

# Materion Penodol i'w Hystyried / Specific Matters for Consideration Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board Gorffennaf 2021 / July 2021

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Resetting Cwm Taf Morgannwg

Referral to Treatment Times

Diagnostics & Therapies

Surveillance Monitoring

Follow-Up Outpatients Not Booked (FUNB)

Stroke Quality Improvement Measures

Unscheduled Care

Delayed Transfers of Care

Emergency Ambulance Services

Single Cancer Pathway

Mental Health

WHSSC – Commissioning

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*

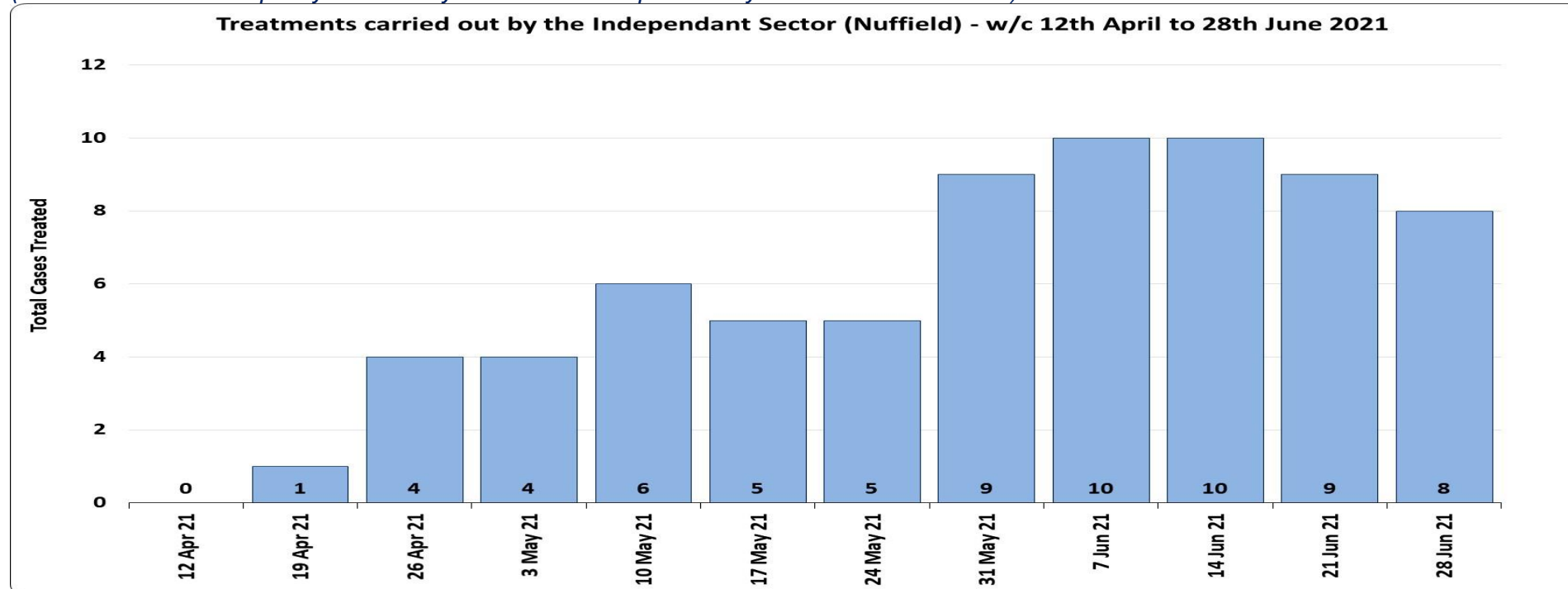
## Strategic Well-being Objectives:

- *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

Cases Treated (Independent Sector)	Treatments carried out by the Independent Sector from week commencing 12 <sup>th</sup> April to 28 <sup>th</sup> June 2021										
Total treatments carried out by the Independent Sector Hospital in 2021/22 <b>71</b>	Breast	Gynae	Urology	Derm	Gen Sur	Max Fax	Oph	T&O	ENT	Pain Mgt	Total
	0	7	0	0	9	0	17	38	0	0	71

(Please note Bed Occupancy data is only available for the period May to 21<sup>st</sup> December 2020)



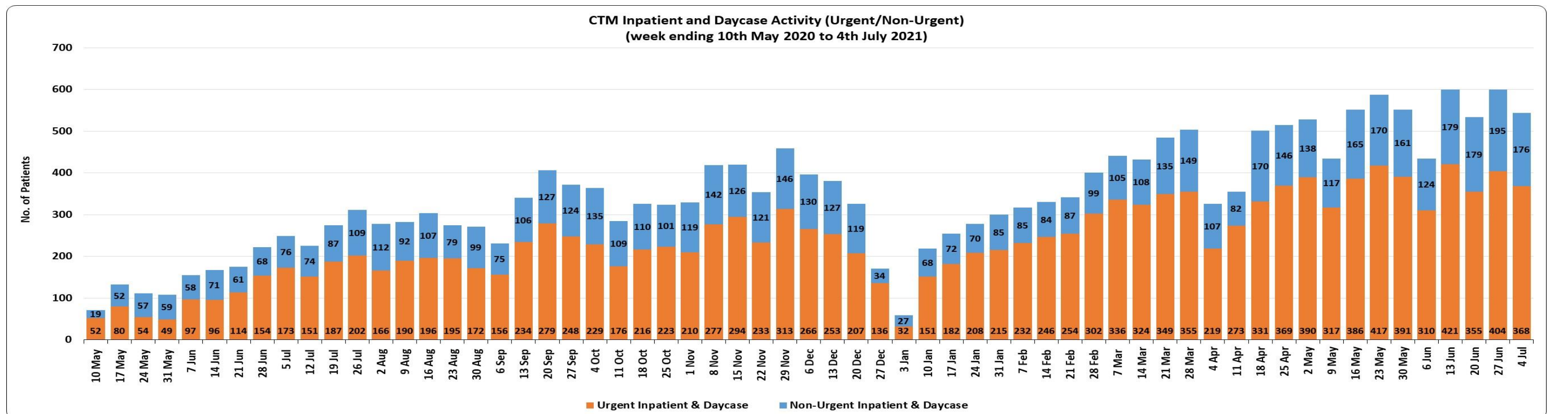
As per the chart below, urgent elective inpatient activity has been sustained at c.400 cases per week in the past 2 months, with volumes recovering from the 2020/21 levels. Total elective cases including those prioritised as non-urgent have increased to 575 cases per week and are planned to increase further.

Having undertaken 1,144 cases in the private sector in 2020/21, in quarter 1 of 2021/22 the UHB only commissioned 71 treatments, which are predominantly orthopaedic and ophthalmic cases.

**Note:** the chart to the right represents Nuffield data only. Efforts are currently being made to access other private sector data via the Elective Care Recovery Portfolio Board.

**Risks/Issues:** Capacity to meet demand, meetings required with Spire and Nuffield to understand forecast capacity.

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



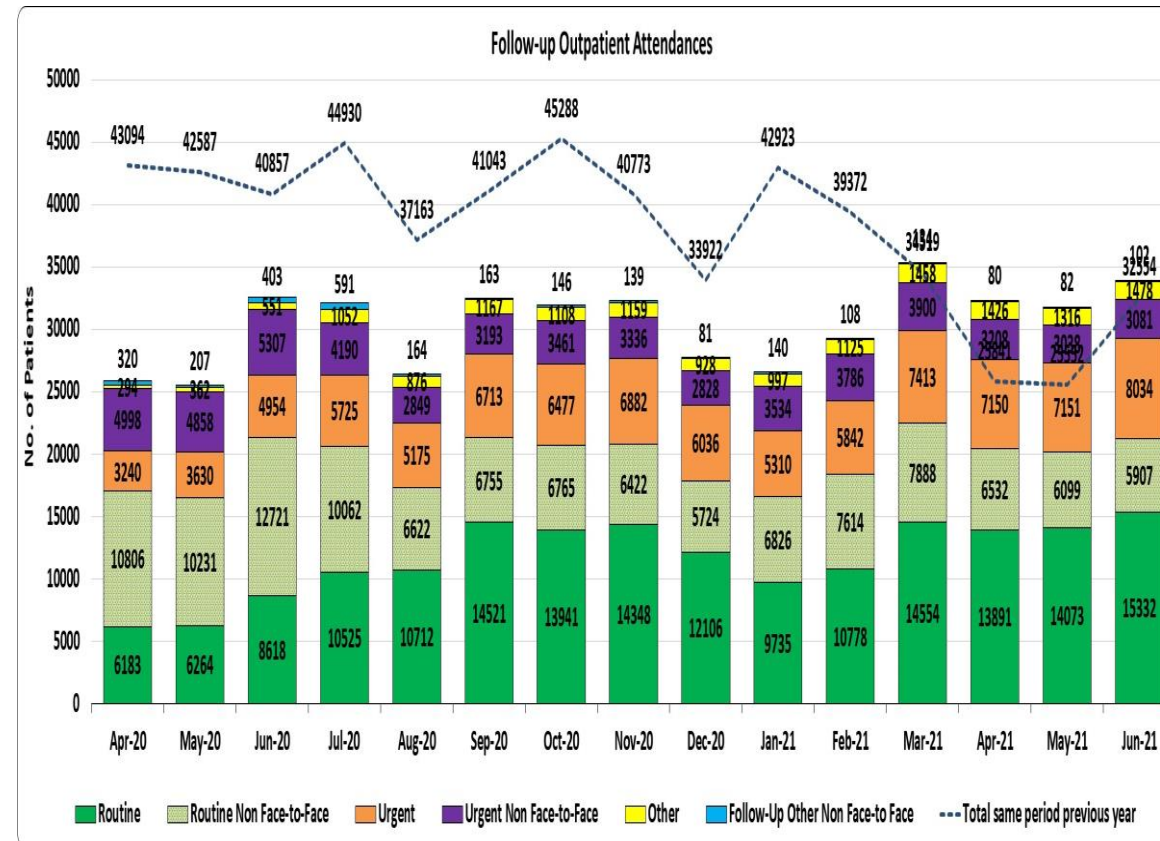
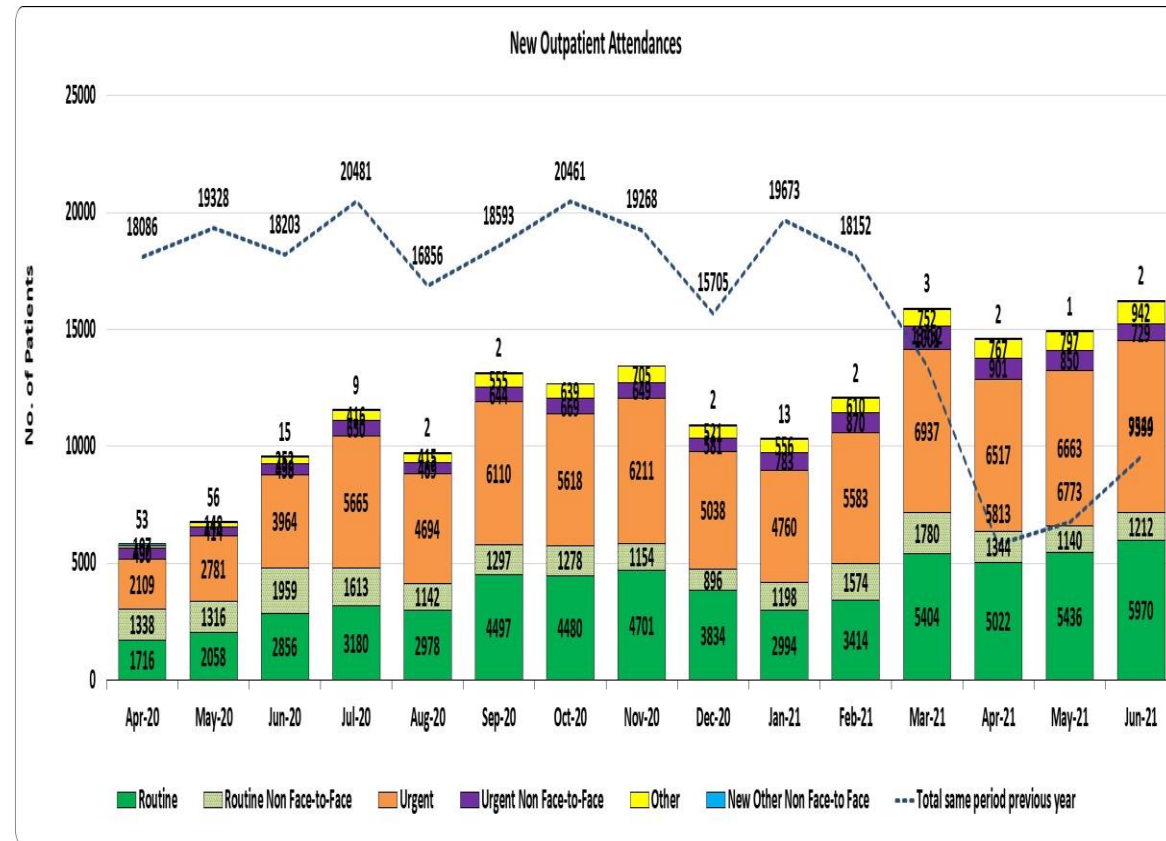




## Resetting Cwm Taf Morgannwg

### Outpatient Attendances (New & Follow-up)

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



% Difference in Outpatient Attendances compared to the same period the previous year		
Period	New	Follow-up
Apr-20	-68%	-40%
May-20	-65%	-40%
Jun-20	-48%	-20%
Jul-20	-44%	-28%
Aug-20	-42%	-29%
Sep-20	-30%	-21%
Oct-20	-38%	-30%
Nov-20	-30%	-21%
Dec-20	-31%	-18%
Jan-21	-48%	-38%
Feb-21	-34%	-26%
Mar-21	18%	2%
Apr-21	150%	25%
May-21	120%	24%
Jun-21	70%	4%

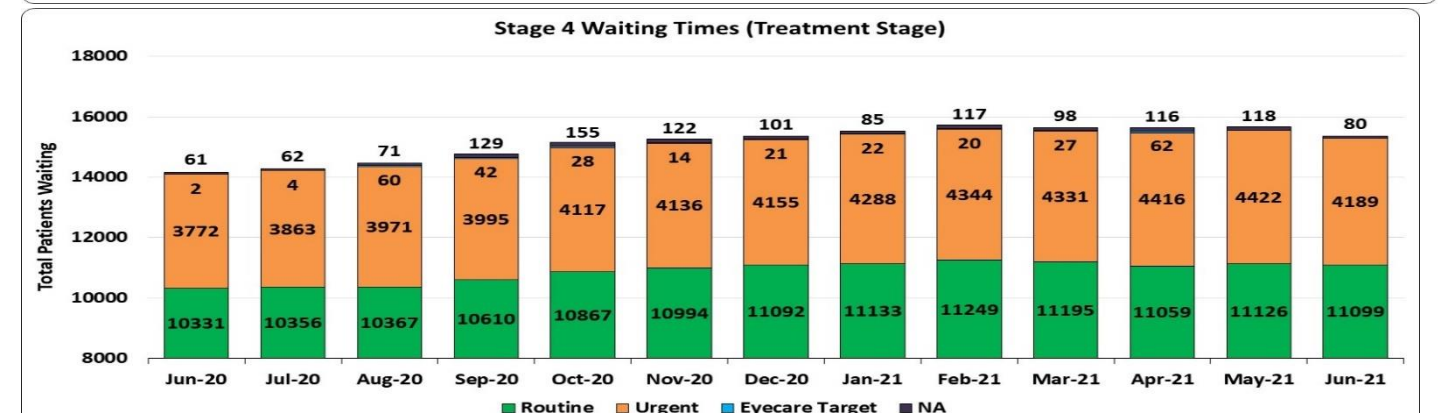
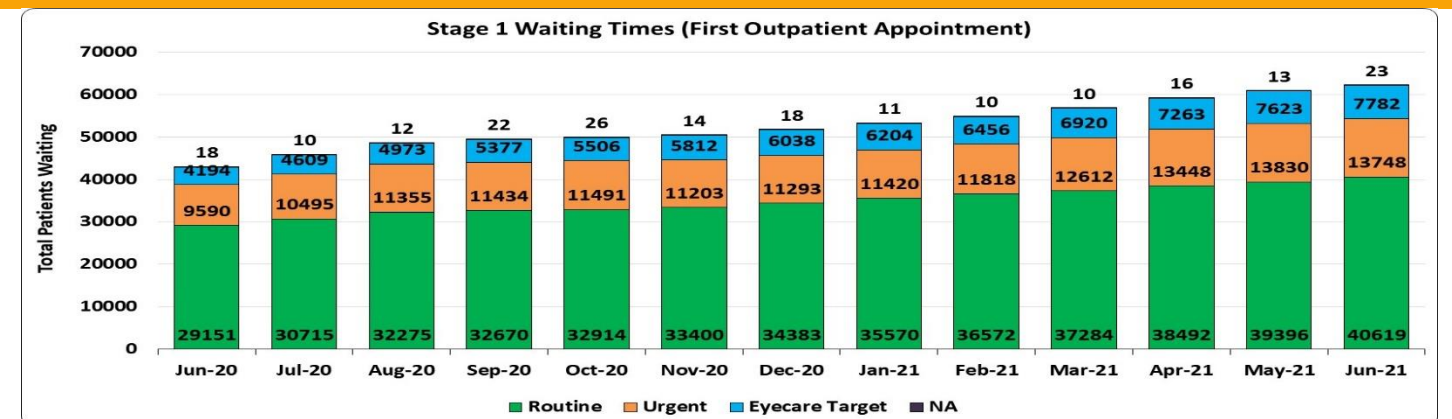
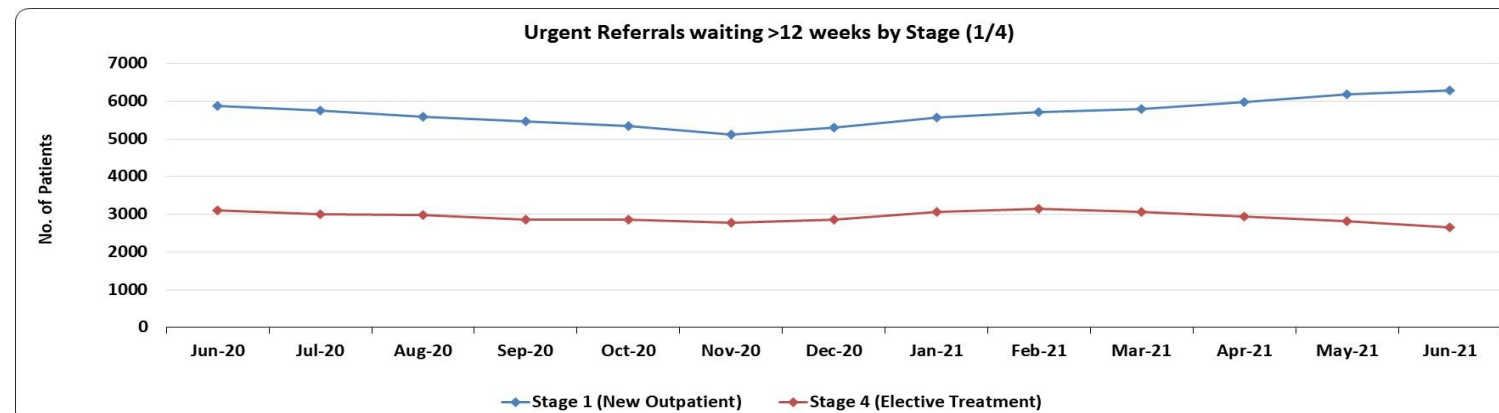
New outpatient activity continues to increase, reaching 16,000 consultations in June. This is 18% lower than the pre-Covid volumes. Follow up activity during June is c.28% down on pre-covid levels (41,300) at c.34000 consultations

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

As at the end of June there were 62,172 patients awaiting a new outpatient appointment of which 13,748 patients were categorised as urgent and 7782 were ophthalmic patients. This represents a 44.7% increase on the 42,953 patients waiting at the end of June 2020.

At the end of June the treatment waiting list was 15,368 patients, of which 4,189 were urgent patients. Having peaked at 15,666 patients at the end of May, the June positions did see a slight recovery due to the 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 2,657 at the end June 2021.



# Referral to Treatment Times (RTT)

## Referral to Treatment Times – June 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

**30,174**

### 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 June is 30,174. The breakdown of the 30,174 patients is as follows:

- 9,214 patients relate to Merthyr & Cynon ILG waiting lists
- 12,680 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,280 patients relate to Bridgend ILG waiting lists

Number of patients waiting >36 weeks – Target Zero

**42,533**

### Patients waiting >36 weeks

As illustrated in the chart, the provisional position for patients waiting over 36 weeks for June is 42,533 patients across Cwm Taf Morgannwg, which is an increase of 1,028 from May (N.B. includes the 30,174 patients waiting over 52 weeks):

- 12,654 patients relate to Merthyr & Cynon ILG waiting lists
- 17,996 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,883 patients relate to Bridgend ILG waiting lists

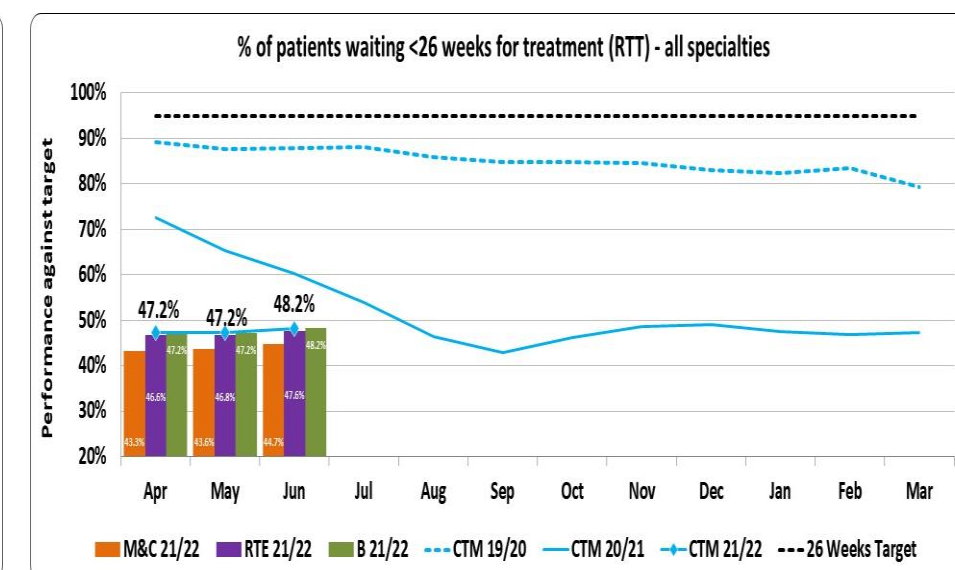
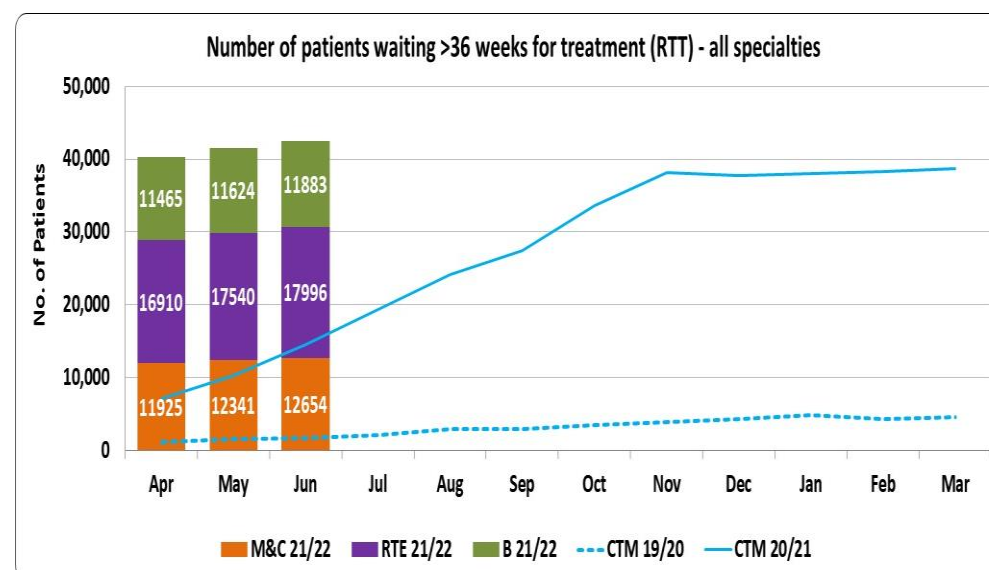
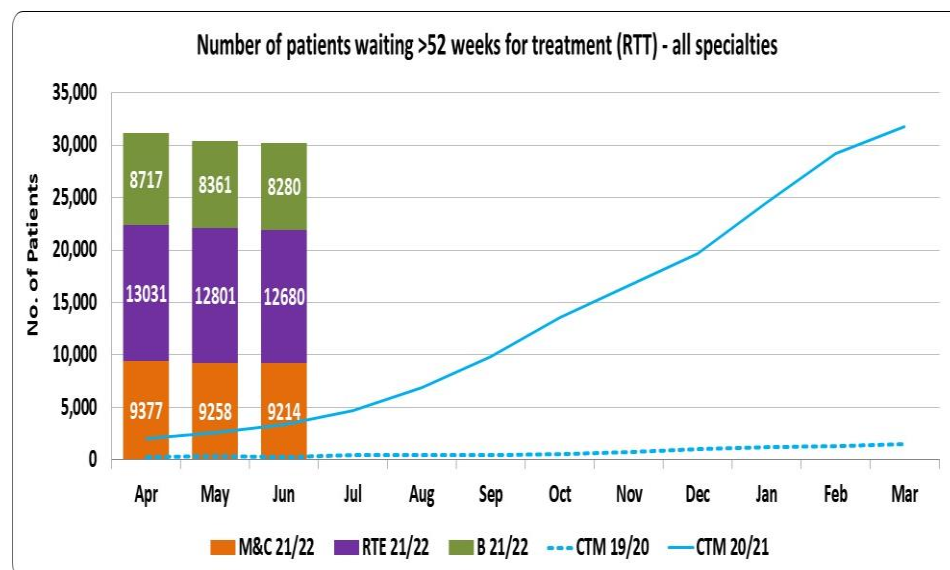
% of patients waiting under 26 weeks – Target 95%

**48.2%**

### Patients waiting <26 weeks

In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures) the provisional position for June across Cwm Taf Morgannwg is 48.2%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 44.7% Merthyr & Cynon ILG waiting lists
- 47.6% Rhondda & Taff Ely ILG waiting lists
- 52.2% Bridgend ILG waiting lists



The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. In quarter 1 the UHB numbers waiting over 52 weeks reduced to 30,174 from 31,725 a decline of almost 5%. This appears largely to have been achieved by more capacity being provided to our very long waiters, given the rise in the 36 week position from 38,709 at the end of March to 42,533 at the end of quarter 1.

### Actions by When:

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.



## Diagnostics – June 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

**13,365**

### Diagnostics >8 weeks

The provisional position for June shows 13,365 patients waiting over 8 weeks. This represents an increase of 1.9% (252) from the reported position in May 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 6% (428) on the previous month.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	33	16	998	1047
Cardiology Services	Cardiac CT	0	2	0	2
	Cardiac MRI	0	3	0	3
	Diagnostic Angiography	0	47	41	88
	Stress Test	7	38	14	59
	DSE	71	5	92	168
	TOE	2	0	2	4
	Heart Rhythm Recording	11	10	260	281
	B.P. Monitoring	0	2	8	10
Bronchoscopy		1	0	0	1
Colonoscopy		151	465	0	616
Gastroscopy		706	677	1	1384
Cystoscopy		0	292	130	422
Flexi Sig		392	656	0	1048
Radiology	Non-Cardiac CT	4	4	0	8
	Non Cardiac MRI	9	142	298	449
	NOUS	2735	3903	648	7286
	Non-Cardiac Nuclear Medicine	1	29	0	30
Imaging	Fluoroscopy	8	62	0	70
Physiological Measurement	Urodynamics	32	40	156	228
Neurophysiology	EMG	16	114	0	130
	NCS	2	29	0	31
<b>Total</b>		<b>4181</b>	<b>6536</b>	<b>2648</b>	<b>13365</b>

### Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 15 months:

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	13365									

## Surveillance Monitoring / Endoscopy Waits – as at 4<sup>th</sup> July 2021

Number of patients waiting past their review date

**1,301**

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 to the right shows the number of patients waiting across the four pathways:

Patient Category	PCH	RGH	POW	TOTAL
<b>Cancer</b>				
Waiting <14 days	131	177	19	327
Over Target	30	110	0	140
<b>Total Patients Waiting</b>	<b>161</b>	<b>287</b>	<b>19</b>	<b>467</b>
<b>Urgent Non-Cancer</b>				
Waiting <14 days	109	110	8	227
Over Target	919	1302	0	2221
<b>Total Patients Waiting</b>	<b>1028</b>	<b>1412</b>	<b>8</b>	<b>2448</b>
<b>Routine</b>				
Waiting <56 days	63	50	201	314
Over Target	471	695	0	1166
<b>Total Patients Waiting</b>	<b>534</b>	<b>745</b>	<b>201</b>	<b>1480</b>
<b>Surveillance</b>				
Waiting <126 days past review date	159	192	16	367
Waiting >126 days past review date	391	543	0	934
<b>Total Patients Waiting Past Review Date</b>	<b>550</b>	<b>735</b>	<b>16</b>	<b>1301</b>

## Therapies – June 2021 (Provisional Position)

Number of Therapy patients waiting >14 weeks - Target Zero

**272**

### Therapies >14 weeks

There are provisionally 272 patients breaching the 14 week target for therapies in June, an improvement of 19% (64) on the reported position for May and this is due in part to the continued reduction in patient breaches in Audiology.

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	44	7	51
Dietetics	33	69	90	192
Arts Therapy	0	0	0	0
Occupational Therapy	0	0	0	0
Physiotherapy	1	6	0	7
Podiatry	0	0	0	0
SALT	1	9	12	22
<b>Total</b>	<b>35</b>	<b>128</b>	<b>109</b>	<b>272</b>

### Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 15 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
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	272									

### Princess of Wales Hospital Endoscopy Unit

As at 4<sup>th</sup> July the total waiting list (excluding surveillance patients) currently stands at 228, an increase of 8 patients on the previous month with no 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 Hospital

As at 4<sup>th</sup> July the total list (excluding surveillance patients) has increased by 66 patients on the previous month bringing the total to 1,723 patients waiting, of whom 1,420 are waiting over target. The number of surveillance patients waiting has risen from 526 in the previous month to a current position of 550. Surveillance patients waiting over target currently stands at 391 patients.

### Royal Glamorgan Hospital

As at 4<sup>th</sup> July the waiting list (excluding surveillance patients) has fallen to a total of 2,444 patients, of whom 2,107 patients are over target. Surveillance patients waiting over target currently stands at 543 patients, an increase of 25 on the previous month.

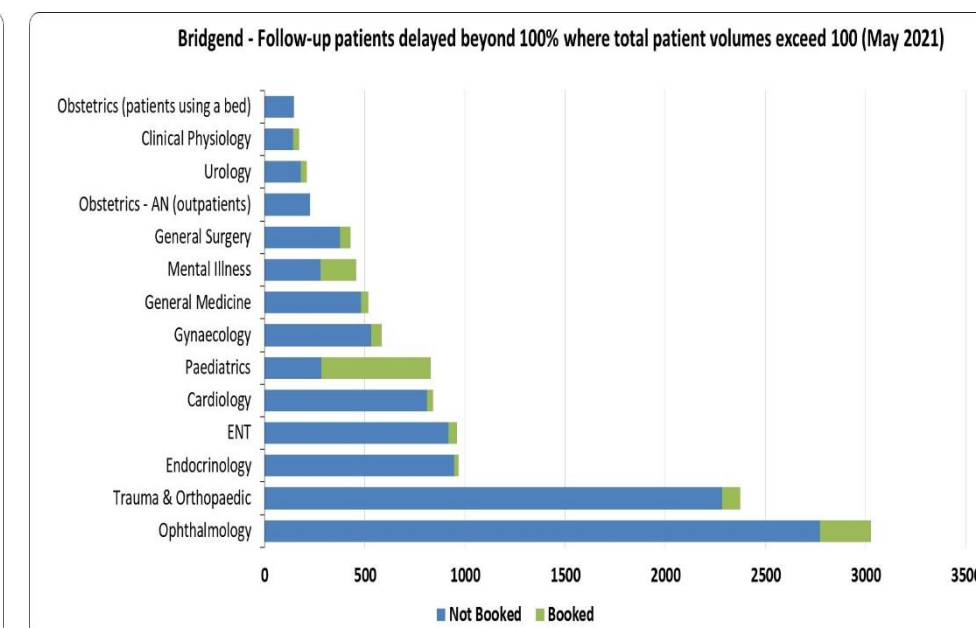
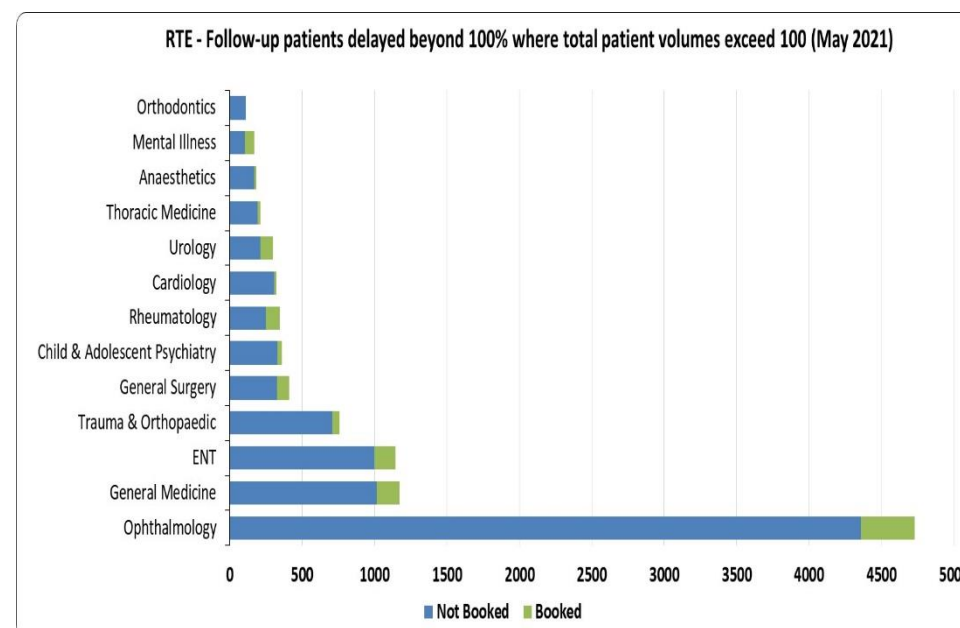
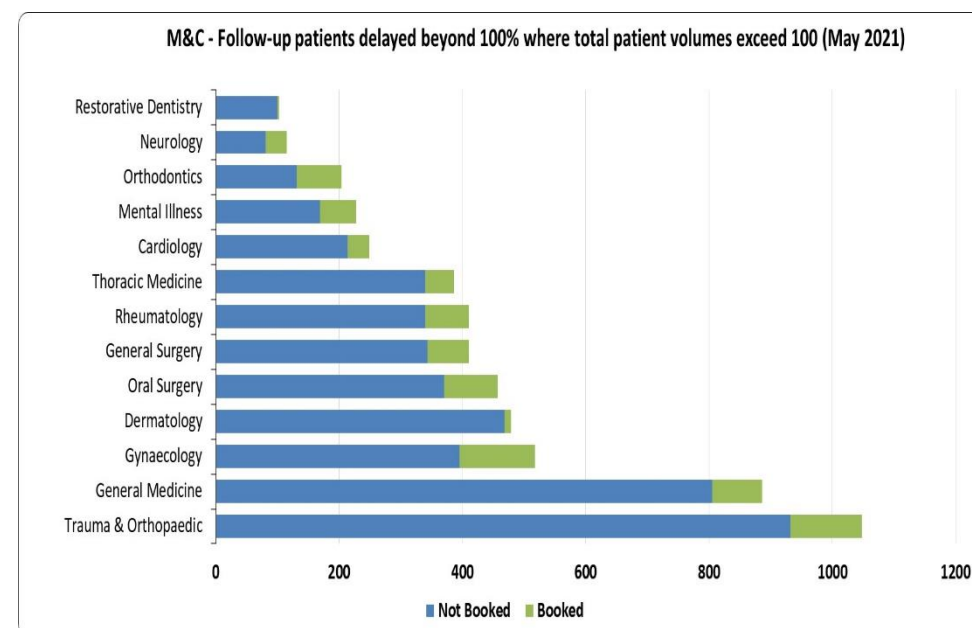
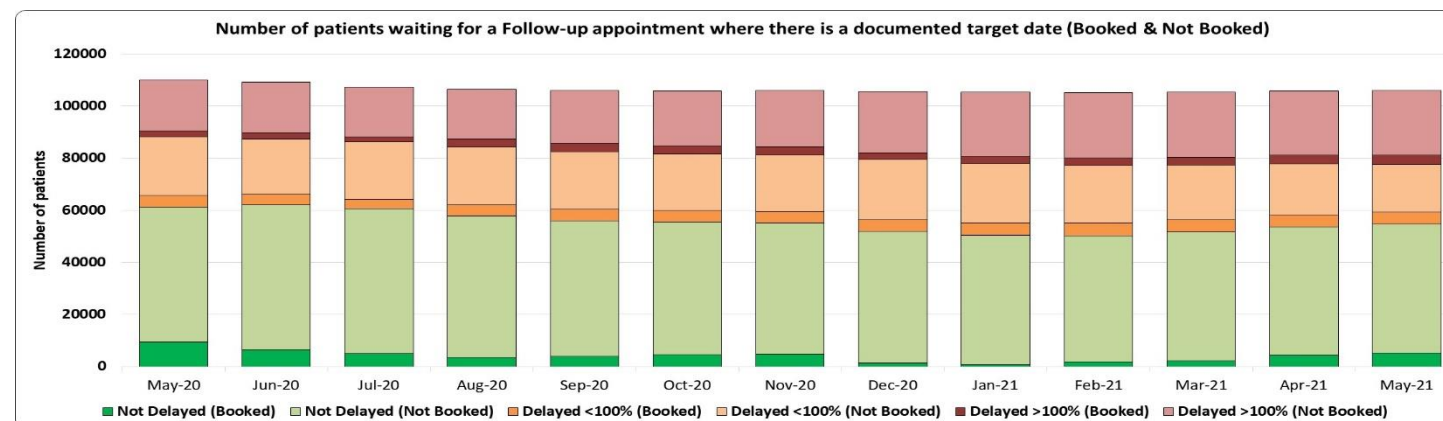
In total Cwm Taf Morgannwg has 1,301 surveillance patients waiting past their review date, of which, 71.8% (934) of those patients are waiting more than 18 weeks past their review date.

## Follow-Up Outpatients Not Booked (FUNB)

### Follow-Up Outpatients (FUNB) – May 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	Not Booked	Booked	Total	Not Booked	Booked	Total
40	72,343	33,657	106,040	24,763	3,602	28,365

May 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	14878	7013	21891	4862	870	5732	26.2%
Rhondda & Taff Ely	1	23077	16997	40075	9298	1288	10586	26.4%
Bridgend	39	34388	9647	44074	10603	1444	12047	27.3%
CTM	40	72343	33657	106040	24763	3602	28365	26.7%



The total number of patients waiting for a follow-up appointment in CTM as at the end of May stands at 106,040 and of those patients waiting, 28,365 are delayed 100% past their target date. The target set is <=14,815 and thus the current position stands at almost double that and also represents an increase of almost 30% on the same period last year. The number of patients without a documented target date has decreased slightly to 40; 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. Our most concerning area remains the 100% delayed patient cohort and this has increased by 1.8%, while the number of booked patients within this cohort now stands at 12.7% an increase on the previous months position of 11.6%.

The first Outpatient Transformation Programme Board met in June with representation from across the ILG's, performance and information and senior management colleagues. The programme has three strategic aims to address:

1. To reduce the numbers of patients waiting for a follow up appointment.
2. To reduce the length of time patients are waiting for a new and follow up appointment.
3. To transform the way, outpatient services are delivered and that these are sustainable.

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

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



Number of Attendances

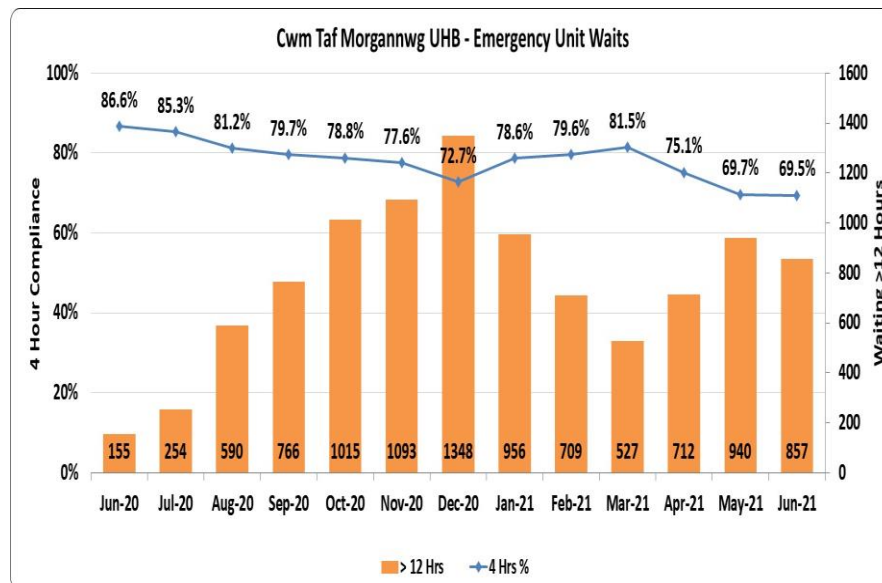
**17,153**

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

**69.5%**

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

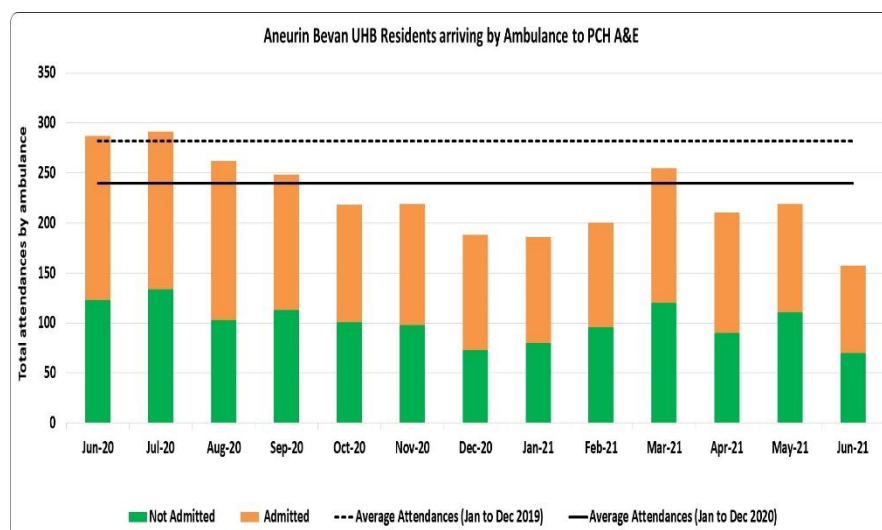
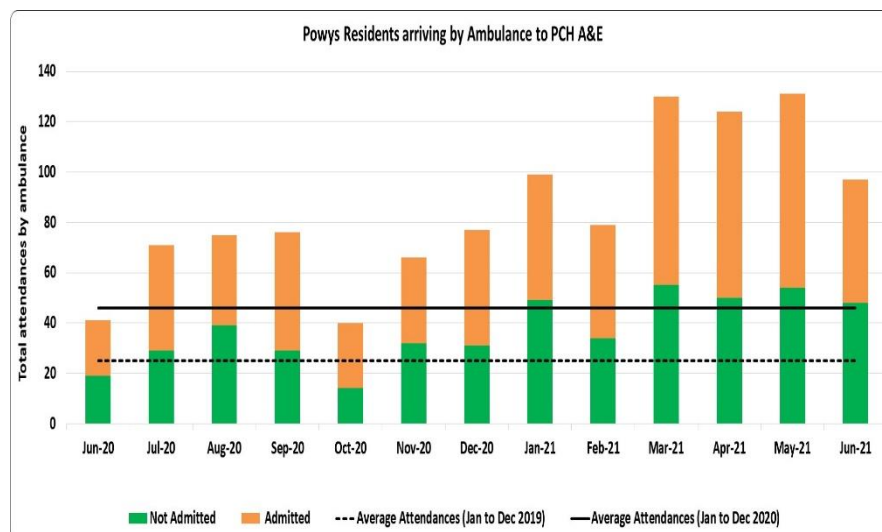
**857**



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 June, with performance now at 69.5%. This is being driven by a marked increase in attendances across all of our frontline unscheduled care services, with volumes in June over 5000 higher than observed in May. As per the table below, the UHB faces the greatest challenges at PCH, where performance is presently at 53%. An analysis of the flows into PCH indicates they are predominately 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 in June was 857 compared to the Welsh Government minimum standard of zero. There remains challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances have continued to increase during June by 1,012 to a total of 17,153, the highest level seen since July 2019 (17,639) 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 16,269.



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
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.3%	64	12791	86.6%	155
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	5388	53.0%	598	5438	80.7%	52	5229	68.7%	207	17153	69.5%	857

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

QIM's – May 2021

% compliance with direct admission to an acute stroke unit within 4 hours  
**16.0%**

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins  
**30%**

% compliance of patients diagnosed with stroke received a CT scan within 1 hour  
**62.8%**

% compliance assessed by a stroke consultant within 24 hours  
**75.6%**

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
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	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%

The table to the left details the compliance of the two acute stroke units at Prince Charles and Princess of Wales Hospitals against four QIMs up until the end of May 2021. Achieving the targets has proved challenging over much of 2020/21, 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 mins continues to be extremely variable. 4 hour admission to the stroke unit remains a significant challenge with overall flow challenges on site having a direct impact – there is site wide flow improvement work taking place 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.

PCH has seen an improvement in its performance in the first three columns compared to March. It should be noted that the variation of the 45 minute 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%. Weekly performance review indicating that no potential patients for thrombolysis have been missed and that thrombolysis is being given appropriately. CT scanning within one hour has dipped slightly, essentially due to a large number of atypical presentations and pressure within the ED department. Stroke Consultant review within 24 hours is in line with 5 day working.

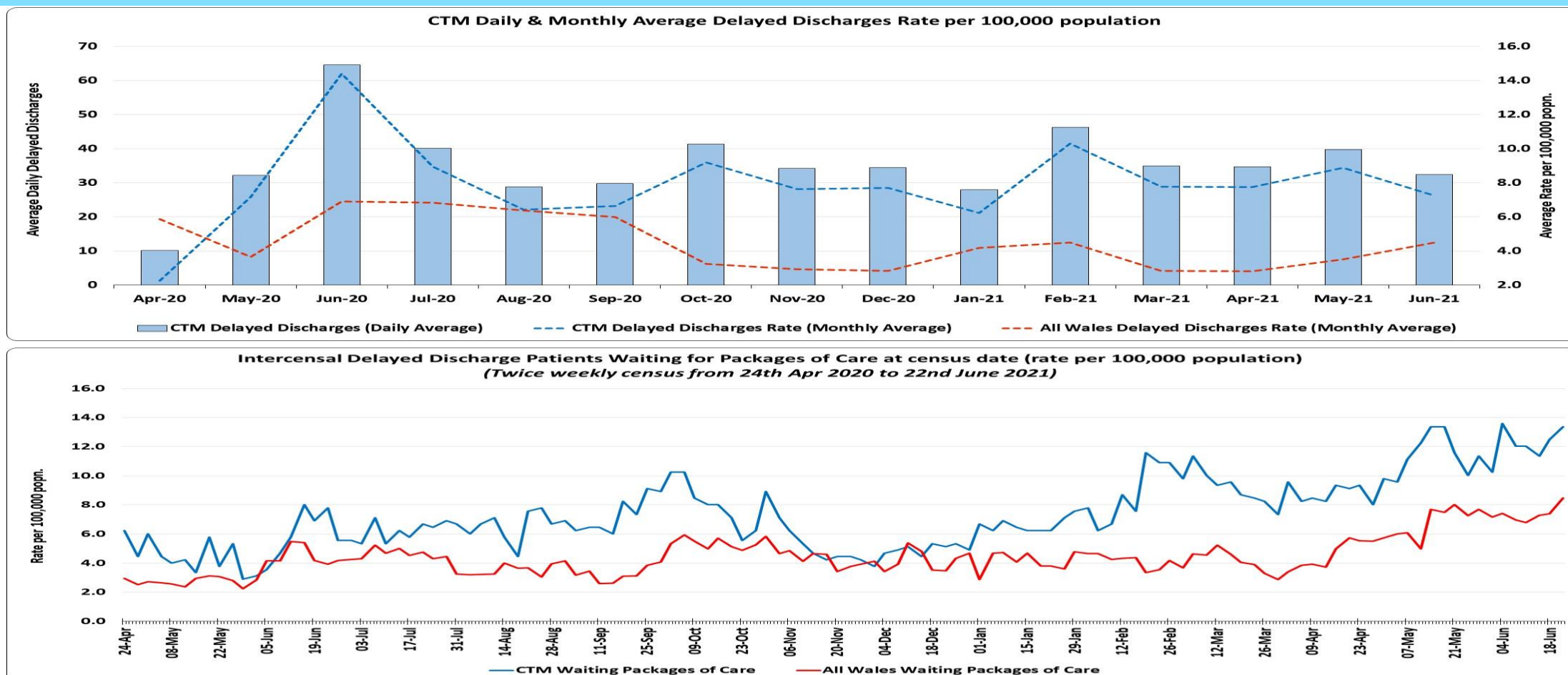
## Delayed Transfers of Care from the Planned Daily Discharge List – June 2021

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.

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

The charts to the right provide a trend for two aspects of this return. The rate of delayed discharges has increased compared to the reported position for April 2020

CTM levels of delayed discharges per 100,000 population are above the all Wales level. Though there is a decline in the number of CTM patients waiting for packages of care, the rates are still not comparable with the all Wales average. – 8.5 per 100,000 population.





## Emergency Ambulance Services

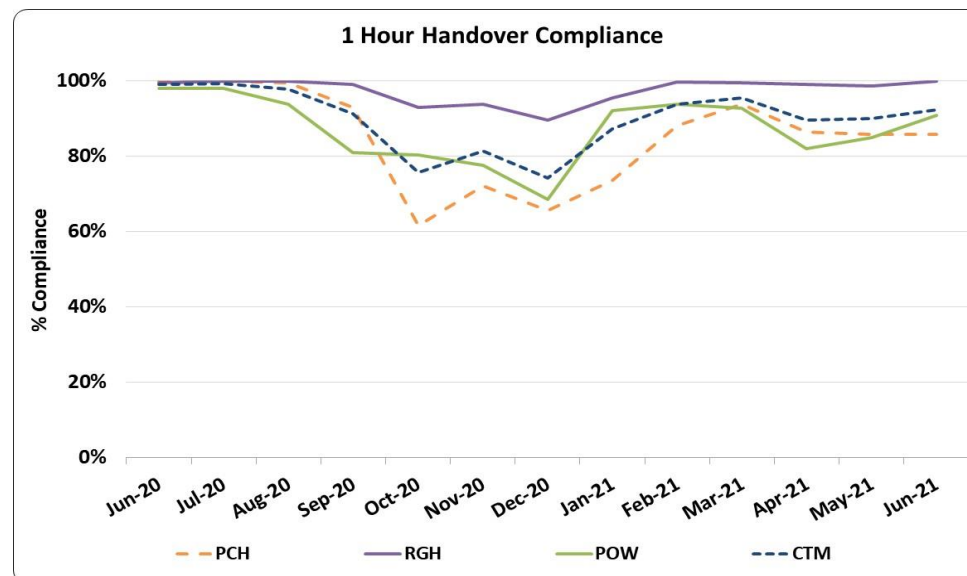
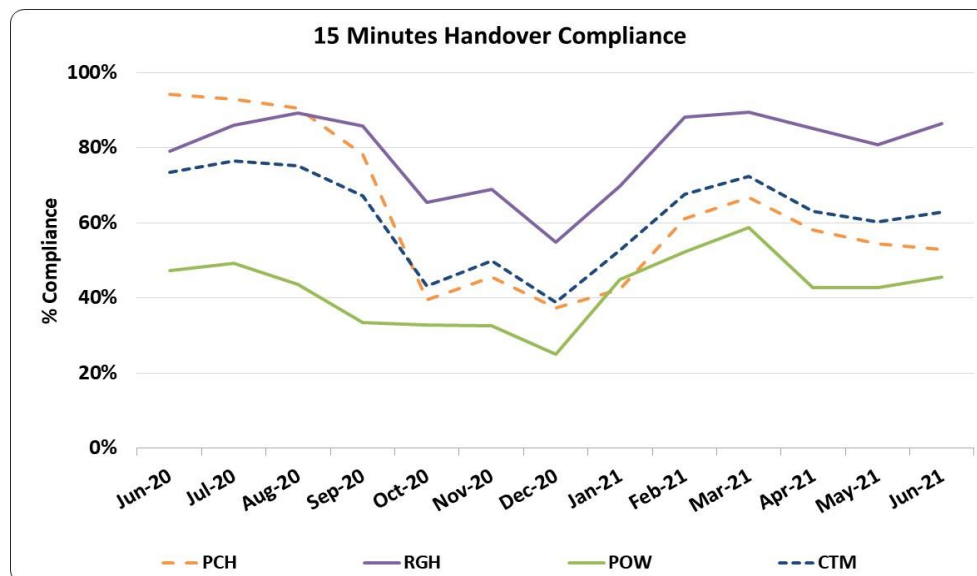
### Number of Ambulance Handover Times & Compliance – Provisional June 2021

Number of ambulance handovers within 15 mins – Local Measure

**Total handovers 2,722 of which 1,012 handovers were within 15 mins (62.8%)**

Number of ambulance handovers over 1 hour – Target Zero

**208 handovers were over 1 hour (92.4% 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 %
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.2%	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	90.5%	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%

### Handover Times

Individual departmental handover 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 June was 335 less, bringing the total to 2,722 and overall CTM 15 minute handover compliance saw a small improvement this month at 62.8% from 60.3% in May. For the 1 hour handover time, PCH compliance remained almost unchanged at 85.7% (136 breaches) with POW improving to 90.9% (72 breaches), whilst RGH achieved 100% compliance with no patient breaches over the one hour.

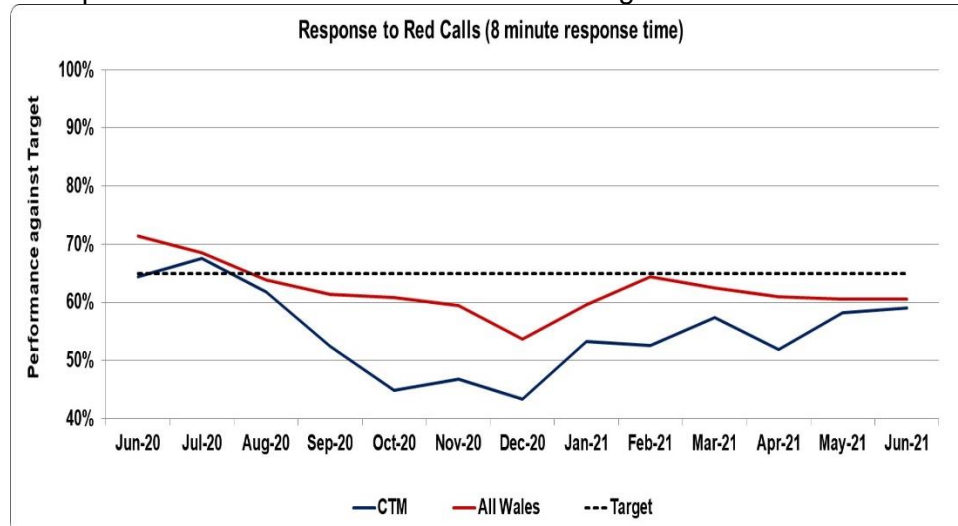
### Response to Red Calls – June 2021

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

**59.0%**

### Response to Red Calls

Response times remained fairly static during June at 59.0% (58.2% in May) and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average remained stable at 60.6%, but continues to remain below target for the eleventh month in succession. CTM performance for the last 12 months averages out at 53.7%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Jun-20	44	29	65.9%	146	92	63.0%	91	60	65.9%	281	181	64.4%
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%	389	207	53.2%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%

### 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, despite Merthyr falling to 49.3% in June, the Bridgend & Merthyr areas have seen the best response times averaging 58.9% & 56.4% respectively. RCT averages 50.2% and performance in all areas continues to be below the 65% target. The table below highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.

Average Response rate per 10,000 population (period July 2020 to June 2021)		
Operational Area with Population Estimates	Response Rate Within 8 Mins	
Merthyr	60,326	6.2
RCT	241,264	4.6
Bridgend	147,049	4.5

# Single Cancer Pathway

## Single Cancer Pathway (SCP) – May 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%  
**61.0%**

The Cwm Taf Morgannwg SCP performance for May remained reasonably static at 61.0% (61.9% April)

CTMUHB - SCP % Treated Without Suspensions - May 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	5	80.0%
Upper GI	12	20	60.0%
Lower GI	17	25	68.0%
Lung	20	30	66.7%
Sarcoma	1	1	100.0%
Skin (exc BCC)	37	45	82.2%
Breast	12	26	46.2%
Gynaecological	3	10	30.0%
Urological	12	35	34.3%
Haematological	8	12	66.7%
Other	4	4	100.0%
<b>Total</b>	<b>130</b>	<b>213</b>	<b>61.0%</b>

### Number of Breaches by Tumour Site

The overall performance for CTM during May was 61.0% with a total of 83 patient breaches. The main contributory factors recorded being ongoing challenges in managing access to first outpatient appointments and diagnostics (particularly for lower GI, Gynaecology, Breast and Urology).

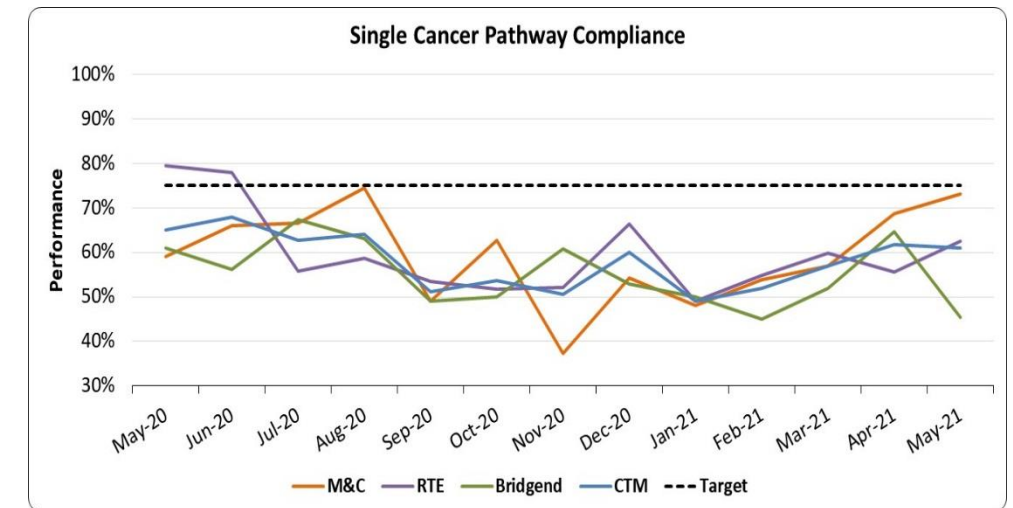
The table below details the treated patients and the patient breaches for May 2021:

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
May 2021												
Head and Neck	2	0	2	2	1	3	0	0	0	4	1	5
Upper Gastrointestinal	6	0	6	6	4	10	0	4	4	12	8	20
Lower Gastrointestinal	10	4	14	6	3	9	1	1	2	17	8	25
Lung	5	1	6	10	5	15	5	4	9	20	10	30
Sarcoma	0	0	0	0	0	0	1	0	1	1	0	1
Skin(c)	12	3	15	15	4	19	10	1	11	37	8	45
Brain/CNS	0	0	0	0	0	0	0	0	0	0	0	0
Breast	0	0	0	7	5	12	5	9	14	12	14	26
Gynaecological	3	7	10	0	0	0	0	0	0	3	7	10
Urological	0	0	0	11	14	25	1	9	10	12	23	35
Haematological(d)	0	0	0	7	3	10	1	1	2	8	4	12
Other(f)	3	0	3	1	0	1	0	0	0	4	0	4
<b>Total Breaches</b>	<b>41</b>	<b>15</b>	<b>56</b>	<b>65</b>	<b>39</b>	<b>104</b>	<b>24</b>	<b>29</b>	<b>53</b>	<b>130</b>	<b>83</b>	<b>213</b>
<b>Overall Compliance</b>	<b>73.2%</b>			<b>62.5%</b>			<b>45.3%</b>			<b>61.0%</b>		

### Single Cancer Pathway Compliance Trend

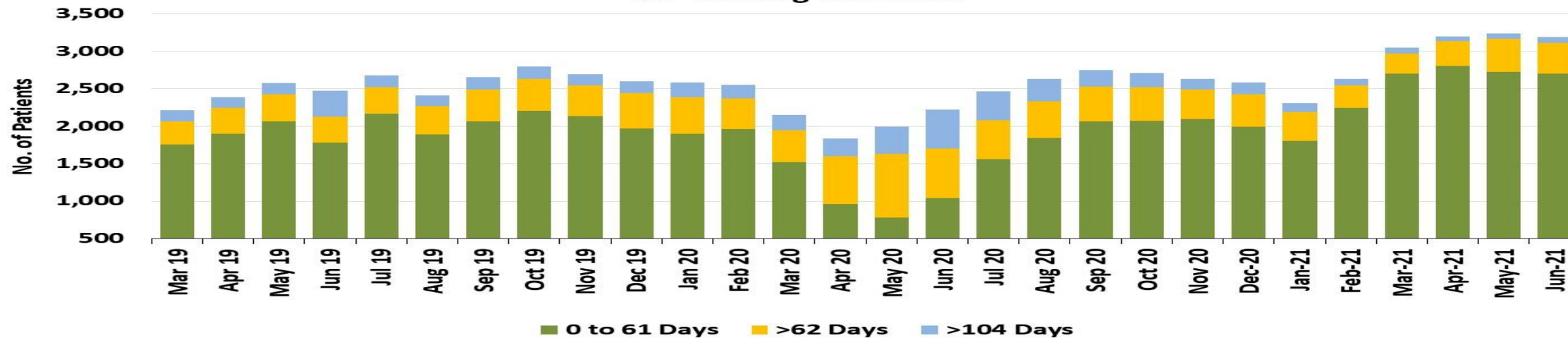
As can be seen in the graph below, overall CTM compliance has improved since January but remains below the 75% target.

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



## Patients Waiting on a Cancer Pathway – as at 1<sup>st</sup> July 2021

### SCP Waiting List Trend



Whilst the Welsh Government's target focusses on patients who started treatment in the month, given the present circumstances, the present waiting list needs to be considered, as it provides a forward look into how well we are improving access to cancer services and the driving influences. As per the chart above, the number of patients on an urgent cancer pathway is 3192, near to the peak that CTM has recorded and week above the c.2600 per-covid levels. Of the 3192, 93 patients have been waiting in excess of 104 days and a total of 451 patients have been waiting in excess of 62 days. In order to sustainably meet the 62 day standard and address the long waiting times, the following actions are being undertaken by ILGs:

- RTE ILG - service and workforce redesign within urology and breast tumour sites, analysis of lower GI and head & neck referrals to obtain a greater understanding of the consistent increase in demand, recruitment of an additional radiologist, development of a business case for a centralised breast unit and review of SLA's with tertiary centres.
- MC ILG – delivery of additional capacity through insourcing arrangements and development of the gynaecology cancer recovery plan, with a 'one stop shop' service.
- BILG - commencement of the one stop clinic within lung, review and redesigning of pathways within lower GI and lung tumour sites, appointment of an upper GI CNS, reallocation of skin referrals, working with clinicians on D&C analysis and reviewing clinic templates, job plans and theatre space to ensure sufficient capacity is available.

Merthyr & Cynon ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >=104 days
Lower Gastrointestinal	22	7	14
Upper Gastrointestinal	6	4	3
Gynaecological	44	10	11
Haematological			2
Head & Neck	2		
Lung	4	1	2
Sarcoma	1		
Skin	3	1	1
Unknown Primary	2		
<b>Grand Total</b>	<b>84</b>	<b>23</b>	<b>33</b>
Rhondda & Taff Ely ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >=104 days
Breast	41	6	
Lower Gastrointestinal	37	15	13
Upper Gastrointestinal	8		4
Gynaecological	5	2	
Haematological	1	1	
Head and Neck	2	1	
Lung	2		
Skin	1		
Urological	39	6	18
Unknown Primary	1	1	
<b>Grand Total</b>	<b>137</b>	<b>32</b>	<b>35</b>
Bridgend ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >=104 days
Breast	15	4	
Lower Gastrointestinal	7	1	3
Upper Gastrointestinal	1	2	4
Haematological	1		1
Head & Neck	16	3	
Lung	5		1
Skin	1		
Urological	21	4	16
Other	1		
<b>Grand Total</b>	<b>68</b>	<b>14</b>	<b>25</b>



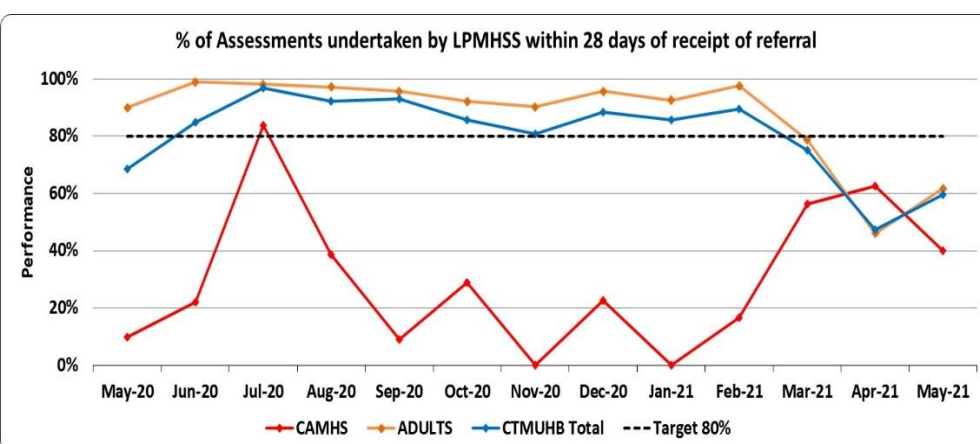
% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%

**59.6%**

### 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, May's compliance saw an improvement to 59.6% from 47.5% in the previous month.

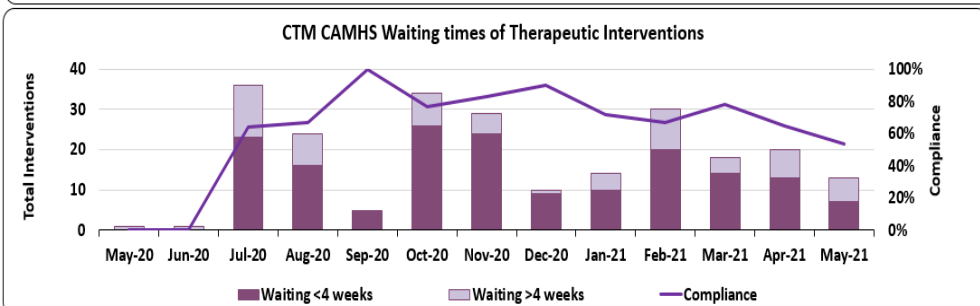
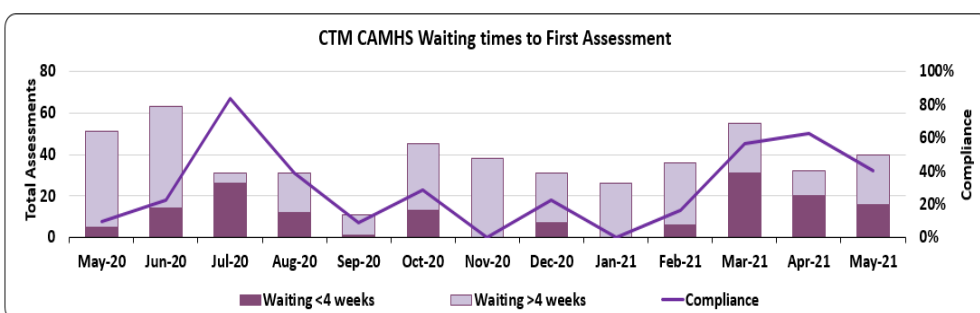
Referrals in May remained fairly stable totalling 921. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month.



### CAMHS

The charts show that in recent months improvement in CAMHS compliance against the Mental Health Measure has fluctuated.

At the time of writing this report the combined waiting list for CAMHS stands at 687 patients with 353 patients waiting over 4 weeks (48.6% compliance).



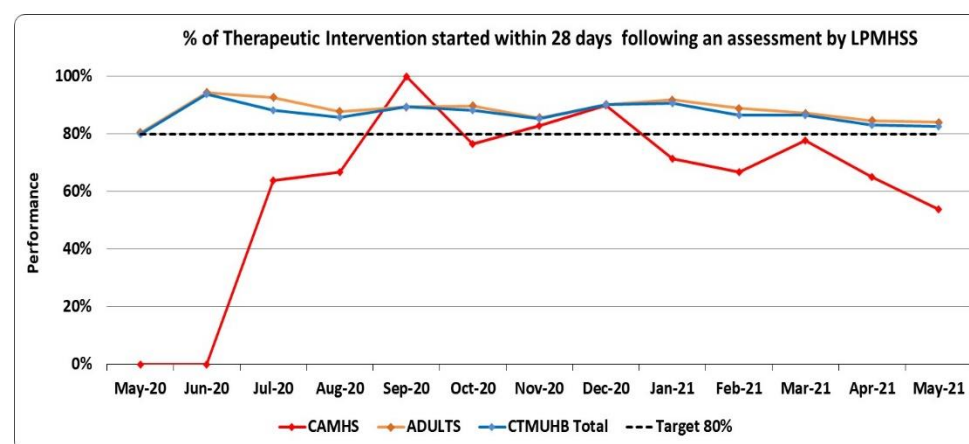
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

**82.7%**

### Part 1b.

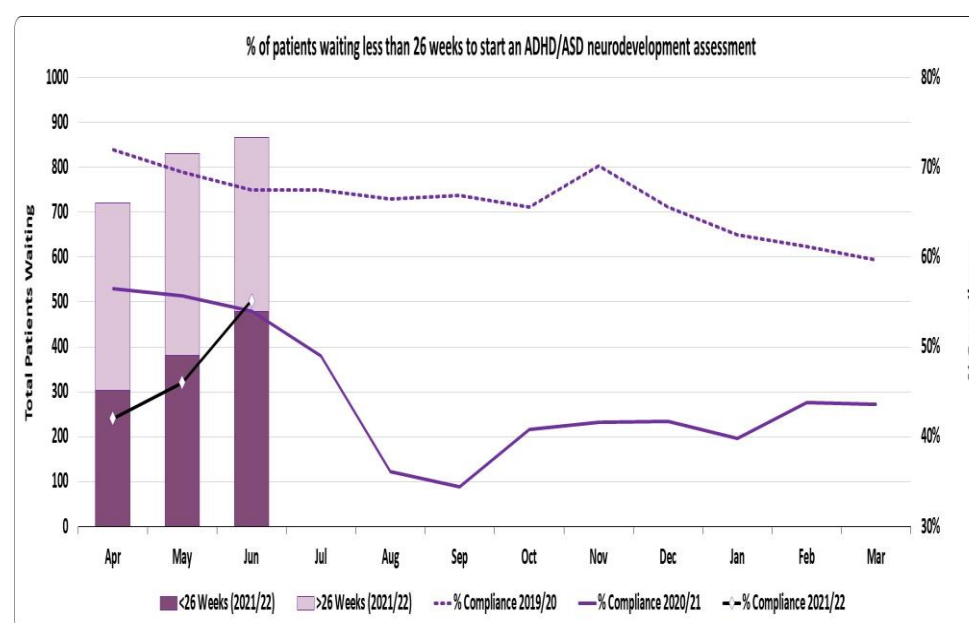
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained reasonably static at 82.7% (83.1% in April) but continues to be above the 80% target.

The number of interventions continued to increase this month to 307 from 248 in May and is nearing the pre-Covid average of 357 per month. Compliance in the CAMHS service fell further from 65.0% in April to 53.8% in May, with the number of interventions falling from 20 in the previous month to 13 this month.



### Neurodevelopment

The compliance against the 26 week target for Neurodevelopment services in May was 46.0% (42.0% in April) and the provisional position for June is currently 44.8%. The total waiting list continues to rise to a current total of 866 patients, an increase of 36 on the previous month, with the number of patients waiting above the target time increasing to 478 from 448 in May.



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

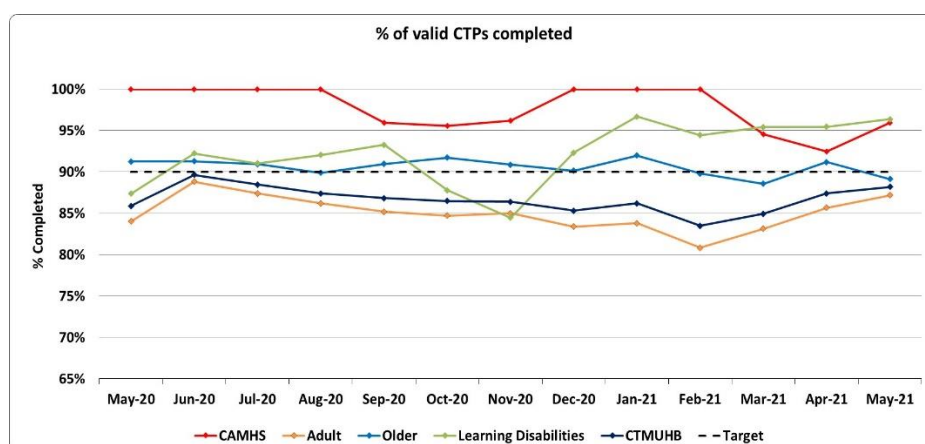
**88.2%**

### 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 further improved during May to 88.2% from 87.4% in the previous month, but continues to fall short of the 90% target. Overall the target has not been met since September 2019.

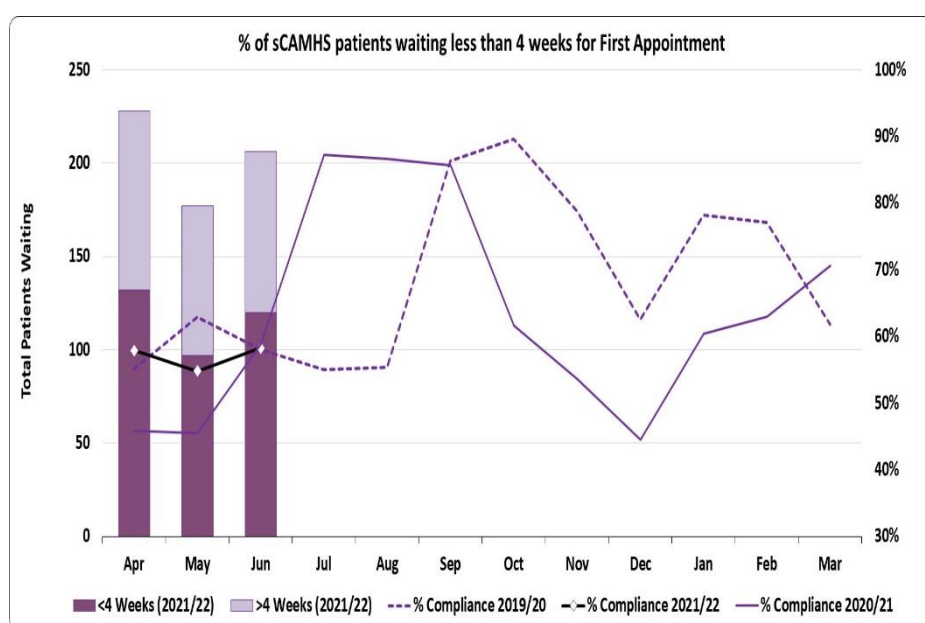
### Part 3

There were no outcome of assessment reports sent during May for Part Three of the Mental Health Measure.

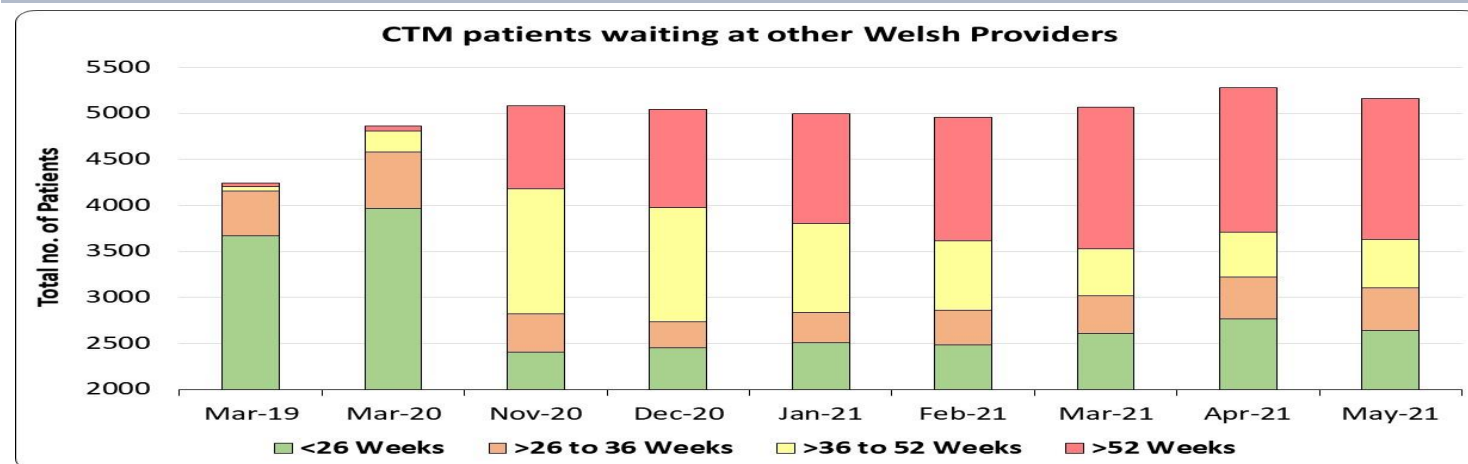


### Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times for June is a provisional 58.3% (54.8% in May). Currently the total waiting list stands at 206 (177 in May), with 86 patients waiting above the target time of 4 weeks.



## CTM Patients waiting for treatment at other Welsh Providers



There is limited information available from WHSSC updating the performance of specialised services. However 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 remained fairly static in May at 2037 (2040) in April. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 370 and there is just 1 patient waiting over 14 weeks for a therapy (Cardiff & Vale UHB – Dietetics).

Patients Waiting more than 36 weeks at other Welsh Providers - Specialty Breakdown											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Neurology	165	Trauma & Orthopaedics	575	Urology	16	Trauma & Orthopaedics	55	Plastic Surgery	30	Plastic Surgery	123
Trauma & Orthopaedics	91	Ophthalmology	177	Trauma & Orthopaedics	14	Urology	43	General Surgery	5	Trauma & Orthopaedics	25
Ophthalmology	41	Clinical Immunology And Allergy	56	Dermatology	4	Ophthalmology	22	Oral Surgery	4	Oral Surgery	24
Clinical Immunology And Allergy	24	Oral Surgery	45	Ophthalmology	4	Oral Surgery	22	Gynaecology	2	General Surgery	14
Cardiology	21	ENT	40	ENT	3	ENT	14	Ophthalmology	2	Gynaecology	9
ENT	10	Gynaecology	39	Oral Surgery	3	General Surgery	8	Clinical Haematology	1	ENT	4
Paediatric Surgery	10	Neurology	37	General Surgery	2	Dermatology	4	ENT	1	Urology	4
General Surgery	9	Paediatric Surgery	23	Gastroenterology	1	Gynaecology	2	Gastroenterology	1	Ophthalmology	3
Oral Surgery	9	General Surgery	21	Geriatric Medicine	1	Gastroenterology	1	Neurology	1	Orthodontics	3
Urology	9	Cardiology	19	Neurology	1	Grand Total	171	Trauma & Orthopaedics	1	Gastroenterology	2
Paediatrics	8	Urology	18	Grand Total	49			Paediatrics	1	Cardiology	1
Neurosurgery	5	Neurosurgery	18					Grand Total	49	Respiratory Medicine	1
Paediatric Dentistry	5	Paediatric Dentistry	18							Paediatric Neurology	1
Dermatology	3	Paediatrics	11							Grand Total	214
Gynaecology	3	Dermatology	9								
Orthodontics	2	Cardiothoracic Surgery	9								
Dental Medicine Specialties	2	Dental Medicine Specialties	7								
Pain Management	1	Rheumatology	4								
Respiratory Medicine	1	Restorative Dentistry	3								
Cardiothoracic Surgery	1	Orthodontics	2								
Grand Total	420	Pain Management	1								
		Anaesthetics	1								
		General Medicine	1								
		Grand Total	1134								

CTM Patients waiting for a Diagnostic at other Welsh Providers (May 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Cardiology	115	36	Cardiology	5	3
Endoscopy	30	16	Endoscopy	22	10
Radiology	139	13	Radiology	16	0
Physiological Measurement	18	10	Total	43	13
Neurophysiology	3	2			
Imaging	2	0			
Total	307	77			

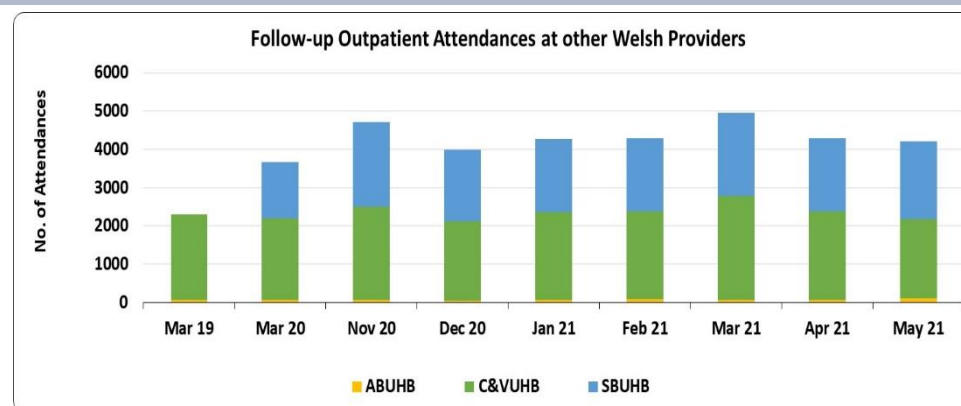
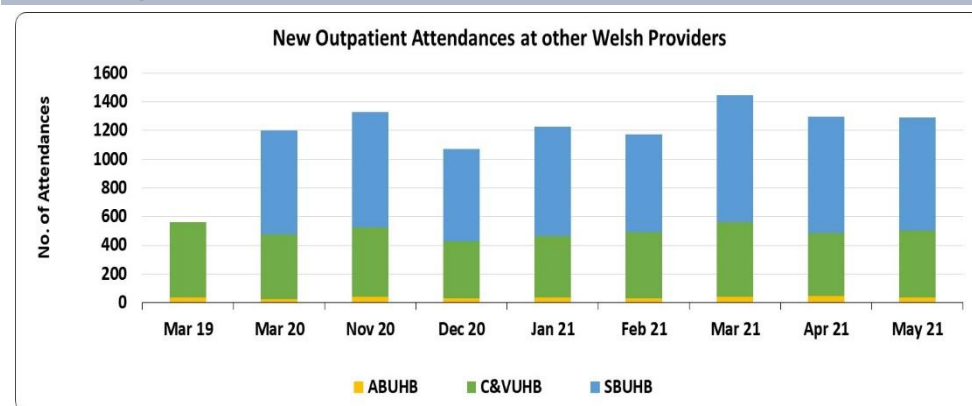
  

CTM Patients waiting for Therapy at other Welsh Providers (May 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks
Physiotherapy	15	0	Physiotherapy	5	0
Dietetics	11	1	Dietetics	1	0
SALT	1	0	SALT	2	0
Occupational Therapy	3	0	Total	8	0
Total	30	1			

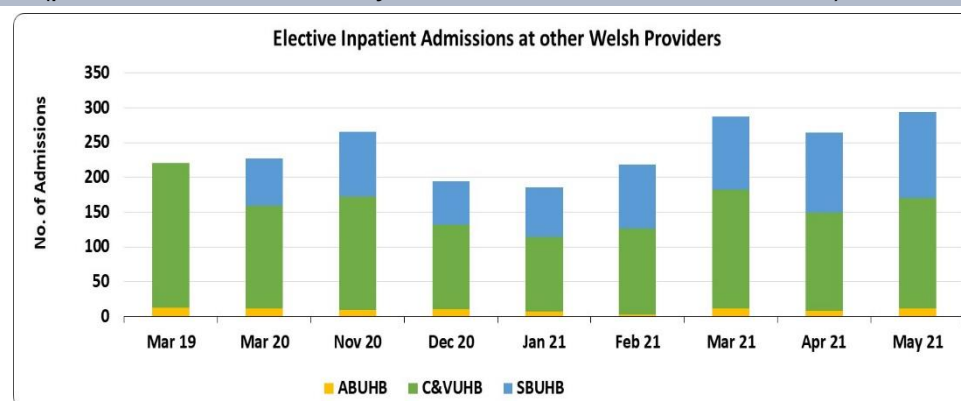
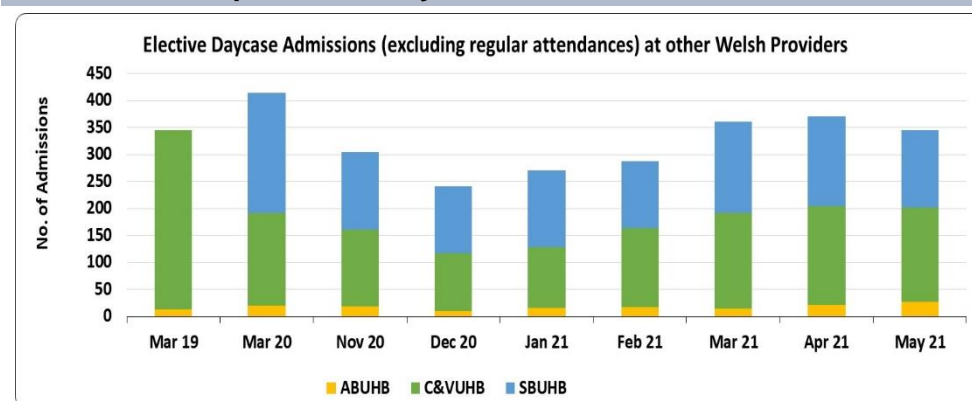
Swansea Bay UHB		
Service	Total Waits	>8 wks
Cardiology	76	40
Endoscopy	27	16
Neurophysiology	300	224
Physiological Measurement	1	0
Total	404	280

## CTM Outpatient Attendances at other Welsh Providers



At the time of writing this report WHSCC performance reports for May 2021 are not yet available, however from the limited data shown here, it is clear that Cardiff and Vale UHB have recovered activity levels, faster than Swansea Bay UHB, but both have recovered more slowly across the specialties than English counterparts.

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



Inpatient and daycase activity for specialised services across all providers has decreased significantly between 2019-20 and 2020-21.

Waits of over 52 weeks are reported for Cardiac Surgery and Thoracic Surgery in both C&VUHB and SBUHB and over 50% of those waiting for Plastic Surgery provided by SBUHB and Paediatric Surgery in C&VUHB have waited for over a year. A number of patients are also waiting more than a year for Neurosurgery in C&VUHB.

Access rates for CTM patients differs by specialty, with high access rates reported for Paediatric Surgery and Neurosurgery, but low access rates for Cardiac Surgery across the two providers.



## 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	Q1 to Q3 20/21	2.9%	2019/20	3.6%
% 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%	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%	May-21	95.9%	Apr-21	73.6%
	over 18 years			86.9%		86.3%
% 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%	Jun-21	59.0%	May-21	58.2%	
Number of ambulance patient handovers over 1 hour		Zero		208		301	
% 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%		69.5%		69.7%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		857		940	
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Mar-21	71.7%	Mar-20	75.5%	
% 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%	May-21	16.0%	Apr-21	14.6%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%		75.6%		78.8%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%		61.0%		61.9%	
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Jun-21	13,365	May-21	13,113	
Number of patients waiting more than 14 weeks for a specified therapy				272		336	
% of patients waiting less than 26 weeks for treatment				95%		48.2%	46.8%
Number of patients waiting more than 36 weeks for treatment				Zero		42,533	41,793
Number of patients waiting for a follow-up outpatient appointment		74,734	May-21	106,040	Apr-21	105,796	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		28,365		27,876	
% 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%		34.7%	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available		
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (sCAMHS)		80%	May-21	54.8%	Apr-21	57.9%	
% 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)				41.9%		58.8%	
% 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)				61.7%		46.3%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				62.5%		66.7%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				84.0%		84.6%	
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				46.0%		42.0%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				81.2%		78.6%	
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 Jun-21	95.66
	S.aureus bacteraemia	32.19	33.34				
	C.difficile	30.40	28.01				
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	17.88	18.67				
	P. aeruginosa	5.36	5.33				
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%	Jun-21	54.6%	May-21	53.6%
% 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%	Jun-21	65.5%	May-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Apr-21	5.7%	Apr-20	8.4%
% 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	Mar-21	2.09%	Feb-21	2.15%
% 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	Mar-21	0.5%	Mar-20	2.2%
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%	Q3 20/21	98.9%	Q2 20/21	98.8%
Total antibacterial items per 1,000 STAR-PUs (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	Mar-21	571	Feb-21	1,014
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