



AGENDA ITEM

6.2

HEALTH BOARD MEETING

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting

(31/03/2022)

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Linda Prosser, Executive Director of Strategy and Transformation

Approving Executive Sponsor

Executive Director of Planning & Performance

Report purpose

FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals

Date

Outcome

Management Group

16/02/22

Choose an item.

ACRONYMS

AMU

Acute Medical Unit

C.difficile

Clostridium difficile

CAMHS

Child and Adolescent Mental Health Services

CTM

Cwm Taf Morgannwg

CTP

Care and Treatment Plan



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

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

1. SITUATION/BACKGROUND

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

Though the public sector payment policy target was not met for this reporting period (down to 94.8% from 95.8%), the level of variation in the process is of common cause. The six month average continues to remain above the target of 95%, indicating that we have a process in place which meets the established Welsh Government target.

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

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



FINANCE					QUALITY				
Month 10	Variance from Plan				Indicators	Feb-22	Jan-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	47.0%	62.7%	75%	●
	£m	£m	£m	£m		Jan-22	Dec-21	Target	RAG
Pay	0.7	0.7		40.7	Single Cancer Pathway	42.4%	48.3%	75%	●
Non-Pay	0.2	6.4			Thrombolysis for Eligible Stroke Patients within 45 Minutes	42.9%	100.0%	100%	●
Income	0.4	0.6			Apr - Feb 22	Apr - Jan 22	Target	RAG	
Efficiency Savings	0.4	2.7		10.8	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	88.19	89.63	67/100k population	●
Non-delegated (including WG allocations)	-1.8	-10.6			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	25.75	26.52	20/100k population	●
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	33.04	32.88	25/100k population	●
Total	-0.118	-0.317	0	44.5		Feb-22	Jan-22	Target	RAG
PSPP	Current Month	Year to Date	Forecast Full Year		Total number of Nationally Reportable Incidents	7	3	TBC	
	94.8%	95.4%	95.0%	Target 95%	Number of Formal Complaints Received	95	94		
	Capital Expenditure	£9.08	£48.42	£78.10	Number of Compliments Received	59	71		
	Agency as % of total pay costs	9.3%	7.4%	7.3%	Falls Causing Harm (Moderate/Severe/Death)	16	14		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	7	1		
					Total number of instances of hospital acquired pressure ulcers	110	88		
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	19	19		
					Total number of instances of Community Healthcare acquired pressure ulcers	152	171		
					Number of Never Events in Month	0	1	0	●
PERFORMANCE					PEOPLE				
Indicators	Feb-02	Jan-22	Target	RAG	Indicators	Feb-22	Jan-22	Target	RAG
A&E 12 hour Waiting Times	1,740	1,119	Zero	●	Turnover	11.62%	11.01%	11%	●
Ambulance Handover Times within 15 mins	23.0%	29.3%	Annual Improvement	●	Exit Interview by Leaver	0.0%	2.5%	60%	●
RTT 52 Weeks	33,347	34,357	Zero	●	Sickness Absence Rate (in month)	Jan-22	Dec-21	Target	RAG
Diagnostics >8 Weeks Waits	14,660	15,841	Zero	●		8.5%	7.7%	4.5%	●
% of Stage 4 Urgent Patients Clinically Prioritised	3.7%	4.1%	100%	●		7.2%	7.1%		●
FUNB - Patients Delayed over 100% for Follow-up Appointment	29,372	29,074	10,256	●		Feb-22	Jan-22	Target	RAG
	Jan-22	Dec-21	Target	RAG	Return to Work Compliance	43.3%	42.8%	85%	●
Mental Health Part 1a - CAMHS	28.2%	37.5%	80%	●	Fill Rate Bank	35.7%	17.0%	90%	●
Mental Health Part 1b - CAMHS	38.9%	71.0%	80%	●	Fill Rate On-contract Agency (RNs)	30.5%	42.0%		●
Admission to Stroke Unit within 4 hrs	14.7%	8.2%	SSNAP Average 46.8%	●	PDR	54.4%	52.9%	85%	●
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	Dec-21	Nov-21	Target	RAG	Statutory and Mandatory Training - All Levels	58.5%	57.1%		●
	97.4%	92.5%	90%	●	Statutory and Mandatory Training - Level 1	65.9%	64.2%		●
Delayed Discharges waiting for packages of care rate (D2RA/bypassing D2RA) per 100,000 population	Mar-22	Feb-22	All Wales Average	RAG	Job Planning Compliance (Consultant)	25.0%	18.0%	90%	●
	17.1	15.1	11.9	●	Job Planning Compliance (SAS)	18.0%	12.0%		●
					Direct Engagement Compliance (M&D)	87%	77%	100%	●
					Direct Engagement Compliance (AHPs)	86%	85%	100%	●
					RN Shift Fill by Off-contract	2161.0	3357.5	0 Hours	●

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

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

Measure	Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	27.0%	2019/20	27.8%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q3 21/22	98.1%	Q2 21/22	97.6%
% of children who received 2 doses of the MMR vaccine by age 5	95%		91.6%		94.2%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	Q1-Q2 2021/22	2.32%	2020/21	3.99%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q2 21/22	352.4	Q1 21/22	371.0
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q3 21/22	90.8%	Q2 21/22	90.9%
Uptake of influenza vaccination among:	65 year old and over	2020/21	75.4%	2019/20	68.9%
	under 65's in risk groups		46.3%		40.3%
	pregnant women		74.6%		81.7%
	health care workers		67.8%		63.2%
% of eligible people who have participated in the bowel screening programme within the last 2.5 years	bowel	2019/20	59.1%	2018/19	55.0%
Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	breast		74.1%		74.1%
Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	cervical		72.8%		72.8%
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	Jan-22	59.7%	Dec-21	59.2%
	over 18 years		89.0%		88.9%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2019/20	51.9%	2018/19	50.0%

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

Measure	Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	86.0%	2019/20	65.4%
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q1 21/22	56.7%	Q4 20/21	60.1%
% of adults regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend		49.5%		52.5%
% 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%	Dec-21	97.4%	Nov-21	92.5%
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Feb-22	46.7%	Jan-22	45.3%
Number of ambulance patient handovers over 1 hour	Zero		1010		921
% 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%		62.2%		65.7%
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	Nov-21	1,740	Nov-20	1,628
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend		65.2%		71.4%
% 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		2.2%		2.7%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 46.8%	Jan-22	14.7%	Dec-21	8.2%
% of stroke patients who receive mechanical thrombectomy	10%	Dec-21	0.0%	Nov-21	0.0%
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		43.2%		44.8%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	Jan-22	42.4%	Dec-21	48.3%
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	Feb-22	14,660	Jan-22	15,841
Number of patients waiting more than 14 weeks for a specified therapy			931		873
% of patients waiting less than 26 weeks for treatment	95%		47.2%		46.6%
Number of patients waiting more than 36 weeks for treatment	Zero		48,047		48,457
Number of patients waiting for a follow-up outpatient appointment	51,739	Jan-22	112,054	Dec-21	119,691
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	10,256		29,372		30,884
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		58.6%		64.1%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction	2020/21	3.08	2019/20	2.5
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	Jan-22	N/A	Dec-21	13.7%
% 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)			29.6%		38.0%
% 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)			86.5%		82.1%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			40.2%		71.9%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			94.1%		94.8%
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment			37.9%		39.5%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			79.5%		77.8%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile	E.coli	Apr-21 to Feb-22	88.19	Apr-21 to Jan-22	89.63
	S.aureus bacteraemia		25.75		26.52
	C.difficile		33.04		32.88
	Klebsiella sp		71		62
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	P. aeruginosa		28		27

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

Measure	Target	Current Period		Last Period	
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2020/21	87.0%	2019/20	90.8%
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADRI)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Feb-22	54.4%	Jan-22	57.1%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		65.9%		64.2%
% of sickness absence rate of staff	12 Month Reduction Trend	Jan-22	7.2%	Dec-21	7.1%
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	56.1%	not available	

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2020/21	7.2	2018/19	6.33
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Jan-22	47.0%	Dec-21	57.0%
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q2 21/22	49.0%	Q1 21/22	52.0%
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		100.0%		14.0%
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Jan-22	1.56%	Dec-21	1.59%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Jan-22	63.2%	Dec-21	63.4%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			16.7%		44.4%
All new medicines recommended by AWMMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation	100%	Q2 21/22	99.1%	Q1 21/22	99.0%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20	Q1 21/22	290.4	Q4 20/21	256.5
% of secondary care antibiotic usage within the WHO Access category	55%		66.8		64.6%
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1413		1409
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction	Q2 21/22	0.15%	Q1 21/22	0.16%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5046.9		5016.5
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 21/22	77.8%	Q1 21/22	76.7%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%		13.0%		20.6%
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-22	9.3%	Dec-21	6.8%
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Dec-21	71.6%	Nov-21	66.5%

2.2 Quality

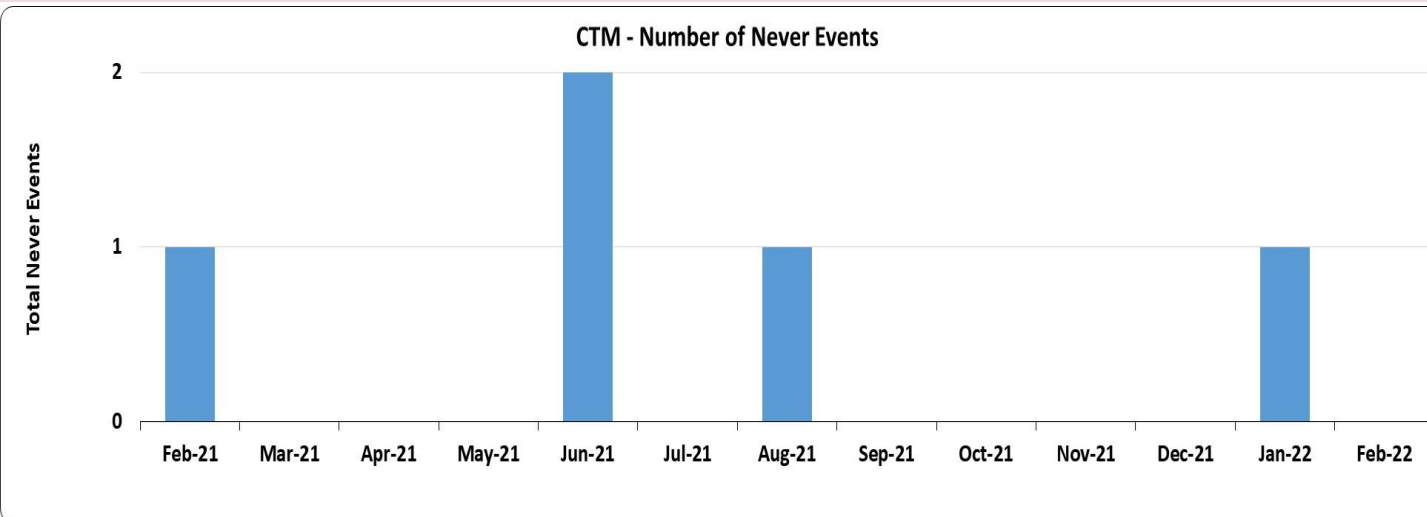


Never Events & Serious Incidents

Never Events

Number of Never Events – February 2022

0



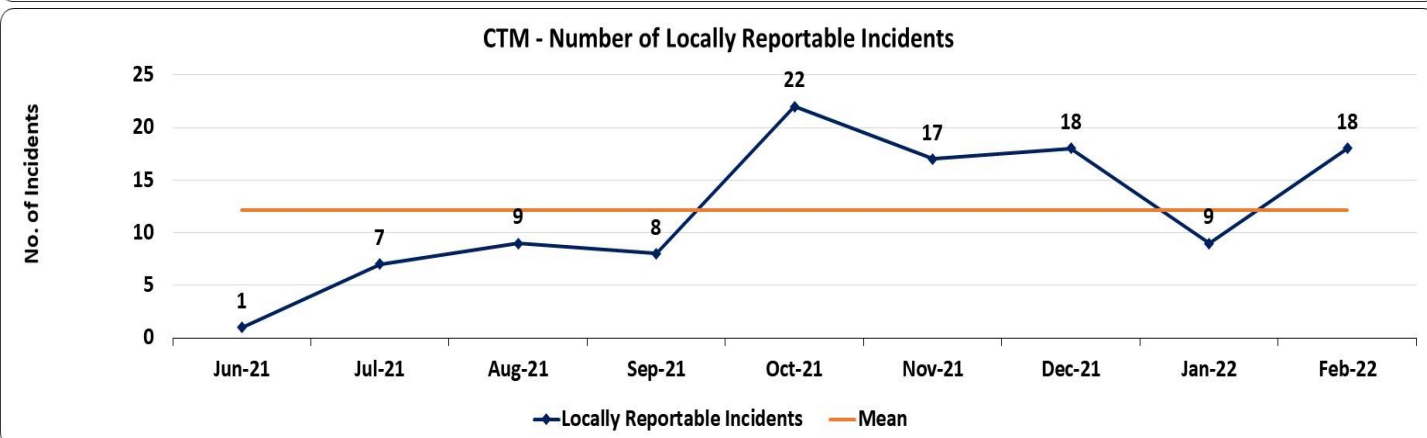
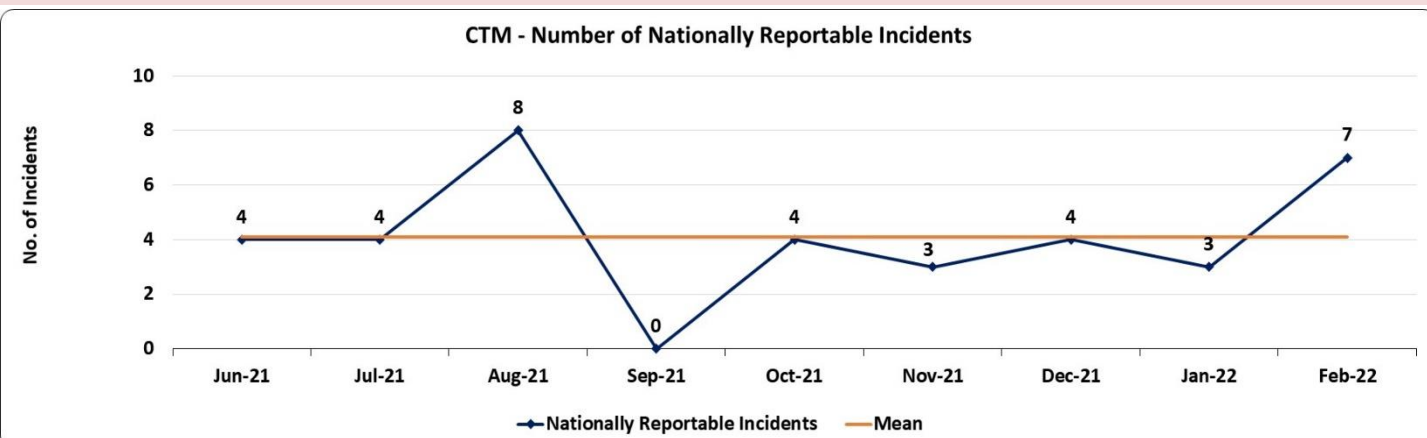
There were no never events reported for February and in total 4 reportable events have been observed during the past twelve months.

The investigation into the never event that occurred during January 2022 is still under investigation at the time of writing this report.

Nationally Reportable Incidents

Number of Nationally Reportable Incidents – February 2022

7



Number of Patient Safety Incidents – February 2022

1,676

During February 2022 there were 1,676 patient safety incidents reported on Datix across the Health Board. Of these, 7 were Nationally Reportable Incidents; 4 relating to delays, 1 relating to a slip, trip or fall, 1 relating to a maternal event and 1 relating to an organisational failure to follow policy/procedure.

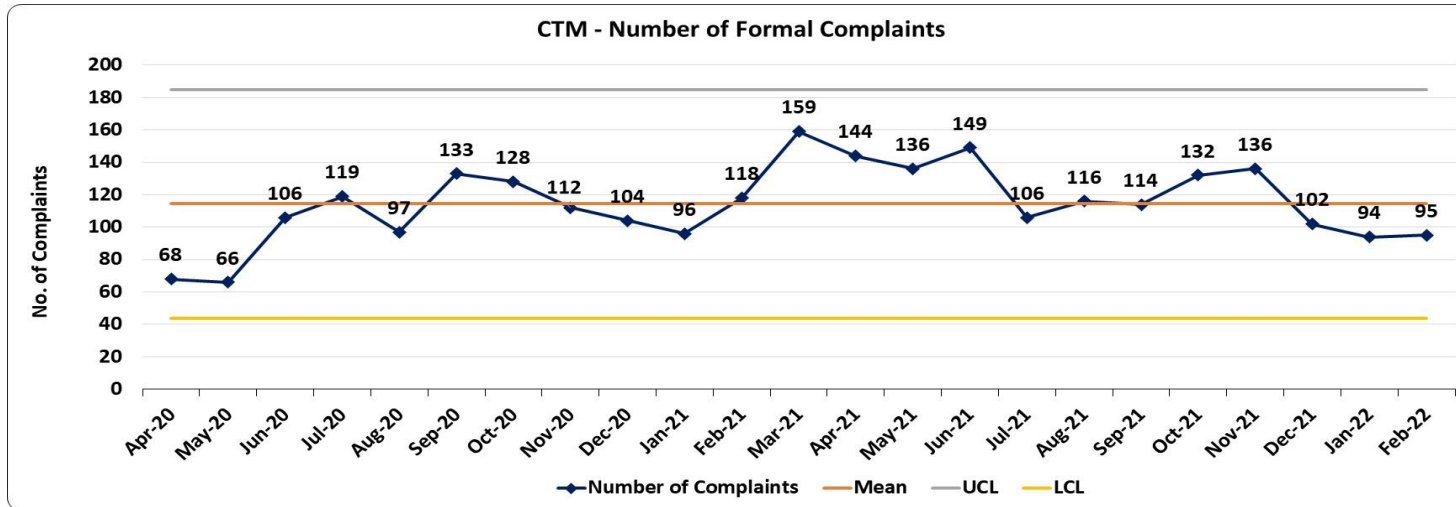
A further 17 were graded as locally reportable incidents. Of these, 4 relating to a slip, trip or fall, 5 relating to unexpected or trauma related deaths, 3 relating to radiological investigations, 1 relating to an admission, transfer or discharge, 1 relating to communication, 1 relating to a neo-natal event, 1 relating to failure to follow policy/procedure and 1 relating to self-harm.

Type of Nationally Reportable Incidents	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total
Delays		2			2		2		4	10
Unexpected or Trauma Related Death	2		2			1				5
Slip, Trip or Fall	2	1	1						1	5
Pressure Damage					1	2		1		4
Infection	1		2							3
Treatment Error			2				1			3
Admission / Transfer / Discharge	1							1		2
Medication	2									2
Absconding	1									1
Incorrect Surgical Procedure	1									1
Maternal Event			1						1	2
Patient injury		1								1
Neo-Natal Event					1					1
Personal Incident - Personal injury attributed to clinically related challenging							1			1
Unexpected Complications								1		1
Organisational - Failure to follow Policy/Procedure									1	1
Grand Total	10	4	8	0	4	3	4	3	7	43

Complaints

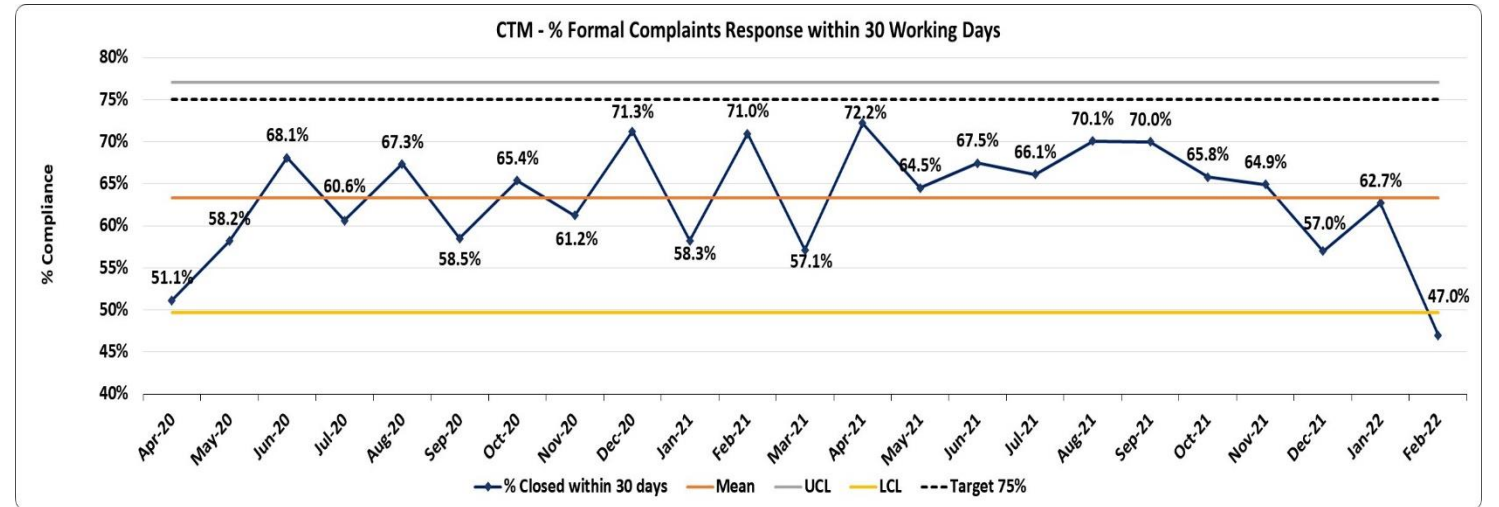
Number of formal complaints managed through PTR – February 2022

95



% formal complaints response within 30 working days – February 2022

47.0%



Complaints

During February 2022, 95 formal complaints were received within the Organisation and managed in line with the Putting Things Right regulations. For those complaints received during this period, the top 4 themes relate to clinical treatment/assessment (54), communication issues (15), appointments (7) and discharge issues (6).

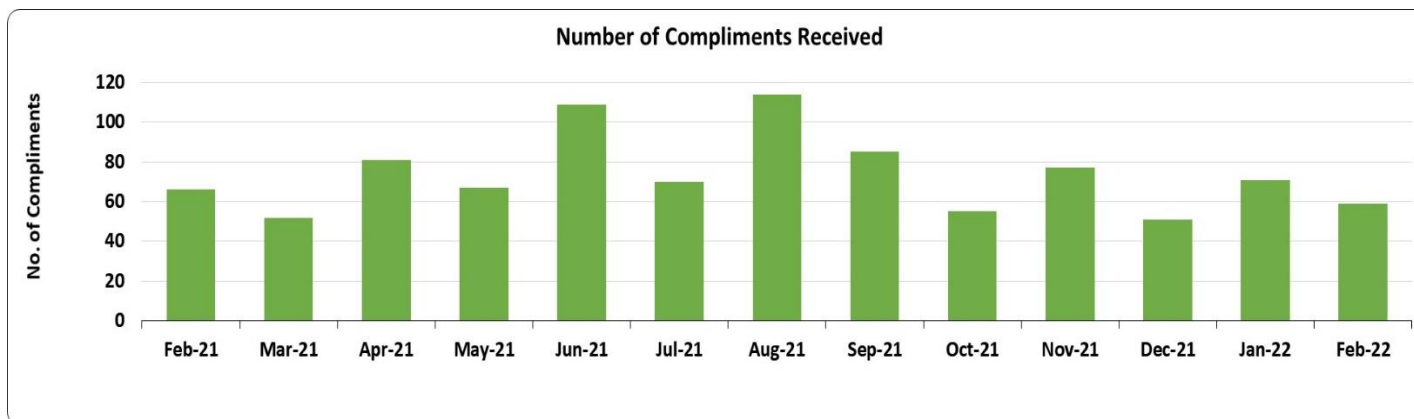
Of concern to the UHB is the recent reduction in the proportion of complaints responded to within 30 days. The service standard in February fell to 47%, as a result of a number of factors including staff redeployment, staff absence and staff leave. Efforts to improve to the expected 75% target continue within ILGs. Measures include better triaging of complaints to establish if opportunities exist for early resolution/better management.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total
Clinical treatment/Assessment	0	41	48	45	57	64	37	51	54	397
Communication Issues (including Language)	43	22	13	16	21	16	17	10	15	173
Appointments	0	12	9	10	8	19	13	6	7	84
Discharge Issues	0	4	7	9	5	7	15	8	6	61

Compliments

Number of compliments – February 2022

59



During February 2022, there were 59 compliments recorded on the Datix system; almost 17% less than the previous period. During the past twelve months the average number of compliments received each month has been around 74.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – February 2022

67

There were 67 medication incidents reported for February 2022 as shown in the table below:

Medication Incidents February 2022							
Severity	Administration	Dispensing (Pharmacy)	Monitoring	Prescribing	Security	Other	Total
No harm	24	5	1	9	2	6	47
Low	9	0	0	4	1	4	18
Moderate	2	0	0	0	0	0	2
Total	35	5	1	13	3	10	67

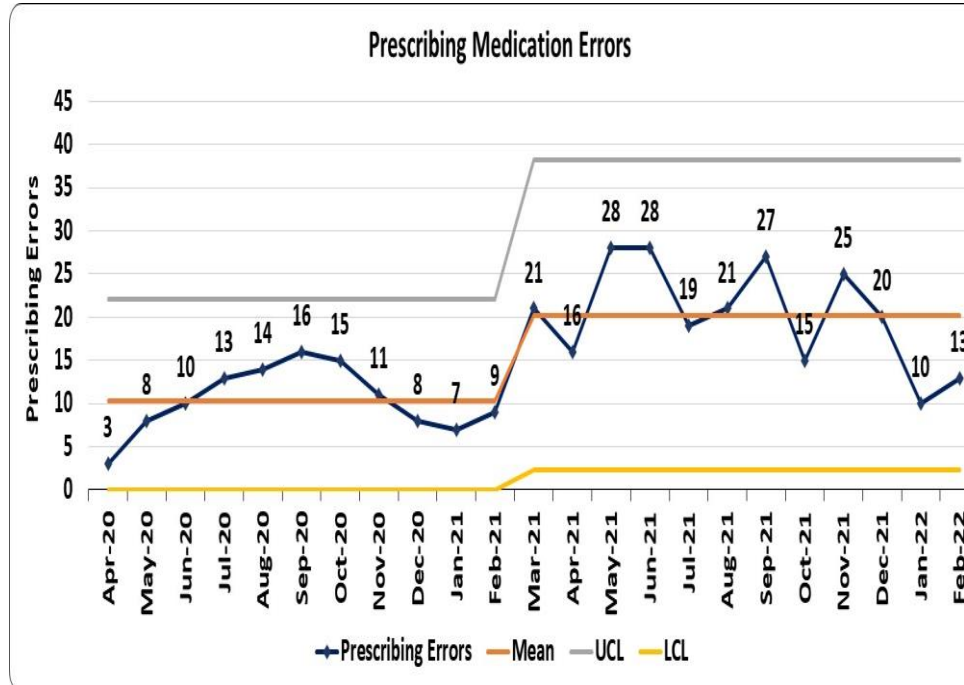
Of those incidents reported, none resulted in severe harm or death.

The first chart to the right shows a 30% increase on the previous month in the number of prescribing errors for February 2022 (13). The reported value remains lower than the average recorded for the last 12 months and within the limits of common cause variation. There was also a slight increase (1) in the number of administrative errors this period, with 35 errors recorded (falling just below the 12 month average of 37).

To make the data presented in this section more meaningful, efforts are underway to present medication incident rate per 1000 bed days and to include peer benchmarking.

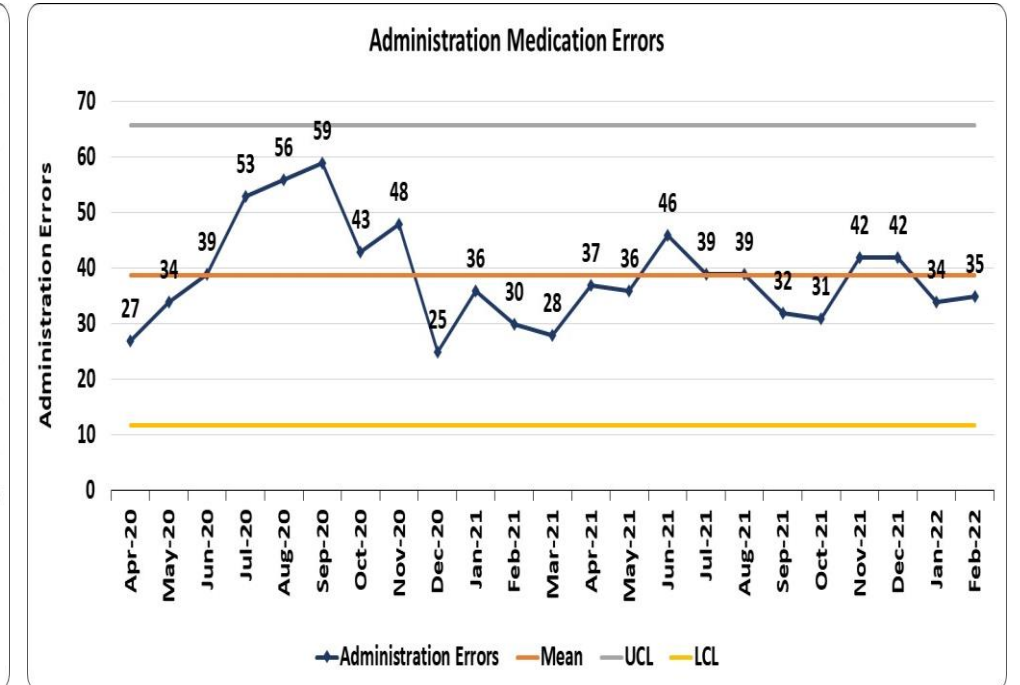
Total number of Prescribing Errors

13



Total Administration Errors

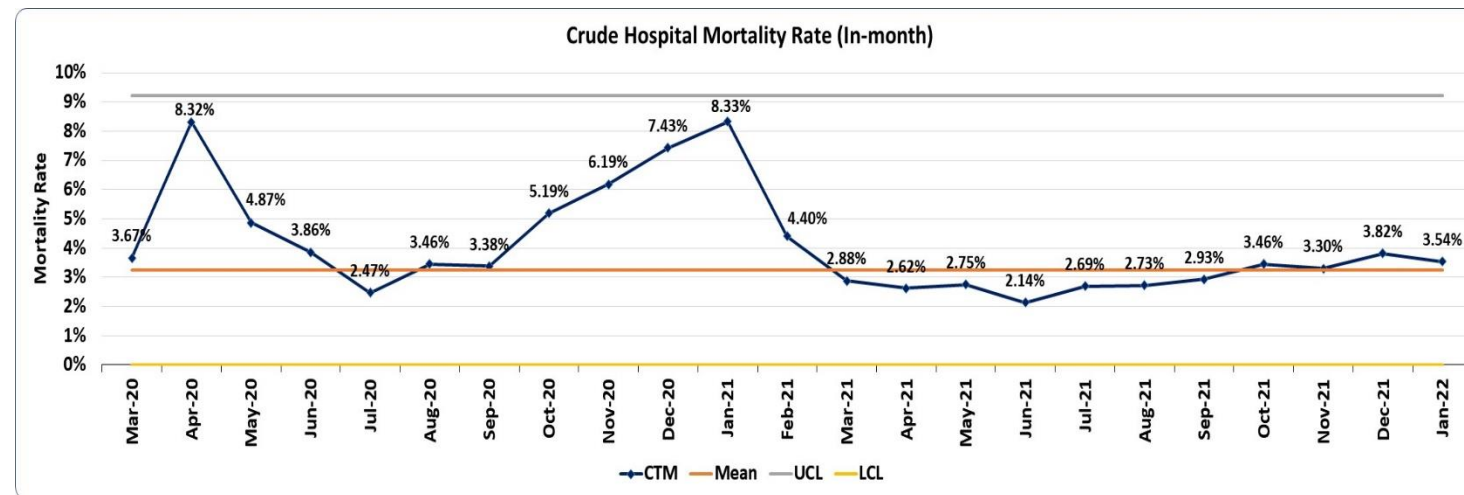
35



Crude Hospital Mortality Rates

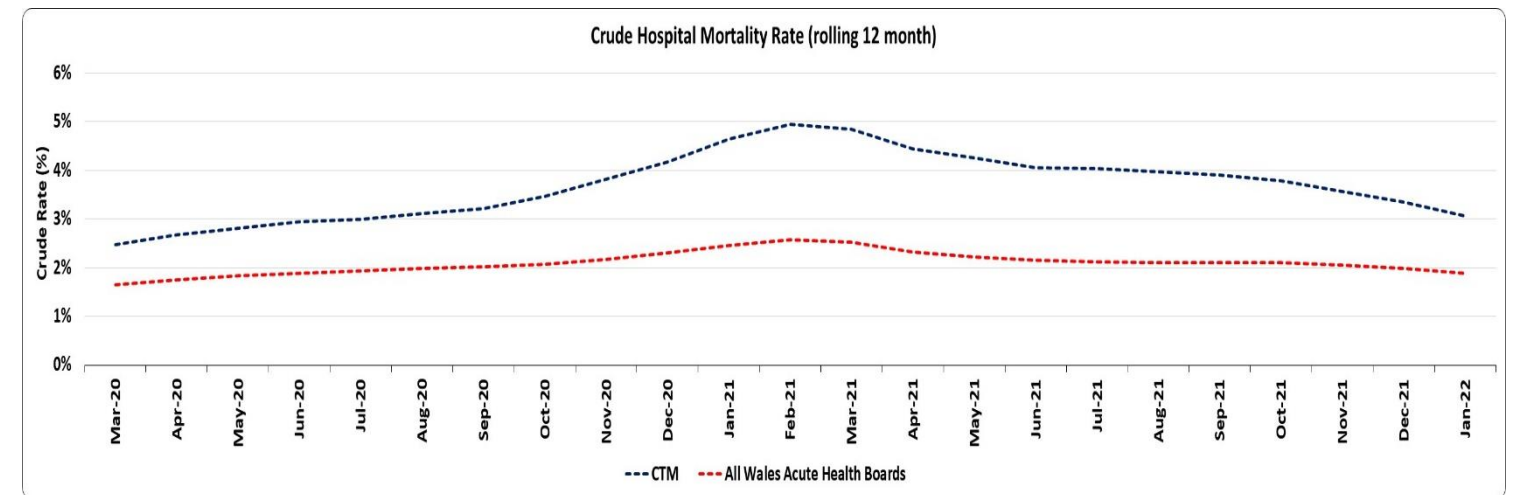
In Month Crude Hospital Mortality Rate – January 2022

3.54%



Rolling 12 Month Crude Hospital Mortality Rate to January 2022

3.07%



Overall, in month mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.14% (the lowest level in June 2021). Rates have increased after this date, but not at the levels seen during the second wave and a fall in the mortality rate is observed for January 2022 (3.54%). The rolling 12 month mortality rate is 3.07%; a similar level to that observed in July 2020 (3.00%)

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

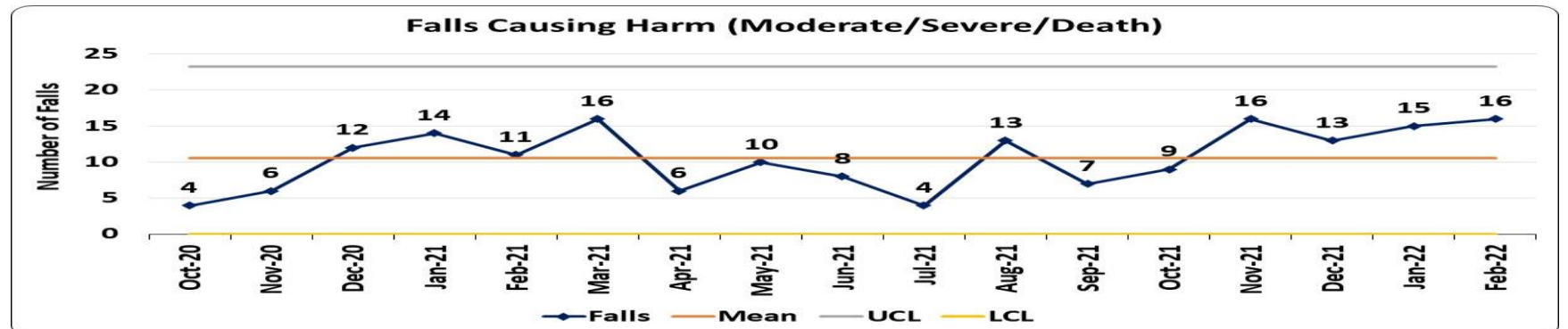
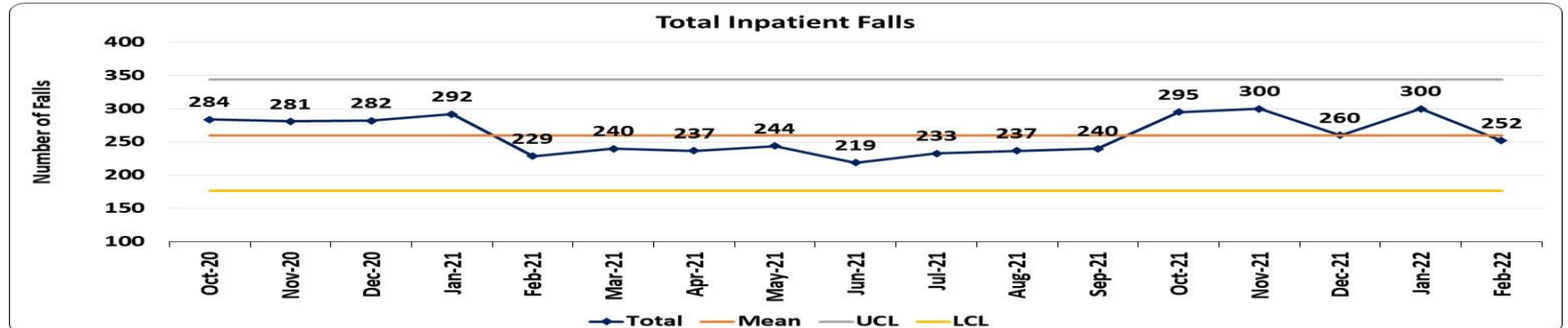
Total number of Inpatient Falls – February 2022

252

There were fewer falls reported for February 2022 (252) compared to the previous month (300), at a volume on par with the 12-month average of 255 and the number recorded in February 2021.

The number of inpatient falls resulting in moderate harm this month is 16, with none recorded as resulting in severe harm or death.

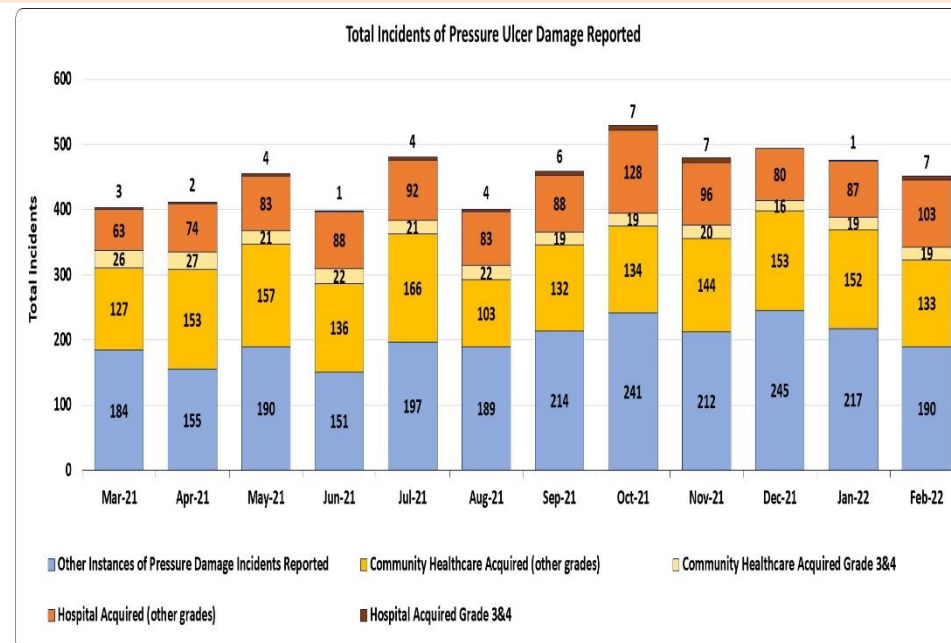
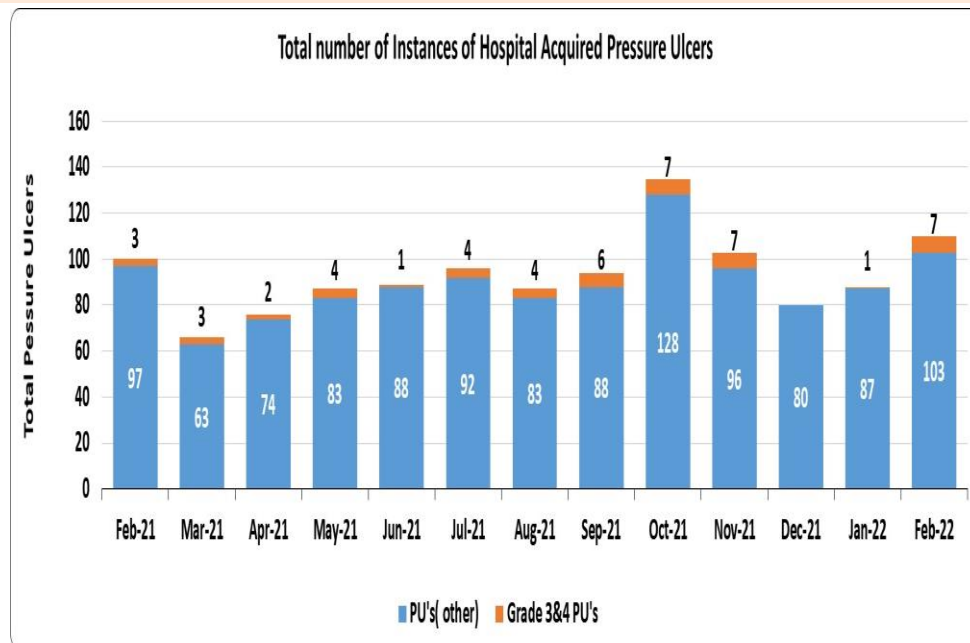
Efforts continue via the Quality and Safety Committee and the Falls Scrutiny Panel to address the high level of hospital falls within the health board. Ongoing initiatives include achieving a greater understanding of the number of repeat falls, falls per bed day, standardising improvement efforts and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



Pressure Damage Incidents

Total number of reported Pressure Damage – February 2022

452



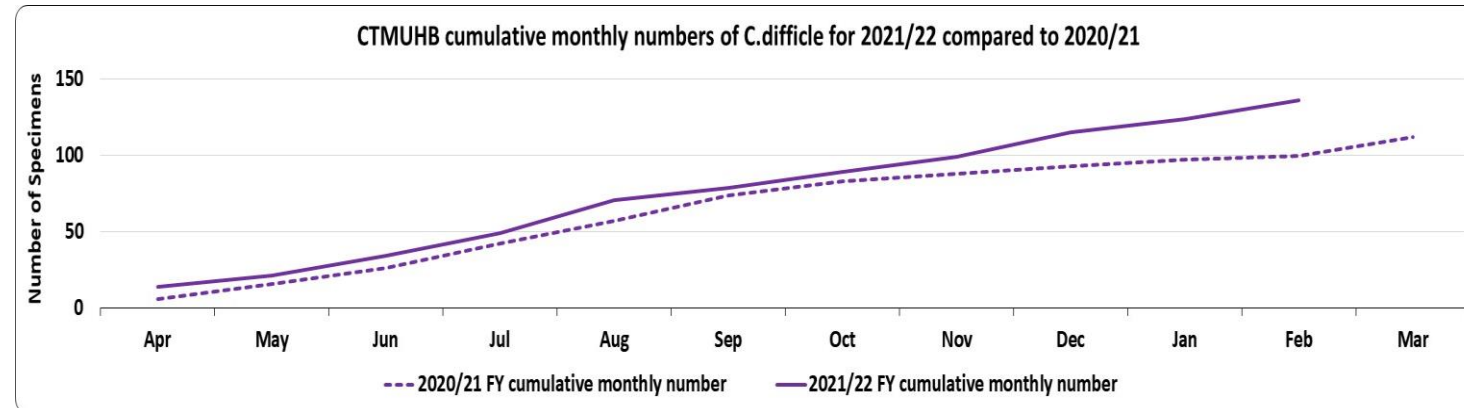
During February 2022, a total of 452 pressure damage incidents were reported, a reduction of 5% on the previous month (476).

The highest number of incidents reported (152) were identified as developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 103 were identified as hospital acquired, of which 7 were reported as grade three. The highest numbers were recorded for AMU, Princess of Wales Hospital and Ward 8, Prince Charles Hospital.

Between the 1st February 2021 and 28th February 2022, 3016 Healthcare Acquired Pressure Damage Incidents were reported. Of which, an investigation has been completed for 1928 (63.9%) of these, with 252 recording an outcome of avoidable (13%).

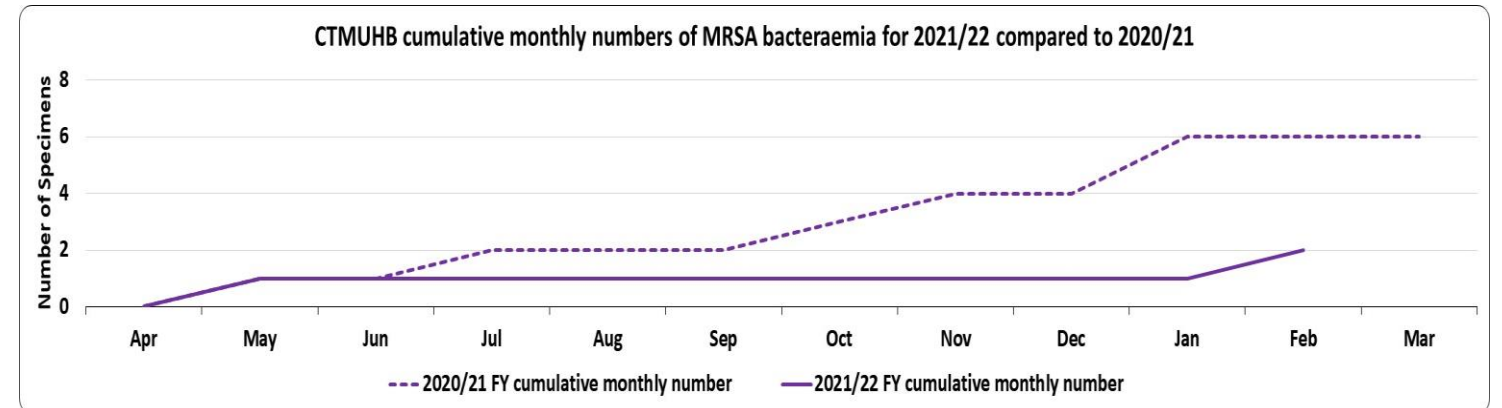
C.difficile

136 incidents of C.difficile were reported by CTM between Apr-Feb 2022. This is approximately 36% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.04



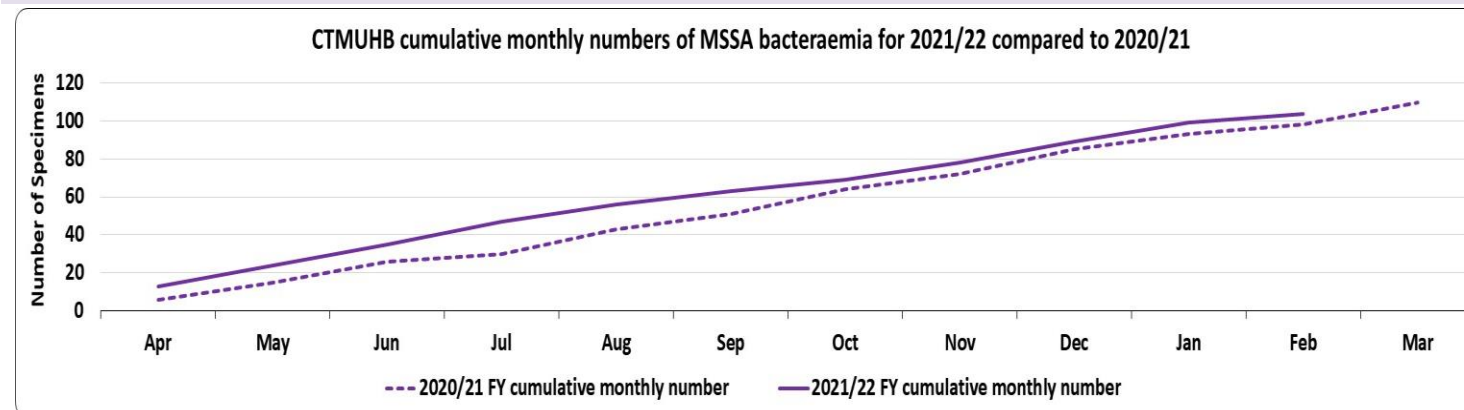
MRSA

2 MRSA bacteraemia have been reported by CTM between Apr-Feb 2022 (67% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.49



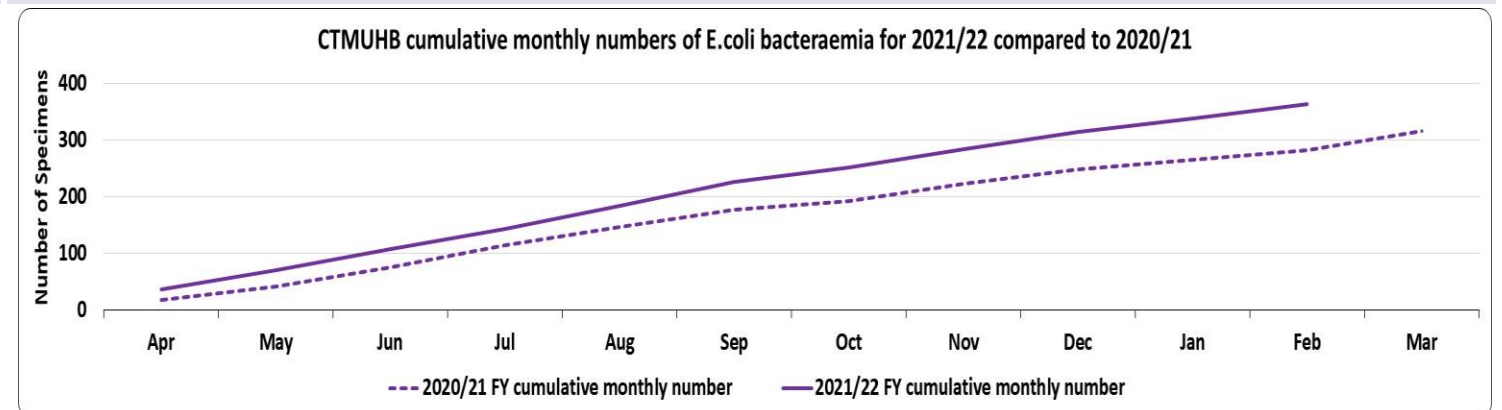
MSSA

104 instances of MSSA bacteraemia were reported by CTM between Apr-Feb 2022 (approximately 6% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 25.27



E.coli

363 instances of E.coli bacteraemia were reported by CTM between Apr-Feb 2022 (approximately 28% more than equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 88.19



An increase in cases has been reported for most surveillance organisms from April – February 2022, a situation which is mirrored across Wales. Work is ongoing at a national level to determine whether the additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales.

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

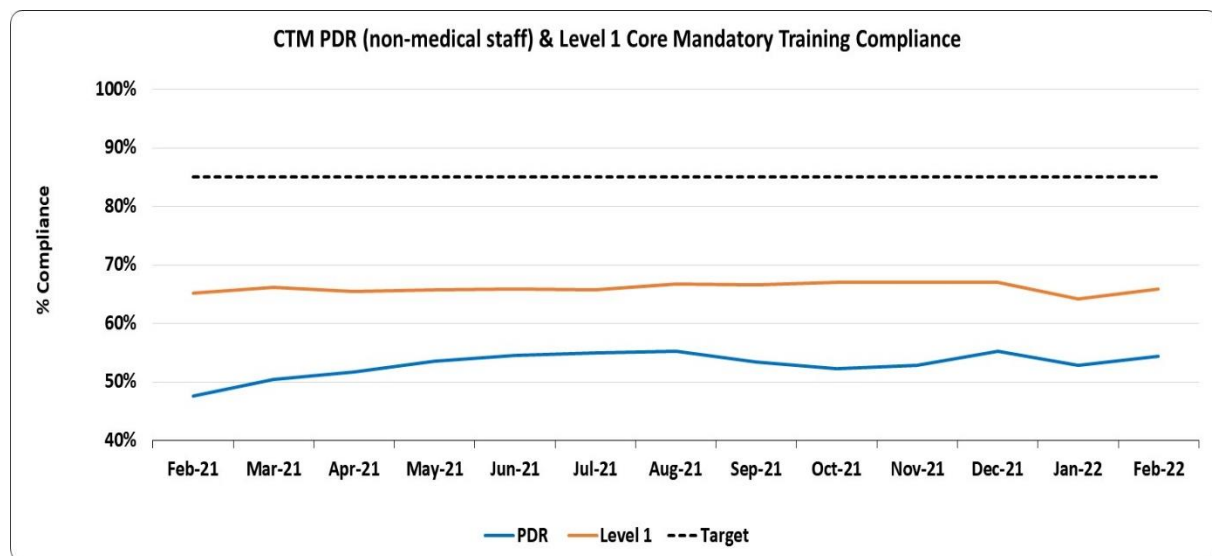


2.3 People

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

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

Overall PDR (non-medical staff) compliance for February 2022 is 54.4%, a small increase in compliance on the previous month of 52.9%, and continuing to remain below the target of 85%.

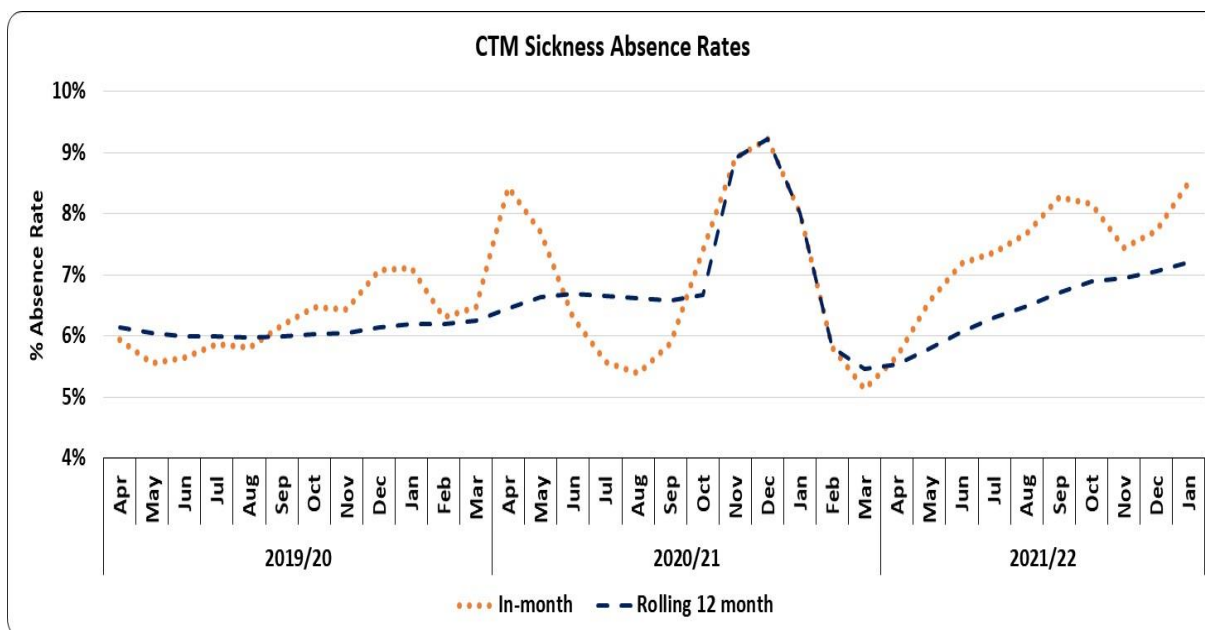


Combined core mandatory training compliance for February 2022 averages 58.5%, with overall CTM compliance for 'Level 1' disciplines at 65.9%. The break down by module shows that uptake is not consistent, with 79.1% of staff completing the equality, diversity and human rights training, a level almost 40% higher than the proportion who are up to date with their resuscitation training (39.3%).

CTM Level 1 Core Mandatory Training Compliance February 2022	
Equality, Diversity & Human Rights	79.1%
Health, Safety and Welfare	77.4%
Moving & Handling	76.3%
Information Governance	72.6%
Safeguarding Adults	70.0%
Infection Prevention and Control	69.3%
Violence & Aggression	68.5%
Safeguarding Children	59.9%
Fire Training	52.5%
Resuscitation	39.3%
HB Overall Compliance	65.9%

2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to January 2022 is 7.2% (8.5% in-month). In comparison to the previous month, occurrences of short-term absences have increased by 10.3% with long-term sickness absence reducing by 10.5%.



Top 10 Absence Reasons by FTE Days Lost - January 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	459	473	6,924.0	23.6%
Infectious diseases	828	838	6,257.9	21.3%
Chest & respiratory problems	446	458	3,484.6	11.9%
Other musculoskeletal problems	140	142	2,217.8	7.6%
Other known causes - not elsewhere classified	163	166	1,778.9	6.1%
Injury, fracture	84	86	1,361.4	4.6%
Cold, Cough, Flu - Influenza	221	228	1,190.4	4.1%
Back Problems	89	93	1,083.5	3.7%
Gastrointestinal problems	222	225	1,041.5	3.5%
Genitourinary & gynaecological disorders	75	75	816.4	2.8%

2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff fell slightly for February 2022 (to around 15.5 whole time equivalents). Bank Managers continue to impress on Service Managers the requirement that shifts be put on the

roster and out to bank (or on-contract agencies) before engaging off contract agencies.

2.4 Access

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

2.4.1 Urgent Care:

In February, just over 62% of patients were treated within 4 hours in our Emergency Departments, with just 23% of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED. A business continuity incident was declared on the 21st February as the system experienced severe challenges to flow.

Overall, attendances have begun to fall, the in-month figure is 4.8% lower than the reported figure for the previous month at 13,121. Although February's provisional figures indicate that there were 2,738 more attendances than the same period last year (lower than the monthly average of 15,160 for 2021/22).

The CTM 15 minute handover compliance saw a further reduction from the previous position to 23.0% (29.3% in January), with 60-minute compliance also falling to 52.9% from 62.3% in the previous month.

For Bridgend ILG, recent actions taken to improve performance include involvement in the two week resetting exercise with a focus on up to date EDDs, discharge hub, earlier discharges and daily Board Rounds. Previously reported actions include the appointment of a Head of Patient Flow and Patient Flow Navigators (supporting wards and discharge lounge with early discharges). Further actions include increasing the bed base at Ysbyty'r Seren, dynamic management of Covid bed base and ongoing engagement with site management promoting the message that flow is everyone's responsibility.

RTE ILG continues to experience increased demand in the emergency department at the Royal Glamorgan Hospital, resulting in reduced performance against ED related targets. The YCR pilot project to redirect minor injury patients from the ED at the RGH continues with CHC supporting until July 2022. 111 are now also directing patients to the YCR service. Eighty feedback forms received in relation to RTE ED, with only 2.5% receiving negative comments. The common feedback theme is the reduced waiting time. Current delays in ED relate to lack of onward transport and bed delays.

Actions to improve services at PCH ED continues to be the priority. The PCH team has been further strengthened by the resumption of a new ED Consultant. Flow issues and demand continue to compound the challenge

faced in the acute setting. Ambulance offload performance continues to deteriorate but safeguards have been put in place to support patient safety such as harm reviews. Acuity in general is high with self-presenting patients often requiring immediate emergency treatment. These patients take up clinical space in advance of ambulance patients. In mitigation, a buffer space is kept to facilitate any WAST requests for 'Immediate Release' so WAST resources can be released to respond to time critical calls in the community.

2.4.2 **Stroke Care:**

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

- 6 of the 14 eligible patients (42.9%) diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments (a decline in performance from the previous month where 100% compliance was reported)
- 56.3% of patients received a CT scan within an hour of arrival (a slight improvement from the previous month where 51.6% compliance was reported)
- 14.7% of stroke patients were admitted to an acute stroke unit within 4 hours of their arrival (an improvement from the previous month where 8.2% compliance was reported)
- 62.5% of stroke patients were assessed by a stroke consultant within 24 hours (a slight improvement from the previous month where 59.7% compliance was reported)

2.4.3 **Planned Care:**

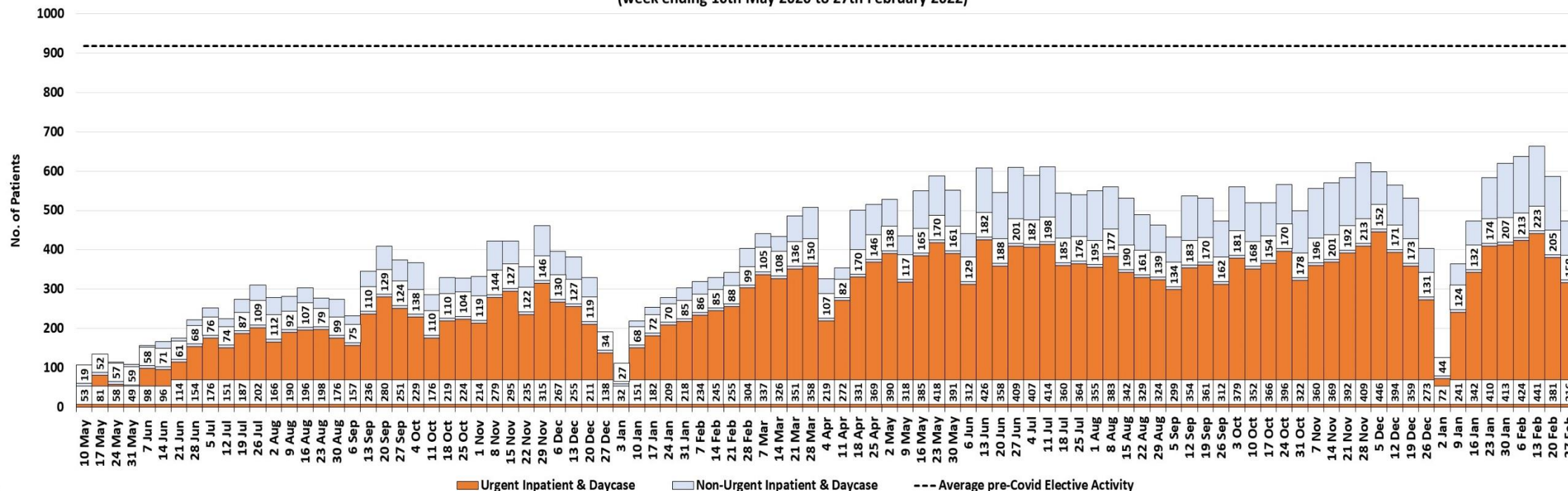
The provisional position for February indicates that the number of patients waiting in excess of 36 weeks has reduced to 48,047, and the number of patients waiting in excess of 52 weeks has reduced by 1010 patients from 34,357 to 33,347 the previous month.

2.4.4 **Cancer Care:**

During January only 42.4% of patients commenced cancer treatment within 62 days, a deterioration from the 48.3% recorded in December. Only the skin tumour service is presently achieving the 95% standard.

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

CTM Inpatient and Daycase Activity (Urgent/Non-Urgent)
(week ending 10th May 2020 to 27th February 2022)



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

Elective Activity - Top 10 Specialties February 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Medicine	143	147	-4	-2.9%
General Surgery	109	176	-67	-38.1%
Trauma & Orthopaedic	75	116	-41	-35.3%
Urology	71	53	18	34.0%
Ophthalmology	55	49	6	12.8%
Gastroenterology	50	53	-3	-5.7%
Gynaecology	40	62	-22	-35.9%
ENT Surgery	22	52	-30	-57.7%
Cardiology	18	24	-7	-27.1%
Oral Surgery	9	16	-7	-43.8%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during February compared to the average pre-Covid levels. As can be seen, current elective activity is almost 58% less in ENT, around 35% less in T&O and Gynaecology, with General Surgery over 38% fewer than pre-Covid levels. However, Urology & Ophthalmology are up by 34% and 12.8% respectively.

How are we doing?

As can be seen in the chart above, the number of elective treatments delivered in February increased, on average by 41 treatments per week in comparison to January. During February, the total average treatments carried out per week were 590, a weekly increase of over 15% on the previous month. 2021/22 activity delivered to date continues to be around 50% of the average elective inpatient volumes delivered in 2019. The weekly urgent activity average also increased by 11% on the previous month, averaging out at 391 treatments per week throughout February.

Since the 1st April 2021, CTM have sent 1,313 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 801 have been treated, as shown below, which is lower than the initial agreed capacity of 1,480.

Outsourced Activity as at 1st March 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	481	60	355	34	32	0
SPIRE - Shoulders	23	5	12	2	4	0
SPIRE - Gynaecology	78	24	47	3	1	3
SPIRE - General Surgery	31	3	8	10	5	5
NUFFIELD - Orthopaedics	268	57	135	19	37	20
NUFFIELD - General Surgery	83	23	48	7	5	0
NUFFIELD - Gynaecology	124	18	60	15	13	18
NUFFIELD - Ophthalmology	225	47	136	9	1	32

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

No further update from the last reported position.

BILG Outsourcing Activity:

- 222 Orthopaedic cases sent to Nuffield from Bridgend. 121 have had surgery, 18 booked for surgery in February.
- 224 ophthalmology cases sent, 102 have had surgery to date, 23 further booked and 33 outpatient appointments.
- 110 Gynaecology cases sent to Nuffield. 53 patients treated. 7 booked for February.
- 60 General Surgery cases sent to Nuffield. 42 have had surgery. 5 cases booked for February

RTE Outsourcing Activity:

- 281 Orthopaedic cases sent. 203 treated, 31 dated, 33 returned, and 14 not dated
- DEXA continues with USW. 832 patients scanned and reported

What are the main areas of risk?

Outsourcing:

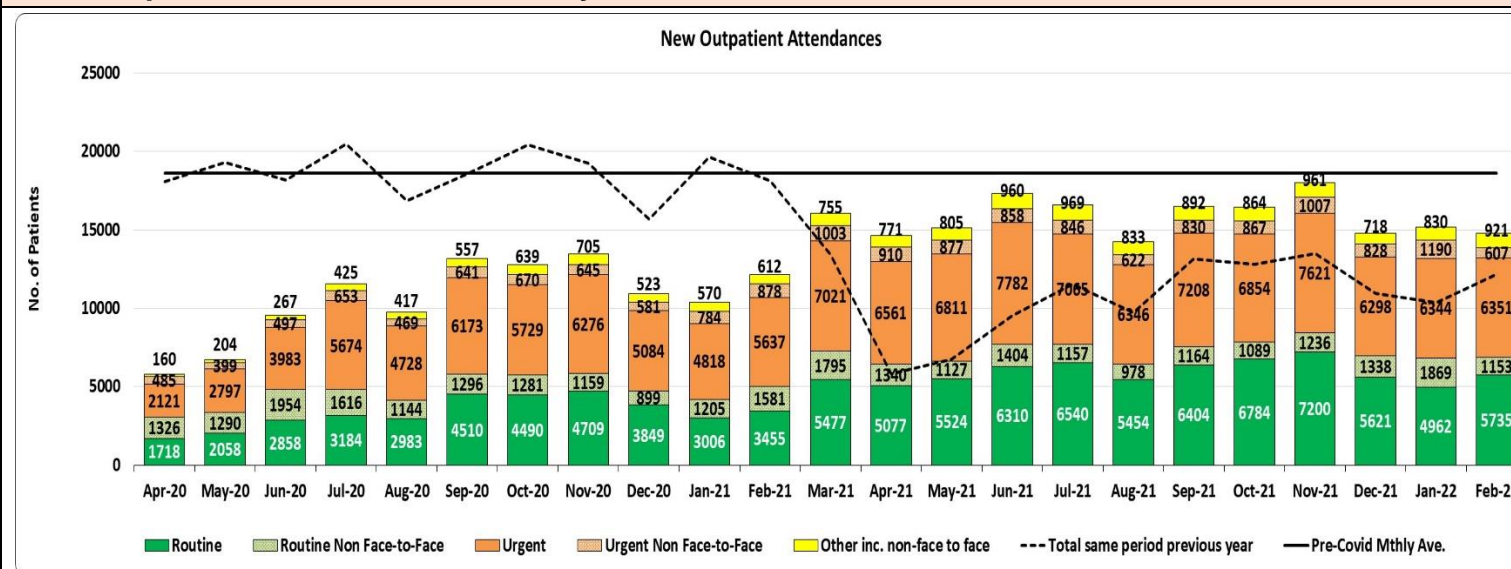
- Capacity for NHS patients in comparison to original plans
- Self-pay/Med Insurance vs NHS patients
- Adopting different ways of working to narrow capacity gap

Procurement:

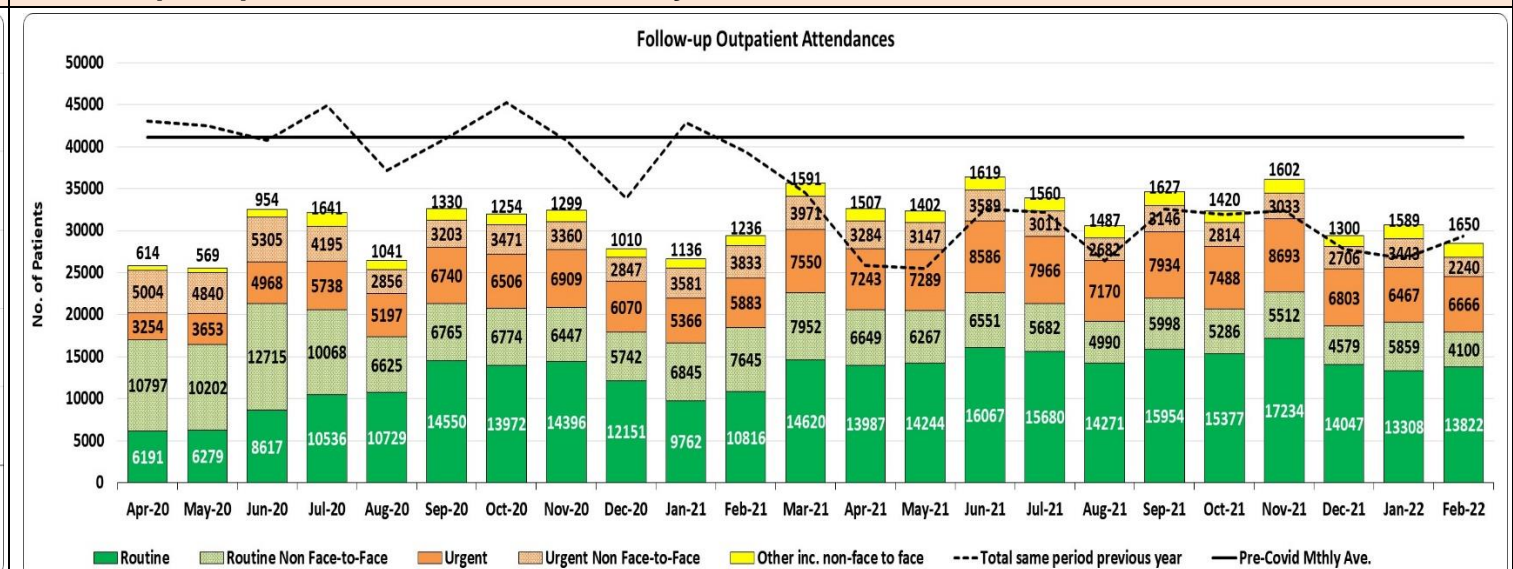
- Capacity against original plan
- Outsourcing capacity- Self pay/Med Ins vs NHS
- Opportunities to narrow capacity gap – different ways of working
- Operational lead 1st April – Commissioning
- Procurement capacity to support

Resetting Cwm Taf Morgannwg – Outpatient Attendances

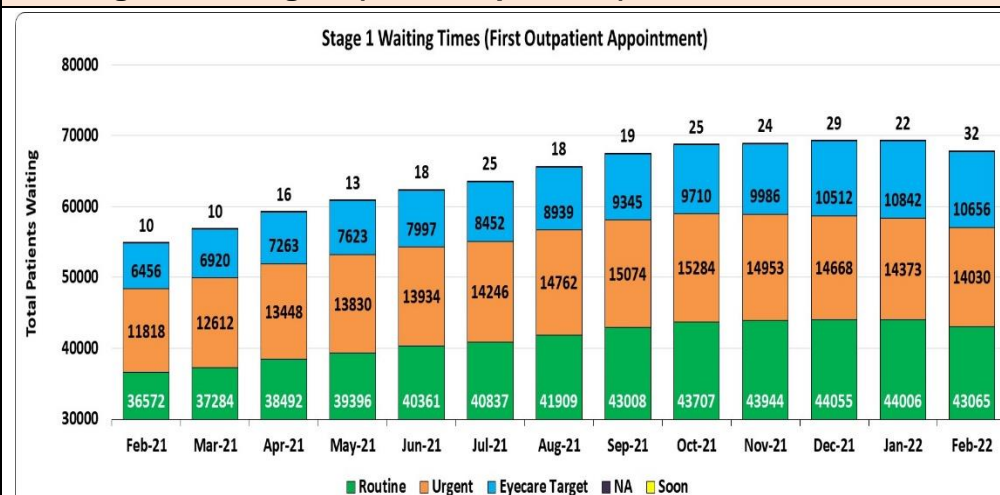
New Outpatient Attendances February 2022 - 13,396



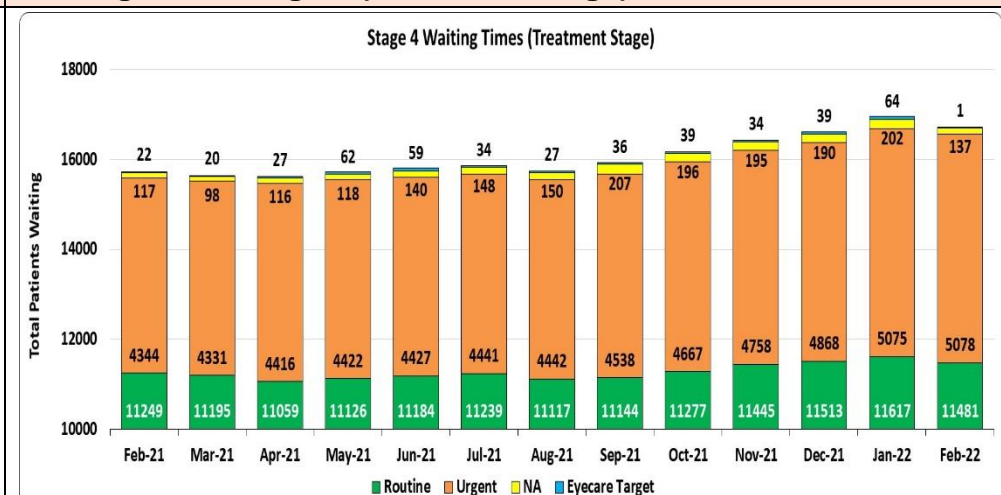
Follow-up Outpatient Attendances February 2022 - 27,441



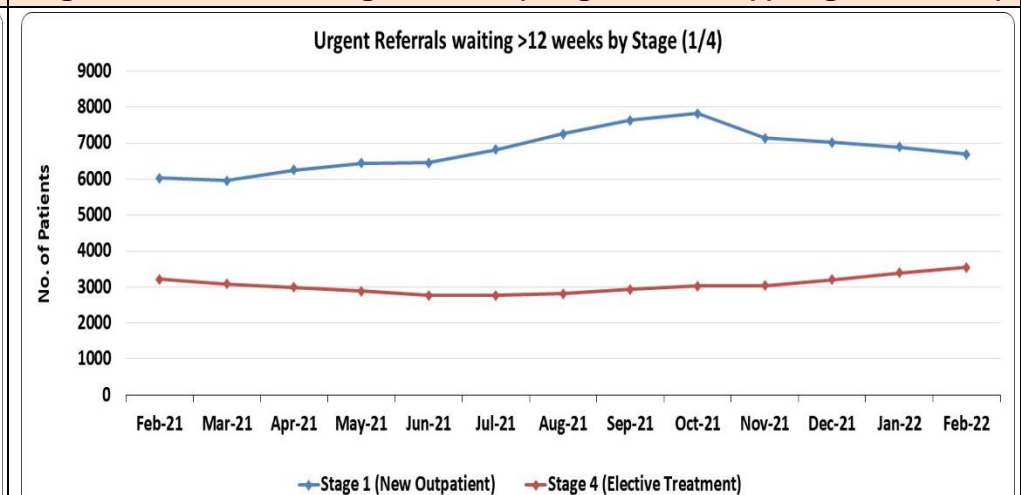
Waiting times Stage 1 (New Outpatients) - 67,784



Waiting times Stage 4 (Treatment Stage) – 16,697



Urgent referrals waiting >12 wks (Stage 1 – 6,689)(Stage 4 – 3,543)



How are we doing?

As at the end of February 2022, there were 67,784 patients awaiting a new outpatient appointment of which 14,030 patients were categorised as urgent and of these 10,656 were ophthalmic patients. This represents an increase of over 23% on the 54,856 patients waiting at the end of February 2021.

There were 16,697 additional patients awaiting treatment and of these, 5,078 were categorised as clinically urgent, a reasonably static position on January (5,075).

What actions are we taking & when is improvement anticipated?

Stage 1-52+ Week Validation: Validation process for this cohort of patients is ongoing and being monitored weekly through project group and the Planned Care Recovery Meetings. Aim to have validated cohort by March 22.

See On Symptoms & Patient Initiated Follow up: Two specialties (Rheumatology and Gynaecology) are now live. Regular meetings scheduled to monitor & drive Dermatology progress. ENT clinician and key stakeholders engagement went well, 'go live' will commence on finalisation of Clinic Outcome form. Mental Health and Therapies now lined up to implement this scheme.

Digital Enablers: The roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect is continuing. Consultant Connect is being considered for urgent Ophthalmology referrals, Attend Anywhere focus is currently on the booking process pathway and mapping of services for Dietetics, Wound Clinic, @Home Service is ongoing for WPRS.

Text & Remind Restart: This service is now live, stakeholders happy with service and will continue as BAU. Ownership of service currently being explored. A decrease in DNA rates was noted for January for new outpatient appointments.

What are the main areas of risk?

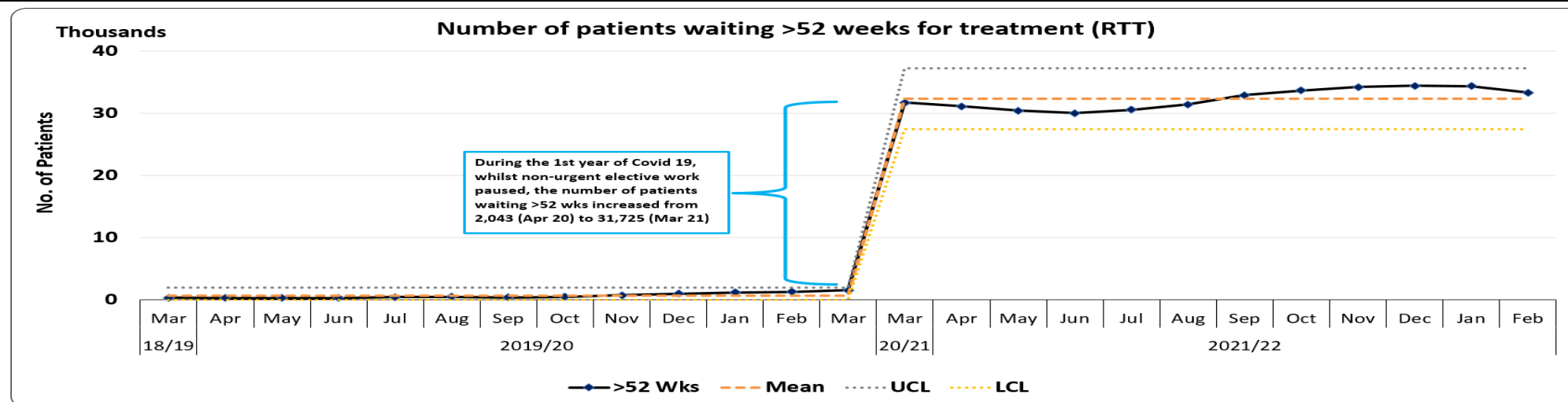
Pressures are also affecting our ability to scale up elective care in line with our recovery programme. ILG's are working together to ensure Cancer and Urgent surgeries are still taking place with some cross site support being offered; patients are being offered alternate sites in order to receive their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

There has been a significant increase cancer demand impacting on urgent and routine appointments availability.

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

Referral to Treatment Times (RTT) – February 2022 (Provisional Position) – Total Open Pathways 113,075

Number of patients waiting >52 weeks – Target Zero – **33,347**



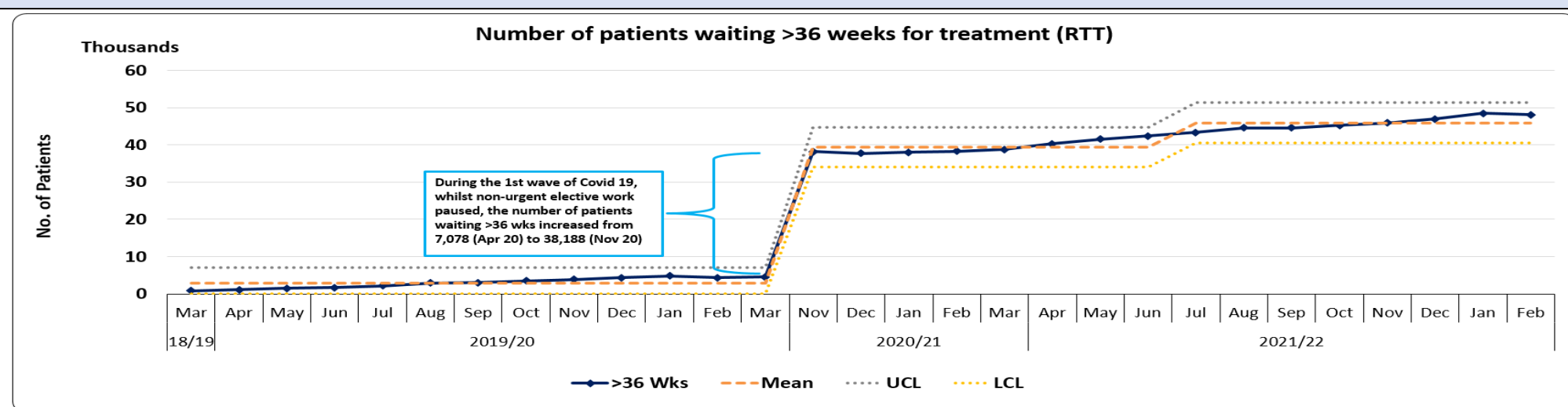
The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of February is 33,347, an improvement of 1,010 (2.9%) from January. The breakdown of the 33,347 patients is as follows:

- **7,261** patients relate to Merthyr & Cynon ILG waiting lists
- **14,513** patients relate to Rhondda & Taff Ely ILG waiting lists
- **11,573** patients relate to Bridgend ILG waiting lists

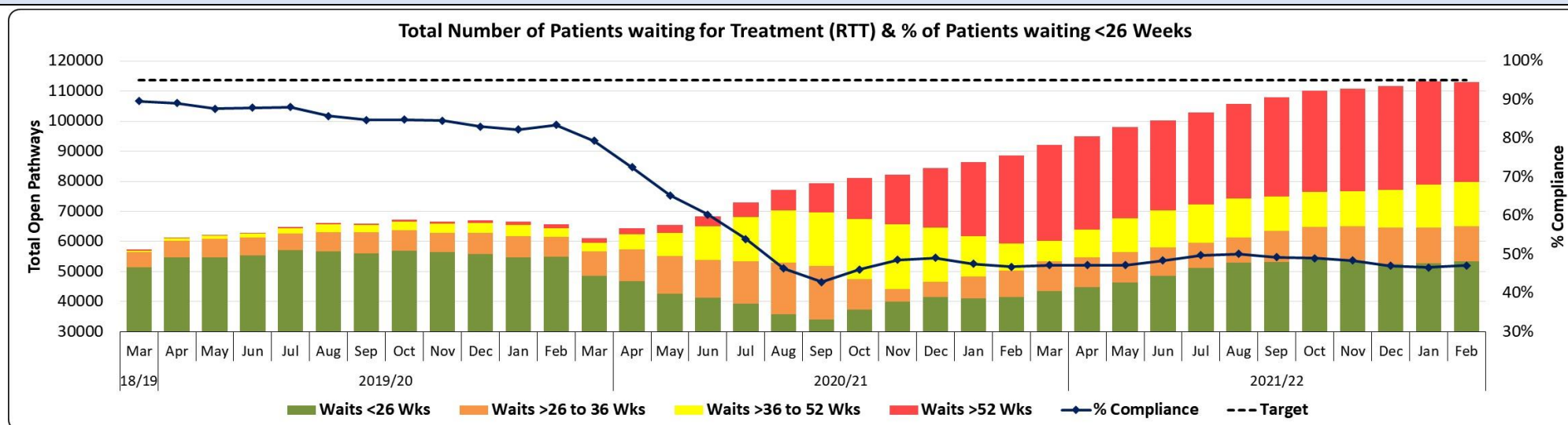
Number of patients waiting >36 weeks – Target Zero – **48,047**

The provisional position for patients waiting over 36 weeks for February is 48,047 patients across Cwm Taf Morgannwg, which is an improvement of 410 (0.85%) from January (N.B. includes the 33,347 patients waiting over 52 weeks):

- **9,554** patients relate to Merthyr & Cynon ILG waiting lists
- **21,536** patients relate to Rhondda & Taff Ely ILG waiting lists
- **16,957** patients relate to Bridgend ILG waiting lists



% of patients waiting under 26 weeks (Target 95%) – **47.2%**



In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for February across Cwm Taf Morgannwg is 47.2%. The position within each ILG is as follows:

- **45.4%** Merthyr & Cynon ILG waiting lists
- **47.4%** Rhondda & Taff Ely ILG waiting lists
- **47.8%** Bridgend ILG waiting lists

RTT continued on the next page...

Contd...Referral to Treatment Times (RTT) – February 2022 (Provisional Position)

Specialty Breakdown – February 2022

Total number of open pathways per specialty - February 2022					
Specialty	<26 Weeks	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	379	158	223	1486	2246
Cardiology	2954	633	740	1423	5750
Care of the Elderly	35	1	6	2	44
Dermatology	3338	779	970	3179	8266
Endocrinology	184	51	68	0	303
Gastroenterology	2010	430	447	670	3557
General Medicine	1615	239	205	230	2289
Nephrology	99	21	18	1	139
Respiratory Medicine	1081	149	167	105	1502
Rheumatology	805	184	244	464	1697
Sport and Exercise Medicine	12	0	0	0	12
Thoracic Medicine	506	83	59	14	662
Diagnostics	6527	1265	1647	1767	11206
Therapies	1428	157	132	17	1734
ENT	1550	469	723	2369	5111
ENT Surgery	2896	554	819	1730	5999
Ophthalmology	5694	1738	2110	4228	13770
Oral Surgery	1355	240	337	1040	2972
Orthodontics	163	45	57	39	304
Restorative Dentistry	59	7	18	78	162
Gynaecology	3392	617	674	1614	6297
Paediatric Neurology	14	0	0	0	14
Paediatrics	2332	153	65	13	2563
Haem (Clinical)	99	0	0	0	99
General Surgery	6057	1534	1961	4411	13963
Orthopaedics	2656	887	1319	3337	8199
Trauma & Orthopaedic	2113	584	660	1856	5213
Urology	3428	654	915	2866	7863
Colorectal	544	71	116	408	1139
Total	53325	11703	14700	33347	113075

How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of January, the over 52 week waiting list volumes saw an increase of just over 1% on the previous month, bringing the total to 34,778. Compared to the position at the end of April 2021; the January position represents an increase of almost 12% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally for 8 months in a row and is unlikely to abate whilst there remains such a significant urgent waiting list.

What actions are we taking & when is improvement anticipated?

Under the Elective Care Recovery Portfolio ILG's have worked to develop targeted schemes in order to improve the RTT position, they include:

- Additional capacity schemes
- Waiting list validation schemes
- Outsourcing activity
- Cancer recovery interventions
- Acute Recovery interventions
- Mental Health service recovery schemes
- Paediatric ND backlog
- Running additional lists
- Wellness hubs

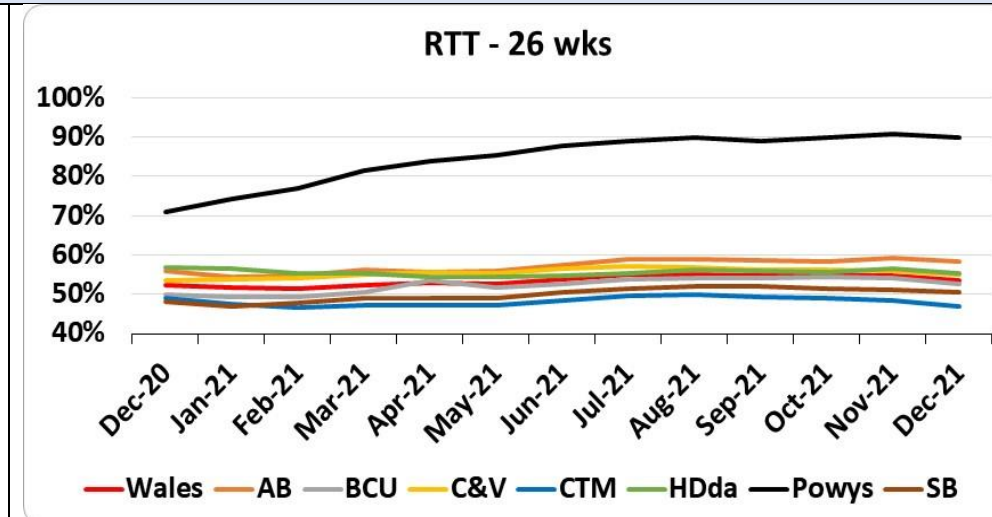
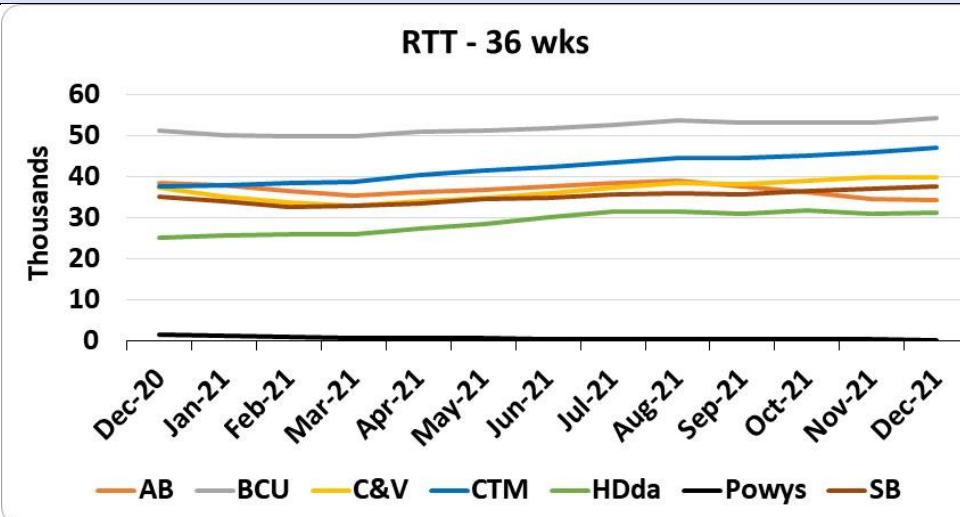
What are the main areas of risk?

- **Limitations to return to core capacity due to clinical space on sites:** Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **A4C & staff engagement for additional activity**
- **Clinical support services capacity**
- **3rd Wave Covid:** Reduction in activity to align with guidance
- **Recruitment:** Funding for fixed term posts (WG OP funding bid is only for 21-22)
- **Staff fatigue / willingness to support additional capacity:** Additional activity reliant on staff support, even with enhanced rates uptake is lower than anticipated

How do we compare with our peers?

As at December 2021, CTM has the lowest compliance for 26 weeks RTT (47.0%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 58.4%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (46,959) with BCU ranked 7th (54,281). Best performing is Powys (225), with the better performing of the acute health boards being Hywel Dda (31,317).





Diagnostics & Therapies – February 2022 (Provisional Position) / Endoscopy Waits & Surveillance Monitoring

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

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

Number of surveillance patients waiting past their review date

Total >8 weeks 14,660

Total >14 weeks 931

(as at 1st March 2022)

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	8	50	53	111
Cardiology Services	Cardiac CT		72		72
	Cardiac MRI	2	4		6
	Diagnostic Angiography		30	17	47
	Stress Test	15	35	4	54
	DSE	90	0	39	129
	TOE	7		20	27
	Heart Rhythm Recording	22	11	13	46
	B.P. Monitoring	7	0	3	10
Bronchoscopy		0	1		1
Colonoscopy		117	543	8	668
Gastroscopy		155	747	12	914
Cystoscopy			402		402
Flexi Sig		523	698	3	1224
Radiology	Non-Cardiac CT		295		295
	Non Cardiac MRI		1315		1315
	NOUS		8871		8871
	Non-Cardiac Nuclear Medicine		24		24
	Barium Enema		1		1
Imaging	Fluoroscopy		53		53
Physiological Measurement	Urodynamics	35	167	7	209
	EMG	10	115		125
Neurophysiology	NCS	13	43		56
Total		1004	13477	179	14660

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14705	14308	15200	15841	14660	

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		102	7	109
Dietetics	324	270	162	756
Occupational Therapy	1	1		2
Physiotherapy		13		13
Podiatry	5			5
Speech & Language	1	13	32	46
Total	331	399	201	931

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	931	

Patient Category as at 1st March 2022	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	119	192	24	335
Over Target	40	76	0	116
Total Patients Waiting	159	268	24	451
Urgent Non-Cancer				
Waiting <14 days	97	170	5	272
Over Target	544	1666	0	2210
Total Patients Waiting	641	1836	5	2482
Routine				
Waiting <56 days	55	37	204	296
Over Target	325	722	0	1047
Total Patients Waiting	380	759	204	1343
Surveillance				
Waiting <126 days past review date	155	223	76	454
Waiting >126 days past review date	463	725	17	1205
Total Patients Waiting Past Review Date	618	948	93	1659

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

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

How are we doing?

Diagnostics: The provisional position for February indicates that 14,660 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents an improvement of 7.5% (1181) from the reported position in January. This improvement is due in part to a reduction in the number of breaching patients waiting for ultrasound which fell by 373 (4%) compared to the reported January position (currently at 8,871 patients waiting in excess of 8 weeks). There has been an improvement of 280 (71%) in the number of patients waiting over 8 weeks for an Echo Cardiogram and a 17.6% (281) reduction in patients waiting over 8 weeks for Non-Cardiac CT. A continued improvement is observed in Colonoscopy & Gastroscopy, with a combined reduction from the previous period of 8.2% (143) patient breaches.

Therapies: There are provisionally 931 patients breaching the 14 week target for therapies in February, an increase of 58 (6.6%) on the reported position for January. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 756. Dietetics accounts for over 80% of the total patients waiting beyond the 14 week target for therapies. Around 500 of the 756 waiters are for weight management and are awaiting transfer to the new weight management service due to start July/August 2022.

How are we doing?

Vascular: 57 patients assessed and treated via this scheme. 79% discharged from first appointment. This accounts for 33% of stage 1 referrals

First contact: 6709 patient contacts delivered in 4 month period (September to December). These would previously have been seen by GP or referred to secondary care orthopaedic. <1% referral to orthopaedic, 0.3 referrals to radiology per 1,000 population.

Urology/Gynaecology: 147 patients managed via this scheme. High (8-10) PREMS feedback, 31% reduction in waiting times (15 weeks)

Orthopaedics: Recruited & delivered adult & paediatric orthopaedic clinics. Provided 23 additional paediatric orthopaedic clinics (211 patients; virtual and F2F). Providing up to 7 additional adult orthopaedic clinics per week in POW, overtime sessions used to complete clinical waiting list validation; 99 patients removed from orthopaedic stage 1 waiting list, including 16 patients hand waiting list

Risks: PCRP funding not approved for 2022/23, above schemes will cease

How are we doing?

Insourcing PCH: PCH continues to run 1-2 theatres each Saturday. RGH have continued to run 1-2 lists each Sunday.

Additional lists RGH: Saturday lists ongoing.

Validation of waiting list MC/RTE: No activity currently. CSG teams mapping out service requirements to identify gaps in terms of what is required and what is feasible.

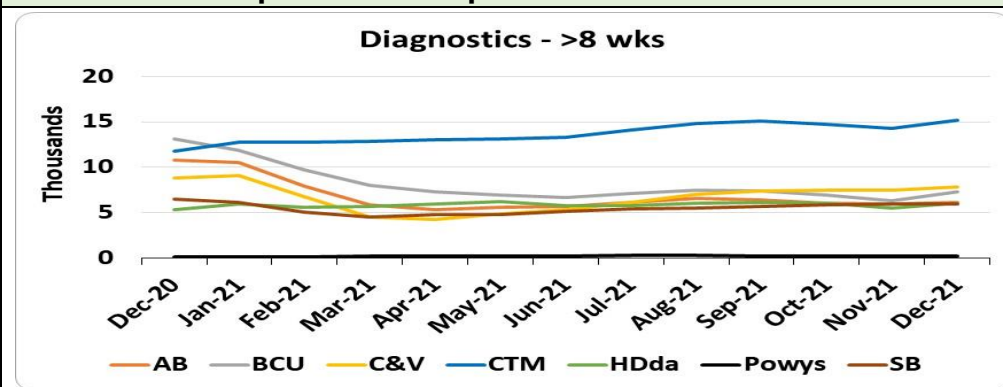
Mobile unit: This is now onsite at RGH, commission and installation is ongoing. With work ongoing to achieve go live on the 4th April.

Risks

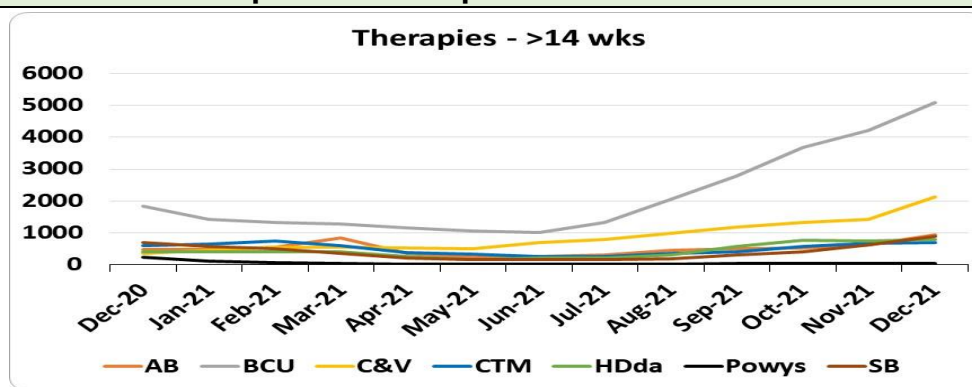
Insourcing: Ability of insourcing team to staff all lists.

Mobile Unit: Risk to delivery of go live date due to multiple deliverables across multiple concurrent work streams.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at December 2021, CTM had the highest number of patients (15,200) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (222) with SBUHB performing better than the other acute health boards with 5,978 patient breaches.

As at the same period, CTM had 691 patients waiting over the 14 week target for a therapy and ranked 2nd out of the other health boards in Wales. Again, Powys was first with 51 patient breaches and Hywel Dda 3rd with 783 patient breaches.



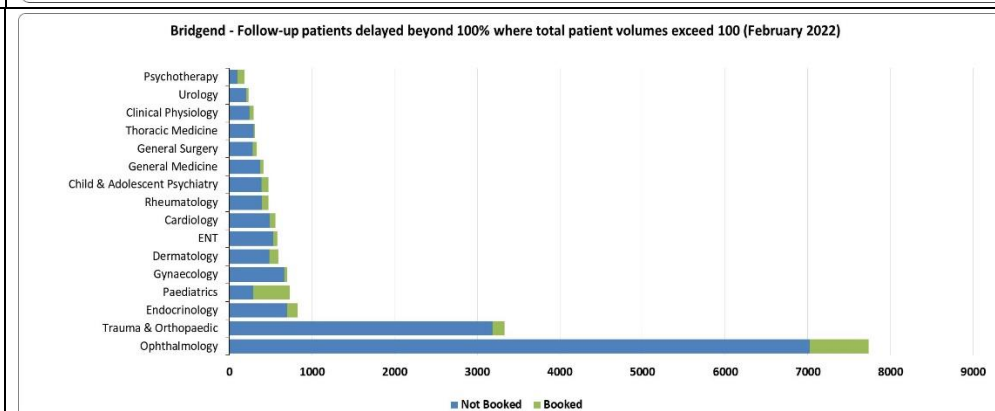
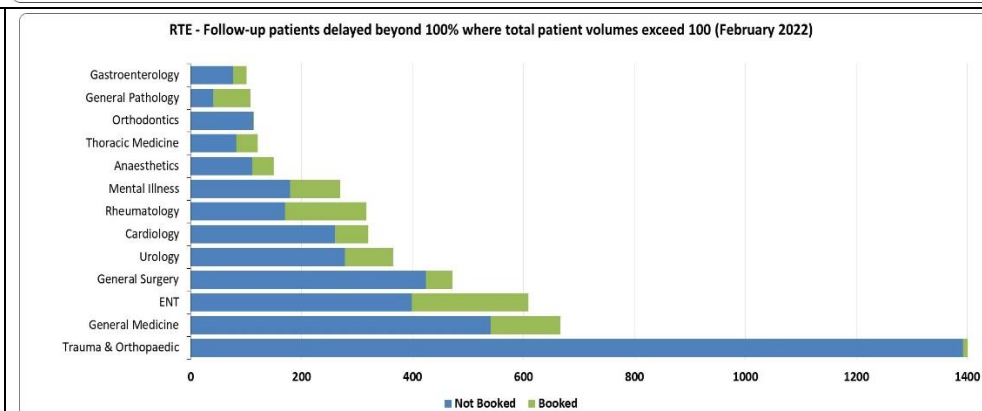
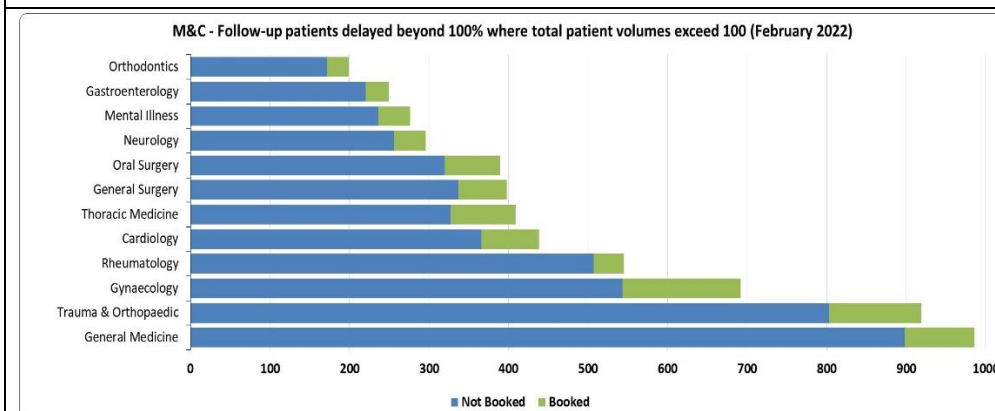
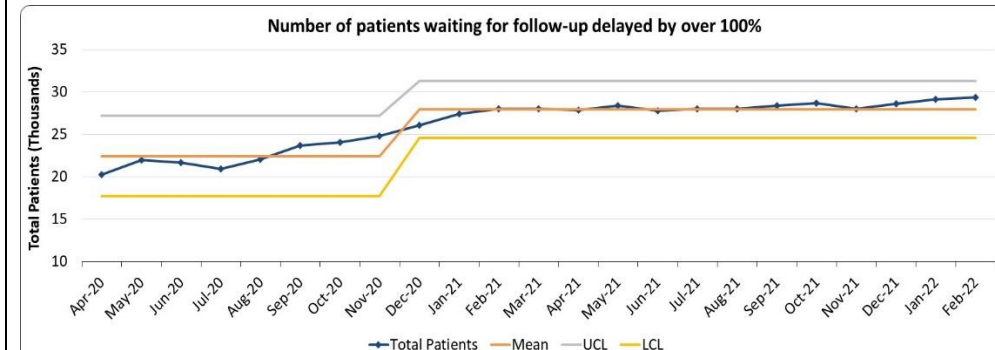
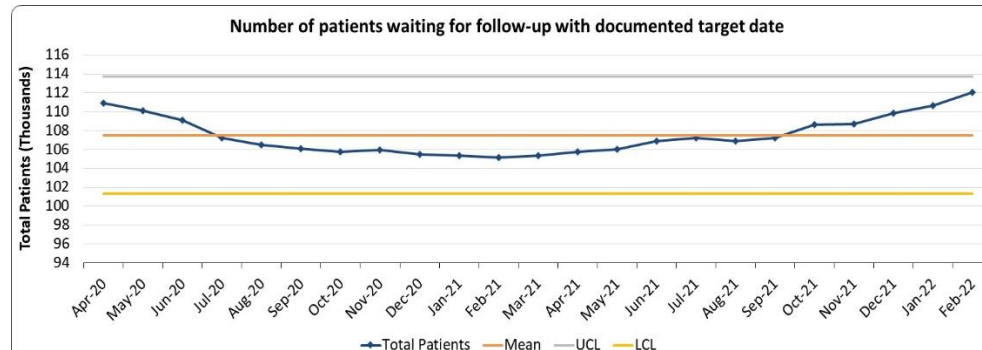
Follow-up Outpatients Not Booked (FUNB) – February 2022 (Provisional Position)

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

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

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
9	74,726	37,319	112,054	25,188	4,184	29,372

Provisional February 2022	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
ILG								
Merthyr & Cynon	1	14,462	6,700	21,163	5,157	860	6,017	28.4%
Rhondda & Taff Ely	2	12,837	14,594	27,433	4,132	1,078	5,210	19.0%
Bridgend	6	47,427	16,025	63,458	15,899	2,246	18,145	28.6%
CTM	9	74,726	37,319	112,054	25,188	4,184	29,372	26.2%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of February is provisionally 112,054 and of those patients waiting, 29,372 have seen delays of over a 100% past their target date, representing an increase of almost 5% on the same period last year.

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

Due to significant demand for cancer and urgent outpatient appointments there is limited capacity for routine and follow up appointments to take place. Resulting in increased routine and follow up waits.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Started and will continue across the HB for majority of patients within this cohort.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from January figures in identified specialties as pathways are in development for implementation.
- FU Validation – Limited follow up validation being undertaken due to focus on cancer and urgent appointments.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 30,826 for those two specialties.

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

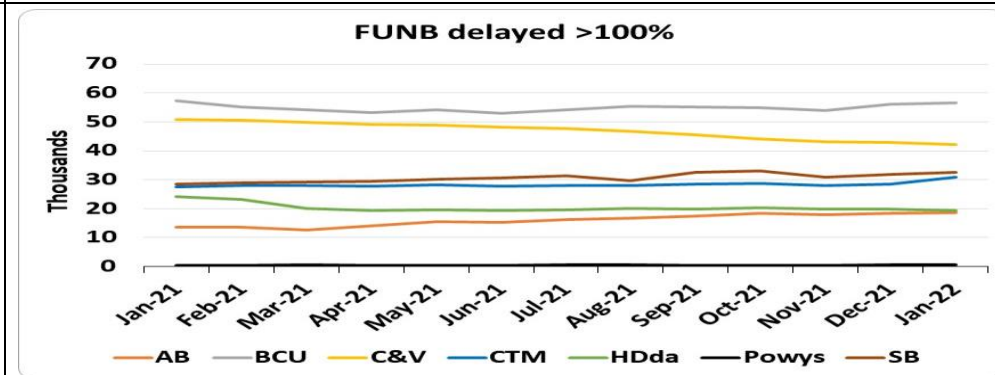
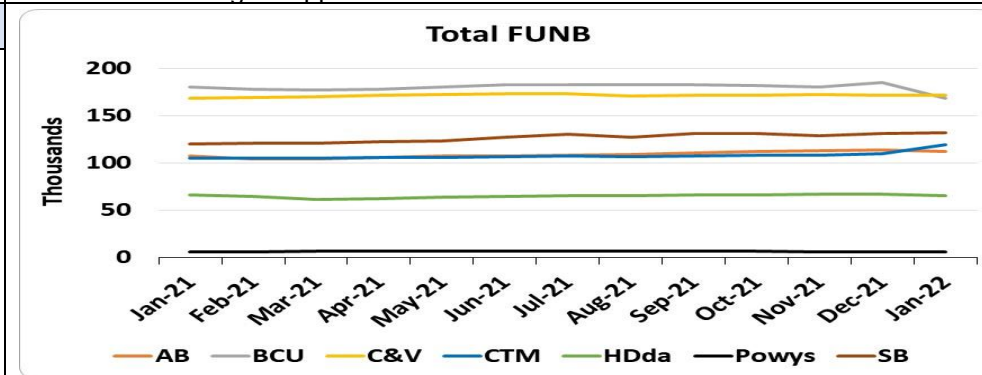
- Total New Patients seen: 14,767; a reduction of 18.8% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 28,478; over 29.7% reduction on the Pre-Covid average (19/20) of 40,500.

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

How do we compare with our peers?

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

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



Emergency Unit Waits – February 2022 (Provisional Position)

Number of Attendances

13,121

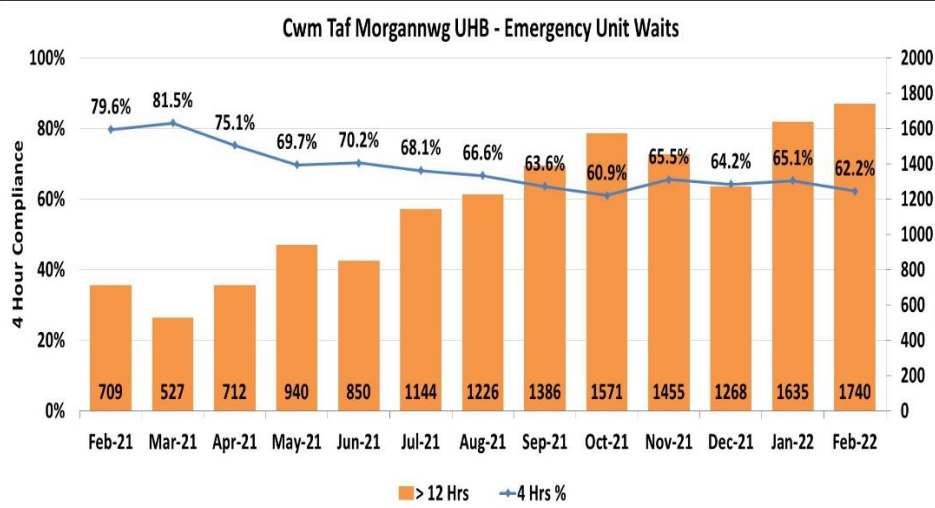
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

62.2% were seen within 4 hours (Waiting >4 hrs 4,964)

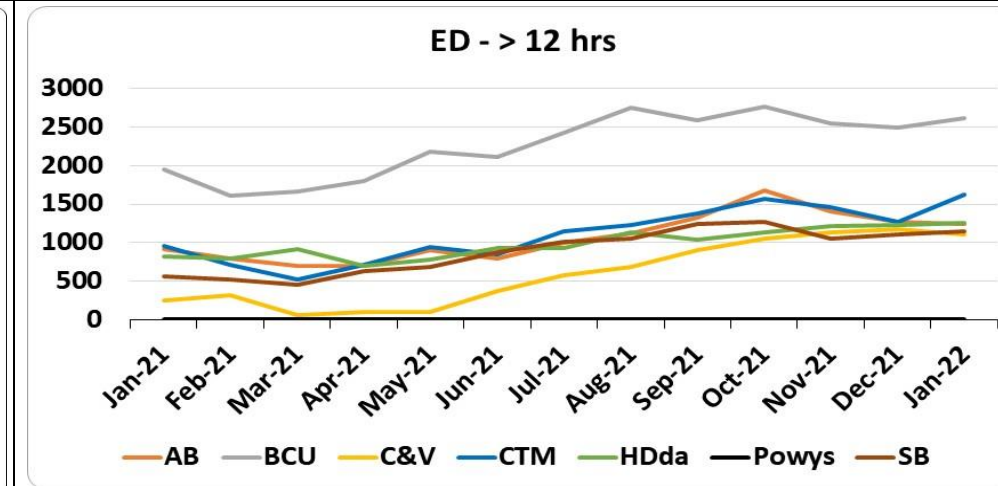
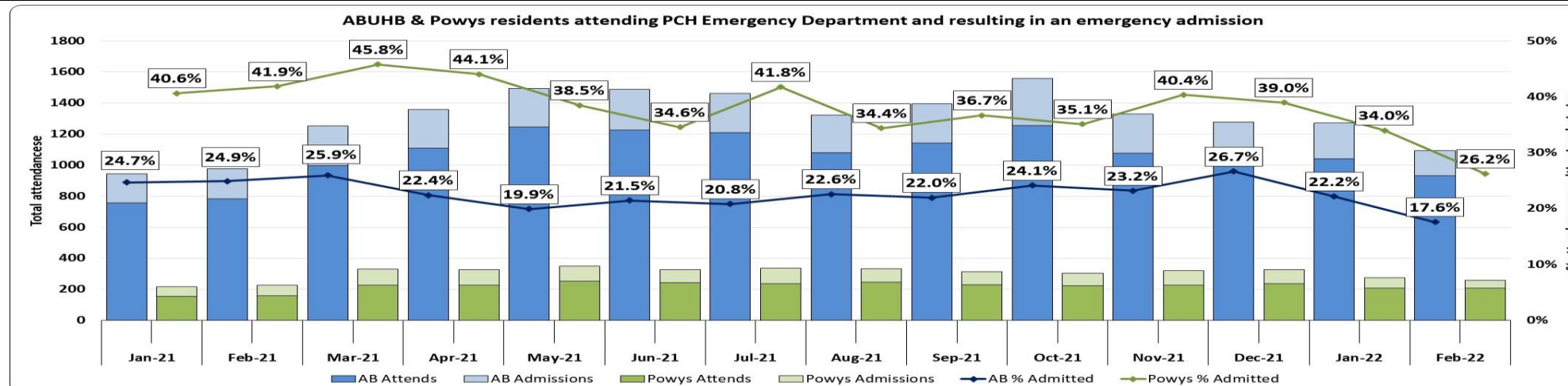
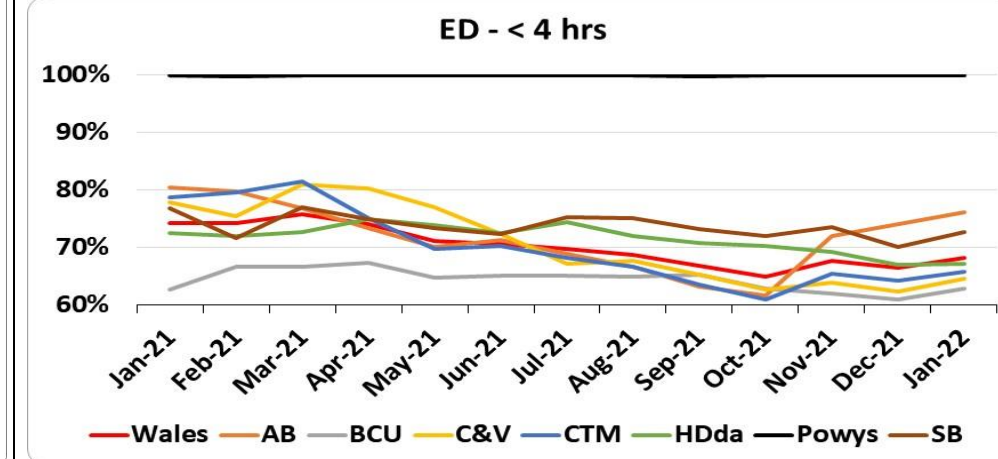
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

13.3% of patients were waiting over 12 hours (1,740)

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs	Attends	4 Hrs %	>12 Hrs
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5072	69.6%	325	4897	59.4%	607	15346	60.9%	1571
Nov-21	4736	53.2%	604	4703	74.7%	325	4485	66.2%	526	14255	65.5%	1455
Dec-21	4482	55.0%	542	4557	72.1%	311	4208	63.5%	415	13451	64.2%	1268
Jan-22	4505	55.1%	754	4609	73.1%	406	4230	63.5%	475	13782	65.1%	1635
Feb-22	4349	55.0%	753	4361	68.7%	431	3989	58.9%	556	13121	62.2%	1740



How do we compare with our peers?



How are we doing?

A fall in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during February, with overall performance at 62.2%. As per the table above, the UHB continues to experience the greatest challenges at PCH, where performance is presently at 55.0%, an almost static position on the previous month (55.1%), with the average for the past 12 months at this site, being 56.7%. POW also experienced challenges in its ED unit this month with 4 hour compliance falling to 58.9%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments rose by 6.4% on the previous month bringing the overall total of breaching patients to 1,740 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances in February were almost 5% less than in January at 13,121, and is more than 26% higher than the same period last year.

Average attendances 2019/20 were around 15,752, with the average 2020/21 being 11,931. From April to date this year, the monthly attendance average has been 15,160, representing an average increase of around 27% on the previous year.

What actions are we taking & when is improvement anticipated?

Bridgend ILG:

- Start date imminent for Head of Patient Flow
- Patient Flow Navigators supporting wards and discharge lounge with early discharges
- Involvement in the two week resetting exercise with focus on up to date EDDs, discharge hub, earlier discharges and daily Board Rounds. Dynamic management of Covid bed base.

RTE ILG:

- Minor injury patients redirection from RGH to Ysbyty Cwm Rhondda
- Recruitment is ongoing for the patient flow team that will support actions to improve flow across the acute and community hospital sites.

MCILG:

- Real time demand & capacity introduced across Acute Wards to improve efficiency and delays in transfers and discharges
- Secondment of Senior Nurse to support shop floor processes
- Embedding of electronic Safety Huddle within ED
- Nurse staffing paper approved which will improve patient safety within ED

What are the main areas of risk?

MCILG:

- Staffing challenges due to Covid continues
- Long delays on ambulance and within ED increasing risk to patients in ED and in the community
- Frail elderly in ED for long periods awaiting beds leading to deconditioning

Bridgend ILG:

- Ongoing Covid absence affecting all areas of patient care (both clinical and non-clinical).
- Cancellation of non-urgent planned activity has potential to increase demand at the front door.
- Significant patient safety concerns associated with long delays in the Emergency Department. Known correlation between long ED stay and increased mortality.
- WAST diverts of out of area patients to POWH. This leads to longer length of stay with associated issues of repatriation back to local hospital



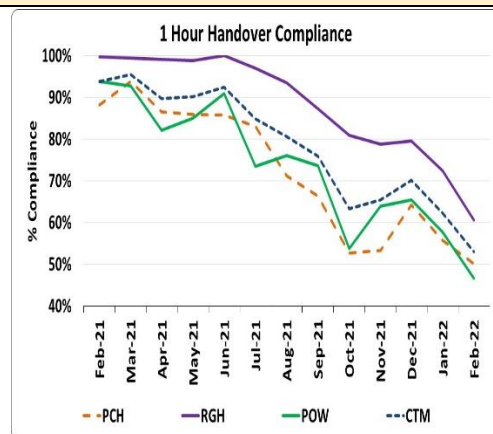
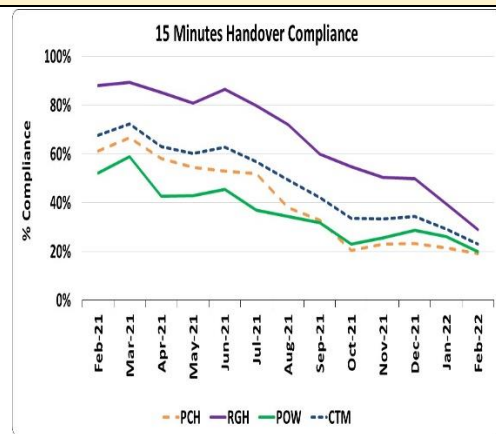
Emergency Ambulance Services – February 2022 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

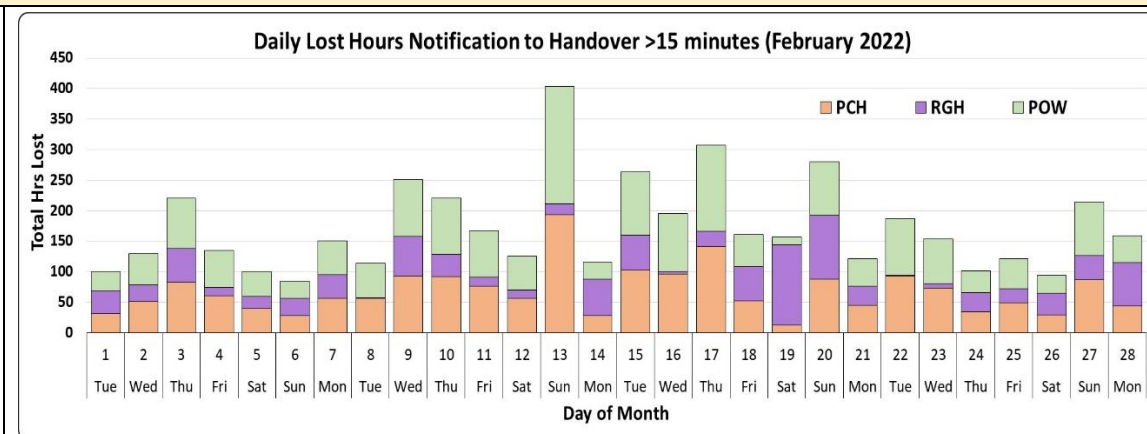
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,146 of which 493 handovers were within 15 minutes (23.0%)

1010 handovers were over 1 hour (52.9% of handovers were within 1 hour)



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%



How are we doing? What actions are we taking?

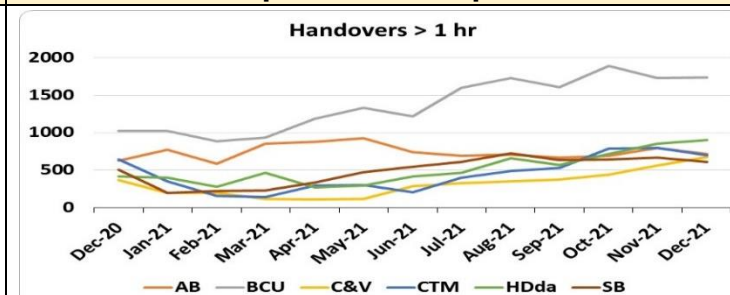
The CTM 15 minute handover compliance saw a further deterioration this month to 23.0%, with 60-minute compliance also falling to 52.9% from 62.3% in the previous month. The number of Ambulance conveyances (2,146) fell by c. 12% on the January figure and remains approximately 15% below the volume seen in the same period of 2021.

Overall our community lost 4,836 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at both PCH and POW (39% apiece) and 22% at RGH.

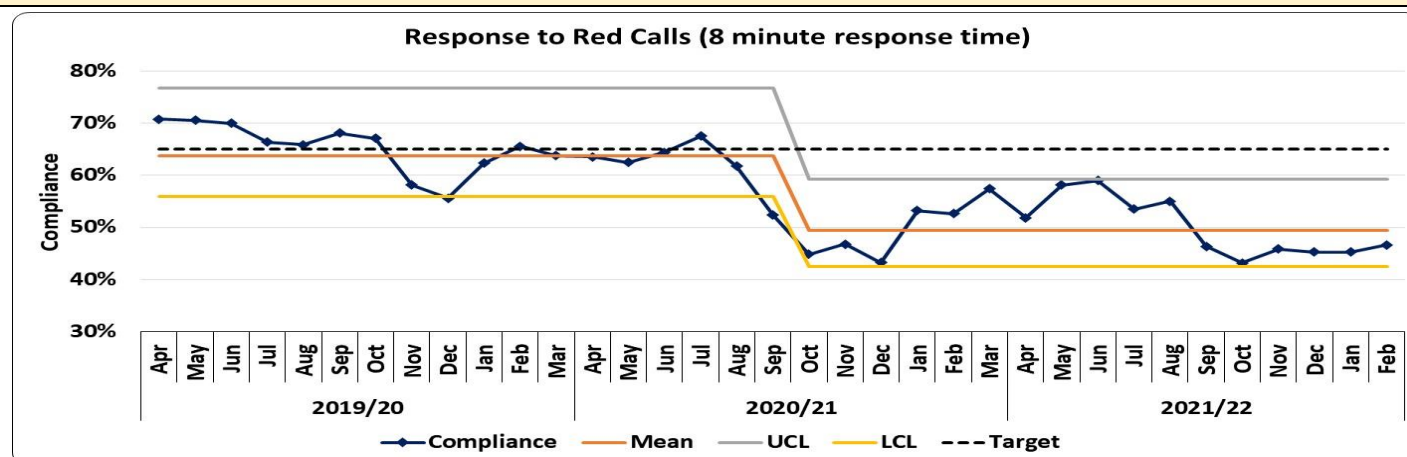
What actions are we taking & when is improvement anticipated?

There is an increasing trend where acutely unwell patients are self-presenting at PCH as oppose to arriving by ambulance based on advice given to use own transport by WAST. Clinical space is being utilised on a clinical priority basis and it is often the case that self-presenting patients pose a greater clinical risk than many WAST patients and these take priority. An additional Band 8a nurse has been seconded to the ED to support flow and support decision making within ED. WAST handover delays continue to be discussed and planned in bed meetings and ED Safety Huddle meetings.

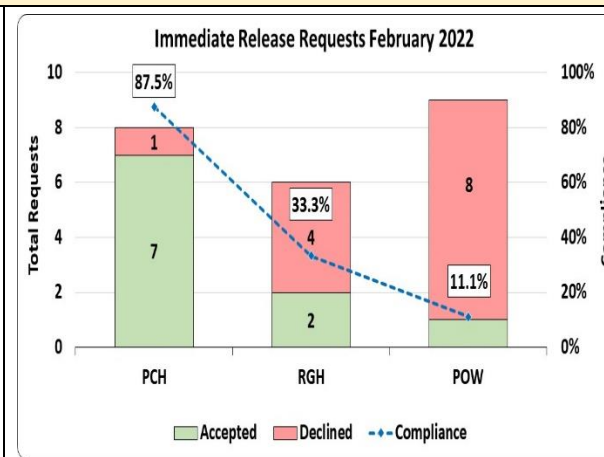
How do we compare with our peers?



Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance February 2022 – 46.7%



Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%
Aug-21	77	47	61.0%	243	137	56.4%	129	63	48.8%	449	247	55.0%
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%



How are we doing?

Response to Red Call

Our ambulance service continues to experience high numbers of life-threatening calls with response times seeing a small improvement during February 2022 at 46.7%. The Welsh average saw an improvement to 55.0% from 52.5% and has remained below target since August 2020. CTM response times for the last twelve months averages out at 50.1%.

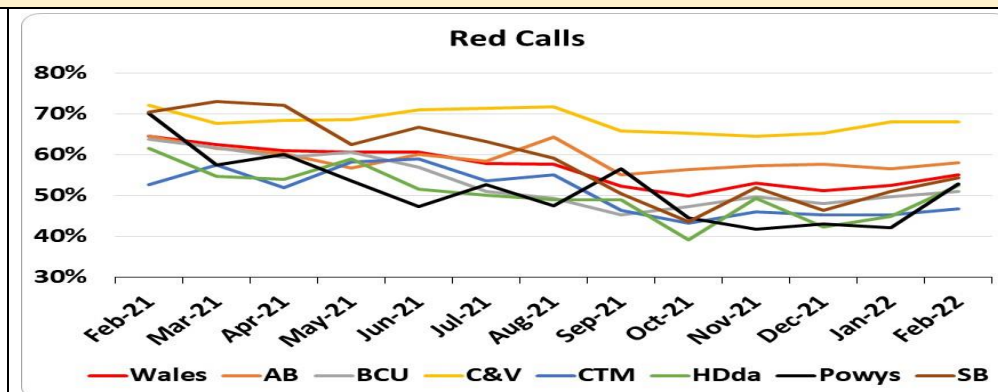
Red Call Volumes shown in the central table continues to remain high with 463 observed in February, although 8.5% fewer than the previous month (506). Pre-Covid levels averaged 351 per month whilst the Cwm Taf average for the last 12 months is 500 representing an approximate increase of 42.5%.

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 23 during February. The ED services were able to support affirmatively 10 (43.5%) of those requests.

How do we compare with our peers?

CTM received the poorest response times during February out of all the health boards in Wales, at 46.7%

Response times remain better in the dense urban areas, with Cardiff and Vale achieving 68.0% compliance. Generally response times are worse in the more geographically challenging areas, however this month saw Powys receiving the 4th best response times at 52.9%.

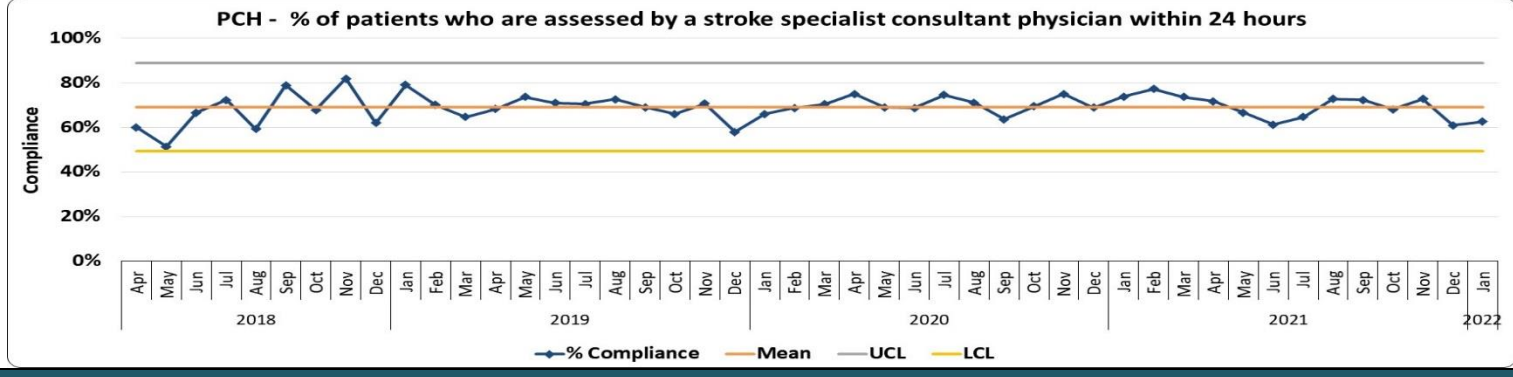
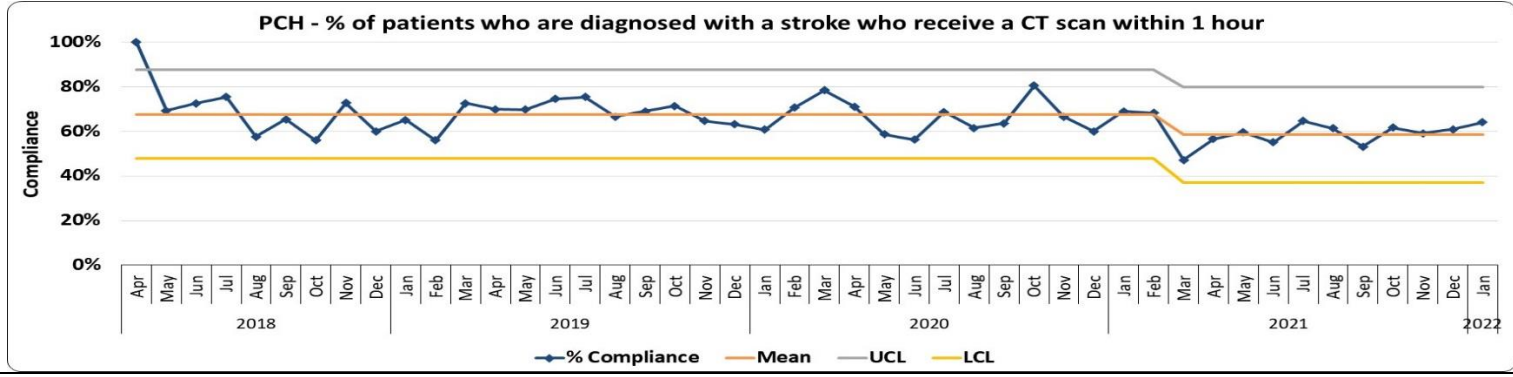
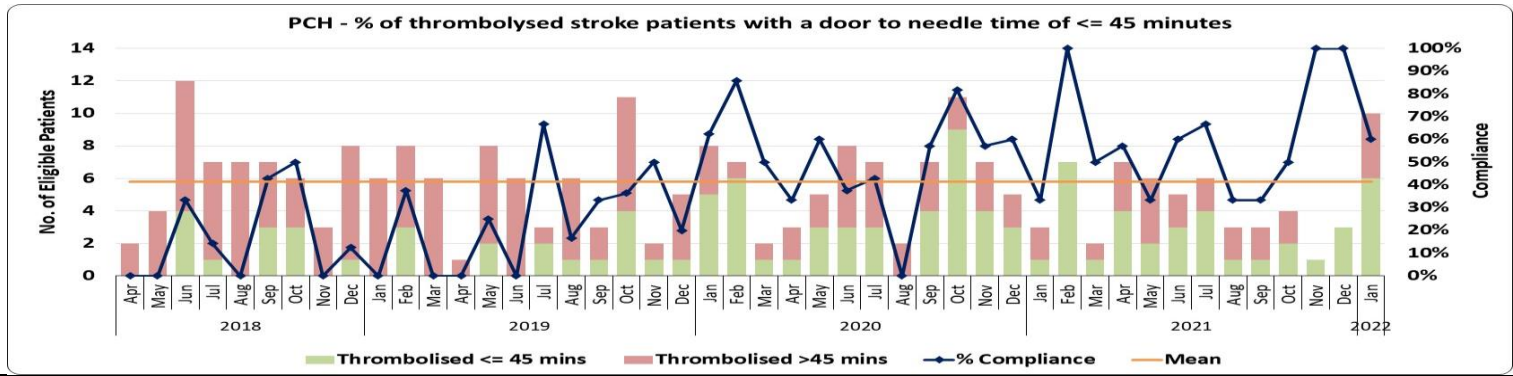
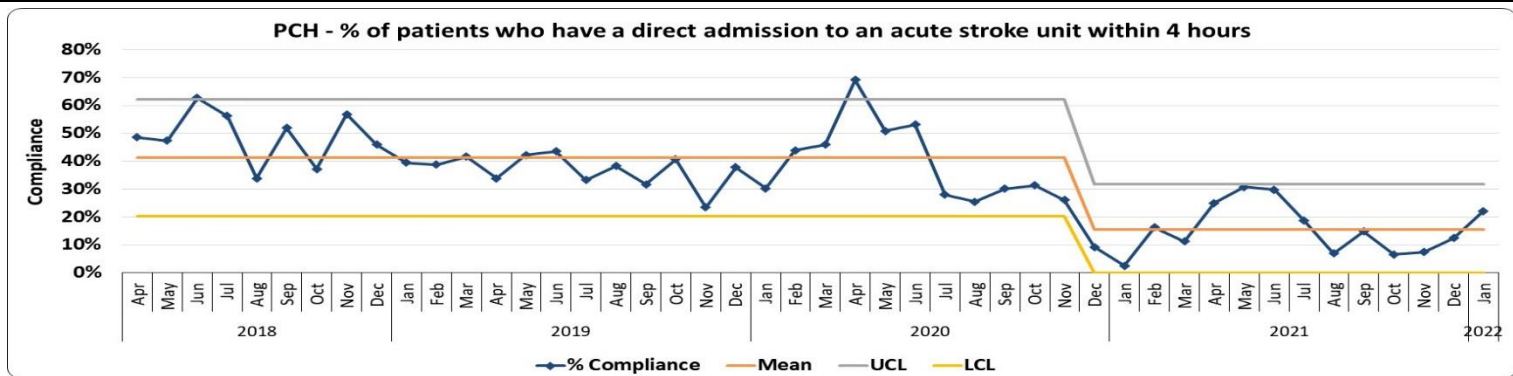




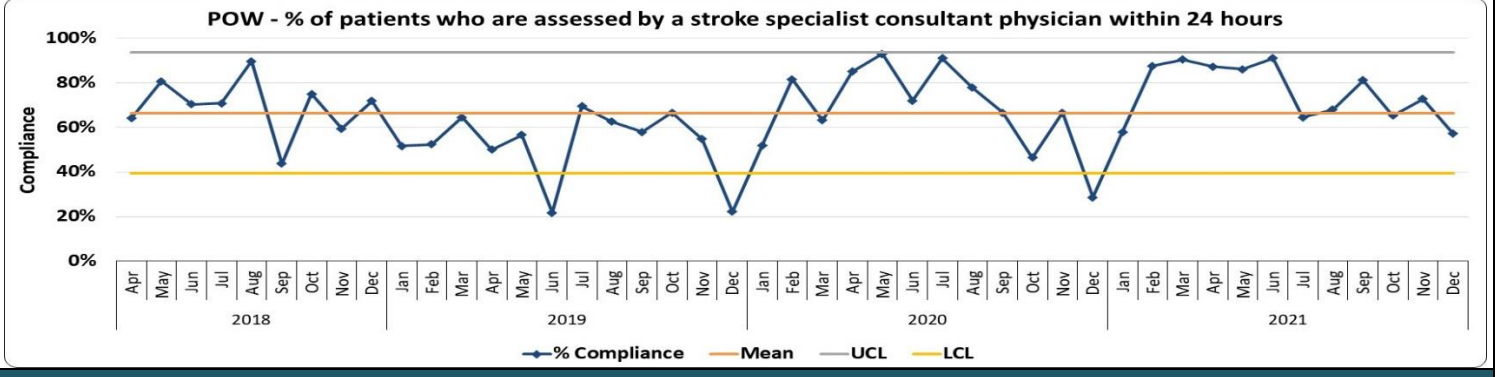
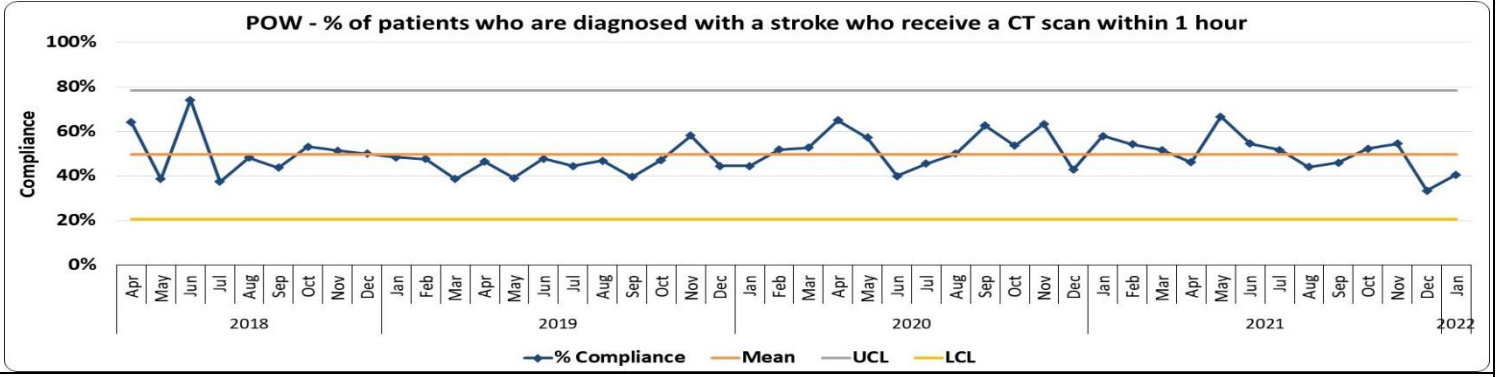
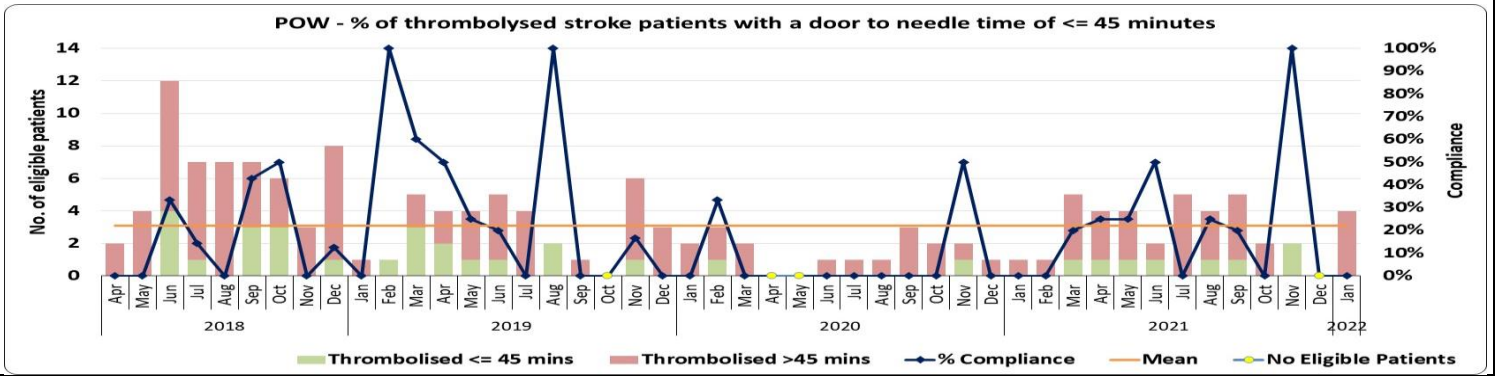
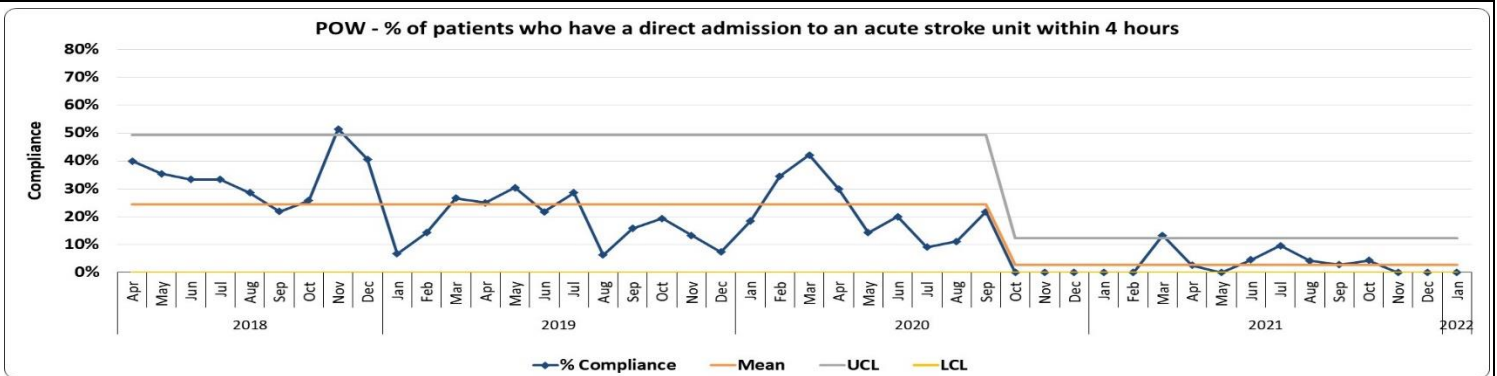
Stroke Quality Improvement Measures (QIMs) – January 2022

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
22.2%	0%	14.7%	60.0%	0%	42.9%	64.1%	40.6%	56.3%	62.5%	62.5%	62.5%

Prince Charles Hospital



Princess of Wales Hospital

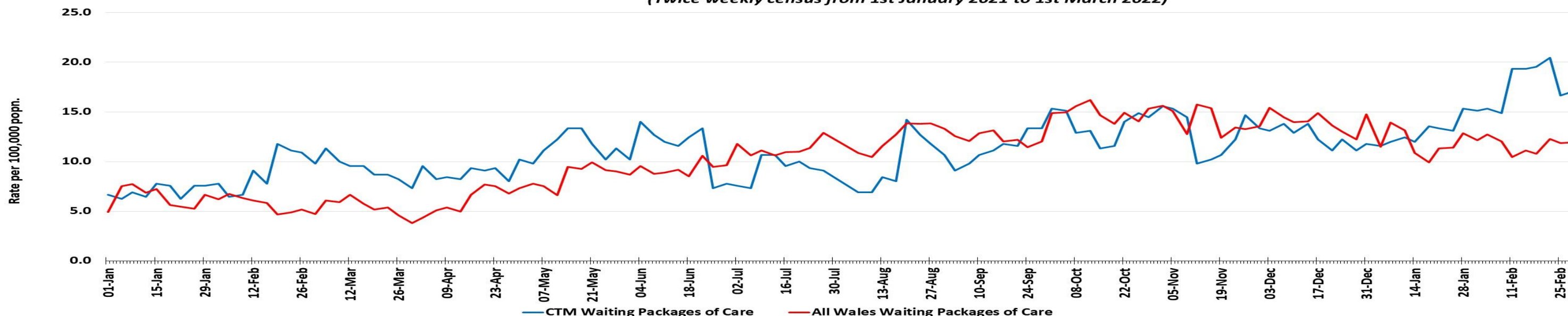


Stroke QIMS continued on the next page...

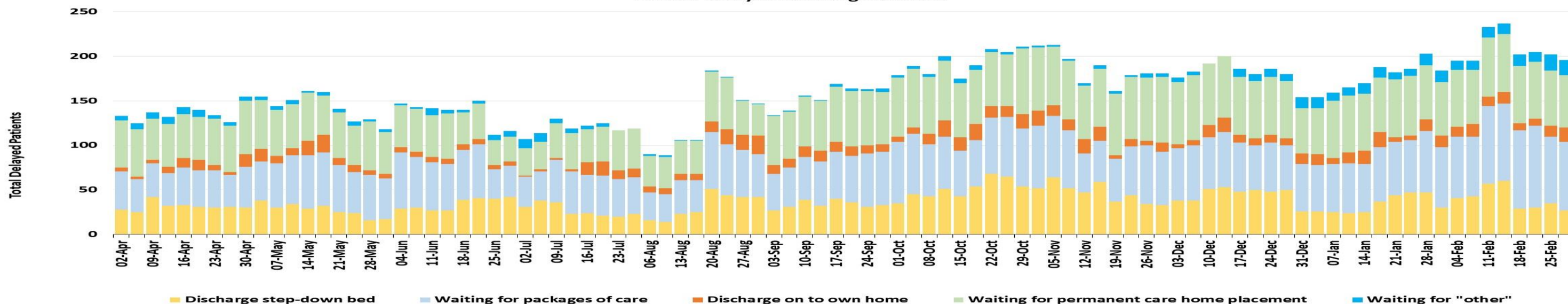
How are we doing?	January 2022 stats:																																																									
<p>Across all 4 metrics, stroke performance remains at very low levels of compliance. In January, 14.7% (14 out of 95 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 42.9% of eligible patients were thrombolysed within 45 minutes (14 eligible patients), 56.3% of patients (54 out of 96 diagnosed patients) had a CT scan within an hour and 62.5% of stroke patients (60 patients of 96 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.</p> <p>The wider challenges of working in a Covid environment, and barriers to flow, noted previously remain. Diagnosis of the key factors indicates:</p> <ul style="list-style-type: none">The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant ‘exit block’ issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward.More recently only 40% of PCH stroke patients have been arriving via ambulance (compared to 80% in January 2021). This means fewer patients are presenting within the 4.5 hour thrombolysis window and more patients are self-presenting to RGH rather than PCH.	<table><tr><th colspan="2">Stroke QIMs - January 2022</th><th>PCH</th><th>POW</th><th>CTM</th></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours</td><td>Total admissions</td><td>63</td><td>32</td><td>95</td></tr><tr><td>No. of patients within 4 hours</td><td>14</td><td>0</td><td>14</td></tr><tr><td>% Compliance</td><td>22.2%</td><td>0.0%</td><td>14.7%</td></tr><tr><td rowspan="3">% of thrombolysed stroke patients with a door to needle time of <= 45 mins</td><td>Total thrombolysed</td><td>10</td><td>4</td><td>14</td></tr><tr><td>No of patients within 45 mins</td><td>6</td><td>0</td><td>6</td></tr><tr><td>% Compliance</td><td>60.0%</td><td>0.0%</td><td>42.9%</td></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour</td><td>Number diagnosed</td><td>64</td><td>32</td><td>96</td></tr><tr><td>No. of patients within 1 hour</td><td>41</td><td>13</td><td>54</td></tr><tr><td>% Compliance</td><td>64.1%</td><td>40.6%</td><td>56.3%</td></tr><tr><td rowspan="3">% of patients who are assessed by a stroke specialist consultant physician within 24 hours</td><td>Total admissions</td><td>64</td><td>32</td><td>96</td></tr><tr><td>No. of patients within 24</td><td>40</td><td>20</td><td>60</td></tr><tr><td>% Compliance</td><td>62.5%</td><td>62.5%</td><td>62.5%</td></tr></table>	Stroke QIMs - January 2022		PCH	POW	CTM	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	63	32	95	No. of patients within 4 hours	14	0	14	% Compliance	22.2%	0.0%	14.7%	% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	10	4	14	No of patients within 45 mins	6	0	6	% Compliance	60.0%	0.0%	42.9%	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	64	32	96	No. of patients within 1 hour	41	13	54	% Compliance	64.1%	40.6%	56.3%	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	64	32	96	No. of patients within 24	40	20	60	% Compliance	62.5%	62.5%	62.5%
Stroke QIMs - January 2022		PCH	POW	CTM																																																						
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	63	32	95																																																						
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What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																									
<p>The CTM Stroke Planning Group has agreed a number of short term actions which we intend to implement by end of March 2022. These complement medium and long term actions which will would require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:</p> <ul style="list-style-type: none">Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow.Review of transfer policy from RGH to PCH for stroke patientsMaintaining weekly MDT meetingsEnsure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectivelyStaff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise neededCloser links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transferIncrease in therapy / quiet space in PCH and POW to improve therapy input to reduce LOS and improve performance against SSNAP therapy targetAssessment of long term demand capacity. <p>The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.</p> <p>In addition to the above bullet points and the longer term strategic aims, Public Health Wales has undertaken a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.</p>	<p>The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.</p> <p>The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of ILGs.</p> <p>A further risk is in the UHB’s ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.</p>																																																									

Delayed Transfers of Care to 1st March 2022

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



Patient Delayed Discharge Reasons



How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) has risen since July 2021 and presently stands at 17.1 delays per 100,000 population (c.77 individuals). This is higher than the national rate which is 11.9 per 100,000 population.

The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 196 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. During February there had been a fall in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility.

What actions are we taking & when is improvement anticipated?

We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase.

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

What are the main areas of risk

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

Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 "red homes" which are closed to admissions, leaving availability of beds limited.

Single Cancer Pathway (SCP) – January 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 42.4%**

CTMUHB - SCP % Treated Without Suspensions - January 2022			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	6	19	31.6%
Upper GI	8	19	42.1%
Lower GI	13	38	34.2%
Lung	16	33	48.5%
Skin (exc BCC)	42	50	84.0%
Brain/CNS	2	3	66.7%
Breast	4	20	20.0%
Gynaecological	7	18	38.9%
Urological	10	53	18.9%
Haematological	1	10	10.0%
Other	5	6	83.3%
Total	114	269	42.4%

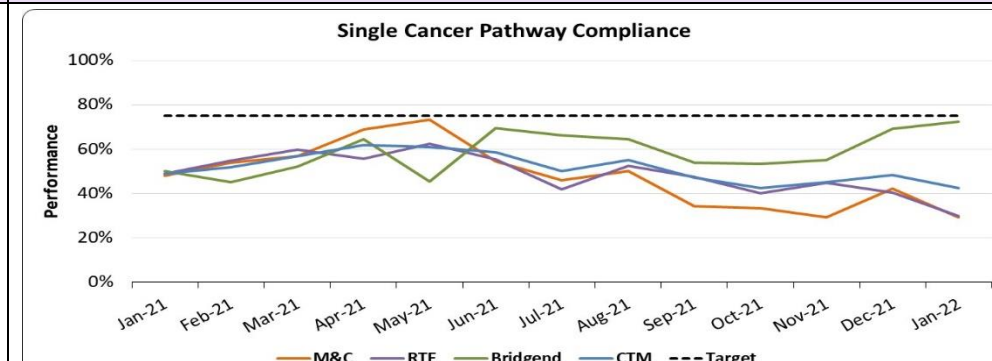
The Cwm Taf Morgannwg SCP performance for January fell to 42.4% from 48.3% in the previous month. Predicted performance for February currently is 46.3%. With the exception of skin and other tumour sites, no other tumour sites have achieved the current SCP target.

Number of patient breaches by tumour site

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
January 2022												
Head and Neck	0	1	1	6	12	18	6	13	19	6	13	19
Upper Gastrointestinal	0	3	3	5	4	9	3	4	7	8	11	19
Lower Gastrointestinal	0	8	8	7	14	21	6	3	9	13	25	38
Lung	3	6	9	8	6	14	5	5	10	16	17	33
Skin(c)							42	8	50	42	8	50
Brain/CNS	1	0	1	1	1	2				2	1	3
Breast				4	16	20				4	16	20
Gynaecological	5	11	16				2	0	2	7	11	18
Urological				10	43	53				10	43	53
Haematological				1	8	9	0	1	1	1	9	10
Other	3	0	3	2	0	2	0	1	1	5	1	6
Total Breaches	12	29	41	44	104	148	58	22	80	114	155	269
Overall Compliance			29.3%			29.7%			72.5%			42.4%

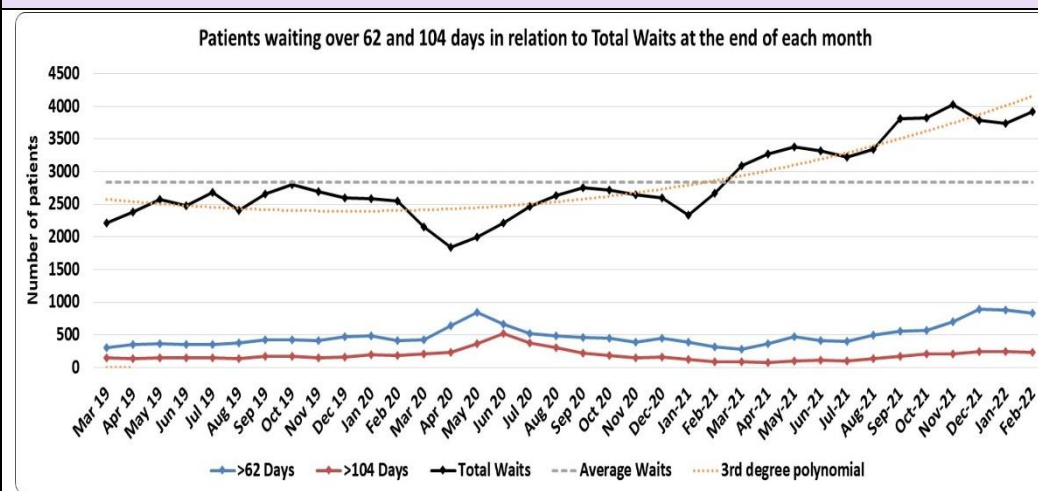
65 out of the 155 breaches were treated over 104 days. Urology (28%), Lower GI (16%) Lung (11%) and Breast (10%) accounts for the greatest proportion of breaches. Delays at first outpatient and diagnostic stages continues to be the most significant factor for patient breaches.

Single Cancer Pathway compliance trend



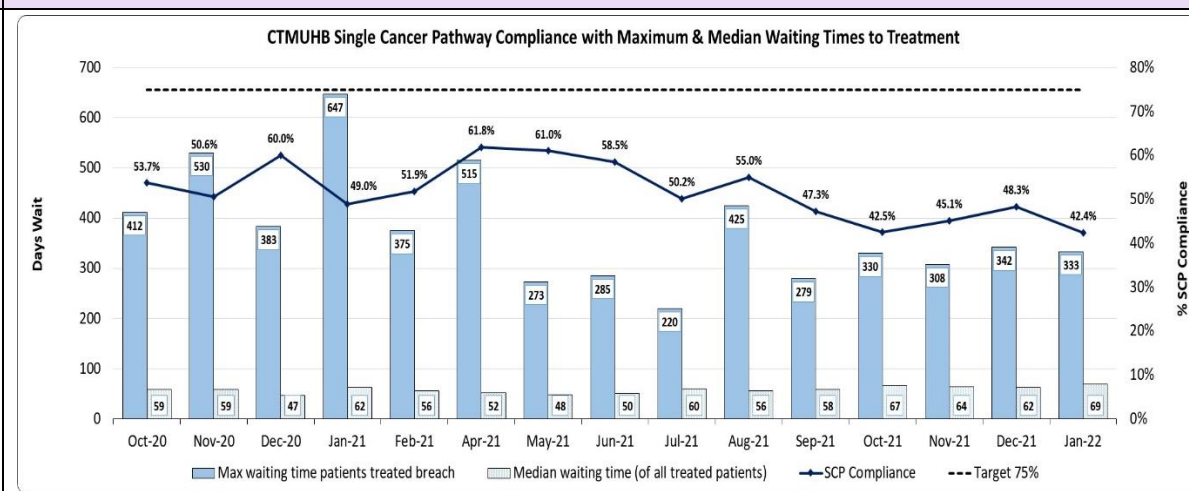
Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 21; the lowest January 22 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA and diagnostic stage collectively; accounting for 84% of all active patients on the SCP. Bridgend ILG SCP performance has improved consistently over the last 4 months, currently sitting at 72.5%. Both RTE and MC ILG has had sustained deterioration.

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



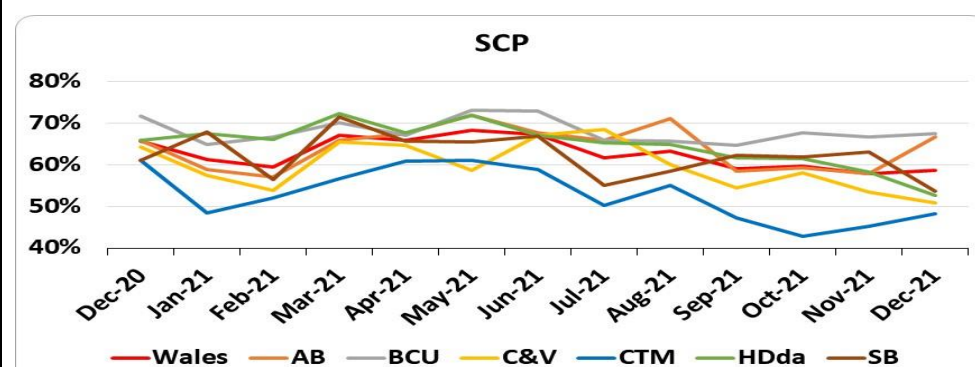
Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	3		1
Upper Gastrointestinal	19	8	25
Lower Gastrointestinal	28	13	16
Lung	2		4
Gynaecological	51	19	37
Grand Total	103	40	83
Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	8	3	2
Upper Gastrointestinal	33	1	9
Lower Gastrointestinal	57	11	31
Lung	4	1	1
Breast	177	46	11
Urological	53	22	56
Haematological	5	1	1
Unknown Primary	1		1
Grand Total	338	85	112
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck			1
Upper Gastrointestinal	3		2
Lower Gastrointestinal	9	4	6
Lung	1	1	1
Sarcoma	2	1	
Skin(c)	10	6	7
Gynaecological	11	2	4
Haematological	2	1	1
Grand Total	38	15	22

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



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

Latest all Wales figures for December 2021, indicate that CTM continues to have the lowest levels of compliance with the 62 day standard. In January CTM have the highest recorded volumes in comparison to all other acute Health boards and the worst SCP performance.. As at the 1st March January 2022, the number of patients waiting over 62 and 104 days has reduced to 809 and 232 days respectively.



What actions are we taking & when is improvement anticipated?

- Weekly executive lead reviews continue across all three ILG's focusing on Urology, Lower GI, Breast, Gynaecology, Radiology and Pathology to ensure effective performance management of non-compliant tumour sites and support services.
- Development and enhancement of the cancer BI tool continues
- D&C surrounding cancer commenced.
- Intervention of CBU to undertake urology prostate pathway review, with view to streamline and standardise across the HB.
- CBU is rigorously applying the escalation policy.
- Roll out of CtheSigns predicted rollout in April 22.

What are the main areas of risk?

- Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 84% of all patients on the active SCP are at 1st OP or diagnostic stage
- Significant volume of patients that have already exceeded the 62 day SCP
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Downgrading patient practices.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked.
- Recovery plans awaiting authorisation for commitment of PCR funds 22/23.

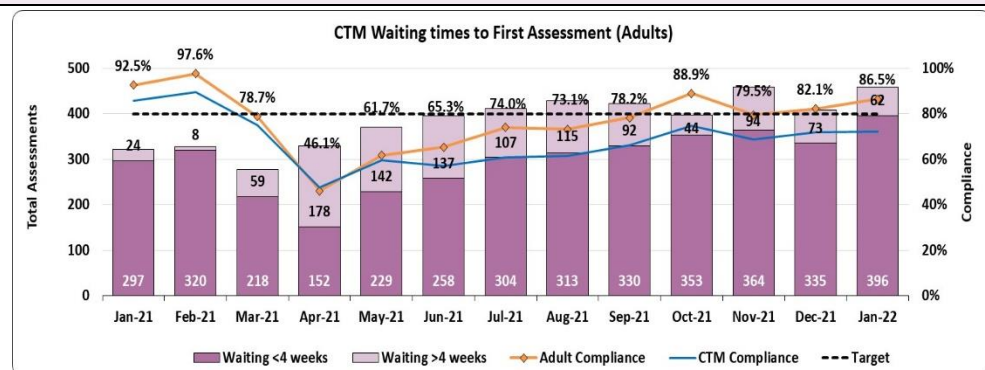
CTM Mental Health Compliance detailing the Adult Mental Health Services – January 2022

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

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

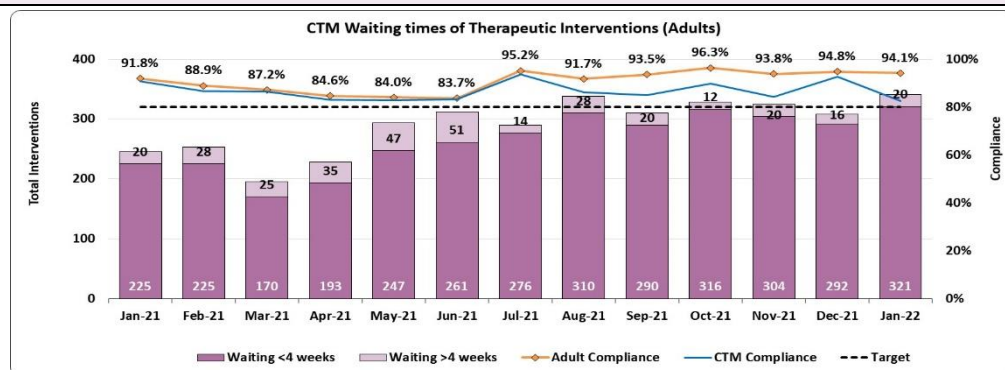
% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%

Part 1a – CTM 72.2% (Adults 86.5%)



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. CTM compliance for January remained almost static at 72.2%; with the adult services seeing a small improvement to 86.5% from 82.1% in December. Overall, referrals rose by almost 27% in January to 1034 (817 in December). Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during January amounted to 858 (163 or 23.5% more than in December).

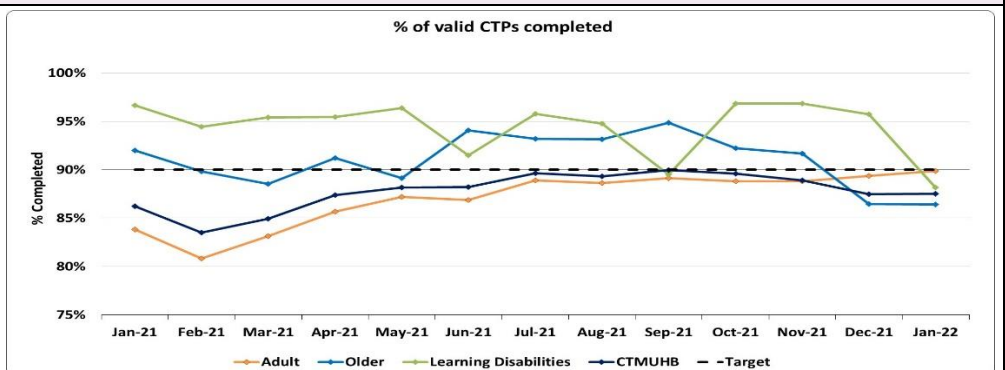
Part 1b – CTM 82.6% (Adults 94.1%)



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell by 10% on the previous month to 82.6% in January but continues to be above the 80% target. The adult services remained fairly stable at 94.1% (94.8% in the previous month).

The total number of interventions during the month were 431 with the pre-Covid average being 357 per month. The total adult interventions during January were 341, of which 321 started within 28 days.

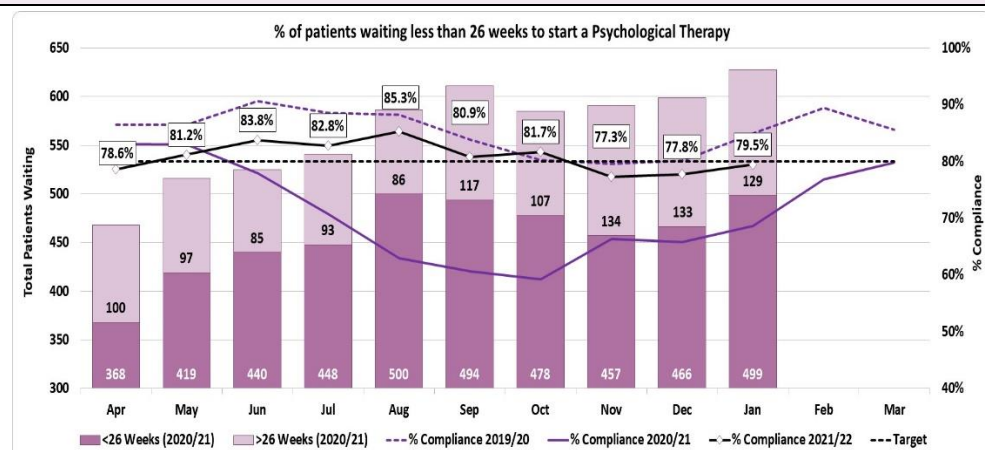
Part 2 – CTM 87.5% (Adults, Older & LD 89.0%)



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 also remained fairly static at 87.5% during January and continues to remain just under the 90% target.

Part 3: There were 5 adult outcome of assessment reports sent during January, all of which were within 10 working days (100%).

% of patients waiting less than 26 weeks to start a Psychological Therapy (Target 80%) January 2022 79.5%



How are we doing & what action are we taking?

Part 1a compliance increased to 86.5% in Jan-22 which has maintained the above target compliance of 80%. All ILGs saw an increase in their activity levels compared to the previous month but RTE ILG was the only one which saw an improvement in their compliance. M&C ILG stayed within compliance, however Bridgend ILG saw a reduction in compliance to below the 80% target. Part 1b remains well above compliance against stable activity.

Part 2 compliance for both Adult and Older Adult Services decreased slightly for the second month running to 87.5% which is just below the target of 90%. Caseload sizes for both Adult and Older Adult Services have increased slightly.

Psychological Therapies reported a continued improvement for the second month running in the number of people waiting longer than 26 weeks to 21%. Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.

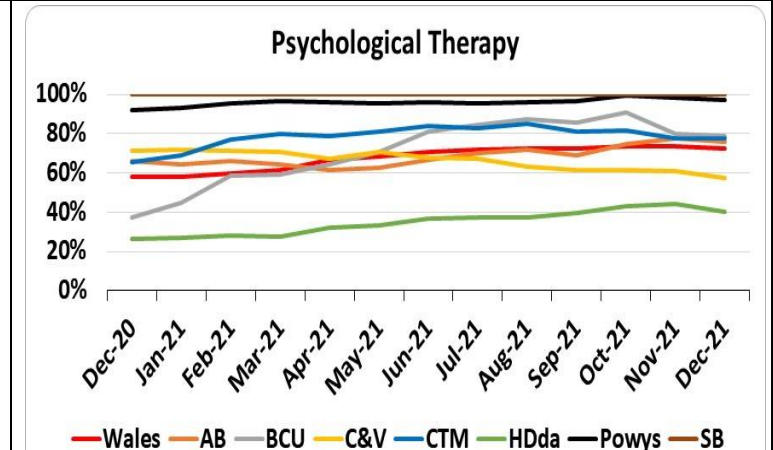
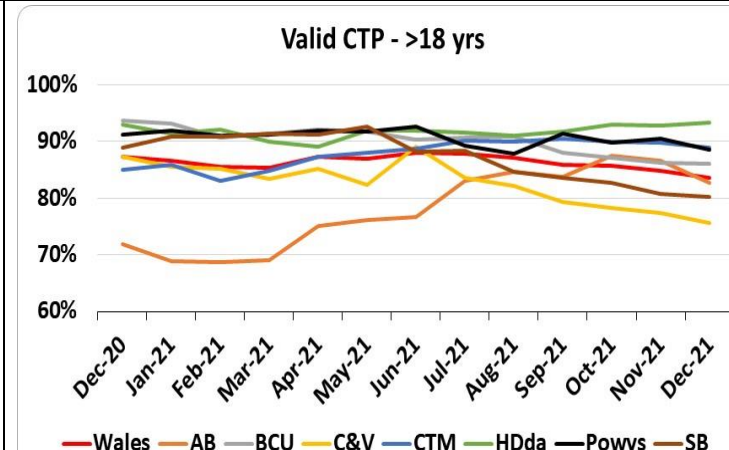
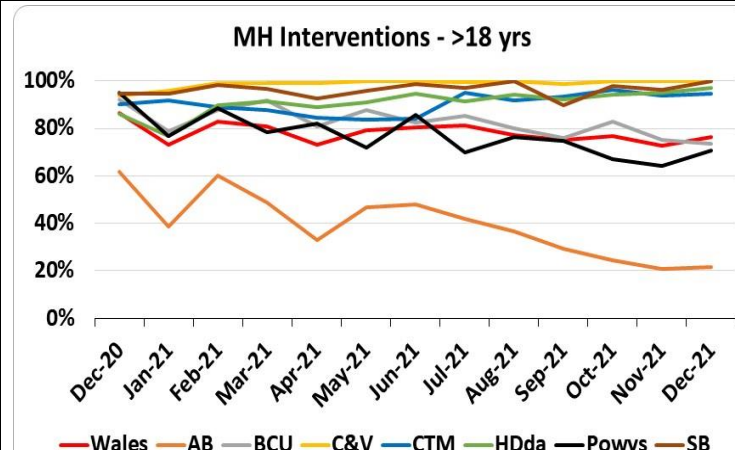
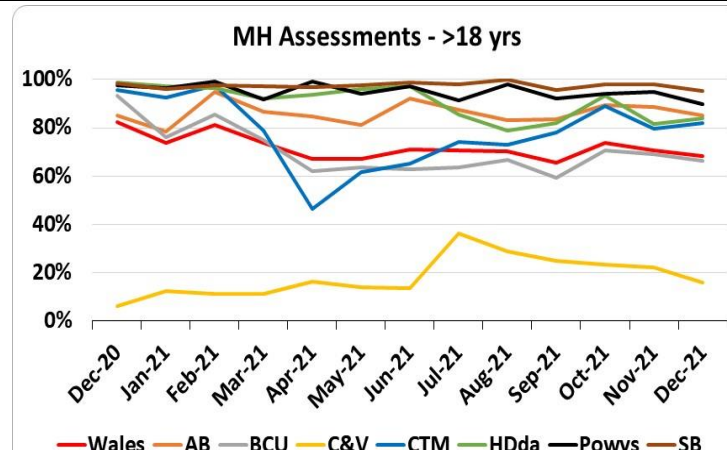
When improvement anticipated and what are the main areas of risk?

Part 1 & 2 compliance improvements are expected as staff sickness levels continue to decline.

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

Covid-19 sickness continues to be the biggest risk to compliance improvements in Mental Health Measures Part 1 & 2.

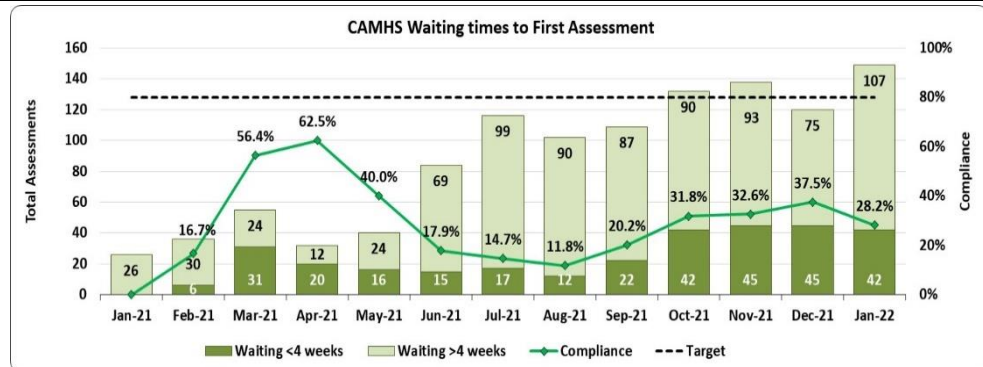
How do we compare with our peers?



Child & Adolescent Mental Health Services (CAMHS) – January 2022

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

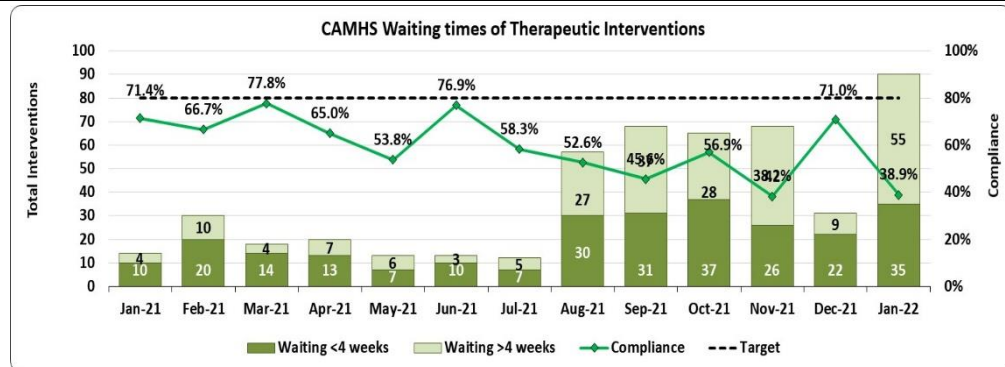
Part 1a – 28.2%



In January; just 28.2% of assessments were undertaken within 28 days of referral, remaining well below WG's minimum expected standard of 80%. Waiting list volumes rose during the month and demand remains higher than pre-Covid levels. 176 referrals were received in January, an increase of almost 45% on the previous month, with the pre-Covid average being 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals thus far for 2021/22 standing at 160 per month.

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

Part 1b – 38.9%

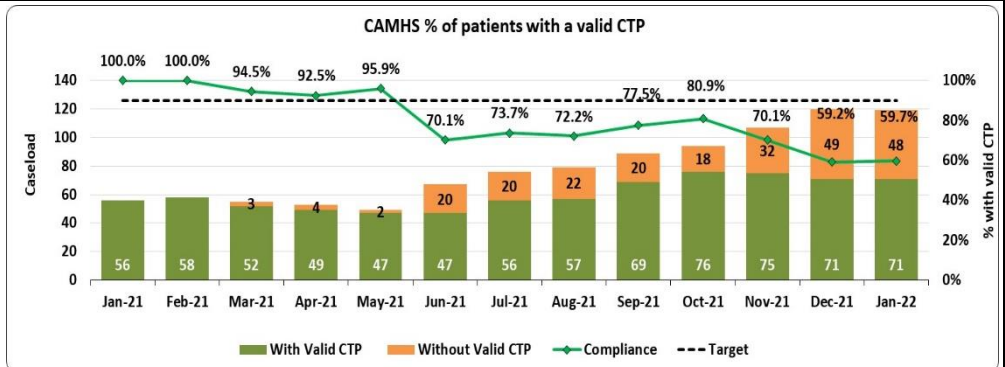


Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell sharply during January to 38.9% (71.0% December), with only 35 of the 90 interventions for January commencing within 28 days.

Compliance remains below the 80% target and the last time the target was met was in December of 2020 (90%).

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

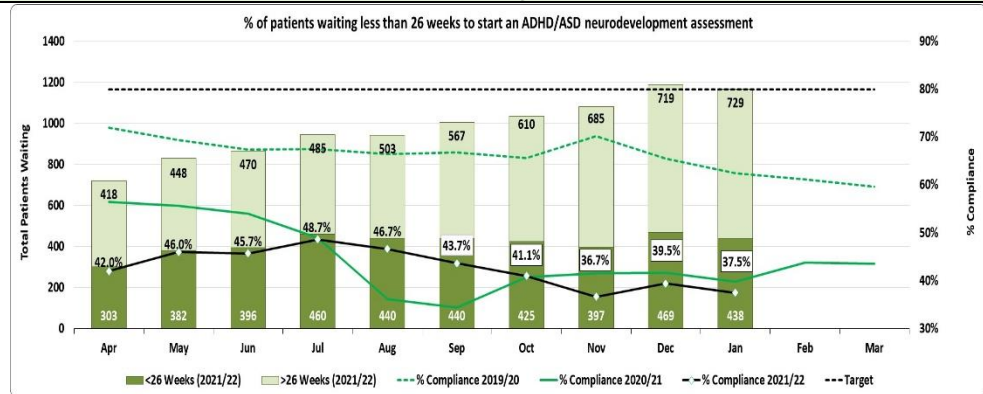
Part 2 – 59.7%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remained almost static at 59.7% during January and also remains below the set target (90%).

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment (Target 80%) **January 2022 – 37.5%**



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in January falling to 37.5% (39.5% in December). However, the total waiting list volume continues to grow and now stands at 1,167 patients, almost 62% higher than in April.

How are we doing & what actions are we taking?

There has been an expected increase in demand following the Christmas period into February 2022. The acuity of the presentations of the CYP still remains high and referrals received are predominantly for anxiety and low mood concerns. There has been a decrease in demand for the Crisis Service into February 2022. The service has implemented a Planned Care Recovery scheme to increase capacity and improve Part 1A compliance. The team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The service is also in the process of setting up an anxiety and mood disorder group, which will commence during March 2022.

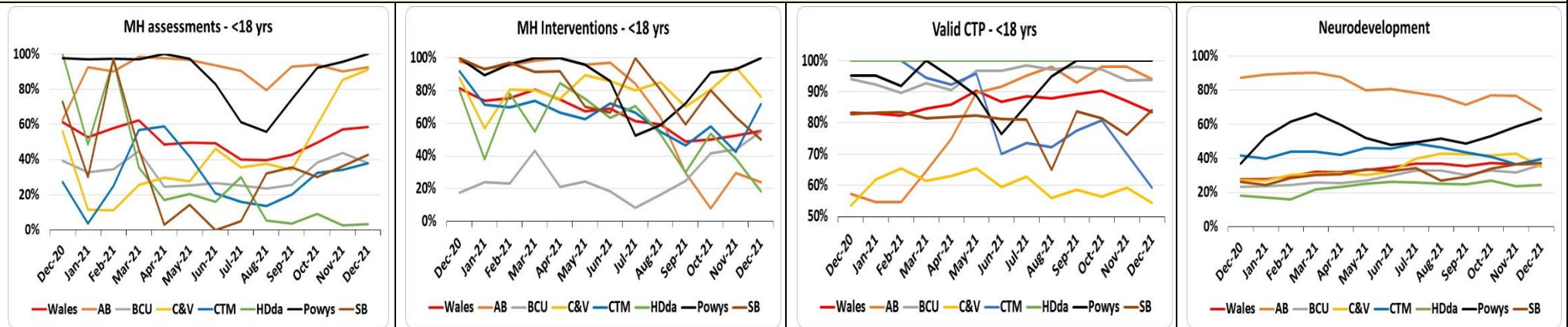
Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect. The recruitment to the Eating Disorder Team is now complete and the demand remains consistent. The recruitment into the additional Crisis/Liaison team posts (extension of hours to 24/7) is still underway. All vacancies will be filled by May 2022. The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff are awaiting start dates or currently being inducted into CAMHS and will be operational by May 2022. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

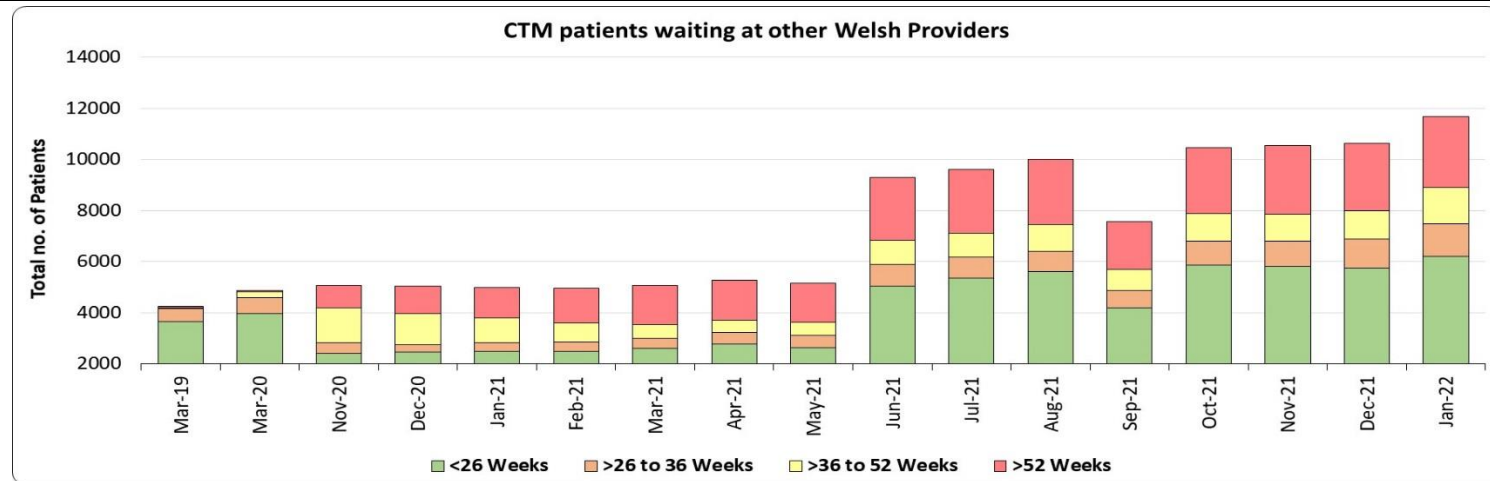
What are the main areas of risk?

- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.

How do we compare with our peers



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



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

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

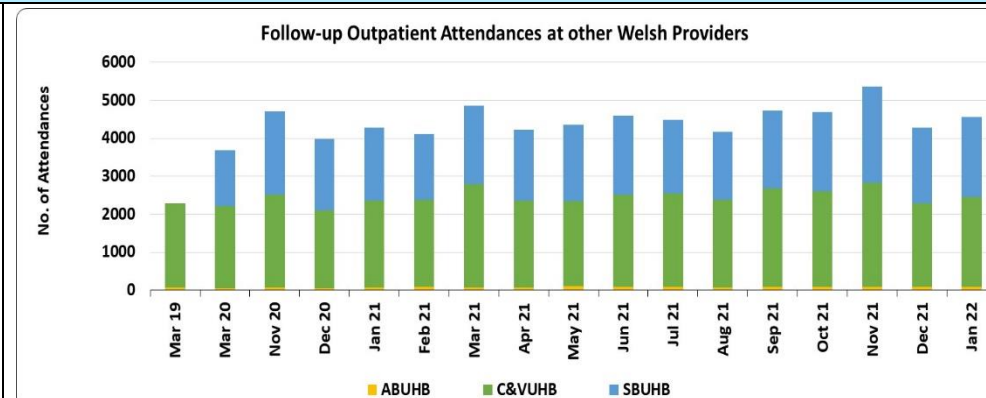
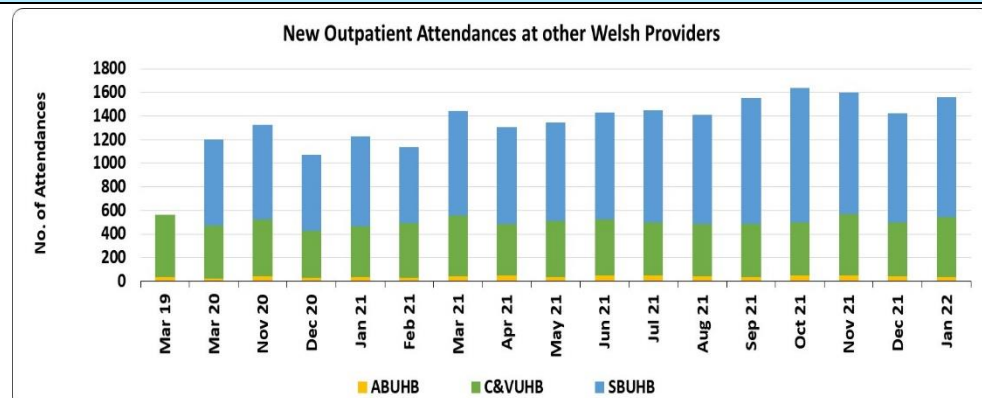
The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in January is 4,177. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 333 and there are 10 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at other specific Welsh Providers RTT (January 2022)														
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB						
Specialty	>36 to 52 Weeks	>52 Weeks		Specialty	>36 to 52 Weeks	>52 Weeks		Specialty	>36 to 52 Weeks	>52 Weeks				
Trauma & Orthopaedics	145	625		Trauma & Orthopaedics	16	57		Oral Surgery	216	406				
Ophthalmology	95	182		Urology	10	57		Trauma & Orthopaedics	56	249				
Clinical Immunology And Allergy	57	105		ENT	6	14		Plastic Surgery	69	237				
ENT	15	57		Oral Surgery	6	10		General Surgery	73	188				
Oral Surgery	21	56		Ophthalmology	6	9		Gynaecology	43	132				
General Surgery	34	55		General Surgery	2	5		Orthodontics	28	59				
Gynaecology	17	38		Gastroenterology	6			ENT	6	20				
Urology	15	29		Gynaecology	3			Gastroenterology	3	13				
Paediatric Surgery	19	17		Orthodontics	1			Ophthalmology	5	13				
Paediatric Dentistry	8	16		Chemical Pathology	1			Urology	4	10				
Dental Medicine Specialties	17	13		Grand Total	57	152		Paediatrics	1	6				
Dermatology	15	11		CTM patients waiting at specific health boards							Neurology	5	4	
Cardiology	19	10		January 2022	Cardiff & Vale UHB	Aneurin Bevan UHB	Swansea Bay UHB	Cardiology	5	2				
Neurology	299	10			Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB	Cardiothoracic Surgery	3	2	
Anaesthetics	8	6		Weeks Wait							Restorative Dentistry		2	
Paediatrics	11	4		<26 Weeks	3173	53.4%	268	47.7%	2755	53.7%	Paediatric Neurology		1	
Cardiothoracic Surgery	1	4		>26 to 36 Weeks	679	11.4%	85	15.1%	500	9.7%	Allied Health	4		
General Medicine	15	4		>36 to 52 Weeks	837	14.1%	57	10.1%	530	10.3%	Dermatology	1		
Gastroenterology	3	3		>52 Weeks	1257	21.1%	152	27.0%	1344	26.2%	Diagnostic	1		
Orthodontics	2	3		Total Waiting	5946		562		5129		Rehabilitation Service	7		
Neurosurgery	5	3		% of Total Waiting	50.9%		4.8%		43.9%		Grand Total	530	1344	
Restorative Dentistry	5	3												
Pain Management	3	2												
Nephrology	2	1												
Clinical Haematology	1													
Rheumatology	1													
Clinical Pharmacology	1													
Paediatric Neurology	1													
Clinical Oncology	2													
Grand Total	837	1257												

CTM Patients waiting for a Diagnostic at other Welsh Providers (January 2022)												
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB				
Service	Total Waits	>8 wks		Service	Total Waits	>8 wks		Service	Total Waits	>8 wks		
Cardiology	141	64		Endoscopy	38	25		Neurophysiology	180	92		
Radiology	137	27		Radiology	19			Cardiology	134	64		
Endoscopy	46	11		Cardiology	6	3		Endoscopy	39	30		
Physiological Measurement	21	12		Physiological Measurement	2	1		Total	353	186		
Neurophysiology	17	4		Total	65	29						
Imaging	2	0										
Total	364	118										

CTM Patients waiting for a Therapy at other Welsh Providers (January 2022)											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Service	Total Waits	>14 wks		Service	Total Waits	>14 wks		No patients waiting for a therapy			
Physiotherapy	22	2		Physiotherapy	13	6					
Dietetics	3	1		Audiology	2	0					
Occupational Therapy	2	1		Total	15	6					
Audiology	2										
Podiatry	1										
Total	30	4									

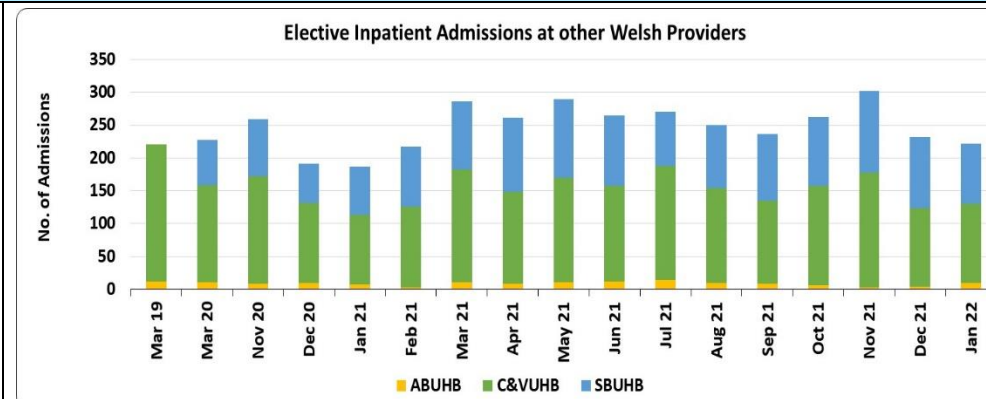
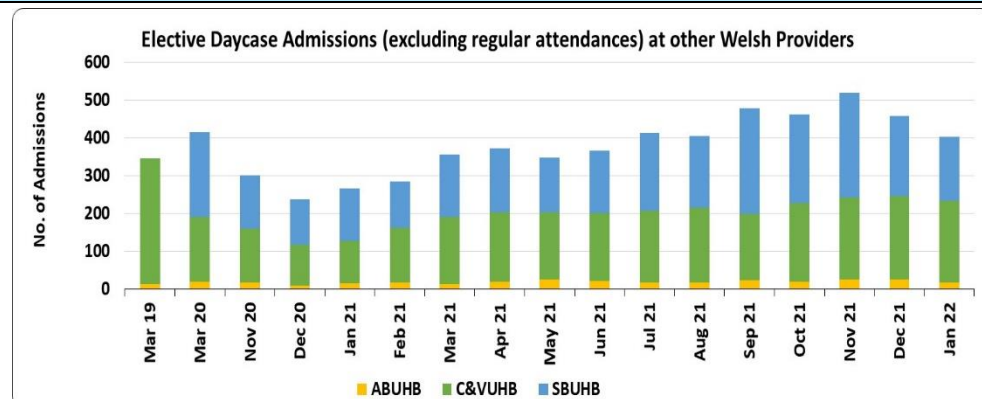
CTM Outpatient Attendances at other Welsh Providers



The December 2021 position (reported at Feb WHSSC meetings) showed that there was a growth in the number of referrals across the reported specialities and whilst these were manageable in Cardiology, Neurosurgery and Paediatric Surgery which all reported reducing waits in new and follow up appointments, within Plastic Surgery, the number of patients waiting for outpatients had doubled since Feb 2020 and even outpatients were reported as waiting up to 104 weeks.

A diagnostic backlog continued to be reported by Swansea which will have an effect on both cardiology and cardiac surgery. For CTMUHB this represents an inequity of service for our Bridgend population, with waits in Cardiff for the same diagnostics, being weeks rather than months. This is looking to be partially addressed through our Planned Care Recovery programme.

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



CTM continue to have the 2nd lowest access rate amongst the HBs to Cardiac Surgery but for Cardiac Surgery have the third highest access rate and 2nd highest for Thoracic Surgery. Only 25% of waits for Cardiac Surgery are over 26 weeks, but Swansea are still reporting some patients waiting up to 103 weeks and waits of up to 104 weeks for Thoracic Surgery.

For Neurosurgery, the plan is still to treat all patients waiting >52 weeks by the end of March, although recovery is slower than planned as not all the pre Covid theatre capacity has been made available. Those waiting for Plastic Surgery admissions has increased by 35% since Feb 2020 with waits of up to 104 weeks reported. Prior to January, activity was being outsourced. Paediatric Surgery is reporting >30% of patients waiting over 52 weeks, with some waiting over 2 years with a recovery plan from Cardiff still not received by WHSSC.



2.5 Finance update

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

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

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

4. IMPACT ASSESSMENT

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



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

5. RECOMMENDATION

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