



AGENDA ITEM
5.4

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	25/05/2023
------------------------	------------

FOI Status	Open/Public
-------------------	-------------

If closed please indicate reason	Not Applicable - Public Report
---	--------------------------------

Prepared by	Jose Roper, Senior Performance Monitoring Officer
--------------------	---

Presented by	Linda Prosser, Executive Director of Strategy and Transformation
---------------------	--

Approving Executive Sponsor	Linda Prosser, Executive Director of Strategy and Transformation
------------------------------------	--

Report purpose	FOR DISCUSSION / REVIEW
-----------------------	-------------------------

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

Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS	
AMU	Acute Medical Unit
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
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
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
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 Times
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
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

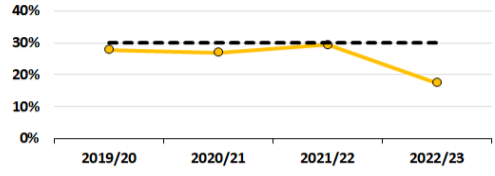
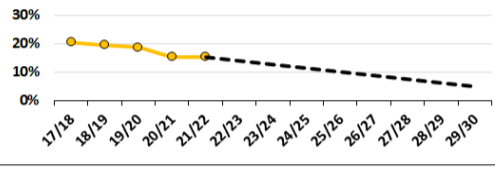
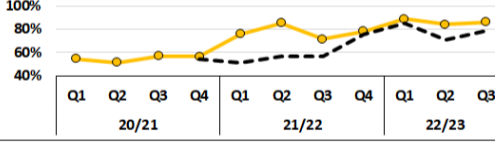
- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described in our Integrated Medium Term Plan, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.

Quadruple Aim Strategic Scorecards continue to be included in section 2.1 of this paper, in order to provide visible and robust assurance to CTMUHB Board and its Committee's on delivery, facilitating scrutiny and challenge progress against performance on a regular basis.

The Quadruple Aim metrics endorsed by Welsh Government will continue into 2023/24, reflecting the Ministerial priority areas of focus. In the interim, whilst the performance framework for this year is being finalised, we will continue to report against 2022/23 measures: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

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

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management				
Performance Measure	Target	Key:  Trend  Target/Trajectory	Key: Target Achieved	Target Failed
			Latest Position	
Weight Management Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional & locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		17.4%	Provisional 2022/23
	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr-Aug 2022
Smoking Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally Percentage of adult smokers who make a quit attempt via smoking cessation services Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	An annual reduction towards a 5% prevalence rate by 2030		15.4% is the baseline with annual reduction target from 2022/23	2021/22
	5% Annual Target		3.18%	Q1-Q3 2022/23
	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr-Aug 2022
Diabetes 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 Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	1% annual increase from baseline data of 2020-21		28.4%	2021/22
	A quarterly improvement of 2.5% against a baseline of 2020-21		36.3%	Q3 2022/23
Substance Misuse European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Reduction Trend		313.4	Q2 2022/23
	4 Qtr Improvement Trend		86.2%	Q3 2022/23
Vaccinations Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 Percentage of children who received 2 doses of the MMR vaccine by age 5 Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents (data reported is cumulative)	95%		97.1%	Q3 2022/23
			91.5%	
	75%		67.0%	Mar-23
Screening 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 Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	80%		68.6%	2020/21
	60%		66.7%	
	70%		43.6%	



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

Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed 	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	Q3 2022/23	
	Number of new patients (children aged under 18 years) accessing NHS dental services	4 Quarter Improvement Trend		3,090		
	Number of new patients (adults aged 18 years and over) accessing NHS dental services			6,085		
	Number of existing patients accessing NHS dental services			31,441		
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%		98.7%	Jan-23	
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		1.0%	Q3 2022/23	
	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Care Service (12 hours a day, 7 days a week) across all acute sites	7 days a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Majority not on track & improvement needs to be made		N/A	Q2 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	40.9% (SSNAP Quarterly Average)		17.5%	Mar-23	
	% 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%		66.1%	Apr-23	
	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		1,738		
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		14		
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend		60		
	% 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		20.7%	Jan-23	
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Feb-23	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		45.5%	Apr-23	
	Number of ambulance patient handovers over 1 hour	Zero		952		



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed
				Latest Position
Patient Flow & Discharge	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend		761
	% of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend		52.9%
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		58.8%
Elective Planned Care	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 2026		49.0%
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026		2,902
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		15,724
	Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024		1,185
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by June 2023		14,467
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National Target of Redction by March 2024		35,795
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		62.0%
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023		6,020
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		4,300
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		50.5%



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

Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Mental Health	Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		4.02	2021/22
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			36.4%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		20.7%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			34.6%	Mar-23
	% 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%		83.7%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		31.9%	
	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	Evidence of Improvement	On track	N/A	Apr - Aug 2022
	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%		93.2%	
	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%		75.0%	
	% 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)			84.0%	Mar-23
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		88.6%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			44.5%	
	% 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%		87.6%	
	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr - Aug 2022
	Learning Disabilities	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of Improvement	Majority on track, but scope to improve	N/A



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed		
			Latest Position		
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	58		85	Cumulative Numbers Apr to Mar 2023	
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	22		40		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		84.92	Cumulative Rate Apr to Mar 2023	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		32.68		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		25.34		
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22 <39.2%		32.6%	Feb-23	
% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22 <10.8%		19.7%		

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed		
			Latest Position		
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		5.9%	Mar-23
	% of sickness absence rate of staff	12 Month Reduction Trend		7.4%	Mar-23
	% of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Bi-annual Improvement		7.57%	Sep-22
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		74.4%	Apr-23
	% 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%		58.5%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020



Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed
				Latest Position
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach (ktCO2e)	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position		132.75
	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of Improvement	Majority on track, but scope to improve	2021/22
Foundational Economy	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Majority on track, but scope to improve	N/A
New Ways of Working	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach	On track	
	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >55,104		206,766
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >10		45
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		61.6%
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		390.2
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1,451
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		4914.6

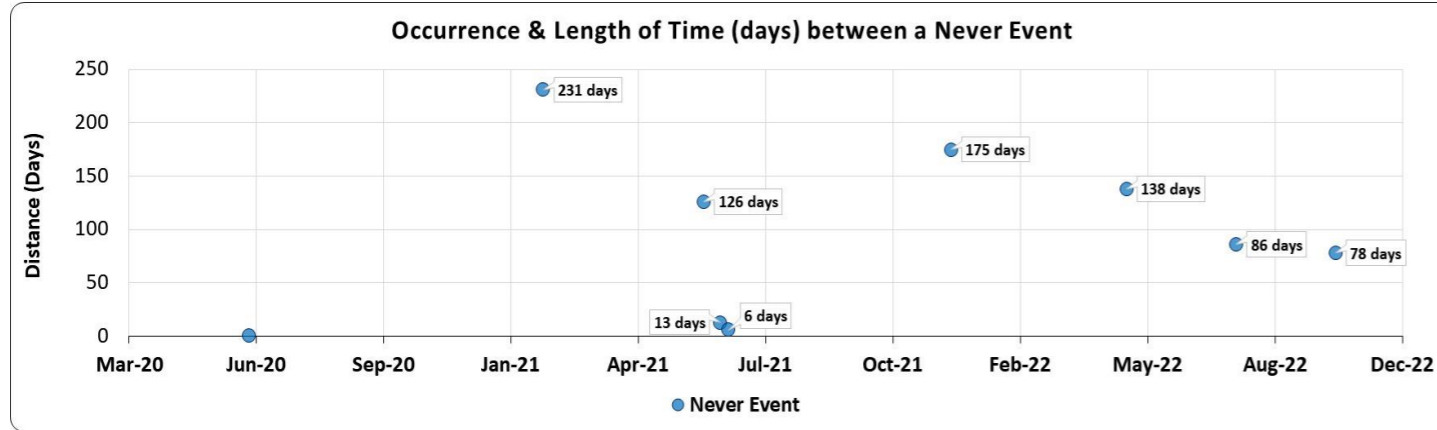
2.2 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – April 2023

0



Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented and learning from what goes wrong is crucial to preventing future harm.

There were no Never Events reported in April, with the last occurrence being 13th October 2022 (formal reporting submitted December 2022) relating to a wrong side surgery. The investigation has been allocated to a senior ophthalmology consultant and is ongoing.

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

Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – April 2023

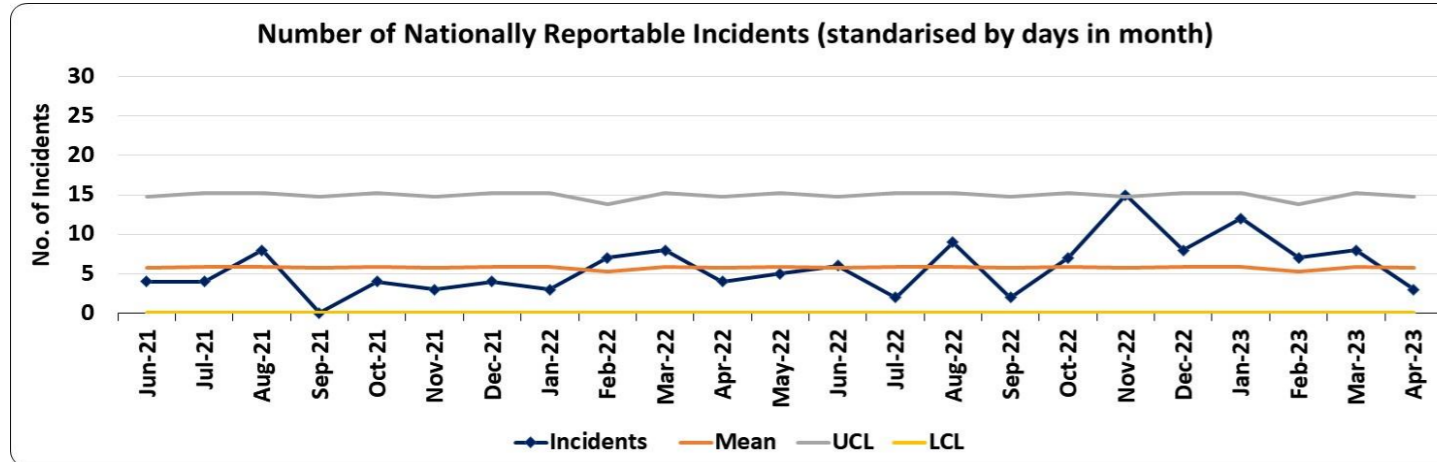
3

Number of Locally Reportable Incidents – April 2023

1

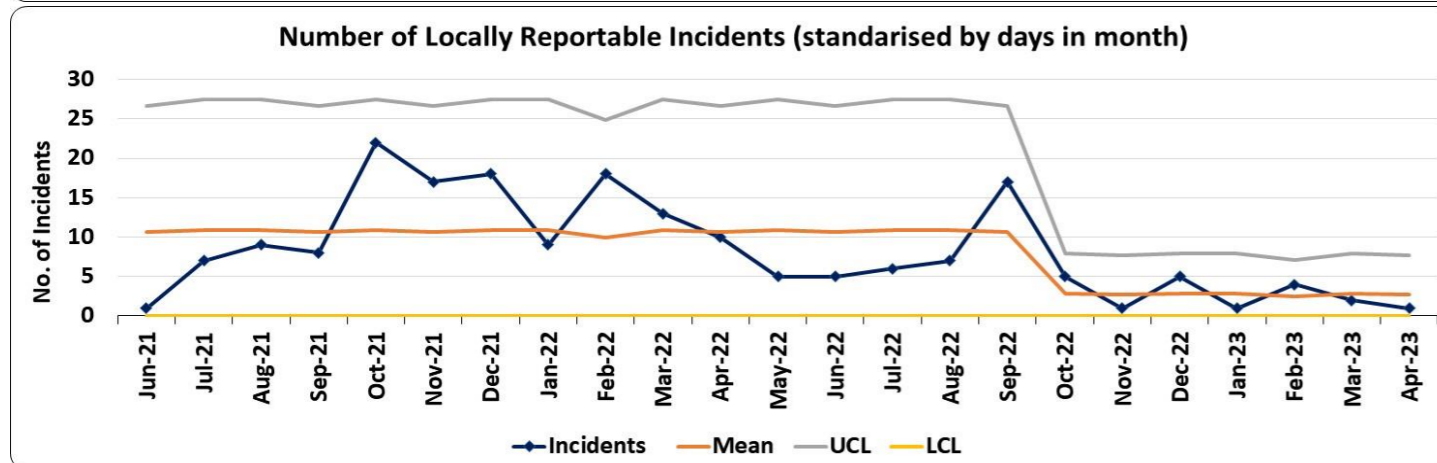
Number of Patient Safety Incidents – April 2023

2,160



Throughout April 2023 there were a total of 2,160 incidents reported on Datix Cymru across the Health Board, of which, 1,917 (88.8%) were reported as the patient/service user being the person affected. Of these, 18.6% (357) of the patient safety incidents were reported as resulting in moderate, severe harm or death.

During April, 3 Nationally Reportable Incident notifications were submitted to the NHS Delivery Unit (NRIs are detailed in the table below). A Nationally Reportable Incident is presented based on the date the notification was submitted to the Delivery Unit. As a result of this, the increase in November and January is reflective of the submission of legacy ambulance delays that occurred prior to the reporting period. November 2022 submissions relate to delays that occurred between 28.06.21 and 28.10.22. January 2023 submissions relate to delays that occurred between 08.09.22 and 21.09.22. Four were reported from the legacy incidents and 2 were reported from the new joint review process. It is anticipated that these incidents will be downgraded following the completion of the review by the Health Board's Multidisciplinary Panel.



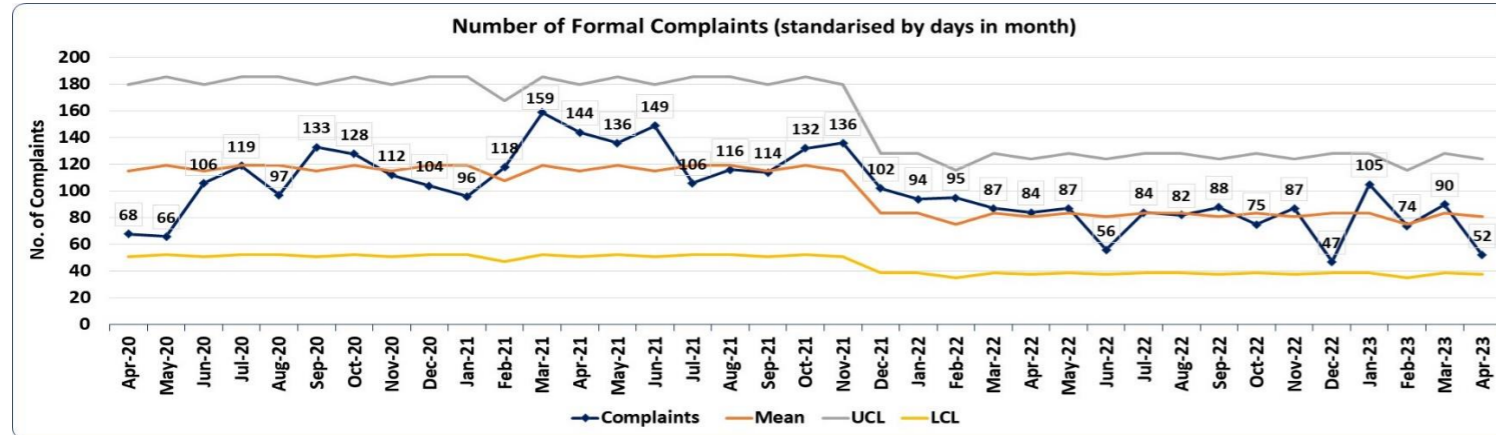
Type of Nationally Reportable Incidents	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Admission / Transfer / Discharge						2	8	1	5		1		17
Pressure Damage	1	3		1			1	2	2	2	2	1	15
Treatment, Procedure		1			1	2		1	3		2	1	13
Delays				2									2
Slip, Trip or Fall	1		1				2						4
Clinical Assessment, clinical diagnosis	1					1	2	1			1		6
Maternity adverse occurrence						1		1	1	2	1		8
Patient/Service user death				2			2			1	1		6
Behaviour (including violence and aggression)		1		2									3
Medication	1							1				1	3
Safeguarding						1		1	1				3
Monitoring/Observations		1			1								2
Diagnostic Testing - Radiology				1									1
Records, Information				1									1
Staffing			1										1
Transport	1												1
Accident, Injury										1			1
Grand Total	5	6	2	9	2	7	15	8	12	6	8	3	87

Complaints & Compliments

Complaints

Number of formal complaints managed through 'Putting Things Right' – April 2023

52



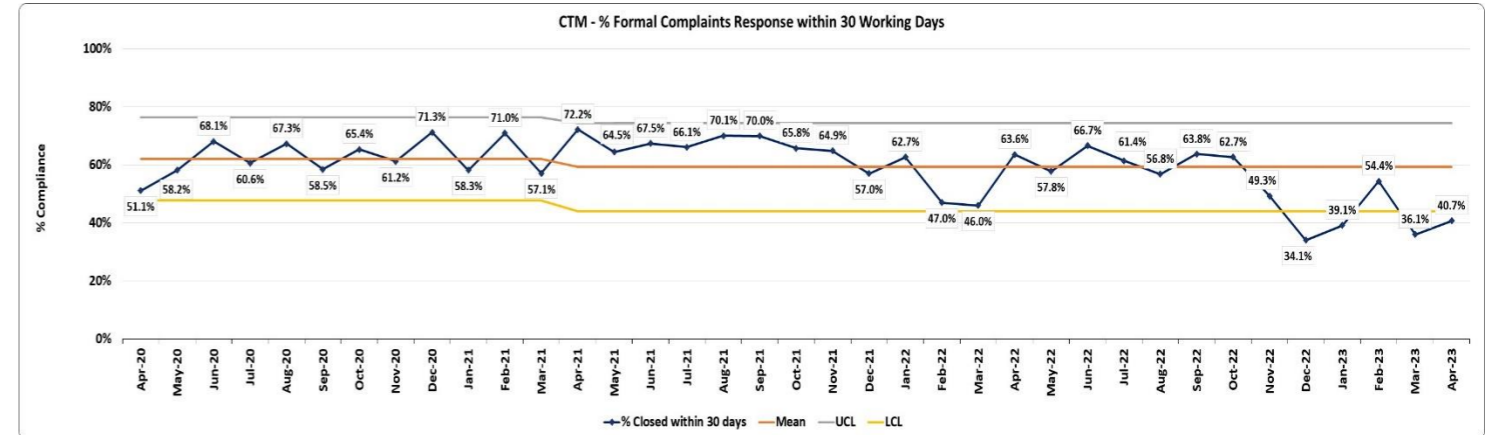
During April 2023, 52 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. The chart above indicates a sustained change from December 2021 and volumes this month falling below the current mean of 81.

For those complaints received during April, the top five themes relate to clinical treatment/assessment (33), discharge issues (4), attitude & behaviour (3), medication (3), referral & "other" issues (2) apiece.

Top Ten - Main Themes from Complaints	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Clinical treatment/Assessment	51	36	54	44	55	40	32	29	60	44	47	33	525
Communication Issues (including Language)	9	5	4	1	5	3	11	1	9	9	14	1	72
Attitude and Behaviour	4	2	7	9	5	4	10	2	8	4	8	3	66
Appointments	5	5	4	4	4	3	9	3	5	2	5	1	50
Discharge Issues	5	3	1	5	3	1	2	1	4	6	6	4	41
Medication	6	3	1	3	3	8	6	0	4	0	0	3	37
Patient Care	0	0	0	4	4	7	4	4	7	3	0	0	33
Admissions	2	0	4	2	2	1	3	0	1	0	3	0	18
Referral	0	0	3	5	1	0	0	1	2	1	1	2	16
Other	0	0	1	2	2	2	0	1	1	3	1	2	15

% formal complaints response within 30 working days – April 2023

40.7%



The proportion of complaints responded to within 30 working days improved from the previous month to 40.7%. However compliance has remained below the current mean for the past six months and remains well below the WG's target threshold of 75%. This is due to the number of historic cases open over 30 working days and a focus on closing these older cases down.

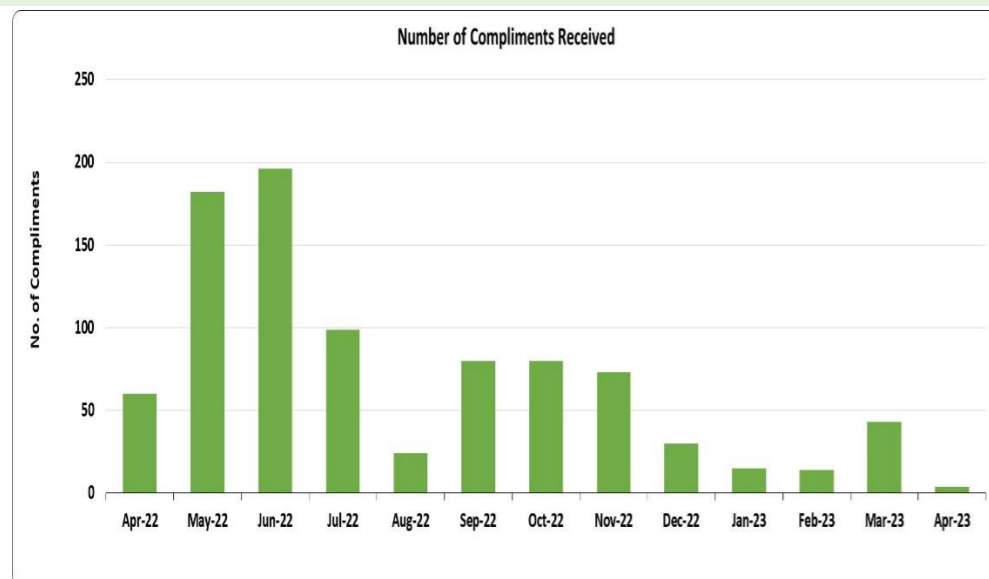
A trajectory for the closure of historic cases open for more than 30 working days has been devised and is reported through the weekly executive Patient Safety meeting, with the focus on balancing the priorities of closing historic cases whilst ensuring we meet the 30 working day target for new complaints received.

The early escalation process via the triumvirate teams is proving beneficial and it is felt that once this process is fully embedded, this will bear fruit on the complaints compliance.

Compliments

Number of compliments – April 2023

4



Provisionally, during April there were just 4 compliments recorded on the Datix system, with the twelve month average equating to 70 compliments per month.

Work continues to raise awareness of the Civica system amongst staff across the Health Board and to encourage an uptake of feedback from patients, families and carers alike.

The team have looked to redesign the 'have your say' cards to ensure there is a continuation of the recognition of the Civica system linking to the posters containing the QR codes that were distributed across the HB last year. The team is also looking at how they can explore different avenues to embed patient feedback as part of the patient's journey/interaction with acute/community services. This includes considering how the use of the Text & Remind/SMS service, which is within the Patient Contact programme, can be extended as a potential solution.

Volunteer Patient Feedback Teams are now in place in Princess Of Wales and Prince Charles Hospital to promote the use of the system and to facilitate patient feedback. During April we saw a drop in the number of 'Have Your Say' returns completed - 19 against 63 from March.

The team is working with the Civica software team to look at how we can generate various reports to clearly present the data in a more user-friendly format. This will be displayed across the wards and departments within the Health Board and should be in place within the next few months.

Medication Incidents

Medication Incidents

Total Medication Incidents – April 2023

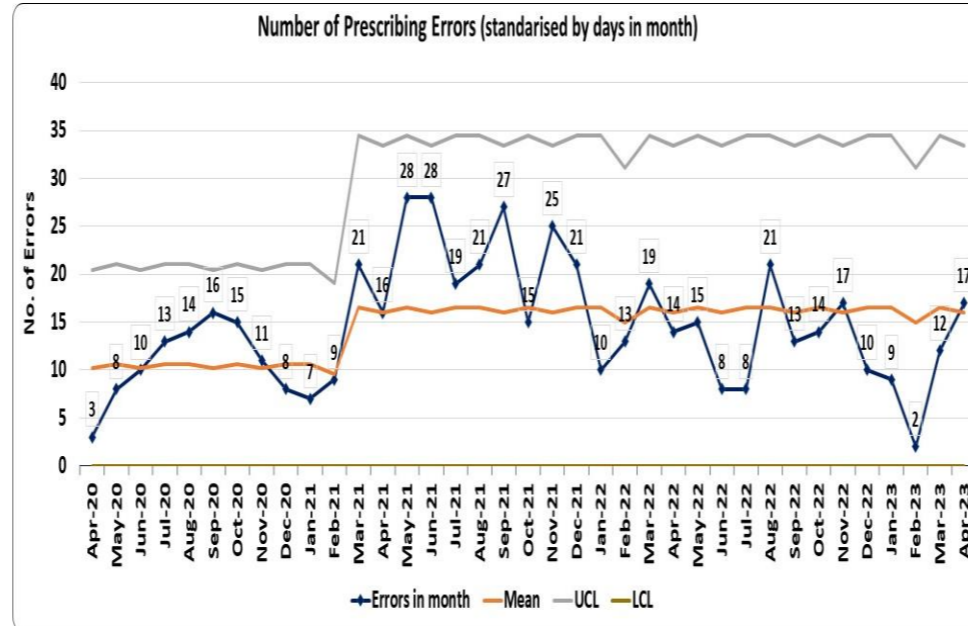
103

103 medication incidents were recorded in April, with the charts to the right tracking those related to patient safety: the prescribing and administration errors, of which there were 17 and 40 respectively. Of the 103 medication incidents reported for April, three of the incidents resulted in severe harm being caused, 2 as a result of administration errors and 1 attributed to a medication supply error. One of these incidents was downgraded to no harm and another downgraded to low harm following investigation. The remaining incident remains under investigation.

Of the remaining incidents, 71% of the incidents were assessed to have a moderate/low risk of harm and 25% as causing no harm.

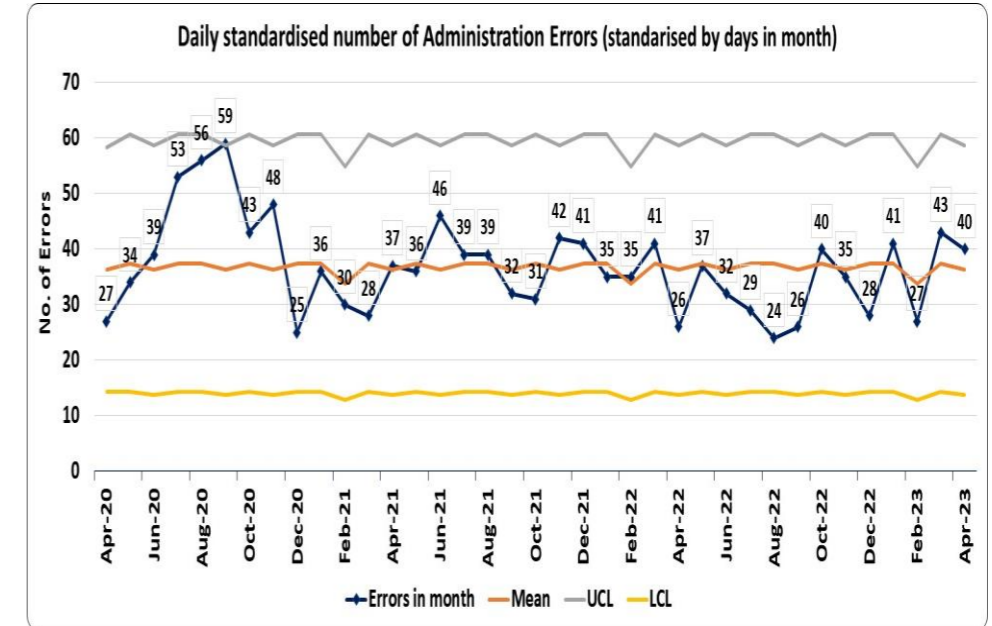
Total number of Prescribing Errors

17



Total Administration Errors

40

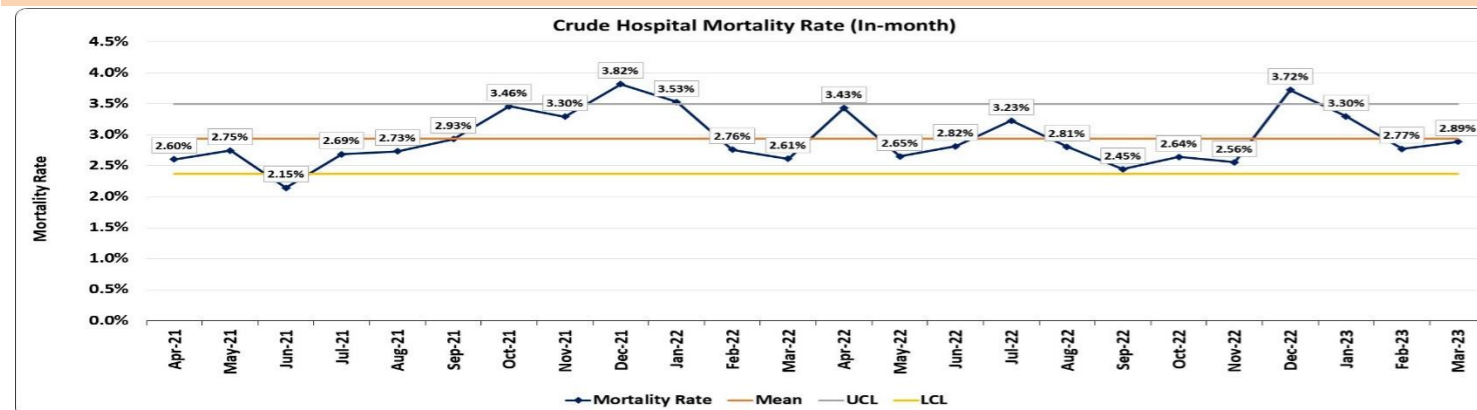


Mortality Rates

Crude Hospital Mortality Rates

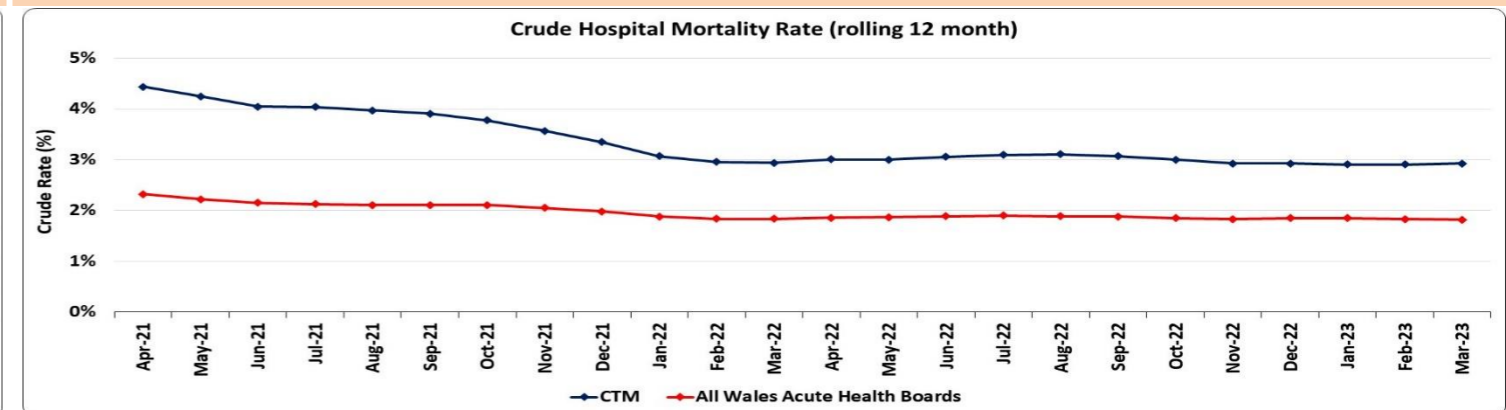
In Month Crude Hospital Mortality Rate – March 2023

2.89%

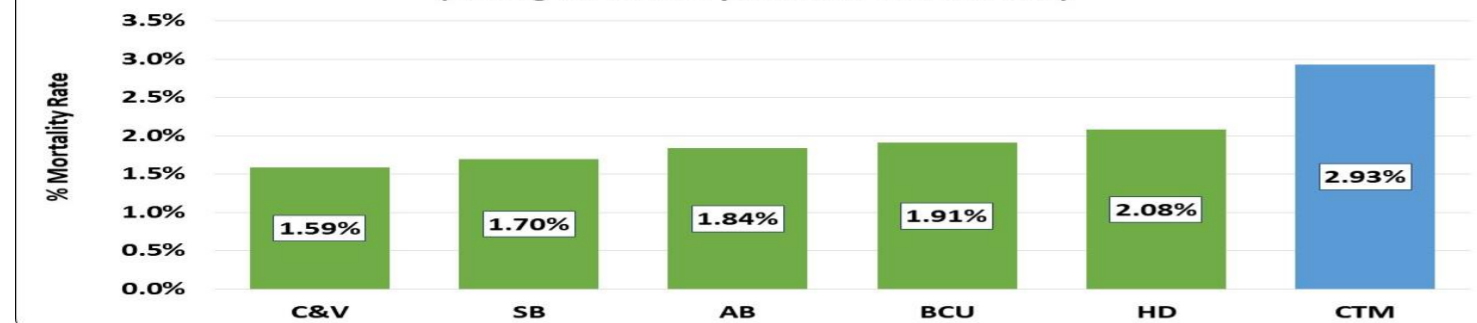


Rolling 12 Month Crude Hospital Mortality Rate to March 2023

2.93%



Mortality Rate - Peer Distribution (rolling 12 month period to March 2023)



The in-month mortality rate rose marginally to 2.89% during March 2023 and falls just below the current mean of 2.94%, as seen in the chart top left, with the rate being a little higher than the equivalent period of 2022 (2.61%). Analysis shows the primary reasons for admission appear to be associated with respiratory conditions, cardiovascular diseases and malignancies. Around 63% of all deaths for our resident population occurred in hospital during this period.

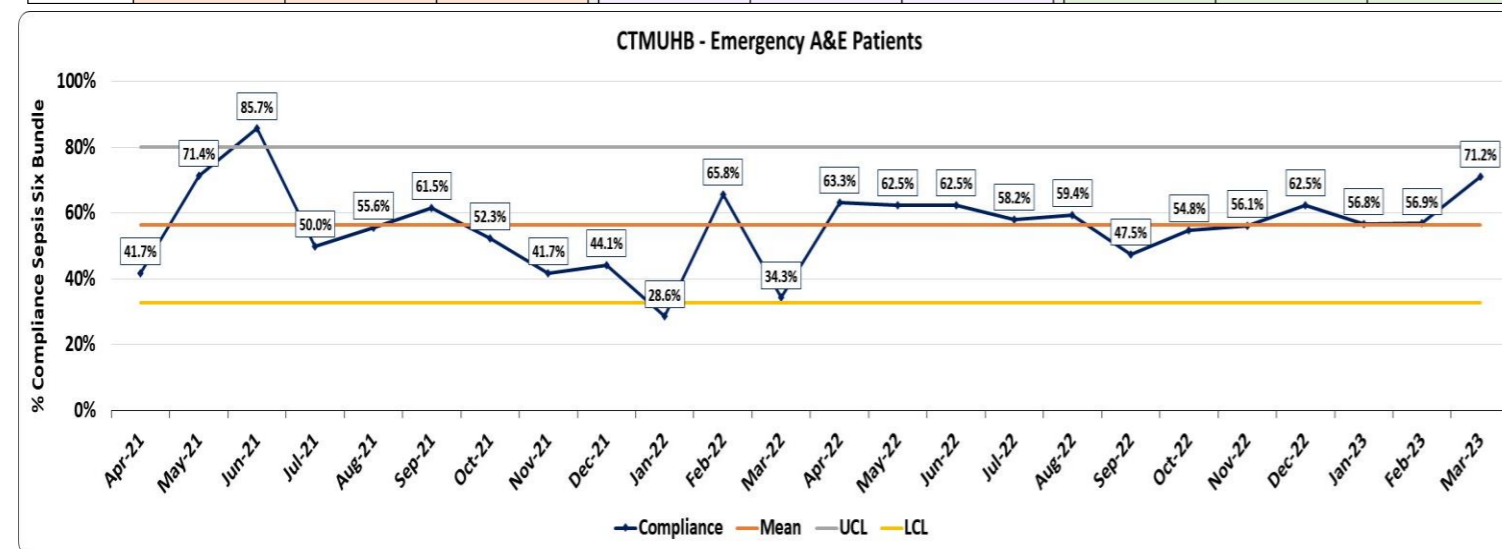
As can be seen in the peer distribution chart to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than other health boards. A factor in this outlying position is the UHB's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

Sepsis Six Bundle

Emergency A&E Patients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the "Sepsis Six" Bundle within 1 Hour – Emergency A&E - **CTMUHB March 2023 – 71.2%**

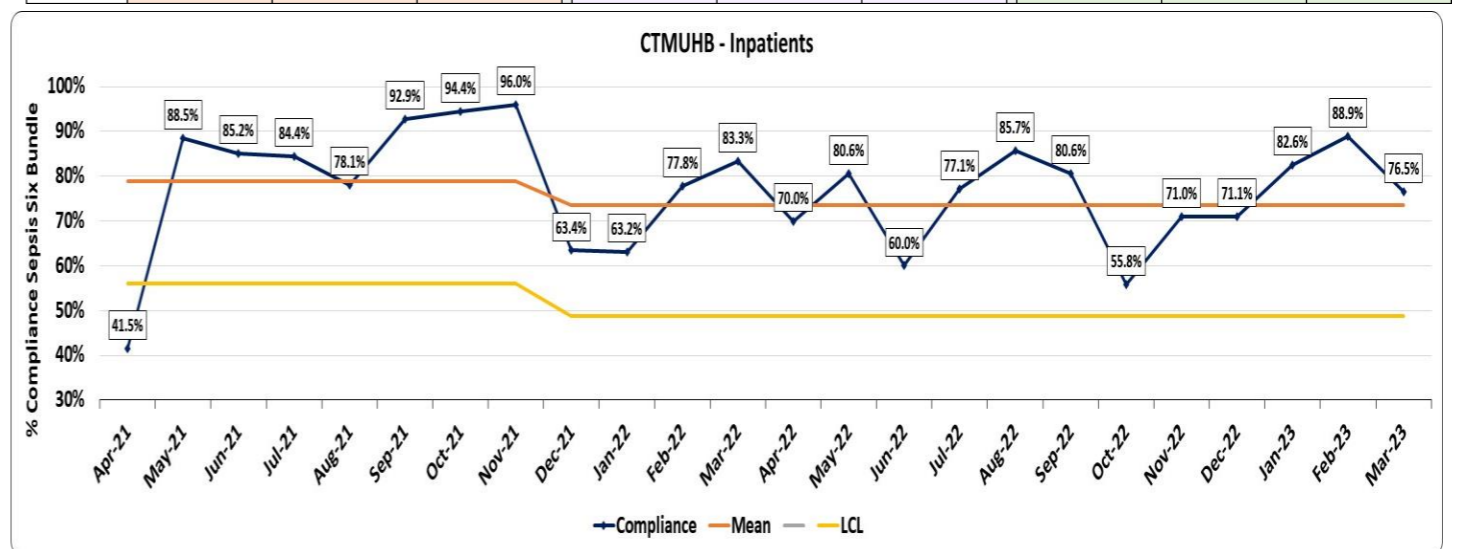
Period	PCH			RGH			POW		
	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance
Mar-22	21	9	42.9%	14	3	21.4%	Data not collected during this period		
Apr-22	52	37	71.2%	19	7	36.8%	19	13	68.4%
May-22	17	9	52.9%	21	14	66.7%	10	7	70.0%
Jun-22	35	21	60.0%	15	10	66.7%	6	4	66.7%
Jul-22	29	17	58.6%	22	11	50.0%	4	4	100.0%
Aug-22	20	9	45.0%	12	10	83.3%	0	0	Nil
Sep-22	26	11	42.3%	10	6	60.0%	4	2	50.0%
Oct-22	47	21	44.7%	24	17	70.8%	2	2	100.0%
Nov-22	29	16	55.2%	12	7	58.3%	0	0	Nil
Dec-22	15	9	60.0%	30	20	66.7%	3	1	33.3%
Jan-23	29	18	62.1%	8	3	37.5%	0	0	Nil
Feb-23	29	14	48.3%	11	5	45.5%	11	10	90.9%
Mar-23	40	29	72.5%	8	4	50.0%	11	9	81.8%



Inpatients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the "Sepsis Six" Bundle within 1 Hour – Inpatients – **CTMUHB March 2023 – 76.5%**

Period	PCH			RGH			POW		
	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance
Mar-22	2	1	50.0%	1	1	100.0%	15	13	86.7%
Apr-22	9	5	55.6%	3	3	100.0%	8	6	75.0%
May-22	8	6	75.0%	5	5	100.0%	23	18	78.3%
Jun-22	9	5	55.6%	2	2	100.0%	4	2	50.0%
Jul-22	6	6	100.0%	6	6	100.0%	23	15	65.2%
Aug-22	8	8	100.0%	1	1	100.0%	19	15	78.9%
Sep-22	9	5	55.6%	2	2	100.0%	20	18	90.0%
Oct-22	19	11	57.9%	17	7	41.2%	7	6	85.7%
Nov-22	15	10	66.7%	4	3	75.0%	12	9	75.0%
Dec-22	6	3	50.0%	5	4	80.0%	27	20	74.1%
Jan-23	8	5	62.5%	7	7	100.0%	8	7	87.5%
Feb-23	5	4	80.0%	3	3	100.0%	10	9	90.0%
Mar-23	13	9	69.2%	12	9	75.0%	9	8	88.9%



How are we doing & what actions are we taking?

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

In March 2022* a trial of the revised tool was conducted within our three ED's. Following positive feedback, the tool was introduced within all wards in the acute sites in September 2022. ED compliance results are varied across the sites, however the number of patients identified with either probable or possible sepsis has increased (compliance data is only presented for the sepsis probable patient group). As the tables illustrate, both the volume and timely delivery of the sepsis 6 interventions for sepsis probable patients also continues to vary across the three EDs.

On a positive note, compliance in March increased to 71%, the highest achieved since the assessment process changed. The next phase of improvement is being targeted at identifying patients with potential sepsis at the RGH and POW sites. In RGH, a sepsis champion to address training and awareness has been established whilst at POW the approach is to revise the process for recording the data.

The numbers of inpatients identified with probable sepsis has increased since roll-out in the autumn of last year with more forms being completed by ward staff, however there remains challenges to data completeness within the forms, which is negatively impacting upon the reported levels of performance.

*(Data pre March 22 represents a different assessment process for sepsis therefore results are not comparable).

When is improvement anticipated & what are the risks?

The introduction of the new tool and the associated education showed instant improvement in gathering data on cases of sepsis. However, compliance has varied across sites due to different factors which are mostly related to the clinical acuity pressures in the ED's and also the presence or absence of Outreach staff.

The new sepsis tool is in use on all PCH, RGH and POW adult ward areas (currently excluding Mental Health). There is ongoing sepsis education for medical and nursing staff via ALERT and acutely unwell patient training days on all sites. There is monthly reporting of sepsis probable incidence and compliance. The Acute deterioration team are working with WG and Peers in other HBs to standardise our approach across Wales.

The Risks to this improvement are:

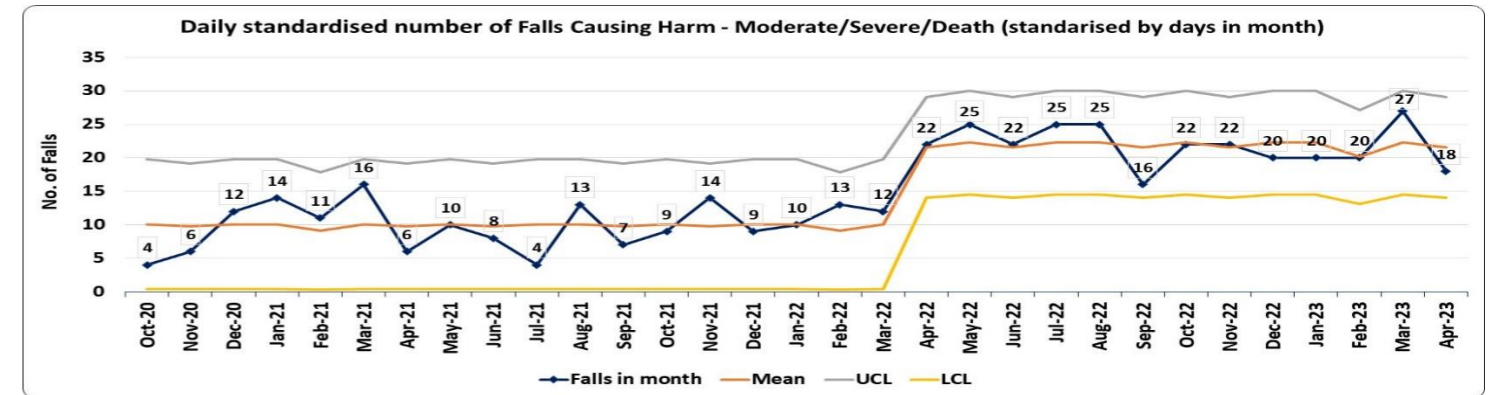
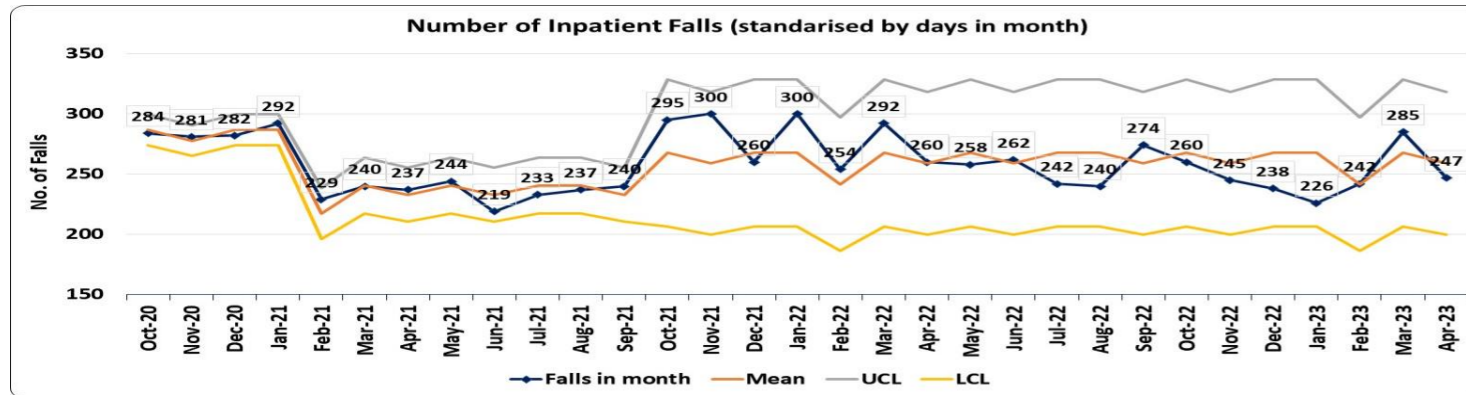
- Inability to know the true number of patients presenting to ED with Sepsis (to provide a number to which to aspire to treat.)
- Need to emphasise that clinical tools are just part of wider clinical judgement which should be made in a timely fashion by suitably senior clinical decision makers.
- Education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

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

Total number of Inpatient Falls – April 2023

247



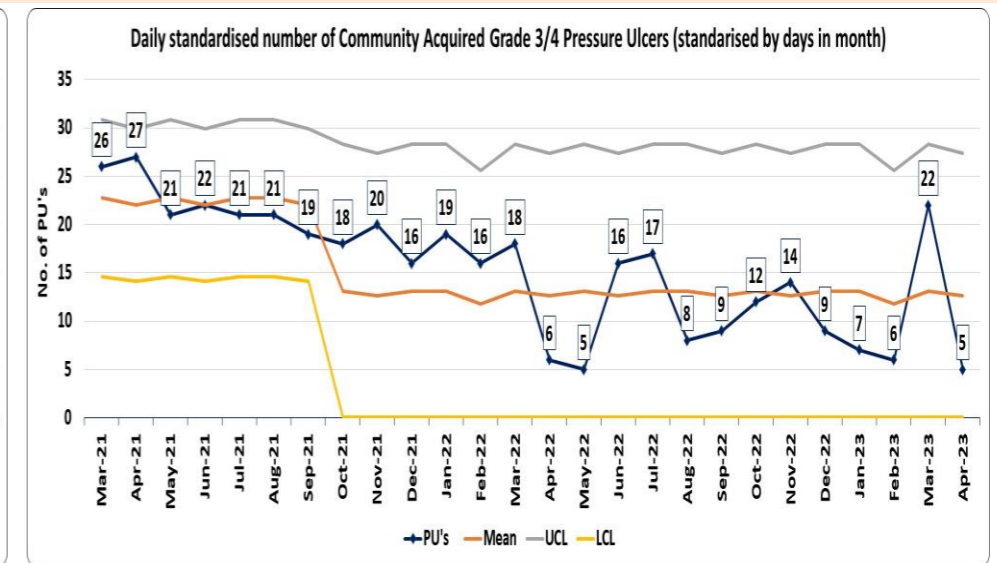
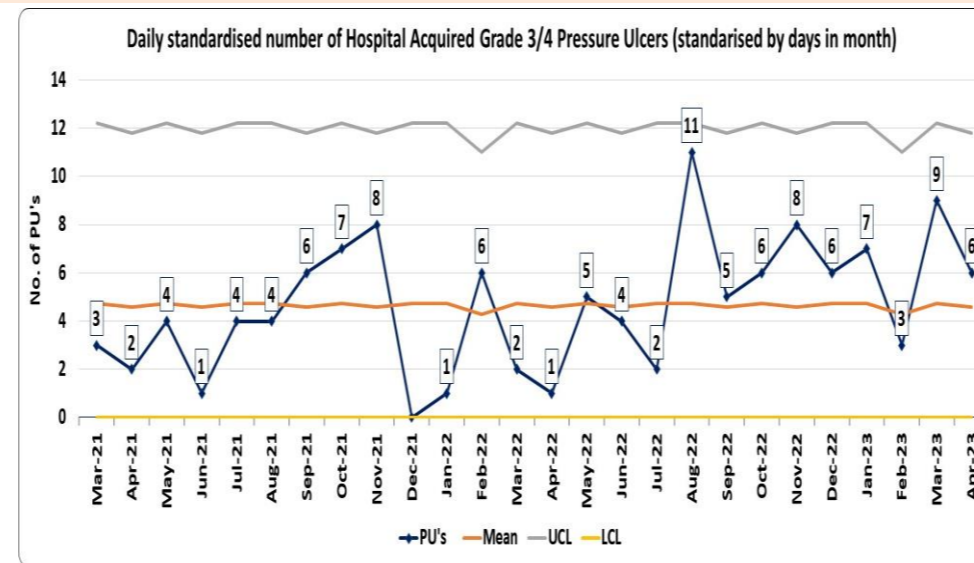
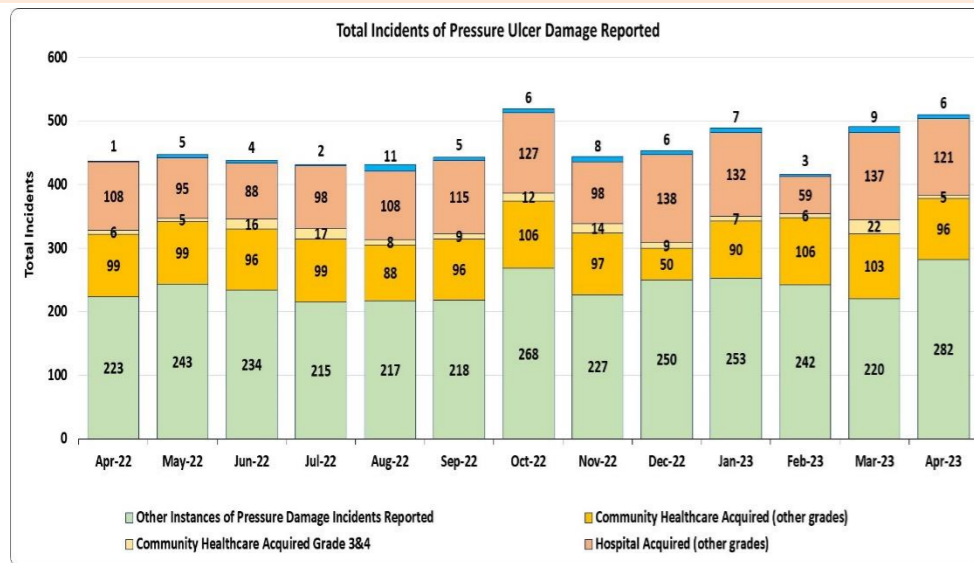
The number of patients falling whilst in the care of the UHB totalled 247 during April, in line with that observed over the past 24 months. As shown in the right hand control chart, 2 of the falls resulted in severe harm and a further 16 caused moderate harm.

Whilst there appears to be an increase in the severity as a result of patient falls since April 2022, this is linked to the introduction of the Datix Cymru system. Within Datix Cymru, the severity selected by the reporter is unable to be amended by the responsible managers. A data validation process and further guidance in relation to the grading of incidents is being introduced, which it is anticipated will provide greater accuracy on the level of harm resulting from incidents. However, it is important that, for assurance and action, vigilance remains to ensure that we explore any increase in numbers. The terms of reference for falls scrutiny panels has been reviewed by the Quality & Patient safety teams to ensure that they align to the care groups structures and implementation of duty of candour. This will ensure that incidents are being investigated timely and reinforce the accuracy of severity of harm when reporting these incidents.

Pressure Damage Incidents

Total number of reported Pressure Damage – April 2023

510



A total of 510 pressure damage incidents were reported during April 2023, which is 11% higher than the 12 month average of 459 incidents. Of the total incidents reported, 25% were identified as being hospital acquired, with 20% recorded as having developed outside of the hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 11 (2%) were reported as being of grade three or four, with 6 of the 11 being hospital acquired and 5 community acquired (middle and right control charts). Observations of hospital acquired pressure damage were highest in the Princess of Wales Hospital: Emergency Department (12), AMU 4 (10), Ward 8 (6) and 4 were reported for Ward C3 at YCR.

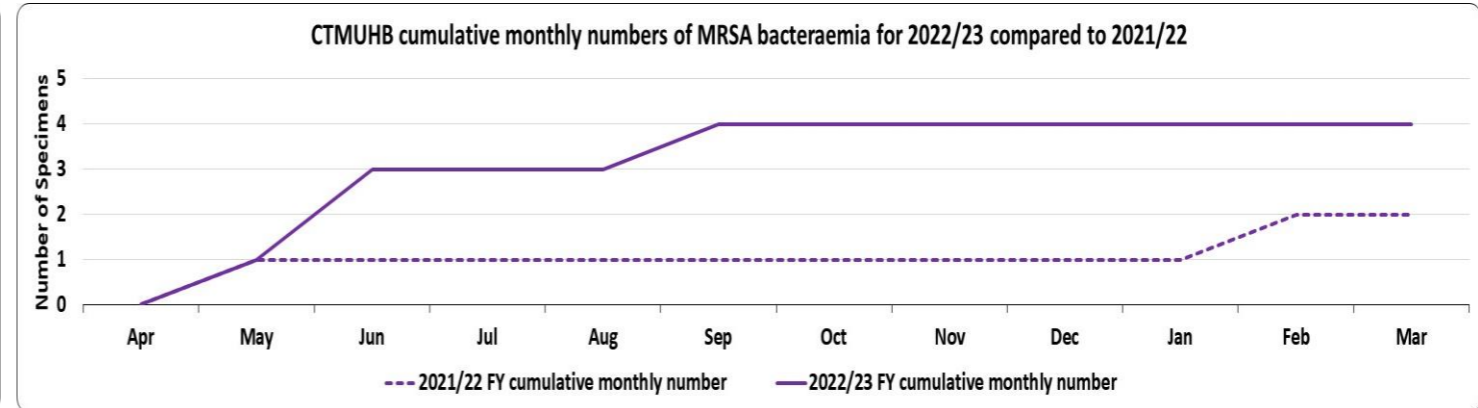
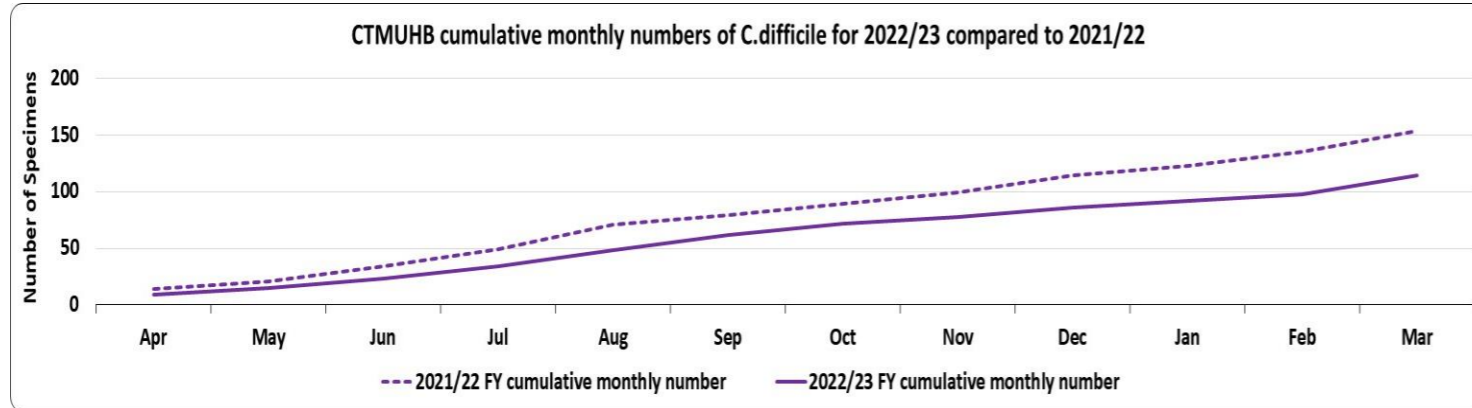
The working hypothesis is that this may be related to the excessive delays in ambulance handovers, where pressure relief is more difficult to administer, and a generalised increase in acuity. This will require continued monitoring, triaging has been introduced at submission of the incident and this will determine accuracy of severity of harm. The Terms of Reference for pressure scrutiny panel have been reviewed to be in line with the new care group structures and the implementation of Duty of Candour this will provide a streamlined process when investigating these incidents. Recognising the reporting increase of grade 3/4 pressure ulcers for March 2023, the Community Quality and Patient Safety Team is working with the Community Nursing Leadership team to further validate and understand the data set, recognising work already underway in appropriate assessment and categorising of skin damage within the community setting. There has been a noted decline in April 2023, where we believe that this is a consequence of severity of harm being reviewed more accurately.

Infection Prevention and Control - please note that data for 2023/24 will not be available until the next iteration of this report whilst Public Health Wales finalise the year end position for 2022/23.

C.difficile **MRSA**

114 C.difficile have been reported by CTM between Apr-Mar 2023. This is approximately 26% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 25.34

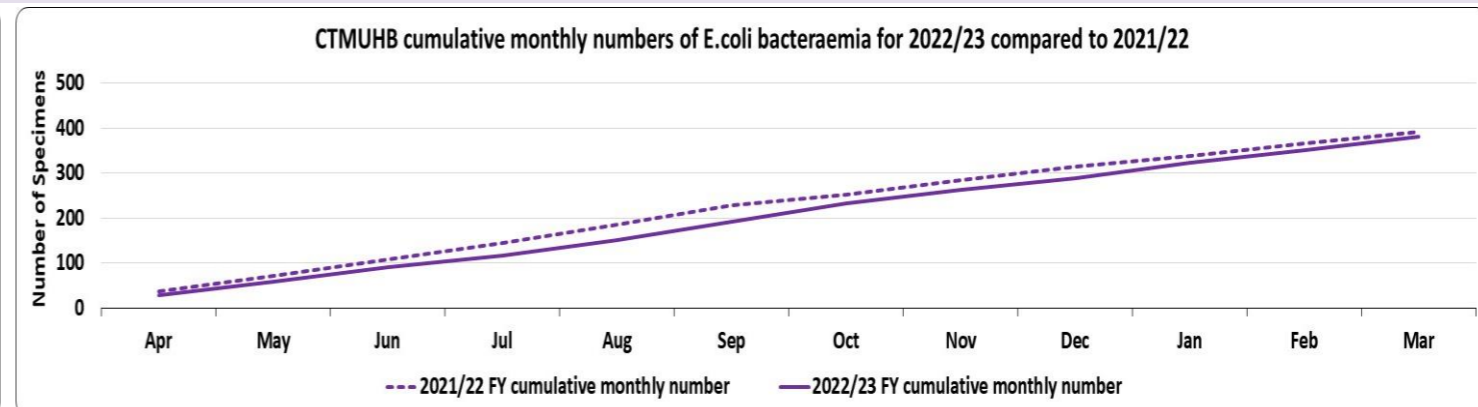
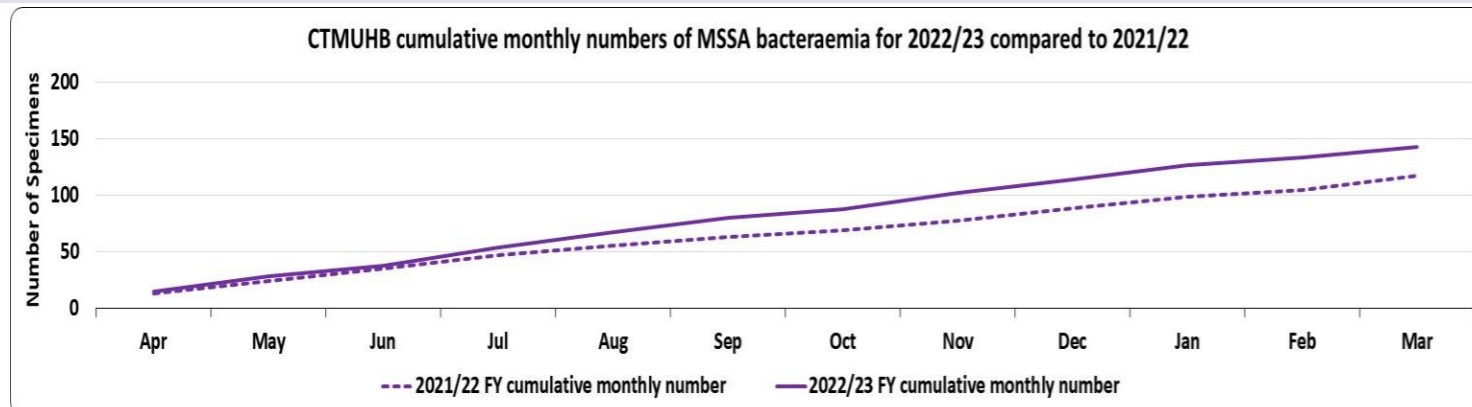
4 MRSA bacteraemia have been reported by CTM between Apr-Mar 2023. This is twice as many as that reported for 2021/22. The provisional rate per 100,000 population for 2022/23 is 0.89



MSSA **E.coli**

143 MSSA bacteraemia have been reported by CTM between Apr-Mar 2023. This is approximately 21% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 31.79

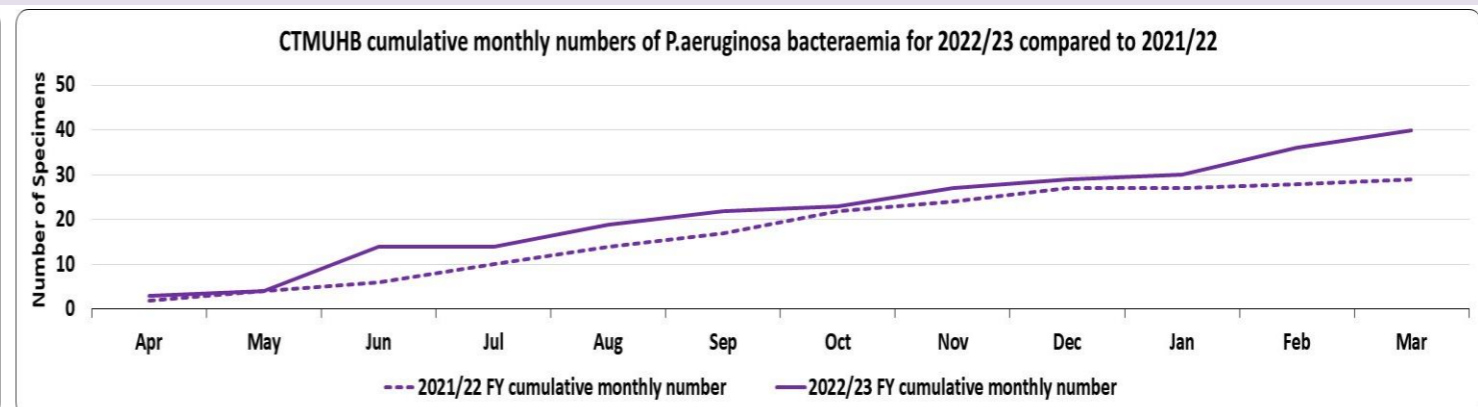
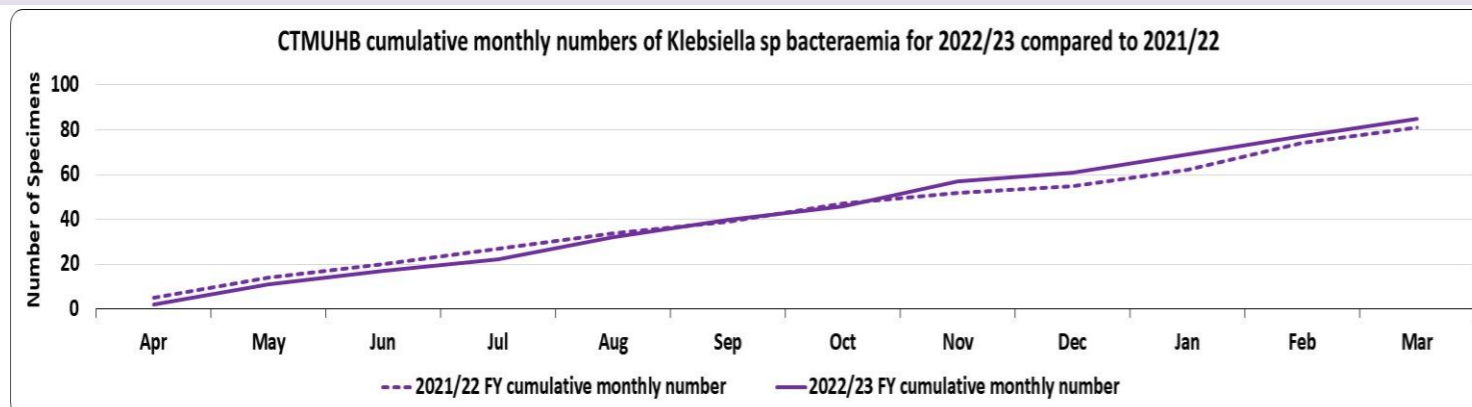
382 E.coli bacteraemia have been reported by CTM between Apr-Mar 2023. This is approximately 2% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 84.92



Klebsiella sp **P.aeruginosa**

85 Klebsiella sp bacteraemia have been reported by CTM between Apr-Mar 2023. This is approximately 5% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 18.90

40 P.aeruginosa bacteraemia have been reported by CTM between Apr-Mar 2023. This is approximately 38% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 8.89



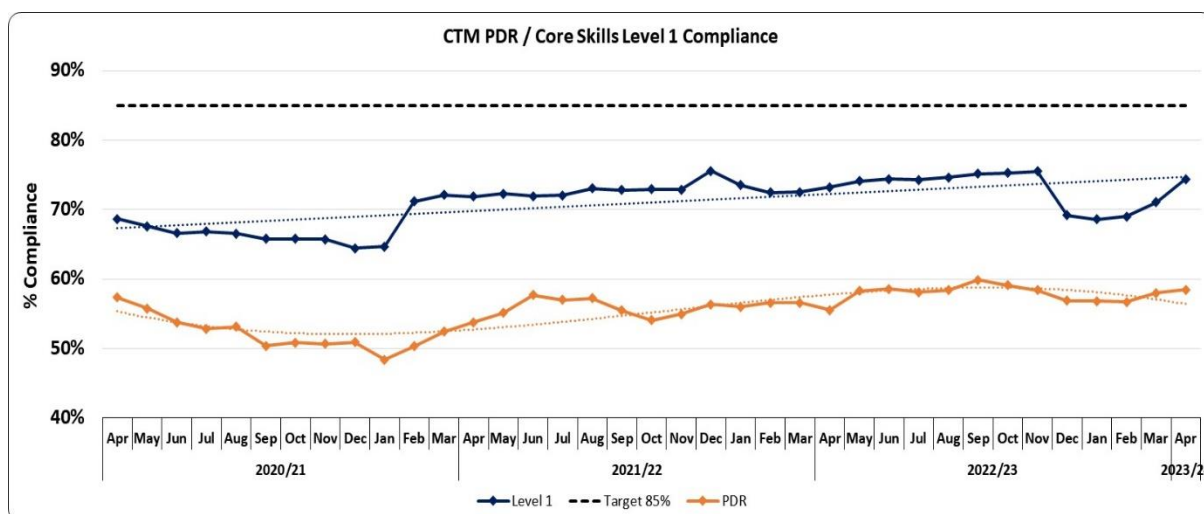
Mandatory surveillance continues nationally for five key organisms including C. difficile, Staphylococcus aureus bacteraemia and E.coli, Pseudomonas and Klebsiella bacteraemia. The Health Board has reported fewer cases of C.Difficile infection & E.coli with the other gram-negative bacteraemia, Klebsiella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

2.3 People

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

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

Overall PDR compliance (non-medical staff) for April 2023 is 58.5%, with compliance for the past year continuing to be above 56%. It is acknowledged though, that this continues to remain well below the target threshold of 85%.



Combined core mandatory training compliance for April stands just above 64%, with overall CTM compliance for 'Level 1' disciplines at 74.4% and likewise, remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance April 2023	
Equality, Diversity & Human Rights	83.1%
Fire Training	78.8%
Health, Safety and Welfare	78.7%
Infection Prevention and Control	77.7%
Information Governance	76.3%
Moving & Handling	75.9%
Resuscitation	73.0%
Safeguarding Adults	64.4%
Safeguarding Children	57.0%
Violence & Aggression	50.0%
HB Overall Compliance	74.4%

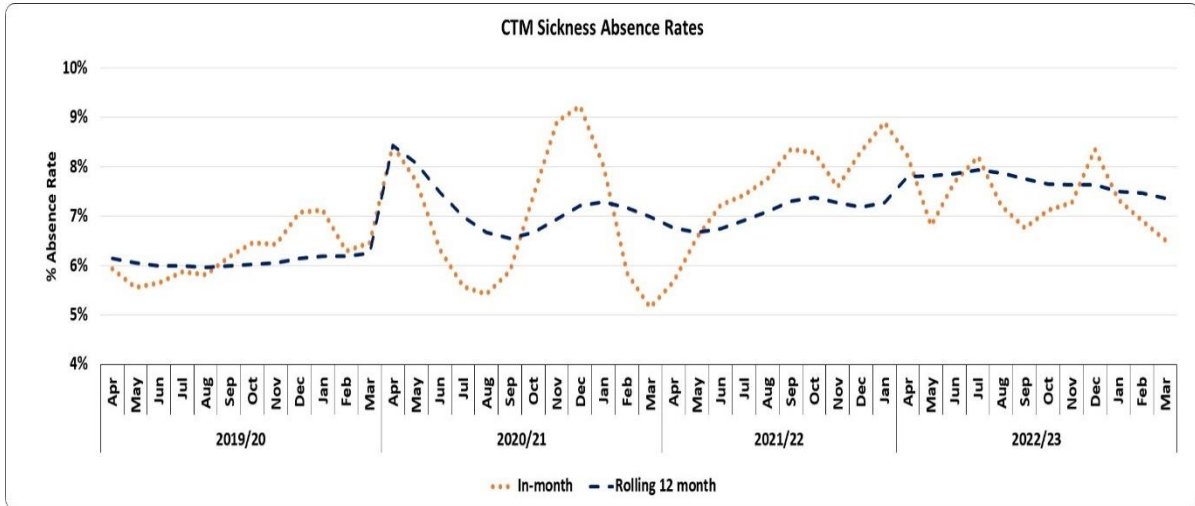
2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to March 2023 is 7.4%, marginally lower than the equivalent rolling period of last year (7.8%).



The in-month sickness rate fell slightly from 6.9% in the previous month to 6.5% this period and is now around 2% lower than the same period of 2022.

Short term sick absence occurrences in March increased by over 15%, to 1,679, whilst long term occurrences have reduced by around 14% to 727 occurrences period from the February 2023 position.



Top 10 Absence Reasons by FTE Days Lost - March 2023				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	419	433	6,768	30.0%
Other musculoskeletal problems	145	147	2,054	9.1%
Other known causes - not elsewhere classified	148	151	1,696	7.5%
Gastrointestinal problems	369	381	1,633	7.2%
Infectious diseases	239	241	1,519	6.7%
Injury, fracture	86	86	1,242	5.5%
Cold, Cough, Flu - Influenza	246	247	1,180	5.2%
Chest & respiratory problems	147	151	1,126	5.0%
Back Problems	84	87	1,032	4.6%
Genitourinary & gynaecological disorders	74	81	760	3.4%

2.3.3 Premium rate agency nurse:

In comparison to the previous period, CTM UHB's use of premium rate nurse agency staff was around 22% less than in April, bringing the total to an average of 4.17 Whole Time Equivalents (WTE) per day.

2.4 Access

Detailed analysis is provided in the following section of this report, with headlines from the Access Scorecard provided below:

2.4.1 Urgent Care:

During April, just over 66% 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 15,523 attendances over the course of the month, 8.6% more attendances than in the equivalent period last year.

The proportion of patients whose care was "handed over" from the Welsh Ambulance Service within 15 and 60 minutes improved during April, to 24.9% & 60.3% respectively. However this level of compliance remains well below pre-Covid levels.

2.4.2 Stroke Care:

Overall, performance against the desired standards in stroke care continues to remain at low levels. During March:

- There were 66 patients presenting with stroke at PCH, the highest level seen July 2018
- 17 of the 97 stroke patients, 18%, were admitted to the stroke units within 4 hours
- 53% of received a CT scan within an hour of presenting in ED,
- 52% of stroke patients who required admission were assessed by a stroke specialist within 24 hours.

2.4.3 Planned Care & Cancer Care:

Having delivered marked improvements in access times and backlog reduction in March, performance in April saw some of these gains being given up as initiatives reduced and capacity was prioritised towards improving access times for urgent patients. The position at the end of April is shown in the scorecard, noting:

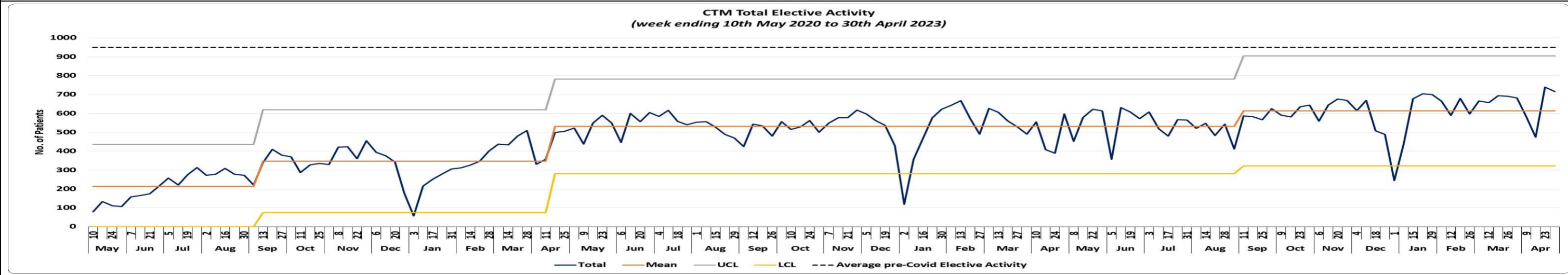
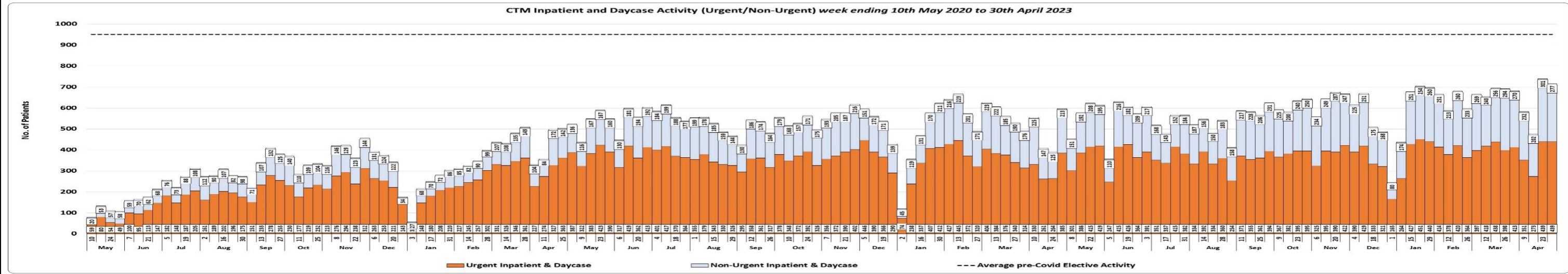
- 14,467 patients have been waiting over a year for a first outpatient attendance (March: 14,017)
- 6020 patients have been waiting over 2 years for treatment (6150)
- 15724 patients have been waiting over 8 weeks for a diagnostic procedure (March: 15299)
- 1185 patients have been waiting over 14 weeks for therapy (1145)
- 640 patients have been waiting in excess of 62 days on an urgent suspected cancer pathway (March 555)



Please note that the following scorecard is in development and trajectory data will be revised in future iterations of this report:

2023/24 National Performance Trajectory																														
Measure	Performance Against Target	Key: National Target Met National Target Failed Trajectory Actual																												
ACCESS TO TIMELY CARE	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Improvement trajectory towards a national target of reduction by March 2024 Current Period 1,369	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>1,450</td><td>1,369</td><td>768</td><td>679</td><td>820</td><td>677</td><td>881</td><td>766</td><td>745</td><td>677</td><td>747</td><td>724</td><td>827</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	1,450	1,369	768	679	820	677	881	766	745	677	747	724	827
	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																
	Actual	1,450	1,369	768	679	820	677	881	766	745	677	747	724	827																
	Number of patients waiting over 52 weeks for a new outpatient appointment Improvement trajectory towards a national target of zero by June 2023 Current Period 14,467	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>20,637</td><td>19,663</td><td>18,509</td><td>17,728</td><td>16,856</td><td>15,660</td><td>14,464</td><td>13,258</td><td>12,074</td><td>11,033</td><td>10,030</td><td>9,147</td><td>8,290</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	20,637	19,663	18,509	17,728	16,856	15,660	14,464	13,258	12,074	11,033	10,030	9,147	8,290
	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																
	Actual	20,637	19,663	18,509	17,728	16,856	15,660	14,464	13,258	12,074	11,033	10,030	9,147	8,290																
	Number of patients waiting more than 36 weeks for a new outpatient appointment Improvement trajectory towards a national target of zero by March 2024 Current Period 29,187	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>28,339</td><td>28,693</td><td>27,055</td><td>25,418</td><td>23,632</td><td>21,523</td><td>19,413</td><td>17,293</td><td>15,521</td><td>13,988</td><td>12,520</td><td>11,411</td><td>10,372</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	28,339	28,693	27,055	25,418	23,632	21,523	19,413	17,293	15,521	13,988	12,520	11,411	10,372
	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																
	Actual	28,339	28,693	27,055	25,418	23,632	21,523	19,413	17,293	15,521	13,988	12,520	11,411	10,372																
	Number of patients waiting more than 104 weeks for treatment Improvement trajectory towards a national target of zero by June 2023 Current Period 6,020	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>6,150</td><td>5,694</td><td>5,029</td><td>4,348</td><td>3,555</td><td>2,690</td><td>1,825</td><td>1,003</td><td>681</td><td>359</td><td>42</td><td>13</td><td>29</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	6,150	5,694	5,029	4,348	3,555	2,690	1,825	1,003	681	359	42	13	29
	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																
	Actual	6,150	5,694	5,029	4,348	3,555	2,690	1,825	1,003	681	359	42	13	29																
Number of patients waiting more than 52 weeks for treatment Improvement trajectory towards a national target of zero by 2025 Current Period 29,187	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>28,339</td><td>25,673</td><td>23,829</td><td>21,721</td><td>19,485</td><td>17,163</td><td>15,337</td><td>13,627</td><td>11,938</td><td>10,249</td><td>8,659</td><td>7,285</td><td>6,104</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	28,339	25,673	23,829	21,721	19,485	17,163	15,337	13,627	11,938	10,249	8,659	7,285	6,104	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	28,339	25,673	23,829	21,721	19,485	17,163	15,337	13,627	11,938	10,249	8,659	7,285	6,104																	
Number of patients waiting over 8 weeks for a specified diagnostic Improvement trajectory towards a national target of zero by March 2024 Current Period 15,724	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>15,299</td><td>15,724</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	15,299	15,724												
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	15,299	15,724																												
Number of patients waiting over 14 weeks for a specified therapy Improvement trajectory towards a national target of zero by March 2024 Current Period 1,185	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>1,145</td><td>1,185</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	1,145	1,185												
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	1,145	1,185																												
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% Improvement trajectory towards a national target of reduction by March 2024 Current Period 35,795	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,065</td><td>34,064</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,064	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,065	34,064																	
Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route) Improvement trajectory towards a national target of reduction by March 2024 Current Period 640	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>555</td><td>538</td><td>529</td><td>516</td><td>512</td><td>511</td><td>490</td><td>455</td><td>450</td><td>424</td><td>404</td><td>396</td><td>392</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	555	538	529	516	512	511	490	455	450	424	404	396	392	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	555	538	529	516	512	511	490	455	450	424	404	396	392																	
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 reduction by March 2024 Current Period 49.0%	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>41.1%</td><td>58.3%</td><td>59.0%</td><td>60.3%</td><td>60.9%</td><td>61.3%</td><td>62.8%</td><td>64.8%</td><td>65.4%</td><td>67.2%</td><td>69.1%</td><td>69.6%</td><td>69.8%</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	41.1%	58.3%	59.0%	60.3%	60.9%	61.3%	62.8%	64.8%	65.4%	67.2%	69.1%	69.6%	69.8%	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	41.1%	58.3%	59.0%	60.3%	60.9%	61.3%	62.8%	64.8%	65.4%	67.2%	69.1%	69.6%	69.8%																	
Number of ambulance patient handovers over 1 hour Improvement trajectory towards a national target of zero by March 2024 Current Period 952	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td><td>1,094</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094	1,094																	
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge Improvement trajectory towards a national target of zero by March 2024 Current Period 1,738	<table border="1"> <tr><td>Trajectory</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>Actual</td><td>2,096</td><td>1,791</td><td>1,791</td><td>1,791</td><td>1,362</td><td>1,362</td><td>1,362</td><td>788</td><td>788</td><td>788</td><td>788</td><td>788</td><td>788</td></tr> </table>	Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	2,096	1,791	1,791	1,791	1,362	1,362	1,362	788	788	788	788	788	788	
Trajectory	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																	
Actual	2,096	1,791	1,791	1,791	1,362	1,362	1,362	788	788	788	788	788	788																	

Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



Greatest Volume Specialties compared to pre & intra Covid

Monthly Elective Treatment Activity compared to pre & intra Covid period						
Specialty	Apr-19	Apr-20	Apr-21	Apr-22	Apr-23	2023 as % 2019 (pre-Covid)
Gastroenterology	1013	683	81	693	780	77%
Urology	344	269	116	270	314	91%
Orthopaedics	436	154	4	222	299	69%
Ophthalmology	296	174	0	195	241	81%
Gynaecology	242	115	19	152	208	86%
General Surgery	372	144	27	134	201	54%
Ear Nose and Throat Service	210	72	15	100	167	80%
Cardiology	104	58	22	90	89	86%
Oral Surgery	64	33	2	26	62	97%
Breast Surgery	58	40	3	58	55	95%
General Medicine	10	3	3	3	26	260%
Anaesthetics	17	3	0	9	15	88%
Paediatrics	37	15	0	40	0	0%
Total	3203	1763	292	1992	2457	77%

The table above compares the greatest volume specialties of elective activity compared to the average pre & intra Covid levels. As can be seen, internal activity levels during March surpassed the pre-Covid levels for General Medicine, however none of the surgical specialties reached the levels seen prior to the pandemic.

How are we doing?

As per the charts above, the number of weekly elective treatments has been gradually increasing, with the average number of treatments for April at 620 treatments per week. In total 2,481 cases were undertaken in April, down on the previous month which can be attributed to the Easter Bank Holidays.

Since the start of April 2021 to date, CTM have sent 2,809 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,988 (on average 80 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of April 2023						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	1130	151	846	94	39	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	116	33	66	6	11	0
SPIRE - General Surgery	173	31	125	9	8	0
NUFFIELD - Orthopaedics	501	120	344	14	4	19
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	282	72	166	8	7	29
NUFFIELD - Ophthalmology	468	97	336	19	3	13
NUFFIELD - Prostate Biopsy	31	0	31	0	0	0

Source: Spire / Nuffield Healthcare

Elective Activity continued on the next page...

Elective Activity: What actions are we taking & when is improvement anticipated?

Ophthalmology: CTM continue to work in partnership with C&VUHB Vanguard Programme to reduce waiting times for patients waiting for a cataract operation. Initial agreement was to send Stage 4 patients only, though since 1st April 2023 the agreement is to send 1st New outpatient appointments referred for cataract surgical opinion. Capacity has been divided between C&V, CTM and AB Health Boards. CTM have been allocated 500 slots and are required to send a minimum of 85 referrals per week. Given there is limited capacity available to carry out pre-op assessment, patients requiring a second eye procedure will have a telephone assessment when their first pre-op assessment appointment is still in date and proceed to second eye surgery when appropriate; freeing up face to face capacity in the pre-op assessment clinics. To ensure we are meeting the Deanery training requirement most cataract lists are teaching lists which reduces the number of patients who can be treated on a list and subsequently an additional non-training list has had to be established to ensure we meet the necessary activity volumes identified in the annual plan.

Orthopaedics: Principle efforts have focused on improving theatre productivity. These efforts have seen theatre activity at PCH increase by 52% over the last 4 months and improved levels of efficiency and a wider case mix of procedures being undertaken at Neath Port Talbot Hospital including elective overnight arthroplasty surgery. Temporary changes to the trauma model which will greatly increase elective capacity are now being planned. To sustain the improvements, many of which have resulted from staff working overtime, changes to the workforce model are under consideration and a bed plan is being developed, to increase elective inpatient bed capacity.

Theatre Productivity and Improvement Schemes to Maximise Utilisation: A theatres steering group has been established and will now be reviewed and remolded by the Care Group with the focus on productivity and efficiency and the production of several key metrics. At PCH a theatre workforce model and case for change has been undertaken to provide a gap analysis, the aim is to ensure the establishment is fit for purpose, sustainable and meets the needs of the service and our patients. The model has now been shared across CTM for a standardised approach and will be collated by the Care Group for analysis. At RGH the number of General Surgery, ENT, Urology and colorectal operating sessions being delivered is at or exceeds pre-Covid theatre capacity. In March a total of 605 cases went through theatres, which when adjusting for case complexity, is on par with pre-covid levels.

Urology – Currently operating 6 sessions per week in main theatre and 3 sessions per week in DSU. Anticipating an increase of cases per list from 4 to 5. A multi-disciplinary task and finish group has been set up to consider re-locating the LAPB service to RGH, with the intention of replacing the TRUS biopsy service. A review has been undertaken and an improvement action plan for the service is being developed. A new locum consultant urologist is starting on 8 June, based at the RGH.

General Surgery – Continuing to utilise all available inpatient and day surgery theatre capacity at POW and Neath Port Talbot hospital. It is anticipated further backfilling capacity will become available from May 2023 to undertake additional day surgery activity supported by the insourcing team, ID Medical. Additional activity will be carried out by a recently appointed 6 month locum. Two current vacancies within the Upper GI Service, one Consultant post currently live on Trac.

What are the main areas of risk?

There are sizeable backlogs of urgent patients which will impact on how quickly efforts to reduce the routine backlog are observed in the data. Funding for the planned care programme is largely already committed towards roll over schemes from 2022/23; increased funding for new schemes is limited. The organisational change process has the potential to disrupt delivery. Ophthalmology and Orthopaedics remain areas of risk from a pure volume perspective. Availability of elective bed capacity; currently POW only has 9 beds identified for elective care, although plans to reinstate the DSU are being progressed and will conclude shortly. The DSU at PCH is now fully operational with the additional support from insourcing theatre team. There are no ring-fenced inpatient beds at this time due to the challenges with flow across the system and the level of clinical risk this is causing within our EDs and Assessment Units. The lack of ring-fenced capacity continues to impact on productivity and efficiencies through DSU. In partial mitigation, all inpatient cases start off within DSU footprint and are then transferred to available inpatient bed post-operatively; a pathway that this has reduced, but not eliminated, cancellations. The ongoing requirement to work with 2 different PAS systems within CTM is inefficient and poses the potential for patients to be removed from one system and not added to another.

Risks relating to Day case and Theatres

Limited recovery space at POW to support low risk, high volume day case activity.
Limited bed capacity at POW to support overnight urgent/routine elective activity.
Limited options to relocate diagnostic pathways from PCH DSU due to restricted treatment/recovery space.
Previous funding has been frozen due to slow recruitment into vacant positions. A high number of vacancies remain across Theatre Practitioner groups, limiting ability to increase current scheduled activity.
The UHB continues to use high levels of overtime to cover existing planned activity
The service is unable to recruit ODP's outside of annual streamlining recruitment every September, which presents timing constraints on programme budgeting decisions.

Ophthalmology

The limited number of Pre-assessment Nurses is challenging the efficient running of the service and our ability to optimize utilization of theatres
High volume of complex cases impacting the number of cases per list.
The UHB has only a few consultants with an interest in VR and Corneal cases, which adds challenges and complexity when seeking to meet demand and treat in turn.
The requirement of the Deanery, is reducing the productivity of our theatre lists.
Site pressures in RGH has had impact on theatre sessions due to bed availability.

General Surgery

Limited theatre capacity for upper GI surgery
Consultant Upper GI staff shortages due to vacancies (currently out to advert)
Limited laparoscopic equipment for certain procedure in NPTH resulting in patients being treated out of turn.
Limited consultant capacity for specialist upper limb surgery.
Disproportionate number of higher ASA grade patients on the waiting list to acute capacity.

Orthopaedics

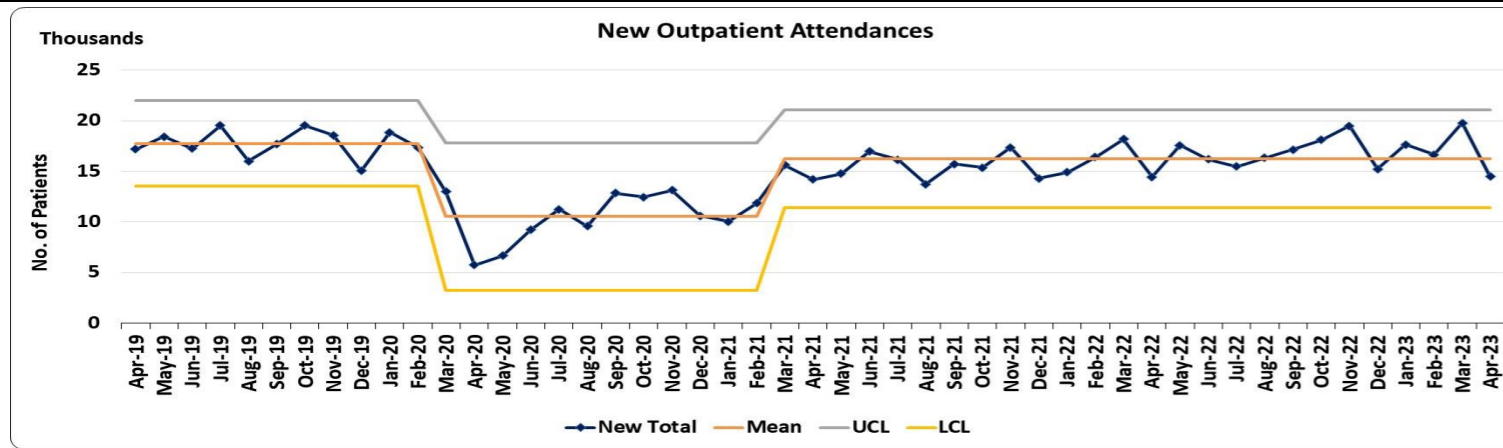
Arthroplasty has been paused at POW pending National Joint Registry report.

Vascular

The environment in which the RFA (Radiofrequency Ablation) procedures are undertaken is sub-optimal from numerous perspectives given the increase in activity elsewhere on the ward.

Resetting Cwm Taf Morgannwg – Outpatient Attendances – April 2023

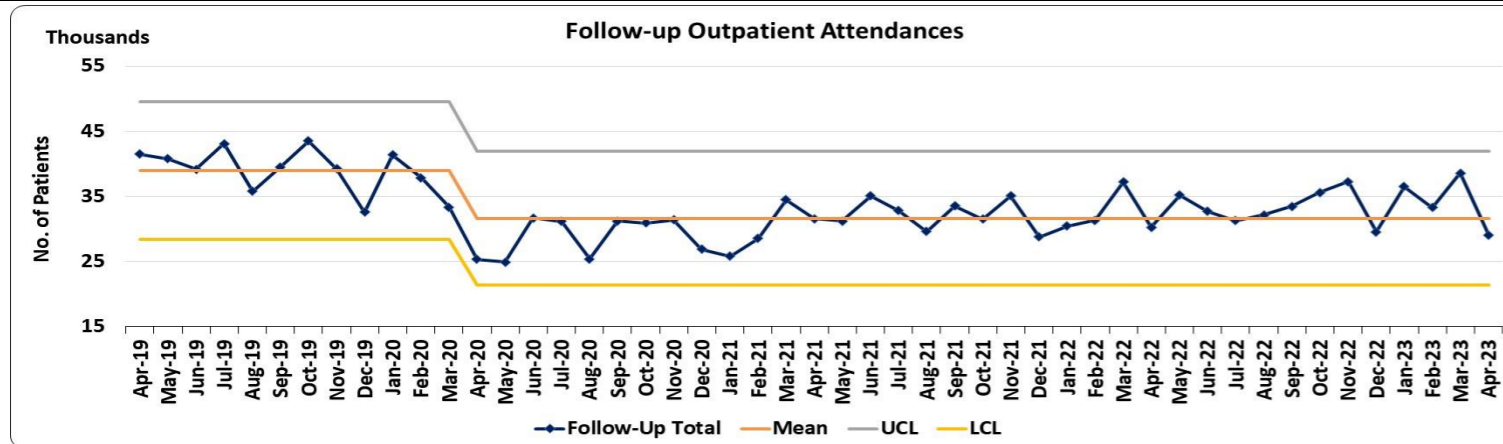
New Outpatient Attendances April 2023 – provisionally 14,488 attendances



Number of patients who have waited over 104 weeks for New Outpatient Appointment at end of April 2023 – 1,240

Specialty	31/03/2023	Provisional Status at 30/04/2023	Improvement from the previous month
Urology	533	384	149
Dermatology	176	204	-28
Ear, Nose & Throat Service	270	205	65
Ophthalmology	218	220	-2
Breast Surgery	53	54	-1
General Medicine	64	70	-6
Gastroenterology	25	32	-7
Rheumatology	27	25	2
Restorative Dentistry		2	-2
Trauma & Orthopaedics	5	16	-11
Cardiology	4	3	1
General Surgery	68	23	45
Oral Surgery	1	2	-1
Total	1444	1240	204

Follow-up Outpatient Attendances April 2023 – provisionally 29,004 attendances



How are we doing?

As at the end of April 2023, there were provisionally 69,835 patients awaiting a new outpatient appointment, of which, 17,174 (25%) patients were categorised as urgent and 10,554 (15%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 2% (1,242) on the 68,593 patients waiting at the end of the equivalent period last year.

WG had set a target of having no patients waiting over 104 weeks for a first outpatient appointment at the end of March 2023. As it currently stands, at the end of April there were 1,240 patients who have waited in excess of two years for a new outpatient appointment.

What actions are we taking & when is improvement anticipated?

The following actions are being taken to eliminate waits of >104 weeks throughout Quarter 4 2022/23:

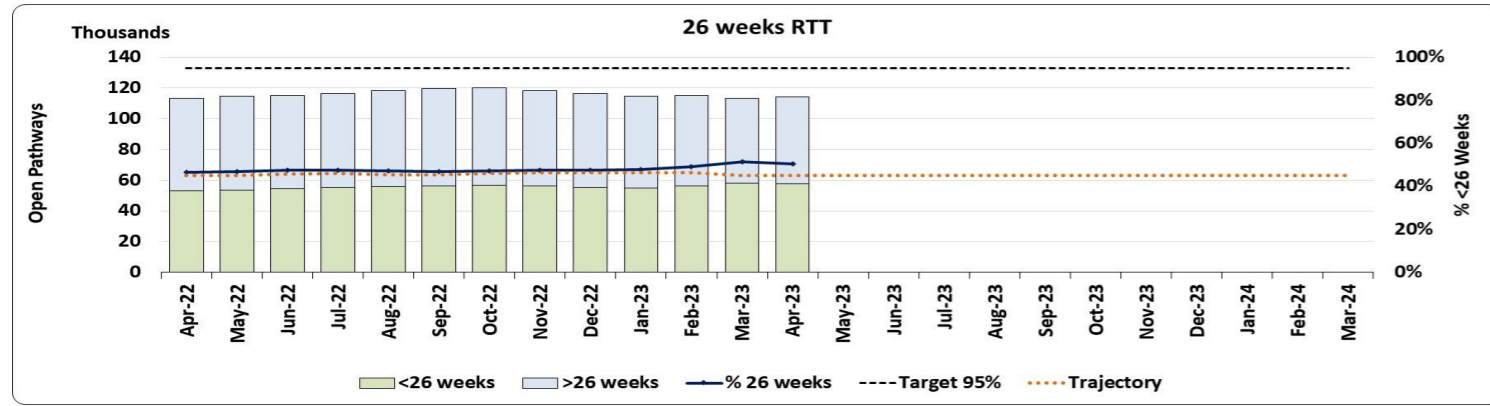
- **Outpatient utilisation and improvement programme:** initiated, focusing on clinic utilisation booking processes, standardisation & reduction of DNA's. Partial booking of all new appointments continue at PCH.
- **Prioritisation exercise:** underway to review the realised benefits of recovery schemes to inform the allocation of PCR funds for the next financial year.
- **Use of WISE for Pain Management patients:** CTM's Wellness Improvement Service (WISE) is now established as the initial intervention for Pain Management, Stage 1 referrals and for any patient coming back to us requiring treatment (Stage 4), we have set up additional backfill pain lists. Of the first cohort of 366, all offered assessment and 39% (142) chose to be off-listed and the remainder (224) underwent assessment and enrolment to Wise. Next cohort of patients waiting 52 weeks and over sent. Further bid being developed to support Stage 4 and potential conversion from Stage 1.
- **Super Saturday Clinics:** reviewed across all Specialties and already undertaken in Oral Maxillofacial Surgery and Cardiology continue to run with maximum planned activity. Conversion rates continue to be monitored.
- **Health Board wide Waiting Lists:** weekly performance meetings on a specialty, rather than locality level, allowing for whole HB focus on waiting list performance. Addressing inequity across sites e.g. General Surgery patients being transferred from RGH to PCH who have a higher rate of virtual appointments.
- **LGI:** CTM has been successful in obtaining funding for cancer pathways relating to Endoscopy. A root cause analysis has been undertaken and the investment will be used in a combination of additional Endoscopy activity and new SOPs for the scheduling of activity. Utilisation in the last 4 weeks has increased by 25% through productivity and efficiency improvements. Continue to clear Stage 1 for over 104 weeks across both PCH and RGH, with a further plan to pool waiting list and centralise access.
- **Text Reminder:** service set up for both Endoscopy and Radiology to support DNA reduction and increase productivity. Text templates completed and waiting Welsh translation before going live. Weekly deep dive meeting continues with support from DU and NEP looking at weekly utilisation and future trajectories. Mobile Endoscopy Unit extension agreed to maintain additional capacity – templates increased and overbooking agreed to offset DNA rates. This continues to support the USC diagnostic and BSW screening waits.
- **Urology -** Continuing to offer WLI's to reduce the patients waiting >104 for a urology appointment, though there appears to be very little uptake from a nursing perspective to support the additional activity during the week or weekend.

What are the main areas of risk?

- Those specialties with a high Urgent Suspected Cancer referral rate have highlighted that the capacity for referrals prioritised as routine will continue to experience long waits.
- Weekly Elective Assurance meetings take place with all specialty leads which will now include Diagnostics and Pathology.
- A Cancer Performance Assurance forum attended by all stakeholders takes place weekly to review all cancer pathways.
- >156 week position for Dermatology waits is 119
- >104 week position is 345
- (aim for 80-100 to be removed by RME)
- **Ophthalmology** - Non-continuation of high volume outsourcing in the interim of the regional Programme.
- Recurrent demand outweighs capacity.
- **Urology** - Cancer demand is greater than core clinical capacity.
- **ENT** - Progress continues to improve and there are 166 patients breaching 104+ and this has been halved since the end of March. Further plans have been submitted with approval pending to clear the 104+ and reduce the 52+ waits by up to 500 cases.
- **Breast** - Progress continues to be affected by capacity being prioritised for cancer provision. However, a plan has been submitted with approval pending to reduce the RTT cohort. With up to 80 additional slots to support clearance of 104+ by end of June 23
- **Colorectal and General Surgery** - Plan to clear small number breaching 104 in place and to reduce 52+ by end of June are awaiting approval.

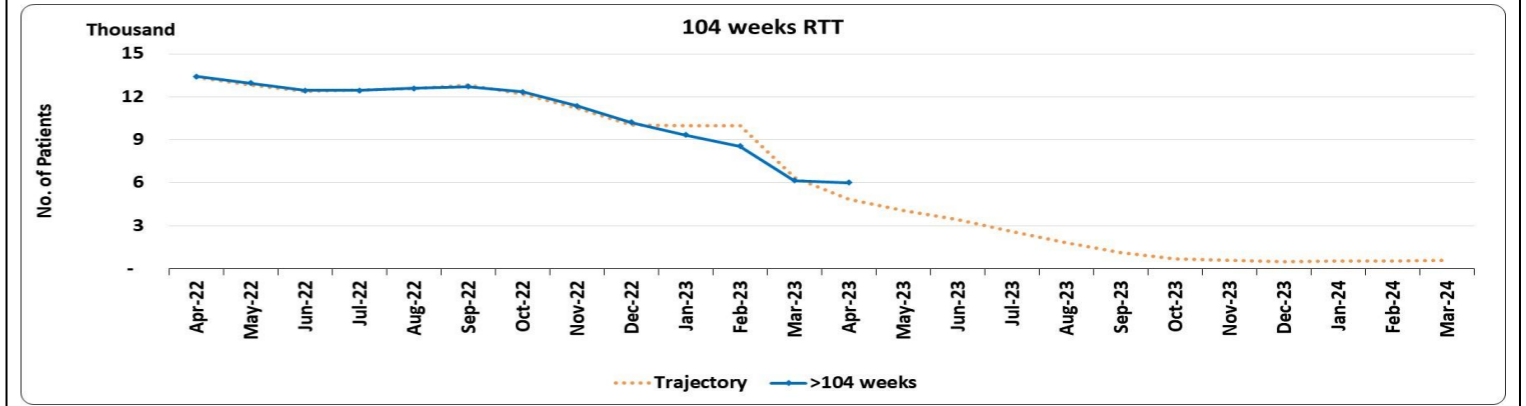
Referral to Treatment Times (RTT) – April 2023 (Provisional Position) – Total Open Pathways 114,306

% of patients waiting less than 26 weeks RTT (50.5%) – Target is Improvement Trajectory towards a national target of 95% by 2026



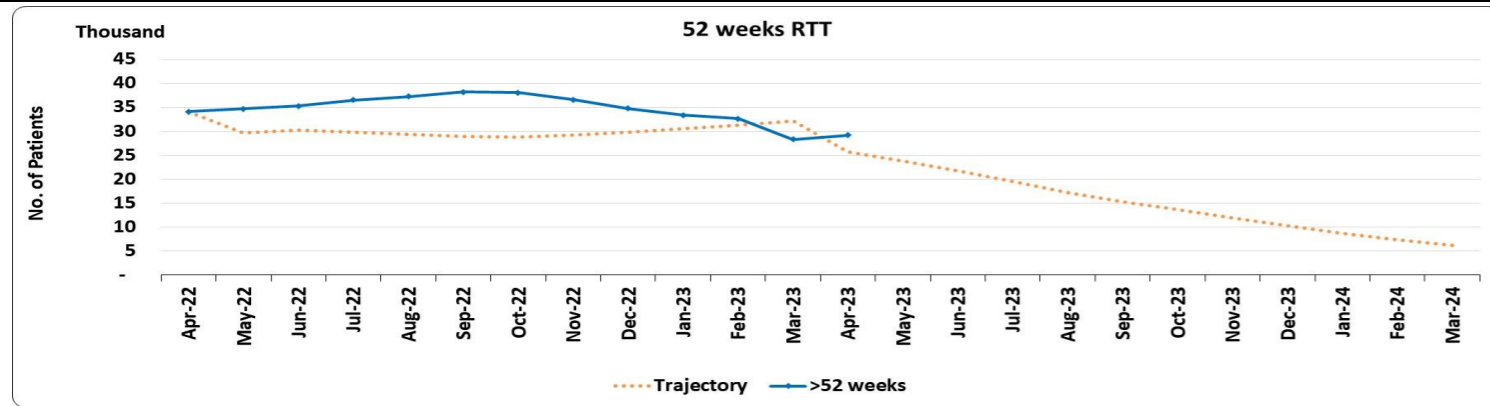
The 26 week position performance for April across Cwm Taf Morgannwg is a provisional 50.5%. Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

Number of patients waiting >104 weeks (6,020) - Target is Improvement Trajectory towards a national target of Zero by June 2023



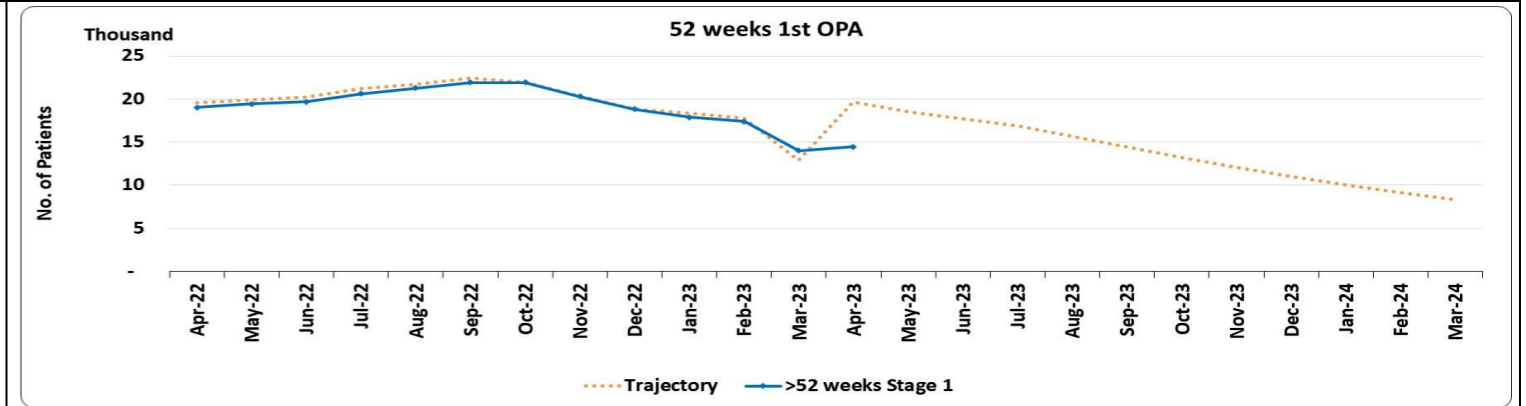
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of April is 6,020, which as it currently stands is a reduction of 2.1% (130) from the reported March position.

Number of patients waiting >52 weeks RTT (29,187) – Target is Improvement Trajectory towards a national target of Zero by March 2025



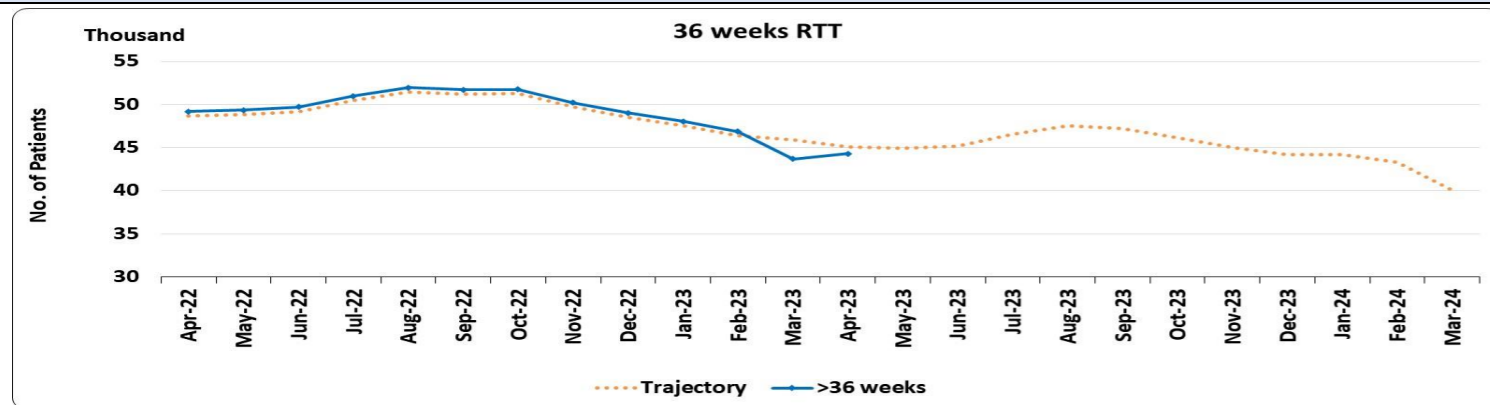
The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of April is 29,187, which as it currently stands is an increase of 3% (848) from the March reported position.

Number of patients waiting over 52 weeks for a new outpatient appointment (14,467) - Target is Improvement Trajectory towards eliminating over 52 week waits by June 2023



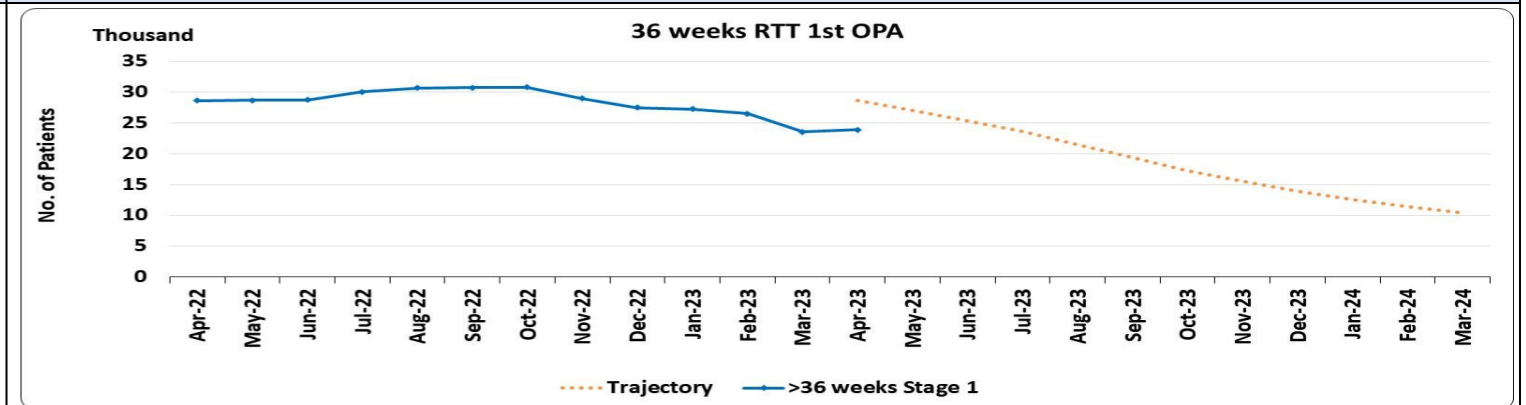
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of April is 14,467, which as it currently stands is an increase of 3.2% (450) from the March reported position.

Number of patients waiting >36 weeks RTT (44,300) Target – Improvement Trajectory towards a national target of Zero by March 2026



The number of patients waiting over 36 weeks at the end of April, across Cwm Taf Morgannwg, is a provisional position of 44,300 patients, which is a reduction of 1.4% (626) from March (N.B. includes the 29,187 patients waiting over 52 weeks).

Number of patients waiting over 36 weeks for a new outpatient appointment (23,912) - Target is Improvement Trajectory towards eliminating over 36 week waits by March 2024



The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of April is 23,912, which as it currently stands is an increase of 1.5% (343) from the March reported position. (N.B. includes the 14,467 Stage 1 patients waiting over 52 weeks).

RTT continued on the next page...



Cont'd...Referral to Treatment Times (RTT) – April 2023 (Provisional Position) – Total Open Pathways 114,306

Total number of open pathways per specialty - April 2023 (provisional)

Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	>52 Weeks to 104 Weeks	>104 Weeks to 156 Weeks	>156 Weeks	Total Open Pathways
Anaesthetics	469	41.4%	133	235	203	66	28	1134
Cardiology	3450	67.4%	730	640	234	47	19	5120
Care of the Elderly	45	97.8%	0	0	1	0	0	46
Dermatology	3861	51.7%	832	1146	1426	172	34	7471
Endocrinology	256	71.9%	55	45	0	0	0	356
Gastroenterology	2141	56.1%	449	478	638	79	30	3815
General Medicine	1732	61.6%	358	382	267	70	1	2810
Nephrology	156	89.1%	16	3	0	0	0	175
Respiratory Medicine	1512	71.1%	198	210	179	29	0	2128
Rheumatology	936	64.8%	179	144	117	45	24	1445
Sport and Exercise Medicine	6	100.0%	0	0	0	0	0	6
Thoracic Medicine	541	81.8%	65	50	5	0	0	661
Geriatric Medicine	7	100.0%	0	0	0	0	0	7
Diagnostics	5166	54.7%	858	970	2001	437	8	9440
Therapies	1890	78.5%	252	220	44	1	0	2407
Ophthalmology	5995	42.9%	1473	1999	4056	388	68	13979
Oral Surgery	1976	57.3%	521	460	397	81	14	3449
Orthodontics	251	78.7%	31	36	1	0	0	319
Restorative Dentistry	58	38.4%	10	21	60	2	0	151
Ear, Nose & Throat Service	5401	43.5%	1072	1615	3433	513	371	12405
Gynaecology	4583	55.3%	944	1091	1028	298	339	8283
Paediatrics	2176	81.3%	284	192	25	1	0	2678
Haematology (Clinical)	212	92.2%	16	2	0	0	0	230
General Surgery	3904	42.9%	877	1259	2467	392	210	9109
Trauma & Orthopaedic	5303	38.2%	1594	2432	3561	670	319	13879
Urology	3450	44.1%	692	766	1919	711	290	7828
Colorectal	1637	45.6%	431	547	793	136	42	3586
Breast Surgery	666	47.9%	156	170	312	81	4	1389
Total	57780	50.5%	12226	15113	23167	4219	1801	114306

How are we doing?

Ophthalmology: There has been significant improvements made with the open pathways, albeit still reporting 13,979 this was just over 15,000 in October 2022, caveating that our recurrent demand for cataract alone is circa 400 per month.

General Surgery: Stage 1 remains at a zero position, though improvement is required for the stage 4 cohort. Whilst core capacity in main theatre remains focused on cancer work, the additional day case capacity currently available by means of ID medical and the appointment of a locum consultant should improve this position. Ongoing work is required across CTM to ensure all Stage 4's are booked in turn.

T&O: Currently have the majority of open pathways above 104 weeks. Most are currently sitting on Stage 4 of the pathway. There is currently no suitable capacity at POW to carry out this cohort, though discussions on going with RGH and PCH in terms of merging waiting list and treating longest waiters across CTM.

What actions are we taking & when is improvement anticipated?

It is anticipated that the length of time that patients are waiting will reduce across all specialties, with patients being seen for first outpatients within two years in all specialties, with risks assessed in ENT, Urology, Ophthalmology and Dermatology. In each of these four specialties there are actions being taken to increase capacity. (Weekend clinics and theatre sessions in Ophthalmology and ENT (weekend clinics), the recruitment of a Locum Consultant and additional pharmacy and primary care resource in Dermatology).

Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality/consultant waiting lists, additional clinics and re-direction of Pain referrals to Wellness Improvement Service (WISE) are in place. Improvement programmes are in place to realise efficiencies in outpatient departments with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's. Partial booking is now in place across all specialties which strengthens validation and complements the clinical and administrative validation across all specialties.

General Surgery: Increasing day surgery capacity would allow General Surgery to focus on the Stage 4 backlog. The appointment of additional upper GI consultants will also help manage current demand.

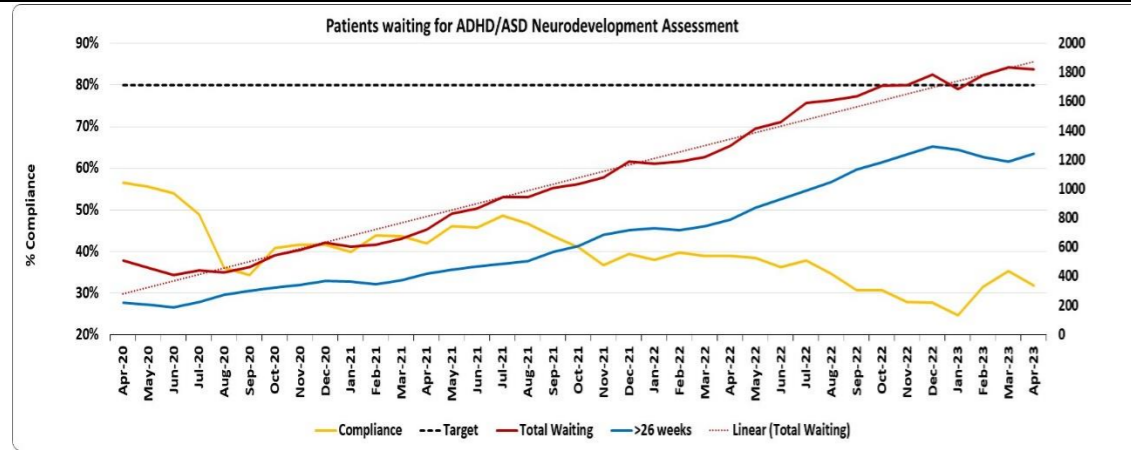
T&O: The HB plan to centralise arthroplasty to one site; should increase both protected inpatient capacity and theatre capacity. The disaggregation with SBU is also anticipated to reduce the Bridgend waiting list by approximately 30%.

Theatres and Endoscopy: Ongoing productivity and efficiency schemes to increase activity. Workforce Business case completed for Theatre and Endoscopy at PCH.

What are the main areas of risk?

- Insufficient theatre workforce to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment – remains challenging. Delays in approval to recruit to existing posts within the structure that have become vacant and new posts. The Scrutiny Panel is adding further delays to an already protracted process.
- Staff fatigue / willingness to support additional capacity - additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- WPAS issue - do 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 outcomes for our patients. A mitigation plan is being developed for pooled lists.
- The availability of sufficient bed capacity.

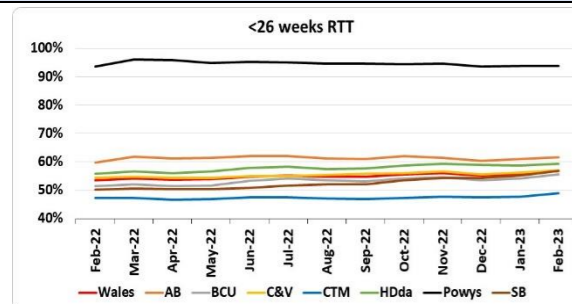
% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (31.9%) -Target 80%



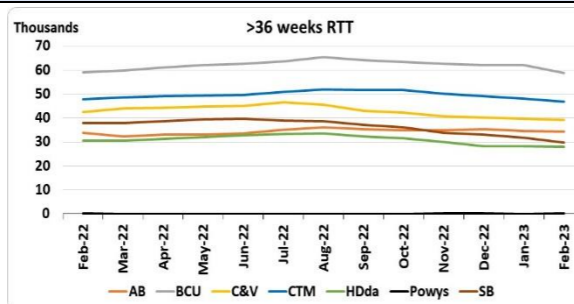
Despite a minor improvement in performance from February 2023, the chart to the left highlights that there has been a significant deterioration in the compliance over the last three years against the 26 week target for Neurodevelopment services, with compliance at 31.9% for April, continuing to remain well below the target threshold of 80%.

The chart also depicts the total waiting list volume (red), the number of patients waiting in excess of 26 weeks for ND Assessment (blue) and the proportion waiting less than 26 weeks (WG target – yellow). As the waiting list volume has been growing at a fairly constant rate of 36 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.

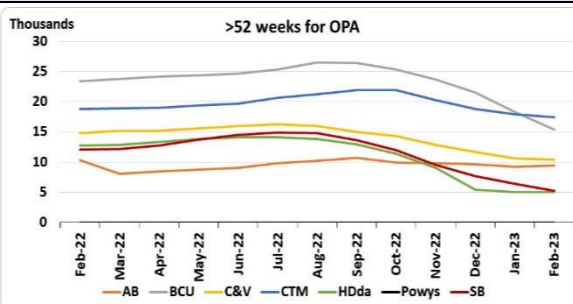
How do we compare with our peers?



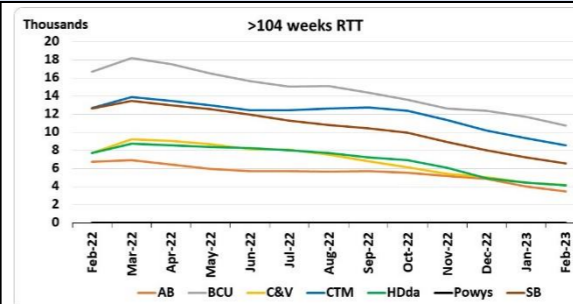
Health Board	Compliance	Rank
Powys	93.7%	1st
AB	61.6%	2nd
HDda	59.3%	3rd
C&V	56.9%	4th
SB	56.9%	5th
BCU	55.6%	6th
CTM	49.0%	7th



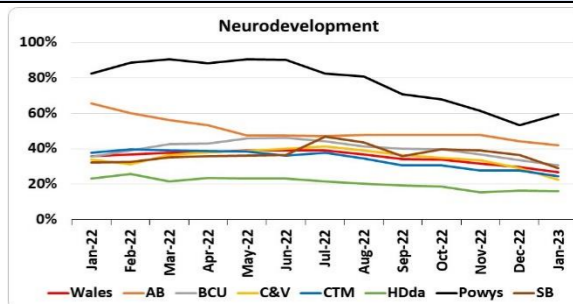
Health Board	Compliance	Rank
Powys	108	1st
HDda	28,041	2nd
SB	29,667	3rd
AB	34,324	4th
C&V	39,182	5th
CTM	46,888	6th
BCU	58,806	7th



Health Board	Compliance	Rank
Powys	1	1st
HDda	5,017	2nd
SB	5,281	3rd
AB	9,486	4th
C&V	10,403	5th
BCU	15,423	6th
CTM	17,416	7th



Health Board	Compliance	Rank
Powys	0	1st
AB	3,460	2nd
HDda	4,113	3rd
C&V	4,185	4th
SB	10,403	5th
CTM	8,556	6th
BCU	10,724	7th



Health Board	Compliance	Rank
Powys	59.4%	1st
AB	42.1%	2nd
BCU	30.8%	3rd
SB	28.9%	4th
CTM	24.7%	5th
C&V	22.6%	6th
HDda	16.0%	7th

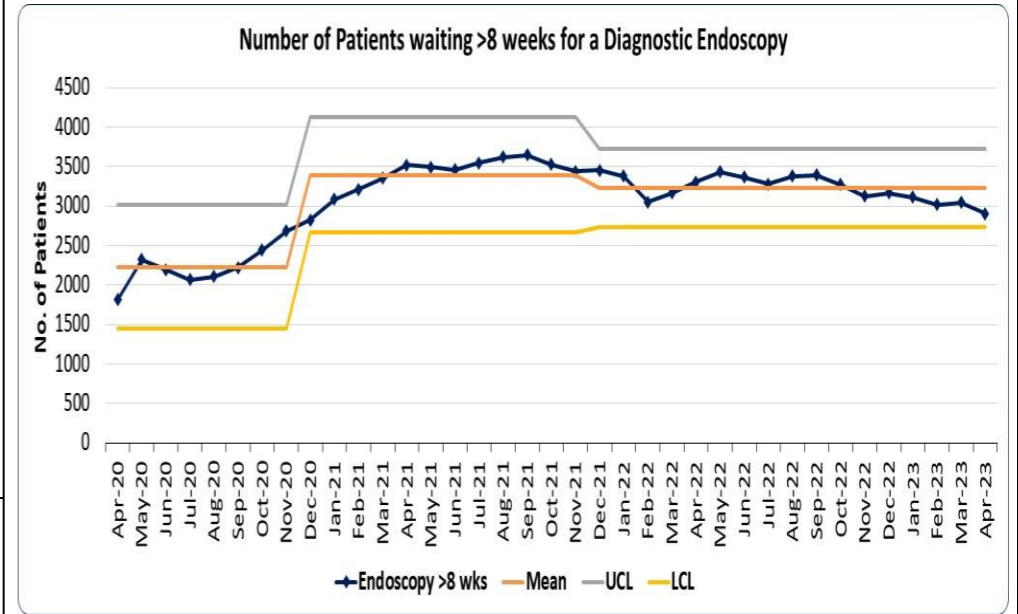


Diagnostics & Therapies – April 2023 (Provisional Position)

Number of patients waiting >8 weeks for Diagnostics Target - 12 month reduction trend towards Zero by spring 2024 Total >8 weeks 15,724	Number of patients waiting >14 weeks for Therapies Target - 12 month reduction trend towards Zero by spring 2024 Total >14 weeks 1,185	Number of patients waiting >8 weeks for Diagnostic Endoscopy Target - Improvement Trajectory towards target of Zero by March 2026 Total >8 weeks 2,902
--	---	---

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Cardiology	Echo Cardiogram	637
Cardiology Services	Cardiac CT	12
	Cardiac MRI	3
	Diagnostic Angiography	87
	Stress Test	52
	DSE	31
	TOE	2
	Heart Rhythm Recording	170
	B.P. Monitoring	0
Bronchoscopy		3
Colonoscopy		664
Gastroscopy		755
Cystoscopy		574
Flexi Sig		906
Radiology	Non-Cardiac CT	639
	Non Cardiac MRI	1738
	NOUS	8701
	Non-Cardiac Nuclear	72
Imaging	Fluoroscopy	62
Physiological Measurement	Urodynamics	114
Neurophysiology	EMG	231
	NCS	271
Total		15724

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Arts Therapy	1
Audiology	13
Dietetics	1033
Occupational Therapy	23
Physiotherapy	1
Podiatry	1
Speech & Language	113
Total	1185



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,724											

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,185											

How are we doing?

Diagnostics: Provisionally, at the end of April, 15,724 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an increase of almost 425 (3%) patients on the reported position for March.

Endoscopy also observed an improvement of 4.8% in the number patients waiting in excess of eight weeks (145 patients), with the number of patients currently breaching the target now standing at 2,902.

The NOUS service continues to have the highest volume of breaching patients with 8,701 currently waiting over 8 weeks for a scan, which is an increase of 1.6% (136) patients on the reported position for March.

Therapies: There are provisionally 1,185 patients breaching the 14 week target for therapies in April, a small increase of 3.5% (40 patients) on the reported position for March.

The Dietetic service accounts for over 87% of the total patients waiting beyond the 14 week target for therapies.

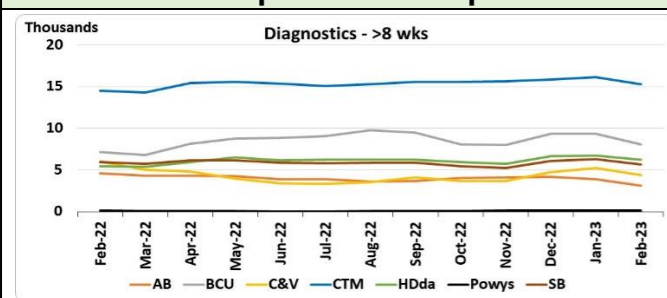
What actions are we taking & when is improvement anticipated?

- Structured performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Ongoing validation of US, MR, CT lists, inappropriate referrals redirected.
- Realigning patient bookings around clinical priority, improved position has been seen through reduction in USC waits.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Review of sequences/protocols in MR resulting in time savings which will subsequently increase scanner capacity.
- Pathway work around accelerated imaging for Endoscopy CT/MR and review of current modality pathways.
- Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.
- Additional staff funded for the new Breast Unit.
- Work ongoing in streamlining the Single Cancer Pathway.
- Pathway/process mapping being undertaken to further drive efficiencies.
- Additional patient lists running to reduce waiting times, which has maintained a static position.
- Demand and Capacity monitoring and forecasting of services commenced.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outourcing request to be considered by Board when cases for MRI and CT are also complete.
- Updated D&C modeling for Endoscopy in collaboration with NEP. Improved utilisation through productivity and efficiencies.
- Ongoing work to improve endoscopy pathway including demand management, scheduling processes and access policies.
- POW now using electronic STT. Paper copies to be removed from department
- Electronic referral system to be implemented in RGH/PCH

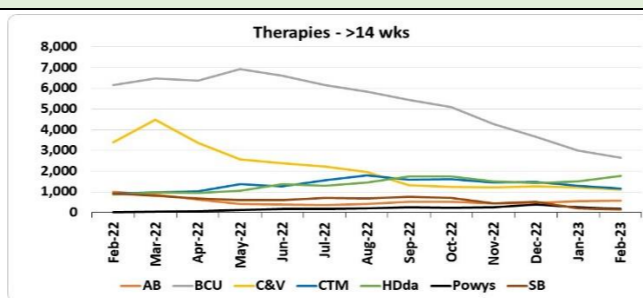
What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.
- Radiographer vacancies and inability to recruit.
- Timely appointments for USC/Urgent patients.
- Capital replacement programme work and refurb of 2nd MR scanner at RGH reducing current capacity.
- Bowel Screening – with regards to SCP performance, worth flagging the shortfall in capacity, sessions and screening colonoscopists' availability to clear the backlog and be able to manage the current and increase in demand anticipated this year following optimization of the BSW programme. Development of a sustainable BSW service over the forthcoming months will be integral to the delivery of the SCP targets for CTM.
- Endoscopy Competing Priorities – faces challenges with competing priorities with the service trying to deliver and maintain the SCP pathway, accommodate longest waiters for delivery of the RTT targets 156 & 104 weeks, hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients.
- Neurophysiology Services – Impact on Orthopaedic Services

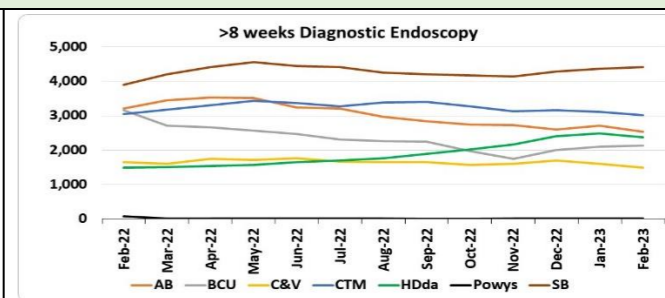
How do we compare with our peers?



Status as at February 2023		
Health Board	Compliance	Rank
Powys	132	1st
AB	3,146	2nd
C&V	4,421	3rd
SB	5,645	4th
HDda	6,226	5th
BCU	8,057	6th
CTM	15,294	7th



Status as at February 2023		
Health Board	Compliance	Rank
SB	157	1st
Powys	193	2nd
AB	572	3rd
C&V	1,111	4th
CTM	1,175	5th
HDda	1,764	6th
BCU	2,663	7th



Status as at February 2023		
Health Board	Compliance	Rank
Powys	17	1st
C&V	1,497	2nd
BCU	2,136	3rd
HDda	2,369	4th
AB	2,527	5th
CTM	3,020	6th
SB	4,408	7th

Follow-up Outpatients Not Booked (FUNB) – Provisional Position April 2023

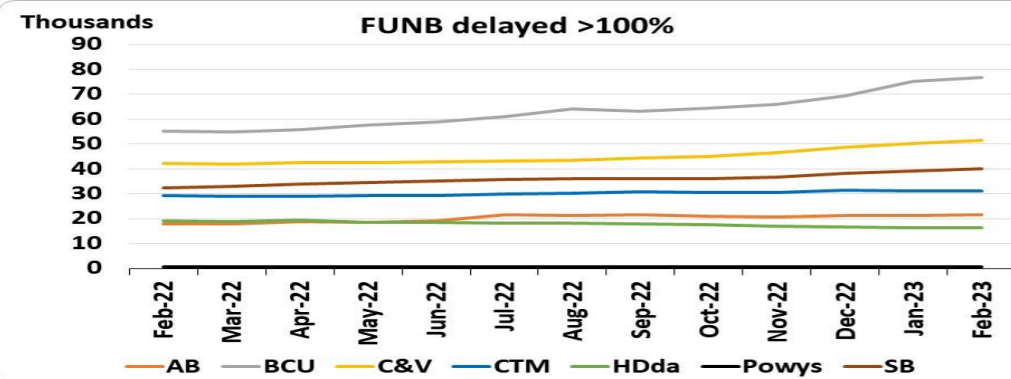
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	86,159	54,102	140,261

Number of patients waiting for a Follow-up delayed over 100% - Target: Improvement trajectory towards a national target of reduction by March 2024

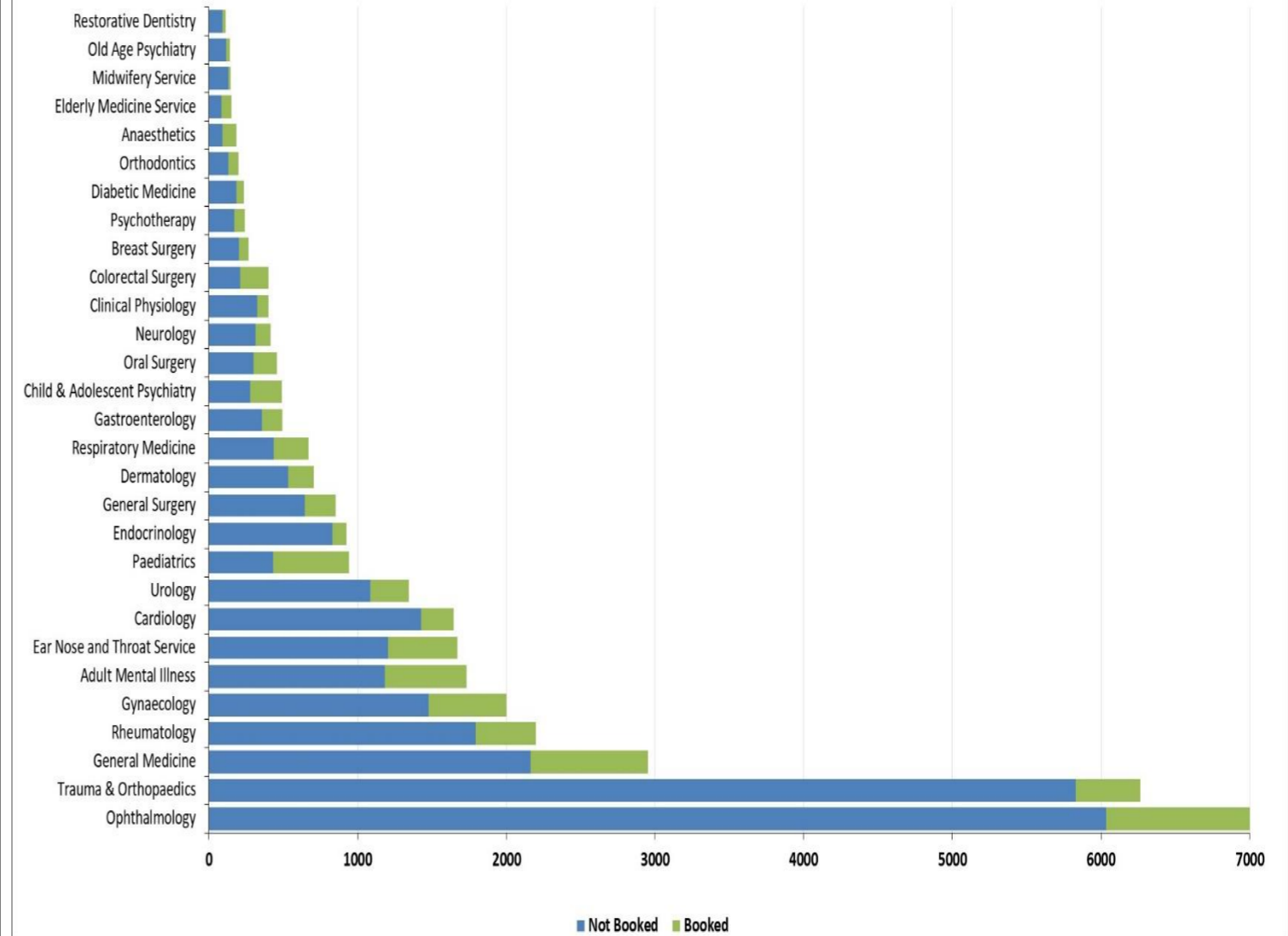
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
28,219	7,576	35,795	25.5%

How do we compare with our peers?



Status as at February 2023		
Health Board	Compliance	Rank
Powys	522	1st
HDda	16,270	2nd
AB	21,604	3rd
CTM	31,209	4th
SB	40,146	5th
C&V	51,374	6th
BCU	76,905	7th

CTMUHB - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (April 2023)



How are we doing?

The number of patients waiting for a follow-up appointment in Cwm Taf Morgannwg UHB, at the end of April 2023, has increased to 140,261 from 113k 12 months ago. Of the patients waiting, 35,795 (around 26%) have been waiting more than 100% longer than their clinician advised, representing an increase of 23% on the equivalent period last year.

There are currently no patients without a documented target date.

What actions are we taking & when is improvement anticipated?

Clinical validation of follow-ups not booked (FUNB) by CTM Consultants in Ophthalmology has concluded and outcomes have been updated on WPAS. Of this cohort, 47% have been discharged. Targeted work on reducing the number of follow-ups not booked across specialties has significantly reduced the number of years that FUNBs are reported as waiting by 5 years.

What are the main areas of risk?

The April position shows a continued increase in the numbers of patients awaiting a follow up appointment, this is being notionally attributed to the service's focus on delivering waiting time targets for new outpatient attendances and increasing the proportion of capacity available for activity and validation towards first appointments rather than review appointments.

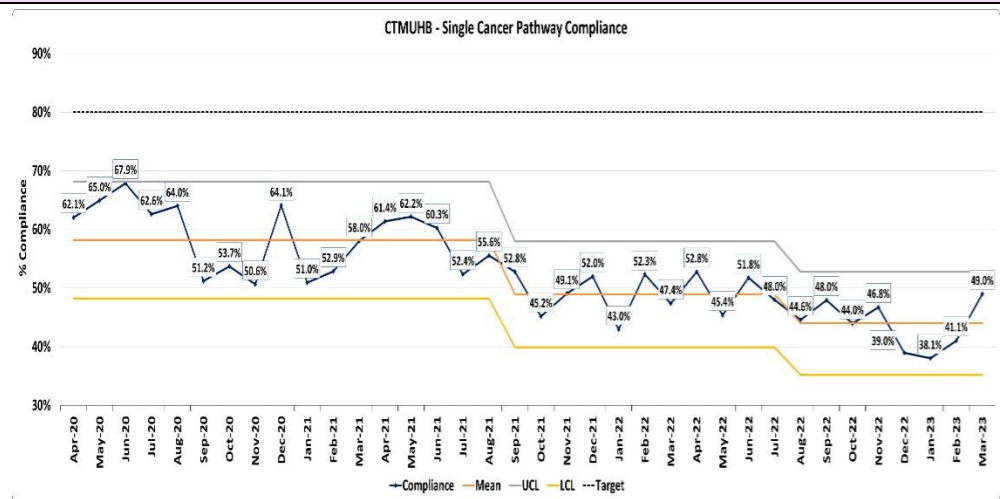
Combined outpatient activity levels during April 2023 continue to be below pre-Covid levels (around 26% fewer), but similar to the equivalent period of 2022 (Easter Bank Holidays will have an impact on activity levels), with the provisional April figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 14,488; which as it currently stands is a reduction of around 20% on the Pre-Covid average (19/20) of 18,186.
- Total Follow-up Patients seen: 29,004; around a 28% reduction on the Pre-Covid average (19/20) of 40,500.



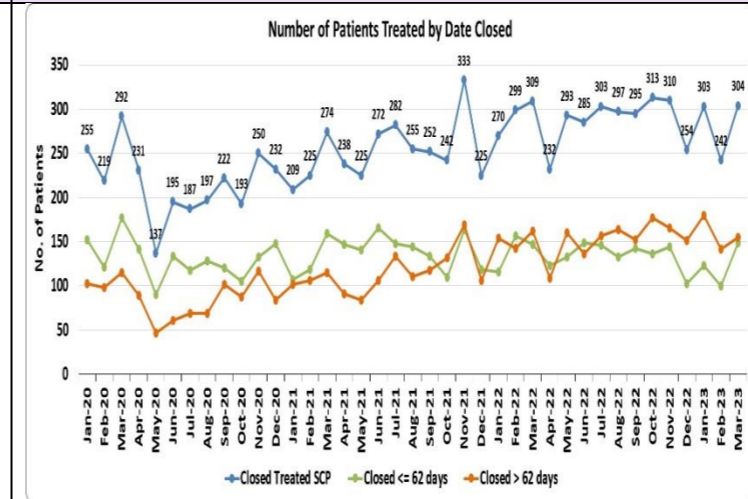
Single Cancer Pathway (SCP) – March 2023

% of patients starting first definitive cancer treatment within 62 days from point of suspicion
 Target - Improvement Trajectory towards a national target of 80% by 2026 – **Compliance March 2023 – 49.0%**

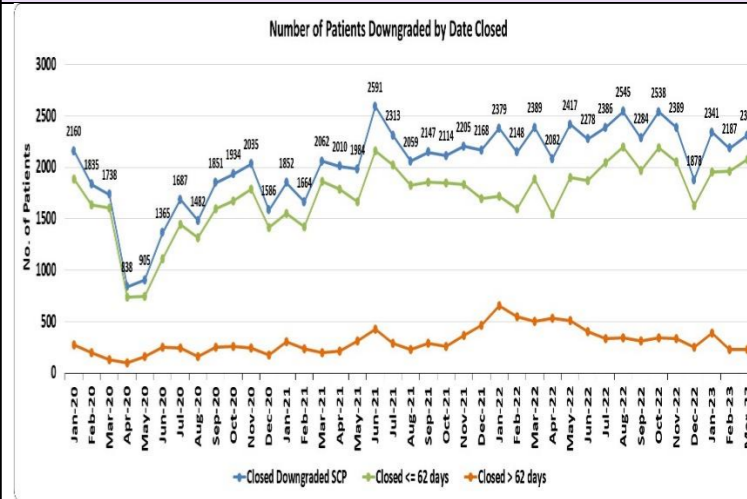


Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	1	3	4	25.0%
Upper GI	14	14	28	50.0%
Lower GI	13	26	39	33.3%
Lung	17	18	35	48.6%
Skin (exc BCC)	52	12	64	81.3%
Brain/CNS	1	1	2	50.0%
Breast	26	17	43	60.5%
Gynaecological	3	9	12	25.0%
Urological	16	53	69	23.2%
Haematological	4	2	6	66.7%
Other	2	0	2	100.0%
Total	149	155	304	49.0%

Patients Treated by Closed Date



Patients Downgraded by Closed Date

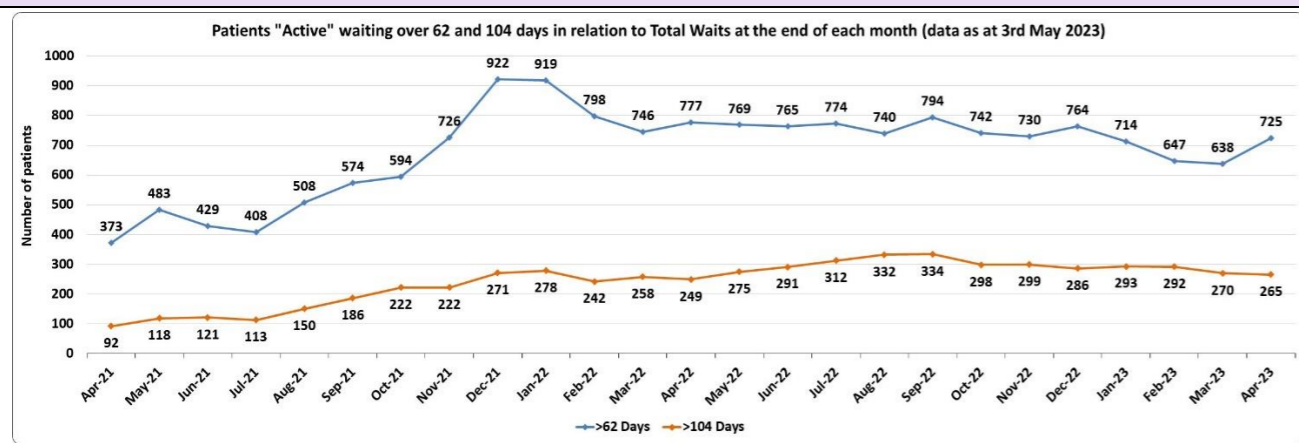


Performance for March improved to 49.0% with two of the tumour sites reaching the target threshold, as seen in the table above. Predicted compliance for April currently stands at 52.1%. Delays at first outpatient (35%) and diagnostic stage (45%) continue to be the biggest concern and significant factor for not achieving target, although both have shown improvement over the last month. Diagnostic delays remain in radiology, endoscopy and pathology. The backlog KPI identifies that the marked improvements achieved in February and March have not been sustained

Overall cancer treatment volumes have increased marginally during the past 12 months to around 286 per month compared to 267 in the equivalent period of the previous year. This represents an average monthly increase of 7%.

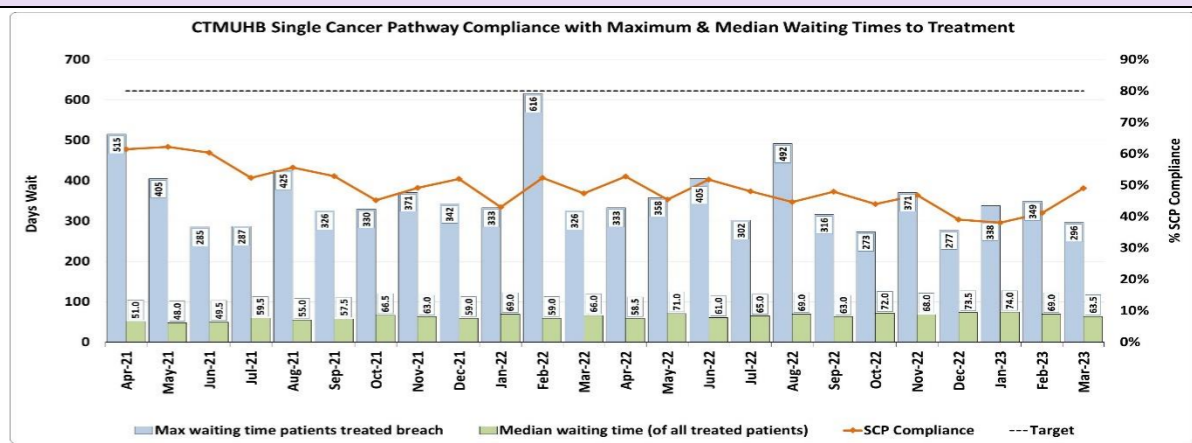
The number of patients on the SCP pathway who have been downgraded (told they do not have cancer) after having been seen at 1st Outpatient appointment or following a diagnostic test, has followed a monthly upward trend with the average for the past 12 months being 4% higher than the equivalent time span of the previous year.

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days (as at 3rd May 2023)



	>62 to 124 days	125+ days
Breast	18	
Brain/CNS	1	
Gynaecological	130	14
Haematological (exc acute leukaemia)	10	2
Head and neck	18	4
Lower GI	165	70
Lung	29	4
Skin (exc BCC)	35	5
Upper GI	75	17
Urological	89	44
Other	4	2
Total	574	162

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



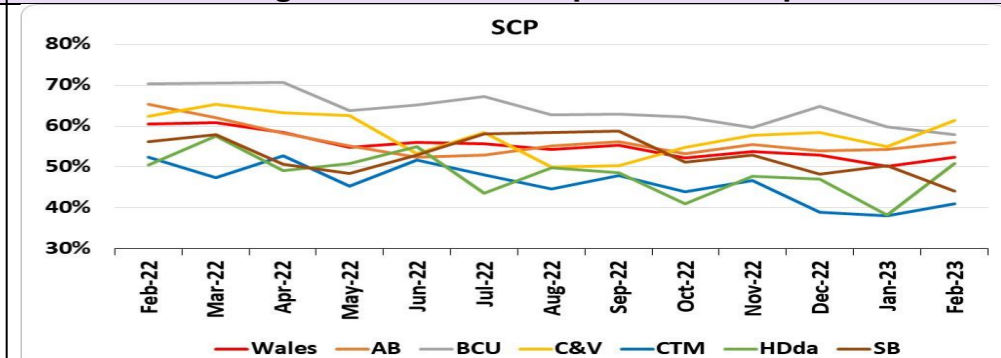
What actions are we taking & when is improvement anticipated?

- New Breast surgeon commencing 26th June
- Improved processes and theatre utilisation of symptomatic endoscopy lists
- Merging of Urology MDT's and streamlining of processes / pathways
- Merging of Lower GI MDT's agreed so process commenced
- Roll out of FIT
- Live Canisc replacement roll out scheduled to go live in breast from 2/5/23
- Streamlining and standardisation of MDT and clinical lead JD's
- Converting urgent and routine slots to USC to minimise impact of lost activity from BH's
- WLI's
- Implementing change to radiology DNA process.
- Short, medium and long-term plan for improving Gynaecology via disaggregation of SLA with SBUHB
- Cross site working in lower GI, skin, breast, upper GI and lung

What are the main areas of risk?

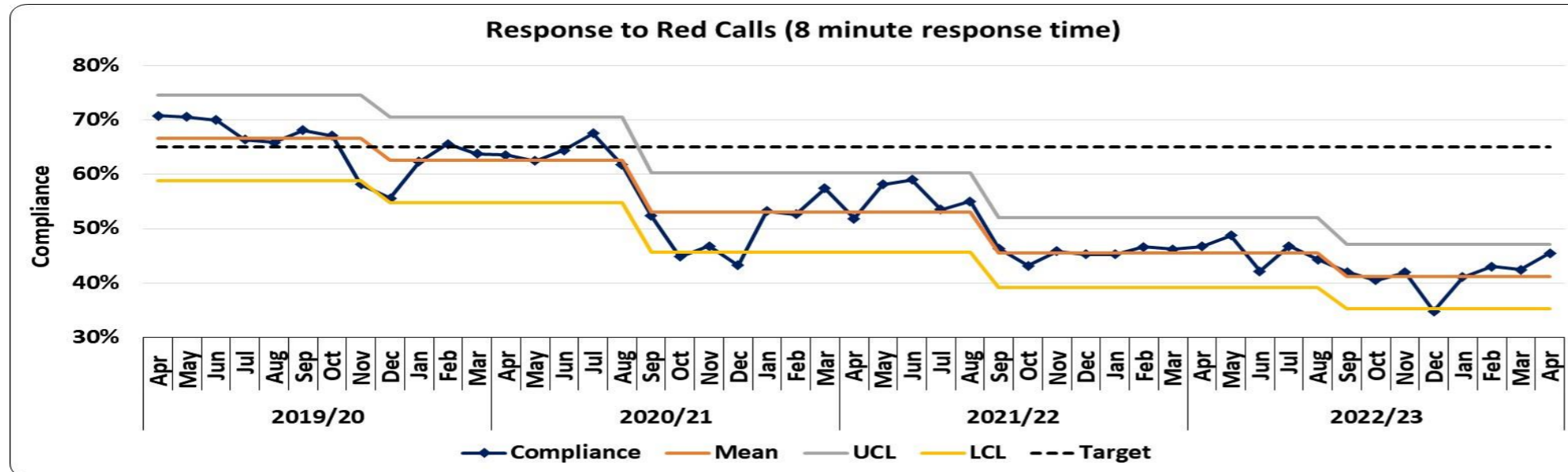
- The May Bank Holidays (3 in total) will have an impact on activity
- Performance challenges evident in all tumour sites whilst backlog clearance remains focus.
- 80% of all patients on the active SCP are at 1st outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Delays in pathology, endoscopy and radiology continue, albeit they are improving
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Bowel Screening Wales diagnostic colonoscopy
- Urology tumour site
- Gynaecology tumour site
- Variation in waiting times across sites

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



Health Board	Compliance	Rank
C&V	61.5%	1st
BCU	58.0%	2nd
AB	56.0%	3rd
HDda	50.8%	4th
SB	44.1%	5th
CTM	41.1%	6th

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) April 2023 – 45.5%



Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Mar-22	12	5	41.7%	12	10	83.3%	7	2	28.6%
Apr-22	10	7	70.0%	9	4	44.4%	8	3	37.5%
May-22	15	13	86.7%	6	5	83.3%	11	5	45.5%
Jun-22	12	11	91.7%	13	10	76.9%	23	8	34.8%
Jul-22	13	13	100.0%	10	9	90.0%	15	7	46.7%
Aug-22	9	7	77.8%	17	15	88.2%	15	4	26.7%
Sep-22	15	13	86.7%	17	14	82.4%	16	2	12.5%
Oct-22	26	26	100.0%	16	12	75.0%	15	4	26.7%
Nov-22	25	24	96.0%	19	15	78.9%	17	9	52.9%
Dec-22	30	25	83.3%	32	26	81.3%	25	1	4.0%
Jan-23	20	19	95.0%	19	13	68.4%	7	2	28.6%
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%
Mar-23	14	14	100.0%	11	10	90.9%	12	11	91.7%
Apr-23	7	7	100.0%	3	1	33.3%	2	2	100.0%

*Please note that data for April 2023 is provisional and may be subject to change in future iterations of this report.

How are we doing?

Response to Red Calls: Response times to life-threatening calls improved to 45% in April. National compliance also improved to 53.0%. The minimum expected standard is for 65% of Red Calls to be responded to within 8 minutes.

The volume of Red Calls during April totalled 593 for the CTM area, a similar volume to those seen during the past four months, and 20% higher than the equivalent period of 2022.

Immediate Release Requests (shown above right): received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, amounted to 12 during April*. The ED services were able to support affirmatively 10 of those requests. The Ministerial requirement is for all red release requests to be supported.

What actions are we taking & when is improvement anticipated?

A review of the CTM Emergency Pressures Escalation Procedure has been completed. The document is out for comment and will be presented at Operational Management Board Meeting on the 17th May 2023.

In line with the new procedure the following document have also been refreshed and will be included in the overarching plan:

- Immediate release SOP
- Pre-emptive transfer SOP

A cycle of Improvement work has commenced to deliver a reduction in ambulance handover times for our patients.

On the 2nd May 2023, CTM launched a “Zero tolerance” to ambulance handovers >4 hours at RGH, with a plan to rollout across POW and PCH.

There has been a positive response by our teams to deliver this improvement for our patients and there has been a significant improvement not just in handover >4 hours, but also overall total hours lost.

This is supported by an improvement trajectory and weekly assurance meetings with the COO/Deputy COO

USC CG has established fortnightly partnership meeting with WAST and Site based leadership teams to further improve integrated pathway development, communication, seasonal planning.

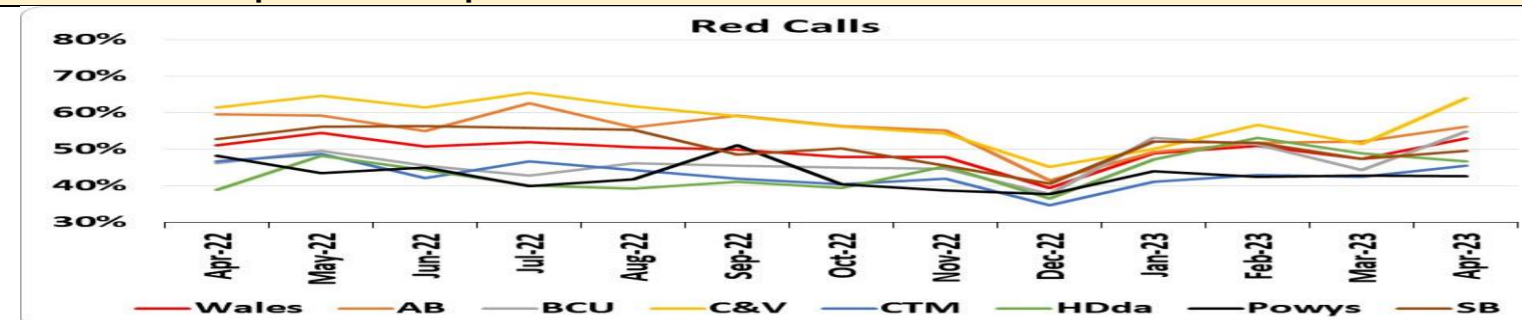
What are the main areas of risk?

System flow and lack of in-patient capacity across sites remains the major risk in responding to red release requests.

A number of Winter schemes (funded and unfunded) that were due to cease on the 31 March 2023, have been extended. This includes an additional D2RA Ward at the Princess of Wales Hospital Site and the GP assessment area at Prince Charles Hospital. These schemes are currently supporting our ability to manage risk. This risk sits across a number of Care Groups.

There remains ongoing discussion regarding continuance of a number of schemes.

How do we compare with our peers?



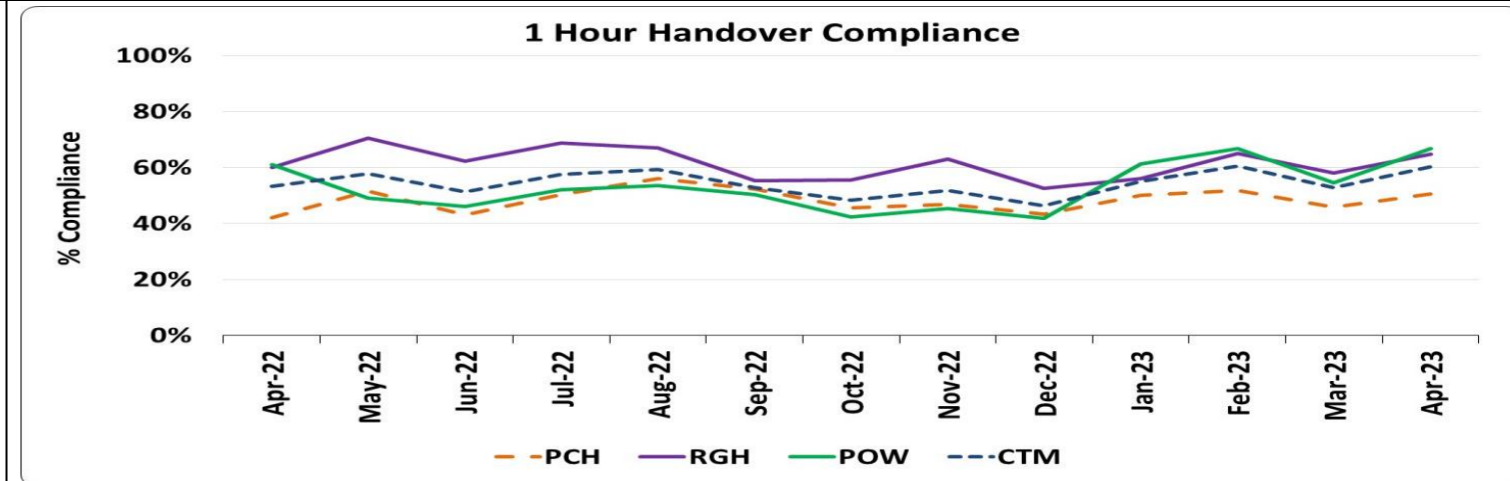
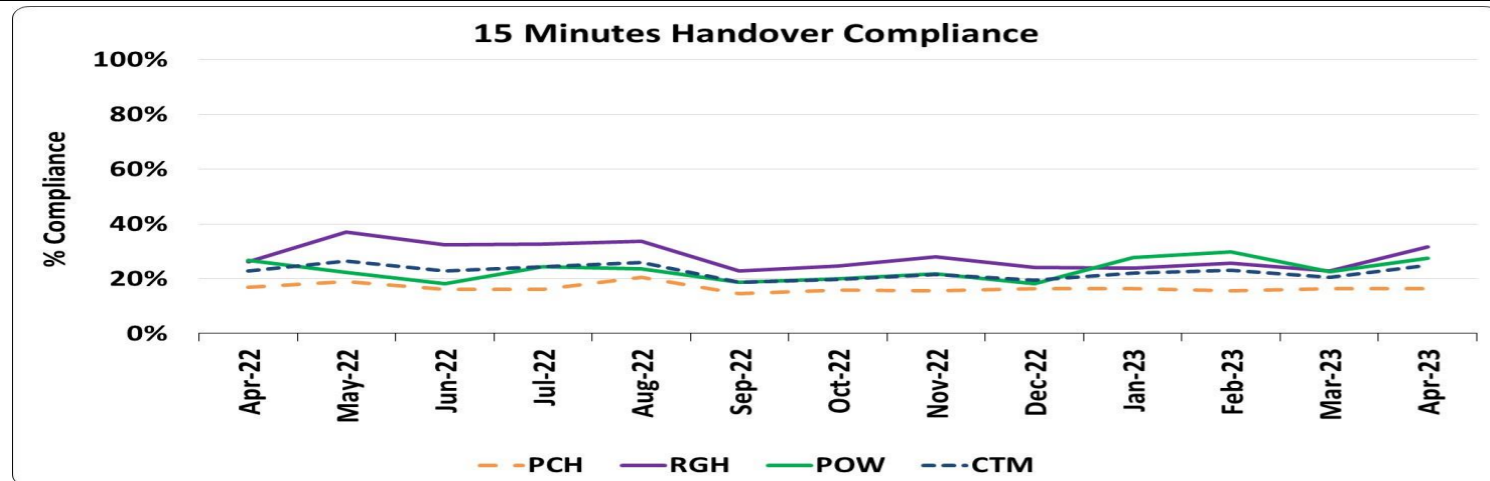
Status as at April 2023		
Health Board	Compliance	Rank
C&V	64.0%	1st
AB	56.3%	2nd
BCU	54.9%	3rd
SB	49.7%	4th
HDda	46.8%	5th
CTM	45.5%	6th
Powys	42.6%	7th

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

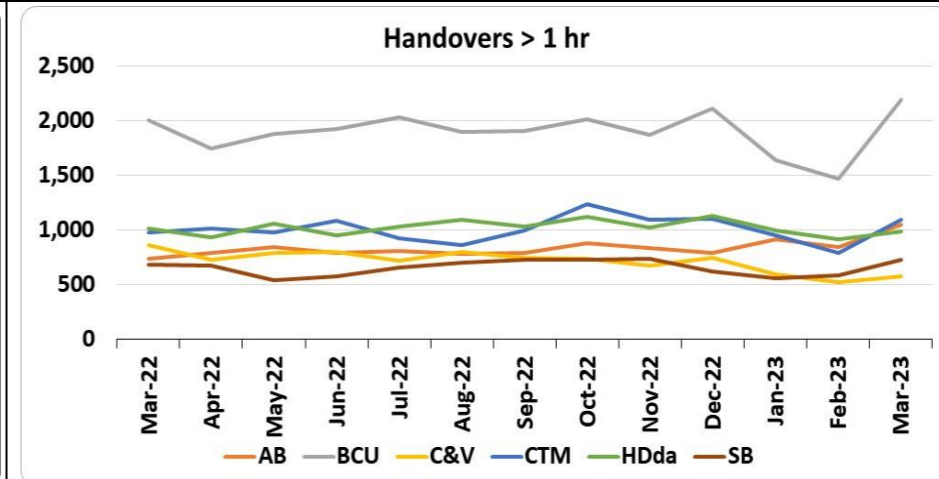
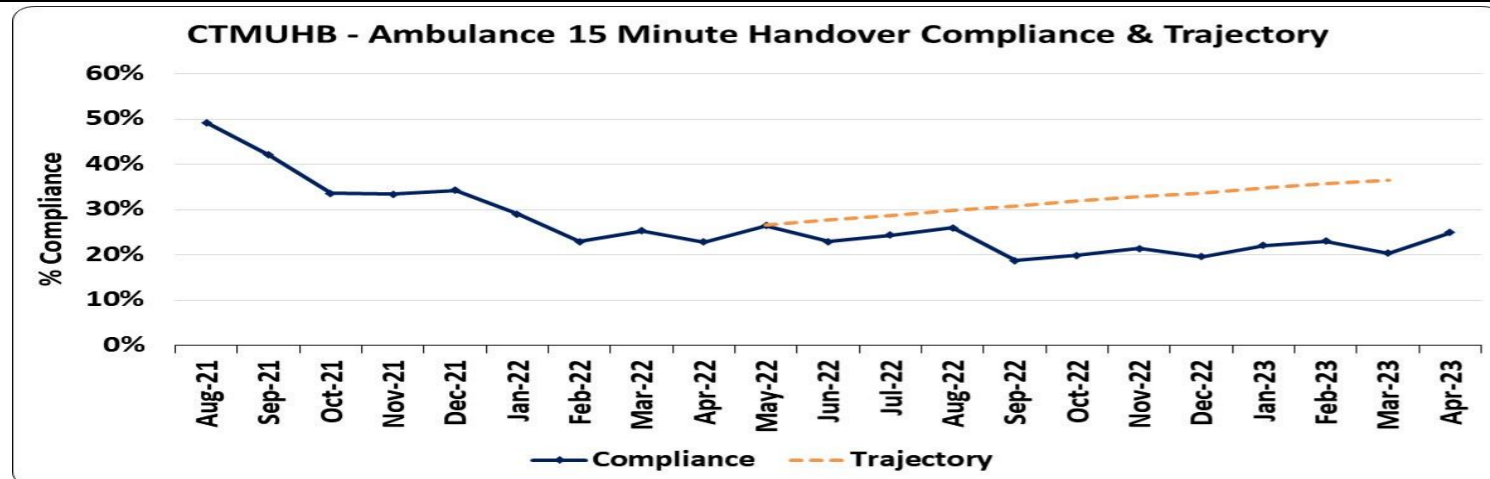
Total handovers 2,398 of which 598 handovers were within 15 minutes (24.9%)

952 handovers were over 1 hour (60.3% of handovers were within 1 hour)



15 Minute Handover Trajectory – please note that data for 2023/24 trajectory was not available at the time of writing this report

How do we compare with our peers?



Status as at March 2023		
Health Board	Compliance	Rank
C&V	581	1st
SB	730	2nd
HDda	985	3rd
AB	1,048	4th
CTM	1,094	5th
BCU	2,192	6th

How are we doing?

What actions are we taking & when is improvement anticipated?

What are the main areas of risk?

During April 2023 compliance for both the 15 minute and one hour handover times saw an improvement, but remains low at 24.9% and 60.3% respectively.

The Navigation Hub was launched in December 2022, demonstrating positive results in terms of reduced conveyances following a WAST contact. WAST contacts had remained low, ongoing work to engage with colleagues from WAST at a local and national level around utilisation of this service prior to conveyance. This work remains ongoing with bi-weekly meetings in partnership with WAST.

The levels of acuity of patients walking into ED departments remains high. This has been further exacerbated by the ongoing WAST industrial action

Compared to March, the volume of handovers were around 4% higher (on average 3 patients more per day), bringing the total number of ambulance conveyances to our major emergency departments to 2,398, which is 9% higher than the 12 month average of 2,210 per month.

E-whiteboard List View was launched in January to support optimal patient flow through the hospital sites, with the aim of improving how we do tomorrow's work today. Further work is required to embed the E-whiteboards across the UHB.

System flow remains highly impacted by capacity within social care.

The current volume is also approximately 10% more than the volume seen in the comparable period of 2022.

A new pan CTM, Safe 2 Start template has been drafted and will be launched across the three acute sites.

Work has been completed to refine the boarding and pre-emptive transfer policy to provide assurance and to ensure health and safety standards are being met. This is also supported through the emergency pressures escalation plan. The bed management and flow subgroup under the 6 goals programme has now been re-launched to support this.

Unscheduled Care (USC) Care Group has established fortnightly partnership meeting with WAST site based leadership teams to further improve integrated pathway development, communication & seasonal planning.



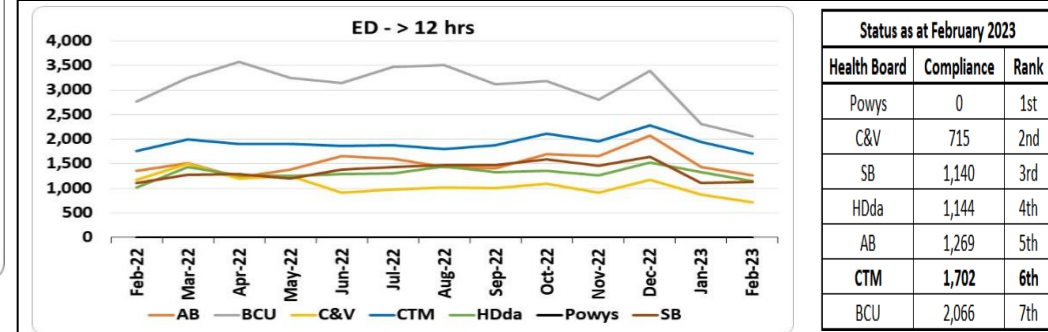
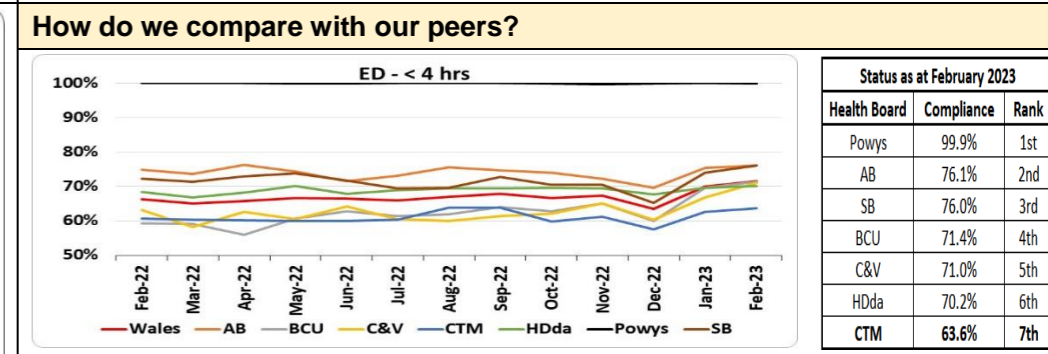
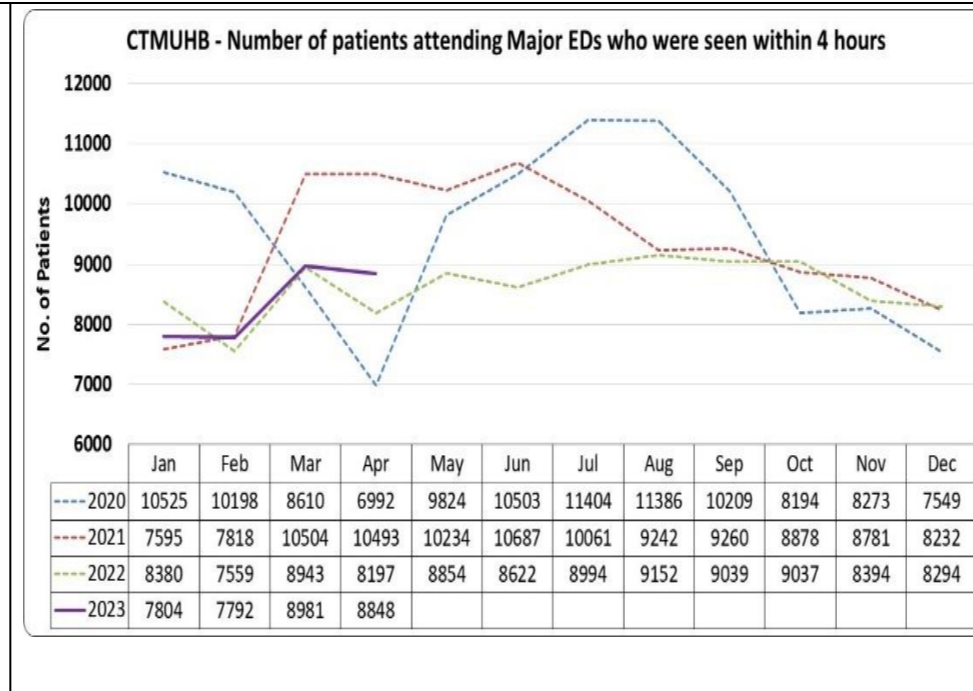
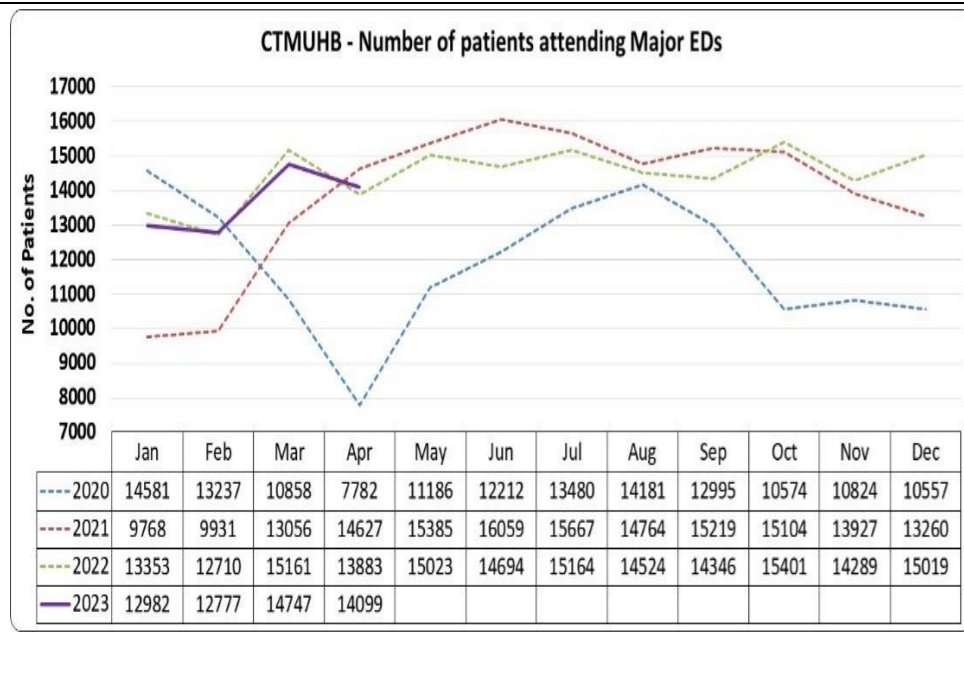
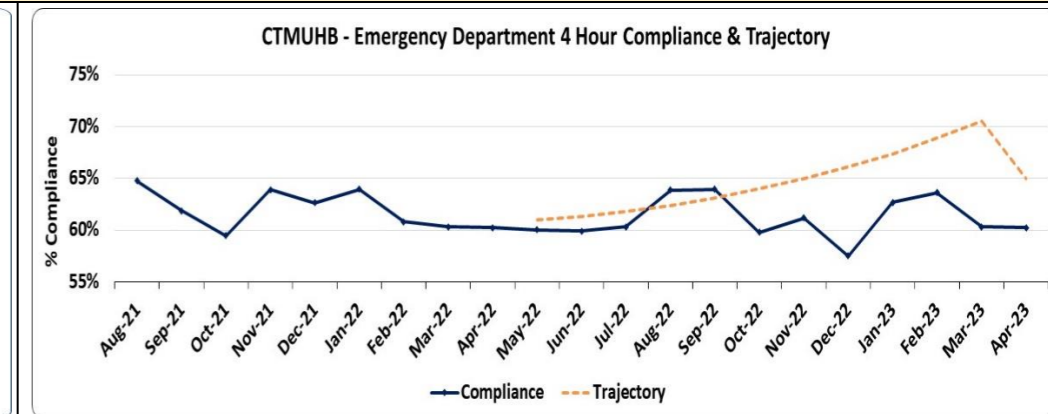
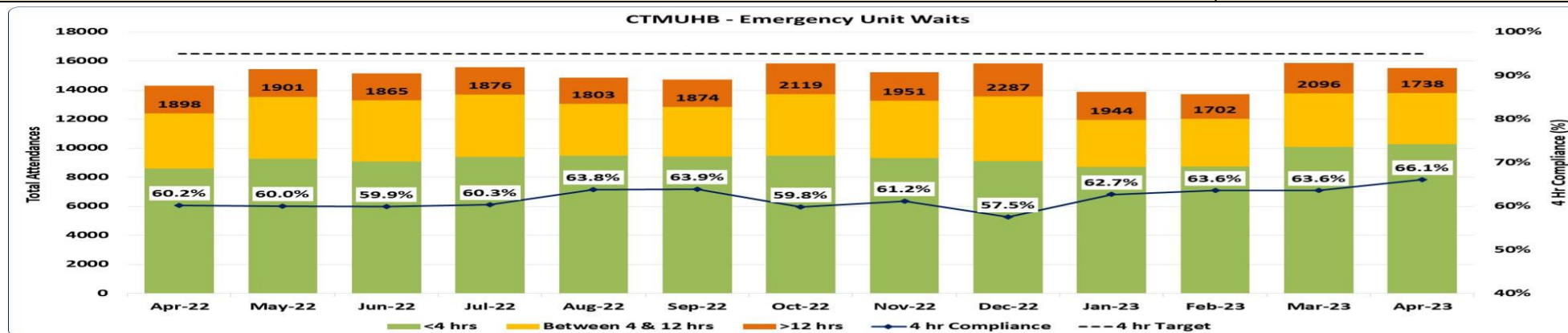
Emergency Unit Waits – April 2023 (Provisional Position) - Total Attendances 15,523

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

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

66.1% were seen within 4 hours (Waiting >4 hrs 5,267)

11.2% of patients were waiting over 12 hours (1,738)



How are we doing?

Provisionally, during April 2023 the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival improved to 66.1%, but remains below the compliance target of 95% set by WG.

4 hour compliance improved at all sites: PCH - 59.6%, RGH to 63.6% and POW to 65.3%.

The number of patients who are waiting in excess of 12 hours reduced by 17% to 1738, a quantum 1,738 more than we as a Health Board are ultimately aiming for. The number of patients waiting over 12 hours by unit was:

- PCH – 763
- RGH – 476
- POW - 499

What actions are we taking & when is improvement

Work is ongoing to define and implement medical Same Day Emergency Care (SDEC's) within PCH and POW; incorporating acute frailty. Both models had been working to an implementation date of the end of May and associated benefits should include the "pull" of medical referred patients out of ED.

Timelines have shifted due to:

- Capital requirements
- Confirmation of funding through CTM submission for WG SDEC Funding

The following improvement work is being progressed across the 3 EDS:

- Review of application of 4 hour counting rules – supported by the TI Team
- Footprint review
- Increase and standardise "fit to sit"

This is supported by an improvement trajectory and weekly assurance meetings with the COO/Deputy COO

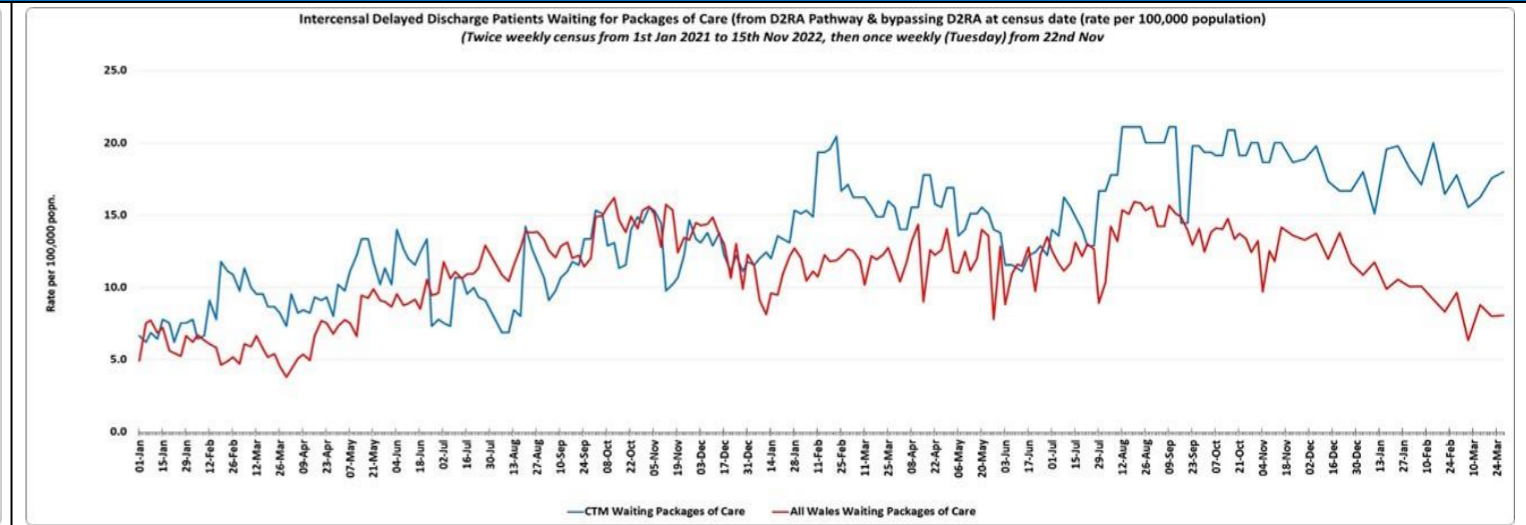
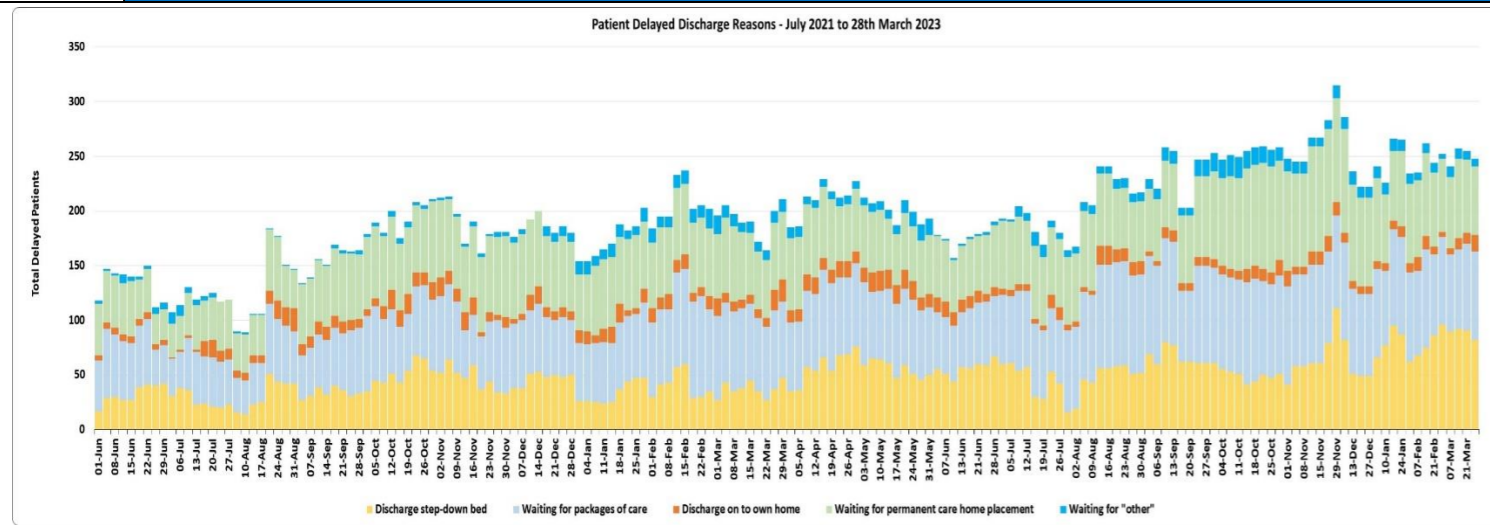
What are the main areas of risk?

Capital requirements for the SDEC implementation at PCH and POW and the therapies portion to support front door turnaround is yet to be approved. This remains a high risk and has been highlighted at government level.

Funding confirmation for medical workforce to provide SDEC at PCH

Ward 16 @ POW delivers model of care that supports patients that are ready to leave. This is a winter scheme that is delivered by Primary Care and Community and was due to close on the 31 March 2023, this has been extended through May pending longer term.

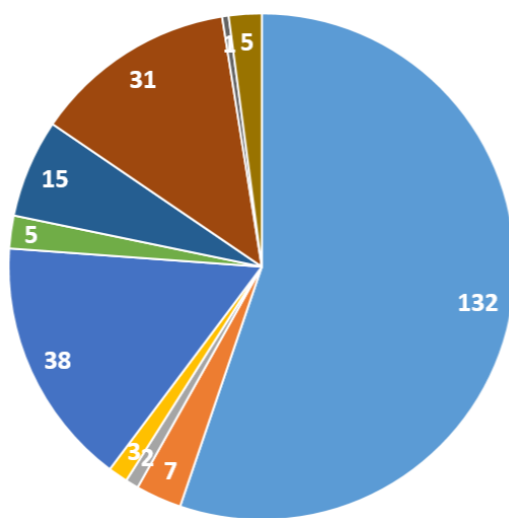
Monitoring Patient Pathways of Care Delays - please note that this page is in development as weekly reporting ceased 28th March 2023. Formal embedding of the Pathways of Care Reporting Framework is taking place & in the interim data from April 2023 has been locally sourced & reflects the data captured for the discharge monitoring of our patients. For contextual purposes the charts to 28th March 2023 will remain until reporting of the new framework is fully established.



The Discharge to Recover then Assess Model (Wales) – D2RA

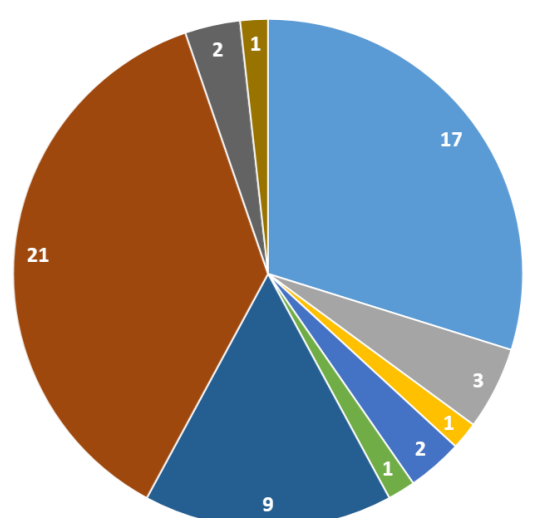
Pathway 0	Pathway 1	Pathway 2	Pathway 4	Pathway 3
Discharge or admission avoidance through short-term third sector support	Is this person fit to admit?	Why not home? Why not today?	Home first when your home is a care home	Support to recover in a bedded intermediate care facility
Preventative services delivered in collaboration with third and voluntary sector organisations. Aim to avoid further referral and admission.	Multidisciplinary Team assessment within hospital 'front door' units to avoid full admission. Arrange treatment and supported recovery at home, whenever it is clinically safe to do so.	Initiated as soon as treatment, which can only be delivered within an acute hospital environment, is completed. Supports people to recover at home before being assessed for any ongoing need.	Similar to Pathway 2, but acknowledges specific considerations to be addressed in the existing care home environment. Individuals should be allowed a period of recovery, followed by assessment in their usual environment.	Should only be considered where the needs of the individual rule out recovery & assessment at home. Review and transfer to Pathway 2 wherever, and as soon as, possible.

Non-Mental Health Patient Pathway of Care Delay Reasons April 2023



- Assessment Issues
- Transfer related issues
- Funding issues
- Home adaptation/equipment issues
- Home care related issues
- Disagreements /Legislation
- Care Home placement arrangements
- NHS Bed related issues
- Housing Related Issues

Mental Health Patient Pathway of Care Delay Reasons April 2023



How are we doing?

Please note that the new reporting arrangements came into effect 1st April 2023 and whilst we continue to embed the model of D2RA throughout CTMUHB, data quality issues remain.

The total number of patients who have been clinically optimised for discharge and are currently awaiting their next stage of care (April census point), equates to 296 patients i.e. 239 non-Mental Health patients and 57 Mental Health patients, as is shown in the pie charts above.

What actions are we taking & when is improvement anticipated?

The D2RA hub has been implemented as well as the eTOC form, although the performance data shows there has been no significant improvement in the discharge pattern.

This is down to a number of reasons, but the main one is lack of capacity and availability of packages of care in the community.

The D2RA/ETOC has been reviewed and lessons learnt has been captured and an improvement plan has been drafted to improve flow.

What are the main areas of risk

The Electronic Transfer of Care form remains in development, taking on board associated feedback.

Whilst this standardised document has been launched, we continue to work with local authorities as they adapt to this new way of working

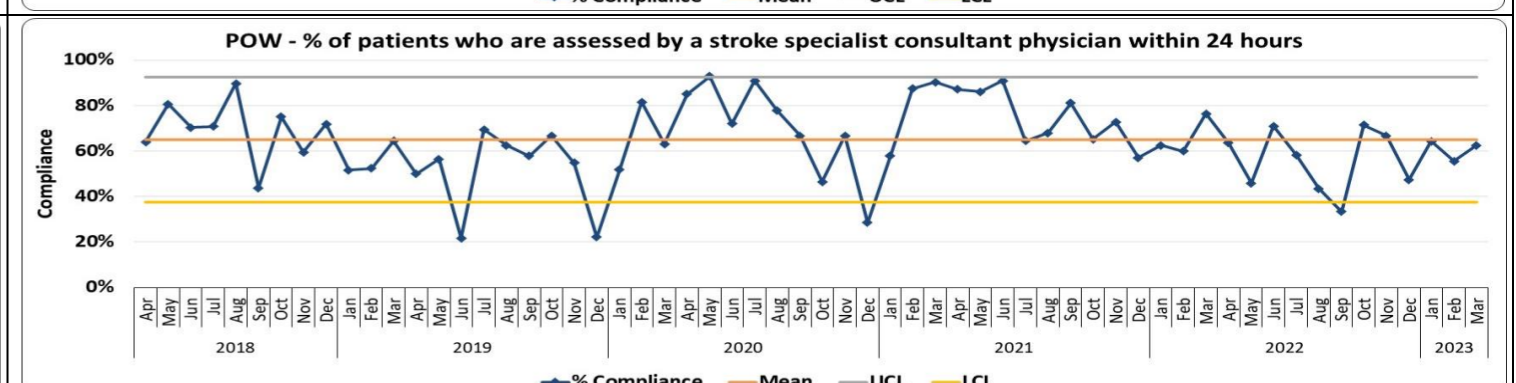
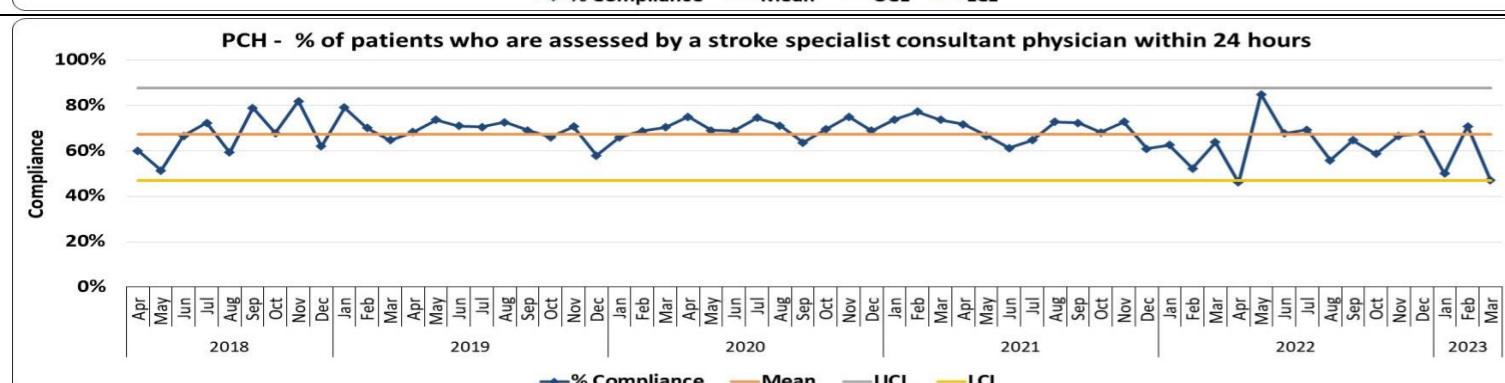
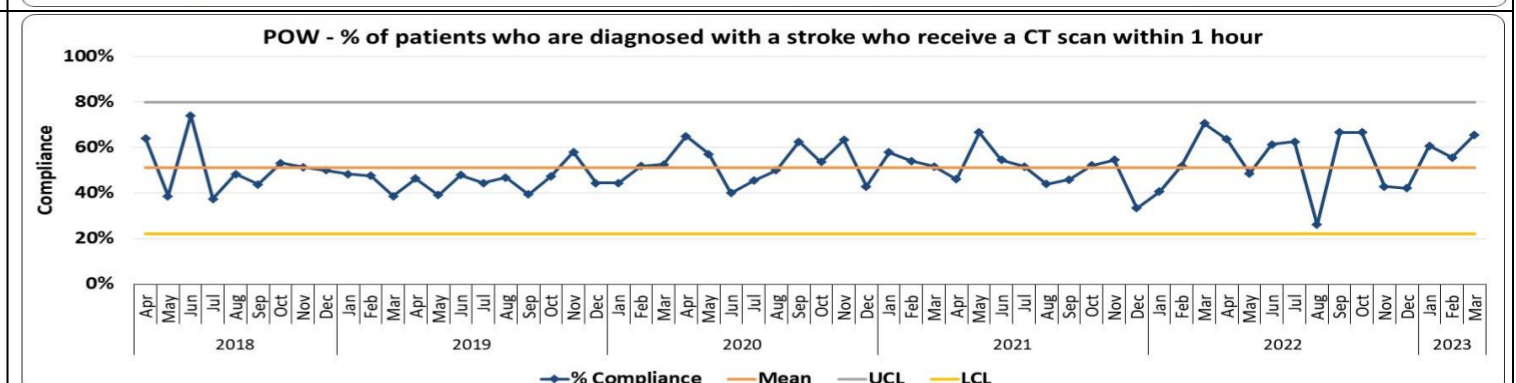
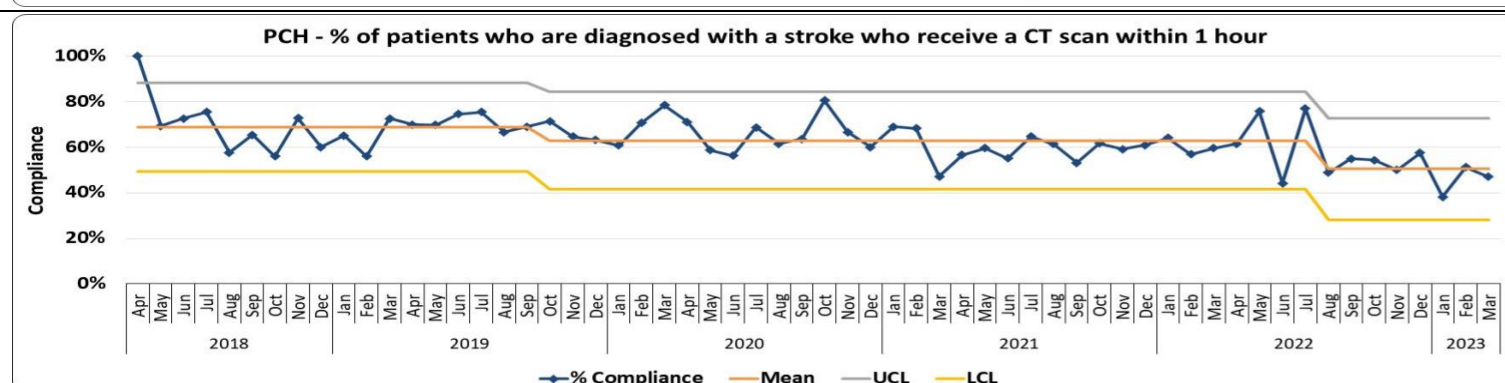
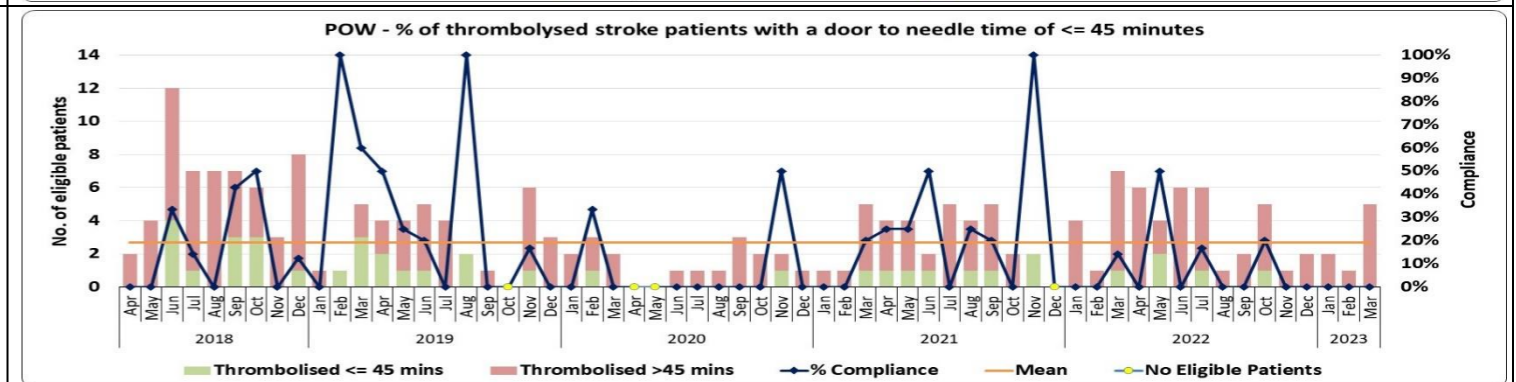
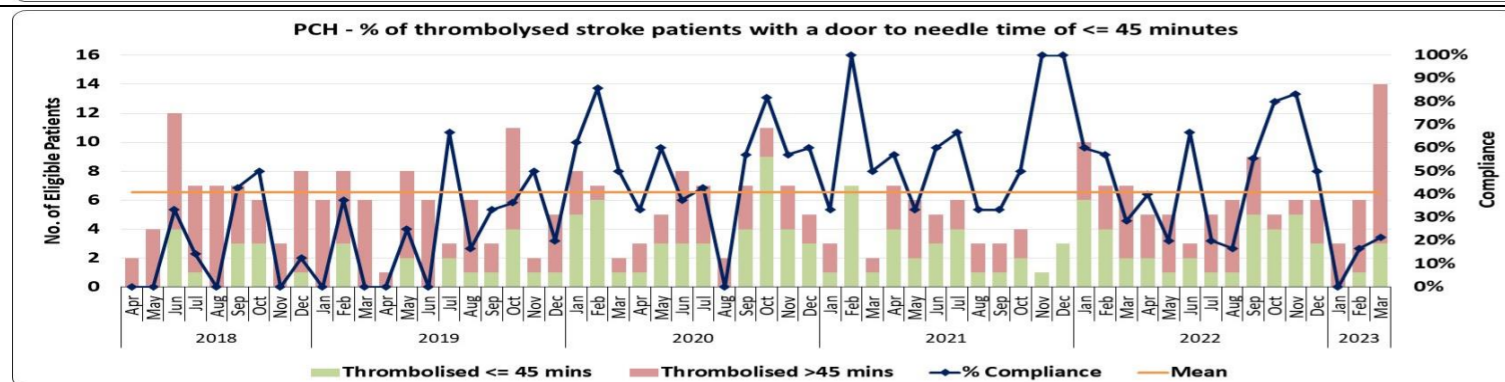
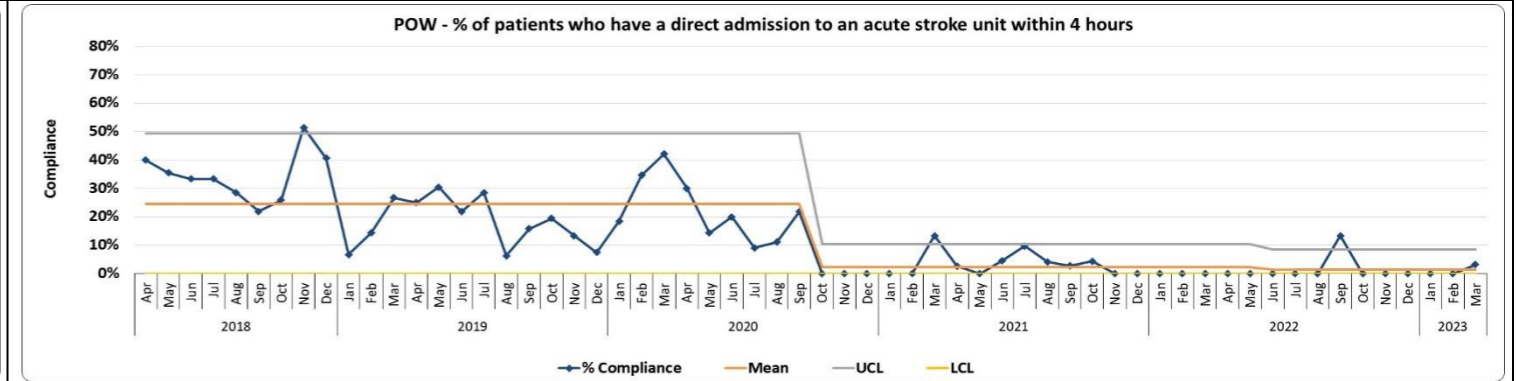
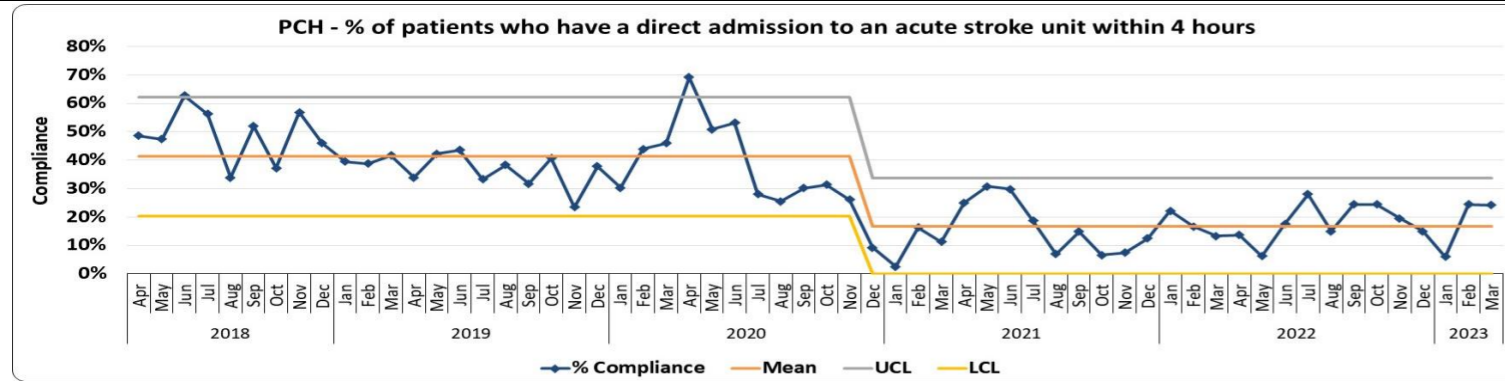


Stroke Quality Improvement Measures (QIMs) – March 2023

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
24.2%	3.2%	17.5%	21.4%	0.0%	15.8%	47.1%	65.6%	53.0%	47.1%	62.5%	52.0%

Prince Charles Hospital

Princess of Wales Hospital



Stroke QIMs continued on the next page...

How are we doing?

Stroke QIMs - March 2023		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	66	31	97
	No. of patients within 4 hours	16	1	17
	% Compliance	24.2%	3.2%	17.5%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	14	5	19
	No of patients within 45 mins	3	0	3
	% Compliance	21.4%	0.0%	15.8%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	68	32	100
	No. of patients within 1 hour	32	21	53
	% Compliance	47.1%	65.6%	53.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	68	32	100
	No. of patients within 24	32	20	52
	% Compliance	47.1%	62.5%	52.0%

During March, 17.5% (17 out of 97 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Three of the nineteen eligible patients were thrombolysed within 45 minutes (15.8%) and 53.0% of patients (53 out of 100 diagnosed patients) had a CT scan within an hour. There were also 52 out of the 100 stroke patients (52.0%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

The following key factors continue to impact on performance against stroke care standards:

- 5-day/week service model for medical and therapy provision.
- Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation unit impact on length of stay and flow of stroke patients through the Princess of Wales hospital
- Ongoing demand for acute beds and the challenges maintaining a ring-fenced stroke bed impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.
- Pressures within adult social care which result in delayed discharges and increased pressure across all inpatient areas.
- Continued self-presentations to the Royal Glamorgan Hospital (RGH), instead of specialist stroke sites. Demand for acute beds results in delays in subsequent transfer to acute stroke sites and access to specialist stroke services

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. Progress is being made in a number of areas:

- Ongoing active partner in the regional developments with C&VUHB. CTM clinical and operational teams continue to engage well with the regional programme.
- Task and finish group establish to urgently explore solutions/mitigations for effective management of stroke patients self-presenting to the Royal Glamorgan Hospital. Improvement seen in recent weeks. Progressing discussions with WAST regarding information provided to patients.
- Senior operational colleagues to formalise action plans to implement and operationalise quality and safety improvements including:
 - ❖ Pathway efficiency and alignment across sites
 - ❖ Clinical outcomes
 - ❖ Sustainable and equitable acute Stroke Services for CTMUHB population
- Work continues to develop services in CTM in preparation for 24/7 (proposed start in autumn) access to thrombectomy services in Bristol and changes to RCP guidance regarding stroke management. Extended operational hours now in place from 8 am to midnight.
 - ❖ Awaiting final approval for radiographer approved CTA
 - ❖ Implementing CT perfusion (CTP) scanning to extend the window of thrombolysis and thrombectomy
 - ❖ Development of new stroke thrombolysis and thrombectomy pathway in anticipation of new RCP guidelines
 - ❖ Task and Finish group to look at implementation of Brainomix, AI software for interpretation of CTA and CTP to help streamline thrombectomy.

Investment in stroke services to improve the patient pathway will enable CTM to improve outcomes for patients and reduce their ongoing need for health (and social) care and support. While it is not possible to allocate the volume of resource required to fully mobilise our plans, some investment will enable us to progress towards our vision of optimal services.

What are the main areas of risk?

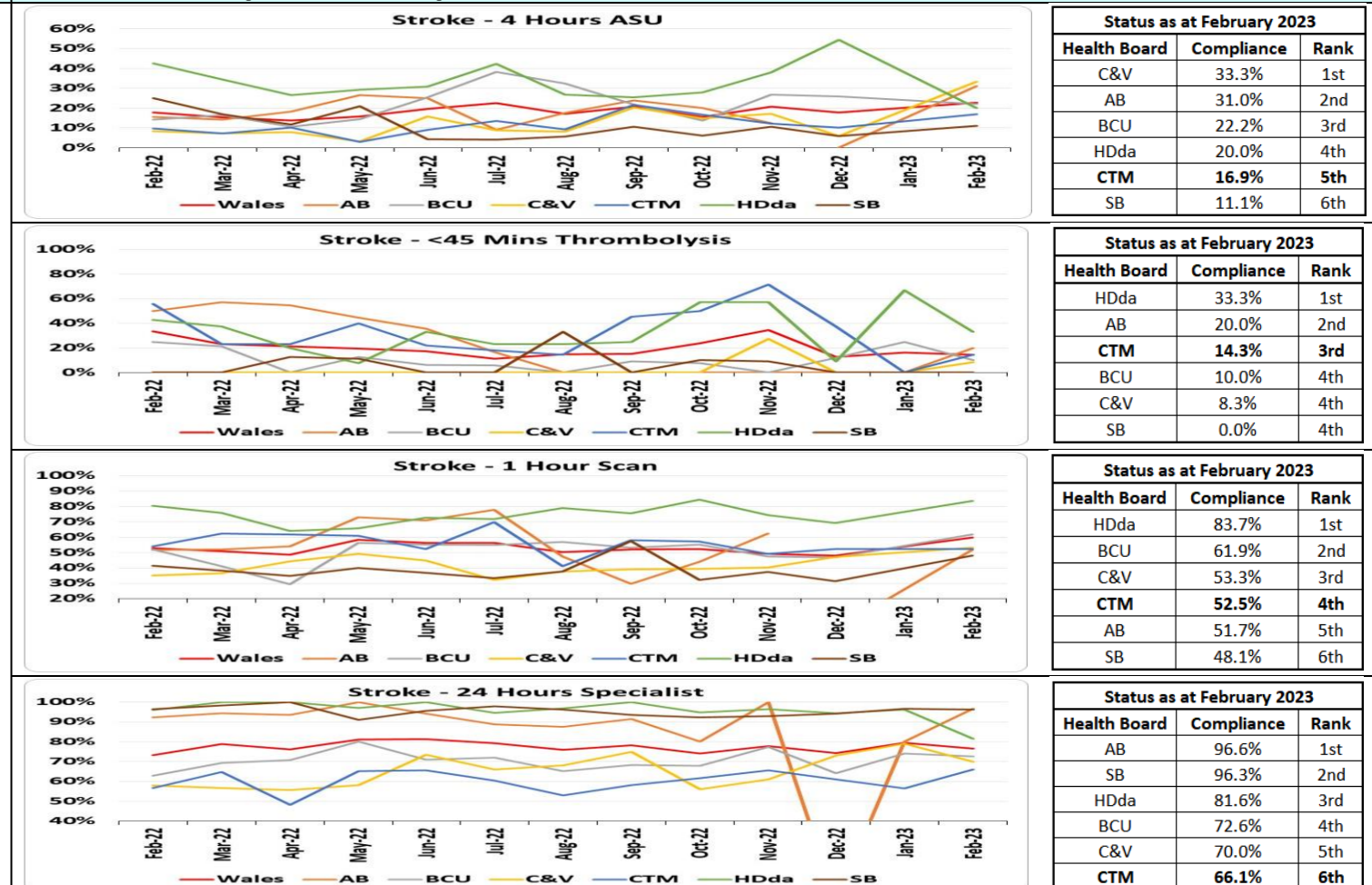
The intended impact of the short, medium and long term actions, along with the regional and national stroke programmes, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop an improvement plan, with ambitions to achieve a SSNAP rating of 'A'.

The main risks to achieving this rating are resource challenges and the wider patient flow challenges experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the 4 hour target. Bed pressures also impact the ability to transfer stroke patients from RGH in a timely manner in order to access specialist stroke care. This is part of the wider unscheduled care improvement programme and the wider performance management of the system.

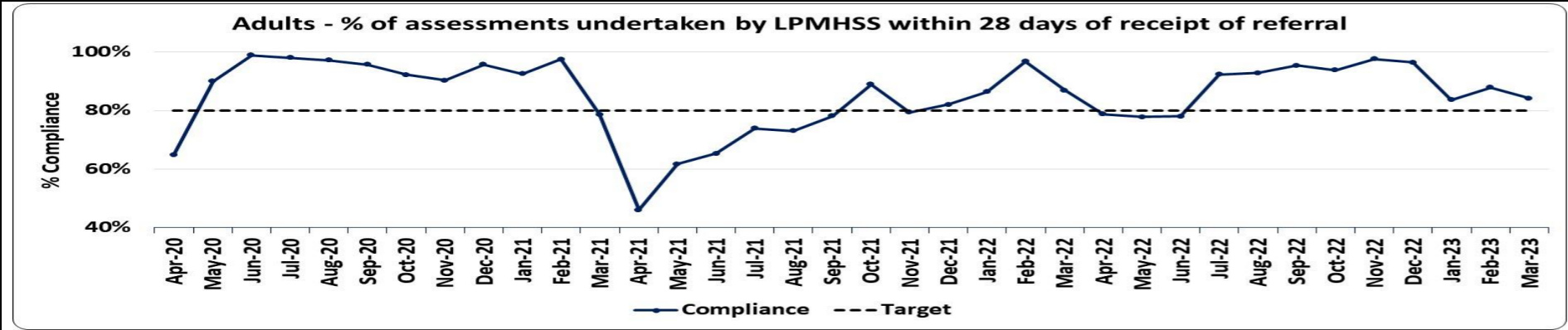
In POW, the ongoing staffing challenges within the therapy services are affecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

In order for the national stroke care ambitions to be achieved, local services are required to deliver effective and efficient acute care and rehabilitation post-72 hours. Whilst some investment has been identified for 2023/24, it is not possible to allocate the volume of resource required to fully mobilise our plans.

How do we compare with our peers?



% of assessments undertaken by LPMHSS within 28 days of receipt of referral (84.2%) - Target 80%



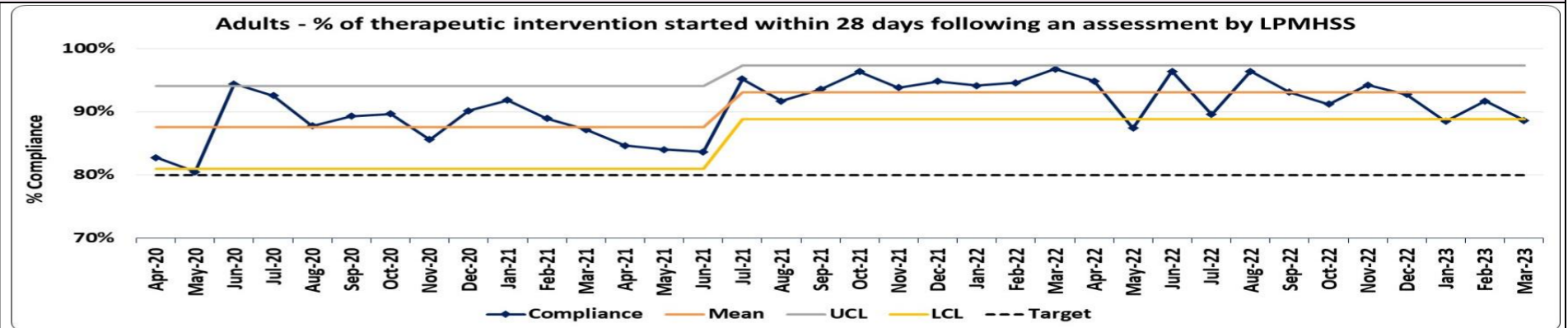
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for March fell slightly to 84.2%, but remains above the WG target of 80%.

Referrals during March were the highest seen during the last 12 months (890), but continue to be lower than pre-Covid levels where referrals were in the region of 1,000 to 1,100).

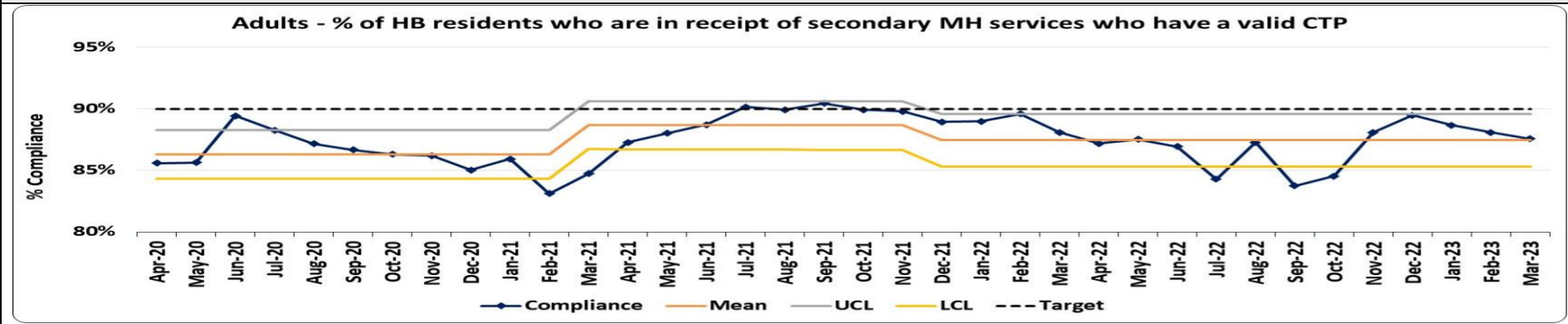
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (88.6%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also fell slightly to 88.6% and remains above the WG target of 80%.

In total, throughout March 370 interventions were carried out with 42 of those remaining outside of the required timeframe



% of HB residents who are in receipt of secondary MH services who have a valid CTP (87.6%) - 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 was reasonably unchanged at 87.6% during March and continues to remain just below the target threshold of 90%.

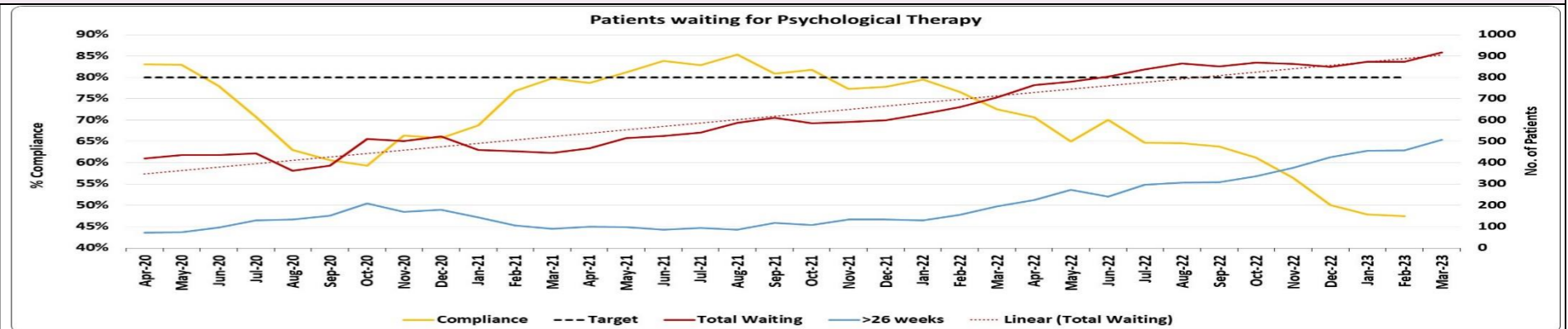
As seen in the chart to the left, compliance has remained under the target since April 2020, with the exception July and September 2021.

Part 3: There were 5 outcome of assessment reports sent during March, all within the required timescale of ten working days.

% of patients waiting less than 26 weeks to start a Psychological Therapy (44.5%) - Target 80%

During March, Psychological Therapies compliance fell to its lowest level of 44.5% and continuing to remain below the 80% compliance threshold.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow). The waiting list volume has been growing at a fairly constant rate throughout the period, with demand 14 patients higher than treatment each month. In the period to August 2021 the service improved their waiting list management and treat in turn which resulted in their compliance improving. However, thereafter the waiting list volume has grown to such an extent that the increase in the backlog has been resulting in an almost exact increase in the number of patients waiting over 26 weeks (which has grown at an average of 22 per month since August 2021).



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

How are we doing and what actions are we taking?

Part 1a Adult mental health services performance declined slightly to 84.2% in March, as did **Part 1b** with performance at 88.6%.

Part 2: Compliance for both Adult, Older Adult and Learning Disability Services combined has decreased marginally to 87.6% and is below the target threshold of 90%

- Adult Services increased from 85.8% to 86%
- Older Adult Services decreased from 94.1% to 90.9%
- Learning Disability Services has increased from 94.6% to 96.8%

Analysis is on-going on Non-Compliant CTPs to identify and prioritise work to reducing risk and providing assurances.

Psychological Therapies: The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In March, 44.5% are waiting for less than 26 weeks which continues to be well below the compliance target of 80%.

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

Part 1a: compliance continues to be above the target of 80%. Increased demand during the winter months and the possibility of reduced capacity due to staff absence poses a risk to fluctuations in performance. Systems are in place to regularly monitor performance.

Part 1b: compliance continues to remain above target.

Part 2: Targeted work on non-compliant CTPs is continual. Anticipated increases to above target compliance (90%) by the end of March (Quarter 4, 2022/23) was not achieved. This was due to increased leave within the Community Mental Health Teams impeding progress.

Work continues with Local Authority partners to ensure non-compliant social worker led CTPs are prioritised based on reducing risk. The main risk to anticipated improvements remains the reduction in staffing capacity caused by increased sickness and turnover. Managers are being asked to monitor compliance closely in their teams and provide assurance that risks are being managed for patients with non-compliant CTPs.

Senior Nurses have been asked to develop action plans in order to increase compliance and monitored through Mental Health Planned Care Recovery Board. The focus of improvement is around the development of compliance across the multi-disciplinary care co-ordination team. Local teams have been asked to risk assess patients who do not have an up to date CTP in order to provide assurance that care is not adversely affected.

Psychological Therapies: Given the present vacancy levels within the department, 2 sources of external capacity has been secured to address the capacity gap.

1. Outsource intervention for 80 people: Following a successful procurement exercise, a provider has been appointed and 36 patients were enrolled on their system in April and will have started their intervention before the end of May.
2. Recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure "waiting well" and improve utilisation of existing capacity. The Assistant Psychologists started one month early and have started delivering Goal Setting Workshops for service users on the PCMHS waiting list.

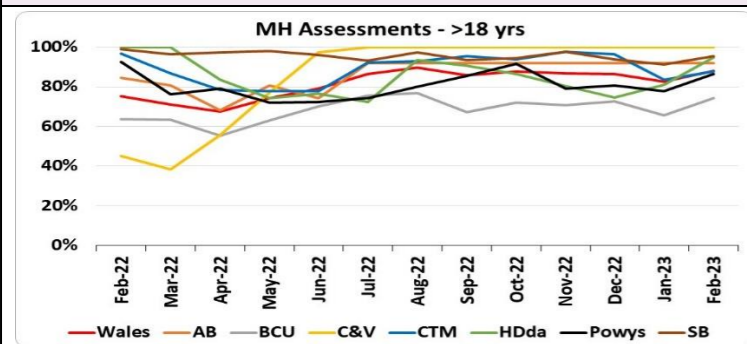
Recent recruitment drives for the 4 x 8a practitioner psychologist vacancies (2.8wte) across adult CMHTs has resulted in the appointment of 0.8 WTE who started on 1 May 2023. Applicants for the High Intensity Therapist posts have withdrawn due to the posts being fixed term and annex 21/ preceptorships are being explored with HR. The 0.4 WTE locum psychologist post has been terminated.

Responses to an expression of interest to test the market for capacity to support the primary care waiting list have been received and plans are in place with procurement to develop the Invitation to Tender documents in June.

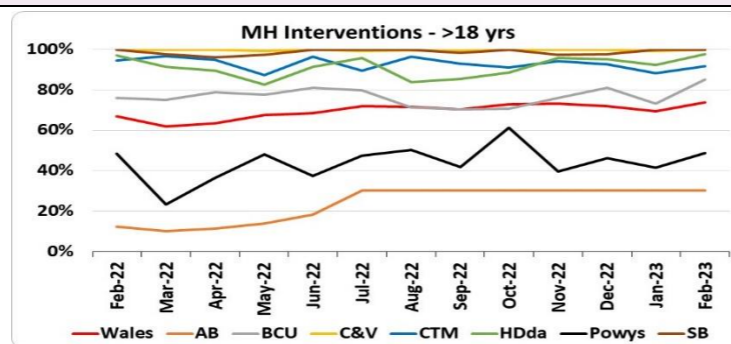
Concurrent work is underway to develop medium term plans to improve quality and performance and sustainable change. Delivery is planned over three stages which seek to (1) develop the capacity and capability for evidence based decision making, (2) make use of data to develop and agree strategies to maximise existing capacity and to develop the business case to address gaps; options appraisal to support prioritisation of agreed initiatives and (3) implement agreed strategies.

As part of the first stage, a monthly process of validating waiting lists commenced in April and each service area is working with business support to review data quality. Processes are being mapped to identify action for immediate improvement along with actions for further system and process change that will better enable management information to inform decision making.

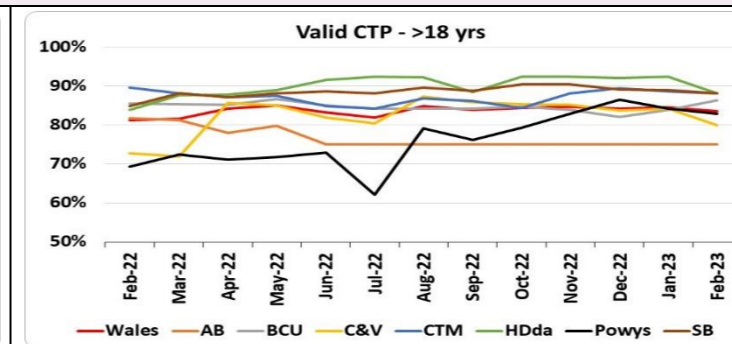
How do we compare with our peers?



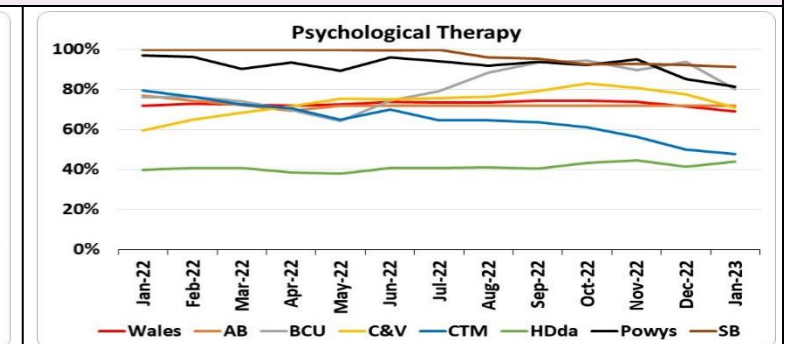
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	95.3%	2nd
HDda	94.8%	3rd
AB	91.9%	4th
CTM	87.9%	5th
Powys	86.4%	6th
BCU	74.4%	7th



Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	2nd
HDda	97.7%	3rd
CTM	91.6%	4th
BCU	85.1%	5th
Powys	48.7%	6th
AB	30.2%	7th

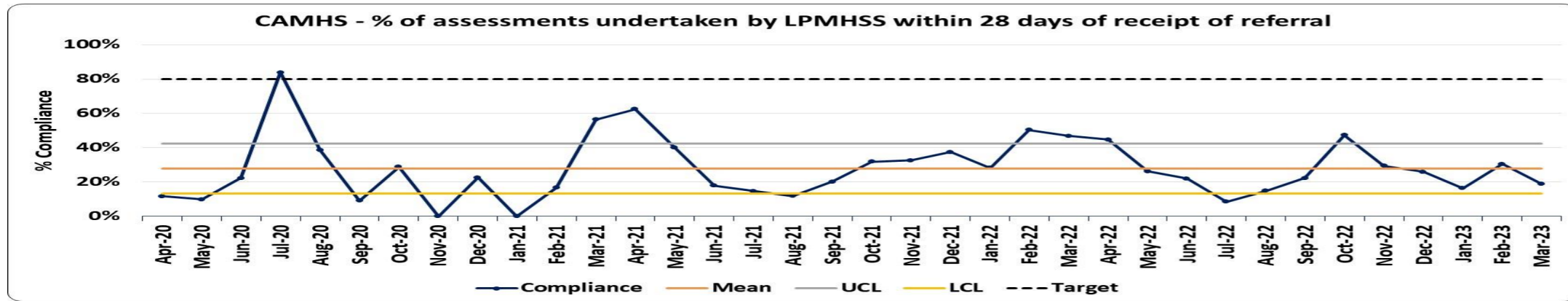


Health Board	Compliance	Rank
SB	88.2%	1st
HDda	88.1%	2nd
CTM	88.1%	3rd
BCU	86.3%	4th
Powys	82.9%	5th
C&V	80.0%	6th
AB	75.0%	7th



Health Board	Compliance	Rank
SB	91.4%	1st
Powys	81.5%	2nd
BCU	80.3%	3rd
AB	72.0%	4th
C&V	71.1%	5th
CTM	47.9%	6th
HDda	43.9%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (18.9%) - Target 80%

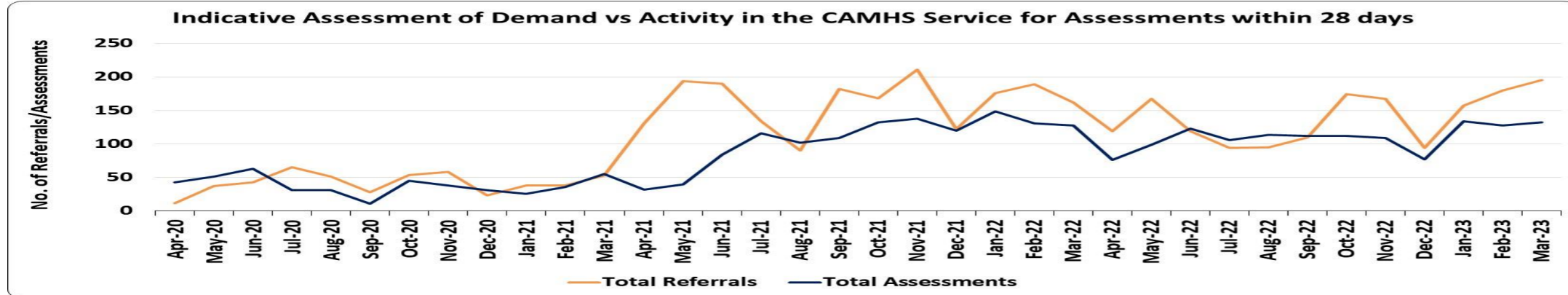


Performance during March fell by almost 12 points on the previous month to 18.9% and compliance continues to remain at a low level for the assessments undertaken within 28 days of referral.

Compliance has remained well below the WG's minimum expected standard of 80% and the last time the target was met was in July 2020.

Compliance continues to remain below the expected standards in line with trajectories due to the backlog of patients waiting for assessments. There has been an increase in demand in March, which was higher than the average for the year (198 referrals accepted in March compared to an average of 141 in the preceding 12 months and 175 referrals received in the equivalent period of last year. As a result, the waiting list has increased to 333 patients waiting at the of March.

Sustainable achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left. Whilst the service has maintained a higher level of activity since January 2023, demand continues to exceed capacity. The service is working on plans to increase capacity and activity in the longer term to meet the demand.

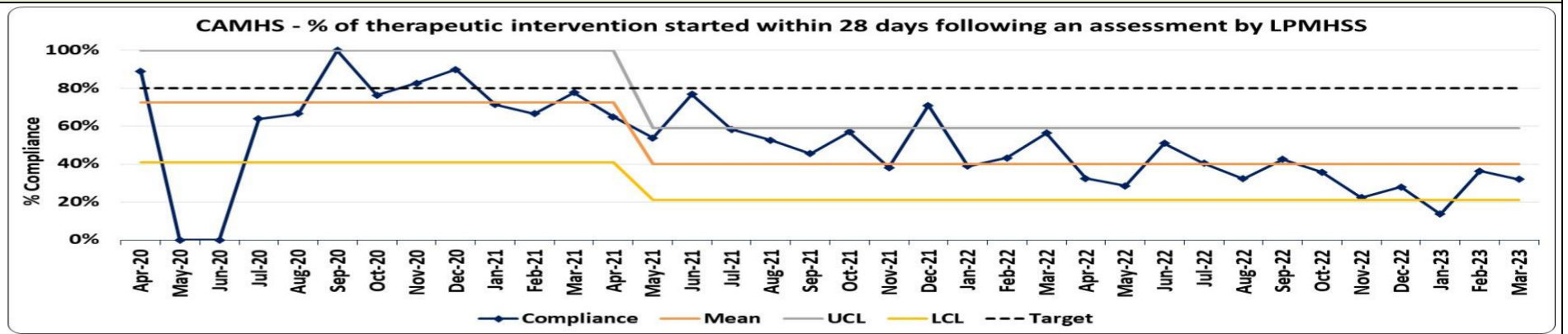


% of therapeutic intervention started within 28 days following an assessment by LPMHSS (32.0%) - Target 80%

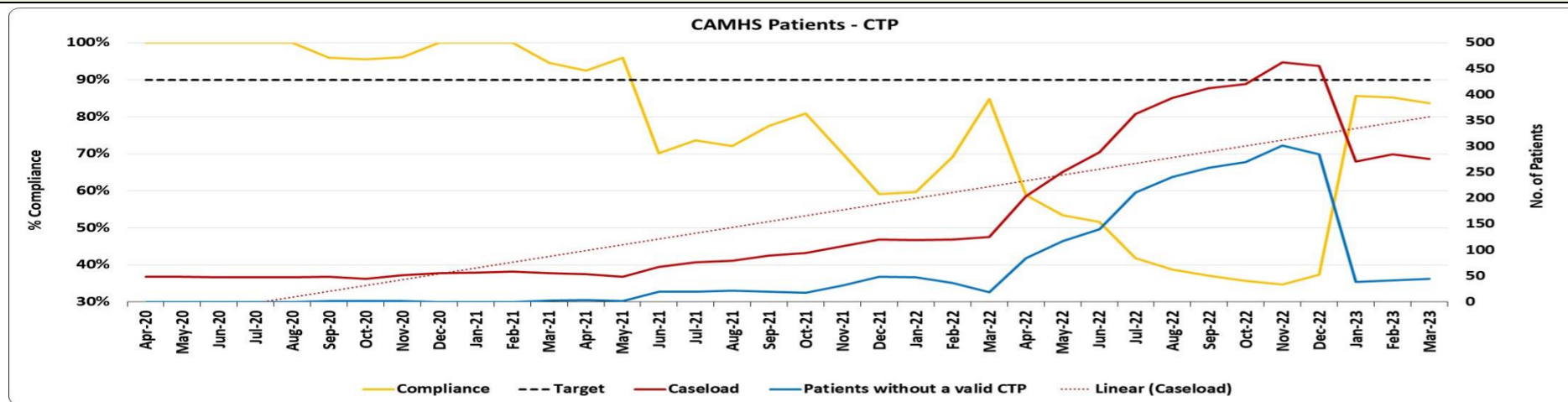
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remains low at 32.0% with just 24 of the 75 interventions for March commencing within 28 days.

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

There have been higher volumes of interventions starting during the last quarter of 2022/23 as a result of the service implementing additional capacity via waiting list initiatives, alongside the introduction of therapy groups, run in partnership with a third sector organisation.



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



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remained fairly stable at 83.7% during March, continuing the much improved performance seen from January this year but lying below the target of 90%.

As seen in the chart to the left; from the start of the period to May 2021 the caseload volume had been fairly constant and compliance remained above the target threshold. Thereafter, caseload volumes increased incrementally until a sharp rise was seen in April 2022, where caseloads to December had grown, on average by 30 patients each month. From January 2023, we observe that caseloads have fallen, on average by 40% from the peak seen in November 2022 (462) The number of patients without a valid CTP at the end of the month remains low at 45.

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

How are we doing and what actions are we taking?

The service has maintained an increase in activity during March for both new assessments and interventions, but as a result of the increased demand, the number of patients waiting for assessments has increased from 260 to 333 at the end of March 2023. The focus for the service is to continue to ensure patients are treated in order of longest waits to reduce the overall waiting times and backlog, unless there is clinical urgency. The service is working to sustain the increased activity over the next couple of months via the use of waiting list initiatives and agency staff in the interim to recruitment.

As noted in previous updates the increase in patients with a valid Care and Treatment Plan (CTP) Part 2 of the service is as a result of quality improvement work to improve the understanding and awareness of the criteria of Part 2 and ensure patients have a valid CTP.

Actions being taken: An improvement action plan and trajectories had been developed to improve compliance for all Mental Health Measures targets, but on reflection of the increasing demand and mismatch in capacity, plans have been revised and reviewed with the senior clinical leads to focus on increasing additional capacity to address the demand and backlog. This work has included revision of the performance trajectories to detail when additional capacity will be implemented to support improvement with achievement of the MHM targets; not expected until the end of 2023/24 given the backlogs in the service.

Actions have already taken place to support improvement, including movement of resources to areas of longest waits, review of caseloads and supporting clinicians with identifying discharge plans and caseload review and wellbeing support for the workforce. Additional WLIs have been in place since September 2022 and are providing additional capacity in the interim to recruitment to new posts in the service. The service team leads and administrative support have also received demand and capacity training by the DU.

Recruitment has taken place for new posts funded via the Mental Health Service Improvement Fund and these new posts will enable the service to implement different ways of working in order to manage demand into the service and maximise capacity more effectively. The service has a further 3 posts to recruit into and these posts are currently being progressed for recruitment.

The service has implemented new pathways with third sector organisations to provide groups on specific areas of support for CYP, with the first area evaluating positively. The service is implementing these groups in two other areas by the end of May 2023. These pathways enable the service to increase capacity for interventions and offers peer group support to CYP. The service has also progressed the implementation of a referral pathway to Silvercloud which will provide CYP with the option to receive therapy intervention via a 12 week online course.

The In-Reach Service/Whole Schools Approach was implemented at the beginning of September and has been rolled out to 150 schools with implementation into the remaining schools now being targeted in the spring term of 2023. This service will underpin early intervention and prevention in partnership with other organisations, supporting emotional wellbeing resilience in CYP and aim to prevent onward referrals into specialist CAMHS.

In addition to the above, the following actions are being progressed to improve performance:

- Agreement to revise some of the job plans to increase capacity for assessments – a further 3 posts are in the process of being advertised which will provide some additional capacity if the service can recruit
- Implementation of a further 4 groups across 2 localities to support with the interventions
- Implementing text reminders to maximise the available capacity (awaiting ICT support, although no confirmation of timescales)
- Review of potential options of outsourcing to an online provider for assessments and interventions taking place in May.

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

Outputs of improvements

Part 1a and 1b :

- The additional demand in March has meant the waiting list for Part 1a has increased despite a higher level of activity being maintained. The service has put in place additional capacity for the next 6 months via additional clinics and agency, and as the service continues to treat patients in order, unless there is clinical urgency, then it is anticipated that performance will continue to be lower in next few months in order to reduce the backlog of patients waiting more than 28 days. With the actions being taken to increase and maximise capacity available, including recruitment to new posts and working with third sector organisations, it is anticipated there will be more sustainable improvement subject to demand levels from May 2023

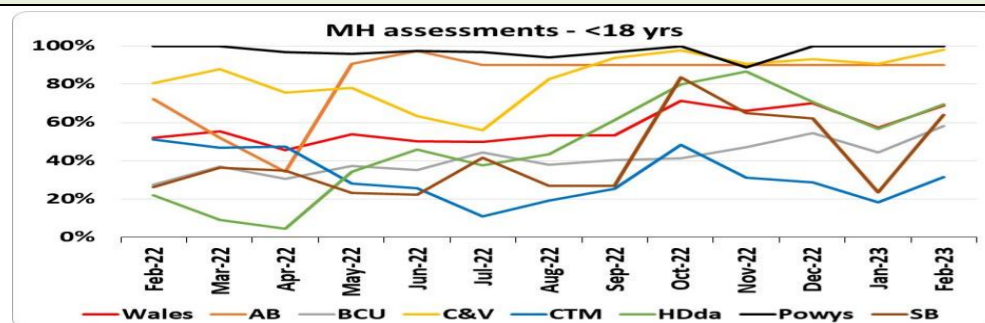
- The actions taken to manage demand, namely primary care liaison and rollout of the schools in-reach provision, are part of a wider systematic approach to supporting wellbeing and mental health and are anticipated to take longer to have an impact on referral numbers and trend, with expectation of having an impact in the medium to longer term towards the summer of 2023.

Part 2: There has been a focus on providing additional capacity and time to support care co-ordinators to complete CTPs with their patients and this has supported the increase in performance reported over the last 3 months. The remaining patients without a valid CTP will receive appointments in the next few months to ensure we meet compliance with Part 2. The service has finalised a SOP and has implemented an improved monitoring and reporting system.

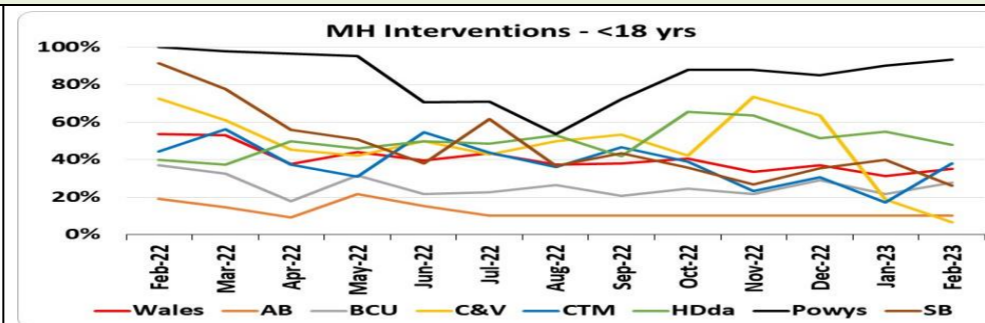
Main areas of risk:

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen – the service has seen an increase in demand in March which has increased the backlog of patients waiting after seeing some sustained improvement since December to reduce the waiting list. The service is aiming to maximise capacity into the summer of 2023 to target the backlog when demand is expected to be lower.
- Reduced capacity - staff uptake in doing additional clinics has been limited in the last few months and some increase in sickness alongside recruitment lead in times.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

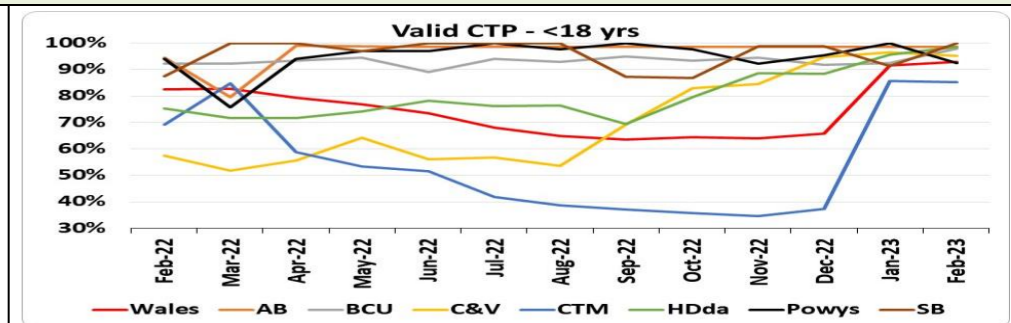
How do we compare with our peers?



Health Board	Compliance	Rank
Powys	100.0%	1st
C&V	97.9%	2nd
AB	90.1%	3rd
HDda	69.6%	4th
SB	64.2%	5th
BCU	58.2%	6th
CTM	31.5%	7th



Health Board	Compliance	Rank
Powys	93.3%	1st
HDda	48.1%	2nd
CTM	38.0%	3rd
BCU	27.7%	4th
SB	26.3%	5th
AB	10.3%	6th
C&V	6.7%	7th

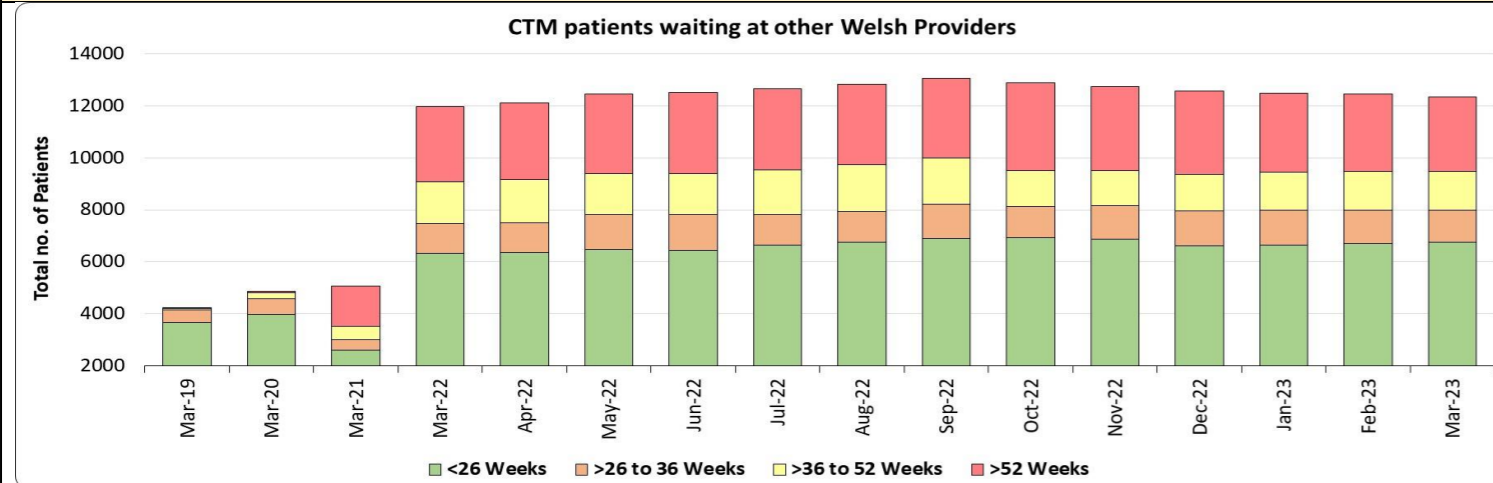


Health Board	Compliance	Rank
SB	100.0%	1st
AB	98.6%	2nd
HDda	98.6%	3rd
BCU	97.9%	4th
C&V	95.2%	5th
Powys	92.5%	6th
CTM	85.3%	7th



WHSSC – Welsh Health Specialised Services Committee

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



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 March is 4,320 of which 2,852 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 305 and there are 1 patient waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	184	822
Neurology	280	400
Ophthalmology	114	215
Clinical Immunology & Allergy	57	148
Urology	43	69
General Surgery	16	48
Gynaecology	17	35
ENT	13	21
Paediatric Surgery	29	27
Paediatrics	44	22
General Medicine	28	22
Oral Surgery	15	19
Gastroenterology	11	10
Cardiology	15	7
Dental Medicine Specialties	13	3
Clinical Pharmacology	6	2
Clinical Haematology	0	1
Orthodontics	3	1
Paediatric Dentistry	9	1
Dermatology	2	1
Anaesthetics	5	1
Cardiothoracic Surgery	3	1
Nephrology	3	1
Neurosurgery	4	1
Restorative Dentistry	2	1
Grand Total	916	1873

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	72	46
Cardiology	119	43
Radiology	213	40
Physiological Measurement	9	3
Neurophysiology	2	1
Imaging	3	1
Total	418	132

Therapies		
Service	Total Waits	>14 wks
Physiotherapy	26	1
Dietetics	14	1
Occupational Therapy	7	1
Podiatry	2	1
SALT	3	1
Total	52	0

CTMUHB Patients waiting at Aneurin Bevan UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Urology	8	56
Trauma & Orthopaedics	12	36
ENT	7	23
Ophthalmology	24	12
Oral Surgery	8	6
General Surgery	4	4
Orthodontics	1	4
Dermatology	2	1
Gastroenterology	3	1
Gynaecology	1	1
Rheumatology	1	1
Endocrinology	1	1
Grand Total	73	141

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	36	15
Radiology	22	1
Cardiology	6	1
Physiological Measurement	2	1
Total	66	17

Therapies		
Service	Total Waits	>14 wks
Physiotherapy	10	1
Podiatry	1	1
Audiology	3	1
Dietetics	1	1
Total	15	1

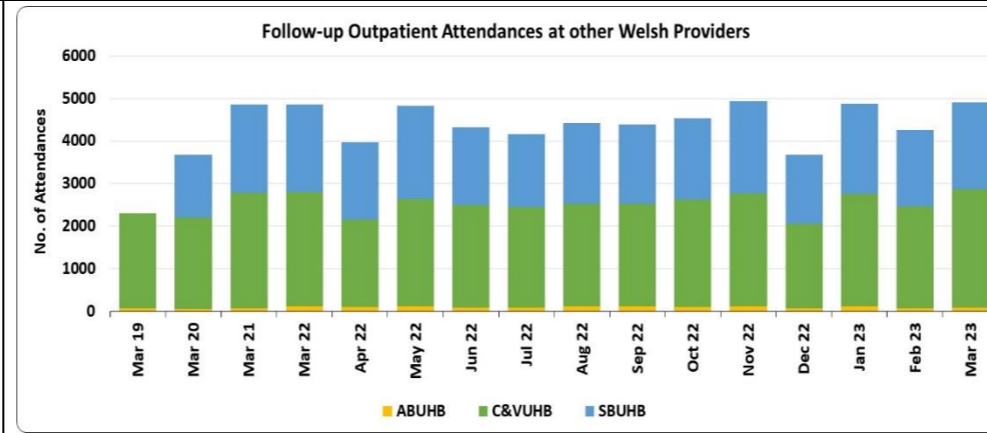
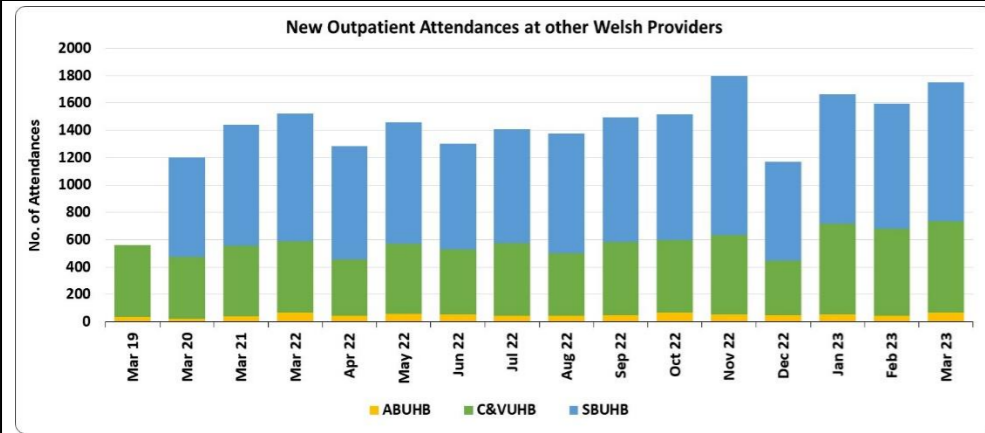
CTMUHB Patients waiting at Swansea Bay UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	173	241
Plastic Surgery	90	229
Trauma & Orthopaedics	64	163
Orthodontics	32	68
General Surgery	37	46
Gynaecology	25	31
Gastroenterology	2	18
ENT	4	15
Urology	7	8
Ophthalmology	5	7
Paediatrics	1	7
Neurology	27	5
Cardiology	2	1
Dermatology	1	1
Diagnosic	8	1
Paediatric Neurology	1	1
Grand Total	479	838

Diagnostics		
Service	Total Waits	>8 wks
Neurophysiology	194	105
Diagnostic Endoscopy	48	41
Cardiology	77	8
Physiological Measurement	2	2
Total	321	156

Therapies		
Service	Total Waits	>14 wks
No patients waiting for a therapy		

CTM patients waiting at specific health boards (RTT)				
March 2023	Cardiff & Vale UHB	Aneurin Bevan UHB	Swansea Bay UHB	
<26 Weeks	3460	49.5%	391	59.2%
>26 to 36 Weeks	739	10.6%	56	8.5%
>36 to 52 Weeks	916	13.1%	73	11.0%
>52 Weeks	1873	26.8%	141	21.3%
Total Waiting	6988		661	4658
% of total waiting at other providers	56.6%		5.4%	37.8%

CTM Outpatient Attendances at other Welsh Providers

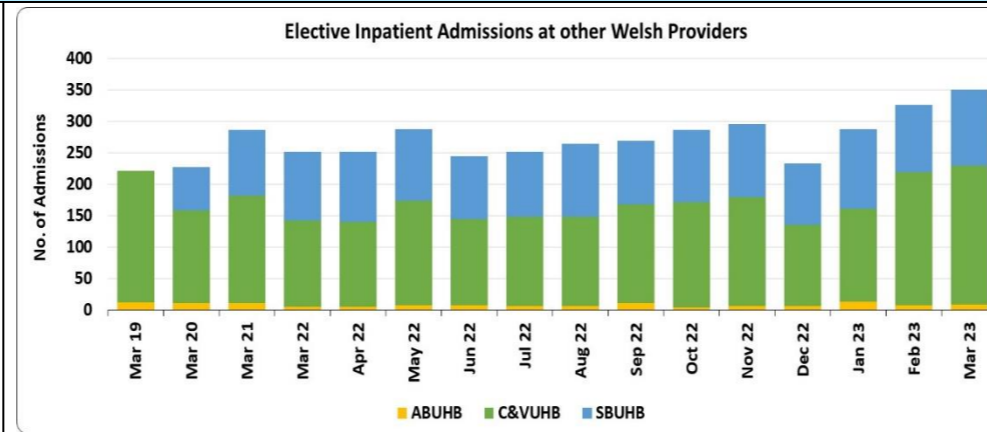
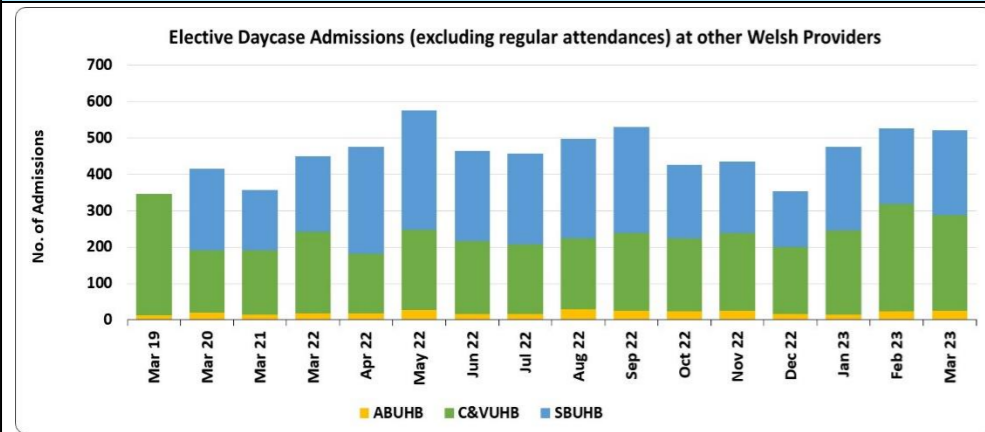


The April position (May reporting period) continues to show marginal change from the previous reported position.

There are three CTMUHB residents waiting up to 52 weeks for Cardiac Surgery at Cardiff and Vale UHB but no patients waiting in excess of 52 weeks. This presents a small but continued reduction in long waits.

The performance of Neurosurgery has remained relatively stable, with no patients waiting more than 52 weeks currently. Four patients have waited between 36 and 52 weeks (an increase of 4 from the previous month). Neurology waits remain a significant concern with a total of 400 patients waiting more than 52 weeks.

CTM Elective Daycase / Inpatient Admissions at other Welsh Providers



Cardiff and Vale paediatric surgery waits are still over 52 weeks with 27 breaches currently, an increase on the earlier reporting period.

Plastic Surgery remains an area of concern for Swansea Bay performance with very static status. The number of CTMUHB residents waiting over 52 weeks currently sits at 229 (a slight increase from 222).



2.5 Finance update – Month 1

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

- £

3. 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.

The following issues/risks have been identified in relation to the **Quality** quadrant:

- Approval of CTMUHB Quality & Safety Framework
- Centralisation of Complaints Team with a focus on a robust triage and improving compliance with the 30 working target and additional monitoring of compliance to ensure escalation when required.
- Significant achievement in the 2-working day acknowledgement for formal complaints, achieving 100%.
- The number of incidents reported has continued the decrease from October 2022 onwards. This is consistent with previous years. The percentage ratio of severe and death incidents has decreased following a rise in November 2022.
- Significant achievement in relation to compliance with Patient Safety Solutions.
- Maintenance of robust quality governance arrangements during the transition to a centralised function is paramount. The implementation of OCP in relation to Quality and Governance arrangements are now in final stages. As of 3rd April 2023, the governance teams have now transitioned within the Care Groups.
- The transition to the new operating model has been a challenge in relation to the extraction and presentation of data. Work has been underway to align the Datix Cymru System to the Care Group Structure and ensure up to date information is accessible

across the Health Board on a range of metrics. Dashboards are currently being produced and a draft version will be sent out for comment imminently.

- From 1st April 2023 the Duty of Candour has been implemented where the Health Board has a duty to be open and honest with service users that we are caring for when things go wrong. In practice, if the duty of candour is triggered, if unexpected or unintended harm that is viewed as being moderate and above is suffered or may be suffered (referred to as adverse outcome) & the provision of healthcare was, or may have been, a factor in the service user suffering that adverse outcome. Therefore, weekly scrutiny panels have been set up within the Care Groups to review moderate incidents to determine if Duty of Candour is triggered and written communication to families and patients will be sent following confirmation at scrutiny panel.
- Learning from Events continues to be a challenge for the Health Board, with the Health Board recently receiving financial penalties for longest standing deferred cases. A recovery plan has been presented to Executive and agreed. A new process has been implemented, which commenced on 1st April 2023. There is a plan to manage the historic Learning from Event Reports (LFER).

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.



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

5. RECOMMENDATION

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