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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26<sup>th</sup> January 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Head of Performance & Commissioning (interim)		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>From the 1<sup>st</sup> April 2020, RAG'ing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>COVID19-</b> December 2020 saw a significant rise in the number of positive COVID cases and consequently an increase in admissions into hospital. The occupancy rate in both general medical beds and critical care beds was very high for new and recovering COVID patients in December 2020, resulting in significant pressure on the entire secondary care system.</p> <p><b>Unscheduled Care-</b> Demand for emergency department care within Swansea Bay University (SBU) Health Board reduced in</p>		

	<p>December 2020. However, the percentage of patients seen within 4 hours in A&amp;E and the number of patients waiting over 12 hours both deteriorated in December 2020, as well as the number of ambulance to hospital delays over 1 hour.</p> <p><b>Planned Care-</b> December 2020 was the first month in 2020/21 to see an in-month reduction in the number of patients waiting over 36 weeks. However, the in-month reduction is as a result of the dip in the number of primary care referrals received during the first COVID wave in April and May 2020. Diagnostics and Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in December 2020 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).</p> <p><b>Cancer-</b> November 2020 was the last month that the traditional 31 day (NUSC) and 62 day (USC) cancer access targets were to be reported at a national level. The Single Cancer Pathway measure of patients receiving definitive treatment within 62 days is the only national measure that the Health Board now needs to report. The charts within this report have been amended to reflect the change in reporting and will be refined over the next few months to ensure that the most meaningful data is reported. December's figures are in the process of being validated at the time of writing this report.</p> <p><b>Mental Health-</b> performance against the Mental Health Measures continues to be maintained and all targets were achieved in November 2020. Psychological therapies access times achieved of 100% against the 95% target in November 2020.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)-</b> Access times for routine and specialist CAMHS continue to be a challenge and were below target again in November 2020. This is due to an increase in demand and a reduction in capacity with staffing levels continuing to be low. Crisis waiting times and access to therapeutic interventions continue to be 100%.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

The purpose of this report is to provide an update on current performance of the Health Board at the end of the most recent reporting window in delivering key performance measures outlined in the 2020/21 NHS Wales Delivery Framework and local quality & safety measures.

## 2. BACKGROUND

The 2020/21 NHS Wales Delivery Framework sets out the 78 measures under the quadruple aims which the performance of the Health Board is measured. The aims within the NHS Delivery Framework are:

- **Quadruple Aim 1:** People in Wales have improved health and well-being with better prevention and self-management
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable
- **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

The Health Board's performance reports have traditionally been structured according to the aims within the NHS Delivery Framework however, the focus for NHS Wales reporting has shifted to harm management as a consequence of the COVID-19 pandemic. In order to improve the Health Board's visibility of measuring and managing harm, the structure of this report has been aligned with the four quadrants of harm as set out in the NHS Wales COVID-19 Operating Framework and the Health Board's Q2 Operational Plan. The harm quadrants are illustrated in the following diagram.

Harm from Covid itself	Harm from overwhelmed NHS and social care system
Harm from reduction in non-Covid activity	Harm from wider societal actions/lockdown

**Appendix 1** provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report and further work will be undertaken over the

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Health Board – Thursday, 28<sup>th</sup> January 2021

next quarter to introduce additional measures that will aid in measuring harm in the system.

The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare system has changed as a result of the pandemic.

### **3. GOVERNANCE AND RISK ISSUES**

**Appendix 1** of this report provides an overview of how the Health Board is performing against the National Delivery measures and key local measures. Mitigating actions are listed where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery.

### **4. FINANCIAL IMPLICATIONS**

At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.

### **5. RECOMMENDATION**

Members are asked to:

- **NOTE-** current Health Board performance against key measures and targets

<b>Governance and Assurance</b>		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
<b>Financial Implications</b>		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
<b>Legal Implications (including equality and diversity assessment)</b>		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
<b>Staffing Implications</b>		

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

### Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The '5 Ways of Working' are demonstrated in the report as follows:

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020.
- **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in December 2020. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



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## Appendix 1- Integrated Performance Report January 2021



## **CONTENTS PAGE**

	<b>Page number(s):</b>
1. <a href="#"><u>OVERVIEW</u></a>	10
2. <a href="#"><u>QUADRANTS OF HARM SUMMARY</u></a>	11
3. <a href="#"><u>ENHANCED MONITORING PRIORITY MEASURES SUMMARY- HEALTH BOARD LEVEL</u></a>	12
4. <a href="#"><u>OPERATIONAL PLAN DASHBOARD</u></a>	13-16
5. <a href="#"><u>HARM QUADRANT- HARM FROM COVID ITSELF</u></a>	17
4.1 Updates on key measures:	
• <a href="#"><u>COVID testing</u></a>	18
• <a href="#"><u>COVID related staff absence</u></a>	19
6. <a href="#"><u>HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM</u></a>	
6.1 Unscheduled care overview	20-21
6.2 Updates on key measures:	
• <a href="#"><u>Unscheduled Care</u></a>	22-29
• <a href="#"><u>Fractured Neck of femur</u></a>	30-31
• <a href="#"><u>Healthcare Acquired Infections</u></a>	32-34
• <a href="#"><u>Pressure Ulcers</u></a>	34
• <a href="#"><u>Serious incidents</u></a>	35
• <a href="#"><u>Inpatient Falls</u></a>	36
• <a href="#"><u>Discharge Summaries</u></a>	36
• <a href="#"><u>Crude Mortality</u></a>	37
• <a href="#"><u>Workforce</u></a>	38



	Page number(s):
7. HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY	
7.1 <a href="#">Primary and Community Care overview</a>	39
7.2 <a href="#">Planned Care Overview</a>	40-41
7.3 Updates on key measures:	
• <a href="#">Planned Care</a>	
• <a href="#">Cancer</a>	42-46
• <a href="#">Follow-up appointments</a>	47-49
• <a href="#">Patient Experience</a>	50
• <a href="#">Complaints</a>	51
	52
8. HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/ LOCKDOWN	
8.1 <a href="#">Immunisations and Vaccinations overview</a>	53
8.2 <a href="#">Mental Health Overview</a>	54
8.3 Updates on key measures:	
• <a href="#">Adult Mental Health</a>	55
• <a href="#">Child and Adolescent Mental Health</a>	56
9. <a href="#">FINANCE</a>	57-59
10. <a href="#">APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD</a>	60-64

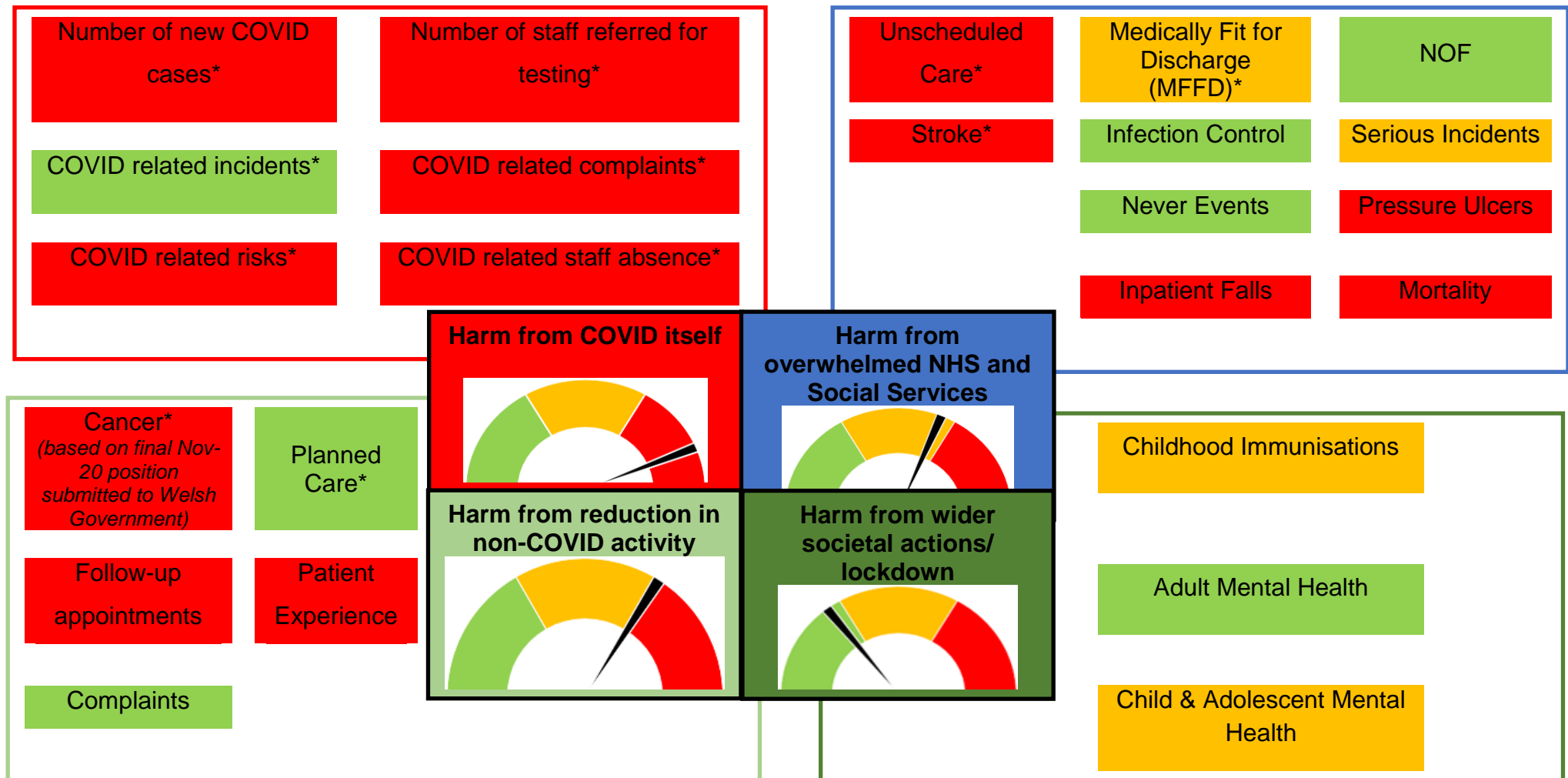
# 1. OVERVIEW

The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

Successes	Priorities
<ul style="list-style-type: none"> <li>Mass COVID vaccination programme successfully launched with vaccinations being offered at hospital sites, mass vaccination centres and within GP clusters.</li> <li>Emergency care requiring hospital treatment continues to be delivered as well as aspects of urgent elective care.</li> <li>The number of patients waiting over target for Diagnostics continues to reduce and December 2020 delivered the best position since May 2020.</li> <li>Waiting times for Therapy services continues to reduce month on month. Occupational Therapy and Physiotherapy are maintaining a nil breach position.</li> <li>In December 2020, the number of patients waiting over 36 weeks for treatment reduced for the first time in 2020/21.</li> <li>Sustained achievement of the mental health measures access targets throughout the COVID pandemic. Psychological therapy waiting times significantly improved to 100% in November 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the hospital sites have maximum capacity to deal with increasing COVID and unscheduled care demand as seasonal pressures make an impact during the winter months.</li> <li>Retaining patient access and sustainability of Essential Primary Care Services across 240 contractors in line with National Escalation Framework.</li> <li>Ensure that clinically urgent and cancer patients continue to be treated and ensure that access to radiotherapy and chemotherapy is maintained.</li> <li>Maximising staffing capacity and vaccination supply to ensure that the COVID vaccination programme is rolled out quickly and effectively.</li> <li>Continue to encourage maximum uptake of the flu vaccine for all healthcare workers and all eligible people.</li> <li>Make sure staff are able to access COVID antigen testing in a timely manner.</li> <li>Address volume and length of wait for outpatient contacts</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>End of Life Care refresher training- At a time when staff are caring for so many seriously ill patients, the health board is holding a virtual question and answer session in January 2021, hosted by the specialist palliative care team and colleagues.</li> <li>Experimental new measures for emergency departments in Wales have been launched. The new measures will better record what happens to patients when accessing emergency care than existing targets, and should help to drive improvement in patient care. Data collection for the new measures will commenced in November 2020 and will be routinely published from January 2021.</li> <li>Link in with all-Wales work on risk stratification of elective waiting lists.</li> </ul>	<ul style="list-style-type: none"> <li>The ongoing COVID pandemic continues to have a significant impact on the Health Board's ability to meet increasing demands. Extensive work continues to be undertaken in managing the outbreak. Key pressures include: <ul style="list-style-type: none"> <li>Social distancing is limiting the rate at which staff can return to work and rota systems need to be considered alongside a continuation of remote working</li> <li>Number of staff self-isolating</li> <li>Reduction in capacity for elective treatments is increasing waiting times</li> <li>The health board's ability and pace to reintroduce and maintain essential services in the safest way for staff and patients</li> </ul> </li> </ul>

## 2. QUADRANTS OF HARM SUMMARY

The following is a summary of all the key performance indicators included in this report.



NB- RAG status is against national or local target

\*\* Data not available

\*RAG status based on in-month movement in the absence of local profiles

### 3. ENHANCED MONITORING MEASURES SUMMARY (HEALTH BOARD LEVEL) –DECEMBER 2020

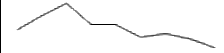


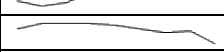
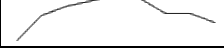
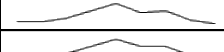

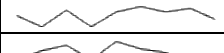

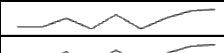
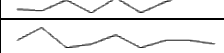
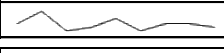



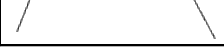
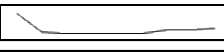
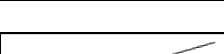

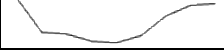
			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	78.4%	83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%			
		Profile	76.8%	77.2%	77.1%	78.8%	78.4%	77.7%	78.5%	78.9%	78.5%	79.0%	81.4%	82.5%
	12 hour A&E waits	Actual	131	97	81	223	286	537	494	626	776			
		Profile	319	290	310	297	342	413	378	402	424	354	327	209
	1 hour ambulance handover	Actual	61	20	47	120	163	410	355	500	510			
		Profile	332	311	337	262	286	352	375	373	386	301	303	183
Stroke	Direct admission within 4 hours	Actual			53%	57%	51%	50%	30%	24%	7%			
		Profile	61%	53%	56%	54%	41%	52%	64%	59%	63%	58%	77%	68%
	CT scan within 1 hour	Actual			49%	48%	53%	63%	42%	32%	23%			
		Profile												
	Assessed by Stroke Specialist within 24 hours	Actual			100%	95%	97%	98%	98%	97%	96%			
		Profile	96%	95%	95%	98%	97%	95%	95%	98%	98%	96%	96%	99%
	Thrombolysis door to needle within 45 minutes	Actual			30%	25%	0%	13%	11%	29%	0%			
		Profile												
Planned care	Outpatients waiting more than 26 weeks	Actual	5,499	9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,141			
		Profile												
	Treatment waits over 36 weeks	Actual	8,355	10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,031			
		Profile	6,013	5,895	6,187	6,627	6,868	7,374	7,287	7,590	8,185	8,263	8,454	8,620
	Diagnostic waits over 8 weeks	Actual	5,788	8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579			
		Profile	400	390	380	370	330	250	180	150	130	100	50	0
	Therapy waits over 14 weeks	Actual	387	982	1,646	1,554	1,518	1,350	1,135	817	708			
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	Actual	55%	62%	60%	68%	67%	62%	66%	55%	54%			
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	11	16	20	11	23	18	15	10	9			
		Profile	8	8	8	8	8	8	8	8	8	8	8	8
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	10	6	12	6	12	14	12	13	9			
		Profile	6	6	6	6	6	6	6	6	6	6	6	6
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	14	14	17	25	32	23	25	16	12			
		Profile	21	21	21	21	21	21	21	21	21	21	21	21
	Number of healthcare acquired Klebsiella Bacteraemia cases	Actual	6	6	9	5	10	5	9	11	12			
		Profile	6	6	6	6	6	6	6	6	6	6	6	6
	Number of healthcare acquired Pseudomonas Aeruginosa cases	Actual	2	5	0	1	3	0	2	2	1			
		Profile	2	2	2	2	2	2	2	2	2	2	2	2

- The summary contains the measures that Welsh Government used to performance manage the Health Board when it was in Targeted Intervention. Even though the Health Board has been de-escalated to Enhanced Monitoring the measures will continue to be highlighted in this report in order to ensure that the Board remains sighted on these priority measures.
- No RAG status provided as profiles were aligned to the actions in the 20/21 annual plan which are not currently being progressed due to COVID19
- The profiles included are the profiles set out in the original 2020/21 Annual plan

## 4. OPERATIONAL PLAN DASHBOARD

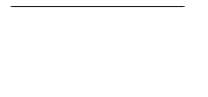

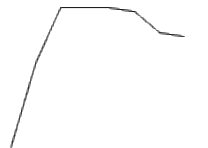
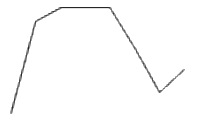



The following dashboard shows how the Health Board performed against the measures in the operational plan.

Harm from Covid itself													
			Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Comments
Covid Demand:													
•Number of new cases				1,381	303	57	53	66	787	4,662	5,525	11,972	Monthly totals are based on the last day of the month. Source: COVID19 dashboard
•Number of staff referred for the Testing (cumulative)				2,281	2,785	3,102	3,329	3,564	4,765	6,460	8,201	10,065	Cumulative total for each month. Source: COVID19 dashboard
Number of staff awaiting results				0	19	16	1	0	38 (as at 10/10/20)	21 (as at 06/11/20)	41 (as at 06/12/20)	99 (as at 05/01/21)	Source: COVID staff briefing (06/01/2021)
Contact tracing and antibody testing measures:													
Total number of people received an antibody test							15,524 <i>(as at 13.07.20)</i>	17,821 <i>(as at 09/09/20)</i>	18,414 <i>(as at 06/10/20)</i>	18,487 <i>(as at 02/11/20)</i>	18,546 <i>(as at 06/12/20)</i>	18,599 <i>(as at 05/10/21)</i>	Source: COVID staff briefing (06/01/2021)
Complaints, incidents and risks related to Covid:													
•Number of incidents				119	67	40	26	39	30	87	141	116	Source:COVID19 dashboard
•Number of serious incidents				1	0	2	0	11	1	1	1	0	
•Number of complaints				77	61	39	58	27	30	37	50	66	
•Number of risk				19	20	19	5	8	2	6	7	10	
Daily PPE Stock- amount of supply:													
•Mask – FFP3	Morriston		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
•Mask – FRSM Type 11R	Morriston		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard
	Singleton		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
•Gloves	Morriston		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
•Gowns	Morriston		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
Staff absence levels due to:													
Number of staff self isolated (asymptomatic)	Medical		81	39	27	29	24	34	17	36	Data reported a month in arrears. Snapshots taken mid month Source: Workforce		
	Nursing Reg		270	166	145	133	142	149	106	93			
	Nursing Non Reg		148	105	112	97	96	77	95	56			
	Other		352	206	190	163	158	93	111	106			
Number of staff self isolated (symptomatic)	Medical		90	13	7	2	0	8	17	41			
	Nursing Reg		289	117	56	23	14	25	44	97			
	Nursing Non Reg		177	67	37	18	9	8	25	77			
	Other		304	95	41	27	13	31	46	79			
% sickness	Medical		14.9%	4.0%	3.0%	2.8%	2.5%	4.0%	3.2%	7.3%			
	Nursing Reg		14.2%	7.0%	5.1%	4.0%	4.0%	4.4%	3.8%	4.7%			
	Nursing Non Reg		16.6%	8.0%	7.2%	5.5%	5.2%	4.2%	6.0%	6.5%			
	Other		11.0%	5.0%	3.6%	2.9%	2.7%	2.0%	2.5%	3.0%			
	All		13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%			

Harm from overwhelmed NHS and social care system											
	Trend (from 1st Apr 20)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Comments
NHS Wales Delivery Measures for USC:											
• % of patients seen and discharged from A&E within 4 hours		78.4%	83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard
• Number of patients waiting over 12 hours in A&E		131	97	81	223	286	537	494	626	776	Data includes Morriston Hospital and NPT hospital. Source: Patient flow dashboard
• Number of ambulance handovers taking over 1 hour		61	20	47	120	163	410	355	500	510	Data includes Morriston Hospital and Singleton hospital. Source: Patient flow dashboard
• % ambulance responses to red calls within 8 minutes		69.5%	75.0%	75.5%	73.8%	72.2%	69.2%	66.2%	67.3%	54.1%	Source: WAST Health Board Area Report
ED demand (attendances)		5,280	7,761	8,525	9,116	9,684	9,329	7,908	7,942	6,985	Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard
Healthcare Acquired Infections:											
• E.coli bacteraemia	Number of cases		14	14	17	25	32	23	25	16	12
	Rate per 100k pop.		43.8	42.3	53.1	75.6	96.8	71.9	75.6	50	36.29
• Staph.Aueurs bacteraemia	Number of cases		10	6	12	6	12	14	12	13	9
	Rate per 100k pop.		31.3	18.1	37.5	18.1	36.3	43.8	36.3	40.6	27.2
• Clostridium Difficile	Number of cases		11	16	20	11	23	18	15	10	9
	Rate per 100k pop.		34.4	51.4	62.5	33.3	69.6	56.2	45.4	34.4	27.2
• Klebsiella spp. Bacteraemia	Number of cases		6	6	9	5	10	5	9	11	12
	Rate per 100k pop.		18.8	18.1	28.1	15.1	30.2	15.6	27.2	34.4	36.3
• Pseudomonas aeruginosa bacteraemia	Number of cases		2	5	0	1	3	0	2	2	1
	Rate per 100k pop.		6.3	15.1	0.0	3.0	9.1	0.0	6.1	6.3	3.0
Medically Fit for Discharge numbers		88	78	92	101	112	114	142	139	138	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Number of mortuary spaces		72	161	233	188	170	164	158	129	63	Monthly totals are based on a snapshot of the number of vacant hospital mortuary spaces on the last day of the month. Source: COVID19 dashboard
Number of hospital deaths with positive COVID result		157	22	1	0	0	2	36	35	46	Source: COVID19 dashboard
Hospital bed occupancy (suspected and confirmed COVID19):											
• General bed		186	58	46	41	30	37	176	208	249	Snapshot taken on the last day of the month. Source: COVID19 dashboard
• Critical Care bed		19	5	4	1	0	3	11	15	16	Snapshot taken on the last day of the month. Source: COVID19 dashboard

Harm from reduction in non-Covid activity												
		Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Comments
NHS Wales Delivery Framework measures for cancer, RTT and diagnostics												
•Cancer	NUSC- 31 day access target		97.1%	90.6%	84.7%	90.3%	90.0%	94.2%	83.1%	90.6%		Data reported two months in arrears.
	USC- 62 day access target		80.8%	91.7%	87.8%	90.5%	90.6%	81.6%	85.2%	79.2%		Final December 2020 data will be available on 31/01/21
	Single cancer pathway		70.9%	72.1%	73.0%	81.5%	80.0%	71.0%	73.0%	55.4%	54.0%	Source: SaFF report.
•RTT	% waiting under 26 weeks		72.3%	64.0%	59.4%	52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	Snapshot taken on the last day of the month. Source: RTT and D&T monthly submission
	Number > 36 weeks		8,355	10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,031	
•Diagnostics	Number > 8 weeks		5,788	8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	
Patient Feedback:												
•Number of friends and family surveys completed			150	247	393	502	625	2,804	1,047	787	584	Source: Patient Feedback Team
•% of who would recommend and highly recommend			90%	92%	87%	91%	81%	93%	82%	84%	77%	
•% of All Wales surveys scoring 9 or 10 on overall satisfaction			95%	100%	79%	91%	83%	84%	79%	85%	65%	
Harm from wider societal actions/lockdown												
		Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Comments
Vaccination and Immunisation rates- % of children who received:												
•3 doses of the '6 in 1' vaccine by age 1					96.5%			96.5%				Source: Public Health Wales COVER Report.
•MenB2 vaccine by age 1					96.8%			96.4%				
•PCV2 vaccine by age 1					96.4%			96.2%				
•Rotavirus vaccine by age 1					96.9%			94.8%				
•MMR1 vaccine by age 2					94.4%			95.4%				
•PCVf3 vaccine by age 2					94.1%			95.5%				
•MenB4 vaccine by age 2					93.5%			95.6%				
•Hib/MenC vaccine by age 2					93.6%			95.4%				
•Up to date in schedule by age 4					88.7%			87.0%				
•2 doses of the MMR vaccine by age 5					90.8%			91.7%				
•4 in 1 vaccine by age 5					92.2%			92.8%				
•MMR vaccination by age 16					95.1%			94.7%				
•Teenage booster by age 16					90.9%			91.9%				
•MenACWY vaccine by age 16					91.6%			92.8%				
MHLD and Children's services activity												
Adult Mental Health Services	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral		99%	99%	100%	99%	99%	97%	99.5%	98.0%		Reported two months in arrears. Source: Mental Health Measures monthly submission to Welsh Government
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS		97%	100%	96%	96%	88%	94%	93%	98%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health		93%	89%	84%	89%	91%	99%	99.7%	100.0%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)		93%	92%	92%	94%	92%	90%	91%	91%		



Harm from wider societal actions/lockdown												
		Trend (from 1st Apr 20)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Comments
Children & Adolescent Mental Health Services (CAMHS)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)		100%	100%	100%	100%	100%	100%	100%	100%		Source: Cwm Taf Morgannwg University Health Board
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks		35%	30%	28%	30%	24%	21%	22%	24%		
	% Patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		44%	78%	100%	100%	100%	98%	90%	88%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral		Data not available	88%	100%	100%	100%	62%	21%	41%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS		Data not available	100%	100%	100%	86%	100%	100%	100%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)		99%	97%	91%	98%	98%	81%	82%	81%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral		46%	72%	100%	100%	100%	98%	79%	62%		



## 4.1 HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

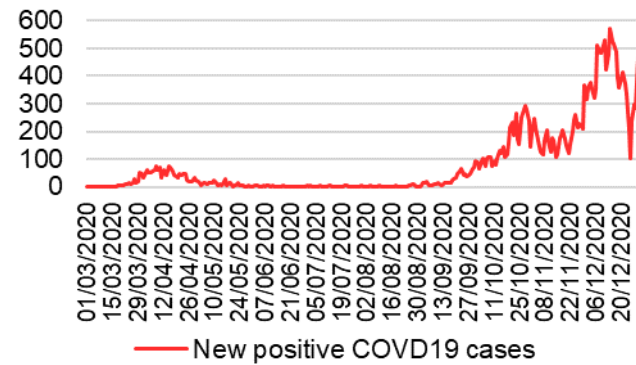


Chart 2: Number of new COVID19 cases (cumulative)

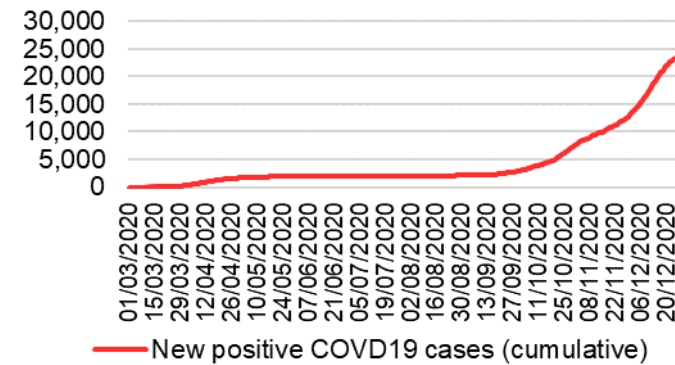


Chart 3: Number of COVID19 tests completed and positivity rate

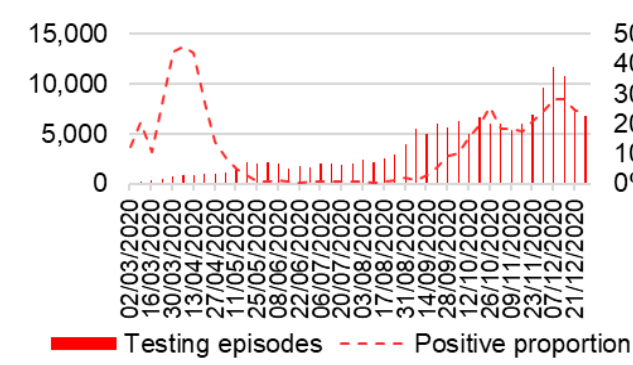


Chart 4: Number of staff referred for Antigen testing

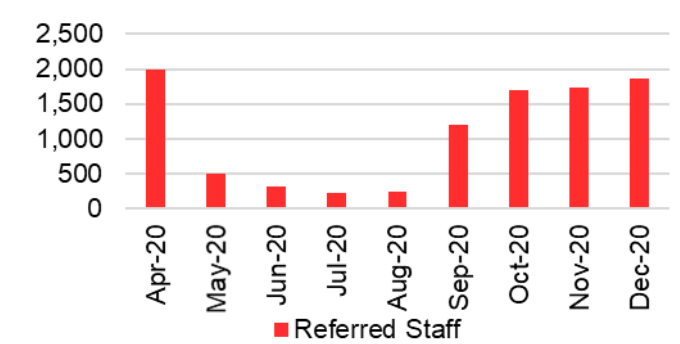


Chart 5: Outcome of staff COVID19/ antigen tests

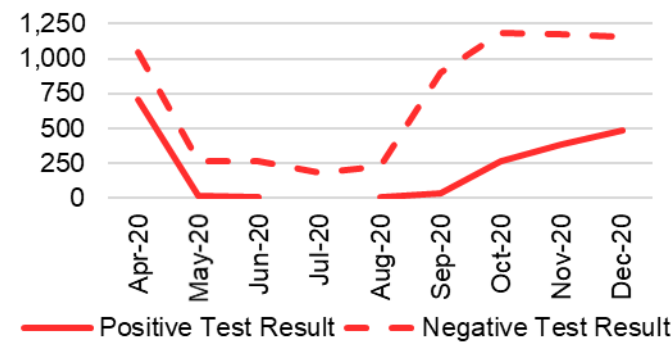


Chart 6: Number of COVID19 related incidents

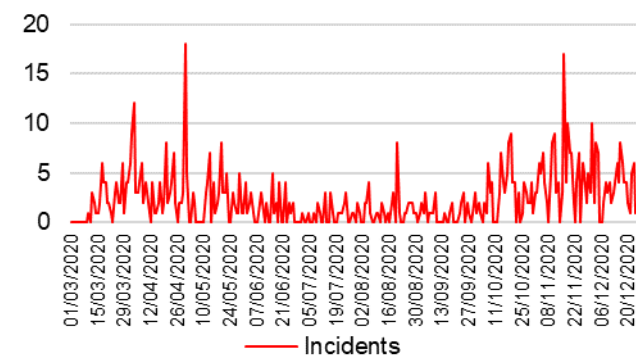


Chart 7: Number of COVID19 related serious incidents

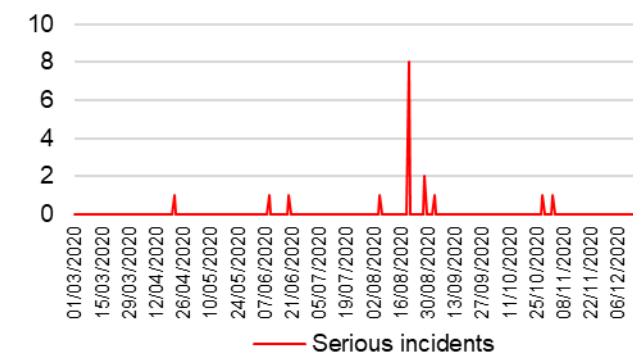


Chart 8: Number of COVID19 related complaints

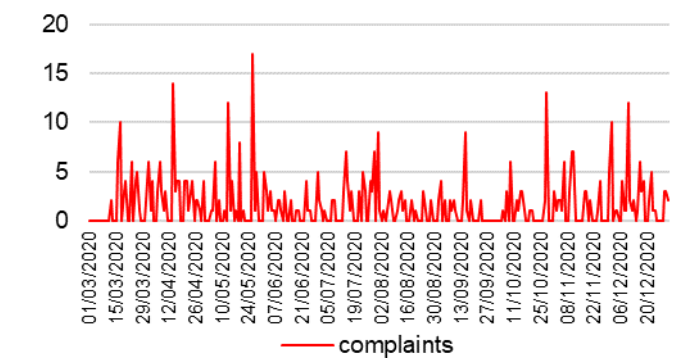


Chart 9: Number of COVID19 related risks

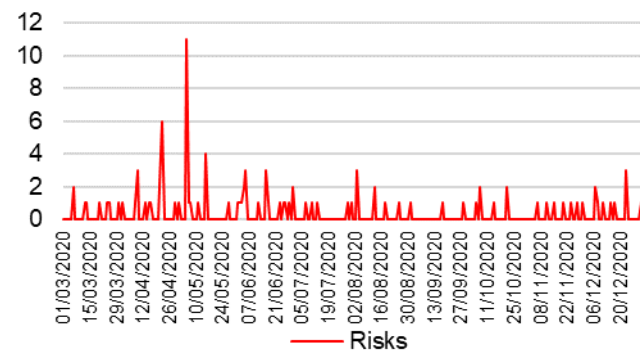


Chart 10: Number of staff self isolating (asymptomatic)

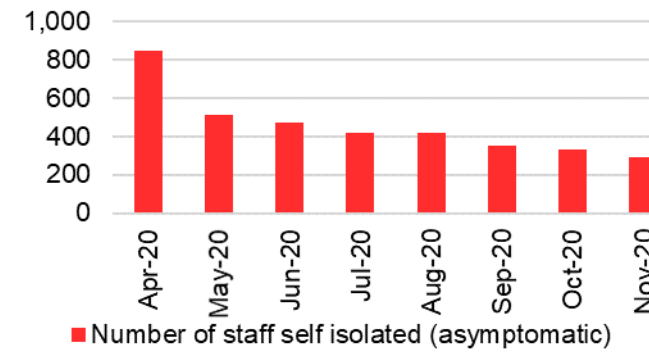


Chart 11: Number of staff self isolating (symptomatic)

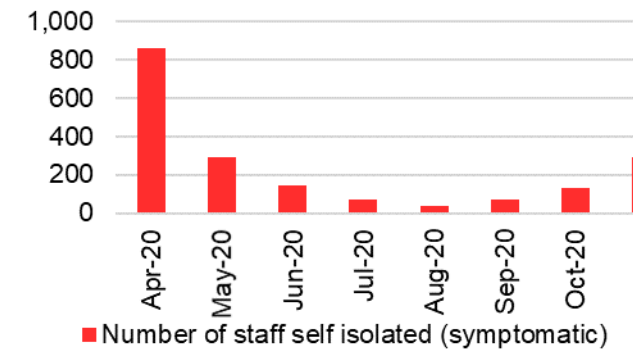


Chart 12: % staff sickness

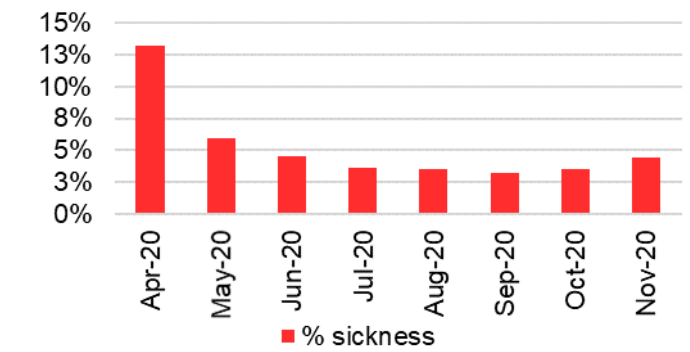


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

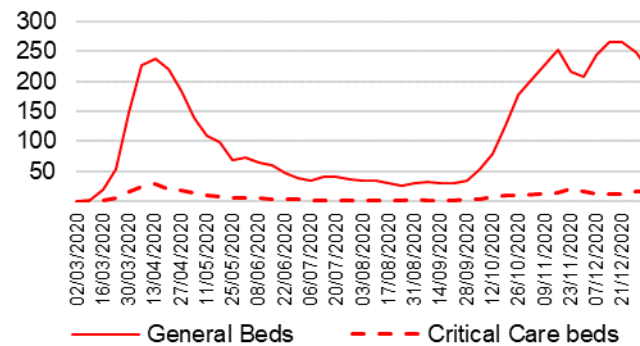


Chart 14: Number of hospital deaths with any mention of COVID19

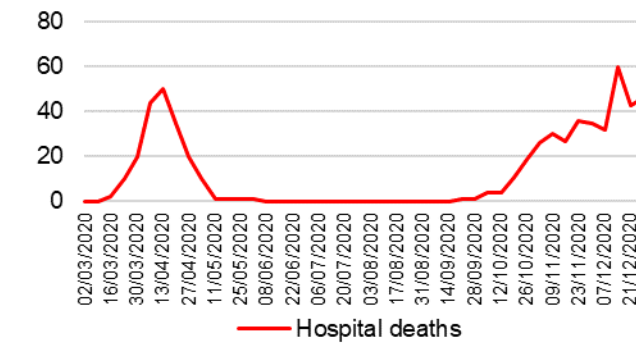


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

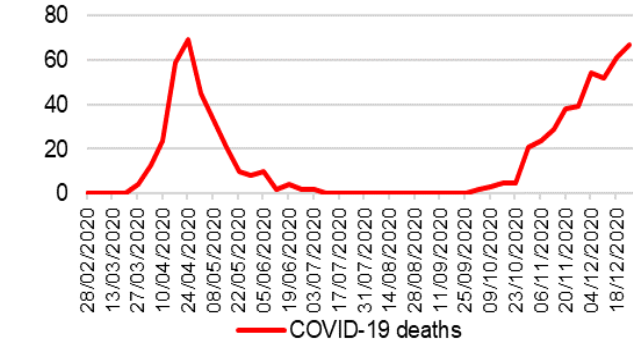
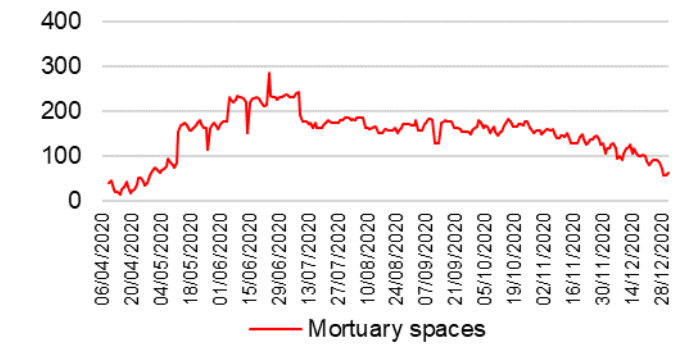
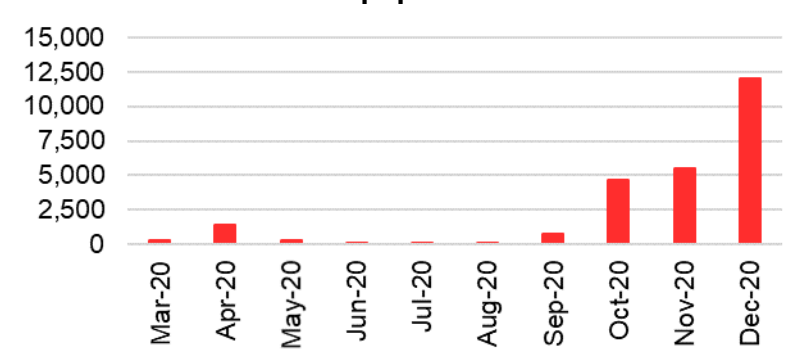
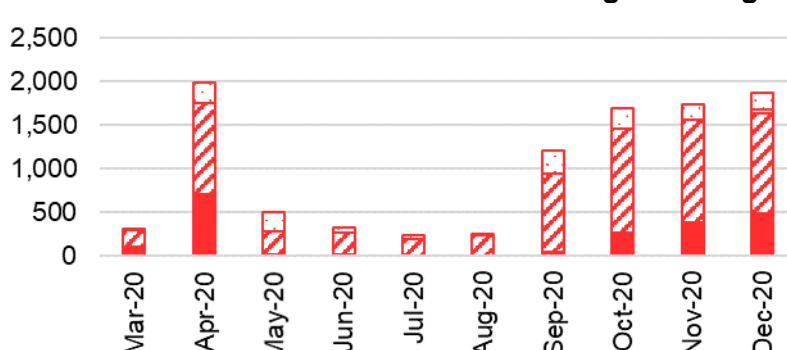


Chart 16: Number of mortuary spaces



## 4.1 Updates on key measures

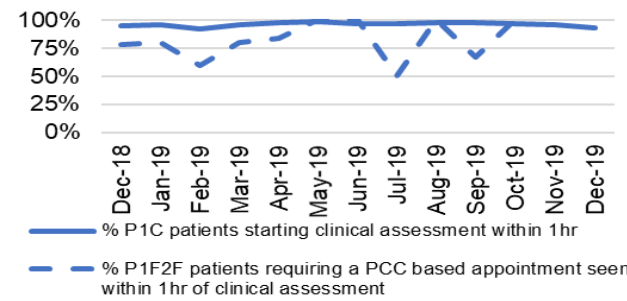
COVID TESTING																																																								
Description	Current Performance	Trend																																																						
<div>1. Number of new COVID19 cases in Swansea Bay population area</div> <div>2. Number of staff referred for Antigen testing</div> <div>3. Number of staff waiting results of Antigen test</div>	<div>1. Number of new COVID cases</div> <div>In December 2020, there were an additional 11,972 positive cases recorded bringing the cumulative total to 25,068 in Swansea Bay since March 2020. In December 2020, 63,164 tests were carried out of which 19% (11,972) were positive.</div>	<div>1. Number of new COVID19 cases for Swansea Bay population</div>  <table><caption>1. Number of new COVID19 cases for Swansea Bay population</caption><thead><tr><th>Month</th><th>New positive COVID19 cases</th></tr></thead><tbody><tr><td>Mar-20</td><td>100</td></tr><tr><td>Apr-20</td><td>1,000</td></tr><tr><td>May-20</td><td>500</td></tr><tr><td>Jun-20</td><td>200</td></tr><tr><td>Jul-20</td><td>100</td></tr><tr><td>Aug-20</td><td>100</td></tr><tr><td>Sep-20</td><td>500</td></tr><tr><td>Oct-20</td><td>4,500</td></tr><tr><td>Nov-20</td><td>5,500</td></tr><tr><td>Dec-20</td><td>12,000</td></tr></tbody></table>	Month	New positive COVID19 cases	Mar-20	100	Apr-20	1,000	May-20	500	Jun-20	200	Jul-20	100	Aug-20	100	Sep-20	500	Oct-20	4,500	Nov-20	5,500	Dec-20	12,000																																
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<div>2. Staff referred for Antigen testing</div> <div>The cumulative number of staff referred for COVID testing between March 2020 and December 2020 is 10,065 of which 1,996 have had a positive COVID test result (20%).</div>	<div>2. Outcome of staff referred for Antigen testing</div>  <table><caption>2. Outcome of staff referred for Antigen testing</caption><thead><tr><th>Month</th><th>Positive</th><th>Negative</th><th>In Progress</th><th>Unknown/blank</th></tr></thead><tbody><tr><td>Mar-20</td><td>200</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Apr-20</td><td>1,800</td><td>100</td><td>100</td><td>100</td></tr><tr><td>May-20</td><td>400</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Jun-20</td><td>200</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Jul-20</td><td>100</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Aug-20</td><td>100</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Sep-20</td><td>1,000</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Oct-20</td><td>1,500</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Nov-20</td><td>1,500</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Dec-20</td><td>1,800</td><td>100</td><td>100</td><td>100</td></tr></tbody></table>	Month	Positive	Negative	In Progress	Unknown/blank	Mar-20	200	100	100	100	Apr-20	1,800	100	100	100	May-20	400	100	100	100	Jun-20	200	100	100	100	Jul-20	100	100	100	100	Aug-20	100	100	100	100	Sep-20	1,000	100	100	100	Oct-20	1,500	100	100	100	Nov-20	1,500	100	100	100	Dec-20	1,800	100	100	100
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<div>3. Number of staff awaiting results of Antigen test</div> <div>Occupational Health has implemented a new reporting system that is now integrated with the Health Board's internal COVID dashboard. The new data is reported on a weekly rather than daily basis. The latest figures as at 6<sup>th</sup> January 2021 show that 99 members of staff awaiting their antigen test result.</div>	<div>3. Number of staff awaiting results of Antigen test</div> <div>Occupational Health has implemented a new reporting system that is now integrated with the Health Board's internal COVID dashboard. The new data is reported on a weekly rather than daily basis. The latest figures as at 6<sup>th</sup> January 2021 show that 99 members of staff awaiting their antigen test result.</div>																																																							

COVID RELATED STAFF ABSENCE									
Description	Current Performance	Trend							
Staff absence due to COVID19	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)							
		Between October and November 2020, the number of staff self-isolating (asymptomatic) reduced from 329 to 291 however, the number of staff self-isolating (symptomatic) increased from 132 to 294. In November 2020, “other” staff had the largest number of self-isolating staff who are asymptomatic and Registered Nursing had the largest number of symptomatic self-isolating staff.							
		3. % Staff sickness							
		The percentage of staff sickness absence due to COVID-19 has significantly reduced from 13.2% in April 2020 to 4.4% in November 2020. However, the percentage of staff sickness has increased every month since September 2020.							
1.Number of staff self-isolating (asymptomatic)		1.Number of staff self isolating (asymptomatic)							
2.Number of staff self isolating (symptomatic)		2.Number of staff self isolating (symptomatic)							
3. % staff sickness		3. % staff sickness							
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Medical		14.9%	4.0%	3.0%	2.8%	2.5%	4.0%	3.2%	7.3%
Nursing Reg		14.2%	7.0%	5.1%	4.0%	4.0%	4.4%	3.8%	4.7%
Nursing Non Reg		16.6%	8.0%	7.2%	5.5%	5.2%	4.2%	6.0%	6.5%
Other		11.0%	5.0%	3.6%	2.9%	2.7%	2.0%	2.5%	3.0%
All		13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%

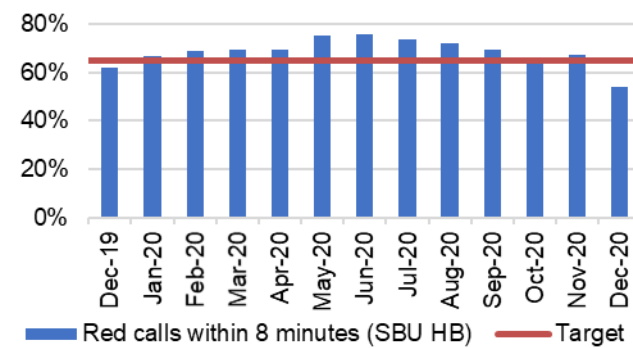
# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

## 5.1 Unscheduled Care- Overview

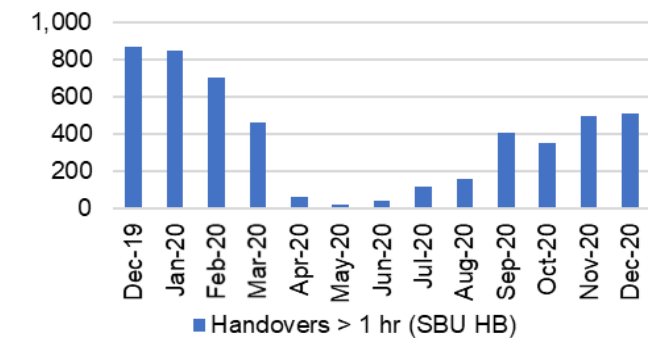
**Chart 1: GP Out of Hours/ 111**



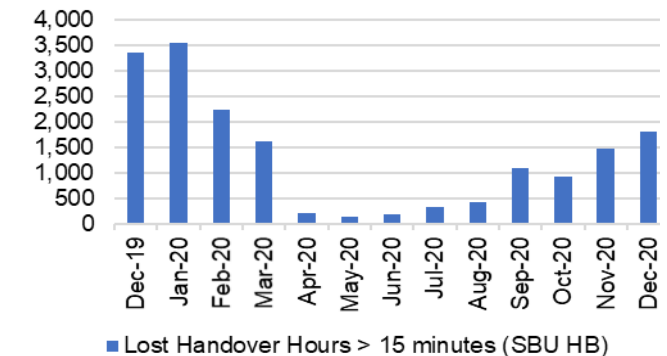
**Chart 2: % red calls responded to within 8 minutes**



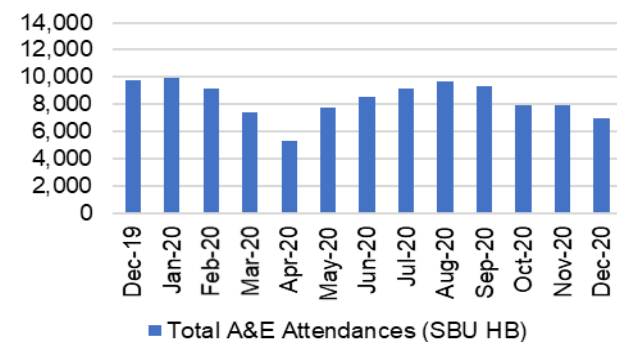
**Chart 3: Number of ambulance handovers over 1 hour**



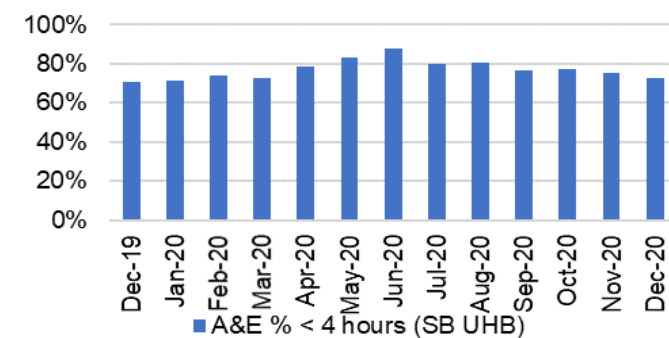
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



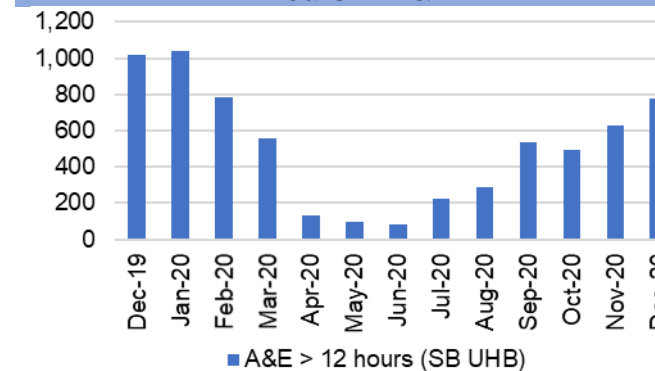
**Chart 5: A&E Attendances**



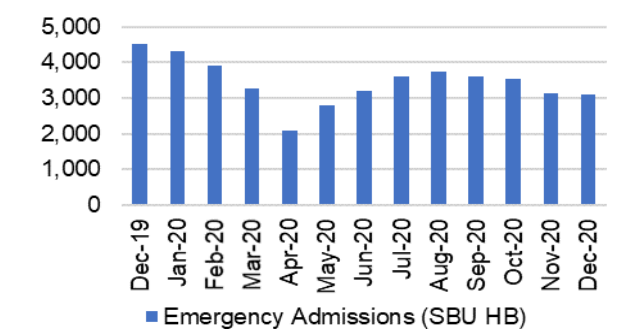
**Chart 6: % patients who spend less than 4 hours in A&E**



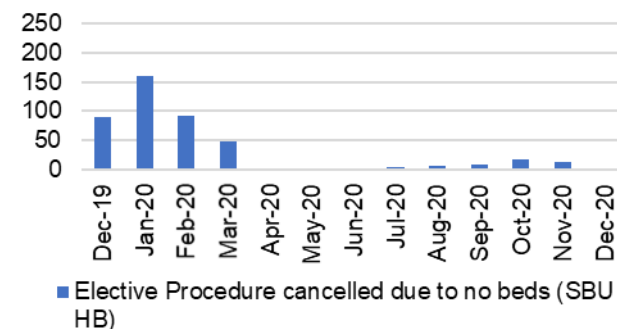
**Chart 7: Number of patients waiting over 12 hours in A&E**



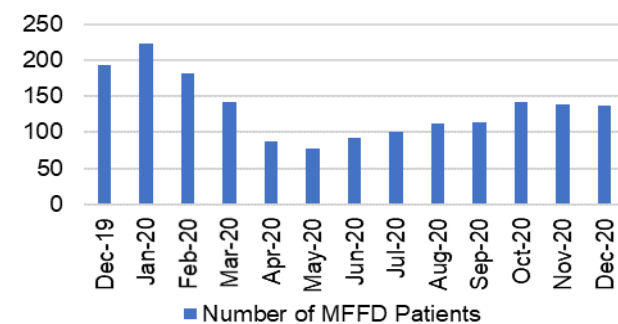
**Chart 8: Number of emergency admissions**



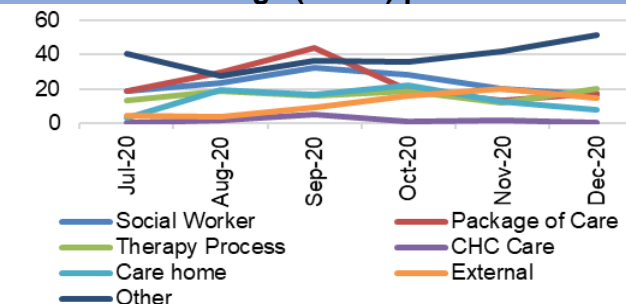
**Chart 9: Elective procedures cancelled due to lack of beds**



**Chart 10: Number of Medically Fit For Discharge (MFFD) patients**

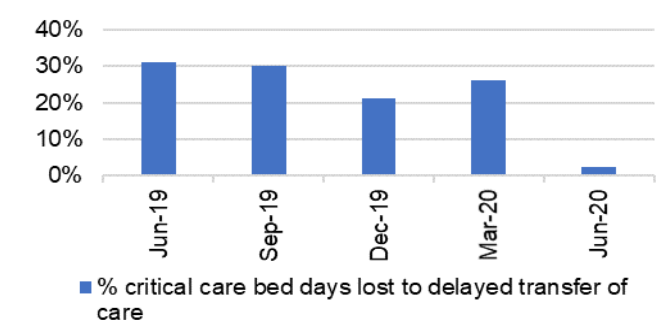


**Chart 11: Delay reason for Medically Fit For Discharge (MFFD) patients**

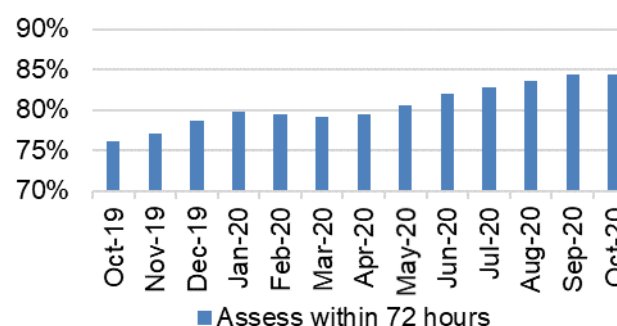


\* accurate split of data in above categories not available before July 2020

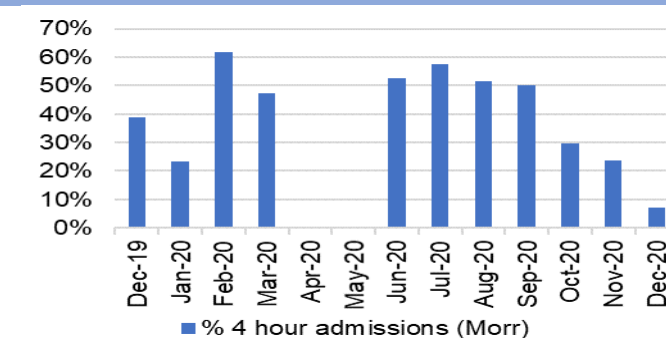
**Chart 12: % of critical care bed days lost to delayed transfers of care**



**Chart 12: % of patients (> 60 years) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours**

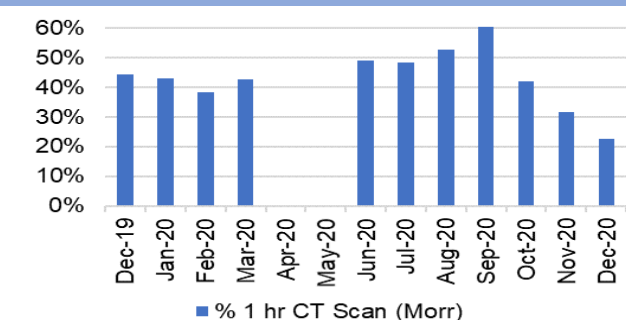


**Chart 13: Direct admission to Acute Stroke Unit within 4 hours**



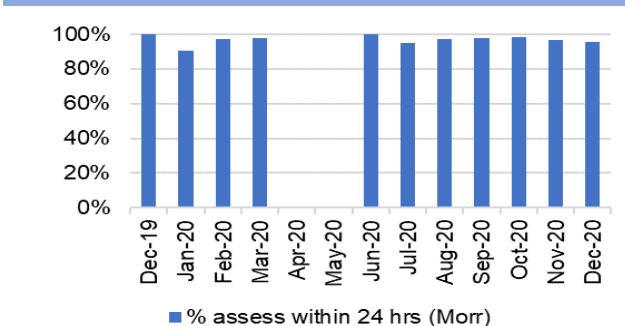
\* No data available for April and May 2020

**Chart 14: % of stroke patients receiving CT scan with 1 hour**



\* No data available for April and May 2020

**Chart 15: % stroke patients receiving consultant assessment within 24 hours**



\* No data available for April and May 2020

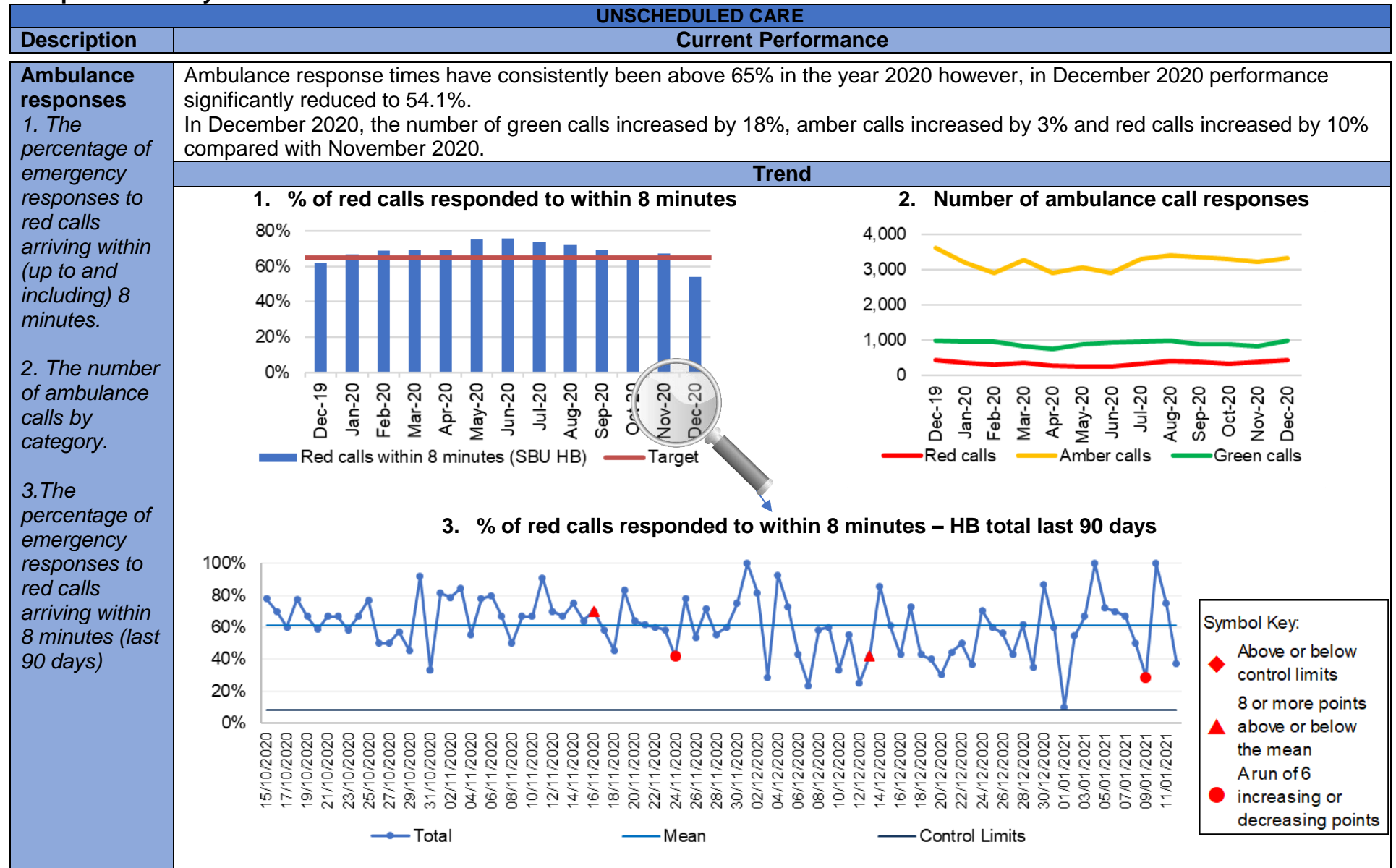


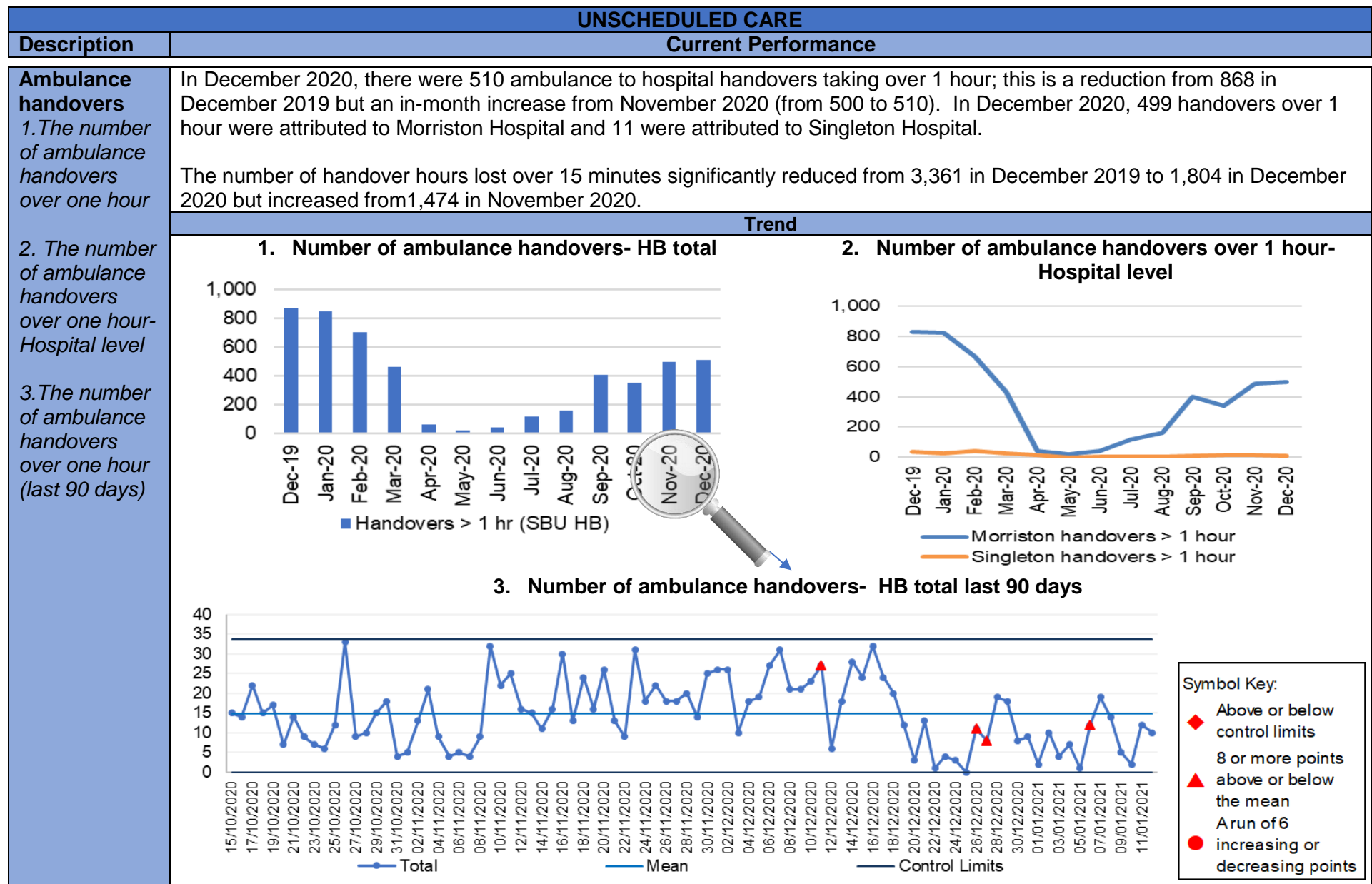
## Unscheduled Care Overview (December 2020)

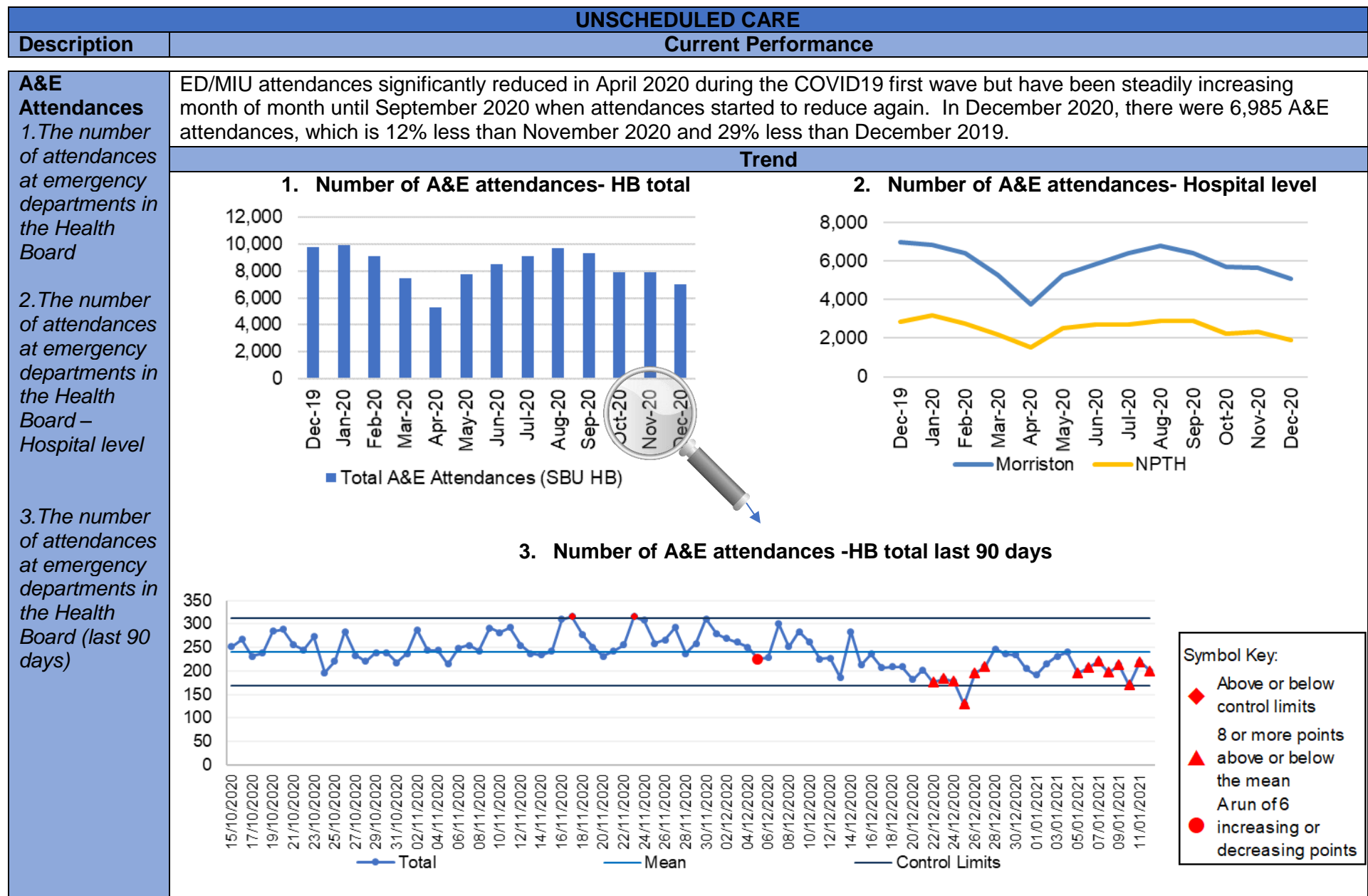
Primary Care Access		Ambulance	Emergency Department	
<b>97% (→)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>54.1% (13%↓)</b> Red calls responded to within 8 minutes	<b>6,985 (12%↓)</b> A&E attendances	<b>72.58% (2.8%↓)</b> Waits in A&E under 4 hours
<b>93% (3%↓)</b> % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered ( <i>July-19</i> )	<b>100% (33%↑)</b> % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment ( <i>Oct-19</i> )	<b>510 (2%↑)</b> Ambulance handovers over 1 hour	<b>776 (24%↑)</b> Waits in A&E over 12 hours	<b>1,191 (1%↑)</b> Patients admitted from A&E
		<b>3,323 (3%↑)</b> Amber calls		
		<b>426 (10%↑)</b> Red calls		
Emergency Activity		Patient Flow		
<b>3,118 (1%↓)</b> Emergency Inpatient Admissions	<b>305 (6%↓)</b> Emergency Theatre Cases	<b>13 (19%↓) (Mar-20)</b> Mental Health DTOCs * Data collection temporarily suspended	<b>60 (13%↓) (Mar-20)</b> Non-Mental Health DTOCs * Data collection temporarily suspended	
<b>244 (13%↓)</b> Trauma theatre cases	<b>1 (92%↓)</b> Elective procedures cancelled due to no beds		<b>138 (1%↓)</b> Medically fit patients	

\*RAG status and trend is based on in month-movement

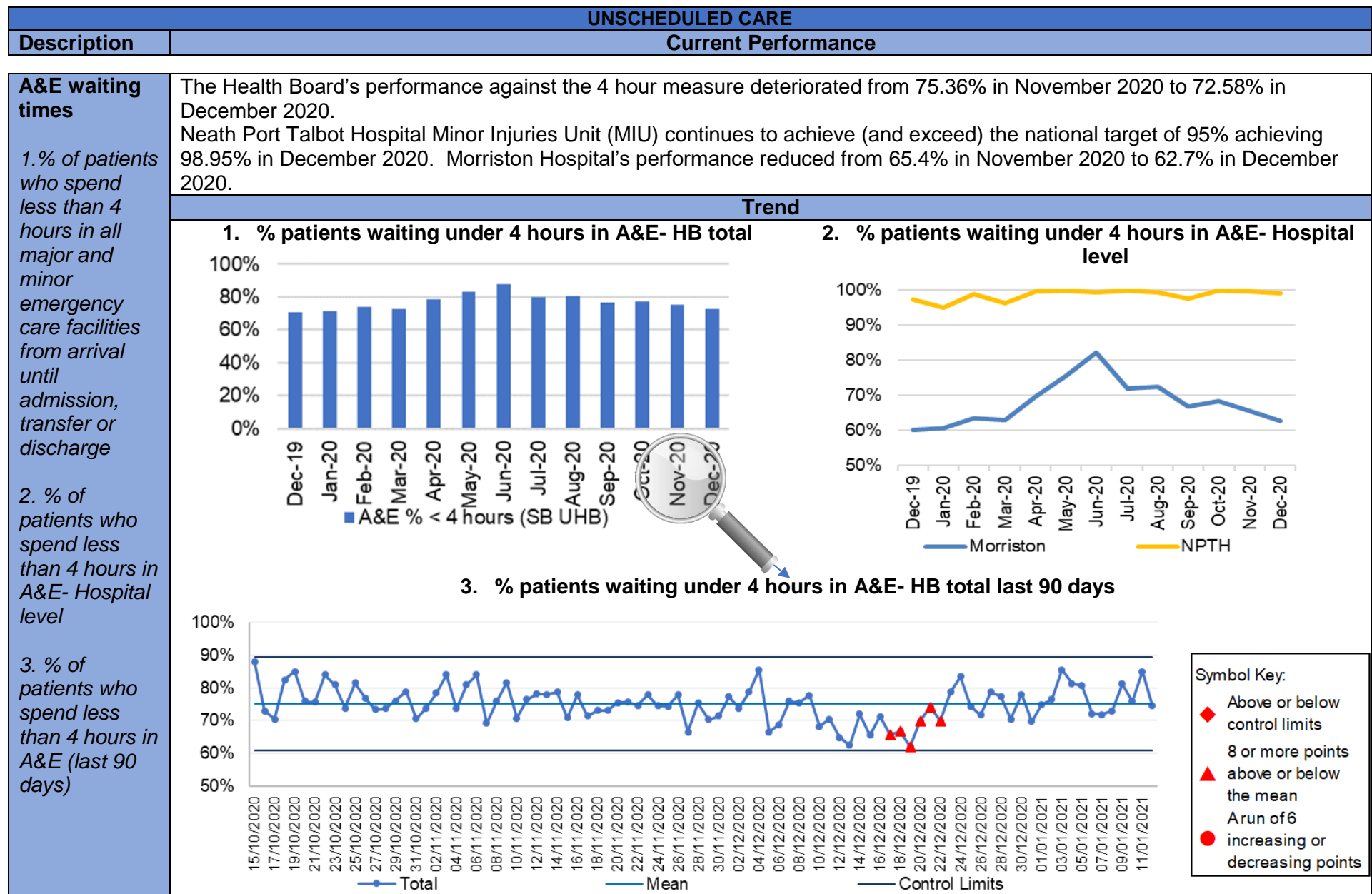
## 5.2 Updates on key measures

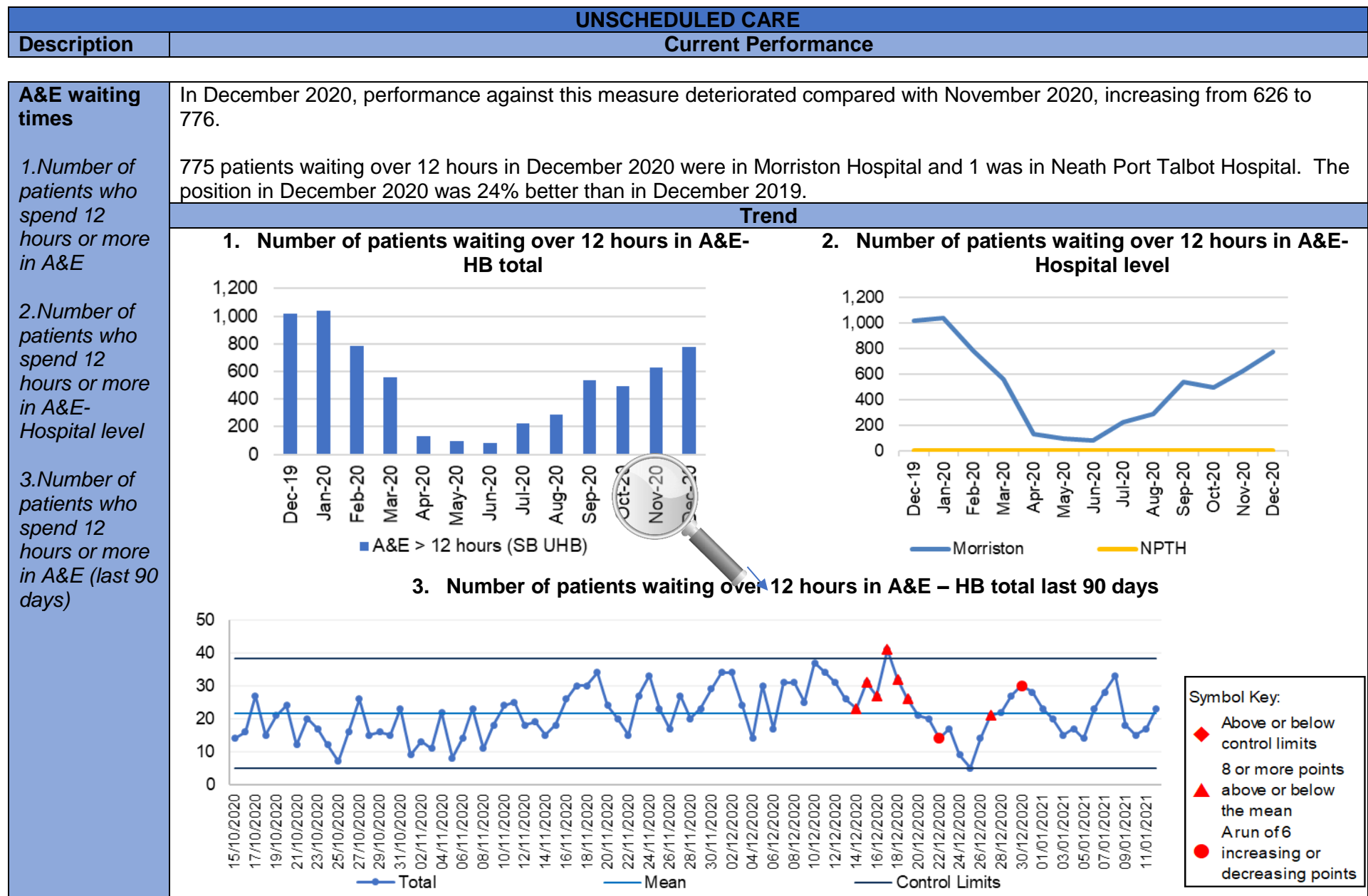


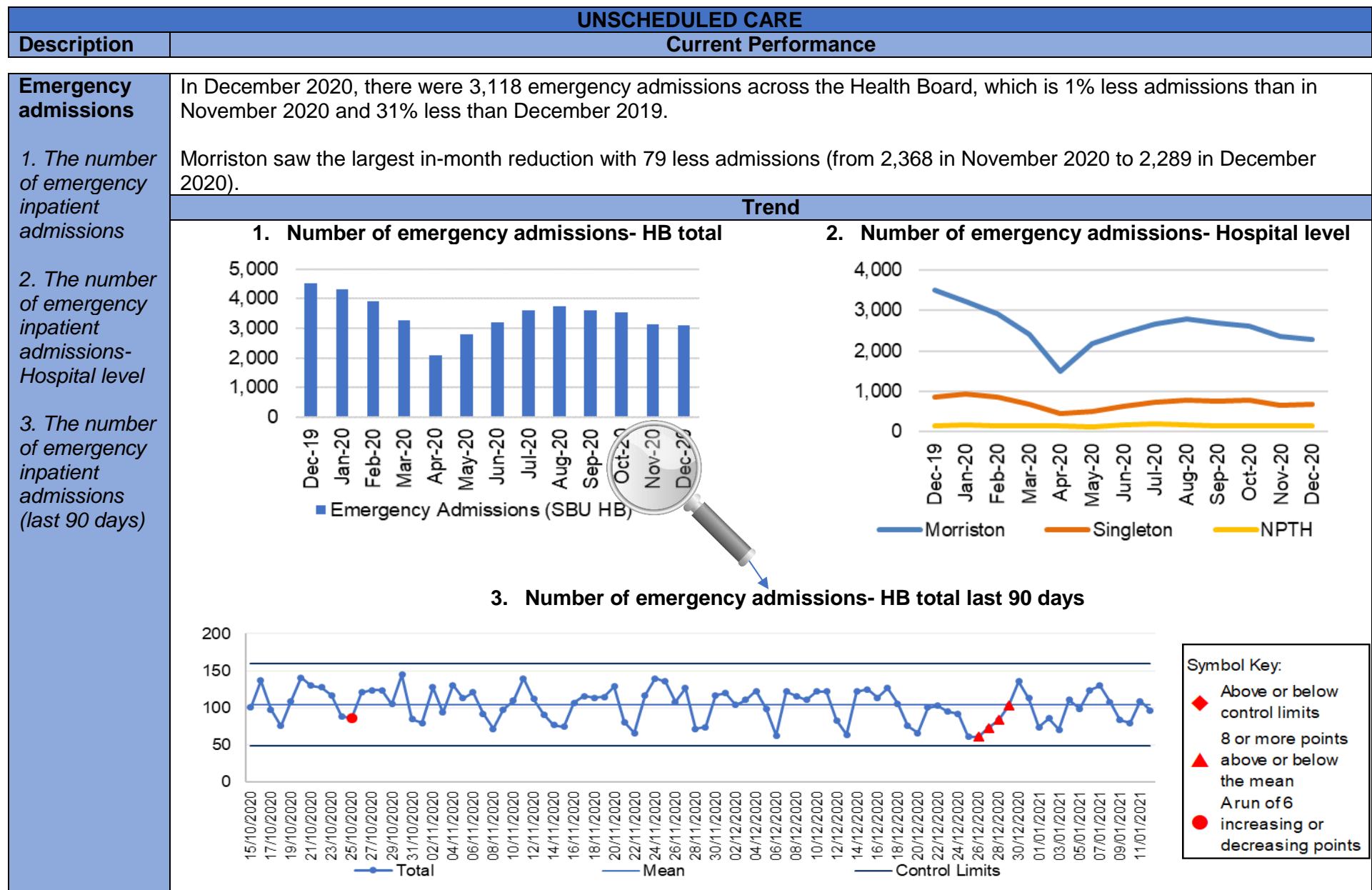












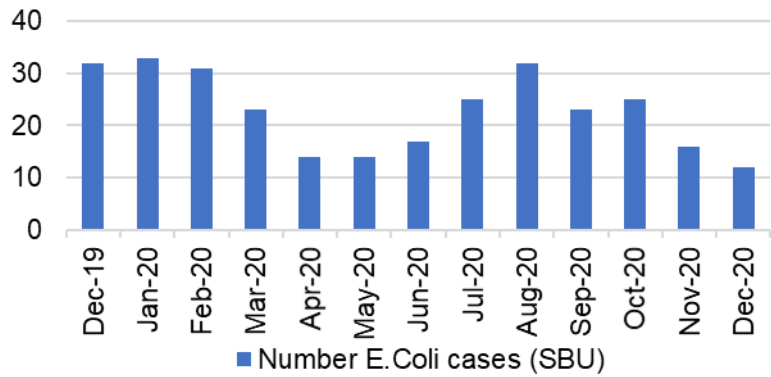
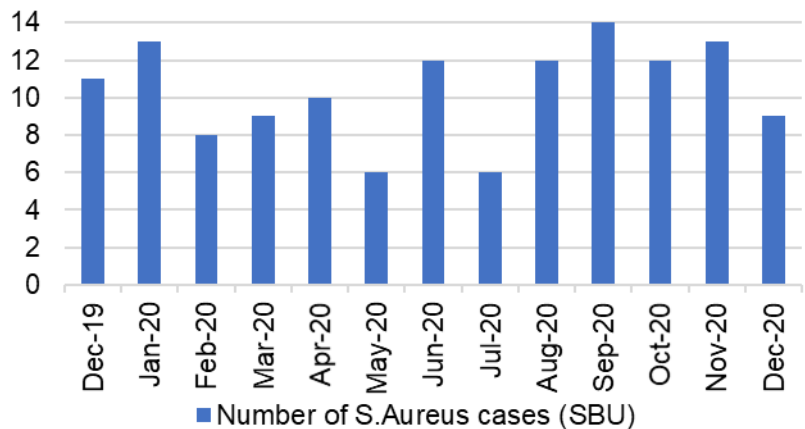
UNSCHEDULED CARE	
Description	Current Performance
<b>Critical Care-Delayed Transfers of Care (DTC)-Morriston Hospital</b> 1.Total Critical Care delayed discharges (hours)  2. Average lost bed days per day  3.Percentage of patients delayed: <ul style="list-style-type: none"> <li>Up to 8 hours</li> <li>Between 8 and 24 hours</li> <li>Over 24 hours</li> </ul>	<p>In December 2020, there were a total of 82 admissions into the Intensive Care Unit (ICU) in Morriston Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced however this number has been steadily increasing since June 2020. In December 2020, delayed discharges totalled 1,014 hours and the average lost bed days was 1.36 per day. The percentage of patients delayed over 24 hours increased from 33.96% in November 2020 to 38.78% in December 2020.</p>
	<b>Trend</b>
	<div> <div> <b>1. Total Critical Care delayed discharges (hours)</b> </div> <div> <b>2. Average lost bed days per day</b> </div> </div>
	<div> <b>3. Percentage of Critical Care patients delayed</b> </div> <p>Data prior to January 2020 is not available in the above percentage categories</p>

UNSCHEDULED CARE		
Description	Current Performance	Trend
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In December 2020, there were on average 138 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has risen every month since June 2020, however November 2020 was the first month to see an in-month reduction. This reduction carried on into December with an in-month reduction of 1% (from 139 in November 2020 to 138 in December 2020).</p> <p>In December 2020, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 56 out of 138 followed by Singleton with 39.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <p>*Consistent data capture for Gorseinon not available before April 2020</p>
<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In December 2020, there was 1 elective procedure cancelled due to lack of beds on the day of surgery. This is 92 less cancellation than in November 2020 (from 13 to 1).</p> <p>In December, the 1 cancelled procedure was attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In October 2020, 84.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.2% more than in October 2019.</p> <p><b>2. Prompt surgery-</b> In October 2020, 51.0% of patients had surgery the day following presentation with a hip fracture. This is a reduction from October 2019 which was 59.5%</p> <p><b>3. NICE compliant surgery-</b> 72.8% of operations were consistent with the NICE recommendations in October 2020. This is an improvement of 3% compared with October 2019 (from 68.8% to 72.8%). In October 2020, Morriston was above the all-Wales average of 66.6%.</p> <p><b>4. Prompt mobilisation-</b> In October 2020, 76.3% of patients were out of bed the day after surgery. This is an improvement of 3.1% compared with October 2019 and above the all-Wales average of 74.2%.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <p>Assess within 72 hours All-Wales Eng, Wal &amp; N. Ire</p> <p><b>2. Prompt surgery</b></p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p> <p><b>3. NICE compliant Surgery</b></p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p> <p><b>4. Prompt mobilisation</b></p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>

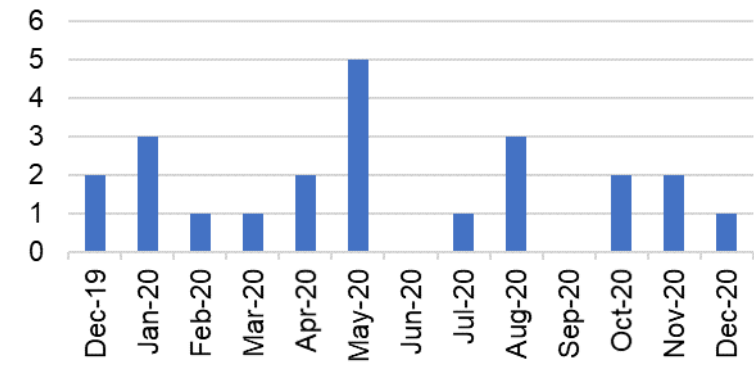
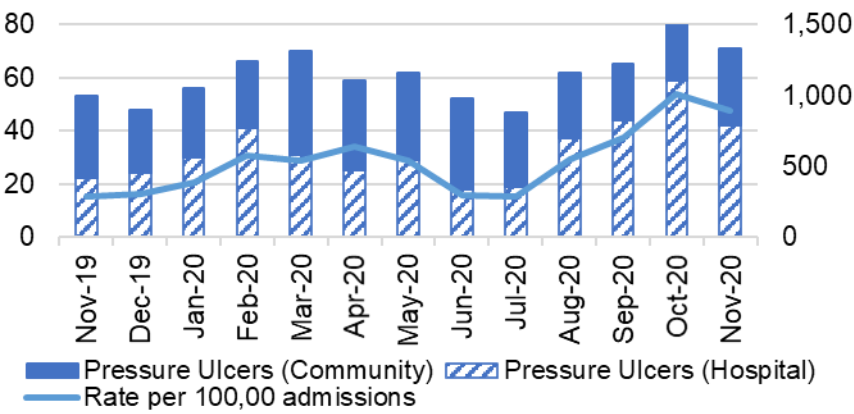


FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 70.5% of patients were not delirious in the week after their operation in October 2020. This is an improvement of 32.2% compared with October 2019.	<p><b>5. Not delirious when tested</b></p> <table><caption>5. Not delirious when tested</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Oct-19</td><td>40%</td><td>45%</td><td>75%</td></tr><tr><td>Nov-19</td><td>40%</td><td>48%</td><td>75%</td></tr><tr><td>Dec-19</td><td>42%</td><td>50%</td><td>75%</td></tr><tr><td>Jan-20</td><td>45%</td><td>52%</td><td>75%</td></tr><tr><td>Feb-20</td><td>48%</td><td>53%</td><td>75%</td></tr><tr><td>Mar-20</td><td>52%</td><td>54%</td><td>75%</td></tr><tr><td>Apr-20</td><td>55%</td><td>54%</td><td>75%</td></tr><tr><td>May-20</td><td>58%</td><td>55%</td><td>75%</td></tr><tr><td>Jun-20</td><td>60%</td><td>55%</td><td>75%</td></tr><tr><td>Jul-20</td><td>62%</td><td>55%</td><td>75%</td></tr><tr><td>Aug-20</td><td>65%</td><td>55%</td><td>75%</td></tr><tr><td>Sep-20</td><td>68%</td><td>55%</td><td>75%</td></tr><tr><td>Oct-20</td><td>70.5%</td><td>55%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Oct-19	40%	45%	75%	Nov-19	40%	48%	75%	Dec-19	42%	50%	75%	Jan-20	45%	52%	75%	Feb-20	48%	53%	75%	Mar-20	52%	54%	75%	Apr-20	55%	54%	75%	May-20	58%	55%	75%	Jun-20	60%	55%	75%	Jul-20	62%	55%	75%	Aug-20	65%	55%	75%	Sep-20	68%	55%	75%	Oct-20	70.5%	55%	75%
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 75.4% of patients in October 2020 were discharged back to their original residence. This was above the all-Wales average of 74.2%.	<p><b>6. Return to original residence</b></p> <table><caption>6. Return to original residence</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Oct-19</td><td>71%</td><td>75%</td><td>71%</td></tr><tr><td>Nov-19</td><td>71%</td><td>75%</td><td>71%</td></tr><tr><td>Dec-19</td><td>72%</td><td>75%</td><td>71%</td></tr><tr><td>Jan-20</td><td>73%</td><td>74%</td><td>71%</td></tr><tr><td>Feb-20</td><td>72%</td><td>74%</td><td>71%</td></tr><tr><td>Mar-20</td><td>74%</td><td>74%</td><td>71%</td></tr><tr><td>Apr-20</td><td>73%</td><td>73%</td><td>71%</td></tr><tr><td>May-20</td><td>74%</td><td>74%</td><td>71%</td></tr><tr><td>Jun-20</td><td>75%</td><td>74%</td><td>71%</td></tr><tr><td>Jul-20</td><td>75%</td><td>74%</td><td>71%</td></tr><tr><td>Aug-20</td><td>75%</td><td>74%</td><td>71%</td></tr><tr><td>Sep-20</td><td>75%</td><td>74%</td><td>71%</td></tr><tr><td>Oct-20</td><td>75.4%</td><td>74.2%</td><td>71%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Oct-19	71%	75%	71%	Nov-19	71%	75%	71%	Dec-19	72%	75%	71%	Jan-20	73%	74%	71%	Feb-20	72%	74%	71%	Mar-20	74%	74%	71%	Apr-20	73%	73%	71%	May-20	74%	74%	71%	Jun-20	75%	74%	71%	Jul-20	75%	74%	71%	Aug-20	75%	74%	71%	Sep-20	75%	74%	71%	Oct-20	75.4%	74.2%	71%
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7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In September 2020 the mortality rate for Morriston Hospital was 6.3% which is 2.2% lower than September 2019. The mortality rate in Morriston Hospital in September 2020 is higher than the all-Wales average of 5.6% and the national average of 6.2%.	<p><b>7. 30 day mortality rate</b></p> <table><caption>7. 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Sep-19</td><td>8.5%</td><td>8.0%</td><td>6.5%</td></tr><tr><td>Oct-19</td><td>8.0%</td><td>7.8%</td><td>6.5%</td></tr><tr><td>Nov-19</td><td>7.8%</td><td>7.5%</td><td>6.5%</td></tr><tr><td>Dec-19</td><td>7.8%</td><td>7.5%</td><td>6.5%</td></tr><tr><td>Jan-20</td><td>7.8%</td><td>7.2%</td><td>6.5%</td></tr><tr><td>Feb-20</td><td>7.8%</td><td>7.0%</td><td>6.5%</td></tr><tr><td>Mar-20</td><td>8.0%</td><td>7.0%</td><td>6.5%</td></tr><tr><td>Apr-20</td><td>8.0%</td><td>7.2%</td><td>6.5%</td></tr><tr><td>May-20</td><td>8.0%</td><td>7.2%</td><td>6.5%</td></tr><tr><td>Jun-20</td><td>7.8%</td><td>7.0%</td><td>6.5%</td></tr><tr><td>Jul-20</td><td>7.5%</td><td>6.8%</td><td>6.5%</td></tr><tr><td>Aug-20</td><td>7.0%</td><td>6.5%</td><td>6.5%</td></tr><tr><td>Sep-20</td><td>6.3%</td><td>5.6%</td><td>6.2%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Sep-19	8.5%	8.0%	6.5%	Oct-19	8.0%	7.8%	6.5%	Nov-19	7.8%	7.5%	6.5%	Dec-19	7.8%	7.5%	6.5%	Jan-20	7.8%	7.2%	6.5%	Feb-20	7.8%	7.0%	6.5%	Mar-20	8.0%	7.0%	6.5%	Apr-20	8.0%	7.2%	6.5%	May-20	8.0%	7.2%	6.5%	Jun-20	7.8%	7.0%	6.5%	Jul-20	7.5%	6.8%	6.5%	Aug-20	7.0%	6.5%	6.5%	Sep-20	6.3%	5.6%	6.2%
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>12 cases of <i>E. coli</i> bacteraemia were identified in December 2020, of which 5 were hospital acquired and 7 were community acquired.</li><li>Cumulative cases from April to December 2020 are 23% less than the equivalent period in 2019/20.</li></ul>	<b>Number of healthcare acquired E.coli bacteraemia cases</b>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Dec-19</td><td>32</td></tr><tr><td>Jan-20</td><td>33</td></tr><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr><tr><td>Jul-20</td><td>25</td></tr><tr><td>Aug-20</td><td>32</td></tr><tr><td>Sep-20</td><td>23</td></tr><tr><td>Oct-20</td><td>25</td></tr><tr><td>Nov-20</td><td>16</td></tr><tr><td>Dec-20</td><td>12</td></tr></tbody></table>	Month	Number of cases	Dec-19	32	Jan-20	33	Feb-20	31	Mar-20	23	Apr-20	14	May-20	14	Jun-20	17	Jul-20	25	Aug-20	32	Sep-20	23	Oct-20	25	Nov-20	16	Dec-20	12
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Oct-20	25																													
Nov-20	16																													
Dec-20	12																													
<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 9 cases of <i>Staph. aureus</i> bacteraemia in December 2020, of which 6 were hospital acquired and 3 were community acquired.</li><li>Cumulative cases from April to December 2020 are 9% less than the equivalent period in 2019/20.</li></ul>	<b>Number of healthcare acquired S.aureus bacteraemia cases</b>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>13</td></tr><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr><tr><td>Jul-20</td><td>6</td></tr><tr><td>Aug-20</td><td>12</td></tr><tr><td>Sep-20</td><td>14</td></tr><tr><td>Oct-20</td><td>12</td></tr><tr><td>Nov-20</td><td>13</td></tr><tr><td>Dec-20</td><td>9</td></tr></tbody></table>	Month	Number of cases	Dec-19	11	Jan-20	13	Feb-20	8	Mar-20	9	Apr-20	10	May-20	6	Jun-20	12	Jul-20	6	Aug-20	12	Sep-20	14	Oct-20	12	Nov-20	13	Dec-20	9
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 9 <i>Clostridium difficile</i> toxin positive cases in December 2020, of which 6 were hospital acquired and 3 were community acquired.</li><li>Cumulative cases from April to December 2020 are 28% more than the equivalent period of 2019/20 (133 in 2020/21 compared with 104 in 2019/20).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>11</td></tr><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr><tr><td>Aug-20</td><td>23</td></tr><tr><td>Sep-20</td><td>18</td></tr><tr><td>Oct-20</td><td>15</td></tr><tr><td>Nov-20</td><td>10</td></tr><tr><td>Dec-20</td><td>9</td></tr></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	Dec-19	11	Jan-20	11	Feb-20	15	Mar-20	8	Apr-20	11	May-20	16	Jun-20	20	Jul-20	11	Aug-20	23	Sep-20	18	Oct-20	15	Nov-20	10	Dec-20	9
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 12 cases of Klebsiella sp in December 2020, of which 8 were hospital acquired and 4 were community acquired.</li><li>Cumulative cases from April to December are 14% more than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr><tr><td>Dec-19</td><td>6</td></tr><tr><td>Jan-20</td><td>8</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr><tr><td>Aug-20</td><td>10</td></tr><tr><td>Sep-20</td><td>5</td></tr><tr><td>Oct-20</td><td>9</td></tr><tr><td>Nov-20</td><td>11</td></tr><tr><td>Dec-20</td><td>12</td></tr></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Dec-19	6	Jan-20	8	Feb-20	3	Mar-20	7	Apr-20	6	May-20	6	Jun-20	9	Jul-20	5	Aug-20	10	Sep-20	5	Oct-20	9	Nov-20	11	Dec-20	12
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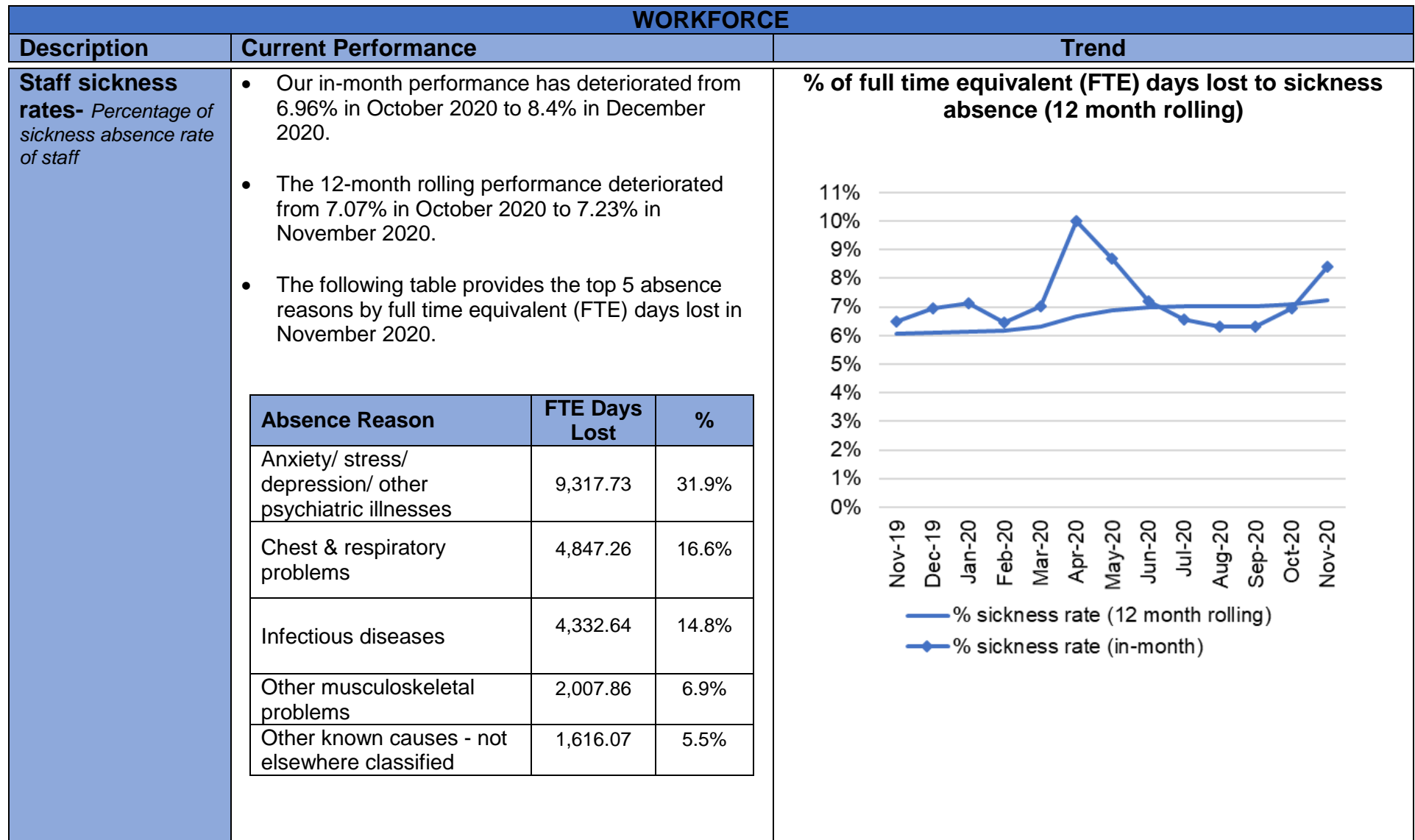
HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There was 1 hospital acquired case of <i>P.Aeruginosa</i> bacteraemia in December 2020.</li> <li>Cumulative cases from April to December 2020 are 30% less than the equivalent period in 2019/20.</li> </ul>	<b>Number of healthcare acquired Pseudomonas cases</b>  <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i>  <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ol style="list-style-type: none"> <li>In November 2020 there were 71 cases of healthcare acquired pressure ulcers, of which 29 were community acquired and 42 were hospital acquired.</li> <li>There were 9 grade 3+ pressure ulcers in November 2020, of which 5 were community acquired and 4 were hospital acquired.</li> <li>The rate per 100,000 admissions reduced from 1,006 in October 2020 to 893 in November 2020.</li> </ol>	<b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b>  <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Serious Incidents-</b> <i>1. The number of serious incidents</i>  <i>2. The number of Never Events</i>  <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 12 Serious Incidents for the month of December 2020 to Welsh Government. The breakdown of incidents in December 2020 are set out below: <ul style="list-style-type: none"><li>• 7 in Mental Health and Learning Disabilities</li><li>• 4 in Singleton Hospital</li><li>• 1 in Morriston Hospital</li></ul>	<b>1. and 2. Number of serious incidents and never events</b> <table><caption>1. and 2. Number of serious incidents and never events</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Dec-19</td><td>21</td><td>0</td></tr><tr><td>Jan-20</td><td>15</td><td>0</td></tr><tr><td>Feb-20</td><td>20</td><td>0</td></tr><tr><td>Mar-20</td><td>20</td><td>0</td></tr><tr><td>Apr-20</td><td>9</td><td>0</td></tr><tr><td>May-20</td><td>6</td><td>0</td></tr><tr><td>Jun-20</td><td>9</td><td>0</td></tr><tr><td>Jul-20</td><td>10</td><td>0</td></tr><tr><td>Aug-20</td><td>6</td><td>0</td></tr><tr><td>Sep-20</td><td>21</td><td>0</td></tr><tr><td>Oct-20</td><td>15</td><td>0</td></tr><tr><td>Nov-20</td><td>18</td><td>0</td></tr><tr><td>Dec-20</td><td>12</td><td>0</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Dec-19	21	0	Jan-20	15	0	Feb-20	20	0	Mar-20	20	0	Apr-20	9	0	May-20	6	0	Jun-20	9	0	Jul-20	10	0	Aug-20	6	0	Sep-20	21	0	Oct-20	15	0	Nov-20	18	0	Dec-20	12	0
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Dec-20	12	0																																										
2. There was no new Never Event reported in December 2020.																																												
3. In December 2020, performance against the 80% target of submitting closure forms within 60 working days was 4%. One of the 27 closure forms due to be submitted to Welsh Government in December 2020 was submitted on time. Below is a breakdown of the seven outstanding forms: <ul style="list-style-type: none"><li>• 10 for Mental Health &amp; Learning Disabilities</li><li>• 3 for Morriston Hospital</li><li>• 6 for Singleton Hospital</li><li>• 5 for Neath Port Talbot Hospital</li><li>• 2 for Primary, Community and Therapies</li></ul>	<b>3. % of serious incidents closed within 60 days</b> <table><caption>3. % of serious incidents closed within 60 days</caption><thead><tr><th>Month</th><th>% Serious Incidents assured</th><th>Profile</th></tr></thead><tbody><tr><td>Dec-19</td><td>38%</td><td>80%</td></tr><tr><td>Jan-20</td><td>28%</td><td>80%</td></tr><tr><td>Feb-20</td><td>28%</td><td>80%</td></tr><tr><td>Mar-20</td><td>30%</td><td>80%</td></tr><tr><td>Apr-20</td><td>8%</td><td>80%</td></tr><tr><td>May-20</td><td>28%</td><td>80%</td></tr><tr><td>Jun-20</td><td>0%</td><td>80%</td></tr><tr><td>Jul-20</td><td>0%</td><td>80%</td></tr><tr><td>Aug-20</td><td>50%</td><td>80%</td></tr><tr><td>Sep-20</td><td>20%</td><td>80%</td></tr><tr><td>Oct-20</td><td>0%</td><td>80%</td></tr><tr><td>Nov-20</td><td>0%</td><td>80%</td></tr><tr><td>Dec-20</td><td>4%</td><td>80%</td></tr></tbody></table> <p>* 0% compliance in June, July, October and November 2020</p>	Month	% Serious Incidents assured	Profile	Dec-19	38%	80%	Jan-20	28%	80%	Feb-20	28%	80%	Mar-20	30%	80%	Apr-20	8%	80%	May-20	28%	80%	Jun-20	0%	80%	Jul-20	0%	80%	Aug-20	50%	80%	Sep-20	20%	80%	Oct-20	0%	80%	Nov-20	0%	80%	Dec-20	4%	80%	
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INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 247 in December 2020. This is the same amount that was reported in November 2020.</li><li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li></ul>	<p><b>Number of inpatient Falls</b></p> <table><thead><tr><th>Month</th><th>Inpatient Falls (SBU HB)</th></tr></thead><tbody><tr><td>Dec-19</td><td>295</td></tr><tr><td>Jan-20</td><td>245</td></tr><tr><td>Feb-20</td><td>210</td></tr><tr><td>Mar-20</td><td>215</td></tr><tr><td>Apr-20</td><td>195</td></tr><tr><td>May-20</td><td>205</td></tr><tr><td>Jun-20</td><td>195</td></tr><tr><td>Jul-20</td><td>205</td></tr><tr><td>Aug-20</td><td>225</td></tr><tr><td>Sep-20</td><td>215</td></tr><tr><td>Oct-20</td><td>185</td></tr><tr><td>Nov-20</td><td>245</td></tr><tr><td>Dec-20</td><td>247</td></tr></tbody></table> <p>■ Inpatient Falls (SBU HB)    — 10% reduction profile</p>	Month	Inpatient Falls (SBU HB)	Dec-19	295	Jan-20	245	Feb-20	210	Mar-20	215	Apr-20	195	May-20	205	Jun-20	195	Jul-20	205	Aug-20	225	Sep-20	215	Oct-20	185	Nov-20	245	Dec-20	247
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in December 2020, the percentage of completed discharge summaries was 59%.</p> <p>In December 2020, compliance ranged from 53% in Neath Port Talbot Hospital to 69% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Dec-19</td><td>65%</td></tr><tr><td>Jan-20</td><td>66%</td></tr><tr><td>Feb-20</td><td>67%</td></tr><tr><td>Mar-20</td><td>68%</td></tr><tr><td>Apr-20</td><td>61%</td></tr><tr><td>May-20</td><td>64%</td></tr><tr><td>Jun-20</td><td>67%</td></tr><tr><td>Jul-20</td><td>64%</td></tr><tr><td>Aug-20</td><td>66%</td></tr><tr><td>Sep-20</td><td>69%</td></tr><tr><td>Oct-20</td><td>68%</td></tr><tr><td>Nov-20</td><td>66%</td></tr><tr><td>Dec-20</td><td>59%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Dec-19	65%	Jan-20	66%	Feb-20	67%	Mar-20	68%	Apr-20	61%	May-20	64%	Jun-20	67%	Jul-20	64%	Aug-20	66%	Sep-20	69%	Oct-20	68%	Nov-20	66%	Dec-20	59%
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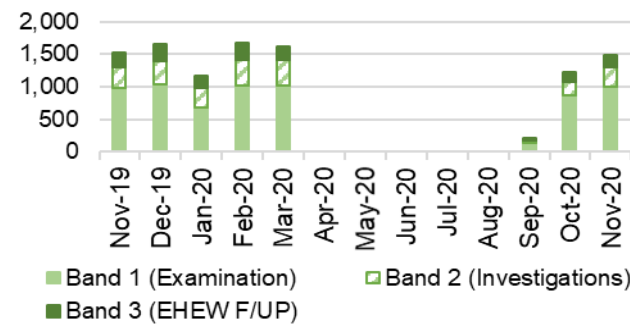
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	November 2020 reports the crude mortality rate for the Health Board at 1.01% compared with 0.97% in October 2020.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Nov-19</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Dec-19</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jan-20</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Feb-20</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Mar-20</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Apr-20</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>May-20</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jun-20</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jul-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Aug-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Sep-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Oct-20</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Nov-20</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Nov-19	1.3%	0.4%	0.1%	0.8%	Dec-19	1.3%	0.4%	0.1%	0.8%	Jan-20	1.4%	0.4%	0.1%	0.7%	Feb-20	1.3%	0.4%	0.1%	0.7%	Mar-20	1.3%	0.4%	0.1%	0.7%	Apr-20	1.5%	0.4%	0.1%	0.8%	May-20	1.5%	0.4%	0.1%	0.9%	Jun-20	1.5%	0.4%	0.1%	0.9%	Jul-20	1.6%	0.4%	0.1%	0.9%	Aug-20	1.6%	0.4%	0.1%	0.9%	Sep-20	1.6%	0.4%	0.1%	0.9%	Oct-20	1.7%	0.5%	0.2%	1.0%	Nov-20	1.8%	0.5%	0.2%	1.0%
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Aug-20	1.6%	0.4%	0.1%	0.9%																																																																				
Sep-20	1.6%	0.4%	0.1%	0.9%																																																																				
Oct-20	1.7%	0.5%	0.2%	1.0%																																																																				
Nov-20	1.8%	0.5%	0.2%	1.0%																																																																				
	A breakdown by Hospital for November 2020: <ul style="list-style-type: none"><li>• Morriston – 1.75%</li><li>• Singleton – 0.50%</li><li>• NPT – 0.21%</li></ul>																																																																							



## HARM FROM REDUCTION IN NON-COVID ACTIVITY

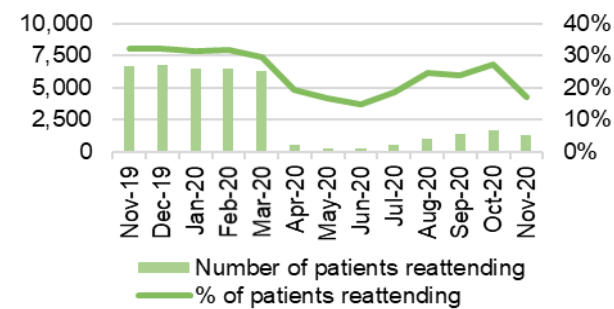
### 6.1 Primary and Community Care Overview

**Chart 1: Number of patients receiving care from Eye Health Examination Wales (EHEW)**

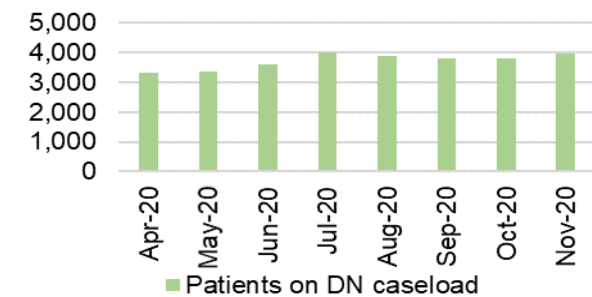


No claims submitted between April and August 2020

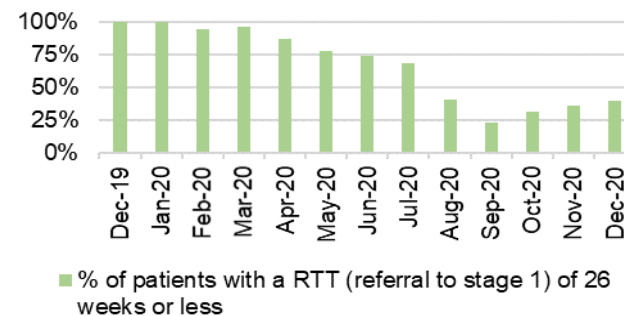
**Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



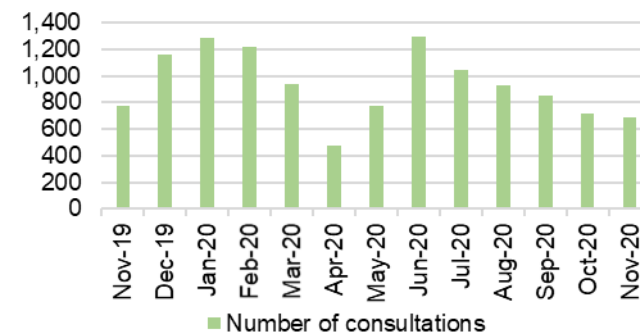
**Chart 9: District Nursing- Number of patients on caseload**



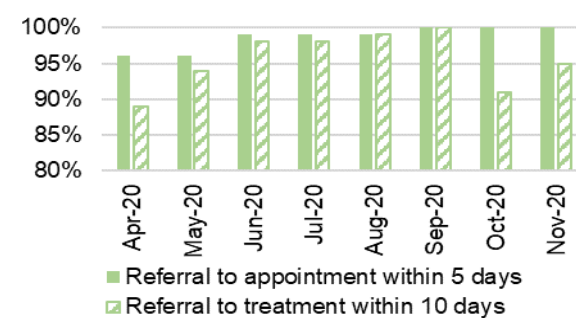
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



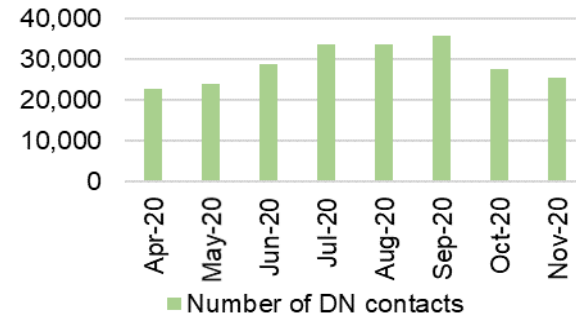
**Chart 2: Common Ailment Scheme - Number of consultations provided**



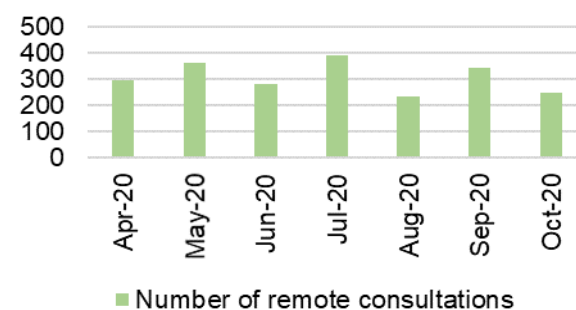
**Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days**



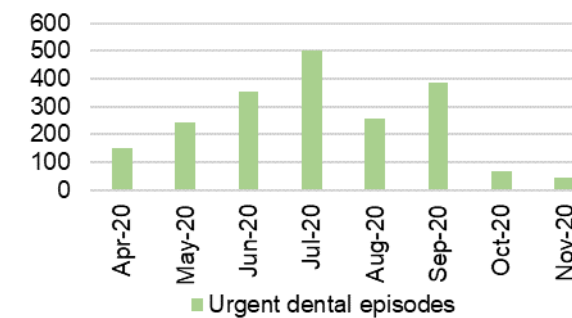
**Chart 10: District Nursing- Total number of contacts**



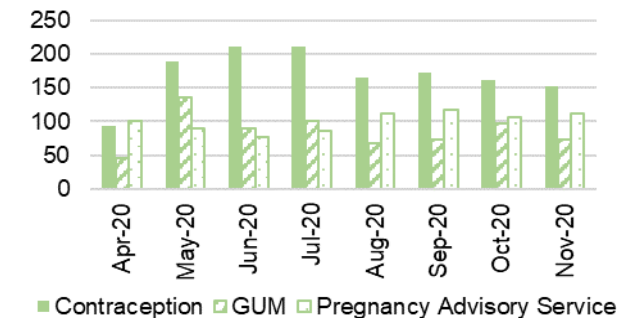
**Chart 14: Audiology- Number of remote consultations**



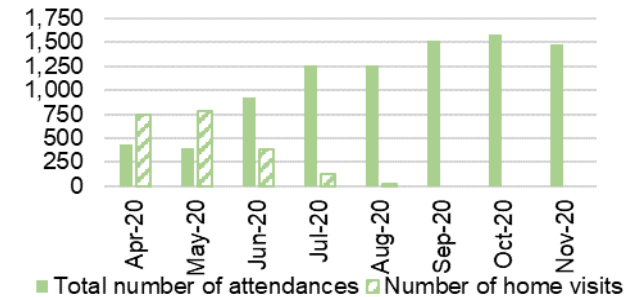
**Chart 3: Urgent Dental Centre- Total episodes of patient care**



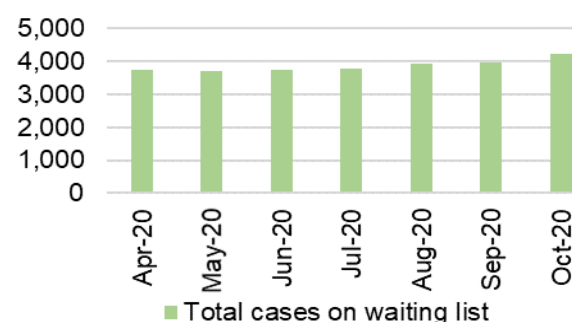
**Chart 7: Sexual health services- Attendances at sexual health ambulance**



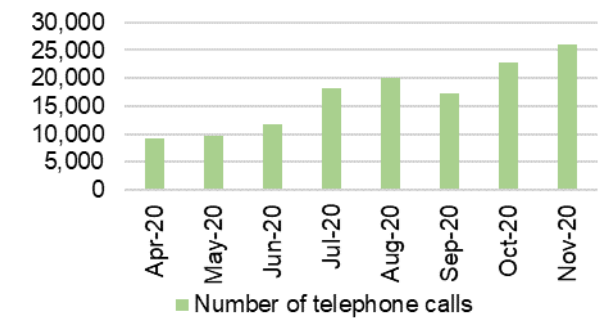
**Chart 11: Community wound clinic- Number of attendances and number of home visits**



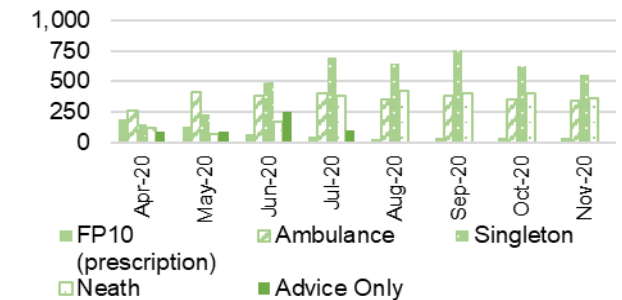
**Chart 15: Audiology- Total number of patients on the waiting list**



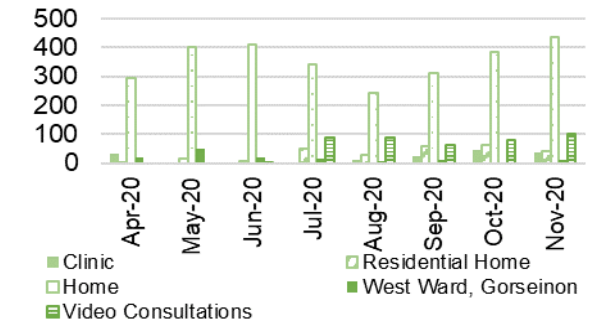
**Chart 4: General Dental Practice activity- Total number of telephone calls received**



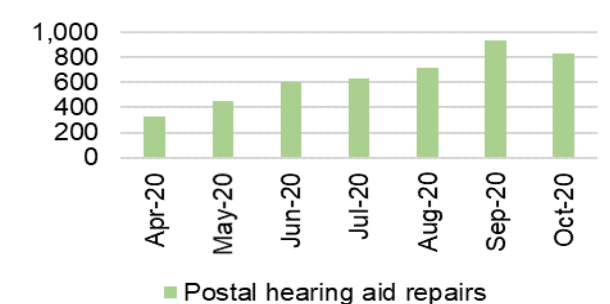
**Chart 8: Sexual health services- Patient outcomes**



**Chart 12: Community wound clinic- Number of assessments by location**



**Chart 16: Audiology- Number of postal hearing aid repairs**

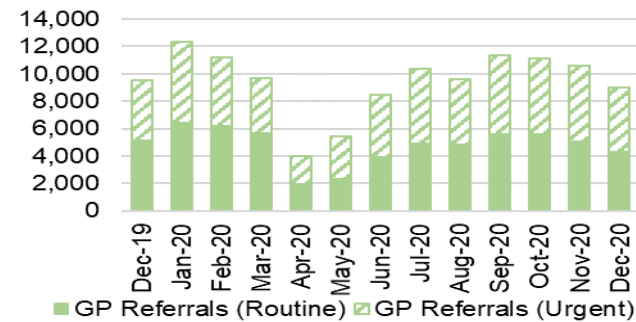




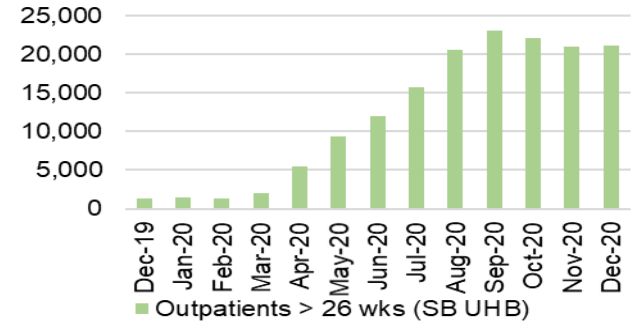
## Harm from reduction in non-Covid activity

### 6.2 Planned Care Overview

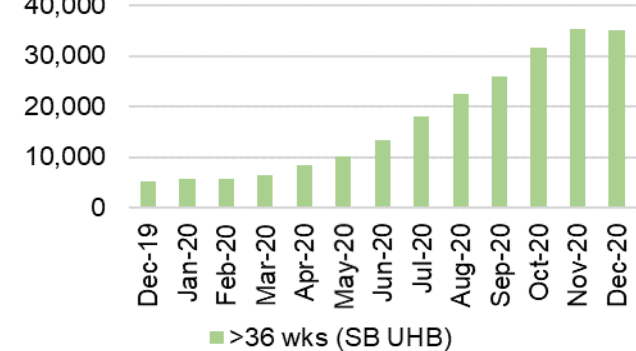
**Chart 1: Number of GP Referrals into secondary care**



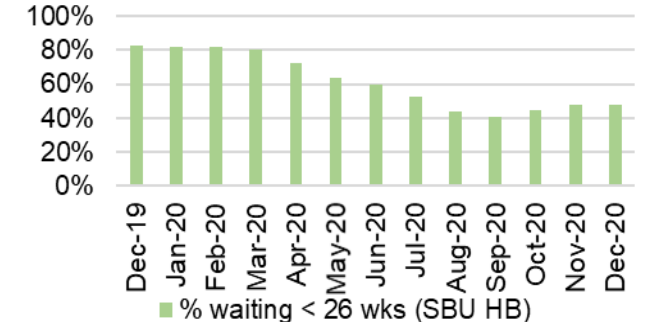
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



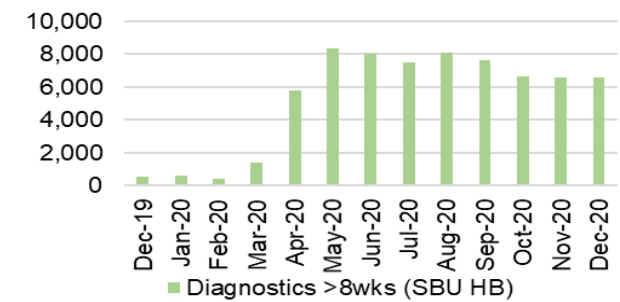
**Chart 3: Number of patients waiting over 36 weeks for treatment**



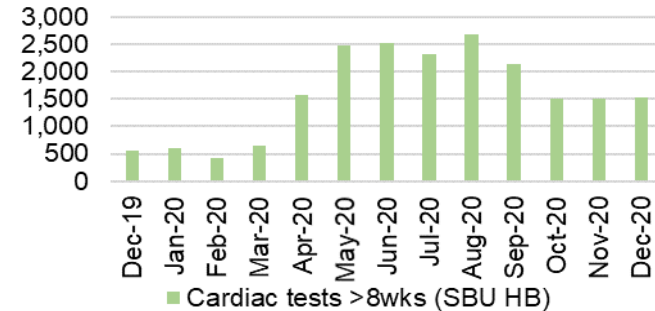
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



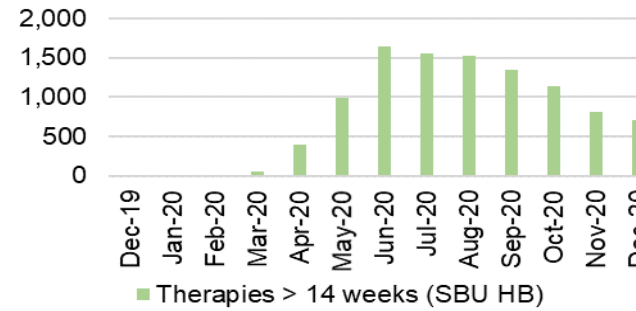
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



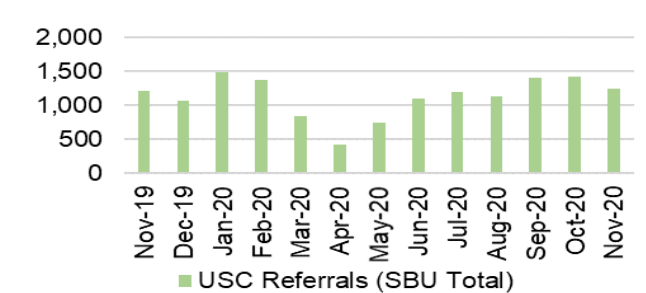
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



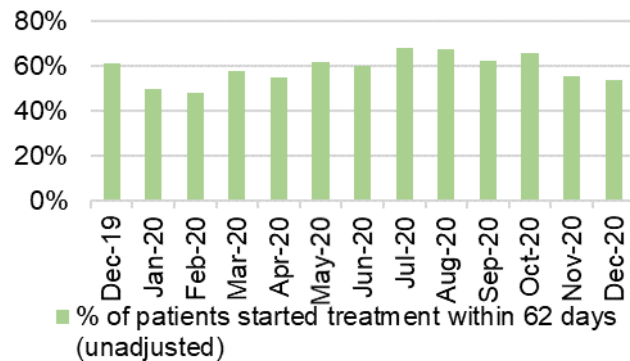
**Chart 7: Number of patients waiting less than 14 weeks for Therapies**



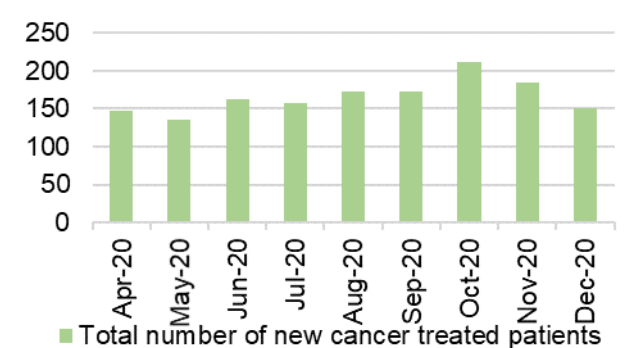
**Chart 8: Cancer referrals**



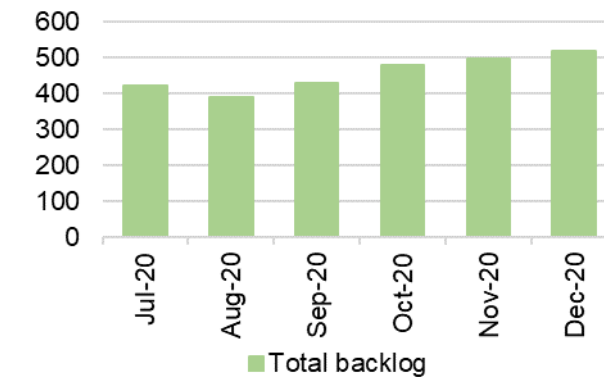
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



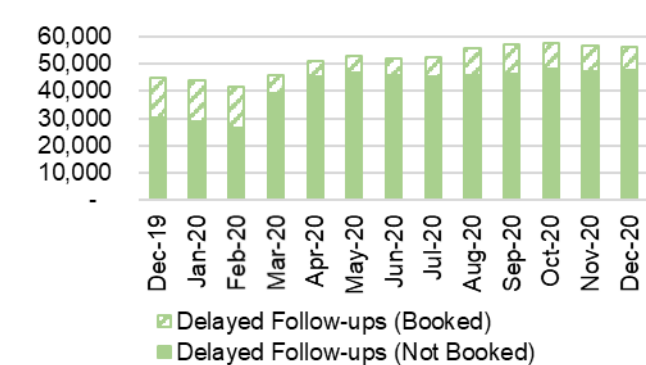
**Chart 10: Number of new cancer patients starting definitive treatment**



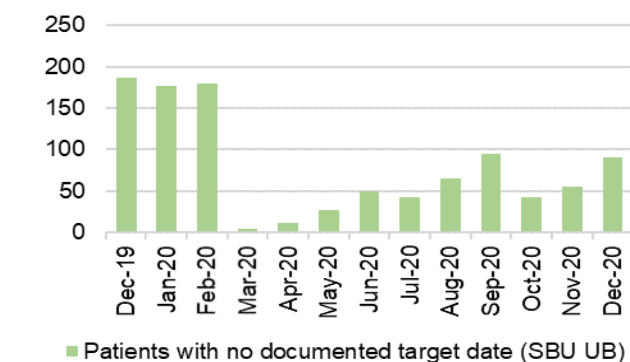
**Chart 11: Backlog of urgent suspected cancer patients waiting over 63 days**



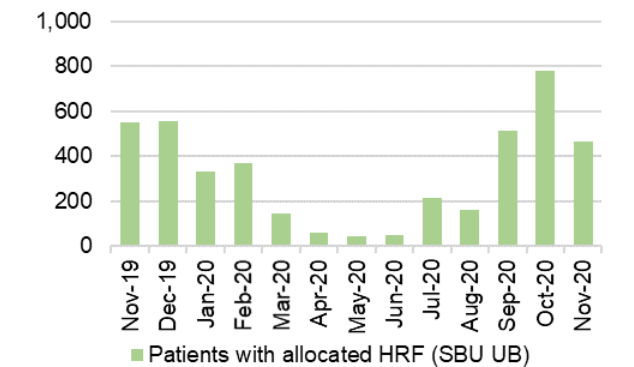
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



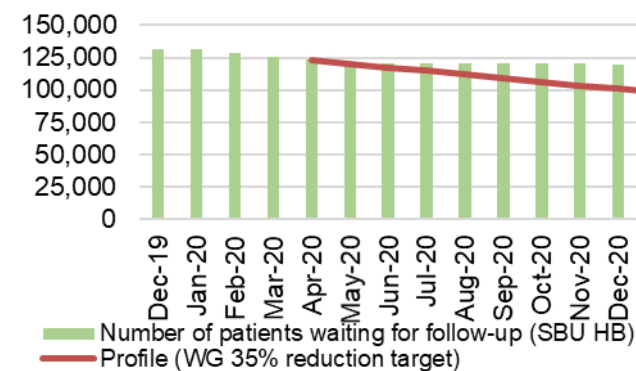
**Chart 13: Number of patients without a documented clinical review date**



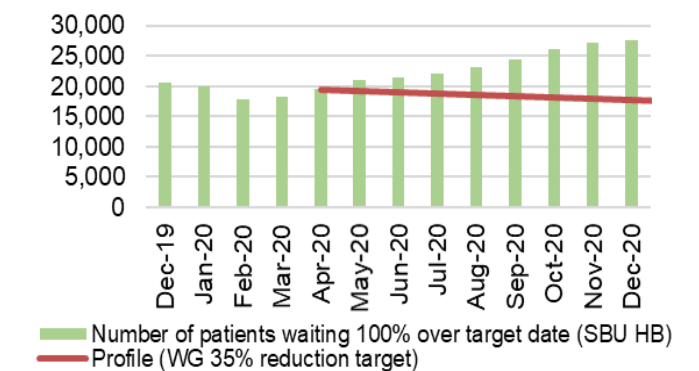
**Chart 14: Ophthalmology patients without an allocated health risk factor**



**Chart 15: Total number of patients on the follow-up waiting list**



**Chart 16: Number of patients delayed by over 100%**





## Planned Care- Overview (December 2020)

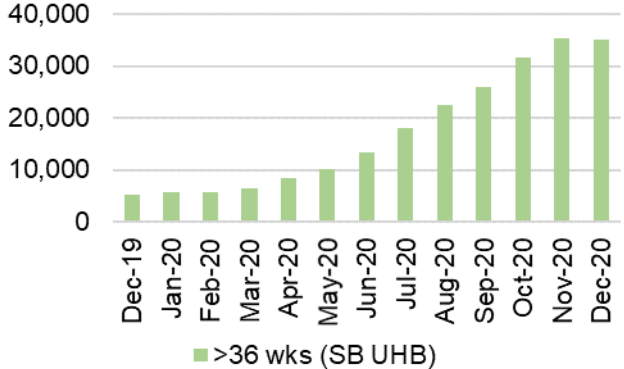
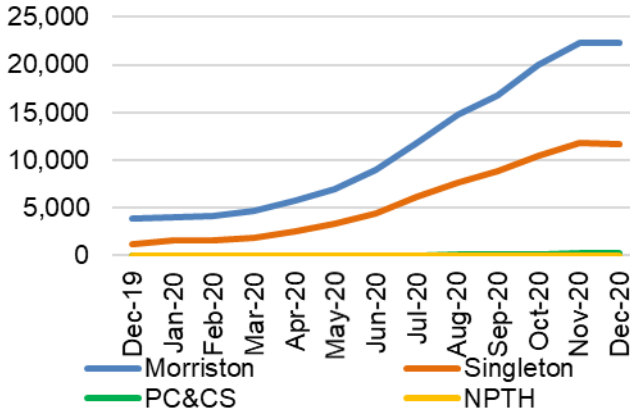
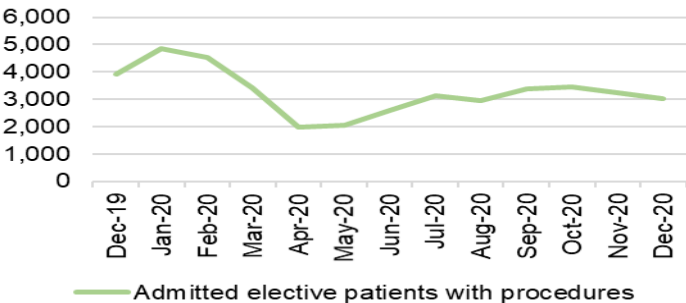
Demand		Waiting Times	
<b>8,956 (15%↓)</b> Total GP referrals	<b>21,141 (1%↑)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>35,031 (1%↓)</b> Patients waiting over 36 weeks for treatment	<b>19,057 (17%↑)</b> Patients waiting over 52 weeks for treatment
<b>4,300 (15%↓)</b> Routine GP referrals	<b>48% (0.4%↑)</b> Patients waiting under 26 weeks from referral to treatment	<b>6,579 (0.5%↓)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>2,239 (1.9%↑)</b> Patients waiting over 8 weeks for Cardiac diagnostics only
<b>4,656 (15%↓)</b> Urgent GP referrals	<b>708 (13%↓)</b> Patients waiting over 14 weeks for reportable therapies	<b>119,963 (0.8%↓)</b> Patients waiting for a follow-up outpatient appointment	<b>27,641 (1.8%↑)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer		Theatre Efficiencies	
<b>1,245 (12.4%↓)</b> Number of USC referrals received	<b>517 (4%↑)</b> USC backlog over 63 days	<b>59% (15%↓)</b> Theatre utilisation rate	<b>47% (3%↓)</b> % of theatres sessions finishing early
<b>54% (1.4%↓) draft</b> Patients starting first definitive cancer treatment within 62 days		<b>45% (6%↑)</b> % of theatres sessions starting late	<b>138 (10%↑)</b> Operations cancelled on the day

*\*RAG status and trend is based on in month-movement*

### 6.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	The number of GP referrals and additions to the outpatient waiting list increased each month since May 2020, this is reflected in the reduction in the size of the waiting list in April 2020 and subsequent increase every month since May 2020. However, since September 2020 the number of referrals and additions to the waiting list appear to have stabilised. Chart 4 shows the shape of the waiting list and the second wave that has formed at the beginning of the waiting list as GP referrals start to pick back up.
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>	<b>Trend</b>
<b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>	
<b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>	<p><b>1. Number of GP referrals received by SBU Health Board</b></p> <p><b>2. Number of stage 1 additions per week</b></p> <p><b>3. Total size of the waiting list and movement (December 2019)</b></p> <p><b>4. Total size of the waiting list and movement (December 2020)</b></p>

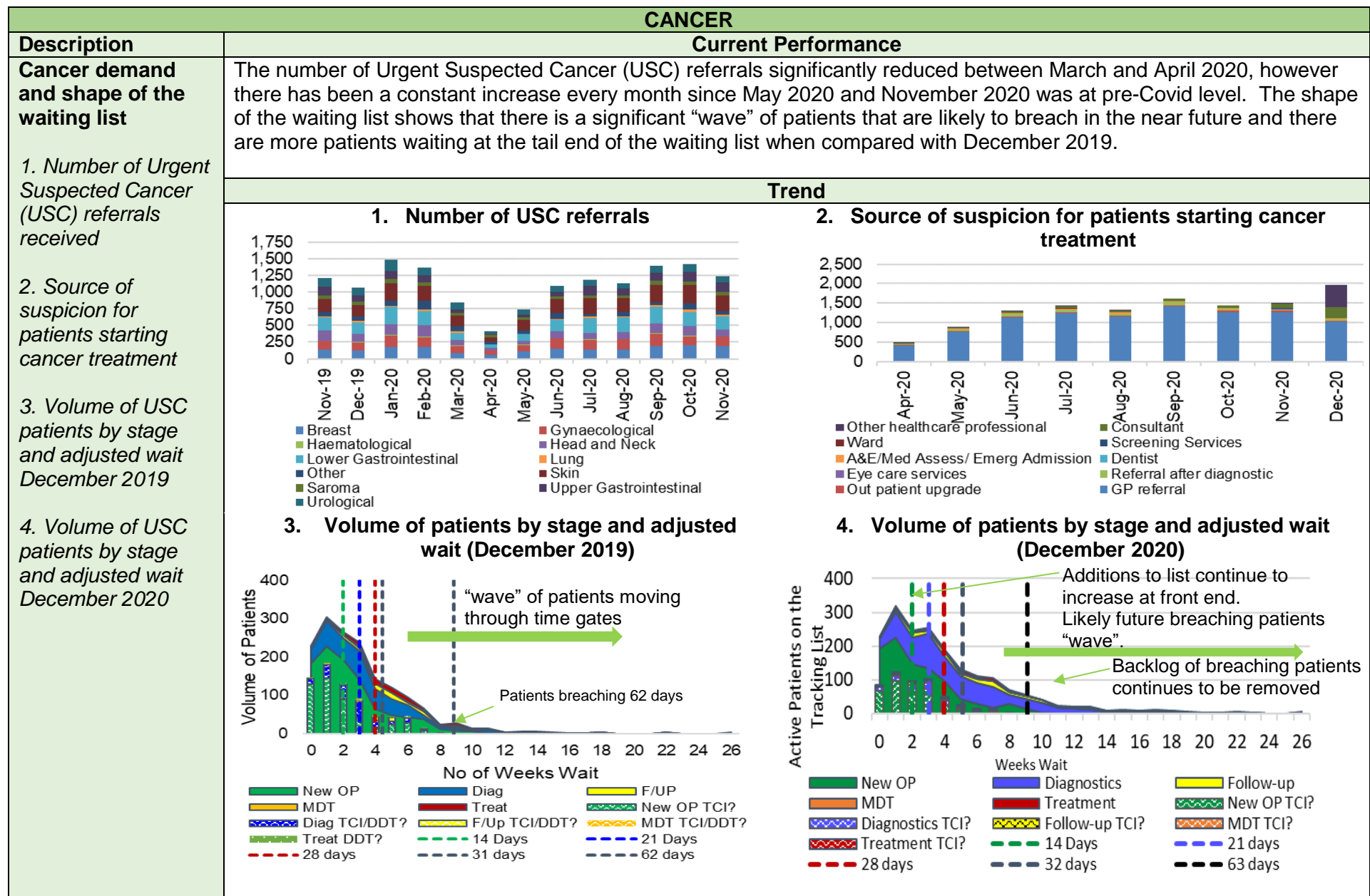
PLANNED CARE	
Description	Current Performance
<b>Outpatient waiting times</b>  <i>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</i>  <i>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</i>  <i>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</i>  <i>4. Outpatient activity undertaken</i>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. December 2020, saw an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 21,005 in November 2020 to 21,141 in December 2020. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Ophthalmology. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work continues to be undertaken to accurately record the split between face-to-face and virtual attendances and will be reported through a new Outpatient dashboard.</p>
	<b>Trend</b>
	<div> <div> <b>1. Number of stage 1 over 26 weeks- HB total</b> <p>■ Outpatients &gt; 26 wks (SB UHB)</p> </div> <div> <b>2. Number of stage 1 over 26 weeks- Hospital level</b> <p>— Morriston — Singleton — PC&amp;CS — NPTH</p> </div> <div> <b>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2020</b> </div> <div> <b>4. Outpatient activity undertaken</b> <p>— New outpatient attendances — Follow-up attendances</p> </div> </div>

PLANNED CARE	
Description	Current Performance
<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</p> <p>3. Number of elective admissions</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. However, December 2020 was the first in 2020 that saw an in-month reduction (from 35,387 in November 2020 to 35,031 in December 2020). 19,057 of the 35,031 were waiting over 52 weeks in December 2020. Orthopaedics/ Spinal accounted for 23% of the breaches, followed by Ophthalmology with 14%.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>
	Trend
	<div> <p><b>1. Number of patients waiting over 36 weeks- HB total</b></p>  <p>■ &gt;36 wks (SB UHB)</p> </div> <div> <p><b>2. Number of patients waiting over 36 weeks- Hospital level</b></p>  <p>— Morriston — Singleton — PC&amp;CS — NPTH</p> </div> <div> <p><b>3. Number of elective admissions</b></p>  <p>— Admitted elective patients with procedures</p> </div>

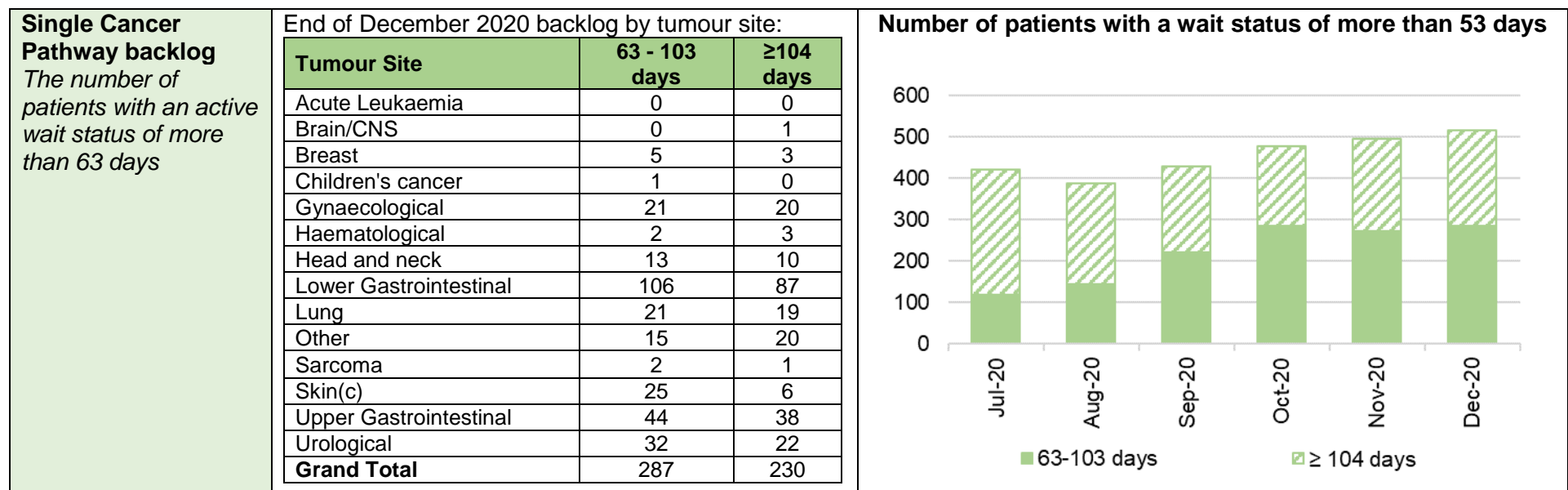
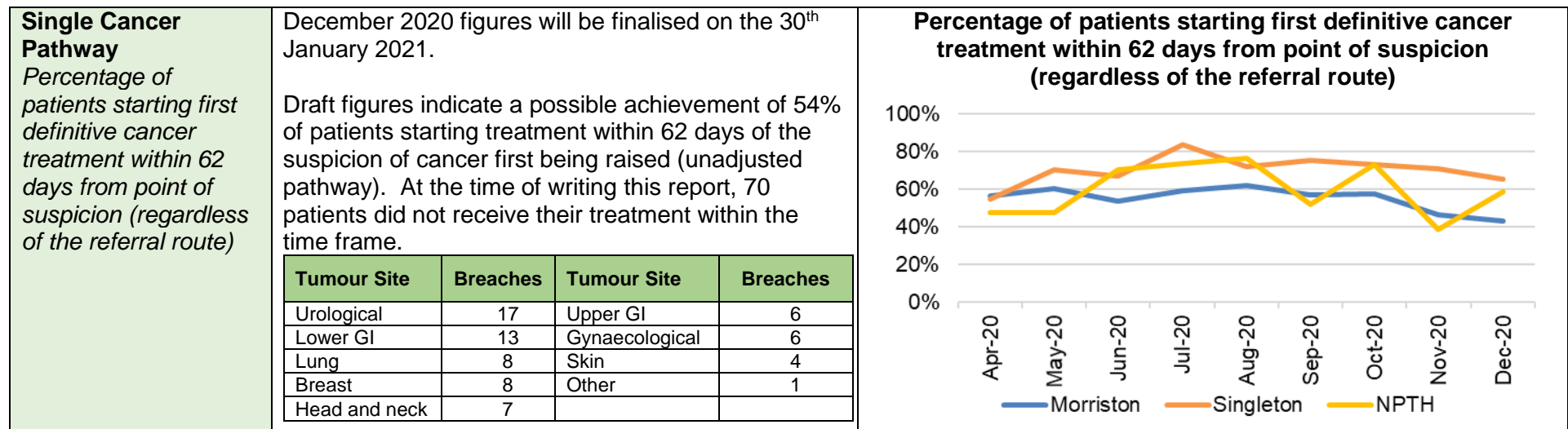
PLANNED CARE																																																																								
Description	Current Performance																																																																							
<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%.</p> <p>The percentage consistently fell every month between April and September 2020, however there has been an increase every month between October and December 2020 (44.8% in October, 47.6% in November 2020, 48.0% in December 2020).</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table border="1"><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-19</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Jan-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Feb-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Mar-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Apr-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>May-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Jun-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Jul-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Aug-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Sep-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Oct-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Nov-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr><tr><td>Dec-20</td><td>78%</td><td>80%</td><td>82%</td><td>98%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Dec-19	78%	80%	82%	98%	Jan-20	78%	80%	82%	98%	Feb-20	78%	80%	82%	98%	Mar-20	78%	80%	82%	98%	Apr-20	78%	80%	82%	98%	May-20	78%	80%	82%	98%	Jun-20	78%	80%	82%	98%	Jul-20	78%	80%	82%	98%	Aug-20	78%	80%	82%	98%	Sep-20	78%	80%	82%	98%	Oct-20	78%	80%	82%	98%	Nov-20	78%	80%	82%	98%	Dec-20	78%	80%	82%	98%
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<b>Ophthalmology waiting times</b> <i>Percentage 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</i>	<p>In November 2020, 48.4% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there has been a continuous downward trend in performance so far in 2020/21.</p> <p><i>NB. December 2020 figures were not available at the time of writing this report</i></p>	<p><b>Percentage 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</b></p> <table border="1"><caption>Percentage of ophthalmology R1 patients seen within target or within 25% of target date</caption><thead><tr><th>Month</th><th>% R1 patients seen within target or within 25% of target date</th></tr></thead><tbody><tr><td>Nov-19</td><td>70%</td></tr><tr><td>Dec-19</td><td>70%</td></tr><tr><td>Jan-20</td><td>70%</td></tr><tr><td>Feb-20</td><td>70%</td></tr><tr><td>Mar-20</td><td>70%</td></tr><tr><td>Apr-20</td><td>70%</td></tr><tr><td>May-20</td><td>70%</td></tr><tr><td>Jun-20</td><td>70%</td></tr><tr><td>Jul-20</td><td>70%</td></tr><tr><td>Aug-20</td><td>70%</td></tr><tr><td>Sep-20</td><td>70%</td></tr><tr><td>Oct-20</td><td>70%</td></tr><tr><td>Nov-20</td><td>70%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Nov-19	70%	Dec-19	70%	Jan-20	70%	Feb-20	70%	Mar-20	70%	Apr-20	70%	May-20	70%	Jun-20	70%	Jul-20	70%	Aug-20	70%	Sep-20	70%	Oct-20	70%	Nov-20	70%																																										
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<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In December 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 6,610 in November 2020 to 6,579 in December 2020.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for December 2020:</p> <ul style="list-style-type: none"><li>• Endoscopy= 2,218</li><li>• Radiology= 1,915</li><li>• Cardiac tests= 1,538</li><li>• Neurophysiology= 828</li><li>• Fluoroscopy= 32</li><li>• Physiological measurement= 27</li><li>• Cystoscopy= 21</li></ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table><caption>Approximate data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Dec-19</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>500</td><td>0</td><td>500</td></tr><tr><td>Apr-20</td><td>1500</td><td>500</td><td>4000</td></tr><tr><td>May-20</td><td>2500</td><td>1200</td><td>4800</td></tr><tr><td>Jun-20</td><td>2500</td><td>1200</td><td>4000</td></tr><tr><td>Jul-20</td><td>2300</td><td>1300</td><td>4000</td></tr><tr><td>Aug-20</td><td>2700</td><td>1500</td><td>3800</td></tr><tr><td>Sep-20</td><td>2000</td><td>1800</td><td>3500</td></tr><tr><td>Oct-20</td><td>1500</td><td>2200</td><td>3000</td></tr><tr><td>Nov-20</td><td>1500</td><td>2100</td><td>3000</td></tr><tr><td>Dec-20</td><td>1500</td><td>2200</td><td>2800</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Dec-19	500	0	0	Jan-20	500	0	0	Feb-20	500	0	0	Mar-20	500	0	500	Apr-20	1500	500	4000	May-20	2500	1200	4800	Jun-20	2500	1200	4000	Jul-20	2300	1300	4000	Aug-20	2700	1500	3800	Sep-20	2000	1800	3500	Oct-20	1500	2200	3000	Nov-20	1500	2100	3000	Dec-20	1500	2200	2800																												
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In December 2020 there were 708 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in December 2020 are:</p> <ul style="list-style-type: none"><li>• Audiology= 387</li><li>• Podiatry= 123</li><li>• Speech &amp; Language Therapy= 105</li><li>• Dietetics= 93</li></ul>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table><caption>Approximate data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Dietetics</th><th>Phsyio</th></tr></thead><tbody><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>100</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>600</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td><td>0</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td><td>0</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>0</td><td>0</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>0</td><td>0</td><td>387</td><td>93</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Dietetics	Phsyio	Dec-19	0	0	0	0	0	Jan-20	0	0	0	0	0	Feb-20	0	0	0	0	0	Mar-20	0	0	0	0	0	Apr-20	0	0	100	0	0	May-20	0	0	400	0	0	Jun-20	0	0	600	0	0	Jul-20	0	0	500	0	0	Aug-20	0	0	500	0	0	Sep-20	0	0	500	0	0	Oct-20	0	0	500	0	0	Nov-20	0	0	400	0	0	Dec-20	0	0	387	93	0
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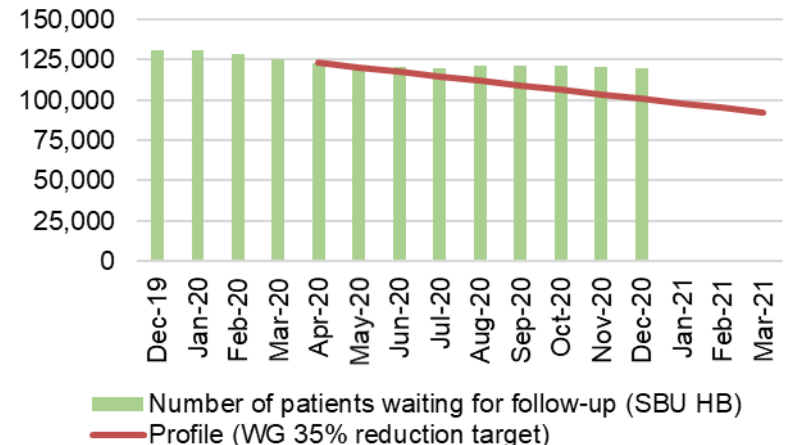
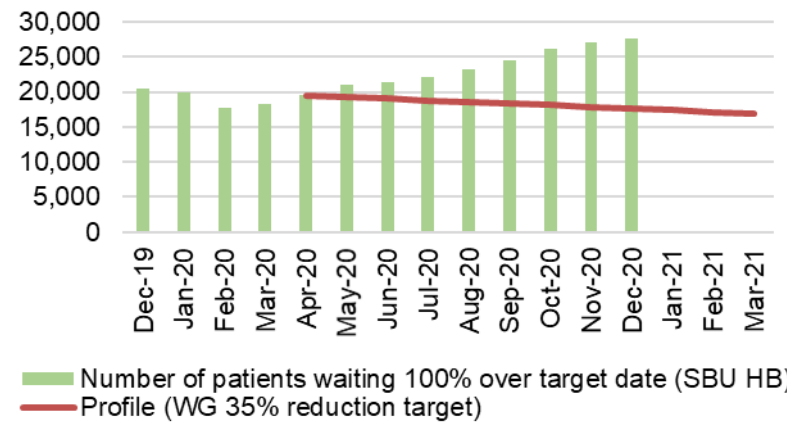




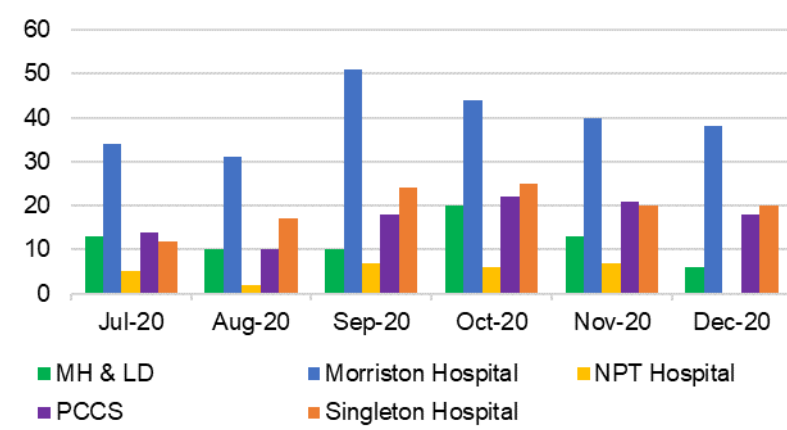
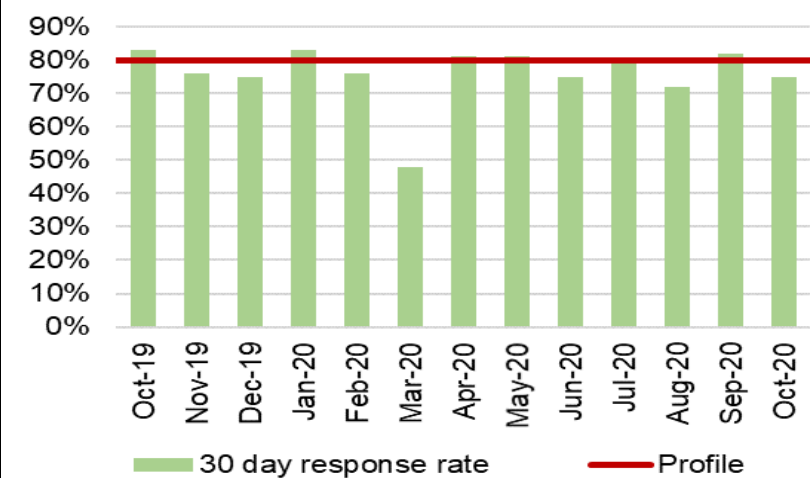
CANCER		
Description	Current Performance	Trend



CANCER																																																																																						
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through December 2020 the percentage of patients seen within 14 days to first appointment ranged between 9% and 24%.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of December 2020</b> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>&gt;31</th><th>Total</th></tr><tr><td>Breast</td><td>0</td><td>1</td><td>52</td><td>37</td><td>90</td></tr><tr><td>Children Cancer</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>0</td><td>4</td><td>44</td><td>18</td><td>66</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head&amp;Neck</td><td>2</td><td>7</td><td>1</td><td>3</td><td>13</td></tr><tr><td>Lower GI</td><td>0</td><td>0</td><td>2</td><td>30</td><td>32</td></tr><tr><td>Lung</td><td>0</td><td>4</td><td>2</td><td>1</td><td>7</td></tr><tr><td>Other</td><td>1</td><td>6</td><td>1</td><td>1</td><td>9</td></tr><tr><td>Sarcoma</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Skin</td><td>5</td><td>48</td><td>13</td><td>6</td><td>72</td></tr><tr><td>Upper GI</td><td>4</td><td>2</td><td>0</td><td>2</td><td>8</td></tr><tr><td>Urological</td><td>1</td><td>8</td><td>7</td><td>0</td><td>16</td></tr><tr><td>Total</td><td>13</td><td>80</td><td>122</td><td>98</td><td>313</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	0	1	52	37	90	Children Cancer	0	0	0	0	0	Gynaecological	0	4	44	18	66	Haematological	0	0	0	0	0	Head&Neck	2	7	1	3	13	Lower GI	0	0	2	30	32	Lung	0	4	2	1	7	Other	1	6	1	1	9	Sarcoma	0	0	0	0	0	Skin	5	48	13	6	72	Upper GI	4	2	0	2	8	Urological	1	8	7	0	16	Total	13	80	122	98	313
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<b>Radiotherapy waiting times</b>  <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>Dec-20</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>71%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>88%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>50%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>85%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>71%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>88%</td></tr></table>	Measure	Target	Dec-20	Scheduled (21 Day Target)	80%	71%	Scheduled (28 Day Target)	100%	88%	Urgent SC (7 Day Target)	80%	50%	Urgent SC (14 Day Target)	100%	85%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	71%	Elective Delay (28 Day Target)	100%	88%	<b>Radiotherapy waiting times</b> 																																																									
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In December 2020, the overall size of the follow-up waiting list reduced by 911 patients compared with November 2020 (from 120,874 to 119,963).</p> <p>In December 2020, there was a total of 56,210 patients waiting for a follow-up past their target date. This is an in-month reduction of 0.8% (from 56,647 in November 2020 to 56,210 in December 2020).</p> <p>Of the 56,210 delayed follow-ups in December 2020, 8,480 had appointment dates and 47,730 were still waiting for an appointment.</p> <p>In addition, 27,641 patients were waiting 100%+ over target date in December 2020. This is a 1.8% increase when compared with November 2020.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p>	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in December 2020 was 77% and 584 surveys were completed:             <ul style="list-style-type: none"> <li>➤ Neath Port Talbot Hospital (NPTH) completed 18 surveys in December 2020, with a recommended score of 67%.</li> <li>➤ Singleton Hospital completed 330 surveys for December, with a recommended score of 85%.</li> <li>➤ Morriston Hospital completed 152 surveys in December 2020, with a recommended score of 70%.</li> <li>➤ Mental Health &amp; Learning Disabilities completed 56 surveys for December 2020, with a recommended score of 21%.</li> <li>➤ Primary &amp; Community Care completed 84 surveys for December, with a recommended score of 62%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p> <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>

COMPLAINTS																																																																								
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<b>Patient concerns</b>  <i>1. Number of formal complaints received</i>  <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In December 2020, the Health Board received 83 formal complaints; this is a 5% reduction when compared with December 2019 (from 87 to 83). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020 however, the numbers have gradually increased month on month since April 2020.</p> <p>In December 2020, Neath Port Talbot Hospital did not receive any formal complaints.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 75% in October 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in September 2020 ranged from 64% in Singleton Hospital to 86% in Morriston Hospital.</p>	<div><h3>1. Number of formal complaints received</h3><table><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH &amp; LD</th><th>PCCS</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Jul-20</td><td>13</td><td>14</td><td>34</td><td>5</td><td>12</td></tr><tr><td>Aug-20</td><td>10</td><td>10</td><td>31</td><td>0</td><td>17</td></tr><tr><td>Sep-20</td><td>10</td><td>18</td><td>50</td><td>7</td><td>24</td></tr><tr><td>Oct-20</td><td>20</td><td>22</td><td>44</td><td>6</td><td>25</td></tr><tr><td>Nov-20</td><td>13</td><td>21</td><td>40</td><td>7</td><td>20</td></tr><tr><td>Dec-20</td><td>6</td><td>18</td><td>38</td><td>0</td><td>20</td></tr></tbody></table></div> <div><h3>2. Response rate for concerns within 30 days</h3><table><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>30 day response rate (%)</th></tr></thead><tbody><tr><td>Oct-19</td><td>82</td></tr><tr><td>Nov-19</td><td>76</td></tr><tr><td>Dec-19</td><td>75</td></tr><tr><td>Jan-20</td><td>82</td></tr><tr><td>Feb-20</td><td>76</td></tr><tr><td>Mar-20</td><td>48</td></tr><tr><td>Apr-20</td><td>80</td></tr><tr><td>May-20</td><td>80</td></tr><tr><td>Jun-20</td><td>75</td></tr><tr><td>Jul-20</td><td>80</td></tr><tr><td>Aug-20</td><td>72</td></tr><tr><td>Sep-20</td><td>82</td></tr><tr><td>Oct-20</td><td>75</td></tr></tbody></table></div>	Month	MH & LD	PCCS	Morriston Hospital	NPT Hospital	Singleton Hospital	Jul-20	13	14	34	5	12	Aug-20	10	10	31	0	17	Sep-20	10	18	50	7	24	Oct-20	20	22	44	6	25	Nov-20	13	21	40	7	20	Dec-20	6	18	38	0	20	Month	30 day response rate (%)	Oct-19	82	Nov-19	76	Dec-19	75	Jan-20	82	Feb-20	76	Mar-20	48	Apr-20	80	May-20	80	Jun-20	75	Jul-20	80	Aug-20	72	Sep-20	82	Oct-20	75
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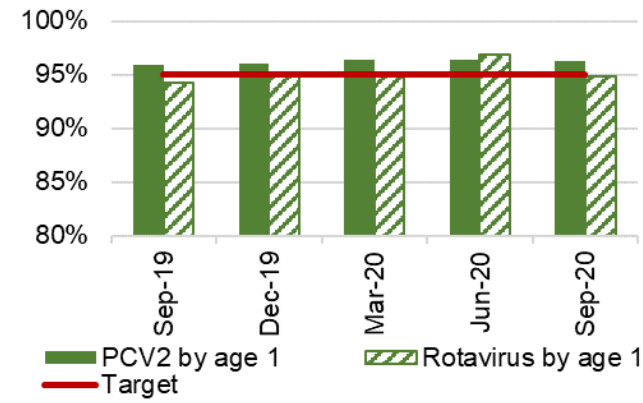
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.1 Vaccinations and Immunisations

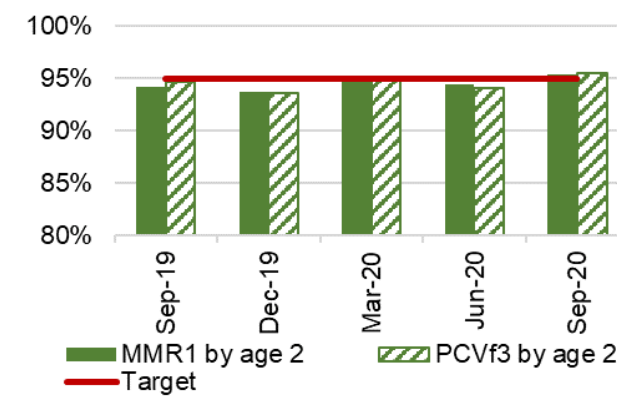
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



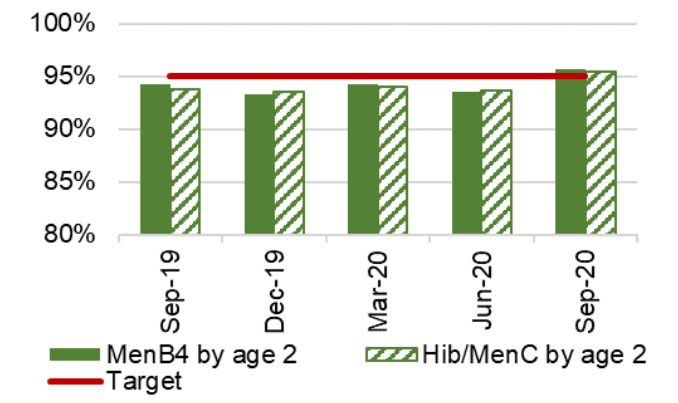
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



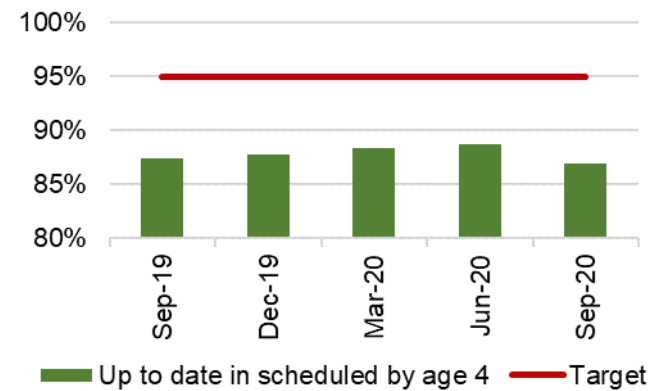
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



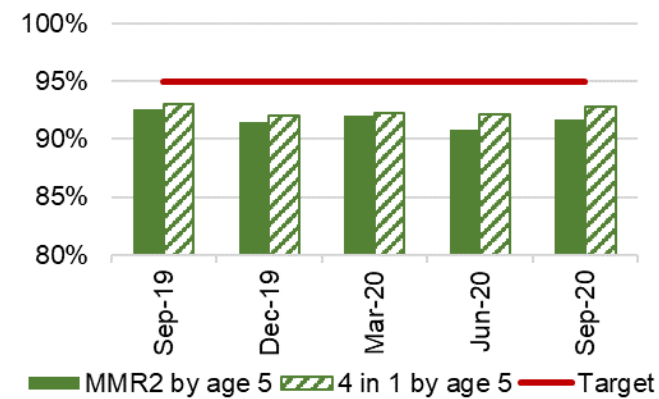
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



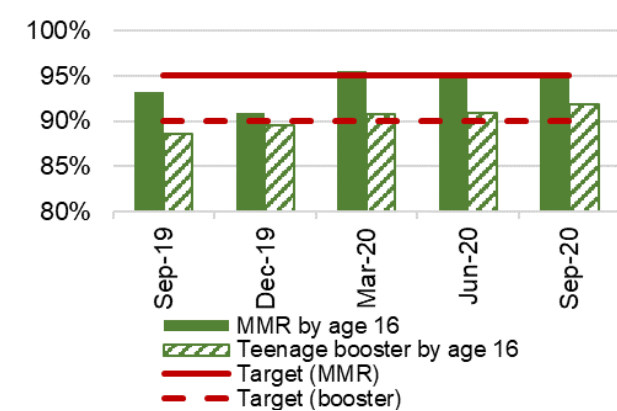
**Chart 5: % children who are up to date in schedule by age 4**



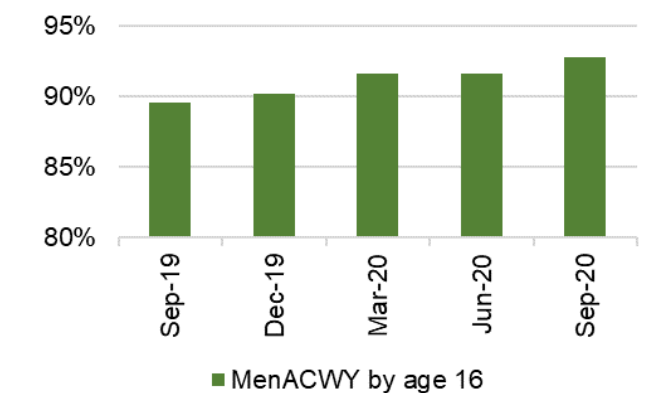
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



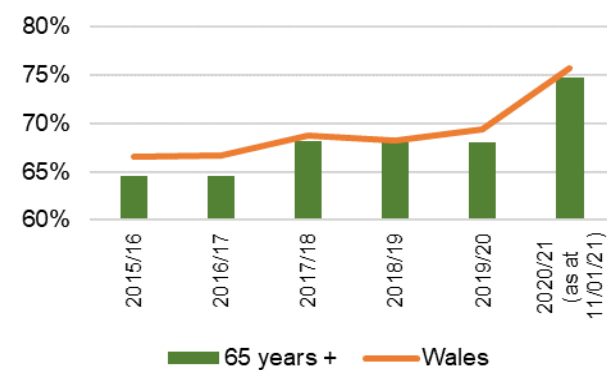
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



**Chart 8: % children who received MenACWY vaccine by age 16**

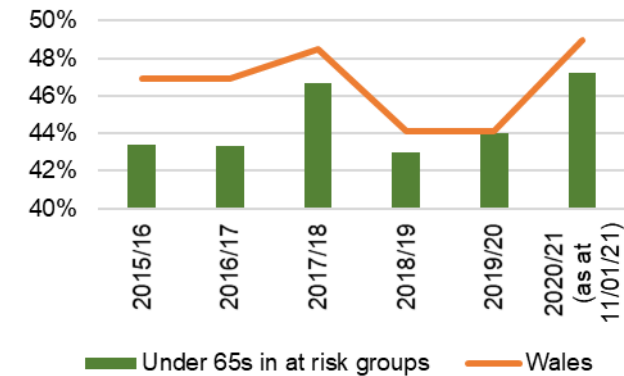


**Chart 9: Influenza uptake for amongst 65 year olds and over**



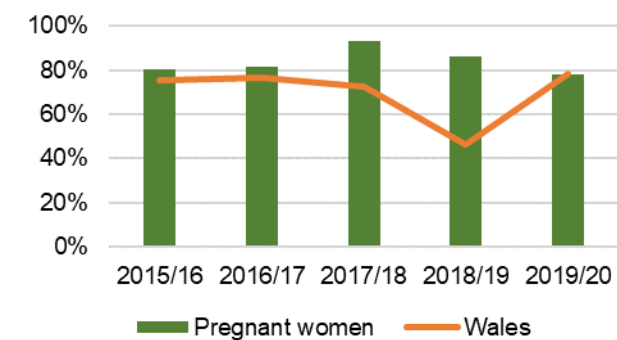
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 10: Influenza uptake for amongst 65s in risk groups**



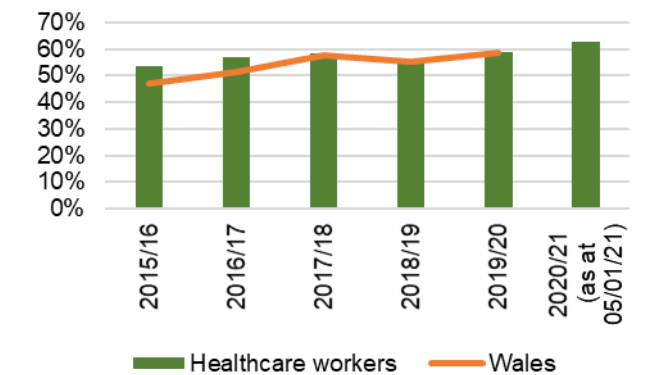
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.  
2020/21 data not available

**Chart 12: Influenza uptake for amongst healthcare workers**

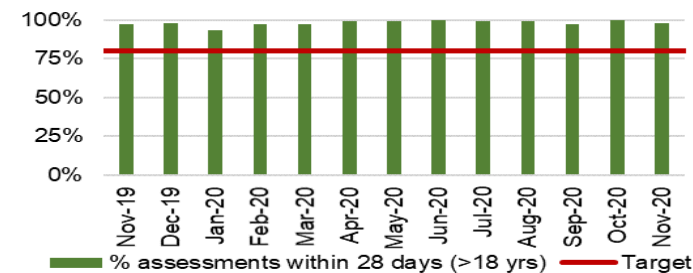


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.  
2020/21 all-Wales data not yet available

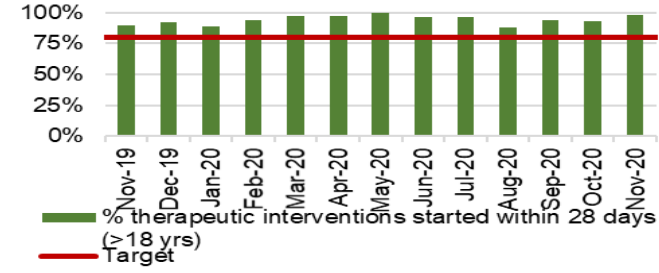
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.2 Mental Health Overview

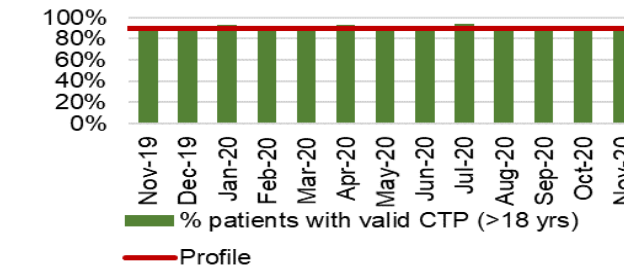
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



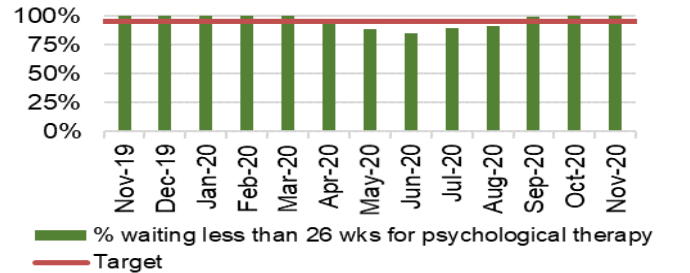
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



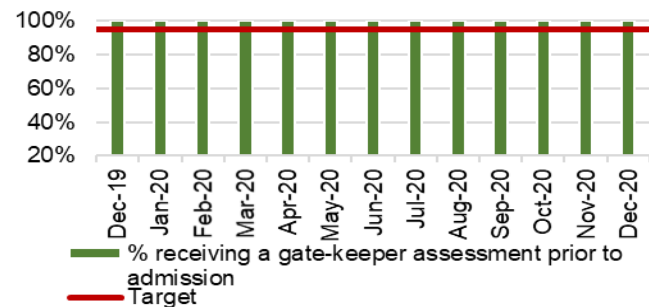
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



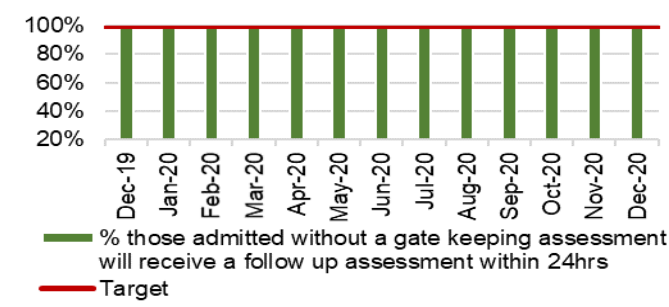
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



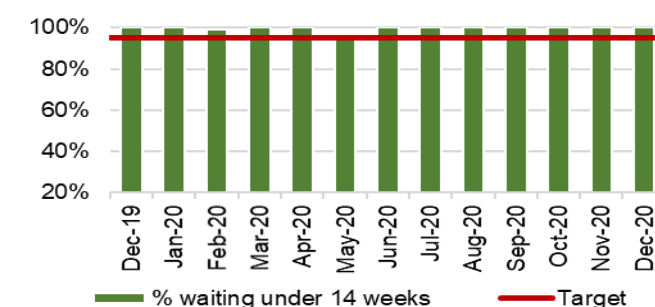
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



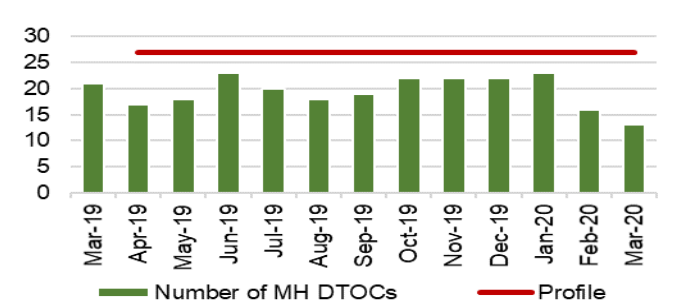
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



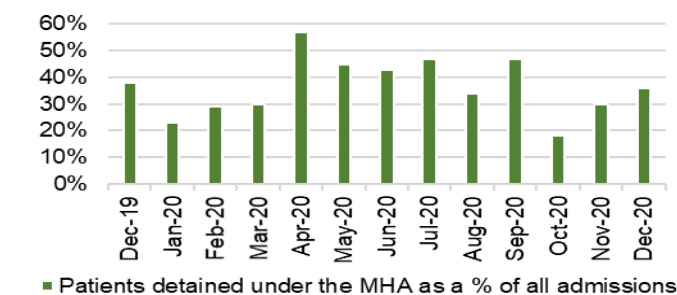
**Chart 7: % of patients waiting under 14 weeks for Therapies**



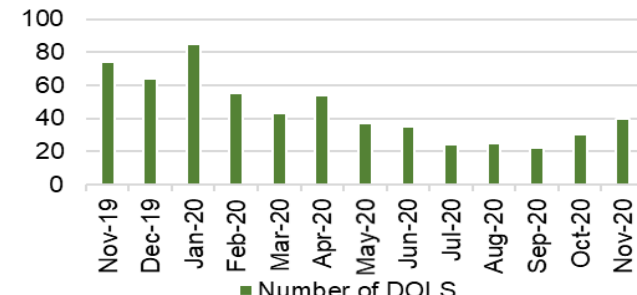
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)**



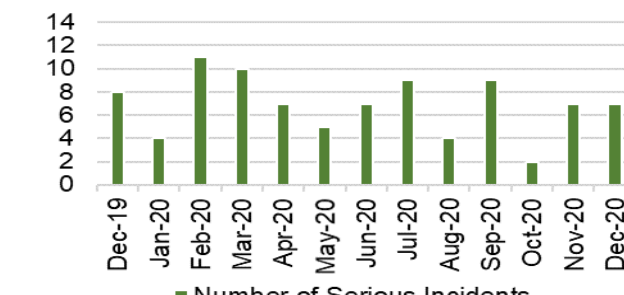
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



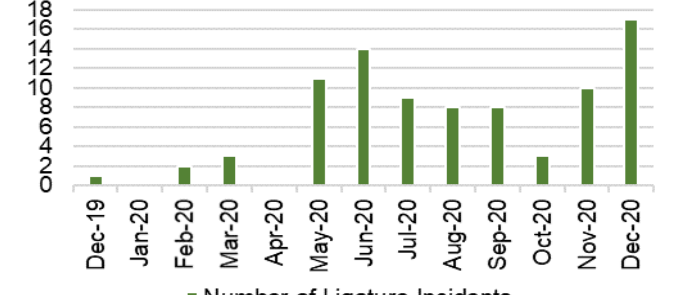
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Serious Incidents**

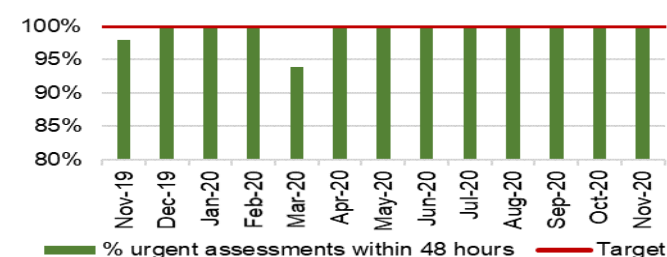


**Chart 12: Number of ligature incidents**

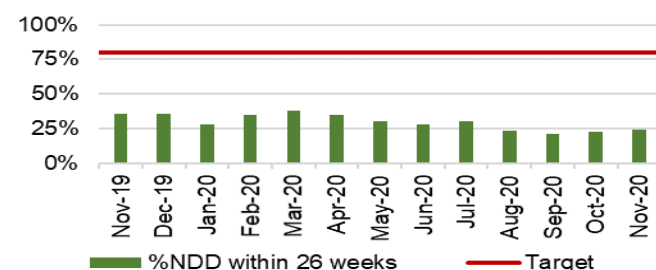


### Child & Adolescent Mental Health Services (CAMHS)

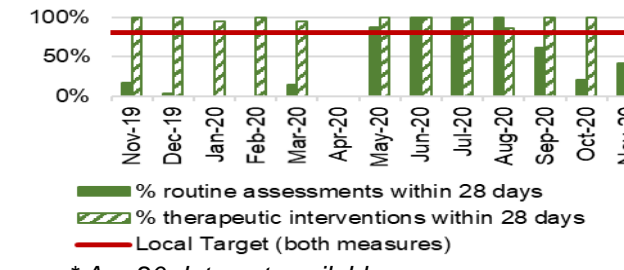
**Chart 13: Urgent assessments undertaken within 24 hours from receipt of referral**



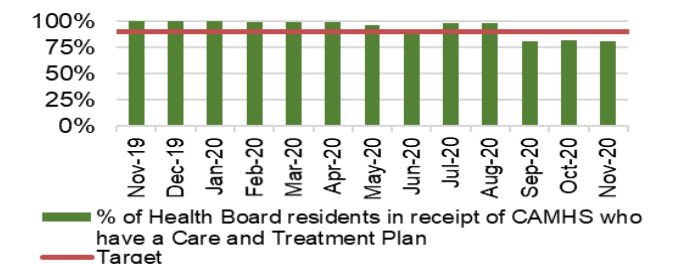
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



**Chart 16: % of residents with a Care and Treatment Plan**



\* Apr-20 data not available

## 7.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
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<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In November 2020, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In November 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2020.</p> <p>4. In November 2020, 100% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>90%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>95%</td><td>80%</td></tr> <tr><td>Jan-20</td><td>90%</td><td>80%</td></tr> <tr><td>Feb-20</td><td>95%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>95%</td><td>80%</td></tr> <tr><td>Apr-20</td><td>95%</td><td>80%</td></tr> <tr><td>May-20</td><td>95%</td><td>80%</td></tr> <tr><td>Jun-20</td><td>95%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>95%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>95%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>95%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>95%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>98%</td><td>80%</td></tr> </tbody> </table> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>85%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>80%</td></tr> <tr><td>Jan-20</td><td>85%</td><td>80%</td></tr> <tr><td>Feb-20</td><td>90%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>90%</td><td>80%</td></tr> <tr><td>Apr-20</td><td>90%</td><td>80%</td></tr> <tr><td>May-20</td><td>95%</td><td>80%</td></tr> <tr><td>Jun-20</td><td>90%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>90%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>85%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>90%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>90%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>98%</td><td>80%</td></tr> </tbody> </table> <p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (&gt;18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>90%</td><td>90%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>90%</td></tr> <tr><td>Jan-20</td><td>95%</td><td>90%</td></tr> <tr><td>Feb-20</td><td>90%</td><td>90%</td></tr> <tr><td>Mar-20</td><td>90%</td><td>90%</td></tr> <tr><td>Apr-20</td><td>95%</td><td>90%</td></tr> <tr><td>May-20</td><td>90%</td><td>90%</td></tr> <tr><td>Jun-20</td><td>90%</td><td>90%</td></tr> <tr><td>Jul-20</td><td>95%</td><td>90%</td></tr> <tr><td>Aug-20</td><td>90%</td><td>90%</td></tr> <tr><td>Sep-20</td><td>90%</td><td>90%</td></tr> <tr><td>Oct-20</td><td>90%</td><td>90%</td></tr> <tr><td>Nov-20</td><td>91%</td><td>90%</td></tr> </tbody> </table> <p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>90%</td><td>95%</td></tr> <tr><td>May-20</td><td>85%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>80%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>85%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>90%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>100%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Nov-19	90%	80%	Dec-19	95%	80%	Jan-20	90%	80%	Feb-20	95%	80%	Mar-20	95%	80%	Apr-20	95%	80%	May-20	95%	80%	Jun-20	95%	80%	Jul-20	95%	80%	Aug-20	95%	80%	Sep-20	95%	80%	Oct-20	95%	80%	Nov-20	98%	80%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Nov-19	85%	80%	Dec-19	90%	80%	Jan-20	85%	80%	Feb-20	90%	80%	Mar-20	90%	80%	Apr-20	90%	80%	May-20	95%	80%	Jun-20	90%	80%	Jul-20	90%	80%	Aug-20	85%	80%	Sep-20	90%	80%	Oct-20	90%	80%	Nov-20	98%	80%	Month	% patients with valid CTP (>18 yrs)	Profile	Nov-19	90%	90%	Dec-19	90%	90%	Jan-20	95%	90%	Feb-20	90%	90%	Mar-20	90%	90%	Apr-20	95%	90%	May-20	90%	90%	Jun-20	90%	90%	Jul-20	95%	90%	Aug-20	90%	90%	Sep-20	90%	90%	Oct-20	90%	90%	Nov-20	91%	90%	Month	% waiting less than 26 wks for psychological therapy	Target	Nov-19	95%	95%	Dec-19	95%	95%	Jan-20	95%	95%	Feb-20	95%	95%	Mar-20	95%	95%	Apr-20	90%	95%	May-20	85%	95%	Jun-20	80%	95%	Jul-20	85%	95%	Aug-20	90%	95%	Sep-20	95%	95%	Oct-20	95%	95%	Nov-20	100%	95%
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In November 2020, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 41% of routine assessments were undertaken within 28 days from referral in November 2020 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2020.</p> <p>4. 24% of NDD patients received a diagnostic assessment within 26 weeks in November 2020 against a target of 80%.</p> <p>5. 62% of routine assessments by SCAMHS were undertaken within 28 days in November 2020.</p>	<p><b>1. Crisis- assessment within 48 hours</b></p> <table border="1"> <caption>1. 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## 8. FINANCE UPDATES

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend																																								
<b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit	<ul style="list-style-type: none"><li>• The reported revenue financial position for December 2020 is an in-month overspend of £1.944m, resulting in a cumulative overspend of £18.680m.</li><li>• The in-month position broadly reflects the HB operational plan deficit, with COVID costs and savings broadly covered by WG funding allocations.</li><li>• The application of this funding provides coverage for the additional costs of incurred and the savings delivery impact of the pandemic.</li><li>• The cumulative overspend compares with the planned operational deficit for 2020/21, which to December is £18.3m.</li></ul>	<table border="1"><caption>HEALTH BOARD FINANCIAL PERFORMANCE 2020/21</caption><thead><tr><th>Month</th><th>Operational Position (£'000)</th><th>Savings Delivery (£'000)</th><th>Net COVID Impact (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>2,118</td><td>1,749</td><td>1,529</td></tr><tr><td>M2</td><td>2,101</td><td>1,480</td><td>6,652</td></tr><tr><td>M3</td><td>1,930</td><td>1,476</td><td>-2,707</td></tr><tr><td>M4</td><td>2,147</td><td>1,467</td><td>1,187</td></tr><tr><td>M5</td><td>2,358</td><td>1,310</td><td>3,914</td></tr><tr><td>M6</td><td>2,018</td><td>1,394</td><td>-19,315</td></tr><tr><td>M7</td><td>1,528</td><td>1,364</td><td>-876</td></tr><tr><td>M8</td><td>2,231</td><td>1,311</td><td>-1,631</td></tr><tr><td>M9</td><td>1,944</td><td>1,418</td><td>-1,418</td></tr></tbody></table>	Month	Operational Position (£'000)	Savings Delivery (£'000)	Net COVID Impact (£'000)	M1	2,118	1,749	1,529	M2	2,101	1,480	6,652	M3	1,930	1,476	-2,707	M4	2,147	1,467	1,187	M5	2,358	1,310	3,914	M6	2,018	1,394	-19,315	M7	1,528	1,364	-876	M8	2,231	1,311	-1,631	M9	1,944	1,418	-1,418
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Description	Current Performance	Trend
<b>Capital Financial Position –</b> expenditure incurred against capital resource limit	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2020/21 is an overspend of £0.342m. Allocations on 4 schemes are anticipated from WG which will balance this position.</li> <li>The forecast outturn includes latest estimates for COVID expenditure across our surge capacity, Field Hospitals and new ways of working, including home working.</li> </ul>	<p><b>Capital - Cumulative Performance to Plan</b></p>
<b>Workforce Spend –</b> workforce expenditure profile	<ul style="list-style-type: none"> <li>The total workforce costs were slightly lower than forecast planned spend in December. This reflects field hospital not being operationalised and delays in medical rota change payments and service development slippage.</li> <li>Variable pay costs have increased by around £1m in December, which reflects the increasing operational pressures, resulting in utilising all funded beds and the use of surge capacity.</li> </ul>	<p><b>Variable Pay Expenditure This Year and Last Year</b></p>



Description	Current Performance	Trend																														
<p><b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>The number of invoices paid within 30 days in December was again below the 95% target, with in month performance being 93.63%. This represented a slightly poorer performance than in November when 94.52% of invoices were paid within 30 days. December saw a further reduction in the number of nurse agency invoices paid after 30 days from 171 in November to 153 in December. The in month failure to achieve the 95% target was mainly due to delays in receipting of goods and delays in the processing of pharmacy invoices.</li> <li>The December performance has marginally increased the cumulative compliance for the year to date from 93.04% at the end of November to 93.11% at the end of December, but performance will need to be significantly above 95% for the last quarter of the financial year in order to reach 95% cumulative compliance by financial year end.</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>87.86</td> <td>87.86</td> </tr> <tr> <td>May</td> <td>94.33</td> <td>90.69</td> </tr> <tr> <td>June</td> <td>96.93</td> <td>92.69</td> </tr> <tr> <td>July</td> <td>94.27</td> <td>93.39</td> </tr> <tr> <td>August</td> <td>94.27</td> <td>93.39</td> </tr> <tr> <td>September</td> <td>93.39</td> <td>93.39</td> </tr> <tr> <td>October</td> <td>89.99</td> <td>92.86</td> </tr> <tr> <td>November</td> <td>94.52</td> <td>93.04</td> </tr> <tr> <td>December</td> <td>93.63</td> <td>93.11</td> </tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	87.86	87.86	May	94.33	90.69	June	96.93	92.69	July	94.27	93.39	August	94.27	93.39	September	93.39	93.39	October	89.99	92.86	November	94.52	93.04	December	93.63	93.11
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APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
COVID19 related measures	Number of new COVID19 cases	Local	Dec-20	11,972		Reduce									1,381	303	57	53	66	787	4,662	5,525	11,972
	Number of staff referred for Antigen Testing	Local	Dec-20	10,065		Reduce									2,281	2,785	3,102	3,329	3,564	4,765	6,460	8,201	10,065
	Number of staff awaiting results of COVID19 test	Local	Dec-20	99		Reduce									0	19	16	1	0	38 (as at 10/10/20)	21 (as at 06/11/20)	41 (as at 06/12/20)	99 (as at 05/01/21)
	Number of COVID19 related incidents	Local	Dec-20	116		Reduce									119	67	40	26	39	30	87	141	116
	Number of COVID19 related serious incidents	Local	Dec-20	0		Reduce									1	0	2	0	11	1	1	1	0
	Number of COVID19 related complaints	Local	Dec-20	66		Reduce									77	61	39	58	27	30	37	50	66
	Number of COVID19 related risks	Local	Dec-20	10		Reduce									19	20	19	5	8	2	6	7	10
	Number of staff self isolated (asymptomatic)	Local	Nov-20	291		Reduce									851	516	474	422	420	353	329	291	
	Number of staff self isolated (symptomatic)	Local	Nov-20	294		Reduce									860	292	141	70	36	72	132	294	
% sickness	Local	Nov-20	4.4%		Reduce									13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%		

Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%																			
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-20	54%	65%	65%	✖	59.5% (Nov-20)	2nd (Nov-20)		62%	67%	69%	69%	70%	75%	76%	74%	72%	69%	66%	67%	54%	
	Number of ambulance handovers over one hour	National	Dec-20	510	0			3,328 (Nov-20)	4th (Nov-20)		868	848	704	462	61	20	47	120	163	410	355	500	510	
	Handover hours lost over 15 minutes	Local	Dec-20	1,804							3,361	3,545	2,247	1,623	209	125	178	315	418	1,100	916	1,474	1,804	
	% 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	National	Dec-20	73%	95%			75.1% (Oct-20)	5th (Oct-20)		70.9%	71.6%	74.1%	72.8%	78.4%	83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Dec-20	776	0			4,360 (Oct-20)	4th (Oct-20)		1,018	1,038	783	557	131	97	81	223	286	537	494	626	776	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Sep-20	88.9%	12 month ↑			85.1% (Sep-20)	2nd (Sep-20)		84.4%	78.6%	87.5%	75.0%	78.9%	77.1%	95.5%	93.5%	93.6%	88.9%				
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-20	84.0%	12 month ↑			59% (Oct-20)	2nd (Oct-20)		78.0%	80.0%	79.0%	79.0%	79.0%	80.0%	82.0%	83.0%	83.0%	84.0%	84.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Dec-20	7.1%	54.0%			28.7% (Oct-20)	4th (Oct-20)		39%	24%	62%	47.4%	Data not available			52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%
	CT Scan (<1 hrs) (local)	Local	Dec-20	22.7%							44%	43%	38%	42.5%				49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Dec-20	95.5%	85.3%			81.7% (Oct-20)	1st (Oct-20)		100%	90%	97%	97.5%				100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%
	Thrombolysis door to needle <= 45 mins	Local	Dec-20	0.0%	12 month ↑						20%	0%	0%	0.0%				30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Dec-20	63.4%	12 month ↑			51.9% (Oct-20)	1st (Oct-20)		38%	33%	28%	32.8%				30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%
	% of stroke patients who receive a 6 month follow-up assessment	National	Q3 19/20	49.6%	Qtr on qtr ↑			62.2% (Q3 19/20)	5th out of 6 organisations (Q3 19/20)		49.6%													
DTCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				22	23	16	13	DTC reporting temporarily suspended									
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✖				53	52	69	60	DTC reporting temporarily suspended									
	% critical care bed days lost to delayed transfer of care	National	Q1 20/21	26.2%	Quarter on quarter ↓			5.3% (Q1 20/21)	2nd (Q1 20/21)		21.3%			26.2%				2.5%						

Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Dec-20	60.7	<67		✔	61.86 (Nov-20)	4th (Nov-20)		78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8	62.5	64.0	65.7	63.8	60.7	
	Number of E.Coli bacteraemia cases (Hospital)		Dec-20	5							12	15	15	8	6	6	3	8	8	7	14	5	5	
	Number of E.Coli bacteraemia cases (Community)			7								20	18	16	15	8	8	14	17	24	16	11	11	7
	Total number of E.Coli bacteraemia cases			12								32	33	31	23	14	14	17	25	32	23	25	16	12
	Cumulative cases of S.aureus bacteraemias per 100k pop		Dec-20	31.7	<20		✘	24.12 (Nov-20)	6th (Nov-20)		35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1	28.2	30.7	31.5	32.7	31.7	
	Number of S.aureus bacteraemias cases (Hospital)		Dec-20	6							7	6	6	4	4	2	4	3	5	7	6	7	6	
	Number of S.aureus bacteraemias cases (Community)			3								4	7	2	5	6	4	8	3	7	7	6	3	
	Total number of S.aureus bacteraemias cases			9								11	13	8	9	10	6	12	6	12	14	12	13	9
	Cumulative cases of C.difficile per 100k pop		Dec-20	45.7	<26		✘	29.5 (Nov-20)	6th (Nov-20)		35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3	50.2	51.2	50.4	48.4	45.7	
	Number of C.difficile cases (Hospital)		Dec-20	6								7	6	11	5	9	6	14	7	9	12	12	8	6
	Number of C.difficile cases (Community)			3								4	5	4	3	2	10	6	4	14	6	3	2	3
	Total number of C.difficile cases			9								11	11	15	8	11	16	20	11	23	18	15	10	9
	Cumulative cases of Klebsiella per 100k pop		Dec-20	24.9								21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0	22.1	21.0	21.9	23.4	24.9
	Number of Klebsiella cases (Hospital)		Dec-20	8								4	7	2	4	1	4	4	3	6	3	7	7	8
	Number of Klebsiella cases (Community)			4								2	1	1	3	5	2	5	2	4	2	2	4	4
	Total number of Klebsiella cases			12					49 (Nov-20)	7th (Nov-20)		6	8	3	7	6	6	9	5	10	5	9	11	12
	Cumulative cases of Aeruginosa per 100k pop		Dec-20	5.5								7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2	6.7	5.6	5.7	5.8	5.5
	Number of Aeruginosa cases (Hospital)		Dec-20	1								1	2	1	1	2	3	0	0	0	0	1	1	1
	Number of Aeruginosa cases (Community)			0								1	1	0	0	0	2	0	1	3	0	1	1	0
	Total number of Aeruginosa cases			1					15 (Nov-20)	2nd (Nov-20)		2	3	1	1	2	5	0	1	3	0	2	2	1
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-20	96%		95%	✔					96%	97%	93%	99%	98%	99%	98%	98%	94%	96%	97%	97%	96%	
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-20	4%	90%	80%	✘				38%	28%	29%	30%	7%	29%	0%	0%	50%	20%	0%	0%	4%	
	Number of new Never Events	National	Dec-20	0	0	0	✔				1	1	0	0	0	0	1	0	0	0	1	1	0	
	Number of risks with a score greater than 20	Local	Dec-20	146		12 month ↓	✘				109	111	114	108	109	101	110	115	121	117	130	138	146	
	Number of risks with a score greater than 16	Local	Dec-20	238		12 month ↓	✘				202	205	204	198	202	193	204	204	210	206	224	224	238	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Nov-20	42		12 month ↓	✘				24	30	41	31	25	29	18	19	37	44	59	42		
	Number of pressure ulcers developed in the community		Nov-20	29		12 month ↓	✘				24	26	25	39	34	33	34	28	25	21	34	29		
	Total number of pressure ulcers		Nov-20	71		12 month ↓	✘				48	56	66	70	59	62	52	47	62	65	93	71		
	Number of grade 3+ pressure ulcers acquired in hospital		Nov-20	4		12 month ↓	✘				2	2	3	1	2	0	1	0	4	0	4	4		
	Number of grade 3+ pressure ulcers acquired in community		Nov-20	5		12 month ↓	✘				3	5	8	8	4	6	9	4	5	5	11	5		
	Total number of grade 3+ pressure ulcers		Nov-20	9		12 month ↓	✘				5	7	11	9	6	6	10	4	9	5	15	9		
Inpatient Falls	Number of Inpatient Falls	Local	Dec-20	247		12 month ↓	✘				297	249	207	210	193	209	196	208	227	219	187	247	247	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Nov-20	98%	95%	95%	✔				98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	95.5%	96.6%	99.2%	100.0%	98.1%		
	Stage 2 mortality reviews required	Local	Nov-20	17							15	16	8	9	10	11	10	10	10	11	9	17		
	% stage 2 mortality reviews completed	Local	Sep-20	55%		100%	✘				67.0%	75.0%	44.4%	0.0%	30.0%	27.3%	50.0%	90.0%	50.0%	54.5%				
	Crude hospital mortality rate (74 years of age or less)	National	Nov-20	1.01%	12 month ↓			1.27% (Oct-20)	4th (Oct-20)		0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	0.90%	0.93%	0.97%	1.01%		
	% of deaths scrutinised by a medical examiner	National				Qtr on qtr ↑									New measure for 2020/21- awaiting data									
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-20	98%		98%	✔				96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%	92.4%	93.6%	93.9%	94.6%	98.5%	
Coding	% of episodes clinically coded within 1 month of discharge	Local	Nov-20	93%	95%	95%	✘				95%	96%	95%	94%	94%	97%	97%	96%	96%	96%	95%	93%		
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9% (2019/20)	7th (2019/20)		2019/20= 91.4%													
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Dec-20	59%		100%	✘				65.0%	66.0%	67.0%	68%	61%	63%	67%	63%	66%	70%	68%	66%	59%	
Workforce	Agency spend as a % of the total paybill	National	Jul-20	2.81%	12 month ↓			3.83% (Jul-20)	4th out of 10 organisations (Jul-20)		4.07%	4.95%	4.69%	4.46%	4.04%	3.21%	4.32%	2.81%						
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82 (2018)	7th out of 10 organisations (2018)		2018= 3.81													
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-20	54%	85%	85%	✘	61.7% (Jul-20)	7th out of 10 organisations (Jul-20)		70%	72%	74%	72%	68%	63%	60%	59%	58%	58%	58%	56%	54%	
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54% (2018)	2nd (2018)		2018= 55%													
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Dec-20	80%	85%	85%	✘	80.0% (Jul-20)	7th out of 10 organisations (Jul-20)		80%	81%	82%	83%	82%	79%	79%	80%	80%	80%	80%	80%	80%	
	% workforce sickness absence (12 month rolling)	National	Nov-20	7.23%	12 month ↓			5.97% (Jul-20)	10th out of 10 organisations (Jul-20)		6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	7.03%	7.03%	7.03%	7.07%	7.23%		
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73% (2018)	7th out of 10 organisations (2018)		2018= 72%													

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Nov-20	88%	Annual ↑	95%	✖	86.2%			88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Nov-20	97%	Annual ↑	95%	✔				97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7% (2019/20)	7th (2019.20)		2019/20=38.8%													
	% of population regularly accessing NHS primary dental care	Local	Q4 19/20	60.6%	4 quarter ↑			54.8% (Q4 19/20)	2nd (Q4 19/20)	.	61%			61%										
	% of children regularly accessing NHS primary dental care within 24 months	National	Q4 19/20	78.7%	4 quarter ↑			68.3% (Q4 19/20)	1st (Q4 19/20)	.	79%			79%										
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Nov-20	17.2%	4 quarter ↓			32.2% (Q3 19/20)	2nd (Q3 19/20)		32.3%	31.6%	31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	24.7%	23.8%	27.2%	17.2%		
Cancer	% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	National	Nov-20	90.6%	98%			93.9% (Oct-20)	6th out of 6 organisations (Oct-20)		92%	99%	93%	93%	97%	82%	85%	90%	91%	94%	83%	91%	National measure retired in November 2020	
	% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	National	Nov-20	79.2%	95%			73.7% (Oct-20)	1st out of 6 organisations (Oct-20)		92%	86%	78%	85%	81%	86%	88%	91%	91%	82%	85%	79%	National measure retired in November 2020	
	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Dec-20 (draft)	54.0%	12 month ↑			72.0% (Oct-20)	2nd out of 6 organisations (Oct-20)		61.0%	50.0%	48.0%	58.0%	54.7%	61.8%	59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	54.0%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Dec-20	71%	80%		✖				43%	34%	28%	56%	49%	46%	57%	71%	63%	60%	75%	58%	71%	
	Scheduled (28 Day Target)	Local	Dec-20	88%	100%		✖				63%	60%	58%	77%	86%	84%	93%	97%	92%	86%	90%	85%	88%	
	Urgent SC (7 Day Target)	Local	Dec-20	50%	80%		✖				53%	50%	52%	48%	45%	33%	65%	57%	57%	54%	43%	31%	50%	
	Urgent SC (14 Day Target)	Local	Dec-20	85%	100%		✖				79%	79%	92%	89%	91%	83%	90%	97%	91%	92%	86%	100%	85%	
	Emergency (within 1 day)	Local	Dec-20	100%	80%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Emergency (within 2 days)	Local	Dec-20	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Elective Delay (21 Day Target)	Local	Dec-20	71%	80%		✖				35%	58%	56%	84%	76%	83%	92%	52%	46%	58%	58%	56%	71%	
	Elective Delay (28 Day Target)	Local	Dec-20	88%	100%		✖				58%	68%	73%	94%	88%	100%	100%	97%	75%	60%	75%	73%	88%	
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-20	6,579	0			58,029 (Oct-20)	3rd (Oct-20)		569	628	424	1,407	5,788	8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-20	708	0			7,973 (Oct-20)	6th (Oct-20)		0	0	1	51	387	982	1,646	1,554	1,518	1,350	1,135	817	708	
	% of patients waiting < 26 weeks for treatment	National	Dec-20	48%	95%			48.5% (Oct-20)	7th (Oct-20)		82.6%	81.8%	82.3%	80.2%	72.3%	64.0%	59.4%	52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-20	21,141	0						1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,141	
	Number of patients waiting > 36 weeks for treatment	National	Dec-20	35,031	0			205,047 (Oct-20)	3rd (Oct-20)		5,141	5,623	5,729	6,509	8,355	10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,031	
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-20	119,963	35% reduction by March 2021	100,700	✖	773,445 (Oct-20)	5th (Oct-20)		131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969	120,962	120,968	120,874	119,963	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-20	27,641		17,657	✖	201,871 (Oct-20)	5th (Oct-20)		20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209	24,472	26,217	27,156	27,641	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Nov-20	48%	95%			44.3% (Oct-20)	3rd (Oct-20)		71.6%	75.9%	78.5%	76.2%	69.9%	64.1%	63.4%	55.5%	50.9%	47.7%	45.2%	48.4%		
Hepatitis C	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	National			HB target TBC										New measure for 2020/21- awaiting data									
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-20	7.5%	12 month ↓						7.4%	6.5%	6.0%	5.6%	5.2%	3.7%	4.5%	4.4%	5.0%	6.2%	6.4%	6.7%	7.5%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-20	7.9%	12 month ↓						8.0%	7.7%	6.9%	6.5%	4.7%	3.3%	4.4%	4.9%	6.1%	6.6%	6.6%	7.0%	7.9%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-20	59.0%		90%	✖				56%	63%	66%	35%	6%	11%	16%	42%	90%	75%	75%	74%	59%	
	% of theatre sessions starting late	Local	Dec-20	45.3%		<25%	✖				46%	44%	43%	38%	45%	43%	46%	51%	46%	49%	44%	39%	45%	
	% of theatre sessions finishing early	Local	Dec-20	47.0%		<20%	✖				43%	41%	42%	40%	43%	45%	36%	37%	28%	39%	38%	50%	47%	
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Sep-20	2,083	> 5% annual ↓			11,128 (Sep-20)	6th (Sep-20)		3,331	3,375	3,252	3,228	3,086	2,864	2,654	2,385	2,275	2,083				
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q1 20/21	98.7%	100%	100%	✖	98.1% (Q1 20/21)	3rd out of 6 organisations (Q1 20/21)		98.6%			98.7%			98.7%							

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q1 20/21	243.8	4 quarter ↓			226.8 (Q1 20/21)	6th (Q1 20/21)		336.5			323.9			243.8						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 20/21	1,464	Quarter on quarter ↓			9,936 (Q1 20/21)	5th (Q1 20/21)		1,474			1,476			1,464						
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National	Q1 20/21	0.23%	Quarter on quarter ↓			0.17% (Q1 20/21)	7th (Q1 20/21)								0.23%						
	Opioid average daily quantities per 1,000 patients	National	Q1 20/21	4,308	4 quarter ↓			4,382.9 (Q1 20/21)	3rd (Q1 20/21)		4,409			4,329			4,308						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q1 20/21	80.2%	Quarter on quarter ↑			80.9% (Q1 20/21)	4th (Q1 20/21)		80.2%			80.7%			80.2%						
Patient experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31 (2018/19)	2nd (2018/19)		2018/19= 6.4												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2019/20	88.7%	Annual ↑			88.6% (2019/20)	3rd (2019/20)		2019/20= 88.7%												
	Number of friends and family surveys completed	Local	Dec-20	584		12 month ↑	✗				2,476	3,187	3,014	1,720	150	247	393	502	625	2,804	1,047	787	584
	% of who would recommend and highly recommend	Local	Dec-20	77%		90%	✗				95%	95%	95%	95%	90%	92%	87%	91%	83%	93%	82%	84%	77%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Dec-20	65%		90%	✗				83%	86%	81%	90%	95%	100%	79%	91%	83%	84%	79%	85%	65%
Complaints	Number of new formal complaints received	Local	Dec-20	83		12 month trend ↓	✗				87	142	113	92	37	52	73	77	74	107	121	103	83
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-20	75%	75%	80%	✓	71.9% (Q2 20/21)	5th (Q2 20/21)		75%	83%	76%	48%	81%	81%	75%	79%	72%	82%	75%		
	% of acknowledgements sent within 2 working days	Local	Dec-20	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 19/20	102	10% annual ↑						84			102									
	Number of Health and Care Research Wales commercially sponsored studies		Q4 19/20	36	5% annual ↑						31			36									
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q1 20/21	210	10% annual ↑	1,651	✗	3,486 (Q1 20/21)	6th out of 10 organisations (Q1 20/21)		1,109			1,505			210						
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q1 20/21	2	5% annual ↑	215	✗	19 (Q1 20/21)	3rd out of 10 organisations (Q1 20/21)		179			205			2						



Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2019/20	34.2%	Annual ↑			35.3%	5th (2019/20)		2019/20= 34.2%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 20/21	96.5%	95%			95.8% (Q2 20/21)	3rd (Q2 20/21)		96%			96%			96.5%			96.5%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 20/21	91.7%	95%			92.0% (Q2 20/21)	5th (Q2 20/21)		92%			92%			90.8%			91.7%				
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Q4 19/20	2.87%	5% annual target	4.2%	✗	3.34% (Q4 19/20)	6th (Q4 19/20)		2.1%	2.4%		2.87%										
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 19/20	52.6%	40% annual target	40.0%	✓	41.6% (Q4 19/20)	2nd (Q4 19/20)		55%			52.6%										
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 20/21	278.7	4 quarter ↓			280.3 (Q1 20/21)	5th (Q1 20/21)		404.4			390.5			278.7							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 20/21	49%	4 quarter ↑			59.9% (20/21)	5th (Q1 20/21)		27.4%			48.7%			49.0%							
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-20	74.8%	75%			75.8% (Dec-20)	4th (Dec-20)		66.2%	68.7%	68.0%	68.1%	Data collection restarts October 2020						65.6%	72.4%	74.8%	
	% uptake of influenza among under 65s in risk groups	National	Dec-20	47.2%	55%			49.0% (Dec-20)	5th (Dec-20)		39.2%	42.8%	43.4%	44.0%							34.4%	42.8%	47.2%	
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5% (2019/20)	5th (Dec-20)					78.2%							Data not available			
	% uptake of influenza among children 2 to 3 years old	Local	Dec-20	52.5%	50%			54.9% (Dec-20)	5th (Nov-20)		42.1%	48.2%	50.3%	50.3%							35.7%	48.8%	52.5%	
	% uptake of influenza among healthcare workers	National	Dec-20	63.0%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)		56.0%	58.7%	58.7%	58.7%							56.2%	62.9%	63.0%	
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3% (2018/19)	4th (2018/19)		2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data)													
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8% (2018/19)	2nd (2018/19)		2018/19= 73.6% (data relates to ABMU, awaiting disaggregation of SBU data)													
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2% (2018/19)	5th (2018/19)		2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data)													
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-20	100%		100%	✓				100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Nov-20	24%	80%	80%	✗	24.4% (Oct-20)	4th (Oct-20)		36%	28%	35%	38%	35%	30%	28%	30%	24%	21%	22%	24%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Nov-20	88%	80%	80%	✓	61.6% (Oct-20)	4th (Oct-20)		69%	87%	93%	67%	44%	78%	100%	100%	100%	98%	90%	88%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Nov-20	41%		80%	✗	75.6% (Oct-20)	7th (Oct-20)		4%	0%	0%	14%			88%	100%	100%	100%	62%	21%	41%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Nov-20	100%		80%	✓	76.7% (Oct-20)	1st (Oct-20)		100%	94%	100%	94%			100%	100%	100%	86%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-20	62%		80%	✗				69%	87%	93%	75%	46%	72%	100%	100%	100%	98%	79%	62%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-20	81%		90%	✗	87.9% (Oct-20)	5th (Oct-20)		100%	100%	99%	99%	99%	97%	91%	98%	98%	81%	82%	81%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Nov-20	98%	80%	80%	✓	82.9% (Oct-20)	1st (Oct-20)		98%	93%	97%	97%	99%	99%	100%	99%	99%	97%	99.5%	98.0%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Nov-20	98%	80%	80%	✓	85.5% (Oct-20)	3rd (Oct-20)		92%	89%	94%	97%	97%	100%	96%	96%	88%	94%	93%	98%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-20	100%	95%	95%	✓	57.0% (Oct-20)	1st (Oct-20)		100%	100%	100%	100%	93%	89%	84%	89%	91%	99%	99.7%	100.0%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-20	91%	90%	90%	✓	87.1% (Oct-20)	2nd (Oct-20)		91%	93%	92%	91%	93%	92%	92%	94%	92%	90%	91%	91%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2019/20	3.29	Annual ↓			3.97 (2019/20)	4th (2019/20)		2019/20= 3.29													
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7% (2018/19)	2nd (2018/19)		2018/19= 59.4%													