

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

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

Resetting Cwm Taf Morgannwg 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

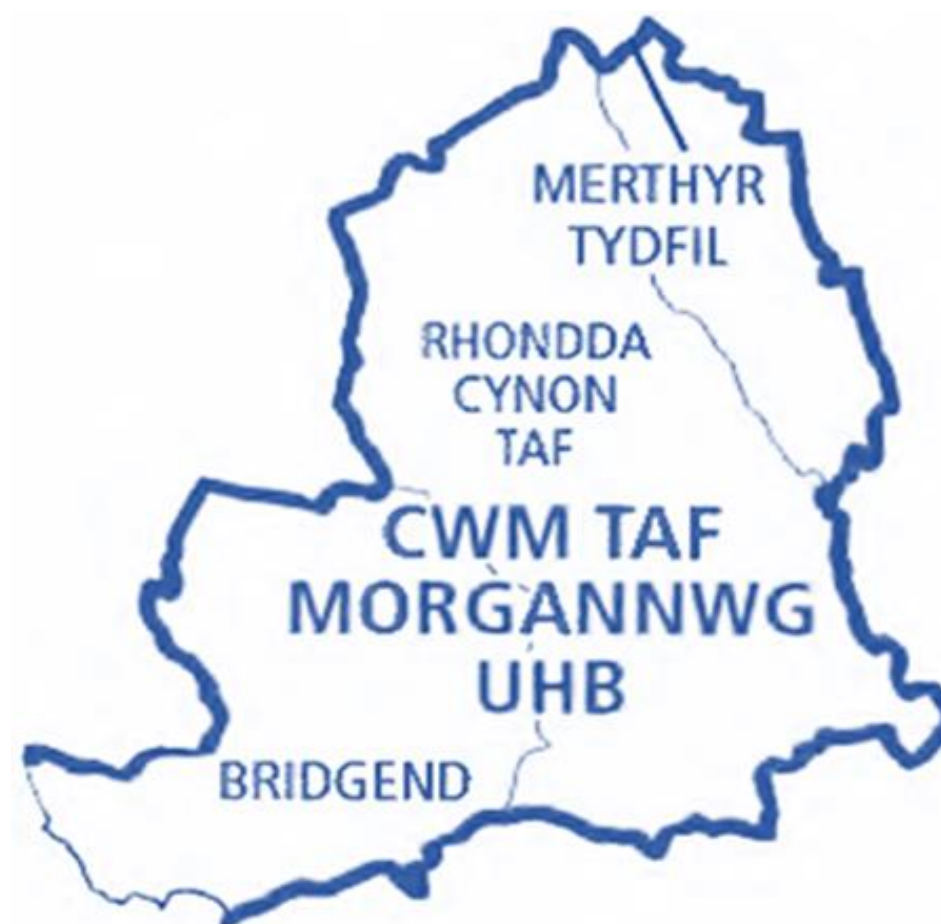
Emergency Ambulance Services

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:

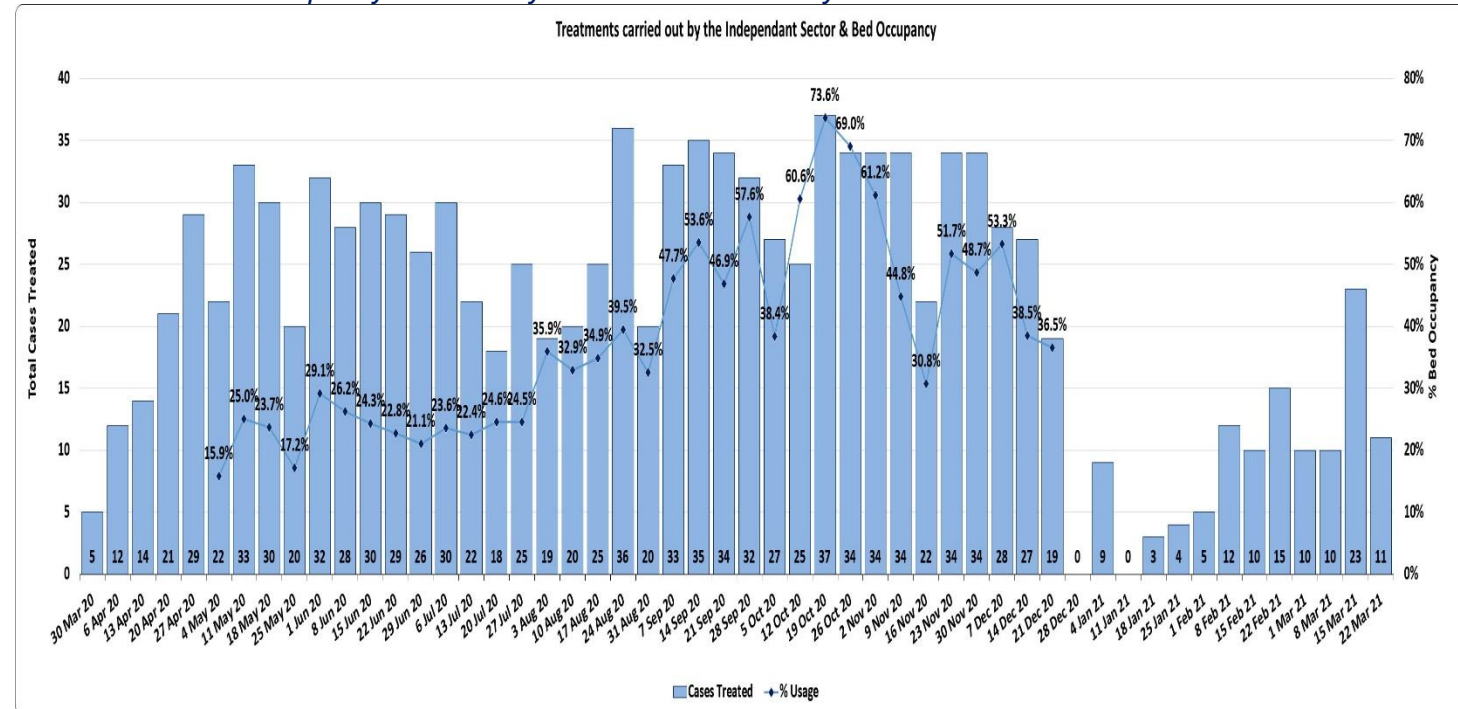
- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health.
 - Provide high quality, evidence based, and accessible care.
- Ensure sustainability in all that we do, economically, environmentally and socially.
 - Co-create with staff and partners a learning and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

Inpatient & Day Case Activity

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 high between August and November, but lower thereafter. As a part of CTM recovery efforts, a range of outsourcing and insourcing options are being explored to increase the elective capacity of the main acute sites. This is a key strand of the Planned Care Recovery Programme and is detailed within the IMTP.

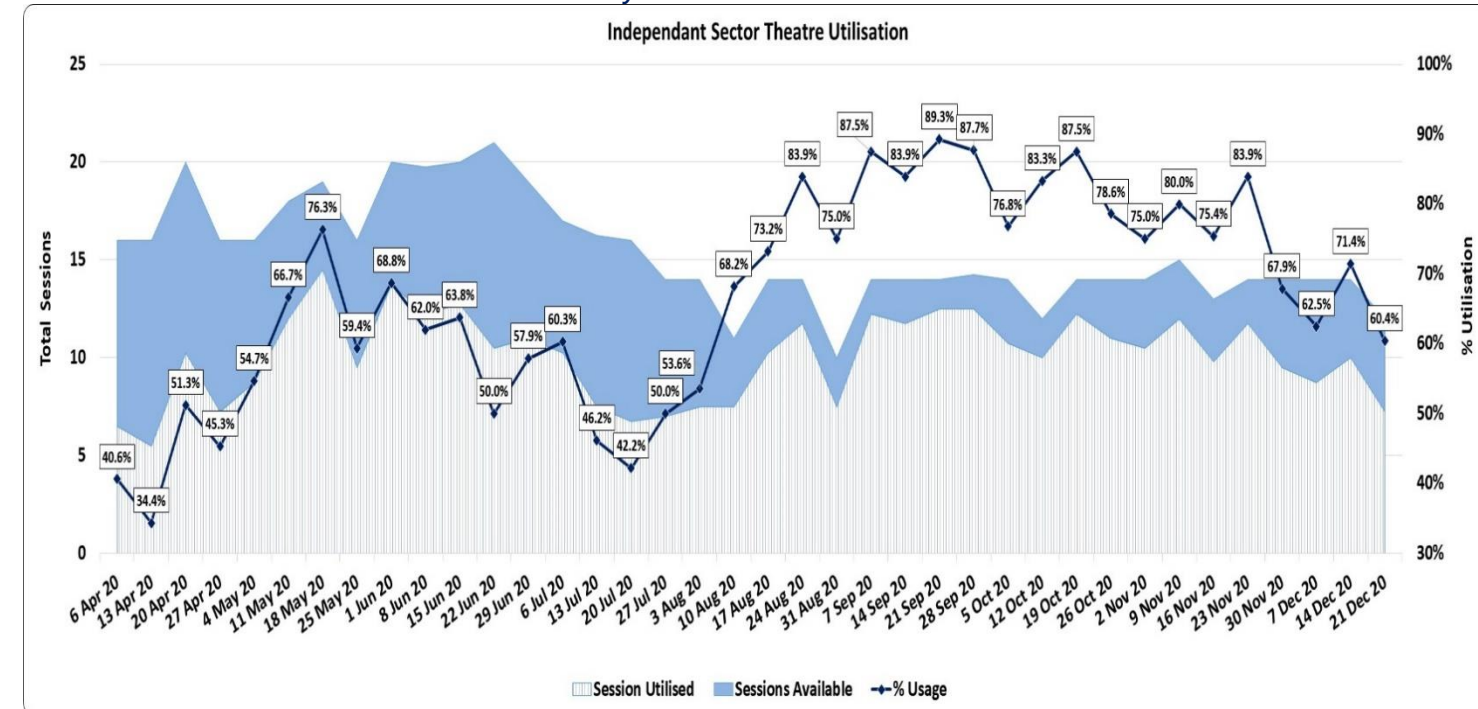
There has been an increase in internal elective activity lately, with the exception of over the Easter period. The chart to the right clearly demonstrates the increased levels of activity for May 2020.

In recent weeks, non-urgent activity include patients waiting in excess of 52 weeks.

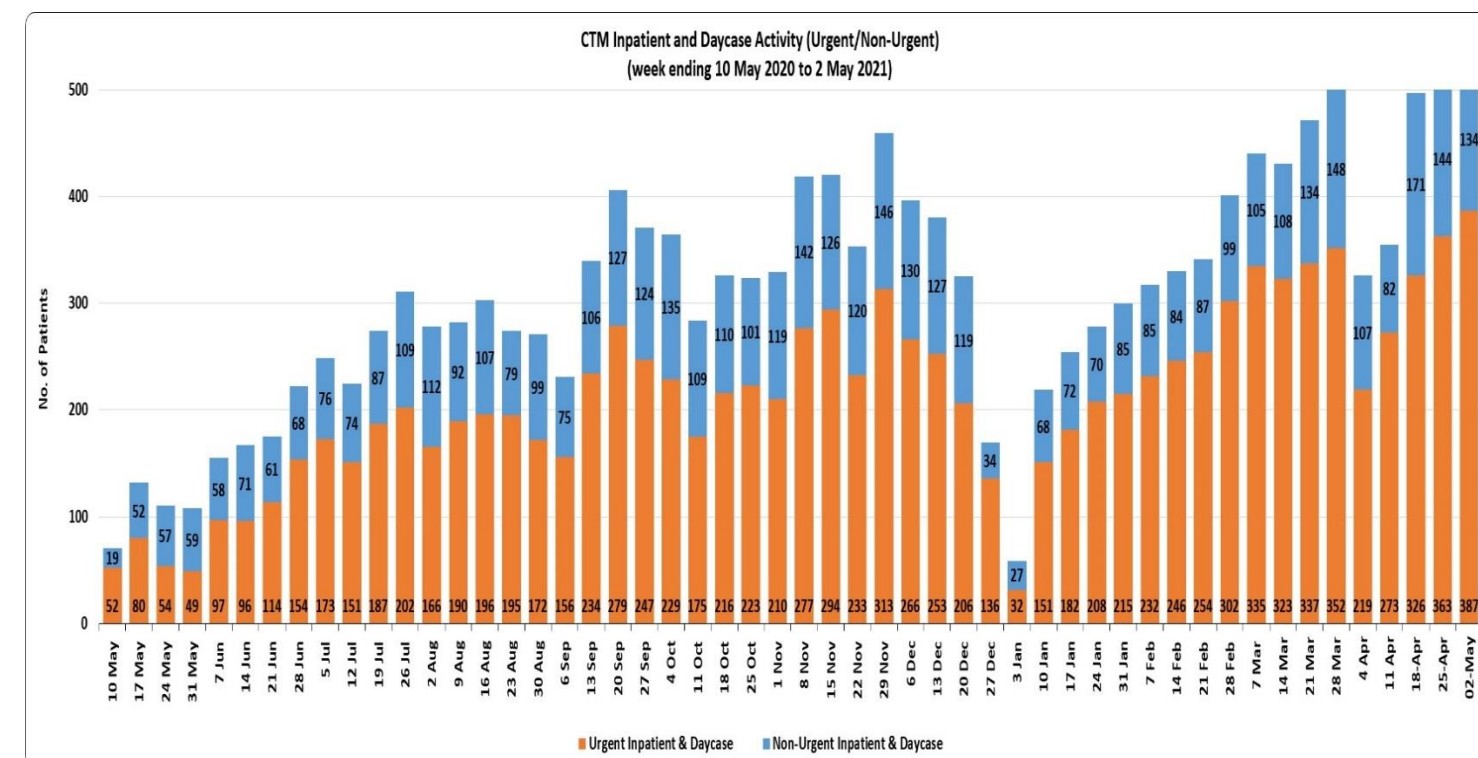
Theatre Utilisation (Independent Sector)

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

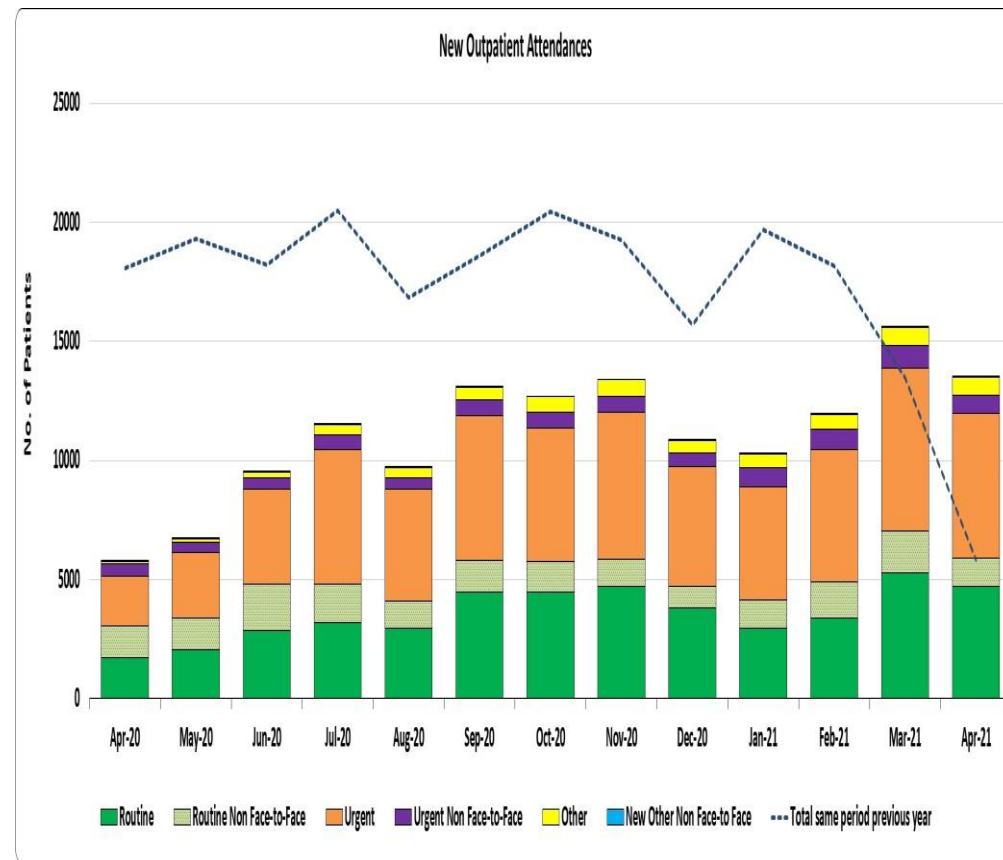
Please note that Theatre Utilisation data is only available to 21st December 2020



Activity Undertaken within Internal Hospital Capacity

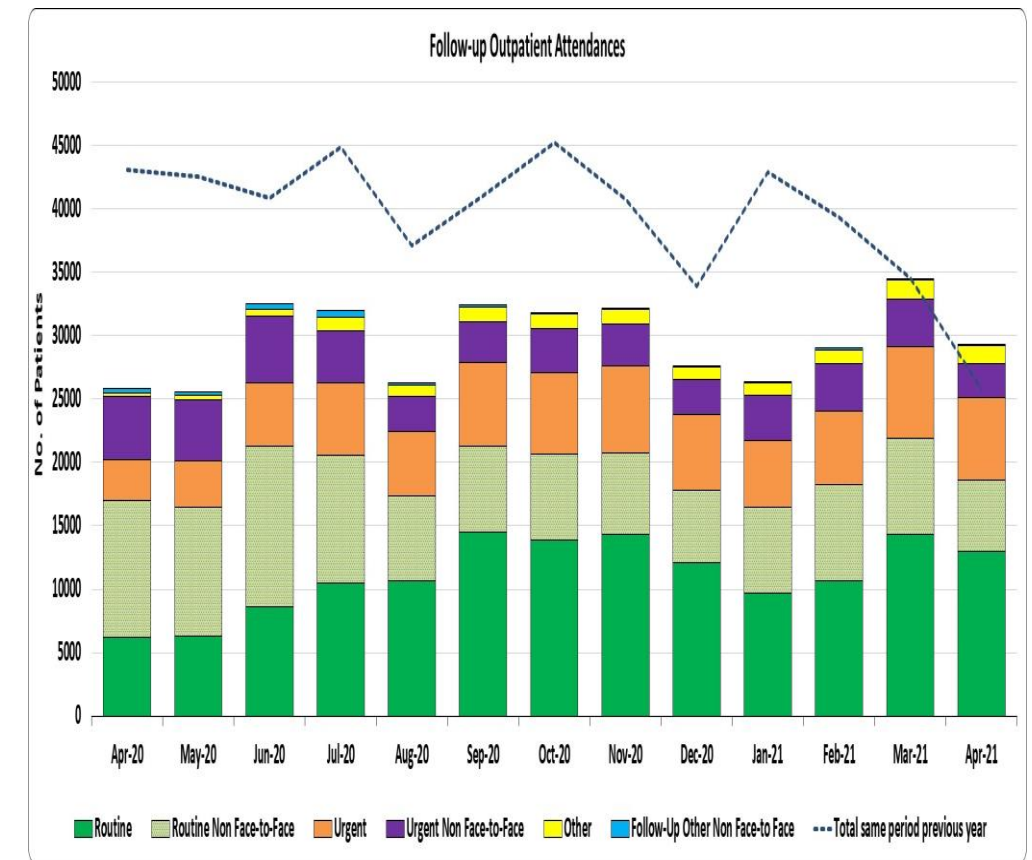


New & Follow-up Outpatient attendances versus same period previous year



% Difference in Outpatient Attendances compared to the same period in 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	-30%	-21%
Dec-20	-31%	-19%
Jan-21	-48%	-38%
Feb-21	-34%	-26%
Mar-21	16%	0%
Apr-21	132%	13%

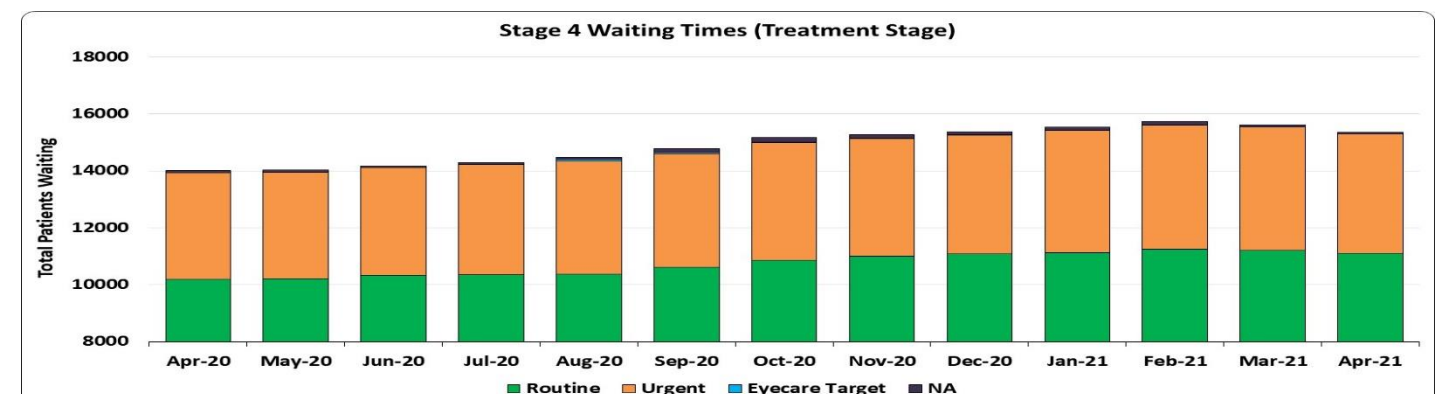
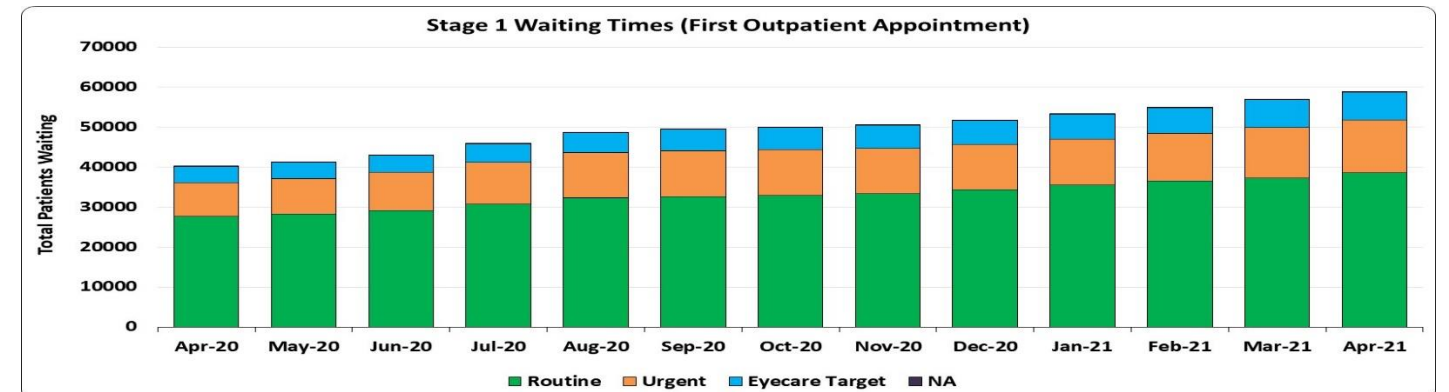
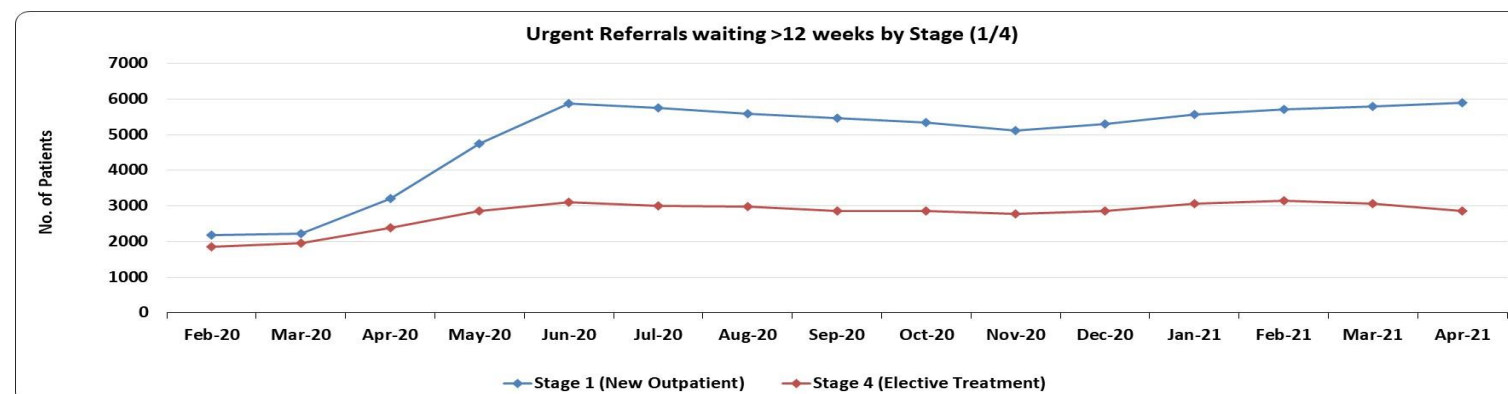
The table above details the difference between new and follow-up outpatient attendances compared to the same period in the previous year. There has been an improvement from March 2021 compared to the previous year, which was to be expected.



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

Given the continued increase in referral rates and reduced capacity levels, the wait times for first outpatient appointments continue to rise. Routine waiting lists contributes the most to this increase. Work has now begun to validate all Stage 1 waits in excess of 52 weeks as part of CTM Planned Care Recovery Programme as mandated by Welsh Government. It is expected this will have an impact on the total waiting list.

The recently completed internal validation of Stage 4 waiting lists has resulted in a 4% reduction in the reported position for March and April (final ILG review is still in progress). This work will continue throughout this financial year – another strand of the Planned Care Recovery Programme.



Referral to Treatment Times (RTT)

Referral to Treatment Times – April 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

31,314

Patients waiting >52 weeks

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of April is 31,314, a reduction of 411 from March 2020. The breakdown by ILG is as follows:

- 9,373 patients relate to Merthyr & Cynon ILG waiting lists
- 13,131 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,810 patients relate to Bridgend ILG waiting lists

Number of patients waiting >36 weeks – Target Zero

40,519

Patients waiting >36 weeks

The provisional position for patients waiting over 36 weeks for April is 40,519 patients across Cwm Taf Morgannwg, which is an increase of 1810 from March 2020 (N.B. includes the 31,314 patients waiting over 52 weeks): The breakdown by ILG is as follows

- 11,914 patients relate to Merthyr & Cynon ILG waiting lists
- 17,047 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,558 patients relate to Bridgend ILG waiting lists

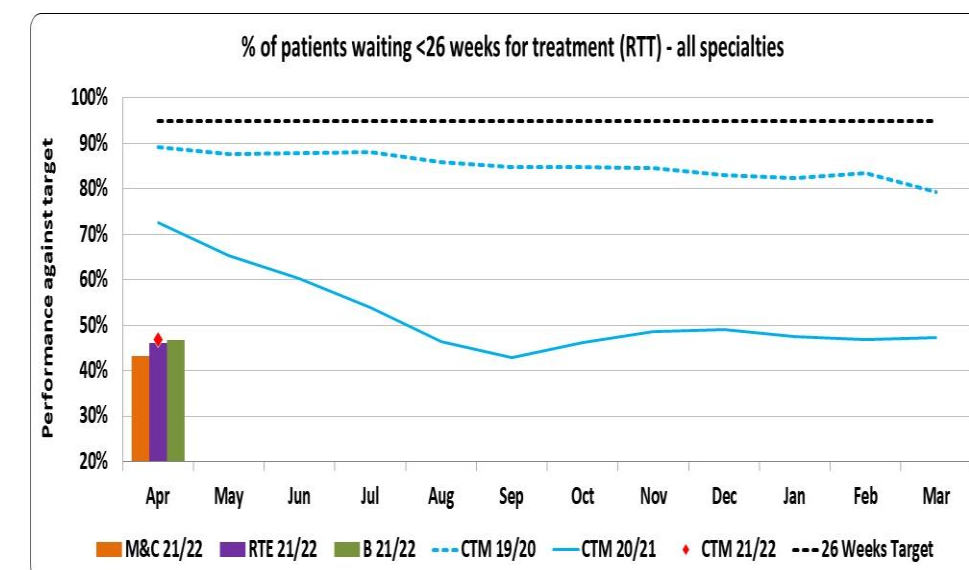
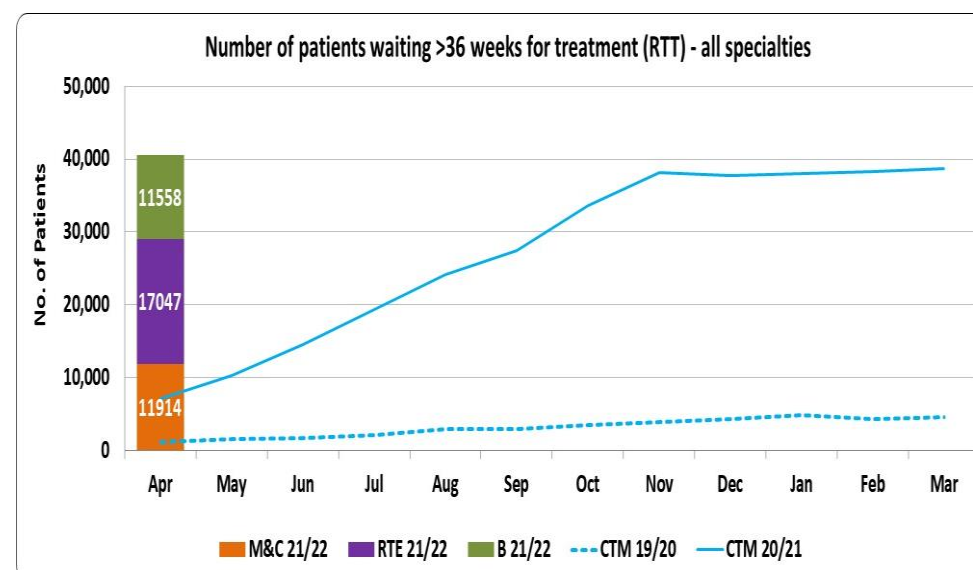
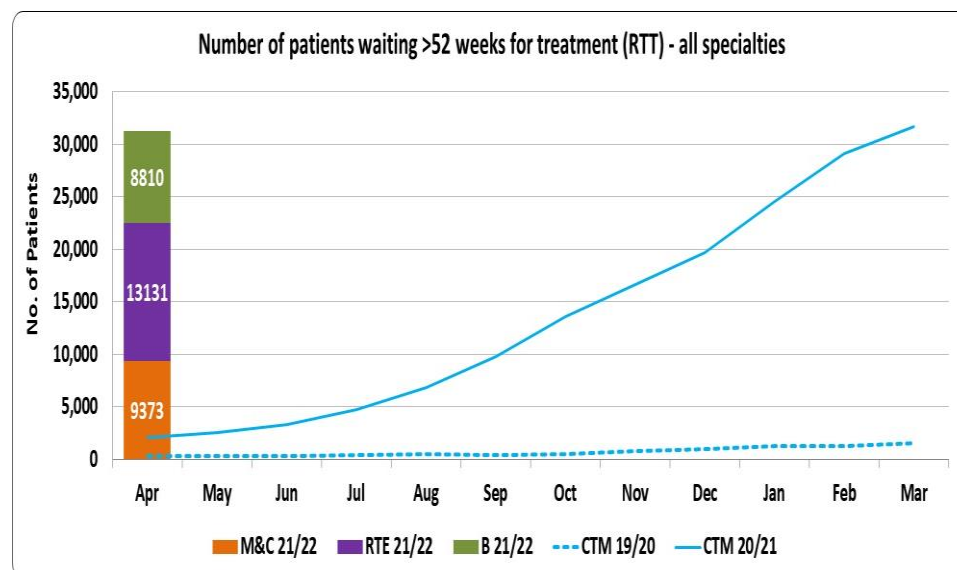
% of patients waiting under 26 weeks – Target 95%

46.8%

Patients waiting <26 weeks

The 26 week position includes the provisional direct access Diagnostic & Therapy figures. The provisional position for April across Cwm Taf Morgannwg is 46.8%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 43.2% Merthyr & Cynon ILG waiting lists
- 46.0% Rhondda & Taff Ely ILG waiting lists
- 50.9% Bridgend ILG waiting lists



The confirmed position at the end of March 2021 was 38,709 patients waiting over 36 weeks, of whom 31,725 patients were waiting over 52 weeks.

The clinical prioritisation of open pathways to reflect a risk based approach is an ongoing task, not all urgent pathways have been prioritised. The approach has been incorporated into the the CTM demand forecast and operational processes are being revised in line with this new requirement, taking advantage of the newly implemented functionality to record the clinical prioritisation on WPAS. Progress with updating all urgent stage 4 pathways will be monitored via these regular meetings. 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 – April 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

13,098

Diagnostics >8 weeks

The provisional position for April has increased by 208 breaches since March, bringing the total to 13,098 patients waiting over 8 weeks, the highest level reported within the last 12 months.

While improvement is seen in most areas there are still significant challenges in clearing the vast backlog of patients waiting. Radiology number have increased by around 8% on the previous month.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	164	52	958	1174
Cardiology Services	Cardiac CT	0	2	0	2
	Cardiac MRI	0	2	0	2
	Diagnostic Angiography	0	70	45	115
	Stress Test	7	43	22	72
	DSE	81	6	106	193
	TOE	3	0	9	12
	Heart Rhythm Recording	4	9	518	531
	B.P. Monitoring	1	2	37	40
Bronchoscopy		1	0	0	1
Colonoscopy		190	442	1	633
Gastroscopy		700	742	2	1444
Cystoscopy		0	318	134	452
Flexi Sig		386	609	2	997
Radiology	Non-Cardiac CT	2	2	0	4
	Non Cardiac MRI	6	34	290	330
	NOUS	2351	3567	682	6600
	Non-Cardiac Nuclear Medicine	2	24	0	26
Imaging	Fluoroscopy	8	61	0	69
Physiological Measurement	Urodynamics	24	43	161	228
Neurophysiology	EMG	17	107	0	124
	NCS	6	43	0	49
Total		3953	6178	2967	13098

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 13 months:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13098											

Surveillance Monitoring – as at 3rd / 4th May 2021

Number of patients waiting past their review date

1,244

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target:

Urgent Suspected Cancer (target 2 weeks/14 days),

Urgent (target 2 weeks),

Routine (target 8 weeks/56 days),

Surveillance (target of 18 weeks/126 days). The table to the right shows the number of patients waiting across the four pathways:

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	108	172	14	294
Over Target	9	97	0	106
Total Patients Waiting	117	269	14	400
Urgent Non-Cancer				
Waiting <14 days	74	135	3	212
Over Target	939	1359	0	2298
Total Patients Waiting	1013	1494	3	2510
Routine				
Waiting <56 days	64	81	181	326
Over Target	438	649	0	1087
Total Patients Waiting	502	730	181	1413
Surveillance				
Waiting <126 days past review date	196	209	24	429
Waiting >126 days past review date	313	503	0	816
Total Patients Waiting Past Review Date	509	712	24	1245

Therapies – April 2021 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

370

Therapies >14 weeks

There are provisionally 370 patients breaching the 14 week target for therapies in April, an improvement of 225 patients on the reported position for March. This is due in part to the reduction in patient breaches in Audiology and Dietetics Bridgend.

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	130	47	177
Dietetics	12	26	88	126
Arts Therapy	7	0	0	7
Occupational Therapy	0	0	0	0
Physiotherapy	0	0	0	0
Podiatry	4	16	0	20
SALT	8	25	7	40
Total	31	197	142	370

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 13 months, indicating that inroads are now being made in tackling the backlog that built up during the pandemic:

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	370											

Princess of Wales Hospital Endoscopy Unit

As at 4th May the total waiting list (excluding surveillance patients) currently stands at 198, an increase of 18 patients on the previous month, with no routine patients waiting over the target time

Prince Charles

As at 3rd May the total list (excluding surveillance patients) has increased by 97 patients on the previous month bringing the total to 1,632 patients waiting, of whom 1,386 are waiting over target. The number of surveillance patients waiting has fallen from 513 in the previous month to a current position of 509. Surveillance patients waiting over target currently stands at 313 patients.

Royal Glamorgan

As at 3rd May the waiting list has increased by 67 patients to 2,493 of whom 2,105 patients are over target. Surveillance patients waiting over target currently stands at 503 patients.

In total Cwm Taf Morgannwg has 1,245 patients waiting past their review date, of which, approximately 65.5% of those patients are waiting more than 18 weeks past their review date.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – March 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
49

Not Booked
75,021

Booked
30,312

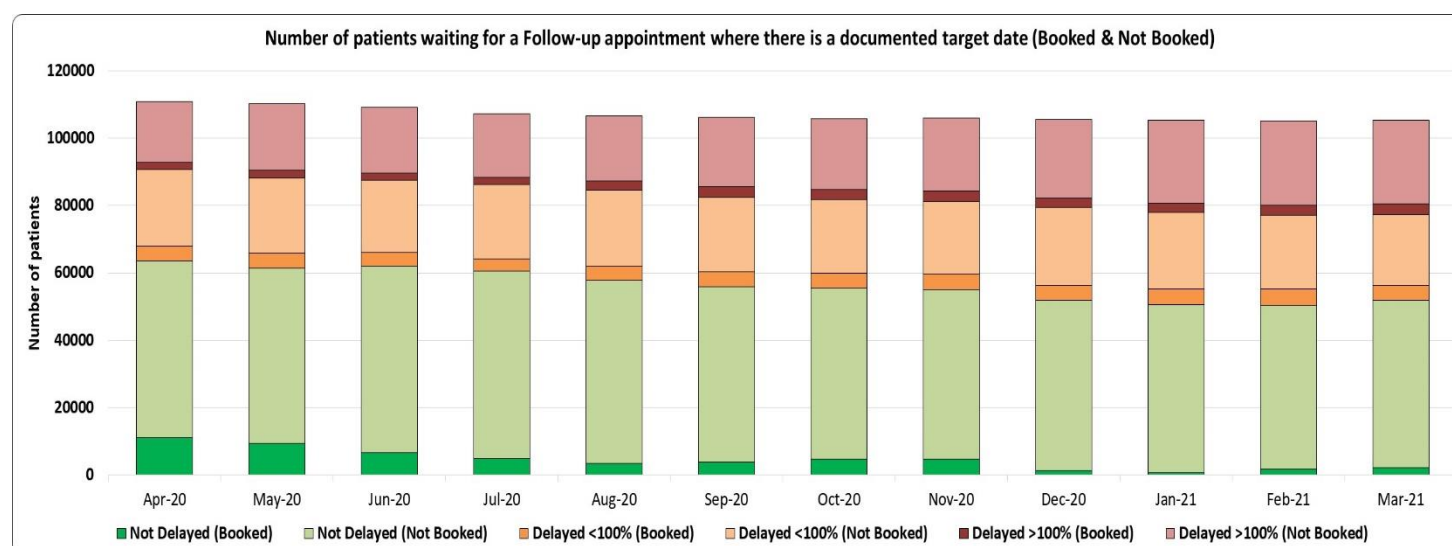
Total
105,382

Not Booked
24,930

Booked
3,079

Total
28,009

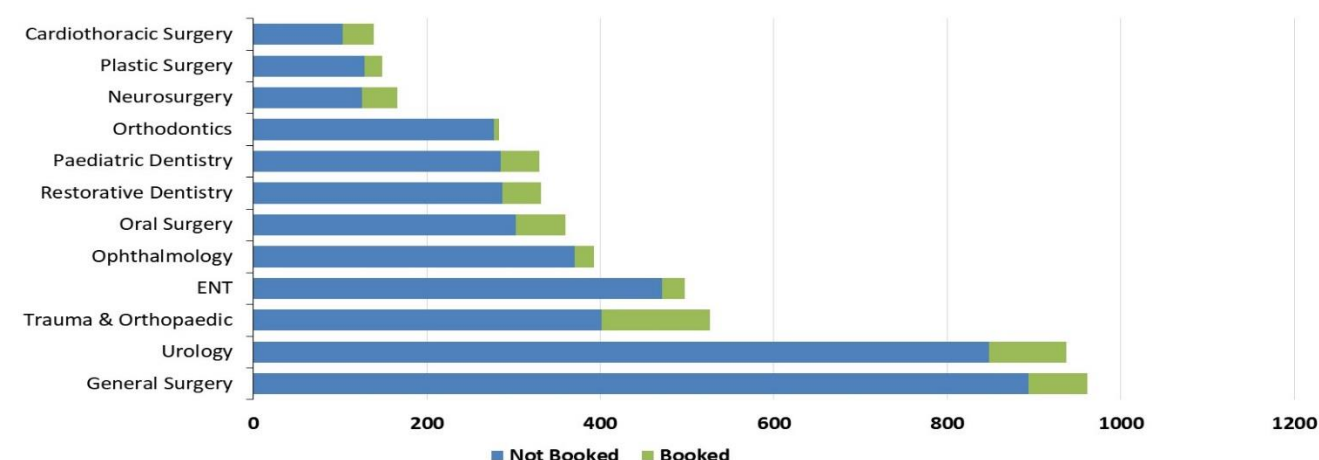
March 2021	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	0	15713	6341	22054	4803	633	5436	24.6%
Rhondda & Taff Ely	2	23928	15755	39685	8642	1089	9731	24.5%
Bridgend	47	35380	8216	43643	11485	1357	12842	29.4%
CTM	49	75021	30312	105382	24930	3079	28009	26.6%



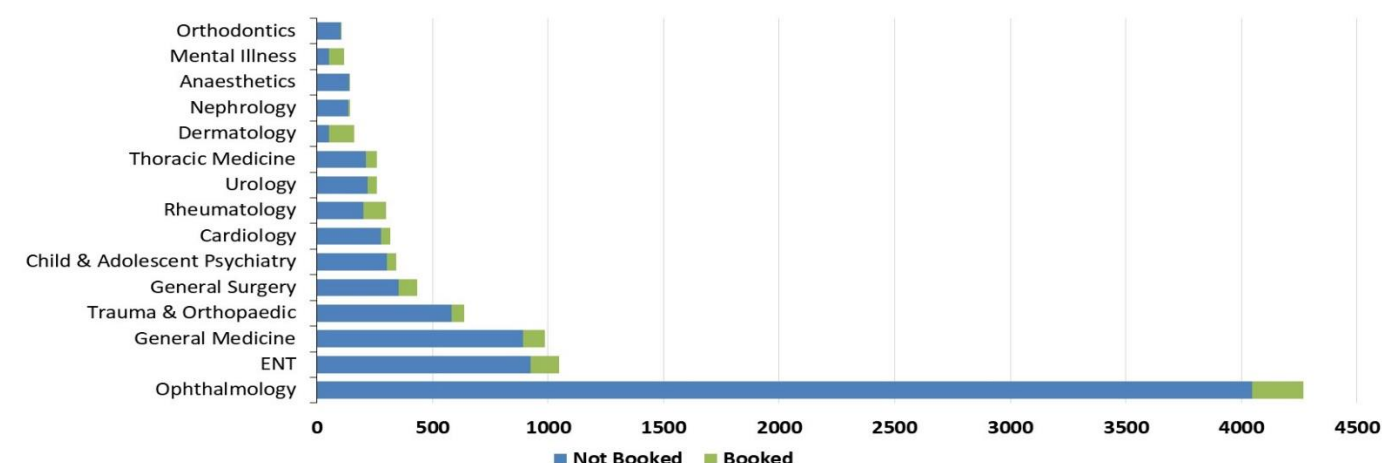
FUNB

FUNB working groups have not yet restarted work towards a consistent approach across all hospitals and services. This is on the agenda for the inaugural Outpatient Transformation programme meeting led by the COO on the 17th of May 2021.

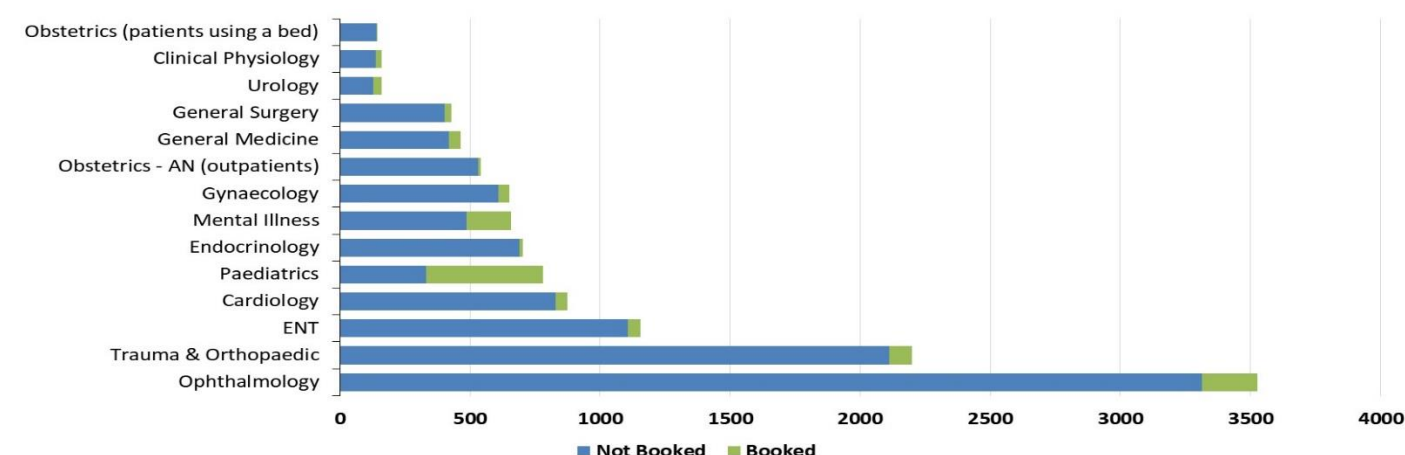
M&C - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (Mar 2021)



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



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



Number of Attendances

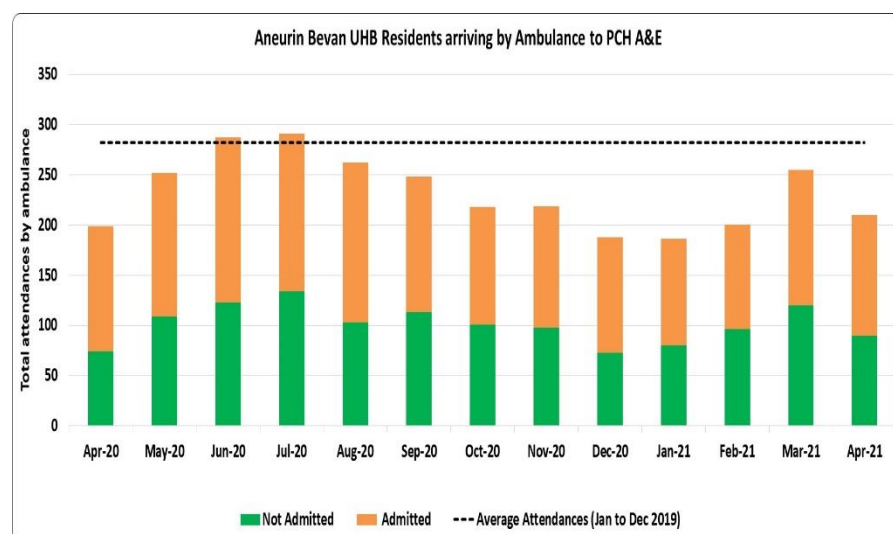
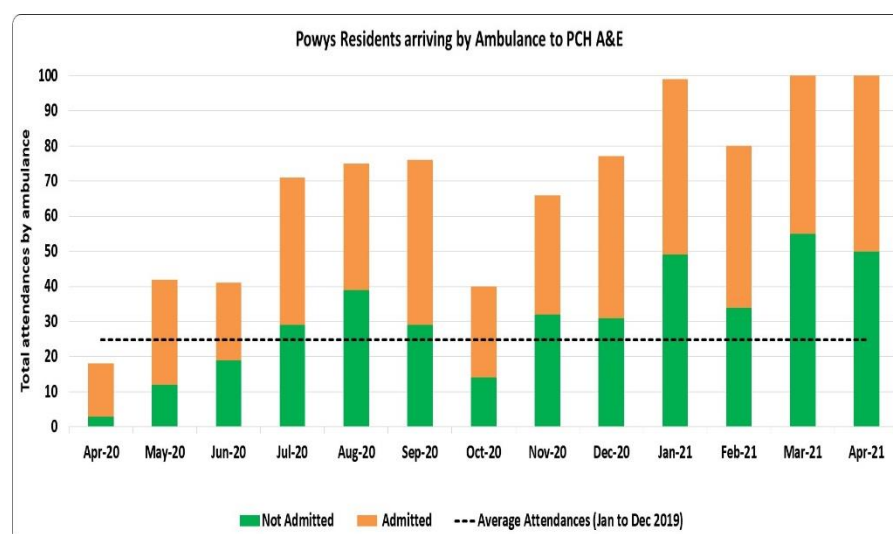
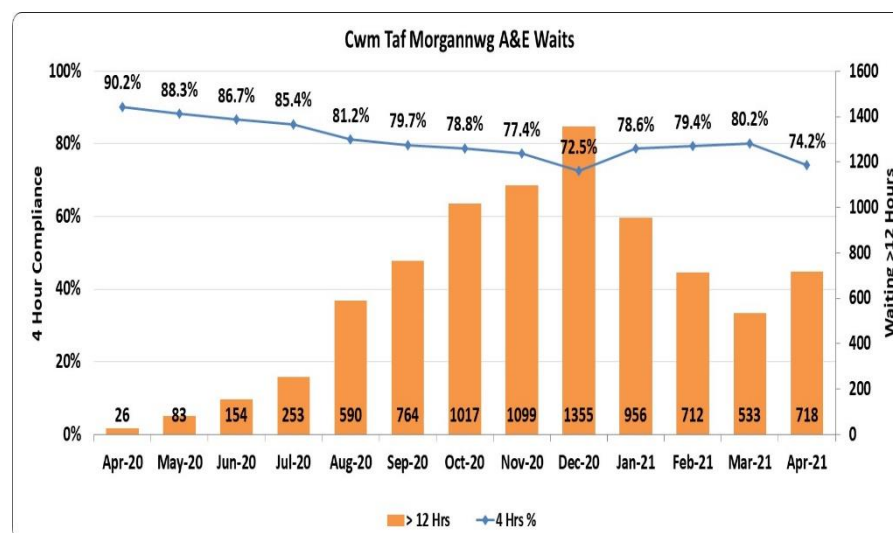
15,531

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

74.2%

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

718



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

Overall attendances have continued to increase during April by 1,763 to a total of 15,531 and are now similar to the levels seen prior to Covid -19 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in 2020/21. The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931.

4 Hour Compliance - The combined performance for CTM for the four hour target fell during April to 74.2% and compliance declined in all of the major units.

For PCH in particular, whilst the impact of strategic changes within Aneurin Bevan UHB is on the one hand increasing the emergency patient flow from Powys, it is more than offset by the reduction in emergency patient flow from Aneurin Bevan. Whilst an increase from Aneurin Bevan was observed in March during April levels fell and continues to remain below the 2019 average. Further work is underway to review the casemix of the activity.

12 Hour Waits - The number of breaches of the 12 hour target increased during April by 185 to an overall total of 718. Once more PCH saw the largest number of breaches (405), an increase of 116 on the previous month, whilst POW recorded a total of 258 breaches in April (229 in March). The number of breaches also rose in RGH with the total number of patient breaches increasing to 55 from 15 in the previous month.

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
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
Apr-21	4968	63.5%	405	4964	82.3%	55	4702	72.0%	258	15531	74.2%	718

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

QIM's – March 2021

% compliance with direct admission to an acute stroke unit within 4 hours
12.0%

% compliance of thrombolysed stroke patients with a door to needle time within 45 mins
28.6%

% compliance of patients diagnosed with stroke received a CT scan within 1 hour
48.8%

% compliance assessed by a stroke consultant within 24 hours
79.8%

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
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%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%

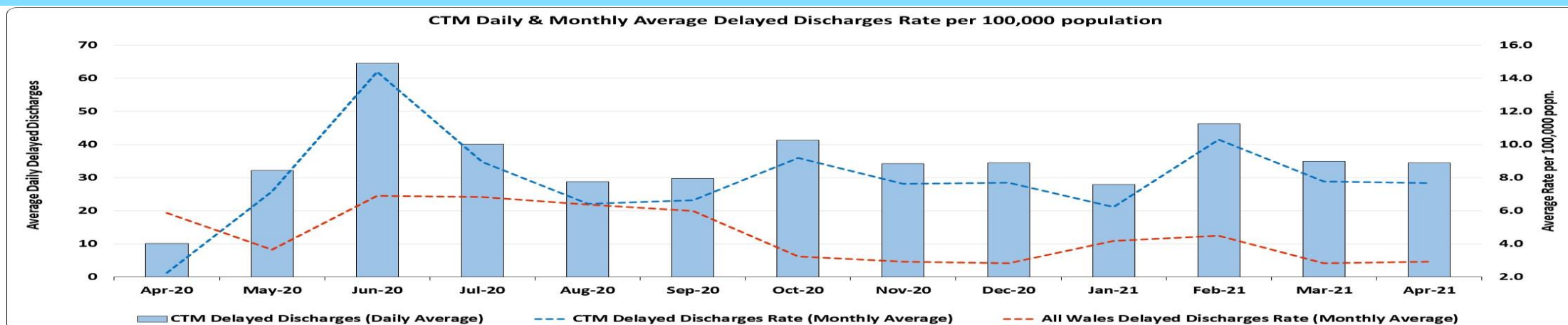
The table to the left details the compliance of the two acute stroke units at Prince Charles and Princess of Wales Hospitals against four QIMs up until the end of March. Achieving the targets has proved challenging over much of 2020/21, mainly as a result of the requirement to reconfigure services due to Covid inpatient demand. Acute stroke wards were significantly affected by increased Covid-19 admissions and infection control restrictions.

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 related 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 remained low in POW for this period, although clinical validation indicates no missed cases. Due to the low numbers, the percentage thrombolysed in 45 mins was extremely variable. However, March 2021 has seen a marked improvement for POW in performance against the two targets: 4 hour admission to an acute stroke unit (13.3%) and thrombolysed stroke patients with a door to needle within 45 minutes (20%). PCH has seen a decline in its achievement of the QIMs across the board in March 2021 compared to February, particularly with regard to the 45 minute thrombolysis target. This has been subject to some variation across 2020/21 attributed to the suitability of patients in month for thrombolysis compared with other months with reviews indicating that no cases have been missed in previous months.

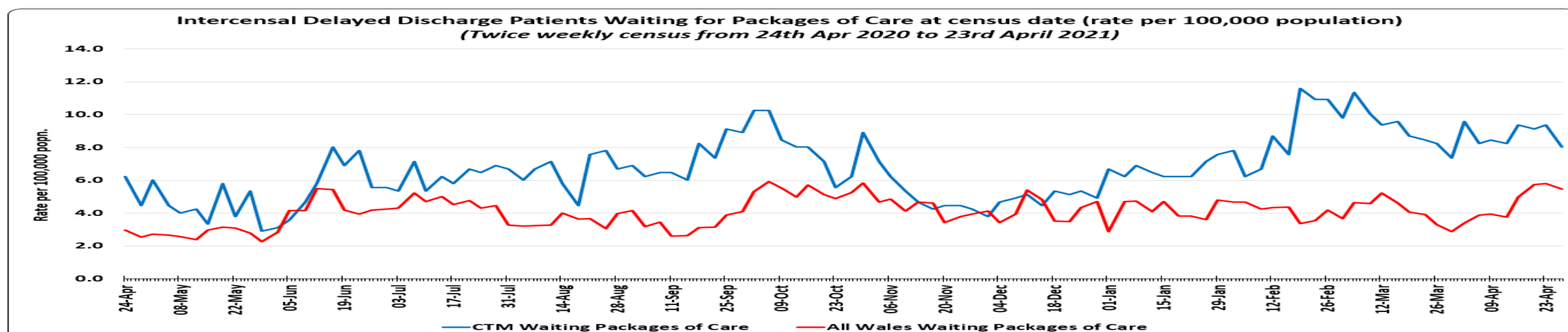
Stroke Performance has been referred to the Health Board Quality and Safety Committee for monitoring and oversight. A report will go to the May meeting of the committee, outlining the performance against the Stroke QIMs in comparison to other Health Boards across Wales. The CTM Stroke Delivery Group anticipates publication of the Quality Statement for Stroke, which will replace the Stroke Delivery Plan for Wales as a key driver for the improvement in stroke services across Wales.

Delayed Transfers of Care from the Planned Daily Discharge List – April 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.



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

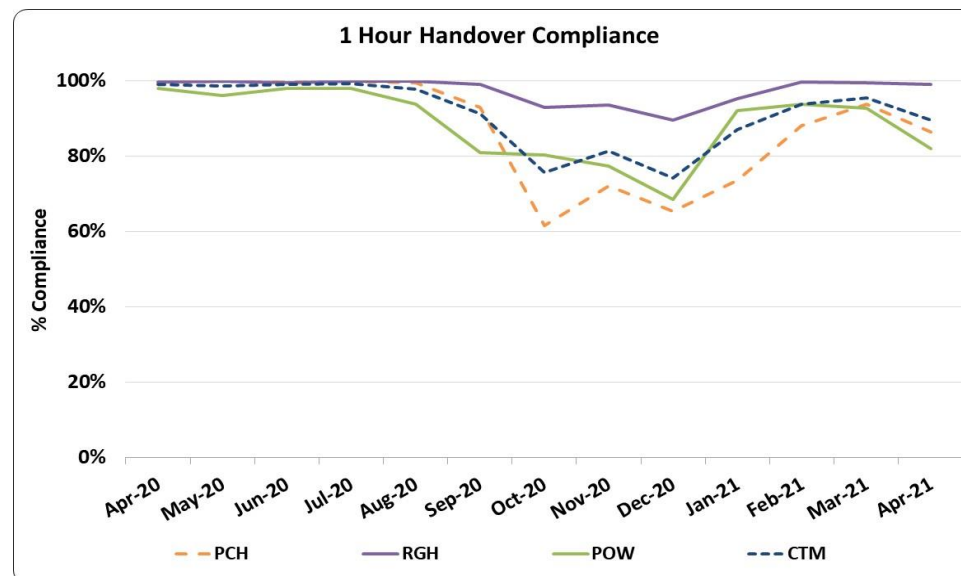
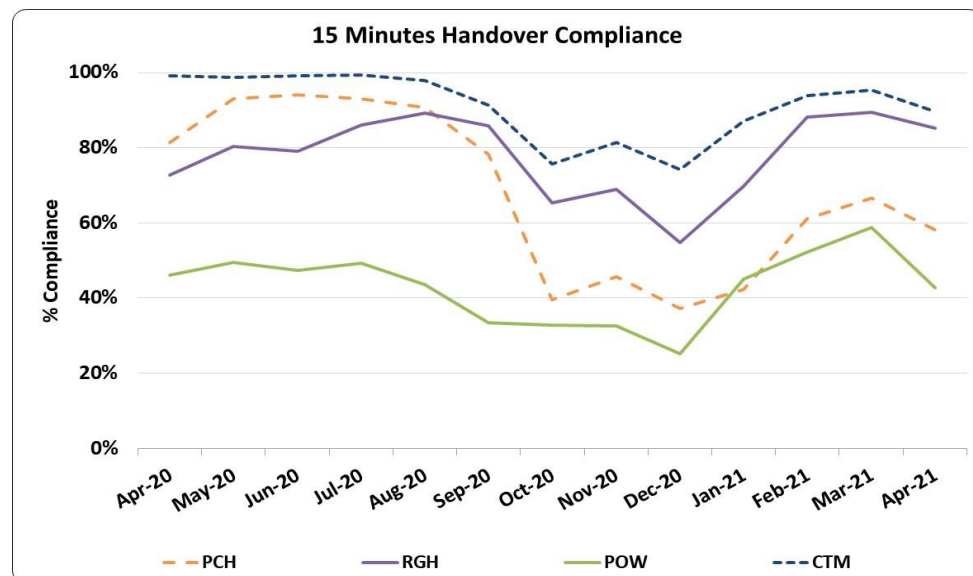
Number of Ambulance Handover Times & Compliance – Provisional April 2021

Number of ambulance handovers within 15 mins – Local Measure

1,811 handovers were within 15 mins (63.2%)

Number of ambulance handovers over 1 hour – Target Zero

296 handovers were over 1 hour (89.7% 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 %
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%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. The improved performance seen in March for the 15 minute handover time did not continue through to April with all three major units experiencing a decline in compliance with overall CTM at 63.2% (72.4% in March) and the number of handovers down by 252 on the previous month bringing the total to 2867. CTM compliance for the 1 hour handover target also fell, achieving 89.7% overall with a total of 296 handovers exceeding 1 hour. Compliance for this measure remained fairly static at RGH (99.1%) (9 breaches), PCH falling from 93.8% to 86.4% (135 breaches), with POW falling by almost a 10% on the previous month at 82.1% (152 breaches).

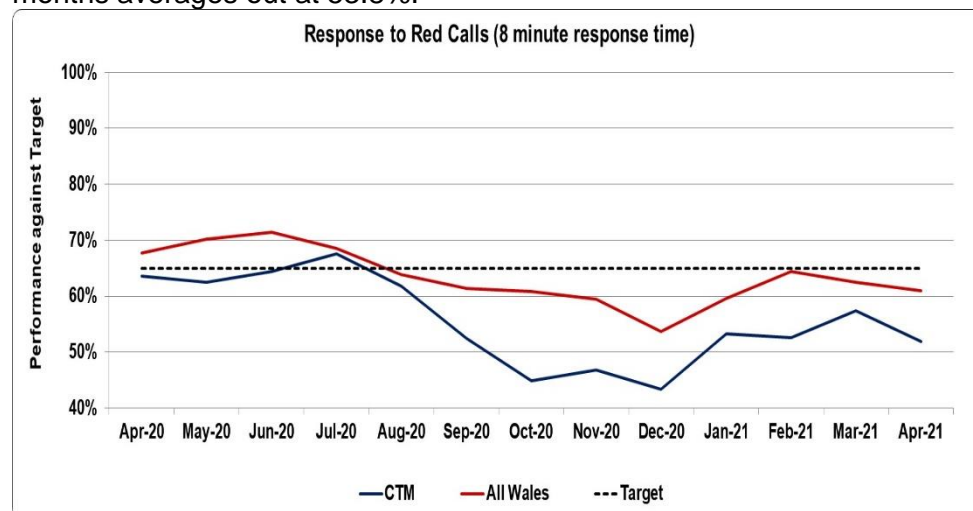
Response to Red Calls – April 2021

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

51.9%

Response to Red Calls

Response times declined during April to 51.9% from 57.4% in March and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average continued to fall short at 61.0%, down from 62.5% in the previous month and continuing to remain below target for the ninth month in succession. CTM performance for the last 12 months averages out at 53.8%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area and not ILG)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
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%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%

Red Call Volumes

The table to the left shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months the Bridgend & Merthyr areas have seen the best response times averaging 58.1% & 58.7% respectively. RCT averages 46.3% and performance in all areas continues to be below the 65% target.

However, the table below highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.

Average Response rate per 10,000 population (period May 2020 to Apr 2021)		
Operational Area with Population Estimates	Response Rate Within 8 Mins	
Merthyr	60,326	5.7
RCT	241,264	4.1
Bridgend	147,049	4.2

Single Cancer Pathway

Single Cancer Pathway (SCP) – March 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%
56.9%

The Cwm Taf Morgannwg SCP performance for March improved to 56.9% from 51.9% in February.

CTMUHB - SCP % Treated Without Suspensions - March 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	6	12	50.0%
Upper GI	10	26	38.5%
Lower GI	18	30	60.0%
Lung	17	32	53.1%
Sarcoma	2	4	50.0%
Skin (exc BCC)	44	47	93.6%
Breast	18	33	54.5%
Gynaecological	2	12	16.7%
Urological	19	48	39.6%
Haematological	9	13	69.2%
Other	4	5	80.0%
Total	149	262	56.9%

Number of Breaches by Tumour Site

The overall performance for CTM improved to 56.9% in March with a total of 113 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).

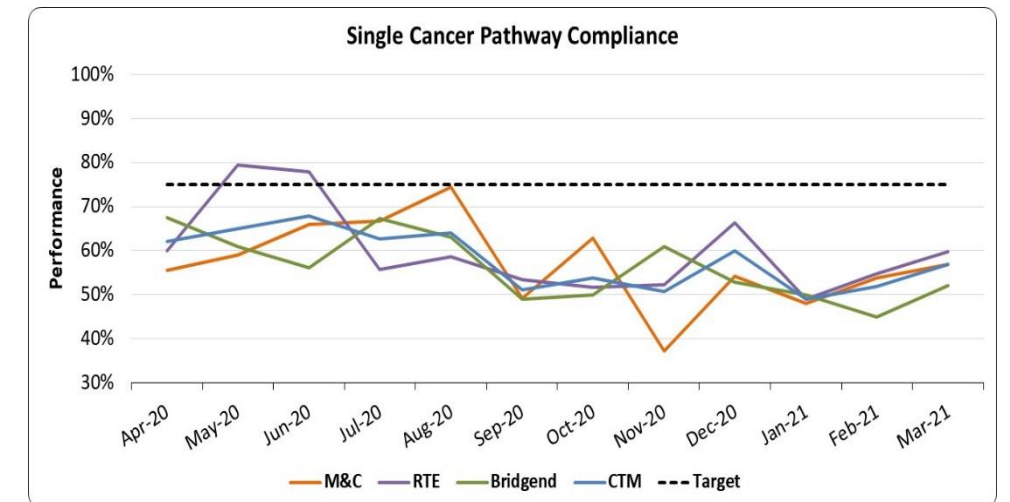
The table below details the treated patients and the patient breaches for March 2021:

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
March 2021												
Head and Neck	0	1	1	6	3	9	0	2	2	6	6	12
Upper Gastrointestinal	2	7	9	4	6	10	4	3	7	10	16	26
Lower Gastrointestinal	9	6	15	1	3	4	8	3	11	18	12	30
Lung	7	5	12	5	4	9	5	6	11	17	15	32
Sarcoma	1	1	2	0	1	1	1	0	1	2	2	4
Skin(c)	14	0	14	20	3	23	10	0	10	44	3	47
Brain/CNS	0	0	0	0	0	0	0	0	0	0	0	0
Breast	0	0	0	12	10	22	6	5	11	18	15	33
Gynaecological	2	7	9	0	0	0	0	3	3	2	10	12
Urological	0	0	0	14	17	31	5	12	17	19	29	48
Haematological(d)	1	0	1	8	2	10	0	2	2	9	4	13
Other(f)	1	1	2	3	0	3	0	0	0	4	1	5
Total Breaches	37	28	65	73	49	122	39	36	75	149	113	262
Overall Compliance	56.9%			59.8%			52.0%			56.9%		

Single Cancer Pathway Compliance Trend

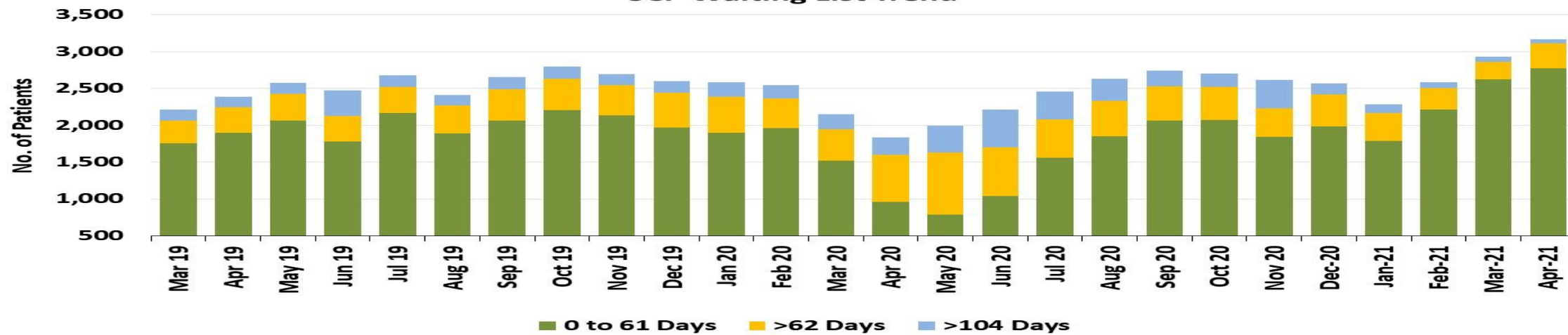
As can be seen in the graph below, overall CTM compliance has improved during February and March but remains well below the 75% target.

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



Patients Waiting on a Cancer Pathway – as at 4th May 2021

SCP Waiting List Trend



As at 4th May 2021, in terms of total waiting list size, the overall volume of open single cancer pathways stands at 3,148, 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 64 and the patients waiting over 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 114 patients waiting over 62 days of whom 18 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 158 patients waiting over 62 days of whom 27 were waiting more than 104 days
- In Bridgend, there were 122 patients waiting over 62 days of whom 19 were waiting more than 104 days

Currently, 79% of the patients waiting over 62 days are for four tumour sites, Urology (115), Lower GI (85), Gynaecology (57) and Breast (54).

Merthyr & Cynon ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	0	0
Lower Gastrointestinal	38	5
Upper Gastrointestinal	7	1
Gynaecological	40	11
Haematological	2	0
Head & Neck	1	1
Lung	2	0
Sarcoma	0	0
Skin	1	0
Urological	1	0
Unknown Primary	4	0
Grand Total	96	18
Rhondda & Taff Ely ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	10	0
Lower Gastrointestinal	33	4
Upper Gastrointestinal	15	5
Gynaecological	2	0
Haematological	2	0
Head and Neck	4	2
Lung	4	2
Sarcoma	0	0
Skin	2	0
Urological	59	14
Other	0	0
Unknown Primary	0	0
Grand Total	131	27
Bridgend ILG	SCP Cases 62-103 days	SCP Cases >104 days
Breast	44	0
Childrens Cancer	0	0
Lower Gastrointestinal	4	1
Upper Gastrointestinal	2	1
Gynaecological	3	1
Haematological	1	0
Head & Neck	10	0
Lung	5	0
Skin	2	0
Urological	25	16
Other	7	0
Grand Total	103	19

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

75.0%

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

86.4%

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

84.9%

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, March's compliance fell to 75.0% from 89.6% in February.

Referrals in March continued to increase to 994 from 797 in February, and are nearing pre-Covid levels which were in the region of 1000 to 1100. The average referrals for 2020/21 equates to 703 per month.

Part 1b.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS remained fairly static in March at 86.4% (86.6% in February) and continues to be above the 80% target.

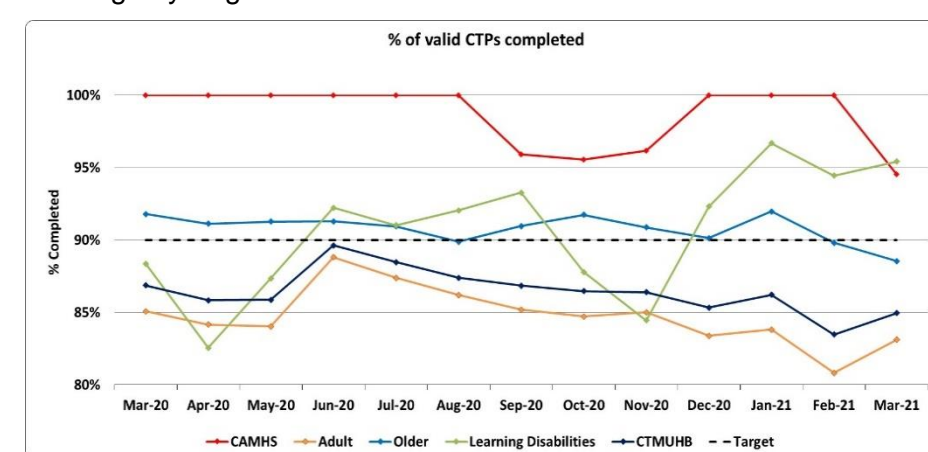
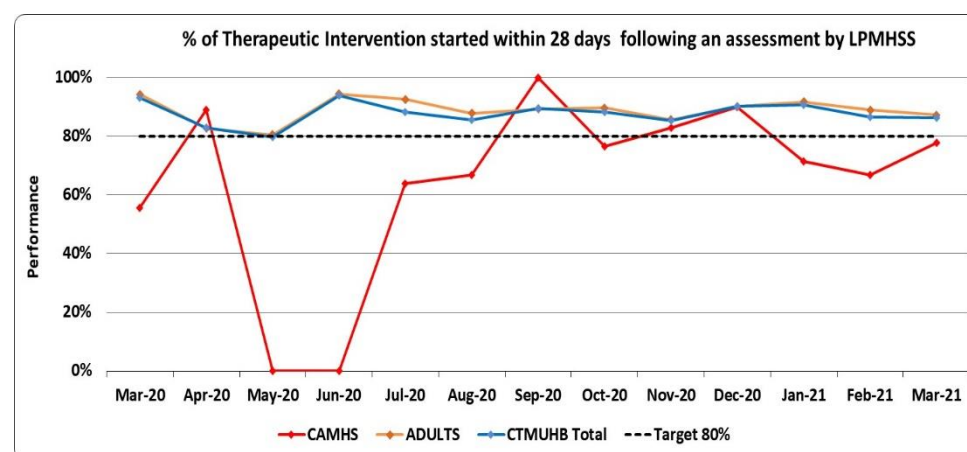
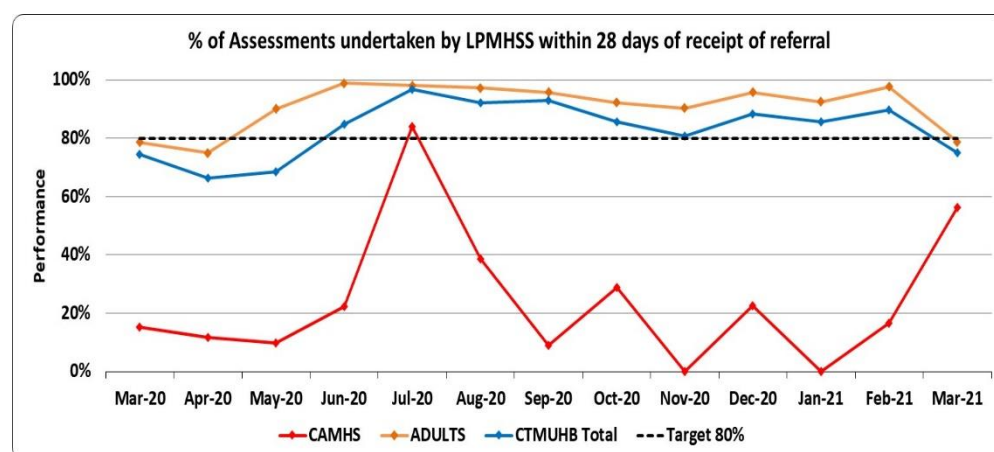
The number of interventions fell this month to 213 from 283 in February and remains well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service improved to 77.8% in March from 66.7% in February with the number of interventions falling to 18 this month (30) in February.

Part 2

Part Two of the Mental Health Measure - i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved marginally during March to 84.9% from 83.5% in the previous month, but continues to fall short of the 90% target. Overall the target has not been met since September 2019.

Part 3

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



CAMHS (including p-CAMHS)

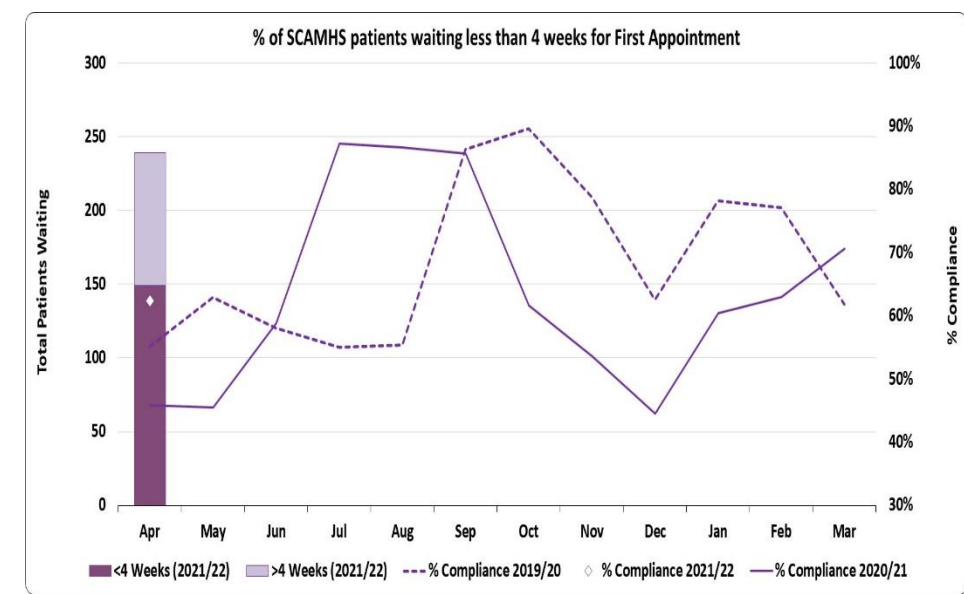
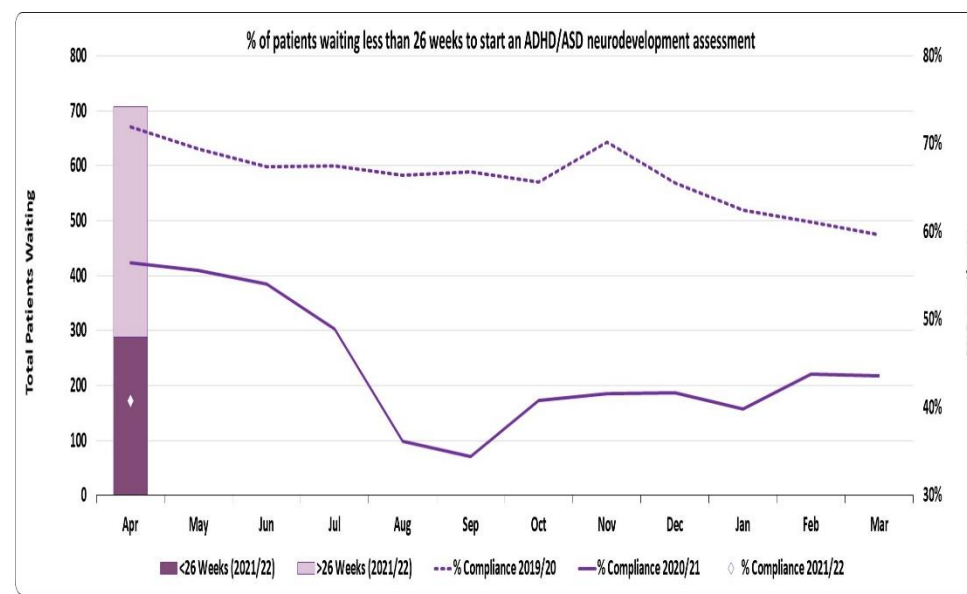
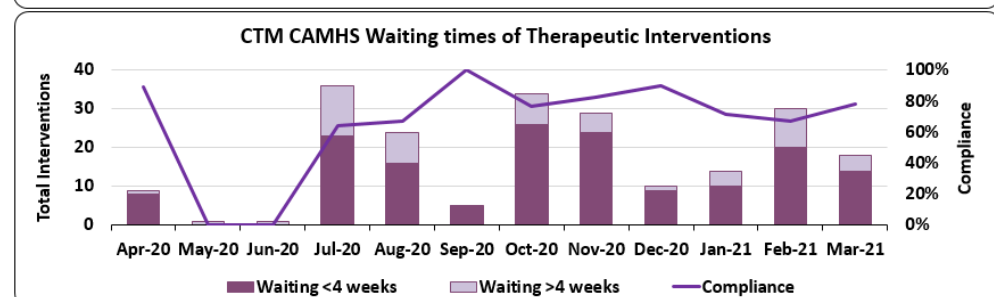
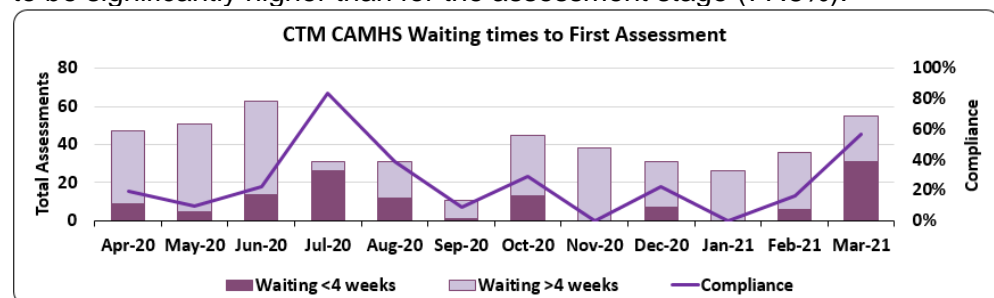
The charts show that the improvement in CAMHS compliance against the Mental Health Measure during the summer and has fluctuated since that time, improving during March with 31 patients assessed within 28 days. The most recent p-CAMHS compliance for Part 1 (a) is 90.5%, with 12 patients waiting over 4 weeks for assessment. The volume of interventions starting this month fell from 30 in the previous month to 18 in March, with compliance continuing to be significantly higher than for the assessment stage (77.8%).

Neurodevelopment

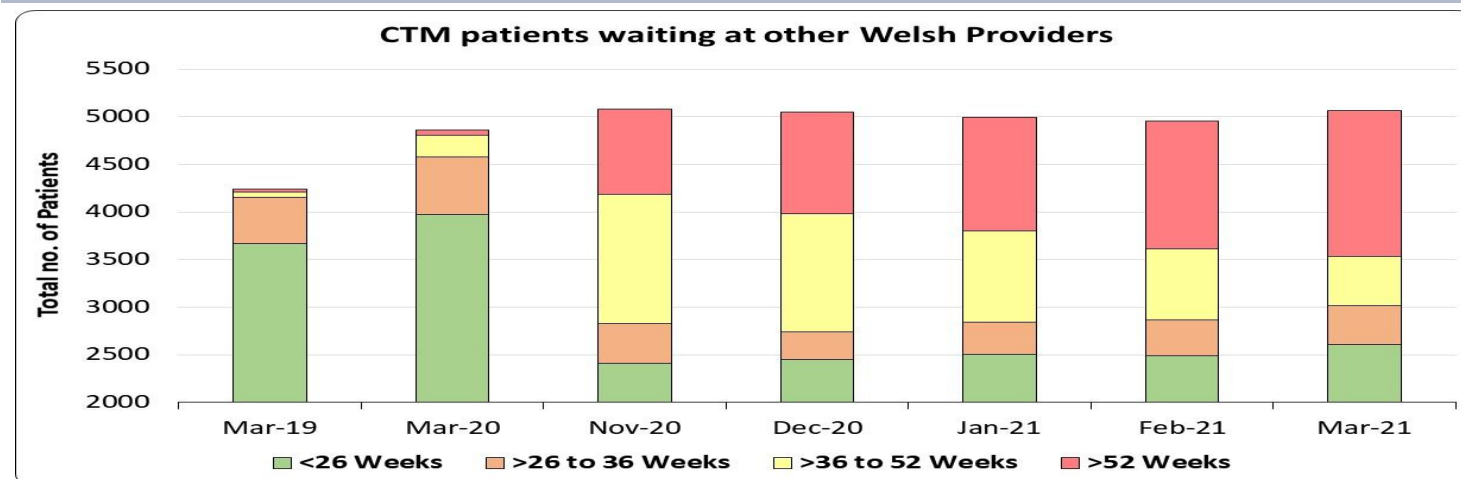
Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services fell during April to a provisional 40.8%. The total waiting list continued to rise to 708, an increase of 48 on the previous month, with the number of patients waiting above the target time increasing to 419 from 372 in March. The average waiting time is currently 35.8 weeks (37.5 weeks in the previous month).

Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times fell during April to a provisional 62.3% from 70.6% in March. Currently the total waiting list has fallen to 239 from 269 in the previous month, with 90 patients waiting above the target time of 4 weeks which is a deterioration on March which stood at 79.



CTM Patients waiting for treatment at other Welsh Providers



There is limited information available from WHSSC updating the performance of specialised services. However using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards and overall there has been an increase of 110 patients since February.

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 2092 in February to 2049 in March. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 388 and there is just 1 patients waiting over 14 weeks for a therapy.

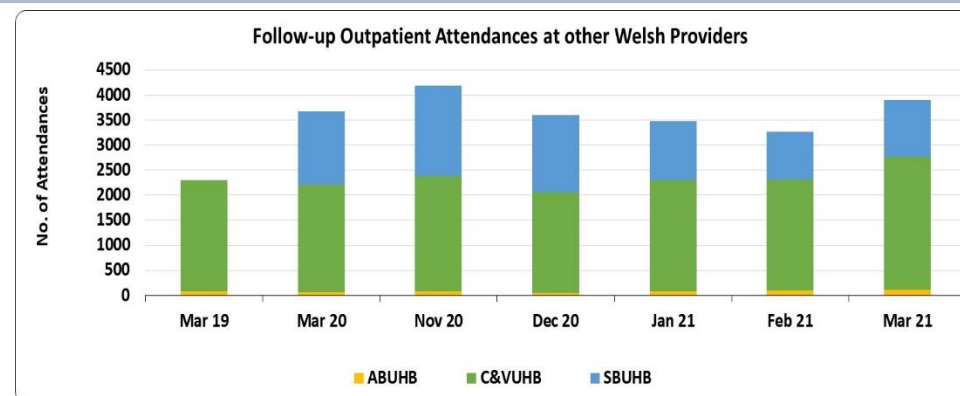
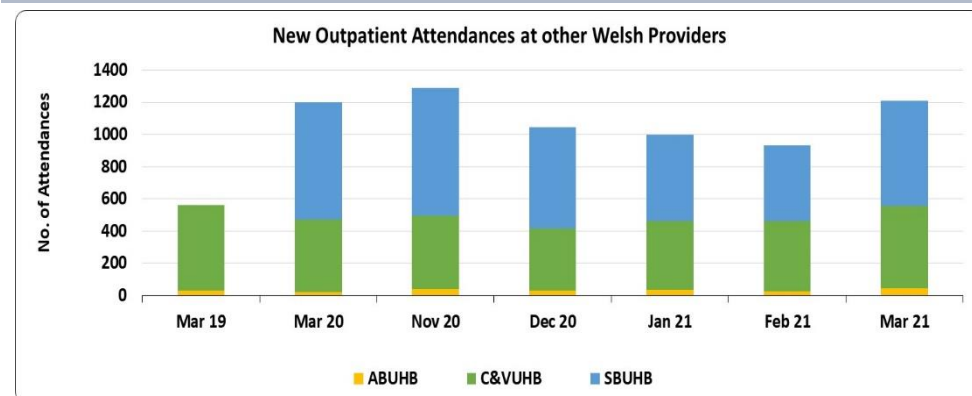
Patients Waiting more than 36 weeks at other Welsh Providers - Specialty Breakdown											
Cardiff & Vale UHB				Aneurin Bevan UHB				Swansea Bay UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks	Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Trauma & Orthopaedics	123	Trauma & Orthopaedics	558	Trauma & Orthopaedics	5	Trauma & Orthopaedics	55	Plastic Surgery	23	Plastic Surgery	119
Ophthalmology	36	Ophthalmology	179	Urology	18	Urology	36	Oral Surgery	5	Oral Surgery	21
Neurology	158	Neurology	40	Ophthalmology	4	Ophthalmology	21	Trauma & Orthopaedics	1	Trauma & Orthopaedics	23
Clinical Immunology And Allergy	14	Clinical Immunology And Allergy	56	Oral Surgery	2	Oral Surgery	22	General Surgery	2	General Surgery	15
Oral Surgery	6	Oral Surgery	46	ENT	4	ENT	12	Allied Health	16	Gynaecology	9
ENT	7	ENT	37	General Surgery	2	General Surgery	8	Orthodontics	1	ENT	4
Gynaecology	7	Gynaecology	36	Dermatology	1	Dermatology	5	Diagnostic	3	Orthodontics	3
Paediatric Surgery	14	Paediatric Surgery	21	Gastroenterology	3	Gastroenterology	3	Gastroenterology	1	Urology	4
Cardiology	13	Cardiology	20	Geriatric Medicine	1	Gynaecology	1	Neurology	1	Gastroenterology	2
Neurosurgery	5	Neurosurgery	27	Neurology	1	Rheumatology	1	Clinical Haematology	1	Ophthalmology	3
General Surgery	4	General Surgery	23	Grand Total	41	Grand Total	164	Paediatrics	1	Neurology	1
Urology	8	Paediatric Dentistry	27					Cardiothoracic Surgery	1	Cardiology	1
Paediatrics	8	Urology	16					Grand Total	56	Respiratory Medicine	1
Cardiothoracic Surgery	2	Paediatrics	9							Paediatric Neurology	1
Dermatology	2	Cardiothoracic Surgery	14							Grand Total	207
Orthodontics	2	Dermatology	11								
Dental Medicine Specialties	2	Orthodontics	6								
Rheumatology	2	Dental Medicine Specialties	6								
General Medicine	1	Restorative Dentistry	8								
Respiratory Medicine	1	Rheumatology	4								
Grand Total	415	General Medicine	3								
		Pain Management	2								
		Anaesthetics	1								
		Grand Total	1150								
CTM patients waiting at specific health boards											
March 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		% waiting at SB		
Weeks Wait											
<26 Weeks		1999	51.6%	194		43.9%	403		56.4%		
>26 to 36 Weeks		313	8.1%	43		9.7%	49		6.9%		
>36 to 52 Weeks		415	10.7%	41		9.3%	56		7.8%		
>52 Weeks		1150	29.7%	164		37.1%	207		29.0%		
Total Waiting		3877		442		715					
% of Total Waiting		76.5%		8.7%		14.1%					

CTM Patients waiting for a Diagnostic at other Welsh Providers (Mar 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Cardiology	94	21	Cardiology	6	4
Endoscopy	29	17	Endoscopy	22	14
Radiology	209	49	Radiology	11	3
Physiological Measurement	16	11	Total	39	21
Neurophysiology	2	2			
Imaging	354	100			
Total					

CTM Patients waiting for Therapy at other Welsh Providers (Mar 21)					
Cardiff & Vale UHB			Aneurin Bevan UHB		
Service	Total Waits	>14 wks	Service	Total Waits	>14 wks
Physiotherapy	5	0	Audiology	2	1
Podiatry	2	0	Physiotherapy	5	0
Dietetics	10	0	Podiatry	1	0
SALT	3	0	Dietetics	2	0
Occupational Therapy	1	0	SALT	1	0
Total	21	0	Total	11	1

Swansea Bay UHB		
Service	Total Waits	>8 wks
Cardiology	71	30
Endoscopy	24	19
Neurophysiology	277	218
Physiological Measurement	1	0
Total	373	267

CTM Outpatient Attendances at other Welsh Providers

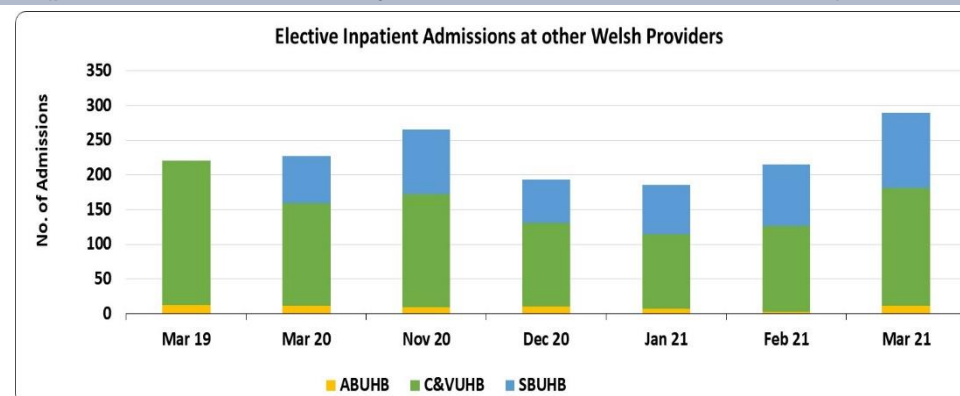
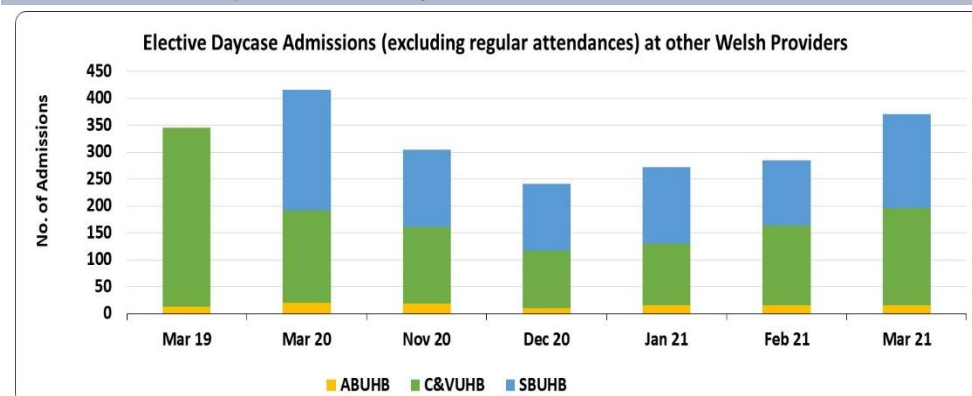


A greater understanding of activity delivered for CTM residents by other Welsh providers will come as more data becomes available, but even from the limited data shown here it is clear that Cardiff and Vale UHB have sustained activity levels, in contrast to Swansea Bay UHB.

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

For Paediatric Surgery delivered by the Children's Hospital of Wales, Cardiff, current performance is 53% of the activity undertaken in 2019/20 which contrasts with the 83% of activity that is being delivered in Alderhey for patients from North Wales.

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



Inpatient and daycase activity for specialised services across all providers has decreased significantly between 2019-20 and 2020-21. During 19-20 it averaged 3,157 cases which included some drop off in activity in March at the start of the pandemic. Whilst activity increased to approx. 2500 cases between Sept-Nov 20, it has decreased again since, showing a 36% decrease in activity overall on the previous year. The levels of Cardiac Surgery being undertaken in the Welsh Centres remains a concern although in Cardiff it increased from 15% of commissioned levels in April 20 to 42% in February 21 although still a drop on the levels of activity undertaken between Sept-Nov 20. There is a more concerning position in Swansea which only undertook 3% of commissioned activity levels during January 21.

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%	Mar-21	94.5%	Feb-21	100.0%
	over 18 years			84.7%		83.1%
% 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%	Apr-21	51.9%	Mar-21	57.4%
Number of ambulance patient handovers over 1 hour		Zero		296		142
% 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%		74.2%		80.2%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		718		533
% 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%	Mar-21	12.0%	Feb-21	10.6%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%		79.8%		80.9%
% compliance against the therapy target of an average of 16.1 minutes of speech and language therapist input per stroke patient		12 Month Improvement Trend		32.4%		31.7%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		12 Month Improvement Trend	Mar-21	56.9%	Feb-21	51.9%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Apr-21	13,098	Feb-21	12,759
Number of patients waiting more than 14 weeks for a specified therapy				370		740
% of patients waiting less than 26 weeks for treatment		95%		46.8%		47.2%
Number of patients waiting more than 36 weeks for treatment		Zero		40,519		38,709
Number of patients waiting for a follow-up outpatient appointment		74,734	Mar-21	105,382	Feb-21	105,231
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		28,009		27,974
% 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%		32.4%
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)				56.9%	Feb-21	25.0%
% 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)			Mar-21	78.7%		97.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				73.9%		69.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				87.2%		88.8%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			Apr-21	40.8%	Mar-21	43.6%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			Mar-21	79.8%	Feb-21	76.8%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli	To be confirmed	Apr-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
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			21.56	Feb-21	21.11
	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%	Apr-21	51.7%	Mar-21	50.5%
% 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%	Apr-21	65.5%	Mar-21	66.3%
% of sickness absence rate of staff	12 Month Reduction Trend	Mar-21	5.0%	Feb-21	5.9%
% 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	Mar-21	2.09%	Feb-21	2.15%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Mar-21	60.9%	Feb-21	80.0%
% 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			57.9%		76.9%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Jan-21	1.5%	Jan-20	0.5%
All new medicines recommended by AWMMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation	100%	Q2 20/21	98.8%	Q1 20/21	98.7%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		262.5		257.0
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1474		1412
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.18%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q2 20/21	5017.9	Q1 20/21	5005.1
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		72.3%		66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q3 20/21	21.6%	Q3 19/20	23.3%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q1 20/21	8.6%	Q4 19/20	14.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	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