



**AGENDA ITEM**

7.1

**CTM Board**

**INTEGRATED PERFORMANCE DASHBOARD**

<b>Date of meeting</b>	(28/07/2022)
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Jose Roper, Senior Performance Monitoring Officer
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<b>Presented by</b>	Linda Prosser, Executive Director of Strategy and Transformation
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<b>Approving Executive Sponsor</b>	Executive Director of Planning & Performance
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Strategic Leadership Group	15/06/22	Choose an item.

**ACRONYMS**

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



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



SI	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
WAST	Welsh Ambulance Service NHS Trust
WCP	Welsh Clinical Portal
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

## 1. SITUATION/BACKGROUND

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

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with three of the its twenty nine performance measures and is making progress towards delivering a further one.

Welsh Government have advised that Quadruple Aim metrics (Strategic Scorecard) will be continuing into 2022/23 incorporating the Ministerial Priorities. The continuation of the framework was made public 30<sup>th</sup> June 2022: <https://gov.wales/nhs-wales-performance-framework-2022-2023> (Health Boards have yet to receive the more detailed version of the Framework incorporating rationale, targets and ministerial priorities).

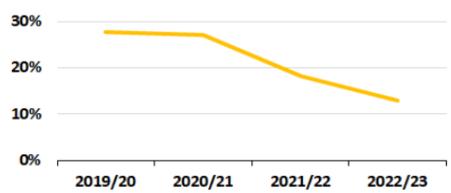
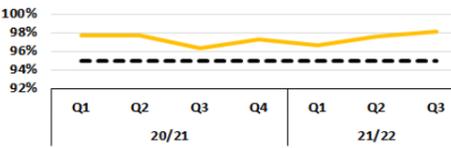
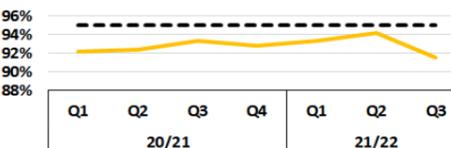
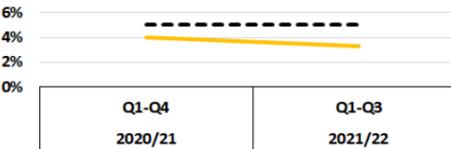
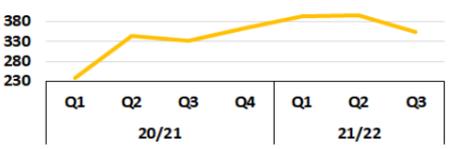
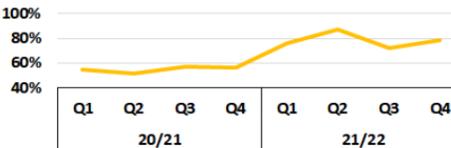
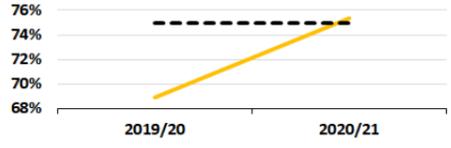
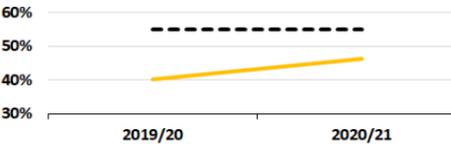
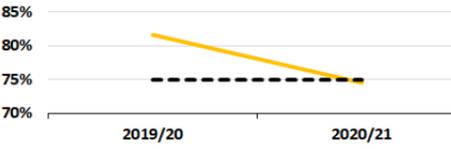
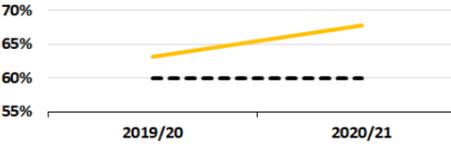
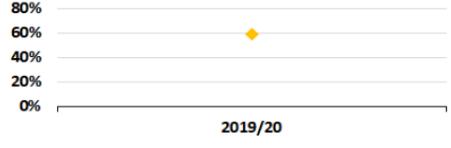
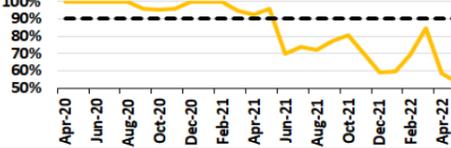
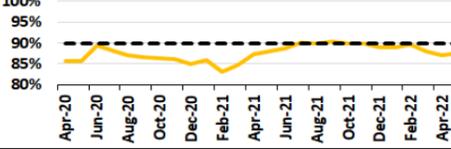
## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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



FINANCE					QUALITY					
<b>Month 3</b>	Variance from Plan				<b>Indicators</b>	Jun-22	May-22	Target	RAG	
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	66.7%	57.8%	75%	●	
	£m	£m	£m	£m		May-22	Apr-22	Target	RAG	
Pay	1.2	1.7		TBC	Single Cancer Pathway	45.2%	52.0%	75%	●	
Non-Pay	-1.4	-2.1			Thrombolysis for Eligible Stroke Patients within 45 Minutes	33.3%	18.2%	100%	●	
Income	0.5	1.0				Apr - Jun 22	Apr - May 22	Target	RAG	
Efficiency Savings	0.1	0.7			Cumulative rate of bacteraemia cases per 100,000 population - E.coli	81.14	78.48	67 per 100,000 pop.	●	
Allocations	0.0	0.0			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	36.56	39.91	20 per 100,000 pop.	●	
Planned Deficit	2.2	6.6			Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	20.51	19.95	25 per 100,000 pop.	●	
Total	2.6	7.8	26.5	34.6		Jun-22	May-22	Target	RAG	
					Total number of Nationally Reportable Incidents	6	5		TBC	
					Number of Formal Complaints Received	57	87			
					Number of Compliments Received	196	182			
					Falls Causing Harm (Moderate/Severe/Death)	22	25			
					Hospital Acquired Pressure Ulcers (Grade 3/4)	3	3			
					Total number of instances of hospital acquired pressure ulcers	84	104			
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	16	7			
					Total number of instances of Community Healthcare acquired pressure ulcers	128	110			
					Number of Never Events in Month	0	1	0		●
	Current Month	Year to Date	Forecast Full Year							
PSPP	96.9%	96.6%	95.0%	Target 95%						
Capital Expenditure	£4.9m	£14m	£63.5m							
Agency as % of total pay costs	9.8%	9.2%	8.3%							
PERFORMANCE					PEOPLE					
<b>Indicators</b>	Jun-22	May-22	Target	RAG	<b>Indicators</b>	Jun-22	May-22	Target	RAG	
A&E 12 hour Waiting Times	1,852	1,872	Zero	●	Turnover	13.05%	12.83%	11%	●	
Ambulance Handover Times within 15 mins	23.0%	26.6%	Annual Improvement	●	Exit Interview by Leaver	0.00%	0.00%	60%	●	
RTT 52 Weeks	35,660	34,694	Zero	●		May-22	Apr-22	Target	RAG	
Diagnostics >8 Weeks Waits	15,396	15,579	Zero	●	Sickness Absence Rate (in month)	6.6%	8.1%	4.5%	●	
% of Stage 4 Urgent Patients Clinically Prioritised	5.3%	5.9%	100%	●	Sickness Absence Rate (rolling 12 month)	7.8%	7.8%		●	
FUNB - Patients Delayed over 100% for Follow-up Appointment	29,287	29,147	19,606 by 2023	●	Return to Work Compliance	46.1%	41.6%	85%	●	
	May-22	Apr-22	Target	RAG		Jun-22	May-22	Target	RAG	
Mental Health Part 1a - CAMHS	26.3%	44.7%	80%	●	Fill Rate Bank	20.5%	33.6%	90%	●	
Mental Health Part 1b - CAMHS	28.6%	32.5%	80%	●	Fill Rate On-contract Agency (RNs)	56.6%	38.4%		●	
Admission to Stroke Unit within 4 hrs	2.9%	9.6%	SSNAP Average 41.8%	●	PDR	55.5%	54.9%		●	
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Mar-22	Feb-22	Target	RAG	Statutory and Mandatory Training - All Levels	59.8%	59.4%	85%	●	
	87.8%	87.7%	90%	●	Statutory and Mandatory Training - Level 1	67.4%	67.1%		●	
Delayed Discharges waiting for packages of care rate (D2RA/bypassing D2RA) per 100,000 population (at census date)	Jun-22	May-22	All Wales Average	RAG	Job Planning Compliance (Consultant)	39.0%	38.0%	90%	●	
	12.2	13.8	13.5	●	Job Planning Compliance (SAS)	27.0%	23.0%		●	
					Direct Engagement Compliance (M&D)	83%	82%	100%	●	
					Direct Engagement Compliance (AHPs)	90%	81%	100%	●	
					RN Shift Fill by Off-contract	1472.8	2393.0	0 Hours	●	

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	Measure	Target	Trend	Latest Position	
	% of babies who are exclusively breastfed at 10 days old <i>(please note that the data from 2021/22 onwards is provisional locally sourced data and will be subject to change with formal publication)</i>	Annual Improvement		13.0%	Apr-Jun 2022
	% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		98.1%	Q3 2021/22
	% of children who received 2 doses of the MMR vaccine by age 5	95%		91.6%	Q3 2021/22
	% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		3.3%	Q1 to Q3 2021/22
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		352.88	Q3 2021/22
	% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		78.3%	Q4 2021/22
	Uptake of influenza vaccination among 65 year old and over	75%		75.0%	2020/21
	Uptake of influenza vaccination among under 65's in risk groups	55%		46.3%	
	Uptake of influenza vaccination among pregnant women	75%		74.6%	
	Uptake of influenza vaccination among health care workers	60%		67.8%	
	% of eligible people who have participated in the bowel screening programme within the last 2.5 years - bowel	60%		59.1%	2019/20
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		53.4%	May-22
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			87.5%	
	% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement		51.9%	2019/20



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement (Part 1)	Measure	Target	Trend	Latest Position	
	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		87.8%	Mar-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		42.2%	
	Number of ambulance patient handovers over 1 hour	Zero		1,084	
	% 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%		60.2%	Jun-22
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		1,852	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		19	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			74	
	% of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend		65.0%	Feb-22
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours			3.2%	Apr-22
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	41.8%		2.9%	May-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Apr-22
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		52.9%		
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		45.2%	May-22	



Measure	Target	Trend	Latest Position		
			Value	Date	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		15,396	Jun-22	
Number of patients waiting more than 14 weeks for a specified therapy			1,446		
% of patients waiting less than 26 weeks for treatment	75%		47.1%		
Number of patients waiting more than 36 weeks for treatment	Zero		50,361		
Number of patients waiting for a follow-up outpatient appointment	51,739		113,079		
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		29,287		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		61.4%		May-22
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		3.08		2020/21
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			75.0%		Apr-22
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			26.3%		May-22
% 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)			77.8%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		28.6%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			87.4%		
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment			38.3%		
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			65.0%		

Quadruple Aim 2: (Part 2)



Quadruple Aim 2: (Part 3)	Measure	Target	Trend <span style="color: orange;">.....</span> 2021/22 <span style="color: blue;">——</span> 2022/23	Latest Position	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		81.14	Cumulative Rate per 100,000 population Apr to Jun 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		36.56	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		20.51	
	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		17	
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		14	Cumulative Numbers Apr to Jun 2022	

Quadruple Aim 3: The health and social care workforce in Wales in motivated and sustainable	Measure	Target	Trend	Latest Position	
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement		87.0%	2020/21
	Overall staff engagement score	Annual Improvement		71.0%	
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		55.5%	Jun-22
	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		67.4%	
	% of sickness absence rate of staff	12 Month Reduction Trend		7.78%	May-22
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020/21	



Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Measure	Target	Trend	Latest Position	
	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement		7.2	2020/21
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%			Jun-22
	% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies		54.0%	Q3 2021/22
	% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		67.0%	
	Crude hospital mortality rate (74 years of age or less) (rolling 12 months)	12 Month Reduction Trend			May-22
	% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend		80.7%	May-22
	% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	Improvement Trend		62.5%	
	All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%		99.1%	Q3 2021/22
	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	275.6		349.6	
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1,420	Q3 2021/22
	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction		0.15%	
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5065.4	Q3 2021/22
	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		79.1%	
Agency spend as a percentage of the total pay bill	12 month reduction trend			May-22	
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target			Apr-22	

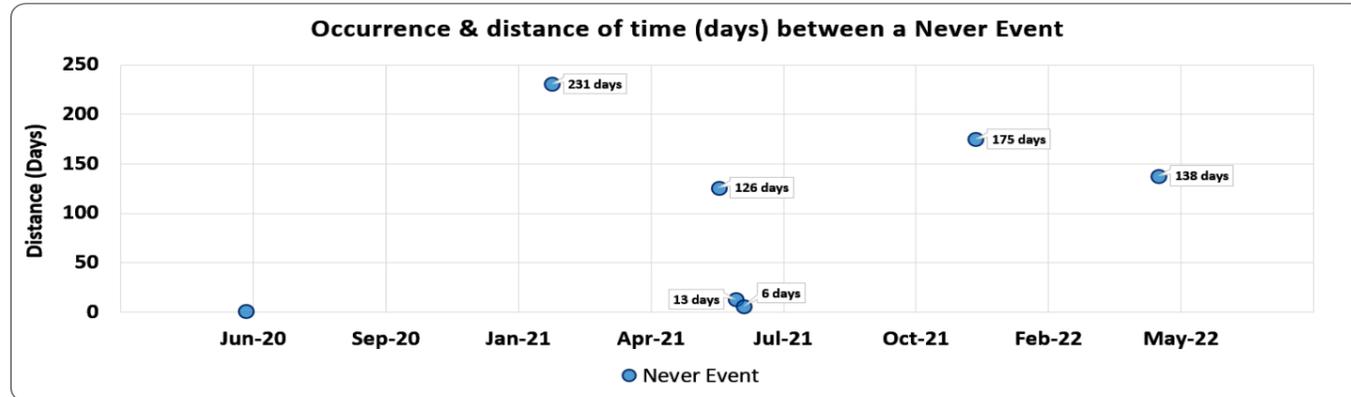
## 2.3 Quality

### Never Events & Serious Incidents

#### Never Events

Number of Never Events – June 2022

0



At the time of writing this report the last never event recorded was over two months ago, 2<sup>nd</sup> May 2022, where an insulin pump was commenced instead of intravenous antibiotics. 'Make safes' and safety briefings have taken place and an investigation is in progress.

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

In total 2 reportable events have been observed during the past twelve months, as detailed in the chart to the left.

#### Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – June 2022

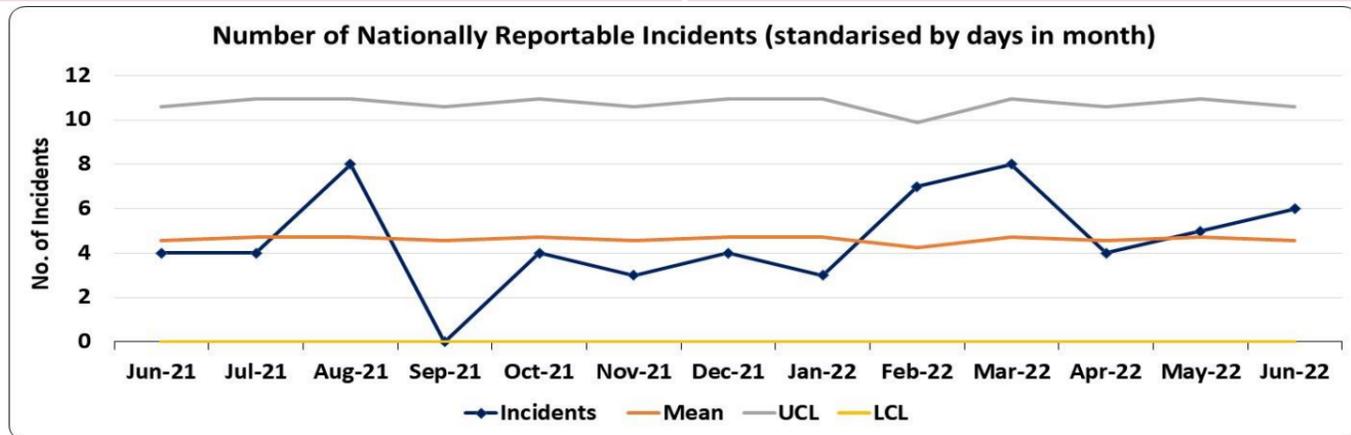
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Number of Locally Reportable Incidents – June 2022

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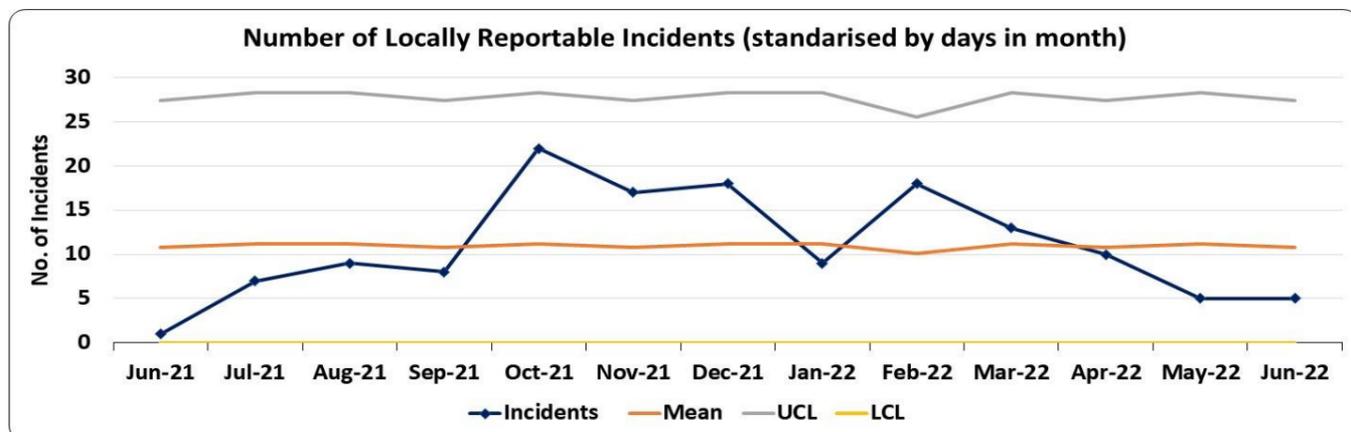
Number of Patient Safety Incidents – June 2022

1,869



Throughout June 2022, there were 1,869 patient safety incidents reported on Datix across the Health Board. Of these, 6 were Nationally Reportable Incidents (as detailed in the table below) and a further 5 were graded as locally reportable incidents (LRI's). Since the implementation of Datix Cymru, the Health Board is currently unable to accurately record the number of LRI's submitted each month within the system as this is a health board initiative to ensure robust oversight of all incidents of significance. LRI's are currently counted manually and work has been undertaken to establish an interim solution which identifies the number of open LRI's.

On the 6<sup>th</sup> June 2020, CTM launched a new toolkit and training package to support consistent management of incidents, from reporting, to investigation and learning from events requirements. Learning from Events reports (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFER's and inclusion on the corporate risk register. Without clear evidence of learning from incidents being submitted to Welsh Risk Pool (WRP), reimbursement of any claims or redress values paid out by the Health Board will not be received. A number of actions have been taken in an attempt to achieve the targets set out, including guidance developed, drop in sessions, ILG targets issued and monitored via trackers and regular meetings. However, there is still some work to do in order to reduce the backlog and ensure that current incident management includes evidence preparation for LFER's and that newly triggered LFER's are managed within WRP timescales. The Safety CTM brand has commenced its patient safety clinics to target support and improve the safety of our services with a view to enabling a safety network and learning culture.



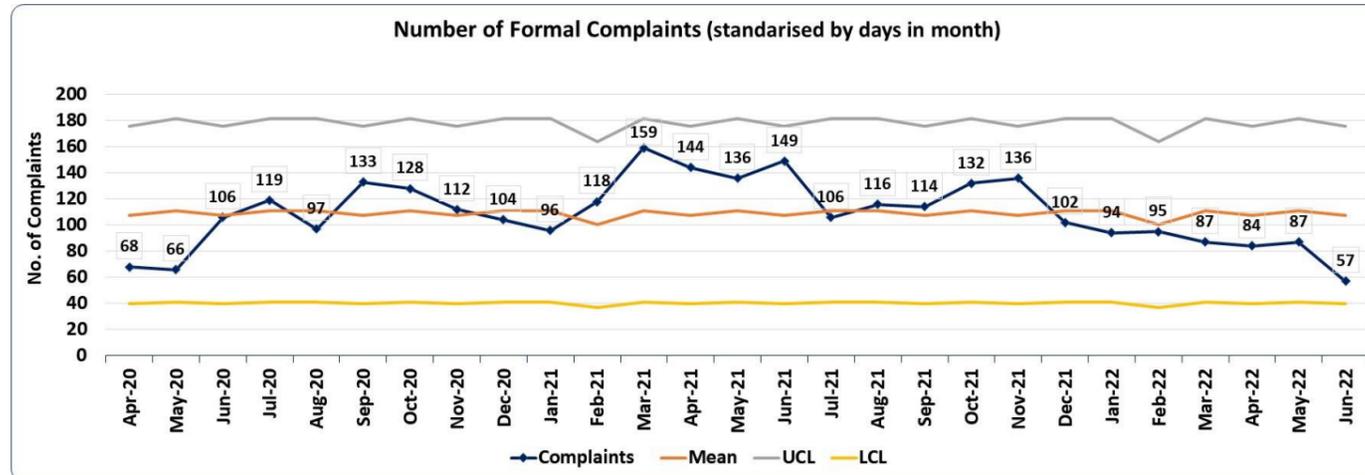
Type of Nationally Reportable Incidents	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Abandoning	1							1						2
Admission / Transfer / Discharge	1							1						2
Behaviour (including violence and aggression)												1	1	2
Clinical Assessment, clinical diagnosis													1	1
Communication														1
Delays		2			2	1	2		4	2				13
Incorrect Surgical Procedure	1													1
Infection	1		2											4
Maternal Event			1						1					2
Maternity adverse occurrence										2				2
Medication	2								1			1	1	5
Monitoring/Observations													1	1
Neo-Natal Event					1				2				1	3
Organisational - Failure to follow Policy/Procedure								1						1
Patient injury		1												1
Personal incident - Personal injury attributed to clinically related challenging behaviour of patient														1
Pressure Damage					1	2	1	1				1	3	8
Radiological Investigations														2
Slip, Trip or Fall	2	1	1						1	1		1	1	8
Transport													1	1
Treatment, Procedure			2				1				2		1	6
Unexpected Complications								1		1				2
Unexpected or Trauma Related Death	2		2			1				1				5
<b>Grand Total</b>	<b>10</b>	<b>4</b>	<b>8</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>76</b>

## Complaints & Compliments

### Complaints

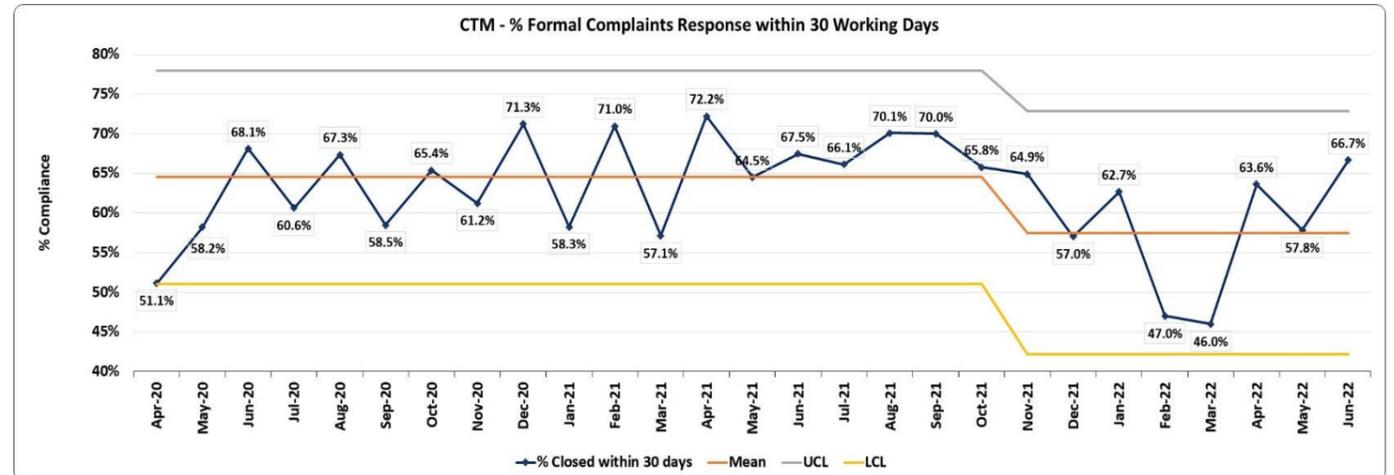
Number of formal complaints managed through PTR – June 2022

**57**



% formal complaints response within 30 working days – June 2022

**66.7%**



During June 2022, 57 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. For those complaints received during this period, the top five themes relate to clinical treatment/assessment (36), communication issues (5), appointments (5), discharge issues (3) and medication (3).

In comparison to May (57.8%), improvement during June was observed in the response rate to complaints within 30 working days achieving 66.7%. However, continuing to remain under the target threshold of 75%.

A Learning from Events day is planned to share learning in respect of the top themes and trends emerging from both complaints and patient safety incidents.

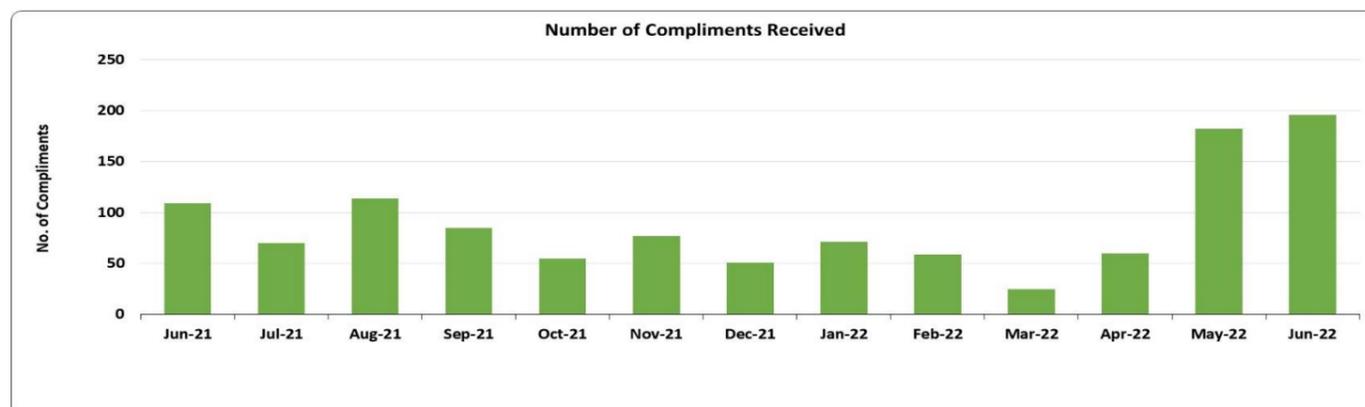
Changes to the operating model are still underway, however, the central concerns team and the ILG Governance teams continue to meet to ensure the effective management of complaints. We continue to work hard to ensure that patients and their families are supported in the most efficient way possible to achieve a resolution in relation to issues raised, which has resulted in a rise of early resolutions and a decline in formal complaints.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Clinical treatment/Assessment	0	41	48	45	57	64	37	51	54	45	47	51	36	576
Communication Issues (including Language)	43	22	13	16	21	16	17	10	15	14	8	9	5	209
Appointments	0	12	9	10	8	19	13	6	7	5	7	5	5	106
Attitude and Behaviour	0	10	20	8	16	11	5	7	4	8	4	4	2	99
Discharge Issues	0	4	7	9	5	7	15	8	6	6	6	5	3	81

### Compliments

Number of compliments – June 2022

**196**



During June 2022, there were 196 compliments recorded on the Datix system, a small increase on the previous period, but is more than double the twelve month average of 87.

Work continues to be undertaken to improve the capturing of compliments within the Datix Cymru system to support improved analysis of all elements of feedback. This is reflected in the increasing numbers recorded in the system although it is acknowledged that this is a manual entry system dependant on available resource. The increase in May and June are mainly attributed to entries made by the Merthyr Cynon ILG.

Work is ongoing to effectively capture the compliments received throughout CTM to allow for improved reporting and data triangulation.

## Medication Incidents & Mortality Rates

### Medication Incidents

Total Medication Incidents – June 2022

**88**

There were 88 medication incidents reported for June 2022 and of those incidents reported none caused severe harm.

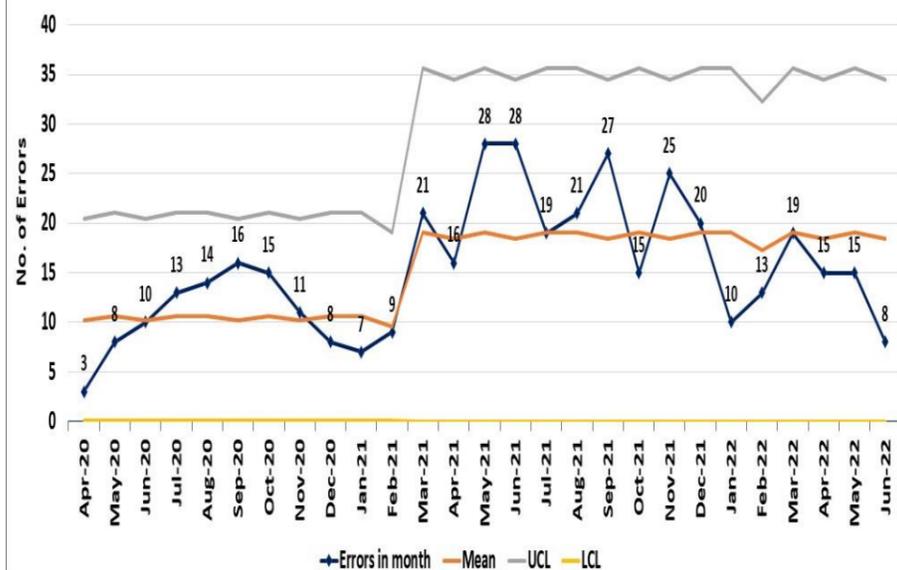
Medication prescribing errors continue on a downward trajectory overall (control chart first right), with a reduction in incidence seen since December 2021. Medication incidents are the subject for a proposed improvement plan supported by the CTM Improvement Team.

The number of administrative errors remains reasonably stationary as shown in the control chart (second right) with errors remaining in line with the 12-month average, c. 35 medication incidents.

Total number of Prescribing Errors

**8**

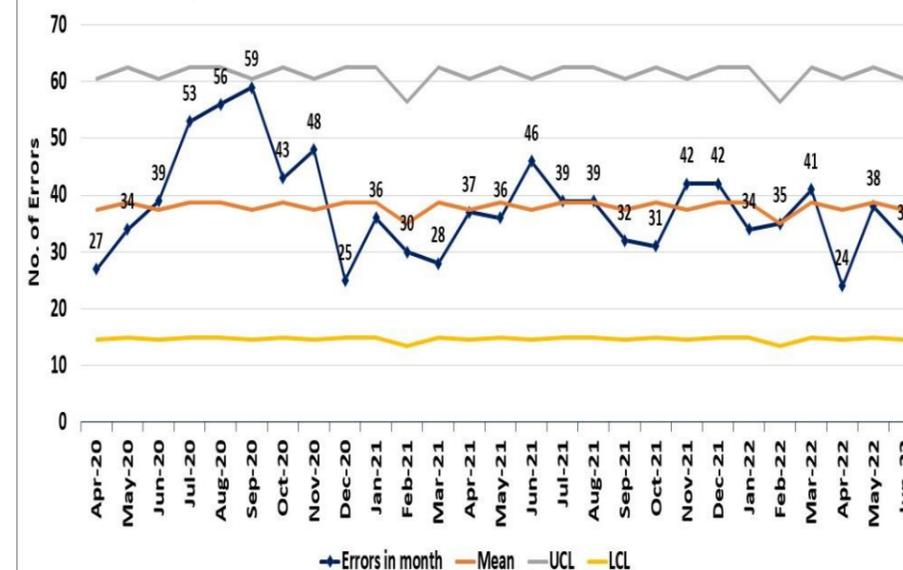
Number of Prescribing Errors (standardised by days in month)



Total Administration Errors

**32**

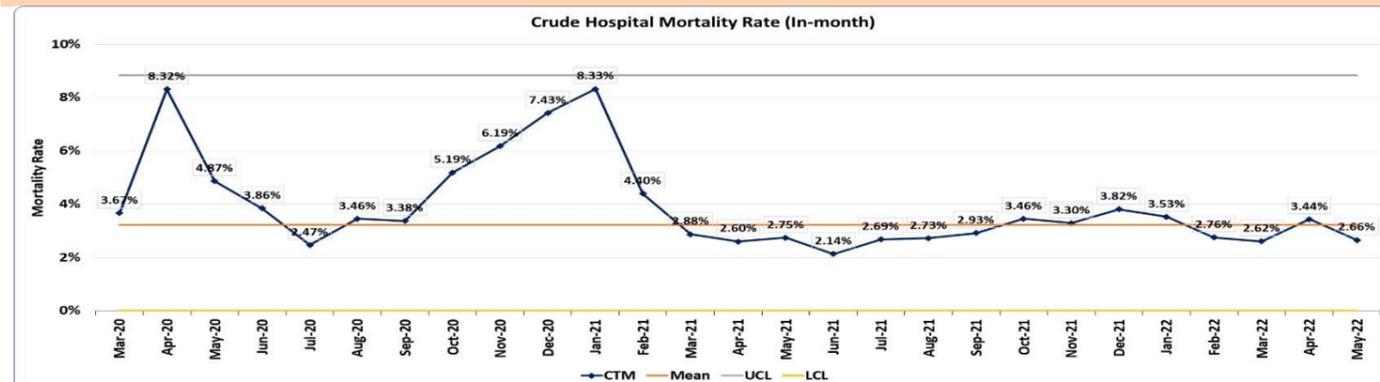
Daily standardised number of Administration Errors (standardised by days in month)



### Crude Hospital Mortality Rates

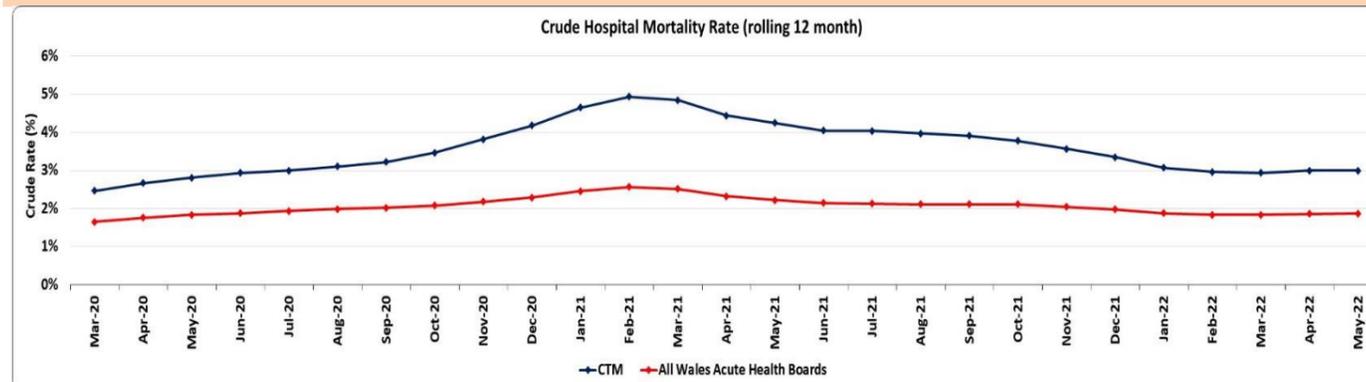
In Month Crude Hospital Mortality Rate – May 2022

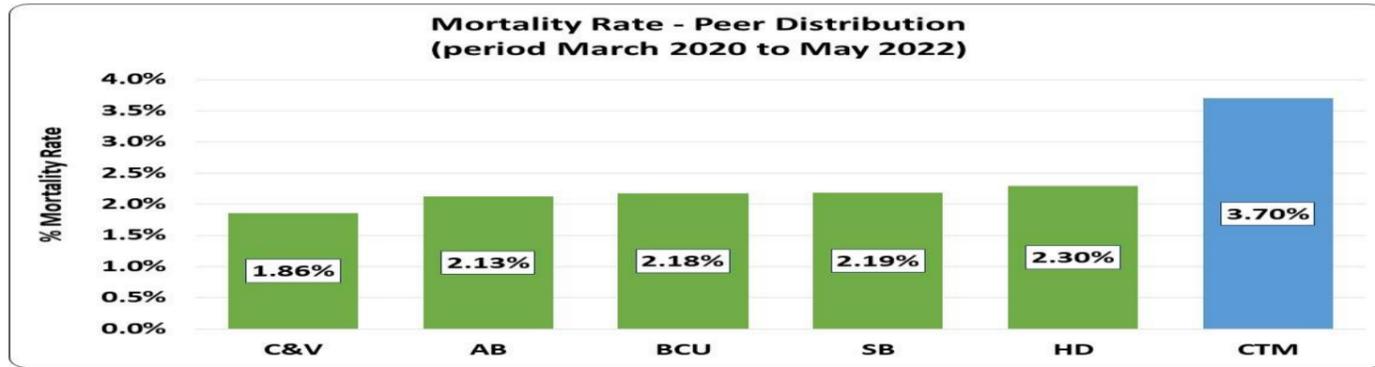
**2.66%**



Rolling 12 Month Crude Hospital Mortality Rate to May 2022

**3.0%**





Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions. With the recent increase in Covid, commencing around the time of the Stereophonics concert, which is now leading to an increase in Covid positive inpatients, there is a potential that the mortality rates for July and August will also increase.

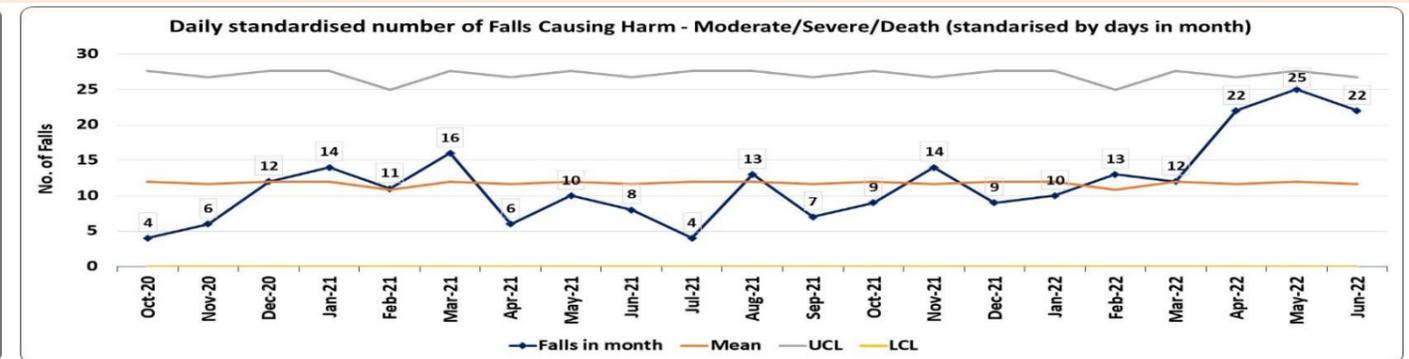
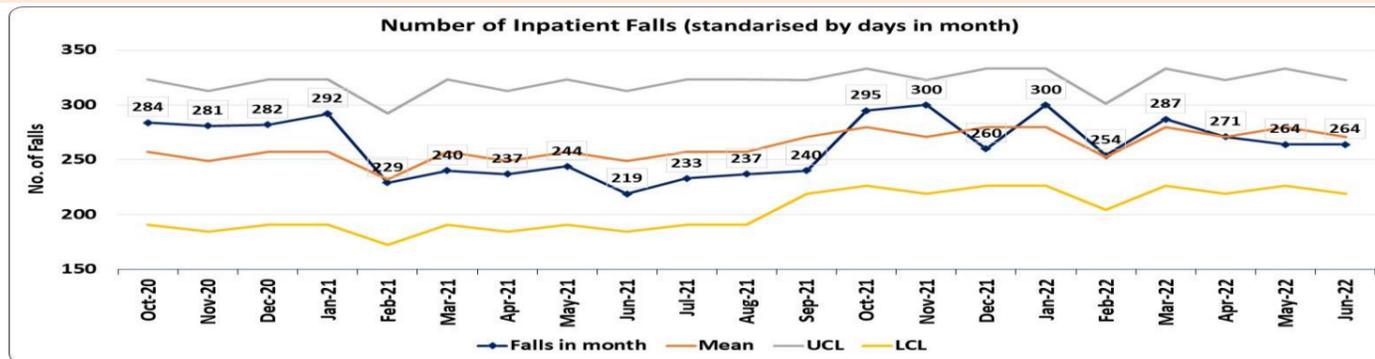
As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers. A factor in this outlying position is the UHB's provision of palliative care and hospice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

## Inpatient Falls & Pressure Damage Incidents

### Inpatient Falls

Total number of Inpatient Falls – June 2022

**264**



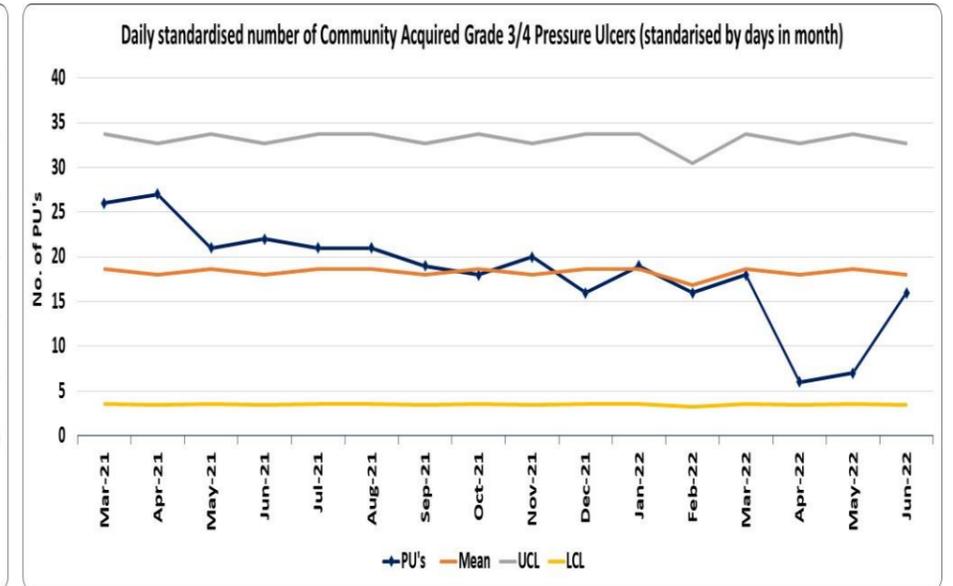
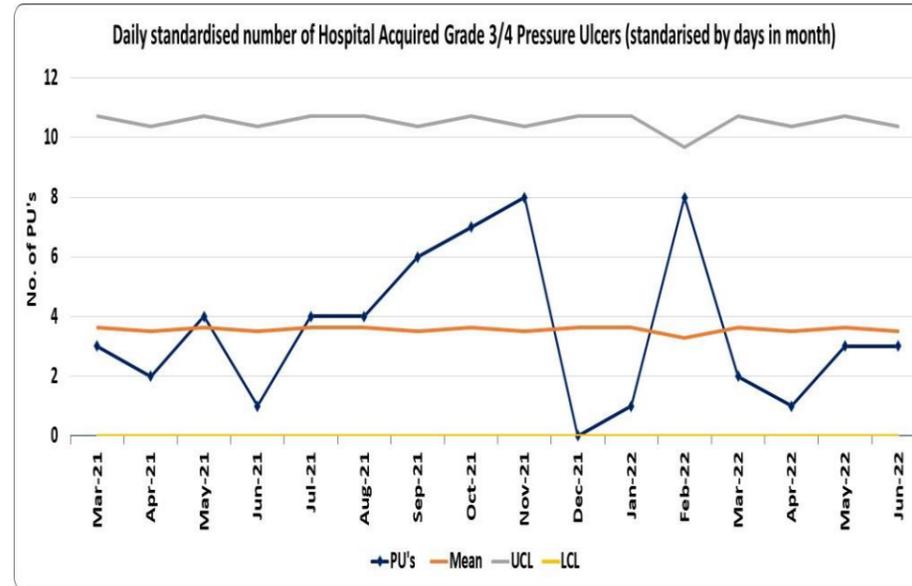
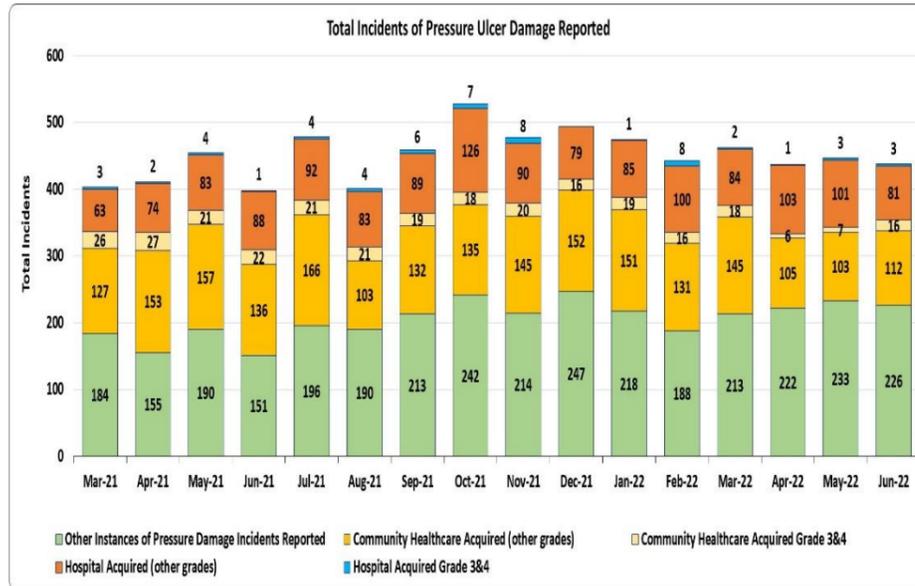
The number of patients falling whilst in the care of the UHB remained static in June at 264, with none resulting in severe harm or death. 22 patients suffered moderate harm, whilst equal proportions of patients sustained low harm or no harm c. 120 patients apiece. It is important to recognise that these reports are initial Datix entries and that all falls moderate and above are subject to a falls panel which may result in downgrading of harm categorisation.

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

### Pressure Damage Incidents

Total number of reported Pressure Damage – June 2022

**438**



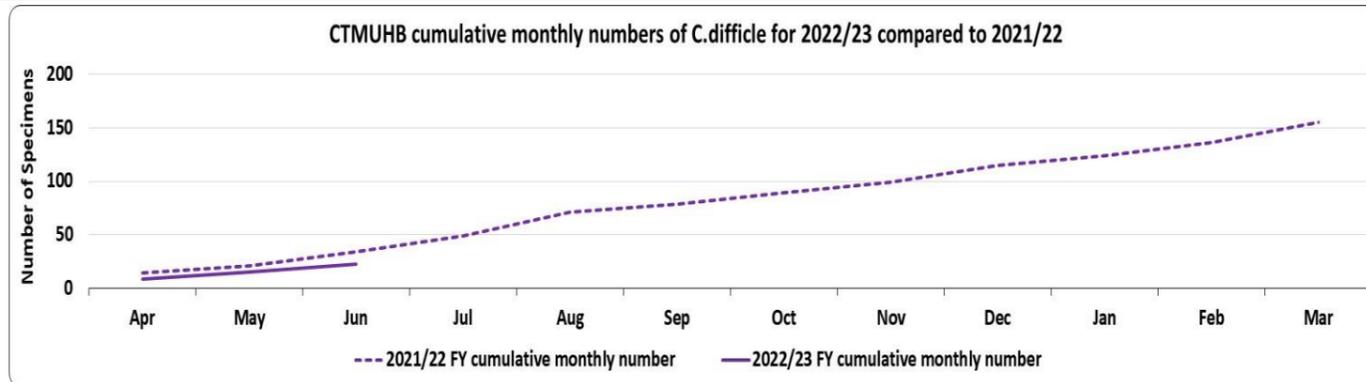
During June 2022, a total of 438 pressure damage incidents were reported, a similar amount to the previous month (447) and around 5% lower than the 12 month average of 462 incidents. The highest number of incidents reported (128/29%) were identified as those developed outside of a hospital setting (within district nursing settings). The Health Board will launch its Community Acquired Pressure Ulcer prevention strategy on the 29th July 2022, which is a sustainable health improvement collaborative to prevent and reduce incidence of pressure damage. Of the total number of pressure damage incidents reported, 84 (19%) were identified as hospital acquired, of which 3 were reported as grade three. The highest numbers of hospital acquired pressure damage were recorded for Emergency Care/Emergency Care Centre, Princess of Wales Hospital (14).

Throughout the past 12 months, a total of 2,937 Healthcare Acquired Pressure Damage Incidents were reported. Of which, an investigation has been completed for 1,749 (59.6%) of these, with 238 recording an outcome of avoidable (13.6%).

## Infection Prevention and Control

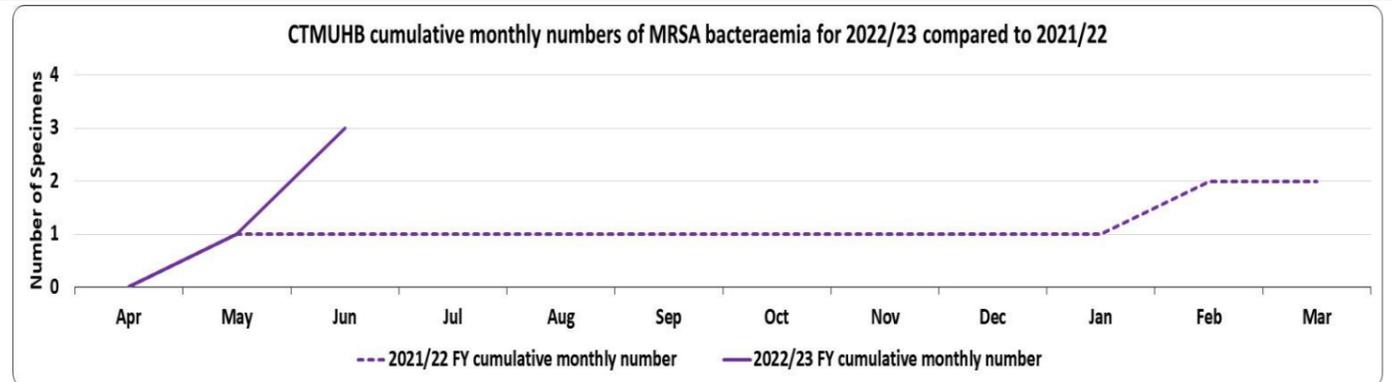
### C.difficile

23 C.difficile have been reported by CTM between Apr-Jun 2022. This is approximately 32% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 20.51.



### MRSA

3 MRSA bacteraemia have been reported by CTM between Apr-Jun 2022. This is 50% more than that reported for the whole of 2021/22. The provisional rate per 100,000 population for 2022/23 is 2.67.

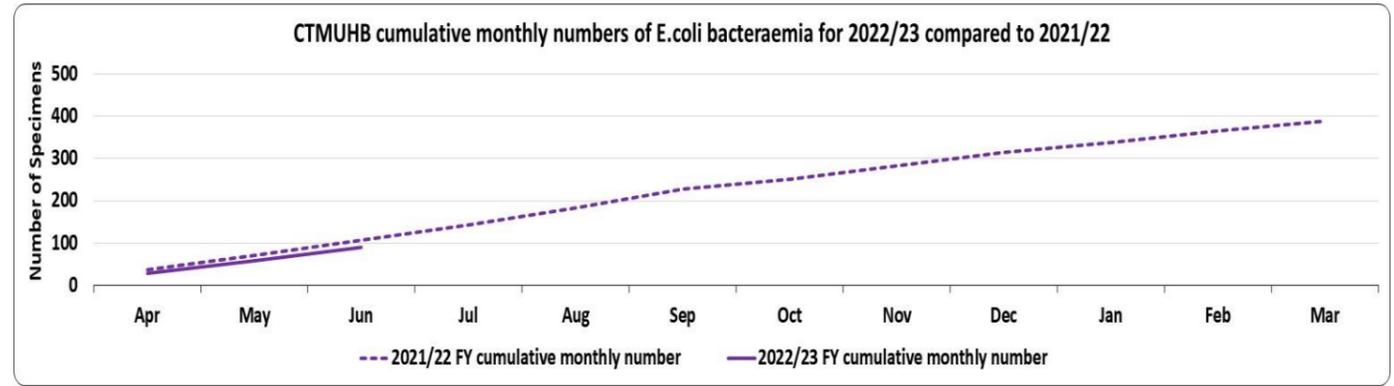
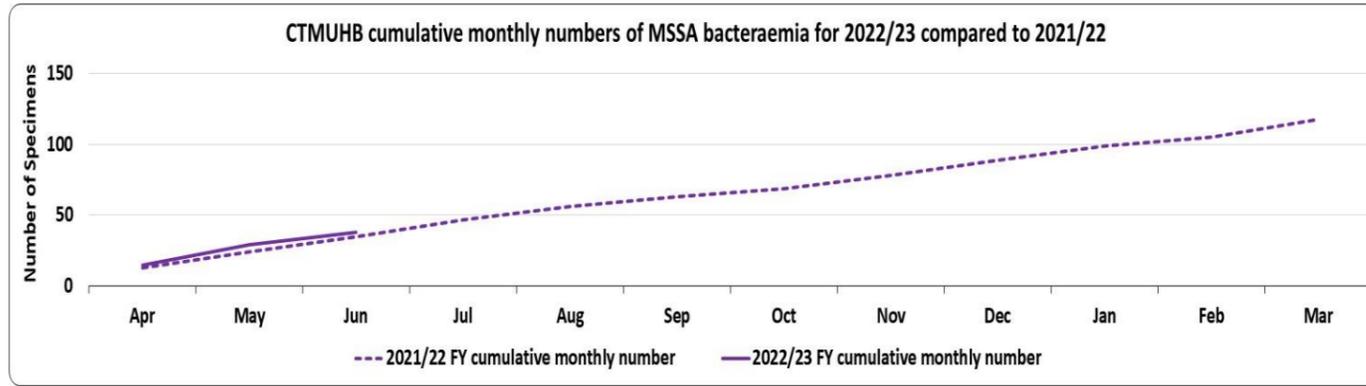


### MSSA

38 MSSA bacteraemia have been reported by CTM between Apr-Jun 2022. This is approximately 9% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 33.88.

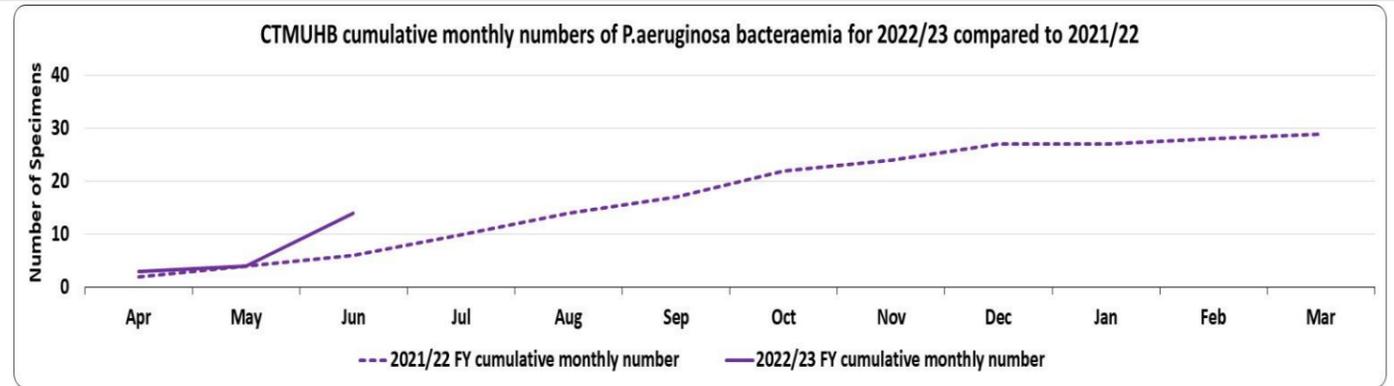
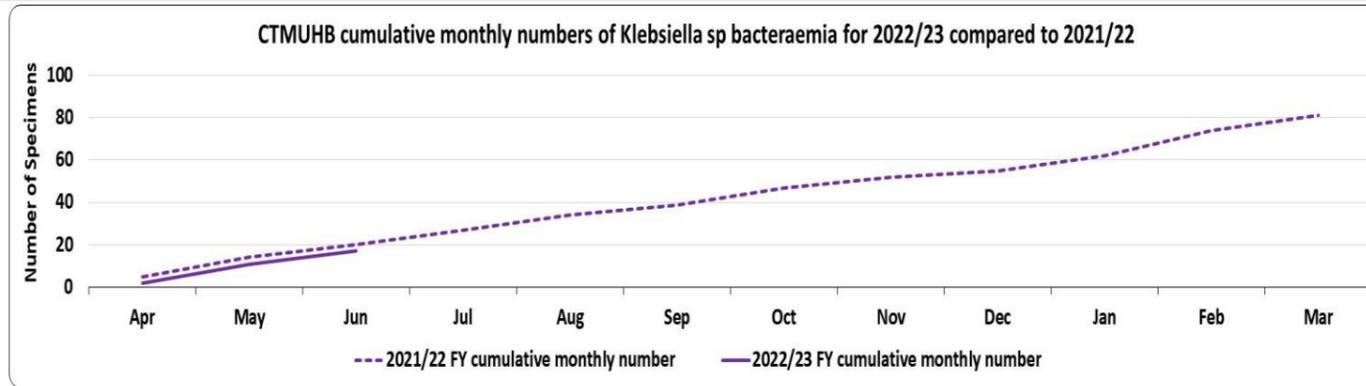
### E.coli

91 E.coli bacteraemia have been reported by CTM between Apr-Jun 2022. This is approximately 16% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 81.14.



**Klebsiella sp**  
17 Klebsiella sp bacteraemia have been reported by CTM between Apr-Jun 2022. This is approximately 15% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 15.16.

**P.aeruginosa**  
14 P.aeruginosa bacteraemia have been reported by CTM between Apr-Jun 2022. This is approximately 133% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 12.48.



There has been an increase in Methicillin Susceptible (MSSA) & Methicillin Resistant (MRSA) Staphylococcus aureus and Pseudomonas compared with the previous year. Currently there is an equal proportion of inpatient and community acquired MSSA and MRSA and there will be an enhanced focus in the coming year to explore further how this specific area can be supported to drive improvements in order to influence a reduction. There is a need for investment in the primary care arena to support the achievement of these healthcare improvement goals. Health Education and Improvement Wales (HEIW) is coordinating and leading a task and finish group looking at workforce requirements for IPC teams across Wales. The recommendations from this group will outline the “ideal team” in an attempt to build multidisciplinary teams who are appropriately skilled and resourced to drive and deliver the IPC agenda across Wales. The ongoing response to the Covid-19 pandemic and staff shortages within the IPC team has hampered the pace of improvement work aimed at reducing healthcare associated infections.

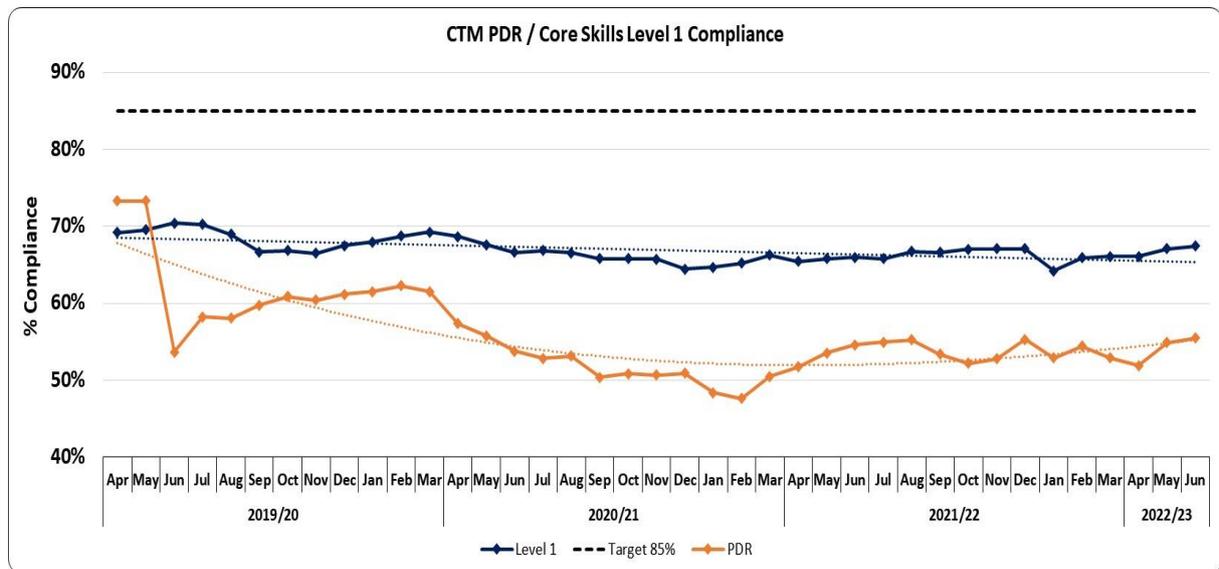


## 2.4 People

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

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

Overall PDR (non-medical staff) compliance for June 2022 is 55.5%, a marginal improvement on the previous month (54.9%) and continues to remain below the target threshold of 85%.



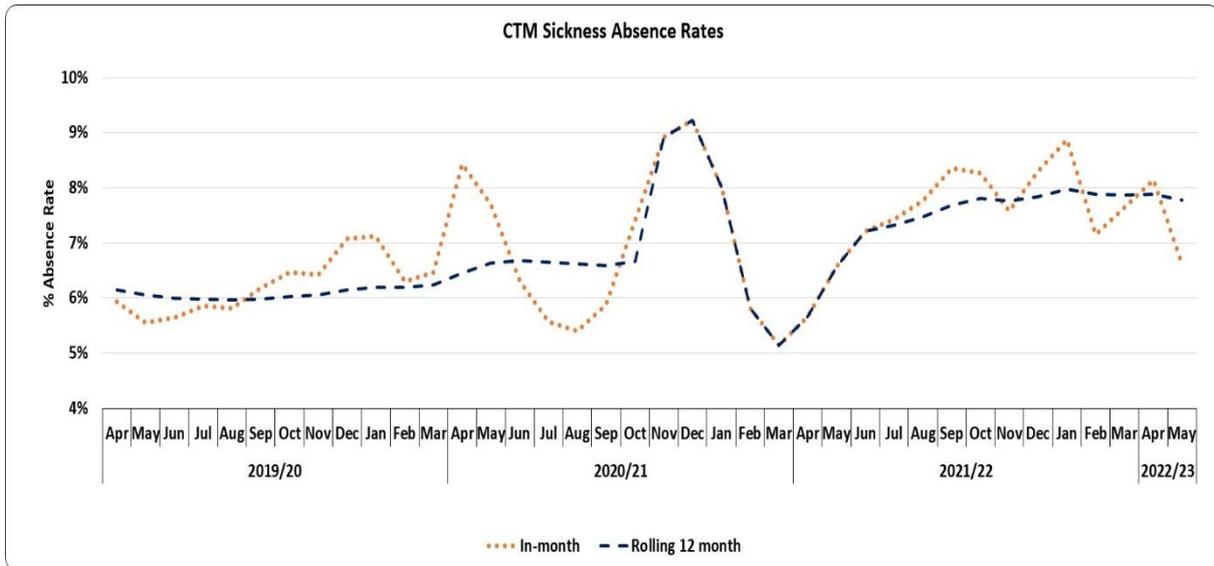
Combined core mandatory training compliance for June 2022 averages 59.8%, an almost static position compared to May (59.4%), with overall CTM compliance for 'Level 1' disciplines also observing a very slight increase in compliance at 67.4% (67.1% in the previous period) and likewise remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance June 2022	
Equality, Diversity & Human Rights	79.5%
Health, Safety and Welfare	77.6%
Moving & Handling	75.9%
Safeguarding Adults	74.2%
Information Governance	72.3%
Violence & Aggression	70.1%
Infection Prevention and Control	67.9%
Safeguarding Children	67.5%
Fire Training	53.0%
Resuscitation	44.4%
<b>HB Overall Compliance</b>	<b>67.4%</b>



## 2.4.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to May 2022 is 7.8% (6.6% in-month). In comparison to the previous month, occurrences of short-term absences have fallen by around 32% (totalling 1,562 episodes) additionally, the occurrence of long-term sickness absence fell by almost 11% (totalling 710 episodes).



Top 10 Absence Reasons by FTE Days Lost - May 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	390	404	6,722	29.87%
Infectious diseases	262	263	2,286	10.16%
Other musculoskeletal problems	140	141	2,093	9.30%
Chest & respiratory problems	189	194	2,031	9.03%
Gastrointestinal problems	365	375	1,497	6.65%
Other known causes - not elsewhere classified	145	148	1,413	6.28%
Injury, fracture	76	78	1,209	5.37%
Benign and malignant tumours, cancers	33	33	823	3.66%
Cold, Cough, Flu - Influenza	153	154	773	3.44%
Back Problems	64	66	698	3.10%

## 2.4.3 Premium rate agency nurse

As anticipated, the closure of Ysbyty'r Seren in early June has reduced the UHB's use of premium rate nurse agency staff resulting in a further decrease to around 9.36 whole time equivalents (14.70 in May). Concerted efforts remain ongoing to maximise the use of bank over agency staff.

## 2.5 Access

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

### 2.5.1 Urgent Care:

During June around 60% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with under a quarter of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 15,143 attendances over the course of the month, almost 12% lower than the equivalent period last year.

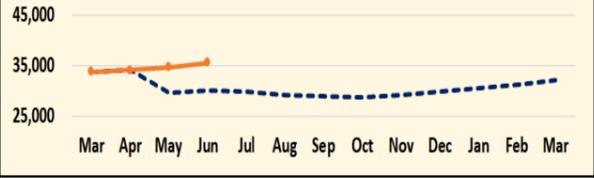
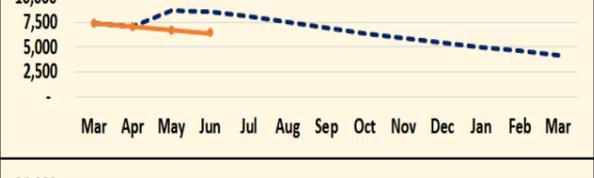
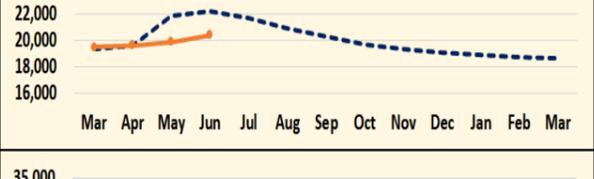
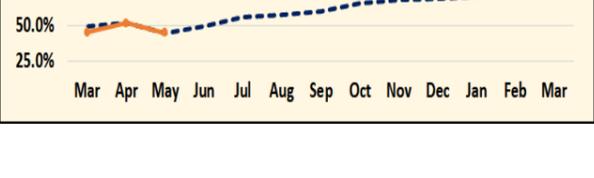
The CTM 15 minute ambulance handover compliance fell by over three percentage points to 23.0%, with the 60-minute compliance also falling to 51.1% from 57.5% in the previous month.

### 2.5.2 Stroke Care:

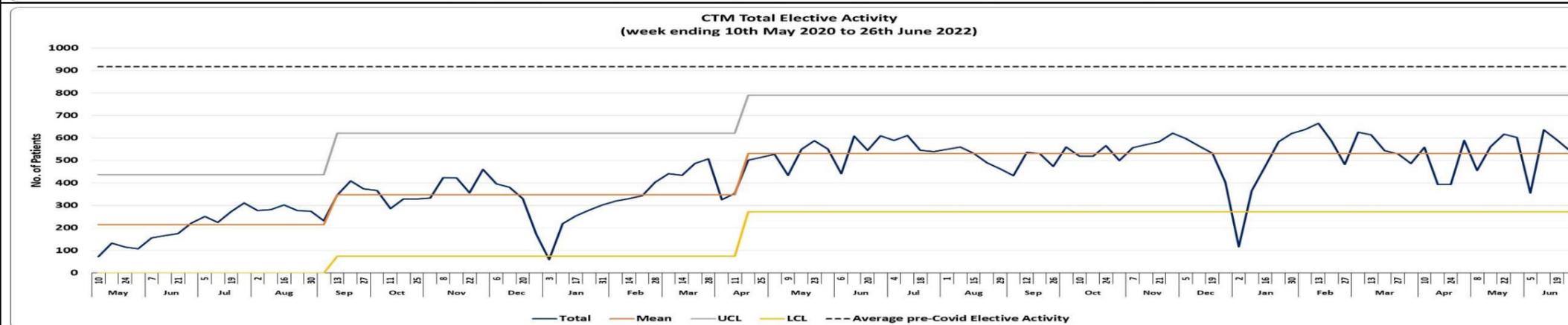
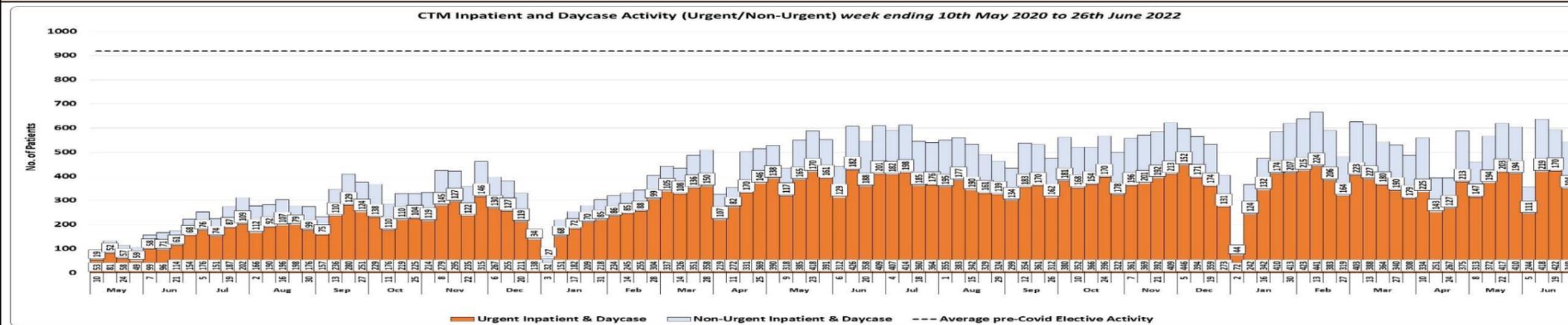
Performance in stroke care continues to remain below desired standards with no significant improvements observed overall for CTM during May. The only notable change this period being an upswing in the compliance threshold at PCH for stroke patients assessed by a stroke consultant physician within 24 hours (84.8%).

### 2.5.3 Planned Care & Cancer Care:

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

Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23													Key: <span style="color: green;">better than forecast</span> <span style="color: orange;">same as forecast</span> <span style="color: red;">less than forecast</span>	Key: <span style="color: orange;">— Actual</span> <span style="color: blue;">- - - IMTP</span>
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13,925	13,918	10,751	10,643	10,347	9,816	9,324	8,960	8,634	8,386	8,151	7,959	7,807		
	Actual	14,053	13,532	13,093	12,723											
Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104		
	Actual	33,849	34,089	34,694	35,660											
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%		
	Actual	47.3%	46.6%	46.7%	47.1%											
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	7,373	7,026	8,682	8,497	8,121	7,525	6,933	6,420	5,915	5,473	5,029	4,612	4,210		
	Actual	7,385	7,026	6,698	6,405											
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	19,330	19,579	21,842	22,161	21,631	20,884	20,266	19,684	19,311	19,076	18,866	18,719	18,601		
	Actual	19,468	19,579	19,862	20,370											
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	31,105	31,727	32,361	31,552	30,764	29,994	29,245	28,513	27,801		
	Actual	28,845	29,123	29,147	29,287											
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846		
	Actual	3,046	3,306	3,435	3,378											
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	52.0%	45.0%	50.0%	56.0%	58.0%	60.0%	66.0%	68.0%	69.0%	71.0%	73.0%	74.0%		
	Actual	45.3%	52.0%	45.2%												

## Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



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

Elective Activity - Top 10 Specialties June 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Surgery	117	176	-59	-33.5%
General Medicine	101	150	-49	-32.5%
ENT Surgery	81	52	29	55.8%
Urology	64	53	11	21.2%
Ophthalmology	48	49	-1	-1.5%
Gastroenterology	48	53	-6	-10.4%
Trauma & Orthopaedic	54	116	-63	-53.9%
Gynaecology	33	62	-30	-47.6%
Cardiology	19	24	-5	-19.8%
Oral Surgery	9	21	-12	-56.0%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during June compared to the average pre-Covid levels. As can be seen, current elective activity is around 50% less in Oral Surgery, T&O & Gynaecology. General Surgery & General Medicine is around a third less, whilst ENT has treated over 50% more patients than the pre-pandemic weekly average. Ophthalmology is almost on par with the average treatment volumes pre-Covid.

### How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in June was 532; a drop in activity of 5% on the average for the previous month (560), which largely reflects the holidays marking the Queens Jubilee and loss of two ‘normal working days’. In regards to the WG indicator, elective treatments continue to be around 42% less than the pre-Covid weekly average (918).

Since the start of the financial year 2021/22 to date, CTM have sent 1,686 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,042 (on average 69 patients per month) have been treated, as shown below:

Outsourced Activity as at end of June 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	632	73	456	61	42	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	78	27	49	1	1	0
SPIRE - General Surgery	67	10	32	13	12	0
NUFFIELD - Orthopaedics	349	89	173	38	2	47
NUFFIELD - General Surgery	83	24	57	2	0	0
NUFFIELD - Gynaecology	158	32	96	8	12	10
NUFFIELD - Ophthalmology	294	60	164	27	21	22

Source: Spire / Nuffield Healthcare

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

A revised elective care recovery plan is being developed to support elective care recovery and attainment of the ministerial priorities. COO led weekly performance meetings with specialties are being put in place from the end of July on a RAG rated basis. The meetings will include monitoring of general efficiencies such as Treat in Turn and maximising capacity through using PIFU, SOS and text remind to reduce DNAs and improving day case rates.

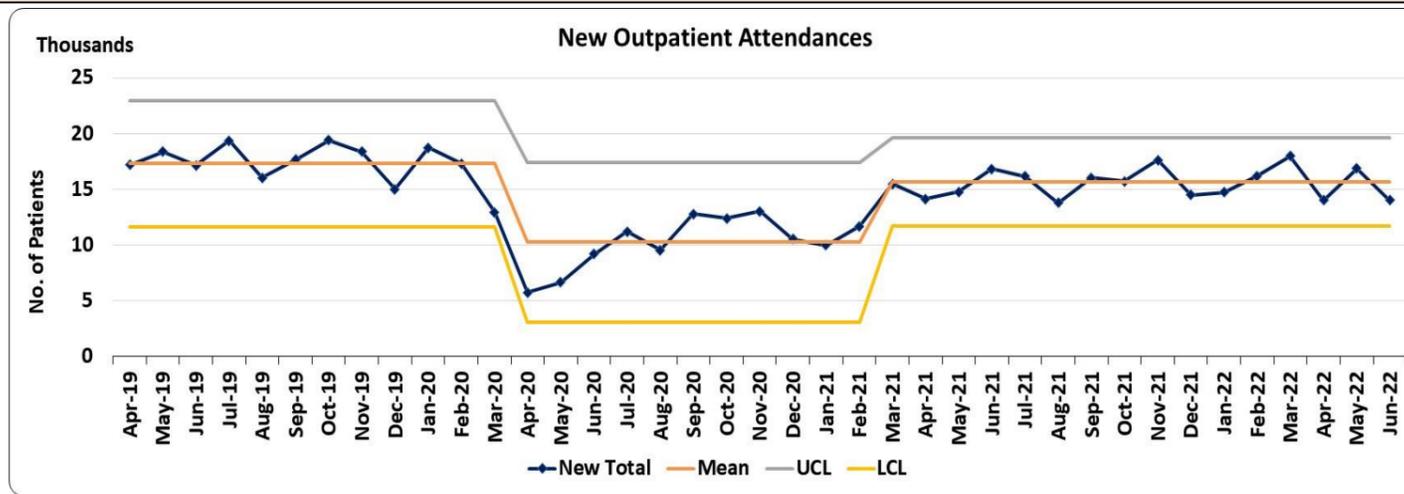
The revised plan incorporates:

- supporting all specialties to meet the ministerial priorities
- improving productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities i.e. outsourcing to independent providers and ensuring this is delivered at the commissioned levels where funding becomes available as existing schemes come to an end, prioritising the re-investment.
- A focus on diagnostics, with additional resource being sought from independent providers
- Re-designing a number of high volume pathways to transform the way in which care is delivered i.e. targeted work on improving the DC rates for Laparoscopic Cholecystectomies, Trans Urethral Resection of Bladder Tumour (TURBTs) in Urology and Hysterectomies.

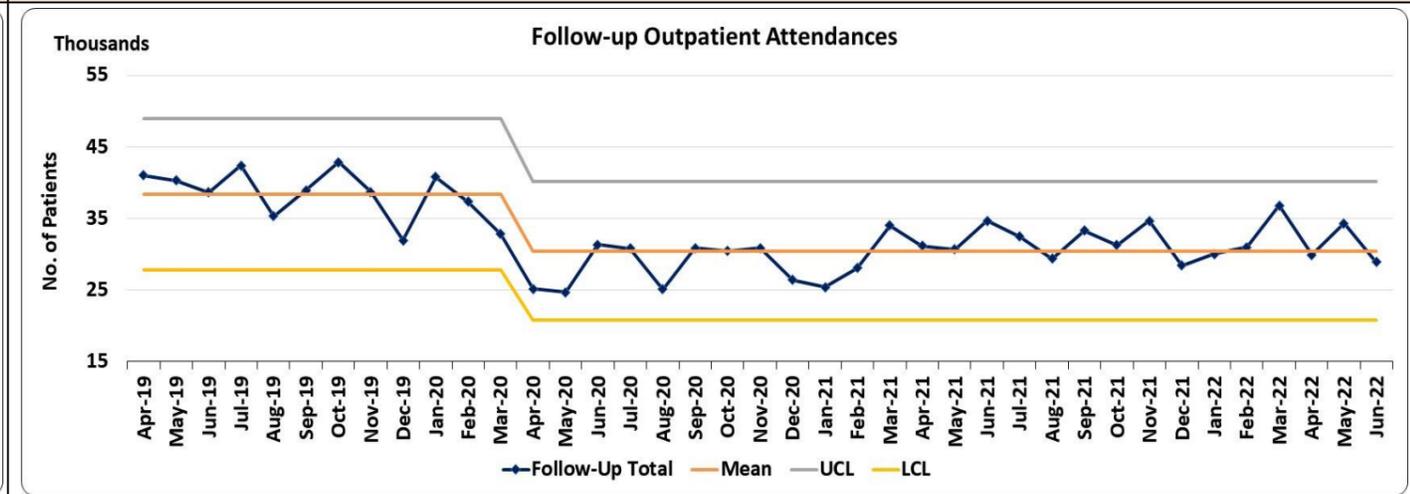
### What are the main areas of risk?

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

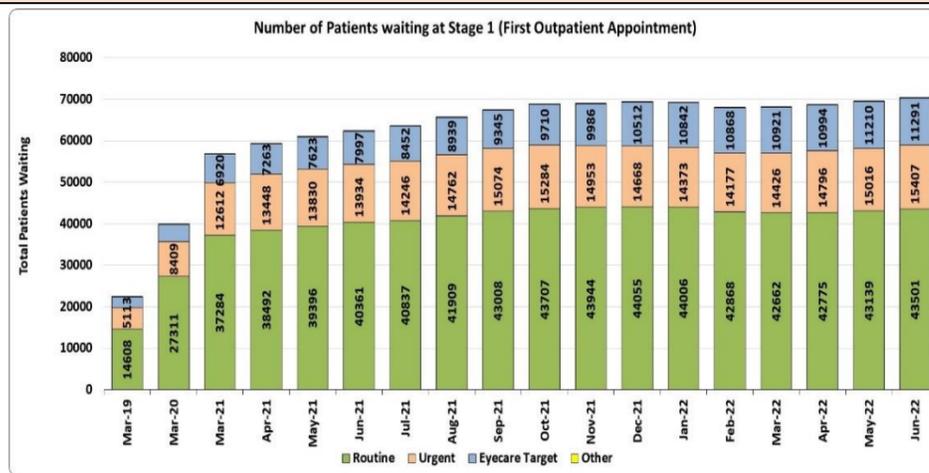
## New Outpatient Attendances June 2022 – provisionally 14,031



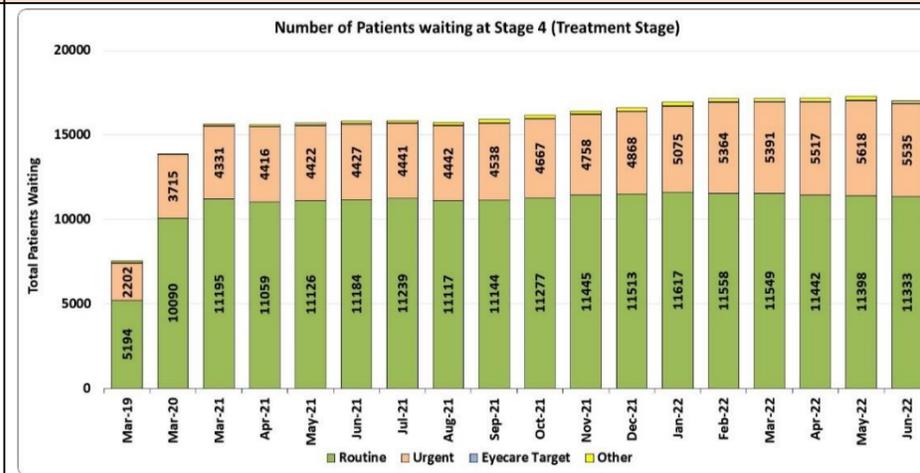
## Follow-up Outpatient Attendances June 2022 – provisionally 28,898



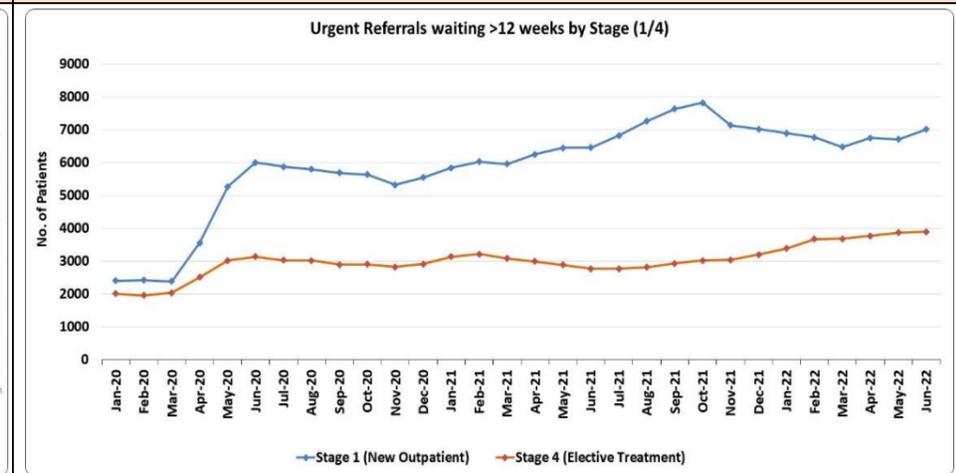
## Waiting times Stage 1 (New Outpatients) - 70,228



## Waiting times Stage 4 (Treatment Stage) – 17,003



## Urgent referrals waiting >12 wks (Stage 1 – 7,010)(Stage 4 – 3,899)

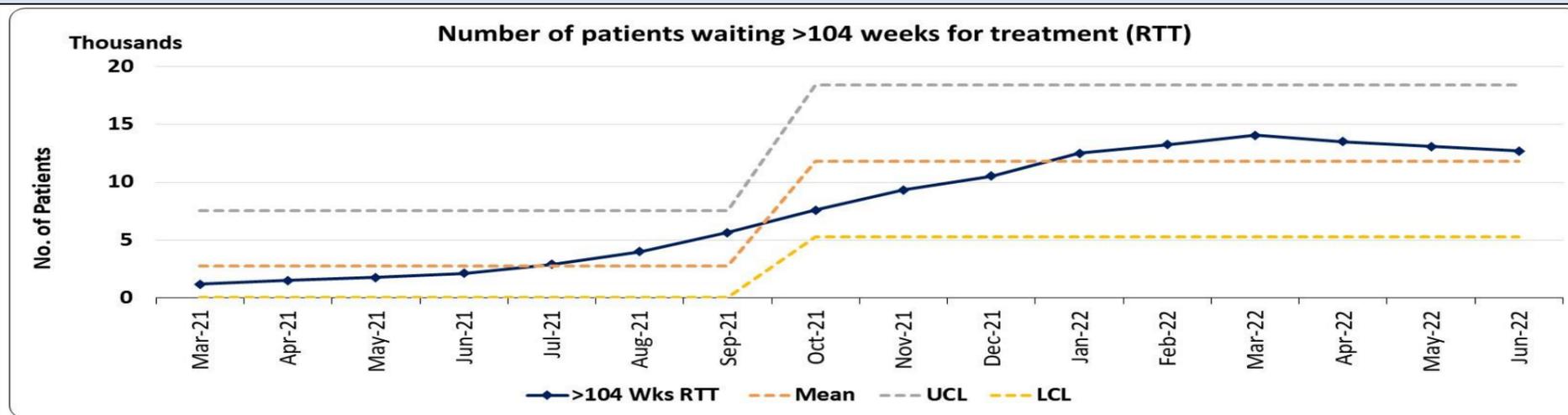


How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>As at the end of June 2022, there were 70,228 patients awaiting a new outpatient appointment, of which, 15,407 (22%) patients were categorised as urgent and 11,291 (16%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of almost 13% on the 62,310 patients waiting at the end of June 2021.</p> <p>There were 16,998 additional patients who were awaiting treatment. Of these, 5,535 (32.5%) were categorised as clinically urgent, a small reduction (1.5%) on the May position of 5,618.</p>	<p><b>Stage 1-52+ Week Validation:</b> Additional staff are being recruited to accelerate the validation through letters and telephone calls. Also exploring whether validation scripts with criteria for interventions not normally undertaken i.e. how many times a person referred for tonsillectomy has experienced symptoms in line with the policy could be used.</p> <p><b>See On Symptoms &amp; Patient Initiated Follow up:</b> Formal roll out programme across all specialties in 2022/23 targeting the services with the highest volumes of DNAs.</p> <p><b>Digital Enablers:</b> As tried and testing models, a formal roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect needs to be agreed across all specialties or clinical evidence as to why they are not suitable for use to be provided.</p>	<p>As we focus on those in greatest clinical need first, this results in the length of wait for those with conditions that are considered non-life threatening having to wait longer.</p> <p>Staff and bed availability to undertake additional work.</p>



## Referral to Treatment Times (RTT) – June 2022 (Provisional Position) – Total Open Pathways 115,784

Number of patients waiting >104 weeks (12,723) Target - Improvement Trajectory towards a national target of Zero by 2024



The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of June is 12,723 (including direct access D&T), which as it currently stands is a fall of 2.8% (370) from May. Excluding direct access the total is 12,452 with the breakdown as follows:

- 3,385 patients relate to Merthyr & Cynon ILG waiting lists
- 4,676 patients relate to Rhondda & Taff Ely ILG waiting lists
- 4,391 patients relate to Bridgend ILG waiting lists

### Number of patients waiting >52 weeks (35,660)

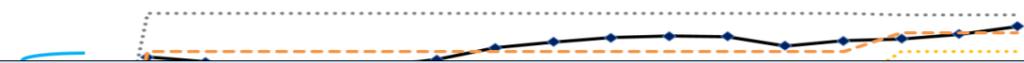
The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of June is 35,660, which as it currently stands is a rise of 2.8% (966) from May. The breakdown of the 35,660 patients is as follows:

- 7,607 patients relate to Merthyr & Cynon ILG waiting lists
- 16,587 patients relate to Rhondda & Taff Ely ILG waiting lists

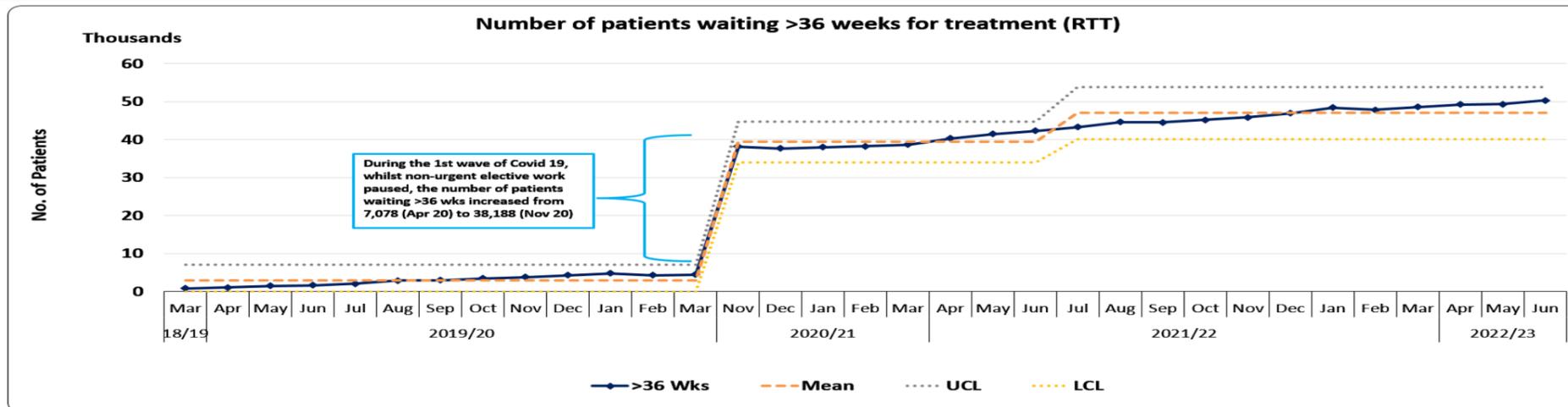
- 11,466 patients relate to Bridgend ILG waiting lists

Thousands  
40

**Number of patients waiting >52 weeks for treatment (RTT)**



**Number of patients waiting >36 weeks (50,361) Target – Improvement Trajectory towards a national target of Zero by 2026**



The provisional position for patients waiting over 36 weeks for June is 50,361 patients across Cwm Taf Morgannwg, which is an increase of 2% (991) from May (N.B. includes the 35,660 patients waiting over 52 weeks):

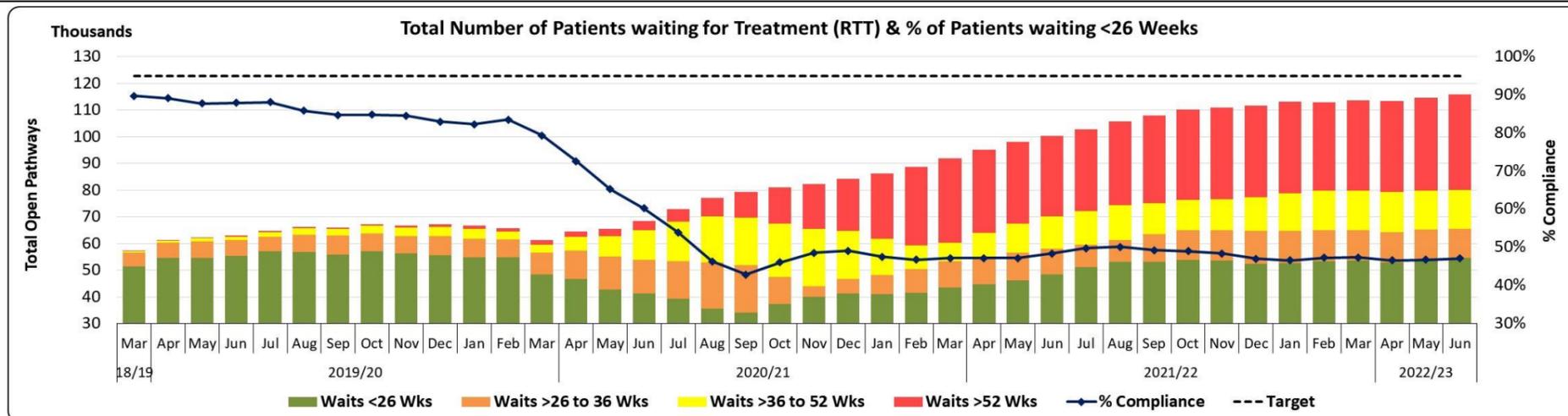
- 10,129 patients relate to Merthyr & Cynon ILG waiting lists
- 23,437 patients relate to Rhondda & Taff Ely ILG waiting lists
- 16,795 patients relate to Bridgend ILG waiting lists

RTT continued on the next page...



**Cont'd...Referral to Treatment Times (RTT) – June 2022 (Provisional Position) – Total Open Pathways 115,784**

% of patients waiting under 26 weeks (47.1%) Target - 95%



In terms of the 26-week provisional position (including the provisional direct access Diagnostic & Therapy figures), performance for June across Cwm Taf Morgannwg is 47.1%. The position within each ILG is as follows:

- 46.7% Merthyr & Cynon ILG waiting lists
- 46.2% Rhondda & Taff Ely ILG waiting lists
- 48.5% Bridgend ILG waiting lists

**Number of patients waiting over 104 weeks for a new outpatient appointment (6,405) Target - Improvement Trajectory towards eliminating over 104 week waits by July 2022**

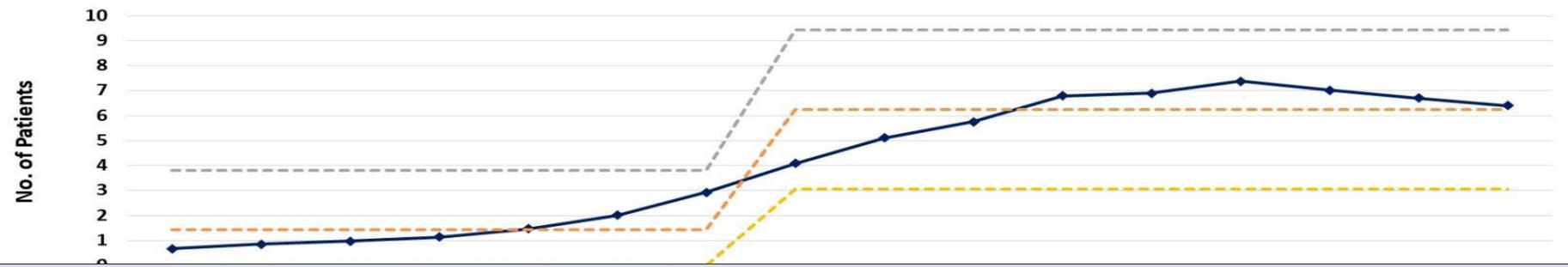
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks at Stage 1 at the end of June is 6,405, which as it currently stands is a fall of 4.4% (293) from May. The breakdown of the 6,405 patients is as follows:

- 1,320 patients relate to Merthyr & Cynon ILG waiting lists

- 2,188 patients relate to Rhondda & Taff Ely ILG waiting lists

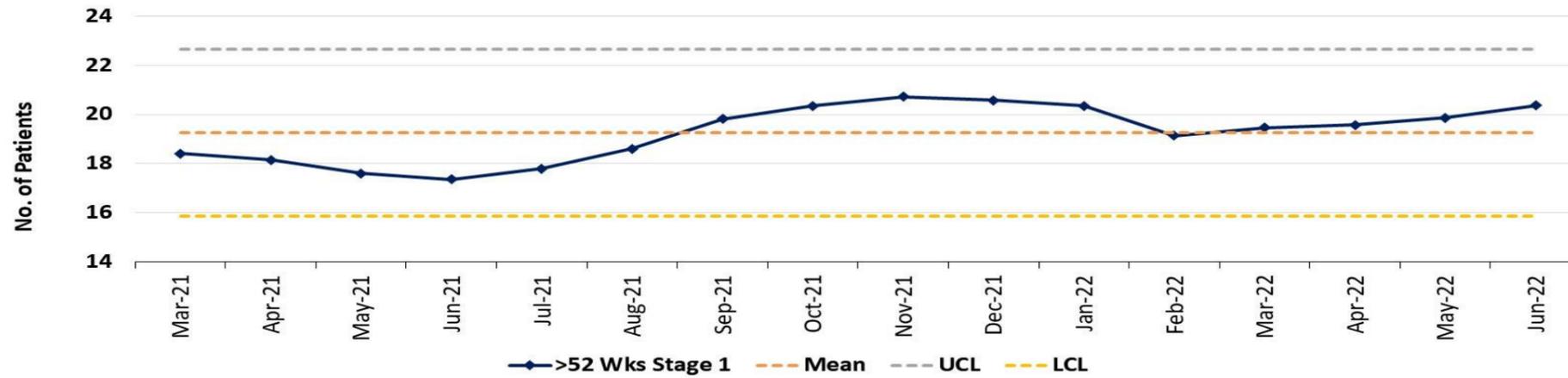
- 2,897 patients relate to Bridgend ILG waiting lists

Thousands **Number of patients waiting >104 weeks for a New Outpatient Appointment (RTT Stage 1)**



Number of patients waiting **over 52 weeks for a new outpatient appointment (20,370)** Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022

Thousands **Number of patients waiting >52 weeks for a New Outpatient Appointment (RTT Stage 1)**



The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks at Stage 1 at the end of June is 20,370, which as it currently stands is a rise of 2.6% (508) from May. The breakdown of the 20,370 patients is as follows (N.B. includes the 6,405 patients waiting over 104 weeks):

- 3,646 patients relate to Merthyr & Cynon ILG waiting lists
- 8,970 patients relate to Rhondda & Taff Ely ILG waiting lists
- 7,754 patients relate to Bridgend ILG waiting lists

RTT continued on the next page...

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

### Specialty Breakdown – June 2022 (Provisional Position)

Total number of open pathways per specialty - June 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	396	16.5%	165	227	1612	2400
Cardiology	3125	59.5%	589	596	944	5254
Care of the Elderly	20	90.9%	1	1	0	22
Dermatology	3875	46.3%	636	989	2868	8368
Endocrinology	177	90.8%	12	4	2	195
Gastroenterology	1723	51.2%	343	485	814	3365
General Medicine	1595	68.3%	240	216	285	2336
Nephrology	142	79.3%	10	22	5	179
Respiratory Medicine	1212	71.1%	176	135	182	1705
Rheumatology	779	45.6%	154	187	589	1709
Sport and Exercise Medicine	16	94.1%	1	0	0	17
Thoracic Medicine	528	75.1%	90	52	33	703
Diagnostics	6196	54.6%	982	1571	2596	11345
Therapies	1977	77.4%	110	186	282	2555
ENT	4591	38.9%	1096	1499	4618	11804
Ophthalmology	5486	38.4%	1597	2294	4906	14283
Oral Surgery	1459	46.6%	314	374	984	3131
Orthodontics	194	61.2%	33	38	52	317
Restorative Dentistry	40	29.2%	17	19	61	137
Gynaecology	3628	54.1%	669	708	1701	6706
Paediatric Neurology	2	33.3%	4	0	0	6
Paediatrics	2378	91.8%	114	79	19	2590
Haematology (Clinical)	110	100.0%	0	0	0	110
General Surgery	4540	41.0%	1077	1605	3845	11067
Trauma & Orthopaedic	5187	37.1%	1378	2029	5388	13982
Urology	3221	43.7%	667	845	2637	7370
Breast Surgery	680	53.5%	84	146	360	1270
Colorectal	1286	45.0%	301	394	877	2858
<b>Total</b>	<b>54563</b>	<b>47.1%</b>	<b>10860</b>	<b>14701</b>	<b>35660</b>	<b>115784</b>

### How are we doing?

At the end of June 2022, the over 52 week waiting list volumes saw an increase of 2.8% on the previous month, bringing the total to 35,660. Compared to the position at the end of June 2021; the current position represents an increase of 19% in the number of patients waiting over 52 weeks.

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

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

In addition to the continuing programmes for 2021/22, initiatives include:

- Healthier weight programme – 64% of our population is overweight, and this is likely to be a similar proportion to the patients waiting on the treatment list, whose outcome could be improved through weight loss
- Significant validation programme
- One CTM waiting list – pooling the complete list to equalise access regardless of provider site (subject to a safe solution being found given the PAS issues)
- Adoption of TNE rather than OGD for endoscopy
- Pathway improvement programme to increase the proportion of activity that can be safely and effectively undertaken as day case procedures
- Review of our elective service model across CTM, to facilitate increased activity in the light of the uncertain Covid & IPC requirements

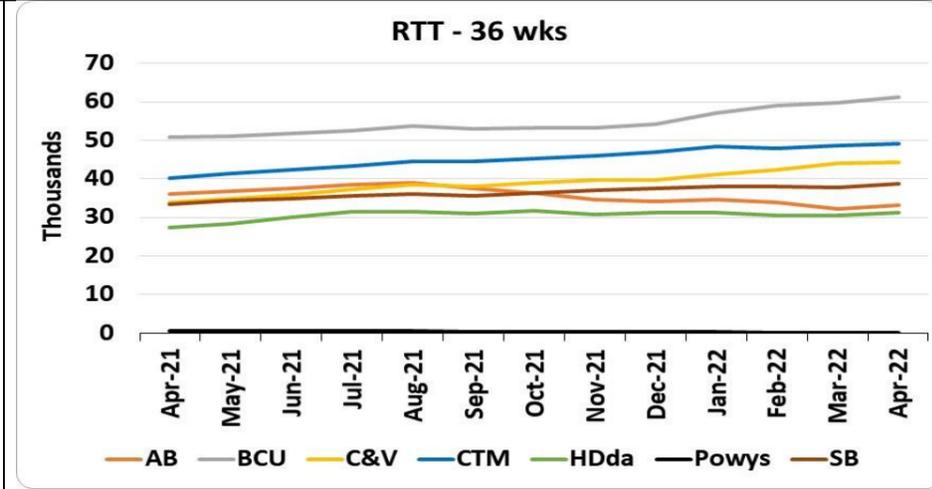
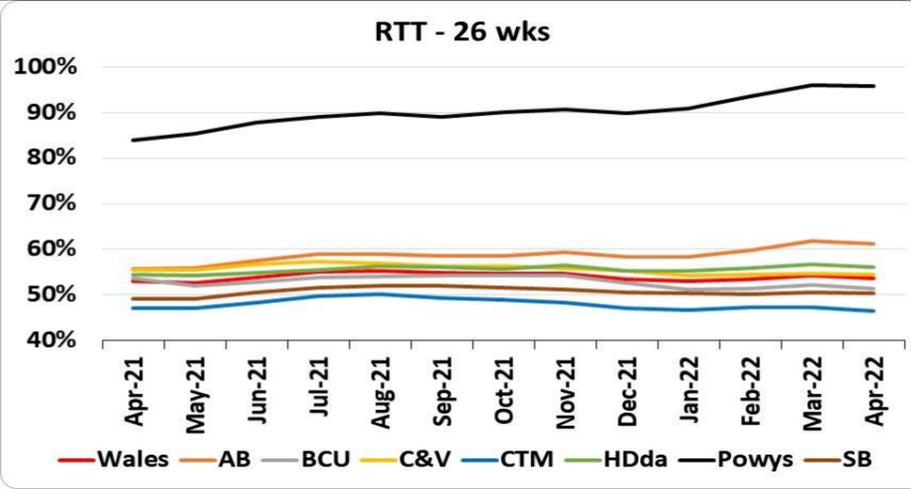
### What are the main areas of risk?

- Absence of a service model to facilitate inpatient elective activity.
- Recruitment: Funding for fixed term posts
- Staff fatigue / willingness to support additional capacity: Additional activity reliant on staff support, even with enhanced rates uptake is lower than anticipated
- PAS issue does not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which would result in losses in productivity, over-reporting and potentially adverse outcome for our patients

### How do we compare with our peers?

As at April 2022, CTM has the lowest compliance for 26 weeks RTT (46.6%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 61.2%.

For the same period, CTM is ranked 6<sup>th</sup> out of the seven health boards for the number of patients waiting over 36 weeks RTT (49,211) with BCU ranked 7<sup>th</sup> (61,215). Best performing is Powys (35), with the better performing of the acute health boards being Hywel Dda (31,364).



## Diagnostics & Therapies – June 2022 (Provisional Position) & Endoscopy Waits

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

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

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

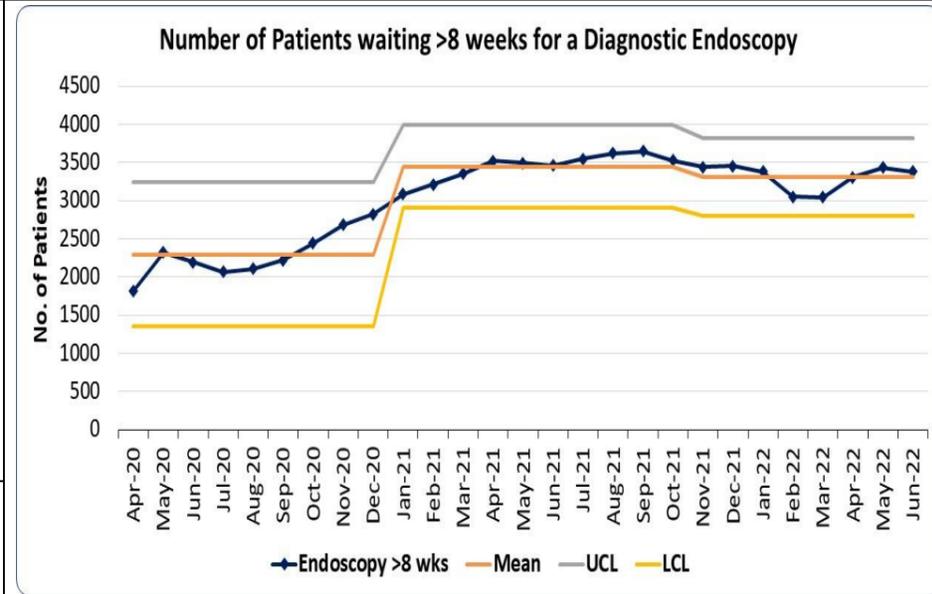
**Total >8 weeks 15,396**

**Total >14 weeks 1,446**

**Total >8 weeks 3,378**

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology Cardiology Services	Echo Cardiogram	32	138	3	173
	Cardiac CT	0	77		77
	Cardiac MRI	5	2		7
	Diagnostic Angiography		45	42	87
	Stress Test	20	38	0	58
	DSE	0		22	22
	TOE	60	0	50	110
	Heart Rhythm Recording	51	109	4	164
Bronchoscopy	B.P. Monitoring	15	0	0	15
		1	1		2
Colonoscopy		136	574	2	712
Gastroscopy		168	832	2	1002
Cystoscopy			438		438
Flexi Sig		503	721	0	1224
Radiology	Non-Cardiac CT		313		313
	Non Cardiac MRI		882		882
	NOUS		9714		9714
	Non-Cardiac Nuclear Medicine		15		15
Imaging	Barium Enema				0
	Fluoroscopy		44		44
Physiological Measurement	Urodynamics	33	152	7	192
Neurophysiology	EMG	8	78		86
	NCS	6	53		59
<b>Total</b>		<b>1038</b>	<b>14226</b>	<b>132</b>	<b>15396</b>

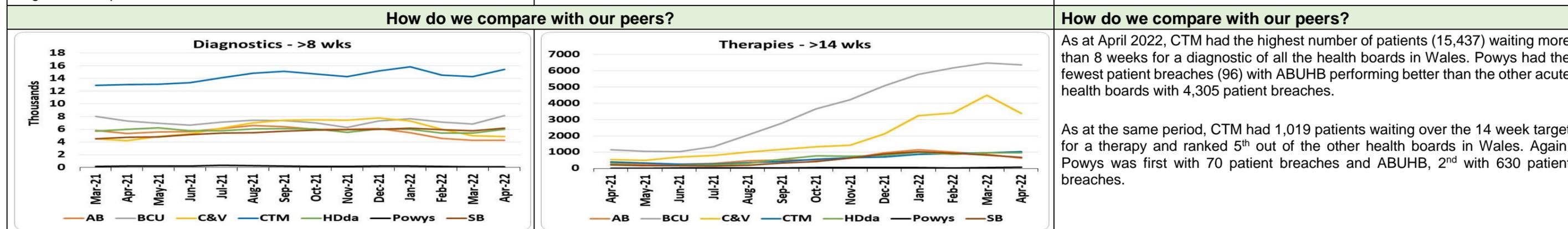
Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Arts Therapy	5			5
Audiology		251	14	265
Dietetics	485	558	74	1117
Occupational Therapy	11	1		12
Physiotherapy	1	12		13
Podiatry	2	0		2
Speech & Language	3	15	14	32
<b>Total</b>	<b>507</b>	<b>837</b>	<b>102</b>	<b>1446</b>



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,500	14,284
2022/23	15,437	15,579	15,396									

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,446									

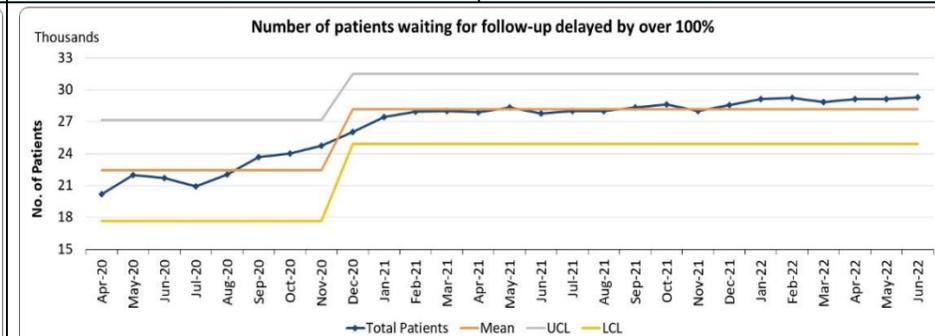
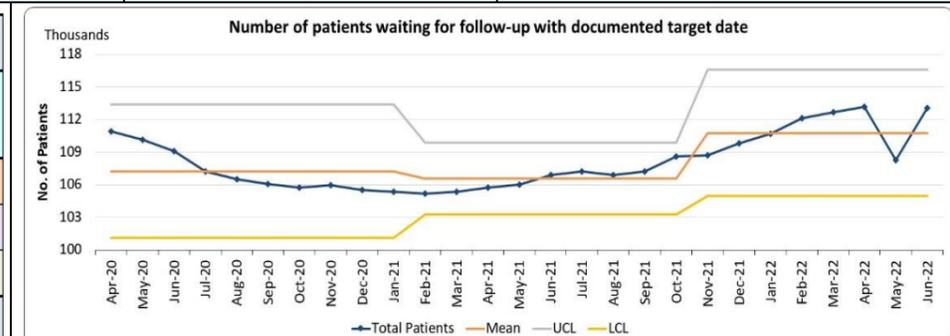
How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p><b>Diagnostics:</b> Provisionally, at the end of June, 15,396 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents a fall of 1.2% (183) from the reported position in May. This improvement is due in part to a decrease in the number of patients waiting for Non-Cardiac CT, which fell by 151 patients (just over 32%) compared to the reported May position (currently at 313 patients waiting in excess of 8 weeks). NOUS continues to have the highest volume of breaching patients with 9,714 currently waiting over 8 weeks for a scan, however the increase from the last reported period is slight, less than 1% (59). Non-Cardiac MRI has also observed a small improvement compared to the previous month with 6.3% fewer breaching patients and currently stands at 882 patients waiting in excess of 8 weeks for a scan.</p> <p><b>Therapies:</b> There are provisionally 1,446 patients breaching the 14 week target for therapies in June, an increase of 76 (5.6%) on the reported position for May. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 1,117. Dietetics accounts for over 77% of the total patients waiting beyond the 14 week target for therapies.</p>	<ul style="list-style-type: none"> <li>• New management support for radiology commenced recently</li> <li>• Structured performance meetings established with CT, MR &amp; US modality Teams in order to reset services.</li> <li>• Validation of US, MR, CT waiting lists underway.</li> <li>• Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.</li> <li>• Scoping work around staffing the second MR scanner at RGH through the Planned Care Recovery scheme.</li> <li>• Work underway streamlining the Cancer Prostate Pathway.</li> <li>• Additional lists are running to reduce waiting times.</li> <li>• Implementation of plans July 2022 with subsequent trajectory of improvement in the following months.</li> <li>• Demand and Capacity of services commenced.</li> <li>• Discussions held around potential additional capacity through insourcing/outsourcing.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff availability in peak holiday season.</li> <li>• Current vacancies being held for streamlining.</li> <li>• Limited staff numbers coming through via the staff bank.</li> <li>• Demand and Capacity imbalance.</li> <li>• Securing funding for additional activity.</li> <li>• Cardiopulmonary diagnostic services need additional staff to address the backlog</li> </ul>

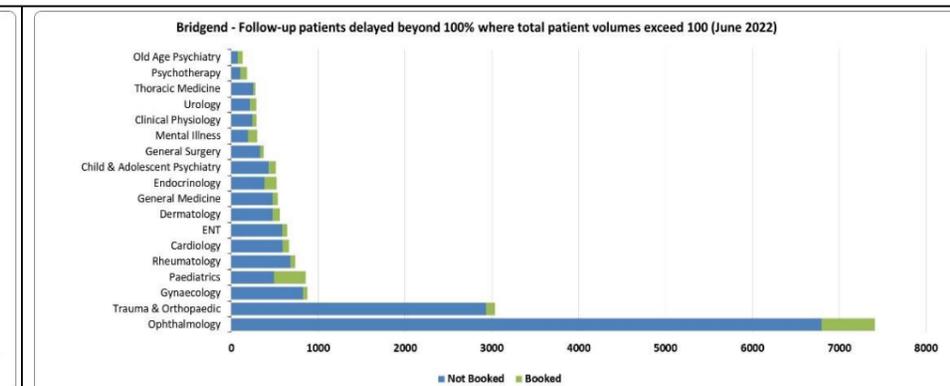
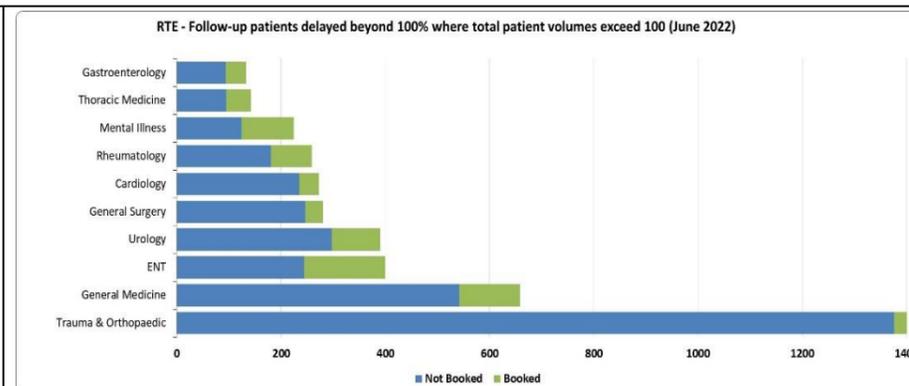
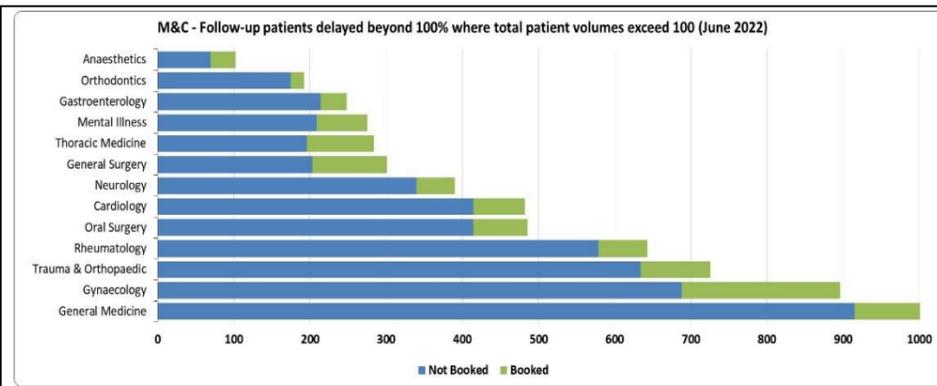


## GIG Powys NHS Wales Follow-up Outpatients Not Booked (FUNB) – June 2022 (Provisional Position)

Number of patients waiting for a Follow-up with documented target date				Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)			
<b>No Target Date</b>	<b>Not Booked</b>	<b>Booked</b>	<b>Total</b>	<b>Not Booked</b>	<b>Booked</b>	<b>Total</b>	
11	74,969	38,099	113,079	25,113	4,174	29,287	

Provisional June 2022	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG	0	14,332	7,200	21,532	5,192	1,010	6,202	28.8%
Merthyr & Cynon	6	12,419	14,902	27,327	3,662	1,017	4,679	17.1%
Rhondda & Taff Ely	5	48,218	15,997	64,220	16,259	2,147	18,406	28.7%
Bridgend	11	74,969	38,099	113,079	25,113	4,174	29,287	25.9%





**How are we doing?**

The total number of patients waiting for a follow-up appointment in CTM as at the end of June, is provisionally 113,079 and of those patients waiting, 29,287 have seen delays of over a 100% past their target date, representing an increase of 5.4% on the equivalent period last year.

The number of patients without a documented target date stands at 11.

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

An Outpatient Transformation Programme Board is in place which is focused on the following:

- Validation for 2022/23 as described previously
- SOS/ PIFU Pathway Projects which are looking to be rolled out across all specialties in 2022/23 unless there are clinical exceptions.

When improvements will be anticipated needs to be determined and will be discussed in the weekly performance meetings with services at the end of the month. The Follow up not booked (FUNB) position will also be discussed with operational teams in these meetings as there are FUNBs going back a number of years.

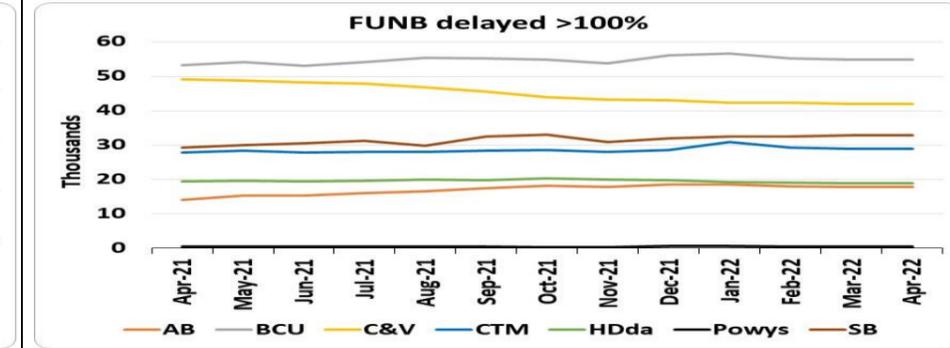
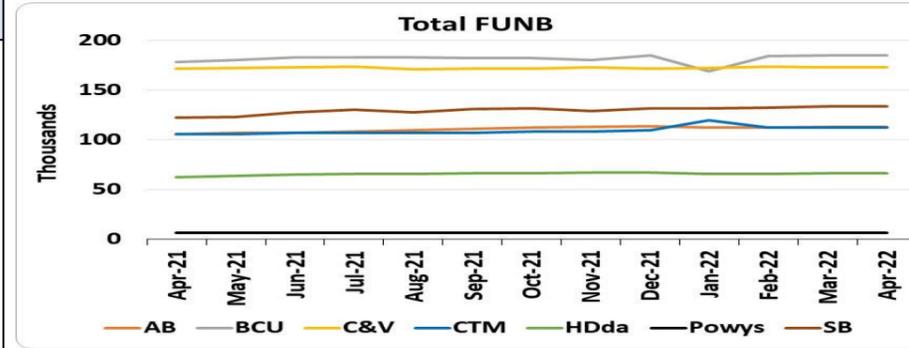
**What are the main areas of risk?**

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialities 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 7 months with figures currently at 29,766 for those two specialties, of which 42.6% (12,671) are delayed 100%. Outpatient activity levels continue to be below pre-Covid levels with the June figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 14,031; a reduction of almost 23% on the Pre-Covid average (19/20) of 18,186 and a reduction of approx. 16.5% on attendances during the same period last year.
- Total Follow-up Patients seen: 28,898; over 28% reduction on the Pre-Covid average (19/20) of 40,500 and over 16.5% reduction on the same period last year.

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

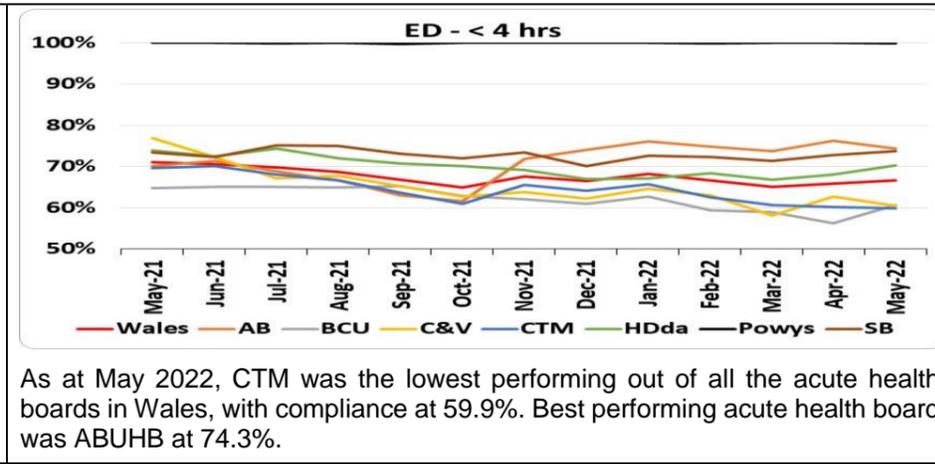
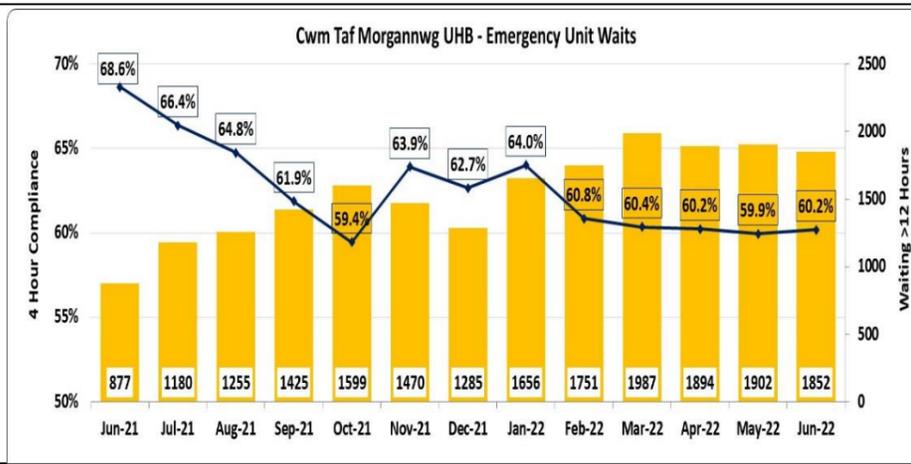
We are awaiting an up to date position of how we compare with other Health Boards



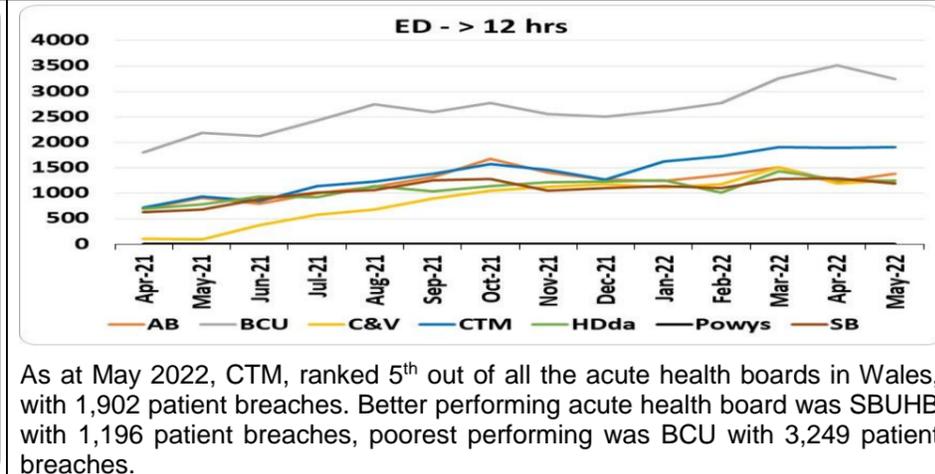
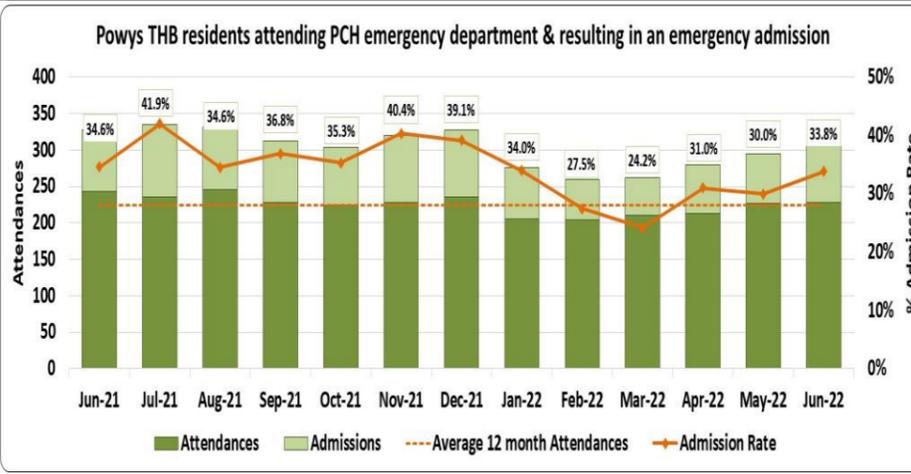
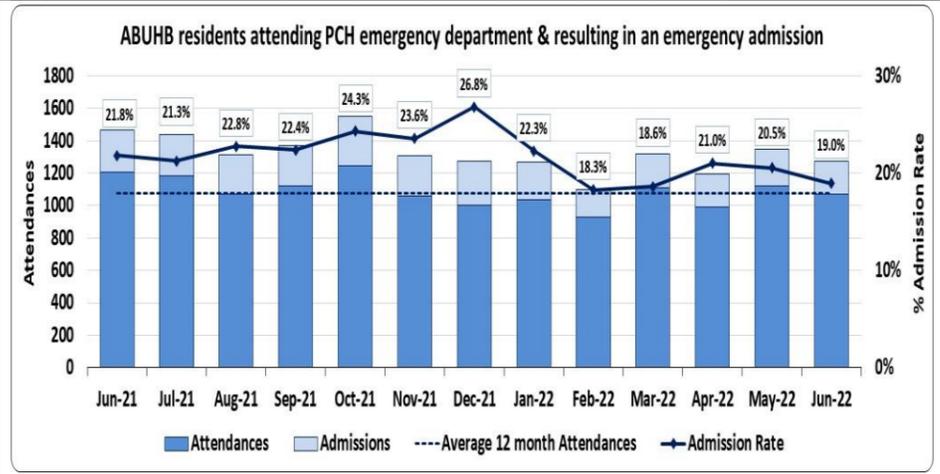
**Emergency Unit Waits – June 2022 (Provisional Position)**

Number of Attendances	% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%	Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero
<b>15,143</b>	<b>60.2% were seen within 4 hours (Waiting &gt;4 hrs 6,028)</b>	<b>12.2% of patients were waiting over 12 hours (1,852)</b>
<b>How do we compare with our peers?</b>		

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
Jun-21	5397	54.0%	598	5442	81.7%	48	5220	63.8%	231	17169	68.6%	877
Jul-21	5143	52.6%	636	5312	78.0%	135	5212	61.6%	409	16722	66.4%	1180
Aug-21	4902	53.7%	629	4869	74.6%	263	4993	59.6%	363	15679	64.8%	1255
Sep-21	5086	51.6%	686	5219	74.5%	270	4914	55.8%	469	15650	61.9%	1425
Oct-21	5129	52.0%	640	5075	69.6%	325	4900	54.7%	634	15353	59.4%	1599
Nov-21	4739	53.2%	603	4703	74.7%	325	4485	61.2%	542	14258	63.9%	1470
Dec-21	4485	55.3%	541	4564	72.1%	310	4211	58.5%	434	13464	62.7%	1285
Jan-22	4503	55.7%	753	4608	73.9%	403	4221	58.4%	500	13767	64.0%	1656
Feb-22	4351	55.3%	753	4362	69.1%	429	3969	53.6%	569	13107	60.8%	1751
Mar-22	5259	50.4%	964	5104	69.3%	417	4776	57.5%	606	15650	60.4%	1987
Apr-22	4750	57.1%	824	4681	68.0%	534	4438	51.7%	536	14284	60.2%	1894
May-22	5113	57.5%	767	4972	68.1%	491	4933	50.8%	644	15435	59.9%	1902



As at May 2022, CTM was the lowest performing out of all the acute health boards in Wales, with compliance at 59.9%. Best performing acute health board was ABUHB at 74.3%.



As at May 2022, CTM, ranked 5<sup>th</sup> out of all the acute health boards in Wales, with 1,902 patient breaches. Better performing acute health board was SBUHB with 1,196 patient breaches, poorest performing was BCU with 3,249 patient breaches.

**How are we doing?**

Provisionally, attendances were similar to the volumes seen in May (currently just 1.9% fewer) to our Emergency & Minor Injuries Department, with compliance remaining fairly static in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, with overall performance at 60.2%. As per the table above, the UHB continues to experience challenges at PCH (57.3% compliance) and POW (52.7%). The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments continues to be in the region of 12% of the total attendances, bringing the overall total of breaching patients to 1,852 compared to the WG minimum standard of zero.

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

Average Attendances	% variance from previous year
2019/20	n/a
2020/21	24.3%
2021/22	27.5%
2022/23	-1.7%

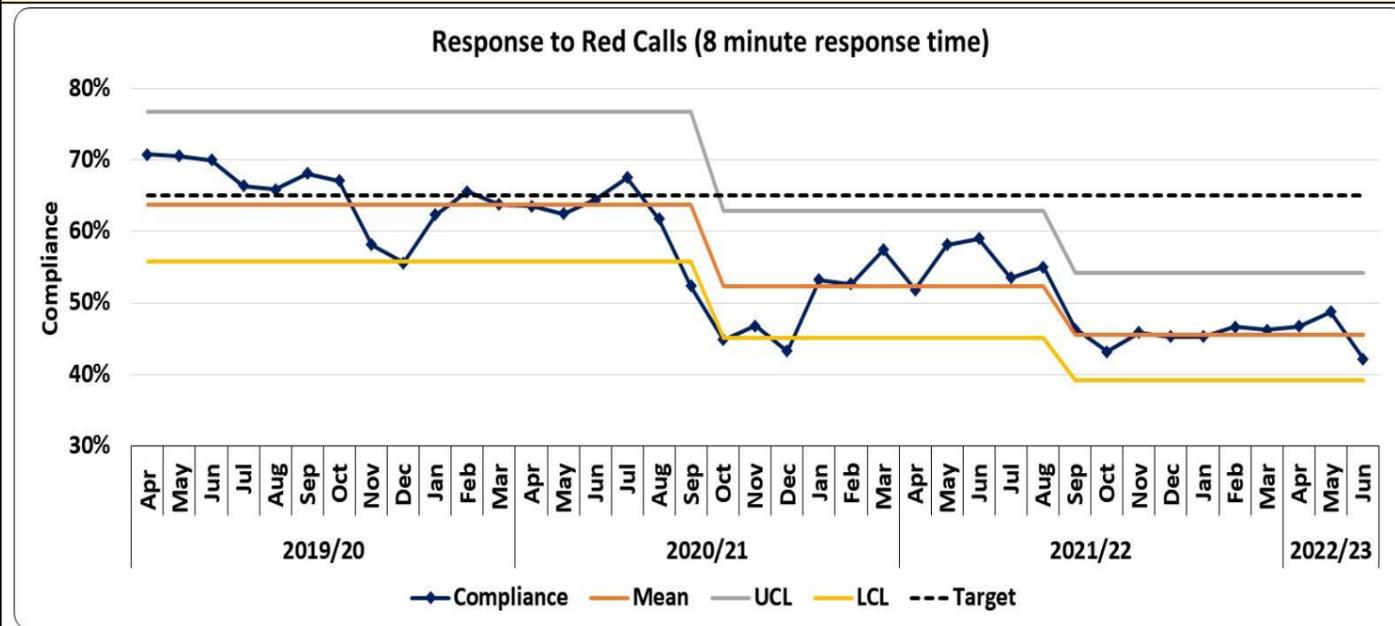
**What actions are we taking & when is improvement anticipated?**

- Complete resetting of USC governance structure
- Reviewing the D2RA programme with a view to embedding the service into front door service delivery
- Development of multi agency approach to reducing the 170 – 200 delays in discharge experience each week
- Reviewing community and social care capacity
- Pursuing one list project

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

- Length of stay for non-elective patients has risen to its highest level for 5 years, creating exit block for the ED and Assessment areas. This is predominantly due to the crisis in social care capacity and funding.
- Covid has increased in prevalence increasing short term sickness and exacerbating capacity and flow issues.

**Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance June 2022 – 42.2%**



**WAST Operational Area Response to Red Calls within 8 minutes - Target 65%** (Please note that the data represents WAST Operational area and not ILG)

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
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%
Jun-22	80	35	43.8%	299	124	41.5%	169	72	42.6%	548	231	42.2%

**How are we doing?**

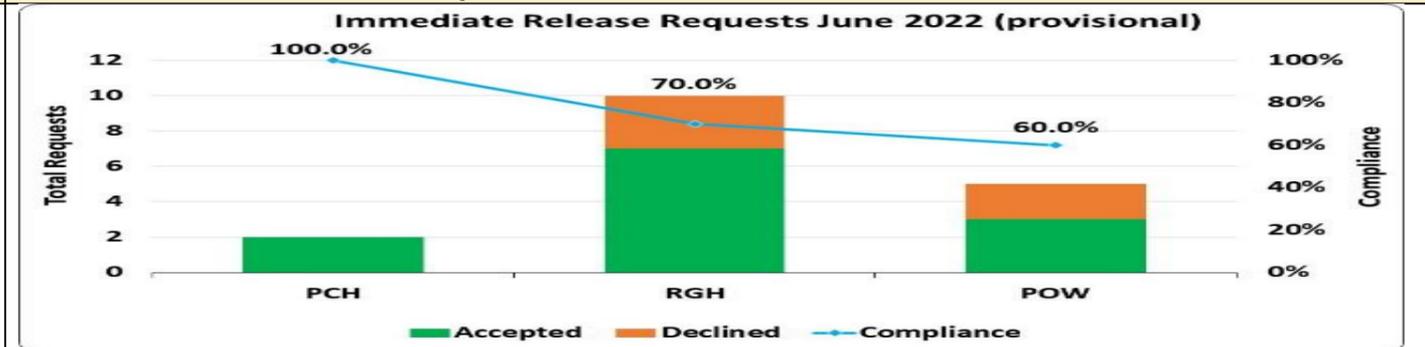
**Response to Red Calls:**

Response times during June to life-threatening calls falling to 42.2%, the lowest level seen in the past three years.

The Welsh average also deteriorated with just over half of the emergency responses arriving at the scene within 8 minutes and has remained below target since August 2020. CTM response times for the past 12 months averages out at 46.9%.

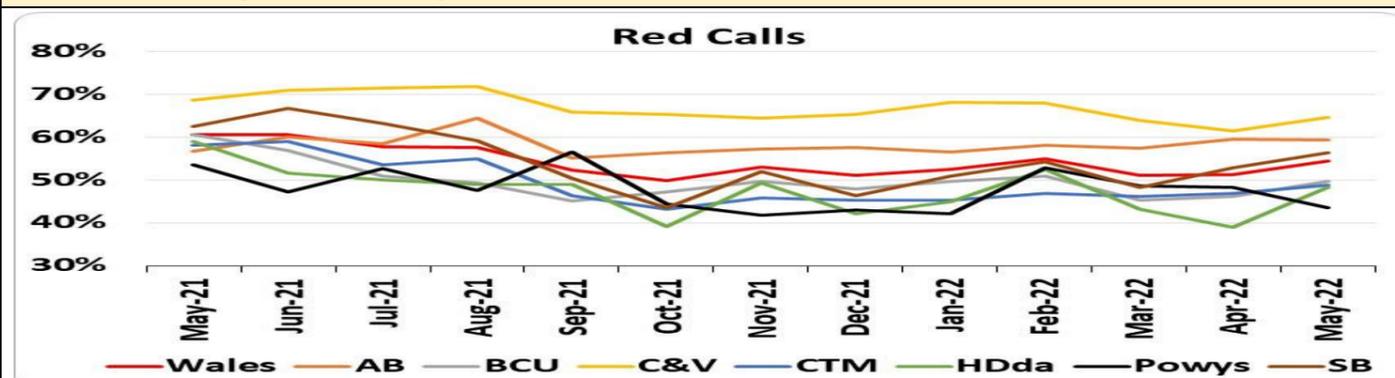
Red Call volumes shown in the central table continue to remain significantly higher than pre-Covid volumes (means of 531 c.f. 351) with 548 observed in June.

**Immediate Vehicle Release Requests**



**Immediate Release Requests** (shown above) received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 17 during June. The ED services were able to support affirmatively 12 (70.6%) of those requests.

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



CTM ranked 5<sup>th</sup> out of all the health boards in Wales for response times to red calls during May (48.8%).

Response times continue to remain better in the dense urban areas, with C&V seeing 64.6% compliance.

Generally response times are worse in the more geographically challenging areas e.g. H Dda & BCU (48.3% & 49.7% respectively), although Powys had the poorest response times this month at 43.5%.



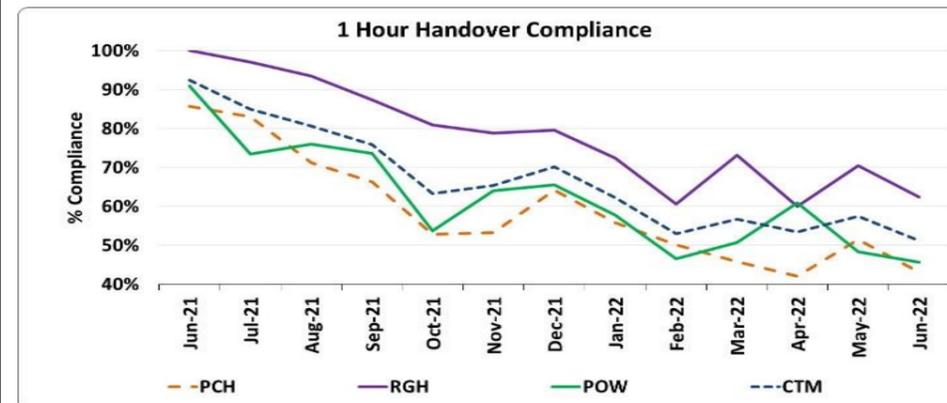
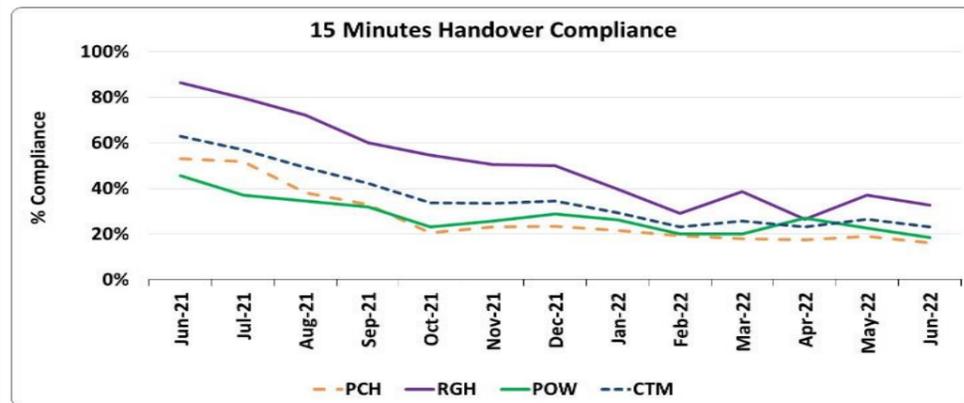
# Emergency Ambulance Services – June 2022 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,218 of which 511 handovers were within 15 minutes (23.0%)**

**1,084 handovers were over 1 hour (51.1% of handovers were within 1 hour)**



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%
Jun-22	777	16.2%	43.1%	845	32.5%	62.4%	596	18.5%	45.6%	2218	23.0%	51.1%

## How are we doing?

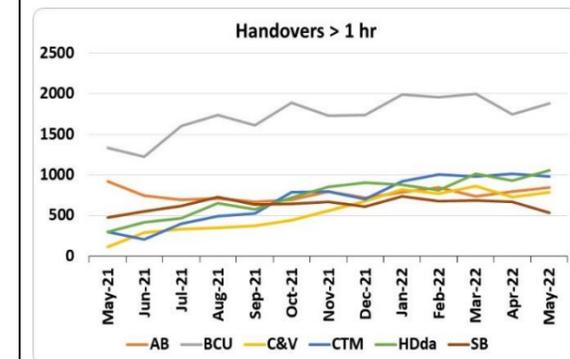
Both the 15 minute and 1 hour handover compliance saw a fall in compliance this month, 23.0% (26.6% May) and 51.1% (57.5% May) respectively despite there being a decrease of almost 5% (112) in the number of Ambulance conveyances compared to the previous month, bringing the total to 2,218.

The volume remains around 18.5% below the volume seen in the comparable period of 2021.

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

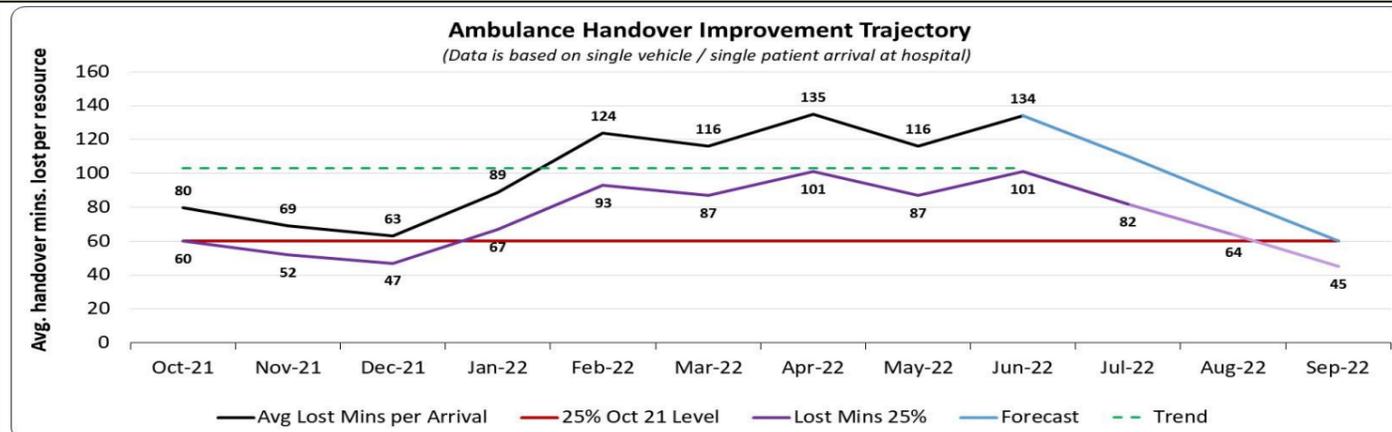
- Complete resetting of USC governance structure
- Reviewing the D2RA programme
- Improving the trauma service and escalation plans
- Addressed the out of hours planning support
- Instigate whole pathway review of YCC and YCR
- Root cause analysis of the reason for the increase in red calls

## How do we compare with our peers?

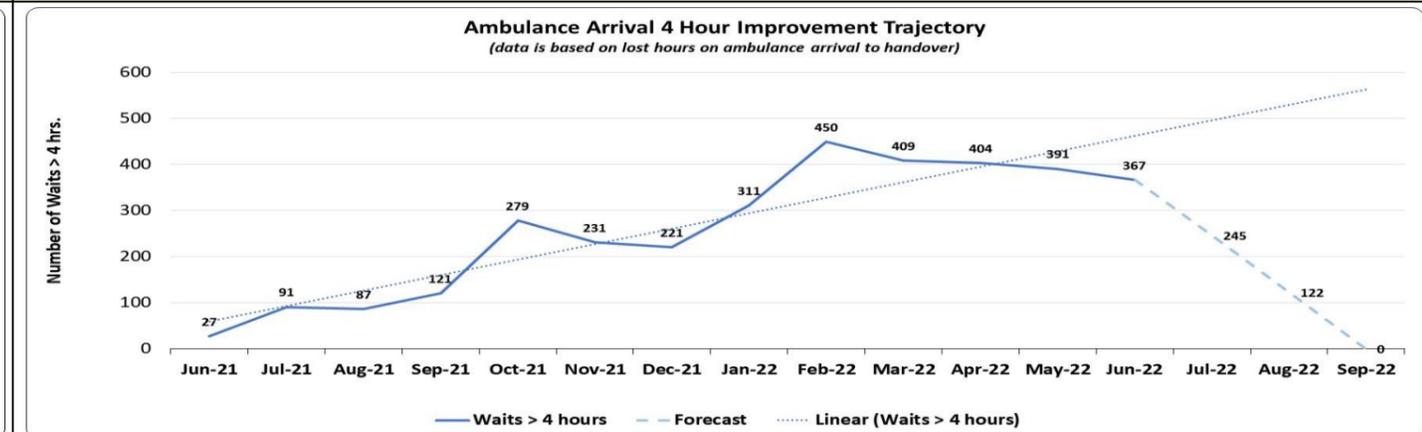


May 22: CTM was ranked 4<sup>th</sup> out of the 6 acute HB's in Wales with 982 patient breaches. Better performing was SB with 538 patient breaches and poorest was BCU with 1,878 patients breaching 1 hour.

## Ambulance Handover Improvement Trajectory



## Ambulance Arrival 4 Hour Improvement Trajectory



The graph above shows in red a 25% reduction based on a baseline of 80 minute lost per arrival in October 2021. The dark blue line depicts the actual reported lost minutes per arrival reported by the Welsh Ambulance Services NHS Trust from October 2021 to June 2021. The light blue line for July to September 2022 is a forecasted position to bring it to or below the original October 2021 baseline. The middle purple line depicts the actual reported lost hours with a 25% reduction applied. The light purple line is a forecasted reduction for July to September 2022 to bring it to or below the original October 2021 baseline.

The graph above shows the current level of ambulance waiting outside and Emergency Department over 4-hours. Based on the previous data from June 2021 the current trend line is showing an upwards trend. Reducing this level to 0 ambulance waits over 4-hours by September 2022 is shown as a dashed line.

Reduction Scale 367 :

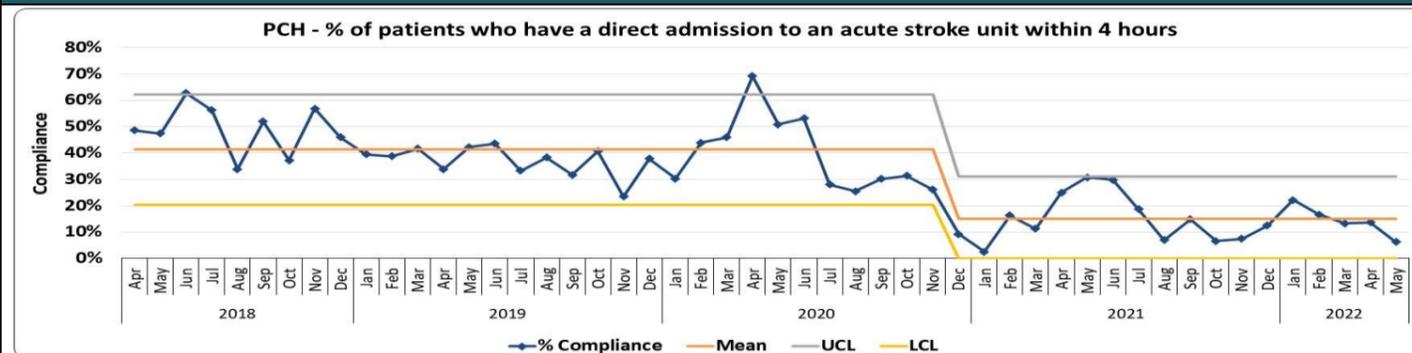
- June – July 2022 66.8% (245)
- July – August 2022 49.8% (122)
- August – September 2022 100% (0)



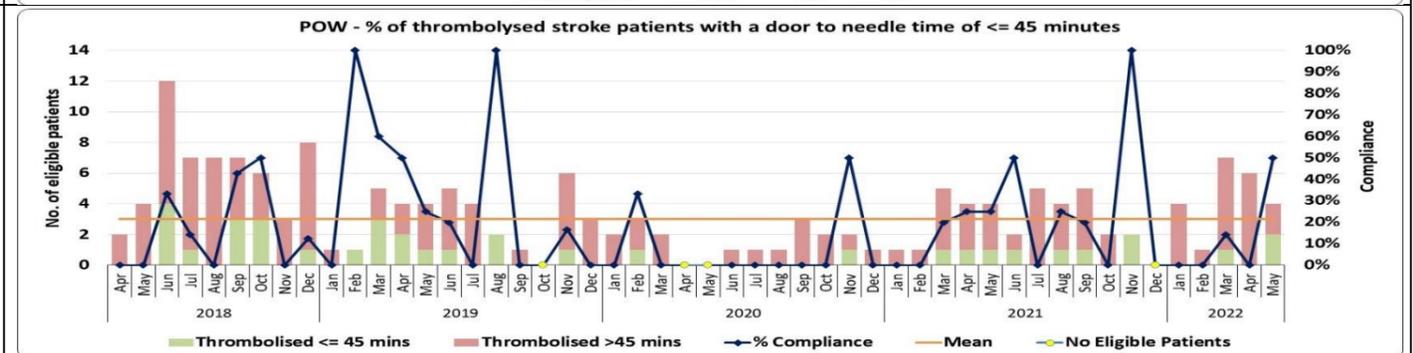
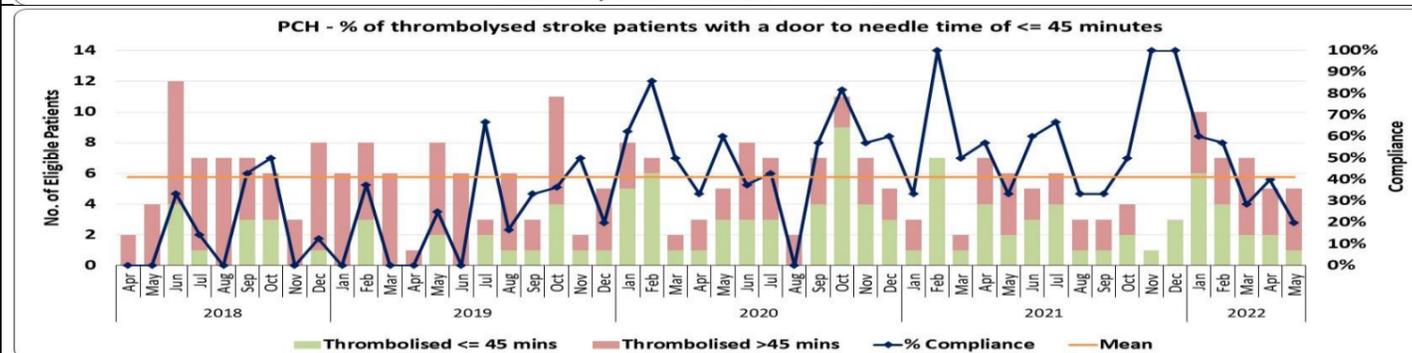
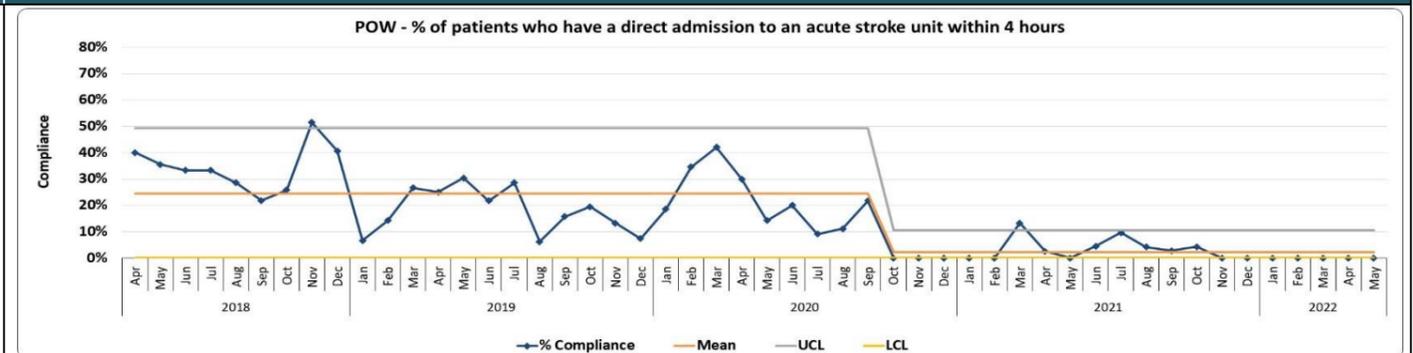
## Stroke Quality Improvement Measures (QIMs) – May 2022

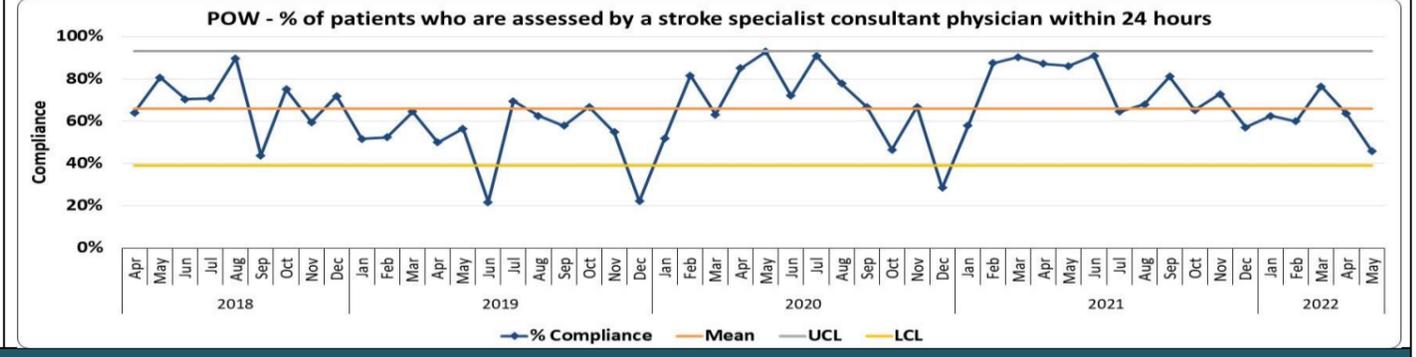
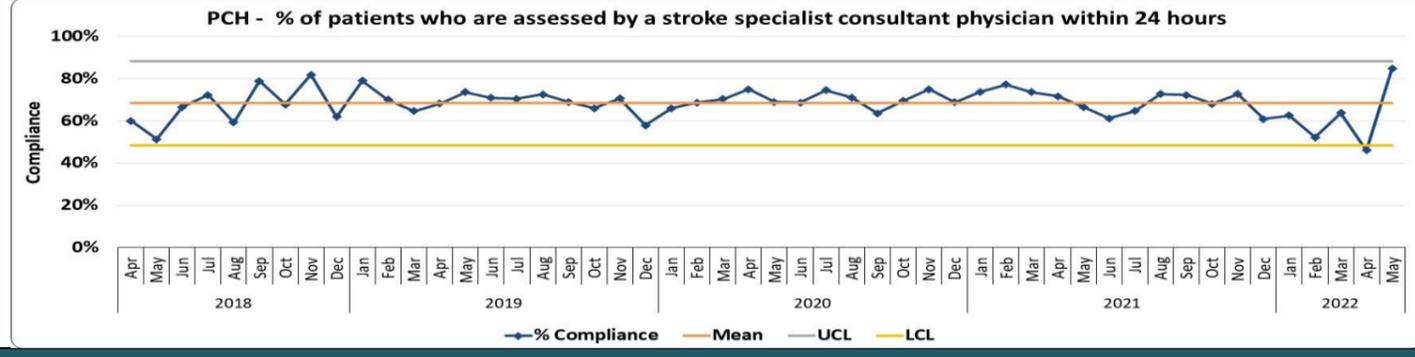
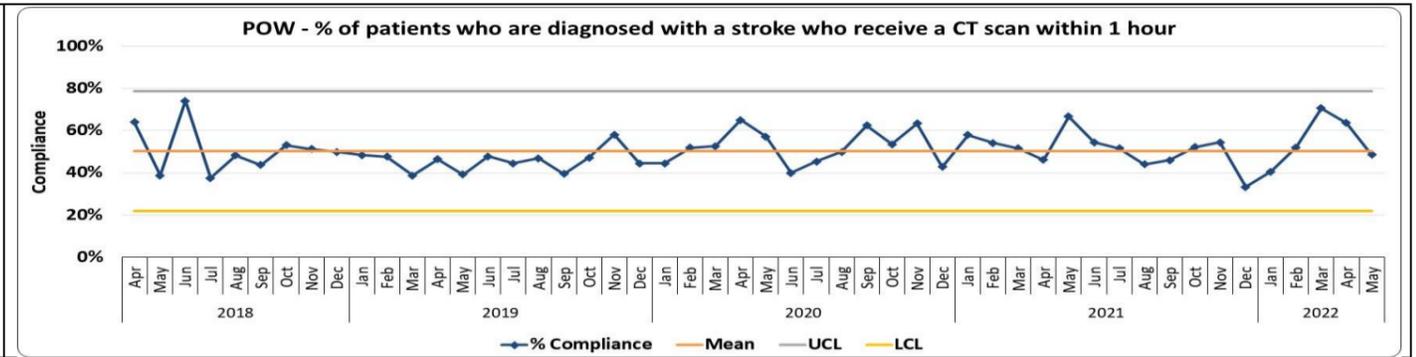
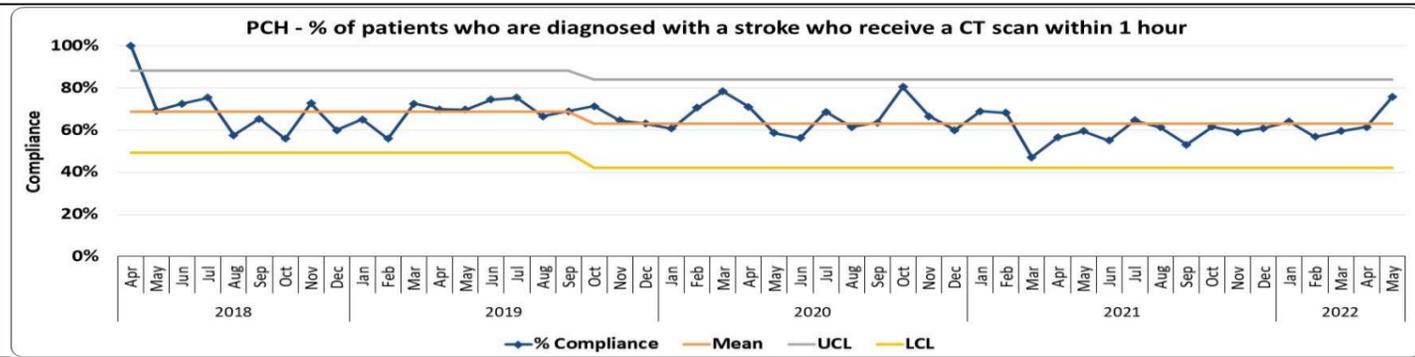
% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
6.3%	0%	2.9%	20.0%	50.0%	33.3%	75.8%	48.6%	61.4%	84.8%	45.9%	64.3%

### Prince Charles Hospital



### Princess of Wales Hospital





Stroke QIMS continued on the next page...

## How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance, although improvement is seen at PCH for compliance with CT scan (75.8%) and 24 hour stroke specialist (84.8%). During May, just 2.9% (2 out of 69 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. A third of eligible patients were thrombolysed within 45 minutes (3 out of 9 eligible patients), 61.4% of patients (43 out of 70 diagnosed patients) had a CT scan within an hour and just over 64% of stroke patients (45 out of 70 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

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

- The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.
- The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward. Currently, the AMU at POW has, on average, 15 acute strokes admitted due to the inability to admit to the stroke ward, therefore any new discharges from the wards are allocated to AMU and not new strokes presenting at ED.
- More recently only 40% of PCH stroke patients have been arriving via ambulance (compared to 80% in January 2021). This means fewer patients are presenting within the 4.5 hour thrombolysis window.

## May 2022 stats:

Stroke QIMs - May 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	32	37	69
	No. of patients within 4 hours	2	0	2
	<b>% Compliance</b>	<b>6.3%</b>	<b>0.0%</b>	<b>2.9%</b>
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	5	4	9
	No of patients within 45 mins	1	2	3
	<b>% Compliance</b>	<b>20.0%</b>	<b>50.0%</b>	<b>33.3%</b>
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	33	37	70
	No. of patients within 1 hour	25	18	43
	<b>% Compliance</b>	<b>75.8%</b>	<b>48.6%</b>	<b>61.4%</b>
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	33	37	70
	No. of patients within 24	28	17	45
	<b>% Compliance</b>	<b>84.8%</b>	<b>45.9%</b>	<b>64.3%</b>

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

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

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

The group will continue to look at the issue of closer links between PCH and YCR through the use of electronic whiteboards, therapy space in POW and transfer of stroke patients from RGH to PCH with the CTM Stroke Planning Group continuing to meet on a monthly basis.

In addition to the above bullet points and the longer term strategic aims, Public Health Wales' Stroke equity audit for CTM continues to form the basis for the development of a long term plan to address population health needs for stroke through primary & secondary prevention and health promotion.

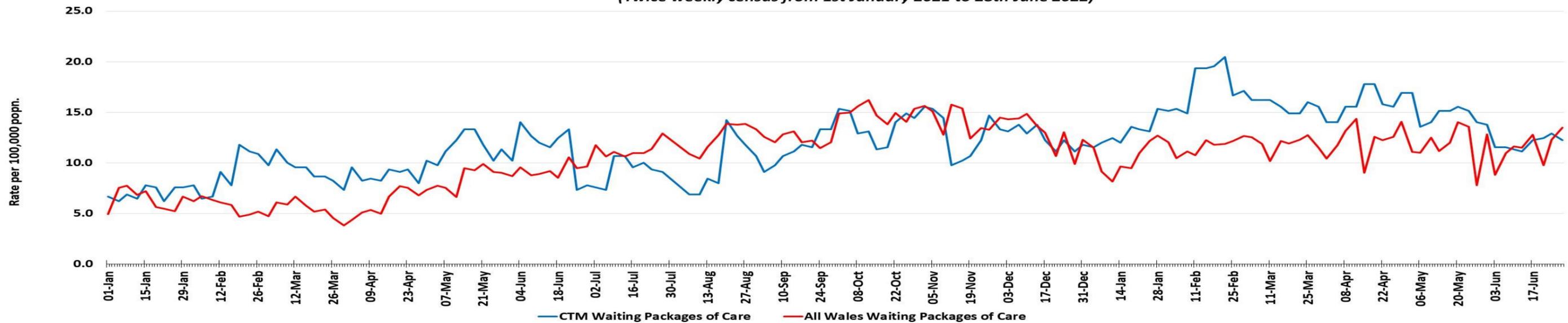
## What are the main areas of risk?

The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the four QIMs.

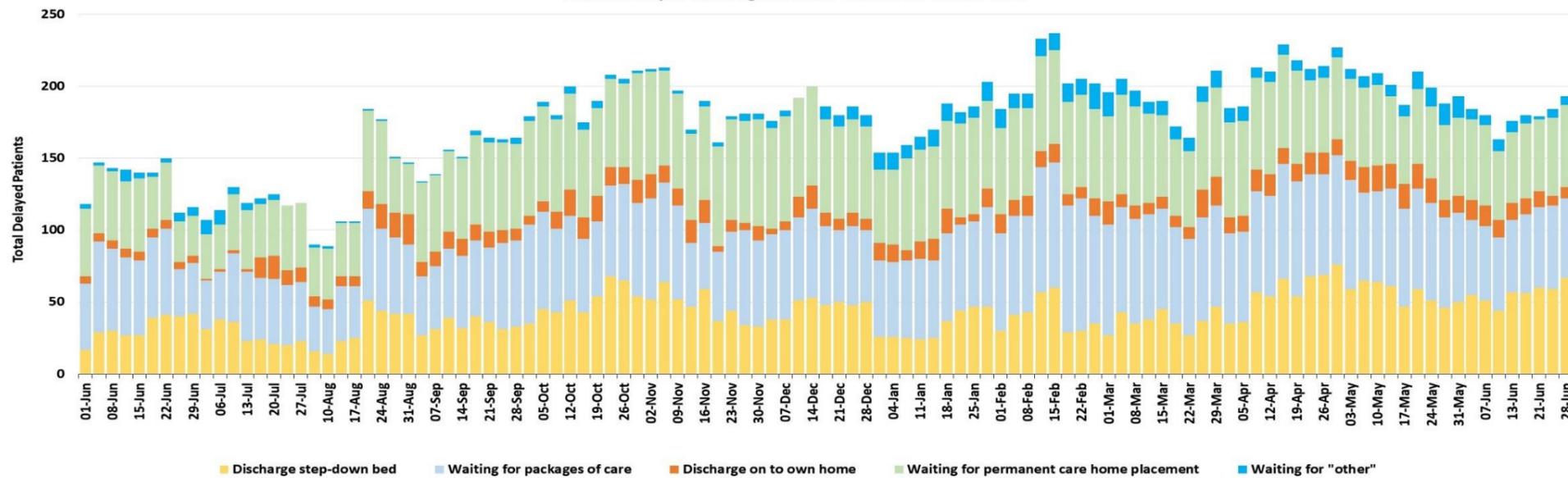
The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management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

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

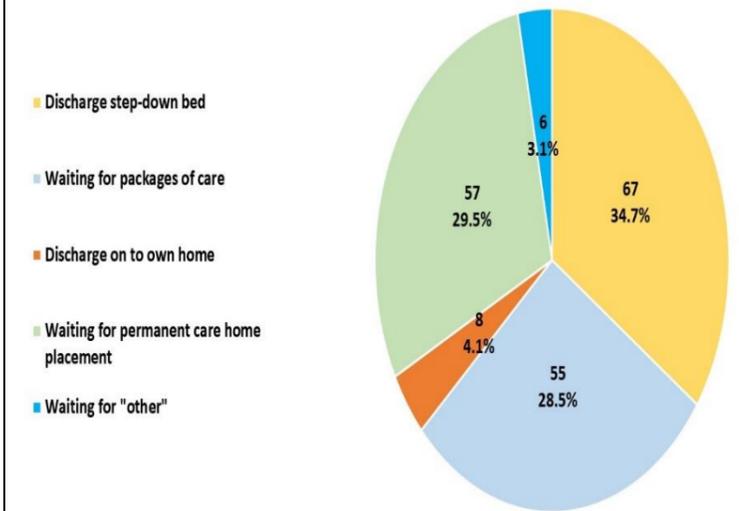
**Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)  
(Twice weekly census from 1st January 2021 to 28th June 2022)**



**Patient Delayed Discharge Reasons - June 2021 to June 2022**



**Reasons for Patient Delays at census point 28th June 2022**



**How are we doing?**

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) has declined from the peak at the end of February of c.92 individuals to 55 at the end of June. This equates to 12.2 delays per 100,000 population, and as it currently stands at almost 10% lower than the national rate which is 13.5 per 100,000 population (please note that the all Wales data may be subject to change due to late data submissions by other health boards).

The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 193 individuals in this predicament. The main reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right.

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

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

**What are the main areas of risk**

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

Our Care Home placements continue to be problematic due to Covid restrictions across the patch.

**Single Cancer Pathway (SCP) – May 2022**

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 45.2%**

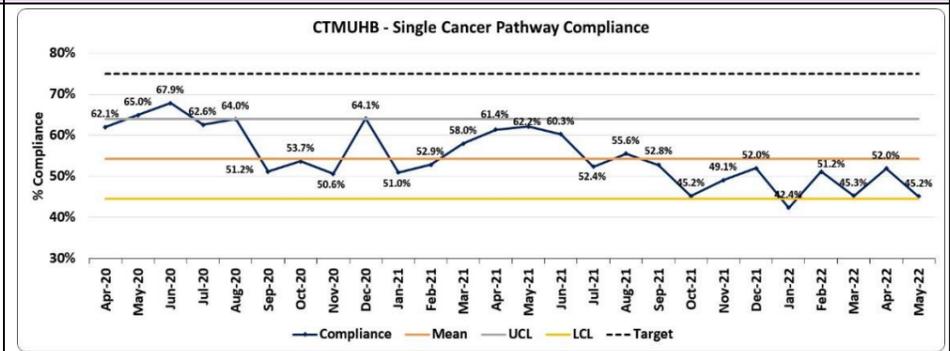
Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

**CTMUHB - SCP % Treated Without Suspensions - May 2022**

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	11	36.4%
Upper GI	11	21	52.4%
Lower GI	13	36	36.1%
Lung	22	35	62.9%
Skin (exc BCC)	47	57	82.5%
Brain/CNS	2	2	100.0%
Breast	19	53	35.8%
Gynaecological	1	16	6.3%
Urological	7	49	14.3%
Haematological	7	16	43.8%
Other	2	3	66.7%
<b>Total</b>	<b>135</b>	<b>299</b>	<b>45.2%</b>

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
May 2022												
Head and Neck	0	1	1	4	6	10				4	7	11
Upper Gastrointestinal	3	3	6	5	5	10	3	2	5	11	10	21
Lower Gastrointestinal	1	9	10	4	9	13	8	5	13	13	23	36
Lung	9	4	13	9	5	14	4	4	8	22	13	35
Sarcoma										0	0	0
Skin(c)							47	10	57	47	10	57
Brain/CNS	1	1	1	1	1	1				2	0	2
Breast	0	0	0	19	34	53				19	34	53
Gynaecological	1	13	14				0	2	2	1	15	16
Urological				7	42	49				7	42	49
Haematological				7	3	10	0	6	6	7	9	16
Other	0	1	1	1	1	1	1	0	1	2	0	3
<b>Total Breaches</b>	<b>15</b>	<b>30</b>	<b>46</b>	<b>57</b>	<b>104</b>	<b>161</b>	<b>63</b>	<b>29</b>	<b>92</b>	<b>135</b>	<b>163</b>	<b>299</b>
<b>Overall Compliance</b>			<b>32.6%</b>	<b>Overall Compliance</b>		<b>35.4%</b>	<b>Overall Compliance</b>		<b>68.5%</b>	<b>Overall Compliance</b>		<b>45.2%</b>



Performance for May fell to 45.2% from the previous reported position of 52.0% with predicted performance for June currently at 48.9%.

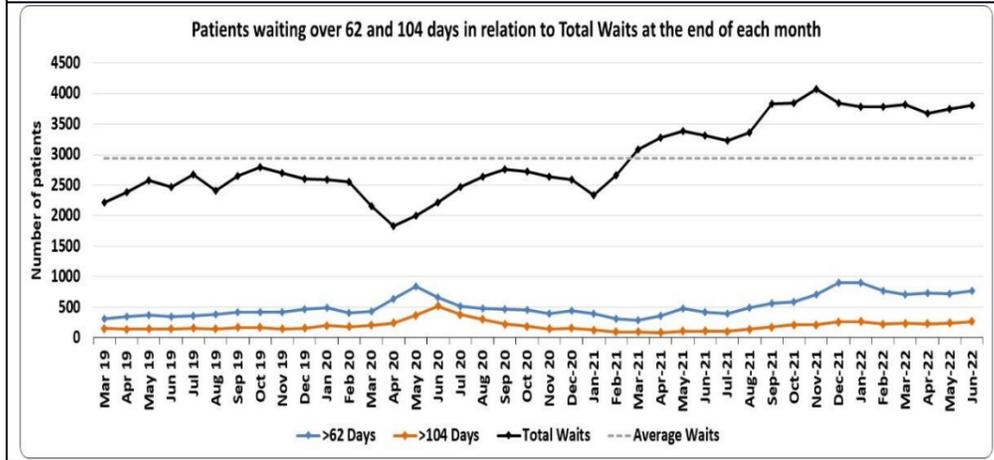
With the exception of skin and brain, no other sites have achieved the current SCP target.

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

Services are being monitored against the new 28 day diagnostic pathway to strengthen management of the front end pathway.

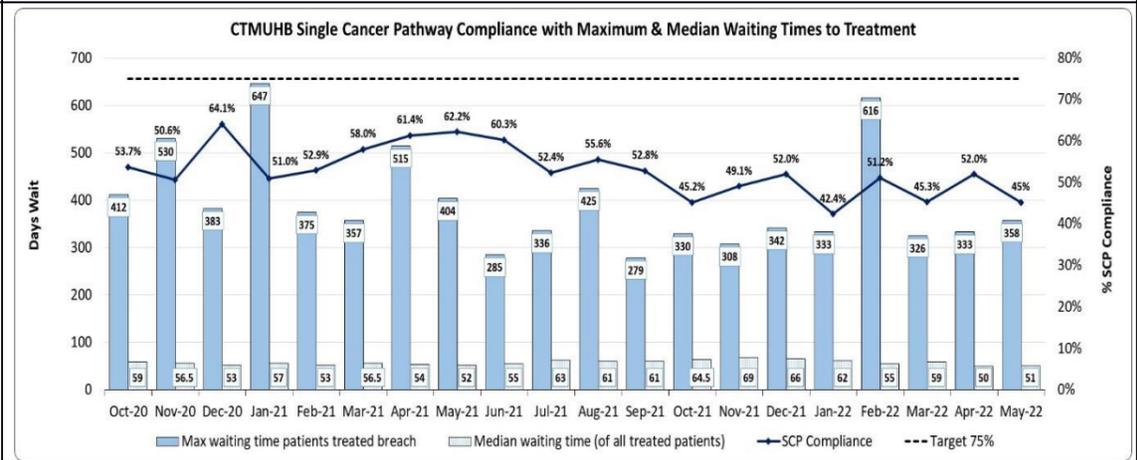
Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 2021; the lowest January 2022 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA (32%) and diagnostic stage (51%) collectively; accounting for 84% of all active patients on the SCP.

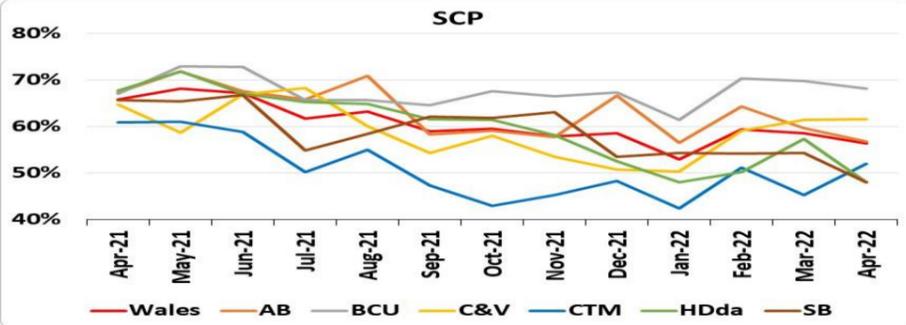
**Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 1<sup>st</sup> July 2022**



Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	5		1
Upper Gastrointestinal	18	4	17
Lower Gastrointestinal	27	6	14
Lung	4		
Gynaecological	58	20	32
Grand Total	112	30	64
<b>Rhondda &amp; Taff Ely ILG</b>	<b>SCP Cases 62-90 days</b>	<b>SCP Cases 91-104 days</b>	<b>SCP Cases &gt;104 days</b>
Head and neck	18	3	3
Upper Gastrointestinal	33	10	21
Lower Gastrointestinal	63	11	32
Lung	6	3	
Breast	57	9	19
Urological	81	46	84
Haematological	4		1
Grand Total	262	82	160
<b>Bridgend ILG</b>	<b>SCP Cases 62-90 days</b>	<b>SCP Cases 91-104 days</b>	<b>SCP Cases &gt;104 days</b>
Upper Gastrointestinal	2	1	3
Lower Gastrointestinal	6	3	3
Lung	11	1	6
Sarcoma	1		2
Skin(c)	20	5	11
Gynaecological	3	1	8
Haematological		1	2
Other	3		1
Grand Total	46	12	36

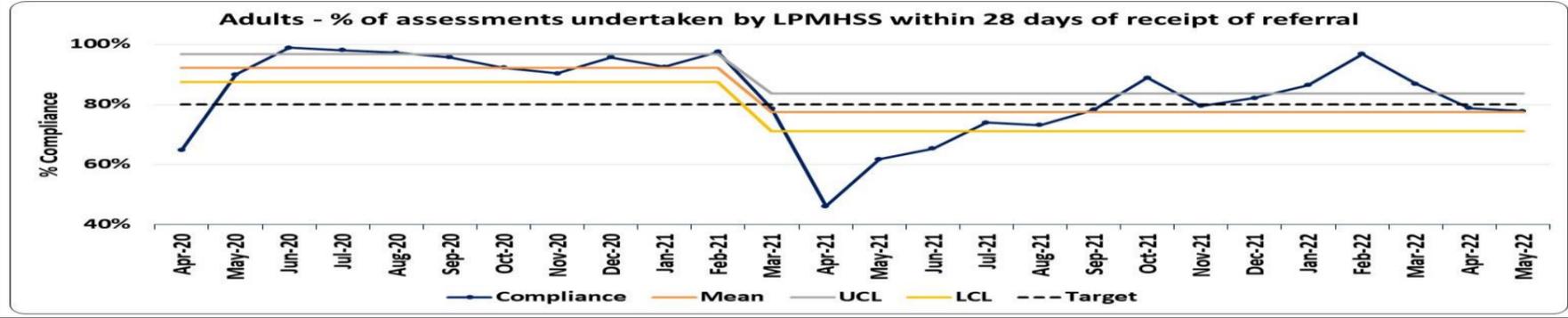
**SCP Compliance detailing Maximum & Median Waiting Times to Treatment**



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 April 2022, indicate that CTM ranked 4<sup>th</sup> out of the six acute health boards in Wales at 52.0%. Best performing is BCU with 68.2% compliance.</p> <p>As at the 1<sup>st</sup> July 2022, the number of patients waiting over 62 days stands at 804 and a third of those patients (260) are waiting over 104 days.</p> 	<ul style="list-style-type: none"> <li>Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes.</li> <li>Focus specifically on reducing backlog.</li> <li>Urology review meetings increased to fortnightly to enhance progression against planned actions for improvement.</li> <li>D&amp;C into urology diagnostics being undertaken, with business case for additional LAPB machine (Local Anaesthetic Perineal Biopsy).</li> <li>Endoscopy unit going live W/C 4<sup>th</sup> July 2022</li> <li>One stop Gynaecology service planned to commence 1<sup>st</sup> September 2022</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>84% of all patients on the active SCP are at 1<sup>st</sup> outpatient or diagnostic stage</li> <li>Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.</li> <li>Downgrading patient practices.</li> <li>Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked.</li> <li>Significant delays in pathology, endoscopy and radiology continue.</li> <li>Sustained deterioration in urology diagnostic volumes and waiting times.</li> </ul>

**CTM Mental Health Compliance detailing the Adult Mental Health Services – May 2022**

**% of assessments undertaken by LPMHSS within 28 days of receipt of referral (77.8%) - Target 80%**



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days.

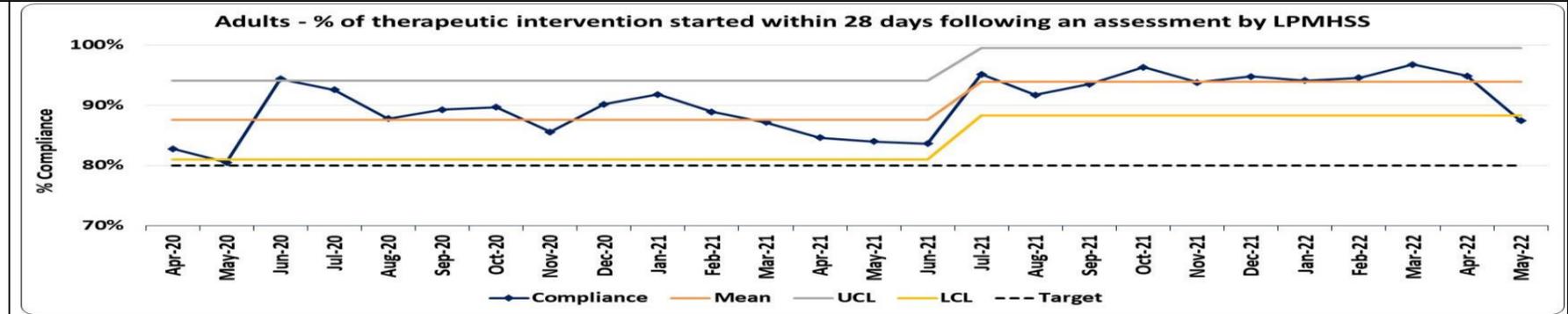
The adult mental health services compliance for May continued to fall, albeit marginally to 77.8% from 78.8% in the previous month, remaining below the compliance threshold and is predominantly due to a reduction in staffing levels driven by higher absence rates.

Overall, compared to the previous month, referrals into the adult services rose by just over 16% bringing the total number of referrals to 736 during May. Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals for 2020/21 equating to 662 per month and the average for 2021/22 being 823.

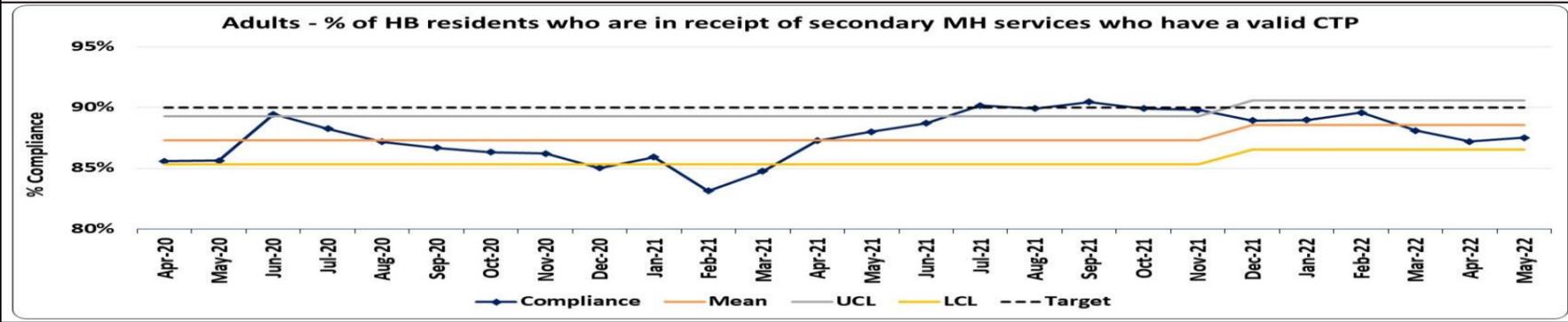
**% of therapeutic intervention started within 28 days following an assessment by LPMHSS (87.4%) - Target 80%**

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also fell this month to 87.4% from 94.9% in April however, continuing to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 302, with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during May amounted to 264 patients.



**% of HB residents who are in receipt of secondary MH services who have a valid CTP (87.5%) - Target 90%**



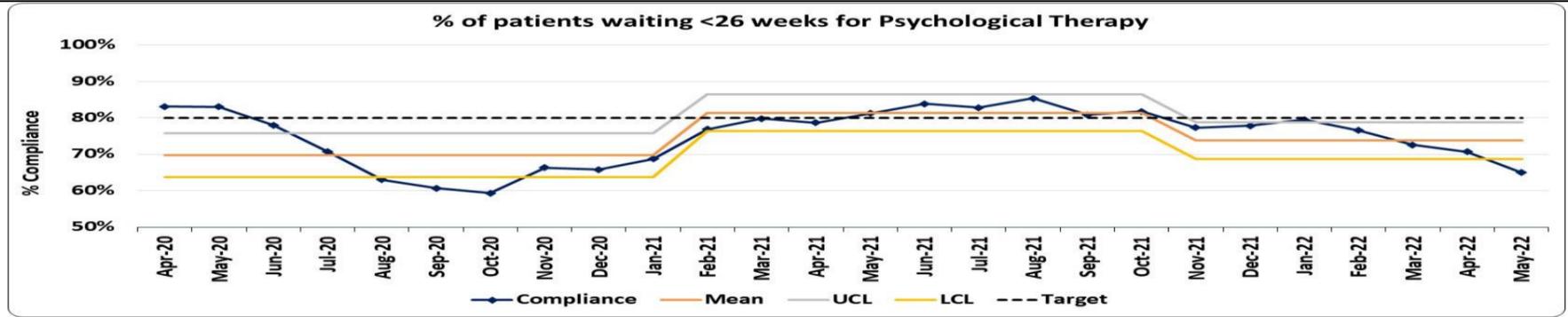
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remained almost static at 87.5% during May with the chart to the left demonstrating that nothing is changing significantly and has continued to remain just under the 90% target for the past eight months.

**Part 3:** There were three outcome of assessment reports sent during May and all were within the 10 working day timeframe.

**% of patients waiting less than 26 weeks to start a Psychological Therapy (65.0%) - Target 80%**

**Psychological Therapies** compliance continued to fall further during May to 65.0% and remains below the 80% compliance threshold. The total number of patients waiting to start a psychological therapy, as at the end of May, equates to 779, which represents an increase of just over 50% on the number of patients that were waiting at the end of May 2021 (516).

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



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

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

**Part 1a.** compliance decreased for the third month running from 78.8% to 77.8% in May. Of the three ILGs, RTE and M&C are above target. RTE saw a decrease in performance from 96.5% to 92.8% and M&C saw a significant improvement from 76.5% to 92.4%. Bridgend ILG saw an improvement in performance from 27.7% to 33.3% with an additional 49 assessments undertaken compared to the previous month.

**Part 1b.** compliance continues to stay above target at 87.4%. All ILGs are above target.

**Part 2** compliance for both Adult and Older Adult Services combined have decreased compared to the previous month from 84.8% to 83.8%, which is below the target of 90%. Adult Services saw a small improvement from 86.1% to 86.7%, however, Older Adult Services saw a reduction in performance from 90.7% to 89.1%.

**Psychological Therapies,** those patients who are waiting less than 26 weeks for a psychological therapy has reduced from 539 in April to 506 in May although those who are waiting longer than 26 weeks has increased from 224 to 273 in May. This currently stands at 35% of the waiting list which is above the 20% target.

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

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

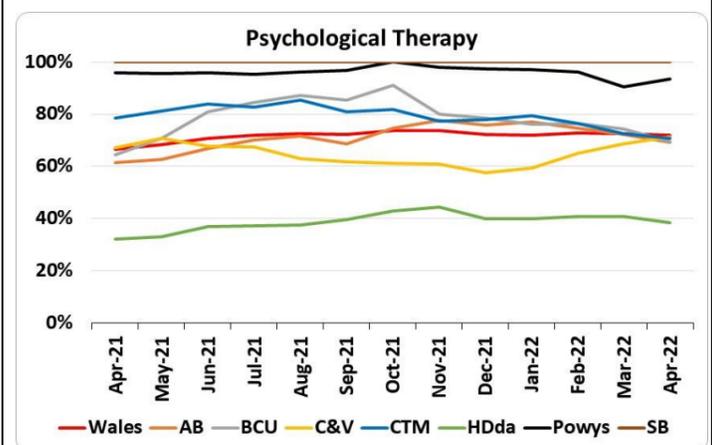
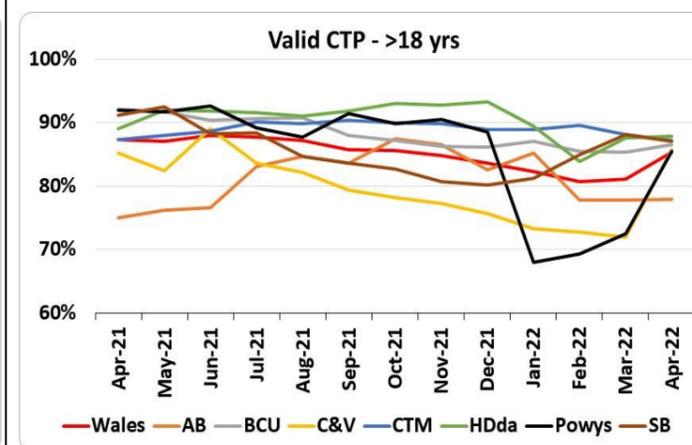
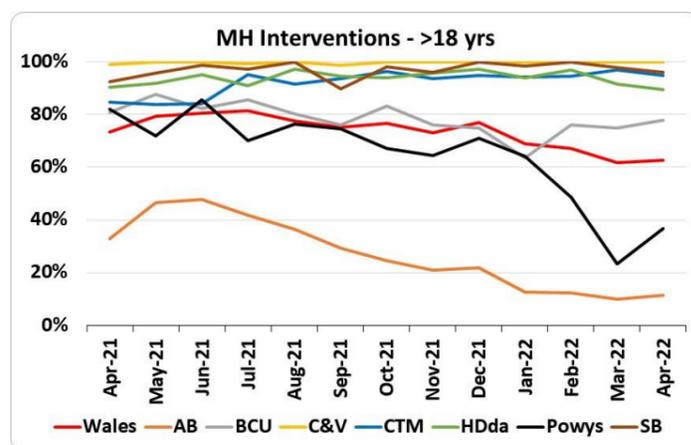
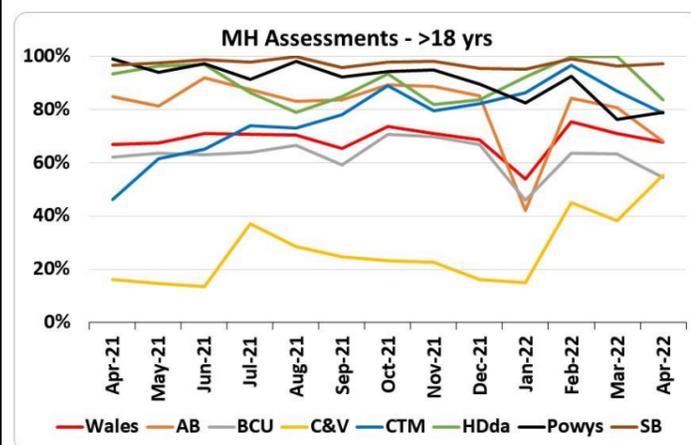
**Part 1b.** compliance continues to remain above target.

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

**Psychological Therapies,** improvements are dependent on support for the Recovery Plan to address the discrepancy between the demand of this service and the capacity available, whilst undertaking process redesign to ensure a right-sized system of care. Funding for a programme manager has been agreed and advertised. The Recovery Plan is identified as a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality and experience for service users.

The impact of Covid-19 continues to be the biggest risk to compliance improvements in the Mental Health Measures for Parts 1 & 2.

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



**Assessments:** as at April 2022, CTM achieved a compliance of 78.6% to rank 4<sup>th</sup> out of all the health boards in Wales. Best performing was SBUHB Dda with 97.2% compliance and BCUHB seeing the lowest compliance at 54.5%.

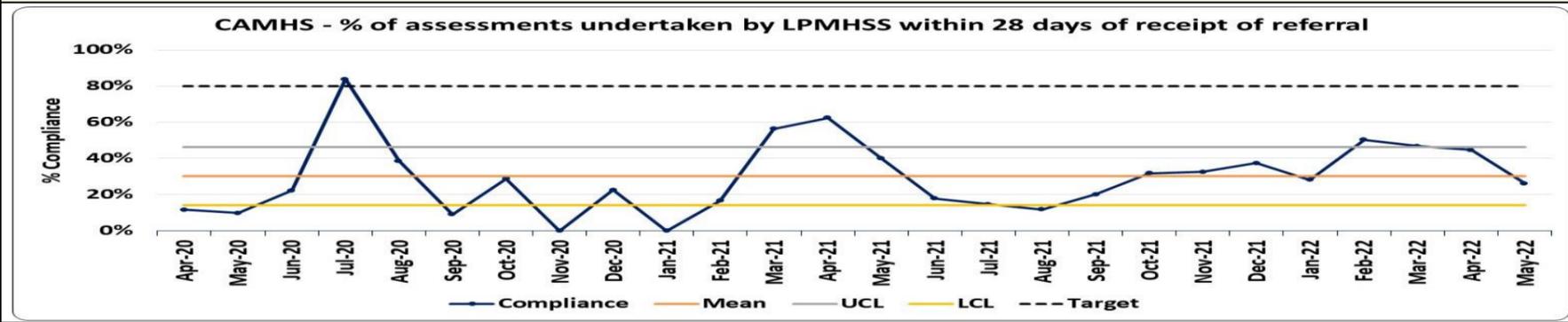
**Interventions:** as at April 2022, C&V attained 100% compliance. CTM ranked 3<sup>rd</sup> out of all the health boards in Wales achieving 94.8%, whilst ABUHB had the lowest compliance at 11.5%.

**CTP:** as at April 2022, CTM's compliance was 87.2% to rank 2<sup>nd</sup> out of all the health boards in Wales. Best performing was Hywel Dda with 87.8% compliance with ABUHB having the lowest compliance with 78.0%.

**Psychological Therapies:** as at April 2022, SBUHB achieved 100% compliance. CTM was 4<sup>th</sup> out of all the health boards in Wales (70.6%), whilst Hywel Dda achieved the lowest compliance at 38.4%.



**% of assessments undertaken by LPMHSS within 28 days of receipt of referral (26.3%) - Target 80%**



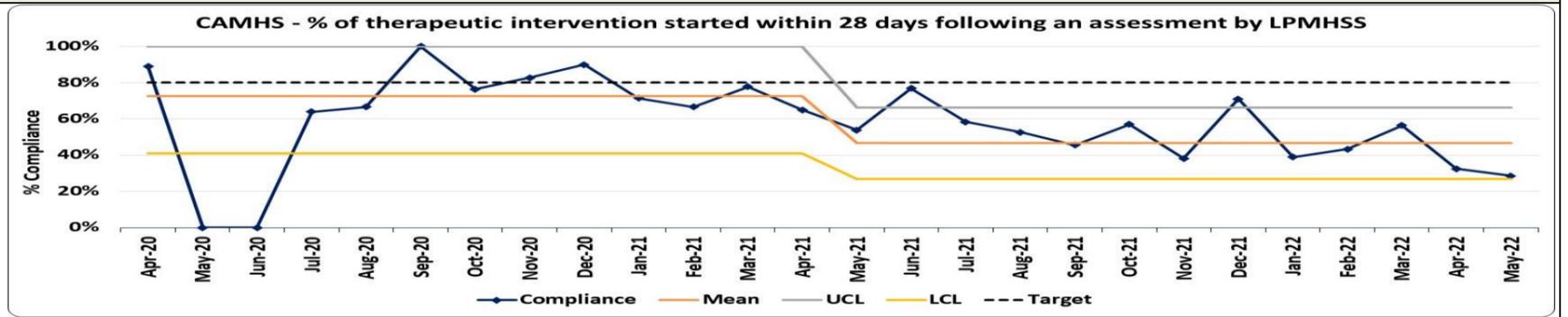
During May, just over a quarter (26.3%) of assessments were undertaken within 28 days of referral, remaining below WG's minimum expected standard of 80%, with the last time the target being met was in July 2020.

Waiting list volumes continue to rise and demand remains higher than pre-Covid levels. 167 referrals were received during May, which is almost twice as many as the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals for 2021/22 standing at 162 per month.

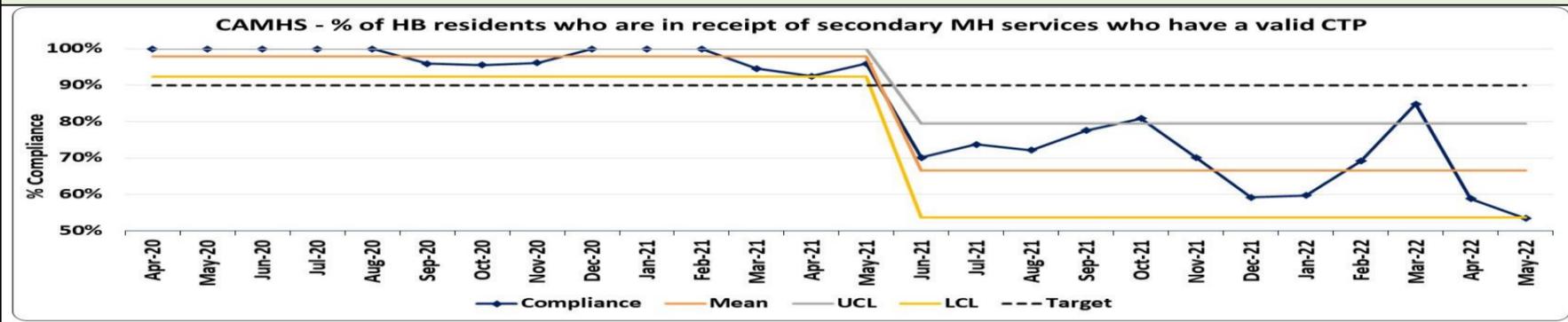
**% of therapeutic intervention started within 28 days following an assessment by LPMHSS (28.6%) - Target 80%**

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell further to 28.6%, the lowest level observed since June 2020, with just 26 of the 91 interventions for May commencing within 28 days.

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



**% of HB residents who are in receipt of secondary MH services who have a valid CTP (53.4%) - Target 90%**



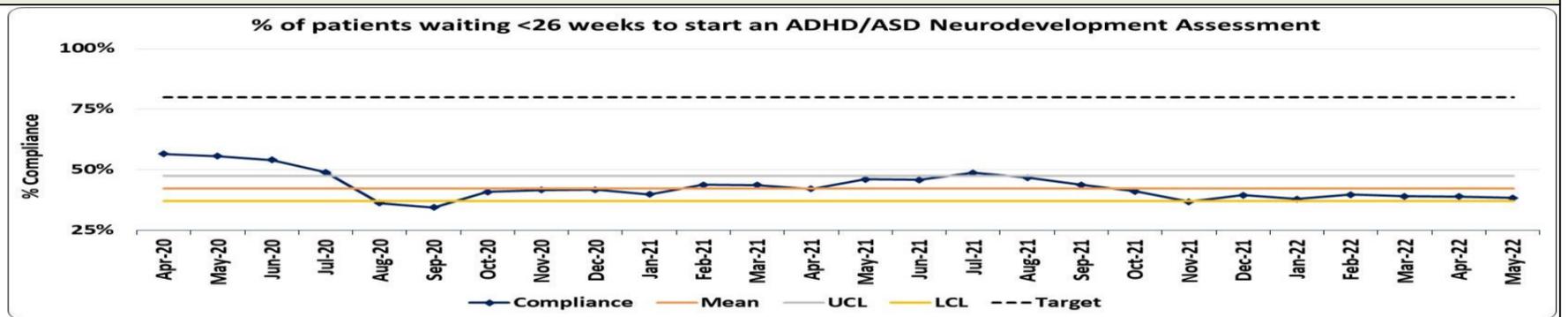
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month deteriorated further to 53.4% from 58.8% in the previous month and continues to remain below the set target (90%). May 2021 was the last time compliance was achieved.

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

**% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (38.3%) - Target 80%**

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance during May remaining almost static at 38.3% and well below the target threshold of 80%.

Additionally, the total waiting list volume continues to grow and now stands at 1,392 patients, almost 68% higher than the same period last year.



CAMHS continued on the next page...

<b>How are we doing and what actions are we taking?</b>	<b>When is improvement anticipated and what are the main areas of risk?</b>
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Demand has remained high during May 2022. The acuity of the presentations of the CYP still remains high. There has also been an increased demand for the Crisis Service in May with particular high days of demand with a number of young people presenting at Emergency Departments. The crisis service is now 24 hours on a Friday; Saturday and Sunday since the start of May.

The Rapid Intervention Service for Eating Disorders received a further 9 referrals in May, although we are seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. There has been a backlog of patients waiting to be seen which corresponds with a lower performance in May as the service sees the longest waiters first. We are exploring alternative ways to run the groups in each locality.

Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service and further work is taking place to ensure these patients are allocated a care co-ordinator and have a valid CTP.

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

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

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

A proposal has been agreed to fund additional clinics to address the backlog in the service and a review of demand and capacity in each area of the service has been undertaken. There is a plan to move some of the resources to address the longest waiters currently in the service.

**Main areas of risk**

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

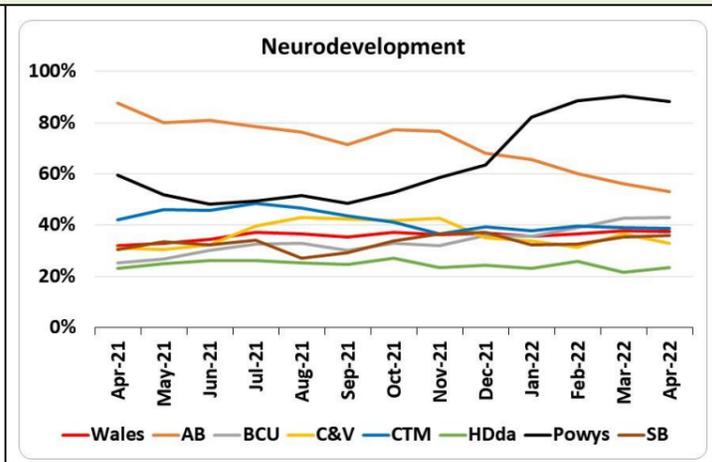
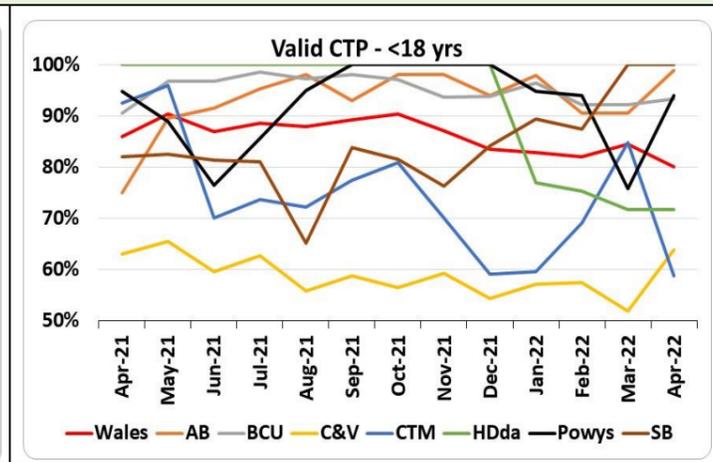
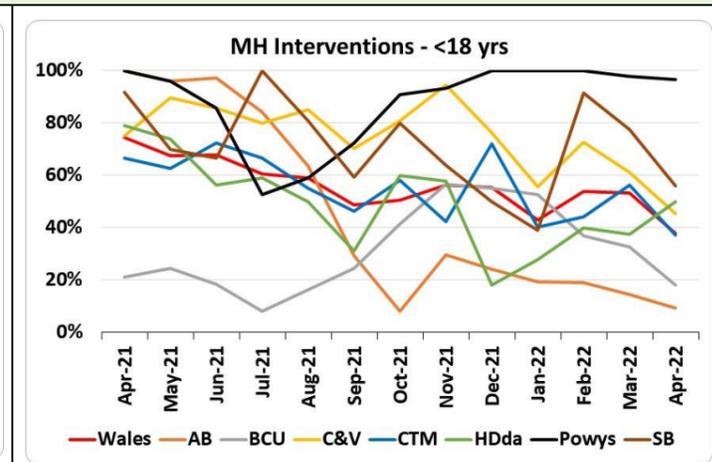
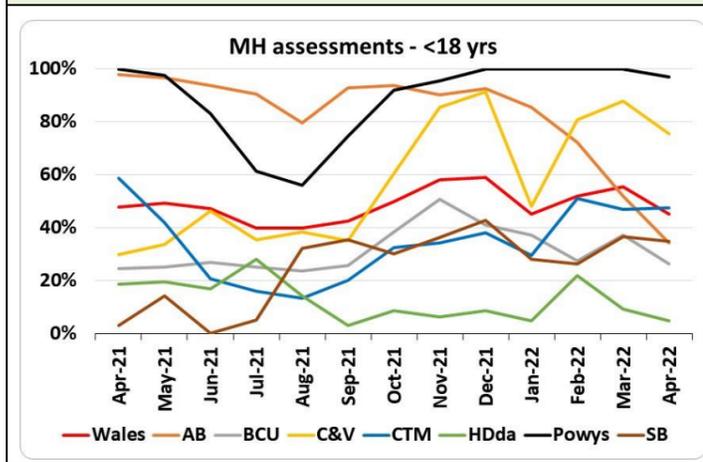
**Improvements:** an improvement action plan and revised trajectories have been developed in order to improve compliance for all Mental Health Measures targets.

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

The implementation of the groups across all sector areas will provide additional capacity and a different way of working which will support performance improvement in Part 1a. and Part 1b. The first groups have commenced and other groups in each locality are being developed. A business case has been developed for the new Mental Health Monies to fund specific staff to support the sustained implementation of the groups.

Staffing has been moved in some localities to support demand and waiting times and to increase capacity for assessments. The request for additional WLI has been supported to provide some short term planned recovery clinics to provide some additional capacity.

<b>How do we compare with our peers?</b>			
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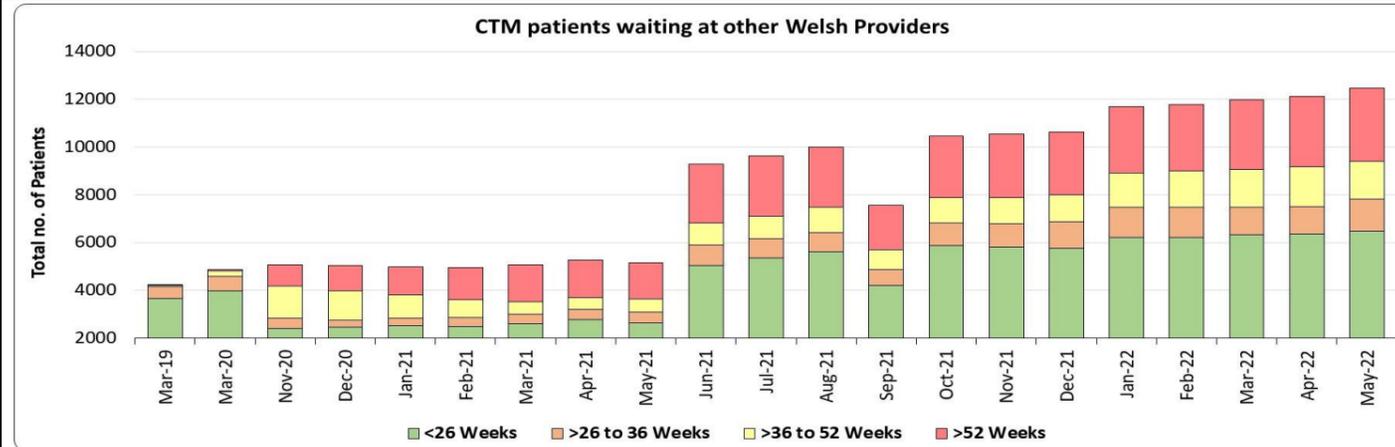
**Assessments:** as at April 2022, Powys achieved 96.9% compliance (ranked 1<sup>st</sup>). CTM ranked 3<sup>rd</sup> out of all the health boards in Wales with 47.5% and Hywel Dda had the lowest compliance at 4.7%.

**Interventions:** as at April 2022, Powys achieved the highest compliance for Part 1b at 96.6%. CTM saw a compliance of 37.2% to rank 5<sup>th</sup> with ABUHB seeing the lowest performance out of all the health boards in Wales at 9.3%.

**CTP:** as at April 2022, CTM had the lowest compliance out of all the health boards in Wales with 58.8%. Best performing was SBUHB (100%).

**Neurodevelopment Assessment:** as at April 2022, CTM compliance was 38.9% (ranked 4<sup>th</sup>) with Powys achieving 88.3% to achieve best performance out of all the health boards in Wales. Hywel Dda faired the least with 23.4% compliance.

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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in May is 4,600. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 239 and there are only 4 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at other specific Welsh Providers RTT (May 2022)					
Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Specialty	>36 to 52 Weeks	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks
Trauma & Orthopaedics	180	680		Oral Surgery	197
Ophthalmology	67	217		Trauma & Orthopaedics	45
Clinical Immunology And Allergy	39	136		General Surgery	74
General Surgery	32	70		Plastic Surgery	84
Oral Surgery	15	66		Gynaecology	52
ENT	24	58		Orthodontics	26
Gynaecology	11	41		ENT	8
Urology	15	36		Ophthalmology	6
Dental Medicine Specialties	15	22		Urology	10
Paediatric Surgery	15	21		Gastroenterology	10
Paediatric Dentistry	7	19		Paediatrics	3
Dermatology	14	17		Cardiothoracic Surgery	2
General Medicine	11	16		Cardiology	2
Anaesthetics	8	11		Dermatology	1
Neurology	459	11		Allied Health	7
Cardiology	28	6		Diagnostic	1
Paediatrics	10	6		Neurology	15
Neurosurgery	6	5		<b>Grand Total</b>	<b>543</b>
Restorative Dentistry	1	5			<b>1418</b>
Pain Management	3	4			
Nephrology	2	3			
Clinical Oncology (previously Rad)	0	2			
Gastroenterology	7	2			
Orthodontics	2	2			
Cardiothoracic Surgery	1	1			
Paediatric Neurology	0	1			
Rheumatology	1	1			
Clinical Pharmacology	2	0			
<b>Grand Total</b>	<b>975</b>	<b>1459</b>			

CTM patients waiting at specific health boards						
May 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	3349	51.3%	301	51.4%	2829	53.4%
>26 to 36 Weeks	748	11.5%	80	13.7%	505	9.5%
>36 to 52 Weeks	975	14.9%	53	9.0%	543	10.3%
>52 Weeks	1459	22.3%	152	25.9%	1418	26.8%
<b>Total Waiting</b>		<b>6531</b>		<b>586</b>		<b>5295</b>
<b>% of Total Waiting</b>		<b>52.4%</b>		<b>4.7%</b>		<b>42.5%</b>

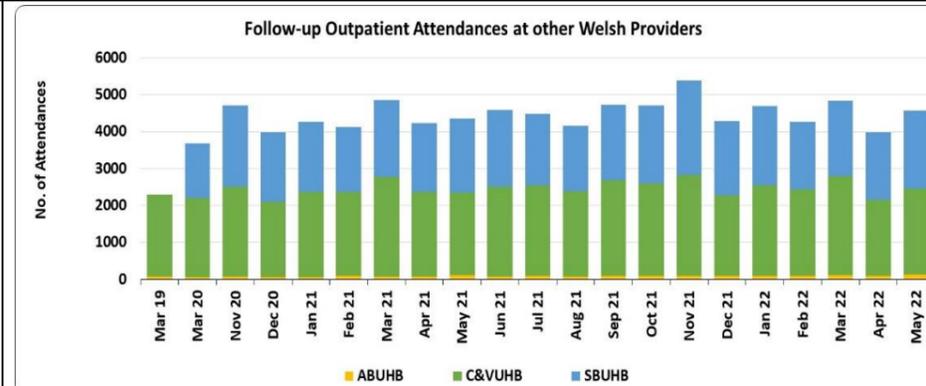
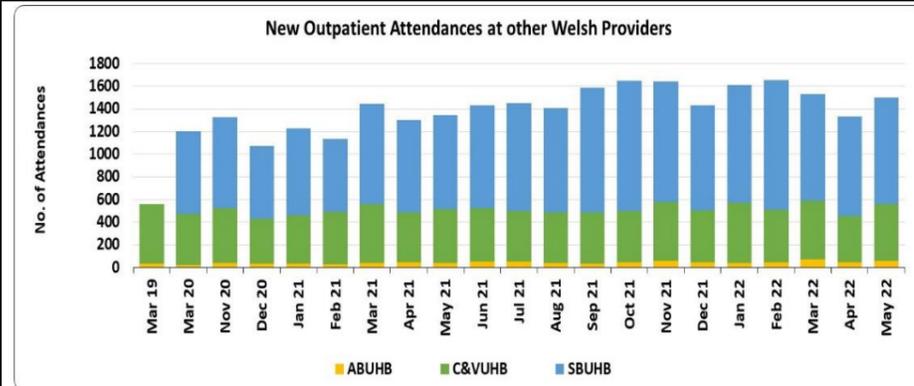
  

CTM Patients waiting for a Diagnostic at other Welsh Providers (May 2022)					
Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Service	Total Waits	Service	Total Waits	Service	Total Waits
Endoscopy	69	Endoscopy	37	Neurophysiology	140
Cardiology	114	Cardiology	6	Endoscopy	37
Physiological Measuremer	21	Physiological Measuremer	1	Cardiology	90
Radiology	191	Radiology	21	<b>Total</b>	<b>270</b>
Imaging	2	<b>Total</b>	<b>65</b>		<b>110</b>
Neurophysiology	1		<b>31</b>		
<b>Total</b>	<b>398</b>				

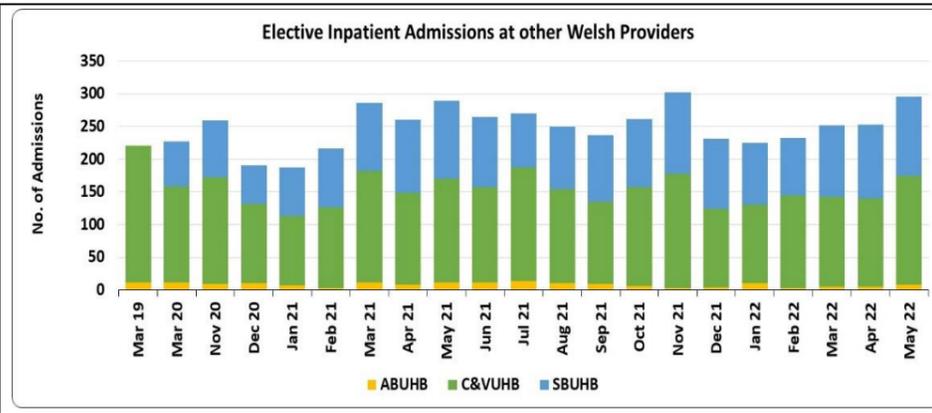
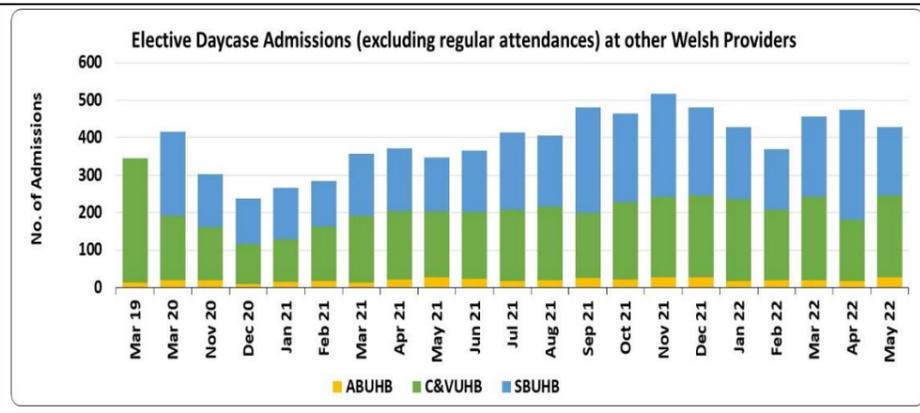
  

CTM Patients waiting for a Therapy at other Welsh Providers (May 2022)					
Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Service	Total Waits	Service	Total Waits	No patients waiting for a therapy	
Physiotherapy	25	Physiotherapy	12		
Dietetics	15	Audiology	2		
Occupational Therapy	3	Occupational Therapy	1		
SALT	1	Podiatry	1		
Podiatry	1	<b>Total</b>	<b>16</b>		
<b>Total</b>	<b>45</b>		<b>4</b>		

## CTM Outpatient Attendances at other Welsh Providers



The April 2022 position (reported at June WHSSC meeting) still shows little change from the previous reported positions. The WHSSC Joint Committee meeting (attendance by HB CEOs) on 12th July has a workshop to focus on HB recovery plans and details on Neurosurgery, Paediatric Surgery and Plastic Surgery have been specifically requested for this meeting. Waits for first outpatient appointments in Cardiac Surgery are up to 52 weeks in Cardiff and 36 weeks in Swansea. Waits in Thoracic Surgery are up to 104 weeks. Despite targeted work at the end of 2021/22 the number of Neurosurgery patients waiting over 36 weeks for first appointment is growing as are the numbers waiting over 52 weeks in Plastic Surgery. The only positive is within Paediatric Surgery who are maintaining a max. 26 week wait for first appointment.



Cardiac Surgery is reporting waits of over 52 weeks for treatment in Cardiff and up to 51 weeks for treatment in Swansea. Within Thoracic Surgery the waits are over 52 weeks for treatment in Cardiff and over 103 weeks for treatment in Swansea. At the last WHSSC Mgt. Group meeting, assurance was given that the Thoracic Surgery waiting list was still being pooled between the two providers but that urgent patients will be taking precedence over the long waiters.

Neurosurgery position had improved slightly in month with patients waiting over 52 weeks but less than 104 weeks, which was the longest reported wait in March. High volumes were also reported as waiting for Neuro-Radiological procedures.

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



## 2.6 Finance update – Month 03

- The M3 YTD position is reporting a £7.8m deficit against the revenue resource limit, which is £1.216m worse than plan.
- The M3 YTD position includes £832k (£277k in month) to reflect a Welsh Government instruction to remove COVID income losses and ICT/Homeworking from the forecast COVID response funding.
- The main driver for the remaining £384k adverse YTD variance is the Savings delivery shortfall of £700k.

## 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:

- As in all public institutions, the impact of the pandemic continues to have considerable and ongoing consequences on the ability of the HB to provide continuity around its core business.
- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.
- Ensuring robust implementation of the RLDatix system and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible, enable triangulation and is meaningful.
- Gaining health board wide assurance of the breadth of UHB services.

Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board requires an ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

## 4. IMPACT ASSESSMENT



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

## 5. RECOMMENDATION

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