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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24<sup>th</sup> September 2020</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, RAGing 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>Quadrants of harm-</b> Traditionally the layout of this performance report is aligned to the quadruple aims of the NHS Delivery Framework. However, since the COVID-19 outbreak the focus has been on measuring harm therefore, the layout of this report has been restructured to align with the four quadrants of harm set out in the NHS Wales Covid-19 Operating Framework for Quarter 2. The Health Board's position against all of the national measures from the Delivery Framework is included in this report along with a number of local COVID-19 specific measures.</p>		

**Primary and Community Care measures-** A new suite of Primary and Community Care measures is included in this report. The measures mirror those that are reported to the Primary and Community Care Services Unit Board via a bespoke scorecard created in response to the COVID19 pandemic. The measures will continue to be expanded over the coming months to ensure that a complete picture of how services within primary and community care are providing access for patients during the pandemic.

**Unscheduled Care-** Demand for emergency department care within Swansea Bay University (SBU) Health Board is steadily increasing which is reflected in a moderately worsening picture for 4 and 12 hour A&E waiting times targets and ambulance handovers at Morriston Hospital. However, the number of patients waiting over 12 hours in A&E and the number of ambulance handovers over 1 hour continue to be significantly lower than in August 2019.

**Planned Care-** Waiting times continue to increase for first outpatient appointments and treatment following direction from Welsh Government in March 2020 to suspend all non-urgent outpatient appointments (ensuring that urgent appointments are prioritised) and to suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery). This increase is mirrored in both diagnostic and therapy waiting times. Our clinical services continue to work on reinstating activity in a planned and safe way in alignment with the Quarter 2 Operational Plan. The Health Board is also linked in with the collaborative work being undertaken on a national level to introduce risk stratification into the management of waiting lists.

**Cancer-** The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days reduced again in August 2020 to the best position since March 2020. The percentage of USC patients treated within 62 days remains above 80% this year, although the position is challenging as a result of increasing referrals and continuing restrictions due to COVID-19. August's figures are in the process of being validated at the time of writing this report.

**Mental Health-** performance against the Mental Health Measures is being maintained and all targets were achieved in July 2020. Psychological therapies continues to be challenged to achieve the 26 weeks access target, however performance improved from 84% in June 2020 to 89% in August 2020.

**Child and Adolescent Mental Health Services (CAMHS)-** access to CAMHS remains exceptionally high for all measures with the exception of the Neurodevelopmental Disorder (NDD)

	<p>access measure which was 30% in July 2020 against the 80% target.</p> <p><b>Healthcare Acquired Infections-</b> In August 2020, the number of c.difficile cases in Swansea Bay significantly increased and the cumulative number of cases between April and August 2020 remains 72% higher than the same period in 2019/20.</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 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

Governance and Assurance		
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"/>
Health and Care Standards		
(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"/>
Quality, Safety and Patient Experience		
<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>		
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.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
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 Delivery Units 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 Delivery Unit 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 the Health Board in July 2020. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



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## Appendix 1- Integrated Performance Report September 2020





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## 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>Optometrist practices have commenced phased reopening with many practices resuming normal services whilst maintaining social distancing measures.</li> <li>Dental practices continue to work on transitional plans to resume a full range of dental services. Urgent, non aerosol care has been available to patients since June 2020.</li> <li>GP practices continue to deliver services through a blended approach of telephone, virtual and face to face appointments.</li> <li>Emergency care requiring hospital treatment continues to be delivered and aspects of urgent elective care have recommenced.</li> <li>The unscheduled care system is working efficiently however demand is starting to increase to pre-COVID levels.</li> <li>Access to planned care is a challenge and all areas have seen a significant increase in waiting times since March 2020, however a number of therapy services have started to recover their position. In August 2020, there were no breaches for Occupational Therapy and Physiotherapy, and both Podiatry and Speech &amp; Language Therapy saw an improvement between July and August 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Development of the Health Board's Q3/4 operational plan which involves extensive modelling to ensure that the health board is prepared for a challenging winter taking into account the potential impact of COVID19, influenza and adverse weather.</li> <li>Re-starting services within primary and secondary care in the safest and most sustainable way possible</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>Make sure staff are able to access COVID19 antigen testing in a timely manner.</li> <li>Ensure the new Test, Trace, and Protect TTP service is working effectively to help prevent transmission of COVID19 to the wider community.</li> <li>Roll-out of the 2020/21 flu campaign targeting healthcare workers and all people eligible for the free flu vaccination. The importance of the vaccine during the COVID pandemic will be highly publicised.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Link in with all-Wales work on risk stratification of elective waiting lists.</li> <li>Link in with national work on changing to a quality focused measurement system for urgent and emergency care services</li> <li>Participation in the national Distance Aware initiative through encouraging staff to wear the shield badges and utilisation of distance awareness posters.</li> <li>Promotion of online Therapy sessions for people aged 16 and over who are experiencing mild to moderate anxiety, depression or stress. The 12-week course of online therapy can be accessed via a smartphone, tablet, laptop or desktop computer</li> <li>Continue to explore further utilisation of digital technology to enable new ways of remote working.</li> </ul>	<ul style="list-style-type: none"> <li>The ongoing COVID19 pandemic continues to have a significant impact on the Health Board's ability to meet increasing demands. Extensive work continues to be undertaken in response to 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 outpatient appointments and elective treatments is increasing waiting times</li> <li>The health board's ability and pace to reintroduce essential services in the safest way for staff and patients</li> </ul> </li> </ul>

## 2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) –August 2020

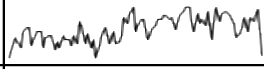
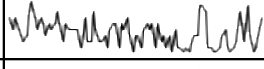

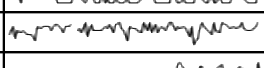

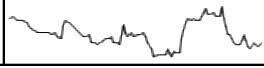
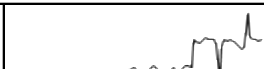

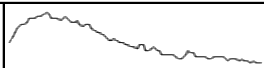
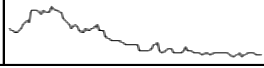
			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	78.4%	83.5%	87.7%	80.1%	80.6%							
		Profile	76.8%	77.2%	77.1%	78.8%	78.4%	77.7%	78.5%	78.9%	78.5%	79.0%	81.4%	82.5%
	12 hour A&E waits	Actual	131	97	81	223	286							
		Profile	319	290	310	297	342	413	378	402	424	354	327	209
	1 hour ambulance handover	Actual	61	20	47	120	163							
		Profile	332	311	337	262	286	352	375	373	386	301	303	183
Stroke	Direct admission within 4 hours	Actual			53%	57%	51%							
		Profile	61%	53%	56%	54%	41%	52%	64%	59%	63%	58%	77%	68%
	CT scan within 1 hour	Actual			49%	48%	53%							
		Profile												
	Assessed by Stroke Specialist within 24 hours	Actual			100%	95%	97%							
		Profile	96%	95%	95%	98%	97%	95%	95%	98%	98%	96%	96%	99%
	Thrombolysis door to needle within 45 minutes	Actual			30%	25%	0%							
		Profile												
	Patients receiving the required minutes for Speech and Language Therapy	Actual			31%	44%	62%							
		Profile												
Planned care	Outpatients waiting more than 26 weeks	Actual	5,499	9,300	11,964	15,721	20,497							
		Profile												
	Treatment waits over 36 weeks	Actual	8,355	10,247	13,419	18,065	22,453							
		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	8,075							
		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							
		Profile	0	0	0	0	0	0	0	0	0	0	0	0
Cancer	NUSC patients starting treatment in 31 days	Actual	97%	82%	85%	90%	85%							
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	81%	86%	88%	91%	87%							
		Profile	87%	83%	86%	86%	90%	93%	92%	91%	96%	95%	94%	94%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	Actual	11	16	20	11	23							
		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							
		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							
		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							
		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							
		Profile	2	2	2	2	2	2	2	2	2	2	2	2

- 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

### 3. OPERATIONAL PLAN DASHBOARD

The following dashboard shows how the Health Board performed against the measures in the Q2 operational plan. This is an initial draft and further work is required by the Performance Team to source all of the data required to populate the dashboard. This dashboard will be a key feature in future iterations of this performance report.

Harm from Covid itself									
			Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Comments
Covid Demand:									
• Number of new cases				1,356	293	34	42	63	Monthly totals are based on the last day of the month. Source: COVID19 dashboard
• Number of staff referred for the Community Testing Unit				1,969	735	296	199	88	Cumulative total for each month. Source: COVID19 dashboard
Number of staff awaiting results				90	19	16	1	0	Monthly totals are a snapshot taken on the last day of the month as a cumulative total for the month would include double counting.
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>	Source: COVID staff briefing (09/09/2020)
Contact tracing measures									Data will be reported when an all-Wales collating and reporting system is in place.
Complaints, incidents and risks related to Covid:									
• Number of incidents				119	66	40	25	37	Source:COVID19 dashboard
• Number of serious incidents				1	0	2	0	0	
• Number of complaints				69	61	39	58	26	
• Number of risk				17	19	12	4	6	
Daily PPE Stock- amount of supply:									
•Mask – FFP3	Morrison		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard	
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
•Mask – FRSM Type 11R	Morrison		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard	
	Singleton		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
•Gloves	Morrison		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard	
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
•Gowns	Morrison		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	Snapshot taken on the last day of the month. Source:COVID19 dashboard	
	Singleton		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
Staff absence levels due to:									
Number of staff self isolated (asymptomatic)	Medical		81	39	27			Data reported in arrears. Snapshots taken mid month (14th April & 14th May 2020) Source: Workforce	
	Nursing Reg		270	166	145				
	Nursing Non Reg		148	105	112				
	Other		352	206	190				
Number of staff self isolated (symptomatic)	Medical		90	13	7				
	Nursing Reg		289	117	56				
	Nursing Non Reg		177	67	37				
	Other		304	95	41				
% sickness	Medical		15%	4%	3%				
	Nursing Reg		14%	7%	5%				
	Nursing Non Reg		17%	8%	7%				
	Other		11%	5%	4%				
	All		13%	6%	5%				

Harm from overwhelmed NHS and social care system							
	Daily Trend (from 1st Apr 20)	Apr-20	May-20	Jun-20	Jul-20	Aug-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%	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	Data includes Morriston Hospital and NPT hospital. Source: Patient flow dashboard
• Number of ambulance handovers taking over 1 hour		61	20	47	120	163	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%	Source: WAST Health Board Area Report
ED demand (attendances)		5,280	7,761	8,525	9,116	9,684	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
	Rate per 100k pop.		43.8	43.0	46.4	53.8	62.5
• Staph.Aueurs bacteraemia	Number of cases		10	6	12	6	12
	Rate per 100k pop.		31.3	18.1	37.5	18.1	36.3
• Clostridium Difficile	Number of cases		11	16	20	11	23
	Rate per 100k pop.		34.4	51.4	62.5	33.3	69.6
• Klebsiella spp. Bacteraemia	Number of cases		6	6	9	5	10
	Rate per 100k pop.		18.8	18.1	28.1	15.1	30.2
• Pseudomonas aeruginosa bacteraemia	Number of cases		2	5	0	1	3
	Rate per 100k pop.		6.3	15.1	0.0	3.0	9.1
Hospital and community attributed cases of infection. Source: Public Health Wales HCAI dashboard							
Medically Fit for Discharge numbers		88	78	92	101	112	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Number of mortuary spaces		72	161	233	188	170	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	Source: COVID19 dashboard
Hospital bed occupancy (suspected and confirmed COVID19):							
• General bed		186	58	46	41	30	Snapshot taken on the last day of the month. Source: COVID19 dashboard
• Critical Care bed		19	5	4	1	0	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Care home resilience RAG rating		Data to be sourced					

Harm from reduction in non-Covid activity								
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-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%		Data reported two months in arrears. Final June 2020 data will be available on 31/07/20 Source: SaFF report.
	USC- 62 day access target		80.8%	91.7%	87.8%	90.5%		
	Single cancer pathway		70.9%	72.1%	73.0%	81.5%		
•RTT	% waiting under 26 weeks		72.3%	64.0%	59.5%	52.4%	46.5%	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	18,065	22,453	
•Diagnostics	Number > 8 weeks		5,788	8,346	8,033	7,510	8,075	
PROMs and PREMs			Data to be sourced					
Patient Feedback:								
•Number of friends and family surveys completed			150	247	393	502	625	Source: Patient Feedback Team
•% of who would recommend and highly recommend			90%	92%	87%	91%	81%	
•% of All Wales surveys scoring 9 or 10 on overall satisfaction			95%	100%	79%	91%	83%	
Harm from wider societal actions/lockdown								
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Comments
Vaccination and Immunisation rates- % of children who received:								
•3 doses of the '6 in 1' vaccine by age 1					96.1%			2020/21 Q1 data not available, due to be published September 2020. Data relates to 2019/20 Q4. Source: Public Health Wales COVER Report.
•MenB2 vaccine by age 1					95.9%			
•PCV2 vaccine by age 1					96.4%			
•Rotavirus vaccine by age 1					95.0%			
•MMR1 vaccine by age 2					94.7%			
•PCVf3 vaccine by age 2					94.8%			
•MenB4 vaccine by age 2					94.2%			
•Hib/MenC vaccine by age 2					94.0%			
•Up to date in schedule by age 4					88.4%			
•2 doses of the MMR vaccine by age 5					92.0%			
•4 in 1 vaccine by age 5					92.3%			
•MMR vaccination by age 16					83.3%			
•Teenage booster by age 16					90.7%			
•MenACWY vaccine by age 16					91.6%			
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%		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%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health		93%	89%	84%	89%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)		93%	92%	92%	94%		

Harm from wider societal actions/lockdown								
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Comments
Children & Adolescent Mental Health Services (CAMHS)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)		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%		
	% Patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		44%	78%	100%	100%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral		Data not available	88%	100%	100%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS		Data not available	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%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral		46%	72%	100%	100%		
Primary care measures			Data to be sourced					
Use of Consultant Connect and Ask My GP systems			Data to be sourced					



## 4.1 HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

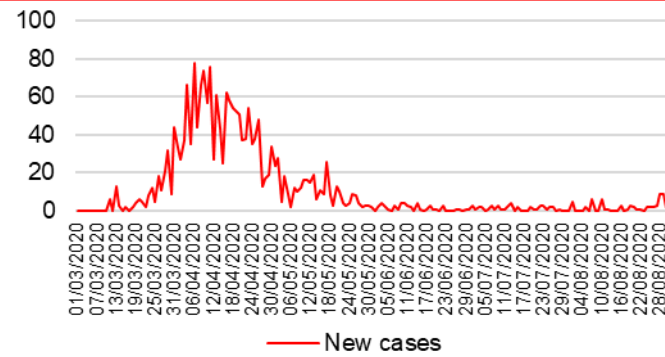


Chart 2: Number of new COVID19 cases (cumulative)

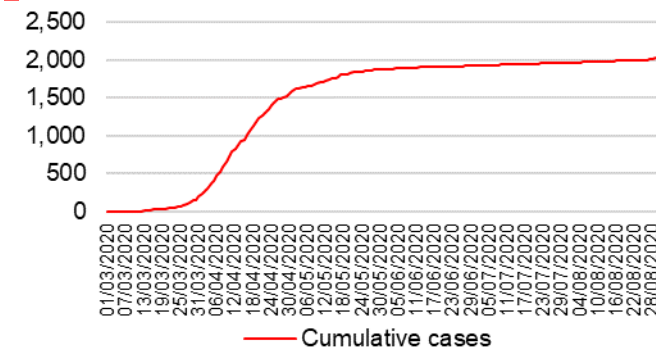


Chart 3: Number of COVID19 tests completed and positivity rate

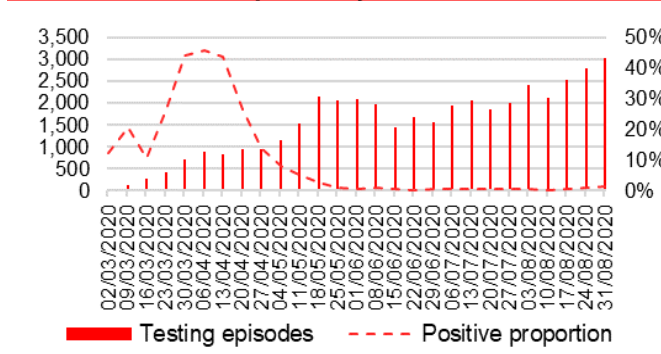


Chart 4: Number of staff referred to the Community Testing Unit (CTU)

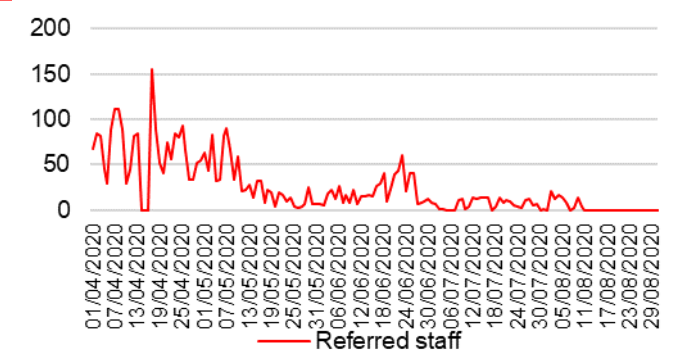


Chart 5: Number of staff awaiting results of COVID19 test

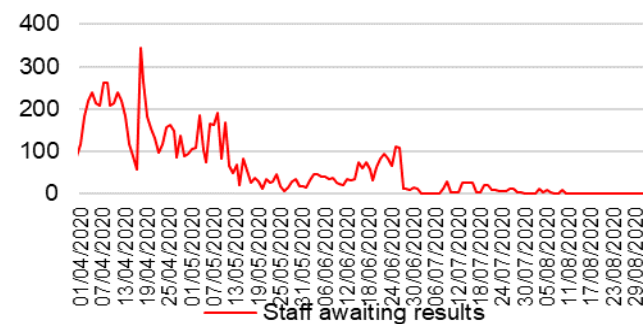


Chart 6: Number of COVID19 related incidents

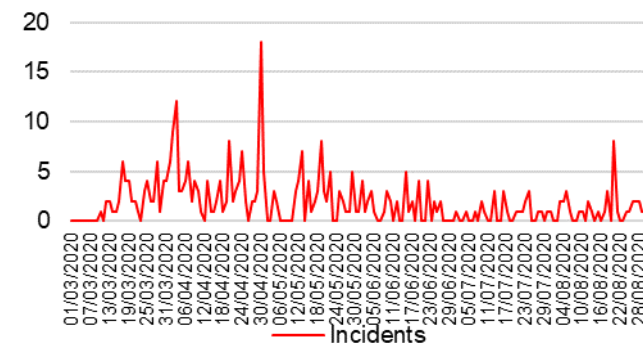


Chart 7: Number of COVID19 related serious incidents



Chart 8: Number of COVID19 related complaints

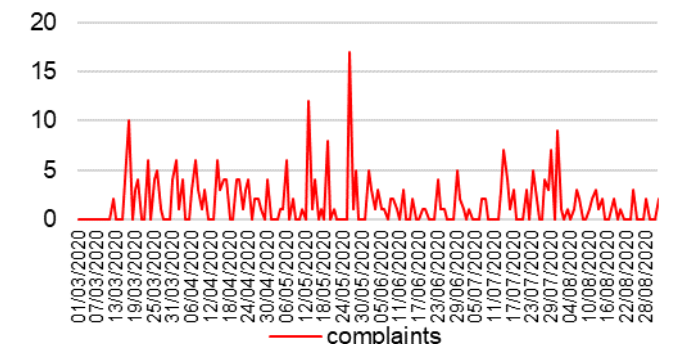


Chart 9: Number of COVID19 related risks

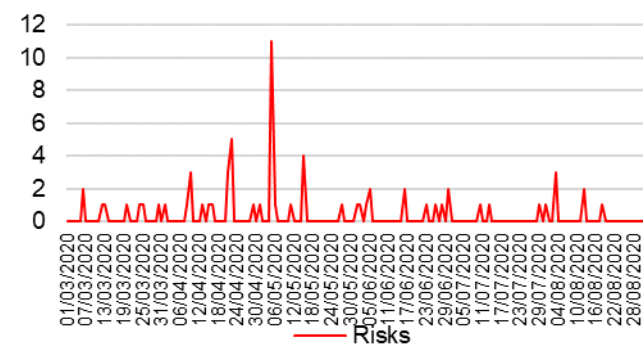


Chart 10: Number of staff self isolating (asymptomatic)



Chart 11: Number of staff self isolating (symptomatic)

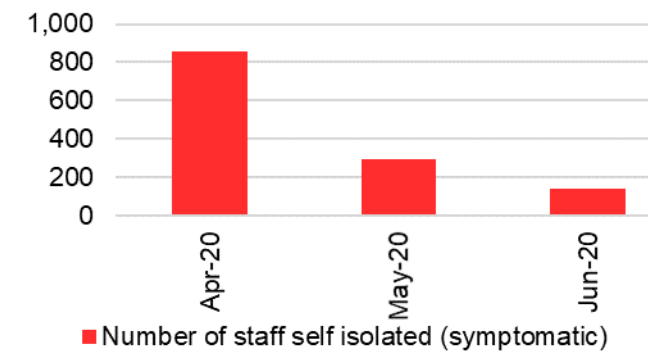


Chart 12: % staff sickness

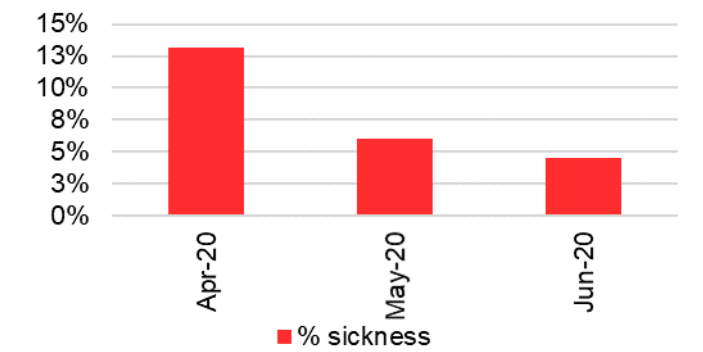


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

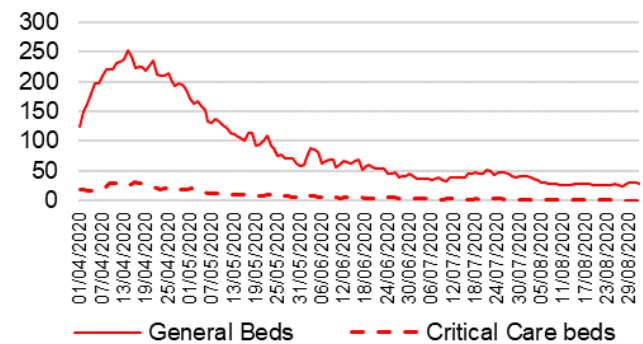


Chart 14: Number of hospital deaths with any mention of COVID19

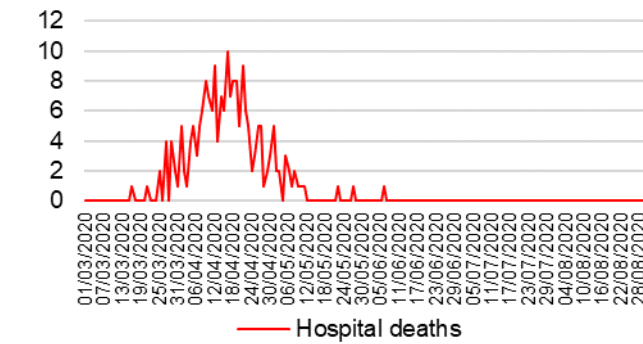


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

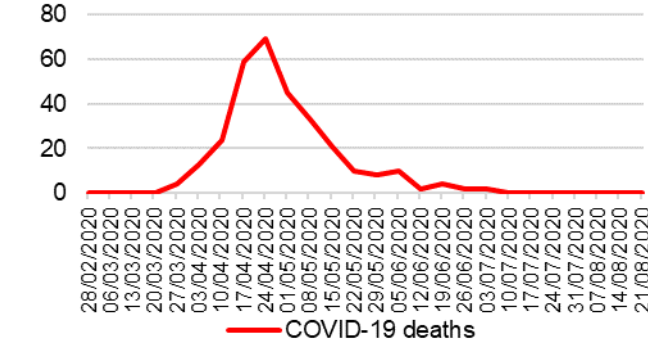
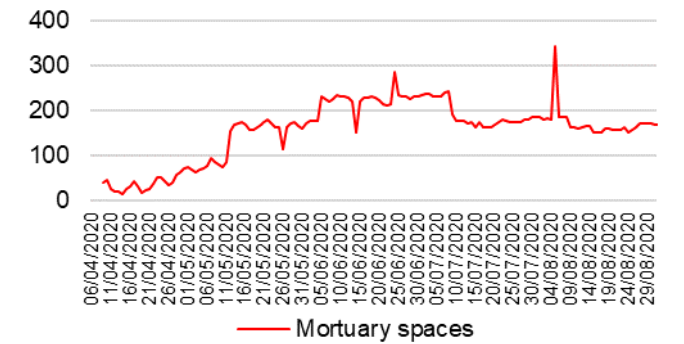


Chart 16: Number of mortuary spaces



## 4.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred to the Community Testing Unit (CTU)</p> <p>3. Number of staff waiting results of Antigen test</p>	<p><b>1. Number of new COVID cases</b> In August 2020, there were an additional 63 positive cases recorded bringing the cumulative total to 2,026 since March 2020. On average, there were 2 new cases per day in August 2020 compared with an average of 45 new cases during the peak of COVID19 in April 2020.</p>	<p><b>1. Number of new COVID19 cases for Swansea Bay population</b></p>
	<p><b>2. Staff referred to the Community Testing Unit (CTU)</b> In August 2020, 88 members of staff were referred to the CTU. A total of 4,625 staff Antigen tests have been carried out since data collection began in March 2020 of which 945 were positive (22% positive result rate).</p>	<p><b>2. Number of staff referred to the community testing unit</b></p>
	<p><b>3. Number of staff awaiting results of Antigen test</b> The number of staff awaiting the result of their Antigen test has significantly reduced since April 2020, when the highest recorded daily number was 344 members of staff waiting. The monthly figures for this measure are based on a snapshot on the last working day rather than a cumulative total as there is a risk of double counting as the same member of staff could be waiting a number of days and therefore included in multiple daily figures. As at the 31<sup>st</sup> August 2020, there were no members of staff waiting for their test result. Even though this number changes on a daily basis, throughout August 2020 the daily numbers have remained low.</p>	<p><b>3. Number of staff awaiting Antigen test result</b></p>

COVID RELATED STAFF ABSENCE																																																																			
Description	Current Performance	Trend																																																																	
<b>Staff absence due to COVID19</b>  <i>1.Number of staff self isolating (asymptomatic)</i>  <i>2.Number of staff self isolating (symptomatic)</i>  <i>3.% staff sickness</i>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. July 2020 data for COVID specific absences was not available at the time of writing this report.</p> <p><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b>  The number of staff self-isolating reduced between May and June 2020 across all categories. Registered nursing continues to have the largest proportion of self-isolating staff who are symptomatic.</p> <p><b>3. % Staff sickness</b>  The percentage of staff sickness absence due to COVID-19 reduced from 13% in April to 6% in May 2020 and then to 5% in June 2020.</p> <p>This is mirrored in the overall sickness rate for the Health Board (for all staff absences) as the rate reduced from 10% in April 2020 to 8.69% in May 2020 and then to 7.2% in June 2020. In July 2020 the in-month rate reduced further to 6.5%</p>	<p><b>1.Number of staff self isolating (asymptomatic)</b></p> <table> <tr> <th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th></tr> <tr> <td>Medical</td><td>81</td><td>39</td><td>27</td></tr> <tr> <td>Nursing (registered)</td><td>270</td><td>166</td><td>145</td></tr> <tr> <td>Nursing (non- registered)</td><td>148</td><td>105</td><td>112</td></tr> <tr> <td>Other</td><td>352</td><td>206</td><td>190</td></tr> </table> <p><b>2.Number of staff self isolating (symptomatic)</b></p> <table> <tr> <th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th></tr> <tr> <td>Medical</td><td>90</td><td>13</td><td>7</td></tr> <tr> <td>Nursing Reg</td><td>289</td><td>117</td><td>56</td></tr> <tr> <td>Nursing Non Reg</td><td>177</td><td>67</td><td>37</td></tr> <tr> <td>Other</td><td>304</td><td>95</td><td>41</td></tr> </table> <p><b>3.% staff sickness</b></p> <table> <tr> <th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th></tr> <tr> <td>Medical</td><td>15%</td><td>4%</td><td>3%</td></tr> <tr> <td>Nursing Reg</td><td>14%</td><td>7%</td><td>5%</td></tr> <tr> <td>Nursing Non Reg</td><td>17%</td><td>8%</td><td>7%</td></tr> <tr> <td>Other</td><td>11%</td><td>5%</td><td>4%</td></tr> <tr> <td>All</td><td>13%</td><td>6%</td><td>5%</td></tr> </table>			Apr-20	May-20	Jun-20	Medical	81	39	27	Nursing (registered)	270	166	145	Nursing (non- registered)	148	105	112	Other	352	206	190		Apr-20	May-20	Jun-20	Medical	90	13	7	Nursing Reg	289	117	56	Nursing Non Reg	177	67	37	Other	304	95	41		Apr-20	May-20	Jun-20	Medical	15%	4%	3%	Nursing Reg	14%	7%	5%	Nursing Non Reg	17%	8%	7%	Other	11%	5%	4%	All	13%	6%	5%
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## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

### 5.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

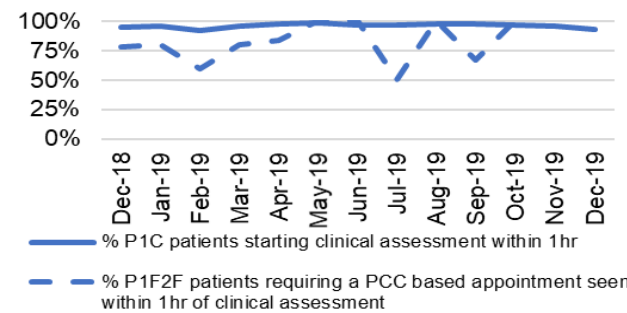


Chart 2: % red calls responded to within 8 minutes

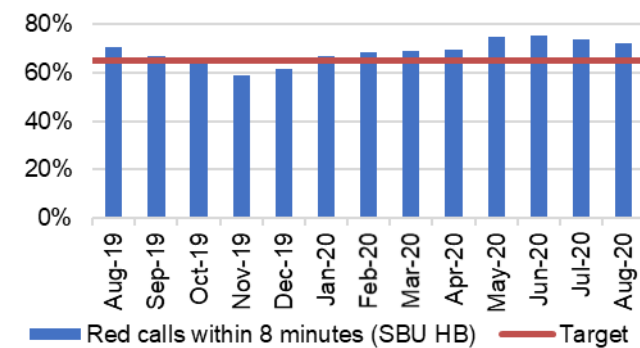


Chart 3: Number of ambulance handovers over 1 hour

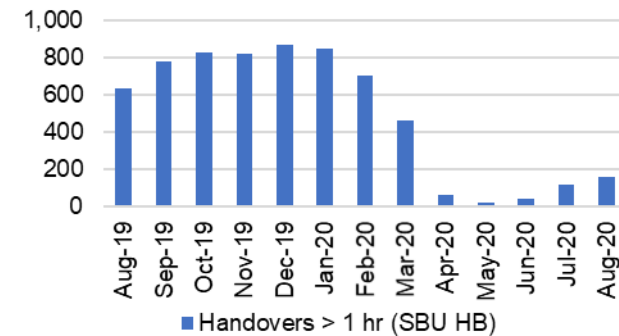


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

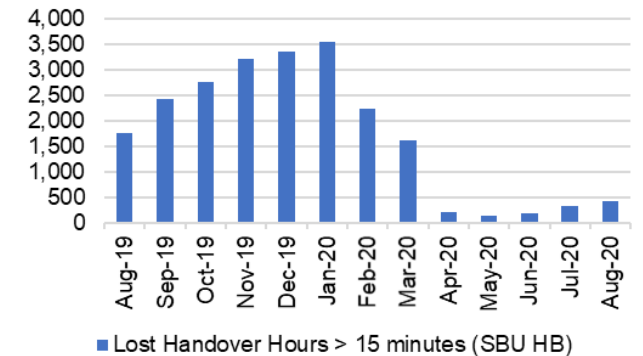


Chart 5: A&E Attendances

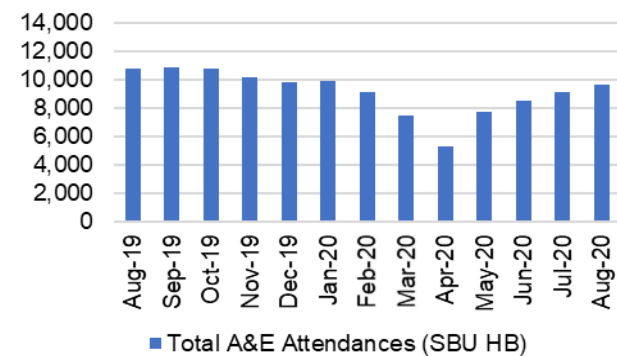


Chart 6: % patients who spend less than 4 hours in A&E

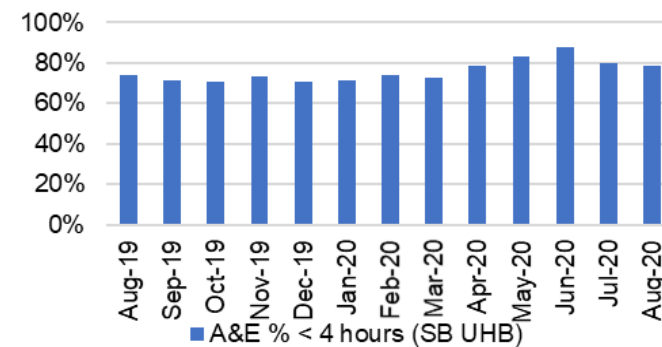


Chart 7: Number of patients waiting over 12 hours in A&E

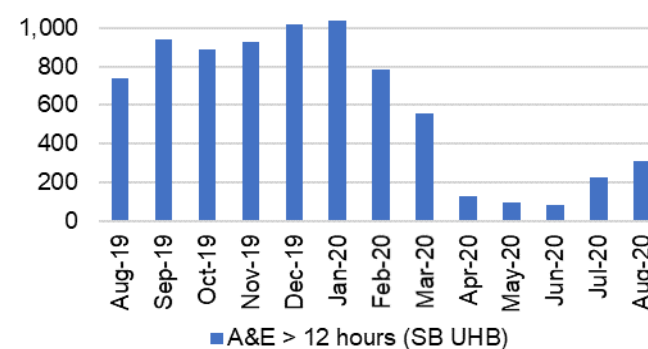


Chart 8: Number of emergency admissions

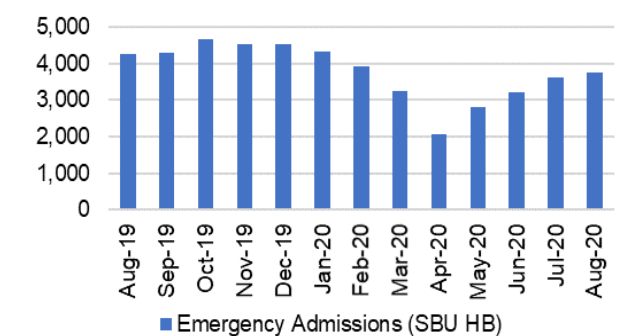


Chart 9: Elective procedures cancelled due to lack of beds

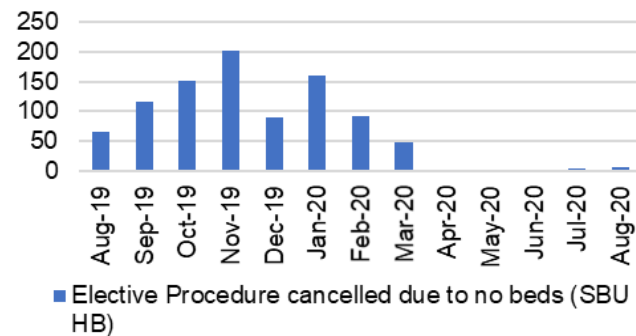


Chart 10: : Number of mental health delayed transfers of care

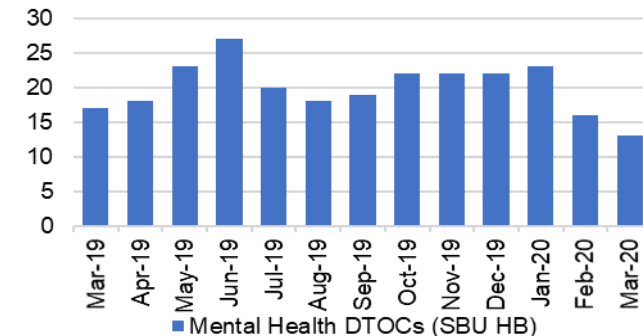


Chart 11: Number of non- mental health delayed transfers of care

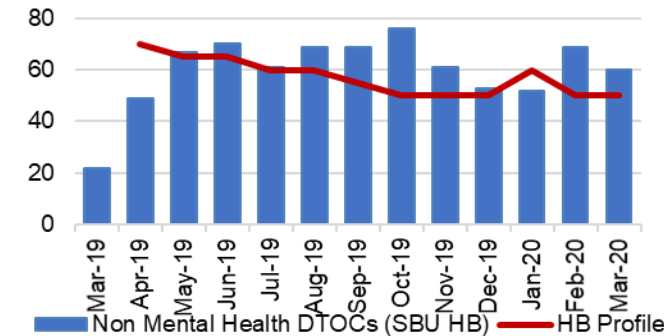


Chart 12: % of critical care bed days lost to delayed transfers of care

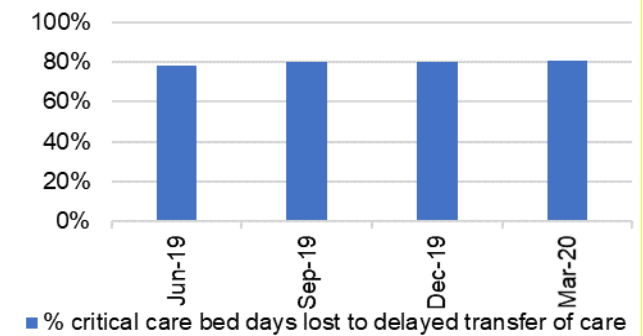


Chart 12: % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

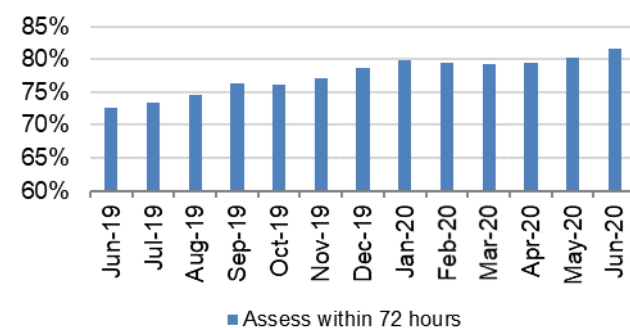
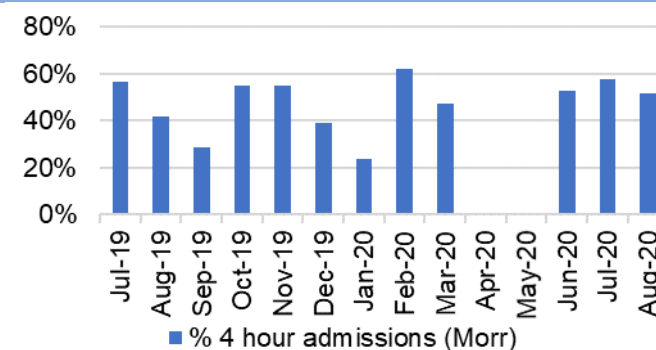
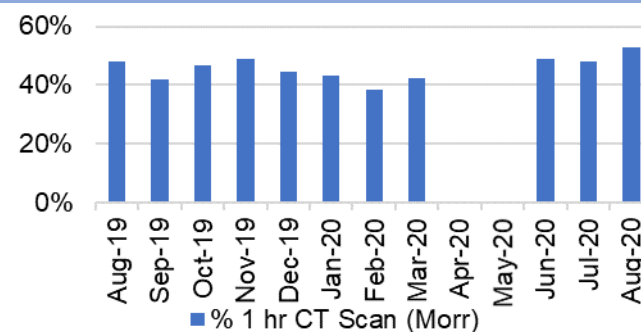


Chart 13: Direct admission to Acute Stroke Unit within 4 hours



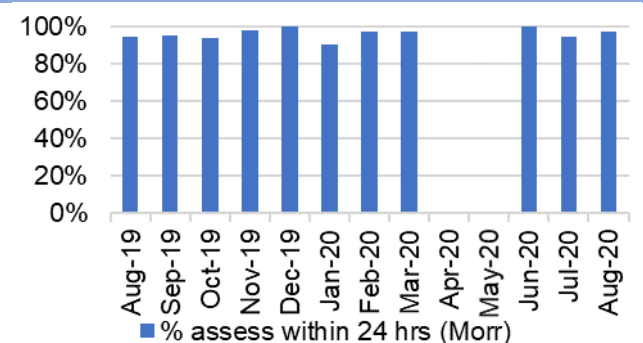
\* No data available for April and May 2020

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



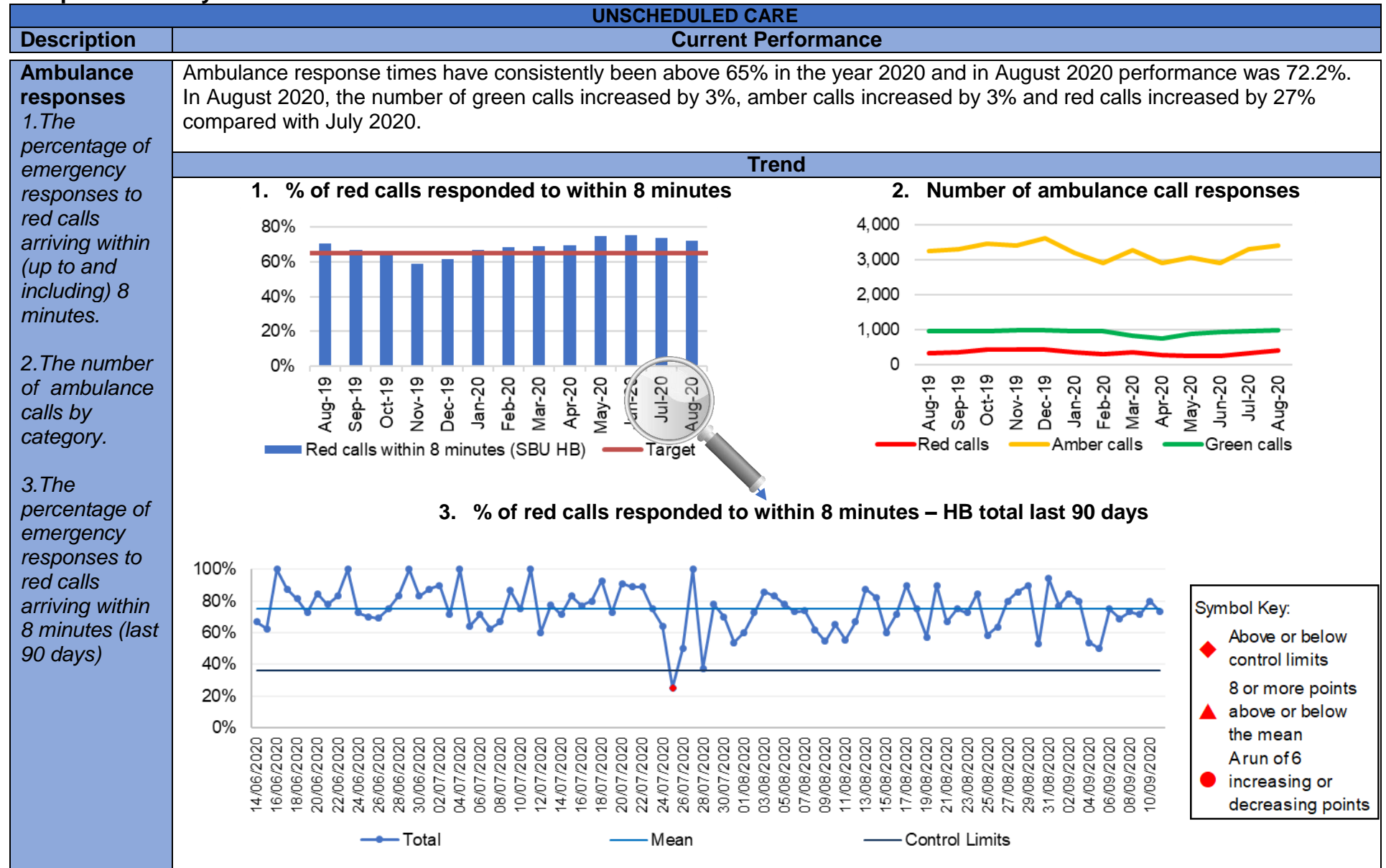
\* No data available for April and May 2020

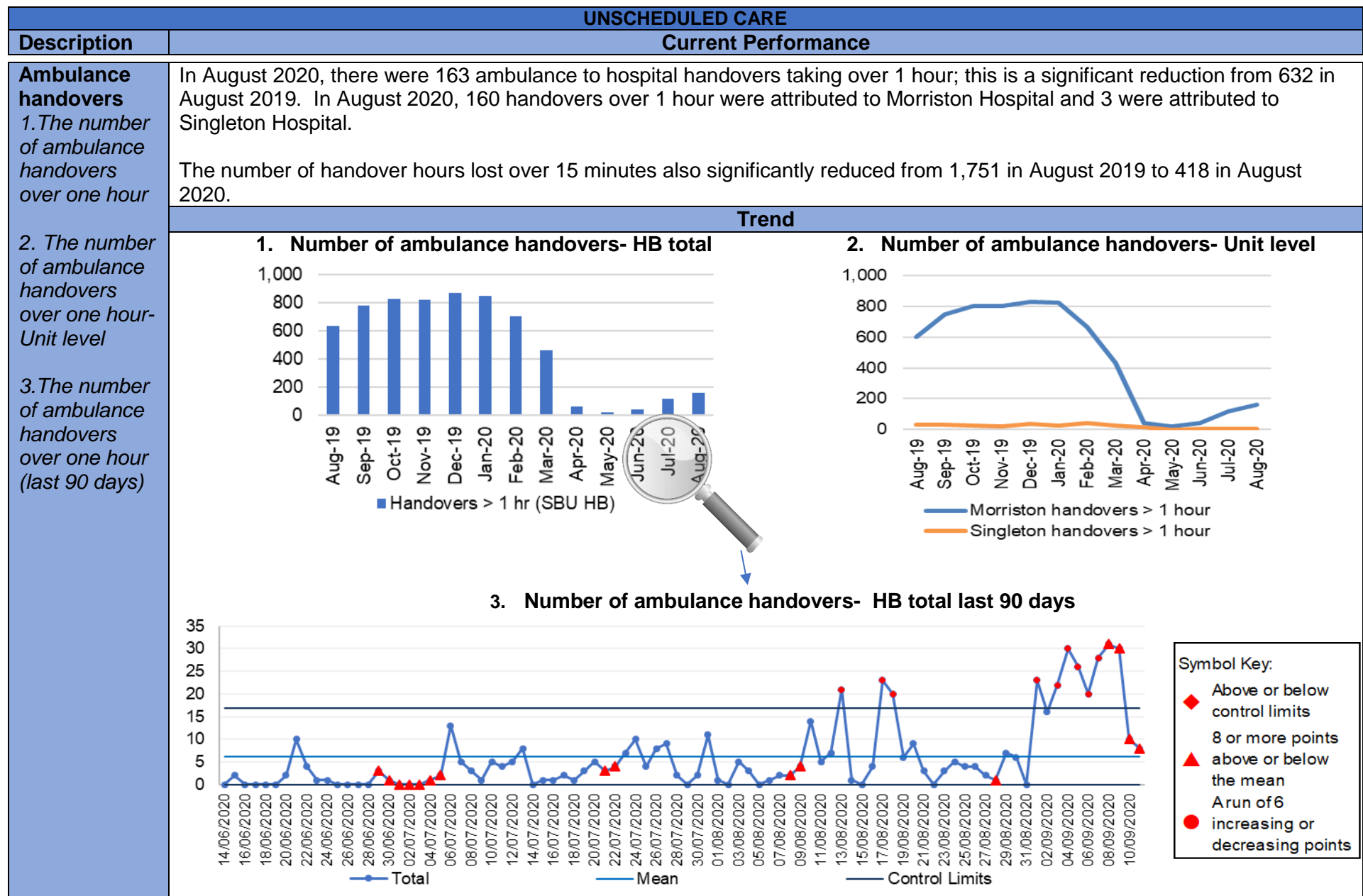
## Unscheduled Care Overview (August 2020)

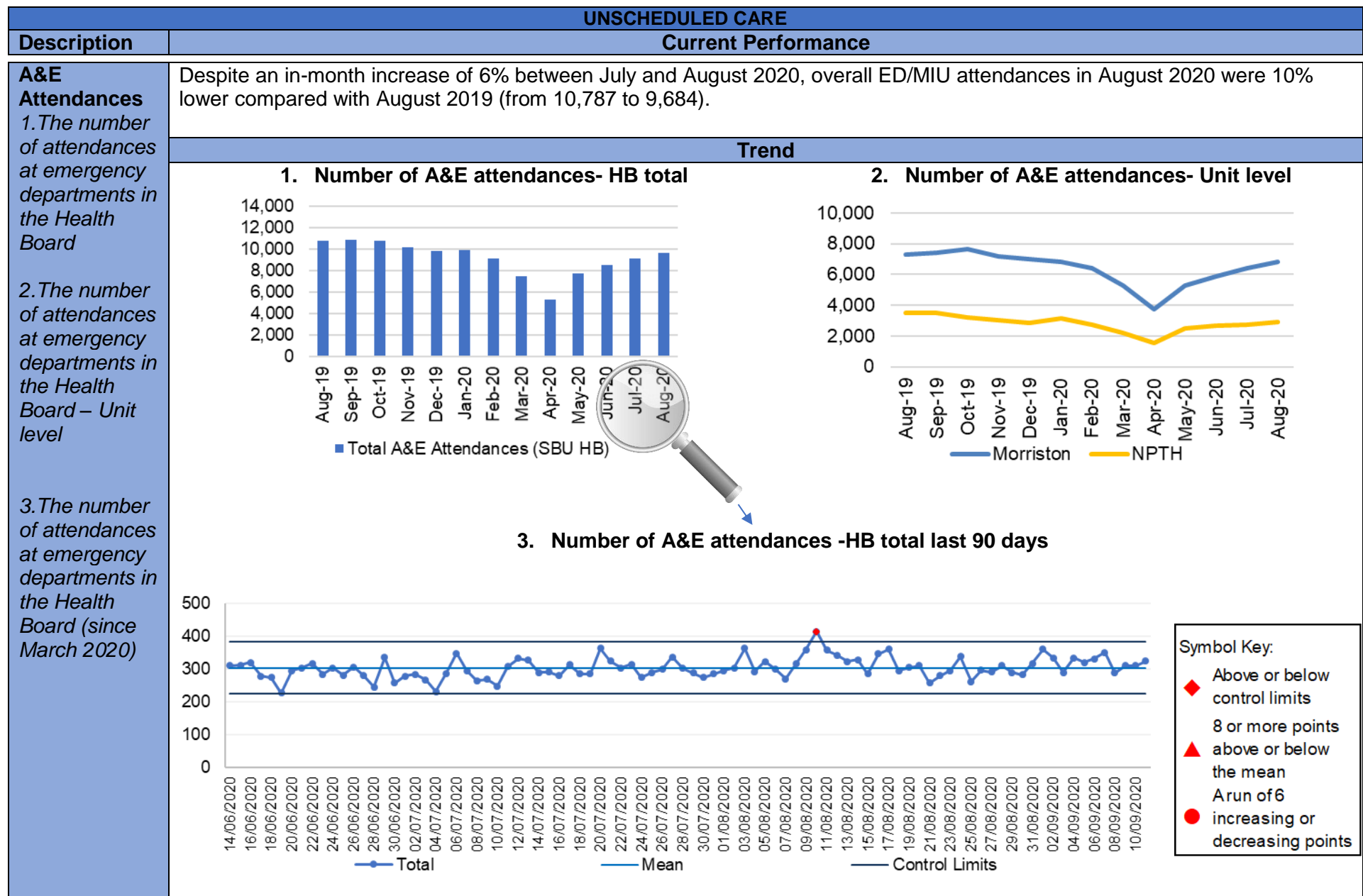
Primary Care Access		Ambulance	Emergency Department	
<b>97% (→)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>72.2% (2%↓)</b> Red calls responded to within 8 minutes	<b>9,684 (6%↑)</b> A&E attendances	<b>80.56% (0.4%↑)</b> Waits 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>163 (36%↑)</b> Ambulance handovers over 1 hour	<b>286 (28%↑)</b> Waits in A&E over 12 hours	<b>1,362 (6%↓)</b> Patients admitted from A&E
		<b>3,393 (3%↑)</b> Amber calls		
		<b>408 (27%↑)</b> Red calls		
Emergency Activity		Patient Flow		
<b>3,750 (4%↑)</b> Emergency Inpatient Admissions	<b>391 (18%↑)</b> Emergency Theatre Cases	<b>13 (19%↓)</b> ( <i>Mar-20</i> ) Mental Health DTOCs * Data collection temporarily suspended	<b>60 (13%↓)</b> ( <i>Mar-20</i> ) Non-Mental Health DTOCs * Data collection temporarily suspended	
<b>291 (9%↓)</b> Trauma theatre cases	<b>7 (75%↑)</b> Elective procedures cancelled due to no beds		<b>112 (11%↑)</b> Medically fit patients	

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

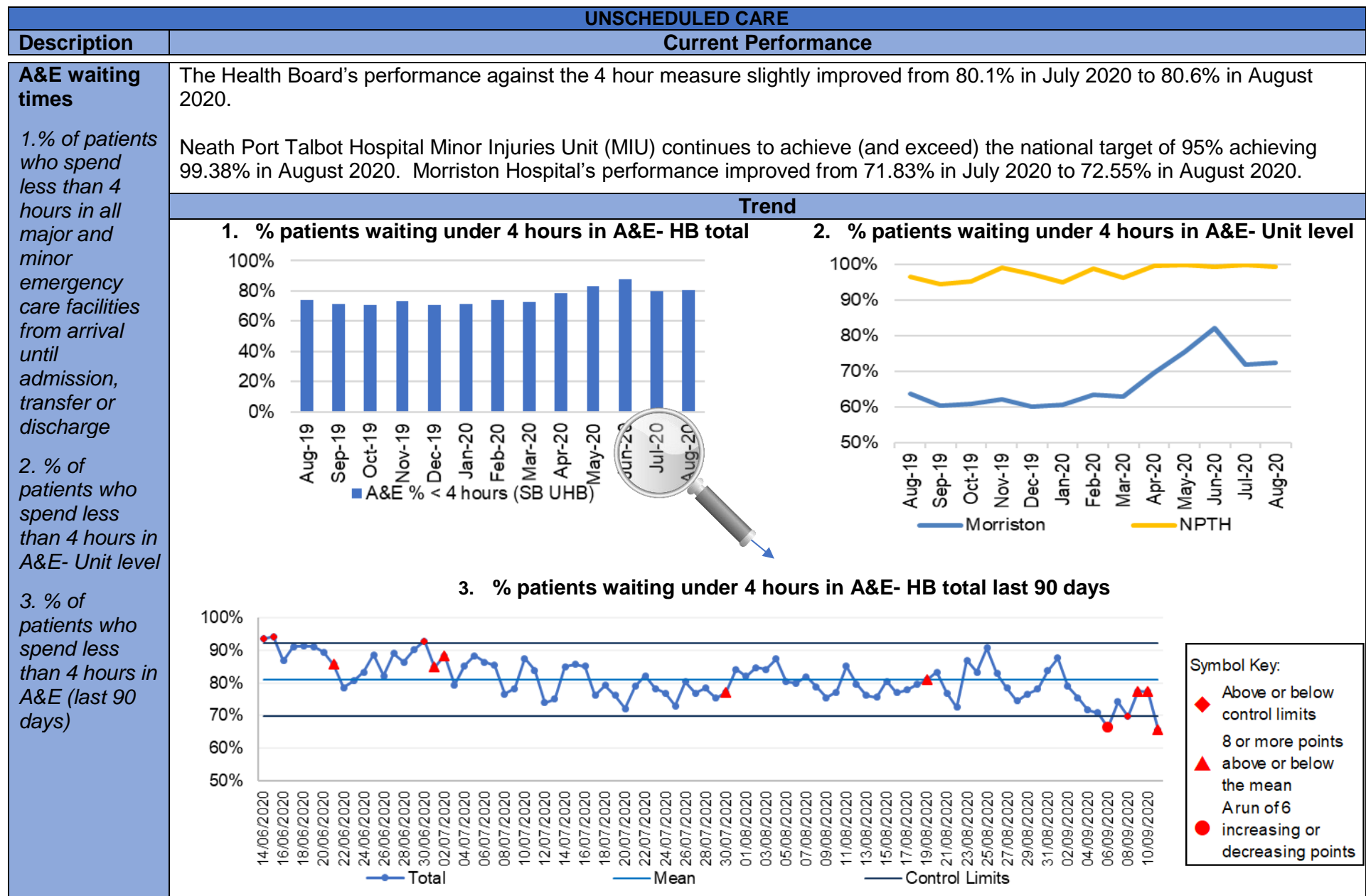
## 5.2 Updates on key measures

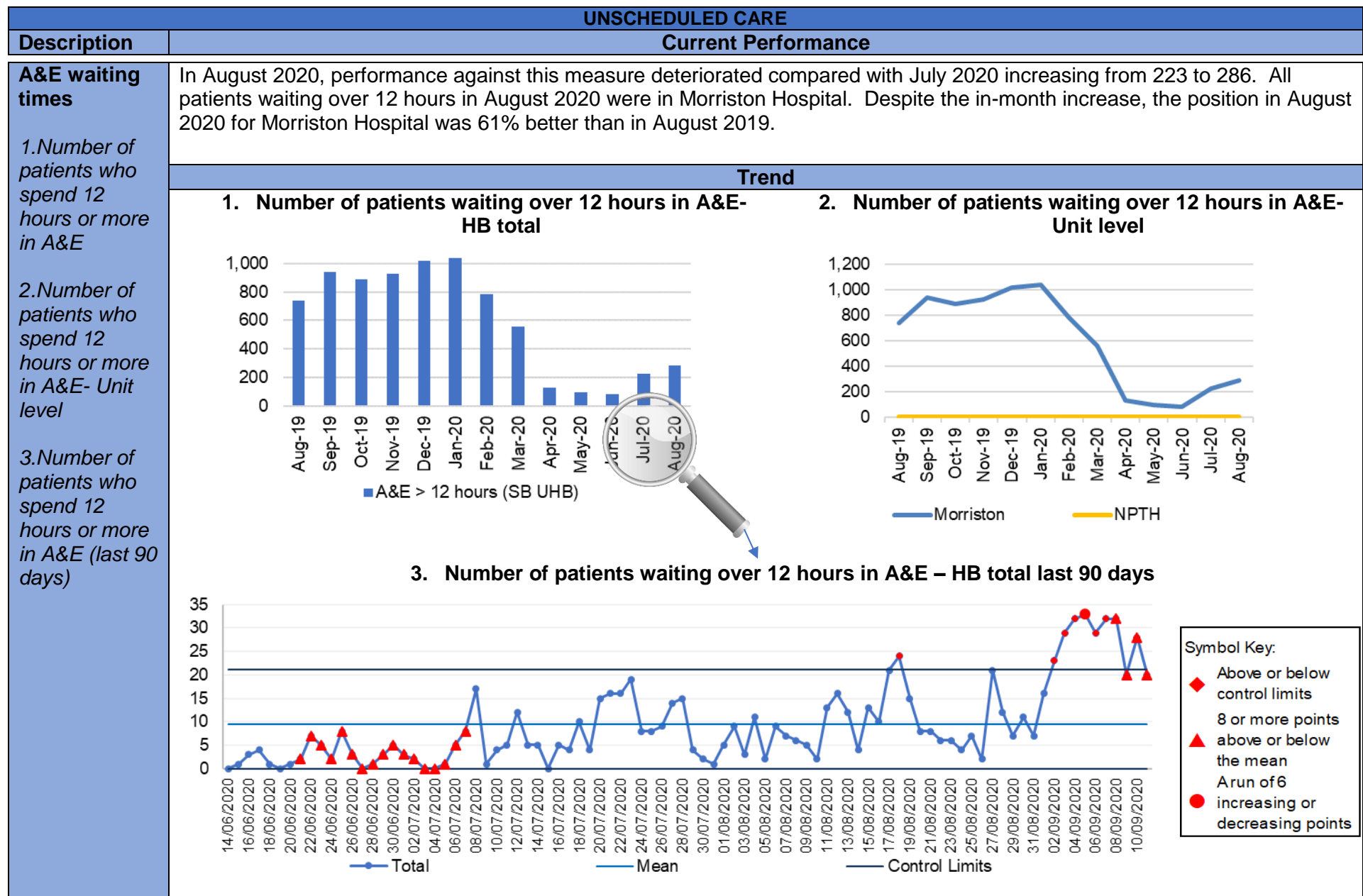


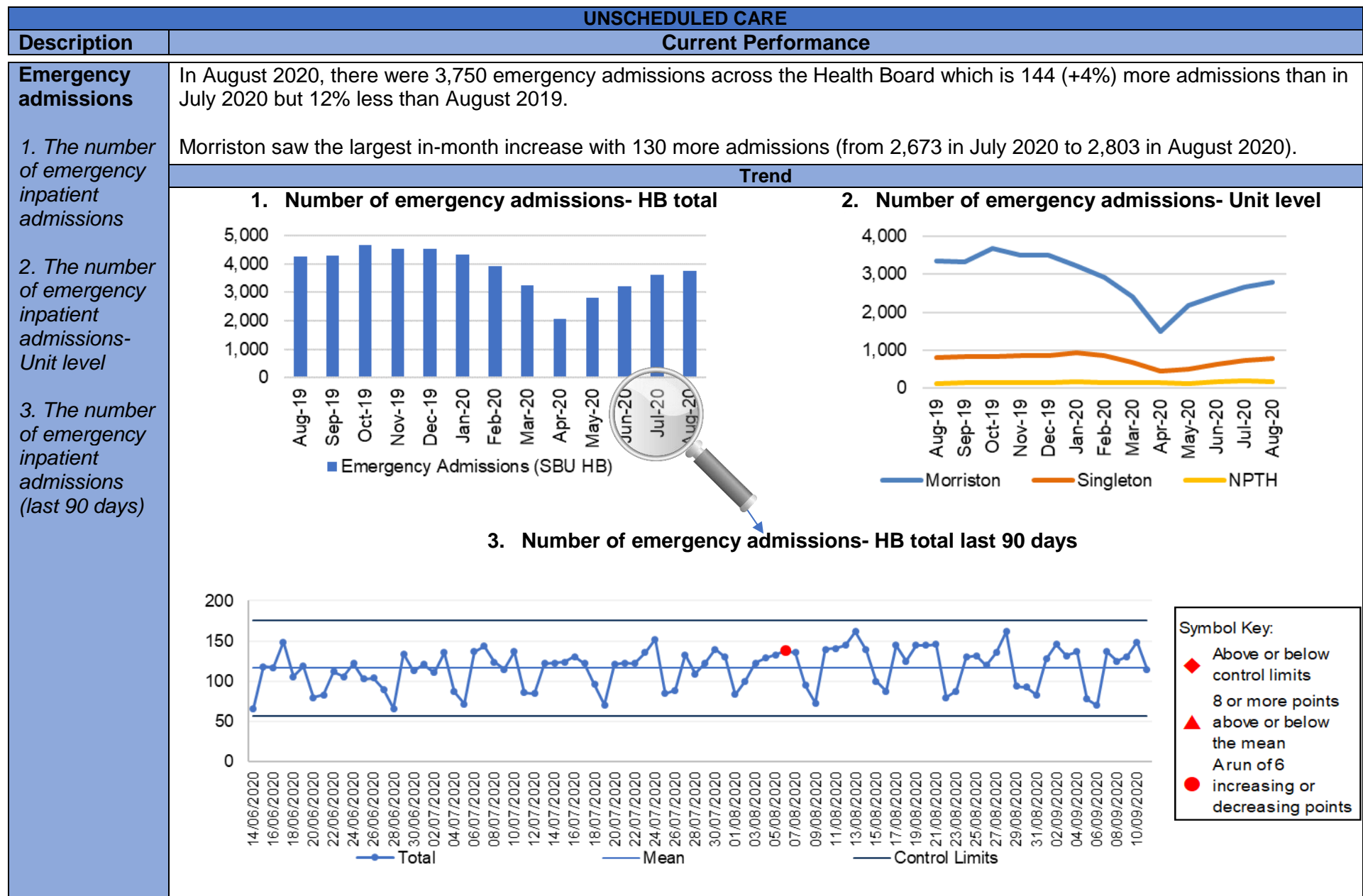










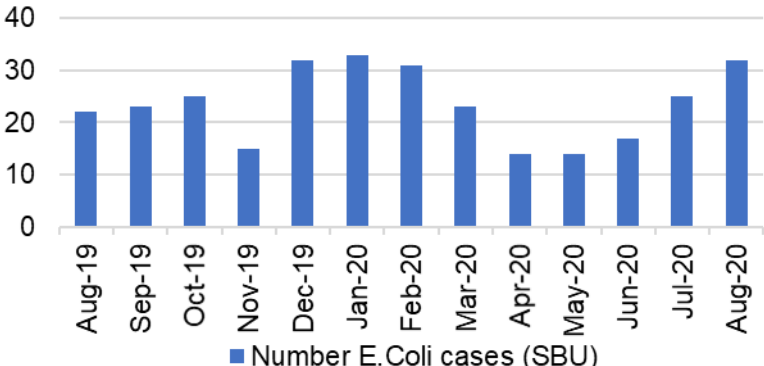
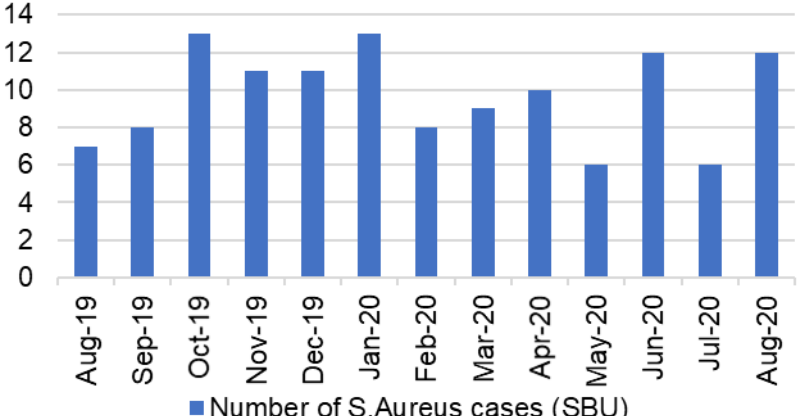


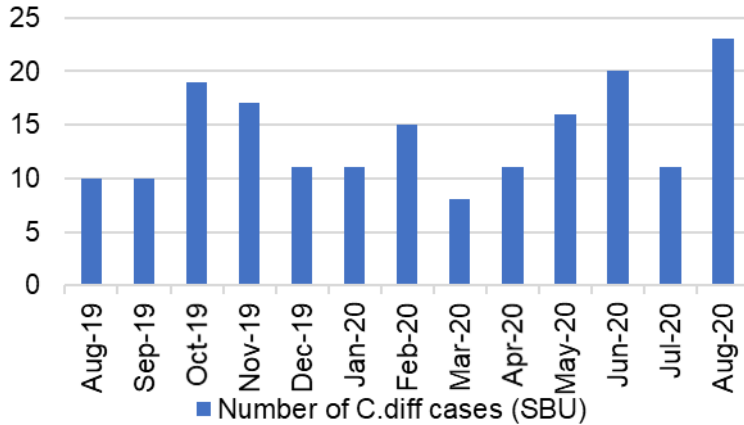
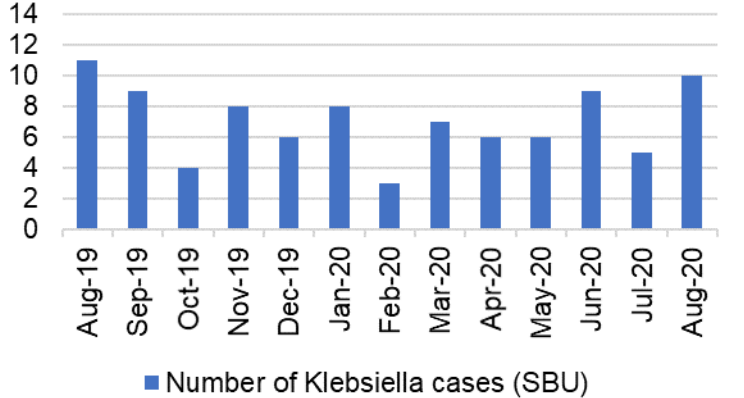
UNSCHEDULED CARE		
Description	Current Performance	Trend
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i>	<p>In August 2020, there were on average 112 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has risen every month since June 2020, with August 2020 seeing an 11% increase compared with July 2020 (from 101 to 112).</p> <p>Morrison Hospital saw the largest in-month increase from 24 in July to 39 in August 2020.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <p>*Consistent data capture for Gorseinon not available before May 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 August 2020, there were 7 elective procedures cancelled due to lack of beds on the day of surgery. This is 3 more cancellations than in July 2020 (from 4 to 7).</p> <p>In August 2020 the 7 cancelled procedure were attributed to Morrison 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
<b>Fractured Neck of Femur (#NOF)</b> 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation  2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture  3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124  4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p><b>1. Prompt orthogeriatric assessment-</b> In June 2020, 81.6% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.8% more than in June 2019.</p> <p><b>2. Prompt surgery-</b> In June 2020, 54.3% of patients had surgery the day following presentation with a hip fracture. This is a reduction from June 2019 which was 56.0%</p> <p><b>3. NICE compliant surgery-</b> 75.7% of operations were consistent with the NICE recommendations in June 2020. This is an improvement of 11% compared with June 2019 (from 64.7% to 75.7%). In June 2020, Morriston was above the all-Wales average of 69.4%.</p> <p><b>4. Prompt mobilisation-</b> In June 2020, 74.6% of patients were out of bed the day after surgery. This is an improvement of 6.9% compared with June 2019 and slightly above the all-Wales average of 74.1%.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p>

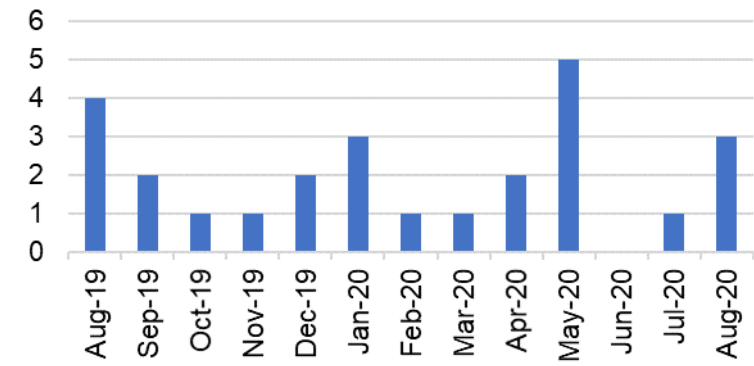
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 61% of patients were not delirious in the week after their operation in June 2020. This is an improvement of 31.8% compared with June 2019.	<p><b>5. Not delirious when tested</b></p> <table><caption>5. Not delirious when tested</caption><thead><tr><th>Month</th><th>Morryston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jun-19</td><td>30%</td><td>50%</td><td>50%</td></tr><tr><td>Jul-19</td><td>32%</td><td>50%</td><td>50%</td></tr><tr><td>Aug-19</td><td>34%</td><td>50%</td><td>50%</td></tr><tr><td>Sep-19</td><td>36%</td><td>50%</td><td>50%</td></tr><tr><td>Oct-19</td><td>38%</td><td>50%</td><td>50%</td></tr><tr><td>Nov-19</td><td>40%</td><td>50%</td><td>50%</td></tr><tr><td>Dec-19</td><td>42%</td><td>50%</td><td>50%</td></tr><tr><td>Jan-20</td><td>44%</td><td>50%</td><td>50%</td></tr><tr><td>Feb-20</td><td>46%</td><td>50%</td><td>50%</td></tr><tr><td>Mar-20</td><td>48%</td><td>50%</td><td>50%</td></tr><tr><td>Apr-20</td><td>50%</td><td>50%</td><td>50%</td></tr><tr><td>May-20</td><td>52%</td><td>50%</td><td>50%</td></tr><tr><td>Jun-20</td><td>61%</td><td>50%</td><td>50%</td></tr></tbody></table>	Month	Morryston	All-Wales	Eng, Wal & N. Ire	Jun-19	30%	50%	50%	Jul-19	32%	50%	50%	Aug-19	34%	50%	50%	Sep-19	36%	50%	50%	Oct-19	38%	50%	50%	Nov-19	40%	50%	50%	Dec-19	42%	50%	50%	Jan-20	44%	50%	50%	Feb-20	46%	50%	50%	Mar-20	48%	50%	50%	Apr-20	50%	50%	50%	May-20	52%	50%	50%	Jun-20	61%	50%	50%
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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> 74.5% of patients in June 2020 were discharged back to their original residence. This was slightly above the all-Wales average of 74.4%.	<p><b>6. Return to original residence</b></p> <table><caption>6. Return to original residence</caption><thead><tr><th>Month</th><th>Morryston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jun-19</td><td>70%</td><td>74%</td><td>74%</td></tr><tr><td>Jul-19</td><td>71%</td><td>74%</td><td>74%</td></tr><tr><td>Aug-19</td><td>72%</td><td>74%</td><td>74%</td></tr><tr><td>Sep-19</td><td>73%</td><td>74%</td><td>74%</td></tr><tr><td>Oct-19</td><td>74%</td><td>74%</td><td>74%</td></tr><tr><td>Nov-19</td><td>75%</td><td>74%</td><td>74%</td></tr><tr><td>Dec-19</td><td>76%</td><td>74%</td><td>74%</td></tr><tr><td>Jan-20</td><td>77%</td><td>74%</td><td>74%</td></tr><tr><td>Feb-20</td><td>78%</td><td>74%</td><td>74%</td></tr><tr><td>Mar-20</td><td>79%</td><td>74%</td><td>74%</td></tr><tr><td>Apr-20</td><td>80%</td><td>74%</td><td>74%</td></tr><tr><td>May-20</td><td>81%</td><td>74%</td><td>74%</td></tr><tr><td>Jun-20</td><td>74.5%</td><td>74.4%</td><td>74%</td></tr></tbody></table>	Month	Morryston	All-Wales	Eng, Wal & N. Ire	Jun-19	70%	74%	74%	Jul-19	71%	74%	74%	Aug-19	72%	74%	74%	Sep-19	73%	74%	74%	Oct-19	74%	74%	74%	Nov-19	75%	74%	74%	Dec-19	76%	74%	74%	Jan-20	77%	74%	74%	Feb-20	78%	74%	74%	Mar-20	79%	74%	74%	Apr-20	80%	74%	74%	May-20	81%	74%	74%	Jun-20	74.5%	74.4%	74%
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Jun-20	74.5%	74.4%	74%																																																							
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In May 2020 the mortality rate for Morryston Hospital was 8.7% which is in line with the rate in May 2019. The mortality rate in Morryston Hospital in May 2020 is higher than the all-Wales average of 7.5% and the national average of 7.6%.	<p><b>7. 30 day mortality rate</b></p> <table><caption>7. 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morryston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>May-19</td><td>7.5%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Jun-19</td><td>7.6%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Jul-19</td><td>7.7%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Aug-19</td><td>7.8%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Sep-19</td><td>7.9%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Oct-19</td><td>8.0%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Nov-19</td><td>8.1%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Dec-19</td><td>8.2%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Jan-20</td><td>8.3%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Feb-20</td><td>8.4%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Mar-20</td><td>8.5%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Apr-20</td><td>8.6%</td><td>7.5%</td><td>7.5%</td></tr><tr><td>May-20</td><td>8.7%</td><td>7.5%</td><td>7.5%</td></tr></tbody></table>	Month	Morryston	All-Wales	Eng, Wal & N. Ire	May-19	7.5%	7.5%	7.5%	Jun-19	7.6%	7.5%	7.5%	Jul-19	7.7%	7.5%	7.5%	Aug-19	7.8%	7.5%	7.5%	Sep-19	7.9%	7.5%	7.5%	Oct-19	8.0%	7.5%	7.5%	Nov-19	8.1%	7.5%	7.5%	Dec-19	8.2%	7.5%	7.5%	Jan-20	8.3%	7.5%	7.5%	Feb-20	8.4%	7.5%	7.5%	Mar-20	8.5%	7.5%	7.5%	Apr-20	8.6%	7.5%	7.5%	May-20	8.7%	7.5%	7.5%
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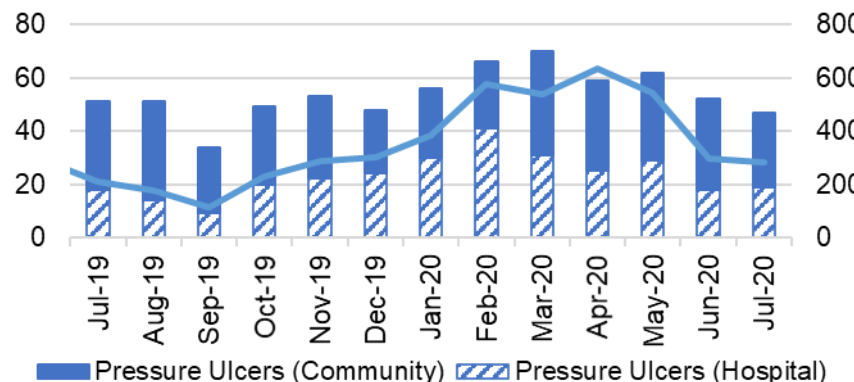


HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>32 cases of <i>E. coli</i> bacteraemia were identified in August 2020, of which 8 were hospital acquired and 24 were community acquired.</li><li>Cumulative cases from April to August 2020 is 24% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p>  <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>Aug-19</td><td>22</td></tr><tr><td>Sep-19</td><td>23</td></tr><tr><td>Oct-19</td><td>25</td></tr><tr><td>Nov-19</td><td>15</td></tr><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></tbody></table>	Month	Number of cases	Aug-19	22	Sep-19	23	Oct-19	25	Nov-19	15	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
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<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 12 cases of <i>Staph. aureus</i> bacteraemia in August 2020, of which 5 were hospital acquired and 7 were community acquired.</li><li>Cumulative cases from April to August 2020 is 23% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p>  <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>Aug-19</td><td>7</td></tr><tr><td>Sep-19</td><td>8</td></tr><tr><td>Oct-19</td><td>13</td></tr><tr><td>Nov-19</td><td>11</td></tr><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></tbody></table>	Month	Number of cases	Aug-19	7	Sep-19	8	Oct-19	13	Nov-19	11	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
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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 23 <i>Clostridium difficile</i> toxin positive cases in August 2020, of which 9 were hospital acquired and 14 were community acquired.</li><li>Cumulative cases from April to August 2020 is 72% more than the equivalent period of 2019/20 (81 in 2020/21 compared with 47 in 2019/20).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p>  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>10</td></tr><tr><td>Oct-19</td><td>19</td></tr><tr><td>Nov-19</td><td>17</td></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></tbody></table>	Month	Number of C.diff cases (SBU)	Aug-19	10	Sep-19	10	Oct-19	19	Nov-19	17	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
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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 10 cases of Klebsiella sp in August 2020, of which 6 were hospital acquired and 4 were community acquired.</li><li>Cumulative cases from April to August 2020 is 3% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p>  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>11</td></tr><tr><td>Sep-19</td><td>9</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>8</td></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></tbody></table>	Month	Number of Klebsiella cases (SBU)	Aug-19	11	Sep-19	9	Oct-19	4	Nov-19	8	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
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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 were 3 cases of <i>P.Aeruginosa</i> bacteraemia in August 2020 compared with 1 case in July 2020.</li> <li>Cumulative cases from April to August 2020 is 35% 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>

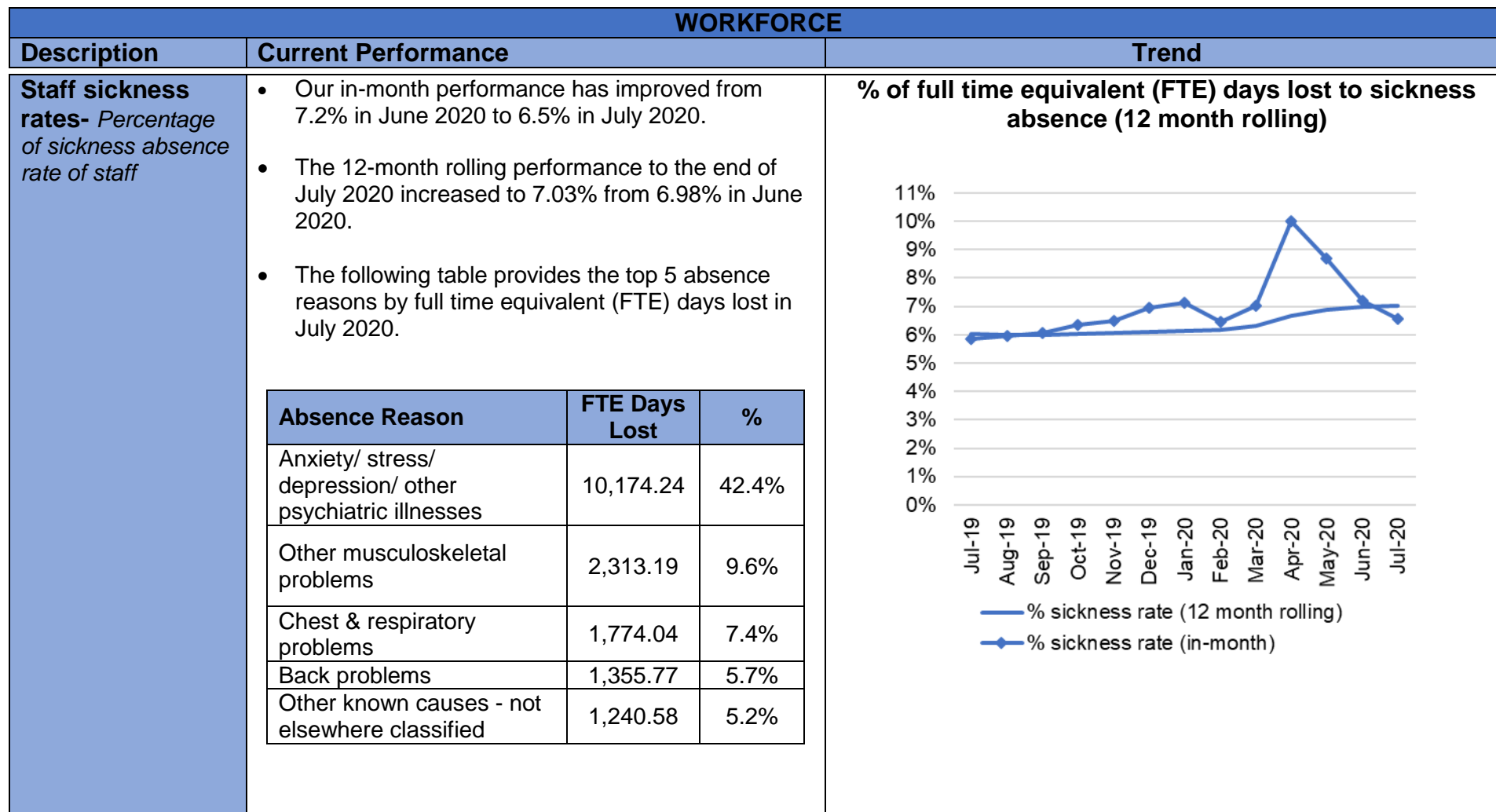
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ol style="list-style-type: none"> <li>In July 2020, there were 47 cases of healthcare acquired pressure ulcers, of which 28 were community acquired and 19 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in July 2020 was 4, of which all were community acquired.</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>  1. The number of serious incidents  2. The number of Never Events  3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	1. The Health Board reported 6 Serious Incidents for the month of August 2020 to Welsh Government. 4 were attributed to the Mental Health and Learning Disabilities, 1 was in Morriston Hospital and 1 was in Singleton Hospital.	<b>1. and 2. Number of serious incidents and never events</b> 
	2. There were no Never Events reported in August 2020.	
	3. In August 2020, performance against the 80% target of submitting closure forms within 60 working days was 50%. Of the 2 closure forms due to be submitted to Welsh Government in August 2020, only 1 was submitted on time by Morriston Delivery Unit. The other form that did not meet the closure target was from Mental Health & Learning Disabilities Delivery Unit.	<b>3. % of serious incidents closed within 60 days</b> <p>* 0% compliance in June and July 2020</p>

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 227 in August 2020, which is an increase from 208 in July 2020.</li><li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li></ul>	<div><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>Aug-19</td><td>230</td></tr><tr><td>Sep-19</td><td>240</td></tr><tr><td>Oct-19</td><td>255</td></tr><tr><td>Nov-19</td><td>240</td></tr><tr><td>Dec-19</td><td>295</td></tr><tr><td>Jan-20</td><td>250</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>227</td></tr></tbody></table><p>■ Inpatient Falls (SBU HB)    — 10% reduction profile</p></div>	Month	Inpatient Falls (SBU HB)	Aug-19	230	Sep-19	240	Oct-19	255	Nov-19	240	Dec-19	295	Jan-20	250	Feb-20	210	Mar-20	215	Apr-20	195	May-20	205	Jun-20	195	Jul-20	205	Aug-20	227
Month	Inpatient Falls (SBU HB)																													
Aug-19	230																													
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Jan-20	250																													
Feb-20	210																													
Mar-20	215																													
Apr-20	195																													
May-20	205																													
Jun-20	195																													
Jul-20	205																													
Aug-20	227																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in August 2020, the percentage of completed discharge summaries was 66%.	<b>% discharge summaries approved and sent</b> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Aug-19</td><td>62%</td></tr><tr><td>Sep-19</td><td>60%</td></tr><tr><td>Oct-19</td><td>62%</td></tr><tr><td>Nov-19</td><td>62%</td></tr><tr><td>Dec-19</td><td>64%</td></tr><tr><td>Jan-20</td><td>65%</td></tr><tr><td>Feb-20</td><td>66%</td></tr><tr><td>Mar-20</td><td>68%</td></tr><tr><td>Apr-20</td><td>60%</td></tr><tr><td>May-20</td><td>62%</td></tr><tr><td>Jun-20</td><td>66%</td></tr><tr><td>Jul-20</td><td>62%</td></tr><tr><td>Aug-20</td><td>66%</td></tr></tbody></table>	Month	% of completed discharge summaries	Aug-19	62%	Sep-19	60%	Oct-19	62%	Nov-19	62%	Dec-19	64%	Jan-20	65%	Feb-20	66%	Mar-20	68%	Apr-20	60%	May-20	62%	Jun-20	66%	Jul-20	62%	Aug-20	66%
	Month		% of completed discharge summaries																											
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Jul-20	62%																													
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	In August 2020, compliance ranged from 55% in Singleton Delivery Unit to 80% in Mental Health & Learning Disabilities Delivery Unit.																													

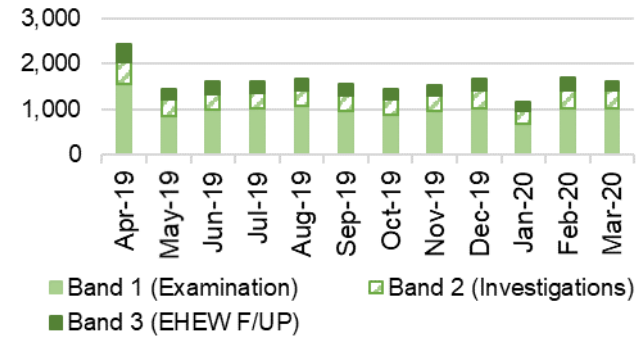
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	July 2020 reports the crude mortality rate for the health board at 0.92% compared to 0.89% in July 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>Jul-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Aug-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Sep-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Oct-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Nov-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Dec-19</td><td>1.2%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jan-20</td><td>1.3%</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>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>May-20</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jun-20</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jul-20</td><td>1.54%</td><td>0.49%</td><td>0.23%</td><td>0.92%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jul-19	1.2%	0.4%	0.1%	0.7%	Aug-19	1.2%	0.4%	0.1%	0.7%	Sep-19	1.2%	0.4%	0.1%	0.7%	Oct-19	1.2%	0.4%	0.1%	0.7%	Nov-19	1.2%	0.4%	0.1%	0.7%	Dec-19	1.2%	0.4%	0.1%	0.7%	Jan-20	1.3%	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	1.4%	0.4%	0.1%	0.8%	May-20	1.4%	0.4%	0.1%	0.8%	Jun-20	1.4%	0.4%	0.1%	0.8%	Jul-20	1.54%	0.49%	0.23%	0.92%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	A breakdown by Delivery Unit for July 2020: <ul style="list-style-type: none"><li>• Morriston – 1.54%</li><li>• Singleton – 0.49%</li><li>• NPT – 0.23%</li></ul>																																																																							



## HARM FROM REDUCTION IN NON-COVID ACTIVITY

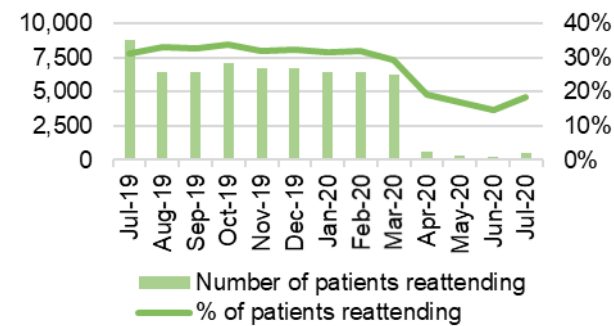
### 6.1 Primary and Community Care Overview

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

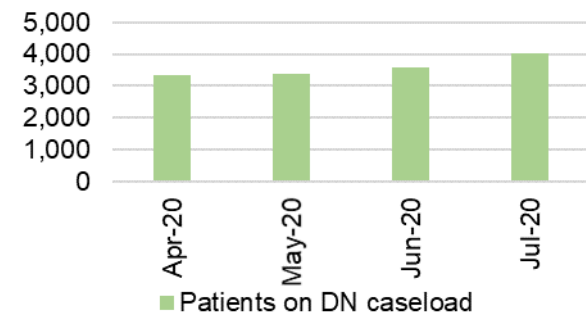


No claims submitted between April and July 2020

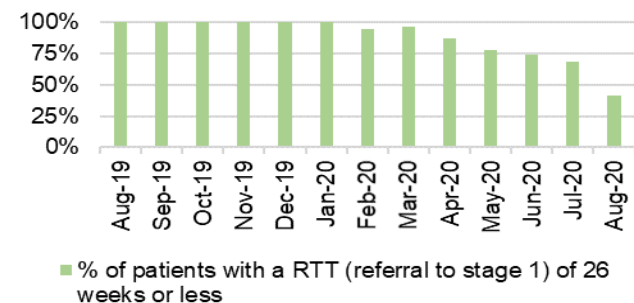
**Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



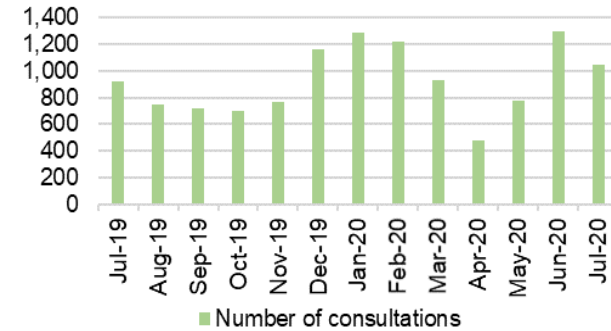
**Chart 9: District Nursing- Number of patients on caseload**



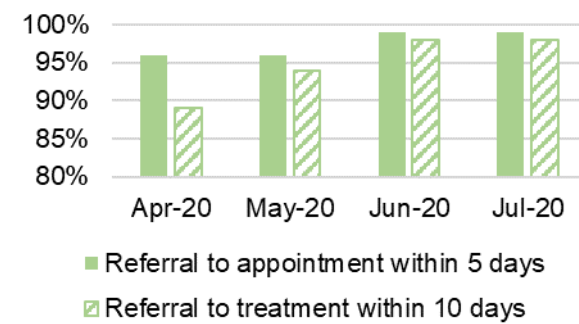
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



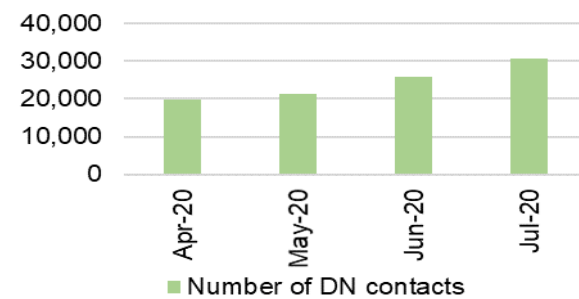
**Chart 2: Common Ailment Scheme - Number of consultations provided**



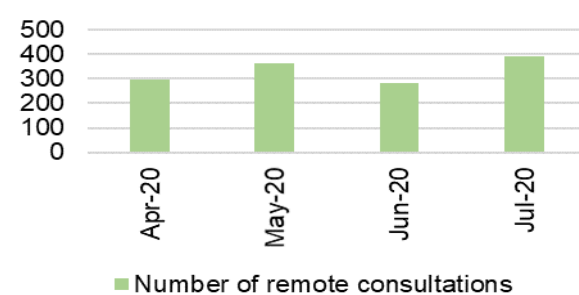
**Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days**



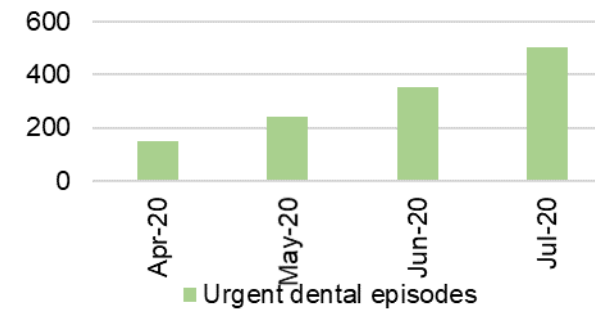
**Chart 10: District Nursing- Total number of contacts**



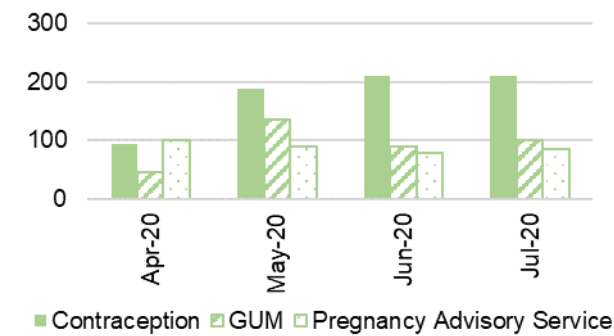
**Chart 14: Audiology- Number of remote consultations**



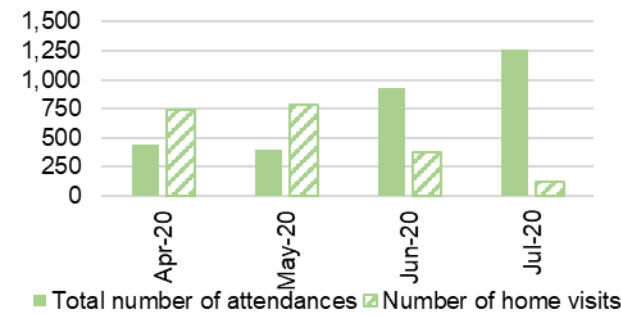
**Chart 3: Urgent Dental Centre- Total episodes of patient care**



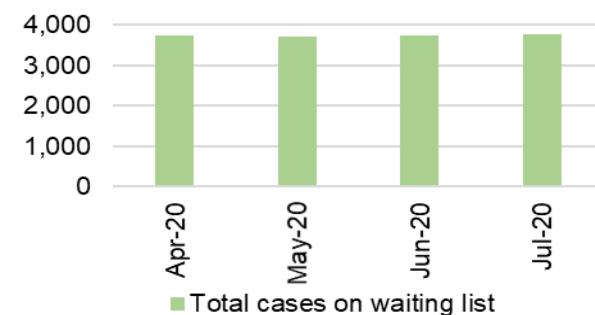
**Chart 7: Sexual health services- Attendances at sexual health ambulance**



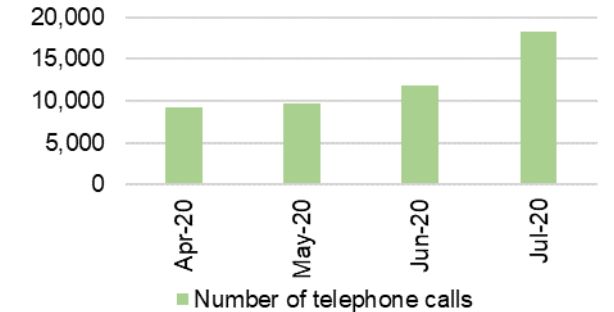
**Chart 11: Community wound clinic- Number of attendances and number of home visits**



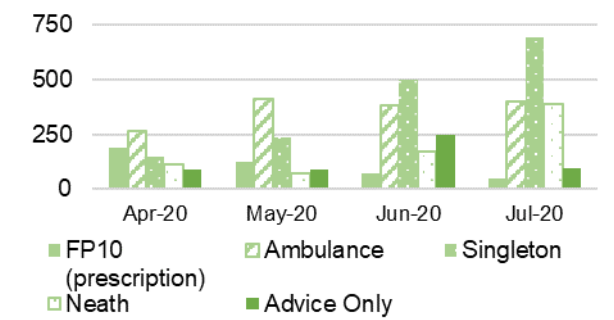
**Chart 15: Audiology- Total number of patients on the waiting list**



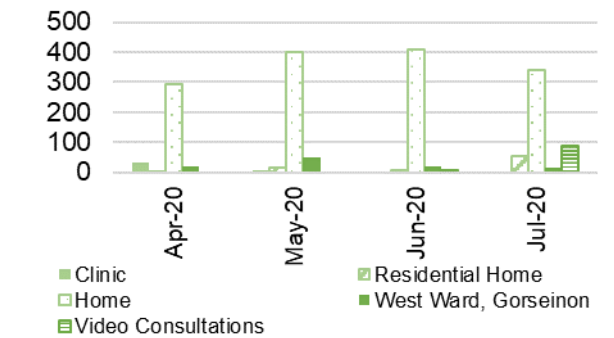
**Chart 4: General Dental Practice activity- Total number of telephone calls received**



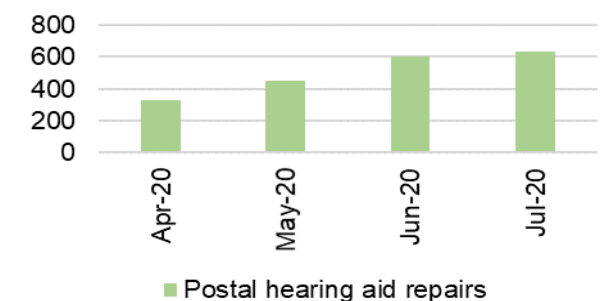
**Chart 8: Sexual health services- Patient outcomes**



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



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

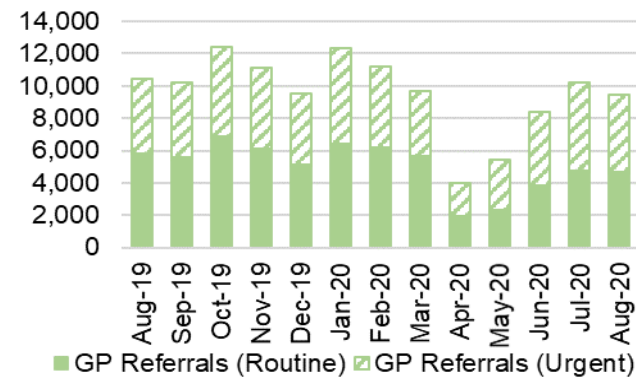




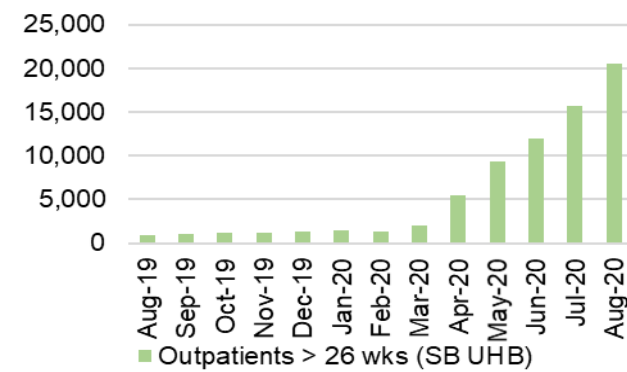
## Harm from reduction in non-Covid activity

### 6.2 Planned Care Overview

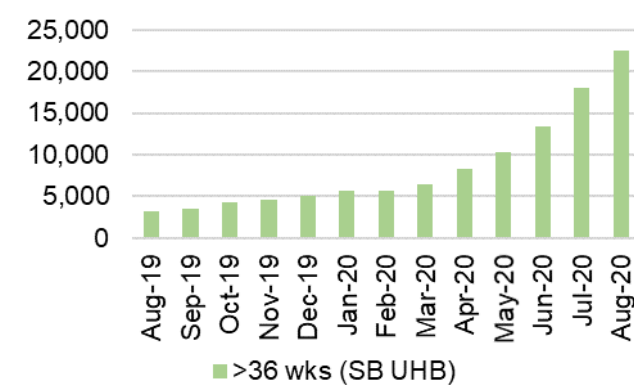
**Chart 1: Number of GP Referrals into secondary care**



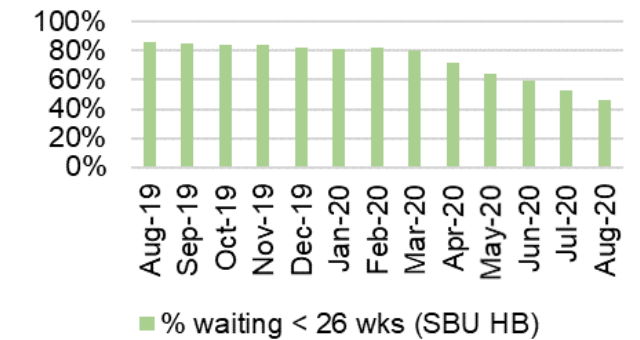
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



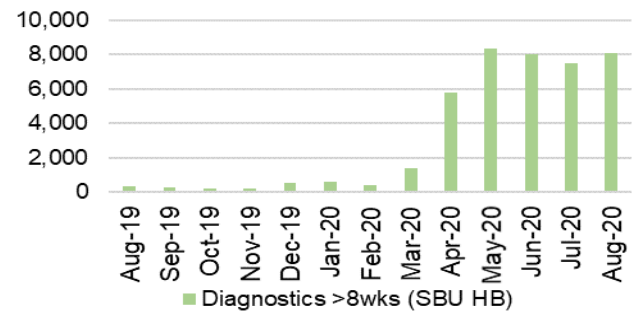
**Chart 3: Number of patients waiting over 36 weeks for treatment**



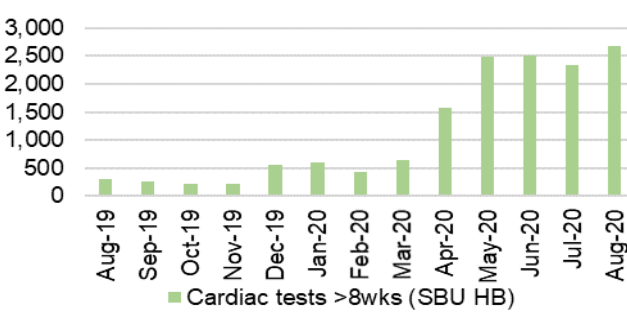
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



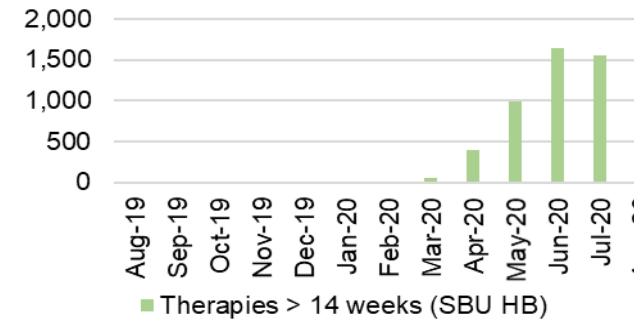
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



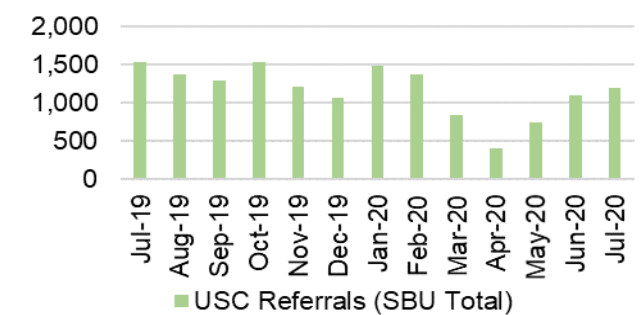
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



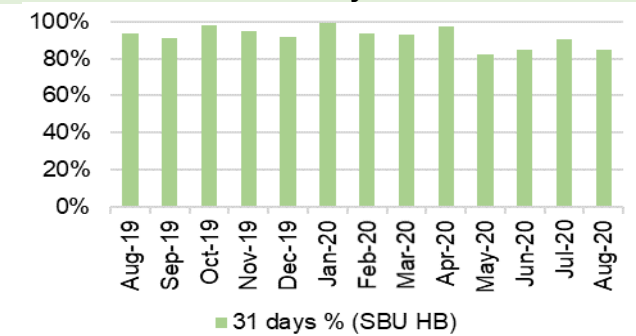
**Chart 7: Number of patients waiting less than 14 weeks for Therapies**



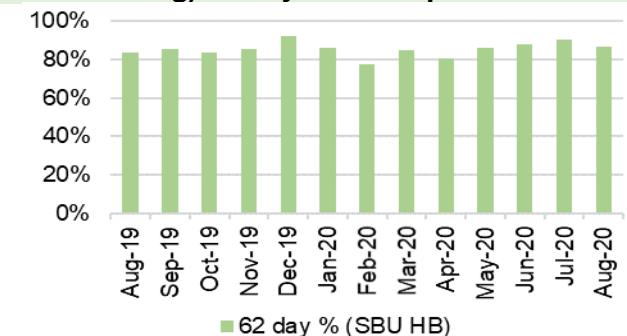
**Chart 8: Cancer referrals**



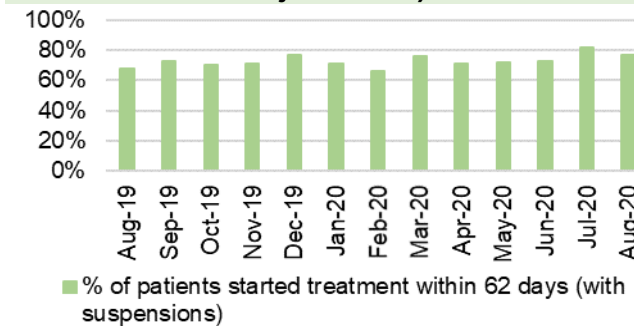
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



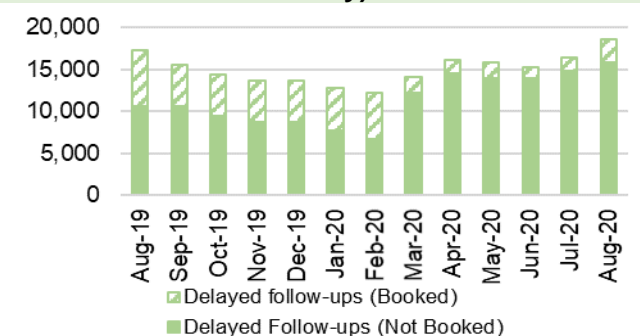
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



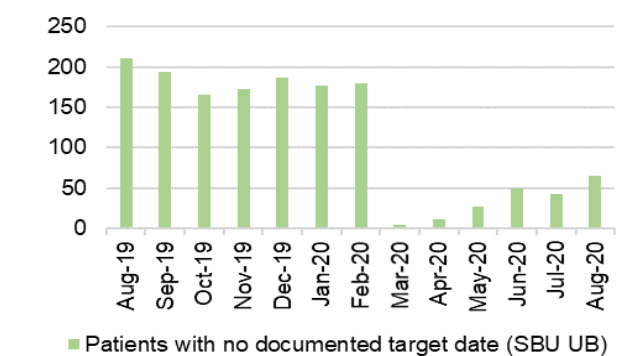
**Chart 11: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)**



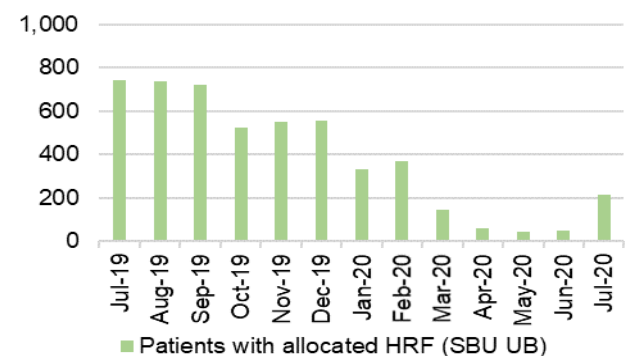
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)**



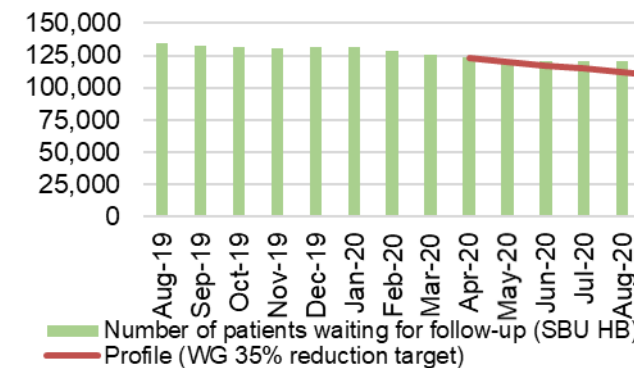
**Chart 13: Number of patients without a documented clinical review date**



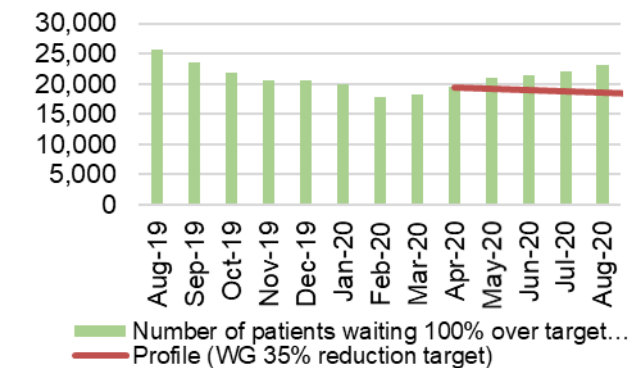
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



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



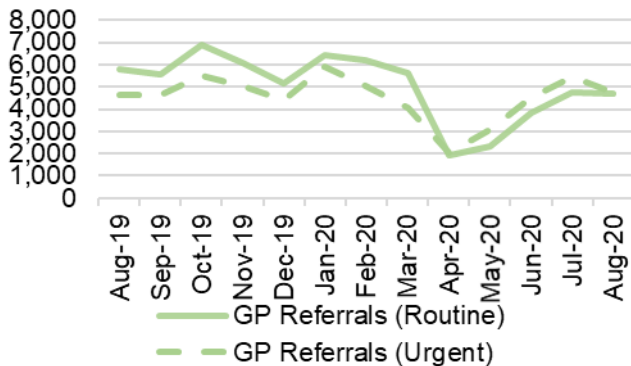
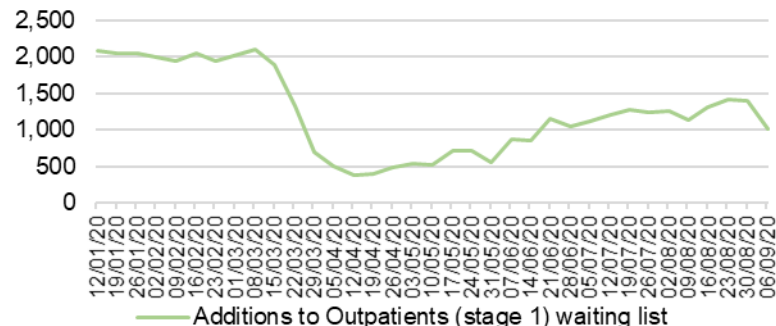
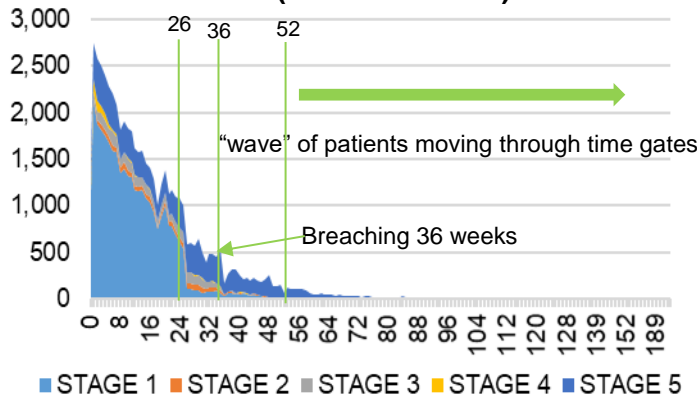
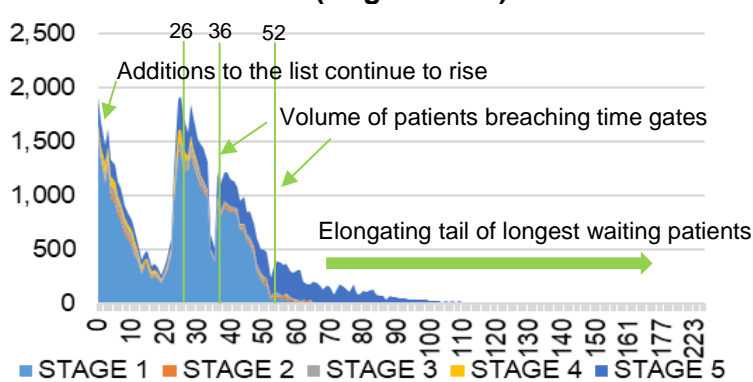
## Planned Care- Overview (August 2020)

Demand		Waiting Times	
<b>9,416 (8%↓)</b> Total GP referrals	<b>20,497 (30%↑)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>22,453 (24%↑)</b> Patients waiting over 36 weeks for treatment	<b>7,836 (20%↑)</b> Patients waiting over 52 weeks for treatment
<b>4,670 (2%↓)</b> Routine GP referrals	<b>46.5% (4.7%↓)</b> Patients waiting under 26 weeks from referral to treatment	<b>8,075 (8%↑)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>2,674 (15%↑)</b> Patients waiting over 8 weeks for Cardiac diagnostics only
<b>4,746 (13%↓)</b> Urgent GP referrals	<b>1,518 (2%↓)</b> Patients waiting over 14 weeks for reportable therapies	<b>120,969 (0.8%↑)</b> Patients waiting for a follow-up outpatient appointment	<b>23,209 (5%↑)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer		Theatre Efficiencies	
<b>1,192 (8.3%↑)</b> Number of USC referrals received	<b>140 (7.3%↓)</b> USC backlog over 52 days	<b>90% (48%↑)</b> Theatre utilisation rate	<b>28% (9%↓)</b> % of theatres sessions finishing early
<b>85% (5.3%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>87% (3.5%↓) draft</b> USC patients receiving treatment within 62 days	<b>46% (5%↓)</b> % of theatres sessions starting late	<b>59% (10%↑)</b> Operations cancelled on the day

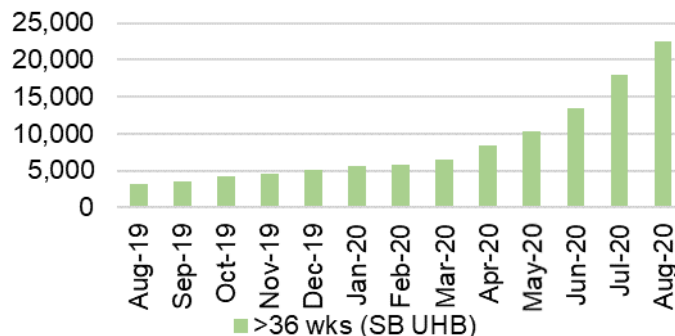
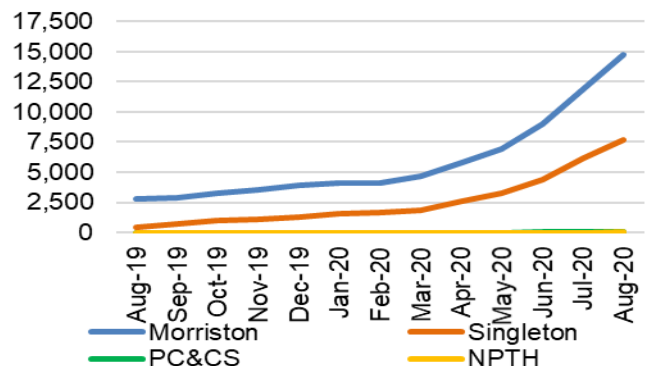
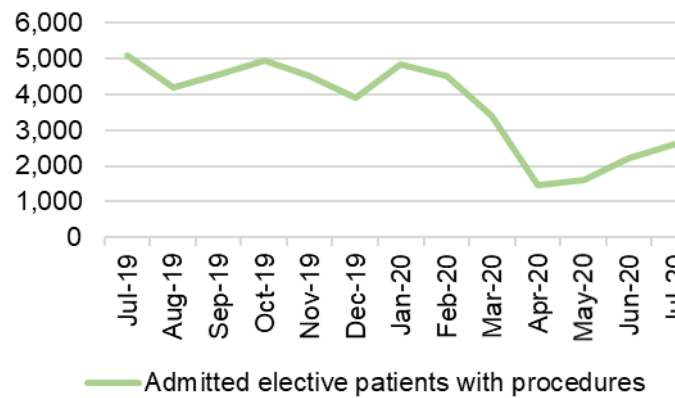
*\*RAG status and trend is based on in month-movement*



## 6.3 Updates on key measures

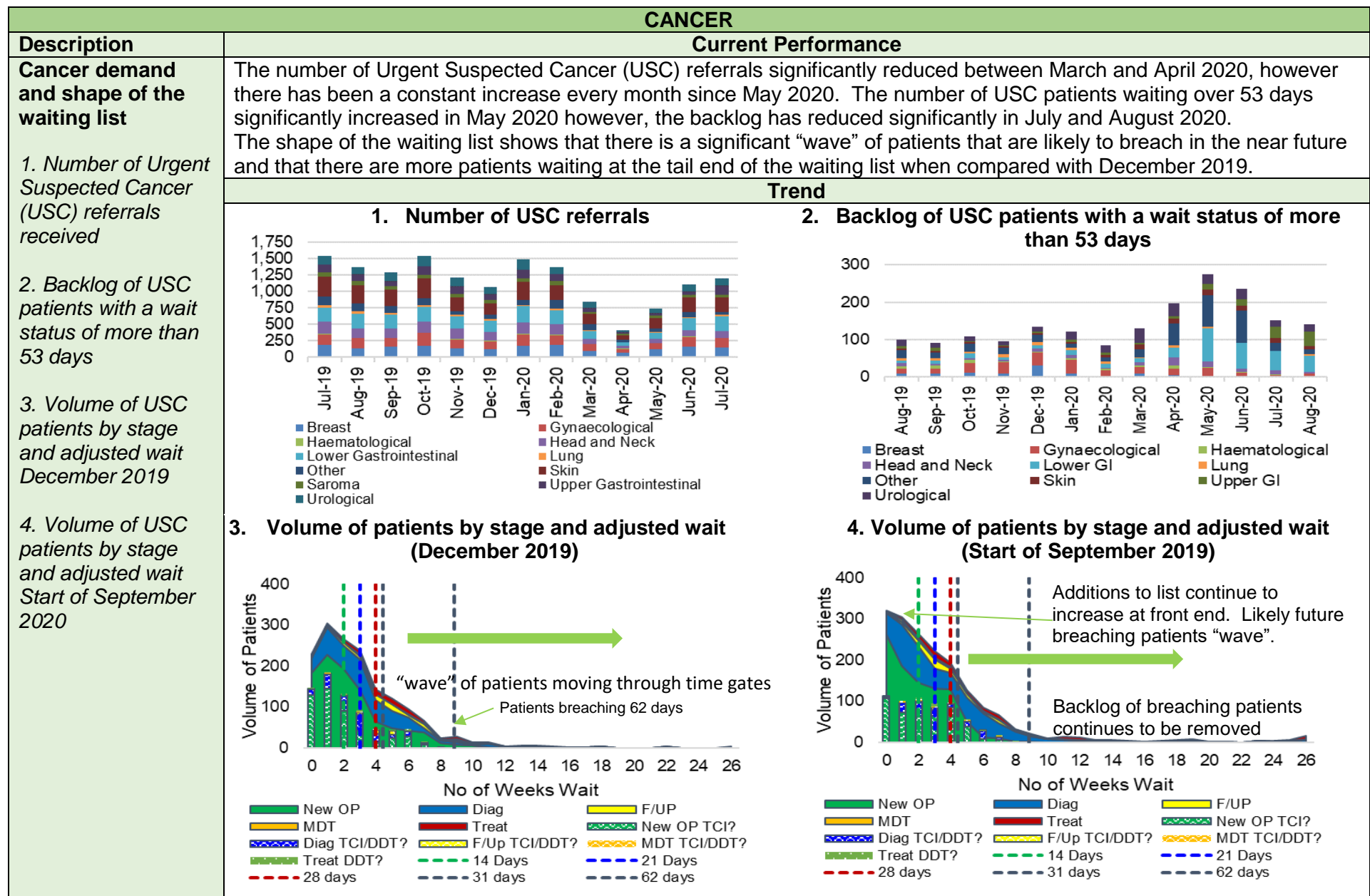
PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	The number of GP referrals and additions to the outpatient waiting list per week have continued to increase each month since May 2020. This is reflected in the reduction in the size of the waiting list in April 2020 and subsequent increase every month since May 2020. 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>Trend</b>
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>1. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>2. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at August 2020</i>	<div> <b>1. Number of GP referrals received by SBU Health Board</b>  </div> <div> <b>2. Number of stage 1 additions per week</b>  </div> <div> <b>3. Total size of the waiting list and movement (December 2019)</b>  </div> <div> <b>4. Total size of the waiting list and movement (August 2020)</b>  </div>

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<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Unit Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In August 2020, there were 20,497 patients waiting over 26 weeks compared with 15,721 in July 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Orthopaedics. 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 is currently being undertaken to accurately record the split between face to face and virtual attendances.</p>																																																																																																								
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May-20	7,000	4,000	100	100																																																																																																																										
Jun-20	9,000	5,500	100	100																																																																																																																										
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Aug-20	14,500	7,500	100	100																																																																																																																										
Month	Admitted elective patients with procedures																																																																																																																													
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Description	Current Performance																																																																							
<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. However, the percentage has consistently fallen during 2020/21 with August 2020 achieving 46.5%.	<b>Percentage of patient waiting less than 26 weeks</b> <table><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>Aug-19</td><td>82%</td><td>85%</td><td>88%</td><td>100%</td></tr><tr><td>Sep-19</td><td>81%</td><td>84%</td><td>87%</td><td>100%</td></tr><tr><td>Oct-19</td><td>80%</td><td>83%</td><td>86%</td><td>100%</td></tr><tr><td>Nov-19</td><td>79%</td><td>82%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>78%</td><td>81%</td><td>84%</td><td>100%</td></tr><tr><td>Jan-20</td><td>79%</td><td>82%</td><td>85%</td><td>100%</td></tr><tr><td>Feb-20</td><td>78%</td><td>81%</td><td>84%</td><td>100%</td></tr><tr><td>Mar-20</td><td>75%</td><td>78%</td><td>81%</td><td>100%</td></tr><tr><td>Apr-20</td><td>65%</td><td>68%</td><td>75%</td><td>98%</td></tr><tr><td>May-20</td><td>55%</td><td>58%</td><td>65%</td><td>95%</td></tr><tr><td>Jun-20</td><td>48%</td><td>50%</td><td>55%</td><td>92%</td></tr><tr><td>Jul-20</td><td>42%</td><td>45%</td><td>48%</td><td>88%</td></tr><tr><td>Aug-20</td><td>35%</td><td>40%</td><td>45%</td><td>80%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-19	82%	85%	88%	100%	Sep-19	81%	84%	87%	100%	Oct-19	80%	83%	86%	100%	Nov-19	79%	82%	85%	100%	Dec-19	78%	81%	84%	100%	Jan-20	79%	82%	85%	100%	Feb-20	78%	81%	84%	100%	Mar-20	75%	78%	81%	100%	Apr-20	65%	68%	75%	98%	May-20	55%	58%	65%	95%	Jun-20	48%	50%	55%	92%	Jul-20	42%	45%	48%	88%	Aug-20	35%	40%	45%	80%
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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 July 2020, 55.5% 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 this has not been sustained so far in 2020/21.</p> <p>* August 2020 data was not available at the time of writing this report</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> <table><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>Jul-19</td><td>65%</td></tr><tr><td>Aug-19</td><td>64%</td></tr><tr><td>Sep-19</td><td>66%</td></tr><tr><td>Oct-19</td><td>70%</td></tr><tr><td>Nov-19</td><td>72%</td></tr><tr><td>Dec-19</td><td>71%</td></tr><tr><td>Jan-20</td><td>75%</td></tr><tr><td>Feb-20</td><td>78%</td></tr><tr><td>Mar-20</td><td>76%</td></tr><tr><td>Apr-20</td><td>70%</td></tr><tr><td>May-20</td><td>64%</td></tr><tr><td>Jun-20</td><td>63%</td></tr><tr><td>Jul-20</td><td>55.5%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Jul-19	65%	Aug-19	64%	Sep-19	66%	Oct-19	70%	Nov-19	72%	Dec-19	71%	Jan-20	75%	Feb-20	78%	Mar-20	76%	Apr-20	70%	May-20	64%	Jun-20	63%	Jul-20	55.5%																																										
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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 August 2020, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 7,872 in July 2020 to 8,075 in August 2020.</p> <p>All of the diagnostic areas have seen a significant increase in breaches since March 2020.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for August 2020:</p> <ul style="list-style-type: none"><li>• Radiology= 3,171</li><li>• Cardiac tests= 2,674</li><li>• Endoscopy= 1,447</li><li>• Neurophysiology= 678</li><li>• Physiological measurement= 57</li><li>• Fluoroscopy= 41</li><li>• Cystoscopy= 7</li></ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table border="1"><caption>Estimated 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>Aug-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>200</td><td>0</td><td>0</td></tr><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>400</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>500</td><td>100</td><td>500</td></tr><tr><td>Apr-20</td><td>1500</td><td>500</td><td>3500</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>4200</td></tr><tr><td>Jul-20</td><td>2300</td><td>1300</td><td>4000</td></tr><tr><td>Aug-20</td><td>2600</td><td>1500</td><td>4000</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Aug-19	200	0	0	Sep-19	200	0	0	Oct-19	200	0	0	Nov-19	200	0	0	Dec-19	500	0	0	Jan-20	500	0	0	Feb-20	400	0	0	Mar-20	500	100	500	Apr-20	1500	500	3500	May-20	2500	1200	4800	Jun-20	2500	1200	4200	Jul-20	2300	1300	4000	Aug-20	2600	1500	4000																																										
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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 August 2020 there were 1,518 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in August 2020 are:</p> <ul style="list-style-type: none"><li>• Podiatry= 764</li><li>• Audiology= 443</li><li>• Speech &amp; Language Therapy= 166</li><li>• Dietetics= 145</li><li>• Physiotherapy= 0</li></ul>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"><caption>Estimated 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>Speech &amp; Language</th><th>Dietetics</th><th>Phsyio</th></tr></thead><tbody><tr><td>Aug-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</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><td>0</td></tr><tr><td>Feb-20</td><td>0</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><td>0</td></tr><tr><td>Apr-20</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>400</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>600</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>500</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>500</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Aug-19	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	Oct-19	0	0	0	0	0	0	Nov-19	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	Jan-20	0	0	0	0	0	0	Feb-20	0	0	0	0	0	0	Mar-20	0	0	0	0	0	0	Apr-20	100	0	0	0	0	0	May-20	400	0	0	0	0	0	Jun-20	600	0	0	0	0	0	Jul-20	500	0	0	0	0	0	Aug-20	500	0	0	0	0	0
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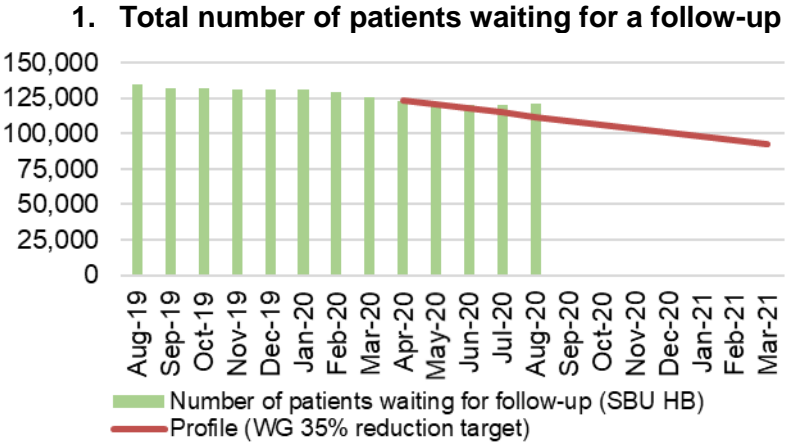
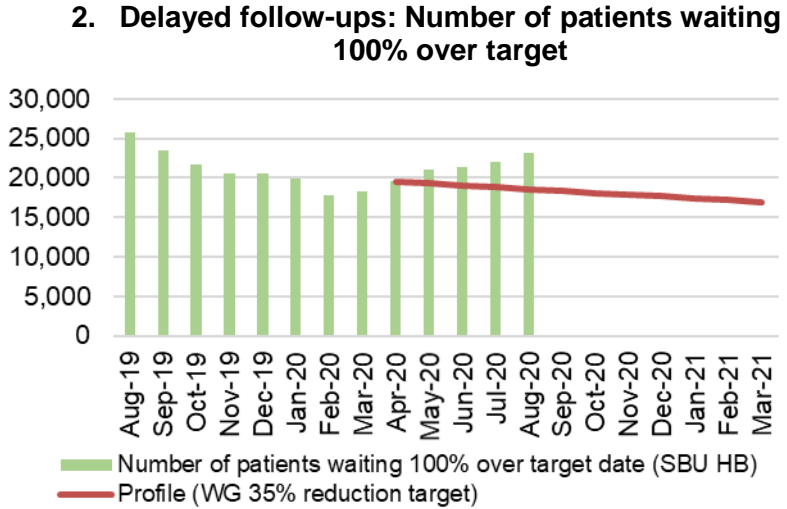


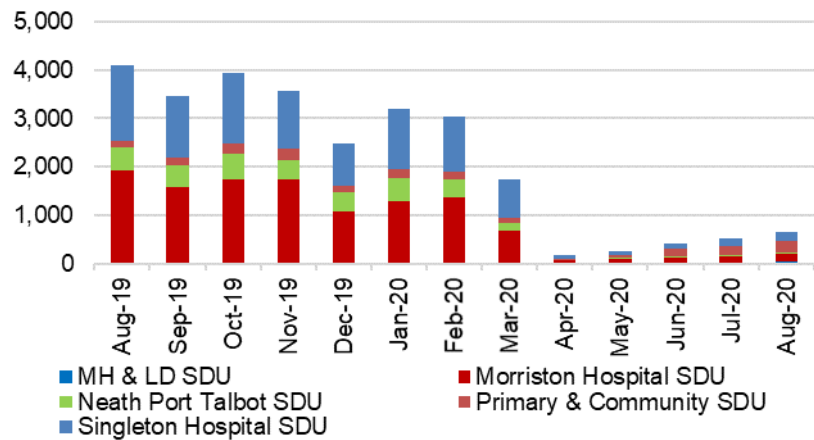
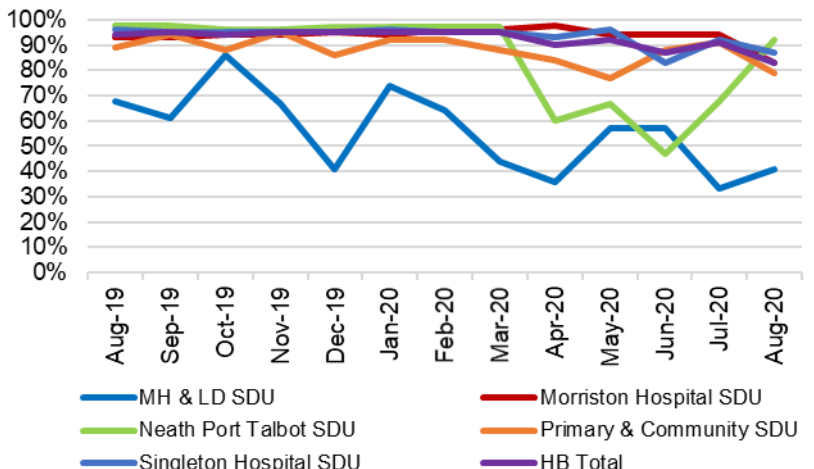
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<b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>August 2020 figures will be finalised on the 2<sup>nd</sup> October 2020. Draft figures indicate a possible achievement of 85% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for August 2020:</p> <ul style="list-style-type: none"><li>• Upper GI – 3</li><li>• Gynaecological – 2</li><li>• Urological – 2</li><li>• Head &amp; Neck – 1</li><li>• Lower GI - 1</li></ul> <p><i>*Breach validation is ongoing, this number also includes suspected cancers awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <table><caption>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Sep-19</td><td>85%</td><td>95%</td><td>95%</td></tr><tr><td>Oct-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Nov-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Dec-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Jan-20</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Feb-20</td><td>90%</td><td>90%</td><td>95%</td></tr><tr><td>Mar-20</td><td>90%</td><td>90%</td><td>95%</td></tr><tr><td>Apr-20</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>May-20</td><td>65%</td><td>85%</td><td>95%</td></tr><tr><td>Jun-20</td><td>75%</td><td>90%</td><td>95%</td></tr><tr><td>Jul-20</td><td>80%</td><td>95%</td><td>95%</td></tr><tr><td>Aug-20</td><td>60%</td><td>90%</td><td>95%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-19	90%	95%	95%	Sep-19	85%	95%	95%	Oct-19	95%	95%	95%	Nov-19	95%	95%	95%	Dec-19	90%	95%	95%	Jan-20	95%	95%	95%	Feb-20	90%	90%	95%	Mar-20	90%	90%	95%	Apr-20	90%	95%	95%	May-20	65%	85%	95%	Jun-20	75%	90%	95%	Jul-20	80%	95%	95%	Aug-20	60%	90%	95%
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<b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>August 2020 figures will be finalised on the 2<sup>nd</sup> October 2020. Draft figures indicate a possible achievement of 87% of patients starting treatment within 62 days. At the time of writing this report there are 13 breaches* in total across the Health Board for August 2020:</p> <ul style="list-style-type: none"><li>• Lower GI – 4</li><li>• Upper GI – 3</li><li>• Urological – 3</li><li>• Haematological – 2</li><li>• Head &amp; Neck – 1</li></ul> <p><i>*Breach validation is ongoing, this number also includes a suspected cancer awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <table><caption>Percentage of USC patients starting treatment within 62 days of receipt of referral</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Sep-19</td><td>90%</td><td>80%</td><td>70%</td></tr><tr><td>Oct-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Nov-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>90%</td><td>90%</td><td>100%</td></tr><tr><td>Jan-20</td><td>95%</td><td>80%</td><td>70%</td></tr><tr><td>Feb-20</td><td>80%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-20</td><td>85%</td><td>85%</td><td>75%</td></tr><tr><td>Apr-20</td><td>80%</td><td>80%</td><td>100%</td></tr><tr><td>May-20</td><td>75%</td><td>80%</td><td>100%</td></tr><tr><td>Jun-20</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Jul-20</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Aug-20</td><td>60%</td><td>95%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-19	85%	85%	100%	Sep-19	90%	80%	70%	Oct-19	85%	85%	100%	Nov-19	85%	85%	100%	Dec-19	90%	90%	100%	Jan-20	95%	80%	70%	Feb-20	80%	75%	100%	Mar-20	85%	85%	75%	Apr-20	80%	80%	100%	May-20	75%	80%	100%	Jun-20	85%	85%	100%	Jul-20	85%	95%	100%	Aug-20	60%	95%	100%
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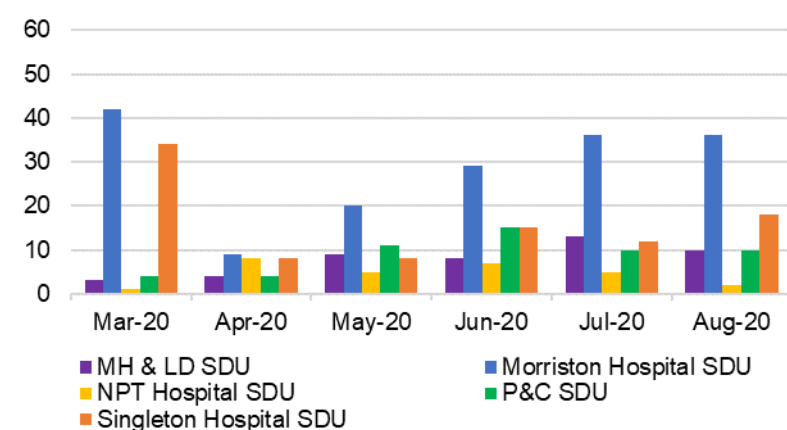
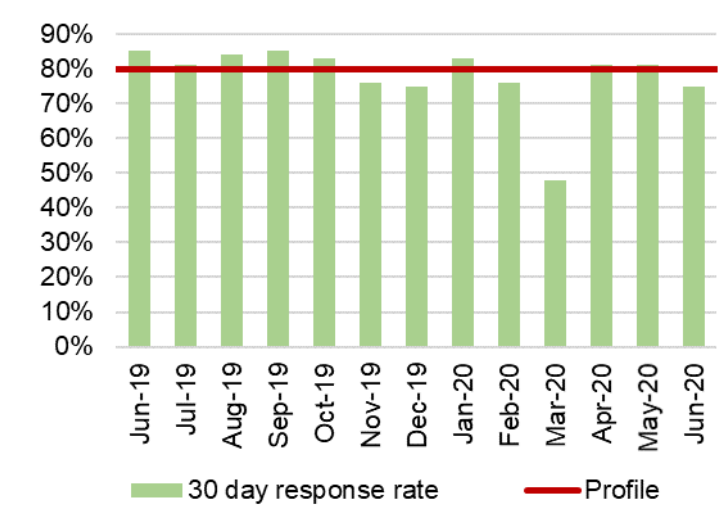


CANCER																																						
Description	Current Performance	Trend																																				
<b>Single Cancer Pathway</b> <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	<p>August 2020 figures will be finalised on the 2<sup>nd</sup> October 2020. Draft figures indicate a possible achievement of 77% of patients starting treatment within 62 days of the suspicion of cancer first being raised. At the time of writing this report 36 patients did not receive their treatment within the time frame.</p> <p>Both adjusted and unadjusted waits are provided as per reporting requirements to WG.</p>	<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b></p> <p>90% 80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20</p> <p>— % of patients started treatment within 62 days (with suspensions)  - - % of patients started treatment within 62 days (without suspensions)</p>																																				
<b>USC backlog</b> <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of August 2020 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th><th>53 - 62 days</th><th>63 &gt;</th></tr> </thead> <tbody> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>3</td><td>4</td></tr> <tr><td>Haematological</td><td>0</td><td>1</td></tr> <tr><td>Head and Neck</td><td>1</td><td>3</td></tr> <tr><td>Lower GI</td><td>13</td><td>31</td></tr> <tr><td>Lung</td><td>2</td><td>2</td></tr> <tr><td>Other</td><td>2</td><td>11</td></tr> <tr><td>Skin</td><td>7</td><td>1</td></tr> <tr><td>Upper GI</td><td>14</td><td>26</td></tr> <tr><td>Urological</td><td>7</td><td>11</td></tr> <tr><td><b>Grand Total</b></td><td><b>50</b></td><td><b>90</b></td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	1	0	Gynaecological	3	4	Haematological	0	1	Head and Neck	1	3	Lower GI	13	31	Lung	2	2	Other	2	11	Skin	7	1	Upper GI	14	26	Urological	7	11	<b>Grand Total</b>	<b>50</b>	<b>90</b>	<p><b>Number of patients with a wait status of more than 53 days</b></p> <p>300 250 200 150 100 50 0</p> <p>Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20</p> <p>■ 53-62 days (HB Total) ■ 63 days+ (HB Total)</p>
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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 August 2020 the percentage of patients seen within 14 days to first appointment ranged between 14% and 35%.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of August 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>8</td><td>45</td><td>5</td><td>1</td><td>58</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>2</td><td>4</td><td>10</td><td>138</td><td>154</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>1</td><td>1</td><td>19</td><td>23</td><td>44</td></tr><tr><td>LGI</td><td>0</td><td>2</td><td>7</td><td>0</td><td>9</td></tr><tr><td>Lung</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Other</td><td>1</td><td>2</td><td>1</td><td>3</td><td>7</td></tr><tr><td>Sarcoma</td><td>0</td><td>4</td><td>1</td><td>0</td><td>5</td></tr><tr><td>Skin</td><td>3</td><td>4</td><td>3</td><td>33</td><td>43</td></tr><tr><td>UGI</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Urological</td><td>1</td><td>18</td><td>3</td><td>0</td><td>22</td></tr><tr><td>Total</td><td>16</td><td>81</td><td>49</td><td>199</td><td>345</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	8	45	5	1	58	Children Cancer	0	0	0	0	0	Gynaecological	2	4	10	138	154	Haematological	0	0	0	0	0	Head&Neck	1	1	19	23	44	LGI	0	2	7	0	9	Lung	0	1	0	0	1	Other	1	2	1	3	7	Sarcoma	0	4	1	0	5	Skin	3	4	3	33	43	UGI	0	0	0	1	1	Urological	1	18	3	0	22	Total	16	81	49	199	345																																																																					
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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>Aug-20</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>63%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>92%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>91%</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>46%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>75%</td></tr></table>	Measure	Target	Aug-20	Scheduled (21 Day Target)	80%	63%	Scheduled (28 Day Target)	100%	92%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	91%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	46%	Elective Delay (28 Day Target)	100%	75%	<b>Radiotherapy waiting times</b> <table><caption>Radiotherapy waiting times (Estimated Data)</caption><thead><tr><th>Month</th><th>Scheduled (21 Day Target)</th><th>Scheduled (28 Day Target)</th><th>Urgent SC (7 Day Target)</th><th>Urgent SC (14 Day Target)</th><th>Emergency (within 1 day)</th><th>Emergency (within 2 days)</th><th>Elective Delay (21 Day Target)</th><th>Elective Delay (28 Day Target)</th></tr></thead><tbody><tr><td>Aug-19</td><td>40%</td><td>80%</td><td>65%</td><td>95%</td><td>100%</td><td>100%</td><td>45%</td><td>65%</td></tr><tr><td>Sep-19</td><td>45%</td><td>70%</td><td>55%</td><td>90%</td><td>100%</td><td>100%</td><td>40%</td><td>55%</td></tr><tr><td>Oct-19</td><td>55%</td><td>75%</td><td>60%</td><td>85%</td><td>100%</td><td>100%</td><td>35%</td><td>45%</td></tr><tr><td>Nov-19</td><td>50%</td><td>75%</td><td>55%</td><td>88%</td><td>100%</td><td>100%</td><td>40%</td><td>50%</td></tr><tr><td>Dec-19</td><td>45%</td><td>60%</td><td>50%</td><td>80%</td><td>100%</td><td>100%</td><td>35%</td><td>60%</td></tr><tr><td>Jan-20</td><td>35%</td><td>60%</td><td>50%</td><td>80%</td><td>100%</td><td>100%</td><td>30%</td><td>65%</td></tr><tr><td>Feb-20</td><td>28%</td><td>75%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>25%</td><td>70%</td></tr><tr><td>Mar-20</td><td>55%</td><td>90%</td><td>45%</td><td>95%</td><td>100%</td><td>100%</td><td>85%</td><td>95%</td></tr><tr><td>Apr-20</td><td>50%</td><td>85%</td><td>45%</td><td>90%</td><td>100%</td><td>100%</td><td>75%</td><td>90%</td></tr><tr><td>May-20</td><td>45%</td><td>95%</td><td>35%</td><td>85%</td><td>100%</td><td>100%</td><td>85%</td><td>100%</td></tr><tr><td>Jun-20</td><td>60%</td><td>95%</td><td>65%</td><td>95%</td><td>100%</td><td>100%</td><td>90%</td><td>95%</td></tr><tr><td>Jul-20</td><td>70%</td><td>95%</td><td>65%</td><td>95%</td><td>100%</td><td>100%</td><td>50%</td><td>95%</td></tr><tr><td>Aug-20</td><td>63%</td><td>92%</td><td>57%</td><td>91%</td><td>100%</td><td>100%</td><td>46%</td><td>75%</td></tr></tbody></table>	Month	Scheduled (21 Day Target)	Scheduled (28 Day Target)	Urgent SC (7 Day Target)	Urgent SC (14 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Elective Delay (21 Day Target)	Elective Delay (28 Day Target)	Aug-19	40%	80%	65%	95%	100%	100%	45%	65%	Sep-19	45%	70%	55%	90%	100%	100%	40%	55%	Oct-19	55%	75%	60%	85%	100%	100%	35%	45%	Nov-19	50%	75%	55%	88%	100%	100%	40%	50%	Dec-19	45%	60%	50%	80%	100%	100%	35%	60%	Jan-20	35%	60%	50%	80%	100%	100%	30%	65%	Feb-20	28%	75%	50%	90%	100%	100%	25%	70%	Mar-20	55%	90%	45%	95%	100%	100%	85%	95%	Apr-20	50%	85%	45%	90%	100%	100%	75%	90%	May-20	45%	95%	35%	85%	100%	100%	85%	100%	Jun-20	60%	95%	65%	95%	100%	100%	90%	95%	Jul-20	70%	95%	65%	95%	100%	100%	50%	95%	Aug-20	63%	92%	57%	91%	100%	100%	46%	75%
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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 August 2020, the overall size of the follow-up waiting list reduced by 0.3% compared with July 2020 (from 120,062 to 120,062).</p> <p>In August 2020 there was a total of 55,446 patients waiting for a follow-up past their target date. This is an in-month increase of 6.1% (from 52,278 in July 2020 to 55,446 in August 2020).</p> <p>Of the 55,446 delayed follow-ups in August 2020, 9,467 had appointment dates and 45,979 were still waiting for an appointment.</p> <p>In addition, 23,209 were waiting 100%+ over target date in August 2020. This is a 5% increase when compared with July 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>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in August 2020 was 83% and 625 surveys were completed:             <ul style="list-style-type: none"> <li>➤ Neath Port Talbot Hospital (NPTH) completed 24 surveys in August 2020, with a recommended score of 92%.</li> <li>➤ Singleton Hospital completed 207 surveys for August, with a recommended score of 87%.</li> <li>➤ Morriston Hospital completed 174 surveys in August 2020, with a recommended score of 83%.</li> <li>➤ Mental Health &amp; Learning Disabilities completed 34 surveys for August 2020, with a recommended score of 41%.</li> <li>➤ Primary &amp; Community Care completed 220 surveys for August, with a recommended score of 79%.</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																																																																																						
Description	Current Performance	Trend																																																																																				
<b>Patient concerns</b>  1. <i>Number of formal complaints received</i>  2. <i>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 August 2020, the Health Board received 81 formal complaints; this is a 29% reduction when compared with August 2019 (from 114 to 81). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 75% in June 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in June 2020 ranged from 50% Primary Care &amp; Community Delivery Unit to 89% in Morriston Delivery Unit.</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 SDU</th><th>NPT Hospital SDU</th><th>Singleton Hospital SDU</th><th>Morriston Hospital SDU</th><th>P&amp;C SDU</th></tr></thead><tbody><tr><td>Mar-20</td><td>2</td><td>1</td><td>34</td><td>42</td><td>4</td></tr><tr><td>Apr-20</td><td>4</td><td>8</td><td>8</td><td>10</td><td>4</td></tr><tr><td>May-20</td><td>9</td><td>5</td><td>8</td><td>20</td><td>11</td></tr><tr><td>Jun-20</td><td>8</td><td>6</td><td>15</td><td>29</td><td>15</td></tr><tr><td>Jul-20</td><td>13</td><td>5</td><td>12</td><td>36</td><td>10</td></tr><tr><td>Aug-20</td><td>10</td><td>2</td><td>18</td><td>36</td><td>10</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><th>Profile</th></tr></thead><tbody><tr><td>Jun-19</td><td>85%</td><td>80%</td></tr><tr><td>Jul-19</td><td>80%</td><td>80%</td></tr><tr><td>Aug-19</td><td>82%</td><td>80%</td></tr><tr><td>Sep-19</td><td>85%</td><td>80%</td></tr><tr><td>Oct-19</td><td>82%</td><td>80%</td></tr><tr><td>Nov-19</td><td>75%</td><td>80%</td></tr><tr><td>Dec-19</td><td>72%</td><td>80%</td></tr><tr><td>Jan-20</td><td>82%</td><td>80%</td></tr><tr><td>Feb-20</td><td>75%</td><td>80%</td></tr><tr><td>Mar-20</td><td>48%</td><td>80%</td></tr><tr><td>Apr-20</td><td>80%</td><td>80%</td></tr><tr><td>May-20</td><td>80%</td><td>80%</td></tr><tr><td>Jun-20</td><td>75%</td><td>80%</td></tr></tbody></table></div>	Month	MH & LD SDU	NPT Hospital SDU	Singleton Hospital SDU	Morriston Hospital SDU	P&C SDU	Mar-20	2	1	34	42	4	Apr-20	4	8	8	10	4	May-20	9	5	8	20	11	Jun-20	8	6	15	29	15	Jul-20	13	5	12	36	10	Aug-20	10	2	18	36	10	Month	30 day response rate	Profile	Jun-19	85%	80%	Jul-19	80%	80%	Aug-19	82%	80%	Sep-19	85%	80%	Oct-19	82%	80%	Nov-19	75%	80%	Dec-19	72%	80%	Jan-20	82%	80%	Feb-20	75%	80%	Mar-20	48%	80%	Apr-20	80%	80%	May-20	80%	80%	Jun-20	75%	80%
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May-20	80%	80%																																																																																				
Jun-20	75%	80%																																																																																				

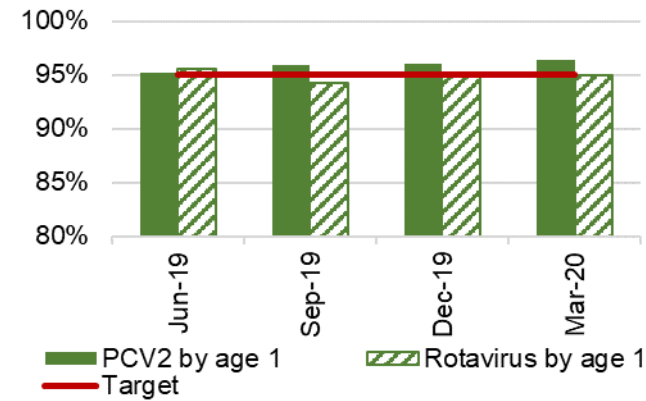
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.1 Vaccinations and Immunisations

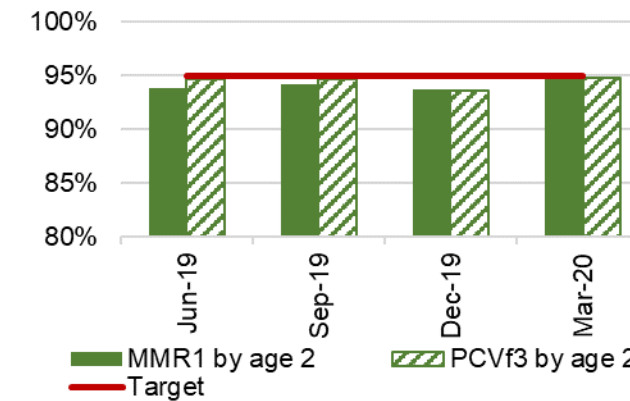
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



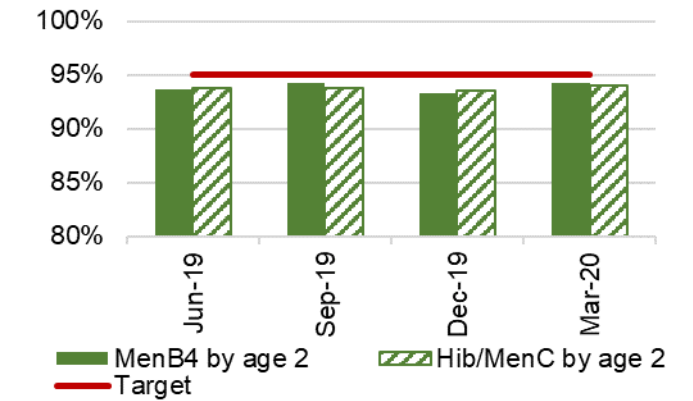
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



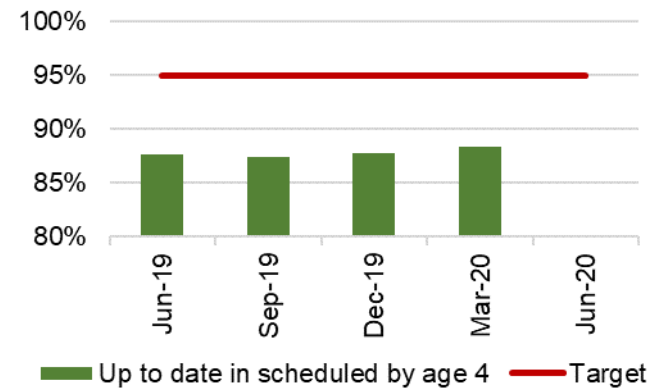
**Chart 3: % children who received MMR1 vaccine and PCV3 vaccine by age 2**



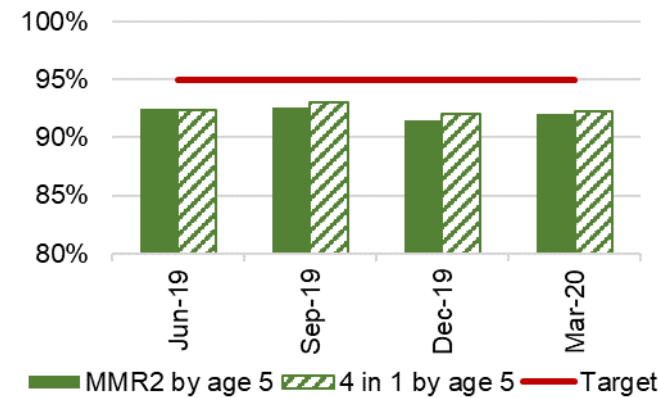
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



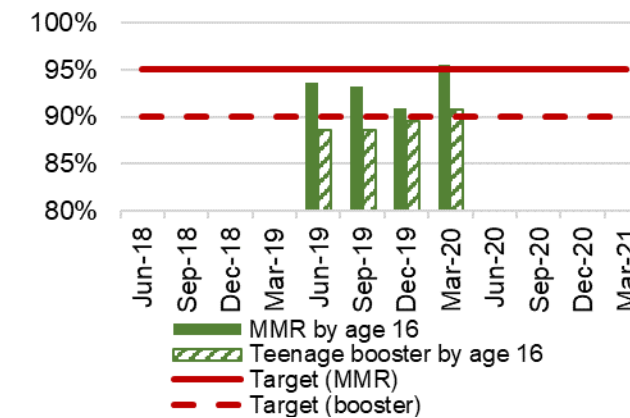
**Chart 5: % children who are up to date in schedule by age 4**



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



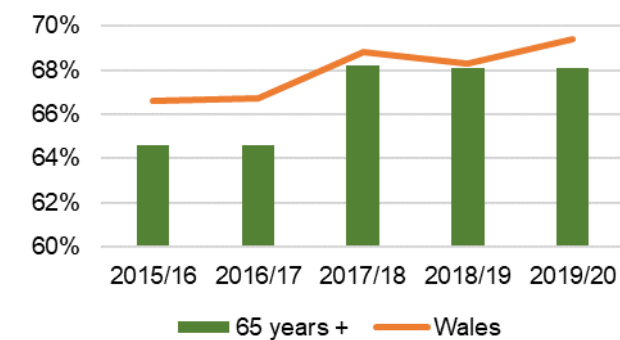
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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

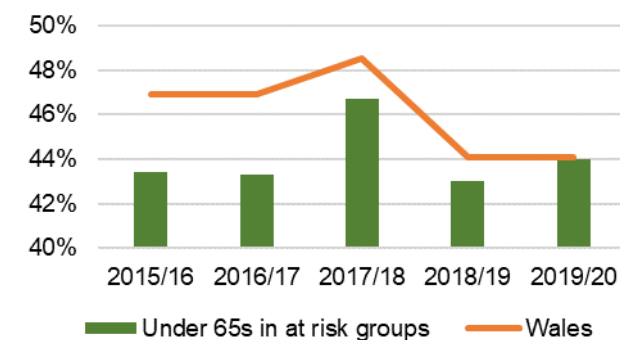


**Chart 9: Influenza uptake for amongst 65 year olds and over**



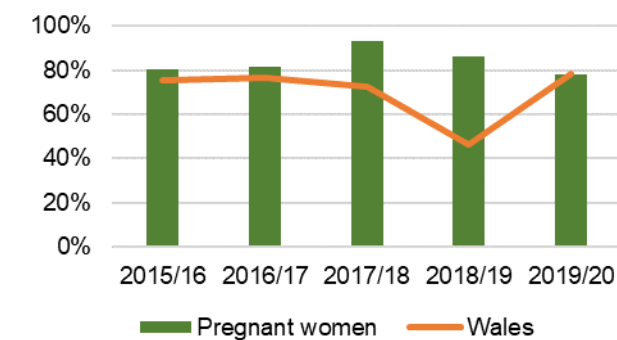
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



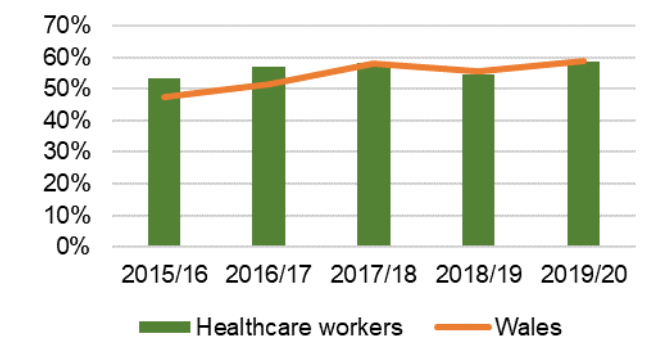
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



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

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



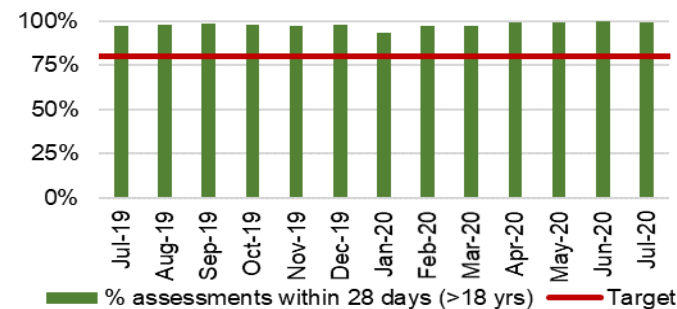
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board



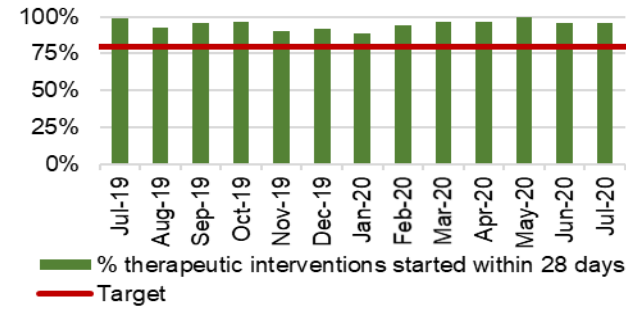
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.2 Mental Health Overview

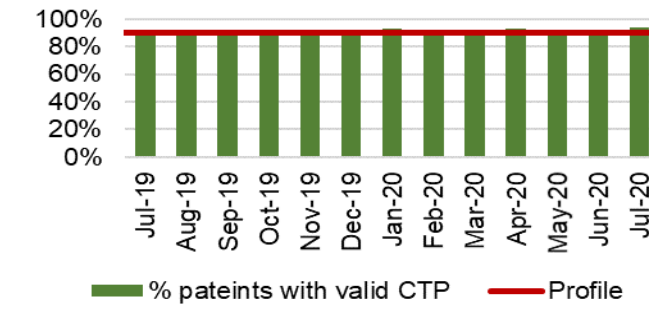
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



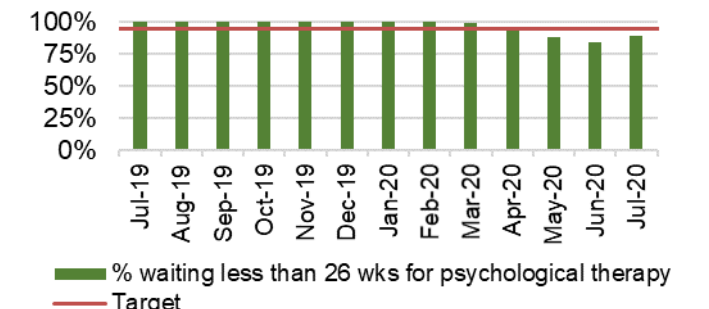
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



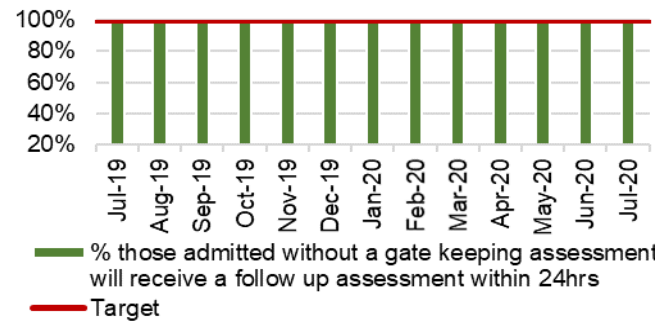
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)**



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



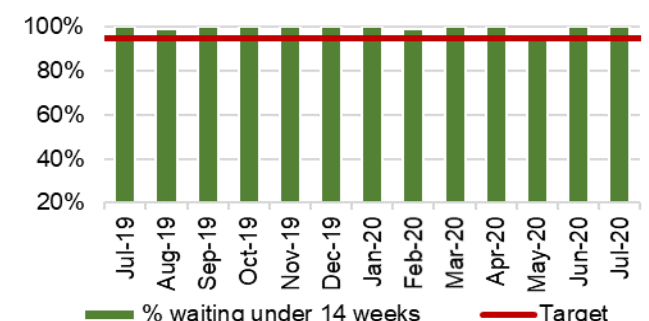
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



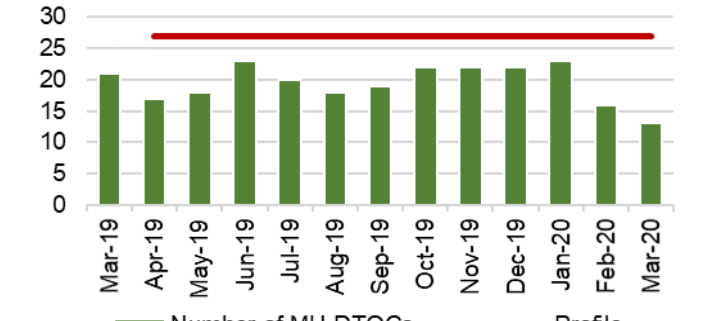
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



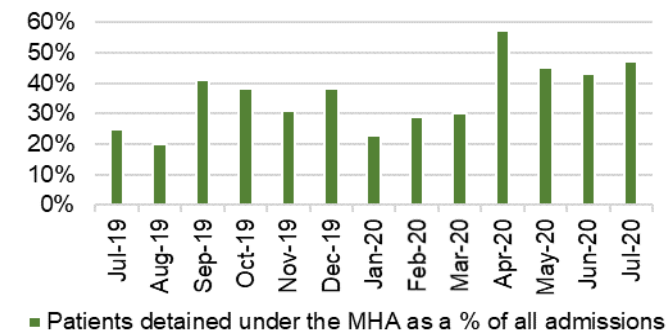
**Chart 7: % of patients waiting under 14 weeks for Therapies**



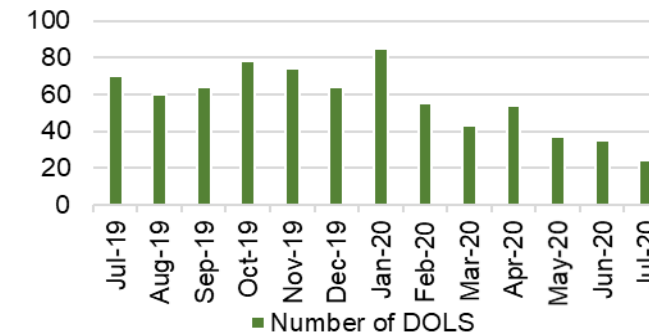
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)**



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



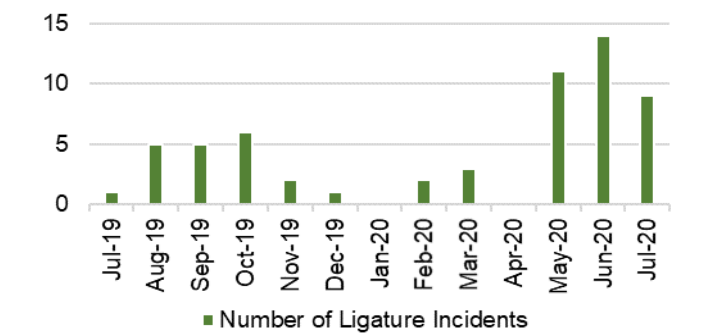
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11 Number of Serious Incidents**

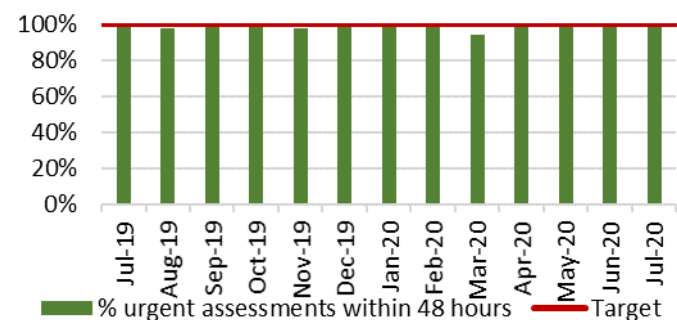


**Chart 12: Number of ligature incidents**

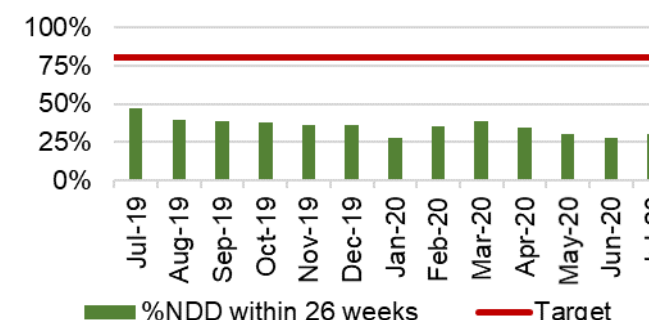


### Child & Adolescent Mental Health Services (CAMHS)

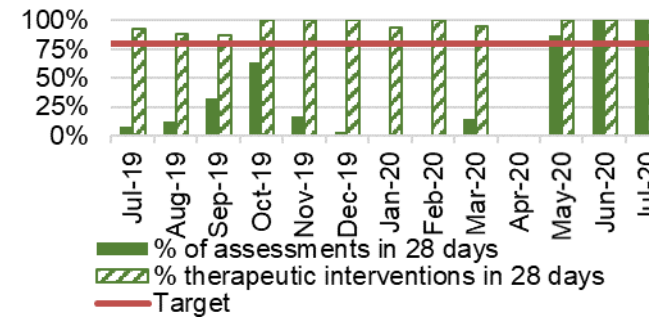
**Chart 13: Urgent assessments undertaken within 24 hours from receipt of referral**



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

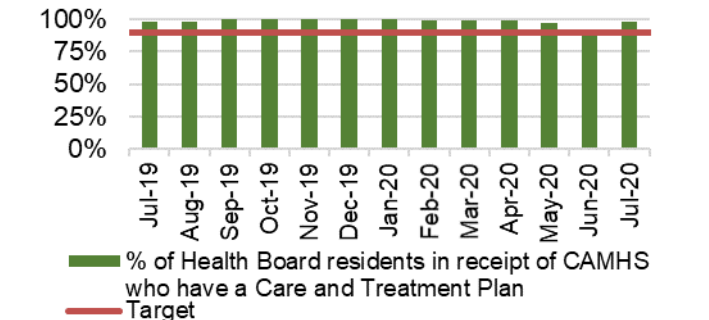


**Chart 15: Assessment and intervention within 28 days**



\* Apr-20 data not available

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





## 7.3 Updates on key measures

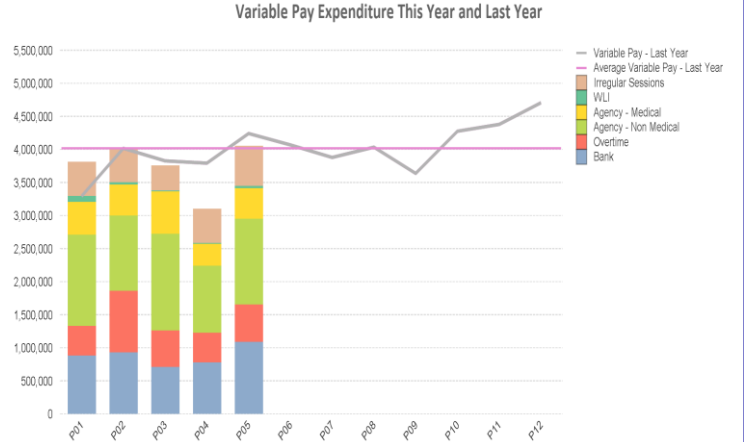
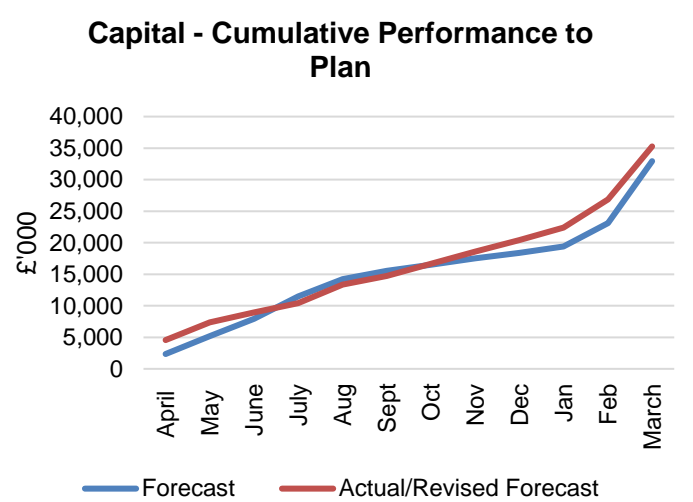
ADULT MENTAL HEALTH		
Description	Current Performance	Trend
<b>Adult Mental Health Measures:</b> 1. <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> 2. <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> 3. <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> 4. <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i>	1. In July 2020, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.  2. In July 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.  3. 94% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2020.  4. In July 2020, 89% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	<div> <b>1. % Mental Health assessments undertaken within 28</b> <p>Legend: % assessments within 28 days (&gt;18 yrs) (green bar), Target (red line)</p> </div> <div> <b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b> <p>Legend: % therapeutic interventions started within 28 days (green bar), Target (red line)</p> </div> <div> <b>3. % residents with a valid Care and Treatment Plan (CTP)</b> <p>Legend: % patients with valid CTP (green bar), Profile (red line)</p> </div> <div> <b>4. % waiting less than 26 weeks for Psychology Therapy</b> <p>Legend: % waiting less than 26 wks for psychological therapy (green bar), Target (red line)</p> </div>

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																										
Description	Current Performance	Trend																																																								
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In July 2020, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>100%</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td><td>100%</td></tr><tr><td>Apr-20</td><td>100%</td><td>100%</td></tr><tr><td>May-20</td><td>100%</td><td>100%</td></tr><tr><td>Jun-20</td><td>100%</td><td>100%</td></tr><tr><td>Jul-20</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Jul-19	100%	100%	Aug-19	100%	100%	Sep-19	100%	100%	Oct-19	100%	100%	Nov-19	100%	100%	Dec-19	100%	100%	Jan-20	100%	100%	Feb-20	100%	100%	Mar-20	100%	100%	Apr-20	100%	100%	May-20	100%	100%	Jun-20	100%	100%	Jul-20	100%	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 100% of routine assessments were undertaken with 28 days from referral in July 2020 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table><thead><tr><th>Month</th><th>% of assessments in 28 days</th><th>% therapeutic interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Aug-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Sep-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Oct-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Nov-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Dec-19</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Jan-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Feb-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Mar-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Apr-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>May-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Jun-20</td><td>100%</td><td>100%</td><td>80%</td></tr><tr><td>Jul-20</td><td>100%</td><td>100%</td><td>80%</td></tr></tbody></table>	Month	% of assessments in 28 days	% therapeutic interventions in 28 days	Target	Jul-19	100%	100%	80%	Aug-19	100%	100%	80%	Sep-19	100%	100%	80%	Oct-19	100%	100%	80%	Nov-19	100%	100%	80%	Dec-19	100%	100%	80%	Jan-20	100%	100%	80%	Feb-20	100%	100%	80%	Mar-20	100%	100%	80%	Apr-20	100%	100%	80%	May-20	100%	100%	80%	Jun-20	100%	100%	80%	Jul-20	100%	100%	80%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 100% of therapeutic interventions were started within 28 days following assessment in July 2020.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 30% of NDD patients received a diagnostic assessment within 26 weeks in July 2020 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>50%</td><td>80%</td></tr><tr><td>Aug-19</td><td>50%</td><td>80%</td></tr><tr><td>Sep-19</td><td>50%</td><td>80%</td></tr><tr><td>Oct-19</td><td>50%</td><td>80%</td></tr><tr><td>Nov-19</td><td>50%</td><td>80%</td></tr><tr><td>Dec-19</td><td>50%</td><td>80%</td></tr><tr><td>Jan-20</td><td>50%</td><td>80%</td></tr><tr><td>Feb-20</td><td>50%</td><td>80%</td></tr><tr><td>Mar-20</td><td>50%</td><td>80%</td></tr><tr><td>Apr-20</td><td>50%</td><td>80%</td></tr><tr><td>May-20</td><td>50%</td><td>80%</td></tr><tr><td>Jun-20</td><td>50%</td><td>80%</td></tr><tr><td>Jul-20</td><td>50%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Jul-19	50%	80%	Aug-19	50%	80%	Sep-19	50%	80%	Oct-19	50%	80%	Nov-19	50%	80%	Dec-19	50%	80%	Jan-20	50%	80%	Feb-20	50%	80%	Mar-20	50%	80%	Apr-20	50%	80%	May-20	50%	80%	Jun-20	50%	80%	Jul-20	50%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 100% of routine assessments by SCAMHS were undertaken within 28 days in July 2020.	<div>5. S-CAMHS % assessments within 28 days</div> <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>100%</td><td>80%</td></tr><tr><td>Aug-19</td><td>100%</td><td>80%</td></tr><tr><td>Sep-19</td><td>100%</td><td>80%</td></tr><tr><td>Oct-19</td><td>100%</td><td>80%</td></tr><tr><td>Nov-19</td><td>100%</td><td>80%</td></tr><tr><td>Dec-19</td><td>100%</td><td>80%</td></tr><tr><td>Jan-20</td><td>100%</td><td>80%</td></tr><tr><td>Feb-20</td><td>100%</td><td>80%</td></tr><tr><td>Mar-20</td><td>100%</td><td>80%</td></tr><tr><td>Apr-20</td><td>100%</td><td>80%</td></tr><tr><td>May-20</td><td>100%</td><td>80%</td></tr><tr><td>Jun-20</td><td>100%</td><td>80%</td></tr><tr><td>Jul-20</td><td>100%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Jul-19	100%	80%	Aug-19	100%	80%	Sep-19	100%	80%	Oct-19	100%	80%	Nov-19	100%	80%	Dec-19	100%	80%	Jan-20	100%	80%	Feb-20	100%	80%	Mar-20	100%	80%	Apr-20	100%	80%	May-20	100%	80%	Jun-20	100%	80%	Jul-20	100%	80%														
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*Data for April 2020 not available for measures 2 and 3																																																										

## 8. FINANCE UPDATES

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

Description	Current Performance	Trend																								
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none"><li>The reported revenue financial position for August 2020 is an in-month overspend of £7.582m, resulting in a cumulative overspend of £28.711m.</li><li>The overspend is made up of three key elements :<ul style="list-style-type: none"><li>Operational overspend – the Health Board had a planned deficit forecast of £24.4m, which is £2.033m per month. The in-month operational position was £2.358m and £10.654m cumulatively.</li><li>Savings Delivery – the Health Board plan included the delivery of £23m of savings. The ability to progress the planned savings has been impacted by COVID-19. The impact in August is £1.447m and £7.619m cumulatively.</li><li>COVID-19 net cost impact – during August was £3.777m. This is after taking account of reduced expenditure particularly in planned care services and also slippage against planned investments and funding. The cumulative net cost impact is £10.438m</li></ul></li></ul>	<div>Health Board Financial Performance 2020/21</div> <table><thead><tr><th>Month</th><th>Operational Position</th><th>Savings Delivery</th><th>Net COVID Impact</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>2,142</td><td>1,461</td><td>1,187</td></tr><tr><td>M5</td><td>2,358</td><td>1,447</td><td>3,777</td></tr></tbody></table>	Month	Operational Position	Savings Delivery	Net COVID Impact	M1	2,118	1,749	1,529	M2	2,101	1,480	6,652	M3	1,930	1,476	-2,707	M4	2,142	1,461	1,187	M5	2,358	1,447	3,777
	Month	Operational Position	Savings Delivery	Net COVID Impact																						
M1	2,118	1,749	1,529																							
M2	2,101	1,480	6,652																							
M3	1,930	1,476	-2,707																							
M4	2,142	1,461	1,187																							
M5	2,358	1,447	3,777																							

Description	Current Performance	Trend
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The total workforce costs increased by around £0.7m in August, an element of which (£0.3m) was anticipated as related to phasing of enhancement payments.</li> <li>The cost of students recruited to support the pandemic response reduced by £0.65m in August.</li> <li>Variable pay costs increased significantly in August, primarily in medical and nursing agency and HCSW bank costs.</li> </ul>	<p>Variable Pay Expenditure This Year and Last Year</p> 
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2020/21 is an overspend of £2.336m.</li> <li>Following on from the quarter 2 planning guidance and agreement at our July CRM, a revised discretionary plan was approved by the Board at its July meeting. The plan remains balanced, but has been adjusted through changes to schemes profiles and reductions in some discretionary allocations and switching between AWCP schemes to mitigate the adverse national funding position, while trying to maintain delivery and pace on a number of critical priority projects. The Board approved continuation with the design works on the Singleton cladding and maintaining the cancer clinical pathways through the letting of contracts for the replacement of the ageing CT-Simulator at the West Wales Cancer Centre. In making these changes, we have assumed that once the national funding situation improves, the plan can then revert to its original intentions.</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>Capital - Cumulative Performance to Plan</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 August was again below the 95% target, with in month performance being 94.27%. The failure to achieve the 95% target in month was due to delays in receipting of purchase orders and in the authorisation of nurse agency invoices.</li> <li>Although the 95% target was not achieved, the August performance has increased the cumulative compliance for the year to date from 93.13% at the end of July to 93.39% at the end of August.</li> <li>It is now imperative that the monthly PSPP performance exceeds 95% for the remainder of the financial year in order to ensure that a cumulative compliance figure of 95% is achieved for the 2020/21 financial year.</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>92.69</td> <td>87.86</td> </tr> <tr> <td>June</td> <td>94.33</td> <td>92.69</td> </tr> <tr> <td>July</td> <td>96.93</td> <td>93.39</td> </tr> <tr> <td>August</td> <td>94.27</td> <td>93.39</td> </tr> <tr> <td>September</td> <td></td> <td></td> </tr> <tr> <td>October</td> <td></td> <td></td> </tr> <tr> <td>November</td> <td></td> <td></td> </tr> <tr> <td>December</td> <td></td> <td></td> </tr> <tr> <td>January</td> <td></td> <td></td> </tr> <tr> <td>February</td> <td></td> <td></td> </tr> <tr> <td>March</td> <td></td> <td></td> </tr> </tbody> </table>	Month	In Month PSPP (%)	Cumulative PSPP (%)	April	87.86	87.86	May	92.69	87.86	June	94.33	92.69	July	96.93	93.39	August	94.27	93.39	September			October			November			December			January			February			March		
Month	In Month PSPP (%)	Cumulative PSPP (%)																																							
April	87.86	87.86																																							
May	92.69	87.86																																							
June	94.33	92.69																																							
July	96.93	93.39																																							
August	94.27	93.39																																							
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APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD

The following dashboard provides an overview of the Health Board’s performance against all NHS Wales Delivery Framework measures and key local measures.

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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
COVID19 related measures	Number of new COVID19 cases	Local	Jul-20	42		Reduce												1,356	293	34	42	63
	Number of staff referred to the Community testing Unit (CTU)	Local	Jul-20	199		Reduce												1,969	735	296	199	88
	Number of staff awaiting results of COVID19 test	Local	Jul-20	1		Reduce												90	19	16	1	0
	Number of COVID19 related incidents	Local	Jul-20	25		Reduce												119	66	40	25	37
	Number of COVID19 related serious incidents	Local	Jul-20	0		Reduce												1	0	2	0	0
	Number of COVID19 related complaints	Local	Jul-20	58		Reduce												69	61	39	58	26
	Number of COVID19 related risks	Local	Jul-20	4		Reduce												17	19	12	4	6
	Number of staff self isolated (asymptomatic)	Local	Jun-20	474		Reduce												851	516	474		
	Number of staff self isolated (symptomatic)	Local	Jun-20	141		Reduce												860	292	141		
	% sickness	Local	Jun-20	4.5%		Reduce												13%	6%	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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-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	Aug-20	72%	65%	65%	✓	69%		71%	67%	66%	59%	62%	67%	69%	69%	70%	75%	76%	74%	72%
	Number of ambulance handovers over one hour	National	Aug-20	163	0			1,237		632	778	827	821	868	848	704	462	61	20	47	120	163
	Handover hours lost over 15 minutes	Local	Aug-20	418						1,751	2,432	2,778	3,212	3,361	3,545	2,247	1,623	209	125	178	315	418
	% 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	Aug-20	81%	95%			80.4%		74%	71%	71%	73%	71%	72%	74%	73%	78%	83%	88%	80%	81%
	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	Aug-20	286	0			1,795		740	939	890	927	1,018	1,038	783	557	131	97	81	223	286
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	May-20	78.7%	12 month ↑			86.0%		82.6%	90.0%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.9%	78.7%			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	May-20	80.0%	12 month ↑			60%		73.0%	74.0%	76.0%	77.0%	78.0%	80.0%	79.0%	79.0%	79.0%	80.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Aug-20	51.4%	54.0%			47.3%		42%	29%	55%	55%	39%	24%	62%	47.4%	Data not available		52.7%	57.4%	51.4%
	CT Scan (<1 hrs) (local)	Local	Aug-20	52.8%						48%	42%	47%	49%	44%	43%	38%	42.5%			49.1%	48.2%	52.8%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Aug-20	97.2%	85.3%			83.5%		95%	95%	94%	98%	100%	90%	97%	97.5%			100.0%	94.6%	97.2%
	Thrombolysis door to needle <= 45 mins	Local	Aug-20	0.0%	12 month ↑					27%	0%	0%	0%	20%	0%	0%	0.0%			30.0%	25.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Aug-20	61.7%	12 month ↑			44.2%		48%	50%	49%	45%	38%	33%	28%	32.8%			30.7%	44.3%	61.7%
	% of stroke patients who receive a 6 month follow-up assessment	National	Q1 20/21	50%	Qtr on qtr ↑			47.2%			45%									49.6%		
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✓	69		18	19	22	22	22	23	16	13	DTC reporting temporarily suspended				
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✗	354		69	69	76	61	53	52	69	60	DTC reporting temporarily suspended				
	% critical care bed days lost to delayed transfer of care	National	Q4 19/20	26.2%	Quarter on quarter ↓			16.6%			30.3%			21.3%			26.2%					



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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-20	62.5	<67		✓	85.13		81.7	81.2	80.8	76.3	78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8	62.5
	Number of E.Coli bacteraemia cases (Hospital)		Aug-20	8						9	5	10	5	12	15	15	8	6	6	3	8	8
	Number of E.Coli bacteraemia cases (Community)			24						13	18	15	10	20	18	16	15	8	8	14	17	24
	Total number of E.Coli bacteraemia cases			32						22	23	25	15	32	33	31	23	14	14	17	25	32
	Cumulative cases of S.aureus bacteraemias per 100k pop		Aug-20	28.2	<20		✗	53.55		37.5	34.9	35.6	35.4	35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1	28.2
	Number of S.aureus bacteraemias cases (Hospital)		Aug-20	5						4	3	11	8	7	6	6	4	4	2	4	3	5
	Number of S.aureus bacteraemias cases (Community)			7						3	5	2	3	4	7	2	5	6	4	8	3	7
	Total number of S.aureus bacteraemias cases			12						7	8	13	11	11	13	8	9	10	6	12	6	12
	Cumulative cases of C.difficile per 100k pop		Aug-20	50.2	<26		✗	21.34		27.7	29.3	33.4	35.8	35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3	50.2
	Number of C.difficile cases (Hospital)		Aug-20	9						5	8	13	13	7	6	11	5	9	6	14	7	9
	Number of C.difficile cases (Community)			14						5	2	6	4	4	5	4	3	2	10	6	4	14
	Total number of C.difficile cases			23						10	10	19	17	11	11	15	8	11	16	20	11	23
	Cumulative cases of Klebsiella per 100k pop		Aug-20	22.1				27.73		22.1	23.6	22.0	22.3	21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0	22.1
	Number of Klebsiella cases (Hospital)		Aug-20	6						8	7	4	4	4	7	2	4	1	4	4	3	6
	Number of Klebsiella cases (Community)			4						3	2	0	4	2	1	1	3	5	2	5	2	4
	Total number of Klebsiella cases			10				127		11	9	4	8	6	8	3	7	6	6	9	5	10
	Cumulative cases of Aeruginosa per 100k pop		Aug-20	6.7						10.4	9.8	8.8	8.1	7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2	6.7
	Number of Aeruginosa cases (Hospital)		Aug-20	0						2	2	1	1	1	2	1	1	2	3	0	0	0
	Number of Aeruginosa cases (Community)			3						2	0	0	0	1	1	0	0	0	2	0	1	3
	Total number of Aeruginosa cases			3				37		4	2	1	1	2	3	1	1	2	5	0	1	3
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Aug-20	94%		95%	✓				96%	96%	97%	97%	96%	97%	93%	99%	98%	99%	98%	98%
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jun-20	95%		95%	✓				87.0%		92.0%		90.0%					95.0%		
	% stop or review date documented on medication chart		Jun-20	51%		95%	✗				63.0%		51.0%		57.0%					51.0%		
	% of antibiotics prescribed on stickers		Jun-20	0%		95%	✗				81.0%		86.0%		81.0%					0.0%		
	% appropriate antibiotic prescriptions choice		Jun-20	96%		95%	✓				96.0%		99.0%		97.0%					96.0%		
	% of patients receiving antibiotics for >7 days		Jun-20	11%		<20%	✓				15.0%		10.0%		12.0%					11.0%		
	% of patients receiving surgical prophylaxis for > 24 hours		Jun-20	80%		<20%	✗				40.0%		50.0%		33.0%					80.0%		
	% of patients receiving IV antibiotics > 72 hours		Jun-20	49%		<30%	✗				41.0%		48.0%		57.0%					49.0%		
	Serious Incidents and risks		Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-20	50%	90%	80%	✗			71%	20%	47%	55%	38%	28%	29%	30%	7%	29%	0%
Number of new Never Events		National	Aug-20	0	0	0	✓			1	0	1	0	1	1	0	0	0	0	1	0	0
Number of risks with a score greater than 20		Local	Aug-20	121		12 month ↓	✗			88	103	104	105	109	111	114	108	109	101	110	115	121
Number of risks with a score greater than 16		Local	Aug-20	210		12 month ↓	✗			175	197	204	200	202	205	204	198	202	193	204	204	210
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jul-20	19		12 month ↓	✗			14	9	20	22	24	30	41	31	25	29	18	19	
	Number of pressure ulcers developed in the community		Jul-20	28		12 month ↓	✗			37	25	29	31	24	26	25	39	34	33	34	28	
	Total number of pressure ulcers		Jul-20	47		12 month ↓	✗			51	34	49	53	48	56	66	70	59	62	52	47	
	Number of grade 3+ pressure ulcers acquired in hospital		Jul-20	0		12 month ↓	✓			0	1	2	2	2	2	3	1	2	0	1	0	
	Number of grade 3+ pressure ulcers acquired in community		Jul-20	4		12 month ↓	✓			8	8	2	8	3	5	8	8	4	6	9	4	
	Total number of grade 3+ pressure ulcers		Jul-20	4		12 month ↓	✓			8	9	4	10	5	7	11	9	6	6	10	4	
Inpatient Falls	Number of Inpatient Falls	Local	Aug-20	227		12 month ↓	✓			227	241	255	240	297	249	207	210	193	209	196	208	227
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Jul-20	96%	95%	95%	✓			100.0%	100.0%	95.9%	100.0%	98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	95.5%	
	Stage 2 mortality reviews required	Local	Jul-20	10						9	9	17	9	15	16	8	9	10	11	10	10	
	% stage 2 mortality reviews completed	Local	May-20	27%		100%	✗			60.0%	89.0%	64.7%	78.0%	67.0%	75.0%	44.4%	0.0%	30.0%	27.3%			
	Crude hospital mortality rate (74 years of age or less)	National	Jul-20	0.92%	12 month ↓			1.20%		0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	
	% 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	Aug-20	92%		98%	✗			96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%	92.4%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jul-20	96%	95%	95%	✓			96%	96%	96%	93%	95%	96%	95%	94%	94%	97%	97%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%		2019/20= 91.4%												
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Aug-20	66%		100%	✗			63.0%	61.0%	63.0%	63.0%	65.0%	66.0%	67.0%	68%	61%	63%	67%	63%	66%
Workforce	Agency spend as a % of the total pay bill	National	Apr-20	4.04%	HB target TBC			4.03%		4.43%	4.92%	4.09%	4.31%	4.07%	4.95%	4.69%	4.46%	4.04%				
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		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	Aug-20	58%	85%	85%	✗	64.7%		71%	71%	67%	69%	70%	72%	74%	72%	68%	63%	60%	59%	58%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Aug-20	80%	85%	85%	✗	80.3%		78%	78%	79%	80%	80%	81%	82%	83%	82%	79%	79%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Jul-20	7.03%	12 month ↓			5.85%		5.99%	5.98%	6.04%	6.05%	6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	7.03%	
	% 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= 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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Jul-20	88%	Annual ↑	95%	✗	86.2%		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	Jul-20	97%	Annual ↑	95%	✓			95%	95%	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=38.8%												
	% of population regularly accessing NHS primary dental care	Local	Sep-19	61.5%	4 quarter ↑			55%	.		61.5%											
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 19/20	78.8%	4 quarter ↑			68.30%	.		78.8%											
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jul-20	18.6%	4 quarter ↓			32.2%		33.3%	32.7%	33.8%	32.1%	32.3%	31.6%	31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	
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	Aug-20 (draft)	85.0%	98%			95.0%		93%	91%	98%	95%	92%	99%	93%	93%	97%	82%	85%	90%	85%
	% 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	Aug-20 (draft)	87.0%	95%			78.2%		84%	86%	84%	86%	92%	86%	78%	85%	81%	86%	88%	91%	87%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Aug-20 (draft)	77.0%	12 month ↑			75.4%		68.0%	73.0%	70.0%	71.0%	77.0%	71%	66%	76%	71%	72%	73%	82%	77%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Aug-20	63.0%	80%		✗			40.0%	46.0%	54.0%	50.0%	43.0%	34.0%	28.0%	56.0%	49.0%	46.0%	57.0%	71.0%	63.0%
	Scheduled (28 Day Target)	Local	Aug-20	92.0%	100%		✗			81.0%	72.0%	73.0%	75.0%	63.0%	60.0%	58.0%	77.0%	86.0%	84.0%	93.0%	97.0%	92.0%
	Urgent SC (7 Day Target)	Local	Aug-20	57.0%	80%		✗			62.0%	56.0%	62.0%	56.0%	53.0%	50.0%	52.0%	48.0%	45.0%	33.0%	65.0%	57.0%	57.0%
	Urgent SC (14 Day Target)	Local	Aug-20	91.0%	100%		✗			95.0%	89.0%	86.0%	88.0%	79.0%	79.0%	92.0%	89.0%	91.0%	83.0%	90.0%	97.0%	91.0%
	Emergency (within 1 day)	Local	Aug-20	100.0%	80%		✓			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Emergency (within 2 days)	Local	Aug-20	100.0%	100%		✓			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Elective Delay (21 Day Target)	Local	Aug-20	46.0%	80%		✗			46.0%	46.0%	30.0%	38.0%	35.0%	58.0%	56.0%	84.0%	76.0%	83.0%	92.0%	52.0%	46.0%
	Elective Delay (28 Day Target)	Local	Aug-20	75.0%	100%		✗			65.0%	48.0%	38.0%	44.0%	58.0%	68.0%	73.0%	94.0%	88.0%	100.0%	100.0%	97.0%	75.0%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-20	8,075	0			61,217		344	294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510	8,075
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-20	1,518	0			16056		1	0	1	0	0	0	1	51	387	982	1,646	1,554	1,518
	% of patients waiting < 26 weeks for treatment	National	Aug-20	46.5%	95%			62.6%		86.4%	85.1%	84.5%	84.1%	82.6%	81.8%	82.3%	80.2%	72.3%	64.0%	59.5%	52.4%	46.5%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Aug-20	20,497	0					925	1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497
	Number of patients waiting > 36 weeks for treatment	National	Aug-20	22,453	0			90,027		3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,419	18,065	22,453
	The number of patients waiting for a follow-up outpatient appointment	National	Aug-20	120,969	35% reduction by March 2021	111,891	✗	771,953		134,363	132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Aug-20	23,209		18,598	✗	185,427		25,758	23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jul-20	55.5%	95%			50.8%		63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	76.2%	69.9%	64.1%	63.4%	55.5%	
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	Aug-20	4.6%	12 month ↓					6.6%	6.5%	6.6%	6.7%	7.4%	6.5%	6.0%	5.6%	4.7%	3.1%	4.4%	3.9%	4.6%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-20	5.9%	12 month ↓					7.5%	8.0%	7.9%	7.5%	8.0%	7.7%	6.9%	6.5%	5.6%	3.5%	4.7%	5.1%	5.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-20	90.0%		90%	✓			56%	67%	69%	70%	56%	63%	66%	35%	6%	11%	16%	42%	90%
	% of theatre sessions starting late	Local	Aug-20	45.9%		<25%	✗			38%	43%	42%	51%	46%	44%	43%	38%	45%	43%	46%	51%	46%
	% of theatre sessions finishing early	Local	Aug-20	28.0%		<20%	✗			38%	43%	38%	41%	43%	41%	42%	40%	43%	45%	36%	37%	28%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jun-20	2,648	> 5% annual ↓			13,445		3,193	3,245	3,317	3,318	3,329	3,372	3,249	3,225	3,080	2,858	2,648		
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q3 19/20	98.7%	100%	100%	✗	98%	.		98.5%			98.6%			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	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 19/20	323.9	4 quarter ↓			312.7			279.1			336.5			323.9					
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 19/20	1,474	qtr on qtr ↓			10,006			1,470			1,474			1,476					
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National			Quarter on quarter ↓												New measure for 2020/21 - awaiting data					
	Opioid average daily quantities per 1,000 patients	National	Q4 19/20	4,329.0	4 quarter ↓			4,429			4,486			4,409			4,329					
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 19/20	80.7%	Quarter on quarter ↑			82.9%			80.0%			80.2%			80.7%					
	Fluoroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	Local	Q4 19/20	12.8	4 quarter ↓			12.0			13.3			13.6			12.8					
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= 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	2018/19	93.7%	Annual ↑			92.5%		2018/19= 93.7%												
	Number of friends and family surveys completed	Local	Aug-20	625		12 month ↑	✗			4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502	625
	% of who would recommend and highly recommend	Local	Aug-20	83%		90%	✗			94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%	83%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Aug-20	83%		90%	✗			81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%	83%
Complaints	Number of new formal complaints received	Local	Aug-20	81		12 month trend ↓	✓			114	110	159	137	87	142	113	92	37	54	77	79	81
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jun-20	75%	75%	80%	✓	58.6%		84%	85%	83%	76%	75%	83%	76%	48%	81%	81%	75%		
	% of acknowledgements sent within 2 working days	Local	Aug-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 ↑	102	✓				57			84			102					
	Number of Health and Care Research Wales commercially sponsored studies		Q4 19/20	36	5% annual ↑	37	✗				26			31			36					
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 19/20	1,505	10% annual ↑	2,081	✗				618			1,109			1,505					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 19/20	205	5% annual ↑	138	✓				93			179			205					

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	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2019/20	34.20%	Annual ↑			35.30%		2019/20= 34.2%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 19/20	96%	95%			96.0%			96%			96%			96%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 19/20	92%	95%			92.4%			93%			92%			92%						
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Jan-20	2.4%	5% annual target	4.2%	✗	2.4%		1.3%	1.5%	1.7%	1.9%	2.1%	2.4%								
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 19/20	55.4%	40% annual target	40.0%	✓	44.1%			55%			55%									
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 19/20	383.9	4 quarter ↓			402.6			435.0			406.5			383.9						
	% 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%			44.7%			27.4%			48.7%			49.0%			
Influenza	% uptake of influenza among 65 year olds and over	National	2019/20	68.0%	75%			69.4%						49.3%	62.0%	66.2%	68.7%	68.0%	68.1%	Data collection restarts October 2020			
	% uptake of influenza among under 65s in risk groups	National	2019/20	43.4%	55%			44.1%						14.7%	32.0%	39.2%	42.8%	43.4%	44.0%				
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5%											78.2%				
	% uptake of influenza among children 2 to 3 years old	Local	2019/20	50.3%				41.5%						0.8%	24.0%	42.1%	48.2%	50.3%	50.3%				
	% uptake of influenza among healthcare workers	National	2019/20	58.7%	60%			58.7%						42.0%	55.0%	56.0%	58.7%	58.7%	58.7%				
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3%		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= 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= 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	Jul-20	100%		100%	✓			98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-20	30%	80%	80%	✗	34.5%		39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	30%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jul-20	100%	80%	80%	✓	70.8%		63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	100%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jul-20	100%		80%	✓	77.0%		12%	32%	63%	17%	4%	0%	0%	14%		88%	100%	100%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jul-20	100%		80%	✓	72.8%		89%	87%	100%	100%	100%	94%	100%	94%		100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jul-20	100%		80%	✓			64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	100%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jul-20	98%		90%	✓	93.0%		99%	100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	98%		
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	Jul-20	99%	80%	80%	✓	95.6%		98%	98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	99%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jul-20	96%	80%	80%	✓	92.9%		93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	96%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-20	89%	95%	95%	✗	63.8%		100%	100%	100%	100%	100%	100%	100%	100%	93%	89%	84%	89%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jul-20	94%	90%	90%	✓	85.1%		91%	92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	94%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2018/19= 3.34													
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%		2018/09= 59.4%													