

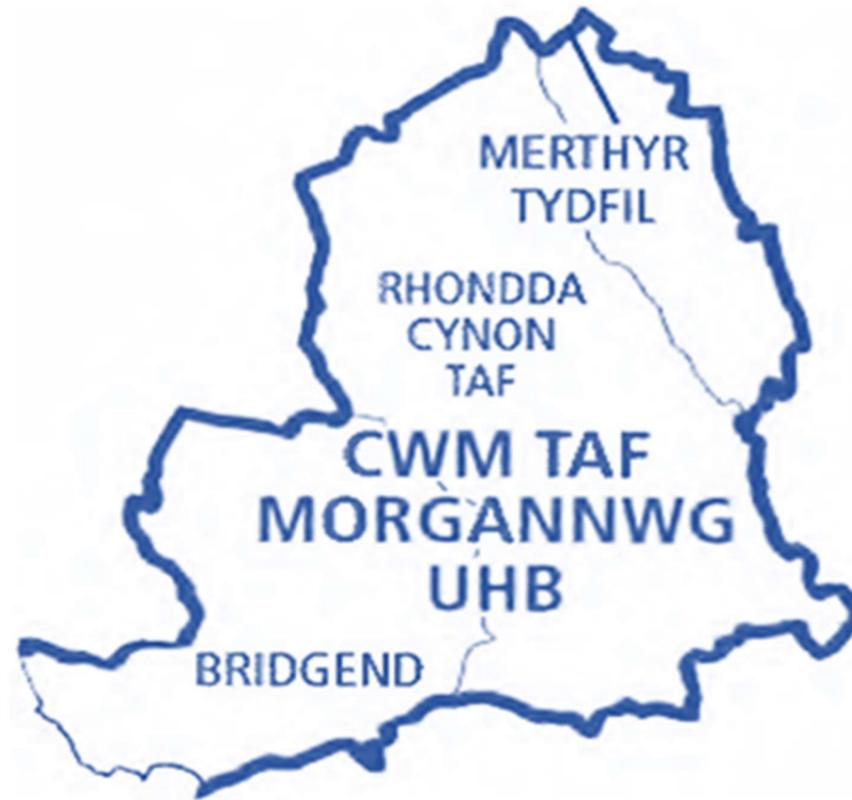
# Specific Matters for Consideration

## Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

### Chwefror 2021 / February 2021

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

Healthy Child	Resetting Cwm Taf Morgannwg
Referral to Treatment Times	Diagnostics & Therapies
Surveillance Monitoring	Follow-Up Outpatients Not Booked (FUNB)
Unscheduled Care	Stroke Quality Improvement Measures
Delayed Transfers of Care	Emergency Ambulance Services
Single Cancer Pathways	Mental Health
<b>Cwm Taf Morgannwg Quadruple Aims At a Glance</b>	



**Mission:**  
*Building healthier communities together*

**Quality Health and Care**  
for Mrs Jones, her family and her community



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

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

**Prevention**

Uptake of selected immunisations of resident children Quarter 2 - 2020/21

Uptake of selected immunisations in resident children reaching their 1st, 2nd, 4th, 5th, and 16th birthday between 01/07/20 and 30/09/20 and resident on 30/09/20				
<b>Age 1 year</b>				
<b>Number of Resident Children Age 1 Year</b>		<b>% uptake of immunisation</b>		
	<b>6 in 1<sup>1</sup></b>	<b>MenB<sup>2</sup></b>	<b>PCV2</b>	<b>Rotavirus</b>
Bridgend LA	322	96.9%	97.8%	97.8%
Merthyr Tydfil LA	154	97.4%	96.8%	97.4%
Rhondda Cynon Taf LA	613	98.2%	98.5%	98.5%
<b>CTMUHB</b>	<b>1089</b>	<b>97.7%</b>	<b>98.1%</b>	<b>97.2%</b>
<b>Age 2 years</b>				
<b>Number of Resident Children Age 2 years</b>		<b>% uptake of immunisation</b>		
	<b>MMR1</b>	<b>PCV3<sup>3</sup></b>	<b>MenB<sup>4</sup></b>	<b>Hib/MenC</b>
Bridgend LA	397	95.7%	96.0%	95.5%
Merthyr Tydfil LA	190	94.7%	93.7%	93.7%
Rhondda Cynon Taf LA	686	97.1%	96.8%	96.9%
<b>CTMUHB</b>	<b>1273</b>	<b>96.3%</b>	<b>96.1%</b>	<b>96.0%</b>
<b>Age 4 years</b>				
<b>Number of Resident Children Age 4 years</b>		<b>% uptake of immunisation</b>		
	<b>Up to date in schedule<sup>5</sup></b>			
Bridgend LA	419	89.5%		
Merthyr Tydfil LA	199	89.9%		
Rhondda Cynon Taf LA	720	90.4%		
<b>CTMUHB</b>	<b>1338</b>	<b>90.1%</b>		
<b>Age 5 years</b>				
<b>Number of Resident Children Age 5 years</b>		<b>% uptake of immunisation</b>		
	<b>MMR2</b>	<b>4 in 1<sup>1</sup></b>		
Bridgend LA	438	89.3%	89.5%	
Merthyr Tydfil LA	215	93.0%	94.9%	
Rhondda Cynon Taf LA	721	94.0%	94.9%	
<b>CTMUHB</b>	<b>1374</b>	<b>92.4%</b>	<b>93.2%</b>	
<b>Age 16 years</b>				
<b>Number of Resident Children Age 16 years</b>		<b>% uptake of immunisation</b>		
	<b>MMR1</b>	<b>MMR2</b>	<b>MenACWY</b>	<b>3 in 1 Teenage booster<sup>6</sup></b>
Bridgend LA	397	96.0%	89.7%	85.6%
Merthyr Tydfil LA	162	96.3%	92.6%	88.3%
Rhondda Cynon Taf LA	741	96.1%	93.1%	91.6%
<b>CTMUHB</b>	<b>1300</b>	<b>96.1%</b>	<b>92.0%</b>	<b>89.4%</b>

For the quarter **July to September 2020**, uptake of the complete three-dose course of "6 in 1" vaccine remained above 95%. Uptake of all other routine primary immunisations in infants reaching their first birthday in this quarter also remain at 95% or higher.

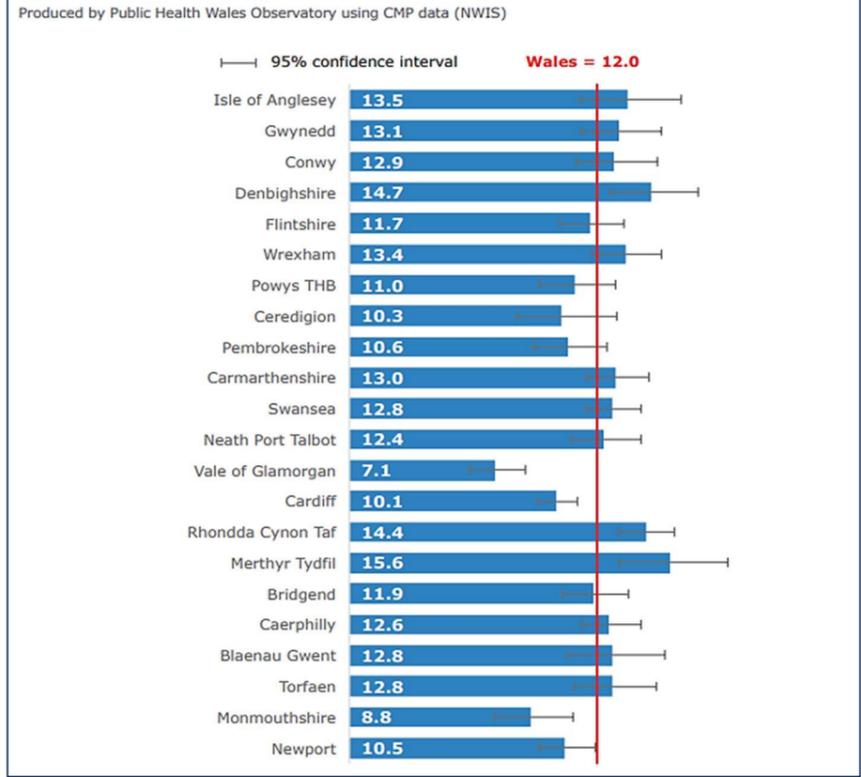
Uptake of the scheduled vaccines in two year olds for all LA areas were above target apart from Merthyr Tydfil as detailed in the table above.

The proportion of children who were up to date with their routine immunisations by four years of age was 90.1%. Uptake varies with RCT achieving the highest at 90.4% but remaining under target.

Immunisation rates for the five year olds is below the 95% for all areas in CTM for both MMR and the 4 in 1 vaccines with CTM achieving 92.4% and 93.2% respectively.

The age 16 years uptake of scheduled vaccines varies with just MMR1 achieving overall 96.1% and all LA areas above target. MMR2 achieving 92.0% as a whole with none of the areas reaching 95%. MenACWY and 3 in 1 booster also failed to reach the target with 89.8% and 89.4% respectively for CTM with none of the LA's reaching target for these two vaccines.

**Healthy Weight**

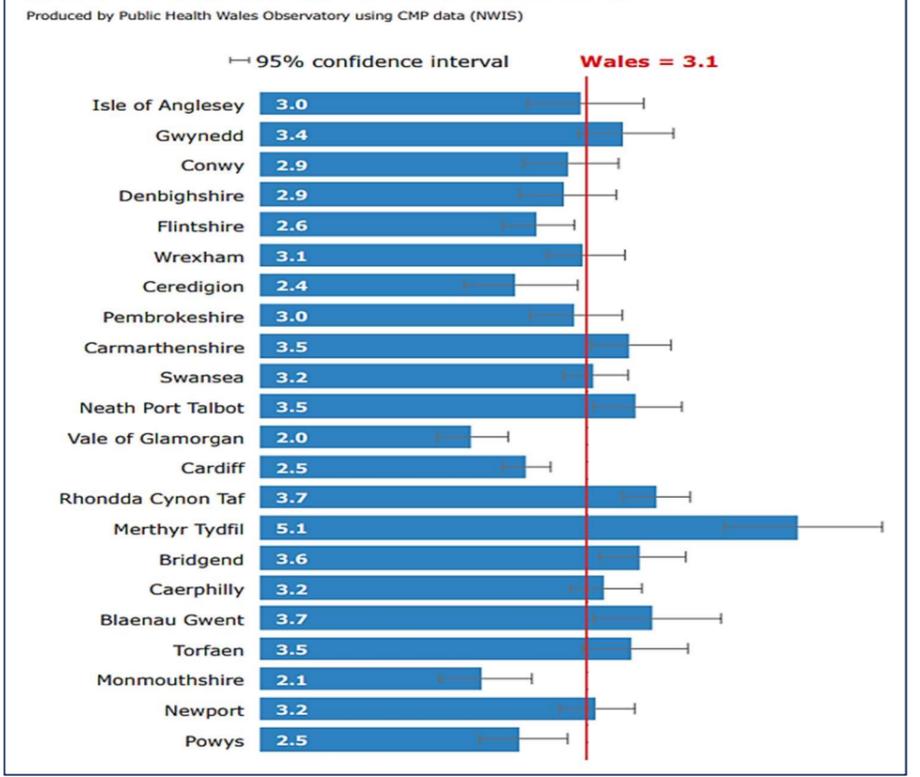


Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%), living in the least deprived areas of Wales, being of a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

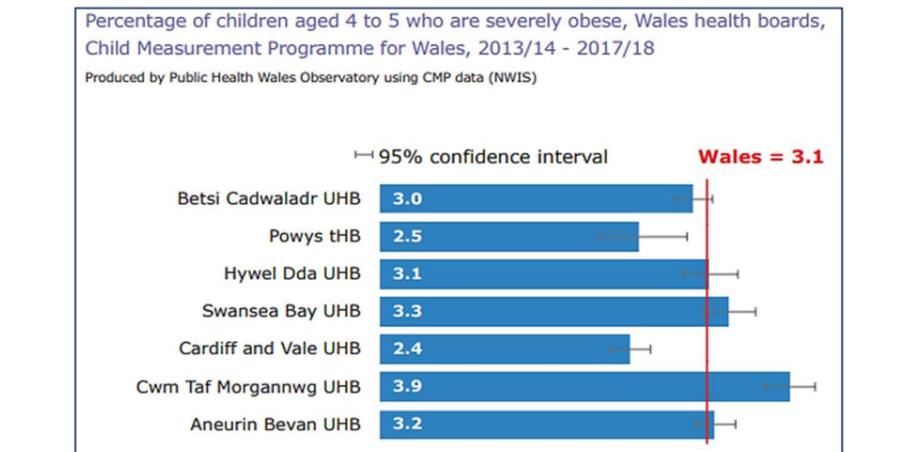
**Underweight:** The number of children in Wales categorised as underweight is very small at 0.8% with the highest prevalence of underweight being 1.4% in Cardiff & Vale UHB.

**Obesity:** By local authority area for the single year 2017/18, obesity prevalence is highest in **Merthyr Tydfil at 15.6%**, and is also higher than the Welsh average in Denbighshire (14.7%) and **Rhondda Cynon Taf (14.4%)** – the differences between these three areas and the Welsh average is statistically significant. Obesity prevalence in the Vale of Glamorgan is less than half that of Merthyr Tydfil at 7.1%. It is also lower than the Welsh average in Monmouthshire (8.8%) and Cardiff (10.1%) and again the differences are statistically significant.

**Severe Obesity**



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

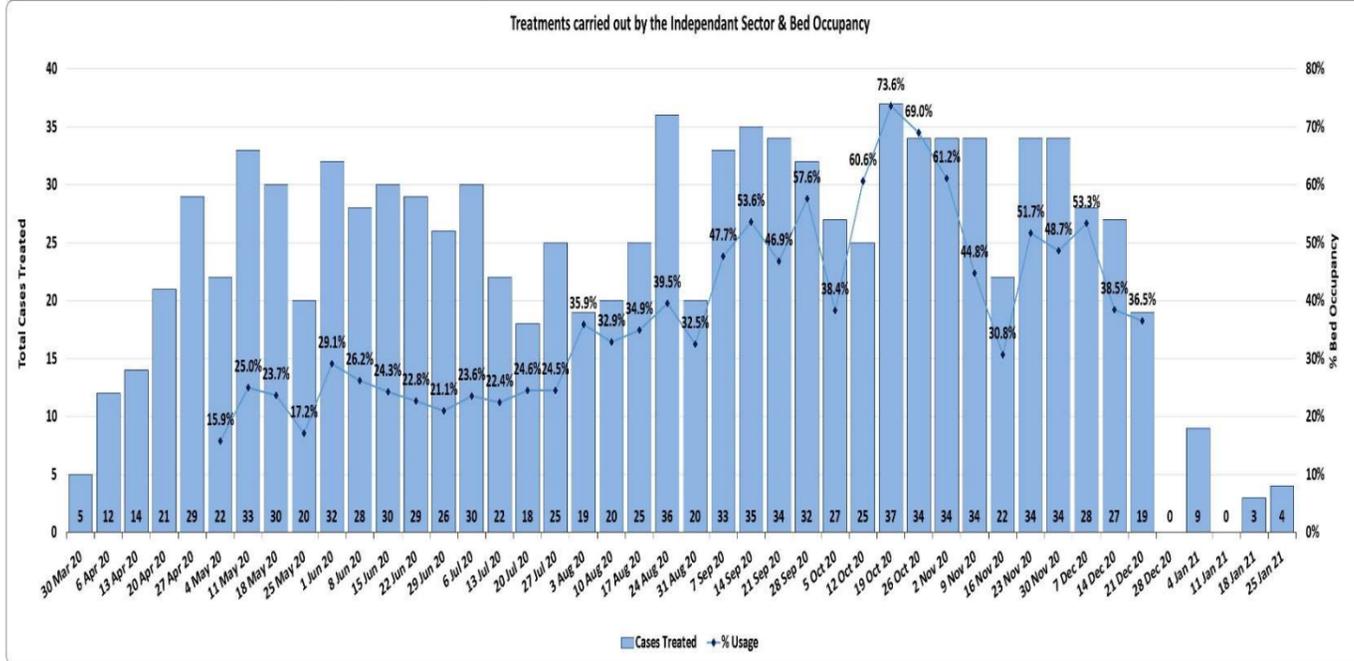


By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average, while prevalence in Powys Teaching Health Board and Cardiff & Vale UHB is significantly lower.

## Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 25<sup>th</sup> January 2021  
**1051**

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



Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Pain Management	Total
254	335	262	4	28	1	12	125	12	11	1051

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

The elective activity undertaken since May is shown in the chart to the right. As has been reported previously, the activity undertaken classified as non-urgent is explained by the following:

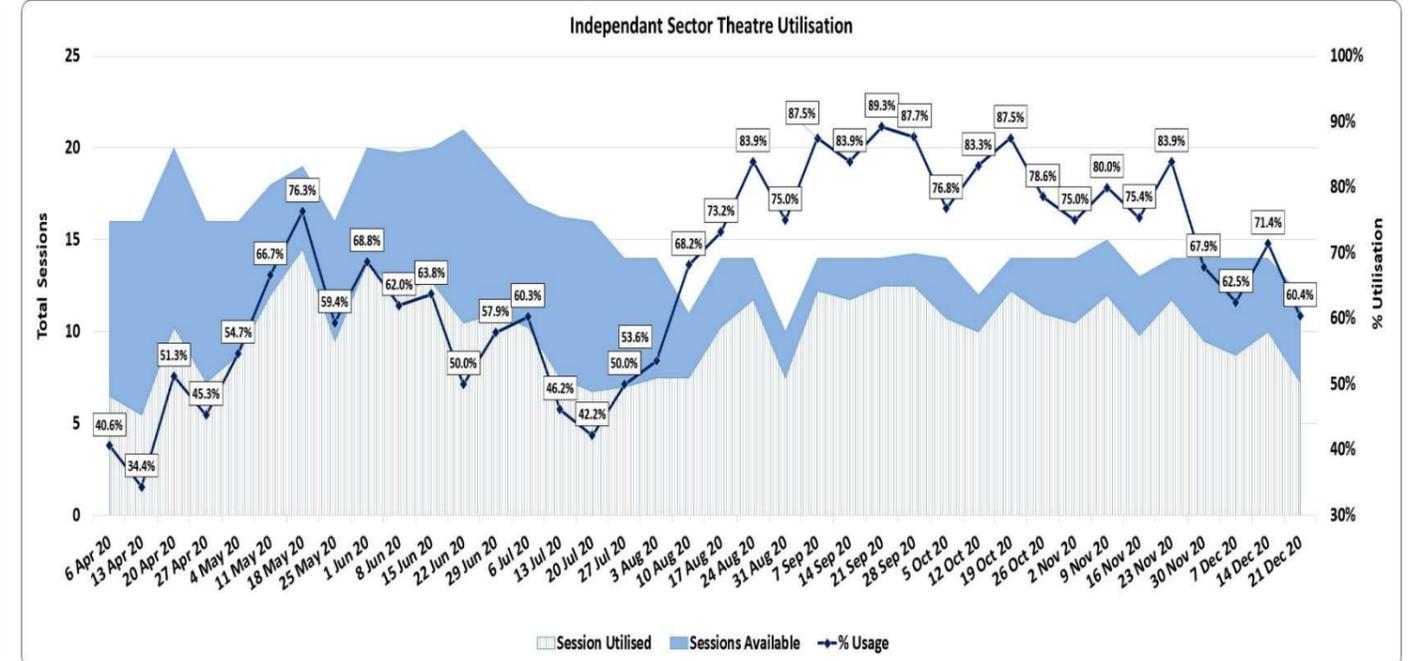
- Much of the “non-urgent” activity, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something that requires an action plan to address sustainably
- For PCH and RGH, a significant number of these cases relate to Cardiology treatments, in relation to pacemakers
- Many other cases relate to excisions, explorations under general anaesthetic, IV antibiotics and stents

With the evolving adoption of clinical prioritisation, the reliance on the urgent/non-urgent classification will diminish and whilst confidence is maintained regarding the ILG processes for determining which cases will utilise the scarce available elective capacity. Our acute hospitals are currently restricting any availability elective capacity for urgent cancer treatment in light of the volume of Covid patients on each site.

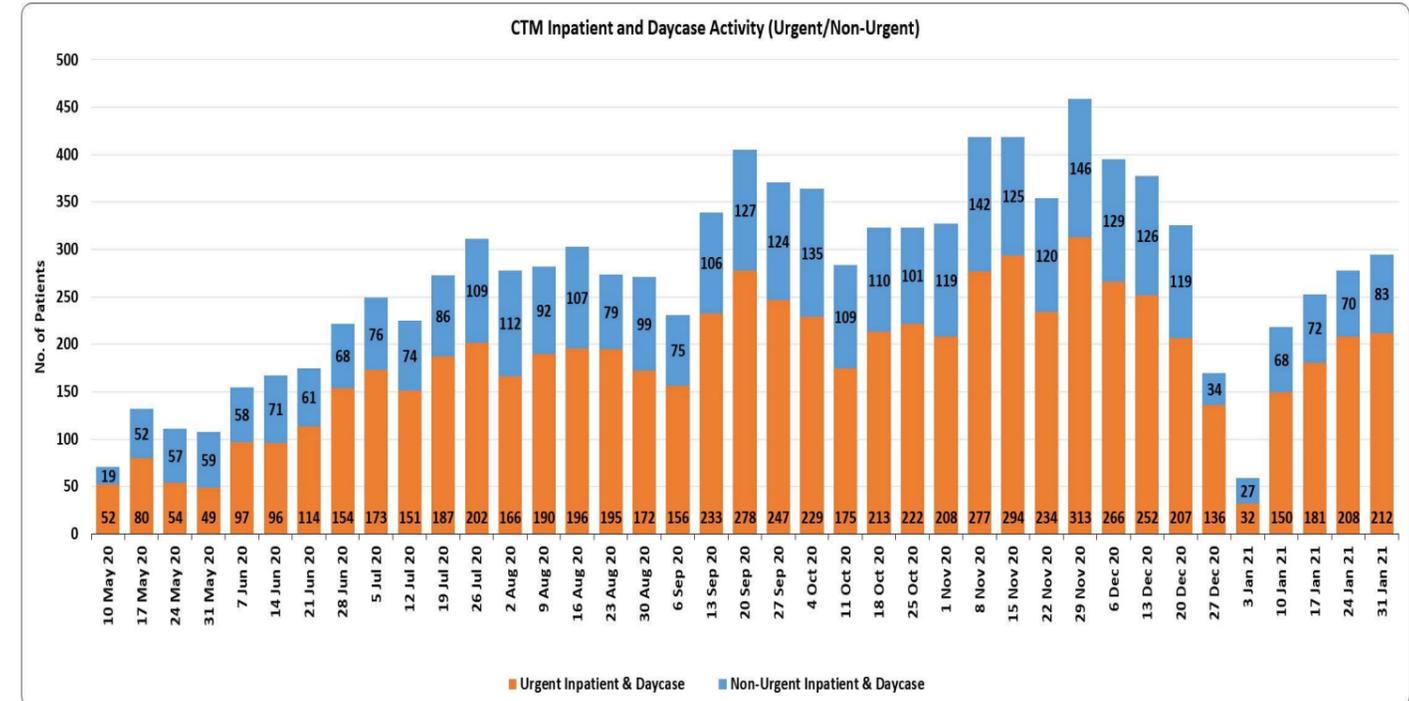
## Theatre Utilisation (Independent Sector)

Theatre Utilisation within the Independent Sector Hospital to week commencing 21<sup>st</sup> December 2020

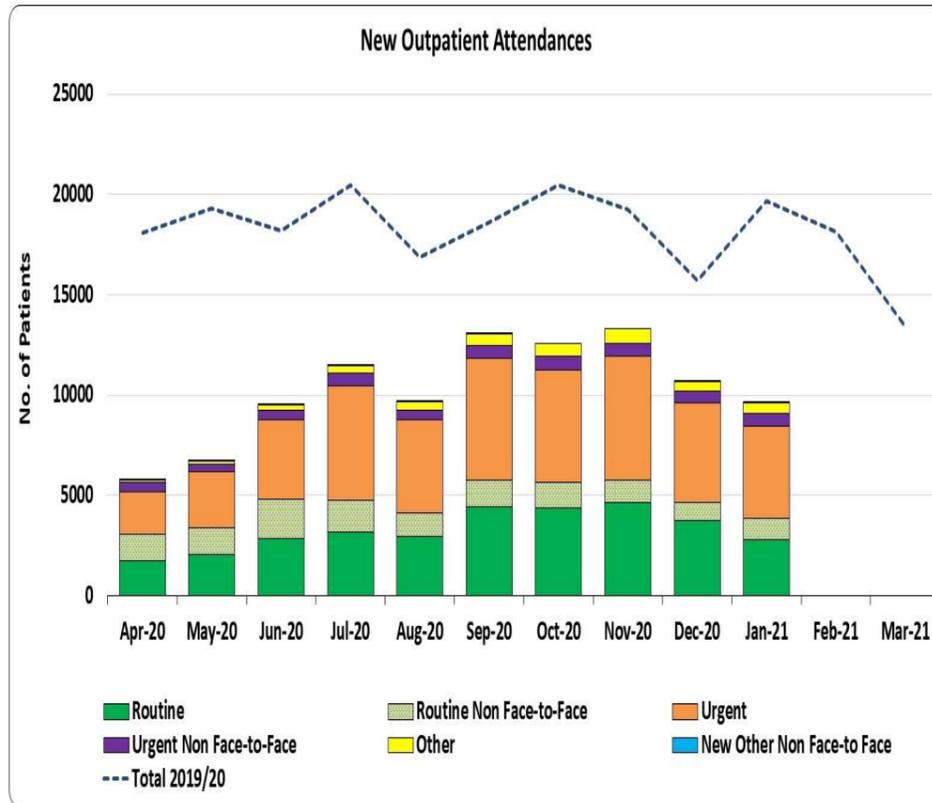
Please note that Theatre Utilisation data is only available to 21<sup>st</sup> December 2020



## Activity Undertaken within Internal Hospital Capacity



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

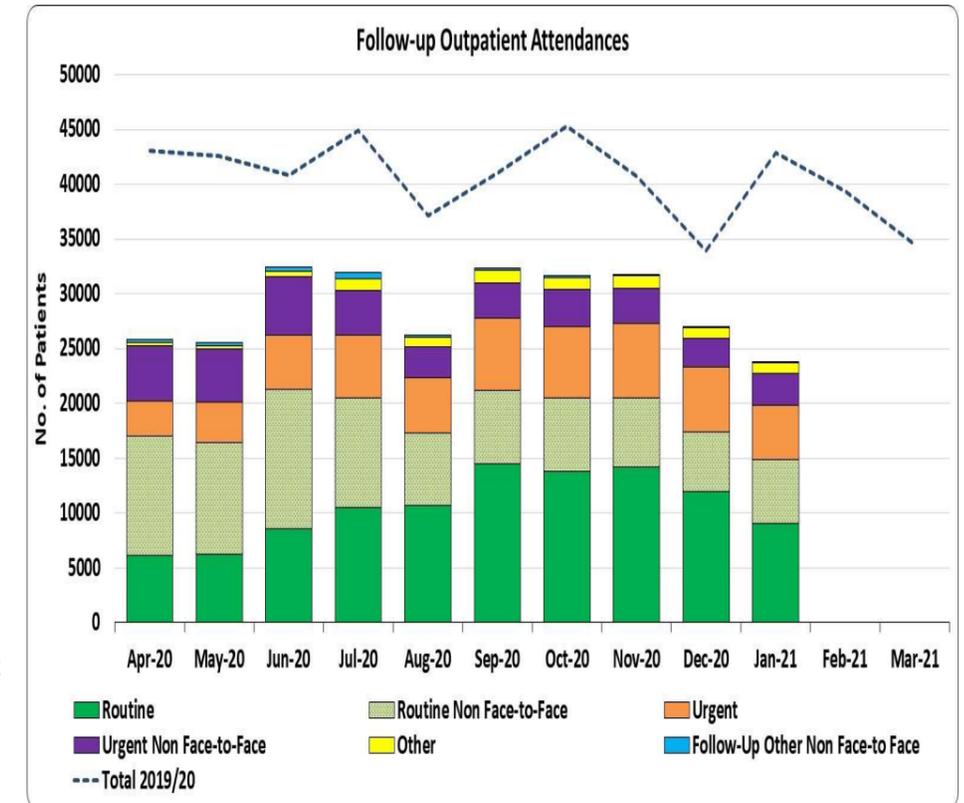


% Reduction in Outpatient Attendances compared to the previous year		
Period	New	Follow-up
Apr-20	-68%	-40%
May-20	-65%	-40%
Jun-20	-48%	-21%
Jul-20	-44%	-29%
Aug-20	-43%	-29%
Sep-20	-30%	-21%
Oct-20	-39%	-30%
Nov-20	-31%	-22%
Dec-20	-32%	-21%
Jan-21	-51%	-44%

Digital solutions are helping to bolster the level of activity undertaken, however the table above details the reduction in both new and follow-up outpatient attendances compared to the same period in the previous year.

There continues to be a wider gap in terms of new outpatients, which is to be expected.

Further progress is unlikely in the short term in view of the current Covid status of hospitals within the UHB, where elective clinical sessions are being utilised to ensure emergency and on-call rotas are maintained.

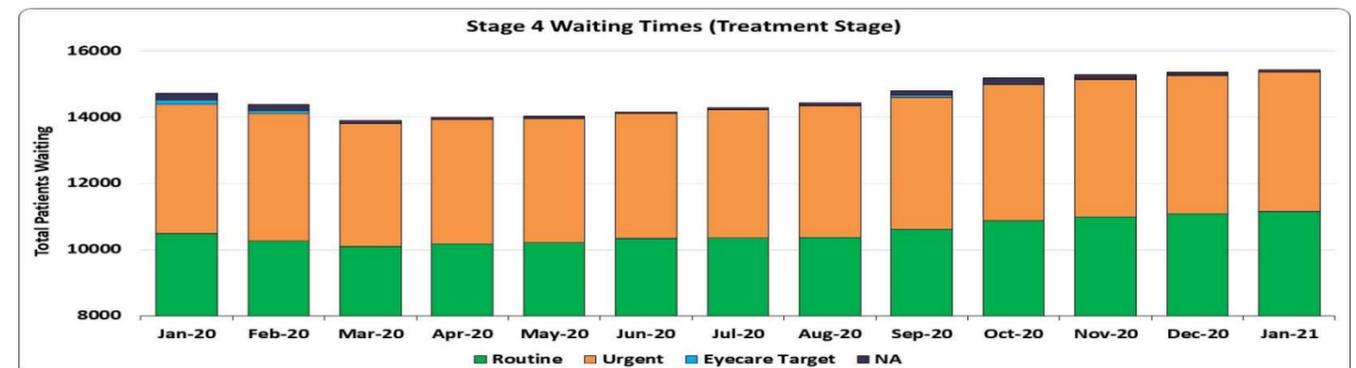
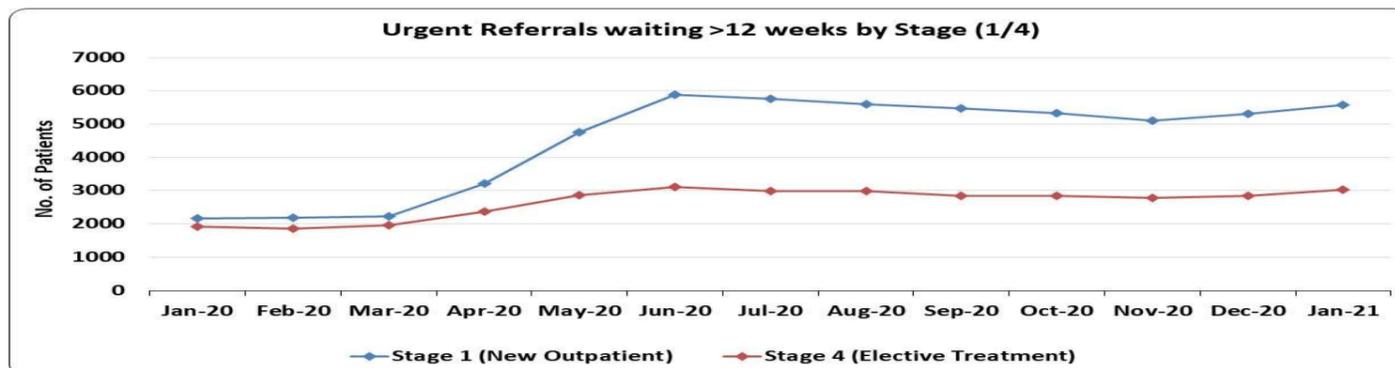
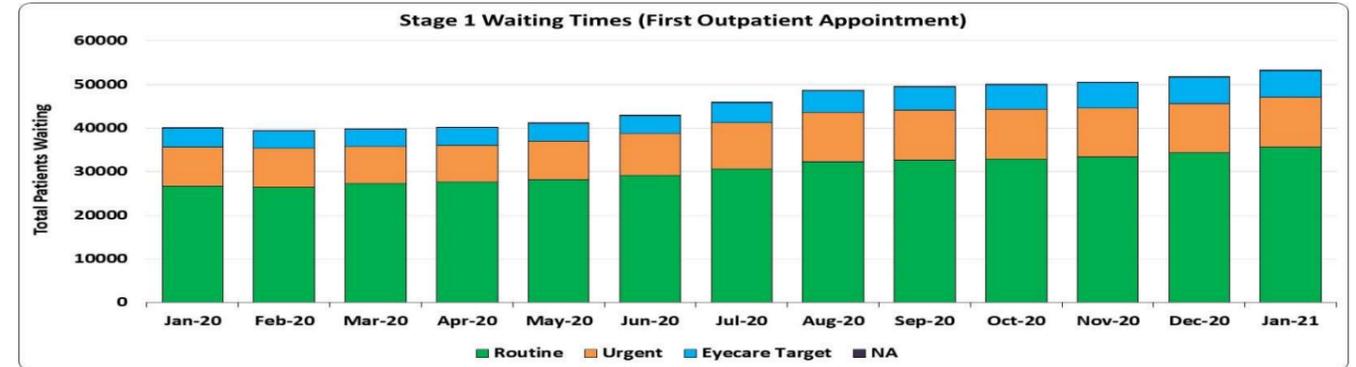


### Waiting Times Stage 1 (New Outpatients) and Stage 4 (Treatments)

The reduced levels of outpatient, inpatient and daycase activity means that waiting lists are continuing to grow. The initial clinical prioritisation of urgent pathways at treatment stage was completed in August, however not all urgent pathways have been prioritised. Waiting times for urgent patients are an integral part of our measurement framework for our overall strategic objectives, within the *Provide High Quality, Evidence Based, Accessible Care* theme.

Whilst the Stage 4 waiting list volume has remained fairly static for a number of months, this has been very much influenced, certainly since March, by the reduced new outpatient activity, resulting in fewer conversions from Stage 1 to Stage 4 (acknowledging that there are Stages 2 and 3 to work through in many cases).

There are now plans to restart elective services (mid-February for Bridgend and RTE, mid-March for MC) with the decline in Covid cases, both within our communities and in our hospital beds.



# Referral to Treatment Times (RTT)

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

Number of patients waiting >52 weeks – Target Zero

**24,586**

Number of patients waiting >36 weeks – Target Zero

**37,170**

% of patients waiting under 26 weeks – Target 95%

**43.7%**

### 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 January is 24,586. The breakdown of the 24,586 patients is as follows:

- 7,500 patients relate to Merthyr & Cynon ILG waiting lists
- 10,087 patients relate to Rhondda & Taff Ely ILG waiting lists
- 6,999 patients relate to Bridgend ILG waiting lists

### Patients waiting >36 weeks

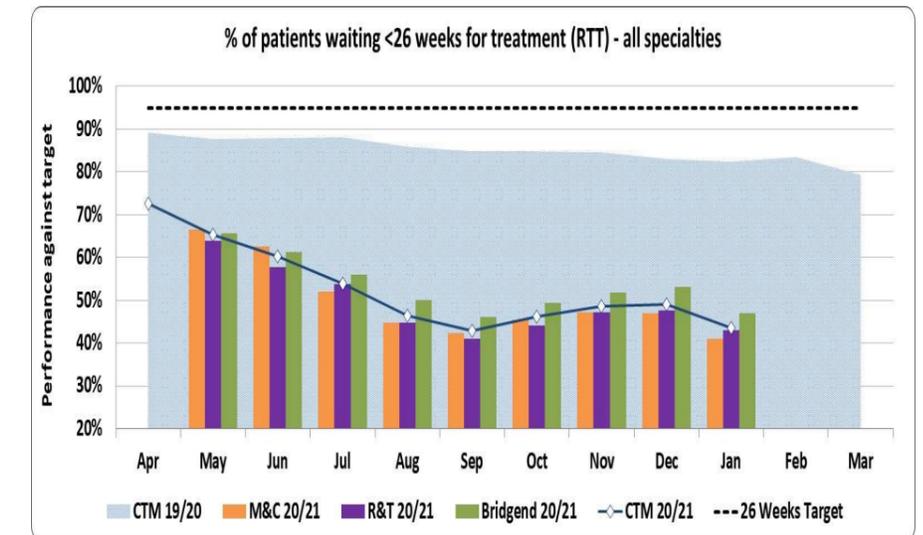
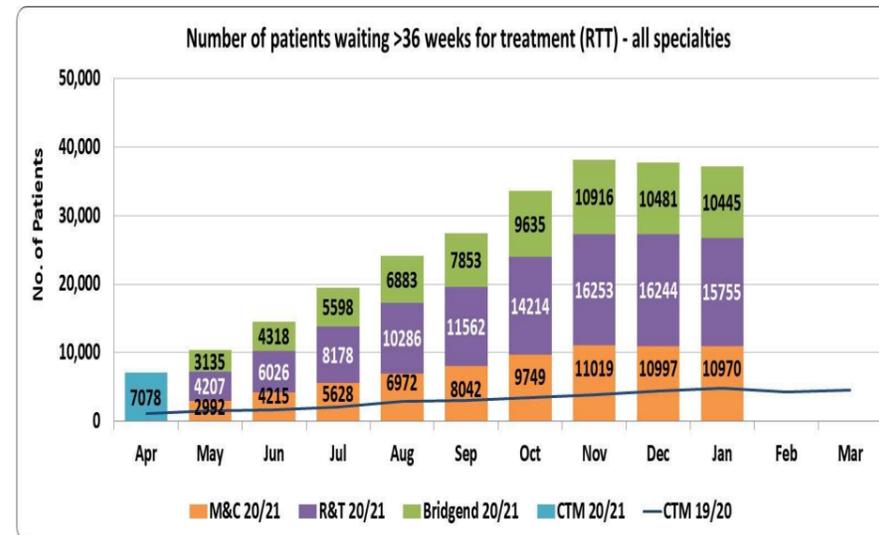
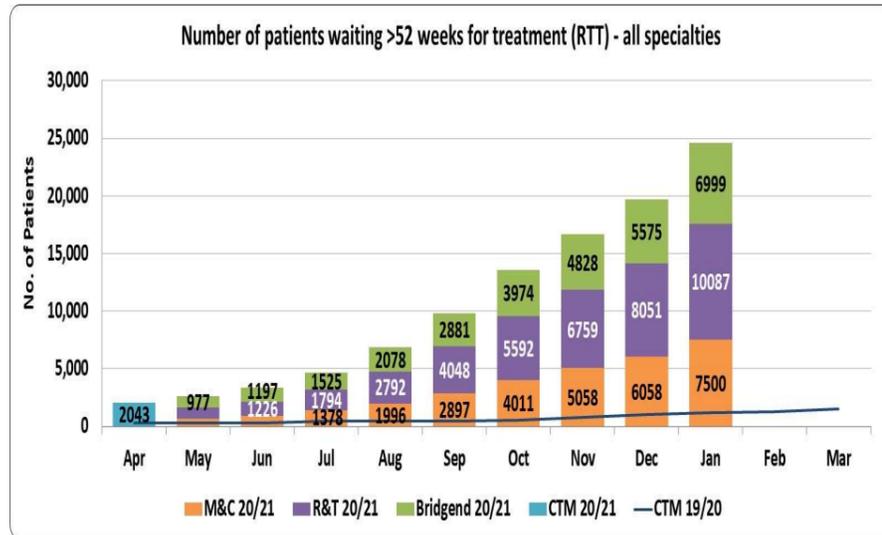
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for December is 37,170 patients across Cwm Taf Morgannwg, which is a decrease of 552 from December (N.B. includes the 24,586 patients waiting over 52 weeks):

- 10,970 patients relate to Merthyr & Cynon ILG waiting lists
- 15,755 patients relate to Rhondda & Taff Ely ILG waiting lists
- 10,445 patients relate to Bridgend ILG waiting lists

### Patients waiting <26 weeks

In terms of the 26 week position (excluding the direct access Diagnostic & Therapy figures) the provisional position for January across Cwm Taf Morgannwg is 43.7%, a level which has been relatively stable over the past four months. The position within each ILG is as follows:

- 40.9% Merthyr & Cynon ILG waiting lists
- 43.1% Rhondda & Taff Ely ILG waiting lists
- 46.9% Bridgend ILG waiting lists



The confirmed position for the end of December 2020 was 37,722 patients waiting over 36 weeks, of whom 19,684 patients were waiting over 52 weeks.

The resetting of elective services has brought a different focus on how treatments will be prioritised in the future and hence what performance reporting framework will be deployed in NHS Wales. Referrals have been increasing since May and there has been a steady increase in the total number of open pathways, with the total now over 84,000. This total will continue to rise whilst the organisation is operating at between 30% and 35% of the activity levels being delivered at the same time last year.

The initial clinical prioritisation of open pathways to reflect a risk based approach has been completed, though not all urgent pathways have been prioritised and as yet, a routine process for categorising new urgent patients added to the treatment list has not been implemented. However for MC and RTE ILGs, the functionality to record the clinical prioritisation on WPAS is now operational and previous prioritisation carried out has been updated on WPAS. Weekly scheduled care performance meetings have been set up in both ILGs, with full engagement from the Performance and Information teams. Operational processes are being revised in line with this new requirements, taking advantage of the newly implemented functionality and progress with updating all urgent stage 4 pathways will be monitored via these regular meetings. The Welsh Government have indicated that this approach should be adopted for (i) all urgent patients waiting over 4 weeks since being listed for surgery, (ii) all patients waiting over 26 weeks since being listed for surgery and (iii) any planned pathways who are already over their agreed target date for next intervention.

A re-assessment of prioritisation is required when a patient continues to wait over the deferred target date. The re-assessment of a pathway recorded for audit purposes, will result in a new deferment target, where the re-assessed deferred date should be considered as additional criteria for their prioritisation for treatment above a pathway that is still in their first deferment period.

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

- Royal College prioritised code (range P2, P3, P4)
- The clinician who has made the assessment for the prioritised code
- The date the assessment is carried out
- The calculation of the deferred target date is from the date of the assessment for each pathway as specified in the Royal College guidance.

## Diagnostics – January 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

**12,815**

### Diagnostics >8 weeks

The provisional position for January is 12,815 patients waiting over 8 weeks for diagnostic services, which is the highest level reported this year.

The table to the right provides a breakdown of the areas that are breaching the 8 week target, with NOUS contributing most to the increased number of breaches.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	520	181	1436	2137
Cardiology Services	Cardiac CT	0	13	0	13
	Cardiac MRI	0	7	0	7
	Diagnostic Angiography	0	88	27	115
	Stress Test	7	41	46	94
	DSE	80	3	115	198
	TOE	5	0	11	16
	Heart Rhythm Recording	19	23	869	911
	B.P. Monitoring	1	10	100	111
Bronchoscopy		1	0	0	1
Colonoscopy		138	370	0	508
Gastroscopy		563	719	1	1283
Cystoscopy		0	278	136	414
Flexi Sig		361	523	0	884
Radiology	Non-Cardiac CT	5	2	1	8
	Non Cardiac MRI	26	68	79	173
	NOUS	1836	2794	785	5415
	Non-Cardiac Nuclear Medicine	1	36	0	37
Imaging	Fluoroscopy	8	51	6	65
Physiological Measurement	Urodynamics	18	35	156	209
	EMG	18	107	0	125
Neurophysiology	NCS	18	73	0	91
	<b>Total</b>	<b>3625</b>	<b>5422</b>	<b>3768</b>	<b>12815</b>

### Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 22 months:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12815		

## Surveillance Monitoring – as at 2<sup>nd</sup> February 2021

Number of patients waiting past their review date

**1,414**

### Patients waiting past review date

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target: **Urgent Suspected Cancer** (target 2 weeks/14 days), **Urgent** (target 2 weeks), **Routine** (target 8 weeks/56 days), **Surveillance** (target of 18 weeks/126 days). The table below shows the number of patients waiting across the four pathways:

as at 2nd February 2021

Patient Category	PCH	RGH	POW	TOTAL
<b>Cancer</b>				
Waiting <14 days	109	162	13	284
Over Target	15	68	0	83
<b>Total Patients Waiting</b>	<b>124</b>	<b>230</b>	<b>13</b>	<b>367</b>
<b>Urgent Non-Cancer</b>				
Waiting <14 days	79	150	9	238
Over Target	797	1192	2	1991
<b>Total Patients Waiting</b>	<b>876</b>	<b>1342</b>	<b>11</b>	<b>2229</b>
<b>Routine</b>				
Waiting <56 days	42	62	100	204
Over Target	397	612	0	1009
<b>Total Patients Waiting</b>	<b>439</b>	<b>674</b>	<b>100</b>	<b>1213</b>
<b>Surveillance</b>				
Waiting >126 days past review date	249	242	15	506
Waiting <126 days past review date	422	486	0	908
<b>Total Patients Waiting Past Review Date</b>	<b>671</b>	<b>728</b>	<b>15</b>	<b>1414</b>

## Therapies – December 2020 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

**639**

### Therapies >14 weeks

There are provisionally 639 patients breaching the 14 week target for therapies in January, an increase of 36 patients on the reported position for December.

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	54	100	154
Dietetics	9	8	135	152
Arts Therapy	7	0	0	7
Occupational Therapy	0	0	0	0
Physiotherapy	0	0	0	0
Podiatry	127	144	0	271
SALT	12	24	19	55
<b>Total</b>	<b>155</b>	<b>230</b>	<b>254</b>	<b>639</b>

### Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 22 months, indicating that inroads are now being made in tackling the backlog that built up during the pandemic:

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	0	0	0	13	25	37	57	44	1	1	0	13
2020/21	109	396	1020	945	842	632	647	674	603	639		

### Princess of Wales Hospital Endoscopy Unit

As at 2<sup>nd</sup> February the total waiting list (excluding surveillance patients) has fallen by 55 from the previous month to 124 patients in total, with no routine patients waiting over the target time, which is an excellent achievement given the circumstances. It does however emphasise the disparity in waiting times within each ILG.

### Prince Charles

As at 2<sup>nd</sup> February the total list (excluding surveillance patients) has increased by 119 patients on the previous month bringing the total to 1,439 patients waiting, of whom 1,209 are waiting over target. The number of surveillance patients waiting has increased slightly to 671 from 654 in January. Surveillance patients waiting over target currently stands at 249 patients.

### Royal Glamorgan

As at 2<sup>nd</sup> February the waiting list has increased by 159 patients to 2,246 of whom 1,872 patients are over target. Surveillance patients waiting over target currently stands at 242 patients.

In total **Cwm Taf Morgannwg** has 671 patients waiting past their review date, of which, approximately 75% of those patients are waiting more than 18 weeks past their review date.

# Follow-Up Outpatients Not Booked (FUNB)

## Follow-Up Outpatients (FUNB) – December 2020

Number of patients waiting for a Follow-up with documented target date - Target <=74,734

Number of patients waiting for a Follow-up delayed over 100% - Target <=14,815

**Not Booked**  
**78,054**

**Booked**  
**27,440**

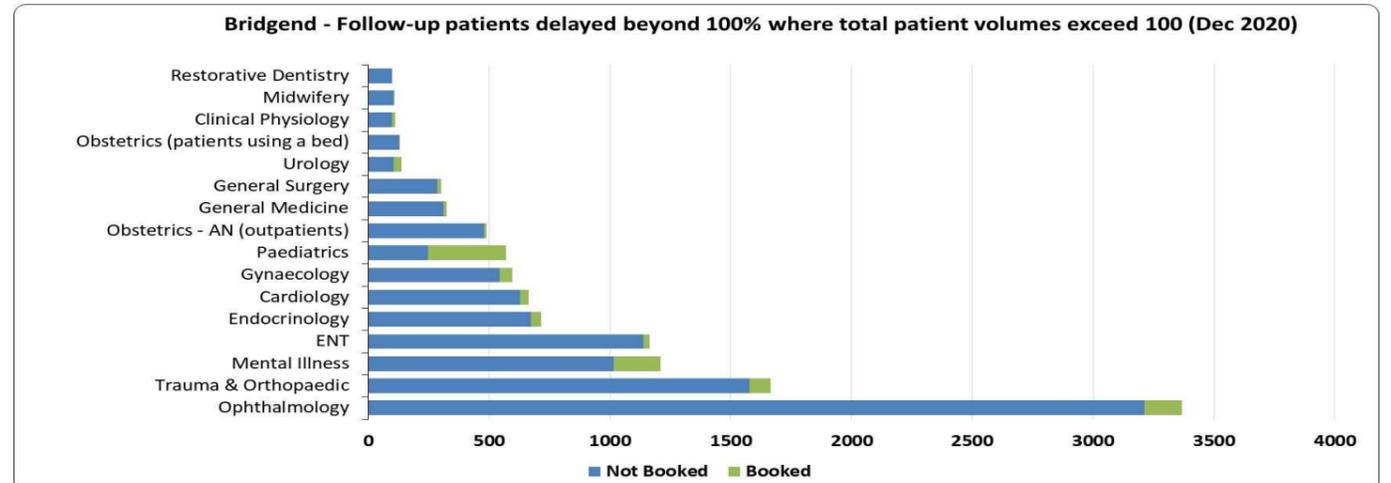
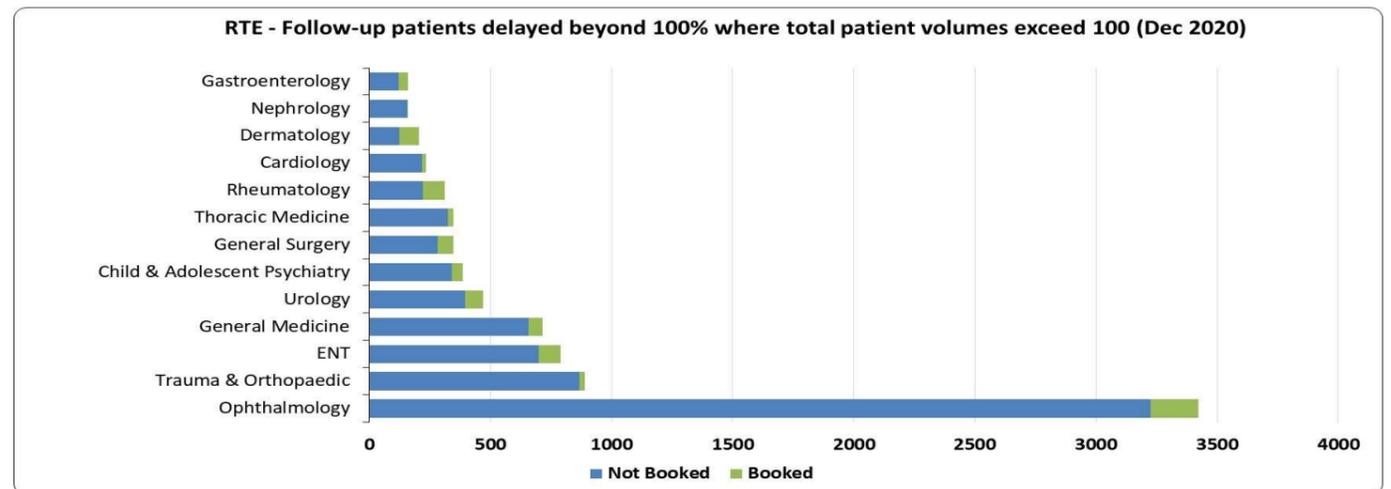
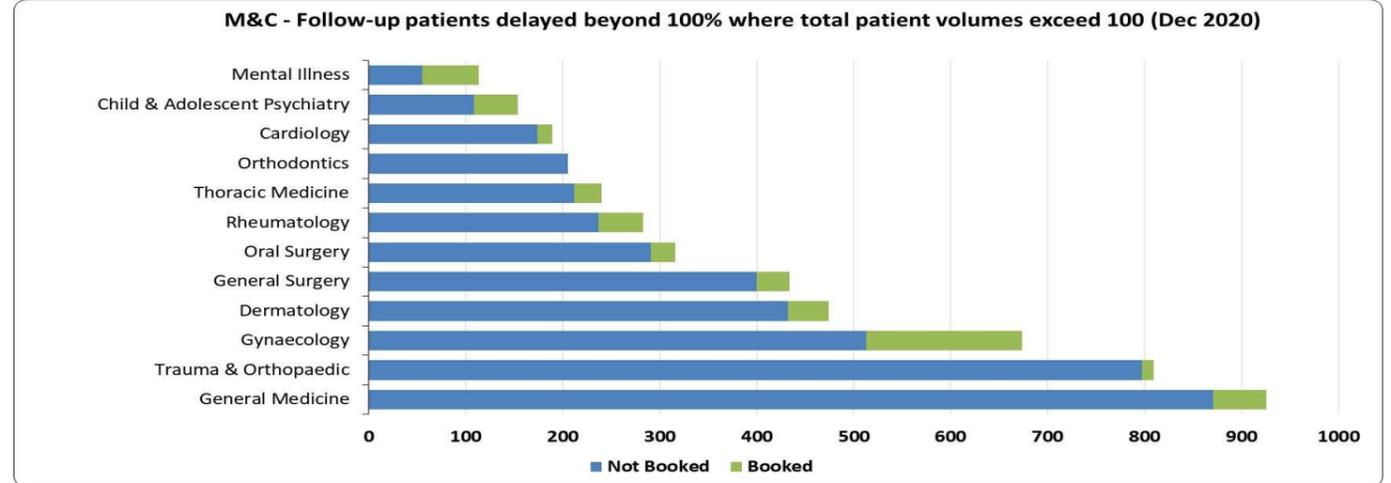
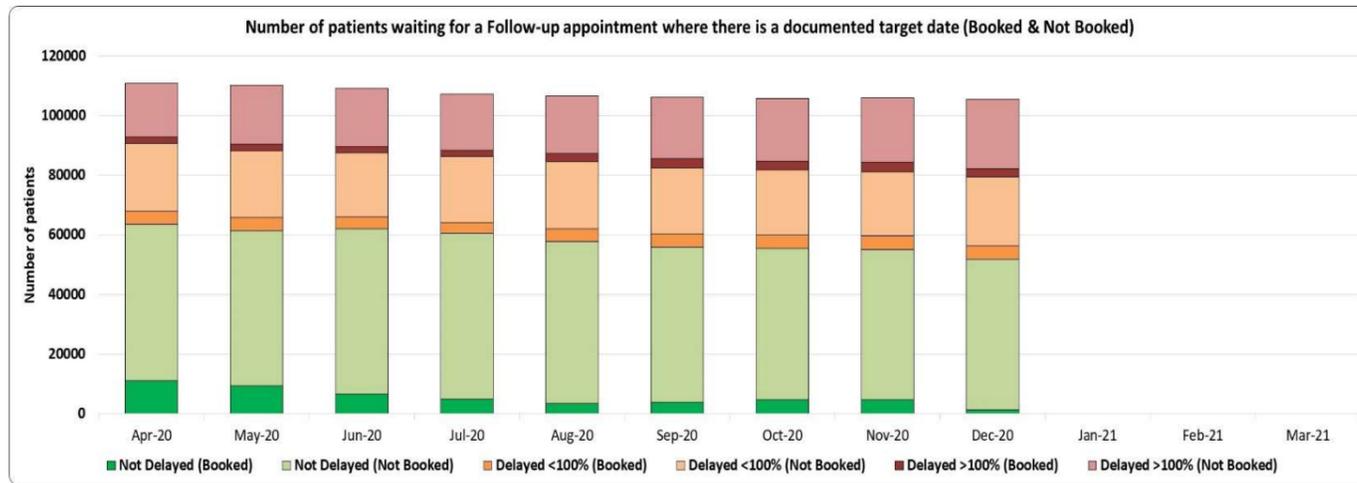
**Total**  
**105,494**

**Not Booked**  
**23,396**

**Booked**  
**2,647**

**Total**  
**26,043**

December 2020	No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%		
	Not Booked	Booked	Total	Not Booked	Booked	Total
<b>ILG</b>						
<b>Merthyr &amp; Cynon</b>	15914	6206	22120	4586	602	5188
<b>Rhondda &amp; Taff Ely</b>	25790	13974	39764	7937	950	8887
<b>Bridgend</b>	36350	7260	43610	10873	1095	11968
<b>CTM</b>	78054	27440	105494	23396	2647	26043



### FUNB

Virtual clinic appointments have been continuing and the FUNB working group continues to work towards a consistent approach across all hospitals and services. Services have resorted to digitally enabled mechanisms to interact with patients differently. Given recent events and the increase in the number of open pathways, the deterioration in the overall position has not been as great as perhaps might have been expected, emphasizing the good work that has been carried out through new ways of working. However whilst the overall level remains fairly static, the number of patients delayed beyond 100% is continuing to increase and requires action.

The reduction of routine face to face appointments has given the UHB a rare opportunity to restart the outpatient service in a much more streamlined, digitally enabled way, providing the potential for increasing activity levels in a patient friendly way.

The national initiative detailed in the RTT section for prioritising patients on the basis of risk of harm applies equally to follow-up patients as it does to new referrals and the introduction of Patient Initiated Follow-Up (PIFU) and See on Symptom (SOS) will support the effort in reducing routine follow up activity.

This has been the case of Ophthalmology for some time, but will now apply increasingly to all other elective services.

Number of Attendances

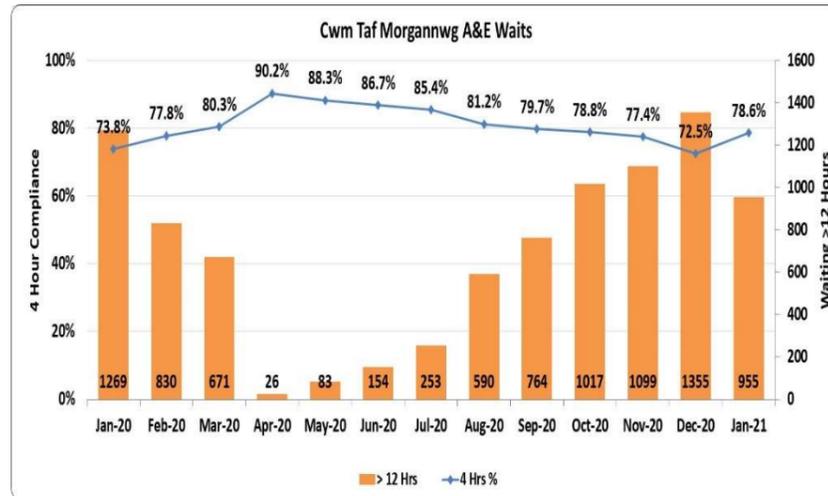
**10,201**

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

**78.6%**

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

**955**

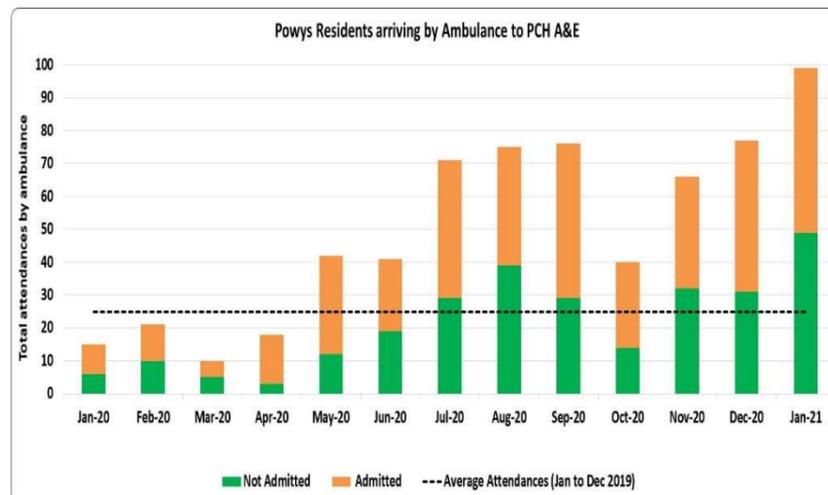


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

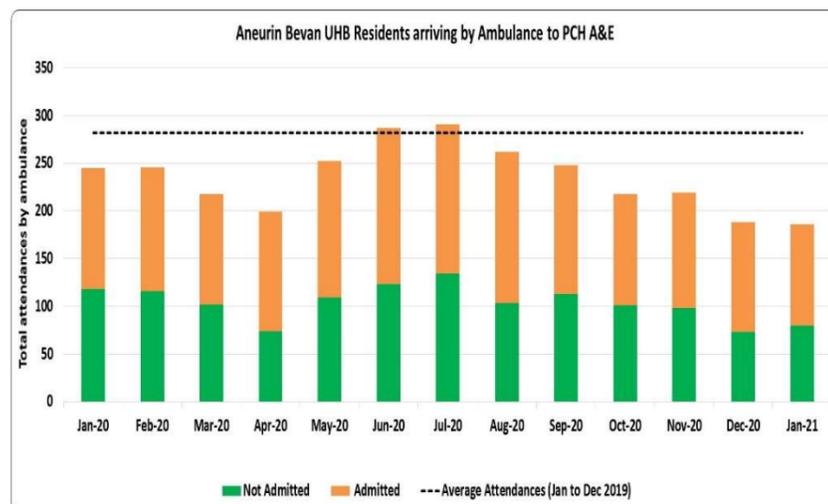
Overall attendances continue to decrease, in line with expectations given the current circumstances. This does not make life any easier for staff, who continue to work tirelessly in treating the patients who present under the most challenging of circumstances. January had a total of 818 fewer attendances than December, where the trend is looking similar to earlier in the year during the first wave, though activity levels have not reduced to the same extent.

**4 Hour Compliance** - The combined performance for CTM for the four hour target improved at all three major units during January with overall compliance at 78.6% (72.5% in December). The operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E is materially impacting on the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

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



**12 Hour Waits** - The number of breaches of the 12 hour target fell by 400 in January to an overall total of 955. Despite the number of breaches remaining high, this is the lowest level recorded since September. PCH saw the largest number of breaches (451) an increase of 27 on the previous month, whilst RGH saw a much improved performance, down by a 469 breaches on December, to record 116 patient breaches. POW recorded a total of 388 breaches in January, an increase of 42 on 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
Jan-20	4855	73.0%	495	5090	72.5%	370	4638	70.9%	404	15525	73.8%	1269
Feb-20	4608	75.9%	422	4393	76.1%	278	4249	77.6%	130	14006	77.8%	830
Mar-20	3831	81.2%	293	3483	77.0%	164	3544	79.3%	214	11476	80.3%	671
Apr-20	2691	95.8%	3	2588	91.7%	6	2501	81.6%	17	8075	90.2%	26
May-20	3866	91.3%	41	3518	90.9%	10	3801	81.5%	32	11592	88.3%	83
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.4%	63	12791	86.7%	154
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.6%	153	14148	85.4%	253
Aug-20	4849	76.7%	215	4512	93.5%	9	4819	71.5%	366	14855	81.2%	590
Sep-20	4460	73.9%	330	4243	88.6%	27	4292	73.6%	407	13716	79.7%	764
Oct-20	3972	78.4%	445	2861	79.6%	130	3741	74.9%	442	11241	78.8%	1017
Nov-20	3786	79.0%	387	3581	75.9%	267	3462	73.7%	445	11387	77.4%	1099
Dec-20	3707	75.7%	424	3394	71.1%	585	3459	66.7%	346	11019	72.5%	1355
Jan-21	3377	79.6%	451	3283	82.3%	116	3113	70.7%	388	10201	78.6%	955

% compliance with direct admission to an acute stroke unit within 4 hours  
**6.3%**

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins  
**50.0%**

% compliance of patients diagnosed with stroke received a CT scan within 1 hour  
**54.5%**

% compliance assessed by a stroke consultant within 24 hours  
**56.1%**

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
Dec-19	37.8%	20.0%	63.2%	57.9%	7.4%	0.0%	44.4%	22.2%	25.0%	12.5%	55.4%	43.1%
Jan-20	30.4%	62.5%	60.7%	66.1%	18.5%	0.0%	44.4%	51.9%	26.5%	50.0%	55.4%	61.4%
Feb-20	44.0%	85.7%	70.6%	68.6%	34.6%	33.3%	51.9%	81.5%	40.8%	70.0%	64.1%	73.1%
Mar-20	45.9%	50.0%	78.4%	70.3%	42.1%	0.0%	52.6%	63.2%	44.6%	25.0%	69.6%	67.9%
Apr-20	69.2%	33.3%	71.2%	75.0%	30.0%	Nil	65.0%	85.0%	58.3%	33.3%	69.4%	77.8%
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
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%

The table to the left details the compliance of two acute stroke units at Prince Charles Hospital and the Princess of Wales Hospital against four QIMs up until the end of December. Whilst achieving the targets have always proved challenging, not least due to not being able to establish a sustainable 24/7 service, there have been further reductions over the last three months, as the COVID inpatient demand has required us to reconfigure services.

As can be seen by the reports acute stroke services are run from both PoW and PCH, and performance varies between the sites, therefore the data is better not aggregated for analysis. SSNAP performance is reported into the UK data base by individual site, with PoW being in the lower quartile, reflecting the difficulty of meeting nationally agreed levels of performance when there are relatively few admissions and staffing levels are suboptimal.

To note, the report indicates 0% compliance for POW from October to December for admissions to a stroke ward in 4 hours. This key performance indicator impacts on all the domains of acute stroke care, with only 2 patients receiving thrombolysis within the target of 45 mins in the last year.

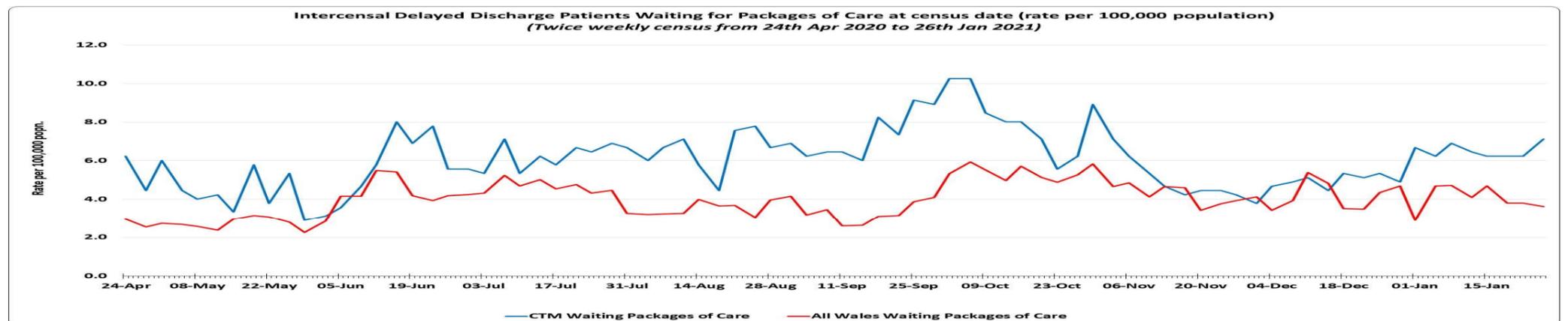
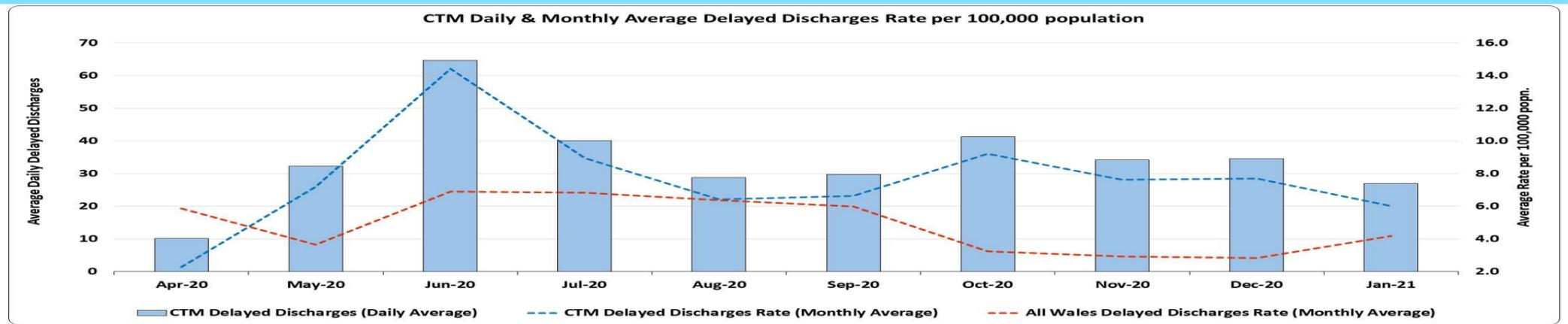
In contrast PCH has seen greater consistency of performance despite the impact of Covid-19 on staffing and ward configurations which has affected both sites during recent months.

Acute stroke wards have recently been affected by increased Covid-19 admissions and therefore performance is likely to be adversely impacted in December and January. We are having a pan UHB stroke meeting on 2<sup>nd</sup> March when performance and future direction for stroke will be discussed.

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

This weekly return, which is taken from the daily discharge list will continue in the foreseeable future, with no plans to reintroduce the previous monthly return. The charts provide a trend for two aspects of this return, with CTM levels per 100,000 population generally above the all Wales level, particularly in terms of discharges delayed, albeit that there have been issues with the provision of all Wales data for over four weeks.

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



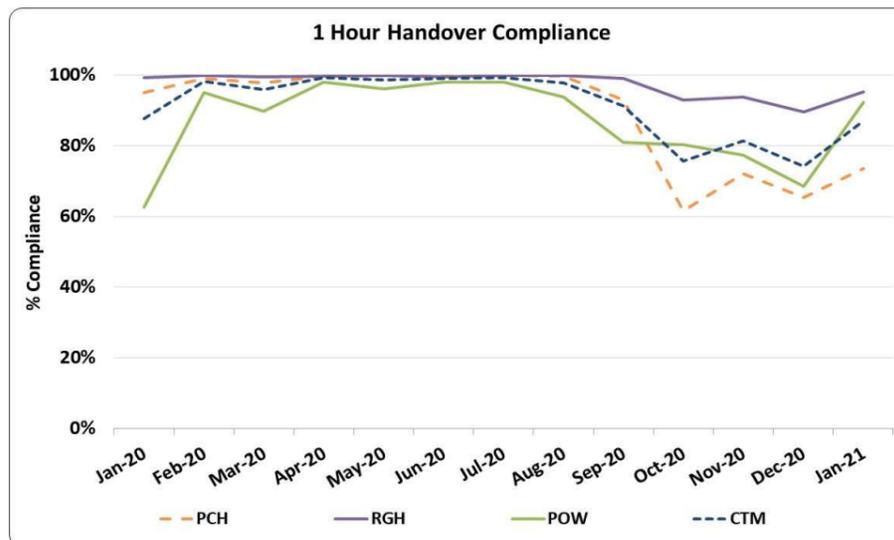
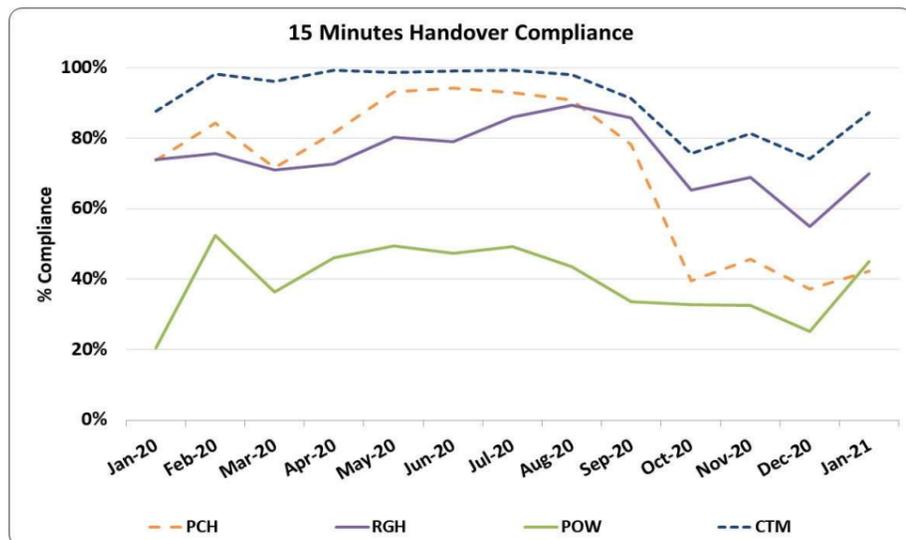
## Number of Ambulance Handover Times & Compliance – January 2021

Number of ambulance handovers over within 15 mins – Local Measure

**1,316 (52.6%)**

Number of ambulance handovers over 1 hour – Target Zero

**356 handovers were over 1 hour (87.2% 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 %
Jan-20	1120	73.8%	95.1%	1189	73.8%	99.4%	882	20.4%	62.7%	3191	59.0%	87.7%
Feb-20	1039	84.2%	99.1%	1074	75.6%	100.0%	879	52.3%	95.1%	2992	71.8%	98.3%
Mar-20	982	71.6%	97.8%	924	70.9%	99.6%	796	36.4%	89.8%	2702	61.0%	96.0%
Apr-20	767	81.5%	99.7%	800	72.8%	99.8%	706	46.0%	98.0%	2273	67.4%	99.2%
May-20	938	93.1%	99.9%	921	80.3%	100.0%	928	49.5%	96.2%	2787	74.3%	98.7%
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.1%	2904	73.5%	99.2%
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.8%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.3%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	878	68.9%	93.7%	753	32.5%	77.4%	2501	49.9%	81.3%
Dec-20	888	37.2%	65.3%	807	54.9%	89.7%	824	25.1%	68.6%	2519	38.9%	74.2%
Jan-21	912	42.3%	73.6%	950	69.9%	95.4%	917	45.0%	92.3%	2779	52.6%	87.2%

### Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. All three major units experienced an improvement in handover times during January, despite seeing an increase in the total number of handovers to 2779 from 2519 in December. As stated in the A&E section of the report, the operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E continues to impact the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

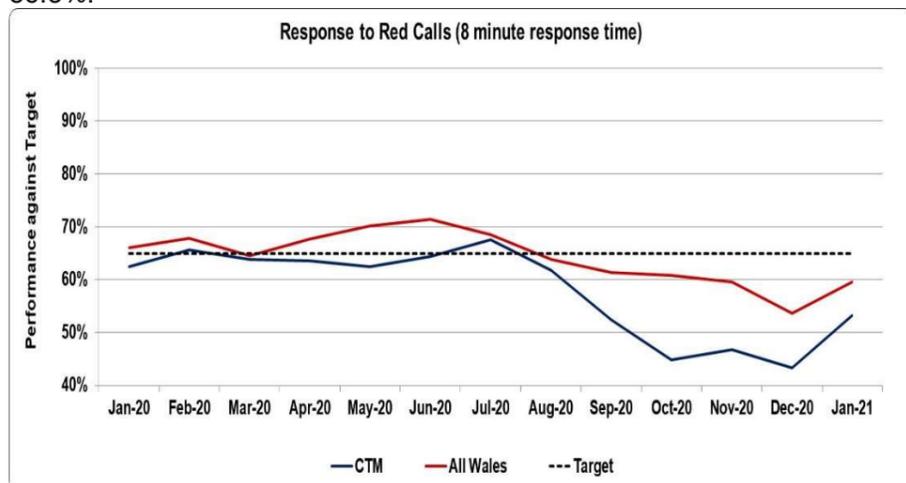
## Response to Red Calls – January 2021

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

**53.2%**

### Response to Red Calls

Response times improved during January to 53.2% from 43.3% in December, but continues to remain under target, with July 2020 being the last time CTM hit the target. Likewise the Welsh average also continues to remain below target at 59.6%, however an improvement on the previous month of 53.7%. CTM performance for the last 12 months averages out at 56.3%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)												
Period	Merthyr			RCT			Bridgend			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
Jan-20	65	42	64.6%	197	127	64.5%	118	68	57.6%	380	237	62.4%
Feb-20	54	42	77.8%	170	107	62.9%	93	59	63.4%	317	208	65.6%
Mar-20	67	47	70.1%	222	137	61.7%	114	73	64.0%	403	257	63.8%
Apr-20	42	28	66.7%	162	102	63.0%	68	43	63.2%	272	173	63.6%
May-20	44	30	68.2%	126	73	57.9%	86	57	66.3%	256	160	62.5%
Jun-20	44	29	65.9%	146	92	63.0%	91	60	65.9%	281	181	64.4%
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
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%

### Red Call Volumes

The table to the left shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months the Merthyr area has seen the best response times averaging 61.3% with RCT and Bridgend averaging 53.1% and 59.1% respectively. Performance in all areas continues to be below the 65% target.

The table below further highlights that Merthyr area receives a higher response rate per head of population than the other two geographic areas of CTM.

Average Response rate per 10,000 population (period Feb 2020 to Jan 2021)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326 / 5.9
RCT	241,264 / 4.2
Bridgend	147,049 / 4.3

**Single Cancer Pathway (SCP) – December 2020**

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%  
**60.0%**

The Cwm Taf Morgannwg SCP performance for December improved to 60% from 50.6% in November.

CTMUHB - SCP % Treated Without Suspensions - December 2020			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	3	9	33.3%
Upper GI	9	15	60.0%
Lower GI	15	25	60.0%
Lung	13	24	54.2%
Sarcoma	0	1	0.0%
Skin (exc BCC)	25	30	83.3%
Brain/CNS	2	2	100.0%
Breast	28	36	77.8%
Gynaecological	3	11	27.3%
Urological	16	40	40.0%
Haematological	4	7	57.1%
Other	5	5	100.0%
<b>Total</b>	<b>123</b>	<b>205</b>	<b>60.0%</b>

**Number of Breaches by Tumour Site**

The combined performance for Cwm Taf Morgannwg improved to 60.0% in December with a total of 82 patient breaches. The main contributory factor recorded being delays awaiting tertiary treatment due to the Covid pandemic.

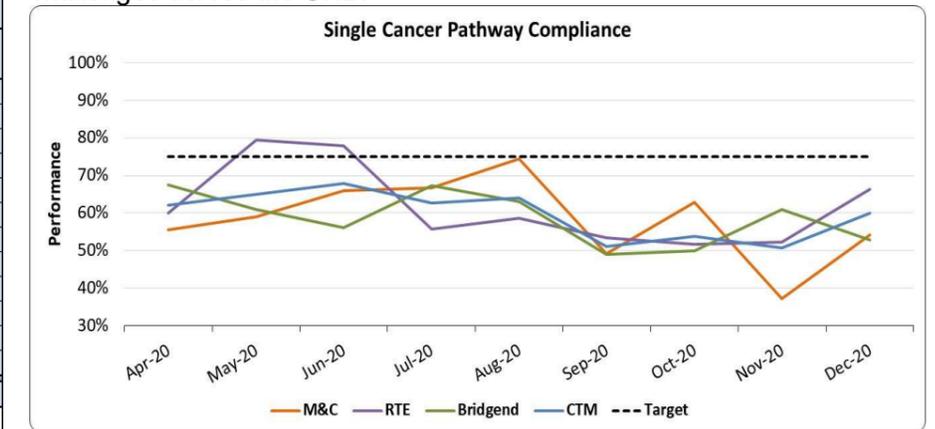
The table below details the treated patients and the patient breaches for December 2020:

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
December 2020												
Head and Neck	1	1	2	1	4	5	1	1	2	3	6	9
Upper Gastrointestinal	3	2	5	5	3	8	1	1	2	9	6	15
Lower Gastrointestinal	6	6	12	6	1	7	3	3	6	15	10	25
Lung	5	1	6	5	3	8	3	7	10	13	11	24
Sarcoma	0	1	1	0	0	0	0	0	0	0	1	1
Skin(c)	5	2	7	12	2	14	8	1	9	25	5	30
Brain/CNS	0	0	0	2	0	2	0	0	0	2	0	2
Breast	0	1	1	21	5	26	7	2	9	28	8	36
Gynaecological	3	7	10	0	0	0	0	1	1	3	8	11
Urological	0	0	0	11	15	26	5	9	14	16	24	40
Haematological(d)	0	1	1	4	2	6	0	0	0	4	3	7
Other(f)	3	0	3	2	0	2	0	0	0	5	0	5
<b>Total Breaches</b>	<b>26</b>	<b>22</b>	<b>48</b>	<b>69</b>	<b>35</b>	<b>104</b>	<b>28</b>	<b>25</b>	<b>53</b>	<b>123</b>	<b>82</b>	<b>205</b>
<b>Overall Compliance</b>			<b>54.2%</b>	<b>Overall Compliance</b>		<b>66.3%</b>	<b>Overall Compliance</b>		<b>52.8%</b>	<b>Overall Compliance</b>		<b>60.0%</b>

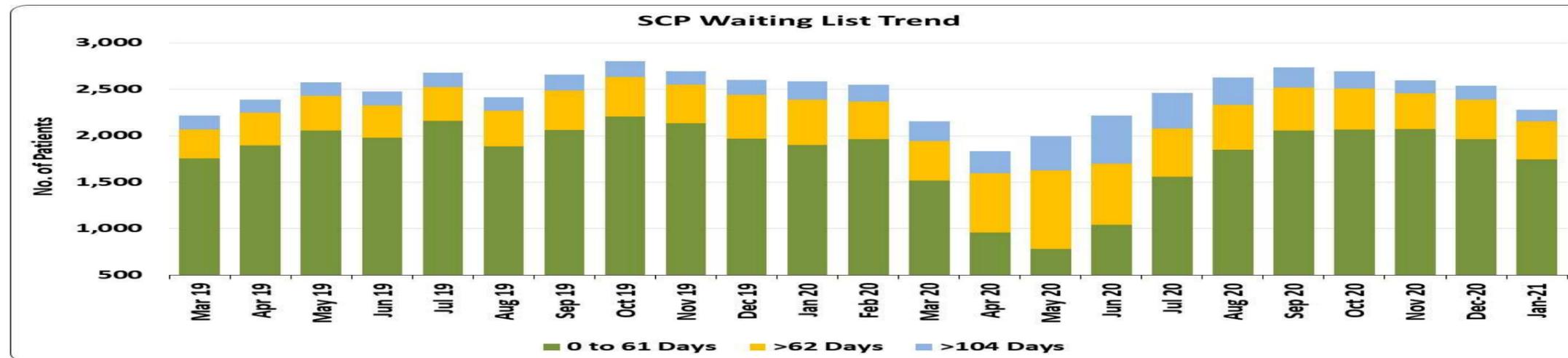
**Single Cancer Pathway Compliance Trend**

As can be seen in the graph below, overall CTM compliance had been falling since August with November falling to its lowest level at 50.6%. The improvement seen in December is welcomed, however compliance remains well below the 75% target.

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



**Patients Waiting on a Cancer Pathway – as at 3<sup>rd</sup> February 2021**



As at 3<sup>rd</sup> February, in terms of total waiting list size, the overall volume of open single cancer pathways stands at 2,371, where the volume of patients waiting up to 62 days has clearly stabilised. The volume of open pathways waiting in excess of 104 days currently stands at 139 and the patients waiting over 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 145 patients waiting over 62 days of whom 58 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 195 patients waiting over 62 days of whom 43 were waiting more than 104 days
- In Bridgend, there were 128 patients waiting over 62 days of whom 38 were waiting more than 104 days

Currently, almost 68% of the patients waiting over 62 days are for three tumour sites, Urology (156), Lower GI (91) and Gynaecology (70).

Merthyr & Cynon ILG	SCP Cases 62-103 days	SCP Cases >104 days
Lower Gastrointestinal	31	9
Upper Gastrointestinal	8	5
Gynaecological	33	37
Haematological	1	
Head & Neck	4	1
Lung	5	1
Sarcoma	1	2
Skin	2	1
Urological	1	1
Unknown Primary	1	1
<b>Grand Total</b>	<b>87</b>	<b>58</b>

Rhondda & Taff Ely ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	11	1
Lower Gastrointestinal	24	4
Upper Gastrointestinal	20	7
Haematological	2	2
Head and Neck	4	3
Lung	3	2
Skin	6	1
Unknown Primary	3	0
Urological	79	23
<b>Grand Total</b>	<b>152</b>	<b>43</b>

Bridgend ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	16	2
Lower Gastrointestinal	16	7
Upper Gastrointestinal	12	4
Haematological	1	
Head & Neck	7	1
Lung	5	1
Orthopaedic Spines	1	
Skin	2	
Urological	29	23
Other	1	
<b>Grand Total</b>	<b>90</b>	<b>38</b>

% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%  
**88.4%**

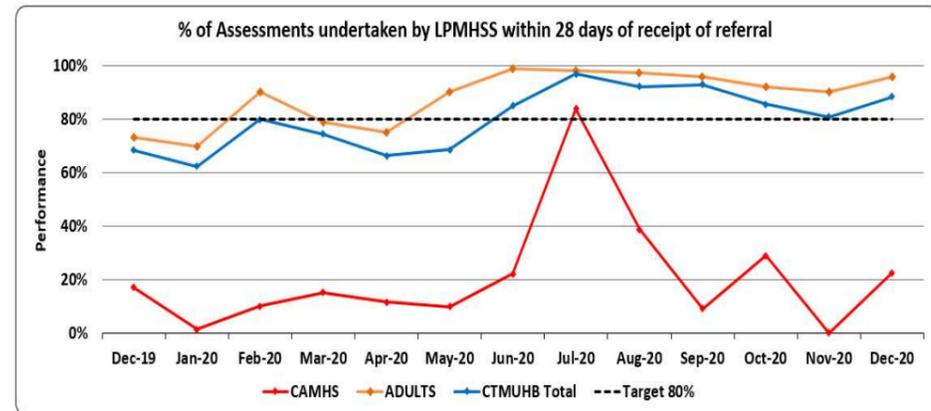
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%  
**90.2%**

% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%  
**85.3%**

**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, December's compliance improved to 88.4% from 80.8% in November.

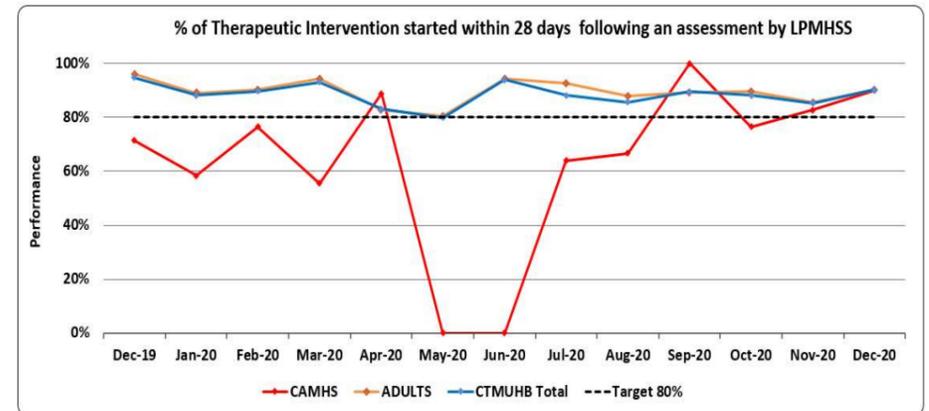
Referrals had been steadily increasing, however in December they fell to a total of 621 the lowest level since June 2020. Pre-Covid levels were in the region of 1000 to 1100 but from July had been on average around 800 per month.



**Part 1b.**

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to be above the 80% target at 90.2% in December, an improvement on 85.3% in November.

The number of interventions are relatively stable at the moment at 211 in December, although well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service continued to improve this month to 90% from 82.8% in November, however the number of interventions fell 29 in the previous month to 10 in December.

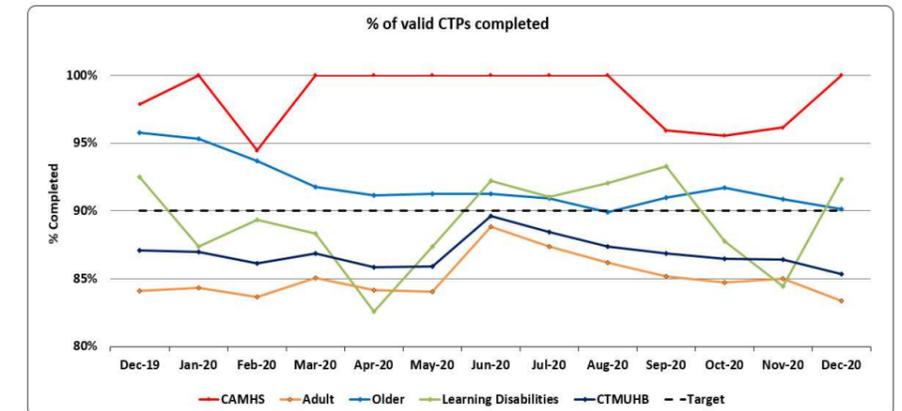


**Part 2**

Part Two of the Mental Health Measure - i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month reduced further, continuing to fall short of the 90% target at 85.3%. Overall the target has not been met since September 2019.

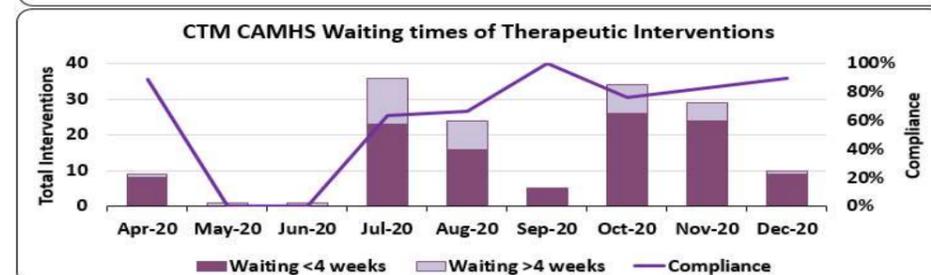
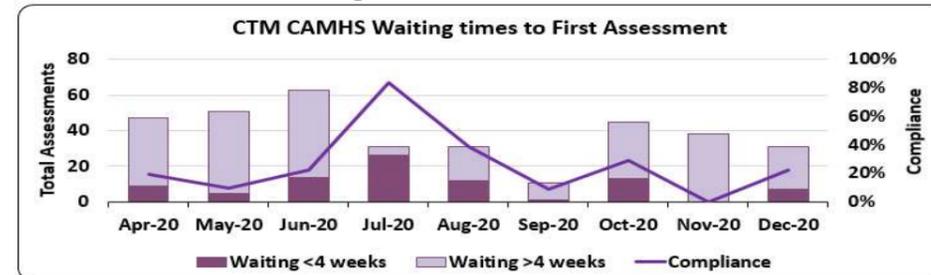
**Part 3**

Six outcome of assessment reports were sent during December with all being sent within 10 working days, achieving the target of 100% for Part Three of the Mental Health Measure.



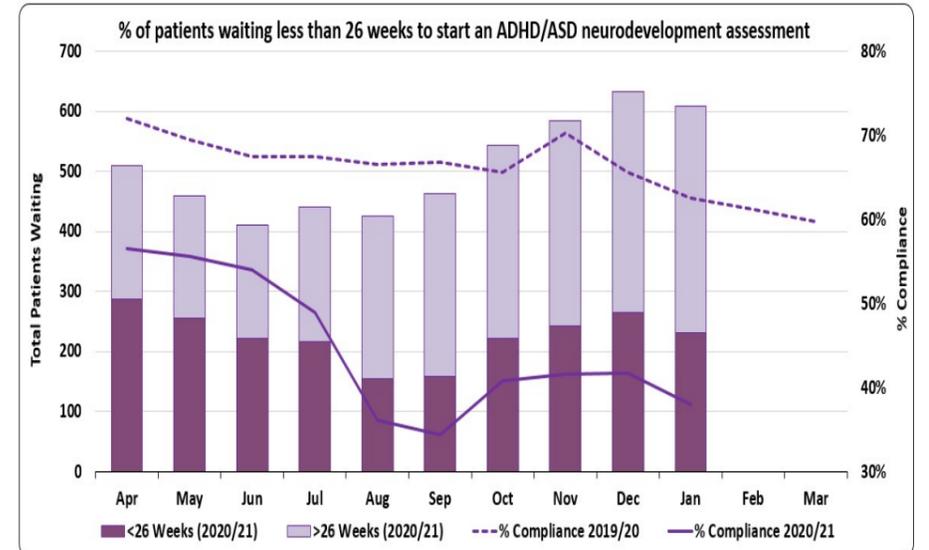
**CAMHS (including p-CAMHS)**

The charts show that the improvement in CAMHS compliance against the Mental Health Measure during the summer has fluctuated since that time, with 7 patients assessed within 28 days in December. The most recent p-CAMHS compliance for Part 1 (a) is 54.1%, with 28 patients waiting over 4 weeks for assessment. December continued to see fall in the volume of interventions starting this month (10), with compliance continuing to be significantly higher than for the assessment stage.



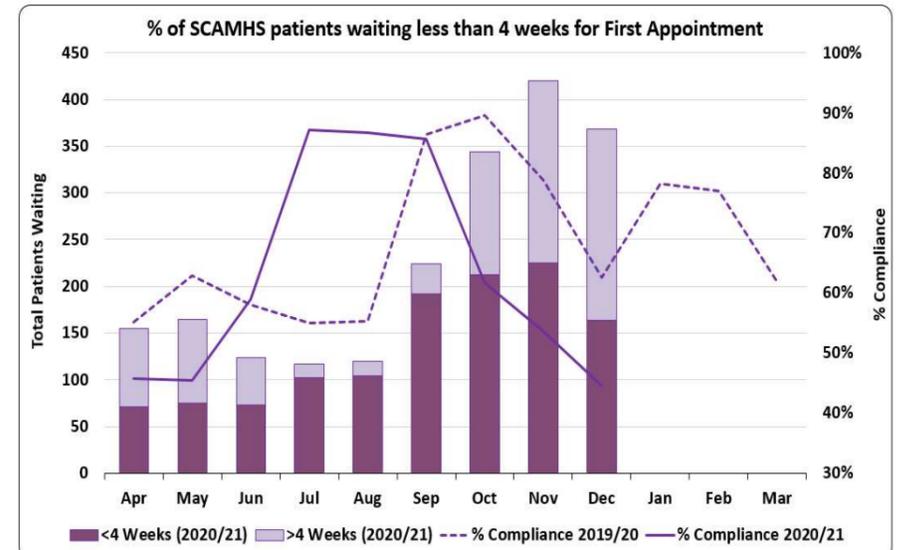
**Neurodevelopment**

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services fell to a provisional 37.9% in January (41.7% in December). The total waiting list fell marginally to a current total of 609, with the number of patients waiting above the target time continuing to rise from 369 to 378, where the average waiting time has increased to 37 weeks from 34 weeks in the previous month.



**Specialist CAMHS (s-CAMHS)**

The Cwm Taf Morgannwg position for specialist CAMHS waiting times continued to fall to a reported position of 44.6% in December, provisionally improving to 61.5% in January. Currently the total waiting list has fallen to 262 from 368 in the previous month, with 101 patients waiting above the target time of 4 weeks, an improvement on December's position which stood at 204.



## Cwm Taf Morgannwg – Quadruple Aims At a Glance

**Quadruple Aim 1:  
People in Wales  
have improved  
health and well-  
being with better  
prevention and  
self-management**

Measure	Target	Current Period		Last Period		
		2019/20	27.8%	not available		
% of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	27.8%	not available		
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q2 20/21	97.7%	Q1 20/21	97.1%	
% of children who received 2 doses of the MMR vaccine by age 5	95%		92.4%		92.7%	
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	Q1 to Q2	2.05%	2019/20	3.6%	
% of those smokers who are CO-validated as quit at 4 weeks	40% Annual Target	20/21	38.4%		38.4%	
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q2 20/21	342.7	Q2 19/20	475.7	
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q2 20/21	51.3%	Q4 19/20	67.6%	
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%	Dec-20	100.0%	Nov-20	96.2%
	over 18 years			85.0%		86.2%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2018/19	50.0%	2017/18	48.7%	

**Quadruple Aim 2:  
People in Wales  
have better  
quality and more  
accessible health  
and social care  
services, enabled  
by digital and  
supported by  
engagement**

Measure	Target	Current Period		Last Period		
		2019/20	65.4%	not available		
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20	65.4%	not available		
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q4 19/20	66.1%	Q3 19/20	65.5%	
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	Jan-20	97.0%	Dec-19	91.2%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Jan-21	53.2%	Dec-20	43.3%	
Number of ambulance patient handovers over 1 hour	Zero		356		650	
% 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%	Jan-21	78.6%	Dec-20	72.5%	
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		955		1355	
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Oct-20	51.4%	Oct-19	64.7%	
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 54%	Dec-20	6.3%	Nov-20	16.0%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	SSNAP Average 85.3%		56.1%		71.8%	
% of stroke patients who receive a 6 month follow-up assessment	Qtr on Qtr Improvement	Q3 19/20	74.7%	Q2 19/20	83.7%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 Month Improvement Trend	Dec-20	60.0%	Nov-20	50.6%	
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	Jan-21	12,815	Dec-20	11,780	
Number of patients waiting more than 14 weeks for a specified therapy			639		618	
% of patients waiting less than 26 weeks for treatment	95%		43.7%		48.9%	
Number of patients waiting more than 36 weeks for treatment	Zero		37,170		37,907	
Number of patients waiting for a follow-up outpatient appointment	74,734	Dec-20	105,494	Nov-20	105,938	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	14,815		26,043		24,764	
% 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%		33.5%		35.0%	
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%	Nov-20	48.9%	Oct-20	55.3%	
% 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)		Dec-20		27.3%		5.0%
% 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)				95.7%		90.3%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				91.7%		81.3%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				90.1%		85.8%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				41.7%		41.5%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				65.8%		66.3%
Number of health board delayed transfer of care for mental health	12 Month Reduction Trend		Feb-20	6	Jan-20	6
Number of health board delayed transfer of care for non-mental health			88		58	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli	To be confirmed	Apr-20	70.47	Apr-20	73.04
	S.aureus bacteraemia		to	26.53	to	26.53
	C.difficile		Jan-21	25.99	Dec-20	27.73
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp		21.97		20.87	
	Aeruginosa		4.82		5.37	
Number of potentially preventable hospital acquired thromboses	4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2	

**Quadruple Aim 3:  
The health and social care workforce in Wales is motivated and sustainable**

Measure	Target	Current Period		Last Period	
		2018/19	6.33	2016/17	6.03
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2018	3.79	2016	3.68
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Jan-21	48.4%	Dec-20	50.9%
% 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%	Jan-21	64.7%	Dec-20	64.4%
% of sickness absence rate of staff	12 Month Reduction Trend	Dec-20	8.7%	Nov-20	8.1%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2018	75%	2016	72%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q2 20/21	61.7%	Q1 20/21	53.6%

**Quadruple Aim 4:  
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes**

Measure	Target	Current Period		Last Period	
		Q1 20/21	332	2019/20	1680
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1 20/21	332	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		0		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Dec-20	1.74%	Nov-20	1.54%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Dec-20	66.7%	Nov-20	52.0%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			66.7%		57.1%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Nov-20	2.7%	Oct-20	2.6%
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%		98.7%	Q4 19/20	98.7%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed	Q1 20/21	257.0		348.3
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1412		1462
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.18%		not available
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q1 20/21	5005.1	Q4 19/20	5005.4
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		66.7%		72.1%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q3 19/20	23.3%		22.3%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q1 20/21	8.6%	Q4 19/20	14.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Oct-20	2,059	Sep-20	2,271
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Aug-20	6.6%	Jul-20	6.79%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available