

# Specific Matters for Consideration

## Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

### Ionawr 2021 / January 2021

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

Healthy Child

Resetting Cwm Taf Morgannwg

Referral to Treatment Times

Diagnostics & Therapies

Surveillance Monitoring

Follow-Up Outpatients Not Booked (FUNB)

Unscheduled Care

Focus on Royal Glamorgan Hospital

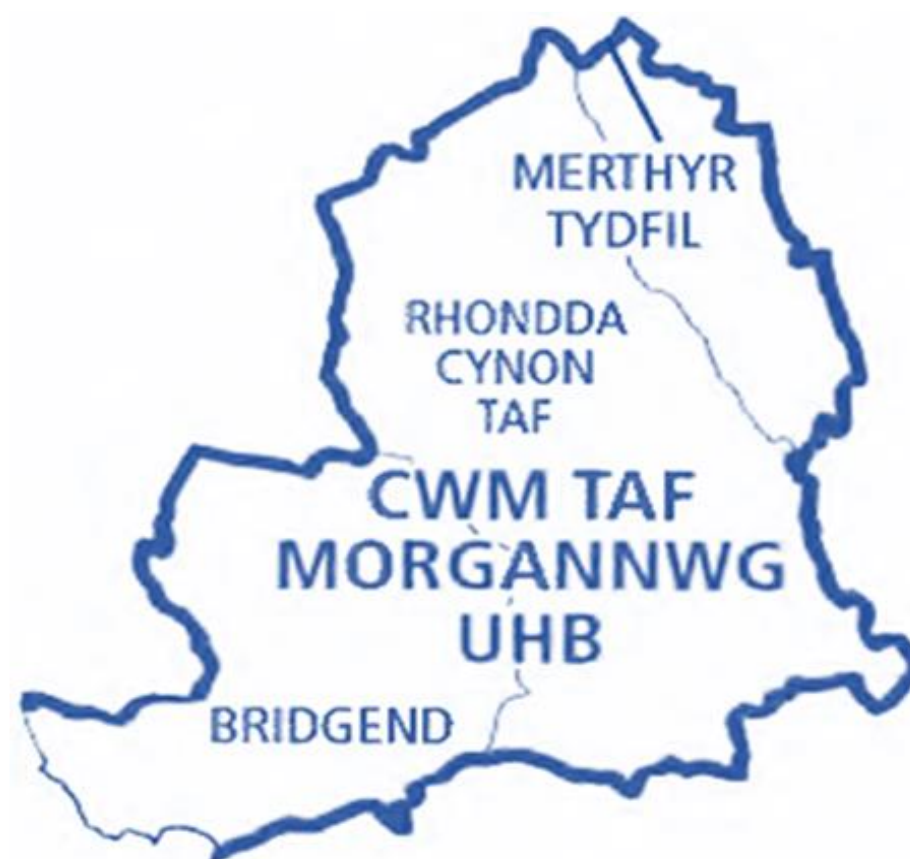
Stroke QIM's / Delayed Transfers of Care

Emergency Ambulance Services

Single Cancer Pathways

Mental Health

Cwm Taf Morgannwg Quadruple Aims At a Glance



#### Mission:

*Building healthier communities together*

#### Quality Health and Care

for Mrs Jones, her family and her community



#### Vision:

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

#### Strategic Well-being Objectives:

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

## Prevention

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

Uptake of selected immunisations in resident children reaching their 1st, 2nd, 4th, 5th, and 16th birthday between 01/07/20 and 30/09/20 and resident on 30/09/20					
Age 1 year		% uptake of immunisation			
Number of Resident Children Age 1 Year		6 in 1 <sup>1</sup>	MenB <sup>2</sup>	PCV2	Rotavirus
Bridgend LA	322	96.9%	97.8%	97.8%	97.5%
Merthyr Tydfil LA	154	97.4%	96.8%	97.4%	98.7%
Rhondda Cynon Taf LA	613	98.2%	98.5%	98.5%	96.7%
CTMUHB	1089	97.7%	98.1%	98.2%	97.2%
Age 2 years		% uptake of immunisation			
Number of Resident Children Age 2 years		MMR1	PCVf <sup>3</sup>	MenB <sup>4</sup>	Hib/MenC
Bridgend LA	397	95.7%	96.0%	95.5%	95.5%
Merthyr Tydfil LA	190	94.7%	93.7%	93.7%	93.7%
Rhondda Cynon Taf LA	686	97.1%	96.8%	96.9%	96.9%
CTMUHB	1273	96.3%	96.1%	96.0%	96.0%
Age 4 years		% uptake of immunisation			
Number of Resident Children Age 4 years		Up to date in schedule <sup>5</sup>			
Bridgend LA	419	89.5%			
Merthyr Tydfil LA	199	89.9%			
Rhondda Cynon Taf LA	720	90.4%			
CTMUHB	1338	90.1%			
Age 5 years		% uptake of immunisation			
Number of Resident Children Age 5 years		MMR2	4 in 1 <sup>1</sup>		
Bridgend LA	438	89.3%	89.5%		
Merthyr Tydfil LA	215	93.0%	94.9%		
Rhondda Cynon Taf LA	721	94.0%	94.9%		
CTMUHB	1374	92.4%	93.2%		
Age 16 years		% uptake of immunisation			
Number of Resident Children Age 16 years		MMR1	MMR2	MenACWY	3 in 1 Teenage booster <sup>6</sup>
Bridgend LA	397	96.0%	89.7%	85.6%	85.6%
Merthyr Tydfil LA	162	96.3%	92.6%	88.9%	88.3%
Rhondda Cynon Taf LA	741	96.1%	93.1%	92.3%	91.6%
CTMUHB	1300	96.1%	92.0%	89.8%	89.4%
<sup>1</sup> Uptake of pertussis used as proxy <sup>2</sup> Uptake of 2 doses of meningococcal serogroup B (Men B) vaccine, scheduled at two and four months of age <sup>3</sup> Children receiving the final dose of PCV <sup>4</sup> Uptake of 3 doses of meningococcal serogroup B (Men B) vaccine, schedule at two, four and 12-13 months of age <sup>5</sup> Combined "4 in 1" preschool booster, the Hib/MenC booster and second MMR dose by four years of age <sup>6</sup> Uptake of diphtheria (reinforcing booster dose) used as proxy				Key	
				95% and higher	
				90% to 95%	
				below 90%	

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

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

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

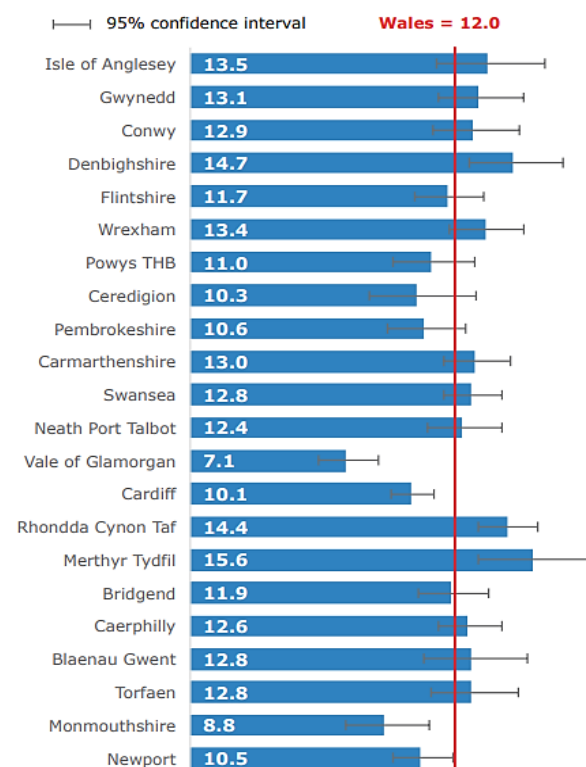
Immunisation rates for the five year olds is below the 95% for all areas in CTM for both MMR and the 4 in 1 vaccines with CTM achieving 92.4% and 93.2% respectively.

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

## Healthy Weight

### 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)



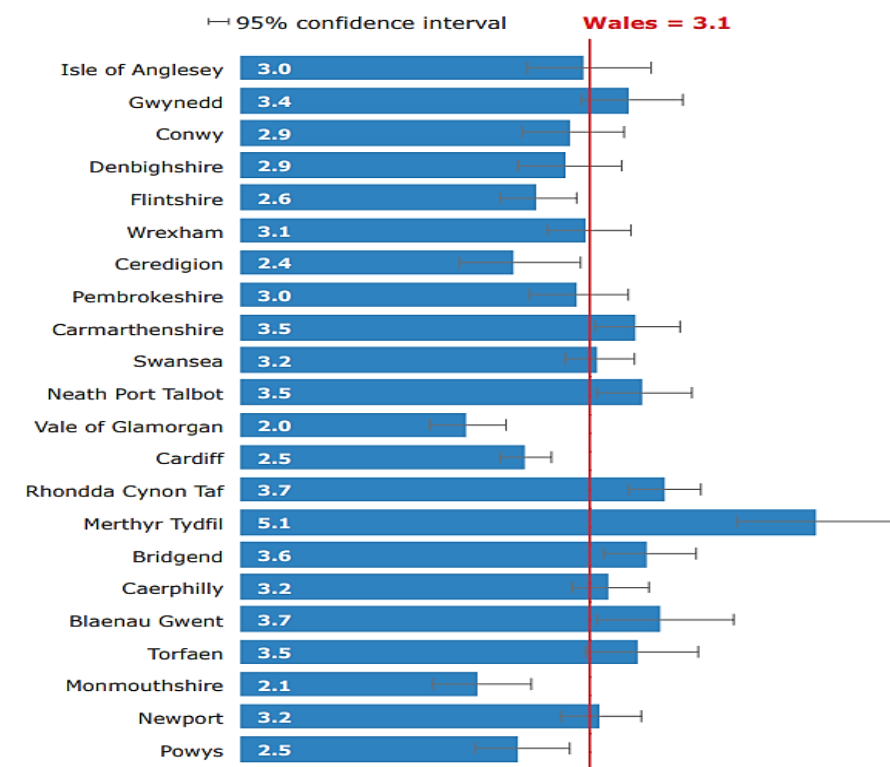
Prevalence of healthy weight varies by deprivation with more than three quarters of children (78.3%), living in the least deprived areas of Wales, being of a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

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

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

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

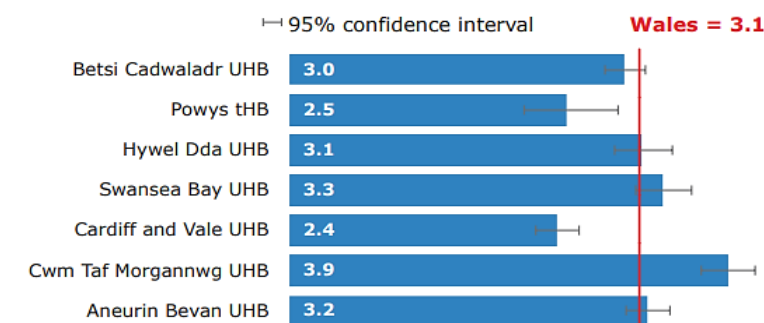
Produced by Public Health Wales Observatory using CMP data (NWIS)



**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)



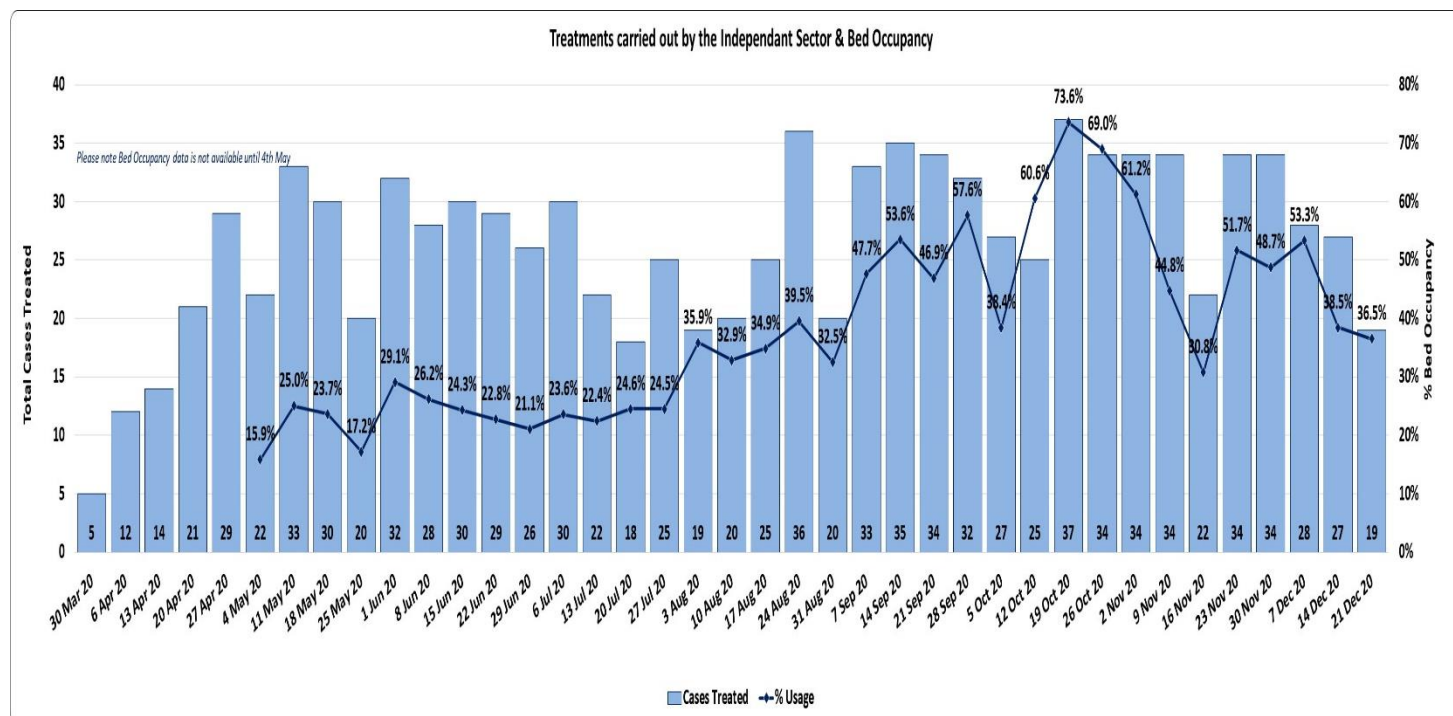
By Health Board (UHB), prevalence in Cwm Taf Morgannwg is statistically significantly higher than the Wales average, while prevalence in Powys Teaching Health Board and Cardiff & Vale UHB is significantly lower.



# Resetting Cwm Taf Morgannwg

## Cases Treated (Independent Sector)

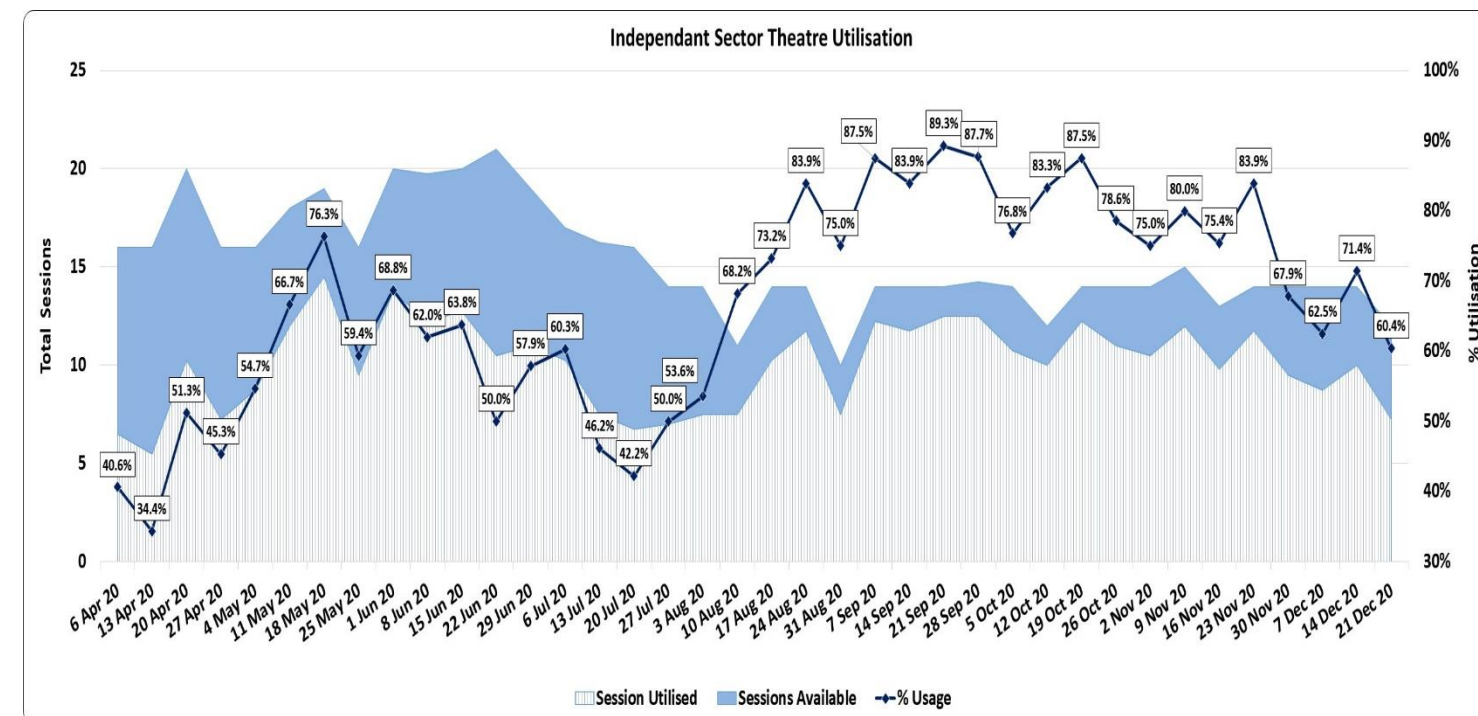
Total treatments carried out by the Independent Sector Hospital to week commencing 21<sup>st</sup> December 2020  
**1027**



Treatments carried out by the Independent Sector from 30th March to 21st December 2020										
Breast	Gynaecology	Urology	Dermatology	General Surgery	Maxillofacial	Ophthalmology	Orthopaedics	ENT	Pain Management	Total
251	332	262	4	28	1	12	125	12	8	1027

## Theatre Utilisation (Independent Sector)

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



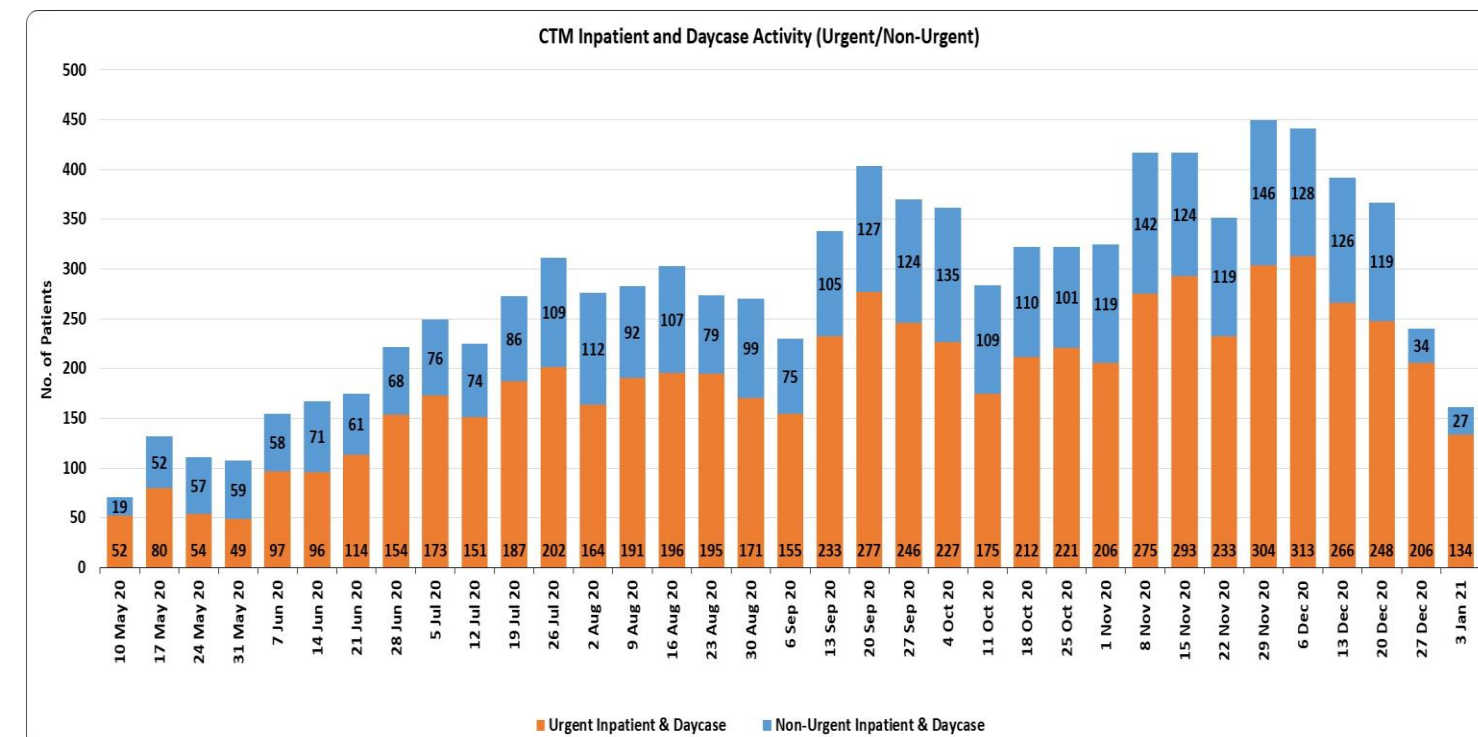
## Activity Undertaken within Internal Hospital Capacity

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

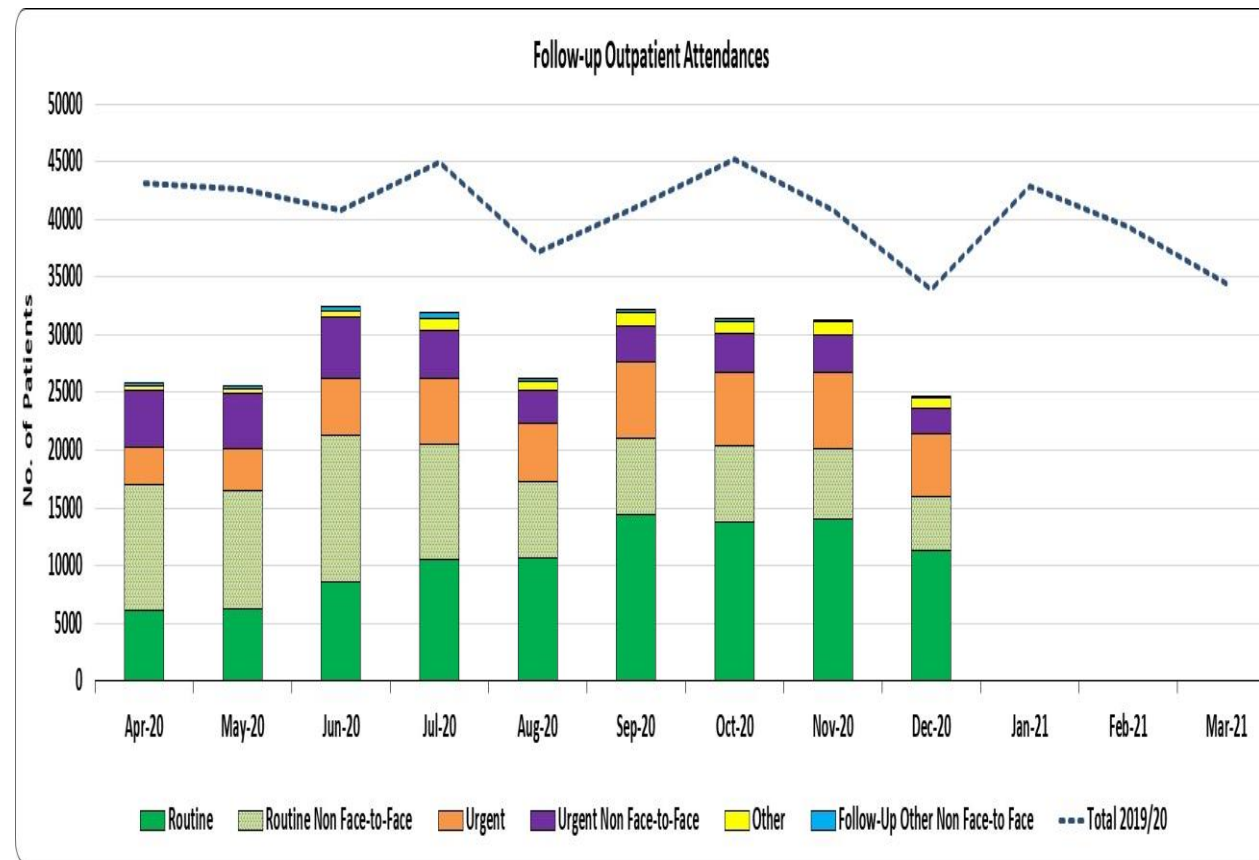
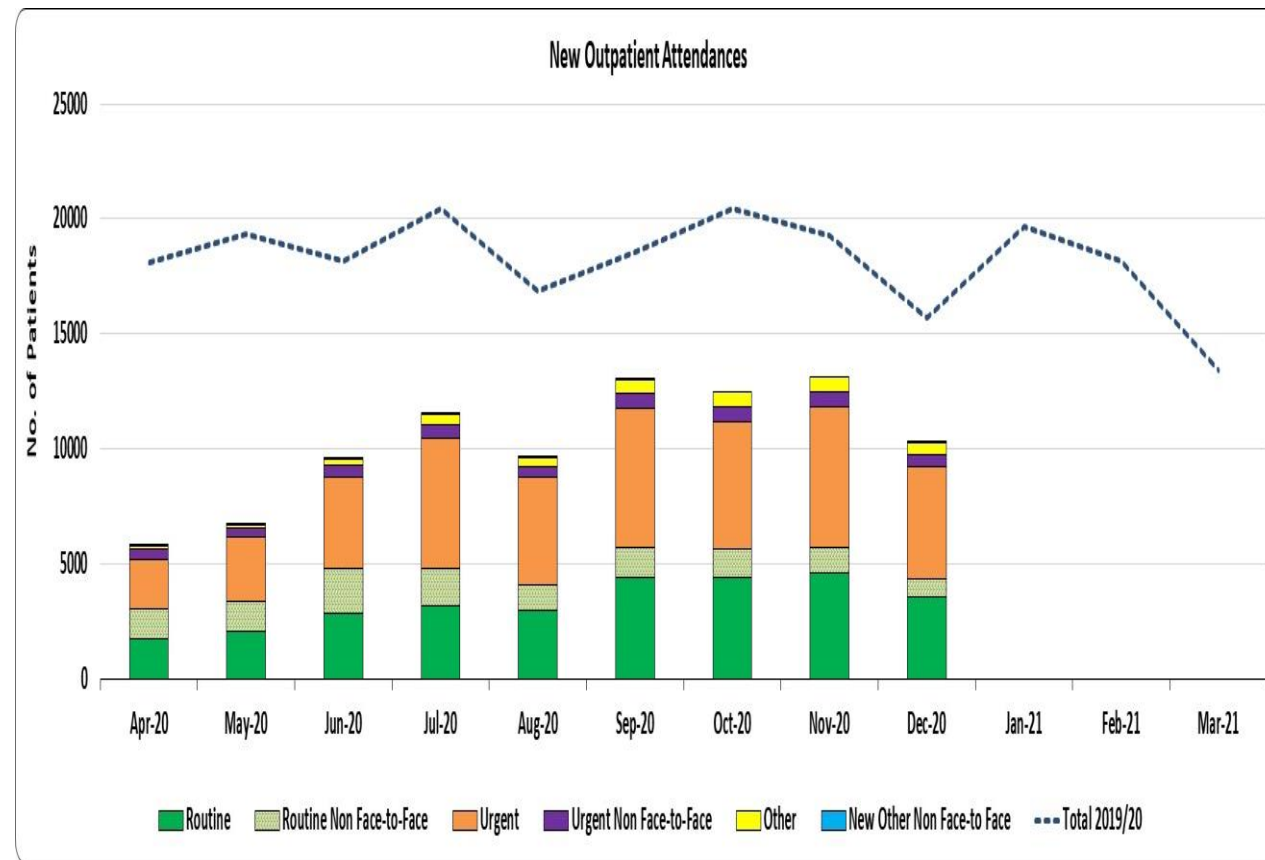
The elective activity undertaken since May is shown in the chart to the right. As has been reported previously, the activity undertaken classified as non-urgent is explained by the following:

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

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



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



Digital solutions are helping to bolster the level of activity undertaken.

There continues to be a wider gap in terms of new outpatients, which is not unexpected.

However both charts show little difference between overall activity levels in December 2020 compared to the previous year.

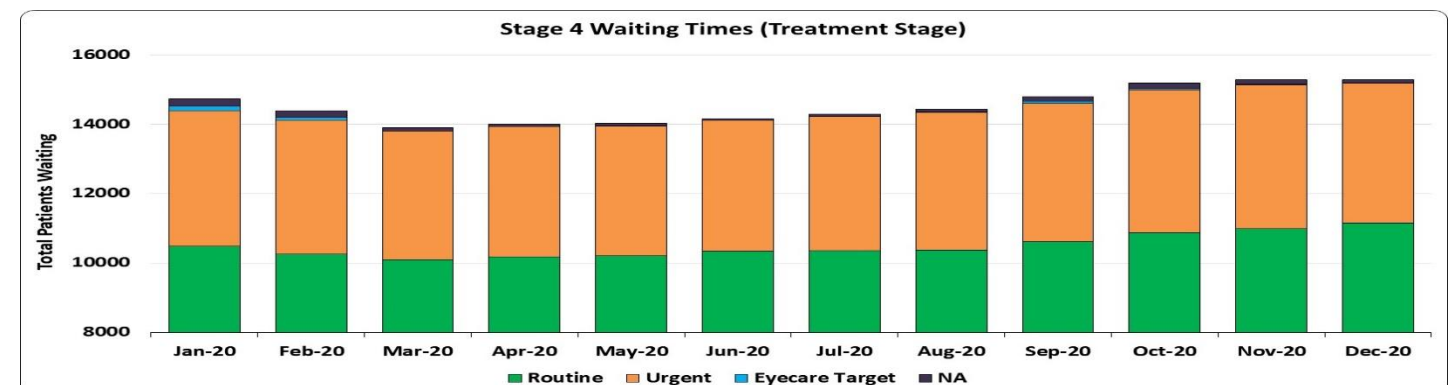
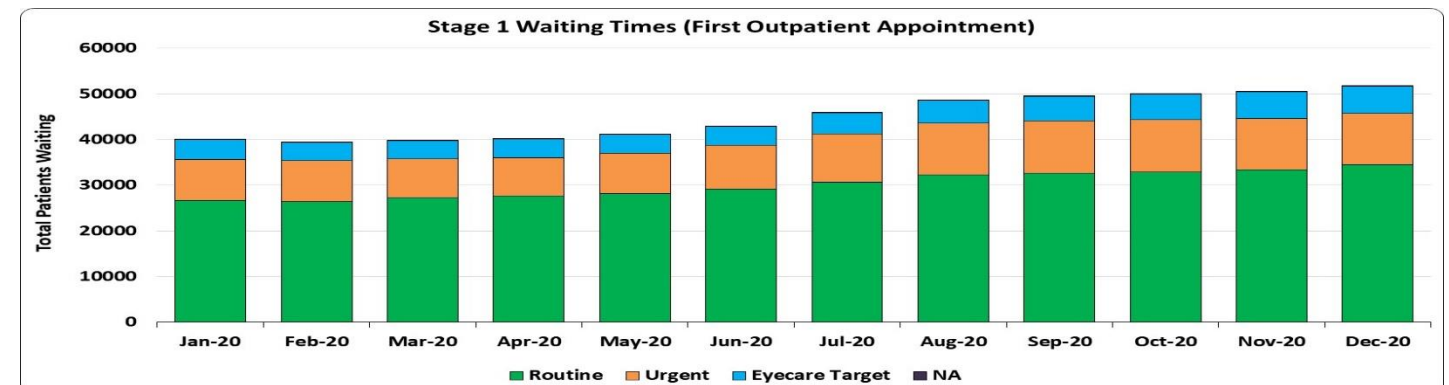
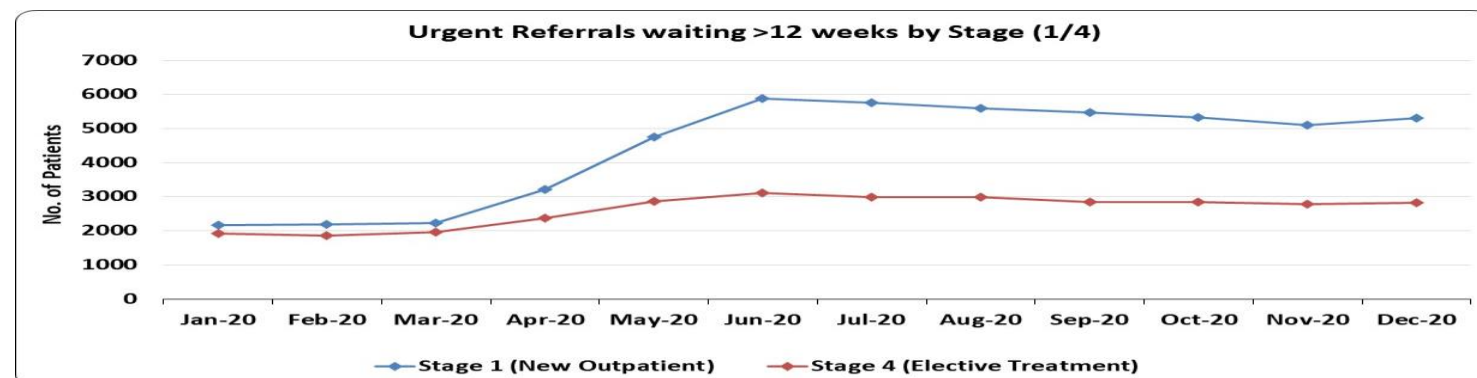
Further progress is unlikely in the short term in view of the current Covid status of hospitals within the UHB, where elective clinical sessions are being utilised to ensure emergency and on-call rotas are maintained.

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

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

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

There has been a gradual reduction in the volume of urgent referrals waiting over 12 weeks at each stage as continued and clinical prioritisation functionality on WPAS is now operational for MC and RTE ILGs.





# Referral to Treatment Times (RTT)

## Referral to Treatment Times – December 2020 (Provisional)

Number of patients waiting >52 weeks – Target Zero

**19,750**

Number of patients waiting >36 weeks – Target Zero

**37,907**

% of patients waiting under 26 weeks – Target 95%

**48.9%**

### 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 December is 19,750. The breakdown of the 19,750 patients is as follows:

- 6,077 patients relate to Merthyr & Cynon ILG waiting lists
- 8,067 patients relate to Rhondda & Taff Ely ILG waiting lists
- 5,606 patients relate to Bridgend ILG waiting lists

### Patients waiting >36 weeks

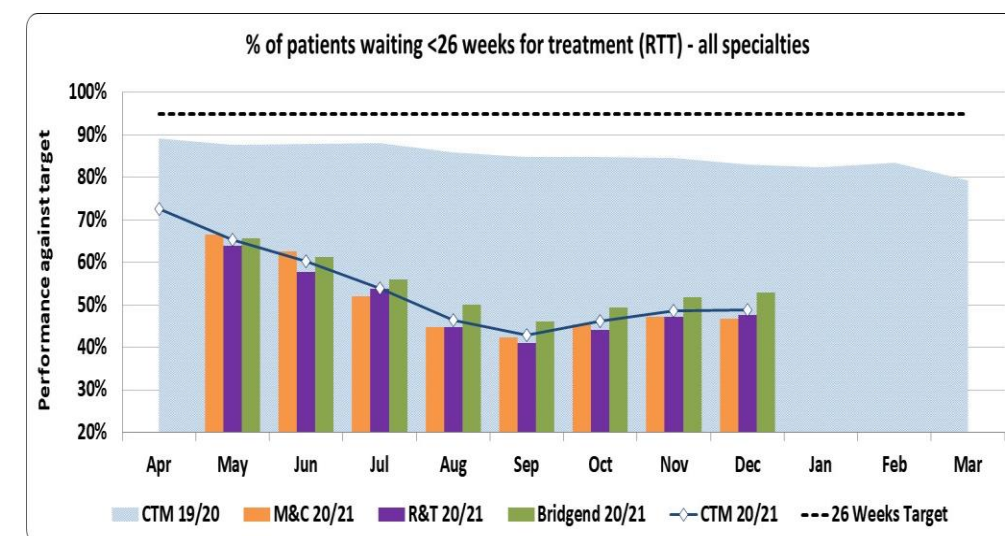
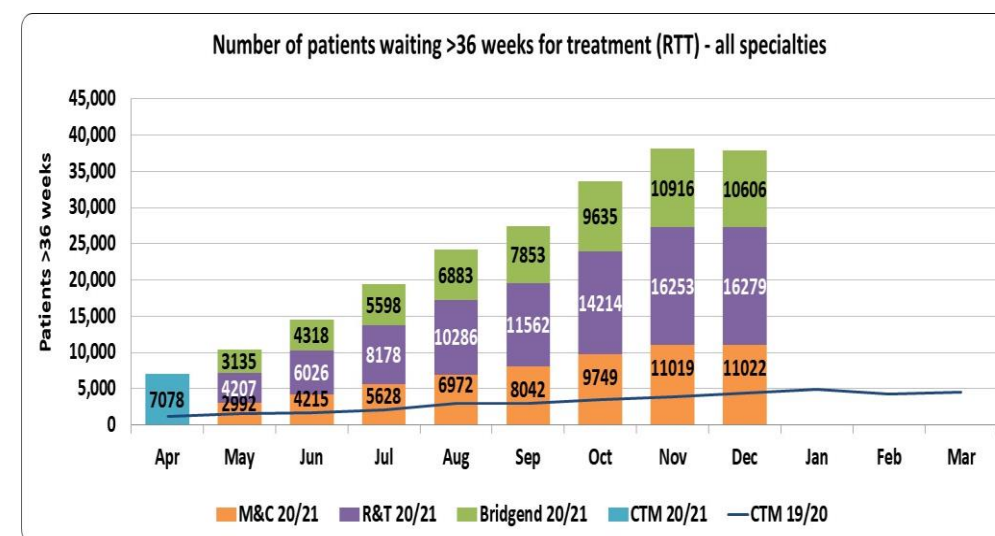
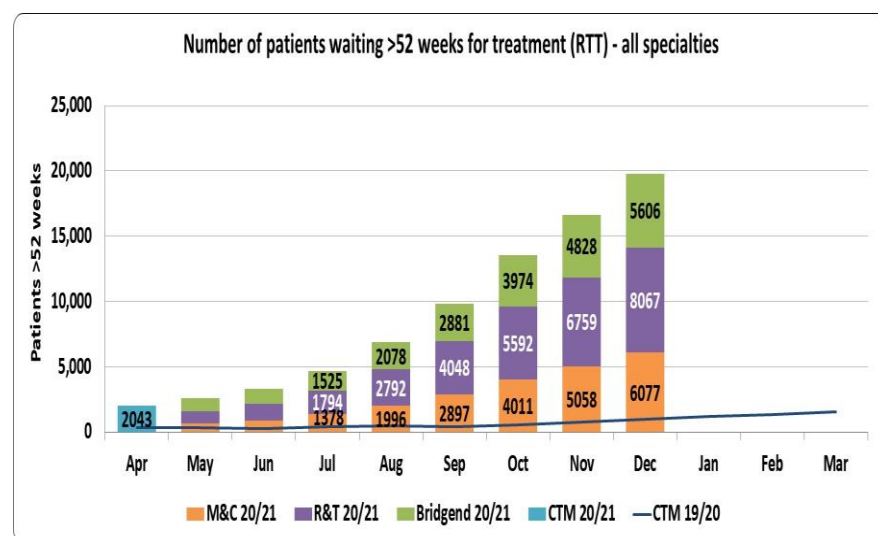
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for December is 37,907 patients across Cwm Taf Morgannwg, which is a decrease of 281 from November (N.B. includes the 19,750 patients waiting over 52 weeks):

- 11,022 patients relate to Merthyr & Cynon ILG waiting lists
- 16,279 patients relate to Rhondda & Taff Ely ILG waiting lists
- 10,606 patients relate to Bridgend ILG waiting lists

### Patients waiting <26 weeks

In terms of the 26 week position (excluding the direct access Diagnostic & Therapy figures) the provisional position for December across Cwm Taf Morgannwg is 48.9%, a level which has been relatively stable over the past four months. The position within each ILG is as follows:

- 46.8% Merthyr & Cynon ILG waiting lists
- 47.5% Rhondda & Taff Ely ILG waiting lists
- 52.8% Bridgend ILG waiting lists



The confirmed position for the end of November 2020 was 38,188 patients waiting over 36 weeks, of whom 16,645 patients were waiting over 52 weeks.

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

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

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

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

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

## Diagnostics – December 2020 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

**11,780**

### Diagnostics >8 weeks

The provisional position for December is 11,780 patients waiting over 8 weeks for diagnostic services, which is the highest level reported this year.

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

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	436	256	1363	2055
Cardiology Services	Cardiac CT	0	19	0	19
	Cardiac MRI	0	0	0	0
	Diagnostic Angiography	0	80	13	93
	Stress Test	8	40	61	109
	DSE	79	2	118	199
	TOE	5	0	9	14
	Heart Rhythm Recording	10	21	866	897
	B.P. Monitoring	1	7	111	119
Bronchoscopy		1	0	0	1
Colonoscopy		109	358	0	467
Gastroscopy		532	681	1	1214
Cystoscopy		0	267	56	323
Flexi Sig		337	475	1	813
Radiology	Non-Cardiac CT	1	1	0	2
	Non Cardiac MRI	16	41	21	78
	NOUS	1676	2561	647	4884
	Non-Cardiac Nuclear Medicine	1	32	0	33
Imaging	Fluoroscopy	6	47	5	58
Physiological Measurement	Urodynamics	15	30	155	200
Neurophysiology	EMG	16	84	0	100
	NCS	16	86	0	102
Total		3265	5088	3427	11780

### Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 21 months:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11780			

## Surveillance Monitoring – as at 3<sup>rd</sup> January 2021

Number of patients waiting past their review date

**1,406**

### 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 tables below show the number of patients waiting across the four pathways:

as at 3 <sup>rd</sup> January 2021					as at 1 <sup>st</sup> December 2020				
Patient Category	PCH	RGH	POW	TOTAL	Patient Category	PCH	RGH	POW	TOTAL
<b>Cancer</b>					<b>Cancer</b>				
Waiting <14 days	70	104	13	187	Waiting <14 days	85	106	18	209
Over Target	46	116	0	162	Over Target	10	68	0	78
Total Patients Waiting	116	220	13	349	Total Patients Waiting	95	174	18	287
<b>Urgent Non-Cancer</b>					<b>Urgent Non-Cancer</b>				
Waiting <14 days	64	88	1	153	Waiting <14 days	79	57	1	137
Over Target	721	1098	0	1819	Over Target	699	941	0	1640
Total Patients Waiting	785	1186	1	1972	Total Patients Waiting	778	998	1	1777
<b>Routine</b>					<b>Routine</b>				
Waiting <56 days	42	83	165	290	Waiting <56 days	59	66	126	251
Over Target	377	598	0	975	Over Target	357	574	0	931
Total Patients Waiting	419	681	165	1265	Total Patients Waiting	416	640	126	1182
<b>Surveillance</b>					<b>Surveillance</b>				
Waiting <126 days	634	720	15	1369	Waiting <126 days	636	708	15	1359
Over Target	20	17	0	37	Over Target	29	18	0	47
Total Patients Waiting Past Review Date	654	737	15	1406	Total Patients Waiting Past Review Date	665	726	15	1406

## Therapies – December 2020 (Provisional Position)

Number of Diagnostic patients waiting >14 weeks - Target Zero

**618**

### Therapies >14 weeks

There are provisionally 618 patients breaching the 14 week target for therapies in December, an improvement of 56 patients on the reported position for November.

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	33	107	140
Dietetics	8	5	125	138
Arts Therapy	5	0	0	5
Occupational Therapy	17	0	0	17
Physiotherapy	0	0	0	0
Podiatry	132	149	0	281
SALT	8	25	4	37
Total	170	212	236	618

### Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 21 months, indicating that inroads are now being made in tackling the backlog that built up during the pandemic:

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	0	0	0	13	25	37	57	44	1	1	0	13
2020/21	109	396	1020	945	842	632	647	674	618			

### Princess of Wales Hospital Endoscopy Unit

As at 3<sup>rd</sup> January the total waiting list (excluding surveillance patients) has increased to 179 patients from 145 patients in 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 3<sup>rd</sup> January the total list (excluding surveillance patients) has increased by 31 patients on the previous month bringing the total to 1,320 patients waiting, of whom 1,144 are waiting over target. The number of surveillance patients waiting has reduced slightly from 665 in December to 654 in January. Surveillance patients waiting over target fell to 20 this month from 29 in December.

### Royal Glamorgan

As at 3<sup>rd</sup> January the waiting list has increased by 275 patients to 2,087 of whom 1,812 patients are over target. There is small increase in the number of surveillance patients to 737 in January from 726 in December and there are currently 17 of the surveillance patients over target.



## Follow-Up Outpatients Not Booked (FUNB)

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

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

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

**Not Booked**  
**76,349**

**Booked**  
**29,589**

**Total**  
**105,938**

**Not Booked**  
**21,643**

**Booked**  
**3,121**

**Total**  
**24,764**

The following table shows the reported positions for patients waiting for a Follow-up with a documented target date and of those who are delayed 100% beyond their target date from April 2020.

Period	Merthyr & Cynon						Rhondda & Taff Ely						Bridgend						CTM					
	No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%			No. of patients waiting for follow-up with documented target date			No. of patients delayed over 100%		
	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total	Not booked	Booked	Total
Apr-20	13195	8665	21860	2115	603	2718	27507	16372	43879	6331	1011	7342	38952	6240	45192	9597	554	10151	79654	31277	110931	18043	2168	20211
May-20	13421	8374	21795	2115	546	2661	26955	17013	43968	7136	1207	8343	38321	6028	44349	10307	662	10969	78697	31415	110112	19558	2415	21973
Jun-20	16999	5227	22226	2584	352	2936	26442	16372	42814	6498	1126	7624	37388	6676	44064	10392	735	11127	80829	28275	109104	19474	2213	21687
Jul-20	17446	4922	22368	3019	346	3365	27818	13376	41194	5527	755	6282	36085	7579	43664	10438	865	11303	81349	25877	107226	18984	1966	20950
Aug-20	17528	4908	22436	3428	496	3924	28936	12221	41157	5891	808	6699	34439	8494	42933	9929	1502	11431	80903	25623	106526	19248	2806	22054
Sep-20	16356	6054	22410	3903	750	4653	28084	12659	40743	6671	887	7558	33951	8972	42923	9924	1527	11451	78391	27685	106076	20498	3164	23662
Oct-20	15895	6465	22360	4051	721	4772	26497	14026	40523	6839	978	7817	34642	8199	42841	10097	1329	11426	77034	28690	105724	20987	3028	24015
Nov-20	15761	6593	22354	4352	727	5079	25744	14562	40306	7171	998	8169	34844	8434	43278	10120	1396	11516	76349	29589	105938	21643	3121	24764

### FUNB

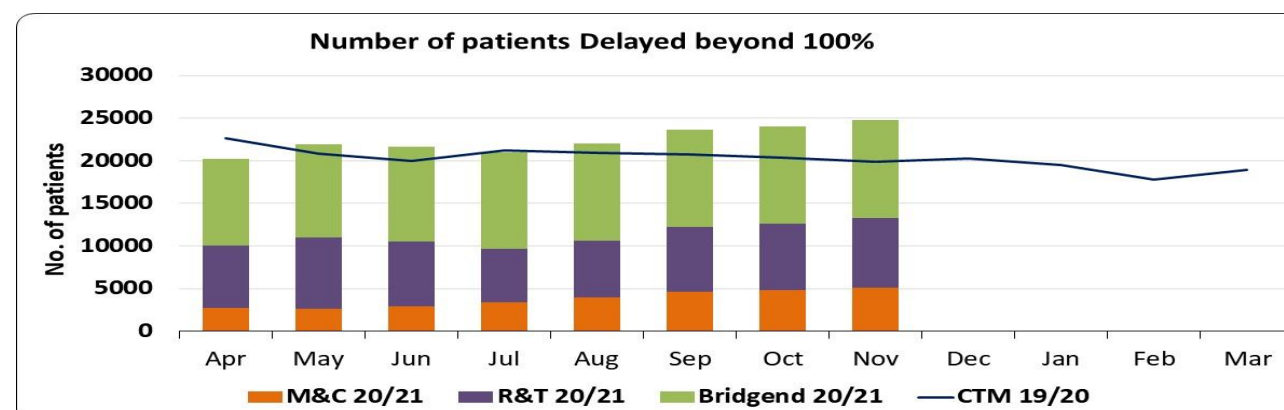
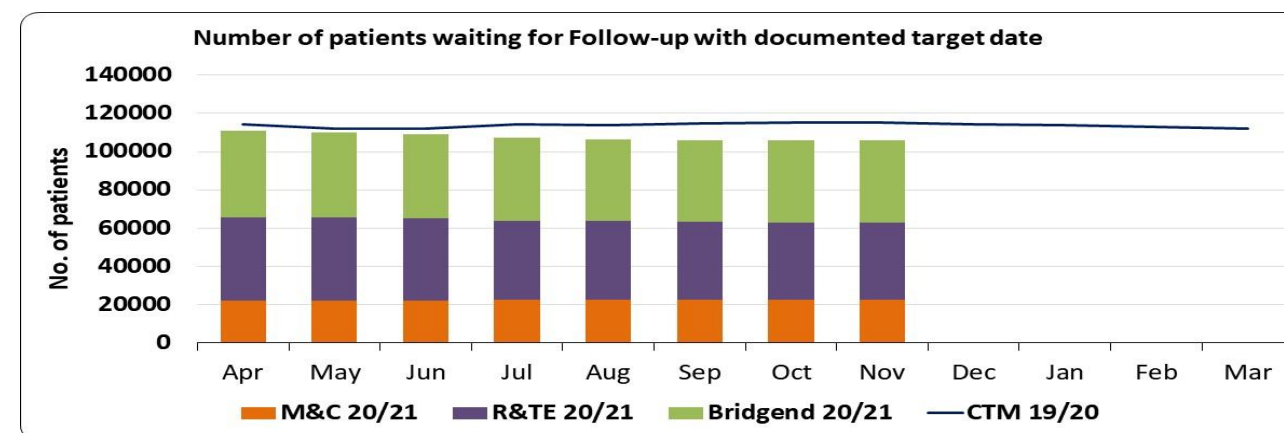
Virtual clinic appointments have been continuing and the FUNB working group continues to work towards a consistent approach across all hospitals and services. Services have resorted to digitally enabled mechanisms to interact with patients differently. Given recent events and the increase in the number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

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

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

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

The two charts to the right compares Cwm Taf Morgannwg's 2020 position against 2019/20 and displays the individual ILG total of patients waiting for a Follow-up where there is a documented target date and of these those that are delayed by over 100% (booked and not booked) for 2020/21.



Number of Attendances

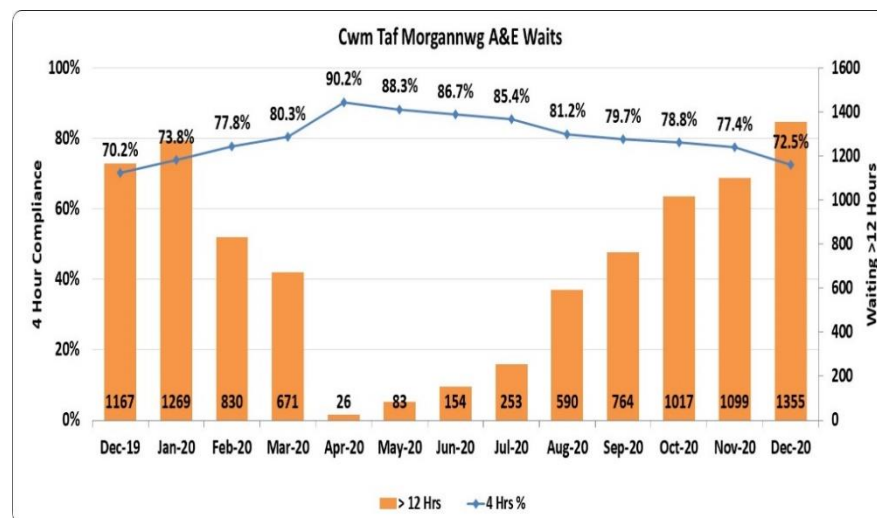
**11,019**

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

**72.5%**

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

**1,355**

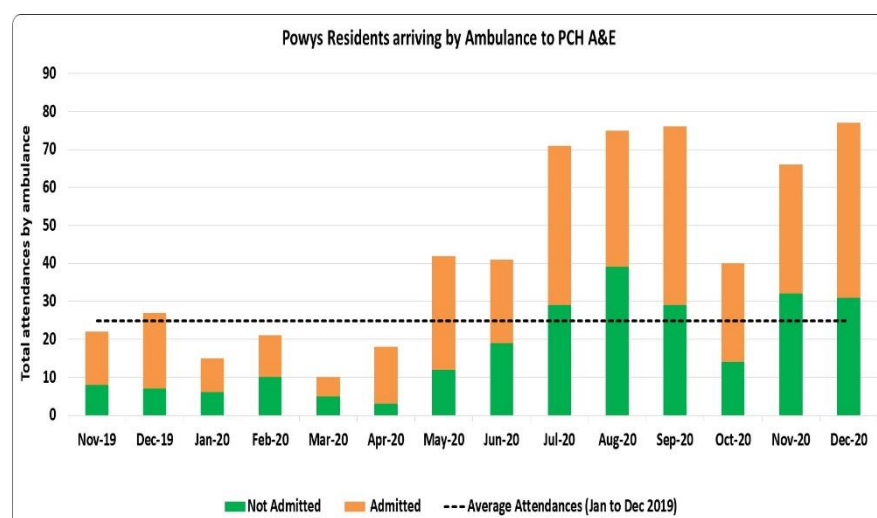


The CTM overall compliance is depicted in the chart (left) with individual departmental 4 and 12 hour performance displayed in the table (bottom right).

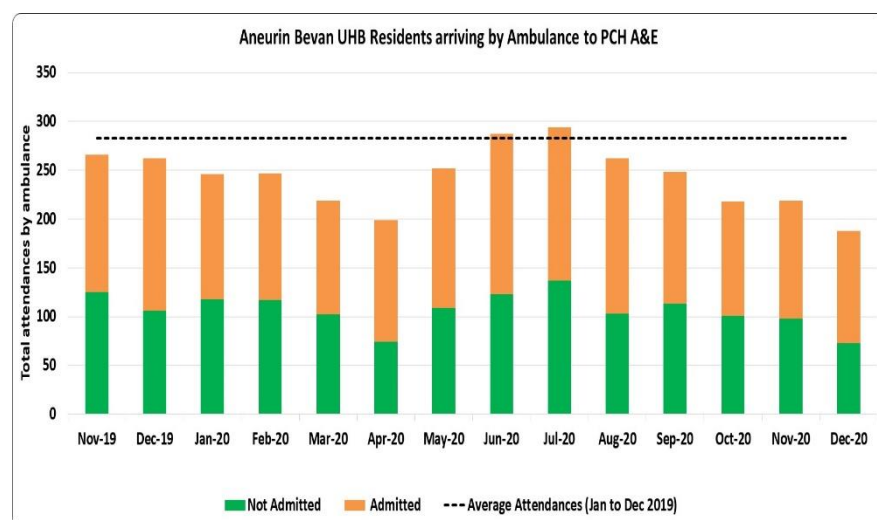
Overall attendances continue to decrease, in line with expectations given the current circumstances. This does not make life any easier for staff, who continue to work tirelessly in treating the patients who present under the most challenging of circumstances. **December had** a total of **368** fewer attendances than November, where the trend is looking similar to earlier in the year during the first wave, though activity levels have not reduced to the same extent.

**4 Hour Compliance** - The combined performance for CTM for the four hour target continues to reduce. The operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E is materially impacting on the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

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



**12 Hour Waits** - The rise continues in the number of breaches of the 12 hour target in December with an overall increase of 256 breaches on the previous month bringing the total to 1355, the largest number of breaches seen during the last 12 months. POW saw the fewest breaches out of the three major units (346) an improvement of 99 less breaches than in November, whilst PCH had 37 more breaches with RGH experiencing the greatest increase on the previous month rising to 585 from 267, this is the largest number of 12 hour breaches RGH has seen during the last 12 months.



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
Dec-19	4951	71.8%	458	5159	72.7%	235	4887	62.0%	474	15681	70.2%	1167
Jan-20	4855	73.0%	495	5090	72.5%	370	4638	70.9%	404	15525	73.8%	1269
Feb-20	4608	75.9%	422	4393	76.1%	278	4249	77.6%	130	14006	77.8%	830
Mar-20	3831	81.2%	293	3483	77.0%	164	3544	79.3%	214	11476	80.3%	671
Apr-20	2691	95.8%	3	2588	91.7%	6	2501	81.6%	17	8075	90.2%	26
May-20	3866	91.3%	41	3518	90.9%	10	3801	81.5%	32	11592	88.3%	83
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.4%	63	12791	86.7%	154
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.6%	153	14148	85.4%	253
Aug-20	4849	76.7%	215	4512	93.5%	9	4819	71.5%	366	14855	81.2%	590
Sep-20	4460	73.9%	330	4243	88.6%	27	4292	73.6%	407	13716	79.7%	764
Oct-20	3972	78.4%	445	2861	79.6%	130	3741	74.9%	442	11241	78.8%	1017
Nov-20	3786	79.0%	387	3581	75.9%	267	3462	73.7%	445	11387	77.4%	1099
Dec-20	3707	75.7%	424	3394	71.1%	585	3459	66.7%	346	11019	72.5%	1355



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

QIM's – November 2020

% compliance with direct admission to an acute stroke unit within 4 hours <b>16.0%</b>	% compliance of thrombolysed stroke patients with a door to needle time within 45 mins <b>55.6%</b>	% compliance of patients diagnosed with stroke received a CT scan within 1 hour <b>65.4%</b>	% compliance assessed by a stroke consultant within 24 hours <b>71.8%</b>
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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
Nov-19	23.5%	50.0%	64.7%	70.6%	13.3%	16.7%	58.1%	54.8%	19.8%	25.0%	62.2%	64.6%
Dec-19	37.8%	20.0%	63.2%	57.9%	7.4%	0.0%	44.4%	22.2%	25.0%	12.5%	55.4%	43.1%
Jan-20	30.4%	62.5%	60.7%	66.1%	18.5%	0.0%	44.4%	51.9%	26.5%	50.0%	55.4%	61.4%
Feb-20	44.0%	85.7%	70.6%	68.6%	34.6%	33.3%	51.9%	81.5%	40.8%	70.0%	64.1%	73.1%
Mar-20	45.9%	50.0%	78.4%	70.3%	42.1%	0.0%	52.6%	63.2%	44.6%	25.0%	69.6%	67.9%
Apr-20	69.2%	33.3%	71.2%	75.0%	30.0%	Nil	65.0%	85.0%	58.3%	33.3%	69.4%	77.8%
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%

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

To note the report indicates 0% compliance for POW in October and November for admissions to a stroke ward in 4 hours. This key performance indicator impacts on all the domains of acute stroke care, with only 3 patients receiving thrombolysis within the target of 45 mins in the last year.

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

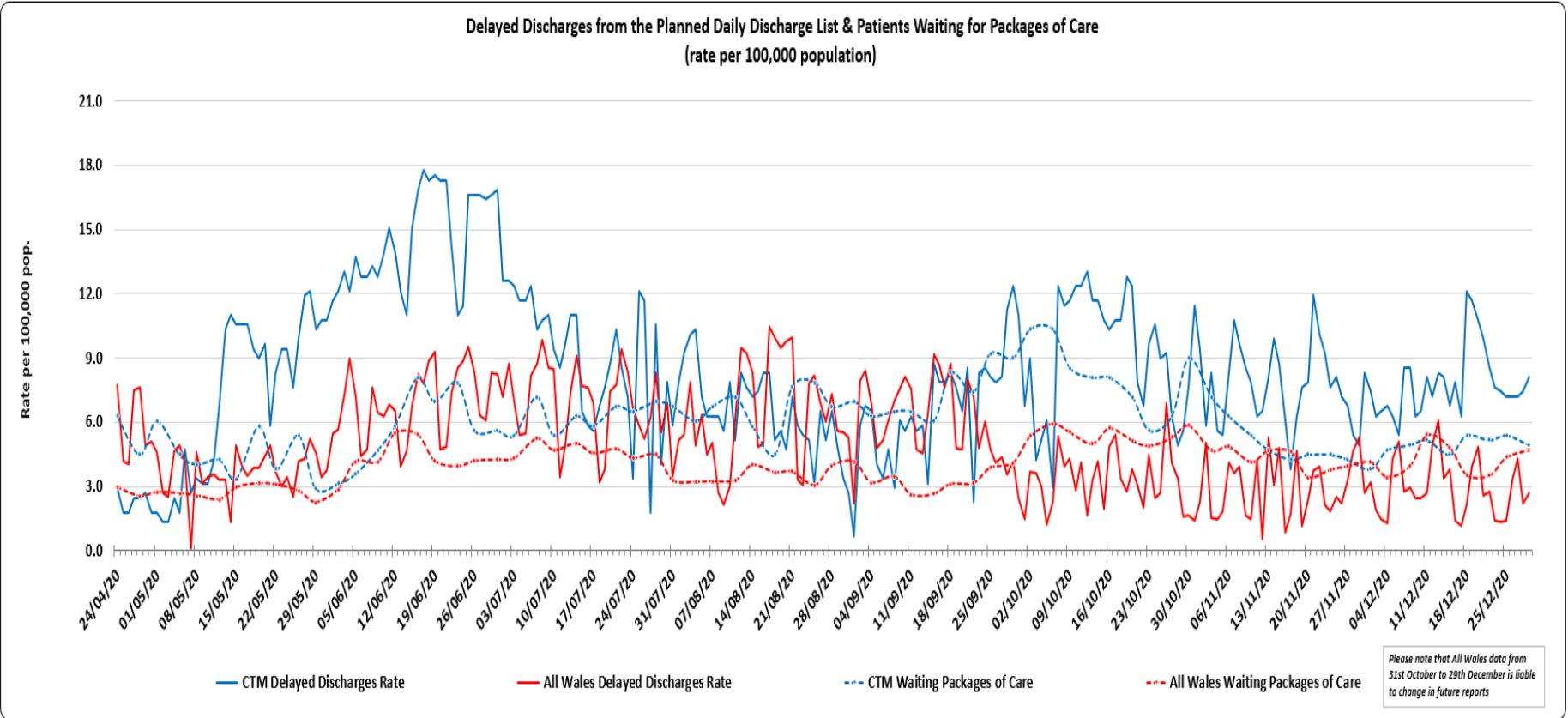
Acute stroke wards have recently been affected by increased Covid-19 admissions and therefore performance is likely to be adversely impacted in Dec and January.

## Delayed Transfers of Care from the Planned Daily Discharge List – December 2020

	November 2020								December 2020								
	3rd	6th	10th	13th	17th	20th	24th	27th	1st	4th	8th	11th	15th	18th	22nd	25th	29th
Number of Delayed Discharges	37	37	35	36	17	35	34	30	33	30	38	36	30	54	38	32	36
Numbers waiting for Packages of Care	32	28	24	21	19	20	20	19	17	21	22	23	20	24	23	24	22

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 chart provides 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

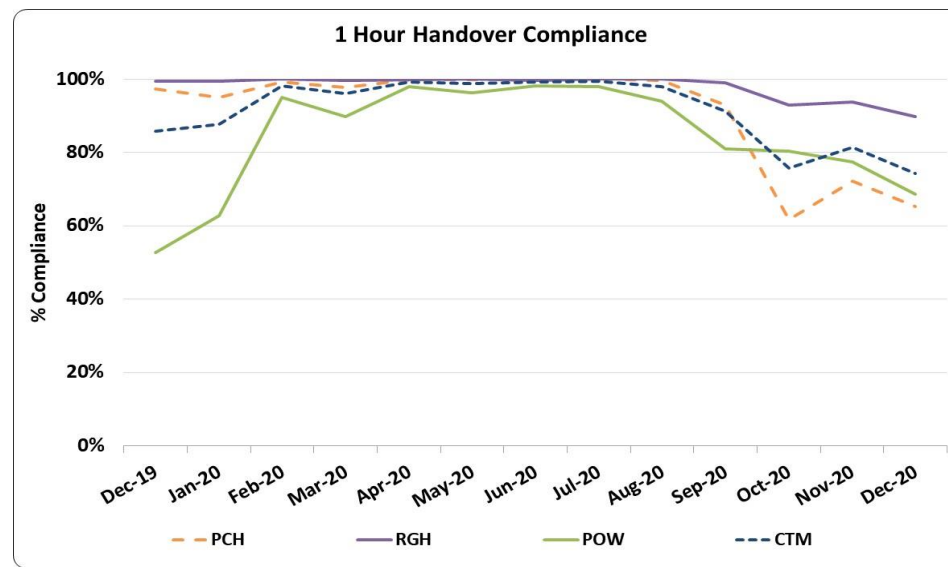
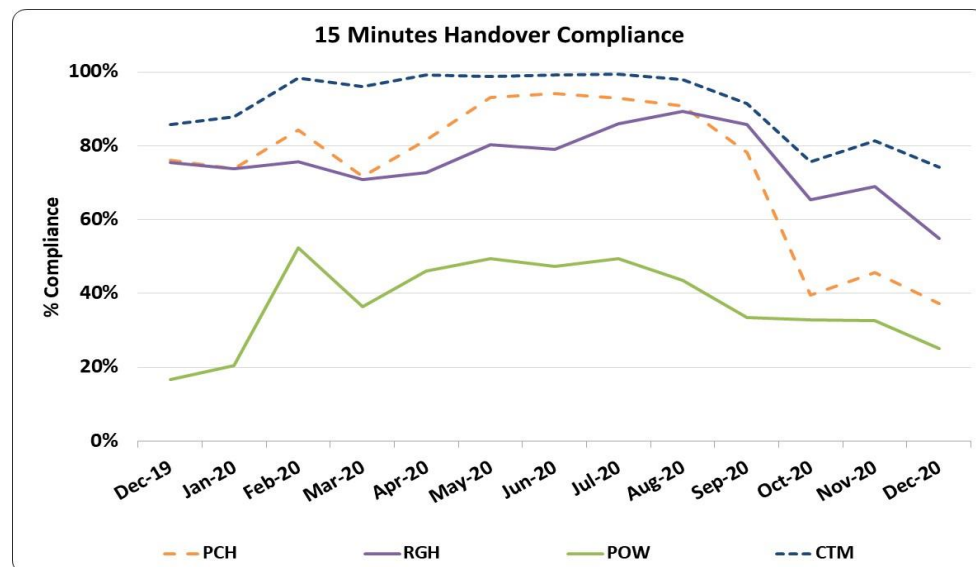
## Number of Ambulance Handover Times & Compliance – December 2020

Number of ambulance handovers over within 15 mins – Local Measure

**1,539 (38.9%)**

Number of ambulance handovers over 1 hour – Target Zero

**650 (74.2%)**



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 %
Dec-19	1162	76.1%	97.3%	1201	75.4%	99.4%	902	16.7%	52.7%	3265	59.4%	85.8%
Jan-20	1120	73.8%	95.1%	1189	73.8%	99.4%	882	20.4%	62.7%	3191	59.0%	87.7%
Feb-20	1039	84.2%	99.1%	1074	75.6%	100.0%	879	52.3%	95.1%	2992	71.8%	98.3%
Mar-20	982	71.6%	97.8%	924	70.9%	99.6%	796	36.4%	89.8%	2702	61.0%	96.0%
Apr-20	767	81.5%	99.7%	800	72.8%	99.8%	706	46.0%	98.0%	2273	67.4%	99.2%
May-20	938	93.1%	99.9%	921	80.3%	100.0%	928	49.5%	96.2%	2787	74.3%	98.7%
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.1%	2904	73.5%	99.2%
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.8%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.3%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	878	68.9%	93.7%	753	32.5%	77.4%	2501	49.9%	81.3%
Dec-20	888	37.2%	65.3%	807	54.9%	89.7%	824	25.1%	68.6%	2519	38.9%	74.2%

### 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 a deterioration in handover times during December mainly due to the reasons stated in the A&E section of the report i.e. the operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E impacting on the flow of patients through each emergency unit, as well as delaying the ability to transfer patients from ambulances into each unit.

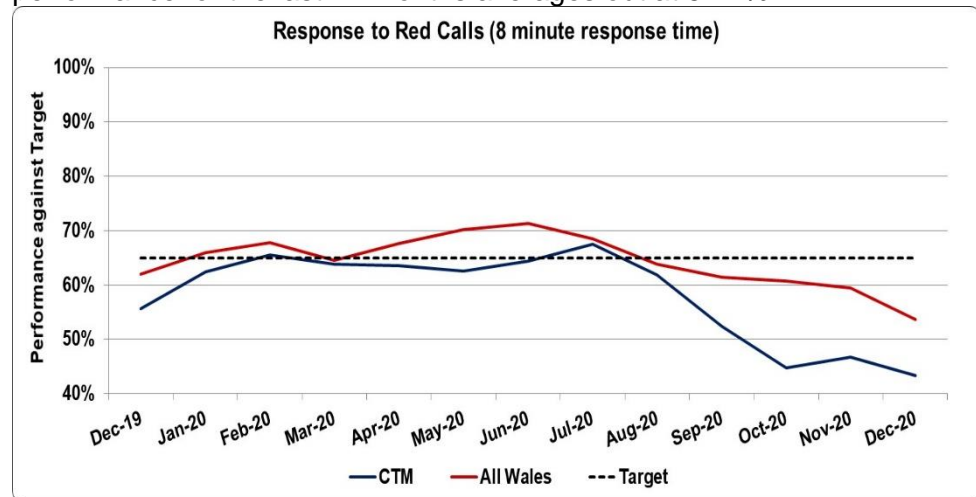
## Response to Red Calls – December 2020

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

**43.3%**

### Response to Red Calls

Response times fell during December to 43.3% from 46.8% in November and continues to remain under target, with July 2020 being the last time CTM hit the target. Likewise the Welsh average also continues to fall below target to 53.7% and is at the lowest level during the last 12 months. CTM performance for the last 12 months averages out at 57.1%.



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
Dec-19	65	38	58.5%	247	135	54.7%	148	83	56.1%	460	256	55.7%
Jan-20	65	42	64.6%	197	127	64.5%	118	68	57.6%	380	237	62.4%
Feb-20	54	42	77.8%	170	107	62.9%	93	59	63.4%	317	208	65.6%
Mar-20	67	47	70.1%	222	137	61.7%	114	73	64.0%	403	257	63.8%
Apr-20	42	28	66.7%	162	102	63.0%	68	43	63.2%	272	173	63.6%
May-20	44	30	68.2%	126	73	57.9%	86	57	66.3%	256	160	62.5%
Jun-20	44	29	65.9%	146	92	63.0%	91	60	65.9%	281	181	64.4%
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%

### Red Call Volumes

The table to the left shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months the Merthyr area has seen the best response times averaging 61.9% with RCT and Bridgend averaging 54.4% and 59.3% respectively. Performance in all areas continues to fall to below the 65% target.

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

Average Response rate per 10,000 population (period Dec 2019 to Nov 2020)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326
RCT	241,264
Bridgend	147,049



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

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%  
**50.6%**

The Cwm Taf Morgannwg SCP performance for November was 50.6%.

CTMUHB - SCP % Treated Without Suspensions - November 2020			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	3	6	50.0%
Upper GI	2	15	13.3%
Lower GI	7	20	35.0%
Lung	18	26	69.2%
Sarcoma	1	3	33.3%
Skin (exc BCC)	28	34	82.4%
Brain/CNS	3	3	100.0%
Breast	26	42	61.9%
Gynaecological	2	14	14.3%
Urological	19	54	35.2%
Haematological	7	13	53.8%
Other	2	3	66.7%
<b>Total</b>	<b>118</b>	<b>233</b>	<b>50.6%</b>

**Number of Breaches by Tumour Site**

The combined performance for Cwm Taf Morgannwg fell to 50.6% in November from 53.7% in October. In total, 115 patient breaches were recorded with the main contributory factor being delay awaiting tertiary treatment due to the Covid pandemic.

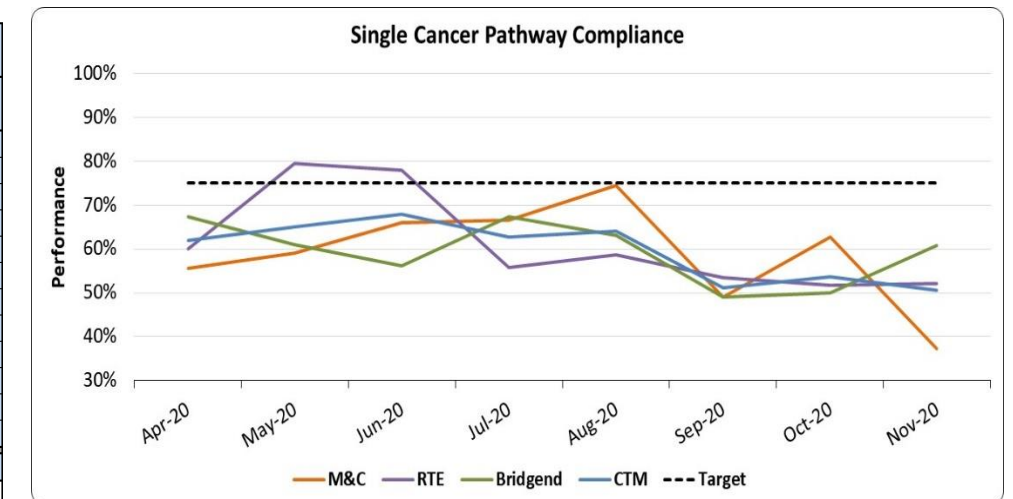
The table below details the treated patients and the patient breaches for November 2020:

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
November 2020												
Head and Neck		1	1	1	2	3	2	0	2	3	3	6
Upper Gastrointestinal		3	3	2	7	9	0	3	3	2	13	15
Lower Gastrointestinal	3	6	9	2	7	9	2	0	2	7	13	20
Lung	8	2	10	9	4	13	1	2	3	18	8	26
Sarcoma		2	2	1	0	1	0	0	0	1	2	3
Skin(c)	4	3	7	11	2	13	13	1	14	28	6	34
Brain/CNS				3	0	3				3	0	3
Breast		1	1	22	8	30	4	7	11	26	16	42
Gynaecological	2	12	14							2	12	14
Urological				13	30	43	6	5	11	19	35	54
Haematological(d)		1	1	7	5	12				7	6	13
Other(f)	2	1	3							2	1	3
<b>Total Breaches</b>	<b>19</b>	<b>32</b>	<b>51</b>	<b>71</b>	<b>65</b>	<b>136</b>	<b>28</b>	<b>18</b>	<b>46</b>	<b>118</b>	<b>115</b>	<b>233</b>
<b>Overall Compliance</b>	<b>37.3%</b>			<b>52.2%</b>			<b>60.9%</b>			<b>50.6%</b>		

**Single Cancer Pathway Compliance Trend**

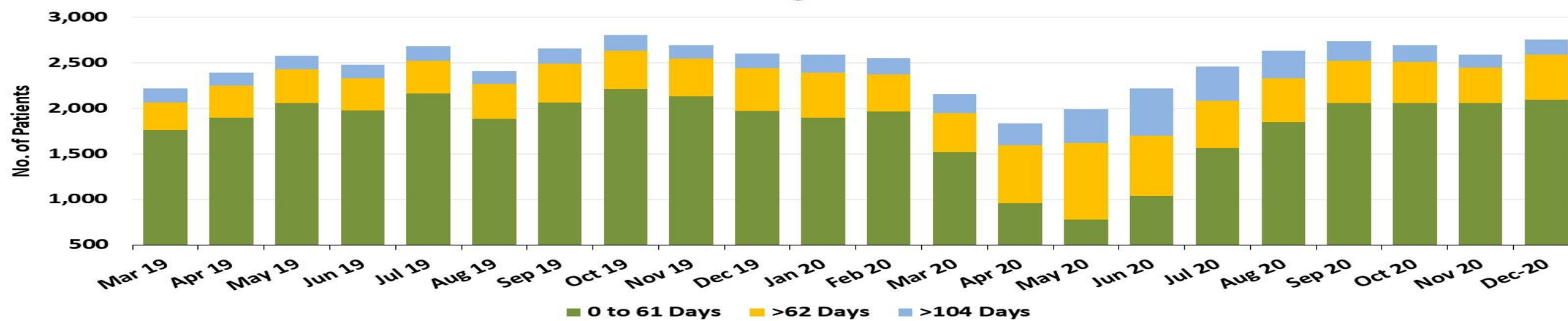
As can be seen in the graph below overall CTM compliance has continued to fall since August with December falling to it's lowest level at 50.6%.

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



**Patients Waiting on a Cancer Pathway – as at 4<sup>th</sup> January 2021**

**SCP Waiting List Trend**



In terms of total waiting list size, the overall volume of open single cancer pathways increased during December to 2,759, where the volume of patients waiting up to 62 days has clearly stabilised. The volume of open pathways waiting in excess of 104 days rose marginally to 172 from 144 in November and the patients waiting over 62 and 104 days in particular by ILG breakdown is as follows:

- In Merthyr Cynon, there were 193 patients waiting over 62 days of whom 74 were waiting more than 104 days
- In Rhondda Taff-Ely, there were 183 patients waiting over 62 days of whom 61 were waiting more than 104 days
- In Bridgend, there were 183 patients waiting over 62 days of whom 50 were waiting more than 104 days

Almost 70% of the patients waiting over 62 days are for three tumour sites, Urology (133), Lower GI (149) and Gynaecology (109).

Merthyr & Cynon ILG	SCP Cases >104 days
Lower Gastrointestinal	22
Upper Gastrointestinal	8
Gynaecological	37
Skin	6
Lung	1
<b>Grand Total</b>	<b>74</b>

Rhondda & Taff Ely ILG	SCP Cases >104 days
Breast	2
Lower Gastrointestinal	10
Upper Gastrointestinal	6
Head and Neck	3
Lung	1
Skin	4
Unknown Primary	1
Urological	34
<b>Grand Total</b>	<b>61</b>

Bridgend ILG	SCP Cases >104 days
Breast	4
Lower Gastrointestinal	13
Lung	6
Upper Gastrointestinal	2
Urological	22
Other	2
Children's Cancer	1
<b>Grand Total</b>	<b>50</b>

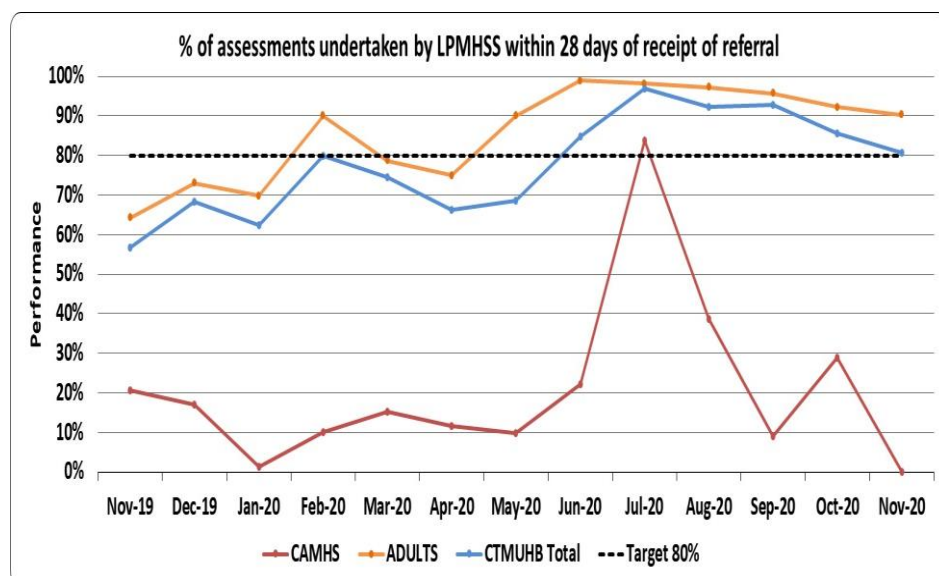
% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%

**80.8%**

### 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, November's compliance fell to 80.8% from 85.6% in October.

With the exception of August (747), referrals have been steadily increasing. Since then they appear to have plateaued at around 800 to 850, continuing to be below the pre-Covid levels of 1000 to 1100.



### CAMHS (including p-CAMHS)

The tables show that the improvement in CAMHS compliance against the Mental Health Measure during the summer has continued to reduce since that time, with no patients assessed within 28 days in November. The most recent p-CAMHS compliance for Part 1 (a) is 19.2%, with 63 patients waiting over 4 weeks for assessment. November saw a slight fall in the volume of interventions starting this month, with compliance continuing to be significantly higher than for the assessment stage.

Waiting Times to First Assessment								
CTM CAMHS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Total Assessments	47	51	63	31	31	11	45	38
Waiting <4 weeks	9	5	14	26	12	1	13	0
Waiting >4 weeks	38	46	49	5	19	10	32	38
Compliance	19.1%	9.8%	22.2%	83.9%	38.7%	9.1%	28.9%	0.0%

Waiting Times of Therapeutic Interventions started during the month								
CTM CAMHS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Total Interventions	9	1	1	36	24	5	34	29
Waiting <4 weeks	8	0	0	23	16	5	26	24
Waiting >4 weeks	1	1	1	13	8	0	8	5
Compliance	88.9%	0.0%	0.0%	63.9%	66.7%	100.0%	76.5%	82.8%

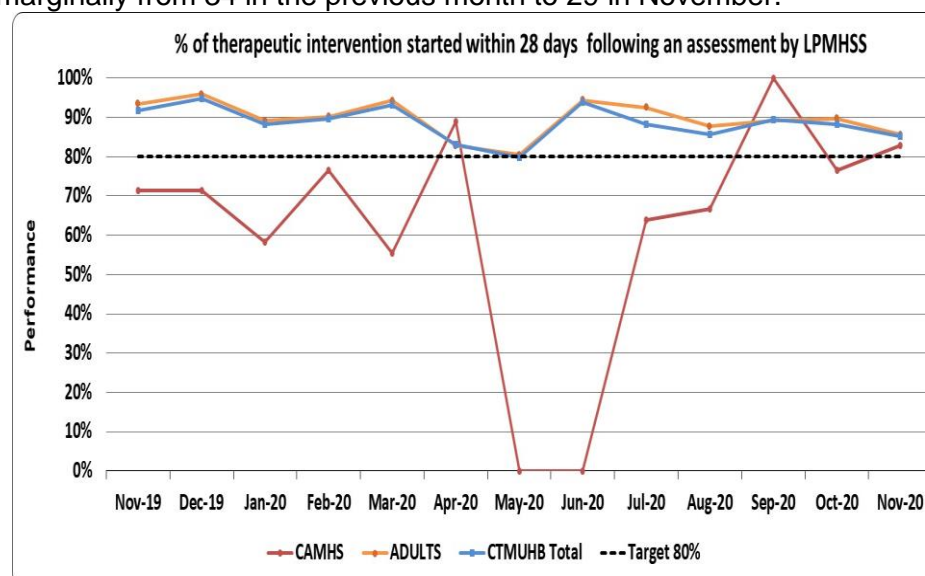
% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%

**85.3%**

### Part 1b.

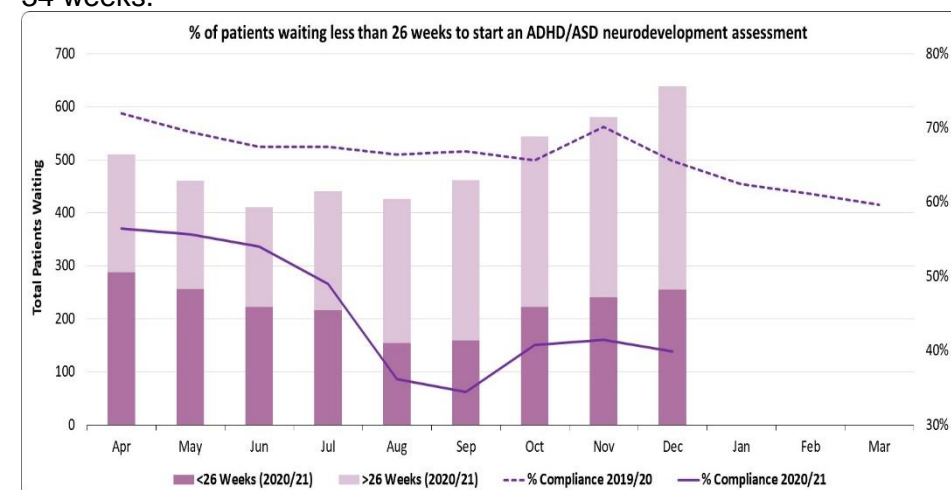
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to be above the 80% target at 85.3% in November.

The number of interventions are relatively stable at the moment at 220 in November, although well below the average of 392 per month seen in the previous year. Compliance in the CAMHS service improved this month to 82.8% from 76.5% in October, however the number of interventions fell marginally from 34 in the previous month to 29 in November.



### Neurodevelopment

Compliance against the 26 week target for Cwm Taf area for Neurodevelopment services remained fairly static at a provisional 40% in December (41.5% in November). The total waiting list increased by 58 to a current total of 639, with the number of patients waiting above the target time continuing to rise from 340 to 384, where the average waiting time at 34 weeks.



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

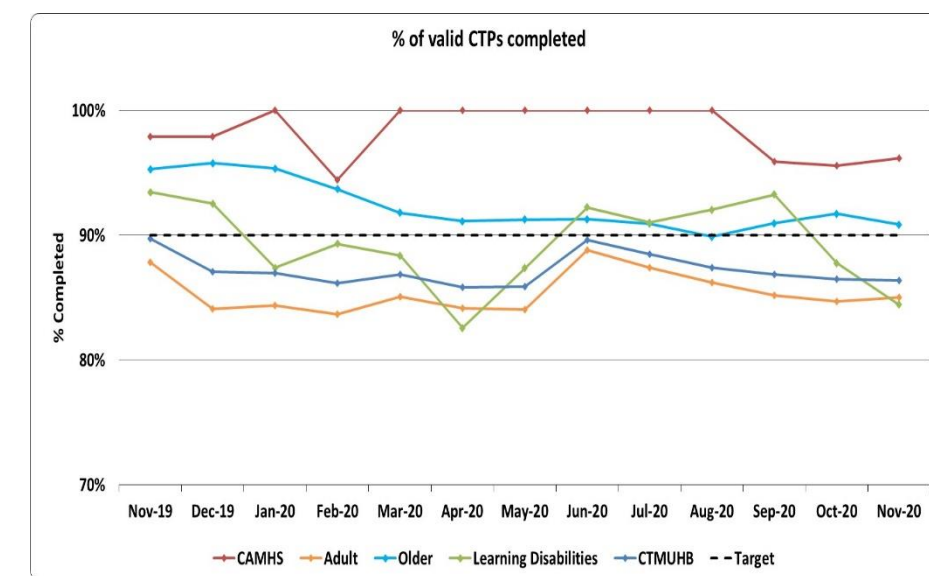
**86.4%**

### Part 2

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

### Part 3

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



### Specialist CAMHS (s-CAMHS)

The Cwm Taf Morgannwg position for specialist CAMHS waiting times continues to fall to a provisional 34.6% in December from 49.2% in November. The total waiting list has fallen to 254 from 315 in the previous month, though the volume of patients waiting above the target time has increased by 6 to a total of 166 in December.

Waiting list as at 4 Jan 21			
Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	142	112	254
Waiting >4 weeks	85	81	166
Compliance	40.1%	27.7%	34.6%
Average weeks wait	4.4	6.0	5.1



## Cwm Taf Morgannwg – Quadruple Aims At a Glance

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

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q2 20/21	97.7%	Q1 20/21	97.1%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.4%		92.7%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	2019/20	3.6%	Q3 19/20	2.8%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target		38.4%		38.5%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q1 20/21	220.6	Q4 19/20	352.3
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q1 20/21	54.4%	Q4 19/20	76.9%
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%	Nov-20	96.2%	Oct-20	95.6%
	over 18 years			86.2%		86.3%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2018/19	50.0%	2017/18	48.7%

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

Measure		Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2019/20	65.4%	not available	
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q4 19/20	66.1%	Q3 19/20	65.5%
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered		90%	Jan-20	97.0%	Dec-19	91.2%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Dec-20	43.3%	Nov-20	46.8%
Number of ambulance patient handovers over 1 hour		Zero		650		467
% 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%		72.5%		77.4%
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		1355		1099
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Sep-20	72.5%	Sep-19	64.2%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 54%	Nov-20	16.0%	Oct-20	17.5%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.3%		71.8%		59.4%
% 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	Nov-20	50.6%	Oct-20	53.7%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Dec-20	11,780	Nov-20	11,052
Number of patients waiting more than 14 weeks for a specified therapy				618		674
% of patients waiting less than 26 weeks for treatment				48.9%		48.6%
Number of patients waiting more than 36 weeks for treatment		Zero	Nov-20	37,907	Oct-20	38,188
Number of patients waiting for a follow-up outpatient appointment		74,734		105,938		105,724
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		24,764		24,015
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%		35.0%		34.5%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available	
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		80%	Oct-20	55.3%	Sep-20	81.3%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)			Nov-20	5.0%	Oct-20	37.7%
% 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)				90.3%		92.2%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				81.3%		80.0%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				85.6%		89.7%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				41.5%		40.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				not available		59.3%
Number of health board delayed transfer of care for mental health		12 Month Reduction Trend	Feb-20	6	Jan-20	6
Number of health board delayed transfer of care for non-mental health				88		58
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli	To be confirmed	Apr-20 to Nov-20	73.92	Apr-20 to Oct-20	72.41
	S.aureus bacteraemia			25.54		25.67
	C.difficile			29.23		31.42
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			21.50		21.07
	Aeruginosa			6.05		5.36
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q2 19/20	2	Q1 19/20	1

**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%	Dec-20	50.9%	Nov-20	50.7%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Dec-20	65.2%	Nov-20	65.7%
% of sickness absence rate of staff	12 Month Reduction Trend	Oct-20	6.7%	Sep-20	5.8%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2018	75%	2016	72%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q2 20/21	61.7%	Q1 20/21	53.6%

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

Measure	Target	Current Period		Last Period	
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1 20/21	332	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		0		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Nov-20	1.54%	Oct-20	1.40%
% 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	Nov-20	52.0%	Oct-20	56.0%
% 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			57.1%		87.5%
% 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	Oct-20	2.6%	Sep-20	2.7%
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%	Q1 20/21	98.7%	Q4 19/20	98.7%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		257.0		348.3
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1412		1462
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.18%		not available
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q1 20/21	5005.1	Q4 19/20	5005.4
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		66.7%		72.1%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q3 19/20	23.3%		22.3%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q1 20/21	8.6%	Q4 19/20	14.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Sep-20	2,271	Aug-20	2,440
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jul-20	6.79%	Jul-19	8.00%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available