

AGENDA ITEM
5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(28/02/2023)
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Jose Roper, Senior Performance Monitoring Officer
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Presented by	Linda Prosser, Executive Director of Strategy and Transformation
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Approving Executive Sponsor	Linda Prosser, Executive Director of Strategy and Transformation
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
STRATEGIC LEADERSHIP GROUP	22/02/2023	Choose an item.

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



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

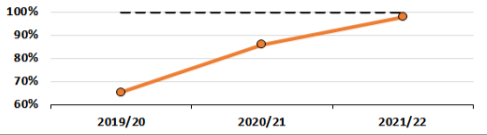
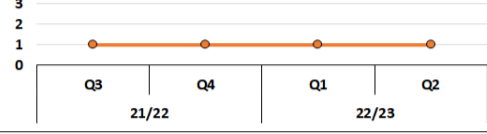
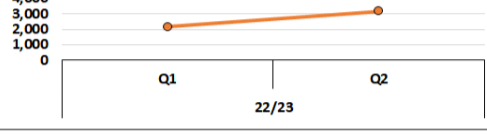
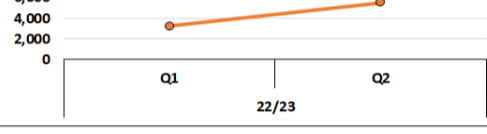
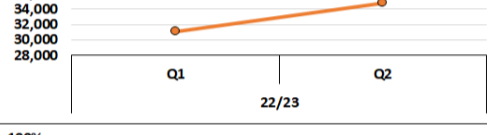
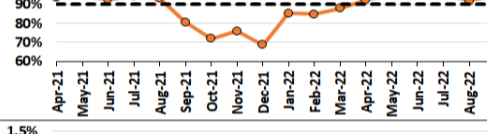
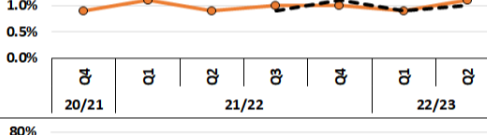
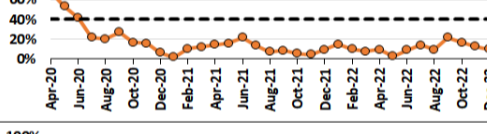
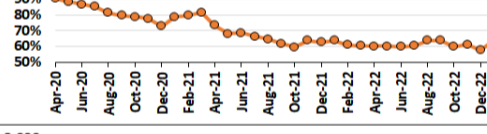
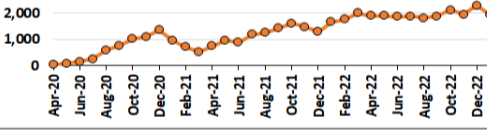
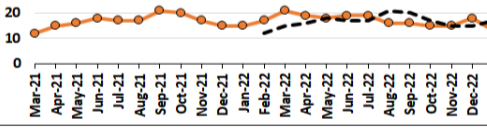
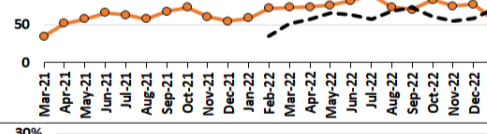
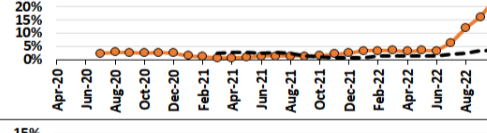
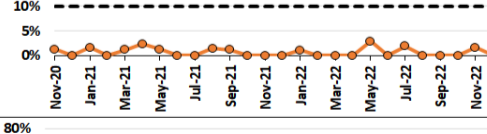
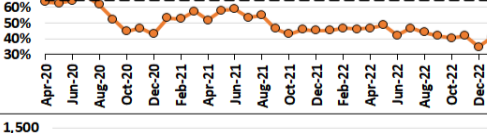
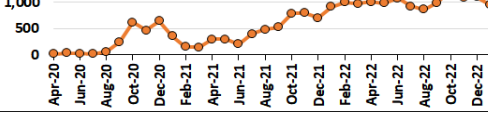
- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described in our Integrated Medium Term Plan, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.

Quadruple Aim 2 Strategic Scorecard continues to be included in section 2.1 of this paper, in order to provide visible and robust assurance to CTMUHB Board and its Committee's on delivery, facilitating scrutiny and challenge progress against performance on a regular basis.

The Quadruple Aim metrics endorsed by Welsh Government, continues into 2022/23 and incorporates the Ministerial Priorities: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

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

2.1 The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim 2 is shown below:

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved	Target Failed	
			Latest Position		
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPCC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q2 2022/23
	Number of new patients (children aged under 18 years) accessing NHS dental services	4 Quarter Improvement Trend		3,183	
	Number of new patients (adults aged 18 years and over) accessing NHS dental services			5,524	
Number of existing patients accessing NHS dental services			34,816		
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		94.9%	Sep-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		1.1%	Q2 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	40.9% (SSNAP Quarterly Average)		10.2%	Dec-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		64.1%	Jan-23
	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		1,926	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend Target 17		13	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend Target 72		55	Oct-22
	% 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 Target >1.2%		22.9%	
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Dec-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		41.1%	Jan-23
Number of ambulance patient handovers over 1 hour	Zero		954		



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved	Target Failed
		Latest Position			
Patient Flow & Discharge	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend Target <824		836	Oct-22
	% of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend Target <54.2%		55.4%	
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		53.9%	Oct-22
Elective Planned Care	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	80%		39.0%	Dec-22
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,108	Dec-22
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		16,134	
	Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024		1,320	Dec-22
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by June 2023		18,547	Dec-22
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National Target <=19,606 by March 2023		32,077	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		63.2%	Dec-22
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023		9,432	Jan-23
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		48,649	
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		47.5%	



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

Performance Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved	Target Failed
			Latest Position	
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		4.02	2021/22
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			58.3%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		28.8%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			30.8%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		38.6%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		27.6%	
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		86.5%	Dec-22
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		100.0%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			96.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		92.7%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			50.0%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		89.5%	



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

Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved	Target Failed
			Latest Position	
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	53		69	Cumulative Numbers Apr to Jan 2023
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	20		29	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		85.38	Cumulative Rate Apr to Jan 2023
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		33.94	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		24.13	
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22 <35.0%		41.6%	Dec-22
% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22 <6.8%		19.1%	

2.2 Access

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

2.2.1 Urgent Care:

During January, just over 64% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with around a fifth of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 13,917 attendances over the course of the month, a similar number of attendances in the equivalent period last year.

The CTM 15 minute ambulance handover compliance marginally improved to 22.1% during January, but compliance continues to remain at low levels as seen throughout 2022/23. Similarly, the 60-minute compliance rose to 55.1% from a low of 46.2% in the previous month, however compliance continues to fall short of the WG target; all handovers occurring within the hour of arrival to ED.

2.2.2 Stroke Care:

Overall, performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that any variances are natural rather than special cause in nature.

Unfortunately, during the month no stroke patient was admitted to the stroke unit at POW within the 4 hour timeframe and only 6 of the 40 stroke patients at PCH received this required timeliness of care. Just over half (52.5%) of the total diagnosed stroke patients within CTM received a scan within the hour, whilst 36 of the 59 (61%) admitted stroke patients were assessed by a stroke specialist within 24 hours.

2.2.3 Planned Care & Cancer Care:

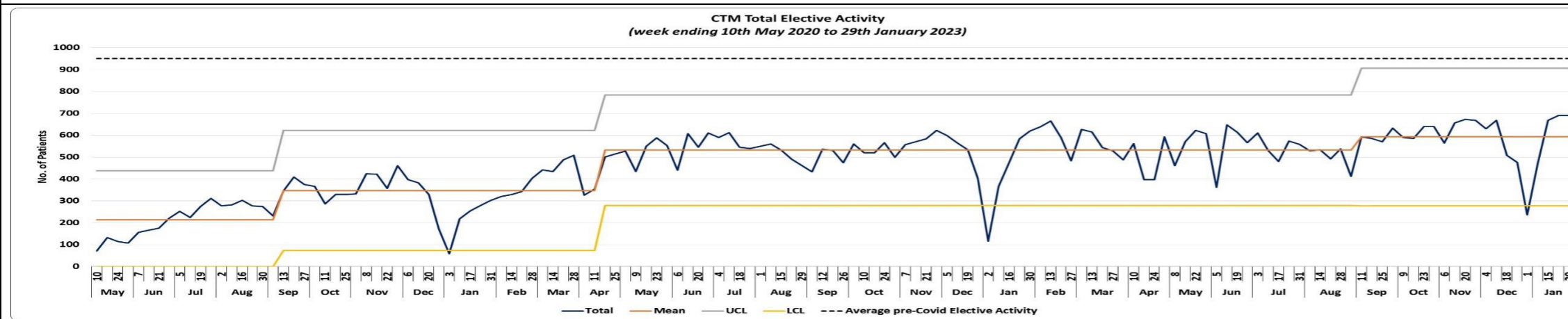
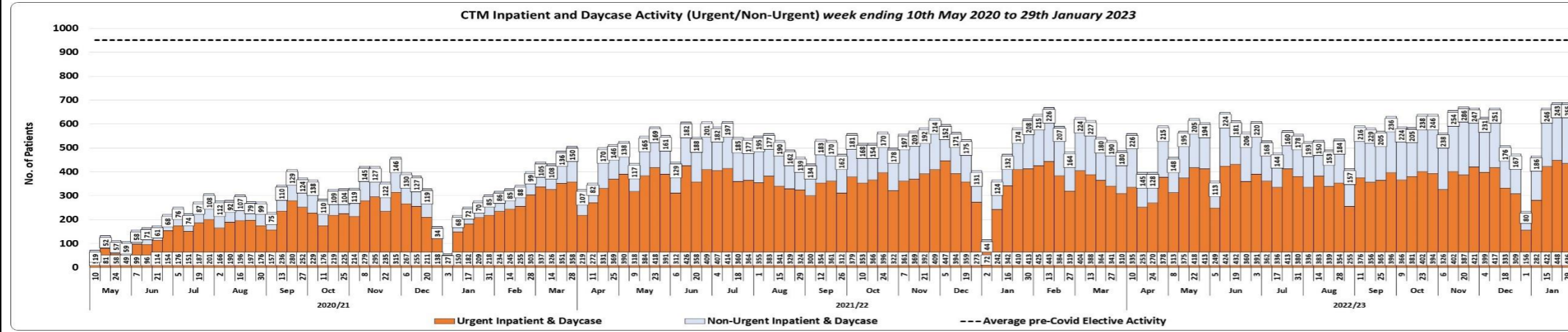
The CTM performance against the health board's improvement trajectories for access to planned care and cancer care (shown page 19), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, with a deterioration in the management for follow up outpatient appointments.



2022/23 Improvement Trajectory & Performance against National Target

ACCESS TO TIMELY PLANNED CARE	Measure	Performance Against Target	Key: National Target Met National Target Failed -- Trajectory -- Actual																																										
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by June 2023																																											
		Current Period 9,432		<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>13,925</td> <td>13,387</td> <td>12,848</td> <td>12,375</td> <td>12,483</td> <td>12,595</td> <td>12,818</td> <td>12,188</td> <td>11,209</td> <td>10,017</td> <td>10,010</td> <td>10,004</td> <td>13,846</td> </tr> <tr> <td>Actual</td> <td>13,885</td> <td>13,439</td> <td>12,968</td> <td>12,441</td> <td>12,449</td> <td>12,605</td> <td>12,715</td> <td>12,345</td> <td>11,361</td> <td>10,218</td> <td>9,432</td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	13,925	13,387	12,848	12,375	12,483	12,595	12,818	12,188	11,209	10,017	10,010	10,004	13,846	Actual	13,885	13,439	12,968	12,441	12,449	12,605	12,715	12,345	11,361	10,218	9,432	
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	Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026																																											
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Actual	47.3%	46.6%	46.8%	47.4%	47.4%	47.0%	46.9%	47.3%	47.6%	47.5%	47.5%	46.2%	45.0%																																
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	Current Period 32,077		<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>28,736</td> <td>29,311</td> <td>29,897</td> <td>30,495</td> <td>30,899</td> <td>31,128</td> <td>31,703</td> <td>29,115</td> <td>29,384</td> <td>30,052</td> <td>29,301</td> <td>28,568</td> <td>27,854</td> </tr> <tr> <td>Actual</td> <td>28,845</td> <td>29,123</td> <td>29,147</td> <td>29,412</td> <td>30,024</td> <td>30,246</td> <td>30,855</td> <td>30,553</td> <td>30,660</td> <td>31,307</td> <td>32,077</td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	28,736	29,311	29,897	30,495	30,899	31,128	31,703	29,115	29,384	30,052	29,301	28,568	27,854	Actual	28,845	29,123	29,147	29,412	30,024	30,246	30,855	30,553	30,660	31,307	32,077		
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	Current Period 3,108		<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>3,046</td> <td>3,354</td> <td>3,488</td> <td>3,424</td> <td>3,345</td> <td>3,437</td> <td>3,477</td> <td>3,449</td> <td>3,308</td> <td>3,394</td> <td>3,294</td> <td>3,194</td> <td>3,094</td> </tr> <tr> <td>Actual</td> <td>3,169</td> <td>3,306</td> <td>3,435</td> <td>3,366</td> <td>3,281</td> <td>3,382</td> <td>3,395</td> <td>3,275</td> <td>3,126</td> <td>3,167</td> <td>3,108</td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	3,046	3,354	3,488	3,424	3,345	3,437	3,477	3,449	3,308	3,394	3,294	3,194	3,094	Actual	3,169	3,306	3,435	3,366	3,281	3,382	3,395	3,275	3,126	3,167	3,108		
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Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 2026																																												
	Current Period 39.0%		<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>50.0%</td> <td>52.8%</td> <td>45.4%</td> <td>51.9%</td> <td>48.5%</td> <td>46.0%</td> <td>48.3%</td> <td>43.3%</td> <td>47.1%</td> <td>44.5%</td> <td>71.0%</td> <td>73.0%</td> <td>74.0%</td> </tr> <tr> <td>Actual</td> <td>47.4%</td> <td>52.0%</td> <td>45.2%</td> <td>50.0%</td> <td>47.9%</td> <td>46.0%</td> <td>46.2%</td> <td>44.0%</td> <td>46.8%</td> <td>39.0%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	50.0%	52.8%	45.4%	51.9%	48.5%	46.0%	48.3%	43.3%	47.1%	44.5%	71.0%	73.0%	74.0%	Actual	47.4%	52.0%	45.2%	50.0%	47.9%	46.0%	46.2%	44.0%	46.8%	39.0%			
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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	Jan-20	Jan-21	Jan-22	Jan-23	2023 as % 2019
Gastroenterology	804	493	719	779	97%
Urology	480	220	266	386	80%
Orthopaedics	437	15	200	308	70%
Ophthalmology	378	26	215	281	74%
General Surgery	516	55	120	251	49%
General Medicine	79	75	56	143	181%
Gynaecology	245	51	126	122	50%
ENT	208	37	77	115	55%
Cardiology	93	22	53	110	118%
Breast Surgery	97	34	56	97	100%
Oral Surgery	97	15	10	48	49%
Pain	35	0	3	41	117%
Paediatrics	38	0	21	24	63%
Total (all specialties)	3654	1063	1949	2762	76%

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 January surpassed the pre-Covid levels in 4 of the specialties listed above (green), with Gastro making good progress (yellow).

How are we doing?

As per the charts above, the number of weekly elective treatments has been gradually increasing, and indeed for the last two weeks of January elective treatments were the highest seen since the start of the pandemic, with 691 treatments during each of those two weeks. Despite this increase, elective cases are 24% fewer than pre-Covid. In total 2,762 cases were undertaken in January, which compares to 1,949 in January 2022 (42% increase), 1,063 in January 2021 (160% increase) and 3,654 in January 2020 (pre-Covid) (24% reduction).

Since the start of the 2021/22 financial year to date, CTM have sent 2,507 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,658 (on average 75 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of January 2023						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	1024	133	716	96	79	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	100	30	49	7	14	0
SPIRE - General Surgery	152	25	90	20	17	0
NUFFIELD - Orthopaedics	442	114	295	17	2	14
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	241	58	141	14	14	14
NUFFIELD - Ophthalmology	427	87	280	29	19	12
NUFFIELD - Prostate Biopsy	13	0	13	0	0	0

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Although December had been a challenging month, the focus has been on reducing the number of patients waiting over 156 weeks for treatment and reducing the number of patients waiting over 104/156 weeks for a first outpatient appointment.

Ophthalmology: CTM and C&VUHB has commenced the Q4 Vanguard programme to reduce waiting times for patients waiting for a cataract operation. Between January and March 2023 C&VUHB will be undertaking operations for long waiting Stage 4 cataract patients. Capacity has been divided between C&VUHB, CTM and AB Health Boards. CTM have been allocated 500 slots. Patients must be suitable for a day case operation under local anesthetic and suitable within a Vanguard theatre environment. The initial outpatient stage (stage 1) will continue to be undertaken by CTM and patients sent to CAV will be stage 4 longest waiting and long waiting stage 1 conversions. CAV will provide a one stop assessment appointment and a cataract operation for each patient, which will be carried out by the CAV clinical team.

Orthopaedics and Day Surgery: Additional theatre staff have been procured from an insourcing company which will allow for centralisation of Orthopaedic inpatients in RGH and increase capacity by approx. 17 Orthopaedic elective cases per week. The insourced staff will allow for an additional 2 all day surgery theatre lists a week to be undertaken in PCH across a number of specialties including Gynaecology, General Surgery and Oral Maxillofacial Surgery. This should generate an additional 12 patients a week.

T & O Day Unit Expansion and WLI schemes.

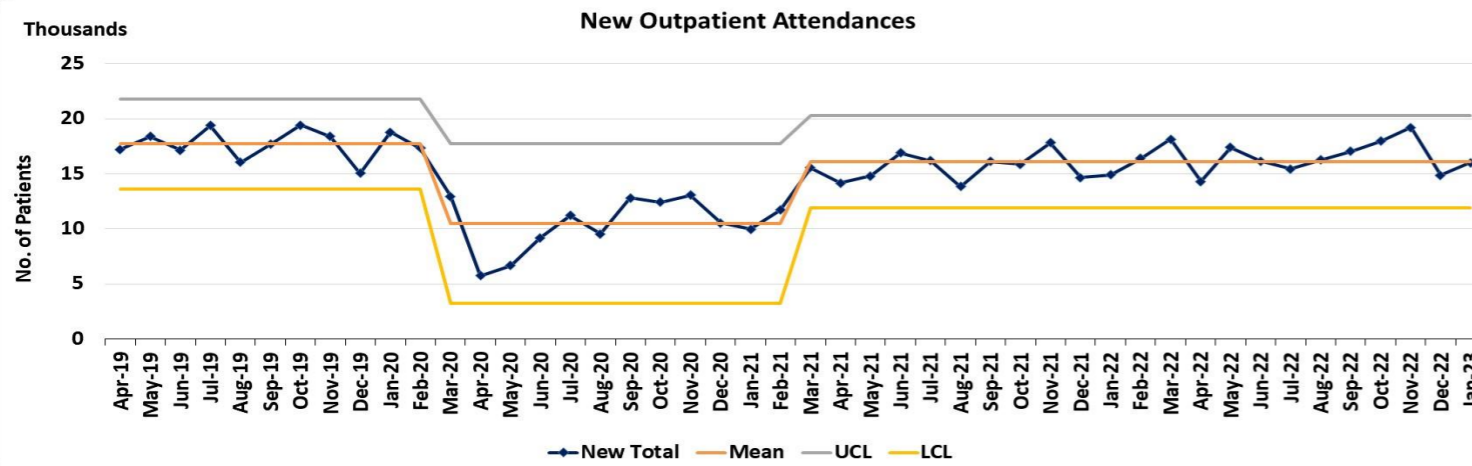
Theatre Productivity and Improvement Schemes to maximize utilisation: a theatres steering group meets each month and is currently working on productivity and efficiency and the production of a number of key metrics.

Validation Programme: progressing in Derm and T&O, resulting in a reported 15% validation rate.

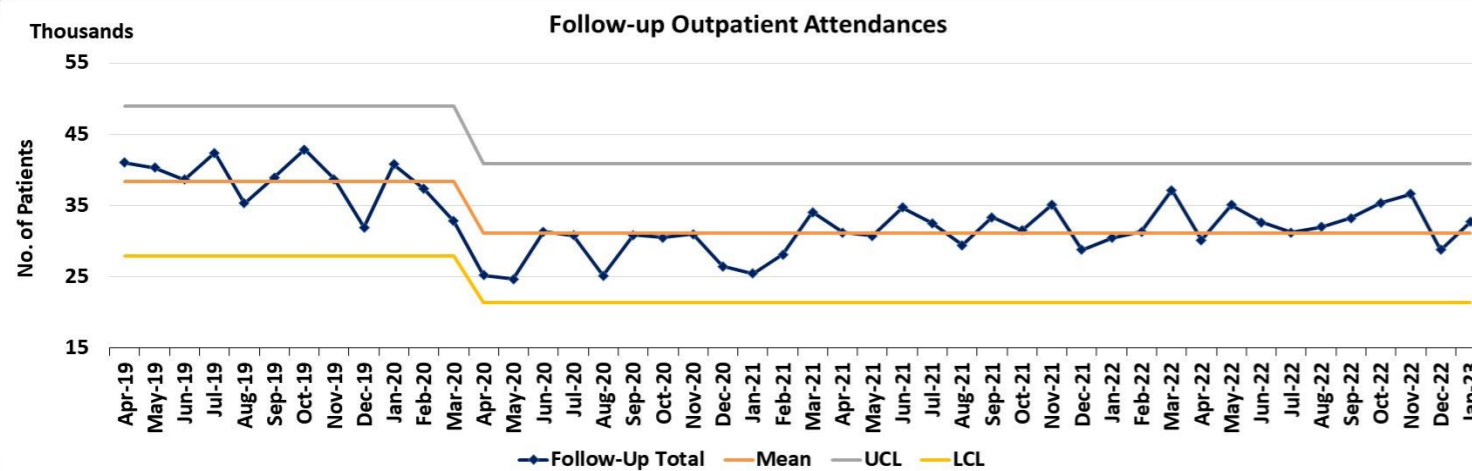
What are the main areas of risk?

- 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 Day Unit are being progressed and will conclude shortly.

New Outpatient Attendances January 2023 – provisionally 16,015 attendances




Follow-up Outpatient Attendances January 2023 – provisionally 32,716 attendances



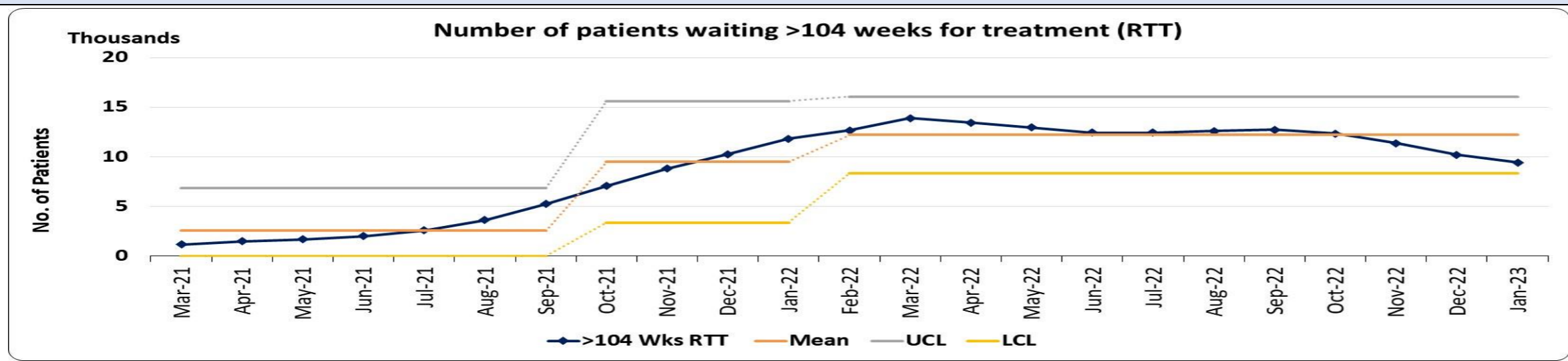
Expected number of patients who will be waiting over 104 weeks for New Outpatient Appointment by end of March 2023 - 1600

NOPs waiting >104 wks - March	31/12/2022	31/01/2023	28/02/2023	31/03/2023
General Surgery	68	68	0	0
Urology	780	780	746	712
Breast Surgery	226	226	207	199
Trauma & Orthopaedics	87	87	0	0
ENT	846	846	846	300
Ophthalmology	1309	1309	949	376
Oral Surgery	33	33	0	0
Restorative Dentistry	55	55	34	13
Anaesthetics	2	2	0	0
General Medicine	83	83	0	0
Gastroenterology	57	57	0	0
Endocrinology	0	0	0	0
Haematology	0	0	0	0
Cardiology	17	17	0	0
Medicine	0	0	0	0
Dermatology	1391	1391	688	0
Respiratory Medicine	1	1	0	0
Nephrology	0	0	0	0
Rheumatology	47	47	0	0
Paediatrics	1	1	0	0
Geriatric Medicine	0	0	0	0
Gynaecology	1	1	0	0
NOPs waiting >104 wks - March	5004	5004	3470	1600

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>As at the end of January 2023, there were provisionally 70,378 patients awaiting a new outpatient appointment, of which, 15,616 (22%) patients were categorised as urgent and 11,373 (16.2%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 1.6% (1,134) on the 69,244 patients waiting at the end of the equivalent period last year.</p> <p>WG have 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 January there were 4,051 patients who had waited in excess of two years for a new outpatient appointment and we anticipate that if our plans are effectively implemented we will reduce the position to c.1600.</p> <p>Additionally, there were 17,977 patients who were awaiting treatment and of these, 6,150 (34.2%) were categorised as clinically urgent, a rate that has been sustained for the last quarter.</p>	<p>The following actions are being taken to eliminate waits of >104 weeks throughout Quarter 4 2022/23.</p> <p>Outpatient utilisation and improvement programme: initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's.</p> <p>Prioritisation exercise: underway to review the realised benefits of recovery schemes to inform the allocation of PCR funds for the next financial year.</p> <p>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. Additional 921 Patients were referred in December.</p> <p>Super Saturday Clinics: being undertaken in Oral Maxillofacial Surgery and Cardiology.</p> <p>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.</p> <p>Stage 1-52+ Week Validation: external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 weeks started work in October. The administrative validation undertaken resulted in a low impact in terms of numbers removed and focus for the remaining validation activity has been directed towards telephone validation.</p> <p>Dermatology: Waiting on start date for a 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.</p> <p>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 SOP's for the scheduling of activity.</p>	<p>The main areas of risk in terms of meeting the WG revised priority of no patients waiting over 104 weeks (1st Outpatient Appointment) by the end of March 2023 are in Dermatology, Ophthalmology, ENT, Urology and Cardiology.</p> <p>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.</p>

 **Referral to Treatment Times (RTT) – January 2023 (Provisional Position) – Total Open Pathways 115,739**

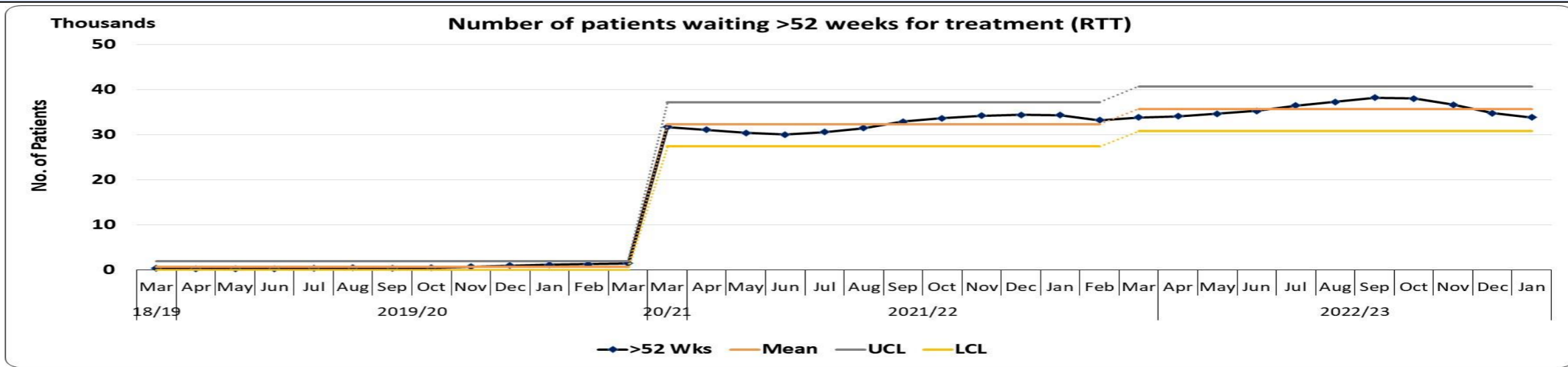
Number of patients waiting >104 weeks (9,432) Target - Improvement Trajectory towards a national target of Zero by June 2023



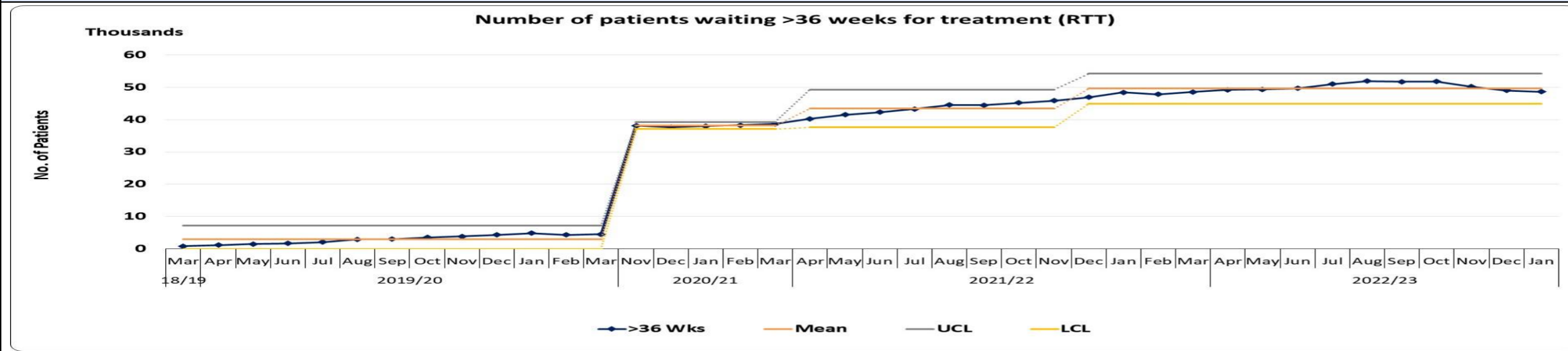
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of January is 9,432, which as it currently stands is a reduction of almost 8% (786) from the reported December position.

Number of patients waiting >52 weeks (33,874)

The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of January is 33,874, which as it currently stands is a reduction of 2.6% (919) from the December reported position.



Number of patients waiting >36 weeks (48,649) Target – Improvement Trajectory towards a national target of Zero by 2026



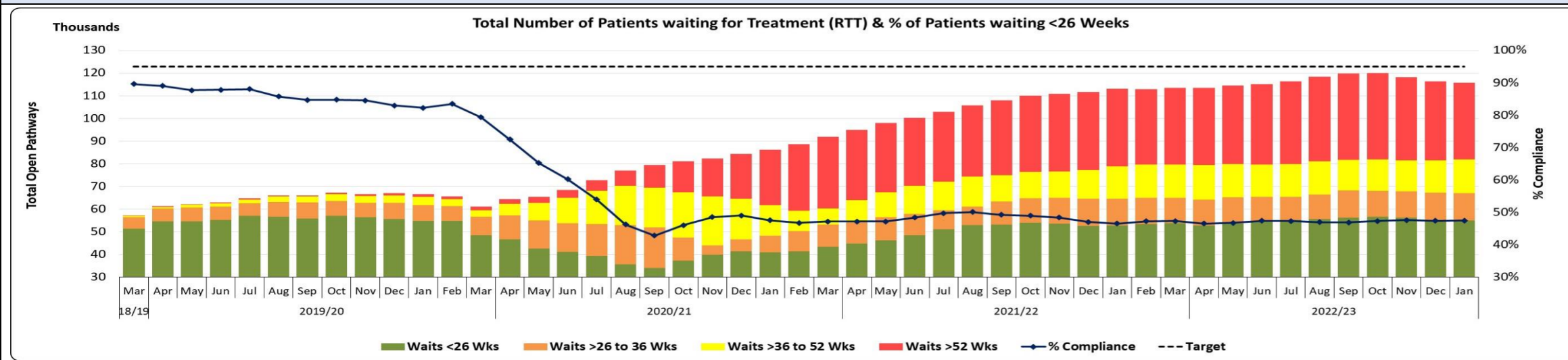
The number of patients waiting over 36 weeks at the end of January, across Cwm Taf Morgannwg, is a provisional position of 48,649 patients, which is a reduction of 0.7% (366) from December (N.B. includes the 33,874 patients waiting over 52 weeks).

RTT continued on the next page...



Cont'd...Referral to Treatment Times (RTT) – January 2023 (Provisional Position) – Total Open Pathways 115,739

% of patients waiting less than 26 weeks (47.5%) Target – Improvement Trajectory towards a national target of 95% by 2026

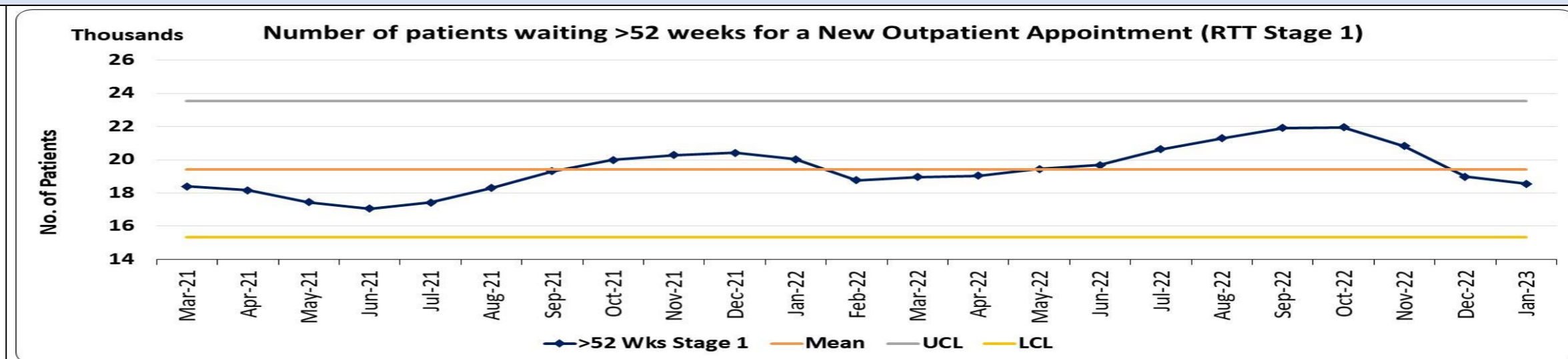


In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for January across Cwm Taf Morgannwg is a provisional 47.5%.

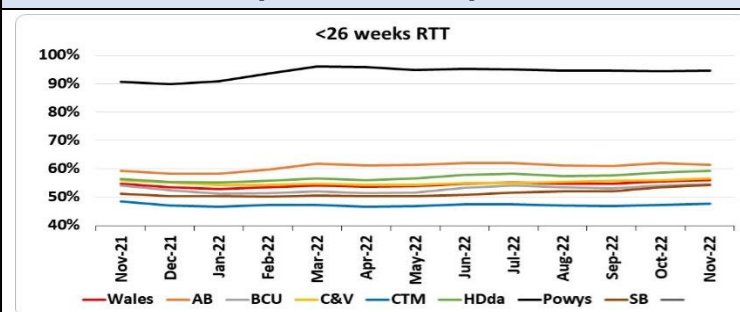
Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

Number of patients waiting over 52 weeks for a new outpatient appointment (18,547) Target - Improvement Trajectory towards eliminating over 52 week waits by June 2023

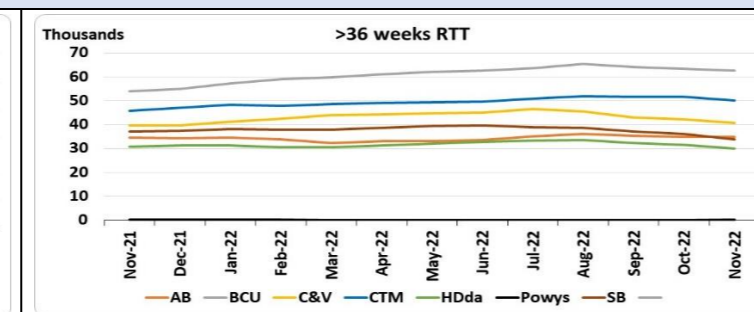
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of January is 18,547, which as it currently stands is a reduction of 2.3% (433) from the December reported position.



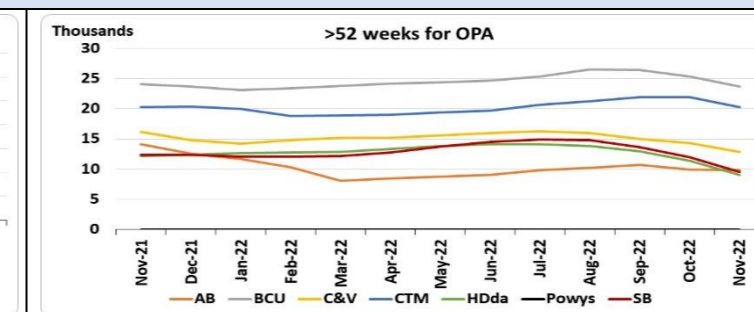
How do we compare with our peers?



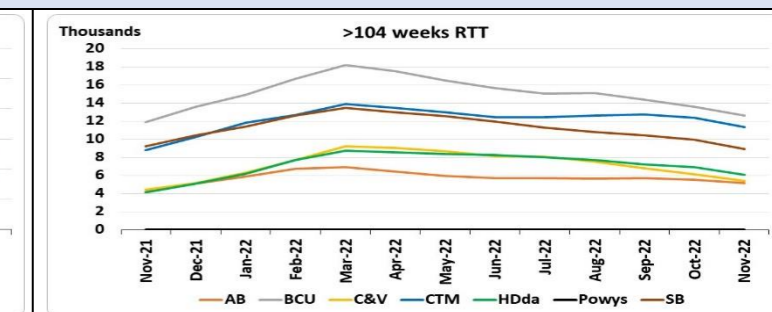
Status as at November 2022		
Health Board	Compliance	Rank
Powys	94.6%	1st
AB	61.4%	2nd
HDda	59.4%	3rd
C&V	56.6%	4th
BCU	54.4%	5th
SB	54.3%	6th
CTM	47.6%	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	104	1st
HDda	30,122	2nd
SB	33,933	3rd
AB	34,923	4th
C&V	40,775	5th
CTM	50,232	6th
BCU	62,690	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	0	1st
HDda	9,028	2nd
SB	9,546	3rd
AB	9,840	4th
C&V	12,903	5th
CTM	20,280	6th
BCU	23,704	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	5,156	2nd
C&V	5,421	3rd
HDda	6,086	4th
SB	8,927	5th
CTM	11,361	6th
BCU	12,643	7th

RTT continued on the next page...

Specialty Breakdown

Total number of open pathways per specialty - January 2023 (provisional)							
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks to 104 Weeks	>104 Weeks	Total Open Pathways
Anaesthetics	397	36.9%	160	206	156	157	1076
Cardiology	3226	62.0%	764	660	401	156	5207
Care of the Elderly	29	96.7%	0	0	1	0	30
Dermatology	3791	44.9%	904	1058	1390	1293	8436
Endocrinology	220	80.0%	34	19	2	0	275
Gastroenterology	1920	51.4%	421	495	755	146	3737
General Medicine	1781	65.7%	316	321	209	83	2710
Nephrology	135	78.5%	18	18	1	0	172
Respiratory Medicine	1362	70.1%	197	202	172	9	1942
Rheumatology	740	56.8%	138	164	174	86	1302
Sport and Exercise Medicine	11	100.0%	0	0	0	0	11
Thoracic Medicine	503	87.5%	43	29	0	0	575
Geriatric Medicine	5	100.0%	0	0	0	0	5
Diagnostics	5192	53.2%	874	1208	2281	213	9768
Therapies	1848	80.6%	229	123	87	6	2293
Ophthalmology	5602	38.2%	1489	1927	4367	1284	14669
Oral Surgery	1932	56.7%	398	462	496	122	3410
Orthodontics	194	59.7%	43	44	837	881	325
Restorative Dentistry	57	27.8%	14	24	61	49	205
Ear, Nose & Throat Service	4770	38.8%	1109	1545	3425	1448	12297
Gynaecology	4312	53.2%	846	1045	1099	797	8099
Paediatric Neurology	0	0.0%	3	0	0	0	3
Paediatrics	2093	79.9%	308	149	69	2	2621
Haematology (Clinical)	198	98.0%	4	0	0	0	202
General Surgery	3746	39.8%	943	1396	2489	839	9413
Trauma & Orthopaedic	5254	37.0%	1740	2239	4519	458	14210
Urology	3319	42.7%	570	870	1891	1116	7766
Colorectal	1671	46.7%	417	441	849	200	3578
Breast Surgery	680	48.5%	120	130	385	87	1402
Total	54988	47.5%	12102	14775	24442	9432	115739

How are we doing?

At the end of January 2023, the provisional position for the over 52 week waiting list saw volumes reduce by 2.6% on the previous month, bringing the total to 33,874. The current position also represents a reduction of around 1.5% on the equivalent period last year in the number of patients waiting in excess of 52 weeks. Due to increased funding from WG, there are a number of schemes that should improve this position at Stage 1, across ENT, Dermatology and Ophthalmology. This should result in zero 156 + week waits at Stage 1 with an overall reduction of approximately 2,400 at Stage 1.

Ophthalmology – an additional 590 (stage 1 to stage 4) cataract patients will receive their treatment in a partnership with the independent sector by the end of March 2023.

Dermatology – 1,350 patients will receive a stage 1 appointment in partnership with the Independent Sector by 31st March 2023

What actions are we taking & when is improvement anticipated?

As described previously, 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 other than 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, 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 locality/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. Insourcing in PCH theatres is anticipated to deliver circa 20 cases per week.

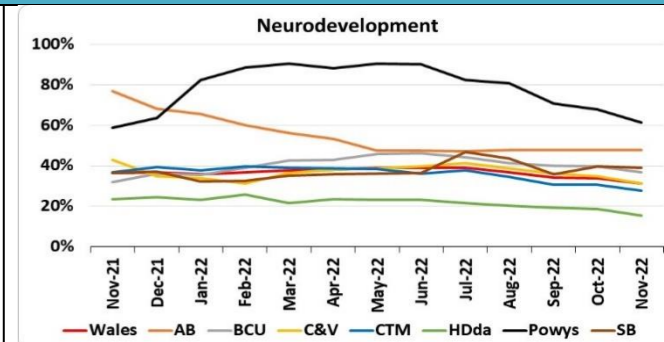
What are the main areas of risk?

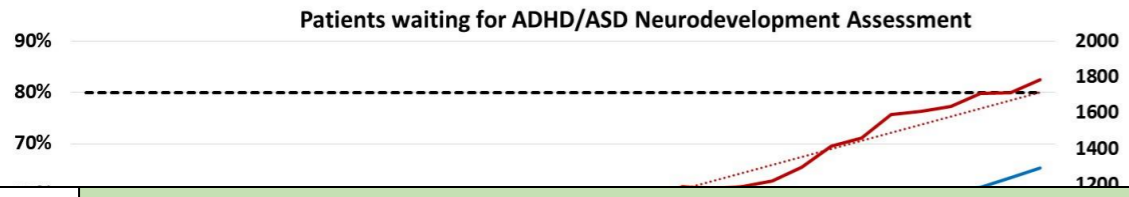
- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment – remains challenging. Delays in approval to recruit to existing posts within the structure 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 (27.6%) - 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 just 27.6% for December, 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 40 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.





Status as at November 2022		
Health Board	Compliance	Rank
Powys	61.4%	1st
AB	47.7%	2nd
SB	39.1%	3rd
BCU	36.7%	4th
C&V	31.3%	5th
CTM	27.8%	6th
HDda	15.6%	7th



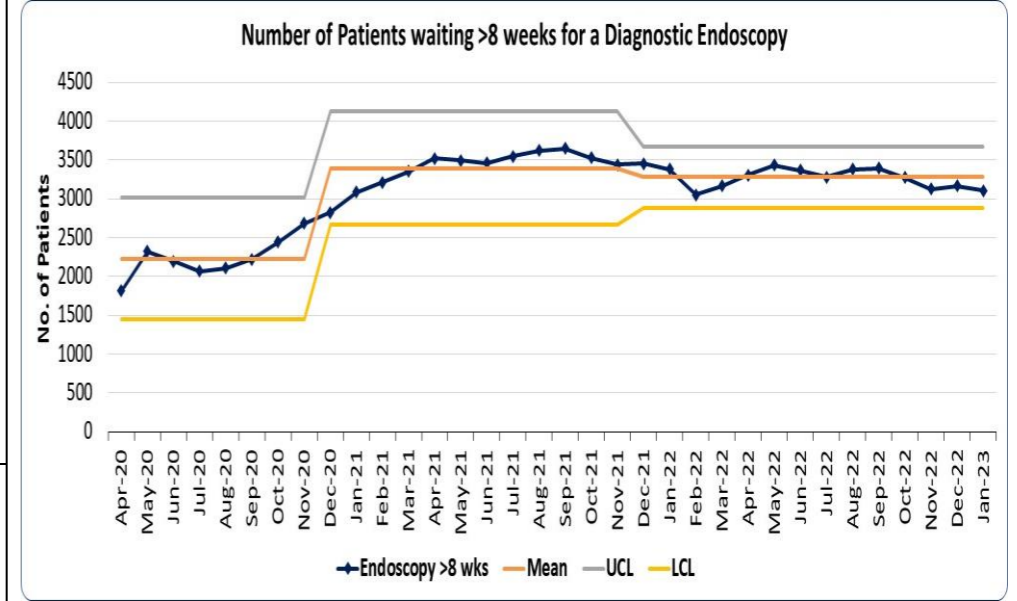
Diagnostics & Therapies – December 2022 (Provisional Position)

Number of patients waiting >8 weeks for Diagnostics Target Zero	Number of patients waiting >14 weeks for Therapies Target Zero	Number of patients waiting >8 weeks for Diagnostic Endoscopy Target - Improvement Trajectory towards target of Zero by March 2026
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Total >8 weeks 16,134	Total >14 weeks 1,474	Total >8 weeks 3,108
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CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology	Echo Cardiogram	597
Cardiology Services	Cardiac CT	65
	Cardiac MRI	14
	Diagnostic Angiography	101
	Stress Test	57
	DSE	41
	TOE	13
	Heart Rhythm Recording	204
	B.P. Monitoring	1
Bronchoscopy		3
Colonoscopy		663
Gastroscopy		820
Cystoscopy		553
Flexi Sig		1069
Radiology	Non-Cardiac CT	698
	Non Cardiac MRI	1300
	NOUS	9294
	Non-Cardiac Nuclear Medicine	42
Imaging	Fluoroscopy	58
Physiological Measurement	Urodynamics	141
Neurophysiology	EMG	200
	NCS	200
Total		16134

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	2
Audiology	191
Dietetics	1075
Occupational Therapy	6
Physiotherapy	4
Podiatry	5
Speech & Language	37
Total	1320



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	16,134		

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	1,320		

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
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Diagnostics: Provisionally, at the end of January, 16,134 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an increase of 1.6% on the previous month. Endoscopy observed a slight fall of just under 2% (59) in the number patients waiting in excess of eight weeks, with the number of patients currently breaching the target now standing at 3,108. The NOUS service continues to have the highest volume of breaching patients with 9,294 currently waiting over 8 weeks for a scan and is a reduction of 2.5% (239) on the reported position for December.

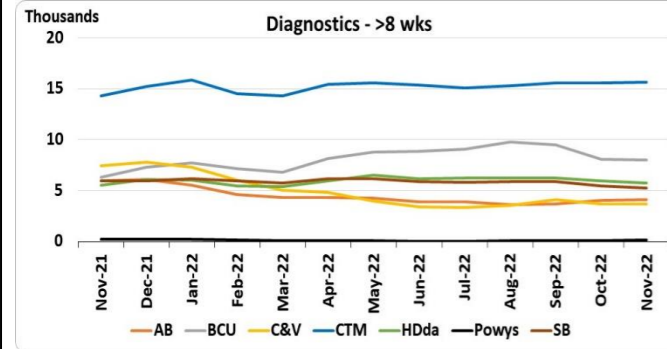
Therapies: There are provisionally 1,320 patients breaching the 14 week target for therapies in January, a reduction of almost 12% (154) on the reported position for December, due in part by a reduction of the number of breaching patients in Audiology and Dietetics (119 & 47 respectively) .

The Dietetic service accounts for over 80% of the total patients waiting beyond the 14 week target for therapies.

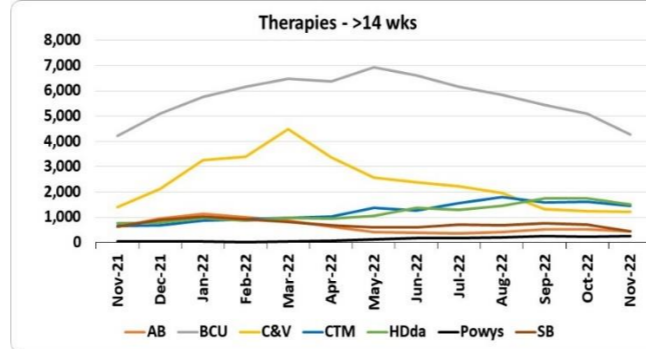
- Structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Ongoing validation of US, MR, CT lists, inappropriate referrals redirected.
- Realigning patient bookings around clinical priority, an 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 2nd 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.

- 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 2nd MR scanner at RGH reducing current capacity.

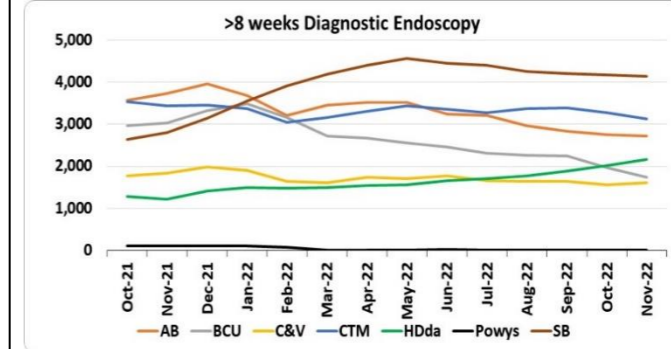
How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
Powys	129	1st
C&V	3,654	2nd
AB	4,137	3rd
SB	5,207	4th
HDda	5,754	5th
BCU	8,034	6th
CTM	15,651	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	258	1st
SB	441	2nd
AB	450	3rd
C&V	1,209	4th
CTM	1,452	5th
HDda	1,503	6th
BCU	4,271	7th



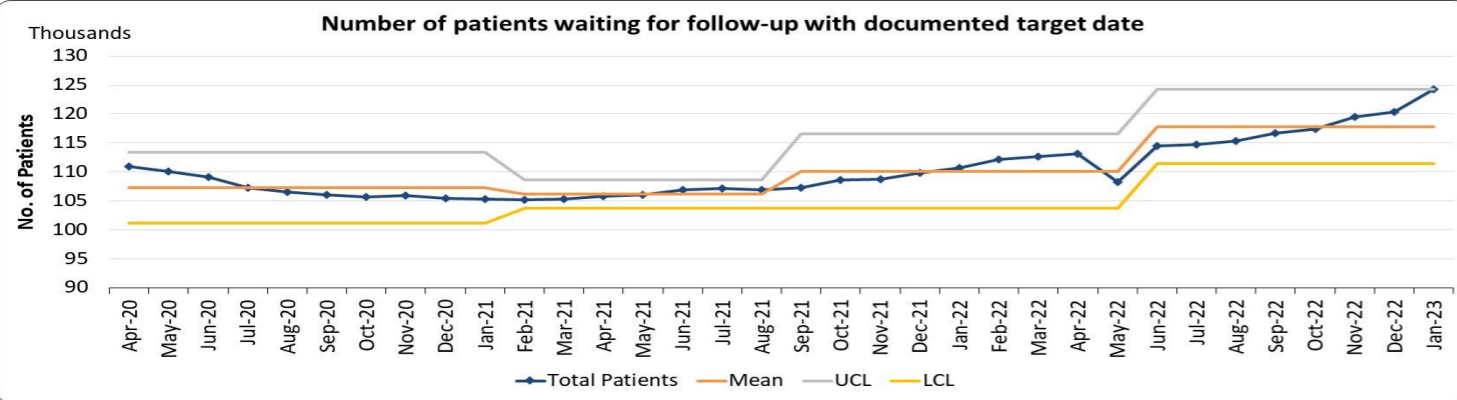
Status as at November 2022		
Health Board	Compliance	Rank
Powys	4	1st
C&V	1,607	2nd
BCU	1,745	3rd
HDda	2,172	4th
AB	2,727	5th
CTM	3,126	6th
SB	4,136	7th



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

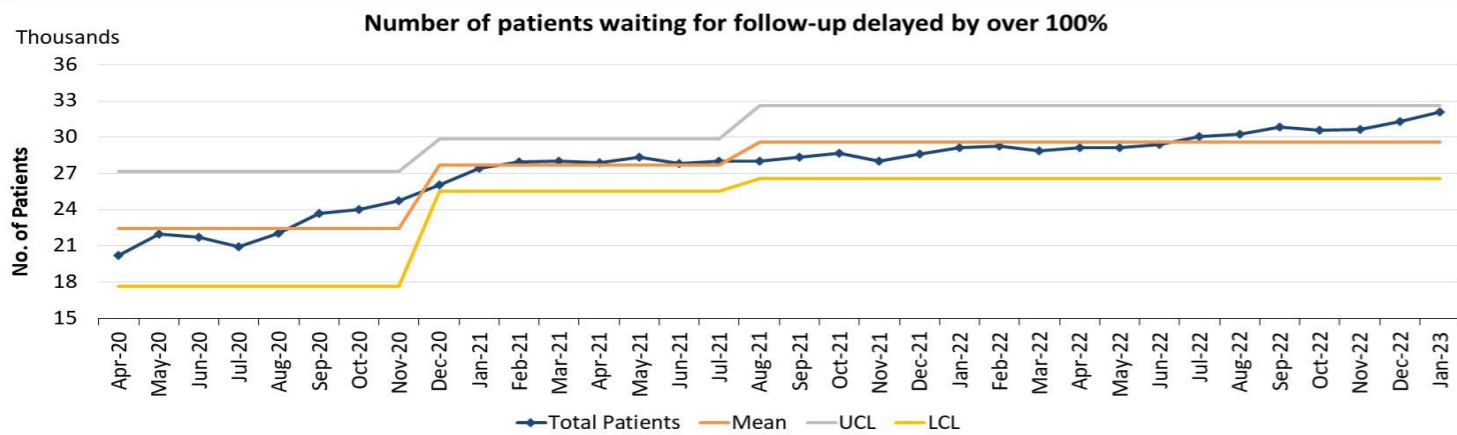
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
4	76,543	47,689	124,236

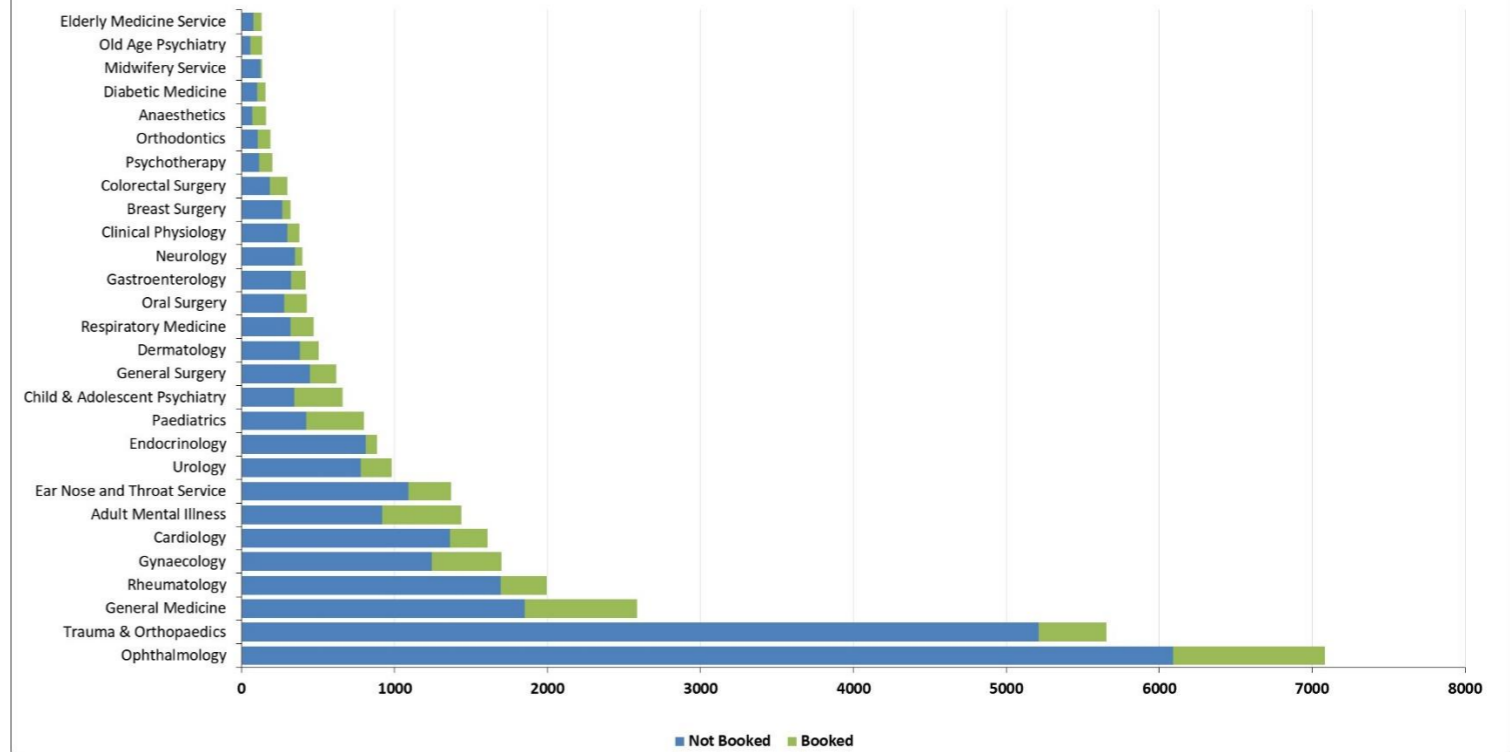


Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

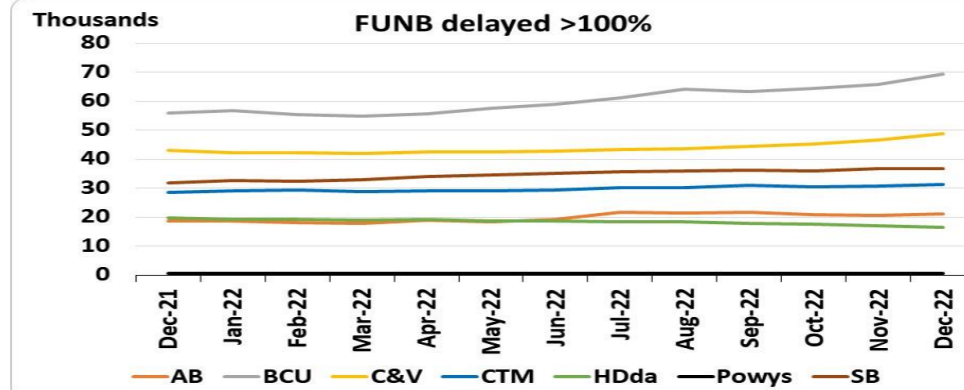
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
25,560	6,517	32,077	25.8%



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



How do we compare with our peers?



Status as at December 2022		
Health Board	Compliance	Rank
Powys	504	1st
HDda	16,560	2nd
AB	21,233	3rd
CTM	31,307	4th
SB	36,761	5th
C&V	48,841	6th
BCU	69,346	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 January 2023, currently stands at 124,236 and of those patients waiting, 32,077 (around 26%) have seen delays of over a 100% past their target date, representing a 10% increase on the equivalent period last year.

The number of patients without a documented target date stands at 4.

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.

What are the main areas of risk?

As at January 2023, there has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 124,232 patients (76,543 not booked & 47,689 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialties across the health board, with figures currently at 31,053 for those two specialties, of which around 41% (12,742) are delayed beyond 100% of their target date.

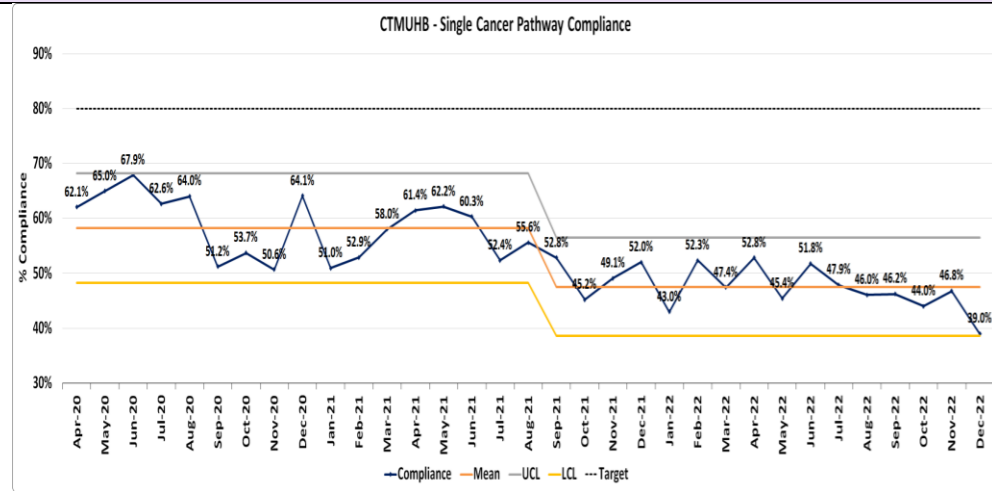
Outpatient activity levels continue to be below pre-Covid levels with the provisional January 2023 figures below; for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 16,015; which as it currently stands is around a reduction of around 12% on the Pre-Covid average (19/20) of 18,186, but is over 7% higher than attendances during the same period last year.
- Total Follow-up Patients seen: 32,716; around a 26% reduction on the Pre-Covid average (19/20) of 40,500, but is over 7.5% higher than the equivalent period last year.



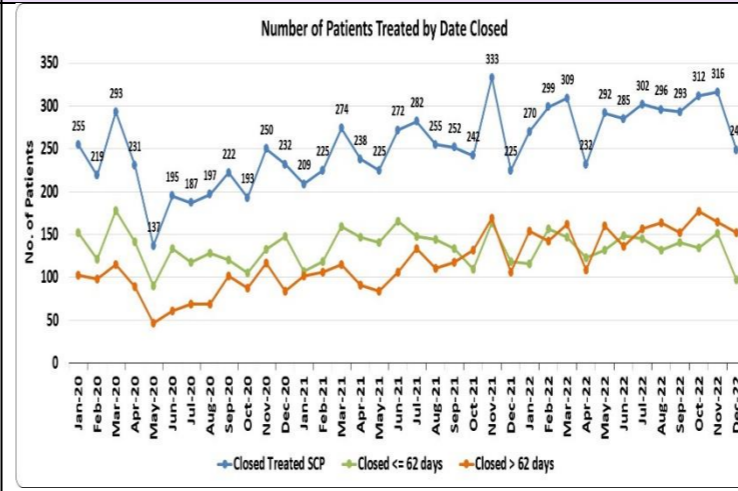
Single Cancer Pathway (SCP) – December 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion
 Target - Improvement Trajectory towards a national target of 80% by 2026 – **Compliance December 2022 - 39.0%**

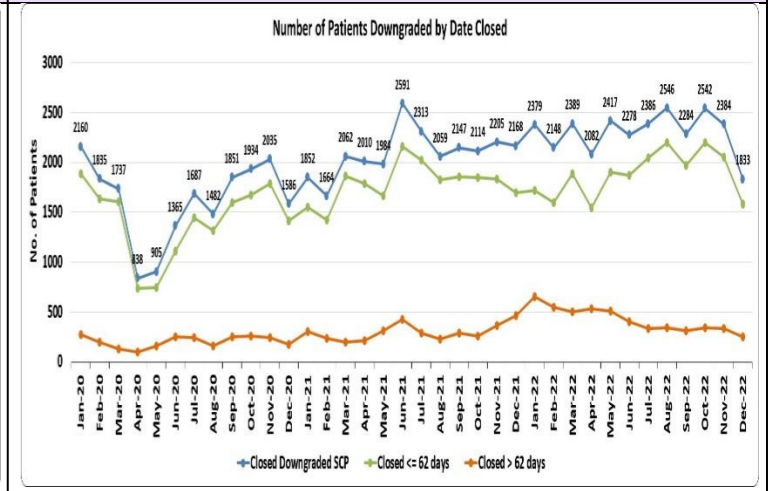


Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	1	6	7	14.3%
Upper GI	5	10	15	33.3%
Lower GI	8	26	34	23.5%
Lung	15	8	23	65.2%
Skin (exc BCC)	28	13	41	68.3%
Brain/CNS	2	0	2	100.0%
Breast	23	28	51	45.1%
Gynaecological	1	6	7	14.3%
Urological	7	44	51	13.7%
Haematological	4	8	12	33.3%
Other	3	3	6	50.0%
Total	97	152	249	39.0%

Patients Treated by Closed Date



Patients Downgraded by Closed Date

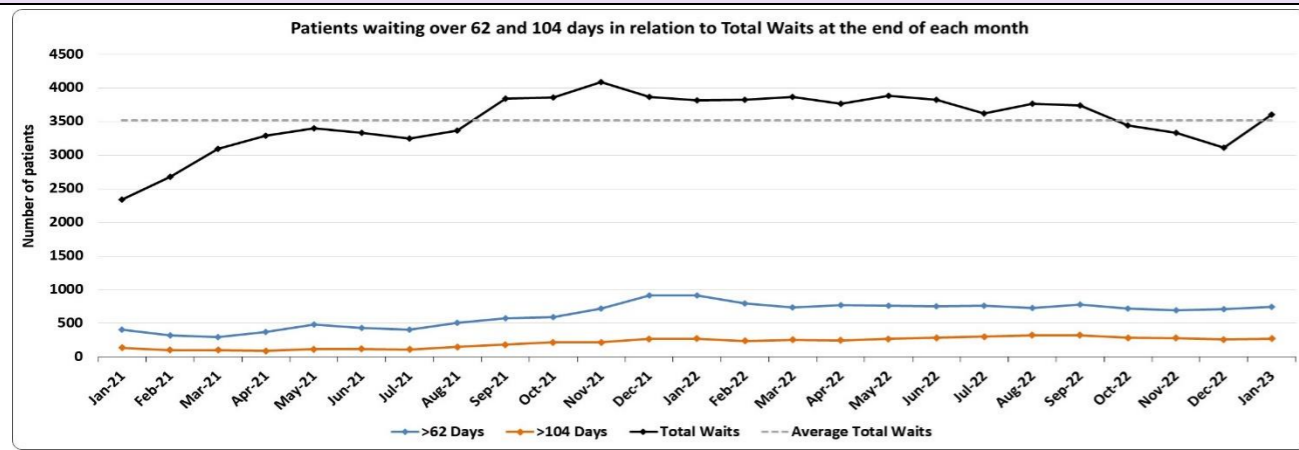


Performance for December 2022 fell to its lowest level of 39.0%, with predicted compliance for January currently at 40.9%. The only tumour site to achieved the SCP target was Brain. Delays at first outpatient (36%) and diagnostic stage (46%) continue to be the biggest concern and significant factor for not achieving target. A 22% reduction in clinical activity noted in relation to closed pathways due to holiday period, increased planned annual leave and industrial strike action. Treated volumes down by 15%, but those treated outside of target demonstrated a high ratio. Backlog clearance continues.

Overall cancer treatment volumes have increased marginally during the past 12 months to around 300 per month compared to 250 in the equivalent period of the previous year. Reduction in treated volumes in December in keeping with overall reduction in clinical activity.

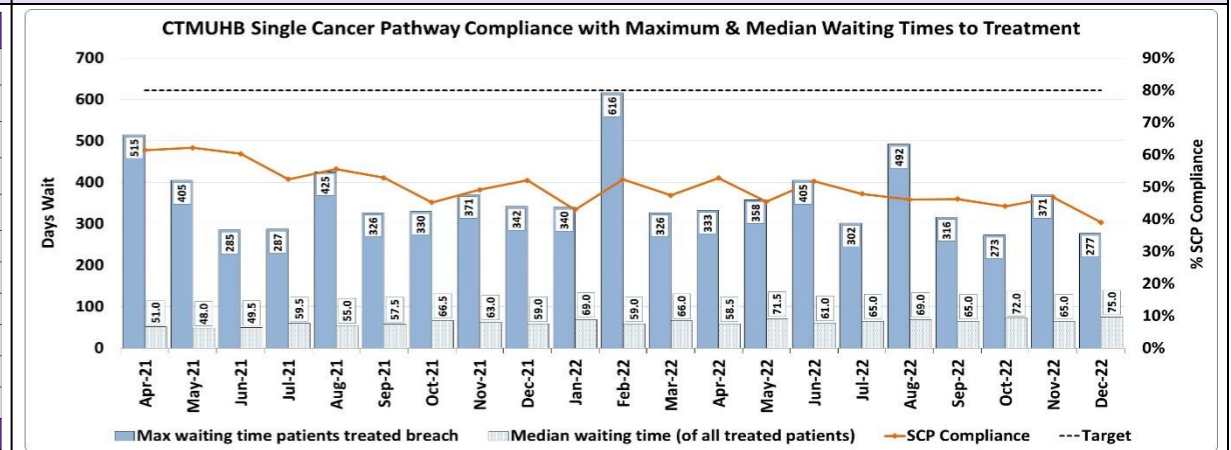
The number of patients on the SCP pathway who have been downgraded (told they do not have cancer) after having been seen at 1st Outpatient appointment or following a diagnostic test, has followed a monthly upward trend with the average for the past 12 months being 10% higher than the equivalent time 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 1st February 2023



CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	12	1	6
Upper GI	46	8	27
Lower GI	110	31	94
Lung	15	2	6
Sarcoma	1		1
Skin (exc BCC)	15	6	8
Breast	26	3	3
Gynaecological	52	13	25
Urological	100	34	77
Haematological	7	1	4
Other	5		
Grand Total	389	99	251

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



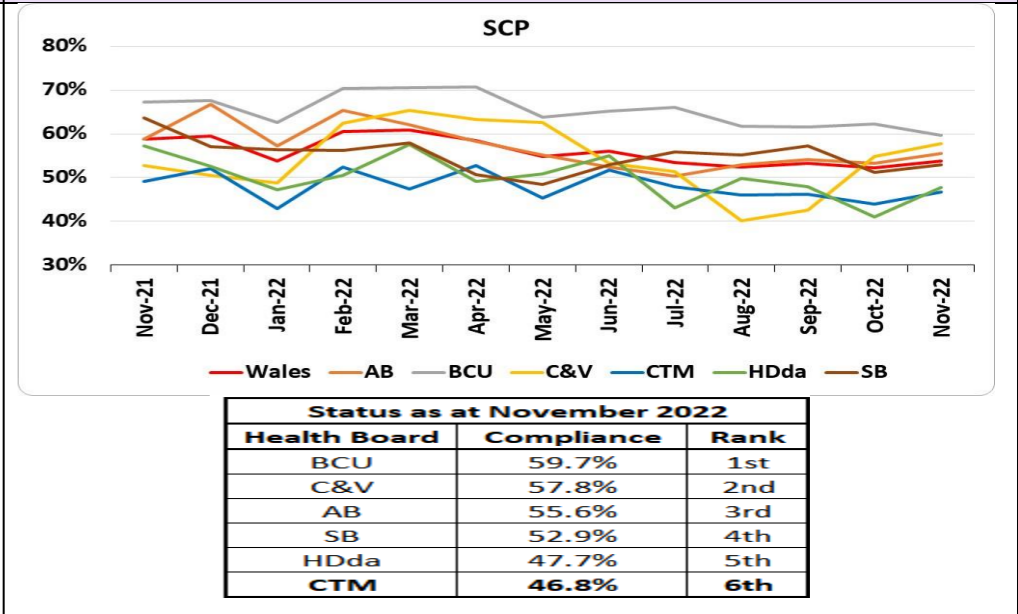
What actions are we taking & when is improvement anticipated?

- Additional theatre activity in January in breast has reduced treatment volumes by 22%
- Breast plans submitted with full backlog clearance and sustainability of the service expected by June 2023.
- Full review of endoscopy service, with efficiency improvements planned in booking processes, utilisation, pathway's and standardisation across the whole of CTM
- Development of CTM endoscopy board.
- Rollout of accelerated imaging for both upper and lower GI services.
- Focus specifically on reducing backlog.
- Merging of Urology MDT's and streamlining of processes / pathways
- Review and standardisation of lower GI pathway
- Outsourcing in pathology continues.
- Weekly assurance meetings chaired by the Director of Planned Care.
- Disaggregation of Gynae SLA with SB UHB
- Insourcing of SP's to assist with increasing capacity for BSW.

What are the main areas of risk?

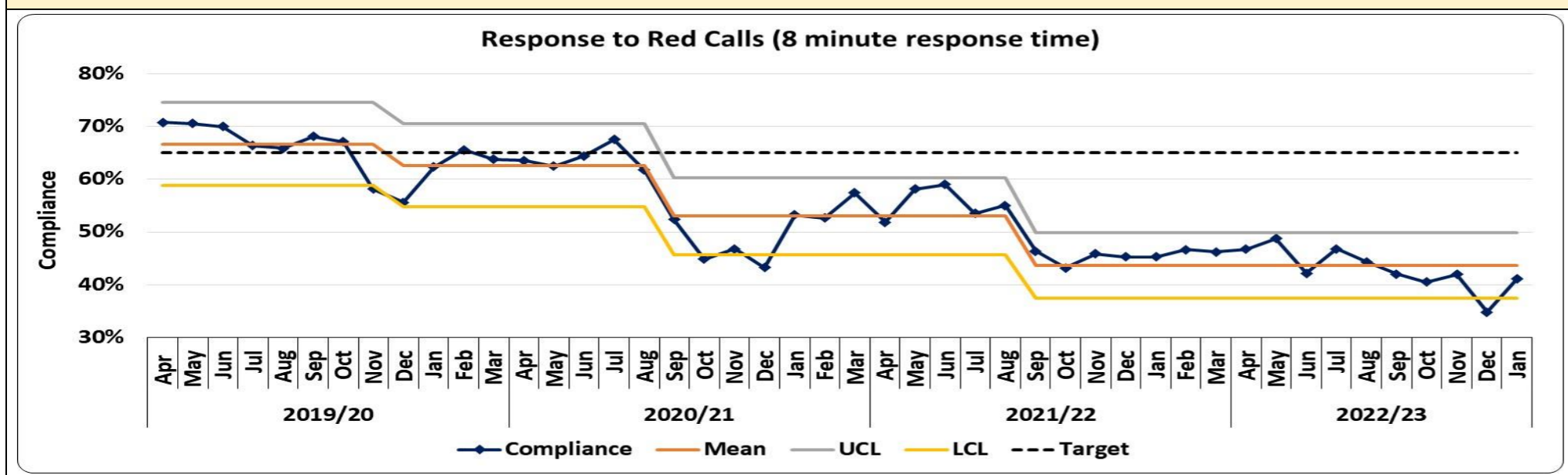
- Performance challenges evident in all tumour sites whilst backlog clearance remains focus.
- 82% of all patients on the active SCP are at 1st outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Delays in pathology, endoscopy and radiology continue
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Confirmation that there is no regional support from BSW available.

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



Emergency Ambulance Services – Response to Red Calls & Red Release Requests – January 2023

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) January 2023 – 41.1%



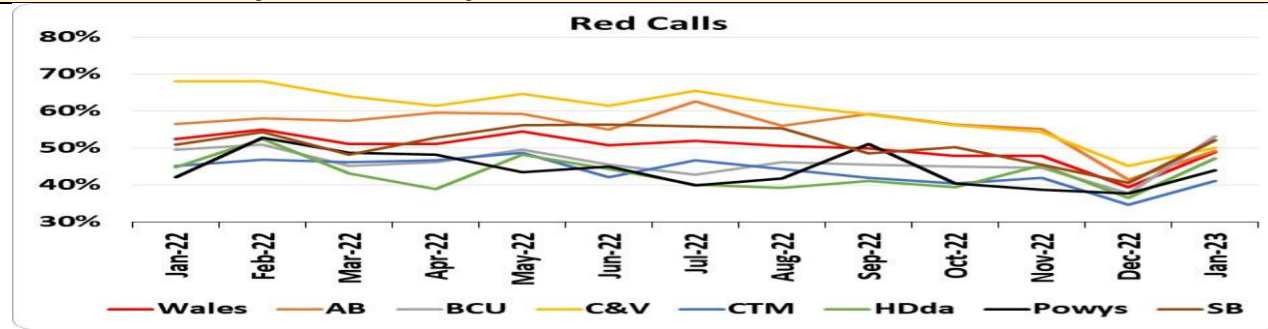
Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	24	13	54.2%	33	14	42.4%	47	2	4.3%
Oct-22	41	26	63.4%	22	12	54.5%	55	4	7.3%
Nov-22	39	24	61.5%	24	15	62.5%	28	9	32.1%
Dec-22	37	25	67.6%	43	26	60.5%	42	1	2.4%
Jan-23	15	11	73.3%	21	8	38.1%	9	1	11.1%

Please note that January 2023 data is provisional and will be subject to change in future reports.

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>Response to Red Calls: Response times to life-threatening calls remained low in January at 41.1%, with performance consistently below the compliance threshold of 65%. As can be seen in the chart above, for the past 16 months compliance has fluctuated around the average response times of 44% for Cwm Taf Morgannwg UHB.</p> <p>The National compliance for January saw 48.9% of emergency responses arriving at the scene within 8 minutes, which as it stands sits around the 12 month average of 49%. Compliance has remained below target since August 2020.</p> <p>The volume of Red Calls during January (613) for the CTM area was not as high as those in December (773), but is around 7% higher than the 12 month average of 575. Volumes continue to remain higher than pre-Covid levels and 21% higher than the equivalent period of 2022.</p> <p>Immediate Release Requests (<i>shown above right</i>): received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 45 during January. The ED services were able to support affirmatively only 20 (44.4%) of those requests. The Ministerial requirement is for all red release requests to be supported.</p>	<p>ED Task and Finish Group has now been taken down as part of the Six Goals of Urgent and Emergency Care and superseded by a new working group through the Unscheduled Care Group. There will be a focus through this group around cultural change within the Emergency Departments to support improvement</p> <p>Ongoing work around Immediate Release Standard Operating Procedure will be taken in to the Bed Management & Flow Task and Finish Group to re-affirm associated actions required by the site management team when an immediate release request comes in</p> <p>There is a planned workshop to also re-design the CTM escalation framework planned for the end of February to support how risk is balanced across the organisation alongside associated triggers and actions</p>	<p>System flow and lack of in-patient capacity across sites remains the major risk in responding to red release requests</p> <p>Ring fencing offload capacity to ensure immediate release is a challenge due to the acuity of patients self presenting in an ambulant way (as a marker, 50% of the total admissions to ITU from ED originally walk in to the departments, whilst 48% of ambulance arrivals end up being discharged from ED).</p>

How do we compare with our peers?



Status as at January 2023		
Health Board	Compliance	Rank
BCU	53.2%	1st
SB	52.1%	2nd
C&V	50.2%	3rd
AB	49.3%	4th
HDda	47.3%	5th
Powys	44.1%	6th
CTM	41.1%	7th



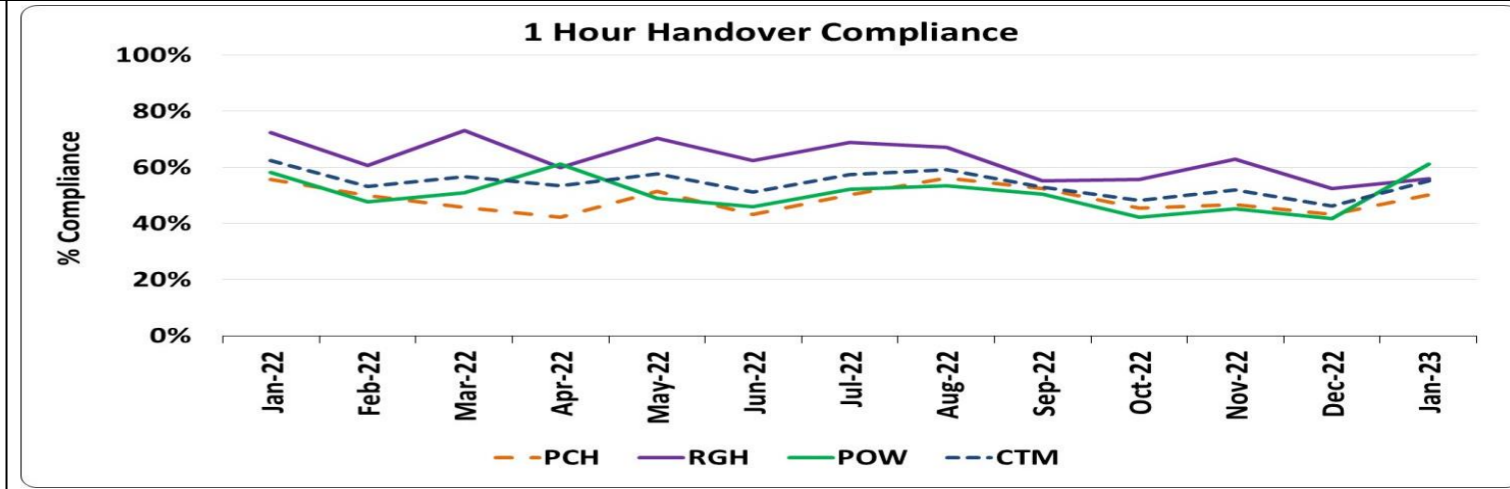
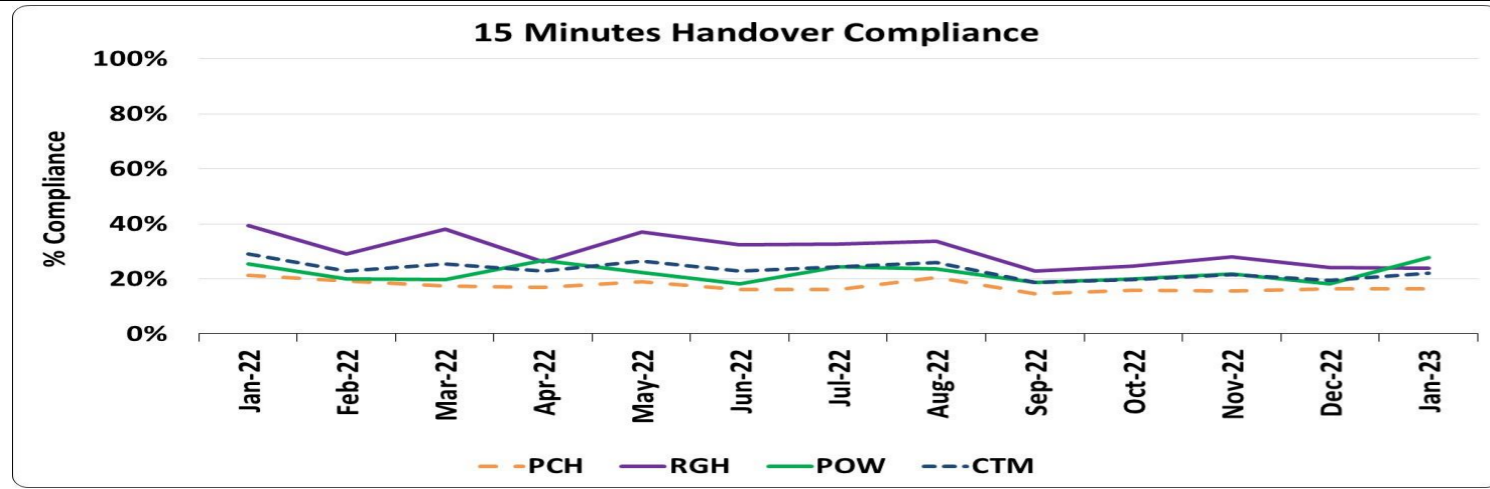
Emergency Ambulance Services - Handover Compliance – January 2023

Number of ambulance handovers within 15 minutes – Target Improvement

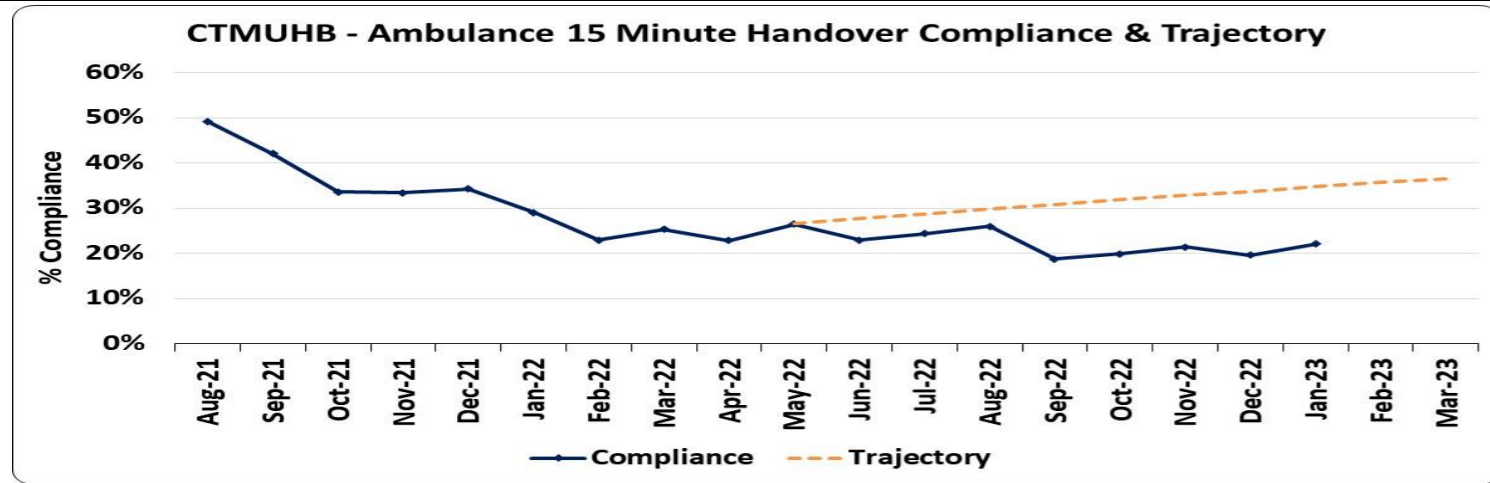
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,126 of which 470 handovers were within 15 minutes (22.1%)

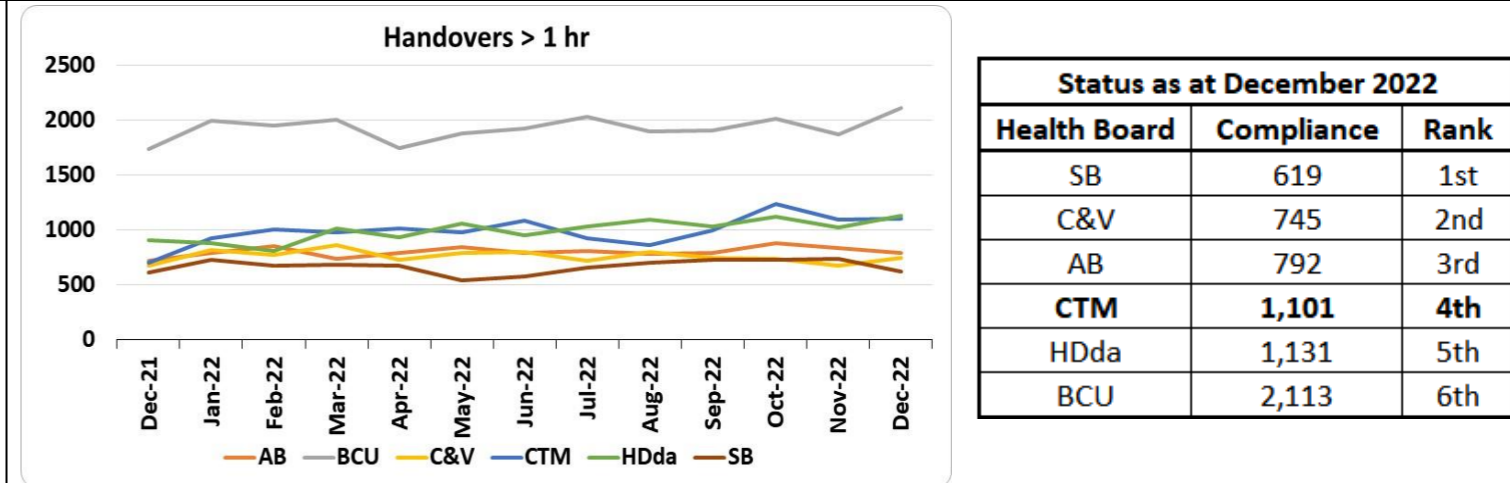
954 handovers were over 1 hour (55.1% of handovers were within 1 hour)



15 Minute Handover Trajectory



How do we compare with our peers?



How are we doing?

During January the 15 minute handover compliance remained low at 22.1%, as did the compliance of handovers within one hour (55.1%). Compared to December, the volume of handovers were around 4% higher, bringing the total number of ambulance conveyances to our major emergency departments to 2,126 and is just under the 12 month average of 2,198 per month.

The current volume is around 13% less than the volume seen in the comparable period of 2022.

What actions are we taking & when is improvement anticipated?

The Navigation Hub was launched in December 2022, demonstrating positive results in terms of reduced conveyances following a WAST contact. However, WAST contacts remain low, so work is now underway to engage with colleagues from WAST at a local and national level around utilisation of this service prior to conveyance

E Whiteboard List View was launched in January 2023 to support optimal patient flow through the hospital sites, with the aim of improving how we do tomorrow's work today. There is an operational dashboard developed to support oversight across the organisation of patient flow – however as this is a new system, there are current accuracy issues being worked through.

The Unscheduled Care Group have been presented with a draft 6 month implementation plan to support improving patient flow at ward level through the Six Goals of Urgent and Emergency Care and are currently working on the feasibility of delivering this at pace

A new, pan CTM, Safe 2 Start template is nearing completion to be launched across the three acute sites. Teams implementing this will be encouraged to utilise the pre-emptive boarding SOP to support early moves out of the Emergency Department

What are the main areas of risk?

The levels of acuity of patients walking into ED departments remains high. Recent data shows, of the total patients admitted to ICU, 50% were not conveyed by ambulance.

The data analysis also shows that 48% of patients conveyed by WAST were discharged from ED the same day.

System flow remains highly impacted by capacity within social care.



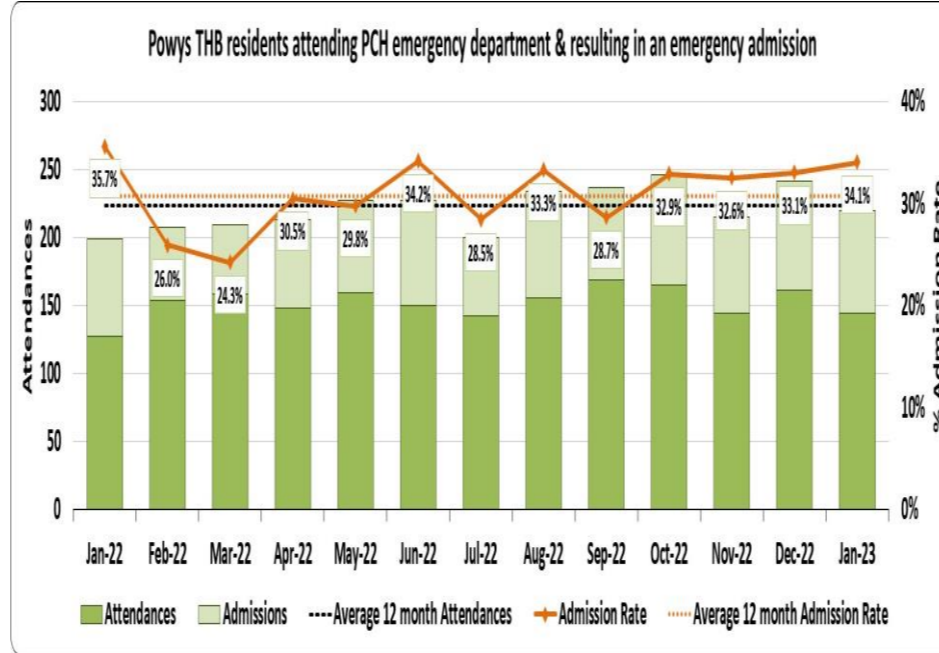
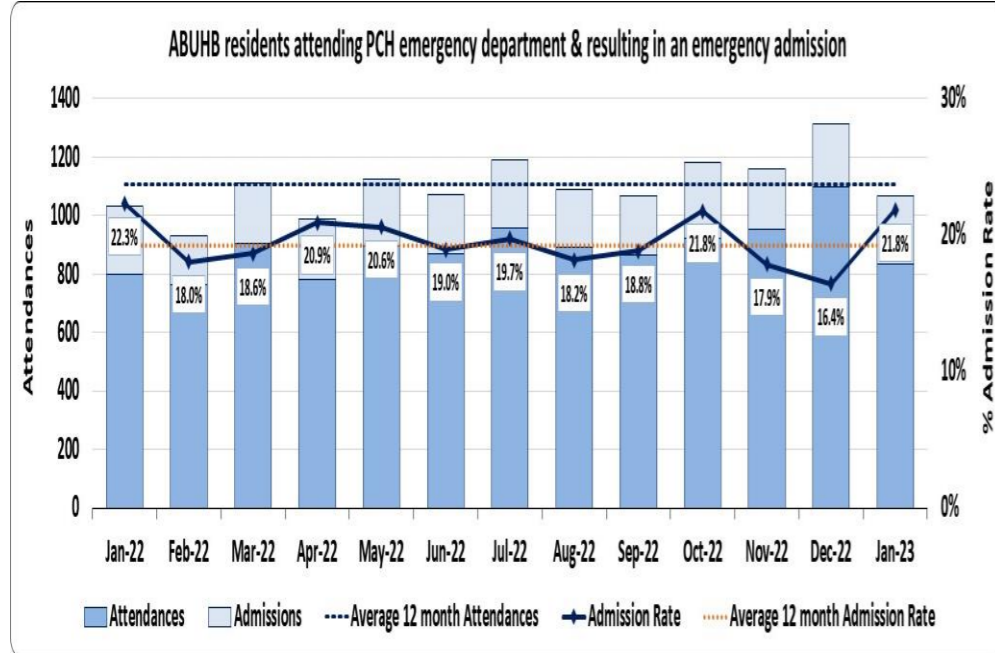
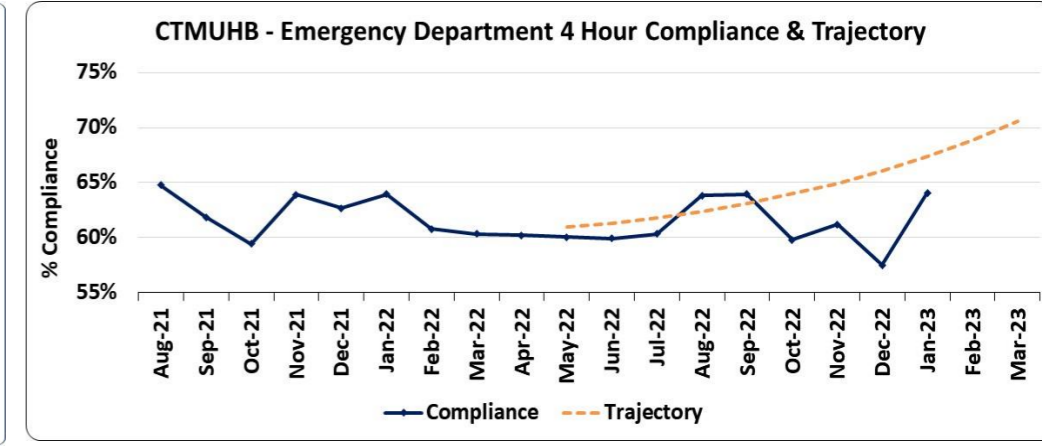
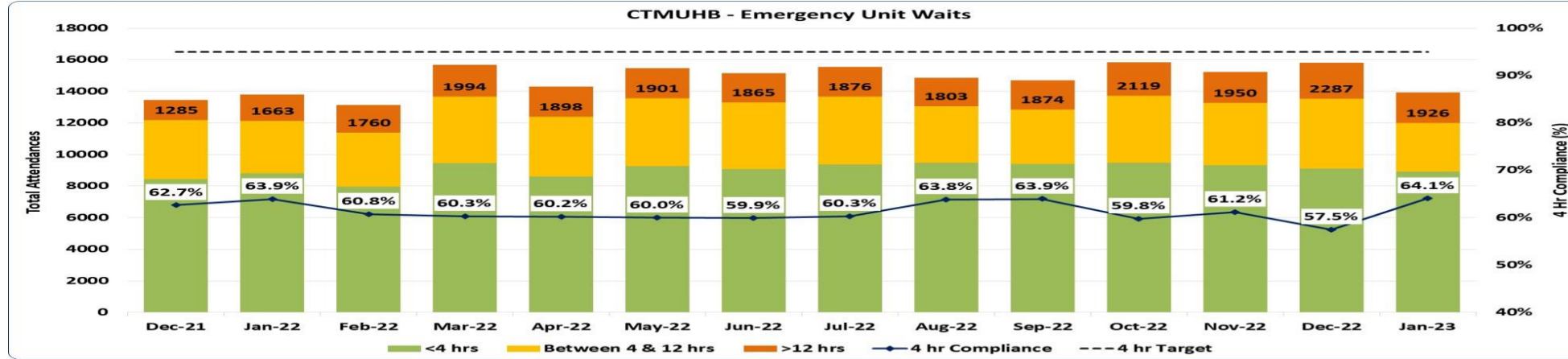
Emergency Unit Waits – January 2023 (Provisional Position) - Total Attendances 13,917

% 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

64.1% were seen within 4 hours (Waiting >4 hrs 5,000)

13.8% of patients were waiting over 12 hours (1,926)



How do we compare with our peers?

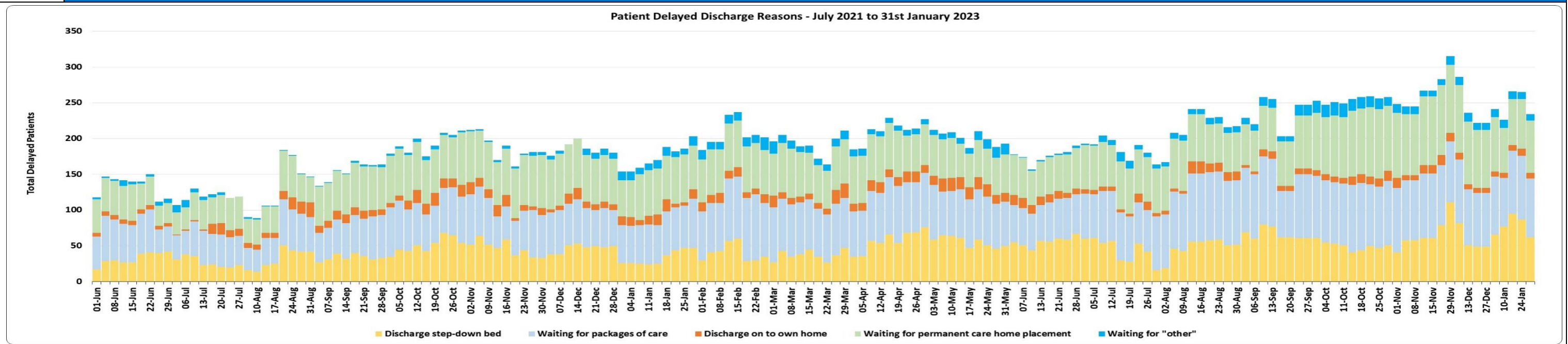
Health Board	Compliance	Rank
Powys	99.9%	1st
AB	69.6%	2nd
HDda	67.8%	3rd
SB	61.4%	4th
C&V	60.4%	5th
BCU	60.1%	6th
CTM	57.5%	7th

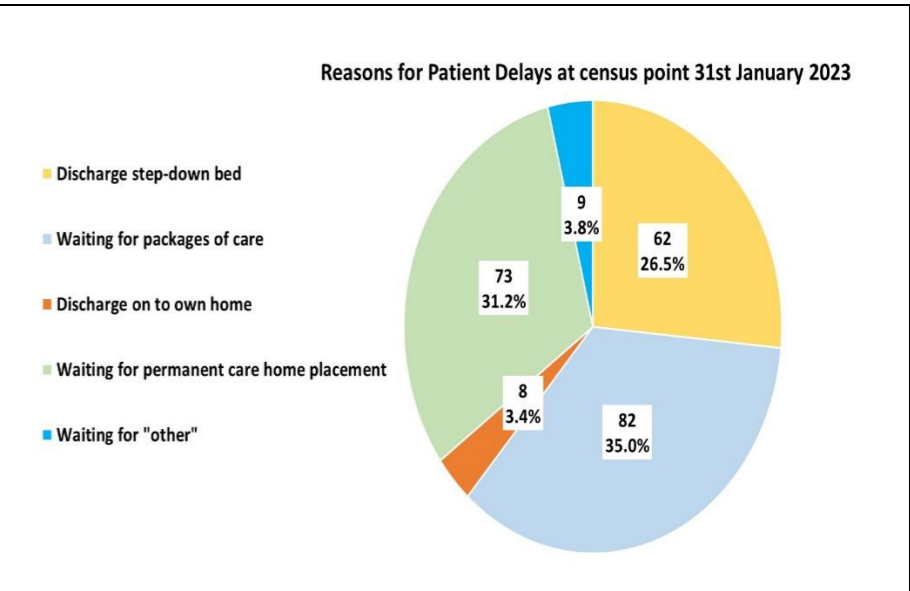
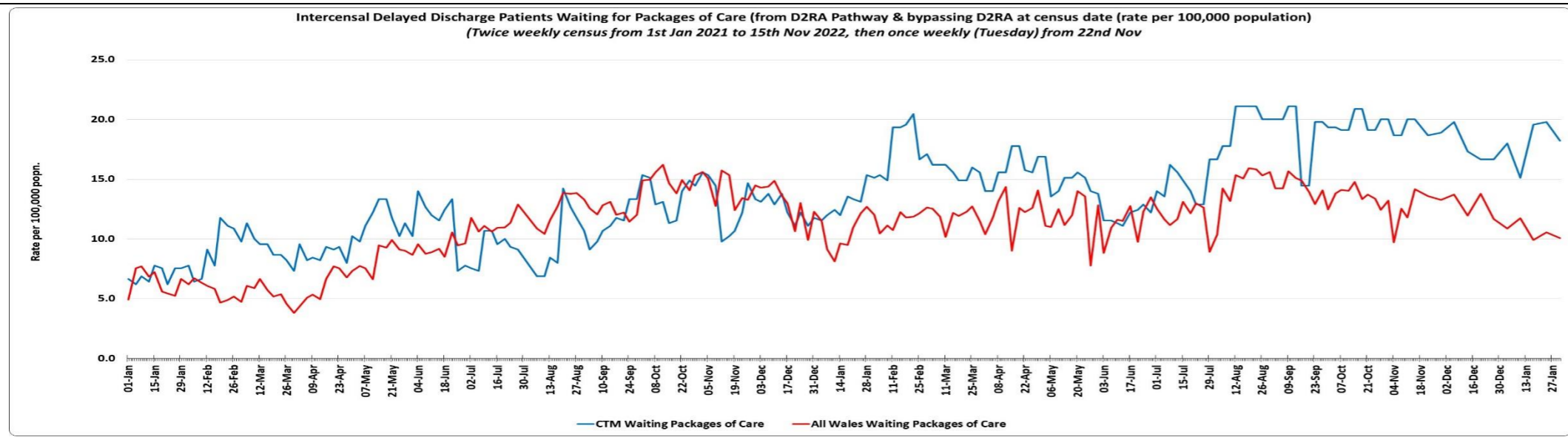
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,177	2nd
HDda	1,527	3rd
SB	1,645	4th
AB	2,075	5th
CTM	2,287	6th
BCU	3,388	7th

How are we doing?	What actions are we taking & when is improvement	What are the main areas of risk?
<p>During January the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, improved to 64.1% and is the highest level seen since August 2021. A total of 607 patients attended the re-opened unit at YCC, however it is not yet clear if this has impacted on levels of demand or compliance at PCH. Collectively a reduction in attendances by residents from neighbouring ABUHB & Powys was observed, but in contrast performance at PCH only marginally improved despite a reduction of 896 attendances on the previous month.</p> <p>CTMUHB continues to experience ongoing challenges at PCH, with compliance around 53% for the four hour waiting times measure, with RGH & POW seeing compliance levels improving to 67% and 64% respectively. All of the UHB's EDs observed a fall in the proportion of patients waiting in excess of twelve hours, with the overall total decreasing to 1,926 patient breaches; a reduction of around 16% on the volume seen in December.</p> <p>The number of patients waiting over 12 hours by unit was: PCH – 804 RGH – 568 POW - 554</p>	<p>The Unscheduled Care Nurse Director will be leading on work to standardise the MIU options available to residents across CTM as there are currently different referral routes in to YCC/YCR alongside a significantly disproportionate attendance.</p> <p>Work is ongoing to define and implement medical SDEC's within PCH and POW, incorporating acute frailty. Both models are working to an implementation date of the end of February and associated benefits should include the "pull" of medical referred patients out of ED</p> <p>Associated work as described above around improving flow, should also begin to improve the 4 hour performance</p>	<p>Significant risk in social care capacity and funding. On the whole, the ready to leave position across CTM remains fairly static, with consistently >150 patients ready to leave CTM</p> <p>There are anticipated capital requirements for the SDEC implementation at PCH and POW and the therapies portion to support front door turn around is yet to be approved. This remains a high risk and has been highlighted at government level</p>



Monitoring Patient Discharge & Flow to 31st January 2023





How are we doing?

As is shown in the top chart, the total number of patients currently awaiting their next stage of care, equates to 234 patients, which as it currently stands is an overall increase of 5.4% (12 patients) on the reported position at the end of December. The reasons for patients experiencing a delay in the transfer of their care are detailed in the pie chart bottom right, with the highest proportion of patients either waiting for a package of care (35%) or a permanent care home placement (31.2%).

The bottom left hand chart provides a run chart of the volume of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways), with comparison to the all Wales position. The UHB remains at a similar high level to those seen at the start of November with 82 individuals delayed. This equates to approximately 18.2 delays per 100,000 population, and as it currently stands is around 80% higher than the national rate which is 10.1 per 100,000 population .

What actions are we taking & when is improvement anticipated?

Discharge to Recover and Assess has now formally been launched in conjunction with local authority partners.

A discharge to recover and assess hub is currently functioning out of RGH and acts as a single referral management centre for the organisation. The referral documentation has been standardised across CTM to all local authorities

Owing to the continued delays within Bridgend in particular, meetings are currently being held three times a week with local authority to accelerate discharge

Digital enablers - eWhiteboards List View, Supported Discharge Notification form and electronic Transfer of care were completed in line with the initial deadline.

What are the main areas of risk

Addressing risk and mitigation plans included in implementation plans for delivery of D2RA Hub and Supported Discharge Team:

February 2023 – conduct formal work around D2RA Pathway 1 (LA-led pathway) using Rightsizing tools for demand and capacity in community utilising D2RA KPI metrics and supported by Delivery Unit. Fully automate D2RA Hub to ensure optimal referral management. Targeted discharge interventions in winter surge wards. Cohort rehab patients (D2RA Pathway 2.1) on one ward in YCR and YCC to augment therapy provision.

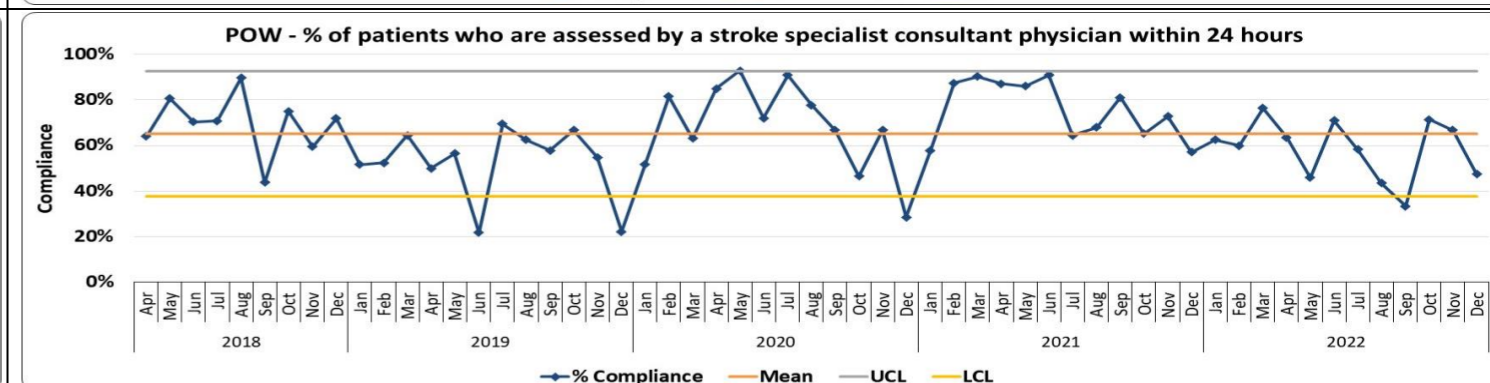
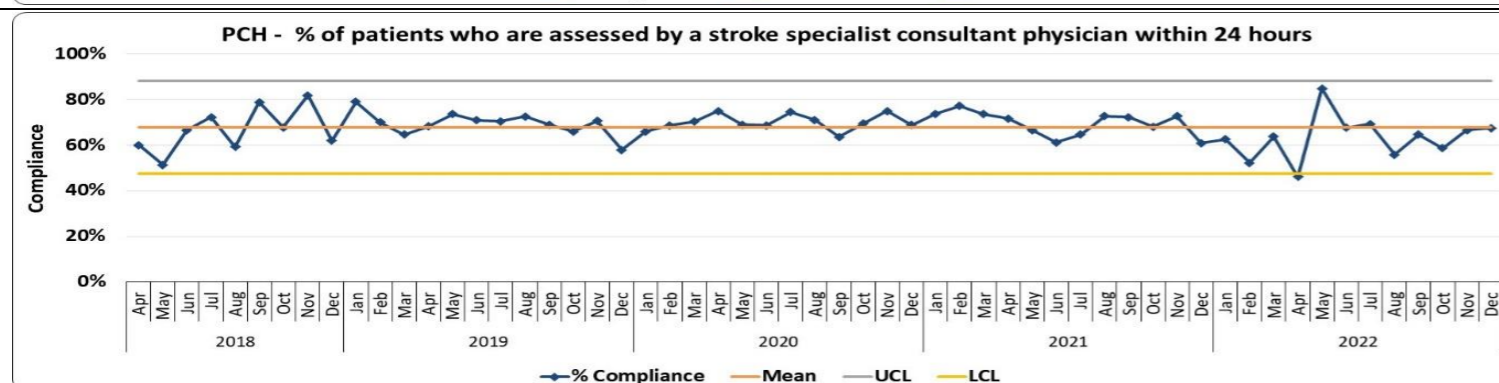
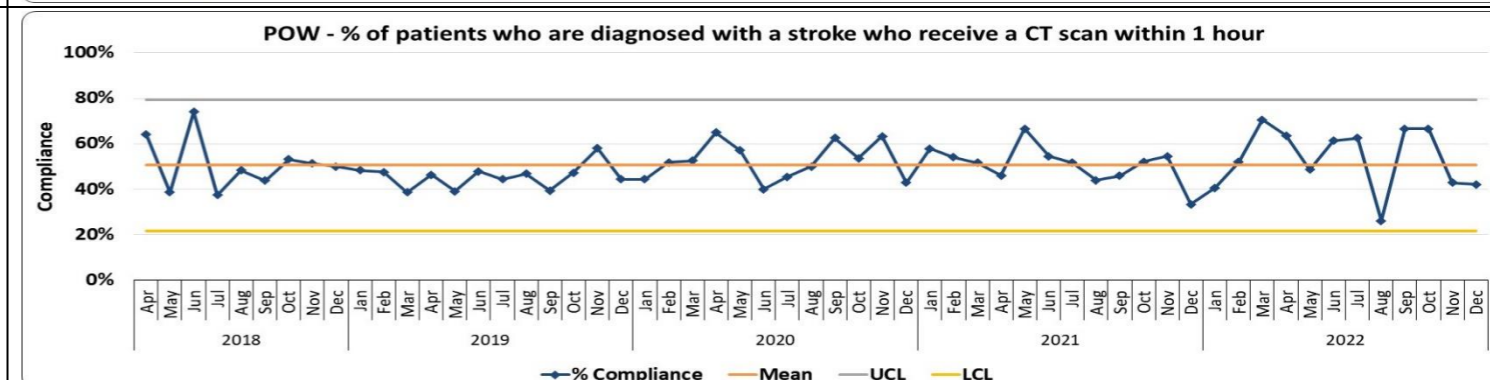
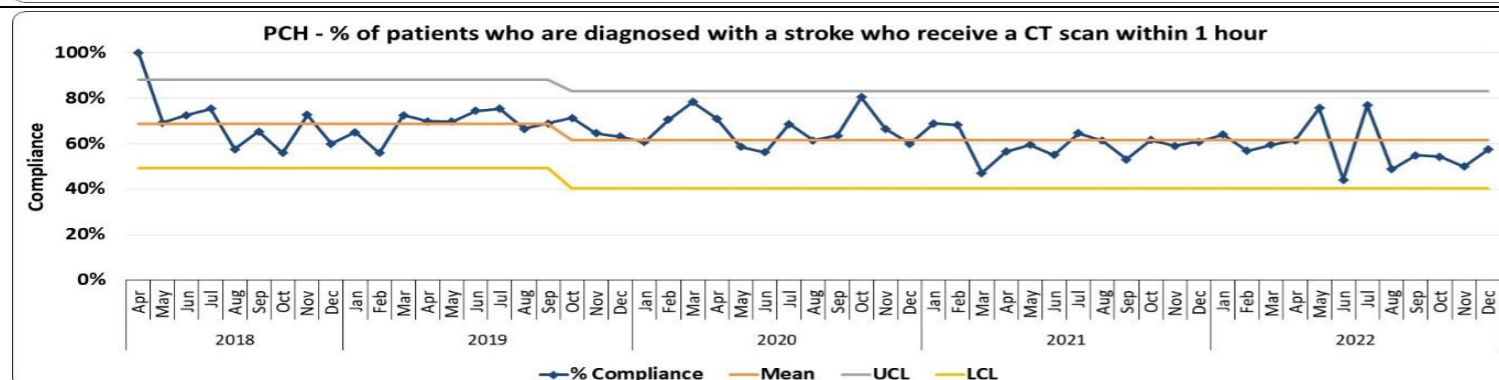
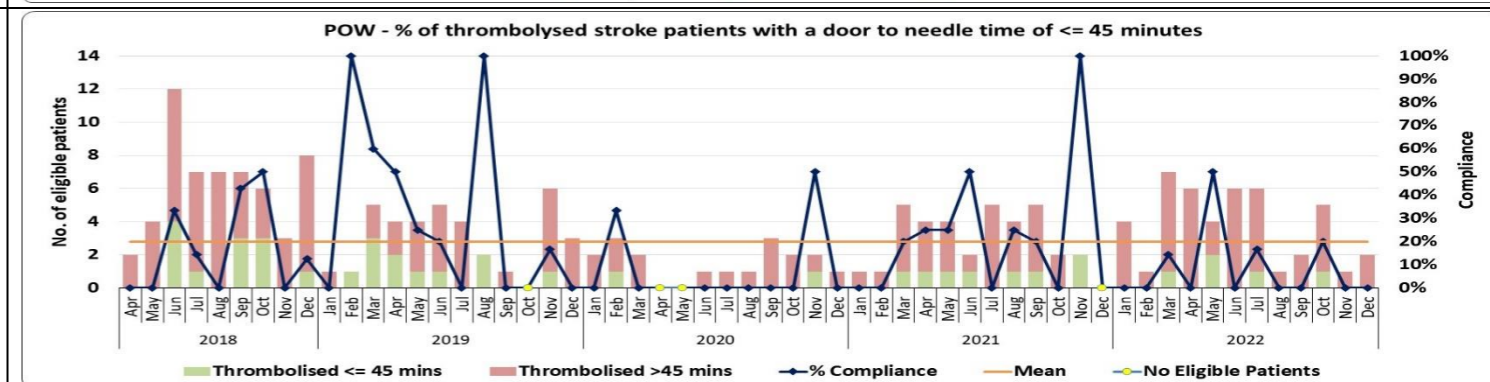
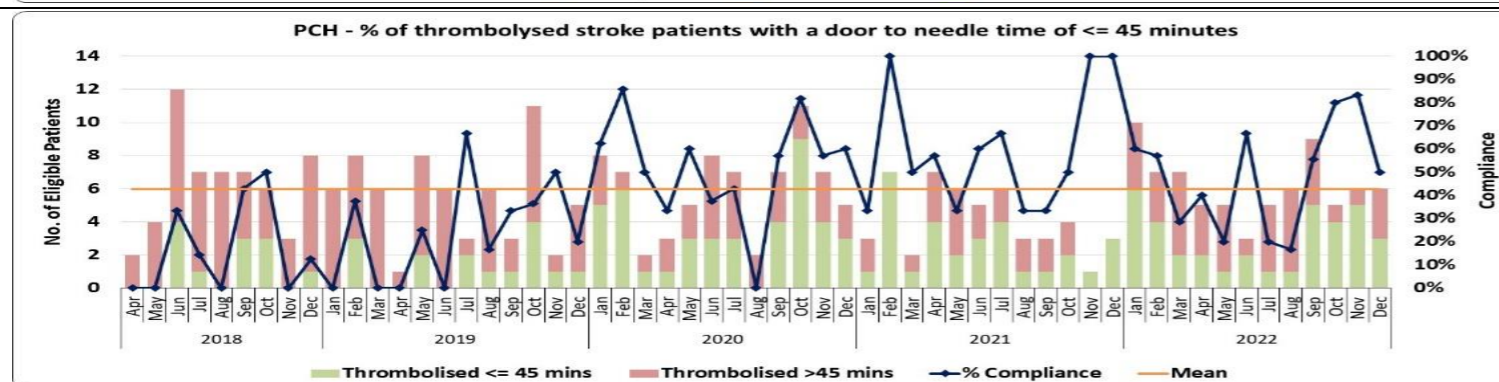
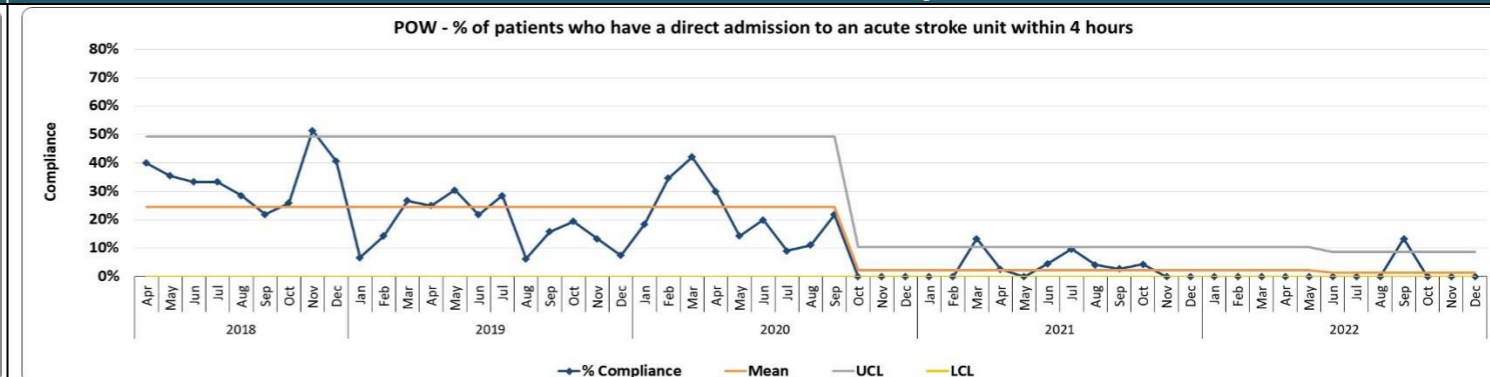
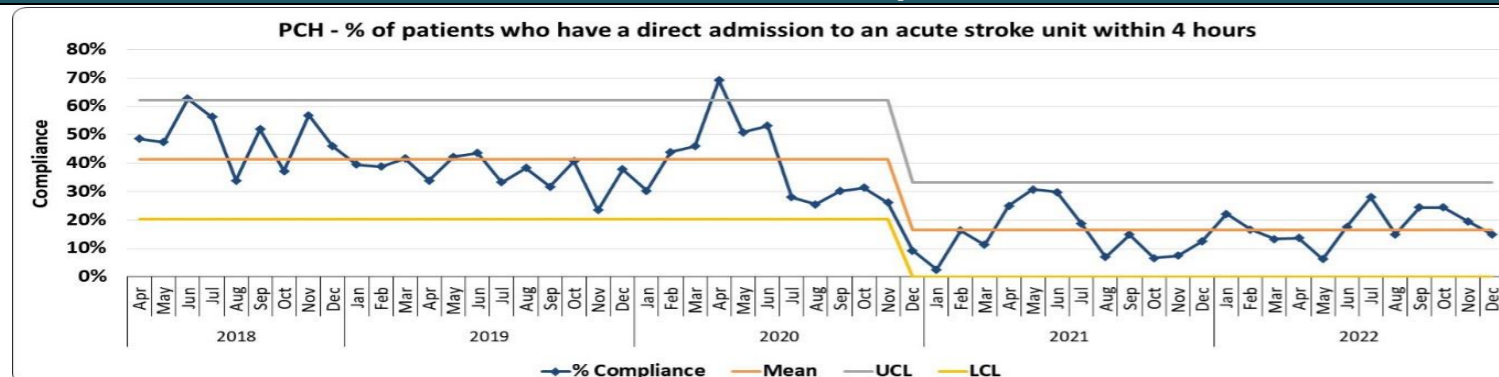
March 2023 – confirm funding and sign off investment to close any demand and capacity gaps for Pathway 1 (RIF). Conduct formal work around D2RA Pathway 2 using Rightsizing tool for community beds. Close winter surge beds.

April 2023 – Realign social care resources in acute wards using Pathway 2 KPIs. Revisit Therapy resource and use Rightsizing outputs and implement a collaborative plan to increase community capacity through 2023.

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
15.0%	0%	10.2%	50.0%	0.0%	37.5%	57.5%	42.1%	52.5%	67.5%	47.4%	61.0%

Prince Charles Hospital

Princess of Wales Hospital



Stroke QIMS continued on the next page...

How are we doing?

Stroke QIMs - December 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	40	19	59
	No. of patients within 4 hours	6	0	6
	% Compliance	15.0%	0.0%	10.2%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	2	8
	No of patients within 45 mins	3	0	3
	% Compliance	50.0%	0.0%	37.5%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	40	19	59
	No. of patients within 1 hour	23	8	31
	% Compliance	57.5%	42.1%	52.5%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	40	19	59
	No. of patients within 24	27	9	36
	% Compliance	67.5%	47.4%	61.0%

During December just 10.2% (6 out of 59 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Three of the eight eligible patients were thrombolysed within 45 minutes (37.5%) and 52.5% of patients (31 out of 59 diagnosed patients) had a CT scan within an hour. There were also 36 out of the 59 stroke patients (61.0%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

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

- 5-day/week service model for medical and therapy provision.
 - Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation unit impact on length of stay and flow of stroke patients through the Princess of Wales hospital
 - Unprecedented demand for acute beds and the challenges maintaining a ring-fenced stroke bed impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.
- Pressures within adult social care resulting in delayed discharges and increased pressure across all inpatient areas.

What actions are we taking & when is improvement anticipated?

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

- Following the resignation of Consultant Stroke Physician at PCH, recruitment process ongoing following recent job planning exercise. In the meantime, the CSG continue to work with medical staffing agencies with the recruitment of a Locum Consultant.
- A CTM-wide stroke consultant rota, with joint working between PCH and POW consultants, in place enabling a more stable rota. Continued dialogue with C&VUHB to look at long term solutions, feeding into the South Central Wales Regional Programme Board.
- Regional developments with C&VUHB continue, representatives from both UHBs attended a national programme workshop in January to inform the development of modelling, optimal stroke pathway and service specifications. Successful recruitment has been made to the role of Clinical Lead for Stroke for the South Central Wales Stroke Delivery Network which will enable further progress to be made in response to national service specifications.
- Board briefing in January 2023, with input from national stroke leads.
- Prescribing nurse has been identified to support the initiation of the AF and BP project in Primary Care, with support of the GP with special interest and possibly additional pharmacists, commencing next month. The blood pressure element will be initially targeted at those patients previously identified through the Health Check programme where they will be reviewed in terms of ensuring their management is optimised. The AF element will be initiated in 2 or 3 clusters in the Bridgend area and work again commences next month.
- Work ongoing to develop services in CTM to respond to planned 24/7 access to thrombectomy in Bristol:
 - Awaiting final approval for radiographer approved CTA
 - Implementing CT perfusion (CTP) scanning to extend the window of thrombolysis and thrombectomy
 - Development of new stroke thrombolysis and thrombectomy pathway in anticipation of new stroke guidelines to be published in April 2023
 - Task and Finish group to look at implementation of Brainomix, AI software for interpretation of CTA and CTP to help streamline thrombectomy.
 - Awaiting confirmation of date Southmead Hospital to commence 24/7 thrombectomy for patients in Wales

What are the main areas of risk?

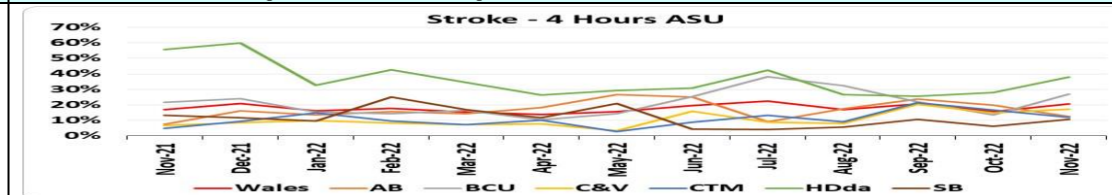
The intended impact of the short and long term actions, along with the regional and national stroke programmes, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy and improvement plan for progressing towards a SSNAP rating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

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

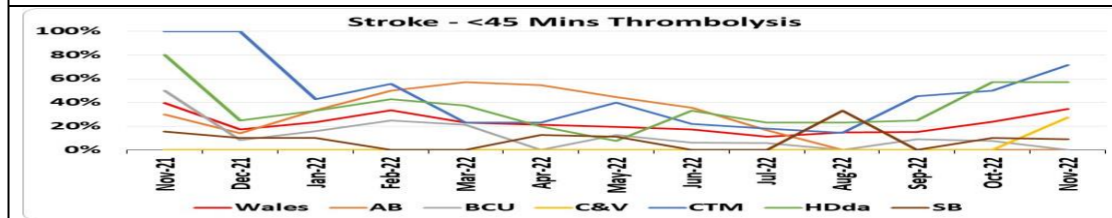
In POW, the ongoing staffing challenges within the therapy services are affecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

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

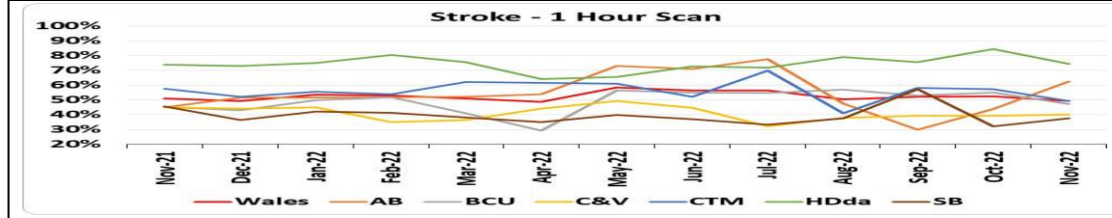
How do we compare with our peers?



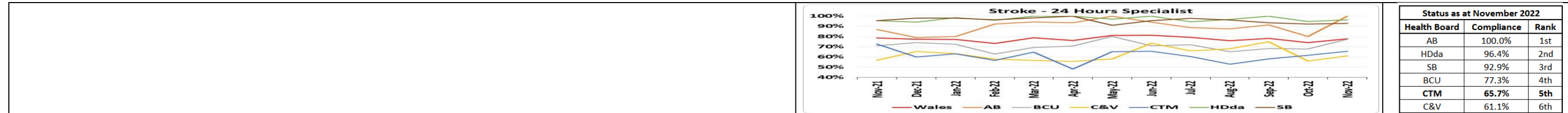
Status as at November 2022		
Health Board	Compliance	Rank
HDda	38.0%	1st
BCU	26.9%	2nd
C&V	17.2%	3rd
AB	12.5%	4th
CTM	12.1%	5th
SB	10.7%	6th



Status as at November 2022		
Health Board	Compliance	Rank
CTM	71.4%	1st
HDda	57.1%	2nd
C&V	27.3%	3rd
SB	9.1%	4th
AB	0.0%	5th
BCU	0.0%	6th

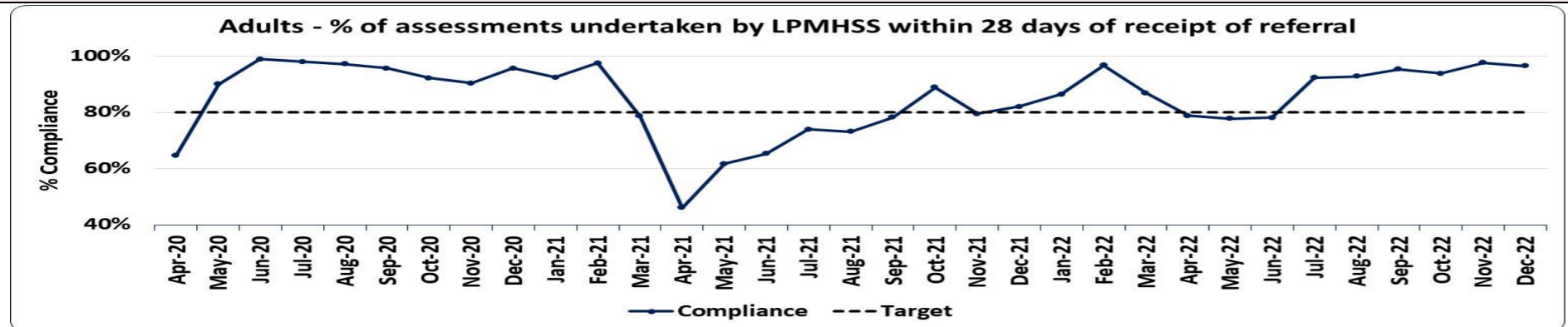


Status as at November 2022		
Health Board	Compliance	Rank
HDda	74.5%	1st
AB	62.5%	2nd
CTM	49.3%	3rd
BCU	47.4%	4th
C&V	40.3%	5th
SB	37.5%	6th



CTM Mental Health Services (excluding CAMHS) – December 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.5%) - Target 80%

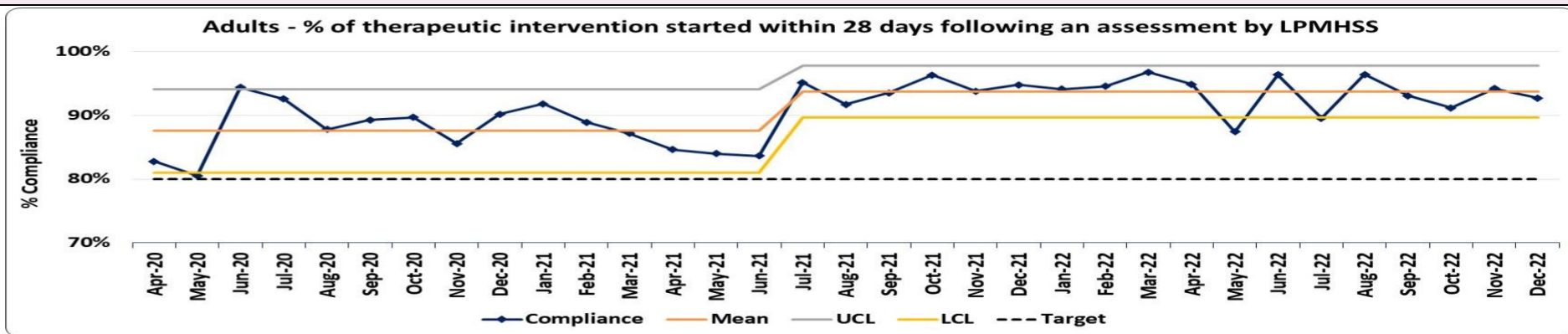


Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for December remains above the threshold with 96.5% of the total assessments (314) carried out within the required timescale.

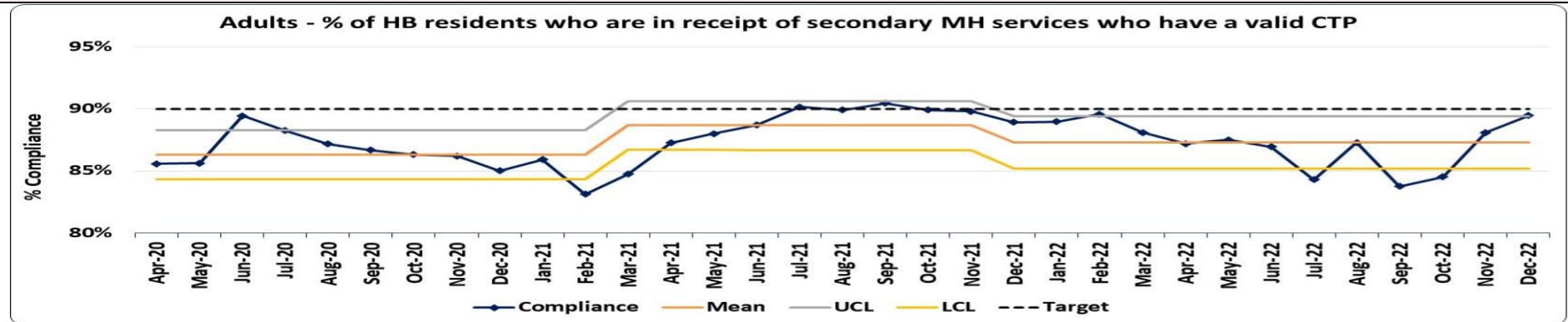
Referrals fell back to similar levels seen during August, totalling 588 patients. This represents a fall of around 26% on the average number of referrals received during the previous three months (795). Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals, thus far for 2022/23, averaging 698 per month.

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (92.7%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained above the WG target with compliance at 92.7%. This resulted in just 20 of the 275 interventions carried out being outside of the required timescale of four weeks.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (89.5%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month was 89.5% during December and remaining just below the target threshold of 90%.

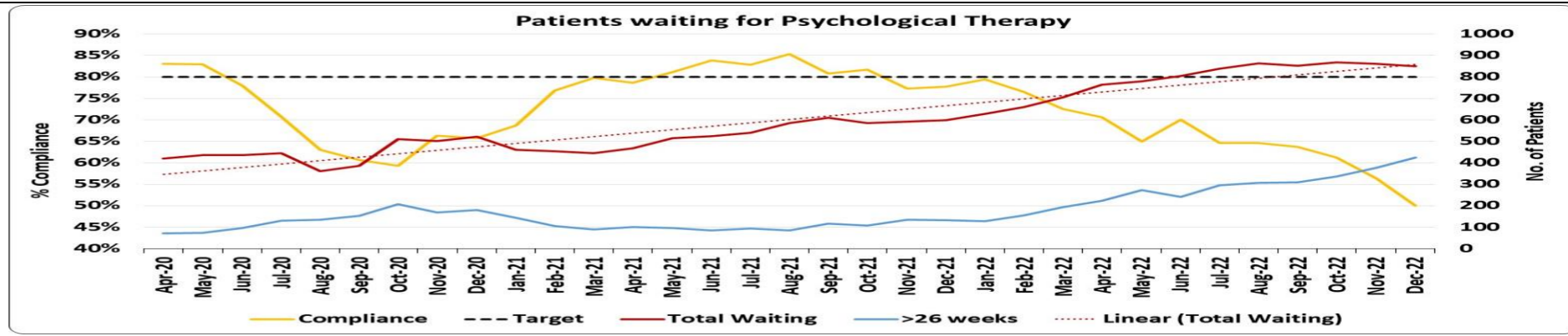
As seen in the chart to the left, compliance has remained under the target since April 2020, with the exception July and September 2021.

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

% of patients waiting less than 26 weeks to start a Psychological Therapy (50.0%) - Target 80%

During December Psychological Therapies compliance fell further to its lowest level of 50.0% since April 2020 and continuing to remain below the 80% compliance threshold.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow). The waiting list volume has been growing at a fairly constant rate throughout the period, with demand 13 patients higher than treatment each month. In the period to August 2021 the service improved their waiting list management and treat in turn which resulted in their compliance improving. However, thereafter the waiting list volume has grown to such an extent that the increase in the backlog has been resulting in an almost exact increase in the number of patients waiting over 26 weeks (which has grown at a constant of 21 per month since August 2021).



Adult Mental Health Services continued on the next page...

Cont'd...Mental Health Services (excluding CAMHS)

How are we doing and what actions are we taking?

Part 1a: Adult mental health services performance decreased slightly from 97.7% in November to 96.5% in December.

Part 1b: Adult mental health services performance decreased from 94.2% in November to 92.7% in December.

Part 2: Compliance for both Adult, Older Adult and Learning Disability Services combined has increased to 89.5% from 88.1% and is below the target threshold of 90%

- Adult Services increased from 86.9% to 87.8%
- Older Adult Services improved from 91.1% to 93.2%
- Learning Disability Services improved from 92.6% to 96.8%

Analysis is on-going on Non-Compliant CTPs to identify and prioritise work to reducing risk and providing assurances.

Psychological Therapies: The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In December, 50% are waiting for less than 26 weeks.

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

Part 1a: compliance continues to be above the target of 80%. Increased demand during the winter months and the possibility of reduced capacity due to staff absence poses a risk to fluctuations in performance. Systems are in place to regularly monitor performance.

Part 1b: compliance continues to remain above target.

Part 2: Targeted work on non-compliant CTPs continues which is evidenced by an in month overall compliance increase to 89.5%. It is anticipated to further increase to above target compliance (90%) by the end of March (Quarter 4, 2022/23). Work continues with Local Authority partners to ensure non-compliant social worker led CTPs are prioritised based on reducing risk which is evidenced by a month on month compliance increase whilst caseload has increased slightly. The main risk to anticipated improvements remains the reduction in staffing capacity caused by increased sickness and turnover. Managers are being asked to monitor compliance closely in their teams and evidence risks being managed for patients with non-compliant CTPs. Senior Nurses have been asked to develop action plans in order to increase compliance. Monitored through Mental Health Planned Care Recovery Board.

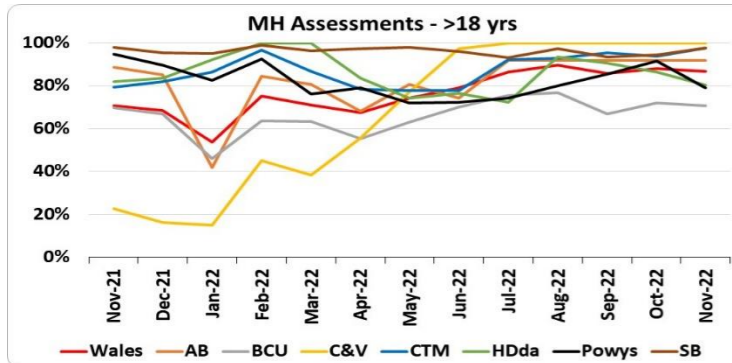
Psychological Therapies: Given the present vacancy levels within the department, 2 sources of external capacity has been secured to address the capacity gap

1. Outsource intervention for 80 people.
2. Recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure "waiting well" and improve utilisation of existing capacity. Both commence end of February, a month ahead of trajectory.

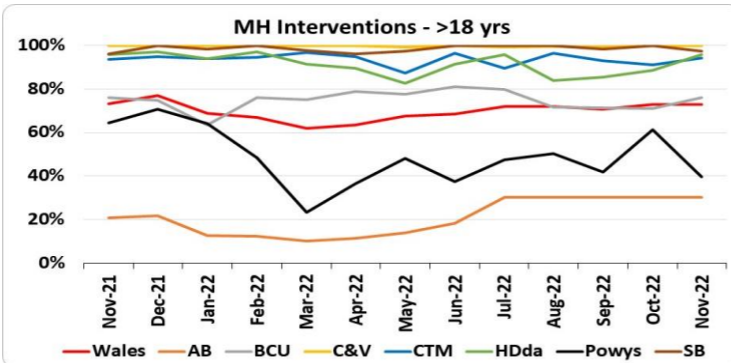
Adverts for CMHT Psychology vacancies have closed, one application received. Arrangements are being made to backfill the remaining 2 WTE with locum staff to maximise core capacity. Both schemes are being monitored against trajectories by the Mental Health Planned Care Recovery Board.

Concurrent work is being underway on medium term plans to improve quality and performance and sustainable change. Delivery is planned over three stages which seek to (1) develop the capacity and capability for evidence based decision making, (2) make use of data to develop and agree strategies to maximise existing capacity and to develop the business case to address gaps; options appraisal to support prioritisation of agreed initiatives and (3) implement agreed strategies.

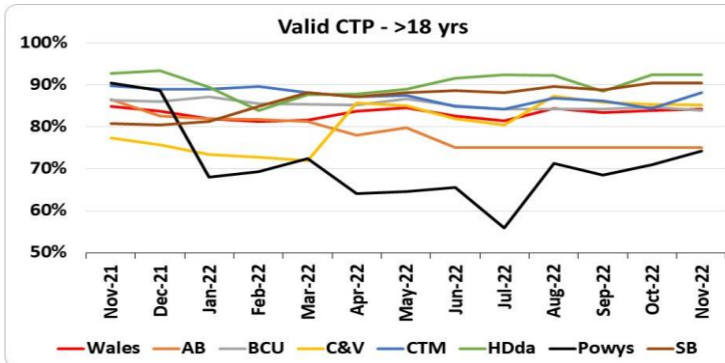
How do we compare with our peers?



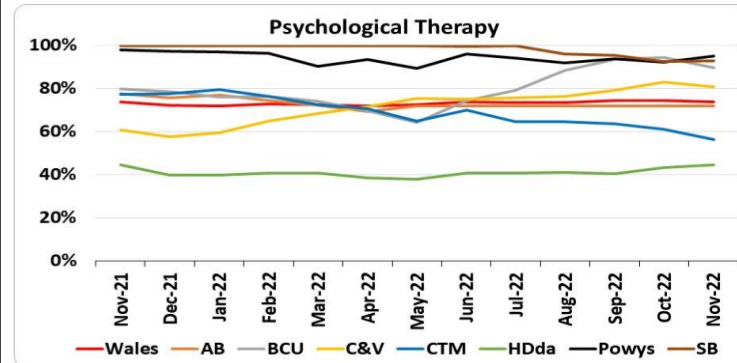
Status as at November 2022		
Health Board	Compliance	Rank
C&V	99.8%	1st
CTM	97.7%	2nd
SB	97.6%	3rd
AB	91.9%	4th
HDda	80.4%	5th
Powys	79.2%	6th
BCU	70.7%	7th



Status as at November 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	97.6%	2nd
HDda	96.0%	3rd
CTM	94.2%	4th
BCU	76.1%	5th
Powys	39.7%	6th
AB	30.2%	7th

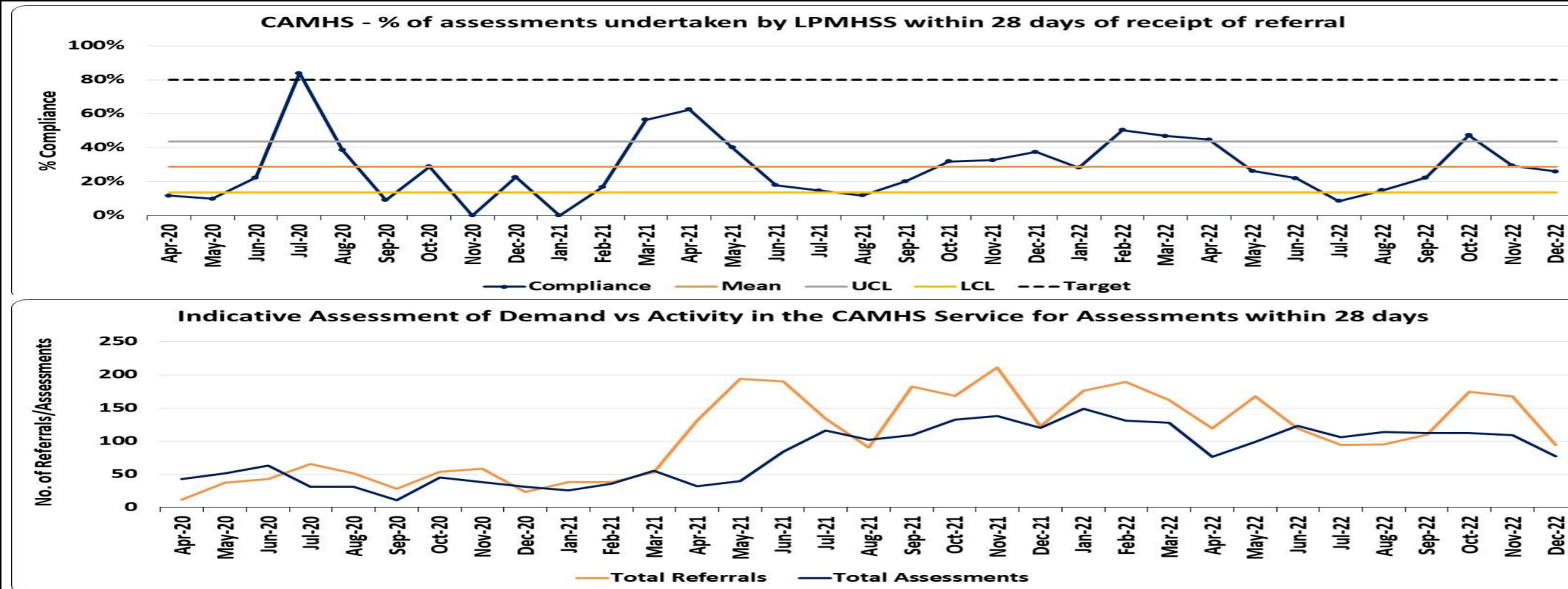


Status as at November 2022		
Health Board	Compliance	Rank
Powys	74.3%	1st
AB	75.0%	2nd
BCU	83.8%	3rd
C&V	85.1%	4th
CTM	88.1%	5th
SB	90.5%	6th
HDda	92.4%	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	95.3%	1st
SB	92.9%	2nd
BCU	89.8%	3rd
C&V	81.0%	4th
AB	72.0%	5th
CTM	56.4%	6th
HDda	44.7%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (26.0%) - Target 80%



Compliance during December continues to be at a low level and similar to that seen earlier on in the year with just over a quarter of assessments (26.0%) undertaken within 28 days of referral.

Performance remains well below the WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Compliance continues to be poor in both Part 1a & b with efforts being made to improve capacity and activity in the short and longer term, activity levels in December were affected by Industrial Action and sickness, resulting in the waiting list increasing slightly

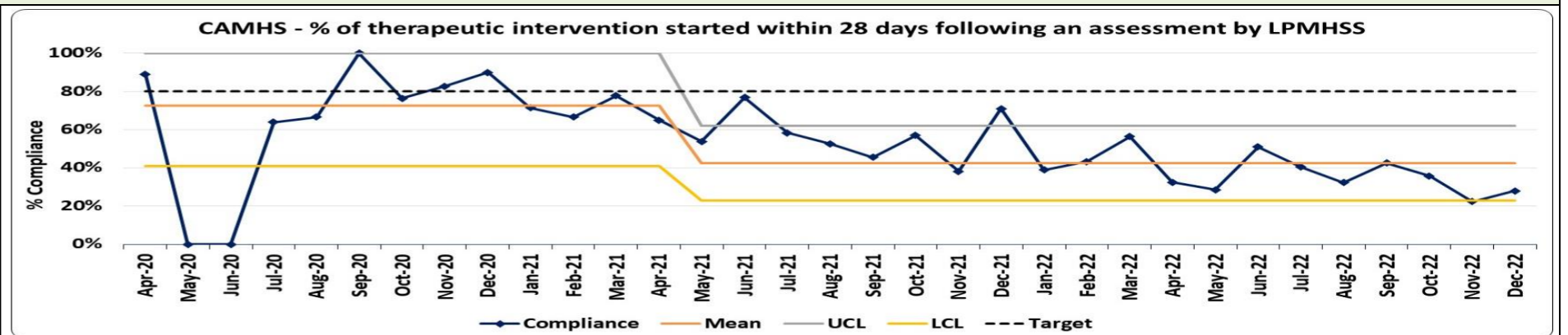
Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left where demand continues to exceed activity, the number of patients on the waiting list for assessment was approx. 260 in December with over 100 patients waiting more than 28 days

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (28.0%) - Target 80%

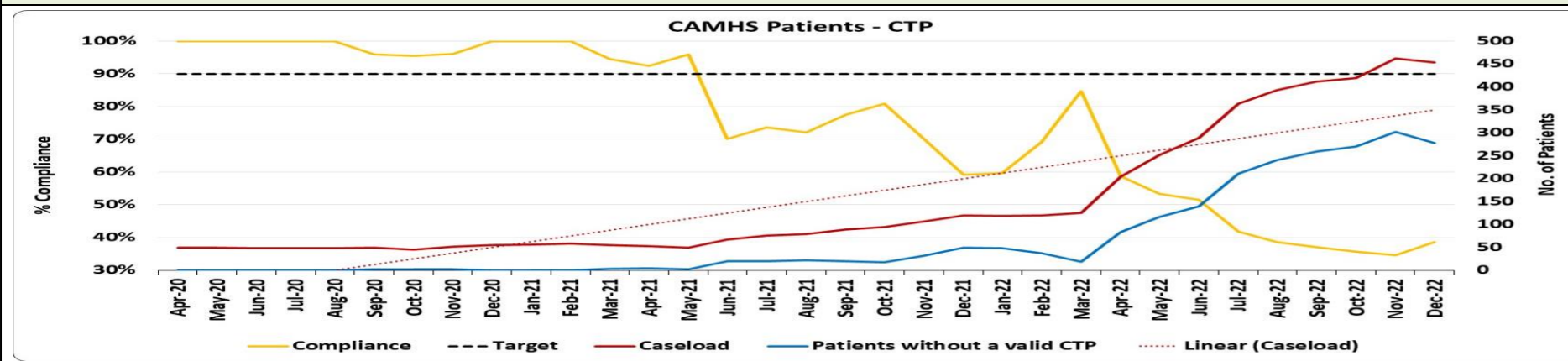
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remains low at 28.0%, with just 14 of the 50 interventions for December commencing within 28 days.

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

The number of interventions started in December was affected by Industrial Action although the number of patients waiting for intervention has been reduced.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (38.6%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continues to remain at low levels of compliance.

As seen in the chart to the left; from the start of the period to May 2021 the caseload volume had been fairly constant and compliance remained above the target threshold. Thereafter, caseload volumes increased incrementally until a sharp rise was seen in April 2022, where caseloads have grown, on average by 28 patients each month. The backlog has grown to such an extent that less than 40% of patients currently have a valid CTP, which is on a par with the current average for 2022/23 (41.4%).

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



How are we doing and what actions are we taking?

Demand has continued to exceed activity in December, as the service was also affected by Industrial Action. The acuity of the Children and Young People (CYP) remains high and evidenced by the increasing number of CYP requiring Part 2 in the service as well as patients requiring more interventions prior to discharge. Performance has continued to be for both Part 1a and Part 1b, due to a backlog of patients waiting longer than 28 days for assessment and intervention. The focus has been to ensure patients are treated in order of longest waits and there is equity in access across the locality teams, unless there is clinical urgency. There has been increased capacity in recent months for assessments and interventions and this capacity has been used for patients waiting longer than 28 days. This has led to a slight decrease in performance although the number of patients waiting for intervention under Part 1b has reduced significantly.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 CTP continues to increase within the service (increasing to over 450 CYP). This increase in patients identified under Part 2 of the service has resulted from quality improvement work to improve the understanding and awareness of the criteria of Part 2. Work has been ongoing to ensure these patients are allocated a care co-ordinator and meet with the patient to put in place a valid CTP. The overall number of patients with a valid CTP has increased from 120 in April 2022 to 175 in December 2022.

Actions being taken: An improvement action plan and trajectories had been developed to improve compliance for all Mental Health Measures targets. In light of the increasing demand plans are being revised and reviewed with the senior clinical leads. Meetings are in place with the service team leads and senior clinical leads on a fortnightly basis. As part of this work the service is revising the performance trajectories to detail when improvement will be expected.

Actions already taken place to support improvement include movement of resources to areas of longest waits; review of caseloads and supporting clinicians with identifying discharge plans and caseload review and wellbeing support for the workforce. Additional WLIs have been in place since September and are providing additional capacity in the interim to recruitment to new posts in the service. The service team leads and administrative support have also received demand and capacity training by the DU.

Recruitment has taken place for new posts funded via the Mental Health Service Improvement Fund in the following areas:

- Band 5 RMN (Start March) and Band 3 (Start Feb) Healthcare Support Workers – These staff will provide additional capacity for assessments and interventions ;
- Primary care liaison posts – these staff are now in post to provide additional capacity to the Single Point of Access team and work closely with GP clusters to provide advice and consultation to help manage demand into the service. The first phase of this work will include a professional contact telephone line to discuss any CYP.

The service has been working on some new pathways with third sector organisations to provide groups on specific areas of support for CYP. The first pilot of this work will start in February 2023 with Mental Health Matters. This will provide interventions and reduce the waiting times for interventions as well as provide CYP with peer group support. The service is also planning on implementing a referral pathway to Silvercloud which will provide CYP the option to receive therapy intervention via a 12 week online course. This is anticipated to be implemented by April, subject to support by Silvercloud.

The In-Reach Service/Whole Schools Approach was implemented at the beginning of September with the first 40 pilot schools and this has been rolled out to a further 40 schools. This service will underpin early intervention and prevention in partnership with other organisations, supporting emotional wellbeing resilience in CYP and aim to prevent onward referrals into specialist CAMHS.

To improve compliance with Part 2 performance, non-clinical time has been reduced and additional time has been given to appointments in November, December and January to enable care co-ordinators to complete the CTP. At the end of January it is anticipated that performance will improve from 35% to approx. 65% and further improvement to 90% by the end of March 2023.

In addition to the above the following actions are being progressed to improve performance:

- Review of current job plans and recruitment to increase capacity for assessments – a further 3 posts are due to be advertised which will provide some additional capacity
- Implementing text reminders to maximize the available capacity (awaiting ICT support although no confirmation of timescales)
- Review of the clinical model and review and support for caseload management given the increased acuity in the service

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

Outputs of improvements

Part 1a and 1b :

- The additional activity and a slight reduction in demand in December has meant the waiting list for Part 1a has reduced slightly reducing the overall waiting time and number of patients waiting more than 28 days. However as the service continues to treat patients in order unless there is clinical urgency then it is anticipated that performance will continue to be lower in next few months in order to reduce the backlog of patients waiting more than 28 days. The actions being taken to increase and maximise capacity available including recruitment to new posts and working with third sector organisations will be implemented from February, it is anticipated there will be more sustainable improvement subject to demand levels from April 2023
- The actions taken to manage demand, namely primary care liaison and roll out of the schools in-reach provision are part of a wider systematic approach to supporting wellbeing and mental health and are anticipated to take longer to have an impact on referral number and trends with expectation of having an impact in the medium to longer term towards the summer of 2023.

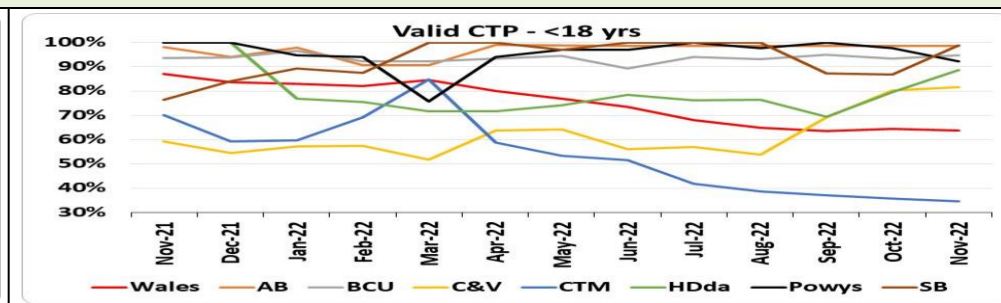
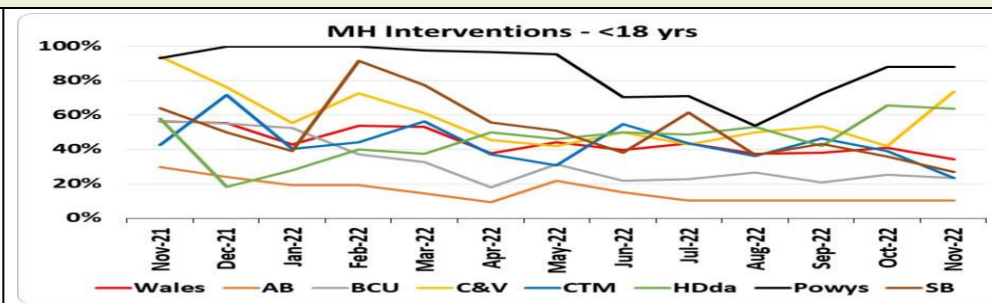
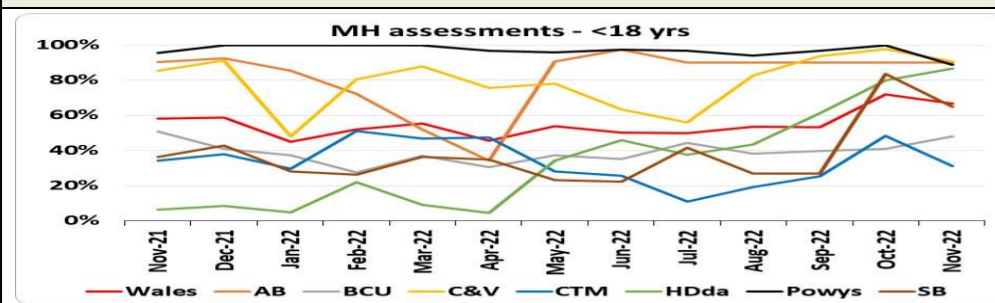
Part 2:

There has been a focus on providing additional capacity and time to support care co-ordinators to complete CTPs with their patients from November through to the end of January. Alongside this, the work on capacity and demand concluded at the end of December. It is anticipated there will be an improvement in performance from January 2023 to approximately 65% and the further improvement in line with the performance target by the end of March 2023.

Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen – the service has seen an increase in demand in the winter of 2022 and despite making improvements to the waiting list over the summer, the waiting list has increased again since October. In the last couple of months the waiting list has started to reduce
- Reduced capacity - Staff uptake in doing additional clinics has been limited in November and December. The Industrial Action also had an impact with a number of appointments cancelled on both days reducing the activity significantly in December. It is anticipated there will be a further detrimental impact with Industrial Action in February
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
C&V	90.7%	1st
AB	90.1%	2nd
Powys	88.9%	3rd
HDda	86.8%	4th
SB	64.8%	5th
BCU	48.2%	6th
CTM	31.3%	7th

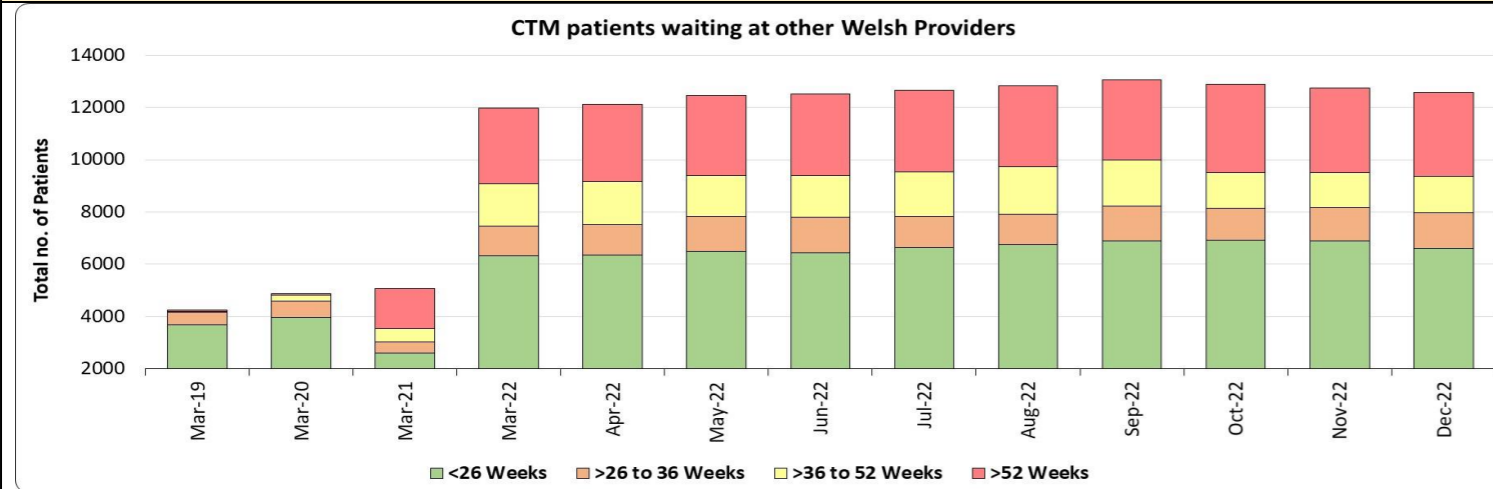
Status as at November 2022		
Health Board	Compliance	Rank
Powys	88.0%	1st
C&V	73.7%	2nd
HDda	63.6%	3rd
SB	26.8%	4th
CTM	23.4%	5th
BCU	23.3%	6th
AB	10.3%	7th

Status as at November 2022		
Health Board	Compliance	Rank
SB	98.7%	1st
AB	98.6%	2nd
BCU	94.6%	3rd
Powys	92.3%	4th
HDda	88.7%	5th
C&V	81.7%	6th
CTM	34.6%	7th



WHSSC – Welsh Health Specialised Services Committee

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



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 November is 4,601 of which 3,205 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 306 and there are just 4 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB		
Specialty	Referral to Treatment Times (RTT)	
	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	208	808
Neurology	224	406
Ophthalmology	99	197
Clinical Immunology And Allergy	38	195
General Surgery	42	85
Urology	19	40
Gynaecology	21	29
Paediatric Surgery	21	28
ENT	12	27
General Medicine	21	27
Oral Surgery	16	20
Dental Medicine Specialties	11	16
Gastroenterology	8	15
Paediatrics	31	14
Cardiology	26	5
Clinical Pharmacology	2	1
Paediatric Dentistry	6	1
Restorative Dentistry	0	1
Cardiothoracic Surgery	3	0
Dermatology	7	0
Neurosurgery	7	0
Orthodontics	6	0
Pain Management	1	0
Grand Total	829	1915

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	80	52
Cardiology	128	43
Radiology	213	37
Physiological Measurement	12	9
Imaging	1	0
Neurophysiology	4	0
Total	438	141

Therapies		
Service	Total Waits	>14 wks
Dietetics	16	2
SALT	2	2
Occupational Therapy	3	0
Physiotherapy	25	0
Total	46	4

CTMUHB Patients waiting at Aneurin Bevan UHB		
Specialty	Referral to Treatment Times (RTT)	
	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	11	45
ENT	5	32
Ophthalmology	10	15
General Surgery	7	8
Oral Surgery	7	5
Orthodontics	0	5
Cardiology	0	1
Dermatology	1	0
Endocrinology	1	0
Gastroenterology	5	0
Gynaecology	10	0
Neurology	1	0
Grand Total	66	178

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	25	15
Radiology	24	7
Physiological Measurement	1	1
Cardiology	5	0
Total	55	23

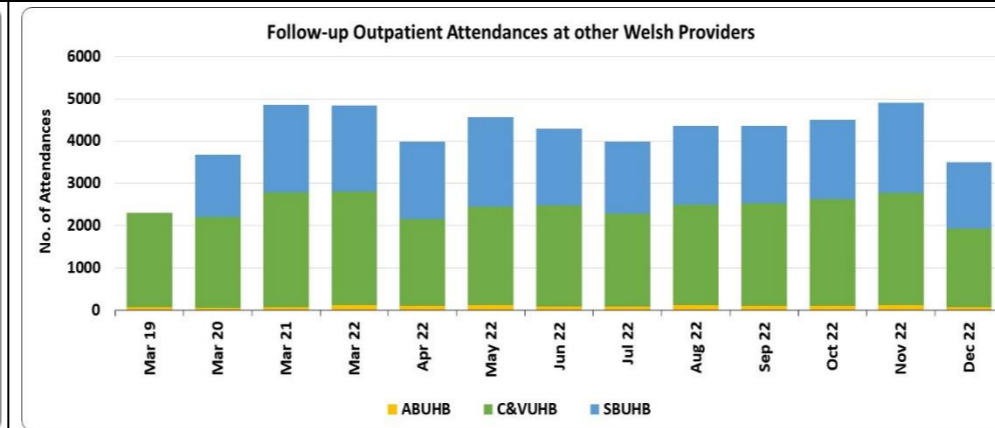
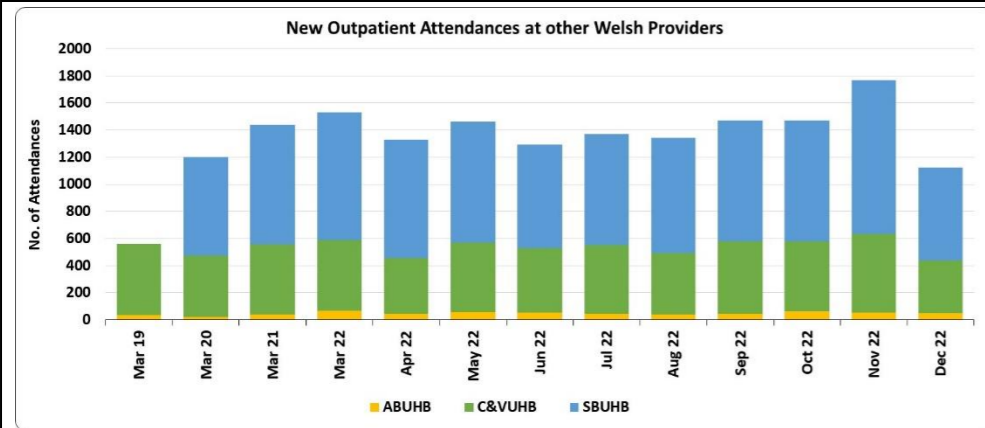
Therapies		
Service	Total Waits	>14 wks
Physiotherapy	15	
Dietetics	3	
SALT	1	
Occupational Therapy	1	
Total	20	

CTMUHB Patients waiting at Swansea Bay UHB		
Specialty	Referral to Treatment Times (RTT)	
	>36 to 52 Weeks	>52 Weeks
Oral Surgery	189	417
Plastic Surgery	76	222
Trauma & Orthopaedics	63	174
Orthodontics	22	103
Gynaecology	28	64
General Surgery	74	62
ENT	2	21
Gastroenterology	6	19
Urology	1	15
Ophthalmology	6	6
Paediatrics	4	6
Neurology	24	4
Dermatology	1	0
Diagnostic	4	0
Paediatric Neurology	1	0
Grand Total	501	1113

Diagnostics		
Service	Total Waits	>8 wks
Neurophysiology	185	92
Endoscopy	39	33
Cardiology	73	15
Physiological Measurement	2	2
Total	299	142

CTM patients waiting at specific health boards (RTT)						
December 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Total Patients	% waiting	Total Patients	% waiting	Total Patients	% waiting
<26 Weeks	3433	49.3%	329	51.3%	2835	57.4%
>26 to 36 Weeks	792	11.4%	68	10.6%	491	9.9%
>36 to 52 Weeks	829	11.9%	66	10.3%	501	10.1%
>52 Weeks	1915	27.5%	178	27.8%	1113	22.5%
Total Waiting	6969		641		4940	
% of Total Waiting	55.4%		5.1%		39.3%	

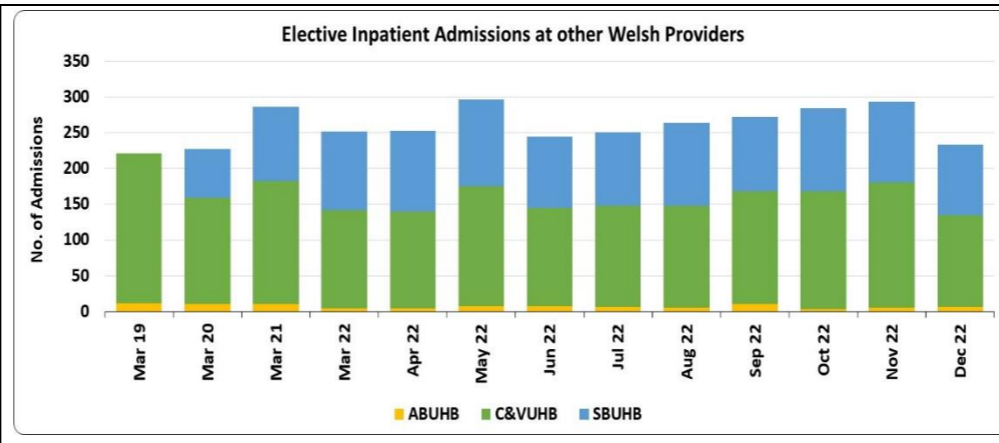
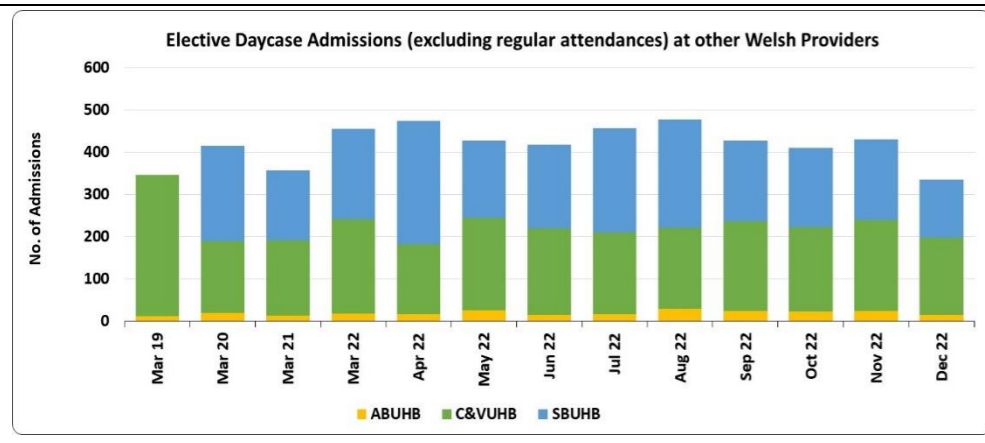
CTM Outpatient Attendances at other Welsh Providers



The December 2022 position (January reporting period) continues to show marginal change from the previous reported positions.

There are three CTMUHB residents waiting up to 52 weeks for Cardiac Surgery at Cardiff and Vale UHB and no 52 week breaches.

The performance of Neurosurgery has remained stable, with no patients waiting more than 52 weeks currently. Six patients have waited between 36 and 52 weeks (an increase of 1 on the previous month). Neurology waits remain a significant concern with a total of 406 patients waiting more than 52 weeks, although there is a marginal reduction from the previous month.



Cardiff and Vale paediatric surgery waits are still over 52 weeks with 28 breaches currently, an increase of 7 on the previous month.

Plastic Surgery remains an area of concern for Swansea Bay performance. The number of CTMUHB residents waiting over 52 weeks currently sits at 222.



2.3 Finance update – Month 10

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

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

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

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4. IMPACT ASSESSMENT

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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

- 6



Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.