

**AGENDA ITEM**

6.3

**CTM BOARD**

**INTEGRATED PERFORMANCE DASHBOARD**

**Date of meeting**

29/09/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsor**

Executive Director of Planning & Performance

**Report purpose**

FOR DISCUSSION / REVIEW

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

**Committee/Group/Individuals**

**Date**

**Outcome**

Strategic Leadership Group

21/09/2022

NOTED

**ACRONYMS**

AMU

Acute Medical Unit

C.difficile

Clostridium difficile

CAMHS

Child and Adolescent Mental Health Services

CTM

Cwm Taf Morgannwg

CTP

Care and Treatment Plan

CYP

Children and Young People

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

## **1. SITUATION/BACKGROUND**

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

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

There has been good progress during July in the Adult Mental Health Services whereby Part 1a of the Mental Health Measure has seen an upswing in compliance to 92.3% having been relatively static during the first quarter of 2022/23 at around 78%.

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

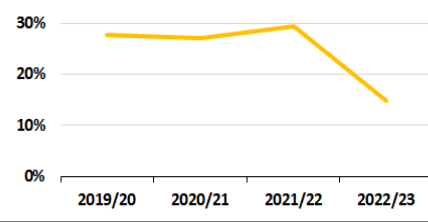
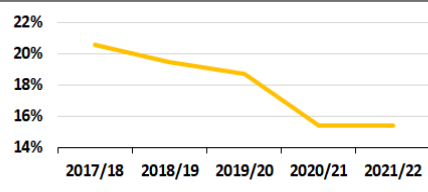
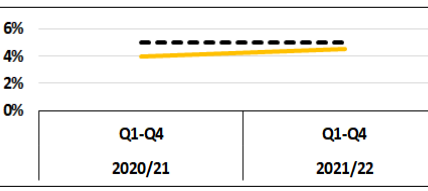
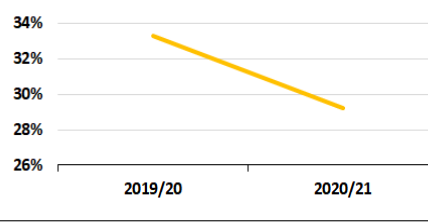
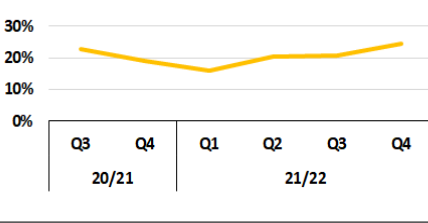
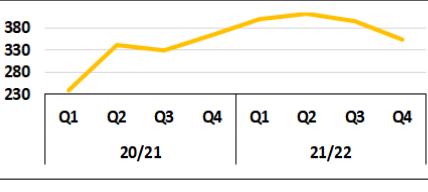
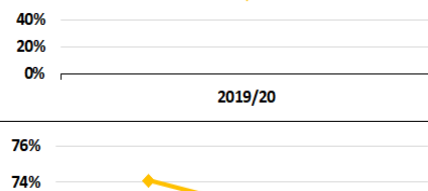

- 2.1** The Executive Management Scorecard is shown below. The measures selected are operational and outputs based; they allow for earlier detection of change in metrics that affect our impact and outcomes.



FINANCE					QUALITY				
Month 4	Variance from Plan				Indicators	Aug-22	Jul-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	56.8%	61.4%	75%	●
	£m	£m	£m	£m		Jul-22	Jun-22	Target	RAG
Pay	1.9	3.6	TBC	TBC	Single Cancer Pathway	47.9%	50.0%	75%	●
Non-Pay	-2.5	-4.6			Thrombolysis for Eligible Stroke Patients within 45 Minutes	18.2%	22.2%	100%	●
Income	0.0	0.7				Apr - Aug 22	Apr - Jul 22	Target	RAG
Efficiency Savings	1.2	2.2			Cumulative rate of bacteraemia cases per 100,000 population - E.coli	80.08	77.15	67 per 100,000 pop.	●
Allocations	0.0	0.0	6.7	6.7	Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	38.18	37.91	20 per 100,000 pop.	●
Planned Deficit	2.2	8.8			Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	25.46	22.61	25 per 100,000 pop.	●
Total	2.8	10.6				Aug-22	Jul-22	Target	RAG
			26.5	34.8	Total number of Nationally Reportable Incidents	9	2	TBC	●
					Number of Formal Complaints Received	82	84		
					Number of Compliments Received	24	99		
					Falls Causing Harm (Moderate/Severe/Death)	27	24		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	11	3		
					Total number of instances of hospital acquired pressure ulcers	123	100		
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	8	17		
					Total number of instances of Community Healthcare acquired pressure ulcers	100	116		
					Number of Never Events in Month	0	0	0	●
PERFORMANCE					PEOPLE				
Indicators	Aug-22	Jul-22	Target	RAG	Indicators	Aug-22	Jul-22	Target	RAG
A&E 12 hour Waiting Times	1,787	1,883	Zero	●	Turnover	13.06%	13.13%	11%	●
Ambulance Handover Times within 15 mins	26.0%	24.6%	Annual Improvement	●	Exit Interview by Leaver	0.74%	0.00%	60%	●
RTT 52 Weeks	37,513	36,504	Zero	●		Jul-22	Jun-22	Target	RAG
Diagnostics >8 Weeks Waits	15,337	15,080	Zero	●	Sickness Absence Rate (in month)	8.1%	7.1%	4.5%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	30,275	30,024	19,606 by 2023	●	Sickness Absence Rate (rolling 12 month)	7.9%	7.8%		●
	Jul-22	Jun-22	Target	RAG	Return to Work Compliance	44.4%	48.3%	85%	●
Mental Health Part 1a - CAMHS	8.5%	22.0%	80%	●		Jul-22	Jul-22	Target	RAG
Mental Health Part 1b - CAMHS	40.4%	51.0%	80%	●	Fill Rate Bank	32.8%	31.6%	90%	●
Admission to Stroke Unit within 4 hrs	14.3%	9.2%	SSNAP Average 41.8%	●	Fill Rate On-contract Agency (RNs)	36.7%	37.0%		●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Mar-22	Mar-22	Target	RAG	PDR	55.6%	55.5%	85%	●
	87.8%	87.8%	90%	●	Statutory and Mandatory Training - All Levels	60.3%	60.5%		●
Delayed Discharges waiting for packages of care rate (D2RA/bypassing D2RA) per 100,000 population (at census date)	Aug-22	Jul-22	All Wales Average	RAG	Statutory and Mandatory Training - Level 1	67.7%	68.0%		●
	20	16.7	15.6	●	Job Planning Compliance (Consultant)	39.0%	40.0%	90%	●
					Job Planning Compliance (SAS)	33.0%	32.0%		●
					Direct Engagement Compliance (M&D)	66%	77%		●
					Direct Engagement Compliance (AHPs)	92%	92%	100%	●
					RN Shift Fill by Off-contract	1070.0	1728.0	0 Hours	●

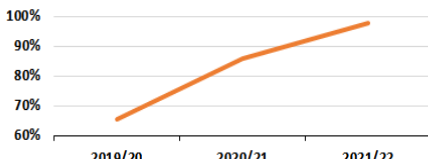
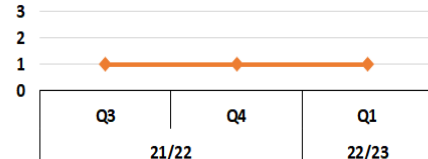
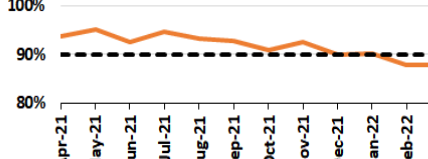
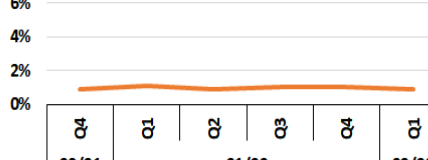
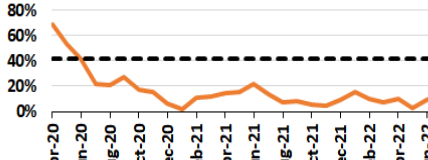
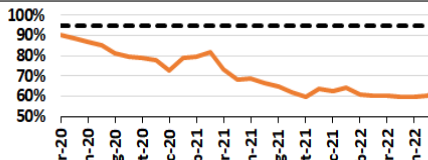
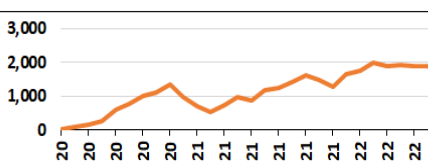
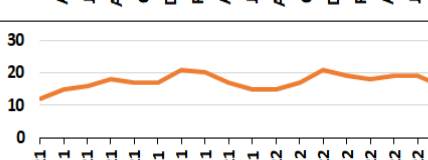
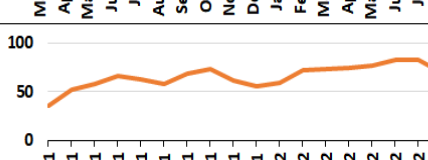
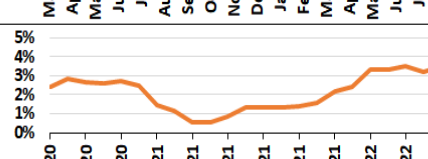
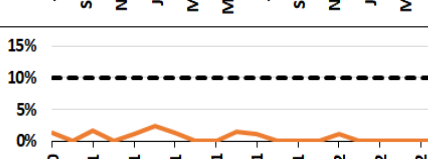
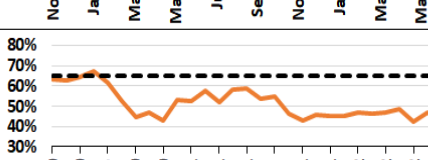
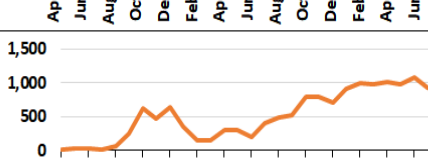


**2.2** The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below.

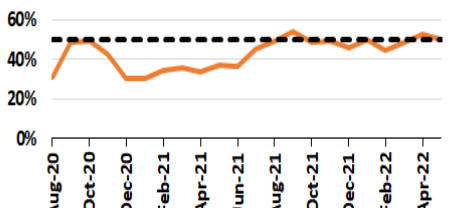
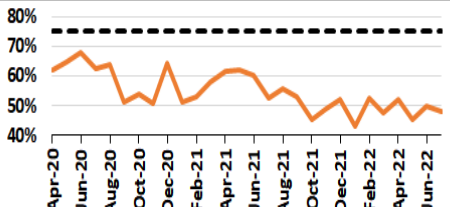
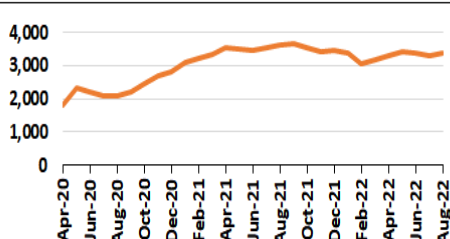
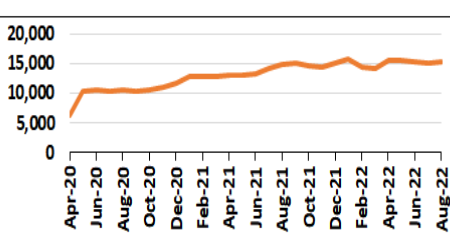
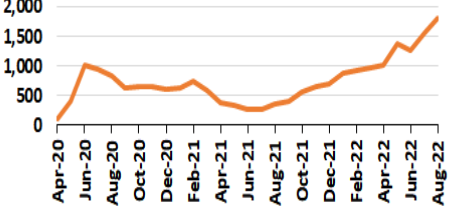
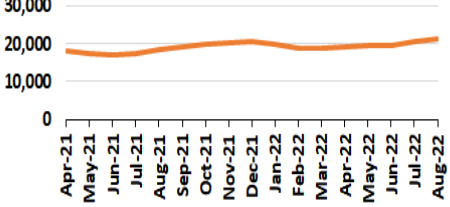
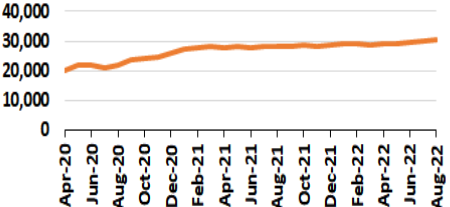
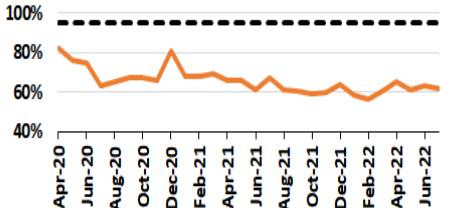
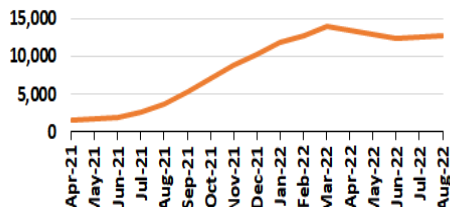
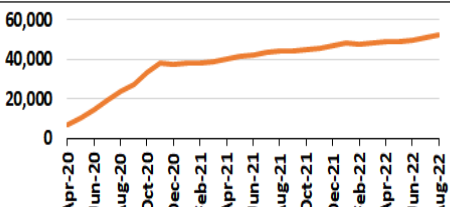
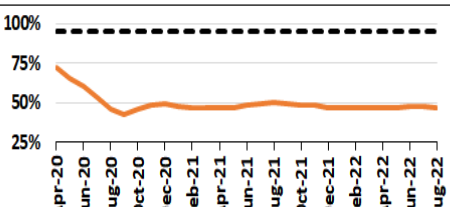
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Trend	Latest Position	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional &amp; locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		14.8%	Apr-Aug 2022
	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		15.4%	2021/22
Smoking	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.5%	2021/22
	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21		29.2%	2020/21
Diabetes	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against a baseline of 2020-21 (21.5%)		24.4%	Q4 2021/22
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		354.5	Q4 2021/22
Substance Misuse	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		89.7%	Q1 2022/23
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		96.9%	Q4 2021/22
Vaccinations	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%		92.4%	Q4 2021/22
	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		72.60%	2019/20
Screening	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		59.1%	2019/20
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%		71.40%	2019/20



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

Performance Measure		Target	Trend	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q1 2022/23
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		87.8%	Mar-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		0.9%	Q1 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	38.3% (SSNAP Quarterly Average)		14.6%	Jul-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		65.0%	Aug-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		1,787	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		16	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			69	
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month improvement trend		3.5%	May-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Jun-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		44.3%	Aug-22
	Number of ambulance patient handovers over 1 hour	Zero		865	

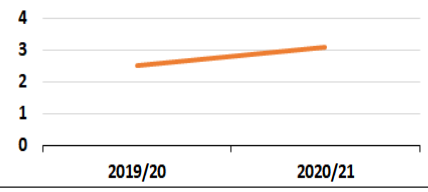
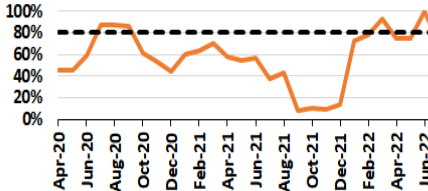
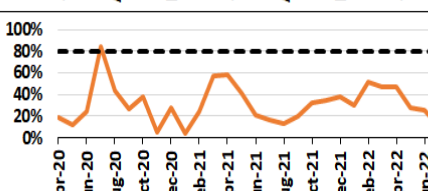
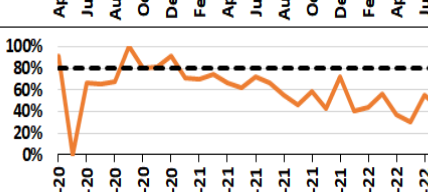
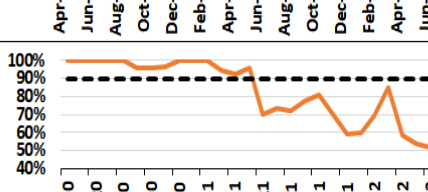
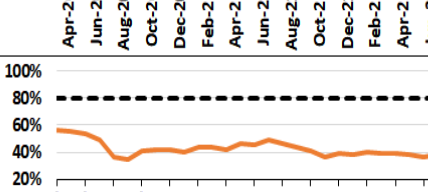
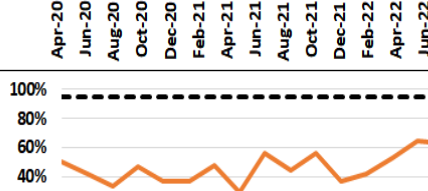
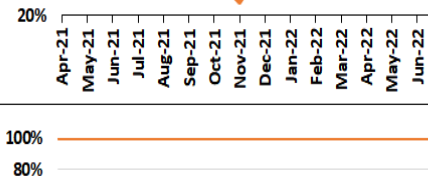
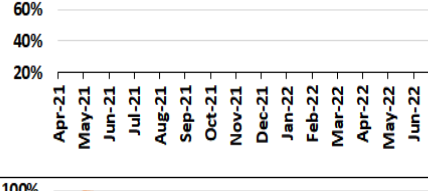
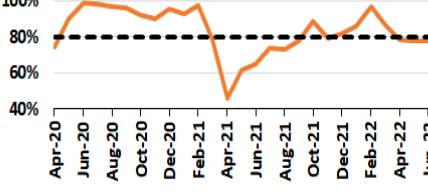
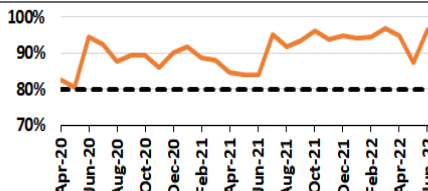
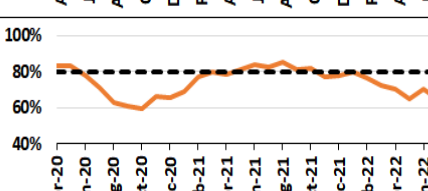
**Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement**

Elective Planned Care	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		49.7%	May-22
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		47.9%	Jul-22
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,390	Aug-22
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		15,337	
	Number of patients waiting more than 14 weeks for a specified therapy			1,816	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		21,414	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		30,275	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		62.1%	Jul-22
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2023		12,667	Aug-22
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		52,273	
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		46.9%	

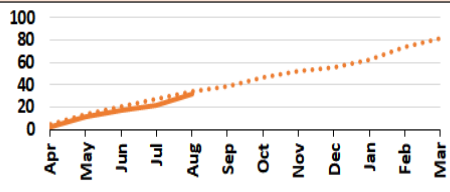
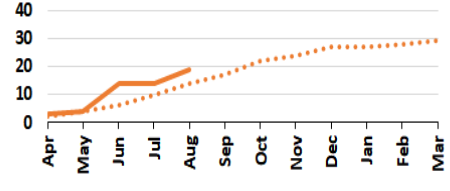
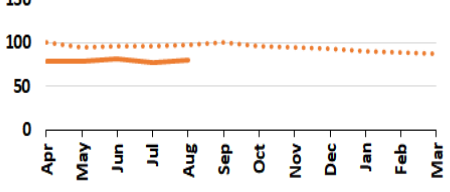
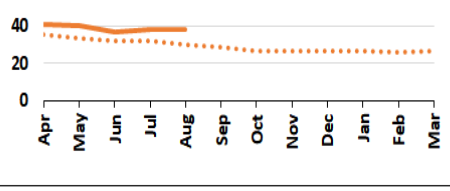
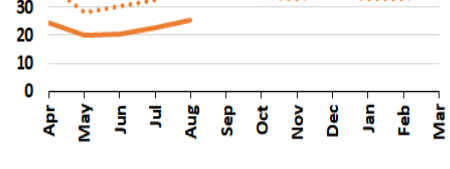




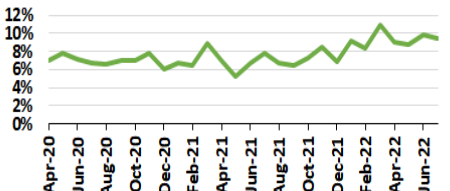
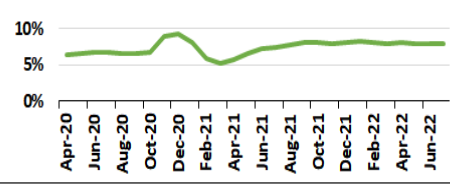
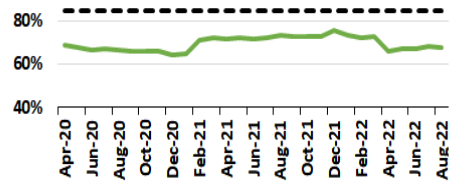
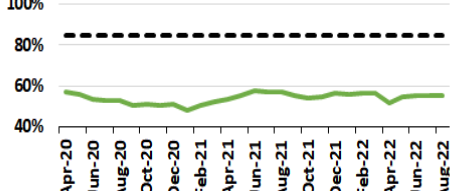

**Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement**

<b>Mental Health</b>	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)	80%		71.4%	Jul-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)			11.0%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			43.6%	
	% 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%		41.9%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		37.9%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		62.7%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%		100.0%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			92.3%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		89.5%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			64.7%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		84.3%	

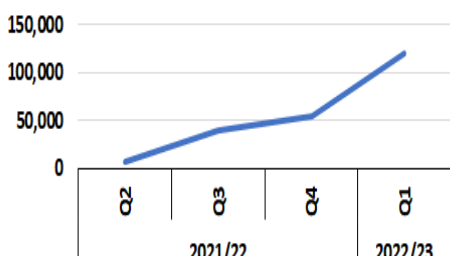
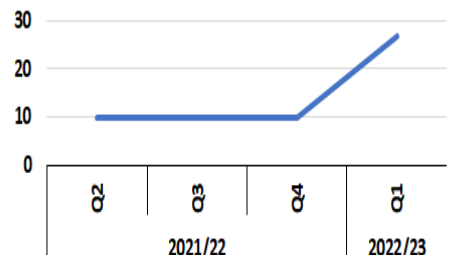
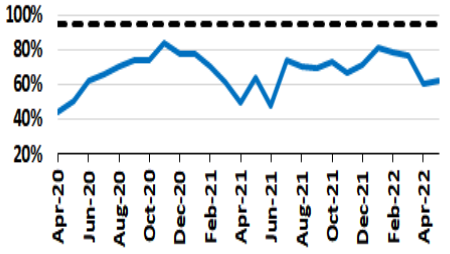
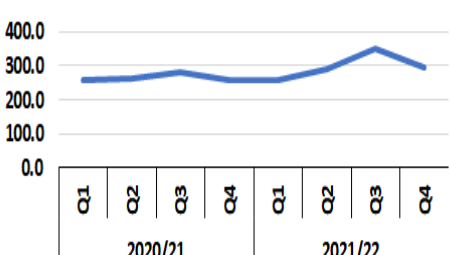
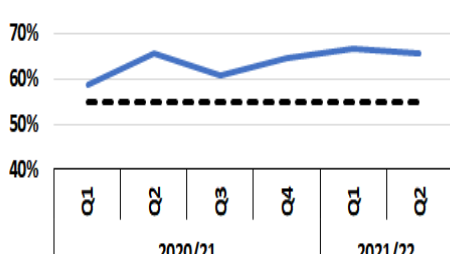
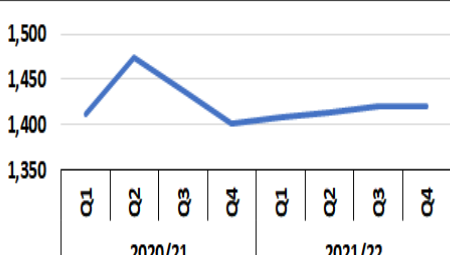
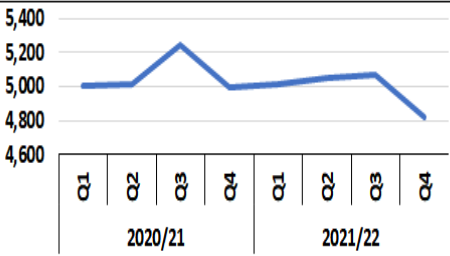
**Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement**

	Measure	Target	Trend <span>..... 2021/22</span> <span>— 2022/23</span>	Latest Position	
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		32	Cumulative Numbers Apr to Aug 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		19	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		80.08	Cumulative Rate Apr to Aug 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		38.18	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		25.46	

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

	Performance Measure	Target	Trend	Latest Position	
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		9.5%	Jul-22
	% of sickness absence rate of staff	12 Month Reduction Trend		7.9%	Jul-22
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		67.7%	Aug-22
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		55.6%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020

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

Performance Measure		Target	Trend	Latest Position					
De-cardonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	<table><tr><td>2018/19</td><td>Target by 2025</td></tr><tr><td>90,124</td><td>75,704</td></tr></table>	2018/19	Target by 2025	90,124	75,704	90,124	2018/19
	2018/19	Target by 2025							
90,124	75,704								
New Ways of Working	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend		119,725	Q1 2022/23				
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust			27					
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		61.8%	May-22				
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		295.1 (Quarterly Target 330.8)	Q4 2021/22				
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22				
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1,421	Q4 2021/22				
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		4823.0					



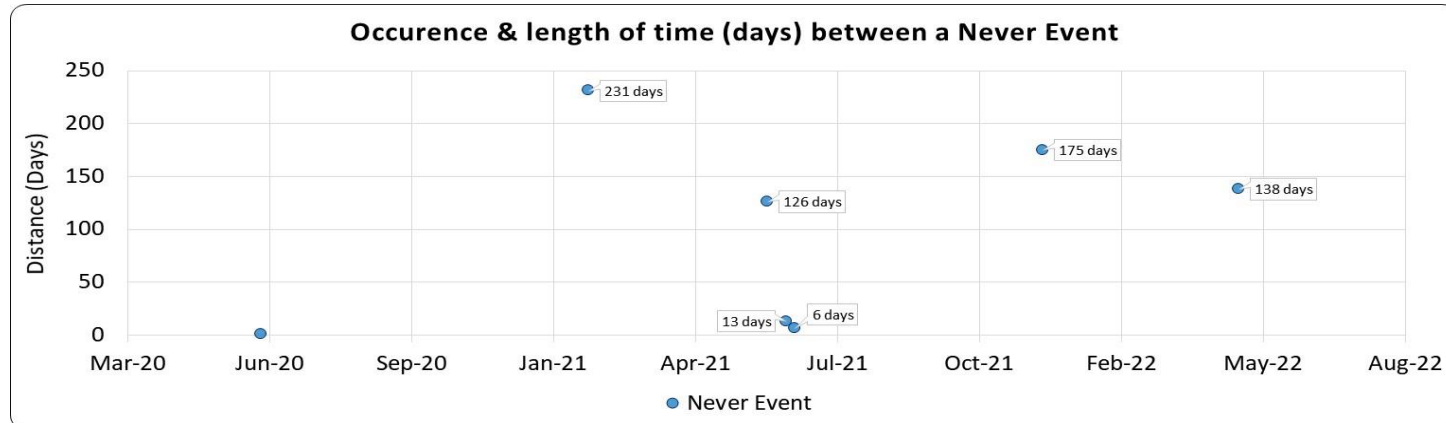
## 2.3 Quality

### Never Events & Serious Incidents

#### Never Events

Number of Never Events – August 2022

**0**



At the time of writing this report the last never event recorded, 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. Robust processes in relation to the safe use of agency staff within a critical care environment have been implemented and the full outcome of the investigation is not yet completed.

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 – August 2022

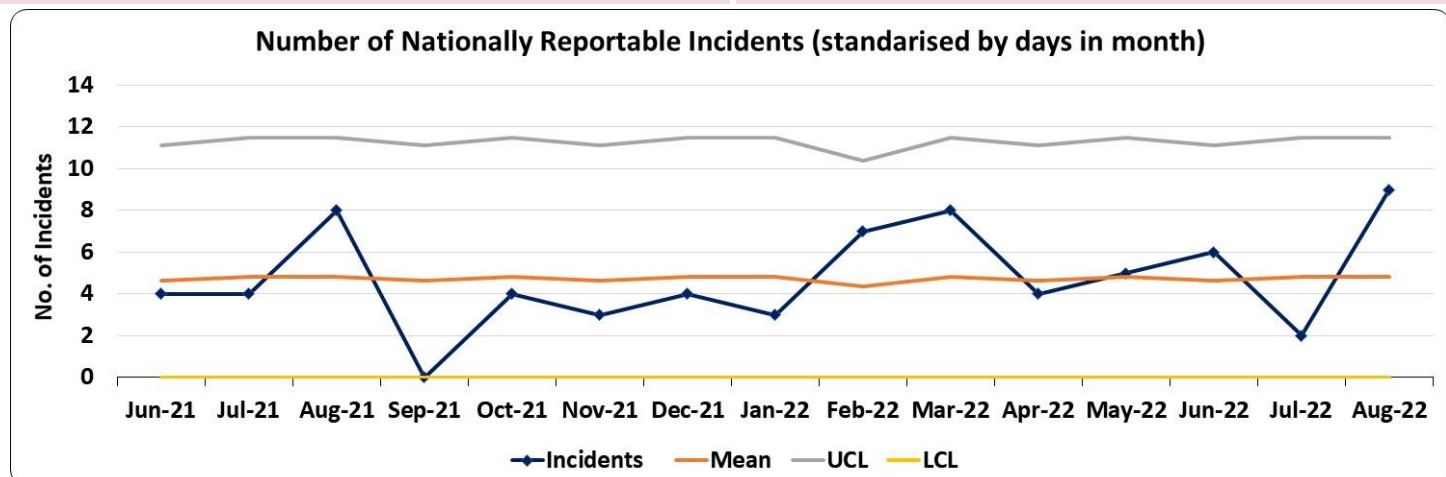
**9**

Number of Locally Reportable Incidents – August 2022

**7**

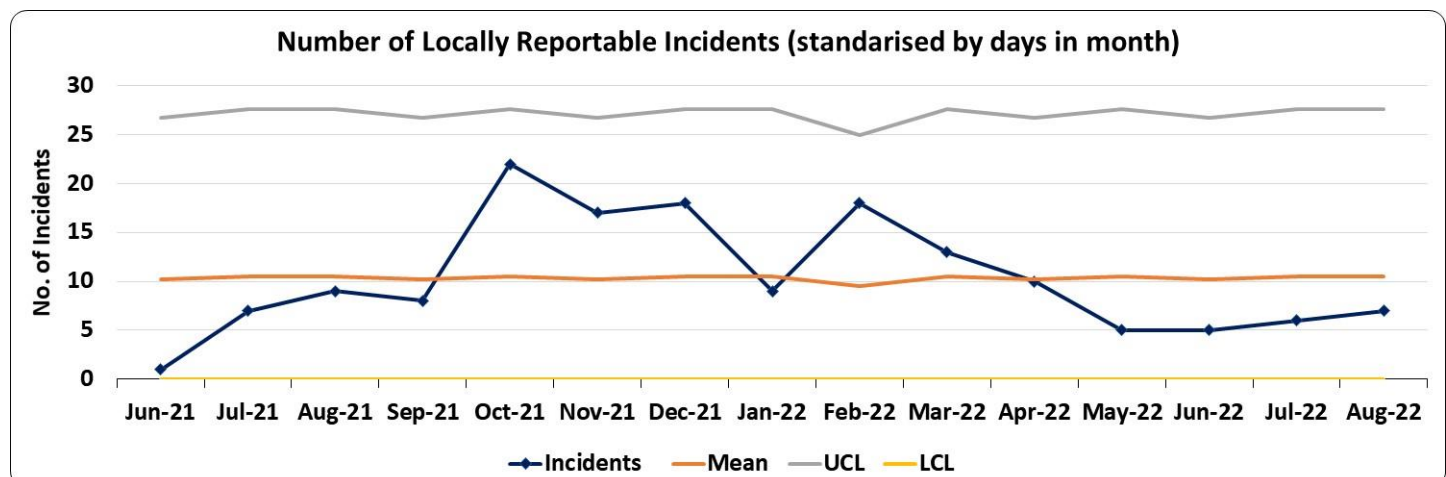
Number of Patient Safety Incidents – August 2022

**2,063**



Throughout August 2022, there were 2,063 patient safety incidents reported on Datix across the Health Board. Of these, 9 were Nationally Reportable Incidents (NRIs are detailed in the table below) and a further 7 were graded as locally reportable incidents (LRI's).

NRIs for August are higher than the monthly average of 5 incidents per month. There were 2 incidents of complex self-harming behaviours categorised as violent or aggressive behaviour, a report involving a radiology outsourcing error, an information error, and 2 unexpected deaths of individuals known to services. LRIs are reported centrally to ensure timeliness of investigation and organisational oversight of patient safety incidents previously identified as Serious Incidents but are no longer nationally escalated.



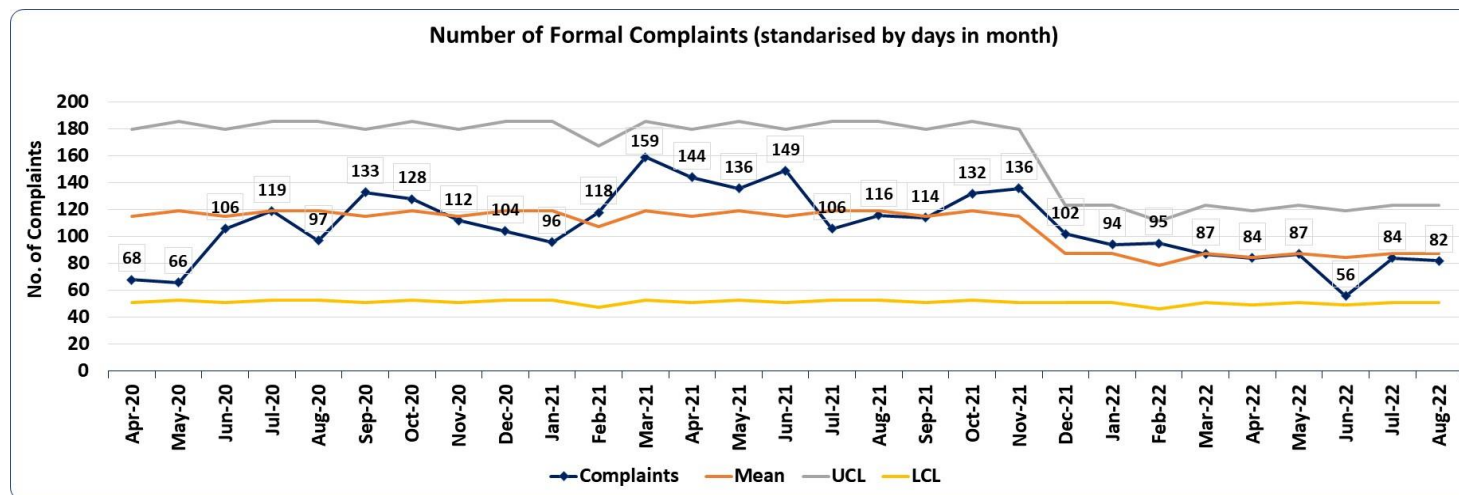
Type of Nationally Reportable Incidents	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
Absconding					1								1
Admission / Transfer / Discharge					1								1
Behaviour (including violence and aggression)										1		2	3
Clinical Assessment, clinical diagnosis									1				1
Delays		2	1	2		4	2					2	13
Diagnostic Testing - Radiology												1	1
Infection													0
Maternal Event						1							1
Maternity adverse occurrence								2					2
Medication							1		1				2
Monitoring/Observations										1			1
Neo-Natal Event		1					2						3
Organisational - Failure to follow Policy/Procedure						1							1
Personal Incident - Personal injury attributed to clinically related challenging behaviour of patient				1									1
Pressure Damage		1	2		1				1	3	0	1	9
Records, Information												1	1
Slip, Trip or Fall						1	1		1		1		4
Staffing											1		1
Transport									1				1
Treatment Error				1									1
Treatment, Procedure								2		1	0		3
Unexpected Complications					1		1						2
Unexpected or Trauma Related Death			1				1					2	4
<b>Grand Total</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>2</b>	<b>9</b>	<b>57</b>

## Complaints & Compliments

### Complaints

Number of formal complaints managed through PTR – August 2022

**82**



During August 2022, 82 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. As can be seen, the chart above indicates a sustained change from December 2021 (99.6% certainty). For those complaints received during August 2022, the top five themes relate to clinical treatment/assessment (44), attitude & behaviour (9), discharge (5) & appointment issues (4) and medication issues (3).

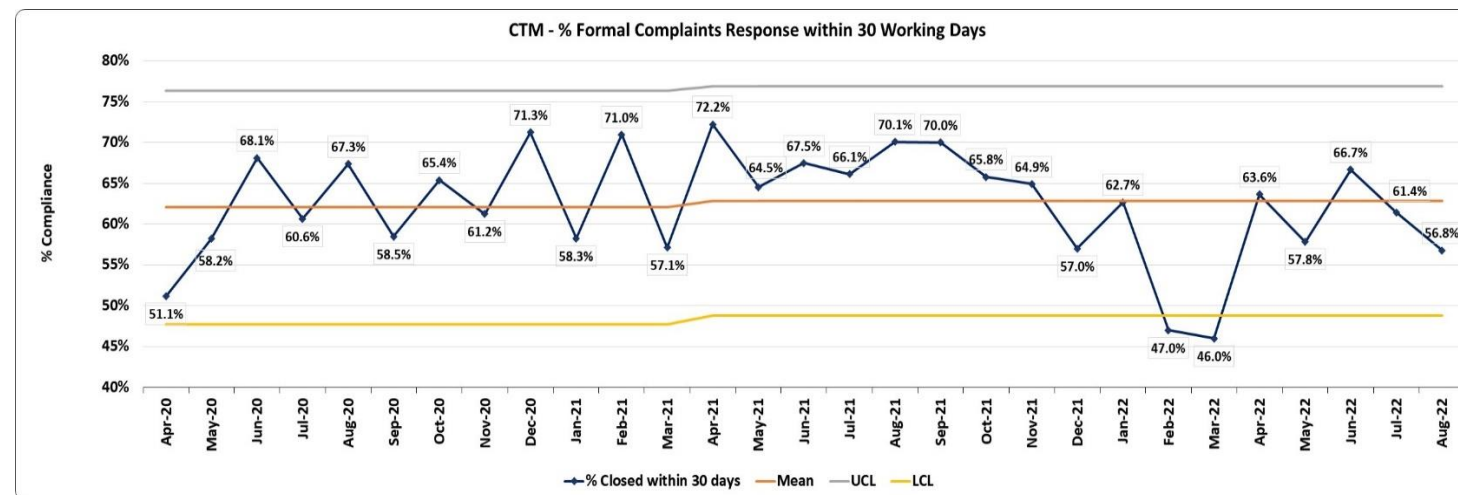
The proportion of complaints responded to within 30 working days was 56.8%, with no sustained change observed from December 2021 and remaining under the target threshold of 75%.

The review of the operating model gives the opportunity to establish a concerns triage process to ensure all concerns are managed in the most effective way for the patient/family and the Health Board. It is envisaged that changes will be in place during the early part of 2023. Reports from Datix are being generated to ensure that there is a clear line of historic cases and new cases

A review of systems and processes in respect of the management of complaints is due to take place in October, these will take into account changes to the operating model. Quality assurance and audit programmes in respect of complaint responses are also due to recommence in October.

% formal complaints response within 30 working days – August 2022

**56.8%**

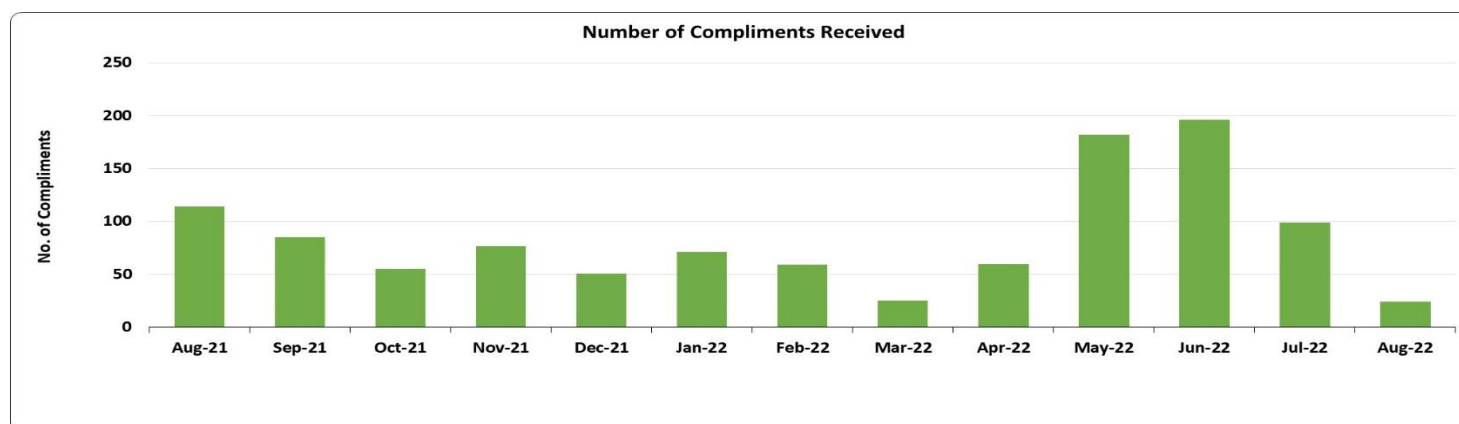


Main Themes from Complaints	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
Clinical treatment/Assessment	45	57	64	37	51	54	45	47	51	36	54	44	585
Communication Issues (including Language)	16	21	16	17	10	15	14	8	9	5	4	1	136
Appointments	10	8	19	13	6	7	5	7	5	5	4	4	93
Attitude and Behaviour	8	16	11	5	7	4	8	4	4	2	7	9	85
Discharge Issues	9	5	7	15	8	6	6	6	5	3	1	5	76
Admissions	9	4	4	6	2	1	3	0	2	0	4	2	37
Medication	3	3	2	3	5	5	0	2	6	3	1	3	36

### Compliments

Number of compliments – August 2022

**24**



During August 2022, there were just 24 compliments recorded on the Datix system, a 75% fall than the previous period, with the twelve month average being 82.

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 Team which emphasises, with a reduction in July and specifically in August, that the capacity to enter compliments into the system is determined by workload in other areas.

Work is ongoing to effectively capture the compliments received throughout CTM to allow for improved reporting and data triangulation. The CIVICA system is increasingly able to generate patient feedback to service areas to inform priorities and planning.



## Medication Incidents & Mortality Rates

### Medication Incidents

Total Medication Incidents – August 2022

**94**

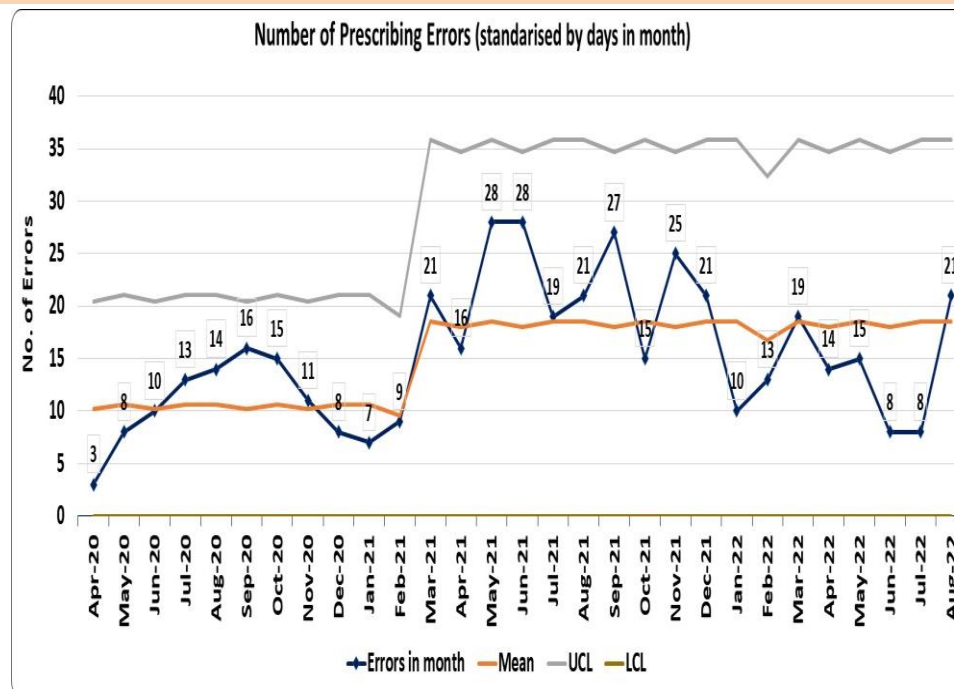
The total number of medicine related incidents is 94 with the graphs focusing on patient safety prescribing and administration errors. Of the 94 medication incidents reported for August, one caused severe harm (medication administration) makes safes and investigations are underway.

Medication prescribing errors increased to 21 this period, but remains within natural variation (control chart first right), having previously observed a reduction in incidence from December 2021. Medication incidents are the subject for a proposed improvement plan supported by the CTM Improvement Team and is the focus of World Patient Safety Day where pharmacists and patient safety teams are visiting hospital sites between 12-16<sup>th</sup> September to raise awareness and optimise safe medicines use.

Nothing is changing significantly in the number of administrative errors as shown in the control chart (second right) with errors during August below the 12-month average, c. 34 medication incidents.

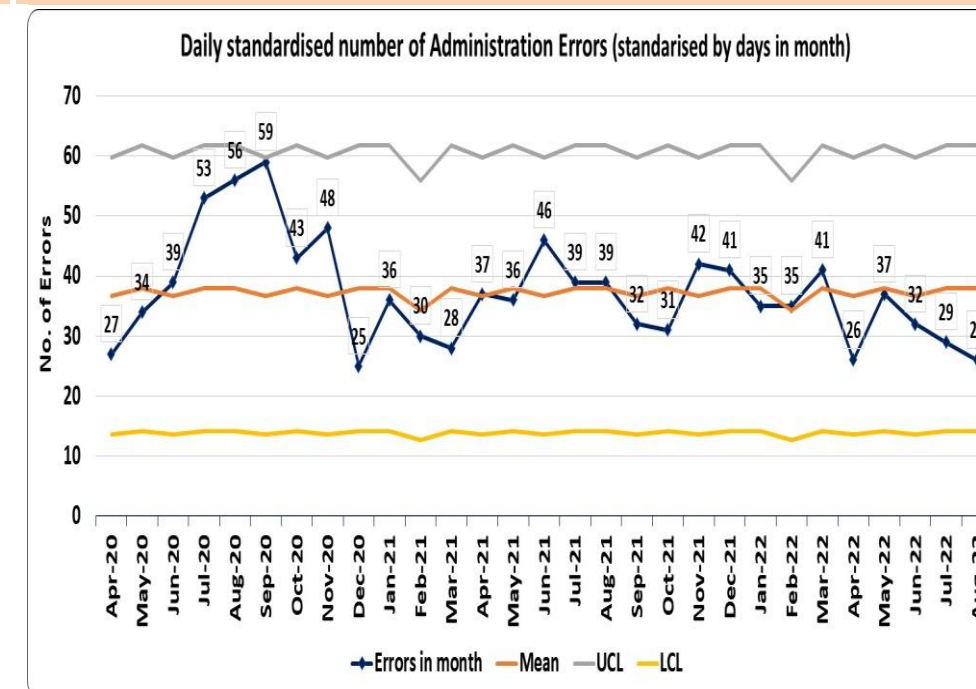
Total number of Prescribing Errors

**21**



Total Administration Errors

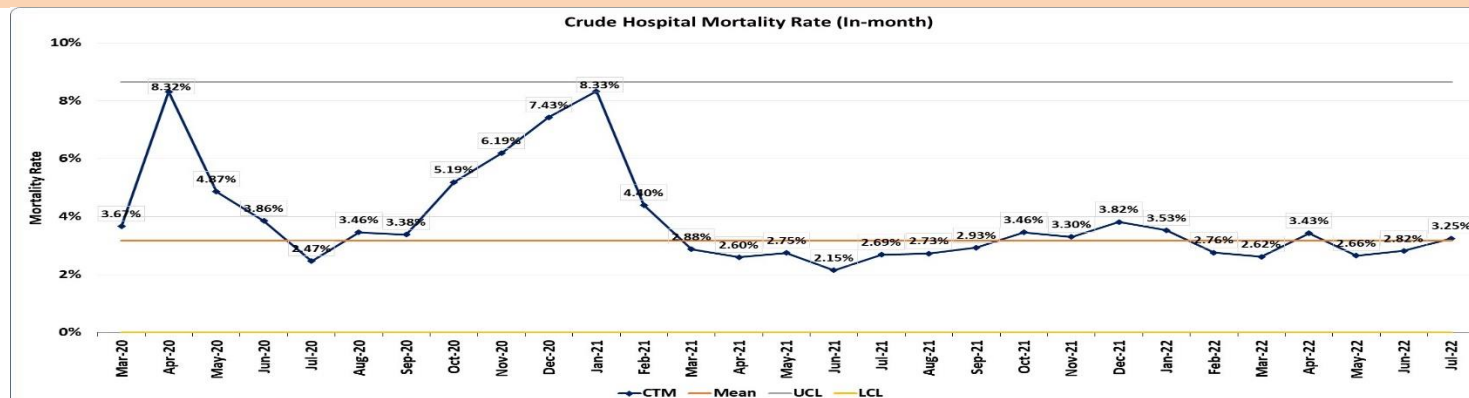
**26**



### Crude Hospital Mortality Rates

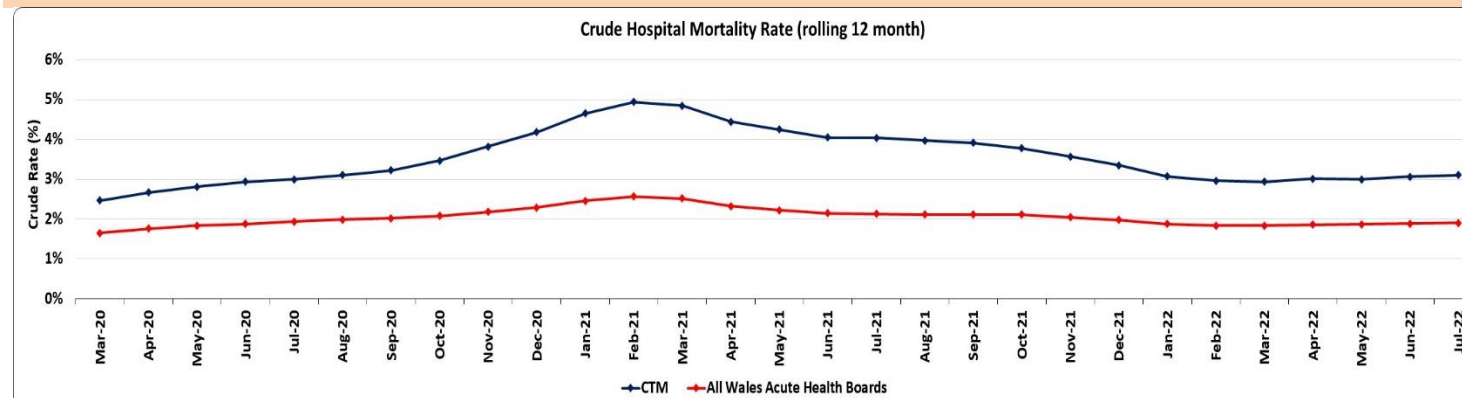
In Month Crude Hospital Mortality Rate – July 2022

**3.25%**



Rolling 12 Month Crude Hospital Mortality Rate to July 2022

**3.11%**



### Mortality Rate - Peer Distribution (period March 2020 to July 2022)



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, this has led to an increase in Covid positive inpatients and the predicted mortality rates increased during July.

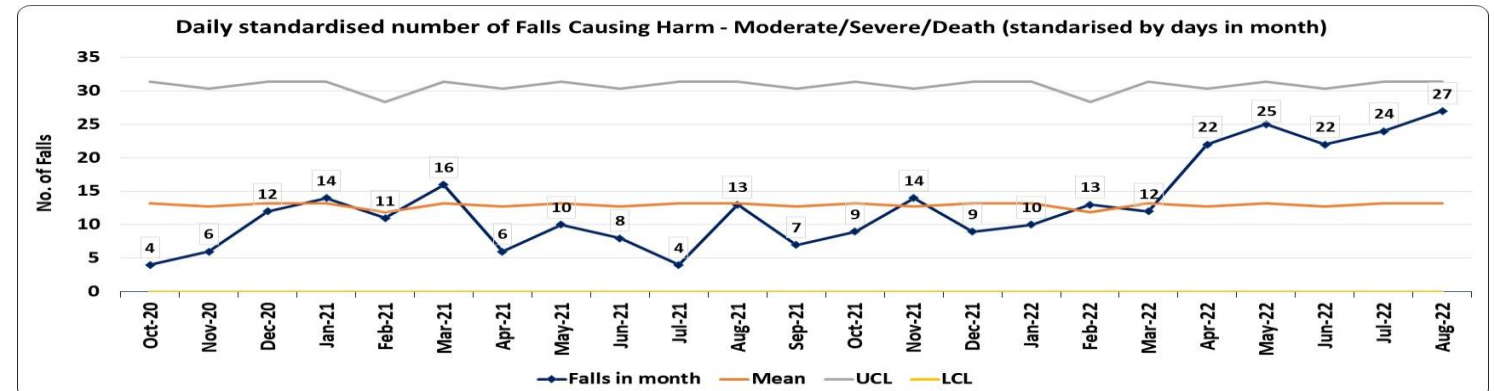
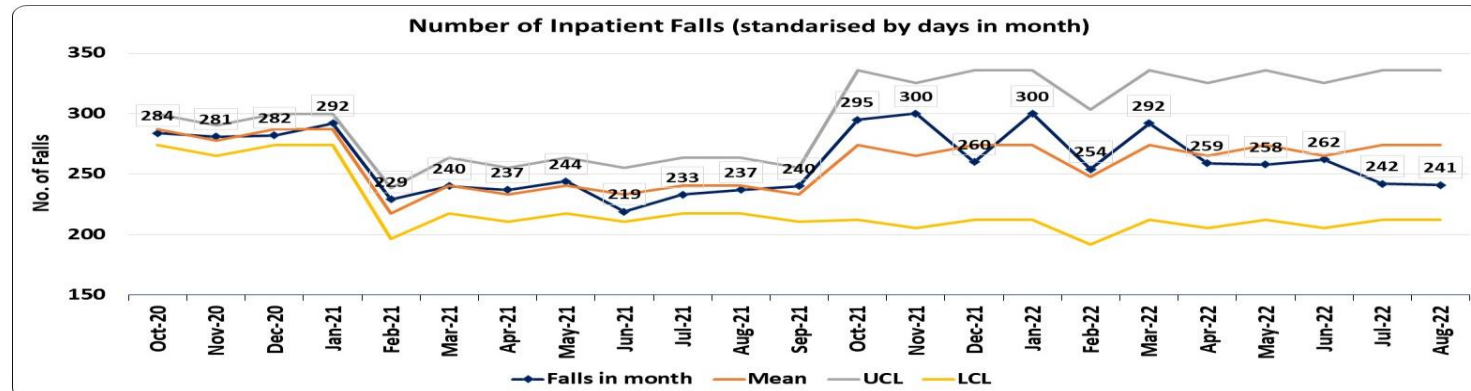
As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers. A factor in this outlying position is the UHB's provision of palliative care and hospice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

## Inpatient Falls & Pressure Damage Incidents

### Inpatient Falls

Total number of Inpatient Falls – August 2022

**241**

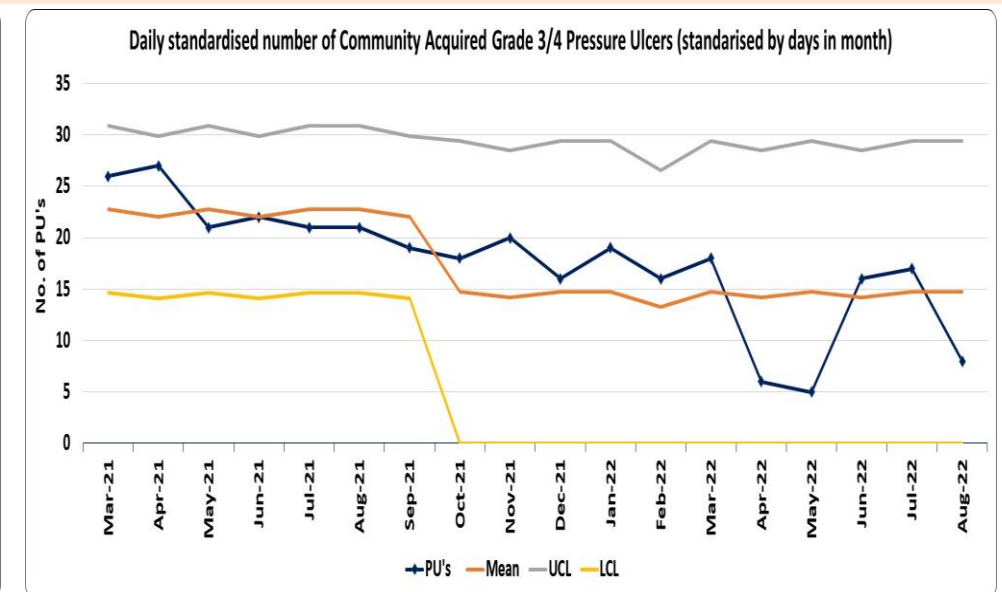
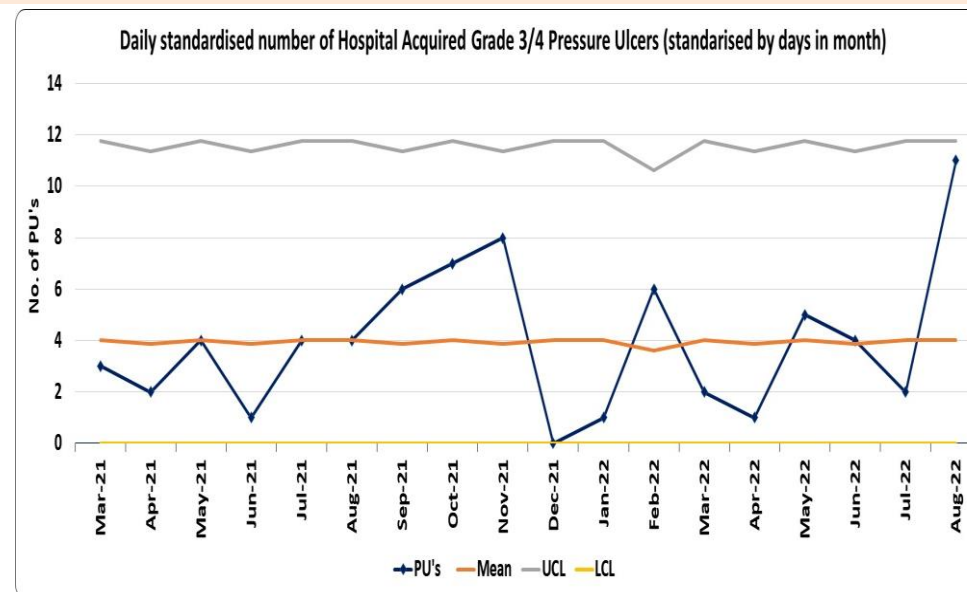
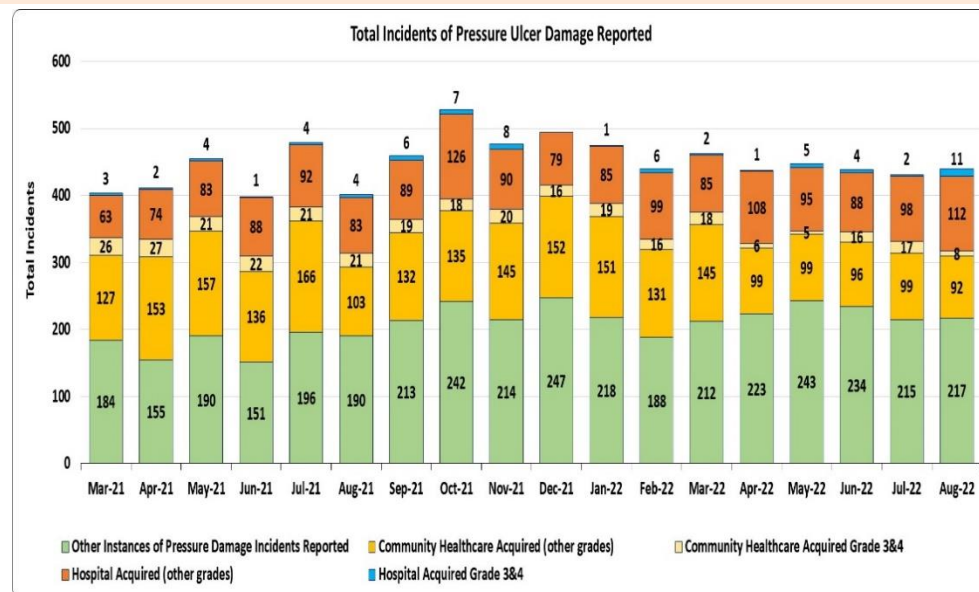


The number of patients falling whilst in the care of the UHB totalled 241 during August, a similar level to those recorded in the previous month, with 3 resulting in severe harm. 24 patients suffered moderate harm, whilst 89% (214) of patients sustained low or no harm. It is important to recognise that 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. There is an expectation that when the first line approval issues have been resolved that reporting of initial categorisation of harm will have greater accuracy, however it is important that vigilance remains to ensure that we explore any increase in numbers for assurance and action. We have introduced for September Quality & Safety Committee pressure damage and falls per 1000 occupied bed days as an improved measure of benchmarking fall rates, with the next step to set reduction goals for numbers and severity of harm. This also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly. The national mean rate of falls is 6.6 per 1,000 bed days with CTMUHB averaging a rate of 5.1 over a 5-month period. There is some caution required with the use of the data as it incorporates all in-patient hospital beds, including paediatric beds, but it doesn't include other boarding options for example in emergency care.

### Pressure Damage Incidents

Total number of reported Pressure Damage – August 2022

**440**



During August 2022, a total of 440 pressure damage incidents were reported, a similar amount to the previous month (431) and around 4.5% lower than the 12 month average of 461 incidents. 28% of the total incidents reported were identified as those being hospital acquired with almost 23% recorded as developing outside of a hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 54 (12.3%) were reported as grade three or four (11 hospital acquired and 8 community acquired). The highest numbers of hospital acquired pressure damage were recorded for Emergency Care/Emergency Care Centre, Princess of Wales Hospital (15). The Health Board launched 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. The collaborative have now moved into its learning phase to begin to set agreed actions for improvement.

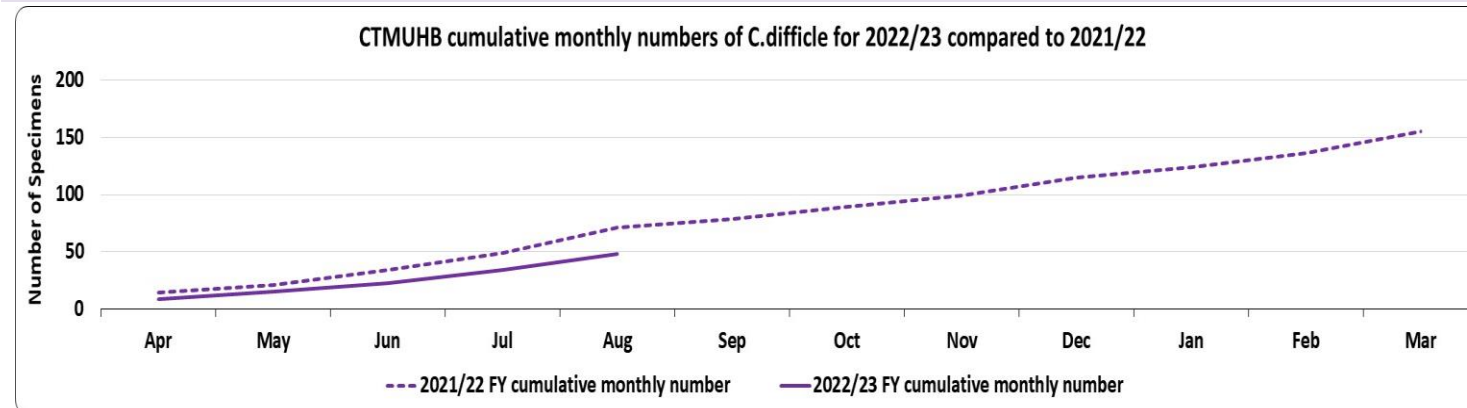
Throughout the past 12 months, a total of 2,861 Healthcare Acquired Pressure Damage Incidents were reported, of which an investigation has been completed for 1,536 (53.7%) of these, with 242 (15.8%) recording an outcome of avoidable. As with falls we are introducing a measure of hospital acquired pressure damage per 1,000 bed days to demonstrate improvement over time. It is problematic to use this as comparative data because of the different patient profile and variance in grading of pressure damage. Our current figure is 2.1 hospital acquired pressure damage incidents per 1,000 bed days for June and July 2022.



## Infection Prevention and Control

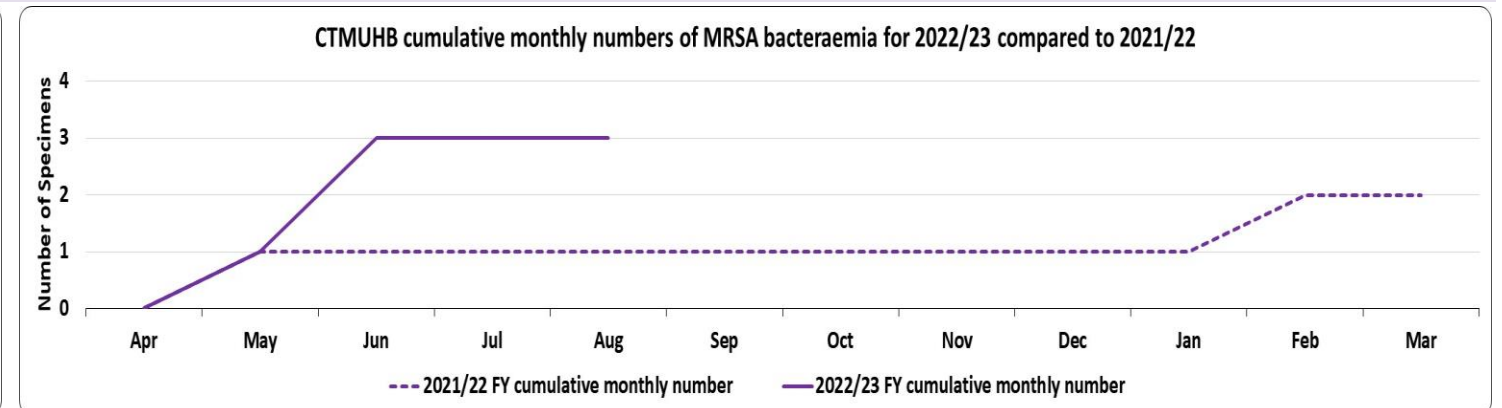
### C.difficile

48 C.difficile have been reported by CTM between Apr-Aug 2022. This is approximately 32% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 25.46.



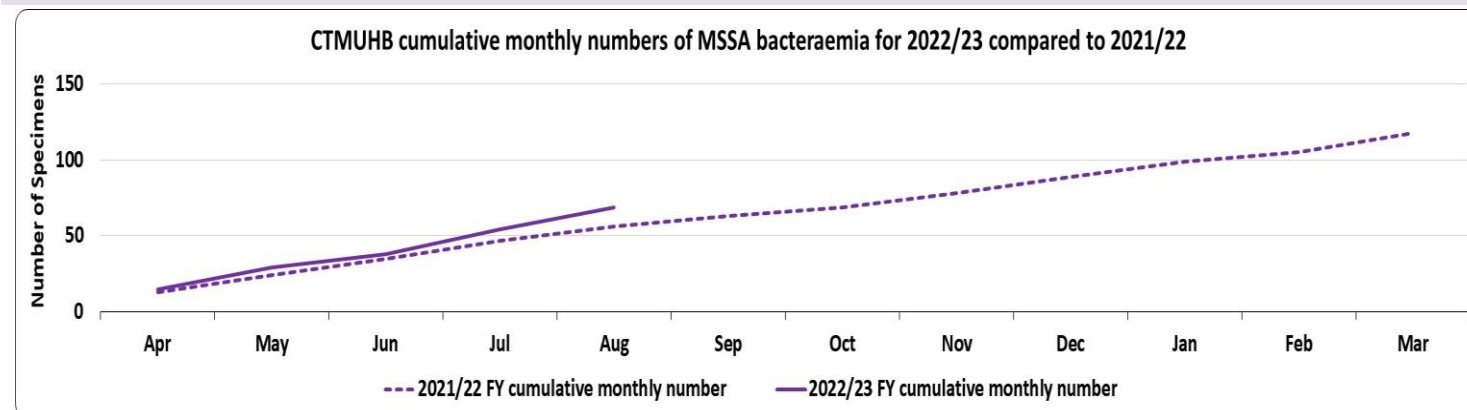
### MRSA

3 MRSA bacteraemia have been reported by CTM between Apr-Aug 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 1.59.



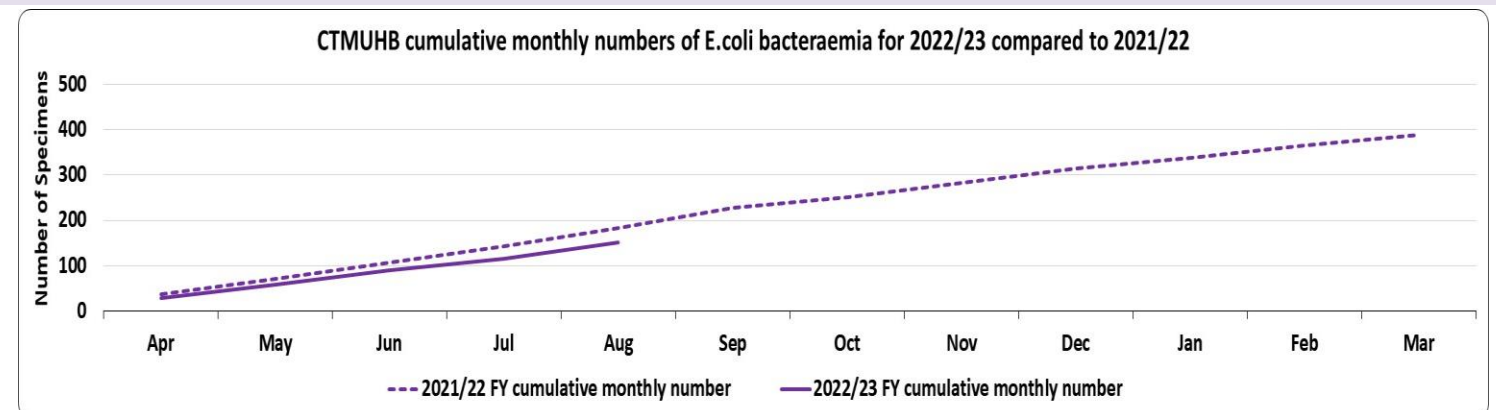
### MSSA

69 MSSA bacteraemia have been reported by CTM between Apr-Aug 2022. This is approximately 23% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 36.59.



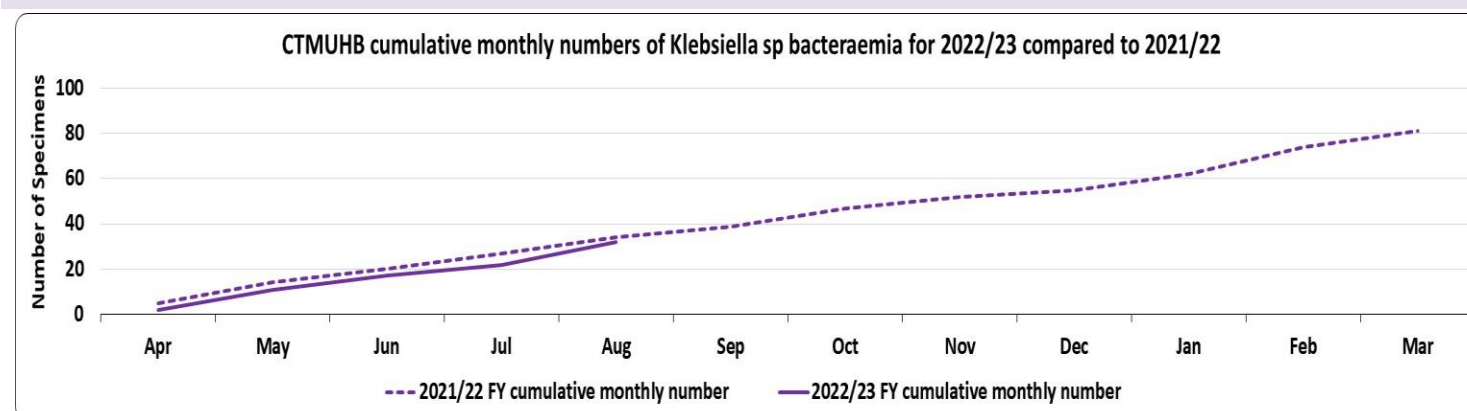
### E.coli

151 E.coli bacteraemia have been reported by CTM between Apr-Aug 2022. This is approximately 18% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 80.08.



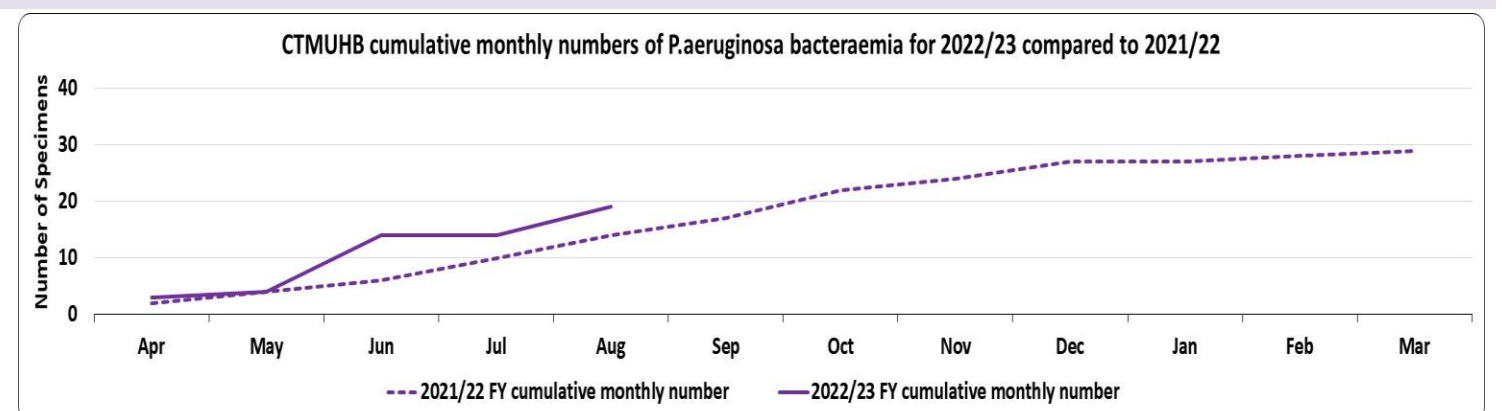
### Klebsiella sp

32 Klebsiella sp bacteraemia have been reported by CTM between Apr-Aug 2022. This is approximately 6% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 16.97.



### P.aeruginosa

19 P.aeruginosa bacteraemia have been reported by CTM between Apr-Aug 2022. This is approximately 36% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 10.08.



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

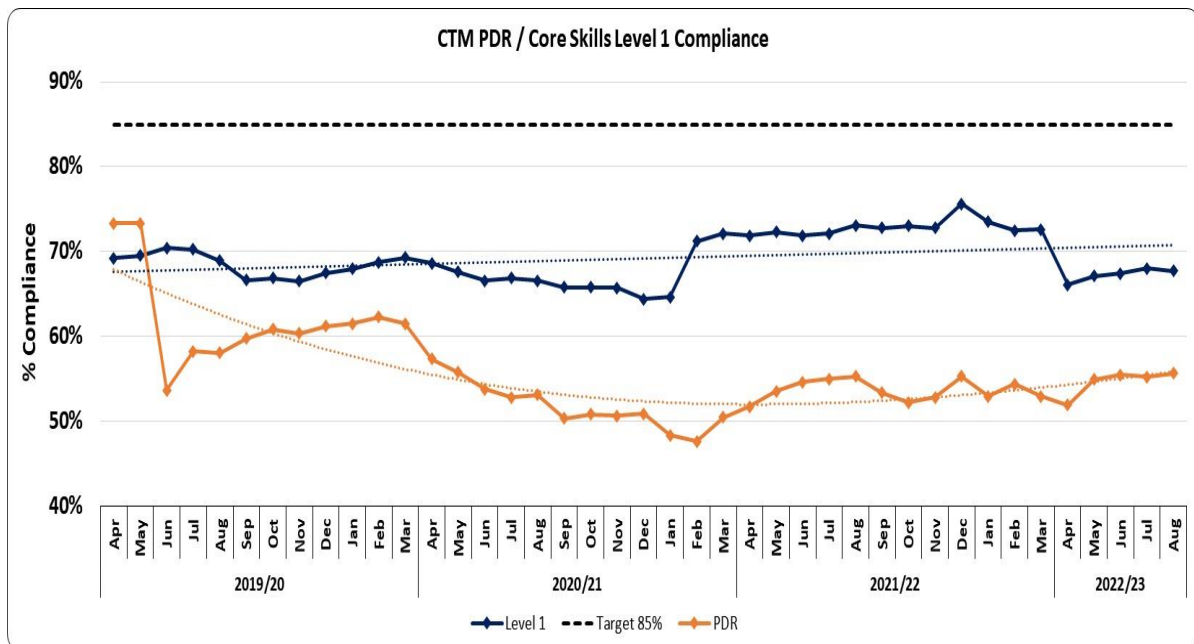


## 2.4 People

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

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

Overall PDR compliance (non-medical staff) for August 2022 continues to be reasonably static at 55.6%, remaining below the target threshold of 85%.



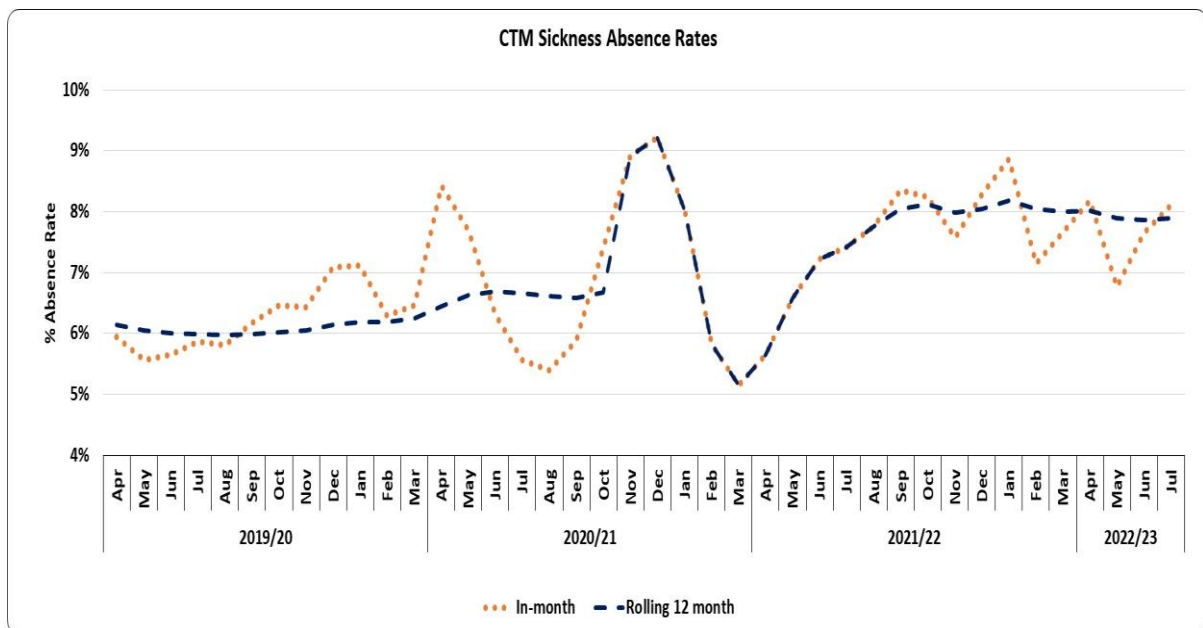
Combined core mandatory training compliance for August 2022 also remains fairly static at 60.3%, with overall CTM compliance for 'Level 1' disciplines just over 67%, a position that has been maintained since June and likewise, remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance August 2022	
Equality, Diversity & Human Rights	78.9%
Health, Safety and Welfare	76.9%
Moving & Handling	75.7%
Safeguarding Adults	75.0%
Information Governance	71.3%
Safeguarding Children	70.5%
Infection Prevention and Control	68.2%
Violence & Aggression	63.9%
Fire Training	55.9%
Resuscitation	45.7%
<b>HB Overall Compliance</b>	<b>67.7%</b>



## 2.4.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to July 2022 is 7.9% (8.1% in-month). In comparison to the previous month, occurrences of short-term absences have risen by around 13% (totalling 2,142 episodes), whilst the occurrence of long-term sickness absence fell by 12% (totalling 756 episodes).



Top 10 Absence Reasons by FTE Days Lost - July 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	441	453	7,564	27.53%
Infectious diseases	801	805	5,472	19.92%
Other musculoskeletal problems	135	137	2,395	8.72%
Chest & respiratory problems	252	261	2,267	8.25%
Gastrointestinal problems	312	316	1,390	5.06%
Other known causes - not elsewhere classified	142	144	1,389	5.05%
Injury, fracture	76	80	1,099	4.00%
Benign and malignant tumours, cancers	36	36	873	3.18%
Back Problems	73	74	809	2.95%
Cold, Cough, Flu - Influenza	151	151	757	2.75%

### 2.4.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff fell by four whole time equivalents (WTE) to 6.60 during August. Efforts continue 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 August 65% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with around a quarter of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 14,893 attendances over the course of the month, 5% lower than the equivalent period last year.

The CTM 15 minute ambulance handover compliance rose marginally to 26% (24.6% July), with the 60-minute compliance increasing to 59.3% from the previous month of 57.4%.

### 2.5.2 Stroke Care:

Performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that performance in August remains at similar levels to those observed in the past 6 months, with the variance being natural rather than special cause in nature.

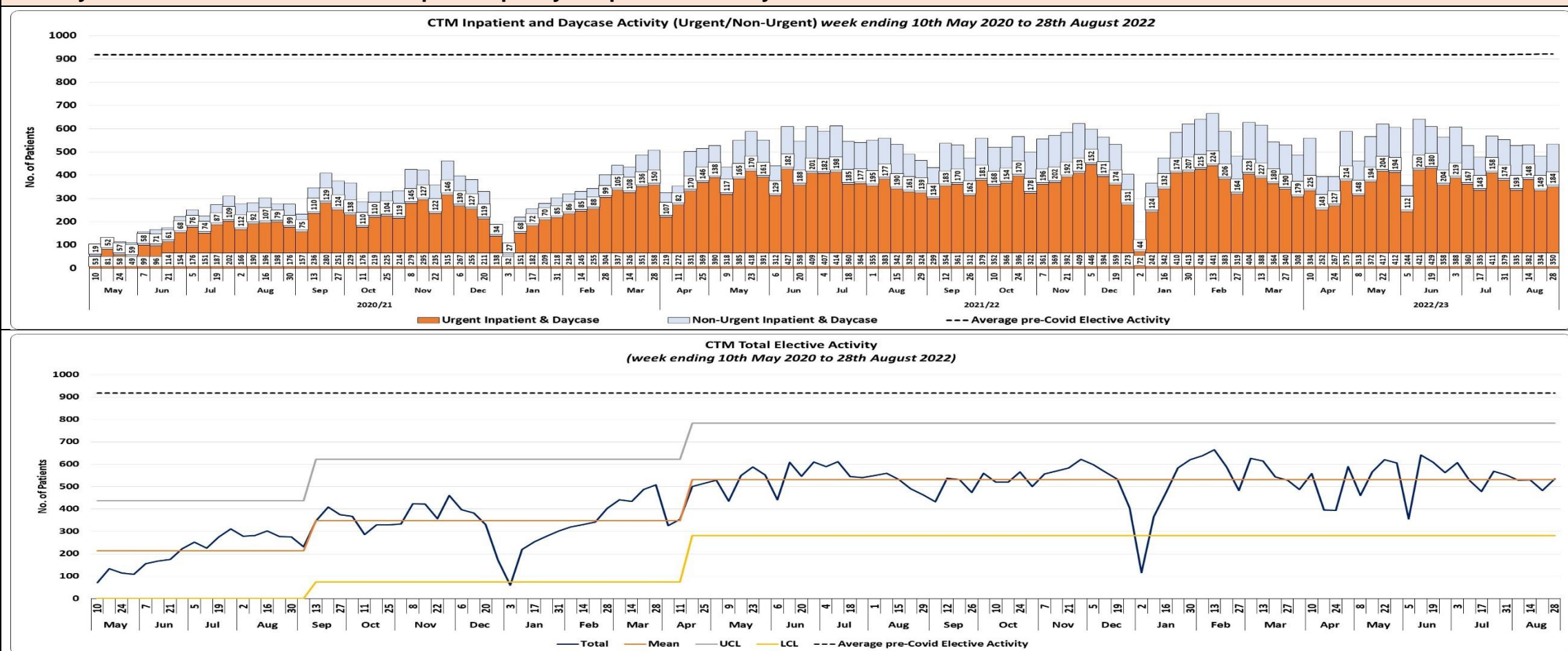
### 2.5.3 Planned Care & Cancer Care:

The CTM performance against the health board's 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 will be undertaken):

ACCESS TO TIMELY PLANNED CARE	Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23										Key: <span style="background-color: #d4edda;">better than forecast</span> <span style="background-color: #fff3cd;">same as forecast</span> <span style="background-color: #f8d7da;">less than forecast</span>			Key: <span style="color: orange;">—</span> Actual <span style="color: blue;">- - -</span> IMTP											
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar												
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2023	13,925	13,918	10,751	10,643	10,347	9,816	9,324	8,960	8,634	8,386	8,151	7,959	7,807												
		Actual	13,885	13,439	12,968	12,441	12,702	12,667																			
	Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104												
		Actual	33,849	34,089	34,694	35,320	36,504	37,513																			
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%												
		Actual	47.3%	46.6%	46.8%	47.4%	47.4%	46.9%																			
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	19,330	19,579	21,842	22,161	21,631	20,884	20,266	19,684	19,311	19,076	18,866	18,719	18,601												
		Actual	18,965	19,040	19,454	19,684	20,637	21,414																			
	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	29,412	30,024	30,275																			
	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	3,169	3,306	3,435	3,366	3,281	3,390																			
	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	47.4%	52.0%	45.2%	50.0%	47.9%																				



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 August 2022	Average Elective	Pre-covid Weekly	Variance	% Variance
General Surgery	121	176	-56	-31.5%
General Medicine	75	150	-75	-50.0%
Urology	69	53	16	29.2%
Gastroenterology	56	53	3	6.1%
Ophthalmology	44	49	-5	-9.7%
Gynaecology	37	62	-25	-40.7%
Trauma & Orthopaedic	44	116	-72	-62.3%
ENT Surgery	31	52	-21	-40.4%
Cardiology	13	24	-11	-45.8%
Oral Surgery	13	21	-9	-40.5%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during August compared to the average pre-Covid levels. As can be seen, current elective activity is over 60% less in T&O, around 50% less in General Medicine and over 40% less in ENT, Oral Surgery, Gynaecology & Cardiology. Urology & Gastroenterology are the only specialties listed above that treated more patients during August than the pre-pandemic weekly average, 29.2% & 6.1% respectively.

How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in August currently stands at 519; a drop in activity of 2.4% on the average for the previous month (532). In regards to the WG indicator, elective treatments continue to be around 44% less than the pre-Covid weekly average (918).

Since the start of the last financial year (2021/22) to date, CTM have sent 1,869 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,221 (on average 72 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of August 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	728	87	525	82	34	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	88	14	45	9	20	0
SPIRE - General Surgery	78	28	49	1	0	0
NUFFIELD - Orthopaedics	370	101	216	31	0	22
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	181	45	105	11	11	9
NUFFIELD - Ophthalmology	316	61	207	14	14	20

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Whilst we work on maximising our existing capacity across all elements of the patient pathway from outpatients through to diagnostics and surgery on a sustainable basis, we are working with independent providers on both insourcing and outsourcing opportunities to provide short term additional capacity to address our backlogs. COO led weekly performance meetings with specialties are in place across all specialties with those without plans to meet the 52 and 104 week targets meeting more frequently. The meetings 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 Recovery plan incorporates:

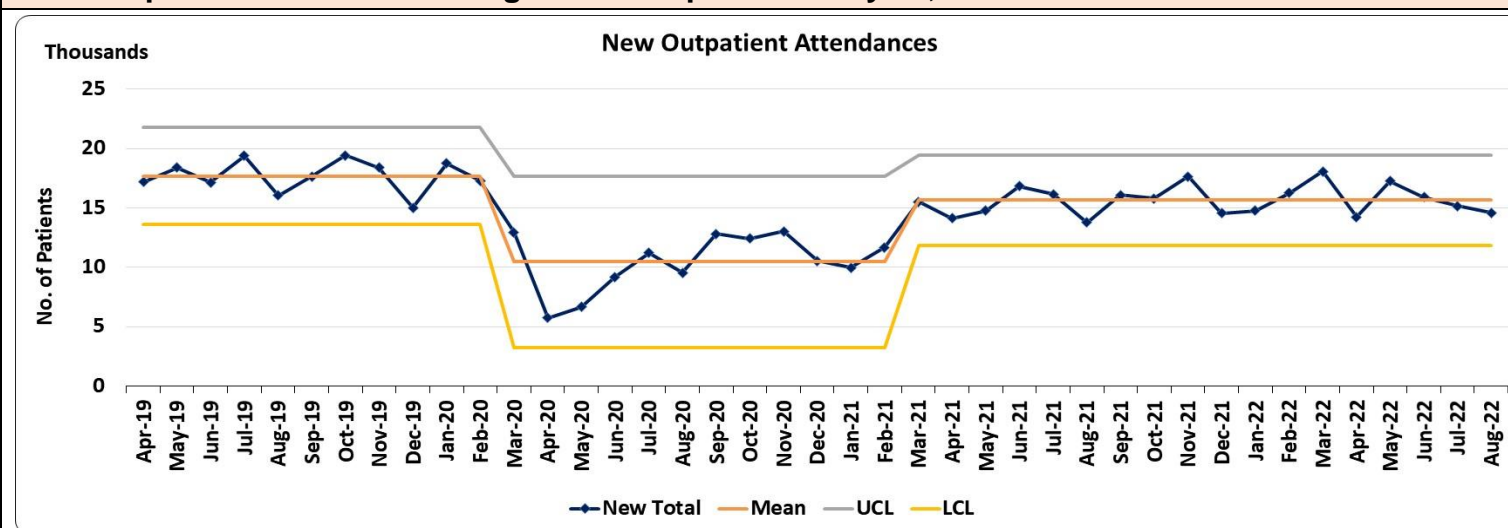
- supporting all specialties to meet the ministerial priorities
- improving productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities i.e. outsourcing to independent 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. restructuring of Orthopaedic surgical capacity across hospital sites, targeted work on improving the DC rates

What are the main areas of risk?

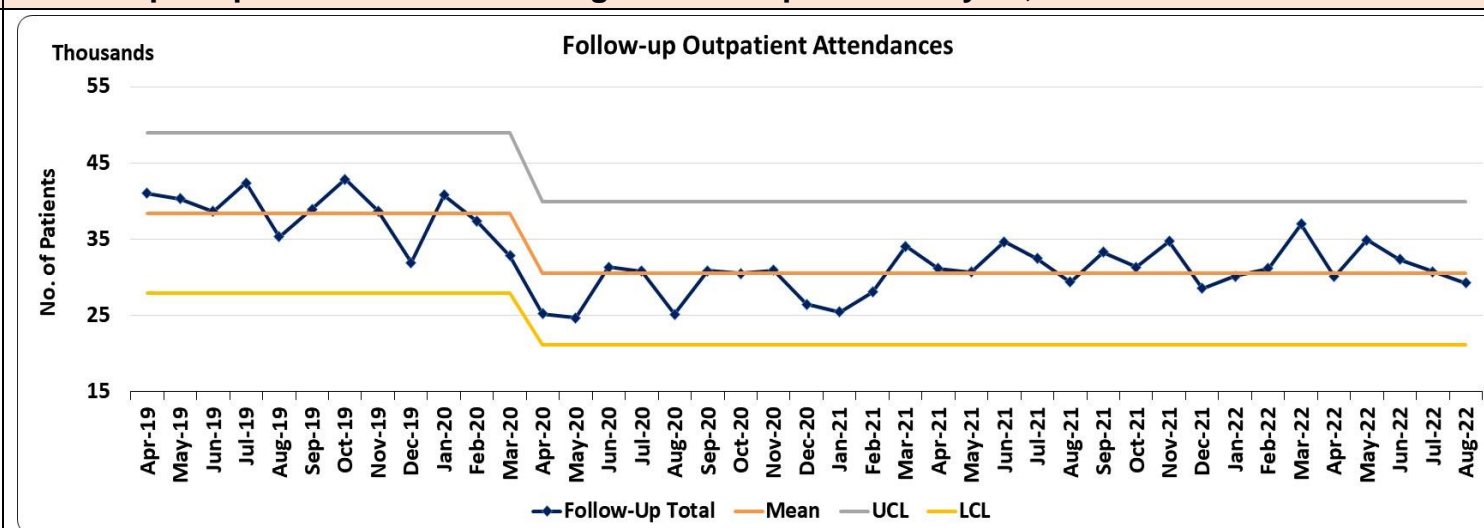
- There are a number of specialties without clear plans to make improvements to their IPDC elective position as their capacity is predominantly being used for cancer cases. These include ENT, Gynaecology and Urology.
- Ophthalmology and Orthopaedics are areas of risk from a pure volume perspective with >5,000 patients awaiting a cataract.
- Availability of ‘elective bed capacity’
- Ability to safely staff the requisite number of theatre sessions

# Resetting Cwm Taf Morgannwg – Outpatient Attendances – to August 2022

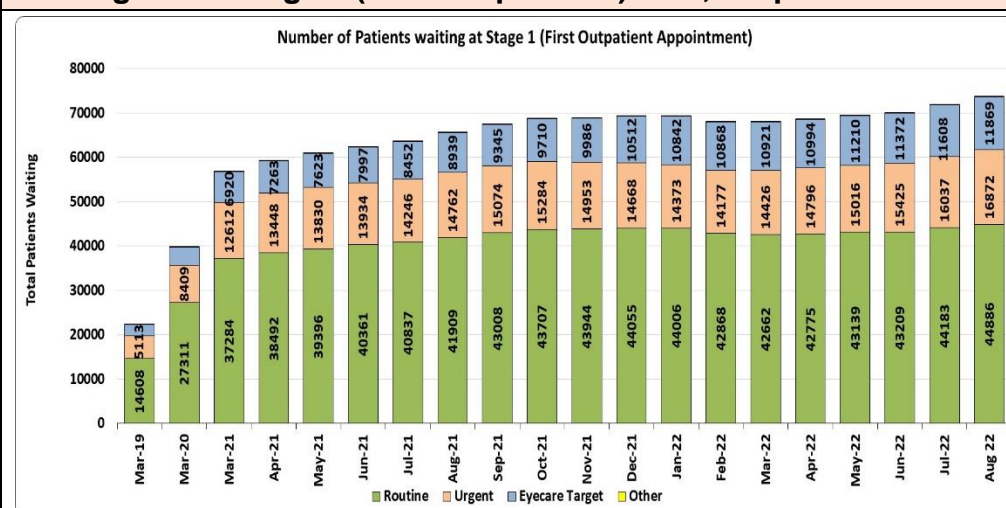
## New Outpatient Attendances August 2022 – provisionally 14,586



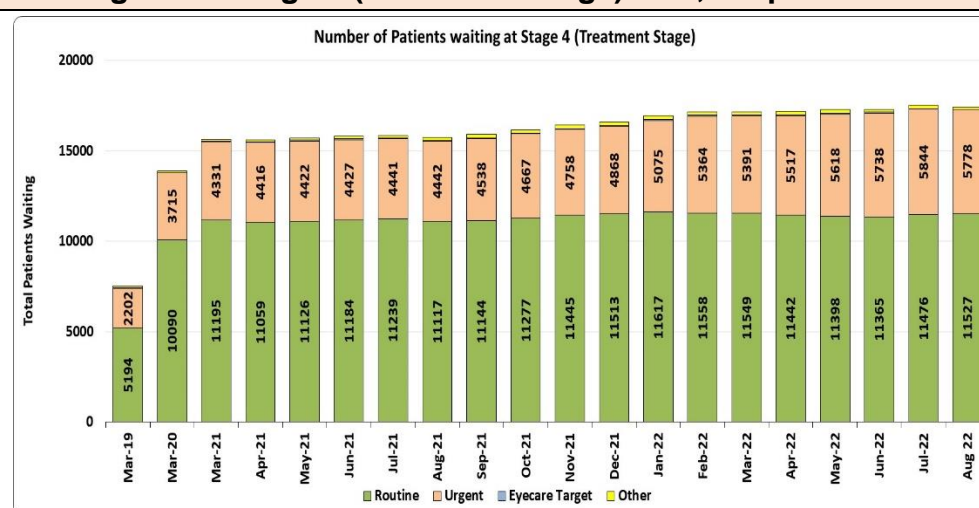
## Follow-up Outpatient Attendances August 2022 – provisionally 29,273



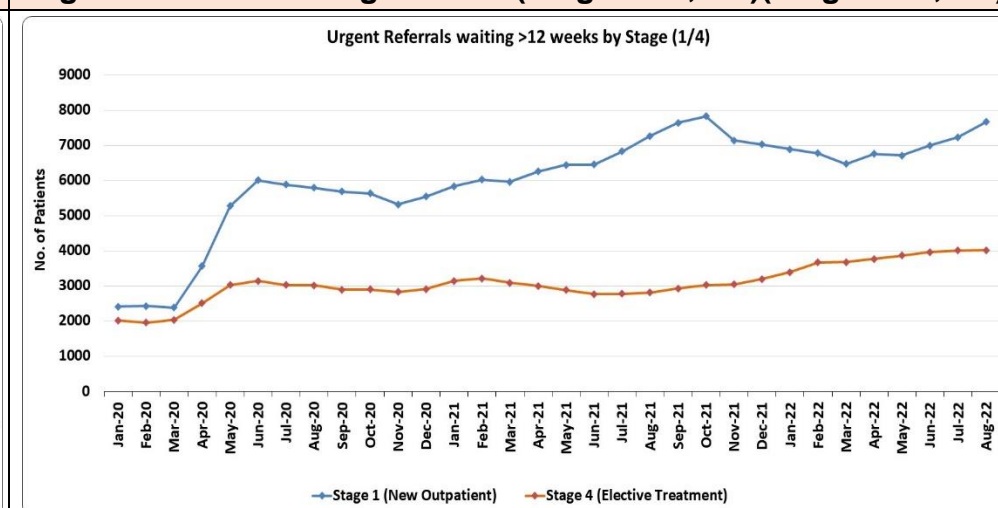
## Waiting times Stage 1 (New Outpatients) - 73,648 patients



## Waiting times Stage 4 (Treatment Stage) – 17,430 patients



## Urgent referrals waiting >12 wks (Stage 1 – 7,662)(Stage 4 – 4,018)



### How are we doing?

As at the end of August 2022, there were 73,648 patients awaiting a new outpatient appointment, of which, 16,872 (23%) patients were categorised as urgent and 11,869 (16%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of just over 12% on the 65,628 patients waiting at the end of August 2021.

Additionally, there were 17,430 patients who were awaiting treatment and of these, 5,778 (33.2%) were categorised as clinically urgent, a small reduction (1.1%) on the July position of 5,844.

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

**Stage 1-52+ Week Validation:** We are working with the external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 and 104 weeks. Tailored validation scripts to collect information on patient's willingness to travel to other locations across the region for surgery and contact details to enable virtual consultations are being drafted on a specialty basis. We are also looking to include criteria for interventions not normally undertaken i.e. how many times a person referred for tonsillectomy has experienced symptoms in line with the policy which if changed since originally listed for surgery, could lead to patients no longer being eligible for treatment.

**See On Symptoms & Patient Initiated Follow up:** Formal roll out programme across all specialties in 2022/23 targeting the services with the highest volumes of DNAs.

**Digital Enablers:** As tried and tested models, a formal roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect is being agreed across all specialties or clinical evidence as to why they are not suitable for use to be provided. WPRS is being used in Orthopaedics which is one of highest volumes of outpatients from September.

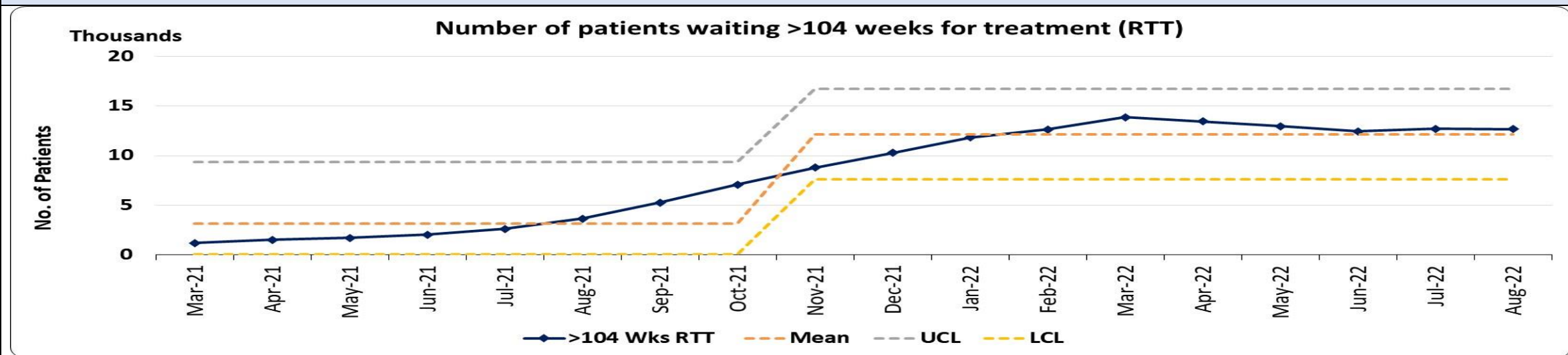
### What are the main areas of risk?

The main areas of risk in terms of meeting the WG priority of no patients waiting over 52 weeks by the end of December are in Ophthalmology, Orthopaedics, ENT, Urology, Cardiology and Dermatology. We are working through plans with these specialties and revising trajectories so that we can advise if not 52 weeks, what the position the HB hopes to reach is.



# Referral to Treatment Times (RTT) – August 2022 (Provisional Position) – Total Open Pathways 118,710

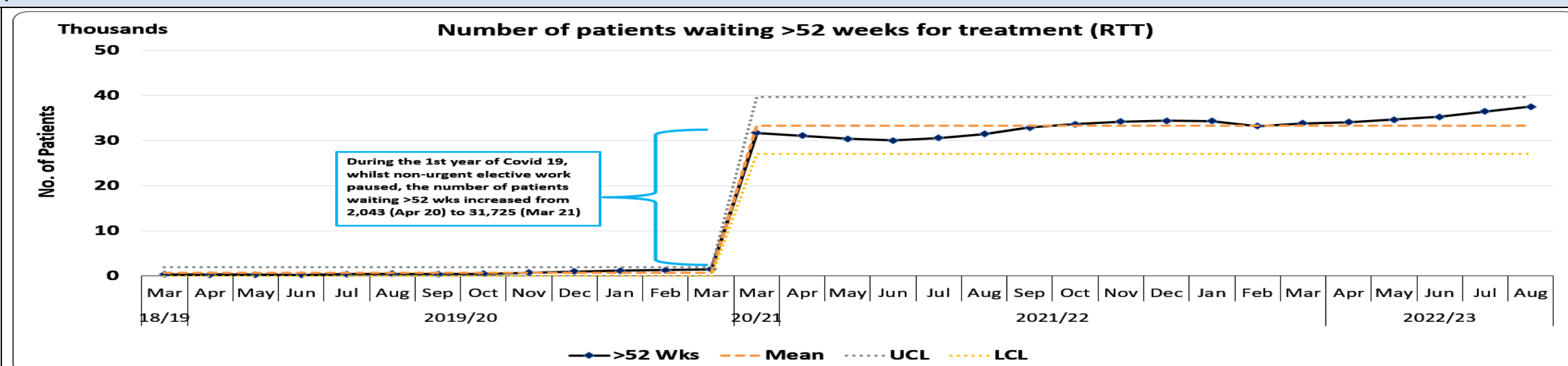
Number of patients waiting >104 weeks (12,667) Target - Improvement Trajectory towards a national target of Zero by 2023



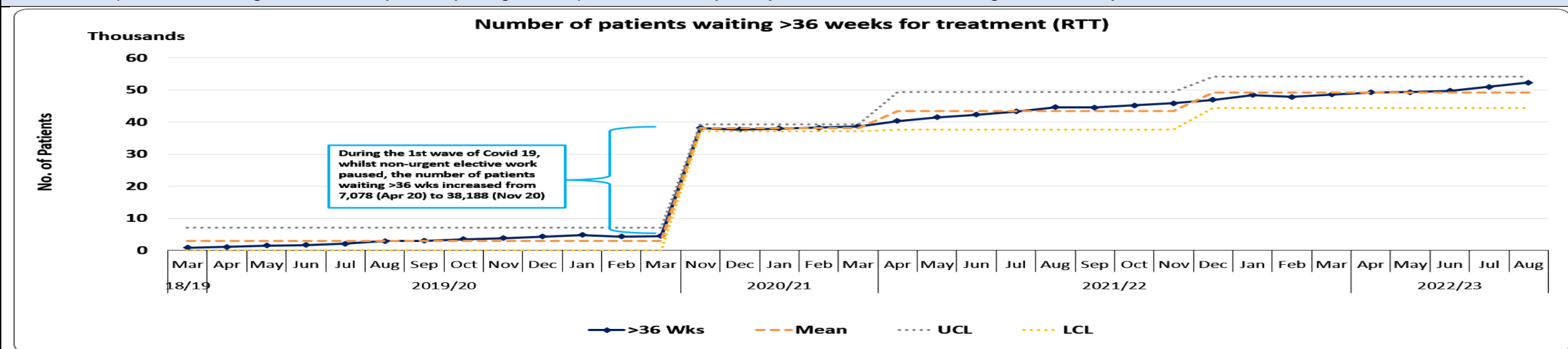
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of August is 12,667, which as it currently stands is a slight fall of 0.3% (35) from the reported July position.

Number of patients waiting >52 weeks (37,513)

The provisional position across the Health Board for patients waiting over 52 weeks for treatment at the end of August is 37,513, which as it currently stands is a rise of almost 3% (1,009) from the July reported position.



Number of patients waiting >36 weeks (52,273) Target – Improvement Trajectory towards a national target of Zero by 2026



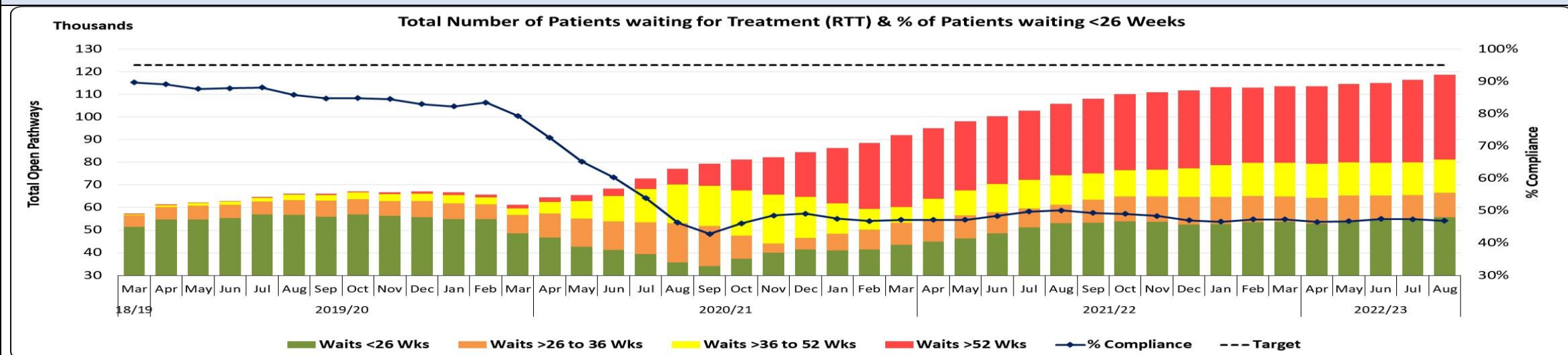
The number of patients waiting over 36 weeks at the end of August, across Cwm Taf Morgannwg, is a provisional position of 52,273 patients, which is an increase of 2.5% (1,262) from July (N.B. includes the 37,513 patients waiting over 52 weeks).

RTT continued on the next page...



# Cont'd...Referral to Treatment Times (RTT) – August 2022 (Provisional Position) – Total Open Pathways 118,710

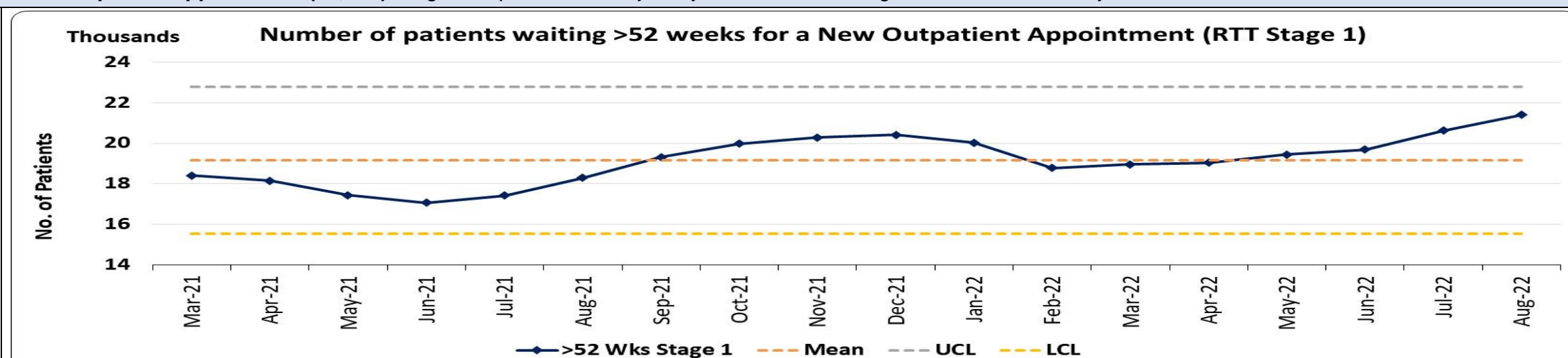
% of patients waiting less than **26 weeks (46.9%)** Target – Improvement Trajectory towards a national target of 95% by 2026



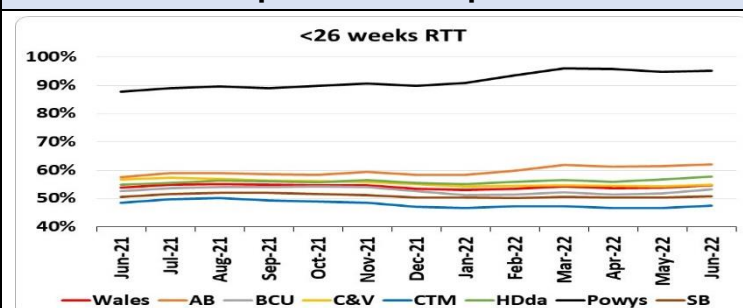
In terms of the 26 week provisional position (including the provisional direct access Diagnostic & Therapy figures), performance for August across Cwm Taf Morgannwg is 46.9%.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (21,414)** Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022

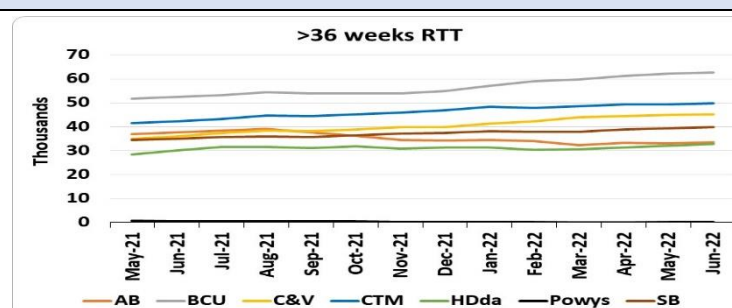
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of August is 21,414, which as it currently stands is a rise of 3.8% (777) from July.



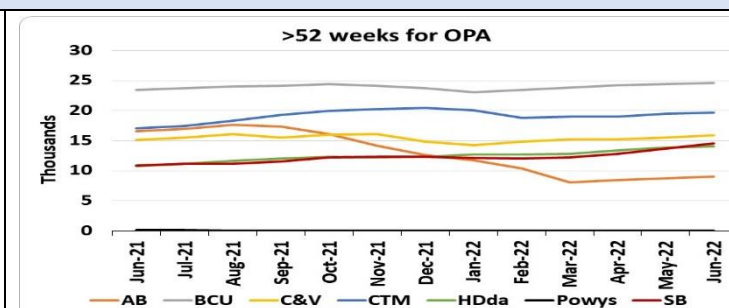
How do we compare with our peers?



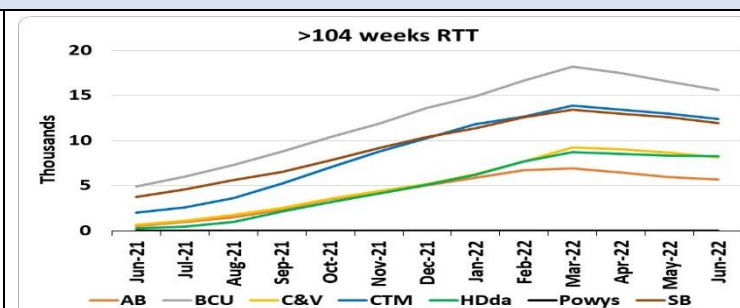
As at June 2022, CTM has the lowest compliance for 26 weeks RTT (47.4%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 62.1%.



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 (49,708) with BCU ranked 7<sup>th</sup> (62,726). Best performing is Powys (71), with the better performing of the acute health boards being Hywel Dda (32,774).



Likewise CTM is ranked 6<sup>th</sup> out of the seven health boards for the number of patients waiting over 52 weeks for first outpatient appointment (19,684), with BCU ranked 7<sup>th</sup> (24,641). Best performing is Powys (0), with the better performing of the acute health boards being ABUHB (9,000).



Again, CTM is ranked 6<sup>th</sup> out of the seven health boards for the number of patients waiting over 104 weeks RTT (12,441) with BCU ranked 7<sup>th</sup> (15,647). Best performing is Powys (0), with the better performing of the acute health boards being ABUHB (5,729).

RTT continued on the next page...

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

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

Total number of open pathways per specialty - August 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	414	17.1%	119	243	1649	2425
Cardiology	3077	59.1%	592	613	923	5205
Care of the Elderly	11	91.7%	0	0	1	12
Dermatology	4464	49.5%	644	925	2984	9017
Endocrinology	186	84.5%	34	0	0	220
Gastroenterology	1833	51.9%	362	471	866	3532
General Medicine	1693	69.2%	260	219	273	2445
Nephrology	137	76.5%	22	15	5	179
Respiratory Medicine	1273	68.0%	195	184	220	1872
Rheumatology	814	49.0%	99	174	573	1660
Sport and Exercise Medicine	11	100.0%	0	0	0	11
Thoracic Medicine	558	75.2%	67	82	35	742
Diagnostics	5729	53.1%	1112	1260	2679	10780
Therapies	2339	76.6%	134	163	416	3052
ENT	4576	37.7%	1048	1695	4813	12132
Ophthalmology	5545	37.5%	1480	2266	5502	14793
Oral Surgery	1530	48.1%	263	449	937	3179
Orthodontics	185	56.9%	30	45	65	325
Restorative Dentistry	46	26.0%	17	29	85	177
Gynaecology	3807	54.1%	704	814	1714	7039
Paediatric Neurology	1	100.0%	0	0	0	1
Paediatrics	2180	89.1%	168	64	36	2448
Haematology (Clinical)	122	99.2%	1	0	0	123
General Surgery	4119	40.0%	1046	1450	3682	10297
Trauma & Orthopaedic	5454	37.4%	1304	2137	5671	14566
Urology	3166	42.2%	664	876	2789	7495
Breast Surgery	639	49.7%	99	130	418	1286
Colorectal	1754	47.4%	310	456	1177	3697
<b>Total</b>	<b>55663</b>	<b>46.9%</b>	<b>10774</b>	<b>14760</b>	<b>37513</b>	<b>118710</b>

### How are we doing?

At the end of August 2022, the provisional position for the over 52 week waiting list saw volumes increase by almost 3% on the previous month, bringing the total to 37,513. Compared to the position at the end of August 2021; the current position represents an increase of almost 20% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. There are plans in a number of specialties to manage the backlog and meet the maximum 52 week ministerial priority by the end of the year and we are working with the specialties with high volumes of patients waiting without dates which include Ophthalmology, Orthopaedics, Dermatology, Cardiology and Neurology on potential solutions including super Saturdays and insourcing.

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

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

- Significant validation programme funded through the National Planned Care Recovery Programme which will be in place for 16 weeks prior to Christmas.
- Pathway improvement programme to increase the proportion of activity that can be safely and effectively undertaken as day case procedures. This work has been supported by Grant Thornton.
- Funding of additional diagnostic capacity to improve waits within the Cancer pathway and routine elective care.
- Trying to progress to one CTM waiting list in order to equalise access regardless of provider site. With the WPAS being different on the Bridgend site to the former CT sites, this does require intervention at individual patient level to transfer the details across systems which is not viable on a large scale. However, through weekly specialty performance meetings, patients are looking to be transferred from localities where there are differing waiting times in General Surgery, Gynaecology and Orthopaedics.

### What are the main areas of risk?

- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers but at increased costs to if provided in house.
- Recruitment: Delays in approval to recruit to existing posts within the structure that have become vacant and new posts.
- Staff fatigue / willingness to support additional capacity: Additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- 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 results in losses in productivity, over- reporting and potentially adverse outcome for our patients.





## Diagnostics & Therapies – August 2022 (Provisional Position)

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

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

Number of patients waiting >8 weeks for a Diagnostic Endoscopy  
Target - Improvement Trajectory towards national target of Zero by March 2026

**Total >8 weeks 15,337**

**Total >14 weeks 1,816**

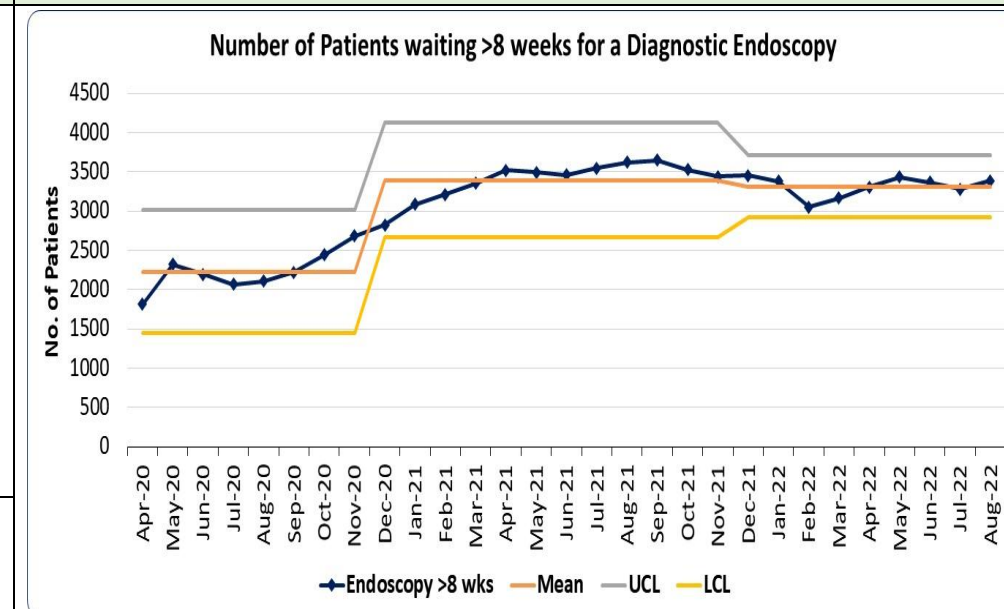
**Total >8 weeks 3,390**

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology Cardiology Services	Echo Cardiogram	367
	Cardiac CT	104
	Cardiac MRI	6
	Diagnostic Angiography	98
	Stress Test	60
	DSE	102
	TOE	23
	Heart Rhythm Recording	225
	B.P. Monitoring	9
Bronchoscopy		3
Colonoscopy		772
Gastroscopy		892
Cystoscopy		475
Flexi Sig		1248
Radiology	Non-Cardiac CT	313
	Non Cardiac MRI	783
	NOUS	9413
	Non-Cardiac Nuclear Medicine	6
Imaging	Fluoroscopy	36
Physiological Measurement	Urodynamics	191
Neurophysiology	EMG	107
	NCS	104
<b>Total</b>		<b>15337</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	15,363	15,080	15,337							

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	2
Audiology	399
Dietetics	1330
Occupational Therapy	26
Physiotherapy	30
Podiatry	2
Speech & Language	27
<b>Total</b>	<b>1816</b>

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	1,265	1,570	1,816							



### How are we doing?

**Diagnostics:** Provisionally, at the end of August, 15,337 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents an increase of 1.7% (257) from the reported position in July. This rise is due in part to an increase in the number of patients waiting in excess of 8 weeks for Echocardiogram, up from 150 in July to 367 breaching patients in August. The NOUS service continues to have the highest volume of breaching patients with 9,413 currently waiting over 8 weeks for a scan. Non-Cardiac CT has observed an improvement of around 23% (93) in the number of patients waiting in excess of 8 weeks for a scan and currently stands at 313 patients.

**Therapies:** There are provisionally 1,816 patients breaching the 14 week target for therapies in August, an increase of 246 (15.7%) on the reported position for July. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment & the weight management programme, which currently stands at 1,330. Dietetics accounts for almost 75% of the total patients waiting beyond the 14 week target for therapies. Audiology (Adult Hearing Aids) has also seen an increase in the number of patients waiting in excess of 14 weeks, and currently stands at 399 patients.

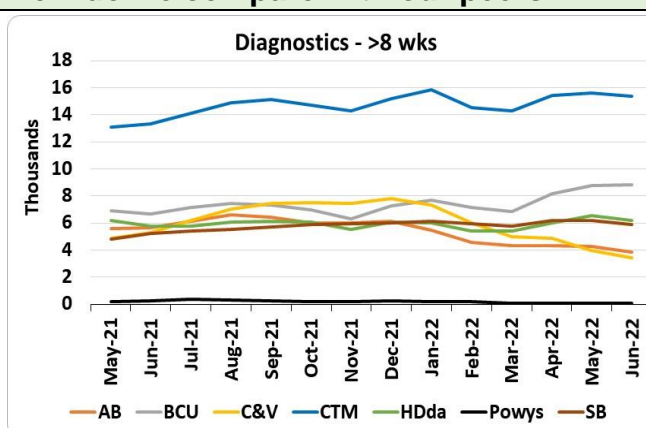
### What actions are we taking & when is improvement anticipated?

- Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and put remedial actions in place.
- Weekly tracker implemented to monitor performance.
- Validation of US, MR, CT waiting lists ongoing.
- Realigning patient bookings around clinical priority.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Work around staffing rosters to enable operation of the 2<sup>nd</sup> MR scanner at RGH.
- Work around booking templates to ensure there is a consistent approach to scan templates.
- Work ongoing in streamlining the Cancer Prostate and Stroke Pathway.
- Additional patient lists are running to reduce waiting times.
- Demand and Capacity of services commenced.
- Discussions held around potential additional capacity through insourcing/outsourcing.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board once cases for MRI and CT are also complete.

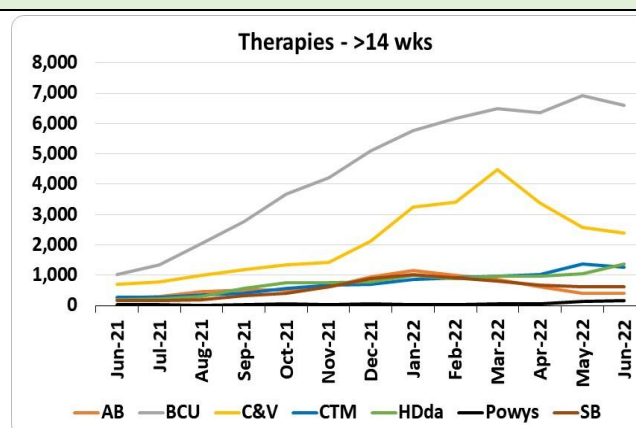
### What are the main areas of risk?

- Staff availability in peak holiday season.
- Current vacancies being held at scrutiny panel.
- Limited staff numbers coming through via the staff bank.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Cardiopulmonary diagnostic services need additional staff to address the backlog.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.

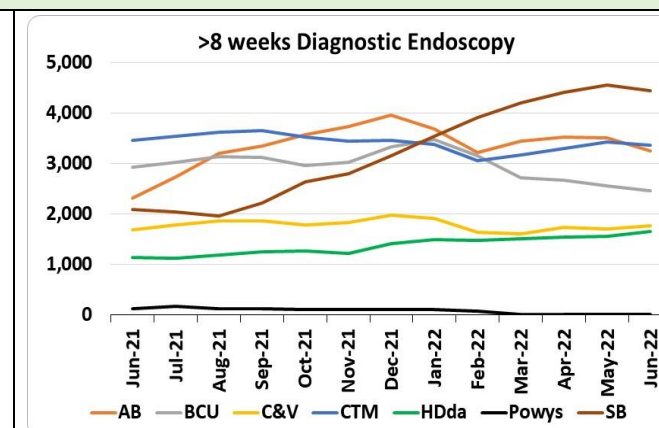
### How do we compare with our peers?



As at June 2022, CTM had the highest number of patients (15,363) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (38) with C&VUHB having the least patient breaches (3,411) than the other acute health boards.



As at the same period, CTM ranked 4<sup>th</sup> out of all the health boards in Wales with 1,265 patients breaching 14 weeks for a therapy. Powys had the fewest breaching patients (171) with BCUHB recording the highest number of patient breaches with 6,602.

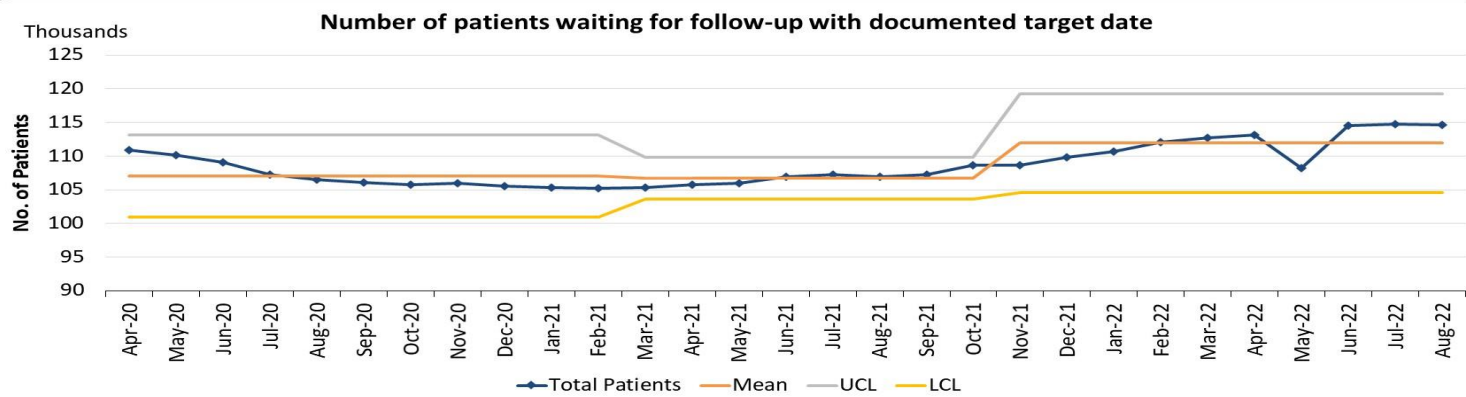


During June CTM ranked 6<sup>th</sup> out of all the health boards in Wales, with (3,366) patients waiting more than 8 weeks for a diagnostic endoscopy. Powys had the fewest (18), with Hywel Dda performing better than the other acute health boards with 1,652 breaching patients.

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

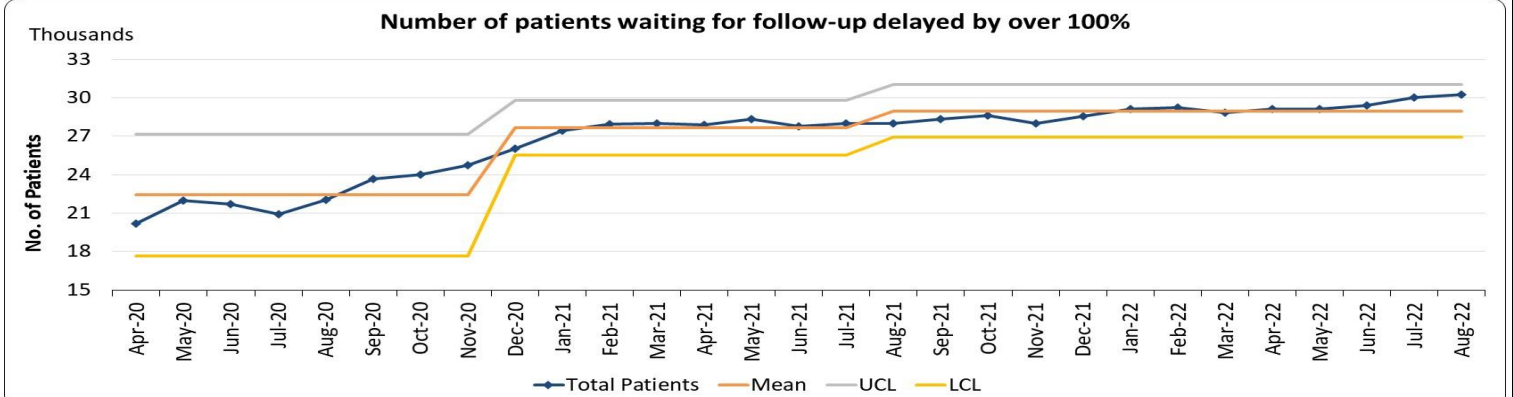
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
8	75,097	39,553	114,658

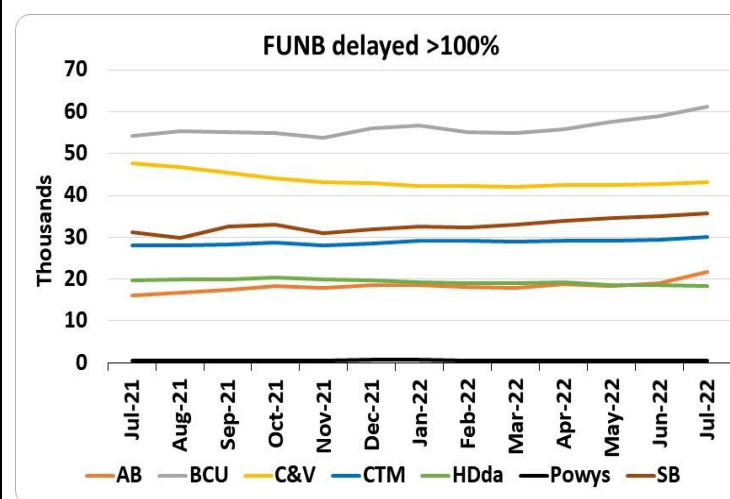


Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
25,840	4,435	30,275	26.4%

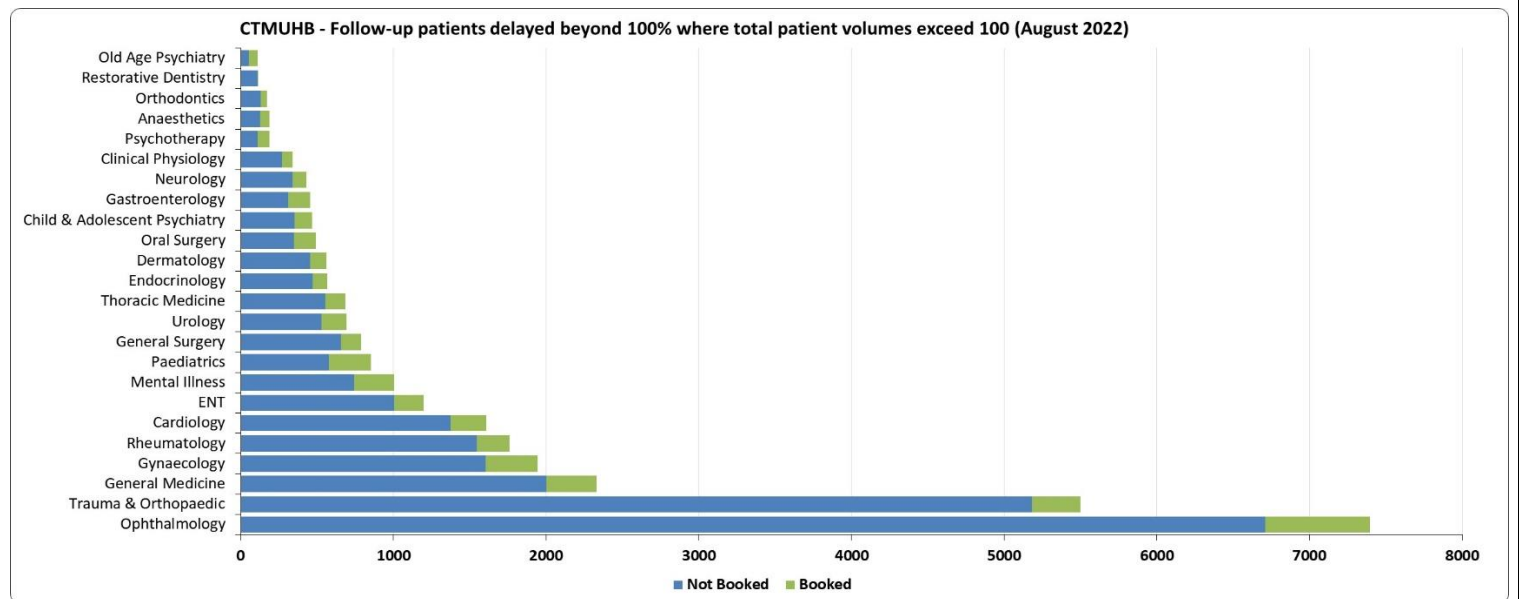


## How do we compare with our peers?



As at July 2022, CTM ranked 4<sup>th</sup> out of all the health boards in Wales with 30,024 patients delayed by more than 100% past their target date for a follow-up appointment.

Powys had the least patients delayed with 502, whilst BCUHB had the highest numbers of patients waiting 100% beyond their target date, with 61,177



## How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of August, provisionally stands at 114,658 and of those patients waiting, 30,275 have seen delays of over a 100% past their target date, representing an increase of just over 8% on the equivalent period last year.

The number of patients without a documented target date stands at 8.

## 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.

**Follows up not Booked:** Targeted work on reducing the number of follow ups not booked across specialties has reduced the number of years that FUNBs are reported as waiting by three years. This work is continuing.

## 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 specialties across the health board.

There has been very little significant movement in terms of the overall number of patients waiting for a follow up and indeed figures for August are similar to those recorded at the end of March 2021 (75,021), with figures currently at 29,767 for those two specialties, of which around 43% (12,896) are delayed 100%.

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

- Total New Patients seen: 14,586; which as it currently stands is almost a 20% reduction on the Pre-Covid average (19/20) of 18,186 but an increase of around 6% on attendances during the same period last year.
- Total Follow-up Patients seen: 29,273; almost a 28% reduction on the Pre-Covid average (19/20) of 40,500, but figures are similar to the equivalent period last year.



# Emergency Unit Waits – August 2022 (Provisional Position)

Number of Attendances

14,893

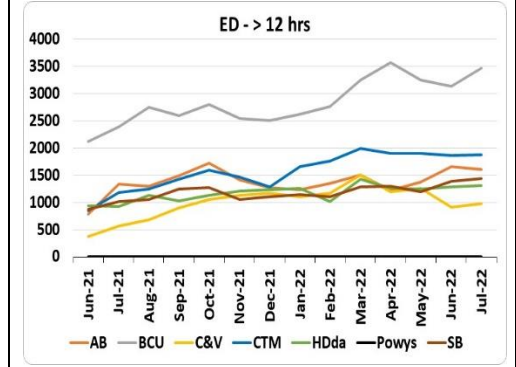
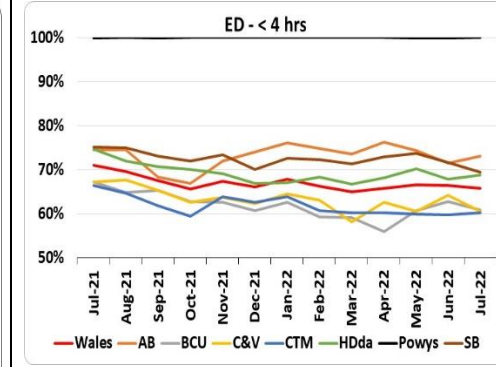
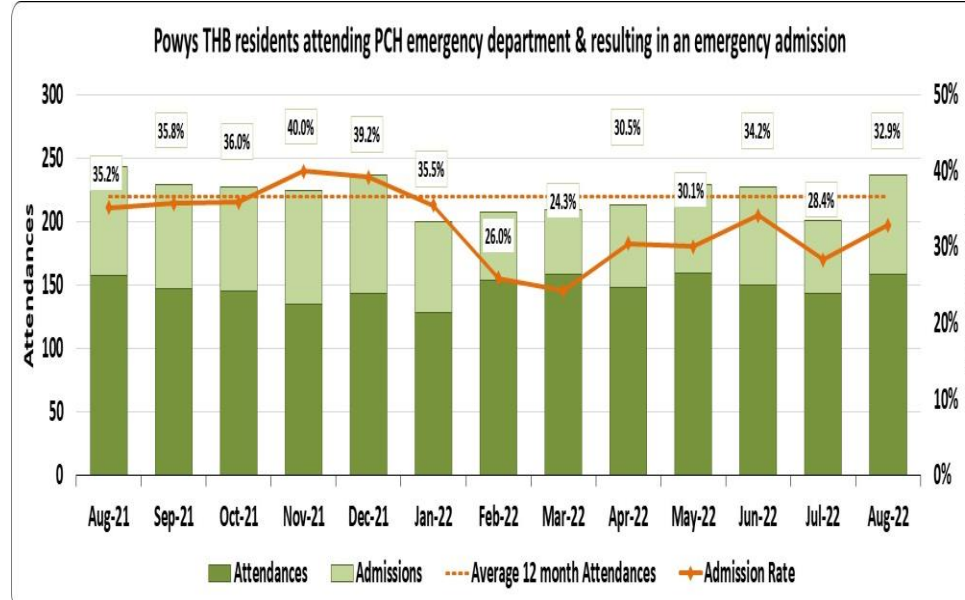
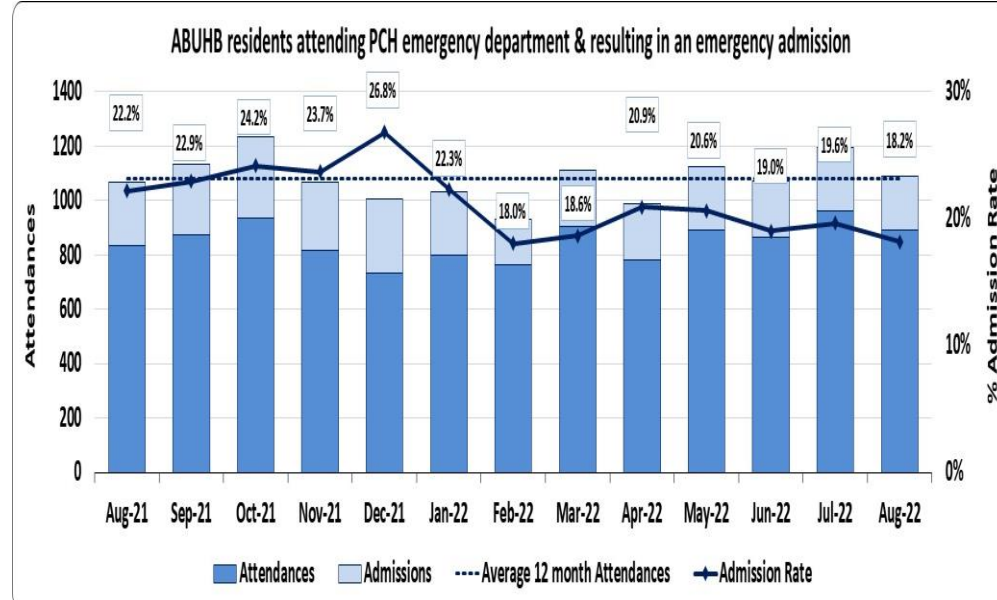
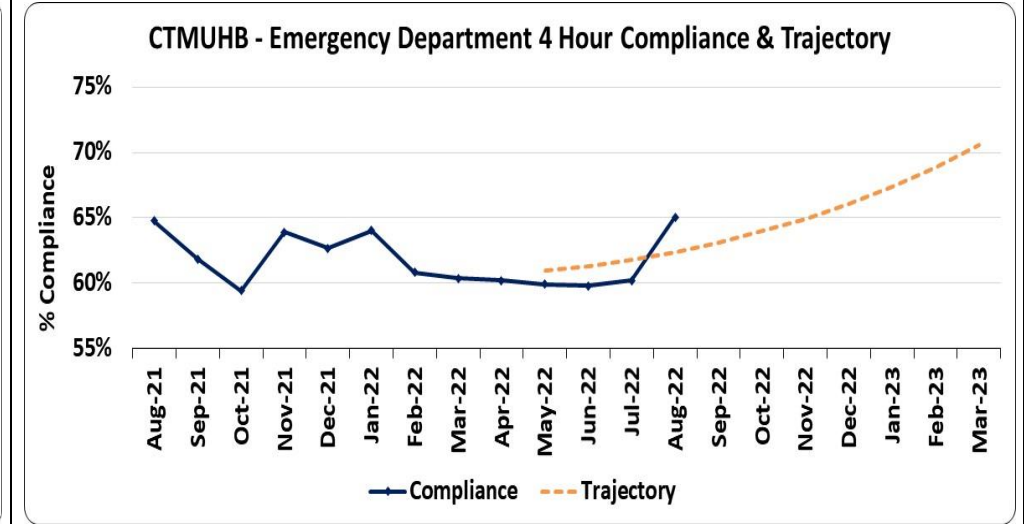
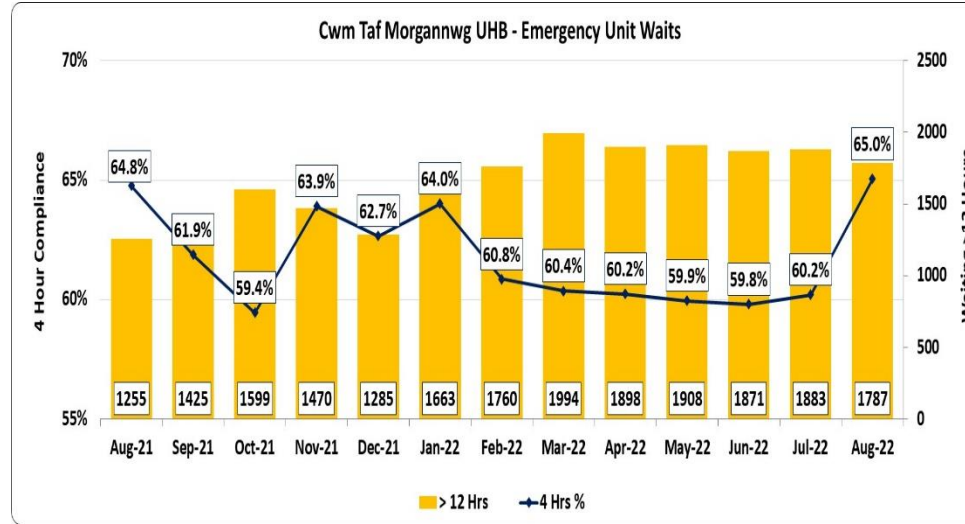
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

65.0% were seen within 4 hours (Waiting >4 hrs 5,206)

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

12.0% of patients were waiting over 12 hours (1,787)

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Aug-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	57.9%	507	13767	64.0%	1663
Feb-22	4351	55.3%	753	4362	69.1%	429	3969	53.1%	578	13107	60.8%	1760
Mar-22	5259	50.4%	964	5104	69.3%	417	4776	57.2%	613	15650	60.4%	1994
Apr-22	4750	57.1%	824	4681	68.0%	534	4438	51.4%	540	14284	60.2%	1898
May-22	5113	57.5%	767	4972	68.1%	491	4947	51.1%	650	15435	59.9%	1908
Jun-22	4939	57.6%	722	5013	66.9%	564	4750	50.8%	585	15153	59.8%	1871
Jul-22	5280	53.7%	870	4993	68.9%	429	4902	55.2%	584	15564	60.2%	1883
Aug-22	5023	58.0%	819	4881	69.1%	421	4654	65.9%	547	14893	65.0%	1787



As at July 2022, CTM had the lowest compliance out of all the acute health boards in Wales at 60.2%. Best performing acute health board was ABUHB at 73.1%.

As at the same period, CTM, ranked 5<sup>th</sup> out of all the acute health boards in Wales, with 1,883 patient breaches. Better performing acute health board was C&V with 984 patient breaches, poorest performing was BCU with 3,478 patient breaches.

## How are we doing?

Provisionally, attendances this month were less than the volumes seen in July to our Emergency & Minor Injuries Department (currently 4.3% less), with compliance improving by five points in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, with overall performance at 65.0%. As per the table above, the UHB continues to experience challenges at PCH, although compliance improved to 58.0%. Improvements were also observed this month at POW in both the 4 (65.9%) and 12 hour (547 breaches) compliance with RGH remaining reasonably stable at 69.1% and recording 421 patients breaching 12 hours. 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 1,787 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	15753
2020/21	11931
2021/22	15208
2022/23	15066

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

- Waits which exceed three hours are reported to the COO and expedited
- 6 Goals for Urgent and Emergency Care Programme fully established with priorities aligned to the implementation of D2RA Pathways and enabling efficient discharge processes to support improvements of flow.
- One List App specification finalised and aligned with D2RA requirements, Pathways of Care Delay protocol (former DToC) and Red2Green process which will subsequently enable and support relaunch of SAFER implementation across CTM. Testing phase 1 agreed to commence on 20<sup>th</sup> September across 11 nominated wards (3x acute per site, plus 2 wards in community hospitals).
- Standardised electronic Transfer of Care (e-ToC) finalised and under review with health and Local Authority colleagues (including Caerphilly and Vale of Glamorgan for out of area patients)
- e-Whiteboards implementation phase 2 finalised and under review with ICT
- Data Sharing Agreement with Local Authorities in progress to enable effective data input and information transfer across patient pathways (One List and e-ToC)

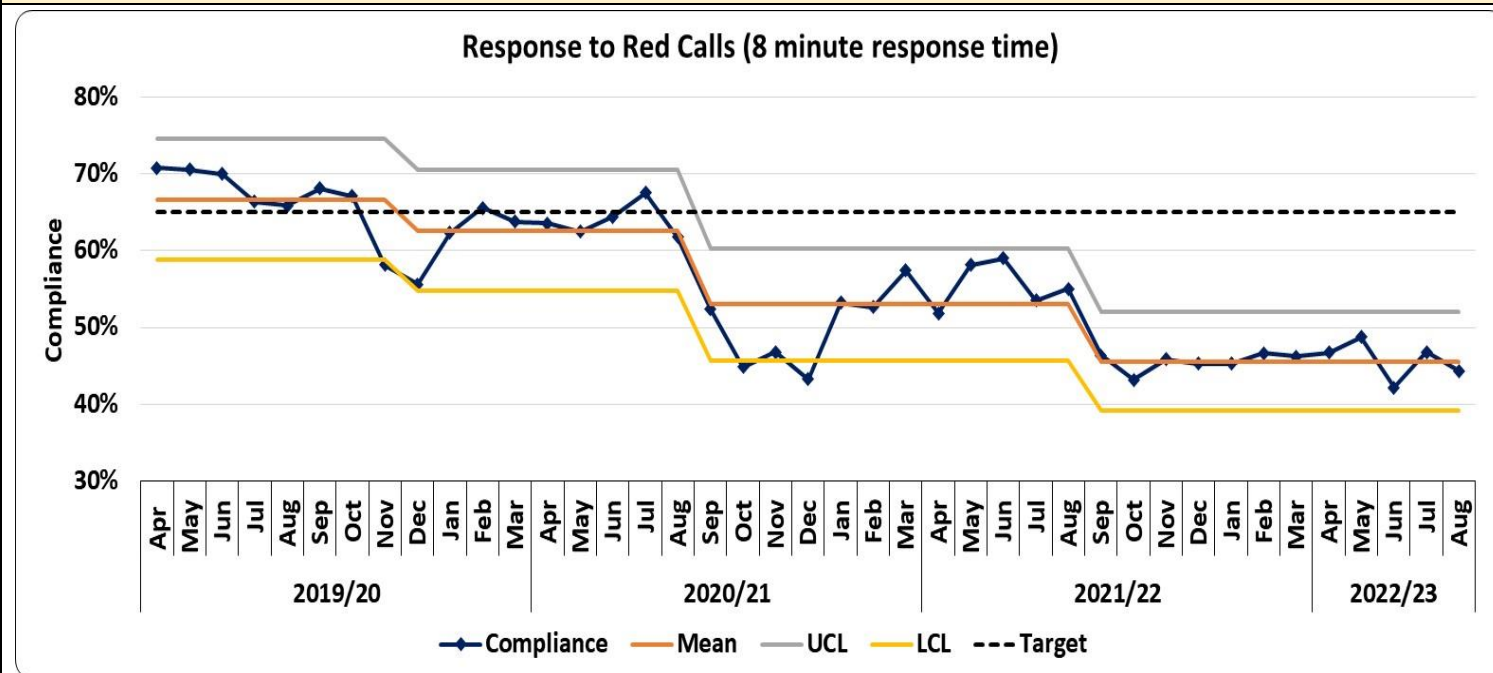
## What are the main areas of risk?

- Significant risk in social care capacity and funding
- D2RA Pathway 2 will have resource gaps to meet demand – need to identify funding resources
- Need decisions re: allocation of therapy resources within CTM to drive effective D2RA pathway 3 in community beds
- Supported Discharge Team resource insufficient – need to identify funding resources
- Formal launch of D2RA pathways dependent upon development, testing and launch of phase 2 electronic whiteboards and electronic referral forms



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

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance August 2022 – 44.3%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
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%
Jul-22	106	43	40.6%	314	152	48.4%	172	82	47.7%	592	277	46.8%
Aug-22	83	41	49.4%	248	108	43.5%	136	58	42.6%	467	207	44.3%

## How are we doing?

### Response to Red Calls:

Response times during August to life-threatening calls, fell slightly to 44.3% in comparison to the previous month (46.8%), and remaining well below the compliance threshold of 65%. As can be seen in the chart above, there has been no significant change since September of last year with the performance trend demonstrating natural variation with average response times for CTMUHB for the past 12 months equating to 45.6%.

The Welsh average for August saw 50% of emergency responses arriving at the scene within 8 minutes, a slight fall from July's compliance of 52.0% and has remained below target since August 2020.

Despite a reduction in the volume of Red Calls during August (467) compared to the previous three months, as shown in the top right table, volumes remain higher than pre-Covid levels which averaged 347 per month, with the average pre-Covid response times just under the compliance threshold at 64.7%.

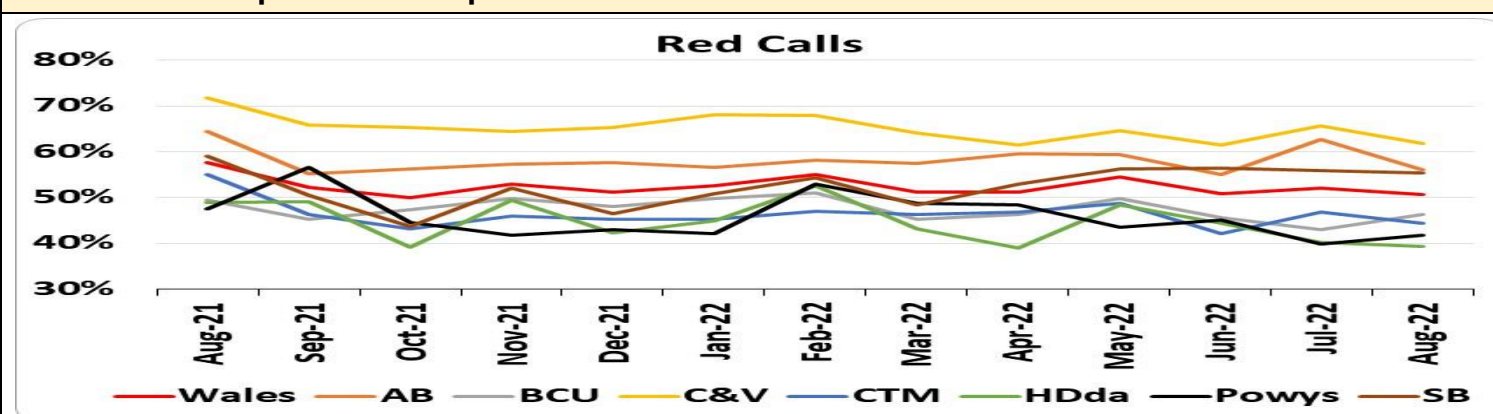
## Immediate Vehicle Release Requests (please note August is provisional & will be subject to change)

Period	PCH			RGH			POW		
	Accepted	Declined	Compliance	Accepted	Declined	Compliance	Accepted	Declined	Compliance
Jan-22	10	2	83.3%	9	2	81.8%	1	11	8.3%
Feb-22	13	3	81.3%	3	5	37.5%	2	14	12.5%
Mar-22	5	7	41.7%	10	2	83.3%	2	5	28.6%
Apr-22	7	3	70.0%	4	5	44.4%	3	5	37.5%
May-22	13	2	86.7%	5	1	83.3%	5	6	45.5%
Jun-22	11	1	91.7%	10	3	76.9%	8	15	34.8%
Jul-22	13	0	100.0%	9	1	90.0%	7	8	46.7%
Aug-22	1	0	100.0%	3	0	100.0%	3	3	50.0%

**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 10 during August. The ED services were able to support affirmatively 7 (70.0%) of those requests.

Red Calls – progressing standardised Immediate Release Plan via Emergency Department Task & Finish Group to support the timely release of time critical resource

## 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 August (44.3%).

Response times continue to remain better in the dense urban areas, with C&V seeing 61.8% compliance.

Generally response times are worse in the more geographically challenging areas with Hywel Dda receiving the poorest response times this month at just 39.9%.



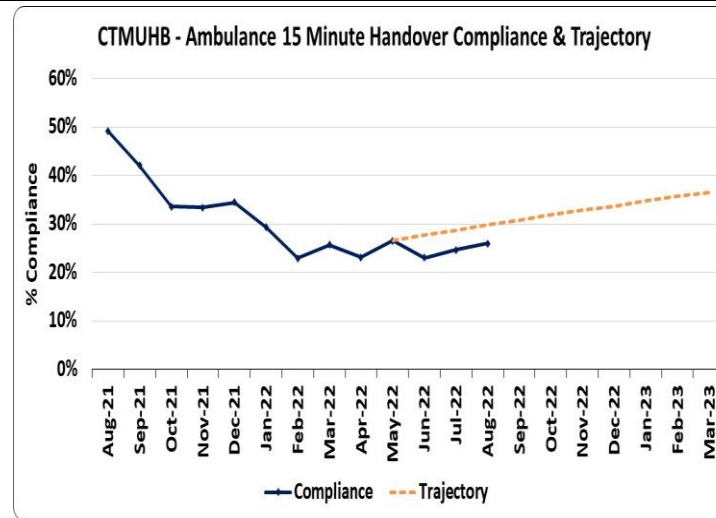
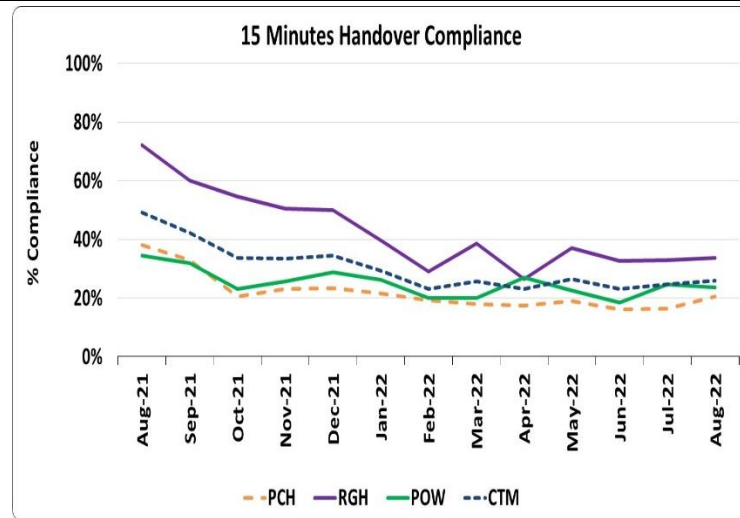
# Emergency Ambulance Services - Handover Compliance – August 2022

Number of ambulance handovers within 15 minutes – Target Improvement

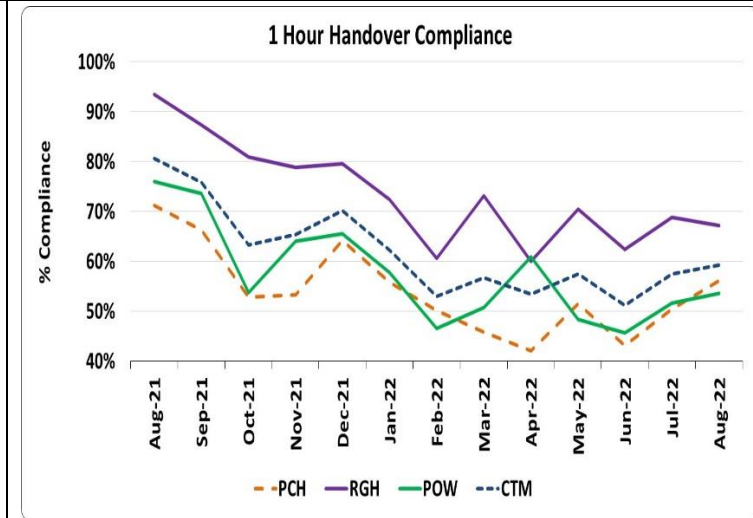
Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,124 of which 552 handovers were within 15 minutes (26.0%)**

**865 handovers were over 1 hour (59.3% of handovers were within 1 hour)**



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Aug-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%	593	18.4%	45.7%	2215	23.0%	51.2%
Jul-22	796	16.3%	50.4%	790	32.9%	68.9%	596	24.7%	51.7%	2182	24.6%	57.4%
Aug-22	808	20.5%	56.1%	748	33.7%	67.1%	568	23.6%	53.5%	2124	26.0%	59.3%



## How are we doing?

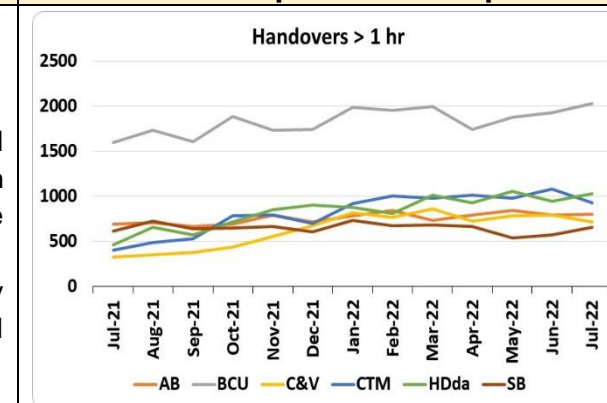
In comparison to the previous month, both the 15 minute and 1 hour handover compliance saw a small increase in compliance during August, 26.0% (24.6% July) and 59.3% (57.4% July) respectively with a small reduction of 2.7% (58) in the number of Ambulance conveyances compared to the previous month, bringing the total to 2,124.

The volume remains around 16% below the volume seen in the comparable period of 2021.

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

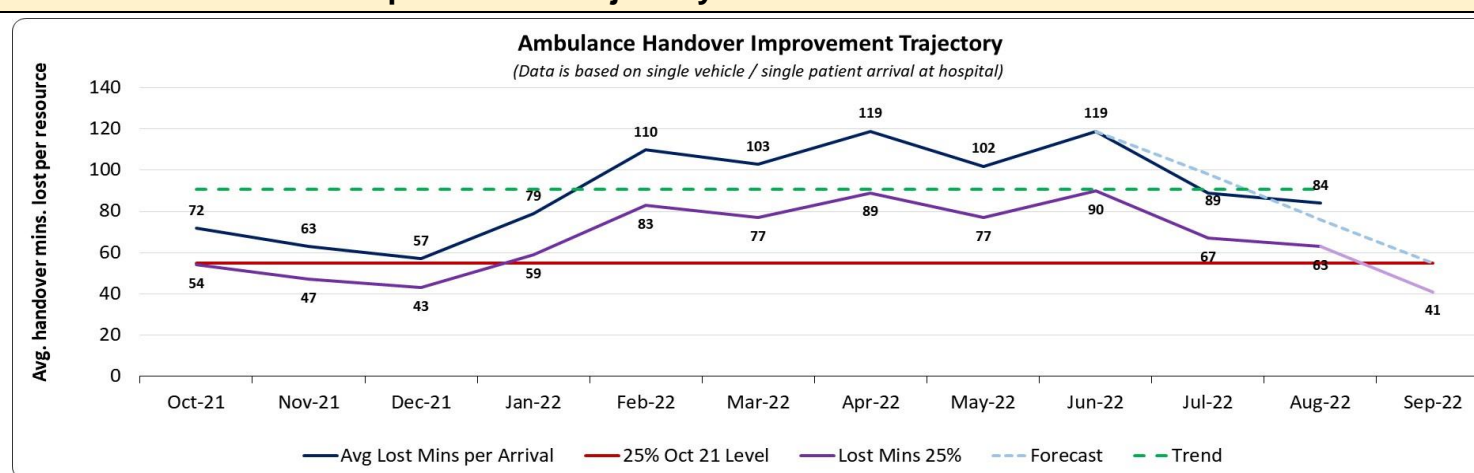
- Complete resetting of USC governance structure - ongoing
- Implementation of D2RA (as page 27)
- Improving the trauma service
- CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – Bed Management and Flow Task & Finish Group to complete by beginning of October 2022
- Red Calls – progressing standardised Immediate Release Plan via Emergency Department Task & Finish Group to support the timely release of time critical resource

## How do we compare with our peers?



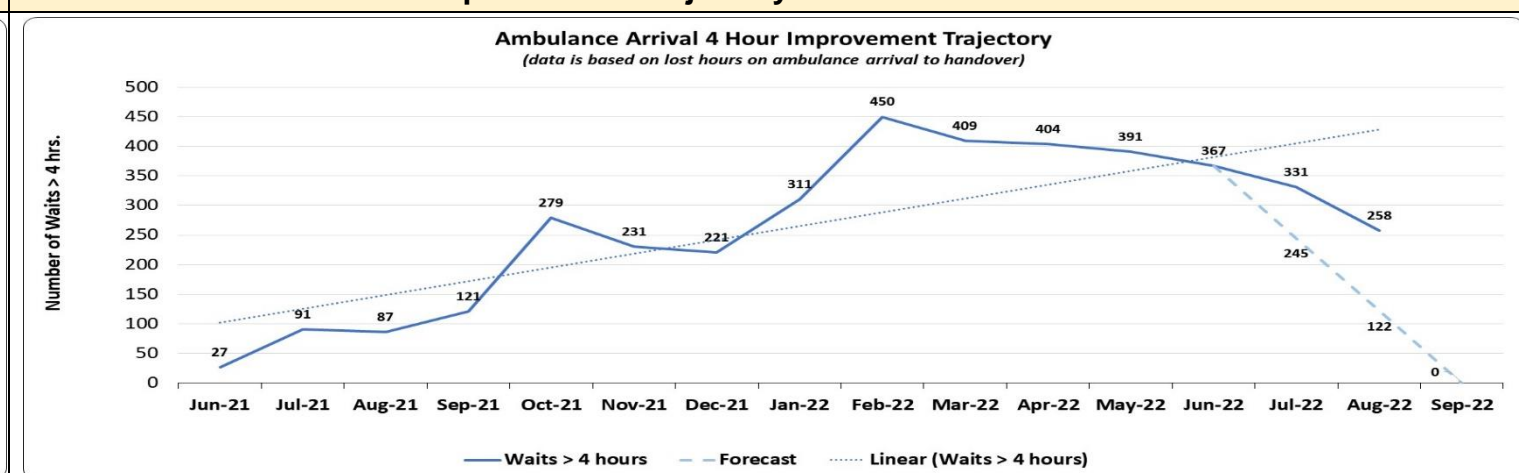
July 22: CTM was ranked 3rd out of the 6 acute HB's in Wales with 929 patient breaches. Better performing was C&V with 723 patient breaches and poorest was BCU with 2,031 patients breaching one hour.

## Ambulance Handover Improvement Trajectory



The graph above shows in red a 25% reduction based on a baseline of 72 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 August 2022. The light blue line for June 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 August to September 2022 to bring it to or below the original October 2021 baseline.

## Ambulance Arrival 4 Hour Improvement Trajectory



The graph above shows the current level of ambulance waiting outside Emergency Departments 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)

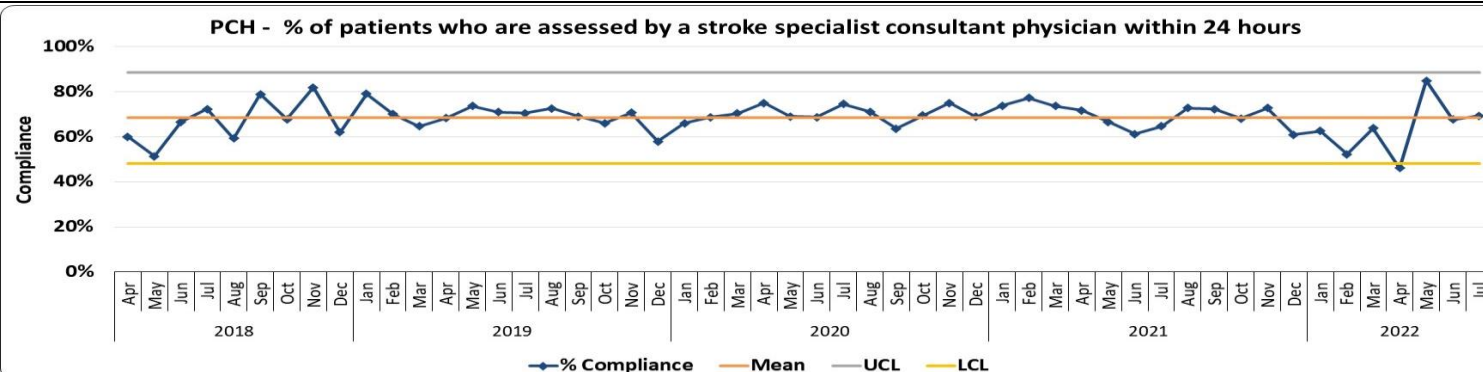
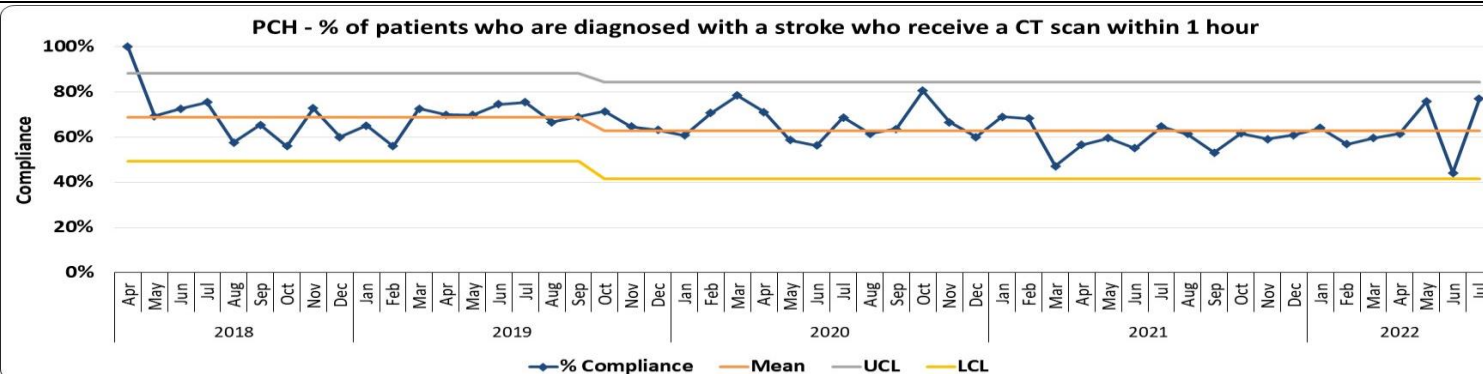
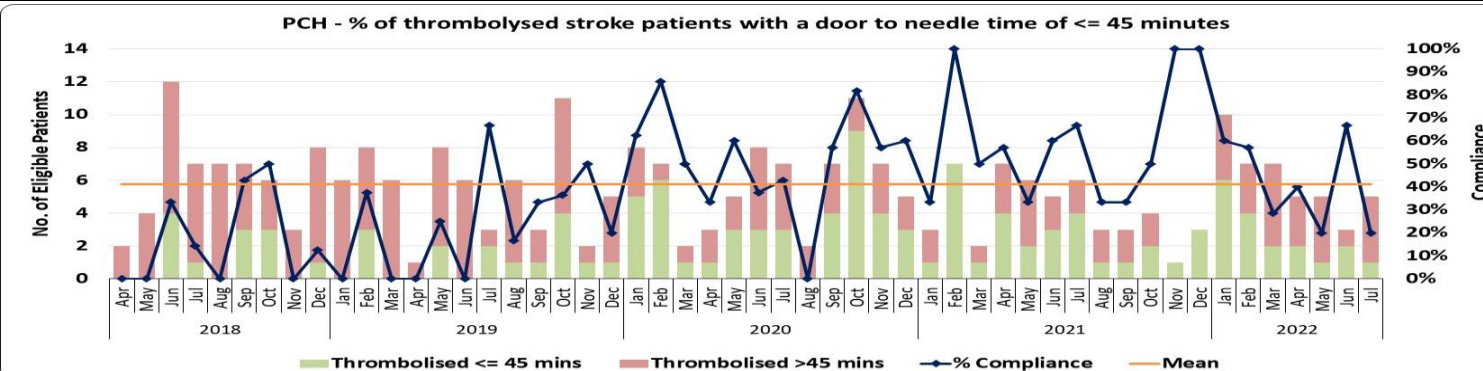
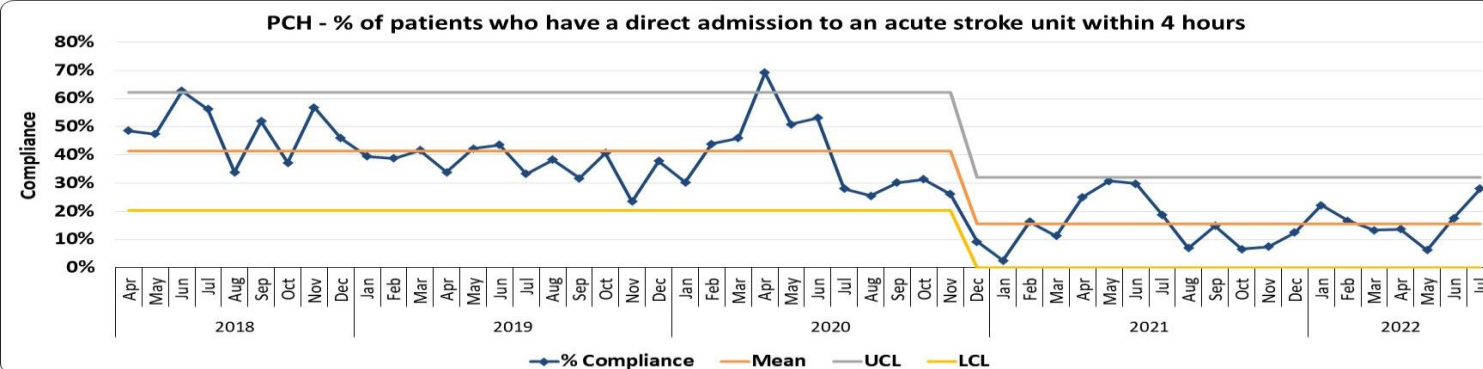




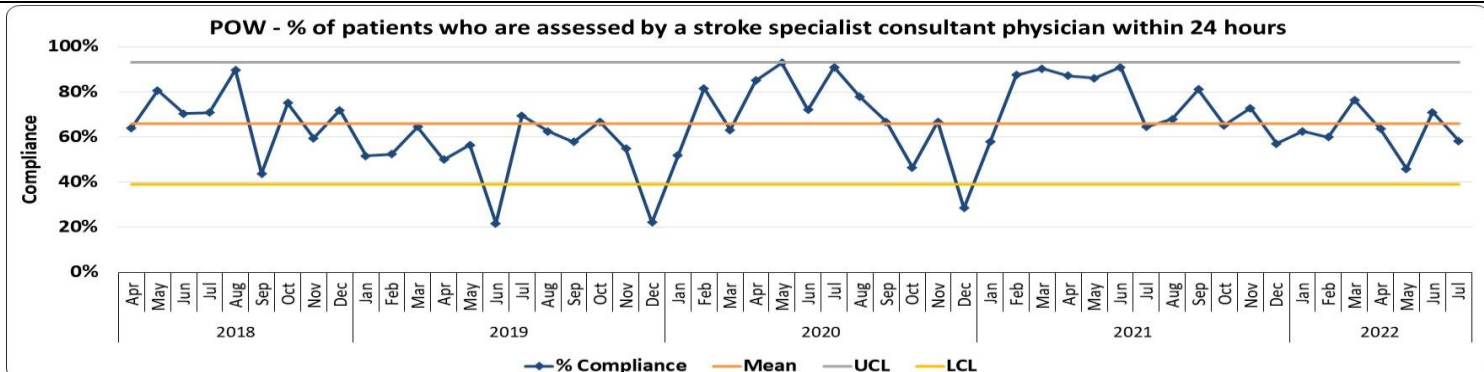
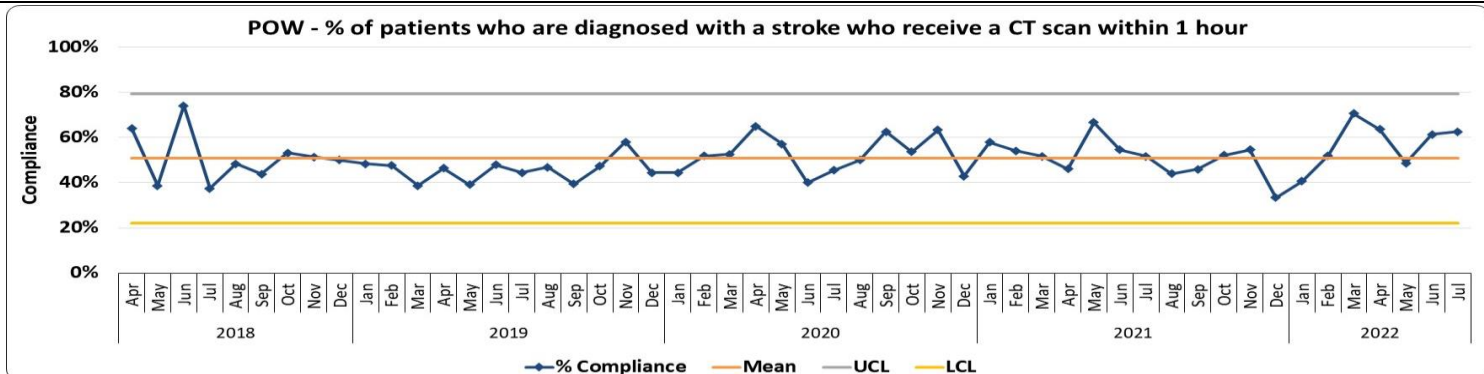
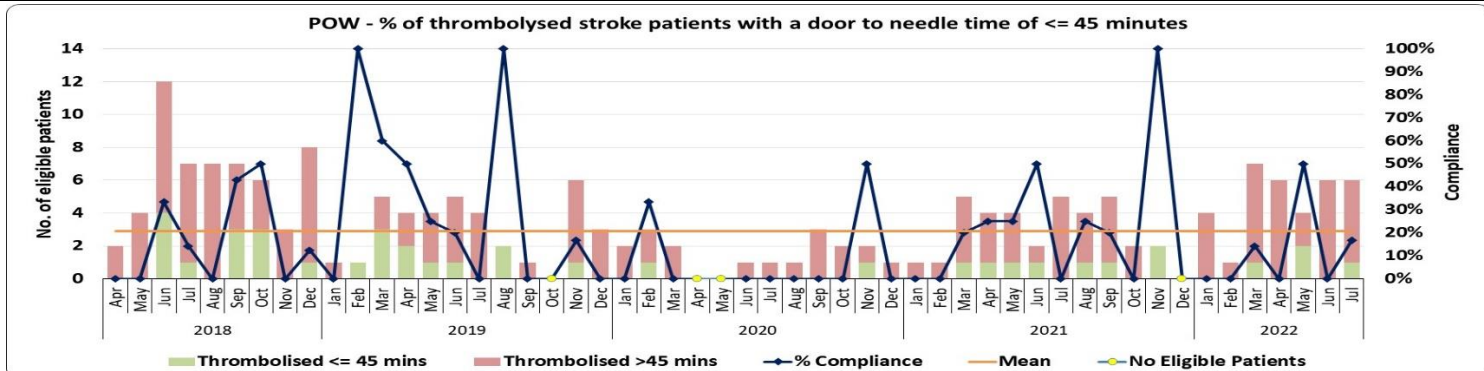
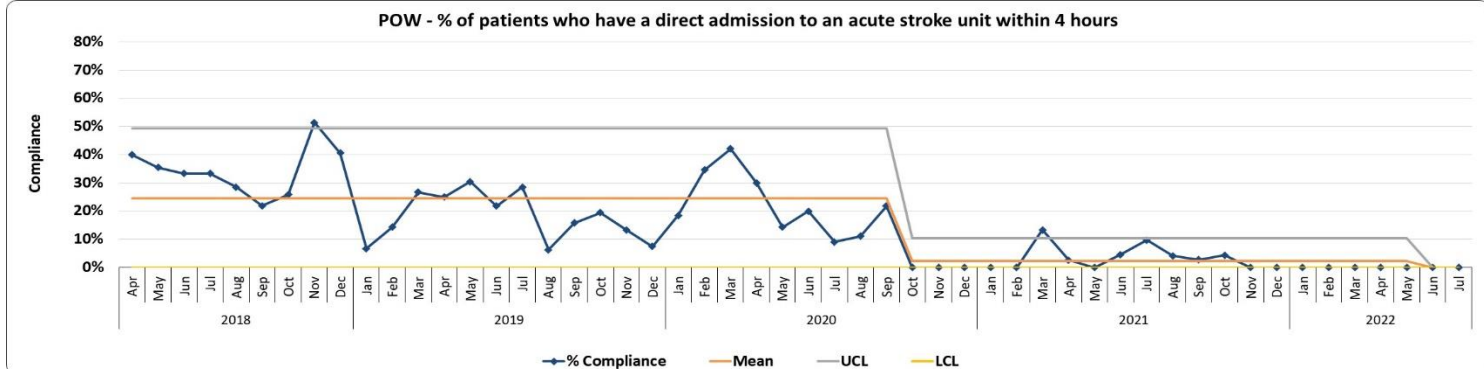
## Stroke Quality Improvement Measures (QIMs) – July 2022

% 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
28.0%	0%	14.3%	20.0%	16.7%	18.2%	76.9%	62.5%	70.0%	69.2%	58.3%	64.0%

### Prince Charles Hospital



### Princess of Wales Hospital



Stroke QIMs continued on the next page...

## How are we doing?

Across all four metrics, stroke performance remains at low levels of compliance and during July just 14.3% (7 out of 49 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Just 2 of the 11 eligible patients were thrombolysed within 45 minutes (18.2%) and 70% of patients (35 out of 50 diagnosed patients) had a CT scan within an hour. There were 32 out of the 50 stroke patients (64.0%) 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. Variation is 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 absence of ESD and community rehabilitation beds to support flow through the stroke ward.
- There continues to be significant challenge admitting to the stroke ward in POW, with patients being admitted to the acute medical unit as an alternative. This results in the stroke MDT being stretched to see stroke patients across multiple areas in the hospital.

## July 2022 stats:

Stroke QIMs - July 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	25	24	49
	No. of patients within 4 hours	7	0	7
	% Compliance	28.0%	0.0%	14.3%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	5	6	11
	No of patients within 45 mins	1	1	2
	% Compliance	20.0%	16.7%	18.2%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	26	24	50
	No. of patients within 1 hour	20	15	35
	% Compliance	76.9%	62.5%	70.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	26	24	50
	No. of patients within 24	18	14	32
	% Compliance	69.2%	58.3%	64.0%

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

The CTM Stroke Strategy Group has agreed an integrated action plan with a number of short, medium and long term actions, some of which have resource implications. The group reviewed the action plan in its meeting in September and work is progressing in a number of areas:

- Work has continued to progress actions within the stroke action plan.
- Funding achieved for VBHC project to support optimal management of AF and Hypertension in primary care and targeted case finding. This progresses our stroke prevention ambitions.
- Liaison underway with Stroke Association regarding the FAST campaign. Group established to review WAST stroke pathway. These actions will impact timeliness of symptom recognition and seeking help.
- Rapid work is underway to develop a Stroke Access Bed at both PCH and POW.
- Immediate changes planned to the rehabilitation pathway. The development of a single specialist bedded stroke rehabilitation unit for CTM will support flow from the acute sites and so increase acute stroke bed availability.
- A case is being worked up to develop an Early Supported Discharge Team for the population of Bridgend. This will enable patients to safely undertake their rehabilitation journey at home, and will support reduced length of stay/ increased flow for the POW site.
- Work underway to review transfer process from RGH to PCH.
- Unified stroke management pathway under development to ensure consistency across acute sites.
- Revised strategic governance structure for stroke drafted with targeted task and finish groups under development (prevention and early intervention, acute care pathway, rehabilitation pathway).
- Regional developments with Cardiff and Vale UHB progressing to plan, with a CTM Stakeholder event held on 25<sup>th</sup> August, first Programme Board meeting scheduled for 27<sup>th</sup> September and a shared CTM and C&V UHBs stakeholder event planned for 26<sup>th</sup> October.

## What are the main areas of risk?

The intended impact of the short term actions, along with the longer term aims, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy for progressing towards a SSNAP rating of 'A'.

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 the system.

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

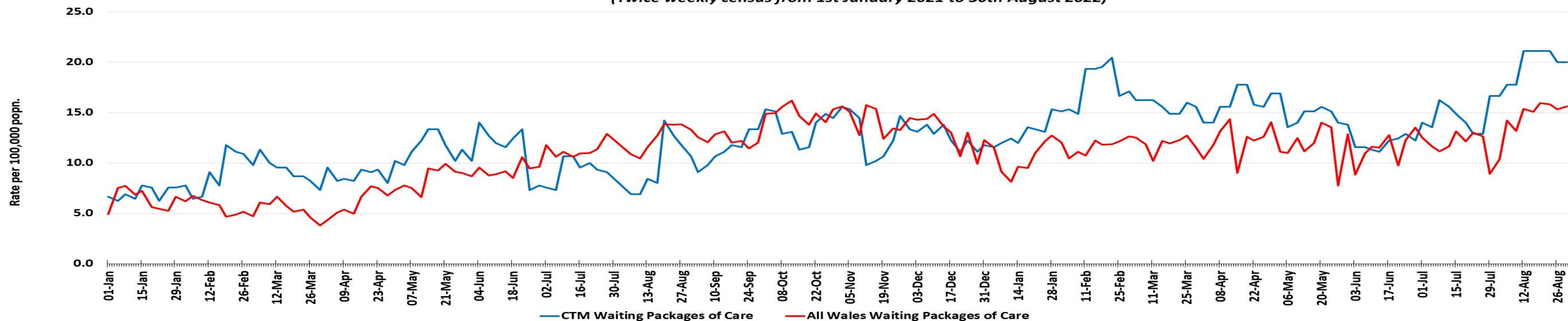
The inability to access ESD and a specialist bedded rehab unit for POW patients impact on outcomes, length of stay, and flow. Expanding these services to support all localities across CTM requires additional or re-allocation of resource.

Due to the unplanned absence and proceeding resignation of Consultant Stroke Physician at the Prince Charles Hospital, discussions with Medical Director and Chief Operating Officer and Cardiff & Vale UHB regarding the establishment of a C&V/CTM Stroke Rota. Replacement post currently been advertised as part of CTM Consultant Recruitment Drive and CSG working with agencies regarding recruiting Locum Consultant.

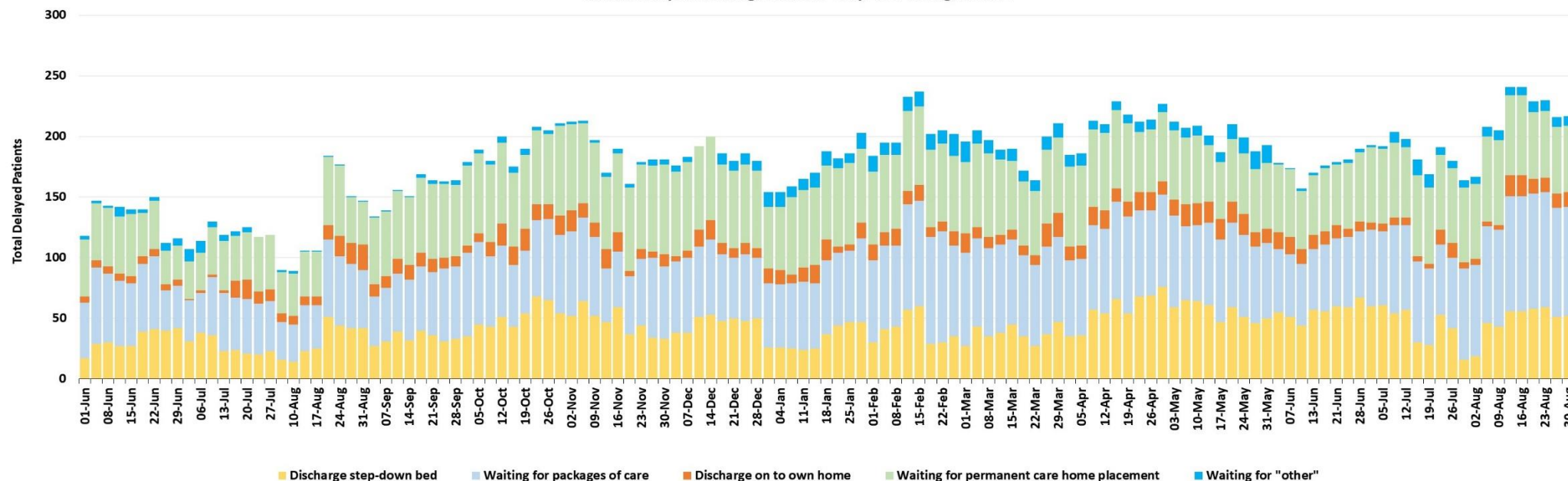


# Monitoring Patient Discharge & Flow to 30<sup>th</sup> August 2022

**Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)**  
(Twice weekly census from 1st January 2021 to 30th August 2022)

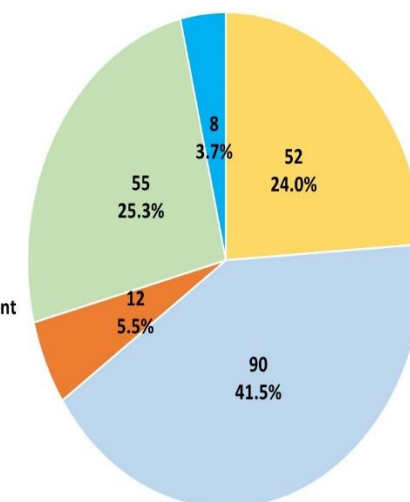


**Patient Delayed Discharge Reasons - July 2021 to August 2022**



**Reasons for Patient Delays at census point 30th August 2022**

- Discharge step-down bed
- Waiting for packages of care
- Discharge on to own home
- Waiting for permanent care home placement
- Waiting for "other"



## How are we doing?

The top chart indicates that the current rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) is at a similar high level to that seen at the end of February this year c.90 individuals. This equates to 20.0 delays per 100,000 population, and as it currently stands is just over 20% higher than the national rate which is 15.6 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 217 individuals in this predicament. The 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 workstream 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.

- D2RA Implementation as described on page 27 (Emergency Dept. waits)
- Review of 3<sup>rd</sup> Sector provision across CTM patch and formulation of appropriate commissioning plans
- 1000 Beds and Partnership plans to provide additional capacity in community (Brocastle beds to go live on 19<sup>th</sup> September 22)

## 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.

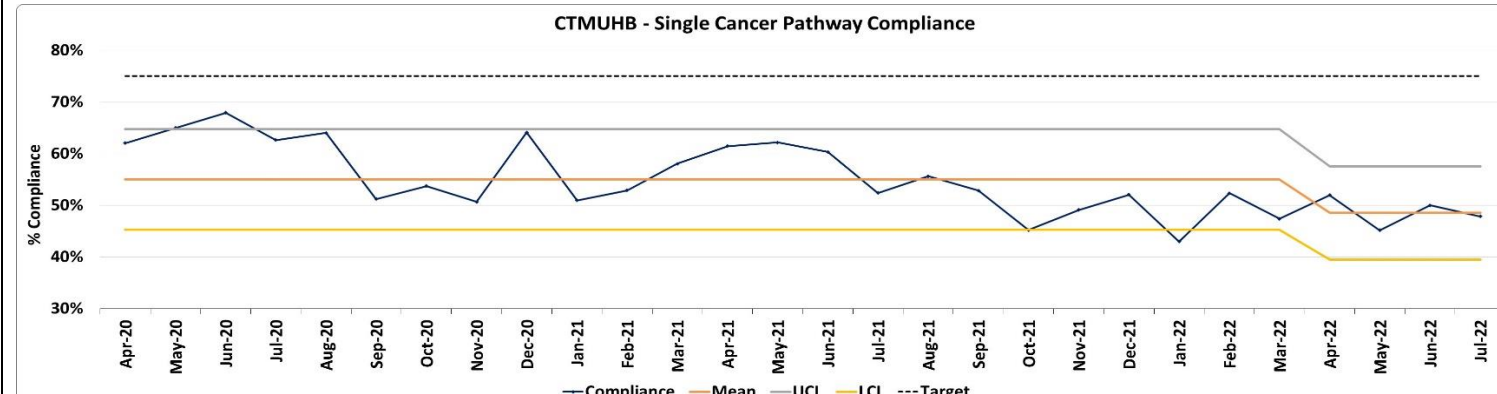
Main risks are associated with resource capacity and recruitment. To mitigate, teams are reviewing alternative ways of workforce modelling which will subsequently inform the integrated workforce plan (Integrated Workforce Sub-group under 6 Goals UEC Programme), where risks and issues will be addressed accordingly and appropriate escalations made through 6 Goals Programme Board to Exec Board and RPB.

# Single Cancer Pathway (SCP) – July 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75%  
**Compliance 47.9%**

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - July 2022				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	8	10	20.0%
Upper GI	15	15	30	50.0%
Lower GI	9	16	25	36.0%
Lung	20	21	41	48.8%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	45	12	57	78.9%
Brain/CNS	2	0	2	100.0%
Breast	26	21	47	55.3%
Gynaecological	6	14	20	30.0%
Urological	11	39	50	22.0%
Haematological	8	9	17	47.1%
Other	1	2	3	33.3%
<b>Total</b>	<b>145</b>	<b>158</b>	<b>303</b>	<b>47.9%</b>

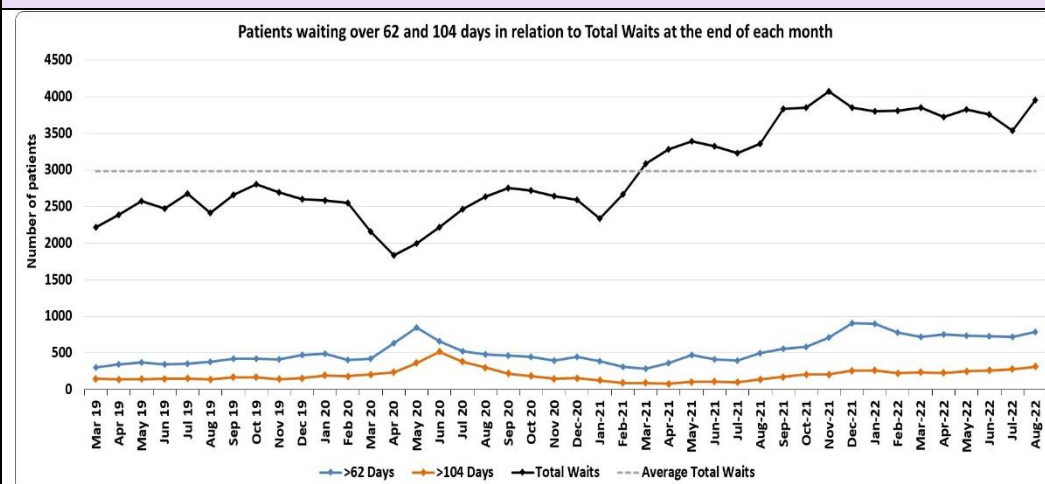


Performance for July fell slightly to 47.9% from the previous reported position of 50.0% with predicted performance for August currently at 50.2%. With the exception of skin and Brain, no other tumour sites have achieved the current SCP target, however both Breast and Gynaecology are ahead of target trajectory.

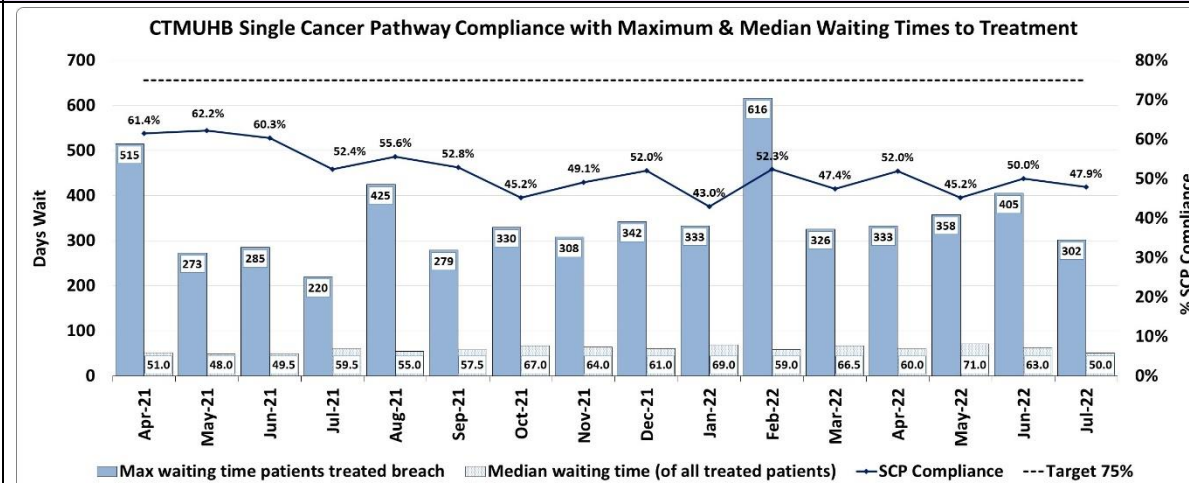
Delays at first outpatient and diagnostic stages continue to be the most significant factor for patient breaches.

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

SCP Compliance detailing Maximum & Median Waiting Times to Treatment

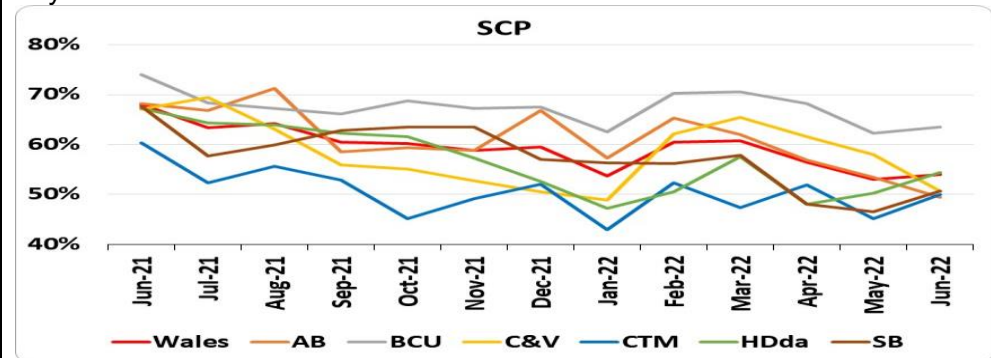


CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	19	3	12
Upper GI	45	20	43
Lower GI	140	21	56
Lung	8	1	9
Sarcoma	1	0	2
Skin (exc BCC)	22	6	14
Brain/CNS	0	0	0
Breast	31	9	13
Gynaecological	43	17	41
Urological	80	32	122
Haematological	7	3	3
Other	4	1	1
<b>Grand Total</b>	<b>400</b>	<b>113</b>	<b>316</b>



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

Latest all Wales figures for June 2022, indicate that CTM ranked 5<sup>th</sup> out of the six acute health boards in Wales with 50.0% compliance. Best performing was BCU with 63.5% compliance and ABUHB poorest with 49.4%. As at the 1<sup>st</sup> September 2022, the number of patients waiting over 62 days stands at 829 and around 38% of those patients (316) are waiting over 104 days.



What actions are we taking & when is improvement anticipated?

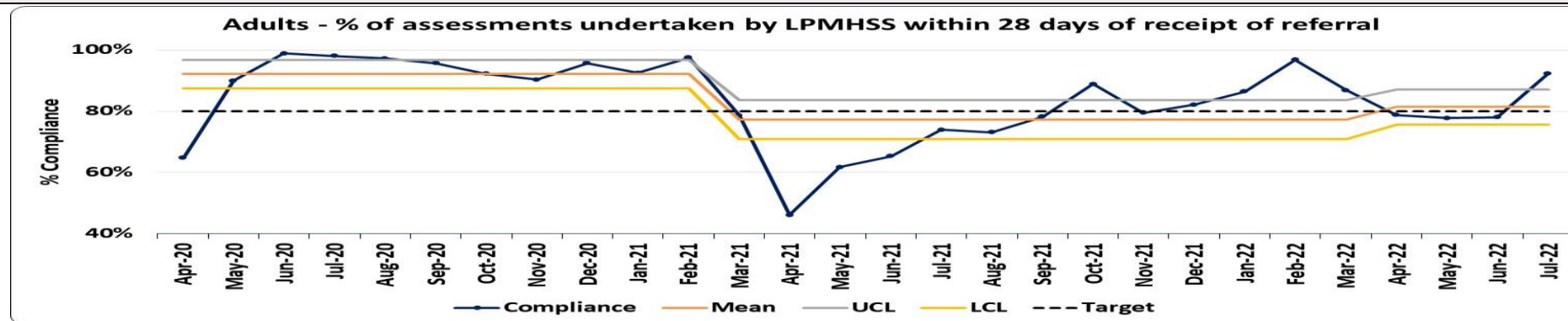
- Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes.
- Breast unit launch planned for October 2022.
- Super Saturday clinics to assist clearing head & neck outpatient backlog
- Focus specifically on reducing backlog.
- Urology Business Case approved for additional staffing which will facilitate an additional x4 LAPB (Local Anaesthetic Perineal Biopsy) lists per week
- Outsourcing of LAPB procedures to Nuffield
- Additional EBUS (Endobronchial Ultrasound Bronchoscopy)
- Additional 1<sup>st</sup> OP and surgical lists created in Sept to clear backlog in skin

What are the main areas of risk?

- Performance challenges continue for Lower GI, Gynaecology, Head & Neck and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 86% of all patients on the active SCP are at 1<sup>st</sup> outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked
- Significant delays in pathology, endoscopy and radiology continue.
- Sustained deterioration in urology diagnostic volumes and waiting times.
- Delays in tertiary treatments at Velindre Cancer Centre and C&V escalated



## % of assessments undertaken by LPMHSS within 28 days of receipt of referral (92.3%) - 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.

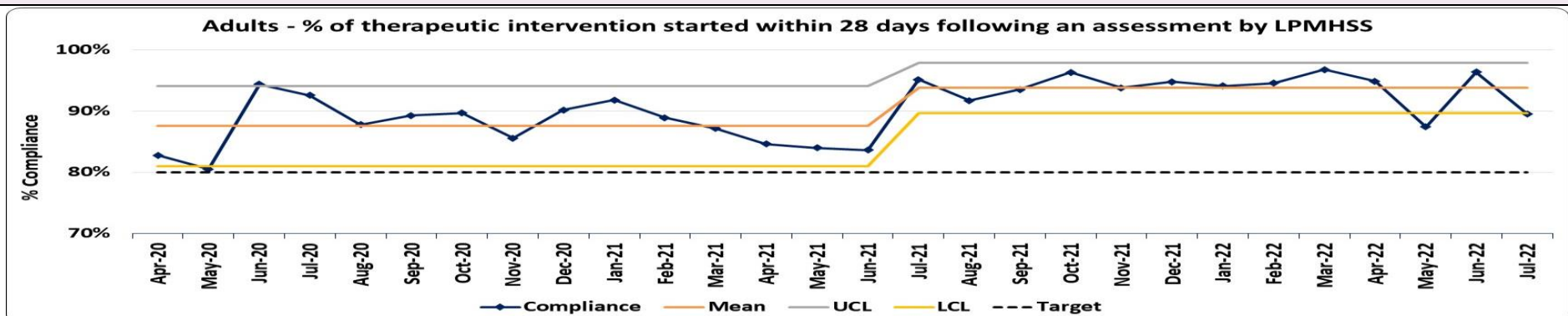
The adult mental health services compliance for July saw an improvement to 92.3%, having been relatively static at around 78% during the previous three months.

The number of referrals reduced by 13% during July compared to the previous month, bringing the total to 630. 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, average for 2021/22 being 823 and thus far for 2022/23, averaging 673 per month.

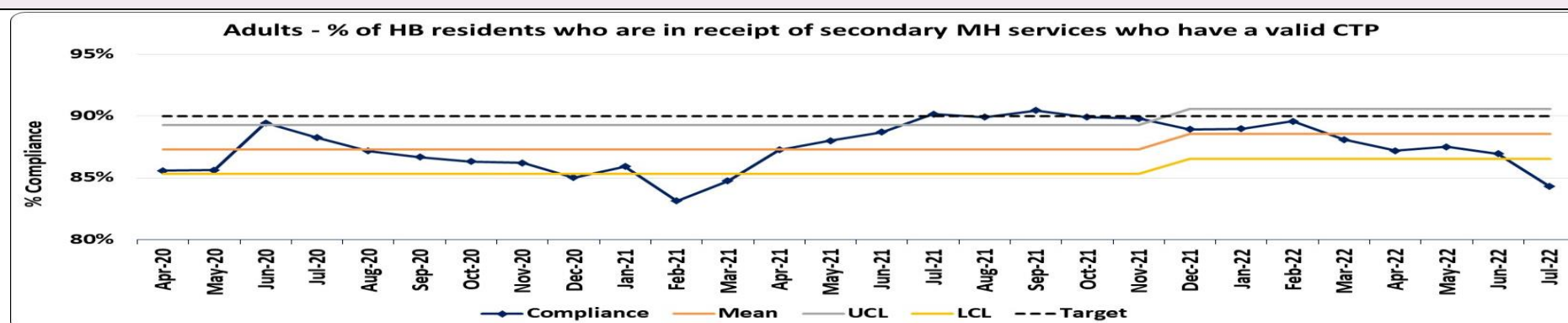
## % of therapeutic intervention started within 28 days following an assessment by LPMHSS (89.6%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell to just under 90% this month (96.4% in June) with compliance continuing to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 278, with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during July amounted to 249 patients.



## % of HB residents who are in receipt of secondary MH services who have a valid CTP (84.3%) - Target 90%



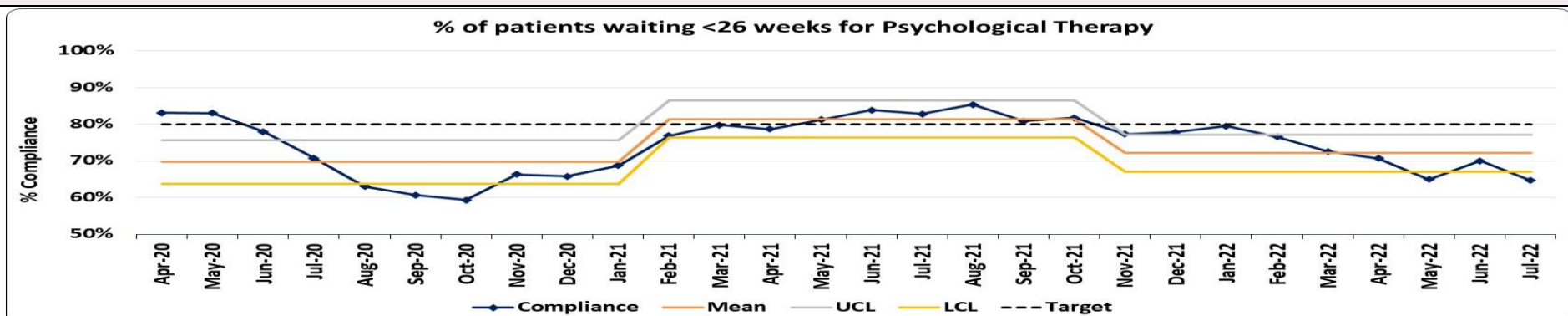
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell slightly to 84.3%. Compliance has continued to remain just under the 90% target for the past ten months.

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

## % of patients waiting less than 26 weeks to start a Psychological Therapy (64.7%) - Target 80%

Psychological Therapies compliance during July saw a 5% reduction compared to the previous month with just under 65% of patients waiting less than 26 week and remains below the 80% compliance threshold. The total number of patients waiting to start a psychological therapy, as at the end of July, equates to 838, which represents an increase of around 55% on the number of patients that were waiting at the end of July 2021 (541).

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 has improved on the previous month from 78.1% to 92.3%. All areas of the Health Board are above target with significant improvements seen in performance compared to the previous month.

**Part 1b.** compliance continues to stay above target at 89.6%. All areas are above target.

**Part 2** compliance for both Adult and Older Adult Services combined have decreased compared to the previous month from 86.9% to 84.3%, which is below the target threshold of 90%. Adult Services saw a small reduction from 84.5% to 83.6% as did the and Older Adult Services from 85.8% to 85.2%.

**Psychological Therapies** - those patients who are waiting less than 26 weeks for a psychological therapy has decreased from 563 in June to 542 in July although those who are waiting longer than 26 weeks has increased from 241 to 296 for the same period. This currently stands at 35% of the waiting list which is above the 20% tolerance.

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

**Part 1a.** compliance continues to be a significant challenge for all areas with a reduction in staffing levels due to absences contributing to fluctuations in performance. Recovery plans have been implemented and performance levels have improved as a result.

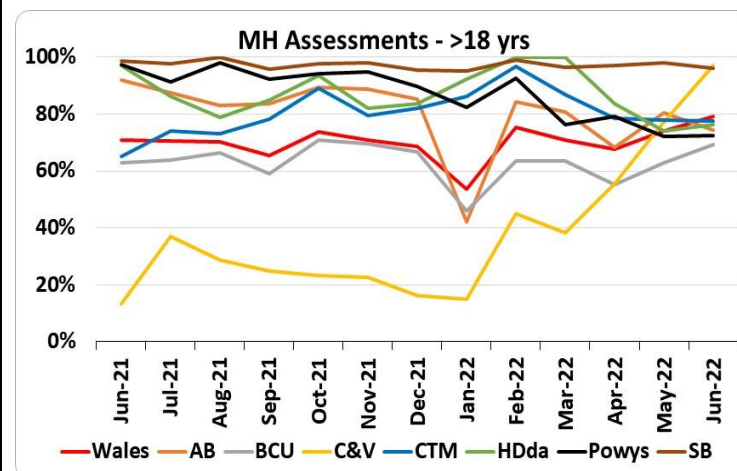
**Part 1b.** compliance continues to remain above target.

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

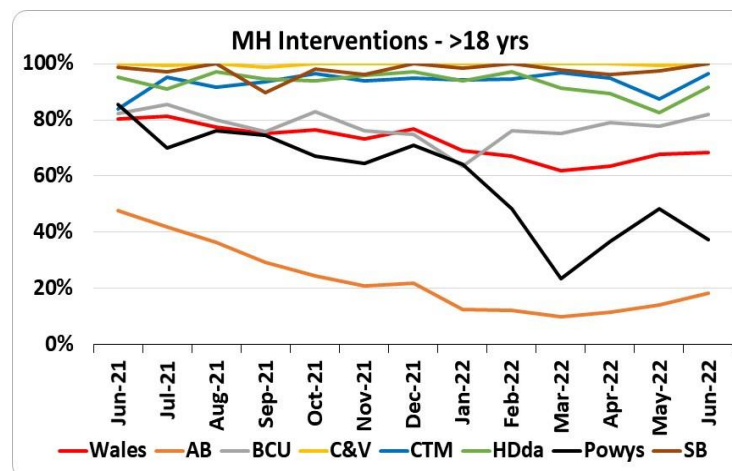
**Psychological Therapies** - improvements are dependent on support for the Recovery Plan to address the discrepancy between the demand of this service and the capacity available, whilst undertaking process redesign to ensure a right-sized system of care. A Programme Manager has been appointed to lead on this piece of work and is now in post. 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.

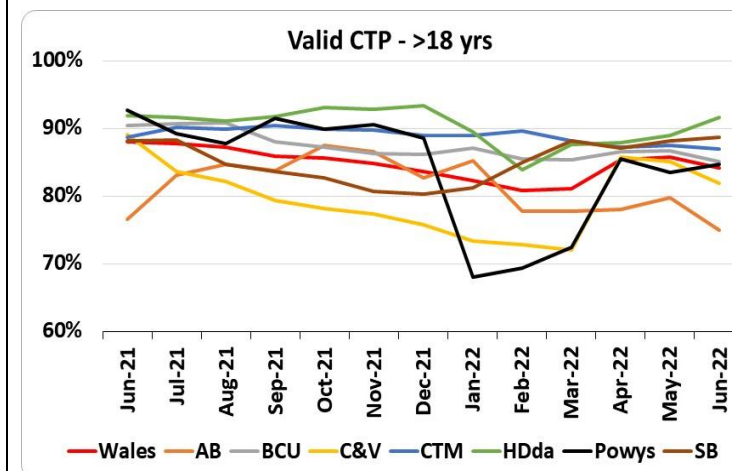
## How do we compare with our peers?



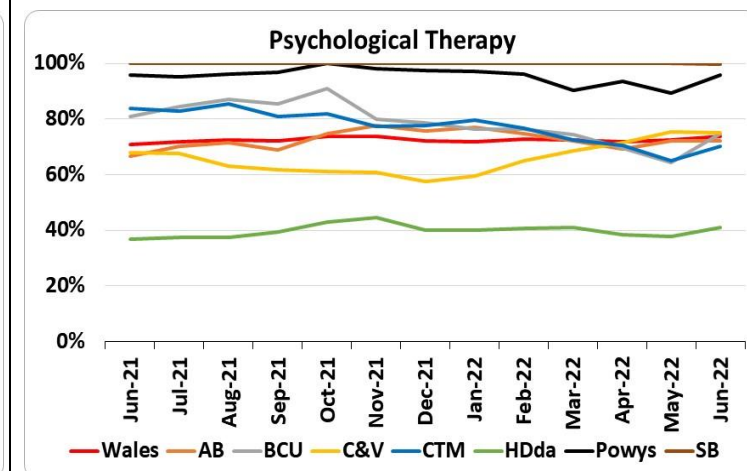
**Assessments:** as at June 2022, CTM achieved a compliance of 77.8% to rank 3<sup>rd</sup> out of all the health boards in Wales. Best performing was C&V with 97.3% compliance and BCUHB seeing the lowest compliance at 69.5%.



**Interventions:** as at the same period, both C&V and SBUHB attained the highest compliance with 100%. CTM ranked 3<sup>rd</sup> out of all the health boards in Wales achieving 96.3%, whilst ABUHB had the lowest compliance at 18.4%.



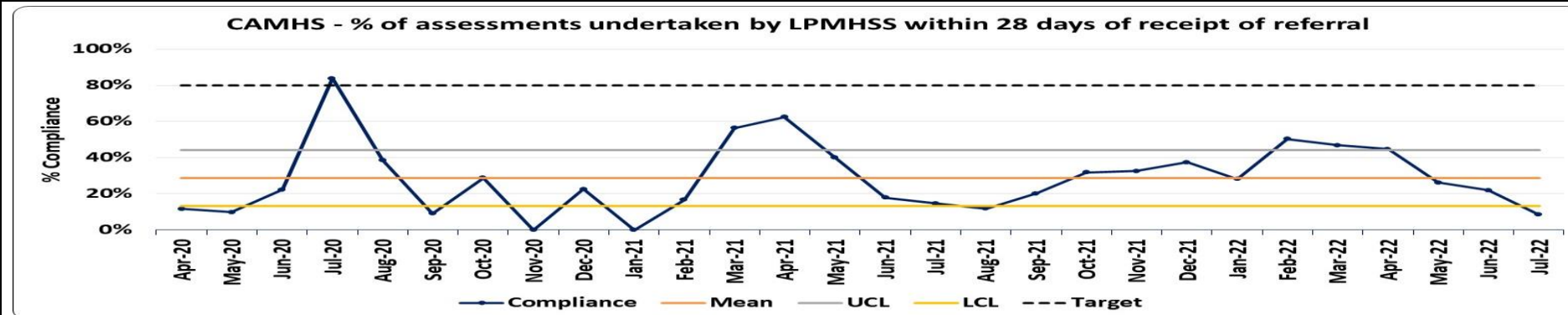
**CTP:** during June 2022, CTM's compliance was 86.9% to rank 3<sup>rd</sup> out of all the health boards in Wales. Best performing was Hywel Dda with 91.6% compliance with ABUHB having the lowest compliance with 75.0%.



**Psychological Therapies:** also during June 2022, SBUHB achieved the highest compliance with 99.6%. CTM was 6<sup>th</sup> out of all the health boards in Wales (70.0%), whilst Hywel Dda saw the lowest compliance at 40.9%.

## CTM Child & Adolescent Mental Health Services (CAMHS) - July 2022

### % of assessments undertaken by LPMHSS within 28 days of receipt of referral (8.5%) - Target 80%



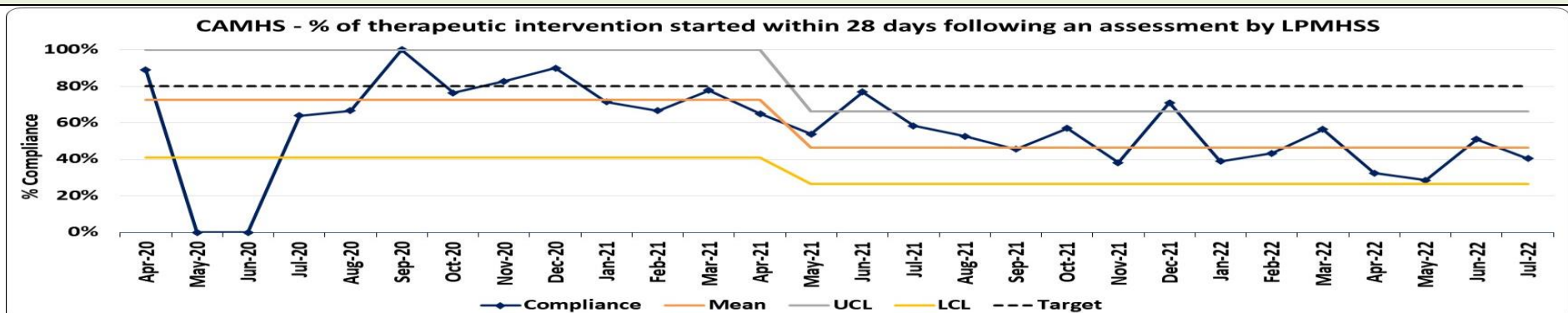
During July, just 8.5% of assessments were undertaken within 28 days of referral, the lowest level seen since April 2020 and remaining well below WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

A reduction in waiting list volumes was also observed during July, totaling 94 referrals and is similar to the pre-Covid levels of around 84 referrals per month. Average referrals for 2020/21 were 42 per month, with average referrals for 2021/22 standing at 162 per month. Thus far for this financial year, average referrals have been in the region of 125 per month.

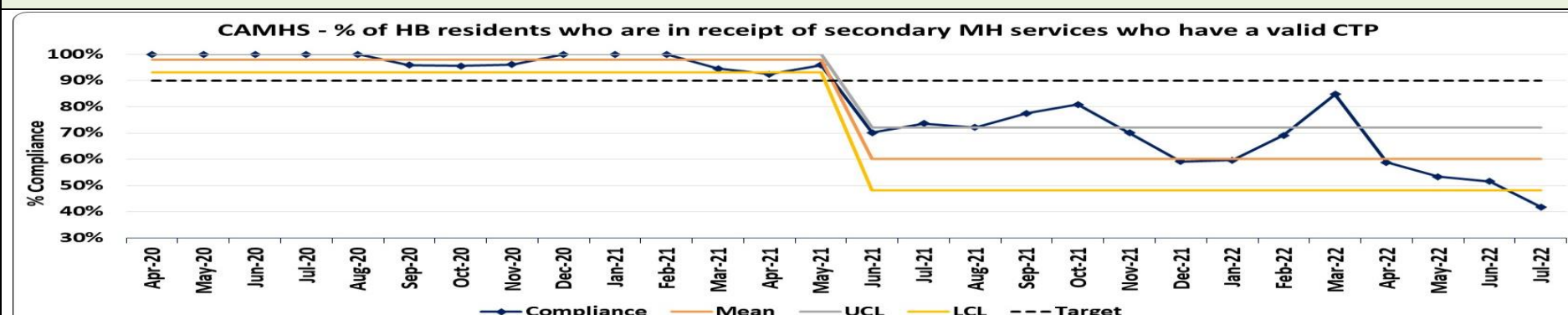
### % of therapeutic intervention started within 28 days following an assessment by LPMHSS (40.4%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell this month compared to June with just over 40% of the 52 interventions for July 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 (41.9%) - Target 90%



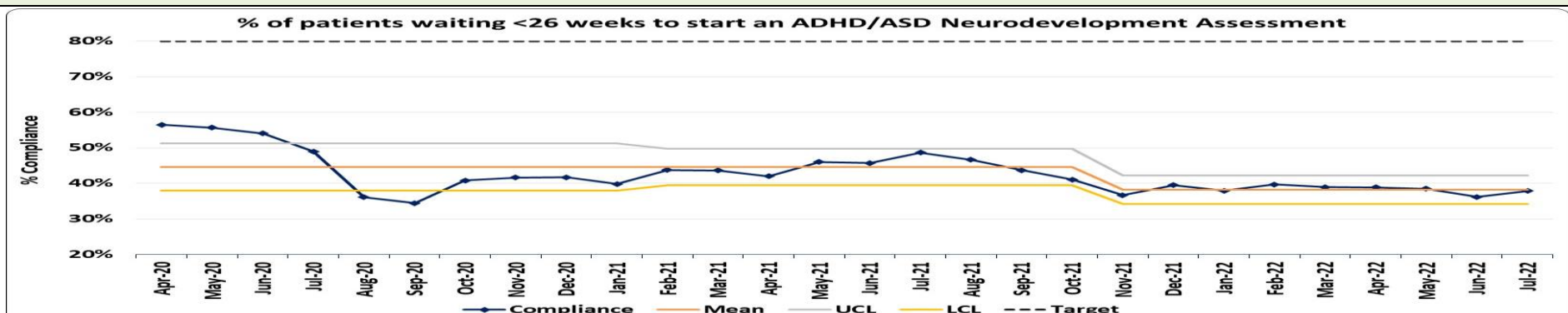
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell further to 41.9% from 51.6% in the previous month and continues to remain below the set target (90%). Compliance has not been achieved since May 2021.

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

### % of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (37.9%) - 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 remaining low at 37.9% for July and continues to be well below the target threshold of 80%.

Additionally, the total waiting list volume continues to grow and now stands at 1,591 patients, just over 68% higher than the equivalent period last year.



CAMHS continued on the next page...



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

Demand has reduced slightly during July 22 in line with seasonal demand. The acuity of the presentations of the CYP still remains high. There has been an expected decrease in the demand for crisis over the summer school holidays. The crisis service has extended to providing 24 hours cover on a Friday; Saturday; Sunday and now a Monday with positive feedback from EDs on the impact on increasing discharges overnight and young people requiring less admissions.

The Rapid Intervention Service for Eating Disorders continues to experience similar level of referrals, although we are seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours. The service aims to meet the NICE guidance whereby young people should be seen within 2 weeks of referral for assessment.

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 over 28 days across all areas which corresponds with a lower performance in July as the service also saw a decrease in the number of patients who were deemed urgent and focused on seeing the longest waiters first. We are progressing plans to consider alternative ways to run the groups in each locality with input from third sector organisations.

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

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

The 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.

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

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

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

Whilst there has been a decline in the performance against the mental health measure, this is due to a reduced rate of urgency over the summer period (and aligns with lower demand) although the service has made a significant improvement in the number of patients on the waiting list for CAMHS, reducing from over 300 patients to just over 200 patients. As a result we expect to see improvement in the number of patients being seen in 28 days into the Autumn period as there are now less patients waiting longer than 28 days for assessment. Average waiting time is now around 4 weeks

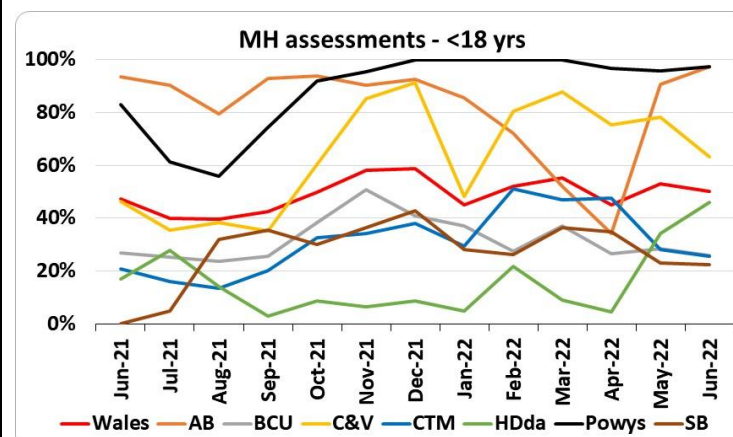
Plans have been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been an increase in number of identified CYP on Part 2 of the measure but recognition that there needs to be an increase in the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

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

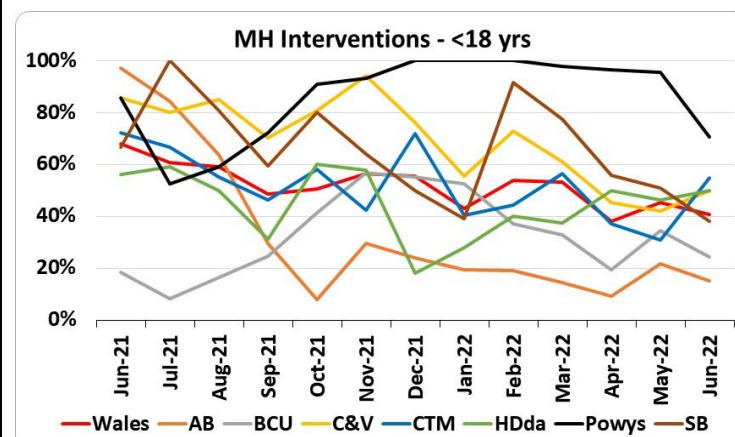
### Main areas of risk

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

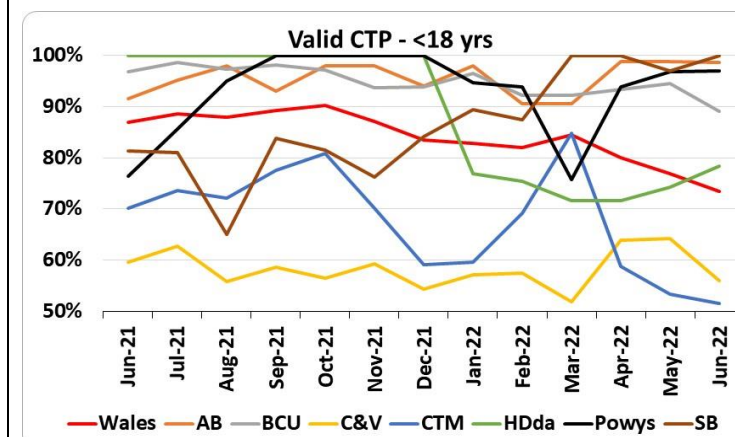
## How do we compare with our peers?



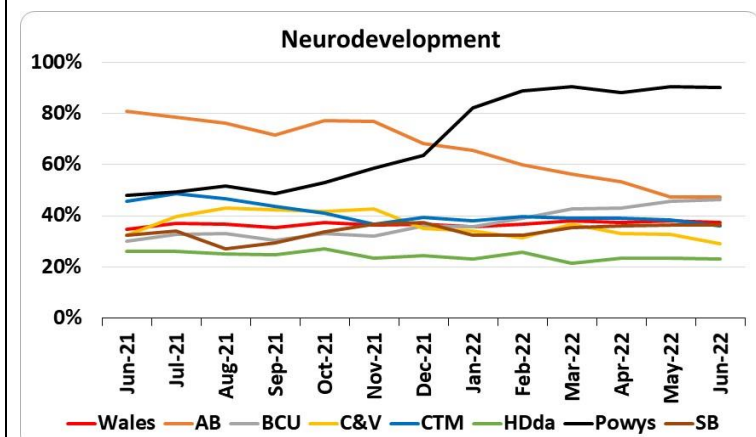
**Assessments:** as at June 2022, Powys achieved 97.4% compliance (ranked 1<sup>st</sup>). CTM ranked 6<sup>th</sup> out of all the health boards in Wales with 25.6% and SBUHB had the lowest compliance at 22.3%.



**Interventions:** during the same period, Powys achieved the highest compliance for Part 1b at 70.6%. CTM saw a compliance of 54.7% to rank 2<sup>nd</sup> with ABUHB seeing the lowest performance out of all the health boards at 15.2%.



**CTP:** during June, CTM had the lowest compliance out of all the health boards in Wales with 51.6%. Best performing was SBUHB with 100% compliance.



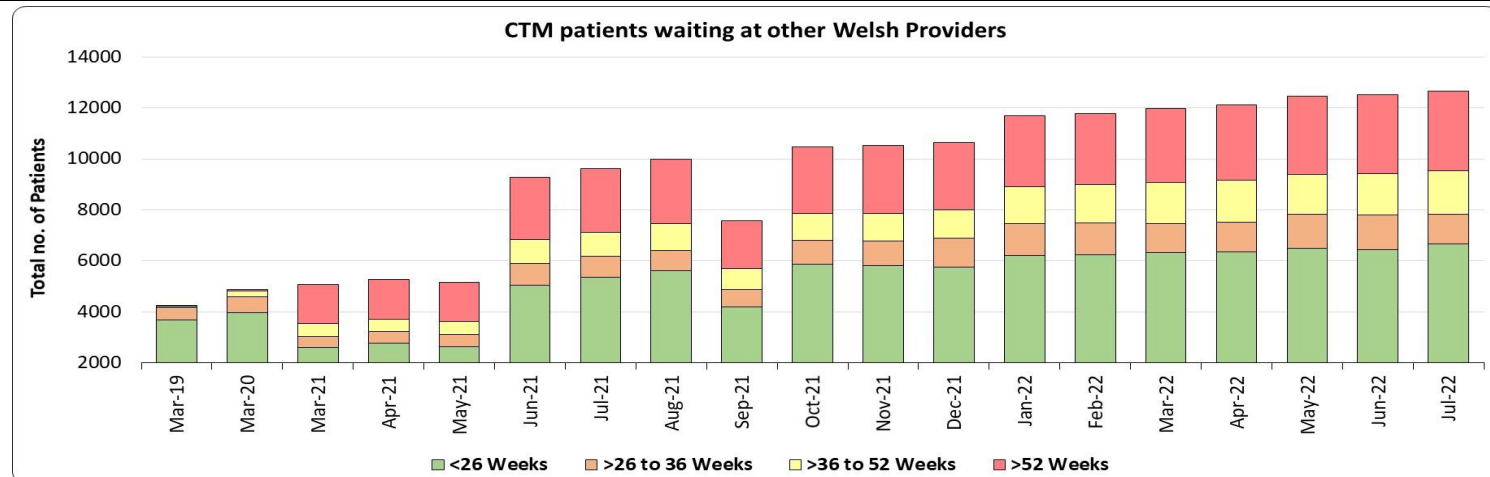
**Neurodevelopment Assessment:** as at June 2022, CTM compliance was 36.2% (ranked 5<sup>th</sup>) with Powys at 90.2% to achieve best performance out of all the health boards in Wales. Hywel Dda fared the least with 23.2% compliance.





## WHSSC – Welsh Health Specialised Services Committee

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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in July is 4,808 of which 3,093 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 234 and there are just 7 patients waiting over 14 weeks for a therapy.

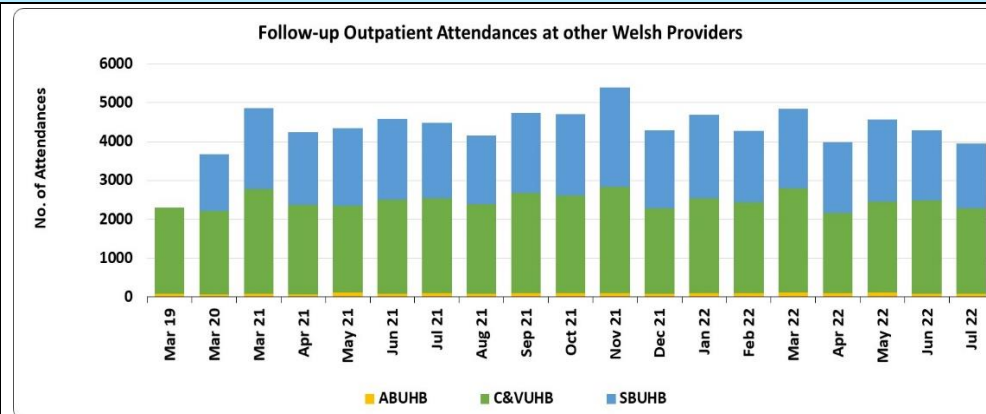
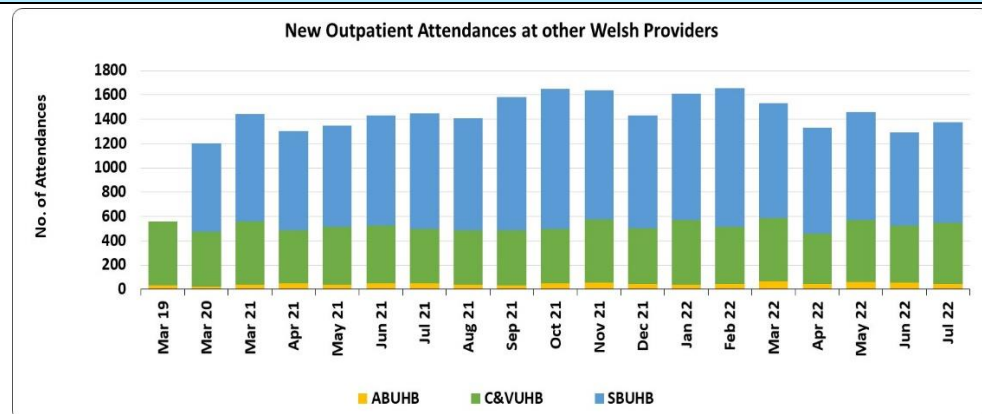
CTMUHB Patients waiting at other specific Welsh Providers RTT (July 2022)									
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB			
Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	
Trauma & Orthopaedics	173	717	Urology	13	55	Oral Surgery	183	542	
Ophthalmology	84	233	Trauma & Orthopaedics	11	54	Trauma & Orthopaedics	42	228	
Clinical Immunology And Allergy	53	152	ENT	10	21	Plastic Surgery	84	212	
General Surgery	32	70	Ophthalmology	19	9	General Surgery	54	164	
ENT	19	57	Oral Surgery	9	8	Gynaecology	52	124	
Gynaecology	18	47	General Surgery	6	5	Orthodontics	31	97	
Oral Surgery	10	41	Chemical Pathology	2	2	ENT	5	25	
Urology	17	40	Orthodontics	2	2	Ophthalmology	7	18	
Paediatric Surgery	19	29	Gynaecology	1	1	Gastroenterology	11	15	
Dental Medicine Specialties	14	21	Cardiology	3		Urology	4	13	
Dermatology	16	21	Dermatology	3		Paediatrics	4	6	
General Medicine	17	17	Endocrinology	1		Dental Medicine Specialties	4	4	
Anaesthetics	1	7	Gastroenterology	1		Cardiothoracic Surgery	3	2	
Neurology	583	6	Grand Total	79	157	Allied Health	14		
Paediatric Dentistry	2	5				Diagnostic	2		
Cardiology	23	4				Neurology	12		
Neurosurgery	7	4				Paediatric Neurology	1		
Pain Management	2	3				Grand Total	513	1450	
Clinical Oncology (previously Radiotherapy)	0	2							
Gastroenterology	12	2							
Paediatrics	8	2							
Restorative Dentistry	2	2							
Rheumatology	1	2							
Cardiothoracic Surgery	5	1							
Orthodontics	2	1							
Clinical Pharmacology	2	0							
Nephrology	1	0							
Grand Total	1123	1486							

CTM Patients waiting for a Diagnostic at other Welsh Providers (July 2022)									
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB			
July 2022	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB			
Weeks Wait									
<26 Weeks	3406	51.0%	323	51.8%	2912	54.8%			
>26 to 36 Weeks	666	10.0%	64	10.3%	437	8.2%			
>36 to 52 Weeks	1123	16.8%	79	12.7%	513	9.7%			
>52 Weeks	1486	22.2%	157	25.2%	1450	27.3%			
Total Waiting		6681 52.8%		623 4.9%		5312 42.0%			
% of Total Waiting									

CTM Patients waiting for a Diagnostic at other Welsh Providers (July 2022)									
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB			
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks	Service	Total Waits	>8 wks	
Endoscopy	64	36	Endoscopy	31	26	Neurophysiology	153	64	
Cardiology	104	24	Radiology	23	1	Endoscopy	40	36	
Physiological Measurement	23	17	Cardiology	2		Cardiology	91	20	
Radiology	193	9	Total	56	27	Total	284	120	
Neurophysiology	2	1							
Imaging	5								
Total	391	87							

CTM Patients waiting for a Therapy at other Welsh Providers (July 2022)									
Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB			
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks	No patients waiting for a therapy			
Physiotherapy	35	5	Audiology	4	1				
Occupational Therapy	4	1	Dietetics	2					
Dietetics	10		Occupational Therapy	1					
Podiatry	3		Physiotherapy	11					
SALT	2		Podiatry	1					
Total	54	6	Total	19	1				

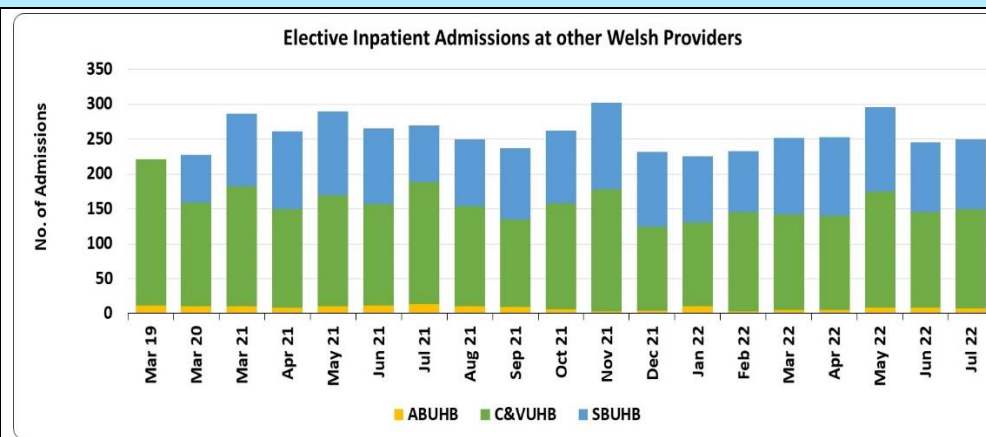
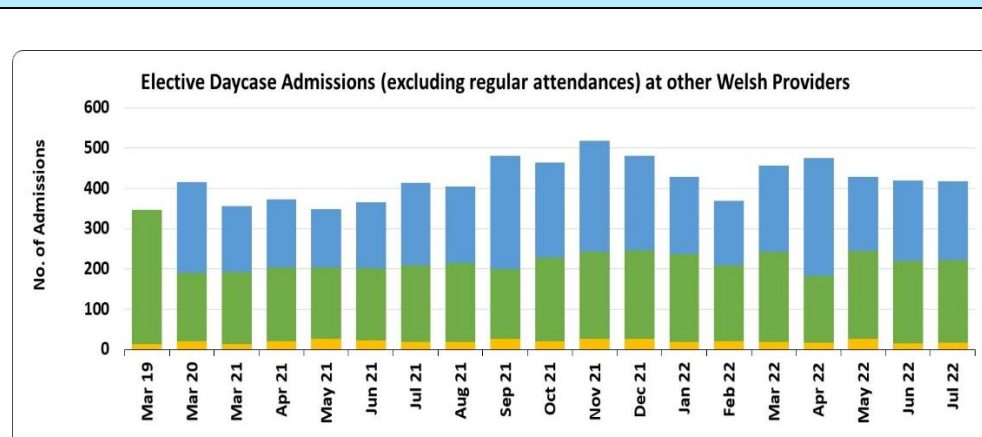
### CTM Outpatient Attendances at other Welsh Providers



The July 2022 position (reported at August WHSSC meeting) shows marginal change from the previous reported positions.

52-week waiters for Cardiac Surgery in Cardiff and Vale UHB reduced in July, however the 36-week to 52 week waiters increased. The previous UHB service report anticipated improvements during August and September when WLIs will be undertaken. Swansea Bay reports that it is on track for the new outpatient targets in Cardiac Surgery, however there remain long waits for treatment and the number of patients breaching 36 and 52 weeks remains stable.

The volume of CTMUHB residents with long waits for Neurosurgery reduced in July, in particular patients waiting over 52 weeks.



Cardiff and Vale reports an anticipated increase in Paediatric Surgery elective activity for quarter four. During July 2022 the volume of long waits increased.

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

## 2.6 Finance update – Month 04

At the time of writing this report the Month 5 Finance update is not available, however the Month 4 position is as follows:

M4 YTD position is a £10.6m deficit. This represents a £1.8m adverse variance compared to 4/12<sup>th</sup> of the £26.5m Core plan deficit. It is important to note that circa £1.1m of this adverse variance is due to the instruction in the M1 response letter for us to remove any assumed Covid funding for income losses and ICT/home working costs both of which are due to Covid.

As at M4 the key issues to highlight are as follows:

- **Core Plan Forecast** - We are maintaining a forecast Core plan deficit of £26.5m. Please note that the removal of Covid funding for income losses and ICT/home working costs represents a £3m risk to the Core plan. At this stage it is unclear if the HB can deliver an additional £3m of savings to cover the loss of Covid funding assumed in the financial plan and this has been included in our Risk table at Section 3.
- **Exceptional Items** - We are forecasting a £6.4m increase in Exceptional items over M3 which reflects the latest information from NWSSP on energy costs.
- **COVID Programme Costs** - We are forecasting a decrease in COVID programme costs of £1.0m, being £2.0m decrease in Mass Vaccination offset by an increase of £0.4m for TTP and £0.6m for PPE.
- **Other COVID Response Costs** - We are forecasting an increase in Covid response costs compared to M3 of £1.0m. The M4 forecast assumes that many costs (eg ED front door testing & additional capacity) will be phased out by the end of Q2. Any significant resurgence of COVID in Q2, Q3 or Q4 will therefore deteriorate the M4 forecast and the estimated risk if these costs cannot all be phased out at the end of Q2 is circa £1.2m. Covid and sustained urgent unscheduled care demands are currently adding pressure to the system resulting in existing additional capacity being kept open plus new capacity being opened.
- **Key risks and opportunities** - The risks to the M4 position remain significant with a total net risk of £44.3m. This includes £41.1m for Covid and Exceptional items.

- **Annual Leave Accrual** – The opening annual leave accrual was £17.2m and £0.8m was released in M3 and M4 to cover the cost of selling back annual leave.

A further £2m has been released in M4 and our year end forecast deficit of £26.5m assumes that this rate of release will continue for the rest of 22/23 (i.e. a £6m full year release). We believe that this is a prudent estimate and a further £4m has been included as a potential opportunity in our risk table at Section 3. The potential full year release of £10m is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22.

- **HSE** – A £1.5m provision was set up at the end of 21/22 to meet the estimated costs associated with a HSE investigation. The actual costs have now been confirmed at £0.6m. However, the balance of the 21/22 provision of £0.9m has been utilised to cover the potential retrospective costs arising from OOH GPs challenging their employment status and claiming an entitlement to holiday pay. We anticipate that the scale of this new provision will be finalised by M6

### **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:

- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business.
- The 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, alignment to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible, enables triangulation and is meaningful.



- Gaining health board wide assurance of the breadth of UHB services, especially during a period of significant change in its operations.

Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board 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 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.