

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

<i>Click on one of the boxes to navigate to that section of the report</i>	
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
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.

Prevention

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

Uptake of selected immunisations in resident children reaching their 1st, 2nd, 4th, 5th, and 16th birthday between 01/10/20 and 31/12/20 and resident on 31/12/20					
Age 1 year		% uptake of immunisation			
Number of Resident Children Age 1 Year		6 in 1 ¹	MenB ²	PCV2	Rotavirus
Bridgend LA	356	97.8%	97.5%	97.5%	97.5%
Merthyr Tydfil LA	161	94.4%	95.7%	96.9%	93.8%
Rhondda Cynon Taf LA	601	96.2%	96.7%	96.0%	95.2%
CTMUHB	1118	96.4%	96.8%	96.6%	95.7%
Age 2 years		% uptake of immunisation			
Number of Resident Children Age 2 years		MMR1	PCVf ³	MenB ⁴	Hib/MenC
Bridgend LA	363	93.4%	93.7%	93.7%	92.8%
Merthyr Tydfil LA	154	96.1%	96.1%	96.1%	94.8%
Rhondda Cynon Taf LA	621	97.4%	97.7%	97.7%	97.7%
CTMUHB	1138	96.0%	96.2%	96.2%	95.8%
Age 4 years		% uptake of immunisation			
Number of Resident Children Age 4 years		Up to date in schedule ⁵			
Bridgend LA	383	89.0%			
Merthyr Tydfil LA	178	89.9%			
Rhondda Cynon Taf LA	658	88.8%			
CTMUHB	1219	89.0%			
Age 5 years		% uptake of immunisation			
Number of Resident Children Age 5 years		MMR2	4 in 1 ¹		
Bridgend LA	396	91.7%	92.2%		
Merthyr Tydfil LA	167	95.8%	95.8%		
Rhondda Cynon Taf LA	656	93.6%	94.7%		
CTMUHB	1219	93.3%	94.0%		
Age 16 years		% uptake of immunisation			
Number of Resident Children Age 16 years		MMR1	MMR2	MenACWY	3 in 1 Teenage booster ⁶
Bridgend LA	443	96.2%	91.9%	91.6%	91.0%
Merthyr Tydfil LA	191	96.3%	93.2%	90.6%	90.1%
Rhondda Cynon Taf LA	721	95.4%	91.4%	91.1%	91.4%
CTMUHB	1355	95.8%	91.8%	91.2%	91.1%
¹ Uptake of pertussis used as proxy ² Uptake of 2 doses of meningococcal serogroup B (Men B) vaccine, scheduled at two and four months of age ³ Children receiving the final dose of PCV ⁴ Uptake of 3 doses of meningococcal serogroup B (Men B) vaccine, schedule at two, four and 12-13 months of age ⁵ Combined "4 in 1" preschool booster, the Hib/MenC booster and second MMR dose by four years of age ⁶ Uptake of diphtheria (reinforcing booster dose) used as proxy				Key	
				95% and higher	
				90% to 95%	
				below 90%	

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

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

No LA area achieved their immunisation targets for the proportion of children up to date with their routine immunisations by four years of age. All three had an average immunisation rate of around 89%.

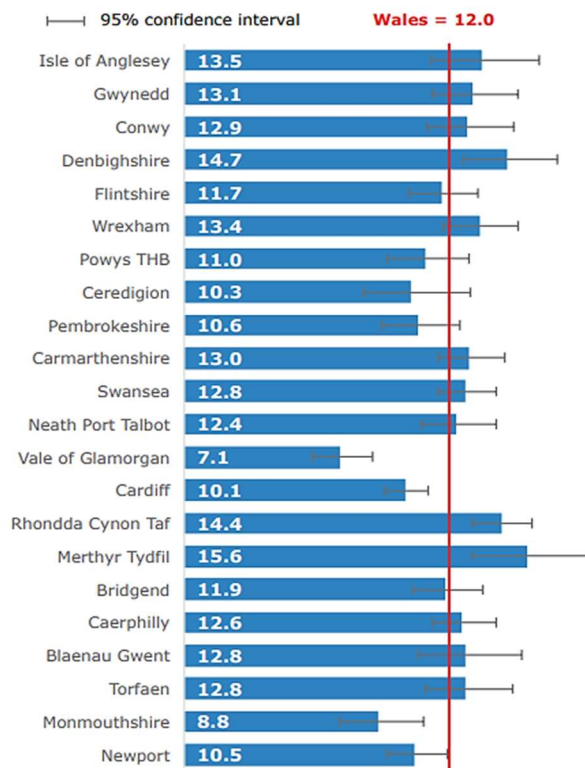
Overall immunisation rates for the five year olds is below the 95% for CTM, however the target was met in Merthyr Tydfil LA.

In the 16 year age group, all LA areas met the target for MMR1 immunisations. MMR2 immunisations were at 91.8% cumulatively, with compliance also falling short for MenACWY and 3 in 1 booster vaccinations; this was the case for all LA areas.

Healthy Weight

Percentage of children, aged 4 to 5 years, who are obese, local authorities 2017/18

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



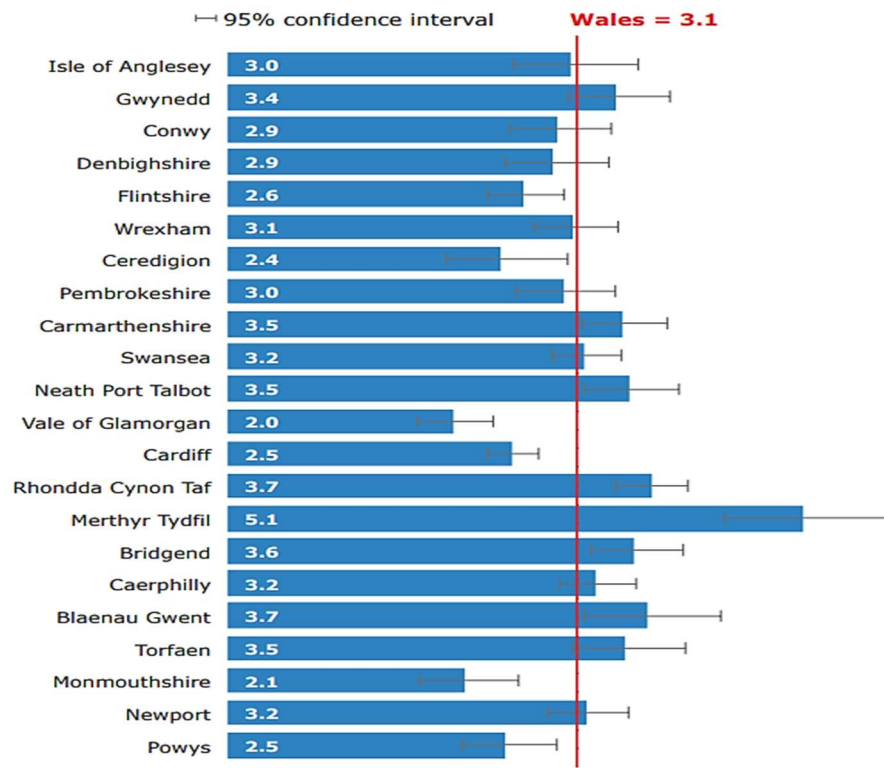
Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%) living in the least deprived areas of Wales, falling to 69.8% in the most deprived areas.

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

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

Percentage of children aged 4 to 5 who are severely obese, Wales local authorities, Child Measurement Programme for Wales, 2013/14 - 2017/18

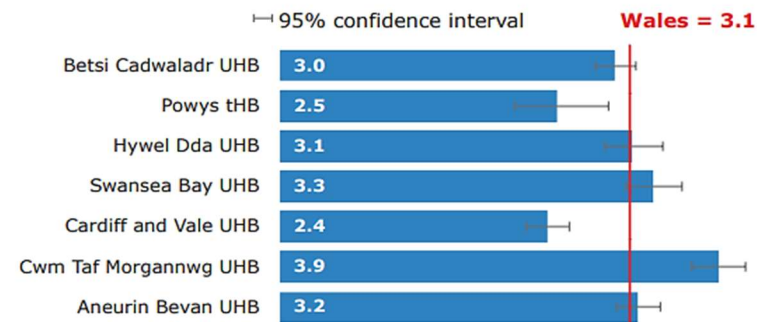
Produced by Public Health Wales Observatory using CMP data (NWIS)



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

Percentage of children aged 4 to 5 who are severely obese, Wales health boards, Child Measurement Programme for Wales, 2013/14 - 2017/18

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



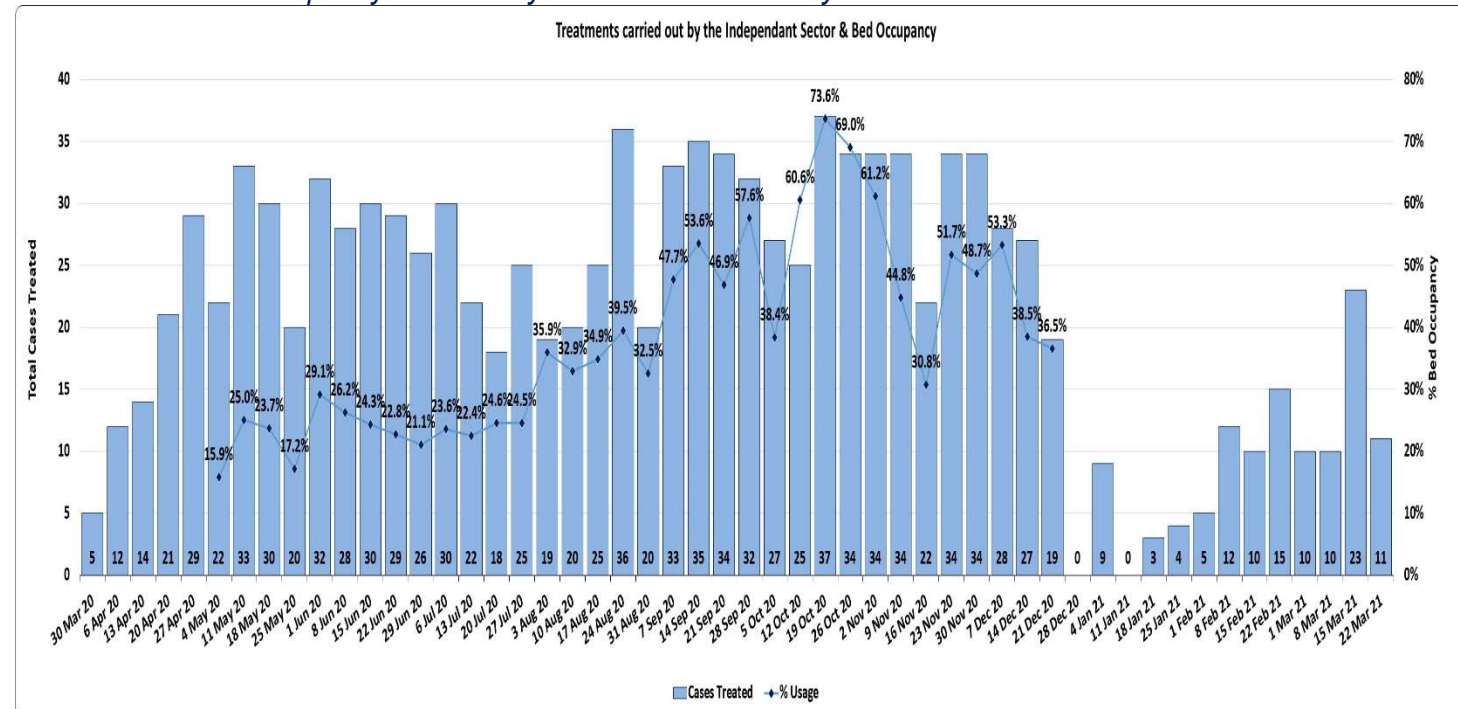
By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average.

Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)

Total treatments carried out by the Independent Sector Hospital to week commencing 22nd March 2021
1,147

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



Treatments carried out by the Independent Sector from week commencing 30th March 2020 to 22nd March 2021										
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Pain Management	Total
270	387	262	4	46	1	12	134	12	19	1147

Utilisation of the Vale Hospital capacity was consistently between August and November, but lower thereafter. Whilst treatments continue, the data flows have not been maintained and so no further detail on utilisation is available. A range of options for increasing elective capacity off the main acute sites are being explored, including a range of outsourcing and insourcing options, detailed within the IMTP. This is a key strand of the Planned Care Recovery Programme.

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:

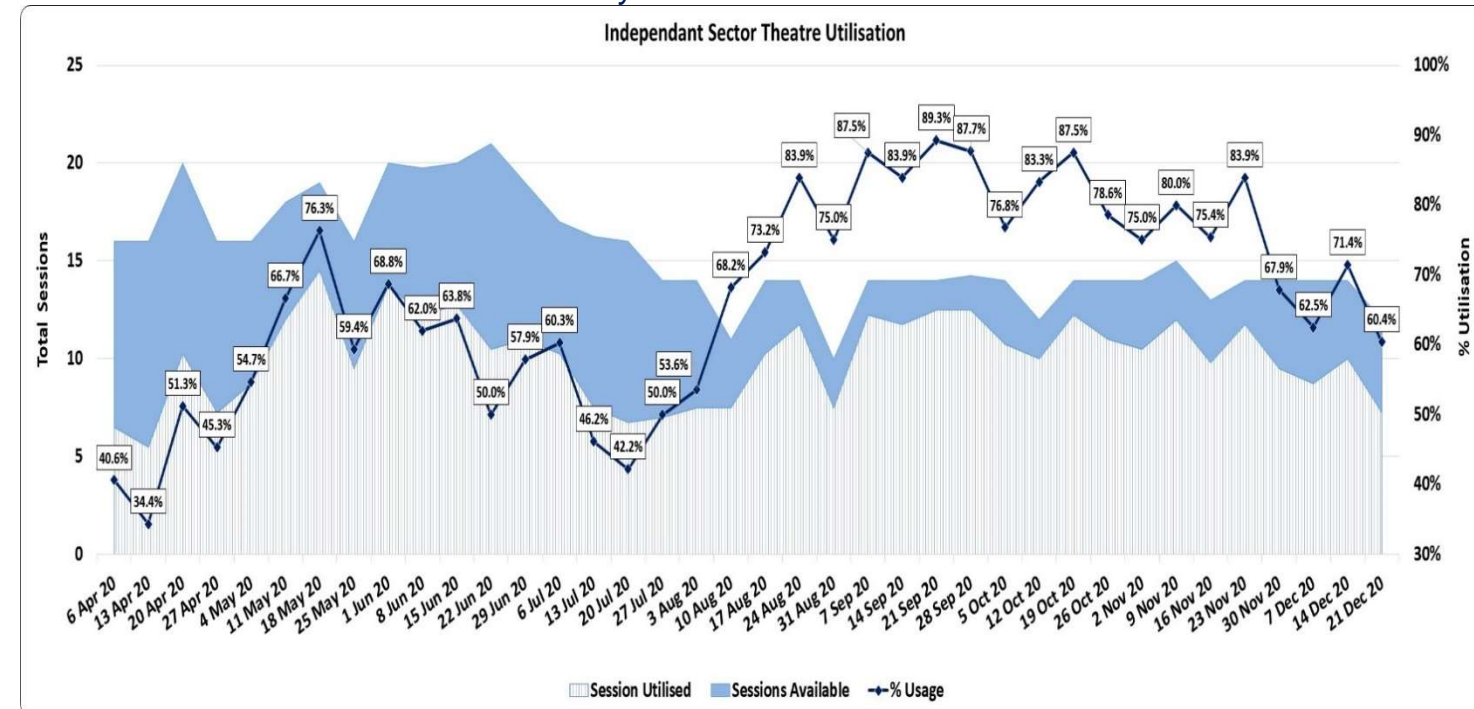
- Much of the “non-urgent” activity, particularly at POW relates to Endoscopies. Given that the POW Endoscopy Unit has a very short waiting time for all referrals, this is to be expected. However the inequity across the UHB is something that has been highlighted by the Welsh Government and is something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

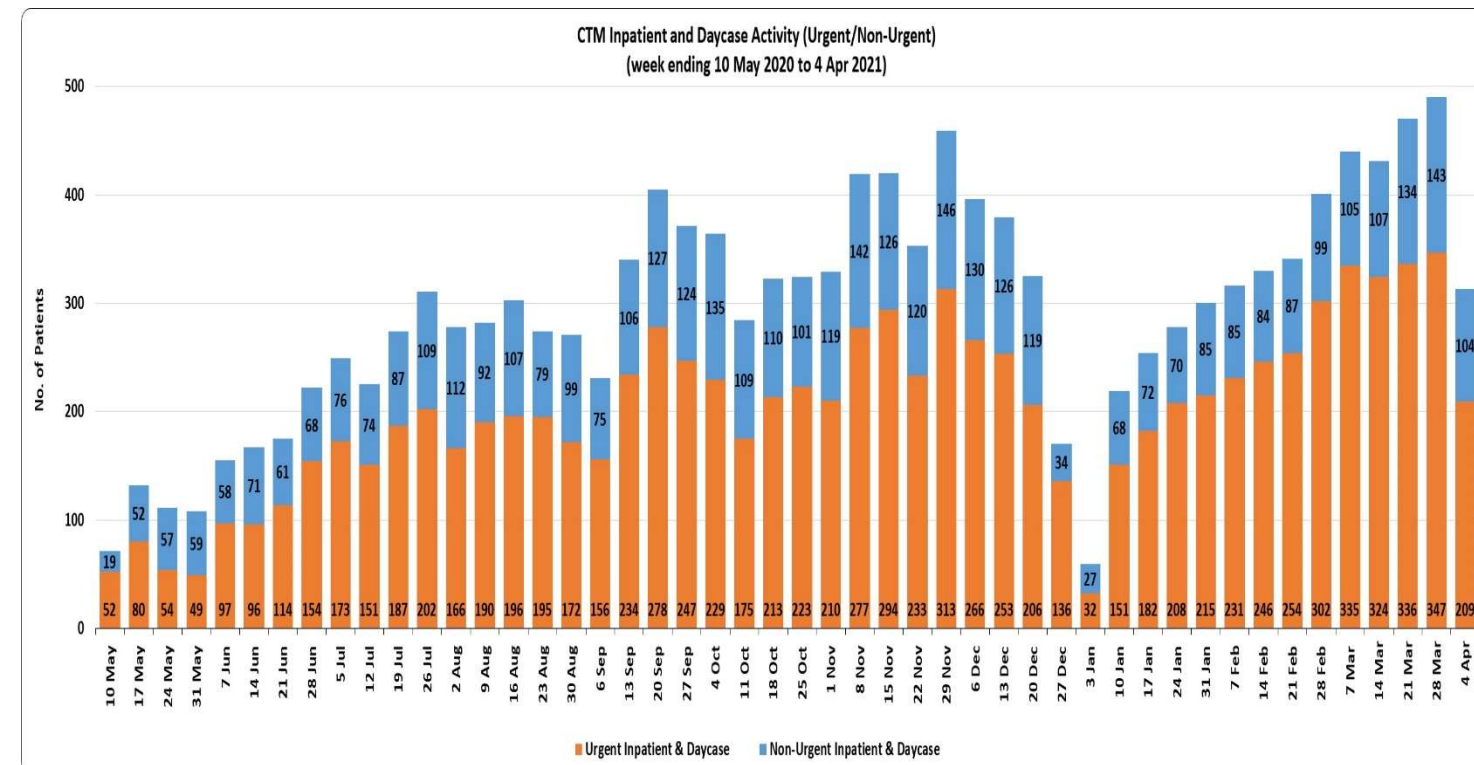
Theatre Utilisation (Independent Sector)

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

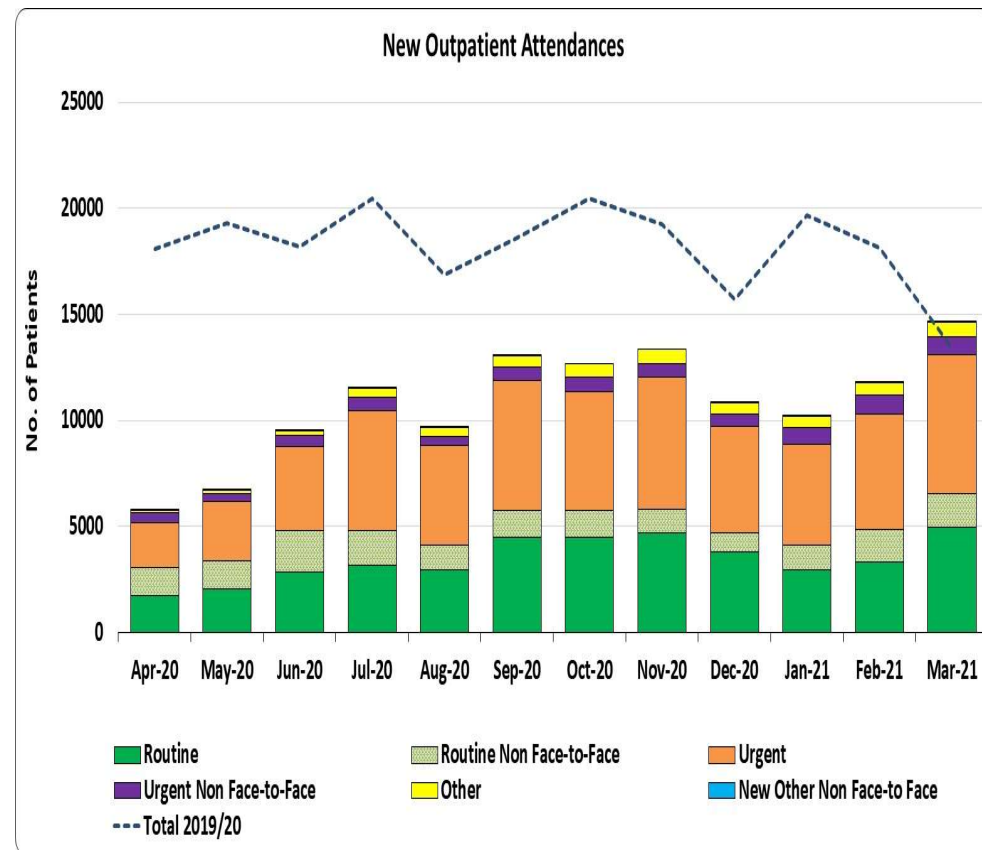
Please note that Theatre Utilisation data is only available to 21st December 2020



Activity Undertaken within Internal Hospital Capacity



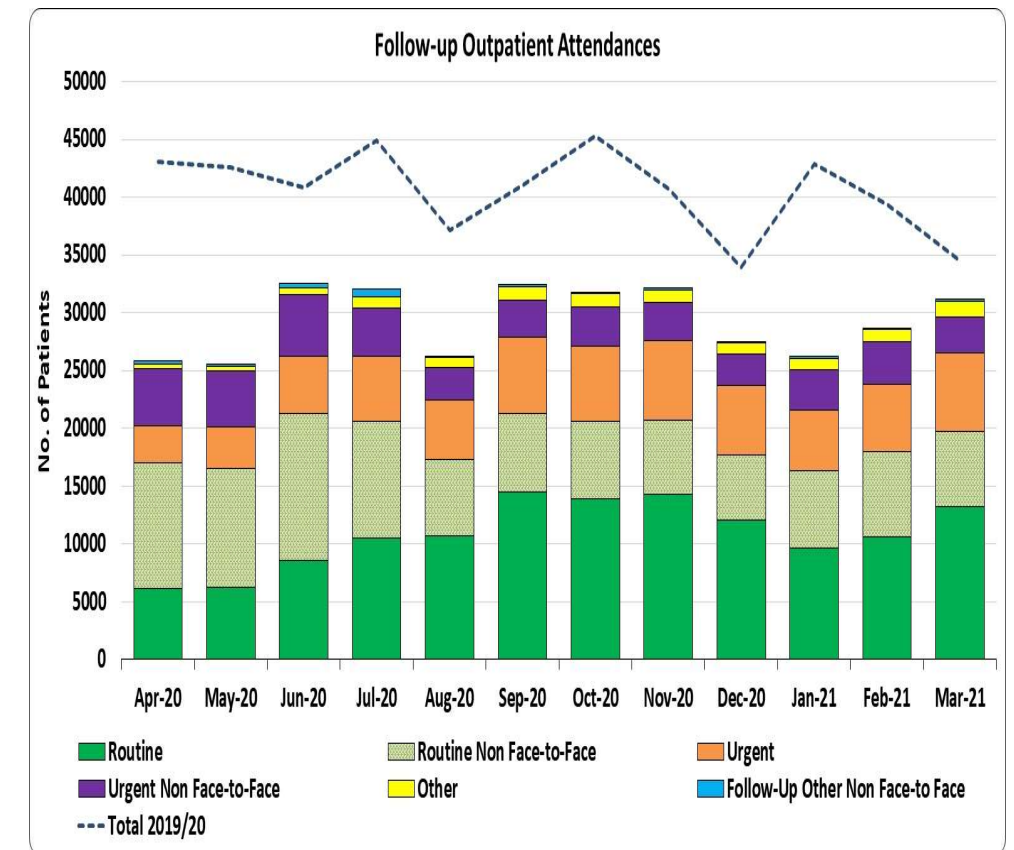
New & Follow-up Outpatient attendances versus same period previous year



% Reduction in Outpatient Attendances compared to the previous year		
Period	New	Follow-up
Apr-20	-68%	-40%
May-20	-65%	-40%
Jun-20	-48%	-20%
Jul-20	-44%	-29%
Aug-20	-43%	-29%
Sep-20	-30%	-21%
Oct-20	-38%	-30%
Nov-20	-31%	-21%
Dec-20	-31%	-19%
Jan-21	-48%	-39%
Feb-21	-35%	-27%
Mar-21	9%	-10%

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. As might have been expected, March 2021 sees an improvement compared to March 2020 when Covid-19 first hit and services were disrupted to deal with the pandemic.

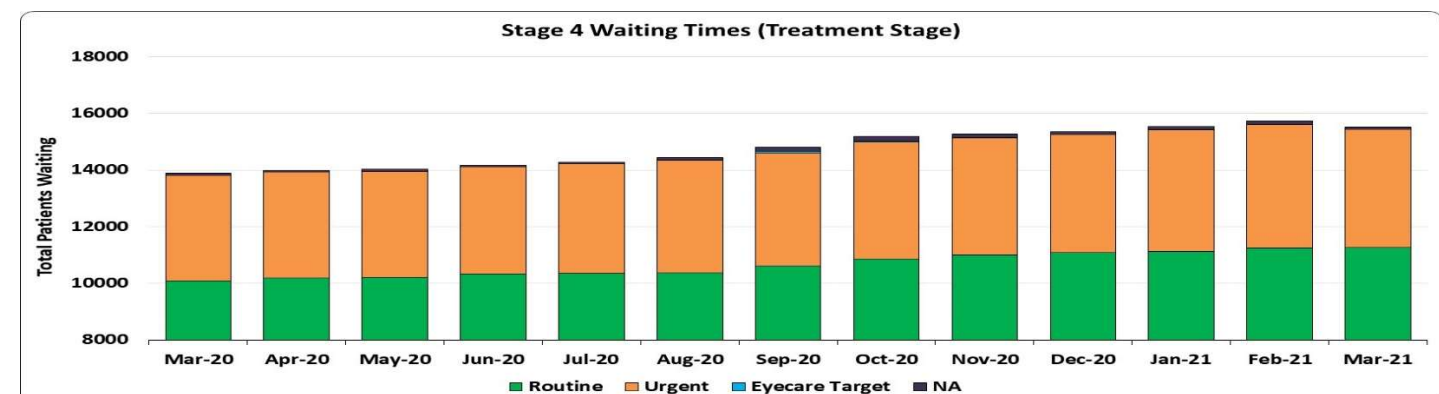
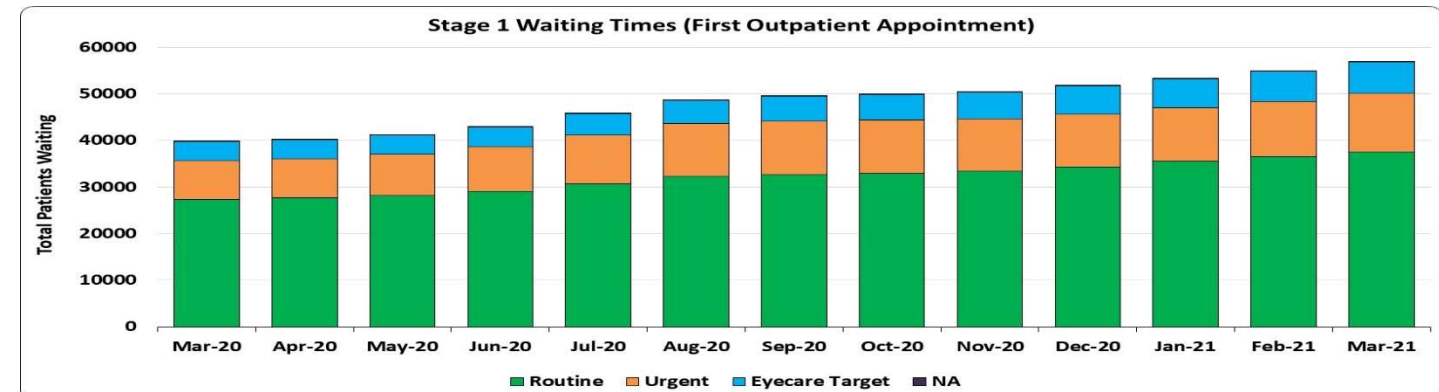
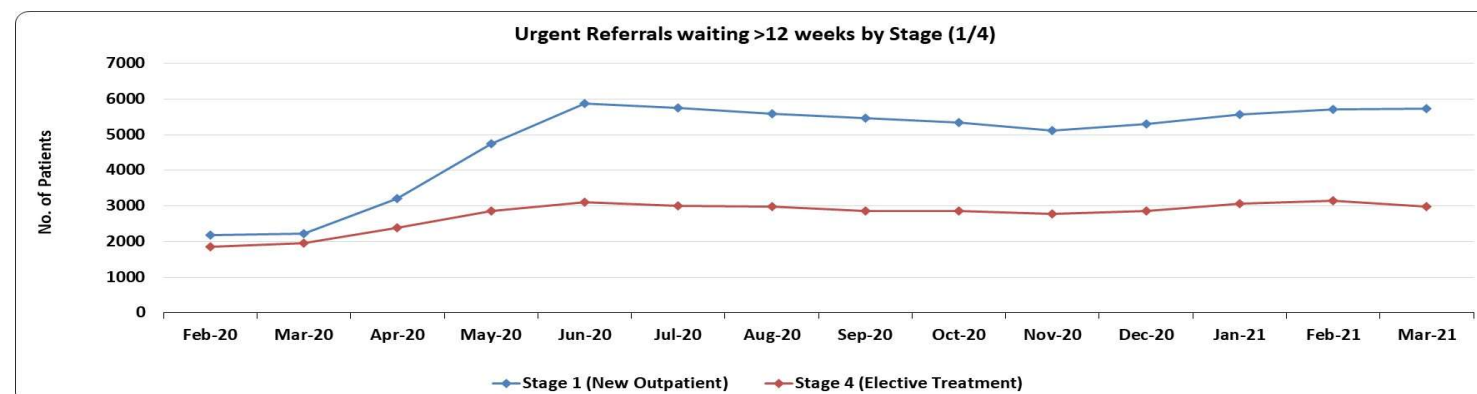
Significant elective recovery plan work has been undertaken in March, with all three ILGs setting out plans for elective care for the first quarter, complemented by further capacity set to become available thereafter, to be sustained for the year. The ambition is to return to no patients waiting over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



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

Waiting times for first outpatient appointment continue to rise, not surprisingly given that referral rates have been increasing, albeit not yet back to pre-Covid levels. This combined with reduced capacity levels is causing the total waiting list to rise, although it is the routine waiting list that contributes most to this increase. All LHBs will shortly be commencing a validation of all Stage 1 waits in excess of 52 weeks as per Welsh Government guidance. It is expected this will have an impact on the total waiting list.

A similar impact can already be seen in terms of the Stage 4 total waiting list, with validation work having already commenced and impacting on the reported position for March. This work is not yet complete and continues into the new financial year – another strand of the Planned Care Recovery Programme.



Referral to Treatment Times (RTT)

Referral to Treatment Times – March 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

31,965

Number of patients waiting >36 weeks – Target Zero

39,033

% of patients waiting under 26 weeks – Target 95%

47.0%

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 March is 31,965. The breakdown of the 31,965 patients is as follows:

- 9,432 patients relate to Merthyr & Cynon ILG waiting lists
- 13,356 patients relate to Rhondda & Taff Ely ILG waiting lists
- 9,177 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

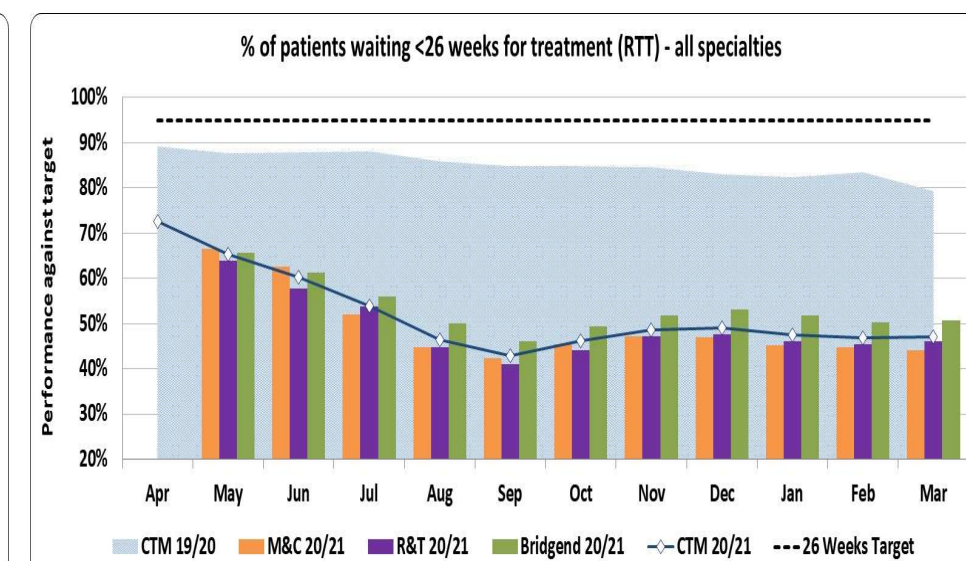
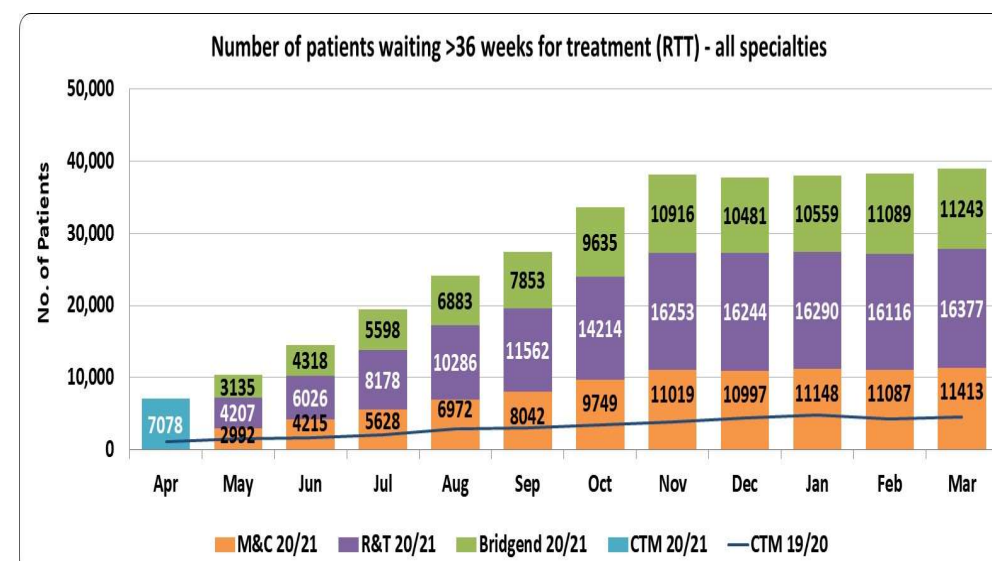
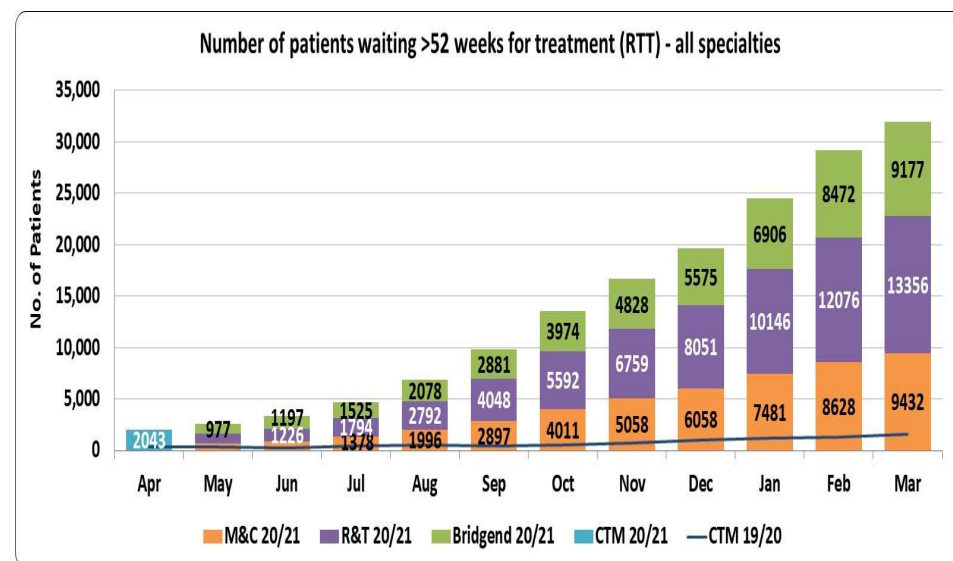
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for March is 39,033 patients across Cwm Taf Morgannwg, which is an increase of 741 from February (N.B. includes the 31,965 patients waiting over 52 weeks):

- 11,413 patients relate to Merthyr & Cynon ILG waiting lists
- 16,377 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,243 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 March across Cwm Taf Morgannwg is 47.0%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 44.1% Merthyr & Cynon ILG waiting lists
- 46.2% Rhondda & Taff Ely ILG waiting lists
- 50.6% Bridgend ILG waiting lists



The confirmed position at the end of February 2021 was 38,292 patients waiting over 36 weeks, of whom 29,176 patients were waiting over 52 weeks. An administrative review has commenced to check all patients set to breach 52 weeks by the end of March 2021 to establish whether they still require treatment and ensure that they are waiting at the appropriate stage of their pathways and continues in the new financial year. This will align with the emerging elective recovery plans to ensure the most efficient use of capacity that will take some time to increase back up to pre-Covid-19 levels

The clinical prioritisation of open pathways to reflect a risk based approach is an ongoing task, with not all urgent pathways having been prioritised as yet. The approach has however been used to forecast demand for the year ahead, which when combined with the current backlog, provides a target for the level of capacity needed to deliver a sustainable 36 week maximum wait by the end of March 2023. The functionality to record the clinical prioritisation on WPAS is now operational for all 3 ILGs and weekly scheduled care performance meetings have been set up in both MC and RTE, with full engagement from the Performance and Information teams. Operational processes are being revised in line with this new requirement, taking advantage of the newly implemented functionality. Progress with updating all urgent stage 4 pathways will be monitored via these regular meetings. The Welsh Government have indicated that this approach should be adopted for (i) all urgent patients waiting over 4 weeks since being listed for surgery, (ii) all patients waiting over 26 weeks since being listed for surgery and (iii) any planned pathways who are already over their agreed target date for next intervention.

The following data can now be recorded for all ILGs:

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

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

Diagnostics – March 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

12,931

Diagnostics >8 weeks

The provisional position for March has increased by 172 breaches since February, bringing the total to 12,931 patients waiting over 8 weeks, the highest level reported this year.

Improvement is anticipated this year in terms of Endoscopy, with plans to insource additional capacity.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	295	52	1129	1476
Cardiology Services	Cardiac CT	0	7	0	7
	Cardiac MRI	0	0	0	0
	Diagnostic Angiography	0	89	43	132
	Stress Test	7	42	24	73
	DSE	85	4	116	205
	TOE	5	0	6	11
	Heart Rhythm Recording	4	17	652	673
	B.P. Monitoring	3	2	66	71
Bronchoscopy		1	0	0	1
Colonoscopy		160	422	0	582
Gastroscopy		627	763	3	1393
Cystoscopy		0	303	140	443
Flexi Sig		371	569	1	941
Radiology	Non-Cardiac CT	4	9	12	25
	Non Cardiac MRI	17	43	280	340
	NOUS	2065	3154	818	6037
	Non-Cardiac Nuclear Medicine	1	30	0	31
Imaging	Fluoroscopy	8	62	2	72
Physiological Measurement	Urodynamics	21	38	160	219
Neurophysiology	EMG	18	114	0	132
	NCS	8	59	0	67
Total		3700	5779	3452	12931

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 2 years:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12931

Therapies – March 2021 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

591

Therapies >14 weeks

There are provisionally 591 patients breaching the 14 week target for therapies in March, an improvement of 149 patients on the reported position for February. This is due to the predicted reduction in patient breaches in Podiatry.

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	235	71	306
Dietetics	12	3	158	173
Arts Therapy	12	0	0	12
Occupational Therapy	0	0	0	0
Physiotherapy	0	0	0	0
Podiatry	22	35	0	57
SALT	11	24	8	43
Total	57	297	237	591

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 2 years, 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	740	591

Surveillance Monitoring – as at 5th / 6th April 2021

Number of patients waiting past their review date

1,244

Patients waiting past review date

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

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	89	146	22	257
Over Target	24	85	0	109
Total Patients Waiting	113	231	22	366
Urgent Non-Cancer				
Waiting <14 days	61	113	6	180
Over Target	886	1373	0	2259
Total Patients Waiting	947	1486	6	2439
Routine				
Waiting <56 days	58	69	152	279
Over Target	417	640	0	1057
Total Patients Waiting	475	709	152	1336
Surveillance				
Waiting <126 days past review date	197	218	24	439
Waiting >126 days past review date	316	489	0	805
Total Patients Waiting Past Review Date	513	707	24	1244

Princess of Wales Hospital Endoscopy Unit

As at 6th April the total waiting list (excluding surveillance patients) currently stands at 180, an increase of 59 patients on the previous month, with no routine patients waiting over the target time, which is an excellent achievement given the circumstances. It does however emphasise the disparity in waiting times within each ILG.

Prince Charles

As at 5th April the total list (excluding surveillance patients) has increased by 79 patients on the previous month bringing the total to 1,535 patients waiting, of whom 1,327 are waiting over target. The number of surveillance patients waiting has fallen from 546 in the previous month to a current position of 513. Surveillance patients waiting over target currently stands at 316 patients.

Royal Glamorgan

As at 5th April the waiting list has increased by 104 patients to 2,426 of whom 2,098 patients are over target. Surveillance patients waiting over target currently stands at 489 patients.

In total **Cwm Taf Morgannwg** has 1,244 patients waiting past their review date, of which, approximately 66% of those patients are waiting more than 18 weeks past their review date.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – February 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
57

Not Booked
75,346

Booked
29,828

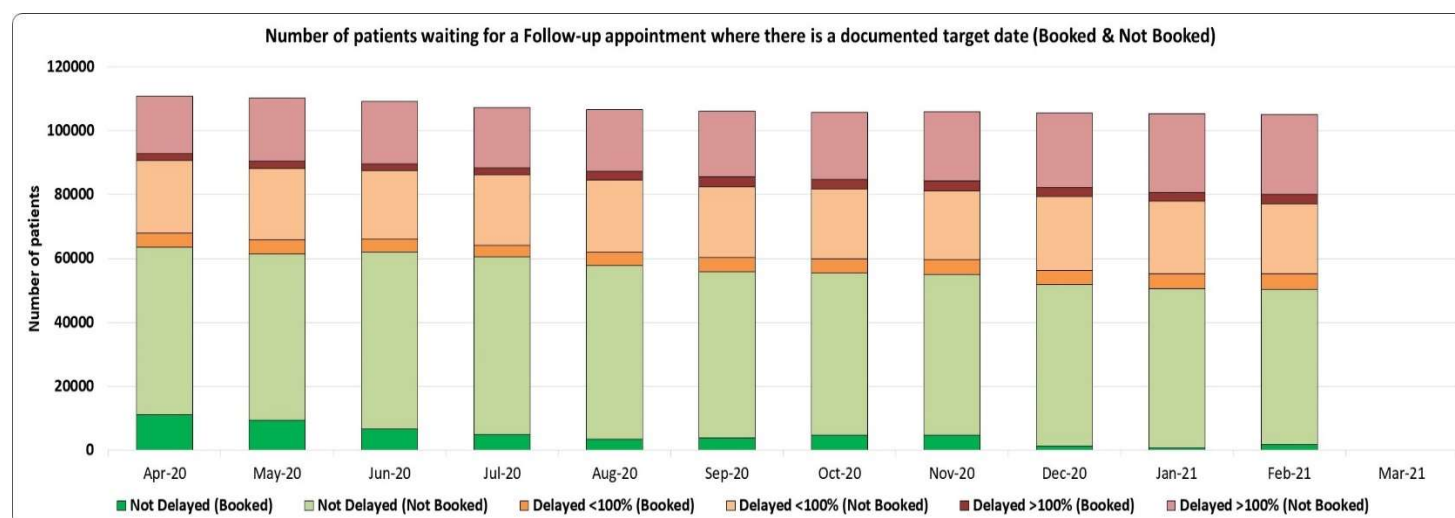
Total
105,231

Not Booked
25,000

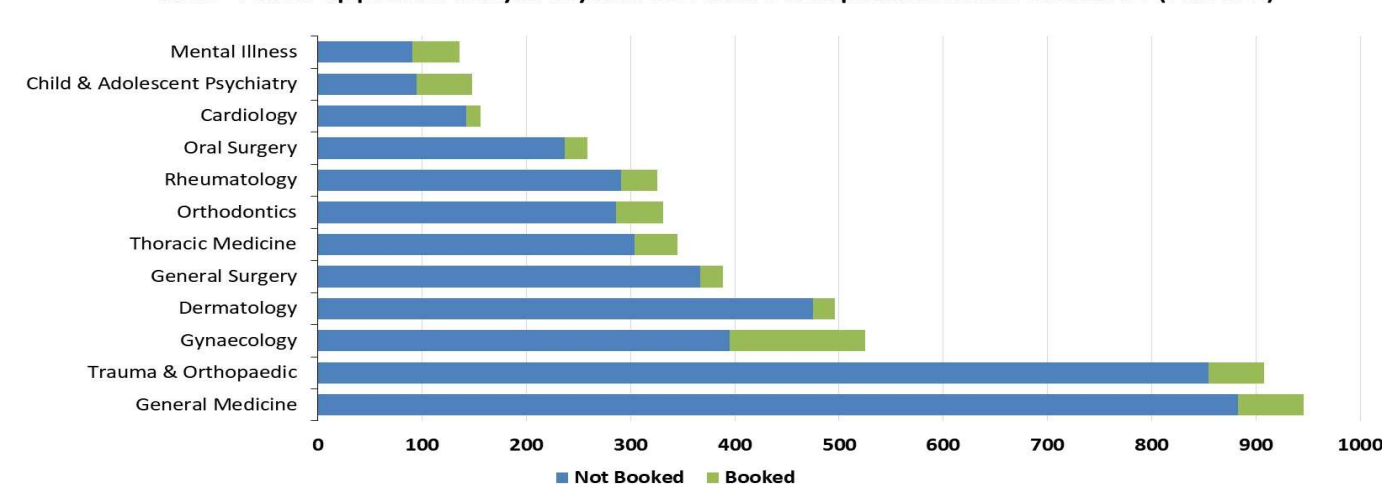
Booked
2,974

Total
27,974

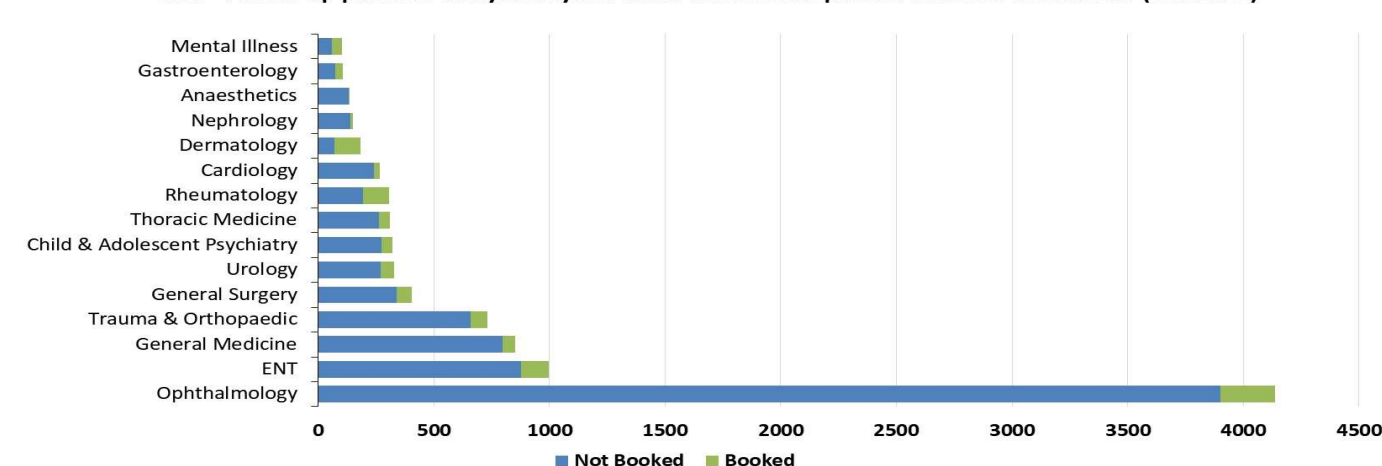
February 2021	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	0	15655	6362	22017	4727	599	5326	24.2%
Rhondda & Taff Ely	2	24064	15420	39486	8465	1103	9568	24.2%
Bridgend	55	35627	8046	43728	11808	1272	13080	29.9%
CTM	57	75346	29828	105231	25000	2974	27974	26.6%



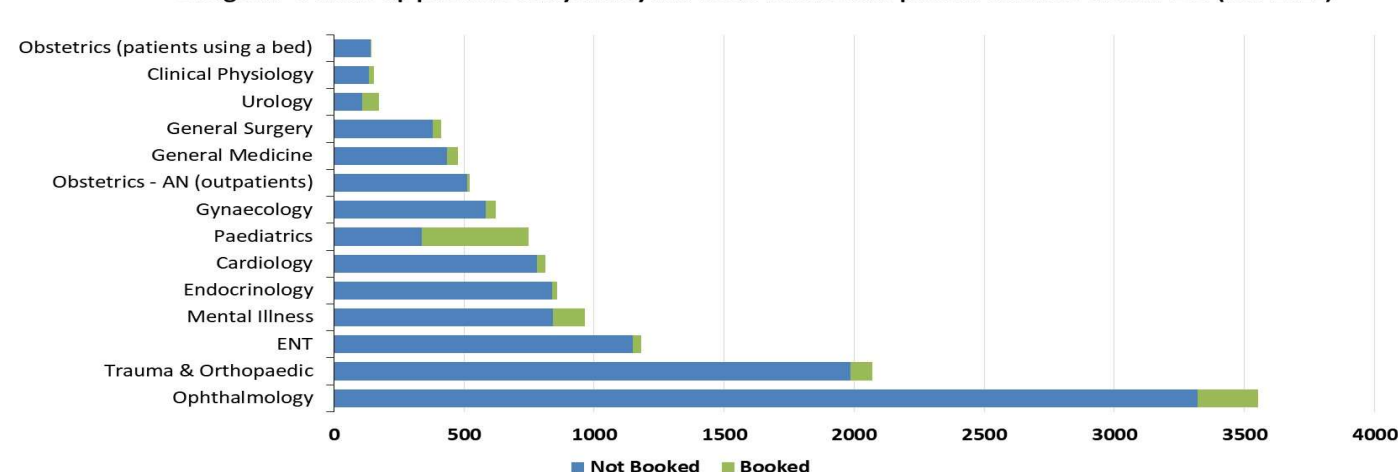
M&C - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (Feb 2021)



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



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



FUNB

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

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

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

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

Number of Attendances

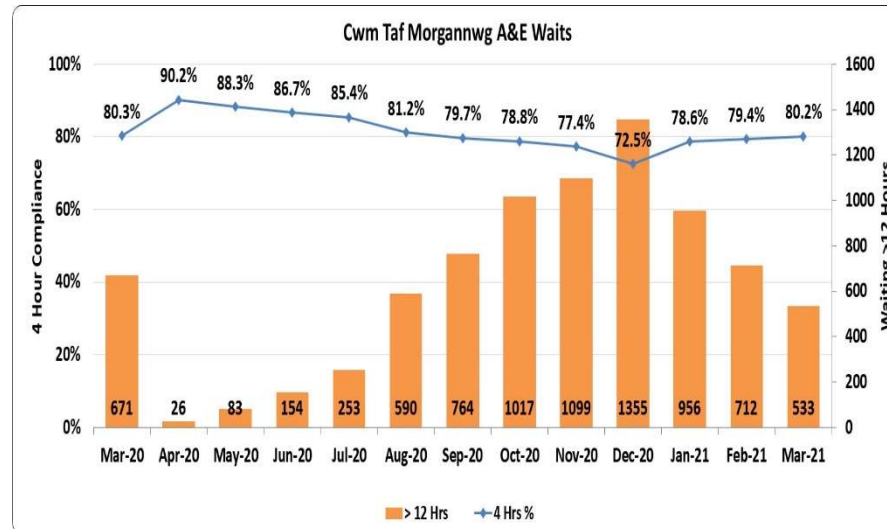
13,768

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

80.2%

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

533

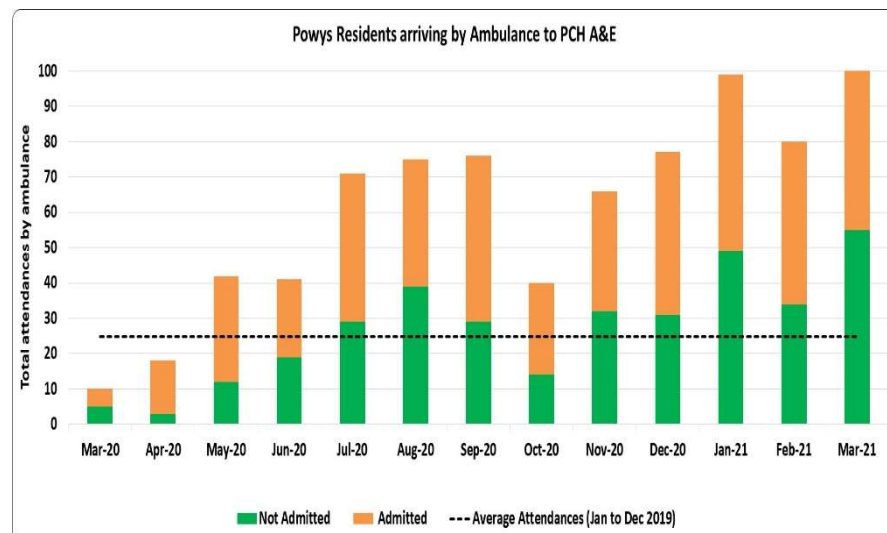


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

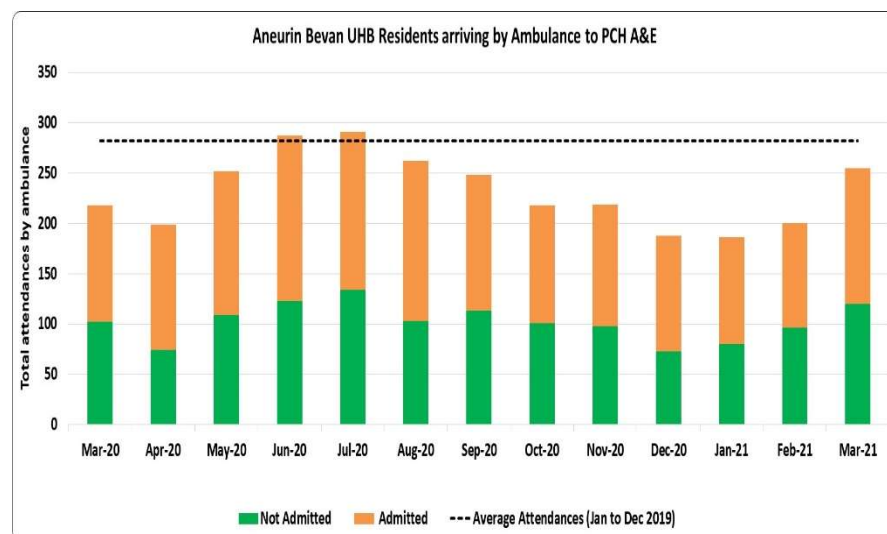
Overall attendances increased markedly in March by 3,380 to a total of 13,768, but continues to be lower than the average pre-Covid levels by around 2,500 attendances in line with expectations given the current circumstances. This does not make life any easier for staff, who continue to work tirelessly in treating the patients who present under the most challenging of circumstances. It is however an indicator that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in 2020/21.

4 Hour Compliance - The combined performance for CTM for the four hour target marginally improved during March to 80.2% and compliance improved in all but one of the major units (PCH). 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 Anuerin Bevan. Whilst an increase from Aneurin Bevan was observed in March, it is by no means at the level predicted by some and below the 2019 average. Whether this is an indication of increasing demand remains to be seen. Further work is underway to review the casemix of the activity.



12 Hour Waits - The number of breaches of the 12 hour target continued to fall further during March by 179 to an overall total of 533. Despite the number of breaches remaining high, this is the lowest level recorded since August 2020. Once more PCH saw the largest number of breaches (289), albeit a decrease of 102 on the previous month, whilst POW recorded a total of 229 breaches in March, a fall of 73 on the previous month. Improvement continues in RGH with the total number of patient breaches falling from 19 to 15 this month and the number of 12 hour waits are now back to the levels seen prior to the onset of the second wave.



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
Mar-20	3831	81.2%	293	3483	77.0%	164	3544	79.3%	214	11476	80.3%	671
Apr-20	2691	95.8%	3	2588	91.7%	6	2501	81.6%	17	8075	90.2%	26
May-20	3866	91.3%	41	3518	90.9%	10	3801	81.5%	32	11592	88.3%	83
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.4%	63	12791	86.7%	154
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.6%	153	14148	85.4%	253
Aug-20	4849	76.7%	215	4512	93.5%	9	4819	71.5%	366	14855	81.2%	590
Sep-20	4460	73.9%	330	4243	88.6%	27	4292	73.6%	407	13716	79.7%	764
Oct-20	3972	78.4%	445	2861	79.6%	130	3741	74.9%	442	11241	78.8%	1017
Nov-20	3786	79.0%	387	3581	75.9%	267	3462	73.7%	445	11387	77.4%	1099
Dec-20	3707	75.7%	424	3394	71.1%	585	3459	66.7%	346	11019	72.5%	1355
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3500	79.3%	391	3416	83.2%	19	3022	72.3%	302	10388	79.4%	712
Mar-21	4556	74.6%	289	4528	85.2%	15	3972	77.5%	229	13768	80.2%	533

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

QIM's – February 2021

% compliance with direct admission to an acute stroke unit within 4 hours
10.6%

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins
87.5%

% compliance of patients diagnosed with stroke received a CT scan within 1 hour
63.2%

% compliance assessed by a stroke consultant within 24 hours
80.9%

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Feb-20	44.0%	85.7%	70.6%	68.6%	34.6%	33.3%	51.9%	81.5%	40.8%	70.0%	64.1%	73.1%
Mar-20	45.9%	50.0%	78.4%	70.3%	42.1%	0.0%	52.6%	63.2%	44.6%	25.0%	69.6%	67.9%
Apr-20	69.2%	33.3%	71.2%	75.0%	30.0%	Nil	65.0%	85.0%	58.3%	33.3%	69.4%	77.8%
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	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%

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 February. Whilst achieving the targets have always proved challenging, not least due to not being able to establish a sustainable 24/7 service, there have been further reductions over the last three months, as the Covid inpatient demand has required us to reconfigure services. Acute stroke wards have been significantly affected by increased Covid-19 admissions and infection control restrictions.

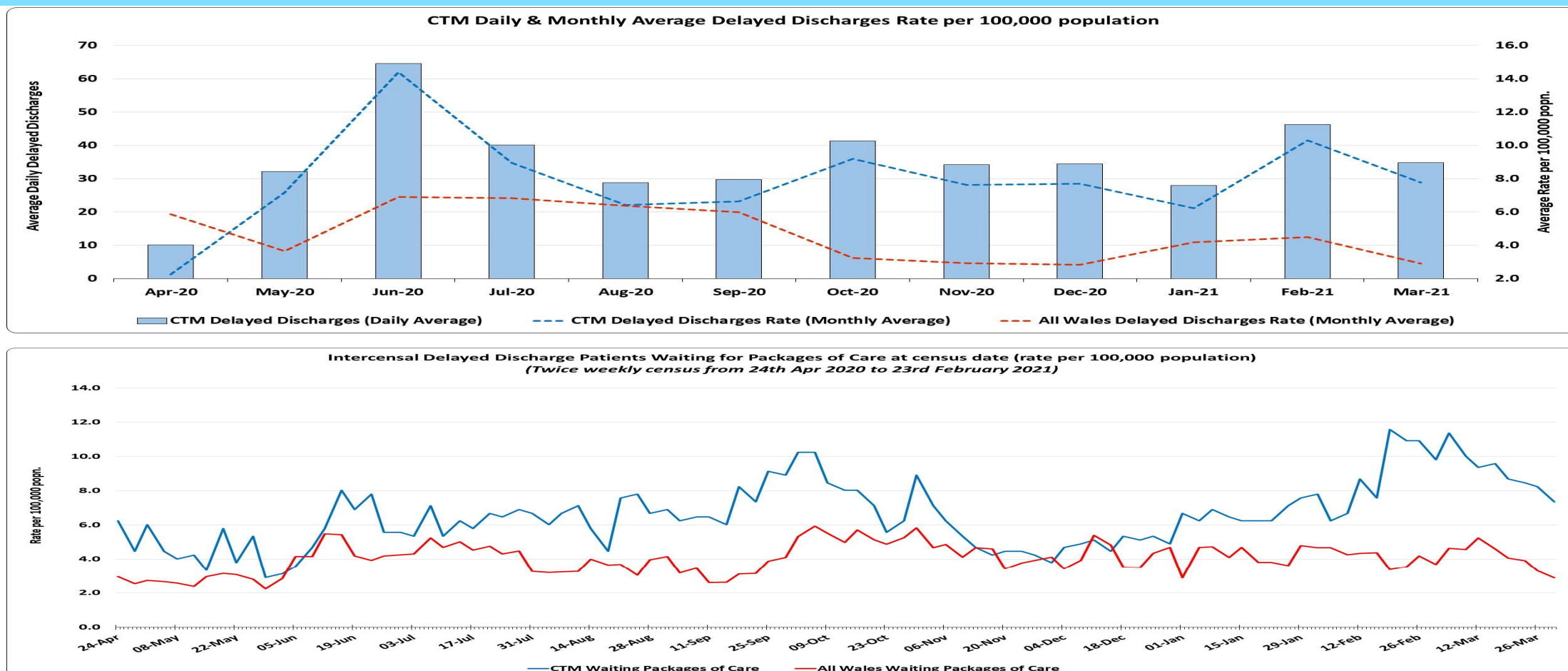
As can be seen by the reports acute stroke services are run from both POW and PCH and performance varies between the sites, therefore the data is better not aggregated for analysis. To note, the report indicates 0% compliance for POW from October to February for admissions to a stroke ward in 4 hours, which directly relates to the need for COVID swabbing requirements prior to admission, as well as periods of time where the stroke unit was closed to admissions for infection control reasons. Thrombolysis rates remain low in POW, although clinical validation indicates no missed cases. Due to the low numbers, the percentage thrombolysed in 45 mins is extremely variable. PCH has seen higher performance against the 45 minutes, 1 & 4 hour targets. POW have seen improvements in the 24 hour target.

Both POW and PCH have progressed their plans to re-set and improve services following the second wave of the pandemic. These include re-establishing stroke wards in both hospitals. In PCH progress includes recruitment of a third stroke consultant and a "Task & Finish" group being set-up to deliver CT Perfusion Scanning to increase numbers eligible for thrombectomy and very high level thrombolysis door to needle times. In POW improvements include re-established weekly data validation and monthly performance improvement meetings, Delivery Unit support with improvement programme and flow programme to start hospital wide, including stroke pathway as a priority.

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

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

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



Emergency Ambulance Services

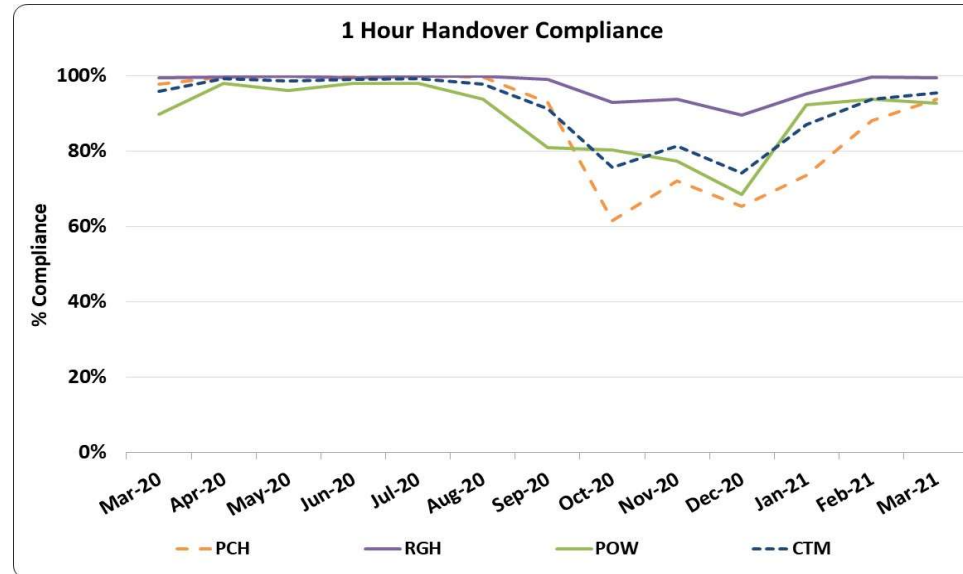
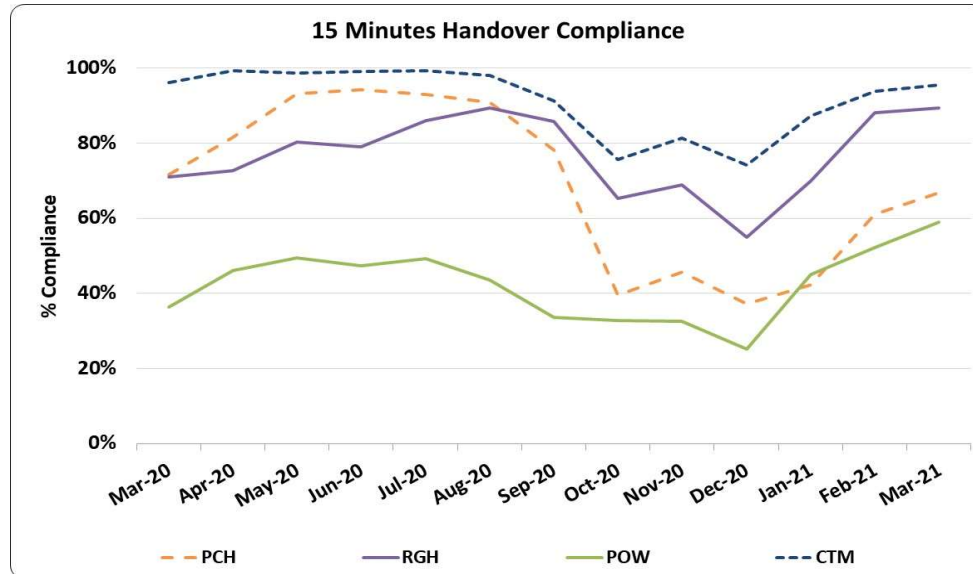
Number of Ambulance Handover Times & Compliance – Provisional March 2021

Number of ambulance handovers within 15 mins – Local Measure

2,257 handovers were within 15 mins (72.4%)

Number of ambulance handovers over 1 hour – Target Zero

142 handovers were over 1 hour (95.4% of handovers were within 1 hour)



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Mar-20	982	71.6%	97.8%	924	70.9%	99.6%	796	36.4%	89.8%	2702	61.0%	96.0%
Apr-20	767	81.5%	99.7%	800	72.8%	99.8%	706	46.0%	98.0%	2273	67.4%	99.2%
May-20	938	93.1%	99.9%	921	80.3%	100.0%	928	49.5%	96.2%	2787	74.3%	98.7%
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.1%	2904	73.5%	99.2%
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.8%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.3%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	878	68.9%	93.7%	753	32.5%	77.4%	2501	49.9%	81.3%
Dec-20	888	37.2%	65.3%	807	54.9%	89.7%	824	25.1%	68.6%	2519	38.9%	74.2%
Jan-21	912	42.3%	73.6%	950	69.9%	95.4%	917	45.0%	92.3%	2779	52.6%	87.2%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	883	58.9%	92.8%	3119	72.4%	95.4%

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 the 15 minute handover times during March, with overall compliance at 72.4% (67.6% in February), which is a great achievement given the total handovers increased by 585 this month to a total of 3119. CTM compliance for the 1 hour handover target also improved to 95.4% with a total of 142 handovers exceeding 1 hour. Compliance for this measure was most improved in PCH at 93.8% (88.2% in February), with compliance at RGH and POW remaining fairly static at 99.4% and 92.8% respectively.

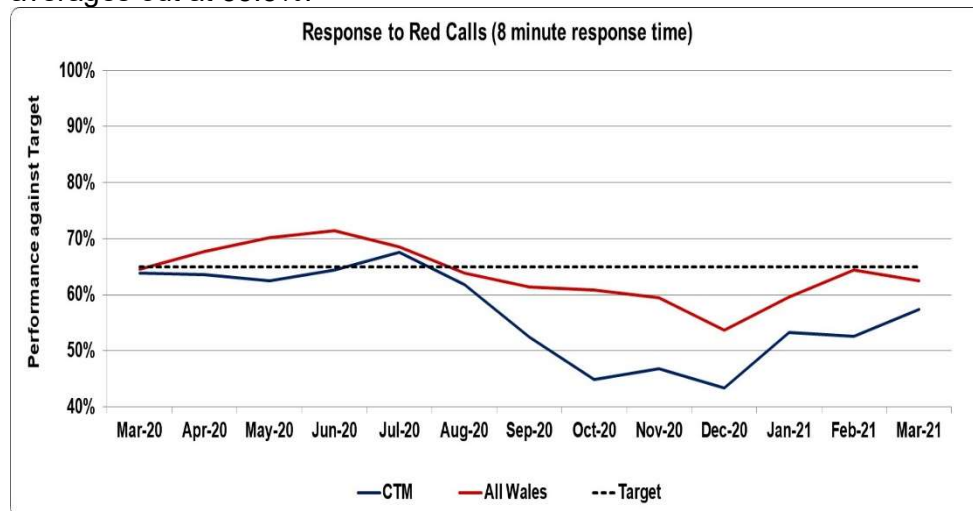
Response to Red Calls – March 2021

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

57.4%

Response to Red Calls

Response times improved during March to 57.4% from 52.6% in February and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average fell short at 62.5%, down from 64.4% on the previous month and continuing to remain below target for the eighth month in succession. CTM performance for the last 12 months averages out at 55.5%.



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
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%
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%

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 59.0% & 58.5% respectively. RCT averages 51.3% and performance in all areas continues to be below the 65% target.

However, the table below 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 Apr 2020 to Mar 2021)		
Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	5.6
RCT	241,264	4.1
Bridgend	147,049	4.0

Single Cancer Pathway

Single Cancer Pathway (SCP) – February 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%
51.9%

The Cwm Taf Morgannwg SCP performance for February marginally improved to 51.9% from 49.0% in January.

Number of Breaches by Tumour Site

The combined performance for Cwm Taf Morgannwg improved to 51.9% in February with a total of 104 patient breaches. The main contributory factor recorded being delays awaiting first outpatient appointment and access to diagnostics (endoscopy, hysteroscopy, flexible cystoscopy and LA PPB (prostate biopsies).

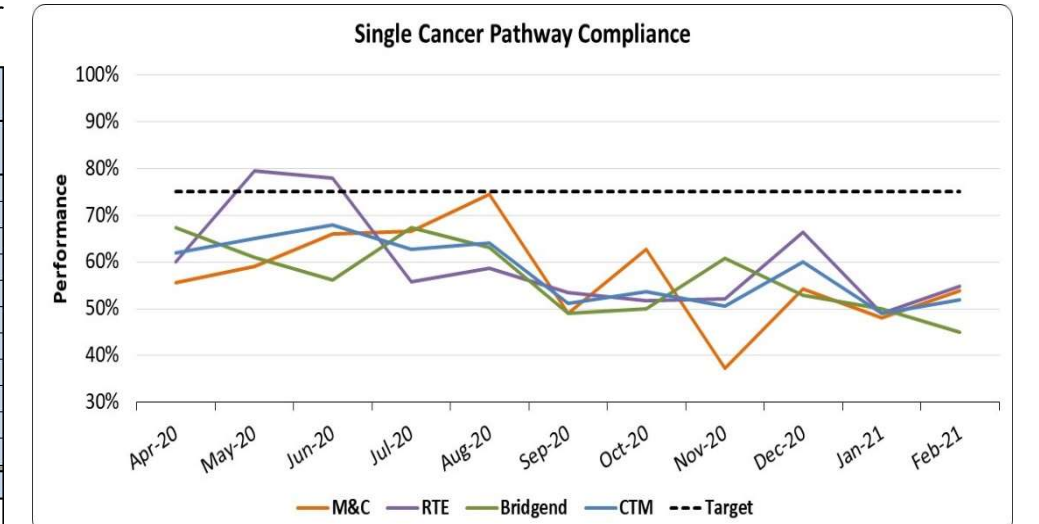
The table below details the treated patients and the patient breaches for February 2021:

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
February 2021												
Head and Neck	1	2	3	0	6	6	1	3	4	2	11	13
Upper Gastrointestinal	5	1	6	5	4	9	0	1	1	10	6	16
Lower Gastrointestinal	4	4	8	3	2	5	4	6	10	11	12	23
Lung	5	5	10	7	4	11	2	4	6	14	13	27
Sarcoma	1	1	2	1	0	1	0	0	0	2	1	3
Skin(c)	9	1	10	8	2	10	11	1	12	28	4	32
Brain/CNS	2	0	2	2	0	2	0	0	0	4	0	4
Breast	0	0	0	10	8	18	6	5	11	16	13	29
Gynaecological	0	9	9	0	0	0	0	1	1	0	10	10
Urological	0	0	0	12	16	28	3	12	15	15	28	43
Haematological(d)	1	1	2	9	5	14	0	0	0	10	6	16
Total Breaches	28	24	52	57	47	104	27	33	60	112	104	216
Overall Compliance	53.8%			54.8%			45.0%			51.9%		

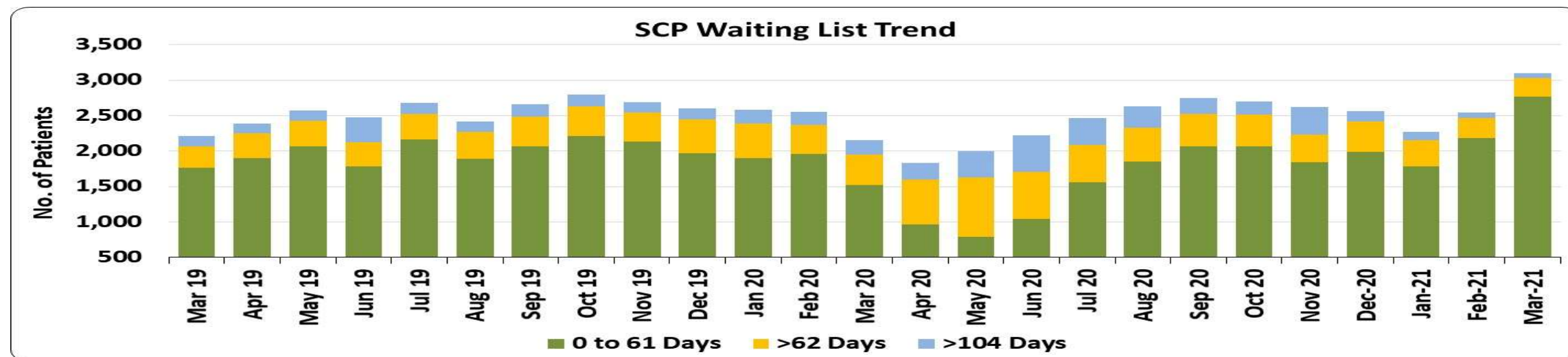
Single Cancer Pathway Compliance Trend

As can be seen in the graph below, overall CTM compliance had been falling since August 2020 with the exception of December (60.0%) and February 2021 (51.9%) with compliance remaining well below the 75% target.

This situation can be attributed to the ongoing operational challenges arising as a result of the Covid-19 pandemic.



Patients Waiting on a Cancer Pathway – as at 6th April 2021



As at 6th April 2021, in terms of total waiting list size, the overall volume of open single cancer pathways stands at 3,030, 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 76 and the patients waiting over 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 105 patients waiting over 62 days of whom 23 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 138 patients waiting over 62 days of whom 33 were waiting more than 104 days
- In Bridgend, there were 91 patients waiting over 78 days of whom 20 were waiting more than 104 days

Currently, 68% of the patients waiting over 62 days are for three tumour sites, Urology (103), Lower GI (64) and Gynaecology (52).

	SCP Cases 62-103 days	SCP Cases >104 days
Merthyr & Cynon ILG		
Lower Gastrointestinal	25	5
Upper Gastrointestinal	14	1
Gynaecological	33	14
Haematological	1	
Head & Neck	1	
Lung	6	2
Skin	2	
Unknown Primary		1
Grand Total	82	23
Rhondda & Taff Ely ILG		
Breast	3	
Lower Gastrointestinal	28	3
Upper Gastrointestinal	7	9
Gynaecological	2	
Haematological	1	1
Head and Neck	4	
Lung	8	1
Sarcoma	2	
Skin	2	
Urological	48	18
Unknown Primary		1
Grand Total	105	33
Bridgend ILG		
Breast	21	
Childrens Cancer	1	
Lower Gastrointestinal	3	
Upper Gastrointestinal		1
Gynaecological	3	
Haematological	1	
Head & Neck	7	
Lung	2	1
Skin	1	
Urological	19	18
Grand Total	58	20

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

89.6%

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

86.6%

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

83.5%

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, February's compliance improved to 89.65 from 85.6% in January.

Referrals in February continued to increase to 797 from 761 in January, however still below pre-Covid levels which were in the region of 1000 to 1100. The average year to date referrals equate to 677 per month.

Part 1b.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell slightly in February to 86.6% from 90.7% in January and continuing to be above the 80% target.

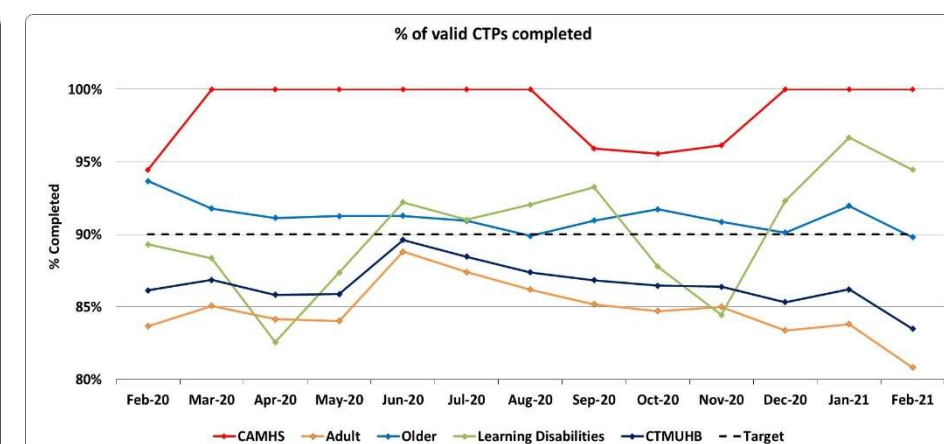
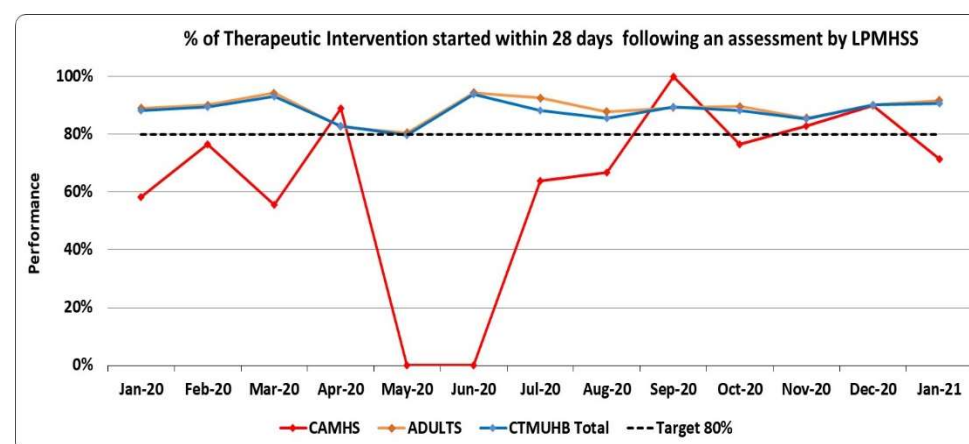
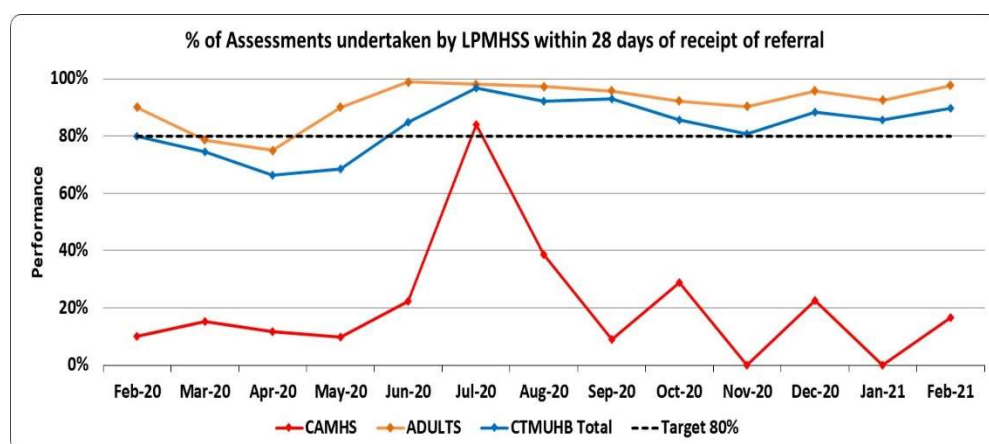
The number of interventions remains relatively stable at the moment at 245 in February, although well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service continued to fall from 71.4% in January to 66.7% in February, with the number of interventions falling to 6 this month (14 in January).

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 fell during February to 83.5% from 86.2% in the previous month, continuing to fall short of the 90% target. Overall the target has not been met since September 2019.

Part 3

No outcome of assessment reports was sent during February for Part Three of the Mental Health Measure.



CAMHS (including p-CAMHS)

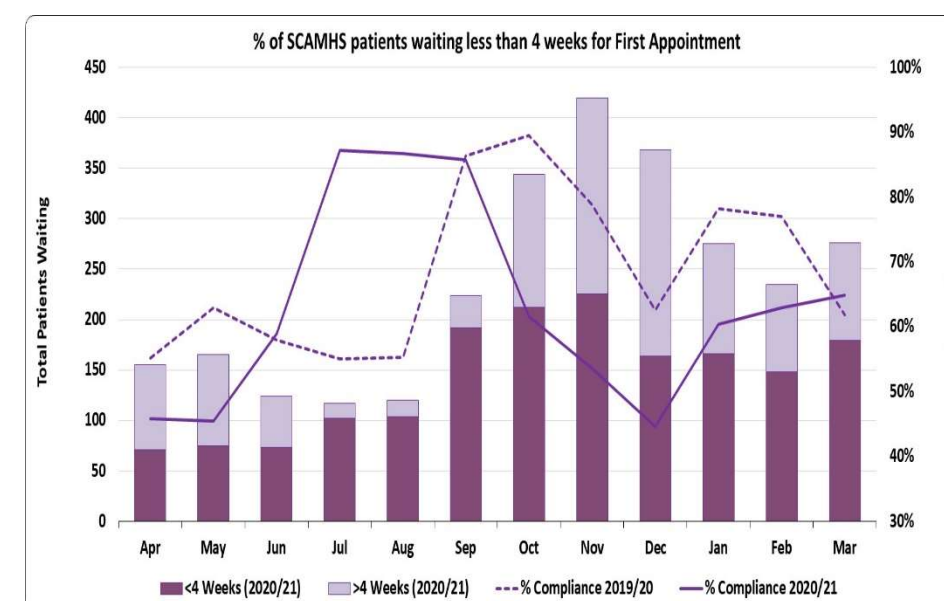
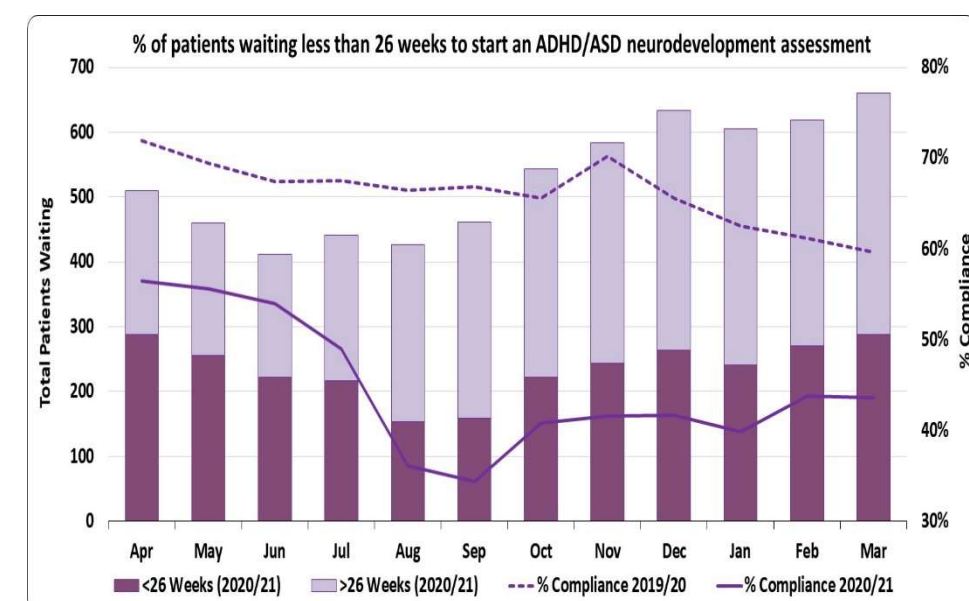
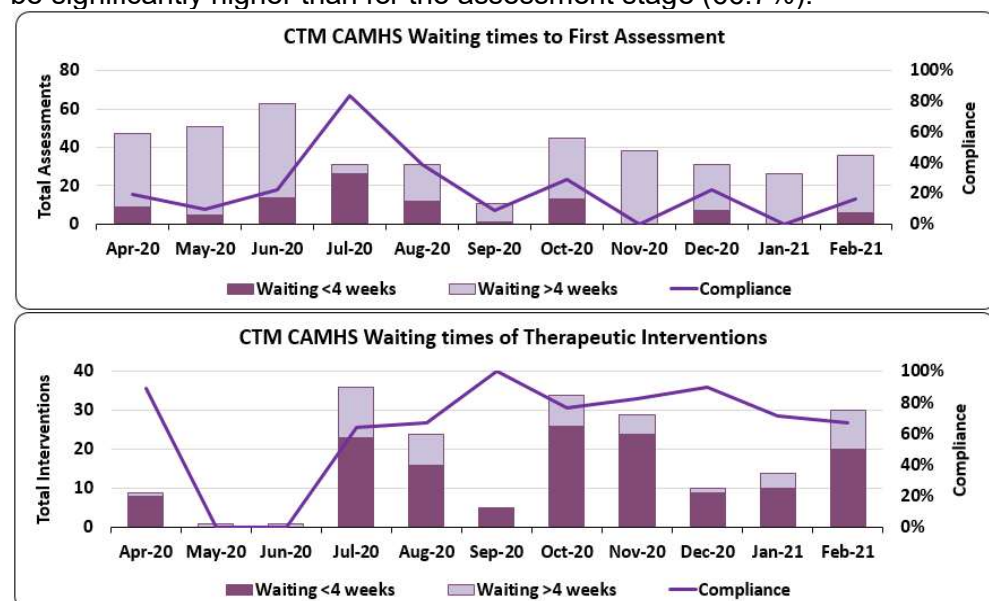
The charts show that the improvement in CAMHS compliance against the Mental Health Measure during the summer and has fluctuated since that time, with just 6 patients assessed within 28 days in February. The most recent p-CAMHS compliance for Part 1 (a) is 75%, with 9 patients waiting over 4 weeks for assessment. The volume of interventions starting this month increased to 30 from 14 in the previous month, with compliance continuing to be significantly higher than for the assessment stage (66.7%).

Neurodevelopment

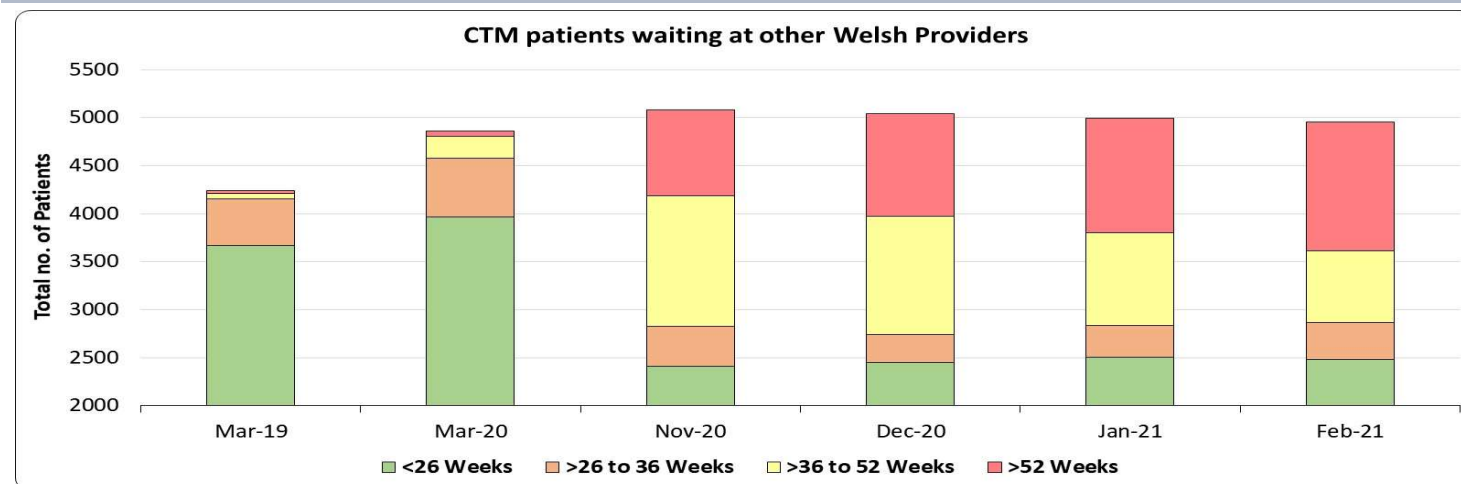
Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services remained static in March to a provisional 43.6%. The total waiting list increased by 41 to bring the current total to 660, with the number of patients waiting above the target time remaining increasing to 372 from 348 in the previous month. The average waiting time has increased slightly to 37.5 weeks (37 weeks in the previous month).

Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times improved during March to a provisional 64.9% from 63.0% in February. Currently the total waiting list has risen to 276 from 235 in the previous month, with 97 patients waiting above the target time of 4 weeks which is a slight deterioration on February which stood at 87.



CTM Patients waiting for treatment at other Welsh Providers



There is no specific update on WHSSC Commissioned Services this month. However using data collected and reported by NHS Wales Informatics Services (NWIS), the chart above shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards and overall there has been a reduction of 38 since January.

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 2139 in January to 2077 in February. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 499 and those patients waiting over 14 weeks for a therapies are just 2.

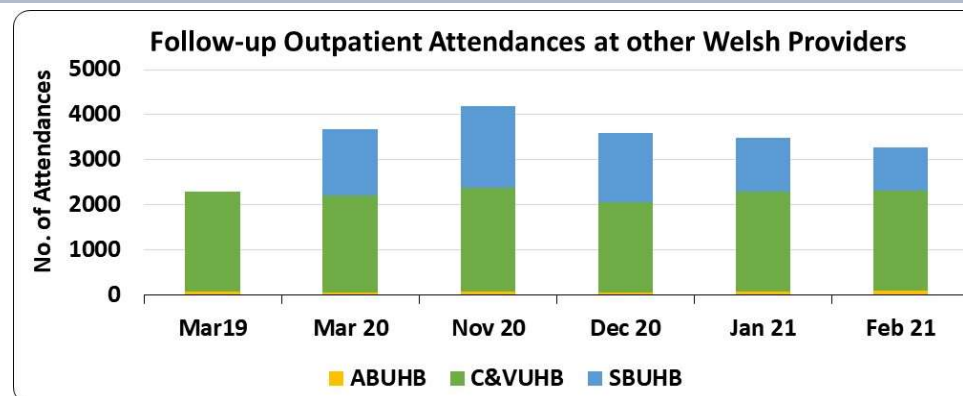
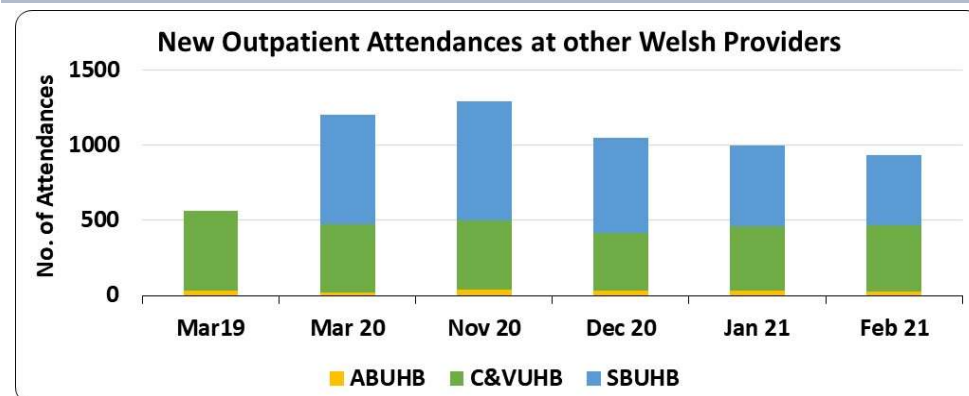
Patients Waiting more than 36 weeks at other Welsh Providers - Specialty Breakdown											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Trauma & Orthopaedics	191	Trauma & Orthopaedics	490	Urology	27	Trauma & Orthopaedics	50	Plastic Surgery	39	Plastic Surgery	101
Neurology	167	Ophthalmology	160	Ophthalmology	10	Urology	27	Allied Health	19	Trauma & Orthopaedics	20
Ophthalmology	50	Clinical Immunology And Allergy	43	Trauma & Orthopaedics	9	Ophthalmology	19	Oral Surgery	6	Oral Surgery	19
Clinical Immunology And Allergy	24	Neurology	36	Oral Surgery	6	Oral Surgery	18	Trauma & Orthopaedics	5	General Surgery	13
Paediatric Surgery	21	Oral Surgery	36	ENT	5	ENT	10	General Surgery	4	Gynaecology	9
Cardiology	17	ENT	33	Gastroenterology	5	General Surgery	7	Diagnostic	3	Urology	5
ENT	15	Neurosurgery	31	Dermatology	3	Dermatology	4	Orthodontics	3	ENT	4
Gynaecology	15	Gynaecology	28	General Surgery	2	Gastroenterology	2	Cardiology	1	Ophthalmology	3
Oral Surgery	15	Paediatric Surgery	26	Cardiology	1	Gynaecology	1	Cardiothoracic Surgery	1	Gastroenterology	2
Paediatrics	11	Paediatric Dentistry	25	Chemical Pathology	1	Grand Total	138	Neurology	1	Orthodontics	1
Paediatric Dentistry	10	General Surgery	23	Neurology	1			Paediatric Neurology	1	Pain Management	1
Neurosurgery	9	Urology	16	Rheumatology	1			Paediatrics	1	Respiratory Medicine	1
Urology	9	Cardiology	15	Grand Total	71			Grand Total	84	Grand Total	179
Cardiothoracic Surgery	7	Cardiothoracic Surgery	15								
Dermatology	5	Dermatology	9								
Restorative Dentistry	5	Orthodontics	6								
Dental Medicine Specialties	4	Paediatrics	6								
Pain Management	4	Restorative Dentistry	5								
General Surgery	3	Dental Medicine Specialties	4								
Rheumatology	3	Rheumatology	3								
General Medicine	2	General Medicine	2								
Anaesthetics	1	Clinical Pharmacology	1								
Orthodontics	1	Paediatric Neurology	1								
Respiratory Medicine	1	Pain Management	1								
Grand Total	590	Grand Total	1015								

CTM patients waiting at specific health boards (Total patients 4956)					
February 2021	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB
	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients
Weeks Wait					
<26 Weeks	1930	50.4%	198	45.1%	348
>26 to 36 Weeks	293	7.7%	32	7.3%	50
>36 to 52 Weeks	590	15.4%	71	16.2%	84
>52 Weeks	1015	26.5%	138	31.4%	179
Total Waiting	3828		439		661
% of Total Waiting (4994 patients)	77.2%		8.9%		13.3%

CTM Patients waiting for a Diagnostic at other Welsh Providers											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Service	Total Waits	>8 wks		Service	Total Waits	>8 wks		Service	Total Waits	>8 wks	
Cardiology	94	39		Cardiology	9	5		Cardiology	74	48	
Endoscopy	36	18		Endoscopy	19	13		Endoscopy	27	20	
Radiology	247	95		Radiology	14	5		Neurophysiology	271	222	
Physiological Measurement	15	11		Total	42	23		Total	372	290	
Neurophysiology	35	22									
Imaging	4	1									
Total	431	186									

CTM Patients waiting for Therapy at other Welsh Providers											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Service	Total Waits	>14 wks		Service	Total Waits	>14 wks		No patients waiting for a therapy			
Audiology	1	0		Audiology	1	1					
Physiotherapy	6	0		Physiotherapy	6	0					
Podiatry	3	0		Podiatry	1	0					
Dietetics	11	0		Total	8	1					
SALT	1	1									
Occupational Therapy	1	0									
Total	23	1									

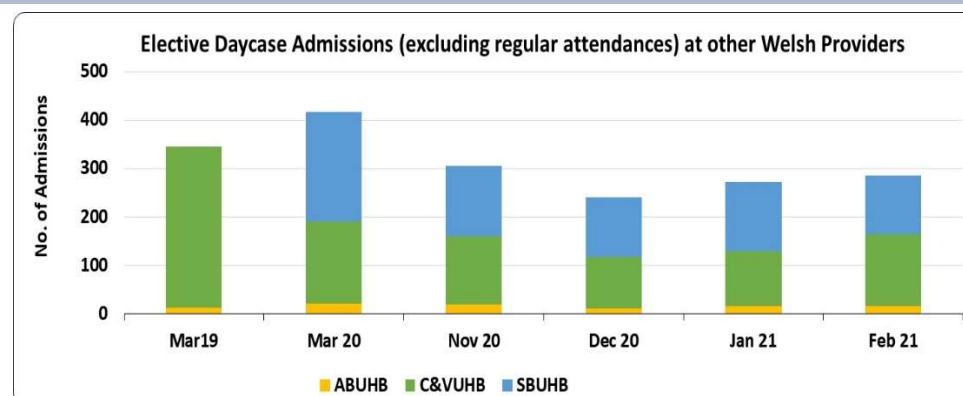
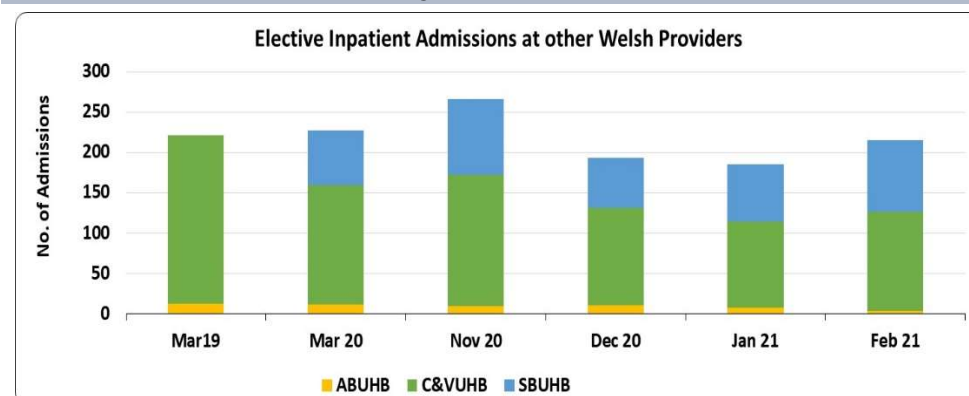
CTM Outpatient Attendances at other Welsh Providers



A greater understanding of activity delivered for CTM residents by other Welsh providers will come as more data becomes available, but even from the limited data shown here it is clear that Cardiff and Vale UHB have sustained activity levels, in contrast to Swansea Bay UHB.

Indeed, the level of activity currently being delivered by Cardiff and Vale UHB for CTM residents is consistent with pre-Covid levels.

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



The same comment broadly applies treatment activity, albeit not to the same extent, with current treatment levels below pre-Covid levels. Whilst Swansea Bay UHB activity for March 2019 is not available, all indications are that current activity levels are reduced.

Quadruple Aims At a Glance

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

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q3 20/21	96.4%	Q2 20/21	97.7%
% of children who received 2 doses of the MMR vaccine by age 5		95%		93.3%		92.4%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1 to Q2	2.05%	2019/20	3.6%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target	20/21	38.4%		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	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	Q3 20/21	64.7%	Q3 19/20	66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	not available		2019/20	68.9%
	under 65's in risk groups	55%				40.3%
	pregnant women	75%				81.7%
	health care workers	60%				63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	56.8%	2017/18	54.8%
	breast	70%		74.1%		73.9%
	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	Feb-21	100.0%	Jan-21	100.0%
	over 18 years			83.1%		85.9%
% 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%	Mar-21	57.4%	Feb-21	52.6%
Number of ambulance patient handovers over 1 hour		Zero		142		156
% 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%		80.2%		79.4%
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		533		712
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Jan-21	57.5%	Jan-20	72.7%
% 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 59.3%	Feb-21	10.6%	Jan-21	1.7%
% 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%		80.9%		68.9%
% 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	Feb-21	51.9%	Jan-21	49.0%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Mar-21	12,931	Feb-21	12,759
Number of patients waiting more than 14 weeks for a specified therapy				591		740
% of patients waiting less than 26 weeks for treatment		95%		47.0%		46.8%
Number of patients waiting more than 36 weeks for treatment		Zero	Feb-21	39,033	Jan-21	38,292
Number of patients waiting for a follow-up outpatient appointment		74,734		105,231		105,418
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		27,974		27,438
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%		32.4%		32.8%
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%	Mar-21	64.9%	Feb-21	63.0%
% 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)			Feb-21	25.0%	Jan-21	3.7%
% 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)				97.5%		92.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				69.7%		71.4%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				88.8%		91.8%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			Mar-21	43.6%	Feb-21	43.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			Feb-21	76.8%	Jan-21	68.7%
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 to Mar-21	70.53	Apr-20 to Feb-21	68.98
	S.aureus bacteraemia			26.06		25.53
	C.difficile			25.16		24.55
	Klebsiella sp			21.56		21.11
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Aeruginosa			4.49		4.66
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2018	3.79	2016	3.68
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Mar-21	50.5%	Feb-21	47.6%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Mar-21	66.3%	Feb-21	65.2%
% of sickness absence rate of staff	12 Month Reduction Trend	Feb-21	5.8%	Jan-21	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%	Q3 20/21	62.2%	Q2 20/21	61.7%

**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	Feb-21	2.64%	Jan-21	2.50%
% 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	Feb-21	80.0%	Jan-21	n/a
% 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			76.9%		100.0%
% 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	Jan-21	1.5%	Jan-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	Jan-21	1,267	Dec-20	1,607
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Aug-20	6.6%	Jul-20	6.8%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available