

Specific Matters for Consideration

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Mawrth 2021 / March 2021

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Healthy Child

Resetting Cwm Taf Morgannwg

Referral to Treatment Times

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Surveillance Monitoring

Follow-Up Outpatients Not Booked (FUNB)

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Stroke Quality Improvement Measures

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Mental Health

Cwm Taf Morgannwg Quadruple Aims At a Glance



Mission:

Building healthier communities together

Quality Health and Care

for Mrs Jones, her family and her community

Person Centred Outcomes perspective

Prudent Services perspective

A Learning and Growth Culture perspective

Resource Sustainability perspective

Vision:

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

Prevention

Uptake of selected immunisations of resident children Quarter 3 - 2020/21

Uptake of selected immunisations in resident children reaching their 1st, 2nd, 4th, 5th, and 16th birthday between 01/10/20 and 31/12/20 and resident on 31/12/20					
Age 1 year		% uptake of immunisation			
Number of Resident Children Age 1 Year		6 in 1 ¹	MenB ²	PCV2	Rotavirus
Bridgend LA	356	97.8%	97.5%	97.5%	97.5%
Merthyr Tydfil LA	161	94.4%	95.7%	96.9%	93.8%
Rhondda Cynon Taf LA	601	96.2%	96.7%	96.0%	95.2%
CTMUHB	1118	96.4%	96.8%	96.6%	95.7%
Age 2 years		% uptake of immunisation			
Number of Resident Children Age 2 years		MMR1	PCVt ³	MenB ⁴	Hib/MenC
Bridgend LA	363	93.4%	93.7%	93.7%	92.8%
Merthyr Tydfil LA	154	96.1%	96.1%	96.1%	94.8%
Rhondda Cynon Taf LA	621	97.4%	97.7%	97.7%	97.7%
CTMUHB	1138	96.0%	96.2%	96.2%	95.8%
Age 4 years		% uptake of immunisation			
Number of Resident Children Age 4 years		Up to date in schedule ⁵			
Bridgend LA	383	89.0%			
Merthyr Tydfil LA	178	89.9%			
Rhondda Cynon Taf LA	658	88.8%			
CTMUHB	1219	89.0%			
Age 5 years		% uptake of immunisation			
Number of Resident Children Age 5 years		MMR2	4 in 1 ¹		
Bridgend LA	396	91.7%	92.2%		
Merthyr Tydfil LA	167	95.8%	95.8%		
Rhondda Cynon Taf LA	656	93.6%	94.7%		
CTMUHB	1219	93.3%	94.0%		
Age 16 years		% uptake of immunisation			
Number of Resident Children Age 16 years		MMR1	MMR2	MenACWY	3 in 1 Teenage booster ⁶
Bridgend LA	443	96.2%	91.9%	91.6%	91.0%
Merthyr Tydfil LA	191	96.3%	93.2%	90.6%	90.1%
Rhondda Cynon Taf LA	721	95.4%	91.4%	91.1%	91.4%
CTMUHB	1355	95.8%	91.8%	91.2%	91.1%
¹ Uptake of pertussis used as proxy 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				Key	
				95% and higher	
				90% to 95%	
				below 90%	

For the quarter ending **December 2020**, uptake of the completed course of the “6 in 1” vaccine remained above 95%. Cumulatively, all other routine primary immunisations in infants reaching their first birthday were above 95% (despite Merthyr Tydfil LA just falling short on “6 in 1” immunisation at 94.4% and on Rotavirus immunisation at 93.8%.

CTM uptake of the scheduled vaccines in two year olds was above target, however Merthyr Tydfil LA just missed the target for Hib/MenC with a 94.8% immunisation uptake. Bridgend LA did not attain the target for all four scheduled vaccinations in this age group.

All three LA’s did not achieve their immunication targets for the proportion of children up to date with their routine immunisations by four years of age. All three had an average immunisation rate of around 89.0%.

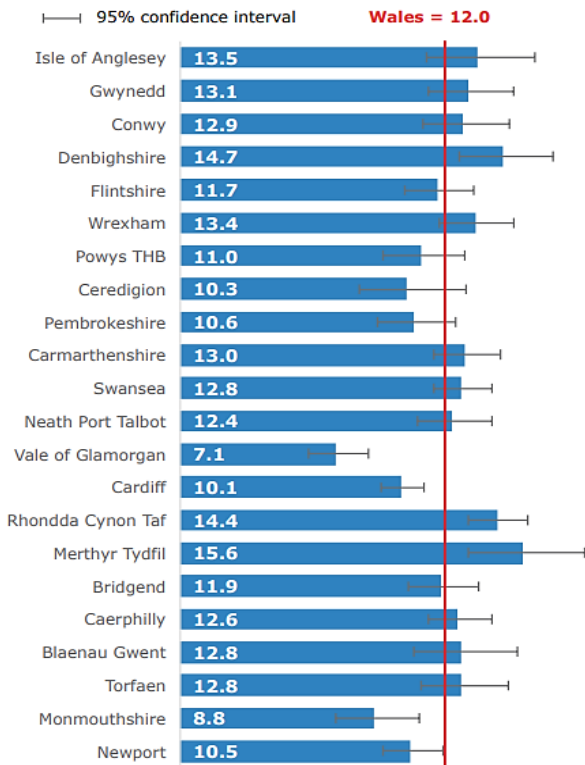
Overall immunisation rates for the five year olds is below the 95% for CTM, however Merthyr Tydfil LA met the target.

Uptake of scheduled vaccines for those age 16 years varied. There was a 95.8% rate of MMR1 immunisations, with all LA areas above the target. MMR2 immunisations were at 91.8% cumulatively, none of the areas achieved 95%. MenACWY and 3 in 1 booster also failed to reach the target with 91.2% and 91.1% respectively, none of the LA’s achieved the 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)



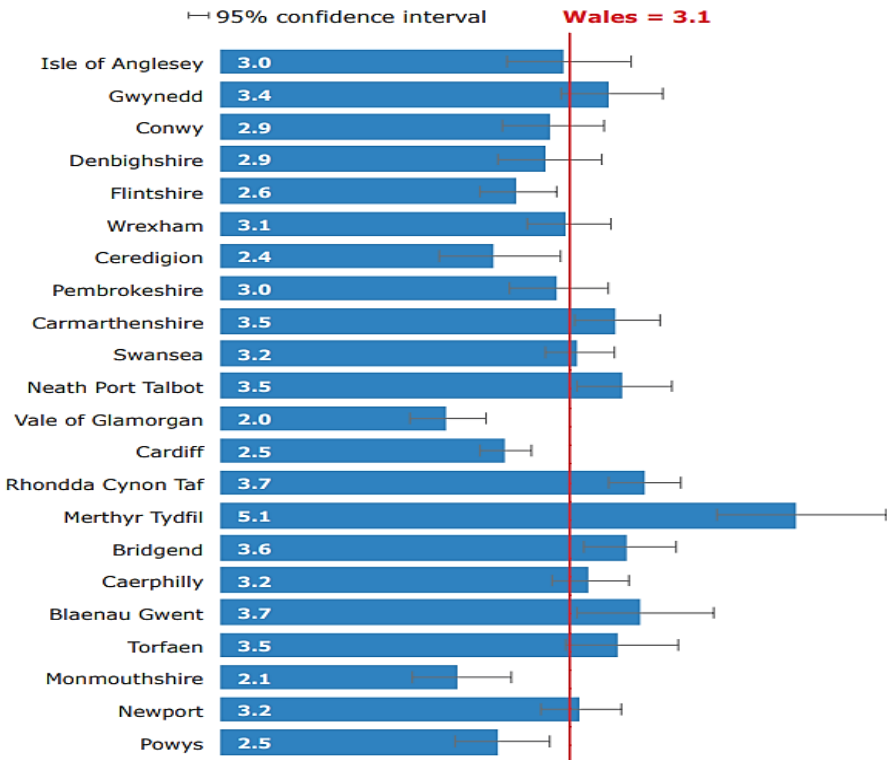
Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%), living in the least deprived areas of Wales, being of a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

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

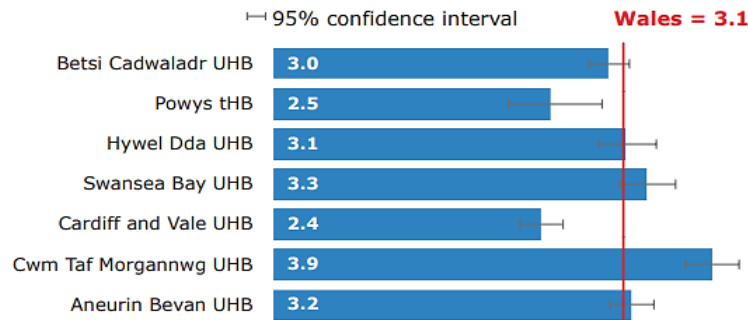
Produced by Public Health Wales Observatory using CMP data (NWIS)



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)



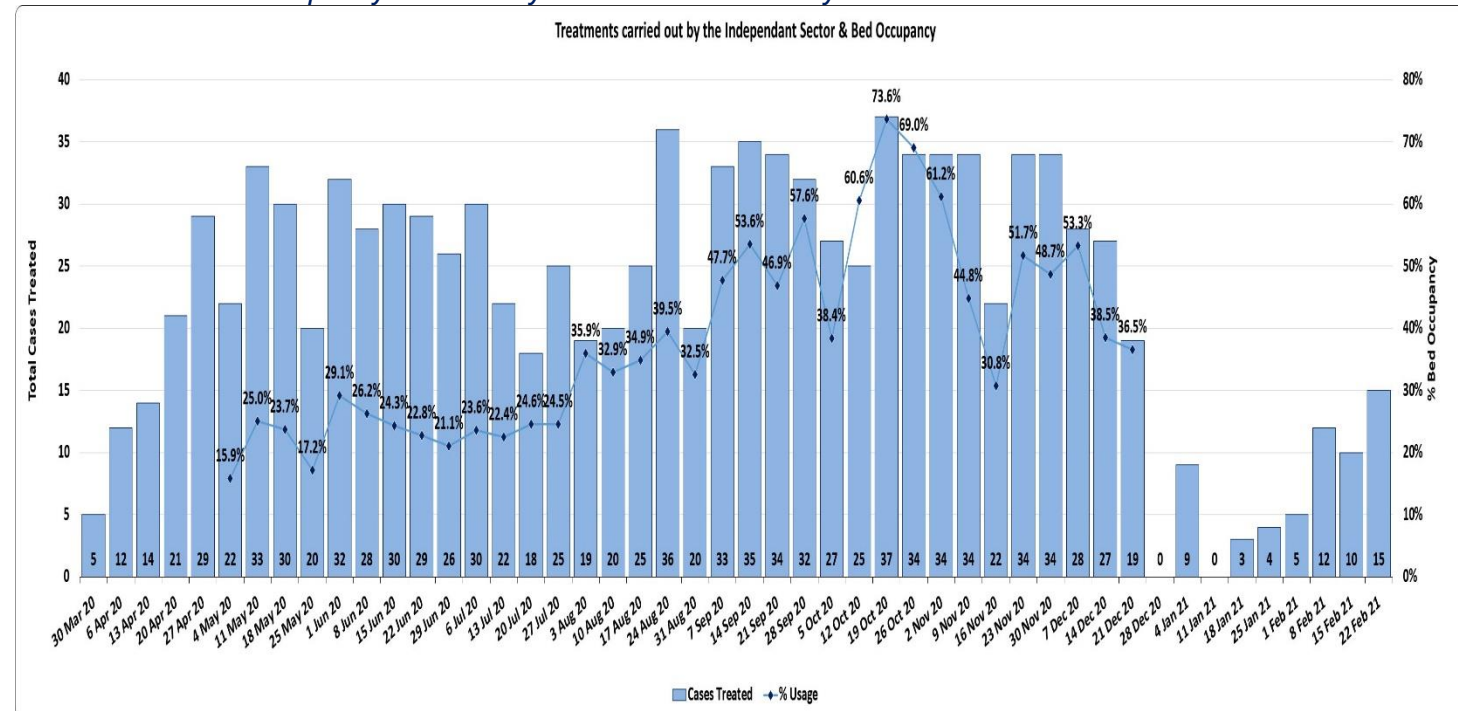
By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average, while prevalence in Powys Teaching Health Board and Cardiff & Vale UHB is significantly lower.

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 22nd February 2021
1093

Please note Bed Occupancy data is only available from 4th May to 21st December 2020



Treatments carried out by the Independent Sector from week commencing 30th March to 22nd February 2021										
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Pain Management	Total
258	367	262	4	36	1	12	125	12	16	1093

Utilisation of the Vale Hospital capacity had been consistently high since August until the end of November, with low compliance since that time with the facility being closed between Christmas and the New Year. A range of options for increasing elective capacity off the main acute sites are being explored, including increasing the use of the Vale Hospital. In the meantime, there will need to be renewed efforts to restore utilisation to a more acceptable level.

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:

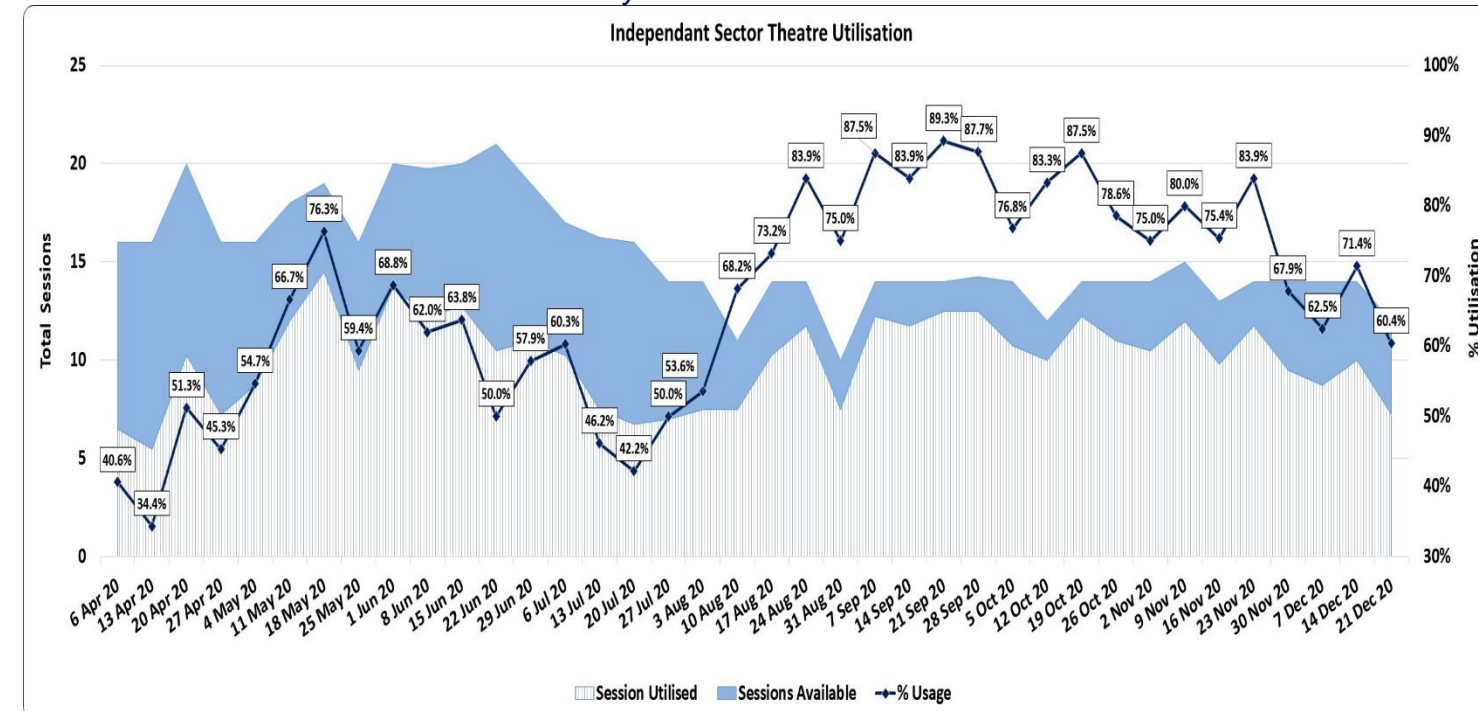
- Much of the “non-urgent” activity, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something 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 currently restricting any availability elective capacity for urgent cancer treatment in light of the volume of Covid patients on each site.

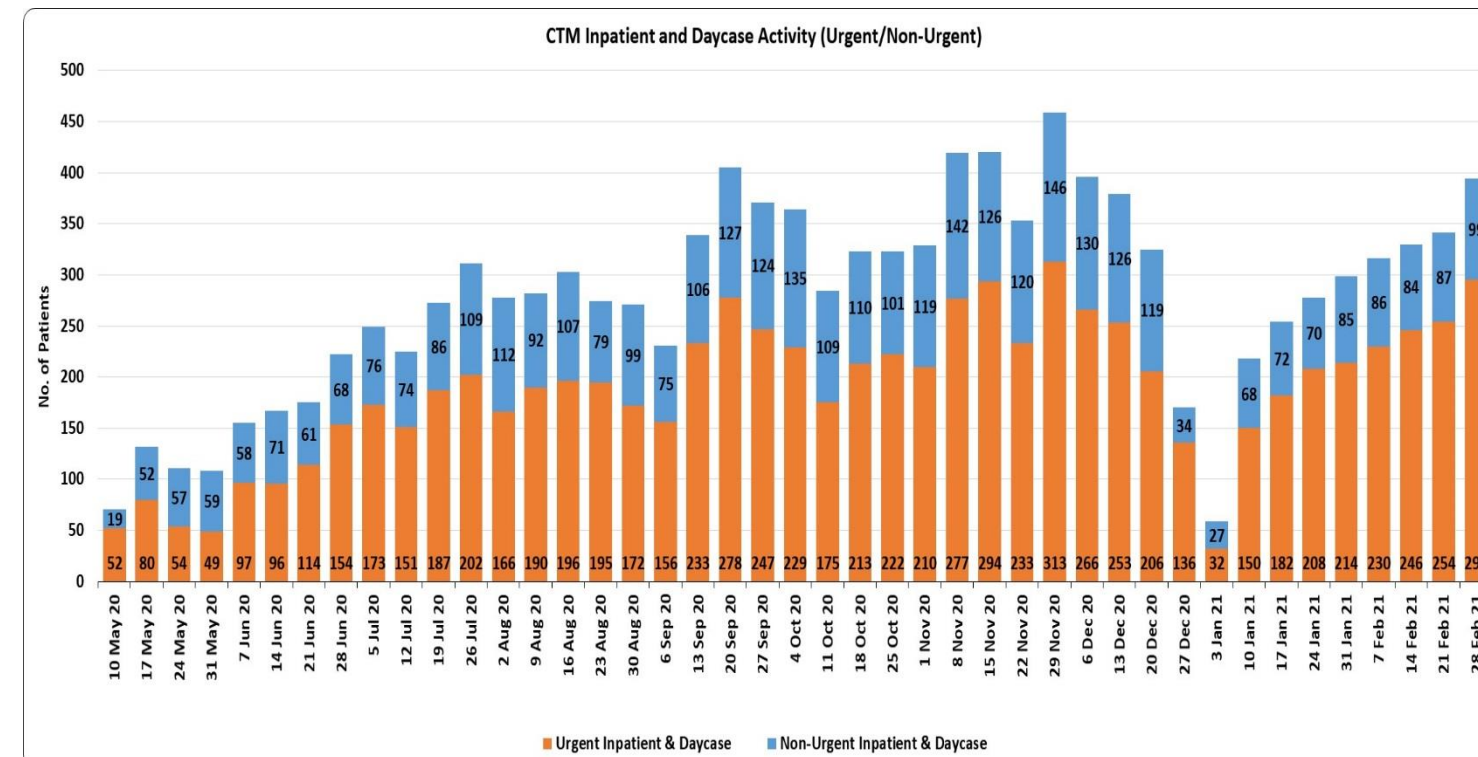
Theatre Utilisation (Independent Sector)

Theatre Utilisation within the Independent Sector Hospital to week commencing 21st December 2020

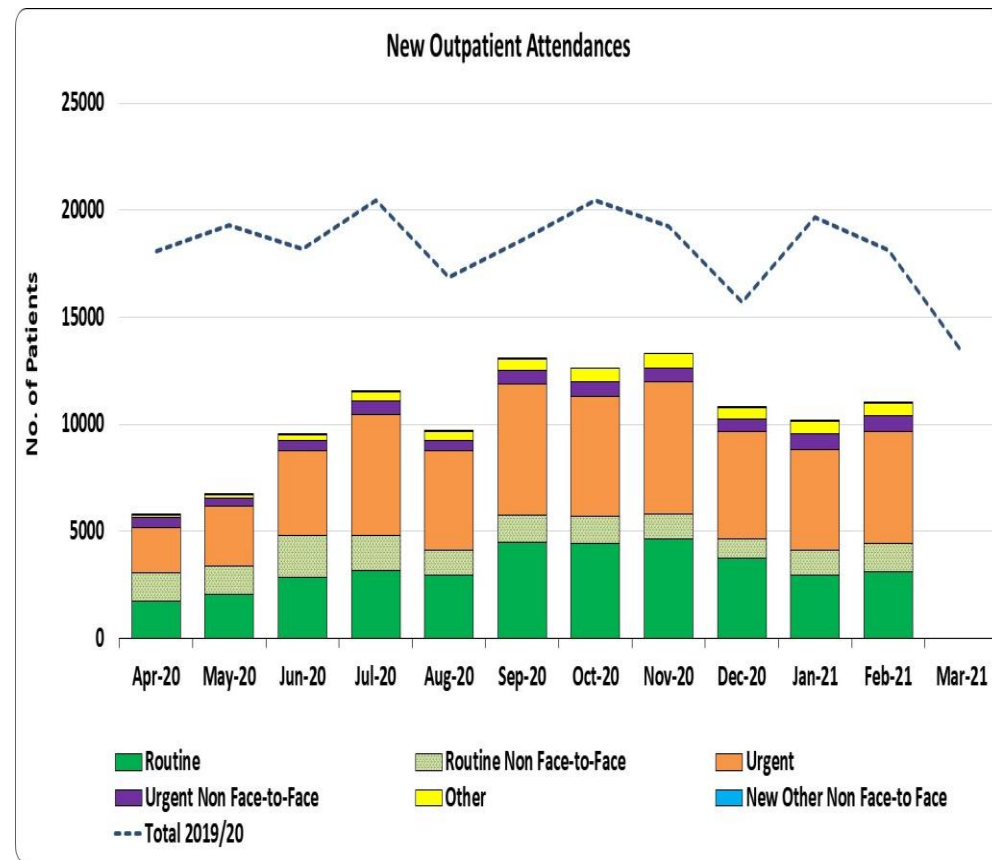
Please note that Theatre Utilisation data is only available to 21st December 2020



Activity Undertaken within Internal Hospital Capacity



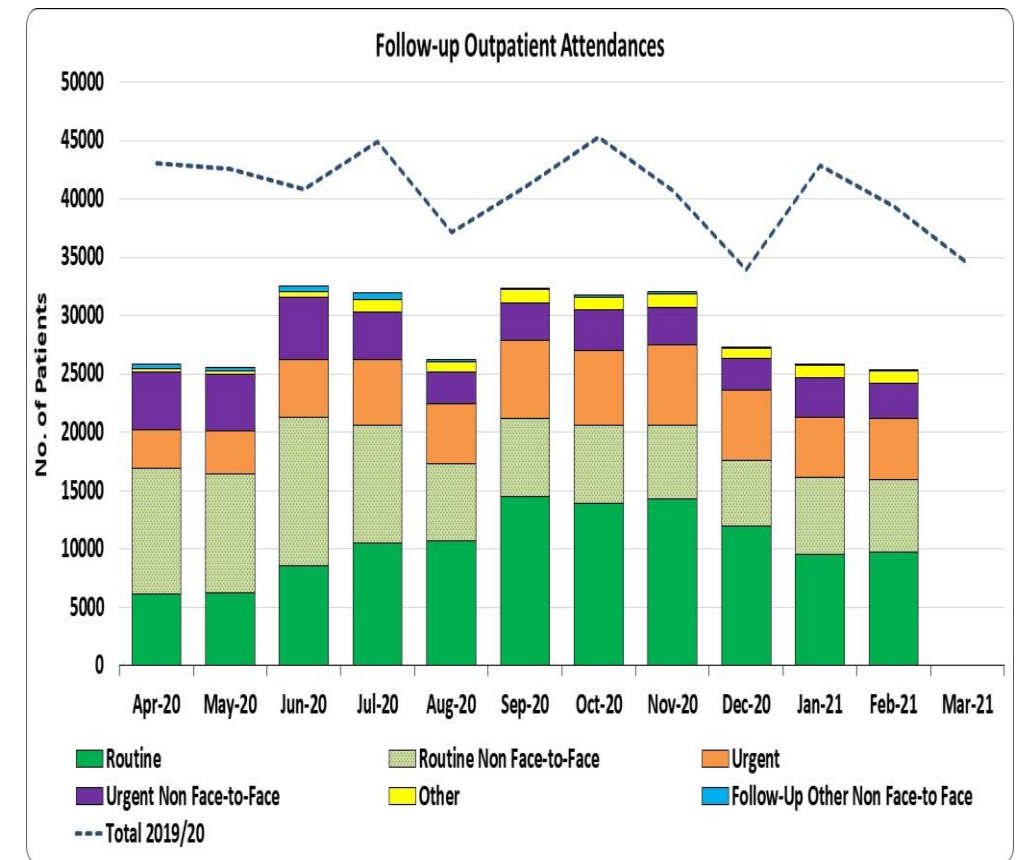
New & Follow-up Outpatient attendances versus same period previous year



% Reduction in Outpatient Attendances compared to the previous year		
Period	New	Follow-up
Apr-20	-68%	-40%
May-20	-65%	-40%
Jun-20	-48%	-20%
Jul-20	-44%	-29%
Aug-20	-43%	-29%
Sep-20	-30%	-21%
Oct-20	-38%	-30%
Nov-20	-31%	-21%
Dec-20	-32%	-19%
Jan-21	-49%	-40%
Feb-21	-40%	-36%

Digital solutions are helping to bolster the level of activity undertaken, however the table above details the reduction in both new and follow-up outpatient attendances compared to the same period in the previous year. There continues to be a wider gap in terms of new outpatients, which is to be expected.

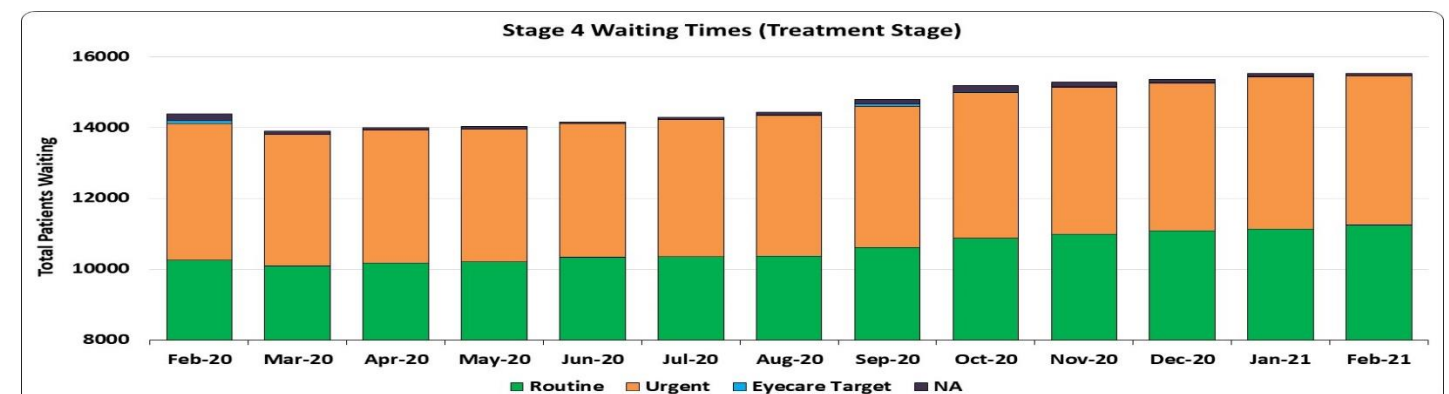
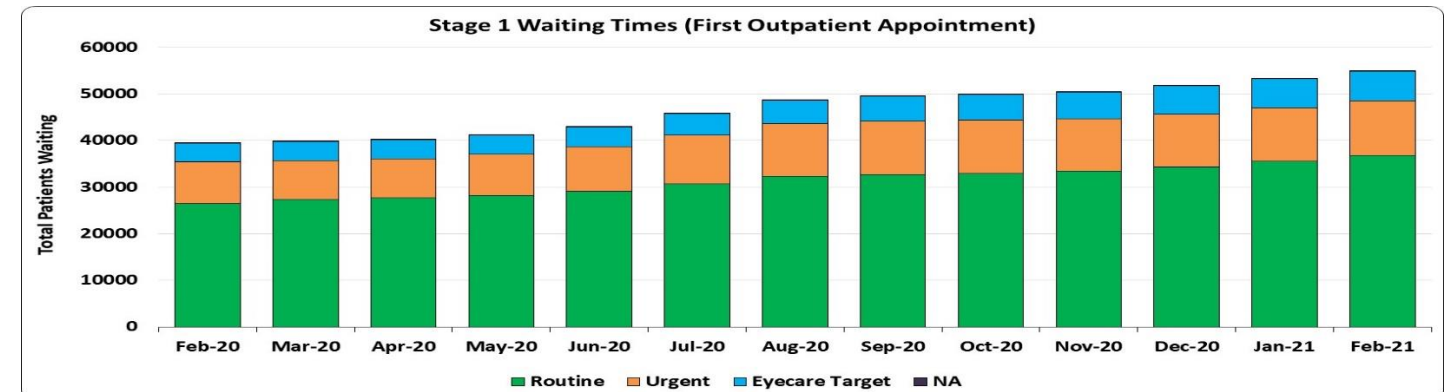
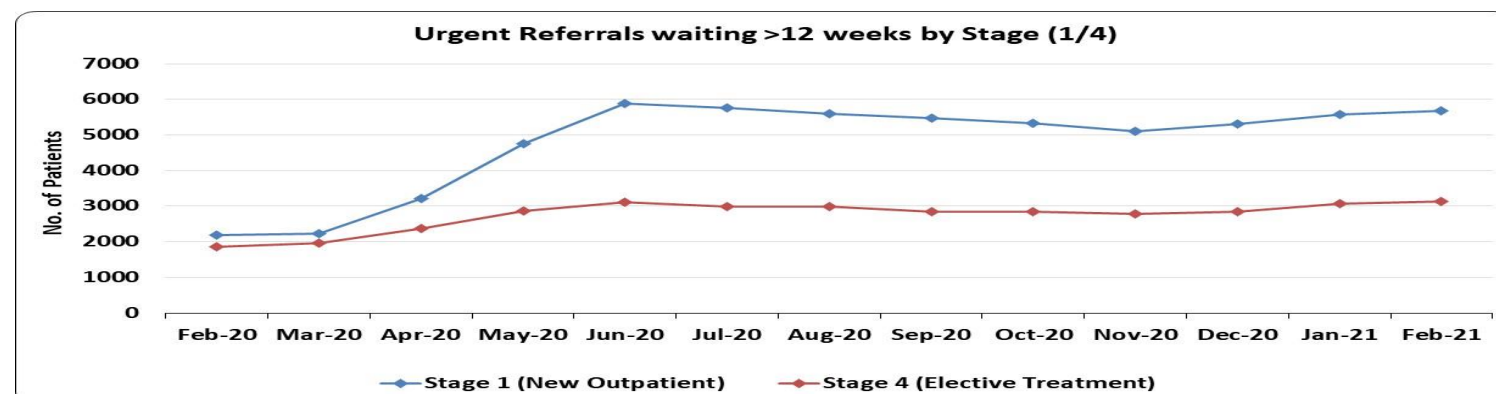
Significant elective recovery plan work has been undertaken in March, with all three ILGs setting out plans for elective care for the first quarter, complemented by further capacity set to become available thereafter, to be sustained for the year. The ambition is to return to no patients waiting over 36 weeks for elective treatment by the end of March 2023 and to do so in a sustainable way.



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

The reduced levels of outpatient, inpatient and daycase activity activities mean 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.

The Stage 4 waiting list volume is gradually increasing, with patients converting from Stage 1 activity at a time when theatre capacity is at a premium. The year ahead will be challenging, both from a backlog perspective in terms of those patients whose treatment has been delayed and also in terms of how new demand for treatment will be presented, with current referral rates continuing to be below pre-Covid-19 levels.



Referral to Treatment Times (RTT)

Referral to Treatment Times – February 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

28,982

Number of patients waiting >36 weeks – Target Zero

37,395

% of patients waiting under 26 weeks – Target 95%

49.1%

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 February is 28,982. The breakdown of the 28,982 patients is as follows:

- 8,811 patients relate to Merthyr & Cynon ILG waiting lists
- 11,923 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,248 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

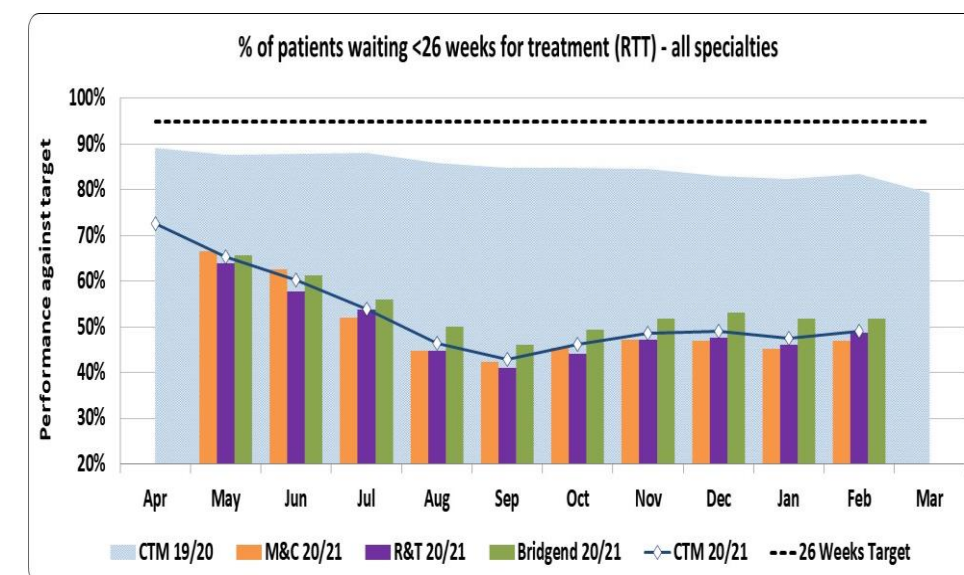
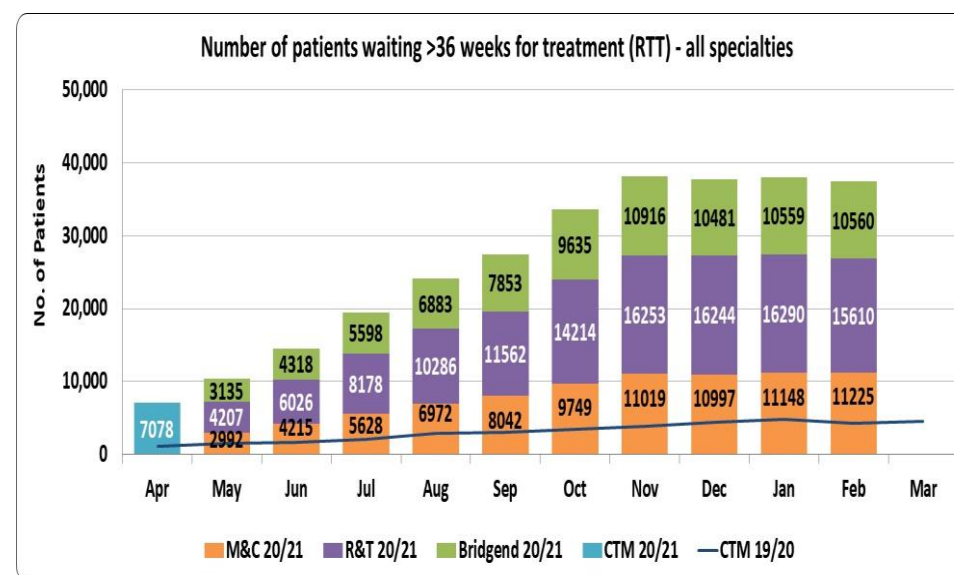
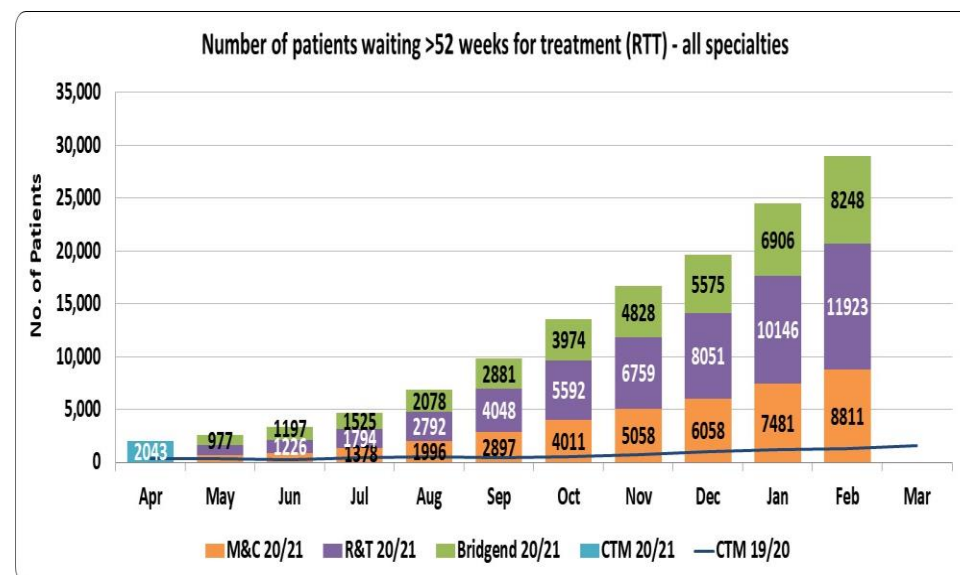
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for February is 37,395 patients across Cwm Taf Morgannwg, which is a decrease of 602 from January (N.B. includes the 28,982 patients waiting over 52 weeks):

- 11,225 patients relate to Merthyr & Cynon ILG waiting lists
- 15,610 patients relate to Rhondda & Taff Ely ILG waiting lists
- 10,560 patients relate to Bridgend ILG waiting lists

Patients waiting <26 weeks

In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures) the provisional position for February across Cwm Taf Morgannwg is 49.1%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 47.0% Merthyr & Cynon ILG waiting lists
- 48.6% Rhondda & Taff Ely ILG waiting lists
- 51.7% Bridgend ILG waiting lists



The confirmed position at the end of January 2021 was 37,997 patients waiting over 36 weeks, of whom 24,533 patients were waiting over 52 weeks. An administrative review has commenced to check all patients set to breach 52 weeks by the end of March 2021 to establish whether they still require treatment and ensure that they are waiting at the appropriate stage of their pathways. This will align with the emerging elective recovery plans to ensure the most efficient use of capacity that will take some time to increase back up to pre-Covid-19 levels.

The clinical prioritisation of open pathways to reflect a risk based approach is an ongoing task, with not all urgent pathways having been prioritised as yet. The approach has however been used to forecast demand for the year ahead, which when combined with the current backlog, provides a target for the level of capacity needed to deliver a sustainable 36 week maximum wait by the end of March 2023. The functionality to record the clinical prioritisation on WPAS is now operational for all 3 ILGs and weekly scheduled care performance meetings have been set up in both MC and RTE, with full engagement from the Performance and Information teams. Operational processes are being revised in line with this new requirement, taking advantage of the newly implemented functionality. 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.

The following data can now be recorded for all 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.

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.

Diagnostics – February 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

12,784

Diagnostics >8 weeks

The provisional position for February has remained fairly static from the previous month at 12,784 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	331	57	1362	1750
Cardiology Services	Cardiac CT	0	10	0	10
	Cardiac MRI	0	4	0	4
	Diagnostic Angiography	0	90	45	135
	Stress Test	7	41	29	77
	DSE	88	3	117	208
	TOE	5	0	9	14
	Heart Rhythm Recording	12	23	826	861
	B.P. Monitoring	3	7	91	101
Bronchoscopy		1	0	0	1
Colonoscopy		154	405	0	559
Gastroscopy		591	730	1	1322
Cystoscopy		0	290	136	426
Flexi Sig		368	537	0	905
Radiology	Non-Cardiac CT	6	8	3	17
	Non Cardiac MRI	53	67	219	339
	NOUS	1866	2888	764	5518
	Non-Cardiac Nuclear Medicine	1	32	0	33
Imaging	Fluoroscopy	8	57	9	74
Physiological Measurement	Urodynamics	21	38	156	215
Neurophysiology	EMG	18	118	0	136
	NCS	11	68	0	79
Total		3544	5473	3767	12784

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 23 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	11747	12776	12784	

Surveillance Monitoring – as at 1st March 2021

Number of patients waiting past their review date

1,337

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 table below shows the number of patients waiting across the four pathways:

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	91	163	19	273
Over Target	24	79	0	103
Total Patients Waiting	115	242	19	376
Urgent Non-Cancer				
Waiting <14 days	65	118	2	185
Over Target	831	1280	0	2111
Total Patients Waiting	896	1398	2	2296
Routine				
Waiting <56 days	43	57	100	200
Over Target	402	625	0	1027
Total Patients Waiting	445	682	100	1227
Surveillance				
Waiting >126 days past review date	221	259	24	504
Waiting <126 days past review date	325	508	0	833
Total Patients Waiting Past Review Date	546	767	24	1337

Therapies – February 2021 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

746

Therapies >14 weeks

There are provisionally 746 patients breaching the 14 week target for therapies in February, an increase of 107 patients on the reported position for January.

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	171	96	267
Dietetics	0	2	150	152
Arts Therapy	12	0	0	12
Occupational Therapy	2	0	0	2
Physiotherapy	0	0	0	0
Podiatry	122	140	0	262
SALT	11	17	23	51
Total	147	330	269	746

It is anticipated that Podiatry breach numbers will reduce with appointments booked for March.

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 23 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	603	639	746	

Princess of Wales Hospital Endoscopy Unit

As at 1st March the total waiting list (excluding surveillance patients) has remained fairly static at 121 patients (124 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 March the total list (excluding surveillance patients) has increased by 17 patients on the previous month bringing the total to 1,456 patients waiting, of whom 1,257 are waiting over target. The number of surveillance patients waiting has fallen from 671 in the previous month to a current position of 546. Surveillance patients waiting over target currently stands at 221 patients.

Royal Glamorgan

As at 1st March the waiting list has increased by 76 patients to 2,322 of whom 1,984 patients are over target. Surveillance patients waiting over target currently stands at 259 patients.

In total **Cwm Taf Morgannwg** has 1337 patients waiting past their review date, of which, approximately 38% of those patients are waiting more than 18 weeks past their review date.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – January 2021

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
74

Not Booked
77,132

Booked
28,212

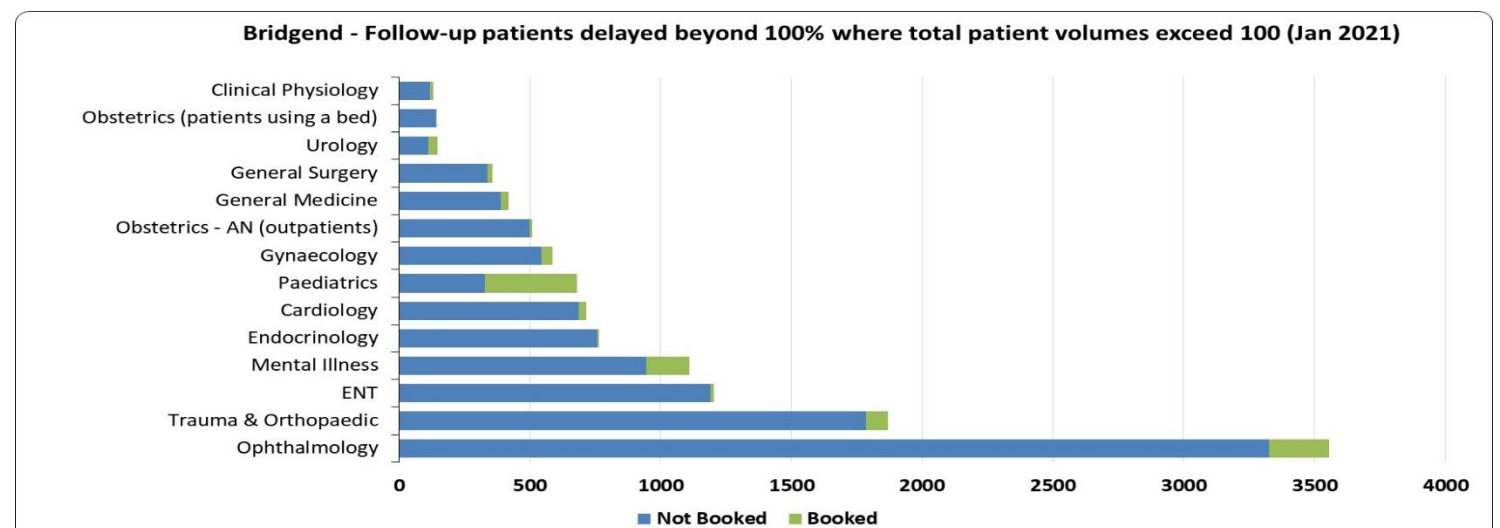
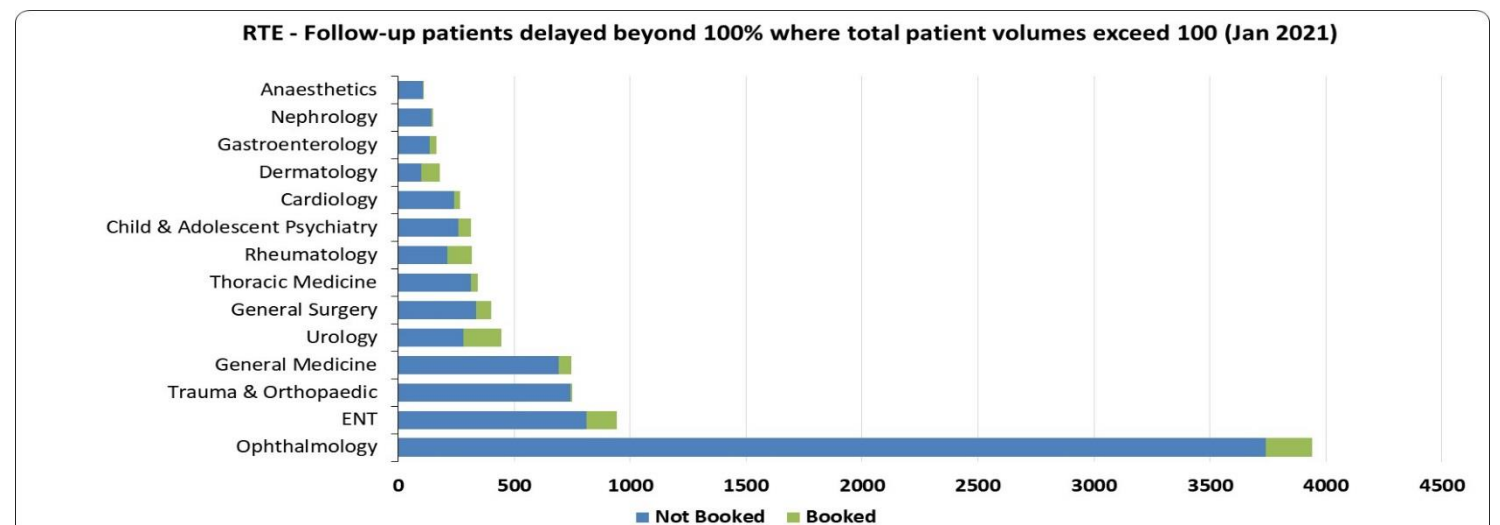
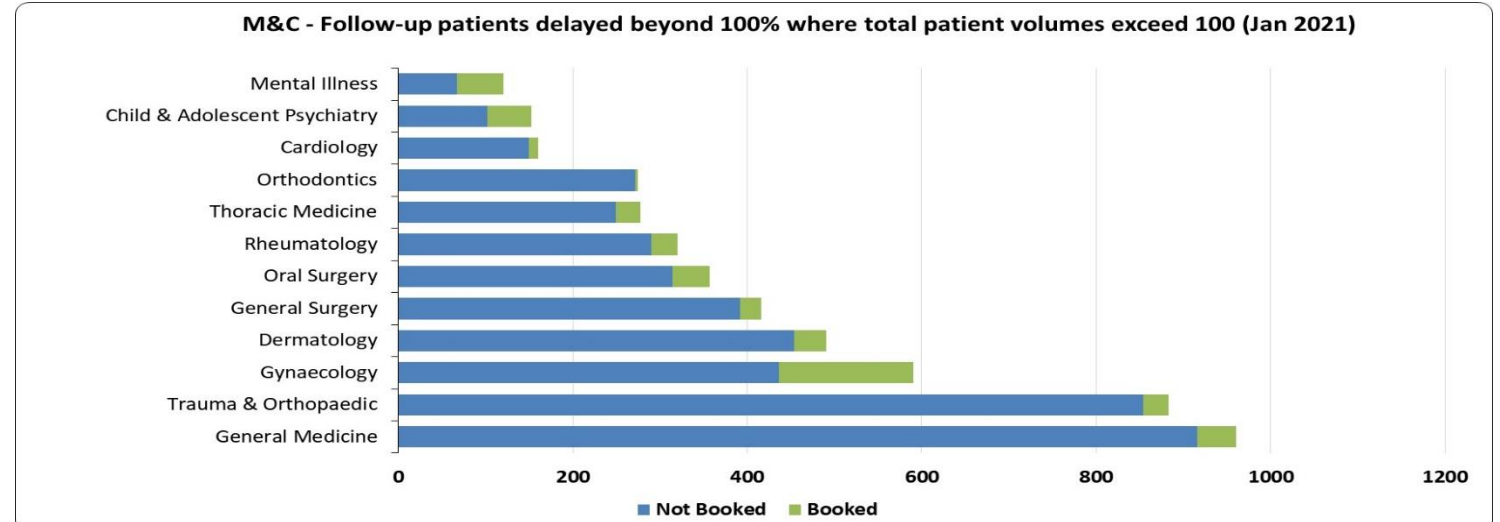
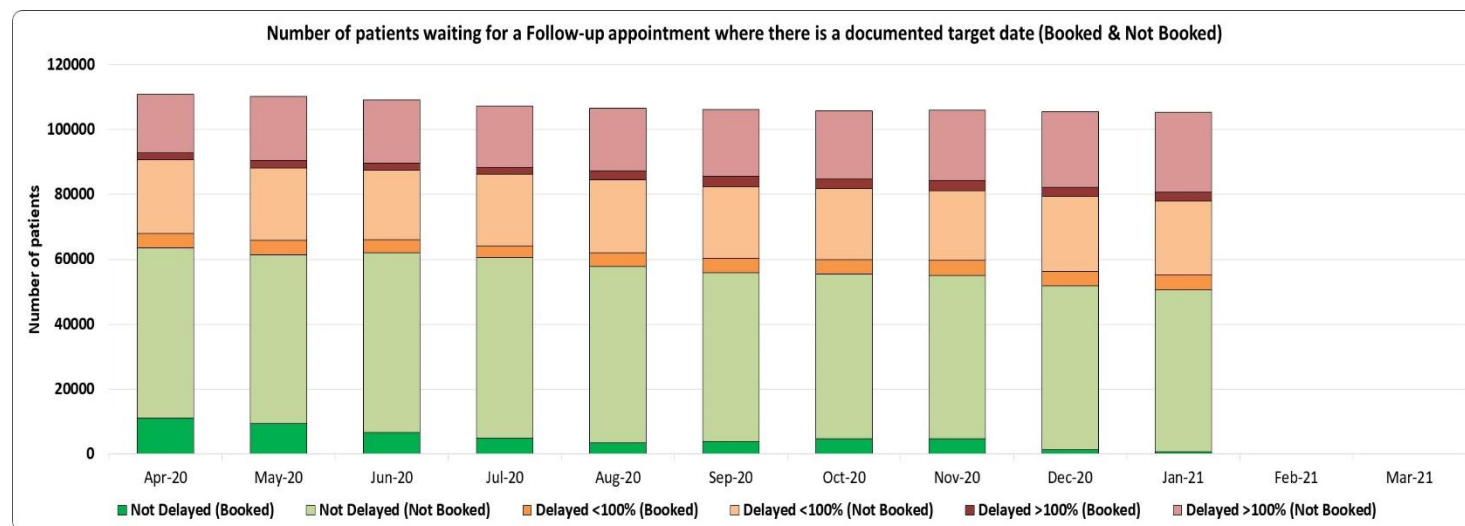
Total
105,344

Not Booked
24,619

Booked
2,819

Total
27,438

January 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	15879	6148	22027	4835	566	5401	24.5%
Rhondda & Taff Ely	3	24625	14785	39413	8310	1075	9385	23.8%
Bridgend	71	36628	7279	43907	11474	1178	12652	28.8%
CTM	74	77132	28212	105344	24619	2819	27438	26.0%



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, emphasising 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.

Number of Attendances

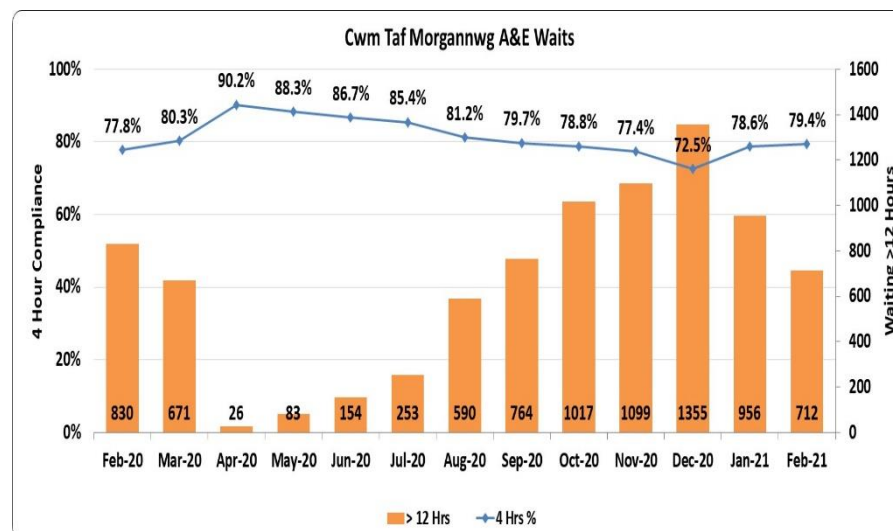
10,388

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

79.4%

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

712

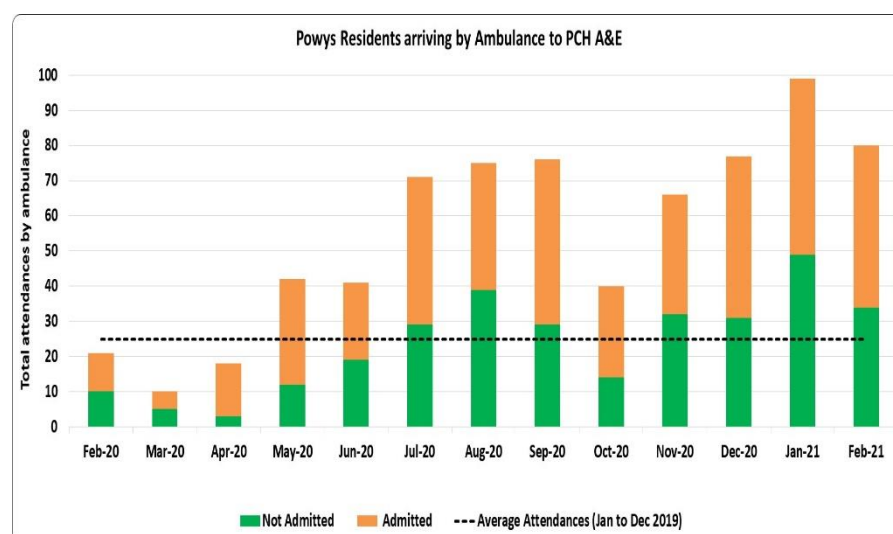


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

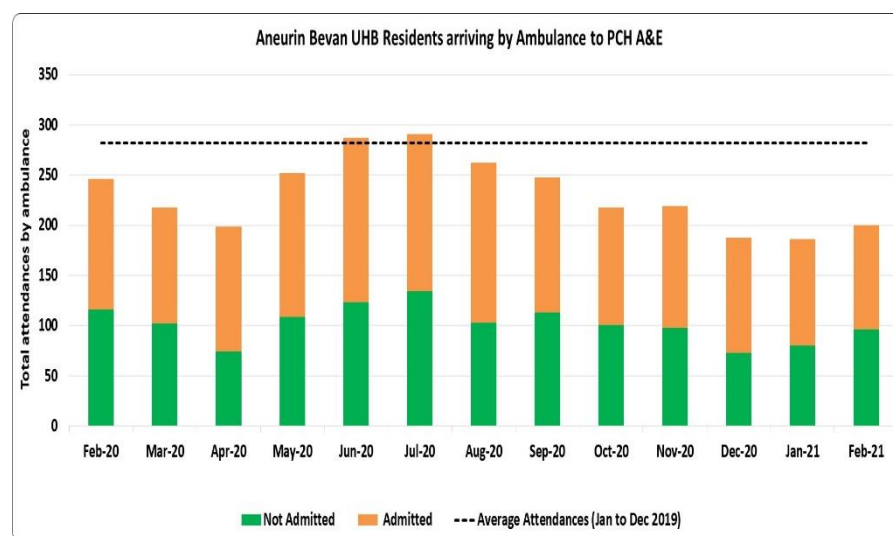
Overall attendances increased by 191 during February to a total of 10,388 but continues to be lower than the average pre-Covid levels by around 5,700 attendances in line with expectations given the current circumstances. This does not make life any easier for staff, who continue to work tirelessly in treating the patients who present under the most challenging of circumstances.

4 Hour Compliance - The combined performance for CTM for the four hour target improved at all three major units during February, remaining relatively static with overall compliance at 79.4% (78.6% in January). 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.

For PCH in particular, whilst the impact of strategic changes within Aneurin Bevan UHB is on the one hand increasing the emergency patient flow from Powys, it is more than offset by the reduction in emergency patient flow from Aneurin Bevan. Whilst an increase from Aneurin Bevan continues to be predicted by some, there seems to be no indication of this happening as yet. Further work is underway to review the casemix of the activity.



12 Hour Waits - The number of breaches of the 12 hour target continued to fall during February by 244 to an overall total of 712. Despite the number of breaches remaining high, this is the lowest level recorded since September. PCH saw the largest number of breaches (391), albeit a decrease of 60 on the previous month, whilst POW recorded a total of 302 breaches in February, a fall of 87 on the previous month. There has been a marked improvement in RGH, with number of 12 hour waits now back to the levels seen prior to the onset of the second wave, with only 19 occurrences in February.



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
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	2691	95.8%	3	2588	91.7%	6	2501	81.6%	17	8075	90.2%	26
May-20	3866	91.3%	41	3518	90.9%	10	3801	81.5%	32	11592	88.3%	83
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.4%	63	12791	86.7%	154
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.6%	153	14148	85.4%	253
Aug-20	4849	76.7%	215	4512	93.5%	9	4819	71.5%	366	14855	81.2%	590
Sep-20	4460	73.9%	330	4243	88.6%	27	4292	73.6%	407	13716	79.7%	764
Oct-20	3972	78.4%	445	2861	79.6%	130	3741	74.9%	442	11241	78.8%	1017
Nov-20	3786	79.0%	387	3581	75.9%	267	3462	73.7%	445	11387	77.4%	1099
Dec-20	3707	75.7%	424	3394	71.1%	585	3459	66.7%	346	11019	72.5%	1355
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3500	79.3%	391	3416	83.2%	19	3022	72.3%	302	10388	79.4%	712

% compliance with direct admission to an acute stroke unit within 4 hours
51.7%

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins
25.0%

% compliance of patients diagnosed with stroke received a CT scan within 1 hour
65.6%

% compliance assessed by a stroke consultant within 24 hours
68.9%

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
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%
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	75.0%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	51.7%	25.0%	65.6%	68.9%

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 January. 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 three months, as the Covid inpatient demand has required us to reconfigure services. Acute stroke wards have been significantly affected by increased Covid-19 admissions and infection control restrictions and therefore adversely impacted in December and January.

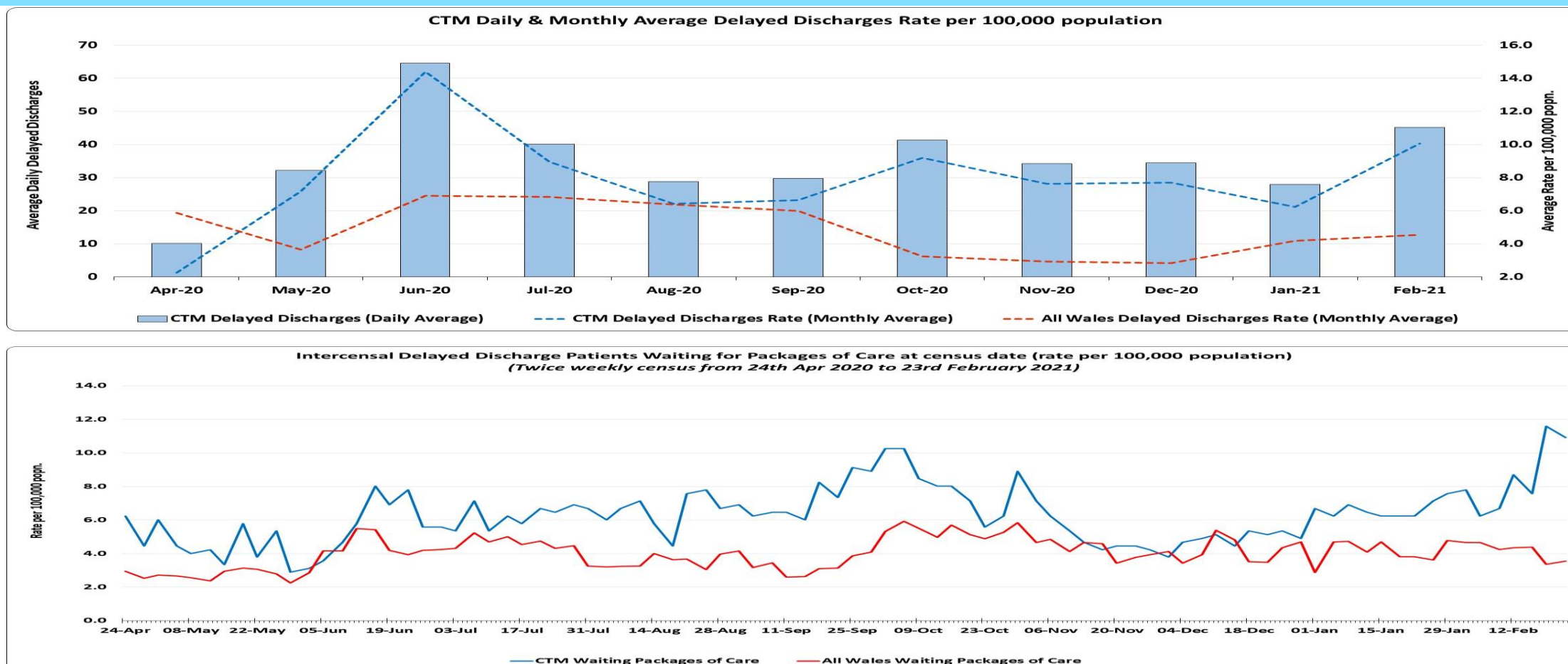
As can be seen by the reports acute stroke services are run from both POW and PCH and performance varies between the sites, therefore the data is better not aggregated for analysis. SSNAP performance is reported into the UK data base by individual site, with POW being in the lower quartile, reflecting the difficulty of meeting nationally agreed levels of performance when there are relatively few admissions and staffing levels are sub-optimal. To note, the report indicates 0% compliance for POW from October to January for admissions to a stroke ward in 4 hours, which directly relates to the need for Covid swabbing requirements prior to admission. In POW two patients received thrombolysis within the target of 45 mins in the last year. PCH has seen higher performance across a number of measures.

A meeting of the CTM UHB Stroke Delivery Group on 2nd March outlined a number of initiatives planned by both Stroke Units to improve performance, including plans to address workforce issues, re-establishing stroke wards and therapy space, developing and launching new swallow screen, improvements to data collection & validation and improved Covid testing.

Delayed Transfers of Care from the Planned Daily Discharge List – February 2021

This weekly return, which is taken from the daily discharge list will continue in the foreseeable future, with no plans to reintroduce the previous monthly return. The charts provide 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.



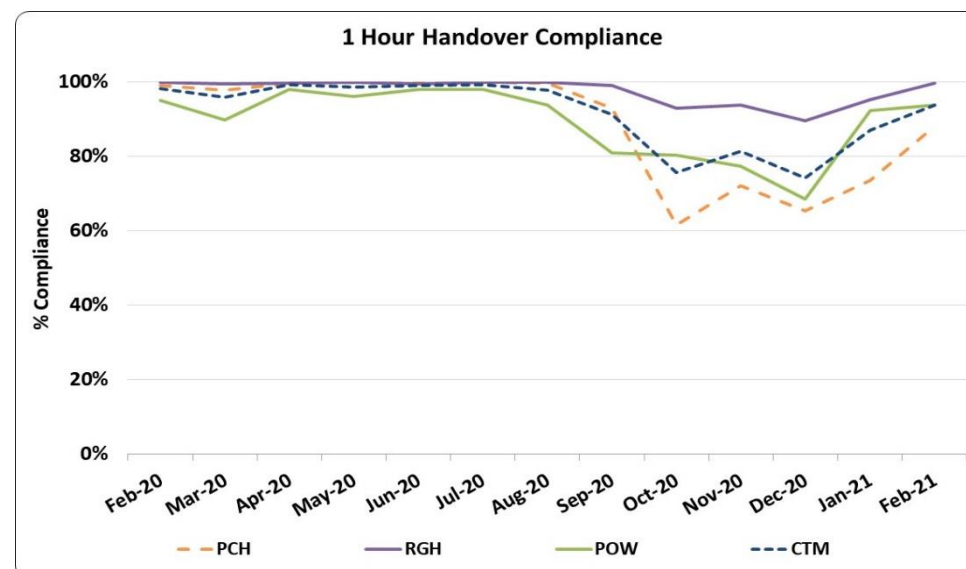
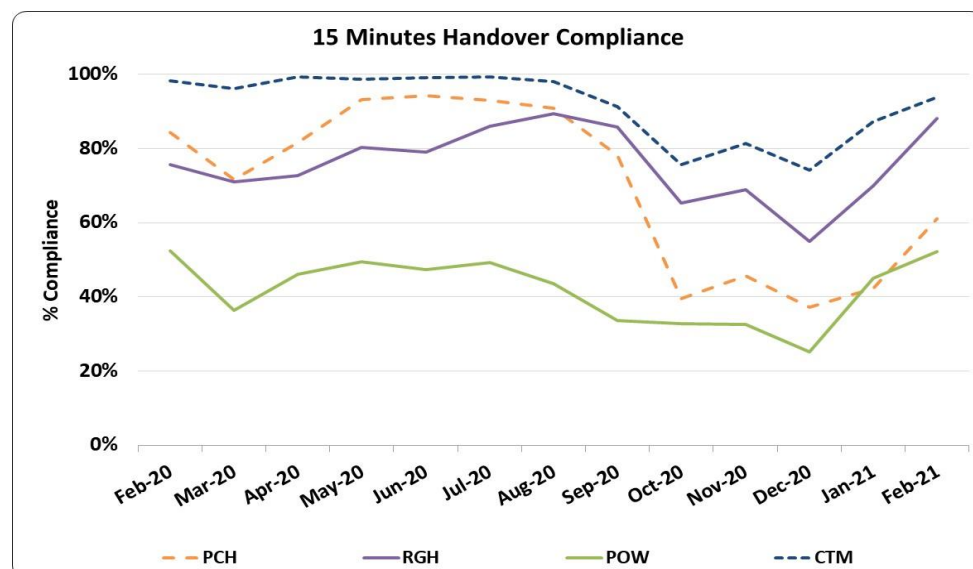
Emergency Ambulance Services

Number of Ambulance Handover Times & Compliance – Provisional February 2021

Number of ambulance handovers within 15 mins – Local Measure
1712 handovers were within 15 mins (67.6%)

Number of ambulance handovers over 1 hour – Target Zero

156 handovers were over 1 hour (93.8% 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 %
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%
Dec-20	888	37.2%	65.3%	807	54.9%	89.7%	824	25.1%	68.6%	2519	38.9%	74.2%
Jan-21	912	42.3%	73.6%	950	69.9%	95.4%	917	45.0%	92.3%	2779	52.6%	87.2%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. All three major units experienced an improvement in handover times during February, with the number of handovers down by 245 on the previous month bringing the total to 2534. As stated in the A&E section of the report, the operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E continues to impact the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

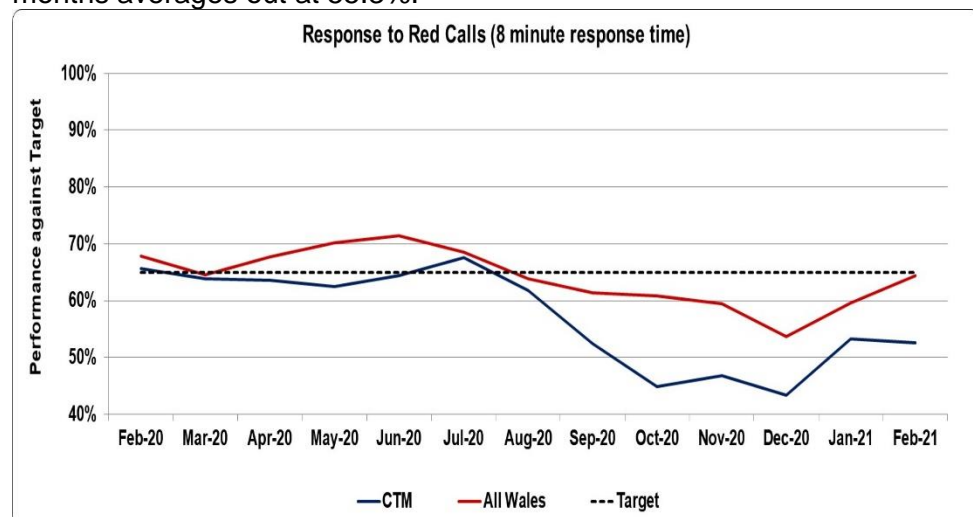
Response to Red Calls – February 2021

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

52.6%

Response to Red Calls

Response times fell marginally during February to 52.6% from 53.2% in January and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average just fell short at 64.4%, an improvement on the previous month of 59.6% but remaining below target for the seventh month in succession. CTM performance for the last 12 months averages out at 55.3%.



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			
	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	
Feb-20	54	42	77.8%	✓	170	107	62.9%	!	93	59	63.4%	!
Mar-20	67	47	70.1%	✓	222	137	61.7%	!	114	73	64.0%	!
Apr-20	42	28	66.7%	✓	162	102	63.0%	!	68	43	63.2%	!
May-20	44	30	68.2%	✓	126	73	57.9%	✗	86	57	66.3%	✓
Jun-20	44	29	65.9%	✓	146	92	63.0%	!	91	60	65.9%	✓
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%	!

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 59.7% with RCT and Bridgend averaging 52.0% and 58.9% respectively. Performance in all areas continues to be 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 Feb 2020 to Jan 2021)		
Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	5.7
RCT	241,264	4.1
Bridgend	147,049	4.2

Single Cancer Pathway

Single Cancer Pathway (SCP) – January 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%
49.0%

The Cwm Taf Morgannwg SCP performance for January fell to 49.0% from 60% in December.

CTMUHB - SCP % Treated Without Suspensions - January 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	9	44.4%
Upper GI	10	25	40.0%
Lower GI	10	22	45.5%
Lung	8	19	42.1%
Skin (exc BCC)	20	25	80.0%
Breast	15	24	62.5%
Gynaecological	1	9	11.1%
Urological	17	46	37.0%
Haematological	7	11	63.6%
Other	3	4	75.0%
Total	95	194	49.0%

Number of Breaches by Tumour Site

The combined performance for Cwm Taf Morgannwg fell to 49.0% in January with a total of 99 patient breaches. The main contributory factor recorded being delays awaiting first outpatient appointment and access to diagnostics (endoscopy, hysteroscopy, flexible cystoscopy and LA PPB (prostate biopsies)).

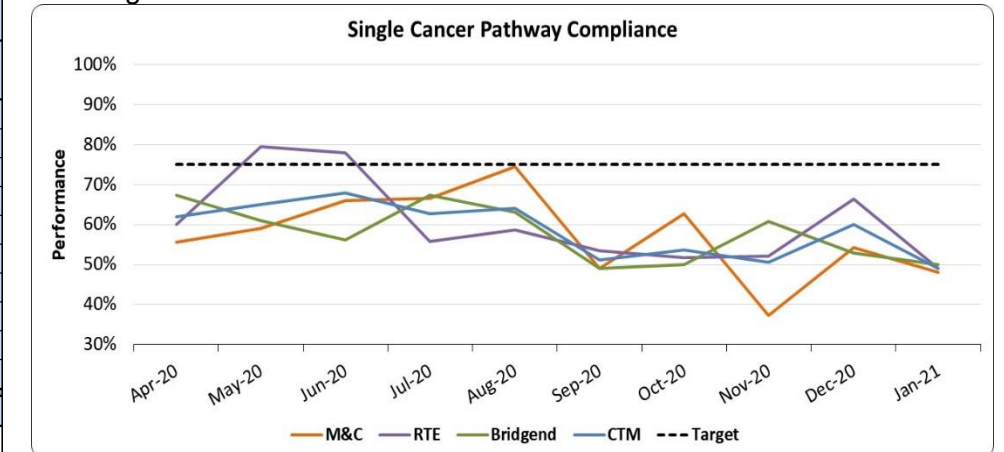
The table below details the treated patients and the patient breaches for January 2021:

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total	Treated in Target	Breaches	Total	Treated in Target	Breaches	Total	Treated in Target	Breaches	Total
January 2021												
Head and Neck	1	0	1	3	5	8	0	0	0	4	5	9
Upper Gastrointestinal	7	7	14	2	4	6	1	4	5	10	15	25
Lower Gastrointestinal	4	9	13	3	2	5	3	1	4	10	12	22
Lung	3	3	6	4	6	10	1	2	3	8	11	19
Skin(c)	8	1	9	6	3	9	6	1	7	20	5	25
Breast	0	0	0	12	6	18	3	3	6	15	9	24
Gynaecological	1	5	6	0	0	0	0	3	3	1	8	9
Urological	0	0	0	12	24	36	5	5	10	17	29	46
Haematological(d)	0	1	1	7	3	10	0	0	0	7	4	11
Other(f)	1	1	2	2	0	2	0	0	0	3	1	4
Total Breaches	25	27	52	51	53	104	19	19	38	95	99	194
Overall Compliance	48.1%			49.0%			50.0%			49.0%		

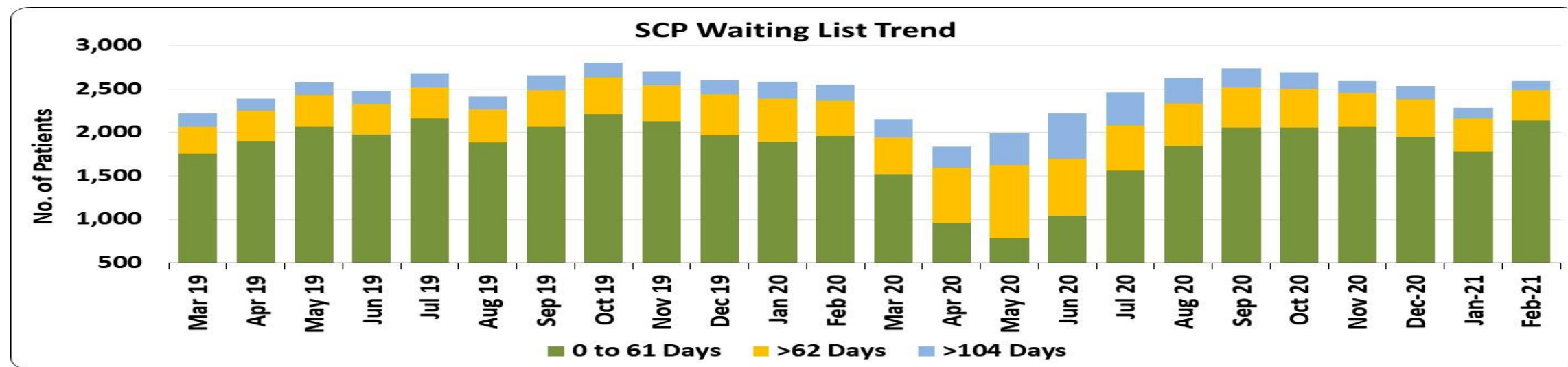
Single Cancer Pathway Compliance Trend

As can be seen in the graph below, overall CTM compliance had been falling since August with the exception of December (60.0%). However compliance in January fell to its lowest level since April 2020 to 49.0% and remains well below the 75% target.

This situation can be attributed to the ongoing operational challenges arising as a result of the Covid-19 pandemic, together with the workforce challenges across the UHB.



Patients Waiting on a Cancer Pathway – as at 1st March 2021



As at 1st March, in terms of total waiting list size, the overall volume of open single cancer pathways stands at 2,592, where the volume of patients waiting up to 62 days has clearly stabilised. The volume of open pathways waiting in excess of 104 days currently stands at 107 and the patients waiting over 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 110 patients waiting over 62 days of whom 40 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 143 patients waiting over 62 days of whom 36 were waiting more than 104 days
- In Bridgend, there were 91 patients waiting over 62 days of whom 31 were waiting more than 104 days

Currently, almost 70% of the patients waiting over 62 days are for three tumour sites, Urology (128), Lower GI (55) and Gynaecology (55).

Merthyr & Cynon ILG	SCP Cases 62-103 days	SCP Cases >104 days
Colorectal	20	11
Gastro-Oesophageal	11	3
Gynaecological	25	21
Haematological	1	0
Head and Neck	2	0
Lung	6	2
Sarcoma	1	0
Skin	3	1
Urological	1	1
Unknown Primary	0	1
Grand Total	70	40
Rhondda & Taff Ely ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	9	0
Colorectal	11	6
Gastro-Oesophageal	13	8
Gynaecological	1	0
Haematological	2	1
Head and Neck	3	1
Lung	4	1
Skin	1	1
Urological	63	18
Grand Total	107	36
Bridgend ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	7	1
Gynaecological	5	3
Haematological	0	1
Head and Neck	4	2
Lower Gastrointestinal	5	2
Lung	4	3
Other	4	1
Upper Gastrointestinal	3	1
Urological	28	17
Grand Total	60	31

% 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%

90.7%

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

86.2%

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, January's compliance fell to 85.6% from 88.4% in December.

Referrals in January increased by 140 on December (621), bringing the total to 761. Pre-Covid levels were in the region of 1000 to 1100 but from July had been on average around 800 per month.

Part 1b.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS remained fairly static in January at 90.7% and continuing to be above the 80% target.

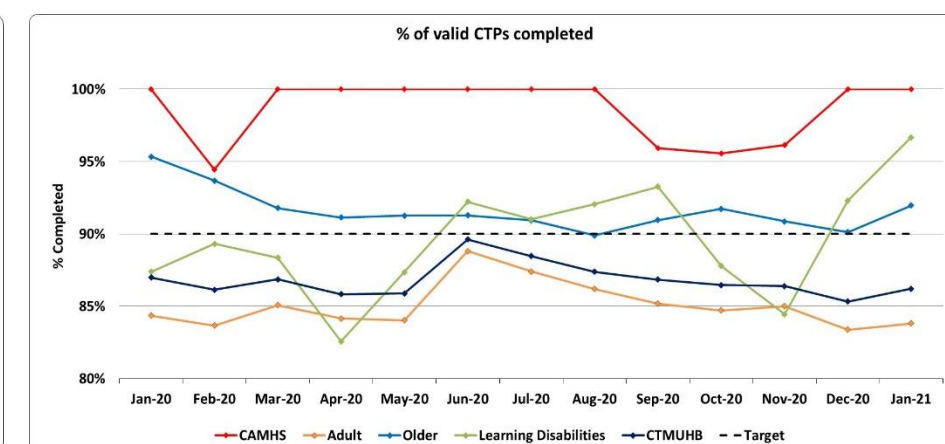
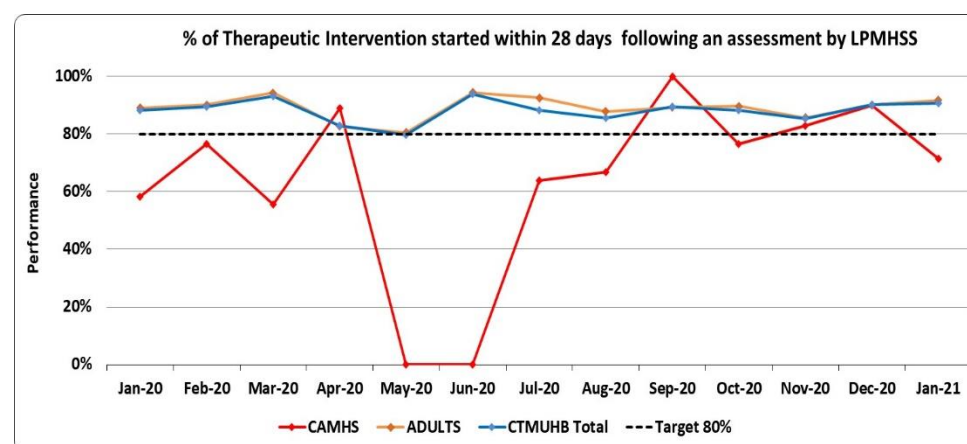
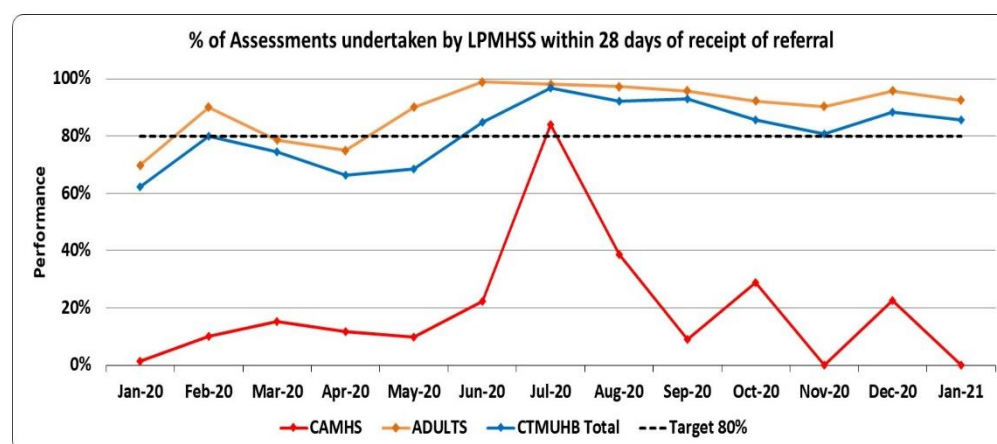
The number of interventions remains relatively stable at the moment at 235 in January, although well below the average of 392 per month seen in the previous year. Despite improved compliance in the CAMHS service during the previous two months, January fell to 71.4% from 90% in December, with the number of interventions increasing by just 4 to a total of 14.

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 improved marginally during January to 86.2% in from 85.3% in the previous month, however continuing to fall short of the 90% target. Overall the target has not been met since September 2019.

Part 3

One outcome of assessment report was sent during January and within 10 working days, achieving the target of 100% for Part Three of the Mental Health Measure.



CAMHS (including p-CAMHS)

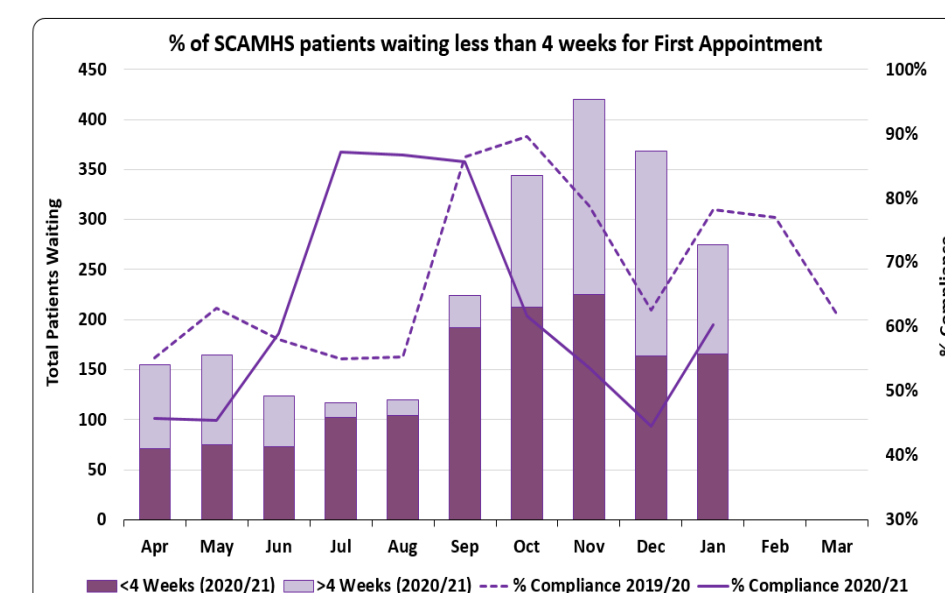
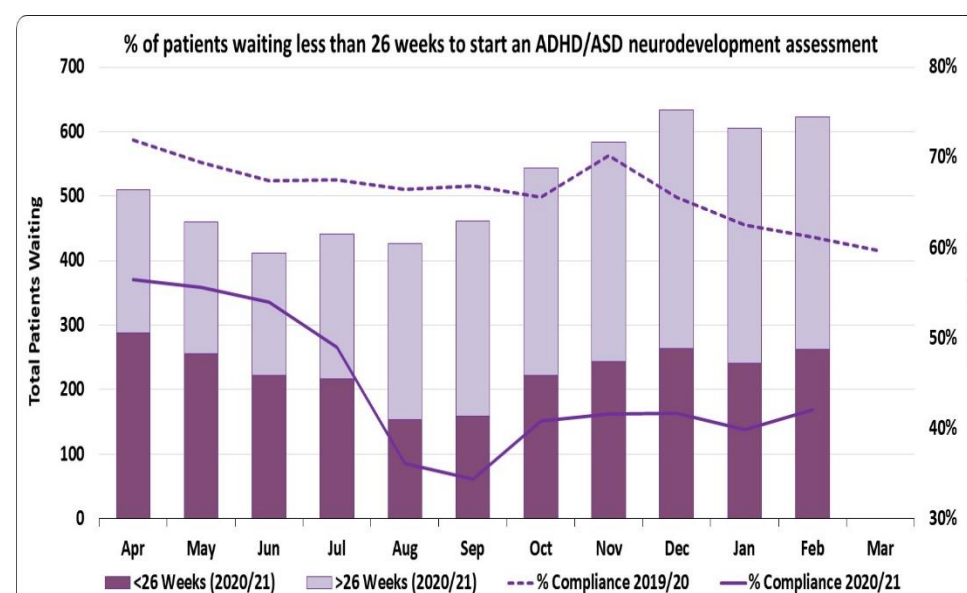
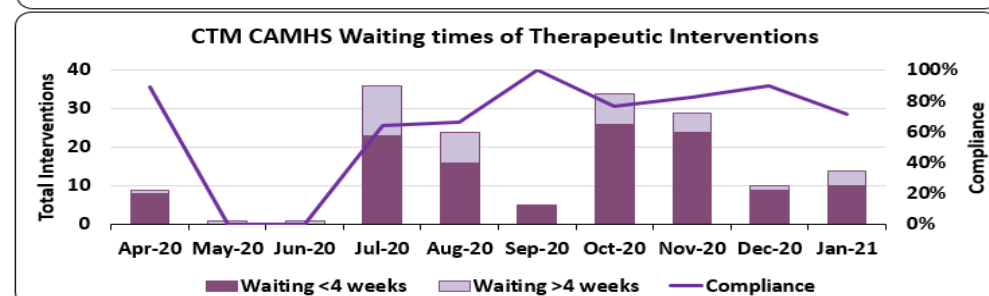
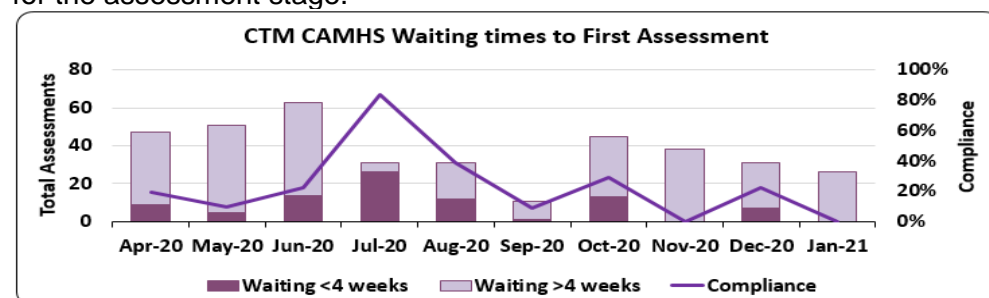
The charts show that the improvement in CAMHS compliance against the Mental Health Measure during the summer and has fluctuated since that time, with no patients assessed within 28 days in January. The most recent p-CAMHS compliance for Part 1 (a) is 57.8%, with 19 patients waiting over 4 weeks for assessment. The volume of interventions starting this month remains low (14), with compliance continuing to be significantly higher than for the assessment stage.

Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services improved marginally to a provisional 42.1% in February (39.8% in January). The total waiting list increased by 18 to bring the current total to 623, with the number of patients waiting above the target time remaining fairly static at 361, where the average waiting time has also remained static at 37 weeks.

Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times improved during January to 60.4% (reported position) from 44.6% in December, provisionally improving to 61.5% in January. Currently the total waiting list has fallen to 126 from 236 in the previous month, with 35 patients waiting above the target time of 4 weeks, an improvement on January's position which stood at 109.



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%	Q3 20/21	96.4%	Q2 20/21	97.7%
% of children who received 2 doses of the MMR vaccine by age 5		95%		93.3%		92.4%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1 to Q2	2.05%	2019/20	3.6%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target	20/21	38.4%		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q2 20/21	353.0	Q2 19/20	475.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q3 20/21	64.7%	Q3 19/20	66.6%
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%	Jan-21	100.0%	Dec-20	100.0%
	over 18 years			85.9%		85.0%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	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%	Feb-21	52.6%	Jan-21	53.2%
Number of ambulance patient handovers over 1 hour		Zero		156		354
% 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%		79.4%		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		712		956
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Nov-20	74.2%	Nov-19	81.4%
% 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%	Jan-21	51.7%	Dec-20	6.3%
% 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%		68.9%		56.1%
% 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 starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		12 Month Improvement Trend	Jan-21	49.0%	Dec-20	60.0%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Feb-21	12,784	Jan-21	12,815
Number of patients waiting more than 14 weeks for a specified therapy				746		639
% of patients waiting less than 26 weeks for treatment				49.1%		43.7%
Number of patients waiting more than 36 weeks for treatment				37,395		37,170
Number of patients waiting for a follow-up outpatient appointment		74,734	Jan-21	105,418	Dec-20	105,578
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		27,438		26,043
% 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%		32.8%		33.5%
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%	Dec-20	40.2%	Nov-20	48.9%
% 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)			Jan-21	3.7%	Dec-20	27.3%
% 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)				92.5%		95.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				71.4%		91.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				91.8%		90.1%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				39.6%		41.7%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				68.7%		65.8%
Number of health board delayed transfer of care for mental health			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 Jan-21	70.47	Apr-20 to Dec-20	73.04
	S.aureus bacteraemia			26.53		26.53
	C.difficile			25.99		27.73
	Klebsiella sp			21.97		20.87
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Aeruginosa			4.82		5.37
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	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%	Feb-21	47.6%	Jan-21	48.4%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Feb-21	65.2%	Jan-21	64.7%
% of sickness absence rate of staff	12 Month Reduction Trend	Jan-21	8.0%	Dec-20	9.3%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2018	75%	2016	72%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q2 20/21	61.7%	Q1 20/21	53.6%

**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	Q2 20/21	940	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	Jan-21	2.00%	Dec-20	1.74%
% 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	Dec-20	66.7%	Nov-20	52.0%
% 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			66.7%		57.1%
% 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	Dec-20	2.5%	Dec-19	1.4%
All new medicines recommended by AWMMSG 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 AWMMSG appraisal recommendation	100%	Q2 20/21	98.8%	Q1 20/21	98.7%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		262.5		257.0
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1474		1412
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age		0.18%	0.18%		
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q2 20/21	5017.9	Q1 20/21	5005.1
Quantity of biosimilar medicines prescribed as a percentage of total ‘reference’ product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		72.3%		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	Q3 20/21	21.6%	Q3 19/20	23.3%
% 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	Dec-20	1,607	Nov-20	1,802
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Aug-20	6.6%	Jul-20	6.8%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available