

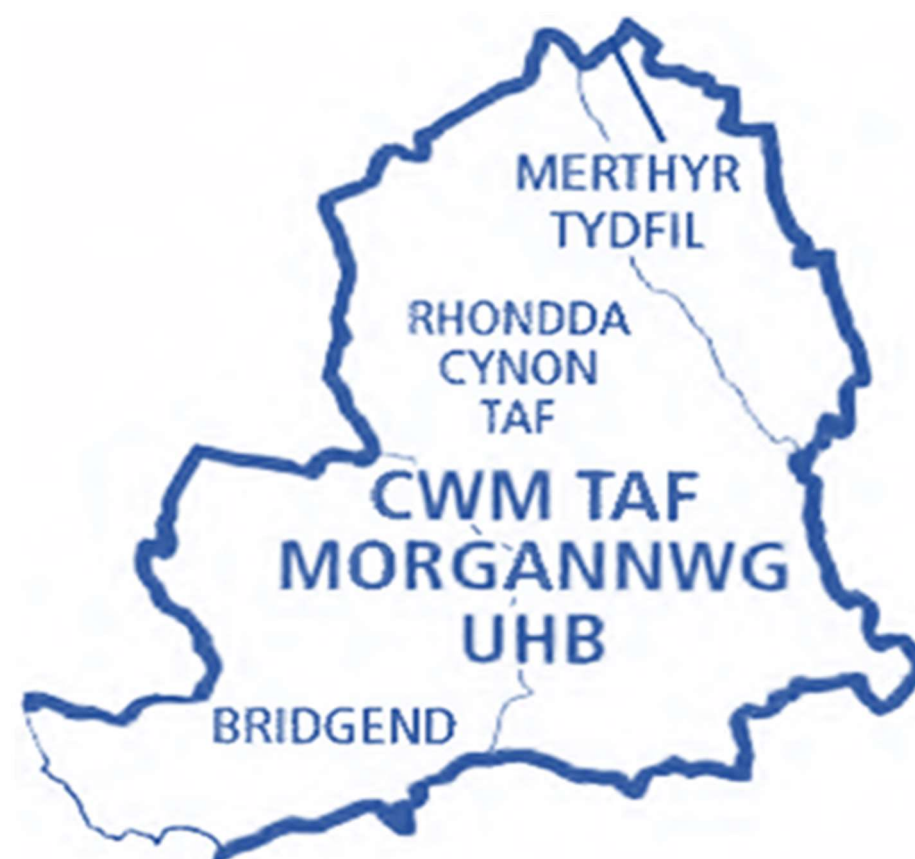
Specific Matters for Consideration

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Rhagfyr 2020 / December 2020

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Cwm Taf Morgannwg UHB – Balanced Scorecard	
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



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 UHB – Balanced Scorecard

FINANCE					QUALITY									
Month 8														
Pay	Variance from Plan				Indicators									
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	Complaints		Nov-20	Oct-20	RAG					
	£m	£m	£m	£m	CTM 30 day complaints response compliance %		61%	65%	↓					
	-0.6	-1.4		TBC	Falls		Nov-20	Oct-20	RAG					
	-1.2	-4.8			Total Inpatient Falls		280	306	↓					
-0.1	2	Number of Inpatient Falls where Severity was Moderate/Severe/Death			10	4	↑							
0.3	1.9	Pressure Damage <th>Nov-20</th> <th>Oct-20</th> <th>RAG</th>			Nov-20	Oct-20	RAG							
Non-Pay	-1.2	-4.8		£15.0m (including £13.4m planned deficit)	Total Pressure Damage		389	358	↑					
Income	-0.1	2			Total Hospital Acquired Pressure Damage		89	99	↓					
Efficiency Savings	0.3	1.9			Total Hospital Acquired Pressure Damage Grade 3 & 4		5	1	↑					
Non-delegated (including WG allocations)	-0.6	-1			Safeguarding <th>Nov-20</th> <th>Oct-20</th> <th>RAG</th>		Nov-20	Oct-20	RAG					
Total	-2.2	-2.9	0	26.5	Number of UHB Adult at Risk referrals		42	153	↓					
PSPP	Current Month	Year to Date	Forecast Full Year											
	94.1%	93.3%	94.2%	Target 95%										
	£3.4m	£22.7m	£48.8m	Includes £4.4 of anticipated funding										
Capital Expenditure	£3.4m	£22.7m	£48.8m											
Agency as % of total pay costs	7.9%	7.2%	7.6%											
PERFORMANCE										PEOPLE				
Indicators	Nov-20	Oct-20	Target	RAG						Indicators	Nov-20	Oct-20	Target	RAG
A&E 12 hour Waiting Times	1,099	1,021	Zero	🔴						Turnover	11.2%	not available	11%	🔴
Ambulance Handover Times >1 Hour	467	623	Zero	🔴						Exit Interview by Leaver	3.3%		60%	🔴
RTT 52 Weeks	16,703	13,577	Zero	🔴	Sickness Absence Rate (in month)	6.7%	4.5%	🔴						
Diagnostics >8 Weeks Waits	11,052	10,631	Zero	🔴	Sickness Absence Rate (rolling 12 month)	6.6%	4.5%	🔴						
% of Stage 4 Urgent Patients Clinically Prioritised	59.7%	56.4%	100%	🔴	Return to Work Compliance	35.6%	38.07%	85%	🔴					
Mental Health Part 1a - CTM	Oct-20	Sep-20	Target	RAG	Fill Rate Bank	64.0%	90%	90%	🟡					
	85.6%	92.9%	80%	🟢	Fill Rate On-contract Agency (RNs)	62.0%	not available		🟡					
Mental Health Part 1b - CTM	88.2%	89.5%	80%	🟢	PADR	50.7%	52.59%	85%	🔴					
Mental Health Part 1a - CAMHS	28.9%	9.1%	80%	🔴	Statutory and Mandatory Training - All Levels	56.7%	57.54%	85%	🔴					
Mental Health Part 1b - CAMHS	76.5%	100.0%	80%	🟡	Statutory and Mandatory Training - Level 1	65.2%	not available		🔴					
FUNB - Patients Delayed over 100% for Follow-up Appointment	24,015	23,662	14,815	🔴	Job Planning Compliance (Consultant)	12.7%	12%	90%	🔴					
Admission to Stroke Unit within 4 hrs	17.5%	27.6%	SSNAP Average 54%	🔴	Job Planning Compliance (SAS)	6.3%	8%	90%	🔴					
Cancer 31 days (NUSC)	87.9%	94.1%	98%	🔴	Direct Engagement Compliance (M&D)	94%	80%	100%	🟡					
Cancer 62 days (USC)	62.9%	59.3%	95%	🔴	Direct Engagement Compliance (ADP)	51%	40%	100%	🔴					
Delayed Discharges (DToC)	In development - Please refer to page 10				RN Shift Fill by Off-contract	4213.5 Hrs	not available	0 Hours	🔴					
Out of Hours (OOH)/111	In development - data not yet 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				Key 95% and higher 90% to 95% below 90%	
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%.

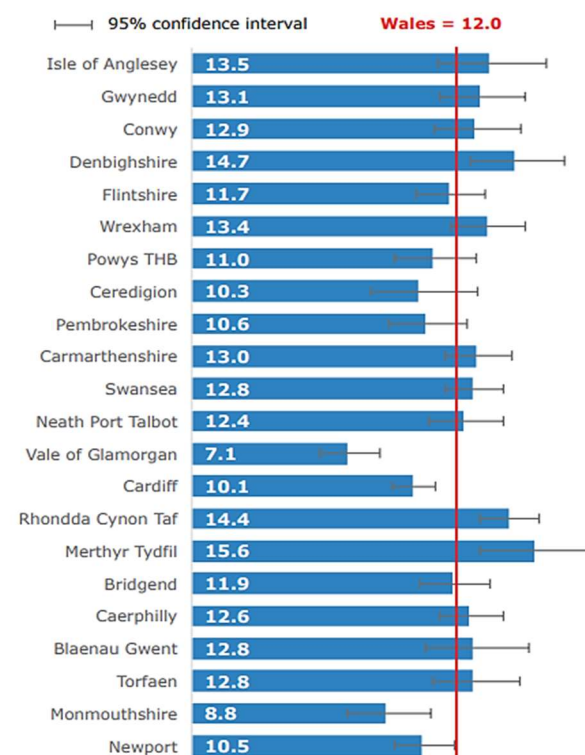
Immunisation rates for the five year olds is below the 95% for all areas in CTM for both MMR and the 4 in 1 vaccines with CTM achieving 92.2% and 93.2% respectively.

The age 16 years uptake of scheduled vaccines varies with just 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.

Healthy Weight

Percentage of children, aged 4 to 5 years, who are obese, local authorities 2017/18

Produced by Public Health Wales Observatory using CMP data (NWIS)



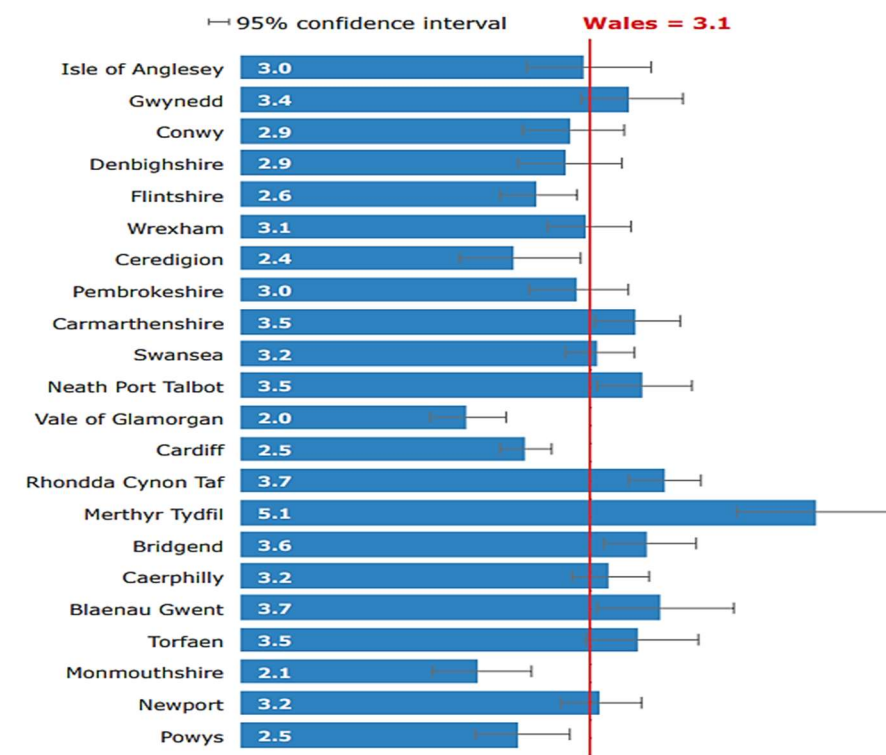
Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%), living in the least deprived areas of Wales, being of a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

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 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.

Percentage of children aged 4 to 5 who are severely obese, Wales local authorities, Child Measurement Programme for Wales, 2013/14 - 2017/18

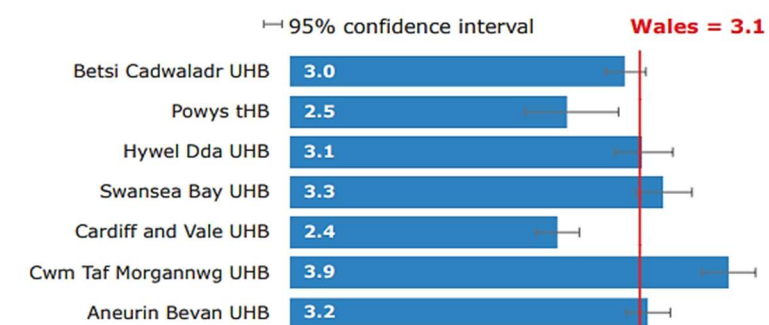
Produced by Public Health Wales Observatory using CMP data (NWIS)



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

Percentage of children aged 4 to 5 who are severely obese, Wales health boards, Child Measurement Programme for Wales, 2013/14 - 2017/18

Produced by Public Health Wales Observatory using CMP data (NWIS)

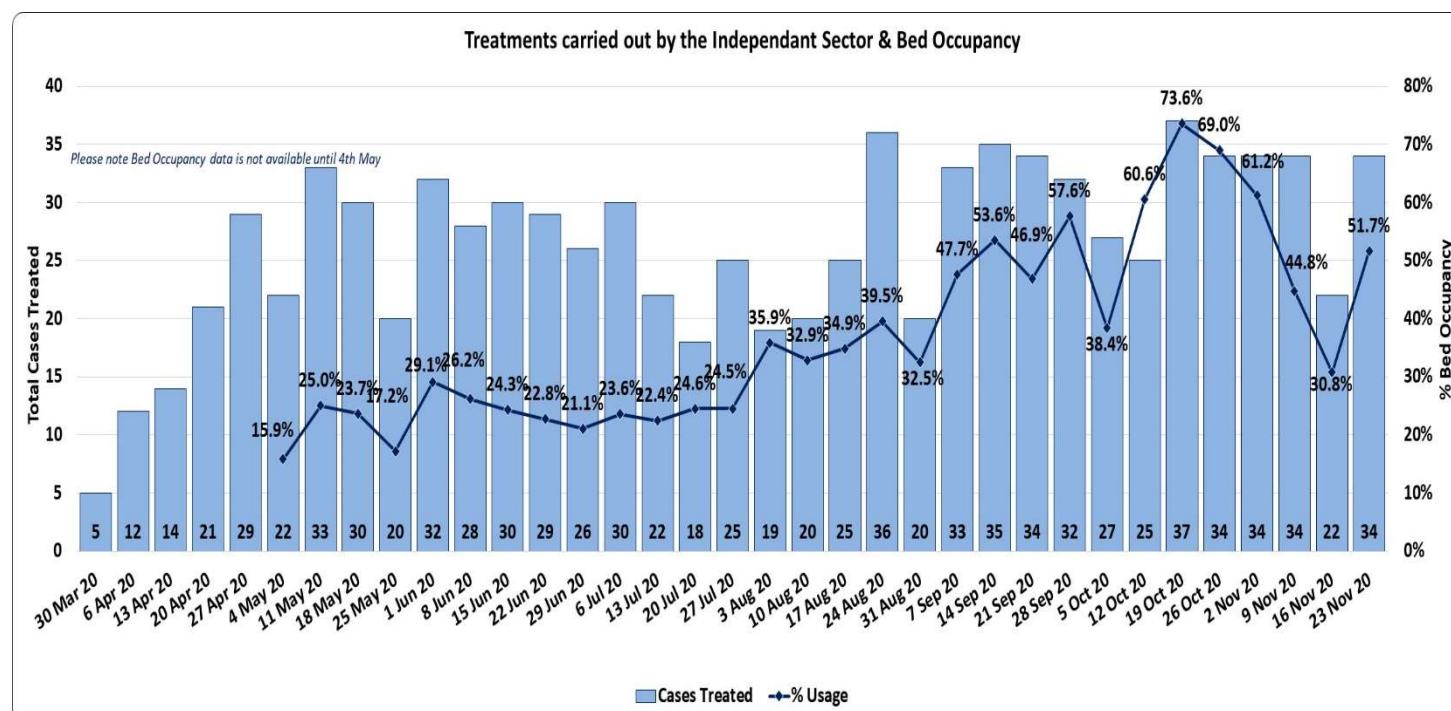


By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average, while prevalence in Powys Teaching Health Board and Cardiff & Vale UHB is significantly lower.

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 23rd November 2020
927



Treatments carried out by the Independent Sector from 30th March to 23rd November 2020									
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Total
229	291	257	4	27	1	12	94	12	927

Utilisation of the Vale Hospital capacity remains high and it continues to be 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:

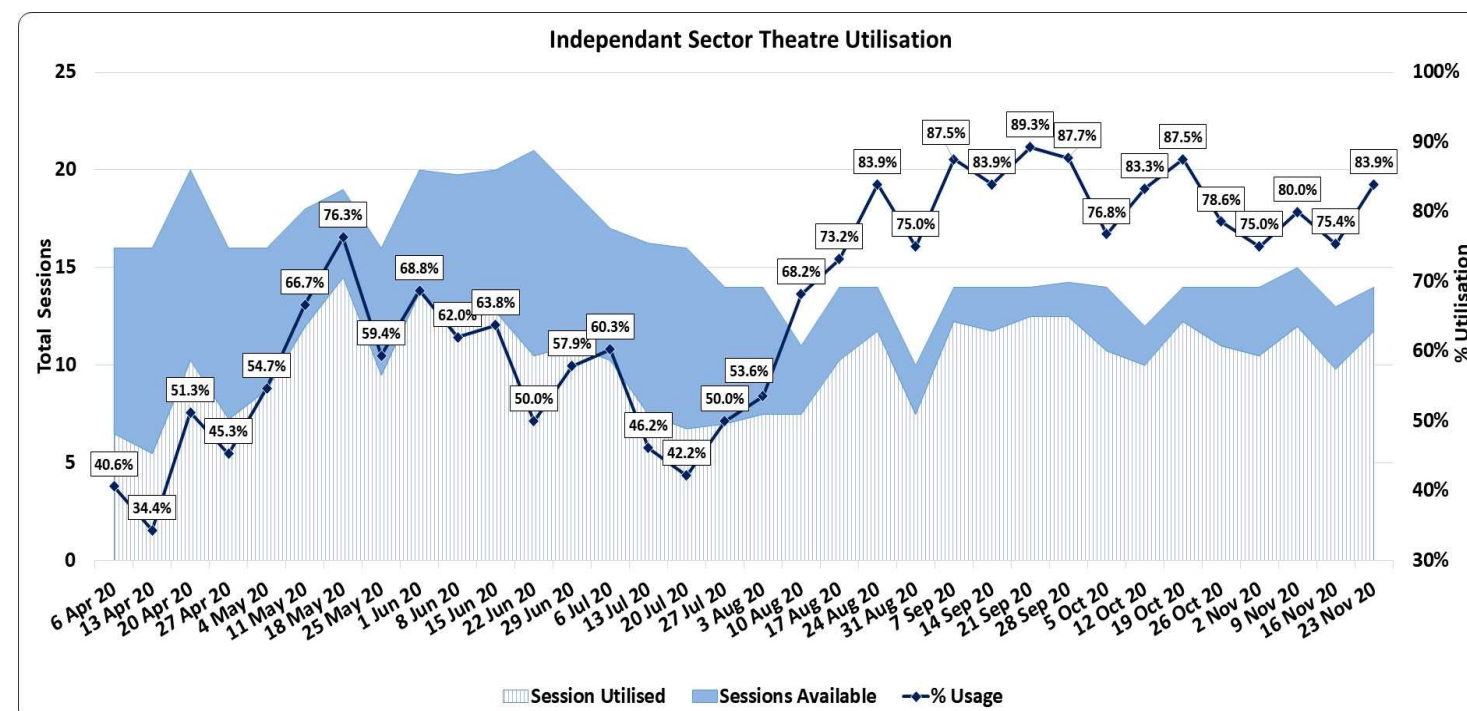
- Much of the “non-urgent” activity, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something 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 confidence is maintained regarding the ILG processes for determining which cases will utilise the scarce available elective capacity.

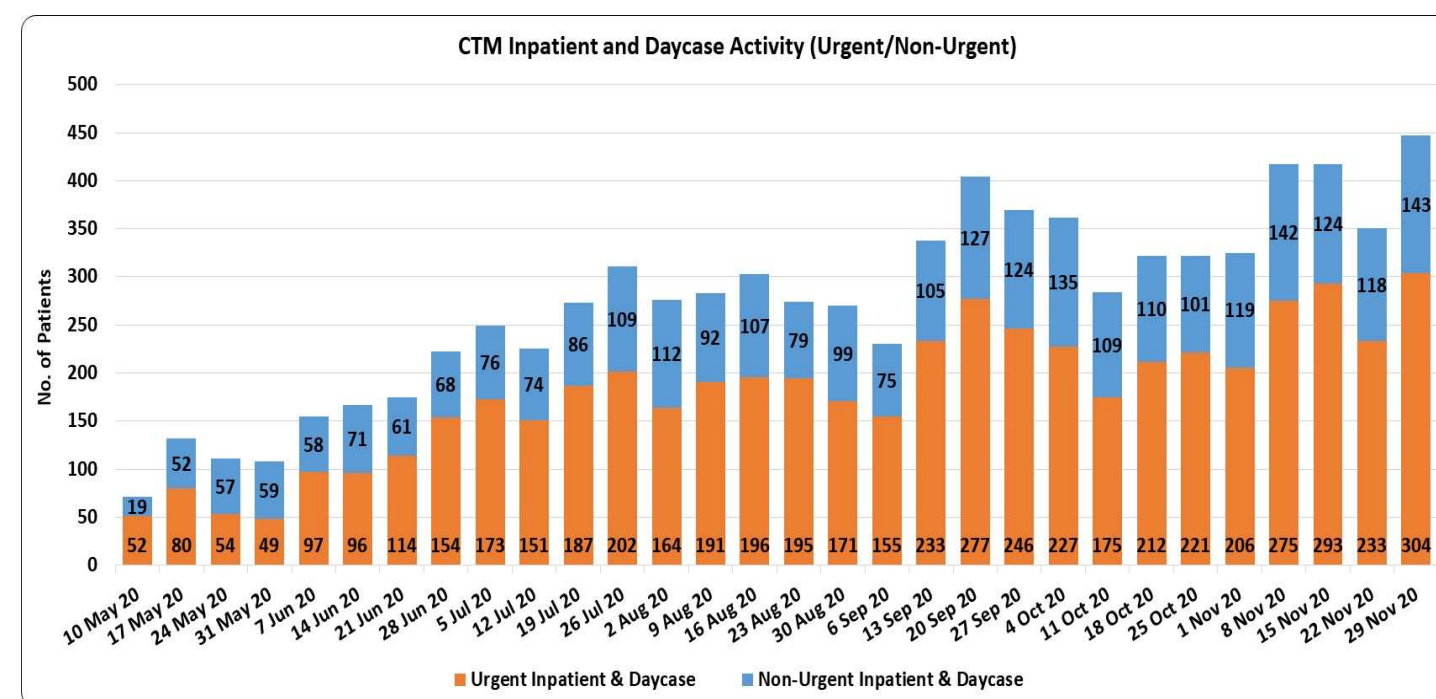
Our acute hospitals are restricted to urgent cancer treatment in terms of elective admissions, given the volume of Covid patients on each site, it is encouraging to see activity levels increasing again, helped by the reduced volume of Covid-19 patients on each site.

Theatre Utilisation (Independent Sector)

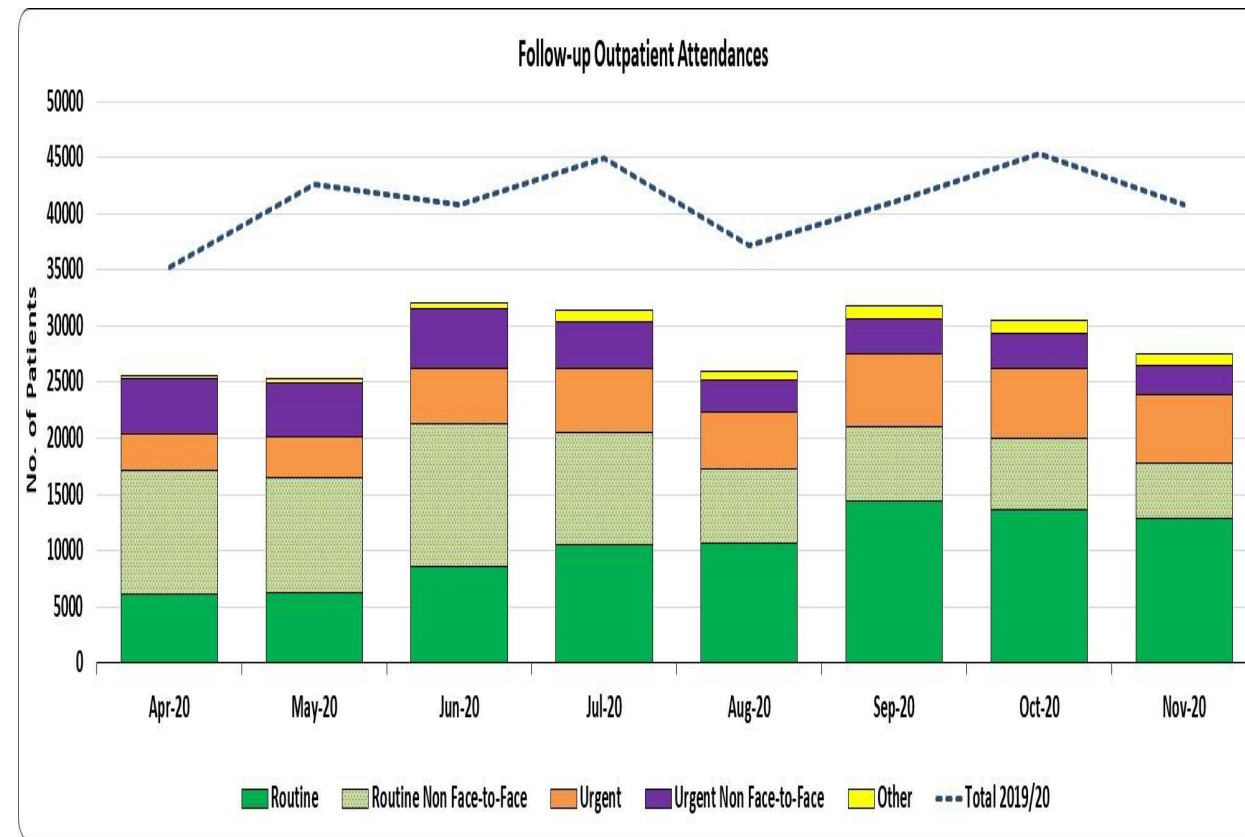
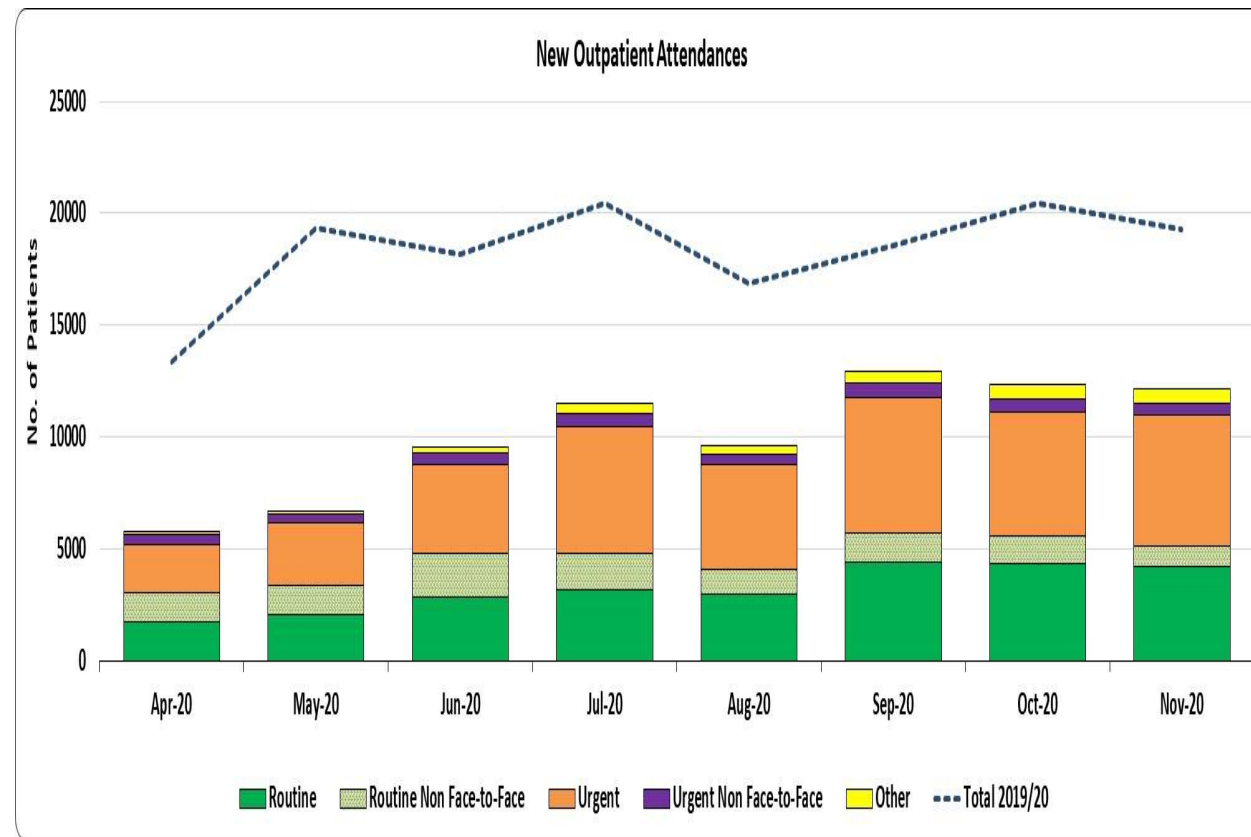
Theatre Utilisation within the Independent Sector Hospital to week commencing 23rd November 2020



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.

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.

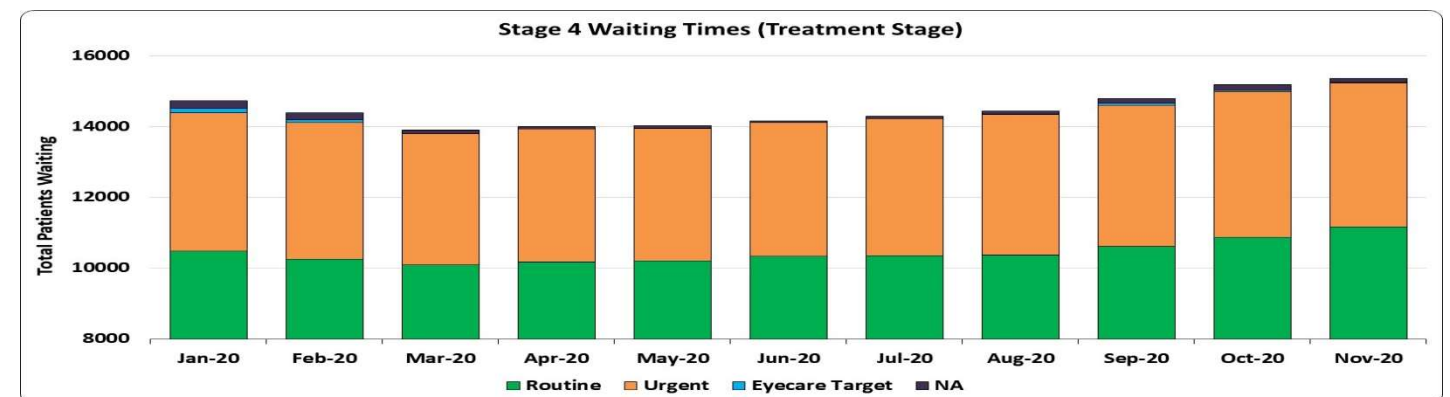
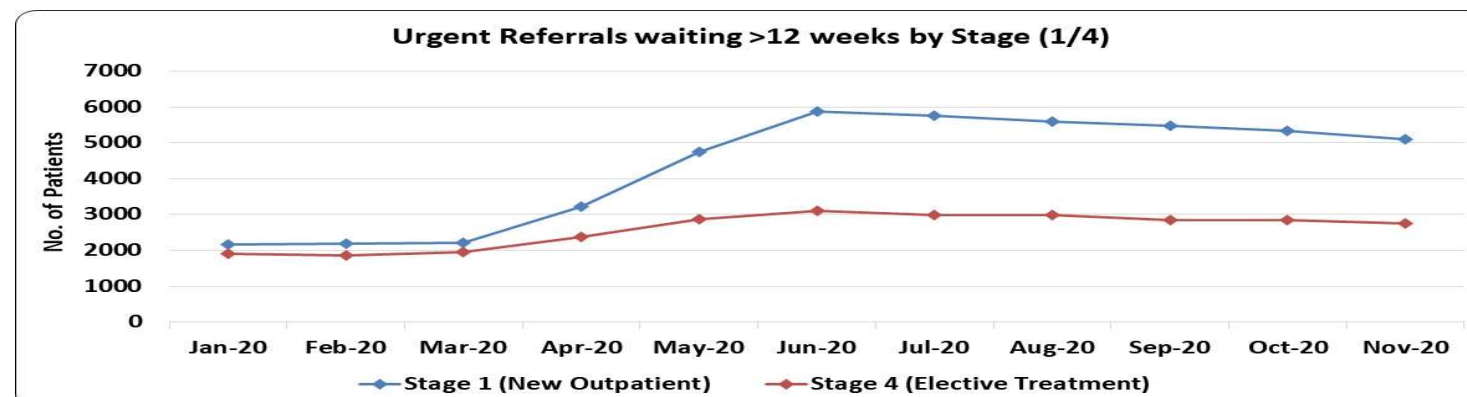
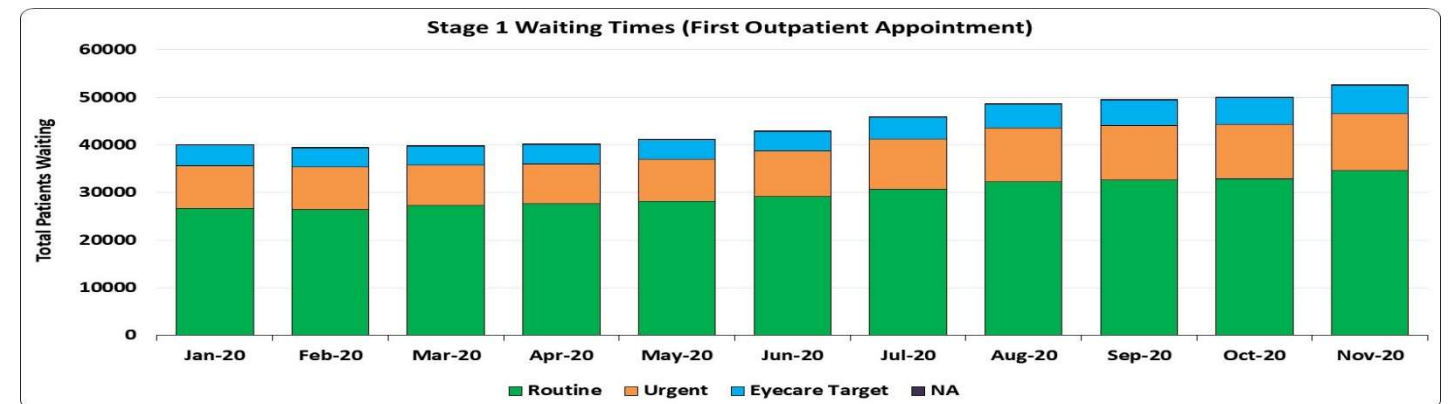
In particular reduced activity in November is as a consequence of reduced elective clinical sessions to ensure emergency and on-call rotas were maintained.

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 at each stage as continued and clinical prioritisation functionality on WPAS is now operational for MC and RTE ILGs.



Referral to Treatment Times (RTT)

Referral to Treatment Times – November 2020 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

16,703

Number of patients waiting >36 weeks – Target Zero

37,269

% of patients waiting under 26 weeks – Target 95%

44.4%

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 November is 16,703. The breakdown of the 16,703 patients is as follows:

- 5,092 patients relate to Merthyr & Cynon ILG waiting lists
- 6,773 patients relate to Rhondda & Taff Ely ILG waiting lists
- 4,838 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

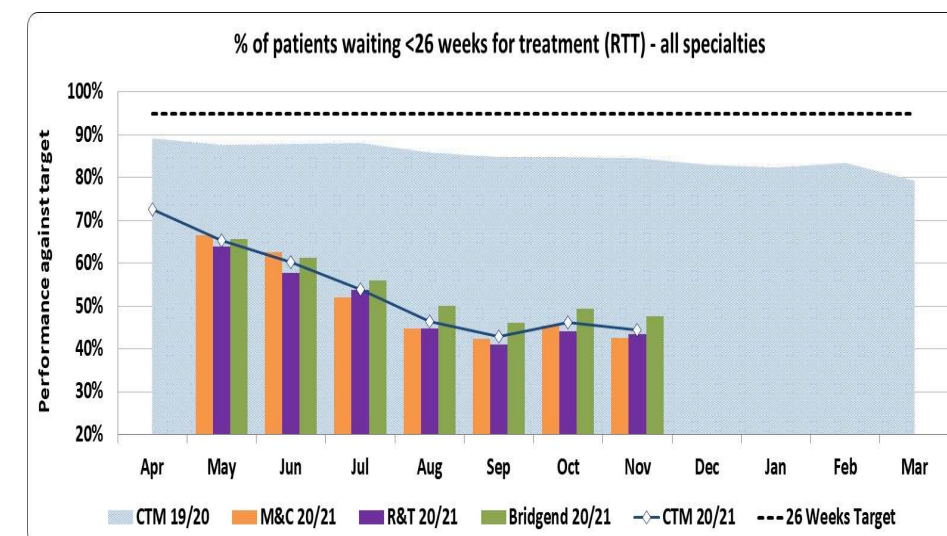
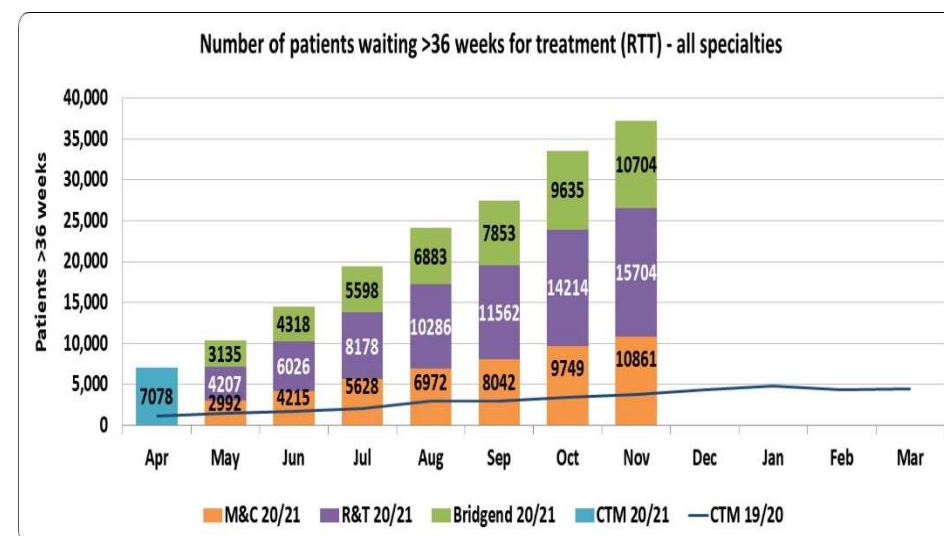
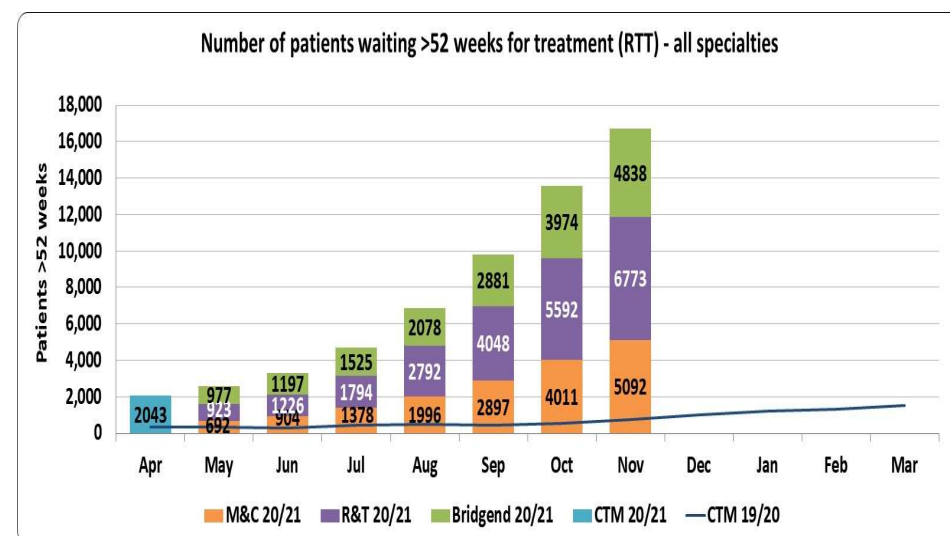
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for November is 37,269 patients across Cwm Taf Morgannwg, which is an increase of 3,671 from October (N.B. includes the 16,703 patients waiting over 52 weeks):

- 10,861 patients relate to Merthyr & Cynon ILG waiting lists
- 15,704 patients relate to Rhondda & Taff Ely ILG waiting lists
- 10,704 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 November across Cwm Taf Morgannwg is 44.4% and the position within each ILG is as follows:

- 42.6% Merthyr & Cynon ILG waiting lists
- 43.3% Rhondda & Taff Ely ILG waiting lists
- 47.6% Bridgend ILG waiting lists



The confirmed position for the end of October 2020 was 33,598 patients waiting over 36 weeks, of whom 13,577 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 80,000. 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 and as yet, a routine process for categorising new urgent patients added to the treatment list has not been implemented. However for MC and RTE ILGs, the functionality to record the clinical prioritisation on WPAS is now operational and previous prioritisation carried out has been updated on WPAS. Weekly scheduled care performance meetings have been set up in both ILGs, with full engagement from the Performance and Information teams. Operational processes are being revised in line with this new requirements, taking advantage of the newly implemented functionality and progress with updating all urgent stage 4 pathways will be monitored via these regular meetings. 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.

The Swansea Bay WPAS planned upgrade in December has been postponed to January and this has been escalated to the Joint Executive Group meeting in December. The following data can now be recorded for two of our three ILGs:

- 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 – November 2020 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

11,052

Diagnostics >8 weeks

The provisional position for November is 11,052 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	335	315	1266	1916
Cardiology Services	Cardiac CT	0	23	0	23
	Cardiac MRI	0	5	0	5
	Diagnostic Angiography	0	70	16	86
	Stress Test	10	33	54	97
	DSE	70	2	96	168
	TOE	5	0	8	13
	Heart Rhythm Recording	18	17	860	895
	B.P. Monitoring	0	5	134	139
Bronchoscopy		1	0	0	1
Colonoscopy		111	309	0	420
Gastroscopy		494	635	1	1130
Cystoscopy		0	252	31	283
Flexi Sig		327	433	0	760
Radiology	Non-Cardiac CT	48	5	0	53
	Non Cardiac MRI	18	55	7	80
	NOUS	1482	2544	462	4488
	Non-Cardiac Nuclear Medicine	1	33	2	36
Imaging	Fluoroscopy	5	46	1	52
Physiological Measurement	Urodynamics	14	25	152	191
Neurophysiology	EMG	15	85	0	100
	NCS	23	93	0	116
Total		2977	4985	3090	11052

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 20 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	10631	11052				

Surveillance Monitoring – as at 1st December 2020

Number of patients waiting past their review date

1,406

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 December 2020					as at 1st November 2020				
Patient Category	PCH	RGH	POW	TOTAL	Patient Category	PCH	RGH	POW	TOTAL
Cancer					Cancer				
Waiting <14 days	85	106	18	209	Waiting <14 days	75	113	10	198
Over Target	10	68	0	78	Over Target	19	81	0	100
Total Patients Waiting	95	174	18	287	Total Patients Waiting	94	194	10	298
Urgent Non-Cancer					Urgent Non-Cancer				
Waiting <14 days	79	57	1	137	Waiting <14 days	94	100	10	204
Over Target	699	941	0	1640	Over Target	743	871	0	1614
Total Patients Waiting	778	998	1	1777	Total Patients Waiting	837	971	10	1818
Routine					Routine				
Waiting <56 days	59	66	126	251	Waiting <56 days	64	81	137	282
Over Target	357	574	0	931	Over Target	340	549	0	889
Total Patients Waiting	416	640	126	1182	Total Patients Waiting	404	630	137	1171
Surveillance					Surveillance				
Waiting <126 days	636	708	15	1359	Waiting <126 days	607	716	13	1336
Over Target	29	18	0	47	Over Target	29	18	0	47
Total Patients Waiting Past Review Date	665	726	15	1406	Total Patients Waiting Past Review Date	636	734	13	1383

Therapies – October 2020 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

674

Therapies >14 weeks

There are provisionally 674 patients breaching the 14 week target for therapies in November, an increase of 27 patients on the reported position for October.

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	29	115	144
Dietetics	2	6	101	109
Arts Therapy	4	0	0	4
Occupational Therapy	0	0	0	0
Physiotherapy	0	0	0	0
Podiatry	172	223	0	395
SALT	9	9	4	22
Total	187	267	220	674

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 20 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	674				

Princess of Wales Hospital Endoscopy Unit

As at 1st December the total waiting list (excluding surveillance patients) has reduced to 145 patients from 157 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 December the total list (excluding surveillance patients) has reduced by 46 patients on the previous month bringing the total to 1,289 patients waiting, of whom 1,066 are waiting over target. The number of surveillance patients waiting continues to increase, rising from 636 in November to 665 in December. Surveillance patients waiting over target remained static at 29.

Royal Glamorgan

As at 1st December the waiting list has increased by 17 patients to 1,812 of whom 1,583 patients are over target. There is small reduction in the number of surveillance patients to 726 in December and as in November there are currently 18 of the surveillance patients over target.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – October 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 77,034	Booked 28,690	Total 105,724	Not Booked 20,987	Booked 3,028	Total 24,015

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
Oct-20	15895	6465	22360	4051	721	4772	26497	14026	40523	6839	978	7817	34642	8199	42841	10097	1329	11426	77034	28690	105724	20987	3028	24015

FUNB

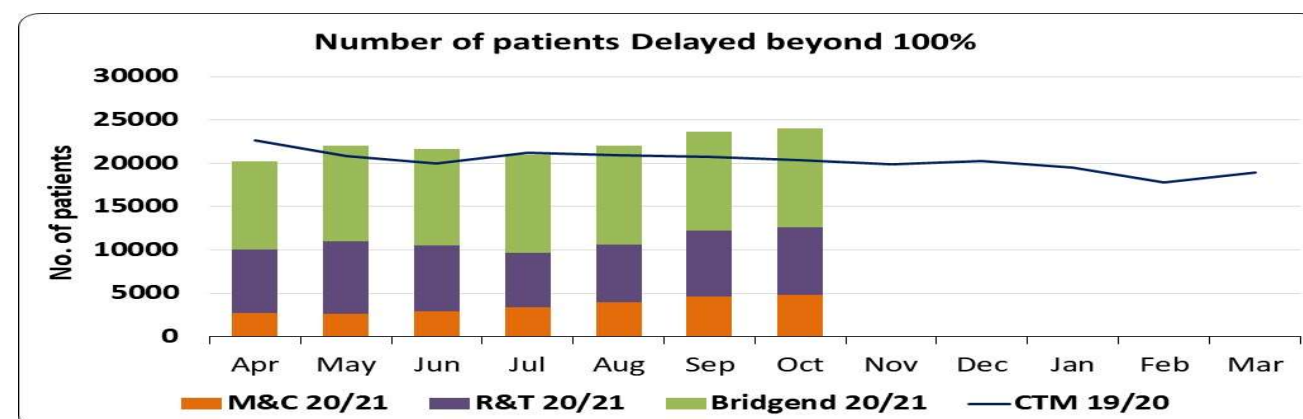
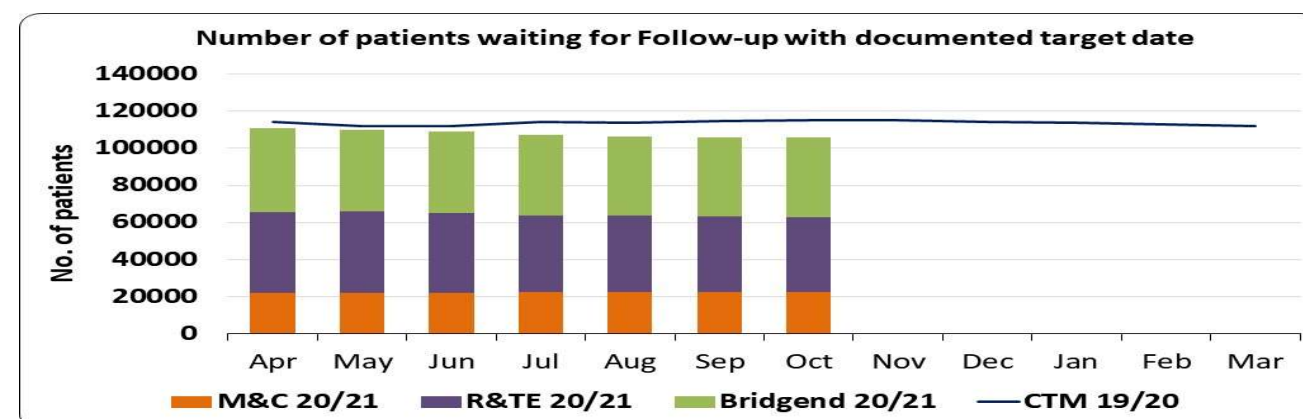
Virtual clinic appointments have been continuing and the FUNB working group continues to work towards a consistent approach across all hospitals and services. Services have resorted to digitally enabled mechanisms to interact with patients differently. Given recent events and the increase in the number 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. However whilst the overall level remains fairly static, the number of patients delayed beyond 100% is continuing to increase and requires action.

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

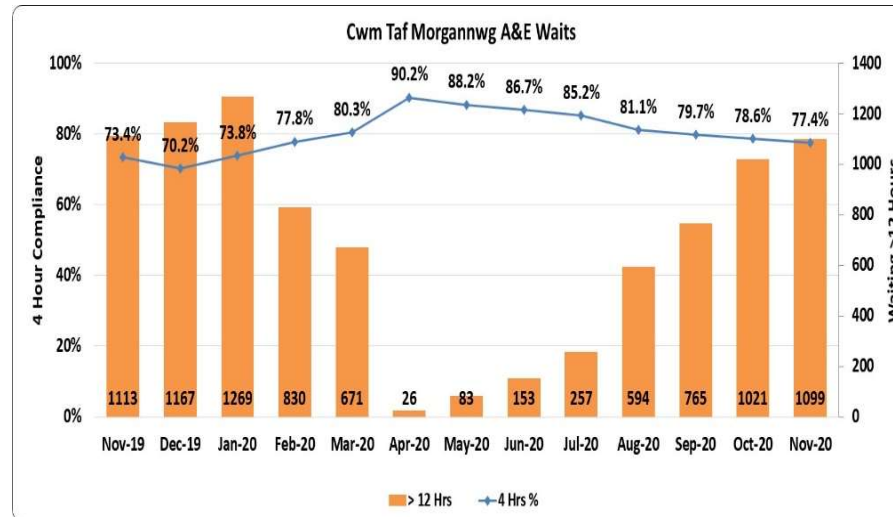
11,387

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

77.4%

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

1,099

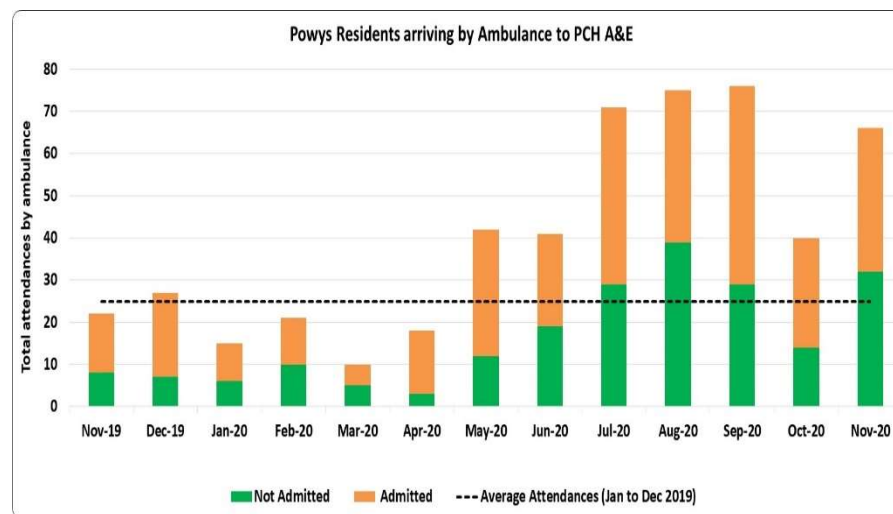


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

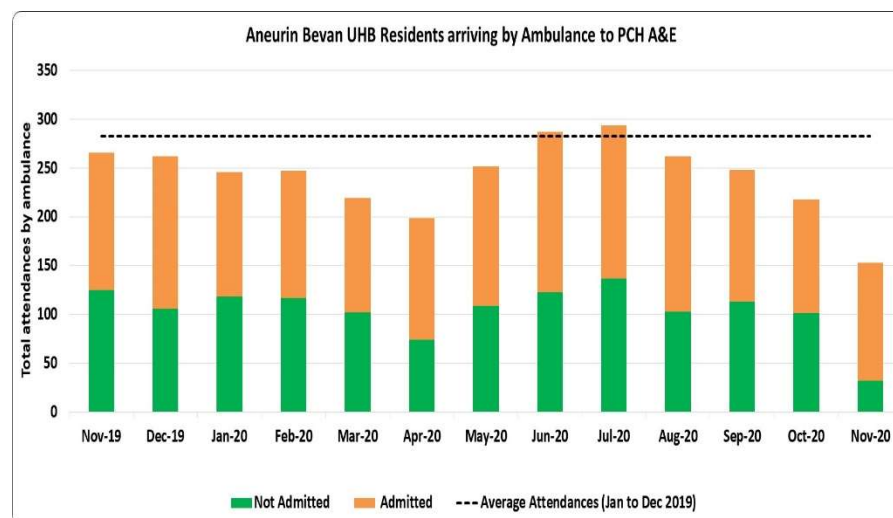
From September the overall attendances had been decreasing, clearly as a result of the Covid-19 outbreaks on all three acute sites. However, November saw a total of 142 more attendances than the previous month with PCH and POW receiving fewer, 189 and 280 respectively, whilst as a result of easing restrictions at RGH, 718 more attendances than October were recorded. 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. 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, though an increase from Aneurin Bevan is also anticipated. There seems to be no indication of the latter at this stage



12 Hour Waits - The rise continues in the number of breaches of the 12 hour target in November with an overall increase of 78 breaches on the previous month bringing the total to 1099. The largest number of breaches since January. RGH saw the fewest breaches out of the three major units (267) albeit an increase of 137 on the previous month whilst PCH had 59 less breaches than last month bringing the total to 387, with POW remaining static at 445.



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
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
Nov-20	3786	79.0%	387	3581	75.9%	267	3462	73.7%	445	11387	77.4%	1099

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%

Period	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.

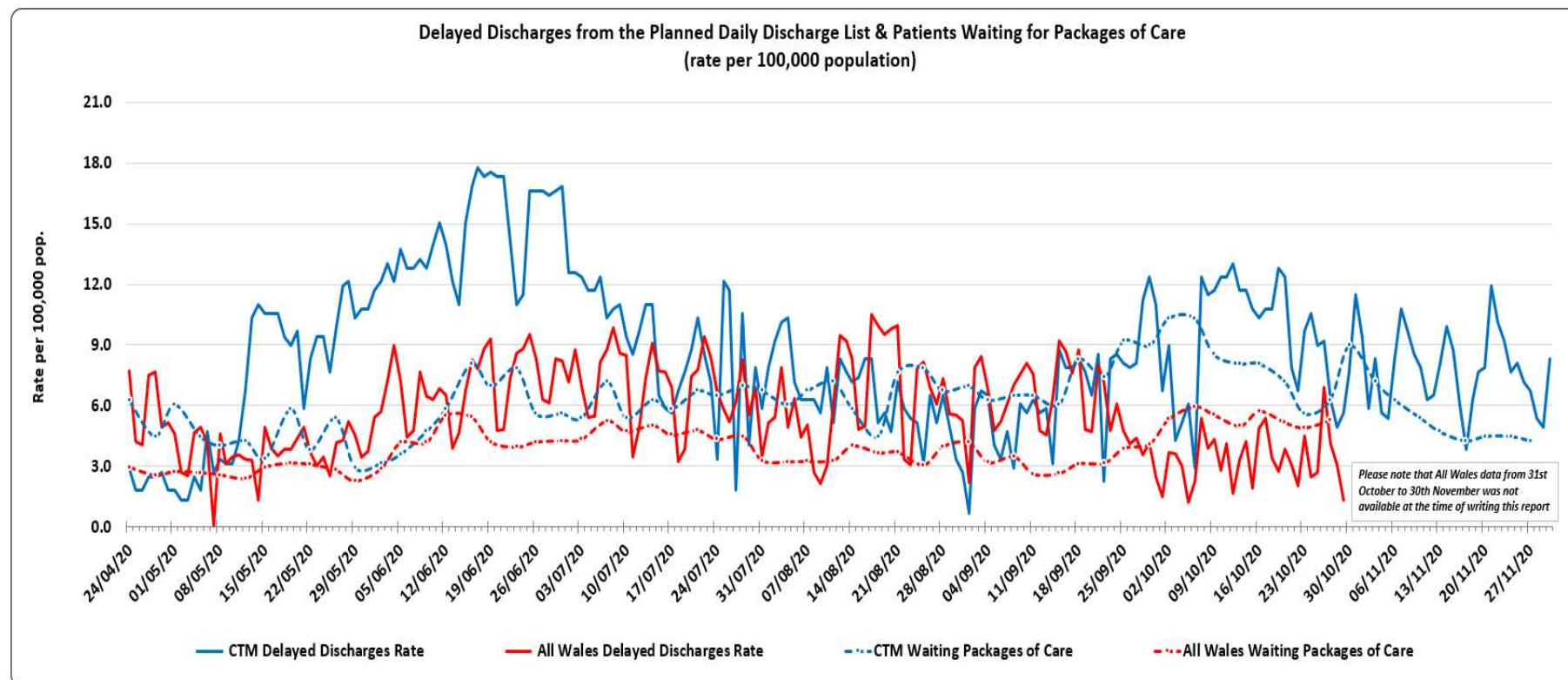
These initial delays combined with the intense pressures on beds from both Covid and non-Covid patients mean that compliance with admitting patients on to a Stroke ward within four hours has been lower than 30% across the UHB as a whole for the the last four months.

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

	October 2020										November 2020							
	2nd	6th	9th	13th	16th	20th	23rd	27th	30th		3rd	6th	10th	13th	17th	20th	24th	27th
Number of Delayed Discharges	40	13	52	52	46	55	43	28	47		37	37	35	36	17	35	34	30
Numbers waiting for Packages of Care	46	46	38	36	36	32	25	28	40		32	28	24	21	19	20	20	19

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 generally above the all Wales level, particularly in terms of discharges delayed, albeit that there have been issues with the provision of all Wales data for over four weeks.

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.



Emergency Ambulance Services

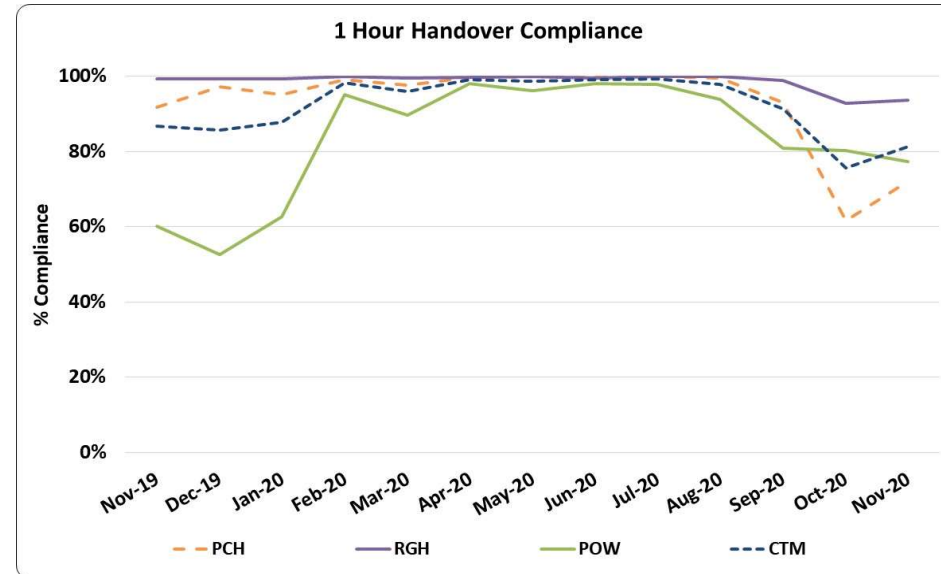
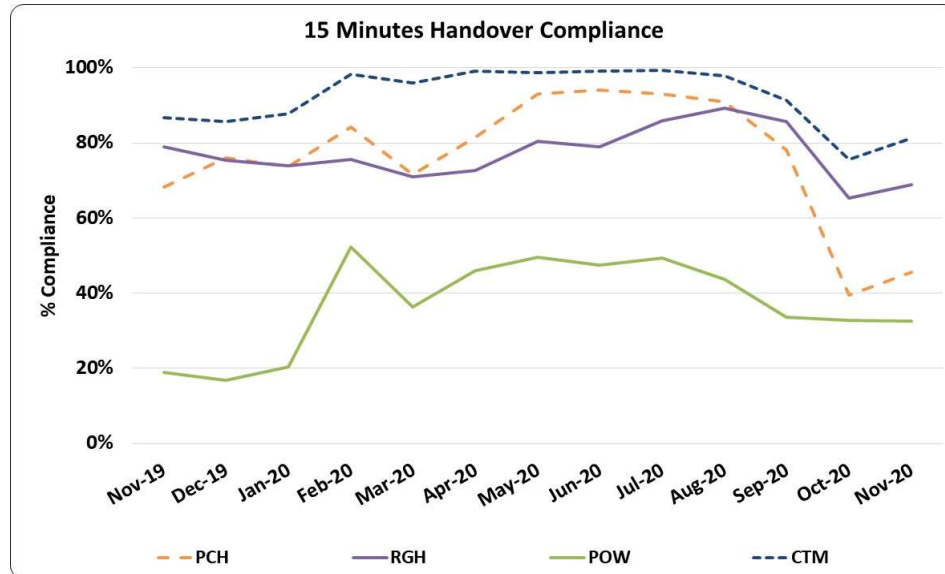
Number of Ambulance Handover Times & Compliance – November 2020

Number of ambulance handovers over within 15 mins – Local Measure

1,254 (49.9%)

Number of ambulance handovers over 1 hour – Target Zero

467 (81.3%)



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 %
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%
Nov-20	870	45.6%	72.2%	878	68.9%	93.7%	753	32.5%	77.4%	2501	49.9%	81.3%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. POW was the only unit out of the three major units not to see handover compliance improve during November. However in contrast to the same period last year and experiencing a similar volume of handovers POW compliance has seen an improvement particularly around the 15 minute handover time.

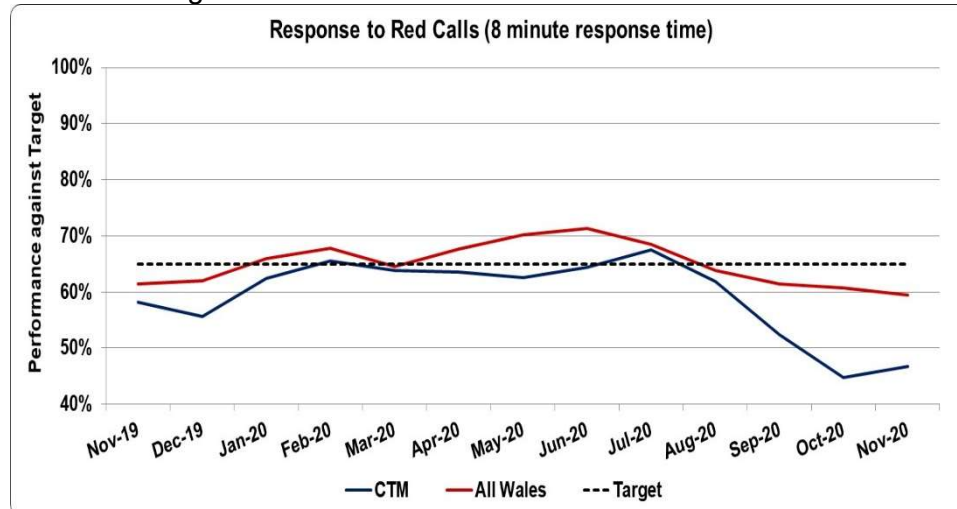
Response to Red Calls – November 2020

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

46.8%

Response to Red Calls

Response times improved marginally during November, however performance continues to be under target at 46.8% this month. Likewise the Welsh average also continues to fall below target to 59.5% and is at the lowest level during the last 12 months. CTM performance for the last 12 months averages out at 58.5%.



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
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%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%

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 62.1% albeit the last 3 months has seen a fall below the target with RCT and Bridgend averaging 56.8% and 59.7% 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 Dec 2019 to Nov 2020)		
Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	6.0
RCT	241,264	4.6
Bridgend	147,049	4.2

Cancer Pathways

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

% of patients starting first definitive cancer treatment within 62 days from point of suspicion -
Target 12 Month Improvement Trend
53.7% (SCP- Without Suspensions)

% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within 31 days of diagnosis
Target 98%
87.9% (NUSC)

% of patients newly diagnosed with cancer, via the urgent route, that started definitive treatment within 62 days of receipt of referral
Target 95%
62.9% (USC)

Single Cancer Pathway (SCP)

The SCP performance for September was:

- Without suspensions 53.7% (51.2% in September)
- With suspensions 60.6% (57.4% in September)

31 Day Target (NUSC)

The combined performance for Cwm Taf Morgannwg fell to 87.9% in October from 94.1% in September. In total, 11 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.

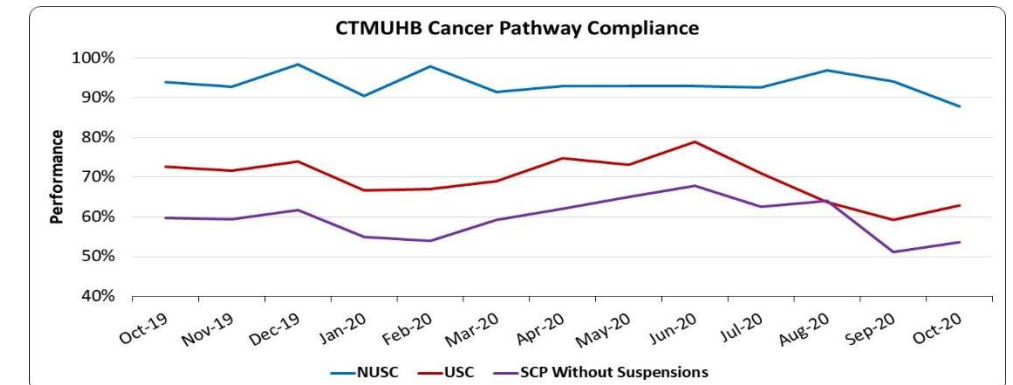
62 Day Target (USC)

The combined performance for CTM improved to 62.9% in October from 59.3% in September with a total of 36 patient breaches with the main contributory factor being delay awaiting diagnostic investigations, treatment and outpatient capacity issues due to the Covid pandemic.

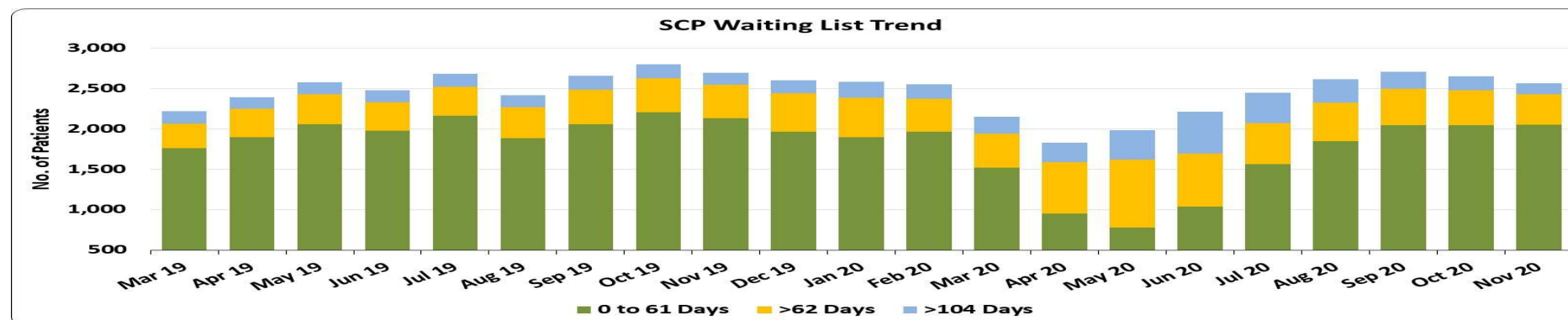
Unusually, Breast patient breaches were the highest number with 9, closely followed by 8 in Urology. There were 5 patient breaches apiece in Head & Neck and Gynaecology with UGI, Lung, Skin and Haematological each recording 2 patient breaches. There was also 1 patient breach in LGI.

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	12	16.7%
Upper GI	9	19	47.4%
Lower GI	9	15	60.0%
Lung	17	27	63.0%
Sarcoma	1	2	50.0%
Skin (exc BCC)	25	30	83.3%
Brain/CNS	1	1	100.0%
Breast	10	22	45.5%
Gynaecological	3	10	30.0%
Urological	14	34	41.2%
Haematological	6	11	54.5%
Other	4	5	80.0%
Total	101	188	53.7%

	Merthyr & Cynon		Rhondda & Taff		Bridgend		Cwm Taf Morgannwg	
	NUSC	USC	NUSC	USC	NUSC	USC	NUSC	USC
October 2020								
Head and Neck	1		1	2	3		5	
Upper Gastrointestinal				1	1		2	
Lower Gastrointestinal					1		1	
Lung				1	2	1	2	2
Sarcoma			1				0	
Skin(c)		1		1			2	
Brain/CNS								
Breast			1	4	5		9	
Gynaecological	2	5					2	5
Urological				6	3	2	3	8
Haematological(d)				1	1		2	
Total Breaches	3	6	3	16	5	14	11	36



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



In terms of total waiting list size, the overall volume of open single cancer pathways has been slowly reducing over the last three months, where the volume of patients waiting up to 62 days has clearly stabilised. Encouragingly, the volume of open pathways waiting in excess of 104 days has reduced for the second month in succession, testament to the continued focus on Cancer patient treatments through our reduced elective capacity, increasing momentum behind what is a significant data validation challenge as well as continued high utilisation of independent sector hospital and theatre capacity. Looking at the patients waiting over 62 and 104 days in particular, the breakdown by ILG is as follows:

- In Bridgend, there were 103 patients waiting over 62 days of whom 39 were waiting more than 104 days
- In Merthyr Cynon, there were 148 patients waiting over 62 days of whom 51 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 129 patients waiting over 62 days of whom 46 were waiting more than 104 days

Over 72% of the patients waiting over 62 days are for three tumour sites, Urology (107), Lower GI (96) and Gynaecology (74).

Period	M&C	R&TE	Bridgend	CTM
Apr-20	28	53	32	113
May-20	28	25	17	70
Jun-20	27	41	19	87
Jul-20	41	28	13	82
Aug-20	36	52	10	98
Sep-20	31	54	16	101
Oct-20	26	51	14	91

Period	M&C	R&TE	Bridgend	CTM
Apr-20	17	37	57	111
May-20	11	9	47	67
Jun-20	26	36	38	100
Jul-20	22	42	36	100
Aug-20	15	40	36	91
Sep-20	24	47	37	108
Oct-20	17	38	42	97

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

85.6%

% 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%

86.5%

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, October's compliance fell to 85.6% from 92.9% in September.

With the exception of August (747), referrals have been steadily increasing with the total in October reaching 874, but continuing to remain well below the pre-Covid levels of 1000 to 1100.

Part 1b.

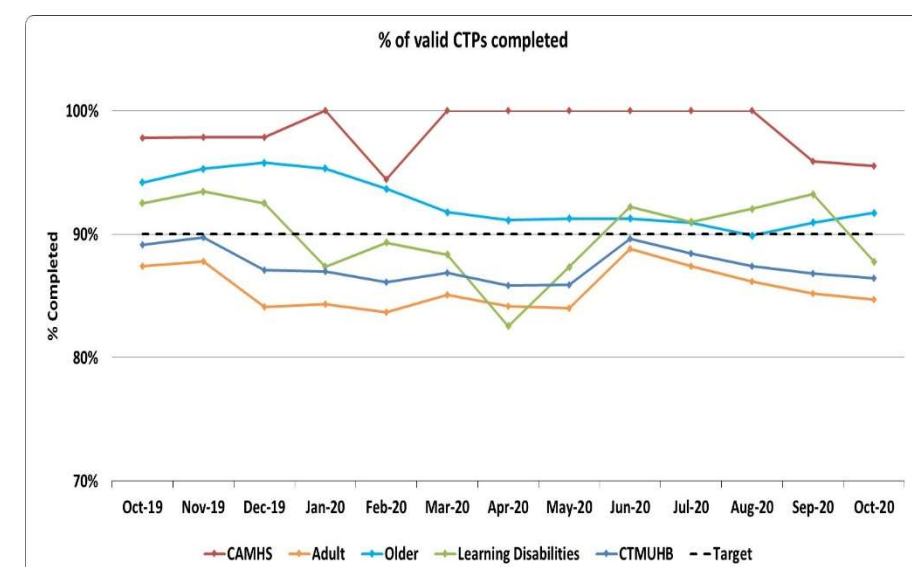
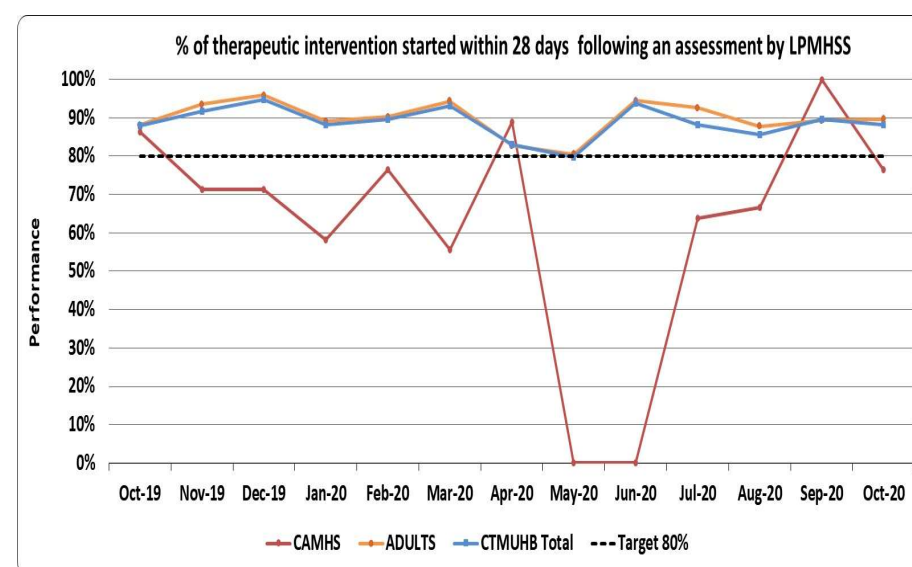
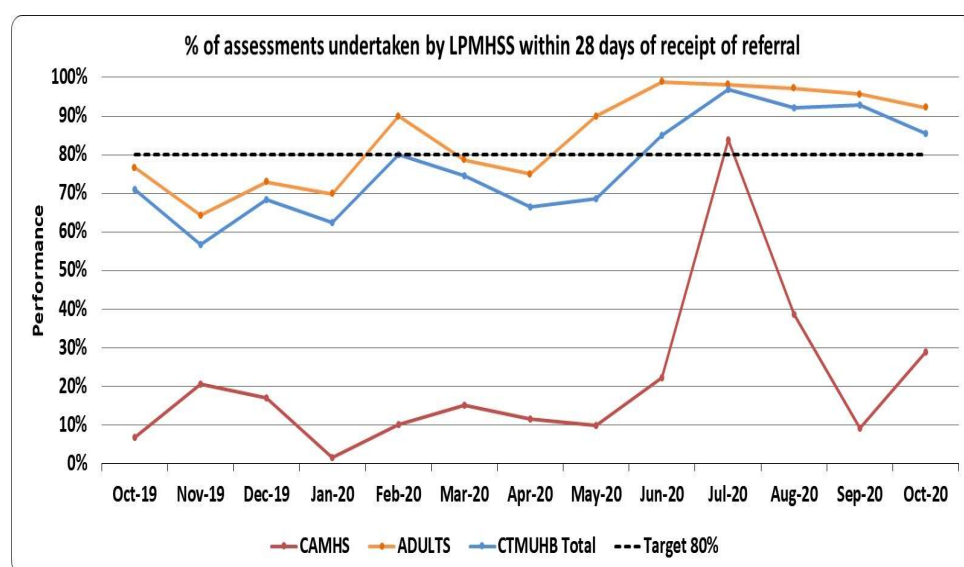
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to be above the 80% target at 88.2% in October. The number of interventions are relatively stable at the moment at 261 in October, although well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service fell below target this month to 76.5% from 100% in September, however the number of interventions had increased by 29 on the previous month to a total of 34.

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, albeit marginally, to 86.5% from 86.8% in September and continuing to fall 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 October with all being sent within 10 working days, achieving the target of 100% for Part Three of the Mental Health Measure.



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 60.2%, with 37 patients waiting over 4 weeks for assessment. This also represents an improvement on October, but does demonstrate the variation in compliance.

Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services remained fairly static at 38.9% in November (38.8% in October). The total waiting list increased by 37 to a current total of 581, with the number of patients waiting above the target time continuing to rise from 333 to 355, where the average weeks wait now being 33.

Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times continues to fall to a provisional 49.2% in November from 55.6% in October. The total waiting list has increased to 315 from 268 in the previous month with those patients waiting above the target time increasing by 41 to a total of 160 this month.

Waiting Times to First Assessment							
CTM CAMHS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Total Assessments	47	51	63	31	31	11	45
Waiting <4 weeks	9	5	14	26	12	1	13
Waiting >4 weeks	38	46	49	5	19	10	32
Compliance	19.1%	9.8%	22.2%	83.9%	38.7%	9.1%	28.9%

Waiting Times of Therapeutic Interventions started during the month							
CTM CAMHS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Total Interventions	9	1	1	36	24	5	34
Waiting <4 weeks	8	0	0	23	16	5	26
Waiting >4 weeks	1	1	1	13	8	0	8
Compliance	88.9%	0.0%	0.0%	63.9%	66.7%	100.0%	76.5%

October saw an increased volume of interventions starting this month, 29 more than in September bringing the total to 34.

Neurodevelopment CTM	waiting list as at:						
	5 Jun 20	7 Jul 20	4 Aug 20	3 Sep 20	5 Oct 20	2 Nov 20	2 Dec 20
Total Waiting List	449	395	458	437	459	544	581
Waiting 26+ weeks	197	185	202	289	312	333	355
Compliance	56.1%	53.2%	55.9%	33.9%	32.0%	38.8%	38.9%
Average weeks wait	24.0	26.0	23.7	31.0	32.0	31.0	33.0

waiting list as at 2nd Dec 20			
Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	191	124	315
Waiting >4 weeks	89	71	160
Compliance	53.4%	42.7%	49.2%
Average weeks wait	3.6	4.4	4.0

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	Q1 20/21	220.6	Q4 19/20	352.3
% 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%	Oct-20	95.6%	Sep-20	95.9%
	over 18 years			86.3%		86.7%
% 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%	Nov-20	46.8%	Oct-20	44.8%
Number of ambulance patient handovers over 1 hour		Zero		467		623
% 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%		77.4%		78.6%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		1099		1021
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Aug-20	66.7%	Aug-19	84.7%
% 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%	Oct-20	17.5%	Sep-20	27.6%
% 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%		59.4%		64.6%
% 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		48.2%		48.9%
% of stroke patients who receive a 6 month follow-up assessment		Qtr on Qtr Improvement	Q3 19/20	74.7%	Q2 19/20	83.7%
% 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%	Oct-20	87.9%	Sep-20	94.1%
% 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%		62.9%		59.3%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		12 Month Improvement Trend		60.6%		57.4%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Nov-20	11,052	Oct-20	10,631
Number of patients waiting more than 14 weeks for a specified therapy				674		647
% of patients waiting less than 26 weeks for treatment		95%		44.4%		46.1%
Number of patients waiting more than 36 weeks for treatment		Zero	Oct-20	37,269	Sep-20	33,598
Number of patients waiting for a follow-up outpatient appointment		74,734		105,724		106,117
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		23,662		23,662
% 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%		34.5%		35.7%
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 patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		80%	Sep-20	81.3%	Aug-20	83.0%
% 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)			Oct-20	37.7%	Sep-20	26.7%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)				92.2%		95.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				80.0%		100.0%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				89.7%		89.2%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			Sep-20	34.4%	Aug-20	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	
	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%	Nov-20	50.7%	Oct-20	50.8%
% 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%	Nov-20	63.3%	Oct-20	63.4%
% of sickness absence rate of staff	12 Month Reduction Trend	Oct-20	6.7%	Sep-20	5.8%
% 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	Aug-20	1.40%	Sep-20	1.30%
% 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	Oct-20	56.0%	Sep-20	56.0%
% 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 1 hour of positive screening			75.0%		76.9%
% 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	Sep-20	2.7%	Aug-20	2.8%
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%	Q1 20/21	98.7%	Q4 19/20	98.7%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		257.0		348.3
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1412		1462
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age		0.18%		not available	
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q1 20/21	5005.1	Q4 19/20	5005.4
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		66.7%		72.1%
% 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	Aug-20	2,440	Jul-20	2,626
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jul-20	6.79%	Jul-19	8.00%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available