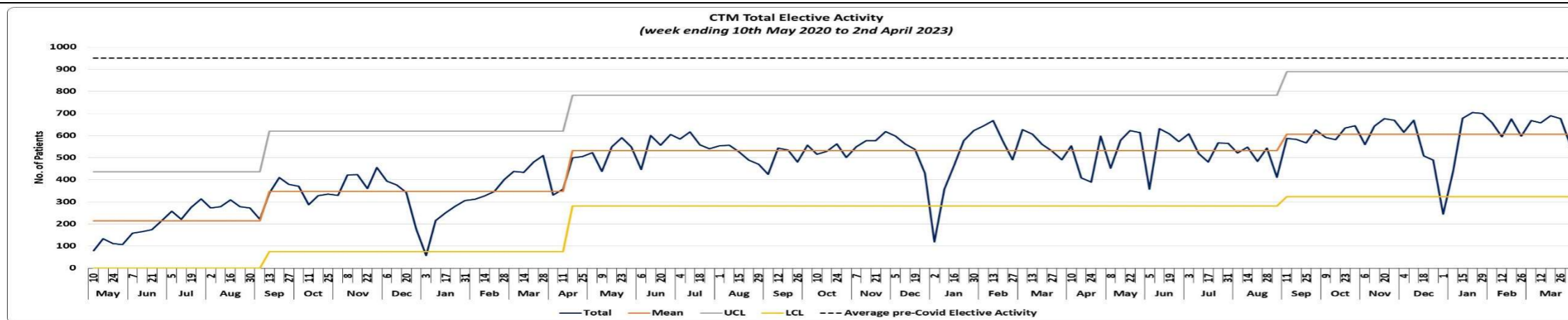
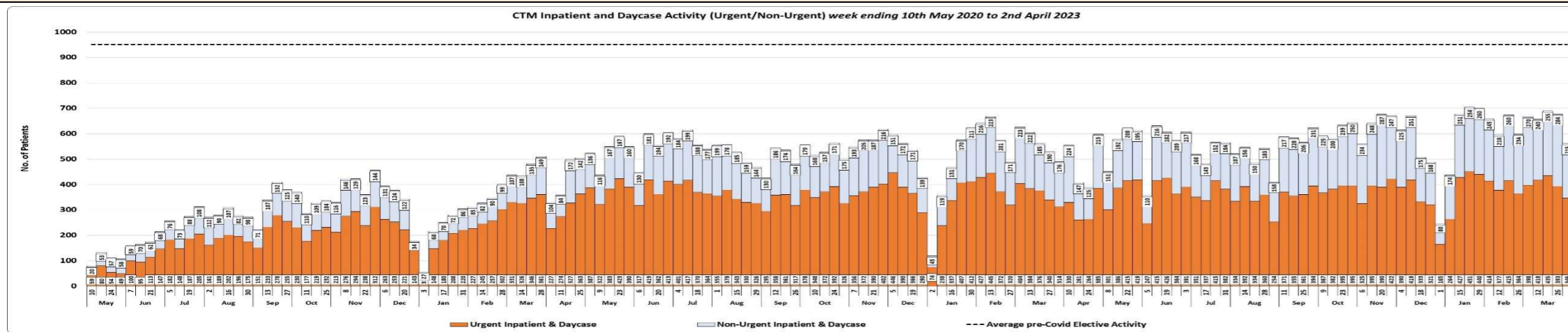


## Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



## Greatest Volume Specialties compared to pre & intra Covid

Monthly Elective Treatment Activity compared to pre & intra Covid period						
Specialty	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	2023 as % 2019 (pre-Covid)
Gastroenterology	1187	682	790	846	948	80%
Urology	403	327	296	356	385	96%
Orthopaedics	516	265	170	298	381	74%
General Surgery	423	197	120	195	278	66%
Ophthalmology	345	235	189	236	250	72%
Gynaecology	244	168	121	174	233	95%
Ear Nose and Throat Service	260	138	98	95	193	74%
Cardiology	98	81	50	87	138	141%
Breast Surgery	60	53	53	74	75	125%
Oral Surgery	81	37	21	45	65	80%
Anaesthetics	59	30	12	14	48	81%
General Medicine	12	6	7	8	27	225%
Paediatrics	48	23	27	42	14	29%
<b>Total</b>	<b>3736</b>	<b>2242</b>	<b>1954</b>	<b>2470</b>	<b>3035</b>	<b>81%</b>

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

As can be seen, internal activity levels during March surpassed the pre-Covid levels in 3 of the specialties listed above (green), with Urology and Gynaecology almost at the pre-Covid level (yellow).

## How are we doing?

As per the charts above, the number of weekly elective treatments has been gradually increasing, with the average number of treatments for March at 651 treatments per week, which is the highest level seen since the start of the Covid pandemic. In total 3,254 cases were undertaken in March. Despite this increase, current elective cases are around 20% fewer than pre-Covid.

Since the start of April 2021 to date, CTM have sent 2,778 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,881 (on average 78 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of March 2023						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
<b>SPIRE - Orthopaedics</b>	1130	144	798	103	85	0
<b>SPIRE - Shoulders</b>	25	10	15	0	0	0
<b>SPIRE - Gynaecology</b>	110	32	58	10	10	0
<b>SPIRE - General Surgery</b>	173	29	118	11	15	0
<b>NUFFIELD - Orthopaedics</b>	500	119	325	29	7	20
<b>NUFFIELD - General Surgery</b>	83	24	59	0	0	0
<b>NUFFIELD - Gynaecology</b>	258	66	156	12	11	13
<b>NUFFIELD - Ophthalmology</b>	468	95	321	13	21	18
<b>NUFFIELD - Prostate Biopsy</b>	31	0	31	0	0	0

Source: Spire / Nuffield Healthcare

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

**Ophthalmology:** CTMUHB continue to work in partnership with C&VUHB Vanguard Programme to reduce waiting times for patients waiting for a cataract operation. Initial agreement was to send Stage 4 patients only, though since 1<sup>st</sup> April 2023 the agreement is to send 1<sup>st</sup> New outpatient appointments referred for cataract surgical opinion. Capacity has been divided between C&VUHB, CTMUHB and AB Health Boards. CTM have been allocated 500 slots and are required to send a minimum of 85 referrals per week. Limited pre-assessment nurses to carry out pre op assessment. A task and finish group has been implemented and underway and agreement has been reached that patients waiting for second eye procedure to have a telephone assessment when their first pre op assessment appointment is still in date, will undergo a telephone assessment and proceed to second eye surgery when appropriate to free up face to face capacity in the preop assessment clinics. To ensure we are meeting the denary training requirement most cataract lists are teaching lists and this is reflected in reduced numbers on the lists. To mitigate this risk an additional non training list on a Friday morning at POW has been set up.

**Orthopaedics and Day Surgery:** CTMUHB has entered into an insourcing agreement with ID Medical. ID Medical are providing a team of theatre staff to cover 30 theatre sessions per week which will be provided on CTMUHB sites. These sessions are being held Monday to Friday between the hours of 8am-6pm and will primarily cover low risk, high volume day case, such as Urology, General Surgery, OMFS, Orthopaedics and Gynaecology. The scheme is favorably indicating an increase in theatre activity across CTMUHB by utilising existing theatre infrastructure and CTMUHB Surgeons and processes. With a variation of cases and skill mix approximately 2.4 cases per session is being carried out, resulting to circa additional 72 per week. The additional activity at POW is causing a number of bottlenecks in patient flow and recovery space, for this reason the ID Medical team are being relocated to main theatres to enable the substantive day surgery scrub team to carry out the additional activity and core activity to be carried out in main theatres by the ID Medical team. This change will have minimal impact and disruption but will improve surgical flow through the Day Surgery Unit (DSU), currently causing delay/issues with other pathways. ID Medical will continue to be fully utilised in all 10 sessions and kept together as a full team. We will still be working towards the same goal with the additional work, just utilising the ID Medical team differently and enhancing safety. The additional work, managed by POW DSU staff will take priority for cover if we experience any staffing issues. Additionally, with moving lists/practitioners around, we will have the ability to reinstate some minor work in DSU, along with our planned TRAUMA session on a Friday afternoon in DSU – this will reduce some existing pressure on our main TRAUMA list.

Weekend WLI lists commenced in February to support Orthopaedic Hand and Pain lists – these are targeting all long waiting patients at the treatment stage of their pathway. All over 156 week LA hands now cleared, weekend lists will now be flipped to support GA's with the support from the Anaesthetist team.

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

**Theatre Productivity and Improvement Schemes to Maximise Utilisation:** A theatres steering group has been established and will now be reviewed and remolded by the Care Group with the focus on productivity and efficiency and the production of several key metrics. At PCH a theatre workforce model and case for change has been undertaken to provide a gap analysis, the aim is to ensure the establishment is fit for purpose, sustainable and meets the needs for Clinical Futures. The model has now been shared across CTM for a standardised approach and will be collated by the Care Group for analysis.

**Urology –** Currently operating 6 sessions per week in main theatre and 3 sessions per week in DSU. Anticipating an increase of cases per list from 4 to 5. A multi-disciplinary task and finish group has been set up to consider re-locating the LAPB service to RGH, with the intention of replacing the TRUS biopsy service. A review has been undertaken and an improvement action plan for the service is being developed. New locum consultant urologist starting on 8 June RGH.

**General Surgery –** Continuing to utilise all available inpatient and day surgery theatre capacity at the Princess of Wales hospital and Neath Port Talbot hospital. It is anticipated further backfilling capacity will become available from May 2023 to undertake additional day surgery activity supported by the insourcing team, ID Medical. Additional activity will be carried out by a recently appointed 6 month locum. Two current vacancies within the Upper GI Service, one Consultant post currently live on Trac.

**T&O –** Improve efficiency and case mix in Neath Port Talbot Hospital for elective overnight arthroplasty surgery with the focus on day case activity at POW  
Limited ring-fenced inpatient capacity for Arthroplasty surgery  
Limited theatre capacity on acute hospital sites.

**Outpatients -** Increased clinic templates in POW – an additional 2 slots per clinic. 12 per week. 42 per month  
The demand outweighs the capacity in Urology HB wide  
Face to face clinics are done for first appointments as patients need physical examinations. Telephone clinics are undertaken where appropriate for fups to increase capacity.

### RTT

30 cases sent to Vale for LAPPB throughout February and March  
WLI's – clinics POW and RGH. Looking to hold clinics in PCH, YCR and YCC, RGH Theatres,

### WLI CLINICS

6 sessions – March

13 sessions – April

2 sessions - May

### WLI THEATRES

2 sessions – February

7 sessions - March

Validation – External outsourcing company undertaking validation as of March 2023.

Numbers continue to improve for all stages across the HB

Main theatre post covid there has been 4 cases per list in POW. As of mid April 2023 the lists will accommodate 5 cases excluding PCNL.

## What are the main areas of risk?

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

### Day case/Theatres

- Working with 2 different PAS systems within CTMUHB
- Limited recovery space at POW to support low risk, high volume day case activity
- Limited bed capacity at POW to support overnight urgent/routine elective activity
- Limited options to relocate diagnostic pathways from DSU due to restricted treatment/recovery space
- Previous PCR funding has been frozen due to slow recruitment into vacant positions. High number of vacancies remain across Theatre Practitioner groups limiting ability to increase current scheduled activity.
- Currently using high levels of overtime to cover existing planned activity currently reduced.
- Unable to recruit ODP's outside of annual streamlining recruitment every September.
- Funding required to recruit into remaining vacancies via streamlining for September 2023 or we will be unable to recruit into ODP posts for the remainder of 2023 and into 2024.

### Ophthalmology

- Limited Pre-assessment Nurses, a task and finish group has been set up to look at the issues and have health board wide pathways in place.
- High volume of complex cases impacting the number of cases per list.
- Limited Consultant skillset, particularly for VR and Corneal service.
- High volume of theatre training list.
- Site pressures in RGH has had impact on theatre sessions due to bed availability.

### Urology

- Service improvement plan being developed
- Primarily functioning on Locum cover at POW with limited Consultant DCC.

### Inpatient and day case urology

Pre-COVID

- 3 x all day main theatres (6 sessions) inpatient lists

- 3 x DSU lists (3 sessions) daycase

Post COVID

- 3 x all day main theatres (6 sessions) mix of inpatient and day cases due to only 9 inpatient beds between 5 specialities.

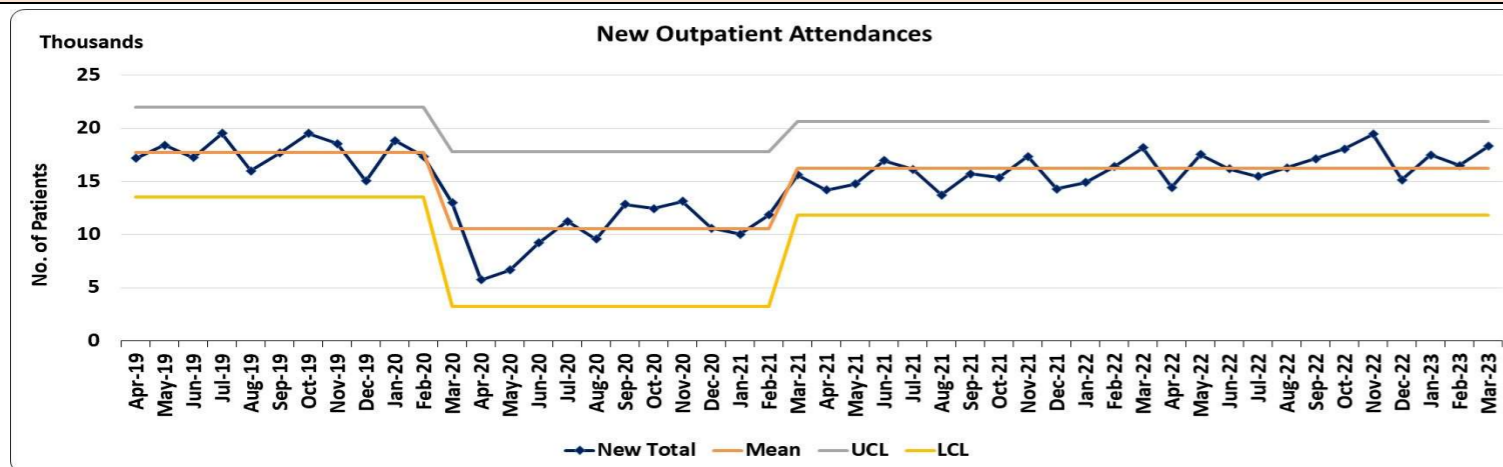
- 3 x DSU lists (3 sessions) Since March we have 3 additional sessions for daycases with ID Medical.

### General Surgery

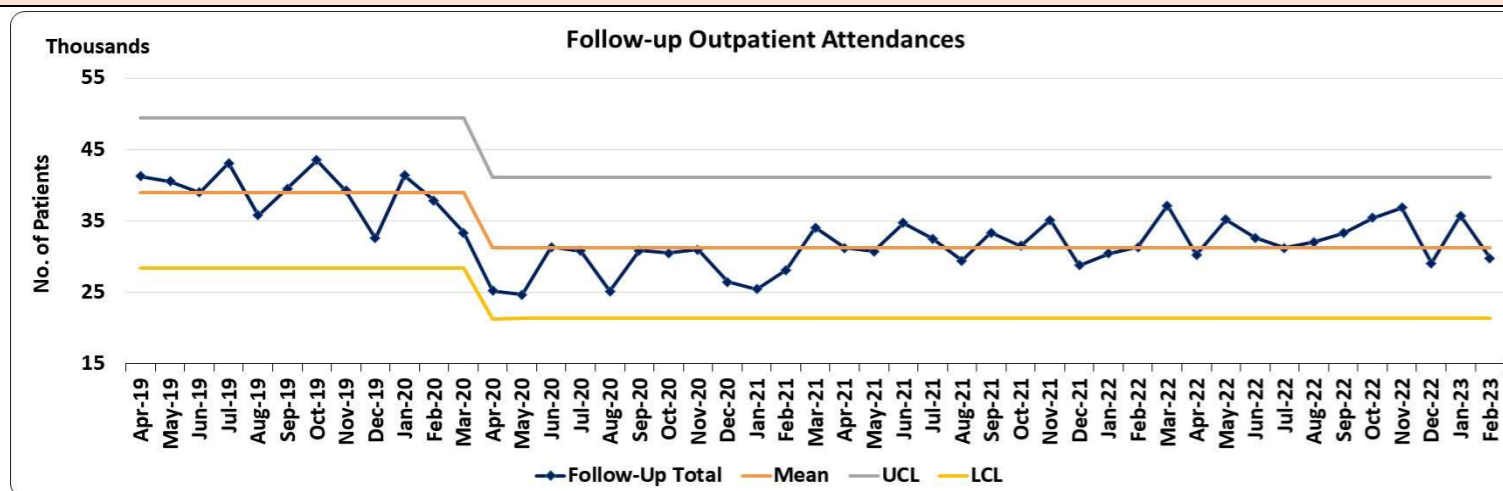
- Limited theatre capacity for upper GI surgery
- Consultant Upper GI staff shortages due to vacancies (currently out to advert)
- Limited laparoscopic equipment for certain procedure in NPTH resulting in patients being treated out of turn.
- Limited consultant capacity for specialist upper limb surgery.
- Disproportionate number of higher ASA grade patients on the waiting list to acute capacity
- Arthroplasty paused at POW pending NJR report

# Resetting Cwm Taf Morgannwg – Outpatient Attendances – March 2023

## New Outpatient Attendances March 2023 – provisionally 18,328 attendances



## Follow-up Outpatient Attendances March 2023 – provisionally 35,485 attendances



## Number of patients who have waited over 104 weeks for New Outpatient Appointment at end of March 2023 – 1,879

Specialty	31/12/2022	31/01/2023	28/02/2023	Provisional Status at 31/03/2023	Patients who will be waiting >104 weeks for 1st Outpatient appointment if they are still waiting for an appointment date	
					30/04/2023	31/05/2023
General Surgery	68	68	129	69	66	78
Urology	780	780	679	546	500	585
Breast Surgery	226	226	59	53	79	96
Colorectal			4		3	12
Trauma & Orthopaedics	87	87	57	5	16	35
Ear, Nose & Throat Service	846	846	493	280	299	353
Ophthalmology	1309	1309	931	245	307	465
Oral Surgery	33	33	1	1	1	1
Restorative Dentistry	55	55	48	21	29	36
Anaesthetics	2	2	2			
General Medicine	83	83	71	66	78	96
Gynaecology				2		
Gastroenterology	57	57	46	29	44	64
Cardiology	17	17	5	4	2	3
Dermatology	1391	1391	1330	531	591	657
Rheumatology	47	47	22	27	26	28
Paediatrics	1	1	1			
<b>New Outpatients waiting &gt;104 wks end of March</b>	<b>5002</b>	<b>5002</b>	<b>3878</b>	<b>1879</b>	<b>2041</b>	<b>2509</b>

**How are we doing?**

As at the end of March 2023, there were provisionally 69,497 patients awaiting a new outpatient appointment, of which, 16,768 (24%) patients were categorised as urgent and 10,574 (15.2%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 1.2% (1,463) on the 68,034 patients waiting at the end of the equivalent period last year.

WG had set a target of having no patients waiting over 104 weeks for a first outpatient appointment at the end of March 2023. As it currently stands, at the end of March there were 1,879 patients who have waited in excess of two years for a new outpatient appointment. We had anticipated that if our plans were effectively implemented we would have reduced the position to c.1, 431 and consequently 448 (31.3%) more patients are waiting than predicted.

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

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

**Outpatient utilisation and improvement programme:** initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's. Partial booking of all new appointments continue at PCH.

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

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

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

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

**Dermatology:** Start date of 2<sup>nd</sup> May 2023 for Locum Consultant who will prioritise inflammatory patients in job plan and are looking for opportunities with the wider MDT including nursing and pharmacy support. This will reduce rather than eliminate >104 weeks. Outsourcing in 2022/23 was successful to deliver the current position.

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

Utilisation continues to improve through productivity and efficiencies, standardization of points per procedure and template points across CTM. Robust Partial Booking process implemented and due to go live in April 2023. Text Reminder service set up for both Endoscopy and Radiology to support DNA reduction and increase productivity. Text templates completed and waiting Welsh translation before going live. Weekly deep dive meeting continues with support from DU and NEP looking at weekly utilization and future trajectories. Mobile Endoscopy Unit extension agreed to maintain additional capacity – templates increased and overbooking agreed to offset DNA rates. This continues to support the USC diagnostic and BSW screening waits.

**Ophthalmology** - End of year results indicated a positive reduction in new outpatients >104 week waits, primarily for those waiting for an Ophthalmology appointment. October 2023 CTM were reporting 1656 stage 1 patients waiting over 104 weeks, end of year 2023 Ophthalmology reported 244.

**Urology** - Continuing to offer WLI's to reduce the patients waiting >104 for a urology appointment, though there appears to be very little uptake from a nursing perspective to support the additional activity during the week or weekend.

**What are the main areas of risk?**

The main areas of risk in terms of meeting the WG revised priority of no patients waiting over 104 weeks (1<sup>st</sup> Outpatient Appointment) by the end of March 2023 are in Dermatology, Ophthalmology, ENT, Urology and Cardiology.

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

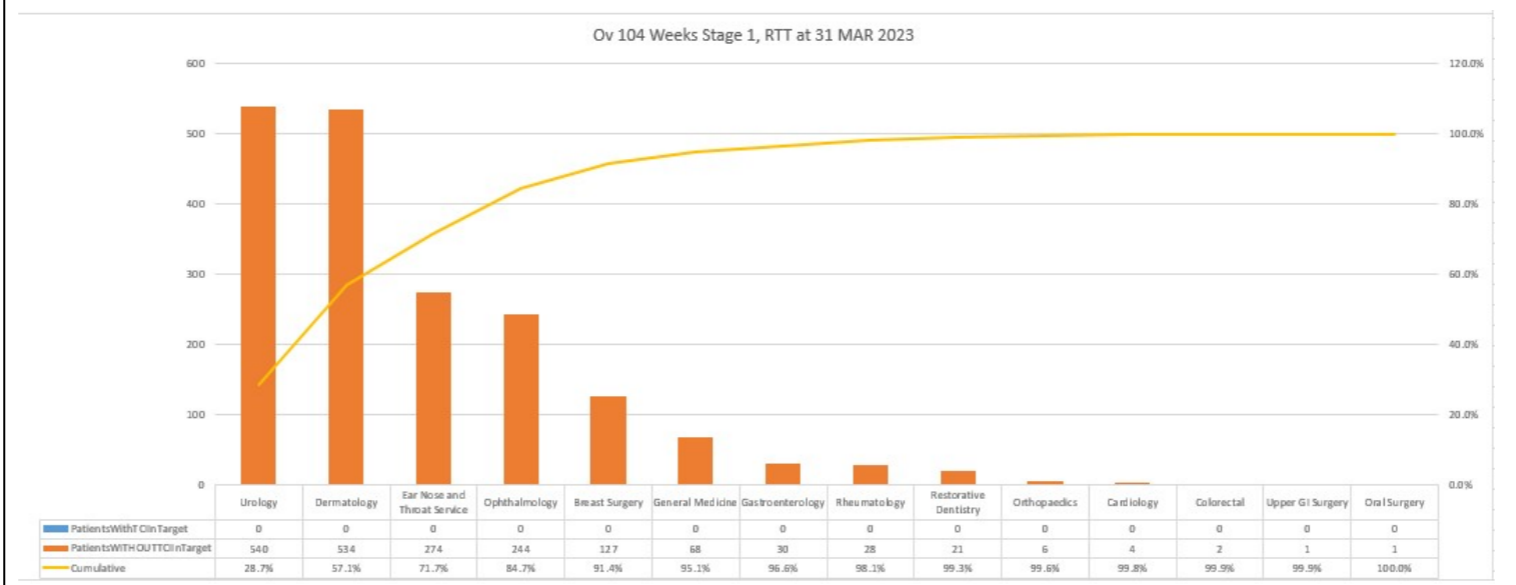
Weekly Elective Assurance meetings take place with all specialty leads which will now include Diagnostics and Pathology.

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

>156week position for Dermatology waits is 119  
>104week position is 345  
(aim for 80-100 to be removed by RME)

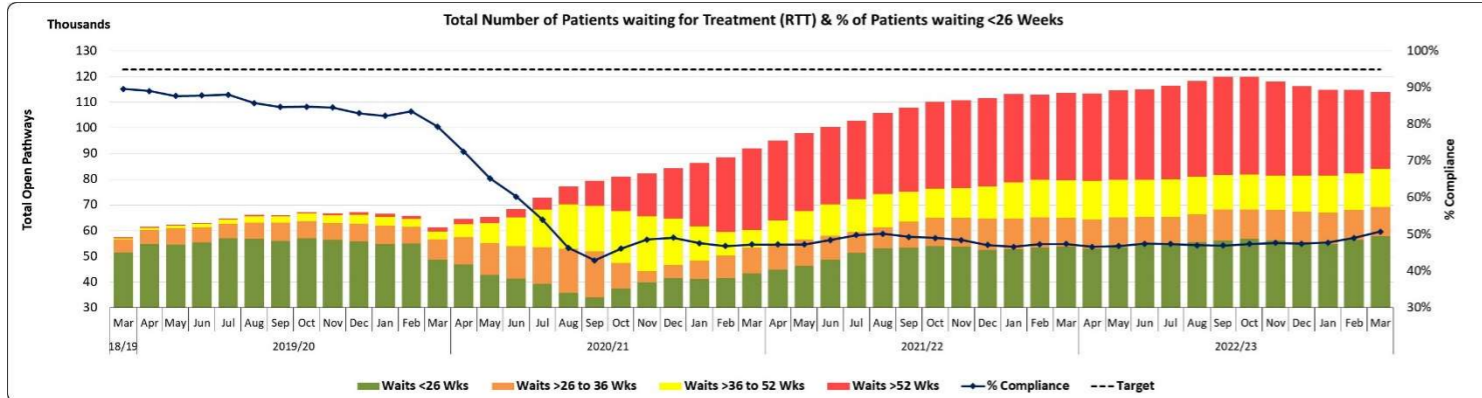
**Ophthalmology**  
Non-continuation of high volume outsourcing in the interim of the regional Programme.  
Recurrent demand outweighs capacity.

**Urology**  
Cancer demand is greater than core clinical capacity.



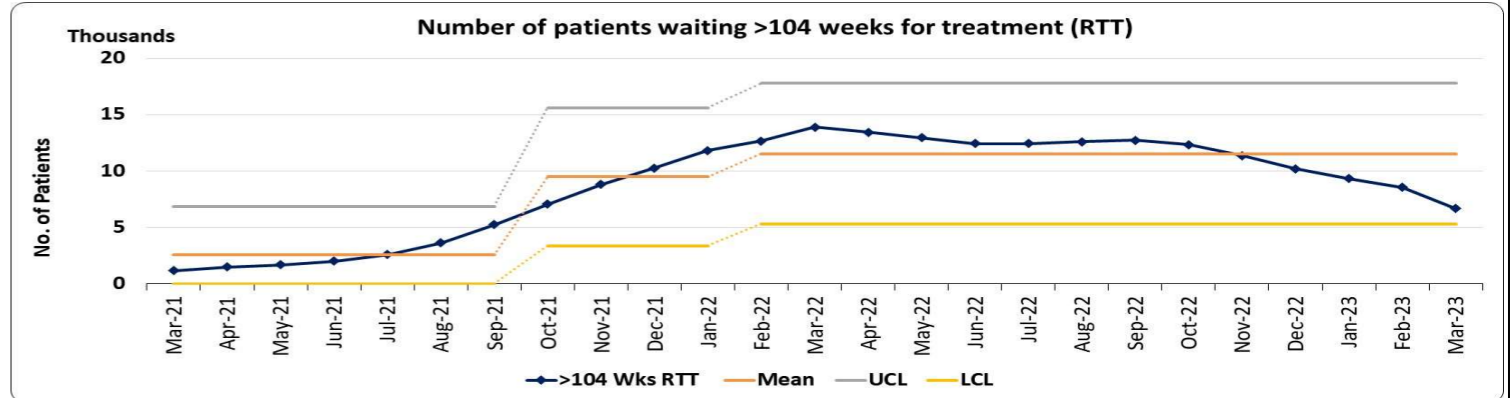
# Referral to Treatment Times (RTT) – March 2023 (Provisional Position) – Total Open Pathways 114,055

**% of patients waiting less than 26 weeks RTT (50.7%)** – Target is Improvement Trajectory towards a national target of 95% by 2026



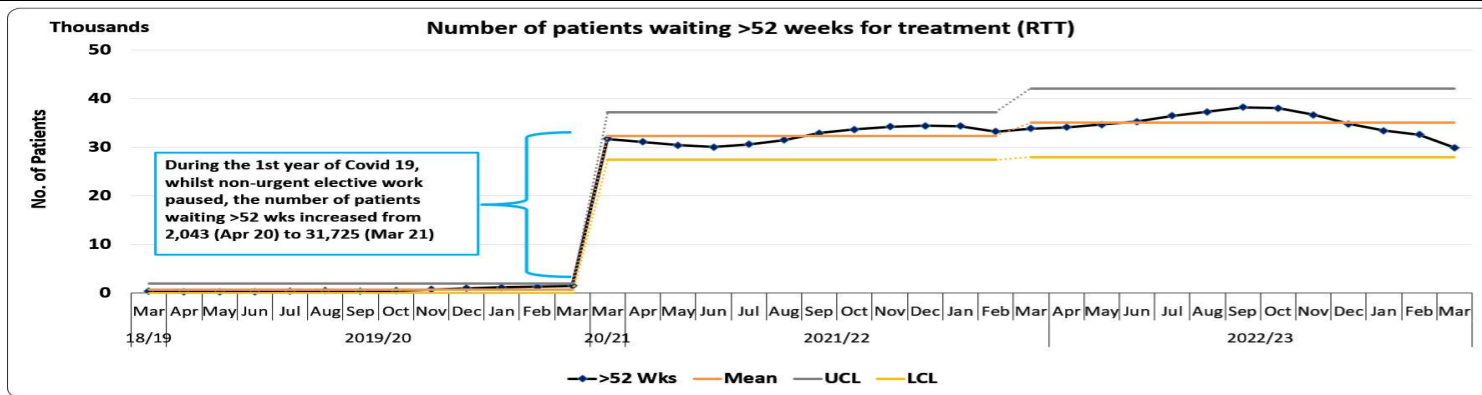
The 26 week position performance for March across Cwm Taf Morgannwg is a provisional 50.7%. Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

**Number of patients waiting >104 weeks (6,673)** - Target is Improvement Trajectory towards a national target of Zero by June 2023



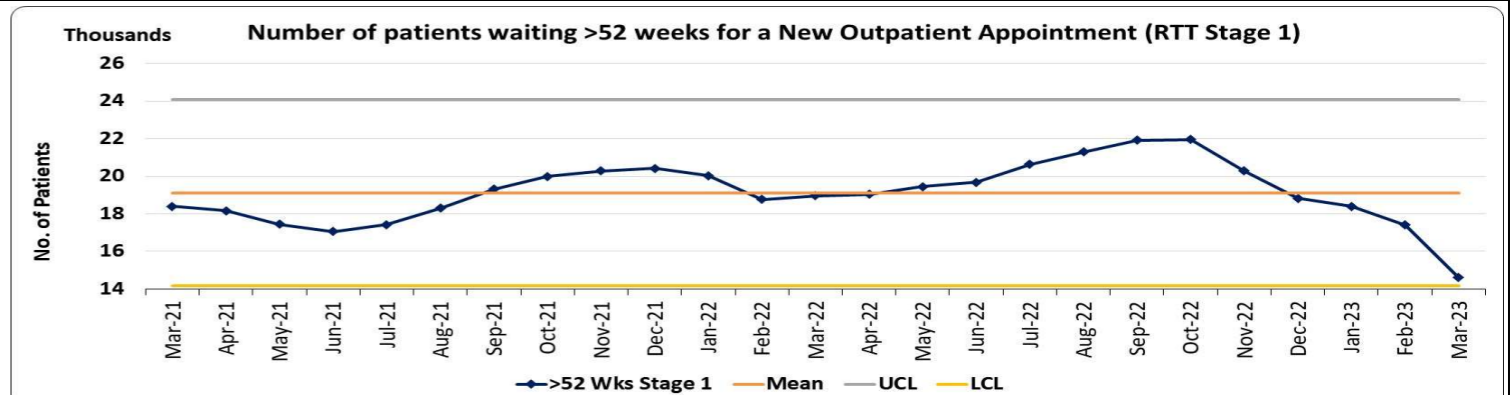
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of March is 6,673, which as it currently stands is a reduction of 22% (1,883) from the reported February position.

**Number of patients waiting >52 weeks RTT (29,900)** – Target is Improvement Trajectory towards a national target of Zero by March 2025



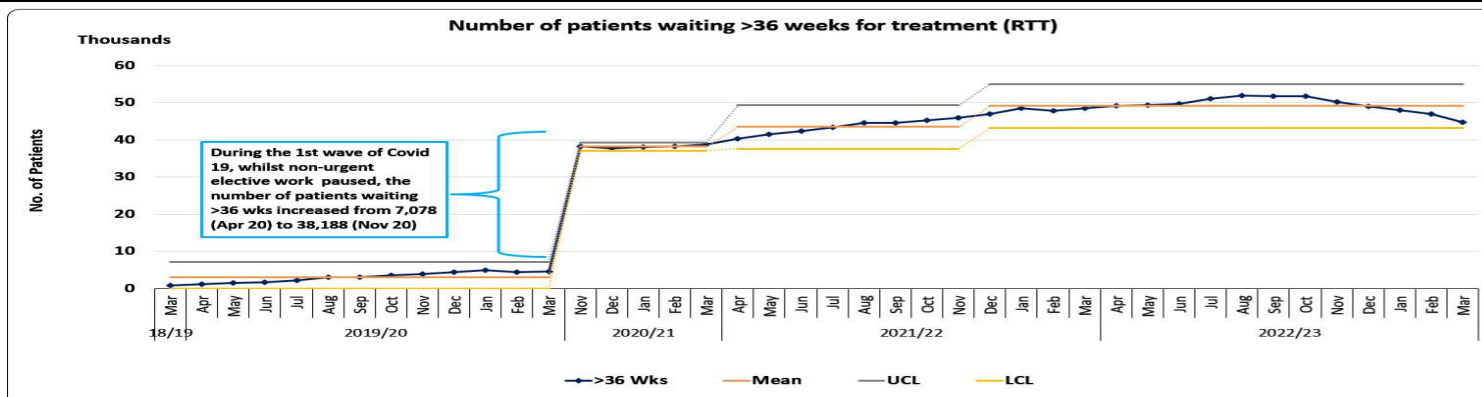
The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of March is 29,900, which as it currently stands is a reduction of 8.4% (2,731) from the February reported position.

**Number of patients waiting over 52 weeks for a new outpatient appointment (14,603)** - Target is Improvement Trajectory towards eliminating over 52 week waits by June 2023



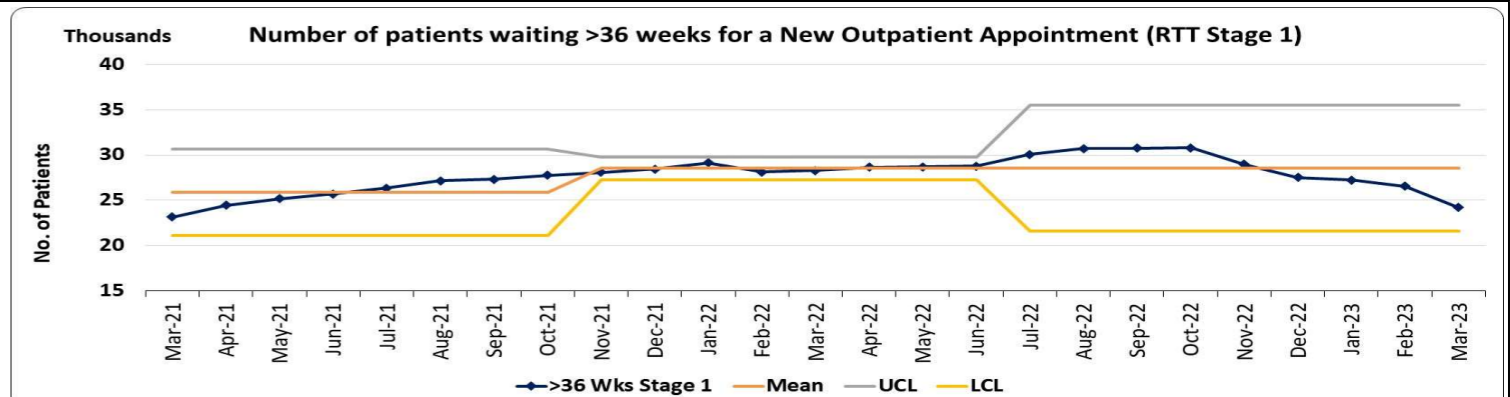
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of March is 14,603, which as it currently stands is a reduction of 16.2% (2,813) from the February reported position.

**Number of patients waiting >36 weeks RTT (44,742)** Target – Improvement Trajectory towards a national target of Zero by March 2026



The number of patients waiting over 36 weeks at the end of March, across Cwm Taf Morgannwg, is a provisional position of 44,742 patients, which is a reduction of 4.6% (2,146) from February (N.B. includes the 29,900 patients waiting over 52 weeks).

**Number of patients waiting over 36 weeks for a new outpatient appointment (24,193)** - Target is Improvement Trajectory towards eliminating over 36 week waits by March 2024



The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of March is 24,193, which as it currently stands is a reduction of 8.9% (2,363) from the February reported position. (N.B. includes the 14,603 Stage 1 patients waiting over 52 weeks).



# Cont'd...Referral to Treatment Times (RTT) – March 2023 (Provisional Position) – Total Open Pathways 114,055

Total number of open pathways per specialty - March 2023 (provisional)								
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	>52 Weeks to 104 Weeks	>104 Weeks to 156 Weeks	>156 Weeks	Total Open Pathways
Anaesthetics	464	41.9%	120	235	183	74	32	1108
Cardiology	3513	68.7%	655	644	222	53	24	5111
Care of the Elderly	22	100.0%	0	0	0	0	0	22
Dermatology	4048	51.0%	918	1099	1337	217	314	7933
Endocrinology	270	77.8%	50	26	1	0	0	347
Gastroenterology	2057	56.1%	421	438	640	80	28	3664
General Medicine	1776	63.2%	347	332	253	85	16	2809
Nephrology	158	90.3%	14	3	0	0	0	175
Respiratory Medicine	1357	71.2%	175	197	154	22	0	1905
Rheumatology	856	63.5%	140	152	201	-24	24	1349
Sport and Exercise Medicine	6	100.0%	0	0	-68	68	0	6
Thoracic Medicine	509	83.4%	60	40	1	0	0	610
Geriatric Medicine	8	100.0%	0	0	0	0	0	8
Rehabilitation	11	100.0%	0	0	0	0	0	11
Diagnostics	5210	55.5%	731	915	2529	0	0	9385
Therapies	1707	79.1%	251	162	39	0	0	2159
Ophthalmology	5913	42.6%	1490	1951	4226	168	126	13874
Oral Surgery	2028	59.1%	432	486	-32	503	13	3430
Orthodontics	249	79.0%	31	34	-93	94	0	315
Restorative Dentistry	67	35.1%	12	27	64	4	17	191
Ear, Nose & Throat Service	5323	43.3%	1012	1614	3374	543	425	12291
Gynaecology	4642	55.8%	826	1101	1041	306	403	8319
Paediatrics	2208	81.7%	256	198	38	2	0	2702
Haematology (Clinical)	215	97.7%	4	1	0	0	0	220
General Surgery	3989	42.8%	812	1313	2546	426	227	9313
Trauma & Orthopaedic	5315	38.2%	1583	2414	3554	664	392	13922
Urology	3491	44.4%	631	772	1876	804	289	7863
Colorectal	1733	48.1%	407	515	779	128	44	3606
Breast Surgery	659	46.8%	131	173	362	78	4	1407
<b>Total</b>	<b>57804</b>	<b>50.7%</b>	<b>11509</b>	<b>14842</b>	<b>23227</b>	<b>4295</b>	<b>2378</b>	<b>114055</b>

## How are we doing?

PCH continues to make progress with stage 1 over 52 weeks across Surgery, T&O, OMFS and Pain services. The site has also support across CTM with Surgery, Colorectal and T&O while we work to achieving CTM wide pooled waiting lists. Urgent Gen Surgery waits for first OPA is under 26 weeks. Further support in Q1 to reduce this further and to push patients through the RTT pathway.

**Ophthalmology**  
There has been significant improvements made with the open pathways, albeit still reporting 13874 this was just over 15000 in October 2023, caveating that our recurrent demand for cataract alone is circa 400 per month.

**General Surgery**  
Stage 1 remains at a zero position, though improvement is required for the stage 4 cohort. Whilst core capacity in main theatre remains focused on cancer work, the additional day case capacity currently available by means of ID medial and the appointment of a locum consultant should improve this position.

**T&O**  
Trauma and Orthopaedics currently have the majority of open pathways above 104 weeks. The majority are currently sitting on the stage 4 pathway, there is currently no suitable capacity at POW to carry out this cohort, though there are discussion on going with RGH and PCH in terms of merging waiting list and treating longest waiters across CTM.

**Dermatology**  
The position for formal reporting will improve greatly. The outcomes of the patients are still being updated and validated for end of year final position.

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

It is anticipated that the length of time that patients are waiting will reduce across all specialties, with patients being seen for first outpatients within two years within all specialties with risks assessed in ENT, Urology, Ophthalmology and Dermatology. In each of these four specialties there are actions being taken to increase capacity. (Weekend clinics and theatre sessions in Ophthalmology and ENT (weekend clinics), the recruitment of a Locum Consultant and additional pharmacy and primary care resource in Dermatology).

Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across localities/consultant waiting lists, additional clinics and re-direction of Pain referrals to Wellness Improvement Service (WISE) are in place. Improvement programmes are in place to realise efficiencies in outpatient departments with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's. Partial booking is now in place across all specialties which strengthens validation and complements the clinical and administrative validation across all specialties.

Additional IP/DC capacity is in place running to end of March 2023 through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated day case capacity in PCH. This is supported by the in-sourcing theatres team.

**Ophthalmology**  
The regional Ophthalmology Programme is intended to provide a 12 month solution for additional regional capacity for cataract outpatient and inpatient stages. This Programme has entered implementation stage and as part of the implementation there are 7 work streams, as discussed and agreed by Programme Board on Monday 13<sup>th</sup> March. CTM has been asked to lead on workforce and booking and scheduling team for the region.

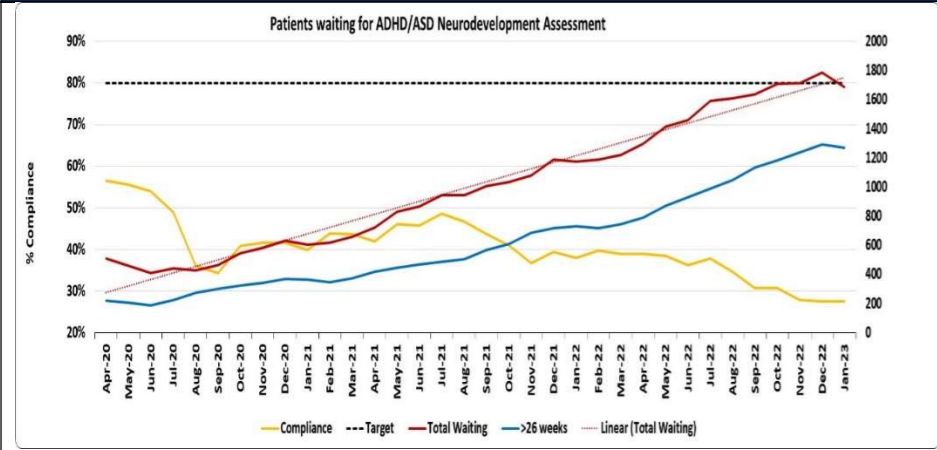
**General Surgery**  
The increasing of day surgery capacity would allow General Surgery to focus on the stage 4 backlog. The appointment of additional upper GI consultants will also help manage current demand.

**T&O**  
The HB plan to centralise arthroplasty to one site should increase both protected inpatient capacity and theatre capacity. The disaggregation with SBU is also anticipated to reduce the Bridgend waiting list by approximately 30%.

## What are the main areas of risk?

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

## % of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (29.5%) -Target 80%



The chart to the left highlights that there has been a significant deterioration in the compliance against the 26 week target for Neurodevelopment services, with compliance at 29.5% for February, well below the target threshold of 80%. The chart depicts the total waiting list volume (red), the number of patients waiting in excess of 26 weeks for ND Assessment (blue) and the proportion waiting less than 26 weeks (WG target – yellow). As the waiting list volume has been growing at a fairly constant rate of 36 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.

## How do we compare with our peers?

Status as at January 2023		
Health Board	Compliance	Rank
Powys	93.8%	1st
AB	60.9%	2nd
HDda	58.7%	3rd
C&V	56.1%	4th
SB	55.3%	5th
BCU	54.0%	6th
CTM	47.7%	7th

Status as at January 2023		
Health Board	Compliance	Rank
Powys	100	1st
HDda	28,269	2nd
SB	31,698	3rd
AB	34,724	4th
C&V	39,599	5th
CTM	48,052	6th
BCU	62,186	7th

Status as at January 2023		
Health Board	Compliance	Rank
Powys	0	1st
HDda	5,069	2nd
SB	6,414	3rd
AB	9,270	4th
C&V	10,626	5th
CTM	17,909	6th
BCU	18,327	7th

Status as at January 2023		
Health Board	Compliance	Rank
Powys	0	1st
AB	3,987	2nd
HDda	4,414	3rd
C&V	4,439	4th
SB	7,236	5th
CTM	9,335	6th
BCU	11,692	7th

Status as at January 2023		
Health Board	Compliance	Rank
Powys	59.4%	1st
AB	42.1%	2nd
BCU	30.8%	3rd
SB	28.9%	4th
CTM	24.7%	5th
C&V	22.6%	6th
HDda	16.0%	7th



# Diagnostics & Therapies – March 2023 (Provisional Position)

**Number of patients waiting >8 weeks for Diagnostics**  
Target - 12 month reduction trend towards Zero by Spring 2024

**Number of patients waiting >14 weeks for Therapies**  
Target – 12 month reduction trend towards Zero by Spring 2024

**Number of patients waiting >8 weeks for Diagnostic Endoscopy**  
Target - Improvement Trajectory towards target of Zero by March 2026

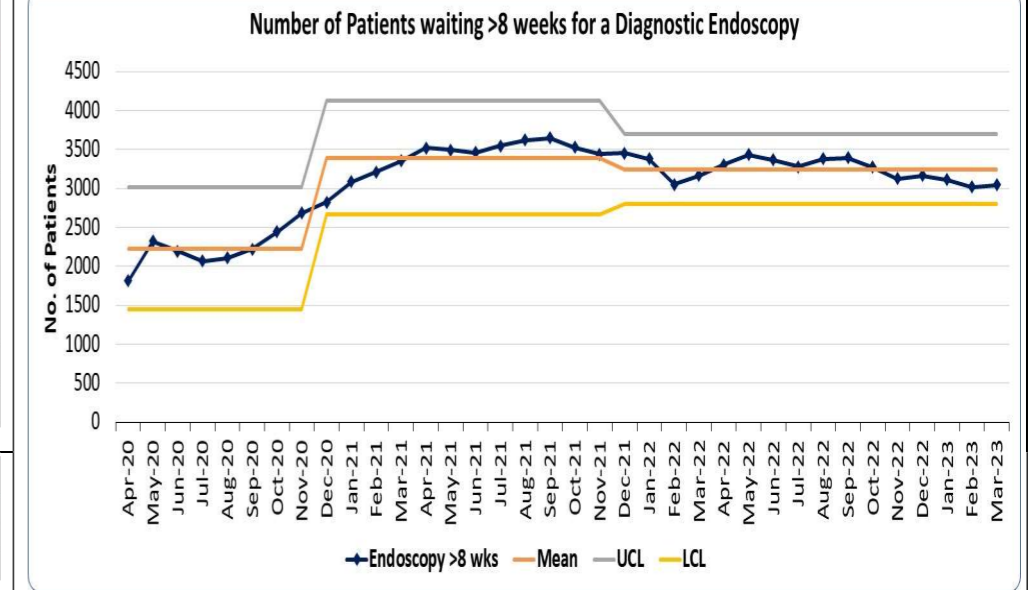
**Total >8 weeks 15,309**

**Total >14 weeks 1,155**

**Total >8 weeks 3,047**

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service	Patients	Percentage
Cardiology	533	
Cardiology Services	28	
Cardiac CT	13	
Cardiac MRI	77	
Diagnostic Angiography	49	
Stress Test	34	
DSE	3	
TOE	151	
Heart Rhythm Recording	0	
B.P. Monitoring	3	
Bronchoscopy	729	
Colonoscopy	791	
Gastrosocopy	570	
Cystoscopy	954	
Flexi Sig	551	
Radiology	1562	
Non-Cardiac CT	8565	
Non Cardiac MRI	60	
NOUS	56	
Non-Cardiac Nuclear Medicine	117	
Imaging	215	
Fluoroscopy	248	
Physiological Measurement	15309	
Urodynamics		
Neurophysiology		
EMG		
NCS		
<b>Total</b>		

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	Patients
Arts Therapy	1
Audiology	20
Dietetics	991
Occupational Therapy	24
Physiotherapy	0
Podiatry	2
Speech & Language	117
<b>Total</b>	<b>1155</b>



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,501	14,285
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,309

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,155

## How are we doing?

**Diagnostics:** Provisionally, at the end of March, 15,309 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a small increase of 15 patients on the previous month. Endoscopy also observed a small rise in the number patients waiting in excess of 8 weeks (27 patients), with the number of patients currently breaching the target now standing at 3,047. The NOUS service continues to have the highest volume of breaching patients with 8,565 currently waiting over 8 weeks for a scan but is a reduction of over 2% (194) on the reported position for February.

**Therapies:** There are provisionally 1,155 patients breaching the 14 week target for therapies in March, a reduction 20 patients on the reported position for February.

The Dietetic service accounts for over 86% of the total patients waiting beyond the 14 week target for therapies.

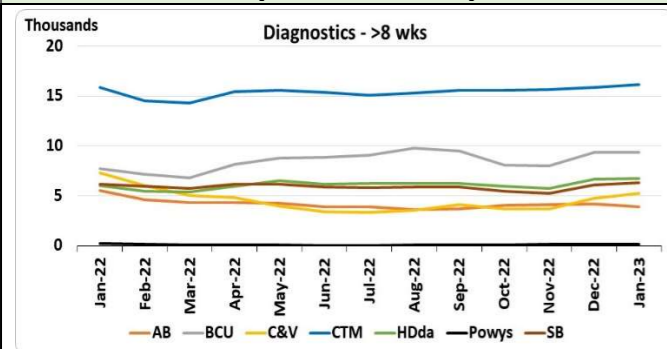
## What actions are we taking & when is improvement anticipated?

- Structured performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Ongoing validation of US, MR, CT lists, inappropriate referrals redirected.
- Realigning patient bookings around clinical priority, improved position has been seen through reduction in USC waits.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Review of sequences/protocols in MR resulting in time savings which will subsequently increase scanner capacity.
- Pathway work around accelerated imaging for Endoscopy CT/MR and review of current modality pathways.
- Work around staffing rosters to enable operation of the 2<sup>nd</sup> MR scanner at RGH.
- Additional staff funded for the new Breast Unit.
- Work ongoing in streamlining the Single Cancer Pathway.
- Pathway/process mapping being undertaken to further drive efficiencies.
- Additional patient lists running to reduce waiting times, which has maintained a static position.
- Demand and Capacity monitoring and forecasting of services commenced.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board when cases for MRI and CT are also complete.
- Updated D&C modeling for Endoscopy in collaboration with NEP. Improved utilisation through productivity and efficiencies.
- Ongoing work to improve endoscopy pathway including demand management, scheduling processes and access policies.
- Utilisation continues to improve through productivity and efficiencies, standardization of points per procedure and template points across CTM. Robust Partial Booking Process implemented and due to go live in April 2023. Text Reminder service set up for both Endoscopy and Radiology to support DNA reduction and increase productivity. Text templates completed and waiting Welsh translation before going live. Weekly deep dive meeting continues with support from DU and NEP looking at weekly utilization and future trajectories. Mobile Endoscopy Unit extension agreed to maintain additional capacity – templates increased and overbooking agreed to offset DNA rates. This continues to support the USC diagnostic and BSW screening waits.
- POW now using electronic STT. Paper copies to be removed from department
- Electronic referral system to be implemented in RGH/PCH

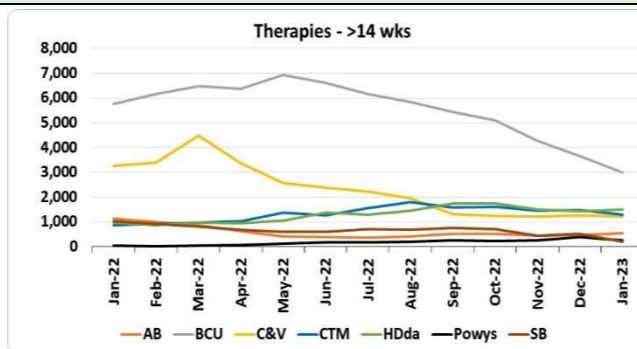
## What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.
- Radiographer vacancies and inability to recruit.
- Timely appointments for USC/Urgent patients.
- Capital replacement programme work and refurb of 2<sup>nd</sup> MR scanner at RGH reducing current capacity.
- Bowel Screening – with regards to SCP performance, worth flagging the shortfall in capacity, sessions and screening colonoscopists' availability to clear the backlog and be able to manage the current and increase in demand anticipated this year following optimization of the BSW programme. Development of a sustainable BSW service over the forthcoming months will be integral to the delivery of the SCP targets for CTM.
- Endoscopy Competing Priorities – Endoscopy as a whole also faces challenges with competing priorities with the service trying to deliver and maintain the SCP pathway, accommodate longest waiters for delivery of the RTT targets 156 & 104 weeks, hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients.
- Neurophysiology Services – Impact on Orthopaedic Services – Following a recent reduction in the availability of Neurology services in CTM, capacity for Nerve Conduction Studies has been significantly reduced. This will have a direct impact on delivery for the Orthopaedic targets going forward.
- Cardio Pulmonary Service – Backlogs in CPU service is and will continue to directly impact on the delivery of Cardiology targets

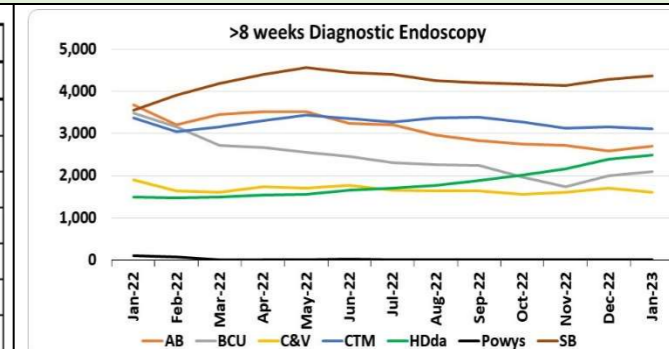
## How do we compare with our peers?



Status as at January 2023		
Health Board	Compliance	Rank
Powys	182	1st
AB	3,900	2nd
C&V	5,247	3rd
SB	6,283	4th
HDda	6,730	5th
BCU	9,330	6th
<b>CTM</b>	<b>16,114</b>	<b>7th</b>



Status as at January 2023		
Health Board	Compliance	Rank
SB	194	1st
Powys	249	2nd
AB	541	3rd
C&V	1,220	4th
<b>CTM</b>	<b>1,284</b>	<b>5th</b>
HDda	1,504	6th
BCU	2,985	7th

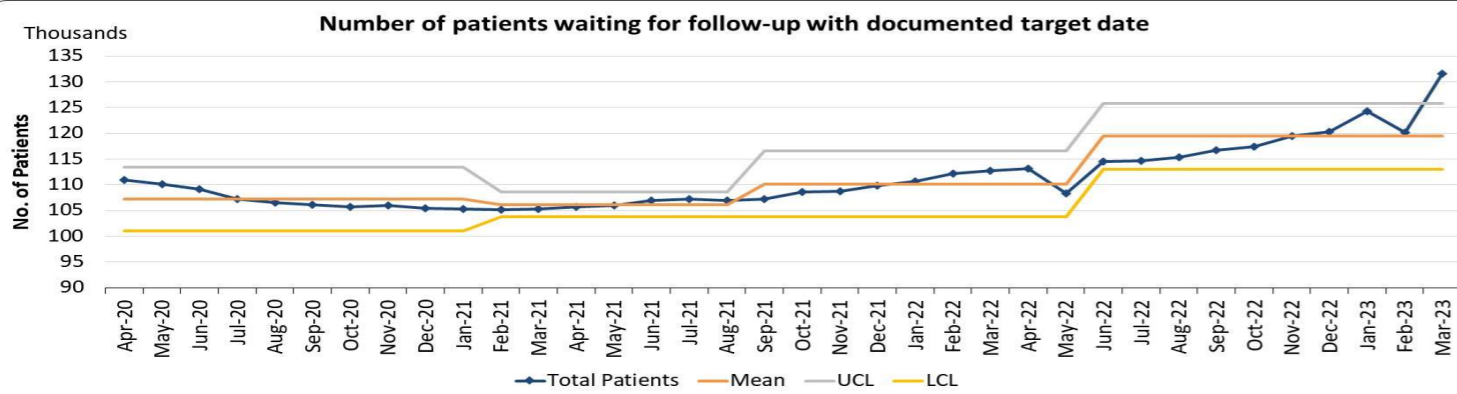


Status as at January 2023		
Health Board	Compliance	Rank
Powys	14	1st
C&V	1,606	2nd
BCU	2,095	3rd
HDda	2,491	4th
AB	2,705	5th
<b>CTM</b>	<b>3,110</b>	<b>6th</b>
SB	4,372	7th

# Follow-up Outpatients Not Booked (FUNB) – Provisional Position March 2023

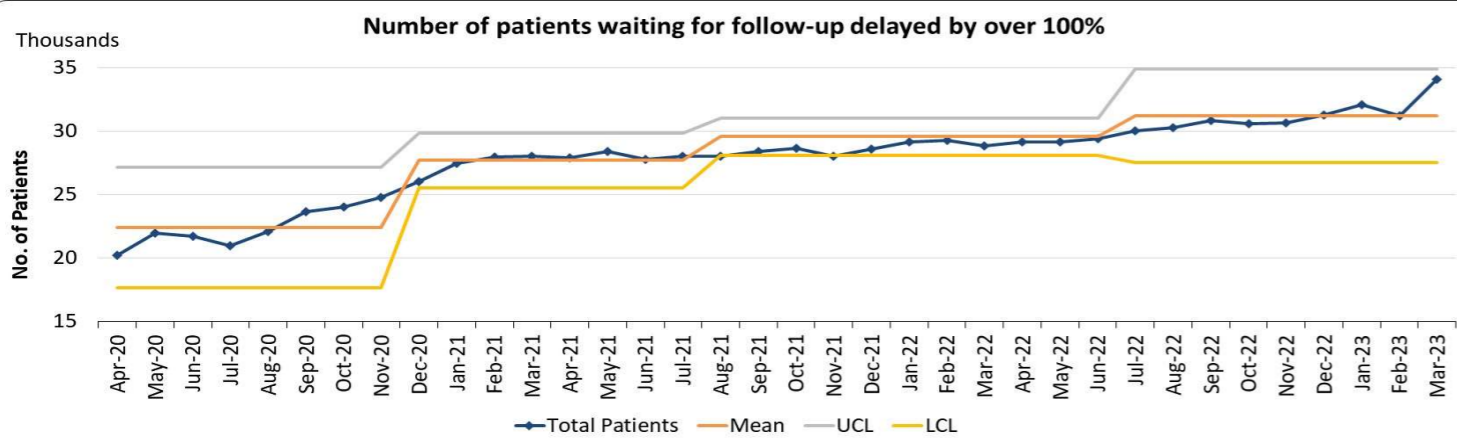
## Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	80,049	51,538	131,587

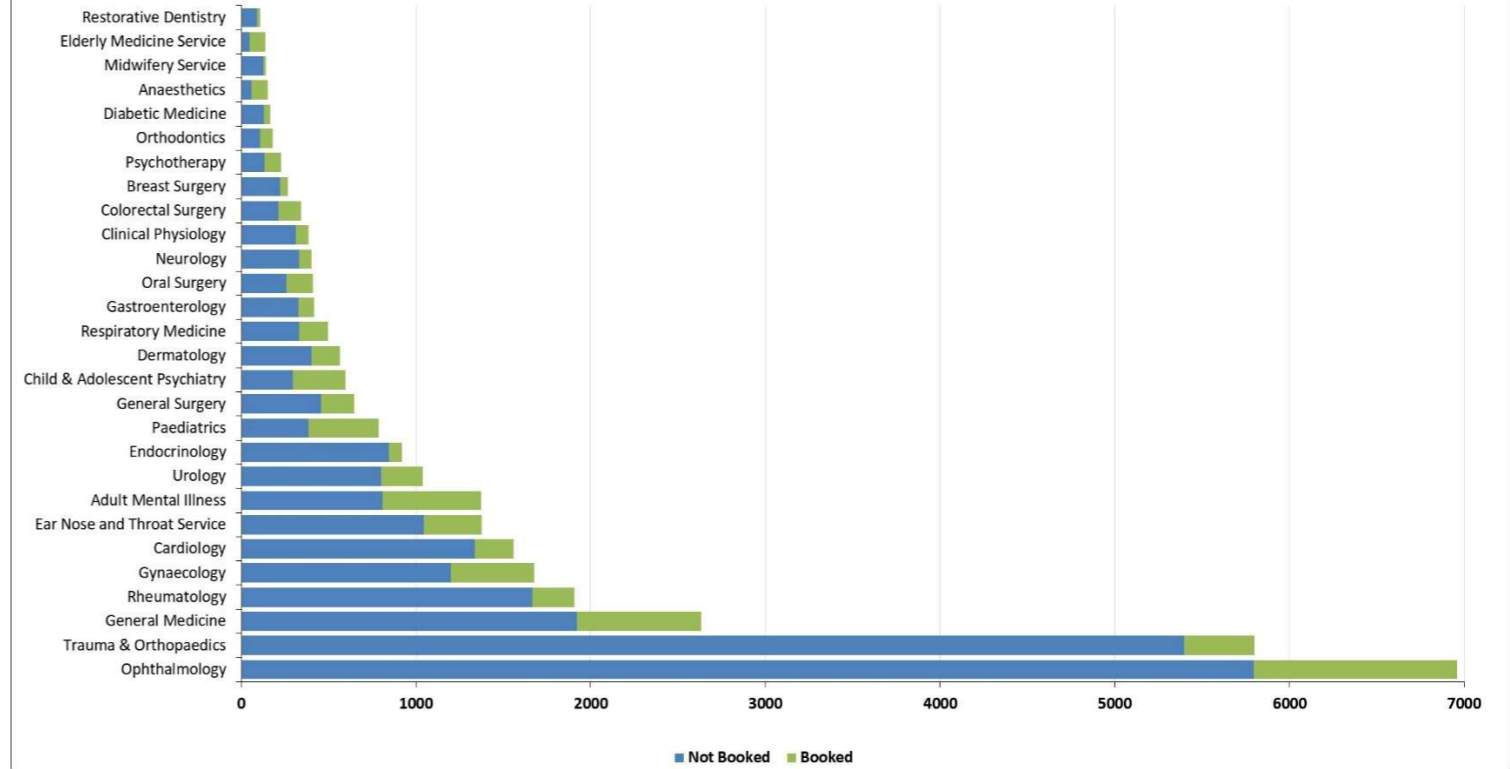


## Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

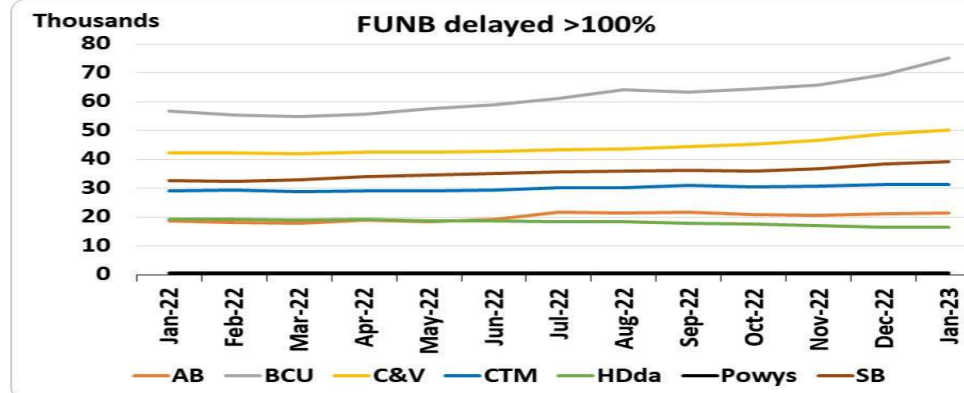
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
26,993	7,072	34,065	25.9%



CTMUHB - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (March 2023)



## How do we compare with our peers?



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

### How are we doing?

Provisionally, the total number of patients waiting for a follow-up appointment in Cwm Taf Morgannwg UHB, at the end of March 2023, currently stands at 131,587 and of those patients waiting, 34,065 (around 26%) have seen delays of over a 100% past their target date, representing an increase of 18% on the equivalent period last year.

There are currently no patients without a documented target date.

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

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

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

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

### What are the main areas of risk?

As at March 2023, there has been very little significant improvement in terms of the overall number of patients waiting for a follow-up, currently equating to 131,587 patients (80,049 not booked & 51,538 booked). Our most concerning area remains the 100% delayed patients; this is more apparent in the Ophthalmology and T&O specialties across the health board, with figures currently at 32,552 for those two specialties, of which around 41% (13,217) are delayed beyond 100% of their target date.

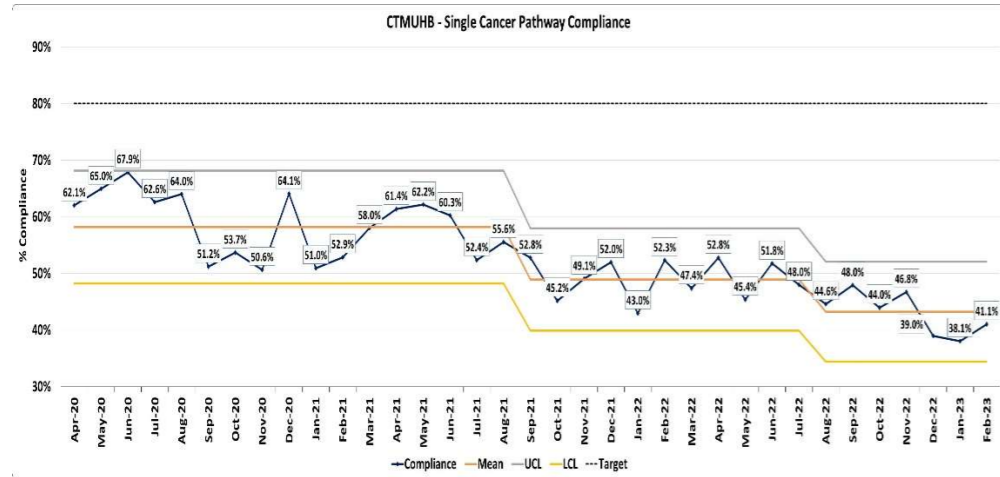
Overall, outpatient activity levels continue to be below pre-Covid levels with the provisional March 2023 figures below; for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 18,328; which as it currently stands is an increase of just under 1% on the Pre-Covid average (19/20) of 18,186, and is also a similar increase in attendances during the same period last year.
- Total Follow-up Patients seen: 35,485; around a 12% reduction on the Pre-Covid average (19/20) of 40,500 and is also around 5% lower than the equivalent period last year.

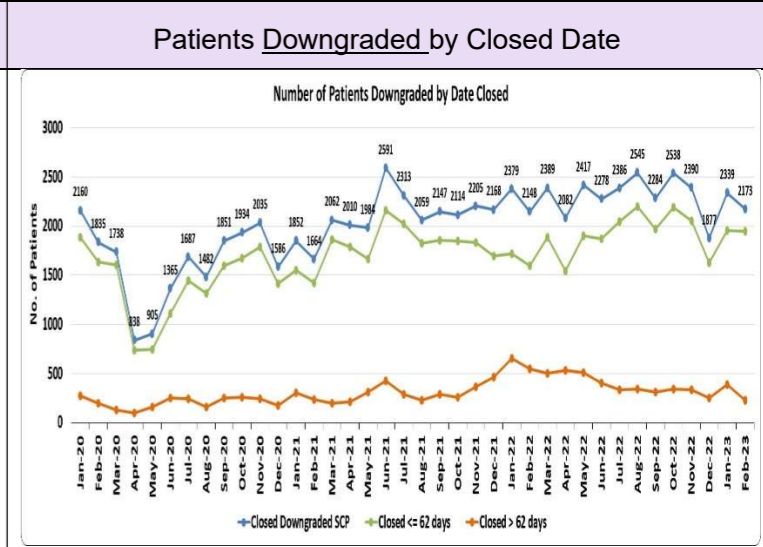
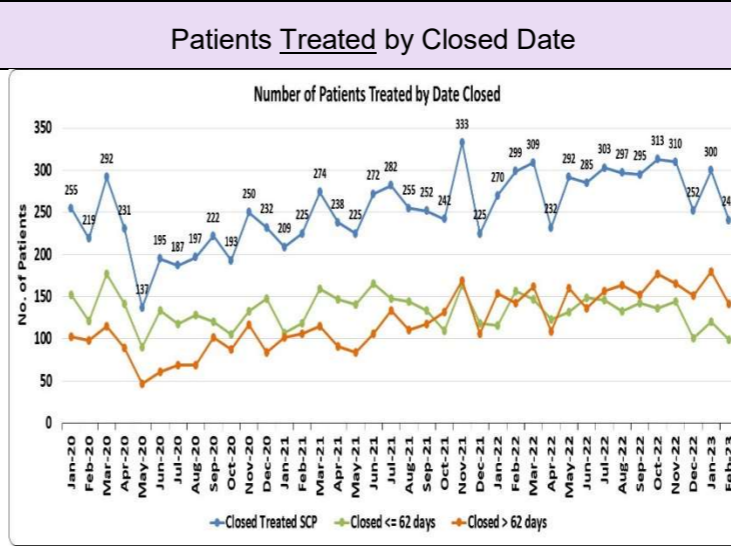


# Single Cancer Pathway (SCP) – February 2023

% of patients starting first definitive cancer treatment within 62 days from point of suspicion  
 Trajectory towards a national target of 80% by 2026 – **Compliance February 2023 – 41.1%** Target - Improvement



Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	3	8	11	27.3%
Upper GI	4	14	18	22.2%
Lower GI	5	22	27	18.5%
Lung	14	15	29	48.3%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	34	13	47	72.3%
Breast	16	16	32	50.0%
Gynaecological	2	11	13	15.4%
Urological	14	39	53	26.4%
Haematological	5	3	8	62.5%
Other	2	0	2	100.0%
<b>Total</b>	<b>99</b>	<b>142</b>	<b>241</b>	<b>41.1%</b>

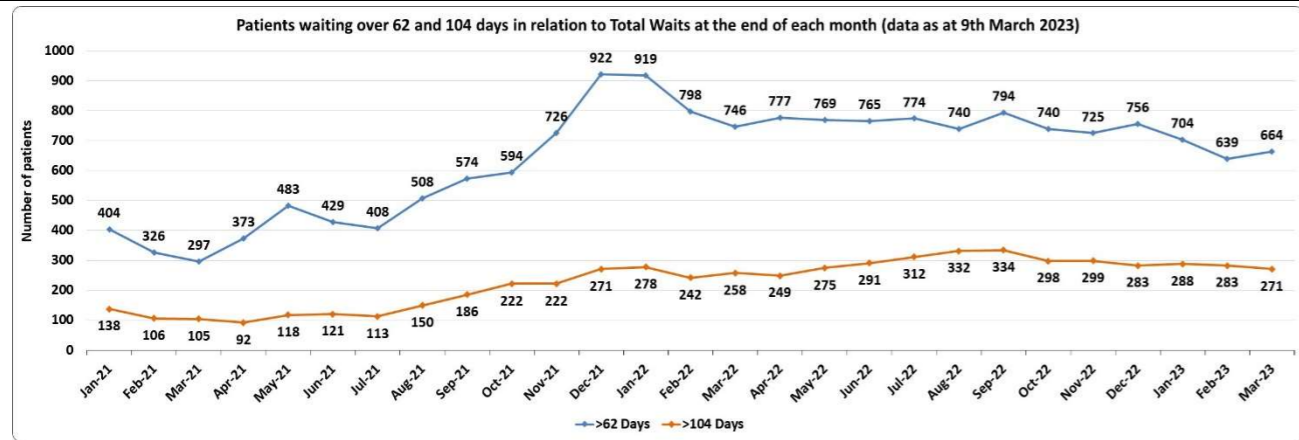


Performance for February remained low at 41.1%, with predicted compliance for March currently at 46.2%. Delays at first outpatient (39%) and diagnostic stage (41%) continue to be the biggest concern and significant factor for not achieving target. Diagnostic delays in radiology, endoscopy and pathology; albeit improving. Backlog clearance continues.

Overall cancer treatment volumes have increased marginally during the past 12 months to around 286 per month compared to 264 in the equivalent period of the previous year. This represents an average monthly increase of 8%.

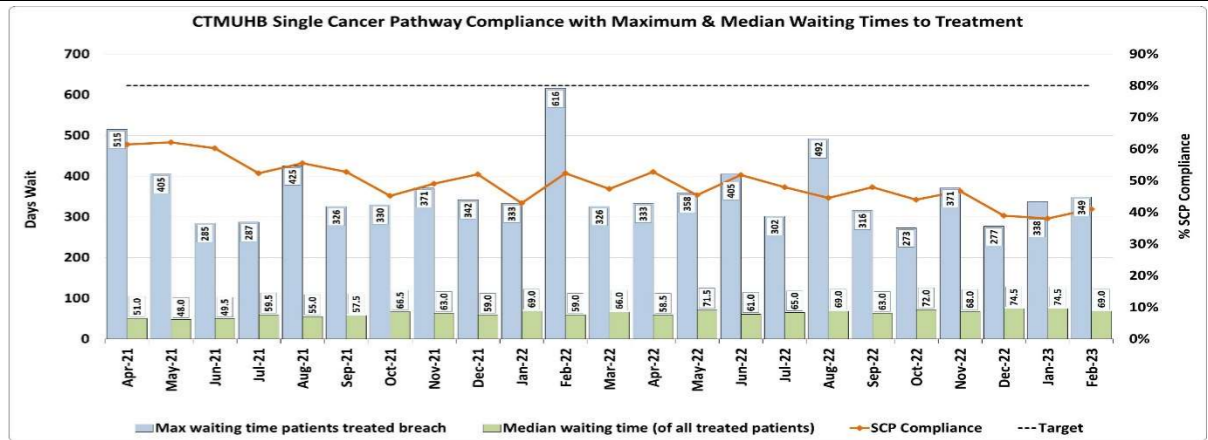
The number of patients on the SCP pathway who have been downgraded (told they do not have cancer) after having been seen at 1<sup>st</sup> Outpatient appointment or following a diagnostic test, has followed a monthly upward trend with the average for the past 12 months being 6% higher than the equivalent time span of the previous year.

## Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days (as at 3<sup>rd</sup> April 2023)



SCP Waits >62 days (data as at 1st April 2023)	SCP Waits >62 days	
	>62 to 124 days	125+ days
Breast	21	1
Gynaecological	76	5
Haematological (exc acute leukaemia)	3	3
Head and neck	14	3
Lower GI	141	68
Lung	23	6
Skin (exc BCC)	24	3
Upper GI	48	13
Urological	85	45
<b>Total</b>	<b>435</b>	<b>147</b>

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



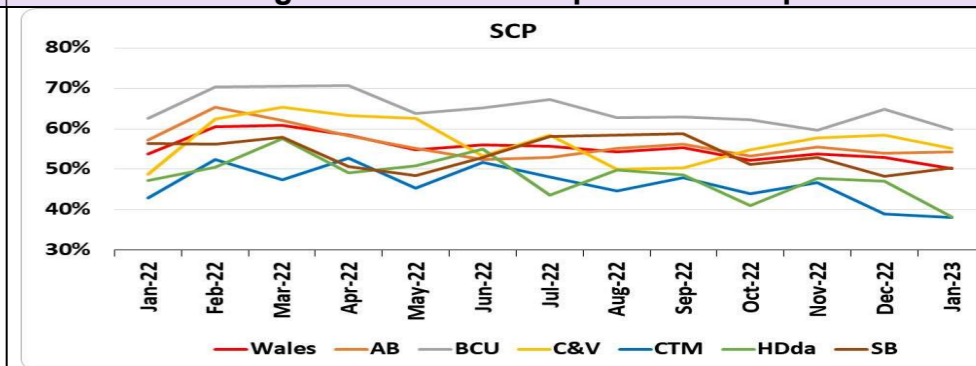
### What actions are we taking & when is improvement anticipated?

- With exception of CTC's (CT Colonography) improvement noted in waiting times and turnaround times in radiology diagnostics
- Change in practice to CTC's following radiology audit which will reduce demand and increase capacity.
- Accelerated imaging for staging CT post endoscopy for lower and upper GI commencing 20<sup>th</sup> March
- SACT (Systemic Anti-Cancer Therapy) waiting times improved to 21 days for 90% of patients
- Roll out of FIT (Faecal Immunochemical Test) programme for implementation April 2023
- Outsourcing of LAPB's – Cleared backlog and waiting times now < 14 days
- Consultant posts for Urology, Breast and Colorectal surgeon
- 6 – 8 WLI lists to target long waiting PMB patients transferred from NPT
- Improved processes and theatre utilisation of symptomatic endoscopy lists
- Backlog reduction > 62 days sustained for last 5/12
- Merging of Urology MDT's and streamlining of processes / pathways
- Weekly assurance meetings chaired by the Director of Planned Care
- Prostate biopsy co-ordinator in POW. 30 hours. Improve patient experience as well as SCP performance.
- Cancer Navigator in RGH. 30 hours.
- MDT co-ordinator in post as of 4 April 2023
- Cancer Tracker to start 24 April 2023

### What are the main areas of risk?

- Performance challenges evident in all tumour sites whilst backlog clearance remains focus.
- 80% of all patients on the active SCP are at 1<sup>st</sup> outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Delays in pathology, endoscopy and radiology continue
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Bowel Screening Wales diagnostic colonoscopy
- Urology tumour site

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



Status as at January 2023		
Health Board	Compliance	Rank
BCU	59.8%	1st
C&V	55.1%	2nd
AB	54.3%	3rd
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