

Specific Matters for Consideration

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Tachwedd 2020 / November 2020

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Healthy Child

Resetting Cwm Taf Morgannwg

Referral to Treatment Times

Diagnostics & Therapies

Surveillance Monitoring

Follow-Up Outpatients Not Booked (FUNB)

Unscheduled Care

Focus on Royal Glamorgan Hospital

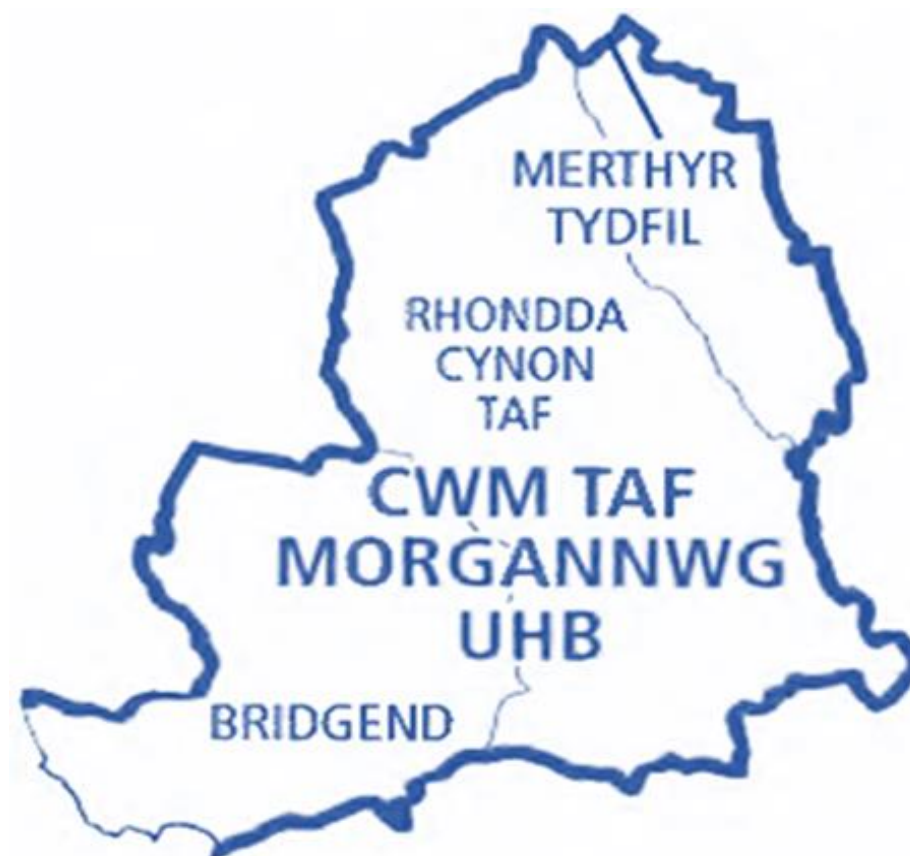
Stroke QIM's / Delayed Transfers of Care

Emergency Ambulance Services

Cancer Pathways

Mental Health

Cwm Taf Morgannwg – Quadruple Aims At a Glance



Mission:

Building healthier communities together

Quality Health and Care

for Mrs Jones, her family and her community

Person Centred Outcomes
perspective

Prudent Services
perspective

A Learning and Growth Culture
perspective

Resource Sustainability
perspective



Vision:

In every community people begin, live and end life well, feeling involved in their health and care

Strategic Well-being Objectives:

- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health.
 - Provide high quality, evidence based, and accessible care.
- Ensure sustainability in all that we do, economically, environmentally and socially.
 - Co-create with staff and partners a learning and growing culture.

Cwm Taf Morgannwg – Quadruple Aims At a Glance

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

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q2 20/21	97.7%	Q1 20/21	97.1%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.2%		92.7%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	2019/20	3.6%	Q3 19/20	2.8%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target		38.4%		38.5%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q4 19/20	299	Q3 19/20	405.4
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q1 20/21	54.4%	Q4 19/20	76.9%
Uptake of influenza vaccination among:	65 year old and over	75%	not available		2019/20	68.9%
	under 65's in risk groups	55%				40.3%
	pregnant women	75%				81.7%
	health care workers	60%				63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	56.8%	2017/18	54.8%
	breast	70%		74.1%		73.9%
	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	Sep-20	95.9%	Aug-20	100%
	over 18 years			86.7%		87.2%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2018/19	50.0%	2017/18	48.7%

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

Measure		Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2019/20	65.4%	not available	
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q4 19/20	66.1%	Q3 19/20	65.5%
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered		90%	Jan-20	97.0%	Dec-19	91.2%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Oct-20	44.8%	Sep-20	52.4%
Number of ambulance patient handovers over 1 hour		Zero		623		251
% 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%		78.6%		79.7%
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		1021		763
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Jul-20	66.7%	Jul-19	64.1%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 54%	Aug-20	21.5%	Jul-20	22.9%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.3%		75.8%		76.1%
% compliance against the therapy target of an average of 16.1 minutes of speech and language therapist input per stroke patient		12 Month Improvement Trend	Sep-20	29.7%	Aug-19	31.4%
% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat		98%		94.1%	Aug-20	96.9%
% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral		95%		59.3%		63.7%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		12 Month Improvement Trend		57.4%		67.7%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Oct-20	10679	Sep-20	10338
Number of patients waiting more than 14 weeks for a specified therapy				647		632
% of patients waiting less than 26 weeks for treatment		95%		41.7%		42.9%
Number of patients waiting more than 36 weeks for treatment		Zero	Sep-20	33,219	Aug-20	27,457
Number of patients waiting for a follow-up outpatient appointment		74,734		106,076		106,576
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		23,662		22,054
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%		50.30%		36.6%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available	
% 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 and 18 years and over)		80%	Sep-20	92.9%	Aug-20	92.2%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years and 18 years and over)				89.5%		85.7%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				32.0%		36.2%
Number of health board delayed transfer of care for mental health		12 Month Reduction Trend	Feb-20	6	Jan-20	6
Number of health board delayed transfer of care for non-mental health				88		58
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli	To be confirmed	Apr-20 to Oct-20	72.41	Apr-20 to Sep-20	78.85
	S.aureus bacteraemia			25.67		23.75
	C.difficile			31.42		32.71
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			21.07		45.00
	Aeruginosa			5.36		12.00
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q2 19/20	2	Q1 19/20	1

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2018	3.79	2016	3.68
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Oct-20	50.8%	Sep-20	50.4%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Oct-20	65.8%	Sep-20	65.7%
% of sickness absence rate of staff	12 Month Reduction Trend	Sep-20	5.7%	Aug-20	5.3%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2018	75%	2016	72%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q1 20/21	53.6%	Q4 19/20	62.6%

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

Measure	Target	Current Period		Last Period	
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1 20/21	332	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		0		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Sep-20	1.30%	Aug-20	1.25%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Sep-20	52.6%	Aug-20	78.6%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			80.0%		69.2%
% 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	Aug-20	2.8%	Jul-20	2.4%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q4 19/20	98.7%	Q3 19/20	98.6%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		348.3		345.2
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1462		1438
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q4 19/20	5005.4	Q3 19/20	5156.8
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		72.1%		69.3%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q3 19/20	23.3%		22.3%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q1 20/21	8.6%	Q4 19/20	14.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Jul-20	2,858	Jun-20	2,626
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jun-20	7.10%	May-20	7.80%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available

Prevention

Uptake of selected immunisations of resident children Quarter 2 - 2020/21

Uptake of selected immunisations in resident children reaching their 1st, 2nd, 4th, 5th, and 16th birthday between 01/04/20 and 30/06/20 and resident on 30/06/20					
Age 1 year		% uptake of immunisation			
Number of Resident Children Age 1 Year		6 in 1 ¹	MenB ²	PCV2	Rotavirus
Bridgend LA	324	97.2%	96.6%	96.6%	95.1%
Merthyr Tydfil LA	154	96.8%	97.4%	97.4%	95.5%
Rhondda Cynon Taf LA	602	98.2%	98.5%	98.0%	97.0%
CTMUHB	1080	97.7%	97.8%	97.5%	96.2%
Age 2 years		% uptake of immunisation			
Number of Resident Children Age 2 years		MMR1	PCVf ³	MenB ⁴	Hib/MenC
Bridgend LA	357	96.9%	96.6%	95.5%	95.0%
Merthyr Tydfil LA	161	96.3%	96.9%	95.7%	96.9%
Rhondda Cynon Taf LA	654	96.6%	97.1%	97.1%	97.1%
CTMUHB	1172	96.7%	96.9%	96.4%	96.4%
Age 4 years		% uptake of immunisation			
Number of Resident Children Age 4 years		Up to date in schedule ⁵			
Bridgend LA	412	90.3%			
Merthyr Tydfil LA	161	93.8%			
Rhondda Cynon Taf LA	672	92.4%			
CTMUHB	1245	91.9%			
Age 5 years		% uptake of immunisation			
Number of Resident Children Age 5 years		MMR2	4 in 1 ¹		
Bridgend LA	377	90.2%	91.5%		
Merthyr Tydfil LA	199	89.4%	90.5%		
Rhondda Cynon Taf LA	682	94.1%	94.9%		
CTMUHB	1258	92.2%	93.2%		
Age 16 years		% uptake of immunisation			
Number of Resident Children Age 16 years		MMR1	MMR2	MenACWY	3 in 1 Teenage booster ⁶
Bridgend LA	408	94.1%	87.3%	83.8%	82.6%
Merthyr Tydfil LA	171	94.7%	91.8%	90.6%	90.6%
Rhondda Cynon Taf LA	643	96.7%	93.3%	91.1%	91.3%
CTMUHB	1222	95.6%	91.1%	88.6%	88.3%
¹ Uptake of pertussis used as proxy				<div>Key</div> <div>95% and higher</div> <div>90% to 95%</div> <div>below 90%</div>	
² Uptake of 2 doses of meningococcal serogroup B (Men B) vaccine, scheduled at two and four months of age					
³ Children receiving the final dose of PCV					
⁴ Uptake of 3 doses of meningococcal serogroup B (Men B) vaccine, schedule at two, four and 12-13 months of age					
⁵ Combined "4 in 1" preschool booster, the Hib/MenC booster and second MMR dose by four years of age					
⁶ Uptake of diphtheria (reinforcing booster dose) used as proxy					

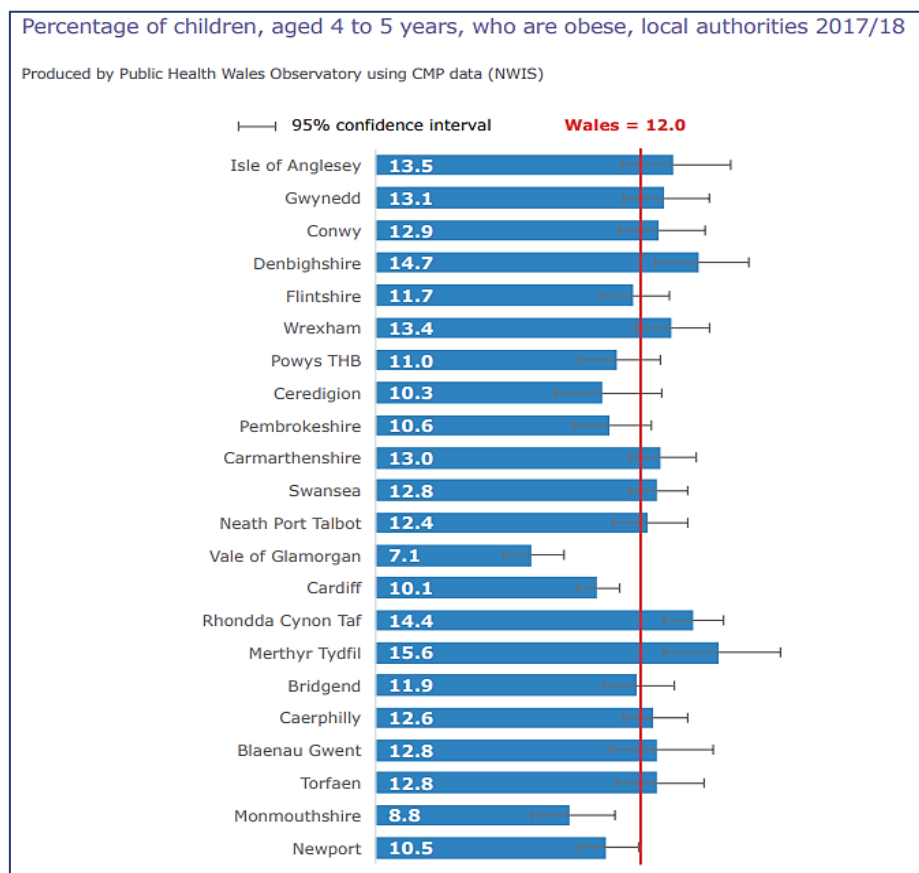
For the quarter **April to June 2020**, uptake of the complete three-dose course of "6 in 1" vaccine remained above 95%. Uptake of all other routine primary immunisations in infants reaching their first birthday in this quarter also remain at 95% or higher.

Uptake of the scheduled vaccines in two year olds for all LA areas were above target as detailed in the table above.

The proportion of children who were up to date with their routine immunisations by four years of age was 91.9%. Uptake varies with Merthyr Tydfil achieving the highest at 93.8%.

Immunisation rates for the five year olds is below the 95% for all areas in CTM for both MMR and the 4 in 1 vaccines with CTM achieving 92.2% and 93.2% respectively.

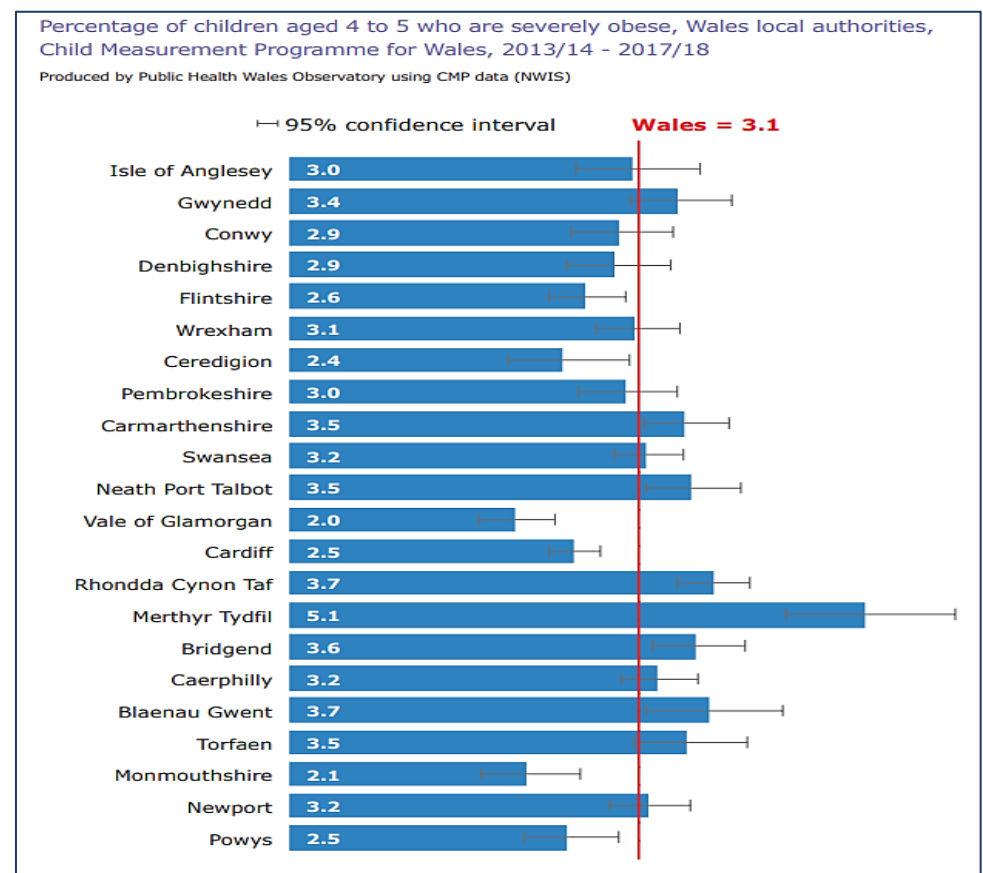
The age 16 years uptake of scheduled vaccines varies with only MMR1 achieving overall 95.6% with only RCT attaining the target at 96.7%. MMR2 achieving 91.1 as a whole with none of the areas reaching 95%. MenACWY and 3 in 1 booster also failed to reach the target with 88.6% and 88.3% respectively for CTM with none of the LA's reaching target for these two vaccines.



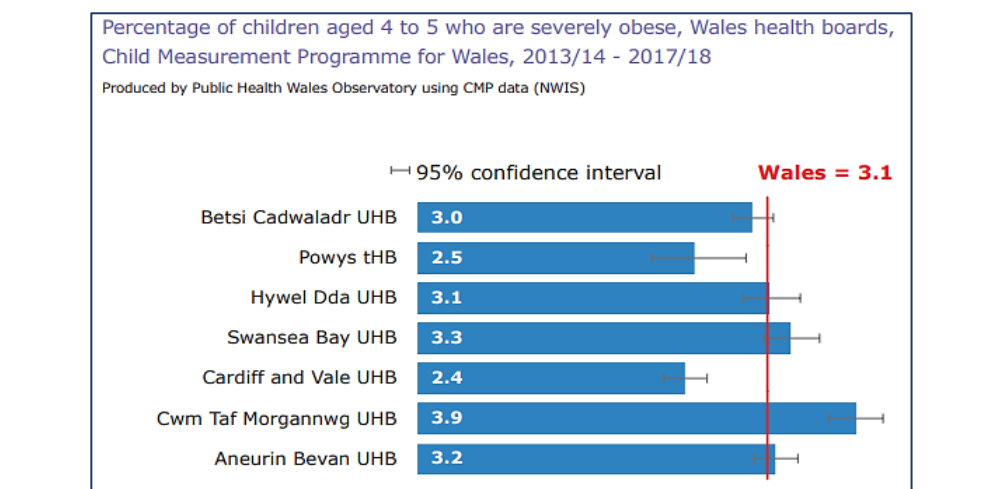
Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%) living in the least deprived areas of Wales being of a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

Underweight: The number of children in Wales categorised as underweight is very small at 0.8% with the highest prevalence of underweight being 1.4% in Cardiff & Vale UHB.

Obesity: By local authority area for the single year 2017/18, obesity prevalence in is highest in **Merthyr Tydfil at 15.6%**, and is also higher than the Welsh average in Denbighshire (14.7%) and **Rhondda Cynon Taf (14.4%)** – the differences between these three areas and the Welsh average is statistically significant. Obesity prevalence in the Vale of Glamorgan is less than half that of Merthyr Tydfil at 7.1%. It is also lower than the Welsh average in Monmouthshire (8.8%) and Cardiff (10.1%) and again the differences are statistically significant.



Severe obesity: prevalence is highest in Merthyr Tydfil at 5.1% and lowest in the Vale of Glamorgan at 2.0%.

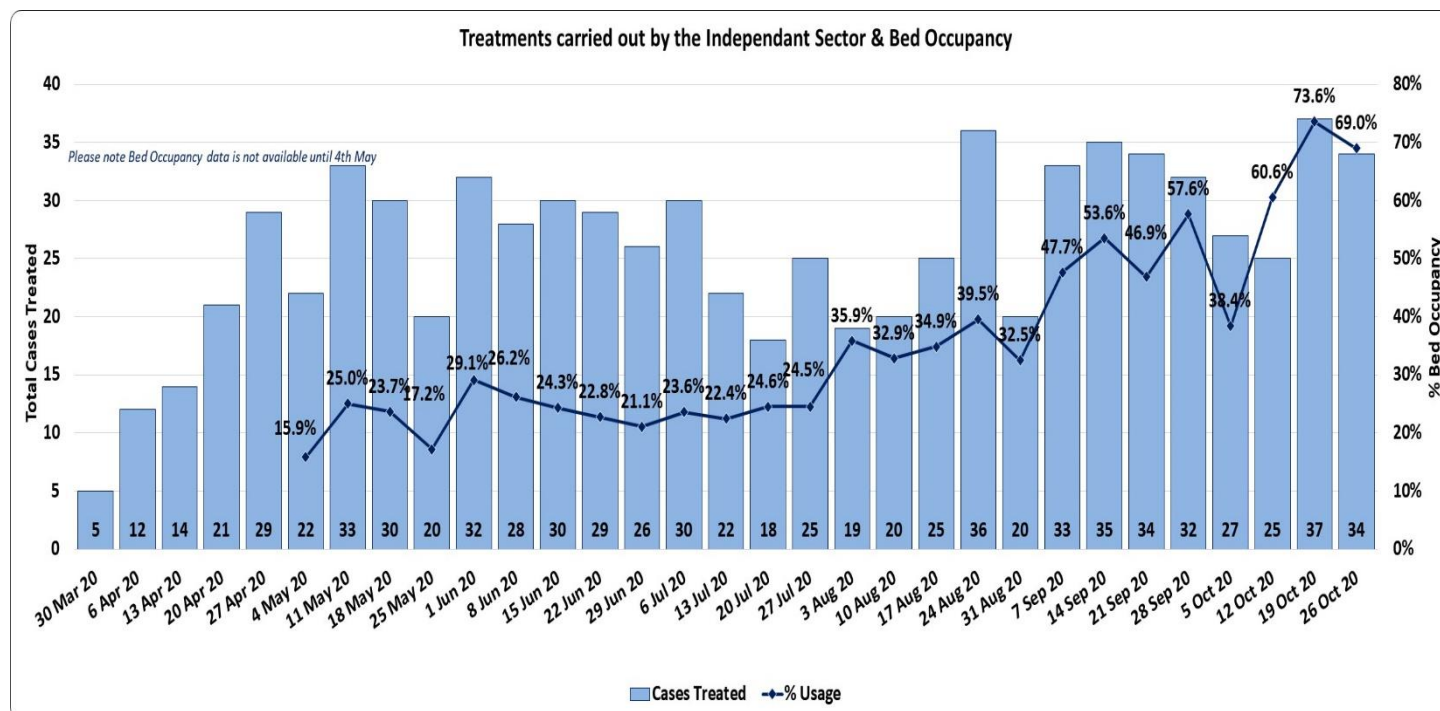


By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average, while prevalence in Powys Teaching Health Board and Cardiff & Vale UHB is significantly lower.

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 26th October 2020
803



Treatments carried out by the Independent Sector from 30th March to 21st September 2020									
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Total
195	254	244	4	18	1	8	67	12	803

The continued increase in theatre utilisation in the independent hospital theatre capacity is very encouraging, especially if it can be maintained. This is a vital addition to the limited elective capacity available within our hospitals.

The elective activity undertaken since May is shown in the chart to the right. As has been reported previously, the activity undertaken classified as non-urgent is explained by the following:

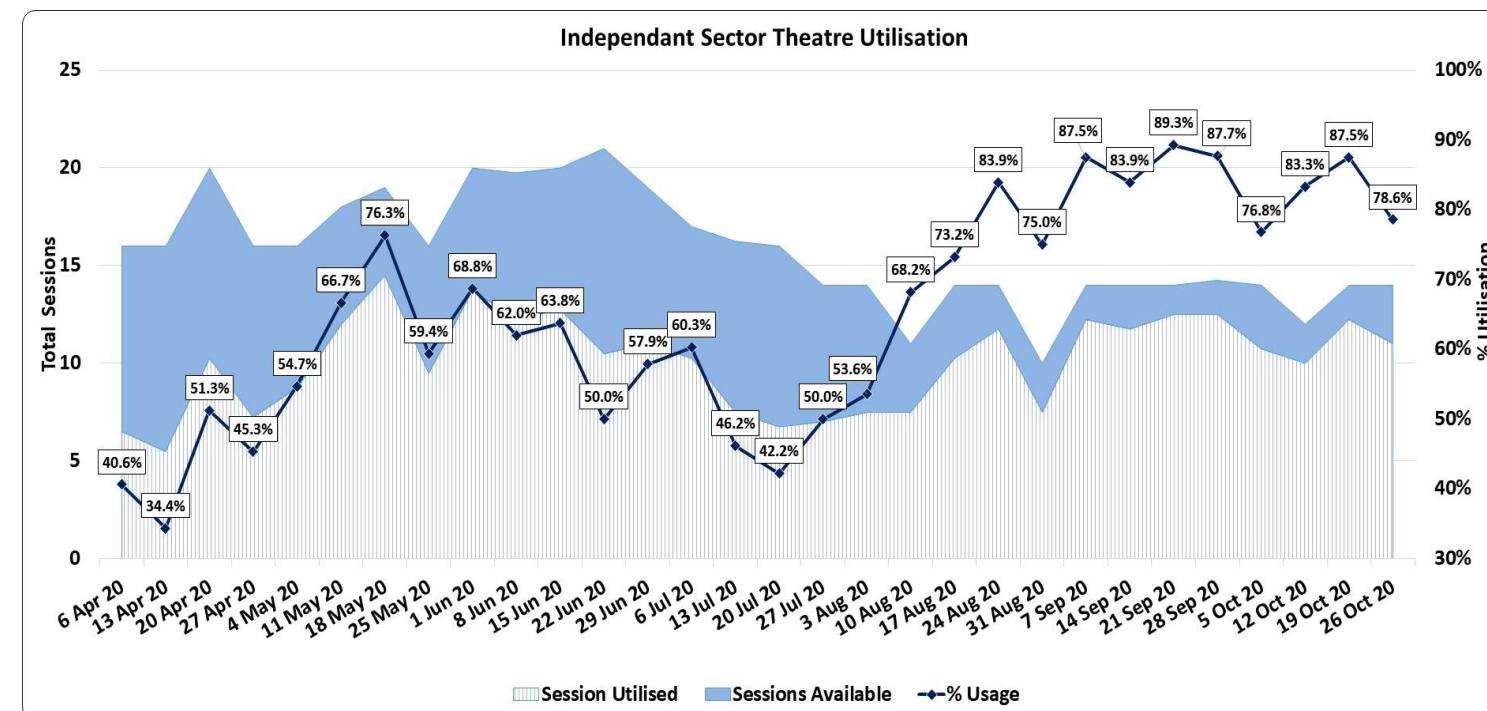
- Much of the “non-urgent” activity, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something that requires an action plan to address sustainably
- For PCH and RGH, a significant number of these cases relate to Cardiology treatments, in relation to pacemakers
- Many other cases relate to excisions, explorations under general anaesthetic, IV antibiotics and stents

With the evolving adoption of clinical prioritisation, the reliance on the urgent/non-urgent classification will diminish and whilst there is confidence regarding the ILG processes for determining which cases will utilise the scarce available elective capacity, there could be value in a clinical assessment of the non-urgent treatments undertaken.

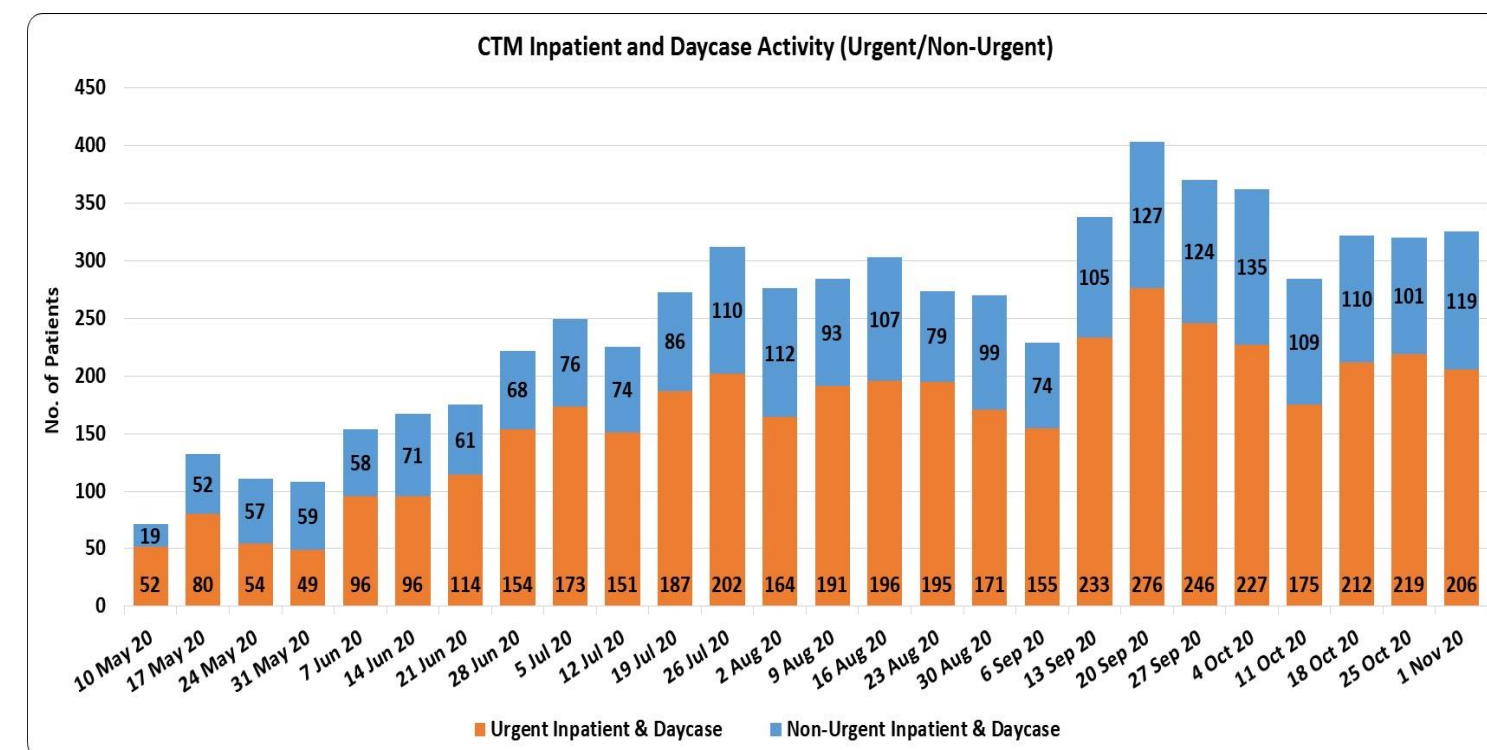
Our acute hospitals are restricted to urgent cancer treatment in terms of elective admissions, given the volume of Covid patients on each site.

Theatre Utilisation (Independent Sector)

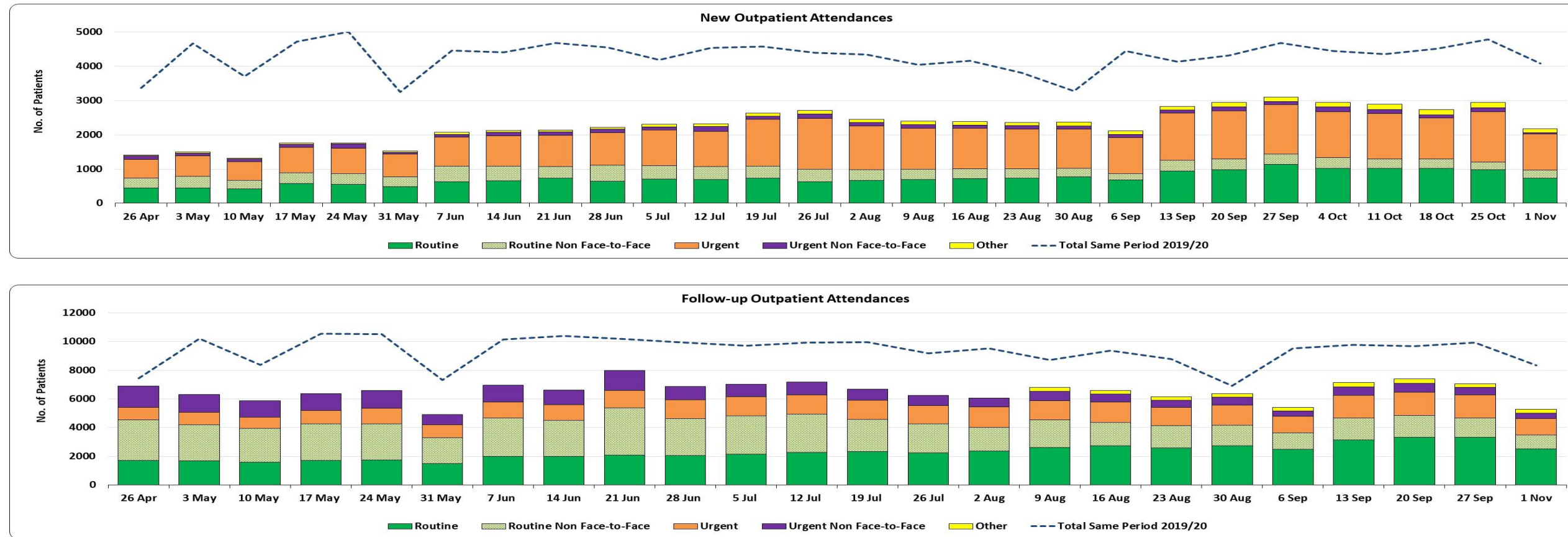
Theatre Utilisation within the Independent Sector Hospital to week commencing 26th October 2020



Activity Undertaken within Internal Hospital Capacity



New & Follow-up Outpatient attendances versus same period previous year



Digitally enabled opportunities are helping to significantly bolster the level of activity undertaken. However further increases are required in order to get anywhere near the level of activity delivered in previous years.

Realistically, this is unlikely to happen in the next few months given the current circumstances.

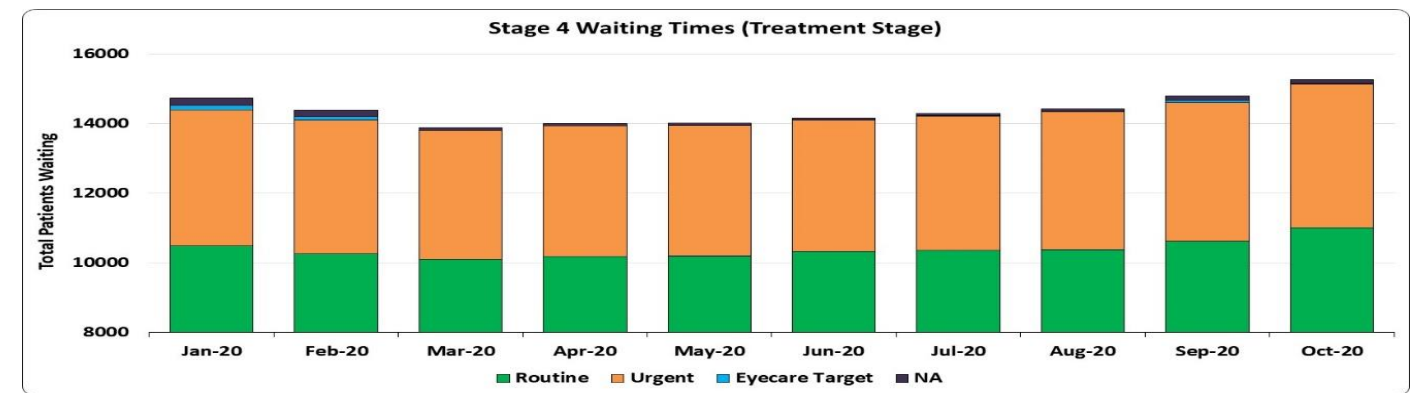
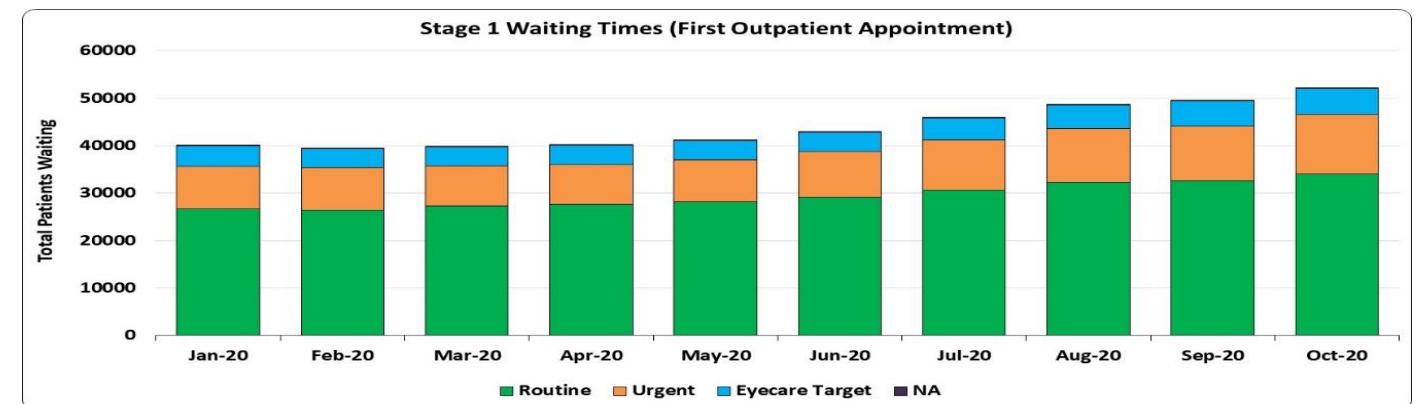
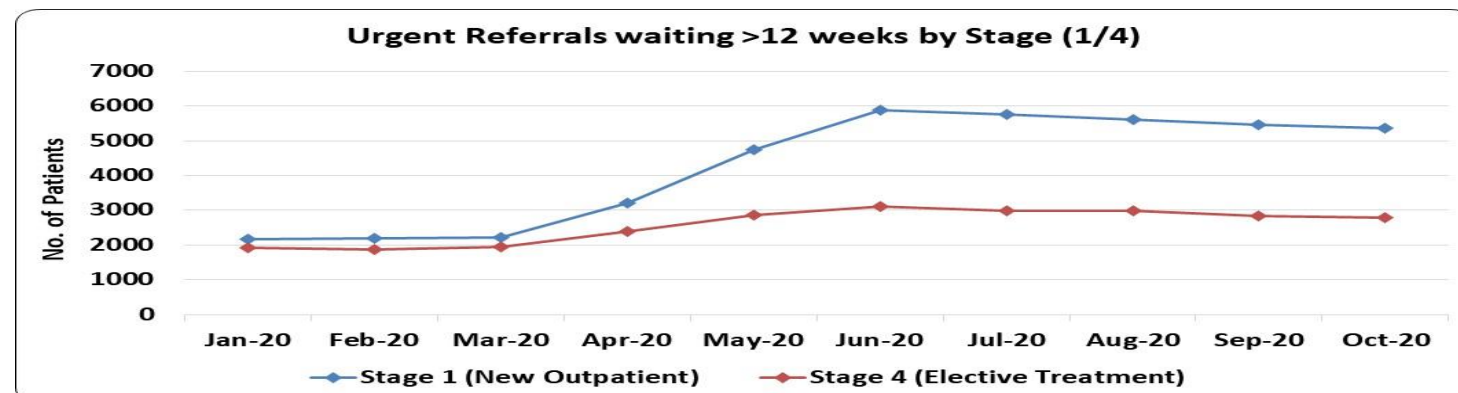
There continues to be a wider gap in terms of new outpatients, which is not unexpected. Further progress is unlikely in the short term in view of the current Covid status of hospitals within the UHB.

Waiting Times Stage 1 (New Outpatients) and Stage 4 (Treatments)

The reduced levels of outpatient, inpatient and daycase activity means that waiting lists are continuing to grow. The initial clinical prioritisation of urgent pathways at treatment stage was completed in August, however not all urgent pathways have been prioritised. Waiting times for urgent patients are an integral part of our measurement framework for our overall strategic objectives, within the *Provide High Quality, Evidence Based, Accessible Care* theme.

Whilst the Stage 4 waiting list volume has remained fairly static for a number of months, this has been very much influenced, certainly since March, by the reduced new outpatient activity, resulting in fewer conversions from Stage 1 to Stage 4 (acknowledging that there are Stages 2 and 3 to work through in many cases).

There has been a gradual reduction in the volume of urgent referrals waiting over 12 weeks since June, along with a reduction in the volume of urgent patients waiting over 12 weeks for treatment, however the levels remain high in both areas as a result of the reduced level of elective activity.



Referral to Treatment Times (RTT)

Referral to Treatment Times – October 2020 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

13,600

Patients waiting >52 weeks

As illustrated below the provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of October is 13,600. The breakdown of the 13,600 patients is as follows:

- 4,016 patients relate to Merthyr & Cynon ILG waiting lists
- 5,597 patients relate to Rhondda & Taff Ely ILG waiting lists
- 3,987 patients relate to Bridgend ILG waiting lists

Number of patients waiting >36 weeks – Target Zero

33,219

Patients waiting >36 weeks

As illustrated in the chart, the provisional position for patients waiting over 36 weeks for October is 33,219 patients across Cwm Taf Morgannwg, which is an increase of 5,762 from September (N.B. includes the 13,600 patients waiting over 52 weeks):

- 9,638 patients relate to Merthyr & Cynon ILG waiting lists
- 13,994 patients relate to Rhondda & Taff Ely ILG waiting lists
- 9,587 patients relate to Bridgend ILG waiting lists

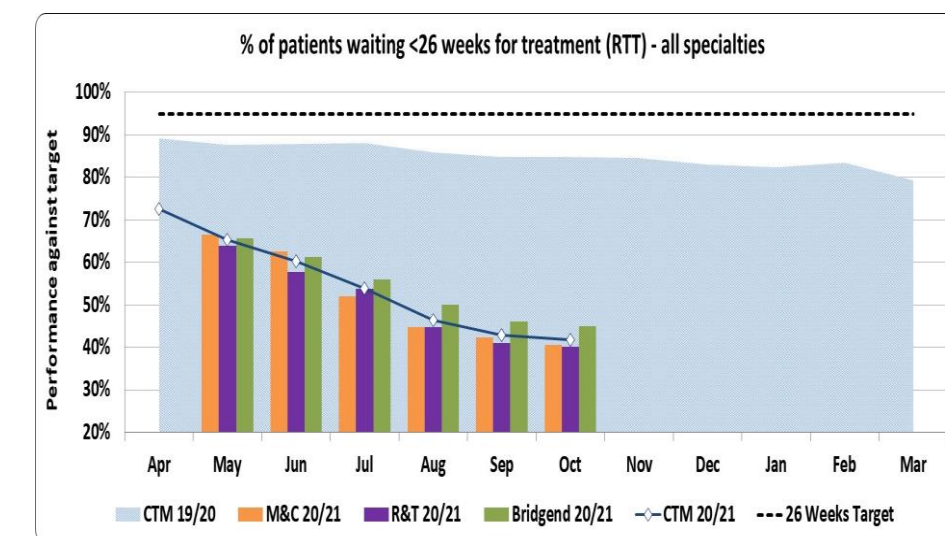
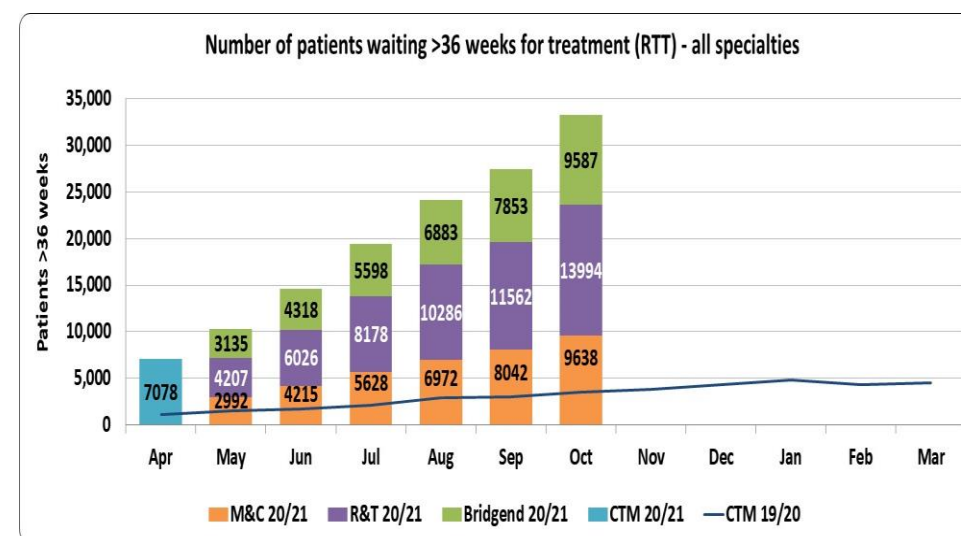
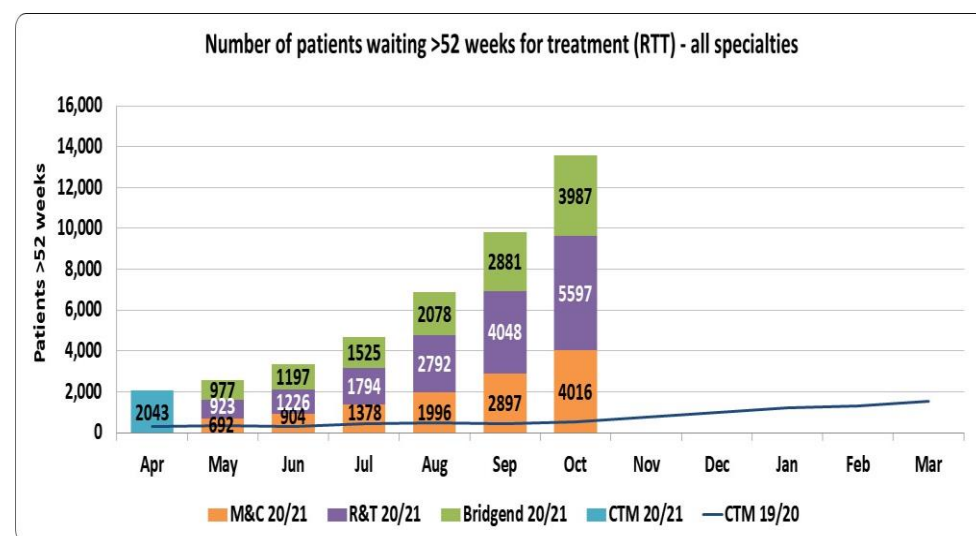
% of patients waiting under 26 weeks – Target 95%

41.7%

Patients waiting <26 weeks

In terms of the 26 week position (excluding the direct access Diagnostic & Therapy figures) the provisional position for October across Cwm Taf Morgannwg is 41.7% and the position within each ILG is as follows:

- 40.5% Merthyr & Cynon ILG waiting lists
- 40.2% Rhondda & Taff Ely ILG waiting lists
- 45.0% Bridgend ILG waiting lists



The confirmed position for the end of September 2020 was 27,457 patients waiting over 36 weeks, of whom 9,826 patients were waiting over 52 weeks.

The resetting of elective services has brought a different focus on how treatments will be prioritised in the future and hence what performance reporting framework will be deployed in NHS Wales. Referrals have been increasing since May and there has been a steady increase in the total number of open pathways, with the total now well over 79,000. This total will continue to rise whilst the organisation is operating at between 30% and 35% of the activity levels being delivered at the same time last year.

The initial clinical prioritisation of open pathways to reflect a risk based approach has been completed, though not all urgent pathways have been prioritised. Patients on an urgent pathway who have been listed for surgery are being classified into groups on the basis of guidance issued by the Royal College of Surgeons (RCS), which indicate defined deferment periods to each priority code to support a reduction of further harm from waiting. The Welsh Government have indicated that this approach should be adopted for (i) all urgent patients waiting over 4 weeks since being listed for surgery, (ii) all patients waiting over 26 weeks since being listed for surgery and (iii) any planned pathways who are already over their agreed target date for next intervention.

A re-assessment of prioritisation is required when a patient continues to wait over the deferred target date. The re-assessment of a pathway recorded for audit purposes, will result in a new deferment target, where the re-assessed deferred date should be considered as additional criteria for their prioritisation for treatment above a pathway that is still in their first deferment period. In the meantime, the national proposal that has been taken to the Welsh Information Standards Board (WISB) for approval, states that RTT waits will continue to be calculated and recorded to ensure total waiting times are captured and understood. It is expected that after a certain date, which is yet to be established, 100% of all pathways over their originally clinically agreed target date will be prioritised based on the RCS guidance, though Gynaecology and Ophthalmology will be utilising their own relevant Royal College guidance.

A proposed solution for recording this information on the national WPAS solution has been implemented on the CTM WPAS, which covers two of the three ILGs. The Swansea Bay WPAS is not scheduled for upgrade until later in the month. The existing work carried out by both RT and MC ILGs will be updated on the CTM WPAS in November, with the following data being recorded:

- Royal College prioritised code (range P2, P3, P4)
- The clinician who has made the assessment for the prioritised code
- The date the assessment is carried out
- The calculation of the deferred target date is from the date of the assessment for each pathway as specified in the Royal College guidance.

Diagnostics – October 2020 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

10,679

Diagnostics >8 weeks

The provisional position for October is 10,679 patients waiting over 8 weeks for diagnostic services, which is the highest level reported this year.

The table to the right provides a breakdown of the areas that are breaching the 8 week target, with NOUS contributing most to the increased number of breaches.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	314	447	1130	1891
Cardiology Services	Cardiac CT	0	32	0	32
	Cardiac MRI	0	12	0	12
	Diagnostic Angiography	0	80	38	118
	Stress Test	18	34	51	103
	DSE	68	3	98	169
	TOE	5	0	9	14
	Heart Rhythm Recording	56	21	806	883
	B.P. Monitoring	1	3	128	132
Bronchoscopy		1	0	0	1
Colonoscopy		156	258	0	414
Gastroscopy		492	598	1	1091
Cystoscopy		0	187	13	200
Flexi Sig		316	393	0	709
Radiology	Non-Cardiac CT	116	104	2	222
	Non Cardiac MRI	33	88	3	124
	NOUS	1287	2361	419	4067
	Non-Cardiac Nuclear Medicine	1	31	2	34
Imaging	Fluoroscopy	7	68	3	78
Physiological Measurement	Urodynamics	11	24	134	169
Neurophysiology	EMG	12	83	0	95
	NCS	20	101	0	121
Total		2914	4928	2837	10679

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 19 months:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10679					

Surveillance Monitoring – as at 1st November 2020

Number of patients waiting past their review date

1,383

Patients waiting past review date

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target: **Urgent Suspected Cancer** (target 2 weeks/14 days), **Urgent** (target 2 weeks), **Routine** (target 8 weeks/56 days), **Surveillance** (target of 18 weeks/126 days).

The tables below show the number of patients waiting across the four pathways:

as at 1st November 2020					as at 1st October 2020				
Patient Category	PCH	RGH	POW	TOTAL	Patient Category	PCH	RGH	POW	TOTAL
Cancer					Cancer				
Waiting <14 days	75	113	10	198	Waiting <14 days	58	161	11	230
Over Target	19	81	0	100	Over Target	20	42	0	62
Total Patients Waiting	94	194	10	298	Total Patients Waiting	78	203	11	292
Urgent Non-Cancer					Urgent Non-Cancer				
Waiting <14 days	94	100	10	204	Waiting <14 days	65	97	2	164
Over Target	743	871	0	1614	Over Target	736	775	0	1511
Total Patients Waiting	837	971	10	1818	Total Patients Waiting	801	872	2	1675
Routine					Routine				
Waiting <56 days	64	81	137	282	Waiting <56 days	57	83	114	254
Over Target	340	549	0	889	Over Target	327	525	1	853
Total Patients Waiting	404	630	137	1171	Total Patients Waiting	384	608	115	1107
Surveillance					Surveillance				
Waiting <126 days	607	716	13	1336	Waiting <126 days	588	699	13	1300
Over Target	29	18	0	47	Over Target	25	16	0	41
Total Patients Waiting Past Review Date	636	734	13	1383	Total Patients Waiting Past Review Date	613	715	13	1341

Therapies – October 2020 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

647

Therapies >14 weeks

There are provisionally 647 patients breaching the 14 week target for therapies in October, an increase of 15 patients on the reported position for September.

The table to the right provides a breakdown of the areas that are breaching the 14 week target.

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology	0	34	106	140
Dietetics	7	2	95	104
Arts Therapy	18	0	0	18
Occupational Therapy	2	1	1	4
Physiotherapy	0	0	0	0
Podiatry	163	192	0	355
SALT	4	14	8	26
Total	194	243	210	647

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 19 months, indicating that inroads are now being made in tackling the backlog that built up during the pandemic:

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	0	0	0	13	25	37	57	44	1	1	0	13
2020/21	109	396	1020	945	842	632	647					

Princess of Wales Hospital Endoscopy Unit

As at 1st November the total waiting list (excluding surveillance patients) has increased to 157 patients from 128 patients in the previous month, with no routine patients waiting over the target time, which is an excellent achievement given the circumstances. It does however emphasise the disparity in waiting times within each ILG.

Prince Charles

As at 1st November the total list (excluding surveillance patients) has increased by 72 patients on the previous month bringing the total to 1,335 patients waiting, of whom 1,102 are waiting over target. The number of surveillance patients waiting continues to increase, rising from 613 in October to 636 in November. Surveillance patients waiting over target has increased marginally to 29 from 25 in the previous month.

Royal Glamorgan

As at 1st November the waiting list has further increased by 112 patients to 1,795, of whom 1,501 patients are over target.

The number of surveillance patients has continued to increase to 734 in November and currently 18 of the surveillance patients are over target.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – September 2020

Number of patients waiting for a Follow-up with documented target date - Target <=74,734			Number of patients waiting for a Follow-up delayed over 100% - Target <=14,815		
Not Booked 78,391	Booked 27,685	Total 106,076	Not Booked 20,498	Booked 3,164	Total 23,662

The following table shows the reported positions for patients waiting for a Follow-up with a documented target date and of those who are delayed 100% beyond their target date from April 2020.

Period	Merthyr & Cynon						Rhondda & Taff Ely						Bridgend						CTM					
	No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%		
	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total
Apr-20	13195	8665	21860	2115	603	2718	27507	16372	43879	6331	1011	7342	38952	6240	45192	9597	554	10151	79654	31277	110931	18043	2168	20211
May-20	13421	8374	21795	2115	546	2661	26955	17013	43968	7136	1207	8343	38321	6028	44349	10307	662	10969	78697	31415	110112	19558	2415	21973
Jun-20	16999	5227	22226	2584	352	2936	26442	16372	42814	6498	1126	7624	37388	6676	44064	10392	735	11127	80829	28275	109104	19474	2213	21687
Jul-20	17446	4922	22368	3019	346	3365	27818	13376	41194	5527	755	6282	36085	7579	43664	10438	865	11303	81349	25877	107226	18984	1966	20950
Aug-20	17528	4908	22436	3428	496	3924	28936	12221	41157	5891	808	6699	34439	8494	42933	9929	1502	11431	80903	25623	106526	19248	2806	22054
Sep-20	16356	6054	22410	3903	750	4653	28084	12659	40743	6671	887	7558	33951	8972	42923	9924	1527	11451	78391	27685	106076	20498	3164	23662

FUNB

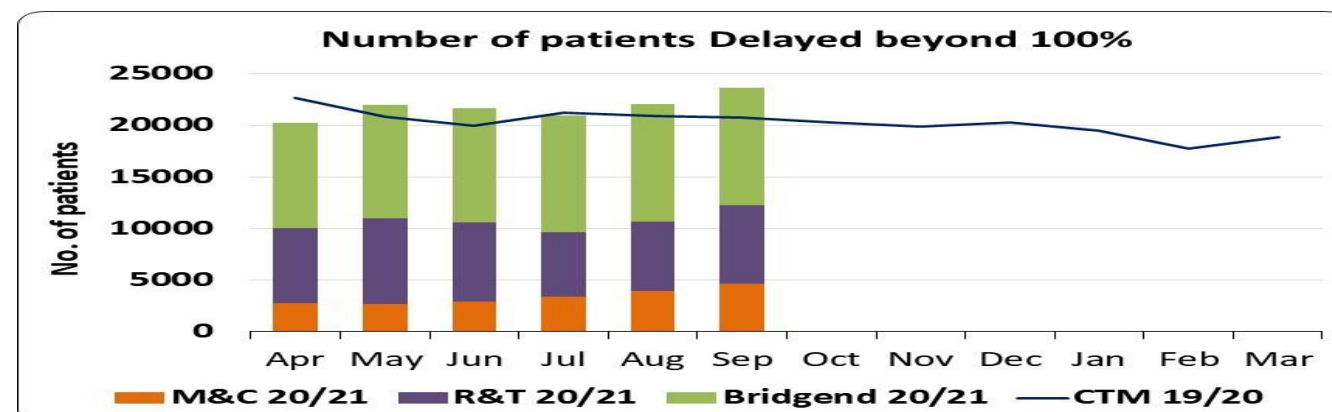
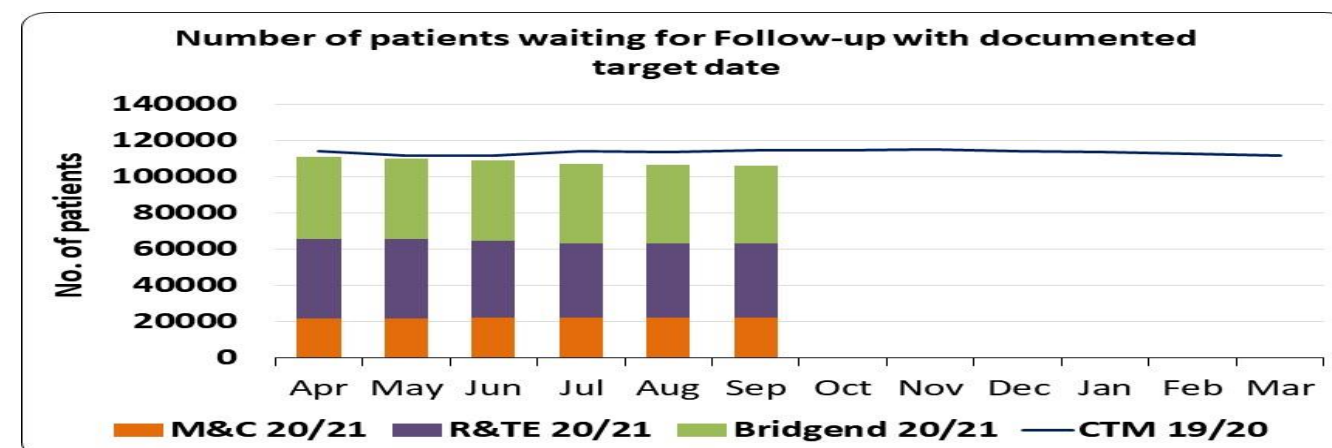
Virtual clinic appointments have been continuing and the FUNB working group continues to work towards a consistent approach across all hospitals and services. Services have resorted to digitally enabled mechanisms to interact with patients differently. Given recent events and the increase in the number of open pathways, the deterioration in the overall position has not been as great as perhaps might have been expected, emphasizing the good work that has been carried out through new ways of working.

The reduction of routine face to face appointments has given the UHB a rare opportunity to restart the outpatient service in a much more streamlined, digitally enabled way, providing the potential for increasing activity levels in a patient friendly way.

The national initiative detailed in the RTT section for prioritising patients on the basis of risk of harm applies equally to follow-up patients as it does to new referrals and the introduction of Patient Initiated Follow Up (PIFU) and See on Symptom (SOS) will support the effort in reducing routine follow up activity.

This has been the case of Ophthalmology for some time, but will now apply increasingly to all other elective services.

The two charts to the right compares Cwm Taf Morgannwg's 2020 position against 2019/20 and displays the individual ILG total of patients waiting for a Follow-up where there is a documented target date and of these those that are delayed by over 100% (booked and not booked) for 2020/21.



Number of Attendances

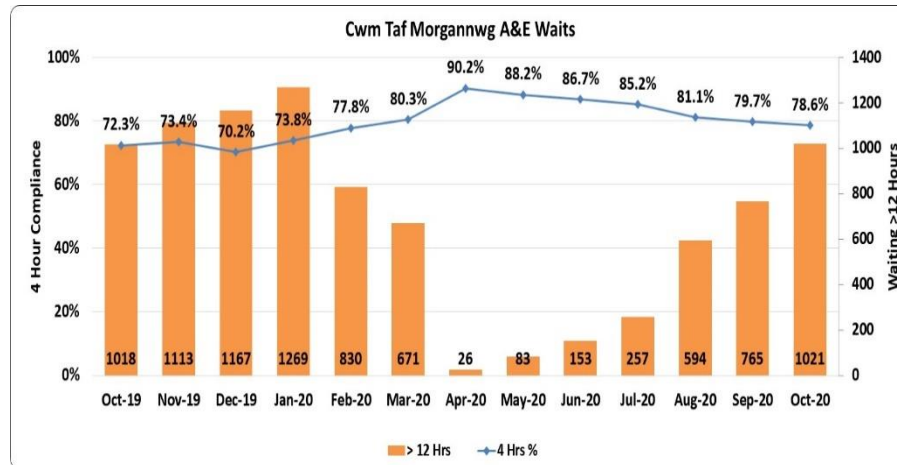
11,245

% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

78.6%

Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

1,021



The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (centre left).

From September that overall attendances have been decreasing, clearly as a result of the Covid-19 outbreaks on all three acute sites. The trend is looking similar to earlier in the year, though activity levels have not reduced to the same extent.

4 Hour Compliance - The combined performance for CTM for the four hour target continues to reduce despite fewer attendances. For RGH. it is clear from the chart below that the decline occurred from the middle of September, at the time of the outbreak. The operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E is materially impacting on the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

In addition, for PCH in particular, there is a growing impact of strategic changes within Aneurin Bevan UHB that are resulting in a change to the use of Nevill Hall Hospital, which is increasing the emergency patient flow from Powys, as is evident from the chart (bottom left), albeit that the levels in October were lower than the previous three months. It remains above historic levels though and this is likely to continue to be the case.

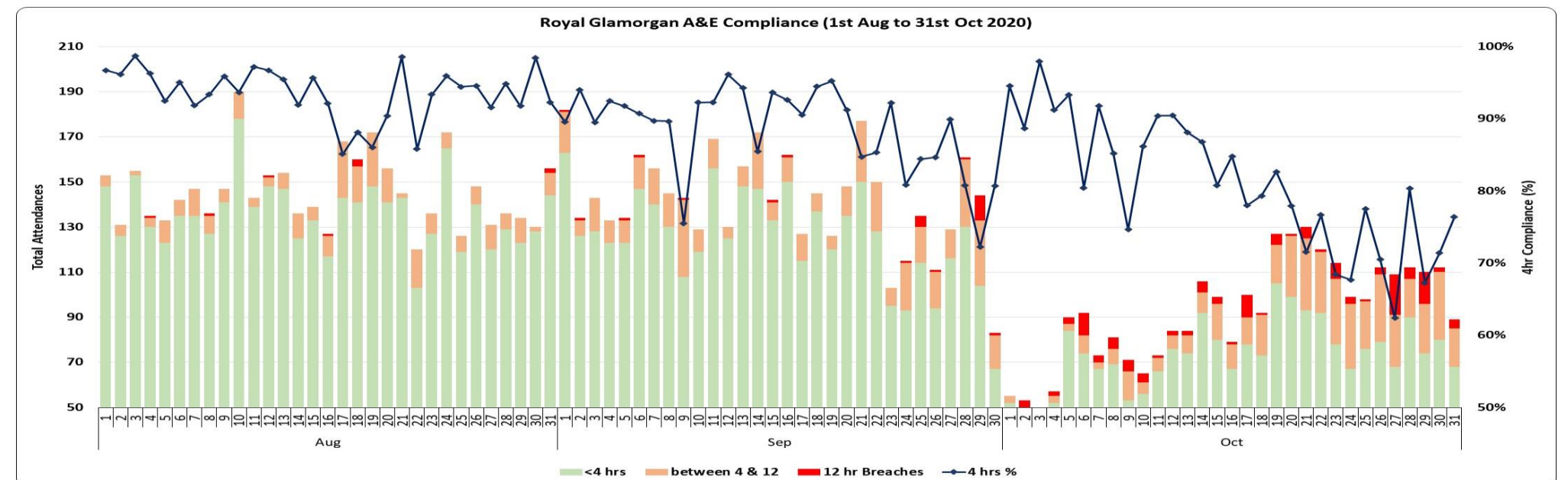
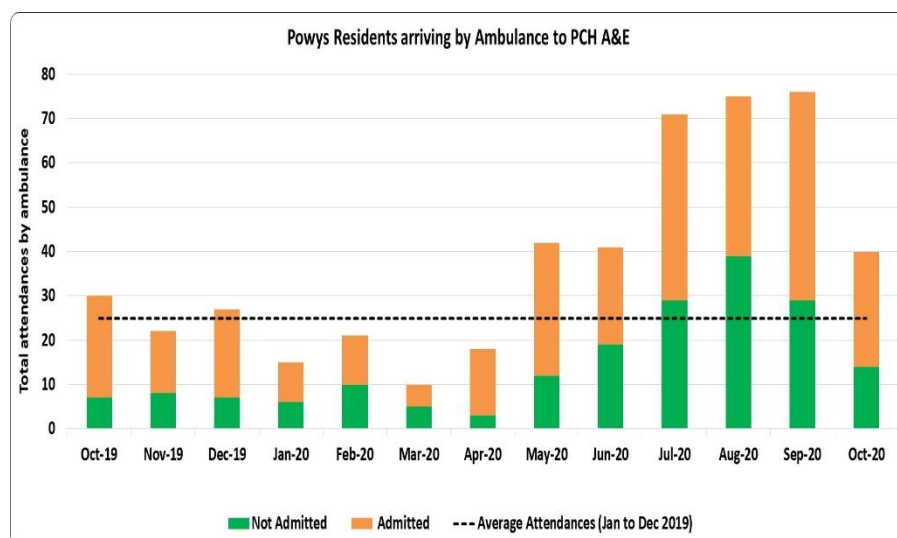
12 Hour Waits - The rise continues in the number of breaches of the 12 hour target in October with an overall increase of 256 breaches on the previous month bringing the total to 1021. The largest number of breaches since January. RGH saw the fewest breaches out of the three major units (130) albeit an increase of 104 on the previous month whilst PCH increased by 116 to a total of 446 and POW had a total of 445, an increase of 36 on the previous month.

Focus on Royal Glamorgan Compliance since August 2020

4 hour compliance was around 90% or better for the two month period shown until the time of the outbreak of hospital acquired Covid-19 infection in the last week of the month. Since that time, there has been a reduction in attendances, with non Covid-19 patients arriving by ambulance that would originally have been taken to RGH being diverted to both hospitals within the UHB and those within neighbouring Health Board areas. The determination to which hospital is taken by WAST based on the location of the incident and the most expedient route to transport the patient both quickly and safely.

Whilst activity levels have been recovering during October, they have not yet returned to the pre-outbreak levels, whilst the compliance continues to reduce.

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Oct-19	5289	70.5%	433	5484	72.9%	171	4980	68.1%	414	16749	72.3%	1018
Nov-19	5028	72.0%	448	5292	74.5%	289	4744	69.0%	376	15895	73.4%	1113
Dec-19	4951	71.8%	458	5159	72.7%	235	4887	62.0%	474	15681	70.2%	1167
Jan-20	4855	73.0%	495	5090	72.5%	370	4638	70.9%	404	15525	73.8%	1269
Feb-20	4608	75.9%	422	4393	76.1%	278	4249	77.6%	130	14006	77.8%	830
Mar-20	3831	81.2%	293	3483	77.0%	164	3544	79.3%	214	11476	80.3%	671
Apr-20	2693	95.8%	3	2588	91.7%	6	2505	81.6%	17	8081	90.2%	26
May-20	3866	91.3%	41	3516	90.9%	10	3792	81.4%	32	11581	88.2%	83
Jun-20	4178	88.7%	67	3817	89.3%	24	4224	80.4%	62	12798	86.7%	153
Jul-20	4601	82.3%	95	4335	92.7%	5	4541	79.0%	157	14146	85.2%	257
Aug-20	4844	76.6%	215	4509	93.5%	9	4818	71.3%	370	14844	81.1%	594
Sep-20	4460	73.9%	330	4247	88.6%	26	4294	73.6%	409	13719	79.7%	765
Oct-20	3975	78.4%	446	2863	79.6%	130	3742	74.4%	445	11245	78.6%	1021



Stroke Quality Improvement Measures (QIMs) / Delayed Transfers of Care

QIM's – October 2020

% compliance with direct admission to an acute stroke unit within 4 hours
17.5%

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins
69.2%

% compliance of patients diagnosed with stroke received a CT scan within 1 hour
68.8%

% compliance assessed by a stroke consultant within 24 hours
59.4%

	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Oct-19	40.7%	36.4%	71.4%	66.1%	19.4%	Nil	47.2%	66.7%	32.2%	36.4%	62.0%	66.3%
Nov-19	23.5%	50.0%	64.7%	70.6%	13.3%	16.7%	58.1%	54.8%	19.8%	25.0%	62.2%	64.6%
Dec-19	37.8%	20.0%	63.2%	57.9%	7.4%	0.0%	44.4%	22.2%	25.0%	12.5%	55.4%	43.1%
Jan-20	30.4%	62.5%	60.7%	66.1%	18.5%	0.0%	44.4%	51.9%	26.5%	50.0%	55.4%	61.4%
Feb-20	44.0%	85.7%	70.6%	68.6%	34.6%	33.3%	51.9%	81.5%	40.8%	70.0%	64.1%	73.1%
Mar-20	45.9%	50.0%	78.4%	70.3%	42.1%	0.0%	52.6%	63.2%	44.6%	25.0%	69.6%	67.9%
Apr-20	69.2%	33.3%	71.2%	75.0%	30.0%	Nil	65.0%	85.0%	58.3%	33.3%	69.4%	77.8%
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%

The table to the left details the compliance of two acute stroke units at Prince Charles Hospital and the Princess of Wales Hospital against four QIMs up until the end of October. Whilst achieving the targets have always proved challenging, not least due to not being able to establish a sustainable 24/7 service, there have been further reductions over the last two months.

Acute Stroke wards are amongst the very few remaining that are free from Covid patients. As such, many patients are being kept in the Emergency Department whilst they await swab results before being admitted. Given the need to admit medical patients who are Covid free, a greater proportion of beds on Stroke wards are being used by such patients. At times there have been more than 50% of acute Stroke beds occupied by medical patients.

The 24-hour targets are therefore even more challenging, with staff clearly focusing on working safely with and for patients. Furthermore it is not deemed appropriate to be completing therapy assessments in the corridor of Emergency Departments when it is of little benefit to the patient.

These initial delays combined with the intense pressures on beds from both Covid and non-Covid patients mean that compliance with admitting patients on to a Stroke ward within four hours has been lower than 30% across the UHB as a whole for the the last four months.

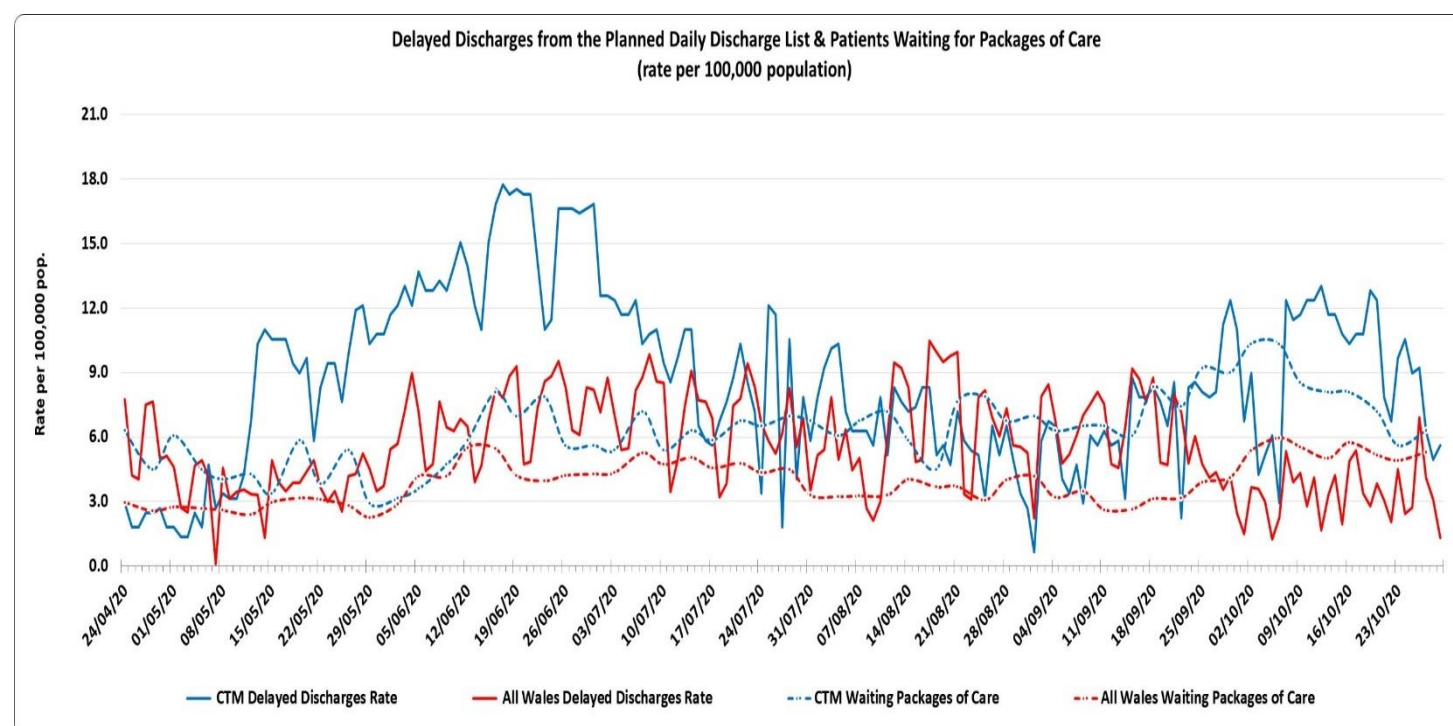
Delayed Transfers of Care from the Planned Daily Discharge List – October 2020

	September 2020									October 2020								
	1st	4th	8th	11th	15th	18th	22nd	25th	29th	2nd	6th	9th	13th	16th	20th	23rd	27th	
Number of Delayed Discharges	3	29	13	28	39	37	10	36	55	40	13	52	52	46	55	43	28	
Numbers waiting for Packages of Care	31	28	29	29	27	37	33	41	40	46	46	38	36	36	32	25	28	

This weekly return, which is taken from the daily discharge list is likely to continue instead of reintroducing the previous monthly return. The chart provides a trend for two aspects of this return, with CTM levels per 100,000 population are currently above the all Wales level, particularly in terms of discharges delayed.

Whilst the return is weekly, data for delays is recorded daily, with data for the patients waiting for packages of care being recorded twice a week.

There has been an increase in the rate of delayed discharges during October, well above the all Wales rate, though there has been a welcome reduction at the end of the month.



Emergency Ambulance Services

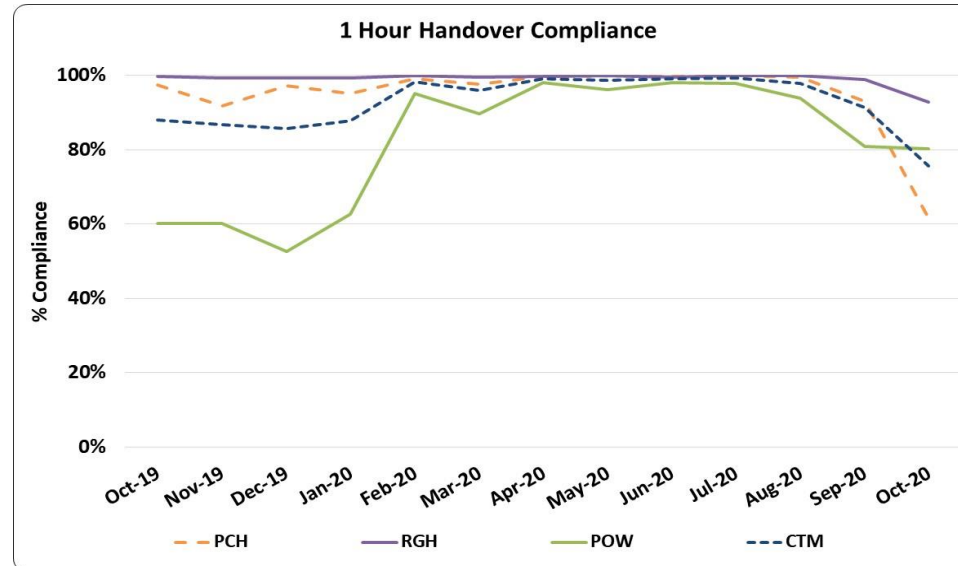
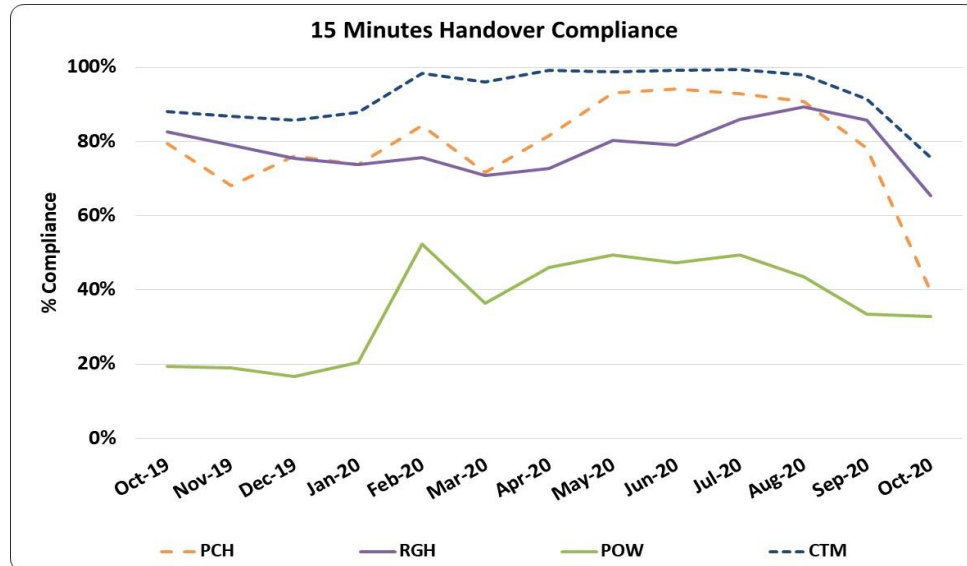
Number of Ambulance Handover Times & Compliance – October 2020

Number of ambulance handovers over within 15 mins – Local Measure

1,456 (43.1%)

Number of ambulance handovers over 1 hour – Target Zero

623 (75.7%)



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Oct-19	1155	79.5%	97.5%	1298	82.6%	99.8%	943	19.4%	60.1%	3396	64.0%	88.0%
Nov-19	1162	68.2%	91.9%	1220	78.9%	99.3%	796	19.0%	60.2%	3178	60.0%	86.8%
Dec-19	1162	76.1%	97.3%	1201	75.4%	99.4%	902	16.7%	52.7%	3265	59.4%	85.8%
Jan-20	1120	73.8%	95.1%	1189	73.8%	99.4%	882	20.4%	62.7%	3191	59.0%	87.7%
Feb-20	1039	84.2%	99.1%	1074	75.6%	100.0%	879	52.3%	95.1%	2992	71.8%	98.3%
Mar-20	982	71.6%	97.8%	924	70.9%	99.6%	796	36.4%	89.8%	2702	61.0%	96.0%
Apr-20	767	81.5%	99.7%	800	72.8%	99.8%	706	46.0%	98.0%	2273	67.4%	99.2%
May-20	938	93.1%	99.9%	921	80.3%	100.0%	928	49.5%	96.2%	2787	74.3%	98.7%
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.1%	2904	73.5%	99.2%
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.8%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.3%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. The reduction in handover compliance in October can be explained to an extent through the operational imperative to ensure that patients can be safely segregated within the emergency department according to their Covid status.

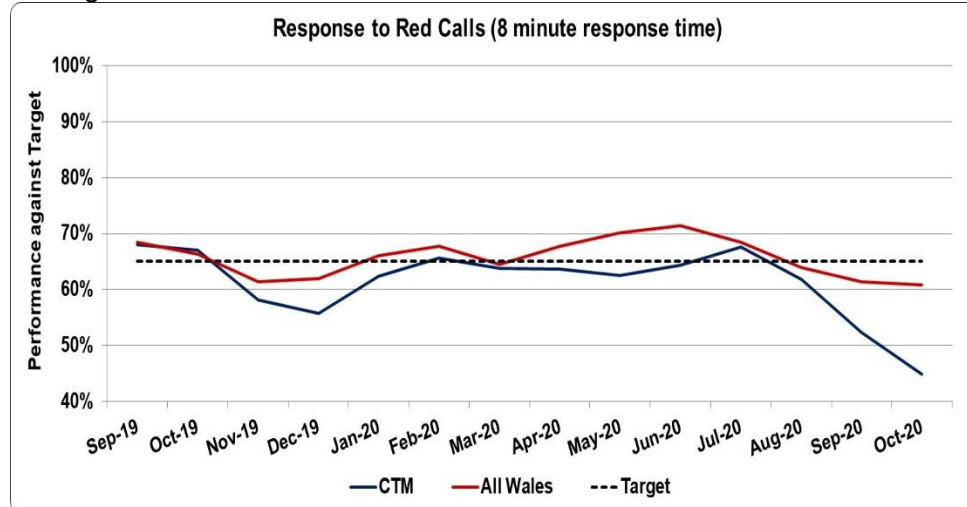
Response to Red Calls – October 2020

% of emergency responses to red calls arriving within 8 minutes – Target 65%

44.8%

Response to Red Calls

Response times continued to fall further during October to 44.8% and is the lowest level seen during the last 12 months. Likewise the Welsh average also continued to fall below target to 60.8% and it too is at the lowest level during the last 12 months. CTM performance for the last 12 months averages out at 59.6%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Oct-19	39	30	76.9%	199	145	72.9%	109	58	53.2%	347	233	67.1%
Nov-19	73	44	60.3%	241	147	61.0%	109	55	50.5%	423	246	58.2%
Dec-19	65	38	58.5%	247	135	54.7%	148	83	56.1%	460	256	55.7%
Jan-20	65	42	64.6%	197	127	64.5%	118	68	57.6%	380	237	62.4%
Feb-20	54	42	77.8%	170	107	62.9%	93	59	63.4%	317	208	65.6%
Mar-20	67	47	70.1%	222	137	61.7%	114	73	64.0%	403	257	63.8%
Apr-20	42	28	66.7%	162	102	63.0%	68	43	63.2%	272	173	63.6%
May-20	44	30	68.2%	126	73	57.9%	86	57	66.3%	256	160	62.5%
Jun-20	44	29	65.9%	146	92	63.0%	91	60	65.9%	281	181	64.4%
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%

Red Call Volumes

The table to the left shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months the Merthyr area has seen the best response times averaging 63.4% albeit the last 2 months has seen a fall below the target with RCT and Bridgend averaging 57.8% and 60.6% respectively. Performance in all areas continues to fall to below the 65% target.

The table below further highlights that Merthyr area receives a higher response rate per head of population than the other two geographic areas of CTM.

Average Response rate per 10,000 population (period Nov 2019 to Oct 2020)		
Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	6.1
RCT	241,264	4.6
Bridgend	147,049	4.3

Cancer Pathways

Non Urgent Suspected Cancer (NUSC) / Urgent Suspected Cancer (USC) / Single Cancer Pathway (SCP) – September 2020

% of patients starting first definitive cancer treatment within 62 days from point of suspicion -
Target 12 Month Improvement Trend
51.2% (SCP- Without Suspensions)

Single Cancer Pathway (SCP)

The SCP performance for September was:

- Without suspensions 51.2% (64.0% in August)
- With suspensions 57.4% (67.7% in August)

% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within 31 days of diagnosis
Target 98%
94.1% (NUSC)

31 Day Target (NUSC)

The combined performance for Cwm Taf Morgannwg fell to 94.1% in September from 96.9% in August. In total, 6 patient breaches were recorded with the main contributory factor being delay awaiting tertiary surgery due to the Covid pandemic.

The table below details the patient breaches for both the NUSC & USC Cancer Pathways.

% of patients newly diagnosed with cancer, via the urgent route, that started definitive treatment within 62 days of receipt of referral
Target 95%
59.3% (USC)

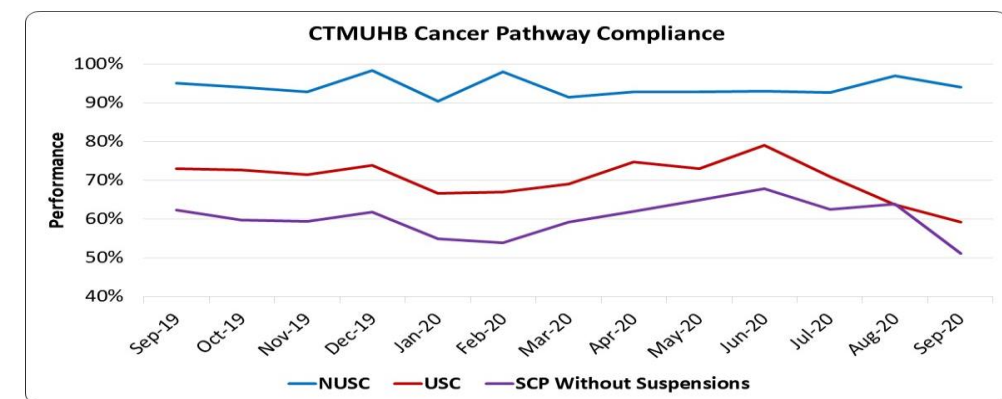
62 Day Target (USC)

The combined performance for CTM fell further in September to 59.3% from 63.7% in August with a total of 44 patient breaches with the main contributory factor being delay awaiting diagnostic investigations, treatment and outpatient capacity issues due to the Covid pandemic.

Urology patient breaches continue to be a high proportion of the overall breaches with 18 patient breaches. There were also 6 patient breaches in Breast, 5 patient breaches in LGI with 4 patient breaches apiece in Lung and Gynae. Sarcoma and Haematological observed 2 patient breaches each and 1 patient breach each in Head & Neck, UGI and Skin

Tumour site	Treated in Target Without	Total Treated	% Treated in Target Without
Head and neck	3	10	30.0%
Upper GI	9	18	50.0%
Lower GI	17	31	54.8%
Lung	14	30	46.7%
Sarcoma	2	5	40.0%
Skin (exc BCC)	26	28	92.9%
Brain/CNS	2	2	100.0%
Breast	12	21	57.1%
Gynaecological	5	13	38.5%
Urological	11	42	26.2%
Haematological	5	8	62.5%
Other	1	1	100.0%
Total	107	209	51.2%

September 2020	Merthyr & Cynon		Rhondda & Taff		Bridgend		Cwm Taf Morgannwg	
	NUSC	USC	NUSC	USC	NUSC	USC	NUSC	USC
Head and Neck				1				1
Upper Gastrointestinal						1		1
Lower Gastrointestinal	1	2		2		1	1	5
Lung		1	1	1	1	2	2	4
Sarcoma		1		1				2
Skin(c)				1				1
Brain/CNS								
Breast				2		4		6
Gynaecological	1	4					1	4
Urological			2	15		3	2	18
Haematological(d)				2				2
Other(f)								
Total Breaches	2	8	3	25	1	11	6	44



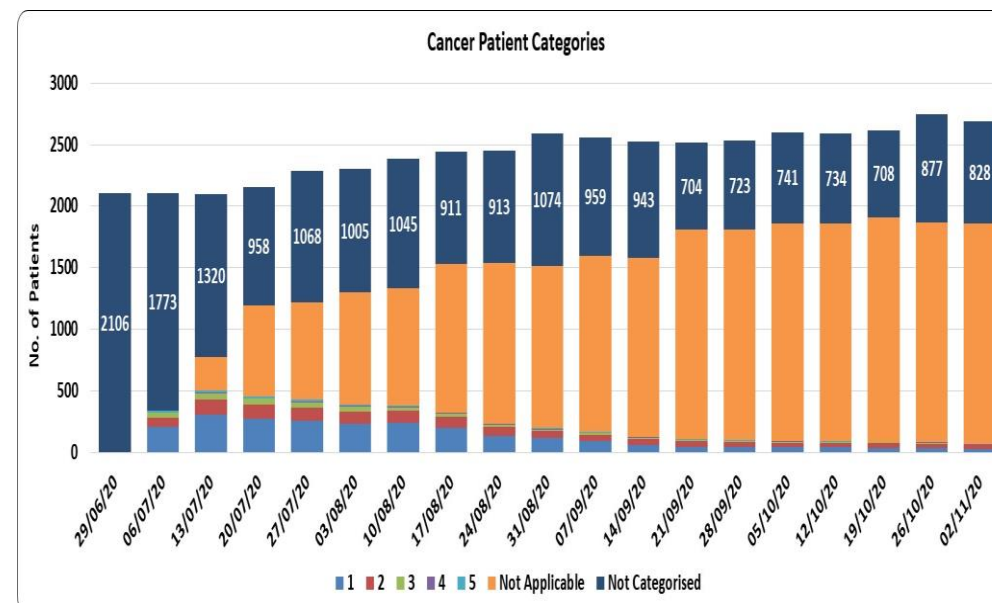
Patients Waiting on a Cancer Pathway – as at 3rd November 2020

The Risk Rating and Category Scoring was undertaken as a one off exercise and was not adopted by all tumour sites necessarily. It is not an ongoing work stream because of the difficulties in sustaining such an approach. This explains why a large number of pathways are uncategorised.

However these codes, along with many others are subject to some error, since they are being recorded in a text field on the WPAS Tracker module, currently the only field available for use. The chart to the right shows the total number of open cancer pathways broken down by category.

In terms of length of wait, whilst there are 53 patients waiting over 104 days from a USC/NUSC perspective including suspensions, if periods of suspension are ignored, then this number doubles. From a SCP perspective, the clock starts at point of suspicion, which without suspensions, increases the numbers further as follows:

- In Bridgend, there are 38 patients waiting more than 104 days
- In Merthyr Cynon, there are 64 patients waiting more than 104 days
- In Rhondda Taff-Ely, there are 74 patients more than 104 days



1	Waiting for diagnostics
2	Patient choice to suspend
3	Treatment cannot be undertaken due to national guidance
4	No national restriction on treatment but CTM is not undertaking
5	The patient has received an alternative treatment
NA	Patients pathway not affected by Covid
U	Not categorised

The two tables below highlight the current volume of both USC and NUSC patients where a category is either not applicable or where a category has not yet been allocated, broken down by risk. Note in particular there are 27 high risk NUSC patients that do not as yet have a decision to treat and 83 high risk USC patients, 21 of whom have already waited over 62 days, of whom 3 have waited over 104 days.

Risk Assessment	Days Waiting					No Decision to Treat
	0-31 days	32-47 days	48-62 days	63-104 days	105+ days	
1-Very Low						
2-Low						14
3-Intermediate						8
4-High	2					27
U-Risk not allocated	20	7	2		2	346
Total	22	7	0	0	2	395

Risk Assessment	Days Waiting					Total
	0-31 days	32-47 days	48-62 days	63-104 days	105+ days	
1-Very Low	23	5				28
2-Low	4	3	4	5	5	21
3-Intermediate	24	13	8	9	10	64
4-High	24	16	22	18	3	83
U-Risk not allocated	1431	330	139	113	20	2033
Grand Total	1506	367	173	145	38	2229

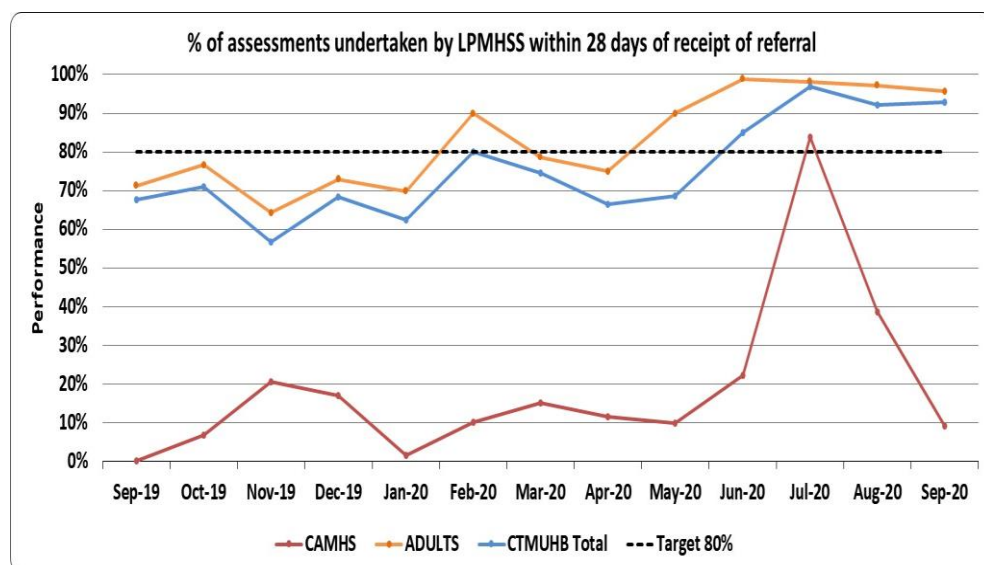
% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%

92.9%

Part 1a.

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. Overall, September's compliance marginally improved to 92.9% from 92.2% in August.

With the exception of August (747), referrals have been steadily increasing with the total in September reaching 861, but continuing to remain well below the pre-Covid levels of 1000 to 1100.



CAMHS (including p-CAMHS)

The tables show the improvement in CAMHS compliance against the Mental Health Measure, however additionally, there is a need to ensure that access to CAMHS for primary care referrals is afforded the same priority as a referral from secondary care. The most recent p-CAMHS compliance for Part 1 (a) is 57.6%, with 39 patients waiting over 4 weeks for assessment. This also represents an improvement on September, but does demonstrate the variation in compliance.

Waiting Times to First Assessment	CTM CAMHS						Waiting Times of Therapeutic Interventions started during the month	CTM CAMHS					
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Total Assessments	47	51	63	31	31	11	Total Intervention	9	1	1	36	24	5
Waiting <4 weeks	9	5	14	26	12	1	Waiting <4 weeks	8	0	0	23	16	5
Waiting >4 weeks	38	46	49	5	19	10	Waiting >4 weeks	1	1	1	13	8	0
Compliance	19.1%	9.8%	22.2%	83.9%	38.7%	9.1%	Compliance	88.9%	0.0%	0.0%	63.9%	66.7%	100.0%

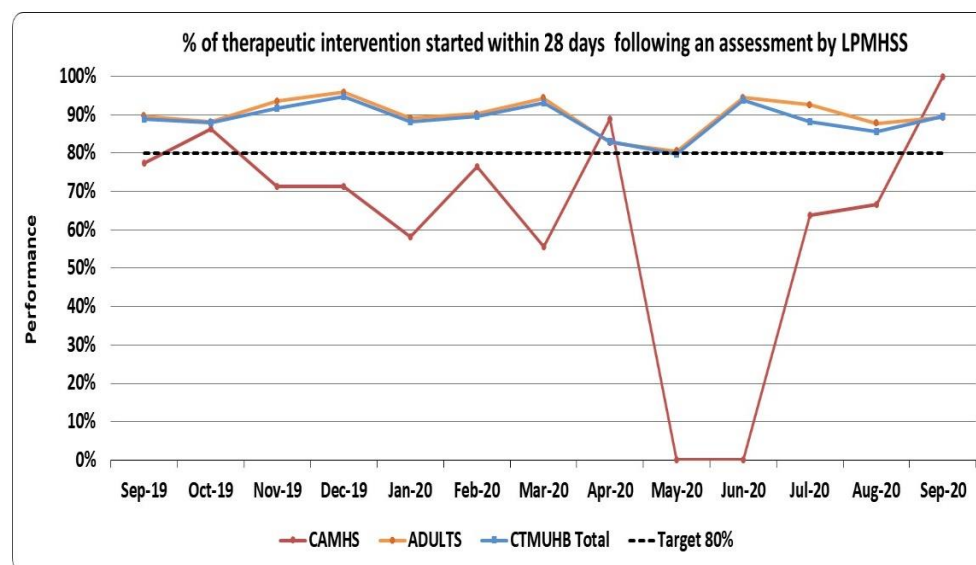
The previous increase in the number of interventions undertaken was not sustained through to September with only 5 interventions starting this month.

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

89.5%

Part 1b.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to be above the 80% target at 89.5% in September. The number of interventions are relatively stable at the moment at just less than 250, although well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service continued to improve with 100% attainment, up from 66.7% in August, albeit the total number of interventions started this month were only 5.



Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services improved to a provisional 38.8% in October from 32% in September. The total waiting list increased by 85 to a current total of 544, with the number of patients waiting above the target time continuing to rise from 312 to 333, where the average weeks wait now being 31.

Neurodevelopment CTM	waiting list as at:					
	5th Jun 20	7th Jul 20	4th Aug 20	3rd Sep 20	5th Oct 20	2nd Nov 20
Total Waiting List	449	395	458	437	459	544
Waiting 26+ weeks	197	185	202	289	312	333
Compliance	56.1%	53.2%	55.9%	33.9%	33.9%	38.8%
Average weeks wait	24.0	26.0	23.7	31.0	32.0	31.0

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

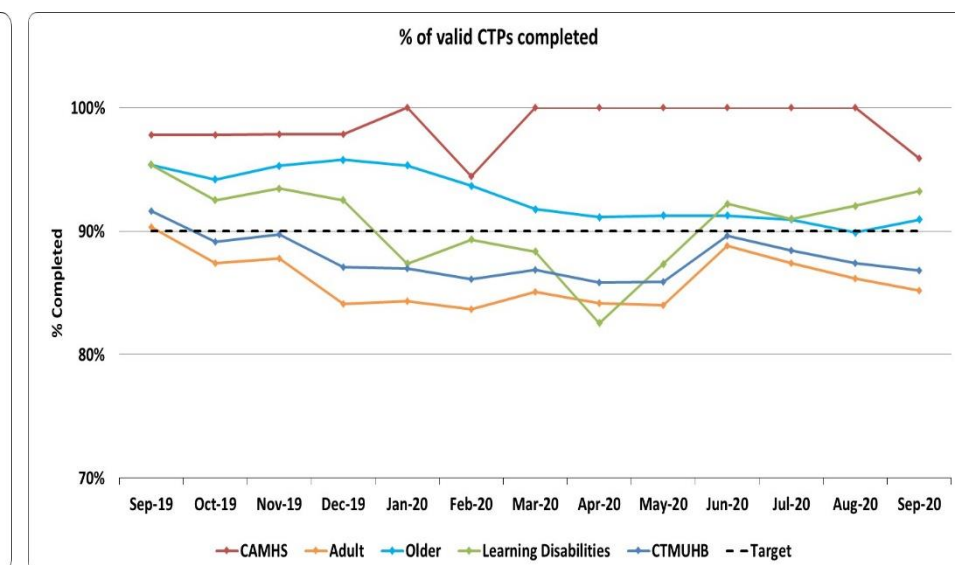
86.6%

Part 2

Part Two of the Mental Health Measure: i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month reduced further to 86.8% from 87.4% in August, continuing to fall just short of the 90% target. Overall the target has not been met since September 2019.

Part 3

Seven outcome of assessment reports were sent during September with all being sent within 10 working days, achieving the target of 100% for Part Three of the Mental Health Measure.



Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times continues to fall to a provisional 55.6% in October from 78.3% in September. The total waiting list has increased to 268 from 157 in the previous month with those patients waiting above the target time increasing by 85 to a total of 119 this month.

waiting list as at 3rd Nov 20			
Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	177	91	268
Waiting >4 weeks	81	38	119
Compliance	54.2%	58.2%	55.6%
Average weeks wait	3.3	2.9	3.1