

Specific Matters for Consideration

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Medi 2020 / September 2020

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Resetting Cwm Taf Morgannwg

Referral to Treatment Times (RTT)

Diagnostics & Therapies

Surveillance Monitoring – Endoscopy Waits

Follow-Up Outpatients Not Booked (FUNB)

Unscheduled Care

Emergency Ambulance Services

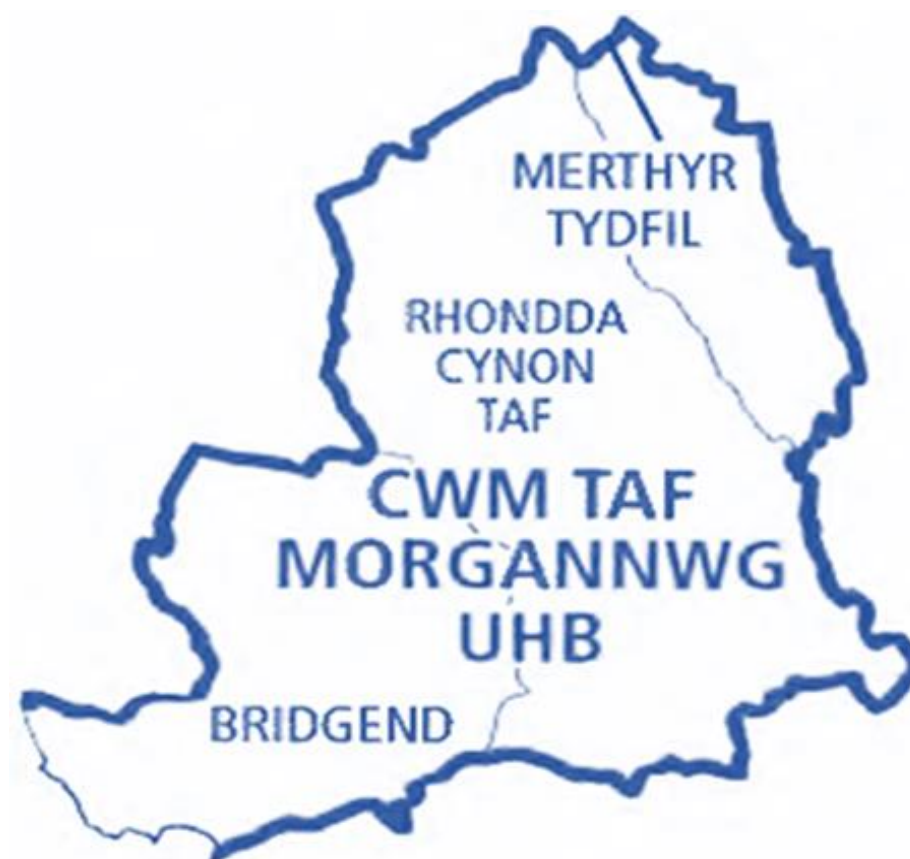
Cancer Pathways

Stroke Quality Improvement Measures (QIM's)

Delayed Transfers of Care (DTOC)

Mental Health

Cwm Taf Morgannwg At a Glance



Mission:

Building healthier communities together

Quality Health and Care

for Mrs Jones, her family and her community



Vision:

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

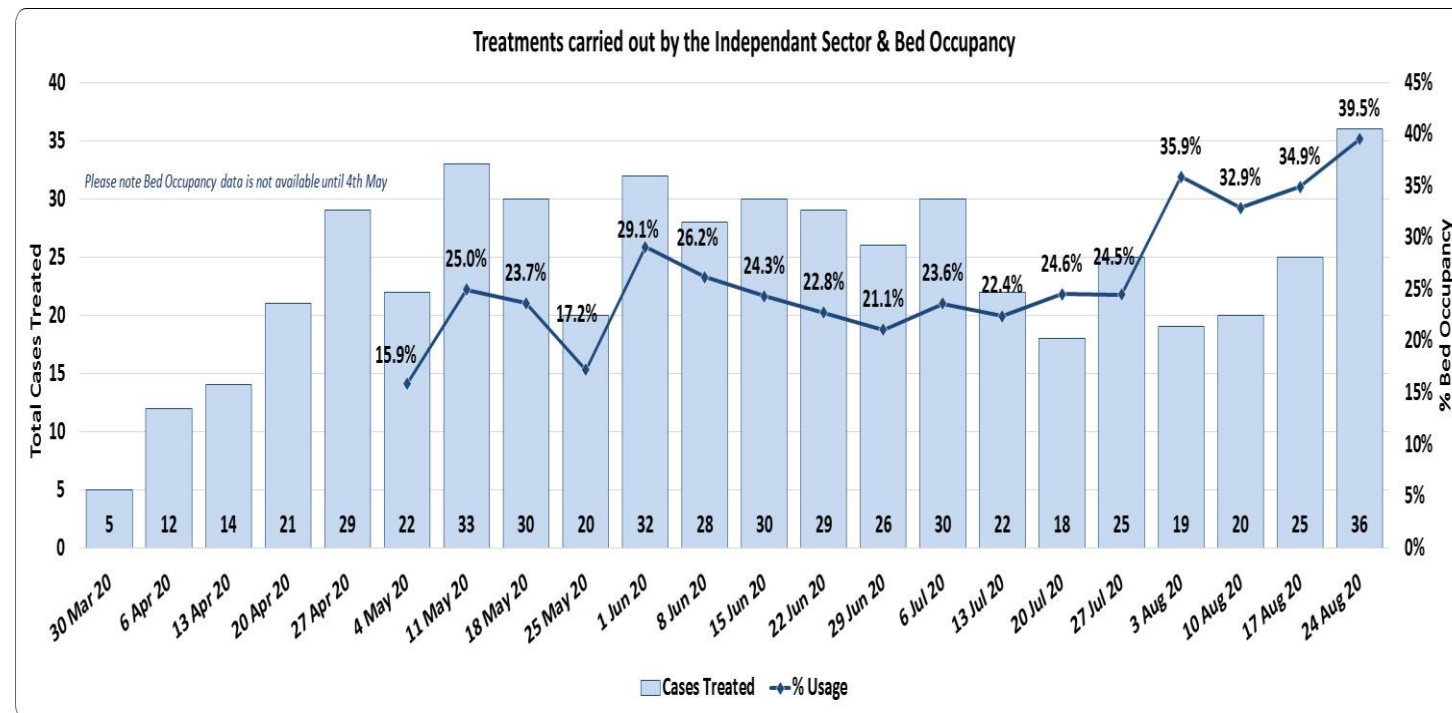
Strategic Well-being Objectives:

- 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.

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 24th August
526



Treatments carried out by the Independent Sector from 30th March to 24th August 2020									
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Total
132	147	213	4	2	1	8	16	3	526

The continued increase in theatre utilisation in the independent hospital theatre capacity is very encouraging, but needs to continue for as long as the contract remains in place. This continues to be an important addition to the limited elective capacity available within our hospitals.

The elective activity undertaken since May is shown in the chart to the right. The level of activity undertaken classified as non-urgent is perhaps unexpected, but closer examination of the activity has shown the following:

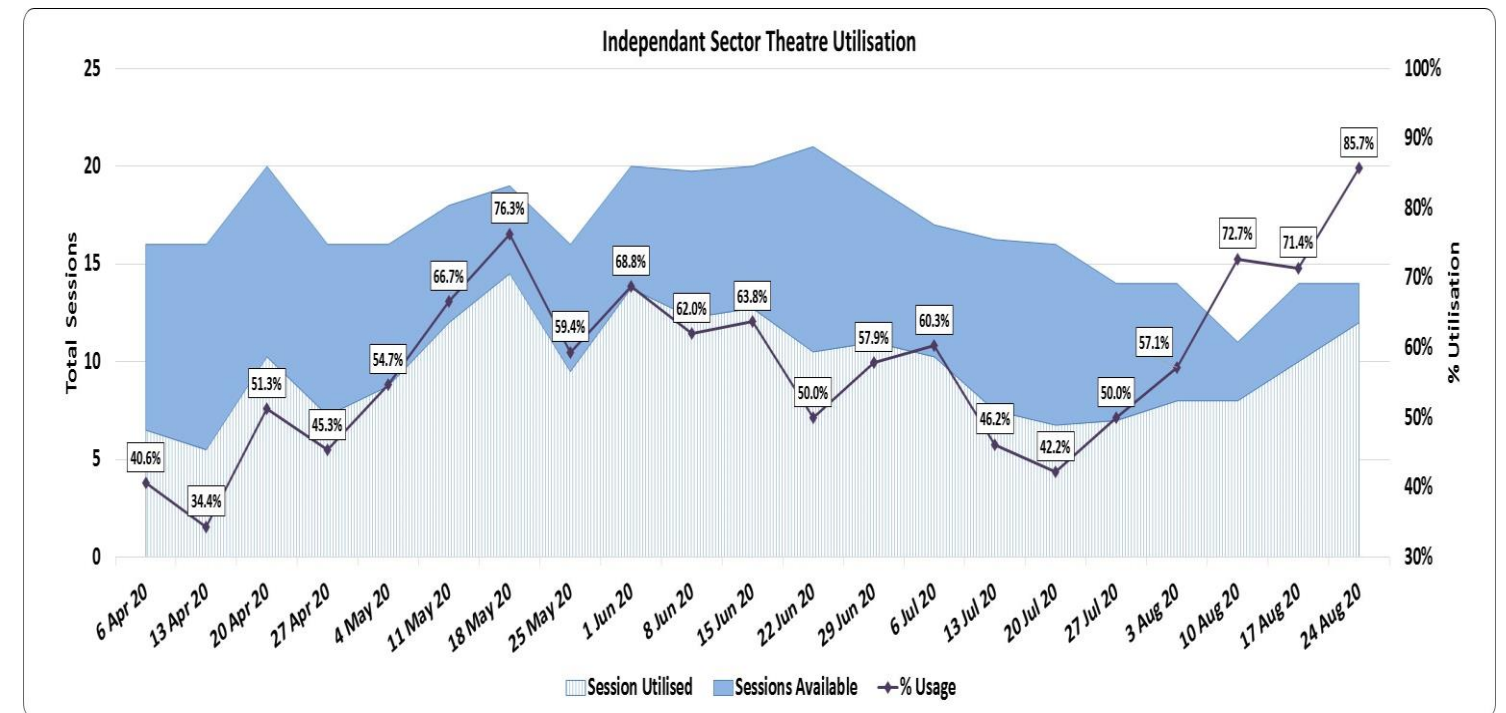
- Much of routine data, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something that requires an action plan to address sustainably
- For PCH and RGH, a significant number of these cases relate to Cardiology treatments relating 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.

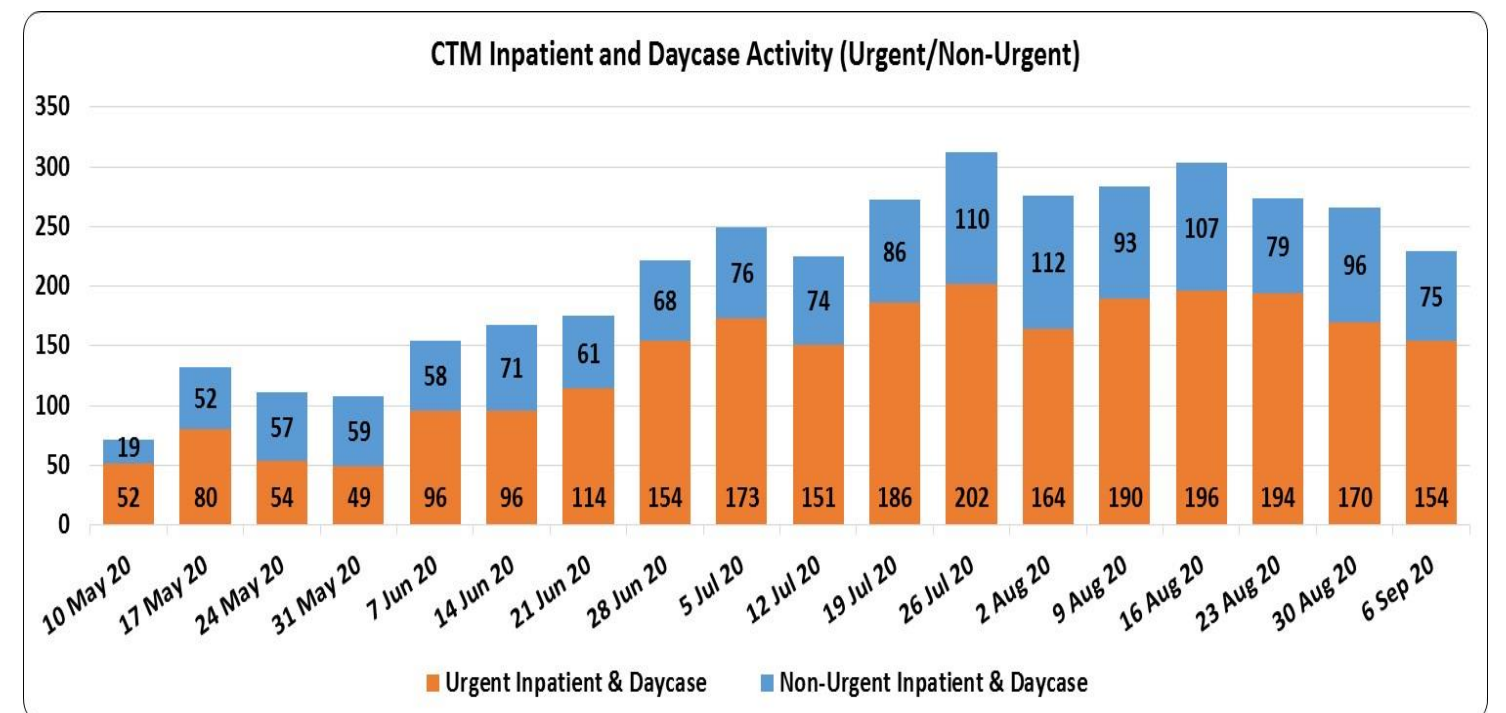
There are plans to increase the level of elective activity from mid-September.

Theatre Utilisation (Independent Sector)

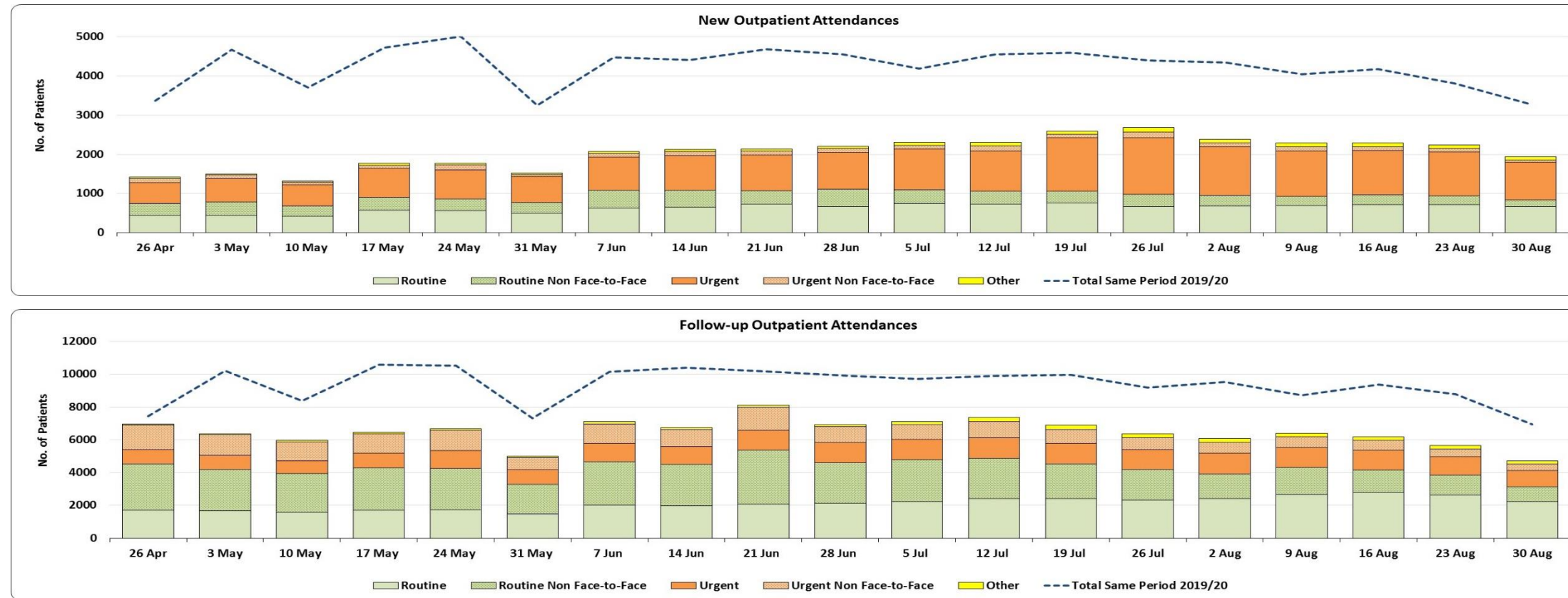
Theatre Utilisation within the Independent Sector Hospital to week commencing 24th August 2020



Activity Undertaken within Internal Hospital Capacity



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



The gap is closing from a follow-up perspective, with digitally enabled opportunities helping to significantly bolster the level of activity undertaken. However further increases will need to happen to get anywhere near the level of activity delivered in previous years.

There continues to be a wider gap in terms of new outpatients, which is to be expected, however progress is needed in September to recover from the reduced levels in August, particularly in view of the aim to implement *Attend Anywhere* across all services within the UHB.

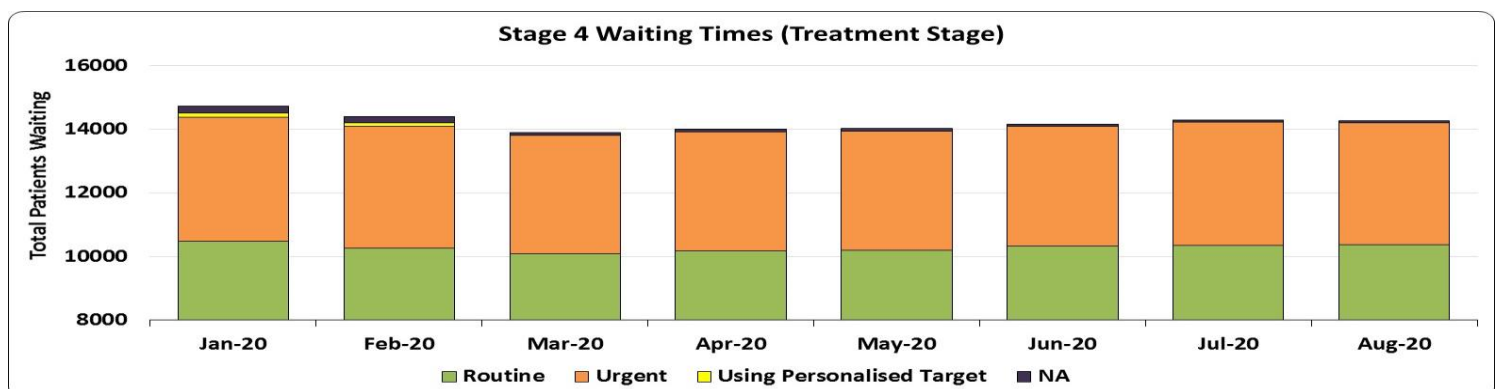
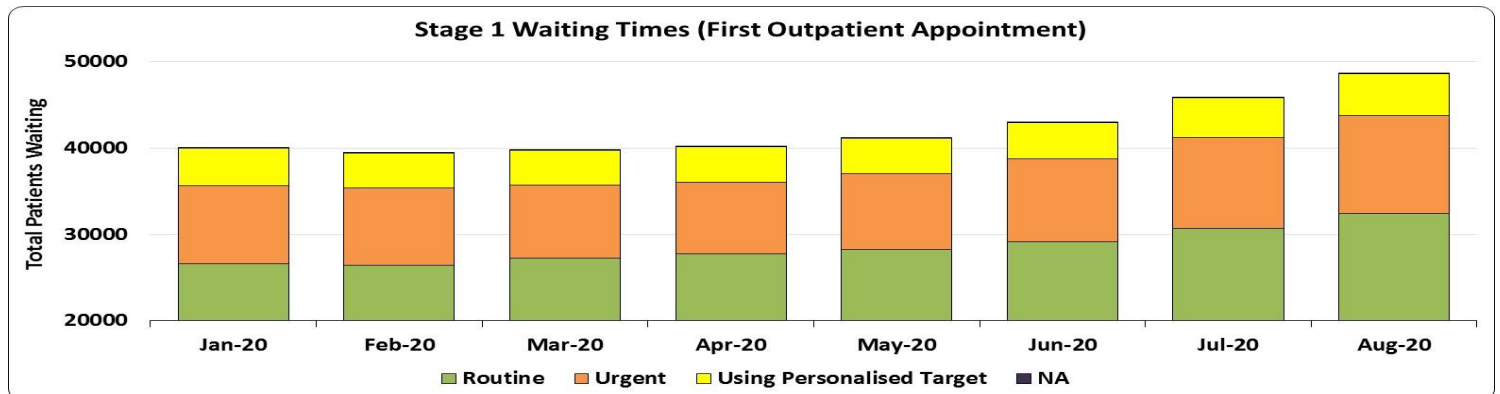
Waiting Times Stage 1 (New Outpatients) and Stage 4 (Treatments)

Given the previous charts depicting outpatient, inpatient and daycase activity, it is only right to start focusing on the associated waiting times for each element, recognising that for many years, they have been looked at together through Referral to Treatment Time measurement.

There are indications that the “components” as they are often called, will be used to measure Cardiac Services, though more pertinently at the moment, the waiting time for patients at Stage 4 is the current focus of the clinical prioritisation process.

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).

The corresponding growth in the Stage 1 waiting list volume, particularly since May, will be both challenging from an initial consultation perspective and a conversion to treatment perspective. The latter will add to an already significant Stage 4 backlog, where almost 60% of patients have now waited over 26 weeks.



Referral to Treatment Times (RTT)

Referral to Treatment Times – August 2020 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

6948

Number of patients waiting >36 weeks – Target Zero

24400

% of patients waiting under 26 weeks – Target 95%

40.7%

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 August is 6948.

The breakdown of the 6948 patients is as follows:

- 2215 patients relate to Merthyr & Cynon ILG waiting lists
- 2619 patients relate to Rhondda & Taff ILG waiting lists
- 2114 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

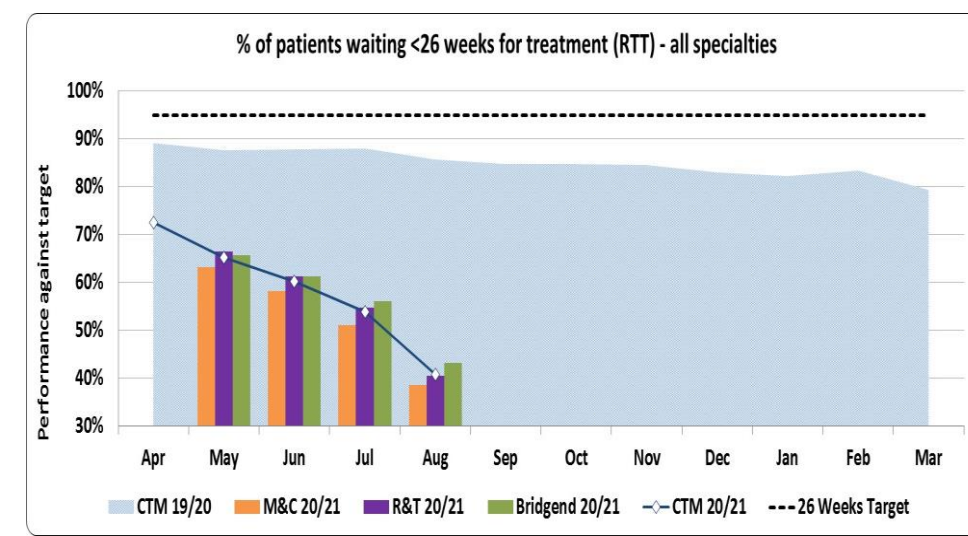
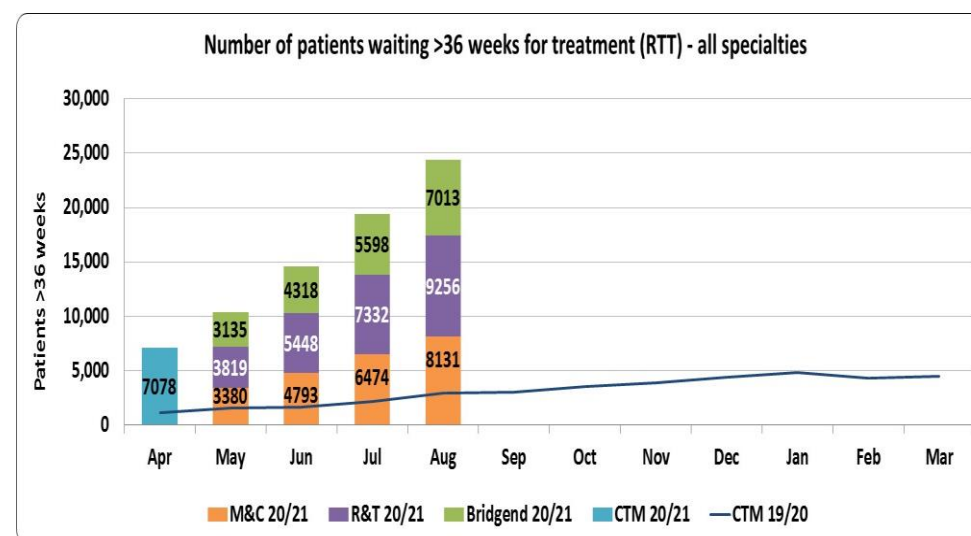
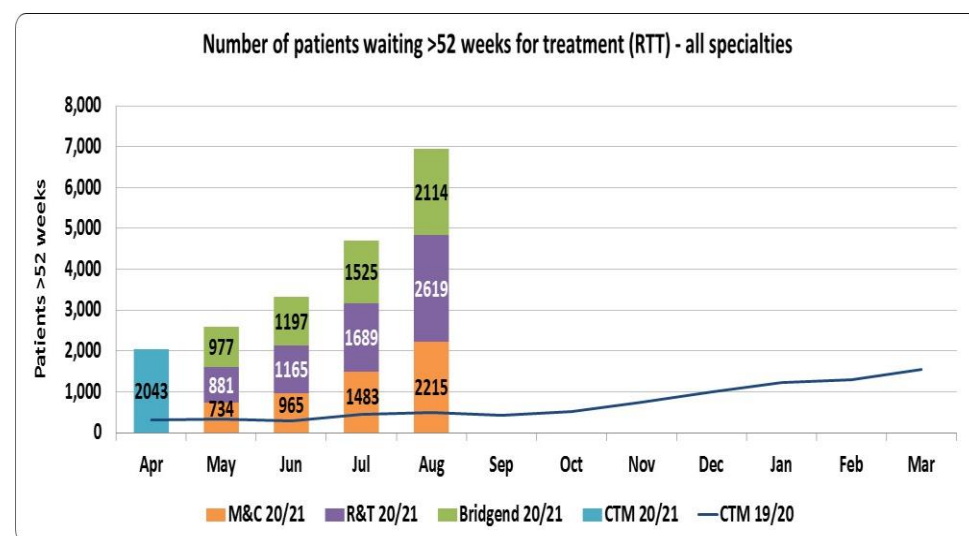
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for August is 24400 patients across Cwm Taf Morgannwg, which is an increase of 4996 from July (N.B. includes the 6948 patients waiting over 52 weeks):

- 8131 patients relate to Merthyr & Cynon ILG waiting lists
- 9256 patients relate to Rhondda & Taff ILG waiting lists
- 7013 patients relate to Bridgend ILG waiting lists

Patients waiting <26 weeks

In terms of the 26 week position (excluding the direct access Diagnostic & Therapy figures) the provisional position for August across Cwm Taf Morgannwg is 40.7% and the position within each ILG is as follows:

- 38.7% Merthyr & Cynon ILG waiting lists
- 40.5% Rhondda & Taff ILG waiting lists
- 43.2% Bridgend ILG waiting lists



The data Following recent discussions, it is clear that this will not be put into effect for a number of months, therefore all services are currently reported against the provider units within which they are based, except for Gynaecology and Oral Surgery, for which Merthyr & Cynon have CTM wide responsibility and Paediatrics, which is reported against Bridgend for CTM as a whole.

The confirmed position for the end of July 2020 was 19404 patients waiting over 36 weeks, of whom 4697 patients were waiting over 52 weeks.

It is anticipated that the resetting of elective services will bring a different focus on how treatments will be prioritised in the future and hence what performance reporting regime 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 70,000. 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 re-prioritisation of open pathways to reflect a risk based approach is well under way and it is anticipated that information will be presented in this format in future reports. In particular, patients are being classified into groups on the basis of whether they need to be seen in 4 weeks, 12 weeks or 26 weeks. Given the current backlog, the time that patients have already waited will be a factor in determining the order in which existing patients within each group will be seen, although the relative risk of harm will ultimately determine the order. This is in keeping with what will become a new framework for elective services across NHS Wales as a whole, which will ensure consistent adoption of this approach for new and follow-up patients (as is already the case for Ophthalmology via the Health Risk Factor approach), together with surgical treatments.

The scale of the backlog and the potential need to forensically audit the treatment pathway for all patients, particularly those whose treatment was postponed as a result of the Covid-19 pandemic, means that the date when the clinical review of a patient pathway took place, together with an indicative date for treatment are both key data items that need to be recorded, with the latter an essential data item to help plan and deliver elective services on an ongoing.

Number of Diagnostic patients waiting >8 weeks - Target Zero

10676

Diagnostics >8 weeks

The provisional position for August is 10676 patients waiting over 8 weeks for diagnostic services, whilst whilst is an increase on July's position of 10429, is relatively minor compared with the total number of RTT pathways. The levels appear therefore to have stabilised somewhat, emphasising the efforts made by all services within each ILG.

The table to the right provides a breakdown of the areas that are breaching the 8 week target.

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 17 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	10676							

Provisional Position August 2020

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	283	593	943	1819
Cardiology Services	Cardiac CT	0	34	0	34
	Cardiac MRI	0	2	0	2
	Diagnostic Angiography	0	98	75	173
	Stress Test	17	41	50	108
	DSE	57	3	108	168
	TOE	3	0	17	20
	Heart Rhythm Recording	234	81	620	935
	B.P. Monitoring	25	75	109	209
Bronchoscopy		1	0	0	1
Colonoscopy		157	203	0	360
Gastroscopy		450	527	1	978
Cystoscopy		0	158	9	167
Flexi Sig		288	326	0	614
Radiology	Non-Cardiac CT	114	430	5	549
	Non Cardiac MRI	101	453	35	589
	NOUS	1263	1805	383	3451
	Non-Cardiac Nuclear Medicine	1	42	0	43
Imaging	Fluoroscopy	6	66	4	76
Physiological Measurement	Urodynamics	11	22	125	158
Neurophysiology	EMG	11	71	0	82
	NCS	25	115	0	140
Total		3047	5145	2484	10676

Therapies – August 2020 (Provisional Position)

Number of Therapy patients waiting >14 weeks - Target Zero

845

Therapies >14 weeks

There are provisionally 845 patients breaching the 14 week target for therapies in August, an improvement on the July position of 945. However, the numbers continue to represent high volumes of breaching patients as a result of the Covid 19 pandemic.

Provisional Position August 2020

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology	0	104	139	243
Dietetics	8	3	85	96
Arts Therapy	38	0	0	38
Occupational Therapy	5	12	1	18
Physiotherapy	1	0	0	1
Podiatry	155	173	0	328
SALT	91	15	15	121
Total	298	307	240	845

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 17 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	845							

Note that for Audiology, Rhondda & Taff Ely are responsible for the Merthyr & Cynon service.

Surveillance Monitoring – Endoscopy Waits / Follow-Up Outpatients Not Booked (FUNB)

Surveillance Monitoring – as at 1st September 2020

Number of patients waiting past their review date

1329

Patients waiting past review date

Endoscopy patients referred into the Cwm Taf Morgannwg 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 two tables below show the number of patients waiting across the four pathways:

as at 1st September 2020

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	58	113	19	190
Over Target	35	79	0	114
Total Patients Waiting	93	192	19	304
Urgent Non-Cancer				
Waiting <14 days	77	99	0	176
Over Target	714	675	0	1389
Total Patients Waiting	791	774	0	1565
Routine				
Waiting <56 days	57	88	110	255
Over Target	305	502	0	807
Total Patients Waiting	362	590	110	1062
Surveillance				
Waiting <126 days	571	690	26	1287
Over Target	25	17	0	42
Total Patients Waiting Past Review Date	596	707	26	1329

as at 3rd August 2020

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	60	126	16	202
Over Target	19	84	0	103
Total Patients Waiting	79	210	16	305
Urgent Non-Cancer				
Waiting <14 days	87	89	0	176
Over Target	690	599	0	1289
Total Patients Waiting	777	688	0	1465
Routine				
Waiting <56 days	67	67	90	224
Over Target	286	493	0	779
Total Patients Waiting	353	560	90	1003
Surveillance				
Waiting <126 days	538	648	21	1207
Over Target	18	15	0	33
Total Patients Waiting Past Review Date	556	663	21	1240

Princess of Wales Hospital Endoscopy Unit

As at 1st September the total waiting list (excluding surveillance patients) has increased to 129 patients from 106 in the previous month, however none of the patients are 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 September the total list (excluding surveillance patients) has increased by 37 patients on the previous month bringing the total to 1246 patients waiting, of whom 1054 are waiting over target. The number of surveillance patients waiting continues to increase, rising from 556 in August to 596 in September. Surveillance patients waiting over target currently stands at 25 up by 7 patients on August.

Royal Glamorgan

At the beginning of August the total waiting list (excluding surveillance patients) stood at 1458 patients waiting. As at 1st September the waiting list has increased by 98 patients to 1556, of whom, 1256 patients are over target.

The number of surveillance patients has continued to increase to 707 in September from 663 in August. Currently 17 of the surveillance patients are over target.

Follow-Up Outpatients (FUNB) – July 2020

Number of patients waiting for a follow-up outpatient appointment, delayed by over 100%

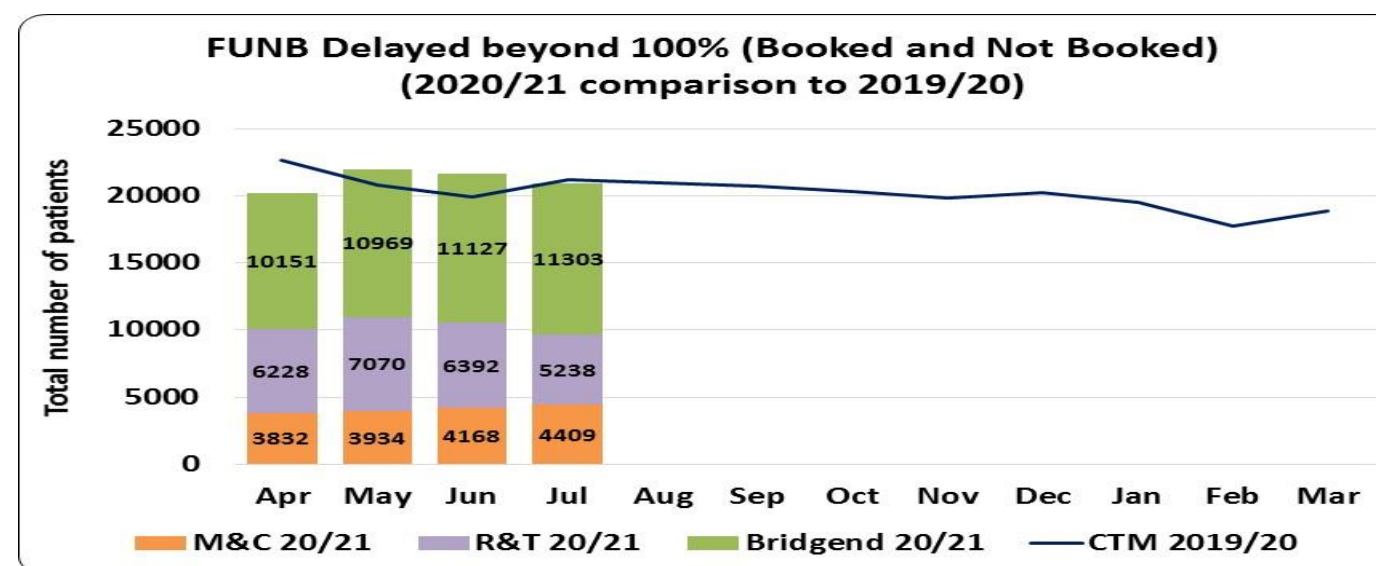
Not Booked 18984

Booked 1966

The following table shows the reported positions for patients waiting 100% beyond their target date from April 2020.

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% beyond their clinically defined target date								
Census Period	Date NOT BOOKED				Date BOOKED			
	Merthyr & Cynon	Rhondda & Taff	Bridgend	CTM	Merthyr & Cynon	Rhondda & Taff	Bridgend	CTM
Apr-20	3057	5389	9597	18043	775	839	554	2168
May-20	3179	6072	10307	19558	755	998	662	2415
Jun-20	3626	5456	10392	19474	542	936	735	2213
Jul-20	3962	4584	10438	18984	447	654	865	1966

The chart below compares Cwm Taf Morgannwg's 2020 position against 2019/20 and displays the individual ILG total of patients delayed by over 100% (booked and not booked) for 2020/21.



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.

Unscheduled Care

Accident & Emergency Waits – Provisional August 2020

Number of Attendances

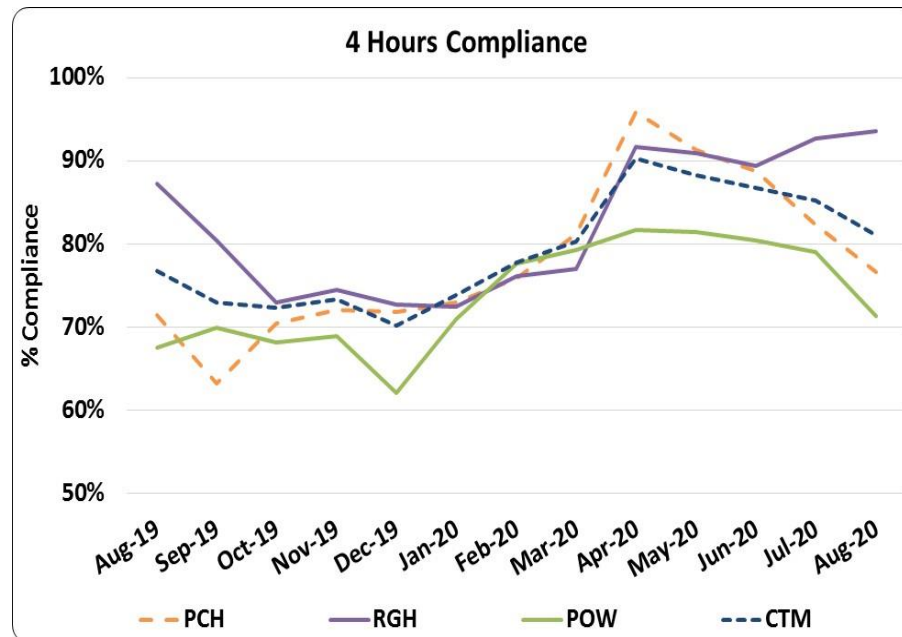
14844

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

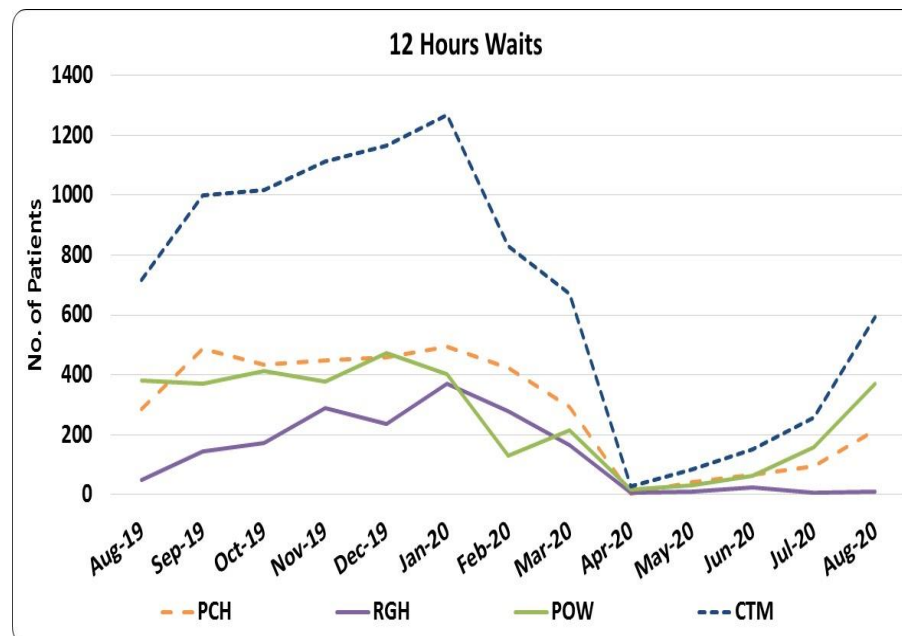
81.1%

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

594



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
Aug-19	5154	71.4%	287	5063	87.3%	48	4990	67.6%	381	16113	76.8%	716
Sep-19	5306	63.3%	486	5418	80.4%	143	5038	69.9%	369	16746	73.0%	998
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



Unscheduled Care

Individual departmental 4 and 12 hour performance are depicted in the charts to the left and the table above.

Attendances

Whilst a reduction in attendances had been observed from mid-March 2020 and throughout April, as predicted, attendances started to rise during May and have continued to do so through to August. However in comparison, attendances are around 8% less than the same period last year.

4 Hour Compliance

The combined performance for Cwm Taf Morgannwg for the four hour target continues to reduce as the volume of attendances increase, with compliance at a provisional 81.1% for August (85.2% in July). The majority of the decline this month is at POW, where compliance has been steadily reducing since April. Compliance at PCH has also continued to fall this month to 76.6%, whereas in RGH, compliance has reached a new high of 93.5%. For PCH in particular, there is a growing impact of strategic changes to the use of Neville Hall Hospital within Aneurin Bevan UHB, with an increase in emergency patient flow from South Powys in particular.

12 Hour Waits

The rise continues in the number of breaches of the 12 hour target in August with an overall increase of 337 breaches on the previous month bringing the total to 594. RGH saw the fewest breaches out of the three major units (nine) whilst PCH increased from a total of 95 last month to 215 in August. The greatest number of 12 hour breaches was observed at POW with 370 in total (157 in July).

Emergency Ambulance Services

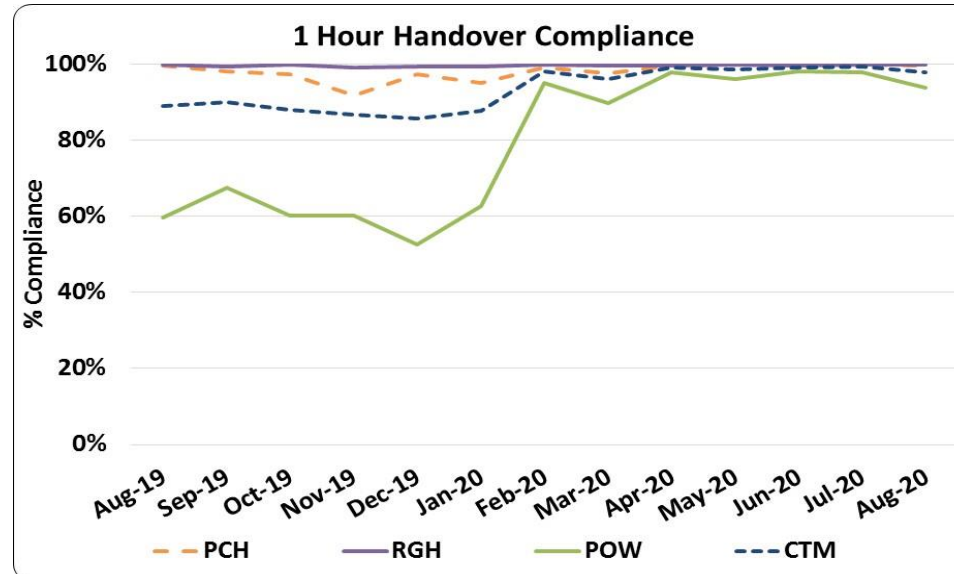
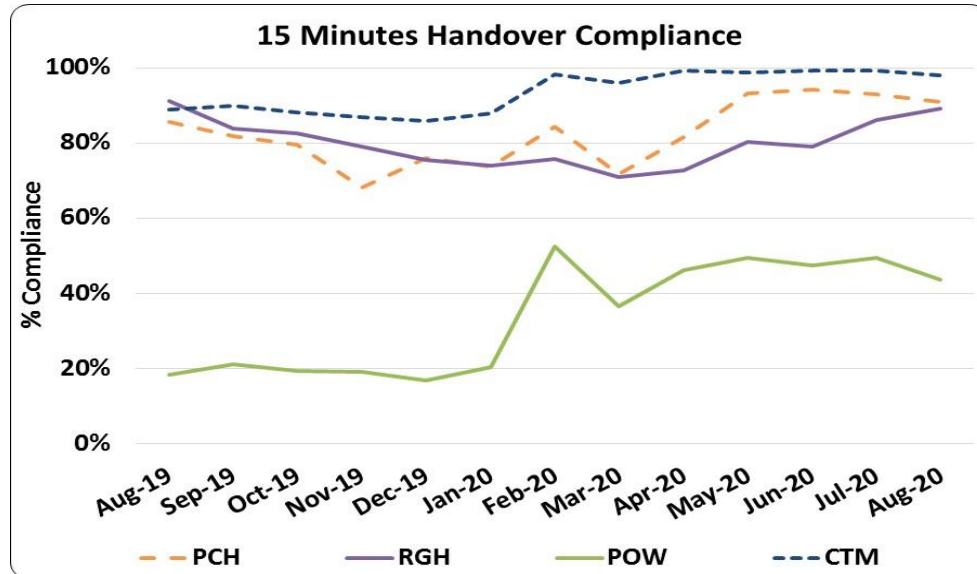
Number of Ambulance Handover Times & Compliance – August 2020

Number of ambulance handovers over within 15 mins – Local Measure

752 (75.3%)

Number of ambulance handovers over 1 hour – Target Zero

63 (97.9%)



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 %
Aug-19	1172	85.6%	99.7%	1173	91.0%	99.9%	871	18.3%	59.8%	3216	69.3%	89.0%
Sep-19	1210	81.9%	98.2%	1158	83.9%	99.5%	924	21.0%	67.4%	3292	65.5%	90.0%
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%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above.

The performance for emergency ambulance services over one hour (Target Zero) fell to a provision 97.9% in August from 99.3% in July with 63 handovers exceeding one hour with 4 at PCH and the remainder at POW. Generally compliance has remained fairly stable at all sites since January.

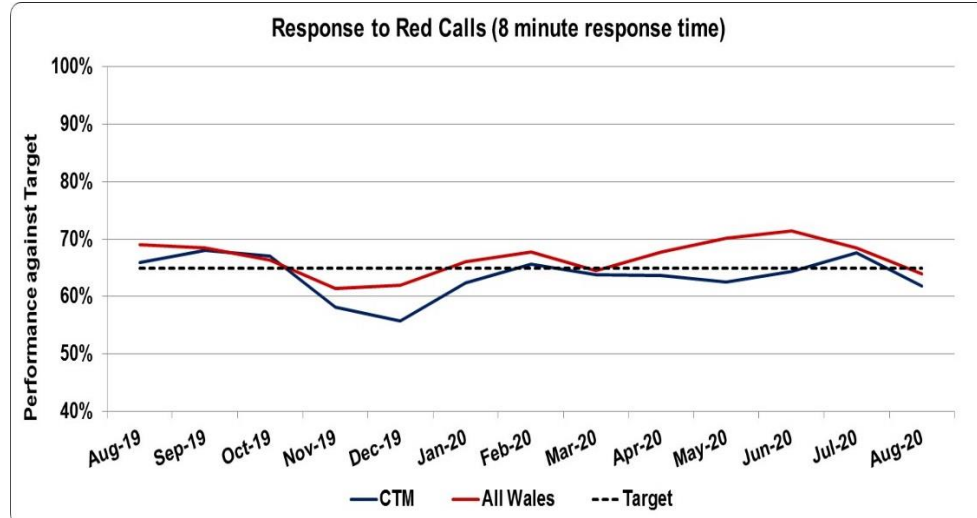
Response to Red Calls – August 2020

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

61.8%

Response to Red Calls

Response times fell below target during August to 61.8% and was the lowest level since December 2019 (55.7%). The Welsh average also dropped below target to 63.9% and likewise the lowest level since December 2019 (62.0%). Performance for the last 12 months averages out at 62.9%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% <small>(Please note that the data represents WAST Operational area and not ILG)</small>												
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
Aug-19	48	37	77.1%	140	93	66.4%	108	65	60.2%	296	195	65.9%
Sep-19	50	40	80.0%	144	99	68.8%	101	62	61.4%	295	201	68.1%
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%

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 68.2% with RCT and Bridgend 62.4% and 61.2% respectively.

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 Sep 2019 to Aug 2020)		
Operational Area with Population Estimates	Response Rate Within 8 Mins	
Merthyr	60,326	6.2
RCT	241,264	4.7
Bridgend	147,049	4.3

Cancer Pathways

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

% of patients starting first definitive cancer treatment within 62 days from point of suspicion -
Target 12 Month Improvement Trend

62.6% (SCP- Without Suspensions)

Single Cancer Pathway (SCP)

The SCP performance for June was:

- Without suspensions 62.6% (67.9% in June)
- With suspensions 71.4% (77.5% in June)

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

92.7% (NUSC)

31 Day Target (NUSC)

The combined performance for Cwm Taf Morgannwg continues to remain fairly stable at 92.7% in July (June 93.1%). In total, 6 patient breaches were recorded with the main contributory factor being the inability to expedite surgical treatment during the Covid 19 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%

71.0% (USC)

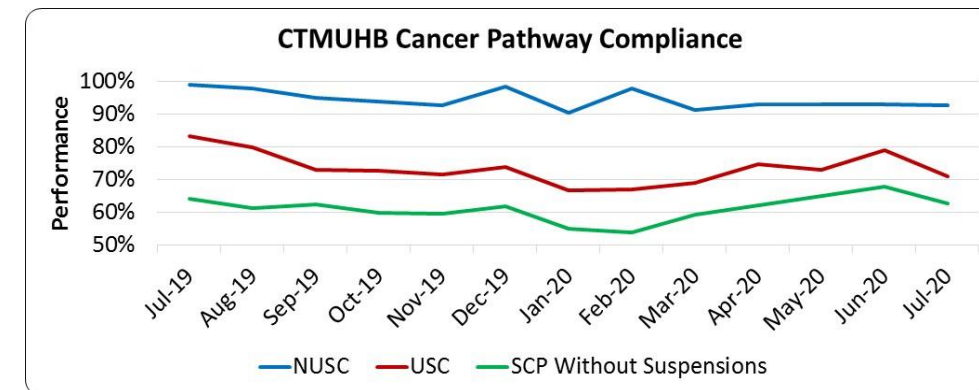
62 Day Target (USC)

The combined performance for Cwm Taf Morgannwg fell in July to 71.0% from 79.0% in June with a total of 29 patient breaches.

Whilst Urology patient breaches (10) continue to be a high proportion of the overall breaches this has been superseded by LGI with 12 patient breaches this month. There were also 4 patient breaches in Breast with Head & Neck observing 3 patient breaches. The majority of the patient breach reasons have been recorded as delays in diagnostic investigations and treatment due to Covid 19, together with capacity issues within Urology.

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	12	17	70.6%
Upper GI	12	16	75.0%
Lower GI	2	24	8.3%
Lung	16	24	66.7%
Skin (exc BCC)	31	32	96.9%
Brain/CNS	0	1	0.0%
Breast	12	18	66.7%
Gynaecological	8	12	66.7%
Urological	10	25	40.0%
Haematological	7	9	77.8%
Other	4	4	100.0%
Total	114	182	62.6%

July 2020	Merthyr & Cynon		Rhondda & Taff		Bridgend		Cwm Taf Morgannwg	
	NUSC	USC	NUSC	USC	NUSC	USC	NUSC	USC
Head and Neck				2		1		3
Upper Gastrointestinal								
Lower Gastrointestinal	1	3		9			1	12
Lung					1		1	
Sarcoma								
Skin(c)								
Brain/CNS	1						1	
Breast			1	4			1	4
Gynaecological	1						1	
Urological		1	1	7		2	1	10
Haematological(d)								
Other(f)								
Total Breaches	3	4	2	22	1	3	6	29



Patients Waiting on a Cancer Pathway

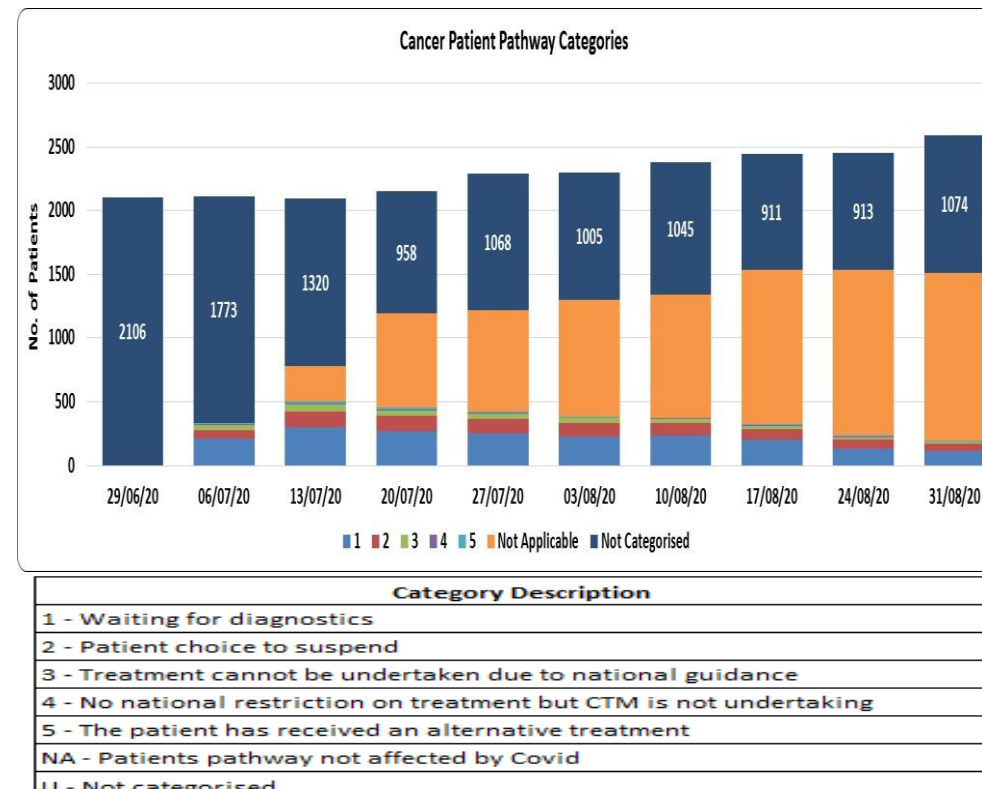
Whilst the Covid-19 pandemic has reduced available capacity, certain tumor sites have been making use of alternative facilities in the Vale Hospital. This has meant that whilst the number of USC patients treated in May (67) was lower than average, 100 or more patients were treated in both April and June, more in line with what would normally be expected.

For NUSC patients, there were 70 patients treated in May and 87 in June, lower than last year's average figure of 120 per month.

The utilisation of the Vale Hospital remains low, rarely exceeding 65%, when better use could be made both for Cancer and other urgent treatments.

The recording of risk levels and treatment delay categories for cancer pathways using cypher codes is well underway, albeit that these codes 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.

Whilst the volume of pathways with either a category recorded or where a category is not applicable has increased, there are currently 1074 pathways out of 2588 not yet categorised.



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	1					6
2-Low						10
3-Intermediate						13
4-High	4					33
U-Risk not allocated	11	2	2		1	239
Total	16	2	0	0	1	301

Risk Assessment	Days Waiting					Total
	0-31 days	32-47 days	48-62 days	63-104 days	105+ days	
1-Very Low	40	5	2	4	1	52
2-Low	15	8	2	6	17	48
3-Intermediate	12	7	1	4	6	30
4-High	35	25	10	10	7	87
U-Risk not allocated	1417	229	129	52	23	1850
Grand Total	1519	274	144	76	54	2067

The two tables above 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 33 high risk NUSC patients that do not as yet have a decision to treat and 87 high risk USC patients, 17 of whom have already waited over 62 days, of whom 7 have waited over 104 days.

Stroke Quality Improvement Measures (QIMs)

QIM's – July 2020

% compliance with direct admission to an acute stroke unit within 4 hours 22.2%	% compliance of thrombolysed stroke patients with a door to needle time within 45 mins 37.5%	% compliance of patients diagnosed with stroke received a CT scan within 1 hour 61.6%	% compliance assessed by a stroke consultant within 24 hours 79.5%
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	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
Jul-19	33.3%	66.7%	75.4%	70.5%	28.6%	0.0%	44.4%	69.4%	31.6%	28.6%	63.9%	70.1%
Aug-19	38.3%	16.7%	66.7%	72.5%	6.3%	100.0%	46.9%	62.5%	25.3%	37.5%	59.0%	68.7%
Sep-19	31.7%	33.3%	69.0%	69.0%	15.8%	0.0%	39.5%	57.9%	24.1%	25.0%	55.0%	63.8%
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%	data not yet available				53.2%	37.5%	56.3%	68.8%
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%

April to May 2020 (POW) are provisional figures reported from Case Capture requiring further validation and will be subject to change and reported in future editions of this report

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 July.

PCH continued to maintain SSNAP reporting throughout March and the commencement of the COVID-19 pandemic up to the end of March 2020. Whilst the use of SSNAP has continued into the new financial year, the multidisciplinary stroke team made the decision not to report therapy times and instead agreed to place a blanket zero minutes for therapies for all patients onto SSNAP records.

POW maintained SSNAP reporting up to and including February 2020. At this time the multidisciplinary team at POW made the decision not to continue with reporting on SSNAP but to use "Case Capture". March data was put onto SSNAP retrospectively and good progress is being made in entering the backlog of data from April onwards into SSNAP. The use of the Case Capture tool does allow an assessment to be made on performance against some of the QIMs, though the data shown in the table for both April and May is likely to change once the full dataset is available

As with PCH, March admissions were low and the true figures for April onwards will be much clearer next month once SSNAP has been fully updated. The figures shown for May in particular are based on more than two-thirds of the patient cohort. At this stage it is believed that the patient cohort for April through to June was 20 or more for each month, with June SSNAP data due to be submitted later this month.

Improvements continue to be challenging given the staffing situation that does not allow for 24/7 cover.

Delayed Transfers of Care

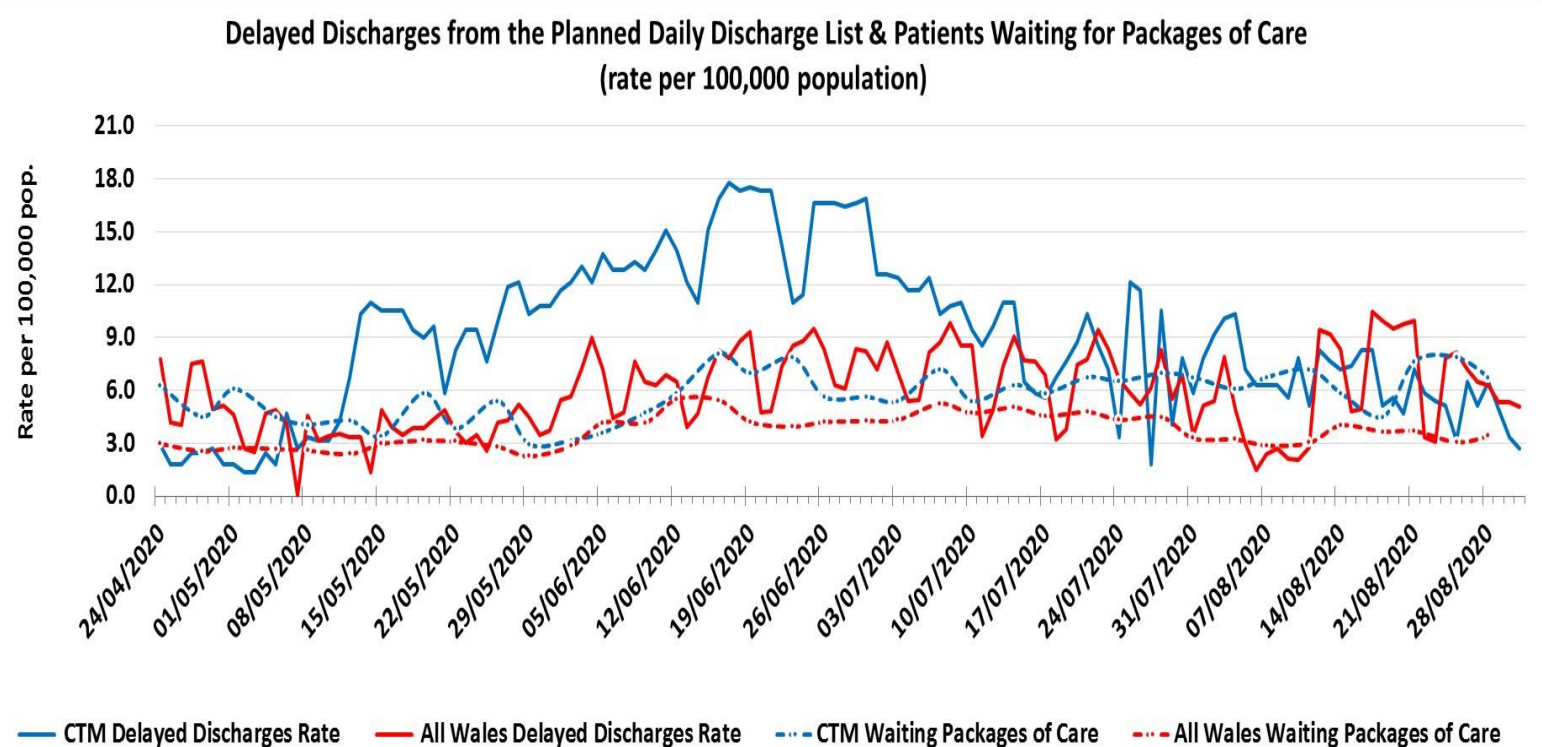
Delayed Transfers of Care from the Planned Daily Discharge List – August 2020

	July 2020										August 2020							
	3rd	7th	10th	14th	17th	21st	24th	28th	31st		4th	7th	11th	14th	18th	21st	25th	28th
Number of Delayed Discharges	55	46	42	49	25	46	15	47	26		46	28	23	32	23	32	14	29
Numbers waiting for Packages of Care	24	32	24	28	26	30	29	31	30		27	30	32	26	20	34	35	30

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 above the all Wales level, particularly in terms of discharges delayed, where the rate has been increasing since the middle of May.

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.

The rate of delayed discharges had increased up to the start of July, since when there has been a reducing trend, acknowledging that numbers are prone to daily fluctuations. Current rates are comparable with the all Wales average.



Adult Mental Health Services & CAMHS

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

96.8%

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

88.2%

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

88.5%

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, July compliance further improved to 96.8% from 84.9% in June.

Referrals continue to steadily increase with the total in July reaching 790 from 633 in June but remaining well below the pre-Covid levels of 1000 to 1100.

Part 1b.

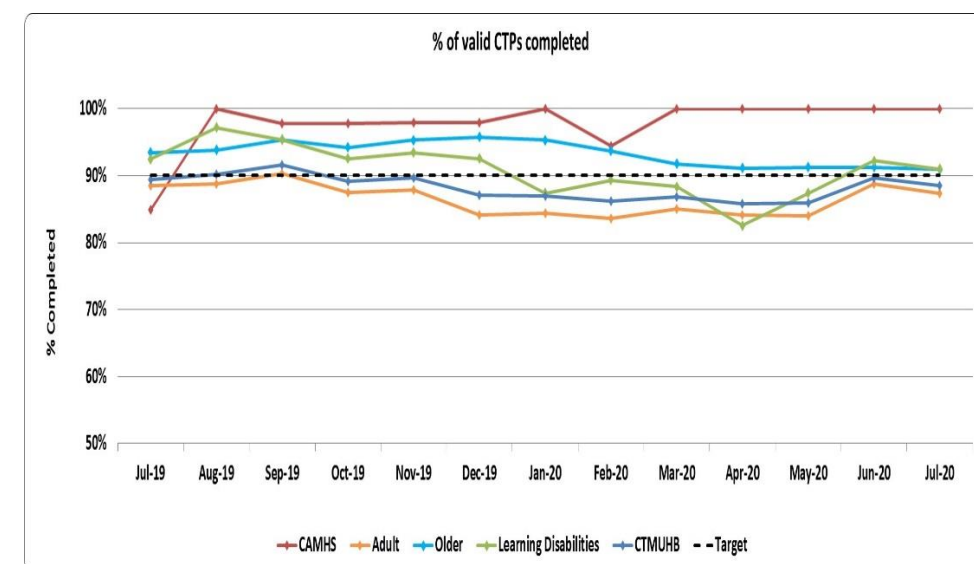
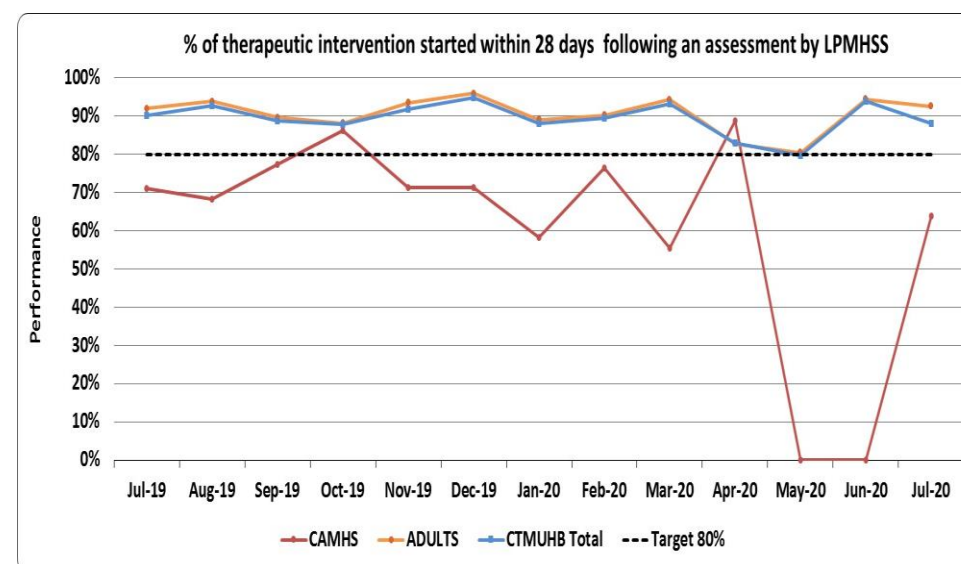
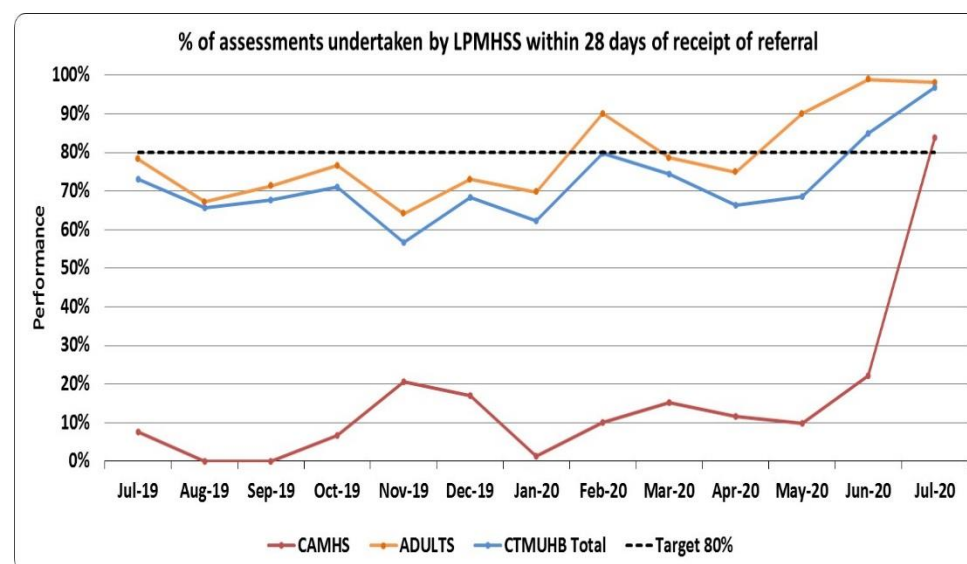
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to be above the 80% target at 88.2% in July, albeit falling from 93.9% in June. However the number of interventions increased by 58 this month to 238 although remaining below the average of 392 per month seen in the previous year. Compliance in the CAMHS service improved to 63.9%, whereby compliance had been at zero in the previous two months.

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 marginally to 88.5% from 89.6% in June, continuing to fall just short of the 90% target. Overall the target has not been met since September 2019.

Part 3

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



CAMHS

The tables show the improvement in CAMHS compliance against the Mental Health Measure, where the Part 1(a) target was met for July assessments. In addition, there has been a significant increase in the number of interventions undertaken, with over 63% commencing within the 4 weeks target. The current waiting list for assessments shows 70.1% of referrals having waited less than 4 weeks.

Waiting Times to First Assessment	CTM CAMHS				Waiting Times of Therapeutic Interventions	CTM CAMHS			
	Apr-20	May-20	Jun-20	Jul-20		Apr-20	May-20	Jun-20	Jul-20
Total Assessments	43	51	63	31	Total Intervention	9	1	1	36
Waiting <4 weeks	5	5	14	26	Waiting <4 weeks	8	0	0	23
Waiting >4 weeks	38	46	49	5	Waiting >4 weeks	1	1	1	13
Compliance	11.6%	9.8%	22.2%	83.9%	Compliance	88.9%	0.0%	0.0%	63.9%

The welcome increase in the number of interventions undertaken needs to be sustained, which is expected given the positive staffing levels.

Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services fell to a provisional 33.9% in August from 55.9% in July. The total waiting list is 21 less than the previous month to a current total of 437, however the number of patients waiting above the target time has risen from 202 to 289 with the average weeks wait now being 31 whereas in the previous month it was around 24 weeks.

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

Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times dipped during August to a provisional 80.0% from 83.5% in July. The total waiting list continues to fall from 97 in July to 90 in August with those patients waiting above the target time increasing marginally from 16 in July to 18 this month.

waiting list as at 3rd September 2020			
Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	65	25	90
Waiting >4 weeks	17	1	18
Compliance	73.8%	96.0%	80.0%
Average weeks wait	2.4	1.6	2.2

Cwm Taf Morgannwg “At a Glance”

STAYING HEALTHY - People in Wales are well informed and supported to manage their own physical and mental health		Target	Current		Previous	
			Period	Performance	Period	Performance
Of those women who had their initial assessment and gave birth within the same health board, the % of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)		Annual Improvement	Aug-20	18.5%	Jul-20	11.1%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q4 19/20	97.1%	Q3 19/20	97.2%
% of children who received 2 doses of the MMR vaccine by age 5				92.7%		93.4%
The % of adult smokers who make a quit attempt via smoking cessation services		5%	Q1-Q3 19/20	2.8%	Q1-Q2 19/20	2.1%
The % of those smokers who are CO-validated as quit at 4 weeks		40%		38.5%		39.5%
SAFE CARE - People in Wales are protected from harm and are supported to protect themselves from known harm		Target	Current		Previous	
			Period	Performance	Period	Performance
Amenable mortality per 100,000 of the European standardised population		Annual Reduction	2018	108.1	2017	106.5
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening		12 month Improvement Trend	Jul-20	84.6%	Jun-20	70.0%
% 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 one hour of positive screening				66.7%		70.0%
The number of potentially preventable hospital acquired thrombosis		4 Qtr Reduction Trend	Q2 19/20	2	Q1 19/20	1
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)		No target for 2019/20	Q4 19/20	348.3	Q2 19/20	290.1
Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population		Not available as yet	Aug-20	84.63	Jul-20	103.15
Cumulative rate of laboratory confirmed Aureus bacteraemia (MRSA & MSSA) cases per 100,000 population				34.38		13.22
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population				39.67		42.32
Cumulative rate of laboratory confirmed Klebsiella sp bacteraemia cases per 100,000 population				21.16		13.22
Cumulative rate of laboratory confirmed p. Aeruginosa bacteraemia cases per 100,000 population				13.22		7.93
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale		Zero	Q3 19/20	1	Q2 19/20	1
Of the serious incidents due for assurance, the % which were assured within the agreed timescales		Annual Reduction	Feb-20	31.6%	Jan-20	45.0%
Number of new never events		Zero	Feb-20	0	Jan-20	0
Local Measure: Number of incidents and severity reported		Annual Reduction	Jul-20	1653	Jun-20	1502
EFFECTIVE CARE - People in Wales receive the right care and support locally as possible and are enabled to contribute to making that care successful		Target	Current		Previous	
			Period	Performance	Period	Performance
Number of health board mental health delayed transfer of care		12 month Reduction Trend	Mar-20	8	Feb-20	6
Number of health board non-mental health delayed transfer of care			Mar-20	86	Feb-20	88
% of universal mortality reviews (UMRs) undertaken within 28 days of a death		95%	Jul-20	52.3%	Jun-20	51.9%
Crude hospital mortality rate (74 years of age or less)		12 month Reduction Trend	Jul-20	1.22%	Jun-20	1.19%
% compliance of the completed Level 1 Information Governance (Wales) training element of the Core Skills and Training Framework		85%	Jul-20	72.9%	Jun-20	71.5%
% of episodes clinically coded within one reporting month post episode discharge end date (current position)		95% in Month	2020/21	51.1%	2019/20	86.6%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme		Annual Improvement	2019/20	94.0%	2018/19	93.2%
All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation		100%	Q4 19/20	98.7%	Q2 19/20	98.5%
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		No target for 2019/20	2019/20	1680	2018/19	3616
Number of patients recruited in Health and Care Research Wales commercially sponsored studies				28		41
DIGNIFIED CARE - People in Wales are treated with dignity and respect and treat others the same		Target	Current		Previous	
			Period	Performance	Period	Performance
Number of procedures postponed either on the day or the day before for specified non-clinical reasons (includes patient reasons)		No target for 2019/20	Aug-20	100	Jul-20	101
The % of concerns 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 concern was first received by the organisation		75%	Q4 19/20	62.6%	Q3 19/20	48.6%
% of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia (Cwm Taf)		Annual Improvement	2018/19	50.0%	2017/18	48.7%
TIMELY CARE - People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care		Target	Current		Previous	
			Period	Performance	Period	Performance
% of GP practices offering daily appointments between 17:00 and 18:30 hours on 5 days a week target		Annual Improvement	2018	94.9%	2017	95.1%
The % of patients waiting less than 26 weeks for treatment		95%	Aug-20	40.7%	Jul-20	54.0%
The number of patients waiting more than 36 weeks for treatment		Zero		24400		19404
The number of patients waiting more than 8 weeks for a specified diagnostic				10676		10429
The number of patients waiting more than 14 weeks for a specified therapy				854		945
The number of patients waiting for an outpatient follow-up (NOT BOOKED) who are delayed by over 100% past their agreed target date for planned care sub specialties		<= 14,815	Jul-20	18984	Jun-20	19474
The number of patients waiting for an outpatient follow-up (BOOKED) who are delayed by 100% past their agreed target date for planned care sub specialties				1966		2213
% compliance with stroke quality improvement measures - QIM's	% patients who have directect admission to acute stroke unit (< 4 hrs)	95%	Jul-20	22.2%	Jun-20	53.2%
	% of thrombolysed stroke patients with door to needle time of <= 45 mins	90%		37.5%		37.5%
	% patients who receive a CT scan within 1 hr	N/A		61.6%		56.3%
	% patients assessed by stroke specialist consultant physician within 24 hrs	95%		79.5%		68.8%
The % of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Aug-20	61.8%	Jul-20	67.6%
Local Measure: % of ambulance handovers within 15 minutes		Annual Improvement	Aug-20	75.3%	Jul-20	76.5%
Number of ambulance handovers over one hour		Zero		63		21
The % 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%		81.8%		85.2%
The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		Zero		594		257
The % of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route) (NUSC)		98%	Jul-20	92.7%	Jun-20	93.1%
The % of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral (USC)		95%		71.0%		79.0%
The % of patients starting first definitive treatment within (up to & including) 62 days from point of suspicion (SCP)		12 month Improvement Trend		62.6%		67.9%
The % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral		80%	Jul-20	96.8%	Jun-20	84.9%
The % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS				88.2%		93.9%
The % of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA		100%	Q3 19/20	100%	Q2 19/20	100%
INDIVIDUAL CARE - People in Wales are treated as individuals with their own needs and responsibilities		Target	Current		Previous	
			Period	Performance	Period	Performance
Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population		12 month Improvement Trend	Q3 19/20	54.4	Q2 19/20	57.7
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of the population (age 40+)				3		4.3
Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population				37.7		30.1
The % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)		90%	Jul-20	88.5%	Jun-20	89.6%
All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place		100%		100%		100%
OUR STAFF AND RESOURCES - People in Wales can find information about how their NHS is resourced and make careful use of them		Target	Current		Previous	
			Period	Performance	Period	Performance
The % of patients who did not attend a new outpatient appointment (all specialties) rolling 12 months		12 month Reduction Trend	Aug-20	7.8%	Jul-20	8.0%
The % of patients who did not attend a follow-up outpatient appointment (all specialties) rolling 12 months				10.7%		10.9%
% 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%	Jul-20	52.8%	Jun-20	53.8%
% compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation				66.9%		66.6%
% of sickness absence rate of staff		12 month Reduction Trend	Jul-20	5.4%	Jun-20	6.4%