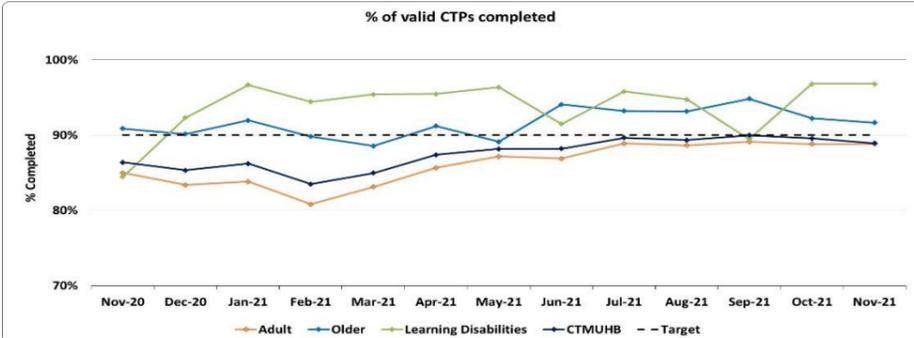
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Brain/CNS	1		
Head and Neck	12	6	5
Upper Gastrointestinal	34	13	20
Lower Gastrointestinal	56	24	29
Lung	4	1	2
Breast	212	16	8
Urological	61	16	49
Haematological	4		3
Other	8		1
Grand Total	392	76	117

Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	4		5
Lower Gastrointestinal	4	3	5
Lung			5
Sarcoma	5	3	3
Skin(c)	28	5	14
Gynaecological	4	2	6
Haematological		1	2
Other	9	2	1
Grand Total	54	16	41

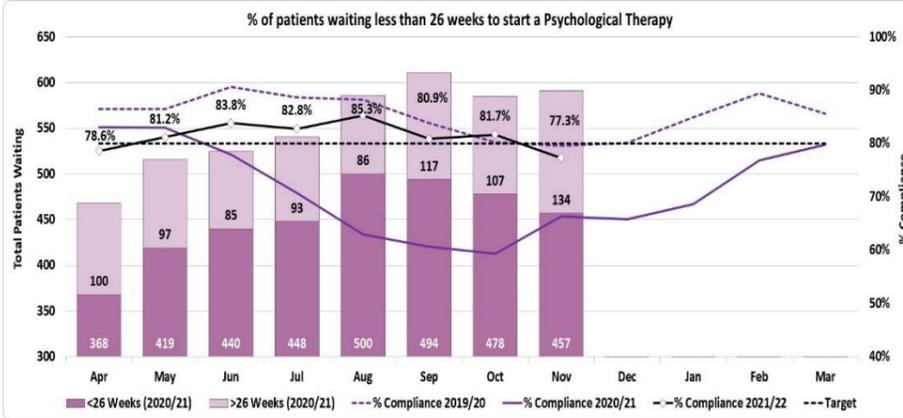


How are we doing & how do we compare with our peers?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>Latest all Wales figures for October 2021, indicate that CTM has the lowest levels of compliance with the 62 day standard. As per the chart above, the waiting list has continued to increase month on month. The volume of patients on the cancer pathway has now risen for 5 consecutive months with CTM having the 2nd highest recorded volumes in comparison to all other acute Health Boards. As at the 4th January 2022, the number of patients waiting over 62 and 104 days has increased to 1129 and 302 respectively.</p> 	<ul style="list-style-type: none"> Operational teams are focused on validating all of their active patients with subsequent updating of the cancer tracker. Weekly executive lead reviews across all three ILG's focusing on Urology, Lower GI, Breast, Gynaecology, Radiology and Pathology. This is to ensure effective performance management of non-compliant tumour sites and support services. Developing the business case for the 1 stop shop Gynaecology service. Development and enhancement of the cancer BI tool. 	<ul style="list-style-type: none"> Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position. 82% of all patients on the active SCP are at 1st OP or diagnostic stage Continued and sustained rise in total volume of active patients on a cancer pathway. Month on month deterioration in the number of patients waiting above 62 and 104 days for their first definitive treatment. Implementation of Wrapper / Canisc replacement. Non-compliance with the upgrade / downgrade standard operating procedure continues, resulting in not all patients being captured and tracked Impact of Covid surge.

CTM Mental Health Compliance detailing the Adult Mental Health Services – November 2021

% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
<p>Part 1a – CTM 68.6% (Adults 79.5%)</p> 	<p>Part 1b – CTM 84.2% (Adults 93.8%)</p> 	<p>Part 2 – CTM 88.9% (Adults, Older & LD 89.8%)</p> 
<p>Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. CTM compliance for November fell to 68.6% from 74.7%; with the adult services also falling to 79.5% from 88.9% in the previous month. Overall, referrals increased in November to 1198 (1064 in October). Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during November amounted to 987 (91 more than in October).</p>	<p>Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell slightly to 84.2% during November but continues to be above the 80% target. The adult services improved to 93.8% from 90.5% in the previous month. The total number of interventions during the month were 392 with the pre-Covid average being 357 per month. The total adult interventions during November were 324, of which 304 started within 28 days.</p>	<p>Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell marginally to 88.9% during November and remaining just under the 90% target. Part 3: There was no outcome of assessment reports sent during November.</p>

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - November 77.3%



How are we doing & what action are we taking?

Part 1a compliance decreased to 79.5% in Nov-21 which is just below the target compliance of 80% breaking the trend of improving compliance since April-21. All 3 ILGs reported a compliance drop whilst undertaking increased assessment activity, which reached a 12-month high for the whole of CTM MH. An increase in staff sickness being the primary cause for the drop in compliance. Part 1b remains well above target compliance despite elevated activity levels.

Part 2 compliance increased slightly to 89% a 6-month high which is just below the target of 90% as caseload in Older Adult reduced in month.

Psychological Therapies reported a worsening position with 23% of the waiting list now waiting greater than 26 weeks. Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.

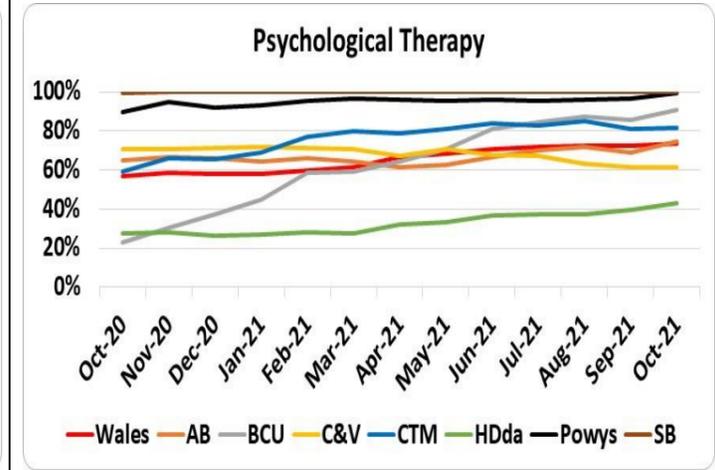
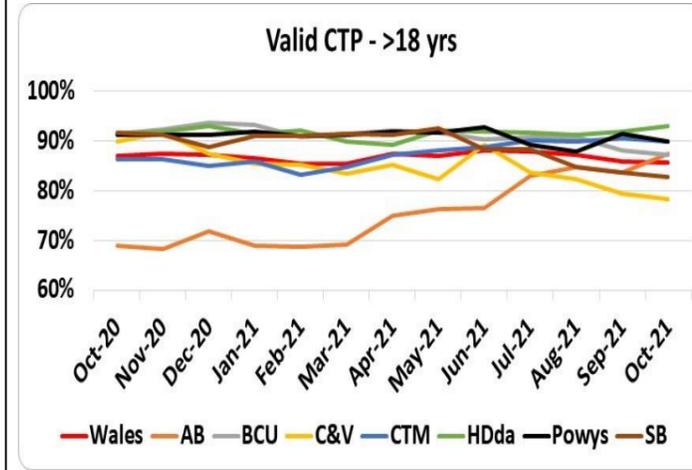
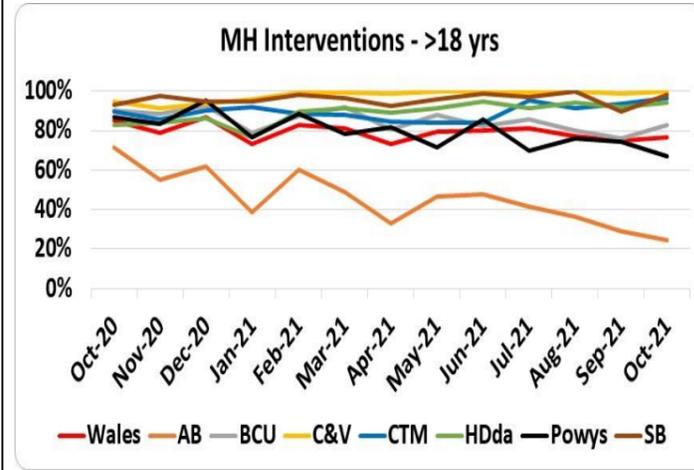
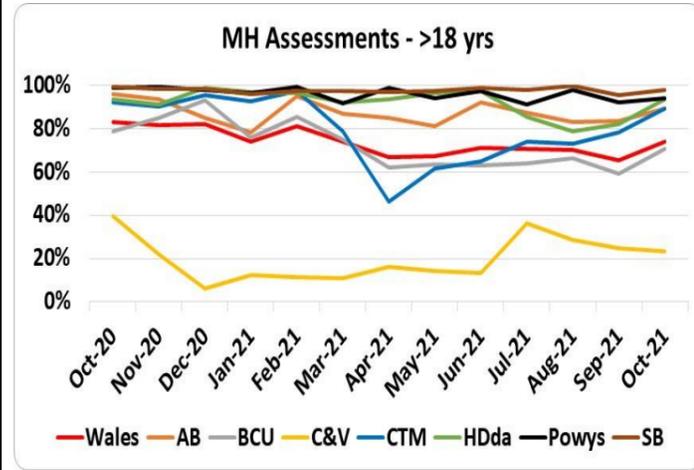
When improvement anticipated and what are the main areas of risk?

Part 1 & 2 compliance improvements are dependant on a reduction in staff sickness levels to facilitate increased activity within compliance target.

Psychological Therapies improvements are dependant on support for the recovery plan to address the discrepancy between the demand of this service and the capacity available whilst undertaking process redesign to ensure a tight-sized system of care.

Increased sickness and absence due to COVID-19 continues to be the biggest risk to compliance improvements in Mental Health Measures Part 1 & 2.

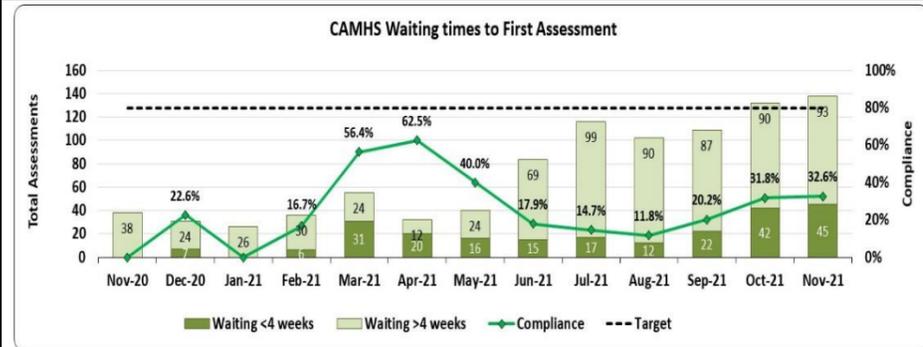
How do we compare with our peers?



Child & Adolescent Mental Health Services (CAMHS) – November 2021

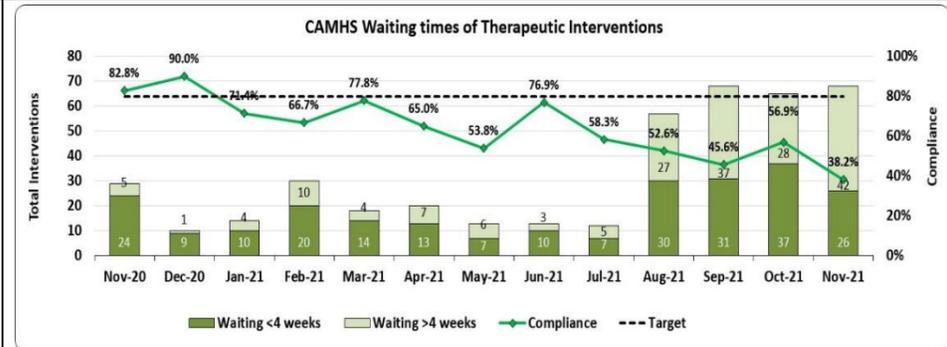
% of assessments undertaken by LPMHSS within 28 days of receipt of referral
Target 80%

Part 1a – 32.6%



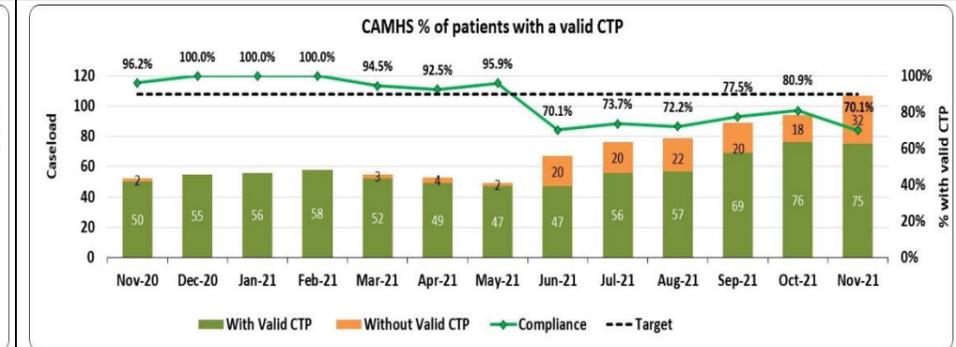
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

Part 1b – 38.2%



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

Part 2 – 70.1%



In November, 32.6% of assessments were undertaken within 28 days of referral. WG's minimum expected standard is 80%. The chart shows that in the last two reporting periods CAMHS compliance has improved; although remaining well below the target. Waiting list volumes continue to increase with demand remaining higher than pre-Covid levels, with 211 referrals received in November, a 151% increase on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals thus far for 2021/22 standing at 163 per month.

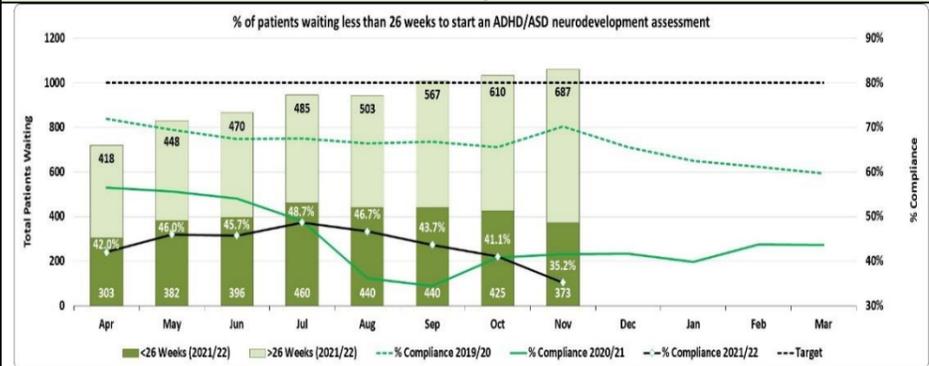
N.B. the data has been revised from Aug 21 due to a reporting anomaly.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell during November to 38.2% from 56.9% in the previous month, but remains below the 80% target. The last time the target was met was in December of last year (90%). There were a total of 68 interventions this month, with 26 of those patients receiving intervention within 28 days.

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 during November to 70.1% from 80.9% in October and remains below the 90% target.

Part 3: There were no requests for an assessment under Part 3 of the Mental Health Measure during November.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - November 2021 – 35.2%



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in November falling further to 35.2% from 41.1% in October. The total waiting list volume continues to grow and now stands at 1,060 patients, 339 (47%) higher than in April.

How are we doing & what actions are we taking?

There has been an expected decrease in demand in December 2021 due to the holiday period. The acuity of the presentations of the CYP still remain high. The referrals received are predominantly for anxiety and low mood concerns. There has been a continued steady demand for the Crisis Service throughout December 2021, with CYP presenting with Suicidal Ideation and Self Harm. The service has implemented a Planned Care Recovery scheme to improve Part 1A compliance. The team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The service has also set up anxiety and mood disorder groups. Communication has been sent to CYP on the waiting list regarding support services available during this challenging time.

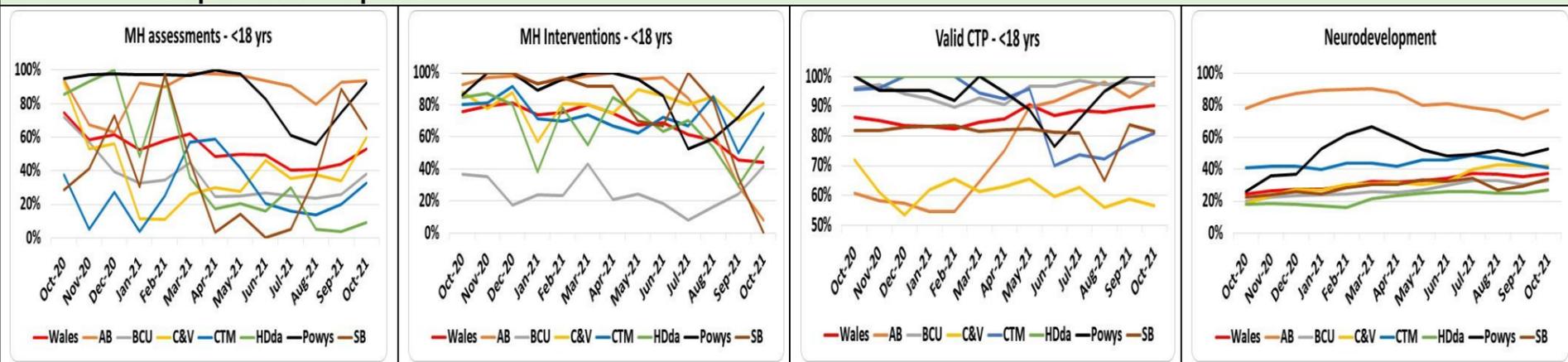
Patients presenting with higher levels of need and risks should be identified as Relevant Patients and in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect. The SPOA hours of operation are temporarily extended to cover from 8:00 am to 8:00 pm to provide additional support to CYP and Professionals during this challenging period. The recruitment to the Eating Disorder Team and 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment) is still underway, the campaign has been very successful. The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff are awaiting start dates. This service will underpin early intervention and prevention, building up resilience in CYP and prevent onward referrals into specialist CAMHS.

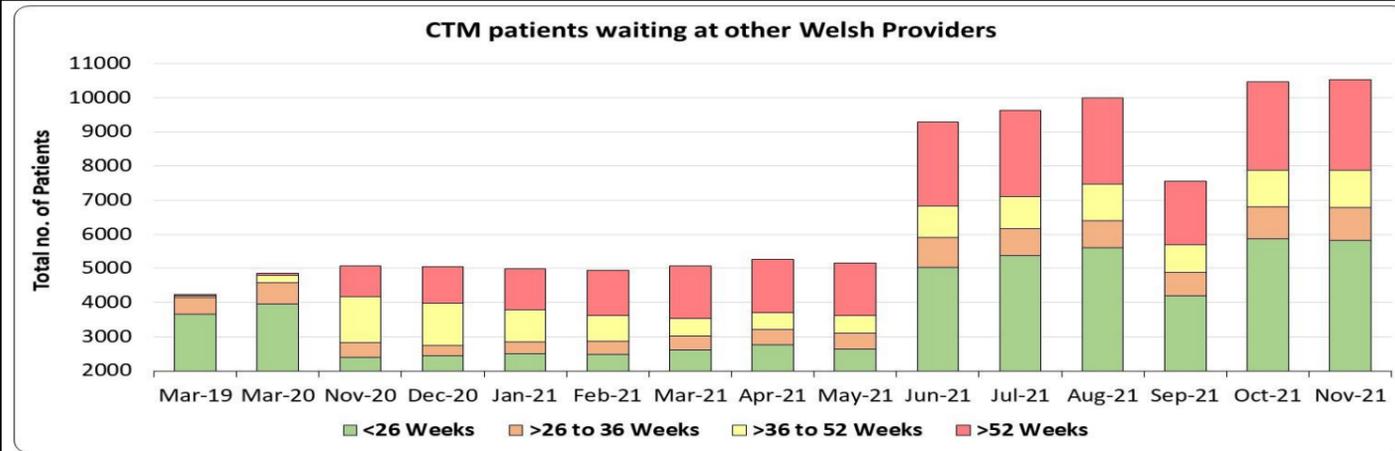
What are the main areas of risk?

- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Staff sickness due to COVID impacting on capacity.

How do we compare with our peers



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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in November is approx. 3,716. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 404 and there are no patients waiting over 14 weeks for a therapy (Dietetics – C&VUHB).

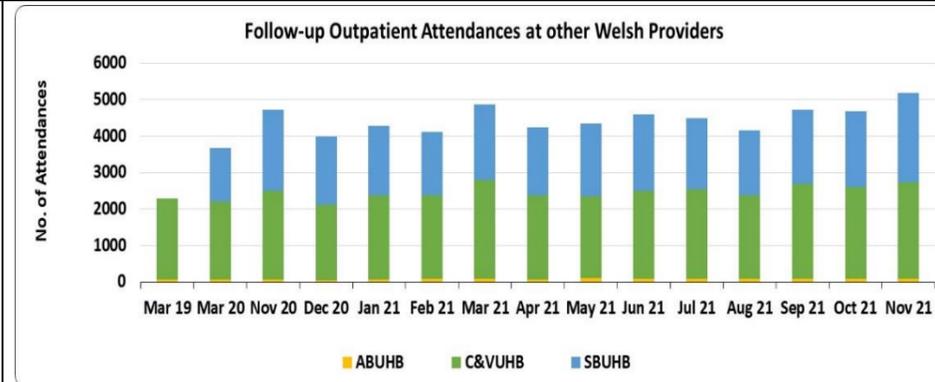
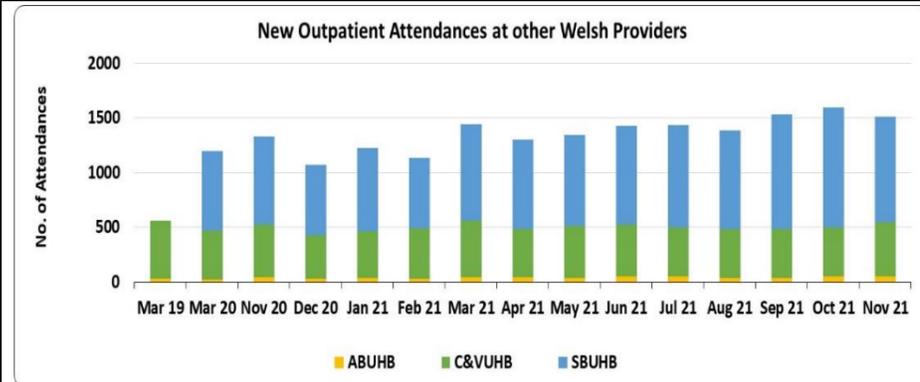
CTMUHB Patients waiting at other specific Welsh Providers RTT (November 2021)						
Specialty	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	108	602	8	59	160	399
Ophthalmology	57	155	14	52	59	248
Clinical Immunology And Allergy	24	78	3	17	63	246
Oral Surgery	9	52	2	10	51	185
ENT	14	47		10	42	171
Gynaecology	14	31	3	5	17	57
General Surgery	21	28	4	1	3	22
Urology	6	23				
Paediatric Surgery	10	14				
Neurology	228	12				
Cardiology	26	10				
Dermatology	8	10				
Paediatric Dentistry	18	10				
Paediatrics	9	8				
Dental Medicine Specialties	8	8				
Neurosurgery	6	7				
Pain Management	2	2				
Rheumatology		2				
Anaesthetics	5	2				
Cardiothoracic Surgery	1	2				
Restorative Dentistry	2	2				
Orthodontics	1	1				
Respiratory Medicine		1				
Gastroenterology	3					
General Medicine	12					
Nephrology	2					
Paediatric Neurology	1					
Grand Total	595	1107	41	154	432	1387

CTM patients waiting at specific health boards						
November 21	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	2731	55.5%	276	51.6%	2798	55.5%
>26 to 36 Weeks	486	9.9%	64	12.0%	426	8.4%
>36 to 52 Weeks	595	12.1%	41	7.7%	432	8.6%
>52 Weeks	1107	22.5%	154	28.8%	1387	27.5%
Total Waiting	4919		535		5043	
% of Total Waiting	46.7%		5.1%		47.9%	

CTM Patients waiting for a Diagnostic at other Welsh Providers (November 21)						
Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Total Waits	>8 wks	Total Waits	>8 wks	Total Waits	>8 wks
Cardiology	156	73	36	27	245	155
Radiology	146	12	10	4	123	56
Endoscopy	49	26	7	0	34	25
Physiological Measurement	13	8	1	0	2	1
Neurophysiology	8	0				
Imaging	4	0				
Total	376	119	54	31	404	239

CTM Patients waiting for a Therapy at other Welsh Providers (November 21)						
Service	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Total Waits	>14 wks	Total Waits	>14 wks	No patients waiting for a therapy	
Physiotherapy	17	0	19	3		
Dietetics	10	1	2	0		
Podiatry	3	0	1	0		
Audiology	3	1	1	0		
SALT	2	0	1	0		
Occupational Therapy	2	0	22	3		
SALT	1	0				
Total	36	2	36	3		

CTM Outpatient Attendances at other Welsh Providers

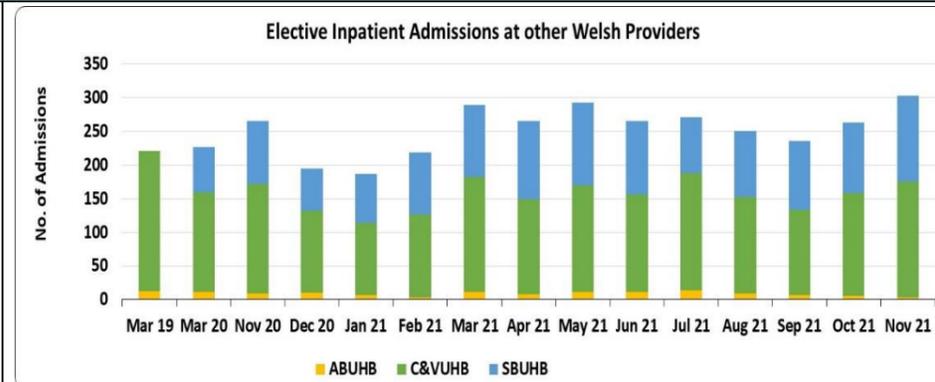
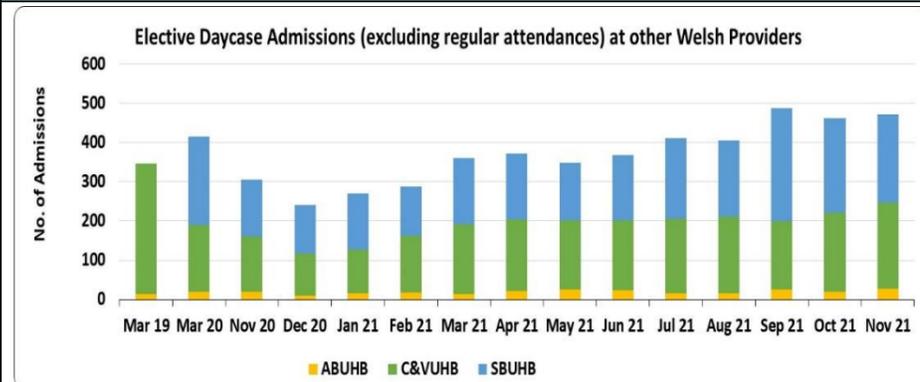


We have yet to receive the latest WHSSC activity report, so the narrative position reflects as last month (the reported position for October).

Whilst there are a growing increase in the number of new referrals across a number of specialties (Thoracic Surgery, Cardiac Surgery) for the majority, the number of patients waiting for outpatient appointments has reduced, particularly for follow-ups (Neurosurgery and Plastic Surgery).

However, within Plastic Surgery, the number of patients waiting for new outpatient appointments has doubled since February.

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



The waiting list position has improved in Cardiac Surgery in the last month, with minimal patients waiting >26 weeks for cardiac surgery in C&VUHB and approx. 40% waiting over 26 weeks in SBUHB. There remains patients waiting over 52 weeks for Thoracic Surgery, Neurosurgery and Plastic Surgery.

Paediatric Surgery waits continue to be a concern with almost 30% having waited for over a year for surgery. A recovery plan is not yet in place, although the recruitment of an additional 50 nurses in the coming months will help to alleviate the nursing and bed pressures. Although there has been good recovery in the waiting lists for paediatric Cleft, Lip and Palate patients, there remains a challenging position in respect of adult services with exploration of alternate pathways underway. On a positive, there are plans to recommence Bariatric activity in Swansea Bay University Health Board (SBUHB) by the end of the year.



2.5 Finance update

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

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

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
	Choose an item.



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

5. RECOMMENDATION

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