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

AGENDA ITEM
5.1

PLANNING, PERFORMANCE AND FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(26/04/2022)

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Jose Roper – Senior Performance Officer
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance

Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Strategic Leadership Group	20/04/22	NOTED

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

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

WAST	Welsh Ambulance Service NHS Trust
WCP	Welsh Clinical Portal
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

1.1 This report sets out the UHB's performance against the Welsh Government's (WG) Delivery Framework and other priority areas for the UHB.

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

1.3 Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with three (previously two) of its thirty one performance measures and is making progress towards delivering a further two (previously two). There remains twenty six 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 public sector payment policy target was met once more this reporting period (Month 11) up from 95.8% to 96.2%, the level of variation in the process is of common cause. The year to date average continues to remain above the target of 95%, indicating that we have a process in place which meets the established Welsh Government target.

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.

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FINANCE

Month 11	Variance from Plan			
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent
	£m	£m	£m	£m
Pay	0.86	1.50		
Non-Pay	-1.14	5.20		40.7
Income	-0.25	0.40		
Efficiency Savings	0.43	3.10		10.7
Non-delegated (including WG allocations)	-0.17	-10.80		
Total	-0.27	-0.60	0	44.5

	Current Month	Year to Date	Forecast Full Year	
PSPP	96.2%	95.5%	95.0%	Target 95%
Capital Expenditure	£8.75	£57.17	£79.93	
Agency as % of total pay costs	8.1%	7.4%	7.5%	

QUALITY

Indicators	Mar-22	Feb-22	Target	RAG
% complaints final/interim reply within 30 working days	46.0%	47.0%	75%	
	Feb-22	Jan-22	Target	RAG
Single Cancer Pathway	51.4%	42.4%	75%	
Thrombolysis for Eligible Stroke Patients within 45 Minutes	50.0%	42.9%	100%	
	Apr - Mar 22	Apr - Feb 22	Target	RAG
Cumulative rate of bacteraemia cases per 100,000 population - E.coli	86.70	88.19	67/100k population	
Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	26.68	25.75	20/100k population	
Cumulative rate of bacteraemia cases per 100,000 population - C.difficle	33.46	33.04	25/100k population	
	Mar-22	Feb-22	Target	RAG
Total number of Nationally Reportable Incidents	8	7	TBC	
Number of Formal Complaints Received	87	95		
Number of Compliments Received	25	59		
Falls Causing Harm (Moderate/Severe/Death)	13	14		
Hospital Acquired Pressure Ulcers (Grade 3/4)	3	8		
Total number of instances of hospital acquired pressure ulcers	94	108		
Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	22	17		
Total number of instances of Community Healthcare acquired pressure ulcers	172	148		
Number of Never Events in Month	0	0	0	

PERFORMANCE

Indicators	Mar-22	Feb-22	Target	RAG
A&E 12 hour Waiting Times	1,833	1,729	Zero	
Ambulance Handover Times within 15 mins	25.7%	23.0%	Annual Improvement	
RTT 52 Weeks	34,055	33,201	Zero	
Diagnostics >8 Weeks Waits	14,170	14,500	Zero	
% of Stage 4 Urgent Patients Clinically Prioritised	6.7%	7.9%	100%	
FUNB - Patients Delayed over 100% for Follow-up Appointment	28,736	29,254	10,256	
	Feb-22	Jan-22	Target	RAG
Mental Health Part 1a - CAMHS	50.4%	28.2%	80%	
Mental Health Part 1b - CAMHS	43.3%	38.9%	80%	
Admission to Stroke Unit within 4 hrs	10.4%	14.9%	SSNAP Average 46.8%	
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that	Jan-22	Dec-21	Target	RAG
started their definitive clinical assessment within 1 hour	90.1%	90.0%	90%	
Delayed Discharges waiting for packages of care rate	Apr-22	Mar-22	All Wales Average	RAG
(D2RA/bypassing D2RA) per 100,000 population	14	17.1	11.7	

PEOPLE

Indicators	Mar-22	Feb-22	Target	RAG
Turnover	12.26%	11.62%	11%	
Exit Interview by Leaver	2.1%	0.0%	60%	
	Feb-22	Jan-22	Target	RAG
Sickness Absence Rate (in month)	7.1%	8.5%	4.5%	
Sickness Absence Rate (rolling 12 month)	7.3%	7.2%		
Return to Work Compliance	43.2%	43.3%	85%	
	Mar-22	Feb-22	Target	RAG
Fill Rate Bank	34.0%	35.7%	90%	
Fill Rate On-contract Agency (RNs)	33.3%	30.5%		
PDR	52.9%	54.4%	85%	
Statutory and Mandatory Training - All Levels	58.5%	58.5%		
Statutory and Mandatory Training - Level 1	66.1%	65.9%		
Job Planning Compliance (Consultant)	27.0%	25.0%	90%	
Job Planning Compliance (SAS)	18.0%	18.0%		
Direct Engagement Compliance (M&D)	80%	87%	100%	
Direct Engagement Compliance (AHPs)	84%	86%	100%	
RN Shift Fill by Off-contract	3174.0	2161.0	0 Hours	

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

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

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2020/21	27.0%	2019/20	27.8%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q3 21/22	98.1%	Q2 21/22	97.6%
% of children who received 2 doses of the MMR vaccine by age 5		95%		91.6%		94.2%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1-Q2 2021/22	2.32%	2020/21	3.99%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q3 21/22	352.9	Q2 21/22	394.6
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q3 21/22	90.8%	Q2 21/22	90.9%
Uptake of influenza vaccination among:	65 year old and over	75%	2020/21	75.4%	2019/20	68.9%
	under 65's in risk groups	55%		46.3%		40.3%
	pregnant women	75%		74.6%		81.7%
	health care workers	60%		67.8%		63.2%
% of eligible people who have participated in the bowel screening programme within the last 2.5 years	bowel	60%	2019/20	59.1%	2018/19	56.8%
Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	breast	70%	2018/19	74.1%	2017/18	73.9%
Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 year	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	Feb-22	69.2%	Jan-22	59.7%
	over 18 years			89.6%		89.0%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

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

Measure		Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2020/21	86.0%	2019/20	65.4%
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q2 21/22	50.6%	Q1 21/22	56.7%
% of adults regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend		44.9%		49.5%
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Jan-22	90.1%	Dec-21	90.0%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Mar-22	49.3%	Feb-22	46.9%
Number of ambulance patient handovers over 1 hour		Zero		979		1,003
% 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%		61.1%		62.6%
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		1,833		1,729
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Dec-21	68.3%	Dec-20	63.3%
% 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	Jan-22	3.3%	Jan-21	1.5%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 46.8%	Feb-22	10.4%	Jan-22	14.9%
% of stroke patients who receive mechanical thrombectomy		10%		0.0%		1.1%
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days		50%		45.8%		51.1%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%	Feb-22	51.4%	Jan-22	42.4%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Mar-22	14,170	Feb-22	14,660
Number of patients waiting more than 14 weeks for a specified therapy				994		931
% of patients waiting less than 26 weeks for treatment		95%		47.3%		47.2%
Number of patients waiting more than 36 weeks for treatment		Zero		48,888		48,047
Number of patients waiting for a follow-up outpatient appointment		51,739		111,821		112,121
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		10,256		28,736		29,254
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date		95%	Feb-22	56.5%	Jan-22	58.6%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2020/21	3.08	2019/20	2.5
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		80%	Feb-22	not available	Jan-22	72.4%
% 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)				51.1%		29.6%
% 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)				96.8%		86.4%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				44.3%		40.2%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				94.6%		94.1%
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment				39.4%		37.9%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				76.6%		79.5%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile	E-coli	67 per 100,000 population	Apr-21 to Mar-22	86.70	Apr-21 to Feb-22	88.91
	S.aureus bacteraemia	20 per 100,000 population		26.68		25.99
	C.difficile	25 per 100,000 population		33.46		33.04
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	<69 cases		81		74
	P. aeruginosa	<25 cases		29		28

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

Measure	Target	Current Period		Last Period	
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2020/21	87.0%	2019/20	90.8%
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Mar-22	52.9%	Feb-22	54.4%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		66.1%		65.9%
% of sickness absence rate of staff	12 Month Reduction Trend	Feb-22	7.3%	Jan-22	7.2%
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	56.1%	not available	

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2020/21	7.2	2018/19	6.33
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisat	75%	Mar-22	46.0%	Feb-22	62.7%
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q3 21/22	54.0%	Q2 21/22	49.0%
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		67.0%		100.0%
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Feb-22	1.26%	Jan-22	1.33%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Feb-22	77.8%	Jan-22	63.2%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			65.8%		28.6%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q2 21/22	99.1%	Q1 21/22	99.0%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20		290.4		256.5
% of secondary care antibiotic usage within the WHO Access category	55%	Q1 21/22	66.8%	Q4 20/21	64.6%
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction	Q2 21/22	1,413	Q1 21/22	1,409
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction		0.15%		0.16%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5046.9		5016.5
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		77.8%		76.7%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q2 21/22	13.0%	Q1 21/22	20.6%
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Feb-22	8.1%	Jan-22	9.3%
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Jan-22	73.6%	Dec-21	71.6%

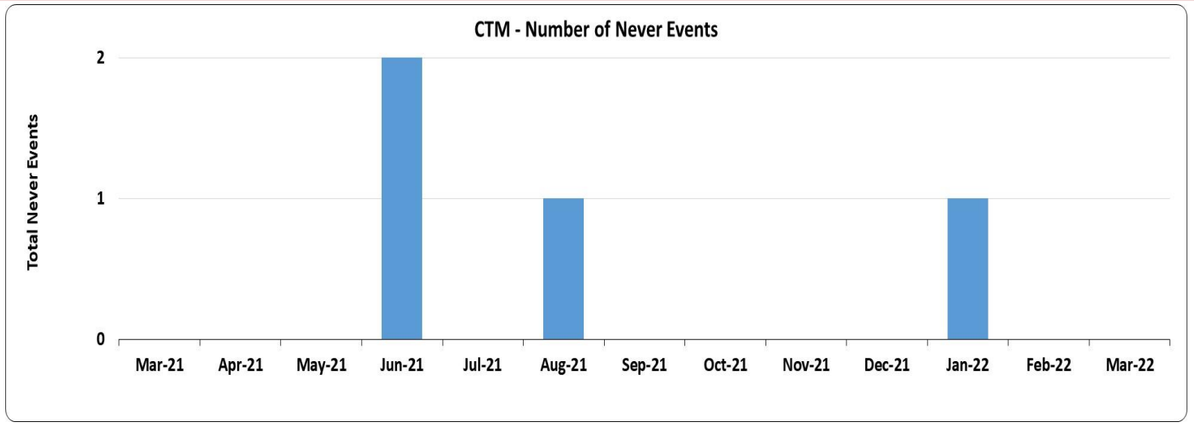
2.2 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – March 2022

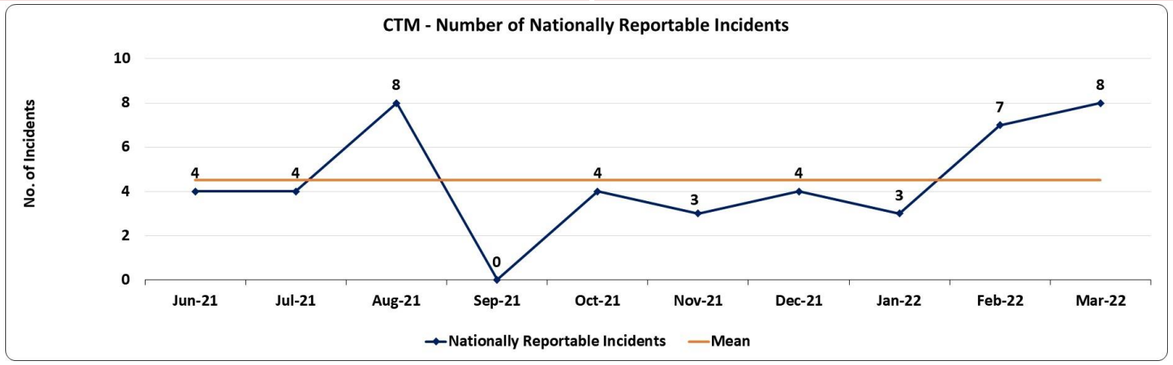
0



There were no never events reported for March 2022 and in total 4 reportable events have been observed during the past twelve months.

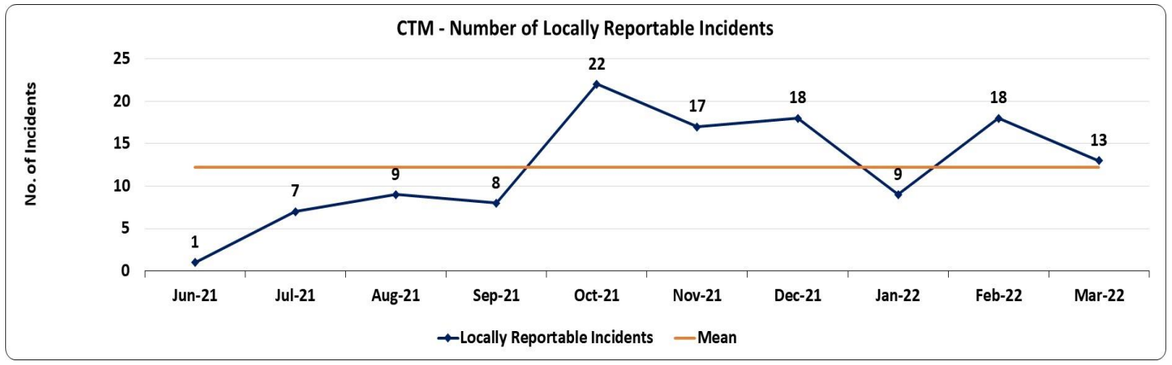
Nationally / Locally Reportable Incidents

Number of Nationally Reportable Incidents – March 2022	Number of Locally Reportable Incidents – March 2022	Number of Patient Safety Incidents – March 2022
8	**13**	**1,831**



During March 2022 there were 1,831 patient safety incidents reported on Datix across the Health Board. Of these, 8 were Nationally Reportable Incidents. The unexpected death occurred of an adult in the community. The death is as yet unexplained and an investigation is ongoing.

A further 13 were graded as locally reportable incidents. Of these, 4 related to a slip, trip or fall, 5 to unexpected or trauma related deaths, 3 to radiological investigations, 1 to issues around the admission and, transfer process , 1 to a communication breakdown, 1 to a neo-natal event, 1 to a failure to follow policy and 1 to the self-harm of a patient.



Type of Nationally Reportable Incidents	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Delays		2			2		2		4	2	12
Unexpected or Trauma Related Death	2		2			1				1	6
Slip, Trip or Fall	2	1	1						1	1	6
Pressure Damage					1	2		1			4
Infection	1		2								3
Treatment Error			2				1				3
Admission / Transfer / Discharge					1					2	3
Medication	1							1			2
Absconding	2										2
Incorrect Surgical Procedure	1									1	2
Maternal Event			1						1		2
Patient injury								1		1	2
Neo-Natal Event	1										1
Personal Incident - Personal injury attributed to clinically related challenging		1									1
Unexpected Complications							1				1
Organisational - Failure to follow Policy/Procedure									1		1

Complaints & Compliments

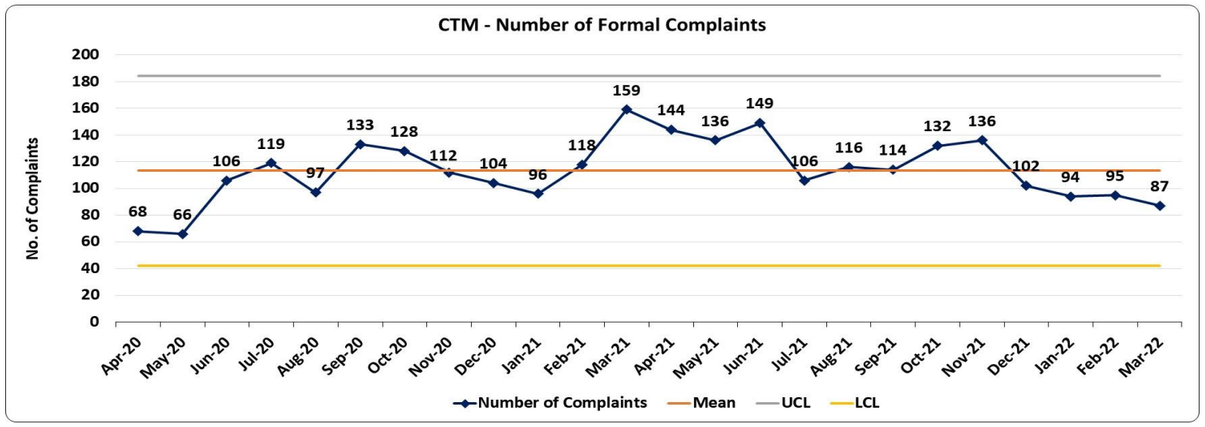
Complaints

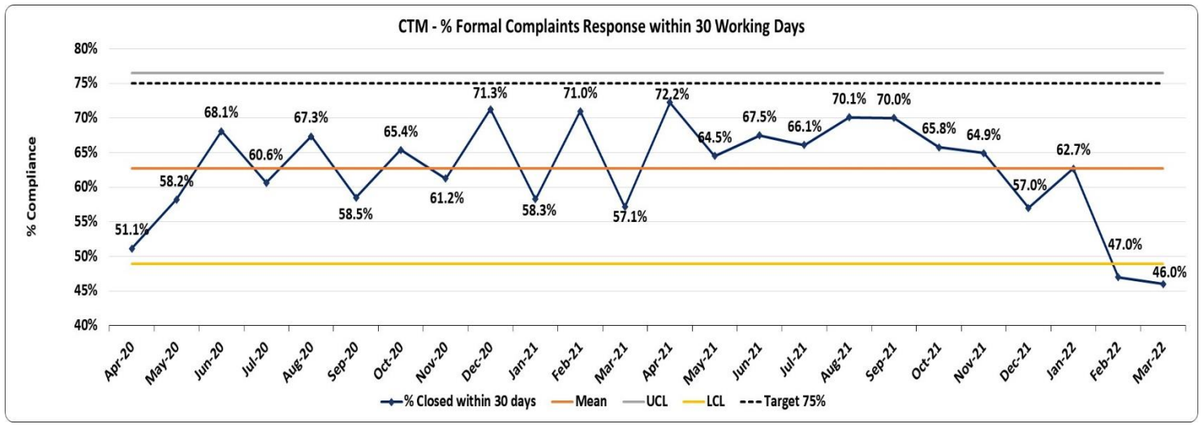
Number of formal complaints managed through PTR – March 2022

87

% formal complaints response within 30 working days – March 2022

46.0%





During March 2022, 87 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. For those complaints received during this period, the top five themes relate to clinical treatment/assessment (45), communication issues (14), attitude & behaviour (8), appointments (5) and discharge issues (6).

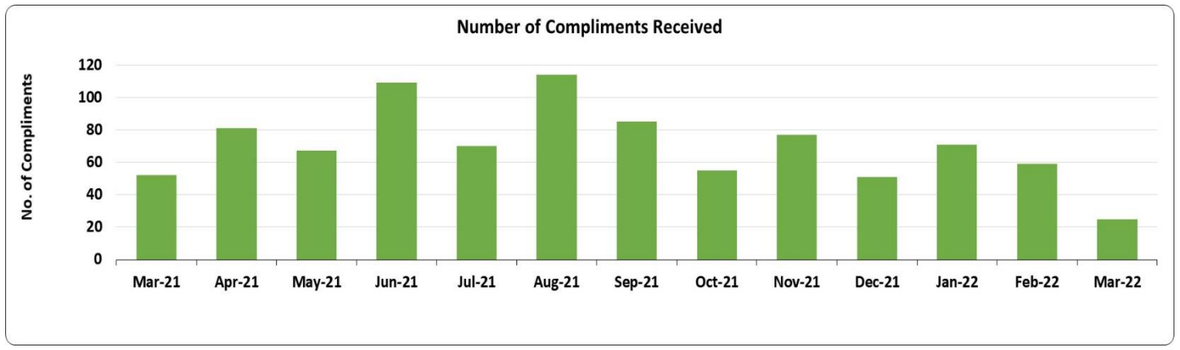
Of concern to the UHB is the recent reduction in the proportion of complaints responded to within 30 days. The service standard in March continued to fall to 46% due to the cumulative impact of Covid and workforce issues and where resources have been focused elsewhere such as Learning From Events Reports (LFERs). Holding letters have been sent out to ensure that patients and families are aware that their complaint is receiving attention and will be responded to as soon as possible. The concerns team are working on trajectories to improve response compliance as well as strategies such as response templates to improve efficiency and timeliness.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Clincial treatment/Assessment	0	41	48	45	57	64	37	51	54	45	442
Communication Issues (including Language)	43	22	13	16	21	16	17	10	15	14	187
Attitude and Behaviour	0	10	20	8	16	11	5	7	4	8	89
Appointments	0	12	9	10	8	19	13	6	7	5	89
Discharge Issues	0	4	7	9	5	7	15	8	6	6	67

Compliments

Number of compliments – March 2022

25



During March 2022, there were 25 compliments recorded on the Datix system; over 50% less than the previous period. During the past twelve months, the average number of compliments received each month has been around 72.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – March 2022

85

There were 85 medication incidents reported for March 2022 as shown in the table below: Of those incidents reported, 1 resulted in severe harm and investigation is ongoing.

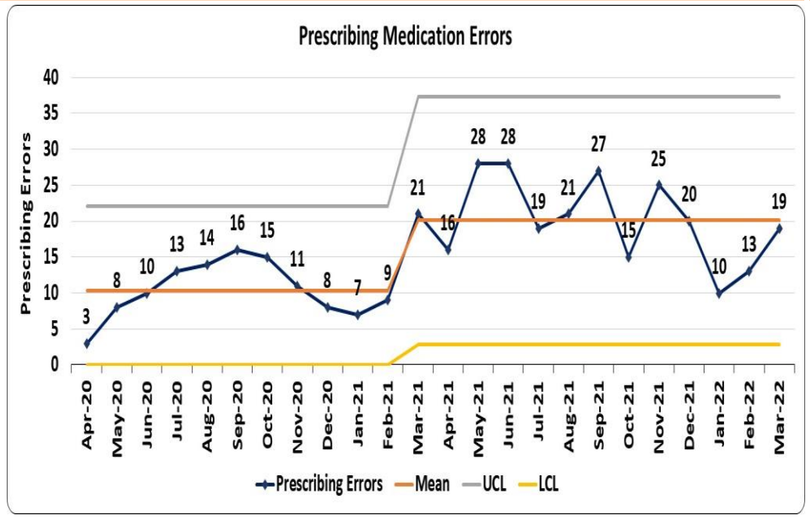
Medication Incidents March 2022							
Severity	Administration	Dispensing (Pharmacy)	Monitoring	Prescribing	Security	Other	Total
No harm	33	4	2	14	4	10	67
Low	5		1	4	2	1	13
Moderate	2			1		1	4
Severe	1						1
Total	**41**	**4**	**3**	**19**	**6**	**12**	**85**

The number of Medication and administrative errors remains fairly stationary as shown in the control charts to the right.

To make the data presented in this section more meaningful, efforts are underway to present medication incident rate per 1000 bed days and to include peer benchmarking.

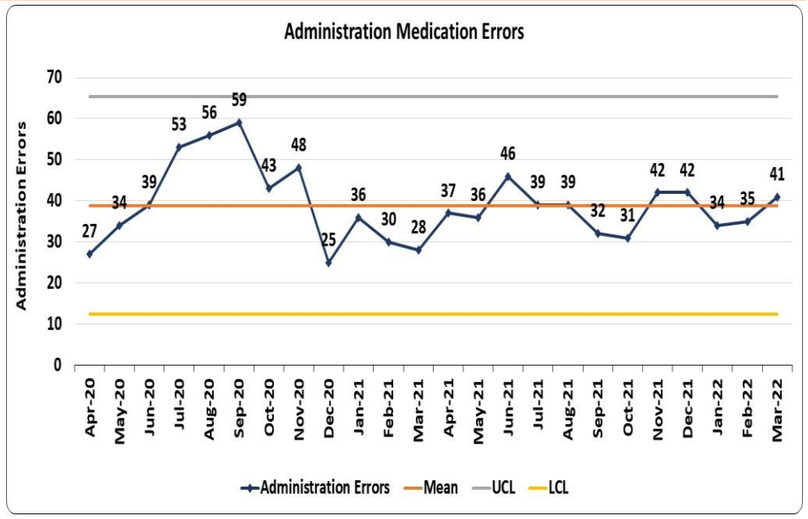
Total number of Prescribing Errors

19



Total Administration Errors

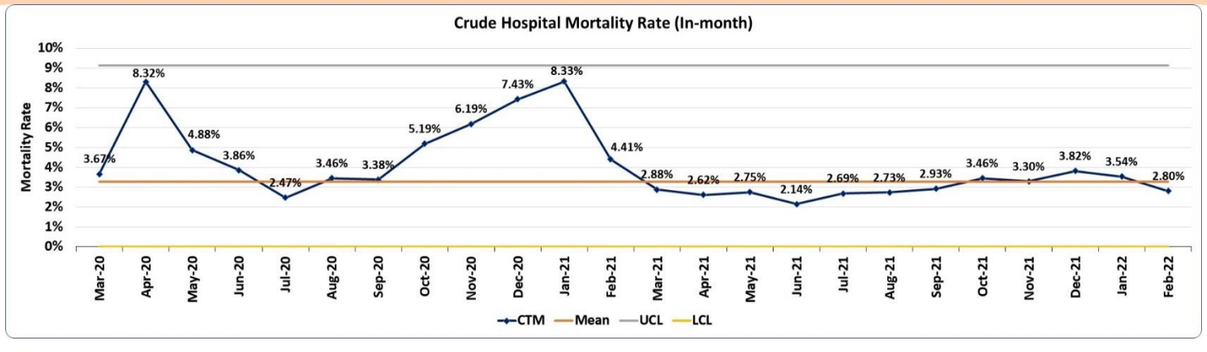
41



Crude Hospital Mortality Rates

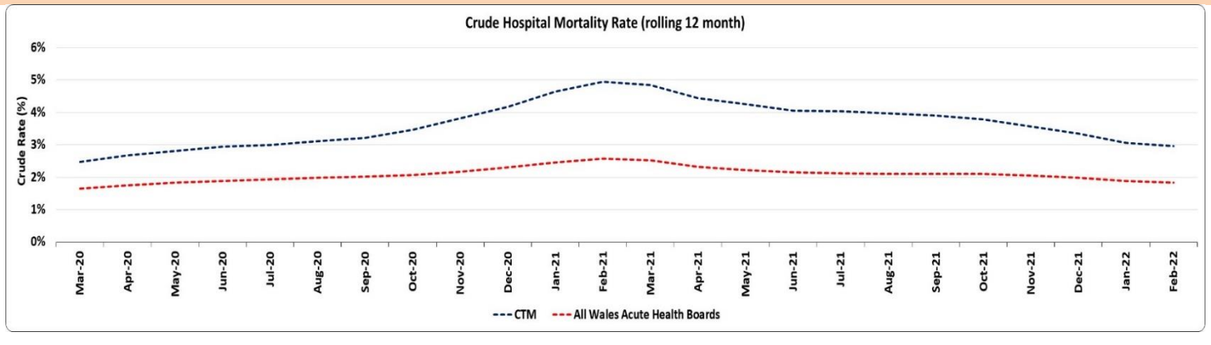
In Month Crude Hospital Mortality Rate – February 2022

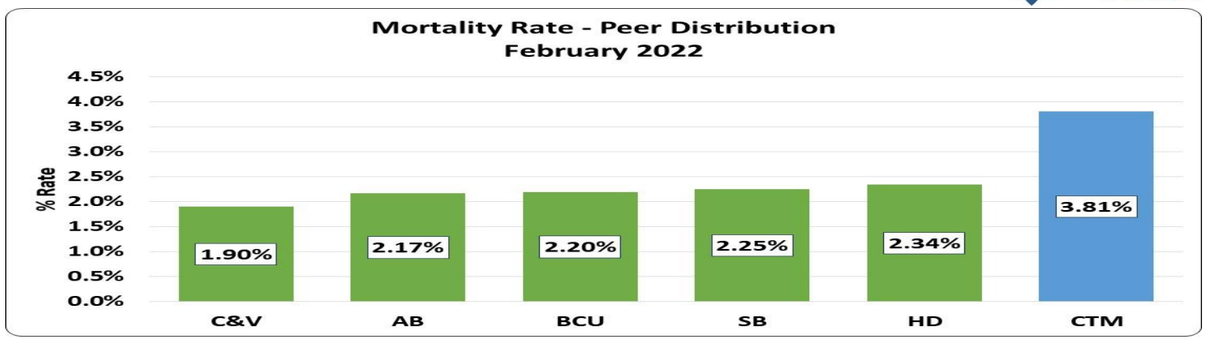
2.80%



Rolling 12 Month Crude Hospital Mortality Rate to February 2022

2.97%





Overall, in month mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.14% (the lowest level in June 2021). Rates had been increasing after this date, but not at the levels seen during the second wave and a fall in the mortality rate continues to be observed for February 2022 (2.80%). The rolling 12 month mortality rate is 2.97%; the lowest level seen since June 2020 (2.94%).

As can be seen to the left, CTMUHB does have a higher crude mortality rate as a provider of services than Welsh peers, which can be interpreted as the UHB having a higher number of deaths in hospital than our peers.

Inpatient Falls & Pressure Damage Incidents

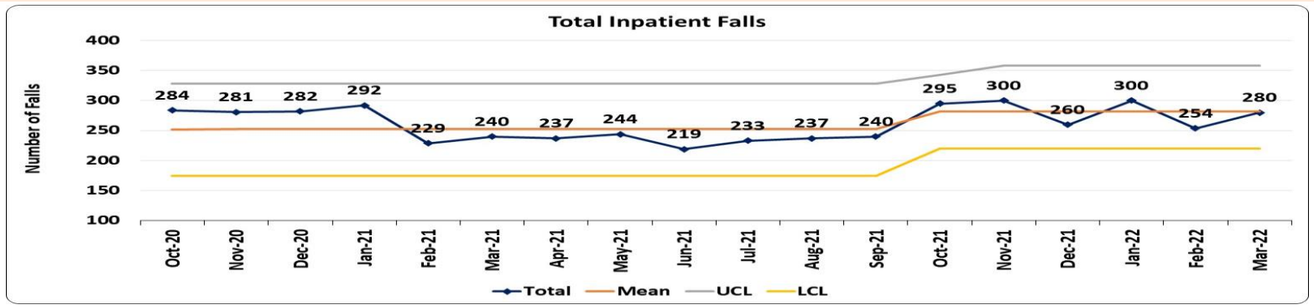
Inpatient Falls

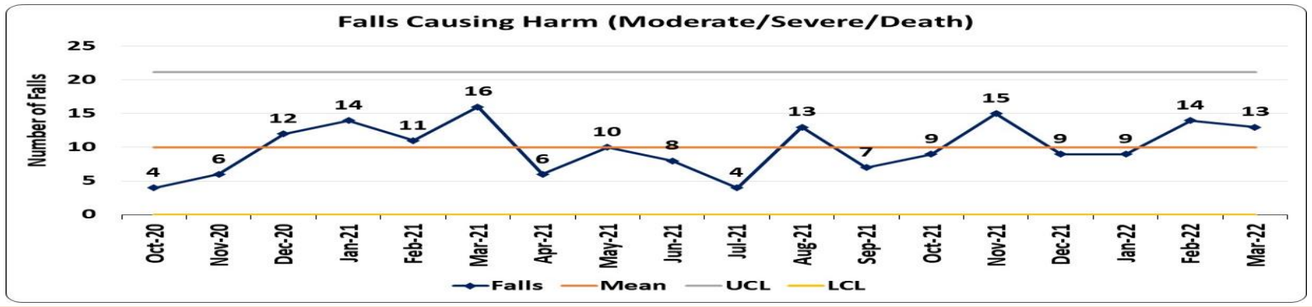
Total number of Inpatient Falls – March 2022

280

The number of patients falling whilst in the care of the UHB remained at the post-October 21 level of c.280 per month. Of these 1 resulted in severe harm or death with the fall occurring at home and the patient then admitted to hospital and a further 12 in moderate harm.

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

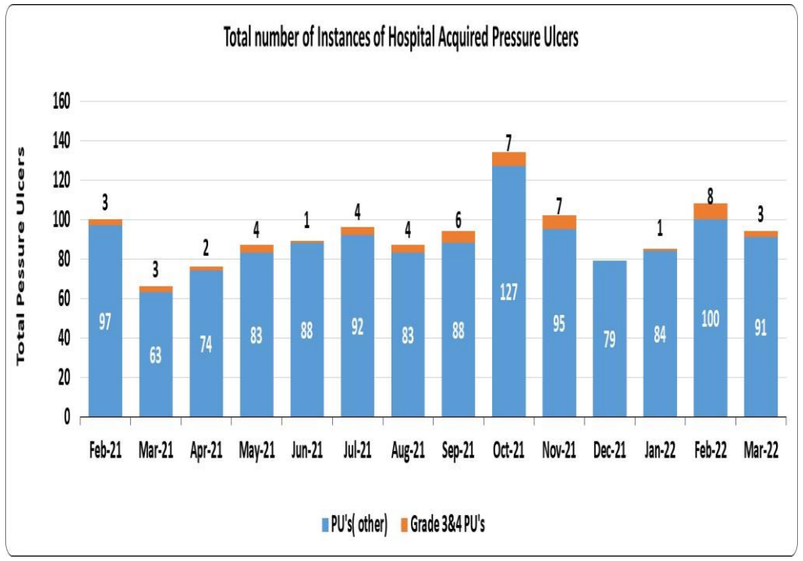


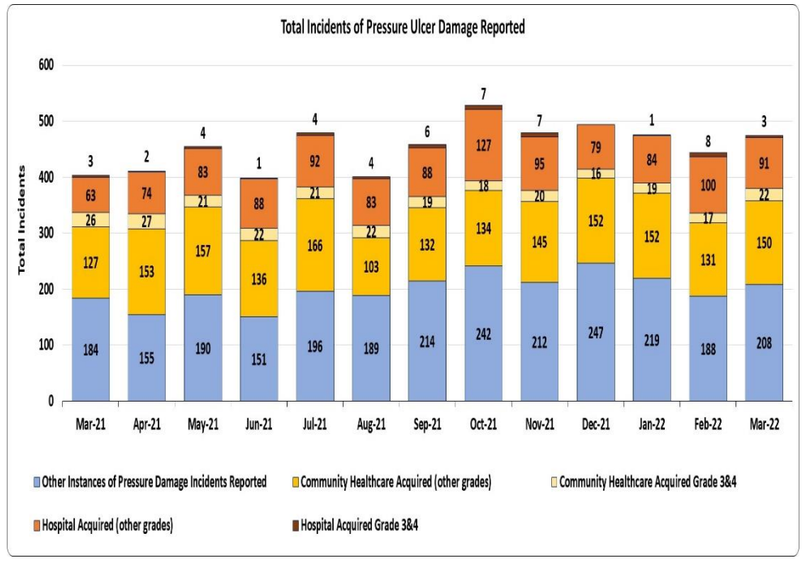


Pressure Damage Incidents

Total number of reported Pressure Damage – March 2022

474





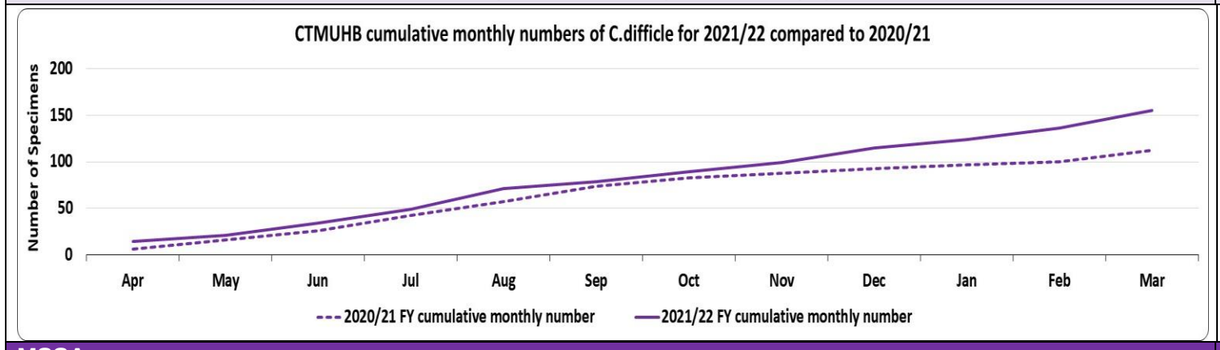
During March 2022, a total of 474 pressure damage incidents were reported, around a 7% increase on the previous month (444) and higher than the 12 month average of 458 incidents.

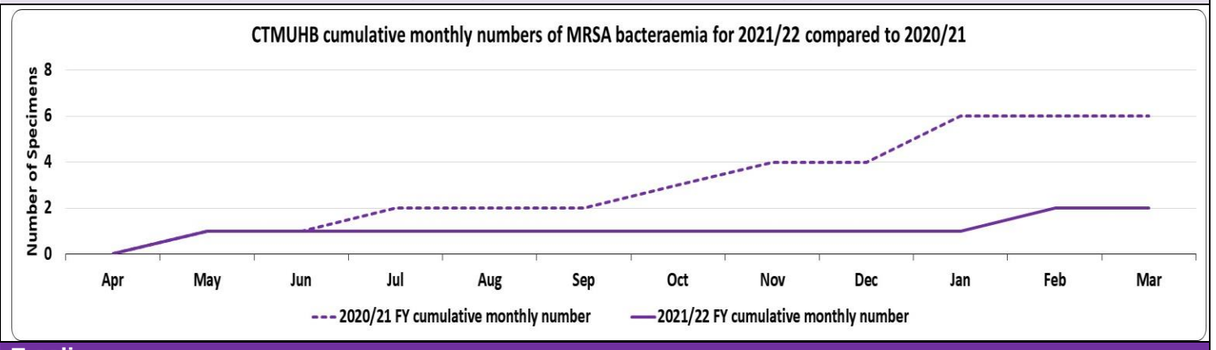
The highest number of incidents reported (172) were identified as those developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 108 were identified as hospital acquired, of which 2 reported as grade three and 1 reported as grade four. The highest numbers were recorded for AMU, Princess of Wales Hospital and Ward 8, Prince Charles Hospital.

During the past 12 months (2021/22), a total of 3,086 Healthcare Acquired Pressure Damage Incidents were reported. Of which, an investigation has been completed for 1,867 (60.5%) of these, with 238 recording an outcome of avoidable (12.8%).

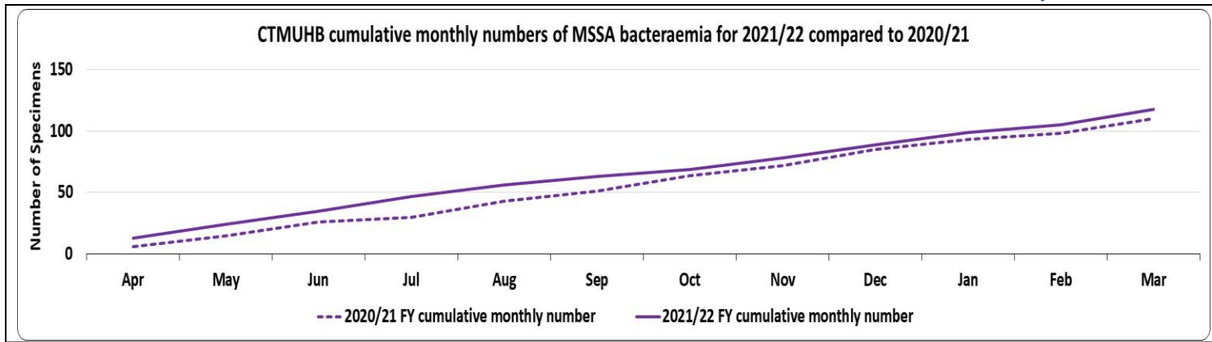
Infection Prevention and Control

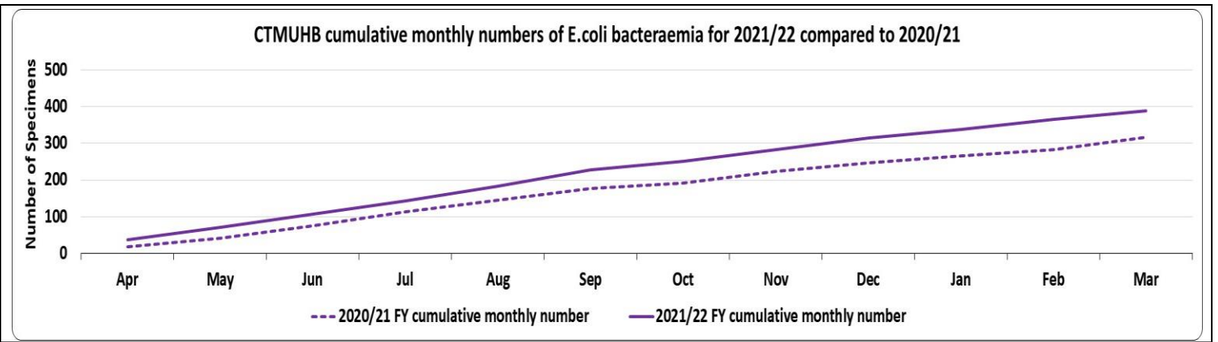
C.difficle	MRSA
155 incidents of C.difficle were reported by CTM between Apr-Mar 2022. This is approximately 38% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 33.46	2 MRSA bacteraemia have been reported by CTM between Apr-Mar 2022 (67% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.44





MSSA	E.coli
118 instances of MSSA bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 7% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.23	390 instances of E.coli bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 23% more than equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 86.7



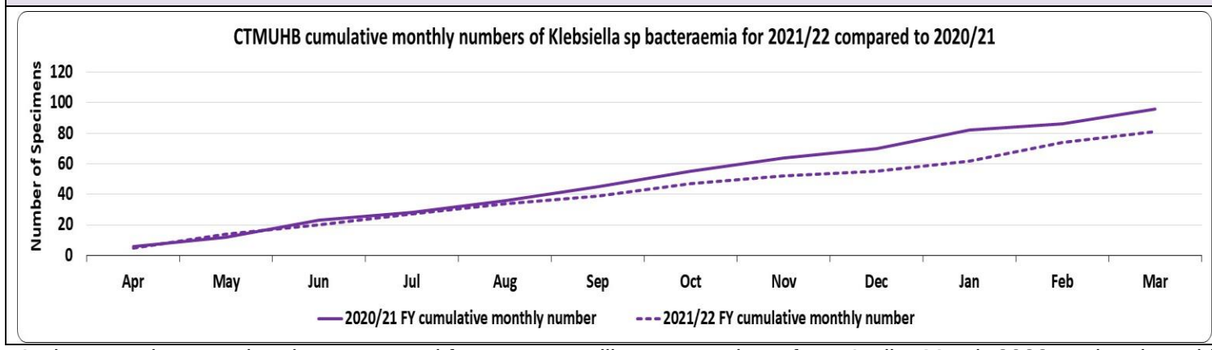


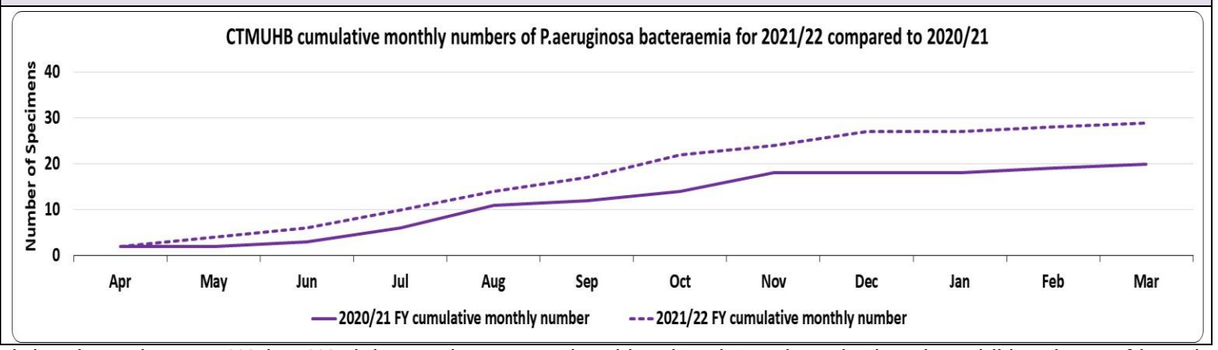
Klebsiella sp

81 instances of Klebsiella sp bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 16% fewer than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 18.01

P.aeruginosa

29 instances of P.aeruginosa bacteraemia were reported by CTM between Apr-Mar 2022 (approximately 45% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 6.45





An increase in cases has been reported for most surveillance organisms from April – March 2022, a situation which is mirrored across Wales. Work is ongoing at a national level to determine whether the additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales. Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but remain outstanding.

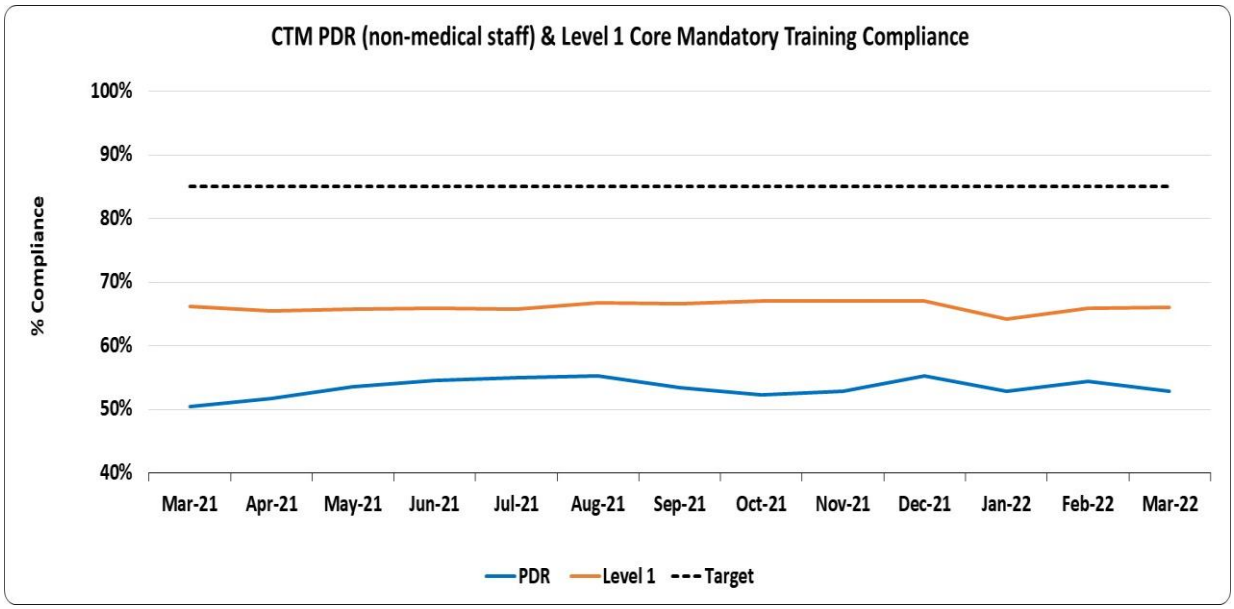
Infection Prevention and Control (IPC) capacity challenges persist as a result of the pandemic and an increase seen in infections are mostly community acquired. More emphasis must be placed on improvements in primary care to influence a reduction in infection rates.

2.3 People

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

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

Overall PDR (non-medical staff) compliance for March 2022 is 52.9%, a small reduction in compliance on the previous month of 54.4%, and continuing to remain below the target of 85%.

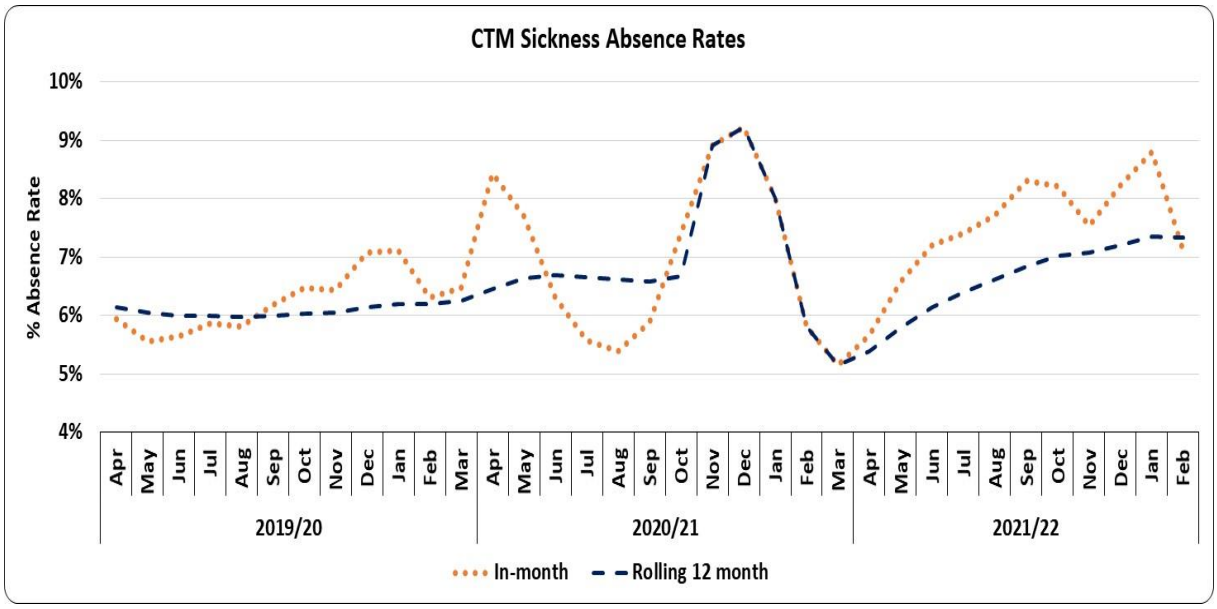


Combined core mandatory training compliance for March 2022 averages 58.5%, with overall CTM compliance for 'Level 1' disciplines at 66.1%. The break down by module shows that uptake is not consistent, with 79.1% of staff completing the equality, diversity and human rights training, a level almost 40% higher than the proportion who are up to date with their resuscitation training (40.1%).

CTM Level 1 Core Manditory Training Compliance March 2022	
Equality, Diversity & Human Rights	79.1%
Health, Safety and Welfare	77.4%
Moving & Handling	76.3%
Information Governance	71.5%
Safeguarding Adults	71.2%
Infection Prevention and Control	69.3%
Violence & Aggression	69.1%
Safeguarding Children	62.4%
Fire Training	51.3%
Resuscitation	40.1%
HB Overall Compliance	**66.1%**

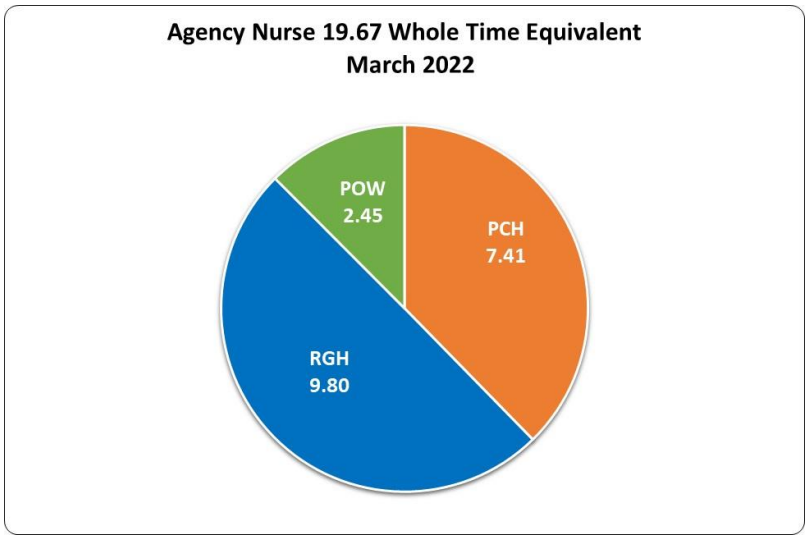
2.3.2 Sickness Absence:

The overall CTM rolling twelve-month sickness rate to February 2022 is 7.3% (7.1% in-month). In comparison to the previous month, occurrences of short-term absences have fallen by almost 30% with the occurrence of long-term sickness absence reducing by around 28%.



Top 10 Absence Reasons by FTE Days Lost - February 2022				
Absence Reason	Headcount	Absence Occurrences	FTE Days Lost	% of all absence reasons
Anxiety/stress/depression/other psychiatric illnesses	399	408	5,872.7	26.50%
Infectious diseases	474	478	3,244.2	14.64%
Chest & respiratory problems	259	261	2,366.3	10.68%
Other musculoskeletal problems	130	132	1,878.0	8.47%
Other known causes - not elsewhere classified	142	144	1,497.5	6.76%
Injury, fracture	85	85	1,057.0	4.77%
Gastrointestinal problems	219	222	1,007.6	4.55%
Cold, Cough, Flu - Influenza	172	173	826.3	3.73%
Genitourinary & gynaecological disorders	78	79	771.3	3.48%
Back Problems	70	70	705.2	3.18%

2.3.3 Premium rate agency nurse



The UHB's use of premium rate nurse agency staff increased during March 2022 (to around 19.67 whole time equivalents; of that 0.17 unregistered staff). Concerted efforts remain ongoing to maximise the use of bank over agency staff.

2.4 Access

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

2.4.1 Urgent Care:

During March, just over 61% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with only around a quarter of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 14,223 attendances over the course of the month, in line with volumes experienced in March 2021.

The CTM 15 minute ambulance handover compliance marginally improved to 25.7% (23% in February), with 60-minute compliance also improving slightly to just 56.7% from 52.9% in the previous month.

2.4.2 Stroke Care:

Performance in stroke care remains below desired standards with the only notable change being the continuing improvement trajectory for the provision of timely thrombolysis in Prince Charles Hospital.

2.4.3 Planned Care:

There was a further increase in waiting list volumes during March, with the end of month position being:

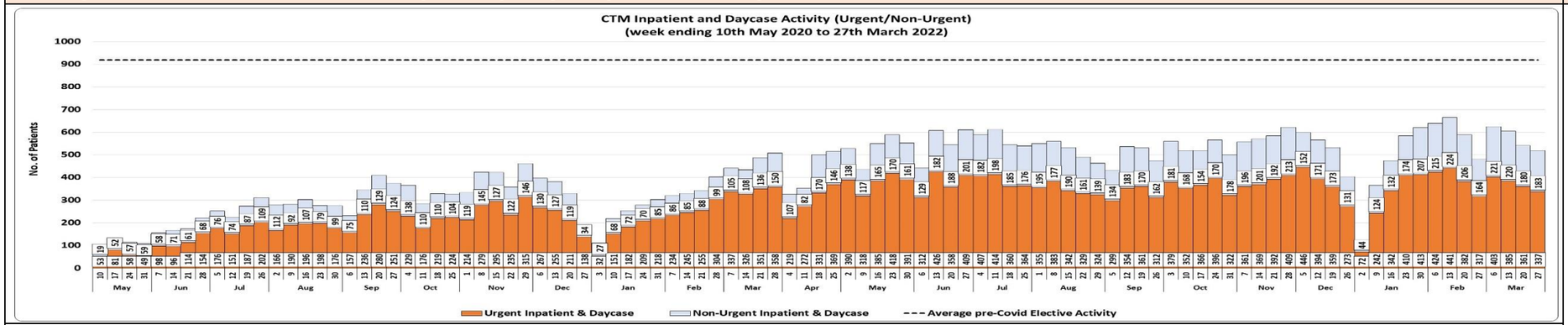
- Over 112,000 patients on an active 'RTT' waiting list
- Nearly 14000 patients still awaiting treatment after 2 years
- 19500 patients still awaiting an initial outpatient appointment after 52 weeks
- C. 34000 patients waiting 52 weeks for treatment
- 48888 patients waiting over 36 weeks for treatment
- 14170 patients waiting over 8 weeks for a diagnostic test, {88854 for ultrasound, 1056 for MRI and 3046 for endoscopy}

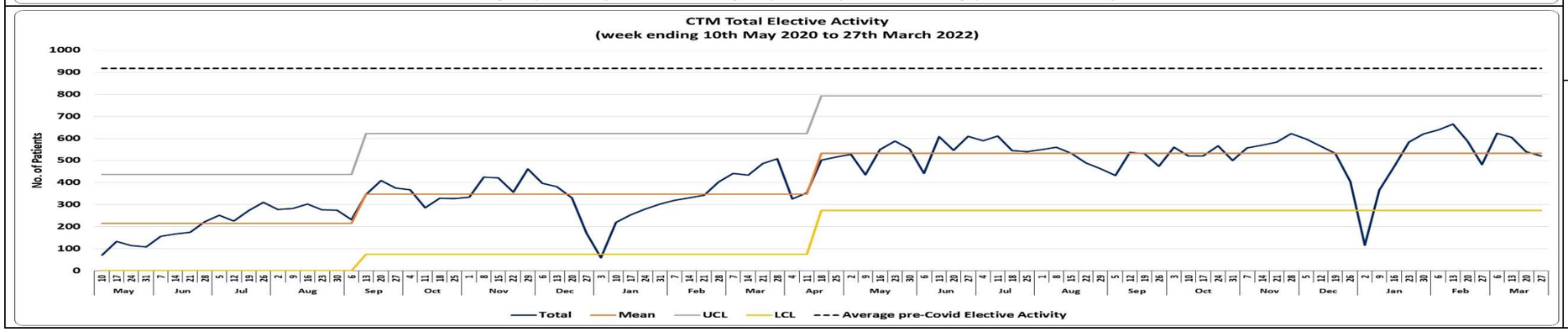
2.4.4 Cancer Care:

During February just over half (51.4%) of patients commenced cancer treatment within 62 days, an improvement from the 42.4% recorded in January, but below the 75% WG minimum standard.

Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity – to March 2022

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase





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

Elective Activity - Top 10 Specialties March 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Medicine	115	150	-35	-23.5%
General Surgery	111	176	-65	-36.8%
Trauma & Orthopaedic	101	116	-15	-12.7%
Urology	75	53	22	41.5%
Ophthalmology	59	49	10	19.4%
Gastroenterology	53	53	0	0.5%
Gynaecology	34	62	-28	-44.8%
ENT Surgery	26	52	-26	-49.5%
Cardiology	18	24	-6	-26.0%
Oral Surgery	13	21	-9	-40.5%

The table above details the average weekly "Top Ten" specialties that have carried out the highest volumes of elective activity during March compared to the average pre-Covid levels. As can be seen, current elective activity is almost 50% less in ENT, over 40% less in both Gynae & Oral Surgery, with General Surgery over 36% fewer than pre-Covid levels. However, Urology & Ophthalmology are up by 41.5% and 19.4% respectively.

How are we doing?

As can been seen in the charts above, the number of elective treatments delivered in March was 573, 21 treatments (3.5%) per week lower than the volumes delivered in February, but statistically in line with the preceding 9 months. volumes delivered pre-Covid.

In the financial year 2021/22, CTM have sent 1,428 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 881 have been treated, as shown below, well below the agreed contract of 1,480.

Outsourced Activity as at 1st April 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	521	64	383	38	34	2
SPIRE - Shoulders	25	7	14	0	4	0
SPIRE - Gynaecology	78	25	48	2	3	0
SPIRE - General Surgery	41	4	15	6	15	1
NUFFIELD - Orthopaedics	275	67	145	17	19	27
NUFFIELD - General Surgery	83	23	52	6	2	0
NUFFIELD - Gynaecology	137	18	72	19	10	18
NUFFIELD - Ophthalmology	268	53	152	8	37	18

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

A revised elective care recovery plan is being developed to support elective care recovery and attainment of the ministerial priorities. This incorporates:

- redesigning a number of high volume pathways to transform the way in which care is delivered

- supporting all specialties to improve 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

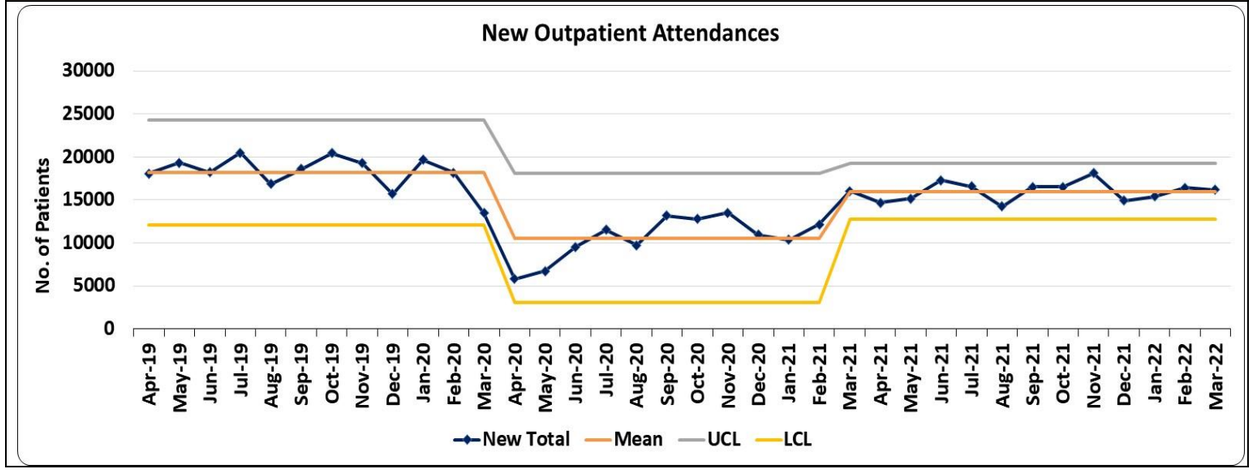
- Investing in additional capacity where clinically and cost effective to do so.

What are the main areas of risk?

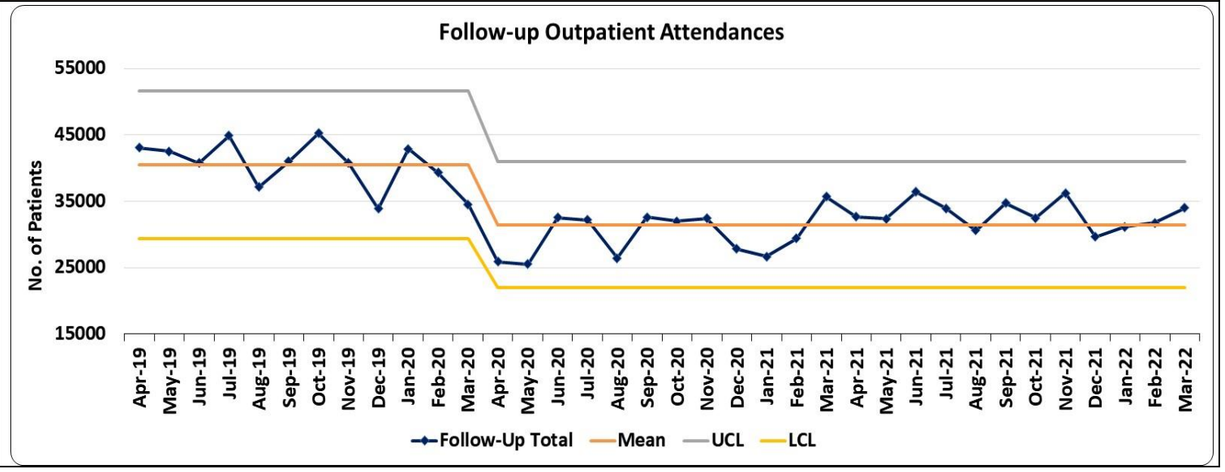
- Availability of 'elective bed capacity'
-
- Ability to safely staff the requisite number of theatre sessions
-
- Ability to contract and use the outsourced capacity

Resetting Cwm Taf Morgannwg – Outpatient Attendances

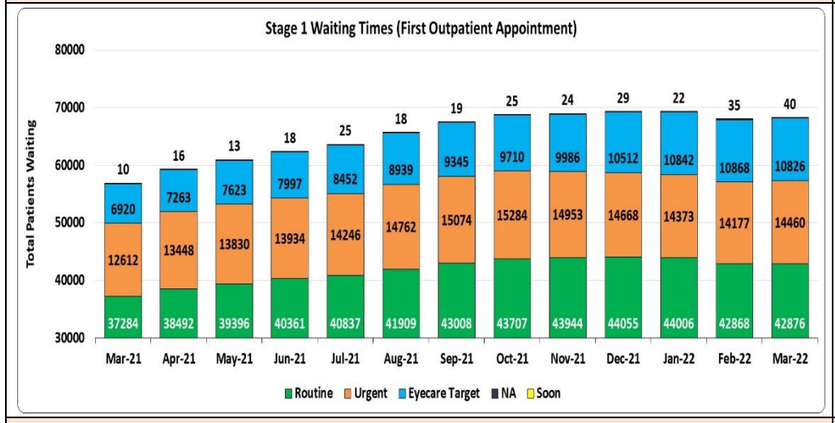
New Outpatient Attendances March 2022 – 16,176



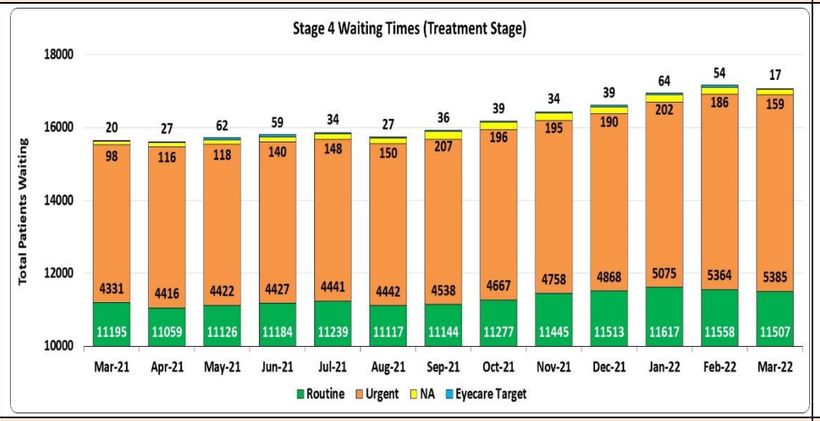
Follow-up Outpatient Attendances March 2022 – 33,996



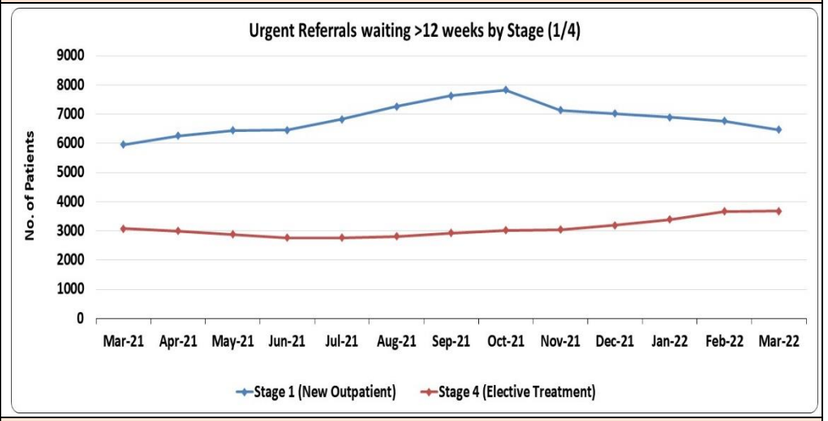
Waiting times Stage 1 (New Outpatients) - 68,203



Waiting times Stage 4 (Treatment Stage) – 17,068



Urgent referrals waiting >12 wks (Stage 1 – 6,463)(Stage 4 – 3,686)



How are we doing?

As at the end of March 2022, there were 68,203 patients awaiting a new outpatient appointment of which 14,460 patients were categorised as urgent and 10,826 were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents a 20% increase on the 56,826 patients waiting at the end of March 2021.

There were 17,068 additional patients who were awaiting treatment. Of these, 5,385 were categorised as clinically urgent, an almost static position on February (5,364).

What actions are we taking & when is improvement anticipated?

Stage 1-52+ Week Validation: Project has overrun into April but the year end position for 21-22 will be completed by end of April. This will then transition into business as usual for all patients entering into the cohort of 52 weeks waiting at stage 1.

See On Symptoms & Patient Initiated Follow up: Three specialties (Rheumatology, Gynaecology and ENT) are now live. Regular meetings scheduled to monitor & drive Dermatology progress. Mental Health and Therapies are now lined up to implement this scheme in the first quarter of 2022/23/

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

Medefer Outsourcing: This scheme of work has now commenced with approx. 1000 patients being offered a virtual appointment by the Medefer compamy. Daily reports and weekly meeting are being held to ensure overview and scrutiny of scheme, as performance monitoring of this contract has been challenging.

What are the main areas of risk?

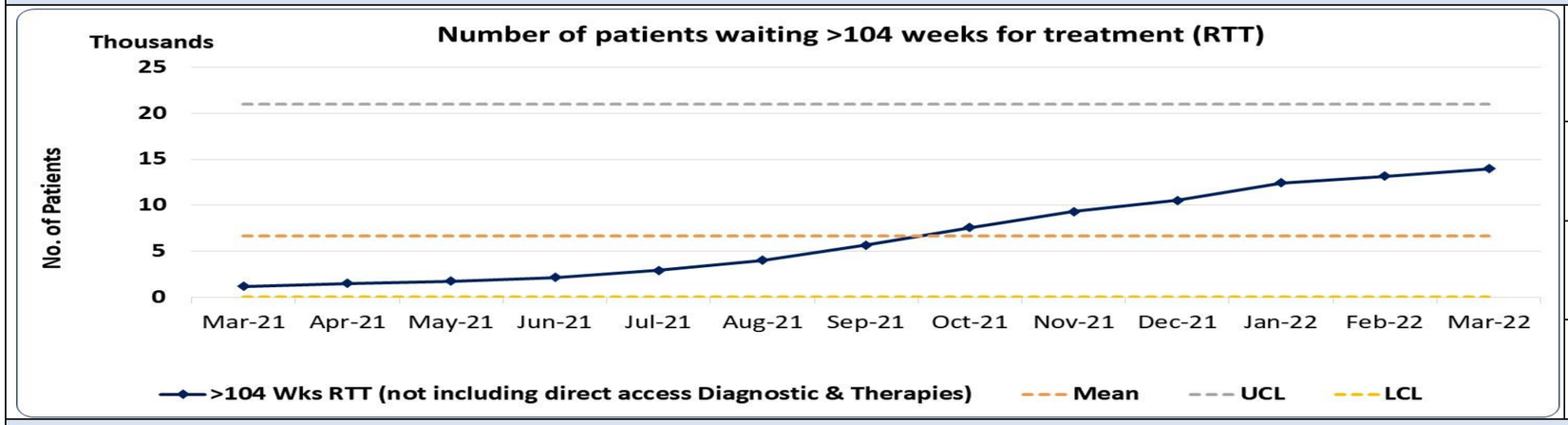
Pressures are also affecting our ability to scale up elective care in line with our recovery programme. ILGs are working together to ensure Cancer and Urgent surgeries are still taking place with some cross site support being offered; patients are being offered alternate sites in order to receive their care.

There has been a significant increase with cancer demand impacting on urgent and routine appointments availability.

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

Referral to Treatment Times (RTT) – March 2022 (Provisional Position) – Total Open Pathways 114,082

Number of patients waiting **>104 weeks** – Target - Improvement Trajectory towards a national target of Zero by 2024 ***(N.B.the chart below does not include the direct access Diagnostic & Therapies)***



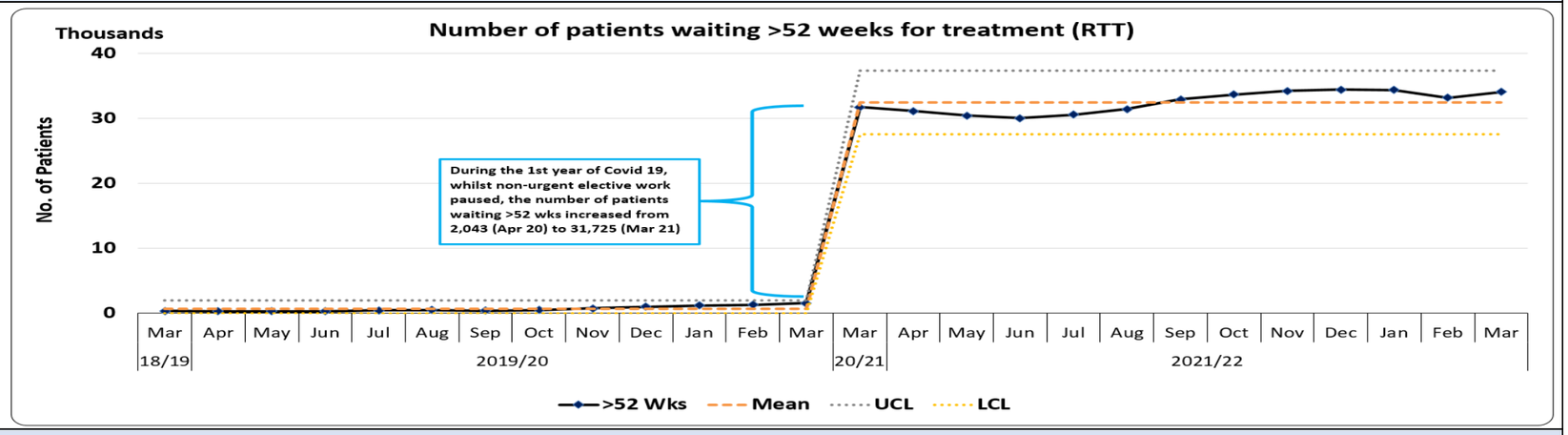
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of March is **13,975** (excluding direct access D&T), which as it currently stands is a rise of 6% (794) from February. The breakdown of the 13,975 patients is as follows:

- **3,498** patients relate to Merthyr & Cynon ILG waiting lists
- **5,148** patients relate to Rhondda & Taff Ely ILG waiting lists
- **5,329** patients relate to Bridgend ILG waiting lists

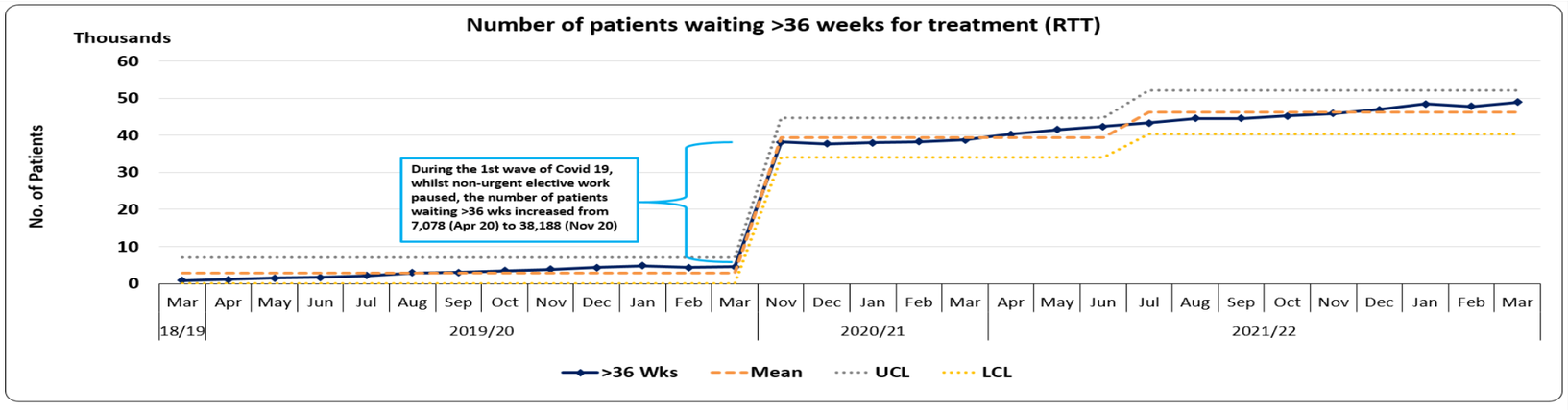
Number of patients waiting **>52 weeks** – **34,055**

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of March is 34,055, which as it currently stands is a rise of 2.6% (854) from February. The breakdown of the 34,055 patients is as follows:

- **7,226** patients relate to Merthyr & Cynon ILG waiting lists
- **15,409** patients relate to Rhondda & Taff Ely ILG waiting lists
- **11,420** patients relate to Bridgend ILG waiting lists



Number of patients waiting **>36 weeks** – Target – Improvement Trajectory towards a national target of Zero by 2026 – **48,888**



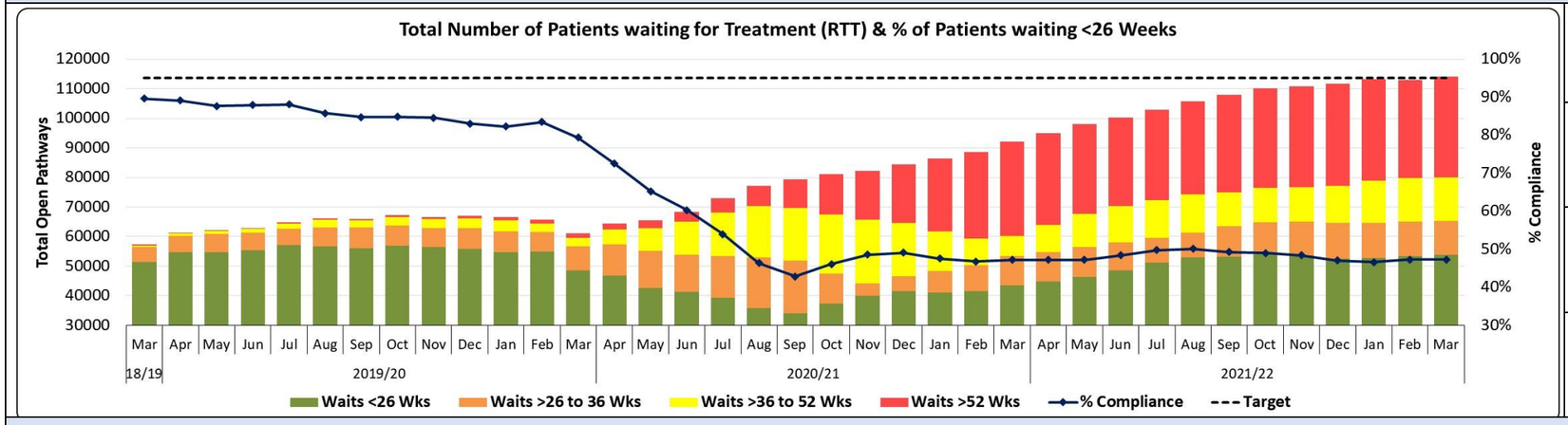
The provisional position for patients waiting over 36 weeks for March is 48,888 patients across Cwm Taf Morgannwg, which is an increase of 2.2% (1,062) from February (N.B. includes the 34,055 patients waiting over 52 weeks):

- **9,528** patients relate to Merthyr & Cynon ILG waiting lists
- **22,391** patients relate to Rhondda & Taff Ely ILG waiting lists
- **16,899** patients relate to Bridgend ILG waiting lists

RTT continued on the next page…

Referral to Treatment Times (RTT) – March 2022 (Provisional Position) – Total Open Pathways 114,082

% of patients waiting under **26 weeks** – Target - 95% – **47.3%**



In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for March across Cwm Taf Morgannwg is 47.3%. The position within each ILG is as follows:

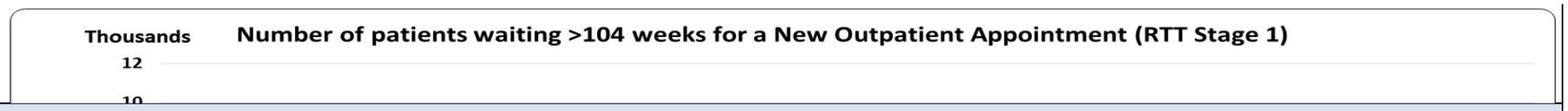
- **46.2%** Merthyr & Cynon ILG waiting lists
- **46.8%** Rhondda & Taff Ely ILG waiting lists
- **48.5%** Bridgend ILG waiting lists

Number of patients waiting **over 104** weeks for a **new outpatient appointment** – Target - Improvement Trajectory towards eliminating over 104 week waits by July 2022

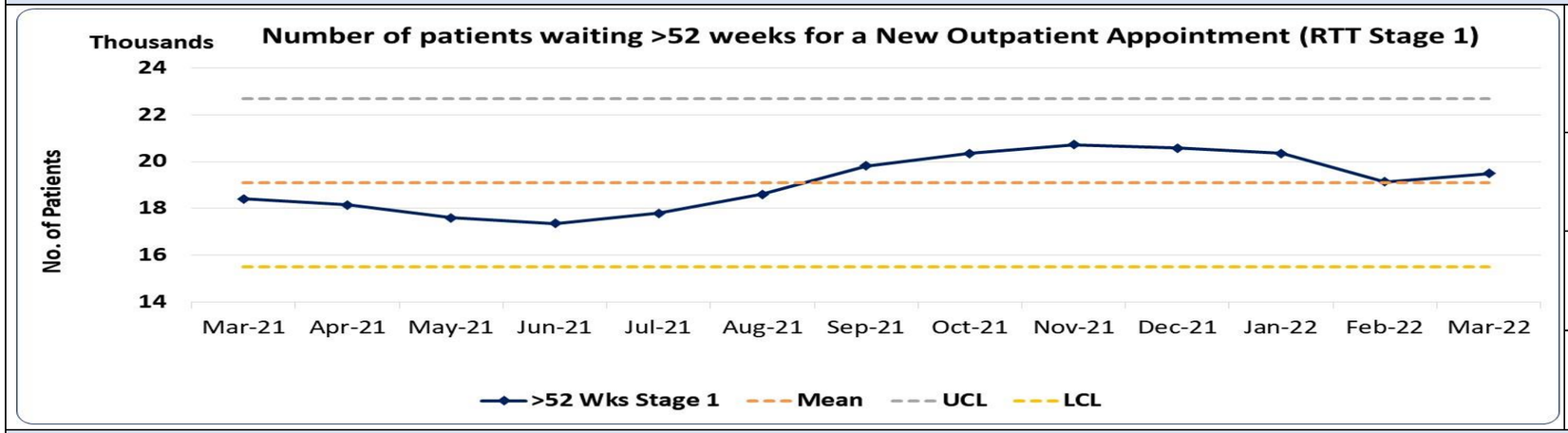
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks at Stage 1 at the end of March is 7,389, which as it currently stands is a rise of 7.1% (490) from February. The breakdown of the 7,389 patients is as follows:

- **1,308** patients relate to Merthyr & Cynon ILG waiting lists
- **2,564** patients relate to Rhondda & Taff Ely ILG waiting lists

- **3,517** patients relate to Bridgend ILG waiting lists



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



The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks at Stage 1 at the end of March is 19,500, which as it currently stands is a rise of 1.9% (354) from February. The breakdown of the 19,500 patients is as follows (N.B. includes the 7,389 patients waiting over 104 weeks):

- **3,517** patients relate to Merthyr & Cynon ILG waiting lists
- **8,566** patients relate to Rhondda & Taff Ely ILG waiting lists
- **7,417** patients relate to Bridgend ILG waiting lists

RTT continued on the next page…

Contd…Referral to Treatment Times (RTT) – March 2022 (Provisional Position)

Specialty Breakdown – March 2022 (Provisional Position)

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

Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	394	17.6%	140	222	1485	2241
Cardiology	3041	55.8%	586	750	1075	5452
Care of the Elderly	25	69.4%	4	5	2	36
Dermatology	3493	41.1%	771	959	3279	8502
Endocrinology	186	58.9%	43	81	6	316
Gastroenterology	1856	54.6%	387	454	702	3399
General Medicine	1719	70.8%	225	244	239	2427
Nephrology	123	78.3%	22	12	0	157
Respiratory Medicine	1125	73.4%	127	158	122	1532
Rheumatology	828	48.3%	180	229	478	1715
Sport and Exercise Medicine	17	94.4%	1	0	0	18
Thoracic Medicine	518	73.6%	99	61	26	704
Diagnostics	6216	56.9%	1103	1604	2004	10927
Therapies	1497	80.9%	144	161	49	1851
ENT	1590	29.9%	474	719	2535	5318
ENT Surgery	2894	46.9%	608	823	1850	6175
Ophthalmology	5529	40.2%	1687	2186	4350	13752
Oral Surgery	1400	47.4%	262	336	957	2955
Orthodontics	174	57.4%	31	57	41	303
Restorative Dentistry	47	29.9%	20	16	74	157
Gynaecology	3574	56.0%	592	628	1593	6387
Paediatric Neurology	14	100.0%	0	0	0	14
Paediatrics	2347	92.8%	115	53	13	2528
Haem (clinical)	114	100.0%	0	0	0	114
General Surgery	6083	42.9%	1419	2074	4603	14179
Orthopaedics	2710	32.4%	873	1342	3439	8364
Trauma & Orthopaedic	2274	43.6%	562	661	1717	5214
Urology	3529	43.4%	677	894	3024	8124
Colorectal	604	49.5%	121	104	392	1221
Total	**53921**	**47.3%**	**11273**	**14833**	**34055**	**114082**

How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. However, at the end of March, the over 52 week waiting list volumes saw an increase of 2.6% on the previous month, bringing the total to 34,055. Compared to the position at the end of April 2021; the March position represents an increase of almost 9.4% in the number of patients waiting over 52 weeks.

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

What actions are we taking & when is improvement anticipated?

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

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

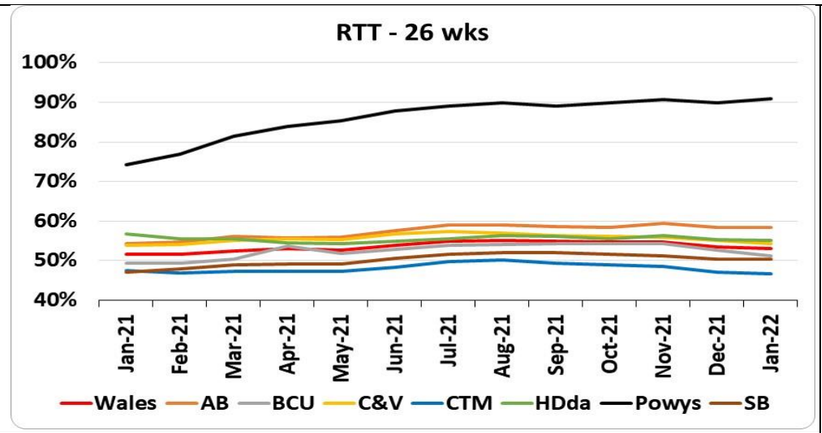
What are the main areas of risk?

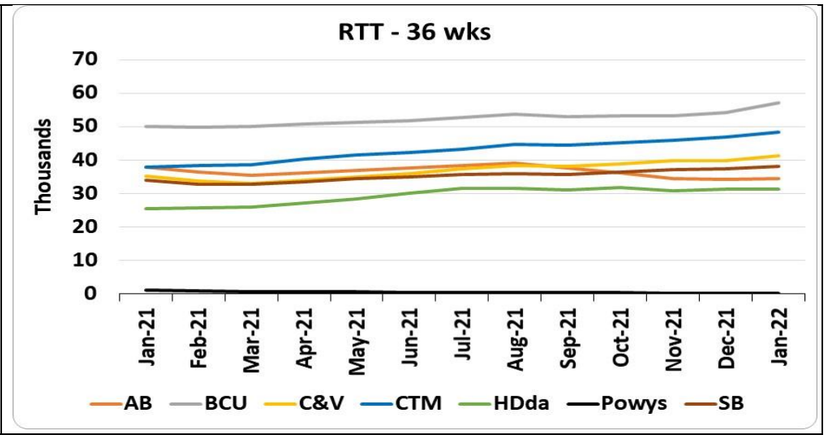
- **Limitations to return to core capacity due to clinical space on sites**: Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **A4C & staff engagement for additional activity**
- **Clinical support services capacity**
- **3rd Wave Covid**: Reduction in activity to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

How do we compare with our peers?

As at January 2022, CTM has the lowest compliance for 26 weeks RTT (46.6%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 58.3%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (48,457) with BCU ranked 7th (57,189). Best performing is Powys (212), with the better performing of the acute health boards being Hywel Dda (31,207).





Diagnostics & Therapies – March 2022 (Provisional Position) / Endoscopy Waits

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

Total >8 weeks 14,170

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	9	52	1	62
Cardiology Services	Cardiac CT		70		70
	Cardiac MRI	1	2		3
	Diagnostic Angiography		14	31	45
	Stress Test	17	33	3	53
	DSE	90		36	126
	TOE	8		23	31
	Heart Rhythm Recording	19	34	2	55
	B.P. Monitoring	12	1		13
Bronchoscopy			1		1
Colonoscopy		106	539	1	646
Gastroscopy		136	636	4	776
Cystoscopy			393		393
Flexi Sig		507	723		1230
Radiology	Non-Cardiac CT		346		346
	Non Cardiac MRI		1056		1056
	NOUS		8854		8854
	Non-Cardiac Nuclear Medicine		20		20
	Barium Enema		1		1
Imaging	Fluoroscopy		65		65
Physiological Measurement	Urodynamics	33	171	6	210
Neurophysiology	EMG	8	56		64
	NCS	7	43		50
Total		953	13110	107	14170

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14705	14308	15200	15841	14500	14170

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

Total >14 weeks 994

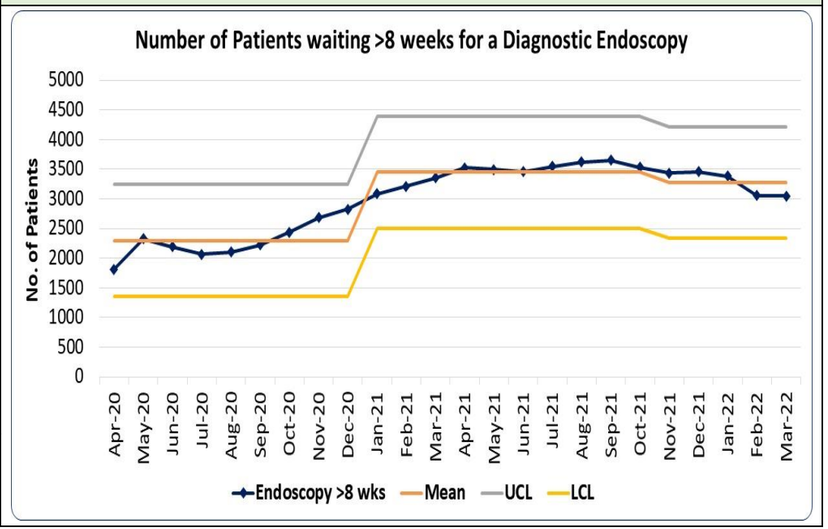
Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		96	23	119
Dietetics	365	271	167	803
Occupational Therapy	4	2		6
Physiotherapy		16		16
Podiatry	4	2		6
Speech & Language	1	10	33	44
Total	374	397	223	994

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	994

Number of patients waiting >8 weeks for a Diagnostic Endoscopy

Target Improvement Trajectory towards a national target of Zero by March '26

Total >8 weeks 3,046



How are we doing?

Diagnostics: At the end of March 14,170 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents an improvement of 2.3% (330) from the reported position in February. This improvement is due in part to a reduction in the number of patients waiting for Non-cardiac MRI which fell by 259 (almost 20%) compared to the reported February position (currently at 1056 patients waiting in excess of 8 weeks). NOUS continues to have the highest volume of breaching patients with 8,854 currently waiting over 8 weeks for a scan.

Therapies: There are provisionally 994 patients breaching the 14 week target for therapies in March, an increase of 76 (8.3%) on the reported position for February. This can be attributed, in part, to the continued increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 803. Dietetics accounts for over 80% of the total patients waiting beyond the 14 week target for therapies.

How are we doing?

At the end of March 994 patients had been waiting in excess of 14 weeks to commence therapy, and increase of 499 over the course of the financial year. The main challenge is in dietetics which accounts for 80% of the excessive waits.

A number of the successful initiatives undertaken in 2021/22 (e.g. first contact) are being formally appraised as part of the review of the planned care recovery plan refresh.

How are we doing?

Insourcing PCH: PCH continues to run 1-2 theatres each Saturday. RGH have continued to run 1-2 lists each Sunday.

Additional lists RGH: Saturday lists ongoing.

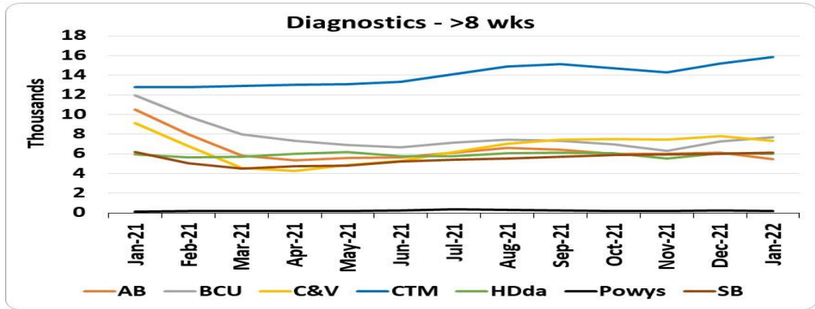
Validation of waiting list MC/RTE: No activity currently. CSG teams mapping out service requirements to identify gaps in terms of what is required and what is feasible.

Mobile unit: This is now onsite at RGH, commission and installation is ongoing. With work ongoing to achieve go live on the 4th April.

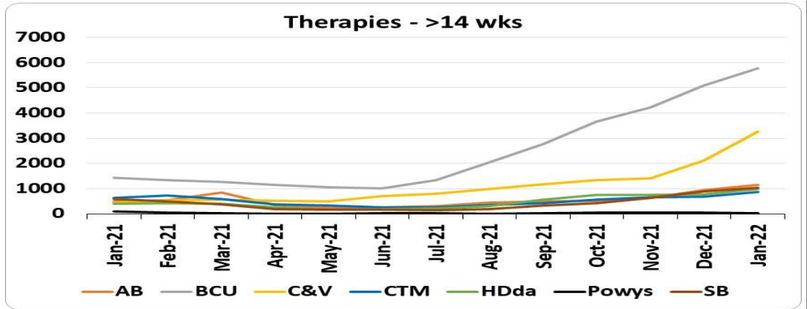
Risks
Insourcing: Ability of insourcing team to staff all lists.

Mobile Unit: Risk to delivery of go live date due to multiple deliverables across multiple concurrent work streams.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

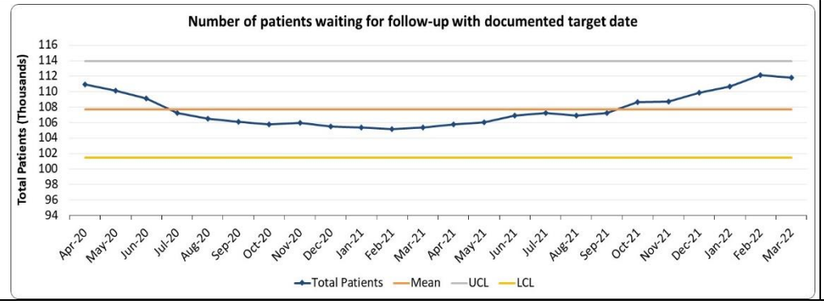
As at January 2022, CTM had the highest number of patients (15,841) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (202) with ABUHB performing better than the other acute health boards with 5,495 patient breaches.

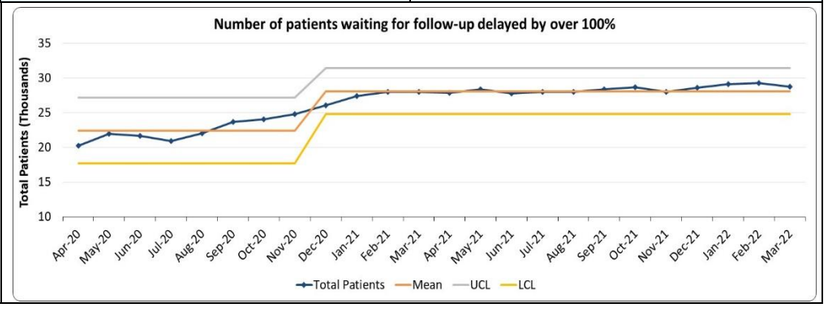
As at the same period, CTM had 873 patients waiting over the 14 week target for a therapy and ranked 2nd out of the other health boards in Wales. Again, Powys was first with 38 patient breaches and Hywel Dda; 3rd with 984 patient breaches.

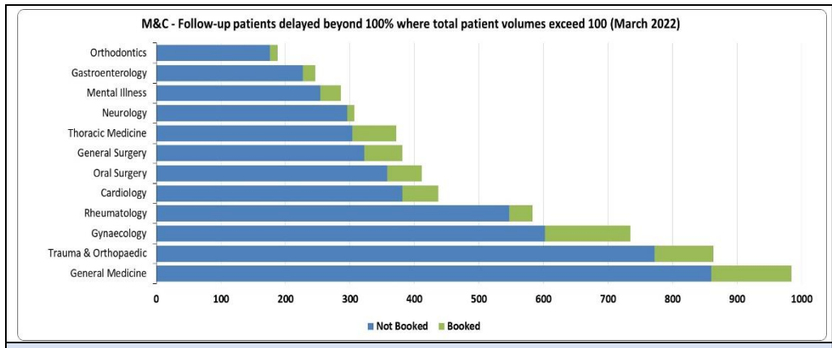
Follow-up Outpatients Not Booked (FUNB) – March 2022

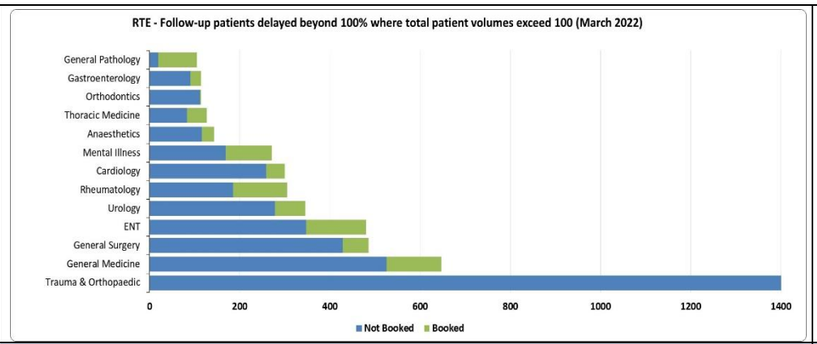
Number of patients waiting for a Follow-up with documented target date - Target <=51,739				Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256		
No Target Date	**Not Booked**	**Booked**	**Total**	**Not Booked**	**Booked**	**Total**
12	**75,009**	**36,800**	**111,821**	**25,139**	**3,597**	**28,736**

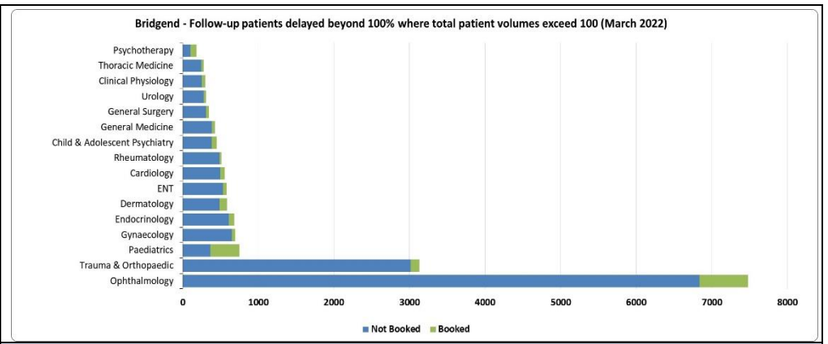
Provisional March 2022	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	1	14,902	6,534	21,437	5,294	731	6,025	28.1%
Rhondda & Taff Ely	4	12,927	14,635	27,566	4,108	964	5,072	18.4%
Bridgend	7	47,180	15,631	62,818	15,737	1,902	17,639	28.1%
CTM	12	75,009	36,800	111,821	25,139	3,597	28,736	25.7%











How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of March was provisionally 111,821 and of those patients waiting, 28,736 have seen delays of over a 100% past their target date, representing an increase of just over 2.5% on the same period last year.

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

Due to significant demand for cancer and urgent outpatient appointments there is limited capacity for routine and follow up appointments to take place. Resulting in increased routine and follow up waits.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment; started and will continue across the HB for majority of patients within this cohort.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from January figures in identified specialties as pathways are in development for implementation.
- The Outpatient Programme in line with the new financial year will undergo resetting to ensure priorities & project align with national and local directives.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialities across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 30,115 for those two specialties of which 12,967 are delayed 100%.

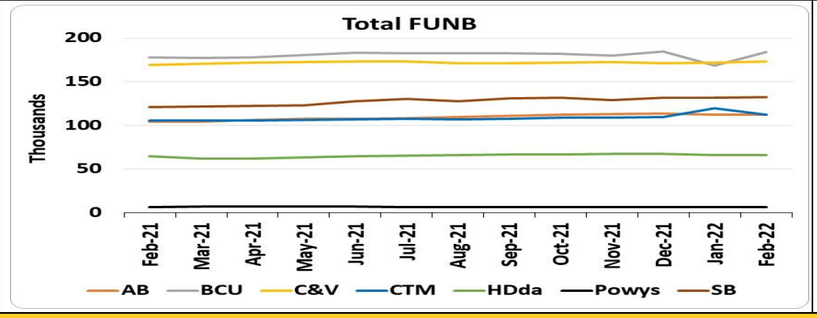
Outpatient activity levels continue to be below pre-Covid levels with the March figures below for new and follow-up patients compared to prior the pandemic:

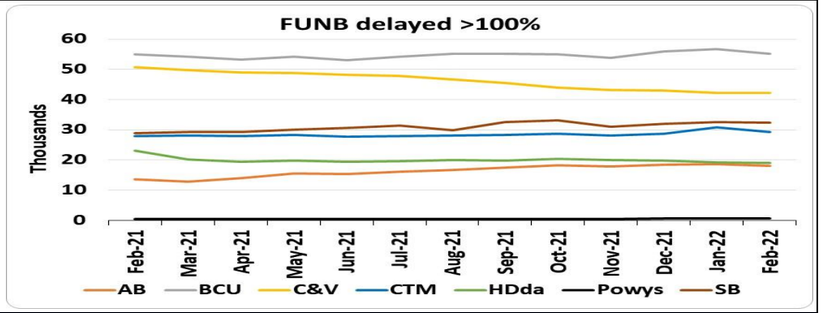
- Total New Patients seen: 16,176; a reduction of over 11% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 33,996; over 16% reduction on the Pre-Covid average (19/20) of 40,500.

How do we compare with our peers?

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

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

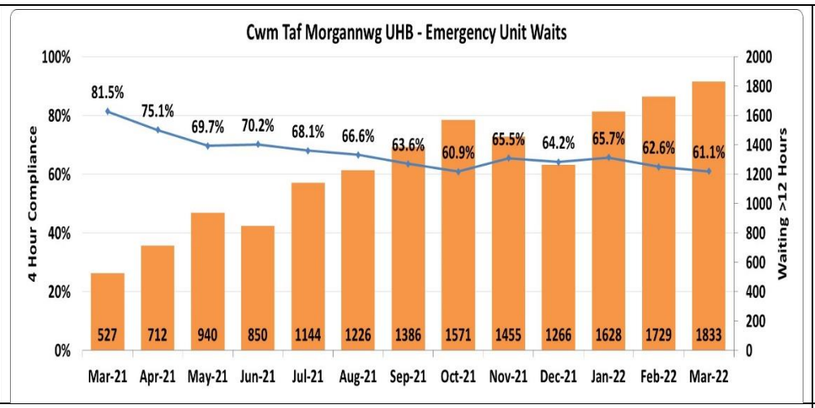


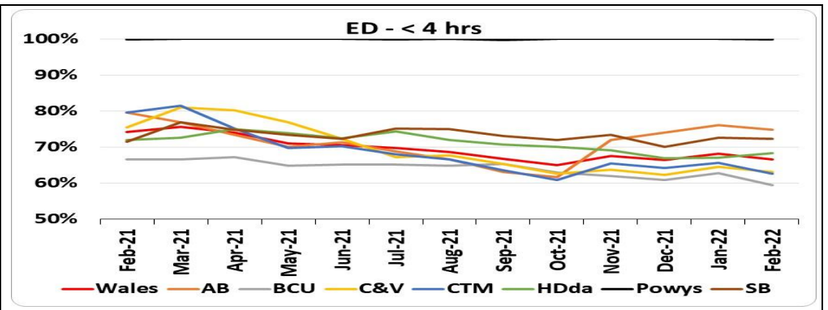


Emergency Unit Waits – March 2022 (Provisional Position)

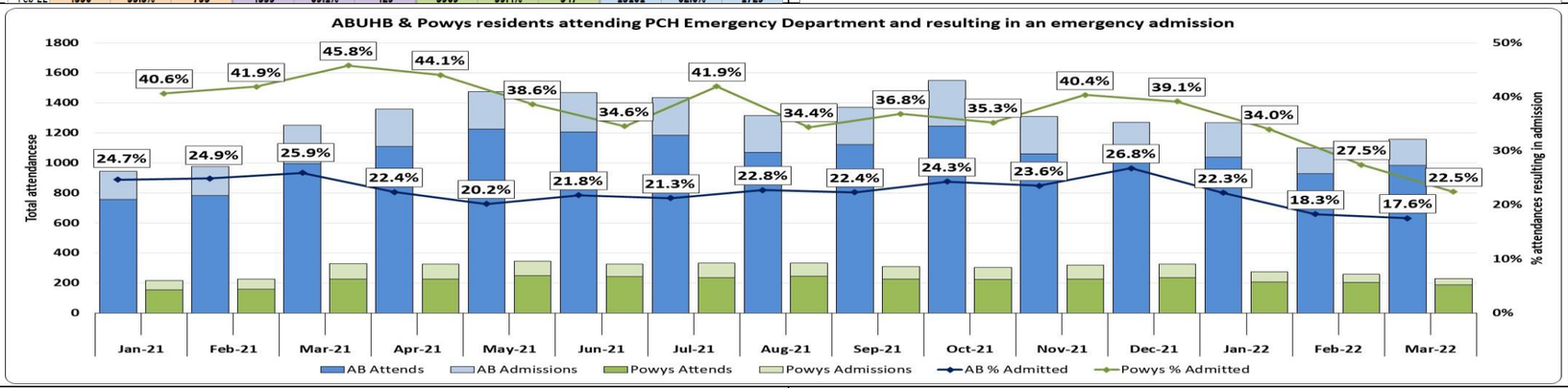
Number of Attendances	% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%	Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero
14,223	**61.1% were seen within 4 hours (Waiting >4 hrs 5,539)**	**12.9% of patients were waiting over 12 hours (1,833)**
		How do we compare with our peers?

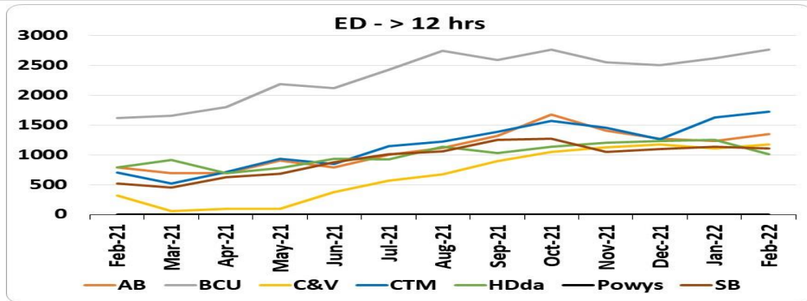
Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5072	69.6%	325	4897	59.4%	607	15346	60.9%	1571
Nov-21	4736	53.2%	604	4703	74.7%	325	4485	66.2%	526	14255	65.5%	1455
Dec-21	4482	55.3%	541	4558	72.1%	310	4211	63.6%	415	13455	64.2%	1266
Jan-22	4503	55.7%	753	4603	73.9%	403	4221	63.9%	472	13763	65.7%	1628
Feb-22	4350	55.3%	753	4359	69.1%	429	3969	59.4%	547	13101	62.6%	1729





As at February 2022, CTM ranked 5th out of all the acute health boards in Wales, with compliance at 62.6%. Best performing acute health board was ABUHB at 74.9% and worst was BCU at 59.5%.





As at February 2022, CTM, ranked 5th out of all the acute health boards in Wales, with 1,729 patient breaches. Better performing acute health board was Hywel Dda with 1,017 patient breaches, worst was BCU with 2,768 patient breaches.

How are we doing?

A continued decline in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during March, with overall performance at 61.1%. As per the table above, the UHB continues to experience the greatest challenges at PCH, where performance is presently at 50.7%, a fall of over five points on the previous month (55.3%), with the average for the past 12 months at this site, being 56.8%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments remained almost static this month at 87.1%, bringing the overall total of breaching patients to 1,833 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances during March were almost 9% higher than in February at 14,223, and is more than 3% higher than the same period last year.

Average attendances 2019/20 were around 15,752, with the average 2020/21 being 11,931. From April 2021 to date, the monthly attendance average has been 15,079, representing an average increase of around 26% on the previous year.

What actions are we taking & when is improvement anticipated?

Bridgend ILG:

- Temporary seasonal increase in the bed base at Ysbyty'r Seren, with dynamic management of Covid bed base
- Patient Flow Navigators supporting wards and discharge lounge with early discharges
- Involvement in the two week resetting exercise with focus on up to date EDDs, discharge hub, earlier discharges and daily Board Rounds. Dynamic management of Covid bed base.

RTE ILG:

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

MCILG:

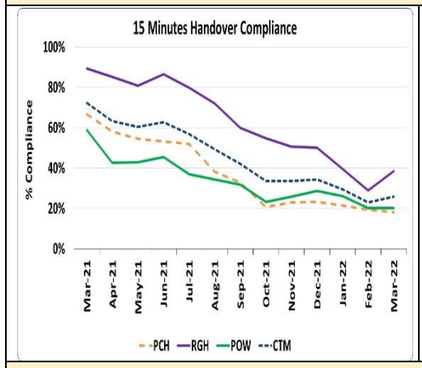
- Real time demand & capacity introduced across Acute Wards to improve efficiency and delays in transfers and discharges
- New ED consultant in post

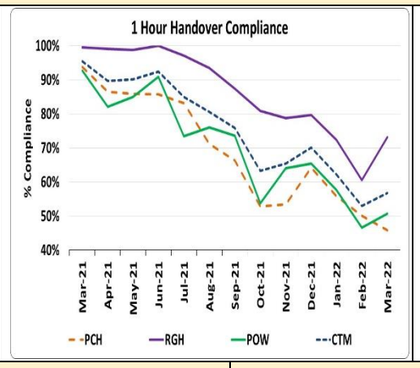
What are the main areas of risk?

- Staffing challenges due to Covid continues
- Long delays on ambulance and within ED increasing risk to patients in ED and in the community
- Frail elderly in ED for long periods awaiting beds leading to deconditioning
- Cancellation of non-urgent planned activity has potential to increase demand at the front door.
- Significant patient safety concerns associated with long delays in the Emergency Department. Known correlation between long ED stay and increased mortality.
- WAST diverts of out of area patients. This leads to longer length of stay with associated issues of repatriation back to local hospital

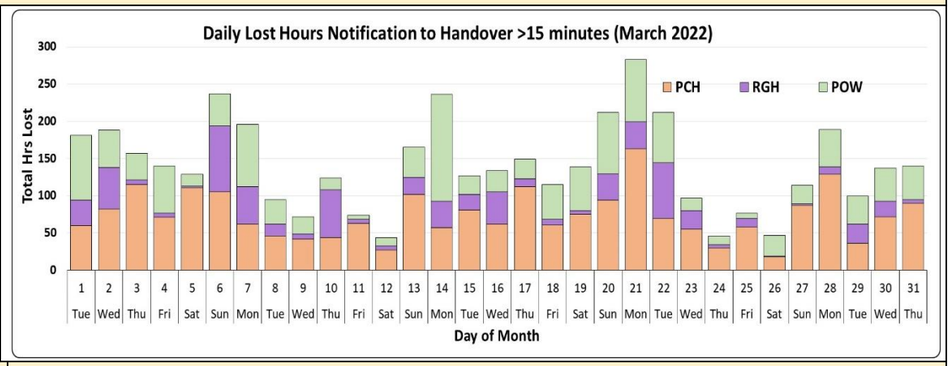
Emergency Ambulance Services – March 2022

Number of ambulance handovers within 15 minutes – Target Improvement	Number of ambulance handovers over 1 hour – Target Zero
Total handovers 2,262 of which 508 handovers were within 15 minutes (25.7%)	**979 handovers were over 1 hour (56.7% of handovers were within 1 hour)**





Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
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%



How are we doing? What actions are we taking?

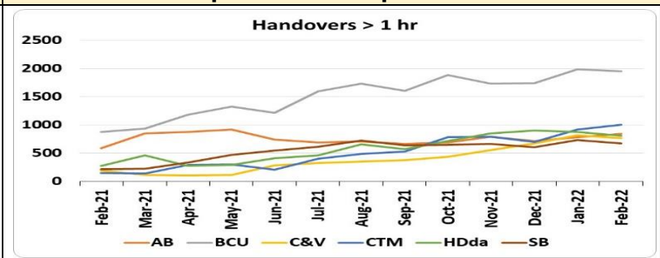
The CTM 15 minute handover compliance saw a slight improvement this month to 25.7%, with 60-minute compliance also improving to 56.7% from 52.9% in the previous month. The number of Ambulance conveyances (2,262) rose by c. 5.5% on the February figure and remains approximately 16% below the volume seen in the same period of 2021.

Overall our community lost 4,356 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at PCH which accounted for over 50% of the total hours lost.

What actions are we taking & when is improvement anticipated?

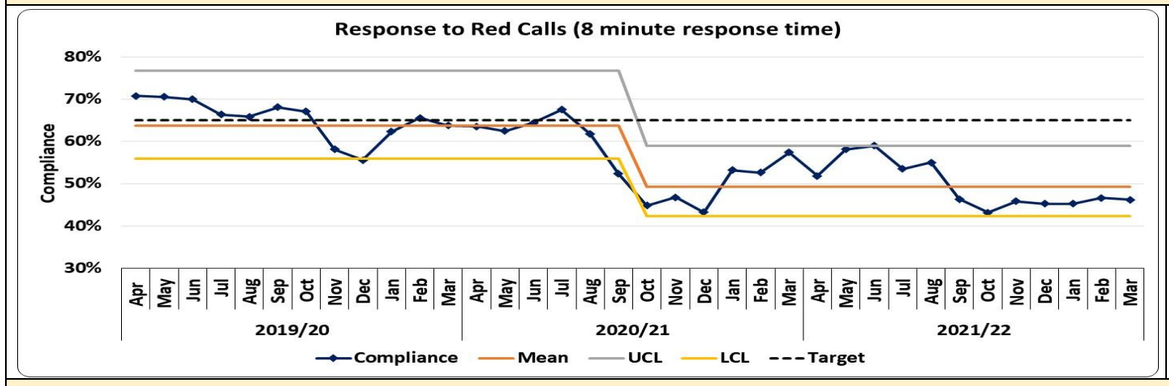
There is an increasing trend where acutely unwell patients are self-presenting at PCH as oppose to arriving by ambulance based on advice given to use own transport by WAST. Clinical space is being utilised on a clinical priority basis and it is often the case that self-presenting patients pose a greater clinical risk than many WAST patients and these take priority. An additional Band 8a nurse has been seconded to the ED to support flow and support decision making within ED. WAST handover delays continue to be discussed and planned in bed meetings and ED Safety Huddle meetings.

How do we compare with our peers?



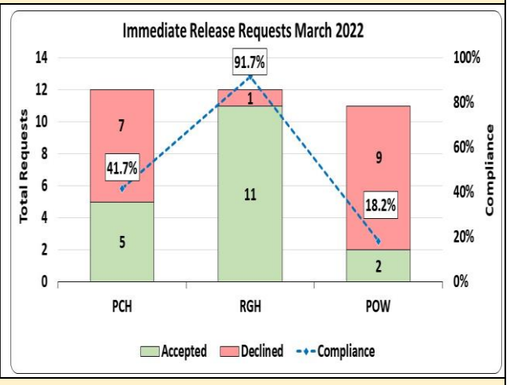
As at February, CTM was ranked 5th out of the six acute HB's in Wales with 1,003 patient breaches. Better performing was SBUHB with 676 patient breaches and worst was BCUHB with 1,955 patients waiting more than 1 hr. for handover of care

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance March 2022 – 49.3%



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

Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Mar-21	69	40	58.0% ✗	234	127	54.3% ✗	68	46	67.6% ✓	371	213	57.4% ✗
Apr-21	59	35	59.3% ✗	240	111	46.3% ✗	125	74	59.2% ✗	424	220	51.9% ✗
May-21	100	59	59.0% ✗	250	137	54.8% ✗	121	78	64.5% !	471	274	58.2% ✗
Jun-21	73	36	49.3% ✗	260	153	58.8% ✗	150	96	64.0% !	483	285	59.0% ✗
Jul-21	73	39	53.4% ✗	269	139	51.7% ✗	153	87	56.9% ✗	495	265	53.5% ✗
Aug-21	77	47	61.0% !	243	137	56.4% ✗	129	63	48.8% ✗	449	247	55.0% ✗
Sep-21	91	48	52.7% ✗	268	115	42.9% ✗	159	77	48.4% ✗	518	240	46.3% ✗
Oct-21	95	48	50.5% ✗	355	145	40.8% ✗	173	76	43.9% ✗	623	269	43.2% ✗
Nov-21	91	43	47.3% ✗	342	157	45.9% ✗	160	72	45.0% ✗	593	272	45.9% ✗
Dec-21	94	48	51.1% ✗	327	149	45.6% ✗	186	78	41.9% ✗	607	275	45.3% ✗
Jan-22	69	39	56.5% ✗	277	124	44.8% ✗	160	66	41.3% ✗	506	229	45.3% ✗
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% ✗



How are we doing?

Response to Red Call

The persistent high numbers of life-threatening calls experienced by our ambulance service continues with response times remaining almost static during March at 46.2%. The Welsh average remains just over 50% and has remained below target since August 2020. CTM response times for the last twelve months averages out at 49.3%.

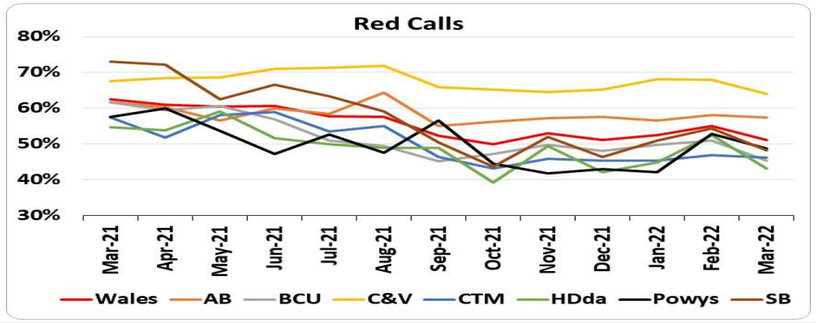
Red Call Volumes shown in the central table continues to remain high with 552 observed in March, around 19% more than the previous month (463). Pre-Covid levels averaged 351 per month whilst the Cwm Taf average for the last 12 months is 515 representing an approximate increase of 46%.

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 35 during March. The ED services were able to support affirmatively 18 (51.4%) of those requests.

How do we compare with our peers?

CTM ranked fifth out of all the health boards in Wales for response times to red calls during March (46.2%). Response times continue to remain better in the dense urban areas, with Cardiff and Vale seeing 64.0% compliance.

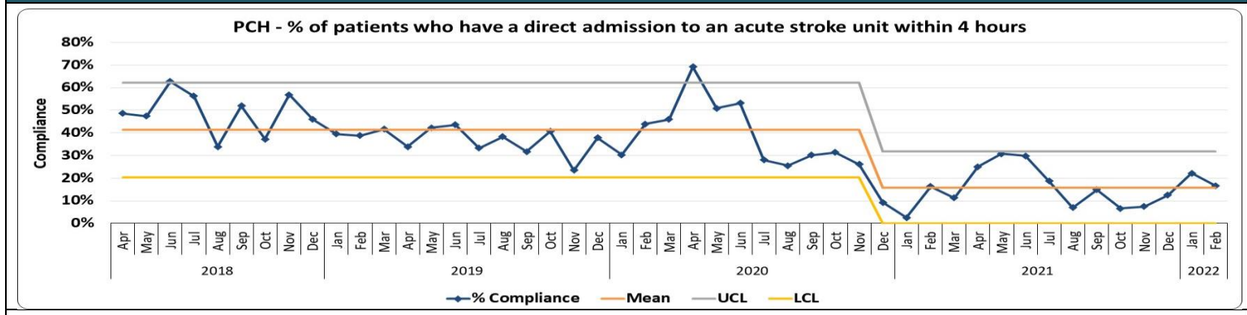
Generally response times are worse in the more geographically challenging areas e.g. BCU & H Dda (45.3% & 43.2% respectively).

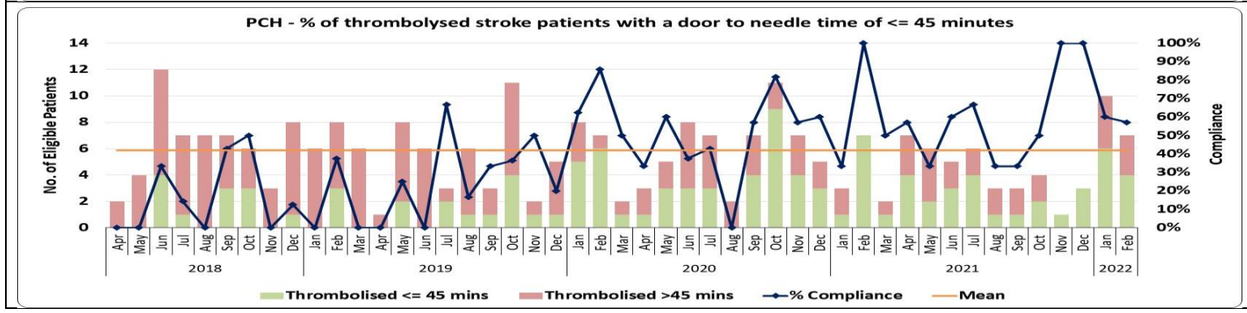


Stroke Quality Improvement Measures (QIMs) – February 2022

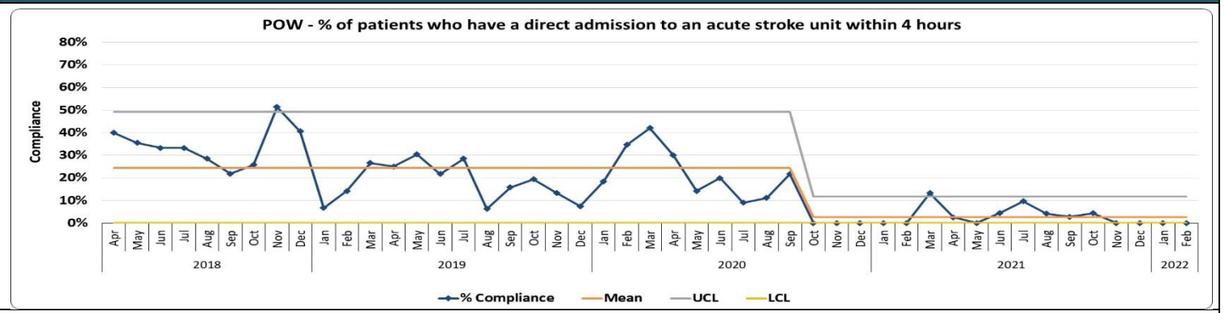
% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	**POW**	**CTM**	**PCH**	**POW**	**CTM**	**PCH**	**POW**	**CTM**	**PCH**	**POW**	**CTM**
16.7%	**0%**	**10.4%**	**57.1%**	**0%**	**50.0%**	**56.8%**	**52.0%**	**55.1%**	**52.3%**	**60.0%**	**55.1%**

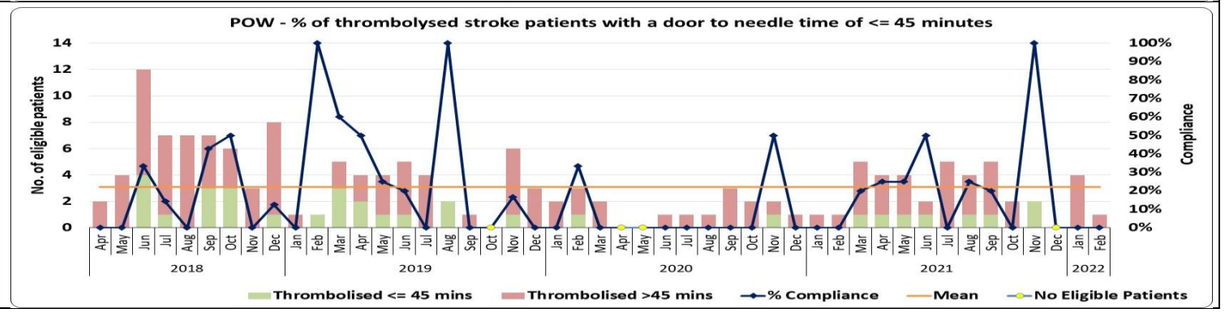
Prince Charles Hospital

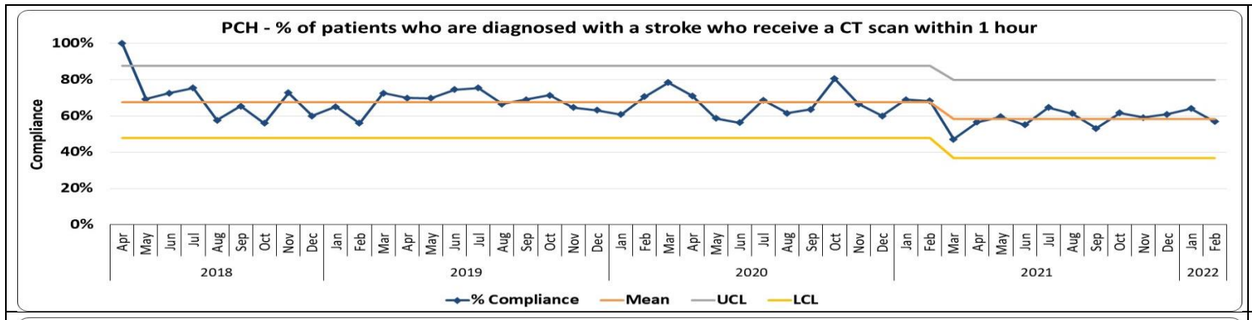


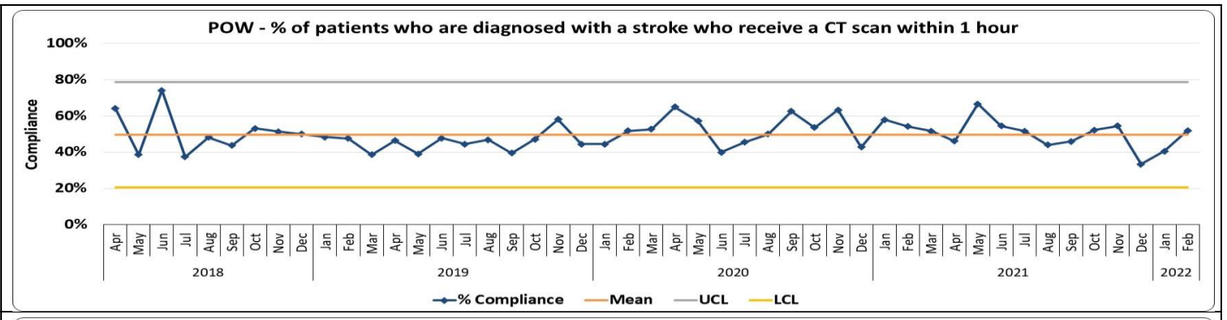


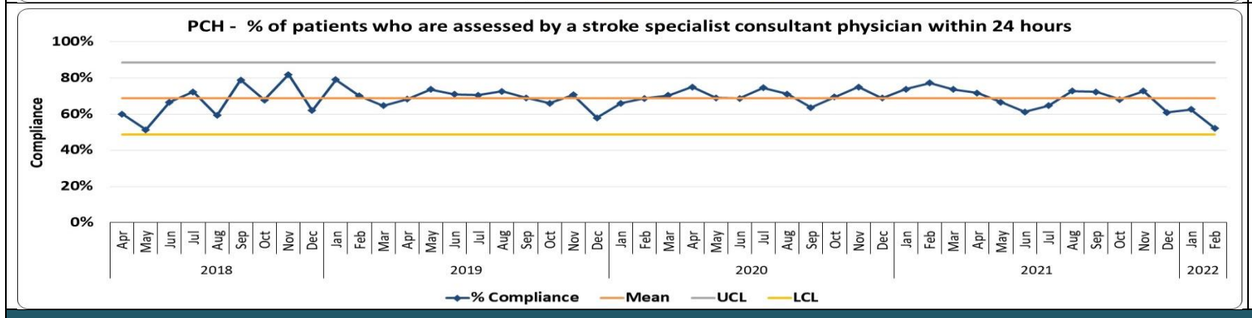
Princess of Wales Hospital

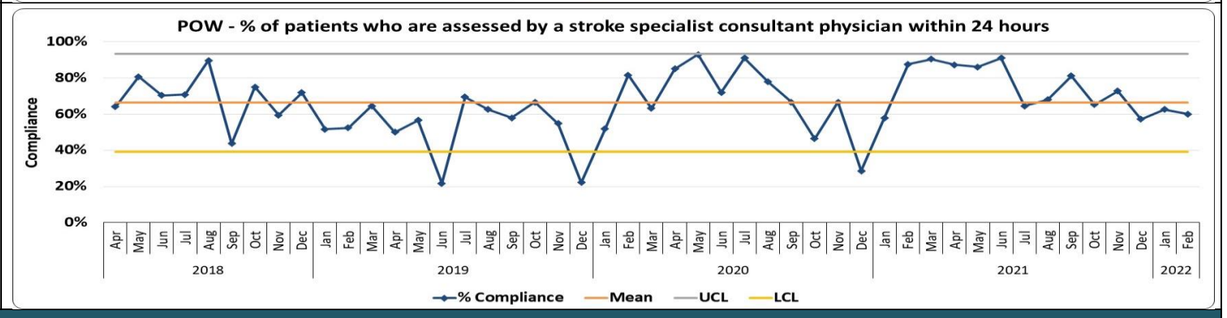












Stroke QIMS continued on the next page…

Contd…Stroke Quality Improvement Measures (QIMs) – February 2022

How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance. In February, 10.4% (7 out of 67 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 50.0% of eligible patients were thrombolysed within 45 minutes (8 eligible patients), 55.1% of patients (38 out of 69 diagnosed patients) had a CT scan within an hour and 55.1% of stroke patients (38 patients of 69 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

The wider challenges of working in a Covid environment and barriers to flow noted previously remain. Diagnosis of the key factors indicates:

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

February 2022 stats:

Stroke QIMs - February 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	42	25	67
	No. of patients within 4 hours	7	0	7
	% Compliance	**16.7%**	**0.0%**	**10.4%**
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	7	1	8
	No of patients within 45 mins	4	0	4
	% Compliance	**57.1%**	**0.0%**	**50.0%**
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	44	25	69
	No. of patients within 1 hour	25	13	38
	% Compliance	**56.8%**	**52.0%**	**55.1%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	44	25	69
	No. of patients within 24	23	15	38
	% Compliance	**52.3%**	**60.0%**	**55.1%**

What actions are we taking & when is improvement anticipated?

The CTM Stroke Planning Group has agreed a number of short term actions implemented at end of March 2022 and progress is scheduled for review mid April (to be reported in the next IPR). These complement medium and long term actions which will require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:

- Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow.
- Review of transfer policy from RGH to PCH for stroke patients
- Maintaining weekly MDT meetings
- Ensure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectively
- Staff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise needed
- Closer links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transfer
- Increase in therapy / quiet space in PCH and POW to improve therapy input to reduce LOS and improve performance against SSNAP therapy target
- Assessment of long term demand capacity.

The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.

In addition to the above bullet points and the longer term strategic aims, Public Health Wales has undertaken a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.

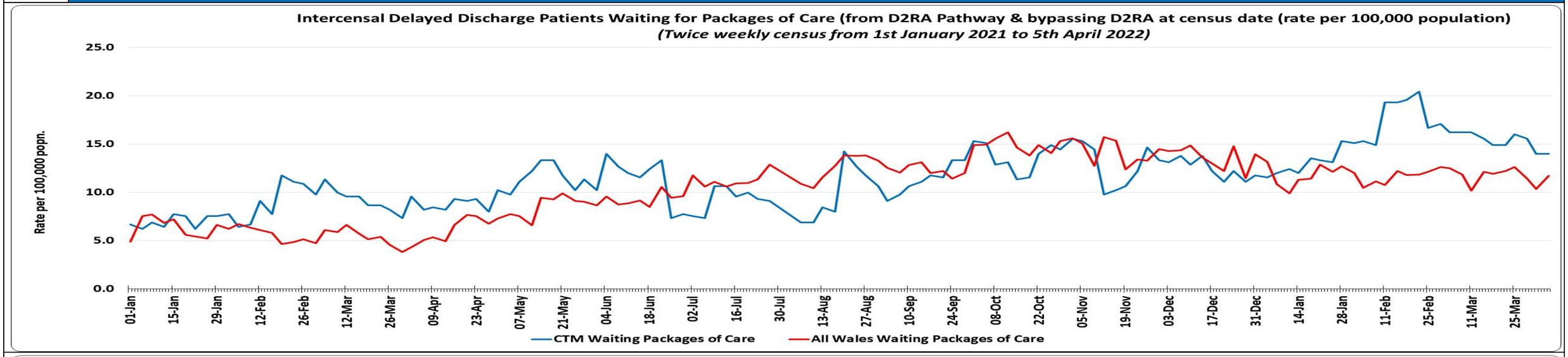
What are the main areas of risk?

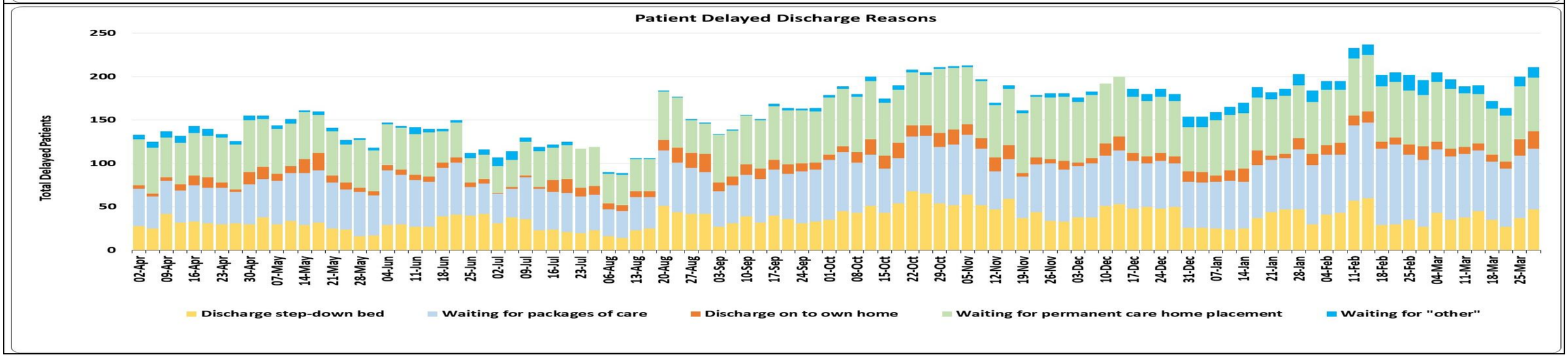
The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.

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

A further risk is in the UHB's ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.

Delayed Transfers of Care to 5th April 2022





How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk
The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) has declined from the peak at the end of February of c.80 individuals to 63 at the end of March. This equates to 14.0 delays per 100,000 population, 25% higher than the national rate which is 11.7 per 100,000 population. The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 186 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement.	We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase. This is a national issue and WG have a strategic work stream looking at this. Internally CTM are working with all three Local Authorities to try and address this or find alternatives. There is perceived to be no easy solution to this and as such the environment is considered to present a significant risk to patient experience, outcomes and effective care delivery especially as we move towards the winter months.	Provision for individuals who are elderly and have mental illnesses remains limited in the independent sector and is impacting on our discharges. Sadly, some of these individuals are extremely complex and there are limited options available. Our Care Home placements continue to be problematic. Covid restriction across the patch means we have 25 “red homes” which are closed to admissions, leaving availability of beds limited.

Single Cancer Pathway (SCP) – February 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 51.4%**

CTMUHB - SCP % Treated Without Suspensions - February 2022

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	1	4	25.0%
Upper GI	11	22	50.0%
Lower GI	16	38	42.1%
Lung	19	34	55.9%
Skin (exc BCC)	47	57	82.5%
Brain/CNS	4	4	100.0%
Breast	18	50	36.0%
Gynaecological	7	15	46.7%
Urological	13	45	28.9%
Haematological	6	12	50.0%
Other	6	7	85.7%
Total	**148**	**288**	51.4%

Performance for February improved from the previous reported positon of 42.4% to 51.4%. Predicted performance for March currently is 48.5 %.

With the exception of skin, brain and “other” tumour sites, no other sites have achieved the current SCP target.

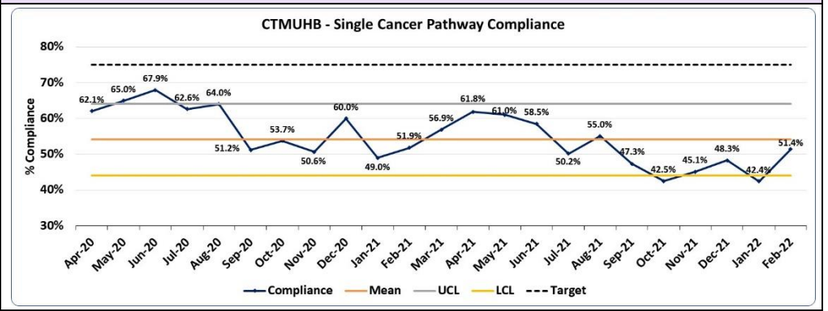
Number of patient breaches by tumour site

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
February 2022	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
Head and Neck	1	2	3	0	1	1				1	3	4
Upper Gastrointestinal	3	2	5	4	4	8	4	5	9	11	11	22
Lower Gastrointestinal	3	9	12	8	8	16	5	5	10	16	22	38
Lung	4	4	8	11	7	18	4	4	8	19	15	34
Skin(c)							47	10	57	47	10	57
Brain/CNS	4	0	4							4	0	4
Breast				18	32	50				18	32	50
Gynaecological	6	7	13				1	1	2	7	8	15
Urological				13	32	45				13	32	45
Haematological				6	5	11		1	1	6	6	12
Other	2	0	2	2	1	3	2	0	2	6	1	7
Total Breaches	23	24	47	62	90	152	63	26	89	148	140	288
	Overall Compliance		48.9%	Overall Compliance		40.8%	Overall Compliance		70.8%	Overall Compliance		51.4%

62 out of the 140 breaches were treated over 104 days. Urology (23%), Lower GI (16%) Lung (11%) and Breast (23%) accounts for the greatest proportion of breaches.

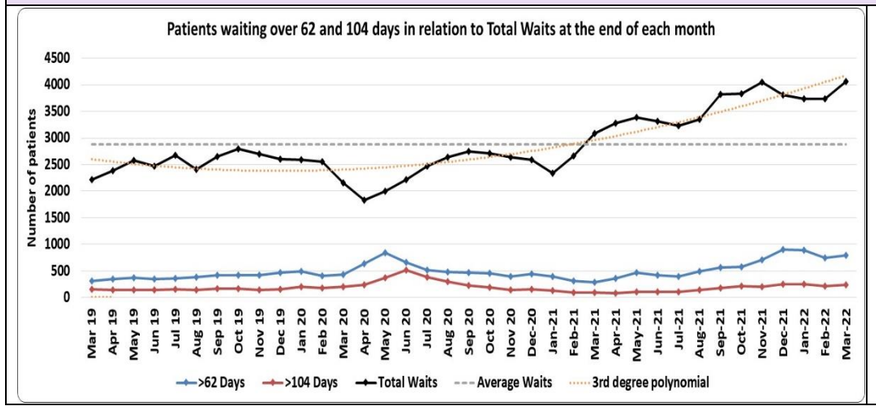
Delays at first outpatient and diagnostic stages continues to be the most significant factor for patient breaches.

Single Cancer Pathway compliance trend



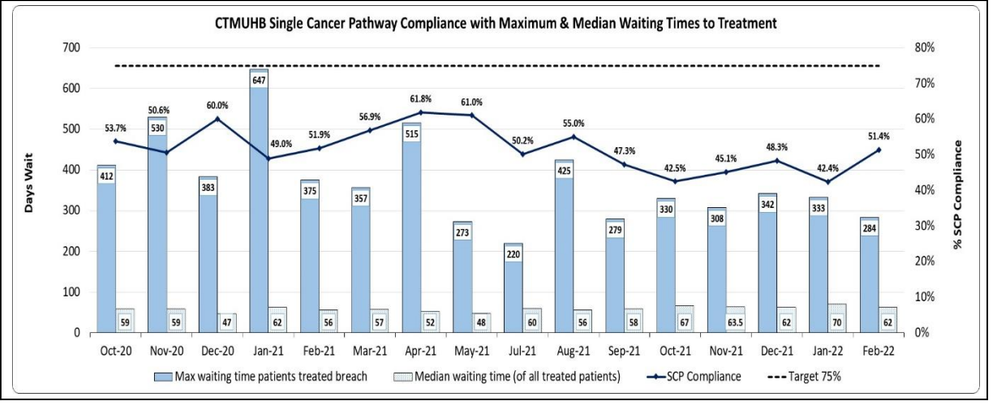
Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April 2021; the lowest January 2022 at 42.4%. This is predominantly attributed to the total number of patients at the first OPA and diagnostic stage collectively; accounting for 83% of all active patients on the SCP.
All 3 ILG’s have noted improved perfromance since the last reporting period.

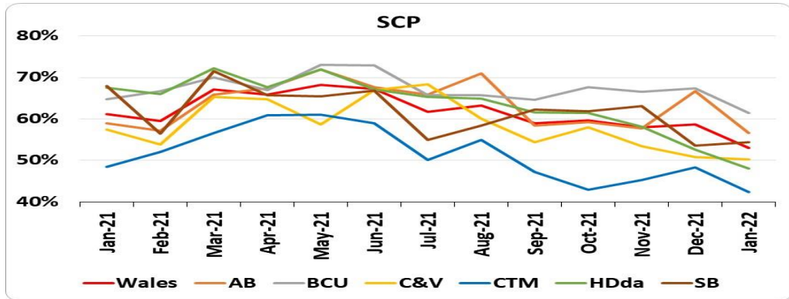
Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days



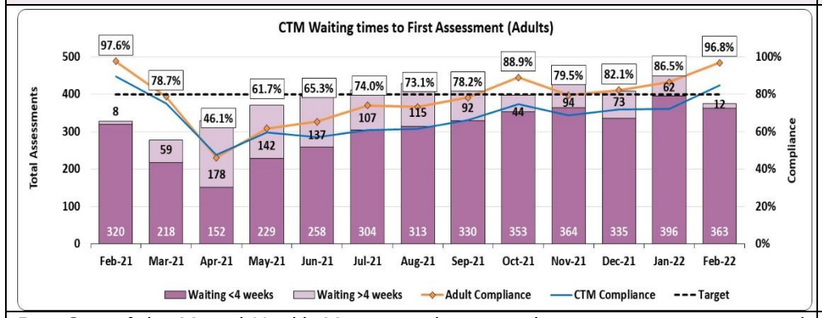
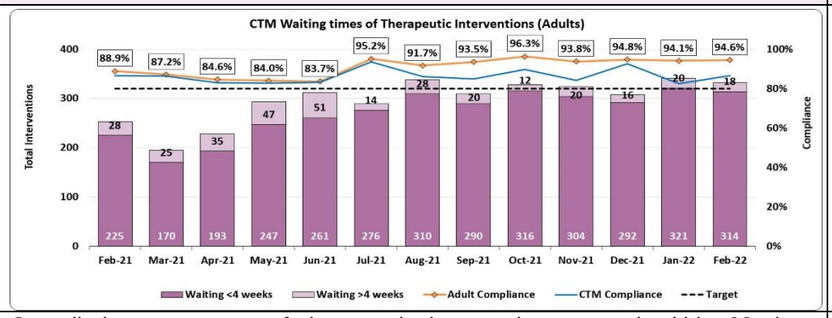
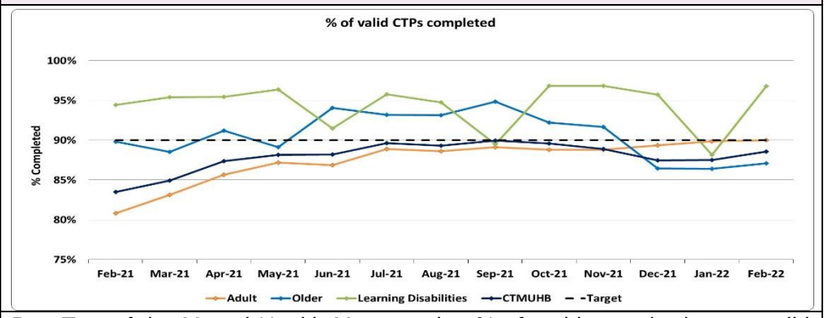
Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	8		1
Upper Gastrointestinal	29	4	10
Lower Gastrointestinal	48	10	22
Lung	2	2	2
Gynaecological	59	5	49
Other	3		
Grand Total	149	21	84
Rhondda & Taff Ely ILG	**SCP Cases 62-90 days**	**SCP Cases 91-104 days**	**SCP Cases >104 days**
Head and neck	15		7
Upper Gastrointestinal	39	3	9
Lower Gastrointestinal	55	4	37
Lung	2	1	2
Breast	245	36	40
Urological	71	10	64
Haematological	6	1	2
Other	3		
Grand Total	436	55	161
Bridgend ILG	**SCP Cases 62-90 days**	**SCP Cases 91-104 days**	**SCP Cases >104 days**
Head and neck	3	1	1
Upper Gastrointestinal	2	1	4
Lower Gastrointestinal	9	1	1
Lung	1		1
Sarcoma	26	2	3
Skin(c)	4	2	8
Gynaecological	2		1
Haematological	1		
Grand Total	48	7	19

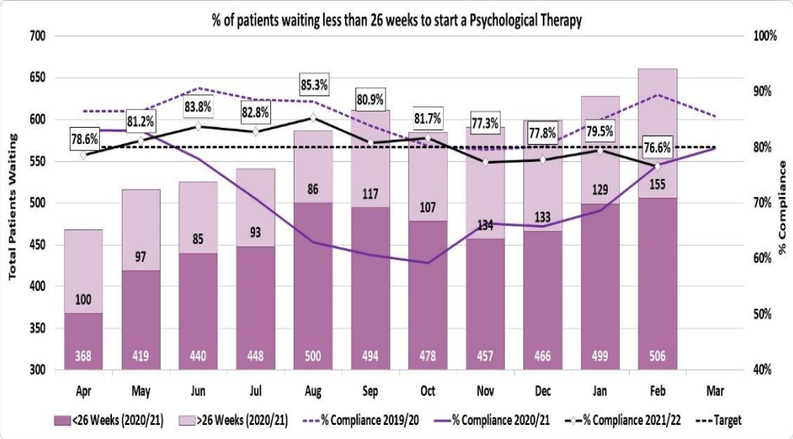
SCP Compliance detailing Maximum & Median Waiting Times to Treatment



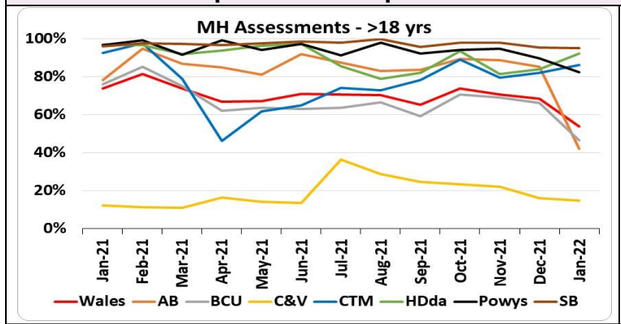
How are we doing & how do we compare with our peers?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
Latest all Wales figures for January 2022, indicate that CTM continues to have the lowest levels of compliance with the 62 day standard. CTM has the highest recorded volumes in comparison to all other acute Health boards and the worst SCP performance. As at the 1st April 2022, the number of patients waiting over 62 and 104 days has increased to 833 and 250 days respectively.  	In regards to breast, a number of additional actions over and above those previously reported are being progressed, including: • De-coupling the one-stop clinic • Redeploying General Surgery capacity into Breast • Reviewing on-call arrangements • Super-Saturdays, with the support of C&V UHB) for backlog clearance (although there is a significant risk around radiology capacity) In endoscopy the new mobile unit should be operational shortly, providing 75 additional scopes per week The Urology Pathway review has been undertaken and the recommendations are now being acted upon, with the objective of streamlining and standardising care management across the HB. The cancer 'business intelligence' suite has been developed and is being iteratively developed not it is operational.	• Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position. • 83% of all patients on the active SCP are at 1st OP or diagnostic stage • Significant volume of patients that have already exceeded the 62 day SCP • Resources required to effectively plan and implement the Wrapper / Canisc replacement programme. • Downgrading patient practices. • Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked. • Significant delays in pathology and radiology.

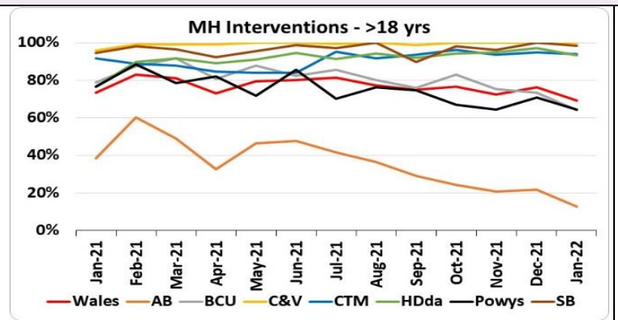
CTM Mental Health Compliance detailing the Adult Mental Health Services – February 2022

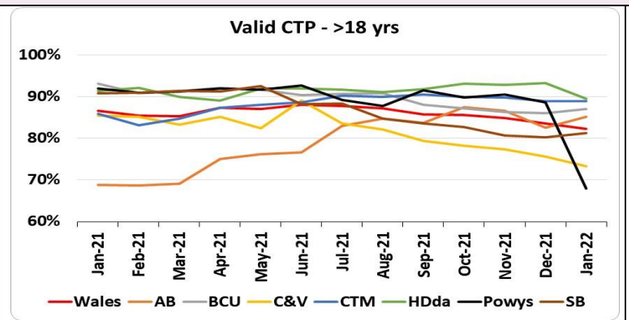
% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
Part 1a – CTM 84.8% (Adults 96.8%)	**Part 1b – CTM 86.7% (Adults 94.6%)**	**Part 2 – CTM 88.6% (Adults, Older & LD 89.6%)**
 	 	
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. CTM compliance for February improved to 84.8% from 72.2% in the previous month; with the adult services also seeing an improvement to 96.8% from 86.5% in January and remaining above the expected compliance. Overall, compared to the previous month, referrals were down by almost 19% to 831 (1024 in January). Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during February amounted to 642 (206 or 24.3% less than in January).	Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 86.7% from 82.6% in the previous month and continues to be above the 80% target. The adult services remained fairly stable at 94.6% (94.1% in the previous month). The total number of interventions during the month were 392 with the pre-Covid average being 357 per month. The total adult interventions during February were 332, of which 314 commenced within 28 days.	Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month also saw a slight improvement to 88.6% during February but continues to remain just under the 90% target. The adult services remained reasonably static at 89.6%. Part 3: There were 3 adult outcome of assessment reports sent during February, all of which were within 10 working days (100%).

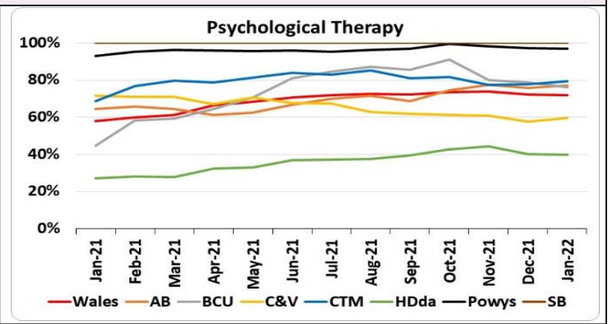
% of patients waiting less than 26 weeks to start a Psychological Therapy (Target 80%) February 2022 76.6%	How are we doing & what action are we taking?	When improvement anticipated and what are the main areas of risk?
	**Part 1a** compliance increased to 94.9% in February, which continues to be above target of 80%. All ILGs saw an improvement in their performance compared to the previous month and they were all above the 80% target. The trend for RTE ILG has been an improving picture with the ILG achieving 100% compliance of assessments within 28 days. M&C ILG recovered from a significant drop in performance in January to recover to 89% within compliance. Bridgend ILG also recovered from a drop in performance in January to improve their compliance to 81.8%. Part 1b remains well above compliance against stable activity. **Part 2** compliance for both Adult and Older Adult Services improved slightly compared to the previous month running to 88.5% which is just below the target of 90%. Both Adult and Older Adult Services have increased slightly with only Adult Services achieving above the 90% target. **Psychological Therapies** reported a fall in compliance during February to 76.6%, with the total number of patients waiting equating to 661; representing an increase of over 41% on the number of patients waiting at the end of April 2021 (468). Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.	Part 1a compliance has improved during a usually challenging quarter 3. Sudden increases in demand and pressures on capacity can impact on performance quite quickly. Measures are in place to monitor any sudden changes to demand and capacity, and respond in a timely manner. 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. The impact of Covid-19 continues to be the biggest risk to compliance improvements in Mental Health Measures Part 1 & 2.

How do we compare with our peers?

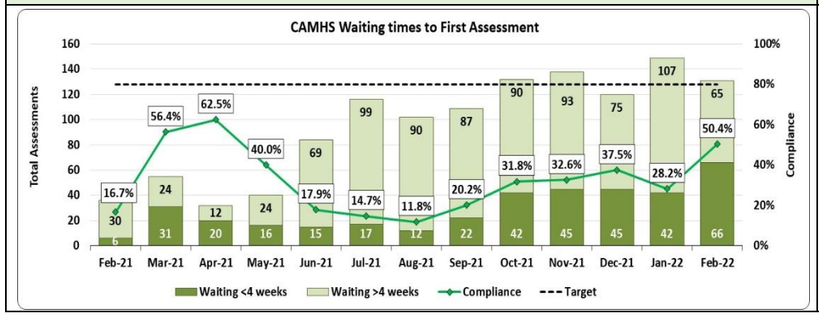
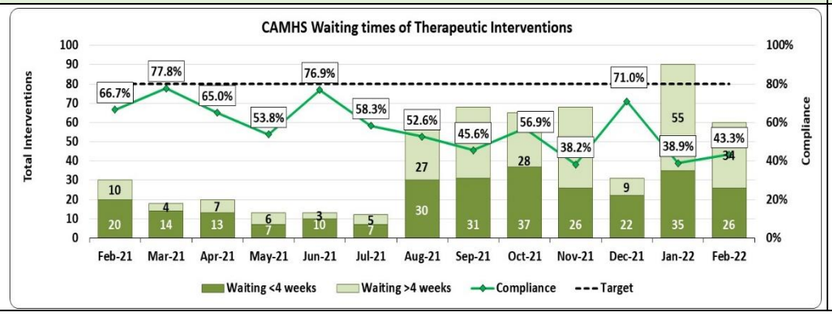
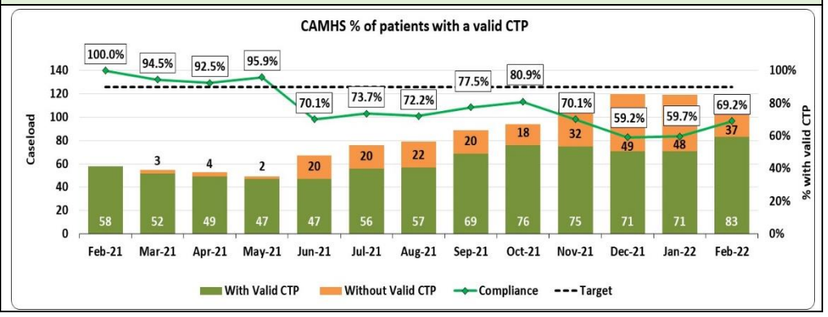








Child & Adolescent Mental Health Services (CAMHS) – February 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
Part 1a – 50.4%	**Part 1b – 43.3%**	**Part 2 – 69.2%**
		

During February, 50.4% of assessments were undertaken within 28 days of referral, remaining below WG's minimum expected standard of 80%. Waiting list volumes continue to rise and demand remains higher than pre-Covid levels. 189 referrals were received in February which represents an increase of 125% on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals thus far for 2021/22 standing at 179 per month.

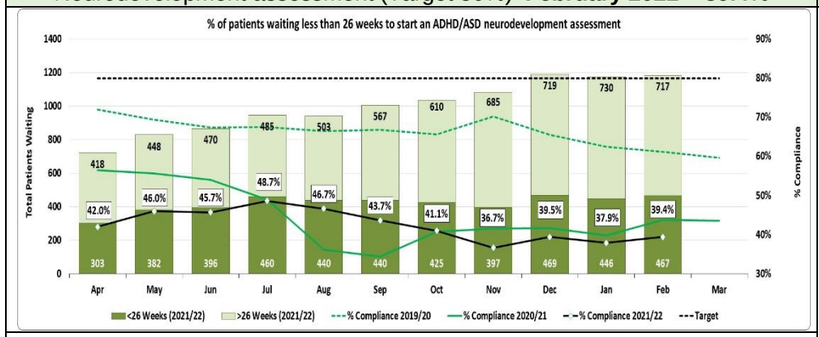
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS saw a slight improvement on the previous month to 43.3% (38.9% in January) but only 26 of the 60 interventions for February commencing within 28 days.

Compliance remains well below the 80% target and the last time the target was met was in December of 2020 (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 to 69.2% from 59.7% in the previous month, but continues to remain below the set target (90%). May 2021 was the last time compliance was achieved.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment (Target 80%) **February 2022 – 39.4%**



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in February marginally improving to 39.4% (37.5% in January). However, the total waiting list volume continues to grow and now stands at 1,184 patients, over 64% higher than in April.

How are we doing & what actions are we taking?

There has been a sustained demand on services into March 2022. The acuity of the presentations of the CYP still remains high. There has also been a consistent demand for the Crisis Service into March There has also been additional pressure within the Community Intensive Therapy Team. There has been a significant increase in demand, with reported increased severity of CYPs, resulting in admission in some cases. The recruitment to the Eating Disorder Team is now complete, demand has significantly increased into March.

The team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The service is also in the process of setting up an anxiety and mood disorder group, which will commence during April.

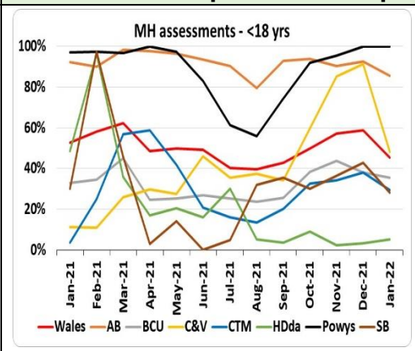
Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service.

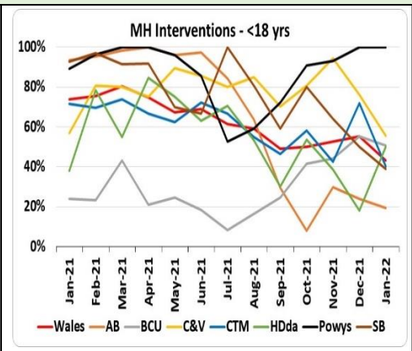
The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect. The recruitment into the additional Crisis/Liaison team posts (extension of hours to 24/7) is still underway. All vacancies within the team will be filled by May. The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff will be in posts by the end of April. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

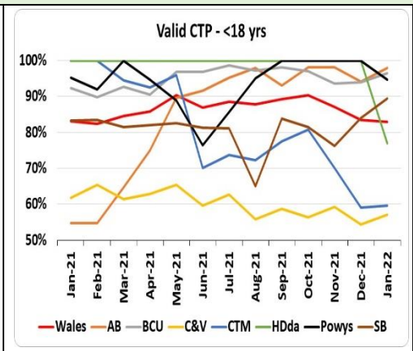
What are the main areas of risk?

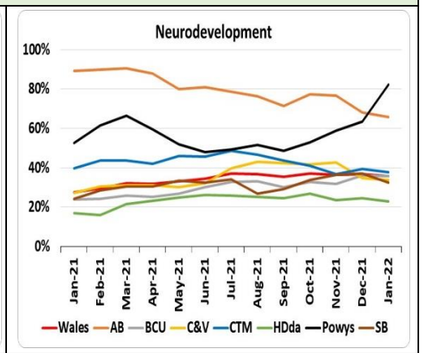
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

How do we compare with our peers

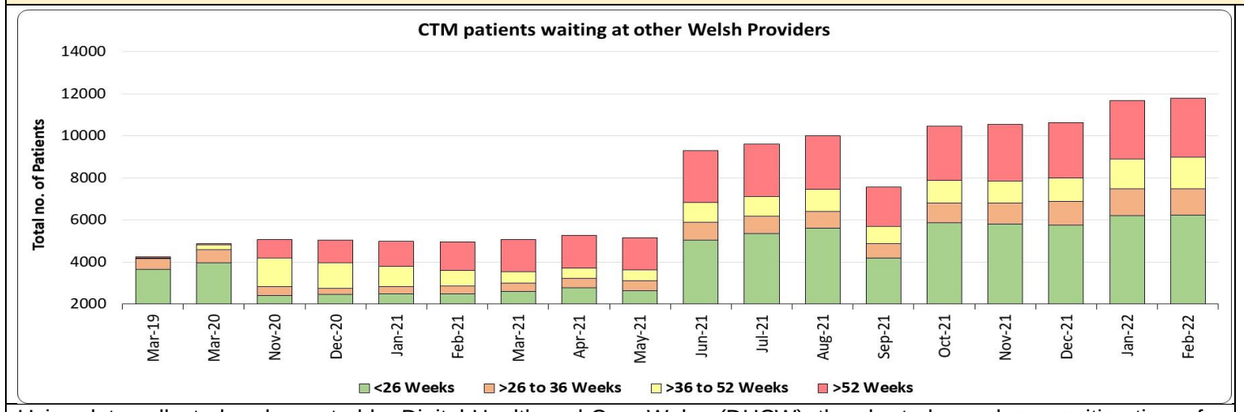








CTM Patients Waiting for Treatment at other Welsh Providers – ***Please note that w.e.f. from June 2021, Swansea Bay UHB have applied a LHB residents code to their waiting list submission that has had the impact of revealing an increase in the number of CTM residents waiting for treatment at SB that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



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

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

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in February is 4,266. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 290 and there are 12 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at other specific Welsh Providers RTT (February 2022)

Cardiff & Vale UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	168	638
Neurology	345	12
Ophthalmology	104	186
Clinical Immunology And Allergy	56	113
General Surgery	30	62
Oral Surgery	22	58
ENT	13	58
Gynaecology	17	42
Urology	14	30
Paediatric Surgery	23	16
Cardiology	27	9
Dermatology	14	13
Dental Medicine Specialties	18	8
Paediatric Dentistry	9	17
General Medicine	12	8
Paediatrics	12	4
Anaesthetics	9	7
Neurosurgery	8	3
Restorative Dentistry	3	5
Pain Management	5	1
Orthodontics	3	2
Cardiothoracic Surgery	2	3
Gastroenterology	2	2
Nephrology	1	2
Clinical Oncology	2	
Rheumatology	1	
Clinical Pharmacology	1	
Paediatric Neurology	1	
Grand Total	922	1299

Aneurin Bevan UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	19	56
Urology	7	58
ENT	10	12
Ophthalmology	7	7
Oral Surgery	5	9
Gastroenterology	9	
General Surgery	2	4
Orthodontics	2	
Dermatology	1	
Gynaecology		1
Chemical Pathology		1
Grand Total	62	148

Swansea Bay UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	201	416
Trauma & Orthopaedics	49	242
Plastic Surgery	64	221
General Surgery	76	175
Gynaecology	44	131
Orthodontics	27	64
ENT	8	21
Ophthalmology	7	14
Gastroenterology	7	13
Urology	6	8
Cardiology	6	3
Paediatrics	1	7
Rehabilitation Service	6	1
Neurology	3	3
Allied Health	4	
Cardiothoracic Surgery	1	2
Restorative Dentistry		2
Diagnostic	1	
Paediatric Neurology		1
Grand Total	511	1324

CTM patients waiting at specific health boards

February 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	3205	52.5%	279	50.6%	2733	53.8%
>26 to 36 Weeks	678	11.1%	62	11.3%	514	10.1%
>36 to 52 Weeks	922	15.1%	62	11.3%	511	10.1%
>52 Weeks	1299	21.3%	148	26.9%	1324	26.1%
Total Waiting	6104		551		5082	
% of Total Waiting	51.8%		4.7%		43.1%	

CTM Patients waiting for a Diagnostic at other Welsh Providers (February 2022)

Cardiff & Vale UHB

Service	Total Waits	>8 wks
Cardiology	148	65
Endoscopy	57	32
Physiological Measurement	24	16
Radiology	157	13
Neurophysiology	11	2
Imaging	5	
Total	402	128

Aneurin Bevan UHB

Service	Total Waits	>8 wks
Endoscopy	33	22
Cardiology	6	3
Radiology	20	
Physiological Measurement	1	1
Total	60	26

Swansea Bay UHB

Service	Total Waits	>8 wks
Cardiology	132	56
Endoscopy	38	34
Neurophysiology	137	46
Total	307	136

CTM Patients waiting for a Therapy at other Welsh Providers (February 2022)

Cardiff & Vale UHB

Service	Total Waits	>14 wks
Physiotherapy	31	5
Dietetics	9	
Audiology	2	2
Occupational Therapy	4	1
Podiatry	1	
Total	47	8

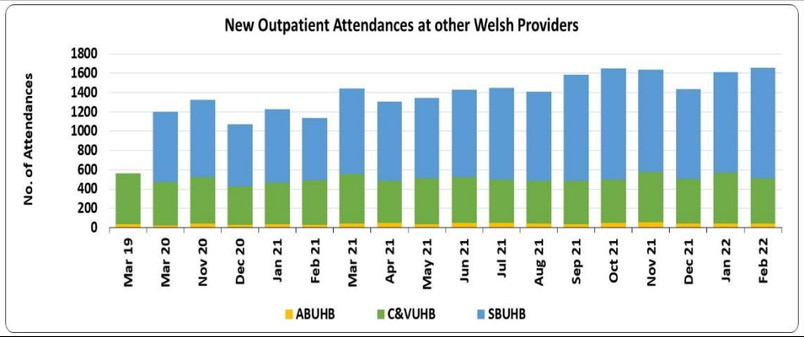
Aneurin Bevan UHB

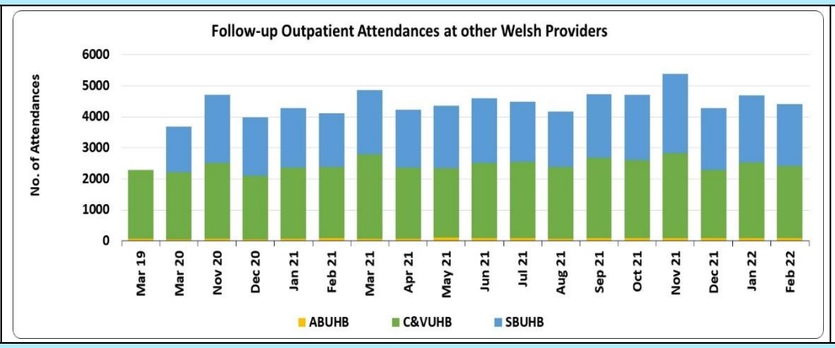
Service	Total Waits	>14 wks
Physiotherapy	12	4
Audiology	2	
SALT	1	
Total	15	4

Swansea Bay UHB

No patients waiting for a therapy

CTM Outpatient Attendances at other Welsh Providers

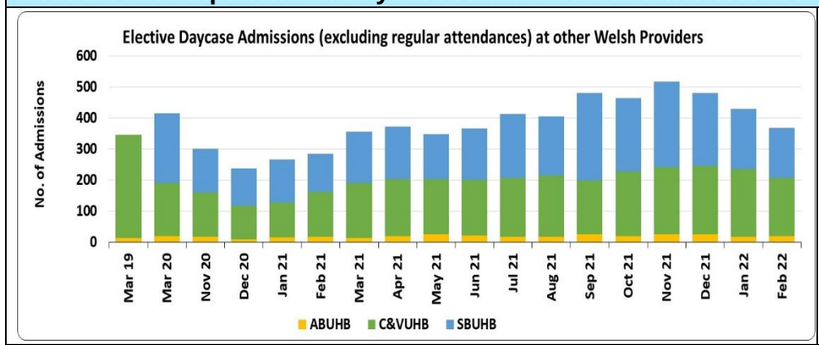


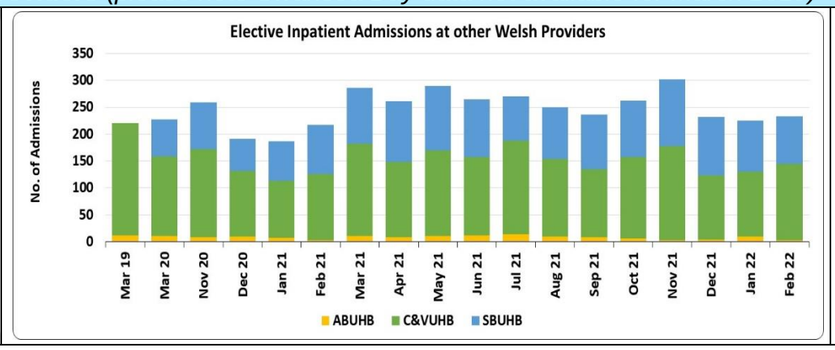


The January 2022 position (reported at March WHSSC meetings) showed little change from the December reported position. Continued growth in the number of referrals across the reported specialities and whilst Cardiology, Neurosurgery and Paediatric Surgery all reported reducing waits in new and follow up appointments, within Plastic Surgery, the number of patients waiting for outpatients had doubled since Feb 2020 and even outpatients were reported as waiting up to two years.

A diagnostic backlog continued to be reported by Swansea which will have an effect on both cardiology and cardiac surgery. For CTMUHB this represents an inequity of service for our Bridgend population, with waits in Cardiff for the same diagnostics, being weeks rather than months. This is looking to be partially addressed through our Planned Care Recovery programme.

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





CTM continues to have the 2nd lowest access rate amongst the HBs to Cardiac Surgery but for Cardiac Surgery have the third highest access rate and 2nd highest for Thoracic Surgery. Only 25% of waits for Cardiac Surgery are over 26 weeks, but Swansea are still reporting some patients waiting up to 103 weeks.

For Neurosurgery, the plan is still to treat all patients waiting >52 weeks by the end of March, with access to a private provider enabling them to treat all long waiting day-cases by mid-February. Those waiting for Plastic Surgery admissions has increased by 35% since Feb 2020 with waits of up to 104 weeks reported. Paediatric Surgery is reporting >30% of patients waiting over 52 weeks, with some waiting over 2 years with a recovery plan from Cardiff still not received by WHSSC.

2.5 Finance update

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

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

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

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

- As in all public institutions, the impact of the Covid-19 variants has had considerable and ongoing consequences on the ability of the HB to provide continuity around its core business.
- Progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible and confident preparation for migrating to the Once for Wales risk management model.
- Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms. Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board require ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

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

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

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

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) 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 Planning, Performance & Finance Committee is asked to **NOTE** the Integrated Performance Dashboard.