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| AGENDA ITEM |
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| 5.2 |
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| PLANNING, PERFORMANCE & FINANCE COMMITTEE |
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| INTEGRATED PERFORMANCE DASHBOARD |
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| | |
|------------------------|--------------|
| Date of meeting | (21/12/2021) |
|------------------------|--------------|

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

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

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|------------------------------------|--|
| Prepared by | Rowland Agidee, Head of Performance & Clinical Information |
| Presented by | Linda Prosser, Executive Director of Strategy and Transformation Gareth Robinson, Chief Operating Officer Sally May, Executive Director of Finance |
| Approving Executive Sponsor | Executive Director of Strategy and Transformation |

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

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

| Committee/Group/Individuals | Date | Outcome |
|------------------------------------|-------------|-----------------|
| Management Group | 17/11/21 | Choose an item. |

| ACRONYMS | |
|-----------------|---|
| AMU | Acute Medical Unit |
| C.difficile | Clostridium difficile |
| CAMHS | Child and Adolescent Mental Health Services |
| CTM | Cwm Taf Morgannwg |
| CTP | Care and Treatment Plan |



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



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

1. SITUATION/BACKGROUND

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

The areas where improvement has been noted are:

- Direct Engagement Compliance – Allied Healthcare Professionals (good progress towards 100% target, improved to 81% up from 73% the previous month).
- Total Number of Nationally Reportable Incidents (down to 3 from 4 the previous month).
- Grade 3/4 Hospital Acquired Pressure Ulcers (down to 7 from 9 the previous month).
- Total Number of Instances of Hospital Acquired Pressure Ulcers (down to 105 from 148 the previous month).



- Mental Health Part 1b – CAMHS (good progress towards 80% target, 71.4% up from 50% the previous month).

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

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

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

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

| Measure | Target | Current Period | Last Period |
|---|---------------------------|----------------|-------------|
| % of babies who are exclusively breastfed at 10 days old | Annual Improvement | 2020/21 | 2019/20 |
| % of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | 95% | 27.0% | 27.8% |
| % of children who received 2 doses of the MMR vaccine by age 5 | 95% | Q1 21/22 | Q4 20/21 |
| % of adult smokers who make a quit attempt via smoking cessation services | 5% Annual Target | 96.7% | 97.3% |
| European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) | 4 Qtr Reduction Trend | 93.4% | 92.8% |
| % of people who have been referred to health board services who have completed treatment for alcohol misuse | 4 Qtr Improvement Trend | Q1 2021/22 | 2020/21 |
| Uptake of influenza vaccination among: | 65 year old and over | 1.27% | 3.99% |
| | under 65's in risk groups | Q4 20/21 | 344.0 |
| | pregnant women | Q3 20/21 | 326.7 |
| | health care workers | Q4 20/21 | 64.1% |
| % of eligible people who have participated in the bowel screening programme within the last 2.5 years | 75% | 75.4% | 68.9% |
| Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years | 55% | 46.3% | 40.3% |
| 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 | 75% | 74.6% | 81.7% |
| % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over) | 60% | 67.8% | 63.2% |
| | breast | 2019/20 | 59.1% |
| % of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed | 70% | 74.1% | 74.1% |
| | 80% | 2018/19 | 72.8% |
| % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS | under 18 years | 80.9% | 77.5% |
| | over 18 years | 89.9% | 90.5% |
| | Annual Improvement | 2019/20 | 2018/19 |
| | | 51.9% | 50.0% |

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

| Measure | Target | Current Period | Last Period | |
|---|----------------------------|---------------------------|-------------|-------|
| % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS | 100% | 2020/21 | 2019/20 | |
| % of children regularly accessing NHS primary dental care within 24 months | 4 Qtr Improvement Trend | 86.0% | 65.4% | |
| % of adults regularly accessing NHS primary dental care within 24 months | 4 Qtr Improvement Trend | Q4 20/21 | 60.1% | |
| % 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% | 52.5% | 59.0% | |
| % of emergency responses to red calls arriving within (up to and including) 8 minutes | 65% | 90.8% | 92.7% | |
| Number of ambulance patient handovers over 1 hour | Zero | 45.9% | 43.2% | |
| % 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% | 799 | 788 | |
| 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 | 65.2% | 60.6% | |
| % of survival within 30 days of emergency admission for a hip fracture | 12 Month Improvement Trend | 1463 | 1584 | |
| % 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 | Aug-21 | Aug-20 | |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time | SSNAP Average 49.5% | 73.2% | 65.5% | |
| % of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days | 50% | Sep-21 | Sep-20 | |
| % of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | 75% | 1.4% | 2.7% | |
| Number of patients waiting more than 8 weeks for a specified diagnostic | Zero | 5.9% | 9.8% | |
| Number of patients waiting more than 14 weeks for a specified therapy | Zero | 53.8% | 53.6% | |
| % of patients waiting less than 26 weeks for treatment | 95% | Oct-21 | Sep-21 | |
| Number of patients waiting more than 36 weeks for treatment | Zero | 42.5% | 47.3% | |
| Number of patients waiting for a follow-up outpatient appointment | 51,739 | 14,335 | 14,705 | |
| Number of patients waiting for a follow-up outpatient appointment who are delayed over 100% | 10,256 | 664 | 570 | |
| % of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments | 95% | 48.3% | 49.0% | |
| 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 | 46,050 | 45,202 | |
| % of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) | 80% | 108,325 | 108,623 | |
| % 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% | 27,886 | 28,653 | |
| % 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) | 80% | 59.3% | 60.4% | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years) | 80% | 3.08 | 2.5 | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over) | 80% | 10.8% | 7.7% | |
| % of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment | 80% | 31.8% | 20.2% | |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | 80% | 88.9% | 78.2% | |
| Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile | E.coli | 67 per 100,000 population | 94.36 | 95.55 |
| | S.aureus bacteraemia | 20 per 100,000 population | 26.01 | 26.54 |
| | C.difficile | 25 per 100,000 population | 33.01 | 33.37 |
| | | | 81.7% | 80.9% |
| Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa | Klebsiella sp | <69 cases | 52 | 47 |
| | P. aeruginosa | <25 cases | 24 | 22 |

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

| Measure | Target | Current Period | Last Period |
|---|--------------------------|----------------|---------------|
| % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor | Annual Improvement | 2019/20 | 90.8% |
| Overall staff engagement score | Annual Improvement | 2020 | 71% |
| % 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% | Nov-21 | 52.8% |
| % compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation | 85% | Nov-21 | 66.8% |
| % of sickness absence rate of staff | 12 Month Reduction Trend | Oct-21 | 8.0% |
| % of staff who report that their line manager takes a positive interest in their health and well-being | Annual Improvement | 2020 | 56.1% |
| | | | not available |
| | | | not available |
| | | | 52.2% |
| | | | 67.0% |
| | | | 8.3% |
| | | | not available |

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

| Measure | Target | Current Period | Last Period |
|---|---|----------------|-------------|
| Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | Improvement | 2018/19 | 2016/17 |
| % of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | 75% | Nov-21 | 67.0% |
| % of Health and Care Research Wales non-commercial portfolio studies recruiting to target | 100% of studies | Q1-Q3 20/21 | 2019/20 |
| % of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target | 100% of studies | Q1-Q3 20/21 | 2019/20 |
| Crude hospital mortality rate (74 years of age or less) | 12 Month Reduction Trend | Oct-21 | Oct-20 |
| % of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening | 12 Month Improvement Trend | Oct-21 | Sep-21 |
| % of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening | 12 Month Improvement Trend | Oct-21 | Sep-21 |
| All new medicines recommended by AWMMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation | 100% | 99.0% | 98.9% |
| Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit) | Qtrly reduction of 5% against baseline of 2019/20 | 256.0 | 256.1 |
| % of secondary care antibiotic usage within the WHO Access category | 55% | not available | 1402 |
| Number of patients age 65 years or over prescribed an antipsychotic | Qtr on Qtr Reduction | 1409 | 1402 |
| Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age | Qtr on Qtr Reduction | 0.160% | 0.167% |
| Opioid average daily quantities per 1,000 patients | 4 Qtr Reduction Trend | 5016.5 | 4995.4 |
| Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines) | Qtr on Qtr Improvement | 76.7% | 73.8% |
| % of critical care bed days lost to delayed transfer of care (ICNARC definition) | Qtr on Qtr Reduction towards Target of no more than 5% | Q2 21/22 | Q1 21/22 |
| Agency spend as a percentage of the total pay bill | 12 Month Reduction Trend | Oct-21 | Sep-21 |
| % of episodes clinically coded within one reporting month post episode discharge end date | 12 month improvement trend towards achieving the 95% target | Sep-21 | Aug-21 |
| | | | 7.2% |
| | | | 6.4% |
| | | | 70.4% |

2.2 Quality

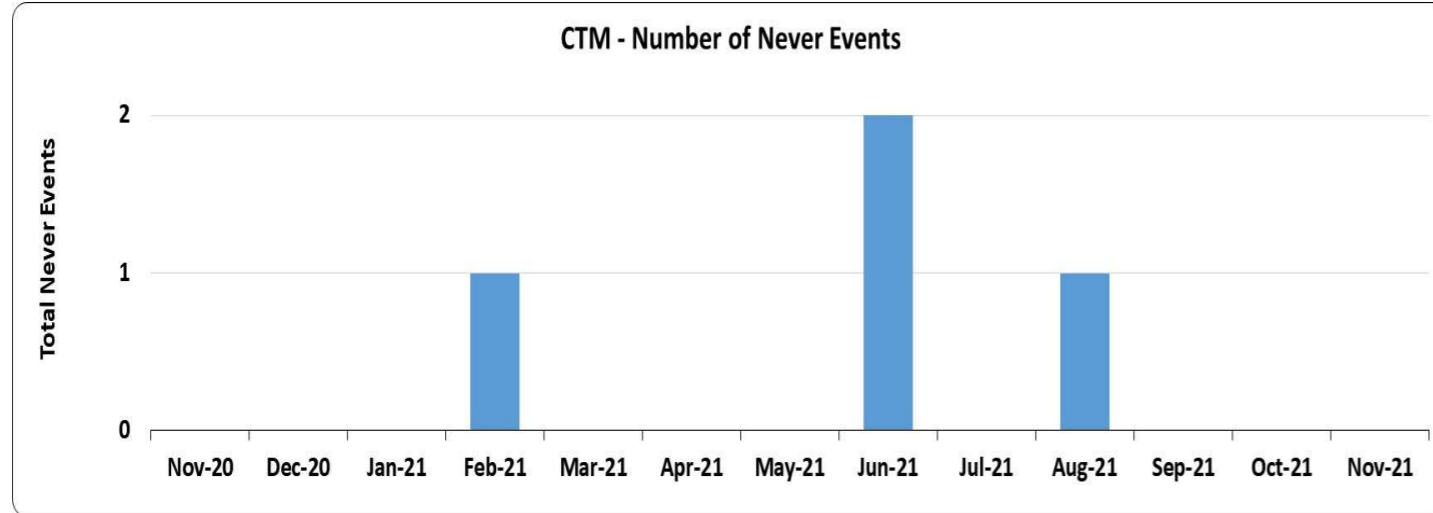


Never Events & Serious Incidents

Never Events

Number of Never Events – November 2021

0

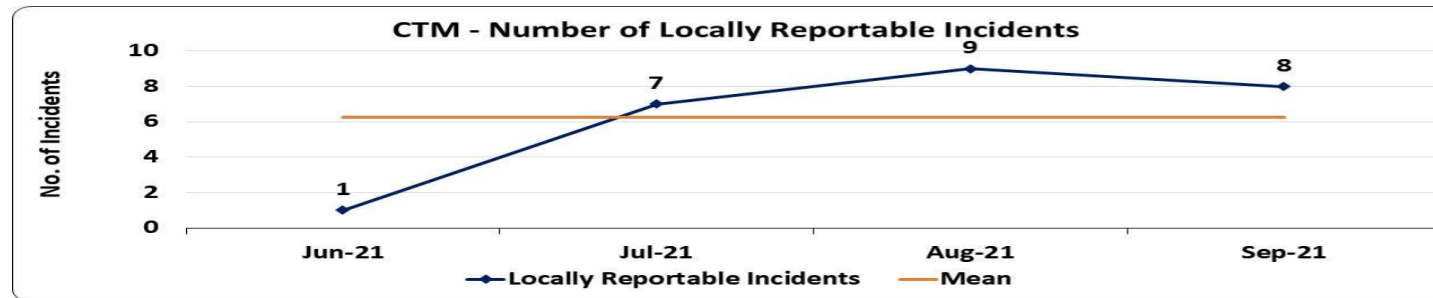
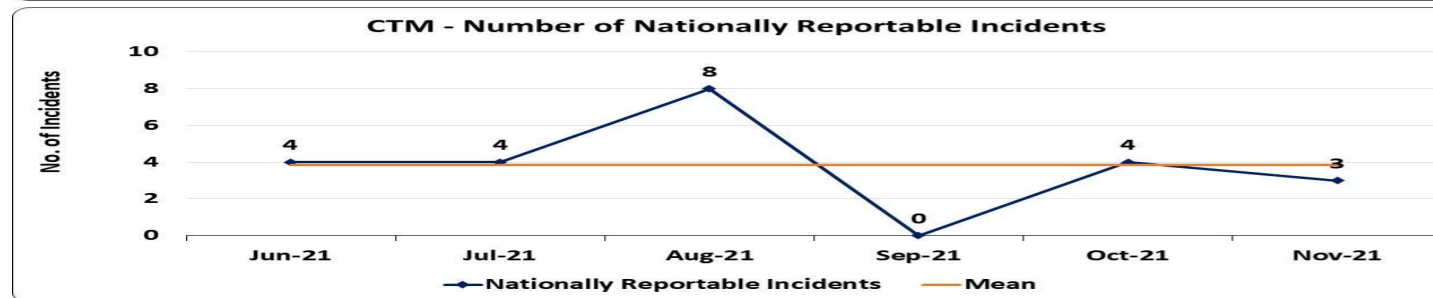
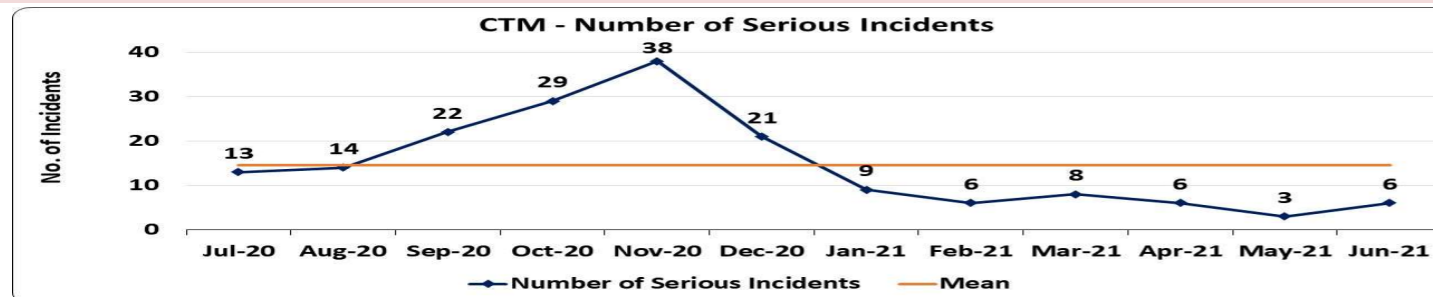


There were no never events reported during the last month (November 2021), with 4 reportable events in the past 12 months.

Nationally Reportable Incidents

Number of Nationally Reportable Incidents – November 2021

3



Number of Patient Safety Incidents – November 2021

1,800

During November 2021 there were 1,800 incidents reported on Datix across the Health Board. Of these 3 were Nationally Reportable Incident, 1 relating to trauma and a further 2 for pressure damage. In addition, there were 8 local reportable incidents in September (no data is available after this time). Due to significant changes in reporting requirements, time series data only extends back to June 2021.

Reviews of Datix continue to ensure that any Covid-19 related harms are captured. Complaints relating to the impact of Covid-19 on those affected by the pause or delay in non-essential services are also being captured.

| Type of Nationally Reportable Incidents | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Total |
|---|-----------|----------|----------|----------|----------|----------|-----------|
| Trauma related | 2 | 0 | 2 | 0 | 0 | 1 | 5 |
| Slip, Trip or Fall | 2 | 1 | 1 | 0 | 0 | 0 | 4 |
| Delays | 0 | 2 | 0 | 0 | 2 | 0 | 4 |
| Infection | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| Pressure Damage | 0 | 0 | 0 | 0 | 1 | 2 | 3 |
| Treatment Error | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Medication | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Maternal Event | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Patient Injury | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Absconding | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Admission/Transfer/Discharge | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Incorrect Surgical Procedure | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Neo-natal Event | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Grand Total | 10 | 4 | 8 | 0 | 4 | 3 | 29 |

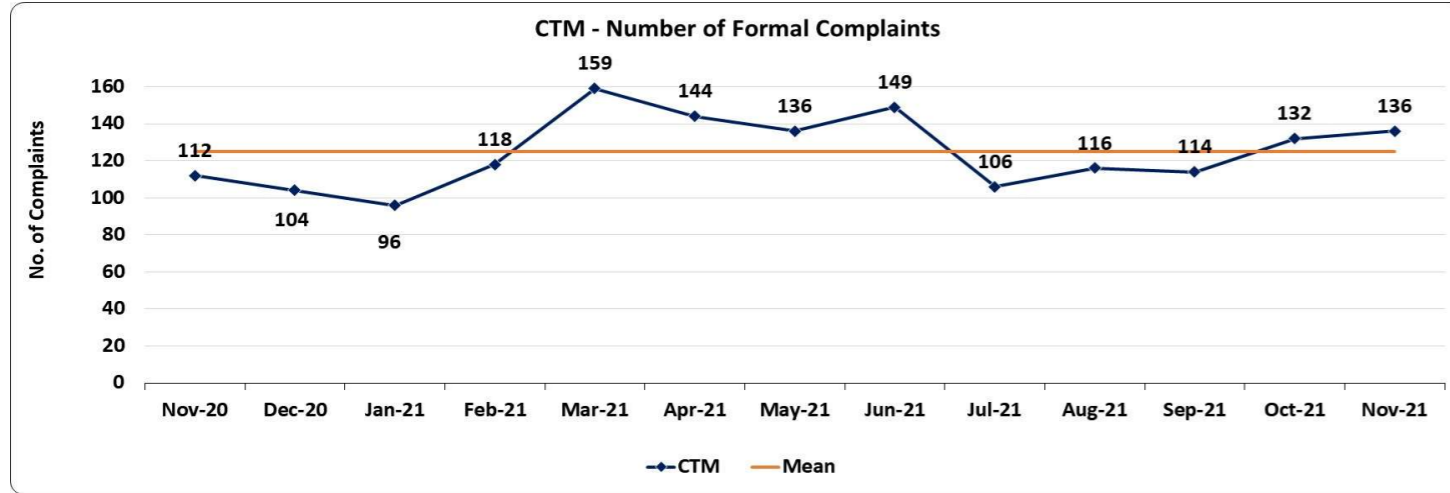


Complaints & Compliments

Complaints

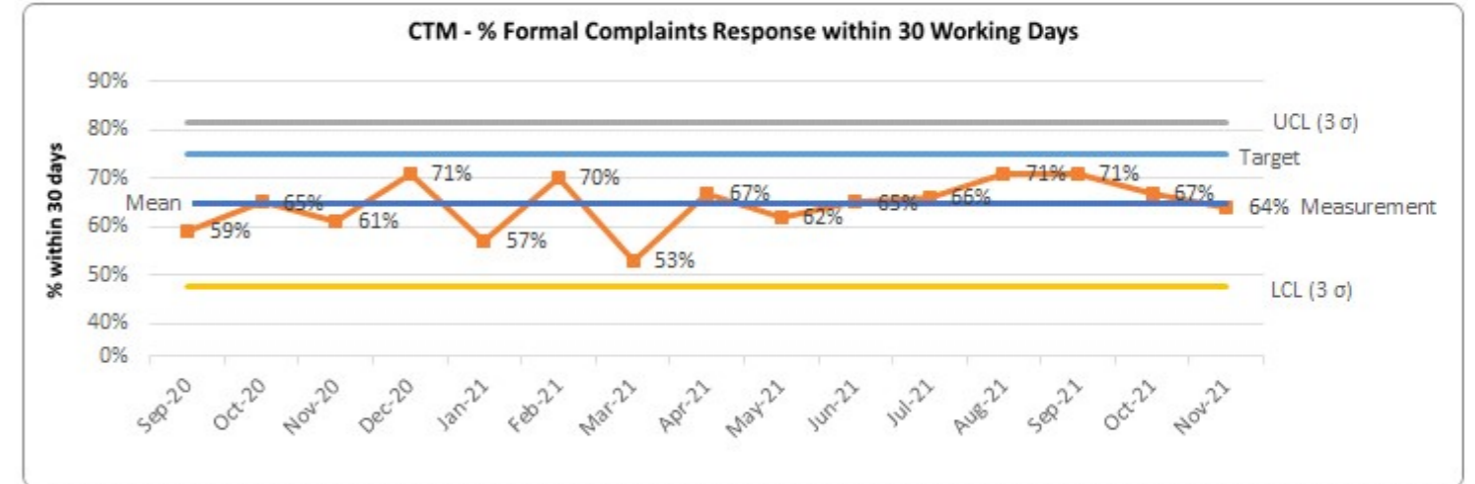
Number of formal complaints managed through PTR – November 2021

136



% formal complaints response within 30 working days – November 2021

64%



Complaints

During November 2021, 136 formal complaints were received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart above. For those complaints received during this period, the top 3 themes relate to clinical treatment/assessment (64), communication issues (27) and appointment issues (19).

Compliance with the 30 working day target has remained relatively consistent since April this year and is reflected in the top right chart.

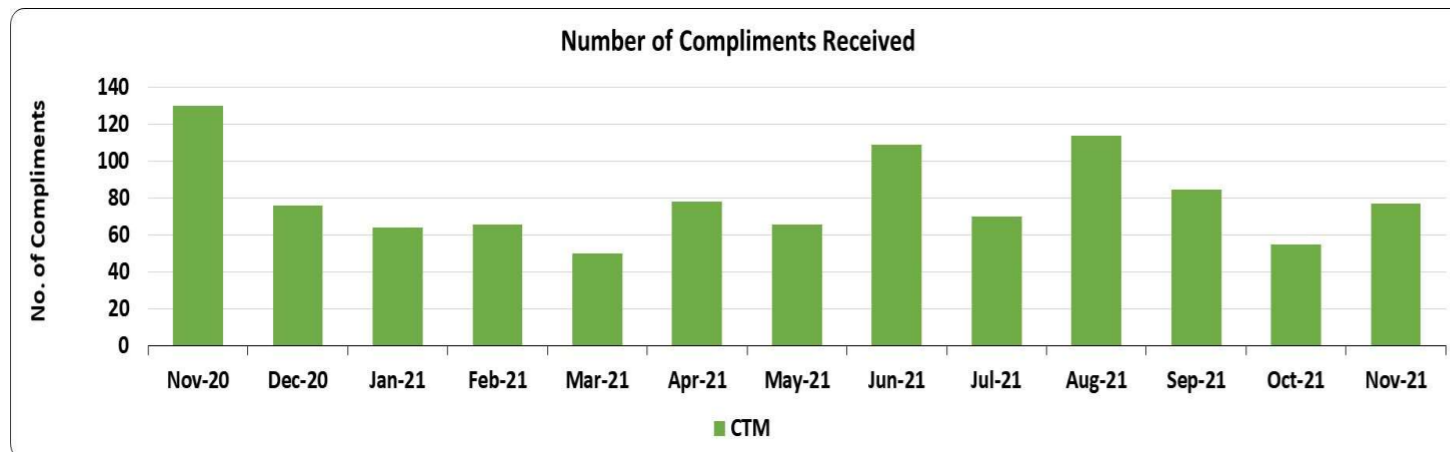
Performance dashboards indicate that the level variation across both areas above is common cause. Services will need to carefully monitor the main themes on the table to the right.

| Main Themes from Complaints (November 2021) | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Total |
|---|-----------|-----------|-----------|-----------|------------|------------|------------|
| Clinical Treatment/Assessment | 0 | 41 | 48 | 45 | 57 | 64 | 255 |
| Communication Issues (<i>inc. attitudes & behaviours</i>) | 43 | 32 | 33 | 24 | 37 | 27 | 196 |
| Appointment Issues | 0 | 12 | 9 | 10 | 8 | 19 | 58 |
| Grand Total | 43 | 85 | 90 | 79 | 102 | 110 | 509 |

Compliments

Number of compliments – November 2021

77



During November 2021, there were 77 compliments recorded on the Datix system. This represents a 40% increase on the previous month where 55 compliments were received.

Medication Incidents

Total Medication Incidents – Quarter 2

277

Total number of Prescribing Errors – Quarter 2

67

Total Administration Errors – Quarter 2

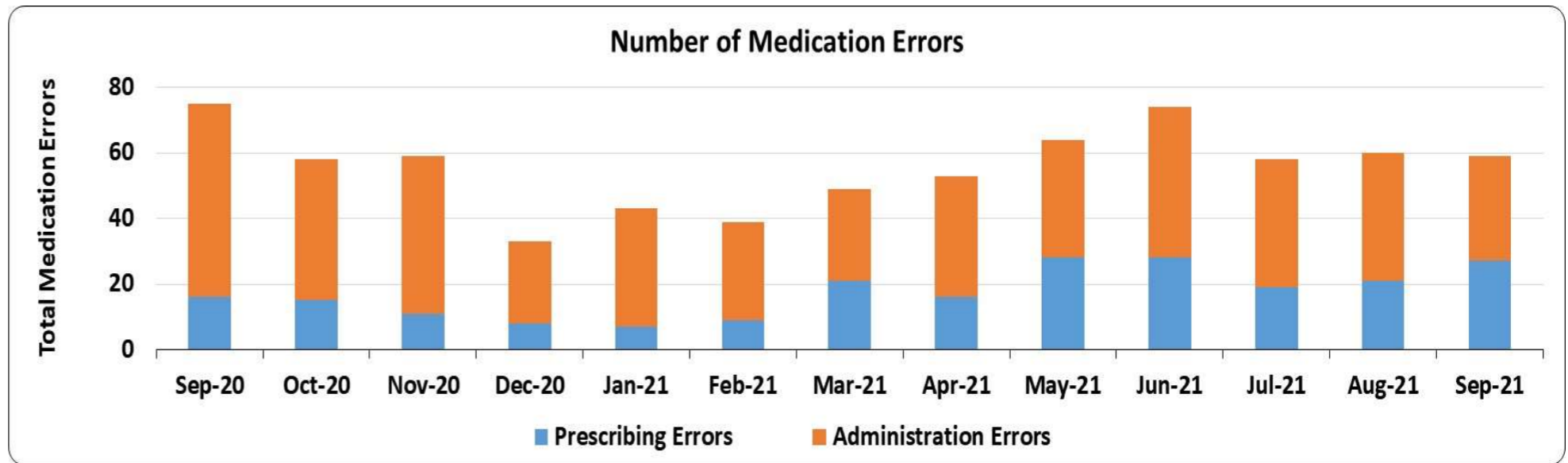
110

Please note that though this section has been updated, at the time of writing this report no further update had been received on the number of medication errors from the previously reported position.

91.7% of medication incidents were reported as resulting in no (188) or low (6) harm. No administration or prescribing medication incidents were reported as resulting in severe harm or death.

The chart to the right shows an increase in the number of prescribing errors for September 2021. Though above the expected average, it is within the limits of common variation. There has been a marginal decline in the number of administrative errors this month, reported figures since October 2020 have been statically stable.

The data indicates that the overall performance in relation to medication and administration errors continues to remain as special cause variation (concern).



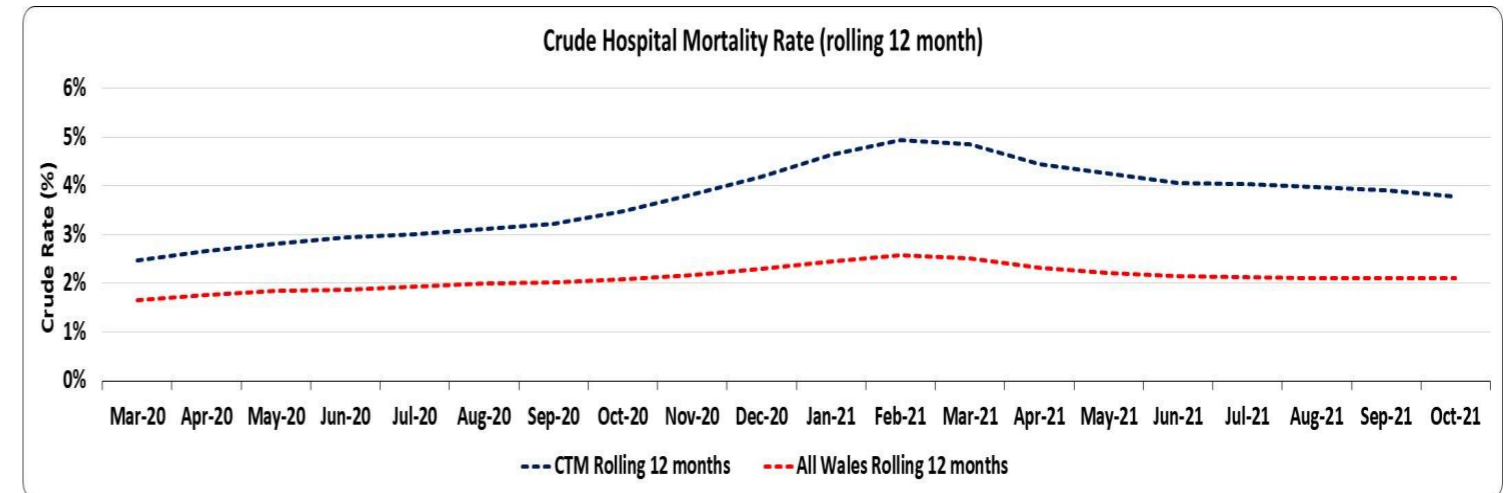
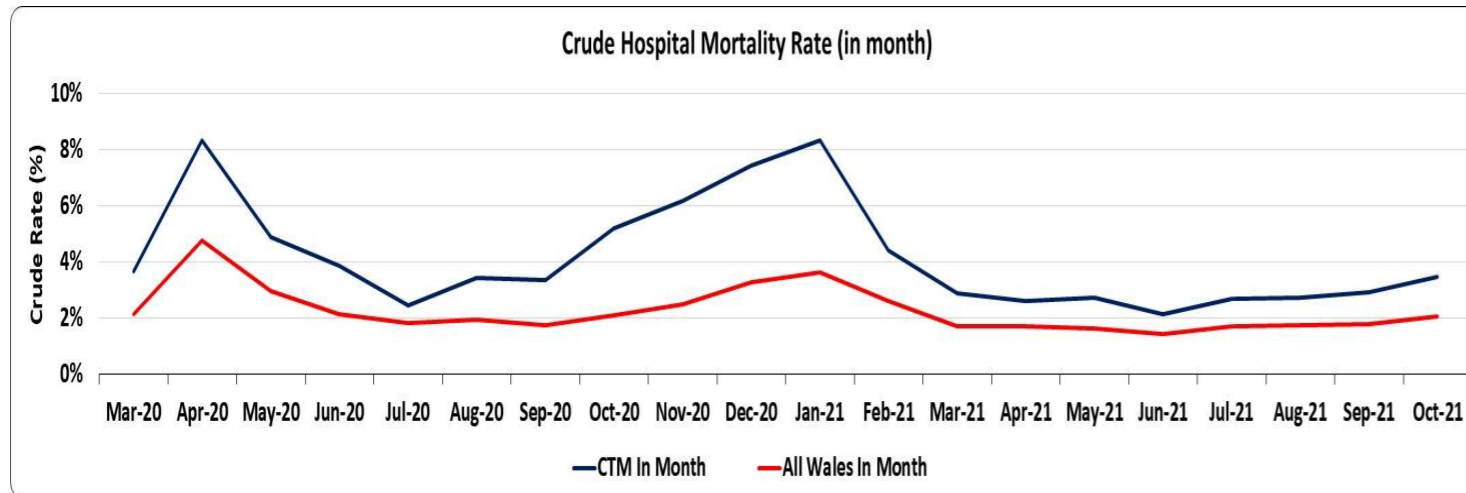
Crude Hospital Mortality Rates

In Month Crude Hospital Mortality Rate – October 2021

3.49%

Rolling 12 Month Crude Hospital Mortality Rate to October 2021

3.79%



Overall mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.15% (the lowest level in June of this year). Rates increased after this date, but not at the levels seen during the second wave (the highest recorded rate being January 2021 (8.33%). In month crude hospital mortality rate for October 2021 is 3.49%, a similar level seen in September of last year (3.38%) with the rolling 12-month rate being 3.79% (a similar rate to November 2020; 3.82%). Further analysis is being taken at Health Resource Group level to identify potential areas where the differences with peer are at their greatest.

Inpatient Falls & Pressure Damage Incidents

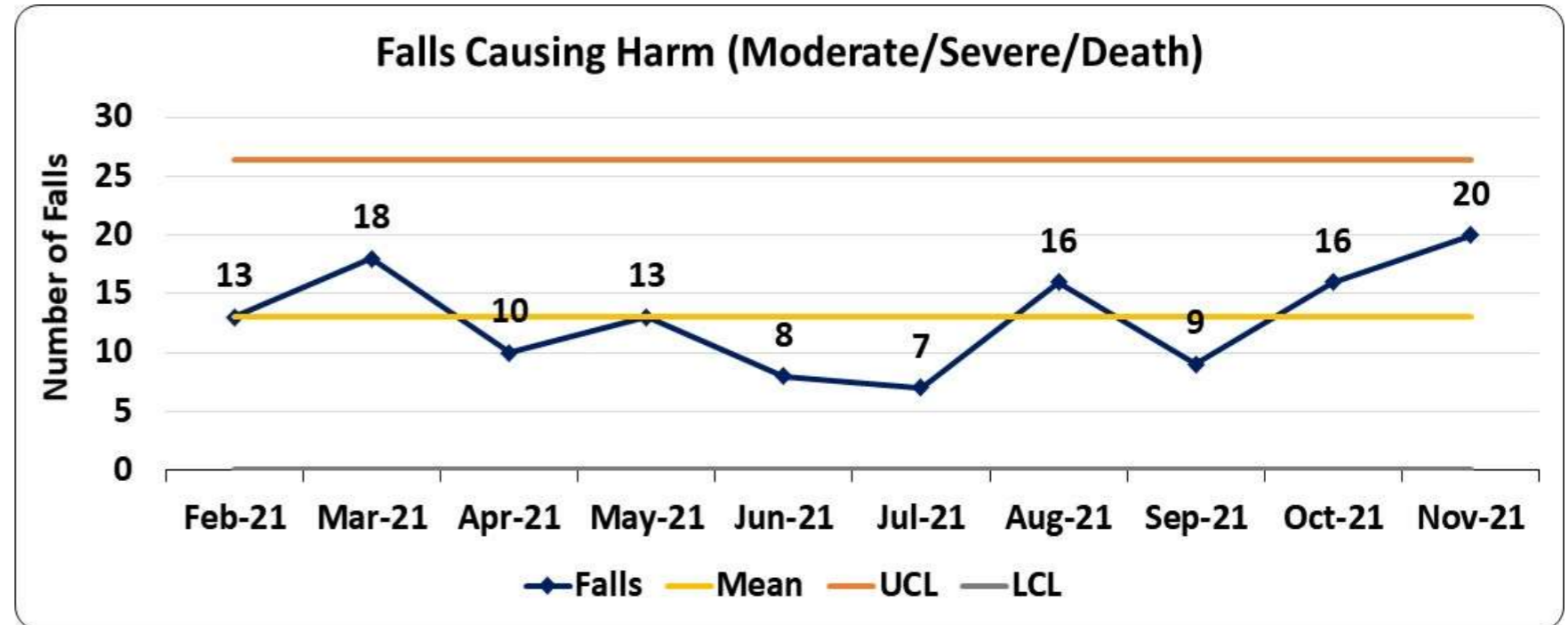
Inpatient Falls

Total number of Inpatient Falls – November 2021

300

There was a slight increase in the number of falls reported for November 2021 (300) compared to the previous month (298). The number of incidents reported as resulting in moderate harm has increased during the current period (20), an increase of 4 from October. No incidents were reported as resulting death.

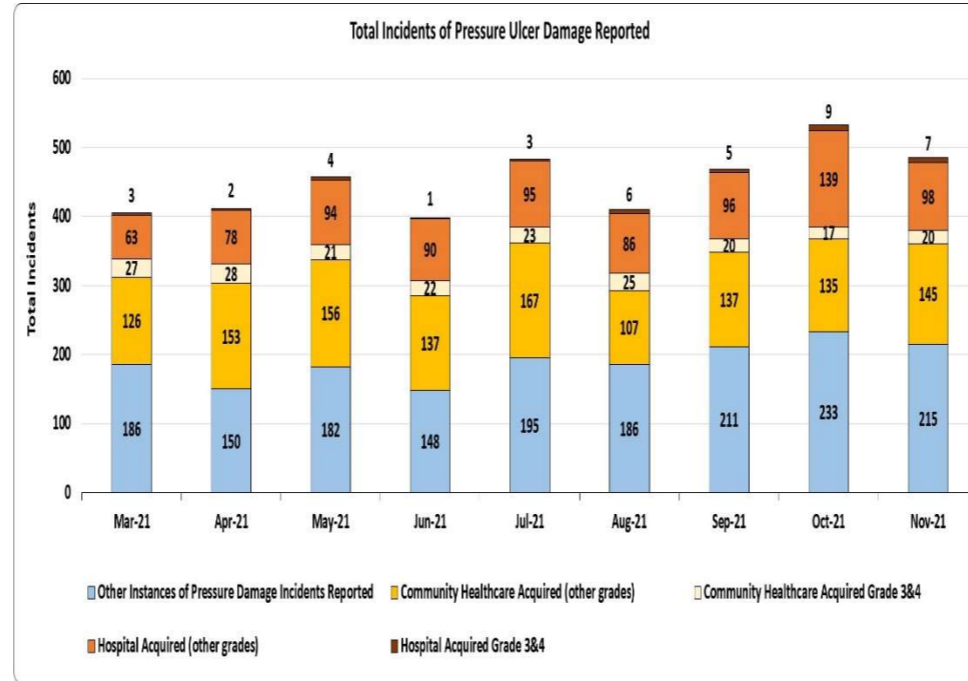
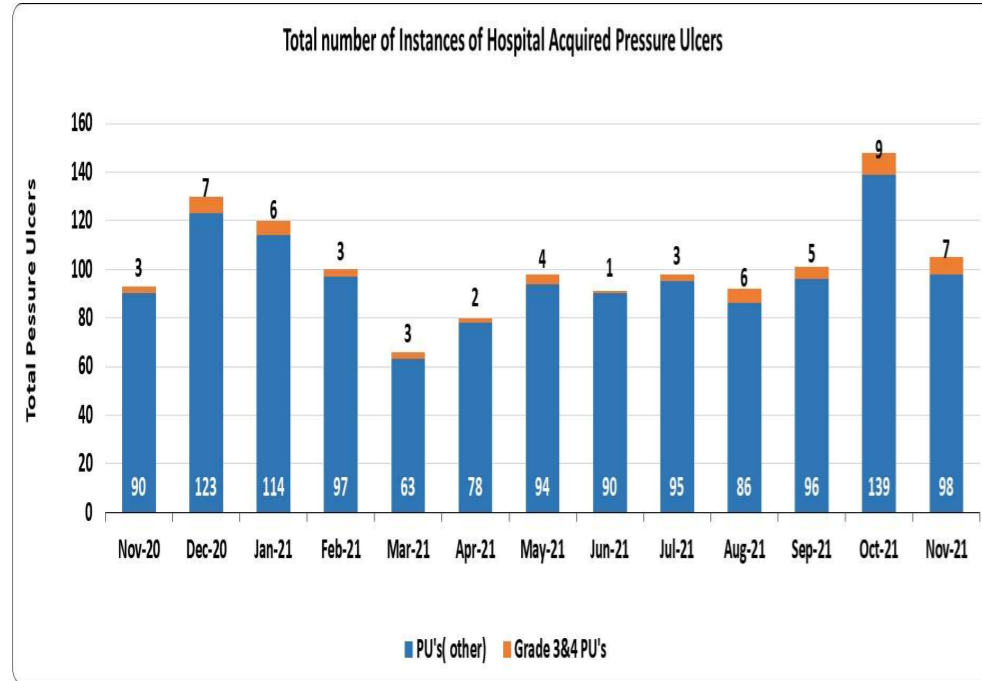
As a UHB we have one of the highest levels of hospital falls in Wales, with CHKS identifying this to be a red flag measure. Previous actions have been discussed with the Quality and Safety committee which include greater understanding of the number of repeat falls, and falls per bed day. This is in addition to the work in standardising improvement efforts through the falls scrutiny panels.



Pressure Damage Incidents

Total number of reported Pressure Damage – November 2021

485



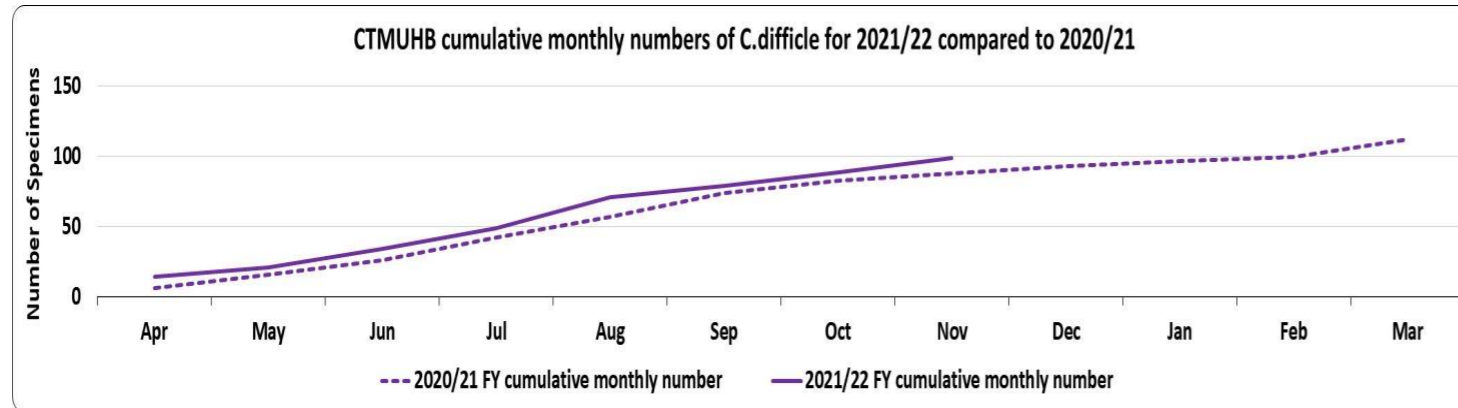
During November 2021, a total of 485 pressure damage incidents were reported. The highest number of incidents reported (165) were identified as having outside of the hospital setting, within district nursing settings. Of the total number of pressure damage incidents reported, 105 were identified as hospital acquired, 7 were reported as grade 3 and none as grade 4. The highest number were recorded for AMU at the Princess of Wales and Intensive Care at the Royal Glamorgan Hospital.

Between the 01.12.20 & 30.11.21, 3030 Healthcare Acquired Pressure Damage Incidents were reported. Of these, an investigation had been completed (as at 06.12.21) for 1862, with 267 recording an outcome of avoidable.

Infection Prevention and Control

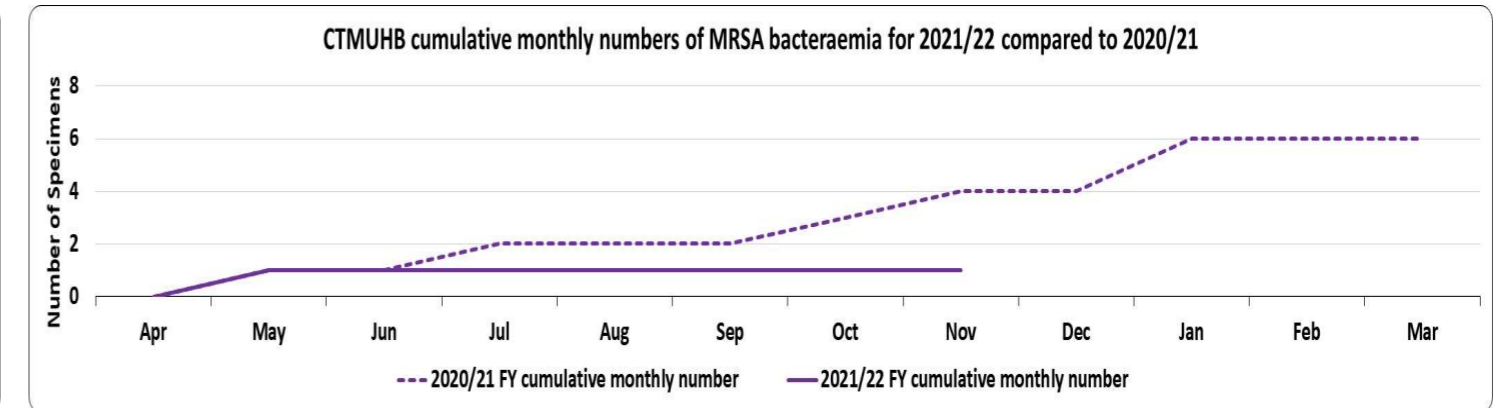
C.difficile

99 incidents of C.difficile were reported by CTM between Apr-Nov 2021. This is approximately 13% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.01



MRSA

1 incident of MRSA bacteraemia was reported by CTM between Apr-Nov 2021 (75% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.33

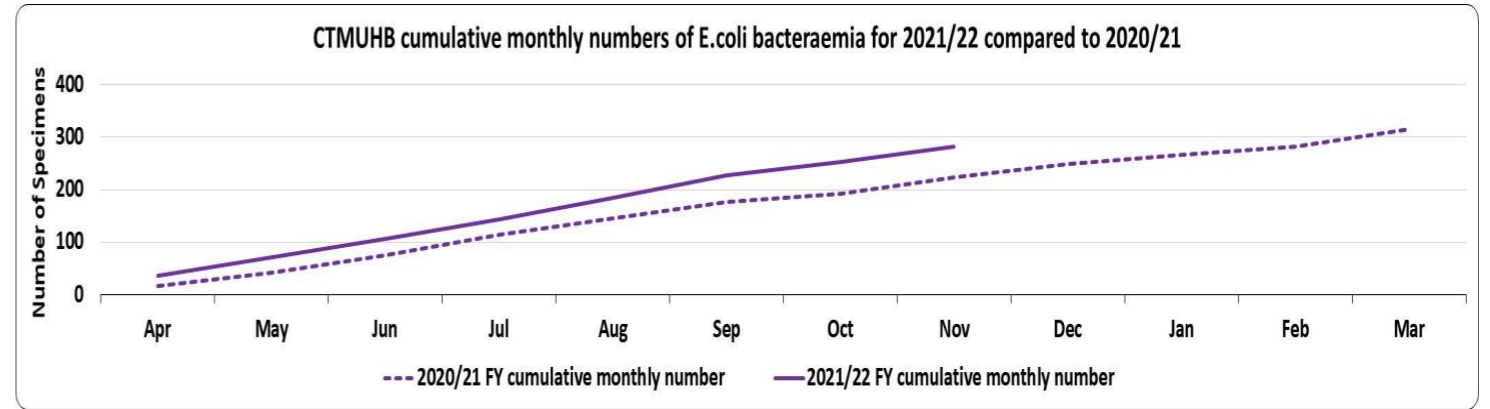
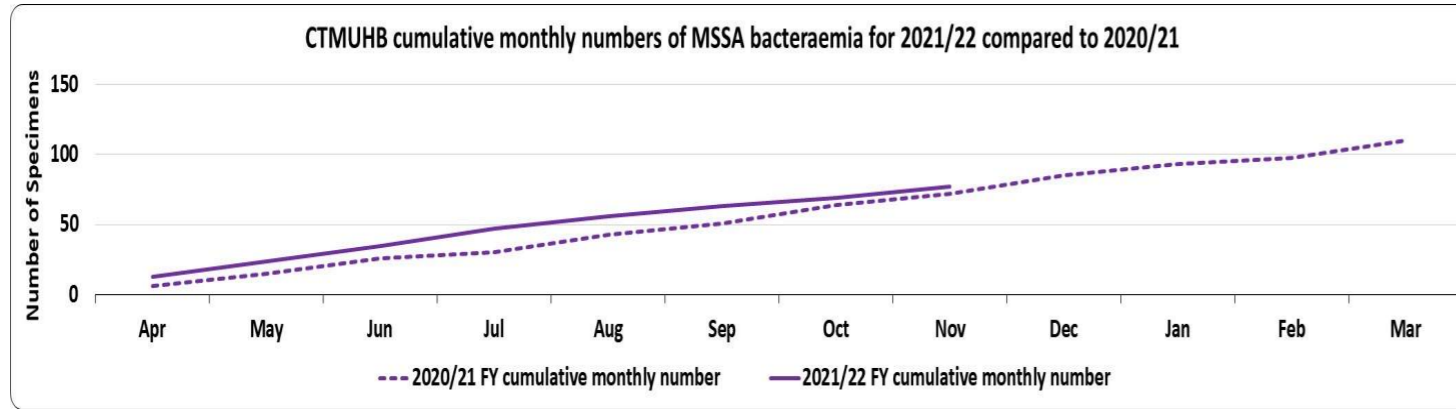


MSSA

77 instances of MSSA bacteraemia were reported by CTM between Apr-Nov 2021 (approximately 7% more than the equivalent period 2020/21). The provisional rate per 100,000 population for 2021/22 is 25.67

E.coli

283 instances of E.coli bacteraemia were reported by CTM between Apr-Nov 2021 (approximately 27% more than 2020/21). The provisional rate per 100,000 population for 2021/22 is 94.36



An increase in cases has been reported for most surveillance organisms from April – November 2021 (this situation is mirrored across Wales). Work is ongoing at a national level to determine whether additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales.

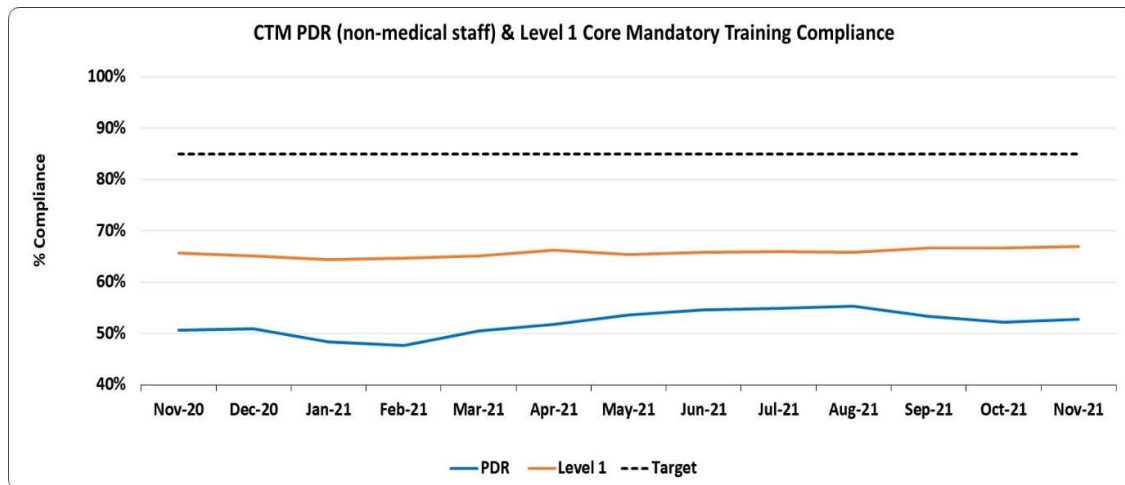
Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but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

2.3 People

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

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

Overall PDR (non-medical staff) compliance for November 2021 is 52.8%, a slight increase on the previous month of 52.2% but below the target of 85%.

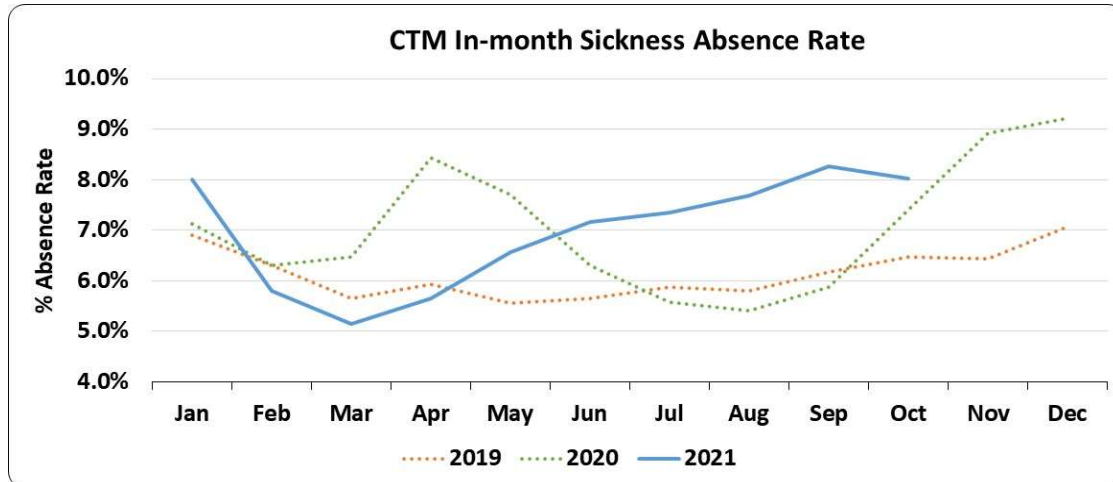


Combined core mandatory training compliance for November 2021 averages 60.6% with overall CTM compliance for 'Level 1' disciplines being 67.1%. This compares to the WG target of 85%. The break down by module shows that uptake is not consistent with 77% of staff completing the equality, diversity and human rights training, a level over 60% higher than the proportion who are up to date with their resuscitation training.

| CTM Level 1 Core Mandatory Training Compliance November 2021 | |
|---|--------------|
| Equality, Diversity & Human Rights | 77.2% |
| Health, Safety and Welfare | 76.3% |
| Moving & Handling | 75.2% |
| Information Governance | 72.5% |
| Safeguarding Adults | 71.8% |
| Violence & Aggression | 66.8% |
| Infection Prevention and Control | 67.7% |
| Safeguarding Children | 65.5% |
| Fire Training | 52.1% |
| Resuscitation | 46.7% |
| HB Overall Compliance | 67.1% |

2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to October 2021 is 7.3% (8.0% in-month). In comparison to the previous month, occurrences of short-term absences have increased by 2.5%, whilst long-term sickness absence reduced by 18.6%. As there is a clear correlation with the prevalence of Covid amongst our community, it is probable that a significant increase in Covid with the 4th Omicron wave will result in higher absenteeism.



The continued reporting of Covid related absence, including isolation, has provided essential information to ILGs and managers. Reports are made available on a weekly basis to the ILGs to allow them to manage their teams and support their response to the changing situation.

2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff remained fairly static for November (at around 16.48 whole time equivalents). Actions, similar to those taken successfully earlier in the year, are being put in place to reverse this.

2.4 Access

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

2.4.1 Urgent Care:

Just over 65% of patients were treated within 4 hours in our Emergency Departments and less than 34% of ambulances were ready to respond to the next '999' call within 15 minutes of arrival at an ED.

In early October, the Health Inspectorate Wales (HIW) undertook an unannounced visit to the Emergency Department and Clinical Decision Unit in the Prince Charles Hospital (PCH). The final report is due to be published by HIW in December 2021.

The Unscheduled Care Improvement Programme (UCIP) Board Group will be utilised as a lessons learned and improvement learning platform to improve the quality and safety of services across CTM sites. Conversations are ongoing regarding a CTM-wide Emergency Department Quality and Delivery Framework (EDQDF) group which would report to the UCIP Board.

Representation from Welsh Ambulance Services NHS Trust (WAST) on the UCIP Board has been agreed. Conversations are ongoing around the creation of a WAST-specific work stream.

2.4.2 Stroke Care:

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

- 33.3% of patients diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments
- 58.6% of patients received a CT scan within an hour of arrival
- 5.9% of stroke patients were admitted to an acute stroke unit within 4 hours of their arrival

- 67.1% of stroke patients were assessed by a stroke consultant within 24 hours

The CTM Stroke Planning Group has agreed a number of short-term actions for implementation by end of March 2022. These are set out on page 25 of this document and complement medium and long-term actions which require either additional or the re-prioritisation of resources.

2.4.3 **Planned Care:**

The number of patients waiting for elective treatment continues to increase. At the end of November the number of patients who had waited in excess of 36 weeks had increased to 46,050, of whom 34,352 had been waiting in excess of 52 weeks.

A number of recovery schemes are ongoing; they are set out within the relevant sections in this document, they include the re-establishment of lists, outsourcing and additional internal lists as able.

Additional schemes being considered include:

- Provision of additional outpatient nursing support to increase capacity within evening and weekend clinics.
- Provision of additional Clinical Nurse Specialists capacity to reduce waiting times, waiting list volume and clinical risk in Gastroenterology.
- Additional Orthopaedic local anaesthetic hand surgery clinics in Ysbyty Cwm Rhondda.
- Provision of additional Medical Illustration Photographers to support Ophthalmology Services.
- Provision of additional Locum Radiologists capacity to clear radiology backlog.
- Outsourcing of the processing and reporting wet tissue to LD Path to clear backlog.
- Additional funding for AHP & Admin resource to allow clinical triage, allocation and treatment of patients, reducing waiting times and releasing surgeons to assist with planned care surgical backlog within the Wrist and Hand subspecialty.

2.4.4 **Cancer Care:**

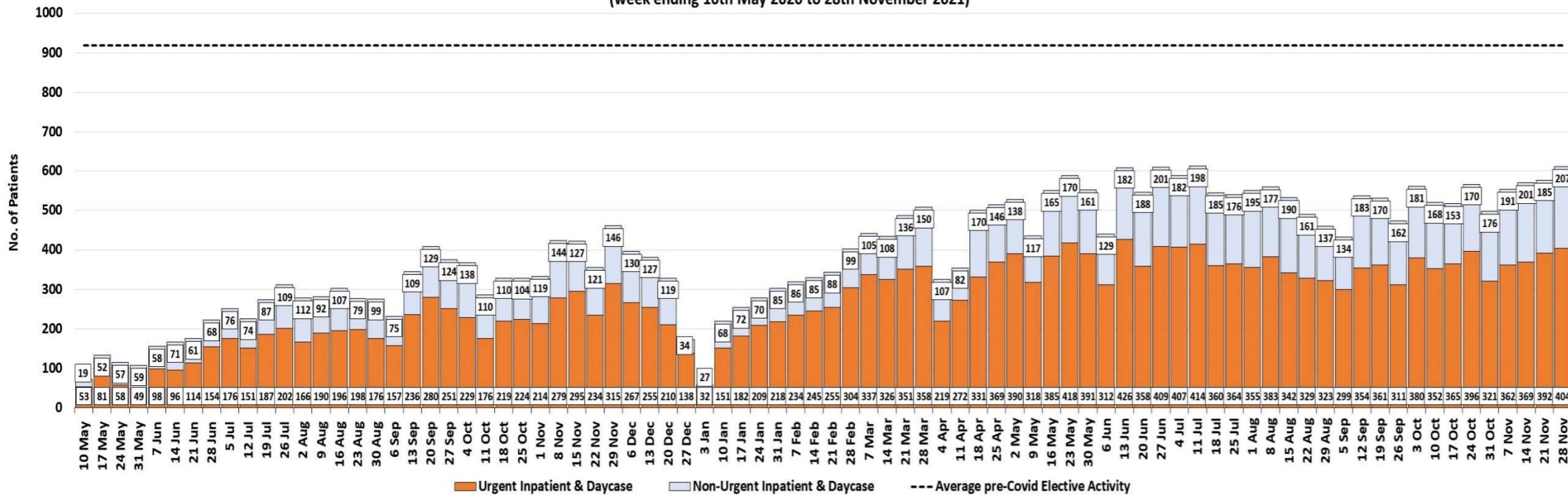
The number of patients being treated for cancer is increasing. However, the unvalidated performance for November indicates that only 41.8% of patients on a cancer pathway commenced treatment within 62 days. The total number of referrals has reduced over the last 2 months and are back

to median monthly average levels, although the numbers of patients on the single cancer pathway continues to increase month on month, with a 13% increase noted in November. Whilst this is partly due to improvements in data quality resulting in more patients now being appropriately identified as being on the 'single cancer pathway', there remain challenges in increasing outpatient and diagnostic levels of throughput. Presently 68% of all active patients on the cancer pathway are at the first outpatient +/- one stop diagnostic stage.

The Lower GI, Urology and Gynaecology tumour sites remain the tumour sites of greatest concern. As per the detail below, a number of improvement actions are in progress, they include developing demand and capacity models, revision of the downgrade and upgrade policy for radiology and pathology, securing of additional clinics and improved collaborative working and theatre utilisation.

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

CTM Inpatient and Daycase Activity (Urgent/Non-Urgent)
(week ending 10th May 2020 to 28th November 2021)



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

| Elective Activity - Top 10 Specialties November 2021 | Average Weekly Elective Activity | Pre-covid Weekly Average | Variance | % Variance |
|--|----------------------------------|--------------------------|----------|------------|
| General Medicine | 113 | 147 | -35 | -23.5% |
| General Surgery | 111 | 176 | -65 | -36.8% |
| Urology | 79 | 53 | 26 | 49.5% |
| Ophthalmology | 59 | 49 | 10 | 19.9% |
| Gastroenterology | 58 | 53 | 5 | 9.4% |
| Trauma & Orthopaedic | 40 | 116 | -76 | -65.7% |
| Gynaecology | 39 | 62 | -23 | -36.7% |
| Cardiology | 23 | 24 | -1 | -5.2% |
| ENT Surgery | 17 | 52 | -35 | -66.8% |
| Oral Surgery | 9 | 21 | -12 | -58.3% |

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during November compared to the average pre-Covid levels. As can be seen, current elective activity is approximately 66% less in ENT and T&O with Oral Surgery around 60% less, Gynaecology and General Surgery 37% fewer than pre-Covid levels.

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

The number of Elective treatments delivered in November was the highest monthly figure since the start of the pandemic in March 2020, although we continue to undertake only 44% of the elective inpatient volumes delivered in 2019. Urgent activity was in line with volumes observed in previous months suggesting the increase has been in non urgent activity.

Since the 1st April 2021, CTM have sent 1,171 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 615 have been treated, as shown below, which is lower than the initial agreed capacity of 1,480.

| Outsourced Activity as at 1st December 2021 | | | | | | |
|---|------|----------|-----------------|-------|-------------------|-------------|
| Specialty | Sent | Returned | Treated to Date | Dated | Outpatient Booked | Outstanding |
| SPIRE - Orthopaedics | 430 | 43 | 295 | 25 | 42 | 24 |
| SPIRE - Shoulders | 23 | 4 | 8 | 4 | 7 | 0 |
| SPIRE - Gynaecology | 78 | 18 | 36 | 2 | 15 | 7 |
| SPIRE - General Surgery | 21 | 0 | 1 | 3 | 6 | 11 |
| NUFFIELD - Orthopaedics | 227 | 48 | 99 | 19 | 13 | 48 |
| NUFFIELD - General Surgery | 69 | 20 | 39 | 3 | 6 | 1 |
| NUFFIELD - Gynaecology | 98 | 8 | 48 | 6 | 16 | 20 |
| NUFFIELD - Ophthalmology | 225 | 31 | 89 | 23 | 33 | 49 |

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Plans intended to achieve improvements by the end of the financial year include:

Working differently to maximise capacity across CTM, including a centralised prioritisation group being introduced to ensure that there is equitable access to the population that CTM serves.

Virtual outpatient outsourcing: procurement underway with first outpatients expected to be seen during January 2022 (following a discovery phase). This project will require increased administrative support initially.

Additional schemes being considered include:

- Provision of additional outpatient nursing support
- Provision of additional capacity in Gastroenterology.
- Additional hand surgery clinics in Ysbyty Cwm Rhondda.
- Provision capacity within Ophthalmology Services.
- Provision of capacity to clear radiology backlog.
- Outsourcing of the processing and reporting wet tissue to LD Path.
- Provision of AHP & Admin resource to support within the Wrist and Hand subspecialty.

What are the main areas of risk?

The independent sector are experiencing issues in relation to:

Outsourcing:

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

Procurement:

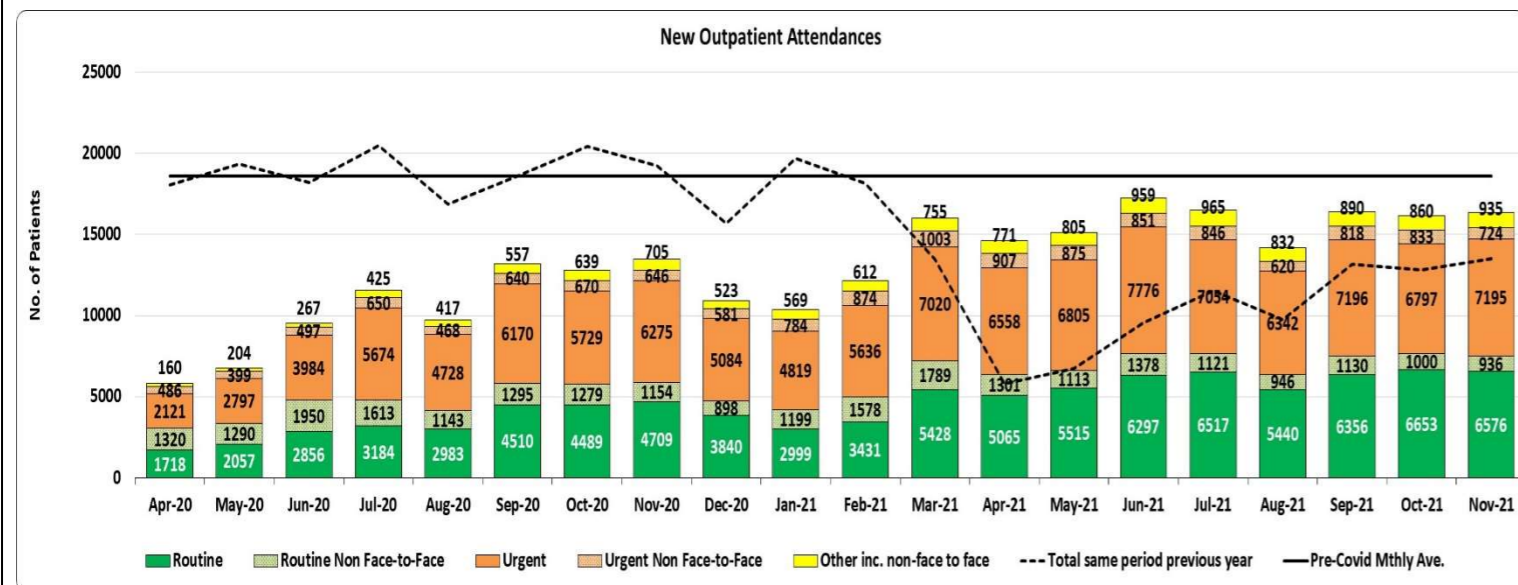
- Procurement capacity to support year end spend solutions

HB Commissioning Structure

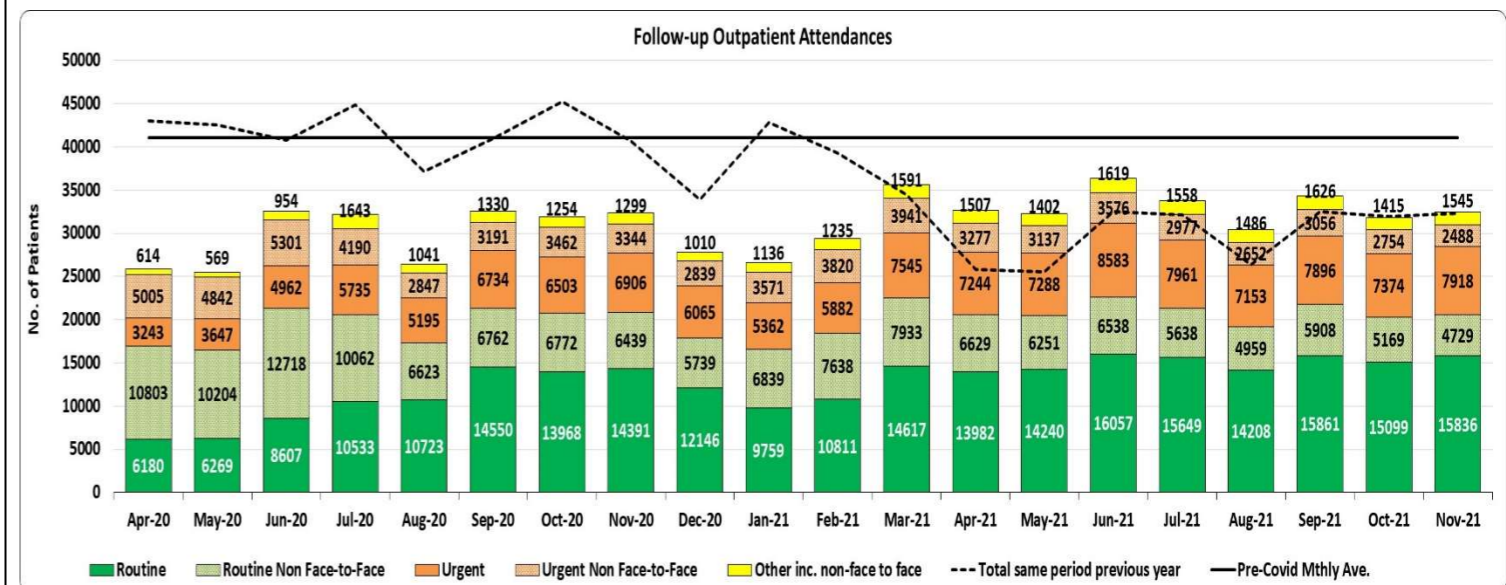
- Planning lead

Resetting Cwm Taf Morgannwg – Outpatient Attendances - November 2021 New Attendances 16,366 / Follow-up Attendances 32,516

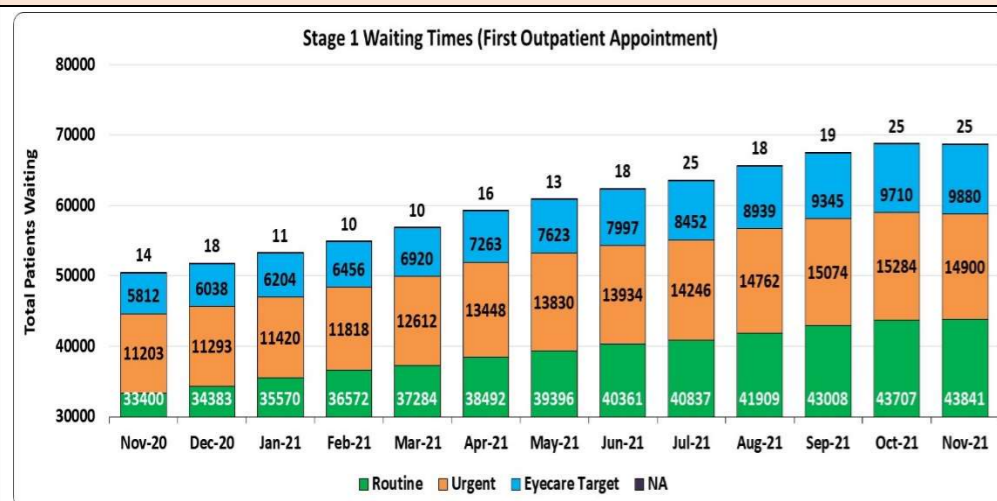
New Outpatient Attendances



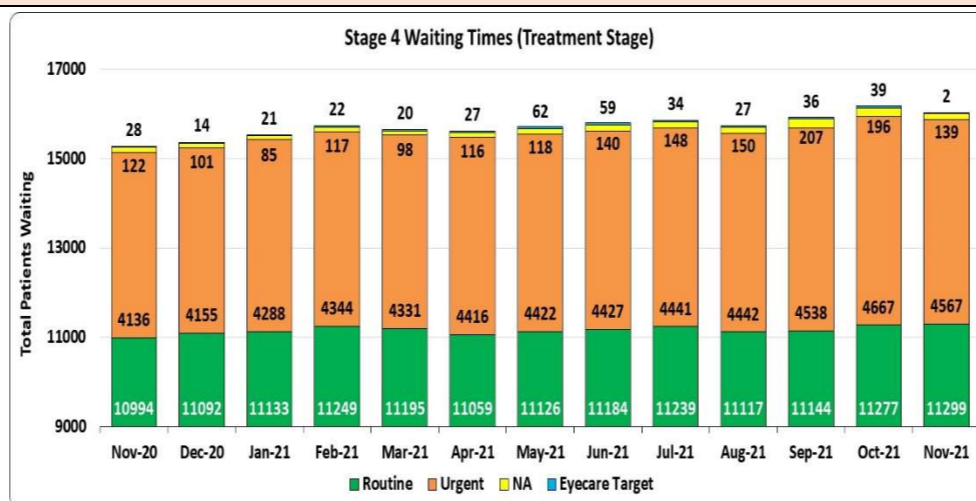
Follow-up Outpatient Attendances



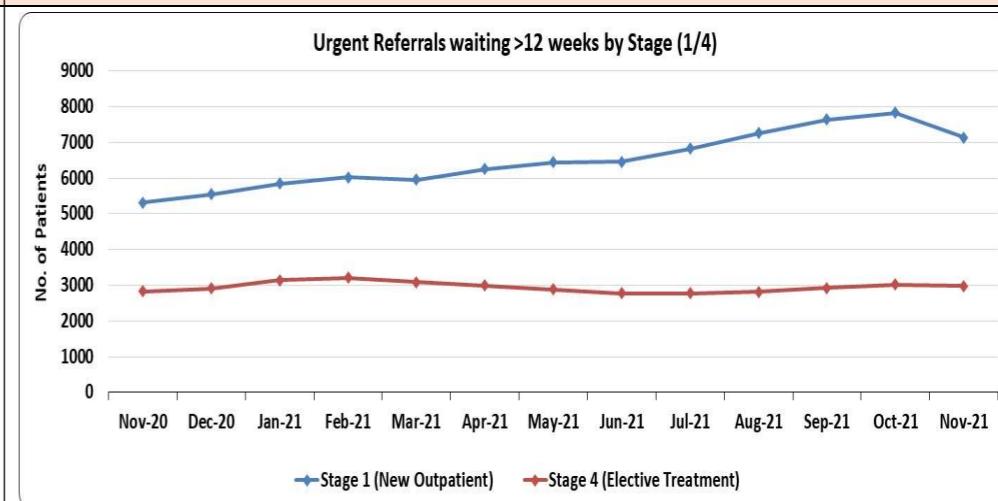
Waiting times Stage 1 (New Outpatients) - 68,726



Waiting times Stage 4 (Treatment Stage) – 15,872



Urgent referrals waiting >12 wks (Stage 1 - 7,135) (Stage 4 – 2,984)



How are we doing?

As at the end of November, there were 68,646 patients awaiting a new outpatient appointment of which 14,900 patients were categorised as urgent and of these 9,880 were ophthalmic patients. This represents an increase of over 36% on the 50,429 patients waiting at the end of November 2020.

There were 16,007 additional patients awaiting treatment and of these, 4,567 were categorised as clinically urgent (just over a 2% reduction on the urgent patients waiting at the end of October).

There have been insufficient data points to determine whether the growth in the waiting list volumes has finally been arrested or whether we have just observed a month of lower levels of demand and lower conversion rates.

What actions are we taking & when is improvement anticipated?

The **Outpatient Transformation Programme Board** is overseeing a number of active projects which aim to ensure that patients are followed up appropriately and seen in a timely and risk based fashion. These include:

- **Stage 1-52+ Week Validation Project:** Dermatology text message validation pilot concluded 10.11.2021. Wider validation is ongoing with a focus on Dermatology and Surgical Specialities. All specialities are developing plans to validate or book patients.
- **See On Symptoms & Patient Initiated Follow up:** All four specialities (Rheumatology, Gynaecology, Dermatology and ENT) have made progress in incorporating patient initiated follow up into their service models. Action plans working up to implementation are in place in Rheumatology and with Dermatology and ENT at the engagement phase.
- The **follow up validation exercise** remains active
- **Digital Enablers:** The roll out of electronic referral (GP to hospital) and Consultant Connect (which allows real time communication channels between the 2 sectors) is continuing. It is anticipated that by providing more timely access to advice, there will be better triaging of patients to the most appropriate service (e.g. diagnostics, outpatients, therapies)

What are the main areas of risk?

Emerging operational pressures affecting organisational ability to scale up elective treatments pose risks to our recovery programme.

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

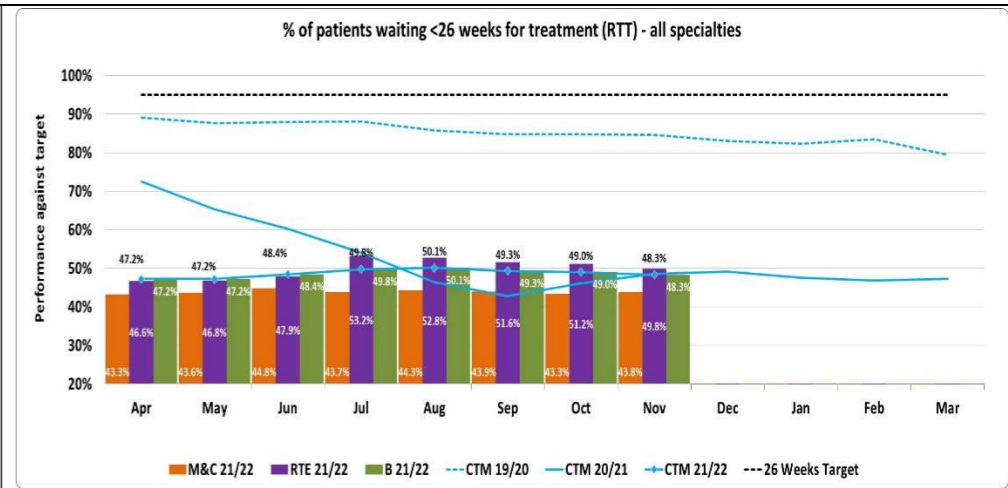
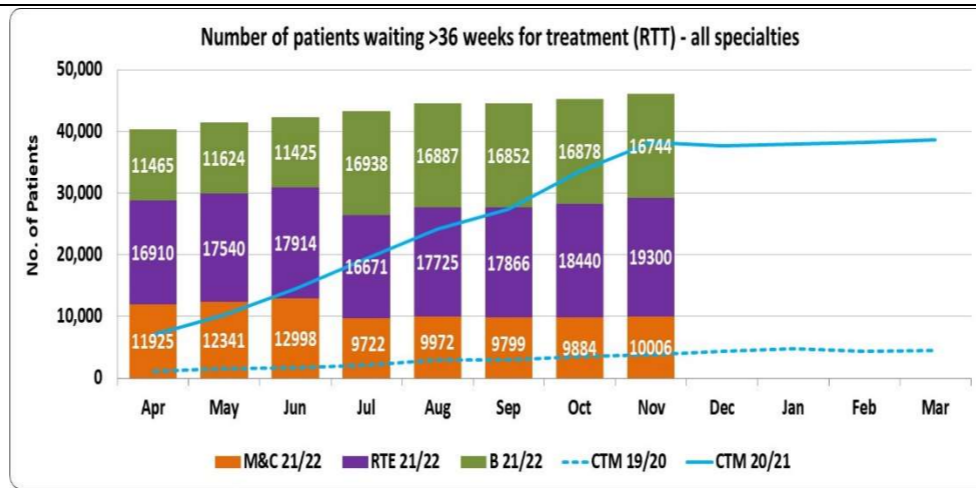
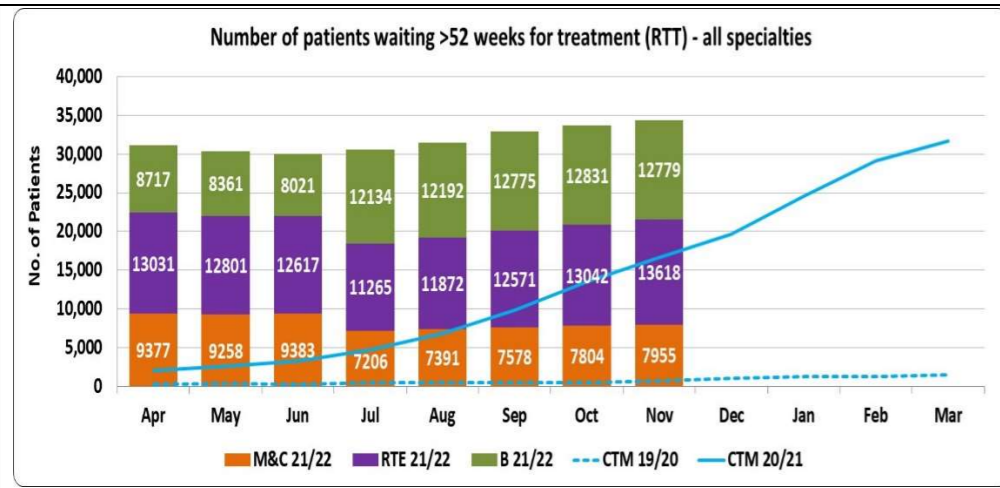
Workforce: Limited Project Management resource to drive programme and projects.

DNA Rates: Due to continued high rates of DNA, we are progressing plans for text reminders for appointments and a social media campaign to highlight to the public the importance of early notification of unavailability for appointments. These will be restarted from the week commencing the 13th Dec across MC and RTE ILG's. Bridgend ILG appointment reminders still currently sits within SBUHB.

Clinical Engagement: Clinical engagement with digital enablers.

Referral to Treatment Times (RTT) – November 2021 (Provisional Position) – Total Open Pathways 110,936

| Number of patients waiting >52 weeks – Target Zero | Number of patients waiting >36 weeks – Target Zero | % of patients waiting under 26 weeks – Target 95% |
|---|---|--|
| 34,352 | 46,050 | 48.3% (<26 weeks 53,600) (>26 weeks 57,336) |
| <p>The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of November is 34,352, an increase of 675 (2.0%) from October. The breakdown of the 34,352 patients is as follows:</p> <ul style="list-style-type: none"> • 7,955 patients relate to Merthyr & Cynon ILG waiting lists • 13,618 patients relate to Rhondda & Taff Ely ILG waiting lists • 12,779 patients relate to Bridgend ILG waiting lists <p>Please note that since July, services have been mapped to the hosting ILG</p> | <p>The provisional position for patients waiting over 36 weeks for November is 46,050 patients across Cwm Taf Morgannwg, which is an increase of 848 (1.9%) from October (N.B. includes the 34,352 patients waiting over 52 weeks):</p> <ul style="list-style-type: none"> • 10,006 patients relate to Merthyr & Cynon ILG waiting lists • 19,300 patients relate to Rhondda & Taff Ely ILG waiting lists • 16,744 patients relate to Bridgend ILG waiting lists | <p>In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for November across Cwm Taf Morgannwg is 48.3%. A level, which has been relatively stable since October 2020. The position within each ILG is as follows:</p> <ul style="list-style-type: none"> • 43.8% Merthyr & Cynon ILG waiting lists • 49.8% Rhondda & Taff Ely ILG waiting lists • 48.8% Bridgend ILG waiting lists |



How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of November, the over 52 week waiting list volumes increased by 2% on the previous month, bringing the total to 34,352. Compared to the position at the end of April 2021; the November position represents an increase of 10% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing for 6 months in a row and is unlikely to abate whilst there remains such a significant urgent waiting list.

What actions are we taking & when is improvement anticipated?

MC ILG
Clinical support services weekly meetings to support capacity plan continue. All Services are undertaking validation across the stages. Planned Care Recovery additional activity schemes are being undertaken. Work ongoing across a number of areas including recruitment, setting up additional clinics and consideration of alternative options such as outsourcing and insourcing activity.

BILG
Planned Care Recovery additional activity are currently being reactivated. Pay rates issues now resolved.

RTE ILG
Work ongoing across a number of areas including recruitment, setting up additional clinics and consideration of alternative options.

What are the main areas of risk?

Main areas of risk include the long waiting patients waiting over 36 and 52 weeks for a first appointment.

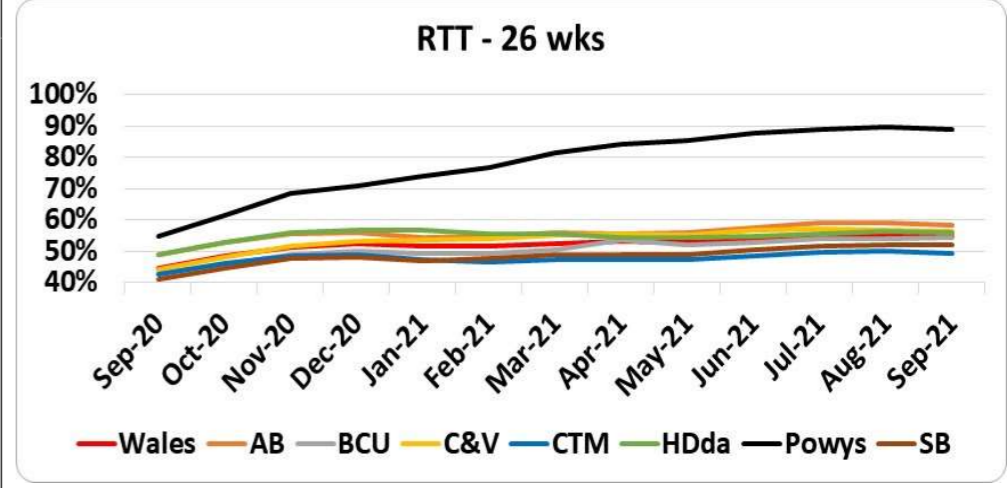
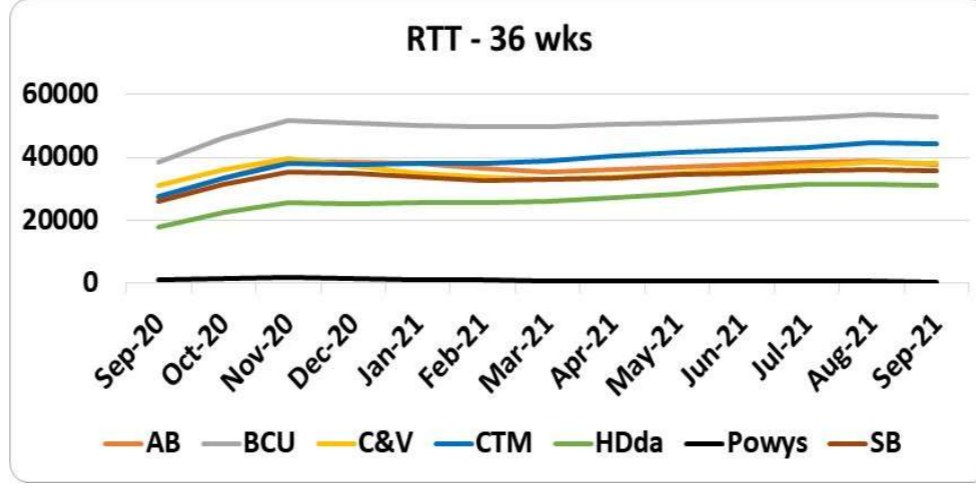
As part of the validation of the Stage 1 over 52 weeks and as a mitigation against the long waits, patients will go through a validation process as agreed within each individual speciality. This will help with the removal of patients who no longer wish to remain on the waiting lists.

Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

How do we compare with our peers?

As at September 2021, CTM has the lowest compliance for 26 weeks RTT (49.3%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 58.5%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (44,517) with BCU ranked 7th (53,056). Again, best performing is Powys (383), with the better performing of the acute health boards being Hywel Dda (31,019).



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

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

Number of patients of surveillance patients waiting past their review date

Total >8 weeks 14,335

Total >14 weeks 664

1,511 (as at 1st December 2021)

| Service | Sub-Heading | Waiting >8 weeks | | | |
|---------------------------|------------------------------|------------------|--------------|------------|--------------|
| | | M&C | R&T | Bridgend | CTM |
| Cardiology | Echo Cardiogram | 7 | 21 | 436 | 464 |
| | Cardiac CT | | 26 | | 26 |
| | Cardiac MRI | | 2 | | 2 |
| | Diagnostic Angiography | | 30 | 15 | 45 |
| | Stress Test | 9 | 27 | | 36 |
| | DSE | 71 | 0 | 21 | 92 |
| | TOE | 0 | 0 | 8 | 8 |
| | Heart Rhythm Recording | 6 | 17 | 1 | 24 |
| | B.P. Monitoring | | | | 0 |
| | Bronchoscopy | | | | 0 |
| Colonoscopy | | 173 | 544 | 1 | 718 |
| Gastroscopy | | 312 | 827 | | 1139 |
| Cystoscopy | | | 431 | | 431 |
| Flexi Sig | | 479 | 676 | 1 | 1156 |
| Radiology | Non-Cardiac CT | | 46 | | 46 |
| | Non Cardiac MRI | | 1129 | | 1129 |
| | NOUS | | 8523 | | 8523 |
| | Non-Cardiac Nuclear Medicine | | 28 | | 28 |
| Imaging | Fluoroscopy | | 37 | | 37 |
| | Urodynamics | 40 | 182 | 3 | 225 |
| Physiological Measurement | | 13 | 143 | | 156 |
| Neurophysiology | | 12 | 38 | | 50 |
| Total | | 1122 | 12727 | 486 | 14335 |

| Service | Waiting >14 weeks | | | |
|----------------------|-------------------|------------|------------|------------|
| | M&C | R&T | Bridgend | CTM |
| Arts Therapy | 2 | | | 2 |
| Audiology | | 35 | | 35 |
| Dietetics | 221 | 197 | 169 | 587 |
| Occupational Therapy | 3 | 1 | | 4 |
| Physiotherapy | 2 | 3 | | 5 |
| Podiatry | 2 | | | 2 |
| Speech & Language | | 8 | 21 | 29 |
| Total | 230 | 244 | 190 | 664 |

| Patient Category as at 1st December 2021 | PCH | RGH | POW | TOTAL |
|--|------------|-------------|------------|-------------|
| Cancer | | | | |
| Waiting <14 days | 138 | 160 | 30 | 328 |
| Over Target | 31 | 177 | 0 | 208 |
| Total Patients Waiting | 169 | 337 | 30 | 536 |
| Urgent Non-Cancer | | | | |
| Waiting <14 days | 119 | 102 | 5 | 226 |
| Over Target | 518 | 1631 | 0 | 2149 |
| Total Patients Waiting | 637 | 1733 | 5 | 2375 |
| Routine | | | | |
| Waiting <56 days | 61 | 33 | 205 | 299 |
| Over Target | 518 | 719 | 0 | 1237 |
| Total Patients Waiting | 579 | 752 | 205 | 1536 |
| Surveillance | | | | |
| Waiting <126 days past review date | 166 | 225 | 52 | 443 |
| Waiting >126 days past review date | 431 | 637 | 0 | 1068 |
| Total Patients Waiting Past Review Date | 597 | 862 | 52 | 1511 |

| Diagnostics | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2020/21 | 6338 | 10282 | 10508 | 10429 | 10561 | 10338 | 10631 | 11052 | 11747 | 12776 | 12759 | 12890 |
| 2021/22 | 13019 | 13113 | 13313 | 14111 | 14855 | 15134 | 14705 | 14335 | | | | |

| Therapies | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2020/21 | 109 | 396 | 1020 | 945 | 842 | 632 | 647 | 674 | 603 | 639 | 740 | 595 |
| 2021/22 | 388 | 336 | 267 | 268 | 363 | 416 | 570 | 664 | | | | |

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

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

How are we doing?

Diagnostics: The provisional position for November indicates that 14,335 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents an improvement of 2.5% (370) from the reported position in October 2021. This improvement is due in part to the further reduction in the numbers waiting for Echo Cardiograms at Bridgend (44% reduction on October's position). Whilst activity is starting to increase in most areas there are still challenges clearing the backlog of patients waiting.

Therapies: There are provisionally 664 patients breaching the 14 week target for therapies in November, an increase of 94 on the reported position for October. This can be attributed to the further increase in people awaiting a dietetics assessment, which has increased by 96 from the previous month bringing the total to 587.

How are we doing?

Weight Management & Escape Pain: The weight management part of scheme has been cancelled, it is now funded via the Obesity pathway. Escape Pain will be delivered from January 2022.

Urology/Gynaecology Stage 1 Waiting List: This is now active, 46% of stage 1 new patients are being seen by Physio.

Persistent Pain MDT service in Primary Care: Recurrent funding not approved, therefore recruitment to temporary position on hold.

Vascular MDT: This service is now live (since November 2021)

Risks

- Time and ability to recruit to temporary posts

How are we doing?

Insourcing PCH: Contract extended 12 months from 29.11.21. Two theatres being run every Saturday currently. Conversation ongoing regarding potential to insource on Sunday's at RGH.

Validation of waiting list MC: All patients due to be booked in 2021 now validated. No clinician availability to support further. Further planning to be undertaken by CSG team.

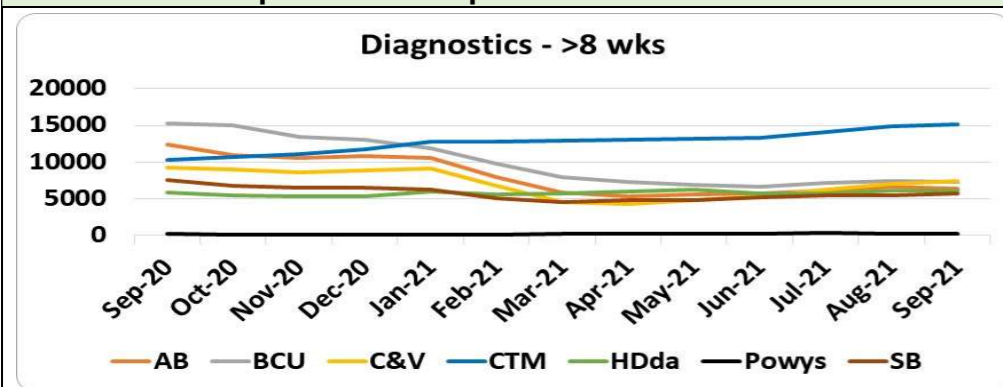
Validation of waiting list RTE: All urgent patients now reviewed and various actions to be progressed. All patients being tracked to ensure that outcomes are monitored. No clinician availability to support further currently.

FIT testing: Meeting on 11.11.2021 reviewed data and agreed actions. Areas of focus were increasing FIT testing from MC area, reviewing outcomes for patients with negative results & adjusting the referral form to capture more data.

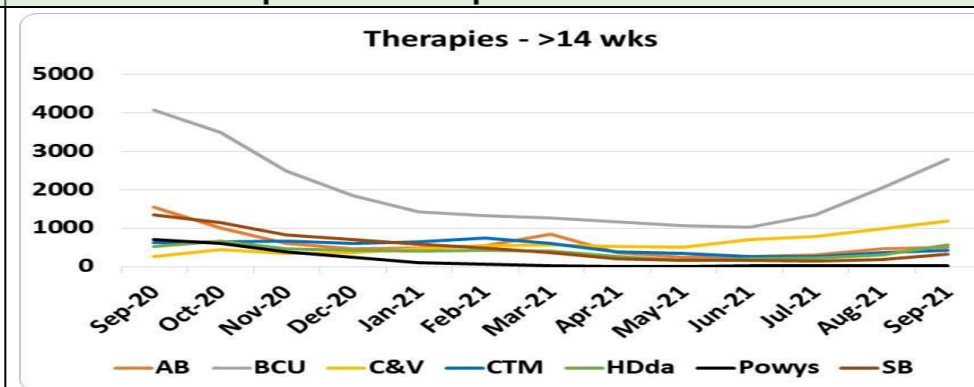
Mobile unit: Contract award meeting being urgently arranged with InHealth to begin planning (date to be confirmed).

Risks: Need to train insource team to undertake decontamination, nursing staff to support insource lists on the weekends, availability of scopes to support insource lists, administrative and clerical staff to support validation, GPs to accept and follow FIT testing pathway and inability to pay double time rates limits potential additional activity.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at September 2021, CTM had the highest number of patients (15,134) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (242) with SBUHB performing better than the other acute health boards with 5,696 patient breaches.

As at the same period, CTM had 416 patients waiting over the 14 week target for a therapy and ranked 3rd out of the other health boards in Wales. Again, Powys was first with 30 patient breaches and once more SBUHB ranked 2nd with 320 patient breaches.



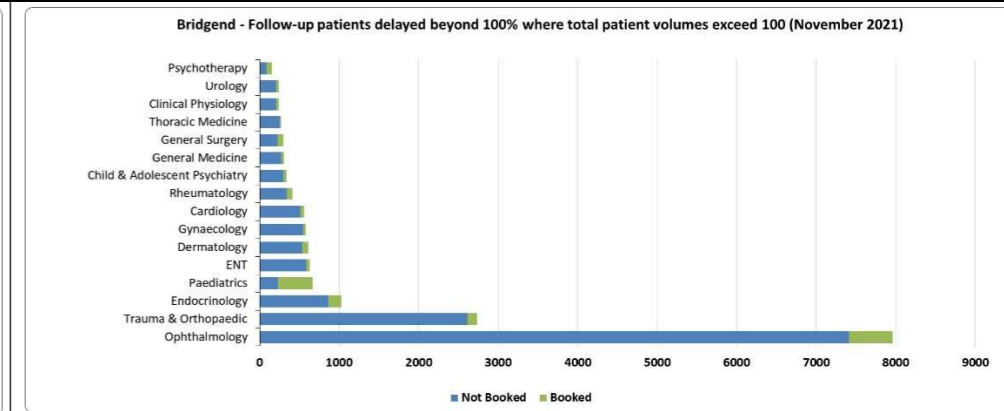
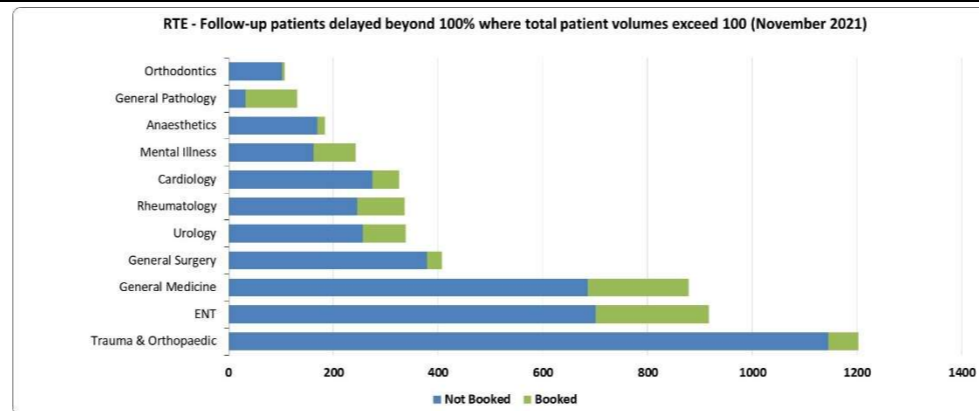
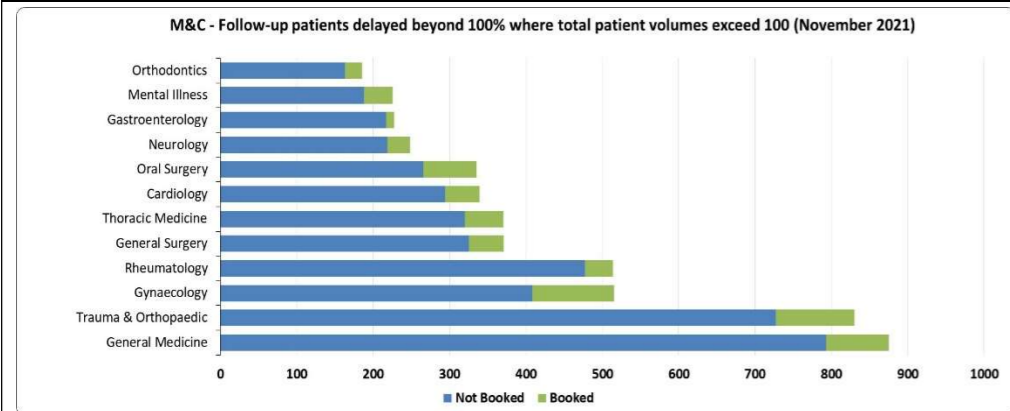
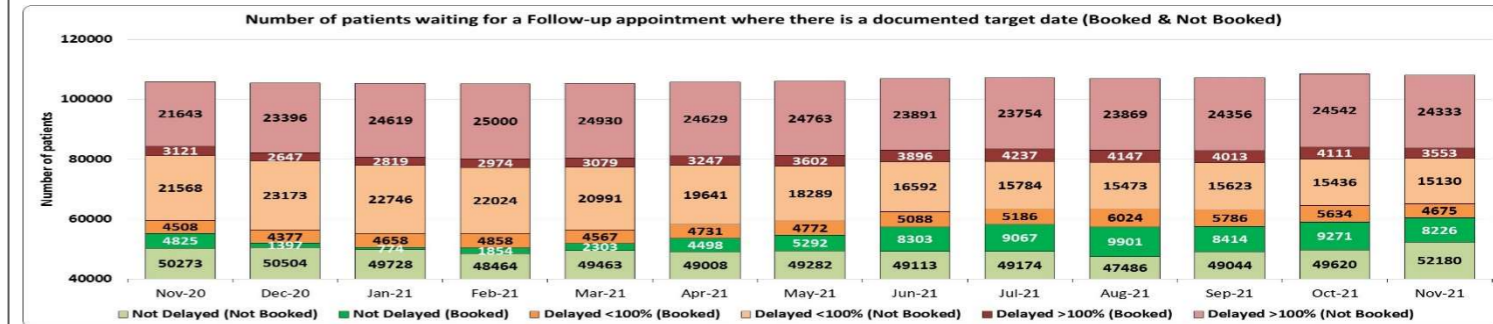
Follow-up Outpatients Not Booked (FUNB) – November 2021 (Provisional Position)

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

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

| Number of patients waiting for a Follow-up with documented target date - Target <=51,739 | | | | Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256 | | |
|--|------------|--------|---------|--|--------|--------|
| No Target Date | Not Booked | Booked | Total | Not Booked | Booked | Total |
| 6 | 71,985 | 36,112 | 108,325 | 24,333 | 3,553 | 27,886 |

| Provisional November 2021 | No. of patients waiting for follow-up appointment | | | No. of patients delayed over 100% past their target date | | | | |
|---------------------------|---|------------|--------|--|------------|--------|--------|------------|
| | No documented target date | Not Booked | Booked | Total | Not Booked | Booked | Total | Compliance |
| ILG | | | | | | | | |
| Merthyr & Cynon | 0 | 13,566 | 6,671 | 20,237 | 4,560 | 671 | 5,231 | 25.8% |
| Rhondda & Taff Ely | 1 | 12,883 | 14,428 | 27,312 | 4,345 | 992 | 5,337 | 19.5% |
| Bridgend | 5 | 45,536 | 15,013 | 60,554 | 15,428 | 1,890 | 17,318 | 28.6% |
| CTM | 6 | 71,985 | 36,112 | 108,103 | 24,333 | 3,553 | 27,886 | 25.8% |



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of November is provisionally 108,103 and of those patients waiting, 27,886 have seen delays of over a 100% past their target date, representing an increase of 12.6% on the same period last year.

The number of patients without a documented target date now stands at 6.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Impact to be seen from Dec onward as we roll out wider validation across the ILG's, 300 patients per ILG per week to be validated from mid Nov.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from Dec figures in identified specialties as pathways are in development for implementation.
- FU Validation – Administrative validation of waiting lists with a focus on the 100% delayed for an appointment. Small scales but has started across HB.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently around 30,007 for those two specialties.

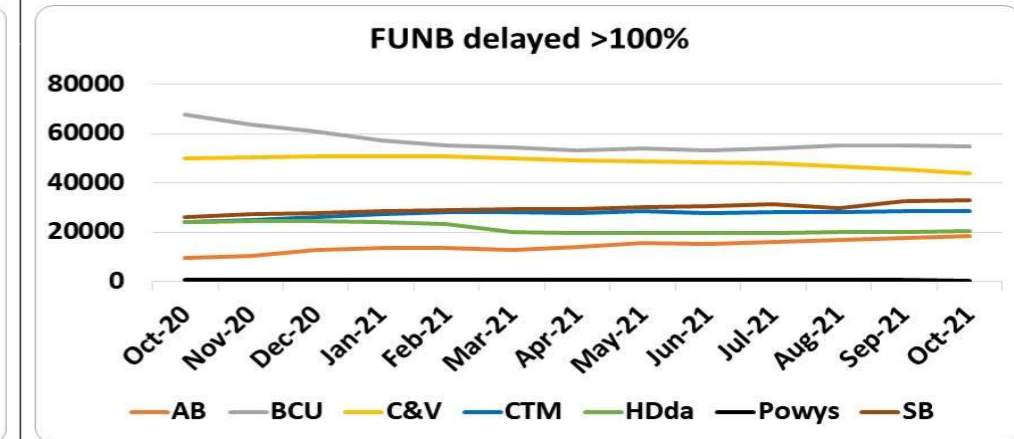
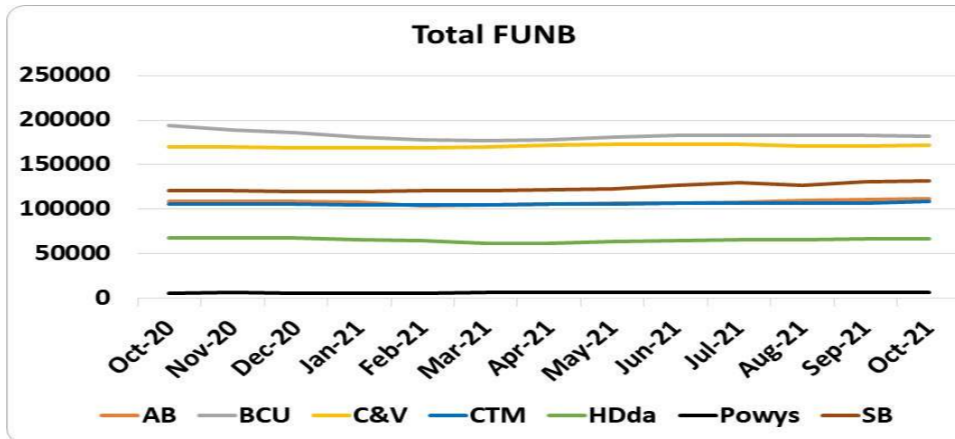
Outpatient activity levels continue to be below pre-Covid levels with the October figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 16,366; a 10% reduction on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 32,516; a 19.7% reduction on the Pre-Covid average (19/20) of 40,500

How do we compare with our peers?

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

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



Emergency Unit Waits – November 2021 (Provisional Position)

Number of Attendances

14,273

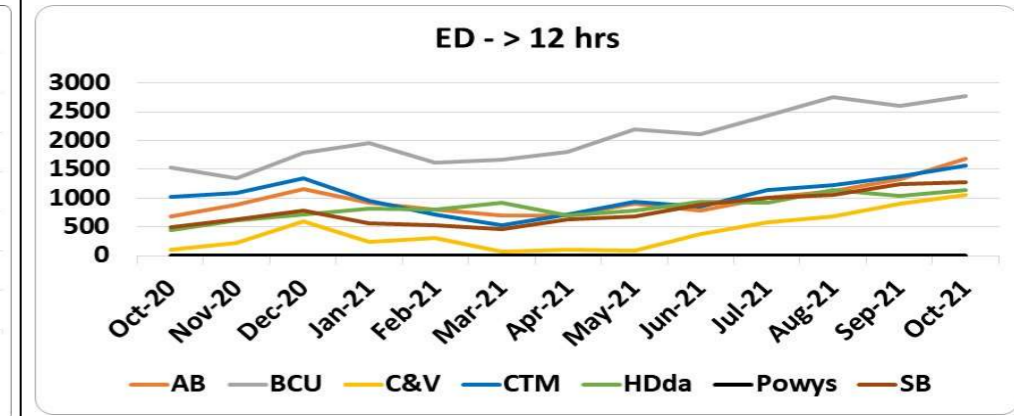
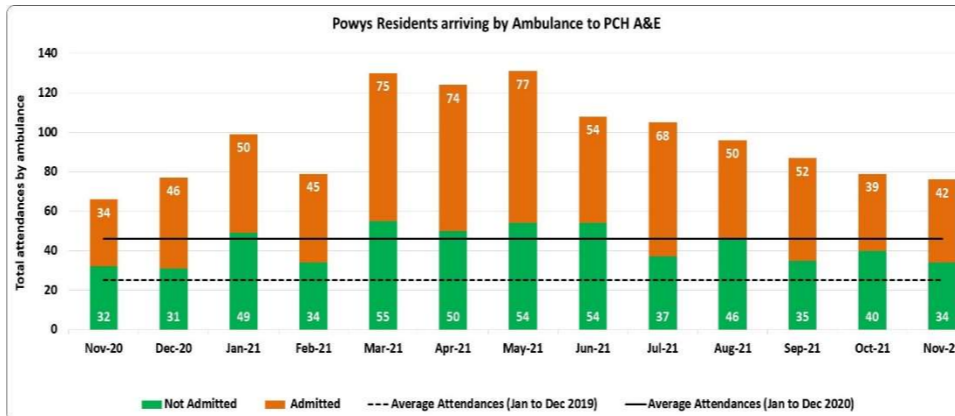
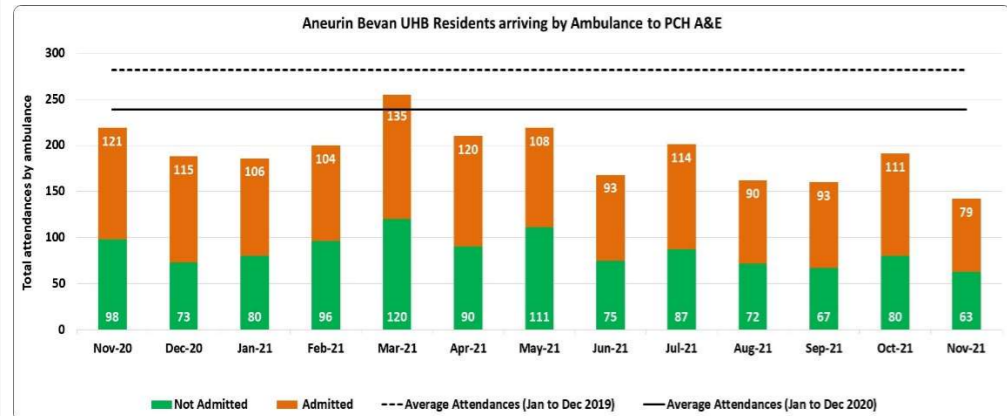
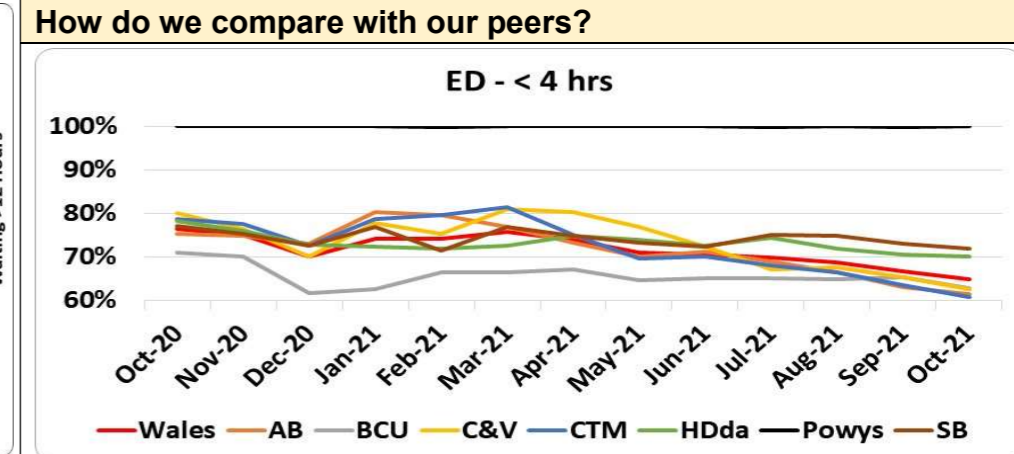
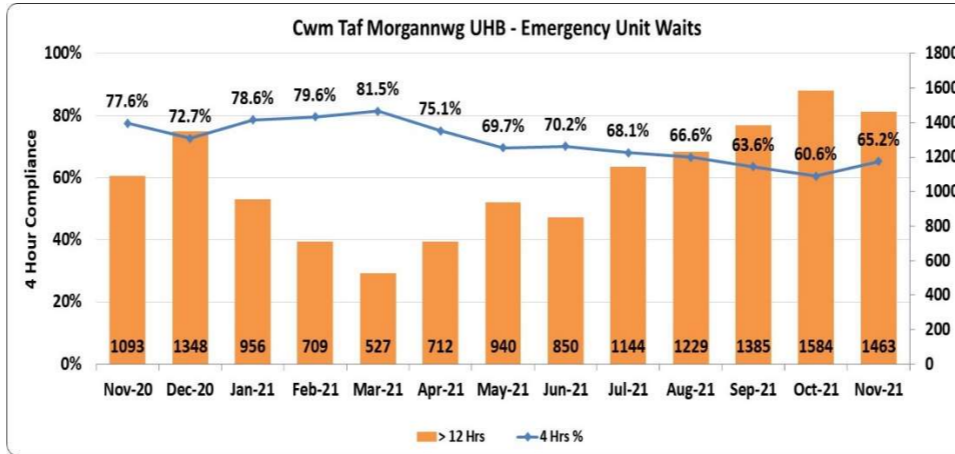
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

65.2% were seen within 4 hours (Waiting >4 hrs 4,960)

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

10.3% of patients were waiting over 12 hours (1,463)

| Period | PCH | | | RGH | | | POW | | | CTM | | |
|--------|---------|---------|----------|---------|---------|----------|---------|---------|----------|---------|---------|----------|
| | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs |
| Nov-20 | 3784 | 79.0% | 385 | 3578 | 75.9% | 267 | 3462 | 74.2% | 441 | 11383 | 77.6% | 1093 |
| Dec-20 | 3707 | 75.7% | 424 | 3394 | 71.2% | 344 | 3456 | 67.3% | 580 | 11016 | 72.7% | 1348 |
| Jan-21 | 3375 | 79.6% | 451 | 3282 | 82.3% | 116 | 3111 | 70.7% | 389 | 10197 | 78.6% | 956 |
| Feb-21 | 3504 | 79.3% | 392 | 3414 | 83.2% | 19 | 3013 | 73.1% | 298 | 10383 | 79.6% | 709 |
| Mar-21 | 4557 | 76.6% | 285 | 4525 | 86.6% | 13 | 3974 | 77.9% | 229 | 13770 | 81.5% | 527 |
| Apr-21 | 4963 | 65.0% | 402 | 4958 | 83.4% | 53 | 4695 | 72.4% | 257 | 15514 | 75.1% | 712 |
| May-21 | 5204 | 58.4% | 552 | 5271 | 78.1% | 99 | 4897 | 68.0% | 289 | 16141 | 69.7% | 940 |
| Jun-21 | 5384 | 54.0% | 596 | 5434 | 81.7% | 48 | 5219 | 68.8% | 206 | 17146 | 70.2% | 850 |
| Jul-21 | 5136 | 52.6% | 634 | 5301 | 78.0% | 135 | 5212 | 67.1% | 375 | 16704 | 68.1% | 1144 |
| Aug-21 | 4891 | 53.7% | 626 | 4862 | 74.5% | 263 | 4990 | 65.5% | 340 | 15657 | 66.6% | 1229 |
| Sep-21 | 5083 | 51.6% | 685 | 5215 | 74.5% | 270 | 4912 | 61.4% | 430 | 15641 | 63.6% | 1385 |
| Oct-21 | 5131 | 51.9% | 642 | 5073 | 68.9% | 332 | 4893 | 59.1% | 610 | 15346 | 60.6% | 1584 |
| Nov-21 | 4740 | 53.2% | 608 | 4708 | 74.0% | 329 | 4497 | 66.2% | 526 | 14273 | 65.2% | 1463 |



| How are we doing? | What actions are we taking & when is improvement anticipated? | What are the main areas of risk? |
|---|---|---|
| <p>An improvement was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during November, with performance at 65.2%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 53.2%.</p> <p>The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments also saw some improvement on the previous month with 121 fewer breaching patients, bringing the overall total to 1,463 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.</p> <p>Overall, attendances were fewer in November (approx. 7%) from the previous month at 14,273, but remains high and is 25% greater than the same period last year.</p> <p>The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April to date this year, the monthly attendance average has been 15,803.</p> | <p>The Unscheduled Care Improvement Programme (UCIP) Board Group will be utilised as a lessons learned and improvement learning platform to improve the quality and safety of services across CTM sites.</p> <p>Conversations are ongoing regarding a CTM-wide Emergency Department Quality and Delivery Framework (EDQDF) group which would report to the UCIP Board.</p> <p>Updates regarding ongoing improvement actions from the last report will be provided in the next iteration of the Integrated Performance Report.</p> | <p>The emergency department manages an undifferentiated case mix, some of whom are very poorly and in a critical position, some of whom are very elderly and some who need treating with a lot of care and dignity. Flow through the department is critical to ensuring that all groups of patients are managed safely and to a high standard, with the implications of poor management ranging from far poorer clinical outcomes, lower levels of efficiency and reputational damage. Furthermore it leads to constraints for WAST and GPs, and patients being managed out-with the agreed care pathways.</p> <p>Achieving flow is dependent on time sensitive alignment of capacity (both in regards clinical decision makers and treatment trolleys) and demand.</p> |

Emergency Ambulance Services – November 2021 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

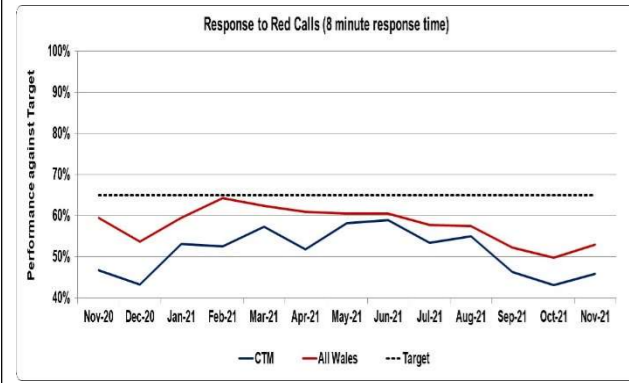
Total handovers 2,313 of which 774 handovers were within 15 minutes (33.5%)

799 handovers were over 1 hour (65.5% of handovers were within 1 hour)

| Period | PCH | | | RGH | | | POW | | | CTM | | |
|--------|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|----------|
| | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % |
| Nov-20 | 870 | 45.6% | 72.2% | 877 | 69.0% | 93.8% | 753 | 32.5% | 77.6% | 2500 | 49.9% | 81.4% |
| Dec-20 | 883 | 37.4% | 65.7% | 807 | 54.9% | 89.7% | 824 | 25.1% | 68.6% | 2514 | 39.0% | 74.3% |
| Jan-21 | 912 | 42.3% | 73.7% | 950 | 69.9% | 95.5% | 917 | 45.0% | 92.3% | 2779 | 52.6% | 87.3% |
| Feb-21 | 896 | 61.2% | 88.2% | 860 | 88.1% | 99.8% | 778 | 52.2% | 93.8% | 2534 | 67.6% | 93.8% |
| Mar-21 | 1152 | 66.7% | 93.8% | 1084 | 89.4% | 99.4% | 884 | 58.8% | 92.8% | 3120 | 72.3% | 95.4% |
| Apr-21 | 995 | 58.1% | 86.4% | 1022 | 85.1% | 99.1% | 850 | 42.7% | 82.1% | 2867 | 63.2% | 89.7% |
| May-21 | 1111 | 54.5% | 85.9% | 1066 | 80.8% | 98.8% | 880 | 42.8% | 85.0% | 3057 | 60.3% | 90.1% |
| Jun-21 | 954 | 53.0% | 85.7% | 975 | 86.5% | 100.0% | 793 | 45.5% | 90.9% | 2722 | 62.8% | 92.4% |
| Jul-21 | 951 | 51.8% | 83.1% | 907 | 79.7% | 97.0% | 806 | 37.0% | 73.4% | 2664 | 56.8% | 84.9% |
| Aug-21 | 895 | 38.1% | 71.2% | 907 | 72.1% | 93.5% | 721 | 34.4% | 76.0% | 2523 | 49.3% | 80.6% |
| Sep-21 | 778 | 32.8% | 66.3% | 772 | 60.0% | 87.3% | 639 | 31.8% | 73.6% | 2189 | 42.1% | 75.8% |
| Oct-21 | 794 | 20.5% | 52.8% | 781 | 54.7% | 80.9% | 571 | 23.1% | 53.8% | 2146 | 33.6% | 63.3% |
| Nov-21 | 806 | 23.1% | 53.3% | 810 | 50.5% | 78.8% | 697 | 25.7% | 64.0% | 2313 | 33.5% | 65.5% |

| How are we doing? What actions are we taking? | What actions are we taking & when is improvement anticipated? | How do we compare with our peers? |
|---|--|-----------------------------------|
| <p>The CTM 15 minute handover compliance fell again to 33.5% this month, with 60 minute compliance remaining at c.65%. The number of Ambulance conveyances (23130 increased by 8% on the October figure, however remains 8% below the volume seen in the same period of 2020.</p> <p>Overall our community lost 2,708 hours of ambulance cover due to handover delays at the Emergency Departments. The majority (47%) of these delays were at PCH, with 33% at POW and 20% at RGH.</p> | <p>As part of the HIW action plan, over the weekend of the 12th December, a significant reconfiguration of the ED at PCH has been made. Segregation of the estate for COVID Suspected Pathways for both Majors and Ambulatory from COVID Not Suspected Pathways for both Majors and Ambulatory has been established, enabled by Nurse Screening Area</p> <p>Dedicated parking has been provided to enable WAST to transfer of COVID not suspected patients directly in to an appropriate area.</p> | |

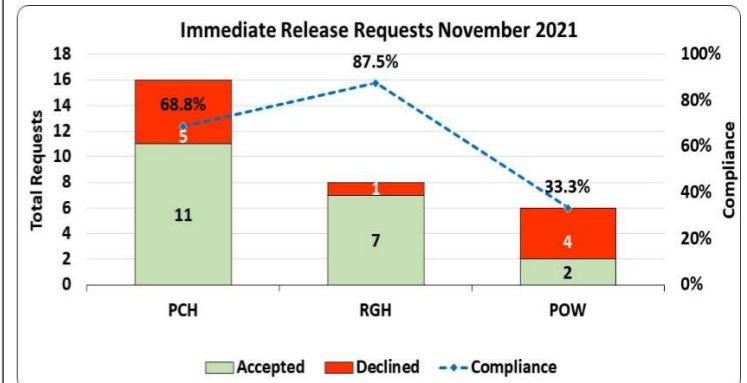
Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% Compliance November 2021 – 45.9%



| Period | Merthyr | | | RCT | | | Bridgend | | | CTM | | |
|--------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|-------------------------|-----------------|
| | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins | Total Responses | Responses within 8 mins | % within 8 mins |
| Nov-20 | 68 | 33 | 48.5% | 227 | 104 | 45.8% | 96 | 46 | 47.9% | 391 | 183 | 46.8% |
| Dec-20 | 74 | 41 | 55.4% | 254 | 95 | 37.4% | 162 | 76 | 46.9% | 490 | 212 | 43.3% |
| Jan-21 | 65 | 38 | 58.5% | 199 | 99 | 49.7% | 125 | 70 | 56.0% | 389 | 207 | 53.2% |
| Feb-21 | 53 | 30 | 56.6% | 177 | 85 | 48.0% | 72 | 44 | 61.1% | 302 | 159 | 52.6% |
| Mar-21 | 69 | 40 | 58.0% | 234 | 127 | 54.3% | 68 | 46 | 67.6% | 371 | 213 | 57.4% |
| Apr-21 | 59 | 35 | 59.3% | 240 | 111 | 46.3% | 125 | 74 | 59.2% | 424 | 220 | 51.9% |
| May-21 | 100 | 59 | 59.0% | 250 | 137 | 54.8% | 121 | 78 | 64.5% | 471 | 274 | 58.2% |
| Jun-21 | 73 | 36 | 49.3% | 260 | 153 | 58.8% | 150 | 96 | 64.0% | 483 | 285 | 59.0% |
| Jul-21 | 73 | 39 | 53.4% | 269 | 139 | 51.7% | 153 | 87 | 56.9% | 495 | 265 | 53.5% |
| Aug-21 | 77 | 47 | 61.0% | 243 | 137 | 56.4% | 129 | 63 | 48.8% | 449 | 247 | 55.0% |
| Sep-21 | 91 | 48 | 52.7% | 268 | 115 | 42.9% | 159 | 77 | 48.4% | 518 | 240 | 46.3% |
| Oct-21 | 95 | 48 | 50.5% | 355 | 145 | 40.8% | 173 | 76 | 43.9% | 623 | 269 | 43.2% |
| Nov-21 | 91 | 43 | 47.3% | 342 | 157 | 45.9% | 160 | 72 | 45.0% | 593 | 272 | 45.9% |

| Operational Area with Population Estimates | Response Rate Within 8 Mins |
|--|-----------------------------|
| Merthyr | 60,326 / 7.0 |
| RCT | 241,264 / 5.2 |
| Bridgend | 147,049 / 4.9 |

The table above highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.



How are we doing?

Response to Red Calls

Although there continues to be significant and sustained pressures faced by our ambulance services, response times marginally improved during November to 45.9% (43.2% in October). The Welsh average also improved to 53.0% from 49.9% and has remained below target for the past year. CTM performance for the last twelve months averages out at 51.1%.

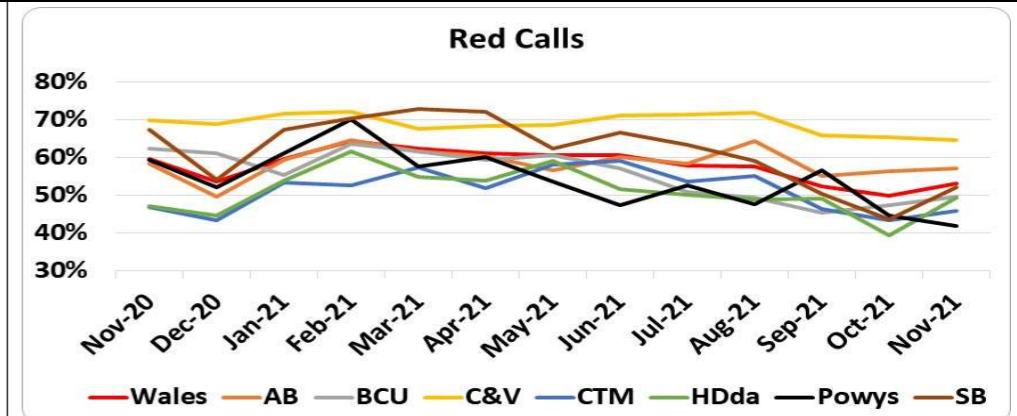
Red Call Volumes shown in the central table continues to remain high, with 593 observed in November (pre-Covid levels averaged 351 per month).

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 30 during November. The ED services were able to support affirmatively 20 (2/3rds) of those requests.

How do we compare with our peers?

CTM ranked 6th out of all the health boards in Wales, at 45.9%.

Response times remain better in the dense urban areas, with Cardiff and Vale achieving 64.5% compliance and worse in the more geographically challenging areas, with Powys receiving the poorest response times at 41.8%.



Stroke Quality Improvement Measures (QIMs) – October 2021

| % 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 |
|---|---|---|--|
| 5.9% | 33.3% | 58.6% | 67.1% |

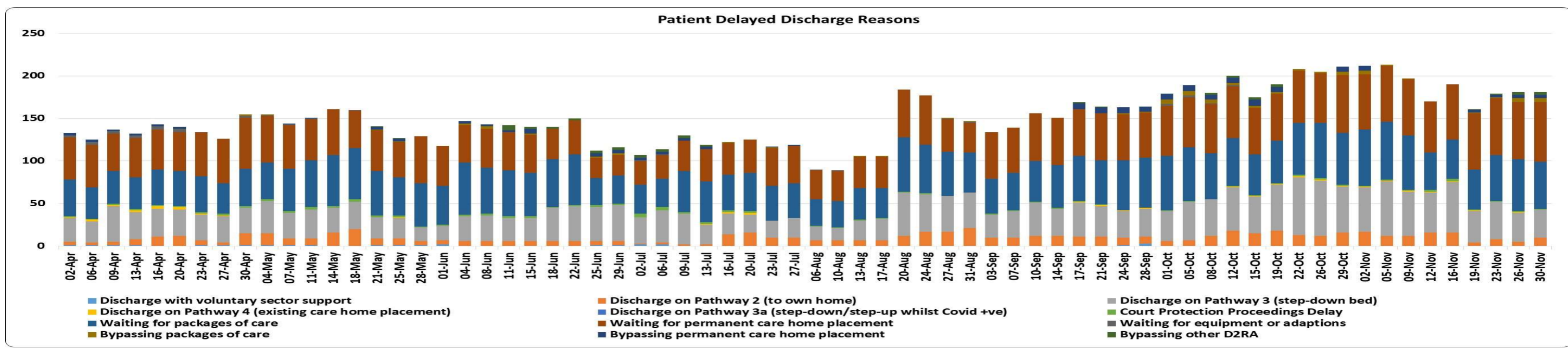
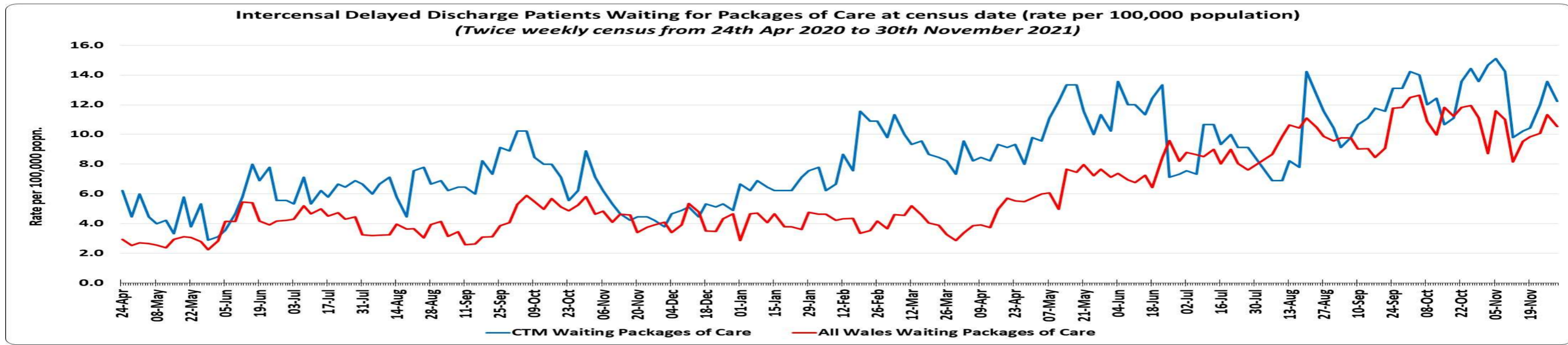
| Measure | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-21 | Sep-21 | Oct-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours) | 35 | 46 | 43 | 40 | 43 | 53 | 44 | 39 | 47 | 48 | 43 | 47 | 45 |
| No of patients within 4 hours | 11 | 12 | 4 | 1 | 7 | 6 | 11 | 12 | 14 | 9 | 3 | 7 | 3 |
| % Compliance | 31.4% | 26.1% | 9.3% | 2.5% | 16.3% | 11.3% | 25.0% | 30.8% | 29.8% | 18.8% | 7.0% | 14.9% | 6.7% |

| Measure | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins | 9 | 4 | 3 | 1 | 7 | 1 | 4 | 2 | 3 | 4 | 1 | 1 | 2 |
| Total thrombolysed | 11 | 7 | 5 | 3 | 7 | 2 | 7 | 6 | 5 | 6 | 3 | 3 | 4 |
| % Compliance | 81.8% | 57.1% | 60.0% | 33.3% | 100.0% | 50.0% | 57.1% | 33.3% | 60.0% | 66.7% | 33.3% | 33.3% | 50.0% |

| Measure | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-21 | Sep-21 | Oct-21 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour | 28 | 30 | 21 | 19 | 24 | 31 | 39 | 36 | 22 | 31 | 25 | 37 | 23 |
| No of patients within 1 hour | 15 | 19 | 9 | 11 | 13 | 16 | 18 | 24 | 12 | 16 | 11 | 17 | 12 |
| % Compliance | 53.6% | 63.3% | 42.9% | 57.9% | 54.2% | 51.6% | 46.2% | 66.7% | 54.5% | 51.6% | 44.0% | 45.9% | 52.2% |

| Measure | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-21 | Sep-21 | Oct-21 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours | 64 | 78 | 66 | 61 | 68 | 84 | 85 | 78 | 71 | 79 | 69 | 84 | 70 |
| No of patients within 24 hours | 44 | 51 | 36 | 40 | 43 | 41 | 44 | 49 | 39 | 47 | 38 | 42 | 41 |
| % Compliance | 68.8% | 65.4% | 54.5% | 65.6% | 63.2% | 48.8% | 51.8% | 62.8% | 54.9% | 59.5% | 55.1% | 50.0% | 58.6% |

| How are we doing? | What actions are we taking & when is improvement anticipated? | What are the main areas of risk? |
|--|--|---|
| <p>Across all 4 metrics, stroke performance remains at very low levels of compliance. In October 5.9% were admitted directly to an acute stroke unit within 4 hours, a third were thrombolysed within 45 minutes, circa 60% had a CT scan within an hour and two thirds were seen by a specialist stroke physician within 24 hours of arrival at the hospital.</p> <p>The wider challenges of working in a Covid environment, with longer service times and barriers to flow, noted previously remain. Diagnosis of the key factors indicates:</p> <p>The performance against the 24hr consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.</p> <p>The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward.</p> <p>The challenges to provide timely thrombolysis rates are likely to be a consequence of longer ambulance wait times and fewer patients presenting within the thrombolysis window. Over half of the PCH patients now self-present via their own transport rather than WAST and consequently more patients are presenting to RGH rather than PCH.</p> | <p>The CTM Stroke Planning Group has agreed a number of short term actions which we intend to implement by end of March 2022. These complement medium and long term actions which will would require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:</p> <ul style="list-style-type: none"> • Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow. • Review of transfer policy from RGH to PCH for stroke patients • Maintaining weekly MDT meetings • Ensure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectively • Staff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise needed • Closer links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transfer • Increase in therapy / quiet space in PCH and POW to improve therapy input to reduce LOS and improve performance against SSNAP therapy target • Assessment of long term demand capacity. <p>The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.</p> <p>In addition to the above bullet points and the longer term strategic aims, Public Health Wales are undertaking a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.</p> | <p>The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.</p> <p>The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of ILGs.</p> <p>A further risk is in the UHB's ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.</p> |



How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (bypassing the Discharge to Recover then Assess Pathways – D2RA) has risen since July and presently stands at 12.2 delays per 100,000 population (c.65 individuals). This is higher than the national rate which is 10.5 per 100,000 population.

The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 181 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. Just recently there has been an improvement in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility (step-down bed).

What actions are we taking & when is improvement anticipated?

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

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

What are the main areas of risk

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

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

Until recently providers had been receiving hardship monies to support the voids. This has tapered off from September; and there remains uncertainty as to whether this will have any impact and when this impact may materialise.

Single Cancer Pathway (SCP) – October 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 42.5%**

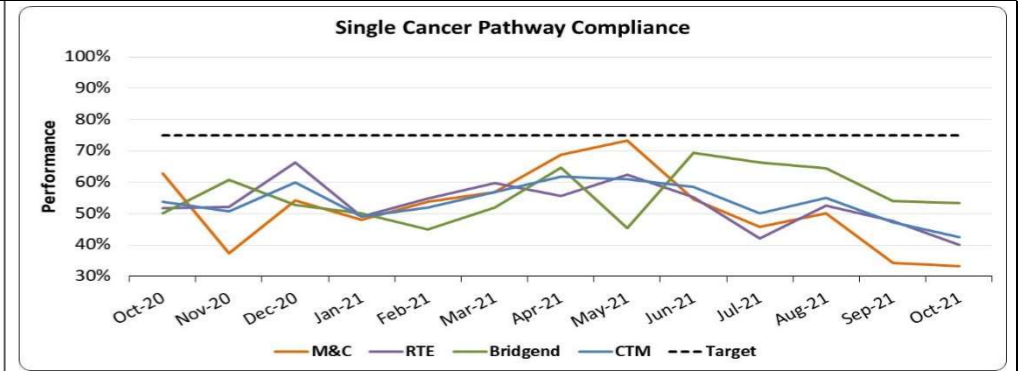
Number of patient breaches by tumour site

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - October 2021

| Tumour site | Treated in Target Without Suspensions | Total Treated | % Treated in Target Without Suspensions |
|----------------|---------------------------------------|---------------|---|
| Head and neck | 5 | 15 | 33.3% |
| Upper GI | 14 | 23 | 60.9% |
| Lower GI | 8 | 29 | 27.6% |
| Lung | 15 | 22 | 68.2% |
| Sarcoma | 1 | 3 | 33.3% |
| Skin (exc BCC) | 20 | 30 | 66.7% |
| Brain/CNS | 1 | 1 | 100.0% |
| Breast | 16 | 37 | 43.2% |
| Gynaecological | 0 | 12 | 0.0% |
| Urological | 5 | 32 | 15.6% |
| Haematological | 6 | 13 | 46.2% |
| Other | 2 | 2 | 100.0% |
| Total | 93 | 219 | 42.5% |

| Tumour Site | Merthyr & Cynon | | | Rhondda & Taff Ely | | | Bridgend | | | Cwm Taf Morgannwg | | |
|---------------------------|-------------------|-----------|---------------|--------------------|-----------|---------------|-------------------|-----------|---------------|-------------------|------------|---------------|
| | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated |
| October 2021 | | | | | | | | | | | | |
| Head and Neck | 2 | 3 | 5 | 3 | 7 | 10 | | | | 5 | 10 | 15 |
| Upper Gastrointestinal | 4 | 1 | 5 | 7 | 4 | 11 | 3 | 4 | 7 | 14 | 9 | 23 |
| Lower Gastrointestinal | 1 | 7 | 8 | 4 | 9 | 13 | 3 | 5 | 8 | 8 | 21 | 29 |
| Lung | 5 | 3 | 8 | 7 | 1 | 8 | 3 | 3 | 6 | 15 | 7 | 22 |
| Sarcoma | | | | | | | 1 | 2 | 3 | 1 | 2 | 3 |
| Skin(c) | | | | | | | 20 | 10 | 30 | 20 | 10 | 30 |
| Brain/CNS | | | | 1 | 0 | 1 | | | | 1 | 0 | 1 |
| Breast | | | | 16 | 21 | 37 | | | | 16 | 21 | 37 |
| Gynaecological | 0 | 10 | 10 | | | | 0 | 2 | 2 | 0 | 12 | 12 |
| Urological | | | | 5 | 27 | 32 | | | | 5 | 27 | 32 |
| Haematological | | | | 6 | 6 | 12 | 1 | 1 | 1 | 6 | 7 | 13 |
| Other | | | | 1 | 0 | 1 | 1 | | 1 | 2 | 0 | 2 |
| Total Breaches | 12 | 24 | 36 | 50 | 75 | 125 | 31 | 27 | 58 | 93 | 126 | 219 |
| Overall Compliance | | | 33.3% | | | 40.0% | | | 53.4% | | | 42.5% |



The Cwm Taf Morgannwg SCP performance for October fell further to 42.5% from 47.3% in the previous month. Predicted performance for November currently is 41.8%. All tumour sites with the exception of Brain require improvement.

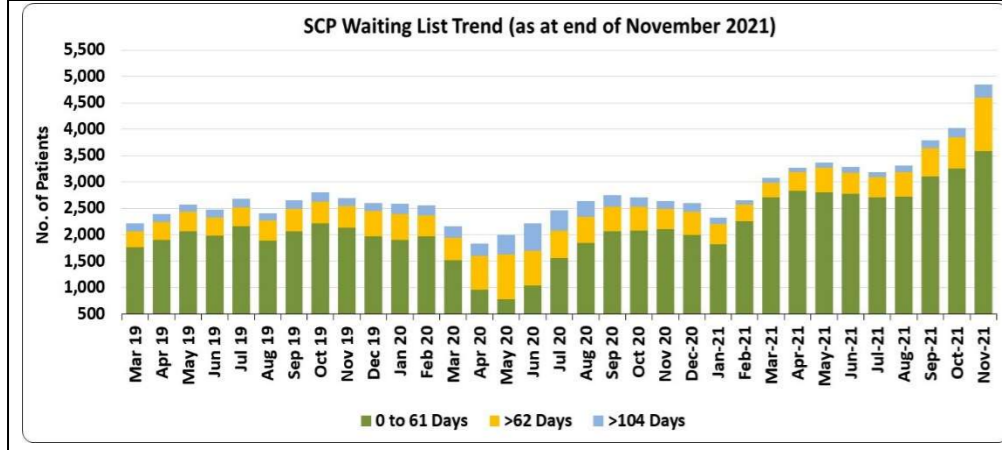
49 out of the 126 breaches were treated over 104 days. Urology (26%) continues to account for the greatest number of patients waiting over 104 days followed by Gynaecology (14%) and Lower GI (14%).

Delays at first outpatient and diagnostic stages continues to account as a significant factor for our breaches.

Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April of this year, and the lowest being the latest month, October, at 42.5%. Throughout the year performance has remained well below the 75% target. This is predominantly attributed to the total number of patients at the first outpatient appointment and diagnostic stage; accounting for 80% of all patients on a cancer pathway.

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

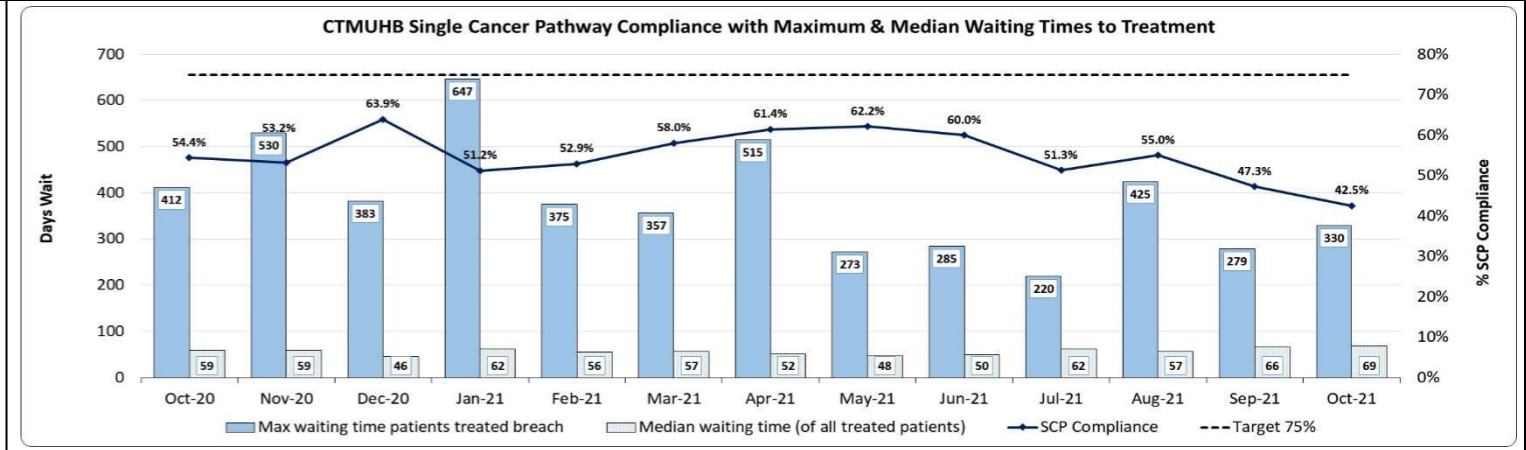
SCP Compliance detailing Maximum & Median Waiting Times to Treatment



| Merthyr & Cynon ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|------------------------|----------------------|-----------------------|---------------------|
| Brain/CNS | 1 | | |
| Head and Neck | 11 | | 1 |
| Upper Gastrointestinal | 35 | 4 | 14 |
| Lower Gastrointestinal | 131 | 27 | 22 |
| Lung | 3 | 1 | 3 |
| Gynaecological | 126 | 35 | 71 |
| Other | 43 | 1 | 2 |
| Grand Total | 350 | 68 | 113 |

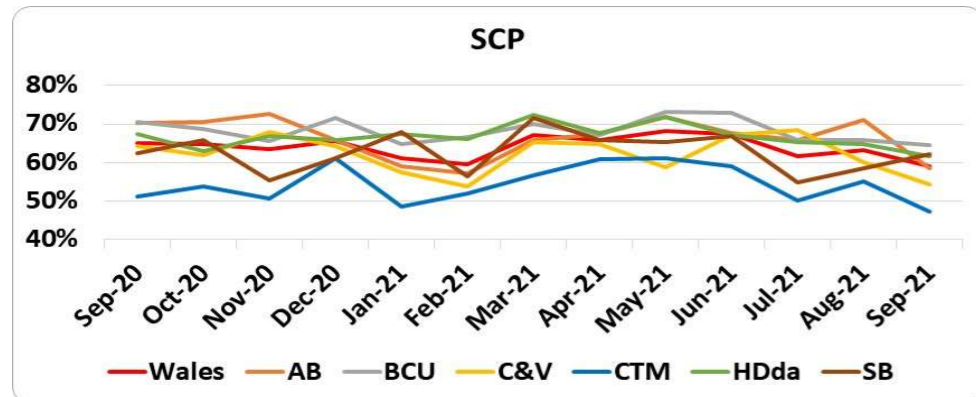
| Rhondda & Taff Ely ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|------------------------|----------------------|-----------------------|---------------------|
| Head and Neck | 23 | 3 | 6 |
| Upper Gastrointestinal | 34 | 3 | 1 |
| Lower Gastrointestinal | 74 | 14 | 21 |
| Lung | | | 1 |
| Breast | 82 | 4 | 4 |
| Gynaecological | 67 | 22 | 55 |
| Urological | 5 | | 2 |
| Haematological | 3 | | |
| Other | 3 | | |
| Grand Total | 288 | 46 | 104 |

| Bridgend ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|------------------------|----------------------|-----------------------|---------------------|
| Head and Neck | 1 | | |
| Upper Gastrointestinal | 3 | 1 | 3 |
| Lower Gastrointestinal | 5 | 2 | 3 |
| Lung | 6 | 3 | 3 |
| Sarcoma | 4 | 1 | |
| Skin(c) | 87 | 7 | 24 |
| Gynaecological | 8 | 1 | 2 |
| Haematological | 1 | | 2 |
| Other | 1 | | |
| Grand Total | 116 | 15 | 37 |



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

Latest all Wales figures for September 2021, indicate that CTM has the lowest levels of compliance with the 62 day standard. As per the chart above, the waiting list during October grew by over 800 patients a 12.8% increase on the last month. The volume of patients on a cancer pathway has now risen for 5 consecutive months. The number of patients waiting over 62 and 104 days has increased to 754 and 254 respectively.



What actions are we taking & when is improvement anticipated?

- A refreshed approach to patient validation, across RTE and MC ILG in particular. Operational teams are now focusing efforts on ensuring that patients are validated and that the cancer tracker can be updated accordingly. For MC ILG Gynaecology we were able to remove 113 patients last weekend. This focus is to continue to ensure that the quality of our cancer data is ensured.
- The introduction of fortnightly executive lead reviews, for RTE and MC ILGs which have received escalation, to ensure the effective performance management of non-compliant tumour sites and support services. The focus of these sessions includes: diagnosing the current situation, ILG Governance structures and processes, performance issues and forward planning.
- Developing the business case for the 1 stop shop Gynaecology service.
- Addressing lower/upper GI backlog via dedicated waiting list initiatives lists that have been agreed from planned care recovery funds,
- Increase in urology activity via flexi team funding from the planned care recovery funds,
- Ongoing demand and capacity work for RTE ILG which is currently building an accurate view of the demand on our urology services.

What are the main areas of risk?

- Performance challenges continue for Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- An increase of 3% in patients at first outpatient stage on last months, accounting for 65% of all active patients on the single cancer pathway.
- Continued and sustained rise in total volume of active patients on a cancer pathway.
- Month on month deterioration in the number of patients waiting above 62 and 104 days for their first definitive treatment.
- Predicted performance for November is 41.8%, which not only is uncompliant with the single cancer pathway 75% measure, but also is the worst performance on record for CTM.
- Implementation of Wrapper / Canisc replacement.
- Non-compliance with the upgrade / downgrade standard operating procedure continues, resulting in not all patients being captured and tracked
- Sustained increase in the number of cancelled cancer operations.

CTM Mental Health Compliance detailing the Adult Mental Health Services – October 2021

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

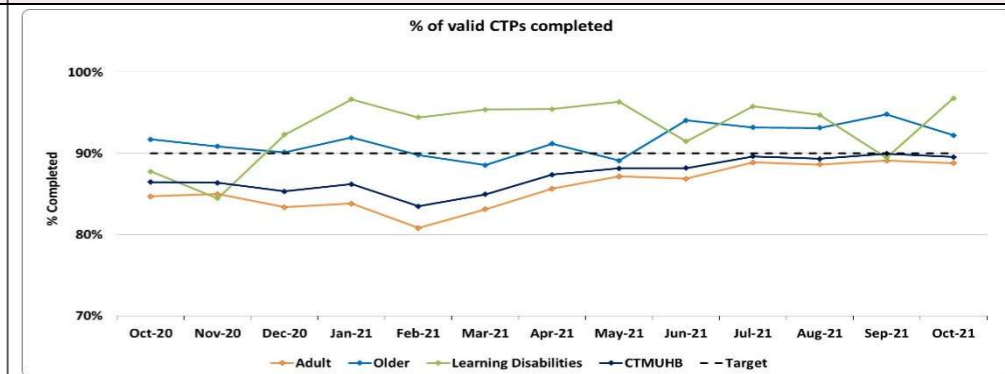
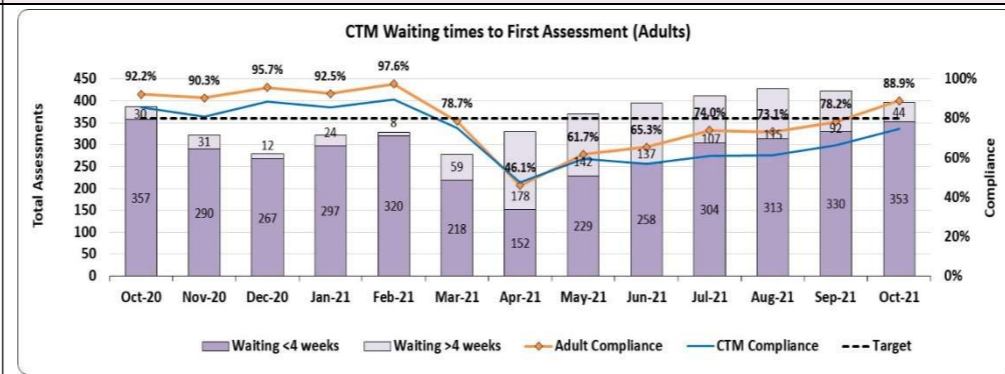
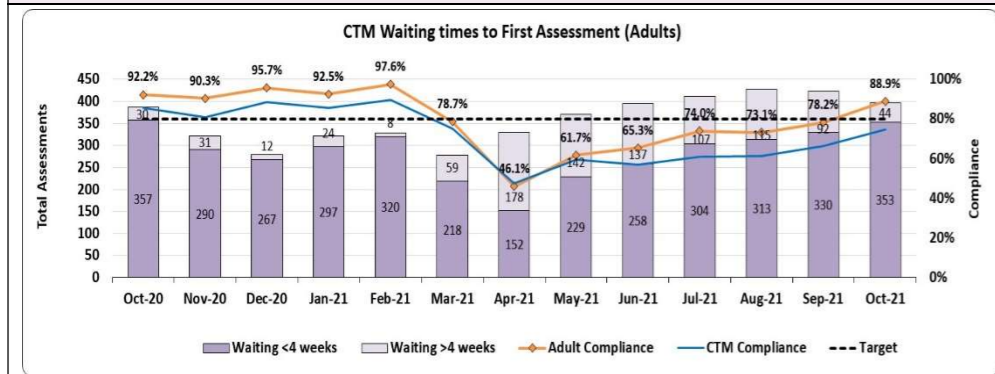
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

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

Part 1a – CTM 74.7% (Adults 88.9%)

Part 1b – CTM 95.3% (Adults 96.3%)

Part 2 – CTM 89.6% (Adults, Older & LD 89.9%)

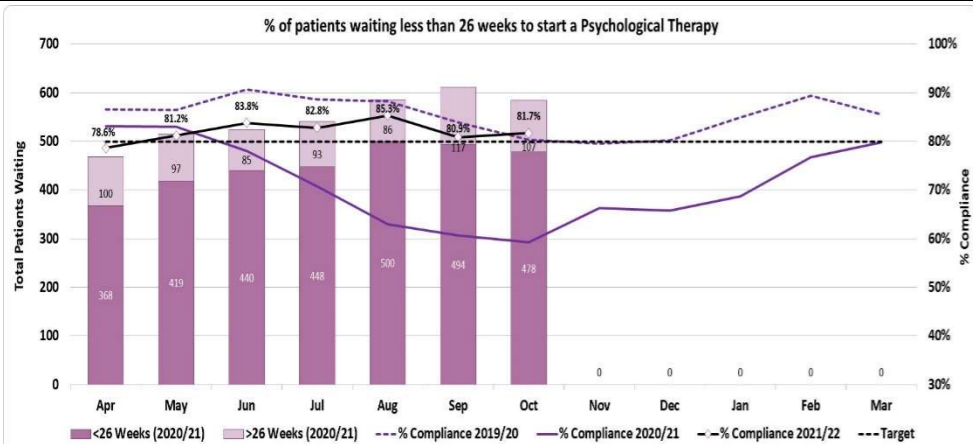


Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. CTM compliance for October improved to 74.7% with the adult services falling slightly to 91.3% from 93.5% in the previous month. Overall, referrals decreased in October to 1064 (1120 in September). Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during October amounted to 896 (42 fewer than in September).

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 95.3% during October and continues to be above the 80% target. The adult services also improved to 96.3% from 93.5% in the previous month. The total number of interventions increased to 342 this month with the pre-Covid average being 357 per month. The total adult interventions during October were 328, of which 316 started within 28 days.

Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell marginally to 89.6% during October and was just under the 90% target. Part 3: There was one request for an assessment under Part 3 of the Mental Health Measure during October whose outcome assessment report was sent within ten working days.

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - October 81.7%



How are we doing & what action are we taking?

Part 1a compliance increased in October 21 to a 7-month high, with all 3 ILGs achieving the target. Notably Merthyr ILG has improved from a low of 12.5% compliance in April-21 to a high of 100% compliance in October-21. Bridgend ILG achieved target compliance for the first time in 7 months whilst RTE ILG recovered to achieve target compliance whilst also seeing continued increase in activity. Part 1b remains well above target compliance despite elevated activity levels.

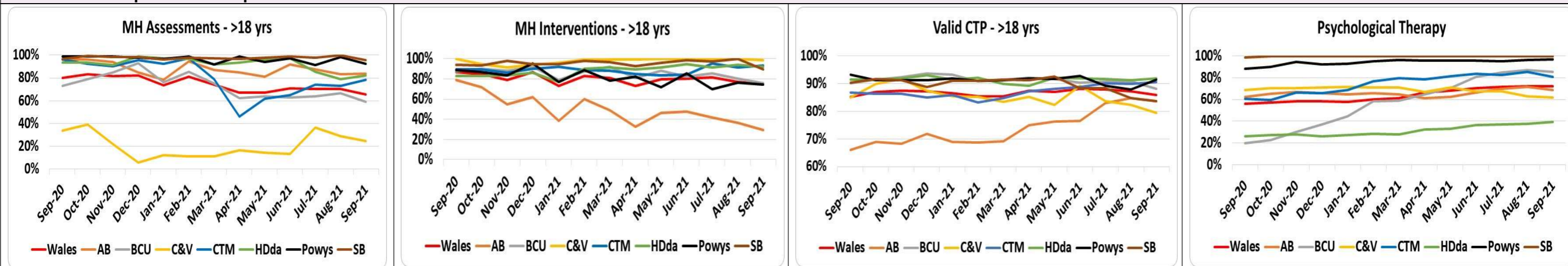
Part 2 compliance has decreased slightly to 86%, related to a fall in Older Adult compliance, w. This is attributable to an increase in the services caseload.

Psychological Therapies are presently meeting the compliance target but remain mindful of continued increase in referrals post pandemic. Further recovery plans are being developed.

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

Part 2 MHM is expected to recover in the coming months to target compliance. The main risks to improving compliance are the continued increase in caseload which has seen a month on month increase since June-21 of 2235 on caseload to 2454 in October-21 and increased staff absenteeism due to evolving COVID-19 restrictions.

How do we compare with our peers?



Child & Adolescent Mental Health Services (CAMHS) – October 2021

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

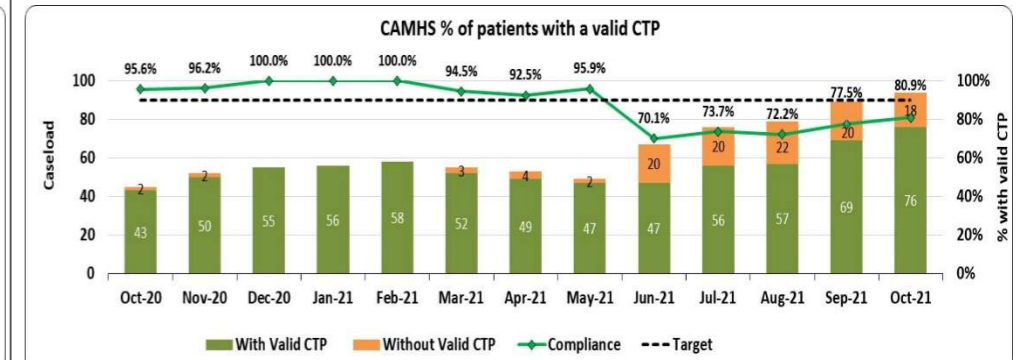
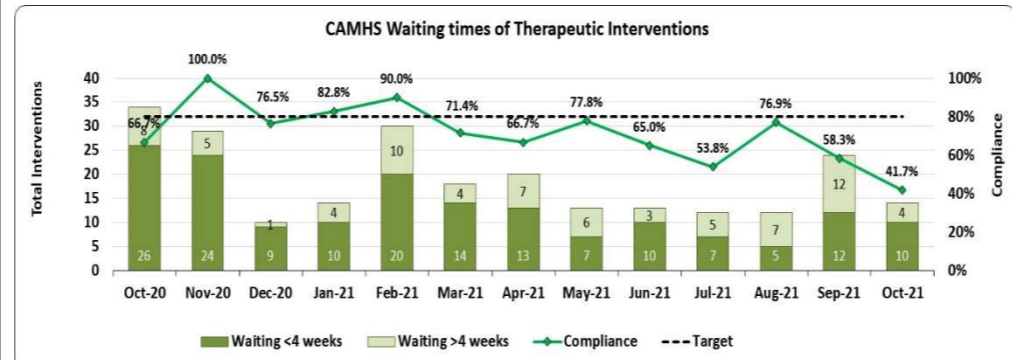
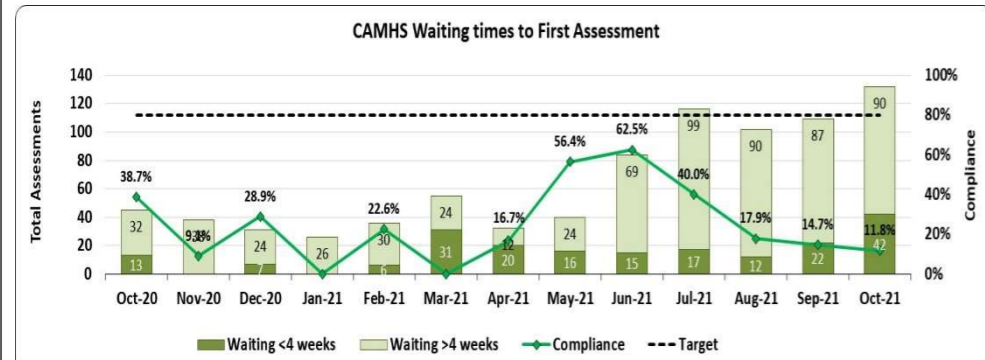
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

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

Part 1a – 31.8%

Part 1b – 71.4%

Part 2 – 80.9%

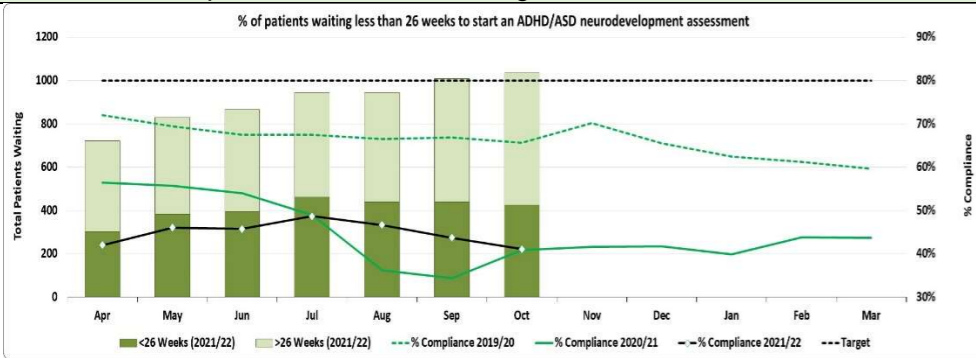


In October, 31.8% of assessments were undertaken within 28 days of referral. WG's minimum expected standard is 80%. The chart shows that in recent months CAMHS compliance has declined as waiting list volumes have increased from 30 in the summer to 132 currently. Demand is still higher than pre-Covid levels, with 168 referrals received in October, a 300% increase on the pre-Covid average of 42 per month.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved further during October to 71.4% from 50.0% in the previous month, but remains below the 80% target. The last time the target was met was in December of last year (90%). There were a total of 14 interventions this month, with 10 of those patients receiving intervention within 28 days.

Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month also saw a small improvement during October to 80.9% from 77.5% in September and remains below the 90% target. Part 3: There were no requests for an assessment under Part 3 of the Mental Health Measure during October.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - October 2021 – 41.1%



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in September falling further to 43.7% from 46.7% in August. The total waiting list volume continues to grow and now stands at 1,007 patients, (300 higher than April).

How are we doing & what actions are we taking?

There has been an expected increase in demand since September 2021 with the acuity of the presentation of the CYP remaining high and in particular anxiety and low mood presentations. There has been a continued increase in demand for the Crisis Service with CYP presenting with Suicidal Ideation and Self Harm. An additional assessor post has been recruited to increase new patient capacity. The service is currently in the process of setting up a Planned Care Recovery scheme to improve Part 1A compliance, with a view to increase capacity by December 2021. The team are currently working on pathways to ensure timely interventions within 28 days. Part 1B compliance has subsequently improved reflecting this work.

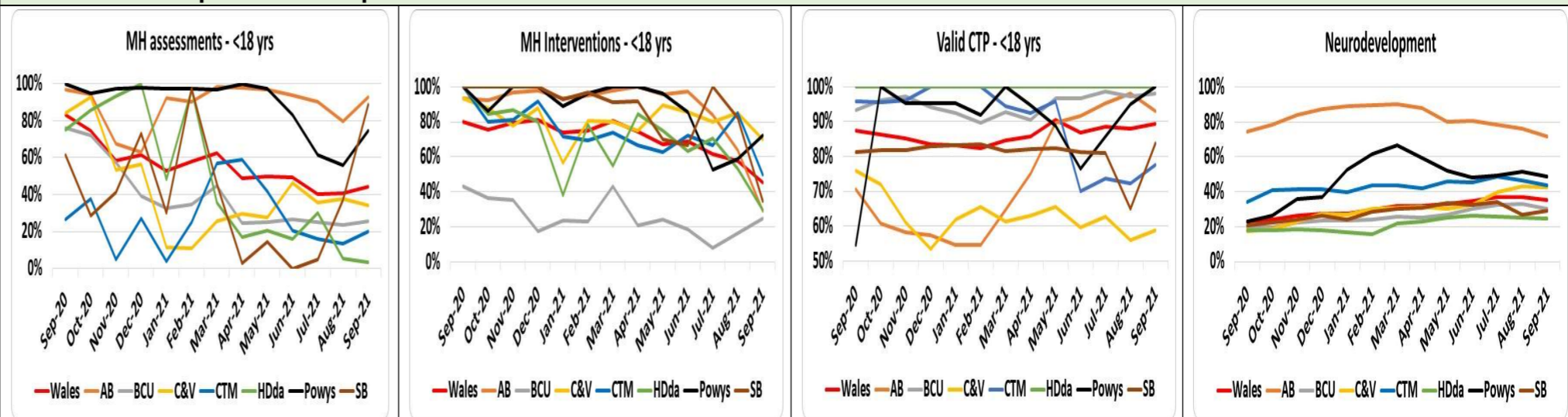
Patients presenting with higher levels of need and risks should be identified as Relevant Patients and in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plans continues to increase within the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The uptake of Consultant Connect is presently poor, and work to promote this service is ongoing with GP partners. The recruitment to the Eating Disorder Team and 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment) is active and underway. The recruitment process to the In-Reach Service to integrate a whole-system, regional approach to developing and delivering services that support the emotional health and well-being of children & young people, ensuring schools/children & young people have timely access to appropriate support when needed is also ongoing. This service will underpin early intervention and prevention, building up resilience in CYP.

What are the main areas of risk?

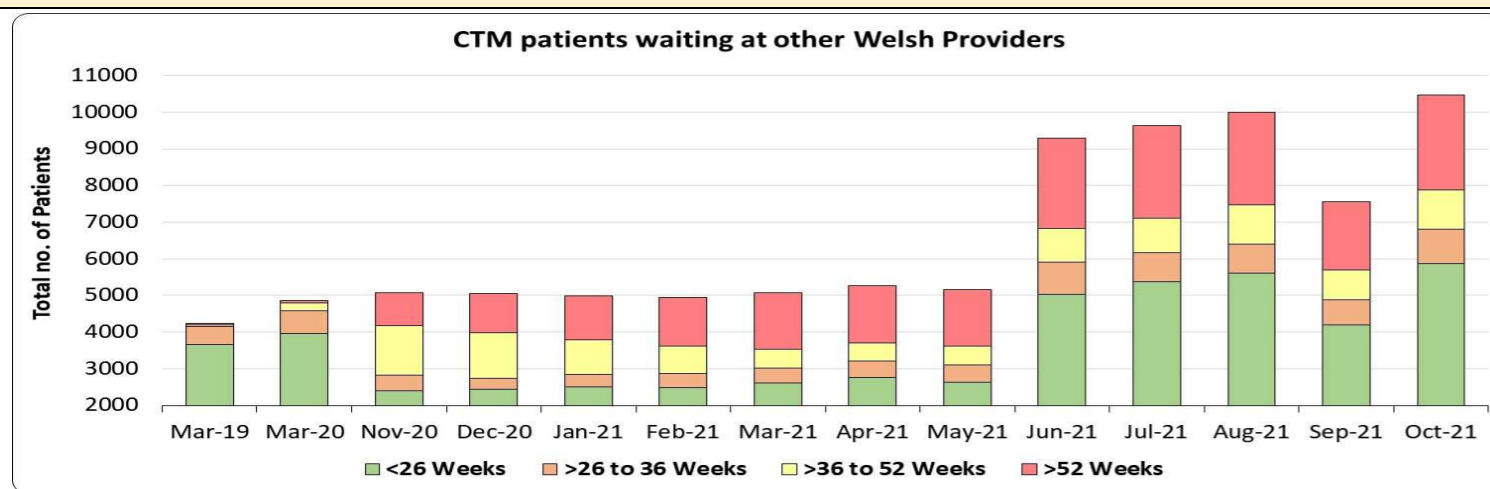
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment and Retention - Recent WG investment has meant that neighboring HB will also be recruiting at this time.

How do we compare with our peers



WHSSC – Welsh Health Specialised Services Committee

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



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

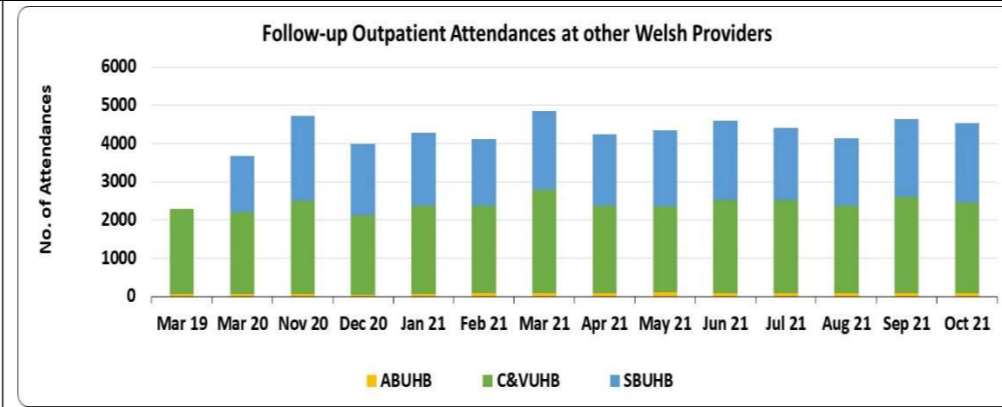
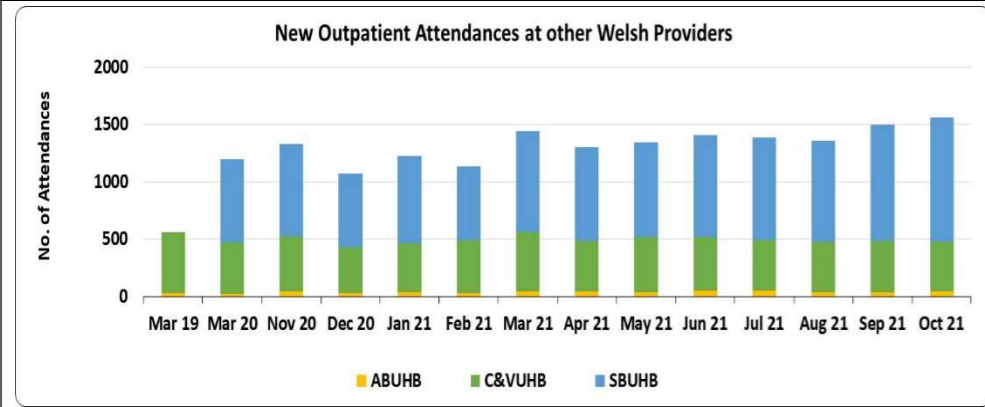
Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in October is approx. 3,624. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 404 and there are no patients waiting over 14 weeks for a therapy (Dietetics – C&VUHB).

| CTMUHB Patients waiting at other specific Welsh Providers RTT (October 2021) | | | | | | | | |
|--|-----------------|-----------|-----------------------|-----------------|-----------|-----------------------|-----------------|-----------|
| Cardiff & Vale UHB | | | Aneurin Bevan UHB | | | Swansea Bay UHB | | |
| Specialty | >36 to 52 Weeks | >52 Weeks | Specialty | >36 to 52 Weeks | >52 Weeks | Specialty | >36 to 52 Weeks | >52 Weeks |
| Trauma & Orthopaedics | 132 | 591 | Trauma & Orthopaedics | 10 | 60 | Oral Surgery | 148 | 383 |
| Neurology | 231 | 17 | Urology | 20 | 50 | Trauma & Orthopaedics | 65 | 247 |
| Ophthalmology | 51 | 172 | ENT | 4 | 23 | Plastic Surgery | 52 | 251 |
| Clinical Immunology And Allergy | 25 | 74 | Ophthalmology | 3 | 16 | General Surgery | 46 | 197 |
| Oral Surgery | 11 | 53 | Oral Surgery | 4 | 9 | Gynaecology | 22 | 67 |
| ENT | 17 | 45 | General Surgery | 4 | 6 | Orthodontics | 15 | 57 |
| Gynaecology | 13 | 30 | Gastroenterology | 5 | | ENT | 3 | 22 |
| General Surgery | 18 | 24 | Dermatology | 2 | 2 | Gastroenterology | 4 | 15 |
| Urology | 10 | 26 | Gynaecology | 1 | 1 | Ophthalmology | 6 | 13 |
| Cardiology | 25 | 9 | Chemical Pathology | 1 | | Urology | 1 | 13 |
| Paediatric Surgery | 12 | 15 | Grand Total | 54 | 167 | Allied Health | 13 | |
| Paediatric Dentistry | 14 | 11 | | | | Neurology | 5 | 4 |
| Neurosurgery | 11 | 10 | | | | Cardiology | 3 | 4 |
| Dermatology | 8 | 10 | | | | Paediatrics | 2 | 5 |
| Paediatrics | 4 | 10 | | | | Restorative Dentistry | 1 | 3 |

| CTM patients waiting at specific health boards | | | | |
|--|--------------------|-------------------|-----------------|-----------|
| October 21 | Cardiff & Vale UHB | Aneurin Bevan UHB | Swansea Bay UHB | |
| | Number of | % waiting | Number of | % waiting |
| | | | | |

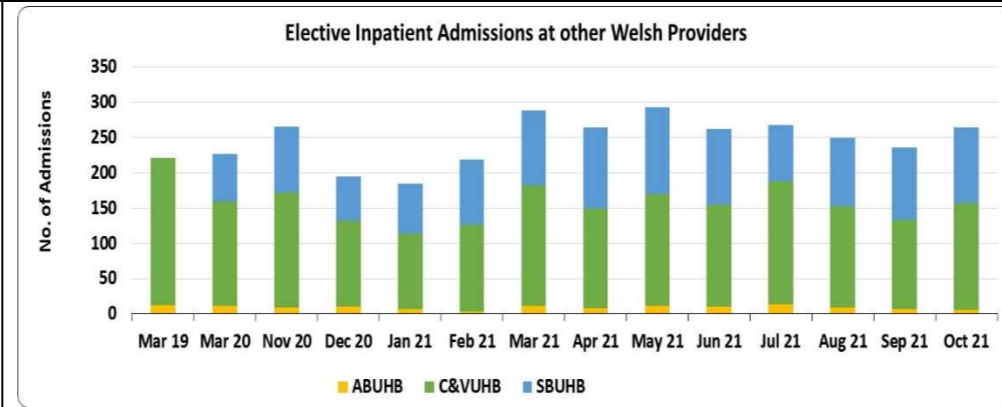
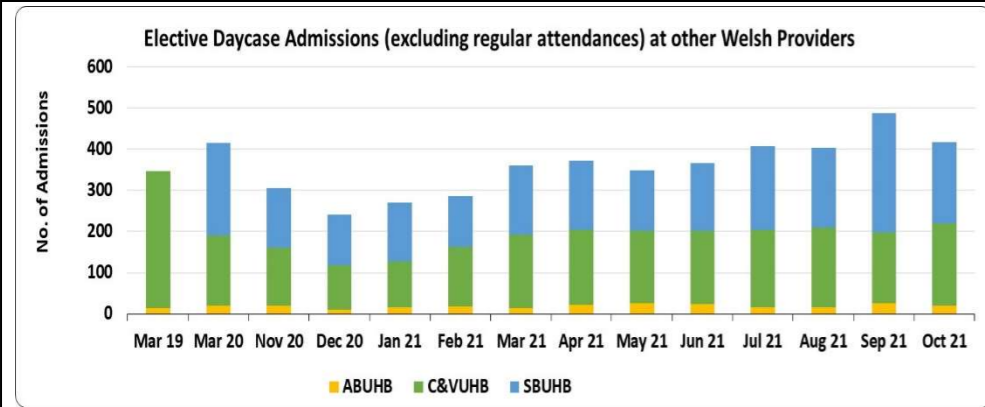
CTM Outpatient Attendances at other Welsh Providers



Whilst there are a growing increase in the number of new referrals across a number of specialties (Thoracic Surgery, Cardiac Surgery) for the majority, the number of patients waiting for outpatient appointments has reduced, particularly for follow-ups (Neurosurgery and Plastic Surgery).

However, within Plastic Surgery, the number of patients waiting for new outpatient appointments has doubled since February.

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



The waiting list position has improved in Cardiac Surgery in the last month, with minimal patients waiting >26 weeks for cardiac surgery in C&VUHB and approx. 40% waiting over 26 weeks in SBUHB. There remains patients waiting over 52 weeks for Thoracic Surgery, Neurosurgery and Plastic Surgery. Paediatric Surgery waits continue to be a concern with almost 30% having waited for over a year for surgery. A recovery plan is not yet in place, although the recruitment of an additional 50 nurses in the coming months will help to alleviate the nursing and bed pressures. Although there has been good recovery in the waiting lists for paediatric Cleft, Lip and Palate patients, there remains a challenging position in respect of adult services with exploration of alternate pathways underway. On a positive, there are plans to recommence Bariatric activity in Swansea Bay University Health Board (SBUHB) by the end of the year.



2.5 Finance update

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

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

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The following issues/risks have been identified in relation to the **Quality** quadrant:
- Single Cancer Pathway
 - Thrombolysis for Eligible Patients within 45 Minutes
- 3.3** As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.
- 3.4** Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.
- 3.5** An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.
- 3.6** Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.



4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1** The Planning, Performance & Finance Committee is asked to **NOTE** the Integrated Performance Dashboard.