

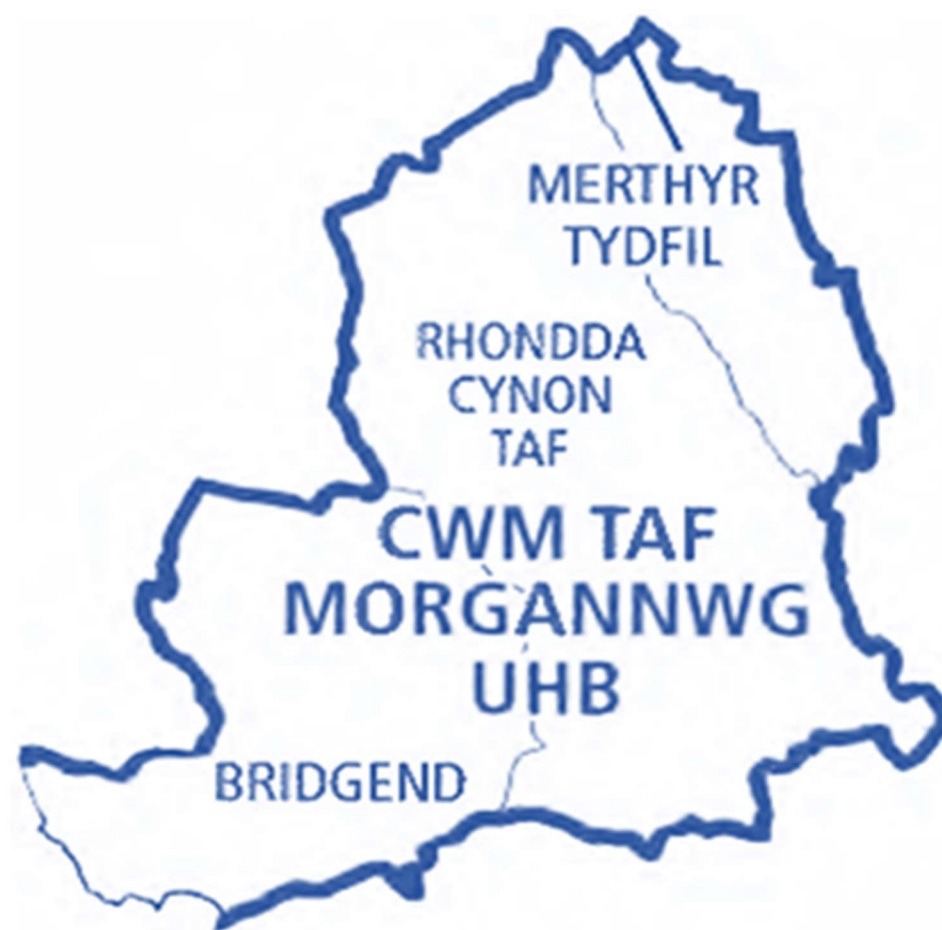
# Materion Penodol i'w Hystyried / Specific Matters for Consideration

## Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

### Awst 2021 / August 2021

Click on one of the boxes to navigate to that section of the report

Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity	Resetting Cwm Taf Morgannwg – Outpatient Attendances
Referral to Treatment Times (RTT)	Diagnostics & Therapies Endoscopy Waits & Surveillance Monitoring
Follow-up Outpatients Not Booked (FUNB)	Emergency Unit Waits
Emergency Ambulance Services	Stroke QIMs / Delayed Transfers of Care
Single Cancer Pathway (SCP)	CTM Mental Health Compliance detailing the Adult Mental Health Services
Child & Adolescent Mental Health Services (CAMHS)	WHSSC – Welsh Health Specialised Services Committee
Quadruple Aims - At a Glance	



#### Cenhadaeth / Mission:

*Adeiladu cymunedau iachach gyda'n gilydd / Building healthier communities together*

#### Quality Health and Care

for Mrs Jones, her family and her community

Person Centred  
Outcomes  
perspective

Prudent Services  
perspective

A Learning and  
Growth Culture  
perspective

Resource  
Sustainability  
perspective

#### Gweledigaeth / Vision:

*Ym mhob cymuned mae pobl yn dechrau, yn byw ac yn gorffen bywyd yn dda, gan deimlo eu bod yn cymryd rhan yn eu dewisiadau iechyd a gofal /*

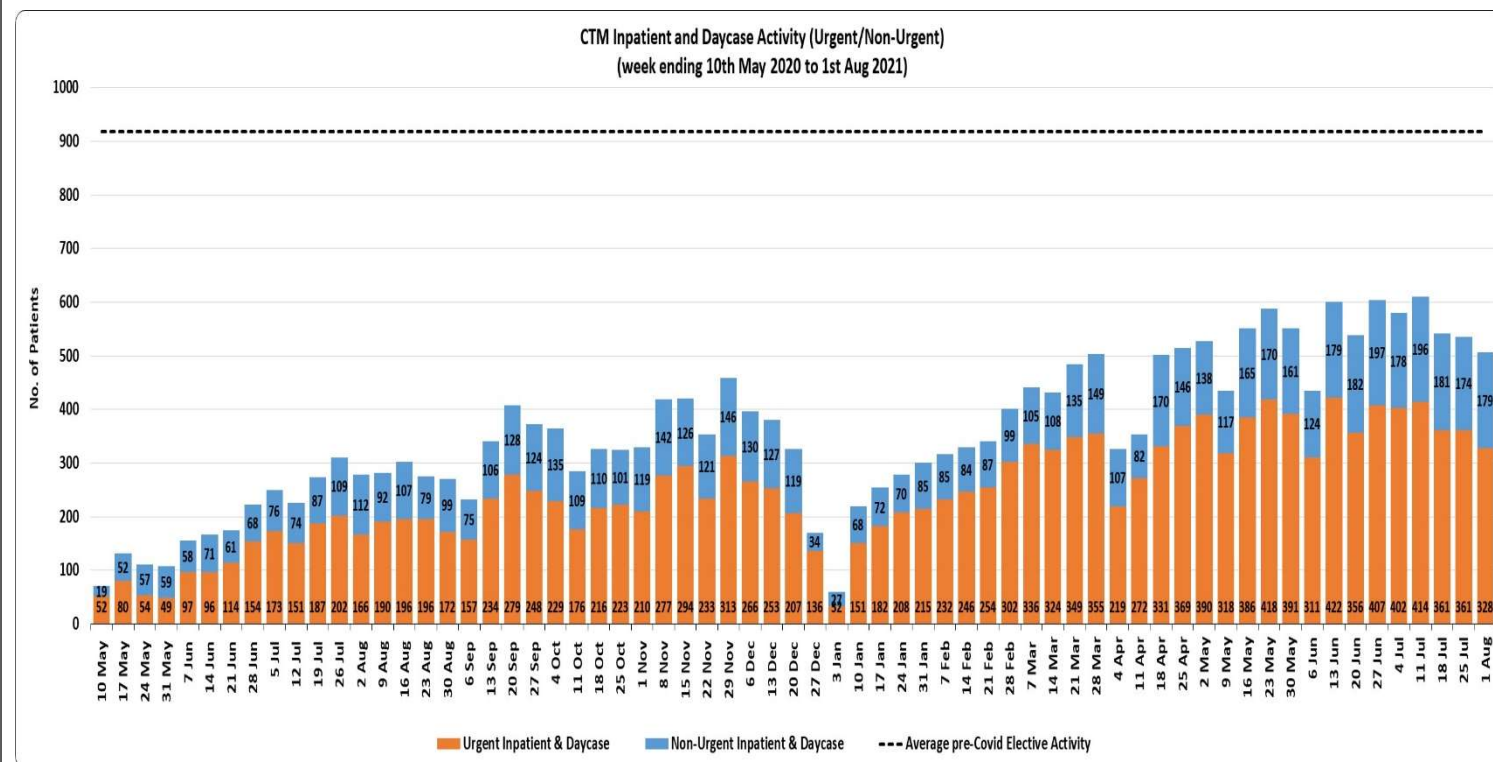
*In every community people begin, live and end life well, feeling involved in their health and care choices*

#### 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 – Inpatient / Daycase Activity

## Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase



## Internal Elective Activity – Top 10 Specialties with highest volumes of treatments carried out within internal capacity

Elective Activity - Top 10 Specialties July 2021	Average Elective Activity July 2021	Pre-covid average	Variance
General Surgery	113	210	-97
General Medicine	107	147	-40
Urology	77	101	-24
Gastroenterology	54	53	1
Ophthalmology	53	99	-46
Trauma & Orthopaedic	52	118	-66
Gynaecology	31	32	-1
ENT Surgery	19	33	-14
Cardiology	17	25	-8
Oral Surgery	9	21	-12

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

As per the top left chart there appears to have been an overall slight increase in urgent activity in July (average c.385 cases per week) compared to June (average c.374 cases per week). There was a similar slight increase in non-urgent activity for the same period with the July average at c.182 cases per week compared to c.170 for June.

Urgent activity appears to have reduced for the last 2 weeks of July, whilst non urgent appears to be consistent.

Year to date urgent elective activity averages at c.359 cases per week, with volumes recovering from the 2020/21 levels. Total elective cases during the same period, including those prioritised as non-urgent, have averaged at 543 cases per week and are planned to increase further.

The table below represents outsourced activity as at 11/08/2021.

Speciality Updated 11/08	M4 CAP	Sent	Return ed	Treat ed	Dated	O/S
SPIRE - Ortho	360	281	16	104	261	3
SPIRE - Gynae	120	63	8	17	35	20
NUFFIELD - Ortho	108	106	14	43	49	0
Gen Surgery	56	49	6	24	19	0
Gynae	40	41	3	15	23	0
Pain	100	0	0	0	0	0
Ophthalmology	100	130	7	40	83	0

Data Source: Elective Care Recovery Outsourcing Work Stream

The table, top right, details the “Top Ten” specialties that have carried out the highest average volumes of elective activity during July compared to the average pre-Covid levels. As can be seen current elective activity is approximately 40% less in General Surgery, T&O almost 56% down on pre-Covid levels whilst Ophthalmology is 46.5% fewer.

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

### RTE ILG

#### Medicine:

- 5/10 interventions have commenced
- 8 new interventions to be agreed

#### Surgery:

- 9/15 interventions have commenced
- 3/15 planned to commence
- 3/15 schemes changed and new interventions to be agreed

#### Mental Health service recovery:

- 4 interventions to be agreed

#### Radiology interventions:

- 8 interventions to be agreed

#### Pharmacy:

- 1/1 Additional pharmacist appointed

### MC ILG

#### Medicine:

- Adhoc additional OP clinics organised Gastro continuing
- Endoscopy Insourcing continues – issues with staffing lists
- Medicine additional activity schemes reviewed with Nicky Croxon

#### Mental Health service recovery:

- Plans developed for Memory Assessment service, Integrated Autism Service, Primary Care Group Interventions and Psychological Therapies.
- Mental Health team included as part of the weekly performance meetings

### Outsourcing

- Private Providers Contracts: Contracts in place compliantly. Spire July 2022, Nuffield Sept 2022. 6 month commitment agreed.
- Activity, Demand and Capacity: Capacity opportunities being scoped. Theatres capacity PoW/weekend Ophthalmology list with Nuffield.
- Internal meeting established to address allocation, financial tracking, capacity gaps and provider issues.

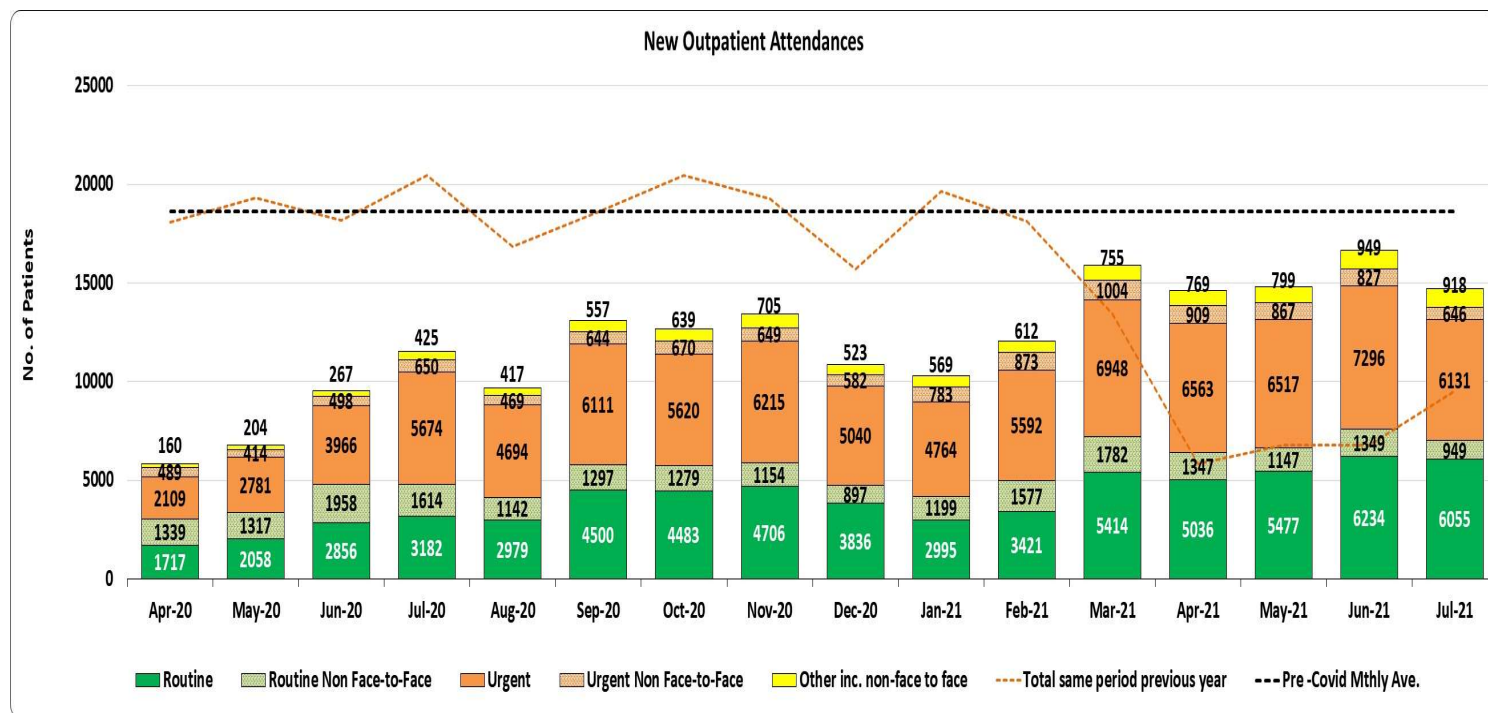
## What are the main areas of risk?

- A4C and staff engagement for additional activity: Scoping all possibilities and sites
- Clinical support services capacity
- 3rd Wave Covid
- Physical space
- Recruitment: Ability to recruit to priority schemes and Short term agency locum posts being advertised

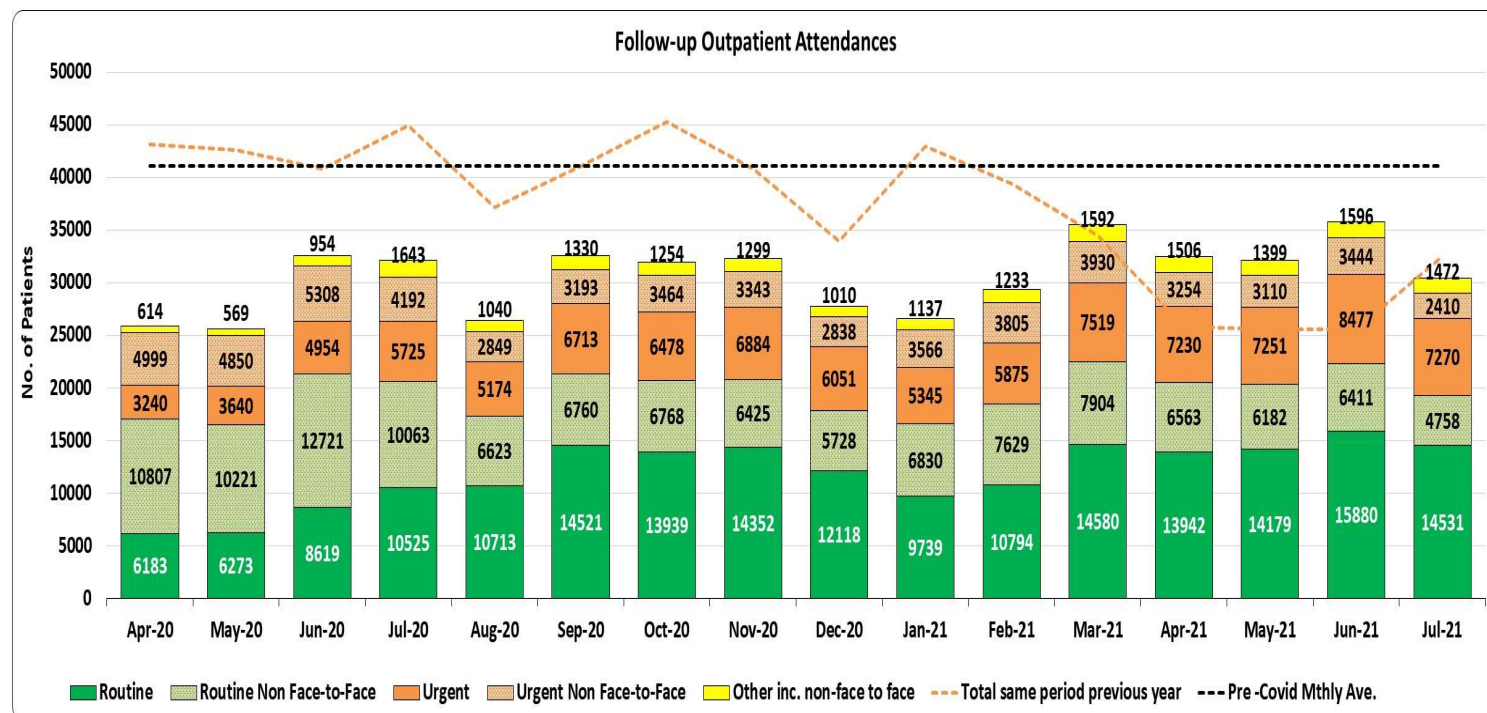


# Resetting Cwm Taf Morgannwg – Outpatient Attendances

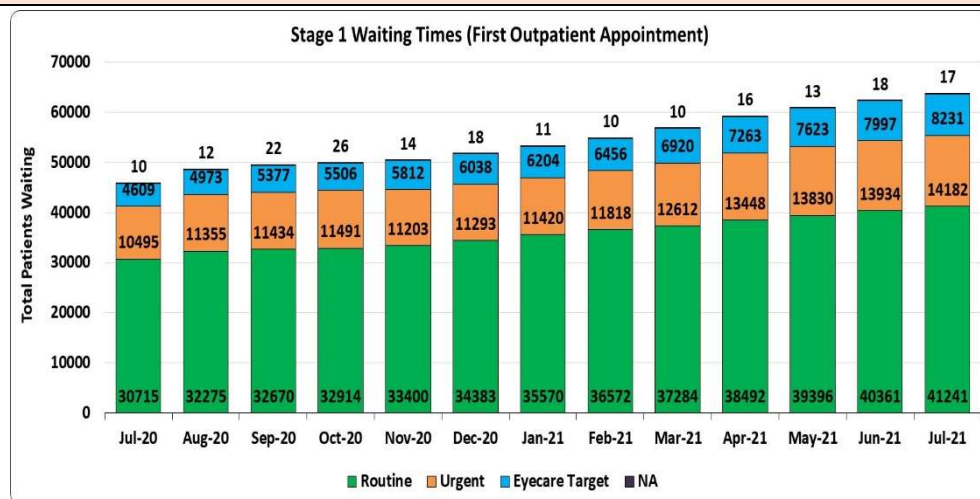
## New Outpatient Attendances



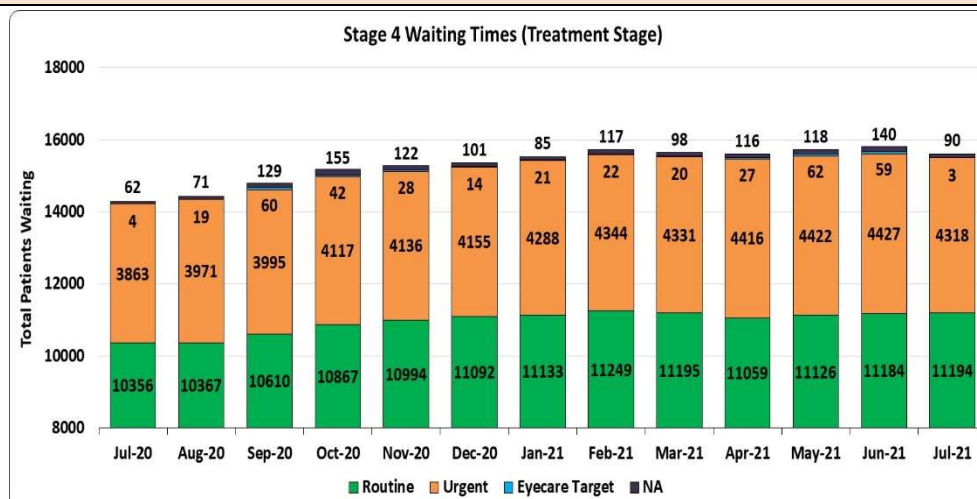
## Follow-up Outpatient Attendances



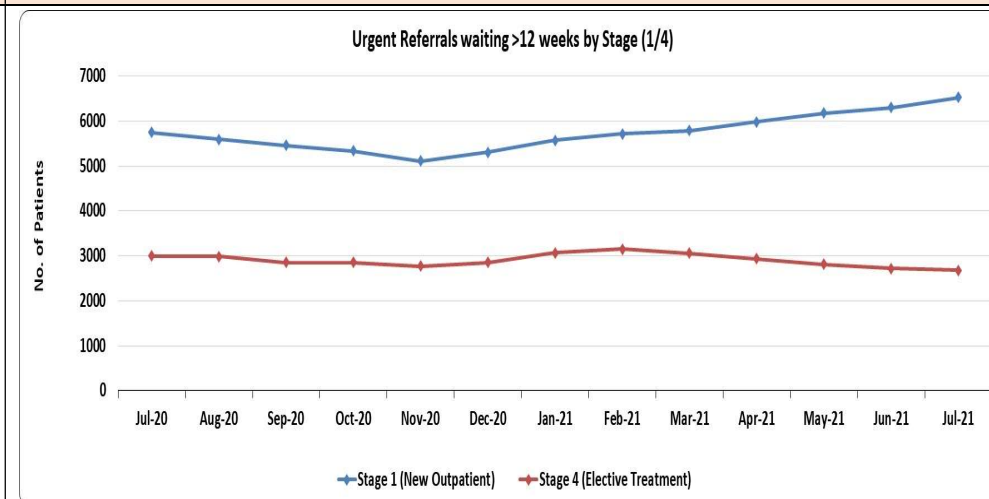
## Waiting times Stage 1 (New Outpatients)



## Waiting times Stage 4 (Treatment Stage)



## Urgent referrals waiting >12 weeks (Stages 1 & 4)



## How are we doing?

As at the end of July, there were 63,671 patients awaiting a new outpatient appointment of which 14,182 patients were categorised as urgent and 8,231 were ophthalmic patients. This represents a 38.9% increase on the 45,829 patients waiting at the end of June 2020.

At the end of July, the treatment waiting list was 15,605 patients, of which 4,318 were urgent patients. Having peaked at 15,810 patients at the end of June, the July positions did see a slight recovery due to the continued increase in elective activity volumes.

The number of patients prioritised as urgent waiting in excess of 12 weeks for an initial outpatient consultation is increasing steadily at c.200 cases per month, whilst the urgent treatment backlog is now decreasing, reaching 2,681 at the end of July 2021 (2,722 end of June).

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

Outpatient Transformation programme Board: Paediatric Neuro Development assessment and management pathways and Gynaecology – Post menopausal bleeding pathway have been proposed for review. An Outpatient funding bid has been submitted to Welsh Government– approval confirmed for first bid amount.

Stage 1 52+ Week Validation Project: Gastro (RTE), Endocrine (MC) and OMFS (MC) pilots started 10/08.

Dermatology process will focus on administrative validation and not include patient questionnaire. OMFS patient group to increase by 200 patients to take the pilot number up to approx. 300.

SOS/ PIFU: Band 7 x3 posts interviewed for 11/08.

FU Validation Team: Agreement on band 4 x 3 WTE and band 5 x1 WTE to start the validation team. Agreement reached 22/07 that band 4 posts to sit in ILG's.

## What are the main areas of risk?

Emerging operational pressures affecting organisational ability to scale up elective treatments pose risks to our recovery programme.

Furthermore, the recent announcement relating to the NHS pay deal for additional hours for medical staff will impact the ability to deliver additional sessions outside of job plans.

SOS/ PIFU: due to low numbers being interviewed there is a risk of non-appointment to vacancies.

FU Validation Team: Slow progress setting up validation team.



# Referral to Treatment Times (RTT) – July 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

**30,872**

As illustrated below the provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of July is 30,872. The breakdown of the 30,872 patients is as follows:

- 7,208 patients relate to Merthyr & Cynon ILG waiting lists
- 11,404 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,260 patients relate to Bridgend ILG waiting lists

Please note that July's data has now been mapped to reflect the ILG hosted services namely for the specialties, Dermatology, ENT, Ophthalmology & Urology, hence a transposition in the number of patients waiting between the ILG's.

Number of patients waiting >36 weeks – Target Zero

**43,624**

As illustrated in the chart, the provisional position for patients waiting over 36 weeks for July is 43,624 patients across Cwm Taf Morgannwg, which is an increase of 1,287 from June (N.B. includes the 30,872 patients waiting over 52 weeks):

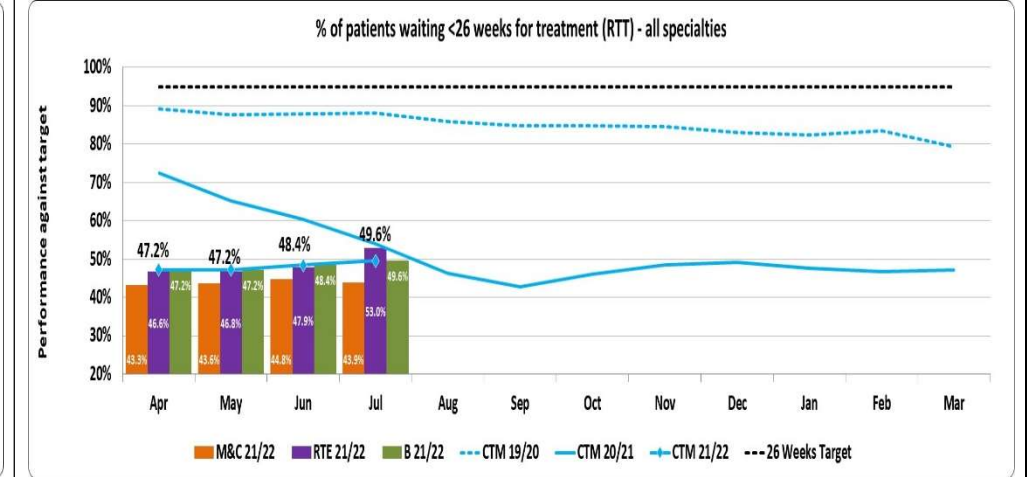
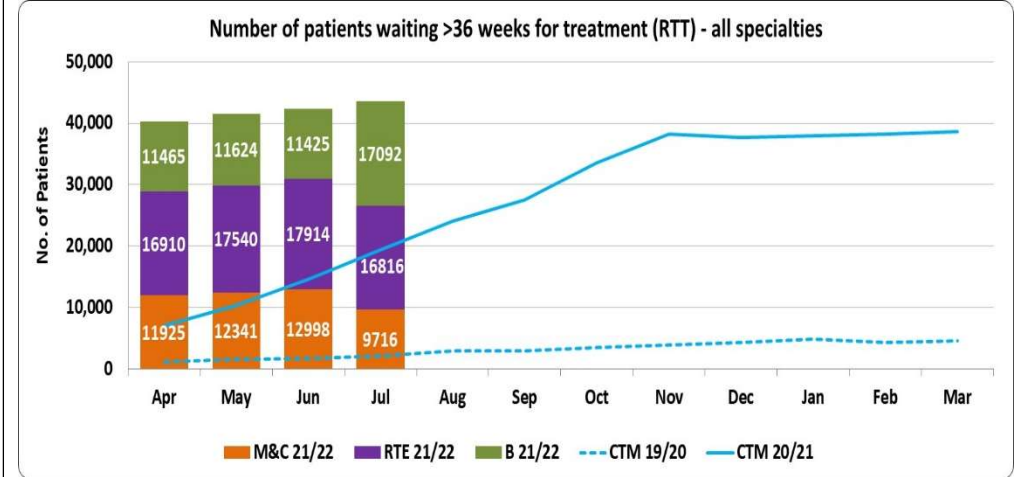
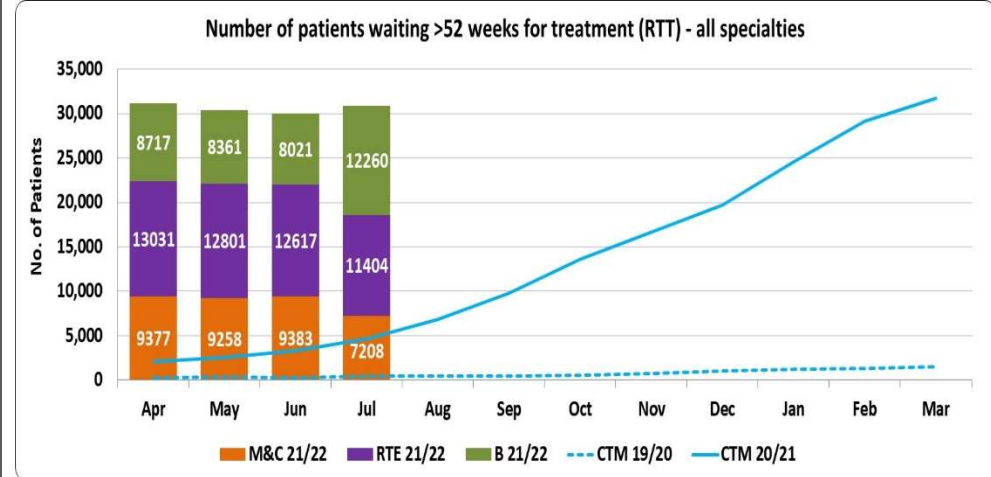
- 9,716 patients relate to Merthyr & Cynon ILG waiting lists
- 16,816 patients relate to Rhondda & Taff Ely ILG waiting lists
- 17,092 patients relate to Bridgend ILG waiting lists

% of patients waiting under 26 weeks – Target 95%

**49.6%**

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for July across Cwm Taf Morgannwg is 49.6%. A level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 43.9% Merthyr & Cynon ILG waiting lists
- 53.0% Rhondda & Taff Ely ILG waiting lists
- 48.8% Bridgend ILG waiting lists



## How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. Provisionally, as at the end of July, >52 week waiting list volumes increased by 2.8% on the previous month bringing the total to 30,872. However, compared to the position at the end of March 2021 the July position does represent a 2.8% reduction in patients waiting over 52 weeks.

As part of this response, the stage 1 over 52 weeks validation project is due to start in August in line with the Welsh Government directive. This will result in patients who no longer wish to remain on the waiting list/ non-responders being removed and placed on 'see on symptoms' pathways for 6 months to mitigate any issues that may arise.

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

Under the Elective Care Recovery Portfolio each ILG have worked to develop targeted schemes in order to address their growing backlogs, these range from additional capacity schemes to projects that see a different way of delivering care.

We continue to work with Welsh Government on the National Programmes for improvement (at specialty level) and indeed work with our neighbouring Health Boards on delivering care.

## What are the main areas of risk?

Main areas of risk include the long waiting patients waiting over 36 and 52 weeks for a first appointment.

As part of the validation of the stage 1 over 52 weeks, and as a mitigation against the long waits, patients will be sent a questionnaire to report any changes in conditions to enable a clinical review of the returned questionnaire against the original referral form to inform a decision on referral classification.

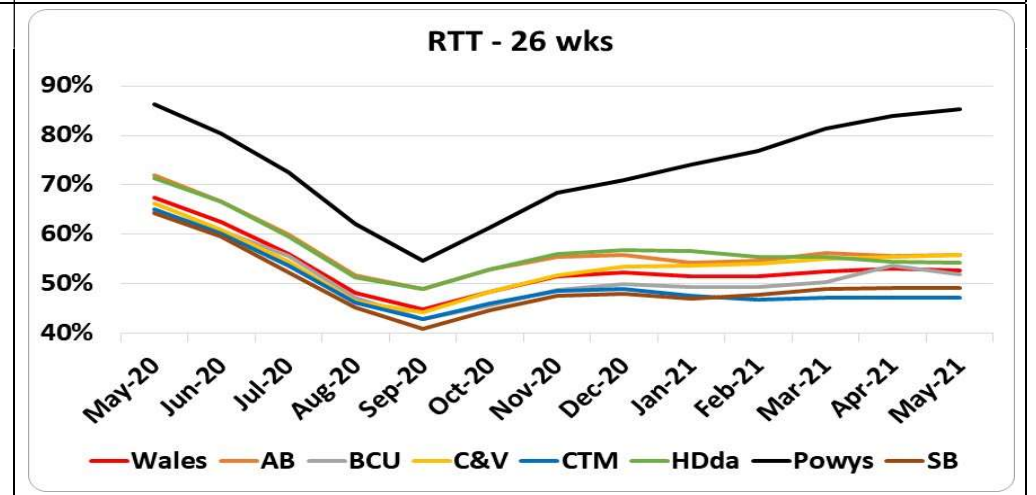
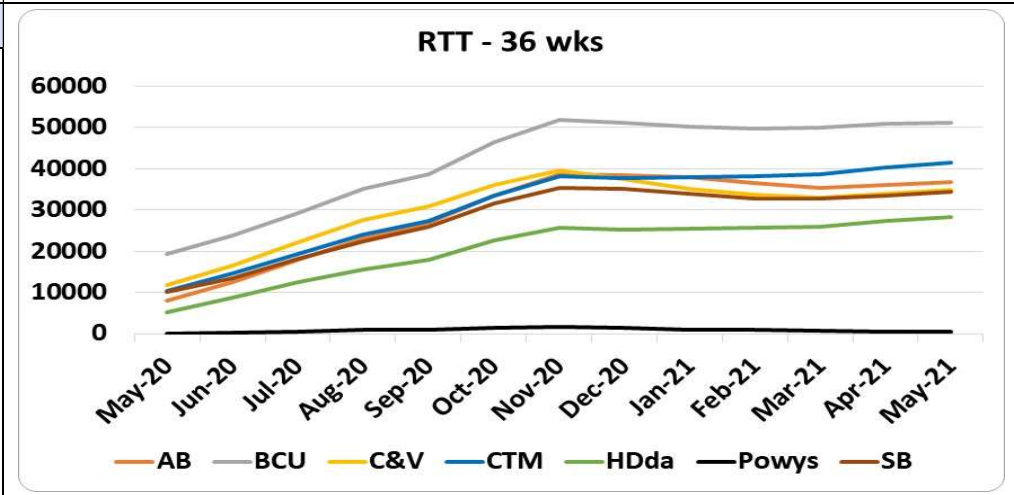
Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

## How do we compare with our peers?

As at May 2021, CTM has the lowest compliance for 26 weeks RTT (47.2%) out of all the other health boards in Wales. As would be expected the best performing health board is Powys (85.4%), however the best performing of the acute health boards is ABUHB (56.0%).

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT.(41,505) with BCU ranked 7<sup>th</sup> (51,189). Again, best performing is Powys (557), with the best performing of the acute health boards being SBUHB (34,447).

Pressures continue to be felt across all elements of the patient's pathway across all NHS Wales health boards. Across health boards, the outpatient activity still stands at about 70% of pre-Covid activity levels and this continues to have a large impact on the ability to see patients and address waiting lists.





# Diagnostics & Therapies – July 2021 (Provisional Position) / Endoscopy Waits & Surveillance Monitoring

Number of patients waiting >8 weeks for Diagnostics – Target Zero

13,365

Number of patients waiting >14 weeks for Therapies – Target Zero

272

Number of patients of surveillance patients waiting past their review date

1,309 (as at 1st August 2021)

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	38	25	1026	1089
Cardiology Services	Cardiac CT	0	13	0	13
	Cardiac MRI	0	4	0	4
	Diagnostic Angiography	0	39	35	74
	Stress Test	7	39	3	49
	DSE	76	5	86	167
	TOE	0	0	2	2
	Heart Rhythm Recording	15	4	118	137
	B.P. Monitoring	1	0	2	3
Bronchoscopy		0	0	0	0
Colonoscopy		166	488	0	654
Gastroscopy		691	699	2	1392
Cystoscopy		0	418	0	418
Flexi Sig		431	659	2	1092
Radiology	Non-Cardiac CT	0	83	0	83
	Non Cardiac MRI	0	559	0	559
	NOUS	0	7865	0	7865
	Non-Cardiac Nuclear Medicine	0	20	0	20
Imaging	Fluoroscopy	0	80	0	80
Physiological Measurement	Urodynamics	33	192	2	227
Neurophysiology	EMG	8	136	0	144
	NCS	7	60	0	67
Total		1473	11388	1278	14139

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		47	7	54
Dietetics	51	92	59	202
SALT	1	3	12	16
Total	52	142	78	272

Patient Category as at 1st August 2021	PCH	RGH	POW	TOTAL
<b>Cancer</b>				
Waiting <14 days	121	150	12	283
Over Target	41	138	0	179
Total Patients Waiting	162	288	12	462
<b>Urgent Non-Cancer</b>				
Waiting <14 days	75	115	1	191
Over Target	921	1336	0	2257
Total Patients Waiting	996	1451	1	2448
<b>Routine</b>				
Waiting <56 days	55	39	213	307
Over Target	490	707	0	1197
Total Patients Waiting	545	746	213	1504
<b>Surveillance</b>				
Waiting <126 days past review date	138	200	13	351
Waiting >126 days past review date	401	557	0	958
Total Patients Waiting Past Review Date	539	757	13	1309

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14139								

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	272								

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).

## How are we doing?

The provisional position for July shows 14,139 patients waiting over 8 weeks. This represents an increase of 6.2% (826) from the reported position in June 2021 and the highest level reported within the last 12 months.

While improvements are seen in most areas there are still challenges clearing the backlog of patients waiting. Radiology numbers have increased by around 9% (764) on the previous month, most notably NOUS has seen an 8% increase in the number of patients waiting more than 8 weeks compared to the previous month.

## How are we doing?

There are provisionally 272 patients breaching the 14 week target for therapies in July, a static position remains on the reported position for June.

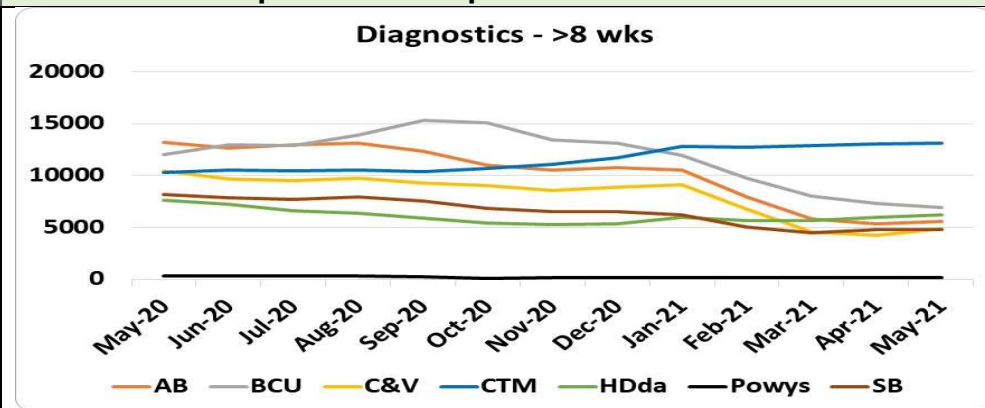
## How are we doing?

In terms of actions being taken-

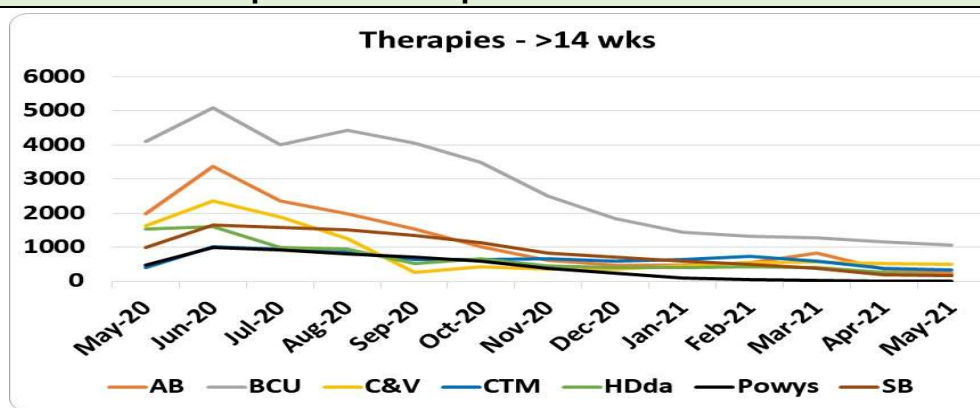
- Insourcing lists running on Saturdays at PCH
- Saturday lists running at RGH
- Validation of the surveillance waiting list at PCH (already completed at RGH), applying the latest guidance/ criteria
- Validation of the urgent waiting list at RGH, applying the latest guidance/ criteria and incorporating FIT testing
- Introduction of FIT testing within primary care, as a test to determine whether endoscopy referral required and if so, to inform decision re: urgency

Discussions remain ongoing with Welsh Government and the National Endoscopy Programme regarding short and longer-term solutions including the short-term procurement of mobile endoscopy unit(s) and longer-term development of regional endoscopy units. Work has been progressed with procurement and a potential supplier of mobile endoscopy units in preparation should funding for this be agreed.

## How do we compare with our peers?



## How do we compare with our peers?



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As at May 2021, CTM had the highest number of patients (13,113) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. As might be expected, Powys had the fewest patient breaches (194) with SBUHB performing better than the other acute health boards with 4,806 patient breaches.

As at the same period, CTM had 336 patients waiting over the 14 week target for a therapy and ranked 5<sup>th</sup> out of the other health boards in Wales. Again as expected, Powys was first with 7 patient breaches and once more SBUHB ranked 2<sup>nd</sup> with 166 patient breaches.



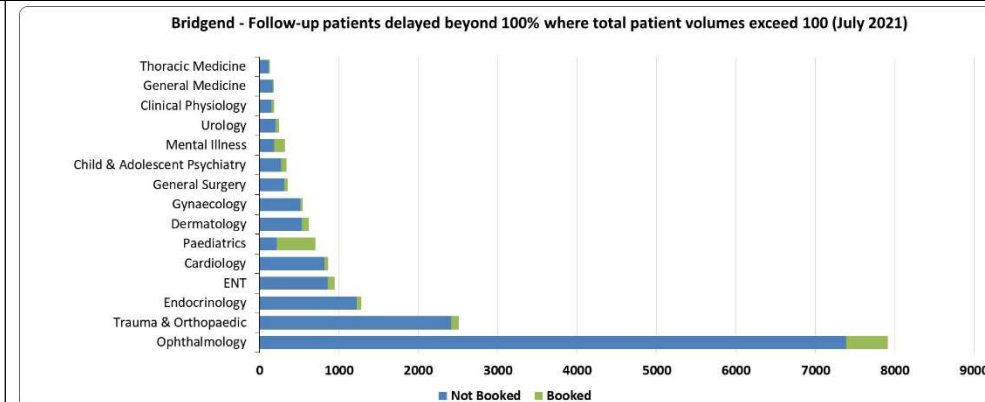
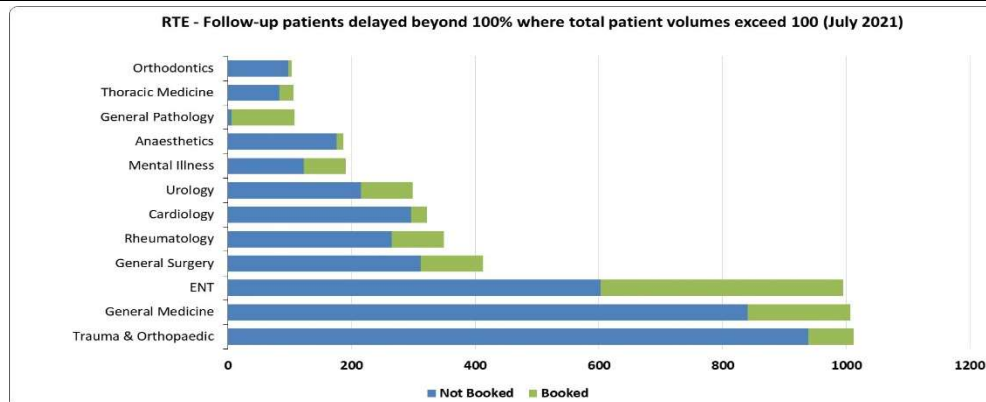
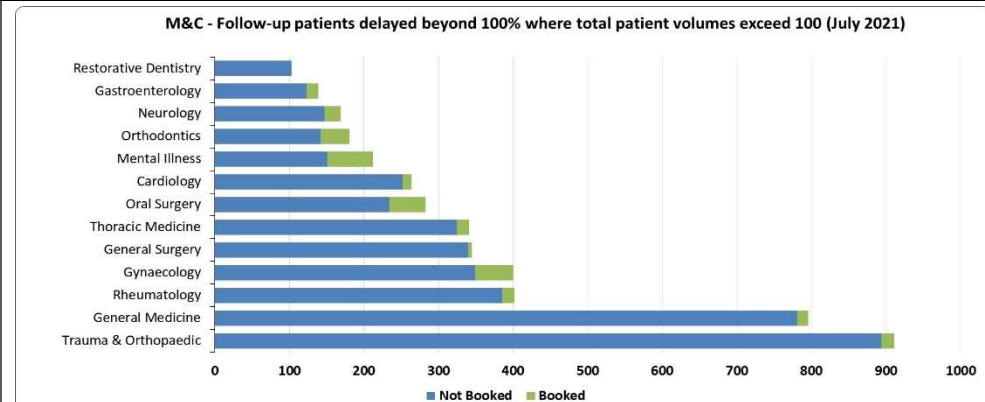
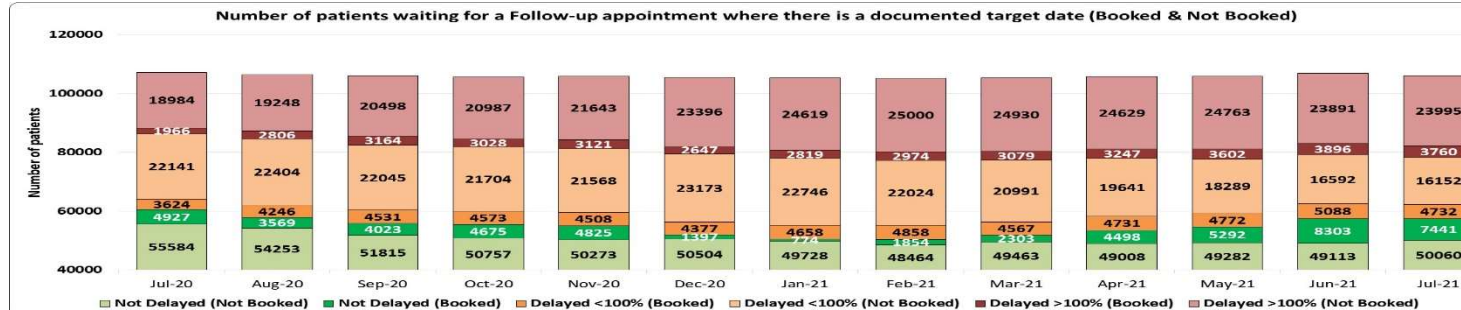
# Follow-up Outpatients Not Booked (FUNB) – Provisional July position

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

No Target Date	Not Booked	Booked	Total	Not Booked	Booked	Total
32	70,944	35,196	106,172	23,995	1,616	25,611

Provisional July 2021	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	0	13,756	6,499	20,255	4,301	345	4,646	22.9%
Rhondda & Taff Ely	3	13,232	14,460	27,695	4,107	514	4,621	16.7%
Bridgend	29	43,956	14,237	58,222	15,587	757	16,344	28.1%
CTM	32	70,944	35,196	106,172	23,995	1,616	25,611	24.1%



## How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of July stands at 106,172 and of those patients waiting, 25,611 are delayed 100% past their target date.

The target set by Welsh Government for the 100% delayed patient cohort is <=14,815 and thus the current position stands at almost double that and also represents an increase of almost 32.5% on the same period last year. There has been a decrease this month from 27,787 in June to 25,611.

The number of patients without a documented target date has fallen to 32; the details are actively shared for onward resolution. Encouragingly the number of patients with a booked appointment has increased by 4%; we expect this trend to continue as activity returns to pre-Covid levels.

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

The Outpatient Transformation Programme Board has three strategic aims:

1. Reduce the numbers of patients waiting for a follow up appointment.
2. Reduce the length of time patients are waiting for new & follow-up appointment.
3. Transform the way outpatient services are delivered (and that these are sustainable).

The projects that will underpin and support the achievement of these include:

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties.
- Deployment of a Validation Team – Administrative validation of waiting lists.

## What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement over the last 6 months with figures holding around the 27,000 and 28,000 patients mark.

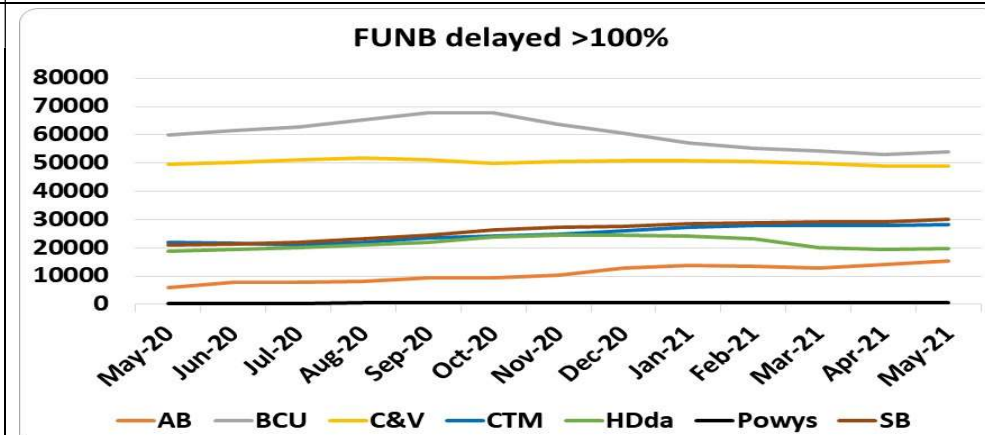
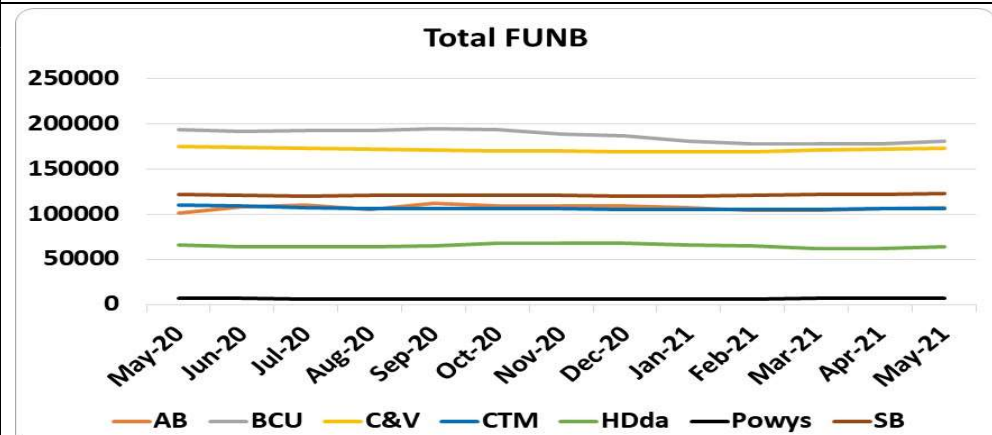
Outpatient activity levels continue to be below pre-Covid levels with the June figures below for new and follow up patients compared to prior the pandemic:

June 21 New Patients seen: 3957 – Pre-Covid average 2019/20: 5739

June 21 FU Patients seen: 8056 - Pre-Covid average 2019/20: 13,647

## How do we compare with our peers?

Pressures in follow up waiting lists continue to be felt across the whole of NHS Wales, with very little movement in the total follow up position for any health board. We are engaged in monthly all Wales meetings through the Outpatient Steering Group, a sub section of the National Planned Care Board where progress and new initiative ideas are shared and discussed. There is a real focus on developing appropriate advice and guidance links between primary and secondary care and this remains a key focus alongside developing SOS/ PIFU pathways across specialties. We are delighted to welcome our new Deputy Medical Director into this group who has a keen interest in Outpatients and Elective Recovery. Validation both administrative and clinically continues to be a focus for all health board when looking at the follow up back log that has developed due to Covid.





# Emergency Unit Waits – July 2021 (Provisional Position)

Number of Attendances

16,708

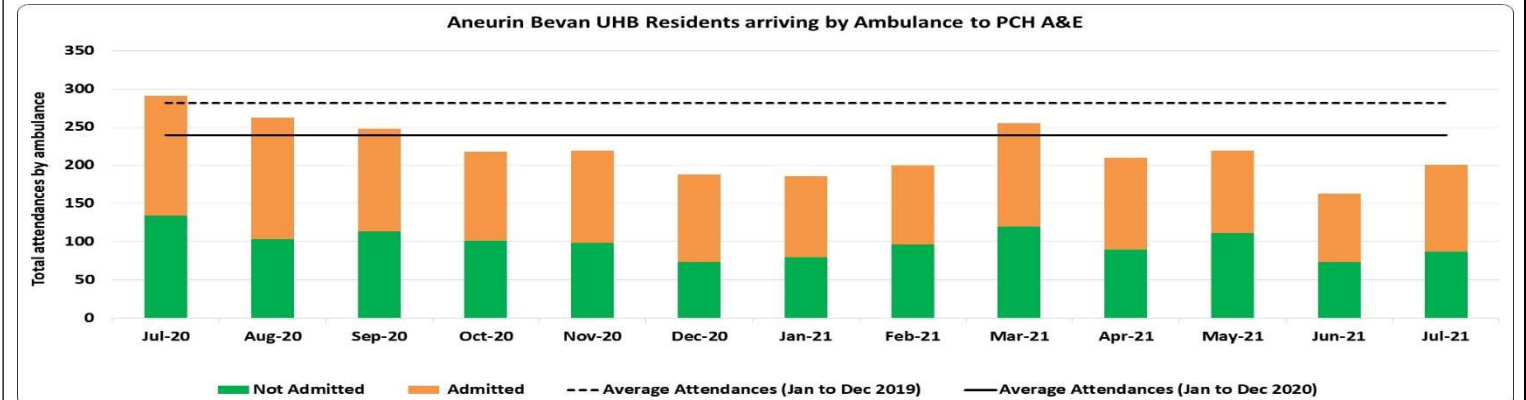
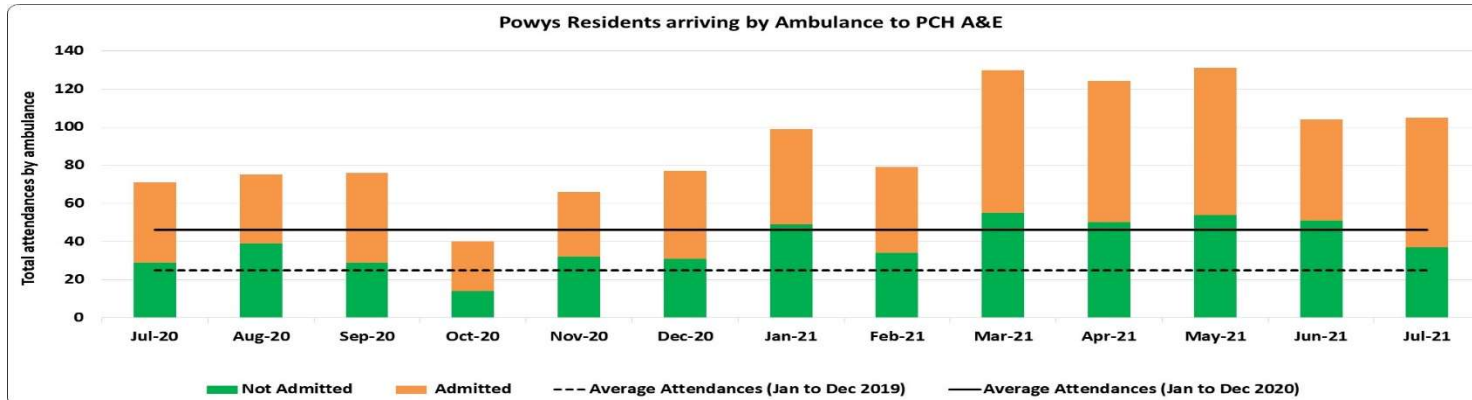
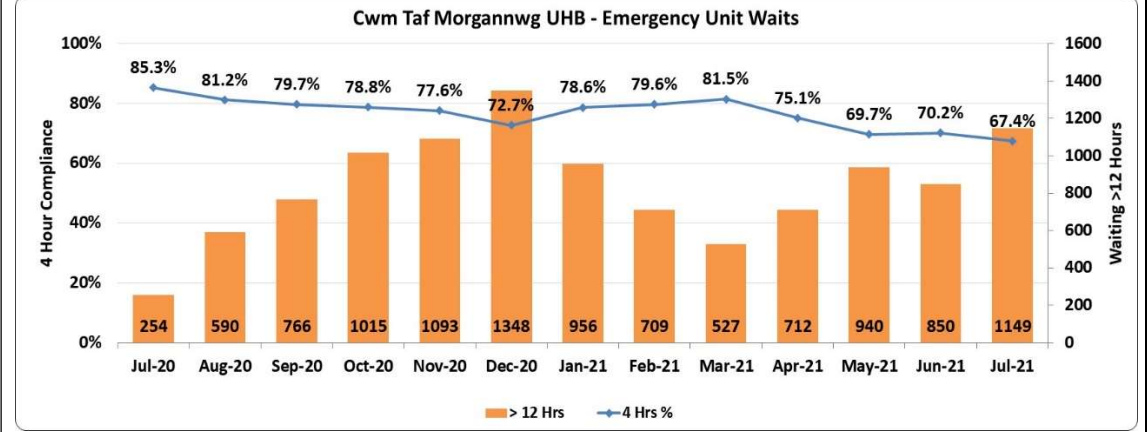
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

67.4%

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

1149

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
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.3%	154	14150	85.3%	254
Aug-20	4849	76.7%	215	4512	93.5%	9	4820	71.5%	366	14856	81.2%	590
Sep-20	4461	73.9%	330	4242	88.6%	27	4292	73.5%	409	13716	79.7%	766
Oct-20	3973	78.4%	445	2861	79.6%	130	3740	74.9%	440	11241	78.8%	1015
Nov-20	3784	79.0%	385	3578	75.9%	267	3462	74.2%	441	11383	77.6%	1093
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5137	51.6%	636	5305	77.1%	136	5215	66.9%	377	16708	67.4%	1149



## How are we doing?

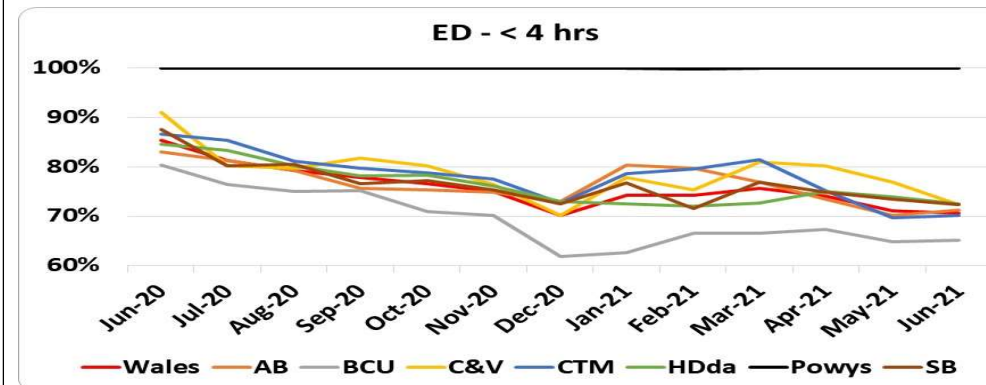
A further deterioration in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department was noted in July, with performance now at 67.4%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 51.6%. An analysis of the flows into PCH indicates they are predominantly CTM residents, with a marked increase in paediatric presentations.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments saw an increase of 309 on the previous month bringing the overall total to 1,149 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances have fallen in July from the previous month to 16,708, but remains high and is at a similar to that observed for the same period in 2019 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year.

The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,379.

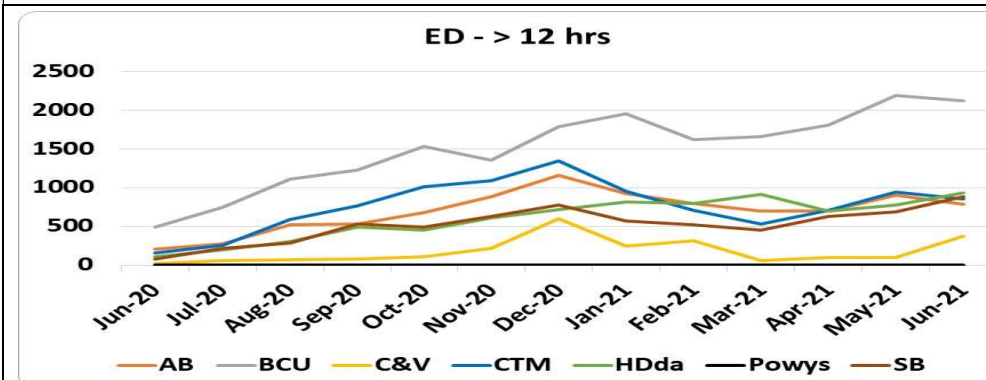
## How do we compare with our peers?



As at June 2021, CTM was ranked 5<sup>th</sup> out of the six acute health boards in Wales achieving 70.2% for those patients waiting less than four hours in our Emergency Units.

Best performing acute health board was Hywel Dda at 72.5% with BCUHB having the poorest compliance at 65.1%.

The All Wales average was 70.6%.



As at the same period, CTM ranked 3<sup>rd</sup> out of the six acute health boards with 850 patients spending more than 12 hours in our Emergency Units.

C&VUHB had the fewest breaches out of all the acute health boards with 376 patients waiting in excess of 12 hours with BCUHB observing the highest number of patients, breaching at 2,118.

The total number of NHS Wales patients exceeding a waiting time of 12 hours during June was 5,950.



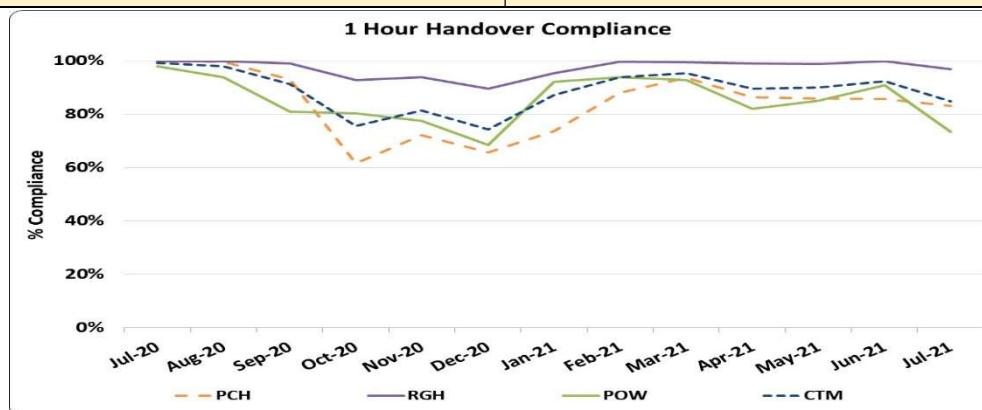
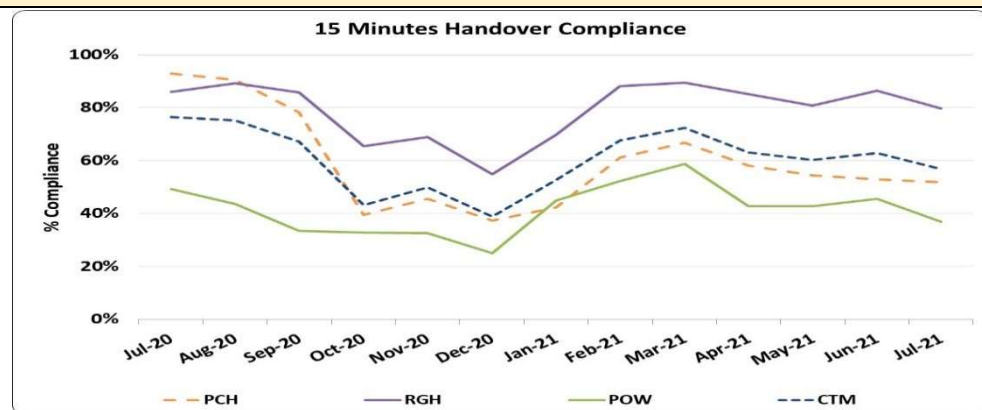
# Emergency Ambulance Services – July 2021 (Provisional Position)

Number of ambulance handovers within 15 mins – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

**Total handovers 2,664 of which 1,514 handovers were within 15 mins (56.8%)**

**402 handovers were over 1 hour (84.9% of handovers were within 1 hour)**



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 %
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	90.5%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.2%	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%	877	69.0%	93.8%	753	32.5%	77.6%	2500	49.9%	81.4%
Dec-20	883	37.4%	65.7%	807	54.9%	89.7%	824	25.1%	68.6%	2514	39.0%	74.3%
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%

## How are we doing?

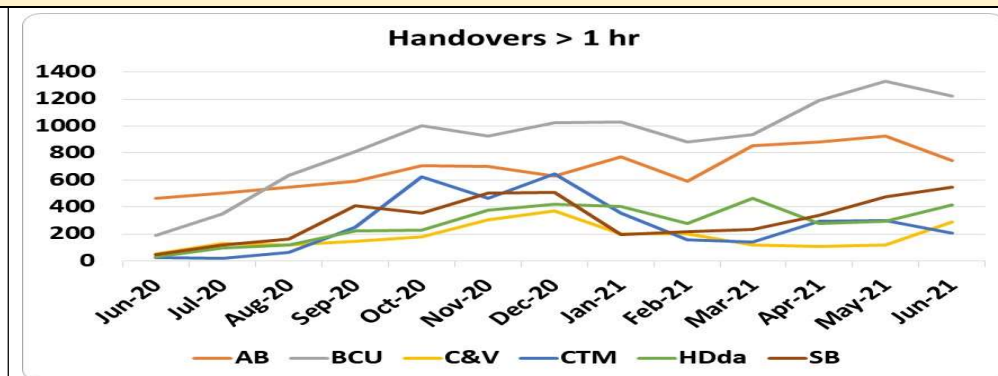
Individual departmental handovers, 15 minute and 1 hour handover times are depicted in the charts and table above. Compared to the previous month, the total number of handovers in July was 58 less, bringing the total to 2,664.

Overall, the CTM 15 minute handover compliance fell from 62.8% in June to 56.8% in July. For the 1 hour handover time, PCH compliance remained fairly stable at 83.1% (161 breaches) with POW falling to 73.4% (214 breaches, 142 more than the previous month), whilst RGH achieved 97.0% with 27 patient breaching over the one hour.

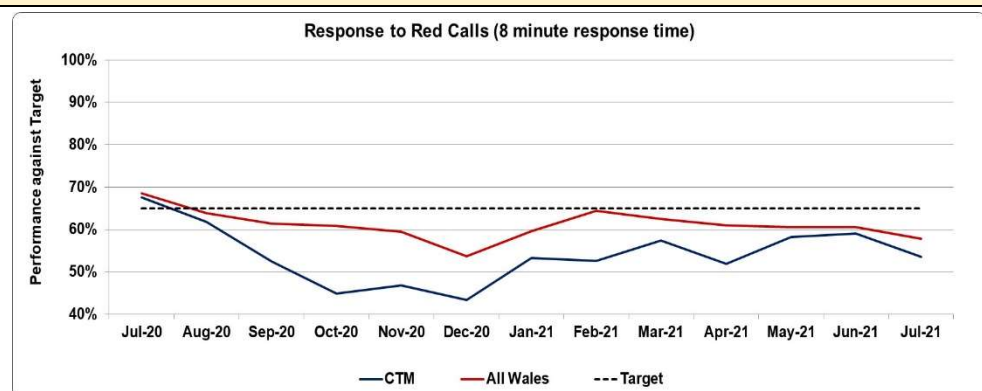
## How do we compare with our peers?

As at June 2021, CTM was the best performing acute health board in NHS Wales for the number of 1 hour ambulance handovers, with 208 patients breaching, closely followed by C&VUHB with 290 breaches.

The worst performing was BCUHB with 3,510 handovers exceeding 1 hour.



## Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% July 2021 53.5%



Period	WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)								
	Merthyr			RCT			Bridgend		
	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
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%

Average Response rate per 10,000 population (period August 2020 to July 2021)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326
RCT	241,264
Bridgend	147,049

The table above highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.

## How are we doing?

### Response to Red Calls

Response times fell during July to 53.5% (59.0% in June) and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average also fell from 60.6% to 57.8% and has remained below target for the last twelve months. CTM performance for the last 12 months averages out at 52.9%.

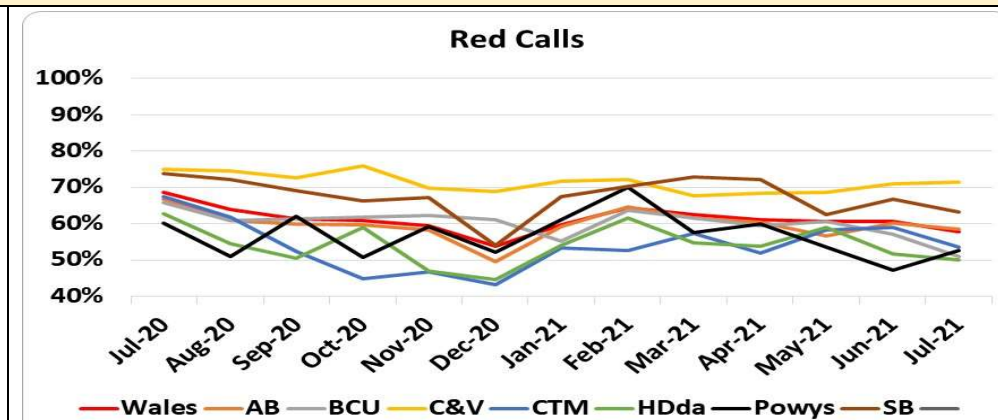
### Red Call Volumes

The centre table 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, Bridgend area has seen best response times averaging 57.8% with Merthyr averaging 55.1% and RCT averaging the lowest at 49.6%. Performance in all areas continues to be below the 65% target.

## How do we compare with our peers?

As at July 2021, C&VUHB received the best Red Call response times and surpassed the target at 71.4%. Just under target, at 63.3%, was SBUHB, with CTM ranked 4<sup>th</sup> at 53.5%.

Hywel Dda experienced the poorest response times out of all the health boards in Wales achieving 50.0%.





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

% compliance with direct admission to an acute stroke unit within 4 hours	% compliance of thrombolysed stroke patients with a door to needle time within 45 mins	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
<b>59.2% - Provisional PCH only</b>	<b>60.0% - Provisional PCH only</b>	<b>57.1% - Provisional PCH only</b>	<b>40.8% - Provisional PCH only</b>

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
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%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%
Jun-21	59.2%	60.0%	57.1%	40.8%	data not yet available due to reporting changes in SSNAP							

Please note that the June 2021 data for PCH is provisional and that data for POW is currently unavailable due to changes within the SSNAP reporting affecting the retrieval of QIM data. However, it is anticipated that this will be resolved by the next report.

## How are we doing?

Achieving the targets has proved challenging over much of 20/21, mainly as a result of the requirement to reconfigure services due to Covid inpatient demand. Acute stroke wards were significantly affected by increased Covid-19 admissions and infection control restrictions.

As can be seen performance varies between the sites, therefore the data is better not aggregated for analysis. POW is consistently achieving the 24 hour stroke consultant review with some variation month on month. Achievement of the 1 hour CT scan remains around the 40-50% mark with targeted improvement work ongoing. Due to the low numbers, the percentage of patients thrombolysed in 45 minutes continues to be extremely variable.

PCH has seen an improvement in performance in the first two columns compared to May. It should be noted that the variation of the 45 min. thrombolysis door to needle target and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis, on a rolling 3 and 12 month basis door to needle times are one of the best in Wales and thrombolysis rates are in line with the Welsh national average of 12%. POW is performing well against the 24 hour measure, despite only running a 5 day service and there are some improvements against the 1 hour performance.

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

There is site wide flow improvement work taking place in POW, which will support improvements in stroke flow and achievement of the target. The ILG has re-established a monthly Stroke Improvement Group, which is tracking actions to achieve and progress against both QIM measures and SSNAP targets. Weekly performance review indicating that no potential patients for thrombolysis have been missed and that thrombolysis is being given appropriately. A number of actions have been agreed with radiology colleagues to support the achievement of the scanning targets, in particular the 45-minute thrombolysis target, improvements are being monitored. In PCH, daily board rounds have started with the bed managers in an attempt to improve flow and reduce times from the Emergency Department to the Acute Stroke Unit, and help to reduce the time any patients are waiting to come across from Royal Glamorgan Hospital. However, overall bed pressure within PCH, especially at the front door, has meant they have been unable to reinstate their ring-fenced bed. The Stroke Planning Group have scheduled monthly meetings to develop short and long-term plans for stroke services in CTM UHB.

## What are the main areas of risk?

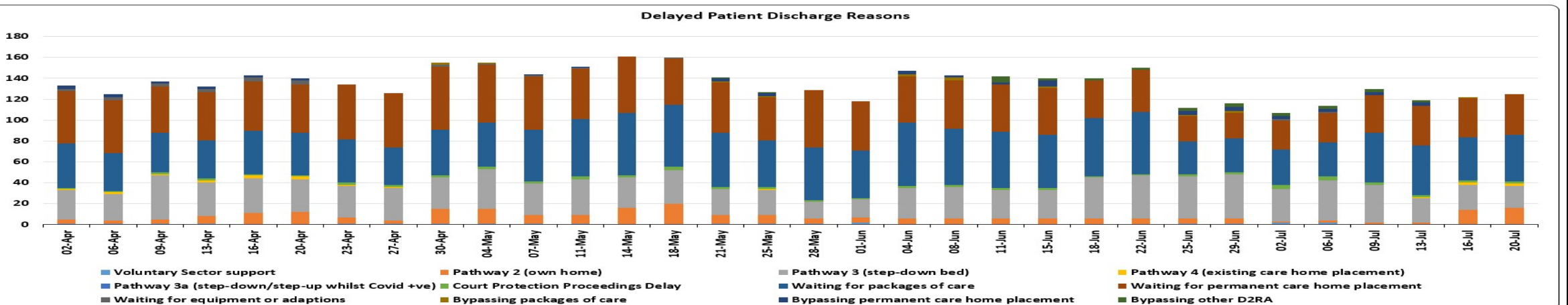
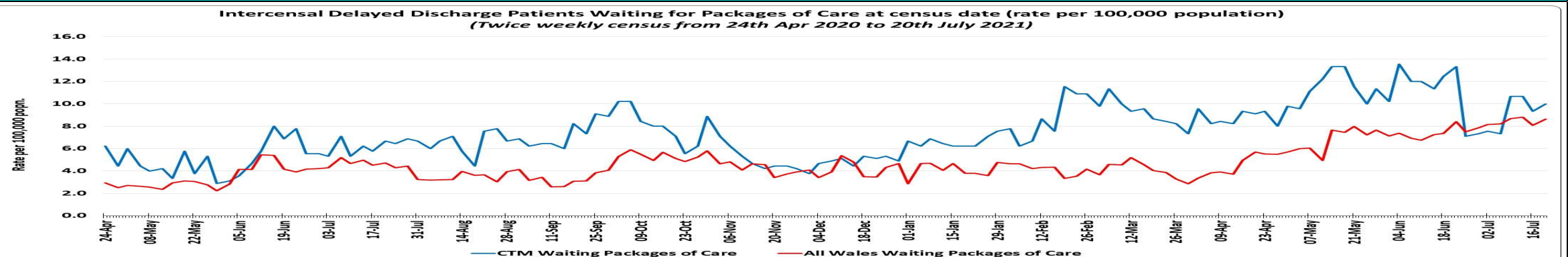
4 hour admission to the stroke unit remains a significant challenge with overall flow challenges on site having a direct impact.

## Delayed Transfers of Care

This weekly return, which is taken from the twice weekly discharge flow summary and will continue for the foreseeable future, with no plans to reintroduce the previous monthly return.

The charts to the right provide a trend for two aspects of this return. CTM levels of delayed discharges waiting for packages of care per 100,000 population are above the all Wales level although there is a decline in the number of CTM patients waiting for packages of care. The current CTM rate is 10.0 and the All Wales rate is 8.6 per 100,000 population.

The bottom chart details the reasons for the delayed patient discharges and most notably patients waiting for packages of care and those patients waiting for a permanent care home placement being the main contributory factors.





# Single Cancer Pathway (SCP) – June 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%

**58.5%**

CTMUHB - SCP % Treated Without Suspensions - June 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	16	25.0%
Upper GI	17	25	68.0%
Lower GI	10	21	47.6%
Lung	21	27	77.8%
Sarcoma	0	2	0.0%
Skin (exc BCC)	28	31	90.3%
Brain/CNS	1	1	100.0%
Breast	37	51	72.5%
Gynaecological	0	11	0.0%
Urological	14	46	30.4%
Haematological	13	19	68.4%
Other	3	3	100.0%
<b>Total</b>	<b>148</b>	<b>253</b>	<b>58.5%</b>

The Cwm Taf Morgannwg SCP performance for June fell to 58.5% from 61.0% in May.

Predicted performance for July currently is 47.9%, however the data is currently un-validated. Significant improved performance noted in breast. Marked reduction in performance noted in lower GI, H&N, & Gynaecology.

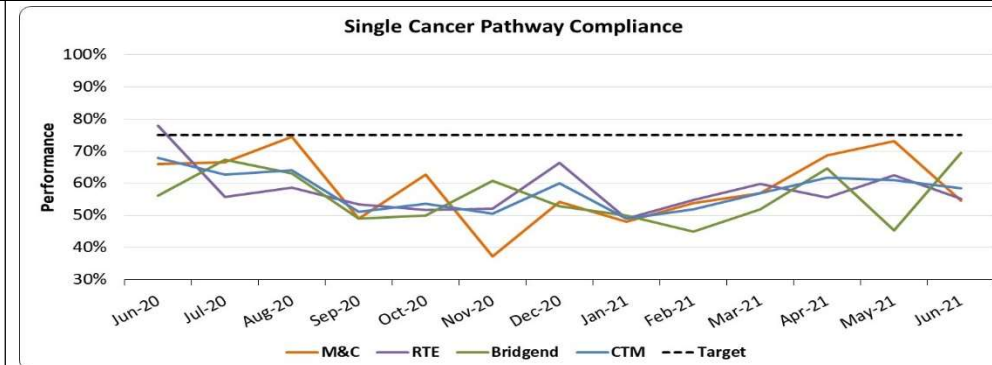
Number of patient breaches by tumour site

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
June 2021												
Head and Neck	4	12	16	4	12	16	4	12	16	4	12	16
Upper Gastrointestinal	9	2	11	8	4	12	3	2	5	17	8	25
Lower Gastrointestinal	5	5	10	2	5	7	3	1	4	10	11	21
Lung	1	2	3	12	1	13	8	3	11	21	6	27
Sarcoma							28	2	2	0	2	2
Skin(c)								3	31	28	3	31
Brain/CNS	1	0	1							1	0	1
Breast				37	14	51				37	14	51
Gynaecological		6	6					5	5	0	11	11
Urological				14	32	46				14	32	46
Haematological(d)				11	4	15	2	2	4	13	6	19
Other(f)	2	0	2	1	0	1				3	0	3
<b>Total Breaches</b>	<b>18</b>	<b>15</b>	<b>33</b>	<b>89</b>	<b>72</b>	<b>161</b>	<b>41</b>	<b>18</b>	<b>59</b>	<b>148</b>	<b>105</b>	<b>253</b>
	Overall Compliance 54.5%			Overall Compliance 55.3%			Overall Compliance 69.5%			Overall Compliance 58.5%		

The overall performance for CTM during June was 58.5% with 105 patient breaches, as detailed in the above table.

The main contributory factors recorded are the ongoing challenges at first outpatients and diagnostics, delays with BSW and some tertiary referrals.

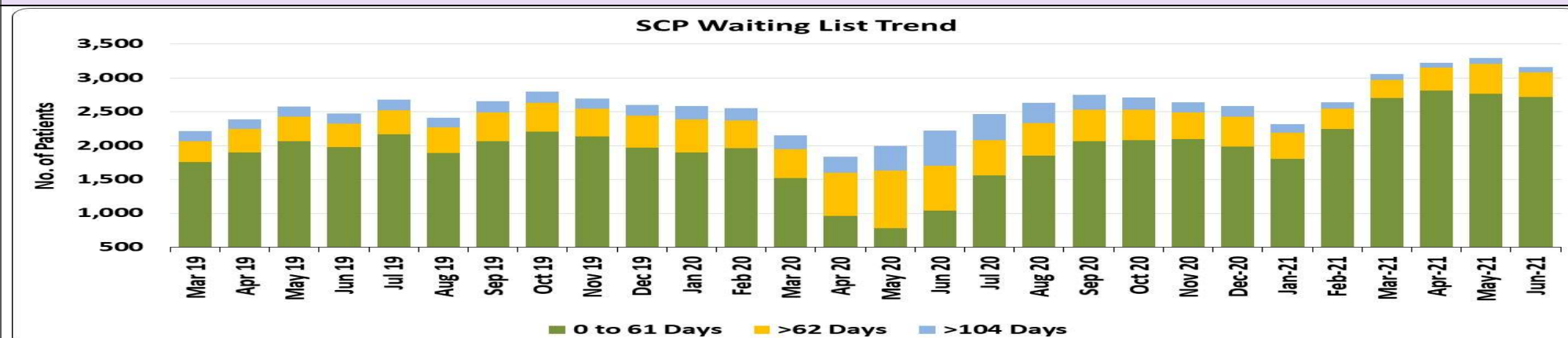
Single Cancer Pathway compliance trend



As can be seen in the graph above, overall CTM compliance has improved since January but remains below the 75% target.

This situation can be predominantly attributed to the ongoing operational challenges in access to outpatients and diagnostics.

Patients currently waiting on a Cancer Pathway as at 2<sup>nd</sup> August 2021



SCP days waiting as at 2<sup>nd</sup> August 2021

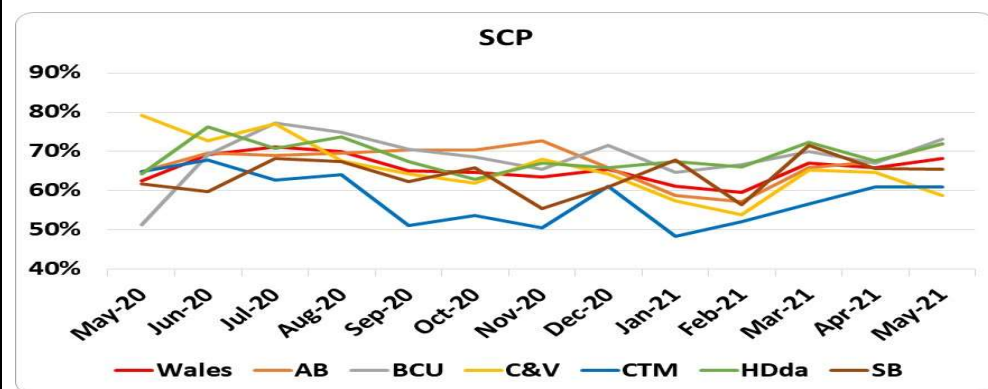
Merthyr & Cynon ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Lower Gastrointestinal	34	6	10
Upper Gastrointestinal	10	2	3
Gynaecological	47	12	15
Lung	4	1	2
Unknown Primary	1	1	1
<b>Grand Total</b>	<b>96</b>	<b>22</b>	<b>30</b>
Rhondda & Taff Ely ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Breast	22	5	4
Lower Gastrointestinal	41	11	10
Upper Gastrointestinal	20	3	5
Haematological	3		1
Head and Neck	21	3	1
Lung	2		
Other	1		
Urological	51	11	21
Unknown Primary	1		
<b>Grand Total</b>	<b>162</b>	<b>33</b>	<b>42</b>
Bridgend ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Lower Gastrointestinal	4	2	4
Upper Gastrointestinal	1		5
Gynaecological	3	1	
Haematological		1	
Lung	6	2	
Other	8		
Sarcoma	3		1
Skin	13		3
<b>Grand Total</b>	<b>38</b>	<b>6</b>	<b>13</b>

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

CTM is ranked 5<sup>th</sup> in overall performance against the 6 health boards in Wales.

We currently have 3,470 active patients on the cancer tracker; the highest number recorded which reflects the challenges we currently are experiencing.

Positively, we have continued to focus on our longest waiting patients and have reduced both the backlog of patients waiting over 62 and 104 days.



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

In order to sustainably meet the 62 day standard and address the long waiting times:

**RTE ILG** – Accurate D&C is being undertaken of the urology pathways and WLI clinics are being set up to assist in reducing backlog. Innovations underway to assist in achieving the SCP target for all tumour sites which include action plans relating to service redesign and workforce across radiology, urology & breast services.

**MC ILG** – EBUS service due to commence beginning of September. Continue to clear backlog, whilst improving outpatient waits under 10 days and targeting patients without a diagnosis over 28 days.

**B ILG** – Commencement of one stop lung clinic on 2<sup>nd</sup> July. Review and redesigning of pathways within lower GI and lung. Appointment of upper GI CNS. Working with clinicians to discuss outcome of D&C undertaken. Reviewing of clinic templates, job plans and theatre capacity across all specialities.

## What are the main areas of risk?

- Reduced overall performance for third month running.
- Reduced performance particularly in lower GI, H&N, urology and Gynaecology; latter which had 0% performance against SCP CWT target in June.
- Increased number of patients at 1<sup>st</sup> OP stage
- Whilst no increase in diagnostics, backlog not reducing.
- Predicted further reduced performance in July



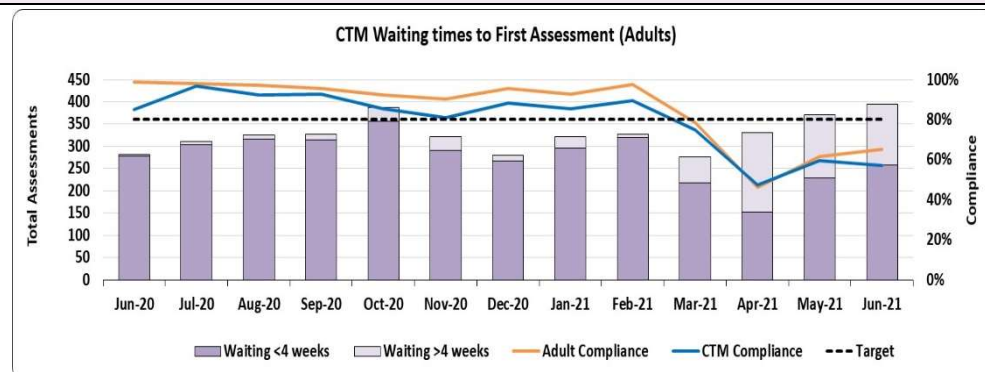
# CTM Mental Health Compliance detailing the Adult Mental Health Services – June 2021

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

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

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

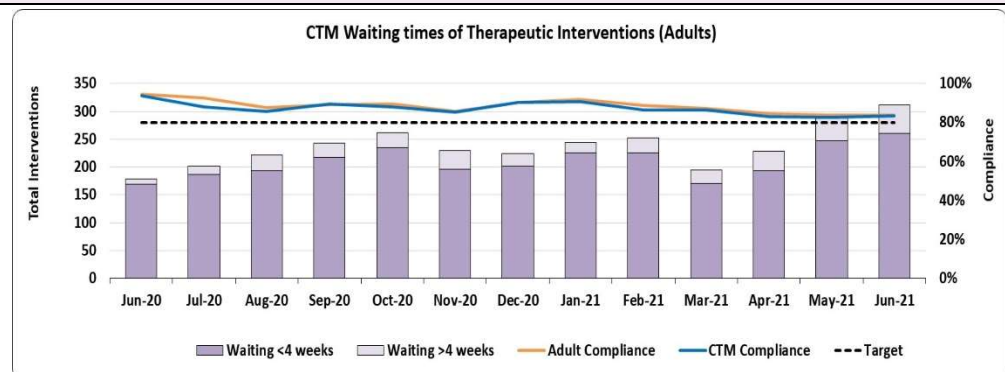
## Part 1a – CTM 57.0% (Adults 65.3%)



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. CTMUHB compliance for June fell slightly to 57.0% with the adult services continuing to improve to 65.3% from 61.7% in the previous month.

Overall, referrals in June increased by 123 totalling 1044. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during June totalled 854 an increase of 127.

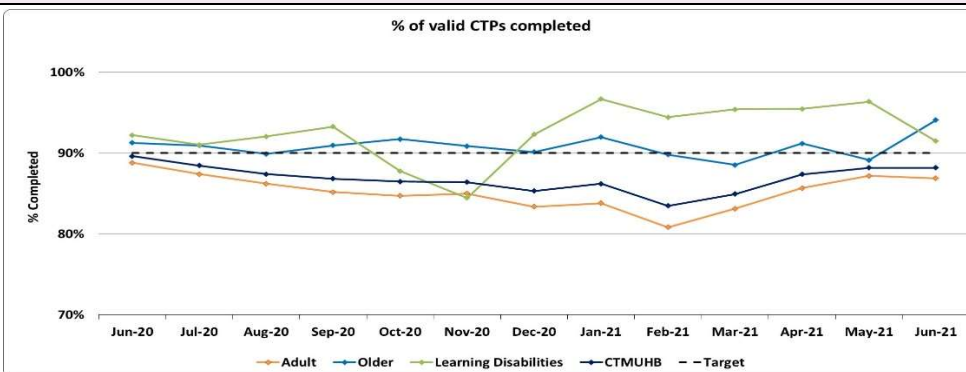
## Part 1b – CTM 83.4% (Adults 83.7%)



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained reasonably stable at 83.4% (82.7% in May) and continues to be above the 80% target. The adult services also remained stable at 83.7% during June.

The number of interventions continued to increase this month to 325 from 307 in June and is nearing the pre-Covid average of 357 per month. The total adult interventions during June were 312 of which 261 started within 28 days.

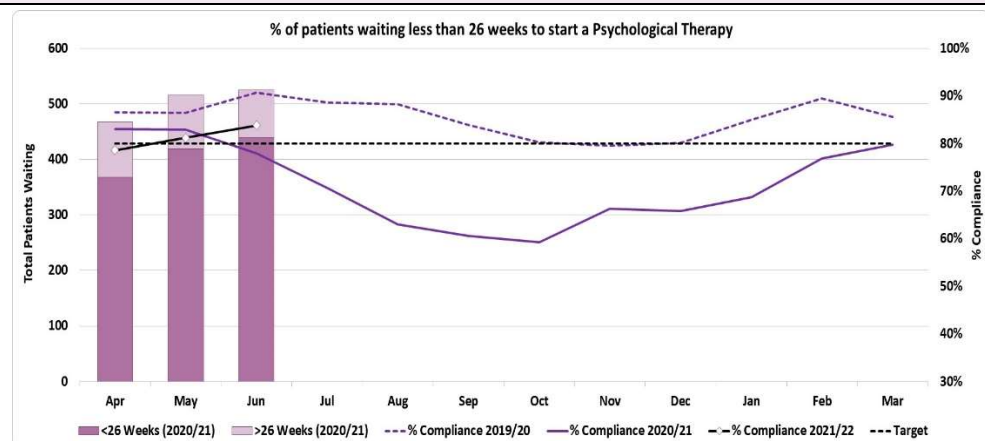
## Part 2 – CTM 88.2% (Adults, Older & LD 88.7%)



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 remained static at 88.2% during June, but continues to fall short of the 90% target. Overall, the target has not been met since September 2019. The adult services achieved 88.7% (88.0% in May).

**Part 3:** There were five outcome of assessment reports sent during June all within 10 working days for Part Three of the Mental Health Measure.

## % of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - June 83.8%



## How are we doing & what action are we taking?

Part 1a compliance has increased month on month for the last 3 reported months from a low in April 21.

The April low was caused by staff sickness, Covid redeployments and increased annual leave. Actions undertaken to recover the position include, WLI in Merthyr & Cynon ILG and staff returning from sickness.

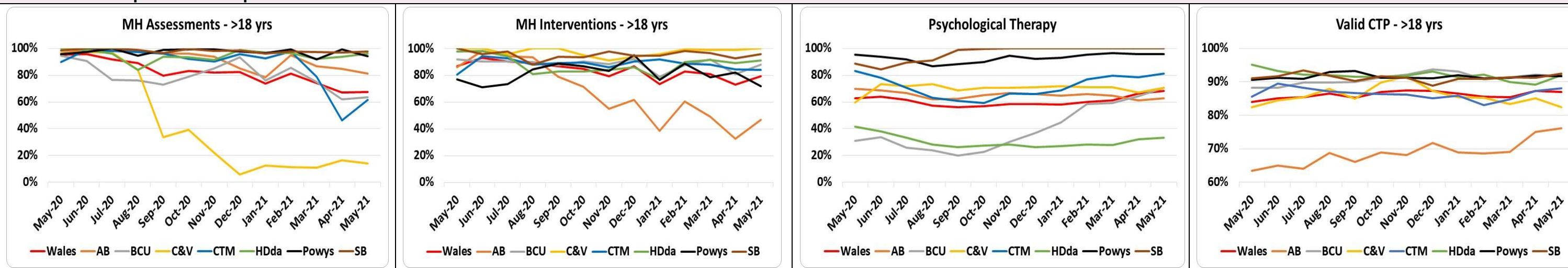
The resulting month on month increase in compliance is against a 3 month on month increase in activity levels resulting in a 13-month high in June 21.

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

Improvement in compliance started in April 21 and has continued month on month to the latest reported period of June 21. This is anticipated to continue to rise.

Main risk areas are increase in annual leave for the time of year, continued increase in activity levels and any further staff sickness.

## How do we compare with our peers?

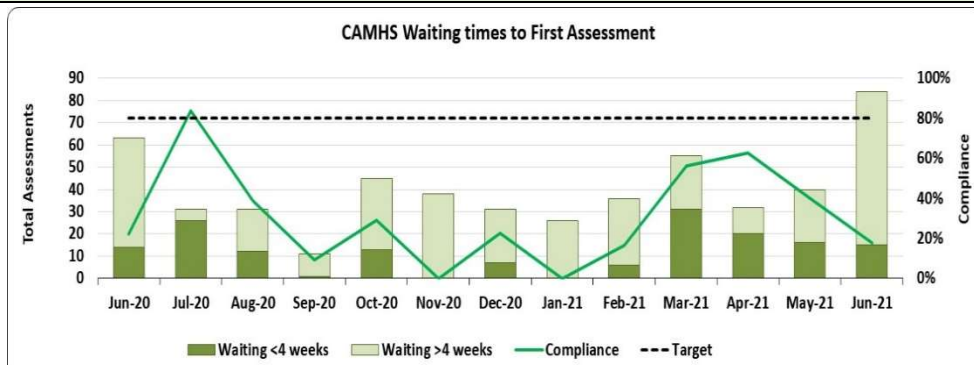




# Child & Adolescent Mental Health Services (CAMHS) – June 2021

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

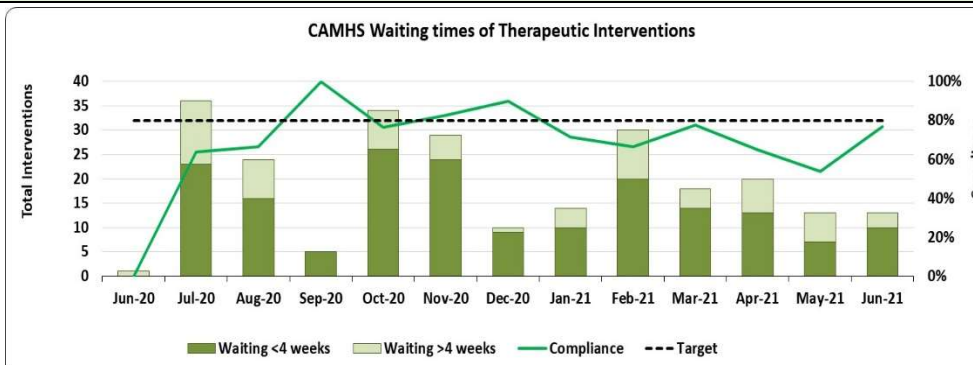
## Part 1a – 17.9%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The chart shows that in recent month's CAMHS compliance has declined since April. Referrals in June remained relatively stable at 190 (194 in May). Pre-Covid levels averaged 84 per month with the average referrals for 2020/21 equating to 42 per month.

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

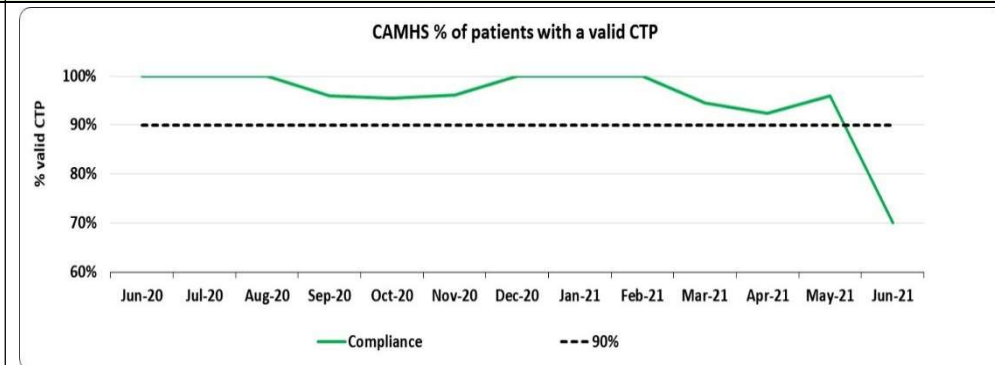
## Part 1b – 76.9%



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved from 53.85 in May to 76.9% in June and remains just below the 80% target. The last time the target was met was in December of last year (90%) with the best performing month being September (100%). The total number of interventions remained static at 13 with 10 of those patients receiving intervention within 28 days.

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

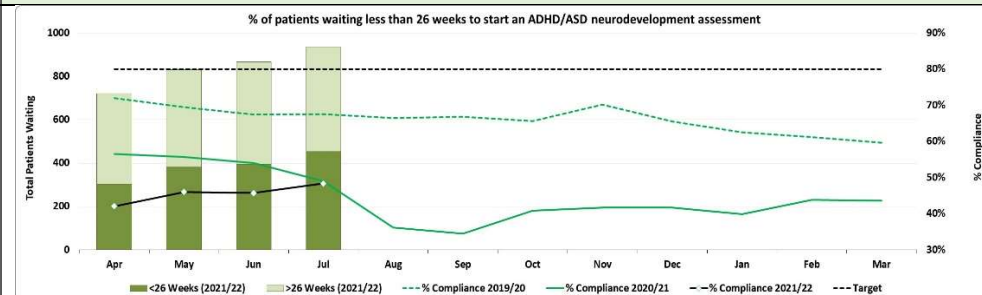
## Part 2 – 70.1%



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 fell during June to 70.1% from 95.9% in May, falling below the 90% target and is the lowest level observed for CAMHS since February 2019 (53.5%).

**Part 3:** There were no outcome of assessment reports for CAMHS sent during June for Part Three of the Mental Health Measure.

% of patients waiting less than 26 weeks to start an ADHD/ASD neurodevelopment assessment – Target 80% - July 2021 48.3%



The chart above details the compliance against the 26-week target for Neurodevelopment services with compliance in July improving to 48.3%.

The total waiting list continues to rise to a current 937 patients, an increase of 71 on the previous month, with the number of patients waiting above the target time increasing to 484 from 470 in June.

## How are we doing & what actions are we taking?

A marked increase in demand has created an imbalance in terms of capacity with significant demand noted within the Bridgend area. The acuity of the presentation of CYP has also increased significantly and in particular an influx of referrals of CYP with eating disorder presentations. The service has recently transitioned into a single waiting list with all referrals deemed as Part 1. Work is underway around the Part 2 provision to ensure that all patients are afforded the relevant patient status. The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals.

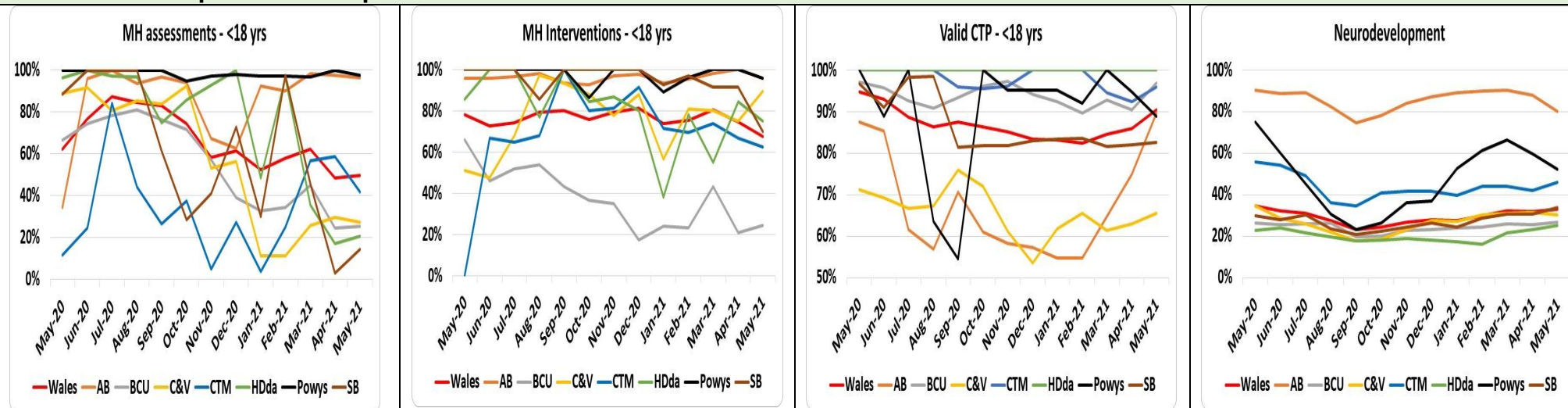
In light of the above, we have introduced Consultant Connect and WAP Lite to enable better communication in relation to appropriateness of referrals and timely receipt. Ongoing work with GPs and partner agencies to strengthen alternative pathways and support. We have since developed a specific Eating Disorder Team, which will enable us to assess the CYP urgently and within 2 weeks. This service will expand with the new WG funding. Developments are underway for a 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment).

Development of a school in-reach provision to promote early intervention/prevention. The service will provide cluster school link staff who will provide training, group work and guidance to teaching staff. There are currently 3 staff on secondment within the LA areas to meet the need of those who do not meet the threshold of CAMHS. Their function is to provide direct support to children, young people, and families. Providing advice and consultation to professionals who are supporting children and young people with the range of issues and challenges named above. We are delivering training to professionals. We have advertised an additional Assessor post to further support new patient assessments within CAMHS. Teams are introducing New Patient Assessment Days to improve waiting times for CYP.

## What are the main areas of risk?

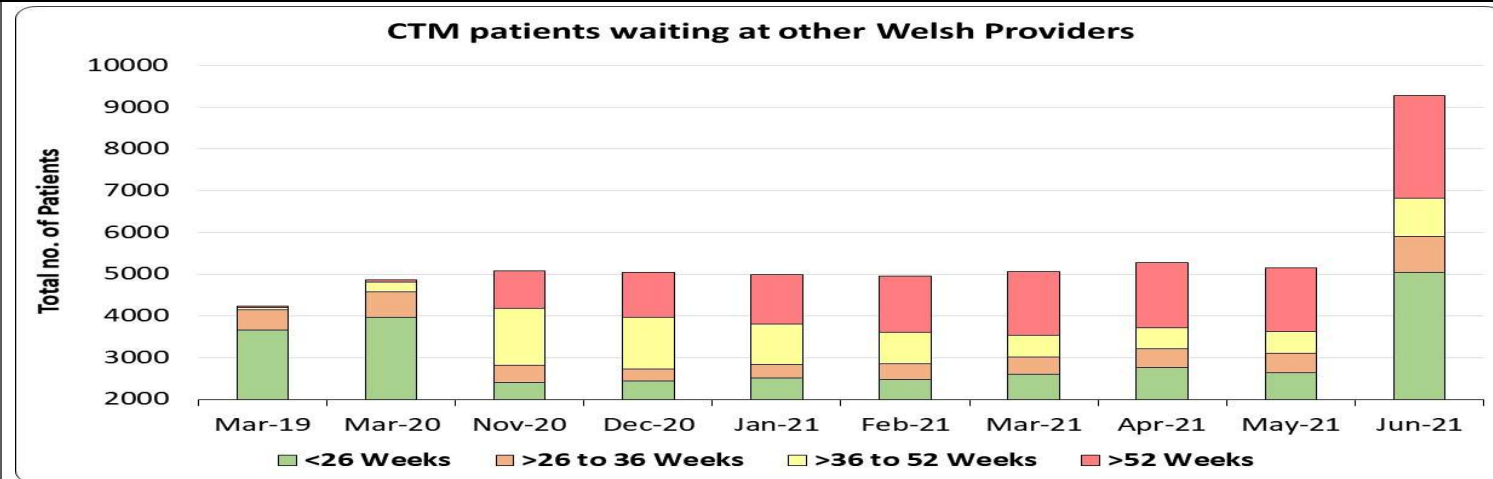
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment. Recent WG investment has meant that neighbouring HB will also be recruiting at this time.
- Staff sickness due to COVID.
- Lack of IT equipment to facilitate Attend Anywhere consultations whilst patients and staff are isolating.

## How do we compare with our peers





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



Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at **other** Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards and overall there has been a reduction of 115 patients since April. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty breakdown of the number of patients waiting.

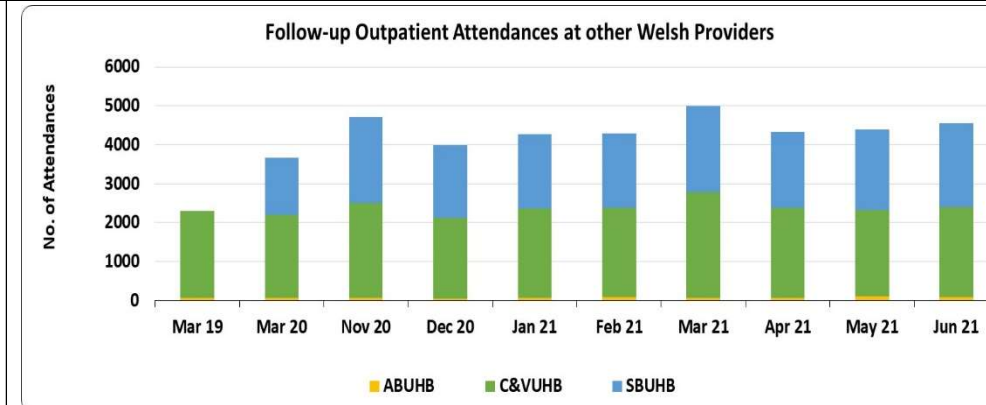
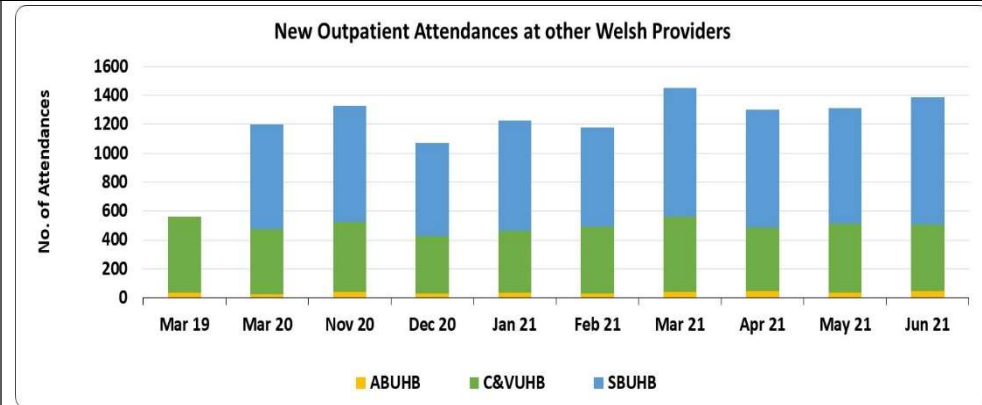
The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in June totals 3,357\*. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 396 and there are 3 patients waiting over 14 weeks for a therapy.

Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	110	578	Trauma & Orthopaedics	11	54	Oral Surgery	107	328
Ophthalmology	45	157	Urology	16	45	Trauma & Orthopaedics	44	249
Neurology	155	40	Ophthalmology	6	19	Plastic Surgery	57	223
Clinical Immunology And Allergy	23	59	Oral Surgery	6	18	General Surgery	67	194
Oral Surgery	12	45	ENT	5	14	Gynaecology	18	45
ENT	13	39	General Surgery	2	6	Orthodontics	10	52
Gynaecology	2	40	Dermatology	5	2	Neurology	45	4
General Surgery	11	22	Gastroenterology	4	0	ENT	6	18
Cardiology	20	8	Gynaecology	0	1	Gastroenterology	6	17
Urology	8	20	Neurology	1	0	Ophthalmology	5	14
Paediatric Surgery	10	18	Grand Total	56	159	Allied Health	18	0
Neurosurgery	7	19				Clinical Haematology	10	8
Paediatric Dentistry	6	14				Urology	5	10
Dermatology	5	10				Restorative Dentistry	3	8
Paediatrics	2	12				Cardiology	4	5
Dental Medicine Specialties	3	5				Cardiothoracic Surgery	0	6
Cardiothoracic Surgery	2	5				Paediatrics	2	3
Rheumatology	1	4				Dermatology	1	2
Orthodontics	1	2				Rheumatology	2	0
Pain Management	1	1				Paediatric Neurology	0	2
Restorative Dentistry	0	2				Diagnostic	1	0
Clinical Haematology	1	0				Respiratory Medicine	0	1
Respiratory Medicine	0	1				Grand Total	411	1189
Anaesthetics	0	1						
Clinical Pharmacology	1	0						
General Medicine	0	1						
Grand Total	439	1103						

Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Cardiology	120	40	Cardiology	8	4	Cardiology	79	44
Endoscopy	33	16	Endoscopy	26	14	Endoscopy	27	16
Radiology	135	5	Radiology	14	0	Physiological Measurement	1	0
Physiological Measurement	16	9	Physiological Measurement	14	0	Neurophysiology	321	246
Neurophysiology	4	2	Neurophysiology	48	18	Neurophysiology	428	306
Imaging	2	0						
Total	310	72						

Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks	Service	Total Waits	>14 wks
Physiotherapy	20	0	Physiotherapy	0	1	No patients waiting for a therapy		
Dietetics	8	1	Dietetics	2	0			
SALT	1	0	SALT	1	1			
Occupational Therapy	2	0	Occupational Therapy	12	2			
Podiatry	1	0						
Total	32	1						

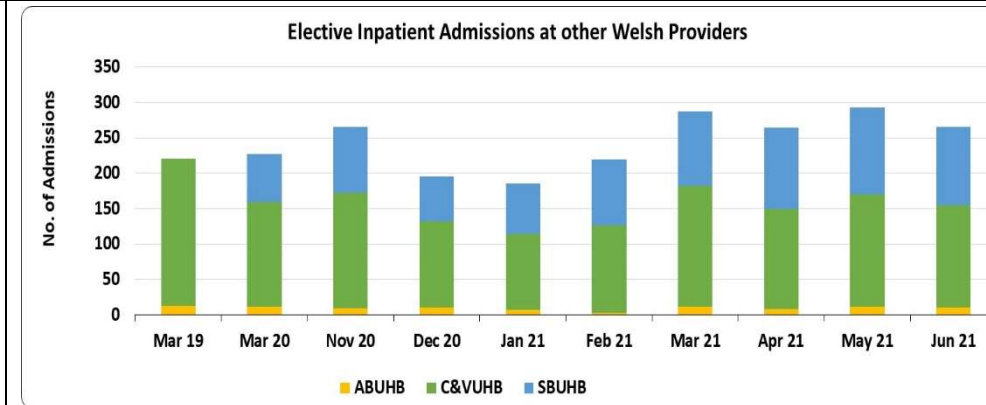
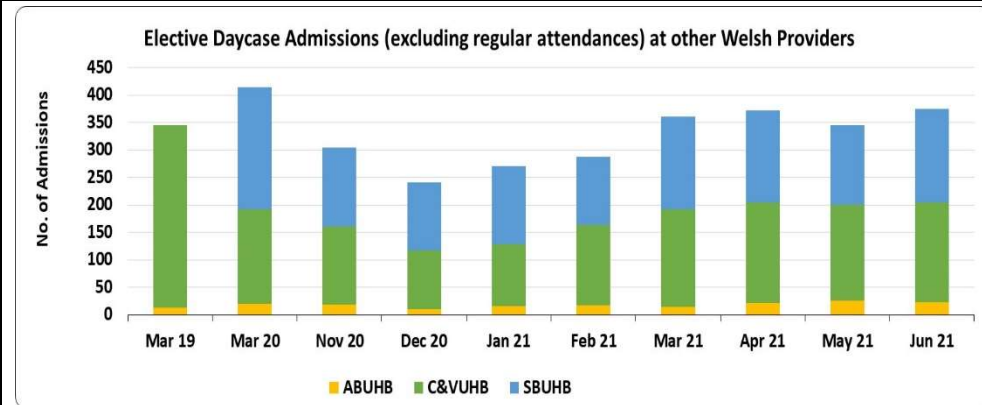
## CTM Outpatient Attendances at other Welsh Providers



The WHSSC June Activity report (performance reports have not been made available since prior to Covid) shows that for the specialist services covered in the report: Cardiac Surgery, Thoracic Surgery, Neurosurgery, Plastic Surgery and Paediatric Surgery, those provided in Wales continue to recover more slowly across the specialties than English counterparts. Almost all specialties are reported as delivering less activity than for the same period in 19/20.

From an outpatient perspective, performance is generally positive with first outpatients being seen within 16 weeks and follow-ups being managed appropriately.

## CTM Elective Inpatients & Daycase Admissions at other Welsh Providers (please note Swansea Bay data not available for March 2019)



Within Cardiac Surgery, CTM continue to have the lowest access rates per 100k population. Whilst Cardiff has been steadily reducing their waits for an intervention with approx. half waiting compared to pre Covid levels, in Swansea, numbers waiting have stayed close to pre Covid levels resulting in more patients waiting significantly longer for treatment. For Thoracic, CTM is reported as having the highest access rate per 100k for treatment, but many patients are waiting over a year in both providers. The number of patients awaiting Neurosurgery and Plastic Surgery has remained largely unchanged from pre-Covid and they are waiting longer. Most concerning is Paediatric Surgery with all HBs bar Cardiff having low access rates and almost 35% of patients waiting over a year for an admitted intervention, significant given that the highest volume age band waiting is 0-4.



## 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%	Q4 20/21	97.3%	Q3 20/21	96.4%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.8%		93.3%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	2020/21	3.99%	2019/20	3.59%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target		not available		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q3 20/21	311.6	Q3 19/20	419.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q4 20/21	70.8%	Q3 19/20	66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	2020/21	75.4%	2019/20	68.9%
	under 65's in risk groups	55%		46.3%		40.3%
	pregnant women	75%		74.6%		81.7%
	health care workers	60%		67.8%		63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	55.0%	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%	Jun-21	70.2%	May-21	95.9%
	over 18 years			91.3%		88.0%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

### 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	Q2 20/21	62.3%	Q1 20/21	64.2%
% 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%	Jul-21	53.5%	Jun-21	59.0%
Number of ambulance patient handovers over 1 hour		Zero		402		208
% 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%		67.4%		70.2%
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		1149		850
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Apr-21	66.7%	Apr-20	58.6%
% 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 59.3%	Jun-21	not available	May-21	16.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%				75.6%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%				61.0%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Jul-21	13,365	Jun-21	13,313
Number of patients waiting more than 14 weeks for a specified therapy				272		267
% of patients waiting less than 26 weeks for treatment				95%		49.6%
Number of patients waiting more than 36 weeks for treatment		Zero	Jun-21	43,624	May-21	42,337
Number of patients waiting for a follow-up outpatient appointment		74,734		106,041		106,040
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		28,365		28,365
% 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%		35.4%		35.4%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)		80%	Jun-21	20.7%	May-21	41.9%
% 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)				65.3%		61.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				72.2%		62.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				83.7%		83.8%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			Jul-21	48.3%	Jun-21	44.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-21	83.8%	May-21	81.2%	
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-21 to Jul-21	96.03	Apr-21 to Jun-21	95.66
	S.aureus bacteraemia			32.01		32.19
	C.difficile			32.68		30.40
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			18.01		17.88
	P. aeruginosa			6.67		5.36
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2



**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	2020	71%	not available	
% 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-21	55.0%	Jun-21	54.6%
% 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%	Jul-21	65.8%	Jun-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Jun-21	7.1%	Jun-20	6.3%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020	61.4%	2018	75.0%
% 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%	Q4 20/21	52.7%	Q3 20/21	62.2%

**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-Q3 20/21	1626	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	May-21	2.28%	Apr-21	2.37%
% 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	May-21	85.7%	Apr-21	42.5%
% 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			71.4%		56.3%
% 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	Apr-21	0.6%	Apr-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%	Q3 20/21	98.9%	Q2 20/21	98.8%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		279.2		262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437		1474
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21	5240.6	Q2 20/21	5017.9
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	Q2 20/21	72.3%	Q1 20/21	66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21	25.6%	Q3 20/21	21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21	6.8%	Q3 20/21	6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Apr-21	667	Mar-21	571
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21	6.7%	Dec-20	6.1%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available