

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

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Resetting Cwm Taf Morgannwg 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 Pathways

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:

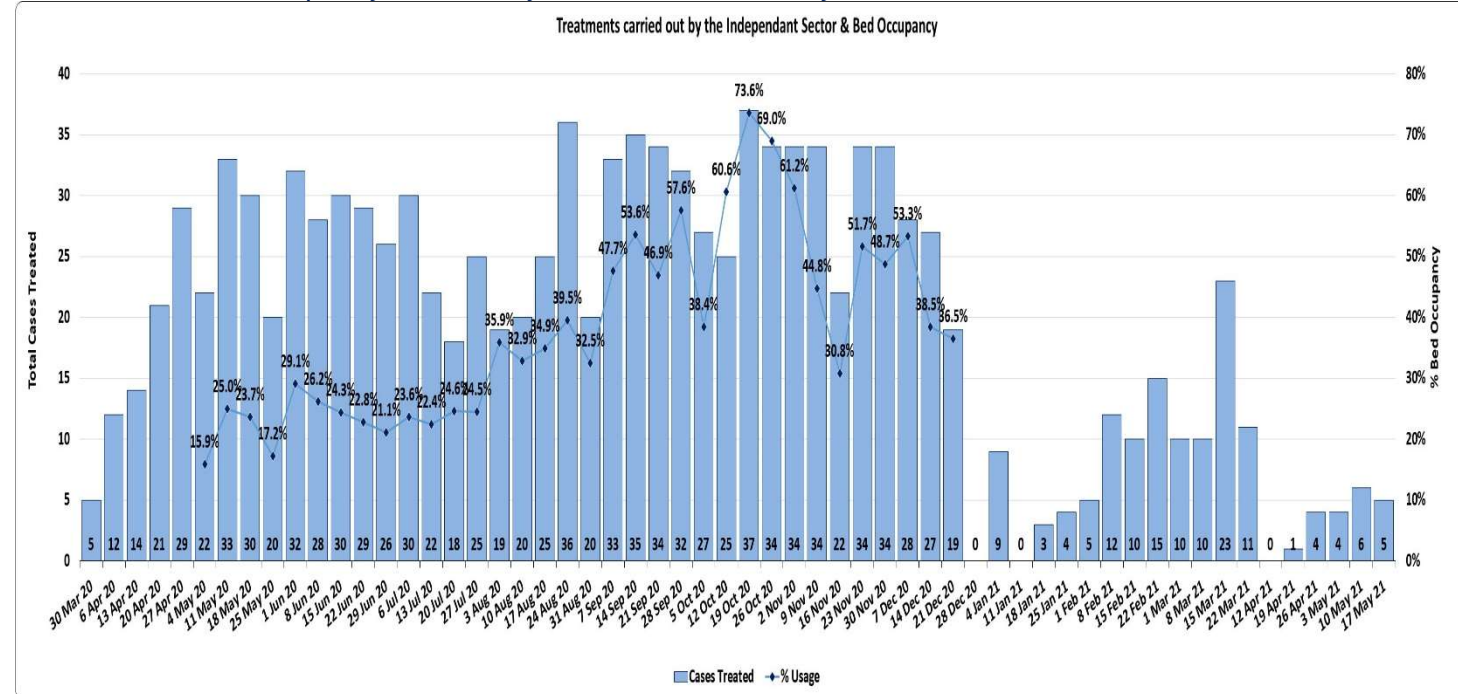
- *Work with communities and partners to reduce inequality, promote well-being and prevent ill-health.*
 - *Provide high quality, evidence based, and accessible care.*
- *Ensure sustainability in all that we do, economically, environmentally and socially.*
 - *Co-create with staff and partners a learning and growing culture.*

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 17th May 2021
1,167

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 Mar 2020 to 17th May 2021

Breast	Gynae	Urology	Derm	Gen Sur	Max Fax	Oph	T&O	ENT	Pain Mgt	Total
270	387	262	4	46	1	16	150	12	19	1167

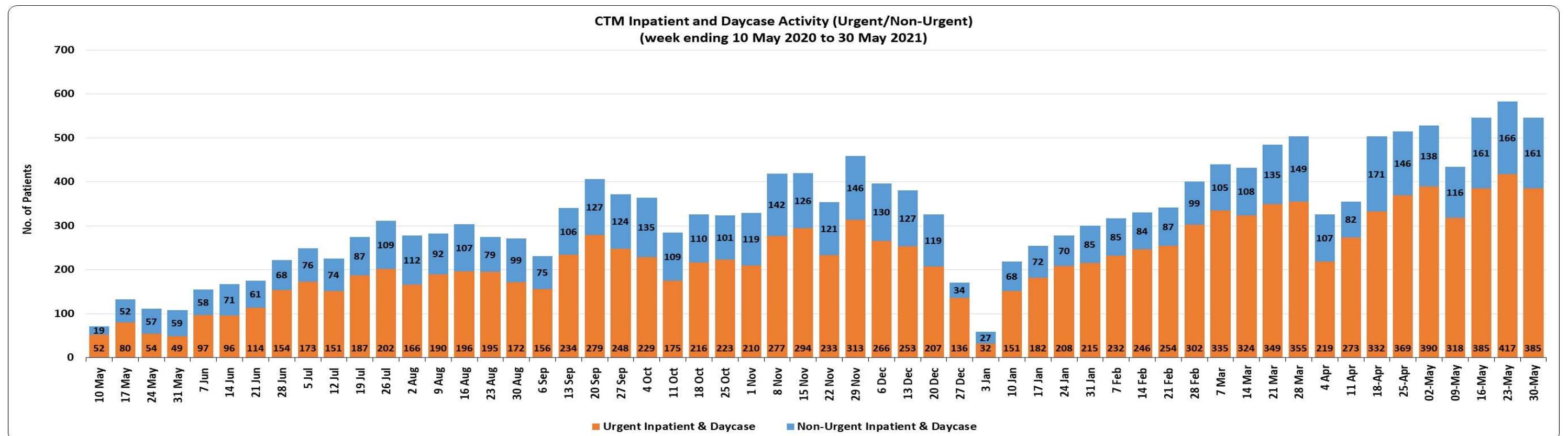
There has been an increase in the reported Independent Sector Hospital activity for the period from 30th March 2020 to 17th May 2021. Ophthalmology has seen a 33% increase from last months reported position and T&O has seen an 11.9% increase.

Utilisation of the Vale Hospital capacity has been comparatively low for the period from 22nd March 2021 to 17th May 2021. There has been a 59.5% decrease in activity comparing similar time periods between February and May 2021.

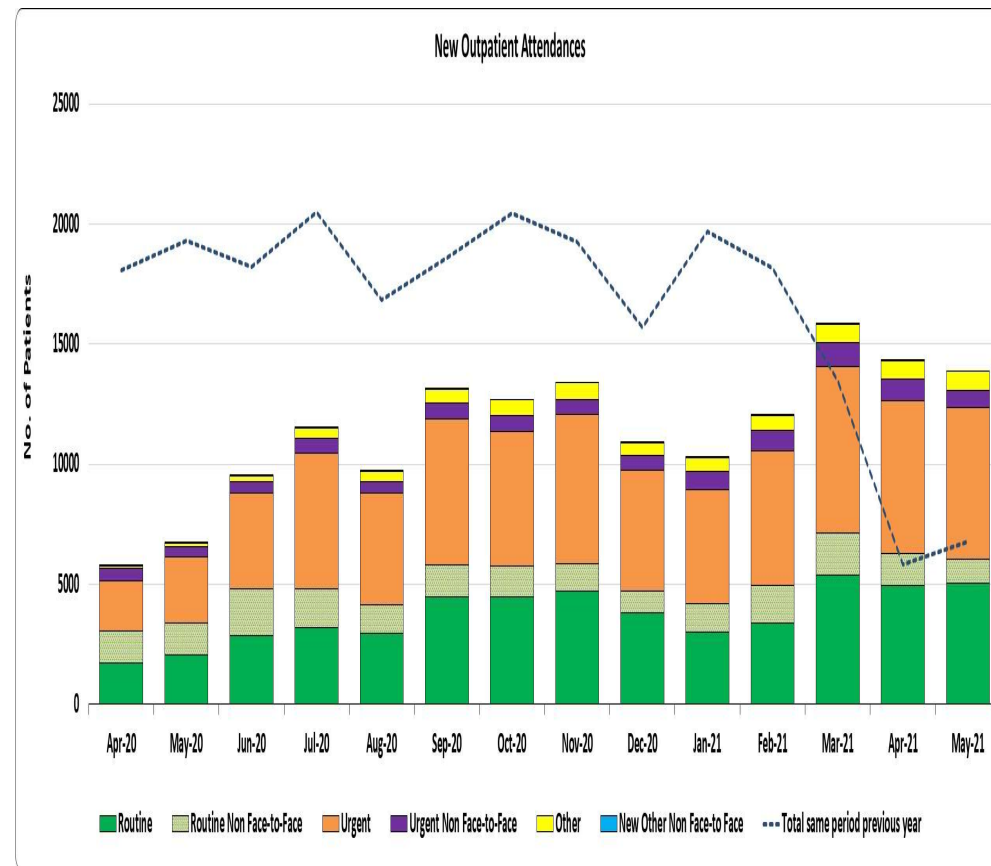
Urgent/Non-Urgent inpatient and daycase activity continues apace (with the exception of a slight reduction in activity the week of the 9th May 2021). Current activity represents a 400% increase compared to a similar time period last year.

Work to establish a robust operational and clinical governance framework for the outsourcing of services to the private sector is in progress.

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

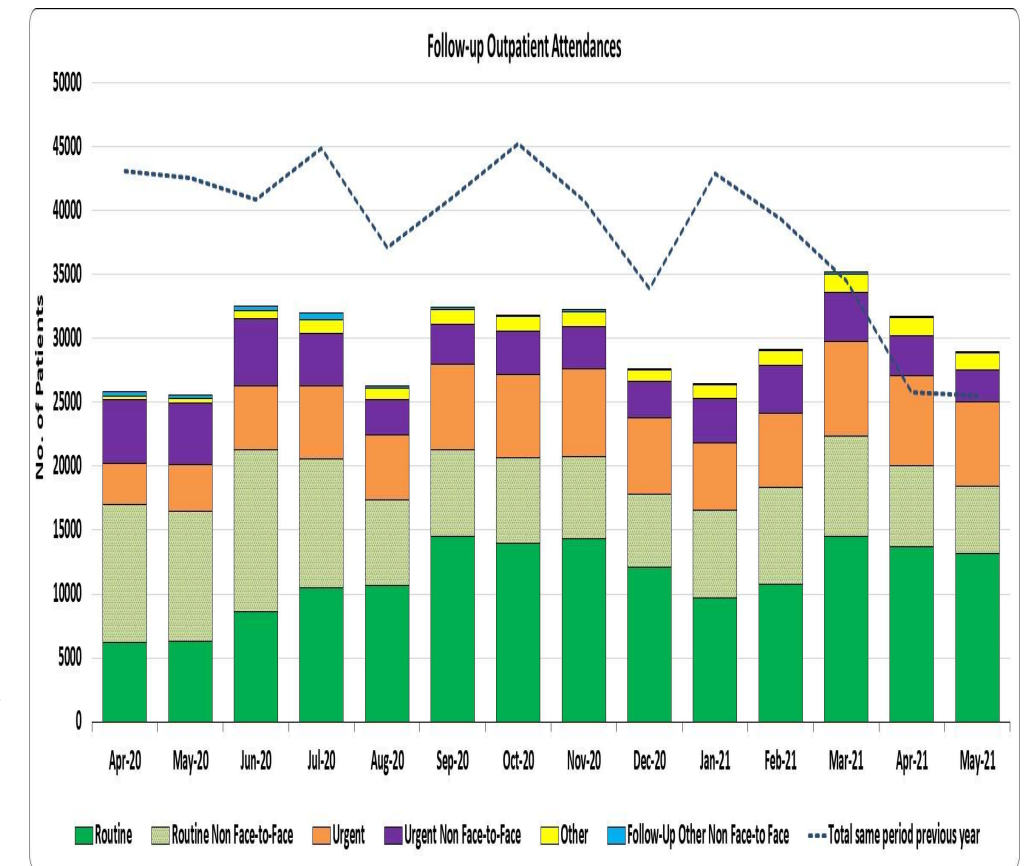


New & Follow-up Outpatient attendances versus same period previous year



% 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%	-29%
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	17%	2%
Apr-21	146%	23%
May-21	105%	13%

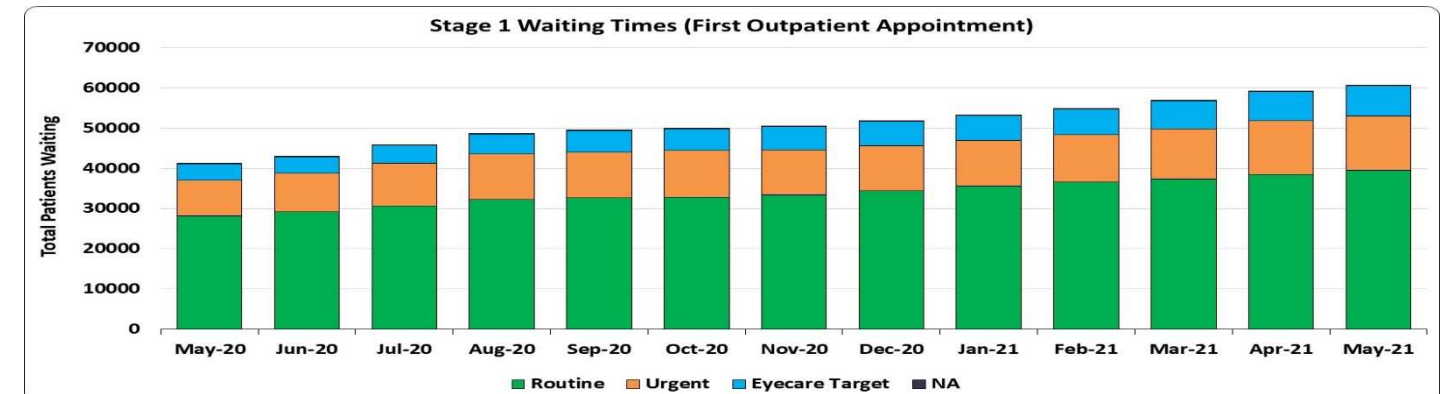
The table above details the difference between new and follow-up outpatient attendances compared to the same period in the previous year. The improvement trend compared to previous year's activity carries on this month. There has been a reduction in routine non face-to-face new and follow-up out patient attendances compared to March and April 2021.

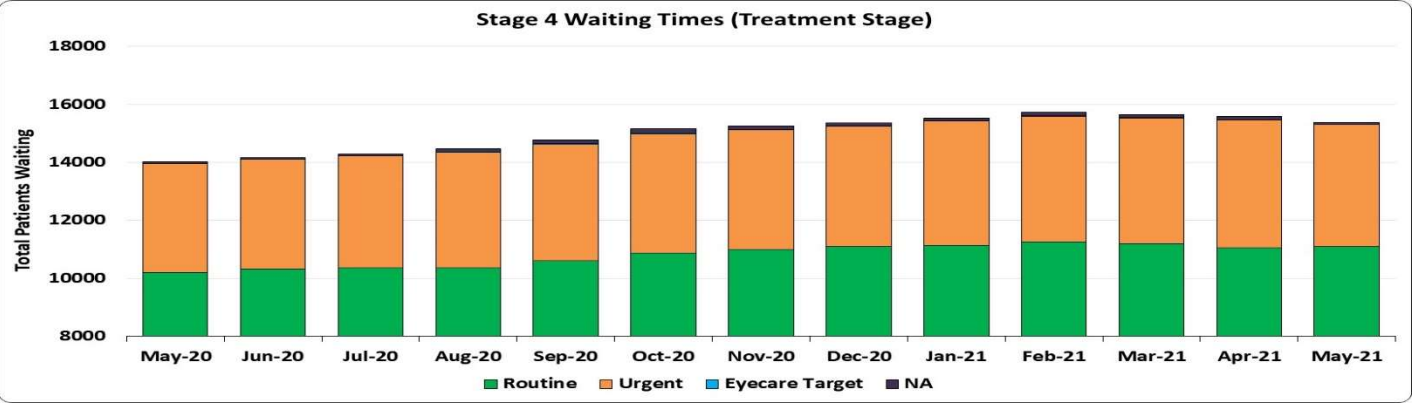
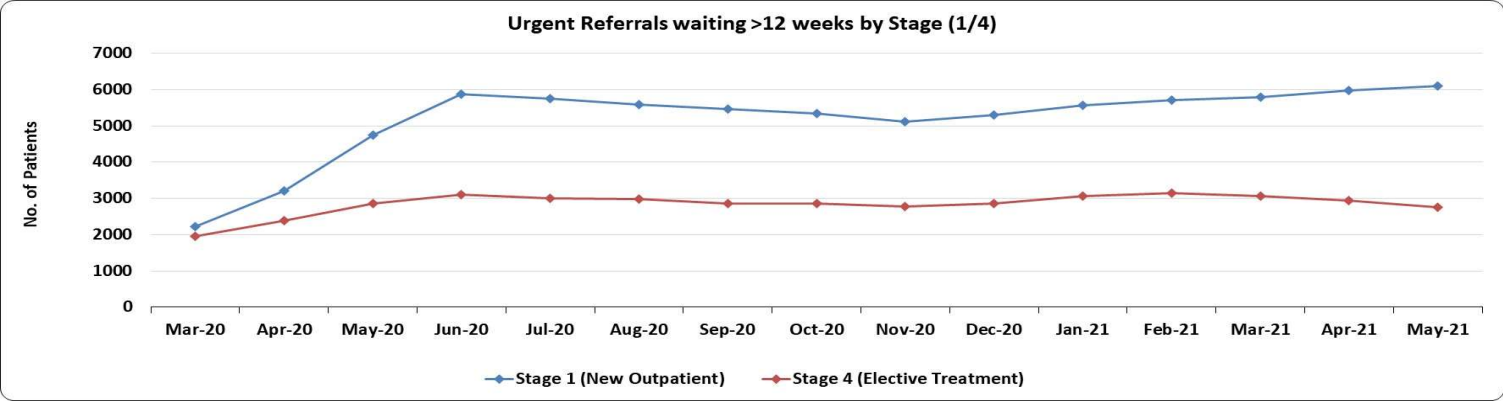


Waiting Times Stage 1 (New Outpatients) and Stage 4 (Treatments)

Wait times for first outpatient appointments continue to rise. Routine waiting lists continue to be the leading contributory factor. It is expected that ongoing efforts to identify options to increase the elective capacity of the main acute sites and validate all Stage 1 waits in excess of 52 weeks will have an impact on the total waiting list.

The reduction in the number of patients on the Stage 4 Waiting List continues this month. This trend is likely to continue as the results of Planned Care Recovery efforts begin to be evident.





Referral to Treatment Times (RTT)

Referral to Treatment Times – May 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

30,623

Number of patients waiting >36 weeks – Target Zero

41,793

% of patients waiting under 26 weeks – Target 95%

46.8%

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 May is 30,623. The breakdown of the 30,623 patients is as follows:

- 9,297 patients relate to Merthyr & Cynon ILG waiting lists
- 12,858 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,468 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

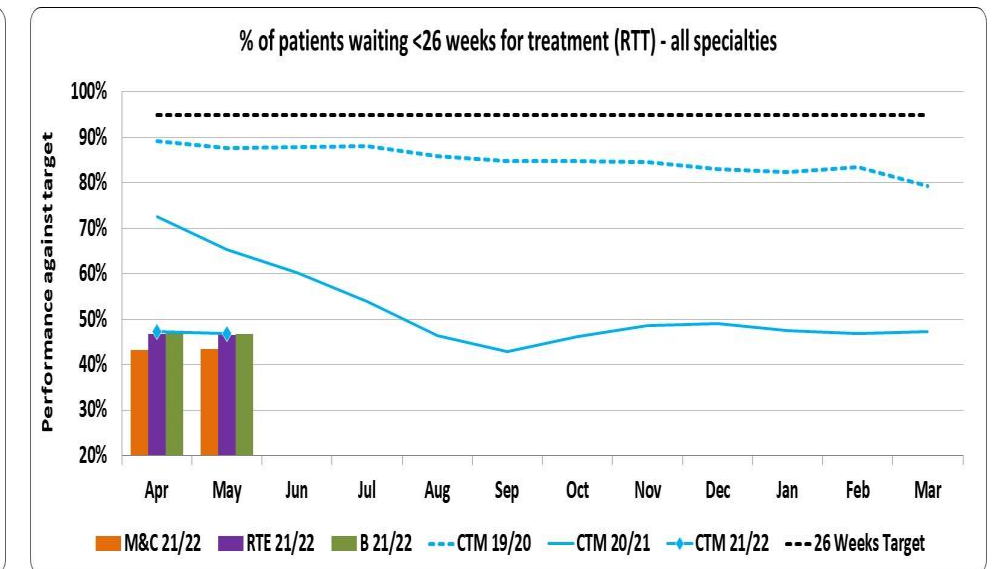
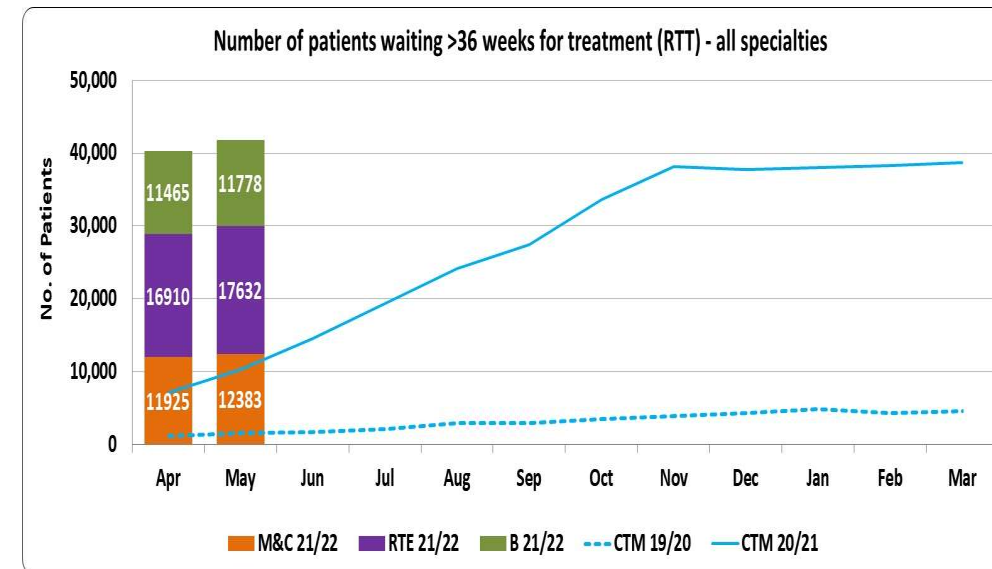
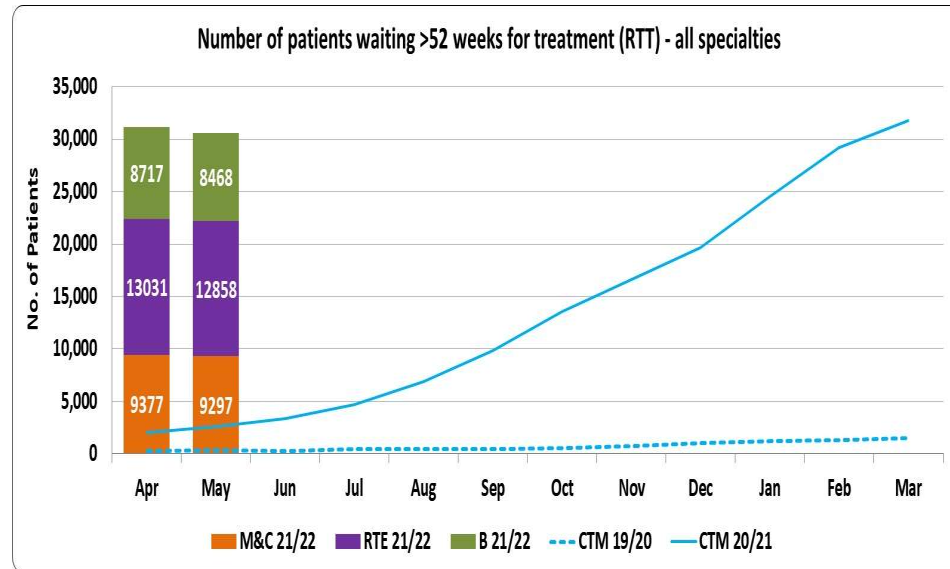
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for May is 41,793 patients across Cwm Taf Morgannwg, which is an increase of 1,493 from April (N.B. includes the 30,623 patients waiting over 52 weeks):

- 12,383 patients relate to Merthyr & Cynon ILG waiting lists
- 17,632 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,778 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 May across Cwm Taf Morgannwg is 46.8%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 43.5% Merthyr & Cynon ILG waiting lists
- 46.5% Rhondda & Taff Ely ILG waiting lists
- 50.3% Bridgend ILG waiting lists



The confirmed position at the end of April 2021 was 40,300 patients waiting over 36 weeks, of whom 31,125 patients were waiting over 52 weeks. A reduction can be seen in the number of patients waiting over 52 weeks for May and will be due to a combination of continued validation, activity and reduced referrals received from March 2020. Future 52 week numbers are likely to be affected as referral rates had increased from the summer of 2020.

The clinical prioritisation of open pathways is ongoing, the approach has been incorporated into the the CTM demand forecast process to provide the target capacity level needed to deliver a sustainable 36 week maximum wait by the end of March 2023.

Diagnostics – May 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

13,153

Diagnostics >8 weeks

The provisional position for May shows 13,153 patients waiting over 8 weeks. This represents an increase of 1.03% from the reported position in April 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% on the previous month.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	58	17	909	984
Cardiology Services	Cardiac CT	0	0	0	0
	Cardiac MRI	1	2	0	3
	Diagnostic Angiography	0	64	51	115
	Stress Test	7	42	17	66
	DSE	80	7	95	182
	TOE	3	0	5	8
	Heart Rhythm Recording	4	18	438	460
	B.P. Monitoring	1	2	21	24
Bronchoscopy		1	0	0	1
Colonoscopy		165	458	0	623
Gastroscopy		686	727	0	1413
Cystoscopy		0	320	116	436
Flexi Sig		393	627	1	1021
Radiology	Non-Cardiac CT	1	3	0	4
	Non Cardiac MRI	16	35	309	360
	NOUS	2605	3731	617	6953
	Non-Cardiac Nuclear Medicine	2	26	0	28
Imaging	Fluoroscopy	6	66	1	73
Physiological Measurement	Urodynamics	26	40	156	222
Neurophysiology	EMG	17	113	0	130
	NCS	16	31	0	47
Total		4088	6329	2736	13153

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 14 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	13153										

Surveillance Monitoring – as at 1st June 2021

Number of patients waiting past their review date

1,248

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
Cancer				
Waiting <14 days	129	153	25	307
Over Target	22	139	0	161
Total Patients Waiting	151	292	25	468
Urgent Non-Cancer				
Waiting <14 days	95	99	2	196
Over Target	897	1359	0	2256
Total Patients Waiting	992	1458	2	2452
Routine				
Waiting <56 days	57	55	192	304
Over Target	457	677	1	1135
Total Patients Waiting	514	732	193	1439
Surveillance				
Waiting <126 days past review date	169	188	16	373
Waiting >126 days past review date	357	518	0	875
Total Patients Waiting Past Review Date	526	706	16	1248

Therapies – May 2021 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

342

Therapies >14 weeks

There are provisionally 342 patients breaching the 14 week target for therapies in May, a decrease of 11.86% on the reported position for April.

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	115	12	127
Dietetics	36	37	96	169
Arts Therapy	0	0	0	0
Occupational Therapy	0	3	0	3
Physiotherapy	0	0	0	0
Podiatry	5	5	0	10
SALT	6	13	14	33
Total	47	173	122	342

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 14 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	342										

Princess of Wales Hospital Endoscopy Unit

As at 1st June the total waiting list (excluding surveillance patients) currently stands at 220, an increase of 22 patients on the previous month, with 1 routine patient 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 1st June the total list (excluding surveillance patients) has increased by 25 patients on the previous month bringing the total to 1,657 patients waiting, of whom 1,376 are waiting over target. The number of surveillance patients waiting has risen from 509 in the previous month to a current position of 526. Surveillance patients waiting over target currently stands at 357 patients.

Royal Glamorgan Hospital

As at 1st June the waiting list has fallen slightly to a total of 2,482 patients, of whom 2,175 patients are over target. Surveillance patients waiting over target currently stands at 518 patients, an increase of 15 on the previous month.

In total Cwm Taf Morgannwg has 1,248 patients waiting past their review date, of which, approximately 70% of those patients are waiting more than 18 weeks past their review date. 1,248 represents a 0.32% increase from the reported position in April 2021.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – April 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
42

Not Booked
73,380

Booked
32,374

Total
105,796

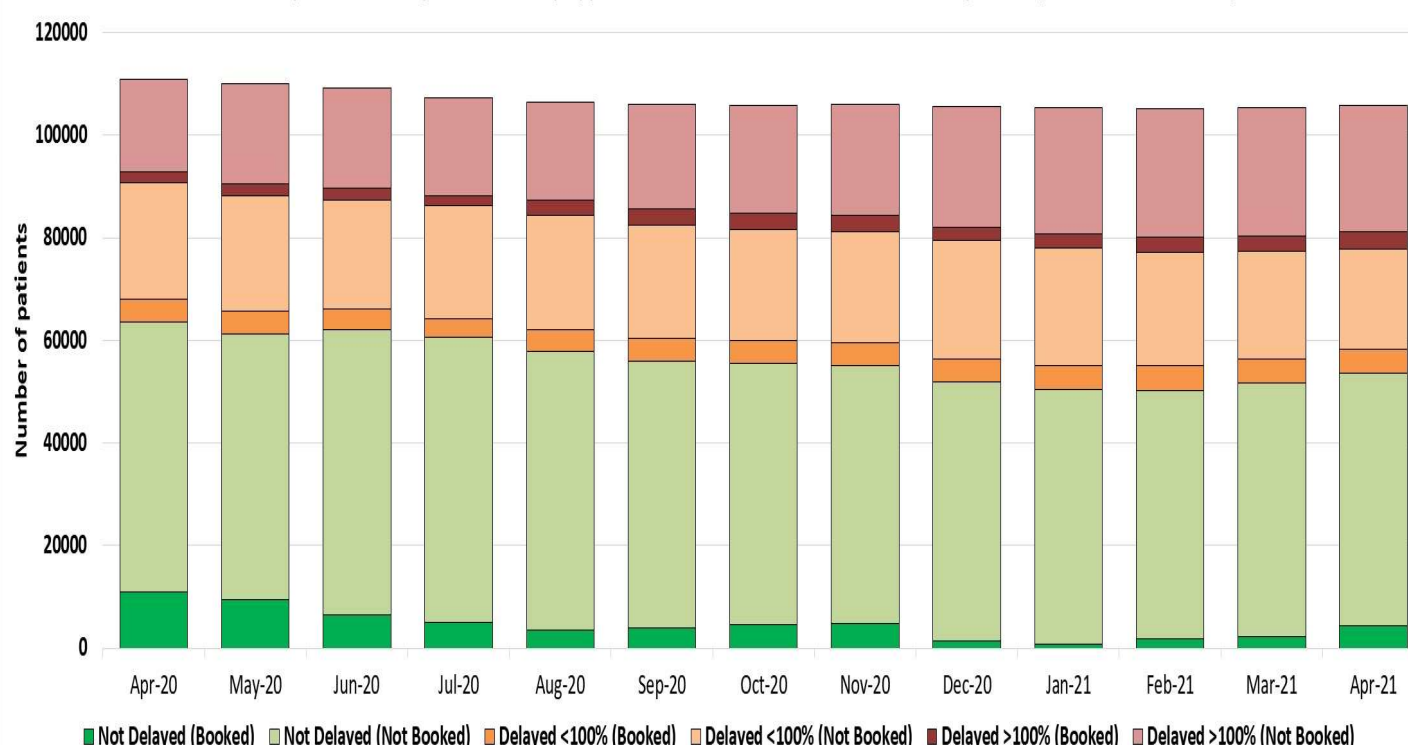
Not Booked
24,629

Booked
3,247

Total
27,876

April 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	15325	6338	21663	4843	561	5404	24.9%
Rhondda & Taff Ely	1	23391	16664	40056	8958	1147	10105	25.2%
Bridgend	41	34664	9372	44077	10828	1539	12367	28.1%
CTM	42	73380	32374	105796	24629	3247	27876	26.3%

Number of patients waiting for a Follow-up appointment where there is a documented target date (Booked & Not Booked)

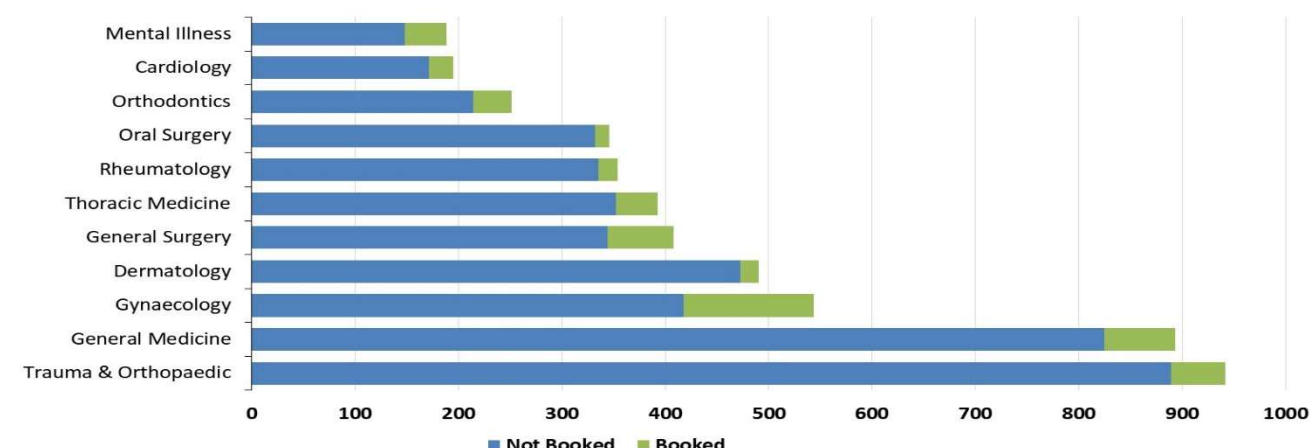


FUNB (Compared to April 2021 reported position)

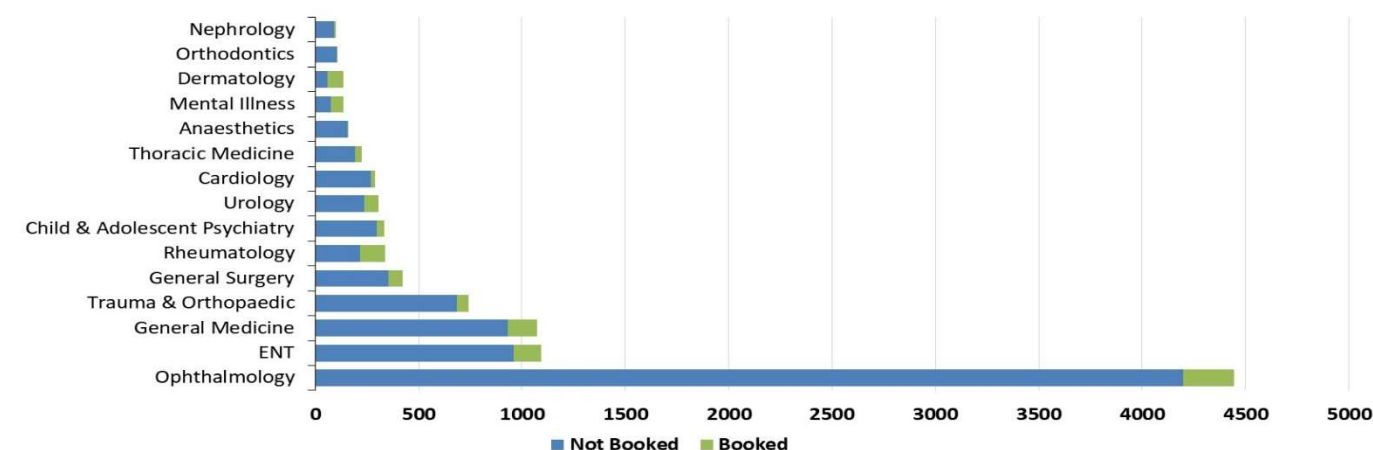
The total number of patients waiting for follow up appointments increased by 0.54%. Patients with no documented target date decreased by 26.32%, patients not booked decreased by 2.61%, while booked patients increased by 8.54%.

The total number of patients delayed over 100% past their target date decreased by 0.35%. Patients not booked decreased by 1.48%, while booked patients increased by 9.18%. Whilst the overall level remains fairly static, the number of patients delayed beyond 100% is on the decline. 11.6% of patients delayed beyond 100% now have booked appointments compared to 10.6% in the April reported position.

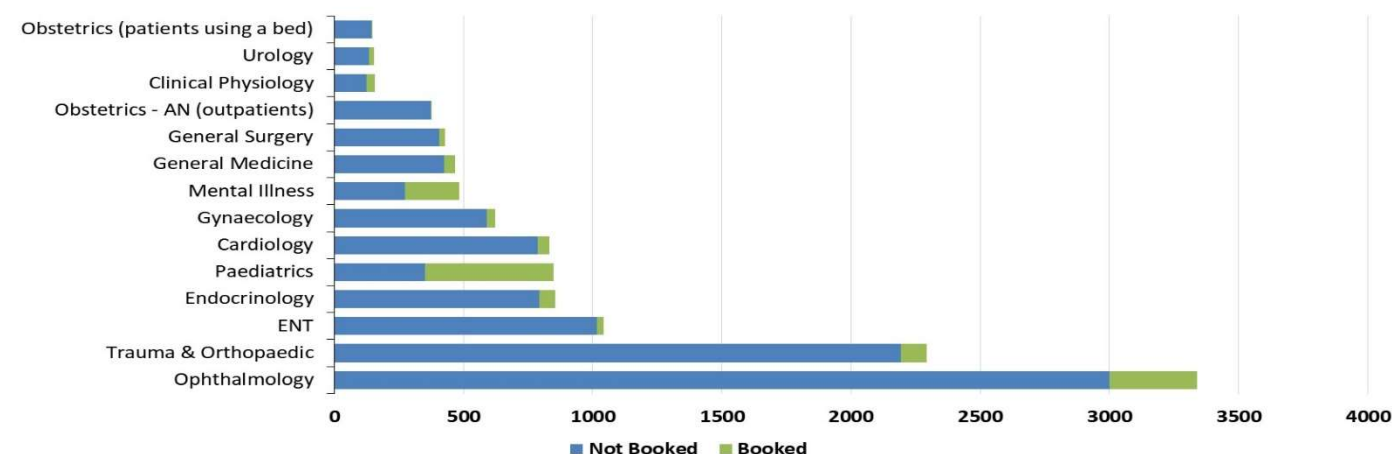
M&C - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (Apr 2021)



RTE - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (Apr 2021)



Bridgend - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (Apr 2021)



Number of Attendances

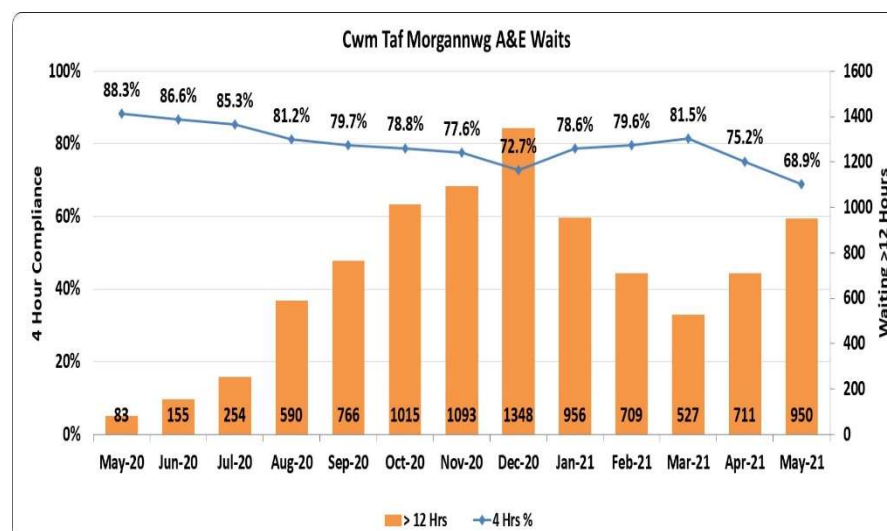
16,147

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

68.9%

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

950

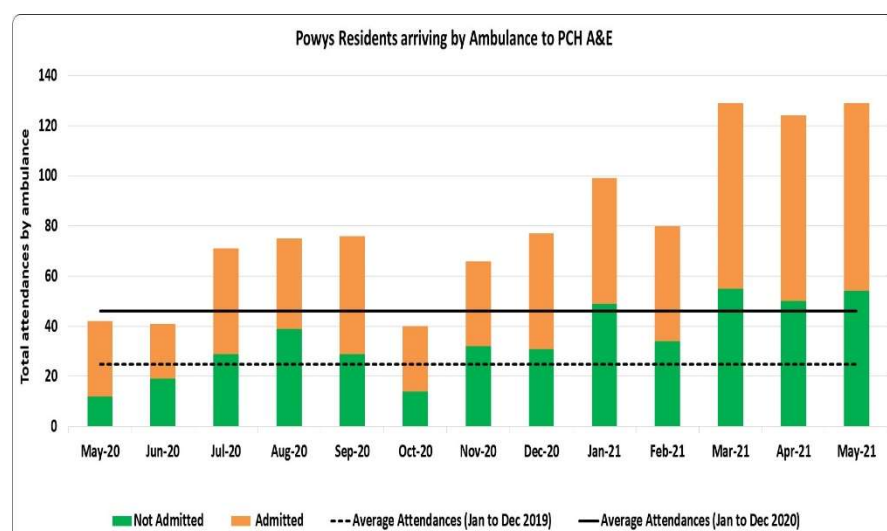


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

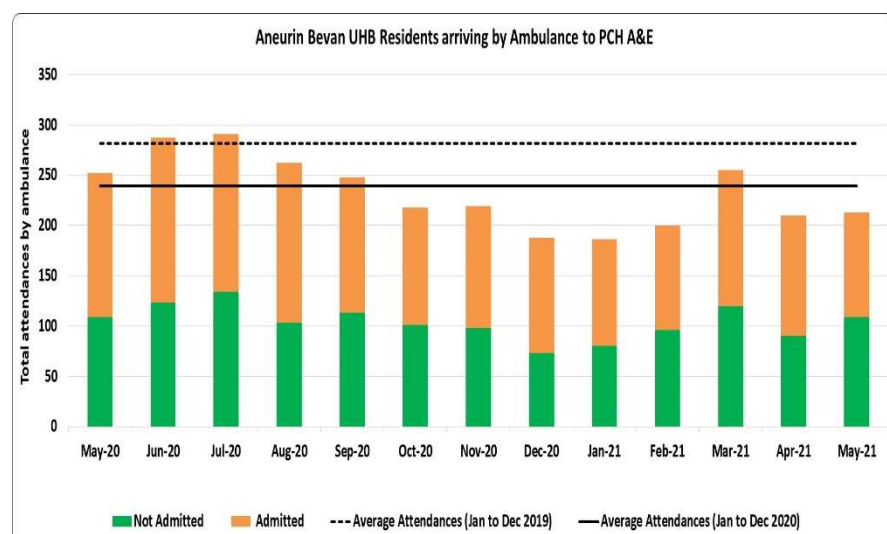
Overall attendances have continued to increase during May by 632 to a total of 16,147 and are now on a par to the levels seen prior to Covid -19 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year. The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931.

4 Hour Compliance - The combined performance for CTM for the four hour target continued to fall during May to 68.9% with compliance declining in all of the major units.

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 was observed in March, during April and May levels fell and the level predicted by some is not yet evident and continues to remain below the average for the calendar year 2019 and 2020.



12 Hour Waits - The number of breaches of the 12 hour target increased further during May by 239 to an overall total of 950. Once again, PCH saw the largest number of breaches (556), an increase of 154 on the previous month, whilst POW recorded a total of 291 breaches in May (256 in April). The number of breaches also continue to rise in RGH with the total number of patient breaches increasing to 103 from 53 in the previous month.



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
May-20	3866	91.3%	41	3518	90.9%	10	3802	81.4%	32	11593	88.3%	83
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	4964	65.0%	402	4958	83.4%	53	4695	72.5%	256	15515	75.2%	711
May-21	5208	57.0%	556	5271	77.2%	103	4900	67.9%	291	16147	68.9%	950

% compliance with direct admission to an acute stroke unit within 4 hours
14.6%

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins
45.5%

% compliance of patients diagnosed with stroke received a CT scan within 1 hour
51.8%

% compliance assessed by a stroke consultant within 24 hours
78.8%

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
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	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%

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 April. 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.

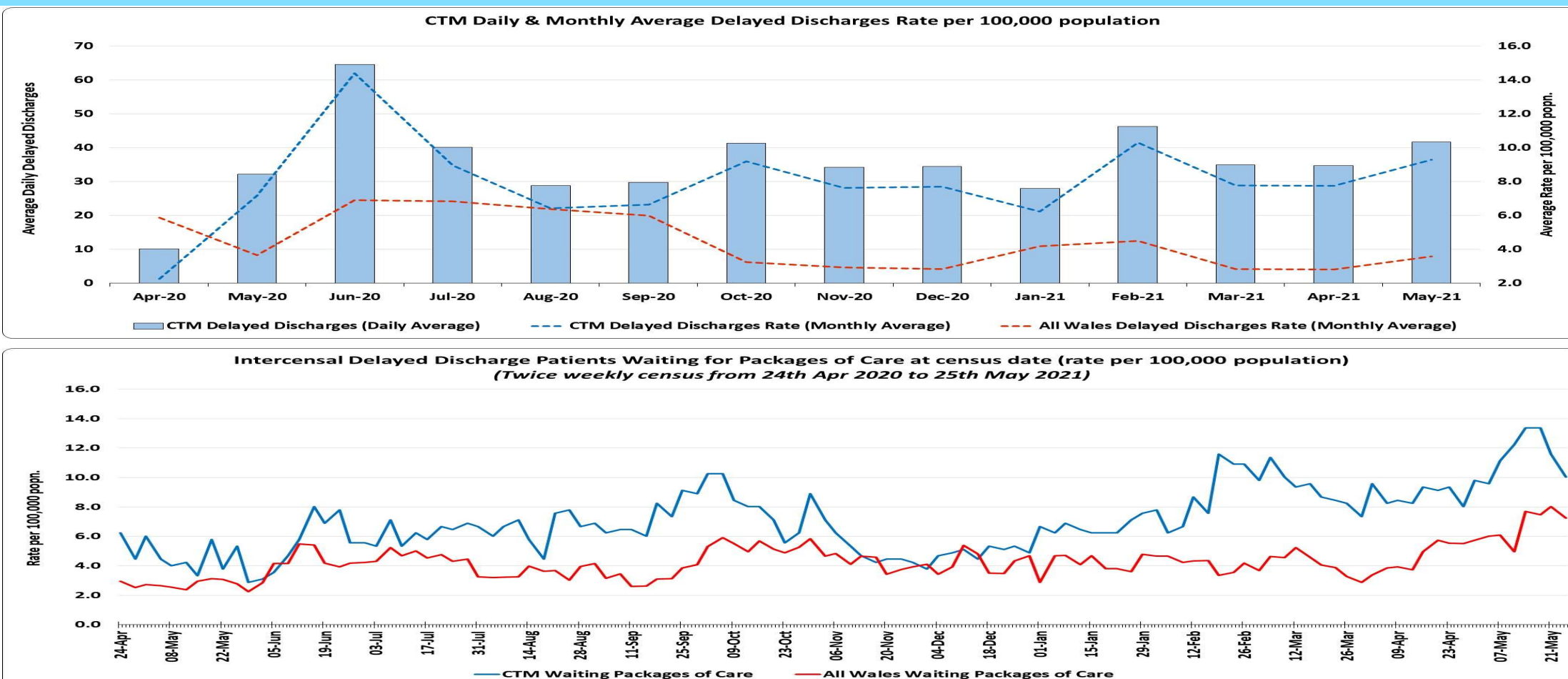
PCH has seen an improvement in its performance in the first three columns compared to March. It should be noted that the variation of the 45 minute thrombolysis door to needle target and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis, on a rolling 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 – May 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 2021. 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.

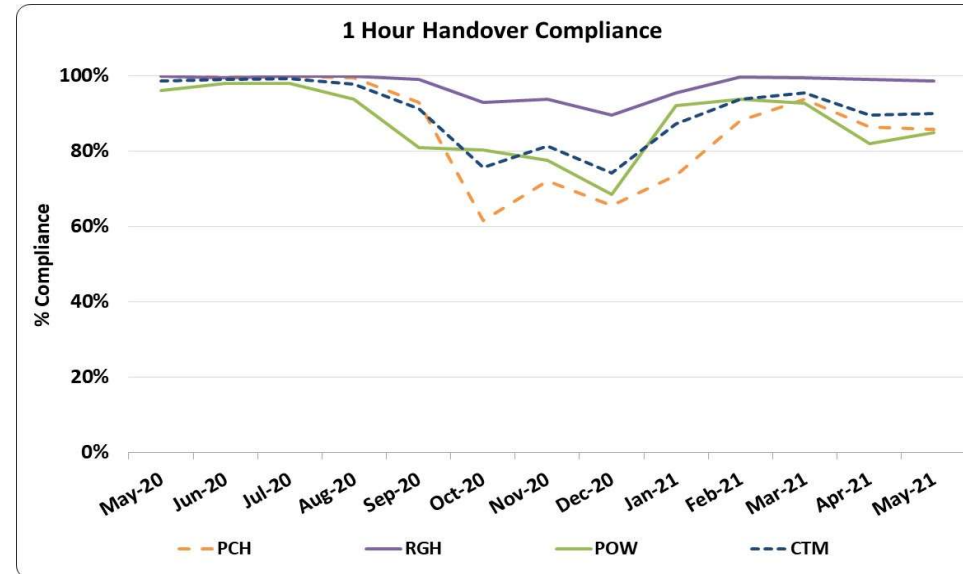
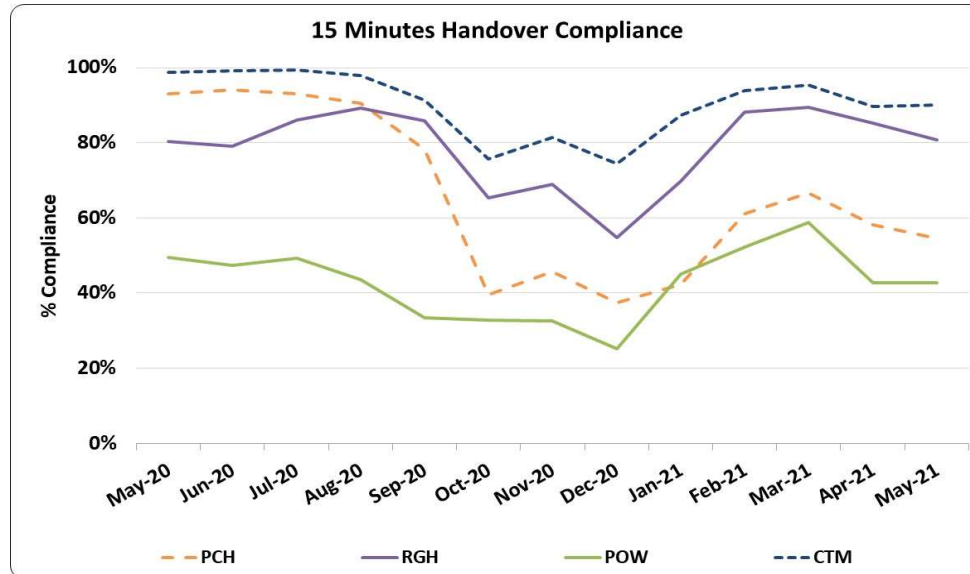


Number of ambulance handovers within 15 mins – Local Measure

Total handovers 3,057 of which 1,844 handovers were within 15 mins (60.3%)

Number of ambulance handovers over 1 hour – Target Zero

302 handovers were over 1 hour (90.1% 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 %
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%	98.2%	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%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. Overall CTM 15 minute handover compliance continued to fall during May to 60.3% from 63.2% in the previous month. PCH fell to 85.9% (86.4% April), RGH 80.8% (85.1% April) whilst POW showed little change at 42.8%. The number of handovers increased by 190 this month to a total of 3057 with CTM compliance for the 1 hour handover remaining fairly static at 90.1% with a total of 302 handovers exceeding the 1 hour. Compliance for this measure at RGH was 98.8% (13 breaches), PCH falling slightly to 85.9% (157 breaches), with POW improving to 85% (132 breaches).

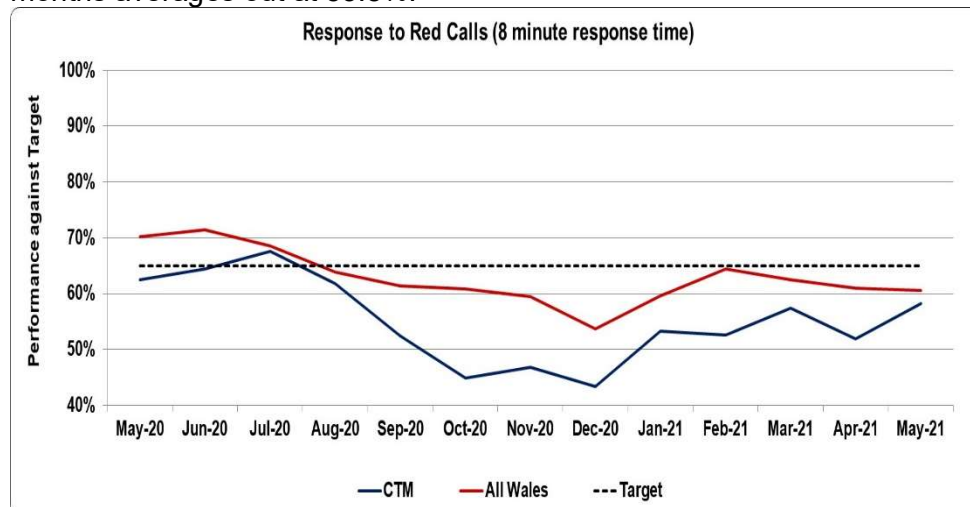
Response to Red Calls – May 2021

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

58.2%

Response to Red Calls

Response times improved during May to 58.2% from 51.9% in April, but continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average continued to fall short at 60.6%, down from 61% in the previous month and continuing to remain below target for the tenth month in succession. CTM performance for the last 12 months averages out at 53.8%.



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
May-20	44	30	68.2%	126	73	57.9%	86	57	66.3%	256	160	62.5%
Jun-20	44	29	65.9%	146	92	63.0%	91	60	65.9%	281	181	64.4%
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
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%

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 Bridgend & Merthyr areas have seen the best response times averaging 58.8% & 57.6% respectively. RCT averages 50.1% and performance in all areas continues to be below the 65% target.

However, 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 June 2020 to May 2021)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326
RCT	241,264
Bridgend	147,049

Single Cancer Pathway (SCP) – April 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%
61.8%

The Cwm Taf Morgannwg SCP performance for April continued to improve to 61.8% from 56.9% in March.

CTMUHB - SCP % Treated Without Suspensions - April 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	6	10	60.0%
Upper GI	15	22	68.2%
Lower GI	12	24	50.0%
Lung	23	35	65.7%
Skin (exc BCC)	48	52	92.3%
Brain/CNS	1	1	100.0%
Breast	15	31	48.4%
Gynaecological	1	11	9.1%
Urological	9	28	32.1%
Haematological	6	9	66.7%
Other	5	5	100.0%
Total	141	228	61.8%

Number of Breaches by Tumour Site

The overall performance for CTM improved to 61.8% in April with a total of 87 patient breaches. The main contributory factors recorded being ongoing challenges in access to outpatients and diagnostics (LA PPB, upper/lower endoscopy and hysteroscopy).

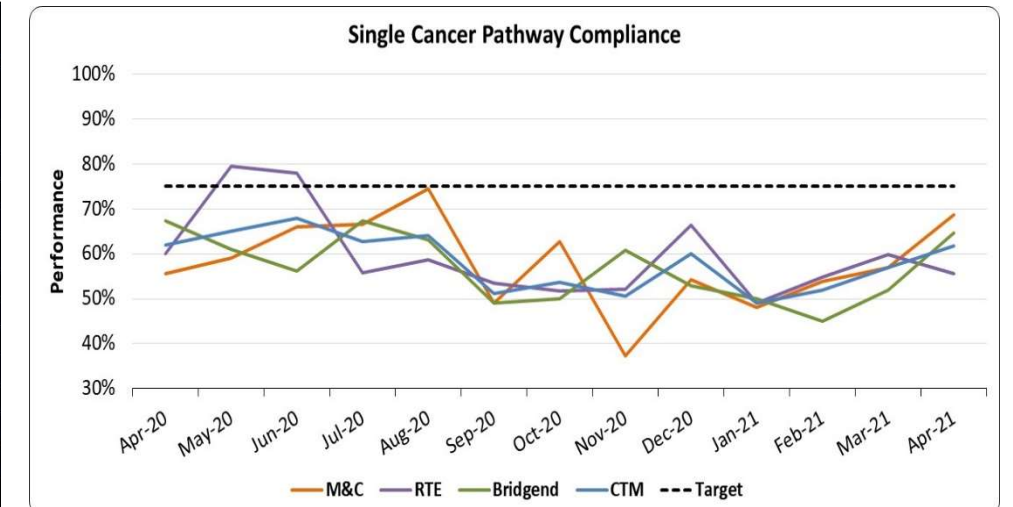
The table below details the treated patients and the patient breaches for April 2021:

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
April 2021												
Head and Neck	1	0	1	3	1	4	2	3	5	6	4	10
Upper Gastrointestinal	8	3	11	5	3	8	2	1	3	15	7	22
Lower Gastrointestinal	3	1	4	6	7	13	3	4	7	12	12	24
Lung	8	4	12	4	5	9	11	3	14	23	12	35
Skin(c)	17	2	19	18	2	20	13	0	13	48	4	52
Brain/CNS	1	0	1	0	0	0	0	0	0	1	0	1
Breast	0	0	0	9	11	20	6	5	11	15	16	31
Gynaecological	1	10	11	0	0	0	0	0	0	1	10	11
Urological	0	0	0	4	13	17	5	6	11	9	19	28
Haematological(d)	0	0	0	6	2	8	0	1	1	6	3	9
Other(f)	5	0	5	0	0	0	0	0	0	5	0	5
Total Breaches	44	20	64	55	44	99	42	23	65	141	87	228
Overall Compliance	68.8%			55.6%			64.6%			61.8%		

Single Cancer Pathway Compliance Trend

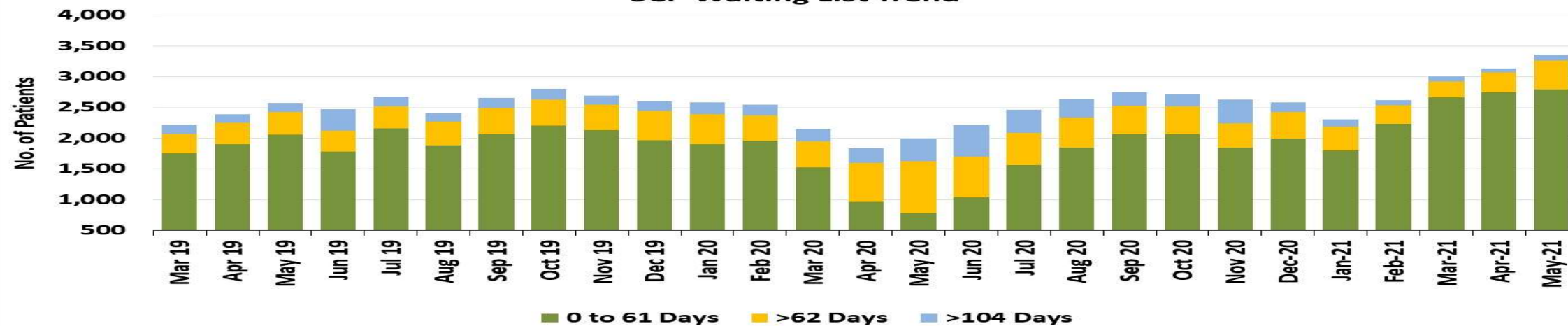
As can be seen in the graph below, overall CTM compliance has improved since January but remains below the 75% target.

This situation can be attributed to the ongoing operational challenges in access to outpatients and diagnostics. Recovery plans have been requested for teams not expecting to be compliant with the 75% target by June 2021.



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

SCP Waiting List Trend



As at 1st June 2021, in terms of total waiting list size, the overall volume of open single cancer pathways stands at 3,357, where the volume of patients waiting up to 62 days remains relatively stable. The volume of open pathways waiting 104 days and over currently stands at 99 and the patients waiting between 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 127 patients waiting over 62 days of whom 24 were waiting more than 104 days and over
- In Rhondda Taff-Ely, there were 242 patients waiting over 62 days of whom 43 were waiting more than 104 days and over
- In Bridgend, there were 138 patients waiting over 62 days of whom 32 were waiting more than 104 days and over

Currently, just over 80% of the patients waiting over 62 days are for four tumour sites, Urology (118), Breast (114), Lower GI (107) and Gynaecology (69).

Merthyr & Cynon ILG	SCP Cases 62-103 days	SCP Cases =/>104 days
Lower Gastrointestinal	34	4
Upper Gastrointestinal	8	2
Gynaecological	45	14
Haematological		1
Head & Neck	2	1
Lung	3	1
Sarcoma	2	
Skin	4	
Unknown Primary	5	1
Grand Total	103	24

Rhondda & Taff Ely ILG	SCP Cases 62-103 days	SCP Cases =/>104 days
Breast	55	2
Lower Gastrointestinal	51	12
Upper Gastrointestinal	14	2
Gynaecological	4	1
Haematological	2	1
Head and Neck	9	5
Lung	1	
Sarcoma	1	
Skin	7	1
Urological	54	19
Other	1	0
Grand Total	199	43

Bridgend ILG	SCP Cases 62-103 days	SCP Cases =/>104 days
Breast	54	3
Childrens Cancer	1	
Lower Gastrointestinal	4	2
Upper Gastrointestinal	7	1
Gynaecological	4	1
Haematological		1
Head & Neck	10	
Lung	4	
Skin	1	
Urological	21	24
Grand Total	106	32

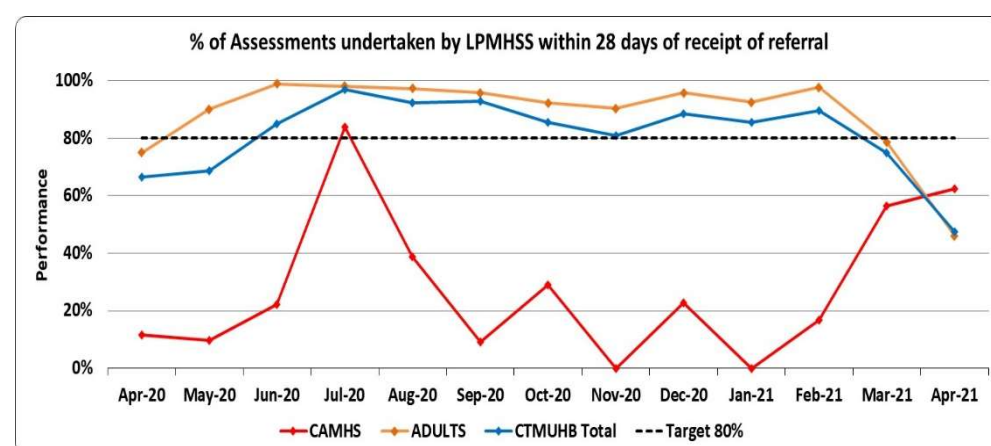
% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%

47.5%

Part 1a.

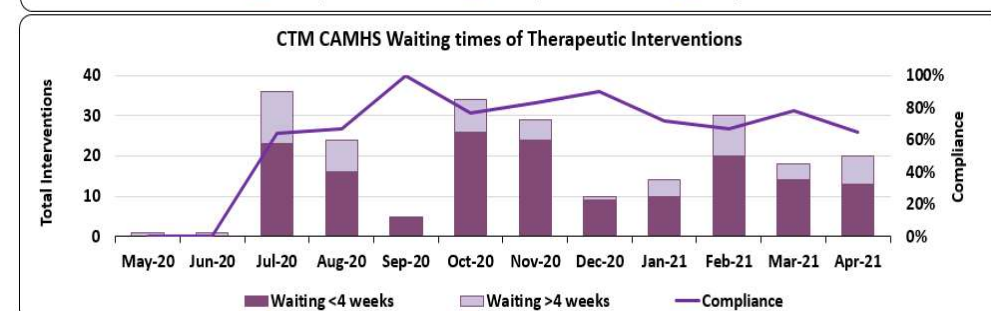
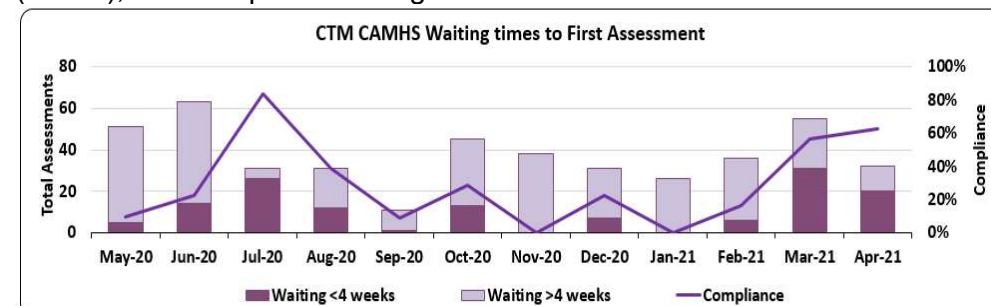
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. Overall, April's compliance fell further to 47.5% from 75% in March.

Referrals in April were 98 less than in March bringing the total to 899. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month.



CAMHS (including p-CAMHS)

The charts show that the improvement in CAMHS compliance against the Mental Health Measure has fluctuated, improving during March through to April. The most recent p-CAMHS compliance for Part 1 (a) is 68.3%, with 78 patients waiting over 4 weeks for assessment. The volume of interventions starting this month increased marginally to 20 from 18 in the previous month (March), with compliance falling to 65% from 77.8%.



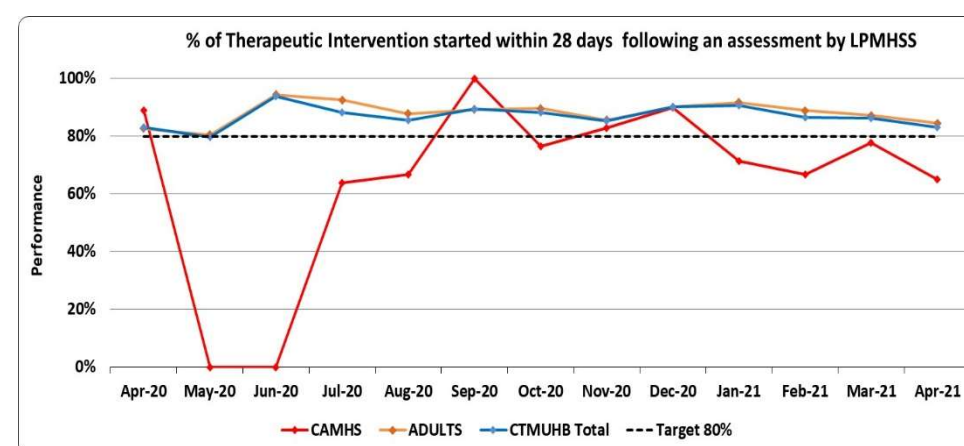
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

83.1%

Part 1b.

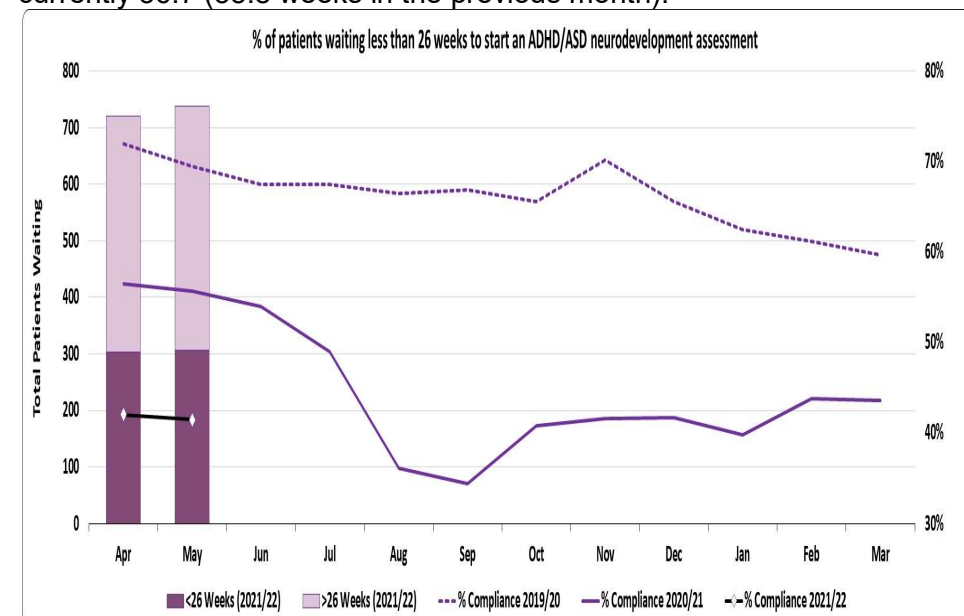
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell marginally to 83.1% during April from 86.4% in March, but continues to be above the 80% target.

The number of interventions increased this month to 248 from 213 in March and remains well below the pre-Covid average of 357 per month. Compliance in the CAMHS service fell from 77.8% in March to 65% in April with the number of interventions marginally increasing by 2 this month to a total of 20.



Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services remained fairly static at a provisional 41.5% during May. The total waiting list continued to rise to 738, an increase of 17 on the previous month, with the number of patients waiting above the target time increasing to 432 from 418 in April. The average waiting time is currently 36.7 (35.8 weeks in the previous month).



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

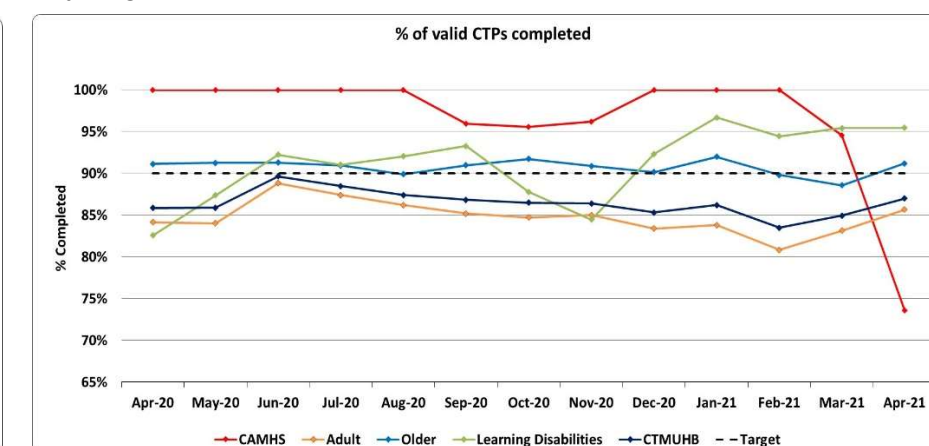
87.0%

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 continued to improve during April to 87% from 84.9% in the previous month, but continues to fall short of the 90% target. Overall the target has not been met since September 2019.

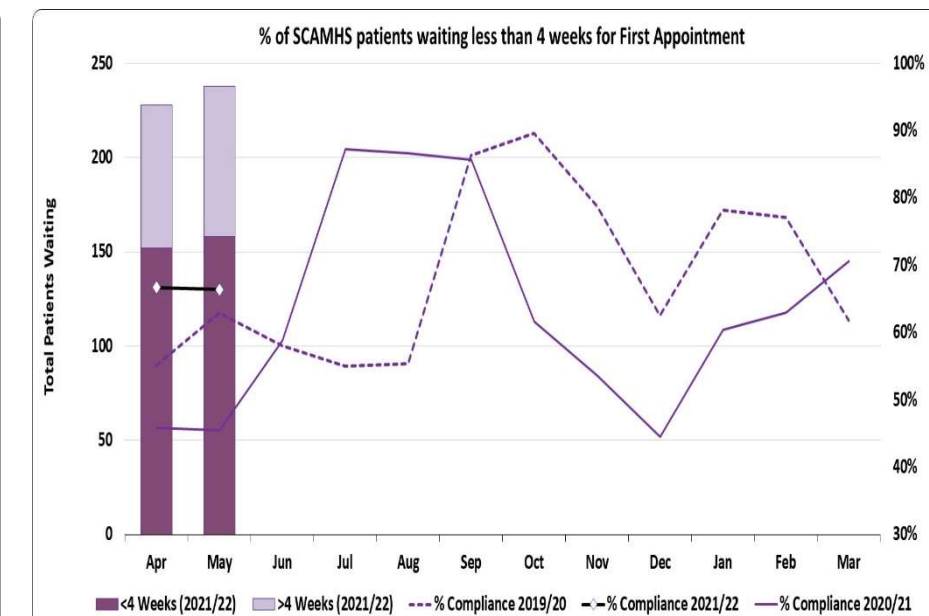
Part 3

Four outcome of assessment reports was sent during April for Part Three of the Mental Health Measure and all were sent within the 10 working day target.

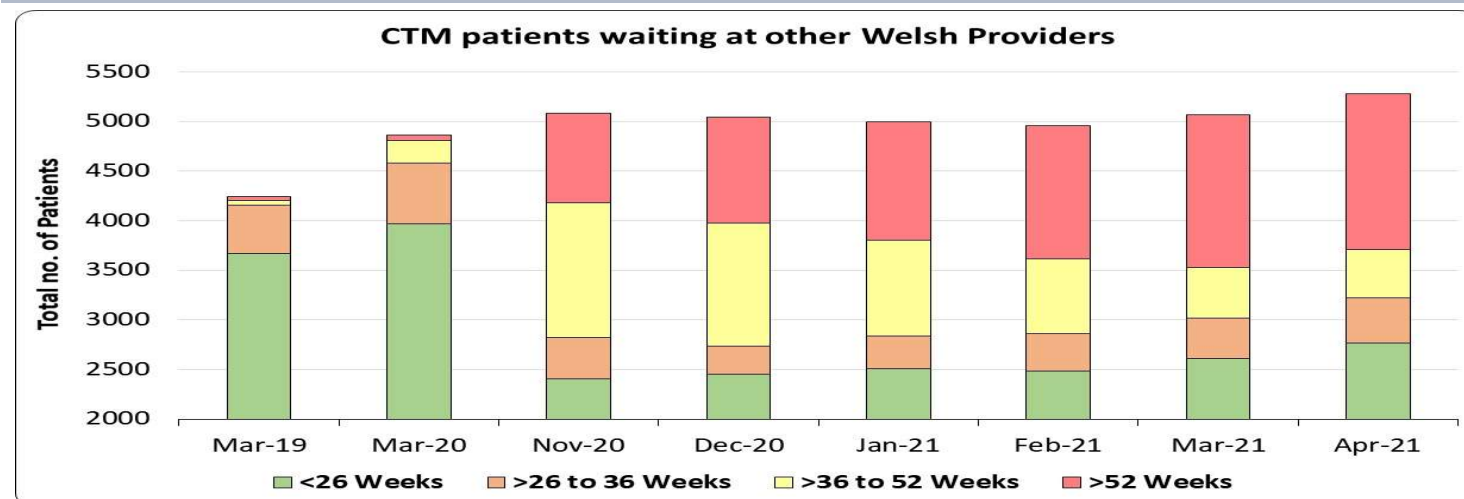


Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times remained almost static during May to a provisional 66.4% from 66.7% in April. Currently the total waiting list also remains fairly static at 238 (228 in April), with 80 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 an increase of 211 patients since March.

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 fell from 2049 in March to 2040 in April. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 362 and there are 2 patients waiting over 14 weeks for a therapy.

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
Neurology	158	Trauma & Orthopaedics	584	Urology	12	Trauma & Orthopaedics	54	Plastic Surgery	25
Trauma & Orthopaedics	89	Ophthalmology	183	Trauma & Orthopaedics	6	Allied Health	40	Trauma & Orthopaedics	24
Ophthalmology	36	Clinical Immunology And Allergy	59	Ophthalmology	5	Oral Surgery	24	Oral Surgery	20
Cardiology	18	Oral Surgery	47	ENT	3	Ophthalmology	20	General Surgery	4
Clinical Immunology And Allergy	17	Neurology	44	Dermatology	2	ENT	14	Diagnostic	3
Paediatric Surgery	12	ENT	39	Gastroenterology	2	General Surgery	8	Trauma & Orthopaedics	2
ENT	8	Gynaecology	38	Oral Surgery	2	Dermatology	5	Clinical Haematology	1
General Surgery	8	Paediatric Surgery	24	General Surgery	1	Gastroenterology	1	ENT	1
Urology	8	Paediatric Dentistry	23	Geriatric Medicine	1	Gynaecology	1	Gastroenterology	1
Paediatrics	8	Neurosurgery	22	Gynaecology	1	Grand Total	167	Gynaecology	1
Oral Surgery	7	General Surgery	21	Grand Total	35			Neurology	1
Gynaecology	5	Cardiology	19					Paediatrics	1
Neurosurgery	4	Urology	17					Cardiothoracic Surgery	1
Orthodontics	2	Dermatology	10					Grand Total	63
Cardiothoracic Surgery	2	Cardiothoracic Surgery	10						
Dermatology	1	Paediatrics	8						
Respiratory Medicine	1	Dental Medicine Specialties	7						
Rheumatology	1	Restorative Dentistry	6						
Clinical Pharmacology	1	Rheumatology	5						
Dental Medicine Specialties	1	Orthodontics	3						
Paediatric Dentistry	1	Pain Management	1						
Restorative Dentistry	1	Anaesthetics	1						
Grand Total	389	General Medicine	1						
		Grand Total	1172						

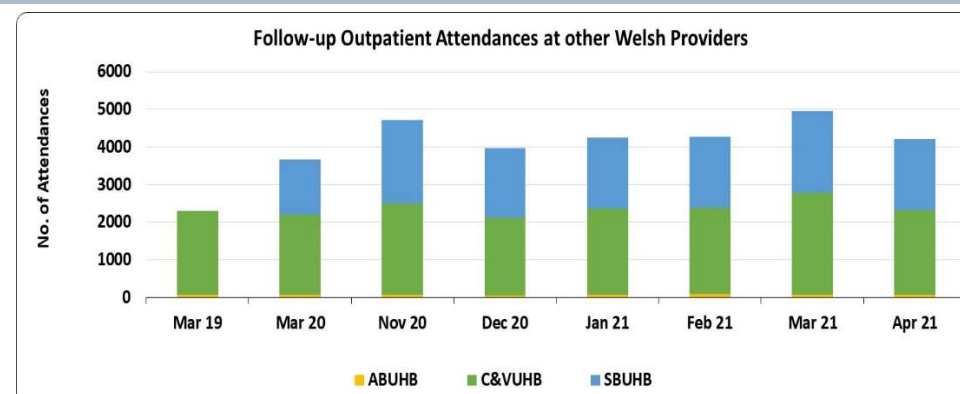
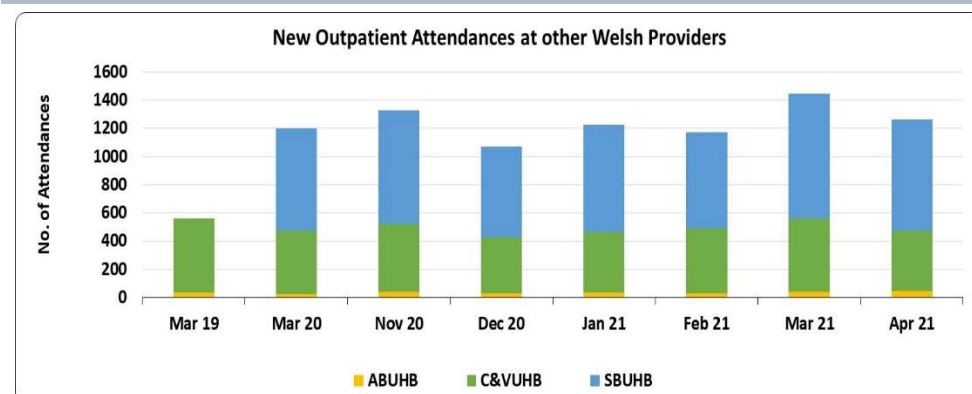
CTM patients waiting at specific health boards					
April 2021	Cardiff & Vale UHB	Aneurin Bevan UHB	Swansea Bay UHB		
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients
<26 Weeks	2132	52.8%	203	44.0%	421
>26 to 36 Weeks	342	8.5%	56	12.1%	49
>36 to 52 Weeks	389	9.6%	35	7.6%	63
>52 Weeks	1172	29.0%	167	36.2%	214
Total Waiting	4035		461		747
% of Total Waiting	76.5%		8.7%		14.2%

CTM Patients waiting for a Diagnostic at other Welsh Providers (Apr 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Cardiology	97	26	Cardiology	4	3
Endoscopy	36	18	Endoscopy	25	11
Radiology	196	15	Radiology	11	2
Physiological Measurement	16	13	Total	40	16
Neurophysiology	2	2			
Imaging	2	0			
Total	349	74			

CTM Patients waiting for Therapy at other Welsh Providers (Apr 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks
Physiotherapy	7	0	Audiology	1	1
Dietetics	9	1	Physiotherapy	6	0
SALT	1	0	Podiatry	1	0
Occupational Therapy	1	0	Dietetics	2	0
Total	18	1	SALT	1	0
			Occupational Therapy	1	0
			Total	12	1

Swansea Bay UHB		
No patients waiting for a therapy		

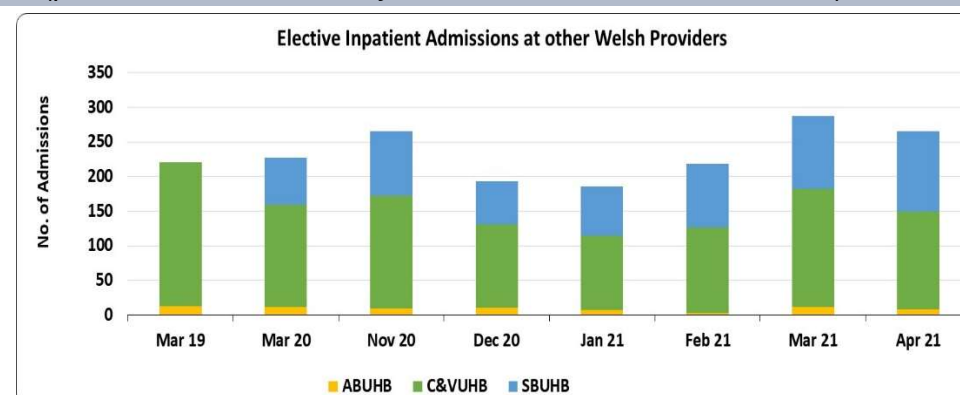
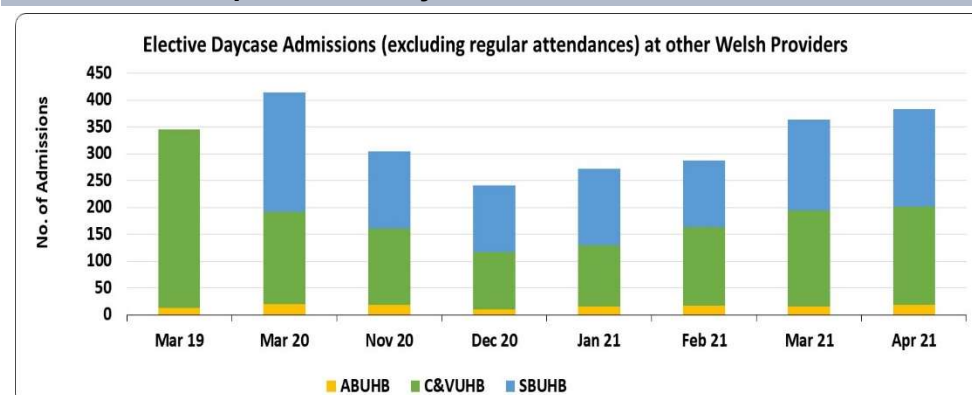
CTM Outpatient Attendances at other Welsh Providers



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.

Both Neurosurgery and Paediatric Surgery reported improved waiting times for outpatient appointments, with Neurosurgery reporting no patients waiting more than 16 weeks for follow up.

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%	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 Q3	2.9%	2019/20	3.6%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target	20/21	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%	Apr-21	73.6%	Mar-21	94.5%
	over 18 years			86.3%		84.7%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	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%	May	58.2%	Apr-21	51.9%
Number of ambulance patient handovers over 1 hour		Zero		302		296
% 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%		68.9%		75.2%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		950		711
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Feb-21	75.0%	Feb-20	78.2%
% 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%	Apr-21	14.6%	Mar-21	12.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%		78.8%	79.8%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		12 Month Improvement Trend		61.8%	Mar-21	56.9%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	May-21	13,153	Apr-21	13,098
Number of patients waiting more than 14 weeks for a specified therapy				342		370
% of patients waiting less than 26 weeks for treatment		95%		46.8%		46.8%
Number of patients waiting more than 36 weeks for treatment		Zero		41,793		40,519
Number of patients waiting for a follow-up outpatient appointment		74,734	Apr-21	105,796	Mar-21	105,382
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		27,876		28,009
% 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%		35.0%		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%	Apr-21	n/a	Mar-21	64.9%
% 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)				58.8%	Mar-21	56.9%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)				46.1%		78.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				66.7%		73.9%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				84.6%		87.2%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			May-21	41.5%	Apr-21	40.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			Apr-21	78.6%	Mar-21	79.8%
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	100.34	Apr-20 to Mar-21	70.53
	S.aureus bacteraemia			35.25		26.06
	C.difficile			37.97		25.16
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			5.00		21.56
	Aeruginosa			2.00		4.49
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	2019	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%	May-21	53.6%	Apr-21	51.7%
% 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%	May-21	65.5%	Apr-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	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	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	Apr-21	42.5%	Mar-21	60.9%
% 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			56.3%		57.9%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Feb-21	1.2%	Feb-20	0.5%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	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	Mar-21	571	Feb-21	1,014
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Oct-20	7.0%	Sep-20	7.1%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available