AGENDA ITEM
5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	25/10/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Jose Roper, Senior Performance Monitoring Officer
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Linda Prosser, Executive Director of Strategy and Transformation
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Strategic Leadership Group	19/10/22	Choose an item.

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

D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToC	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LRI's	Locally Reportable Incidents
LPMHSS	Local Primary Mental Health Support Service
MDT	Multidisciplinary Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
NPT	Neath Port Talbot
ONS	Office for National Statistics
OoH	Out of Hours
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PADR/PDR	Personal Appraisal and Development Review
p-CAMHS	Primary Child and Adolescent Mental Health Services
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMO	Programme Management Office
POW	Princess of Wales
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
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 Health Board's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the Health Board.

1.2 This report aims to highlight the key areas that the Health Board is concentrating on. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecard indicates that the Health Board is presently compliant with two of its twenty nine performance measures and is making progress towards delivering a further two. There remains twenty five measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

The Quadruple Aim metrics have been endorsed by Welsh Government (Strategic Scorecard), continuing into 2022/23 and incorporating the Ministerial Priorities: https://gov.wales/nhs-wales-performance-framework-2022-2023

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.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

FINANCE

Month 5	Variance from Plan			
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent
	£m	£m	£m	£m
Pay	-2.9	0.6		
Non-Pay	2.9	-1.7		TBC
Income	0.4	2.6		
Efficiency Savings	0.2	0.9		6.8
Allocations	0.0	0.0		
Planned Deficit	2.2	11.0		
Total	2.8	13.4	26.5	34.8

	Current Month	Year to Date	Forecast Full Year	
PSPP	96.1%	96.0%	95.0%	Target 95%
Capital Expenditure	£4.0m	£22.2m	£61.2m	
Agency as % of total pay costs	9.1%	9.2%	9.0%	12 Month Reduction

PERFORMANCE

Indicators	Sep-22	Aug-22	Target	RAG
A&E 12 hour Waiting Times	1,835	1,811	Zero	
Ambulance Handover Times within 15 mins	19.0%	26.0%	Annual Improvement	
RTT 52 Weeks	38,632	37,286	Zero	
Diagnostics >8 Weeks Waits	15,585	15,315	Zero	
FUNB - Patients Delayed over 100% for Follow-up Appointment	30,822	30,246	19,606 by 2023	
	Aug-22	Jul-22	Target	RAG
Mental Health Part 1a - CAMHS	14.9%	8.5%	80%	
Mental Health Part 1b - CAMHS	32.3%	40.4%	80%	
Admission to Stroke Unit within 4 hrs	9.5%	14.3%	SSNAP Average 38.3%	
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that	Jun-22	May-22	Target	RAG
started their definitive clinical assessment within 1 hour	89.8%	90.4%	90%	
Delayed Discharges waiting for packages of care rate	Sep-22	Aug-22	All Wales Average	RAG
(D2RA/bypassing D2RA) per 100,000 population (at census date)	19.8	20	14.0	

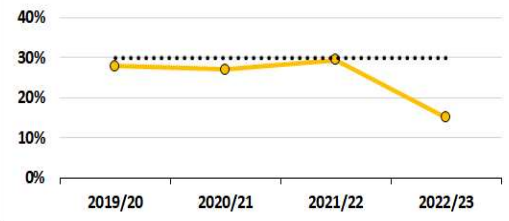
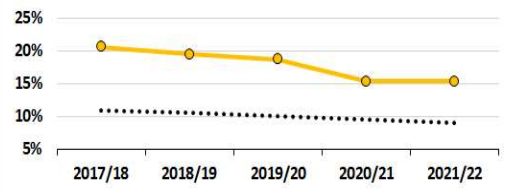
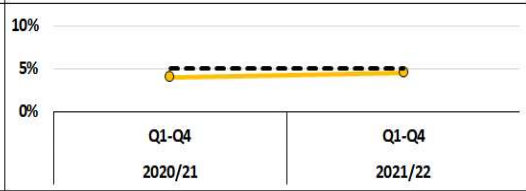
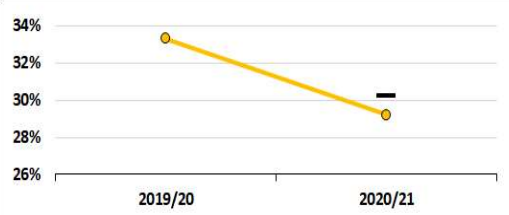
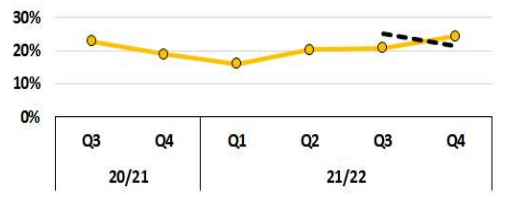
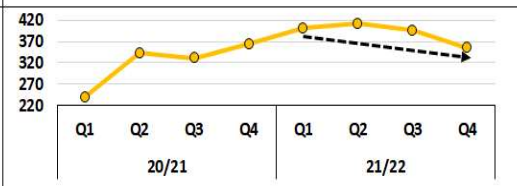
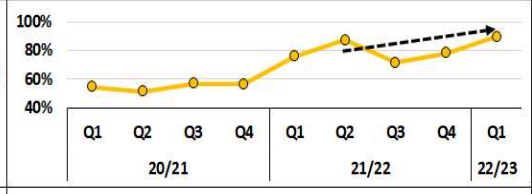
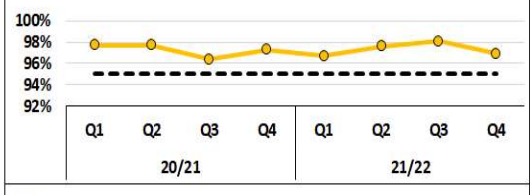
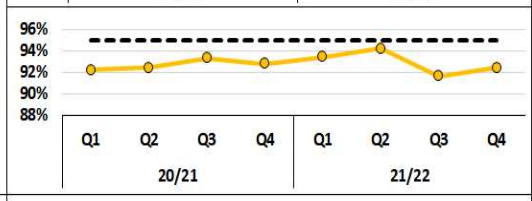
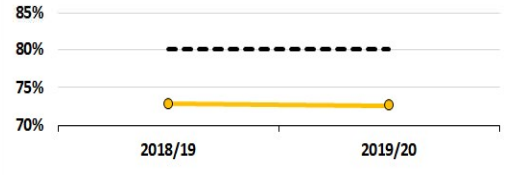
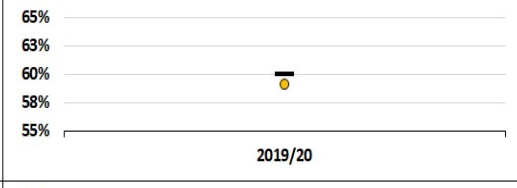
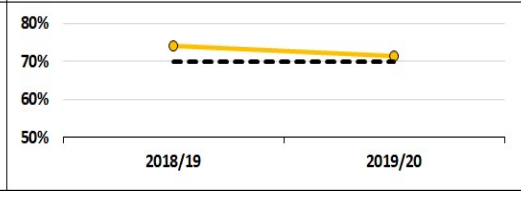
QUALITY

Indicators	Sep-22	Aug-22	Target	RAG
% complaints final/interim reply within 30 working days	63.8%	56.8%	75%	
	Aug-22	Jul-22	Target	RAG
Single Cancer Pathway	46.0%	47.9%	75%	
Thrombolysis for Eligible Stroke Patients within 45 Minutes	14.3%	18.2%	100%	
	Apr - Sep 22	Apr - Aug 22	Target	RAG
Cumulative rate of bacteraemia cases per 100,000 population - E.coli	85.57	80.08	67 per 100,000 pop.	
Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	37.24	38.18	20 per 100,000 pop.	
Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	27.49	25.46	25 per 100,000 pop.	
	Sep-22	Aug-22	Target	RAG
Total number of Nationally Reportable Incidents	2	9	TBC	
Number of Formal Complaints Received	88	82		
Number of Compliments Received	80	24		
Falls Causing Harm (Moderate/Severe/Death)	17	27		
Hospital Acquired Pressure Ulcers (Grade 3/4)	5	11		
Total number of instances of hospital acquired pressure ulcers	120	119		
Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	9	8		
Total number of instances of Community Healthcare acquired pressure ulcers	105	96		
Number of Never Events in Month	0	0	0	

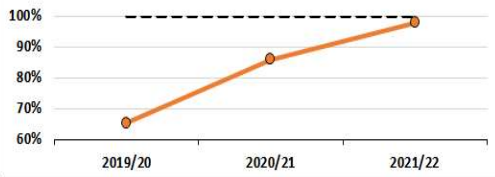
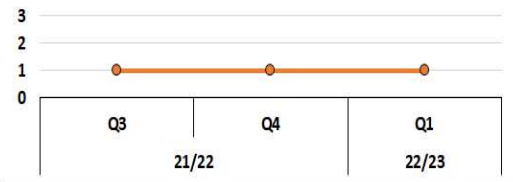
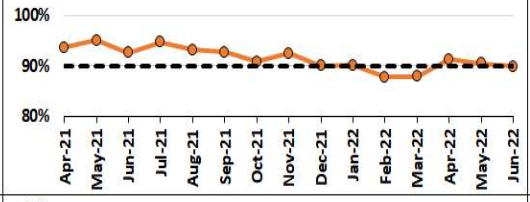
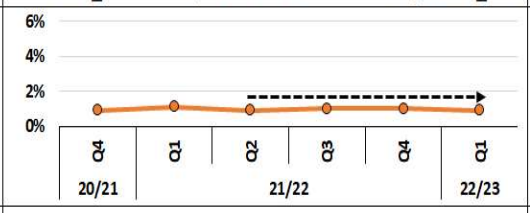
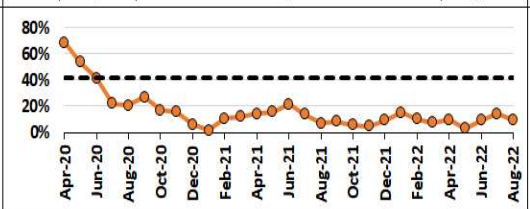
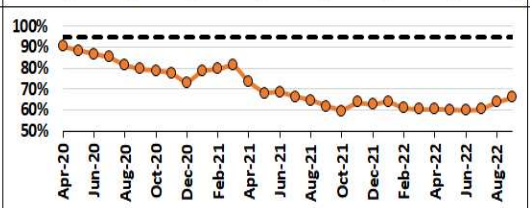
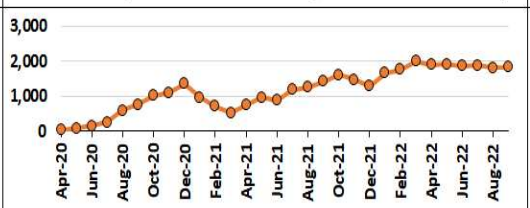
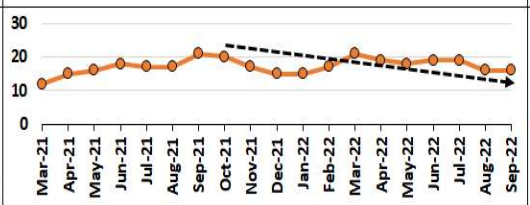
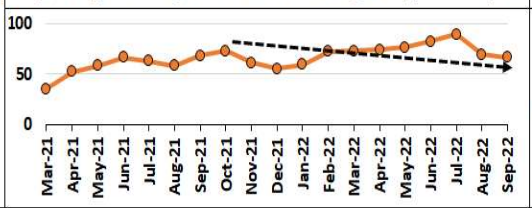
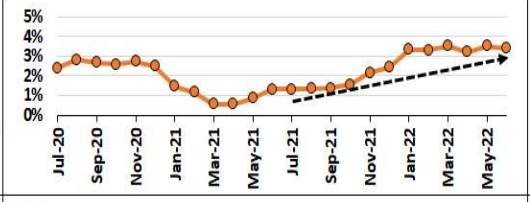
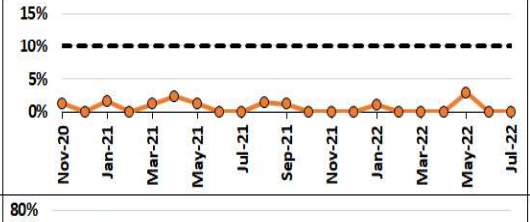
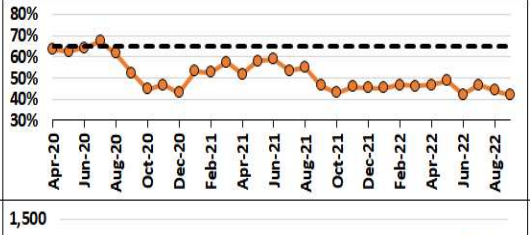
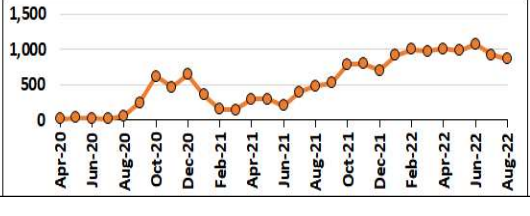
PEOPLE

Indicators	Sep-22	Aug-22	Target	RAG
Turnover	13.22%	13.06%	11%	
Exit Interview by Leaver	0.00%	0.74%	60%	
	Aug-22	Jul-22	Target	RAG
Sickness Absence Rate (in month)	7.1%	8.2%	4.5%	
Sickness Absence Rate (rolling 12 month)	7.8%	7.9%		
Return to Work Compliance	44.0%	44.4%	85%	
	Sep-22	Aug-22	Target	RAG
Fill Rate Bank	36.7%	32.8%	90%	
Fill Rate On-contract Agency (RNs)	35.1%	36.7%		
PDR	57.5%	55.6%	85%	
Statutory and Mandatory Training - All Levels	60.7%	60.3%		
Statutory and Mandatory Training - Level 1	68.1%	67.7%		
Job Planning Compliance (Consultant)	38.0%	39.0%	90%	
Job Planning Compliance (SAS)	35.0%	33.0%		
Direct Engagement Compliance (M&D)	67%	66%	100%	
Direct Engagement Compliance (AHPs)	95%	92%	100%	
RN Shift Fill by Off-contract	692.5	1070.0	0 Hours	

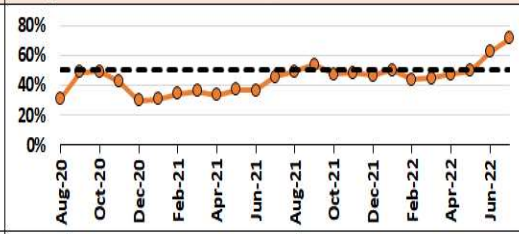
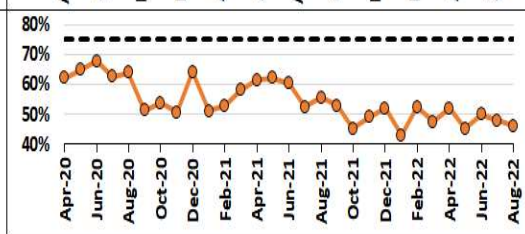
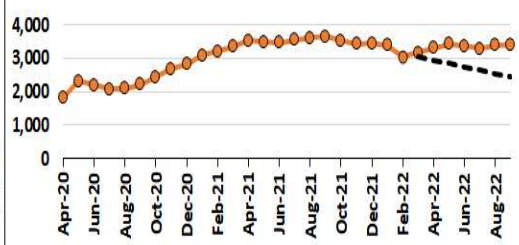
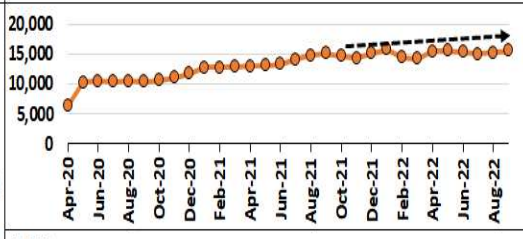
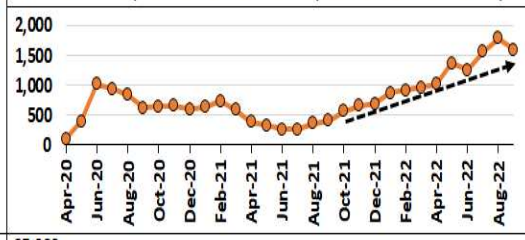
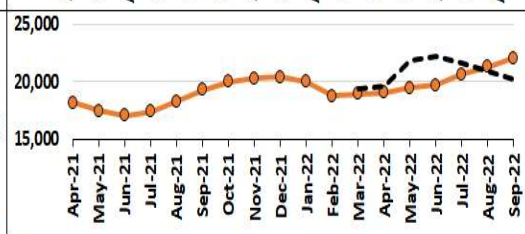
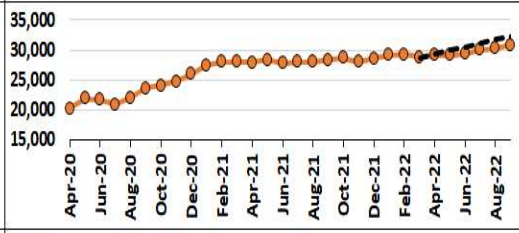
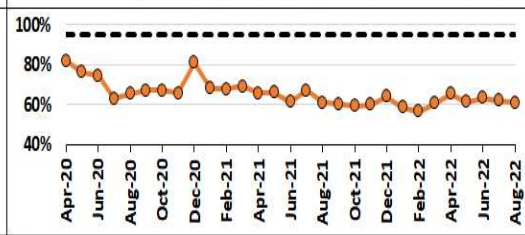
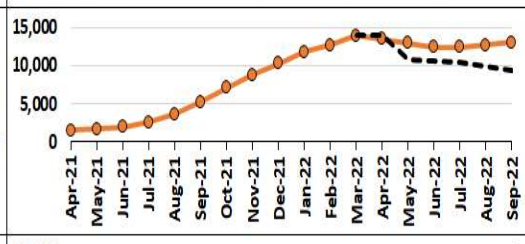
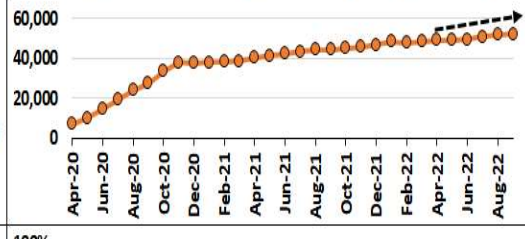
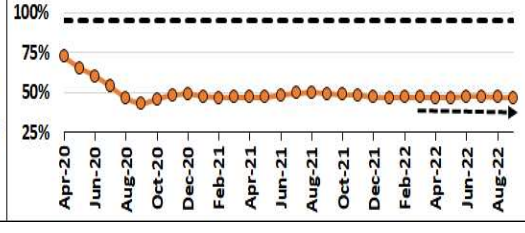
2.2 The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below.

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
	Performance Measure	**Target**	**Key: Trend, Target, Desired Position**	**Latest Position**	
Weight Management	**Percentage of babies who are exclusively breastfed at 10 days old** *(please note that the data for 2022/23 is provisional & locally sourced and will be subject to change with formal publication)*	**Annual Improvement**		**15.0%**	**Apr-Sep 2022**
Smoking	**Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally**	**An annual reduction towards a 5% prevalence rate by 2030**		**15.4%**	**2021/22**
	Percentage of adult smokers who make a quit attempt via smoking cessation services	**5% Annual Target**		**4.5%**	**2021/22**
Diabetes	**Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months:** **❖ Blood pressure reading is 140/80 mmHg or less** **❖ Cholesterol values is less than 5 mmol/l (<5)** **❖ HbA1c equal or less than 58 mmol/mol or less**	**1% annual increase from baseline data of 2020-21**		**29.2%**	**2020/21**
	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	**A quarterly improvement of 2.5% against a baseline of 2020-21 (21.5%)**		**24.4%**	**Q4 2021/22**
Substance Misuse	**European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)**	**4 Qtr Reduction Trend**		**Reduction achieved against Qtr 1 21/22 354.5**	**Q4 2021/22**
	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	**4 Qtr Improvement Trend**		**Improvement achieved against Qtr 2 21/22 89.7%**	**Q1 2022/23**
Vaccinations	**Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1**	**95%**		**96.9%**	**Q4 2021/22**
	Percentage of children who received 2 doses of the MMR vaccine by age 5			**92.4%**	
Screening	**Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years**	**80%**		**72.60%**	**2019/20**
	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	**60%**		**59.1%**	**2019/20**
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	**70%**		**71.40%**	**2019/20**

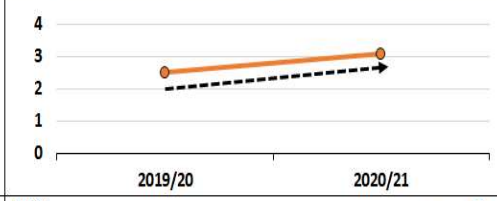
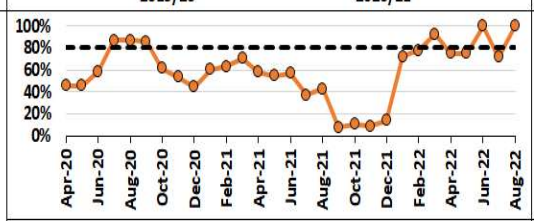
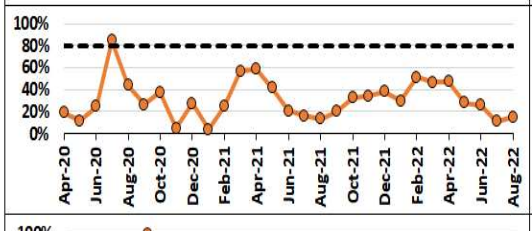
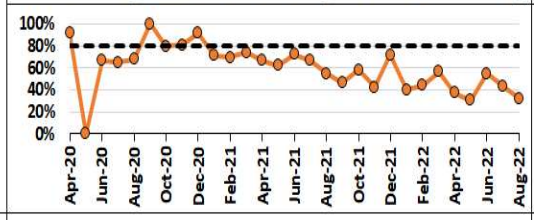
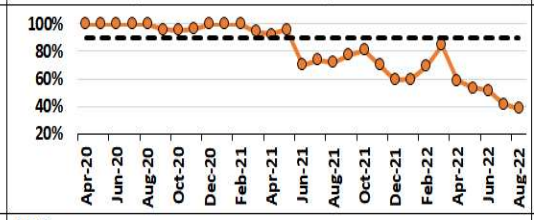
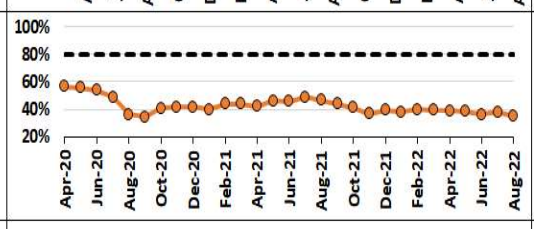
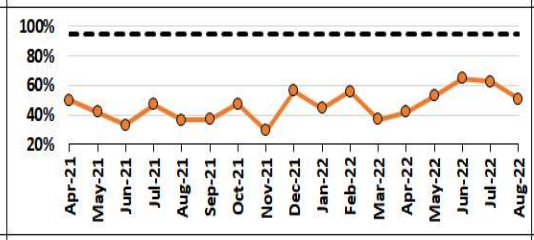
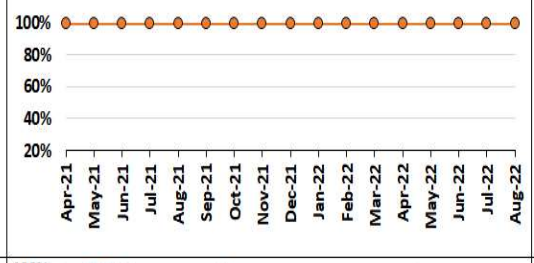
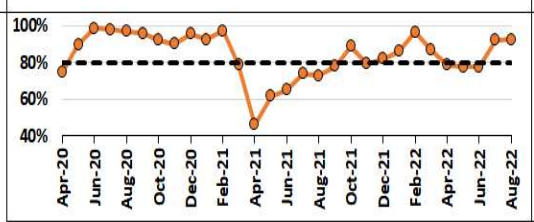
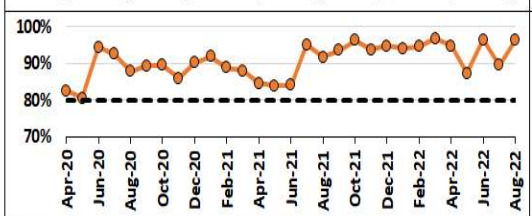
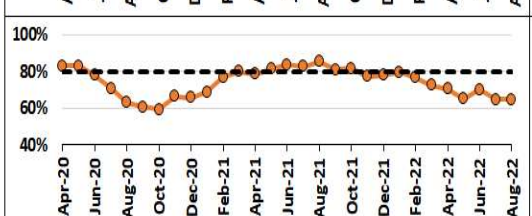
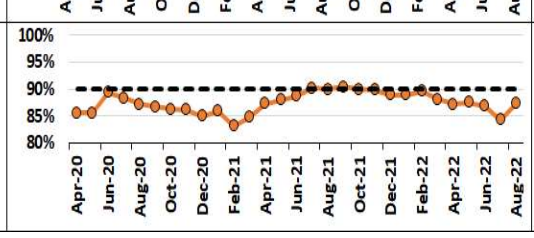
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

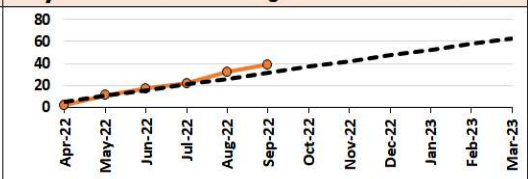
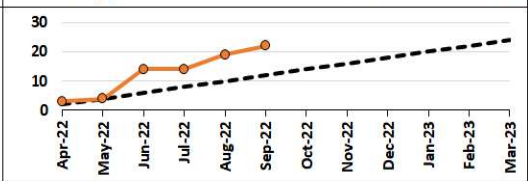
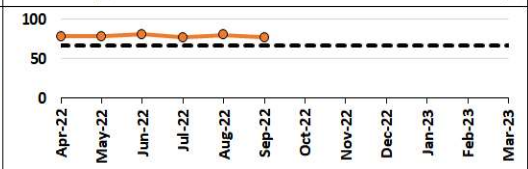
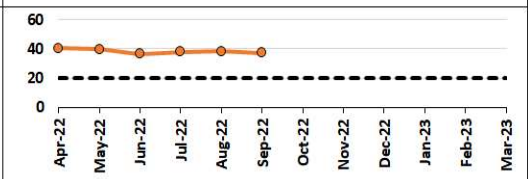
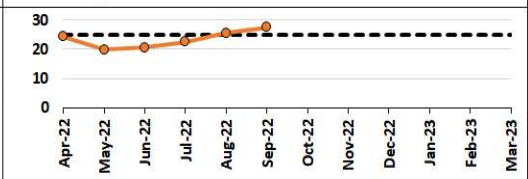
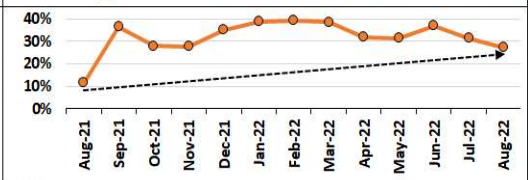
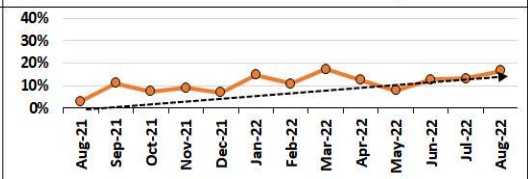
	Performance Measure	Target	Key: Trend --- Target ····· Desired Position	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q1 2022/23
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		89.8%	Jun-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		Improvement not achieved against Qtr 2 21/22 0.9%	Q1 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	38.3% (SSNAP Quarterly Average)		9.5%	Aug-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		65.9%	Sep-22
	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		1,835	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		12 month reduction achieved 16	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			12 month reduction achieved 66	
	% 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		12 month improvement achieved 3.4%	Jun-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Jul-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		42.0%	Sep-22
	Number of ambulance patient handovers over 1 hour	Zero		995	

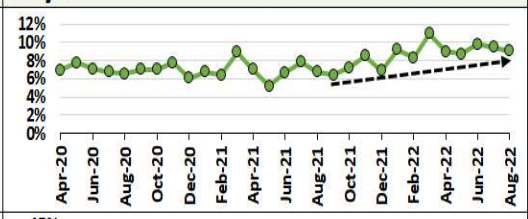
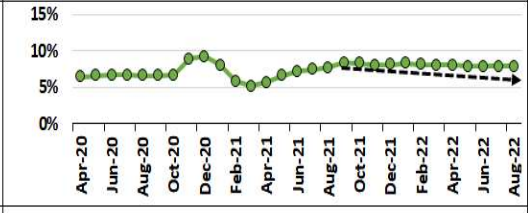
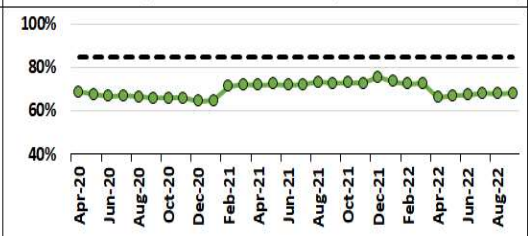
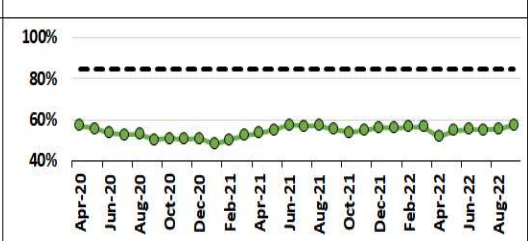
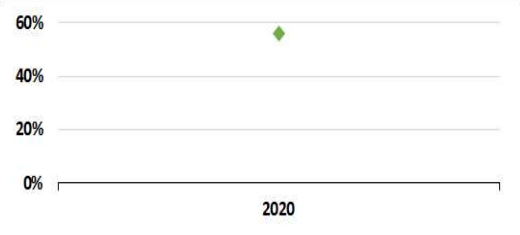
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

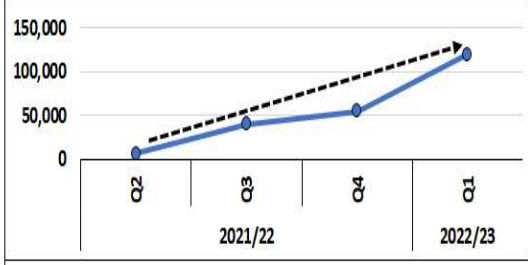
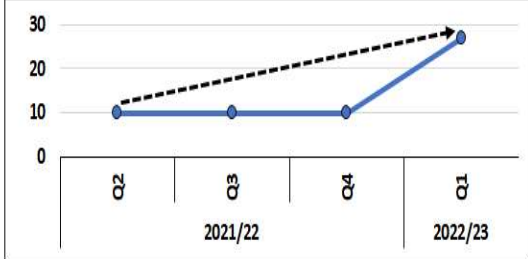
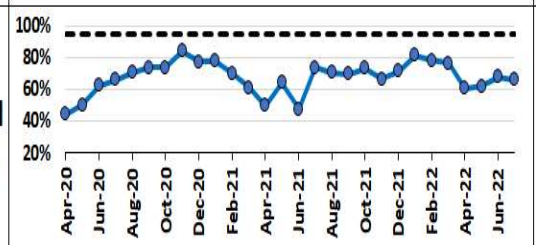
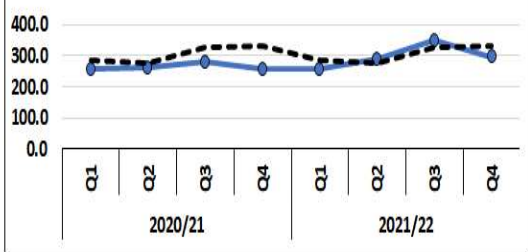
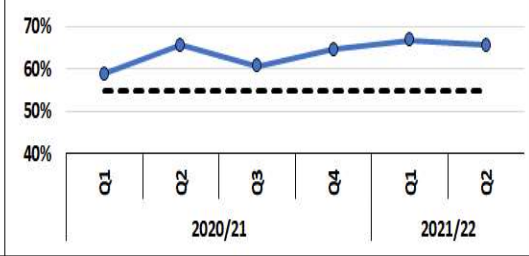
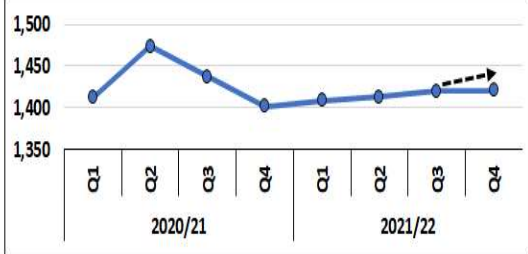
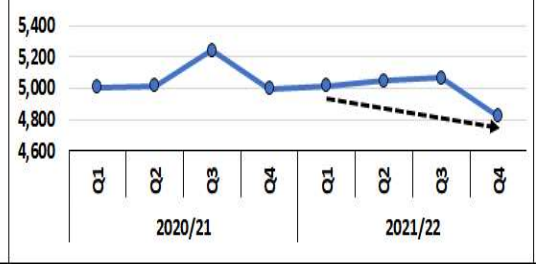
	Performance Measure	Target	Key: Trend --- Target ····· Desired Position	Latest Position	
Elective Planned Care	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		71.1%	Jul-22
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		46.0%	Aug-22
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,402	Sep-22
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		12 month reduction not achieved 15,585	
	Number of patients waiting more than 14 weeks for a specified therapy			12 month reduction not achieved 1,602	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		21,414	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		30,822	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		61.1%	Aug-22
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2023		13,019	Sep-22
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		Improvement trajectory not achieved 52,284	
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		Improvement trajectory not achieved 46.9%	

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

	Performance Measure	Target	Key: Trend --- Target ····· Desired Position	Latest Position	
Mental Health	Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		Annual reduction not achieved 3.08	2020/21
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)	80%		100.0%	Aug-22
	% 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)			14.9%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			32.3%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		41.9%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		34.7%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		51.0%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%		100.0%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		92.8%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			96.4%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			64.6%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		84.3%	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
	Measure	**Target**	**Key: Trend --- Target ····· Desired Position**	**Latest Position**	
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		39	Cumulative Numbers Apr to Sep 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		22	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		77.15	Cumulative Rate Apr to Sep 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		37.24	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		27.49	
	% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 27.3%	Aug-22
	% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 16.5%	

Quadruple Aim 3: The health and social care workforce in Wales in motivated and sustainable					
	Performance Measure	**Target**	**Key: Trend --- Target ····· Desired Position**	**Latest Position**	
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		Reduction trend not achieved 9.1%	Aug-22
	% of sickness absence rate of staff	12 Month Reduction Trend		Reduction trend achieved 7.8%	
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		68.1%	Sep-22
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		57.5%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes					
	Performance Measure	Target	Key: Trend Target Desired Position	Latest Position	
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	2018/19: 90,124 — Target by 2025: 75,704	90,124	2018/19
New Ways of Working	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend		Improvement achieved against Qtr 2 21/22 119,725	Q1 2022/23
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust			Improvement achieved against Qtr 2 21/22 27	
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		66.2%	Jul-22
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		295.1	Q4 2021/22
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		Reduction not achieved against Qtr 3 21/22 1,421	Q4 2021/22
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		Reduction achieved against Qtr 1 21/22 4,823	

2.3 **Access**

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

2.3.1 **Urgent Care:**

During September, just under 66% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with around a fifth of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 14,635 attendances over the course of the month, 6.5% lower than the equivalent period last year.

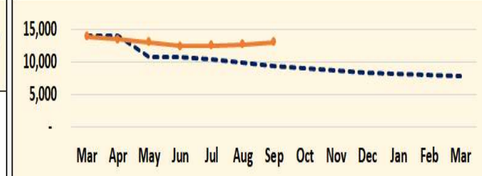
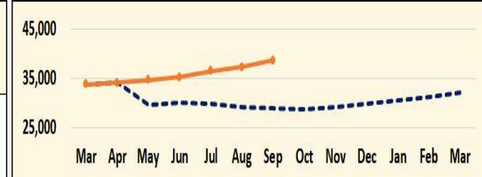
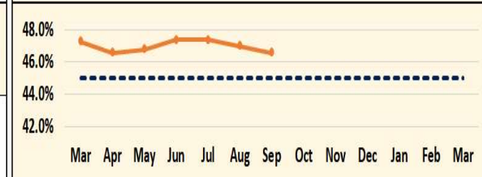
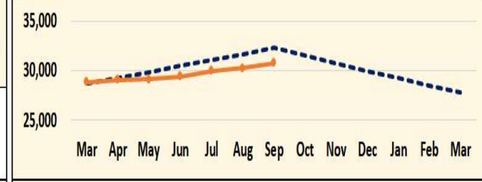
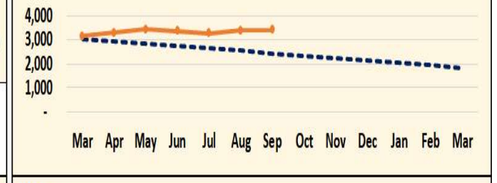
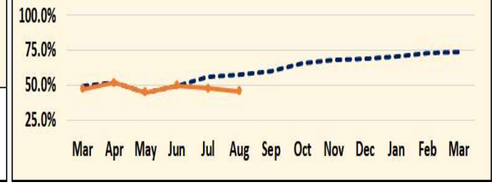
The CTM 15 minute ambulance handover compliance fell to its lowest level at 19%, whilst the 60-minute compliance increased by seven points to 66.3%, the highest level seen since December 2021.

2.3.2 **Stroke Care:**

Performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that performance in August remains at similar levels to those observed in the past 6 months, with the variance being natural rather than special cause in nature.

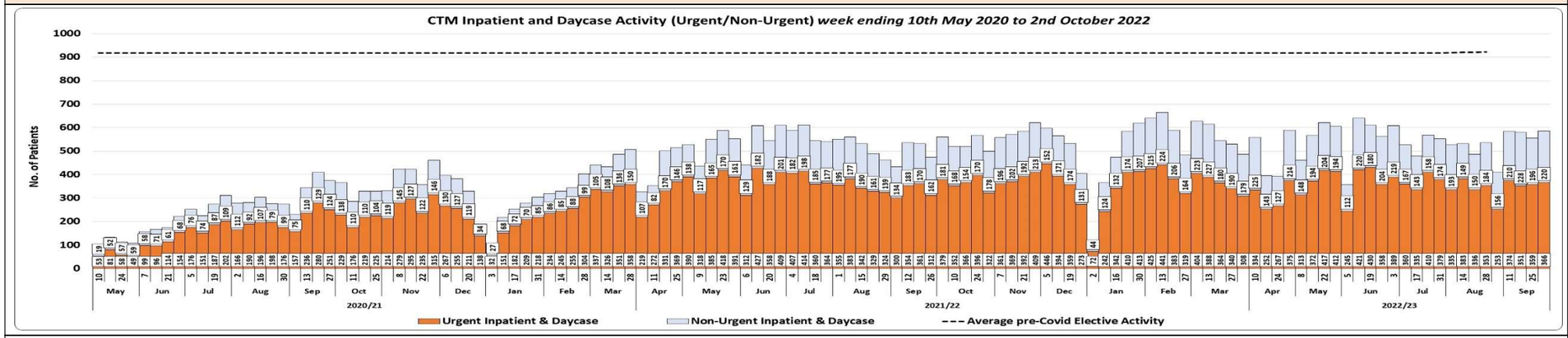
2.3.3 **Planned Care & Cancer Care:**

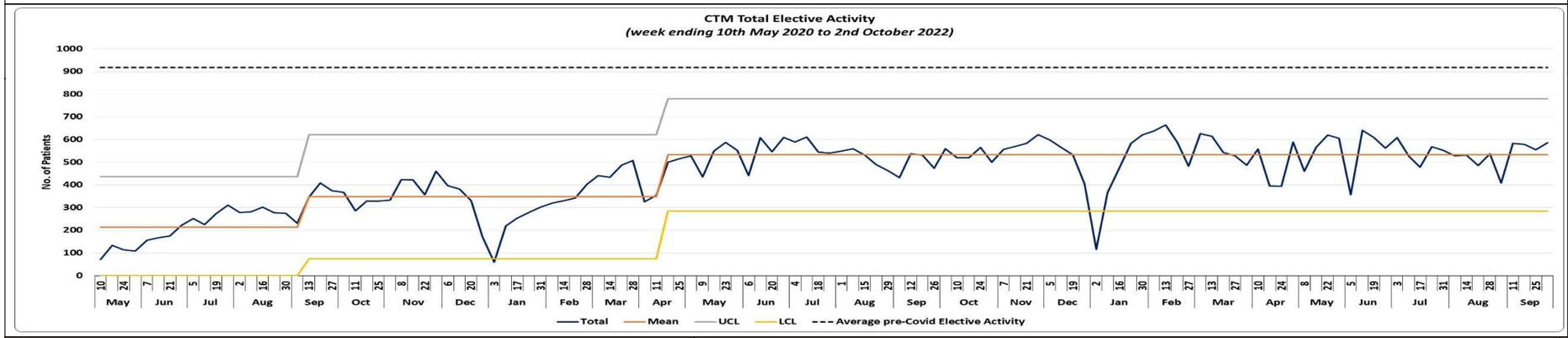
The CTM performance against the health board's trajectories for access to planned care and cancer care (shown on the following page), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, but are improving ahead of trajectory for follow up outpatient management.

ACCESS TO TIMELY PLANNED CARE	Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23								Key: Better than Forecast / Same as Forecast / Worse than Forecast					Key: Actual / IMTP
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2023	13,925	13,918	10,751	10,643	10,347	9,816	9,324	8,960	8,634	8,386	8,151	7,959	7,807	
		Actual	13,885	13,439	12,968	12,441	12,449	12,667	13,019							
	Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104	
		Actual	33,849	34,089	34,694	35,320	36,504	37,286	38,632							
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	
		Actual	47.3%	46.6%	46.8%	47.4%	47.4%	47.0%	46.6%							
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	19,330	19,579	21,842	22,161	21,631	20,884	20,266	19,684	19,311	19,076	18,866	18,719	18,601	
		Actual	18,965	19,040	19,454	19,684	20,637	21,291	22,081							
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	31,105	31,727	32,361	31,552	30,764	29,994	29,245	28,513	27,801	
		Actual	28,845	29,123	29,147	29,412	30,024	30,275	30,822							
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846	
		Actual	3,169	3,306	3,435	3,366	3,281	3,390	3,402							
	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	52.0%	45.0%	50.0%	56.0%	58.0%	60.0%	66.0%	68.0%	69.0%	71.0%	73.0%	74.0%	
		Actual	47.4%	52.0%	45.2%	50.0%	47.9%	46.0%								

Resetting Cwm Taf Morgannwg – Inpatient / Day Case Activity – to 2nd October 2022

Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case





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

Elective Activity - Top 10 September 2022	Average Elective	Pre-covid Weekly	Variance	% Variance
General Surgery	125	176	-51	-29.0%
General Medicine	86	150	-64	-42.7%
Urology	72	53	19	35.8%
Gastroenterology	59	53	6	11.3%
Ophthalmology	54	49	5	10.2%
Gynaecology	32	62	-30	-48.4%
Trauma & Orthopaedic	67	116	-49	-42.2%
ENT Surgery	32	52	-20	-38.5%
Cardiology	19	24	-5	-20.8%
Oral Surgery	14	21	-7	-33.3%

The table above details the average weekly "Top Ten" specialties that have carried out the highest volumes of elective activity during September compared to the average pre-Covid levels. As can be seen, current elective activity is almost 36% higher in Urology and around 10% higher in Gastro & Ophthalmology. Alternatively activity levels are around 40% less in T&O, General Medicine, ENT & Gynaecology. Oral Surgery & General Surgery around a third less than the pre-Covid average.

How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in September currently stands at 576; an increase in activity of over 10% on the average for the previous month (521). In regards to the WG indicator, elective treatments continue to be less (around 37%) than the pre-Covid weekly average (918).

Since the start of the last financial year (2021/22) to date, CTM have sent 1,992 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,304 (on average 72 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of September 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	783	94	551	103	35	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	78	29	49	0	0	0
SPIRE - General Surgery	93	15	51	11	15	1
NUFFIELD - Orthopaedics	395	104	243	9	2	37
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	191	50	115	9	9	8
NUFFIELD - Ophthalmology	344	65	221	11	25	22

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Whilst we work on maximising our existing capacity across all elements of the patient pathway from outpatients through to diagnostics and surgery on a sustainable basis, we are working with independent providers on outsourcing opportunities to provide short term additional capacity to address our backlogs. The COO continues to lead weekly performance meetings with specialties, with the purpose of optimizing practices and enabling improvements to be realised . In addition, the meetings include monitoring of general efficiencies such as Treat in Turn and maximising capacity through using PIFU, SOS and text remind to reduce DNAs and improving day case rates. The Recovery plan incorporates:

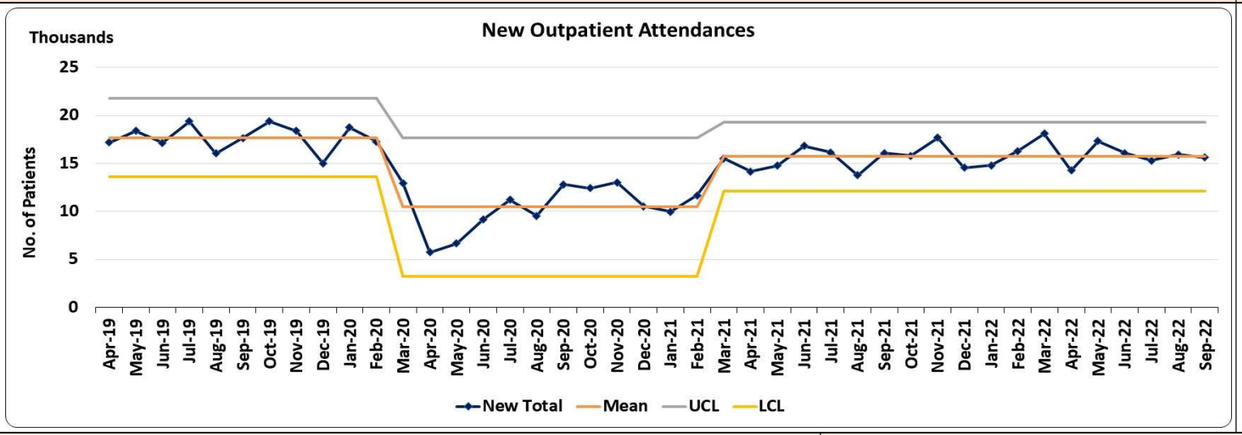
- supporting all specialties to meet the ministerial priorities
- improving productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities i.e. outsourcing to independent providers and ensuring this is delivered at the commissioned levels where funding becomes available as existing schemes come to an end, prioritising the re-investment.
- Re-designing a number of high volume pathways to transform the way in which care is delivered i.e. restructuring of Orthopaedic surgical capacity across hospital sites, targeted work on improving the DC rates

What are the main areas of risk?

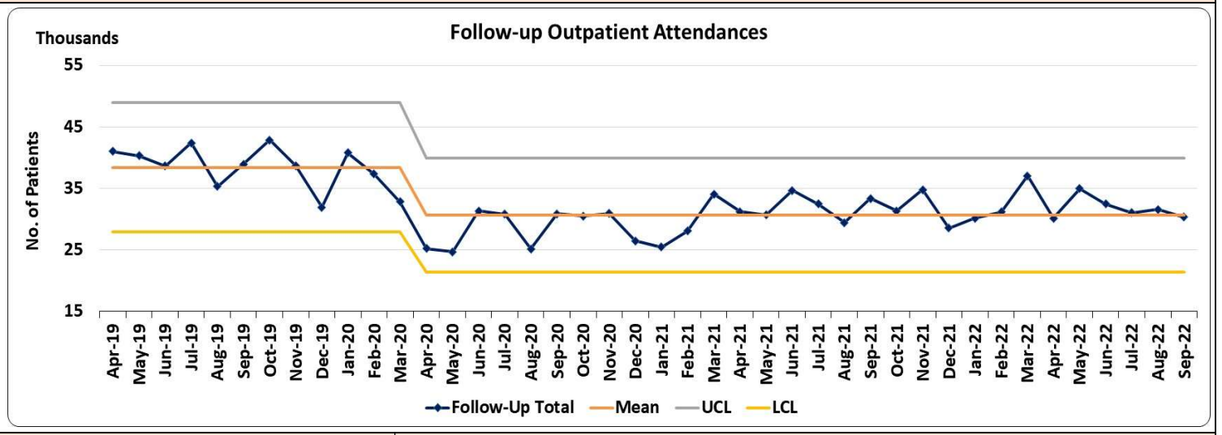
- There are a number of specialties without clear plans to make improvements to their IP/DC elective position as their capacity is predominantly being used for cancer cases. These include ENT, Gynaecology and Urology.
- Ophthalmology and Orthopaedics are areas of risk from a pure volume perspective with >5,000 patients awaiting a cataract.
- Availability of 'elective bed capacity'. Currently POW only has 9 beds identified for elective care although plans to reinstate the Day Unit are being implemented. This risk is heightened by the Winter forecast that has identified that the organisation has a 100 bed shortage going in to the Winter, and that this excludes the potential for covid and influenza to increase the bed requirement by a further 200 at the peak
- Ability to safely staff the requisite number of theatre sessions. A number of pre-Covid theatre sessions have not been reinstated.

Resetting Cwm Taf Morgannwg – Outpatient Attendances – to 2nd October 2022

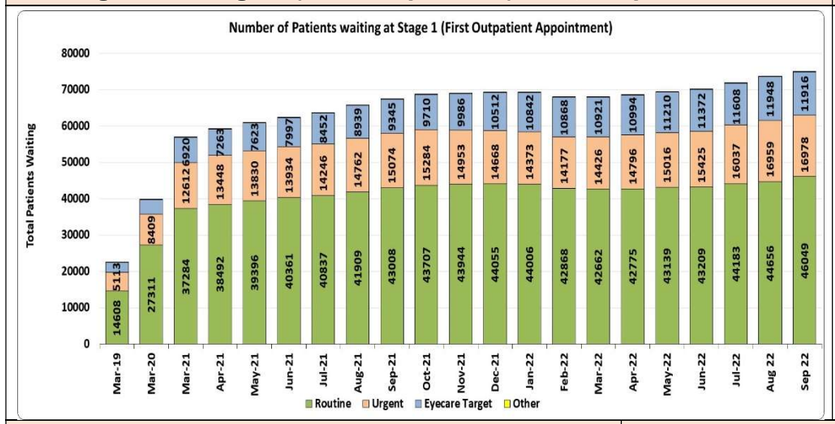
New Outpatient Attendances September 2022 – provisionally 15,610



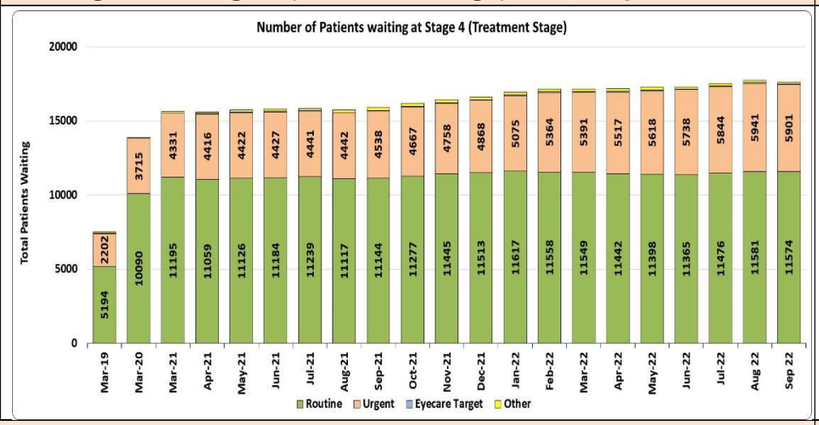
Follow-up Outpatient Attendances September 2022 – provisionally 30,336



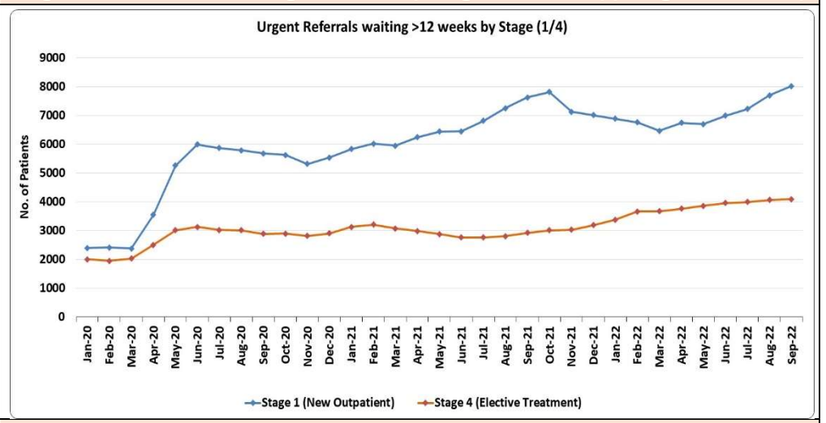
Waiting times Stage 1 (New Outpatients) - 74,974 patients



Waiting times Stage 4 (Treatment Stage) – 17,592 patients



Urgent referrals waiting >12 wks (Stage 1 – 8,028)(Stage 4 – 4,103)



How are we doing?

As at the end of September 2022, there were 74,974 patients awaiting a new outpatient appointment, of which, 16,978 (22.6%) patients were categorised as urgent and 11,916 (15.9%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of just over 11% (7,528) on the 67,446 patients waiting at the end of the equivalent period last year.

Additionally, there were 17,592 patients who were awaiting treatment and of these, 5,901 (33.5%) were categorised as clinically urgent, a small reduction (0.7%) on the August position of 5,941.

What actions are we taking & when is improvement anticipated?

Use of WISE for Pain Management patients: It has been agreed that the Health Board's Wellness Improvement Service (WISE) will be the initial intervention for Pain Management Stage 1 referrals. If following the Wellness Programme they still require the intervention of the Pain Management Consultants, they will be transferred.

Additional clinics: To reduce the number of patients waiting >156 weeks for a first appointment by the end of October, specialties including Cardiology and Oral Surgery are undertaking additional clinics. Ophthalmology are working up a proposal for super Saturdays from now until Christmas where those patients who once seen are shown to require a cataract operation can receive their pre-assessment at the same time and surgery the following week.

Virtual opportunities: Dermatology has one of the longest backlogs for stage 1 outpatients and is exploring the options for virtual support from independent providers.

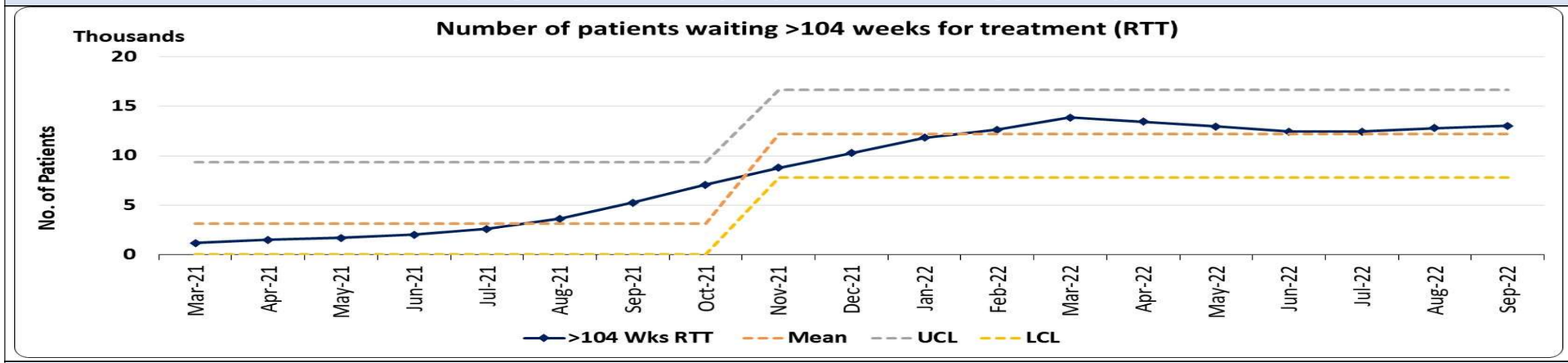
Stage 1-52+ Week Validation: The external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 and 104 weeks has been delayed from commencing work at the beginning of September to October. Whilst this has been delayed, Clinical Service Groups have been tasked with focusing on the patients waiting > 156 weeks

What are the main areas of risk?

The main areas of risk in terms of meeting the WG priority of no patients waiting over 52 weeks by the end of December are in Ophthalmology, Orthopaedics, ENT, Urology, Cardiology and Dermatology. These specialties all have patients waiting over 156 weeks for a first appointment. We are working through plans with these specialties and revising trajectories so that we can advise what the position the HB hopes to reach in these specialties by the end of December.

Referral to Treatment Times (RTT) – September 2022 (Provisional Position) – Total Open Pathways 120,566

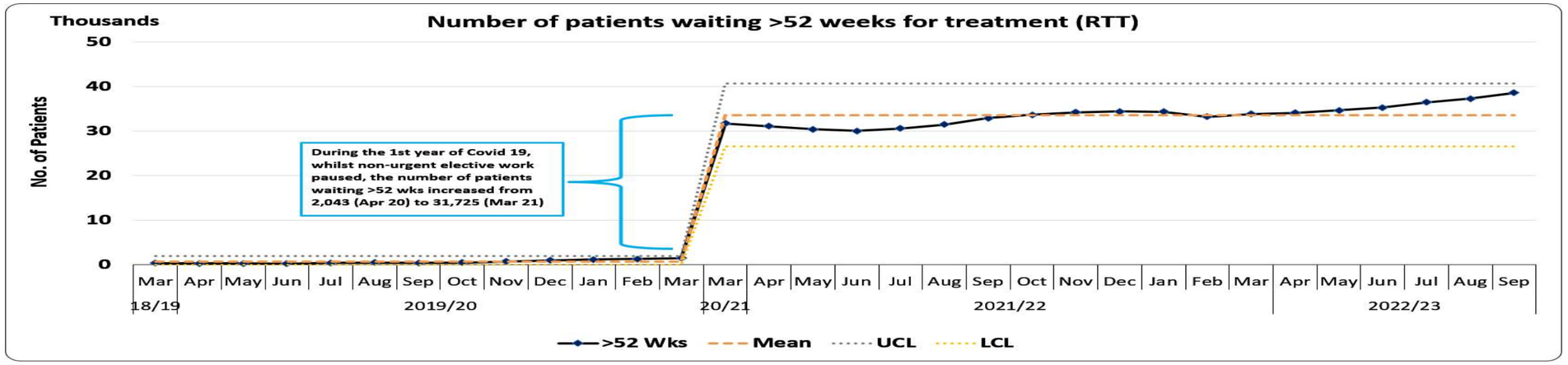
Number of patients waiting **>104 weeks (13,019)** Target - Improvement Trajectory towards a national target of Zero by 2023



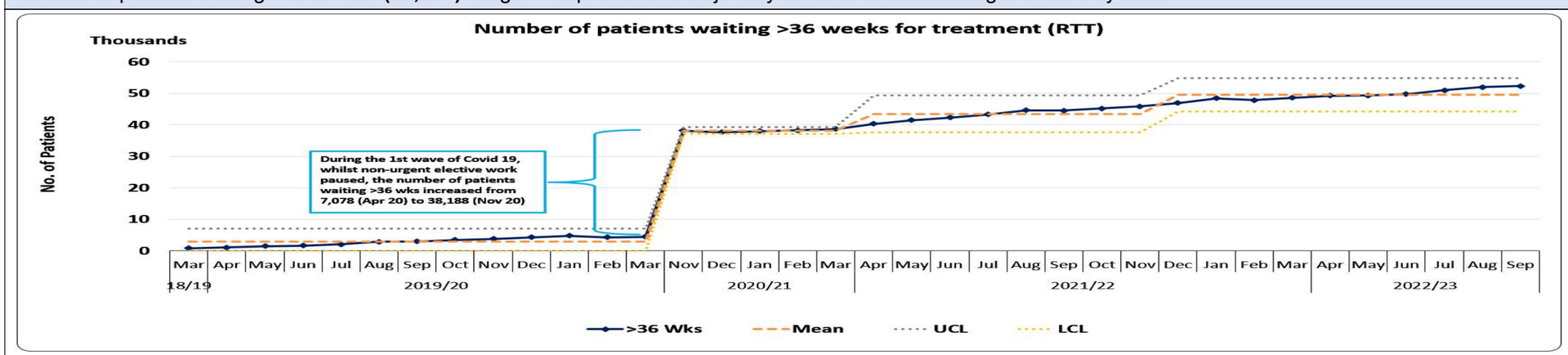
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of September is 13,019, which as it currently stands is an increase of 1.7% (221) from the reported August position.

Number of patients waiting **>52 weeks** (**38,632)**

The provisional position across the Health Board for patients waiting over 52 weeks for treatment at the end of September is 38,632, which as it currently stands is a rise of around 3.6% (1,346) from the August reported position.



Number of patients waiting **>36 weeks (52,284)** Target – Improvement Trajectory towards a national target of Zero by 2026

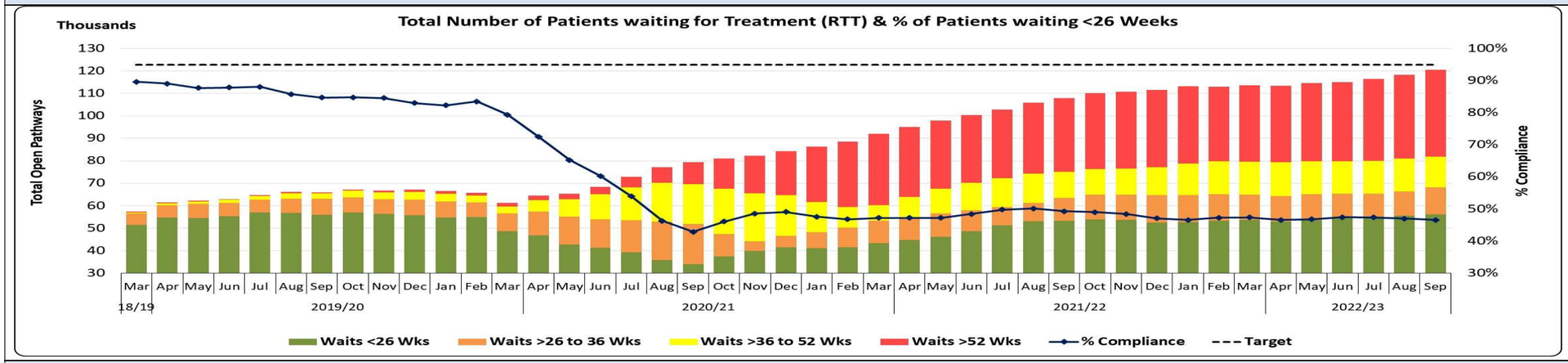


The number of patients waiting over 36 weeks at the end of September, across Cwm Taf Morgannwg, is a provisional position of 52,284 patients, which is an increase of 0.6% (320) from August (N.B. includes the 38,632 patients waiting over 52 weeks).

RTT continued on the next page…

Cont'd…Referral to Treatment Times (RTT) – September 2022 (Provisional Position) – Total Open Pathways 120,566

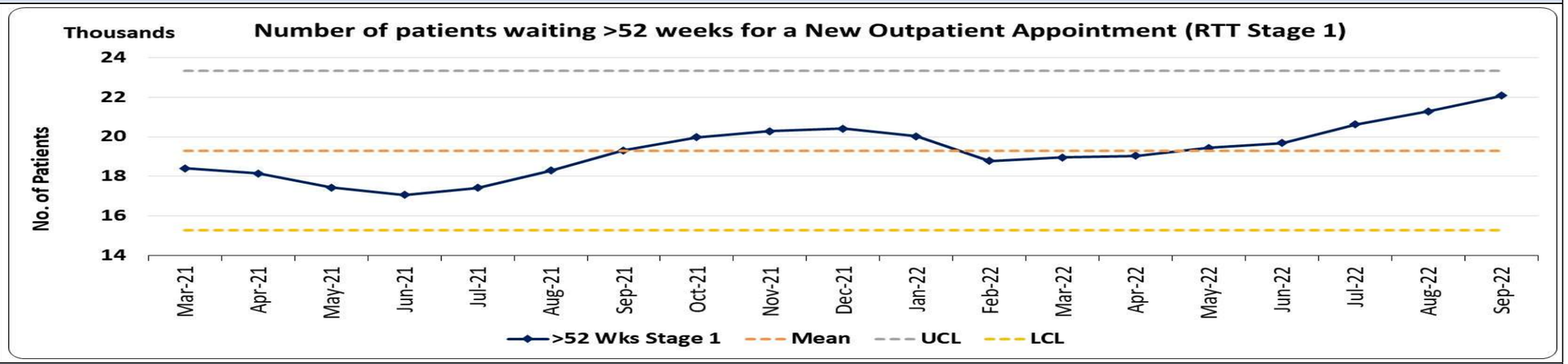
% of patients waiting less than **26 weeks (46.6%)** Target – Improvement Trajectory towards a national target of 95% by 2026



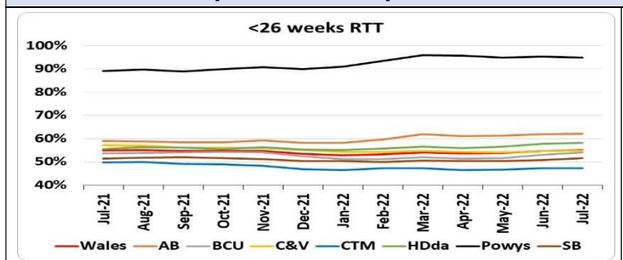
In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for September across Cwm Taf Morgannwg is a provisional 46.6%.

Number of patients waiting **over 52** weeks for a **new outpatient appointment (22,081)** Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022

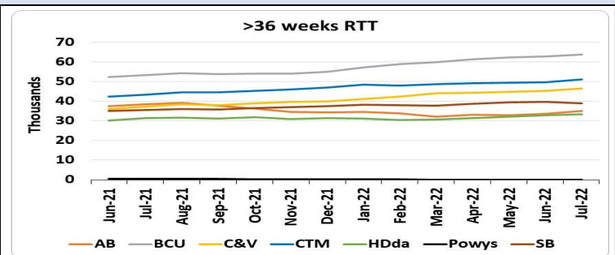
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of September is 22,081, which as it currently stands is a rise of 3.7% (790) from the August reported position.



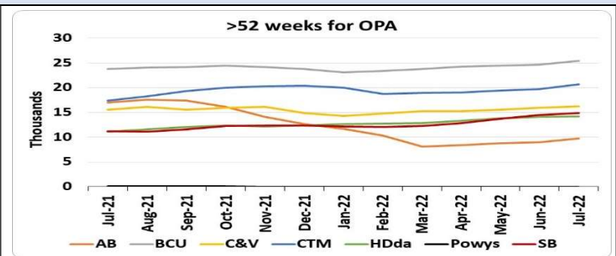
How do we compare with our peers?



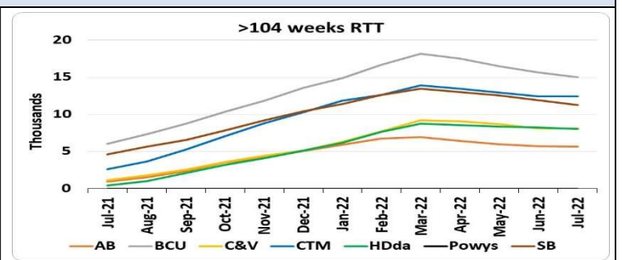
Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	95.0%	1st
AB	62.1%	2nd
HDda	58.3%	3rd
C&V	55.0%	4th
BCU	54.2%	5th
SB	51.7%	6th
CTM	**47.4%**	**7th**



Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	92	1st
HDda	33,258	2nd
AB	34,998	3rd
SB	38,946	4th
C&V	46,553	5th
CTM	**51,011**	**6th**
BCU	63,754	7th



Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	0	1st
AB	9,783	2nd
HDda	14,168	3rd
SB	14,904	4th
C&V	16,235	5th
CTM	**20,637**	**6th**
BCU	25,379	7th



Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	0	1st
AB	5,677	2nd
HDda	8,036	3rd
C&V	8,100	4th
SB	11,280	5th
CTM	**12,449**	**6th**
BCU	15,015	7th

RTT continued on the next page…

Cont'd…Referral to Treatment Times (RTT) – September 2022 (Provisional Position)

Specialty Breakdown – September 2022 (Provisional Position)

Total number of open pathways per specialty - September 2022 (provisional)

Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	429	17.4%	143	234	1664	2470
Cardiology	3161	58.5%	669	625	945	5400
Care of the Elderly	7	100.0%	0	0	0	7
Dermatology	4330	47.6%	838	844	3085	9097
Endocrinology	197	84.2%	23	14	0	234
Gastroenterology	1892	51.6%	371	463	941	3667
General Medicine	1744	67.9%	291	242	293	2570
Nephrology	136	78.6%	21	11	5	173
Respiratory Medicine	1343	68.1%	223	203	203	1972
Rheumatology	794	48.8%	130	143	561	1628
Sport and Exercise Medicine	13	100.0%	0	0	0	13
Thoracic Medicine	531	78.7%	70	58	16	675
Diagnostics	5606	51.9%	1225	1164	2810	10805
Therapies	2447	77.6%	153	145	409	3154
ENT	4622	37.3%	1166	1547	5055	12390
Ophthalmology	5616	37.5%	1545	2029	5778	14968
Oral Surgery	1701	50.4%	317	416	943	3377
Orthodontics	188	56.6%	32	43	69	332
Restorative Dentistry	55	28.9%	13	25	97	190
Gynaecology	4026	54.1%	815	812	1783	7436
Paediatric Neurology	1	100.0%	0	0	0	1
Paediatrics	2167	87.6%	207	58	42	2474
Haematology (Clinical)	131	100.0%	0	0	0	131
General Surgery	3961	39.2%	1139	1319	3688	10107
Trauma & Orthopaedic	5596	37.9%	1535	1868	5783	14782
Urology	3049	40.9%	720	838	2849	7456
Breast Surgery	619	48.4%	90	139	430	1278
Colorectal	1832	48.5%	352	412	1183	3779
Total	**56194**	**46.6%**	**12088**	**13652**	**38632**	**120566**

How are we doing?

At the end of September 2022, the provisional position for the over 52 week waiting list saw volumes increase by 3.6% on the previous month, bringing the total to 38,632. Compared to the position at the end of September 2021; the current position represents an increase of just over 17.3% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. Weekly performance meetings are in place with specialties

In addition to the continuing programmes for 2021/22, initiatives include:

- Ensuring that general efficiencies are in place through the weekly performance meetings including understanding why a number of specialties are unable to return to pre-Covid levels in both outpatients and inpatients/day cases and how these issues can be resolved. Treat in turn is also being implemented across the HB with patients transferring from different hospital sites.
- In parallel, solutions for additional capacity is being put in place across the patient pathway with the target of clearing the stage 1 over 156 week waits by the end of October in all bar three specialties.
- Pathway improvement programme to increase the proportion of activity that can be safely and effectively undertaken as day case procedures. This work has been supported by Grant Thornton.
- Funding of additional diagnostic capacity to improve waits within the Cancer pathway and routine elective care.

- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated from November through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment; delays in approval to recruit to existing posts within the structure that have become vacant and new posts. The Scrutiny Panel is adding further delays to an already protracted process.
- Staff fatigue / willingness to support additional capacity: Additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- WPAS issue does not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over- reporting and potentially adverse outcome for our patients.

Diagnostics & Therapies – September 2022 (Provisional Position)

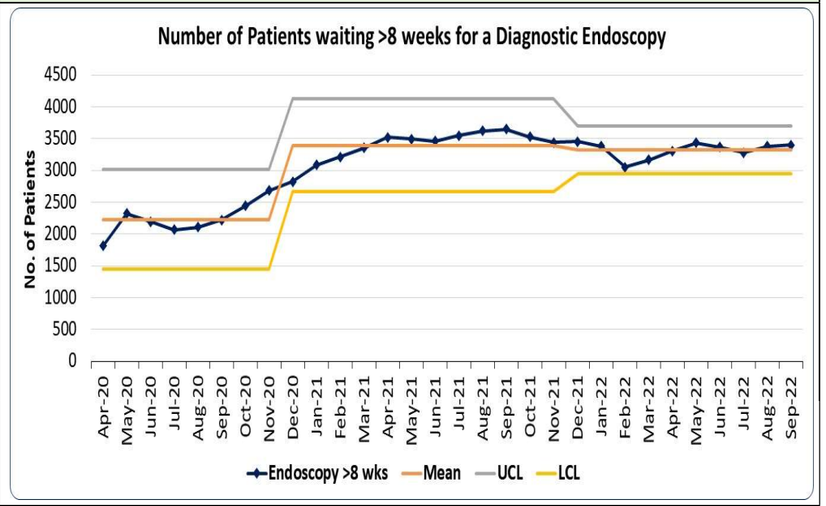
Number of patients waiting >8 weeks for Diagnostics – Target Zero	Number of patients waiting >14 weeks for Therapies – Target Zero	Number of patients waiting >8 weeks for a Diagnostic Endoscopy Target - Improvement Trajectory towards national target of Zero by March 2026
Total >8 weeks 15,585	**Total >14 weeks 1,602**	**Total >8 weeks 3,402**

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology	Echo Cardiogram	453
Cardiology Services	Cardiac CT	105
	Cardiac MRI	6
	Diagnostic Angiography	100
	Stress Test	59
	DSE	85
	TOE	21
	Heart Rhythm Recording	204
	B.P. Monitoring	2
Bronchoscopy		3
Colonoscopy		790
Gastroscopy		893
Cystoscopy		482
Flexi Sig		1234
Radiology	Non-Cardiac CT	361
	Non Cardiac MRI	805
	NOUS	9513
	Non-Cardiac Nuclear Medicine	2
Imaging	Fluoroscopy	33
Physiological Measurement	Urodynamics	183
Neurophysiology	EMG	119
	NCS	132
Total		15585

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,500	14,284
2022/23	15,437	15,579	15,363	15,080	15,315	15,585						

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	6
Audiology	165
Dietetics	1345
Occupational Therapy	42
Physiotherapy	20
Podiatry	0
Speech & Language	24
Total	**1602**

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,570	1,795	1,602						



How are we doing?

Diagnostics: Provisionally, at the end of September, 15,585 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents an increase of 1.8% (270) from the reported position in August. This rise is due in part to an increase in the number of patients waiting in excess of 8 weeks for Echocardiogram, up from 357 in August to 453 breaching patients in September. The NOUS service continues to have the highest volume of breaching patients with 9,513 currently waiting over 8 weeks for a scan.

Therapies: There are provisionally 1,602 patients breaching the 14 week target for therapies in September, a decrease of 193 (10.8%) on the reported position for August. This improvement can be attributed, in part, to the fall in the number of breaching patients for Audiology which currently stands at 165 (328 in August).

The Dietetic service accounts for almost 85% of the total patients waiting beyond the 14 week target for therapies and currently stands at 1,345 breaching patients.

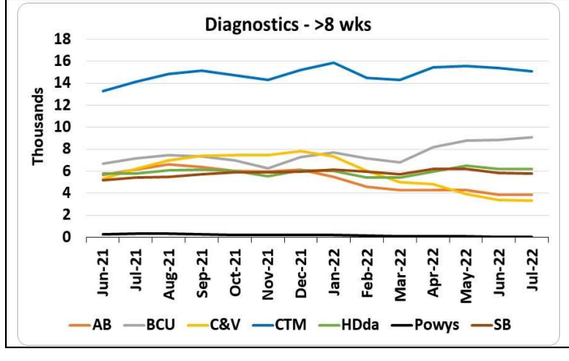
What actions are we taking & when is improvement anticipated?

- Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and put remedial actions in place.
- Weekly tracker implemented to monitor performance.
- Validation of US, MR, CT waiting lists ongoing.
- Realigning patient bookings around clinical priority.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.
- Additional staff funded for the additional Mammography machine in the new Breast Unit.
- Work ongoing in streamlining the Cancer Prostate and Stroke Pathway.
- Additional patient lists are running to reduce waiting times.
- Demand and Capacity of services commenced.
- Discussions held around potential additional capacity through insourcing/outsourcing.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board once cases for MRI and CT are also complete.

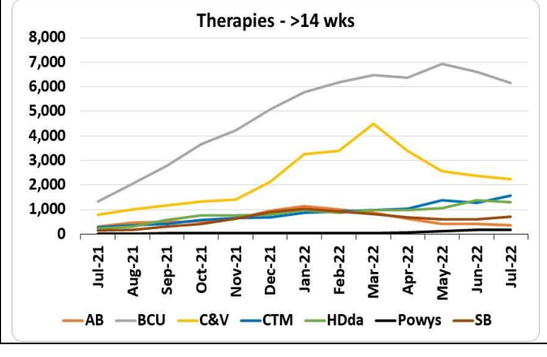
What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Limited staff numbers coming through via the staff bank.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Cardiopulmonary diagnostic services need additional staff to address the backlog.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.

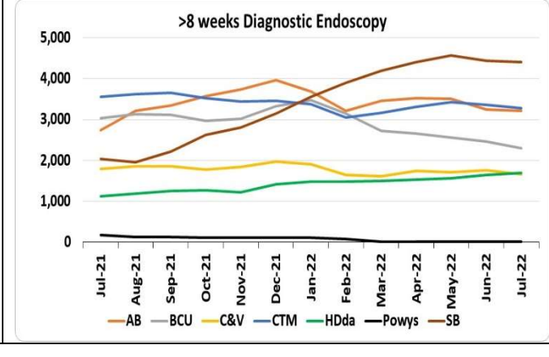
How do we compare with our peers?



Status as at July 2022		
Health Board	Compliance	Rank
Powys	22	1st
C&V	3,297	2nd
AB	3,882	3rd
SB	5,804	4th
HDda	6,223	5th
BCU	9,078	6th
CTM	**15,080**	**7th**



Status as at July 2022		
Health Board	Compliance	Rank
Powys	179	1st
AB	371	2nd
SB	714	3rd
HDda	1,286	4th
CTM	**1,570**	**5th**
C&V	2,238	6th
BCU	6,151	7th

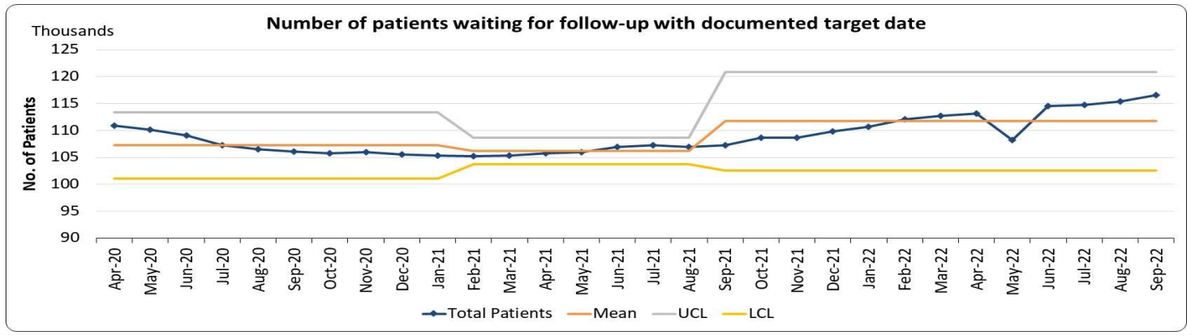


Status as at July 2022		
Health Board	Compliance	Rank
Powys	7	1st
C&V	1,666	2nd
HDda	1,703	3rd
BCU	2,306	4th
AB	3,212	5th
CTM	**3,281**	**6th**
SB	4,407	7th

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

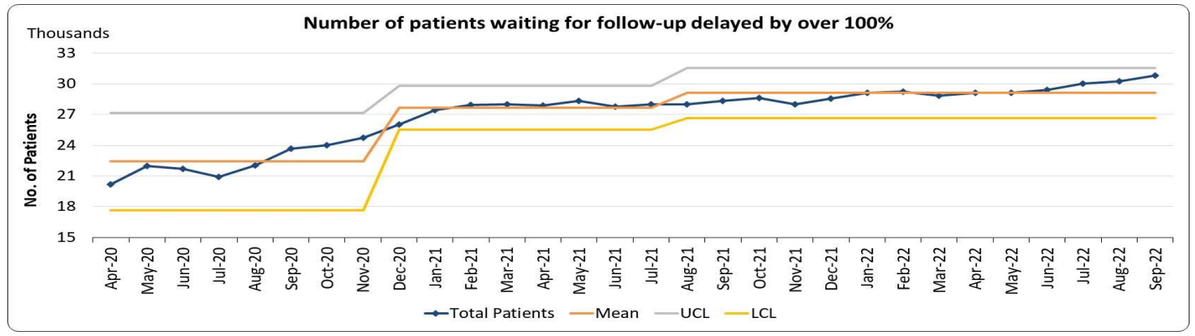
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
12	76,521	40,000	116,533

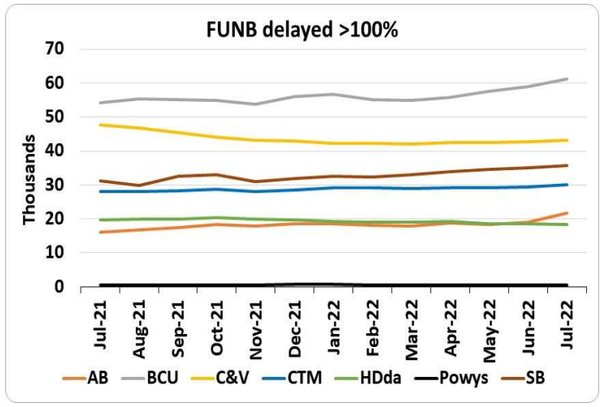


Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

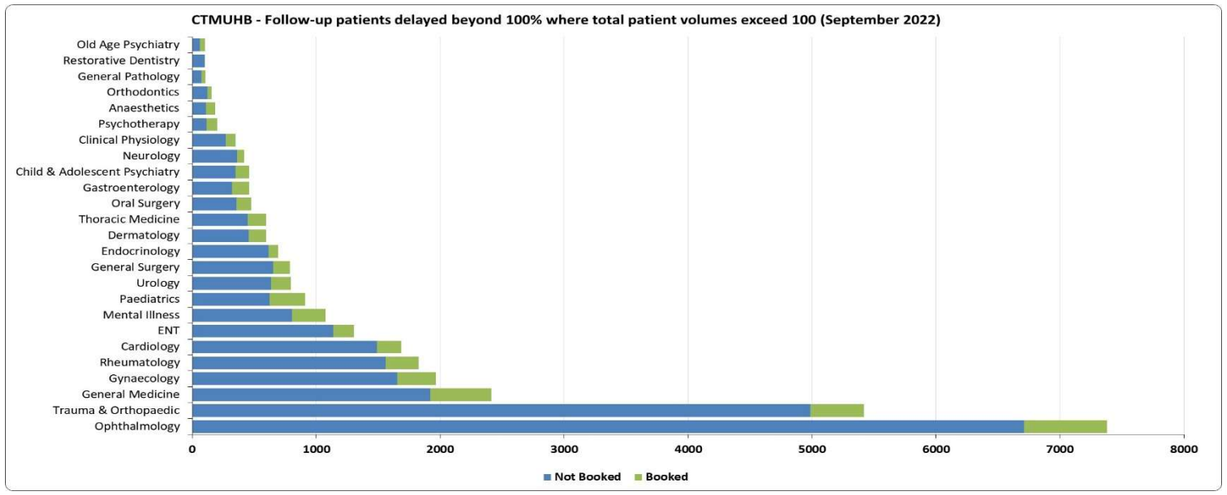
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
26,197	4,625	30,822	26.4%



How do we compare with our peers?



Status as at July 2022		
Health Board	Compliance	Rank
Powys	502	1st
HDda	18,257	2nd
AB	21,650	3rd
CTM	**30,024**	**4th**
SB	35,659	5th
C&V	43,243	6th
BCU	61,177	7th



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of September provisionally stands at 116,533 and of those patients waiting, 30,822 have seen delays of over a 100% past their target date, representing an increase of just under 9% on the equivalent period last year.

The number of patients without a documented target date stands at 12.

What actions are we taking & when is improvement anticipated?

Clinical validation of follow ups not booked (FUNB) in Ophthalmology and Orthopaedics was undertaken during Covid in Bridgend with significant numbers identified as not requiring follow up and suitable for discharge. Due to the volume of patients, they have not yet been removed from the waiting list and work is taking place with the Informatics for a digitalized solution.

An Outpatient Transformation Programme Board is in place which is focused on the following:

- Validation for 2022/23 as described previously
- SOS/ PIFU Pathway Projects which are looking to be rolled out across all specialties in 2022/23, unless there are clinical exceptions.

Targeted work on reducing the number of follow ups not booked across specialties has reduced the number of years that FUNBs are reported as waiting by five years. This work is continuing.

What are the main areas of risk?

There has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 116,521 patients (76,521 not booked & 40,000 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialities across the health board with figures currently at 29,677 for those two specialties, of which around 43% (12,799) are delayed beyond 100% of their target date.

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

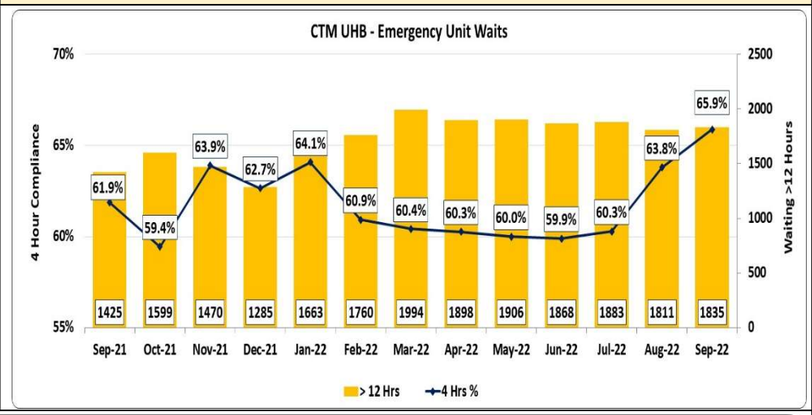
- Total New Patients seen: 15,610; which as it currently stands is around a 14% reduction on the Pre-Covid average (19/20) of 18,186, and is almost 3% lower than attendances during the same period last year.

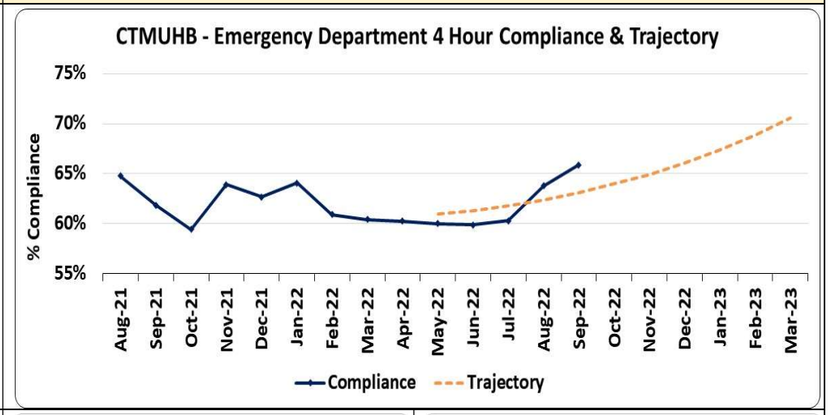
- Total Follow-up Patients seen: 30,336; almost a 25% reduction on the Pre-Covid average (19/20) of 40,500, and a 9% reduction on the equivalent period last year.

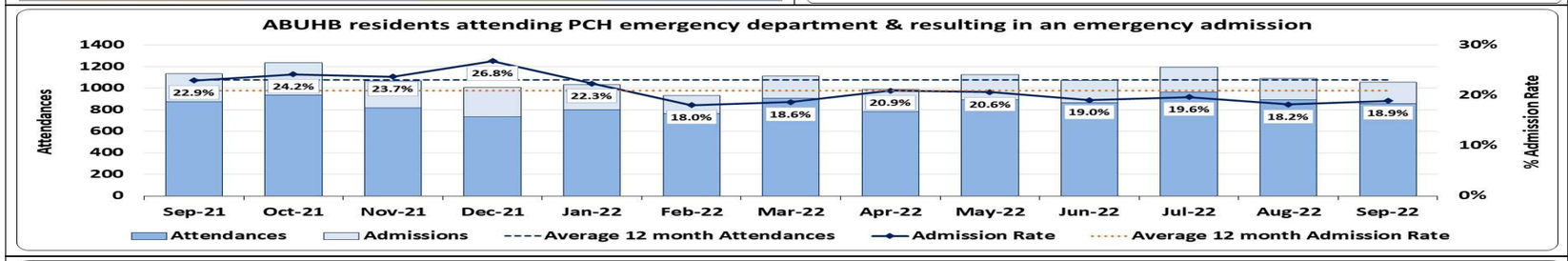
Emergency Unit Waits – September 2022 (Provisional Position)

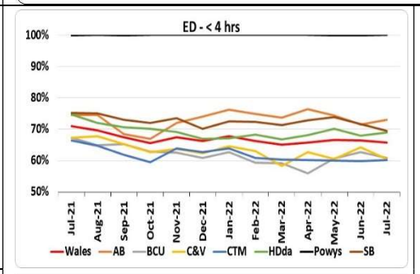
Number of Attendances	% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%	Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero
14,635	**65.9% were seen within 4 hours (Waiting >4 hrs 4,994)**	**12.5% of patients were waiting over 12 hours (1,835)**

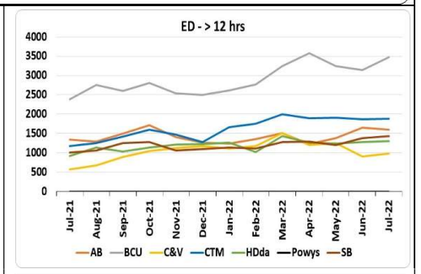
Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Sep-21	5086	51.6%	686	5219	74.5%	270	4914	55.8%	469	15650	61.9%	1425
Oct-21	5129	52.0%	640	5075	69.6%	325	4900	54.7%	634	15353	59.4%	1599
Nov-21	4739	53.2%	603	4703	74.7%	325	4485	61.2%	542	14258	63.9%	1470
Dec-21	4485	55.3%	541	4564	72.1%	310	4211	58.5%	434	13464	62.7%	1285
Jan-22	4503	55.7%	753	4608	73.9%	403	4242	58.1%	507	13788	64.1%	1663
Feb-22	4351	55.3%	753	4362	69.1%	429	3997	53.5%	578	13135	60.9%	1760
Mar-22	5259	50.4%	964	5104	69.3%	417	4798	57.4%	613	15672	60.4%	1994
Apr-22	4750	57.1%	824	4681	68.0%	534	4452	51.7%	540	14298	60.3%	1898
May-22	5119	57.5%	767	4972	68.1%	491	4947	51.2%	648	15455	60.0%	1906
Jun-22	4942	57.6%	722	5013	66.9%	564	4752	51.1%	582	15162	59.9%	1868
Jul-22	5285	53.7%	872	4991	68.9%	428	4915	55.5%	583	15580	60.3%	1883
Aug-22	5016	59.0%	817	4881	69.2%	422	4660	60.7%	572	14891	63.8%	1811
Sep-22	4805	59.1%	766	4802	70.1%	547	4661	65.8%	522	14635	65.9%	1835

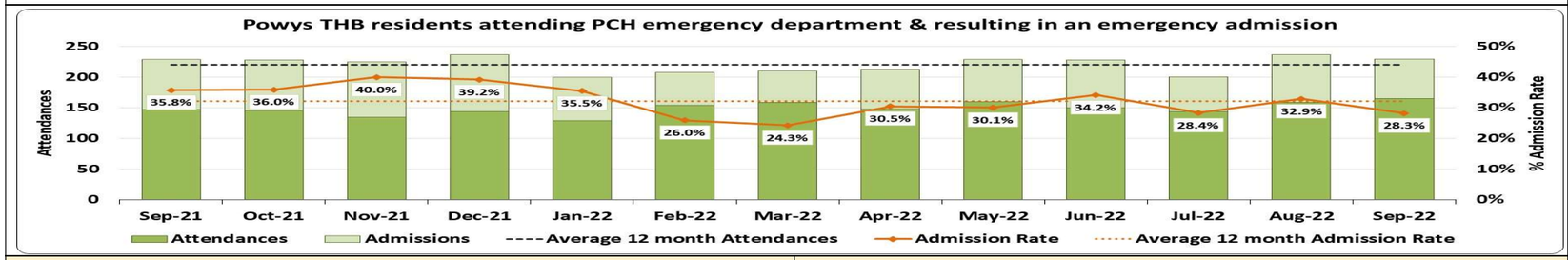












Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	100.0%	1st
AB	73.1%	2nd
SB	69.4%	3rd
HDda	68.9%	4th
BCU	60.9%	5th
C&V	60.6%	6th
CTM	**60.2%**	**7th**

Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	0	1st
C&V	984	2nd
HDda	1,309	3rd
SB	1,439	4th
AB	1,603	5th
CTM	**1,883**	**6th**
BCU	3,478	7th

How are we doing?

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, improved to 66%. Whilst this is well below desired standards, it demonstrates improvements are being made.

As per the table above, the UHB continues to experience challenges at PCH, with compliance similar to last month at around 59%. Improvements were observed this month at POW in both the 4 (65.8%) and 12 hour (522 breaches) compliance with RGH remaining reasonably stable at 70.1% for the 4 hour compliance, but recording a 30% increase in the number of patients breaching 12 hours, bringing the total to 547 during September. The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments continues to be in the region of 12.5% of the total attendances, bringing the overall total of breaching patients to 1,835 compared to the WG minimum standard of zero.

What actions are we taking & when is improvement anticipated?

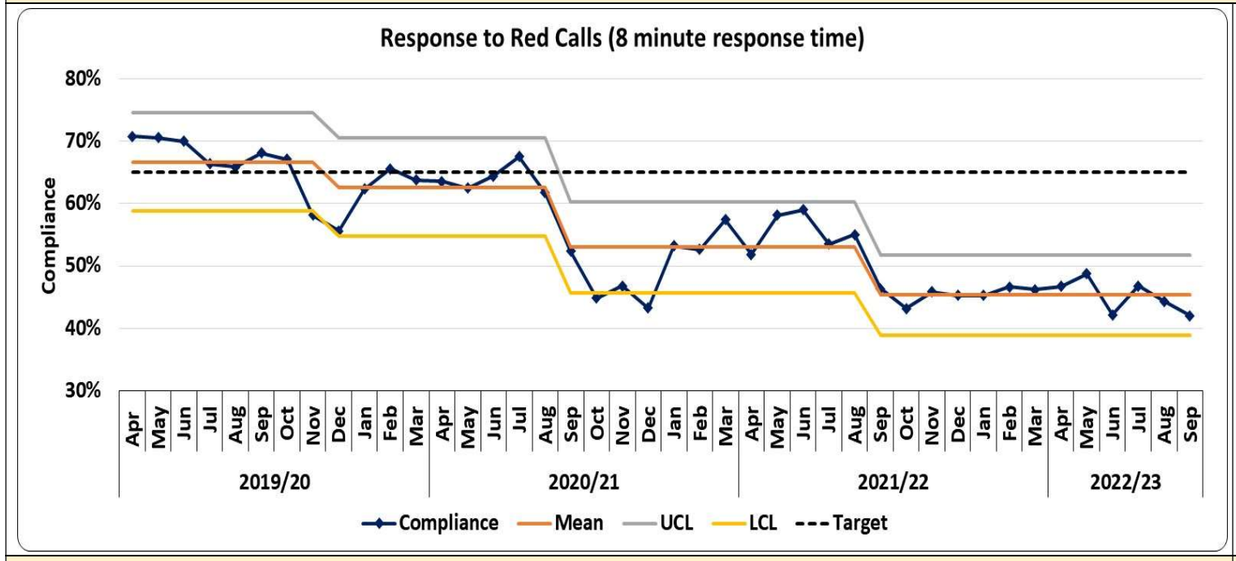
- Complete resetting of the governance structure is ongoing
- 6 Goals for Urgent and Emergency Care Programme, with 24 task and finish groups, fully established with priorities aligned to the implementation of D2RA Pathways and enabling efficient discharge processes to support improvements of flow.
- Improving the Trauma Service
- CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – Bed Management and Flow Task & Finish Group to complete by end of October 2022
- Data Sharing Agreement with Local Authorities in progress to enable effective data input and information transfer across patient pathways (One List and e-ToC)

What are the main areas of risk?

- Significant risk in social care capacity and funding
- D2RA Pathway 2 will have resource gaps to meet demand – need to identify funding resources
- Need decisions re: allocation of therapy resources within CTM to drive effective D2RA pathway 3 in community beds
- Supported Discharge Team resource insufficient – need to identify funding resources
- Seasonal demand plus exceptional covid and influenza demand, exacerbated by the challenges in social care may result in significant inefficiencies to care delivery, flow and consequently detriment to patient care, safe staffing levels and staff morale.

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

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance August 2022 – 42.0%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% *(Please note that the data respresents WAST Operational area)*

	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
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%
Jun-22	80	35	43.8%	299	124	41.5%	169	72	42.6%	548	231	42.2%
Jul-22	106	43	40.6%	314	152	48.4%	172	82	47.7%	592	277	46.8%
Aug-22	83	41	49.4%	248	108	43.5%	136	58	42.6%	467	207	44.3%
Sep-22	97	52	53.6%	281	109	38.8%	150	61	40.7%	528	222	42.0%

How are we doing?

Response to Red Calls:

Response times during September to life-threatening calls, fell slightly to 42.0% in comparison to the previous month (44.3%), and remaining well below the compliance threshold of 65%. As can be seen in the chart above, there has been no significant change since September of last year with the performance trend demonstrating natural variation with average response times for CTMUHB for the past 12 months equating to 45.2%.

The Welsh average for September saw half of emergency responses arriving at the scene within 8 minutes, a similar position to August and has remained below target since August 2020.

There was a 13% increase in the volume of Red Calls during September (528) compared to the previous month, as shown in the top right table. Volumes remain higher than pre-Covid levels (currently 52% higher) which averaged 347 per month, with the average pre-Covid response times just under the compliance threshold at 64.7%.

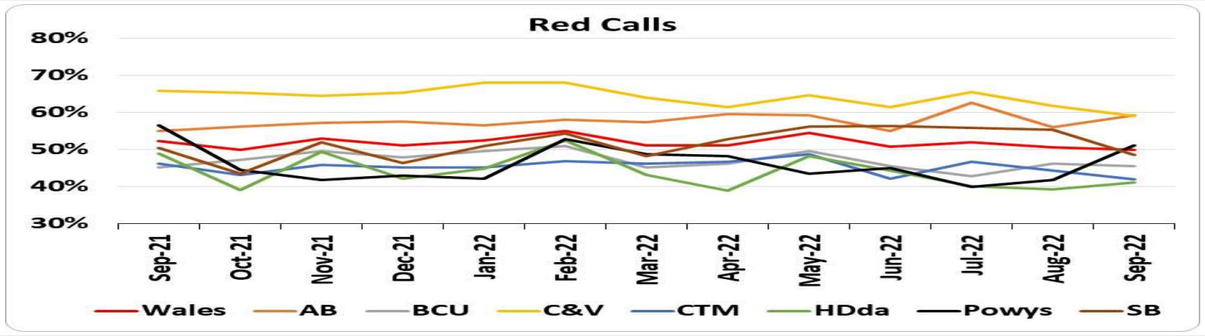
Immediate Vehicle Release Requests

	PCH			RGH			POW		
Period	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	15	6	40.0%	17	9	52.9%	24	1	4.2%

Immediate Release Requests (shown above) received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 56 during September. The ED services were able to support affirmatively 16 (28.6%) of those requests.

Red Calls – Red Release Standard Operating Procedure approved 10th October 2022 via Emergency Department T&F Group with review period set up at 4 weeks.

How do we compare with our peers?

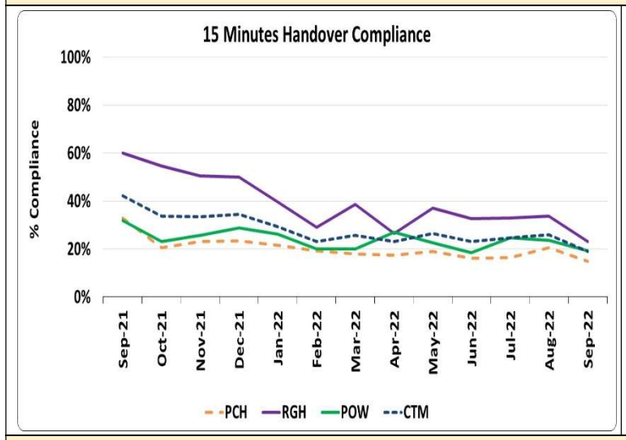


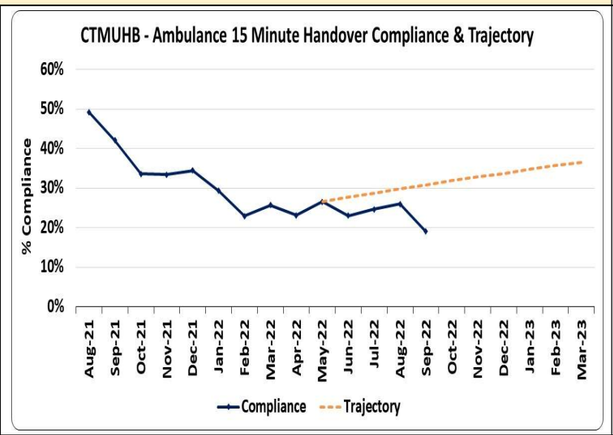
Status as at September 2022		
Health Board	Compliance	Rank
AB	59.3%	1st
C&V	59.1%	2nd
Powys	51.2%	3rd
SB	48.6%	4th
BCU	45.5%	5th
CTM	**42.0%**	**6th**
HDda	41.2%	7th

Emergency Ambulance Services - Handover Compliance – September 2022

Number of ambulance handovers within 15 minutes – Target Improvement

Total handovers 2,107 of which 401 handovers were within 15 minutes (19.0%)

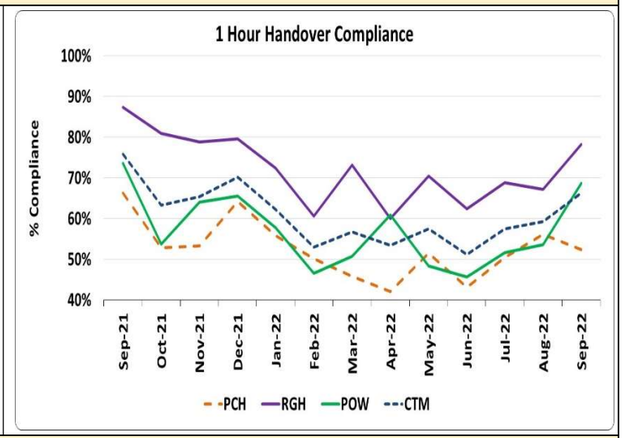




Number of ambulance handovers over 1 hour – Target Zero

995 handovers were over 1 hour (66.3% 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 %
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%
Jun-22	777	16.2%	43.1%	845	32.5%	62.4%	593	18.4%	45.7%	2215	23.0%	51.2%
Jul-22	796	16.3%	50.4%	790	32.9%	68.9%	596	24.7%	51.7%	2182	24.6%	57.4%
Aug-22	808	20.5%	56.1%	748	33.7%	67.1%	568	23.6%	53.5%	2124	26.0%	59.3%
Sep-22	761	14.8%	52.4%	756	23.1%	78.3%	590	19.2%	68.6%	2107	19.0%	66.3%



How are we doing?

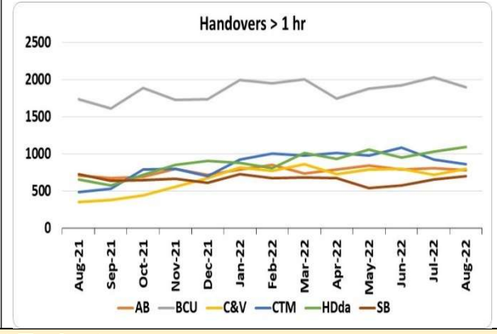
During September the 15 minute handover compliance fell to the lowest level of just 19%, whilst the compliance of handovers within 1 hour improved to 66.3%.

The number of Ambulance conveyances were at similar levels to the previous month, bringing the total to 2,107. The volume is around 4% lower than the volume seen in the comparable period of 2021.

What actions are we taking & when is improvement anticipated?

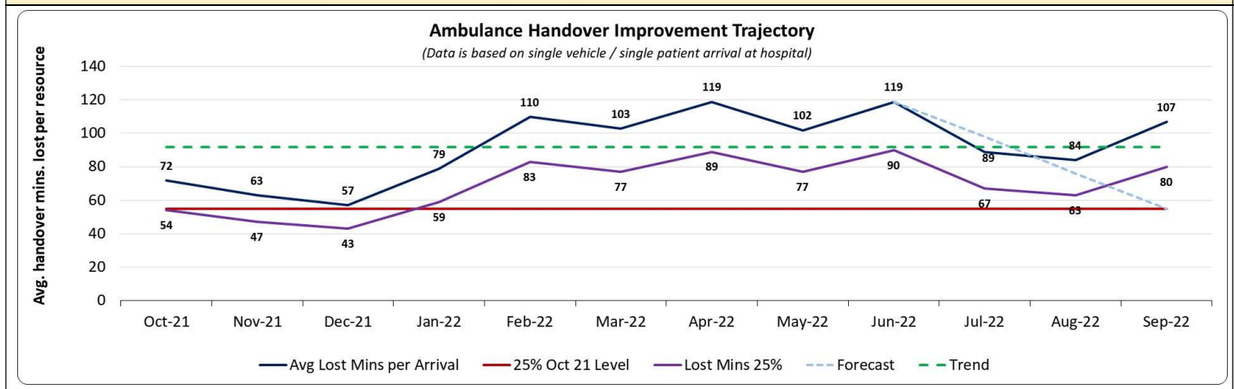
- Complete resetting of USC governance structure - ongoing
- Implementation of D2RA (as page 27)
- Improving the trauma service
- CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – Bed Management and Flow Task & Finish Group to complete by beginning of October 2022

How do we compare with our peers?



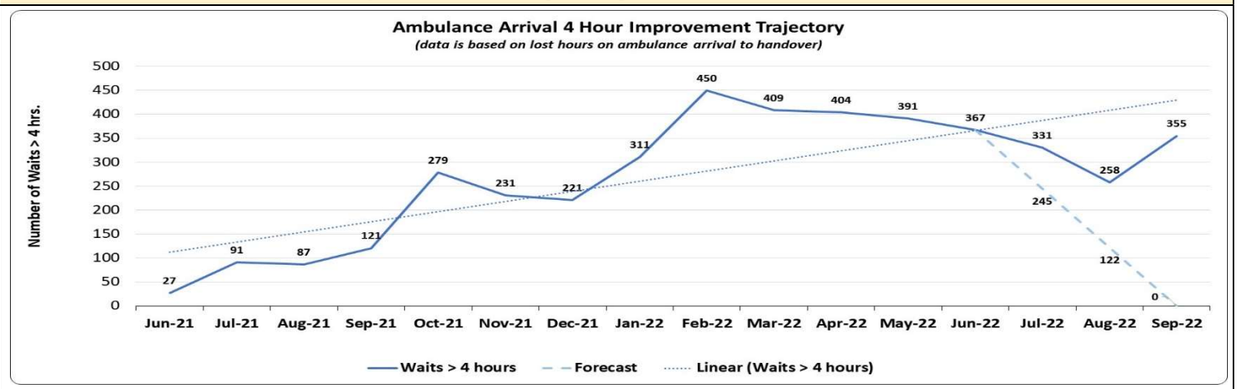
Status as at August 2022		
Health Board	Compliance	Rank
SB	706	1st
AB	782	2nd
C&V	804	3rd
CTM	**865**	**4th**
HDda	1,094	5th
BCU	1,898	7th

Ambulance Handover Improvement Trajectory



The graph above shows indicates that the UHB has yet to achieve the improvements in handover times we aspire to deliver this year. The observed average handover rates took an average 107 minutes in September (navy blue line), which is above the 12 month average of 91 minutes (green dashed line) and above the light blue line which represented a straight line trajectory to achieve our local ambition of reducing times to 75% of the previous year's position.

Ambulance Arrival 4 Hour Improvement Trajectory



The graph above shows the current level of ambulance waiting outside Emergency Departments over 4 hours. Based on the previous data from June 2021 the current trend line is showing an upwards trend. Reducing this level to 0 ambulance waits over 4 hours by September 2022 is shown as a dashed line.

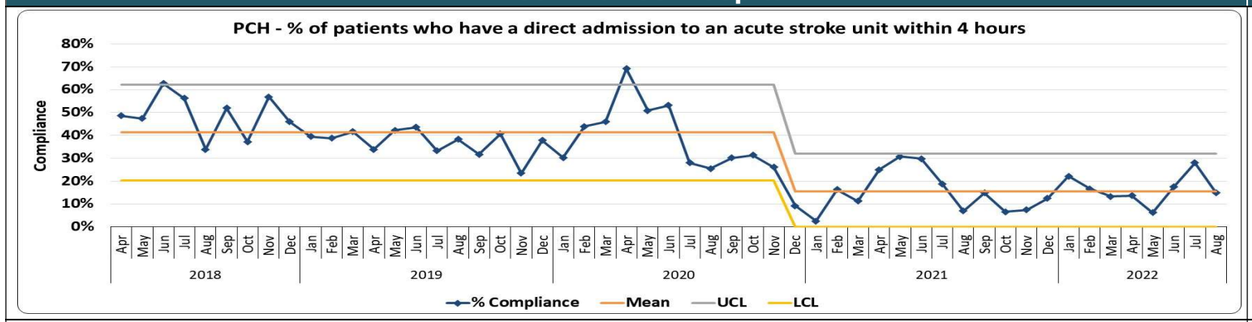
Reduction Scale 367 :

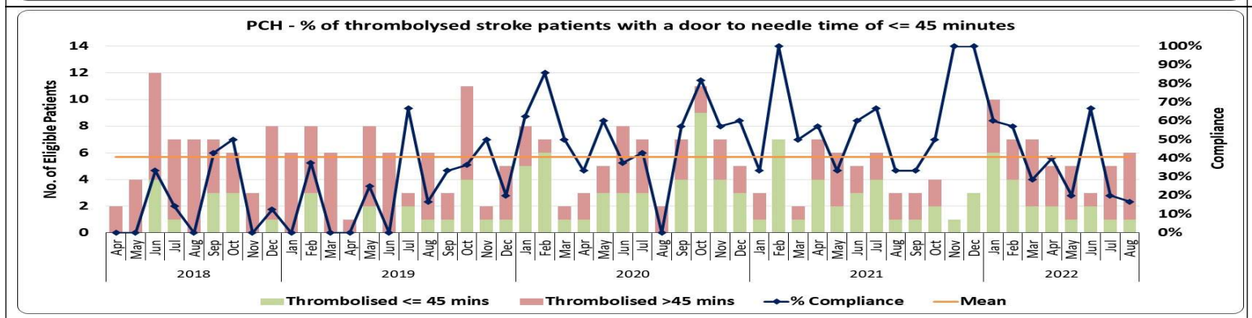
- June – July 2022 66.8% (245)
- July – August 2022 49.8% (122)
- August – September 2022 100% (0)

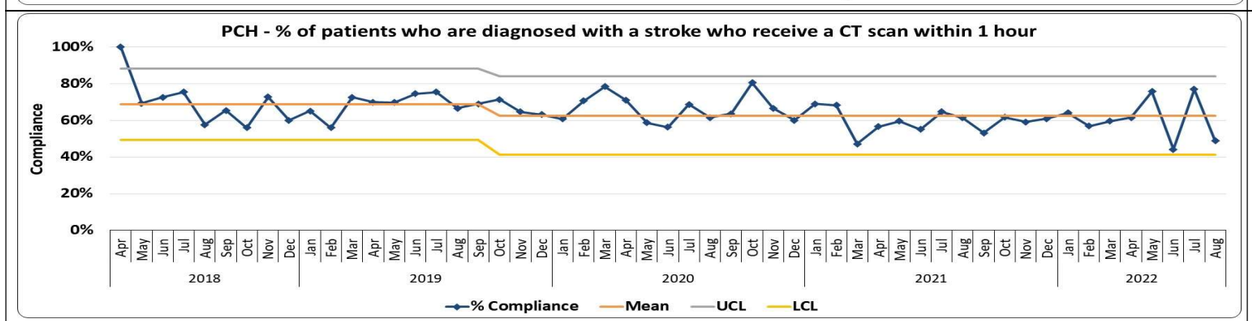
Stroke Quality Improvement Measures (QIMs) – August 2022

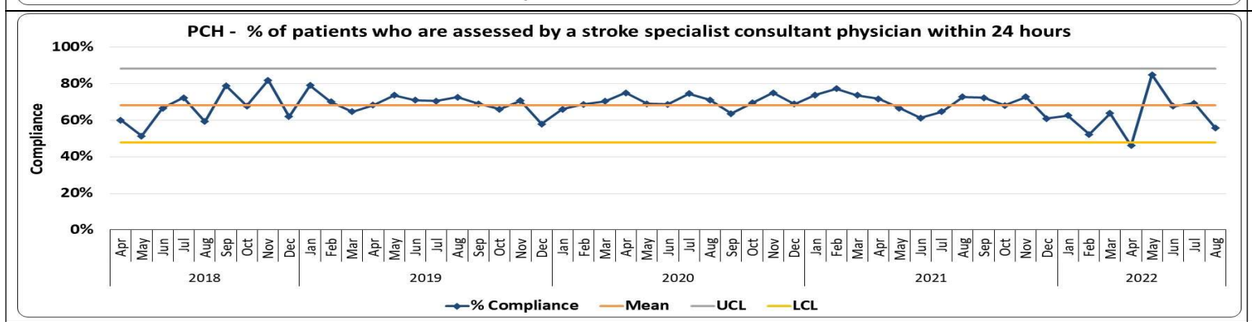
% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	**POW**	**CTM**	**PCH**	**POW**	**CTM**	**PCH**	**POW**	**CTM**	**PCH**	**POW**	**CTM**
15.0%	**0%**	**9.5%**	**16.7%**	**0%**	**14.3%**	**48.8%**	**26.1%**	**40.9%**	**55.8%**	**43.5%**	**51.5%**

Prince Charles Hospital

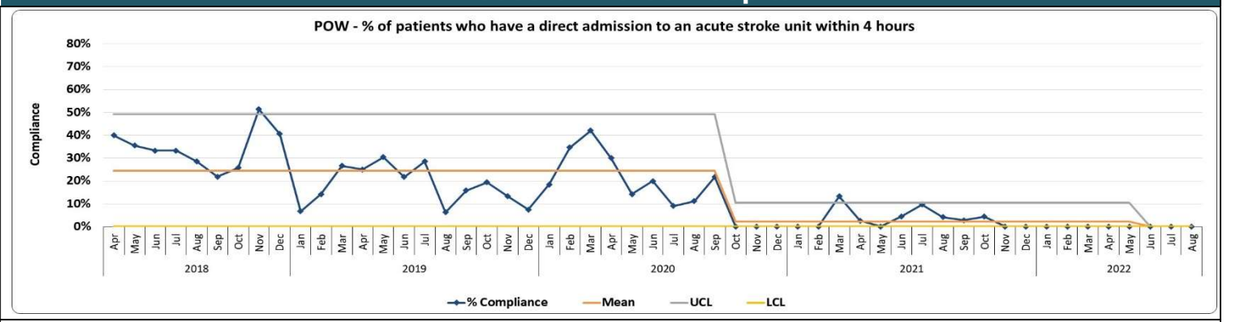


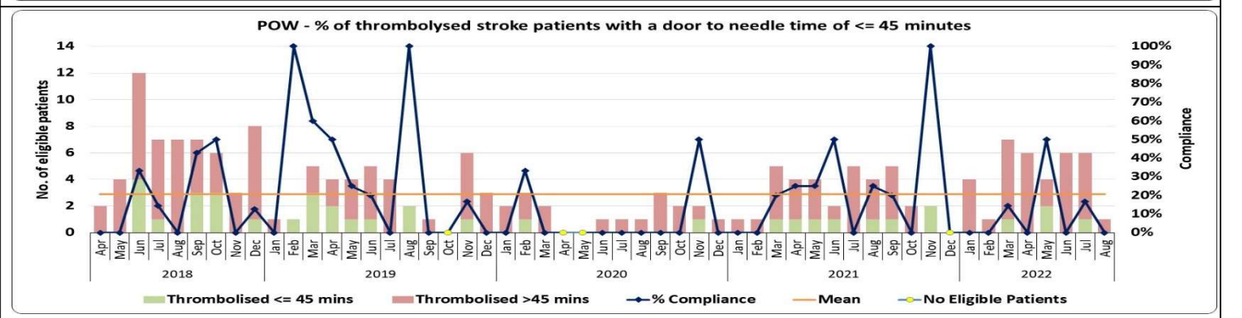


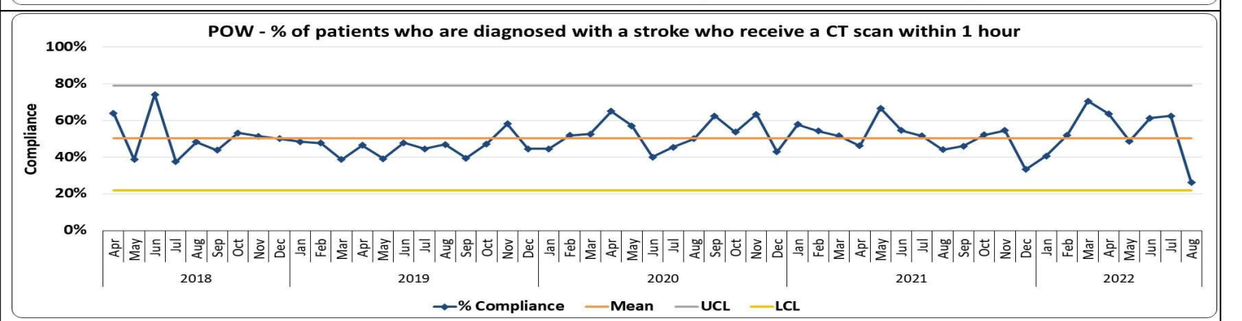


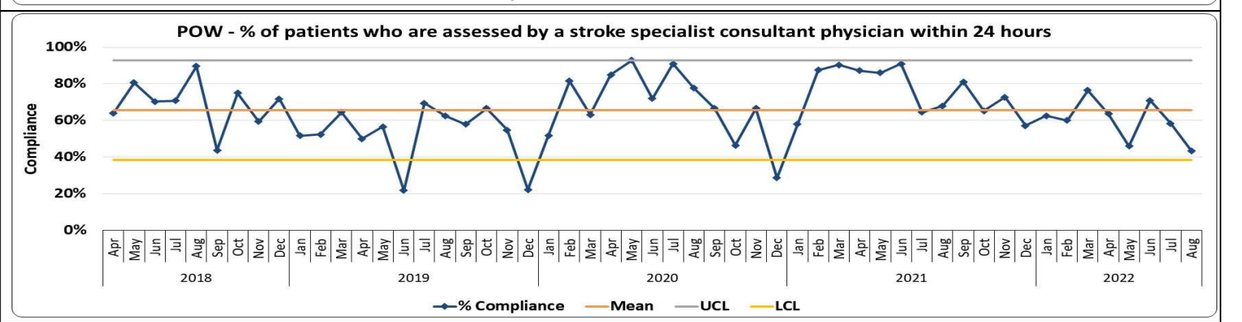


Princess of Wales Hospital









Stroke QIMS continued on the next page…

Cont'd…Stroke Quality Improvement Measures (QIMs) – August 2022

How are we doing?

Across all four metrics, stroke performance remains at low levels of compliance. During August 9.5% (6 out of 63 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Only 1 of the 7 eligible patients were thrombolysed within 45 minutes (14.3%) and 40.9% of patients (27 out of 66 diagnosed patients) had a CT scan within an hour. There were just over half (51.5%), 34 out of the 66 stroke patients seen by a specialist stroke physician within 24 hours of arrival at the hospital.

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

- 5-day/week service model for medical and therapy provision.
- Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation beds impact on length of stay and flow of stroke patients through the Princess of Wales hospital
- Demand for acute beds and the absence of ring-fenced stroke beds impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.

August 2022 stats:

Stroke QIMs - August 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	40	23	63
	No. of patients within 4 hours	6	0	6
	% Compliance	**15.0%**	**0.0%**	**9.5%**
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	1	7
	No of patients within 45 mins	1	0	1
	% Compliance	**16.7%**	**0.0%**	**14.3%**
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	43	23	66
	No. of patients within 1 hour	21	6	27
	% Compliance	**48.8%**	**26.1%**	**40.9%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	43	23	66
	No. of patients within 24	24	10	34
	% Compliance	**55.8%**	**43.5%**	**51.5%**

What actions are we taking & when is improvement anticipated?

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

- Recruitment process underway as part of CTM Consultant Recruitment Drive. The CSG are working with medical staffing agencies to aid the recruitment of a Locum Consultant following the resignation of Consultant Stroke Physician at Prince Charles Hospital. Discussions continue at pace with C&V UHB regarding the establishment of a C&V/CTM Stroke rota.
- Regional developments with Cardiff and Vale UHB continue to progress, with the first meeting of the South Central Regional Programme Board taken place on 27th September. Programmed Board terms of reference in place and engagement underway with NHS Collaborative over timelines for national programme. The shared CTM/C&V UHB stakeholder event is scheduled for 26th October.
- Stroke Pathway Task and Finish Group initial meeting held on 21/09/22. Review of priorities and risks undertaken, nominated leads being identified and priority actions being progressed at pace (stroke access beds, single-bedded rehab site for CTM, workforce modelling).
- Successful VBHC bid to deliver stroke prevention programme: optimal management and targeted case finding of atrial fibrillation and hypertension in primary care. Initial scoping meeting held and recruitment to key posts underway.

What are the main areas of risk?

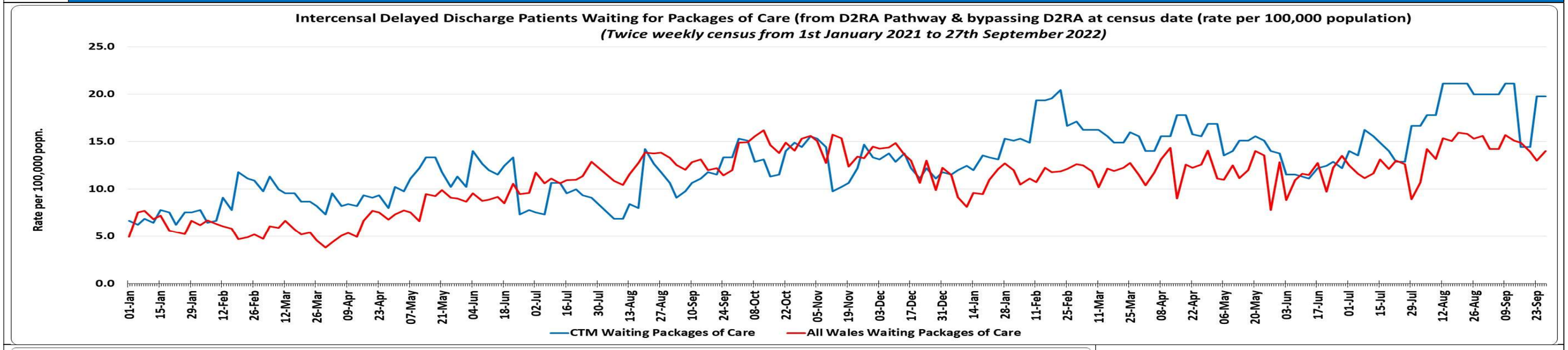
The intended impact of the short-term actions, along with the long-term aims, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy for progressing towards a SSNAP rating of 'A'.

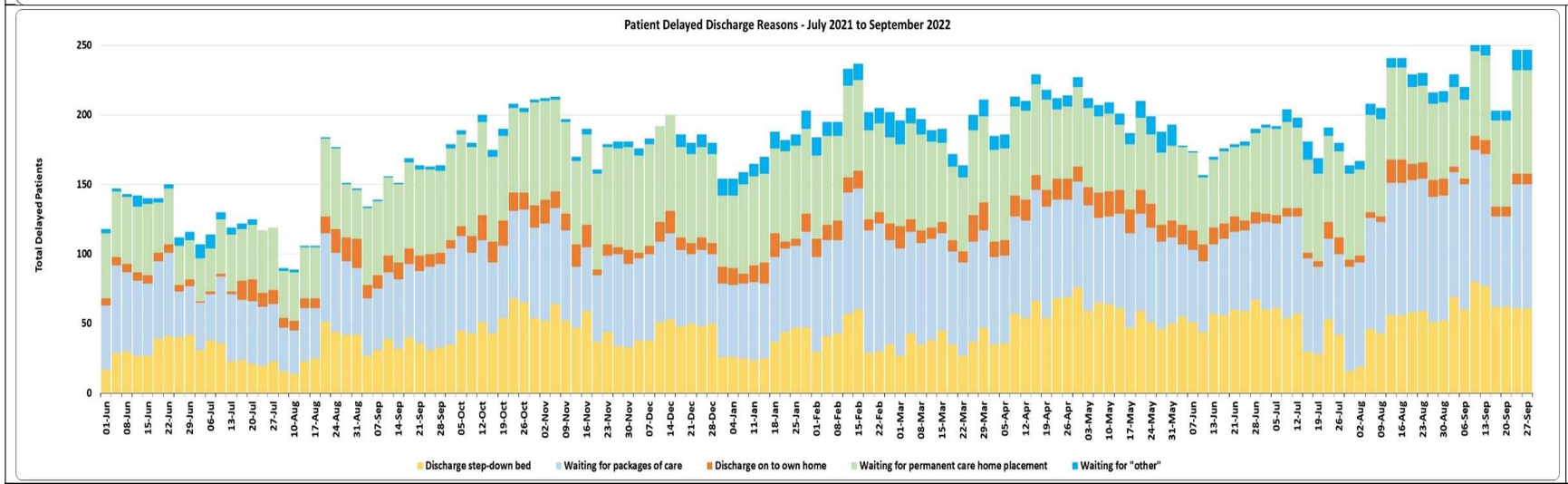
The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the 4 hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of the system.

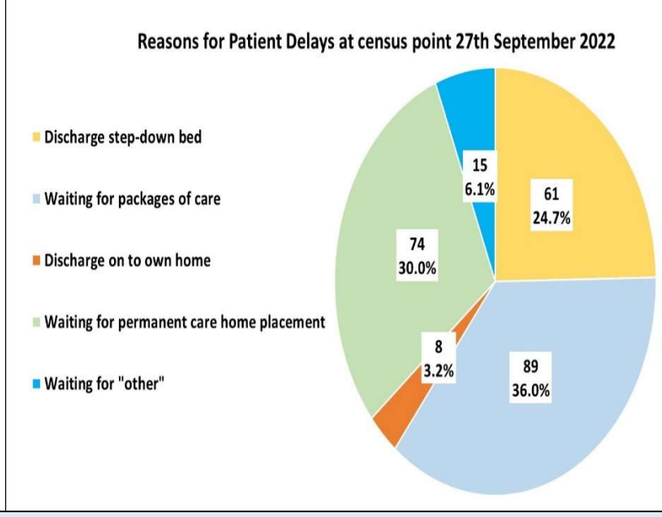
In POW the ongoing staffing challenges within the therapy services are effecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

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

Monitoring Patient Discharge & Flow to 27th September 2022







How are we doing?

The top chart indicates that the current rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) is at a similar high level to that seen at the end of February this year c.90 individuals. This equates to approximately 20.0 delays per 100,000 population, and as it currently stands is just over 41% higher than the national rate which is 14.0 per 100,000 population (please note that the all Wales data may be subject to change due to late data submissions by other health boards).

The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 247 individuals in this predicament. The reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right.

What actions are we taking & when is improvement anticipated?

The high number of patients waiting care packages across all localities continues.
This is a national issue and WG have a strategic workstream 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.

- D2RA Implementation as described on page 27 (Emergency Dept. waits)
- One List App testing phase commenced – 2nd week in progress on 11 nominated wards with full roll out scheduled for end of October
- Implementation of Phase 2 e-Whiteboards system across CTM by the end of November 2022 to inform effective management of flow including internal and external delays
- Implementation of electronic Transfer of Care (e-ToC) by end of November 2022
- Set up of Navigation Hub (2nd Point of Access) to support admission avoidance and discharge from inpatient care – scoping in progress (capital/space/workforce/digital)
- Review of 3rd Sector provision across CTM patch and formulation of appropriate commissioning plans
- 1000 Beds and Partnership plans to provide additional capacity in community (D2RA bridging beds)

What are the main areas of risk

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

Our Care Home placements continue to be problematic due to Covid restrictions across the patch.

Main risks are associated with resource capacity and recruitment. To mitigate, teams are reviewing alternative ways of workforce modelling. This is being worked through the Integrated Workforce Sub-group, first meeting took place on 7th October to discuss current workforce gaps (awaiting detailed report), winter schemes, bridging beds and required staffing levels and alternative roles to support integrated discharge teams and navigation hub, i.e. Discharge Liaison Practitioner.

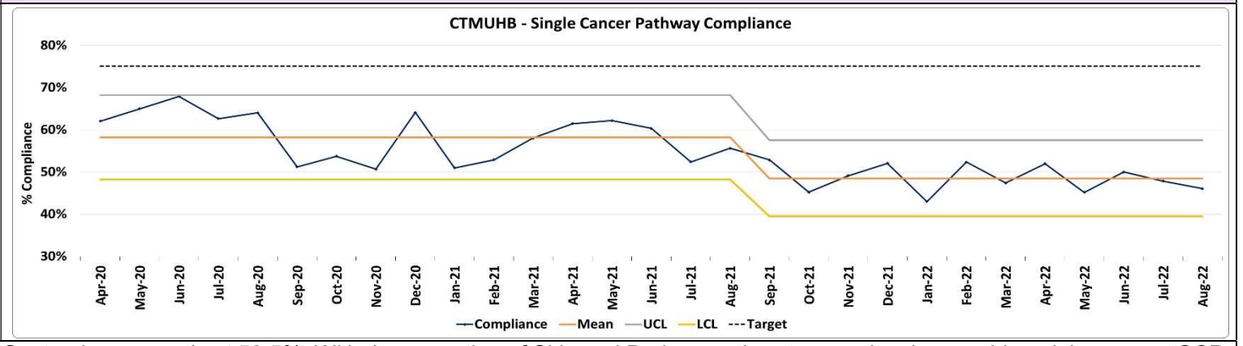
Single Cancer Pathway (SCP) – August 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75%
Compliance 46.0%

CTMUHB - SCP % Treated Without Suspensions - August 2022

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	6	9	15	40.0%
Upper GI	7	12	19	36.8%
Lower GI	15	19	34	44.1%
Lung	15	11	26	57.7%
Sarcoma	0	2	2	0.0%
Skin (exc BCC)	34	10	44	77.3%
Brain/CNS	1	0	1	100.0%
Breast	20	27	47	42.6%
Gynaecological	3	6	9	33.3%
Urological	16	43	59	27.1%
Haematological	15	16	31	48.4%
Other	2	2	4	50.0%
Total	**134**	**157**	**291**	**46.0%**

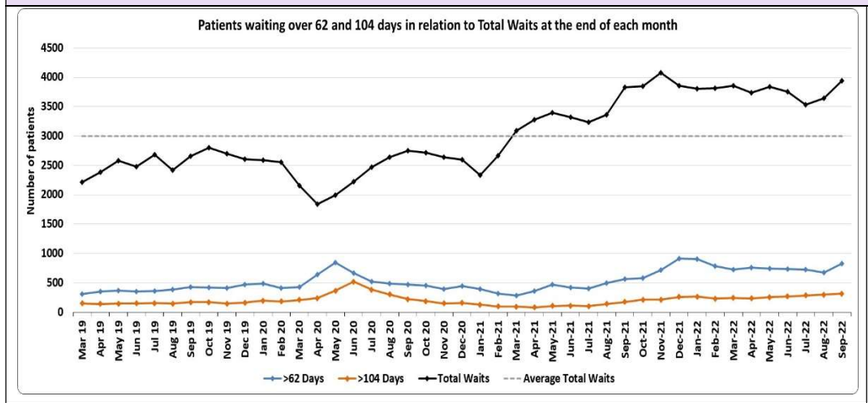
Single Cancer Pathway compliance trend



Performance for August fell slightly to 46.0% from the previous reported position of 47.9% with predicted performance for September currently at 53.5%. With the exception of Skin and Brain, no other tumour sites have achieved the current SCP target, however Gynaecology is ahead of target trajectory. Of greatest concern is the increasing number of patients suspected as having 'urgent' forms of cancer waiting to be seen, diagnosed and treated. As per the left hand chart below, the number has increased to nearly 4000, well above the 2500 to 2750 that was recorded pre-covid and which could reasonably be used as the desired position for sustainably achieving the standards.

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

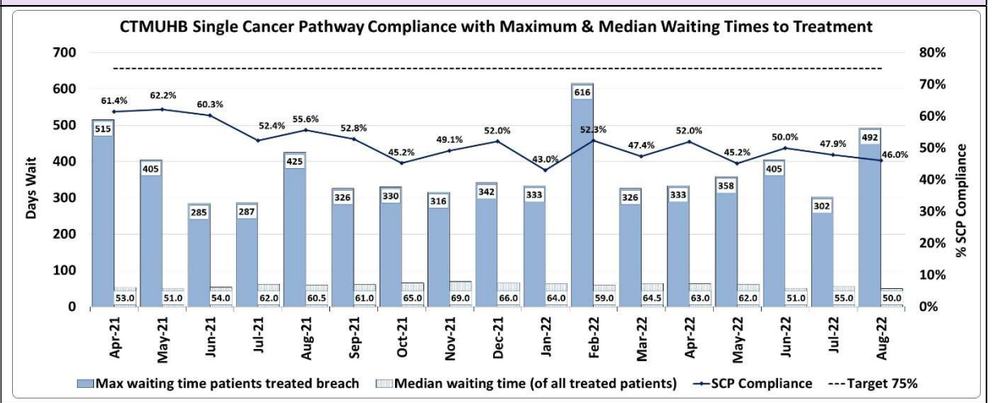
Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 3rd October 2022



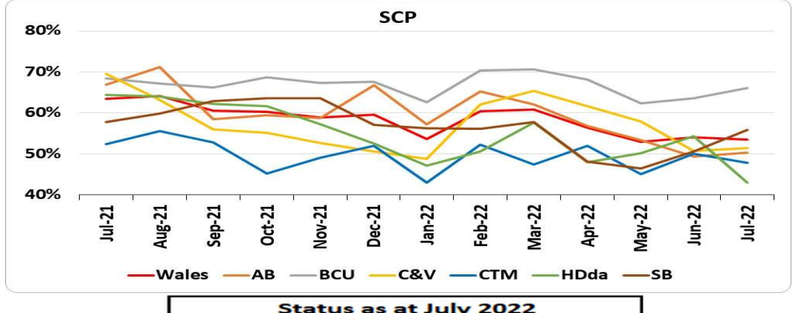
CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	15	3	5
Upper GI	56	9	40
Lower GI	164	42	68
Lung	15	1	3
Sarcoma	1	1	0
Skin (exc BCC)	73	5	12
Brain/CNS	2	0	0
Breast	20	2	7
Gynaecological	54	10	30
Urological	72	25	128
Haematological	5	3	5
Other	3	2	2
Grand Total	480	103	300

As at the 3rd October 2022, the number of patients waiting over 62 days stands at 883 and around a third of those patients (300) are waiting over 104 days.

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



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



Status as at July 2022		
Health Board	**Compliance**	**Rank**
BCU	66.1%	1st
SB	55.9%	2nd
C&V	51.4%	3rd
AB	50.4%	4th
CTM	**47.9%**	**5th**
HDda	43.0%	6th

What actions are we taking & when is improvement anticipated?

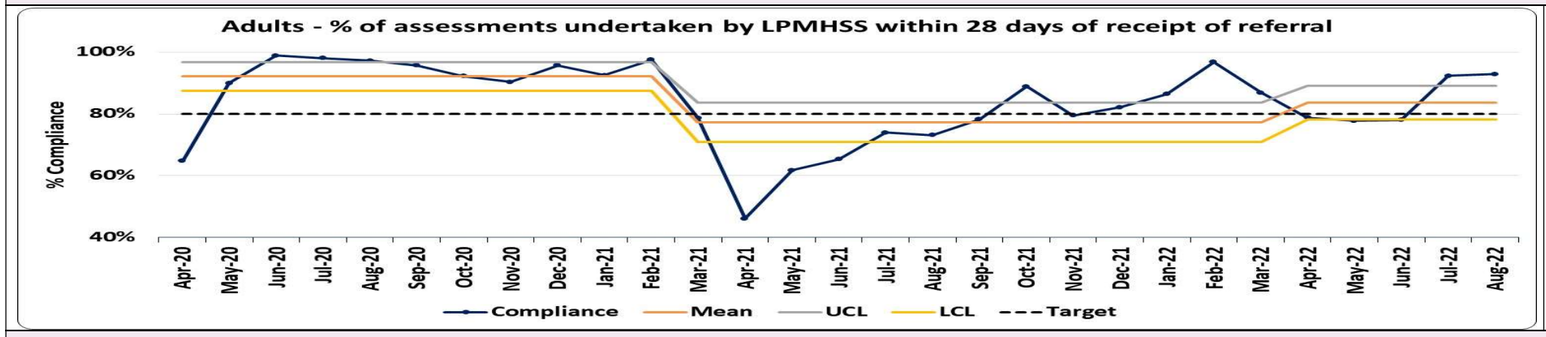
- Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes.
- Breast unit launch planned for October 2022.
- Super Saturday clinics to assist clearing head & neck outpatient backlog
- Focus specifically on reducing backlog.
- Outsourcing of LAPB procedures (Local Anaesthetic Perineal Biopsy) agreed with start from 14th October
- Additional 1st OP and surgical lists created in September to clear backlog in skin
- One stop Gynaecology service commenced 26th September 2022
- CtheSigns launched

What are the main areas of risk?

- Performance challenges for Lower and Upper GI, Gynaecology, Head & Neck and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 83% of all patients on the active SCP are at 1st outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked
- Delays in pathology, endoscopy and radiology continue, however improvement noted in total volumes.
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.

CTM Adult Mental Health Services – August 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (92.8%) - Target 80%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days.

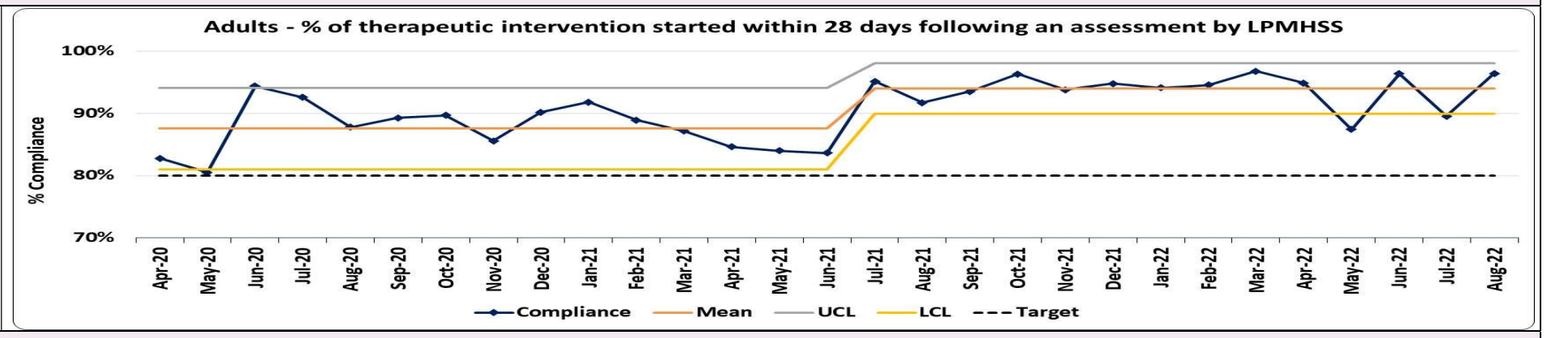
The adult mental health services compliance for August remained stable at 92.8%, having been relatively static at around 78% during the first quarter of 2022/23.

The number of referrals reduced further by around 14% during August compared to the previous month, bringing the total to 540. Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals for 2020/21 equating to 662 per month, average for 2021/22 being 823 and thus far for 2022/23, averaging 646 per month.

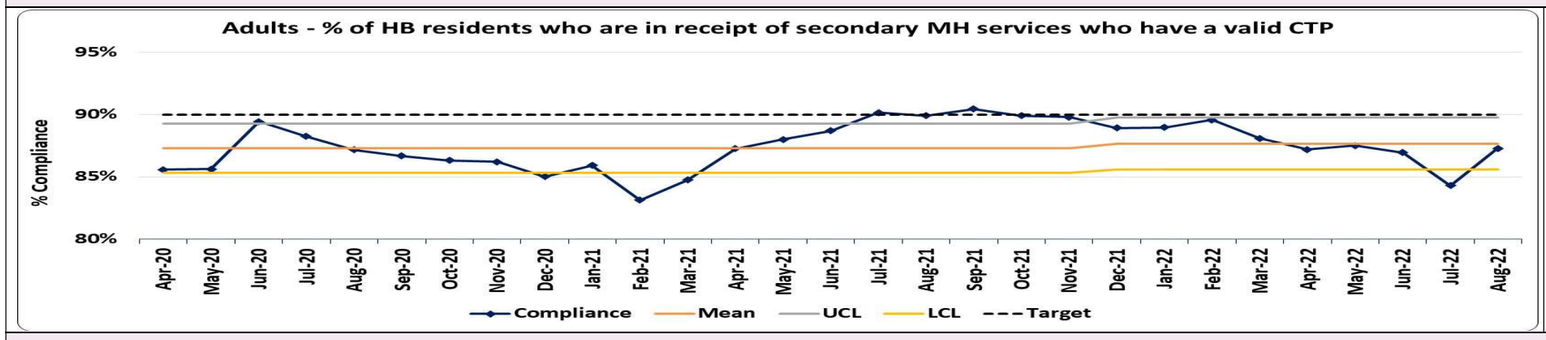
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.4%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was at the same level as July (96.4%) with compliance continuing to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 306, with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during August amounted to 295 patients.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (87.3%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved during August to 87.3% compared to the previous month and remains within normal variation.

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

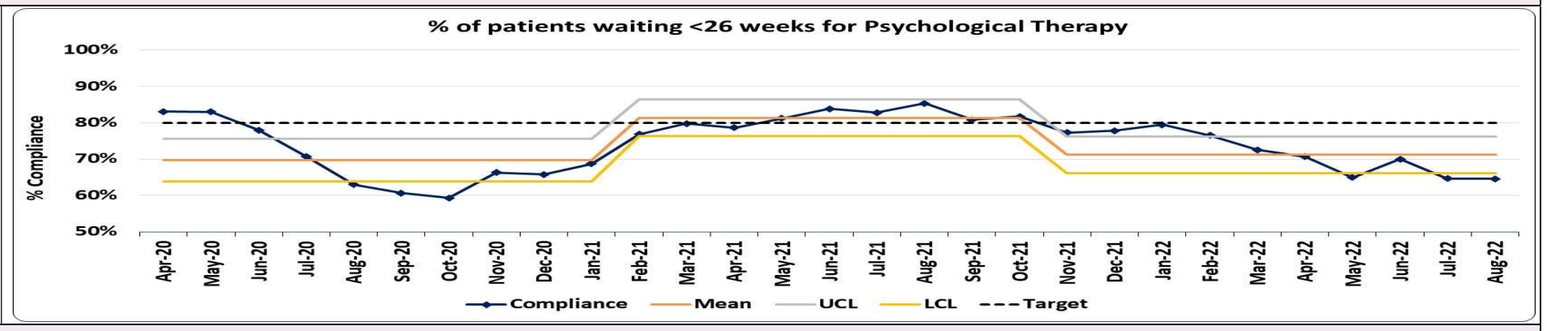
Part 3: There were no outcome of assessment reports sent during August.

% of patients waiting less than 26 weeks to start a Psychological Therapy (64.6%) - Target 80%

Psychological Therapies compliance during August remained almost static, with just under 65% of patients waiting less than 26 weeks and continuing to remain below the 80% compliance threshold.

The total number of patients waiting to start a psychological therapy, as at the end of August, equates to 864, which represents an increase of around 47% on the number of patients that were waiting at the end of August 2021 (586).

Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.



Adult Mental Health Services continued on the next page…

Cont'd…Adult Mental Health Services

How are we doing and what actions are we taking?

Part 1a. compliance has slightly improved on the previous month from 92.3% to 92.8%. All areas of the Health Board are above target.

Part 1b. compliance continues to stay above target at 96.4%. All areas are above target.

Part 2 compliance for both Adult and Older Adult Services combined have improved to 87.3%, although it is below the target threshold of 90%. Adult Services saw an improvement 83.6% to 85.5% as did the and Older Adult Services from 85.2% to 87.3%.

Psychological Therapies - those patients who are waiting less than 26 weeks for a psychological therapy has increased from 542 to 558 and those who are waiting longer than 26 weeks has increased from 296 to 306 for the same period. This currently stands at 35% of the waiting list which is above the 20% tolerance.

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

Part 1a. compliance continues to be a significant challenge for all areas with a reduction in staffing levels due to absences contributing to fluctuations in performance.

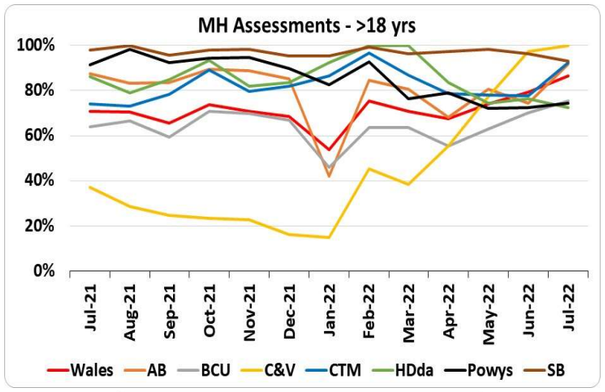
Part 1b. compliance continues to remain above target.

Part 2 compliance remains just below target. Close monitoring of compliance to continue to support teams in reaching the recommended target.

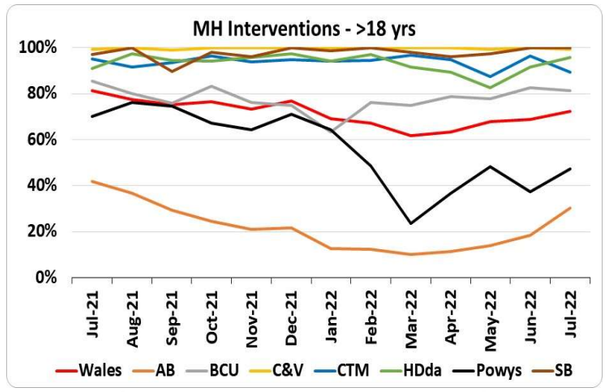
Psychological Therapies - improvements are dependent on support for the Recovery Plan to address the discrepancy between the demand of this service and the capacity available, whilst undertaking process redesign to ensure a right-sized system of care. A Programme Manager has been appointed to lead on this piece of work and is now in post. The Recovery Plan is identified as a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality and experience for service users.

The impact of Covid-19 continues to be the biggest risk to compliance improvements in the Mental Health Measures for Parts 1 & 2.

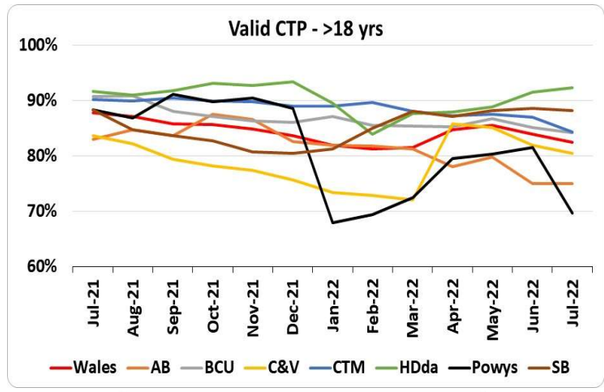
How do we compare with our peers?



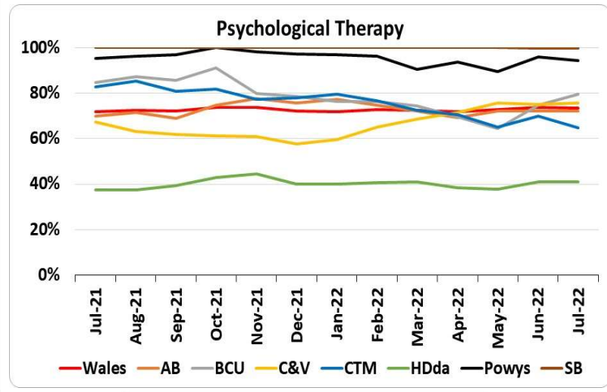
Status as at July 2022		
Health Board	**Compliance**	**Rank**
C&V	100.0%	1st
SB	93.1%	2nd
CTM	**92.2%**	**3rd**
AB	91.9%	4th
BCU	75.3%	5th
Powys	74.2%	6th
HDda	72.3%	7th



Status as at July 2022		
Health Board	**Compliance**	**Rank**
SB	100.0%	1st
C&V	99.3%	2nd
HDda	95.7%	3rd
CTM	**89.5%**	**4th**
BCU	81.4%	5th
Powys	47.4%	6th
AB	30.2%	7th



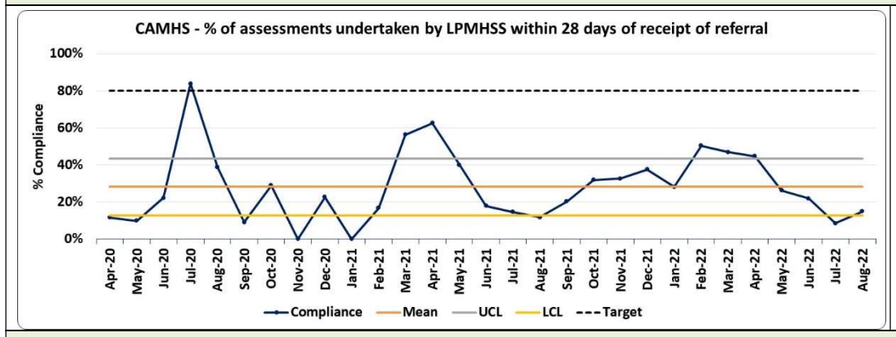
Status as at July 2022		
Health Board	**Compliance**	**Rank**
HDda	92.3%	1st
SB	88.2%	2nd
CTM	**84.3%**	**3rd**
BCU	84.1%	4th
C&V	80.4%	5th
AB	75.0%	6th
Powys	69.7%	7th

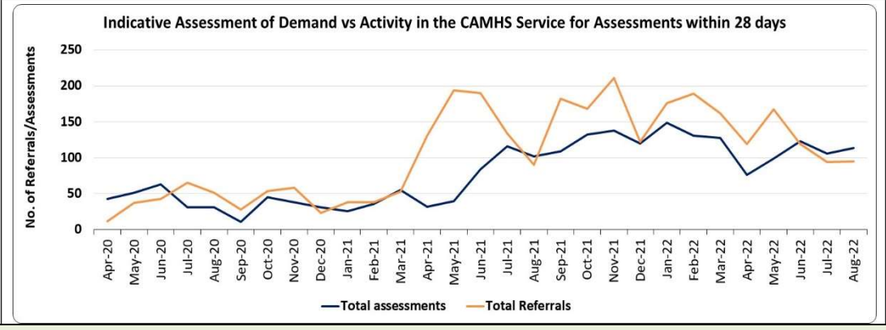


Status as at July 2022		
Health Board	**Compliance**	**Rank**
SB	99.8%	1st
Powys	94.3%	2nd
BCU	79.4%	3rd
C&V	75.7%	4th
AB	72.0%	5th
CTM	**64.7%**	**6th**
HDda	40.9%	7th

CTM Child & Adolescent Mental Health Services (CAMHS) – August 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (14.9%) - Target 80%





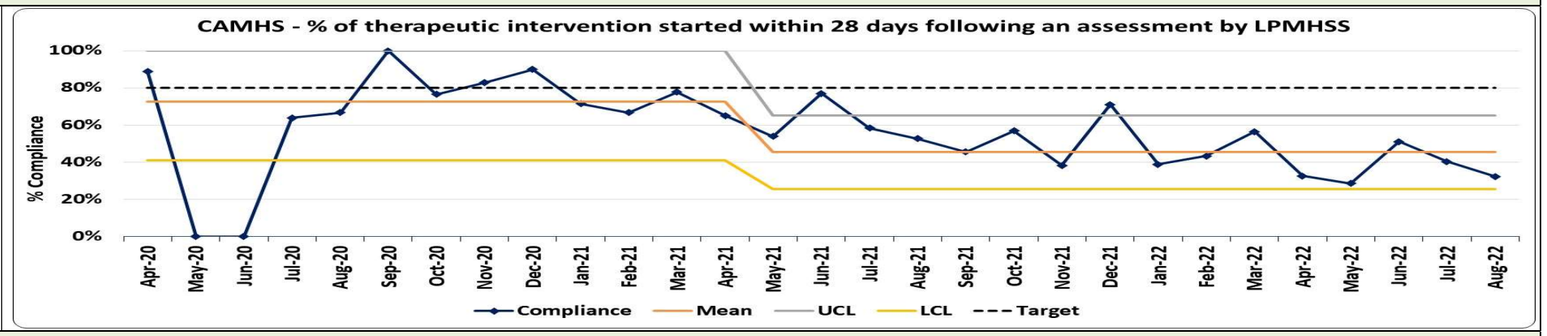
Compliance during August remained low with just 14.9% of assessments undertaken within 28 days of referral and remaining well below WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left from June 2022, but further progress needs to be made in order to achieve the desired compliance.

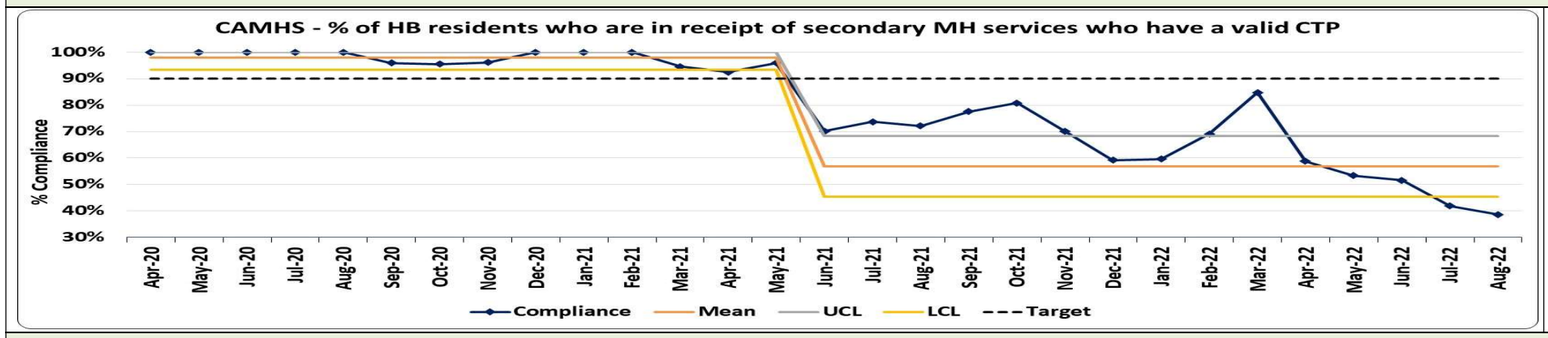
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (32.3%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell further this month to just under a third of the 65 interventions for August commencing within 28 days.

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



% of HB residents who are in receipt of secondary MH services who have a valid CTP (38.7%) - Target 90%



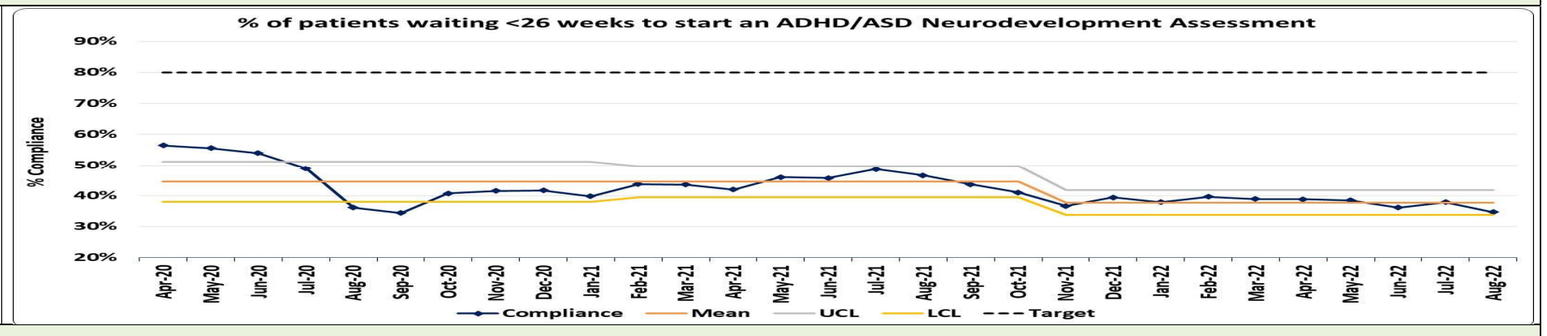
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month also fell further to 38.7% from 41.9% in the previous month and continues to remain below the set target (90%). The last time compliance was achieved was May 2021.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (34.7%) - Target 80%

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance remaining low at 34.7% for August and continues to be well below the target threshold of 80%.

Additionally, the total waiting list volume continues to grow and now stands at 1,608 patients, just over 70% higher than the equivalent period last year.



CAMHS continued on the next page…

Cont'd…CAMHS

How are we doing and what actions are we taking?

Demand has reduced slightly during August 22 in line with seasonal demand. The acuity of the presentations of the CYP still remains high and evidenced by the increasing number of CYP requiring Part 2 in the service. There has been an expected slight decrease in the demand for crisis over the summer school holidays. The crisis service has extended to providing 24 hours cover on a Friday; Saturday; Sunday; Monday and a Tuesday as staffing levels increase with positive feedback from EDs on the impact on increasing discharges overnight and young people requiring less admissions.

The Rapid Intervention Service for Eating Disorders continues to experience similar level of referrals, although we are consistently seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours. The service aims to meet the NICE guidance whereby young people should be seen within 2 weeks of referral for assessment. More recently we have had funding approved to support additional medical time in the service alongside some additional nursing time.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. There has been a backlog of patients waiting to be seen over 28 days across all areas which corresponds with the lower performance in July and August as the service also saw a decrease in the number of referrals and patients who were deemed urgent alongside focusing on seeing the longest waiters first. We are progressing plans to consider alternative ways to run the groups in each locality with input from third sector organisations.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service (increasing to over 300 CYP) and further work is taking place to ensure these patients are allocated a care co-ordinator and have a valid CTP. Some detailed project work is being undertaken to put in place improvements and also identify the capacity gap in 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 and the team has met with GPs to discuss the service and referrals. With confirmation of funding from the Mental Health Service Improvement Funds the service is recruiting into a further 2 posts to support the development of liaison with primary care.
The In-Reach Service/Whole Schools Approach has been implemented from beginning of September and there is staff working within their cluster schools as planned. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

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

Improvements: an improvement action plan and revised trajectories have been developed in order to improve compliance for all Mental Health Measures targets. This is being reviewed with the service team leads and senior staff on a fortnightly basis. Actions from this work include; movement of resources to areas of longest waits and supporting clinicians with identifying discharge plans as well as identifying ways to increase capacity by reducing non-clinical work as well as working with third sector partners.

Staffing has continued to be moved in some localities to support demand and waiting times and to increase capacity for assessments as well as interventions. This is reflected in the last few months with increasing number of assessments and reduction in the waiting list. Additional WLI have commenced to support additional capacity to target both the waiting times for assessment and the waiting times for intervention.

Whilst there has been a decline in the performance against the mental health measure, this is due to a reduced rate of urgency over the summer period (and aligns with lower demand) although the service has made a significant improvement in the number of patients on the waiting list for CAMHS, reducing from over 300 patients to now just under 200 patients. This is the lowest the waiting list has been in over a year. As a result we expect to see improvement in the number of patients being seen in 28 days into the Autumn period as there are now less patients waiting longer than 28 days for assessment. Average waiting time is now around 3.3 weeks

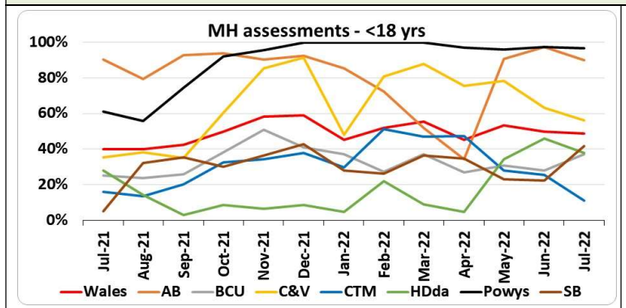
Plans have been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been an significant increase in number of identified CYP on Part 2 of the measure but recognition that there needs to be an increase in the number of patients with a valid CTP. Actions have been identified to support this area, including reducing non-clinical time and undertaking an analysis of numbers in each areas to determine the capacity gap.

The implementation of the groups across all sector areas will provide additional capacity and a different way of working which will support performance improvement in Part 1a. and Part 1b. The first groups have commenced, with some good evaluation and other groups in each locality are being developed. We are working with 3rd sector organization Mental Health Matters and have started discussions with Mind Cymru to consider roll out of some further groups to support those waiting as well as support patients deemed suitable for discharge. The service has had confirmation of funding from the Mental Health Service Improvement Funding in September and has progressed recruitment into these posts with interviews scheduled in October to support additional capacity into the Winter when demand increases.

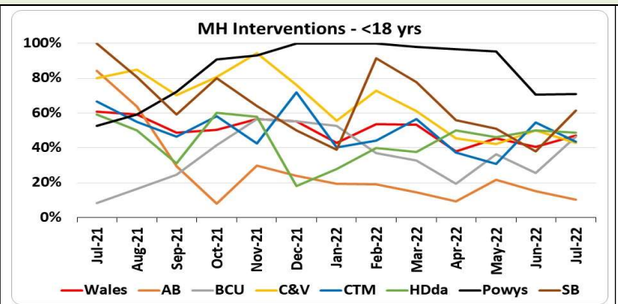
Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

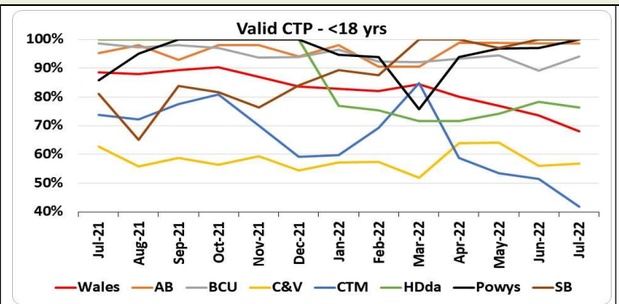
How do we compare with our peers?



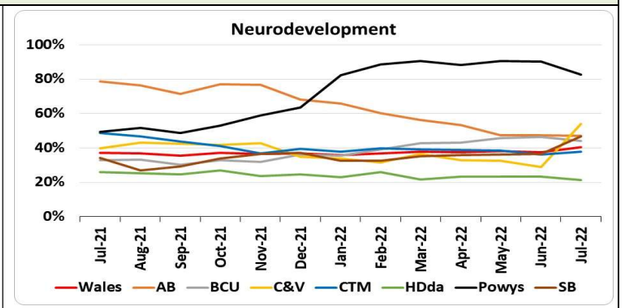
Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	96.8%	1st
AB	90.1%	2nd
C&V	56.1%	3rd
SB	41.6%	4th
HDda	37.7%	5th
BCU	37.0%	6th
CTM	**11.0%**	**7th**



Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	71.0%	1st
SB	61.5%	2nd
HDda	48.6%	3rd
BCU	46.5%	4th
CTM	**43.6%**	**5th**
C&V	42.9%	6th
AB	10.3%	7th



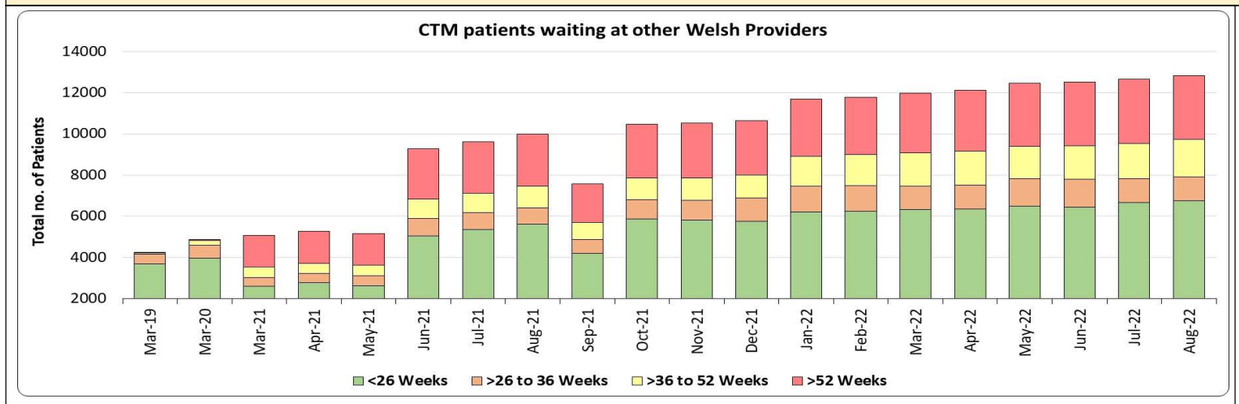
Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	100.0%	1st
SB	100.0%	2nd
AB	98.6%	3rd
BCU	94.1%	4th
HDda	76.3%	5th
C&V	56.9%	6th
CTM	**41.9%**	**7th**



Status as at July 2022		
Health Board	**Compliance**	**Rank**
Powys	82.5%	1st
C&V	53.9%	2nd
AB	47.2%	3rd
SB	46.8%	4th
BCU	44.2%	5th
CTM	**37.9%**	**6th**
HDda	21.5%	7th

WHSSC – Welsh Health Specialised Services Committee

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



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 August is 4,889 of which 3,086 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 239 and there are just 2 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB

Referral to Treatment Times (RTT)

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	201	724
Ophthalmology	82	240
Clinical Immunology & Allergy	44	161
General Surgery	37	68
Gynaecology	21	49
ENT	21	40
Urology	21	40
Oral Surgery	13	34
Paediatric Surgery	20	27
Dental Medicine Specialties	10	25
General Medicine	19	20
Dermatology	18	17
Neurology	609	7
Cardiology	14	5
Gastroenterology	12	4
Paediatric Dentistry	6	4
Restorative Dentistry	1	4
Neurosurgery	7	3
Pain Management	1	3
Clinical Oncology	0	2
Paediatrics	14	2
Rheumatology	0	1
Anaesthetics	3	0
Cardiothoracic Surgery	2	0
Clinical Pharmacology	1	0
Orthodontics	5	0
Paediatric Neurology	1	0
Grand Total	1183	1480

Diagnostics

Service	Total Waits	>8 wks
Endoscopy	73	39
Cardiology	117	28
Physiological Measurement	19	14
Radiology	200	14
Imaging	4	0
Neurophysiology	1	0
Total	414	95

Therapies

Service	Total Waits	>14 wks
SALT	4	1
Dietetics	8	0
Occupational Therapy	6	0
Physiotherapy	28	0
Podiatry	1	0
Total	47	1

CTMUHB Patients waiting at Aneurin Bevan UHB

Referral to Treatment Times (RTT)

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	11	56
Urology	20	55
ENT	12	24
Ophthalmology	13	15
Oral Surgery	7	7
General Surgery	9	4
Orthodontics	3	2
Cardiology	3	0
Dermatology	2	0
Endocrinology	1	0
Gastroenterology	2	0
Gynaecology	1	0
Grand Total	84	163

Diagnostics

Service	Total Waits	>8 wks
Endoscopy	22	15
Radiology	16	1
Cardiology	2	0
Physiological Measurement	1	0
Total	41	16

Therapies

Service	Total Waits	>14 wks
Audiology	3	1
Dietetics	1	0
Physiotherapy	15	0
Total	19	1

CTMUHB Patients waiting at Swansea Bay UHB

Referral to Treatment Times (RTT)

Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	186	552
Plastic Surgery	83	220
Trauma & Orthopaedics	51	215
General Surgery	52	147
Gynaecology	53	123
Orthodontics	32	101
ENT	5	23
Ophthalmology	9	16
Urology	3	16
Gastroenterology	11	15
Dental Medicine Specialties	3	7
Cardiothoracic Surgery	2	3
Paediatrics	4	3
Clinical Haematology	2	1
Neurology	18	1
Allied Health	19	0
Cardiology	2	0
Grand Total	535	1443

Diagnostics

Service	Total Waits	>8 wks
Neurophysiology	165	72
Endoscopy	38	32
Cardiology	90	24
Total	293	128

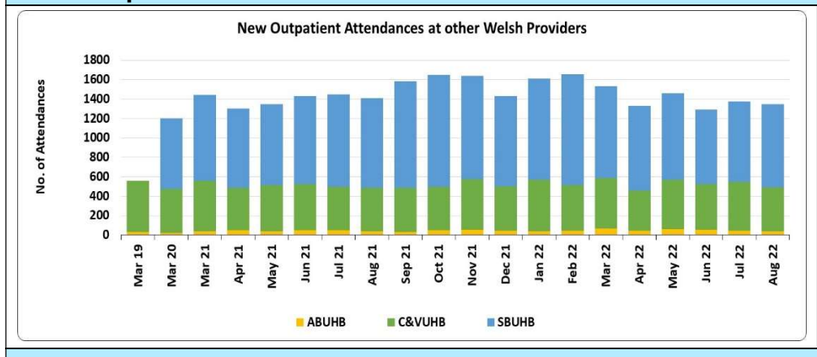
Therapies

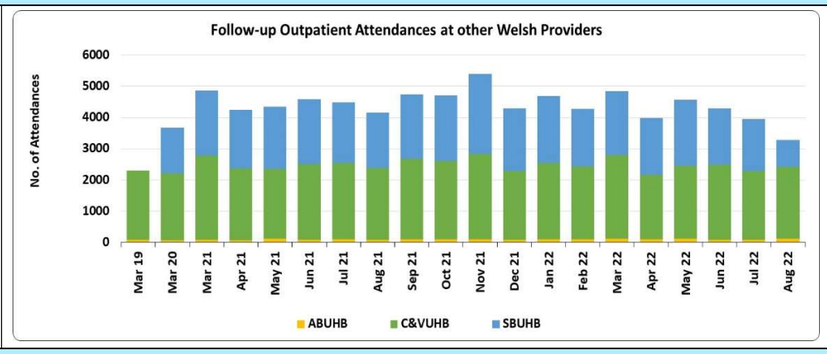
No patients waiting for a therapy

CTM patients waiting at specific health boards (RTT)

August 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Total Patients	% waiting	Total Patients	% waiting	Total Patients	% waiting
<26 Weeks	3436	50.8%	292	47.9%	3005	55.4%
>26 to 36 Weeks	663	9.8%	70	11.5%	442	8.1%
>36 to 52 Weeks	1183	17.5%	84	13.8%	536	9.9%
>52 Weeks	1480	21.9%	163	26.8%	1443	26.6%
Total Waiting	6762		609		5426	
% of Total Waiting	52.7%		4.7%		42.2%	

CTM Outpatient Attendances at other Welsh Providers

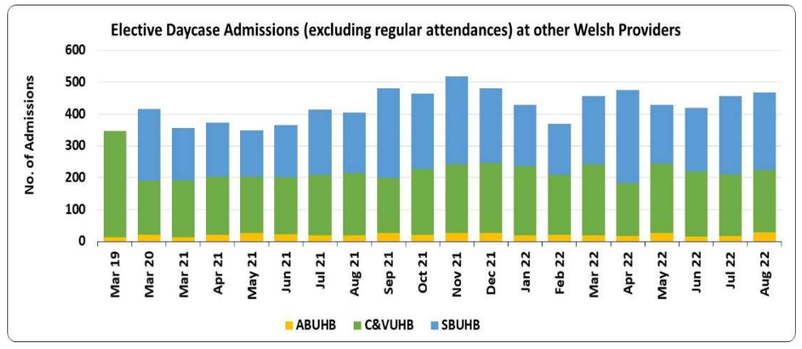


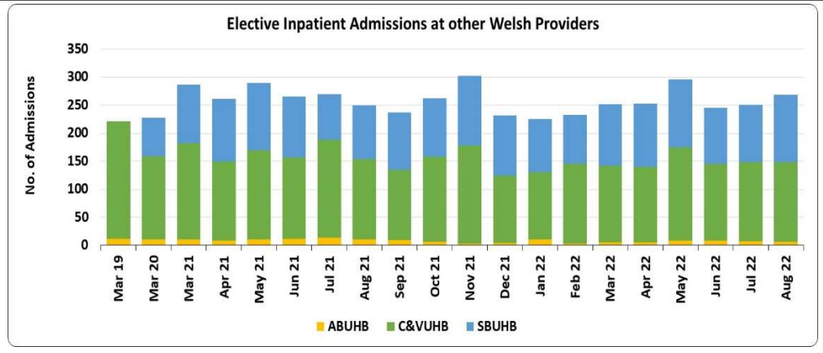


The August 2022 position (reported at September WHSSC meeting) continues to show marginal change from the previous reported positions overall with some marked improvement in Cardiac Surgery.

52-week waiters for Cardiac Surgery in Cardiff and Vale UHB reduced in July and in August; there were no patients waiting more than 52 weeks and two patients waiting up to 51 weeks. This is following improvement action (WLI). Swansea Bay reports that it is on track for the new outpatient targets in Cardiac Surgery, however there remain long waits for treatment albeit small volumes.

The volume of CTMUHB residents with over 52-week waits for Neurosurgery reduced by one and the list remains relatively stable.





Cardiff and Vale reports an anticipated increase in Paediatric Surgery elective activity for quarter four. During August there was a marginal improvement in over 52-week waits.

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

2.4 Finance update – Month 5

At the time of writing this report the Month 6 Finance update is not available, however the Month 5 position is as follows:

The M5 YTD position is a £13.4m deficit. This represents a £2.4m adverse variance compared to 5/12th of the £26.5m Core plan deficit. It is important to note that circa £1.3m of this adverse variance is due to the instruction in the M1 response letter for us to remove any assumed Covid funding for income losses and ICT/home working costs both of which are due to Covid.

As at M5 the key issues to highlight are as follows:

- **Core Plan Forecast** - We are maintaining a forecast Core plan deficit of £26.5m. Please note that the removal of Covid funding for income losses and ICT/home working costs represents a £3m risk to the Core plan. At this stage it is unclear if the HB can deliver an additional £3m of savings to cover the loss of Covid funding assumed in the financial plan and this has been included in our Risk table.

- **Exceptional Items -** We are forecasting a £5.8m increase in Exceptional items over M4 which reflects the latest information from NWSSP on energy costs. The annual forecast of £26.6m includes actual costs for £4m and estimated costs for £8m. The forecast costs from NWSSP are showing a significant step up in costs from October 2022.

- **COVID Programme Costs -** We are forecasting a decrease in COVID programme costs of £1.0m, due to a £1.1m decrease in Mass Vaccination offset by an increase of £0.1m for PPE.

- **Other COVID Response Costs -** The M5 forecast assumes that certain COVID related costs will continue to the end of Q4, this was previously reported as a risk, the risk has now been removed from the Risk table.

- **Annual Leave -** Our M5 forecast assumes a release of £6.0m with a further £4.0m shown as an opportunity. As at M5, we have released £2.5m of the accrual which is 5/12ths of £6.0m.

- **Key risks and opportunities -** The risks to the M5 position remain significant with a total net risk of £48.1m. This includes £49.2m for Covid and Exceptional items.

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:

- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business.
- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.
- Ensuring robust implementation of the RLDatix system, alignment to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible, enables triangulation and is meaningful.
- Gaining health board wide assurance of the breadth of UHB services, especially during a period of significant change in its operations.

Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board requires an ambitious pursuit of quality and safety in all it does 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) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. 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 Board is asked to **NOTE** the Integrated Performance Dashboard.