



**AGENDA ITEM**

5.3

**CTM BOARD**

**INTEGRATED PERFORMANCE DASHBOARD**

<b>Date of meeting</b>	26/01/2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Jose Roper, Senior Performance Monitoring Officer
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<b>Presented by</b>	Linda Prosser, Executive Director of Strategy and Transformation Gethin Hughes, Chief Operating Officer Greg Dix, Director of Nursing Dom Hurford, Medical Director Hywel Daniel, Director for People
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<b>Approving Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy and Transformation
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Linda Prosser	13/01/2023	Choose an item.



**ACRONYMS**

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



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToC	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LRI's	Locally Reportable Incidents
LPMHSS	Local Primary Mental Health Support Service
MDT	Multidisciplinary Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
NPT	Neath Port Talbot
ONS	Office for National Statistics
OoH	Out of Hours
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PADR/PDR	Personal Appraisal and Development Review
p-CAMHS	Primary Child and Adolescent Mental Health Services
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMO	Programme Management Office
POW	Princess of Wales
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
PU's	Pressure Ulcers
QIA	Quality Impact Assessment
QIM	Quality Improvement Measures
RCS	Royal College of Surgeons
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIOF	Single Integrated Outcomes Framework
SI's	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 Health Board's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described in our Integrated Medium Term Plan, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.



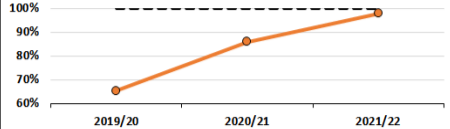
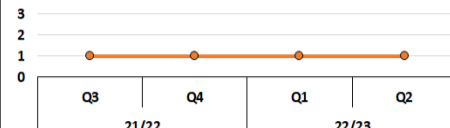
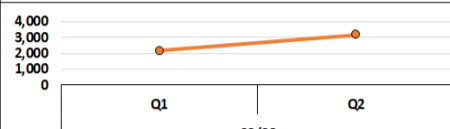
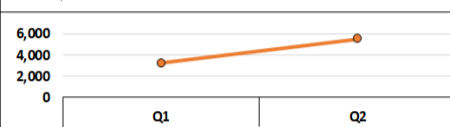
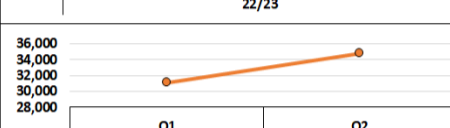
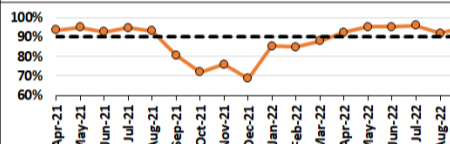
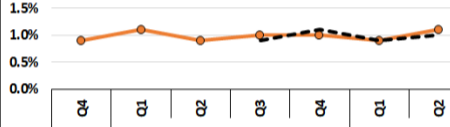
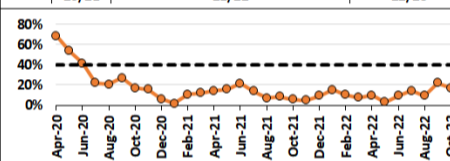
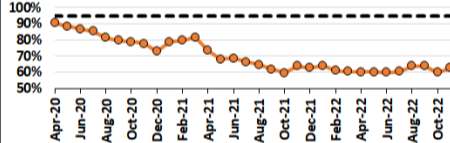
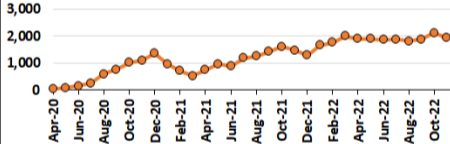
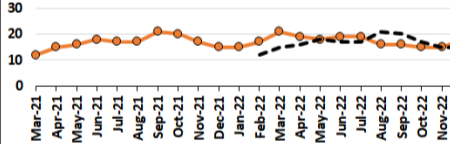
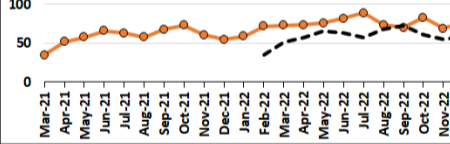
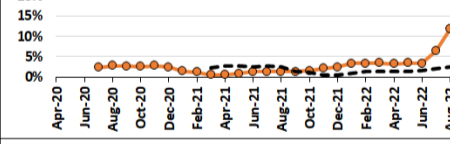
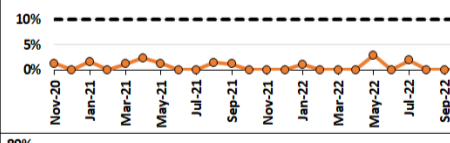
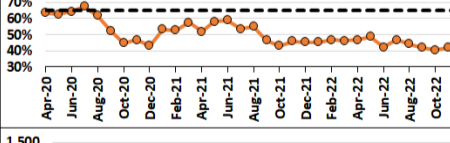
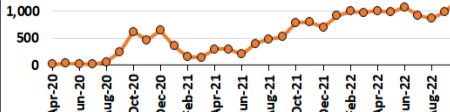
Quadruple Aim Strategic Scorecards continue to be included in section 2.1 of this paper, in order to provide visible and robust assurance to CTMUHB Board and its Committee's on delivery, facilitating scrutiny and challenge progress against performance on a regular basis.



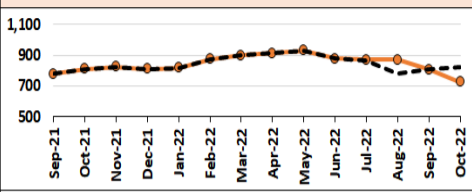
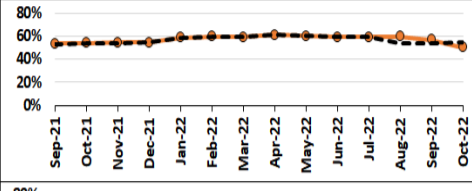
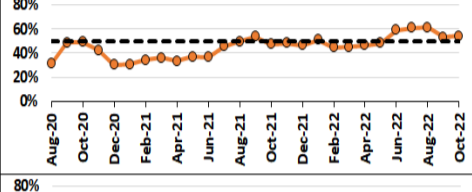
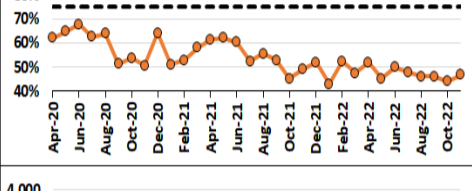
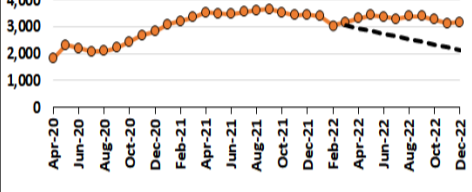
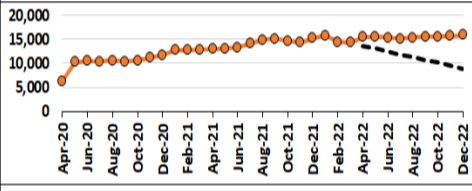
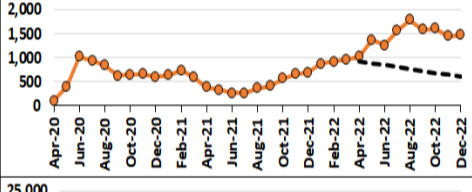
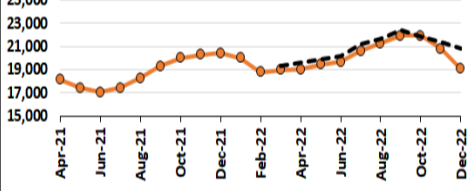
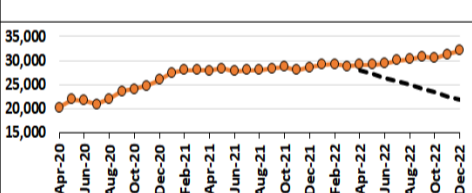
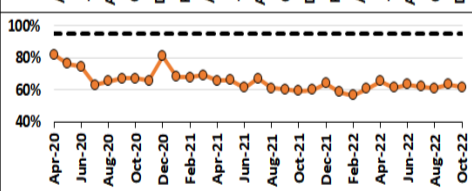
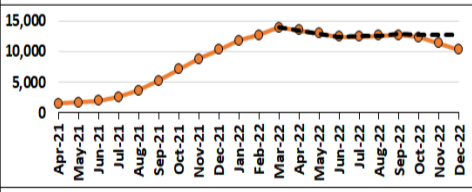
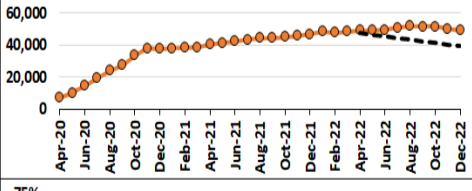
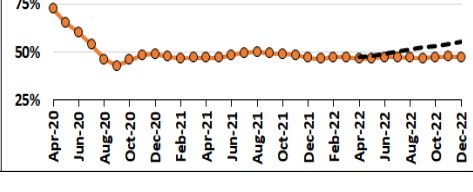
The Quadruple Aim metrics endorsed by Welsh Government, continues into 2022/23 and incorporates the Ministerial Priorities: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

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


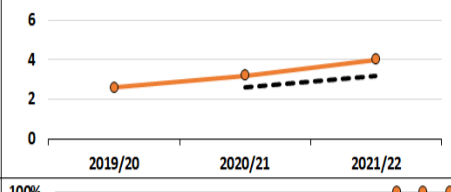
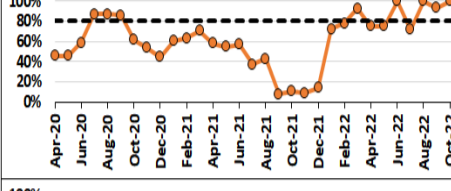
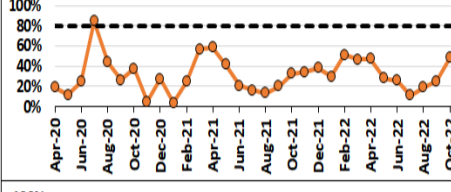
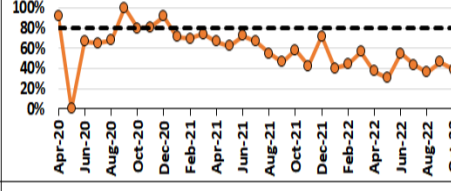
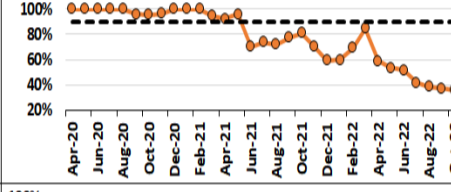
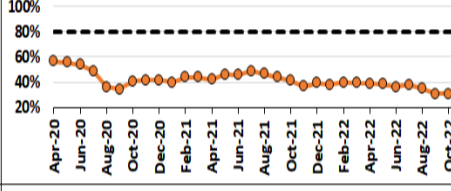
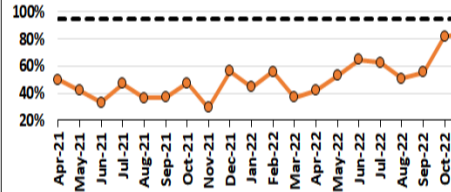
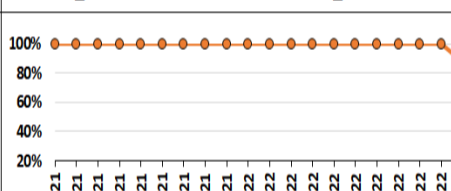
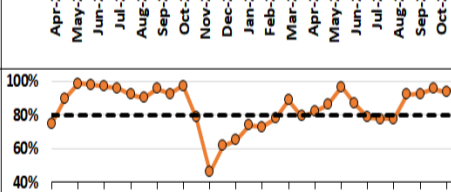
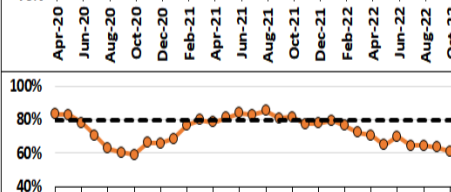
**2.1** The Health Board's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below.



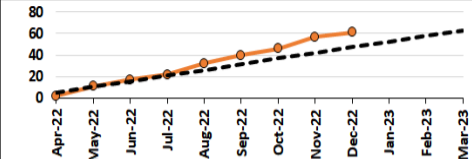
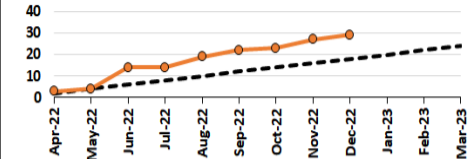
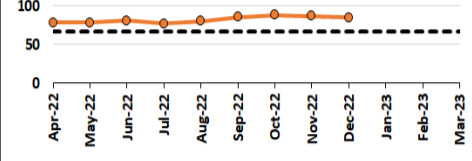
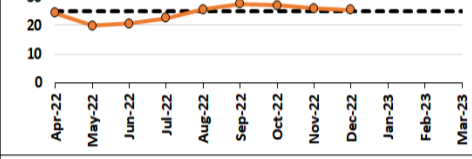
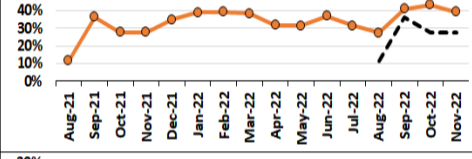
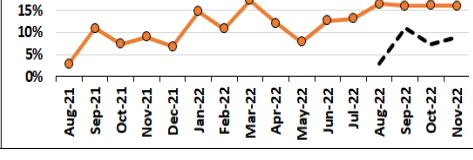
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Key:  Trend  Target/Trajectory	Latest Position Green = Target Met / Red = Under Target	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional &amp; locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		16.7%	Apr-Dec 2022
	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		15.4% is the baseline with annual reduction target from 2022/23	2021/22
Smoking	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		0.9%	Q1 2022/23
	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21 Target 30.2%		28.4%	2021/22
Diabetes	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against a baseline of 2020-21		34.0%	Q2 2022/23
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		Reduction achieved 321.5	Q1 2022/23
Substance Misuse	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		Improvement achieved 84.3%	Q1 2022/23
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		96.8%	Q2 2022/23
Percentage of children who received 2 doses of the MMR vaccine by age 5			91.7%		
Screening	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		72.6%	2019/20
	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		59.1%	2019/20
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%		71.4%	2019/20



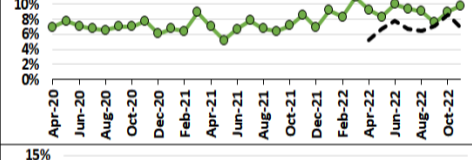
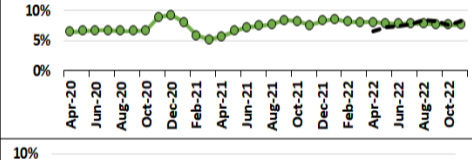
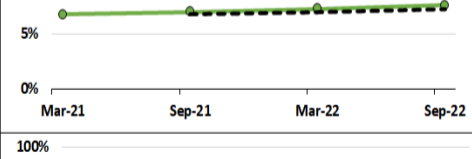
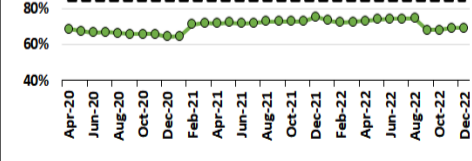
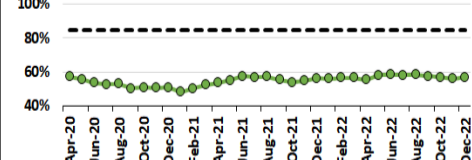
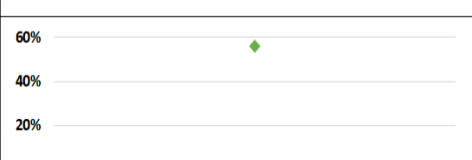
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure	Target	Key:  Trend  Target/Trajectory	Latest Position Green = Target Met / Red = Under Target		
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	
	Number of new patients (children aged under 18 years) accessing NHS dental services	4 Quarter Improvement Trend		3,183	Q2 2022/23
	Number of new patients (adults aged 18 years and over) accessing NHS dental services			5,524	
	Number of existing patients accessing NHS dental services			34,816	
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		94.9%	Sep-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		Improvement achieved against Qtr 3 21/22 1.1%	Q2 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	40.2% (SSNAP Quarterly Average)		12.9%	Nov-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		58.7%	
	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		1,111	Dec-22
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend Target 15		18	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend Target 59		77	
	% 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 Target >1.2%		16.1%	Sep-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Oct-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		34.8%	Dec-22
	Number of ambulance patient handovers over 1 hour	Zero		1,239	Dec-22



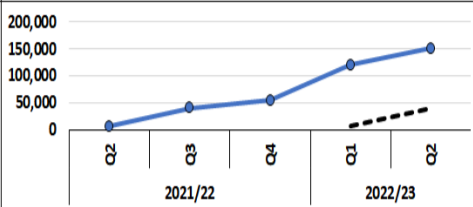
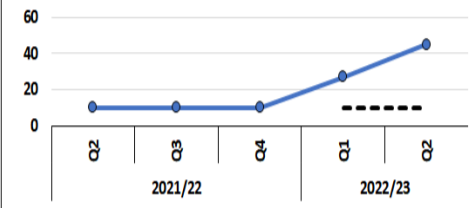
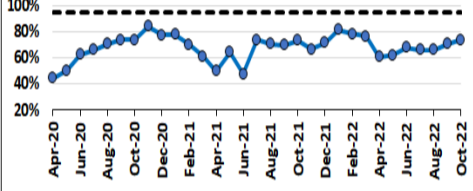
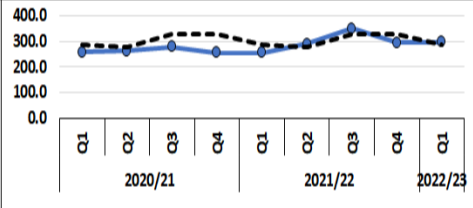
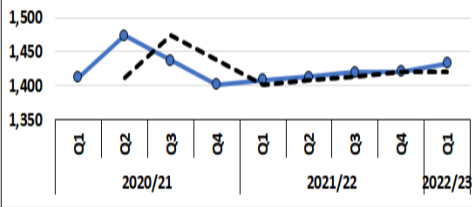
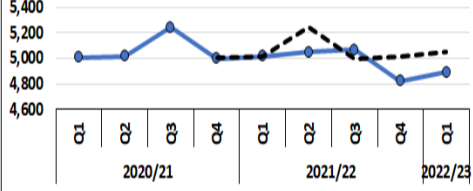
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure		Target	Key:  Trend  Target/Trajectory	Latest Position Green = Target Met / Red = Under Target
Patient Flow & Discharge	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend Target <824		727
	% of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend Target 54.2%		50.0%
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		53.9%
Elective Planned Care	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		46.8%
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,169
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024 Target 8,928		15,877
	Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024 Target 606		1,472
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		19,058 - CTM delivered against the internal planned target but failed against the WG Target of Zero
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National Target <=19,606 by March 2023		32,080
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		61.6%
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by spring 2023		Improvement trajectory achieved against internal planned target 10,330
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		Improvement trajectory not achieved 49,301
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		Improvement trajectory not achieved 47.3%

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

Performance Measure	Target	Key:  Trend  Target/Trajectory	Latest Position Green = Target Met / Red = Under Target	
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		Annual reduction not achieved 4.02	2021/22
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			94.1%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		31.3%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			23.4%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		34.6%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		27.8%	
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		83.0%	Nov-22
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		87.5%	
% 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)			97.7%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		94.2%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			56.4%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		88.1%	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Measure	Target	Key:  Trend  Target/Trajectory	Latest Position		
			Green = Target Met / Red = Under Target		
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	47		61	Cumulative Numbers Apr to Dec 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	18		29	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		84.98	Cumulative Rate Apr to Dec 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		34.82	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		25.37	
	% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22 <27.7%		39.2%	Nov-22
	% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22 <9%		16.0%	Nov-22

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure	Target	Key:  Trend  Target/Trajectory	Latest Position		
			Green = Target Met / Red = Under Target		
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend <6.9%		9.8%	Nov-22
	% of sickness absence rate of staff	12 Month Reduction Trend <8.3%		7.6%	Nov-22
	% of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Bi-annual Improvement >7.24%		7.57%	Sep-22
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		69.2%	Dec-22
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		56.9%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes									
Performance Measure		Target	Key:  Trend  Target/Trajectory	Latest Position Green = Target Met / Red = Under Target					
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	<table border="1"> <tr> <th>2018/19</th> <th>Target by 2025</th> </tr> <tr> <td>90,124</td> <td>75,704</td> </tr> </table>	2018/19	Target by 2025	90,124	75,704	90,124	2018/19
2018/19	Target by 2025								
90,124	75,704								
New Ways of Working	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >40,427		150,352	Q2 2022/23				
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >10		45					
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		73.7%	Oct-22				
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20 Target <287.6		297.5	Q1 2022/23				
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction Target <1421		1,433					
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend Target <5046.9		Reduction achieved 4,889.1					

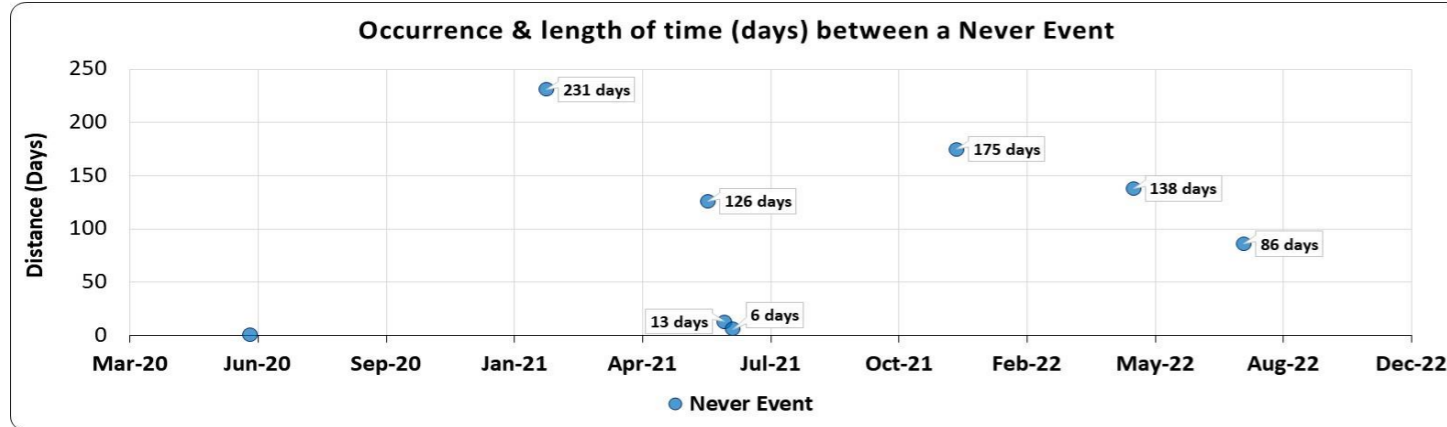
## 2.2 Quality

### Never Events & Serious Incidents

#### Never Events

Number of Never Events – December 2022

**0**



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

There were no Never Events reported in December with the last occurrence being 27<sup>th</sup> July 2022 (formal reporting September 2022) relating to a wrong side implant and an investigation is ongoing and remains within the timeframe for completion.

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

#### Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – December 22

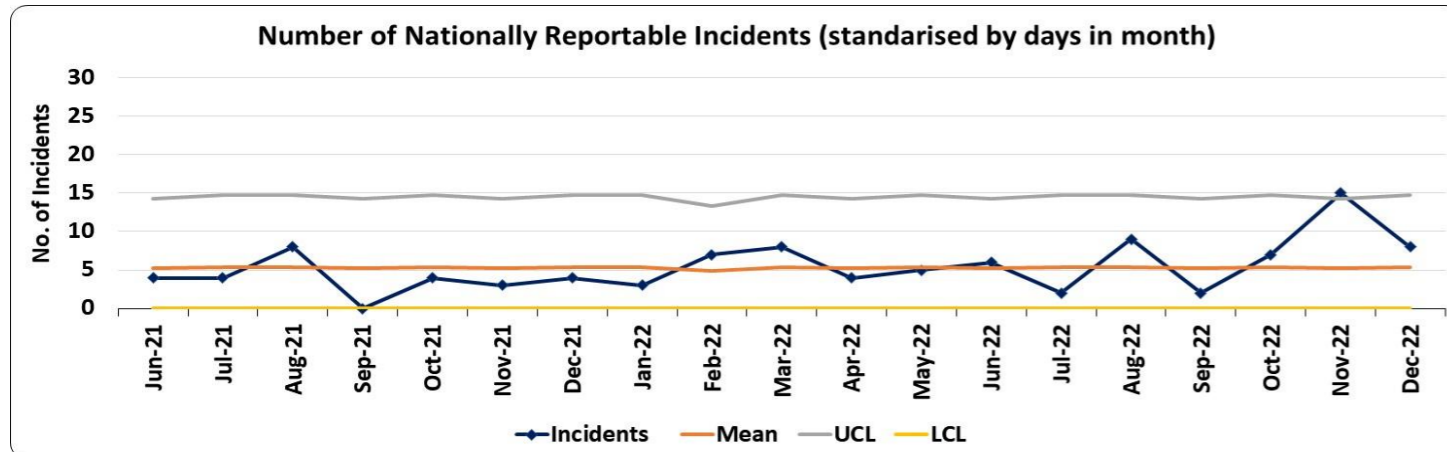
**8**

Number of Locally Reportable Incidents – December 22

**5**

Number of Patient Safety Incidents – December 2022

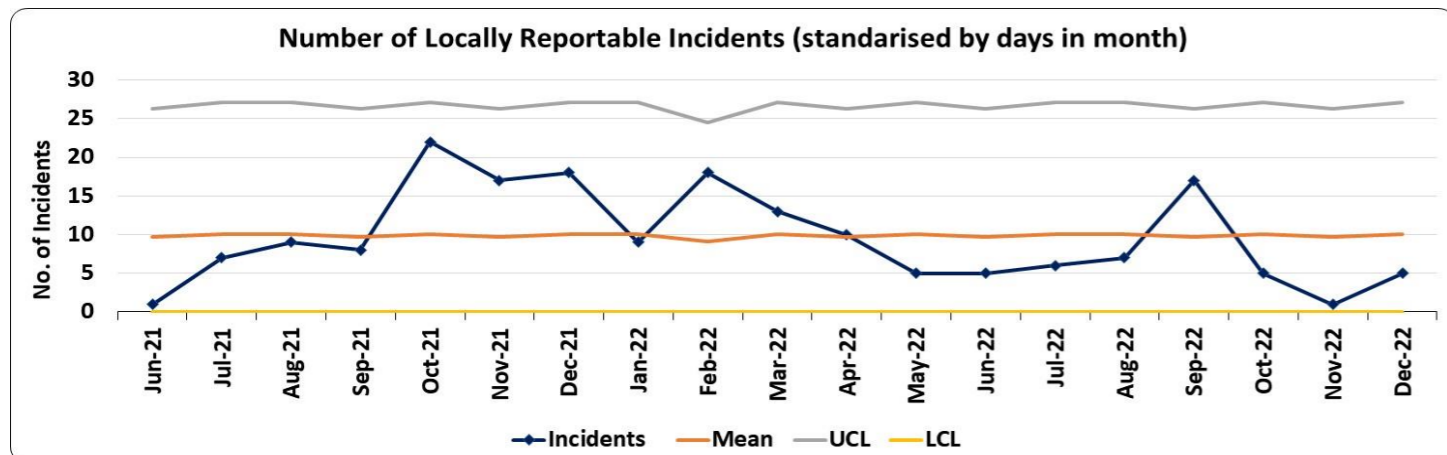
**2,202**



Throughout December 2022, there were 2,202 patient safety incidents reported on Datix across the Health Board. Of these, 8 were Nationally Reportable Incidents (NRIs are detailed in the table below) and a further 5 were graded as Locally Reportable Incidents (LRIs).

Please note that CTM was required by the Delivery Unit to advance report 13 incidents in November that are not necessarily NRIs and may result in being downgraded. A review of these incidents remains ongoing.

LRIs are reported centrally to ensure timeliness of investigation and organisational oversight of patient safety incidents previously identified as Serious Incidents but are no longer nationally escalated.



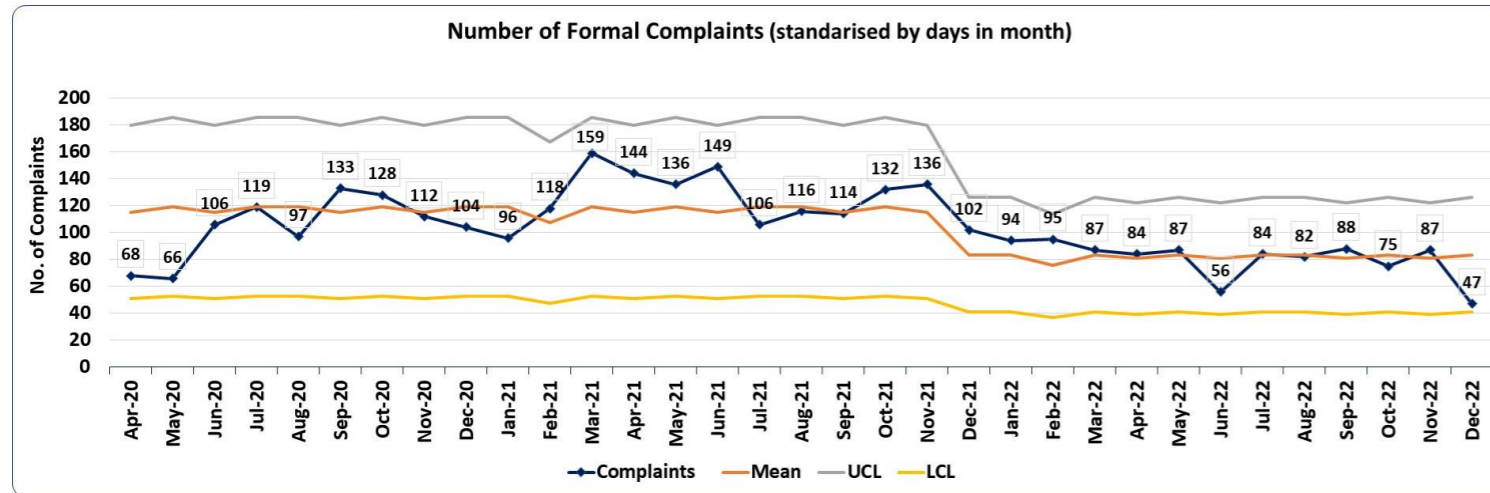
Type of Nationally Reportable Incidents	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Absconding	1												1
Admission / Transfer / Discharge	1									2	8	1	12
Behaviour (including violence and aggression)						1		2					3
Clinical Assessment, clinical diagnosis					1					1	2	1	5
Delays		4	2					2					8
Diagnostic Testing - Radiology								1					1
Maternal Event		1											1
Maternity adverse occurrence				2						1		1	4
Medication			1		1							1	3
Monitoring/Observations						1			1				2
Neo-Natal Event			2										2
Organisational - Failure to follow Policy/Procedure		1											1
Personal Incident - Personal injury attributed to clinically related challenging behaviour of patient													0
Pressure Damage	1				1	3		1			1	2	9
Records, Information								1					1
Safeguarding										1		1	2
Slip, Trip or Fall		1	1		1		1				2		6
Staffing							1						1
Transport					1								1
Treatment Error													0
Treatment, Procedure				2		1				1	2	1	7
Unexpected Complications	1		1										2
Patient/Service user death			1					2			2		5
<b>Grand Total</b>	<b>4</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>15</b>	<b>8</b>	<b>77</b>

## Complaints & Compliments

### Complaints

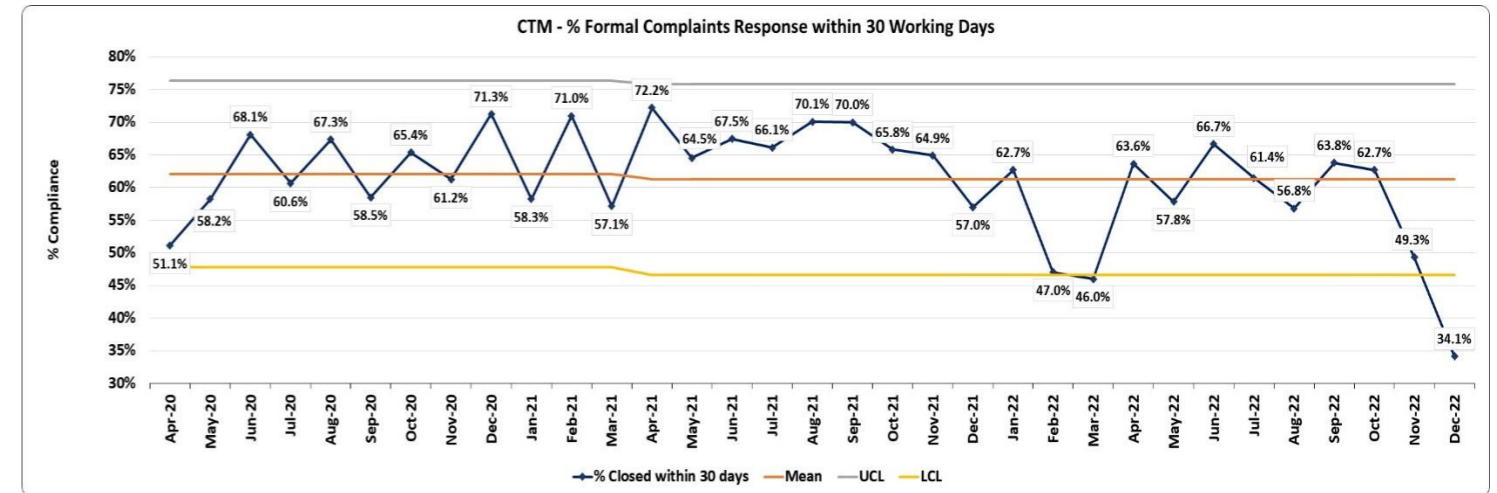
Number of formal complaints managed through PTR – December 2022

**47**



% formal complaints response within 30 working days – December 2022

**34.1%**



During December 2022, 47 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. As can be seen, the chart above indicates a sustained change from December 2021. For those complaints received during December, the top five themes relate to clinical treatment/assessment (29), patient care (4), appointment issues (3), accident/falls (3) and attitude & behaviour (2).

The proportion of complaints responded to within 30 working days saw compliance at its lowest level of 34.1%, well below the WG's target threshold of 75%. As shown in the chart (top right), this is a significant deterioration in the UHB's compliance and can be attributable to the establishment position within the team.

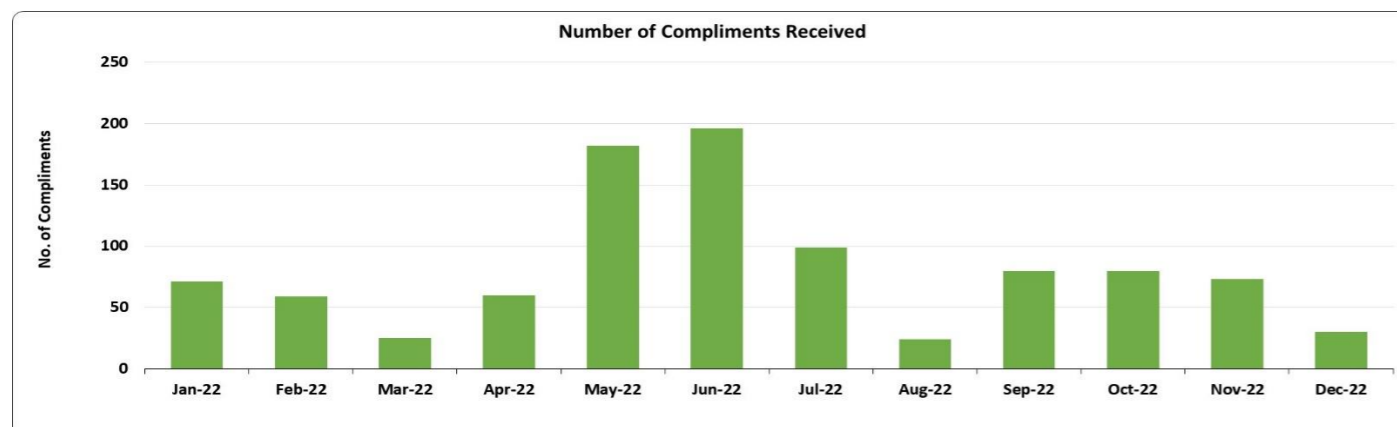
The review of systems and process for the management of complaints remain ongoing. It is anticipated that the review will be completed, with revised policies and procedures in place by the end of January 2023. A central concerns process is being established which includes the standardisation of template letters to ensure a consistent approach is adopted across the Health Board. In implementing a successful process, it is hoped that there will be a reduction in formal complaints and a rise in early resolutions, giving a better outcome for our patients and their families which directly impact on compliance with the 30-working day response rate. Quality assurance and audit programmes in respect of complaint responses are due to recommence in the early part of 2023.

Top Ten - Main Themes from Complaints	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Clinical treatment/Assessment	51	54	45	47	51	36	54	44	55	40	32	29	538
Communication Issues (including Language)	10	15	14	8	9	5	4	1	5	3	11	1	86
Appointments	6	7	5	7	5	5	4	4	4	3	9	3	62
Attitude and Behaviour	7	4	8	4	4	2	7	9	5	4	10	2	66
Discharge Issues	8	6	6	6	5	3	1	5	3	1	2	1	47
Medication	5	5	0	2	6	3	1	3	3	8	6	0	42
Admissions	2	1	3	0	2	0	4	2	2	1	3	0	20
Patient Care	0	0	0	3	0	0	0	4	4	7	4	4	26
Test & Investigation Results	2	1	2	1	1	0	0	0	0	2	3	0	12
Referral	1	0	0	1	0	0	3	5	1	0	0	1	12

### Compliments

Number of compliments – December 2022

**30**



During December 2022, there were just 30 compliments recorded on the Datix system with the twelve month average equating to 82 compliments per month.

Compliments are received into the Health Board via a number of mechanisms including social media, Patient Experience Surveys as well as thank you cards and emails. This feedback is mainly recorded on the Datix Cymru and Civica user experience systems. Further work is being undertaken within the Health Board to improve the capturing, recording and reporting of the compliments received.

All Wales Compliments Workstream has been established which will focus on the development of a comprehensive coding structure and system requirements.

## Medication Incidents & Mortality Rates

### Medication Incidents

Total Medication Incidents – December 2022

**76**

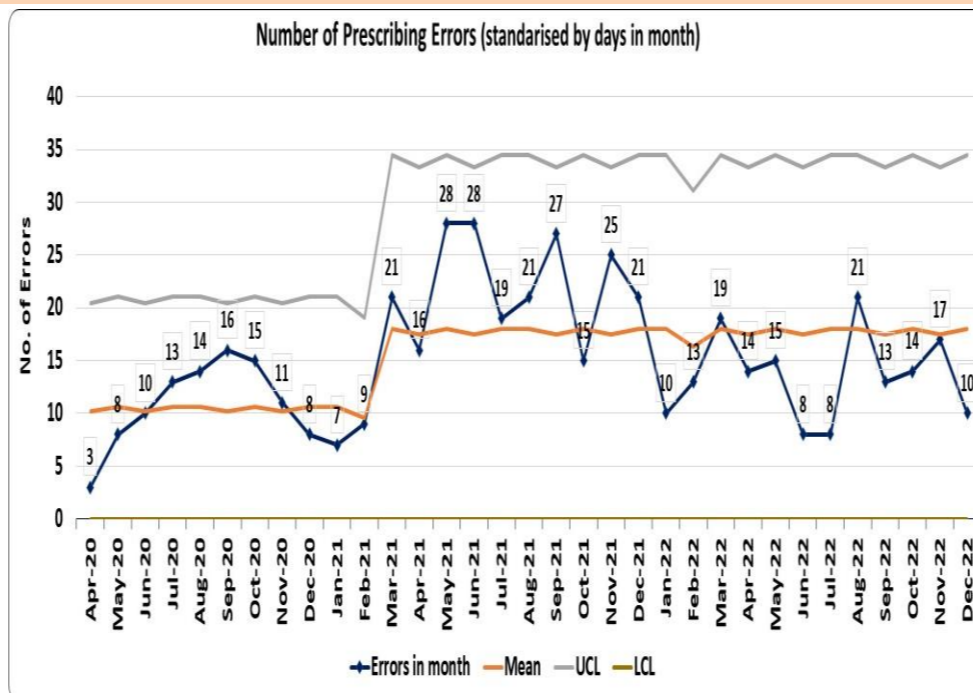
The total number of medicine related incidents is 76 with the charts to the right focusing on patient safety prescribing and administration errors. Of the 76 medication incidents reported for December, 56.6% caused no harm with 43.4% of incidents recorded as moderate/low. None of the incidents resulted in severe harm being caused.

Medication prescribing errors totalled 10 this period and remains within natural variation (control chart first right).

The number of administrative errors, shown in the control chart second right, totalled 28 incidents this month and likewise remains within natural variation.

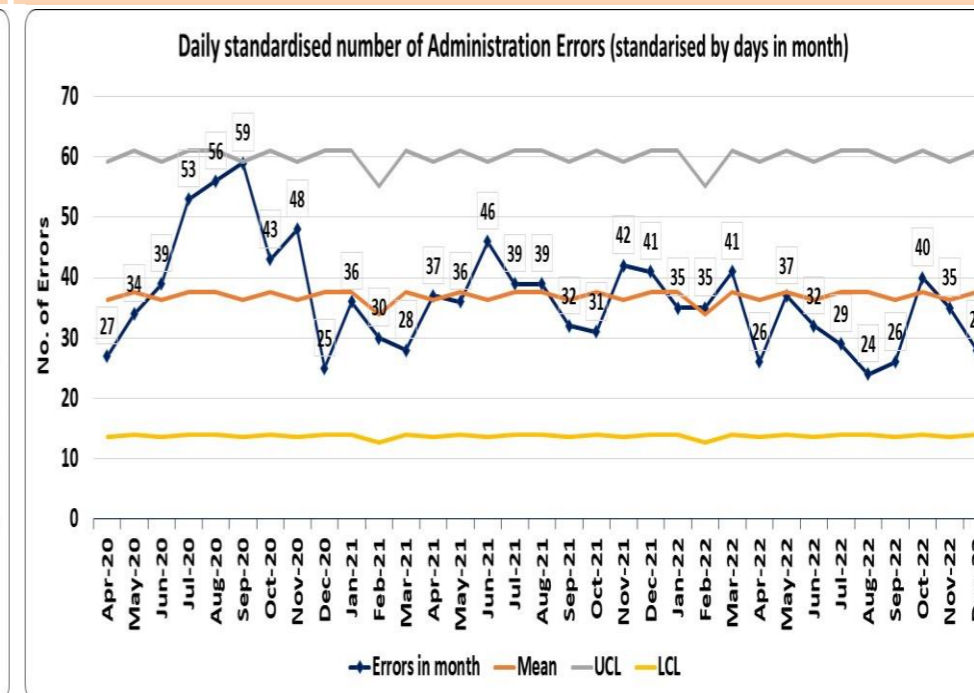
Total number of Prescribing Errors

**10**



Total Administration Errors

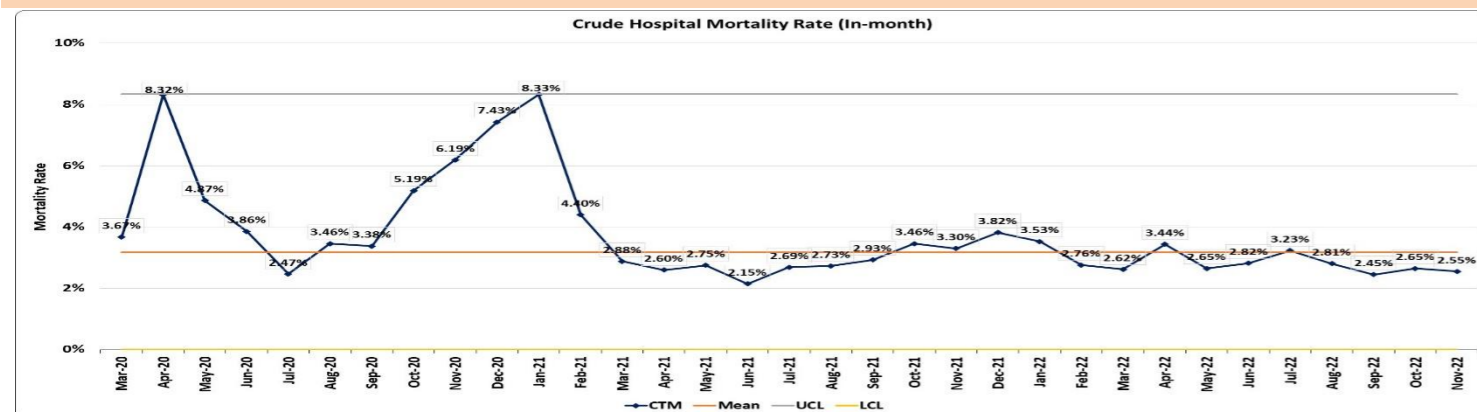
**28**



### Crude Hospital Mortality Rates

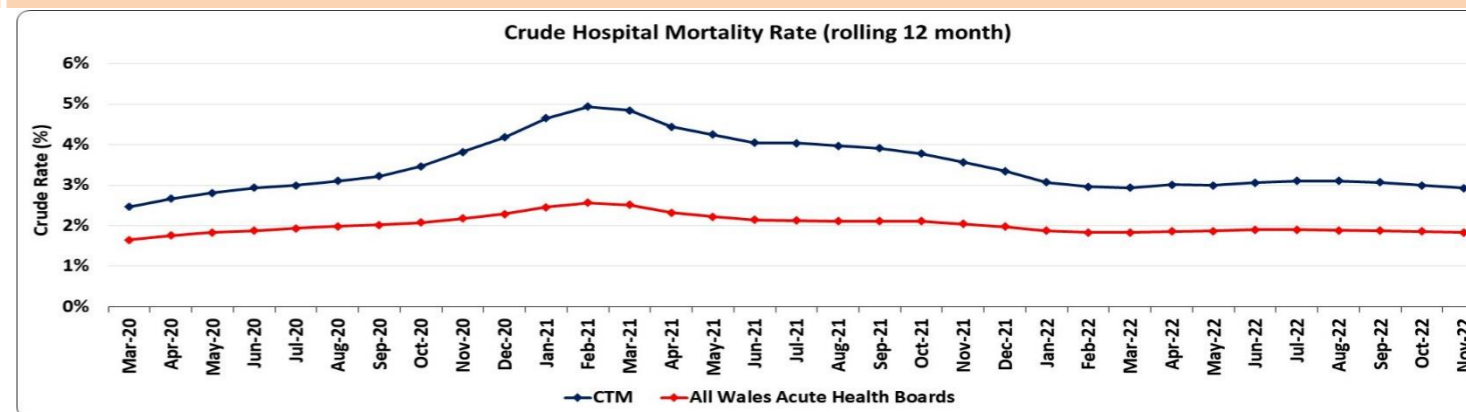
In Month Crude Hospital Mortality Rate – November 2022

**2.55%**

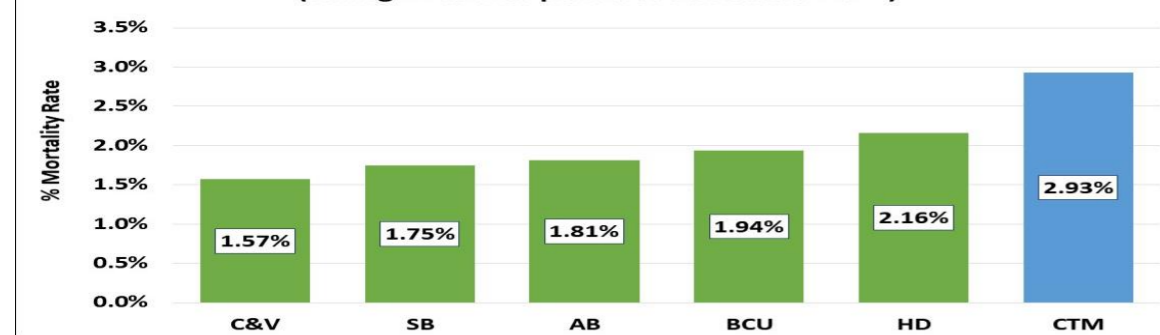


Rolling 12 Month Crude Hospital Mortality Rate to November 2022

**2.93%**



Mortality Rate - Peer Distribution (rolling 12 month period to November 2022)



Rolling 12 month Mortality Rates period December to November	
2018/19	2.32%
2019/20	3.82%
2020/21	3.57%
2021/22	2.93%

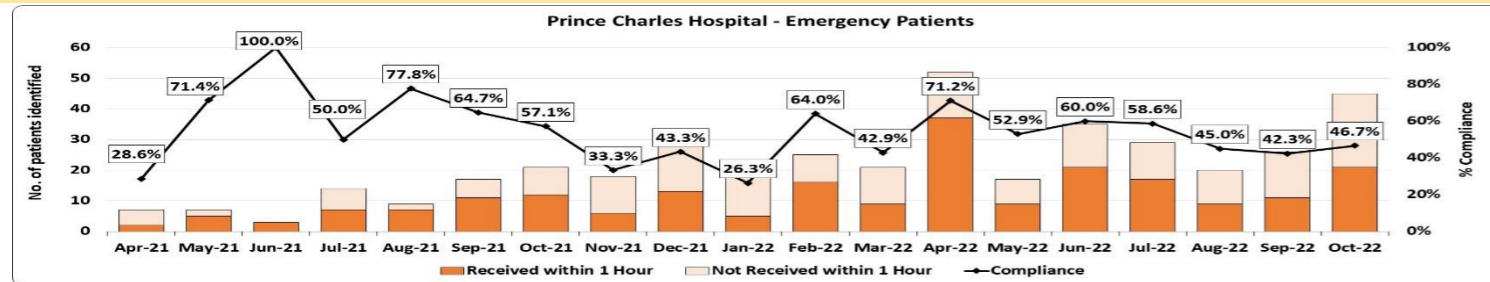
Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions. Predicted monthly mortality rates increased during July, but now appear to be falling, albeit not at the levels seen prior to Covid 19, as demonstrated in the table to the left. The rolling 12 month rate currently stands at 2.93%, a similar rate to that observed during March 2022.

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

# Sepsis Six Bundle – please note that there is no data available for November at the time of writing this report

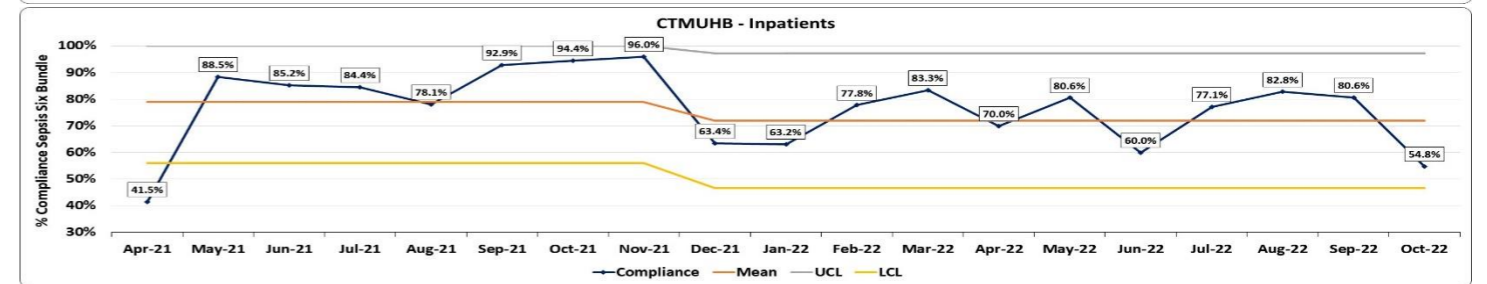
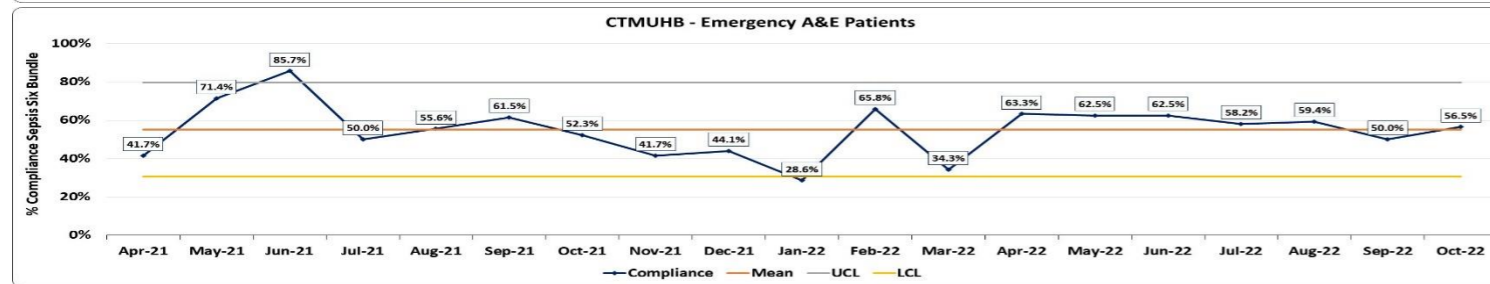
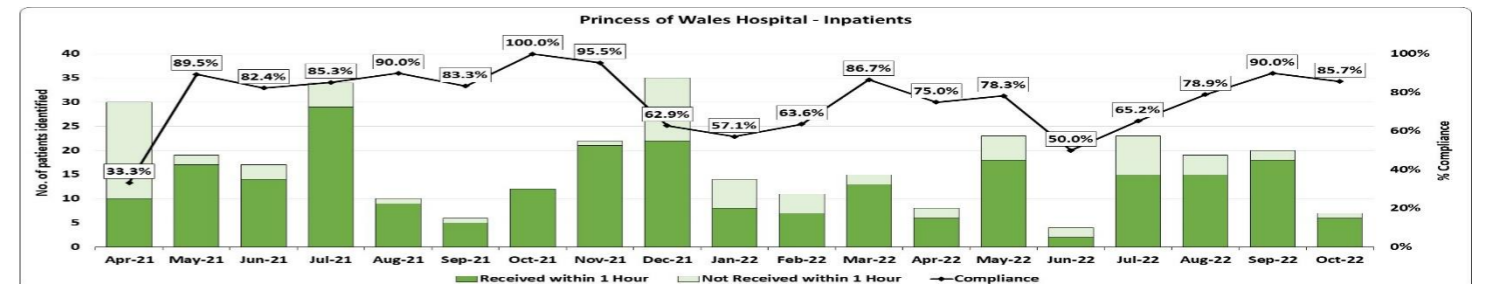
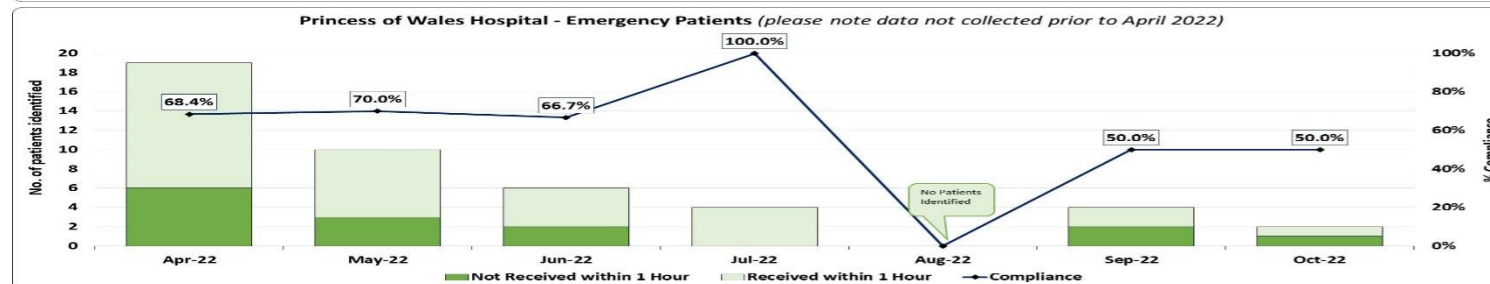
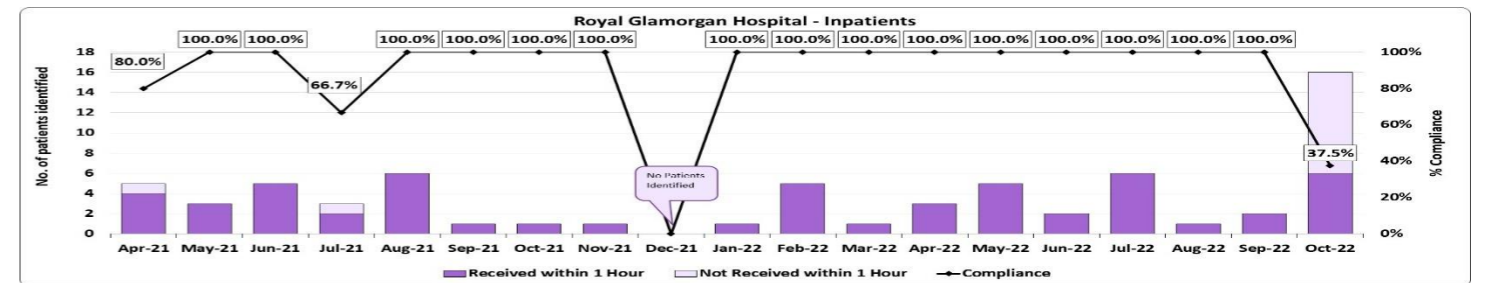
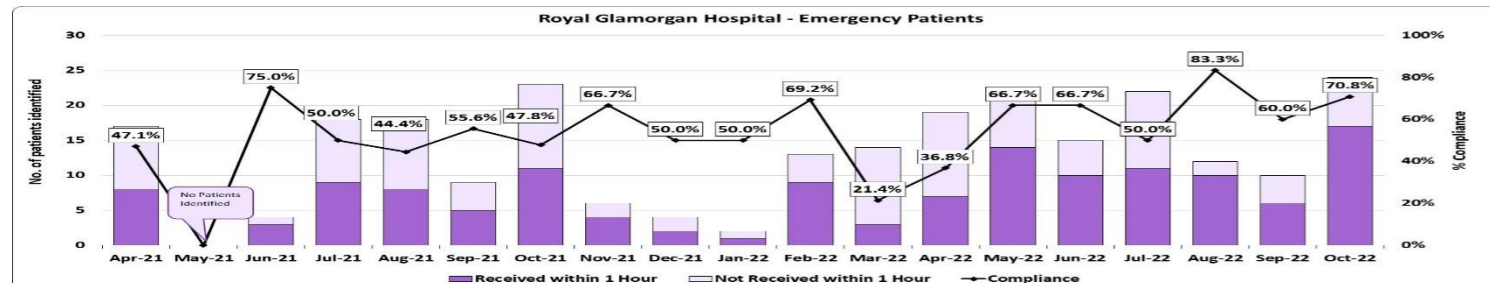
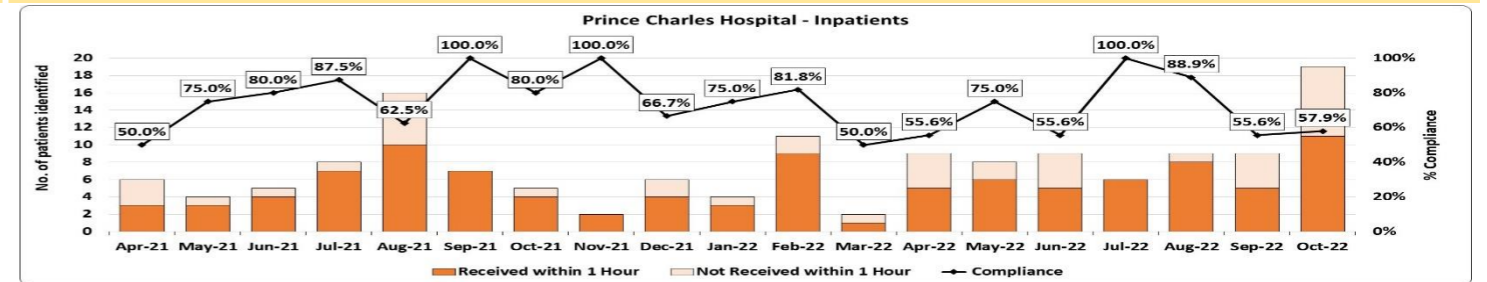
## Emergency A&E Patients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the “Sepsis Six” Bundle within 1 Hour – Emergency A&E - CTMUHB October 2022 – 56.5%



## Inpatients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the “Sepsis Six” Bundle within 1 Hour – Inpatients - CTMUHB October 2022 – 54.8%



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

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

In March 2022 a trial of the revised tool was conducted within our three Emergency Departments (EDs). Audit results for April 2022 for the EDs indicate that the use of the screening tool had increased in all three sites with sepsis compliance also improving (note: only 'sepsis probable' patient data is displayed). Previous data, pre-April 2022, included all patients with a 'suspicion of sepsis' using a different screening process. Every month, incidence of sepsis and compliance with treatment data is collected and circulated to the sepsis leads within each ED. Themes and trends are noted and a plan for improvement made. As illustrated, compliance within PCH/RGH for the sepsis 6 intervention bundle dipped in September. However, in October the number of sepsis forms completed increased and overall compliance improved from 47% in September to 56.5% for the collective ED's.

Inpatient compliance fell in October to 54.8% from 80.6% following the roll out to the wards within RGH/PCH/POW in September. However, there were more sepsis forms completed by ward staff and low compliance can be attributed to incomplete forms resulting in gaps in data. Ongoing sepsis education is provided for inpatient areas by the Critical Care Outreach teams on each site, which aims to improve the completion of the sepsis tool and provide more robust data.

## When is improvement anticipated & what are the risks?

The introduction of the new tool and the associated education showed instant improvement in gathering data on cases of sepsis. This improvement has been maintained. Compliance with the treatment bundle has also improved but, depending on a number of factors, has fluctuated over the last few months. These factors are mostly related to the clinical acuity pressures in the EDs and also the presence or absence of Outreach staff.

The new sepsis tool is in use on all PCH, RGH and POW adult ward areas (excluding Mental Health for now). There is ongoing sepsis education for medical and nursing staff. There is monthly reporting of sepsis probable incidence and compliance. The Acute deterioration team are working with WG and Peers in other HBs to standardise our approach across Wales. The Risks to this improvement are:

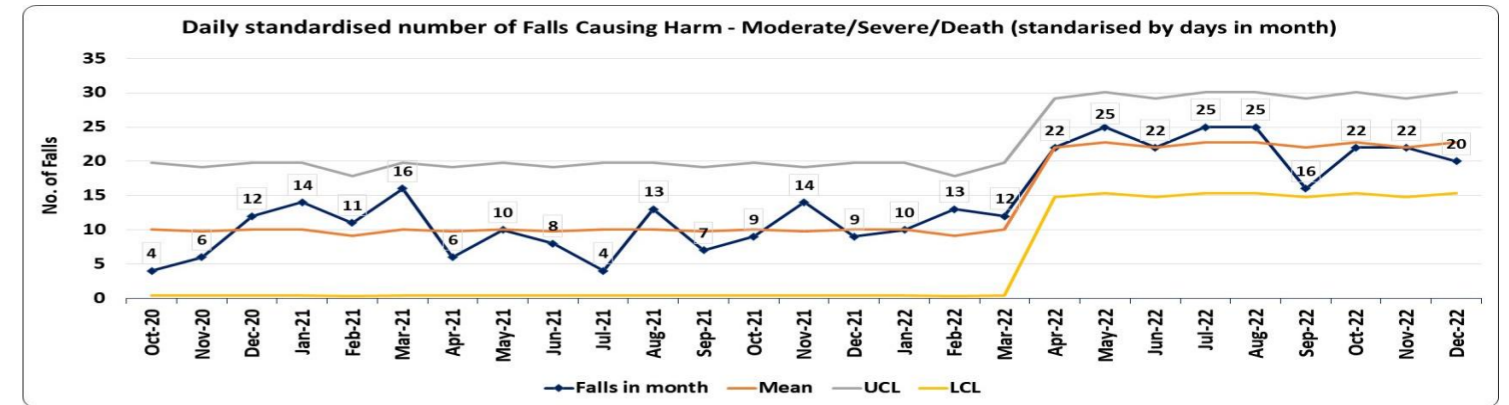
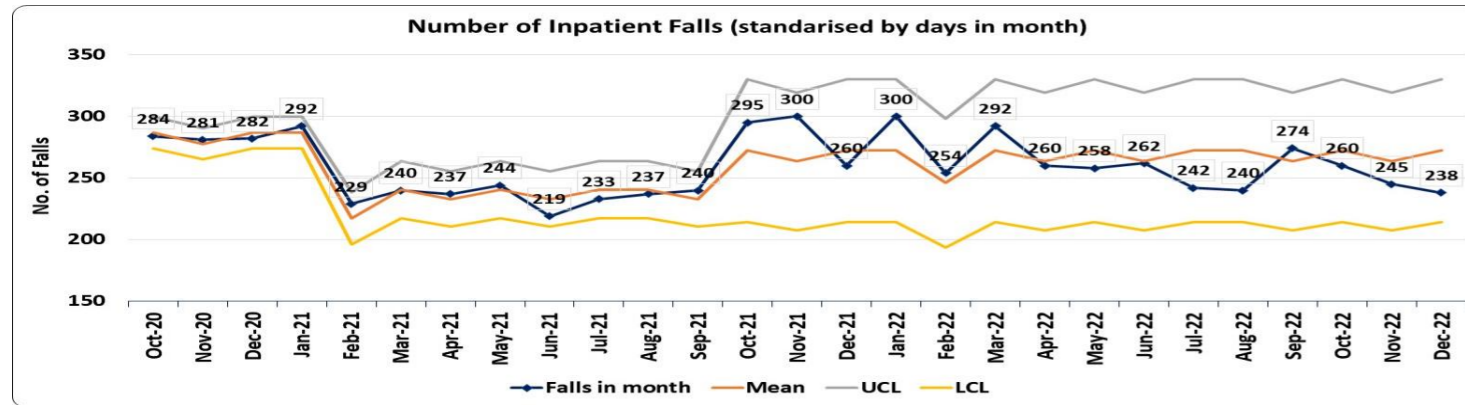
- Inability to know the true number of patients presenting to ED with Sepsis (to provide a number to which to aspire to treat.)
- Need to emphasise that clinical tools are just part of wider clinical judgement which should be made in a timely fashion by suitably senior clinical decision makers.
- Education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

# Inpatient Falls & Pressure Damage Incidents

## Inpatient Falls

Total number of Inpatient Falls – December 2022

238

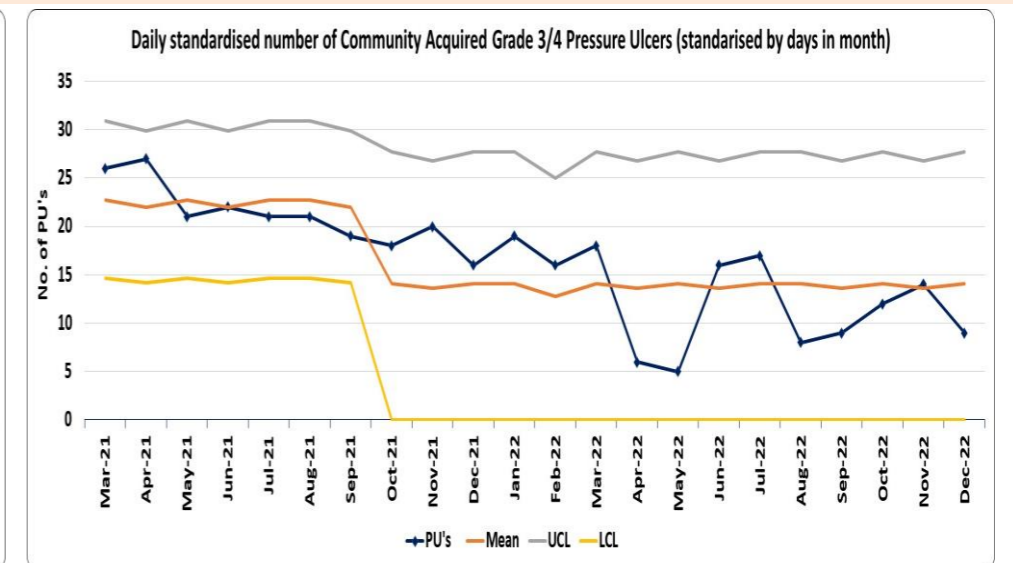
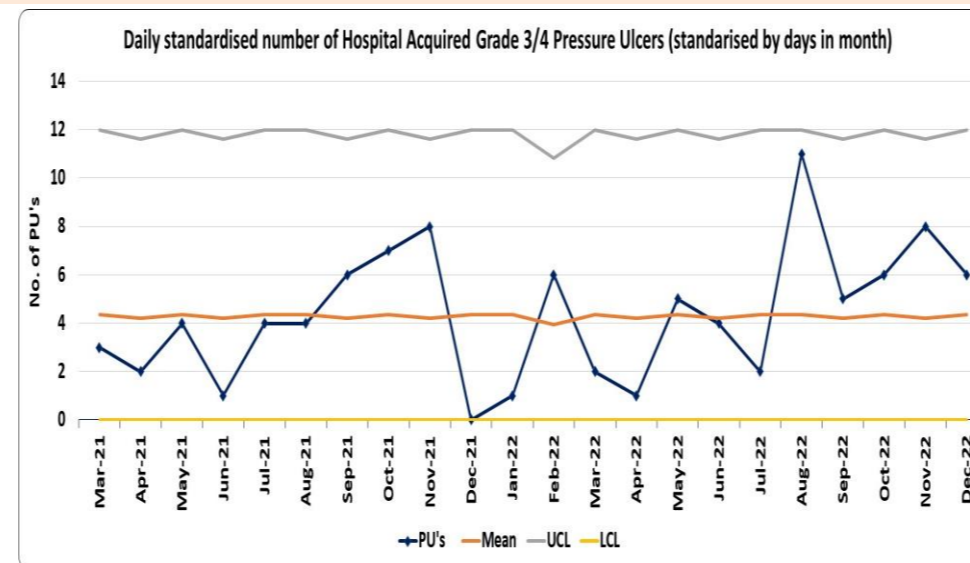
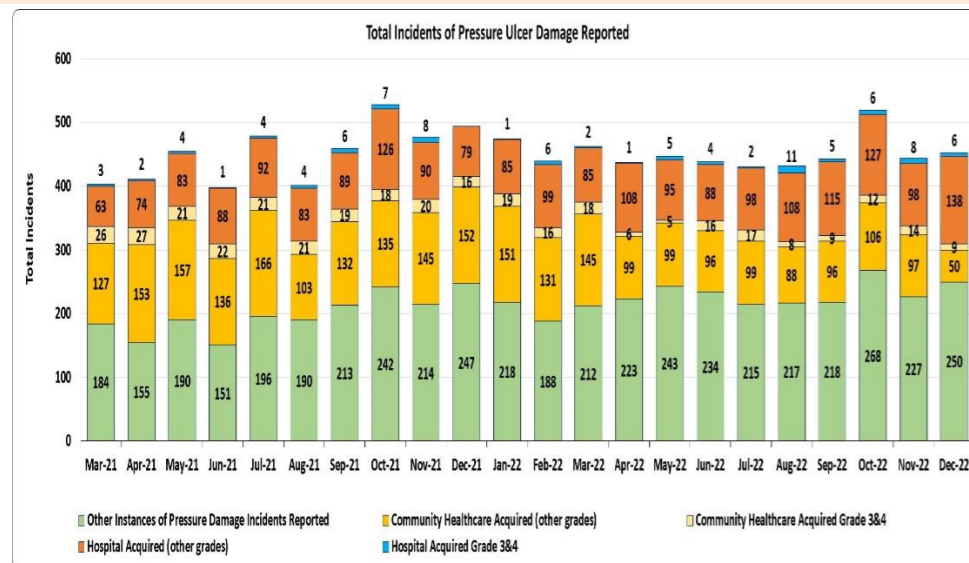


The number of patients falling whilst in the care of the UHB totalled 238 during December and lies below the mean of 272. As shown in the right hand control chart one of the falls resulted in severe harm and a further 19 caused moderate harm. Whilst there appears to be an increase in falls causing higher grades of harm, unfortunately since the introduction of the new incident module in April 2022, it is not possible for clinical teams to downgrade their initial categorisation on Datix, making the system unfit for purpose at this point. A data validation and further guidance in relation to the grading of incidents is being introduced, which is anticipated will provide greater accuracy on the level harm resulting from incidents. However, it is important that vigilance remains to ensure that we explore any increase in numbers for assurance and action. Quality & Safety Committee reports now include pressure damage and falls per 1,000 occupied bed days as an improved measure of benchmarking fall rates, with the next step to set reduction goals for numbers and severity of harm. This metric also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly.

## Pressure Damage Incidents

Total number of reported Pressure Damage – December 2022

453



A total of 453 pressure damage incidents were reported during December 2022, in line with 12 month average of 452 incidents. 32% of the total incidents reported were identified as being hospital acquired, with 13% recorded as having developed outside of the hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 48 (10.6%) were reported as being of grade three or four, with six of the 48 being hospital acquired and 9 community acquired (middle and right control charts).

Observations of hospital acquired pressure damage were highest in the Emergency Department & AMU at the Princess of Wales Hospital (21), which is contributing to the UHB wide increase in hospital acquired pressure damage that has been recorded since August 2022. The working hypothesis is that this may be related to the excessive delays in ambulance handovers where pressure relief is more difficult to administer, and a generalised increase in acuity, which will require continued monitoring. Addressing this has subsequently become a priority for the unscheduled care group, delivered via the six goals improvement priorities for urgent and emergency care.

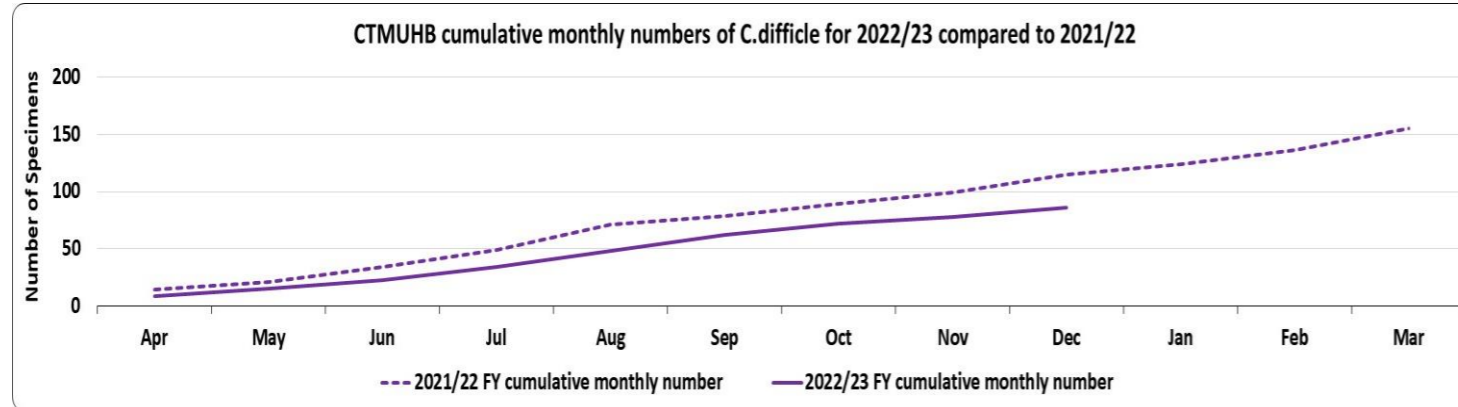
On the positive side, data shown in the right hand chart indicates that the UHB is achieving a sustained reduction in higher grades of community acquired pressure damage following the launch of Community Acquired Pressure Ulcer prevention strategy in July. The strategy has established a sustainable health improvement collaborative to prevent and reduce incidence of pressure damage where the highest numbers of incidents are reported. The collaborative have now moved into its second learning phase with lead professionals working on agreed actions using QI methodology for evidencing impact.

Throughout the past 12 months, a total of 2,706 Healthcare Acquired Pressure Damage Incidents were reported, of which an investigation has been completed for 1,463 (54.1%) of these, with 191 (13.1%) recording an outcome of avoidable.

## Infection Prevention and Control

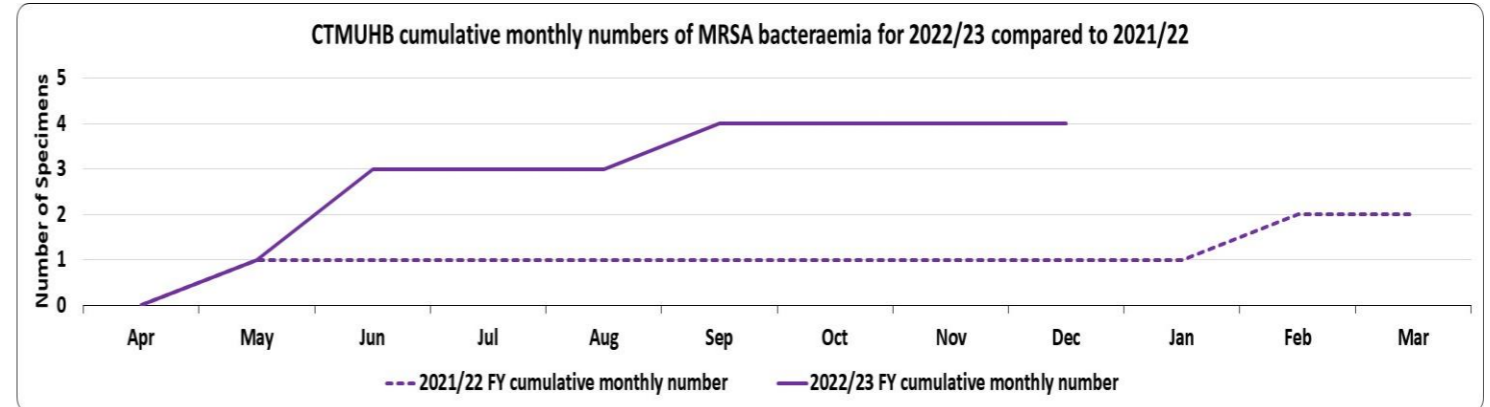
### C.difficile

86 C.difficile have been reported by CTM between Apr-Dec 2022. This is approximately 25% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 25.37



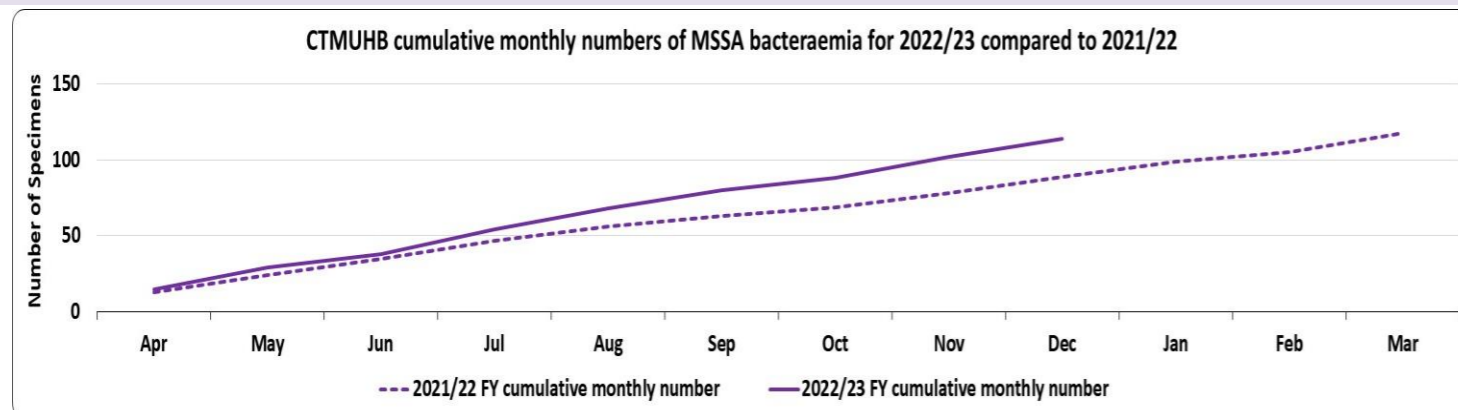
### MRSA

4 MRSA bacteraemia have been reported by CTM between Apr-Dec 2022. This is twice as many as that reported for the whole of 2021/22. The provisional rate per 100,000 population for 2022/23 is 1.18



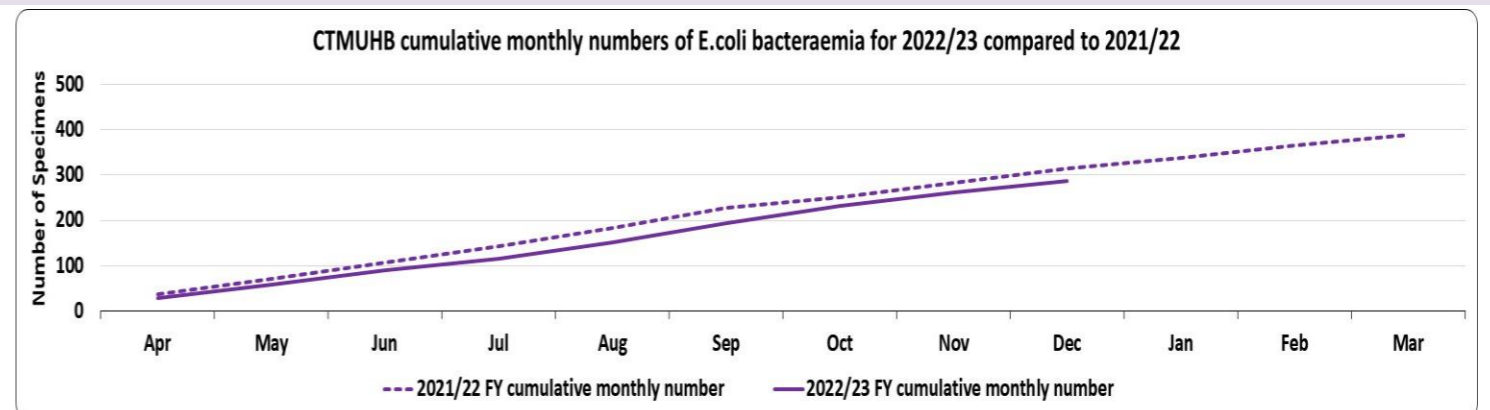
### MSSA

114 MSSA bacteraemia have been reported by CTM between Apr-Dec 2022. This is approximately 28% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 33.64



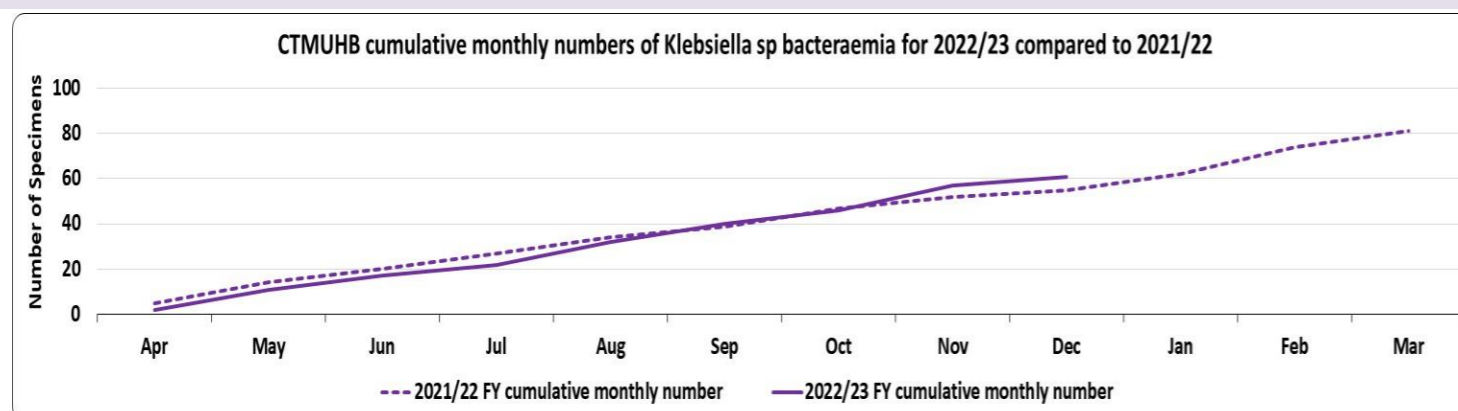
### E.coli

288 E.coli bacteraemia have been reported by CTM between Apr-Dec 2022. This is approximately 9% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 84.98



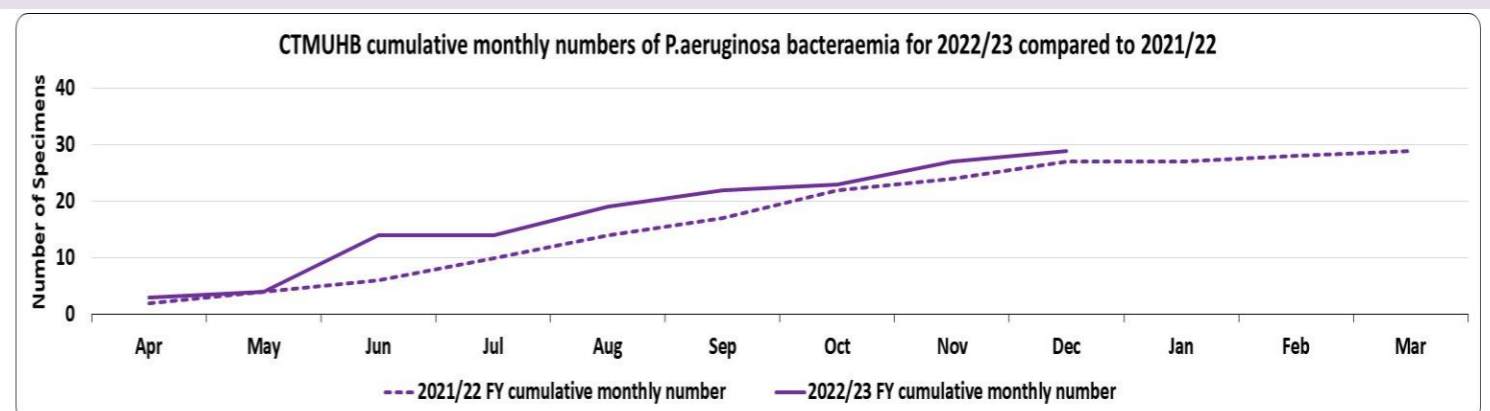
### Klebsiella sp

61 Klebsiella sp bacteraemia have been reported by CTM between Apr-Dec 2022. This is approximately 11% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 18.00



### P.aeruginosa

29 P.aeruginosa bacteraemia have been reported by CTM between Apr-Dec 2022. This is approximately 7% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 8.56



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

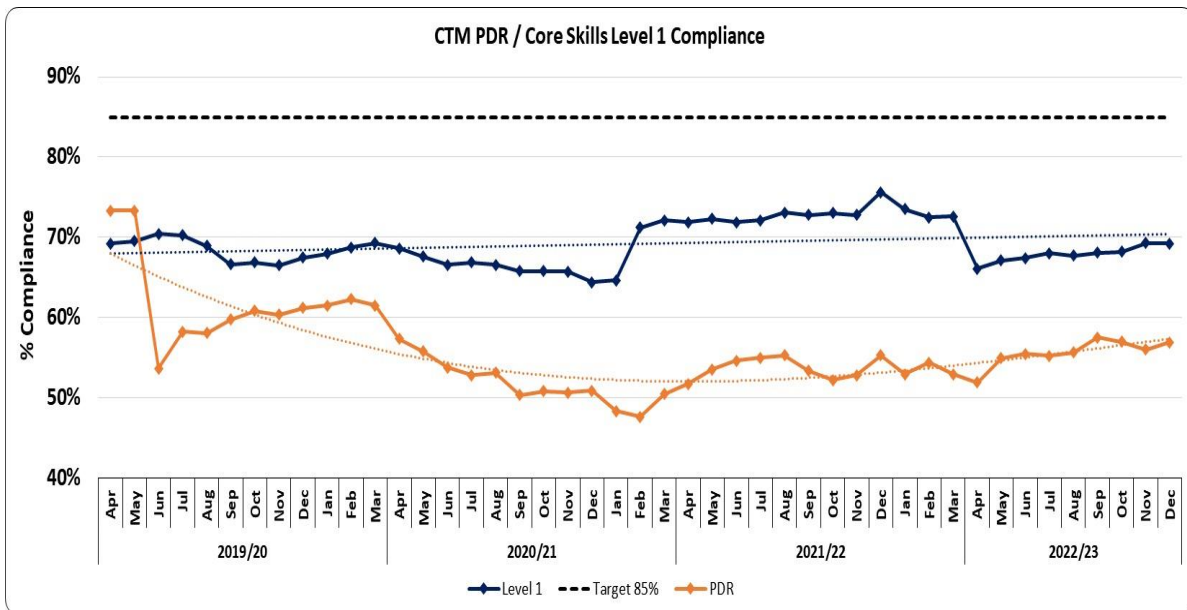


## 2.3 People

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

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

Overall PDR compliance (non-medical staff) during December was just under 57% and has remained above 55% for the last six months. It is acknowledged though, that this continues to remain below the target threshold of 85%.



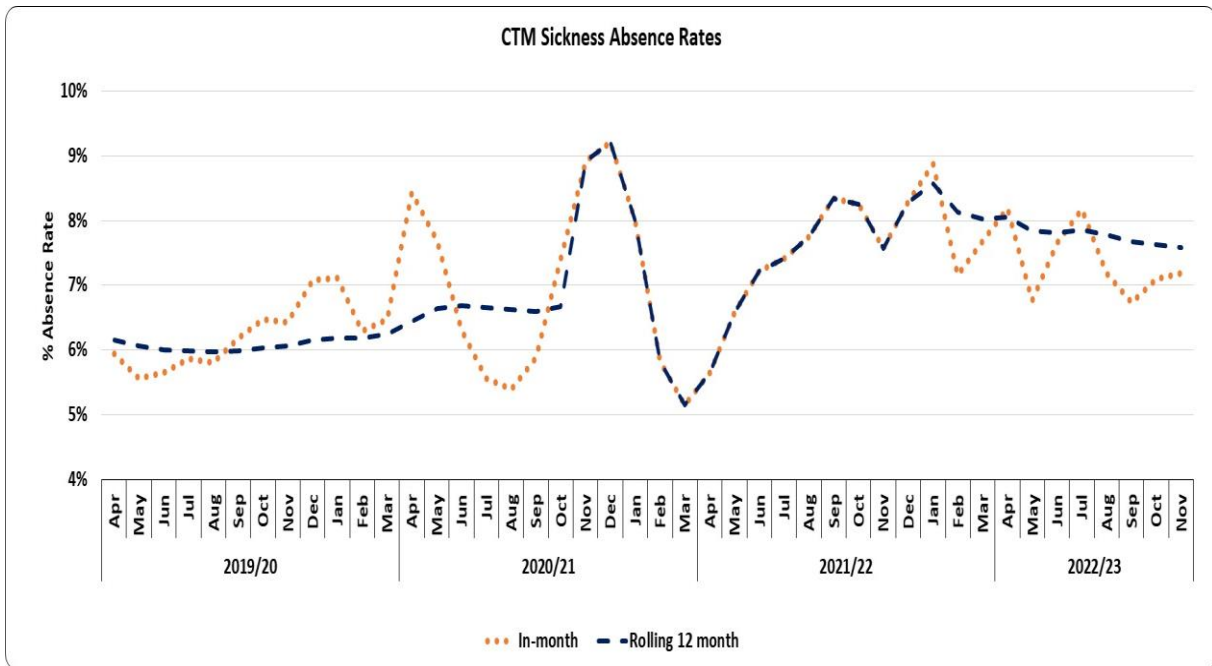
Combined core mandatory training compliance for December 2022 remained at 61.4%, with overall CTM compliance for 'Level 1' disciplines just over 69% and likewise, remains below the required standard of 85%.

CTM Level 1 Core Mandatory Training Compliance December 2022	
Equality, Diversity & Human Rights	80.6%
Health, Safety and Welfare	76.5%
Safeguarding Adults	75.8%
Moving & Handling	75.7%
Safeguarding Children	73.6%
Information Governance	72.9%
Infection Prevention and Control	69.7%
Violence & Aggression	64.0%
Fire Training	58.3%
Resuscitation	48.0%
<b>HB Overall Compliance</b>	<b>69.2%</b>



### 2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to November 2022 is 7.6% and continues on a downwards trajectory (7.2% in-month). In comparison to the previous month, occurrences of short term absences have provisionally increased by almost 7% (111 occurrences), bringing the total to 1,740, whilst long term absences have reduced by just over 13% (113), bringing the total to 744 occurrences.



Top 10 Absence Reasons by FTE Days Lost - November 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	444	452	7,149	29.95%
Cold, Cough, Flu - Influenza	445	446	1,981	8.30%
Other known causes - not elsewhere classified	141	142	1,747	7.32%
Other musculoskeletal problems	119	119	1,720	7.21%
Gastrointestinal problems	315	324	1,720	7.21%
Chest & respiratory problems	193	196	1,598	6.70%
Infectious diseases	169	170	1,573	6.59%
Back Problems	96	100	1,206	5.05%
Injury, fracture	80	81	1,125	4.71%
Genitourinary & gynaecological disorders	88	95	875	3.66%

### 2.3.3 Premium rate agency nurse:

Throughout December CTMUHB's use of premium rate nurse agency staff more than doubled to 8.81 whole time equivalents (WTE) from 3.59 in the previous month.

## 2.4 Access

Detailed analysis is provided in the following section of this report, but in summary, the main themes of the Access Scorecard are:

### 2.4.1 Urgent Care:

During December, just under 59% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with just under a fifth of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 15,827 attendances over the course of the month, almost 18% more than the equivalent period last year.

The CTM 15 minute ambulance handover compliance fell to its lowest level during December to 19.6% and likewise the 60-minute compliance fell to less than half of patient handovers occurring within one hour to 45.7%.

### 2.4.2 Stroke Care:

Overall, performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that any variances are natural rather than special cause in nature.

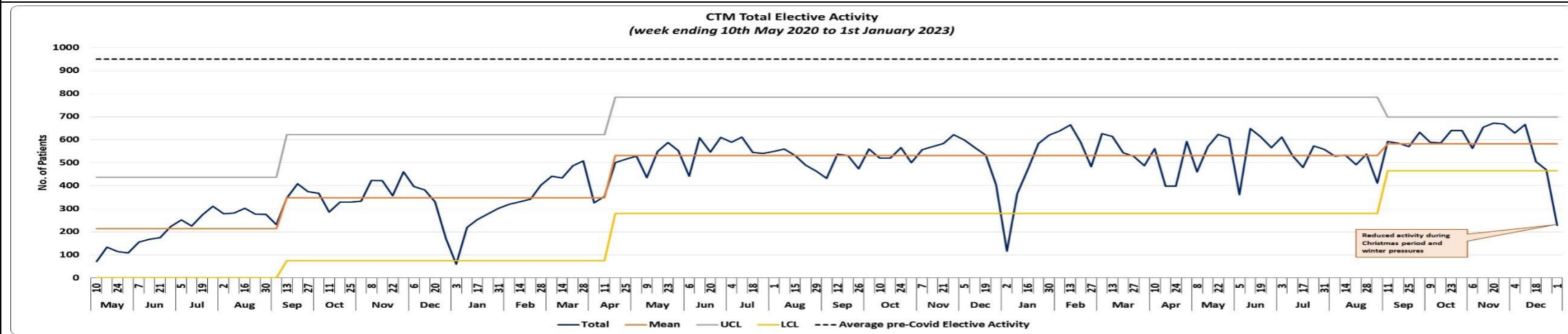
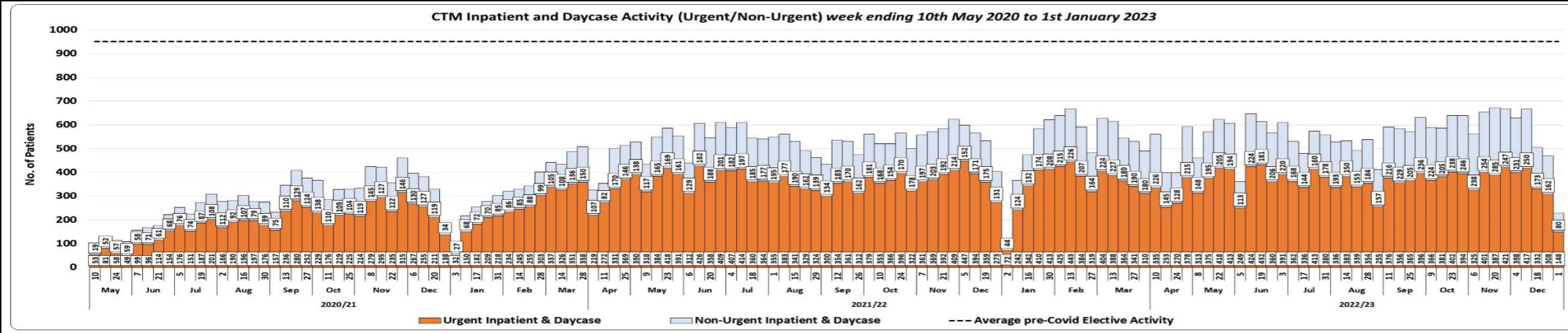
Unfortunately, during the month no stroke patient was admitted to the stroke unit at POW within the 4 hour timeframe, and only 8 of the 41 stroke patients at PCH received this required timeliness of care. Less than half (47.6%) of the total diagnosed stroke patients within CTM received a scan within the hour whilst two thirds of the stroke patients on both sites were assessed by a stroke specialist within 24 hours.

### 2.4.3 Planned Care & Cancer Care:

The CTM performance against the health board's trajectories for access to planned care and cancer care (shown page 19), shows the UHB failed to achieve the WG milestone of no patients waiting more than 104 weeks for a new outpatient appointment at the end of December. The reported position being 4,467 patients waiting over 104 weeks across 15 specialties.



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



**Ten Greatest Volume Specialties compared to pre & intra Covid**

Monthly Elective Treatment Activity compared to pre & intra Covid period				
Specialty	Dec-19	Dec-21	Dec-22	2022 as % 2019
Endoscopy	1044	865	747	72%
Urology	382	285	297	78%
Orthopaedics	357	149	234	66%
Ophthalmology	253	154	163	64%
General Surgery	252	125	180	71%
Gynaecology	202	142	138	68%
ENT	158	69	89	56%
Breast	99	54	91	92%
Cardiology	59	78	76	129%
Oral surgery	72	33	37	51%
<b>Total (all specs)</b>	<b>3078</b>	<b>2053</b>	<b>2195</b>	<b>71%</b>

The table above compares the average weekly ten greatest volume specialties of elective activity compared to the average pre & intra Covid levels.

As can be seen, internal activity levels were lower than the pre-Covid average for all of the specialties listed above due to the Christmas period and recent industrial action. A number of specialties do not have access to the same number of theatre lists as they did pre-Covid (Gynaecology and Ophthalmology) and others such as Surgery in POW have limited beds.

**How are we doing?**

As per the charts above, the number of weekly elective treatments has been gradually increasing. The perennial reduction around Christmas and the strike action of nurses leading to the dramatic fall over that period. In total 2,195 cases were undertaken in December 2022, which compares to 2,053 in December 2021 (7% increase) and 3,078 in December 2019 (pre-Covid) (29% reduction).

Since the start of the financial year 2021/22 to date, CTM have sent 2,391 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,553 (on average 74 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of December 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	964	114	678	101	71	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	88	28	50	0	10	0
SPIRE - General Surgery	146	22	72	27	25	0
NUFFIELD - Orthopaedics	442	113	278	23	4	24
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	227	57	132	9	18	11
NUFFIELD - Ophthalmology	407	85	261	23	18	20
NUFFIELD - Prostate Biopsy	9	1	8	0	0	0

Source: Spire / Nuffield Healthcare

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

Although December was a challenging month the focus remains on reducing the number of patients waiting over 156 weeks for treatment and reducing the number of patients waiting over 104 weeks for a first outpatient appointment.

**Ophthalmology:** CTM and C&VUHB has commenced the Q4 Vanguard programme to reduce waiting times for patients waiting for a cataract operation. Between January and March 2023 C&VUHB will be undertaking operations for long waiting Stage 4 cataract patients. Capacity has been divided between the three Health Boards and CTM have been allocated 500 slots. Patients must be suitable for a day case operation under local anaesthetic and suitable within a Vanguard theatre environment. The initial outpatient stage (Stage 1) will continue to be undertaken by CTM and Patients sent to CAV will be stage 4 longest waiting and long waiting stage 1 conversions

**Orthopaedics and Day Surgery:** Additional insourced theatre staff are in place from 3<sup>rd</sup> January which will allow for centralisation of Orthopaedic Inpatients in RGH and increase capacity by approx. 17 Orthopaedic elective cases per week from the beginning of January. The insourced staff will allow for an additional two all day surgery theatre lists a week to be undertaken in PCH across several specialties including Gynaecology, General Surgery and Oral Maxillo Facial Surgery. The day surgery rate increased to 71.4% (56.4% 19/20 baseline) in December but that is mainly due to site pressures affecting inpatient capacity leading to maximising day case activity as a mitigation.

**Theatres Improvement programme:** Aims are to improve the quality of patient experience, the safety and outcomes of surgical services, the effective use of theatre time and staff experience to allow theatres to run more productively and efficiently. It will oversee and support the delivery of a robust action plan and associated programmes of work to ensure a consistent and standardised operational and clinical approach.

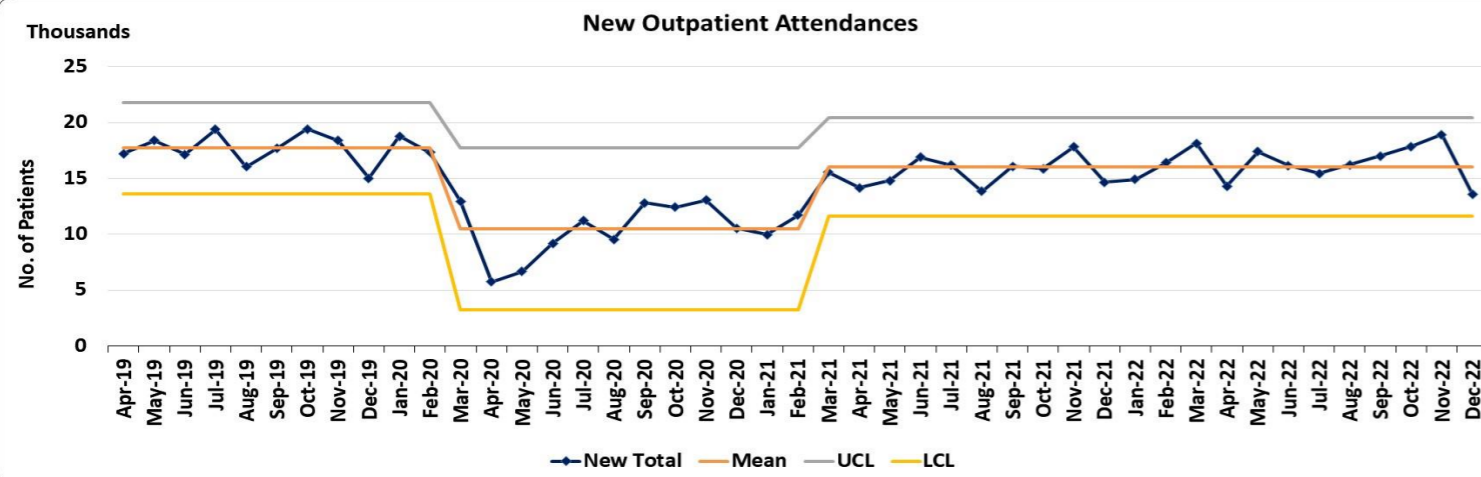
**What are the main areas of risk?**

- There are still a number of specialties without finalised plans to make improvements to their IP/DC elective position as their capacity is predominantly being used for cancer cases. These include ENT, Gynaecology and Urology. Gynaecology have also seen their theatre capacity reduced by approx. 6 lists a week compared to pre-Covid.
- Ophthalmology and Orthopaedics remain areas of risk from a pure volume perspective.
- Availability of 'elective bed capacity'. Currently POW only has 9 beds identified for elective care although plans to reinstate the Day Unit are being progressed and will conclude shortly. This risk is heightened by the decision to delay the launch of the D2RA initiative by 35 days to the 9<sup>th</sup> January.

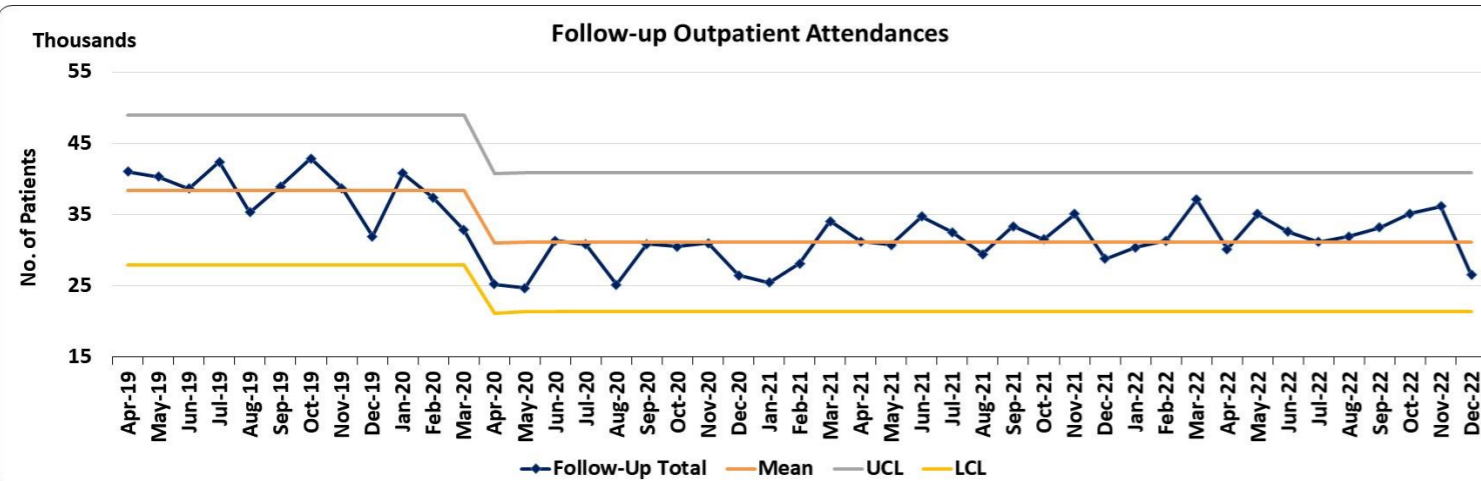
# Resetting Cwm Taf Morgannwg – Outpatient Attendances – December 2022

**New Outpatient Attendances December 2022 – provisionally 13,588**

**Expected number of patients who will be waiting over 104 weeks for New Outpatient Appointment by end of January 2023 - 4,727**



**Follow-up Outpatient Attendances December 2022 – provisionally 26,496**



Number of patients expected to be waiting more than 104 weeks for first outpatient appointment by the end of January 2023	
Specialty	Total
Gynaecology	0
Paediatrics	0
<b>Children and Families Total</b>	<b>0</b>
Oral Surgery	24
Orthodontics	0
Restorative Dentistry	54
<b>Dental Total</b>	<b>78</b>
Cardiology	19
Dermatology	1456
Gastroenterology	69
General Medicine	82
Respiratory Medicine	1
Rheumatology	48
<b>Medicine Total</b>	<b>1675</b>
ENT Surgery	879
General Surgery	118
Breast Surgery	63
Colorectal	11
Ophthalmology	1245
Orthopaedics	16
Pain	0
Urology	642
<b>Surgery Total</b>	<b>2974</b>
<b>Grand Total</b>	<b>4727</b>

**How are we doing?**

As at the end of December 2022, there were 70,535 patients awaiting a new outpatient appointment, of which, 15,480 (22%) patients were categorised as urgent and 11,661 (16.5%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 2% (1,271) on the 69,264 patients waiting at the end of the equivalent period last year.

Whilst the UHB failed to meet the WG target of having no patients waiting over 104 weeks for a first outpatient appointment at the end of December, our own milestone of achieving fewer than 4,734 was delivered upon. The reported position being 4,467 patients.

Additionally, there were 18,072 patients who were awaiting treatment and of these, 6,255 (34.6%) were categorised as clinically urgent, a rate that has been sustained for the last quarter.

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

The following actions are being taken to eliminate waits of >104 weeks throughout Quarter 4 2022/23. **Outpatient utilisation and improvement programme** has initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's.

**A Prioritisation exercise** is underway to review the realised benefits of recovery schemes to inform the allocation of PCR funds for the next financial year.

**Use of WISE for Pain Management patients:** The Health Board's Wellness Improvement Service (WISE) is now established as the initial intervention for Pain Management Stage 1 referrals and for any patient coming back to us requiring treatment (stage 4), we have set up additional backfill pain lists. Of the first cohort of 366, all offered assessment and 142 chose to be off-listed. 224 underwent assessment and enrolment to Wise. Additional 921 Patients referred in December

**Super Saturday Clinics:** Are planned in January across a number of specialities

**Health Board wide Waiting Lists:** Weekly performance meetings on a specialty rather than locality level allowing for whole HB focus on waiting list performance. Addressing inequity across sites and opportunities for collaboration are expected to deliver efficiencies through Quarter 4.

**Stage 1-52+ Week Validation:** The remaining validation activity has been directed towards telephone validation. The telephone validation activity will ramp up through January with initial focus on Dermatology, Orthopaedics and Ophthalmology. Early indicators are of a 12% removal rate. There have been a number of delays and decreased activity due to national IT issues particularly with remote access licenses. Ongoing clinical validation under way across all specialities and partial booking in place.

**Dermatology:** Waiting on start date for a Locum Consultant who will prioritise inflammatory patients in job plan and are looking for opportunities with the wider MDT including nursing and pharmacy support. This will reduce rather than eliminate >104 weeks.

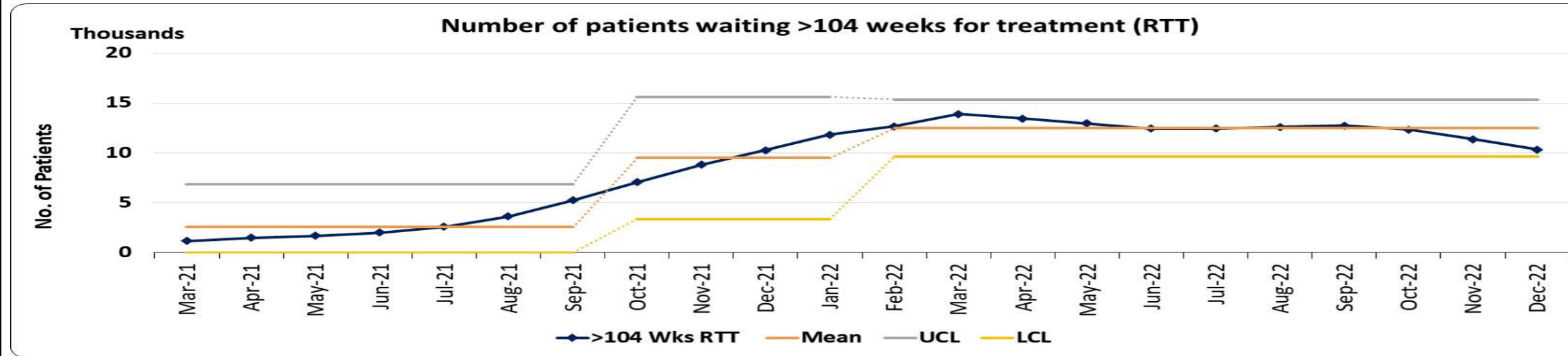
**What are the main areas of risk?**

The main areas of risk in terms of meeting the WG revised priority of no patients waiting over 104 weeks (1<sup>st</sup> Outpatient Appointment) by the end of December are in Dermatology, Ophthalmology, ENT, Urology and Cardiology. These specialties are all currently forecasting patients waiting over 104 weeks for a first appointment.

Those specialties with a high Urgent Suspected Cancer referral rate have highlighted that the capacity for referrals prioritised as routine will continue to experience long waits.

# Referral to Treatment Times (RTT) – December 2022 (Provisional Position) – Total Open Pathways 116,691

Number of patients waiting >104 weeks (10,330) Target - Improvement Trajectory towards a national target of Zero by Spring 2023

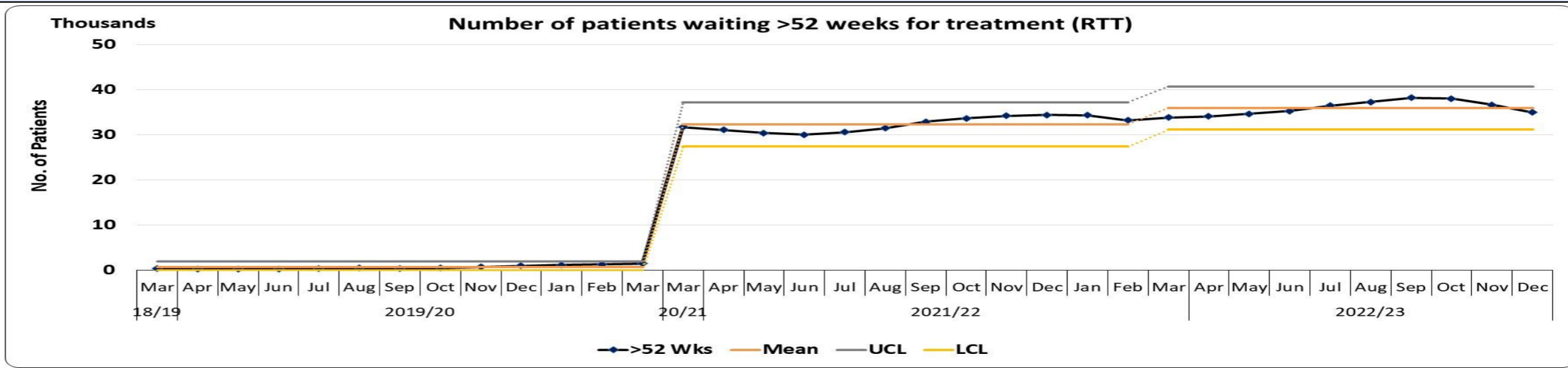


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of December is 10,330, which as it currently stands is a reduction of over 9% (1,031) from the reported November position.

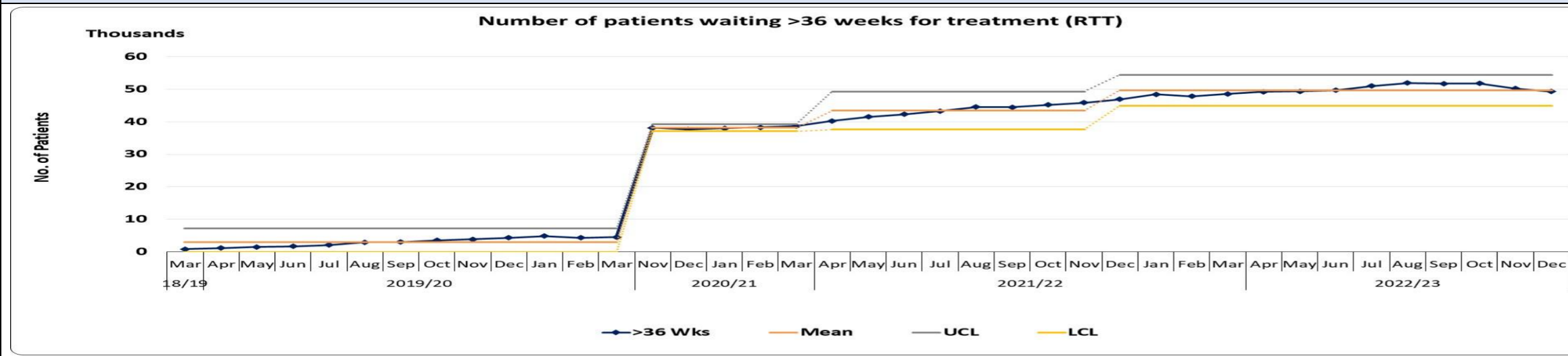
The operational ambition is to have nobody waiting in excess of 104 weeks by the end of March 2023. Based on present plans and trajectories this will not be achieved.

Number of patients waiting >52 weeks (35,008)

The provisional position across the Health Board for patients waiting over 52 weeks for treatment at the end of December is 35,008, which as it currently stands is a reduction of 4.5% (1,634) from the November reported position.



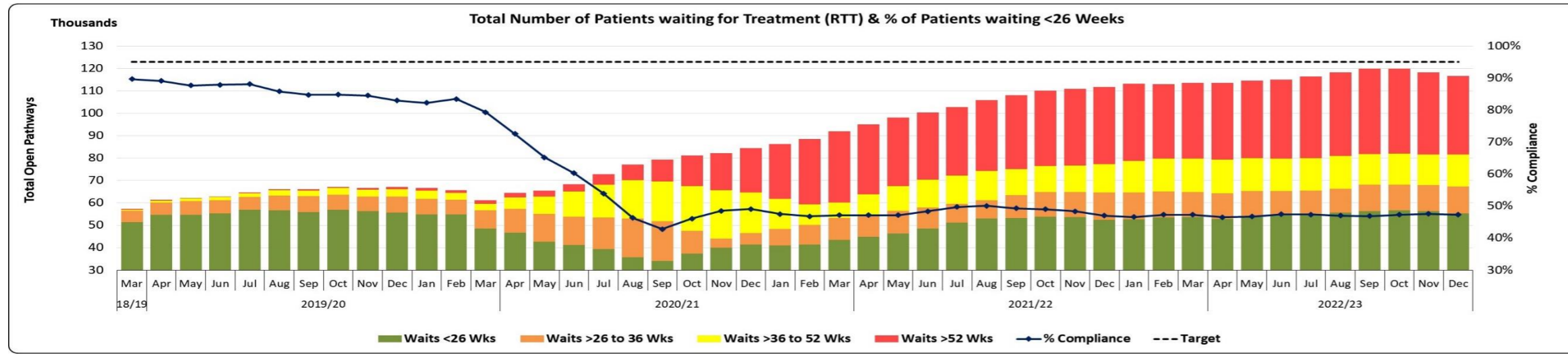
Number of patients waiting >36 weeks (49,301) Target – Improvement Trajectory towards a national target of Zero by 2026



The number of patients waiting over 36 weeks at the end of December, across Cwm Taf Morgannwg, is a provisional position of 49,301 patients, which is a reduction of 2% (931) from November (N.B. includes the 35,008 patients waiting over 52 weeks).

RTT continued on the next page...

% of patients waiting less than 26 weeks (47.3%) Target – Improvement Trajectory towards a national target of 95% by 2026

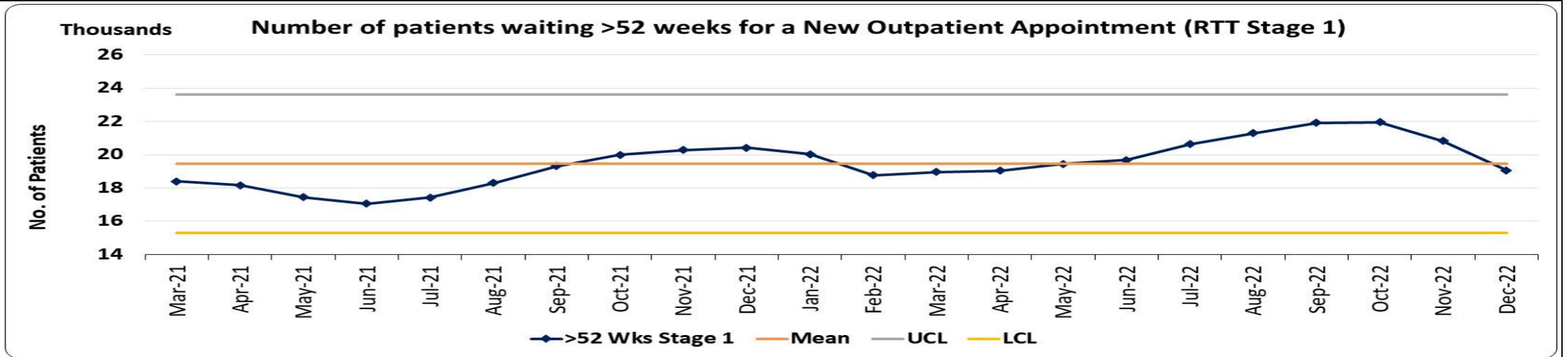


In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for December across Cwm Taf Morgannwg is a provisional 47.3%.

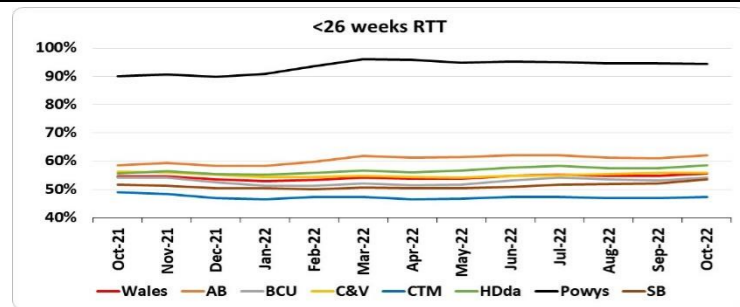
Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

Number of patients waiting over 52 weeks for a new outpatient appointment (19,058) Target - Improvement Trajectory towards eliminating over 52 week waits by 31<sup>st</sup> December 2022

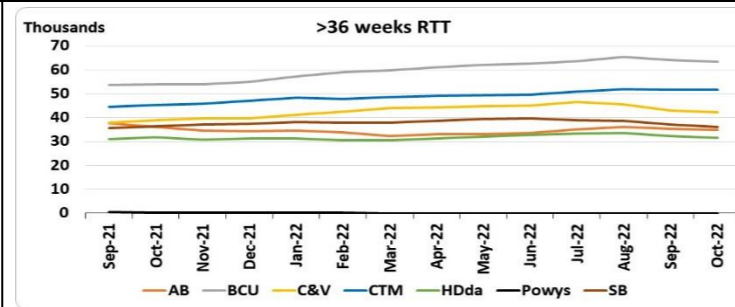
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of December is 19,058, which as it currently stands is a reduction of 8.5% (1,764) from the November reported position.



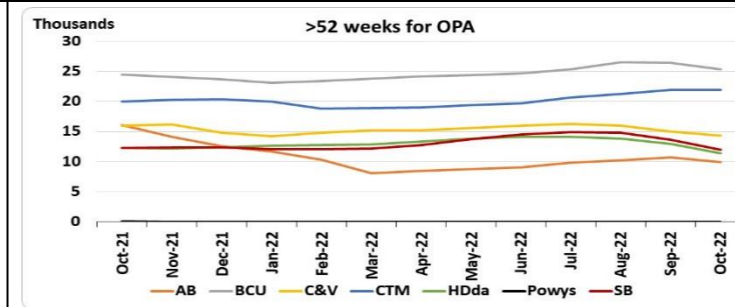
How do we compare with our peers?



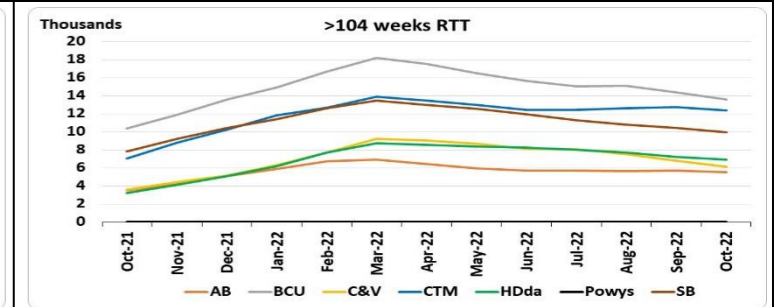
Status as at October 2022		
Health Board	Compliance	Rank
Powys	94.4%	1st
AB	62.0%	2nd
HDda	58.6%	3rd
C&V	55.9%	4th
BCU	54.1%	5th
SB	53.5%	6th
<b>CTM</b>	<b>47.3%</b>	<b>7th</b>



Status as at October 2022		
Health Board	Compliance	Rank
Powys	88	1st
HDda	31,558	2nd
AB	34,752	3rd
SB	36,137	4th
C&V	42,204	5th
<b>CTM</b>	<b>51,777</b>	<b>6th</b>
BCU	63,472	7th



Status as at October 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	9,913	2nd
HDda	11,414	3rd
SB	12,022	4th
C&V	14,367	5th
<b>CTM</b>	<b>21,945</b>	<b>6th</b>
BCU	25,413	7th



Status as at October 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	5,502	2nd
C&V	6,138	3rd
HDda	6,917	4th
SB	9,972	5th
<b>CTM</b>	<b>12,345</b>	<b>6th</b>
BCU	13,617	7th

RTT continued on the next page...

## Specialty Breakdown

Total number of open pathways per specialty - December 2022 (provisional)							
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks to 104 Weeks	>104 Weeks	Total Open Pathways
Anaesthetics	415	39.0%	152	188	117	193	1065
Cardiology	3176	61.3%	759	640	431	171	5177
Care of the Elderly	23	95.8%	0	0	1	0	24
Dermatology	3925	45.5%	847	1013	1400	1432	8617
Endocrinology	237	85.3%	25	16	0	0	278
Gastroenterology	1929	50.2%	433	511	792	176	3841
General Medicine	1887	69.1%	287	284	131	142	2731
Nephrology	130	79.8%	20	12	1	0	163
Respiratory Medicine	1376	68.6%	203	237	184	6	2006
Rheumatology	750	55.8%	127	155	203	109	1344
Sport and Exercise Medicine	14	87.5%	1	1	0	0	16
Thoracic Medicine	440	89.2%	38	15	0	0	493
Geriatric Medicine	5	100.0%	0	0	0	0	5
Diagnostics	5191	51.6%	885	1238	2572	167	10053
Therapies	2068	80.4%	230	102	148	24	2572
Ophthalmology	5663	37.9%	1456	1923	4437	1451	14930
Oral Surgery	1891	57.0%	399	411	488	128	3317
Orthodontics	204	61.1%	33	47	50	0	334
Restorative Dentistry	54	26.3%	13	23	63	52	205
Ear, Nose & Throat Service	4538	37.4%	1161	1552	3296	1595	12142
Gynaecology	4316	53.8%	832	995	1071	805	8019
Paediatric Neurology	1	33.3%	2	0	0	0	3
Paediatrics	2012	79.9%	346	101	58	2	2519
Haematology (Clinical)	183	98.4%	3	0	0	0	186
General Surgery	3739	39.1%	1028	1378	2467	950	9562
Trauma & Orthopaedic	5281	37.0%	1769	1990	3721	1496	14257
Urology	3273	42.5%	616	885	1823	1104	7701
Colorectal	1901	50.0%	360	439	851	254	3805
Breast Surgery	629	47.4%	114	137	373	73	1326
<b>Total</b>	<b>55251</b>	<b>47.3%</b>	<b>12139</b>	<b>14293</b>	<b>24678</b>	<b>10330</b>	<b>116691</b>

## How are we doing?

At the end of December 2022, the provisional position for the over 52 week waiting list saw volumes reduce by 4.5% on the previous month, bringing the total to 35,008. However, compared to the position at the end of December 2021; the current position represents an increase of 1.8% in the number of patients waiting over 52 weeks. The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. On a positive note, the UHB achieved a reduction of 396 cataract patients >104 weeks within a 5-week period between 11th November to the 20th December by delivering the additional weekend activity and validation work. The additional activity has been extended into January in anticipation that all stage 1 and 4 cataract >156 weeks will be cleared.

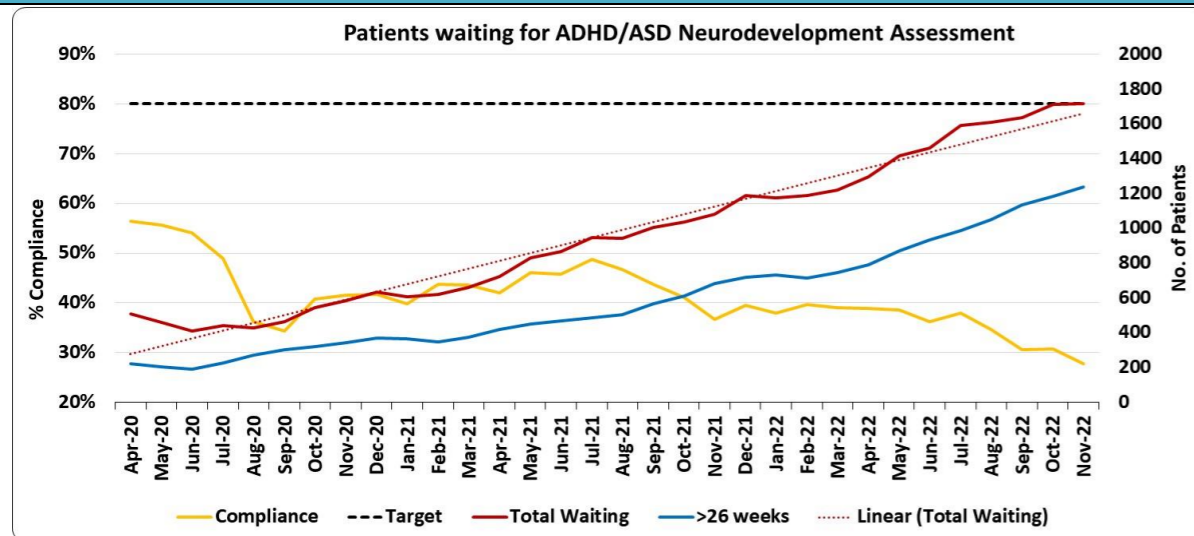
## What actions are we taking & when is improvement anticipated?

- As described previously, it is anticipated that the length of time that patients are waiting will reduce across all specialties by the end of January, with patients being seen for first outpatients within two years within all specialties other than ENT, Urology, Ophthalmology and Dermatology. In each of these four specialties there are actions being taken to increase capacity. (Weekend clinics and theatre sessions in Ophthalmology and ENT, the recruitment of a Locum Consultant and additional pharmacy and primary care resource in Dermatology). Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality/consultant waiting lists, additional clinics and re-direction of Pain referrals to Wellness Improvement Service (WISE) are in place. Improvement programmes are in place to realise efficiencies in outpatient departments with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's. Partial booking is now in place across all specialties which strengthens validation and complements the clinical and administrative validation across all specialties.
- Additional IP/DC capacity will be in place between December 2022 – March 2023 through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated DC capacity in PCH. Insourcing in PCH theatres is anticipated to deliver circa 20 cases per week.

## What are the main areas of risk?

- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment – remains challenging.
- Staff fatigue / willingness to support additional capacity - additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- WPAS issue do not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over-reporting and potentially adverse outcome for our patients. A mitigation plan is being developed for pooled lists.
- The availability of sufficient bed capacity.

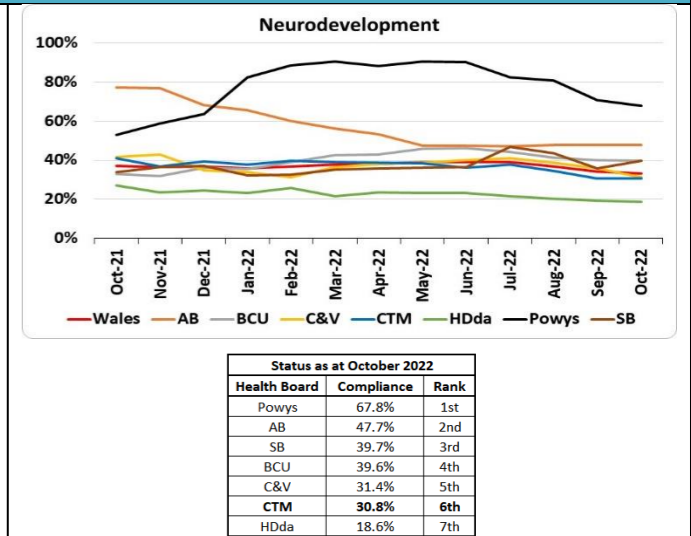
## % of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (27.8%) - Target 80%



The chart to the left highlights that there has been a significant deterioration in the compliance against the 26 week target for Neurodevelopment services, with compliance at just 27.8% for November, well below the target threshold of 80%.

The chart depicts the total waiting list volume (red), the number of patients waiting in excess of 26 weeks for ND Assessment (blue) and the proportion waiting less than 26 weeks (WG target – yellow). As the waiting list volume has been growing at a fairly constant rate of 39 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.

The additional Consultant post and uplift to the Pharmacy post that was supported through Planned Care funding for a fixed term has been made permanent, but it is recognised that rather than increasing capacity it sustains the current through-put. Following the outputs of the workshop with partners in education and social services a proposal to address the recurring capacity gap will be completed via the regional partnership board





# Diagnostics & Therapies – December 2022 (Provisional Position)

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

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

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

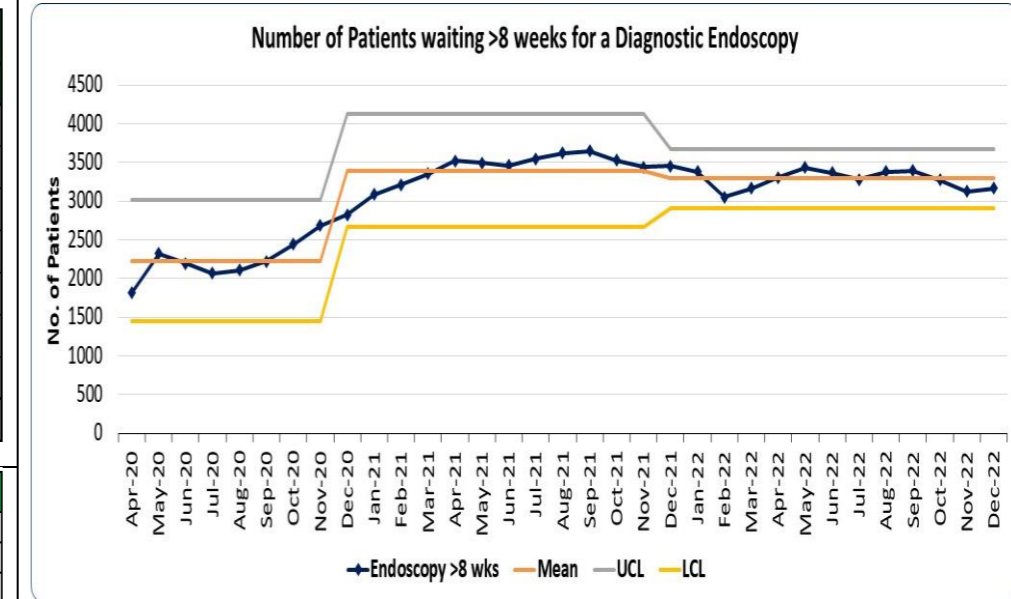
**Total >8 weeks 15,877**

**Total >14 weeks 1,472**

**Total >8 weeks 3,169**

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology Cardiology Services	Echo Cardiogram	511
	Cardiac CT	79
	Cardiac MRI	16
	Diagnostic Angiography	105
	Stress Test	61
	DSE	36
	TOE	14
Imaging	Heart Rhythm Recording	158
	B.P. Monitoring	2
Bronchoscopy		3
Colonoscopy		699
Gastroscopy		808
Cystoscopy		532
Flexi Sig		1127
Radiology	Non-Cardiac CT	516
	Non Cardiac MRI	1088
	NOUS	9533
	Non-Cardiac Nuclear Medicine	26
	Fluoroscopy	48
Imaging		148
Physiological Measurement	Urodynamics	193
Neurophysiology	EMG	174
	NCS	174
<b>Total</b>		<b>15877</b>

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	1
Audiology	310
Dietetics	1120
Occupational Therapy	5
Physiotherapy	3
Podiatry	6
Speech & Language	27
<b>Total</b>	<b>1472</b>



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,501	14,285
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,877			

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,472			

## How are we doing?

**Diagnostics:** Provisionally, at the end of December, 15,877 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an increase of 1.4% on the previous month. The improvements observed in Endoscopy in recent months abated in December with a slight overall increase of 1.4% in the number patients waiting in excess of eight weeks, with the number of patients currently breaching the target now standing at 3,169. The NOUS service continues to have the highest volume of breaching patients with 9,533 currently waiting over 8 weeks for a scan and is an increase of just under 1% on the reported position for November.

**Therapies:** There are provisionally 1,472 patients breaching the 14 week target for therapies in December, a small increase of 1.4% (20) on the reported position for November.

The Dietetic service accounts for over 76% of the total patients waiting beyond the 14 week target for therapies and a reduction of just 24 patient breaches was observed this month from the previous reported position.

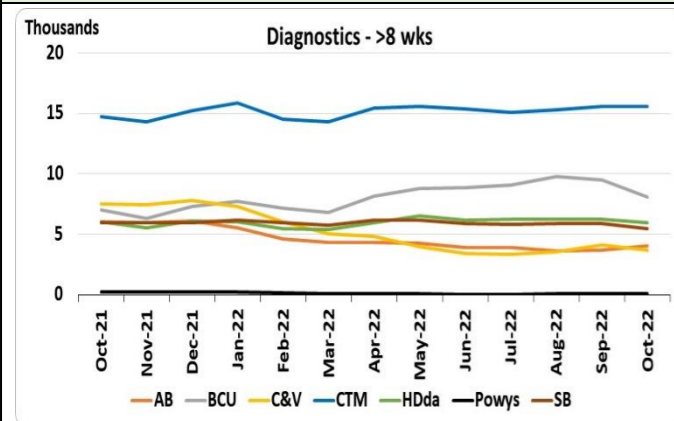
## What actions are we taking & when is improvement anticipated?

- Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Validation of US, MR, CT waiting lists ongoing, inappropriate referrals being redirected.
- Realigning patient bookings around clinical priority, an improved position has been seen through reduction in USC waits.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Work around staffing rosters to enable operation of the 2<sup>nd</sup> MR scanner at RGH.
- Additional staff funded for the new Breast Unit.
- Work ongoing in streamlining the Single Cancer Pathway.
- Pathway/process mapping being undertaken to further drive efficiencies.
- Additional patient lists are running to reduce waiting times, which has maintained a static position.
- Demand and Capacity monitoring and forecasting of services commenced.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outourcing request to be considered by Board when cases for MRI and CT are also complete.

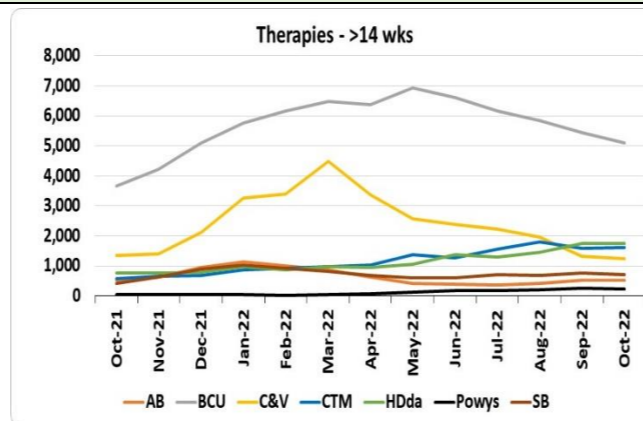
## What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.
- Radiographer vacancies and inability to recruit.
- Timely appointments for USC/Urgent patients.
- Capital replacement programme work and refurb of 2<sup>nd</sup> MR scanner at RGH reducing current capacity.

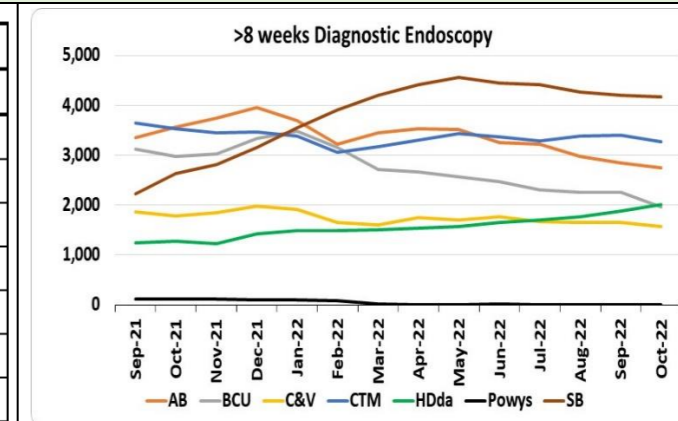
## How do we compare with our peers?



Status as at October 2022		
Health Board	Compliance	Rank
Powys	111	1st
C&V	3,650	2nd
AB	4,048	3rd
SB	5,488	4th
HDda	5,917	5th
BCU	8,068	6th
CTM	15,547	7th



Status as at October 2022		
Health Board	Compliance	Rank
Powys	236	1st
AB	516	2nd
SB	707	3rd
C&V	1,248	4th
CTM	1,615	5th
HDda	1,743	6th
BCU	5,087	7th

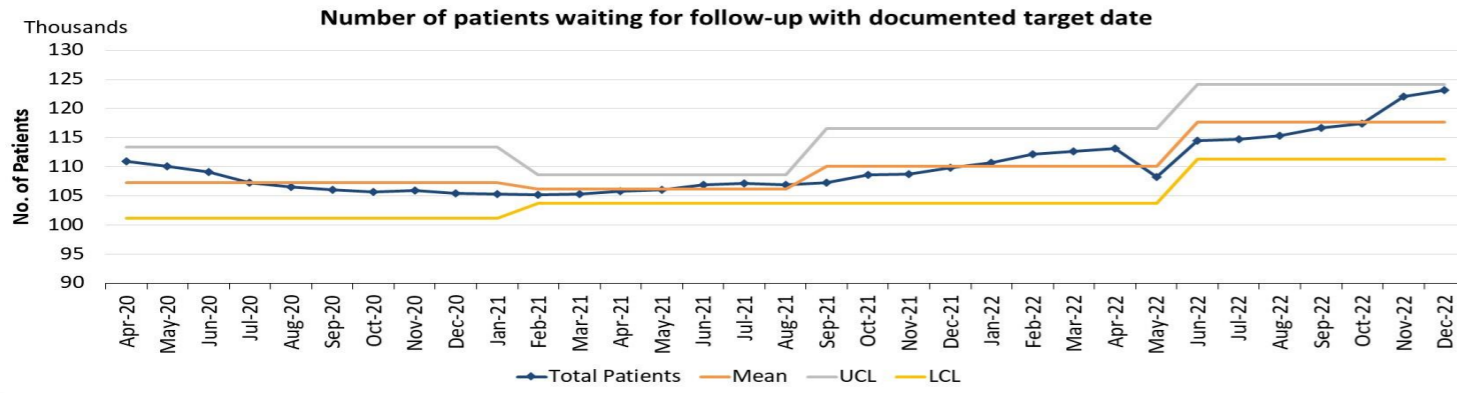


Status as at October 2022		
Health Board	Compliance	Rank
Powys	2	1st
C&V	1,569	2nd
BCU	1,964	3rd
HDda	2,017	4th
AB	2,749	5th
CTM	3,275	6th
SB	4,170	7th

# Follow-up Outpatients Not Booked (FUNB) – December 2022

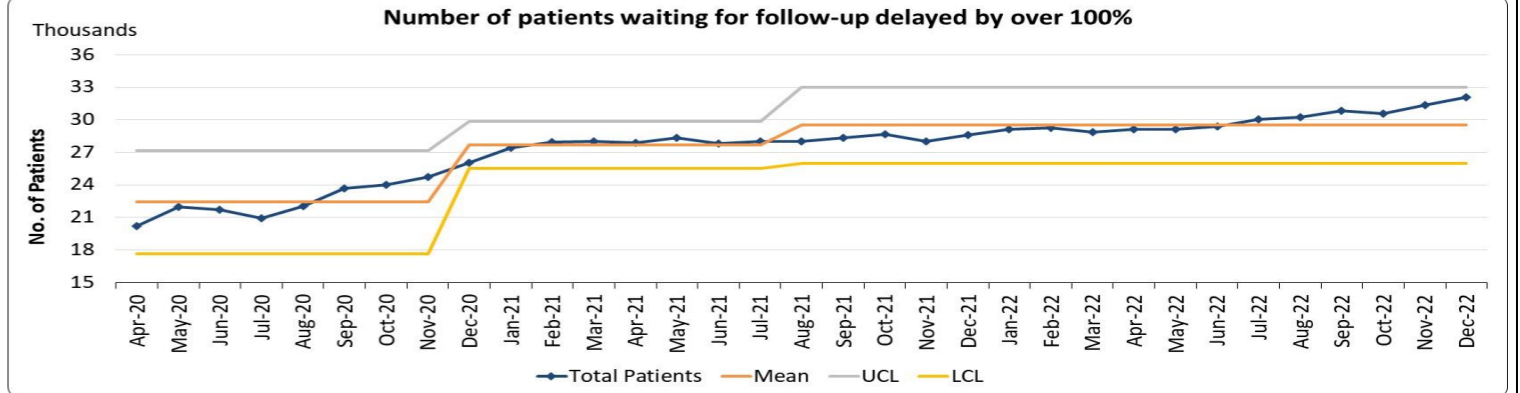
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
7	77,051	46,110	123,168

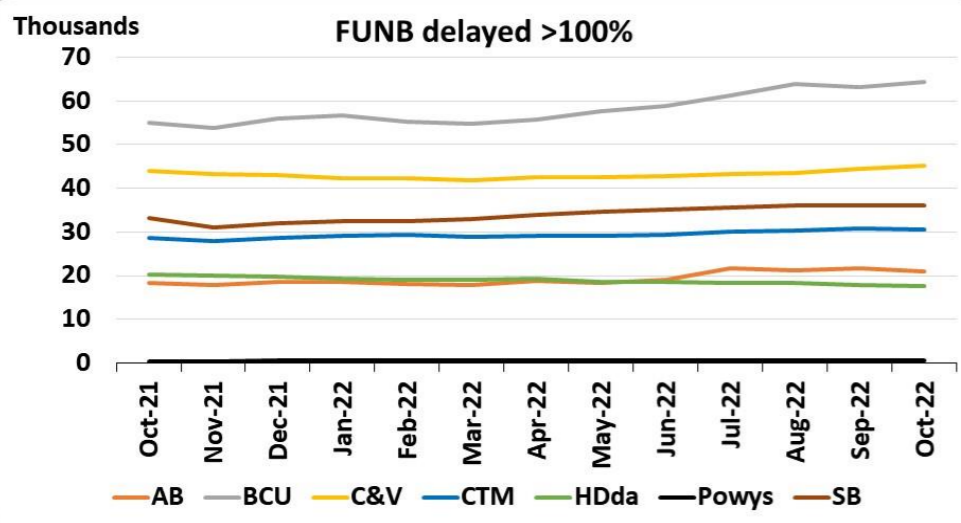


Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

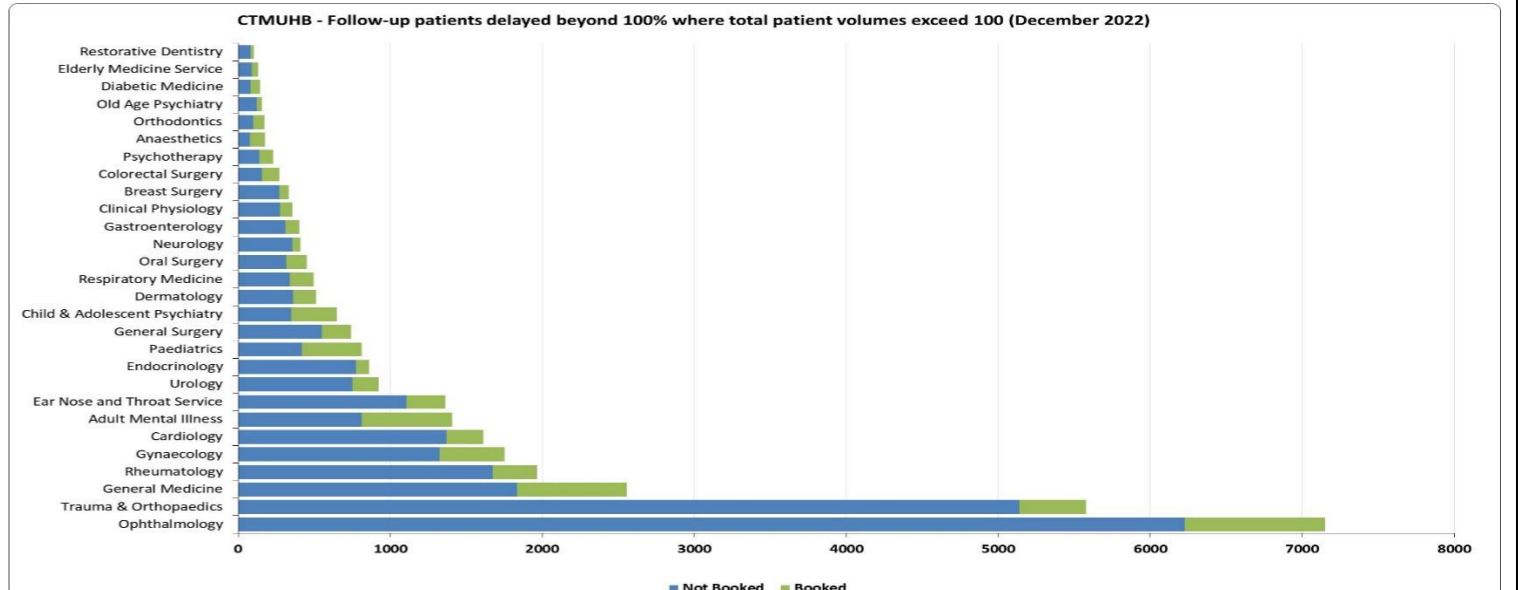
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
25,646	6,434	32,080	26.0%



## How do we compare with our peers?



Status as at October 2022		
Health Board	Compliance	Rank
Powys	504	1st
HDda	17,527	2nd
AB	20,894	3rd
CTM	30,553	4th
SB	35,968	5th
C&V	45,088	6th
BCU	64,350	7th



## How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of December stands at 123,168 and of those patients waiting, 32,080 (26%) have seen delays of over a 100% past their target date, representing an increase of over 12% on the equivalent period last year.

The number of patients without a documented target date stands at 7.

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

Targeted work on reducing the number of follow-ups not booked across specialties has been successful in addressing the issues faced for the longest delayed patients, with the longest reported delay having reduced by 5 years.

Clinical validation of follow-ups not booked (FUNB) by CTM Consultants in Ophthalmology has now concluded, with the outcomes having been updated on WPAS. Of this cohort 47% have been discharged.

## What are the main areas of risk?

As at December 2022, there has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 123,168 patients (77,051 not booked & 46,110 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialties across the health board, with figures currently at 30,762 for those two specialties, of which around 41% (12,728) are delayed beyond 100% of their target date.

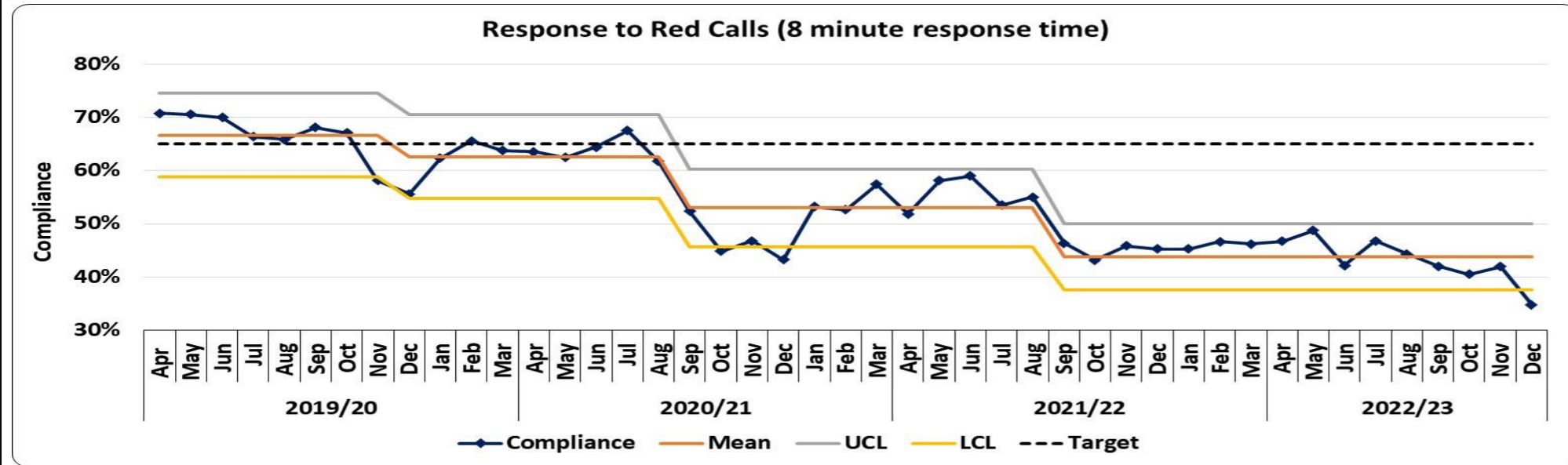
Outpatient activity levels continue to be below pre-Covid levels with the provisional December figures below; for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 13,588; which as it currently stands is around a 25% reduction on the Pre-Covid average (19/20) of 18,186, and is also 7% lower than attendances during the same period last year.
- Total Follow-up Patients seen: 26,496; a 34.6% reduction on the Pre-Covid average (19/20) of 40,500, and is 8% lower than the equivalent period last year.



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

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) December 2022 – 34.8%



## Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	24	13	54.2%	33	14	42.4%	47	2	4.3%
Oct-22	41	26	63.4%	22	12	54.5%	55	4	7.3%
Nov-22	39	24	61.5%	24	15	62.5%	28	9	32.1%
Dec-22	13	10	76.9%	19	11	57.9%	23	1	4.3%

Please note that December data is provisional and will be subject to change.

### How are we doing?

**Response to Red Calls:** Response times during December to life-threatening calls, fell to its lowest level of just 34.8%, remaining well below the compliance threshold of 65%. As can be seen in the chart above, 34.8% represents a significant deterioration compared to the previous 15 months period, when average response times for CTMUHB fluctuated around 45%.

This is in keeping with the National picture, where the Welsh average for December fell to its lowest level; with 39.5% of emergency responses arriving at the scene within 8 minutes. Compliance has remained below target since August 2020.

The volume of Red Calls during December for the Cwm Taf Morgannwg area rose to the highest levels seen, totalling 773 calls, with volumes remaining higher than pre-Covid levels and 27% higher than the equivalent period of 2021.

**Immediate Release Requests** (shown above right): received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 55 during December. The ED services were able to support affirmatively only 22 (40.0%) of those requests. The Ministerial requirement is for all red release requests to be supported.

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

Red Calls – Red Release Standard Operating Procedure approved 10<sup>th</sup> October 2022 via Emergency Department Task & Finish Group with review period set up upon completion of three actions:

1. Implementation of discharge lounges on all 3 acute sites by 4<sup>th</sup> November. Princess of Wales and Royal Glamorgan Hospital in place, awaiting option appraisal regarding location of Discharge Lounge in PCH. We have been unable to achieve this due to the surge in demand. POW Discharge Lounge has been utilised as surge and Ward 7 RGH has been used as Medical surge.
2. Implementation of clear and consistent pre-emptive transfer and boarding processes and SOP across all 3 sites by 19<sup>th</sup> December 22. This is now in place, and monitoring arrangements are being set up.
3. Ward manager attendance of ED's to have an understanding of the risk within the department to support the collective ownership of site risk. This is yet to have been achieved, nominally as a consequence of increased sickness rates alongside Industrial Action planning.

The operational procedure approved by stakeholders will ensure that there is a consistent approach for the response to an immediate release request in all Emergency Departments across CTM. This includes ring fencing arrangements (1 x Resuscitation space and 1 x Majors space) to be in place at all times.

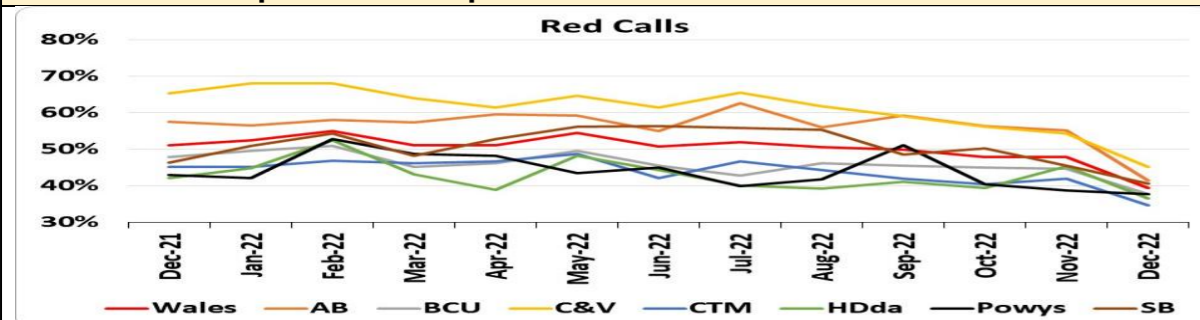
### What are the main areas of risk?

System flow and lack of in-patient capacity across sites remains the major risk in responding to red release requests, with concerns noted around the delayed launch of the D2RA pathways.

Ring fencing offload capacity to ensure immediate release is a challenge as due to the acuity of patients self presenting in an ambulant way (as a marker, 50% of the total admissions to ITU from ED originally walk in to the departments, whilst 48% of ambulance arrivals end up being discharged from ED).

The ring fencing arrangements (1x Resuscitation space and 1 x Majors space) are subject to a review of improved flow on each acute site against the rapid improvement actions listed earlier and should this be achieved with the intended impact we would seek to remove one of the ring-fenced areas.

### How do we compare with our peers?



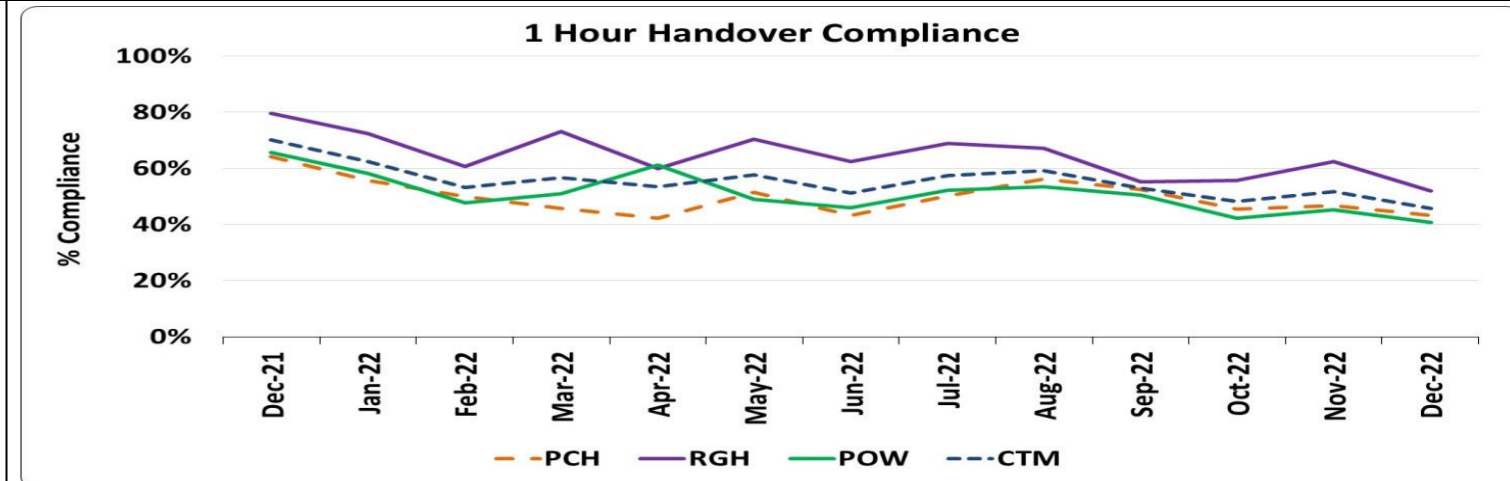
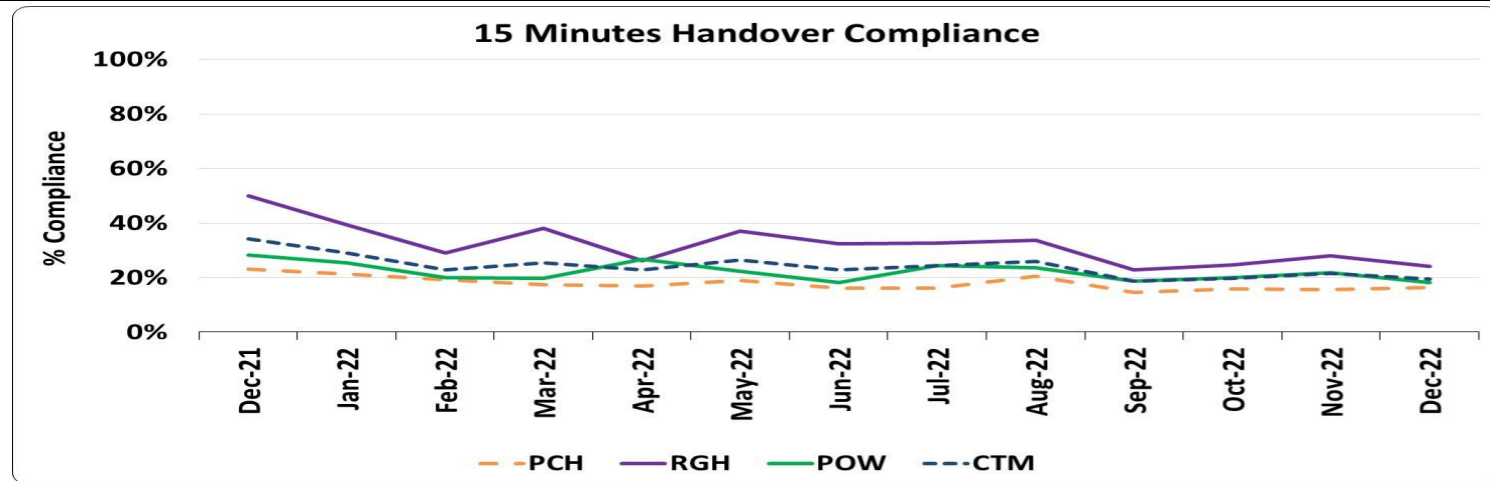
Status as at December 2022		
Health Board	Compliance	Rank
C&V	45.3%	1st
AB	41.5%	2nd
SB	40.6%	3rd
Powys	37.8%	4th
BCU	37.7%	5th
HDda	36.6%	6th
CTM	34.8%	7th

Number of ambulance handovers within 15 minutes – Target Improvement

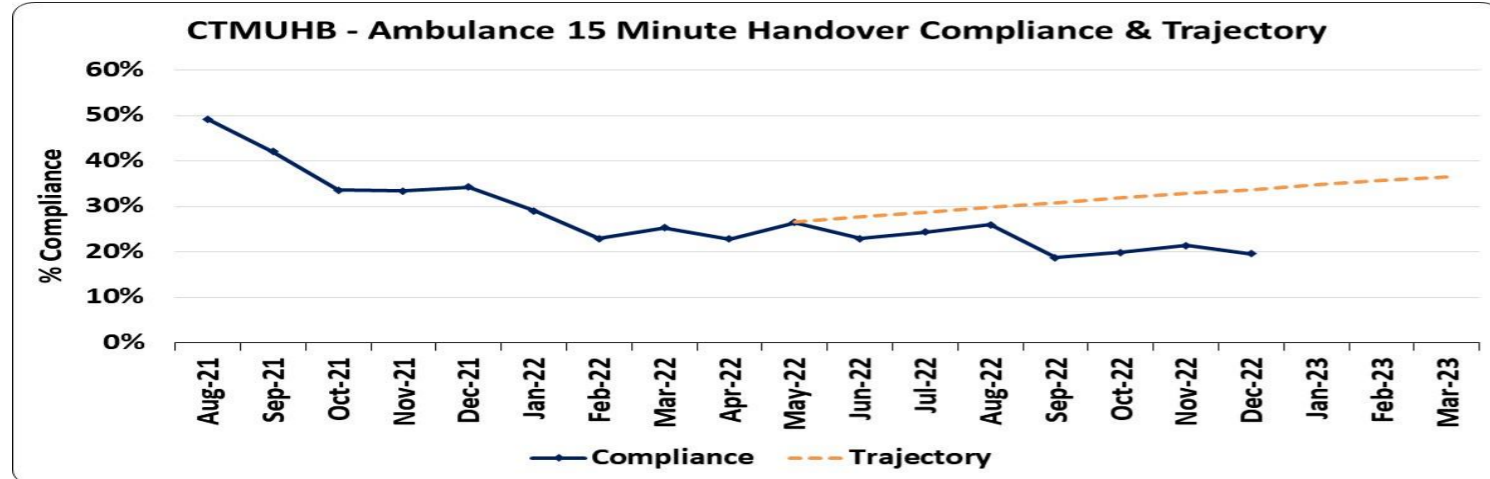
Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,047 of which 401 handovers were within 15 minutes (19.6%)**

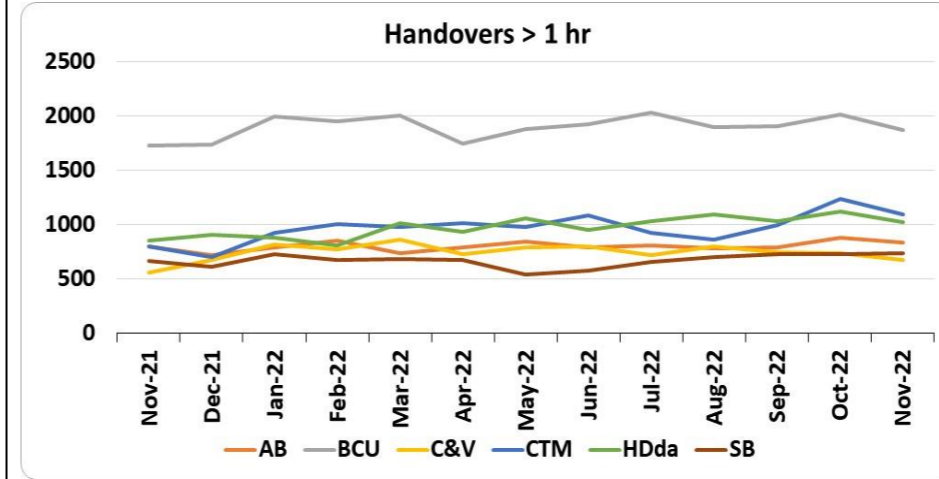
**1,111 handovers were over 1 hour (45.7% of handovers were within 1 hour)**



### 15 Minute Handover Trajectory



### How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
C&V	676	1st
SB	741	2nd
AB	838	3rd
HDda	1,022	4th
<b>CTM</b>	<b>1,097</b>	<b>5th</b>
BCU	1,870	6th

### How are we doing?

During December the 15 minute handover compliance remained low at 19.6%, as did the compliance of handovers within one hour (45.7%). Conversely, compared to November the volume of handovers were around 10% less, bringing the total number of Ambulance conveyances to 2,047.

The current volume is around 13.3% less than the volume seen in the comparable period of 2021.

The implementation of D2RA in December has been postponed to give more time to all stakeholders.

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

eWhiteboards launch anticipated on 19<sup>th</sup> January to an enhanced specification.

System specification including new List View which will support and enable implementation of Red 2 Green and D2RA. Demos and training for staff planned to start on 12<sup>th</sup> January

Escalation plan policy and associated action cards final draft distributed across sites for final review and soft launch planned for 23<sup>rd</sup> January. This will formally go through Programme Board and ELG following feedback

The Pre-Emptive Boarding SOP has now been launched across the three acute sites, however there remains variation in its deployment. Work ongoing to understand the monitoring arrangements to support flow

Supporting exit block from ED by opening additional beds targeted to Bridgend area by January 16<sup>th</sup> 2023. Ward 16 became operational within POW site as an additional 16 bedded surge area

Navigation Hub has been deployed by Primary Care Colleagues, within ongoing work to support attendance avoidance. Currently only open to health care professionals, work is ongoing through January to increase awareness with WAST partners

### What are the main areas of risk?

The levels of acuity of patients walking into ED departments remains high. Recent data shows, of the total patients admitted to ICU, 50% were not conveyed by ambulance.

The data analysis also shows that 48% of patients conveyed by WAST were discharged from ED the same day.

System flow remains highly impacted by capacity within social care.

We continue to work through planned IA by both WAST and Nursing colleagues



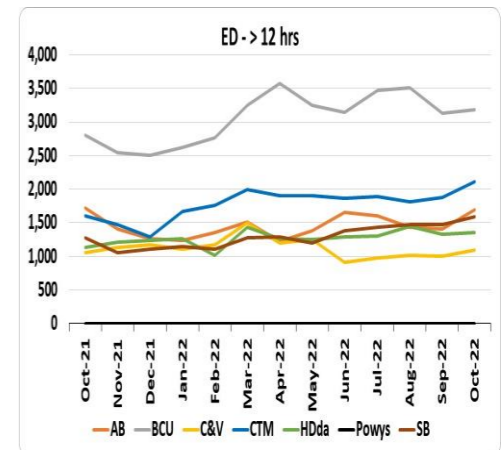
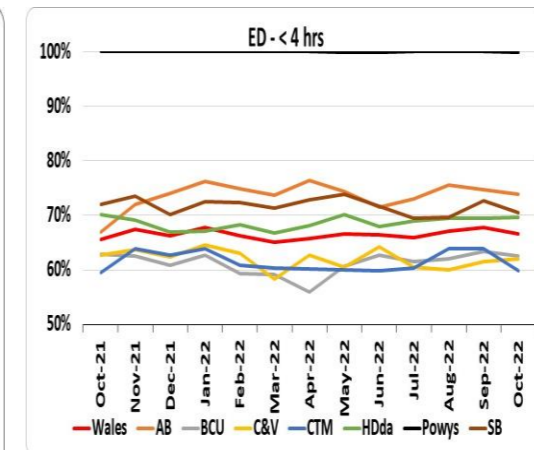
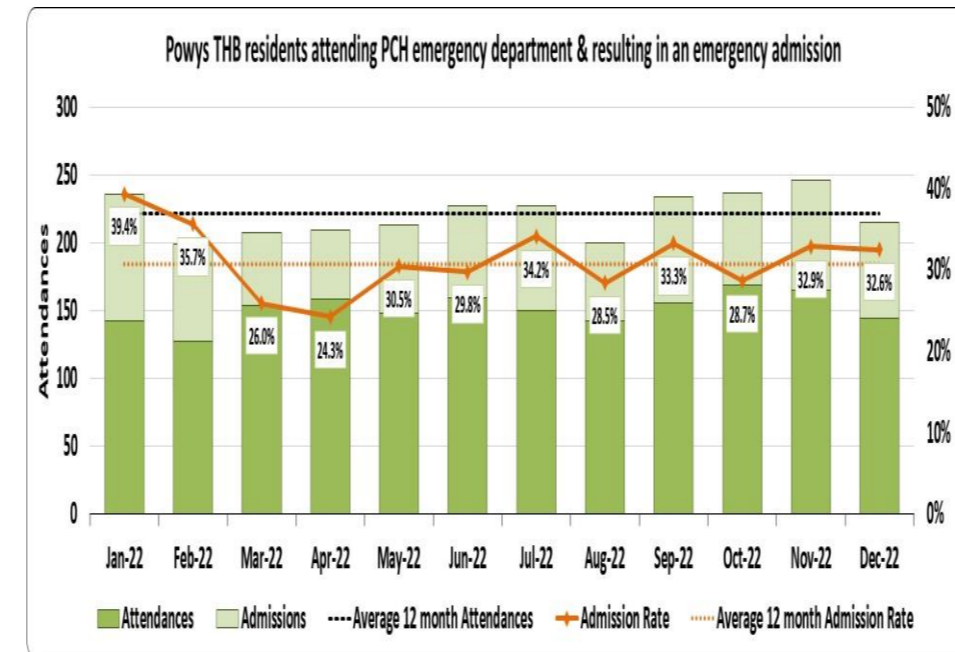
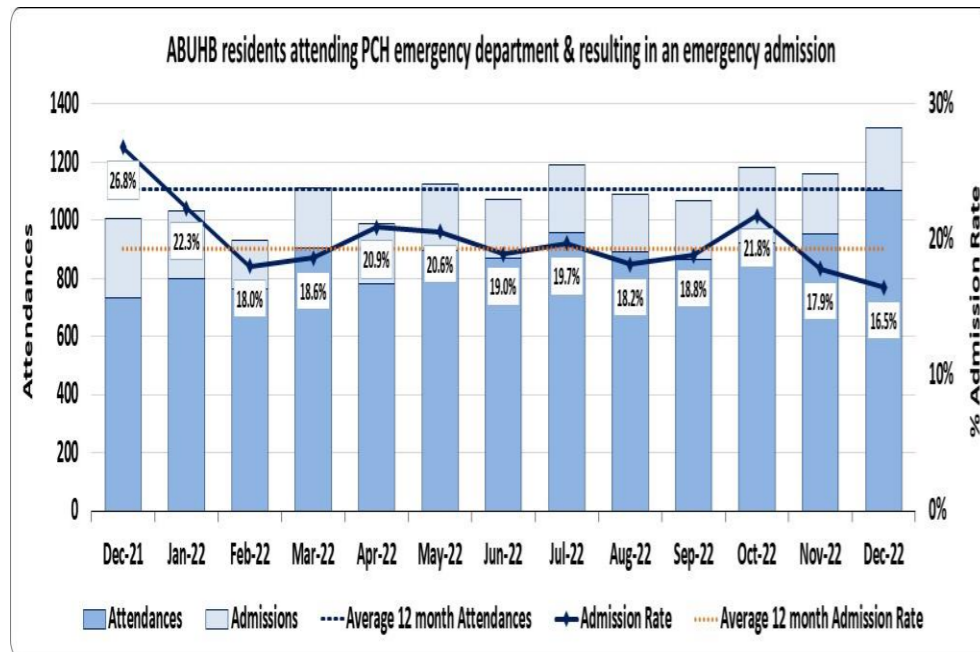
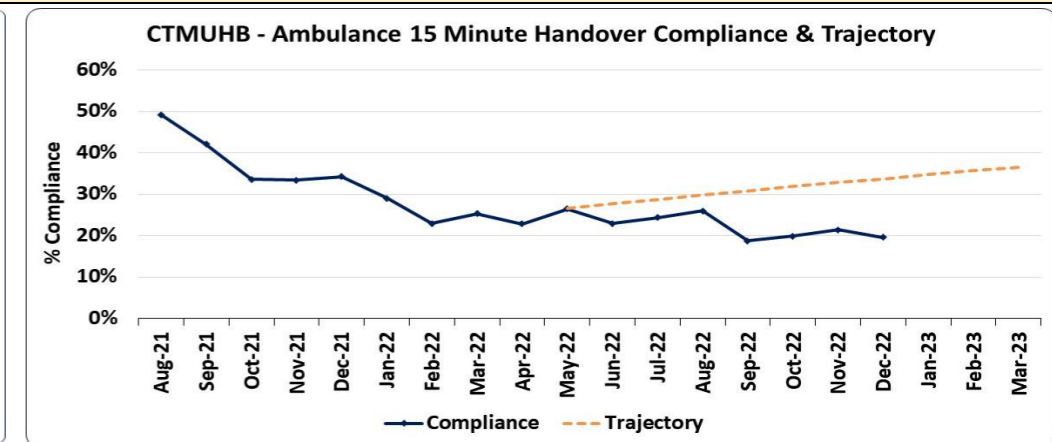
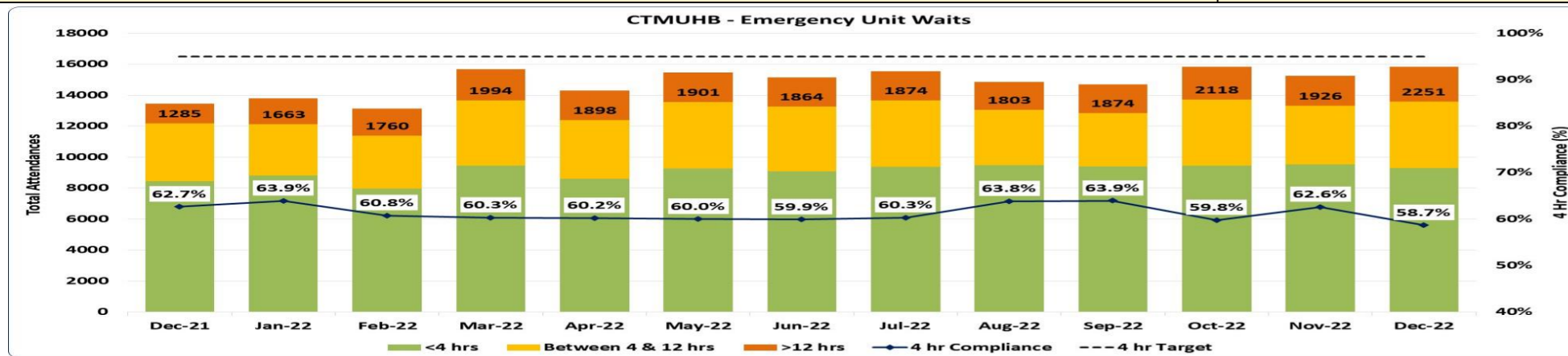
# Emergency Unit Waits – December 2022 (Provisional Position) - Total Attendances 15,827

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

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

**58.7% were seen within 4 hours (Waiting >4 hrs 6,540)**

**14.2% of patients were waiting over 12 hours (2,251)**



Status as at October 2022		
Health Board	Compliance	Rank
Powys	99.8%	1st
AB	73.9%	2nd
SB	70.6%	3rd
HDda	69.7%	4th
BCU	62.6%	5th
C&V	62.0%	6th
CTM	59.8%	7th

Status as at October 2022		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,097	2nd
HDda	1,351	3rd
SB	1,588	4th
AB	1,690	5th
CTM	2,118	6th
BCU	3,186	7th

## How are we doing?

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, deteriorated to 58.7%, a 12 month low. 507 patients attended the re-opened unit at YCC, however it has not been able to identify any indication that this has impacted on levels of demand or compliance at PCH.

CTMUHB continues to experience ongoing challenges at PCH, with compliance at just under 50% for the four hour waiting times measure, but likewise RGH & POW also saw lower levels of compliance at 62% & 59% respectively.

All of the UHB's EDs observed an increase in the proportion of patients waiting in excess of twelve hours with the overall totals increasing to 2,251 patient breaches, the highest volume seen.

The number of patients waiting over 12 hours by unit was:

- PCH – 964
- RGH – 619
- POW 668

## What actions are we taking & when is improvement

MIU in YCR and YCC fully operational:

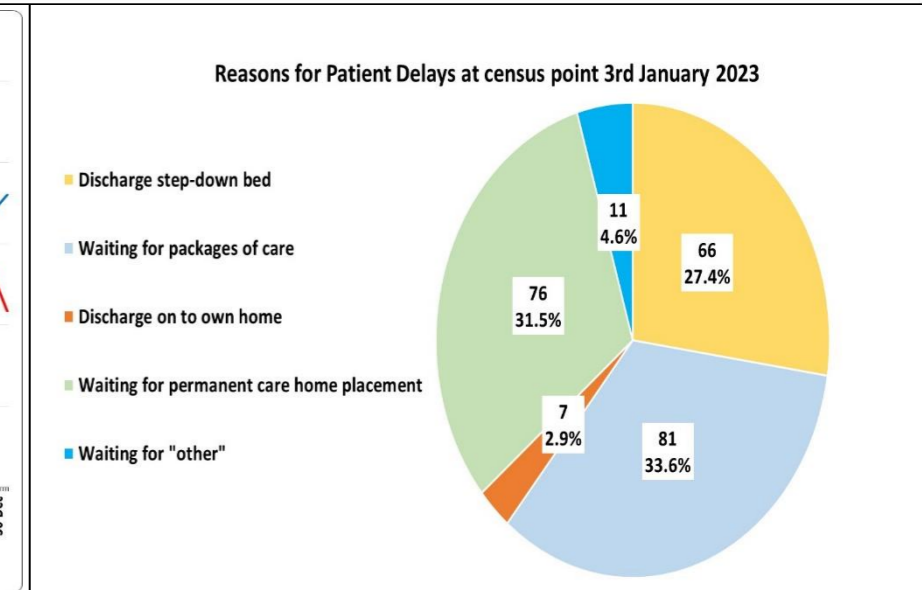
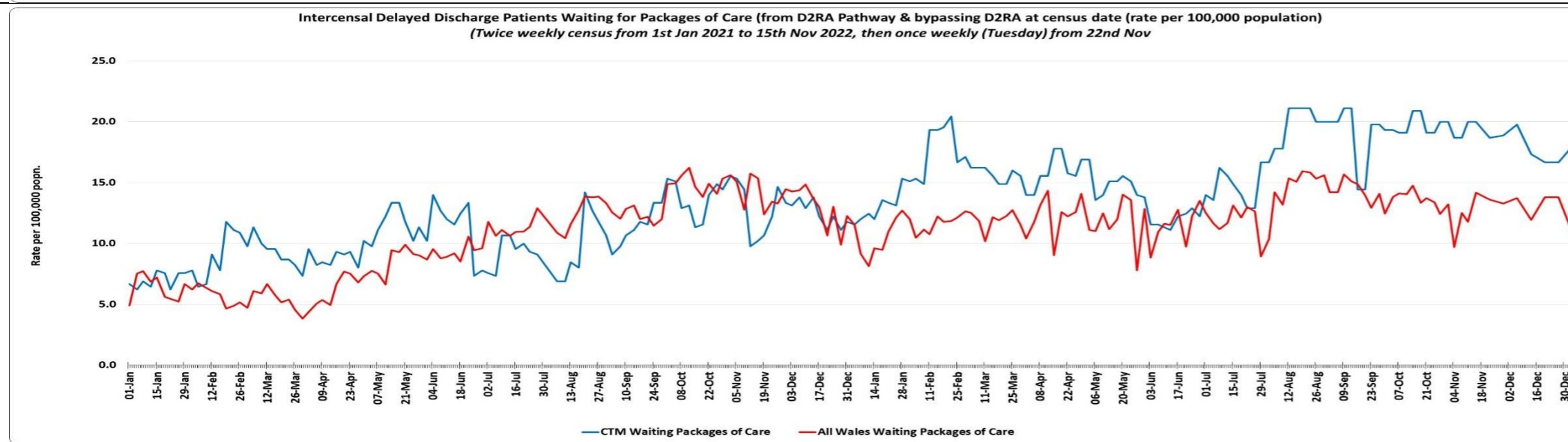
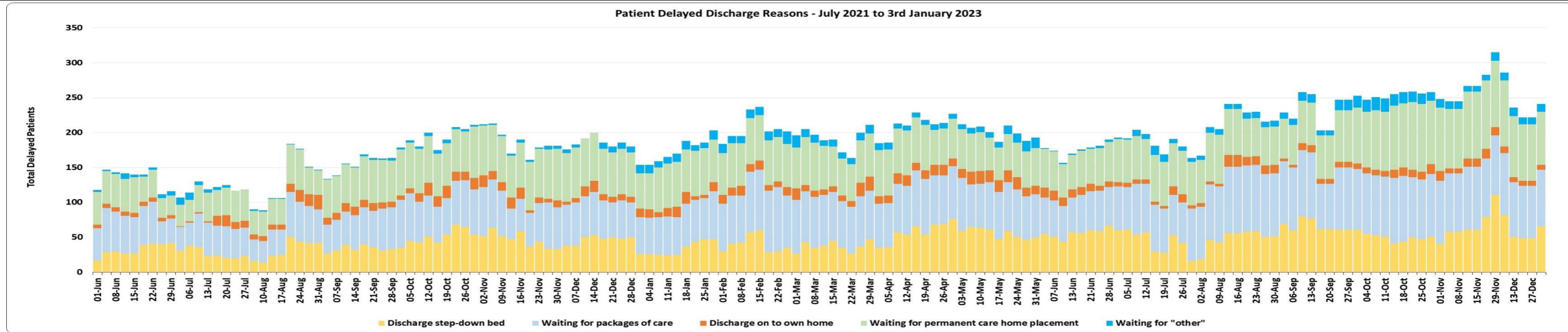
- YCC now fully deployed. Activity going in to YCC appears to be in addition to PCH activity, rather than a diverted stream so ongoing work looking to validate this
  - YCR currently undertaking a piece of work to "safely" accommodate walk in patients. – Different workforce model in YCR. However plans to increase numbers in YCR from RGH ED re-directed patients.
- Implementation of Medical and Frailty SDEC by Jan 2023:
- Implementation plan and trajectory for SDEC offer (Medical) at POW & PCH still being worked through (Update expected 13<sup>th</sup> January 2023)
  - Metrics currently being defined for SDEC
  - Gynae SDEC / AESU implemented 21/11/22 in POW
  - Front door Frailty service commenced in RGH on 21/11/22
- Hot Clinics:
- Directory of Hot Clinics agreed, capacity is already in place
  - KPIs defined and circulated for comment
  - Booking process drafted and to be agreed SOP in Draft (implementation delayed until February 2023)

## What are the main areas of risk?

Significant risk in social care capacity and funding. On the whole, the ready to leave position across CTM remains fairly static, with the one list indicating that there are 375 patients medically fit for discharge.

Seasonal demand plus exceptional Covid-19 and influenza demand, exacerbated by the challenges in social care may result in significant inefficiencies to care delivery, flow and consequently detriment to patient care, safe staffing levels and staff morale.

Discharge lounge in PCH – lack of physical space, ongoing work with Estates to mitigate the issue – awaiting option appraisal regarding appropriate space and mitigation plan to address current issues with availability of physical space.



**How are we doing?**

As is shown in the top chart, the total number of patients currently awaiting their next stage of care, now stands at 241 patients, which as it stands is an overall reduction of almost 23.5% (74 patients) on the reported position at the end of November. The main reason for the improvement is due in part to the number of patients awaiting discharge step-down bed which reduced by 40%. The reasons for patients experiencing a delay in the transfer of their care are detailed in the pie chart bottom right, with one third of patients awaiting a package of care.

The bottom left hand chart provides a run chart of the volume of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways), with comparison to the all Wales position. The UHB remains at a similar high level to those seen at the start of November with 81 individuals delayed. This equates to approximately 18.0 delays per 100,000 population, and as it currently stands is around 66% higher than the national rate which is 10.9 per 100,000 population.

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

Following Winter Summit on 1st December, it was agreed to delay implementation of D2RA pathways and delivery model until the 9<sup>th</sup> January 2023.

Implementation of Supported Discharge Team and D2RA Hub (to address discharge element of Navigation Hub) and integrated approach to discharge planned as phased approach.

Initial set up of D2RA Hub in Training Room 9 in RGH; 2 out of 3 referral management assistants appointed, service operational policy being finalised in partnership with Local Authority colleagues (expected sign-off week commencing 16<sup>th</sup> January 2023).

Digital enablers - eWhiteboards List View, Supported Discharge Notification form and electronic Transfer of care were completed in line with the initial deadline.

**What are the main areas of risk**

Addressing risk and mitigation plans included in implementation plans for delivery of D2RA Hub and Supported Discharge Team:

**January 2023** – 1<sup>st</sup> month review of D2RA metrics and analysis of outcomes. Targeted discharge interventions in Ward 21 (POW), YCR and YCC for all patients with LoS 21 days or more. Commence full reporting for D2RA monthly and complete formal review of Supported Discharge Team.

**February 2023** – conduct formal work around D2RA Pathway 1 (LA-led pathway) using Rightsizing tools for demand and capacity in community utilising D2RA KPI metrics and supported by Delivery Unit. Fully automate D2RA Hub to ensure optimal referral management. Targeted discharge interventions in winter surge wards. Cohort rehab patients (D2RA Pathway 2.1) on one ward in YCR and YCC to augment therapy provision.

**March 2023** – confirm funding and sign off investment to close any demand and capacity gaps for Pathway 1 (RIF). Conduct formal work around D2RA Pathway 2 using Rightsizing tool for community beds. Close winter surge beds.

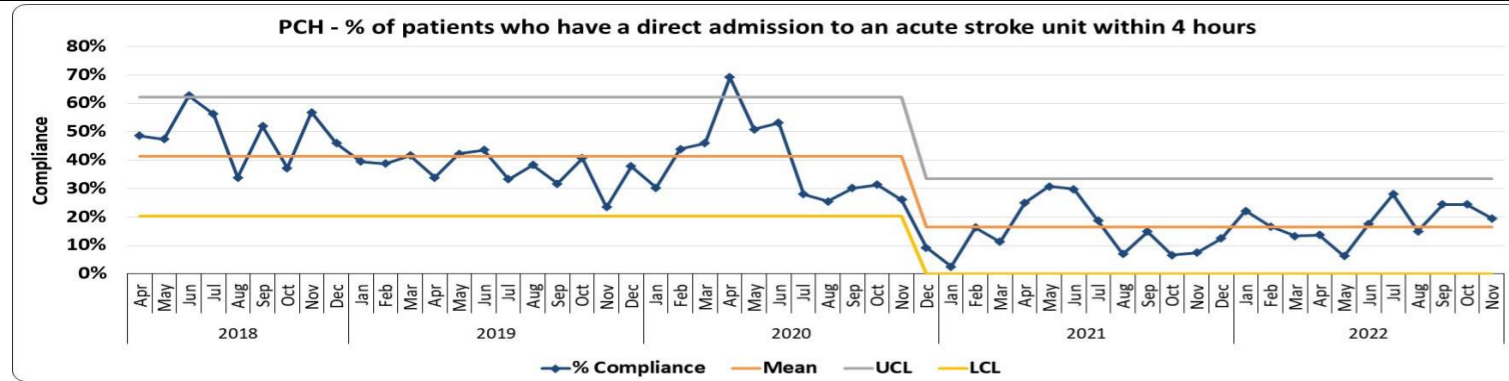
**April 2023** – Realign social care resources in acute wards using Pathway 2 KPIs. Revisit Therapy resource and use Rightsizing outputs and implement a collaborative plan to increase community capacity through 2023.



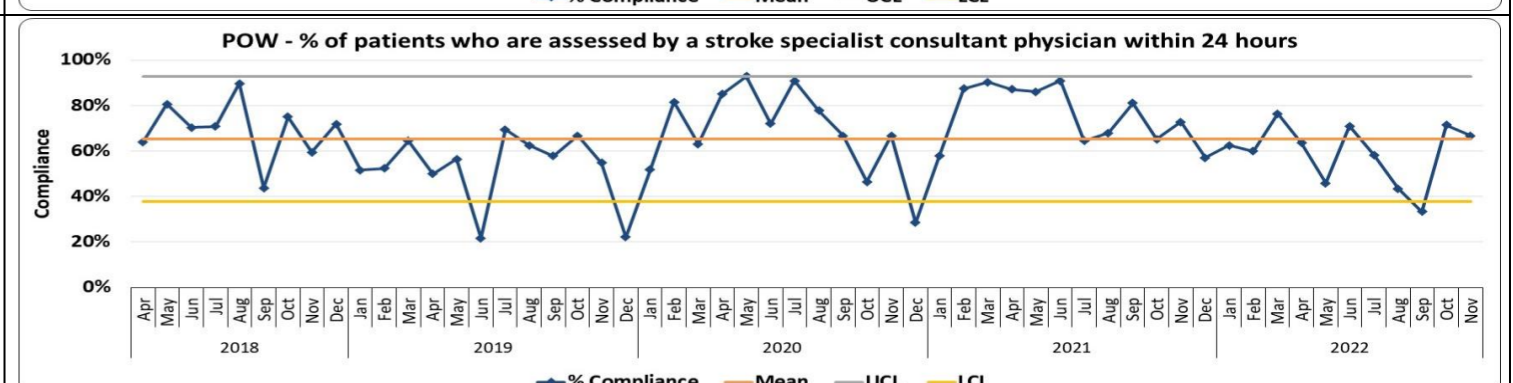
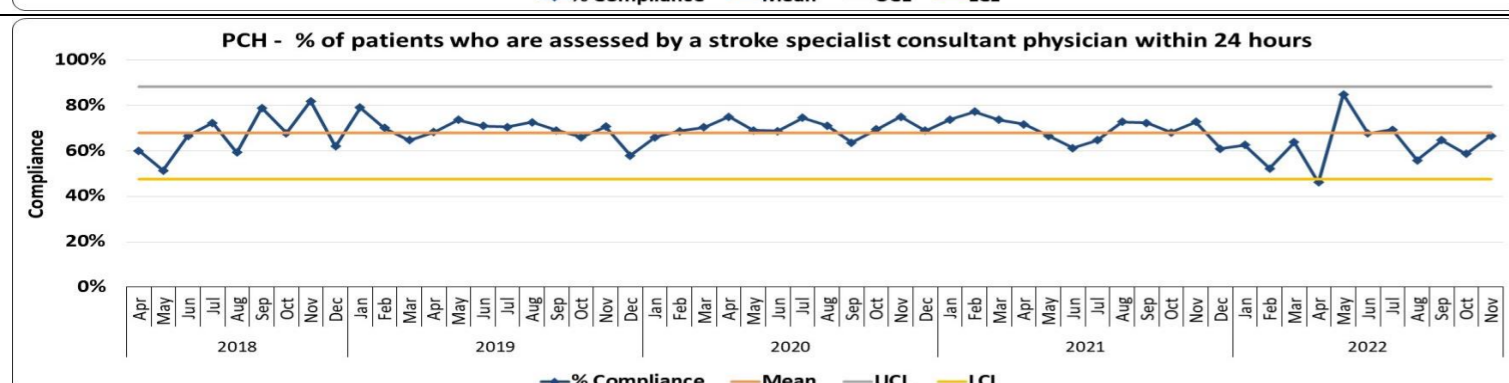
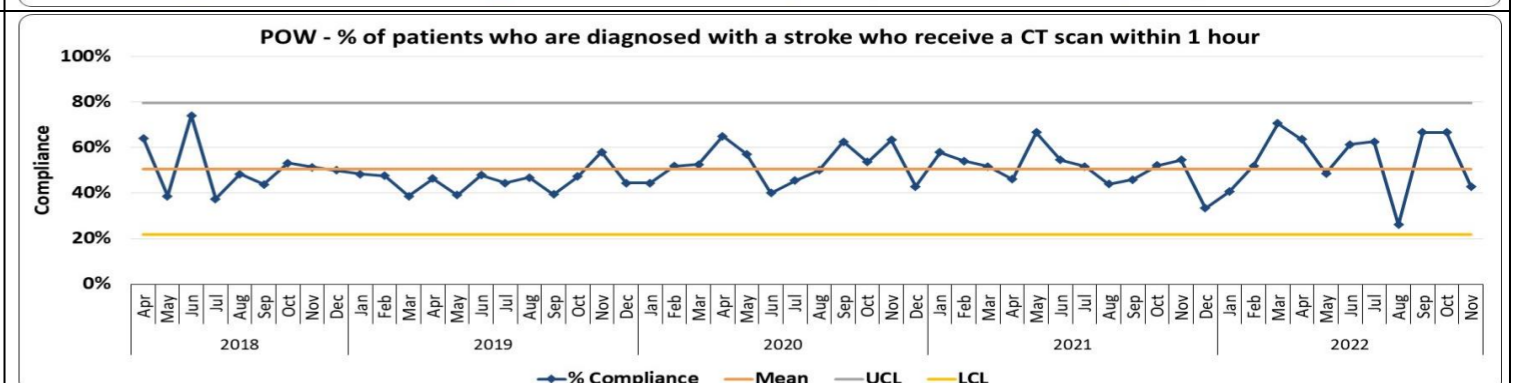
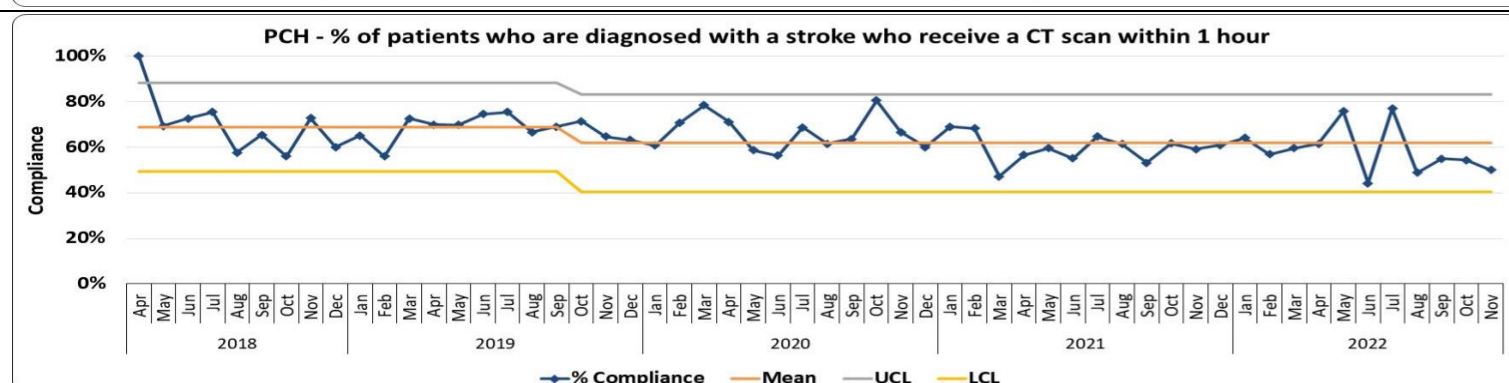
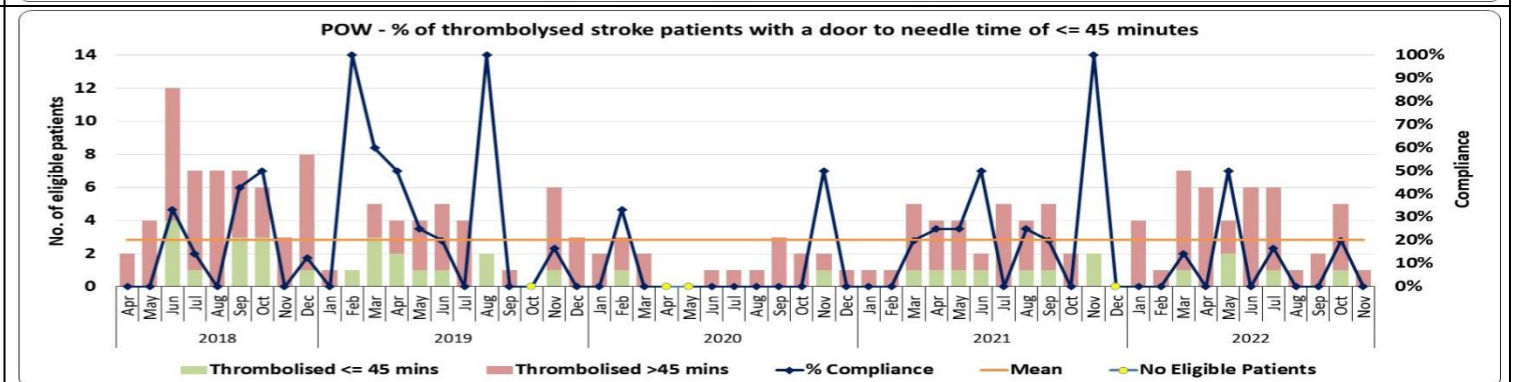
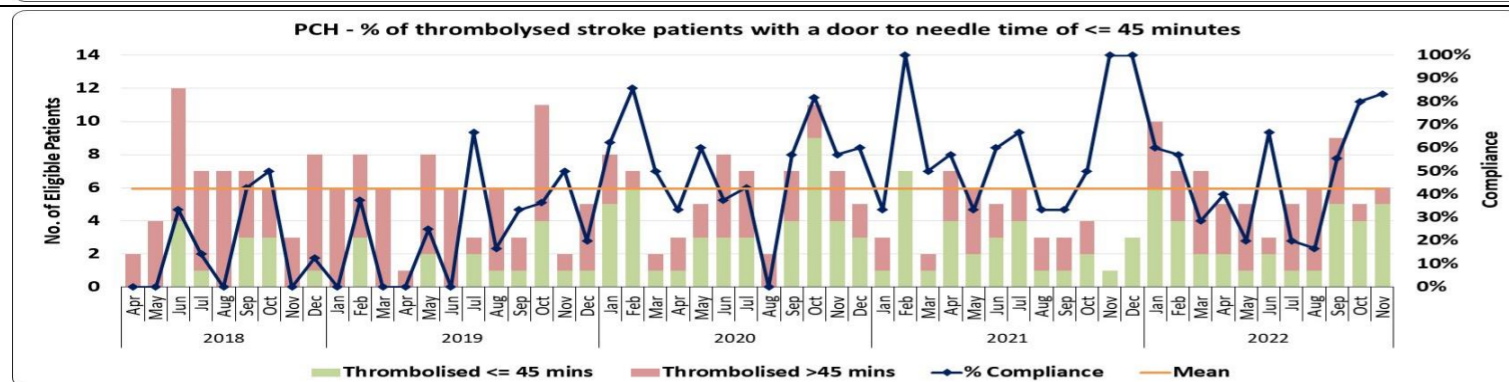
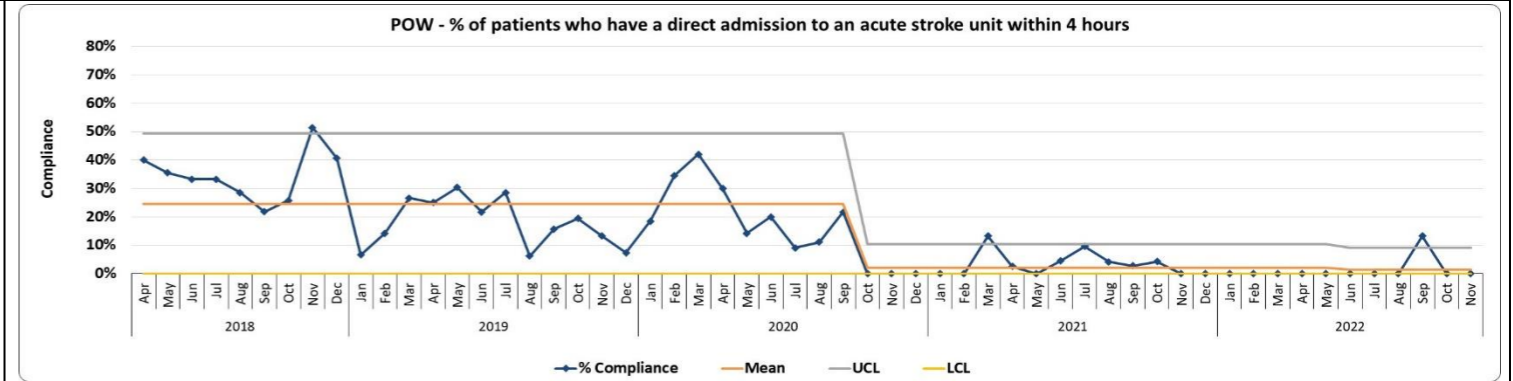
# Stroke Quality Improvement Measures (QIMs) – November 2022

% 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
19.5%	0%	12.9%	83.3%	0.0%	71.4%	50.0%	42.9%	47.6%	66.7%	66.7%	66.7%

## Prince Charles Hospital



## Princess of Wales Hospital



Stroke QIMs continued on the next page...

## How are we doing?

Stroke QIMs - November 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	41	21	62
	No. of patients within 4 hours	8	0	8
	% Compliance	19.5%	0.0%	12.9%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	1	7
	No of patients within 45 mins	5	0	5
	% Compliance	83.3%	0.0%	71.4%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	42	21	63
	No. of patients within 1 hour	21	9	30
	% Compliance	50.0%	42.9%	47.6%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	42	21	63
	No. of patients within 24	28	14	42
	% Compliance	66.7%	66.7%	66.7%

Continuous improvements can be seen within PCH for the thrombolysis QIM. During November 12.9% (8 out of 62 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Five of the seven eligible patients were thrombolysed within 45 minutes (71.4%) and 47.6% of patients (30 out of 63 diagnosed patients) had a CT scan within an hour. There were also 42 out of the 63 stroke patients (66.7%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

Key factors contributing to poor performance against stroke care standards include:

- 5-day/week service model for medical and therapy provision.
- Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation unit impact on length of stay and flow of stroke patients through the Princess of Wales hospital
- Unprecedented demand for acute beds and the challenges maintaining a ring-fenced stroke bed impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.
- Pressures within adult social care resulting in delayed discharges and increased pressure across all inpatient areas.

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

The CTM Stroke Strategy Group has agreed an integrated action plan with a number of short, medium and long term actions, some of which have resource implications. Progress is being made in a number of areas:

- Following the resignation of Consultant Stroke Physician at Prince Charles Hospital, recruitment process ongoing following recent job planning exercise. In the meantime, the CSG continue to work with medical staffing agencies with the recruitment of a Locum Consultant.
- A CTM-wide stroke consultant rota, with joint working between PCH and POW consultants, in place enabling a more stable rota. Continued dialogue with C&VUHB to look at long term solutions, feeding into the South Wales Central Regional Programme Board.
- Regional developments with C&VUHB continue, with representatives from both UHBs attending a national programme workshop on Friday 20<sup>th</sup> January to inform the development of modelling, optimal stroke pathway and service specifications. Interviews for the Regional Clinical Lead are being held in January 2022.
- T&F group – Stroke demand and capacity and bed profiling being concluded w/c 9th January to inform investment proposal.
- CTM Stroke Strategy Group driving forward the strategic development of stroke services across CTM, with work streams for acute stroke and rehabilitation care pathways and early intervention/prevention. First meeting of strategy group took place 8<sup>th</sup> December, with updates and assurance from Task and Finish Groups.
- Work continues in CTM developing new pathways and establishing radiographer-approved CT angiograms in anticipation of move to 24/7 access to thrombectomy at Bristol.
- National re-launch of FAST campaign planned by the Stroke Association. Local plans to raise awareness amongst those at high risk of stroke in primary care being developed by Public Health Wales in conjunction with primary care colleagues.

## What are the main areas of risk?

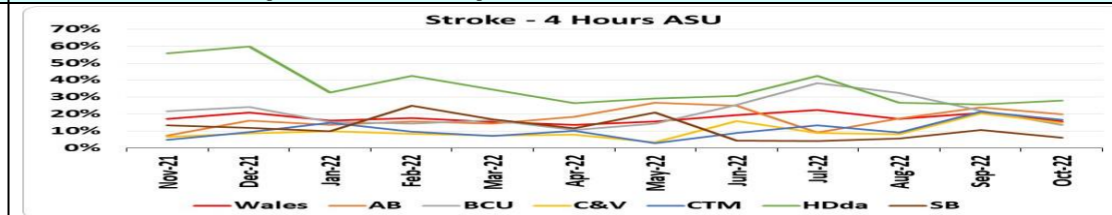
The intended impact of the short-term actions, along with the long-term aims, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy for progressing towards a SSNAP rating of 'A'.

The main risks to achieving this rating 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 4 hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of the system.

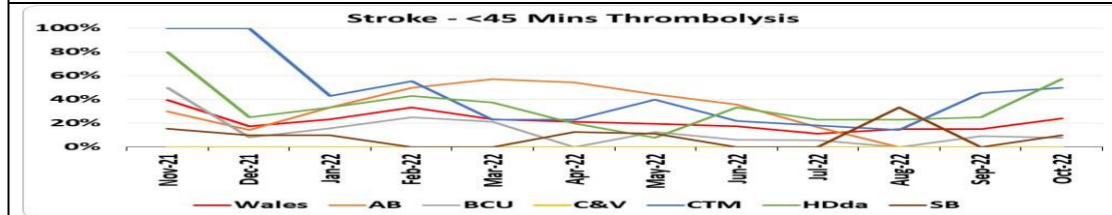
In POW, the ongoing staffing challenges within the therapy services are affecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

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

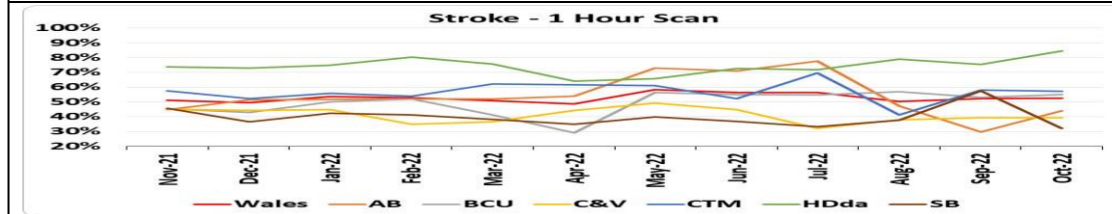
## How do we compare with our peers?



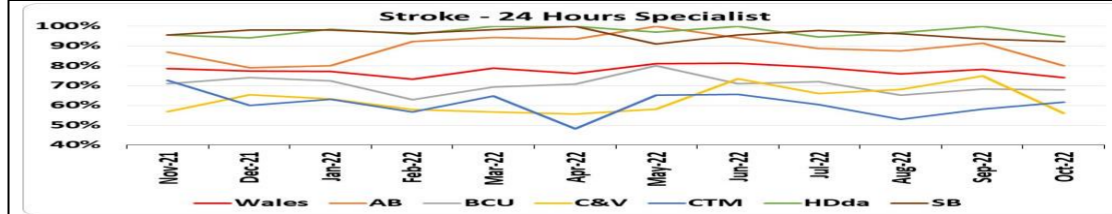
Status as at October 2022		
Health Board	Compliance	Rank
HDda	28.0%	1st
AB	20.0%	2nd
<b>CTM</b>	<b>16.7%</b>	<b>3rd</b>
C&V	15.0%	4th
BCU	13.7%	5th
SB	6.2%	6th



Status as at October 2022		
Health Board	Compliance	Rank
HDda	57.1%	1st
<b>CTM</b>	<b>50.0%</b>	<b>2nd</b>
SB	10.0%	3rd
BCU	7.7%	4th
AB	0.0%	5th
C&V	0.0%	6th



Status as at October 2022		
Health Board	Compliance	Rank
HDda	84.5%	1st
<b>CTM</b>	<b>57.4%</b>	<b>2nd</b>
BCU	55.1%	3rd
AB	44.0%	4th
C&V	39.4%	5th
SB	32.3%	6th



Status as at October 2022		
Health Board	Compliance	Rank
HDda	94.8%	1st
SB	92.3%	2nd
AB	80.0%	3rd
BCU	67.9%	4th
<b>CTM</b>	<b>61.8%</b>	<b>5th</b>
C&V	56.1%	6th

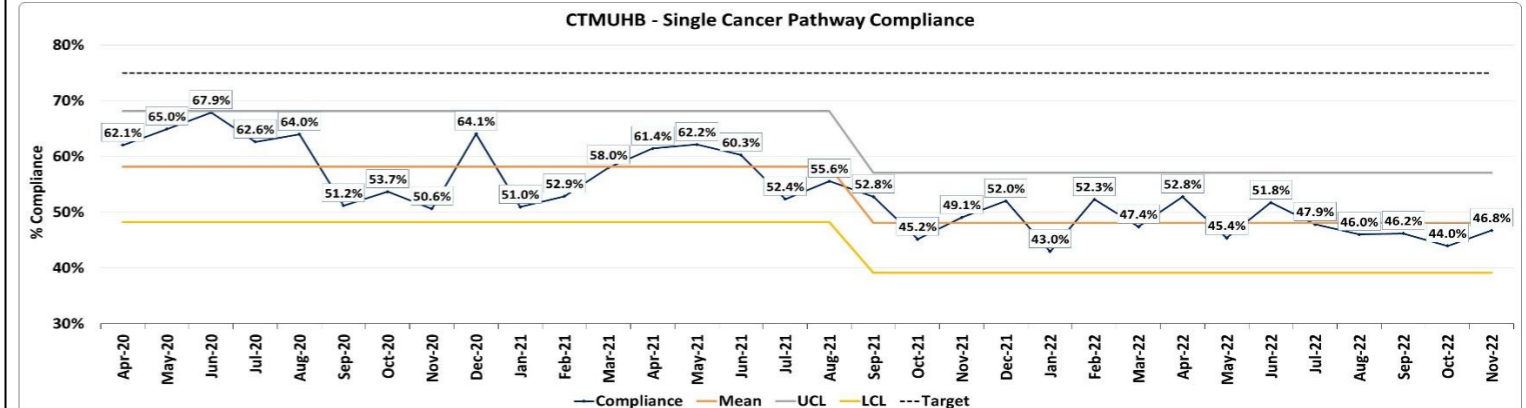


# Single Cancer Pathway (SCP) – November 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75%  
**Compliance 46.8%**

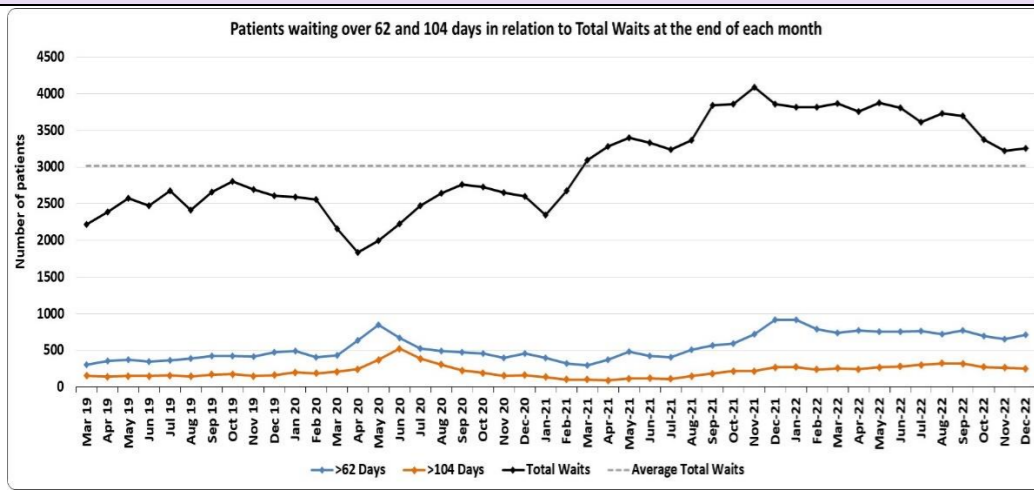
## Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - November 2022				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	5	8	13	38.5%
Upper GI	9	13	22	40.9%
Lower GI	10	18	28	35.7%
Lung	21	15	36	58.3%
Sarcoma	1	0	1	100.0%
Skin (exc BCC)	53	15	68	77.9%
Brain/CNS	1	1	2	50.0%
Breast	21	31	52	40.4%
Gynaecological	7	9	16	43.8%
Urological	12	45	57	21.1%
Haematological	4	10	14	28.6%
Other	1	0	1	100.0%
<b>Total</b>	<b>145</b>	<b>165</b>	<b>310</b>	<b>46.8%</b>



Performance for November remains low at 46.8%, with predicted compliance for December currently at 46.8%. Skin & Sarcoma are the only tumour sites to have achieved the current SCP target. Delays at first outpatient (32%) and diagnostic stage (46%) continue to be the biggest concern and significant factor for not achieving target. This is improving albeit, slowly. Backlog clearance continues to be the priority which as shown in the middle left chart is proving challenging with 764 patients waiting over 62 days.

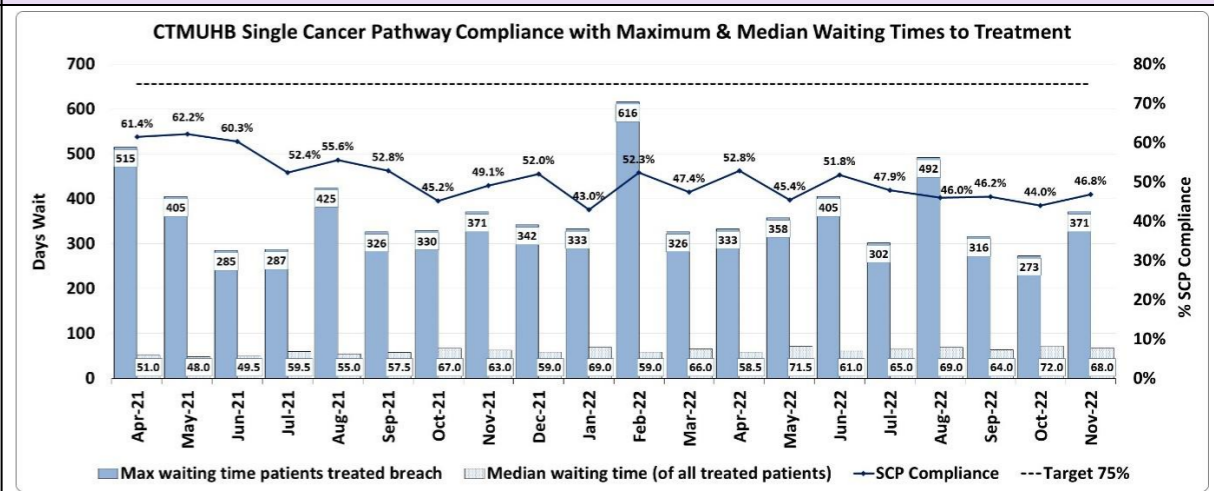
## Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 4<sup>th</sup> January 2023



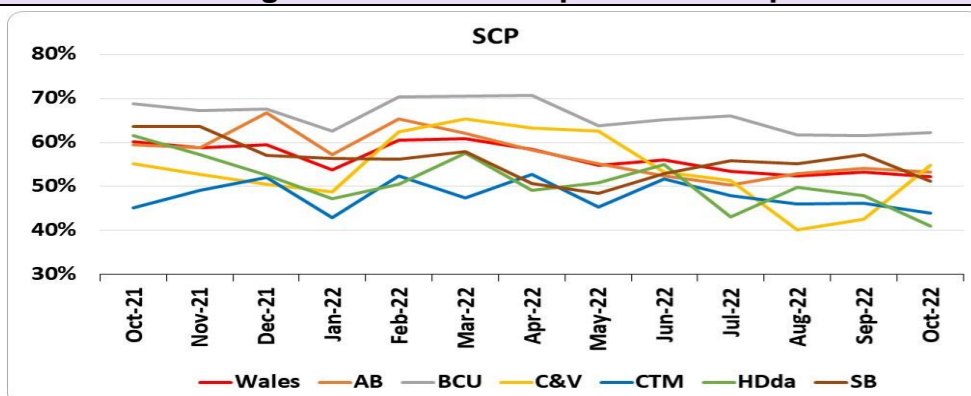
CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	13	1	4
Upper GI	49	14	22
Lower GI	130	54	91
Lung	17	3	5
Sarcoma			2
Skin (exc BCC)	27	6	14
Breast	19	4	4
Gynaecological	41	9	16
Urological	91	31	72
Haematological	11	5	4
Other	4		1
<b>Grand Total</b>	<b>402</b>	<b>127</b>	<b>235</b>

As at the 4<sup>th</sup> January 2023, the number of patients waiting over 62 days stands at 764 and over 30% of those patients (235) are waiting over 104 days.

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



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



Status as at October 2022		
Health Board	Compliance	Rank
BCU	62.3%	1st
C&V	54.8%	2nd
AB	53.3%	3rd
SB	51.2%	4th
<b>CTM</b>	<b>44.0%</b>	<b>5th</b>
HDda	41.0%	6th

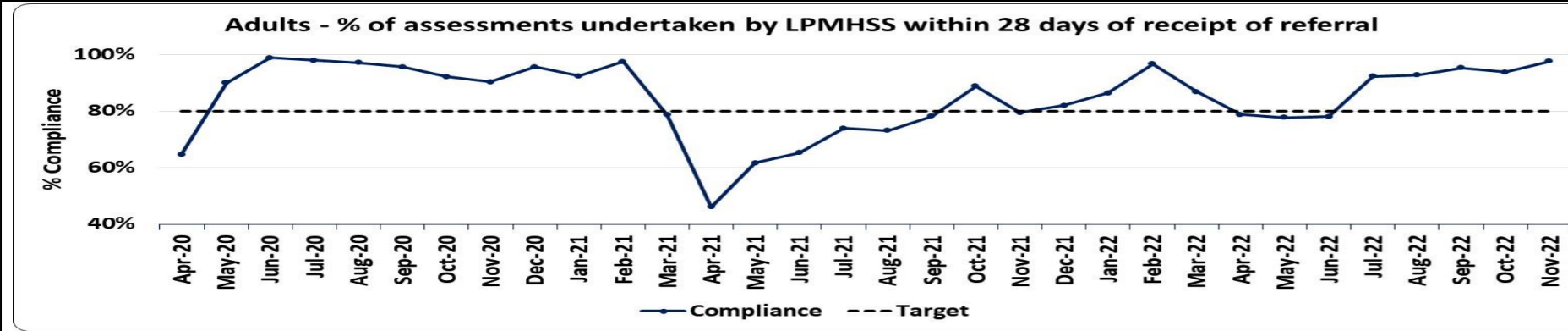
## What actions are we taking & when is improvement anticipated?

- Breast recovery plans continue, with noted improvements in relation to total volumes.
- Breast unit on schedule to launch this month.
- Sign up of lead Breast MDT clinician to participate in national MDT project, led by Improvement Cymru
- Implementation of Lower GI pathway to commence
- Focus specifically on reducing backlog.
- Outsourcing of LAPB (Local Anaesthetic Perineal Biopsy) procedures ongoing
- Merging of Urology MDT's and streamlining of processes / pathways
- Outsourcing in pathology continues with improved waiting times noted.
- Reporting turnaround times in radiology improved with average waits of 3 days.
- Weekly assurance meetings chaired by the Director of Planned Care.

## What are the main areas of risk?

- Performance challenges evident in all tumour sites whilst backlog clearance remains focus.
- 78% of all patients on the active SCP are at 1<sup>st</sup> outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Delays in pathology, endoscopy and radiology continue
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Increased demand via BSW due to age range being lowered for screening.
- Impact on services due to impending strike action.
- Retirement of Urology cancer lead at the end of January with no definitive plans on cross cover or understanding on the exact impact this will have on cancer.

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral (85.0%) - Target 80%



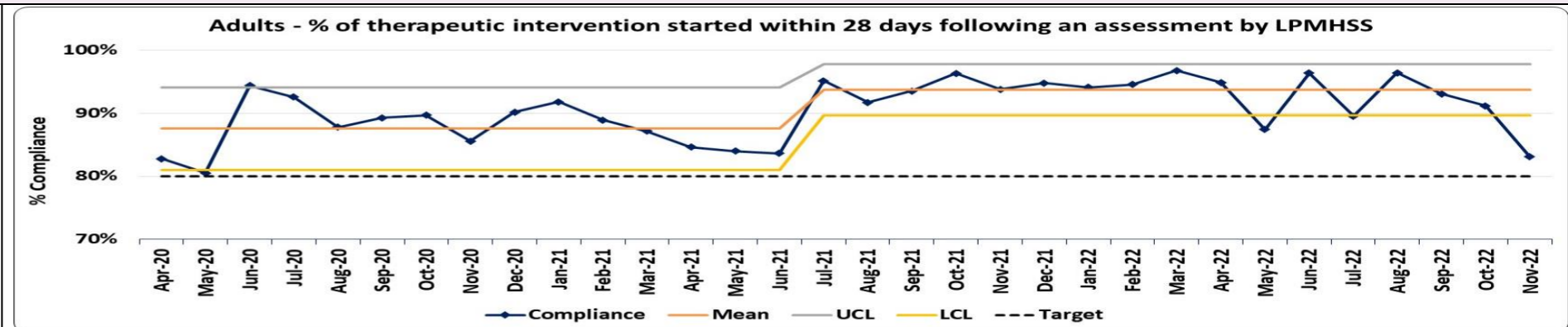
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for November remains above the threshold with 85% of the total assessments (585) carried out within the required timescale.

There were a similar amount of referrals during November as the previous month (808). Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals, thus far for 2022/23, averaging 712 per month.

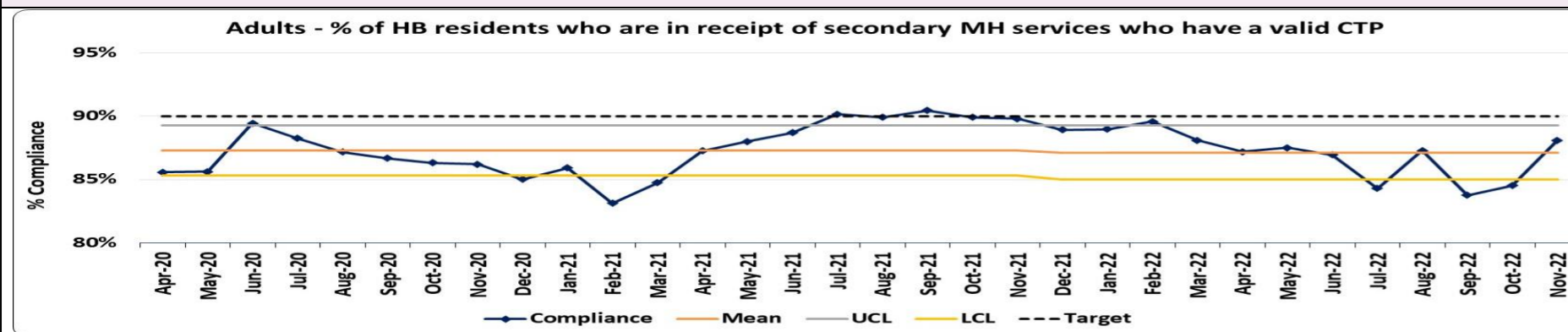
## % of therapeutic intervention started within 28 days following an assessment by LPMHSS (83.1%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained above the WG target with compliance at 83.1%.

Although more interventions were carried out during November and indeed the highest level seen since April 2020 at 491, unfortunately 83 of those interventions had taken place outside the timeframe of four weeks.



## % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.1%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month was 88.1% during November and remaining just below the target threshold of 90%.

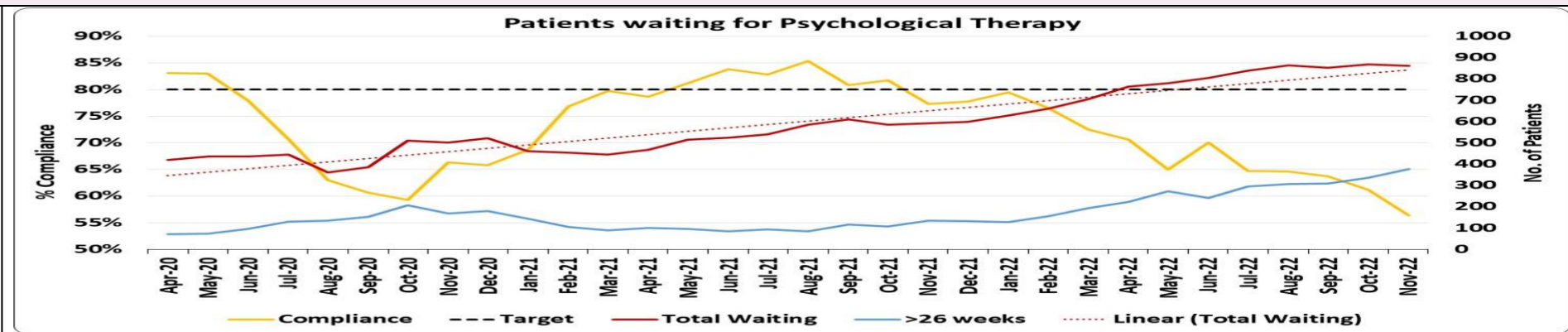
As seen in the chart to the left, compliance has remained under the target since April 2020, with the exception July and September 2021.

**Part 3:** There was one outcome of assessment report sent during November and within the 10 working day timeframe.

## % of patients waiting less than 26 weeks to start a Psychological Therapy (56.4%) - Target 80%

During November Psychological Therapies compliance fell to its lowest level of 56.4% since April 2020 and continuing to remain below the 80% compliance threshold.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow). The waiting list volume has been growing at a fairly constant rate throughout the period, with demand 14 patients higher than treatment each month. In the period to August 2021 the service improved their waiting list management and treat in turn which resulted in their compliance improving. However, thereafter the waiting list volume has grown to such an extent that the increase in the backlog has been resulting in an almost exact increase in the number of patients waiting over 26 weeks (which has grown at a constant of 19 per month since August 2021).



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

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

**Part 1a:** Adult mental health services performance increased from 94% in October to 98% in November.

**Part 1b:** Adult mental health services performance increased from 91% in October to 94% in November.

**Part 2:** Compliance for both Adult, Older Adult and Learning Disability Services combined has increased to 88.1% from 84.4% and is below the target threshold of 90%

- Adult Services increased from 84.9% to 86.9%
- Older Adult Services improved from 82.0% to 91.1%
- Learning Disability Services improved from 87.5% to 92.6%

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

**Psychological Therapies:** The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In November, 56.4% are waiting for less than 26 weeks.

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

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

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

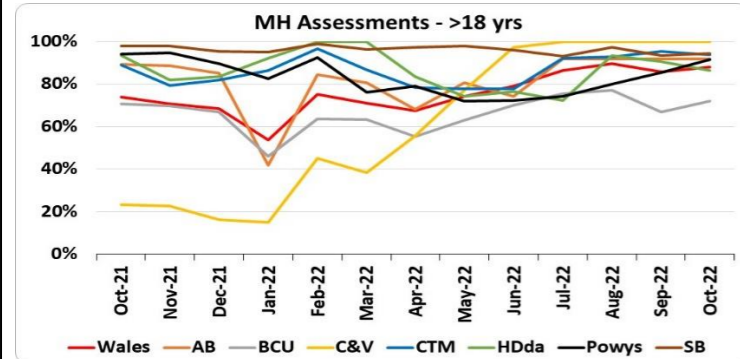
**Part 2:** Targeted work on non-compliant CTPs continues which is evidenced by an in month overall compliance increase to 88.1% which is the highest reported since June 2021. It is anticipated to further increase to above target compliance (90%) by the end of March (Quarter 4, 2022/23). Work continues with Local Authority partners to ensure non-compliant social worker led CTPs are prioritised based on reducing risk which is evidenced by a month on month compliance increase whilst caseload has increased slightly. The main risk to anticipated improvements remains the reduction in staffing capacity caused by increased sickness and turnover. Managers are being asked to monitor compliance closely in their teams and evidence risks being managed for patients with non-compliant CTPs. Senior Nurses have been asked to develop action plans in order to increase compliance.

**Psychological Therapies:** Two waiting list initiatives have been approved: -

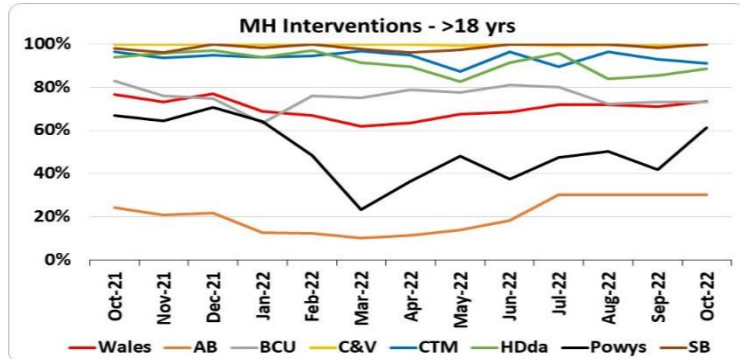
1. to outsource intervention for 80 service users
2. to recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure 'waiting well' and improve the utilisation of existing capacity.

Options for a further waiting list initiative to provide intervention for a cohort of service users within another area are under development for approval. Breaches within one waiting list have been avoided by securing additional capacity for workshops whilst vacancies were recruited to. Vacancies within the CMHT are out to advert and Band 7 High Intensity Therapists and locum staff are also being sourced to mitigate against being unable to recruit to these posts.

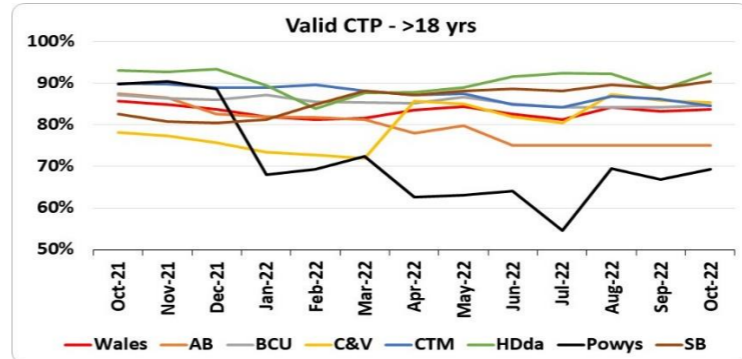
## How do we compare with our peers?



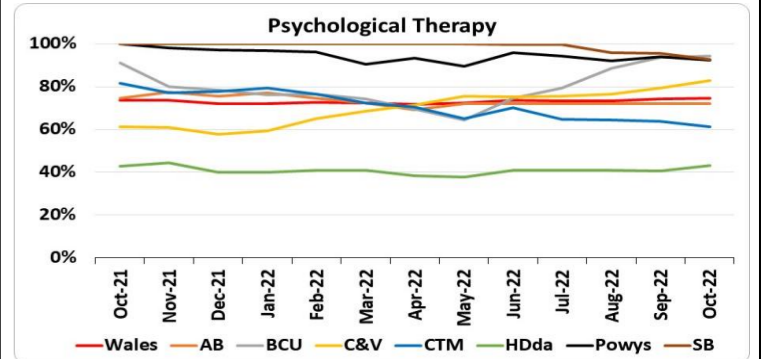
Status as at October 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	94.6%	2nd
CTM	93.8%	3rd
AB	91.9%	4th
Powys	91.7%	5th
HDda	86.5%	6th
BCU	72.1%	7th



Status as at October 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	2nd
CTM	91.1%	3rd
HDda	88.5%	4th
BCU	73.3%	5th
Powys	61.4%	6th
AB	30.2%	7th

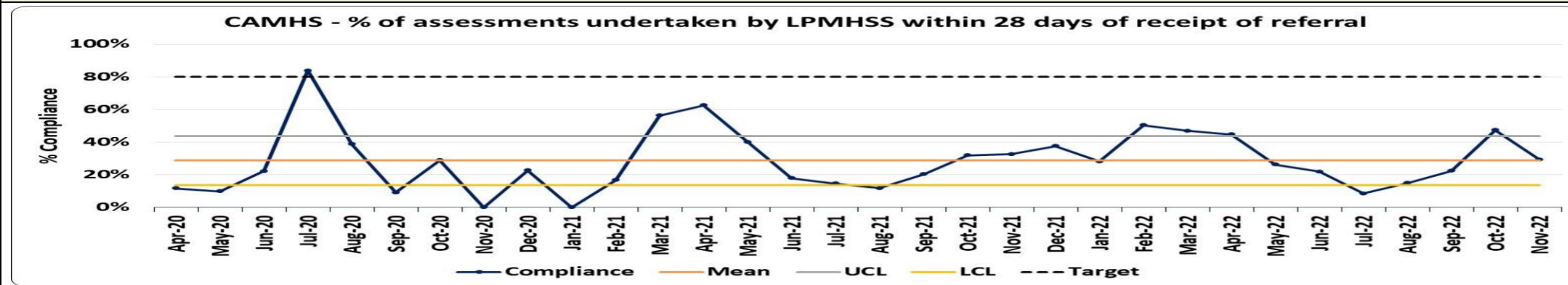


Status as at October 2022		
Health Board	Compliance	Rank
HDda	92.5%	1st
SB	90.5%	2nd
C&V	85.3%	3rd
BCU	84.7%	4th
CTM	84.5%	5th
AB	75.0%	6th
Powys	69.3%	7th



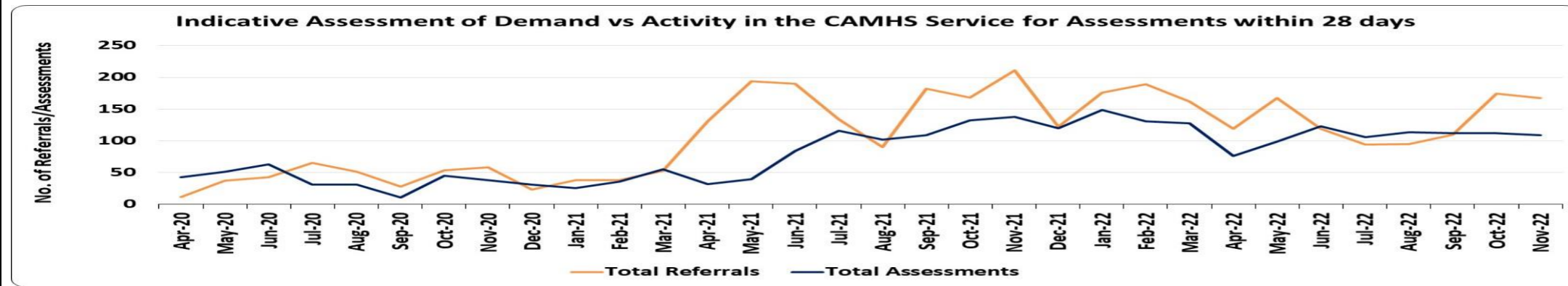
Status as at October 2022		
Health Board	Compliance	Rank
BCU	94.4%	1st
SB	92.7%	2nd
Powys	92.3%	3rd
C&V	83.0%	4th
AB	72.0%	5th
CTM	61.2%	6th
HDda	43.3%	7th

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral (29.4%) - Target 80%



Compliance during November fell back to low levels as seen from earlier on in the year to just 29.4% with just 32 of the 109 assessments undertaken within 28 days of referral. Compliance continues to remain well below the WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Performance continues to be poor in both Part 1a & b with efforts being made to improve capacity and activity, but the demand is having an impact on waiting lists that are seeing an increase once again.



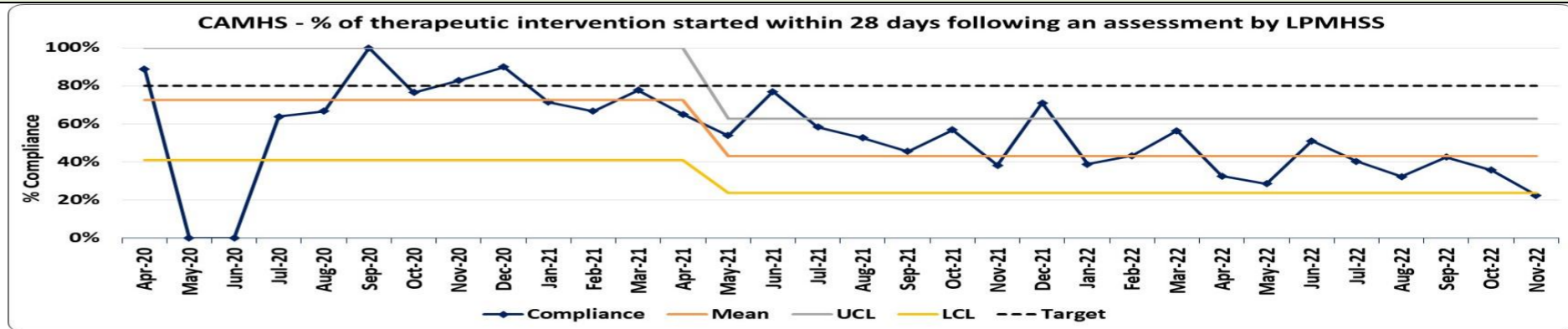
Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2<sup>nd</sup> left, but further progress needs to be made in order to achieve compliance with the 28 day standard.

## % of therapeutic intervention started within 28 days following an assessment by LPMHSS (22.4%) - Target 80%

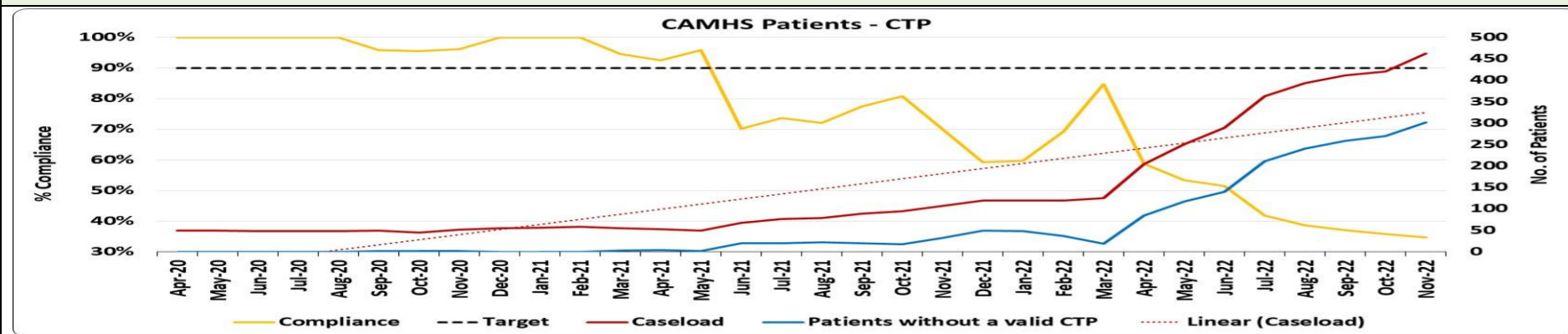
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell to its lowest level seen since June 2020 at 22.4%, with just 17 of the 76 interventions for November commencing within 28 days.

The number of interventions started in November has increased compared to previous months following the service putting in place additional capacity in an effort to reduce the backlog of patients waiting longer than 28 days.

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



## % of HB residents who are in receipt of secondary MH services who have a valid CTP (34.6%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continues to fall with just 34.6% compliance observed during November.

From the start of the period to May 2021 the caseload volume had been fairly constant and compliance remained above the target threshold. Thereafter, caseload volumes increased incrementally until a sharp rise was seen April 2022, where caseloads have grown, on average by 35 patients each month. The backlog has grown to such an extent that only a third of patients currently have a valid CTP.

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

CAMHS continued on the next page...

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

Demand has remained high in November. The acuity of the presentations of the Children and Young People (CYP) remains high and evidenced by the increasing number of CYP requiring Part 2 in the service as well as patients requiring more interventions prior to discharge. Performance has varied for Part 1a and Part 1b, due to a backlog of patients waiting longer than 28 days for assessment and intervention. The focus of the CAMHS teams has been to ensure patients are treated in order of longest waits and there is equity in access across the locality teams, unless there is clinical urgency. There has been increased capacity in recent months for assessments and interventions and this capacity has been used for patients waiting longer than 28 days. This has led to a slight decrease in performance although the number of patients waiting for intervention under Part 1b has reduced significantly.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 CTP continues to increase within the service (increasing to over 400 CYP). This increase in patients identified under Part 2 of the service has resulted from quality improvement work to improve the understanding and awareness of the criteria of Part 2. Work has been ongoing to ensure these patients are allocated a care co-ordinator and meet with the patient to put in place a valid CTP. The overall number of patients with a valid CTP has increased from 120 in April 2022 to 160 in November 2022.

**Actions being taken:** An improvement action plan and trajectories had been developed in order to improve compliance for all Mental Health Measures targets. In light of the increasing demand to the service and poor compliance to date with the targets these plans are being revised and reviewed with the senior clinical leads. Meetings are in place with the service team leads and senior clinical leads on a fortnightly basis.

Actions already taken place to support improvement include movement of resources to areas of longest waits; review of caseloads and supporting clinicians with identifying discharge plans and caseload review and wellbeing support for the workforce. Additional WLIs have been in place since September and are providing additional capacity in the interim to recruitment to new posts in the service.

Recruitment has taken place for new posts funded via the Mental Health Service Improvement Fund in the following areas: Band 5 RMN and Band 3 Healthcare Support Workers – with the Band 3 due to start in February 2023 and the Band 5 staff later in March 2023. These staff will provide additional capacity for assessments and interventions once in post; Primary care liaison posts – these staff are due to start by the beginning of February. These staff will provide additional capacity to the Single Point of Access team and work closely with GP clusters to provide advice and consultation to help manage demand into the service. The first phase of this work will include a professional contact telephone line to discuss any CYP. This work is intended to support longer term management of demand.

The service has been working on some new and exciting innovative pathways with third sector organisations to provide additional capacity and work in partnership in the development of groups for CYP and their parents. The first pilot of this work will start in February 2023 with Mental Health Matters. This will provide additional capacity for interventions and reduce the waiting times for interventions. The service is also planning on implementing a referral pathway to Silvercloud which will provide CYP the option to receive therapy intervention via a 12 week online course.

The In-Reach Service/Whole Schools Approach was implemented at the beginning of September with the first 40 pilot schools. This service will underpin early intervention and prevention in partnership with other organisations, supporting emotional wellbeing resilience in CYP and aim to prevent onward referrals into specialist CAMHS.

To improve compliance with Part 2 performance, non-clinical time has been reduced and additional time has been given to appointments in November, December and January to enable care co-ordinators to complete the CTP. At the end of January it is anticipated that performance will improve from 35% to approx. 65% and further improvement to 90% by the end of March 2023.

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

- Review of current job plans and recruitment to increase capacity for assessments
- Implementing text reminders to maximize the available capacity (awaiting ICT support)
- Review of the clinical model and review and support for caseload management
- Demand and capacity training for the service clinical and admin leads

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

### Outputs of improvements

#### Part 1a and 1b :

- The significant increase in demand in October and November outstripping the available capacity has seen waiting times increase with more patients waiting longer than 28 days and so it is anticipated performance will be lower in the next few months. The actions being taken to increase and maximise capacity available. Recruitment to new posts and working with third sector organisations will be implemented in early 2023, it is anticipated there will be improvement subject to demand levels from February/March 2023
- The actions taken to manage demand, namely primary care liaison and roll out of the schools in-reach provision are part of a wider systematic approach to supporting wellbeing and mental health and are anticipated to take longer to have an impact on referral number and trends with expectation of having an impact in the medium to longer term towards the summer of 2023.

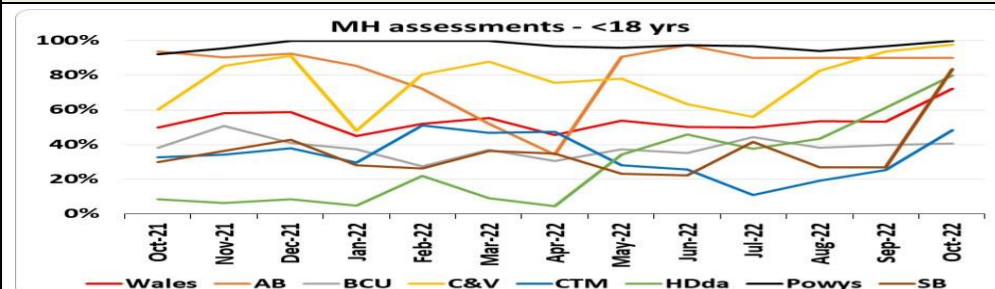
#### Part 2:

There has been a focus on providing additional capacity and time to support care co-ordinators to complete CTPs with their patients from November through to the end of January. Alongside this, the work on capacity and demand concluded at the end of December. It is anticipated there will be an improvement in performance from January 2023 to approximately 65% and the further improvement in line with the performance target by the end of March 2023.

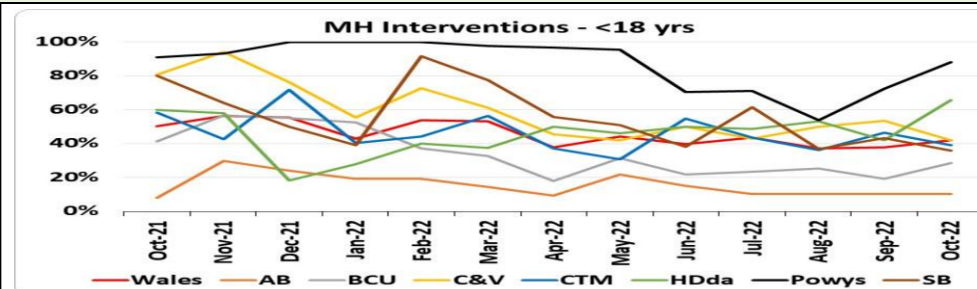
### Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen – the service has seen an increase in demand in the winter of 2022 and despite making improvements to the waiting list over the summer, the waiting list has increased again since October.
- Reduced capacity - Staff uptake in doing additional clinics has been limited in November and December. The Industrial Action also had an impact with a number of appointments cancelled on both days reducing the activity significantly in December.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

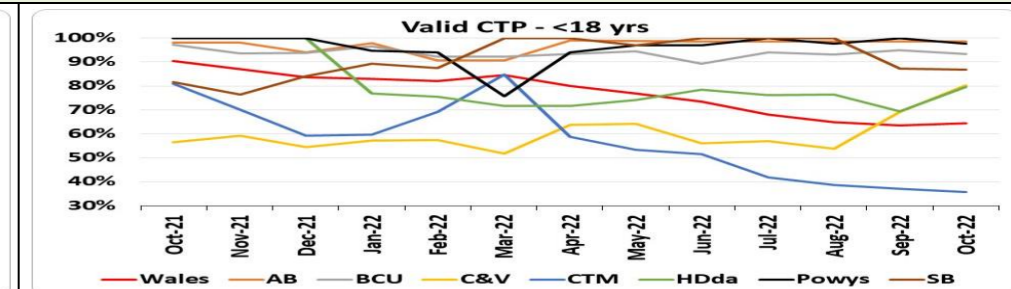
## How do we compare with our peers?



Health Board	Compliance	Rank
Powys	100.0%	1st
C&V	97.8%	2nd
AB	90.1%	3rd
SB	83.8%	4th
HDda	80.0%	5th
CTM	48.2%	6th
BCU	40.6%	7th



Health Board	Compliance	Rank
Powys	88.0%	1st
HDda	65.6%	2nd
C&V	42.1%	3rd
CTM	39.0%	4th
SB	35.8%	5th
BCU	28.4%	6th
AB	10.3%	7th

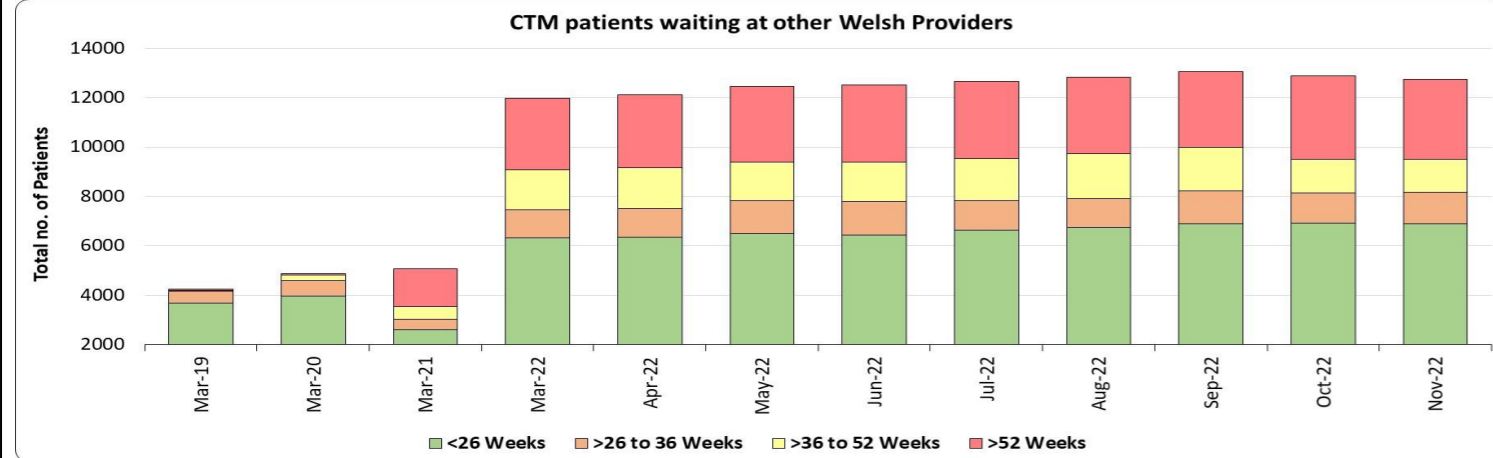


Health Board	Compliance	Rank
AB	98.6%	1st
Powys	97.7%	2nd
BCU	93.3%	3rd
SB	86.9%	4th
C&V	80.3%	5th
HDda	79.7%	6th
CTM	35.7%	7th



# WHSSC – Welsh Health Specialised Services Committee

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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in November is 4,560 of which 3,226 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 257 and there are just 3 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB			CTMUHB Patients waiting at Aneurin Bevan UHB			CTMUHB Patients waiting at 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	209	784	Urology	14	63	Oral Surgery	181	458
Neurology	205	418	Trauma & Orthopaedics	12	47	Plastic Surgery	70	225
Clinical Immunology And Aller	38	188	ENT	8	30	Trauma & Orthopaedics	59	190
Ophthalmology	91	183	Ophthalmology	12	11	Orthodontics	19	104
General Surgery	42	85	General Surgery	6	8	General Surgery	59	73
Gynaecology	16	36	Oral Surgery	6	5	Gynaecology	36	66
Urology	23	36	Orthodontics	3	3	ENT	3	22
General Medicine	19	26	Cardiology	1	1	Gastroenterology	4	19
ENT	15	24	Gynaecology	7	1	Urology	3	16
Oral Surgery	12	21	Gastroenterology	3	0	Ophthalmology	4	9
Paediatric Surgery	24	21	Grand Total	72	169	Paediatrics	3	5
Dental Medicine Specialties	11	18				Neurology	19	1
Gastroenterology	11	13				Diagnostic	3	0
Cardiology	20	5				Grand Total	463	1188
Dermatology	9	3						
Paediatric Dentistry	8	3						
Paediatrics	25	3						
Restorative Dentistry	3	2						
Cardiothoracic Surgery	4	0						
Clinical Pharmacology	2	0						
Neurosurgery	6	0						
Orthodontics	5	0						
Pain Management	1	0						
Grand Total	799	1869						

CTM patients waiting at specific health boards (RTT)					
November 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB
Weeks Wait	Total Patients	% waiting	Total Patients	% waiting	Total Patients
<26 Weeks	3534	50.8%	319	50.6%	3010
>26 to 36 Weeks	754	10.8%	71	11.3%	449
>36 to 52 Weeks	799	11.5%	72	11.4%	463
>52 Weeks	1869	26.9%	169	26.8%	1188
Total Waiting	6956		631		5110
% of Total Waiting	54.6%		5.0%		40.1%

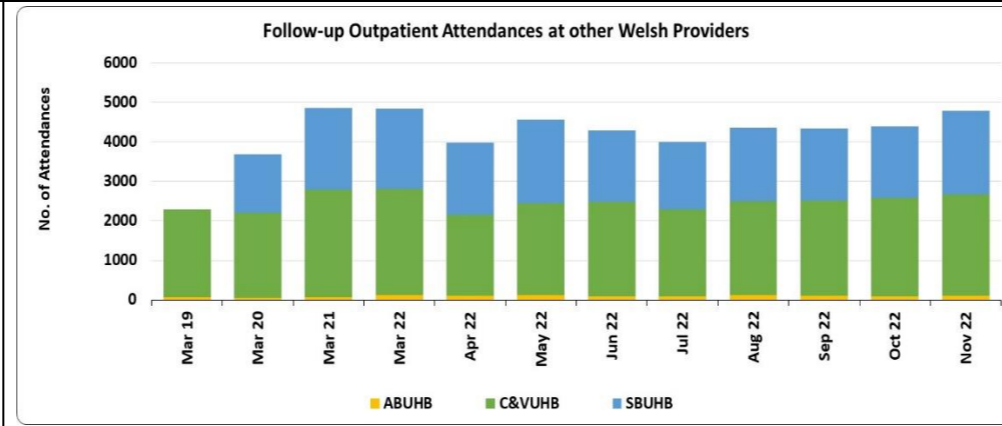
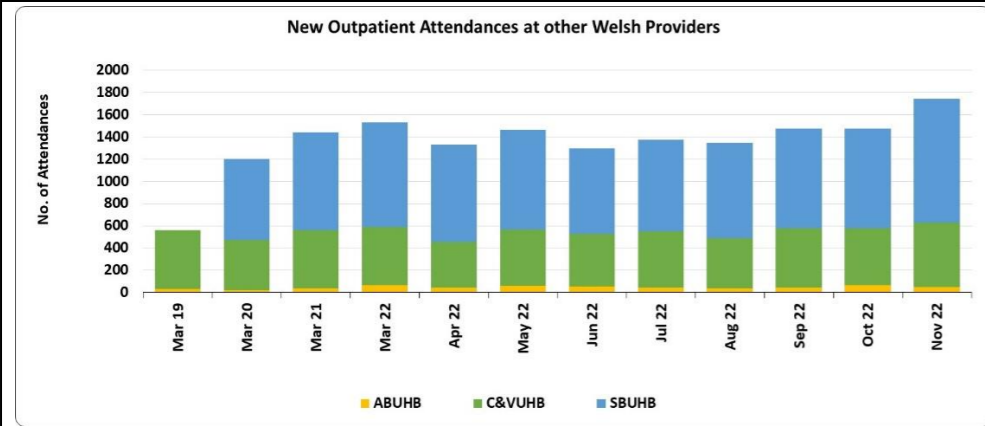
  

Diagnostics			Diagnostics			Diagnostics		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Endoscopy	75	45	Endoscopy	20	15	Neurophysiology	175	83
Cardiology	137	31	Radiology	20	3	Endoscopy	40	35
Radiology	214	24	Physiological Measurement	1	1	Cardiology	62	11
Physiological Measurement	15	9	Cardiology	6	0	Physiological Measurement	1	0
Neurophysiology	4	0	Total	47	19	Total	278	129
Total	445	109						

Therapies			Therapies			Therapies		
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks	Service	Total Waits	>14 wks
SALT	4	2	Physiotherapy	10		No patients waiting for a therapy		
Dietetics	19	1	Dietetics	2				
Occupational Therapy	2	0	SALT	2				
Physiotherapy	23	0	Occupational Therapy	1				
Podiatry	1	0	Total	15				
Total	49	3						

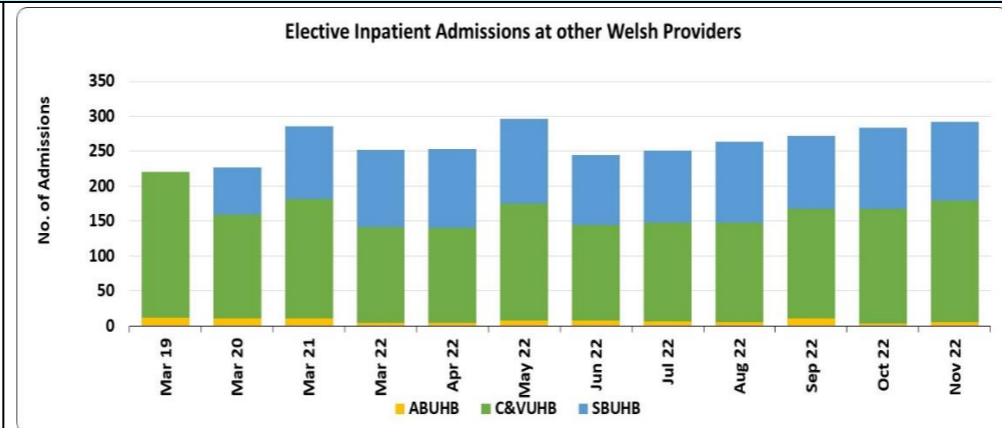
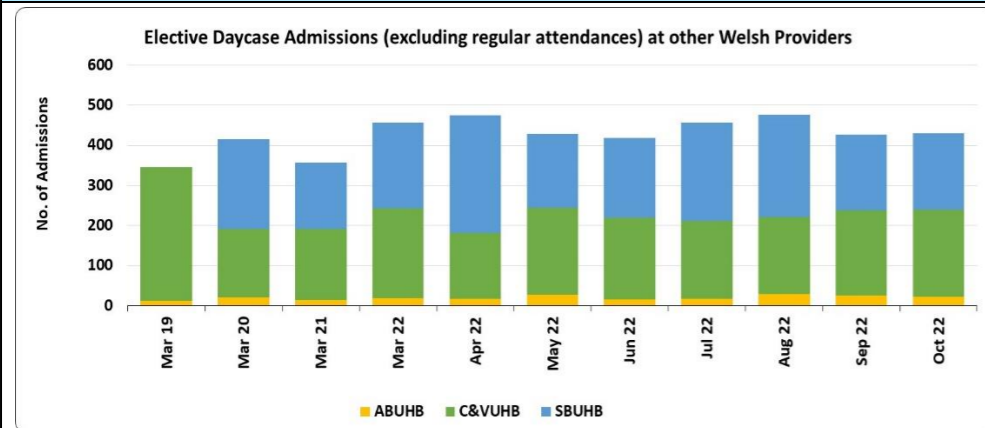
## CTM Outpatient Attendances at other Welsh Providers



The November 2022 position (December reporting period) continues to show marginal change from the previous reported positions.

There are four CTMUHB residents waiting up to 52 weeks for Cardiac Surgery at Cardiff and Vale UHB.

The volume of CTMUHB residents with long waits for Neurosurgery has improved, with no patients waiting more than 52 weeks currently. Six patients have waited between 36 and 52 weeks. Neurology waits remain a significant concern with a total of 418 patients waiting more than 52 weeks.



Cardiff and Vale paediatric surgery waits are still over 52 weeks (with 21 breaches currently), but the volume of patients in this wait band has reduced slightly and improvements are expected in quarter four.

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



## 2.5 Finance update – Month 9

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

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### 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:

- LFERs remain a challenge, however work continues to address the backlog. In addition, new systems and process in respect of learning and capturing learning have been implemented, which will support the timely management of LFERs for the newly triggering cases.
- Post pandemic recovery and increased demand and pressures of Unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business. The six goals programme board is being launched within urgent and emergency care.
- The health board is working with the Welsh Ambulance Service Trust (WAST) to review how incidences such as patients being unable to receive an ambulance in the community can be reduced, and to mitigate the risk of harm to those waiting extended periods to be offloaded from ambulance in the meantime. The Unscheduled Care Nurse Director and acute sites Heads of Nursing are working through a set of care principles during delays in offloading to Emergency Departments. This will be co-produced with consultants and WAST.
- Prince Charles Hospital is committed to being an active participant in the development and sustainability of stroke services across CTM. If current increase in number and complexity of stroke patients across these sites continues, then the ability of Occupational Therapy, Speech and Language Therapy, Physiotherapy and Dietetics, to respond and provide a quality service to these patients will reduce and not be sustainable without additional resource. A CTM wide,

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stroke plan is currently in progress to the previously escalated concerns regarding the staffing and the on call rota; furthermore under the six goals framework the 'hyper acute sites' will be moving to a model of ring-fenced 'hyper acute stroke beds' next month.

- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.
- Ensuring robust implementation of the RLDatix system, which is aligned to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible enable triangulation and is meaningful.
- Gaining health board wide assurance across the breadth of UHB services, especially during a period of significant change in its operations.
- Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board require ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
<b>Related Health and Care standard(s)</b>	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p>



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

## 5. RECOMMENDATION

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