Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

| AGENDA ITEM |
| --- |
| 5.2 |

# PLANNING, PERFORMANCE & FINANCE COMMITTEE

# INTEGRATED PERFORMANCE DASHBOARD

| | |
| --- | --- |
| **Date of meeting** | 22/02/2022 |

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

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

| | |
| --- | --- |
| **Prepared by** | Rowland Agidee, Head of Performance & Clinical Information |
| **Presented by** | Linda Prosser, Executive Director of Strategy and Transformation |
| **Approving Executive Sponsor** | Executive Director of Planning & Performance |

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

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)** | | |
| --- | --- | --- |
| **Committee/Group/Individuals** | **Date** | **Outcome** |
| Management Group | 19/01/22 | NOTED |
| Strategic Leadership Group | 16/02/2022 | NOTED |

| **ACRONYMS** | |
| --- | --- |
| AMU | Acute Medical Unit |
| C.difficle | Clostridium difficle |
| 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 two (previously five) of its thirty one performance measures and is making progress towards delivering a further two (previously two). There remains twenty-seven 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 area with the most improvement this reporting period is Mental Health Part 1b - CAMHS. There has been good progress towards the 80% target (the December 2021 figure is 71%, up from 38.2% 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.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

## FINANCE

| Month 9 | Variance from Plan | | | |
|---|---|---|---|---|
| | Current Month | Year to Date | Forecast Full Year | Forecast Recurrent |
| | £m | £m | £m | £m |
| Pay | 1.0 | -0.1 | | |
| Non-Pay | 0.6 | 6.1 | | 40.7 |
| Income | -0.2 | 0.2 | | |
| Efficiency Savings | 0.5 | 2.3 | | 10.7 |
| Non-delegated (including WG allocations) | -2 | -8.8 | | |
| Total | -0.081 | -0.198 | 0 | 51.4 |

| | Current Month | Year to Date | Forecast Full Year | |
|---|---|---|---|---|
| PSPP | 95.8% | 95.5% | 95.0% | Target 95% |
| Capital Expenditure | £6.80m | £39.35m | £73.9m | |
| Agency as % of total pay costs | 6.8% | 7.1% | 7.1% | |

## QUALITY

| Indicators | Jan-22 | Dec-21 | Target | RAG |
|---|---|---|---|---|
| % complaints final/interim reply within 30 working days | 62.7% | 57.0% | 75% | |
| | Dec-21 | Nov-21 | Target | RAG |
| Single Cancer Pathway | 48.3% | 45.1% | 75% | |
| Thrombolysis for Eligible Stroke Patients within 45 Minutes | 100.0% | 100.0% | 100% | |
| | Apr - Jan 22 | Apr - Dec 21 | Target | RAG |
| Cumulative rate of bacteraemia cases per 100,000 population - E.coli | 89.63 | 92.65 | 67/100k population | |
| Cumulative rate of bacteraemia cases per 100,000 population - S.aureus | 26.52 | 26.56 | 20/100k population | |
| Cumulative rate of bacteraemia cases per 100,000 population - C.difficle | 32.88 | 33.93 | 25/100k population | |
| | Jan-22 | Dec-21 | Target | RAG |
| Total number of Nationally Reportable Incidents | 3 | 4 | TBC | |
| Number of Formal Complaints Received | 94 | 102 | | |
| Number of Compliments Received | 71 | 51 | | |
| Falls Causing Harm (Moderate/Severe/Death) | 14 | 12 | | |
| Hospital Acquired Pressure Ulcers (Grade 3/4) | 3 | 0 | | |
| Total number of instances of hospital acquired pressure ulcers | 96 | 83 | | |
| Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4) | 21 | 17 | | |
| Total number of instances of Community Healthcare acquired pressure ulcers | 175 | 172 | | |
| Number of Never Events in Month | 1 | 0 | 0 | |

## PERFORMANCE

| Indicators | Jan-22 | Dec-21 | Target | RAG |
|---|---|---|---|---|
| A&E 12 hour Waiting Times | 1,119 | 1,275 | Zero | |
| Ambulance Handover Times within 15 mins | 29.3% | 34.5% | Annual Improvement | |
| RTT 52 Weeks | 34,778 | 34,405 | Zero | |
| Diagnostics >8 Weeks Waits | 15,887 | 15,200 | Zero | |
| % of Stage 4 Urgent Patients Clinically Prioritised | 4.1% | 10.0% | 100% | |
| FUNB - Patients Delayed over 100% for Follow-up Appointment | 29,074 | 28,598 | 10,256 | |
| | Dec-21 | Nov-21 | Target | RAG |
| Mental Health Part 1a - CAMHS | 37.5% | 32.6% | 80% | |
| Mental Health Part 1b - CAMHS | 71.0% | 38.2% | 80% | |
| Admission to Stroke Unit within 4 hrs | 8.2% | 4.8% | SSNAP Average 46.8% | |
| % of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour | N/A | 92.5% | 90% | N/A |
| Delayed Discharges waiting for packages of care rate per 100,000 population | Feb-22 | Jan-22 | All Wales Average | RAG |
| | 14.9 | 11.3 | 9.2 | |

## PEOPLE

| Indicators | Jan-22 | Dec-21 | Target | RAG |
|---|---|---|---|---|
| Turnover | 11.01% | 11.04% | 11% | |
| Exit Interview by Leaver | 2.5% | 2.3% | 60% | |
| | Dec-21 | Nov-21 | Target | RAG |
| Sickness Absence Rate (in month) | 7.7% | 7.4% | 4.5% | |
| Sickness Absence Rate (rolling 12 month) | 7.1% | 7.2% | | |
| | Jan-22 | Dec-21 | Target | RAG |
| Return to Work Compliance | 42.8% | 50.4% | 85% | |
| Fill Rate Bank | 17.0% | 18.3% | 90% | |
| Fill Rate On-contract Agency (RNs) | 42.0% | 56.8% | | |
| PDR | 52.9% | 55.3% | 85% | |
| Statutory and Mandatory Training - All Levels | 57.1% | 60.7% | | |
| Statutory and Mandatory Training - Level 1 | 64.2% | 67.1% | | |
| Job Planning Compliance (Consultant) | 18.0% | 16.0% | 90% | |
| Job Planning Compliance (SAS) | 12.0% | 12.0% | | |
| Direct Engagement Compliance (M&D) | 77% | 87% | 100% | |
| Direct Engagement Compliance (AHPs) | 85% | 79% | 100% | |
| RN Shift Fill by Off-contract | 3357.5 | 2661.5 | 0 Hours | |

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

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

| Measure | | Target | Current Period | | Last Period | |
|---|---|---|---|---|---|---|
| % of babies who are exclusively breastfed at 10 days old | | Annual Improvement | 2020/21 | 27.0% | 2019/20 | 27.8% |
| % of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | | 95% | Q2 21/22 | 97.6% | Q1 21/22 | 96.7% |
| % of children who received 2 doses of the MMR vaccine by age 5 | | 95% | | 94.2% | | 93.4% |
| % of adult smokers who make a quit attempt via smoking cessation services | | 5% Annual Target | Q1-Q2 2021/22 | 2.32% | 2020/21 | 3.99% |
| European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) | | 4 Qtr Reduction Trend | Q2 21/22 | 352.4 | Q1 21/22 | 371.0 |
| % of people who have been referred to health board services who have completed treatment for alcohol misuse | | 4 Qtr Improvement Trend | Q2 21/22 | 92.3% | Q1 21/22 | 87.9% |
| Uptake of influenza vaccination among: | 65 year old and over | 75% | 2020/21 | 75.4% | 2019/20 | 68.9% |
| | under 65's in risk groups | 55% | | 46.3% | | 40.3% |
| | pregnant women | 75% | | 74.6% | | 81.7% |
| | health care workers | 60% | | 67.8% | | 63.2% |
| % of eligible people who have participated in the bowel screening programme within the last 2.5 years | bowel | 60% | 2019/20 | 59.1% | 2018/19 | 55.0% |
| Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years | breast | 70% | | 74.1% | | 74.1% |
| Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 year | cervical | 80% | | 72.8% | | 72.8% |
| % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over) | under 18 years | 90% | Dec-21 | 59.2% | Nov-21 | 70.1% |
| | over 18 years | | | 88.9% | | 89.8% |
| % of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed | | Annual Improvement | 2019/20 | 51.9% | 2018/19 | 50.0% |

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

| Measure | | Target | Current Period | | Last Period | |
|---|---|---|---|---|---|---|
| % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS | | 100% | 2020/21 | 86.0% | 2019/20 | 65.4% |
| % of children regularly accessing NHS primary dental care within 24 months | | 4 Qtr Improvement Trend | Q1 21/22 | 56.7% | Q4 20/21 | 60.1% |
| % of adults regularly accessing NHS primary dental care within 24 months | | 4 Qtr Improvement Trend | | 49.5% | | 52.5% |
| % of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed | | 90% | Nov-21 | 92.5% | Oct-21 | 90.8% |
| % of emergency responses to red calls arriving within (up to and including) 8 minutes | | 65% | Jan-22 | 45.3% | Dec-21 | 45.3% |
| Number of ambulance patient handovers over 1 hour | | Zero | | 922 | | 704 |
| % 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% | | 65.1% | | 64.2% |
| Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge | | Zero | | 1,635 | | 1,268 |
| % of survival within 30 days of emergency admission for a hip fracture | | 12 Month Improvement Trend | Oct-21 | 62.0% | Nov-20 | 71.4% |
| % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | | 12 Month Improvement Trend | Nov-21 | 2.2% | Dec-20 | 2.5% |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time | | SSNAP Average 46.8% | Dec-21 | 8.2% | Nov-21 | 4.8% |
| % of stroke patients who receive mechanical thrombectomy | | 10% | Nov-21 | 0.0% | Oct-21 | 0.0% |
| % of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days | | 50% | | 39.8% | | 46.3% |
| % of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | | 75% | Dec-21 | 48.3% | Nov-21 | 45.1% |
| Number of patients waiting more than 8 weeks for a specified diagnostic | | Zero | Jan-22 | 15,887 | Dec-21 | 15,200 |
| Number of patients waiting more than 14 weeks for a specified therapy | | | | 876 | | 691 |
| % of patients waiting less than 26 weeks for treatment | | 95% | | 46.4% | | 47.0% |
| Number of patients waiting more than 36 weeks for treatment | | Zero | | 48,944 | | 47,565 |
| Number of patients waiting for a follow-up outpatient appointment | | 51,739 | | 109,757 | | 109,829 |
| Number of patients waiting for a follow-up outpatient appointment who are delayed over 100% | | 10,256 | | 29,074 | | 28,598 |
| % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | | 95% | Dec-21 | 64.1% | Nov-21 | 59.9% |
| Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population | | Annual Reduction | 2020/21 | 3.08 | 2019/20 | 2.5 |
| % of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) | | 80% | Dec-21 | 13.7% | Nov-21 | 8.8% |
| % 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) | | | | 38.0% | | 34.3% |
| % 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) | | | | 82.1% | | 79.5% |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years) | | | | 71.9% | | 42.5% |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over) | | | | 94.8% | | 93.8% |
| % of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment | | | | 39.5% | | 36.7% |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | | | | 77.8% | | 77.3% |
| 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 | Apr-21 to Jan-22 | 89.63 | Apr-21 to Dec-21 | 92.65 |
| | S.aureus bacteraemia | 20 per 100,000 population | | 26.52 | | 26.56 |
| | C.difficile | 25 per 100,000 population | | 32.88 | | 33.93 |
| Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa | Klebsiella sp | <69 cases | | 62 | | 55 |
| | P. aeruginosa | <25 cases | | 27 | | 27 |

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

| Measure | Target | Current Period | | Last Period | |
|---|---|---|---|---|---|
| % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor | Annual Improvement | 2020/21 | 87.0% | 2019/20 | 90.8% |
| Overall staff engagement score | Annual Improvement | 2020 | 71% | not available | |
| % of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | 85% | Jan-22 | 57.1% | Dec-21 | 55.3% |
| % compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation | 85% | | 64.2% | | 67.1% |
| % of sickness absence rate of staff | 12 Month Reduction Trend | Dec-21 | 7.7% | Nov-21 | 7.5% |
| % of staff who report that their line manager takes a positive interest in their health and well-being | Annual Improvement | 2020 | 56.1% | not available | |

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

| Measure | Target | Current Period | | Last Period | |
|---|---|---|---|---|---|
| Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | Improvement | 2018/19 | 6.33 | 2016/17 | 6.03 |
| % 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 organisat | 75% | Dec-21 | 57.0% | Nov-21 | 64.9% |
| % of Health and Care Research Wales non-commercial portfolio studies recruiting to target | 100% of studies | Q2 21/22 | 49.0% | Q1 21/22 | 52.0% |
| % of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target | 100% of studies | | 100.0% | | 14.0% |
| Crude hospital mortality rate (74 years of age or less) | 12 Month Reduction Trend | Dec-21 | 1.59% | Nov-21 | 1.59% |
| % of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening | 12 Month Improvement Trend | Dec-21 | 63.2% | Nov-21 | 95.8% |
| % 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 | | | 48.0% | | 41.7% |
| All new medicines recommended by AWMSG 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 AWMSG appraisal recommendation | 100% | Q1 21/22 | 99.0% | Q4 20/21 | 98.9% |
| Total antibacterial items per 1,000 STAR-PUs (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% | Q4 20/21 | 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 | 13.0% | Q1 21/22 | 20.6% |
| Agency spend as a percentage of the total pay bill | 12 Month Reduction Trend | Dec-21 | 6.8% | Nov-21 | 8.4% |
| % of episodes clinically coded within one reporting month post episode discharge end date | 12 month improvement trend towards achieving the 95% target | Nov-21 | 66.5% | Oct-21 | 73.5% |

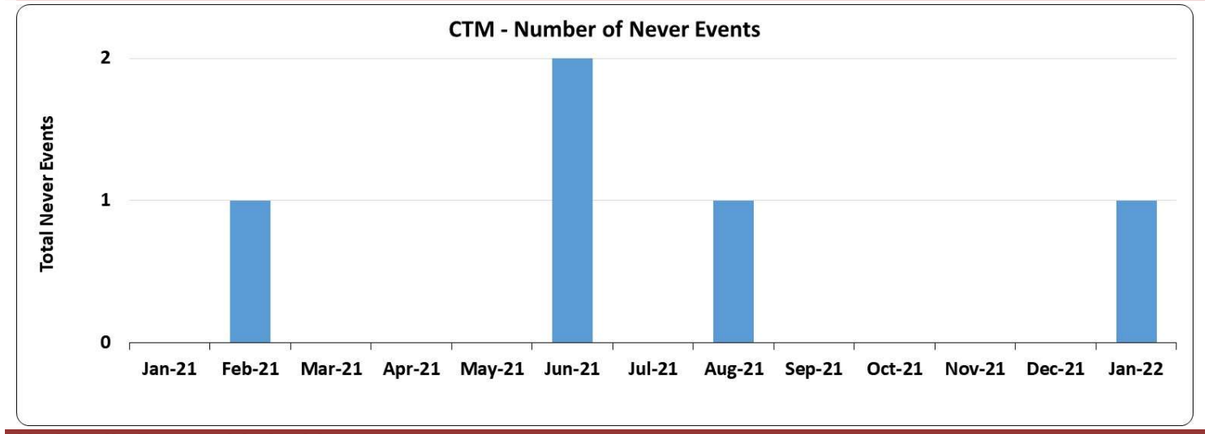
## 2.2 Quality

# Never Events & Serious Incidents

## Never Events

Number of Never Events – January 2022

**1**

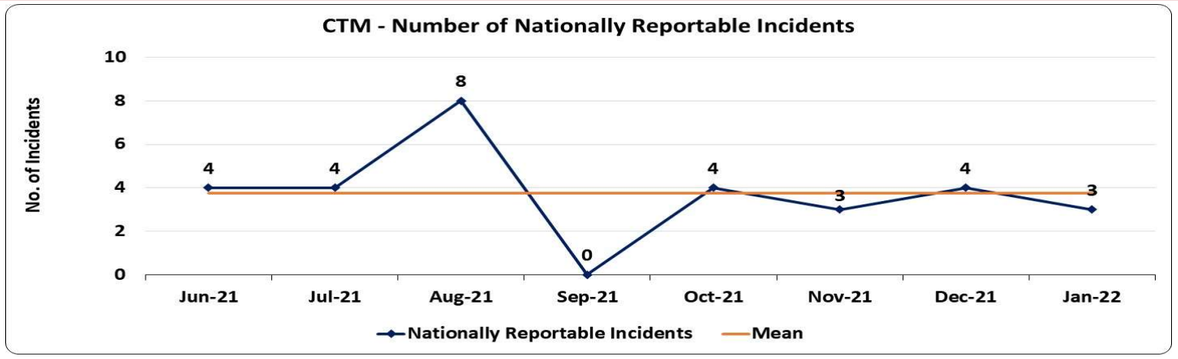


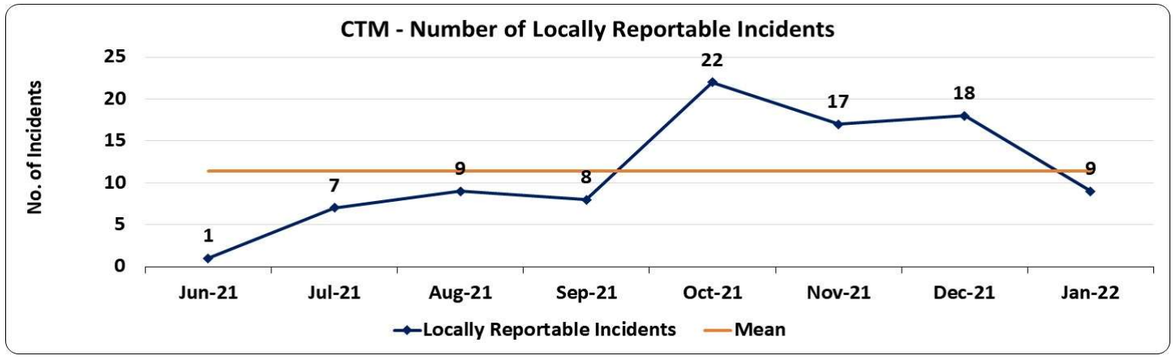

There was 1 never event reported during the last month (January 2022), with 5 reportable events in the past 12 months.

## Nationally Reportable Incidents

Number of Nationally Reportable Incidents – January 2022

**3**




Number of Patient Safety Incidents – January 2022

**1,859**

During January 2022 there were 1,859 patient safety incidents reported on Datix across the Health Board. Of these 3 were Nationally Reportable Incidents, 1 relating to pressure damage, 1 relating to admission/discharge/transfer medication incident and an incident recorded as an unexpected complication.

A further 9 were graded as locally reportable incidents. Whilst the time chart suggests a step increase in the number of incidents that occurred in October 2021, this is slightly misleading as the changes in the reporting processes brought in by WG (from June 2021) have been adopted at different times by the operational teams.

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 | Dec-21 | Jan-22 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Delays | | 2 | | | 2 | | 2 | | 6 |
| Unexpected or Trauma Related Death | 2 | | 2 | | | 1 | | | 5 |
| Slip, Trip or Fall | 2 | 1 | 1 | | | | | | 4 |
| Infection | 1 | | 2 | | | | | | 3 |
| Pressure Damage | | | | | 1 | 2 | | 1 | 4 |
| Treatment Error | | | 2 | | | | 1 | | 3 |
| Medication | 2 | | | | | | | | 2 |
| Absconding | 1 | | | | | | | | 1 |
| Admission / Transfer / Discharge | 1 | | | | | | | 1 | 2 |
| Incorrect Surgical Procedure | 1 | | | | | | | | 1 |
| Maternal Event | | | 1 | | | | | | 1 |
| Patient injury | | 1 | | | | | | | 1 |
| Neo-Natal Event | | | | | 1 | | | | 1 |
| Personal Incident - Personal injury | | | | | | | 1 | | 1 |
| Unexpected Complications | | | | | | | | 1 | 1 |
| Grand Total | 10 | 4 | 8 | 0 | 4 | 3 | 4 | 3 | 36 |

# Complaints & Compliments

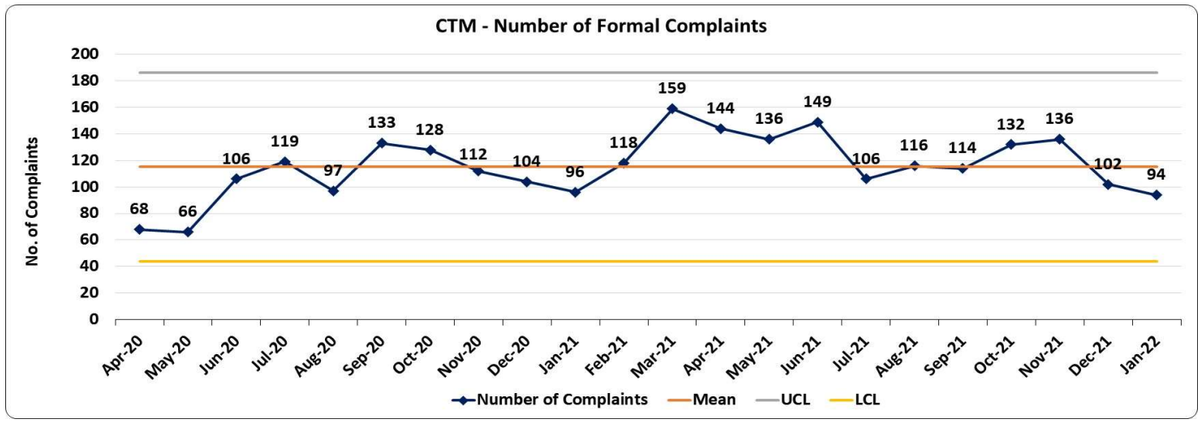
## Complaints

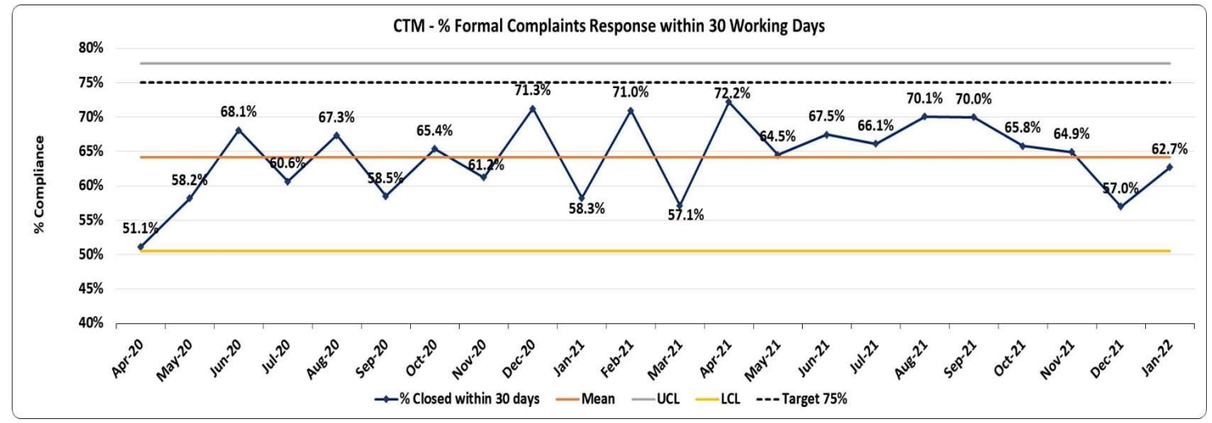
Number of formal complaints managed through PTR – January 2022

**94**

% formal complaints response within 30 working days – January 2022

**62.7%**




**Complaints**

During January 2022, 94 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 4 themes relate to clinical treatment/assessment (51), communication issues (10), discharge issues (8) and attitude & behaviour (7).

Compliance with the 30 working day target has fluctuated around a mean of 64% since April this year, as is reflected in the top right chart. Efforts continue to improve to the expected 80% target.

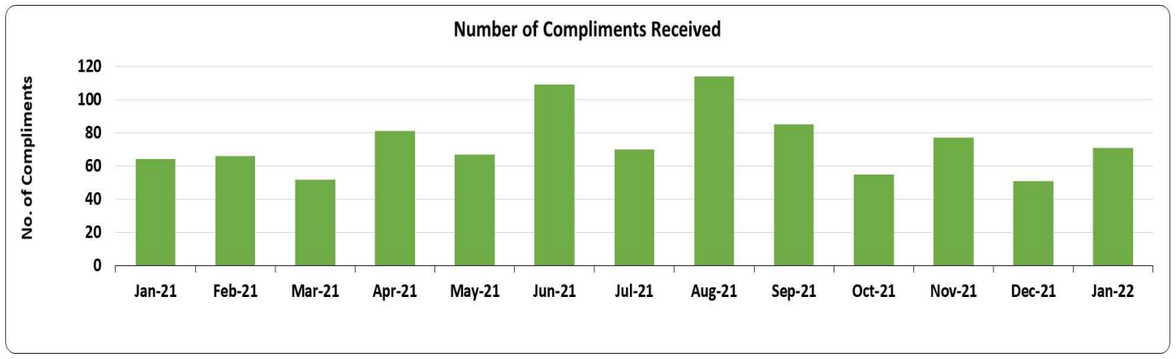
Performance dashboards indicate that the level variation across both areas above is common cause. Services will need to carefully monitor the main themes on the table to the right.

| Main Themes from Complaints | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Clincial treatment/Assessment | 0 | 41 | 48 | 45 | 57 | 64 | 37 | 51 | 343 |
| Communication Issues (including Language) | 43 | 22 | 13 | 16 | 21 | 16 | 17 | 10 | 158 |
| Discharge Issues | 0 | 4 | 7 | 9 | 5 | 7 | 15 | 8 | 55 |
| Attitude and Behaviour | 0 | 10 | 20 | 8 | 16 | 11 | 5 | 7 | 77 |

## Compliments

Number of compliments – January 2022

**71**




During January 2022, there were 71 compliments recorded on the Datix system; 40% more than the previous period, but is nearer to the average monthly compliments of 74 received during the past 12 months.

# Medication Incidents & Mortality Rates

## Medication Incidents

| Total Medication Incidents – January 2022 | Total number of Prescribing Errors | Total Administration Errors |
|---|---|---|
| 61 | 10 | 34 |

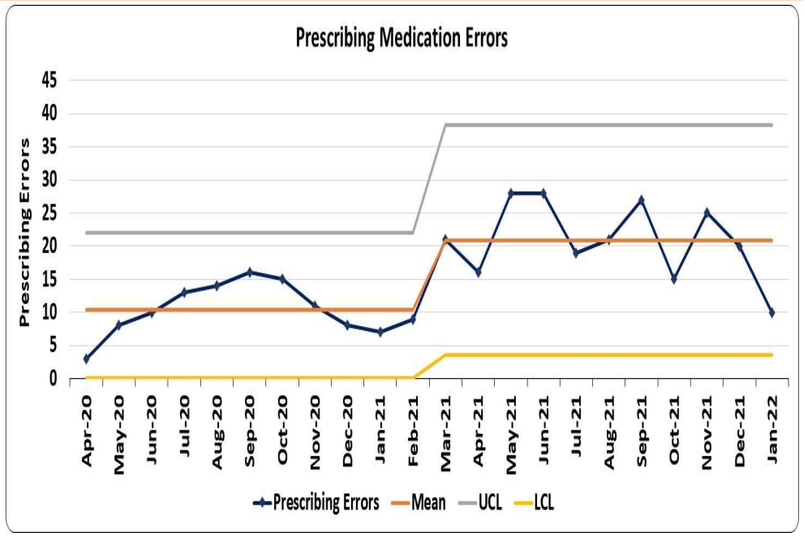
There were 61 medication incidents reported for January 2022 as shown in the table below:

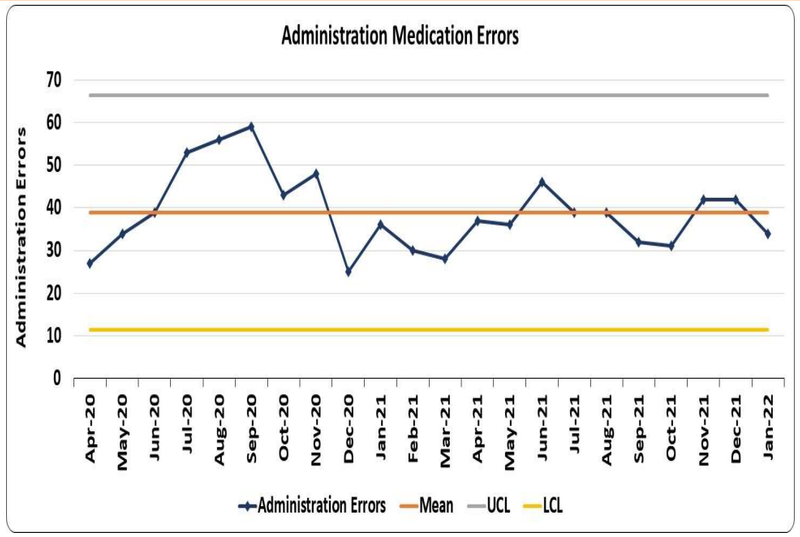
| Medication Incidents January 2022 | | | | | | | |
|---|---|---|---|---|---|---|---|
| Severity | Administration | Dispensing (Pharmacy) | Monitoring | Prescribing | Security | Other | Total |
| No harm | 19 | 7 | 1 | 2 | 0 | 3 | 32 |
| Low | 15 | 1 | 0 | 7 | 1 | 2 | 26 |
| Moderate | 0 | 0 | 0 | 1 | 0 | 2 | 3 |
| **Total** | **34** | **8** | **1** | **10** | **1** | **7** | **61** |

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

The first chart to the right shows a further reduction in the number of prescribing errors for January 2022 (10); down 50% on the previous month. The reported value is lower than the average recorded for the last 12 months and within the limits of common variation. There was also a reduction in the number of administrative errors this period, with 34 errors recorded (falling just below the 12 month average of 36).

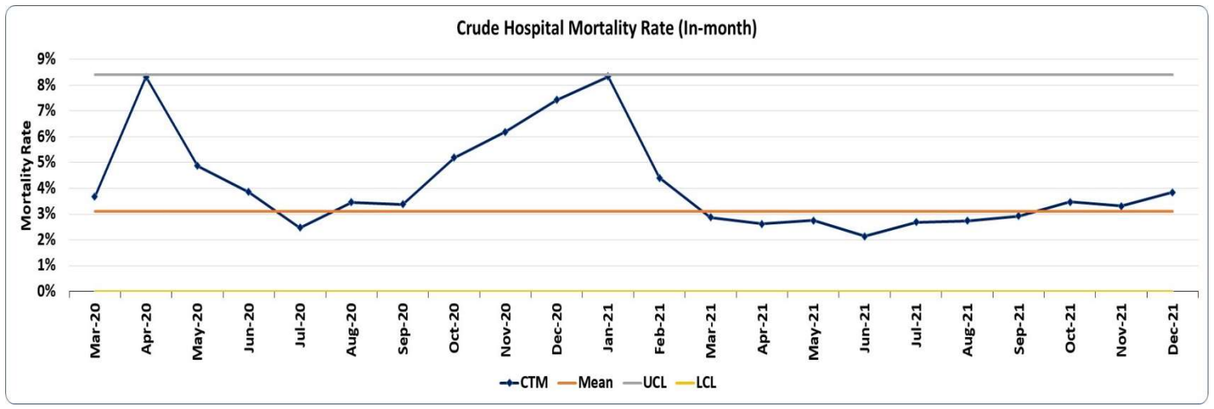
The data indicates that overall, performance in relation to medication and administration errors is reflective of common cause variation. However, given the potential patient implications, the numbers are of concern.

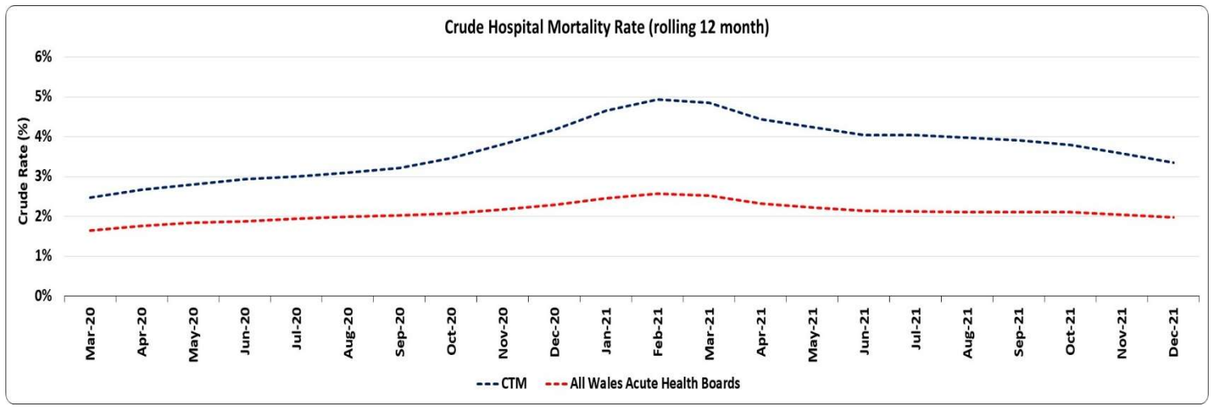



## Crude Hospital Mortality Rates

| In Month Crude Hospital Mortality Rate – December 2021 | Rolling 12 Month Crude Hospital Mortality Rate to December 2021 |
|---|---|
| 3.84% | 3.35% |




Overall, in month mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.14% (the lowest level in June 2021). Rates have been increasing 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 December 2021 is 3.84%, a similar level seen in June 2020 (3.86%) with the rolling 12-month rate being 3.35%.

# Inpatient Falls & Pressure Damage Incidents

## Inpatient Falls

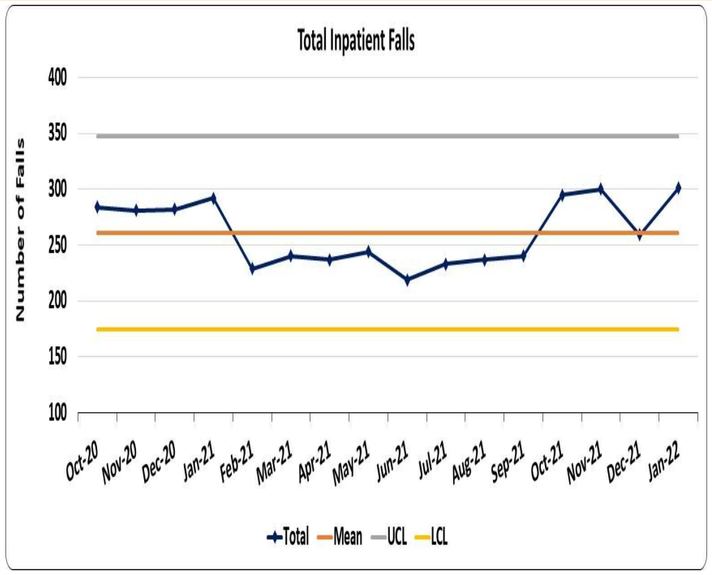
Total number of Inpatient Falls – January 2022

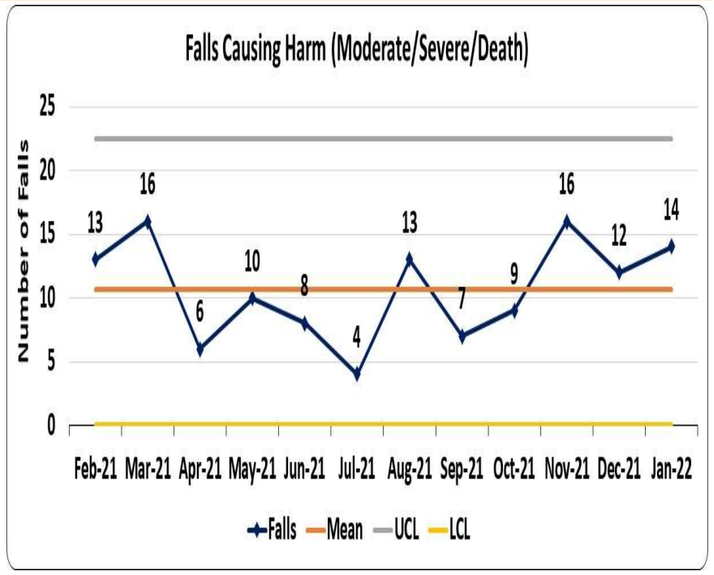
**301**

There was a rise in the number of falls reported for January 2022 (301) compared to the previous month (259) and is 19% greater than the 12-month average of 253.

The number of inpatient falls resulting in moderate harm this month is 13 with 1 fall recorded as resulting in death. A review is currently underway to identify any opportunities for learning.

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

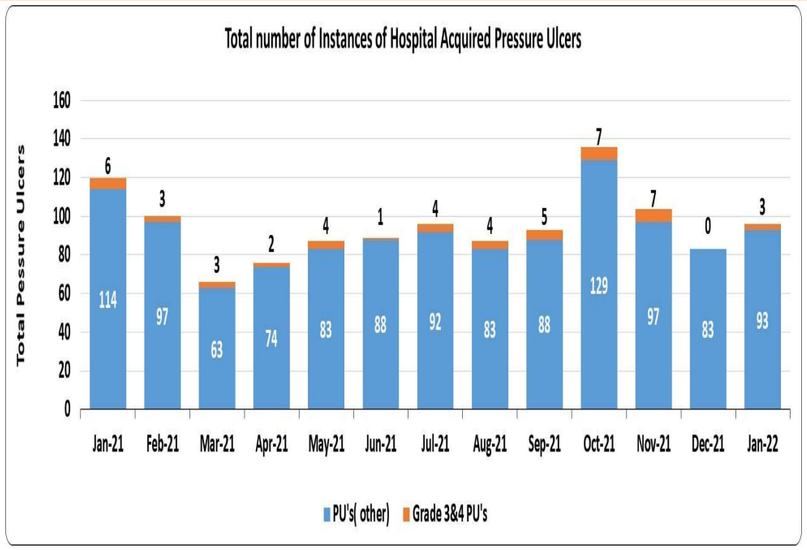


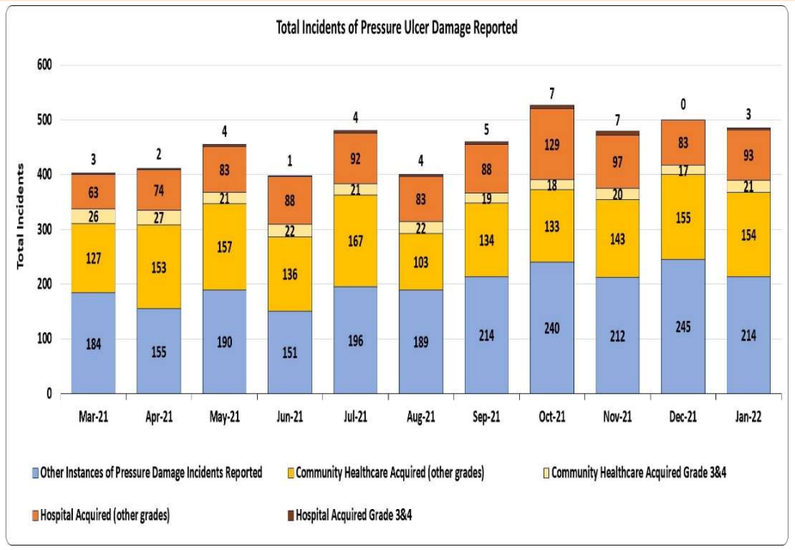




## Pressure Damage Incidents

Total number of reported Pressure Damage – January 2022

**485**




During January 2022, a total of 484 pressure damage incidents were reported, a reduction of 3% on the previous month (500).

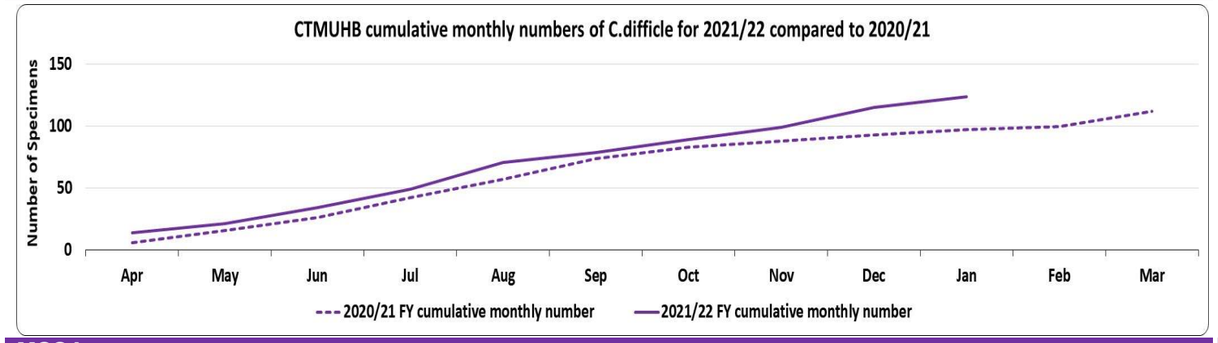
The highest number of incidents reported (174) were identified as developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 94 were identified as hospital acquired, of which three were reported as grade 3. The highest numbers were recorded for Accident & Emergency, Royal Glamorgan Hospital and Emergency Department, Princess of Wales Hospital

In the calendar year 2021, 3015 Healthcare Acquired Pressure Damage Incidents were reported. To date, an investigation has been completed for 1945 (65%) of these, with 285 recording an outcome of avoidable (15%).

# Infection Prevention and Control

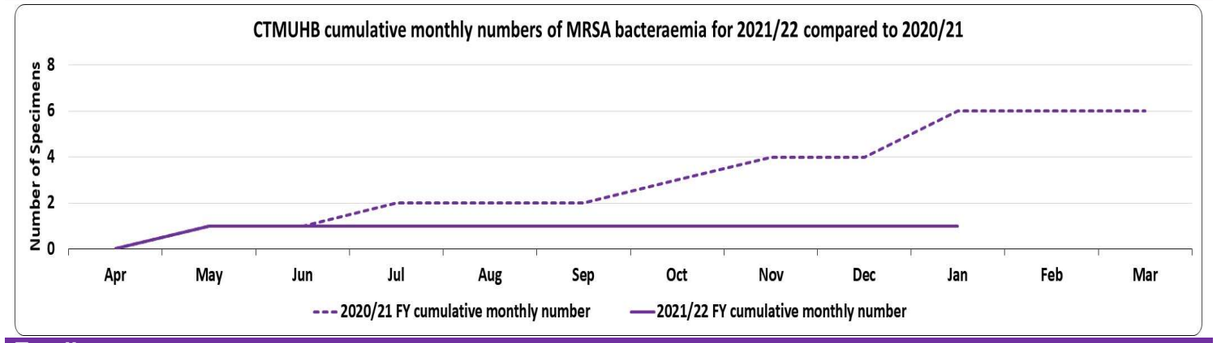
## C.difficle

124 incidents of C.difficle were reported by CTM between Apr-Jan 2022. This is approximately 28% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 32.88



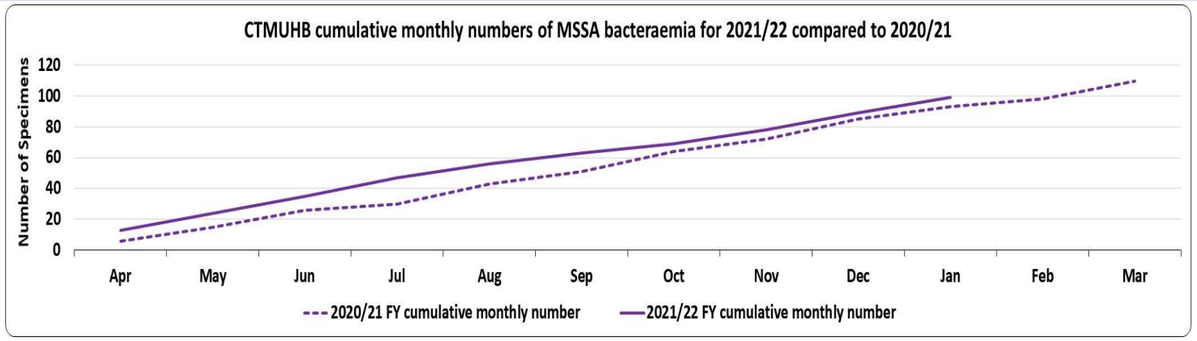

## MRSA

1 incident of MRSA bacteraemia was reported by CTM between Apr-Jan 2022 (83% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.27



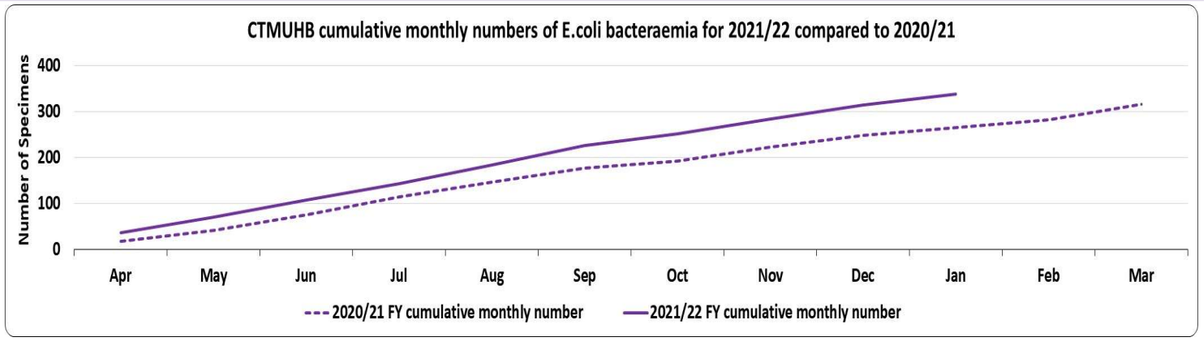

## MSSA

99 instances of MSSA bacteraemia were reported by CTM between Apr-Jan 2022 (approximately 6% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.25




## E.coli

338 instances of E.coli bacteraemia were reported by CTM between Apr-Jan 2022 (approximately 27% more than equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 89.63




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

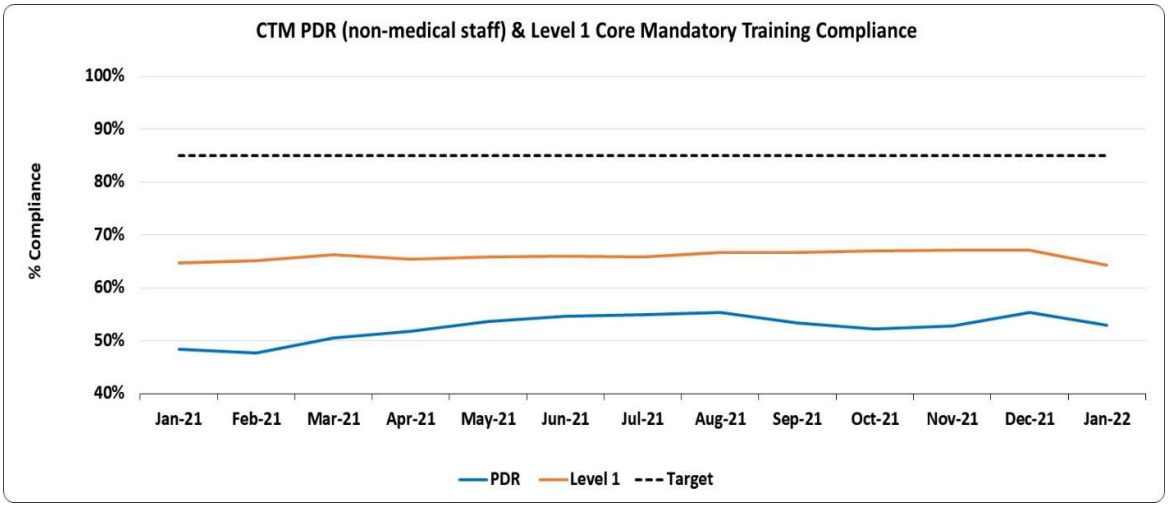
Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but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

## 2.3 People

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

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

Overall PDR (non-medical staff) compliance for January 2022 is 52.9%, a fall in compliance on the previous month of 55.3%, and continues to remain below the target of 85%.

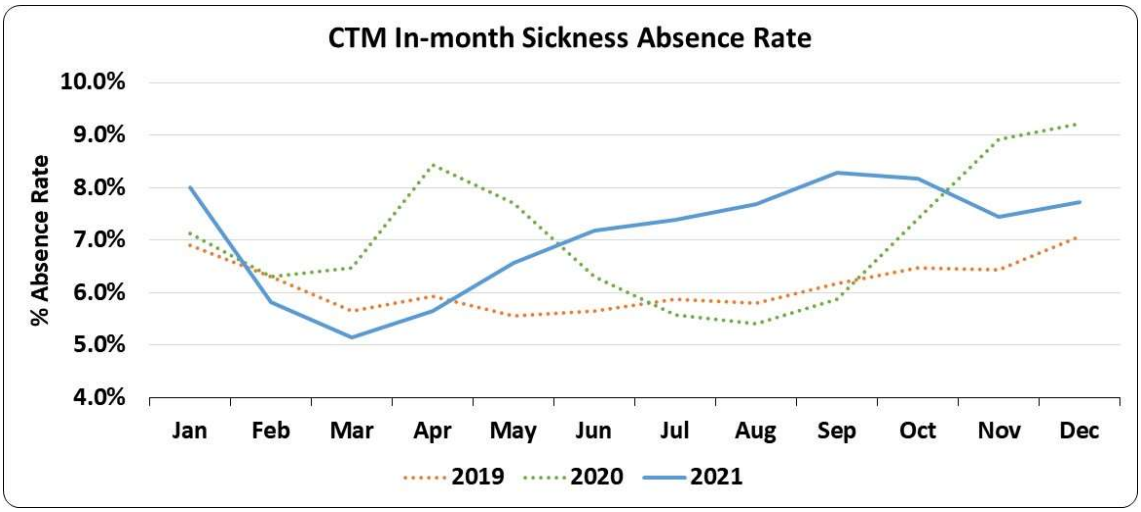



Combined core mandatory training compliance for January 2022 averages 57.1%, with overall CTM compliance for 'Level 1' disciplines at 64.2%. The break down by module shows that uptake is not consistent, with 78.0% of staff completing the equality, diversity and human rights training, a level over 40% higher than the proportion who are up to date with their resuscitation training (34.5%).

| CTM Level 1 Core Manditory Training Compliance January 2022 | |
|---|---|
| Equality, Diversity & Human Rights | 78.0% |
| Health, Safety and Welfare | 76.7% |
| Moving & Handling | 75.6% |
| Information Governance | 72.6% |
| Infection Prevention and Control | 69.0% |
| Safeguarding Adults | 67.1% |
| Violence & Aggression | 67.0% |
| Safeguarding Children | 55.5% |
| Fire Training | 52.0% |
| Resuscitation | 34.5% |
| **HB Overall Compliance** | **64.2%** |

### 2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to December 2021 is 7.1% (7.7% in-month). In comparison to the previous month, occurrences of short-term absences have increased by 15.5% with long-term sickness absence further reducing by 14.4%.




| Top 10 Absence Reasons by FTE Days Lost - December 2021 | | | | |
|---|---|---|---|---|
| Absence Reason | Headcount | Absence Occurrences | FTE Days Lost | % of all absence reasons |
| Anxiety/stress/depression/other psychiatric illnesses | 448 | 453 | 7,870.9 | 29.6% |
| Chest & respiratory problems | 421 | 430 | 3,025.3 | 11.4% |
| Other musculoskeletal problems | 139 | 141 | 2,292.5 | 8.6% |
| Other known causes - not elsewhere classified | 174 | 175 | 2,092.3 | 7.9% |
| Infectious diseases | 230 | 232 | 1,808.5 | 6.8% |
| Cold, Cough, Flu - Influenza | 336 | 344 | 1,512.7 | 5.7% |
| Injury, fracture | 73 | 73 | 1,283.0 | 4.8% |
| Gastrointestinal problems | 248 | 254 | 1,071.2 | 4.0% |
| Back Problems | 90 | 91 | 994.5 | 3.7% |
| Benign and malignant tumours, cancers | 38 | 38 | 841.8 | 3.2% |

### 2.3.3 Premium rate agency nurse

The UHB's use of premium rate nurse agency staff rose slightly for January 2022 (at around 20.6 whole time equivalents). Bank Managers are engaging with Service Managers to ensure that shifts are being put on the roster and out to bank (or on-contract agencies) first before engaging off contract agencies.

## 2.4 Access

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

### 2.4.1 Urgent Care:

In January, just over 65% of patients were treated within 4 hours in our Emergency Departments, with less than 30% of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

The UHB faces the greatest challenges at PCH. The in-month reported figure is 55.1%, with the average for the past 12 months being 58.2%.

Overall, attendances remains high, the in-month figure is 2.5% higher than the reported figure for the previous month at 13,782. January's provisional is just over 35% greater than the same period last year.

The CTM 15 minute handover compliance saw a reduction from the previous position to 29.3% (34.5% in December), with 60-minute compliance also falling to 62.3% from 70.1% in the previous month.

For Bridgend ILG, actions taken to improve performance include the appointment of a Head of Patient Flow and Patient Flow Navigators (supporting wards and discharge lounge with early discharges). Further actions include increasing the bed base at Ysbyty'r Seren, dynamic management of Covid bed base and ongoing engagement with site management promoting the message that flow is everyone's responsibility.

RTE ILG continues to experience increased demand in the emergency department at the Royal Glamorgan Hospital due to winter pressures and the impact of the boundary changes resulting in reduced performance against all ED related targets. A pilot project to redirect minor injury patients from the ED at the RGH to the Minor Injuries Unit at Ysbyty Cwm Rhondda is currently ongoing in an attempt to reduce crowding within the department and to ensure that the MIU is fully utilised. Recruitment is ongoing for the patient flow team that will support actions to improve flow across the acute and community hospital sites.

Addressing the recommendations made by Health Inspectorate Wales continues to be a priority within the Urgent Care setting in PCH. One of the schemes to support performance improvement and patient safety is increasing direct clinical contact by ED Consultants. The additional Consultant time will provide support to the wider team in the department and senior decision making capacity around patient care. A second Senior

Nurse for the Emergency and Acute Departments has been appointed on secondment. The additional resource will focus on flows, processes and patient safety within ED and GP referrals.

### 2.4.2 **Stroke Care:**

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

- All 3 eligible patients (100%) diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments

- 51.6% of patients received a CT scan within an hour of arrival

- 8.2% of stroke patients were admitted to an acute stroke unit within 4 hours of their arrival

- 59.7% of stroke patients were assessed by a stroke consultant within 24 hours.

### 2.4.3 **Planned Care:**

The number of patients waiting for elective treatment continues to increase. Though the number of patients who had waited in excess of 36 weeks at the end of January had increased to 48,944, there was a reduction in the number who had been waiting in excess of 52 weeks (down to 34,778 from 34,920 the previous month).

A number of recovery schemes have been put at risk due to the Omicron Covid situation, where physically possible (following a risk assessment) patients are continuing to be seen and treated and where this is not possible plans are being made to change appointments to a virtual contact.

Outsourcing to the Independent Sector has continued, albeit at a slower pace than anticipated.

### 2.4.4 **Cancer Care:**

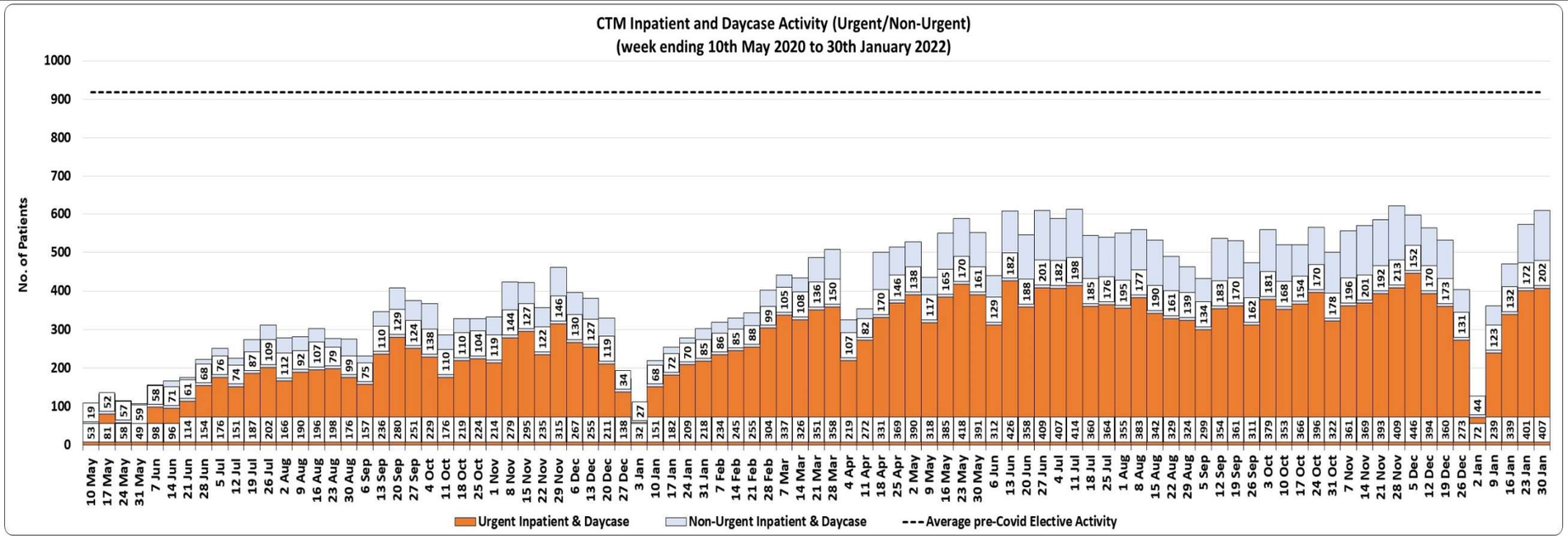
Weekly executive COO assurance meetings are being run across all three ILG's in Urology, Lower GI, Breast, and Gynaecology tumour sites. These sessions also include radiology and pathology support services, cover

outputs of the weekly clinical review, previous weeks and prospective three weeks operational performance, job plans and scheduling principles, improvement trajectories and priority schemes.

The unvalidated performance for January indicates that 35.7% of patients on a cancer pathway commenced treatment within 62 days. This represents a 12.6% decline in overall performance for January compared to the December position (48.3%). Urology, Breast and Lower GI continue to account for the majority of patients not treated in target.

# Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity – to January 2022

## Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase




## "Top-10" Specialties with highest volumes of treatments carried out within Internal Capacity

| Elective Activity - Top 10 Specialties January 2022 | Average Weekly Elective Activity | Pre-covid Weekly Average | Variance | % Variance |
|---|---|---|---|---|
| General Medicine | 151 | 147 | 4 | 2.6% |
| General Surgery | 79 | 176 | -98 | -55.4% |
| Urology | 58 | 53 | 5 | 9.0% |
| Trauma & Orthopaedic | 49 | 116 | -67 | -57.8% |
| Gastroenterology | 46 | 53 | -7 | -12.7% |
| Ophthalmology | 46 | 49 | -3 | -6.6% |
| Gynaecology | 34 | 62 | -28 | -45.6% |
| ENT Surgery | 17 | 52 | -35 | -67.3% |
| Cardiology | 13 | 24 | -12 | -47.9% |
| Paediatrics | 4 | 9 | -5 | -52.8% |

The table above details the average weekly "Top Ten" specialties that have carried out the highest volumes of elective activity during January compared to the average pre-Covid levels.
As can be seen, current elective activity is over 67% less in ENT, 58% less in T&O, with Gynaecology down by 46% and General Surgery over 55% fewer than pre-Covid levels.

## How are we doing?

As can been seen in the chart above, the number of elective treatments delivered in January increased (particularly in the latter weeks), in comparison to December. On average 504 treatments per week were carried out during the month, with the last two weeks of January almost reaching an average of 600. 2021/22 activity delivered to date is approximately 50% of the average elective inpatient volumes delivered in 2019. Urgent activity continues to be in line with volumes observed in previous months, suggesting that the increase has been in non-urgent activity.

Since the 1st April 2021, CTM have sent 1,220 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 715 have been treated, as shown below, which is lower than the initial agreed capacity of 1,480.

| Outsourced Activity as at 1st February 2022 | | | | | | |
|---|---|---|---|---|---|---|
| Specialty | Sent to Date | Returned | Treated to Date | Dated | Outpatient Booked | Outstanding |
| SPIRE - Orthopaedics | 455 | 55 | 329 | 43 | 14 | 14 |
| SPIRE - Shoulders | 23 | 5 | 10 | 2 | 6 | 0 |
| SPIRE - Gynaecology | 78 | 22 | 39 | 10 | 4 | 3 |
| SPIRE - General Surgery | 21 | 3 | 5 | 10 | 3 | 0 |
| NUFFIELD - Orthopaedics | 229 | 55 | 119 | 31 | 5 | 19 |
| NUFFIELD - General Surgery | 76 | 21 | 42 | 8 | 2 | 3 |
| NUFFIELD - Gynaecology | 113 | 16 | 57 | 8 | 19 | 13 |
| NUFFIELD - Ophthalmology | 225 | 46 | 114 | 28 | 3 | 34 |

Source: Spire / Nuffield Healthcare

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

**BILG Outsourcing Activity**:

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

**RTE Outsourcing Activity**:

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

## What are the main areas of risk?

**No further update from the last reported position.**

The independent sector are experiencing issues in relation to:

**Outsourcing:**

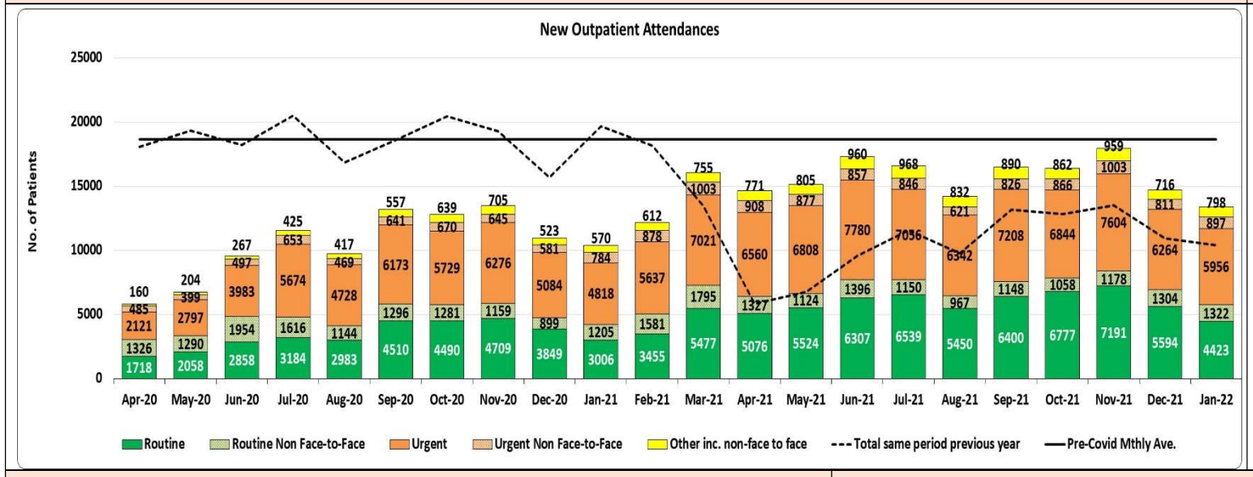
- Capacity for NHS patients in comparison to original plans
- Self-pay/Med Insurance vs NHS patients
- Adopting different ways of working to narrow capacity gap

**Procurement:**

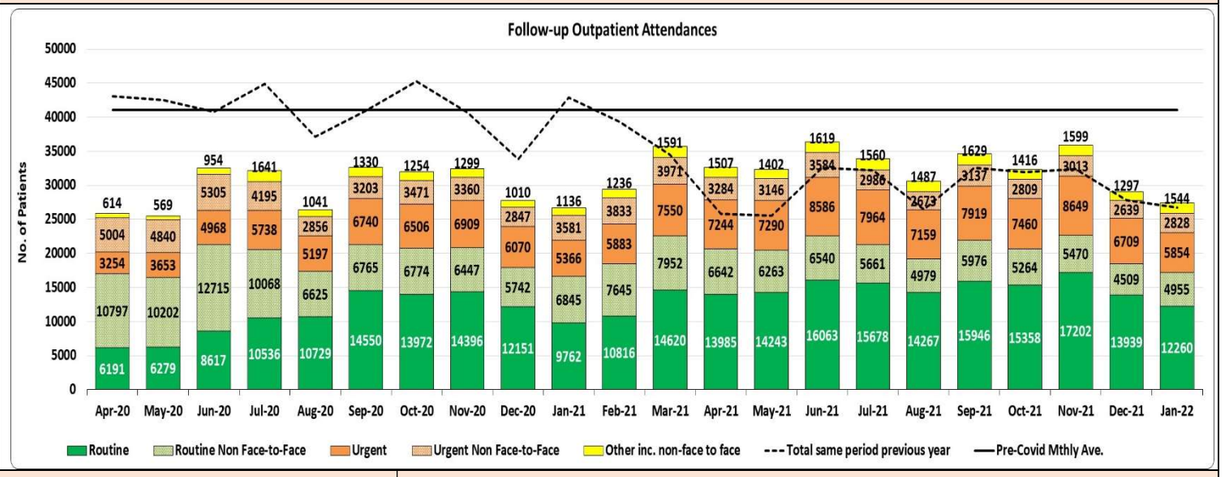
- Procurement capacity to support year end spend solutions

# Resetting Cwm Taf Morgannwg – Outpatient Attendances

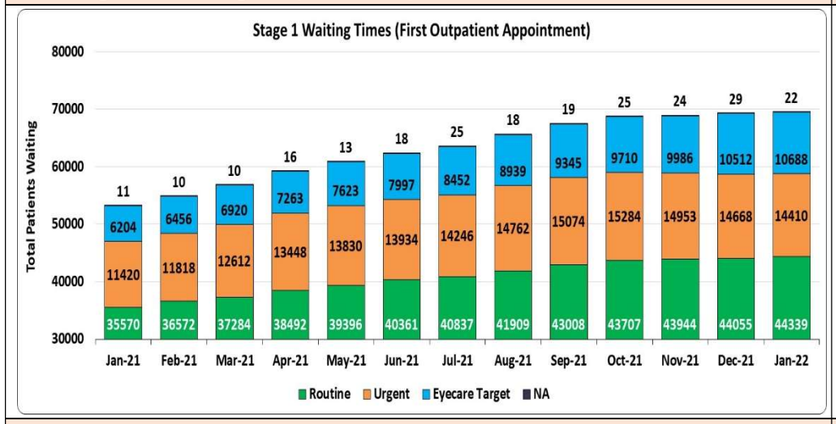
## New Outpatient Attendances January 2022 - 13,396



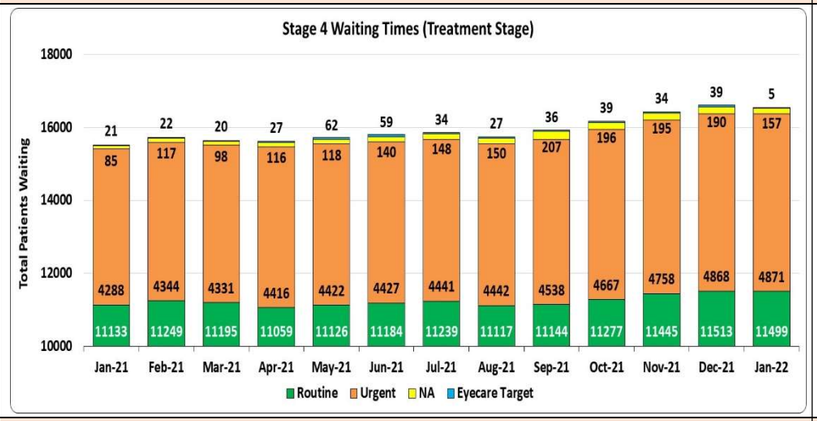

## Follow-up Outpatient Attendances January 2022 - 27,441



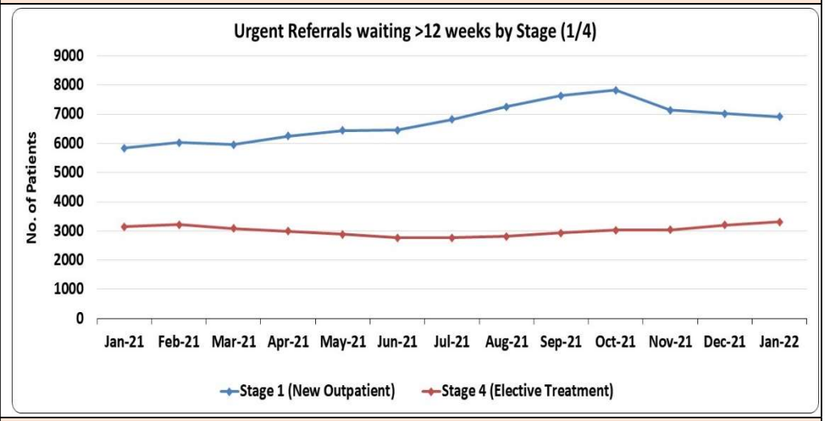

## Waiting times Stage 1 (New Outpatients) - 69,459




## Waiting times Stage 4 (Treatment Stage) – 16,532




## Urgent referrals waiting >12 wks (Stage 1 – 6,913)(Stage 4 – 3,315)




## How are we doing?

As at the end of January 2022, there were 69,459 patients awaiting a new outpatient appointment of which 14,410 patients were categorised as urgent and of these 10,688 were ophthalmic patients. This represents an increase of over 30% on the 53,205 patients waiting at the end of January 2021.

There were 16,532 additional patients awaiting treatment and of these, 4,871 were categorised as clinically urgent, a reasonably static position on December (4,868).

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

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

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

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

**Text & Remind Restart**: Restart closure meeting held with provider 27/01/22. Stakeholders happy with service and will continue as BAU. Ownership of service currently being explored.

## What are the main areas of risk?

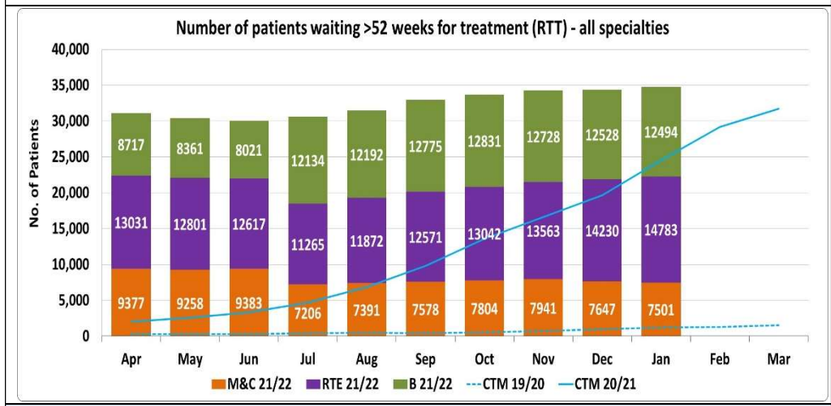
The standing down of all non-urgent/ USC appointments in January due to Omicron is likely to result in an increase of waiting times for some services and as a mitigation, suitable clinics are being converted to virtual contacts. Therapies and other supporting services are continuing to provide advice and deliver virtual services.

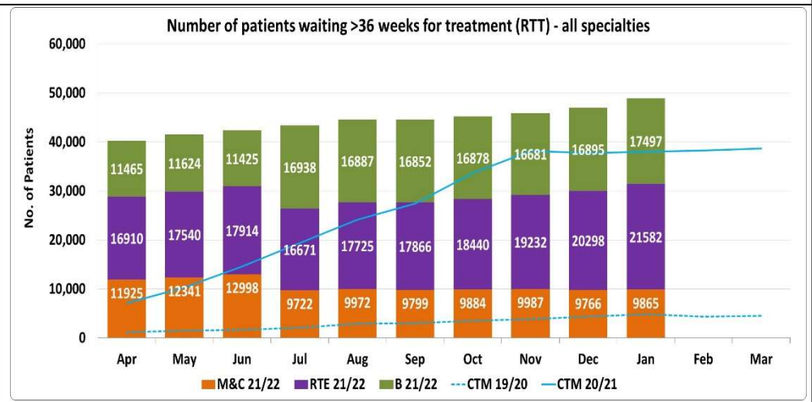
Pressures are also affecting our ability to scale up elective care in line with our recovery programme. ILG's are working together to ensure Cancer and Urgent surgeries are still taking place with some cross site support being offered; patients are being offered alternate sites in order to receive their care.
Winter/COVID pressures affecting clinical availability to undertake addition clinical activity alongside combined with fatigue/sickness levels.

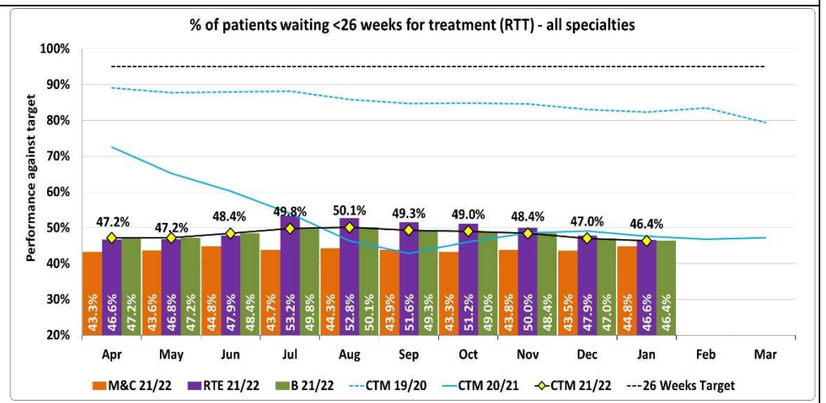
**DNA Rates -** Text message reminds have restarted for appointments that are taking place. There is also an ongoing social media campaign on the DNA rates and impacts these have on waiting times/lost capacity.

# Referral to Treatment Times (RTT) – January 2022 (Provisional Position) – Total Open Pathways 113,723

| Number of patients waiting >52 weeks – Target Zero | Number of patients waiting >36 weeks – Target Zero | % of patients waiting under 26 weeks – Target 95% |
|---|---|---|
| **34,778** | **48,944** | **46.4% (<26 weeks 52,726) (>26 weeks 60,997)** |
| The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of January is 34,778, an increase of 373 (1.1%) from December. The breakdown of the 34,778 patients is as follows:<br>• 7,501 patients relate to Merthyr & Cynon ILG waiting lists<br>• 14,783 patients relate to Rhondda & Taff Ely ILG waiting lists<br>• 12,494 patients relate to Bridgend ILG waiting lists<br>*Please note that since July 2020, services have been mapped to the hosting ILG.* | The provisional position for patients waiting over 36 weeks for January is 48,944 patients across Cwm Taf Morgannwg, which is an increase of 1,985 (4.2%) from December (N.B. includes the 34,778 patients waiting over 52 weeks):<br>• 9,865 patients relate to Merthyr & Cynon ILG waiting lists<br>• 21,582 patients relate to Rhondda & Taff Ely ILG waiting lists<br>• 17,497 patients relate to Bridgend ILG waiting lists | In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for January across Cwm Taf Morgannwg is 46.4%. The lowest level observed since March 2021. The position within each ILG is as follows:<br>• 44.8% Merthyr & Cynon ILG waiting lists<br>• 46.6% Rhondda & Taff Ely ILG waiting lists<br>• 46.9% 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 January, the over 52 week waiting list volumes saw an increase of just over 1% on the previous month, bringing the total to 34,778. Compared to the position at the end of April 2021; the January position represents an increase of almost 12% in the number of patients waiting over 52 weeks.

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

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

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

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

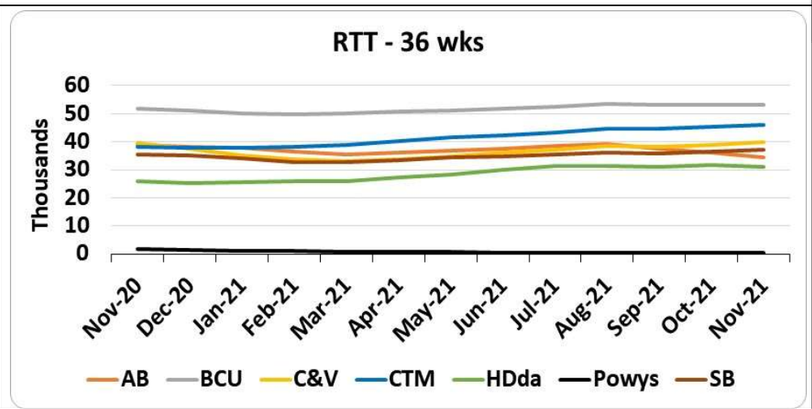
## What are the main areas of risk?

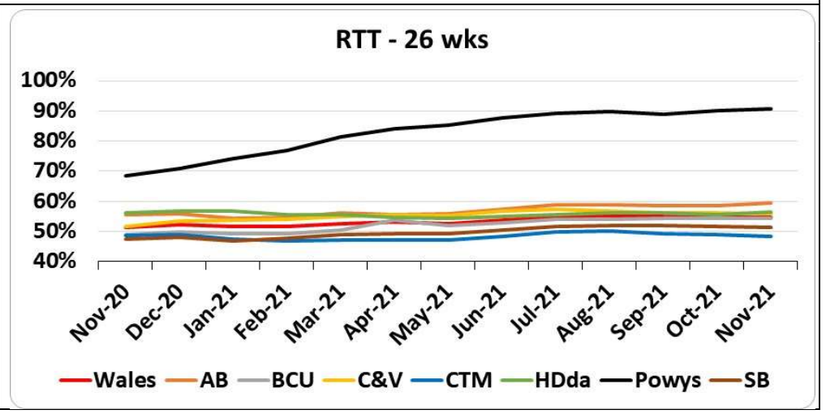
- **Limitations to return to core capacity due to clinical space on sites**: Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **A4C & staff engagement for additional activity**
- **Clinical support services capacity**
- **3rd Wave Covid**: Reduction in activity to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

## How do we compare with our peers?

As at November 2021, CTM has the lowest compliance for 26 weeks RTT (48.4%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 59.4%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (45,900) with BCU ranked 7th (53,217). Again, best performing is Powys (253), with the better performing of the acute health boards being Hywel Dda (30,871).



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

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

**Total >8 weeks 15,887**

| Service | Sub-Heading | Waiting >8 weeks | | | |
|---|---|---|---|---|---|
| | | M&C | R&T | Bridgend | CTM |
| Cardiology | Echo Cardiogram | 5 | 84 | 310 | 399 |
| Cardiology Services | Cardiac CT | | 55 | | 55 |
| | Cardiac MRI | 2 | 7 | | 9 |
| | Diagnostic Angiography | | 36 | 9 | 45 |
| | Stress Test | 16 | 34 | 3 | 53 |
| | DSE | 89 | | 35 | 124 |
| | TOE | 4 | | 10 | 14 |
| | Heart Rhythm Recording | 31 | 25 | 37 | 93 |
| | B.P. Monitoring | 9 | 2 | 1 | 12 |
| Bronchoscopy | | | 1 | | 1 |
| Colonoscopy | | 156 | 565 | 9 | 730 |
| Gastroscopy | | 187 | 812 | 9 | 1008 |
| Cystoscopy | | | 434 | | 434 |
| Flexi Sig | | 524 | 692 | 17 | 1233 |
| Radiology | Non-Cardiac CT | | 304 | | 304 |
| | Non Cardiac MRI | | 1596 | | 1596 |
| | NOUS | | 9244 | | 9244 |
| | Non-Cardiac Nuclear Medicine | | 26 | | 26 |
| | Barium Enema | | 1 | | 1 |
| Imaging | Fluoroscopy | | 51 | | 51 |
| Physiological Measurement | Urodynamics | 34 | 168 | 4 | 206 |
| Neurophysiology | EMG | 18 | 166 | | 184 |
| | NCS | 17 | 48 | | 65 |
| Total | | 1092 | 14351 | 444 | 15887 |

| Diagnostics | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020/21 | 6338 | 10282 | 10508 | 10429 | 10561 | 10338 | 10631 | 11052 | 11747 | 12776 | 12759 | 12890 |
| 2021/22 | 13019 | 13113 | 13313 | 14111 | 14855 | 15134 | 14705 | 14308 | 15200 | 15887 | | |

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

**Total >14 weeks 876**

| Service | Waiting >14 weeks | | | |
|---|---|---|---|---|
| | M&C | R&T | Bridgend | CTM |
| Arts Therapy | 1 | | | 1 |
| Audiology | | 103 | 9 | 112 |
| Dietetics | 289 | 255 | 154 | 698 |
| Occupational Therapy | 2 | 1 | 2 | 5 |
| Physiotherapy | 0 | 9 | 0 | 9 |
| Podiatry | 0 | 4 | 0 | 4 |
| Speech & Language | 1 | 16 | 30 | 47 |
| Total | 293 | 388 | 195 | 876 |

| Therapies | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020/21 | 109 | 396 | 1020 | 945 | 842 | 632 | 647 | 674 | 603 | 639 | 740 | 595 |
| 2021/22 | 388 | 336 | 267 | 268 | 363 | 416 | 570 | 663 | 691 | 876 | | |

## Number of surveillance patients waiting past their review date

**(as at 1st February 2022)**

| Patient Category as at 1st February 2022 | PCH | RGH | POW | TOTAL |
|---|---|---|---|---|
| **Cancer** | | | | |
| Waiting <14 days | 101 | 188 | 25 | 314 |
| Over Target | 23 | 49 | 2 | 74 |
| **Total Patients Waiting** | **124** | **237** | **27** | **388** |
| **Urgent Non-Cancer** | | | | |
| Waiting <14 days | 81 | 151 | 2 | 234 |
| Over Target | 572 | 1698 | 0 | 2270 |
| **Total Patients Waiting** | **653** | **1849** | **2** | **2504** |
| **Routine** | | | | |
| Waiting <56 days | 65 | 37 | 209 | 311 |
| Over Target | 394 | 722 | 9 | 1125 |
| **Total Patients Waiting** | **459** | **759** | **218** | **1436** |
| **Surveillance** | | | | |
| Waiting <126 days past review date | 176 | 220 | NO UPDATE AT THE TIME OF WRITING THIS REPORT | 396 |
| Waiting >126 days past review date | 452 | 692 | | 1144 |
| **Total Patients Waiting Past Review Date** | **628** | **912** | **0** | **1540** |

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 January indicates that 15,887 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents a deterioration of 4.5% (687) from the reported position in December 2021. This deterioration is due in part to an increase in the number of breaching patients waiting for NOUS which has increased by 270 (3%) on the reported December position and currently stands at 9,244 patients waiting in excess of 8 weeks. We have also seen a combined increase, 317 (20%) in the number of breaching patients for Non-Cardiac CT & MRI. However, there is a reduction in the number of patient breaches for Gastroscopy; down by 115 (10.2%) on the previous period.

**Therapies:** There are provisionally 876 patients breaching the 14 week target for therapies in January, an increase of 185 (26.7%) on the reported position for December. This can be attributed, in part, to the further increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 698. Dietetics accounts for almost 80% of the total patients waiting beyond the 14 week target for therapies.

## How are we doing?

**Escape Pain**: Clinics ongoing, leisure centre costs included in this scheme.

**Urology/Gynaecology Stage 1 Waiting List**: 47% of consultant list for specialist physio have been triaged. Plan is to stop taking new patients now if the intention to stop at the end of March 2022 (due to temporary funding constraints).

**Persistent Pain MDT service in Primary Care**: This is now included in 22/23 schemes; service plan/benefits outlined.

**Vascular MDT**: 33% of referrals triaged as appropriate for AHP.

**Risks**

- Time and ability to recruit to temporary posts
- Effects of lockdown has resulted in increasing demand on core therapy services (increased referrals from PC and increased I/P complexity)
- New wave COVID, increasing staff isolation issues
- Space & medical records limiting factor in UroGynae and vascular schemes

## How are we doing?

**Insourcing PCH**: PCH continues to run 2 theatres each Saturday. RGH started 2 lists each Sunday from 9th January (initially for 9 weeks to coincide with mobile unit)

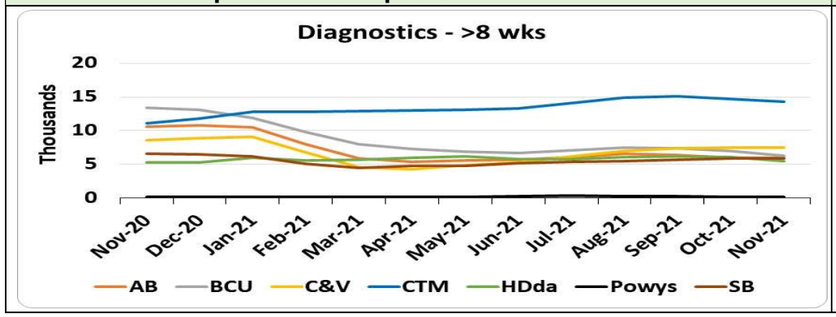
**Additional lists RGH**: Saturday lists ongoing.

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

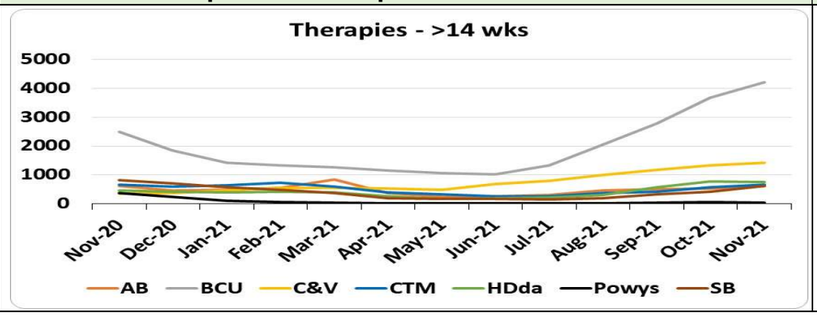
**Mobile unit**: Feedback from InHealth is that delivery is to be expected w/c 14th February, therefore, 'go live' is provisionally slated for mid-March. Site visit complete and Estates on plan to accommodate unit.

**Risks**
**Insourcing**: Need to train insource team to undertake decontamination, provide nursing support on weekends and availability of scopes.

## How do we compare with our peers?




## How do we compare with our peers?




## How do we compare with our peers?

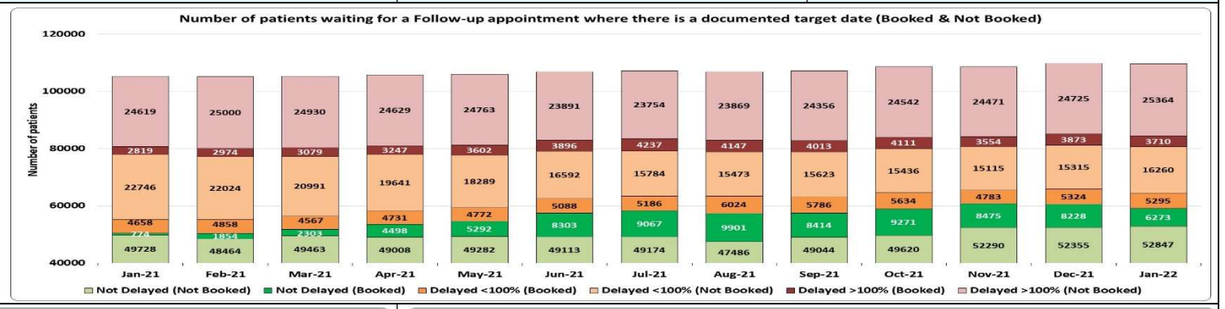
As at November 2021, CTM had the highest number of patients (14,308) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (184) with Hywel Dda performing better than the other acute health boards with 5,530 patient breaches.

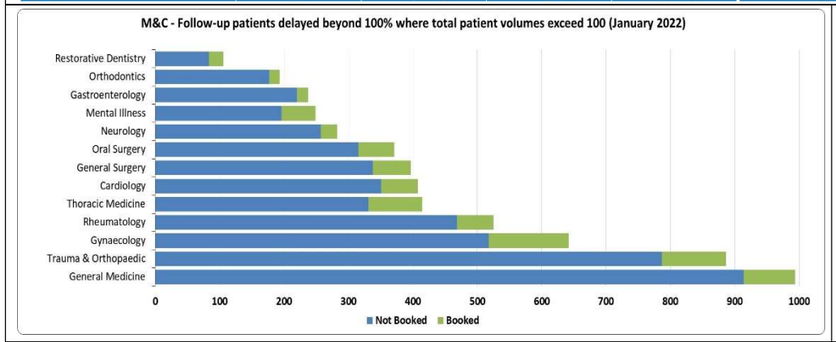
As at the same period, CTM had 663 patients waiting over the 14 week target for a therapy and ranked 4th out of the other health boards in Wales. Again, Powys was first with 42 patient breaches and AB & SBUHB joint 2nd with 629 patient breaches apiece.

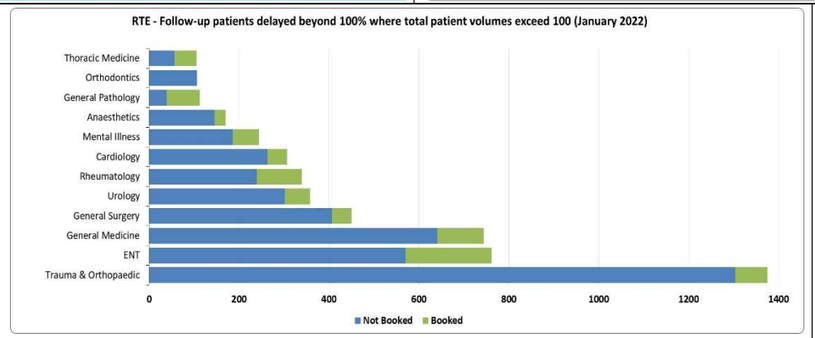
# Follow-up Outpatients Not Booked (FUNB) – Janaury 2022 (Provisional Position)

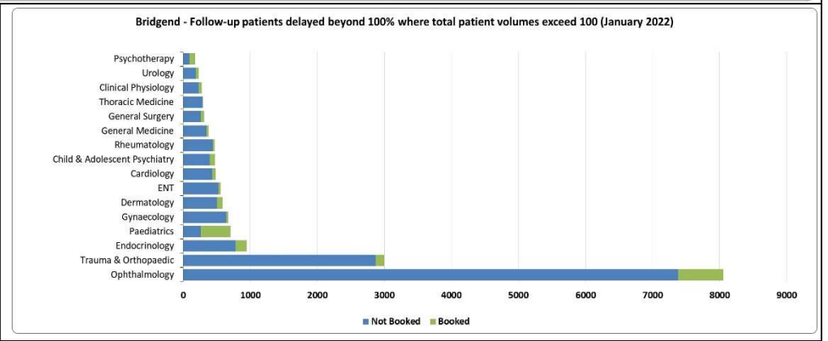
| Number of patients waiting for a Follow-up with documented target date - Target <=51,739 | | | | Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256 | | |
|---|---|---|---|---|---|---|
| No Target Date | Not Booked | Booked | Total | Not Booked | Booked | Total |
| 8 | 74,402 | 35,347 | 109,757 | 25,364 | 3,710 | 29,074 |

| Provisional January 2022 | No. of patients waiting for follow-up appointment | | | | No. of patients delayed over 100% past their target date | | | |
|---|---|---|---|---|---|---|---|---|
| ILG | No documented target date | Not Booked | Booked | Total | Not Booked | Booked | Total | Compliance |
| Merthyr & Cynon | 1 | 14,310 | 6,448 | 20,759 | 5,046 | 776 | 5,822 | 28.0% |
| Rhondda & Taff Ely | 1 | 13,299 | 13,931 | 27,231 | 4,398 | 887 | 5,285 | 19.4% |
| Bridgend | 6 | 46,793 | 14,968 | 61,767 | 15,920 | 2,047 | 17,967 | 29.1% |
| CTM | 8 | 74,402 | 35,347 | 109,757 | 25,364 | 3,710 | 29,074 | 26.5% |




## How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of January is provisionally 109,757 and of those patients waiting, 29,074 have seen delays of over a 100% past their target date, representing an increase of almost 6% on the same period last year.

The number of patients without a documented target date stands at 8.

The standing down of clinics in outpatients in January due to the impact of Omicron will impact upon our FUNB figures as vast majority of Follow Up appointments will not be urgent/USC and therefore not take place. There is a drive to communicate the Attend Anywhere system for clinicians to be able to use video consultations where appropriate and these will be picked up in the ILG recovery meetings.

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

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Started and will continue across the HB for majority of patients within this cohort.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from Jan 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 specialities across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 29,870 for those two specialties.

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

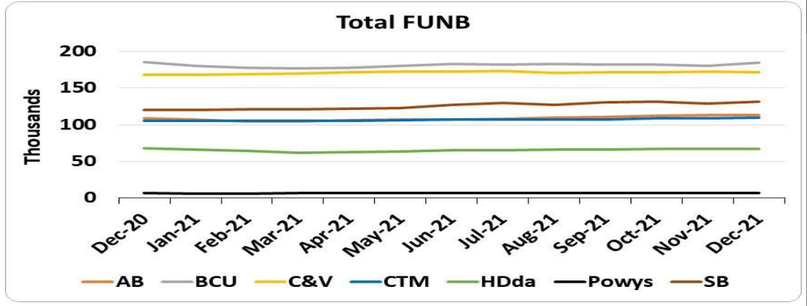
- Total New Patients seen: 13,396; a reduction of 26.4% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 27,441; over 32.2% reduction on the Pre-Covid average (19/20) of 40,500.

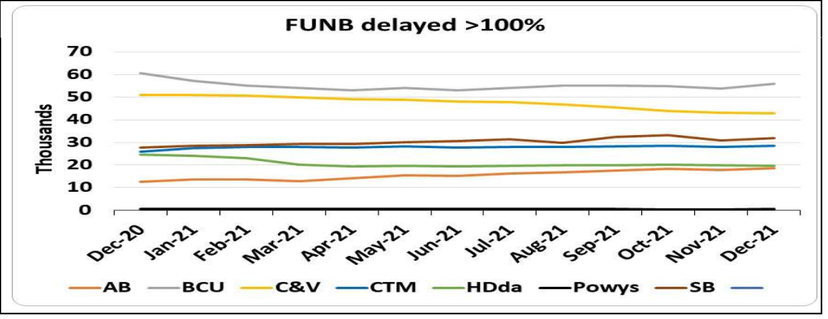
Due to the standing down of non-urgent/ USC clinics these figures are likely to reduce further.

## How do we compare with our peers?

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

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

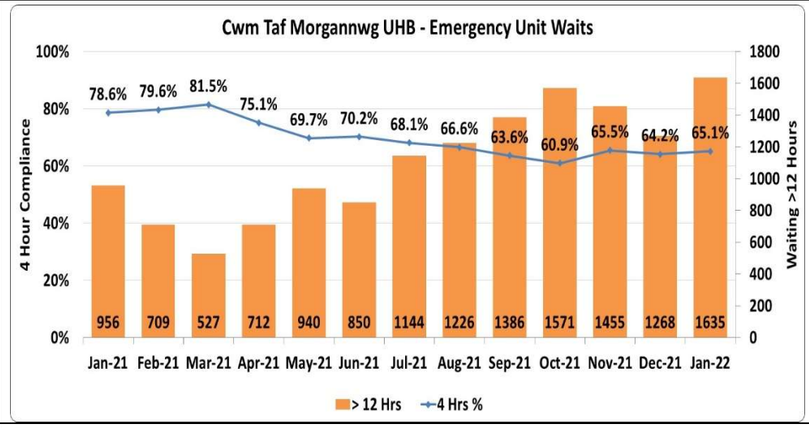


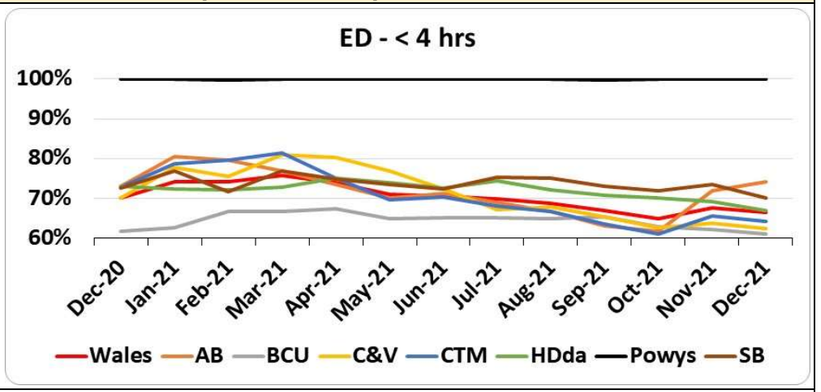
# Emergency Unit Waits – January 2022 (Provisional Position)

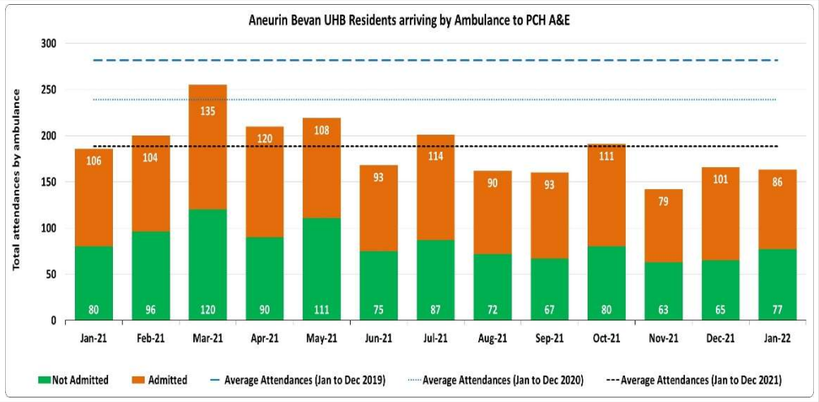
| Number of Attendances | % of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95% | Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero |
|---|---|---|
| **13,782** | **65.1% were seen within 4 hours (Waiting >4 hrs 4,806)** | **8.1% of patients were waiting over 12 hours (1,119)** |

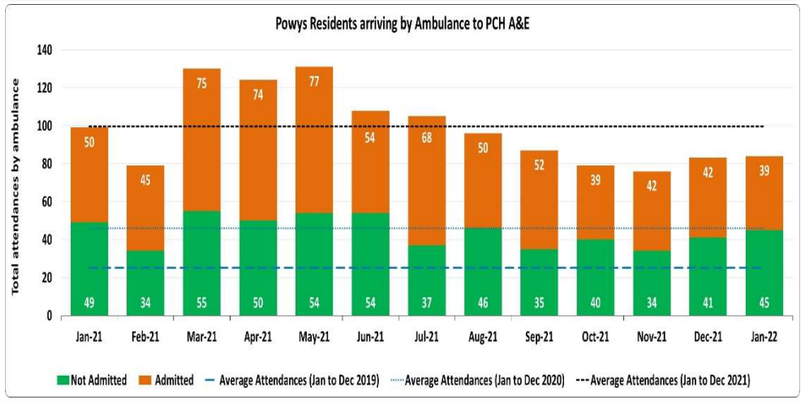
| | PCH | | | RGH | | | POW | | | CTM | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Period | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs | Attends | 4 Hrs % | > 12 Hrs |
| Jan-21 | 3375 | 79.6% | 451 | 3282 | 82.3% | 116 | 3111 | 70.7% | 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 | 4993 | 65.4% | 337 | 15661 | 66.6% | 1226 |
| Sep-21 | 5083 | 51.6% | 685 | 5215 | 74.5% | 270 | 4914 | 61.3% | 431 | 15643 | 63.6% | 1386 |
| Oct-21 | 5128 | 52.0% | 639 | 5072 | 69.6% | 325 | 4897 | 59.4% | 607 | 15346 | 60.9% | 1571 |
| Nov-21 | 4736 | 53.2% | 604 | 4703 | 74.7% | 325 | 4485 | 66.2% | 526 | 14255 | 65.5% | 1455 |
| Dec-21 | 4482 | 55.0% | 542 | 4557 | 72.1% | 311 | 4208 | 63.5% | 415 | 13451 | 64.2% | 1268 |
| Jan-22 | 4505 | 55.1% | 754 | 4609 | 73.1% | 406 | 4230 | 63.5% | 475 | 13782 | 65.1% | 1635 |

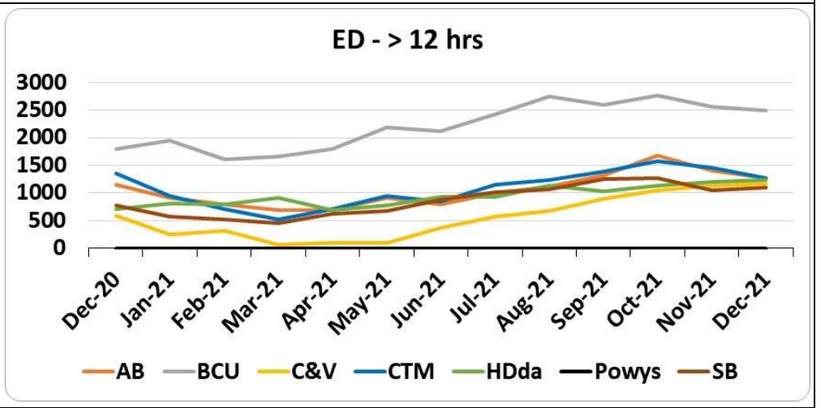



## How do we compare with our peers?




## How are we doing?

A minor increase in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during January, with overall performance at 65.1%. As per the table above, the UHB continues to experience the greatest challenges at PCH, where performance is presently at 55.1%, an almost static position on the previous month (55.0%), with the average for the past 12 months at this site, being 58.2%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments also experienced a decline on the previous month with 367 more breaching patients, bringing the overall total to 1,635 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances were greater in January (approx. 2.5%) from the previous month at 13,782, remaining high and is more than 35% greater than the same period last year.

Average attendances 2019/20 were around 15,752, with the average 2020/21 being 11,931. From April to date this year, the monthly attendance average has been 15,364, representing an average increase of around 29% on the previous year.

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

**Bridgend ILG**:

- Successful appointment of Head of Patient Flow
- Patient Flow Navigators in post
- Increased bed base at Ysbyty'r Seren
- Dynamic management of Covid bed base.
- Ongoing senior leader engagement to promote message that flow is everyone's responsibility.

**RTE ILG**:

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

**MCILG**:

- Increased direct clinical contact by ED Consultants.
- Appointment of a second Senior Nurse for the Emergency and Acute Departments
- Electronic Safety Huddle initiation.
- A nurse staffing paper has been submitted for approval by Board which includes the case for the appointment of Patient Flow Co-ordinators

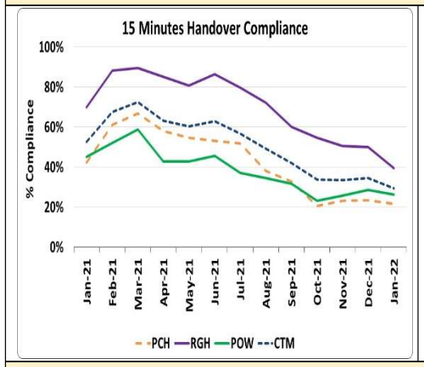
## What are the main areas of risk?

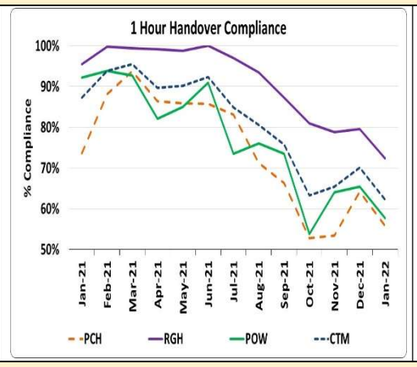
**Bridgend ILG**:

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

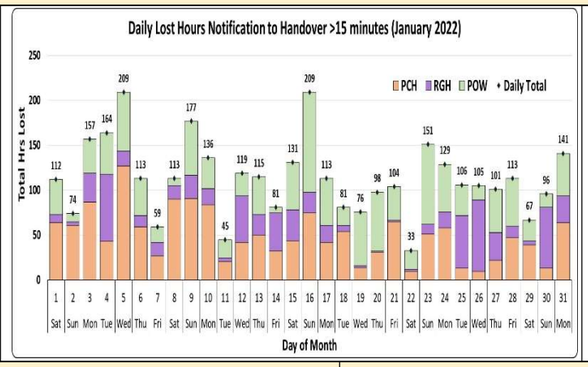
# Emergency Ambulance Services – January 2022 (Provisional Position)

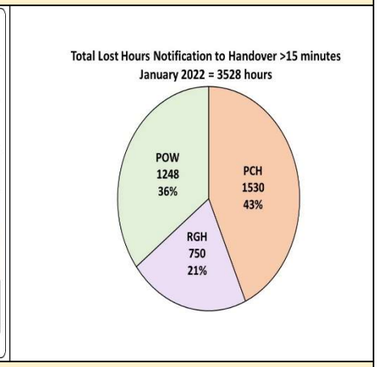
| Number of ambulance handovers within 15 minutes – Target Improvement | Number of ambulance handovers over 1 hour – Target Zero |
|---|---|
| **Total handovers 2,444 of which 717 handovers were within 15 minutes (29.3%)** | **922 handovers were over 1 hour (62.3% of handovers were within 1 hour)** |




| | PCH | | | RGH | | | POW | | | CTM | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Period | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % | Handovers | 15 Mins % | 1 Hour % |
| 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% |
| Dec-21 | 841 | 23.3% | 64.2% | 853 | 49.9% | 79.6% | 663 | 28.7% | 65.5% | 2357 | 34.5% | 70.1% |
| Jan-22 | 855 | 21.5% | 55.8% | 875 | 39.5% | 72.3% | 714 | 26.2% | 57.7% | 2444 | 29.3% | 62.3% |




## How are we doing? What actions are we taking?

The CTM 15 minute handover compliance saw a deterioration this month to 29.3%, with 60-minute compliance also falling to 62.3% from 70.1% in the previous month. The number of Ambulance conveyances (2,444) increased by c. 3.7% on the December figure, however remains approximately 12% below the volume seen in the same period of 2021.

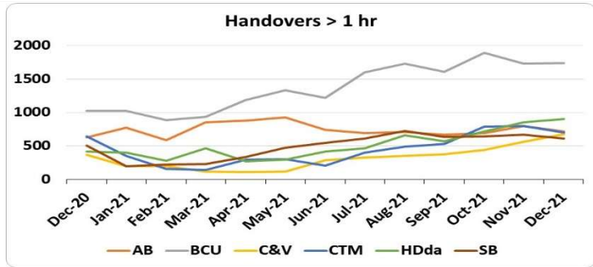
Overall our community lost 3,528 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at PCH and POW (43% and 36% respectively) and 21% at RGH.

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

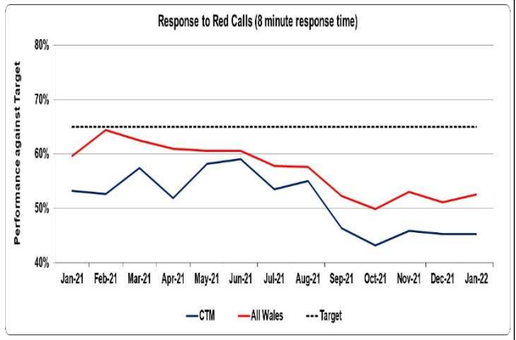
Ambulance handover compliance remains a focus and is discussed regularly at bed meetings and safety huddles. At PCH, capacity within ED has increased now that the former fracture clinic is included in the Amber pathway (which has increased space for ambulatory patients).

Efforts are underway to resolve staffing issues caused by Covid related absences. The additional staff will support flow across the site (which will support flows within ED), a flow coordinator has taken up post to support the site management team.

## How do we compare with our peers?




## Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance January 2022 – 45.3%



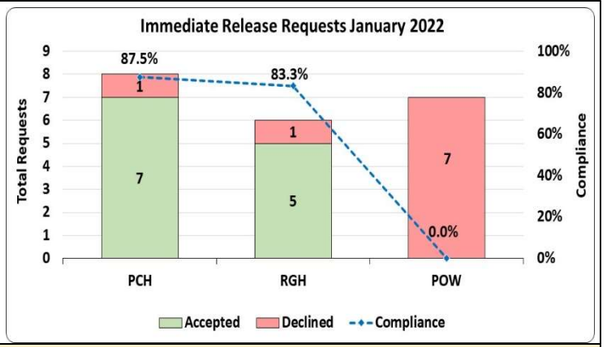

WAST Operational Area Response to Red Calls within 8 minutes - Target 65% *(Please note that the data respresents WAST Operational area and not ILG)*

| | Merthyr | | | | RCT | | | | Bridgend | | | | CTM | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Period | 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 | |
| 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% | ✗ |
| Dec-21 | 94 | 48 | 51.1% | ✗ | 327 | 149 | 45.6% | ✗ | 186 | 78 | 41.9% | ✗ | 607 | 275 | 45.3% | ✗ |
| Jan-22 | 69 | 39 | 56.5% | ✗ | 277 | 124 | 44.8% | ✗ | 160 | 66 | 41.3% | ✗ | 506 | 229 | 45.3% | ✗ |

**Average Response rate per 10,000 population (period February 2021 to January 2022)**

| Operational Area with Population Estimates | | Response Rate Within 8 Mins |
|---|---|---|
| Merthyr | 60,326 | 7.1 |
| RCT | 241,264 | 5.4 |
| Bridgend | 147,049 | 4.8 |

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 Call**

Significant and sustained pressures faced by our ambulance services continues and response times remained static during January 2022 at 45.3%. The Welsh average saw a slight improvement to 52.5% from 51.1% and has remained below target for the past year. CTM performance for the last twelve months averages out at 50.5%.

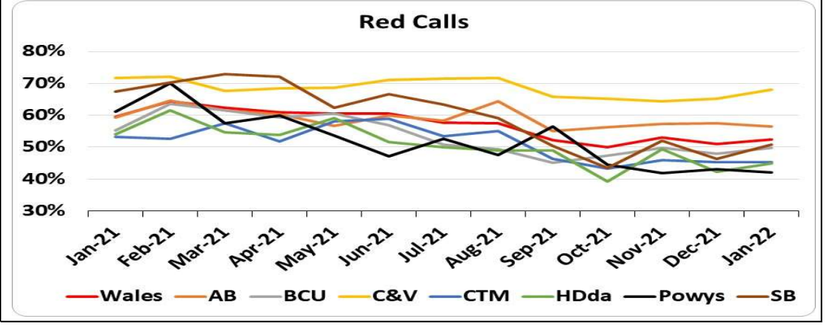
**Red Call Volumes** shown in the central table continues to remain high with 506 observed in January, although 16.6% fewer than the previous month (607). Pre-Covid levels averaged 351 per month whilst the Cwm Taf average for the last 12 months is 487 representing an approximate increase of 37%.

**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 21 during January. The ED services were able to support affirmatively 12 (57.1%) of those requests representing the same level as in December 2021.

## How do we compare with our peers?

CTM ranked 5th out of all the health boards in Wales, at 45.3%.

Response times remain better in the dense urban areas, with Cardiff and Vale achieving 68.1% compliance and worse in the more geographically challenging areas, with Powys receiving the poorest response times at 42.1%.



# Stroke Quality Improvement Measures (QIMs) – December 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 |
|---|---|---|---|
| **8.2%** | **100%** | **51.6%** | **59.7%** |

| Prince Charles Hospital | Measure | Dec-20 | Jan-21 | Feb-21 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours) | Total admissions | 43 | 40 | 43 | 53 | 44 | 39 | 47 | 48 | 43 | 47 | 45 | 40 | 40 |
| | No of patients within 4 hours | 4 | 1 | 7 | 6 | 11 | 12 | 14 | 9 | 3 | 7 | 3 | 3 | 5 |
| | % Compliance | 9.3% | 2.5% | 16.3% | 11.3% | 25.0% | 30.8% | 29.8% | 18.8% | 7.0% | 14.9% | 6.7% | 7.5% | 12.5% |
| Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins | No of patients within 45 mins | 3 | 1 | 7 | 1 | 4 | 2 | 3 | 4 | 1 | 1 | 2 | 1 | 3 |
| | Total thrombolysed | 5 | 3 | 7 | 2 | 7 | 6 | 5 | 6 | 3 | 3 | 4 | 1 | 3 |
| | % Compliance | 60.0% | 33.3% | 100.0% | 50.0% | 57.1% | 33.3% | 60.0% | 66.7% | 33.3% | 33.3% | 50.0% | 100.0% | 100.0% |
| Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour | Number diagnosed | 45 | 42 | 44 | 53 | 46 | 42 | 49 | 48 | 44 | 47 | 47 | 44 | 41 |
| | No of patients within 1 hour | 27 | 29 | 30 | 25 | 26 | 25 | 27 | 31 | 27 | 25 | 29 | 26 | 25 |
| | % Compliance | 60.0% | 69.0% | 68.2% | 47.2% | 56.5% | 59.5% | 55.1% | 64.6% | 61.4% | 53.2% | 61.7% | 59.1% | 61.0% |
| Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours | Total admissions | 45 | 42 | 44 | 53 | 46 | 42 | 49 | 48 | 44 | 47 | 47 | 44 | 41 |
| | No of patients within 24 hours | 31 | 31 | 34 | 39 | 33 | 28 | 30 | 31 | 32 | 34 | 32 | 32 | 25 |
| | % Compliance | 68.9% | 73.8% | 77.3% | 73.6% | 71.7% | 66.7% | 61.2% | 64.6% | 72.7% | 72.3% | 68.1% | 72.7% | 61.0% |

| Princess of Wales Hospital | Measure | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours) | Total admissions | 21 | 18 | 23 | 30 | 38 | 36 | 22 | 31 | 24 | 36 | 23 | 22 | 21 |
| | No of patients within 4 hours | 0 | 0 | 0 | 4 | 1 | 0 | 1 | 3 | 1 | 1 | 1 | 0 | 0 |
| | % Compliance | 0.0% | 0.0% | 0.0% | 13.3% | 2.6% | 0.0% | 4.5% | 9.7% | 4.2% | 2.8% | 4.3% | 0.0% | 0.0% |
| Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins | No of patients within 45 mins | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | 0 |
| | Total thrombolysed | 1 | 1 | 1 | 5 | 4 | 4 | 2 | 5 | 4 | 5 | 2 | 2 | 0 |
| | % Compliance | 0.0% | 0.0% | 0.0% | 20.0% | 25.0% | 25.0% | 50.0% | 0.0% | 25.0% | 20.0% | 0.0% | 100.0% | NIL |
| Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour | Number diagnosed | 21 | 19 | 24 | 31 | 39 | 36 | 22 | 31 | 25 | 37 | 23 | 22 | 21 |
| | No of patients within 1 hour | 9 | 11 | 13 | 16 | 18 | 24 | 12 | 16 | 11 | 17 | 12 | 12 | 7 |
| | % Compliance | 42.9% | 57.9% | 54.2% | 51.6% | 46.2% | 66.7% | 54.5% | 51.6% | 44.0% | 45.9% | 52.2% | 54.5% | 33.3% |
| Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours | Total admissions | 21 | 19 | 24 | 31 | 39 | 36 | 22 | 31 | 25 | 37 | 23 | 22 | 21 |
| | No of patients within 24 hours | 6 | 11 | 21 | 28 | 34 | 31 | 20 | 20 | 17 | 30 | 15 | 16 | 12 |
| | % Compliance | 28.6% | 57.9% | 87.5% | 90.3% | 87.2% | 86.1% | 90.9% | 64.5% | 68.0% | 81.1% | 65.2% | 72.7% | 57.1% |

| Cwm Taf Morgannwg | Measure | Dec-20 | Jan-21 | Feb-21 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours) | Total admissions | 64 | 58 | 66 | 83 | 82 | 75 | 69 | 79 | 67 | 83 | 68 | 62 | 61 |
| | No of patients within 4 hours | 4 | 1 | 7 | 10 | 12 | 12 | 15 | 12 | 4 | 8 | 4 | 3 | 5 |
| | % Compliance | 6.3% | 1.7% | 10.6% | 12.0% | 14.6% | 16.0% | 21.7% | 15.2% | 6.0% | 9.6% | 5.9% | 4.8% | 8.2% |
| Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins | No of patients within 45 mins | 3 | 1 | 7 | 2 | 5 | 3 | 4 | 4 | 2 | 2 | 2 | 3 | 3 |
| | Total thrombolysed | 6 | 4 | 8 | 7 | 11 | 10 | 7 | 11 | 7 | 8 | 6 | 3 | 3 |
| | % Compliance | 50.0% | 25.0% | 87.5% | 28.6% | 45.5% | 30.0% | 57.1% | 36.4% | 28.6% | 25.0% | 33.3% | 100.0% | 100.0% |
| Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour | Number diagnosed | 66 | 61 | 68 | 84 | 85 | 78 | 71 | 79 | 69 | 84 | 70 | 66 | 62 |
| | No of patients within 1 hour | 36 | 40 | 43 | 41 | 44 | 49 | 39 | 47 | 38 | 42 | 41 | 38 | 32 |
| | % Compliance | 54.5% | 65.6% | 63.2% | 48.8% | 51.8% | 62.8% | 54.9% | 59.5% | 55.1% | 50.0% | 58.6% | 57.6% | 51.6% |
| Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours | Total admissions | 66 | 61 | 68 | 84 | 85 | 78 | 71 | 79 | 69 | 84 | 70 | 66 | 62 |
| | No of patients within 24 hours | 37 | 42 | 55 | 67 | 67 | 59 | 50 | 51 | 49 | 64 | 47 | 48 | 37 |
| | % Compliance | 56.1% | 68.9% | 80.9% | 79.8% | 78.8% | 75.6% | 70.4% | 64.6% | 71.0% | 76.2% | 67.1% | 72.7% | 59.7% |

## How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance. In December, 8.2% (5 out of 61 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 100% of eligible patients were thrombolysed within 45 minutes (3 eligible patients), 51.6% of patients (32 out of 62 diagnosed patients) had a CT scan within an hour and almost 60% of stroke patients (37 patients of 62 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

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:

- The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.
- The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant 'exit block' issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward.
- More recently only 40% of PCH stroke patients have been arriving via ambulance (compared to 80% in January 2021). This means fewer patients are presenting within the 4.5 hour thrombolysis window and more patients are self-presenting to RGH rather than PCH.

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

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:

- 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.

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.

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.

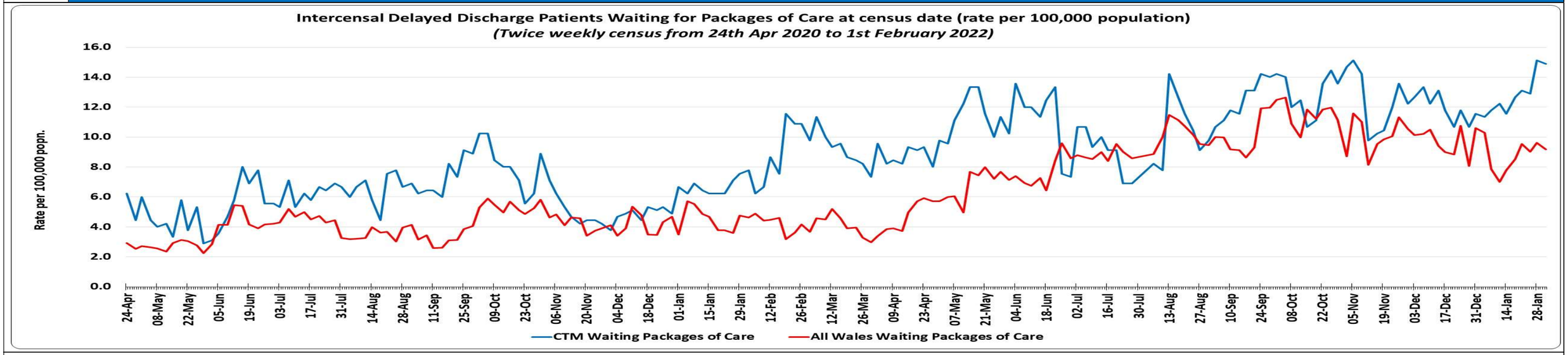
## What are the main areas of risk?

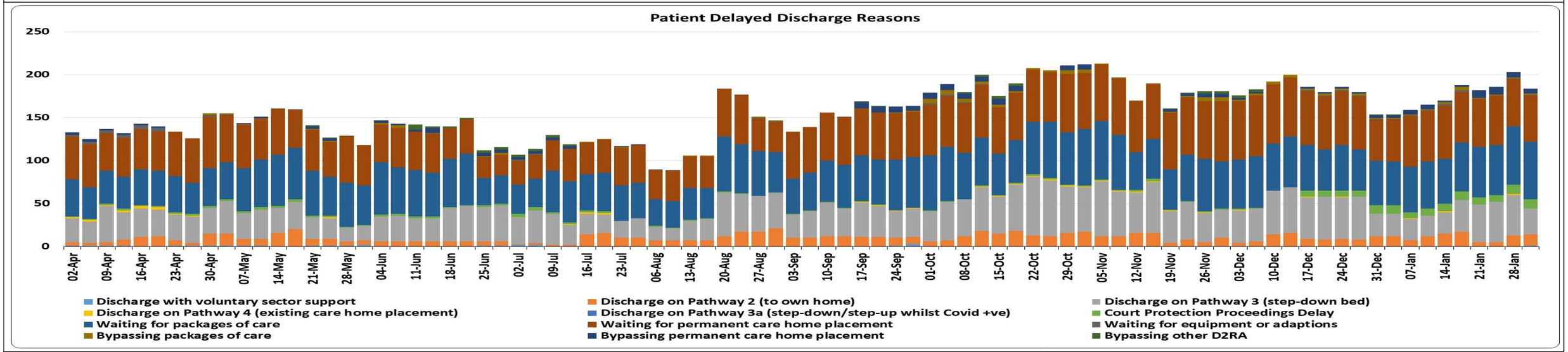
The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.

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.

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.

# Delayed Transfers of Care to 1st February 2022




| How are we doing? | What actions are we taking & when is improvement anticipated? | What are the main areas of risk |
|---|---|---|
| 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 2021 and presently stands at 14.9 delays per 100,000 population (c.67 individuals). This is higher than the national rate which is 9.2 per 100,000 population.<br><br>The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 184 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. During January there had been a rise in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility (step-down bed), although at the census day of the 1st February numbers have fallen by around 36% on the previous census. | We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase.<br><br>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. | 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.<br><br>Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 “red homes” which are closed to admissions, leaving availability of beds limited. |

# Single Cancer Pathway (SCP) – December 2021

## % of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 48.3%**

**CTMUHB - SCP % Treated Without Suspensions - December 2021**

| Tumour site | Treated in Target Without Suspensions | Total Treated | % Treated in Target Without Suspensions |
|---|---|---|---|
| Head and neck | 4 | 11 | 36.4% |
| Upper GI | 9 | 16 | 56.3% |
| Lower GI | 6 | 22 | 27.3% |
| Lung | 13 | 25 | 52.0% |
| Skin (exc BCC) | 28 | 35 | 80.0% |
| Breast | 17 | 37 | 45.9% |
| Gynaecological | 0 | 6 | 0.0% |
| Urological | 8 | 33 | 24.2% |
| Haematological | 9 | 15 | 60.0% |
| Other | 6 | 7 | 85.7% |
| **Total** | **100** | **207** | 48.3% |

The Cwm Taf Morgannwg SCP performance for December improved slightly to 48.3% from 45.1% in the previous month. Predicted performance for January currently is 35.7%. With the exception of skin and other tumour sites, no other tumour sites have achieved the current SCP target.

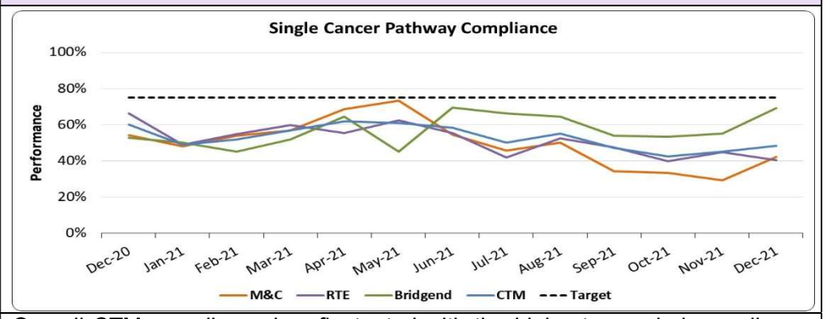
## Number of patient breaches by tumour site

| Number of Breaches by Tumour Site | Merthyr & Cynon | | | Rhondda & Taff Ely | | | Bridgend | | | Cwm Taf Morgannwg | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| December 2021 | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated | Treated in Target | Breaches | Total Treated |
| Head and Neck | | | | 4 | 7 | 11 | | | | 4 | 7 | 11 |
| Upper Gastrointestinal | 4 | 3 | 7 | 4 | 3 | 7 | 1 | 1 | 2 | 9 | 7 | 16 |
| Lower Gastrointestinal | 3 | 7 | 10 | 0 | 6 | 6 | 3 | 3 | 6 | 6 | 16 | 22 |
| Lung | 4 | 5 | 9 | 4 | 3 | 7 | 5 | 4 | 9 | 13 | 12 | 25 |
| Sarcoma | | | | | | | | | | | | |
| Skin(c) | | | | | | | 28 | 7 | 35 | 28 | 7 | 35 |
| Brain/CNS | | | | | | | | | | | | |
| Breast | | | | 17 | 20 | 37 | | | | 17 | 20 | 37 |
| Gynaecological | 0 | 6 | 6 | | | | | | | 0 | 6 | 6 |
| Urological | | | | 8 | 25 | 33 | | | | 8 | 25 | 33 |
| Haematological | | | | 8 | 4 | 12 | 1 | 2 | 3 | 9 | 6 | 15 |
| Other | 5 | 1 | 6 | 1 | 1 | 1 | | | | 6 | 2 | 7 |
| Total Breaches | 16 | 22 | 38 | 46 | 69 | 114 | 38 | 17 | 55 | 100 | 108 | 207 |
| | Overall Compliance | | 42.1% | Overall Compliance | | 40.4% | Overall Compliance | | 69.1% | Overall Compliance | | 48.3% |

45 out of the 107 breaches were treated over 104 days. Urology (23%), Breast (19%) and Lower GI (15%) accounts for the greatest proportion of breaches.

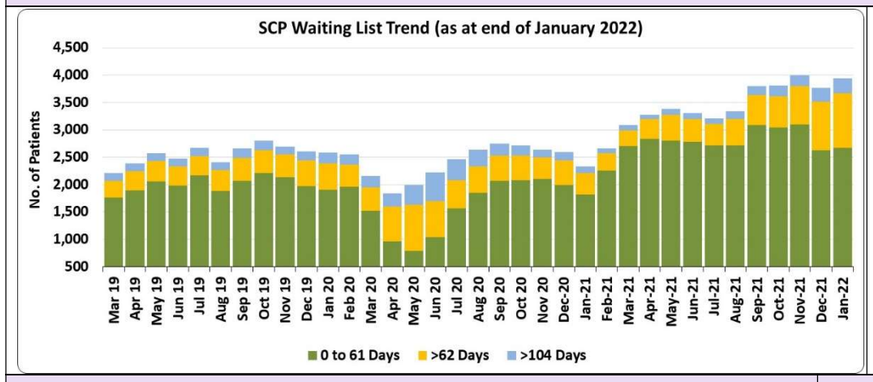
Delays at first outpatient and diagnostic stages continues to be the most significant factor for patient breaches.

## Single Cancer Pathway compliance trend




Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April of 2021, and the lowest being 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 collectively; accounting for 82% 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

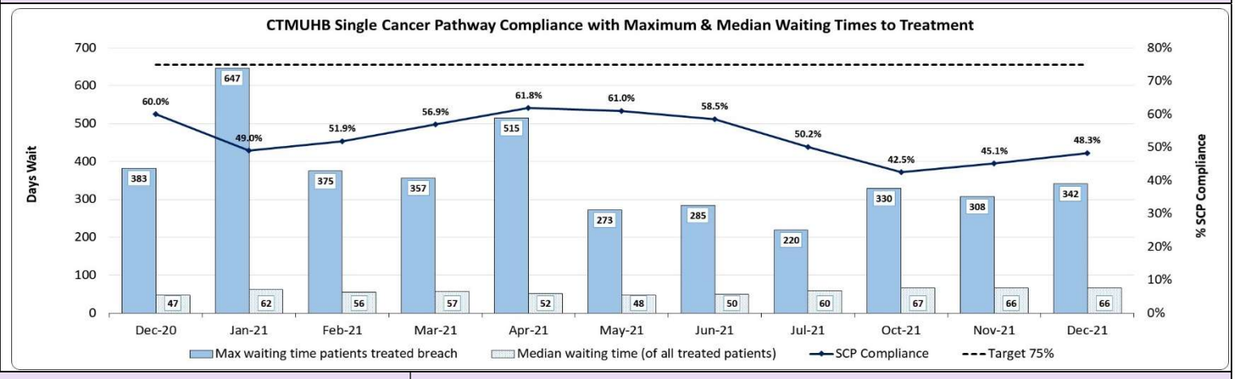



| Merthyr & Cynon ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|---|---|---|---|
| Head and neck | 8 | 2 | 3 |
| Upper Gastrointestinal | 45 | 20 | 26 |
| Lower Gastrointestinal | 55 | 17 | 29 |
| Lung | 3 | 1 | 4 |
| Gynaecological | 63 | 28 | 48 |
| Other | 1 | | 1 |
| Unknown Primary | 1 | | |
| Grand Total | 176 | 68 | 111 |

| Rhondda & Taff Ely ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|---|---|---|---|
| Head and neck | 17 | | 6 |
| Upper Gastrointestinal | 25 | 6 | 8 |
| Lower Gastrointestinal | 76 | 13 | 28 |
| Lung | 6 | 2 | 6 |
| Breast | 248 | 28 | 24 |
| Urological | 65 | 13 | 51 |
| Haematological | 2 | 3 | |
| Unkown Primary | 1 | | 1 |
| Grand Total | 440 | 65 | 125 |

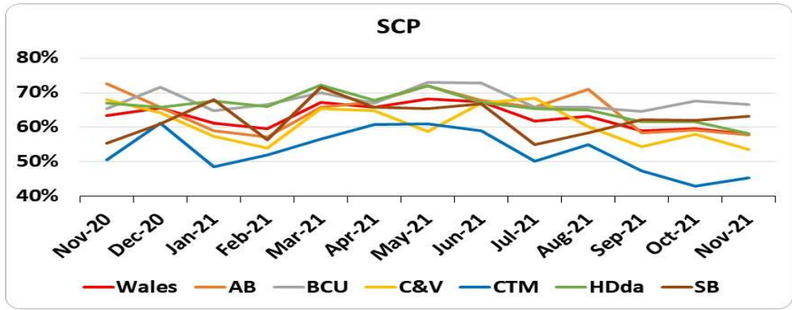
| Bridgend ILG | SCP Cases 62-90 days | SCP Cases 91-104 days | SCP Cases >104 days |
|---|---|---|---|
| Upper Gastrointestinal | 1 | 1 | 5 |
| Lower Gastrointestinal | 9 | | 8 |
| Lung | 6 | | 7 |
| Sarcoma | 1 | 1 | 5 |
| Skin(c) | 21 | 5 | 12 |
| Gynaecological | 4 | 2 | 5 |
| Haematological | 1 | | |
| Other | 1 | 2 | 1 |
| Grand Total | 44 | 11 | 43 |

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




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

Latest all Wales figures for November 2021, indicate that CTM continues to have the lowest levels of compliance with the 62 day standard. Whilst a reduction was noted in the waiting list in Dec 2021, January has seen an increase of 5% in total volumes of patients. CTM continue to have the 2nd highest recorded volumes in comparisson to all other acute Health boards and the worst SCP perfromance.. As at the 4th January 2022, the number of patients waiting over 62 and 104 days has reduced to 1039 and 276 days respectively.




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

- Weekly executive lead reviews across all three ILG's focusing on Urology, Lower GI, Breast, Gynaecology, Radiology and Pathology continue to ensure effective performance management of non-compliant tumour sites and support services.
- Additional theatres and green pathway beds made available in Bridgend ILG with a request to increase surgical capacity for gynaecology
- Development and enhancement of the cancer BI tool continues
- Review of FIT 10 processes to streamline and speed up the lower GI pathway.
- Point of Suspicion training to CSGM's.
- Partial recoupling of urology one stop and prostate service.
- D&C surrounding cancer commenced.

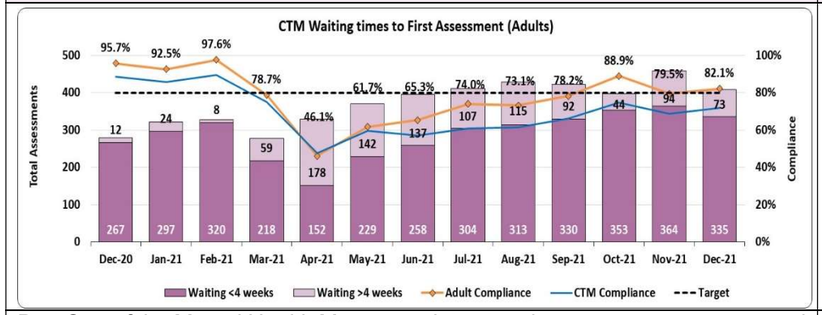
## What are the main areas of risk?

- Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 82% of all patients on the active SCP are at 1st OP or diagnostic stage
- Significant volume of patients that have already exceeded the 62 day SCP
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Downgrading patient practices.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked.

# CTM Mental Health Compliance detailing the Adult Mental Health Services – December 2021

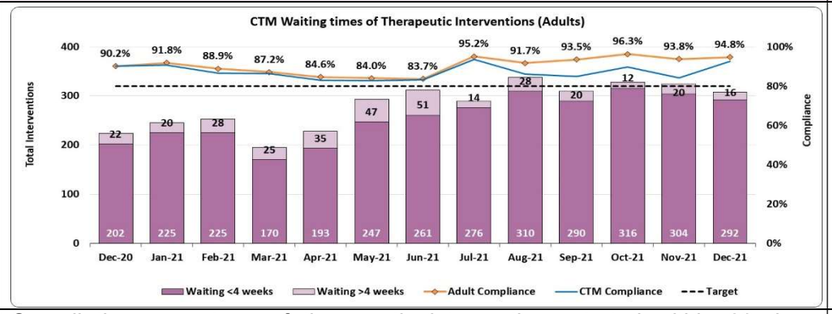
| % of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80% | % of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80% | % of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90% |
|---|---|---|

## Part 1a – CTM 72.0% (Adults 82.1%)




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 December slightly improved to 72.0% from 68.6%; with the adult services also improving to 82.1% from 79.5% in the previous month. Overall, referrals fell by almost 32% in December to 817 (1198 in November). 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 December amounted to 695 (292 or 29.6% less than in November).

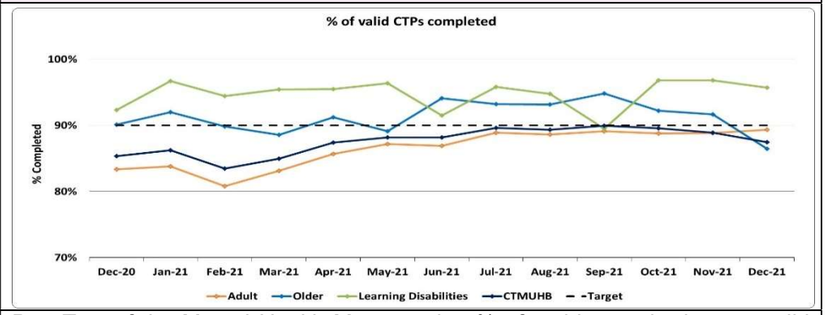
## Part 1b – CTM 92.6% (Adults 94.8%)




Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 92.6% during December and continues to be above the 80% target. The adult services improved to 94.8% from 93.8% in the previous month.

The total number of interventions during the month were 339 with the pre-Covid average being 357 per month. The total adult interventions during December were 308, of which 292 started within 28 days.

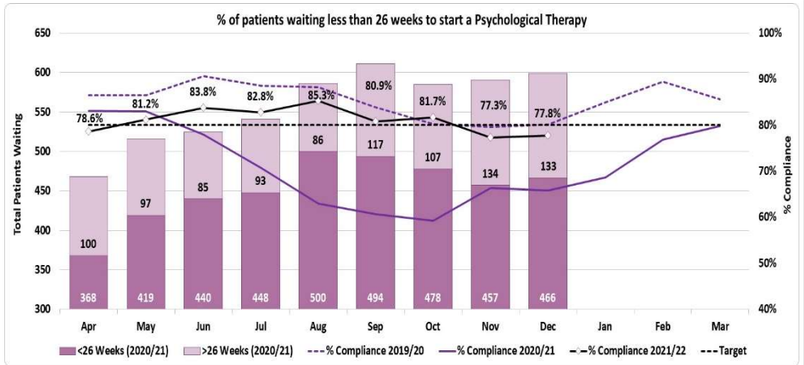
## Part 2 – CTM 87.4% (Adults, Older & LD 88.9%)




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 slightly further this month to 87.4% during December and remaining just under the 90% target.

Part 3: There were 6 adult outcome of assessment reports sent during December, 5 of which were within 10 working days (83.3%).

## % of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - December 77.8%




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

Part 1a compliance increased to 82.1% in Dec-21 which is a return to above target compliance of 80%. Bridgend and M&C ILGs seen improved compliance in month against a reduction in activity, whilst RTE ILG reported a reduction in compliance against an increase in activity which has reached a 6-month high. Part 1b remains well above compliance against stable activity.

Part 2 compliance decreased slightly to 88% which is just below the target of 90% as caseloads continue their trends of increasing.

Psychological Therapies reported a slightly improved position of 22% of the waiting list now waiting greater than 26 weeks. Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.

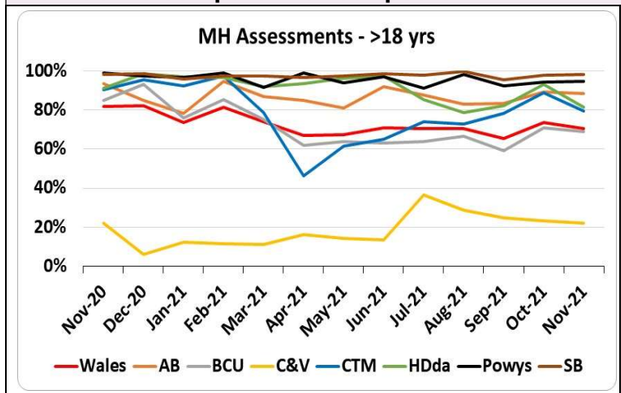
## When improvement anticipated and what are the main areas of risk?

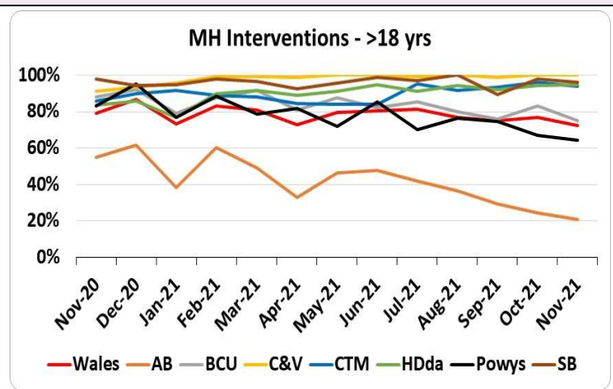
Part 1 & 2 compliance improvements are expected as staff sickness levels continue to decline.

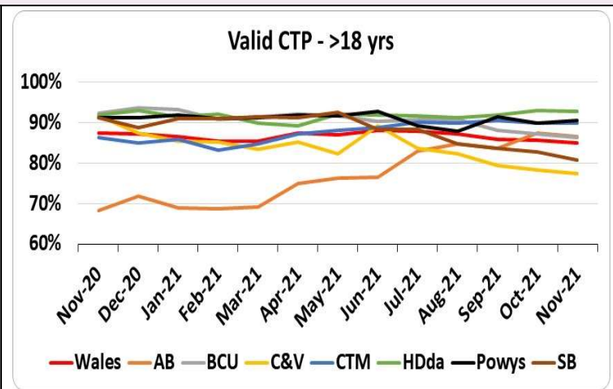
Psychological Therapies improvements are dependent on support for the recovery plan to address the discrepancy between the demand of this service and the capacity available whilst undertaking process redesign to ensure a right-sized system of care.

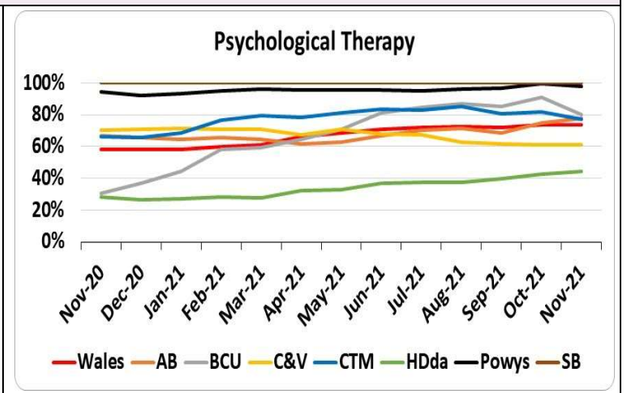
Covid-19 sickness continues to be the biggest risk to compliance improvements in Mental Health Measures Part 1 & 2.

## How do we compare with our peers?



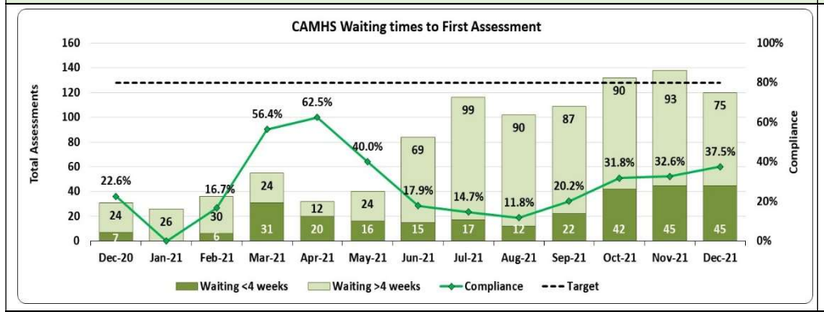



# Child & Adolescent Mental Health Services (CAMHS) – December 2021

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

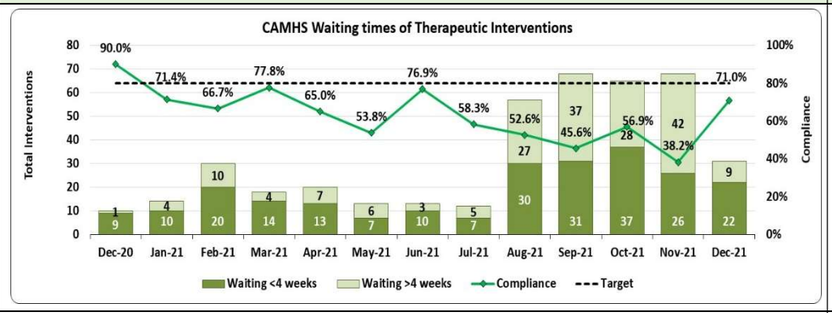
**Part 1a – 37.5%**




In December; 37.5% of assessments were undertaken within 28 days of referral. WG's minimum expected standard is 80%. The chart shows that during the last quarter CAMHS compliance has improved; although remaining well below the target. Waiting list volumes fell during the month but demand is remaining higher than pre-Covid levels. 122 referrals were received in December, a 45% increase on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals thus far for 2021/22 standing at 158 per month.

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

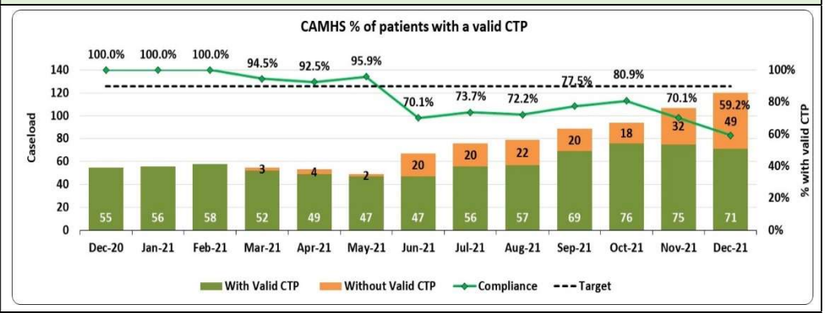
**Part 1b – 71.0%**




Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved during December, although the total number of interventions started this month was over 50% less than the previous month and remains below the 80% target. There were a total of 31 interventions starting this month, with 22 of those patients receiving an intervention within 28 days. The last time the target was met was in December of 2020 (90%).

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

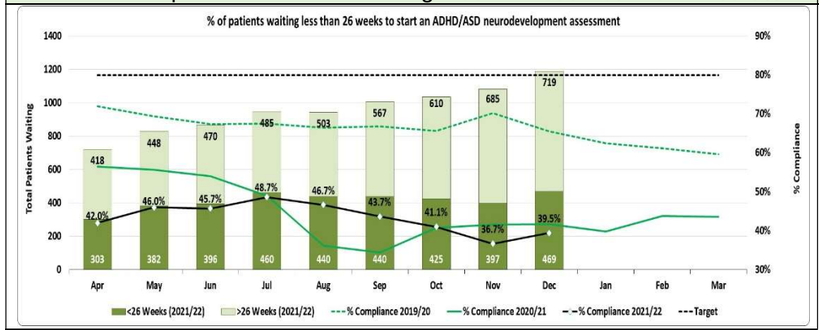
**Part 2 – 59.2%**




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 further during December to 59.2% from 70.1% in November and remains below the 90% target.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - **December 2021 – 39.5%**




The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in December improving marginally to 39.5% (36.7% in November). However, the total waiting list volume continues to grow and now stands at 1,188 patients, almost 65% higher than in April.

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

There has been an expected increase in demand following the holiday period into January 2022. The acuity of the presentations of the CYP still remain high. The referrals received are predominantly for anxiety and low mood concerns. There has been a continued steady demand for the Crisis Service, with CYP presenting with Suicidal Ideation and Self Harm. The service has implemented a Planned Care Recovery scheme to improve Part 1A compliance. The team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The service has also set up anxiety and mood disorder groups, which will commence during February 2022.

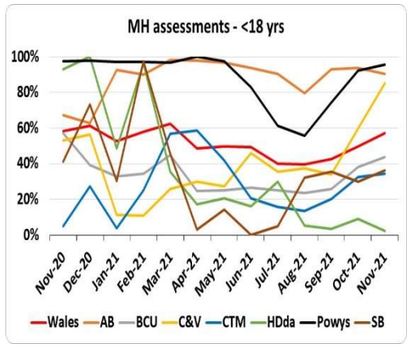
Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service.

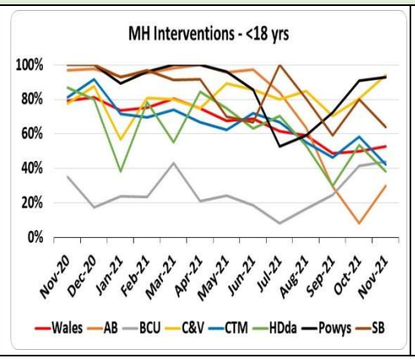
The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect. The SPOA hours of operation are temporarily extended to cover from 8:00 am to 8:00 pm to provide additional support to CYP as well as to Professionals. The recruitment to the Eating Disorder Team is now complete, the demand remains consistent. The recruitment into the additional Crisis/Liaison team posts (extension of hours to 24/7) is still underway. The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff are awaiting start dates. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

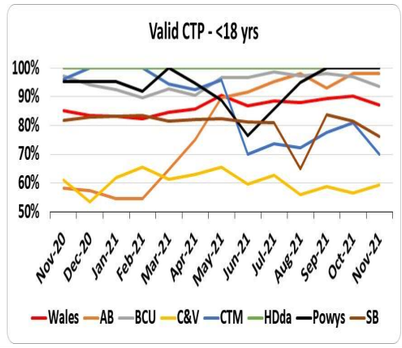
## What are the main areas of risk?

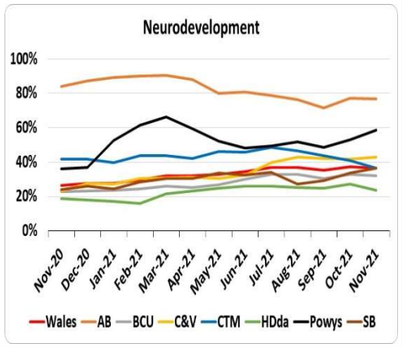
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.

## How do we compare with our peers



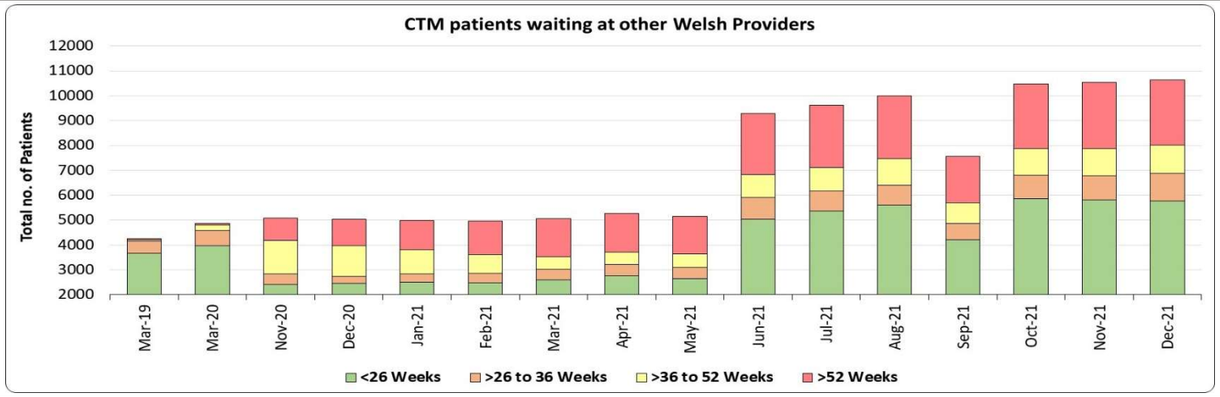



# WHSSC – Welsh Health Specialised Services Committee

**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 December is 3,712. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 388 and there are 9 patients waiting over 14 weeks for a therapy.

**CTMUHB Patients waitng at other specific Welsh Providers RTT (December 2021)**

**Cardiff & Vale UHB**

| Specialty | >36 to 52 Weeks | >52 Weeks |
|---|---|---|
| Trauma & Orthopaedics | 91 | 577 |
| Ophthalmology | 52 | 147 |
| Clinical Immunology And Allergy | 32 | 70 |
| Oral Surgery | 12 | 54 |
| ENT | 11 | 50 |
| Gynaecology | 17 | 32 |
| General Surgery | 26 | 30 |
| Urology | 11 | 23 |
| Cardiology | 25 | 15 |
| Paediatric Surgery | 13 | 15 |
| Dermatology | 11 | 11 |
| Paediatric Dentistry | 16 | 11 |
| Neurology | 244 | 9 |
| Dental Medicine Specialties | 9 | 9 |
| Paediatrics | 7 | 7 |
| Neurosurgery | 4 | 7 |
| Pain Management | 1 | 3 |
| Cardiothoracic Surgery | 2 | 3 |
| Gastroenterology | 1 | 2 |
| Anaesthetics | 6 | 2 |
| General Medicine | 15 | 2 |
| Restorative Dentistry | 2 | 2 |
| Orthodontics | 1 | 1 |
| Rheumatology | | 1 |
| Clinical Pharmacology | 2 | |
| Nephrology | 3 | |
| Paediatric Neurology | 1 | |
| Clinical Oncology | 2 | |
| Grand Total | 617 | 1083 |

**Aneurin Bevan UHB**

| Specialty | >36 to 52 Weeks | >52 Weeks |
|---|---|---|
| Trauma & Orthopaedics | 11 | 59 |
| Urology | 10 | 56 |
| ENT | 5 | 15 |
| Ophthalmology | 5 | 10 |
| Oral Surgery | 2 | 10 |
| General Surgery | 3 | 5 |
| Gynaecology | 4 | 1 |
| Clinical Haematology | 1 | |
| Gastroenterology | 6 | |
| Orthodontics | 1 | |
| Chemical Pathology | 1 | |
| Grand Total | 49 | 156 |

**Swansea Bay UHB**

| Specialty | >36 to 52 Weeks | >52 Weeks |
|---|---|---|
| Oral Surgery | 179 | 401 |
| Trauma & Orthopaedics | 65 | 255 |
| Plastic Surgery | 66 | 237 |
| General Surgery | 54 | 191 |
| Gynaecology | 33 | 146 |
| Orthodontics | 15 | 57 |
| ENT | 4 | 21 |
| Ophthalmology | 4 | 13 |
| Gastroenterology | 3 | 12 |
| Urology | 6 | 9 |
| Paediatrics | 1 | 6 |
| Cardiology | 2 | 4 |
| Neurology | 4 | 3 |
| Cardiothoracic Surgery | 3 | 2 |
| Restorative Dentistry | | 2 |
| Paediatric Neurology | | 1 |
| Allied Health | 4 | |
| Diagnostic | 1 | |
| Rehabilitation Service | 3 | |
| Grand Total | 447 | 1360 |

**CTM patients waiting at specific health boards**

| December 2021 | Cardiff & Vale UHB | | Aneurin Bevan UHB | | Swansea Bay UHB | |
|---|---|---|---|---|---|---|
| Weeks Wait | Number of Patients | % waiting at C&V | Number of Patients | % waiting at AB | Number of Patients | % waiting at SB |
| <26 Weeks | 2722 | 54.6% | 283 | 52.3% | 2746 | 54.2% |
| >26 to 36 Weeks | 561 | 11.3% | 53 | 9.8% | 510 | 10.1% |
| >36 to 52 Weeks | 617 | 12.4% | 49 | 9.1% | 447 | 8.8% |
| >52 Weeks | 1083 | 21.7% | 156 | 28.8% | 1360 | 26.9% |
| Total Waiting | 4983 | | 541 | | 5063 | |
| % of Total Waiting | 46.9% | | 5.1% | | 47.6% | |

**CTM Patients waiting for a Diagnostic at other Welsh Providers (December 21)**

**Cardiff & Vale UHB**

| Service | Total Waits | >8 wks |
|---|---|---|
| Cardiology | 156 | 82 |
| Radiology | 149 | 10 |
| Endoscopy | 47 | 29 |
| Physiological Measurement | 18 | 10 |
| Neurophysiology | 16 | 2 |
| Imaging | 4 | |
| Total | 390 | 133 |

**Aneurin Bevan UHB**

| Service | Total Waits | >8 wks |
|---|---|---|
| Endoscopy | 36 | 28 |
| Cardiology | 9 | 5 |
| Radiology | 12 | |
| Physiological Measurement | 2 | 1 |
| Total | 59 | 34 |

**Swansea Bay UHB**

| Service | Total Waits | >8 wks |
|---|---|---|
| Neurophysiology | 235 | 136 |
| Cardiology | 137 | 60 |
| Endoscopy | 36 | 24 |
| Physiological Measurement | 2 | 1 |
| Total | 410 | 221 |

**CTM Patients waiting for a Therapy at other Welsh Providers (December 21)**

**Cardiff & Vale UHB**

| Service | Total Waits | >14 wks |
|---|---|---|
| Physiotherapy | 21 | 2 |
| Dietetics | 9 | 1 |
| Podiatry | 2 | |
| Occupational Therapy | 4 | |
| Audiology | 3 | 1 |
| SALT | 1 | |
| Total | 40 | 4 |

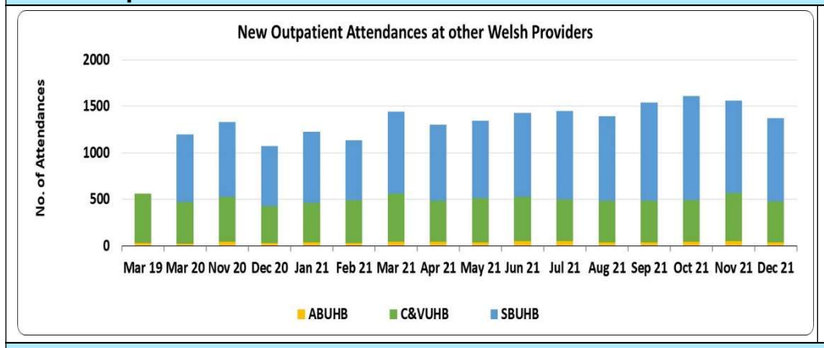
**Aneurin Bevan UHB**

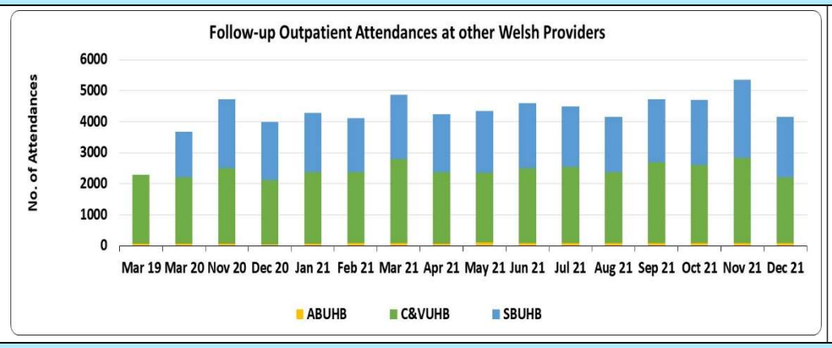
| Service | Total Waits | >14 wks |
|---|---|---|
| Physiotherapy | 18 | 5 |
| Audiology | 2 | |
| SALT | 1 | |
| Total | 21 | 5 |

**Swansea Bay UHB**

No patients waiting for a therapy

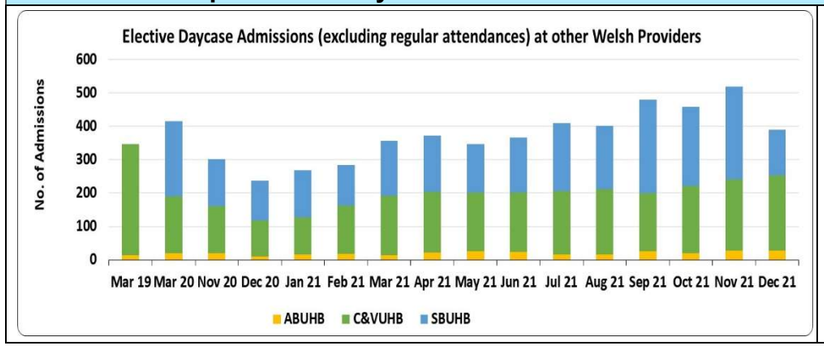
## CTM Outpatient Attendances at other Welsh Providers

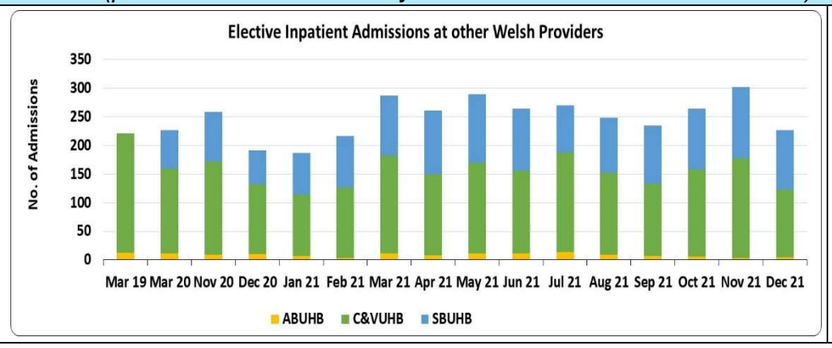



**No further updates available at the time of this report**

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




**No further updates available at the time of this report.**

### 2.5 Finance update

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

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

**3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.

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

**3.3** As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.

**3.4** Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.

**3.5** An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.

**3.6** Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.

## 4. IMPACT ASSESSMENT

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

| | |
|---|---|
| **Related Health and Care standard(s)** | Choose an item. |
| | The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes. |
| **Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.** | No (Include further detail below)<br><br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.<br><br>If no, please provide reasons why an EIA was not considered to be required in the box 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 Committee is asked to **NOTE** the Integrated Performance Dashboard.