



<b>AGENDA ITEM</b>
6.3

<b>CTM BOARD</b>
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<b>INTEGRATED PERFORMANCE DASHBOARD</b>
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<b>Date of meeting</b>	30/03/2023
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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
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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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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>
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Committee/Group/Individuals	Date	Outcome

<b>ACRONYMS</b>	
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**



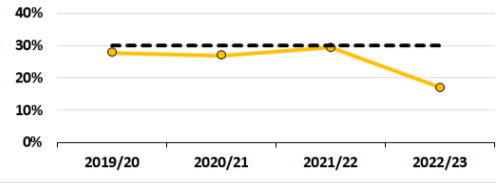
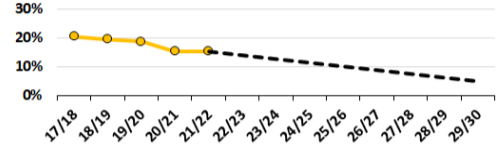
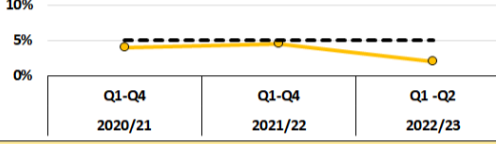
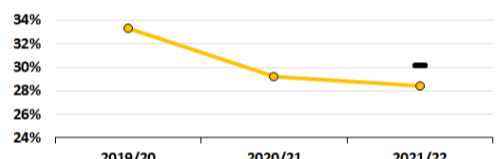
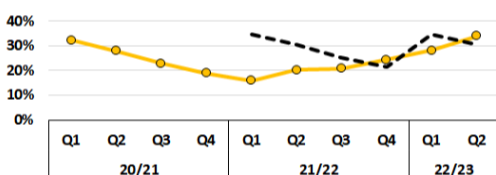
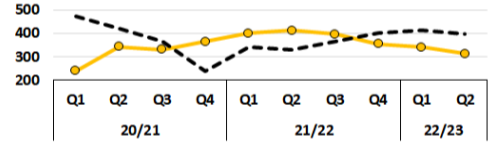
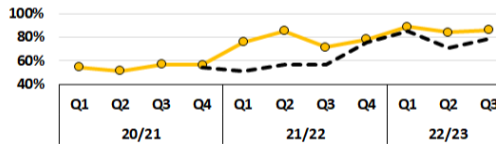
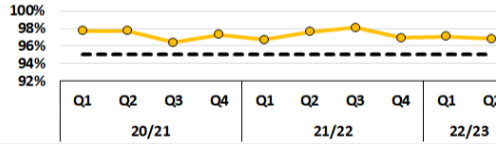
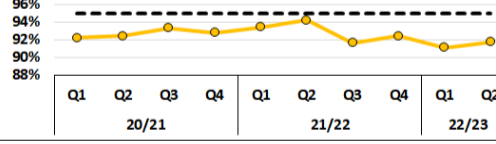
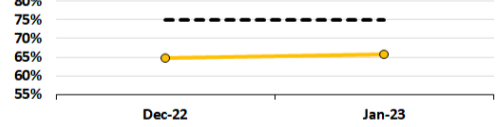
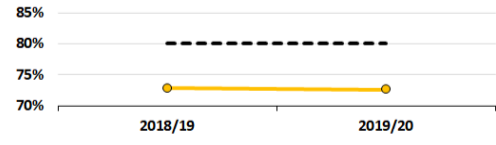
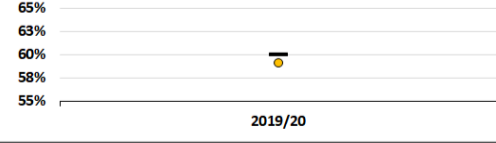
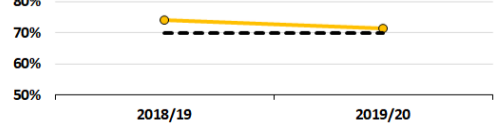
- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described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

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

The Quadruple Aim metrics endorsed by Welsh Government, 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 UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below:

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management						
Performance Measure		Target	Key:  Trend  Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f4cccc;">Target Failed</span>	Latest Position	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional &amp; locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		<span style="background-color: #f4cccc;">17.1%</span>	Apr-Feb 2023	
	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr-Aug 2022	
Smoking	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		15.4% is the baseline with annual reduction target from 2022/23	2021/22	
	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		<span style="background-color: #f4cccc;">2.05%</span>	Q1-Q2 2022/23	
	Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr-Aug 2022	
Diabetes	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21		<span style="background-color: #f4cccc;">28.4%</span>	2021/22	
	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		<span style="background-color: #d9ead3;">34.0%</span>	Q2 2022/23	
Substance Misuse	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		<span style="background-color: #d9ead3;">313.4</span>	Q2 2022/23	
	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		<span style="background-color: #d9ead3;">86.2%</span>	Q3 2022/23	
Vaccinations	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		<span style="background-color: #d9ead3;">96.8%</span>	Q2 2022/23	
	Percentage of children who received 2 doses of the MMR vaccine by age 5			<span style="background-color: #f4cccc;">91.7%</span>		
	Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents	75%		<span style="background-color: #f4cccc;">65.7%</span>	Jan-23	
Screening	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		<span style="background-color: #f4cccc;">72.6%</span>	2019/20	
	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		<span style="background-color: #f4cccc;">59.1%</span>	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%		<span style="background-color: #d9ead3;">71.4%</span>	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: <span style="color: orange;">—●—</span> Trend <span style="color: grey;">- - -</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f2dede;">Target Failed</span>	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22	
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1		
	Number of new patients (children aged under 18 years) accessing NHS dental services	4 Quarter Improvement Trend		3,090	Q3 2022/23	
	Number of new patients (adults aged 18 years and over) accessing NHS dental services			6,085		
Number of existing patients accessing NHS dental services			31,441			
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		94.9%	Sep-22	
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		1.0%	Q3 2022/23	
	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Care Service (12 hours a day, 7 days a week) across all acute sites	7 days a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	<b>Majority not on track &amp; improvement needs to be made</b>		N/A	Q2 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	40.9% (SSNAP Quarterly Average)		3.3%	Jan-23	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		64.7%		
	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		1,685	Feb-23	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend Target <21		14		
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend Target <73		55		
	% 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 >3.3%		18.0%	Dec-22	
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Dec-22	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		43.0%		
	Number of ambulance patient handovers over 1 hour	Zero		790	Feb-23	



**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: <span style="color: orange;">—●—</span> Trend <span style="color: black;">- - -</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f2dede;">Target Failed</span>	Latest Position
<b>Patient Flow &amp; Discharge</b>	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		836	Oct-22
	% of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend Target <54.2%		55.4%	
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		51.7%	Dec-22
<b>Elective Planned Care</b>	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	80%		38.1%	Jan-23
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		2,953	
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		15,245	
	Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024		1,200	Feb-23
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by June 2023		18,109	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National Target <=19,606 by March 2023		31,994	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		60.6%	Jan-23
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023		8,714	
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		47,434	Jan-23
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		48.8%	



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: <span style="color: orange;">—●—</span> Trend <span style="color: grey;">- - -</span> Target/Trajectory	Key: Target Achieved	Target Failed
			Latest Position	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		4.02	2021/22
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			62.5%	
% 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%		18.3%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			17.1%	Jan-23
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		85.6%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		27.6%	
Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	Evidence of Improvement	On track	N/A	Apr - Aug 2022
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		92.8%	
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		100.0%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			83.5%	Jan-23
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		88.4%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			47.9%	
% 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%		88.7%	
Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr - Aug 2022
Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of Improvement	Majority on track, but scope to improve	N/A	Apr - Aug 2022



**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: <span style="color: orange;">—●—</span> Trend <span style="color: black;">- - -</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f2dede;">Target Failed</span>	
			Latest Position	
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	58		77	Cumulative Numbers Apr to Feb 2023
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	22		36	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		85.76	Cumulative Rate Apr to Feb 2023
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		33.53	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		23.81	
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22 <39.1%		31.6%	Jan-23
% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22 <14.7%		18.8%	

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

Performance Measure	Target	Key: <span style="color: green;">—●—</span> Trend <span style="color: black;">- - -</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f2dede;">Target Failed</span>	
			Latest Position	
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend <6.9%		9.9%	Jan-23
% of sickness absence rate of staff	12 Month Reduction Trend <8.1%		7.5%	Jan-23
% of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Bi-annual Improvement >7.24%		7.57%	Sep-22
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		69.0%	Jan-23
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		56.7%	
Staff Engagement	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: <span style="color: blue;">—●—</span> Trend <span style="color: black;">- - -</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Target Achieved</span> <span style="background-color: #f2dede;">Target Failed</span>
				Latest Position
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach (ktCO2e)	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position		132.75
	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of Improvement	Majority on track, but scope to improve	2021/22
Foundational Economy	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Majority on track, but scope to improve	N/A
New Ways of Working	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach	On track	
	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >55,104		206,766
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend Target >10		45
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		71.4%
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20 Target <275.6		285.0
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction Target <1433		1,426
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend Target <5065.4		4895.6

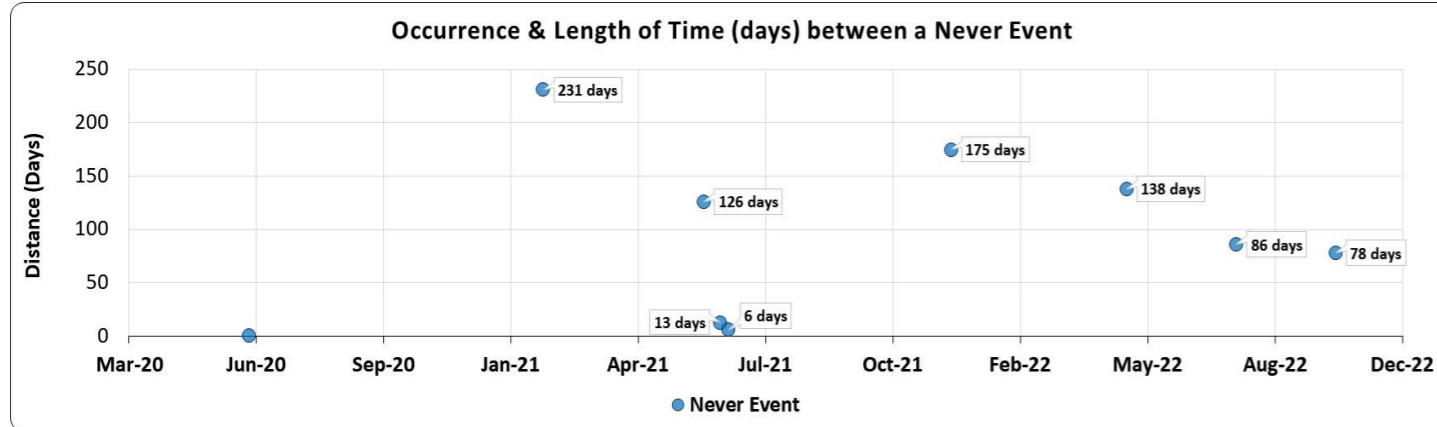
## 2.2 Quality

### Never Events & Serious Incidents

#### Never Events

Number of Never Events – February 2023

0



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

There were no Never Events reported in February, with the last occurrence being 13<sup>th</sup> October 2022 (formal reporting submitted December 2022) relating to a wrong side surgery. The investigation remains ongoing.

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

#### Nationally & Locally Reportable Incidents

Number of Nationally Reportable Incidents – February 2023

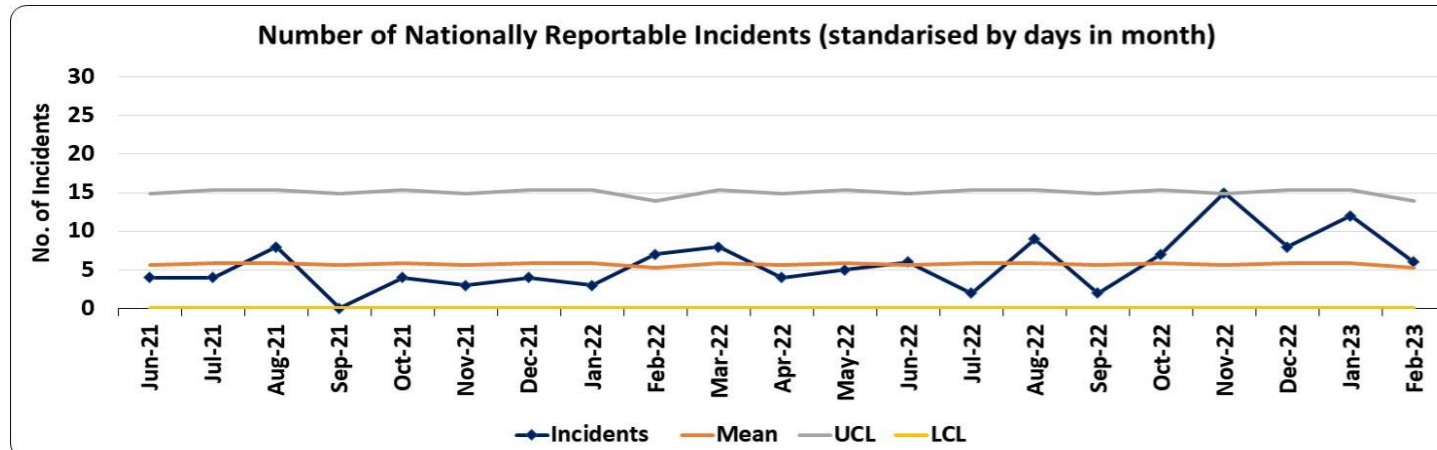
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Number of Locally Reportable Incidents – February 2023

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Number of Patient Safety Incidents – February 2023

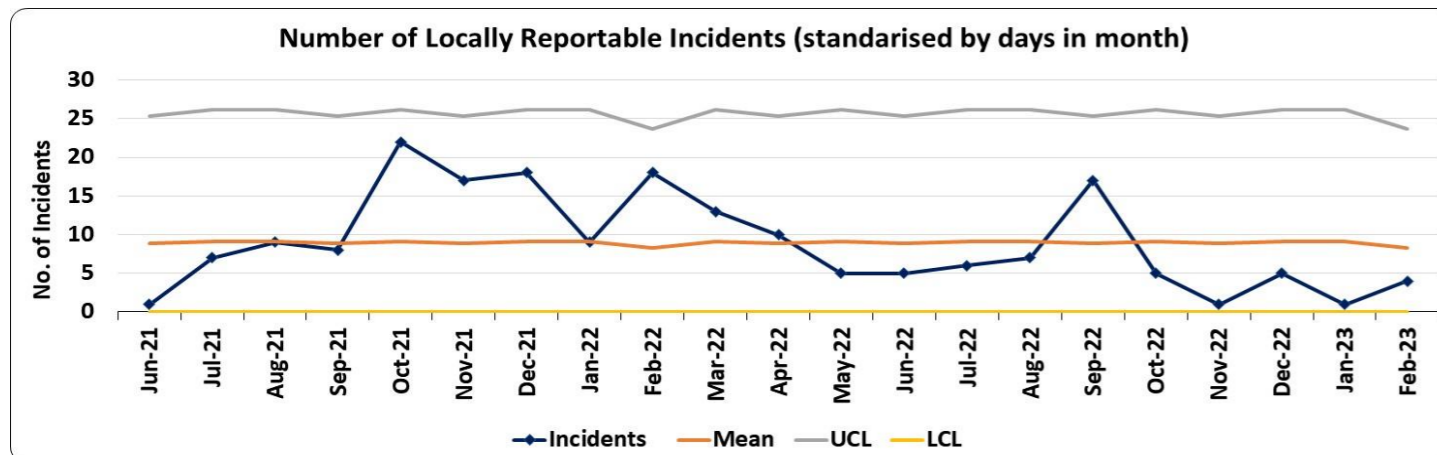
1,912



Throughout February 2023 there were a total of 2,202 incidents reported on Datix Cymru across the Health Board, of which, 1,912 (86.8%) were reported as the patient/service user being the person affected. Of these, 18.3% (350) of the patient safety incidents were reported as resulting in moderate, severe harm or death.

During February, there 6 Nationally Reportable Incident notifications submitted to the NHS Delivery Unit (NRIs are detailed in the table below). It should be noted that Nationally Reportable Incident is presented based on the date the notification was submitted to the Delivery Unit. As a result of this, the increase in both November and January is reflective of the submission of legacy ambulance delays that occurred prior to the reporting period. November 2023 submissions relate to delays that occurred between 28.06.21 and 28.10.22. January 2023 submission relates to delays that occurred between 08.09.22 and 21.09.22. It is anticipated that these incidents will be downgraded following the completion of the review by the Health Board's Multidisciplinary Panel.

Nationally Reportable Incident data is also impacted by the notification of Ophthalmology incidents following completion of the harm review process. As with Ambulance Delays, these cases relate to events prior to the current reporting period but are unlikely to be downgraded.



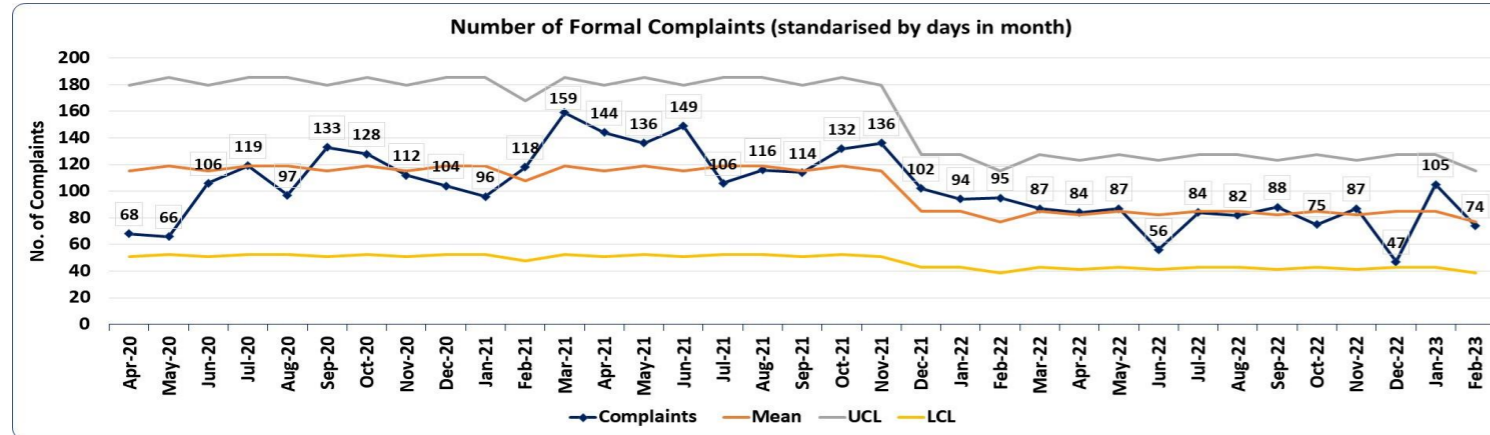
Type of Nationally Reportable Incidents	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total
Admission / Transfer / Discharge								2	8	1	5		16
Pressure Damage			1	3		1			1	2	2	2	12
Treatment, Procedure		2		1			1	2		1	3		10
Delays	2					2							4
Slip, Trip or Fall	1		1		1				2				5
Clinical Assessment, clinical diagnosis			1					1	2	1			5
Maternity adverse occurrence		2						1		1	1	2	7
Patient/Service user death	1						2		2			1	6
Behaviour (including violence and aggression)				1		2							3
Medication	1		1							1			3
Safeguarding								1		1	1		3
Monitoring/Observations				1									2
Neo-Natal Event	2												2
Diagnostic Testing - Radiology										1			1
Maternal Event													0
Organisational - Failure to follow Policy/Procedure													0
Records, Information						1							1
Staffing													1
Transport			1										1
Accident, Injury												1	1
Unexpected Complications	1												1
<b>Grand Total</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>12</b>	<b>6</b>	<b>84</b>

## Complaints & Compliments

### Complaints

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

**74**



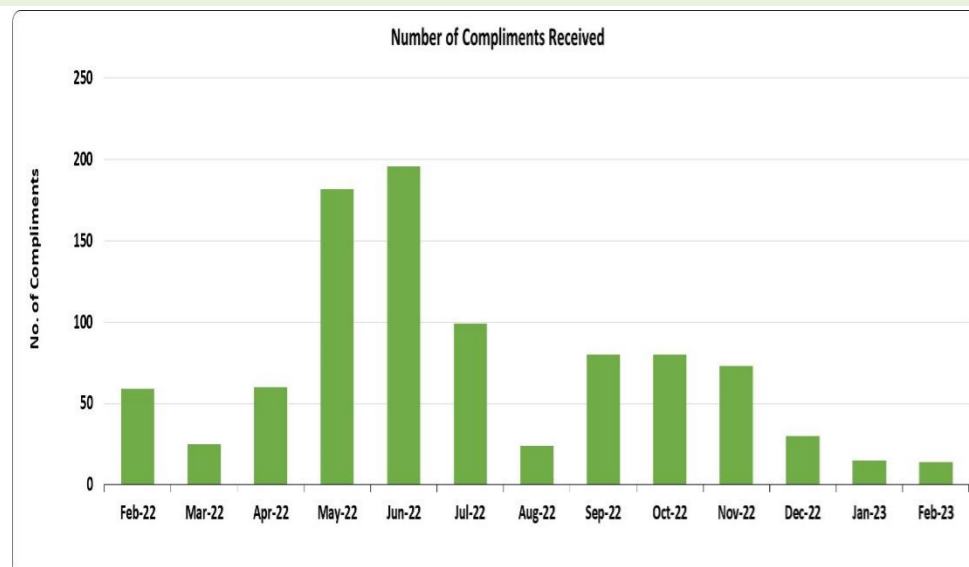
During February 2023, 74 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. Although there was a spike in the number of formal complaints last month, the chart above indicates a sustained change from December 2021, with the volumes this month reflecting the trend seen from this date. The number of formal complaints remains within natural variation with February resting just below the current mean. Historically there is generally a dip in complaints during the holiday period with a rise in the early part of the year. For those complaints received during February, the top five themes relate to clinical treatment/assessment (44), communication issues (9), discharge issues (6), attitude & behaviour (4) and patient care & other (3 apiece).

Top Ten - Main Themes from Complaints	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total
Clinical treatment/Assessment	45	47	51	36	54	44	55	40	32	29	60	44	537
Communication Issues (including Language)	14	8	9	5	4	1	5	3	11	1	9	9	79
Attitude and Behaviour	8	4	4	2	7	9	5	4	10	2	8	4	67
Appointments	5	7	5	5	4	4	4	3	9	3	5	2	56
Discharge Issues	6	6	5	3	1	5	3	1	2	1	4	6	43
Medication	0	2	6	3	1	3	3	8	6	0	4	0	36
Patient Care	0	3	0	0	0	4	4	7	4	4	7	3	36
Admissions	3	0	2	0	4	2	2	1	3	0	1	0	18
Referral	0	1	0	0	3	5	1	0	0	1	2	1	14
Other	1	0	0	0	1	2	2	2	0	1	1	3	13

### Compliments

Number of compliments – February 2023

**14**



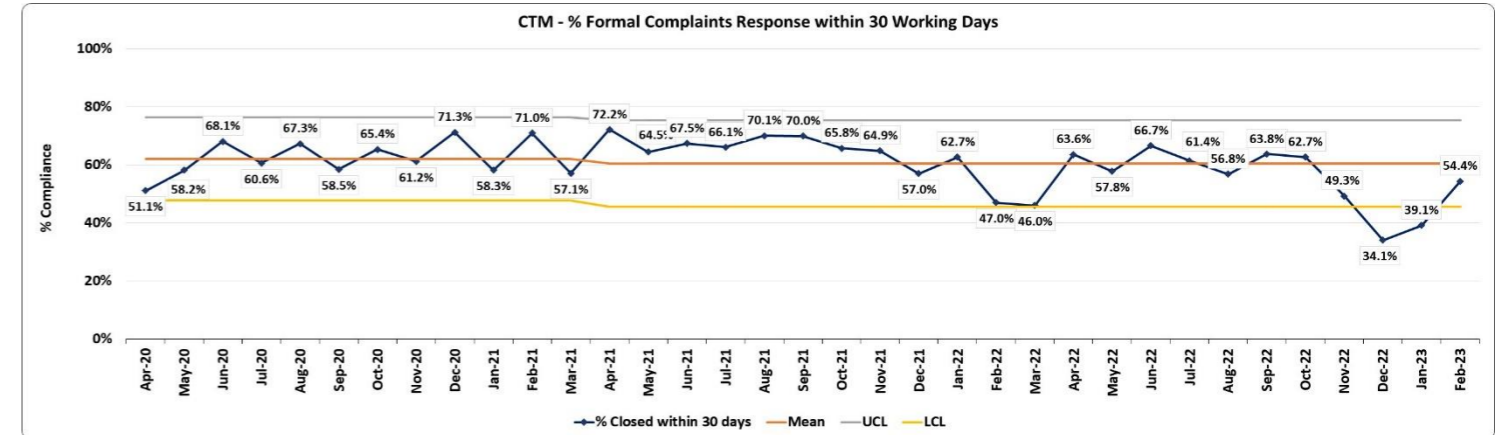
February 2023 saw the fewest compliments received, with just 14 recorded on the Datix system with the twelve month average equating to 73 compliments per month. Civica system remains the key focus of the Health Board to gain patient feedback in real time from a qualitative and quantitative perspective to help drive service improvement and demonstrate the excellent work that is being undertaken across the Health Board to enable shared learning. The team continue to work with various departments to increase patient feedback and due to the organisational restructure a meeting will be held this month to ensure representation from all care groups is in place and discussions as to how we take forward and embed further within these.

There still remains a barrier to enabling the sms element of the system to be automated due to IT infrastructure, but again the team are looking to manage this on a stepped basis to support going forward. However, there are surveys that are currently being sent to patients via this method and the paper have your say cards are in place across the Health Board. Currently the PALS Team (POW) are collecting the have your say cards on a weekly basis and these are being picked up to be entered onto the system via the Civica team when they have the capacity to do so. Once the PALS team have been established across the Health Board there will be a mechanism put in place to collect and ensure feedback is uploaded onto the system across all acute sites.

During February CTM received 3 have your say cards (however this may increase as these are being uploaded retrospectively on the system), 8 patient experience surveys and 219 bespoke surveys. The majority of the feedback received is positive in nature. This information is sent across to department leads on a monthly basis via email in order to review the feedback received and action accordingly.

% formal complaints response within 30 working days – February 2023

**54.4%**



The proportion of complaints responded to within 30 working days saw an improvement compared to the previous low levels seen towards the end of 2022, with around 54% of complaints responded to within the requisite timescale, though it is acknowledged that this remains well below the WG's target threshold of 75%.

Following the organisational change process, the centralisation of the complaints process took affect from the 13<sup>th</sup> February 2023. Aligned to this, a review of the systems and processes for the management of complaints is ongoing. This includes the standardisation of procedures and templates to ensure a consistent approach is adopted across the Health Board. In addition it is hoped the implementation of a robust triage process will result in 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 and further improve compliance with the 30 working day response rate.

## Medication Incidents & Mortality Rates

### Medication Incidents

Total Medication Incidents – February 2023

**119**

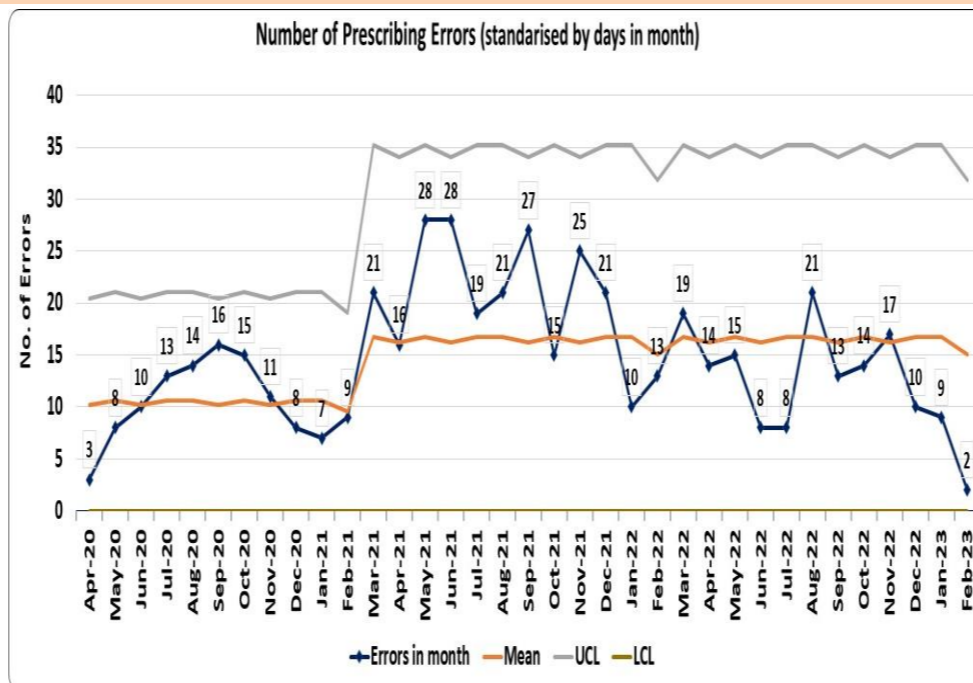
The total number of medicine related incidents is 119, with the charts to the right focusing on patient safety prescribing and administration errors. Of the 119 medication incidents reported for February, 60.5% caused no harm with 27% of incidents recorded as moderate/low. None of the incidents resulted in severe harm being caused.

Medication prescribing errors totalled 2 this period remaining within natural variation and sitting well below the current mean (control chart first right). February had the fewest recorded errors during the time span.

The number of administrative errors, shown in the control chart second right, totalled 27 incidents this month and likewise remains within natural variation.

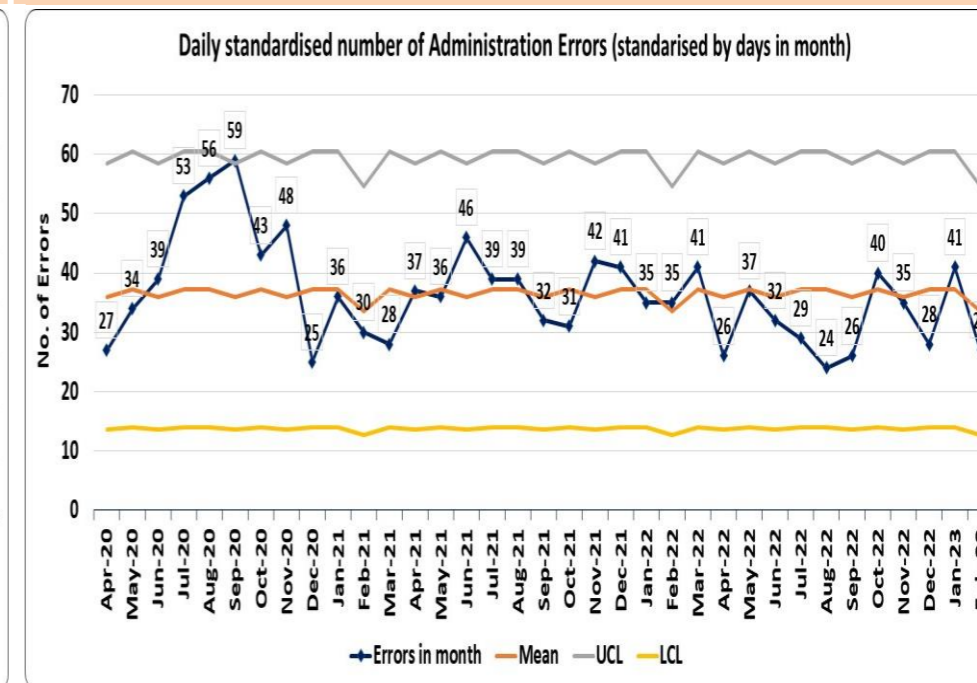
Total number of Prescribing Errors

**2**



Total Administration Errors

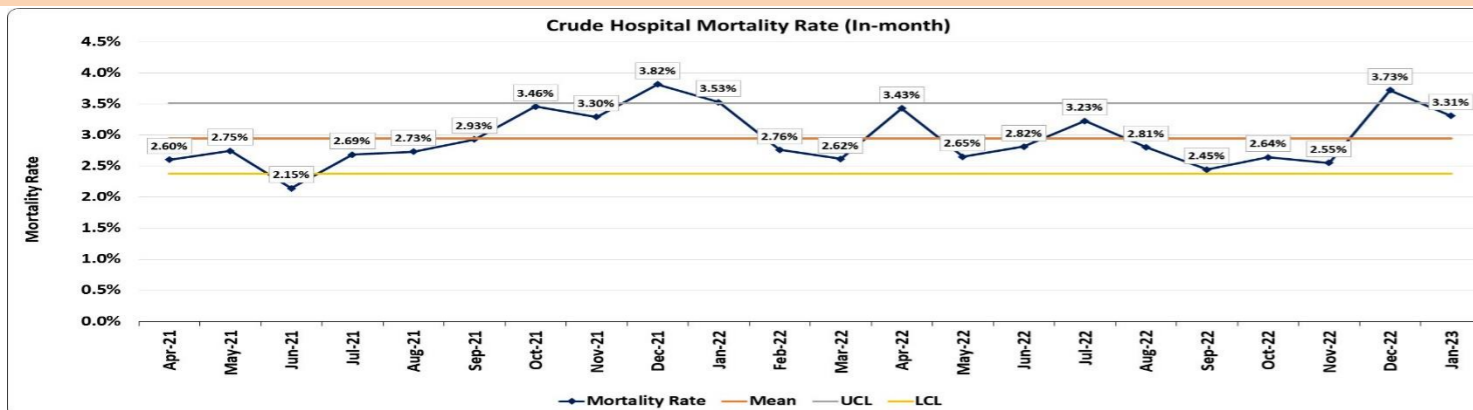
**27**



### Crude Hospital Mortality Rates

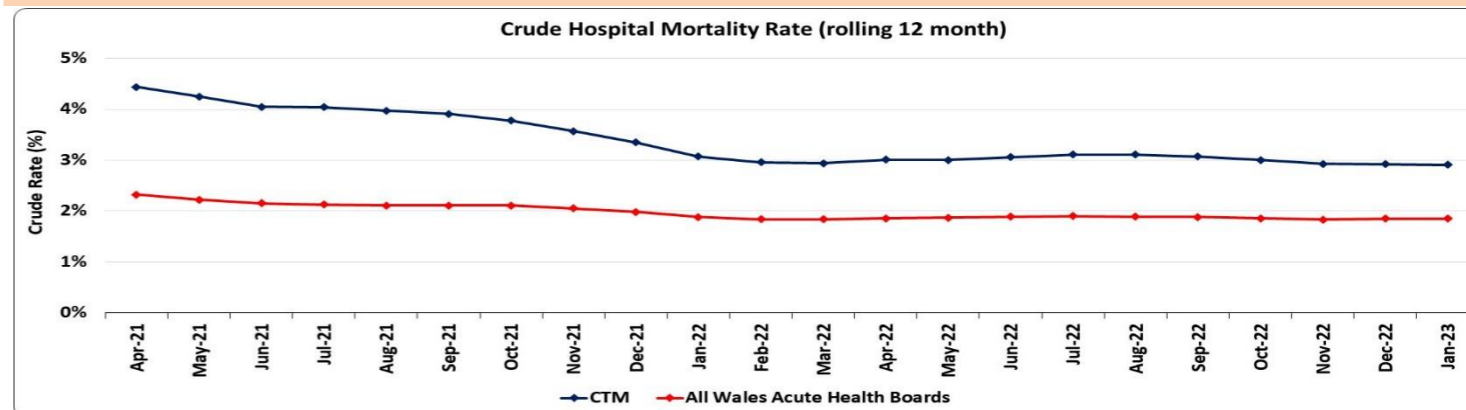
In Month Crude Hospital Mortality Rate – January 2023

**3.31%**

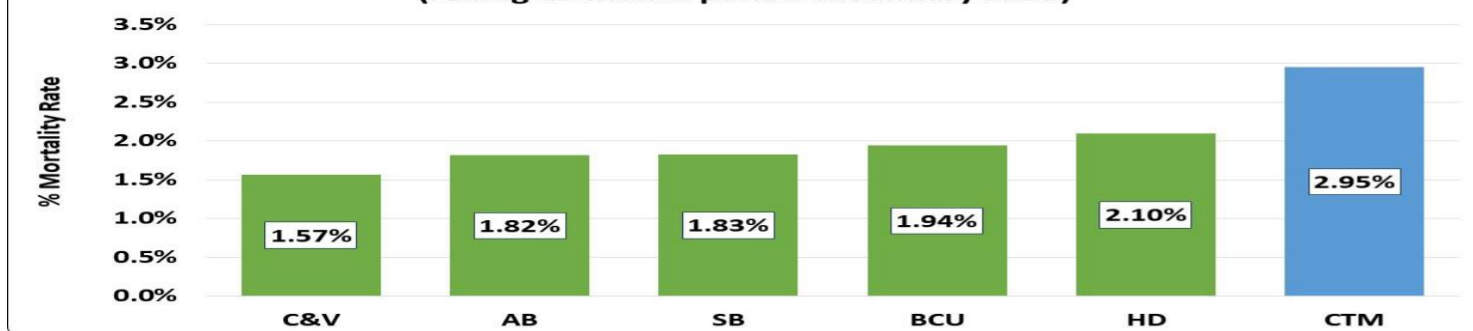


Rolling 12 Month Crude Hospital Mortality Rate to January 2023

**2.91%**



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



The in-month mortality rate fell during January 2023, but lies above the mean of 2.95%, as seen in the chart top left. The rate is lower than the equivalent period of 2022 and displays the expected seasonal increase in mortality during the winter months, which in the main affects the elderly population. Analysis shows the primary reasons for admission appear to be associated with seasonal respiratory conditions, including Covid-19, cardiovascular diseases and malignancies. Around 60% of all deaths for our resident population occurred in hospital during this time period.

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

## Sepsis Six Bundle

### Emergency A&E Patients

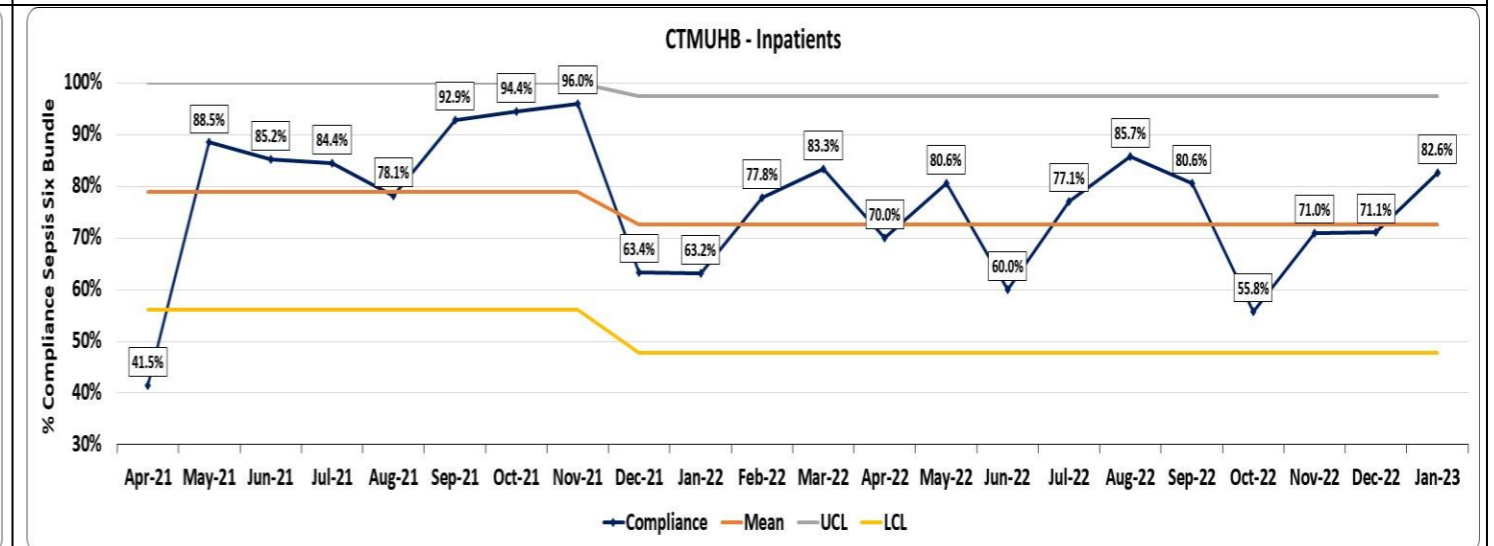
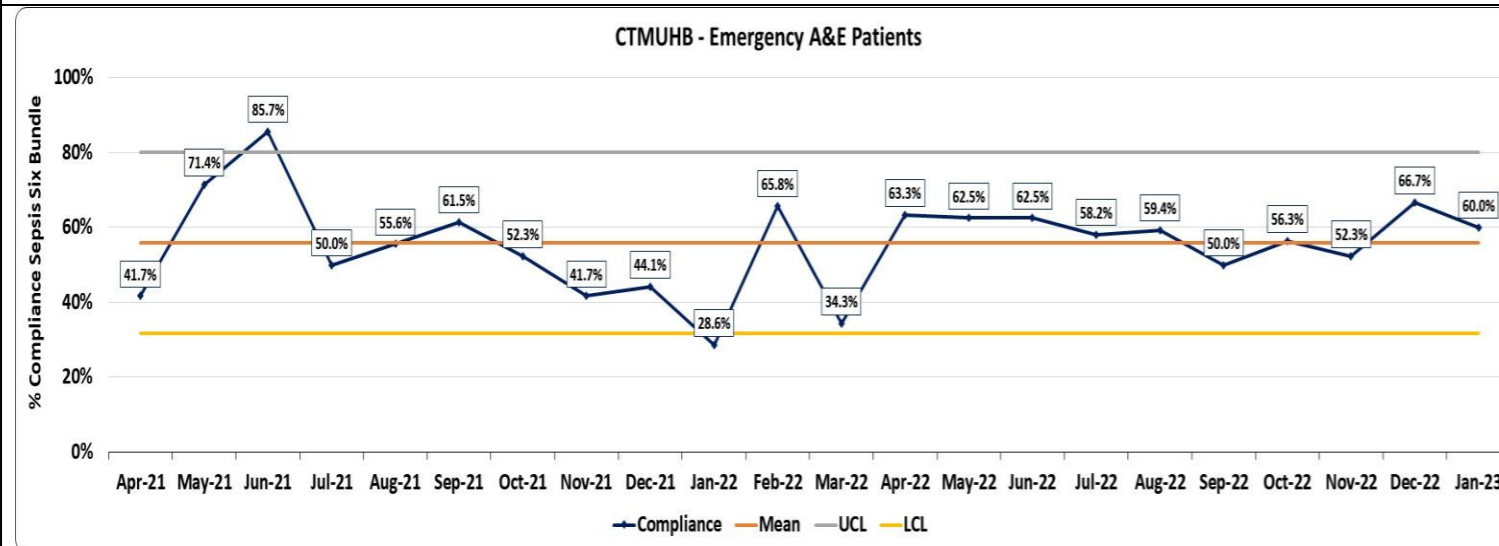
% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the "Sepsis Six" Bundle within 1 Hour – Emergency A&E - **CTMUHB January 2023 – 60.0%**

Period	PCH			RGH			POW		
	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance
Jan-22	19	5	26.3%	2	1	50.0%	Data not collected during this period		
Feb-22	25	16	64.0%	13	9	69.2%			
Mar-22	21	9	42.9%	14	3	21.4%			
Apr-22	52	37	71.2%	19	7	36.8%	19	13	68.4%
May-22	17	9	52.9%	21	14	66.7%	10	7	70.0%
Jun-22	35	21	60.0%	15	10	66.7%	6	4	66.7%
Jul-22	29	17	58.6%	22	11	50.0%	4	4	100.0%
Aug-22	20	9	45.0%	12	10	83.3%	0	0	Nil
Sep-22	26	11	42.3%	10	6	60.0%	4	2	50.0%
Oct-22	47	21	44.7%	24	17	70.8%	2	2	100.0%
Nov-22	29	16	55.2%	12	7	58.3%	0	0	Nil
Dec-22	15	9	60.0%	30	20	66.7%	3	1	33.3%
Jan-23	27	18	66.7%	8	3	37.5%	0	0	Nil

### 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 January 2023 – 82.6%**

Period	PCH			RGH			POW		
	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance	Patients identified as positive to sepsis	Received Sepsis Six within 1 Hour	Compliance
Jan-22	4	3	75.0%	1	1	100.0%	14	8	57.1%
Feb-22	11	9	81.8%	5	5	100.0%	11	7	63.6%
Mar-22	2	1	50.0%	1	1	100.0%	15	13	86.7%
Apr-22	9	5	55.6%	3	3	100.0%	8	6	75.0%
May-22	8	6	75.0%	5	5	100.0%	23	18	78.3%
Jun-22	9	5	55.6%	2	2	100.0%	4	2	50.0%
Jul-22	6	6	100.0%	6	6	100.0%	23	15	65.2%
Aug-22	8	8	100.0%	1	1	100.0%	19	15	78.9%
Sep-22	9	5	55.6%	2	2	100.0%	20	18	90.0%
Oct-22	19	11	57.9%	17	7	41.2%	7	6	85.7%
Nov-22	15	10	66.7%	4	3	75.0%	12	9	75.0%
Dec-22	6	3	50.0%	5	4	80.0%	27	20	74.1%
Jan-23	8	5	62.5%	7	7	100.0%	8	7	87.5%



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

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

In March 2022\* a trial of the revised tool was conducted within our three ED's. Following positive feedback, the tool was introduced within all wards in the acute sites in September 2022. ED compliance results are varied across the sites, however the number of patients identified with either probable or possible sepsis has increased (compliance data is only presented for the sepsis probable patient group). As the graphs illustrate variations exist within PCH/RGH/POW ED departments in terms of incidence and compliance with the sepsis 6 interventions for sepsis probable patients, compliance range is between 40% -100%. Continued work is ongoing with teams on all sites to improve the identification and compliance rate. Due to a different process of recording sepsis data within POW incidence is low, however the process has been reviewed and actions agreed to gain more robust data and results for February 2023 are more promising.

The numbers of inpatients identified with probable sepsis has increased since roll-out in September 2022. There are more forms being completed by ward staff, however some are incomplete making data capture difficult which had resulted in lower compliance on all sites. Since November 2022, there is an upward compliance rate with overall compliance 82.6% for CTMUHB in January 2023.

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

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

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

The new sepsis tool is in use on all PCH, RGH and POW adult ward areas (currently excluding Mental Health). There is ongoing sepsis education for medical and nursing staff. 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:

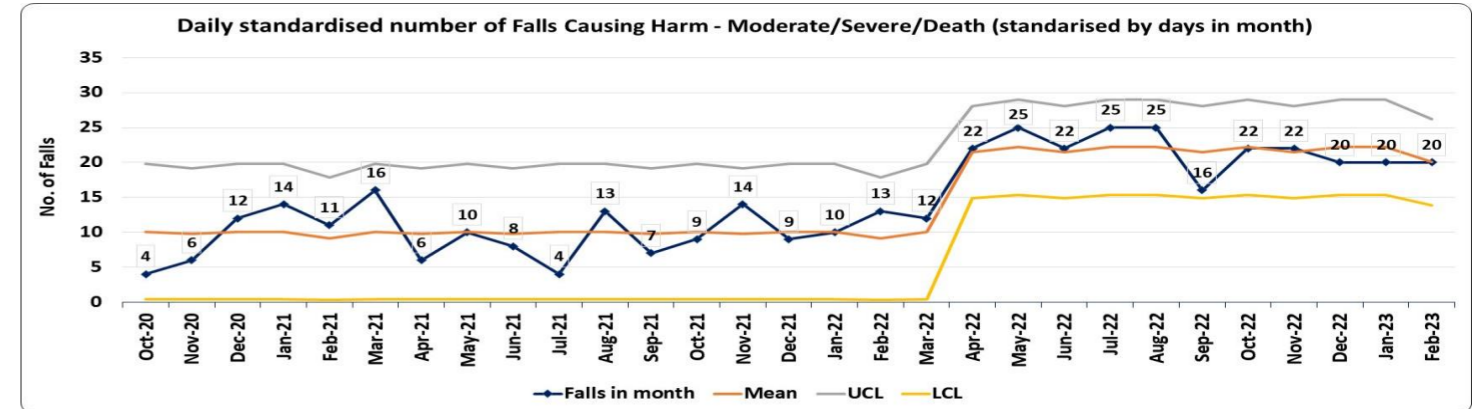
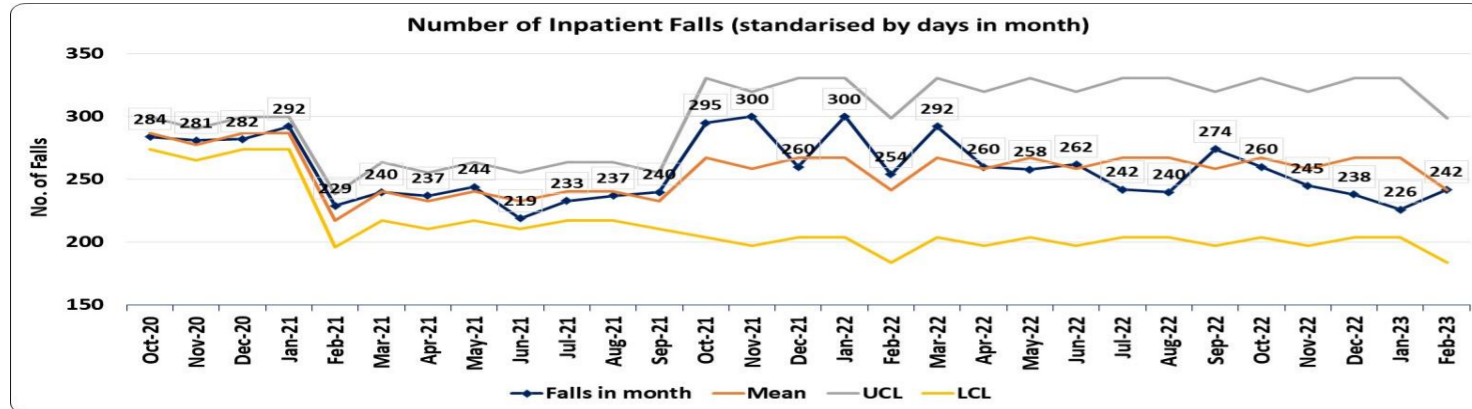
- Inability to know the true number of patients presenting to ED with Sepsis (to provide a number to which to aspire to treat.)
- Need to emphasise that clinical tools are just part of wider clinical judgement which should be made in a timely fashion by suitably senior clinical decision makers.
- Education 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 – February 2023

242



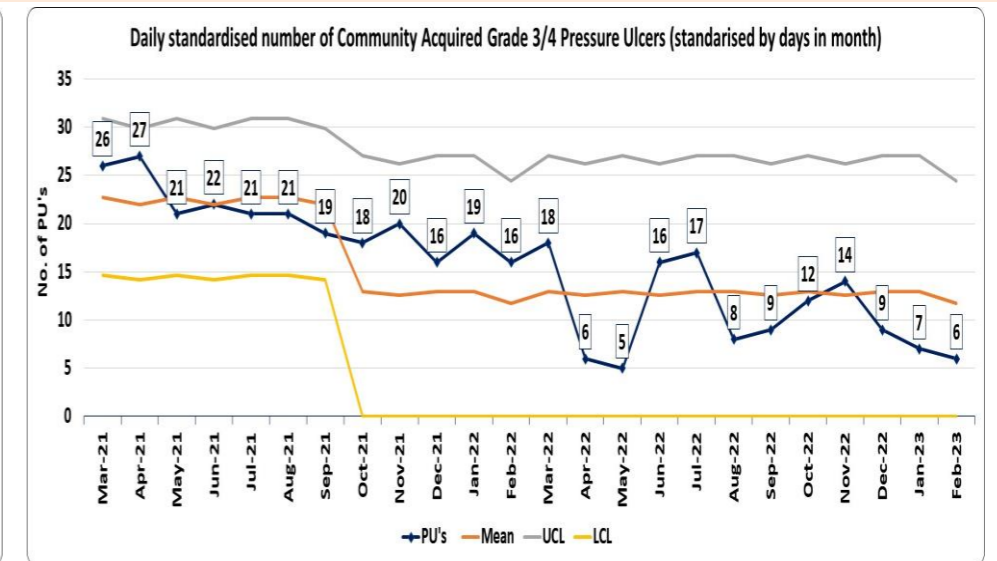
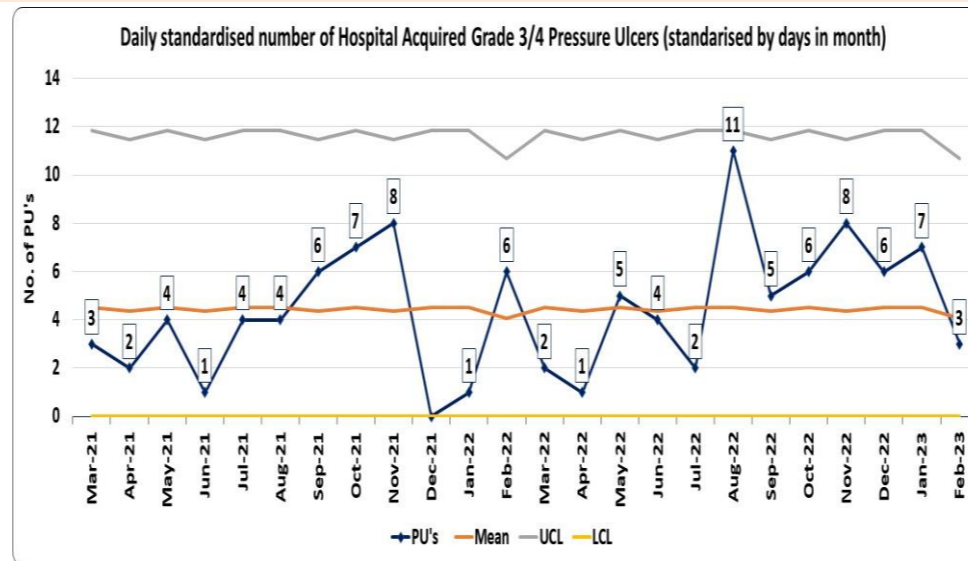
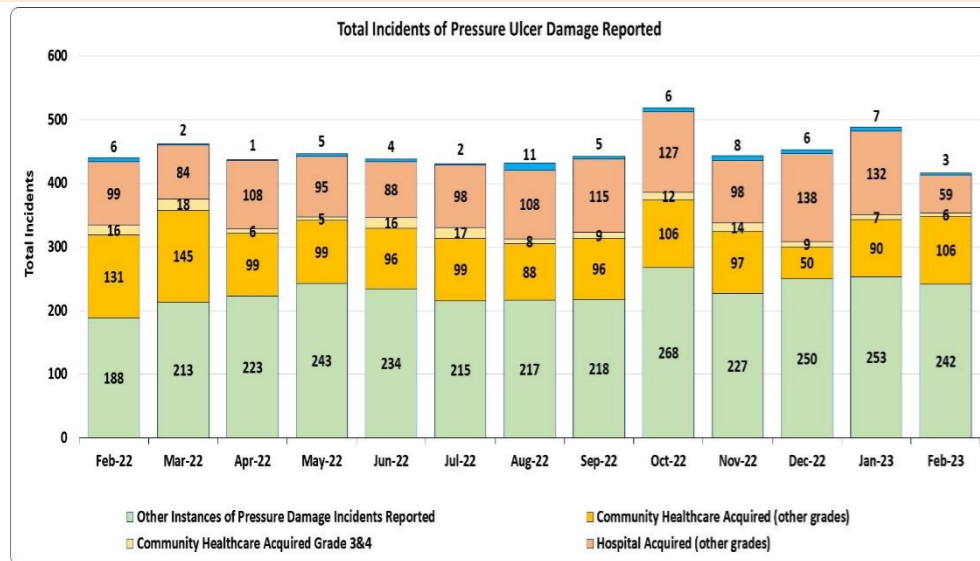
The number of patients falling whilst in the care of the UHB totalled 242 during February and sits on the current mean. As shown in the right hand control chart one of the falls resulted in severe harm and a further 19 caused moderate harm, with this appearing to be the trend for the last three months.

Whilst there appears to be an increase in the severity as a result of patient falls since April 2022, this is linked to the introduction of the Datix Cymru system. Within Datix Cymru, the severity selected by the reporter is unable to be changed by responsible managers. A data validation process and further guidance in relation to the grading of incidents is being introduced, which it is anticipated will provide greater accuracy on the level of harm resulting from incidents. However, it is important that vigilance remains to ensure that we explore any increase in numbers for assurance and action.

## Pressure Damage Incidents

Total number of reported Pressure Damage – February 2023

416



A total of 416 pressure damage incidents were reported during February 2023, which falls below the 12 month average of 451 incidents. Of the total incidents reported, 15% were identified as being hospital acquired, with 27% recorded as having developed outside of the hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 43 (10%) were reported as being of grade three or four, with 3 of the 43 being hospital acquired and 6 community acquired (middle and right control charts).

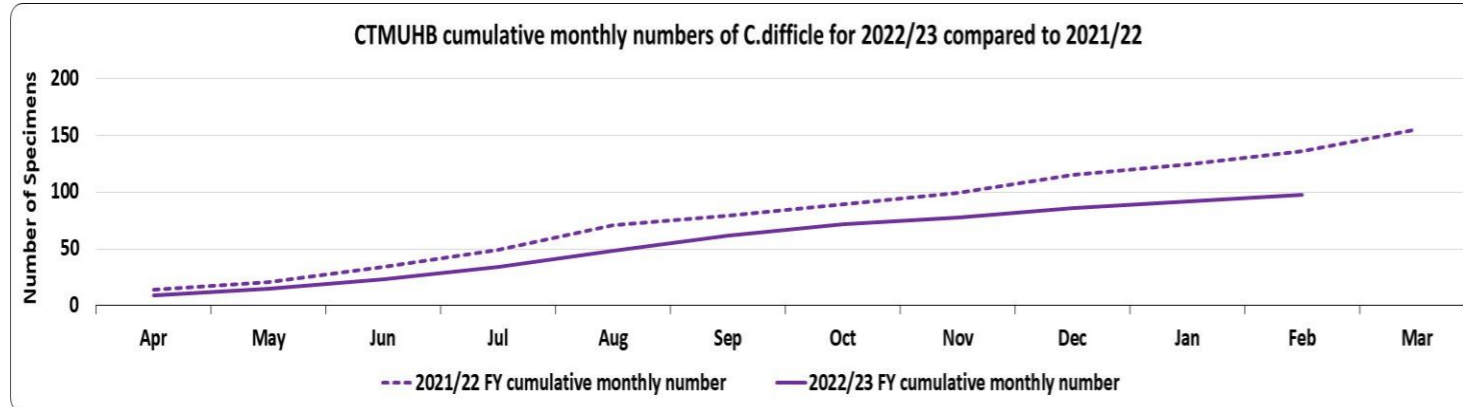
Observations of hospital acquired pressure damage were highest in the Emergency Department & AMU at the Princess of Wales Hospital (108), which is contributing to the UHB wide sustained increase in hospital acquired pressure damage that has been recorded since August 2022. The working hypothesis is that 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.

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 2022. 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.

## Infection Prevention and Control

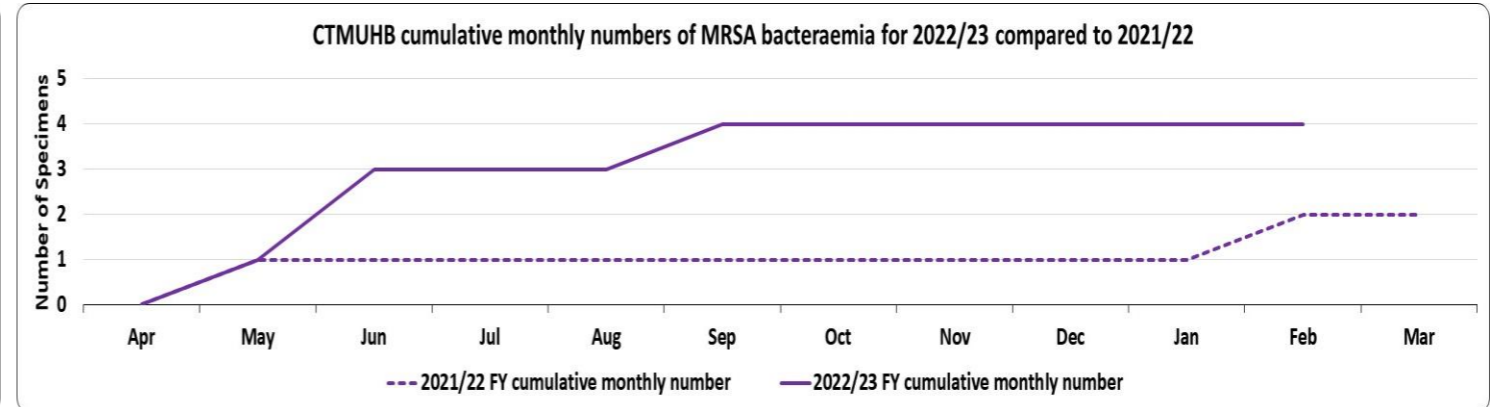
### C.difficile

98 C.difficile have been reported by CTM between Apr-Feb 2023. This is approximately 27% fewer than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 23.81



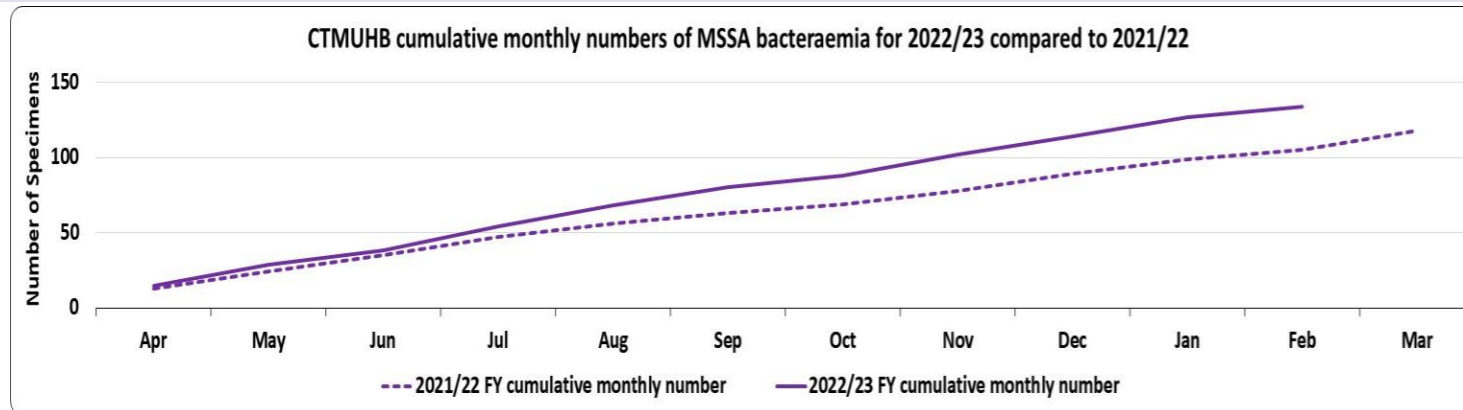
### MRSA

4 MRSA bacteraemia have been reported by CTM between Apr-Feb 2023. 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 0.97



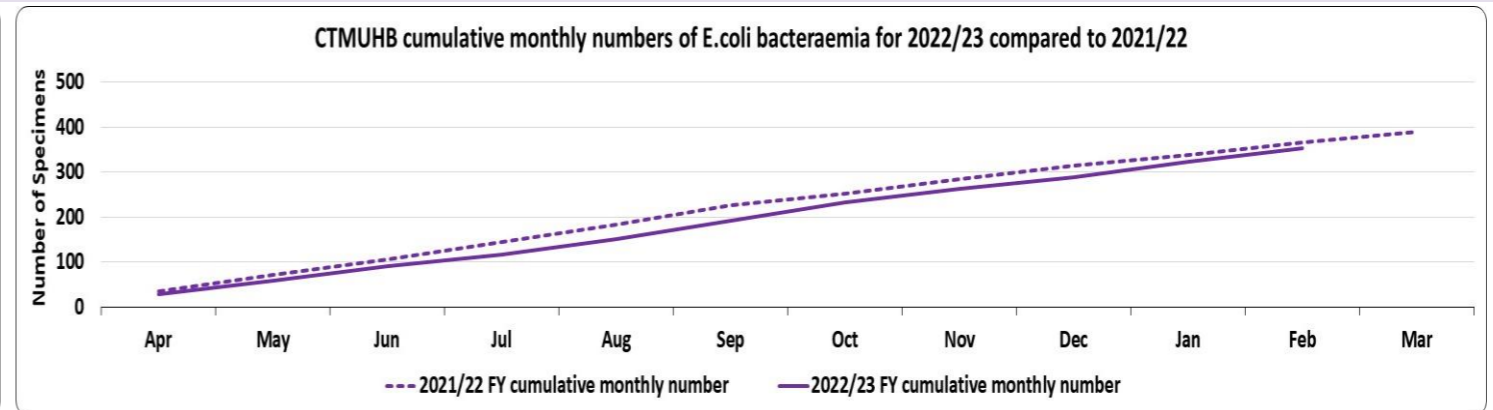
### MSSA

124 MSSA bacteraemia have been reported by CTM between Apr-Feb 2023. This is approximately 28% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 32.55



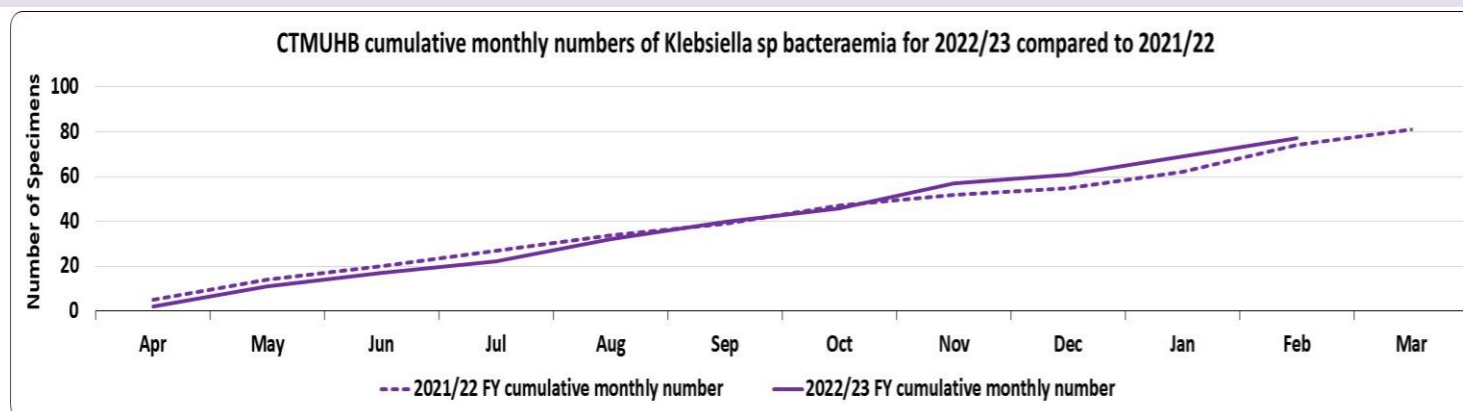
### E.coli

353 E.coli bacteraemia have been reported by CTM between Apr-Feb 2023. This is approximately 4% fewer than equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 85.76



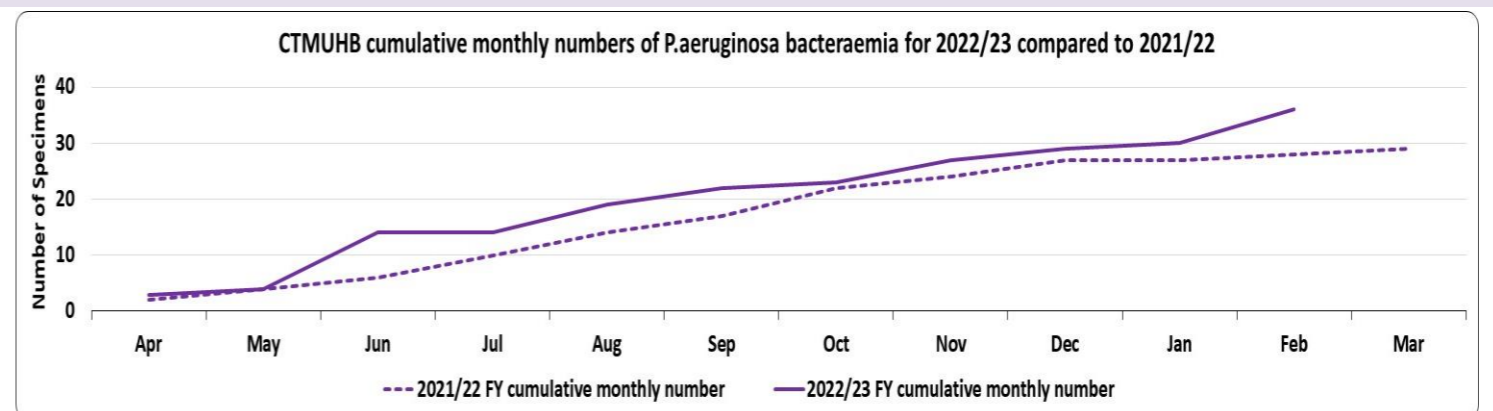
### Klebsiella sp

77 Klebsiella sp bacteraemia have been reported by CTM between Apr-Feb 2023. This is approximately 4% more than the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 18.71



### P.aeruginosa

36 P.aeruginosa bacteraemia have been reported by CTM between Apr-Feb 2023. This is approximately 29% more than in the equivalent period in 2021/22. The provisional rate per 100,000 population for 2022/23 is 8.75



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 the gram-negative bacteraemia, E.coli with Klebsiella sp and P.aeruginosa being higher than the equivalent period last year. Local reduction expectations have been agreed with Senior Clinicians, which has improved understanding and ownership of data. More than half of the bacteraemia reported are community acquired infections and work is underway to secure an infection prevention and control resource for primary care.

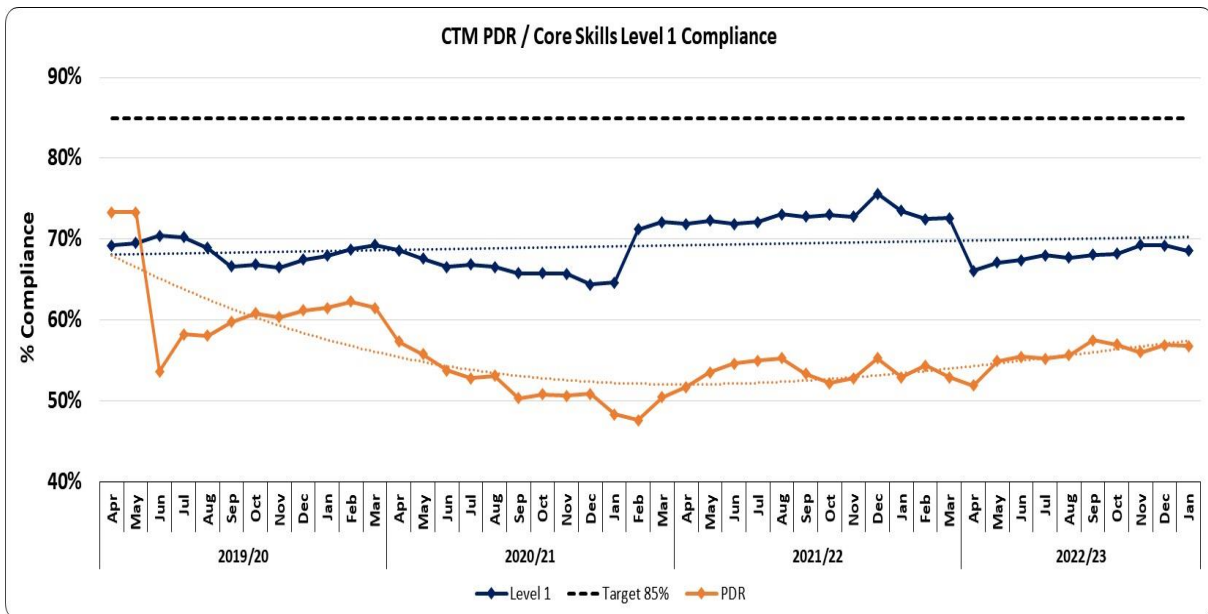


## 2.3 People

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

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

Overall PDR compliance (non-medical staff) for February 2023 remains just under 57%, with compliance for the past nine months continuing to be above 55%. It is acknowledged though, that this continues to remain well below the target threshold of 85%.



Combined core mandatory training compliance for February stands just above 61%, with overall CTM compliance for 'Level 1' disciplines at 69.0% and likewise, remains below the required standard of 85%.

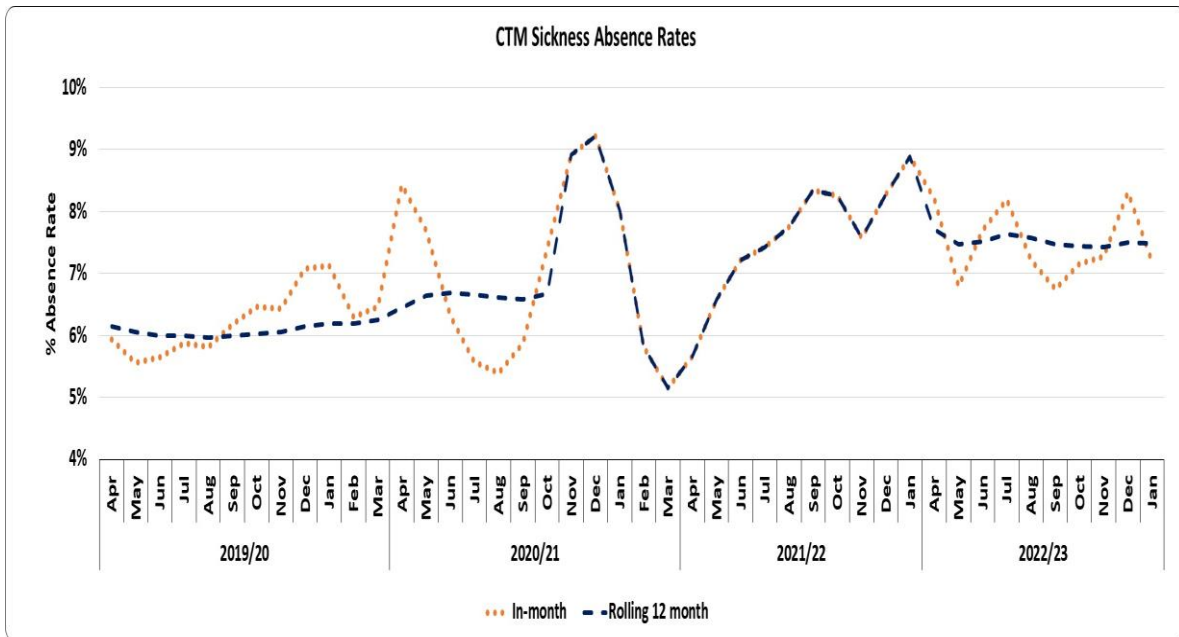
CTM Level 1 Core Mandatory Training Compliance February 2023	
Equality, Diversity & Human Rights	81.1%
Health, Safety and Welfare	77.0%
Moving & Handling	76.3%
Safeguarding Adults	75.7%
Information Governance	74.3%
Safeguarding Children	74.1%
Infection Prevention and Control	70.1%
Violence & Aggression	62.5%
Fire Training	56.3%
Resuscitation	46.7%
<b>HB Overall Compliance</b>	<b>69.0%</b>



### 2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to January 2023 is 7.5% and continues on a downwards trajectory. Additionally, the in-month sickness rate fell to 7.2% and is almost 1.5% lower than the equivalent period of 2022.

In comparison to the previous month, provisionally both short and long term sick absence occurrences have fallen, with short term reducing by around 30% (793 occurrences) bringing the total to 1,818 and long term seeing a reduction of 9% (79), to total 777 occurrences.



Top 10 Absence Reasons by FTE Days Lost - January 2023				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	441	447	7,146	28.76%
Cold, Cough, Flu - Influenza	510	521	2,749	11.06%
Other musculoskeletal problems	126	126	1,932	7.78%
Infectious diseases	189	190	1,674	6.74%
Chest & respiratory problems	215	217	1,629	6.56%
Other known causes - not elsewhere classified	157	159	1,559	6.28%
Gastrointestinal problems	331	339	1,554	6.25%
Injury, fracture	86	86	1,416	5.70%
Back Problems	75	75	1,047	4.21%
Genitourinary & gynaecological disorders	74	77	935	3.76%

### 2.3.3 Premium rate agency nurse:

In comparison to the previous period, February saw a 68% reduction in CTMUHB's use of premium rate nurse agency staff, bringing the total to 1.71 WTE.

## 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 February, just under 65% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with under a quarter (23%) of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 13,730 attendances over the course of the month, 4.5% more attendances than in the equivalent period last year.

The CTM 15 minute ambulance handover compliance marginally improved to 23.0% during February, but compliance continues to remain at low levels, as seen throughout 2022/23. Whereas, the 60-minute compliance rose to just over 60%, the highest level seen since January of last year. However, compliance continues to fall short of the WG target stipulating all handovers occur within the hour of arrival to ED.

### 2.4.2 Stroke Care:

Overall, performance against the desired standards in stroke care continues to remain at low levels. 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 2 of the 33 stroke patients at PCH received this required timeliness of care. Just under half (48.4%) of the total diagnosed stroke patients within CTM received a scan within the hour, whilst 35 of the 62 (56.5%) admitted stroke patients were assessed by a stroke specialist within 24 hours.

### 2.4.3 Planned Care & Cancer Care:

The CTM performance against the health board's improvement trajectories for access to planned care and cancer care (shown page 19), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, with a deterioration in the management for follow up outpatient appointments.

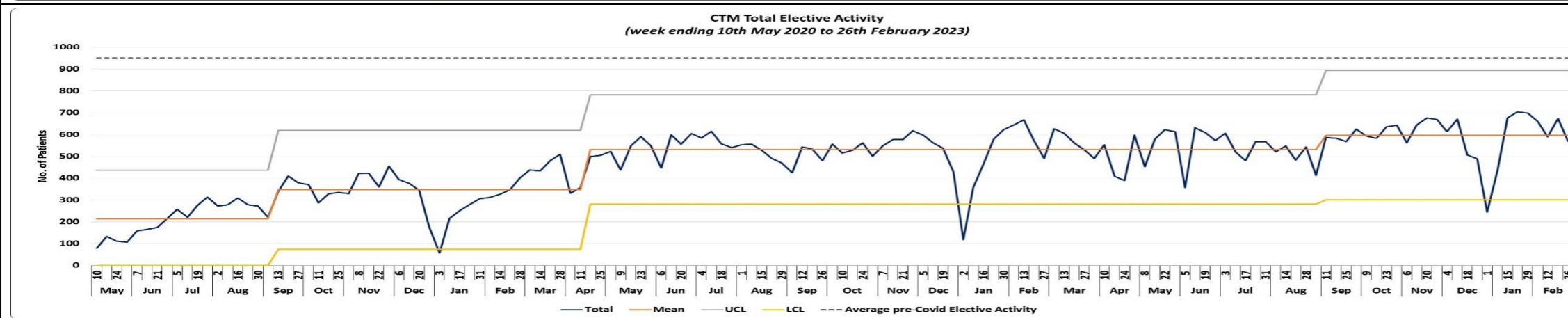
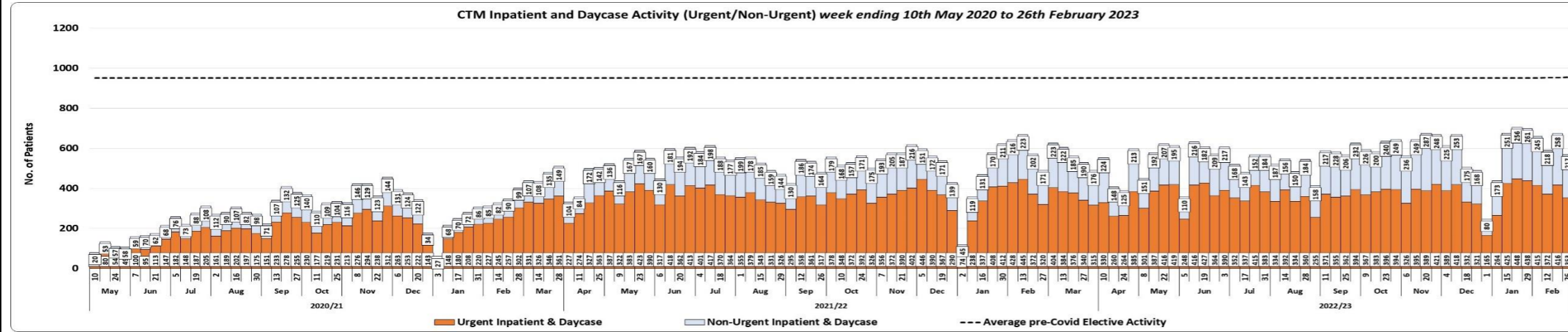
## 2022/23 Improvement Trajectory & Performance against National Target

Measure	Performance Against Target	Key:																																										
		<span style="color: green;">National Target Met</span> <span style="color: red;">National Target Failed</span> <span style="color: blue;">-- Trajectory</span> <span style="color: orange;">-- Actual</span>																																										
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Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 2026	<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>50.0%</td> <td>52.8%</td> <td>45.4%</td> <td>51.9%</td> <td>48.5%</td> <td>46.0%</td> <td>48.3%</td> <td>43.3%</td> <td>47.1%</td> <td>44.5%</td> <td>71.0%</td> <td>73.0%</td> <td>74.0%</td> </tr> <tr> <td>Actual</td> <td>47.4%</td> <td>52.0%</td> <td>45.2%</td> <td>50.0%</td> <td>47.9%</td> <td>46.0%</td> <td>46.2%</td> <td>44.0%</td> <td>46.8%</td> <td>39.0%</td> <td>38.1%</td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	50.0%	52.8%	45.4%	51.9%	48.5%	46.0%	48.3%	43.3%	47.1%	44.5%	71.0%	73.0%	74.0%	Actual	47.4%	52.0%	45.2%	50.0%	47.9%	46.0%	46.2%	44.0%	46.8%	39.0%	38.1%		
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# Resetting Cwm Taf Morgannwg – Inpatient / Day Case Activity – to week ending 26<sup>th</sup> February 2023

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



## Greatest Volume Specialties compared to pre & intra Covid

Monthly Elective Treatment Activity compared to pre & intra Covid period					
Specialty	Feb-20	Feb-21	Feb-22	Feb-23	2023 as % 2020 (pre-Covid)
Gastroenterology	927	552	824	657	71%
Urology	448	226	281	333	74%
Orthopaedics	473	70	251	234	49%
Ophthalmology	381	38	222	249	65%
General Surgery	484	139	213	214	44%
General Medicine	35	37	31	47	134%
Gynaecology	259	94	166	158	61%
ENT	226	46	72	135	60%
Cardiology	101	30	70	89	88%
Breast Surgery	52	36	51	51	98%
Oral Surgery	90	18	39	50	56%
Pain	30	3	21	41	137%
Paediatrics	39	0	23	6	15%
<b>Total (all specialties)</b>	<b>3545</b>	<b>1289</b>	<b>2264</b>	<b>2264</b>	<b>64%</b>

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

As can be seen, internal activity levels during February surpassed the pre-Covid levels in 2 of the specialties listed above (green), with Breast Surgery almost at the pre-Covid level (yellow).

### How are we doing?

As per the charts above, the number of weekly elective treatments has been gradually increasing, with the average number of treatments for February similar to that of January at 624 treatments per week. Despite this increase, current elective cases are around 36% fewer than pre-Covid. In total 2,264 cases were undertaken in February (which as it currently stands is the same as the equivalent period last year).

Since the start of April 2021 to date, CTM have sent 2,628 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,750 (on average 76 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of February 2023						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	1055	136	751	112	56	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	110	31	51	15	13	0
SPIRE - General Surgery	158	27	102	15	14	0
NUFFIELD - Orthopaedics	482	117	297	33	7	28
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	241	60	152	8	6	15
NUFFIELD - Ophthalmology	448	90	297	23	12	26
NUFFIELD - Prostate Biopsy	26	0	26	0	0	0

Source: Spire / Nuffield Healthcare

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

**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 C&VUHB, CTM and AB Health Boards. CTM have been allocated 500 slots. Patients must be suitable for a day case operation under local anesthetic and suitable within a Vanguard theatre environment. The initial outpatient stage (stage 1) will continue to be undertaken by CTM and patients sent to C&V will be stage 4 longest waiting and long waiting stage 1 conversions. C&V will provide a one stop assessment appointment and a cataract operation for each patient, which will be carried out by the C&V clinical team.

**Orthopaedics and Day Surgery:** Weekend WLI lists commenced in February to support Orthopaedic Hand and Pain lists – these are targeting all long waiting patients at the treatment stage of their pathway.

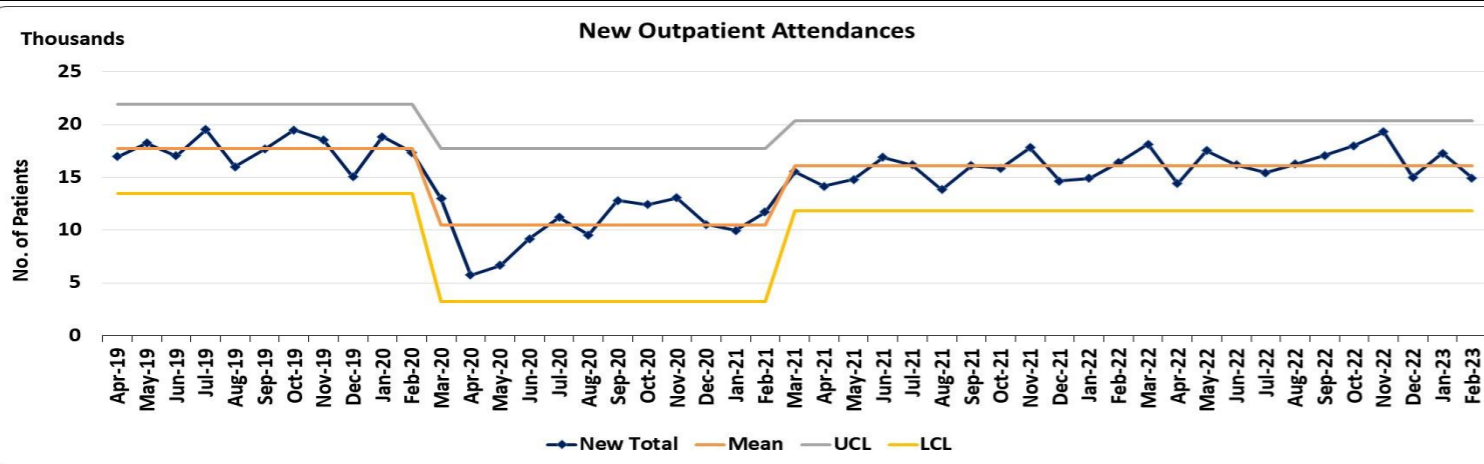
The additional support from insourcing is ongoing and day cases at PCH have increased by 17 per week (against planned 12). This is supported through our weekly meeting ensuring productivity and efficiencies are achieved at all times.

**Theatre Productivity and Improvement Schemes to maximize utilisation:** a theatres steering group meets each month and is currently working on productivity and efficiency and the production of a number of key metrics.

### What are the main areas of risk?

- There are sizeable backlogs of urgent patients which will impact on how quickly efforts to reduce the routine backlog are observed in the data.
- Funding for the planned care programme is largely already committed towards roll over schemes from 2022/23; increased funding for new schemes is limited.
- The organisational change process has the potential to disrupt delivery
- Ophthalmology and Orthopaedics remain areas of risk from a pure volume perspective.
- Availability of 'elective bed capacity'; currently POW only has 9 beds identified for elective care, although plans to reinstate the Day Unit are being progressed and will conclude shortly.
- Day Surgery unit at PCH now fully operational with the additional support from insourcing theatre team. No ring-fenced inpatient beds at this time due to ongoing front door pressures.
- All inpatient cases start off within Day Surgery footprint then transferred to available inpatient bed post operative; this has reduced cancellations.

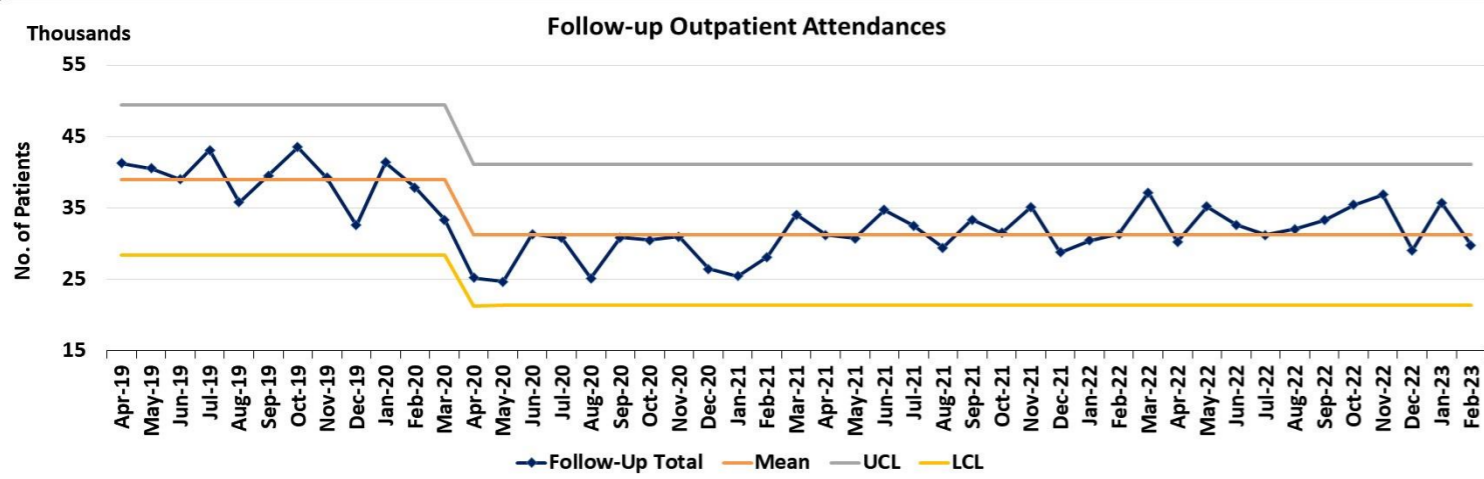
## New Outpatient Attendances February 2023 – provisionally 14,928 attendances



## Expected number of patients who will be waiting over 104 weeks for New Outpatient Appointment by end of March 2023 – 1,431

Specialty	31/12/2022	31/01/2023	28/02/2023	31/03/2023
General Surgery	68	68	129	0
Urology	780	780	679	679
Breast Surgery	226	226	59	59
Colorectal			4	4
Trauma & Orthopaedics	87	87	57	0
Ear, Nose & Throat Service	846	846	493	300
Ophthalmology	1309	1309	931	376
Oral Surgery	33	33	1	0
Restorative Dentistry	55	55	48	13
Anaesthetics	2	2	2	0
General Medicine	83	83	71	0
Gastroenterology	57	57	46	0
Cardiology	17	17	5	0
Dermatology	1391	1391	1330	0
Rheumatology	47	47	22	0
Paediatrics	1	1	1	0
<b>New Outpatients waiting &gt;104 wks end of March</b>	<b>5002</b>	<b>5002</b>	<b>3878</b>	<b>1431</b>

## Follow-up Outpatient Attendances February 2023 – provisionally 29,780 attendances



### How are we doing?

As at the end of February 2023, there were provisionally 70,378 patients awaiting a new outpatient appointment, of which, 15,616 (22%) patients were categorised as urgent and 11,373 (16.2%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 1.6% (1,134) on the 69,244 patients waiting at the end of the equivalent period last year.

WG have set a target of having no patients waiting over 104 weeks for a first outpatient appointment at the end of March 2023. As it currently stands, at the end of February there are 3,771 patients who have waited in excess of two years for a new outpatient appointment and we anticipate that if our plans are effectively implemented we will reduce the position to c.1,431.

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

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

**Outpatient utilisation and improvement programme:** initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's.

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

**Use of WISE for Pain Management patients:** CTM's Wellness Improvement Service (WISE) is now established as the initial intervention for Pain Management, Stage 1 referrals and for any patient coming back to us requiring treatment (Stage 4) we have set up additional backfill pain lists. Of the first cohort of 366, all offered assessment and 39% (142) chose to be off-listed and the remainder (224) underwent assessment and enrolment to Wise.

**Super Saturday Clinics:** being undertaken in Oral Maxillofacial Surgery and Cardiology continue to run with maximum planned activity. Conversion rates continue to be monitored.

**Health Board wide Waiting Lists:** weekly performance meetings on a specialty, rather than locality level, allowing for whole HB focus on waiting list performance. Addressing inequity across sites e.g. General Surgery patients being transferred from RGH to PCH who have a higher rate of virtual appointments.

**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.

**LGI:** CTM has been successful in obtaining funding for cancer pathways relating to Endoscopy. A root cause analysis has been undertaken and the investment will be used in a combination of additional Endoscopy activity and new SOP's for the scheduling of activity. Utilisation in the last 4 weeks has increased by 25% through productivity and efficiency improvements.

### 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 March 2023 are in Dermatology, Ophthalmology, ENT, Urology and Cardiology.

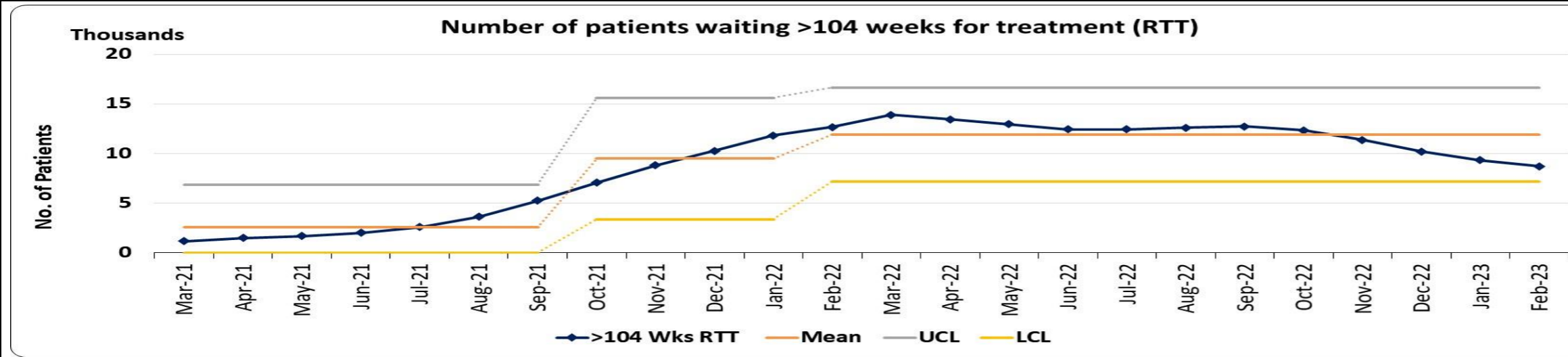
Those specialties with a high Urgent Suspected Cancer referral rate have highlighted that the capacity for referrals prioritised as routine will continue to experience long waits.

Weekly Elective Assurance meetings take place with all specially leads with monthly review of Diagnostics including Pathology.

A Cancer Performance Assurance forum attended by all stakeholders takes place weekly to review all cancer pathways.

# Referral to Treatment Times (RTT) – February 2023 (Provisional Position) – Total Open Pathways 115,679

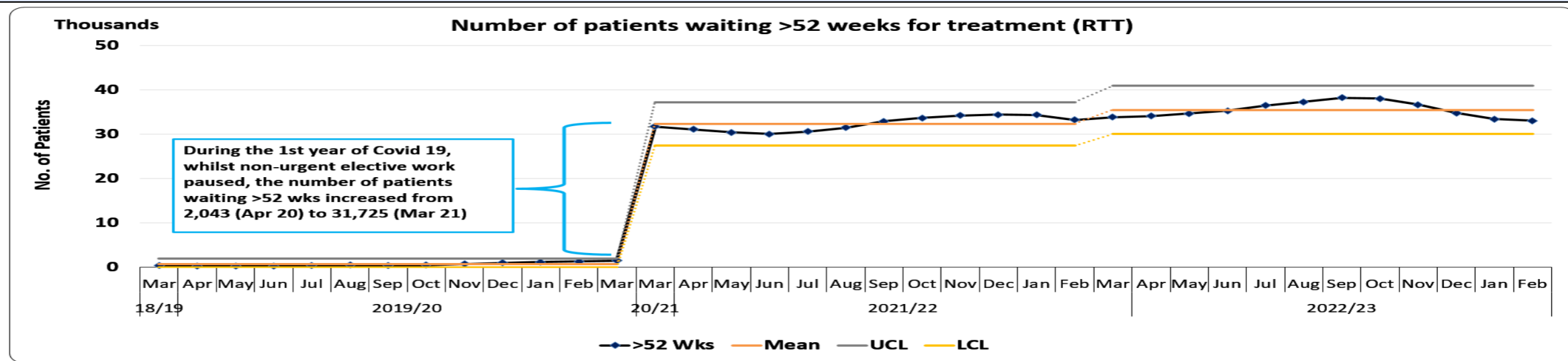
Number of patients waiting >104 weeks (8,714) Target - Improvement Trajectory towards a national target of Zero by June 2023



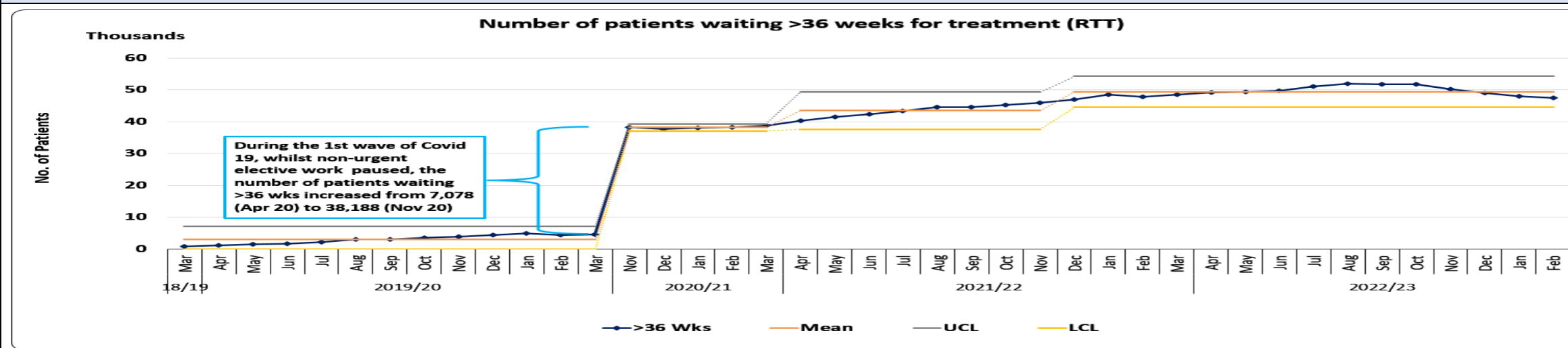
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of February is 8,714, which as it currently stands is a reduction of 6.7% (621) from the reported January position.

Number of patients waiting >52 weeks (33,023)

The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of February is 33,023, which as it currently stands is a reduction of 1.2% (390) from the January reported position.



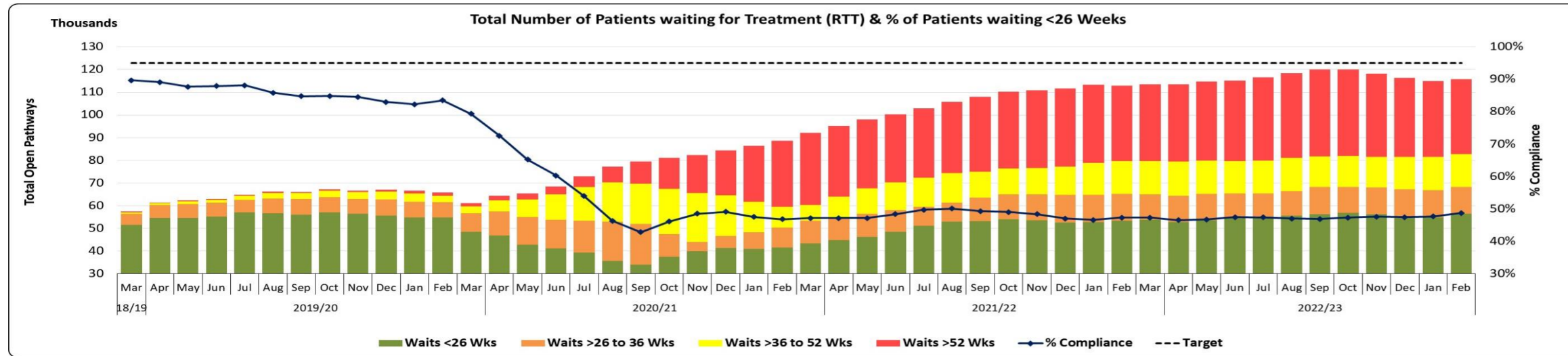
Number of patients waiting >36 weeks (47,434) Target – Improvement Trajectory towards a national target of Zero by 2026



The number of patients waiting over 36 weeks at the end of February, across Cwm Taf Morgannwg, is a provisional position of 47,434 patients, which is a reduction of 1.3% (618) from January (N.B. includes the 33,023 patients waiting over 52 weeks).

RTT continued on the next page...

% of patients waiting less than 26 weeks (48.8%) Target – Improvement Trajectory towards a national target of 95% by 2026

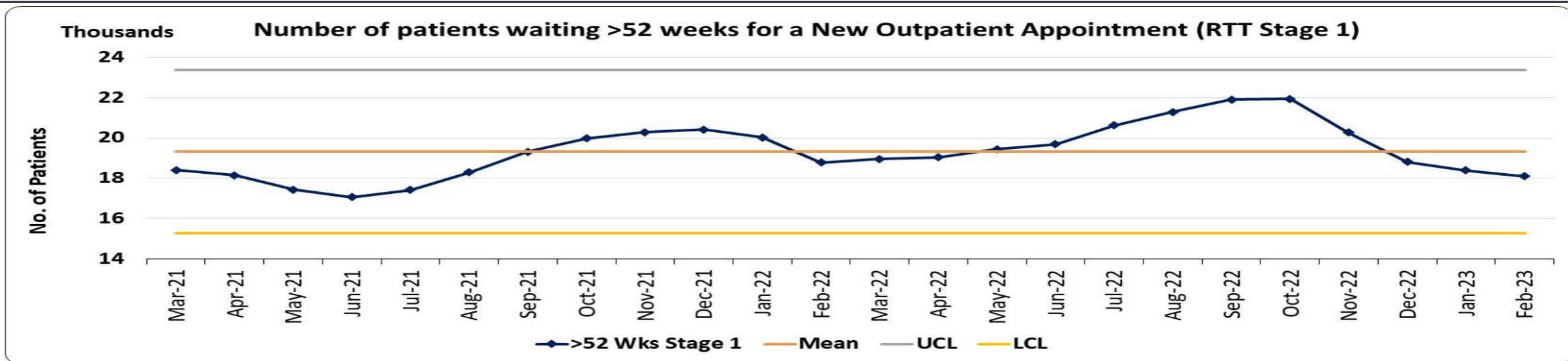


In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for February across Cwm Taf Morgannwg is a provisional 48.8%.

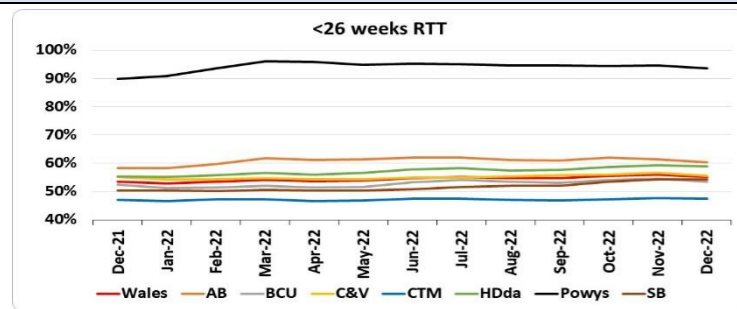
Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

Number of patients waiting over 52 weeks for a new outpatient appointment (18,109) Target - Improvement Trajectory towards eliminating over 52 week waits by June 2023

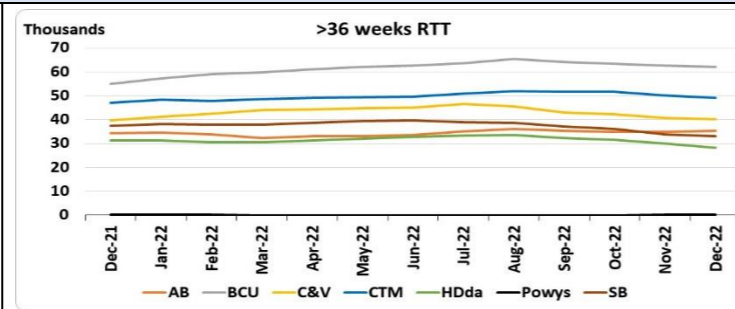
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of February is 18,109, which as it currently stands is a reduction of 1.6% (288) from the January reported position.



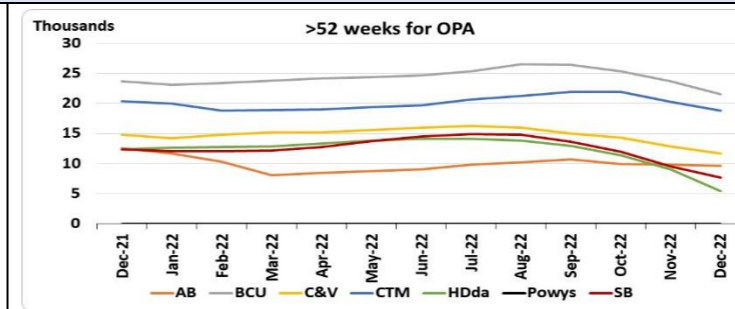
How do we compare with our peers?



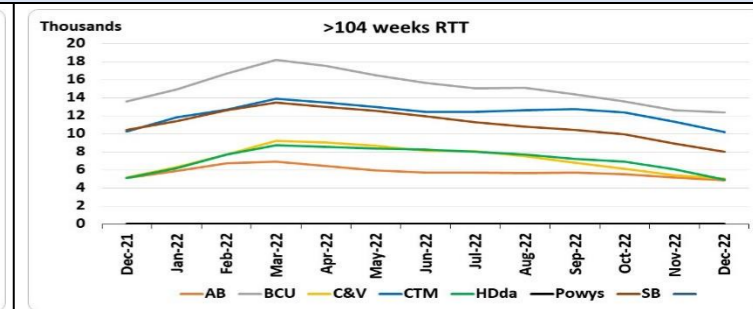
Status as at December 2022		
Health Board	Compliance	Rank
Powys	93.6%	1st
AB	60.3%	2nd
HDda	58.8%	3rd
C&V	55.6%	4th
SB	54.2%	5th
BCU	53.5%	6th
<b>CTM</b>	<b>47.5%</b>	<b>7th</b>



Status as at December 2022		
Health Board	Compliance	Rank
Powys	137	1st
HDda	28,334	2nd
SB	32,991	3rd
AB	35,343	4th
C&V	40,272	5th
<b>CTM</b>	<b>49,015</b>	<b>6th</b>
BCU	62,019	7th



Status as at December 2022		
Health Board	Compliance	Rank
Powys	0	1st
HDda	5,452	2nd
SB	7,701	3rd
AB	9,662	4th
C&V	11,733	5th
<b>CTM</b>	<b>18,822</b>	<b>6th</b>
BCU	21,606	7th



Status as at December 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	4,839	2nd
HDda	4,907	3rd
C&V	5,044	4th
SB	8,027	5th
<b>CTM</b>	<b>10,218</b>	<b>6th</b>
BCU	12,351	7th

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## Specialty Breakdown

Total number of open pathways per specialty - February 2023 (provisional)								
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	>52 Weeks to 104 Weeks	>104 Weeks to 156 Weeks	>156 Weeks	Total Open Pathways
Anaesthetics	447	40.6%	146	211	169	101	26	1100
Cardiology	3352	66.2%	684	673	259	70	28	5066
Care of the Elderly	28	100.0%	0	0	0	0	0	28
Dermatology	3907	45.7%	906	1057	1390	449	832	8541
Endocrinology	234	79.1%	56	6	0	0	0	296
Gastroenterology	1944	54.2%	402	458	652	100	29	3585
General Medicine	1778	63.6%	342	335	252	83	4	2794
Nephrology	141	83.4%	20	7	1	0	0	169
Respiratory Medicine	1399	70.3%	214	190	177	10	0	1990
Rheumatology	805	60.8%	137	151	153	49	30	1325
Sport and Exercise Medicine	10	100.0%	0	0	0	0	0	10
Thoracic Medicine	537	87.3%	33	43	2	0	0	615
Geriatric Medicine	7	100.0%	0	0	0	0	0	7
Diagnostics	5200	54.5%	858	988	2309	171	16	9542
Therapies	1744	80.0%	252	125	58	0	0	2179
Ophthalmology	5829	39.9%	1498	1904	4365	843	182	14621
Oral Surgery	1966	57.2%	397	462	506	89	20	3440
Orthodontics	219	66.4%	43	38	29	1	0	330
Restorative Dentistry	60	28.6%	16	24	61	29	20	210
Ear, Nose & Throat Service	5000	40.3%	1053	1465	3547	675	682	12422
Gynaecology	4455	54.7%	840	1061	1015	348	430	8149
Paediatrics	2144	81.8%	271	171	32	2	0	2620
Haematology (Clinical)	196	97.0%	5	1	0	0	0	202
General Surgery	3803	40.5%	877	1365	2594	510	244	9393
Trauma & Orthopaedic	5401	38.0%	1685	2283	3625	786	446	14226
Urology	3385	43.2%	574	823	1905	890	259	7836
Colorectal	1734	48.4%	430	422	812	132	51	3581
Breast Surgery	673	48.0%	108	148	396	71	6	1402
<b>Total</b>	<b>56398</b>	<b>48.8%</b>	<b>11847</b>	<b>14411</b>	<b>24309</b>	<b>5409</b>	<b>3305</b>	<b>115679</b>

## How are we doing?

At the end of February 2023, the provisional position for the over 52 week waiting list saw volumes reduced by 1.2% on the previous month, bringing the total to 33,023. Supported by funding from WG, there are a number of schemes that should improve this position at Stage 1 across ENT, Dermatology and Ophthalmology (described below). This should result in zero 156+ week waits at Stage 1 with an overall reduction of approximately 2,400 at Stage 1.

**Ophthalmology** – an additional 590 (stage 1 to stage 4) cataract patients will receive their treatment in a partnership with the independent sector by the end of March 2023.

**Dermatology** – 1,350 patients will receive a stage 1 appointment in partnership with the Independent Sector by 31<sup>st</sup> March 2023

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

It is anticipated that the length of time that patients are waiting will reduce across all specialties, with patients being seen for first outpatients within two years 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).

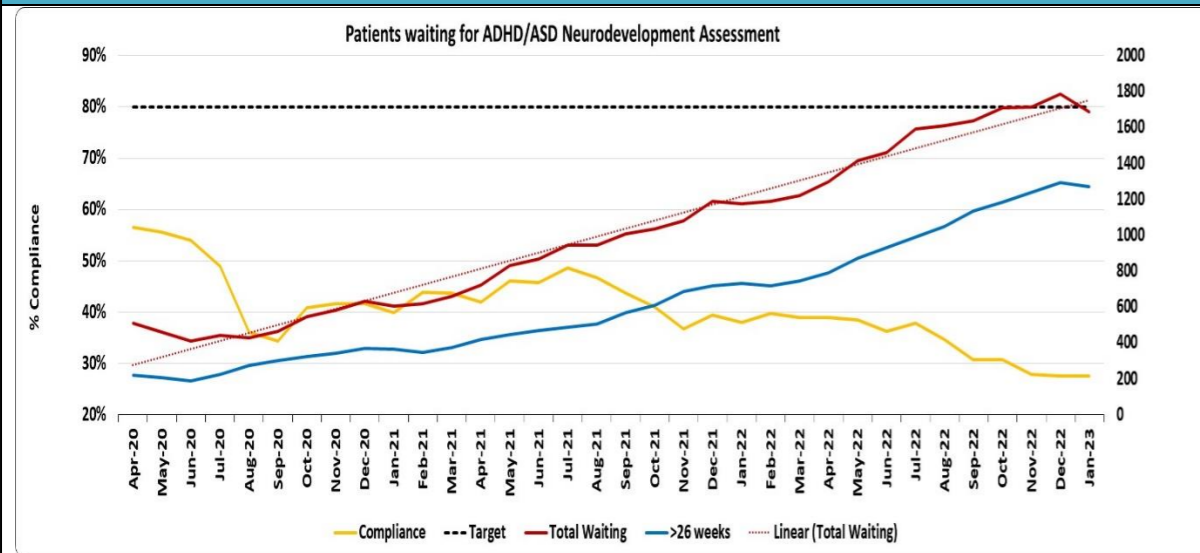
Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality/consultant waiting lists, additional clinics and re-direction of Pain referrals to Wellness Improvement Service (WISE) are in place. Improvement programmes are in place 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 is in place running to end of March 2023 through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated day case capacity in PCH. This is supported by the in-sourcing theatres team.

## What are the main areas of risk?

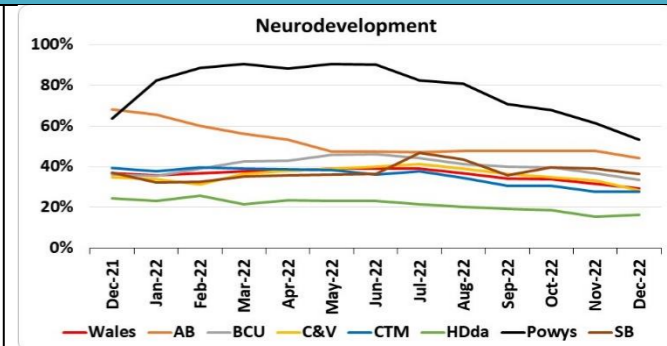
- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment – remains challenging. Delays in approval to recruit to existing posts within the structure that have become vacant and new posts. The Scrutiny Panel is adding further delays to an already protracted process.
- Staff fatigue / willingness to support additional capacity - additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- WPAS issue do not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over-reporting and potentially adverse 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 (27.6%) - 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 remaining static at 27.6% for January, 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 36 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.



Status as at December 2022		
Health Board	Compliance	Rank
Powys	53.4%	1st
AB	44.3%	2nd
SB	36.6%	3rd
BCU	33.5%	4th
C&V	28.4%	5th
CTM	27.6%	6th
HDda	16.6%	7th

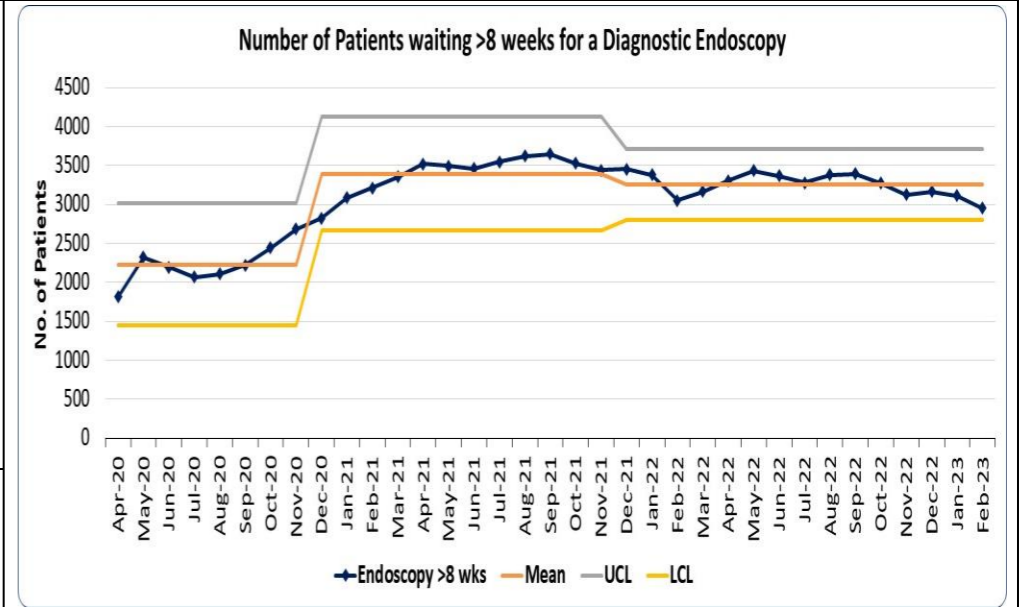


# Diagnosics & Therapies – February 2023 (Provisional Position)

<b>Number of patients waiting &gt;8 weeks for Diagnostics</b> <b>Target Zero</b>	<b>Number of patients waiting &gt;14 weeks for Therapies</b> <b>Target Zero</b>	<b>Number of patients waiting &gt;8 weeks for Diagnostic Endoscopy</b> <b>Target - Improvement Trajectory towards target of Zero by March 2026</b>
<b>Total &gt;8 weeks 15,245</b>	<b>Total &gt;14 weeks 1,200</b>	<b>Total &gt;8 weeks 2,953</b>

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology	Echo Cardiogram	465
Cardiology Services	Cardiac CT	60
	Cardiac MRI	20
	Diagnostic Angiography	94
	Stress Test	57
	DSE	32
	TOE	12
	Heart Rhythm Recording	159
	B.P. Monitoring	1
Bronchoscopy		3
Colonoscopy		610
Gastroscopy		804
Cystoscopy		544
Flexi Sig		992
Radiology	Non-Cardiac CT	613
	Non Cardiac MRI	1384
	NOUS	8759
	Non-Cardiac Nuclear Medicine	41
Imaging	Fluoroscopy	55
Physiological Measurement	Urodynamics	116
Neurophysiology	EMG	204
	NCS	220
<b>Total</b>		<b>15245</b>

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	2
Audiology	108
Dietetics	995
Occupational Therapy	12
Physiotherapy	5
Podiatry	1
Speech & Language	77
<b>Total</b>	<b>1200</b>



Diagnosics	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	15,886	16,114	15,245	

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	1,474	1,284	1,200	

## How are we doing? What actions are we taking & when is improvement anticipated? What are the main areas of risk?

**Diagnosics:** Provisionally, at the end of February, 15,245 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a reduction of 5.4% on the previous month. Endoscopy observed a fall of 5% (157) in the number patients waiting in excess of eight weeks, with the number of patients currently breaching the target now standing at 2,953. The NOUS service continues to have the highest volume of breaching patients with 8,759 currently waiting over 8 weeks for a scan but is a reduction of almost 6% (535) on the reported position for January.

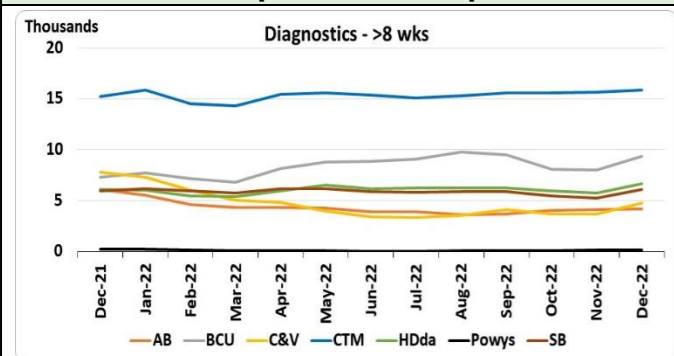
**Therapies:** There are provisionally 1,200 patients breaching the 14 week target for therapies in February, a reduction of 6.5% (84) on the reported position for January, due in part by a reduction in the number of breaching patients in Audiology and Dietetics (83 & 46 respectively).

The Dietetic service accounts for over 80% of the total patients waiting beyond the 14 week target for therapies.

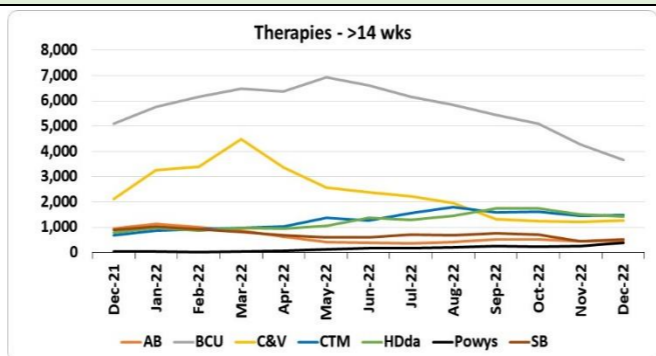
- Structured performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Ongoing validation of US, MR, CT lists, inappropriate referrals redirected.
- Realigning patient bookings around clinical priority, improved position has been seen through reduction in USC waits.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Review of sequences/protocols in MR resulting in time savings which will subsequently increase scanner capacity.
- Pathway work around accelerated imaging for Endoscopy CT/MR and review of current modality pathways.
- Work around staffing rosters to enable operation of the 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 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/outsourcing request to be considered by Board when cases for MRI and CT are also complete.
- Updated D&C modeling for Endoscopy in collaboration with NEP. Improved utilisation through productivity and efficiencies.
- Ongoing work to improve endoscopy pathway including demand management, scheduling processes and access policies.

- 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.

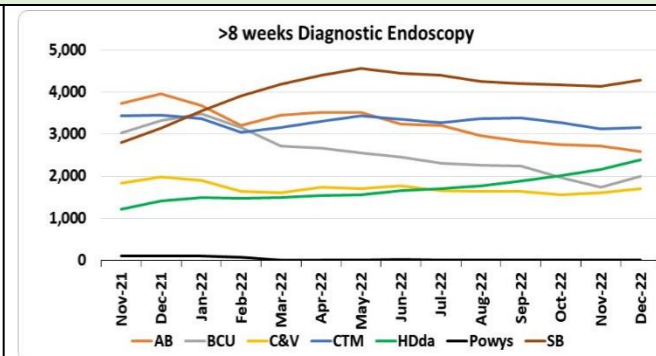
## How do we compare with our peers?



Status as at December 2022		
Health Board	Compliance	Rank
Powys	144	1st
AB	4,188	2nd
C&V	4,734	3rd
SB	6,095	4th
HDda	6,651	5th
BCU	9,377	6th
CTM	15,886	7th



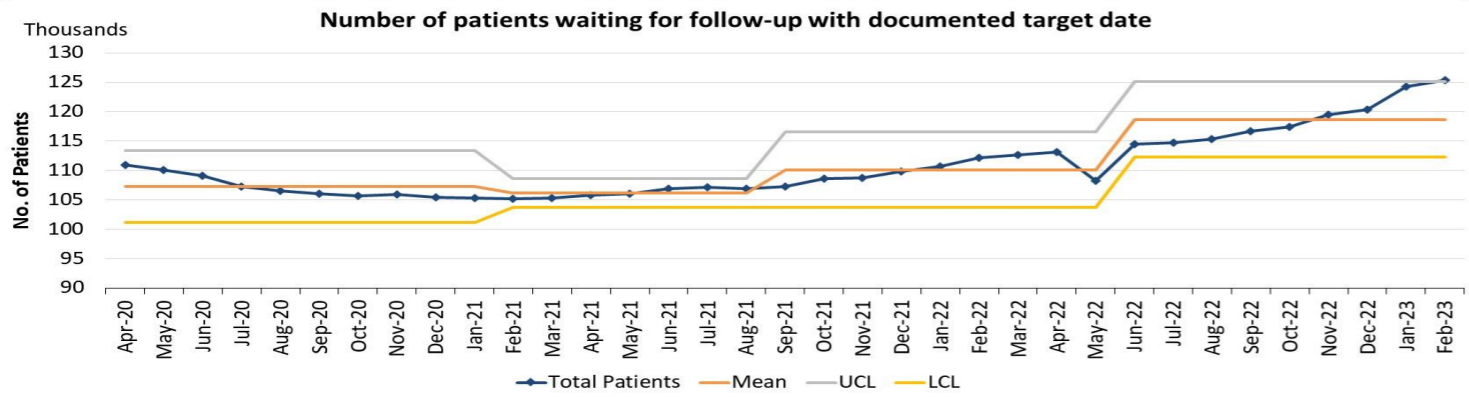
Status as at December 2022		
Health Board	Compliance	Rank
Powys	384	1st
AB	469	2nd
SB	527	3rd
C&V	1,262	4th
HDda	1,443	5th
CTM	1,474	6th
BCU	3,651	7th



Status as at December 2022		
Health Board	Compliance	Rank
Powys	4	1st
C&V	1,701	2nd
BCU	1,996	3rd
HDda	2,403	4th
AB	2,599	5th
CTM	3,167	6th
SB	4,289	7th

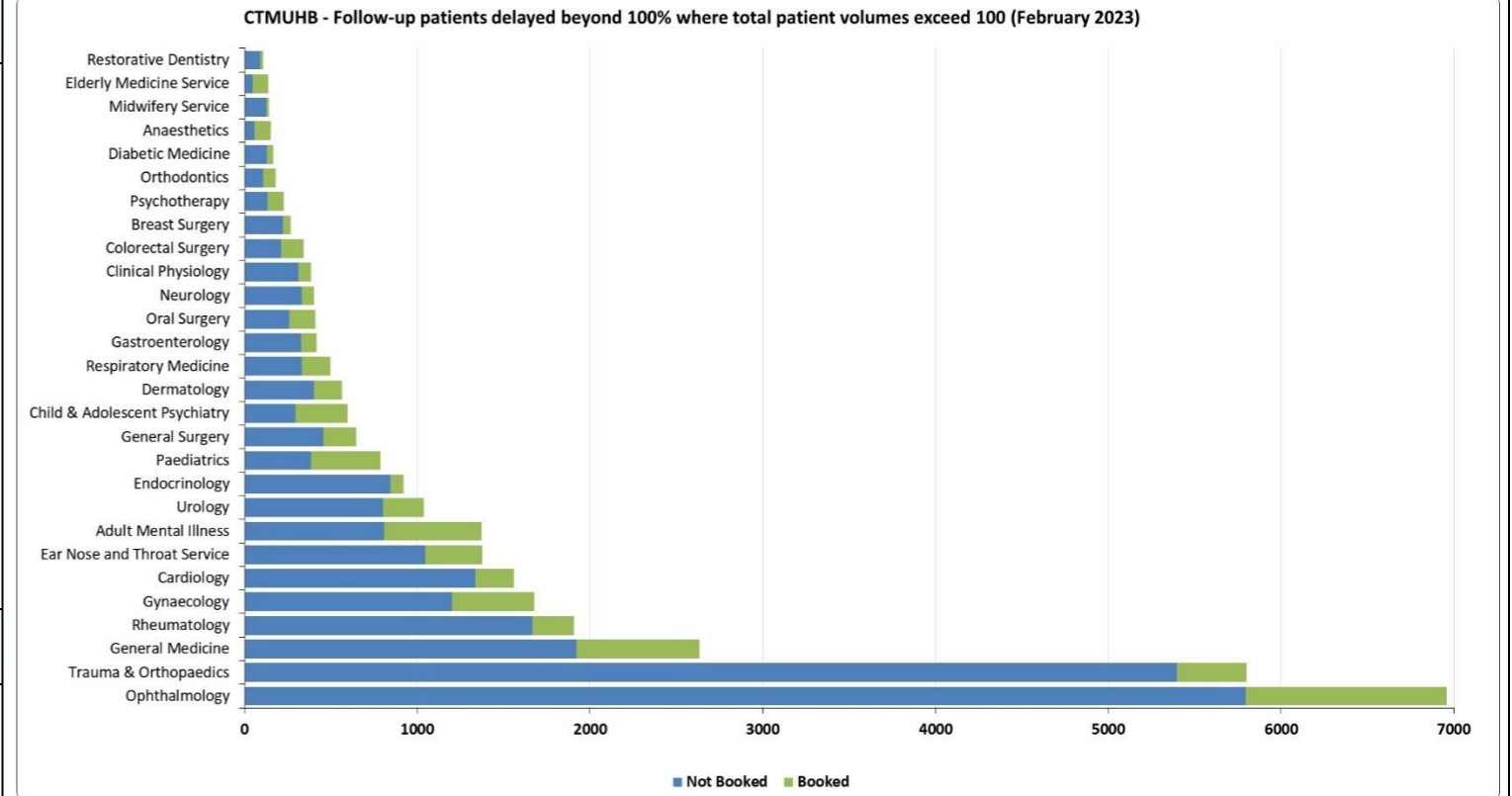
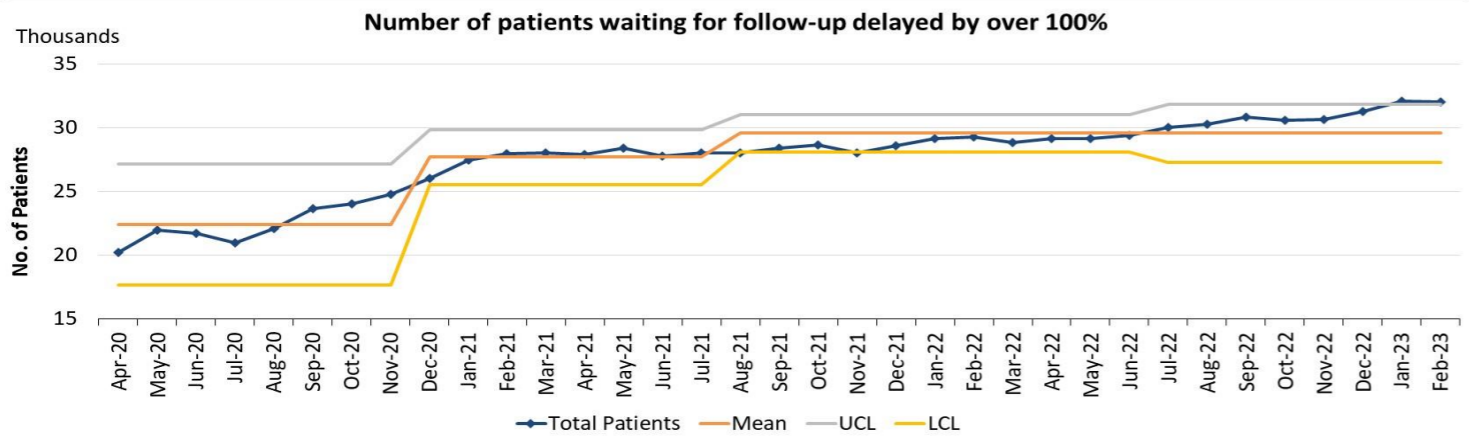
## Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	76,393	49,013	125,406

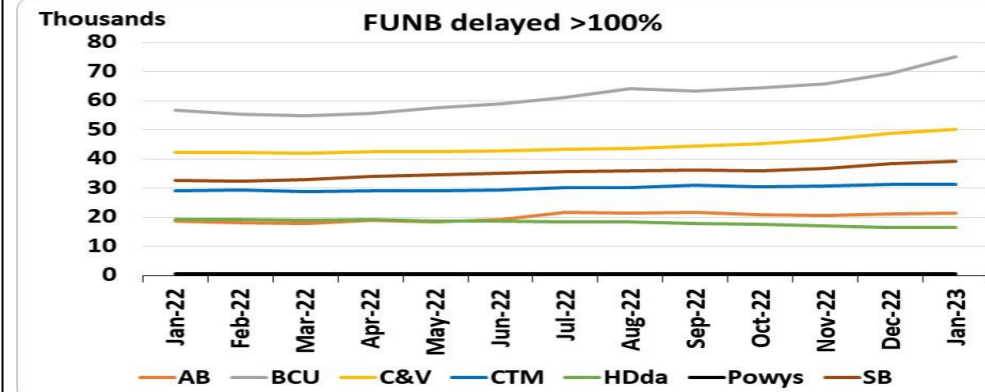


## Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
25,215	6,779	31,994	25.5%



## How do we compare with our peers?



Status as at January 2023		
Health Board	Compliance	Rank
Powys	521	1st
HDda	16,375	2nd
AB	21,297	3rd
<b>CTM</b>	<b>31,285</b>	<b>4th</b>
SB	39,056	5th
C&V	50,163	6th
BCU	75,069	7th

### How are we doing?

Provisionally, the total number of patients waiting for a follow-up appointment in Cwm Taf Morgannwg UHB, at the end of February 2023, currently stands at 124,406 and of those patients waiting, 31,994 (around 26%) have seen delays of over a 100% past their target date, representing a 9% increase on the equivalent period last year.

There are currently no patients without a documented target date.

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

Clinical validation of follow-ups not booked (FUNB) by CTM Consultants in Ophthalmology has concluded and outcomes have been updated on WPAS.

Of this cohort, 47% have been discharged. Targeted work on reducing the number of follow-ups not booked across specialties has significantly reduced the number of years that FUNBs are reported as waiting by 5 years.

The in-sourced validation exercise is current under review. Meanwhile the recruitment processes for the Health Board's central validation team is nearing completion with training and go live for the team is expected April and May 2023.

### What are the main areas of risk?

As at February 2023, there has been very little significant movement in terms of the overall number of patients waiting for a follow-up, currently equating to 124,406 patients (76,393 not booked & 49,013 booked). Our most concerning area remains the 100% delayed patients; this is more apparent in the Ophthalmology and T&O specialties across the health board, with figures currently at 31,377 for those two specialties, of which around 41% (12,761) are delayed beyond 100% of their target date.

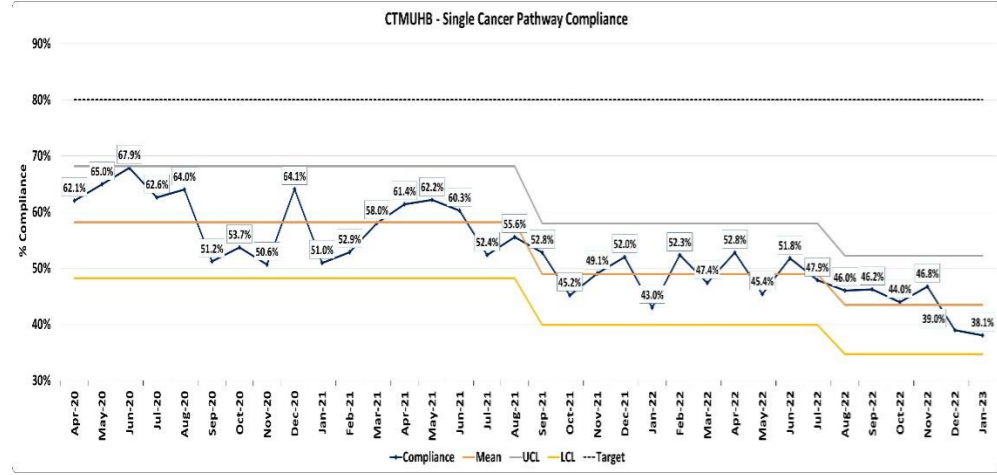
Outpatient activity levels continue to be below pre-Covid levels with the provisional February 2023 figures below; for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 14,928; which as it currently stands is a reduction of around 18% on the Pre-Covid average (19/20) of 18,186, and is also 9% lower than attendances during the same period last year.
- Total Follow-up Patients seen: 29,780; around a 26% reduction on the Pre-Covid average (19/20) of 40,500 and is also 4% lower than the equivalent period last year.



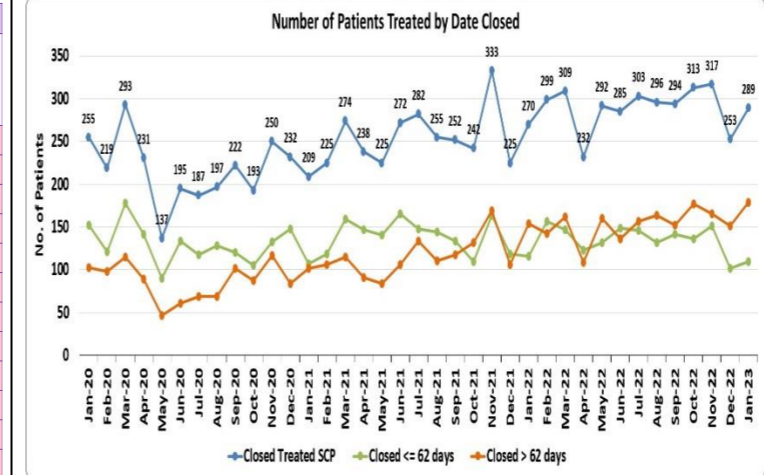
# Single Cancer Pathway (SCP) – January 2023

% of patients starting first definitive cancer treatment within 62 days from point of suspicion  
 Target - Improvement Trajectory towards a national target of 80% by 2026 – **Compliance January 2023 – 38.1%**

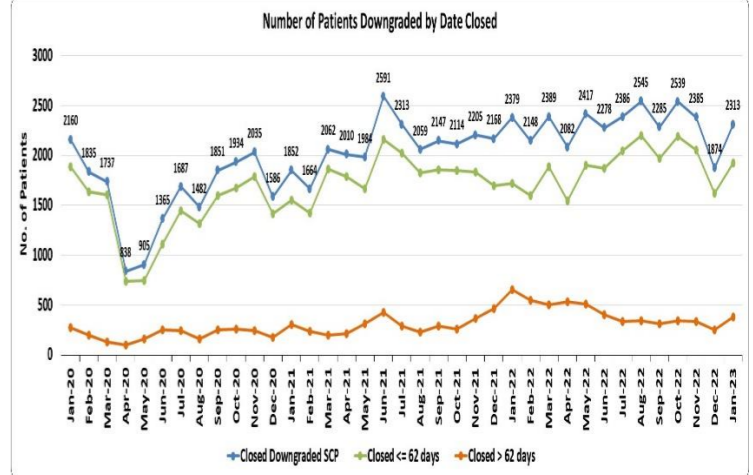


CTMUHB - SCP % Treated Without Suspensions - January 2023				
Tumour site	Treated in Target		Total Treated	% Treated in Target Without Suspensions
	Suspensions	Patient Breaches		
Head and neck	3	7	10	30.0%
Upper GI	11	20	31	35.5%
Lower GI	8	21	29	27.6%
Lung	9	11	20	45.0%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	30	16	46	65.2%
Breast	22	23	45	48.9%
Gynaecological	4	9	13	30.8%
Urological	12	58	70	17.1%
Haematological	9	11	20	45.0%
Other	2	2	4	50.0%
<b>Total</b>	<b>110</b>	<b>179</b>	<b>289</b>	<b>38.1%</b>

Patients Treated by Closed Date



Patients Downgraded by Closed Date

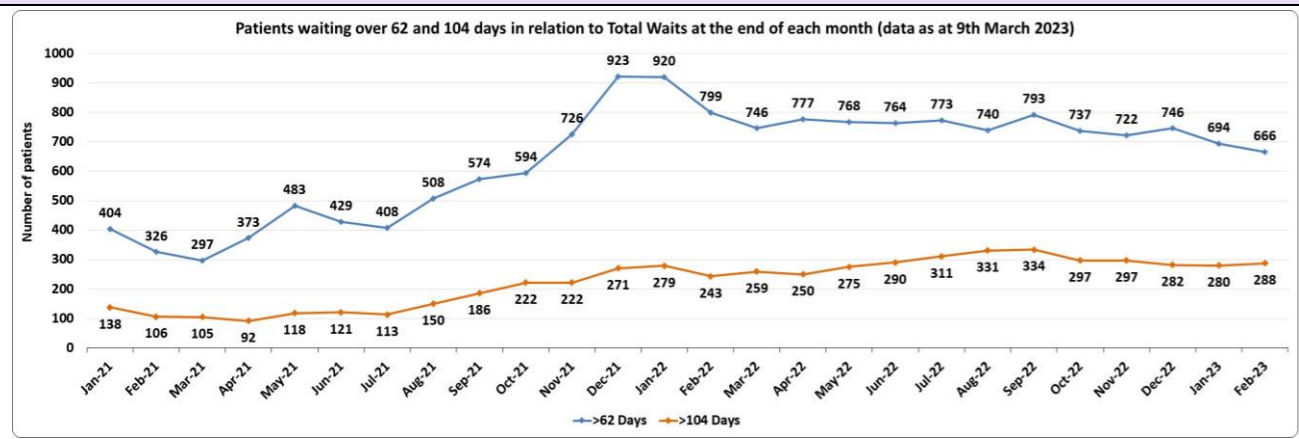


Performance for January 2023 fell to its lowest level of 38.1%, with predicted compliance for February currently at 46.2%. Delays at first outpatient (39%) and diagnostic stage (41%) continue to be the biggest concern and significant factor for not achieving target. Diagnostic delays in radiology, endoscopy and pathology; albeit improving. Backlog clearance continues.

Overall cancer treatment volumes have increased marginally during the past 12 months to around 290 per month compared to 258 in the equivalent period of the previous year. Increase in treated volumes in January in keeping with overall increase in clinical activity after the Christmas period.

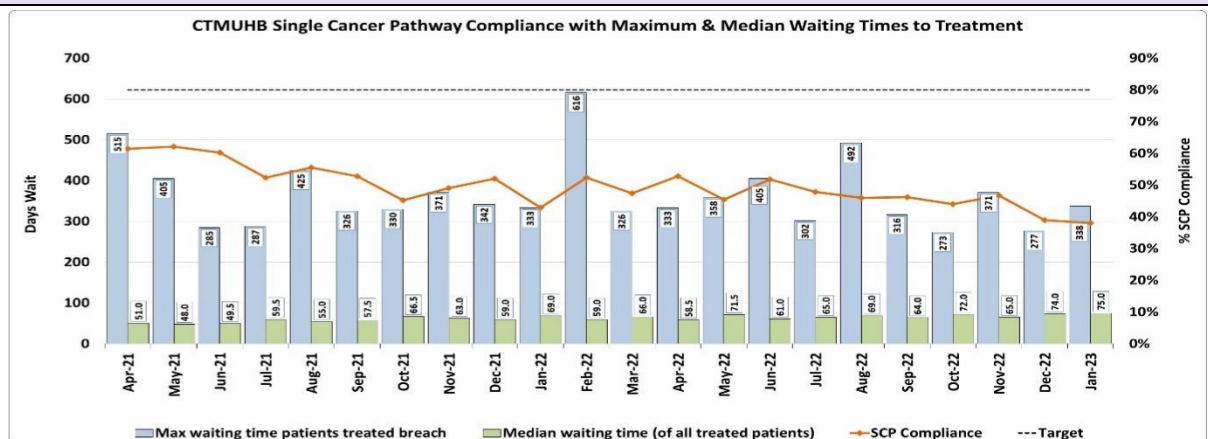
The number of patients on the SCP pathway who have been downgraded (told they do not have cancer) after having been seen at 1<sup>st</sup> Outpatient appointment or following a diagnostic test, has followed a monthly upward trend with the average for the past 12 months being 8% higher than the equivalent time span of the previous year.

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



SCP Waits >62 days (data as at 1st March 2023)	>62 to 124 days	125+ days
Other	3	1
Brain/CNS	1	
Breast	27	
Gynaecological	75	15
Haematological (exc acute leukaemia)	4	
Head and neck	15	2
Lower GI	146	60
Lung	25	6
Skin (exc BCC)	19	4
Upper GI	40	17
Urological	153	58
<b>Total</b>	<b>508</b>	<b>163</b>

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



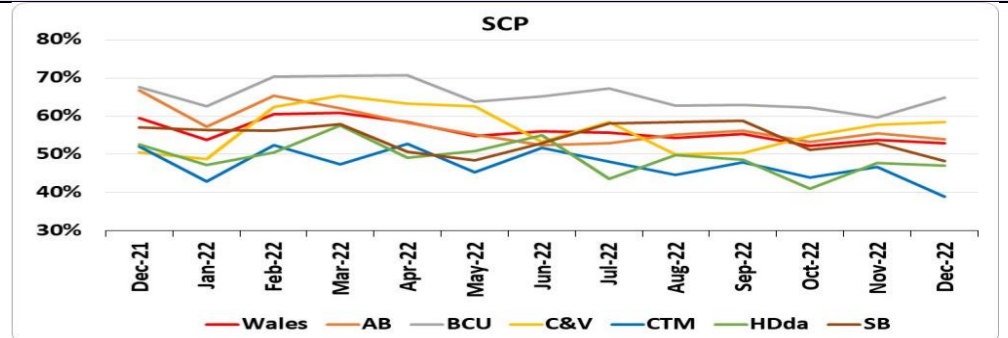
What actions are we taking & when is improvement anticipated?

- With exception of CTC's (CT Colonography) improvement noted in waiting times and turnaround times in radiology diagnostics
- Change in practice to CTC's following radiology audit which will reduce demand and increase capacity.
- Accelerated imaging for staging CT post endoscopy for lower and upper GI commencing 20<sup>th</sup> March
- SACT (Systemic Anti-Cancer Therapy) waiting times improved to 21 days for 90% of patients
- Roll out of FIT (Faecal Immunochemical Test) programme for implementation April 2023
- Outsourcing of LAPB's – Cleared backlog and waiting times now < 14 days
- Consultant posts for Urology, Breast and Colorectal surgeon
- 6 – 8 WLI lists to target long waiting PMB patients transferred from NPT
- Improved processes and theatre utilisation of symptomatic endoscopy lists
- Backlog reduction > 62 days sustained for last 5/12
- Merging of Urology MDT's and streamlining of processes / pathways
- 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.
- 80% 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 / Canisic replacement programme.
- Delays in pathology, endoscopy and radiology continue
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Bowel Screening Wales diagnostic colonoscopy
- Urology tumour site

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

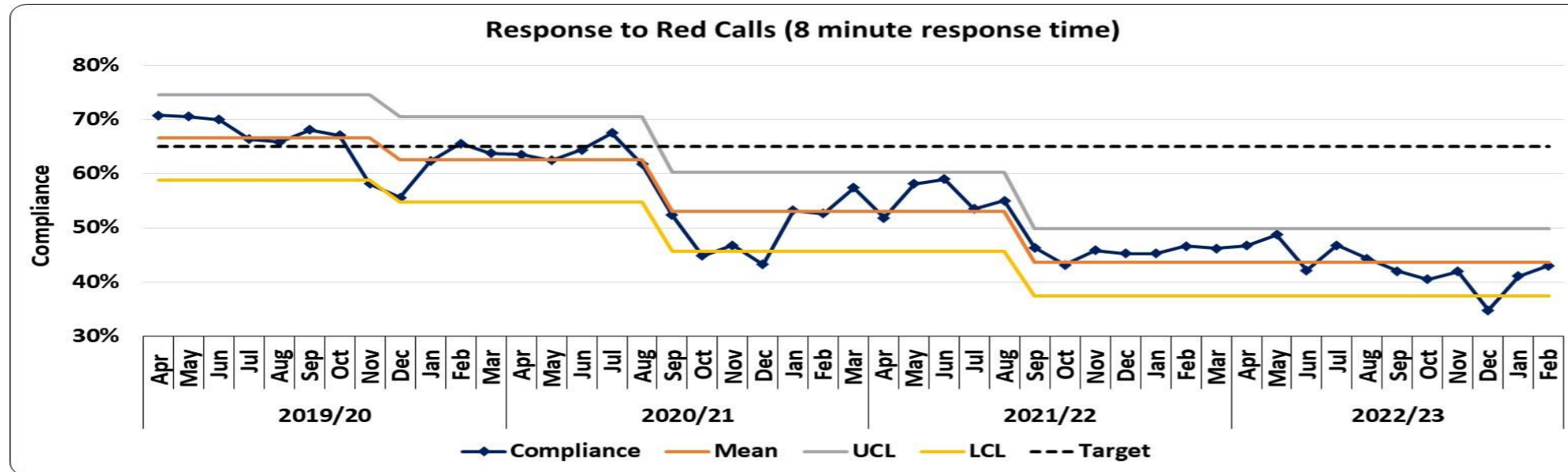


Status as at December 2022		
Health Board	Compliance	Rank
BCU	64.8%	1st
C&V	58.5%	2nd
AB	54.0%	3rd
SB	48.3%	4th
HDda	47.0%	5th
<b>CTM</b>	<b>39.0%</b>	<b>6th</b>



# Emergency Ambulance Services – Response to Red Calls & Red Release Requests – February 2023

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) February 2023 – 43.0%



## 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	37	25	67.6%	43	26	60.5%	42	1	2.4%
Jan-23	24	19	79.2%	31	13	41.9%	10	2	20.0%

Please note that data for February 2023 was not available at the time of writing this report.

### How are we doing?

**Response to Red Calls:** Response times to life-threatening calls remained low in February at 43.0%, with performance consistently below the compliance threshold of 65%. As can be seen in the chart above, for the past 17 months compliance has fluctuated around the average response times of 44% for Cwm Taf Morgannwg UHB.

The National compliance for February saw 50.9% of emergency responses arriving at the scene within 8 minutes, which as it stands sits just above the 12 month average of 49.1%. Compliance has remained below target since August 2020.

The volume of Red Calls during February (551) for the CTM area was not as high as those in January (613) and is around 5% lower than the 12 month average of 582. Volumes continue to remain higher than pre-Covid levels and 19% higher than the equivalent period of 2022.

**Immediate Release Requests** (shown above right): received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, totalled 65 during January. The ED services were able to support affirmatively 34 (52.3%) of those requests. The Ministerial requirement is for all red release requests to be supported.

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

Immediate Release Standard Operating Procedure v2 was approved October 2022. We are currently refining this document and plan to implement in Q1.

An Emergency Pressures Escalation workshop was held on the 25 February 2023. The aim of this workshop was to develop a CTM escalation framework that will support how risk is balanced across the organisation alongside associated triggers and actions. A timeline associated to deliver the implementation of the plan is in place. Planned implementation Q1.

A programme of work is underway to deliver a reduction in ambulance handover waits exceeding four hours. This is supported by an improvement trajectory and weekly assurance.

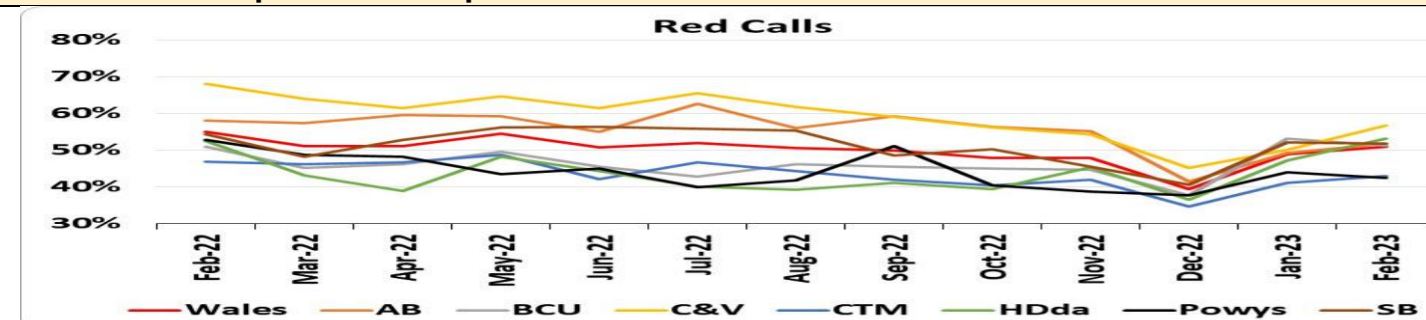
### What are the main areas of risk?

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

Ring fencing offload capacity to ensure immediate release is a challenge due to the acuity of self presenting ambulant patients. This has been further exacerbated by the ongoing WAST industrial action.

Winter schemes (funded and unfunded) are due to cease on the 31 March 2023. These schemes are currently supporting our ability to manage risk. This risk sits across a number of Care Groups. A meeting is being scheduled to discuss risk and mitigation for de-escalation of schemes.

### How do we compare with our peers?



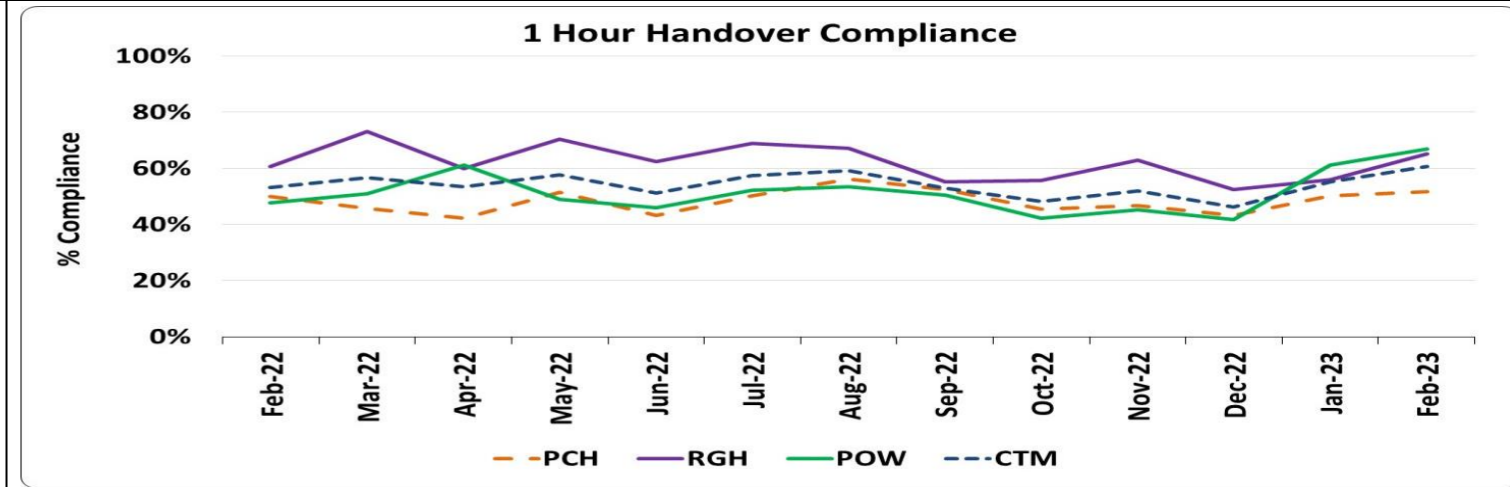
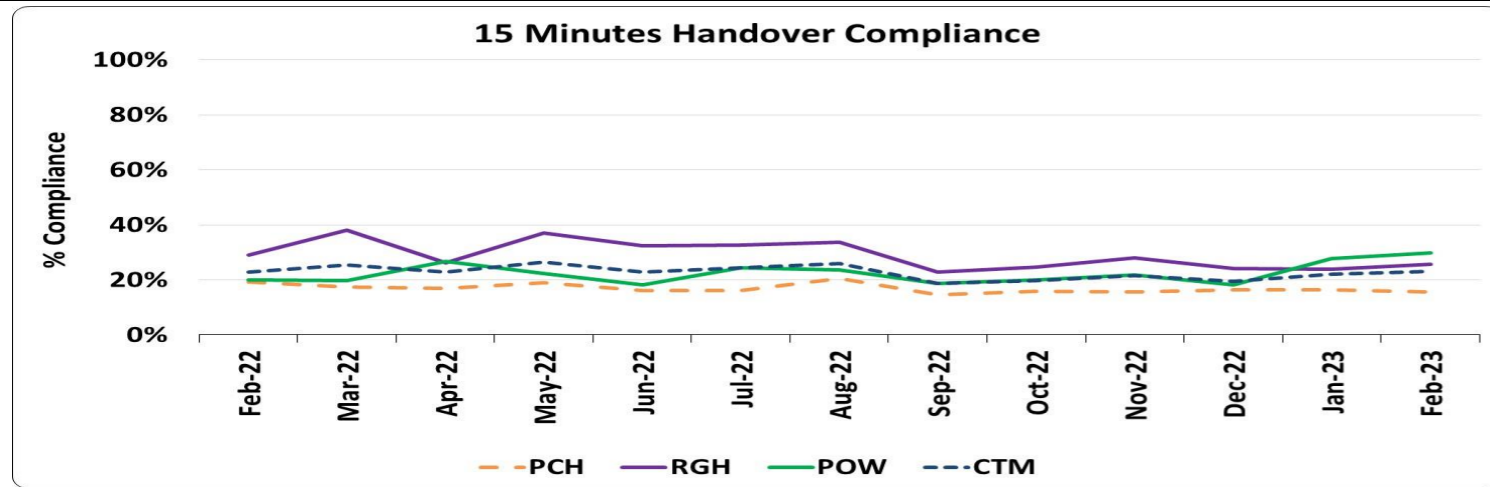
Status as at February 2023		
Health Board	Compliance	Rank
C&V	56.7%	1st
HDda	53.1%	2nd
AB	51.9%	3rd
SB	51.8%	4th
BCU	51.3%	5th
CTM	43.0%	6th
Powys	42.5%	7th

Number of ambulance handovers within 15 minutes – Target Improvement

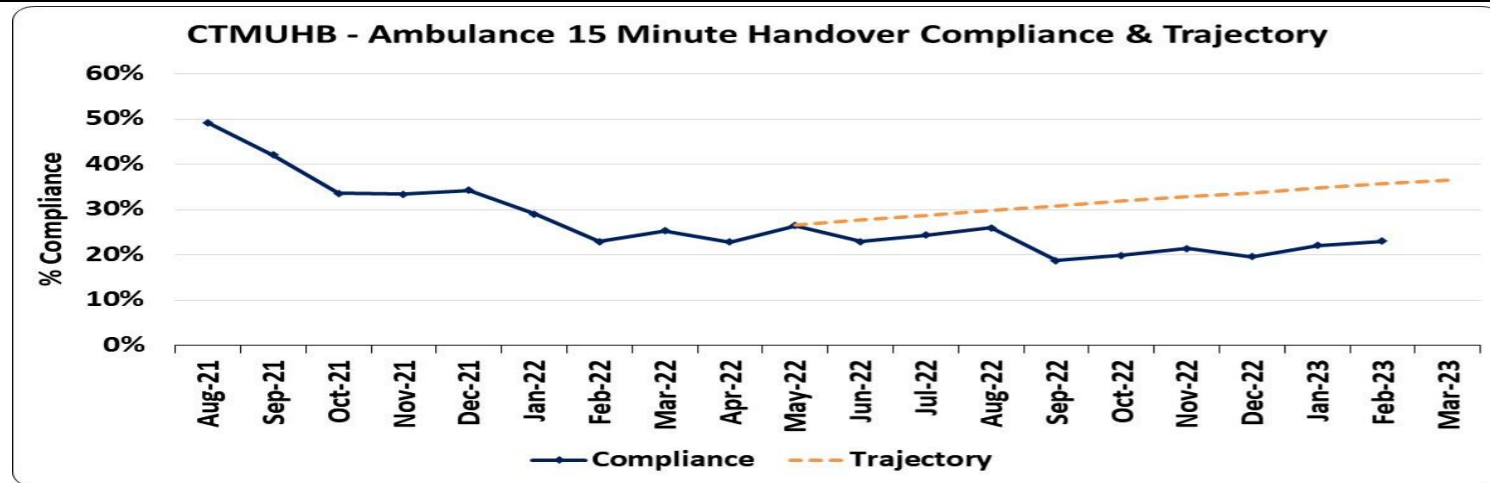
Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,002 of which 461 handovers were within 15 minutes (23.0%)**

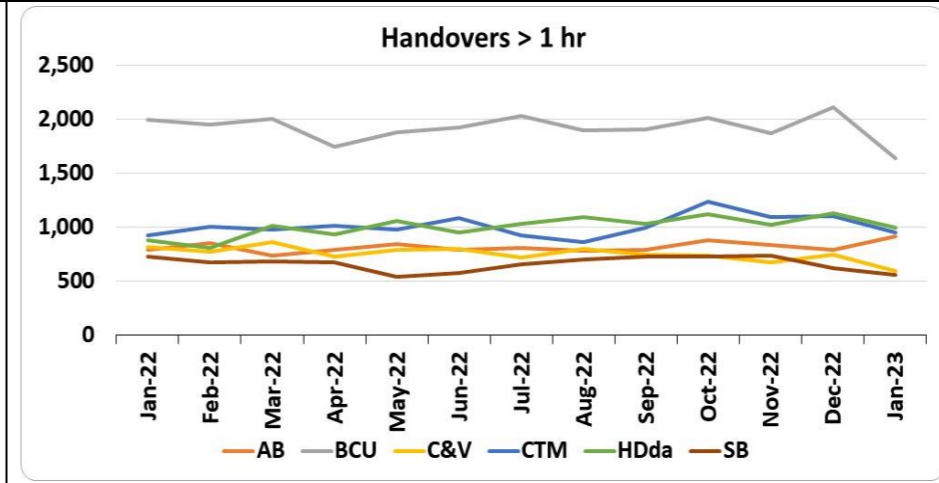
**790 handovers were over 1 hour (60.5% of handovers were within 1 hour)**



### 15 Minute Handover Trajectory



### How do we compare with our peers?



Status as at January 2023		
Health Board	Compliance	Rank
SB	558	1st
C&V	596	2nd
AB	918	3rd
<b>CTM</b>	<b>950</b>	<b>4th</b>
HDda	1,001	5th
BCU	1,642	6th

### How are we doing?

During February 2023 the 15 minute handover compliance remained low at 23.0%, as did the compliance of handovers within one hour (60.5%). Compared to January, the volume of handovers were around 6% lower, bringing the total number of ambulance conveyances to our major emergency departments to 2,002 which is also 8.5% lower than the 12 month average of 2,187 per month.

The current volume is around 7% less than the volume seen in the comparable period of 2022.

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

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

E Whiteboard List View was launched in January 2023 to support optimal patient flow through the hospital sites, with the aim of improving how we do tomorrow's work today. The USC Care Group are being provided with an overview to support operational management in overcoming barriers to flow. Further work is required to interrogate the data to support R2G which will further support a standardised approach to board rounds.

A new pan CTM, Safe 2 Start template is nearing completion to be launched across the three acute sites. Work is underway to refine the boarding and pre-emptive transfer policy to give assurance to ensure health and safety standards are being met. This is also supported through the emergency pressures escalation plan. This will be delivered in Q1.

### What are the main areas of risk?

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

System flow remains highly impacted by capacity within social care.



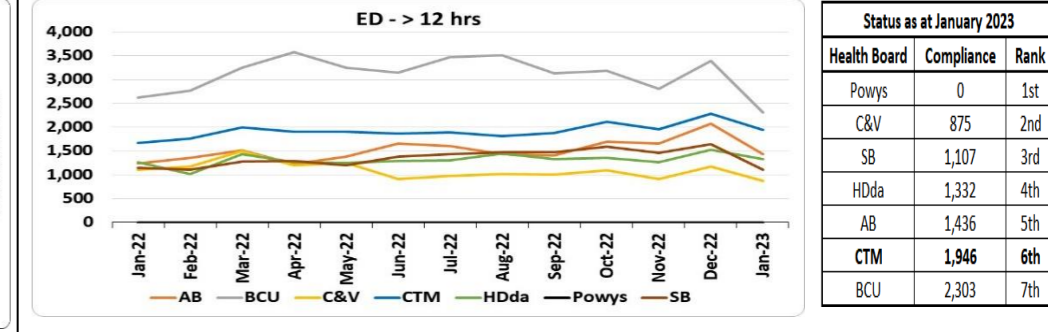
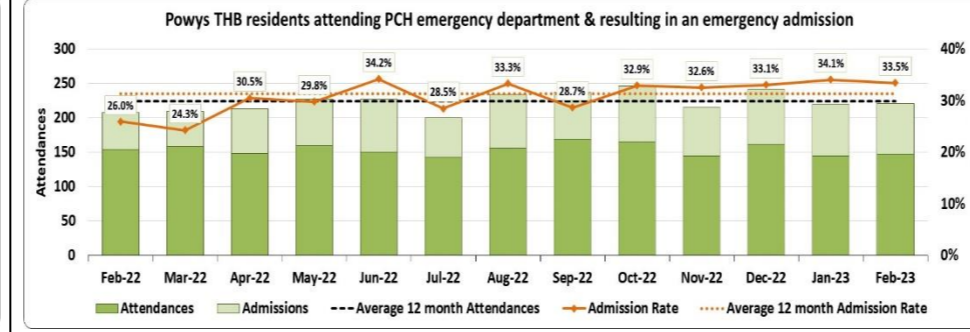
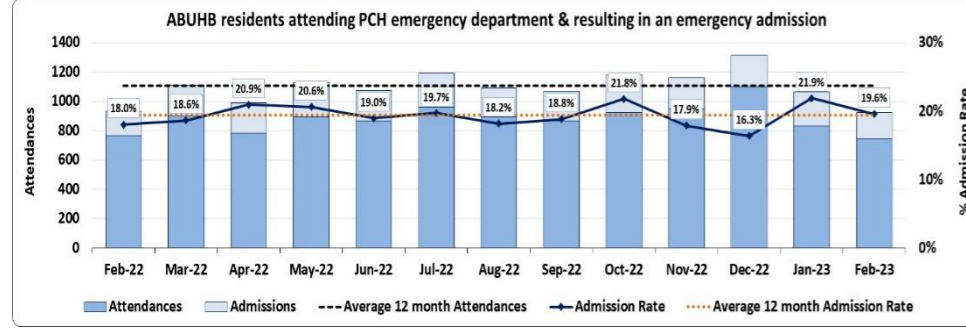
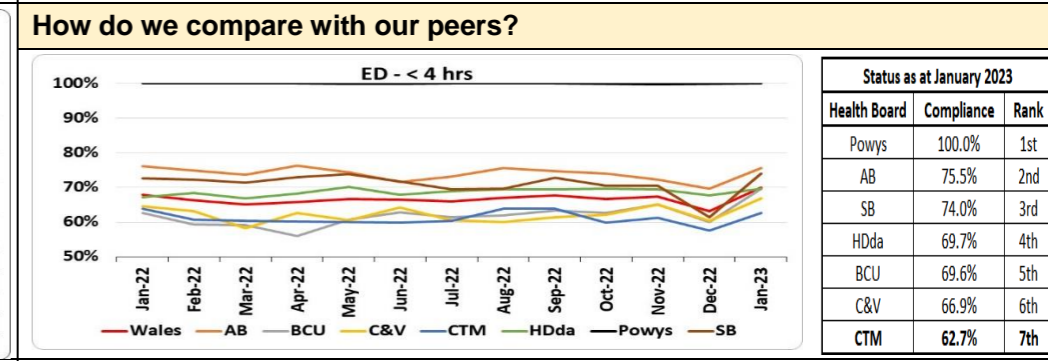
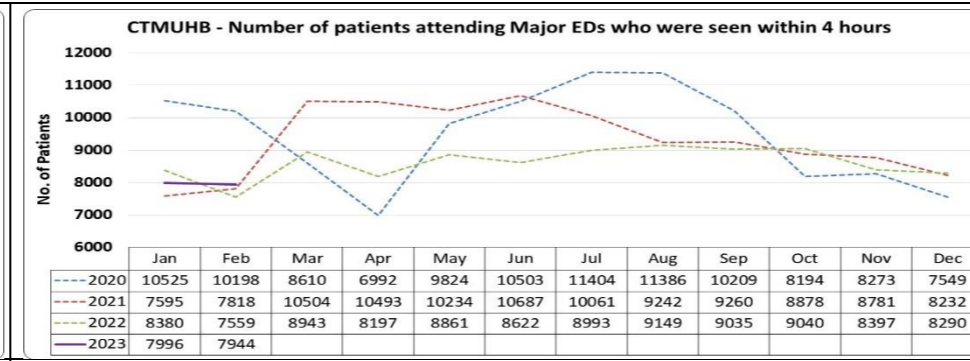
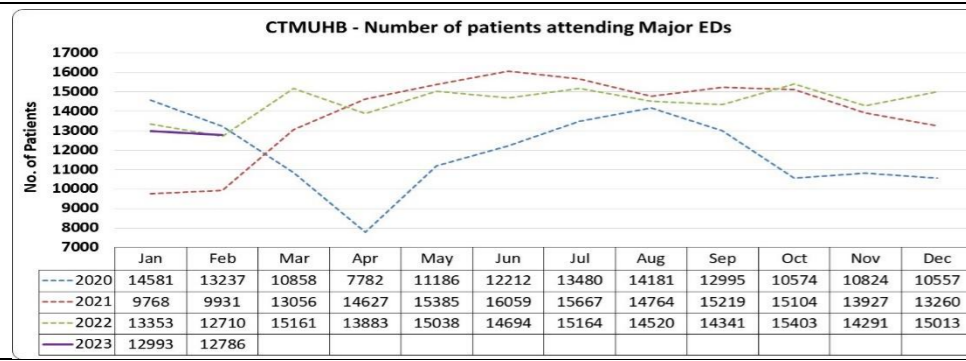
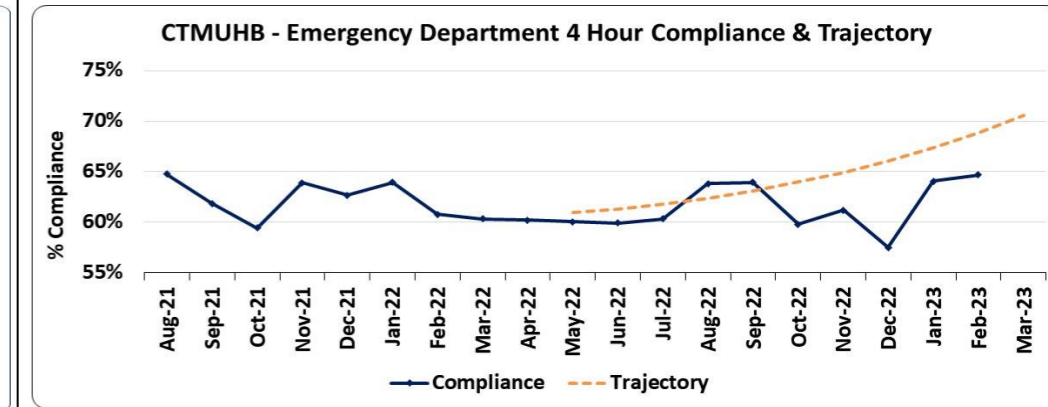
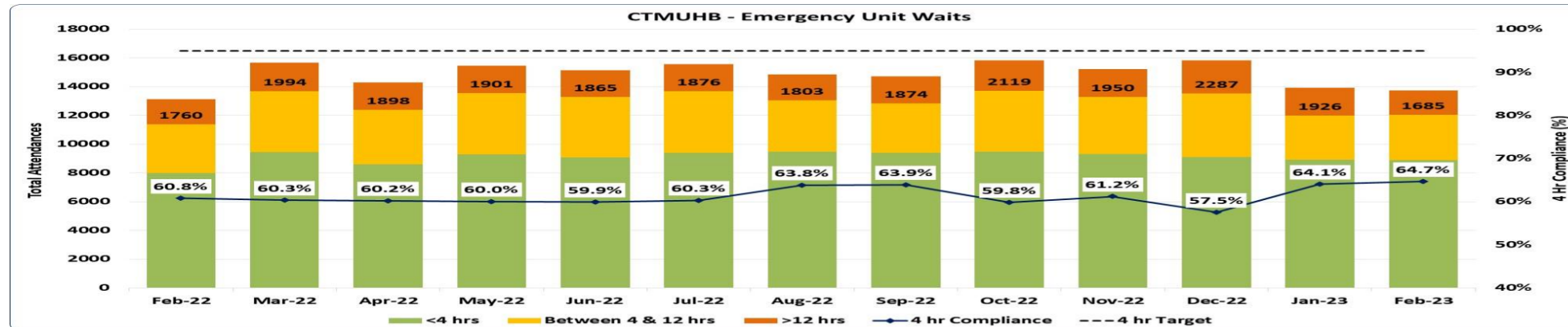
# Emergency Unit Waits – February 2023 (Provisional Position) - Total Attendances 13,730

% 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

**64.7% were seen within 4 hours (Waiting >4 hrs 4,848)**

**12.3% of patients were waiting over 12 hours (1,685)**



## How are we doing?

During February 2023 the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival was similar to that seen the previous month at 64.7%. A total of 627 patients attended the re-opened unit at YCC, however it is not yet clear if this has impacted on levels of demand or compliance at PCH. A reduction of 13% in attendances by residents from neighbouring ABUHB was observed, but attendances of Powys residents remained the same. Overall attendances at PCH were at similar levels to January with a marginal increase in the 4 hour compliance to 56.3%.

Compliance for the four hour waiting times measure at RGH & POW remained almost static from the previous month with compliance levels at 66.7% and 63.6% respectively. All of the CTM's EDs observed a fall in the proportion of patients waiting in excess of twelve hours, with the overall total decreasing to 1,685 patient breaches; a reduction of around 13% on the volume seen in January.

The number of patients waiting over 12 hours by unit was:  
 PCH – 761  
 RGH – 445  
 POW - 479

## What actions are we taking & when is improvement

The Unscheduled Care Nurse Director has worked to standardise the MIU options available to residents across CTM due to different referral routes in to YCC/YCR alongside a significantly disproportionate attendance. This work has been completed and will be delivered in Q1.

Work is ongoing to define and implement medical SDEC's within PCH and POW, incorporating acute frailty. Both models are working to an implementation date of the end of February and associated benefits should include the "pull" of medical referred patients out of ED. Timelines have shifted due to environmental factors. Work is ongoing to mitigate this.

Associated work as described above around improving flow, should also begin to improve the 4 hour performance.

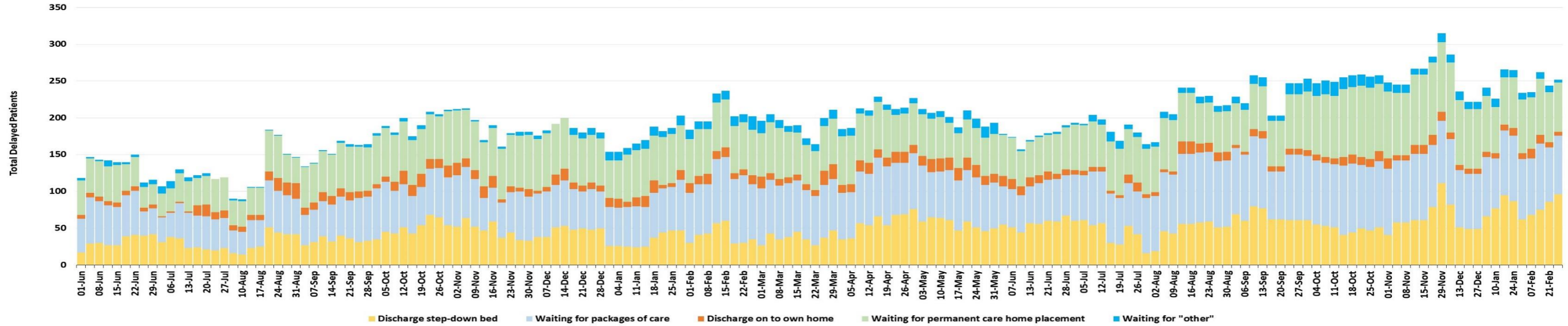
## What are the main areas of risk?

Significant risk in social care capacity and funding. On the whole, the ready to leave position across CTM remains fairly static.

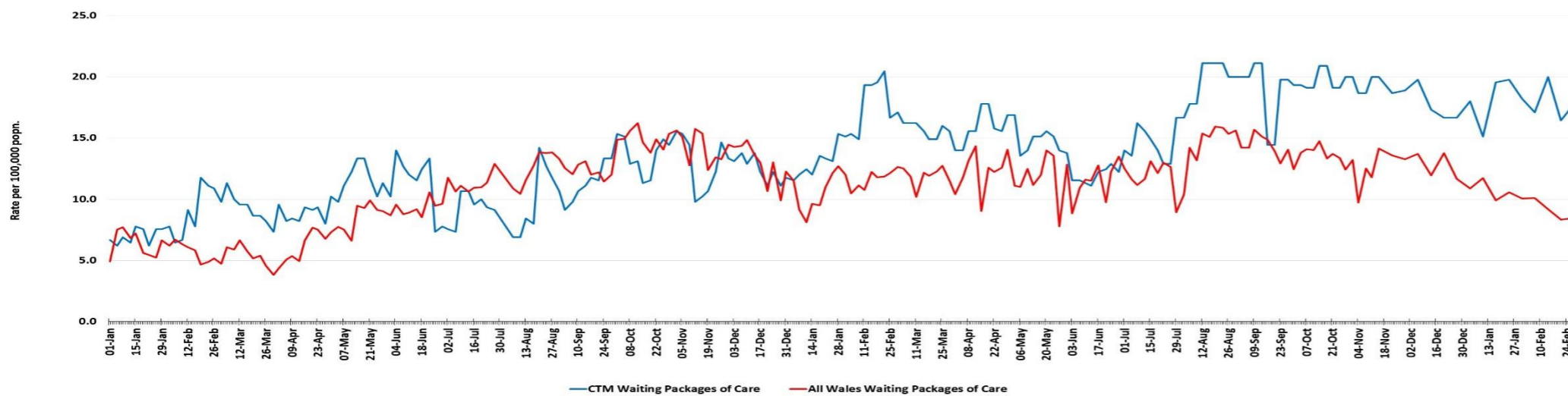
Capital requirements for the SDEC implementation at PCH and POW and the therapies portion to support front door turnaround is yet to be approved. This remains a high risk and has been highlighted at government level

Ward 16 @ POW delivers model of care that supports patients that are ready to leave. This is a winter scheme that is delivered by Primary Care and Community and is due to close to the 31 March 2023 when funding ceases. A meeting is being scheduled to discuss risk and mitigation for de-escalation of winter schemes.

Patient Delayed Discharge Reasons - July 2021 to 28th February 2023

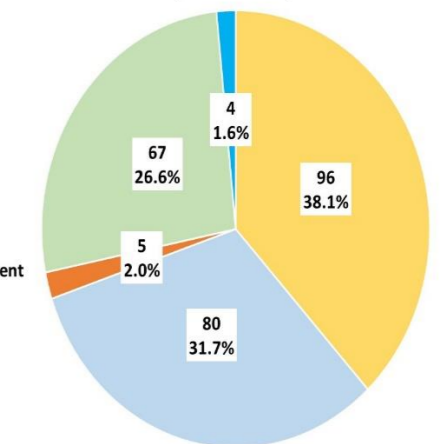


Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)  
(Twice weekly census from 1st Jan 2021 to 15th Nov 2022, then once weekly (Tuesday) from 22nd Nov)



Reasons for Patient Delays at census point 28th February 2023

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



### How are we doing?

As is shown in the top chart, the total number of patients currently awaiting their next stage of care, equates to 252 patients, which as it currently stands is an overall increase of 7.7% (18 patients) on the reported position at the end of January. The reasons for patients experiencing a delay in the transfer of their care are detailed in the pie chart bottom right, with the largest proportion of delayed patients waiting for discharge to step-down bed followed by almost 32% of patients waiting for packages 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, with comparison to the all Wales position. The UHB remains at a similar high level to those seen at the end of January with 80 individuals delayed. This equates to approximately 17.8 delays per 100,000 population, and as it currently stands is more than twice the national rate which is 8.5 per 100,000 population.

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

The Primary and Community Care Group continue to work in setting up a robust governance structure around the management of the Discharge 2 Recover and Assess pathway

Since implementation, it has become evident that ongoing support and training is required. The care group will look to increase training for staff at ward level

A discharge to recover and assess hub is currently functioning out of RGH and acts as a single referral management center for the organization. The referral documentation has been standardised across CTM to all local authorities.

### 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:

**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.

The Electronic Transfer of Care form remains in development, taking on board associated feedback. Whilst this standardised document has been launched, we continue to work with local authorities as they adapt to this new way of working

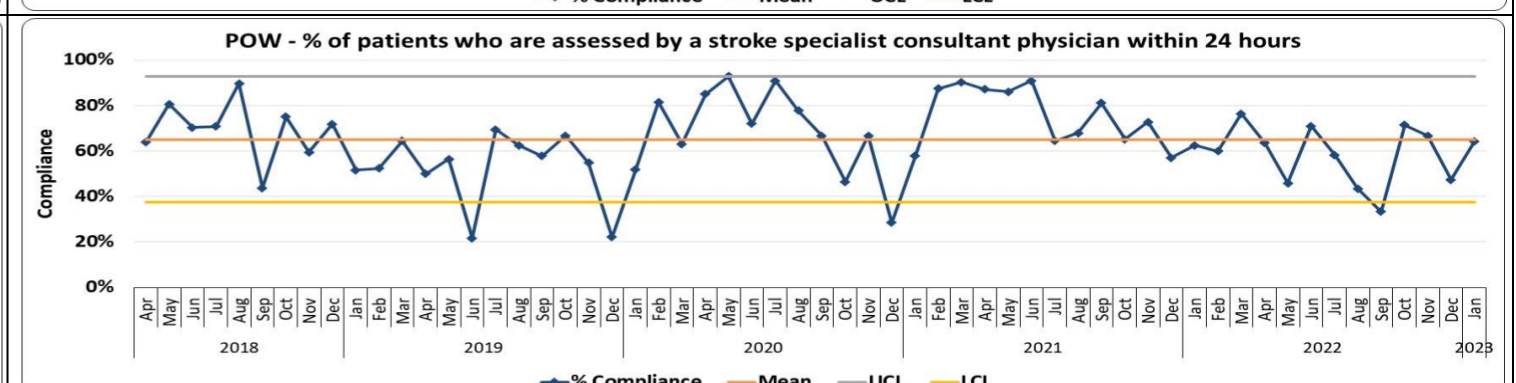
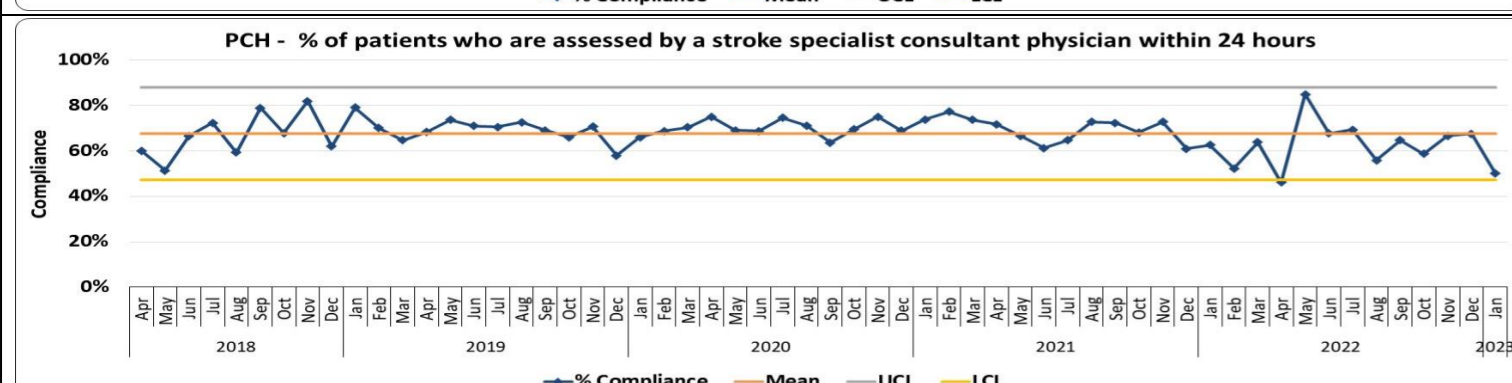
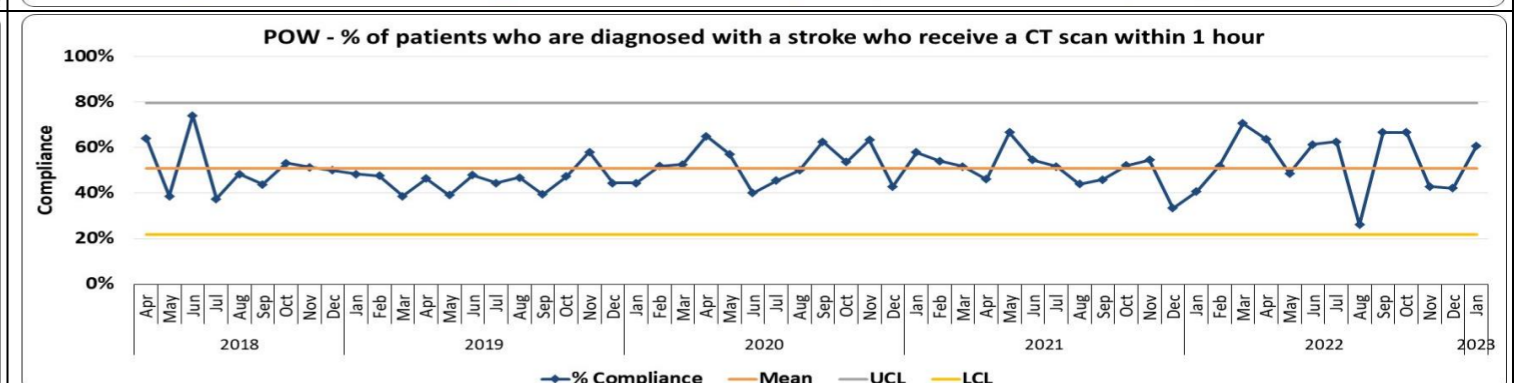
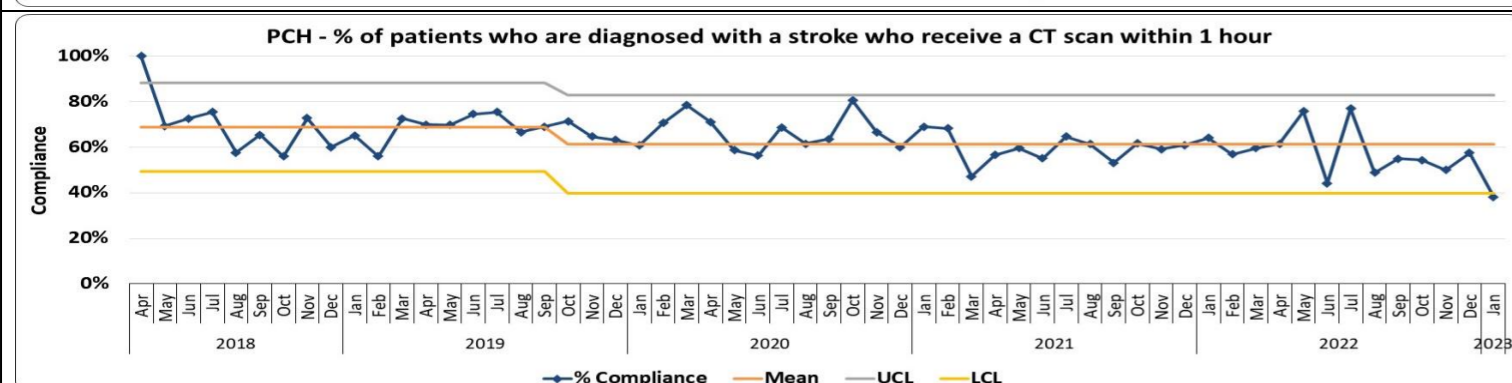
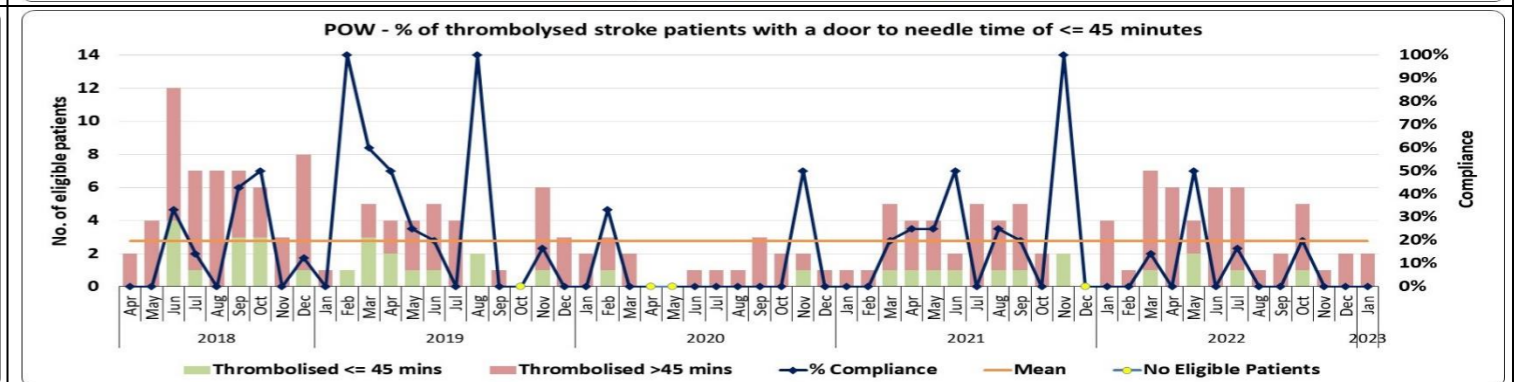
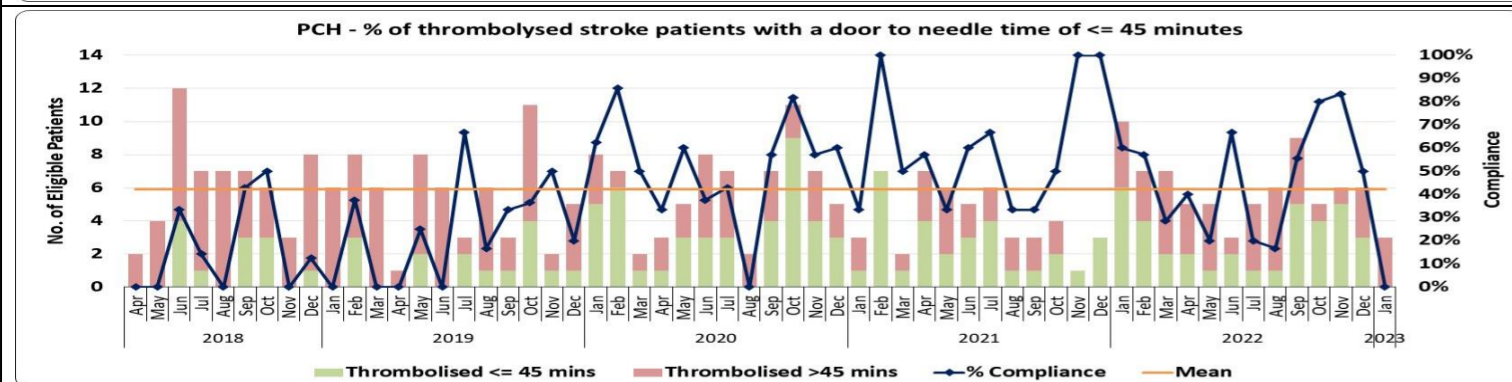
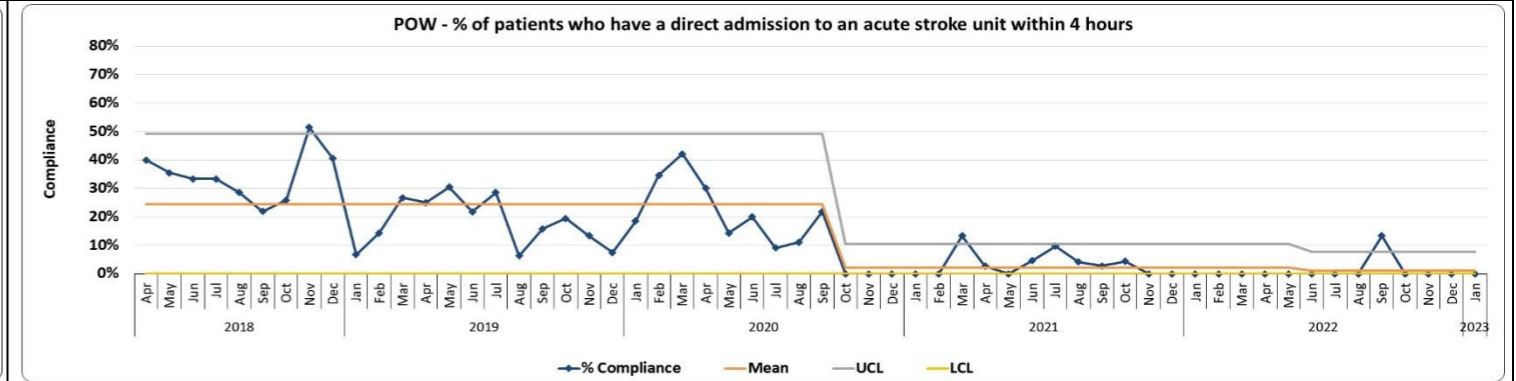
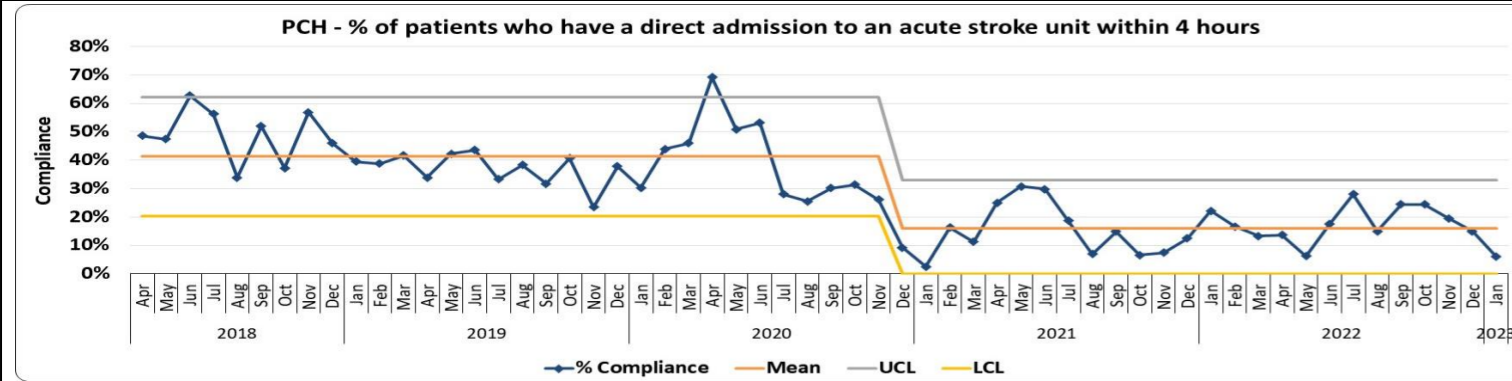


# Stroke Quality Improvement Measures (QIMs) – January 2023

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
6.1%	0%	3.3%	0.0%	0.0%	0.0%	38.2%	60.7%	48.4%	50.0%	64.3%	56.5%

## Prince Charles Hospital

## Princess of Wales Hospital



Stroke QIMs continued on the next page...

## How are we doing?

Stroke QIMs - January 2023		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	33	27	60
	No. of patients within 4 hours	2	0	2
	<b>% Compliance</b>	<b>6.1%</b>	<b>0.0%</b>	<b>3.3%</b>
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	3	2	5
	No of patients within 45 mins	0	0	0
	<b>% Compliance</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	34	28	62
	No. of patients within 1 hour	13	17	30
	<b>% Compliance</b>	<b>38.2%</b>	<b>60.7%</b>	<b>48.4%</b>
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	34	28	62
	No. of patients within 24	17	18	35
	<b>% Compliance</b>	<b>50.0%</b>	<b>64.3%</b>	<b>56.5%</b>

During January just 3.3% (2 out of 60 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. None of the five eligible patients were thrombolysed within 45 minutes and 48.4% of patients (30 out of 62 diagnosed patients) had a CT scan within an hour. There were also 35 out of the 62 stroke patients (56.5%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

The following key factors remain in contributing to poor performance against stroke care standards:

- 5-day/week service model for medical and therapy provision.
- Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation unit impact on length of stay and flow of stroke patients through the Princess of Wales hospital
- 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:

- Regional developments with C&VUHB continue. Successful recruitment has been made to the role of Clinical Lead for Stroke for the South Central Wales Stroke Delivery Network which will enable further progress to be made in response to national service specifications.
- Demand and capacity/bed modelling for CTM in progress to include predictive population risk and impact on increasing demand - due for completion by 10<sup>th</sup> March 2023
- Criteria for step down from Specialist Rehab to Generic Rehab has been completed
- Stroke Strategic Group, 6 Goals Task and Finish Group and Unscheduled Care Group to meet in April 2023 and discuss and agree overarching strategy for stroke patients in CTMUHB and formalise action plans to implement and operationalise quality and safety improvements including:
  - ❖ Pathway efficiency
  - ❖ Clinical outcomes
  - ❖ Sustainable acute Stroke Services for CTMUHB population
- Work ongoing to develop services in CTM to respond to planned 24/7 access to thrombectomy in Bristol:
  - ❖ Awaiting final approval for radiographer approved CTA
  - ❖ Implementing CT perfusion (CTP) scanning to extend the window of thrombolysis and thrombectomy
  - ❖ Development of new stroke thrombolysis and thrombectomy pathway in anticipation of new RCP stroke guidelines to be published in April 2023
  - ❖ Task and Finish group to look at implementation of Brainomix, AI software for interpretation of CTA and CTP to help streamline thrombectomy.
  - ❖ Awaiting confirmation of date Southmead Hospital to commence 24/7 thrombectomy for patients in Wales.

## What are the main areas of risk?

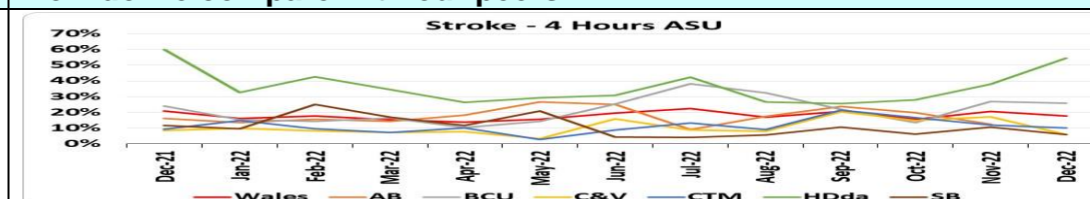
The intended impact of the short and long term actions, along with the regional and national stroke programmes, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy and improvement plan for progressing towards a SSNAP rating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

The main risks to achieving this rating are resource challenges and 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.

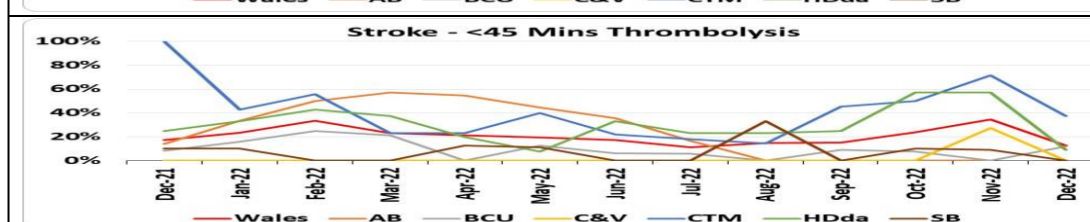
In POW, the ongoing staffing challenges within the therapy services are affecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

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

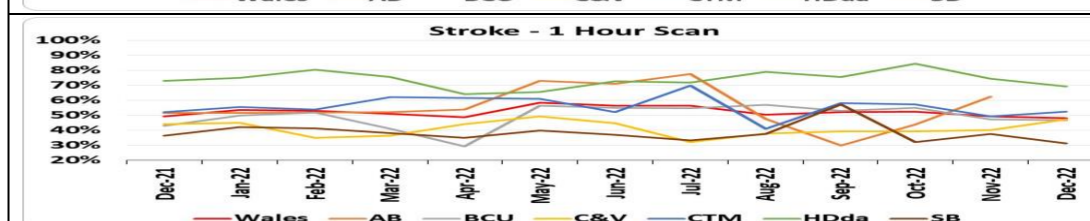
## How do we compare with our peers?



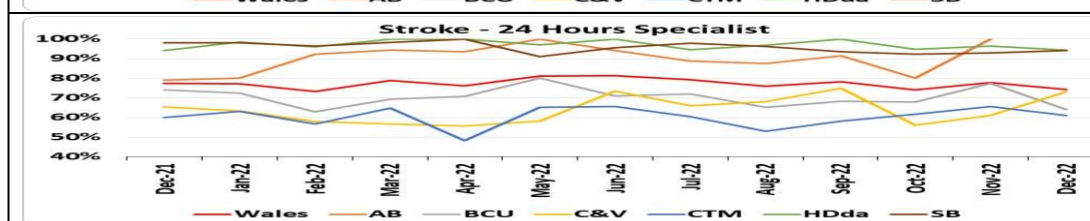
Status as at December 2022		
Health Board	Compliance	Rank
AB	no data	
HDda	54.5%	1st
BCU	25.9%	2nd
<b>CTM</b>	<b>10.2%</b>	<b>3rd</b>
C&V	5.9%	4th
SB	5.9%	4th



Status as at December 2022		
Health Board	Compliance	Rank
AB	no data	
<b>CTM</b>	<b>37.5%</b>	<b>1st</b>
BCU	11.8%	2nd
HDda	9.1%	3rd
C&V	0.0%	4th
SB	0.0%	4th

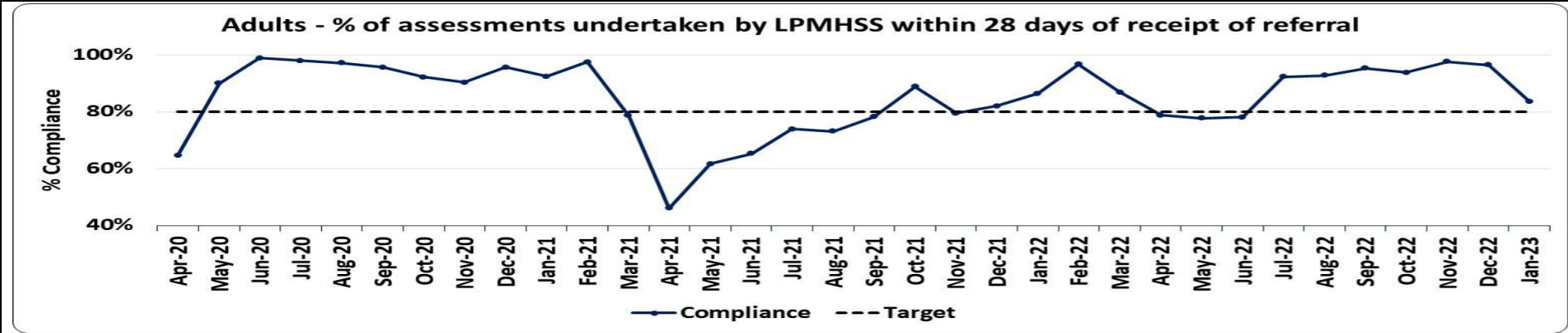


Status as at December 2022		
Health Board	Compliance	Rank
AB	no data	
HDda	69.4%	1st
<b>CTM</b>	<b>52.5%</b>	<b>2nd</b>
C&V	47.3%	3rd
BCU	46.9%	4th
SB	31.4%	5th



Status as at December 2022		
Health Board	Compliance	Rank
AB	no data	
HDda	94.4%	1st
SB	94.1%	2nd
C&V	73.0%	3rd
BCU	64.2%	4th
<b>CTM</b>	<b>61.0%</b>	<b>5th</b>

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral (83.7%) - Target 80%



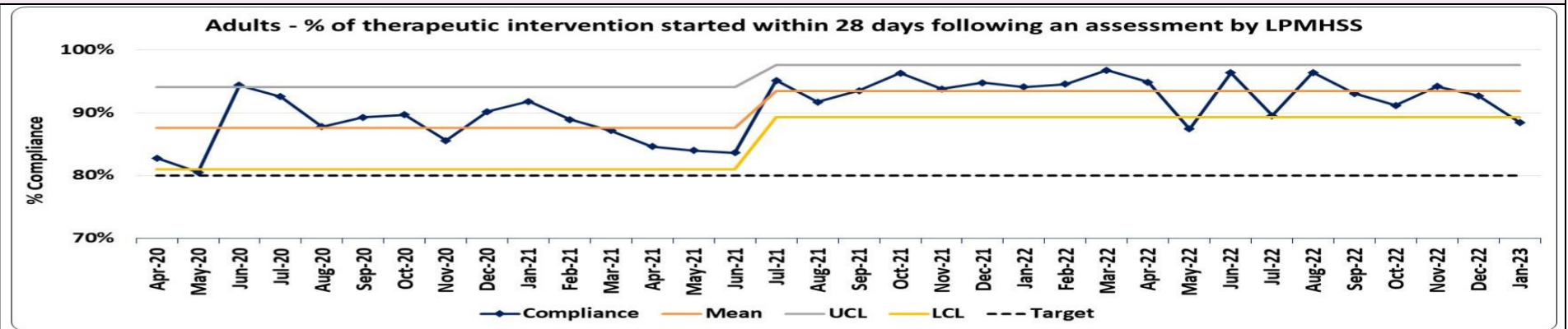
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for January remains above the threshold with 83.7% of the total assessments (361) carried out within the required timescale.

Referrals rose to similar levels seen during the Autumn, totalling 805 patients, representing an increase of 37% on the referrals received during December. Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals, thus far for 2022/23, averaging 709 per month.

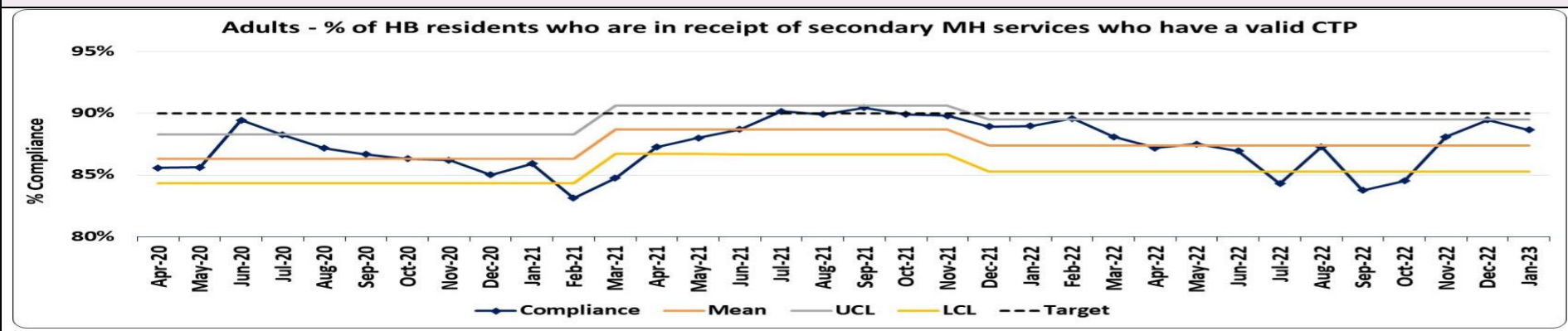
## % of therapeutic intervention started within 28 days following an assessment by LPMHSS (88.5%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained above the WG target with compliance at 88.5%.

This resulted in only 36 of the 313 interventions being outside of the required timescale of four weeks.



## % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.7%) - 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 88.7% during January and remaining just below the target threshold of 90%.

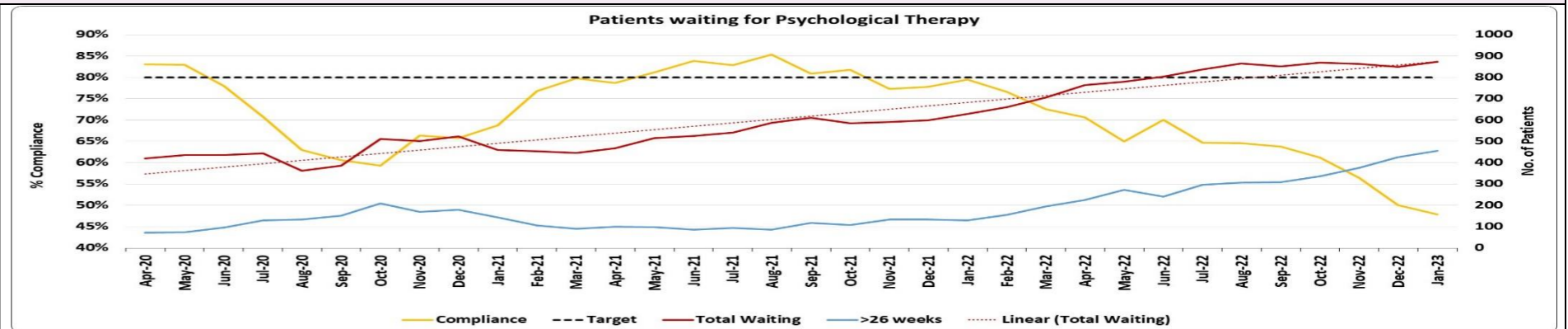
As seen in the chart to the left, compliance has remained under the target since April 2020, with the exception July and September 2021.

**Part 3:** There was just one outcome of assessment report sent during January and this was within the ten working day timeframe.

## % of patients waiting less than 26 weeks to start a Psychological Therapy (47.9%) - Target 80%

During January, Psychological Therapies compliance fell further, recording its lowest level of 47.9% 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 22 per month since August 2021).



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

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

**Part 1a:** Adult mental health services performance fell to 83.7% in January.

**Part 1b:** Adult mental health services performance also decreased to 88.5% in January.

**Part 2:** Compliance for both Adult, Older Adult and Learning Disability Services combined has decreased from 89.5% to 88.7% and is below the target threshold of 90%

- Adult Services decreased from 87.8% to 86.6%
- Older Adult Services decreased slightly from 93.2% to 93.1%
- Learning Disability Services remains unchanged from the previous month at 96.8%

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

**Psychological Therapies:** The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In January, 47.9% 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. 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. Monitored through Mental Health Planned Care Recovery Board. The focus of improvement is around the development of compliance across the multi-disciplinary care coordination team. local teams have been asked to risk assess patients who do not have an up to date CTP in order to provide assurance that care is not adversely affected.

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

1. Outsource intervention for 80 people: Following a successful procurement exercise, a provider has been appointed and the service is being mobilized. The biggest risk to timescales is the time and resource needed to implement a Data Sharing Agreement, this is being monitored closely and has been escalated within the organization.
2. Recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure "waiting well" and improve utilisation of existing capacity. The Assistant Psychologists have started at the end of February, one month ahead of trajectory.

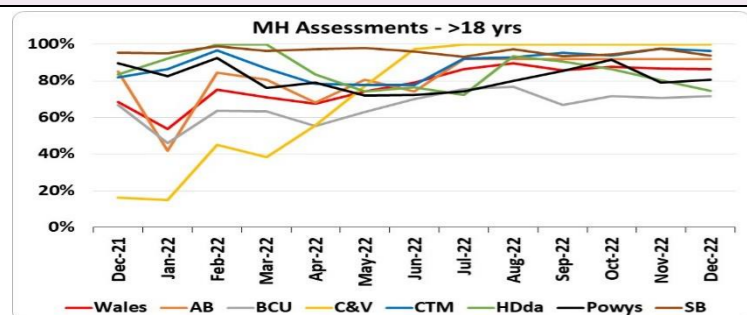
Recent recruitment drives for the 4 x 8a practitioner psychologist vacancies (2.8wte) across adult CMHTs has resulted in the appointment of 0.8WTE who will start on 1 May 2023. 0.4 WTE locum psychologist will start during March 2023 and adverts for fixed term high intensity therapists close on 6 March 2023.

An expression of interest has been issued to test the market for capacity to support the primary care waiting list and plans to outsource some of this waiting list are under development.

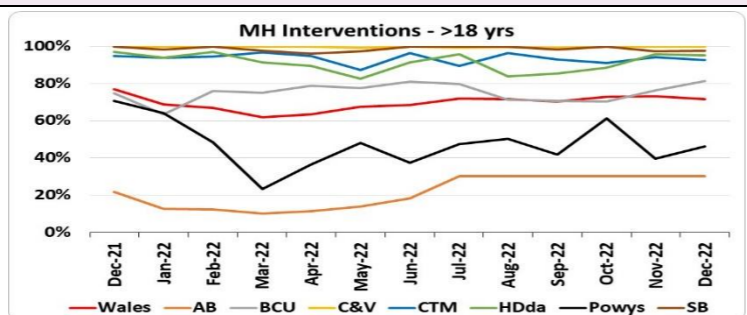
Concurrent work is underway to develop medium term plans to improve quality and performance and sustainable change. Delivery is planned over three stages which seek to (1) develop the capacity and capability for evidence based decision making, (2) make use of data to develop and agree strategies to maximise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

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

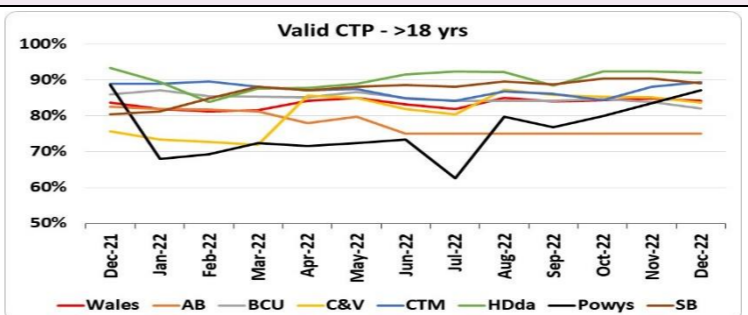
## How do we compare with our peers?



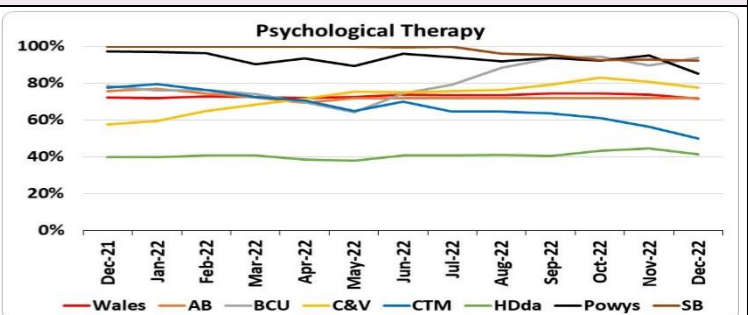
Status as at December 2022		
Health Board	Compliance	Rank
BCU	71.7%	1st
HDda	74.6%	2nd
Powys	80.6%	3rd
AB	91.9%	4th
SB	93.8%	5th
<b>CTM</b>	<b>96.5%</b>	<b>6th</b>
C&V	100.0%	7th



Status as at December 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	97.8%	2nd
HDda	95.3%	3rd
<b>CTM</b>	<b>92.7%</b>	<b>4th</b>
BCU	81.3%	5th
Powys	46.4%	6th
AB	30.2%	7th

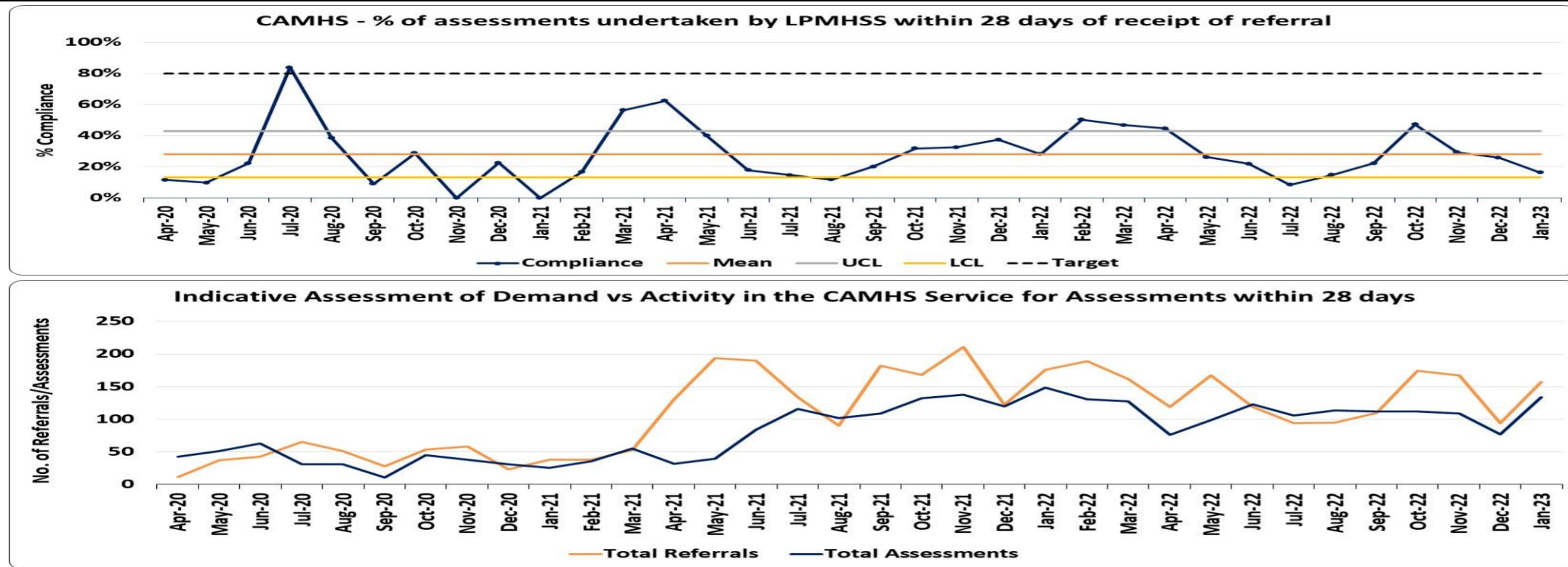


Status as at December 2022		
Health Board	Compliance	Rank
HDda	92.2%	1st
Powys	89.5%	2nd
<b>CTM</b>	<b>89.5%</b>	<b>3rd</b>
SB	89.2%	4th
C&V	83.8%	5th
BCU	82.0%	6th
AB	75.0%	7th



Status as at December 2022		
Health Board	Compliance	Rank
BCU	93.8%	1st
SB	92.3%	2nd
Powys	85.3%	3rd
C&V	77.8%	4th
AB	72.0%	5th
<b>CTM</b>	<b>50.0%</b>	<b>6th</b>
HDda	41.5%	7th

## % of assessments undertaken by LPMHSS within 28 days of receipt of referral (16.4%) - Target 80%



Compliance during January continues to be at a low level and similar to that seen in February 2021 with just 16.4% of assessments undertaken within 28 days of referral.

Performance remains well below the WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Compliance continues to be poor in both Part 1a & b with efforts being made to improve capacity and activity in the short and longer term. January saw an increased level of activity nearly matching demand and has resulted in an improvement in the waiting list. Although demand has increased significantly in February.

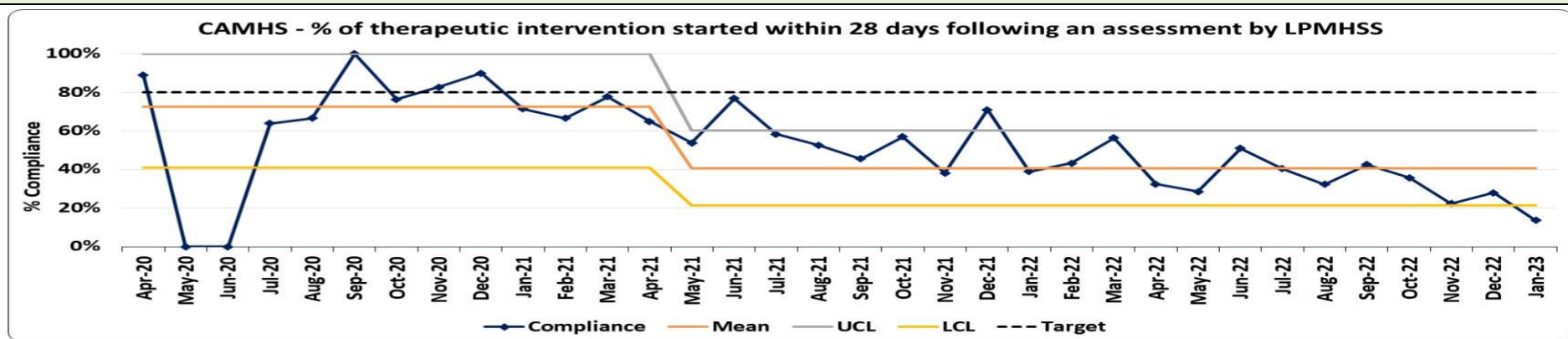
Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2<sup>nd</sup> left, where demand continues to exceed activity.

## % of therapeutic intervention started within 28 days following an assessment by LPMHSS (13.7%) - Target 80%

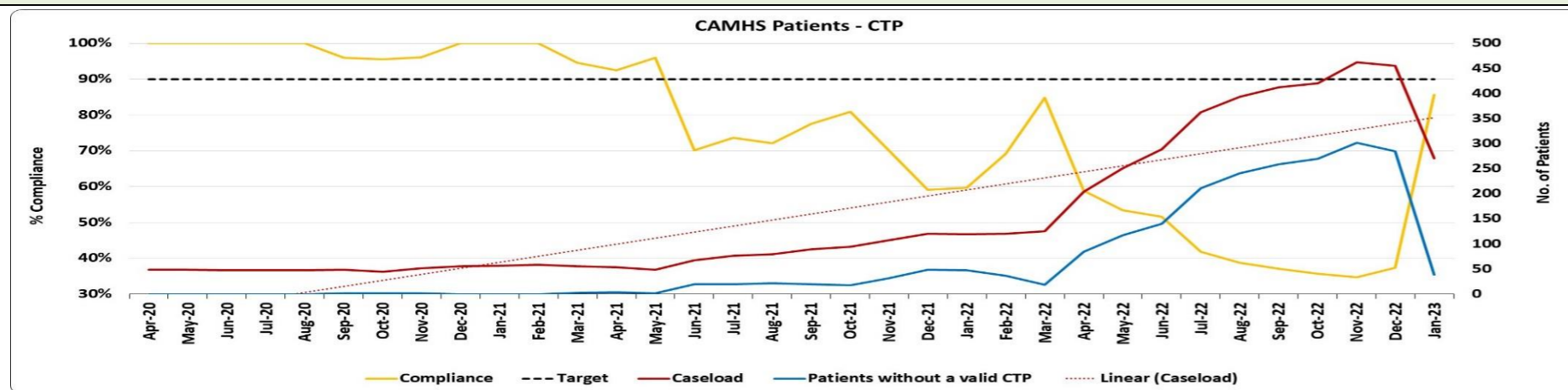
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remains low at 13.7% (the lowest level seen since June 2020) with just 10 of the 73 interventions for January commencing within 28 days.

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

The number of interventions started in January increased significantly, targeting the longest waiting patients and therefore impacting on performance. Consequently the waiting list for intervention has reduced as a result.



## % of HB residents who are in receipt of secondary MH services who have a valid CTP (85.6%) - Target 90%



**Part 2** of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a much improved performance during January with 85.6% compliance, the highest level seen since May 2021 and lying just below the target of 90%.

As seen in the chart to the left; from the start of the period to May 2021 the caseload volume had been fairly constant and compliance remained above the target threshold. Thereafter, caseload volumes increased incrementally until a sharp rise was seen in April 2022, where caseloads to December had grown, on average by 28 patients each month. From January 2023, we observe that caseloads have fallen by over 40% and the number of patients without a valid CTP at the end of the month has reduced to just 39.

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

CAMHS continued on the next page...

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

There was a notable increase in activity in January which has enabled the service to see more patients waiting longer than 28 days and as a result performance has reduced as the service is addressing the backlog of patients waiting longer than 28 days for assessment and intervention. The focus 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 increase in patients with a valid Care and Treatment Plan (CTP) Part 2 of the service is as a result of quality improvement work to improve the understanding and awareness of the criteria of Part 2 and ensure patients have a valid CTP. There has been a reduction in the overall number of patients under Part 2 of the service following further validation and review of those awaiting a CTP. The majority of these patients were identified under part 1 of the measure.

**Actions being taken:** An improvement action plan and trajectories had been developed to improve compliance for all Mental Health Measures targets but in light of the increasing demand, plans have been 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. As part of this work the service has also revised the performance trajectories to detail when improvement will be expected with achievement of the MHM targets not expected until the end of 2023/24 given the backlogs in the service.

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

Recruitment has taken place for new posts funded via the Mental Health Service Improvement Fund in the following areas:

- Band 5 RMN (Start March) and Band 3 (Started in Feb) Healthcare Support Workers – these staff will provide additional capacity for assessments and interventions
- Primary care liaison posts – these staff are now in post to 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.

The service has been working on some new pathways with third sector organisations to provide groups on specific areas of support for CYP. The first pilot of this work commenced February 2023 with Mental Health Matters. This will provide interventions and reduce the waiting times for interventions as well as provide CYP with peer group support. 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. This is anticipated to be implemented by April, subject to support by Silvercloud.

The In-Reach Service/Whole Schools Approach was implemented at the beginning of September and has been rolled out to 80 schools with implementation into the remaining schools in early 2023. This service will underpin early intervention and prevention in partnership with other organisations, supporting emotional wellbeing resilience in CYP and aim to prevent onward referrals into specialist CAMHS.

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

- Review of current job plans and recruitment to increase capacity for assessments – a further 3 posts are in the process of being advertised which will provide some additional capacity if the service can recruit
- Implementing text reminders to maximise the available capacity (awaiting ICT support, although no confirmation of timescales)
- Review of the clinical model and review and support for caseload management given the increased acuity in the service – this is taking place in March & April.

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

### Outputs of improvements

#### Part 1a and 1b :

- The additional activity in January has meant the waiting list for Part 1a has fallen slightly, reducing the overall waiting time and number of patients waiting more than 28 days. However as the service continues to treat patients in order, unless there is clinical urgency, then it is anticipated that performance will continue to be lower in next few months in order to reduce the backlog of patients waiting more than 28 days. With the actions being taken to increase and maximise capacity available, including recruitment to new posts and working with third sector organisations from February, it is anticipated there will be more sustainable improvement subject to demand levels from April 2023

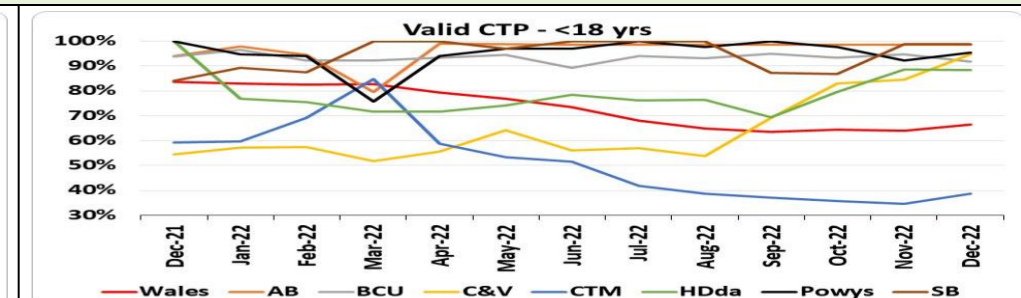
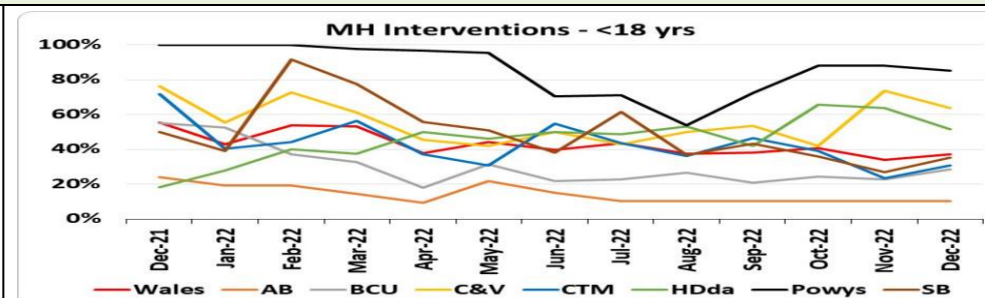
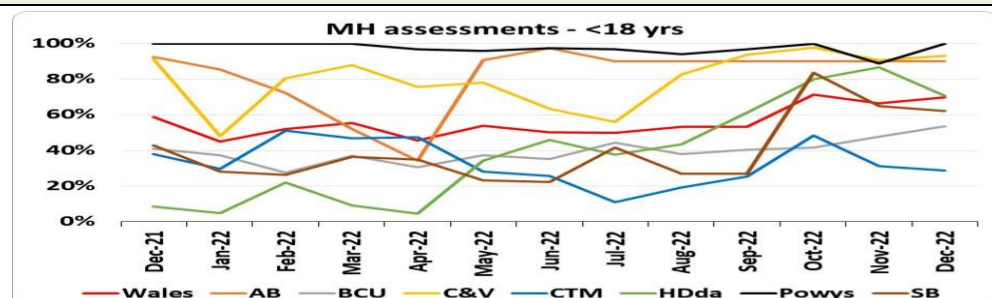
- The actions taken to manage demand, namely primary care liaison and roll out of the schools in-reach provision are part of a wider systematic approach to supporting wellbeing and mental health and are anticipated to take longer to have an impact on referral numbers and trend with expectation of having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

**Part 2:** There has been a focus on providing additional capacity and time to support care co-ordinators to complete CTPs with their patients and this has supported the increase in performance reported in January. The remaining patients without a valid CTP will receive/d appointments during February and March to ensure we meet compliance with Part 2 by the end of March.

#### 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 preceding summer, the waiting list had increased again since October. In the last couple of months the waiting list has started to reduce but demand had increased again in February.
- Reduced capacity - staff uptake in doing additional clinics has been limited in the last few months and some increase in sickness. The recent industrial action also had a detrimental impact on activity.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

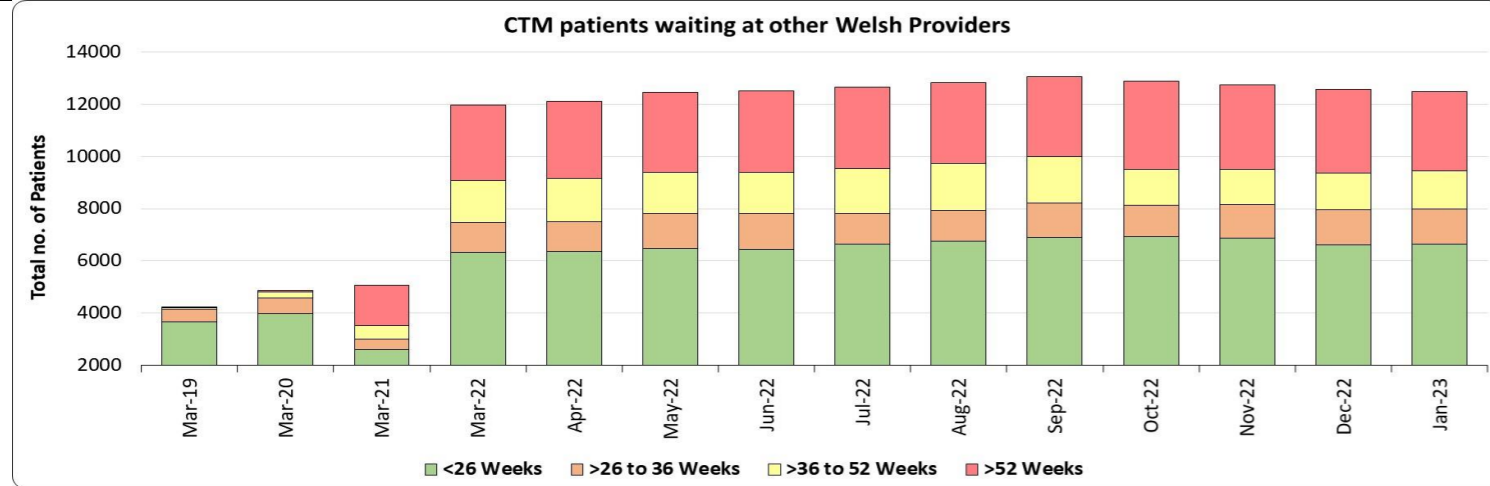
## How do we compare with our peers?





# 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 January is 4,479 of which 3,039 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 329 and there are no patients waiting over 14 weeks for a therapy.

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	231	809
Neurology	241	402
Ophthalmology	101	193
Clinical Immunology And Allergy	44	175
General Surgery	40	74
Urology	26	40
Gynaecology	21	33
Paediatric Surgery	23	27
ENT	14	25
General Medicine	30	20
Oral Surgery	17	20
Gastroenterology	6	15
Paediatrics	39	14
Dental Medicine Specialties	14	10
Cardiology	19	6
Cardiothoracic Surgery	4	1
Clinical Pharmacology	4	1
Paediatric Dentistry	8	1
Nephrology	2	0
Neurosurgery	5	0
Orthodontics	6	0
Grand Total	895	1866

Service	Total Waits	>8 wks
Endoscopy	67	54
Radiology	204	51
Cardiology	137	49
Physiological Measurement	18	6
Imaging	2	0
Neurophysiology	4	0
Total	432	160

Service	Total Waits	>14 wks
Physiotherapy	20	0
Dietetics	9	0
Occupational Therapy	3	0
Podiatry	1	0
Total	33	0

Specialty	>36 to 52 Weeks	>52 Weeks
Urology	8	61
Trauma & Orthopaedics	12	43
ENT	6	28
Ophthalmology	11	15
General Surgery	4	6
Orthodontics	0	5
Oral Surgery	9	3
Cardiology	1	1
Dermatology	1	0
Endocrinology	1	0
Gastroenterology	2	0
Gynaecology	7	0
Neurology	3	0
Grand Total	65	162

Service	Total Waits	>8 wks
Endoscopy	33	18
Radiology	19	3
Cardiology	6	0
Total	58	21

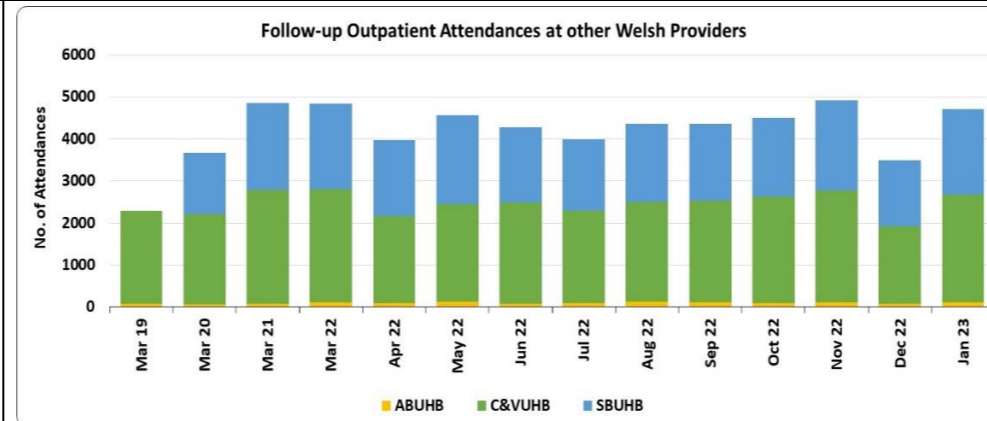
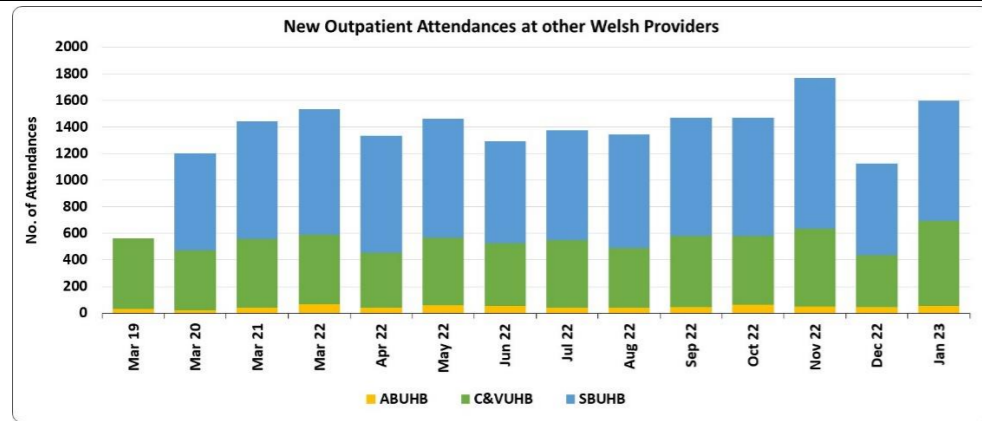
Service	Total Waits	>14 wks
Physiotherapy	7	0
Audiology	3	0
Podiatry	1	0
Total	11	0

Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	173	350
Plastic Surgery	71	223
Trauma & Orthopaedics	64	173
Orthodontics	26	76
General Surgery	69	70
Gynaecology	28	50
ENT	1	21
Gastroenterology	4	17
Urology	1	13
Ophthalmology	4	9
Paediatrics	3	6
Neurology	28	3
Cardiothoracic Surgery	3	0
Diagnostic	4	0
Paediatric Neurology	1	0
Grand Total	480	1011

Service	Total Waits	>8 wks
Neurophysiology	180	99
Endoscopy	44	36
Cardiology	68	11
Physiological Measurement	3	2
Total	295	148

January 2023	Cardiff & Vale UHB	Aneurin Bevan UHB	Swansea Bay UHB
<26 Weeks	3454 (49.5%)	353 (54.3%)	2812 (58.2%)
>26 to 36 Weeks	762 (10.9%)	70 (10.8%)	530 (11.0%)
>36 to 52 Weeks	895 (12.8%)	65 (10.0%)	480 (9.9%)
>52 Weeks	1866 (26.7%)	162 (24.9%)	1011 (20.9%)
Total Waiting	6977	650	4833
% of Total Waiting	55.9%	5.2%	38.7%

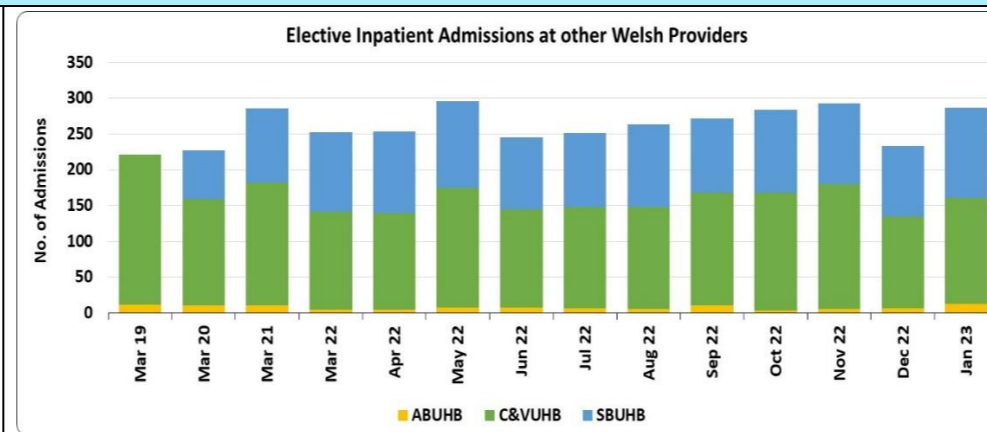
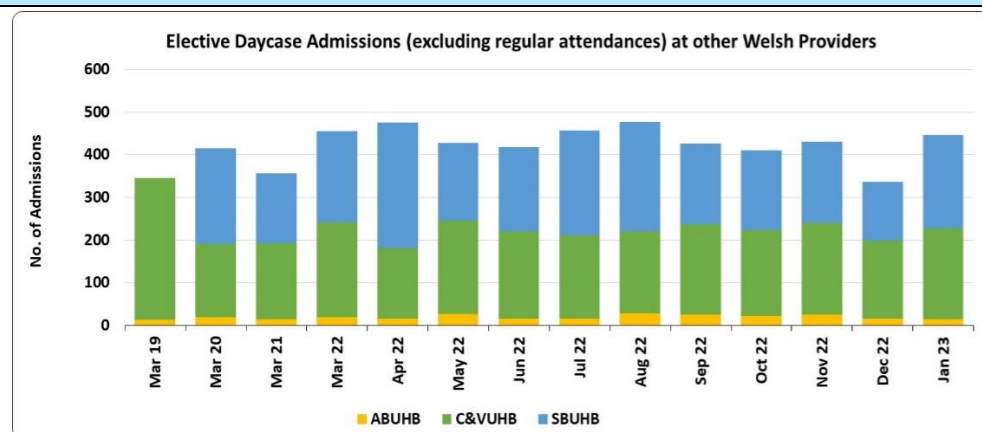
## CTM Outpatient Attendances at other Welsh Providers



The January 2023 position (February reporting period) continues to show marginal change from the previous reported position.

There are four CTMUHB residents waiting up to 52 weeks for Cardiac Surgery at Cardiff and Vale UHB and 1 52 week breach, a deterioration from the prior month which had no 52 week breaches.

The performance of Neurosurgery has remained stable, with no patients waiting more than 52 weeks currently. Five patients have waited between 36 and 52 weeks (a reduction of 1 from the previous month). Neurology waits remain a significant concern with a total of 402 patients waiting more than 52 weeks, although there is a marginal reduction from the previous month.



Cardiff and Vale paediatric surgery waits are still over 52 weeks with 27 breaches currently, a reduction of 7 on the previous month.

Plastic Surgery remains an area of concern for Swansea Bay performance. The number of CTMUHB residents waiting over 52 weeks currently sits at 223.



## 2.5 Finance update – Month 11

- The M11 YTD position is a £22.45m deficit. This represents a break-even position compared to 11/12<sup>th</sup> of the forecast £24.5m Core plan deficit (£22.45m).
- **Core Plan Forecast** – At the recent mid-year review meeting we confirmed a forecast break-even position against plan with a potential best-case surplus of up to £4m. We maintained a forecast Core plan deficit in M8 and M9 of £26.5m, highlighting a potential net opportunity of £2.0m. Our forecast was reduced to £24.5m in M10 and this remains unchanged in M11.
- **Pay award funding** - The M11 position does not recognise the recent announcement regarding an additional pay award for 2022/23. Our forecast assumes that the additional costs will be fully funded.
- **Covid costs and Exceptional Items** – We note that the M10 forecasts have been fully funded and that only material changes will be adjusted. As at M11 we are not anticipating any material changes.
- **Annual Leave** - The opening annual leave accrual of £17.2m was calculated based on the estimated gross salary costs of the estimated amount of leave outstanding at 31 March 2022 (i.e. the accrual was not based on the estimated backfill costs of covering the outstanding leave). Our M11 forecast assumes a release of £10.0m. As at M11, we have released £5.5m of the accrual which is 11/12ths of £6.0m. We think this is a prudent approach given the uncertainty surrounding the actual annual leave position at year end.
- **Anticipated Allocations** – The M11 forecast assumes that the outstanding anticipated allocations included in Table E will be received in full. This includes:
  - 6 Goals Funding - £1.19m (£1.96m less £0.82 received)
  - Value in Health Hosted Service £2.2m

The following Ringfenced Surplus allocations are forecast to be returned to WG:

- Value Based Healthcare Core allocation - £0.7m
- Nosocomial Investigation - £0.2m

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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.

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

- Approval of CTMUHB Quality & Safety Framework
- Centralisation of Complaints Team with a focus on a robust triage and improving compliance with the 30 working target
- The number of incidents reported has continued the decrease from October 2022 onwards. This is consistent with previous years. The percentage ratio of severe and death incidents has decreased following a rise in November 2022.
- Significant achievement in relation to compliance with Patient Safety Solutions
- Maintenance of robust quality governance arrangements during the transition to a centralised function is paramount. The implementation of OCP in relation to Quality and Governance arrangements is currently in the final stage.
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work is underway to align the Datix Cymru System to the Care Group Structure and ensure up to date information is accessible across the Health Board on a range of metrics.
- Learning from Events continues to be a challenge for the Health Board, with several deferred cases awaiting further information and submission.



#### 4. IMPACT ASSESSMENT

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

#### 5. RECOMMENDATION

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