



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



| | | | |
|-------------------------------|--|--------------------|------------|
| Meeting Date | 15th December 2020 | Agenda Item | 3.1 |
| Report Title | Integrated Performance Report | | |
| Report Author | Hannah Roan, Head of Performance & Commissioning (interim) | | |
| Report Sponsor | Darren Griffiths, Director of Finance and Performance (interim) | | |
| Presented by | Darren Griffiths, Director of Finance and Performance (interim) | | |
| Freedom of Information | Open | | |
| Purpose of the Report | 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. | | |
| Key Issues | <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 1st April 2020, RAG'ing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>COVID19- November 2020 saw a rise in the number of positive COVID19 cases and consequently an increase in admissions into hospital. The occupancy rate of COVID patients in both general medical beds and critical care beds was very high in November 2020 resulting in significant pressure on the entire secondary care system.</p> <p>Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board marginally increased in November 2020. The percentage of patients seen</p> | | |

| | | | | |
|---------------------------------|---|-------------------|------------------|-----------------|
| | <p>within 4 hours in A&E and the number of patients waiting over 12 hours both deteriorated in November 2020, as well as the number of ambulance to hospital delays over 1 hour.</p> <p>Planned Care- November 2020 saw another in-month reduction in the number of patients waiting over 26 weeks for an outpatient appointment. However, the in-month reduction may be the result of the dip in primary care referrals during the first COVID19 wave in April and May 2020. Diagnostics and Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in November 2020 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).</p> <p>Cancer- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days remains high. Referrals significantly increased in September and October 2020, which combined with restricted capacity due to the COVID response, has resulted in a worsening projected position for November 2020 for the 62 day access targets (USC and Single Cancer Pathway). November's figures are in the process of being validated at the time of writing this report.</p> <p>Mental Health- performance against the Mental Health Measures continues to be maintained and all targets were achieved in October 2020. Psychological therapies access times significantly improved, with an achievement of 99.7% against the 95% target in October 2020.</p> <p>Child and Adolescent Mental Health Services (CAMHS)- Access times for routine and specialist CAMHS significantly reduced in October 2020. This was due to an increase in demand in September and October, which was anticipated with the reopening of schools. In October 2020, staffing was at a minimum, resulting in a small number of assessments being completed during this period and focus was given to those waiting more than 28 days. The result was a sudden drop in percentage. At the CAMHS commissioning meeting in November 2020 with Cwm Taf Morgannwg University Health Board, the Service confirmed that the position has now stabilised and an improved position will be delivered for November 2020.</p> | | | |
| Specific Action Required | Information | Discussion | Assurance | Approval |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. | | | |

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 Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.

| | |
|-----------------------|--|
| Report History | The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in November 2020. This is a routine monthly report. |
| Appendices | Appendix 1: Integrated Performance Report |



Appendix 1- Integrated Performance Report December 2020



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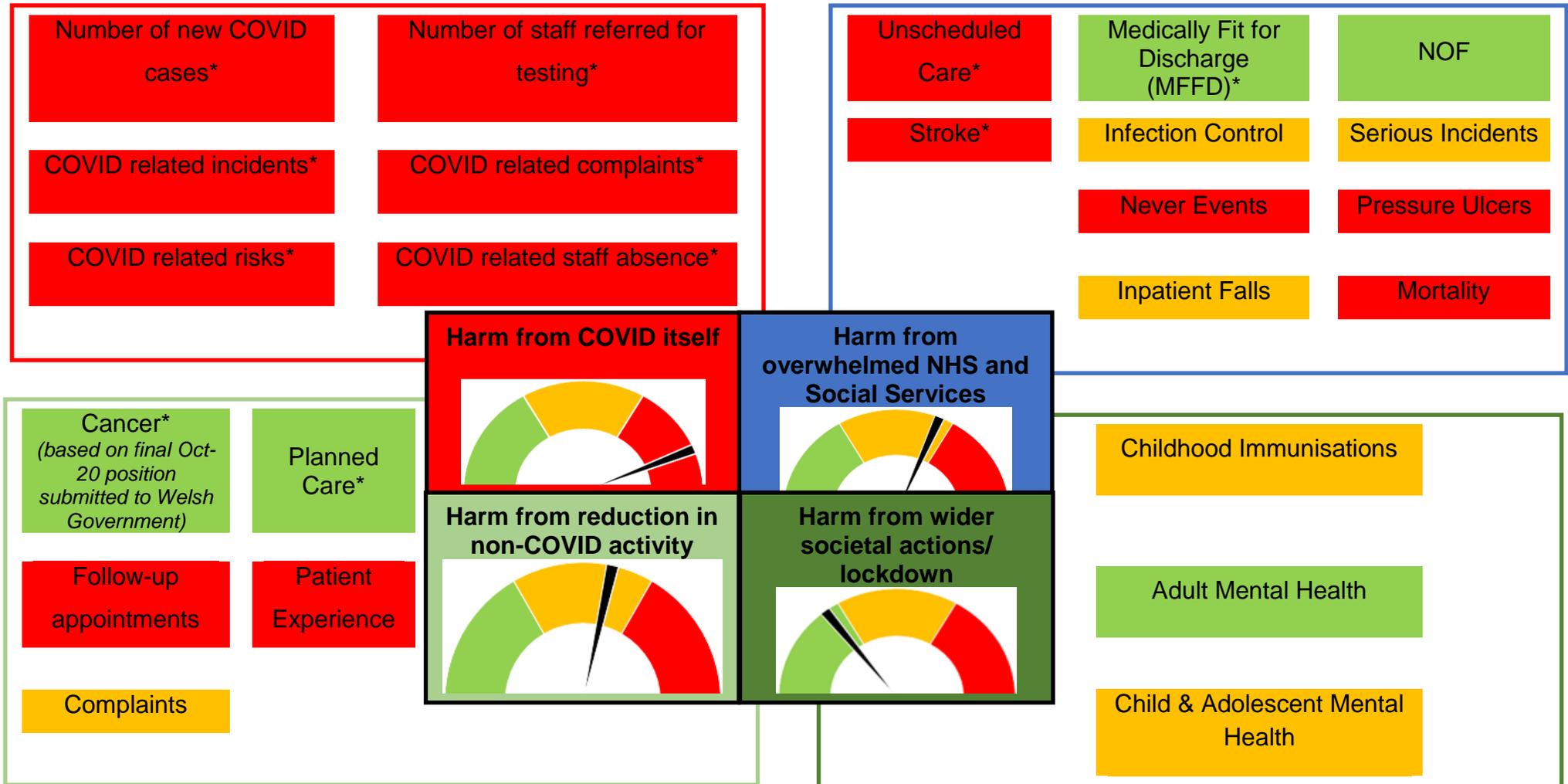
1. OVERVIEW

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"> • Primary Care contractors continue to provide services utilising digital technology and delivering face to face care whilst adhering to COVID19 regulations. • Emergency care requiring hospital treatment continues to be delivered and aspects of urgent elective care have recommenced • The number of patients waiting over target for Diagnostics continues to reduce and November 2020 delivered the best position since May 2020. • Waiting times for Therapy services continues to reduce month on month. Occupational Therapy and Physiotherapy are maintaining a nil breach position. • In November 2020, the number of patients waiting over 26 weeks for an outpatient appointment reduced for the second month in a row. • Sustained achievement of the mental health measures access targets throughout the COVID19 pandemic. Psychological therapy waiting times significantly improved to 99.7% in October 2020. | <ul style="list-style-type: none"> • Ensure the hospital sites have maximum capacity to deal with increasing COVID19 and unscheduled care demand as seasonal pressures make an impact during the winter months. • Retaining patient access and sustainability of Essential Primary Care Services across 240 contractors in line with National Escalation Framework. • Ensure that clinically urgent and cancer patients continue to be treated and ensure that access to radiotherapy and chemotherapy is maintained. • Roll out of mass COVID vaccine starting with frontline staff with direct patient contact in Murrison Hospital. • Continue to encourage maximum uptake of the flu vaccine for all healthcare workers and all eligible people. • Make sure staff are able to access COVID19 antigen testing in a timely manner. • Address volume and length of wait for outpatient contacts |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> • Resilience study day- A new virtual well-being course has been arranged for 10th December 2020 and is open to all staff. The course aims to help process the emotions and difficult experiences many staff have been through during the COVID-19 pandemic. • Experimental new measures for emergency departments in Wales have been launched. The new measures will better record what happens to patients when accessing emergency care than existing targets, and should help to drive improvement in patient care. Data collection for the new measures will commenced in November 2020 and will be routinely published from January 2021. • Link in with all-Wales work on risk stratification of elective waiting lists. | <ul style="list-style-type: none"> • 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 managing the outbreak. Key pressures include: <ul style="list-style-type: none"> ○ 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 ○ Number of staff self isolating ○ Reduction in capacity for elective treatments is increasing waiting times ○ The health board's ability and pace to reintroduce and maintain essential services in the safest way for staff and patients |

2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target
 ** Data not available

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

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

| | | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
|---|--|---------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|
| | | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-20 | Feb-20 | Mar-20 |
| Unscheduled Care | 4 hour A&E waits | Actual | 78.4% | 83.5% | 87.7% | 80.1% | 80.6% | 76.4% | 77.2% | 75.4% | | | | |
| | | Profile | 76.8% | 77.2% | 77.1% | 78.8% | 78.4% | 77.7% | 78.5% | 78.9% | 78.5% | 79.0% | 81.4% | 82.5% |
| | 12 hour A&E waits | Actual | 131 | 97 | 81 | 223 | 286 | 537 | 494 | 626 | | | | |
| | | Profile | 319 | 290 | 310 | 297 | 342 | 413 | 378 | 402 | 424 | 354 | 327 | 209 |
| | 1 hour ambulance handover | Actual | 61 | 20 | 47 | 120 | 163 | 410 | 355 | 500 | | | | |
| | | Profile | 332 | 311 | 337 | 262 | 286 | 352 | 375 | 373 | 386 | 301 | 303 | 183 |
| Stroke | Direct admission within 4 hours | Actual | | | 53% | 57% | 51% | 50% | 30% | 24% | | | | |
| | | Profile | 61% | 53% | 56% | 54% | 41% | 52% | 64% | 59% | 63% | 58% | 77% | 68% |
| | CT scan within 1 hour | Actual | | | 49% | 48% | 53% | 63% | 42% | 32% | | | | |
| | | Profile | | | | | | | | | | | | |
| | Assessed by Stroke Specialist within 24 hours | Actual | | | 100% | 95% | 97% | 98% | 98% | 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% | 13% | 11% | 29% | | | | |
| | | Profile | | | | | | | | | | | | |
| Patients receiving the required minutes for Speech and Language Therapy | Actual | | | 31% | 44% | 62% | 80% | 87% | 65% | | | | | |
| | Profile | | | | | | | | | | | | | |
| Planned care | Outpatients waiting more than 26 weeks | Actual | 5,499 | 9,300 | 11,964 | 15,721 | 20,497 | 23,069 | 22,050 | 21,005 | | | | |
| | | Profile | | | | | | | | | | | | |
| | Treatment waits over 36 weeks | Actual | 8,355 | 10,248 | 13,419 | 18,078 | 22,494 | 26,046 | 30,776 | 34,431 | | | | |
| | | Profile | 6,013 | 5,895 | 6,187 | 6,627 | 6,868 | 7,374 | 7,287 | 7,590 | 8,185 | 8,263 | 8,454 | 8,620 |
| | Diagnostic waits over 8 weeks | Actual | 5,788 | 8,346 | 8,033 | 7,510 | 8,070 | 7,666 | 6,645 | 6,610 | | | | |
| | | Profile | 400 | 390 | 380 | 370 | 330 | 250 | 180 | 150 | 130 | 100 | 50 | 0 |
| | Therapy waits over 14 weeks | Actual | 387 | 982 | 1,646 | 1,554 | 1,518 | 1,350 | 1,135 | 817 | | | | |
| | | 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% | 91% | 94% | 83% | 86% | | | | |
| | | Profile | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | |
| | USC patients starting treatment in 62 days | Actual | 81% | 86% | 88% | 91% | 91% | 82% | 85% | 62% | | | | |
| | | 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 | 18 | 15 | 10 | | | | |
| | | Profile | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | |
| | Number of healthcare acquired S.Aureus Bacteraemia cases | Actual | 10 | 6 | 12 | 6 | 12 | 14 | 12 | 13 | | | | |
| | | Profile | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | |
| | Number of healthcare acquired E.Coli Bacteraemia cases | Actual | 14 | 14 | 17 | 25 | 32 | 23 | 25 | 16 | | | | |
| | | Profile | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | |
| | Number of healthcare acquired Klebsiella Bacteraemia cases | Actual | 6 | 6 | 9 | 5 | 10 | 5 | 9 | 11 | | | | |
| | | Profile | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | |
| Number of healthcare acquired Pseudomonas Aeruginosa cases | Actual | 2 | 5 | 0 | 1 | 3 | 0 | 2 | 2 | | | | | |
| | Profile | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | |

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

4. OPERATIONAL PLAN DASHBOARD

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

| Harm from Covid itself | | | | | | | | | | | |
|---|-----------------------------------|--------|----------|--------|--------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|---|
| | Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Comments | |
| Covid Demand: | | | | | | | | | | | |
| • Number of new cases | | 1,381 | 303 | 57 | 53 | 66 | 787 | 4,662 | 5,523 | Monthly totals are based on the last day of the month. Source: COVID19 dashboard | |
| • Number of staff referred for the Testing (cumulative) | | 2,281 | 2,785 | 3,102 | 3,329 | 3,564 | 4,765 | 6,459 | 8,199 | Cumulative total for each month. Source: COVID19 dashboard | |
| Number of staff awaiting results | | 0 | 19 | 16 | 1 | 0 | 38 (as at 10/10/20) | 21 (as at 06/11/20) | 41 (as at 06/12/20) | Source: COVID staff briefing (07/12/2020) | |
| Contact tracing and antibody testing measures: | | | | | | | | | | | |
| Total number of people received an antibody test | | | | | | 15,524 <i>(as at 13.07.20)</i> | 17,821 <i>(as at 09/09/20)</i> | 18,414 <i>(as at 06/10/20)</i> | 18,487 <i>(as at 02/11/20)</i> | 18,546 <i>(as at 06/12/20)</i> | Source: COVID staff briefing (07/12/2020) |
| Complaints, incidents and risks related to Covid: | | | | | | | | | | | |
| • Number of incidents | | 119 | 67 | 40 | 26 | 39 | 30 | 87 | 137 | Source: COVID19 dashboard | |
| • Number of serious incidents | | 1 | 0 | 2 | 0 | 11 | 1 | 1 | 1 | | |
| • Number of complaints | | 77 | 61 | 39 | 58 | 27 | 30 | 37 | 48 | | |
| • Number of risk | | 19 | 20 | 19 | 5 | 8 | 2 | 6 | 7 | | |
| Daily PPE Stock- amount of supply: | | | | | | | | | | | |
| • Mask – FFP3 | Morrison | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| • Mask – FRSM Type 11R | Morrison | | 24-48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| | Singleton | | 24-48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | PCC | | 24-48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | 24-48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| • Gloves | Morrison | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| • Gowns | Morrison | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | >48hrs | |
| Staff absence levels due to: | | | | | | | | | | | |
| Number of staff self isolated (asymptomatic) | Medical | | 81 | 39 | 27 | 29 | 24 | 34 | 17 | Data reported a month in arrears. Snapshots taken mid month Source: Workforce | |
| | Nursing Reg | | 270 | 166 | 145 | 133 | 142 | 149 | 106 | | |
| | Nursing Non Reg | | 148 | 105 | 112 | 97 | 96 | 77 | 95 | | |
| | Other | | 352 | 206 | 190 | 163 | 158 | 93 | 111 | | |
| Number of staff self isolated (symptomatic) | Medical | | 90 | 13 | 7 | 2 | 0 | 8 | 17 | | |
| | Nursing Reg | | 289 | 117 | 56 | 23 | 14 | 25 | 44 | | |
| | Nursing Non Reg | | 177 | 67 | 37 | 18 | 9 | 8 | 25 | | |
| | Other | | 304 | 95 | 41 | 27 | 13 | 31 | 46 | | |
| % sickness | Medical | | 14.9% | 4.0% | 3.0% | 2.8% | 2.5% | 4.0% | 3.2% | | |
| | Nursing Reg | | 14.2% | 7.0% | 5.1% | 4.0% | 4.0% | 4.4% | 3.8% | | |
| | Nursing Non Reg | | 16.6% | 8.0% | 7.2% | 5.5% | 5.2% | 4.2% | 6.0% | | |
| | Other | | 11.0% | 5.0% | 3.6% | 2.9% | 2.7% | 2.0% | 2.5% | | |
| | All | | 13.2% | 6.0% | 4.5% | 3.6% | 3.5% | 3.2% | 3.5% | | |

| Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|--|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--|---|
| | Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Comments | |
| NHS Wales Delivery Measures for USC: | | | | | | | | | | | |
| •% of patients seen and discharged from A&E within 4 hours | | 78.4% | 83.5% | 87.7% | 80.1% | 80.6% | 76.4% | 77.2% | 75.4% | Data includes Morrision Hospital and NPTH hospital. Source: Patient flow dashboard | |
| •Number of patients waiting over 12 hours in A&E | | 131 | 97 | 81 | 223 | 286 | 537 | 494 | 626 | Data includes Morrision Hospital and NPTH hospital. Source: Patient flow dashboard | |
| •Number of ambulance handovers taking over 1 hour | | 61 | 20 | 47 | 120 | 163 | 410 | 355 | 500 | Data includes Morrision Hospital and Singleton hospital. Source: Patient flow dashboard | |
| •% ambulance responses to red calls within 8 minutes | | 69.5% | 75.0% | 75.5% | 73.8% | 72.2% | 69.2% | 66.2% | 67.3% | Source: WAST Health Board Area Report | |
| ED demand (attendances) | | 5,280 | 7,761 | 8,525 | 9,116 | 9,684 | 9,329 | 7,908 | 7,942 | Data includes Morrision Hospital and NPTH hospital. Source: Patient flow dashboard | |
| Healthcare Acquired Infections: | | | | | | | | | | | |
| •E.coli bacteraemia | Number of cases | | 14 | 14 | 17 | 25 | 32 | 23 | 25 | 16 | Hospital and community attributed cases of infection. Source: Public Health Wales HCAI dashboard |
| | Rate per 100k pop. | | 43.8 | 42.3 | 53.1 | 75.6 | 96.8 | 71.9 | 75.6 | 50 | |
| •Staph.Aueurs bacteraemia | Number of cases | | 10 | 6 | 12 | 6 | 12 | 14 | 12 | 13 | |
| | Rate per 100k pop. | | 31.3 | 18.1 | 37.5 | 18.1 | 36.3 | 43.8 | 36.3 | 40.6 | |
| •Clostridium Difficile | Number of cases | | 11 | 16 | 20 | 11 | 23 | 18 | 15 | 10 | |
| | Rate per 100k pop. | | 34.4 | 51.4 | 62.5 | 33.3 | 69.6 | 56.2 | 45.4 | 34.4 | |
| •Klebsiella spp. Bacteraemia | Number of cases | | 6 | 6 | 9 | 5 | 10 | 5 | 9 | 11 | |
| | Rate per 100k pop. | | 18.8 | 18.1 | 28.1 | 15.1 | 30.2 | 15.6 | 27.2 | 34.4 | |
| •Pseudomonas aeruginosa bacteraemia | Number of cases | | 2 | 5 | 0 | 1 | 3 | 0 | 2 | 2 | |
| | Rate per 100k pop. | | 6.3 | 15.1 | 0.0 | 3.0 | 9.1 | 0.0 | 6.1 | 6.3 | |
| Medically Fit for Discharge numbers | | 88 | 78 | 92 | 101 | 112 | 114 | 142 | 139 | Snapshot taken on the last day of the month. Source: COVID19 dashboard | |
| Number of mortuary spaces | | 72 | 161 | 233 | 188 | 170 | 164 | 158 | 129 | Monthly totals are based on a snapshot of the number of vacant hospital mortuary spaces on the last day of the month. Source: COVID19 dashboard | |
| Number of hospital deaths with positive COVID result | | 157 | 22 | 1 | 0 | 0 | 2 | 36 | 29 | Source: COVID19 dashboard | |
| Hospital bed occupancy (suspected and confirmed COVID19): | | | | | | | | | | | |
| •General bed | | 186 | 58 | 46 | 41 | 30 | 37 | 176 | 343 | Snapshot taken on the last day of the month. Source: COVID19 dashboard | |
| •Critical Care bed | | 19 | 5 | 4 | 1 | 0 | 3 | 11 | 18 | Snapshot taken on the last day of the month. Source: COVID19 dashboard | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | |
|---|---|--------|--------------------|--------|--------|--------|--------|--------|--------|--|---|
| | Trend (from 1st Apr 20) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Comments | |
| NHS Wales Delivery Framework measures for cancer, RTT and diagnostics | | | | | | | | | | | |
| •Cancer | NUSC- 31 day access target | | 97.1% | 90.6% | 84.7% | 90.3% | 90.0% | 94.2% | 83.1% | 86% (draft) | Data reported two months in arrears. Final November 2020 data will be available on 31/12/20 Source: SaFF report. |
| | USC- 62 day access target | | 80.8% | 91.7% | 87.8% | 90.5% | 90.6% | 81.6% | 85.2% | 62% (draft) | |
| | Single cancer pathway | | 70.9% | 72.1% | 73.0% | 81.5% | 80.0% | 71.0% | 73.0% | 52% (draft) | |
| •RTT | % waiting under 26 weeks | | 72.3% | 64.0% | 59.5% | 52.4% | 46.5% | 41.0% | 44.8% | 49.2% | Snapshot taken on the last day of the month. Source: RTT and D&T monthly submission |
| | Number > 36 weeks | | 8,355 | 10,248 | 13,419 | 18,078 | 22,494 | 26,046 | 30,776 | 34,431 | |
| •Diagnostics | Number > 8 weeks | | 5,788 | 8,346 | 8,033 | 7,510 | 8,070 | 7,666 | 6,645 | 6,610 | |
| PROMs and PREMs | | | Data to be sourced | | | | | | | | |
| Patient Feedback: | | | | | | | | | | | |
| •Number of friends and family surveys completed | | 150 | 247 | 393 | 502 | 625 | 2,804 | 1,047 | 787 | Source: Patient Feedback Team | |
| •% of who would recommend and highly recommend | | 90% | 92% | 87% | 91% | 81% | 93% | 82% | 84% | | |
| •% of All Wales surveys scoring 9 or 10 on overall satisfaction | | 95% | 100% | 79% | 91% | 83% | 84% | 79% | 85% | | |
| Harm from wider societal actions/lockdown | | | | | | | | | | | |
| | Trend (from 1st Apr 20) | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Comments | |
| Vaccination and Immunisation rates- % of children who received: | | | | | | | | | | | |
| •3 doses of the '6 in 1' vaccine by age 1 | | | | 96.5% | | | | | | Source: Public Health Wales COVER Report. | |
| •MenB2 vaccine by age 1 | | | | 96.8% | | | | | | | |
| •PCV2 vaccine by age 1 | | | | 96.4% | | | | | | | |
| •Rotavirus vaccine by age 1 | | | | 96.9% | | | | | | | |
| •MMR1 vaccine by age 2 | | | | 94.4% | | | | | | | |
| •PCVf3 vaccine by age 2 | | | | 94.1% | | | | | | | |
| •MenB4 vaccine by age 2 | | | | 93.5% | | | | | | | |
| •Hib/MenC vaccine by age 2 | | | | 93.6% | | | | | | | |
| •Up to date in schedule by age 4 | | | | 88.7% | | | | | | | |
| •2 doses of the MMR vaccine by age 5 | | | | 90.8% | | | | | | | |
| •4 in 1 vaccine by age 5 | | | | 92.2% | | | | | | | |
| •MMR vaccination by age 16 | | | | 95.1% | | | | | | | |
| •Teenage booster by age 16 | | | | 90.9% | | | | | | | |
| •MenACWY vaccine by age 16 | | | | 91.6% | | | | | | | |
| MHL and Children's services activity | | | | | | | | | | | |
| Adult Mental Health Services | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral | | 99% | 99% | 100% | 99% | 99% | 97% | 99.5% | Reported two months in arrears. Source: Mental Health Measures monthly submission to Welsh Government | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS | | 97% | 100% | 96% | 96% | 88% | 94% | 93% | | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | | 93% | 89% | 84% | 89% | 91% | 99% | 99.7% | | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | | 93% | 92% | 92% | 94% | 92% | 90% | 91% | | |

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

4.1 HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

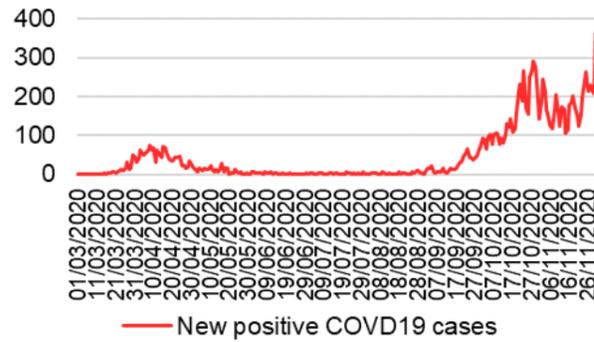


Chart 2: Number of new COVID19 cases (cumulative)

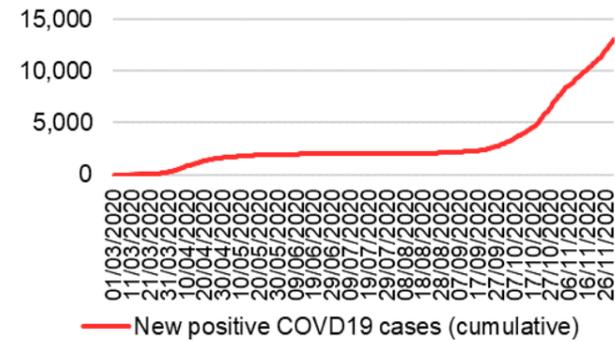


Chart 3: Number of COVID19 tests completed and positivity rate

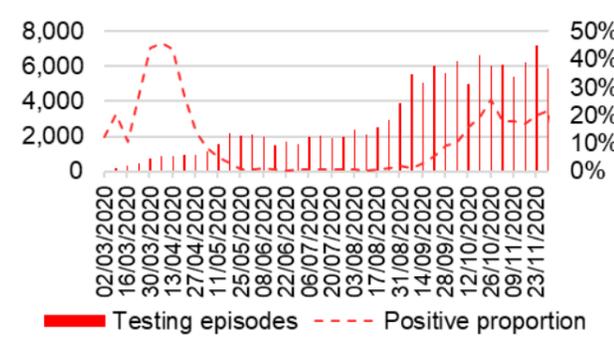


Chart 4: Number of staff referred for Antigen testing

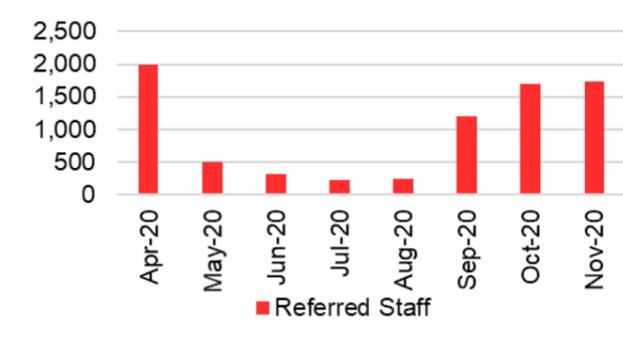


Chart 5: Outcome of staff COVID19/ antigen tests

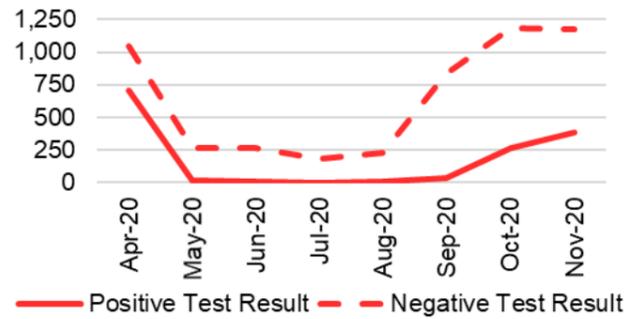


Chart 6: Number of COVID19 related incidents

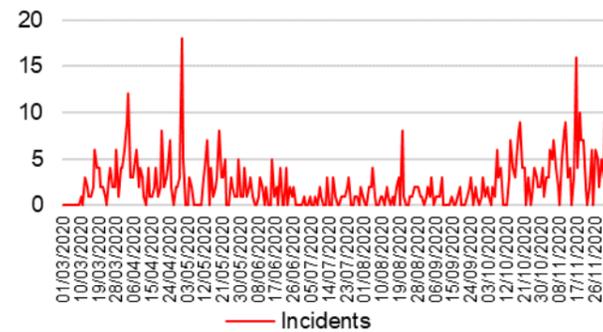


Chart 7: Number of COVID19 related serious incidents

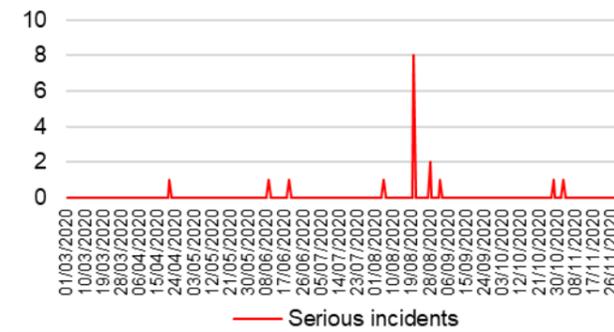


Chart 8: Number of COVID19 related complaints

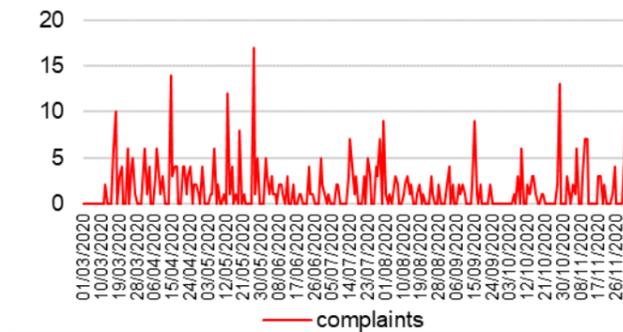


Chart 9: Number of COVID19 related risks

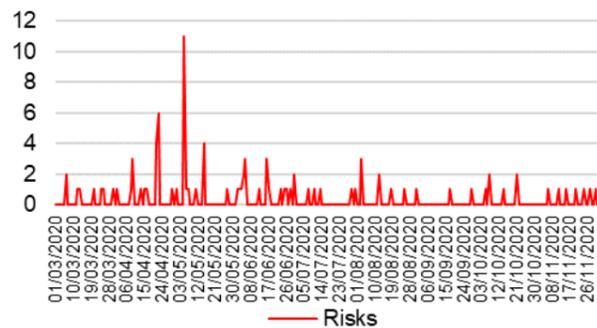


Chart 10: Number of staff self isolating (asymptomatic)

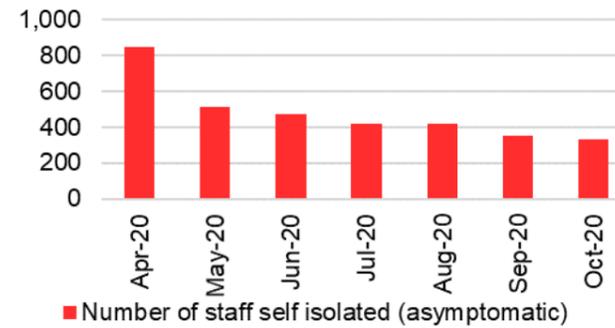


Chart 11: Number of staff self isolating (symptomatic)

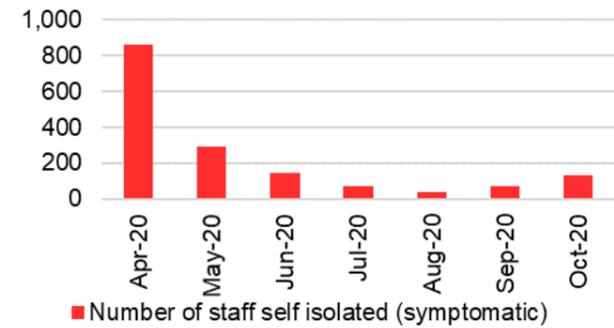


Chart 12: % staff sickness

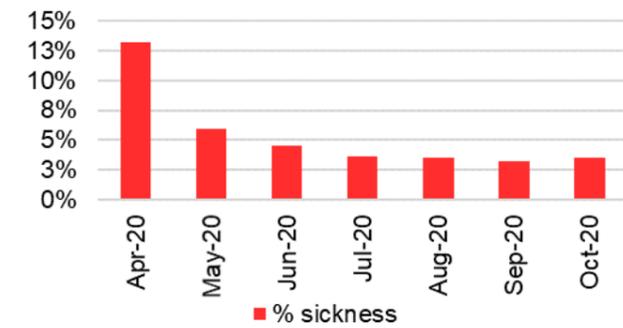


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

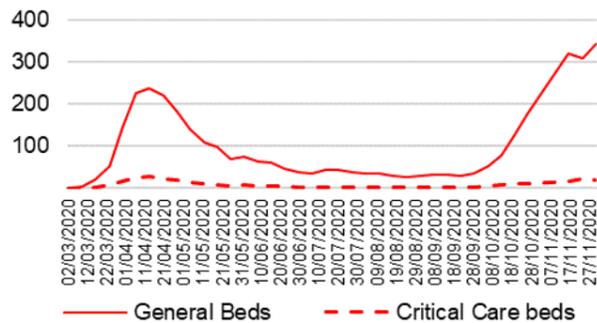


Chart 14: Number of hospital deaths with any mention of COVID19



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

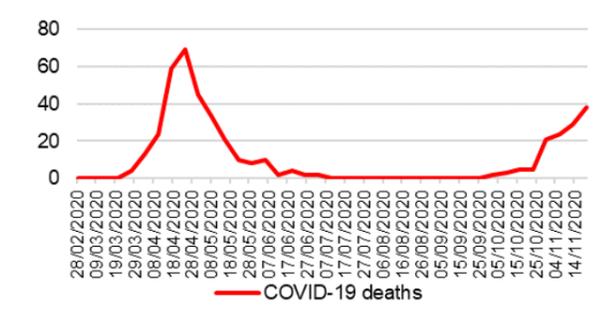


Chart 16: Number of mortuary spaces



4.1 Updates on key measures

| COVID TESTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|----------------------------|--------|------|--------|--------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|--------|--------|--------|-------|----------|----------|-------------|---------------|--------|------|------|------|------|--------|--------|--------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|--------|--------|------|------|--------|--------|--------|------|------|--------|--------|--------|------|------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred for Antigen testing</p> <p>3. Number of staff waiting results of Antigen test</p> | <p>1. Number of new COVID cases In November 2020, there were an additional 5,523 positive cases recorded bringing the cumulative total to 13,094 in Swansea Bay since March 2020. In November 2020, 43,297 tests were carried out of which 13% (5,523) were positive.</p> <p>2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and November 2020 is 8,199 of which 1,504 had had a positive COVID test result (18%).</p> <p>3. Number of staff awaiting results of Antigen test Occupational Health has implemented a new reporting system that is now integrated with the Health Board's internal COVID dashboard. The new data is reported on a weekly rather than daily basis. The latest figures as at 6th December 2020 show that 41 members of staff awaiting their antigen test result.</p> | <p>1. Number of new COVID19 cases for Swansea Bay population</p> <table border="1"> <caption>1. Number of new COVID19 cases for Swansea Bay population</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>~200</td></tr> <tr><td>Apr-20</td><td>~1,500</td></tr> <tr><td>May-20</td><td>~300</td></tr> <tr><td>Jun-20</td><td>~100</td></tr> <tr><td>Jul-20</td><td>~100</td></tr> <tr><td>Aug-20</td><td>~100</td></tr> <tr><td>Sep-20</td><td>~800</td></tr> <tr><td>Oct-20</td><td>~4,800</td></tr> <tr><td>Nov-20</td><td>~5,500</td></tr> </tbody> </table> <p>2. Number of staff referred for Antigen testing</p> <table border="1"> <caption>2. Number of staff referred for Antigen testing</caption> <thead> <tr> <th>Month</th> <th>Positive</th> <th>Negative</th> <th>In Progress</th> <th>Unknown/blank</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>~200</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Apr-20</td><td>~1,800</td><td>~1,200</td><td>~100</td><td>~100</td></tr> <tr><td>May-20</td><td>~400</td><td>~400</td><td>~100</td><td>~100</td></tr> <tr><td>Jun-20</td><td>~200</td><td>~200</td><td>~100</td><td>~100</td></tr> <tr><td>Jul-20</td><td>~100</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Aug-20</td><td>~100</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Sep-20</td><td>~1,100</td><td>~1,100</td><td>~100</td><td>~100</td></tr> <tr><td>Oct-20</td><td>~1,600</td><td>~1,600</td><td>~100</td><td>~100</td></tr> <tr><td>Nov-20</td><td>~1,500</td><td>~1,500</td><td>~100</td><td>~100</td></tr> </tbody> </table> | Month | New positive COVID19 cases | Mar-20 | ~200 | Apr-20 | ~1,500 | May-20 | ~300 | Jun-20 | ~100 | Jul-20 | ~100 | Aug-20 | ~100 | Sep-20 | ~800 | Oct-20 | ~4,800 | Nov-20 | ~5,500 | Month | Positive | Negative | In Progress | Unknown/blank | Mar-20 | ~200 | ~100 | ~100 | ~100 | Apr-20 | ~1,800 | ~1,200 | ~100 | ~100 | May-20 | ~400 | ~400 | ~100 | ~100 | Jun-20 | ~200 | ~200 | ~100 | ~100 | Jul-20 | ~100 | ~100 | ~100 | ~100 | Aug-20 | ~100 | ~100 | ~100 | ~100 | Sep-20 | ~1,100 | ~1,100 | ~100 | ~100 | Oct-20 | ~1,600 | ~1,600 | ~100 | ~100 | Nov-20 | ~1,500 | ~1,500 | ~100 | ~100 |
| Month | New positive COVID19 cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | ~200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | ~1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | ~300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | ~800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | ~4,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | ~5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Positive | Negative | In Progress | Unknown/blank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | ~200 | ~100 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | ~1,800 | ~1,200 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | ~400 | ~400 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | ~200 | ~200 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | ~100 | ~100 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | ~100 | ~100 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | ~1,100 | ~1,100 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | ~1,600 | ~1,600 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | ~1,500 | ~1,500 | ~100 | ~100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COVID RELATED STAFF ABSENCE

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

Staff absence due to COVID19

1. Number of staff self-isolating (asymptomatic)

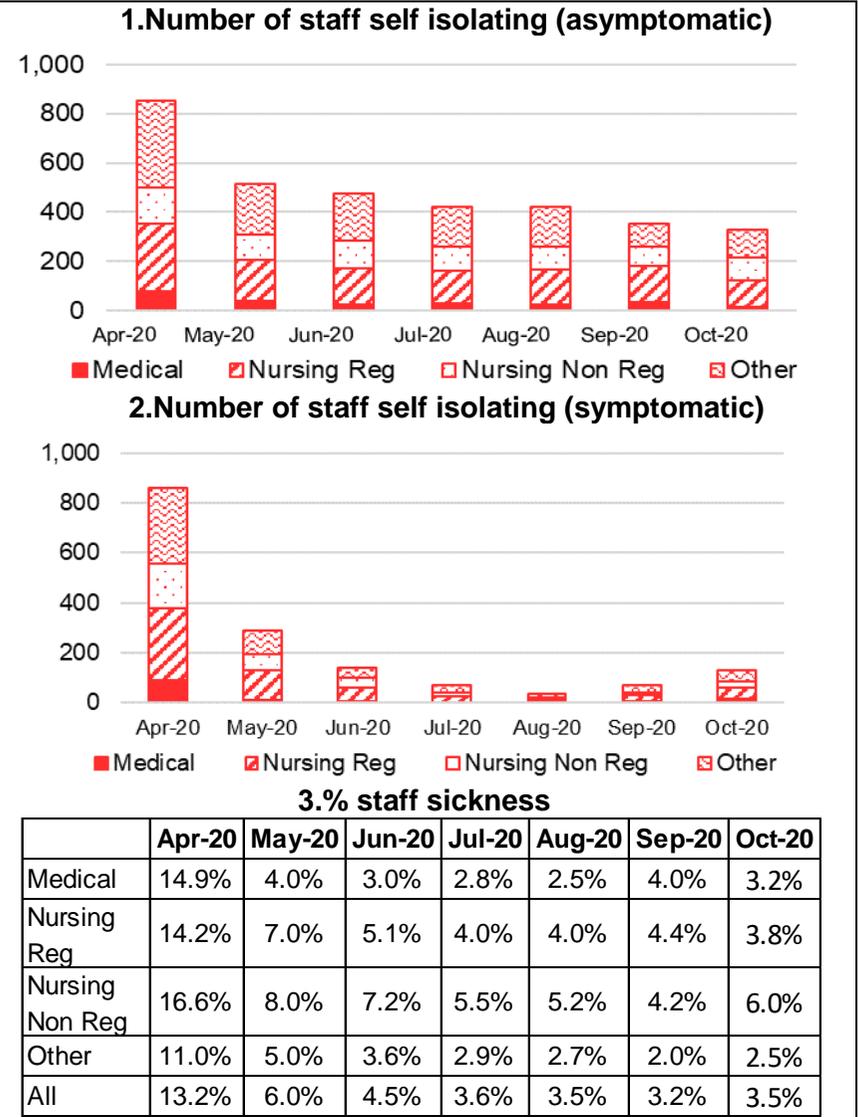
2. Number of staff self-isolating (symptomatic)

3. % staff sickness

The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)
 The number of staff self-isolating increased between September and October 2020. "Other" staff has the largest number of self-isolating staff who are asymptomatic and symptomatic in October 2020.

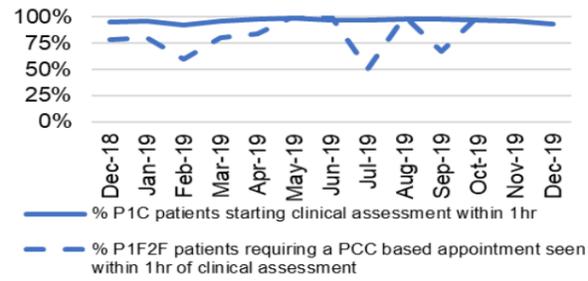
3. % Staff sickness
 The percentage of staff sickness absence due to COVID-19 has significantly reduced from 13.2% in April 2020 to 3.5% in October 2020.



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

5.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

Chart 2: % red calls responded to within 8 minutes

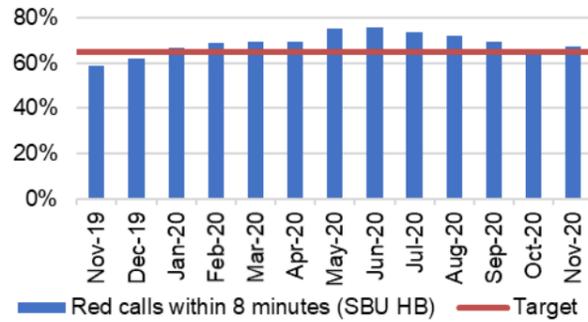


Chart 3: Number of ambulance handovers over 1 hour

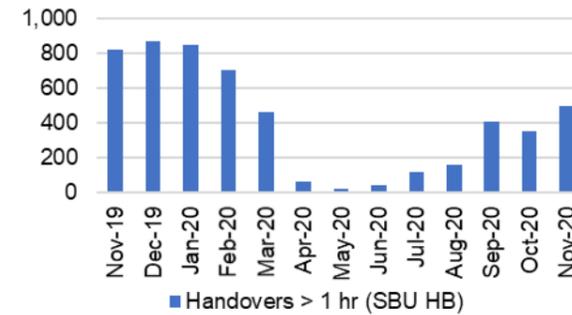


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

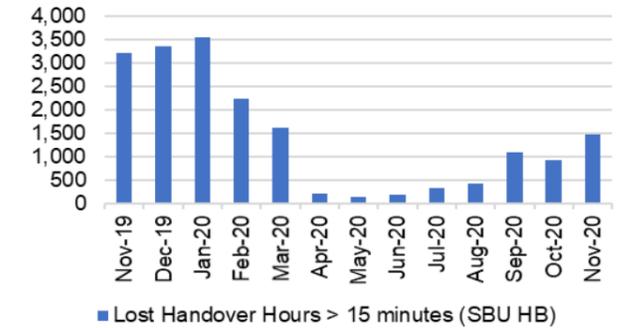


Chart 5: A&E Attendances

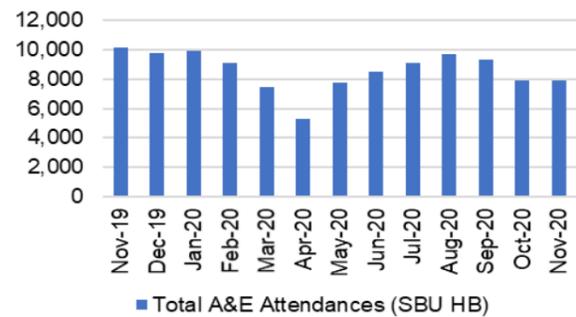


Chart 6: % patients who spend less than 4 hours in A&E

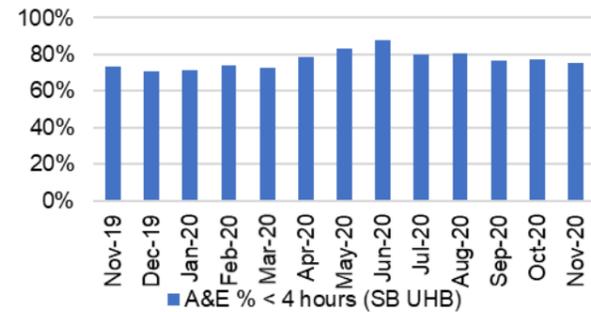


Chart 7: Number of patients waiting over 12 hours in A&E

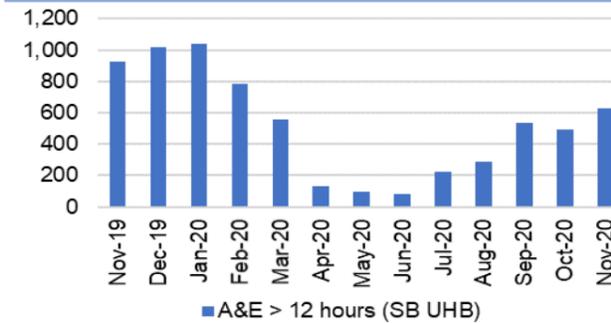


Chart 8: Number of emergency admissions

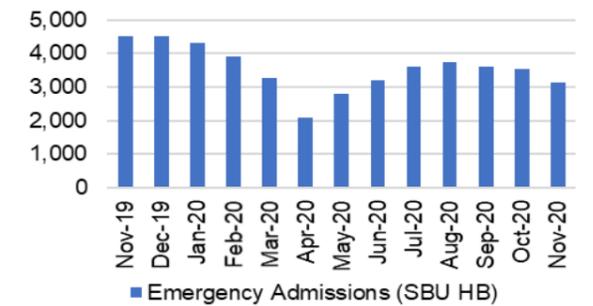


Chart 9: Elective procedures cancelled due to lack of beds

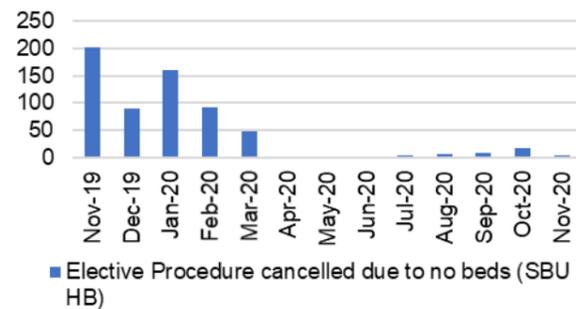


Chart 10: Number of Medically Fit For Discharge (MFFD) patients

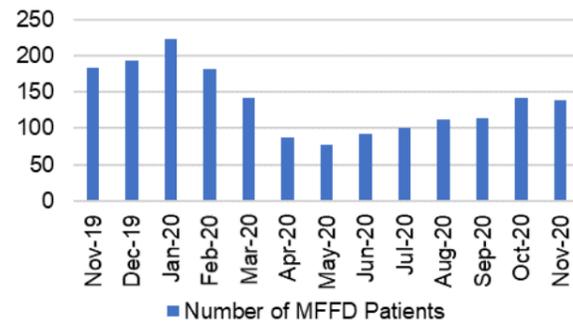
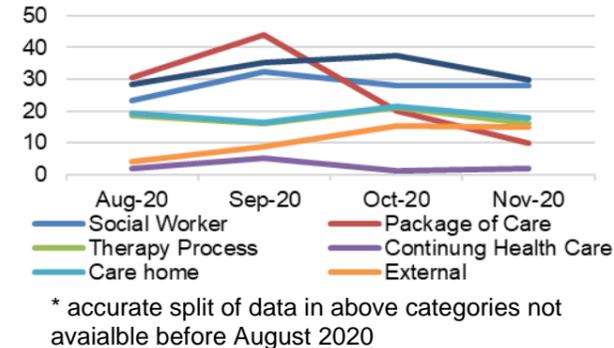


Chart 11: Delay reason for Medically Fit For Discharge (MFFD) patients



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

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

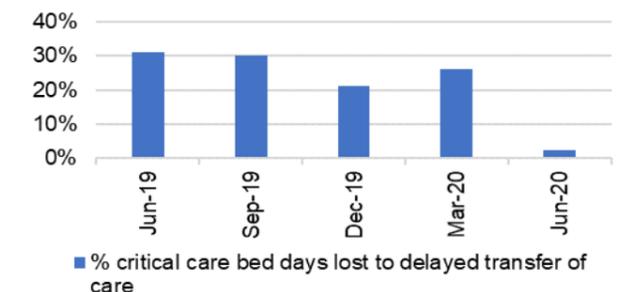


Chart 12: % of patients (> 60 years) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

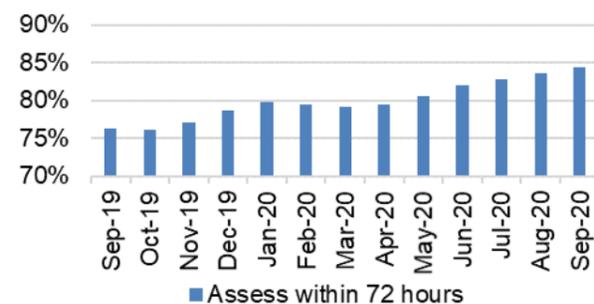
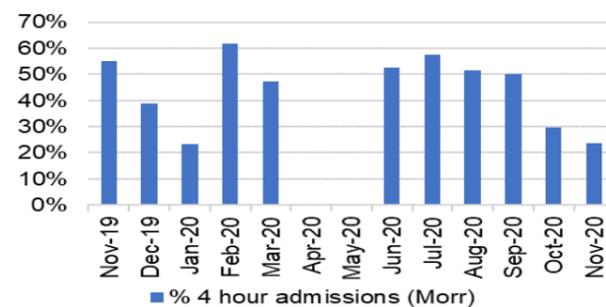
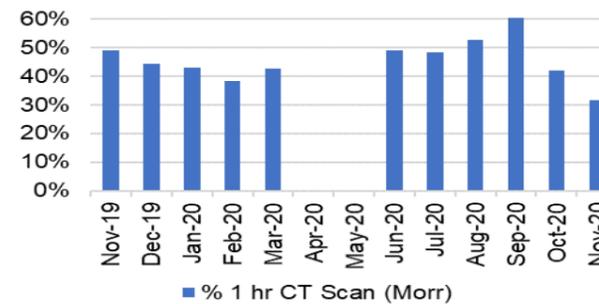


Chart 13: Direct admission to Acute Stroke Unit within 4 hours



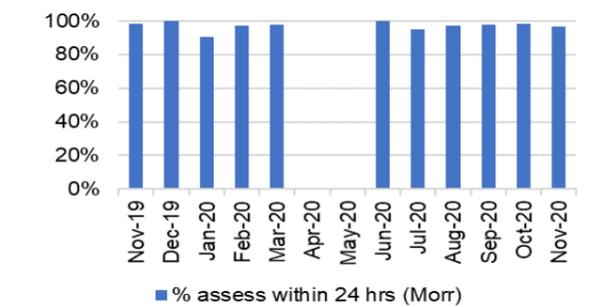
* No data available for April and May 2020

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



* No data available for April and May 2020

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



* No data available for April and May 2020

Unscheduled Care Overview (November 2020)

| Primary Care Access | | Ambulance | Emergency Department | |
|--|---|--|--|--|
| 97% (→) GP practices open during daily core hours | 88% (→) GP practices offering appointments between 5pm-6:30pm | 67.3% (1%↑) Red calls responded to with 8 minutes | 7,942 (0.4%↑) A&E attendances | 75.4% (1.8%↓) Waits in A&E under 4 hours |
| 93% (3%↓) % 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>) | 100% (33%↑) % 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>) | 500 (41%↑) Ambulance handovers over 1 hour | 626 (27%↑) Waits in A&E over 12 hours | 1,178 (10%↓) Patients admitted from A&E |
| | | 3,216 (2%↓) Amber calls | | |
| | | 386 (14%↑) Red calls | | |
| Emergency Activity | | Patient Flow | | |
| 3,149 (11%↓) Emergency Inpatient Admissions | 323 (11%↓) Emergency Theatre Cases | 13 (19%↓) (<i>Mar-20</i>) Mental Health DTOCs * Data collection temporarily suspended | 60 (13%↓) (<i>Mar-20</i>) Non-Mental Health DTOCs * Data collection temporarily suspended | |
| 279 (7%↓) Trauma theatre cases | 5 (71%↓) Elective procedures cancelled due to no beds | | 139 (2%↓) Medically fit patients | |

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

5.2 Updates on key measures

| UNSCHEDULED CARE | |
|--|--|
| Description | Current Performance |
| <p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p> | <p>Ambulance response times have consistently been above 65% in the year 2020 and in November 2020, performance was 67.3%.</p> <p>In November 2020, the number of green calls reduced by 6%, amber calls reduced by 2% and red calls increased by 14% compared with October 2020.</p> |
| | Trend |
| | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. % of red calls responded to within 8 minutes</p> <p>■ Red calls within 8 minutes (SBU HB) ■ Target</p> </div> <div style="width: 48%;"> <p>2. Number of ambulance call responses</p> <p>— Red calls — Amber calls — Green calls</p> </div> </div> <p style="text-align: center;">3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● A run of 6 increasing or decreasing points </div> |

UNSCHEDULED CARE

Description

Current Performance

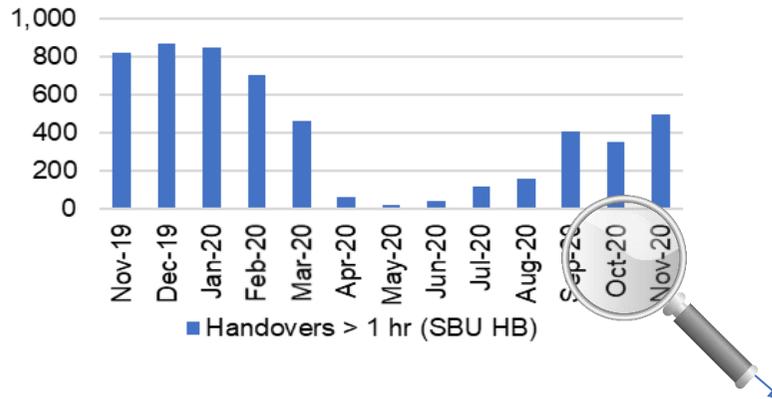
Ambulance handovers
 1. The number of ambulance handovers over one hour
 2. The number of ambulance handovers over one hour- Hospital level
 3. The number of ambulance handovers over one hour (last 90 days)

In November 2020, there were 500 ambulance to hospital handovers taking over 1 hour; this is a reduction from 821 in November 2019 but an in-month increase from October 2020 (from 355 to 500). In November 2020, 484 handovers over 1 hour were attributed to Morriston Hospital and 16 were attributed to Singleton Hospital.

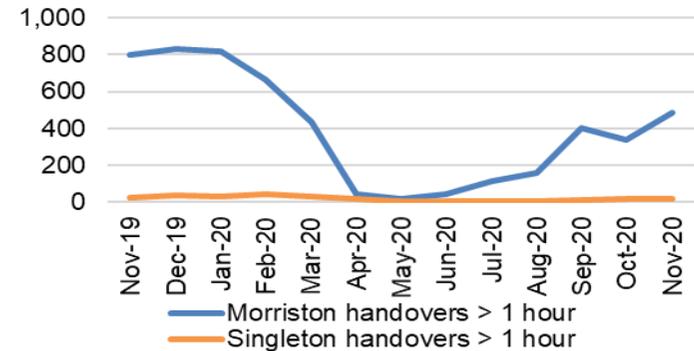
The number of handover hours lost over 15 minutes significantly reduced from 3,212 in November 2019 to 1,474 in November 2020 but increased from 916 in October 2020.

Trend

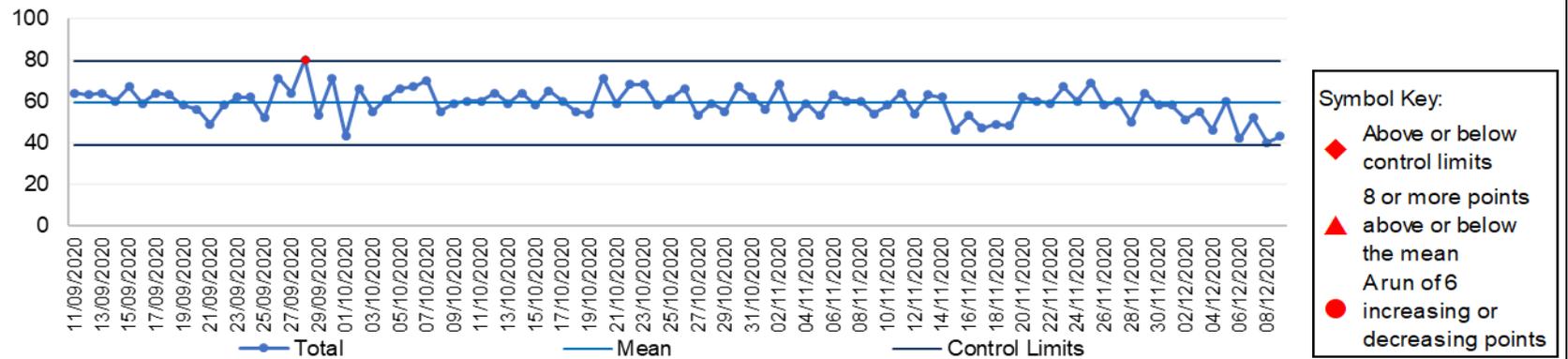
1. Number of ambulance handovers- HB total



2. Number of ambulance handovers over 1 hour- Hospital level



3. Number of ambulance handovers- HB total last 90 days



UNSCHEDULED CARE

Description

Current Performance

A&E Attendances

1. The number of attendances at emergency departments in the Health Board

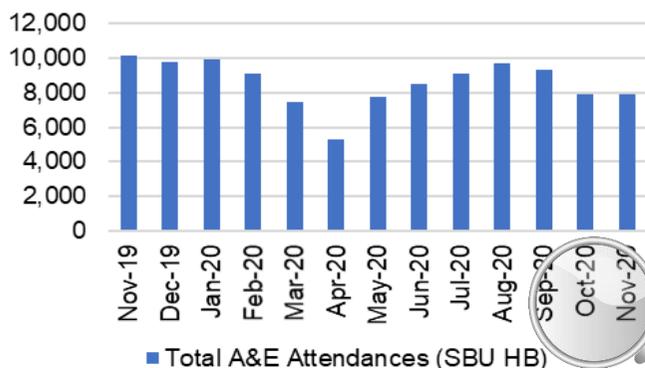
2. The number of attendances at emergency departments in the Health Board – Hospital level

3. The number of attendances at emergency departments in the Health Board (last 90 days)

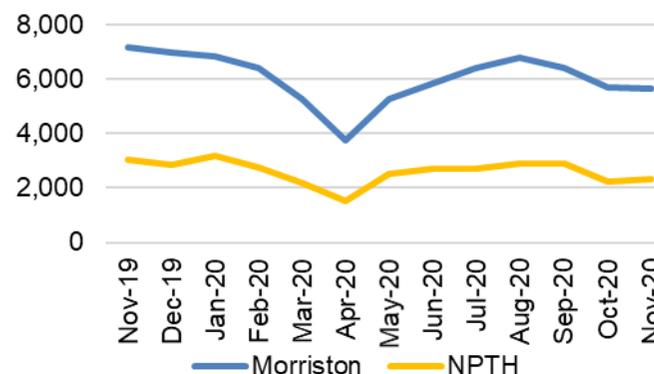
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month of month until September 2020 when attendances started to reduce again. In November 2020, there were 7,942 A&E attendances, which is 0.4% more than October 2020 and 22% less than November 2019.

Trend

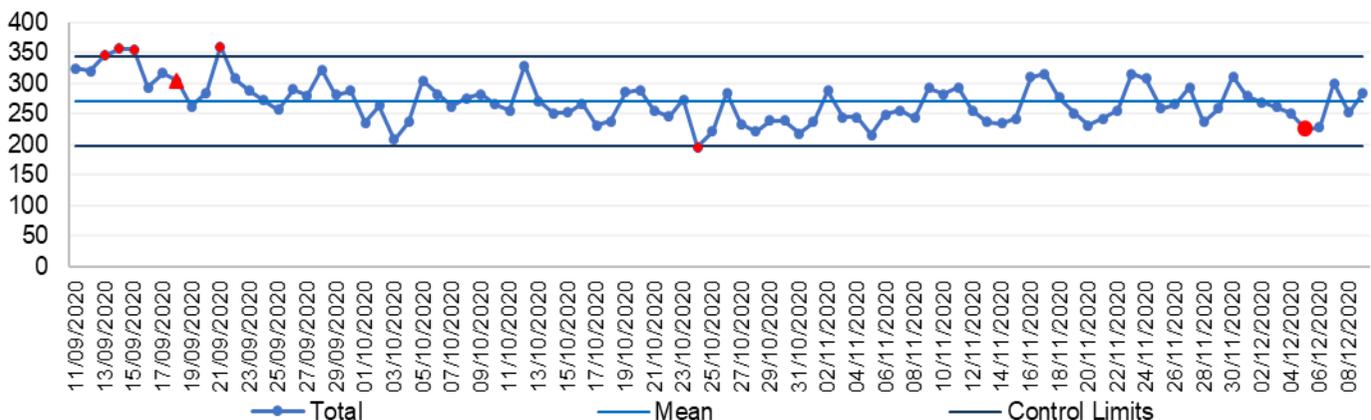
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



3. Number of A&E attendances -HB total last 90 days



Symbol Key:

- ◆ Above or below control limits
- 8 or more points
- ▲ above or below the mean
- Arun of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

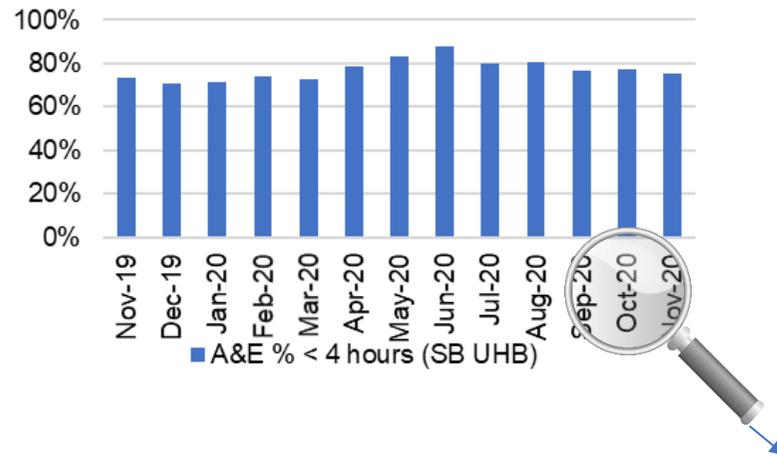
2. % of patients who spend less than 4 hours in A&E- Hospital level

3. % of patients who spend less than 4 hours in A&E (last 90 days)

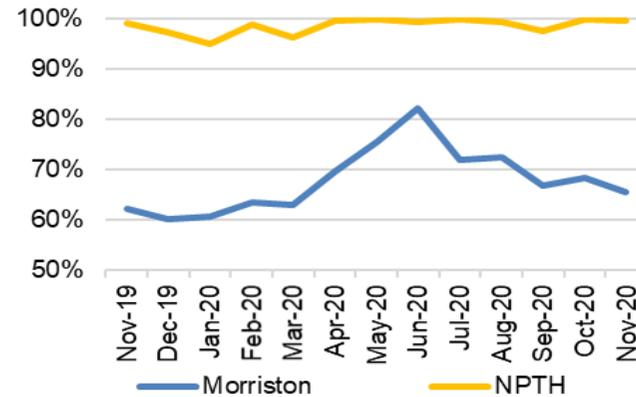
The Health Board's performance against the 4 hour measure deteriorated from 77.18% in October 2020 to 75.36% in November 2020. Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 99.52% in November 2020. Morriston Hospital's performance reduced from 68.36% in October 2020 to 65.44% in November 2020.

Trend

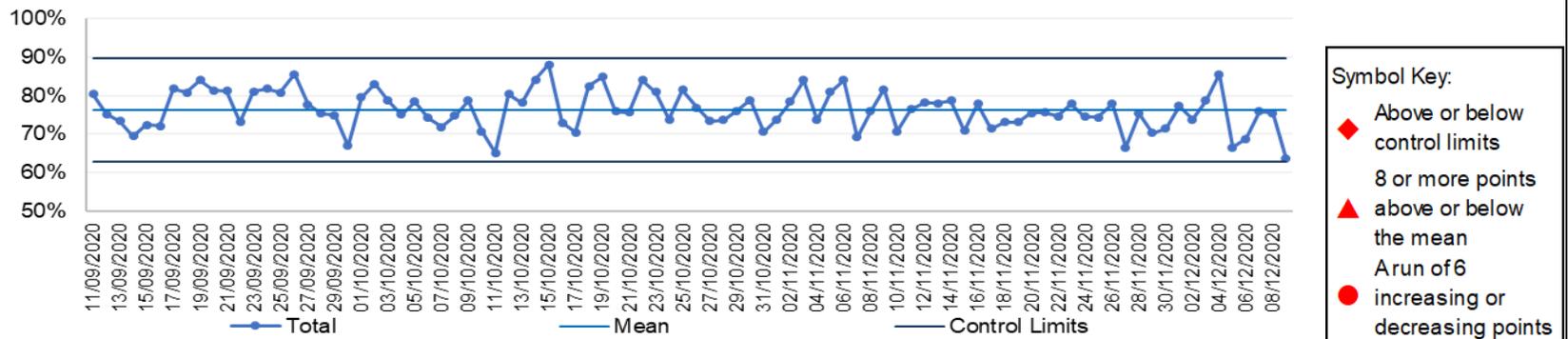
1. % patients waiting under 4 hours in A&E- HB total



2. % patients waiting under 4 hours in A&E- Hospital level



3. % patients waiting under 4 hours in A&E- HB total last 90 days



UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

In November 2020, performance against this measure deteriorated compared with October 2020, increasing from 494 to 626.

All 626 patients waiting over 12 hours in November 2020 were in Morriston Hospital. The position in November 2020 was 32% better than in November 2019.

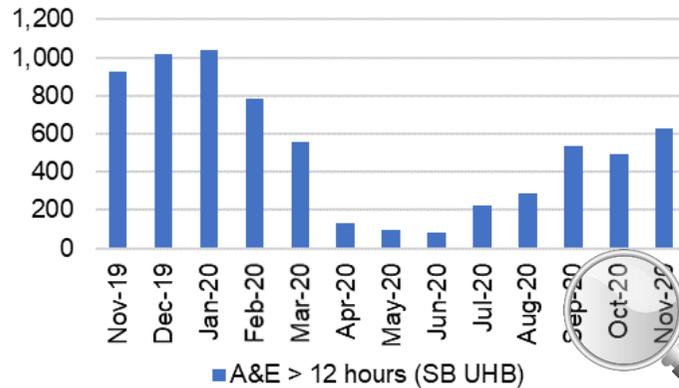
1. Number of patients who spend 12 hours or more in A&E

2. Number of patients who spend 12 hours or more in A&E- Hospital level

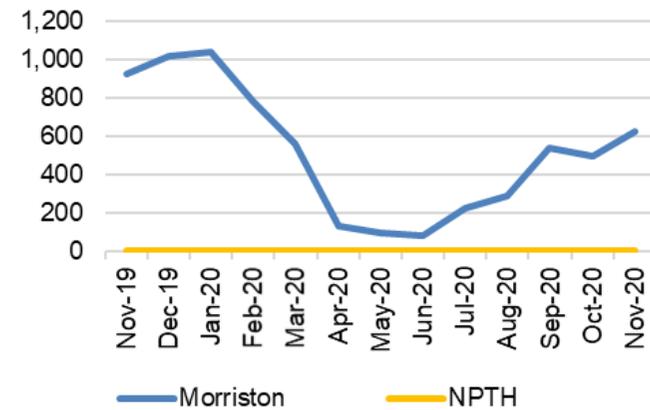
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

Trend

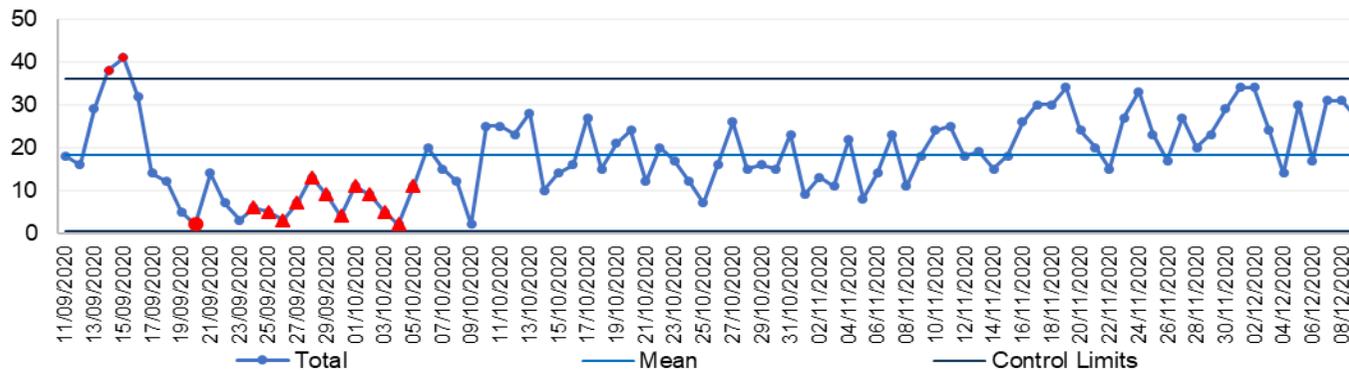
1. Number of patients waiting over 12 hours in A&E- HB total



2. Number of patients waiting over 12 hours in A&E- Hospital level



3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



Symbol Key:

- ◆ Above or below control limits
- 8 or more points
- ▲ above or below the mean
- Ar run of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

In November 2020, there were 3,149 emergency admissions across the Health Board, which is 11% less admissions than in October 2020 and 30% less than November 2019.

1. The number of emergency inpatient admissions

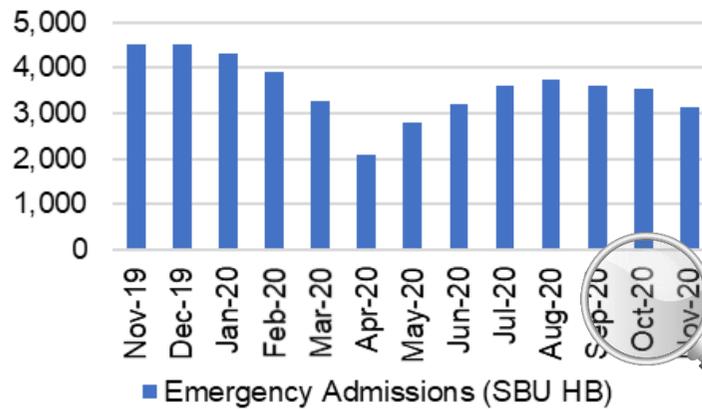
Morrison saw the largest in-month reduction with 233 less admissions (from 2,601 in October 2020 to 2,368 in November 2020).

2. The number of emergency inpatient admissions- Hospital level

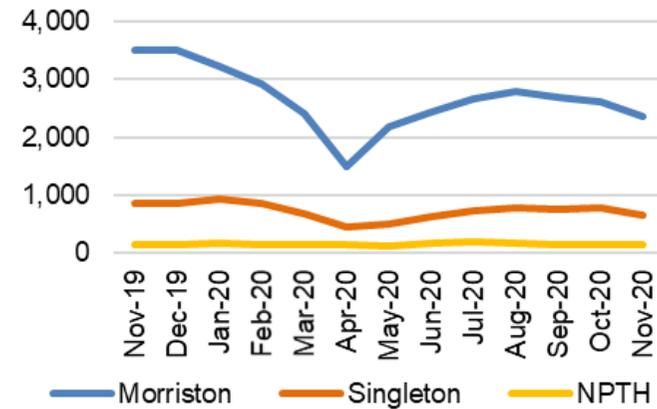
3. The number of emergency inpatient admissions (last 90 days)

Trend

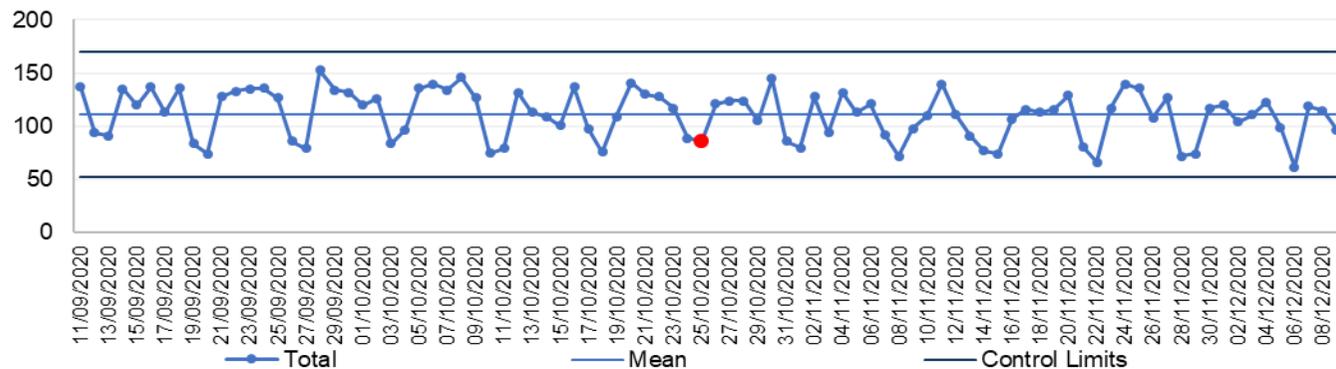
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level



3. Number of emergency admissions- HB total last 90 days



Symbol Key:

- ◆ Above or below control limits
- 8 or more points above or below the mean
- ▲ above or below the mean
- Ar un of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

Current Performance

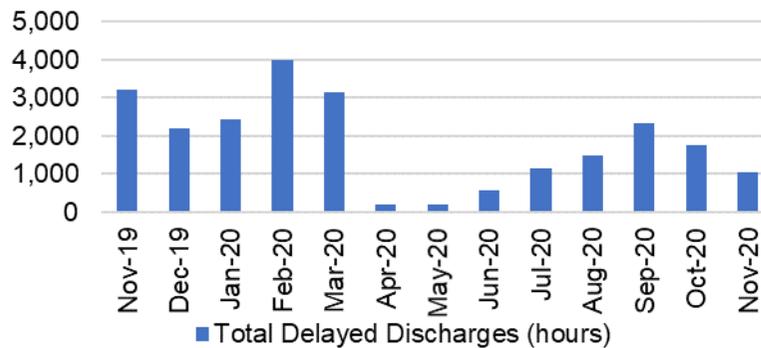
Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

In November 2020, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morrison Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced however this number has been steadily increasing since June 2020. In November 2020, delayed discharges totalled 1,046 hours and the average lost bed days was 1.45 per day. The percentage of patients delayed over 24 hours reduced from 34.69% in October 2020 to 33.96% in November 2020.

Trend

1. Total Critical Care delayed discharges (hours)
2. Average lost bed days per day
3. Percentage of patients delayed:
 - Up to 8 hours
 - Between 8 and 24 hours
 - Over 24 hours

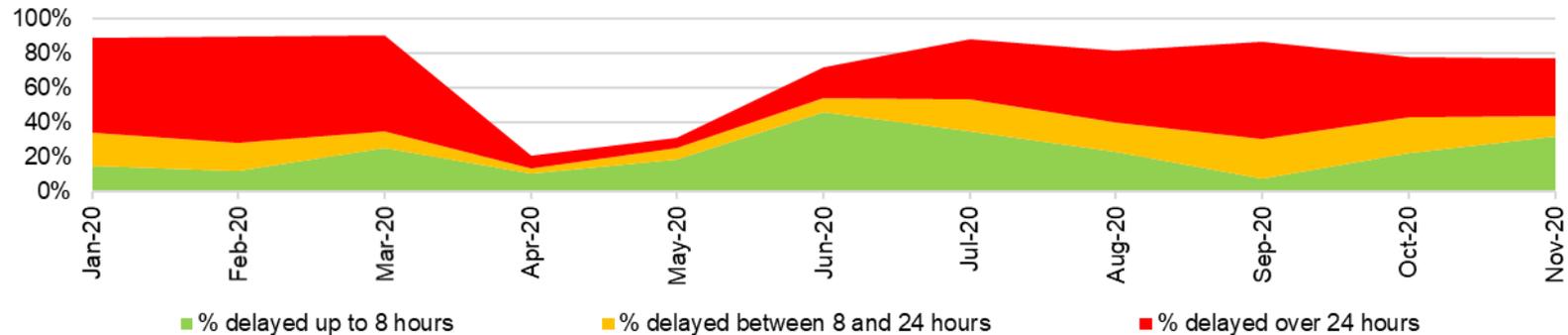
1. Total Critical Care delayed discharges (hours)



2. Average lost bed days per day



3. Percentage of Critical Care patients delayed



Data prior to January 2020 is not available in the above percentage categories

UNSCHEDULED CARE

| Description | Current Performance | Trend |
|---|---|---|
| <p>Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i></p> | <p>In November 2020, there were on average 139 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has risen every month since June 2020, however November 2020 was the first month to see an in-month reduction (from 142 in October 2020 to 139 in November 2020).</p> <p>In November 2020, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 61 out of 139 followed by Singleton with 40.</p> | <p>The number of discharge/ medically fit patients by site</p> <p>*Consistent data capture for Gorseinon not available before May 2020</p> |
| <p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p> | <p>In November 2020, there were 5 elective procedures cancelled due to lack of beds on the day of surgery. This is 12 less cancellation than in October 2020 (from 17 to 5).</p> <p>In November 2020, all 5 cancelled procedures were attributed to Morriston Hospital.</p> | <p>Total number of elective procedures cancelled due to lack of beds</p> |

| FRACTURED NECK OF FEMUR (#NOF) | | |
|--|--|--|
| Description | Current Performance | Trend |
| <p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p> | <p>1. Prompt orthogeriatric assessment- In September 2020, 84.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.1% more than in September 2019.</p> <p>2. Prompt surgery- In September 2020, 51.7% of patients had surgery the day following presentation with a hip fracture. This is a reduction from September 2019 which was 59.6%</p> <p>3. NICE compliant surgery- 73.8% of operations were consistent with the NICE recommendations in September 2020. This is an improvement of 4.7% compared with September 2019 (from 69.1% to 73.8%). In September 2020, Morriston was above the all-Wales average of 67.0%.</p> <p>4. Prompt mobilisation- In September 2020, 75.4% of patients were out of bed the day after surgery. This is an improvement of 4.3% compared with September 2019 and above the all-Wales average of 73.9%.</p> | <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> |

FRACTURED NECK OF FEMUR (#NOF)

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------------------|---------------|---------------|-----------------------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|-------|---------------|---------------|-----------------------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|--------|------|------|------|-------|---------------|---------------|-----------------------|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|
| <p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p> <p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p> <p>7. <i>30 day mortality rate</i></p> | <p>5. Not delirious when tested- 68.8% of patients were not delirious in the week after their operation in September 2020. This is an improvement of 33.6% compared with September 2019.</p> <p>6. Return to original residence- 76.6% of patients in September 2020 were discharged back to their original residence. This was above the all-Wales average of 74.5%.</p> <p>7. 30 day mortality rate- In August 2020 the mortality rate for Morriston Hospital was 7.0% which is 1.7% lower than August 2019. The mortality rate in Morriston Hospital in August 2020 is higher than the all-Wales average of 6.1% and the national average of 6.8%.</p> | <p>5. Not delirious when tested</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Sep-19</td><td>35.2</td><td>42.1</td><td>75.0</td></tr> <tr><td>Oct-19</td><td>38.1</td><td>45.3</td><td>75.0</td></tr> <tr><td>Nov-19</td><td>40.5</td><td>48.2</td><td>75.0</td></tr> <tr><td>Dec-19</td><td>43.2</td><td>50.1</td><td>75.0</td></tr> <tr><td>Jan-20</td><td>45.8</td><td>52.4</td><td>75.0</td></tr> <tr><td>Feb-20</td><td>48.1</td><td>54.2</td><td>75.0</td></tr> <tr><td>Mar-20</td><td>50.3</td><td>55.1</td><td>75.0</td></tr> <tr><td>Apr-20</td><td>52.1</td><td>56.3</td><td>75.0</td></tr> <tr><td>May-20</td><td>54.5</td><td>57.2</td><td>75.0</td></tr> <tr><td>Jun-20</td><td>56.2</td><td>58.1</td><td>75.0</td></tr> <tr><td>Jul-20</td><td>58.1</td><td>59.3</td><td>75.0</td></tr> <tr><td>Aug-20</td><td>60.5</td><td>60.2</td><td>75.0</td></tr> <tr><td>Sep-20</td><td>68.8</td><td>61.4</td><td>75.0</td></tr> </tbody> </table> <p>6. Return to original residence</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Sep-19</td><td>68.1</td><td>74.2</td><td>71.0</td></tr> <tr><td>Oct-19</td><td>70.5</td><td>75.1</td><td>71.0</td></tr> <tr><td>Nov-19</td><td>71.2</td><td>75.3</td><td>71.0</td></tr> <tr><td>Dec-19</td><td>72.1</td><td>75.2</td><td>71.0</td></tr> <tr><td>Jan-20</td><td>73.5</td><td>74.8</td><td>71.0</td></tr> <tr><td>Feb-20</td><td>72.8</td><td>74.5</td><td>71.0</td></tr> <tr><td>Mar-20</td><td>74.1</td><td>74.2</td><td>71.0</td></tr> <tr><td>Apr-20</td><td>73.2</td><td>74.1</td><td>71.0</td></tr> <tr><td>May-20</td><td>74.5</td><td>74.3</td><td>71.0</td></tr> <tr><td>Jun-20</td><td>75.1</td><td>74.5</td><td>71.0</td></tr> <tr><td>Jul-20</td><td>75.8</td><td>74.8</td><td>71.0</td></tr> <tr><td>Aug-20</td><td>76.2</td><td>75.1</td><td>71.0</td></tr> <tr><td>Sep-20</td><td>76.6</td><td>74.5</td><td>71.0</td></tr> </tbody> </table> <p>7. 30 day mortality rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>8.8</td><td>8.1</td><td>7.0</td></tr> <tr><td>Sep-19</td><td>8.5</td><td>7.9</td><td>7.0</td></tr> <tr><td>Oct-19</td><td>8.2</td><td>7.8</td><td>7.0</td></tr> <tr><td>Nov-19</td><td>8.1</td><td>7.7</td><td>7.0</td></tr> <tr><td>Dec-19</td><td>8.3</td><td>7.8</td><td>7.0</td></tr> <tr><td>Jan-20</td><td>8.2</td><td>7.7</td><td>7.0</td></tr> <tr><td>Feb-20</td><td>8.4</td><td>7.8</td><td>7.0</td></tr> <tr><td>Mar-20</td><td>8.5</td><td>7.9</td><td>7.0</td></tr> <tr><td>Apr-20</td><td>8.6</td><td>8.0</td><td>7.0</td></tr> <tr><td>May-20</td><td>8.7</td><td>8.1</td><td>7.0</td></tr> <tr><td>Jun-20</td><td>8.8</td><td>8.2</td><td>7.0</td></tr> <tr><td>Jul-20</td><td>8.5</td><td>7.9</td><td>7.0</td></tr> <tr><td>Aug-20</td><td>7.0</td><td>6.1</td><td>6.8</td></tr> </tbody> </table> | Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Sep-19 | 35.2 | 42.1 | 75.0 | Oct-19 | 38.1 | 45.3 | 75.0 | Nov-19 | 40.5 | 48.2 | 75.0 | Dec-19 | 43.2 | 50.1 | 75.0 | Jan-20 | 45.8 | 52.4 | 75.0 | Feb-20 | 48.1 | 54.2 | 75.0 | Mar-20 | 50.3 | 55.1 | 75.0 | Apr-20 | 52.1 | 56.3 | 75.0 | May-20 | 54.5 | 57.2 | 75.0 | Jun-20 | 56.2 | 58.1 | 75.0 | Jul-20 | 58.1 | 59.3 | 75.0 | Aug-20 | 60.5 | 60.2 | 75.0 | Sep-20 | 68.8 | 61.4 | 75.0 | Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Sep-19 | 68.1 | 74.2 | 71.0 | Oct-19 | 70.5 | 75.1 | 71.0 | Nov-19 | 71.2 | 75.3 | 71.0 | Dec-19 | 72.1 | 75.2 | 71.0 | Jan-20 | 73.5 | 74.8 | 71.0 | Feb-20 | 72.8 | 74.5 | 71.0 | Mar-20 | 74.1 | 74.2 | 71.0 | Apr-20 | 73.2 | 74.1 | 71.0 | May-20 | 74.5 | 74.3 | 71.0 | Jun-20 | 75.1 | 74.5 | 71.0 | Jul-20 | 75.8 | 74.8 | 71.0 | Aug-20 | 76.2 | 75.1 | 71.0 | Sep-20 | 76.6 | 74.5 | 71.0 | Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Aug-19 | 8.8 | 8.1 | 7.0 | Sep-19 | 8.5 | 7.9 | 7.0 | Oct-19 | 8.2 | 7.8 | 7.0 | Nov-19 | 8.1 | 7.7 | 7.0 | Dec-19 | 8.3 | 7.8 | 7.0 | Jan-20 | 8.2 | 7.7 | 7.0 | Feb-20 | 8.4 | 7.8 | 7.0 | Mar-20 | 8.5 | 7.9 | 7.0 | Apr-20 | 8.6 | 8.0 | 7.0 | May-20 | 8.7 | 8.1 | 7.0 | Jun-20 | 8.8 | 8.2 | 7.0 | Jul-20 | 8.5 | 7.9 | 7.0 | Aug-20 | 7.0 | 6.1 | 6.8 |
| Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 35.2 | 42.1 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 38.1 | 45.3 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 40.5 | 48.2 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 43.2 | 50.1 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 45.8 | 52.4 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 48.1 | 54.2 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 50.3 | 55.1 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 52.1 | 56.3 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 54.5 | 57.2 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 56.2 | 58.1 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 58.1 | 59.3 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 60.5 | 60.2 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 68.8 | 61.4 | 75.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 68.1 | 74.2 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 70.5 | 75.1 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 71.2 | 75.3 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 72.1 | 75.2 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 73.5 | 74.8 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 72.8 | 74.5 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 74.1 | 74.2 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 73.2 | 74.1 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 74.5 | 74.3 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 75.1 | 74.5 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 75.8 | 74.8 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 76.2 | 75.1 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 76.6 | 74.5 | 71.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 8.8 | 8.1 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 8.5 | 7.9 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 8.2 | 7.8 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 8.1 | 7.7 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 8.3 | 7.8 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 8.2 | 7.7 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 8.4 | 7.8 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 8.5 | 7.9 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 8.6 | 8.0 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 8.7 | 8.1 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8.8 | 8.2 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 8.5 | 7.9 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 7.0 | 6.1 | 6.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HEALTHCARE ACQUIRED INFECTIONS

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------|-----------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| <p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases</p> | <ul style="list-style-type: none"> • 16 cases of <i>E. coli</i> bacteraemia were identified in November 2020, of which 5 were hospital acquired and 11 were community acquired. • Cumulative cases from April to November 2020 are 16% less than the equivalent period in 2019/20. | <p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <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>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> <tr><td>Sep-20</td><td>23</td></tr> <tr><td>Oct-20</td><td>25</td></tr> <tr><td>Nov-20</td><td>16</td></tr> </tbody> </table> | Month | Number of Cases | 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 | Sep-20 | 23 | Oct-20 | 25 | Nov-20 | 16 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</p> | <ul style="list-style-type: none"> • There were 13 cases of <i>Staph. aureus</i> bacteraemia in November 2020, of which 7 were hospital acquired and 6 were community acquired. • Cumulative cases from April to November 2020 are 8% less than the equivalent period in 2019/20. | <p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <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>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> <tr><td>Sep-20</td><td>14</td></tr> <tr><td>Oct-20</td><td>12</td></tr> <tr><td>Nov-20</td><td>13</td></tr> </tbody> </table> | Month | Number of Cases | 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 | Sep-20 | 14 | Oct-20 | 12 | Nov-20 | 13 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HEALTHCARE ACQUIRED INFECTIONS

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------|----------------------------------|--------|----|--------|----|--------|----|--------|----|--------|---|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases | <ul style="list-style-type: none"> There were 10 <i>Clostridium difficile</i> toxin positive cases in November 2020, of which 8 were hospital acquired and 2 were community acquired. Cumulative cases from April to November 2020 are 33% more than the equivalent period of 2019/20 (124 in 2020/21 compared with 93 in 2019/20). | <p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <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>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> <tr><td>Sep-20</td><td>18</td></tr> <tr><td>Oct-20</td><td>15</td></tr> <tr><td>Nov-20</td><td>10</td></tr> </tbody> </table> | Month | Number of C.diff cases (SBU) | 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 | Sep-20 | 18 | Oct-20 | 15 | Nov-20 | 10 |
| Month | Number of C.diff cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Klebsiella sp- Number of laboratory confirmed Klebsiella sp cases | <ul style="list-style-type: none"> There were 11 cases of Klebsiella sp in November 2020, of which 7 were hospital acquired and 4 were community acquired. Cumulative cases from April to November are 5% more than the equivalent period in 2019/20. | <p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <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>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> <tr><td>Sep-20</td><td>5</td></tr> <tr><td>Oct-20</td><td>9</td></tr> <tr><td>Nov-20</td><td>11</td></tr> </tbody> </table> | Month | Number of Klebsiella cases (SBU) | 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 | Sep-20 | 5 | Oct-20 | 9 | Nov-20 | 11 |
| Month | Number of Klebsiella cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

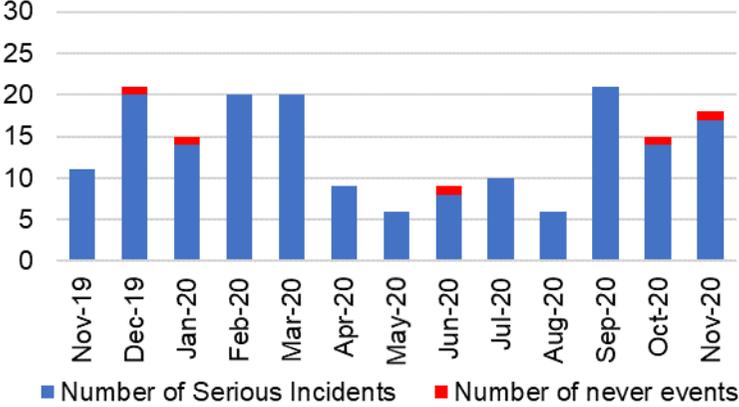
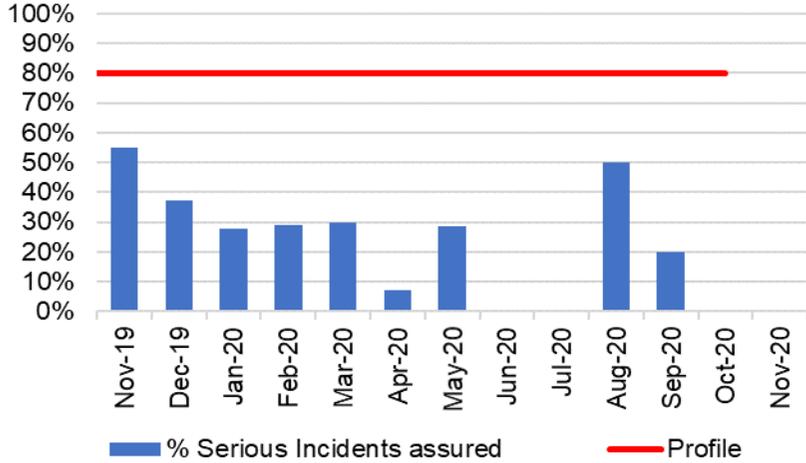
HEALTHCARE ACQUIRED INFECTIONS

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-----------------------------------|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|
| Healthcare Acquired Infections (HCAI)- Aeruginosa- Number of laboratory confirmed Aeruginosa cases | <ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> bacteraemia in November 2020, of which 1 was community acquired and 1 was hospital acquired. Cumulative cases from April to November 2020 are 29% less than the equivalent period in 2019/20. | <p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>1</td></tr> <tr><td>Dec-19</td><td>2</td></tr> <tr><td>Jan-20</td><td>3</td></tr> <tr><td>Feb-20</td><td>1</td></tr> <tr><td>Mar-20</td><td>1</td></tr> <tr><td>Apr-20</td><td>2</td></tr> <tr><td>May-20</td><td>5</td></tr> <tr><td>Jun-20</td><td>0</td></tr> <tr><td>Jul-20</td><td>1</td></tr> <tr><td>Aug-20</td><td>3</td></tr> <tr><td>Sep-20</td><td>0</td></tr> <tr><td>Oct-20</td><td>2</td></tr> <tr><td>Nov-20</td><td>2</td></tr> </tbody> </table> | Month | Number of Pseudomonas cases (SBU) | Nov-19 | 1 | Dec-19 | 2 | Jan-20 | 3 | Feb-20 | 1 | Mar-20 | 1 | Apr-20 | 2 | May-20 | 5 | Jun-20 | 0 | Jul-20 | 1 | Aug-20 | 3 | Sep-20 | 0 | Oct-20 | 2 | Nov-20 | 2 |
| Month | Number of Pseudomonas cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRESSURE ULCERS

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------------------------|--------------|-------------|-----------------------------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|------|--------|----|----|--------|
| Number of pressure ulcers 1. Total number of pressure ulcers developed in hospital and in the community 2. Rate of pressure ulcers per 100,000 admissions | <ol style="list-style-type: none"> In October 2020 there were 93 cases of healthcare acquired pressure ulcers, of which 34 were community acquired and 59 were hospital acquired. There were 15 grade 3+ pressure ulcers in October 2020, of which 11 were community acquired and 4 were hospital acquired. The rate per 100,000 admissions increased from 705 in September 2020 to 1,006 in October 2020. | <p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>30</td><td>20</td><td>~400</td></tr> <tr><td>Nov-19</td><td>35</td><td>20</td><td>~400</td></tr> <tr><td>Dec-19</td><td>30</td><td>20</td><td>~400</td></tr> <tr><td>Jan-20</td><td>35</td><td>25</td><td>~500</td></tr> <tr><td>Feb-20</td><td>40</td><td>25</td><td>~600</td></tr> <tr><td>Mar-20</td><td>45</td><td>25</td><td>~600</td></tr> <tr><td>Apr-20</td><td>35</td><td>25</td><td>~600</td></tr> <tr><td>May-20</td><td>40</td><td>25</td><td>~500</td></tr> <tr><td>Jun-20</td><td>35</td><td>20</td><td>~400</td></tr> <tr><td>Jul-20</td><td>30</td><td>20</td><td>~400</td></tr> <tr><td>Aug-20</td><td>35</td><td>30</td><td>~600</td></tr> <tr><td>Sep-20</td><td>40</td><td>25</td><td>~705</td></tr> <tr><td>Oct-20</td><td>34</td><td>59</td><td>~1,006</td></tr> </tbody> </table> | Month | Community PU | Hospital PU | Rate per 100,000 admissions | Oct-19 | 30 | 20 | ~400 | Nov-19 | 35 | 20 | ~400 | Dec-19 | 30 | 20 | ~400 | Jan-20 | 35 | 25 | ~500 | Feb-20 | 40 | 25 | ~600 | Mar-20 | 45 | 25 | ~600 | Apr-20 | 35 | 25 | ~600 | May-20 | 40 | 25 | ~500 | Jun-20 | 35 | 20 | ~400 | Jul-20 | 30 | 20 | ~400 | Aug-20 | 35 | 30 | ~600 | Sep-20 | 40 | 25 | ~705 | Oct-20 | 34 | 59 | ~1,006 |
| Month | Community PU | Hospital PU | Rate per 100,000 admissions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 30 | 20 | ~400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 35 | 20 | ~400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 30 | 20 | ~400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 35 | 25 | ~500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 40 | 25 | ~600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 45 | 25 | ~600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 35 | 25 | ~600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 40 | 25 | ~500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 35 | 20 | ~400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 30 | 20 | ~400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 35 | 30 | ~600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 40 | 25 | ~705 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 34 | 59 | ~1,006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SERIOUS INCIDENTS

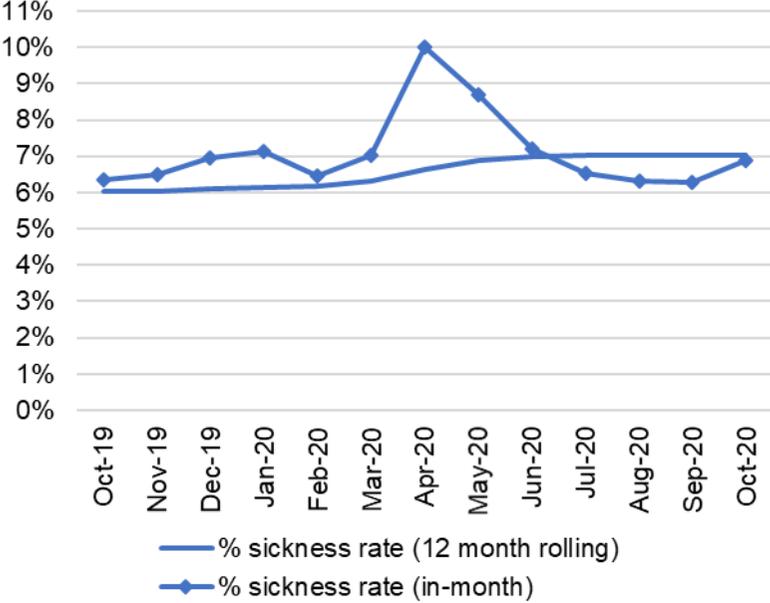
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|-----------------------------|------------------------|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|---|---|--------|---|---|--------|---|---|--------|----|---|--------|---|---|--------|----|---|--------|----|---|--------|----|---|-------|-----------------------------|---------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|----|-----|--------|-----|-----|--------|----|-----|--------|----|-----|--------|-----|-----|--------|-----|-----|--------|----|-----|--------|----|-----|
| <p>Serious Incidents-</p> <p><i>1. The number of serious incidents</i></p> <p><i>2. The number of Never Events</i></p> <p><i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i></p> | <p>1. The Health Board reported 17 Serious Incidents for the month of November 2020 to Welsh Government. The breakdown of incidents in October 2020 are set out below:</p> <ul style="list-style-type: none"> • 7 in Mental Health and Learning Disabilities • 5 in Morriston Hospital • 3 in Singleton Hospital • 1 in Primary, Community and Therapy Services • 1 in Neath Port Talbot Hospital <p>2. There was one new Never Event reported in November 2020 in Orthopaedics in Morriston Hospital involving utilisation of wrong screws.</p> <p>3. In November 2020, performance against the 80% target of submitting closure forms within 60 working days was 0%. None of the seven closure forms due to be submitted to Welsh Government in November 2020 were submitted on time. Below is a breakdown of the seven outstanding forms:</p> <ul style="list-style-type: none"> • 5 for Mental Health & Learning Disabilities • 1 for Morriston Hospital • 1 for Singleton Hospital (now submitted but after target date) | <p>1. and 2. Number of serious incidents and never events</p>  <table border="1"> <caption>1. and 2. Number of serious incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Serious Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>11</td><td>0</td></tr> <tr><td>Dec-19</td><td>20</td><td>1</td></tr> <tr><td>Jan-20</td><td>14</td><td>1</td></tr> <tr><td>Feb-20</td><td>20</td><td>0</td></tr> <tr><td>Mar-20</td><td>20</td><td>0</td></tr> <tr><td>Apr-20</td><td>9</td><td>0</td></tr> <tr><td>May-20</td><td>6</td><td>0</td></tr> <tr><td>Jun-20</td><td>8</td><td>1</td></tr> <tr><td>Jul-20</td><td>10</td><td>0</td></tr> <tr><td>Aug-20</td><td>6</td><td>0</td></tr> <tr><td>Sep-20</td><td>21</td><td>0</td></tr> <tr><td>Oct-20</td><td>14</td><td>1</td></tr> <tr><td>Nov-20</td><td>17</td><td>1</td></tr> </tbody> </table> <p>3. % of serious incidents closed within 60 days</p>  <table border="1"> <caption>3. % of serious incidents closed within 60 days</caption> <thead> <tr> <th>Month</th> <th>% Serious Incidents assured</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>55%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>38%</td><td>80%</td></tr> <tr><td>Jan-20</td><td>28%</td><td>80%</td></tr> <tr><td>Feb-20</td><td>30%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>30%</td><td>80%</td></tr> <tr><td>Apr-20</td><td>8%</td><td>80%</td></tr> <tr><td>May-20</td><td>30%</td><td>80%</td></tr> <tr><td>Jun-20</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>50%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>20%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>0%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>0%</td><td>80%</td></tr> </tbody> </table> <p><i>* 0% compliance in June, July, October and November 2020</i></p> | Month | Number of Serious Incidents | Number of never events | Nov-19 | 11 | 0 | Dec-19 | 20 | 1 | Jan-20 | 14 | 1 | Feb-20 | 20 | 0 | Mar-20 | 20 | 0 | Apr-20 | 9 | 0 | May-20 | 6 | 0 | Jun-20 | 8 | 1 | Jul-20 | 10 | 0 | Aug-20 | 6 | 0 | Sep-20 | 21 | 0 | Oct-20 | 14 | 1 | Nov-20 | 17 | 1 | Month | % Serious Incidents assured | Profile | Nov-19 | 55% | 80% | Dec-19 | 38% | 80% | Jan-20 | 28% | 80% | Feb-20 | 30% | 80% | Mar-20 | 30% | 80% | Apr-20 | 8% | 80% | May-20 | 30% | 80% | Jun-20 | 0% | 80% | Jul-20 | 0% | 80% | Aug-20 | 50% | 80% | Sep-20 | 20% | 80% | Oct-20 | 0% | 80% | Nov-20 | 0% | 80% |
| Month | Number of Serious Incidents | Number of never events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 11 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 14 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 9 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 10 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 14 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 17 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % Serious Incidents assured | Profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 55% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 38% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 28% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 8% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 50% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 20% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INPATIENT FALLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|--------------------------|-----------------------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Inpatient Falls <i>The total number of inpatient falls</i></p> | <ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 247 in November 2020. This is an increase from 187 reported in October 2020. The Health Board has agreed a targeted action to reduce Falls by 10%. | <p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Inpatient Falls (SBU HB)</th> <th>10% reduction profile</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>230</td><td>207</td></tr> <tr><td>Dec-19</td><td>290</td><td>205</td></tr> <tr><td>Jan-20</td><td>240</td><td>203</td></tr> <tr><td>Feb-20</td><td>200</td><td>201</td></tr> <tr><td>Mar-20</td><td>210</td><td>199</td></tr> <tr><td>Apr-20</td><td>190</td><td>197</td></tr> <tr><td>May-20</td><td>200</td><td>195</td></tr> <tr><td>Jun-20</td><td>190</td><td>193</td></tr> <tr><td>Jul-20</td><td>200</td><td>191</td></tr> <tr><td>Aug-20</td><td>220</td><td>189</td></tr> <tr><td>Sep-20</td><td>210</td><td>187</td></tr> <tr><td>Oct-20</td><td>187</td><td>185</td></tr> <tr><td>Nov-20</td><td>247</td><td>183</td></tr> </tbody> </table> | Month | Inpatient Falls (SBU HB) | 10% reduction profile | Nov-19 | 230 | 207 | Dec-19 | 290 | 205 | Jan-20 | 240 | 203 | Feb-20 | 200 | 201 | Mar-20 | 210 | 199 | Apr-20 | 190 | 197 | May-20 | 200 | 195 | Jun-20 | 190 | 193 | Jul-20 | 200 | 191 | Aug-20 | 220 | 189 | Sep-20 | 210 | 187 | Oct-20 | 187 | 185 | Nov-20 | 247 | 183 |
| Month | Inpatient Falls (SBU HB) | 10% reduction profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 230 | 207 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 290 | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 240 | 203 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 200 | 201 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 210 | 199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 190 | 197 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 200 | 195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 190 | 193 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 200 | 191 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 220 | 189 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 210 | 187 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 187 | 185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 247 | 183 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| DISCHARGE SUMMARIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------|------------------------------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p> | <p>The latest data shows that in November 2020, the percentage of completed discharge summaries was 60%.</p> <p>In November 2020, compliance ranged from 62% in Singleton Hospital to 69% in Neath Port Talbot Hospital.</p> | <p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>62%</td></tr> <tr><td>Dec-19</td><td>65%</td></tr> <tr><td>Jan-20</td><td>66%</td></tr> <tr><td>Feb-20</td><td>67%</td></tr> <tr><td>Mar-20</td><td>69%</td></tr> <tr><td>Apr-20</td><td>62%</td></tr> <tr><td>May-20</td><td>64%</td></tr> <tr><td>Jun-20</td><td>67%</td></tr> <tr><td>Jul-20</td><td>64%</td></tr> <tr><td>Aug-20</td><td>66%</td></tr> <tr><td>Sep-20</td><td>69%</td></tr> <tr><td>Oct-20</td><td>68%</td></tr> <tr><td>Nov-20</td><td>60%</td></tr> </tbody> </table> | Month | % of completed discharge summaries | Nov-19 | 62% | Dec-19 | 65% | Jan-20 | 66% | Feb-20 | 67% | Mar-20 | 69% | Apr-20 | 62% | May-20 | 64% | Jun-20 | 67% | Jul-20 | 64% | Aug-20 | 66% | Sep-20 | 69% | Oct-20 | 68% | Nov-20 | 60% |
| Month | % of completed discharge summaries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 66% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 67% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 64% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 67% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 64% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 66% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CRUDE MORTALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|---|--------------|--------------------|--------------------|--------------|----------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crude Mortality Rate | <p>October 2020 reports the crude mortality rate for the Health Board at 0.97% compared with 0.93% in September 2020.</p> <p>A breakdown by Hospital for October 2020:</p> <ul style="list-style-type: none"> • Morriston – 1.66% • Singleton – 0.48% • NPT – 0.22% | <p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <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>Oct-19</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Nov-19</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Dec-19</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jan-20</td><td>1.3%</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>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Jun-20</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Jul-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Aug-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Sep-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Oct-20</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr> </tbody> </table> | Month | Morriston Hospital | Singleton Hospital | NPT Hospital | HB Total | Oct-19 | 1.3% | 0.4% | 0.1% | 0.8% | Nov-19 | 1.3% | 0.4% | 0.1% | 0.8% | Dec-19 | 1.3% | 0.4% | 0.1% | 0.8% | 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 | 1.5% | 0.4% | 0.1% | 0.9% | Jun-20 | 1.5% | 0.4% | 0.1% | 0.9% | Jul-20 | 1.6% | 0.4% | 0.1% | 0.9% | Aug-20 | 1.6% | 0.4% | 0.1% | 0.9% | Sep-20 | 1.6% | 0.4% | 0.1% | 0.9% | Oct-20 | 1.7% | 0.4% | 0.1% | 0.9% |
| Month | Morriston Hospital | Singleton Hospital | NPT Hospital | HB Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 1.3% | 0.4% | 0.1% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 1.3% | 0.4% | 0.1% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 1.3% | 0.4% | 0.1% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 1.5% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 1.5% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 1.6% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 1.6% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 1.6% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 1.7% | 0.4% | 0.1% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

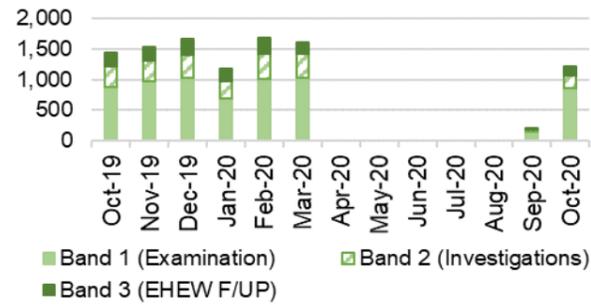
WORKFORCE

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | |
|---|--|----------------|---------------|---|--|----------|-------|------------------------------|----------|-------|--------------------------------|----------|------|---|----------|------|---------------------|----------|------|--|
| <p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p> | <ul style="list-style-type: none"> Our in-month performance has deteriorated from 6.30% in September 2020 to 6.96% in October 2020. The 12-month rolling performance to the end of October 2020 deteriorated from 7.03% in September 2020 to 7.07% in October 2020. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in October 2020. <table border="1" data-bbox="517 740 1200 1193"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>8,664.72</td> <td>34.7%</td> </tr> <tr> <td>Chest & respiratory problems</td> <td>3,374.03</td> <td>13.5%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>1,897.93</td> <td>7.6%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>1,857.23</td> <td>7.4%</td> </tr> <tr> <td>Infectious diseases</td> <td>1,590.05</td> <td>6.4%</td> </tr> </tbody> </table> | Absence Reason | FTE Days Lost | % | Anxiety/ stress/ depression/ other psychiatric illnesses | 8,664.72 | 34.7% | Chest & respiratory problems | 3,374.03 | 13.5% | Other musculoskeletal problems | 1,897.93 | 7.6% | Other known causes - not elsewhere classified | 1,857.23 | 7.4% | Infectious diseases | 1,590.05 | 6.4% | <p align="center">% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p>  <p>The chart displays two data series over a 12-month period from October 2019 to October 2020. The y-axis represents the percentage of FTE days lost to sickness absence, ranging from 0% to 11%. The x-axis shows monthly intervals. The 12-month rolling rate (solid blue line) remains relatively stable, fluctuating between approximately 6% and 7%. The in-month rate (solid blue line with diamond markers) shows a notable peak in April 2020, reaching about 10%, before returning to the 6-7% range for the remainder of the period.</p> |
| Absence Reason | FTE Days Lost | % | | | | | | | | | | | | | | | | | | |
| Anxiety/ stress/ depression/ other psychiatric illnesses | 8,664.72 | 34.7% | | | | | | | | | | | | | | | | | | |
| Chest & respiratory problems | 3,374.03 | 13.5% | | | | | | | | | | | | | | | | | | |
| Other musculoskeletal problems | 1,897.93 | 7.6% | | | | | | | | | | | | | | | | | | |
| Other known causes - not elsewhere classified | 1,857.23 | 7.4% | | | | | | | | | | | | | | | | | | |
| Infectious diseases | 1,590.05 | 6.4% | | | | | | | | | | | | | | | | | | |

HARM FROM REDUCTION IN NON-COVID ACTIVITY

6.1 Primary and Community Care Overview

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



No claims submitted between April and August 2020

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

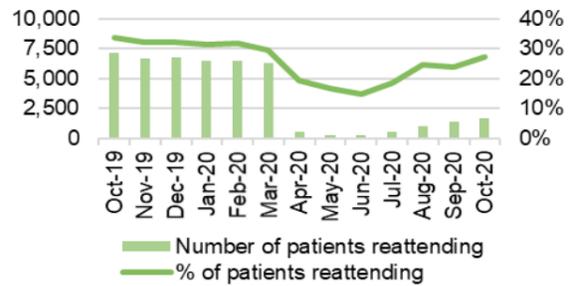


Chart 9: District Nursing- Number of patients on caseload

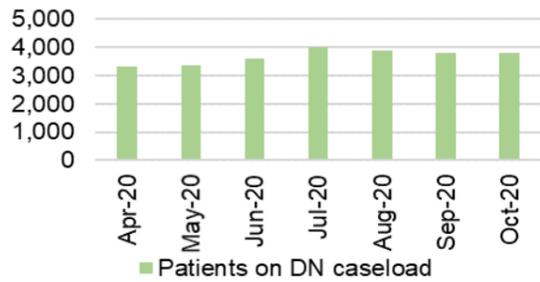


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

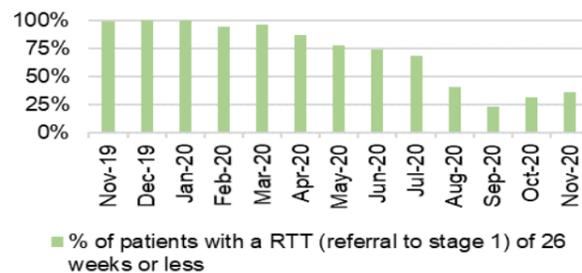


Chart 2: Common Ailment Scheme - Number of consultations provided

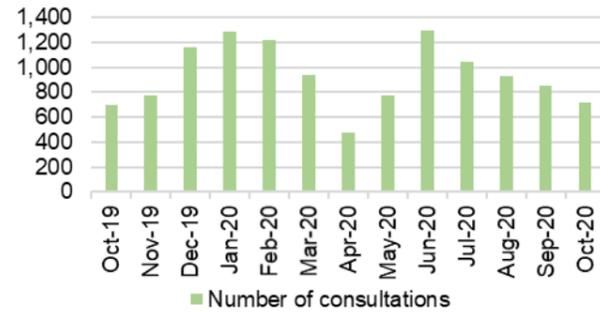


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days

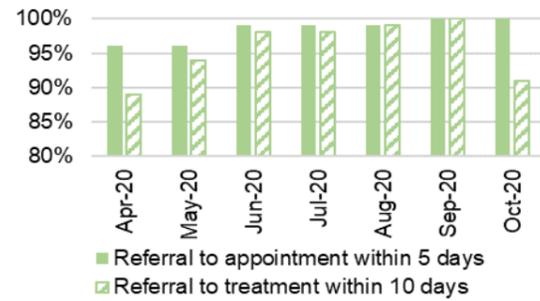


Chart 10: District Nursing- Total number of contacts

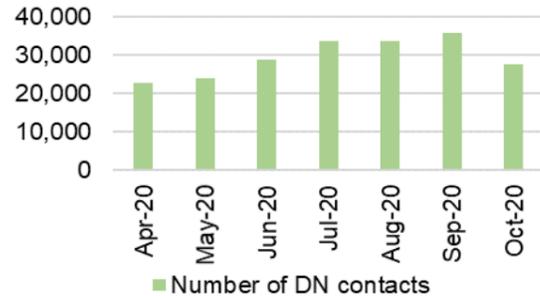


Chart 14: Audiology- Number of remote consultations

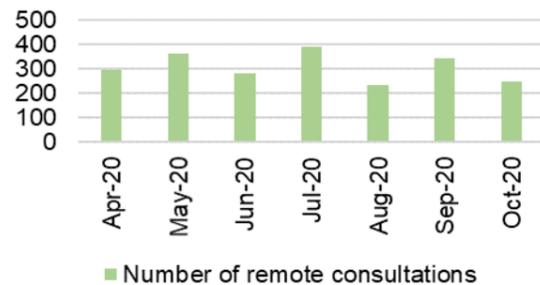


Chart 3: Urgent Dental Centre- Total episodes of patient care

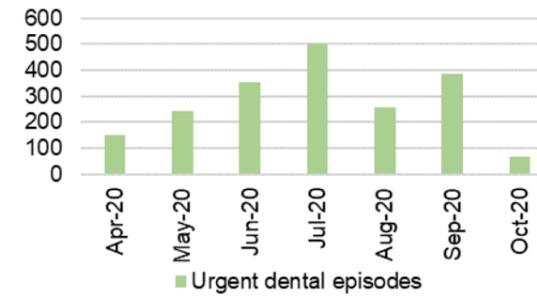


Chart 7: Sexual health services- Attendances at sexual health ambulance

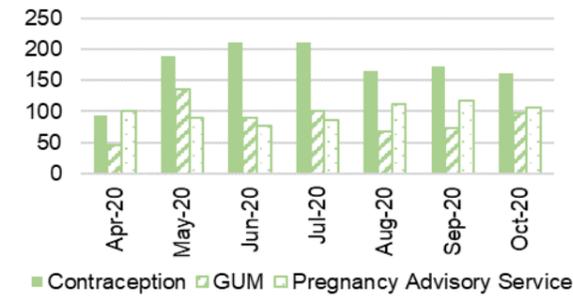


Chart 11: Community wound clinic- Number of attendances and number of home visits

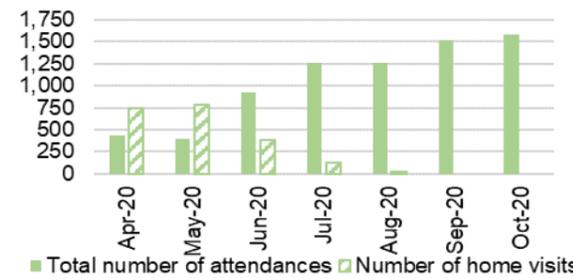


Chart 15: Audiology- Total number of patients on the waiting list

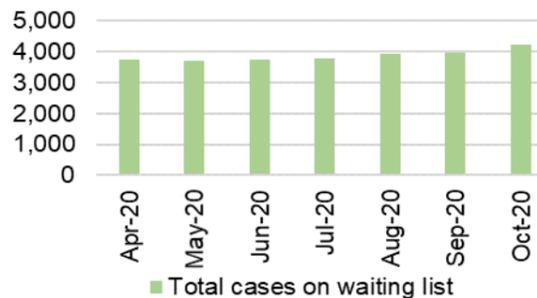


Chart 4: General Dental Practice activity- Total number of telephone calls received

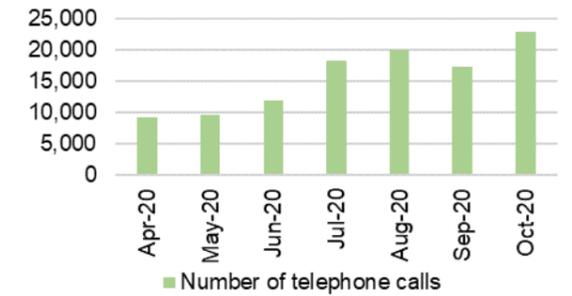


Chart 8: Sexual health services- Patient outcomes

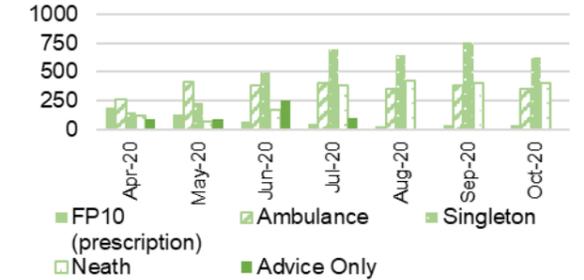


Chart 12: Community wound clinic- Number of assessments by location

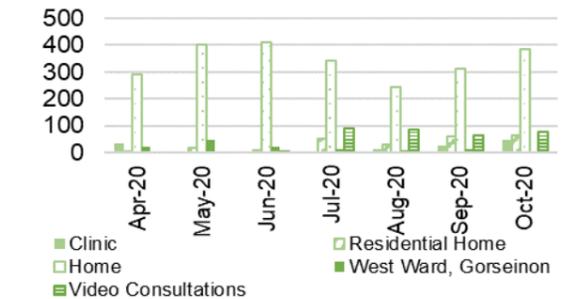
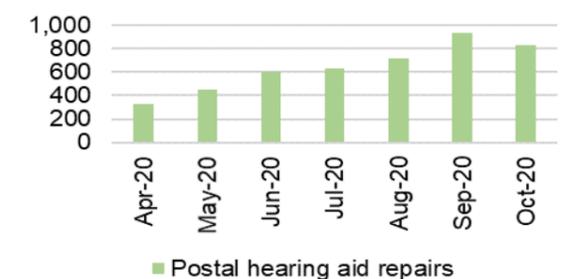


Chart 16: Audiology- Number of postal hearing aid repairs



Harm from reduction in non-Covid activity

6.2 Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

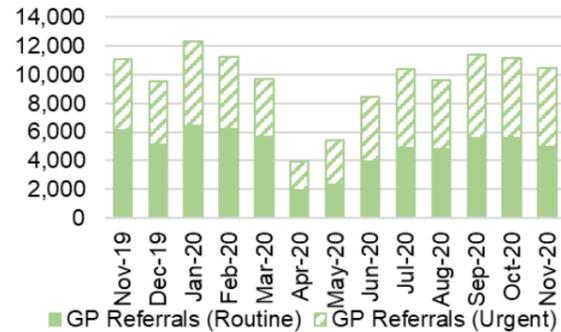


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

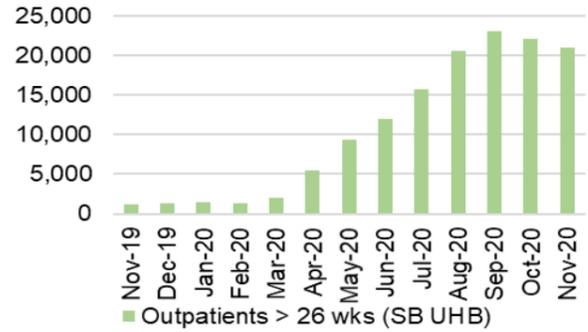


Chart 3: Number of patients waiting over 36 weeks for treatment

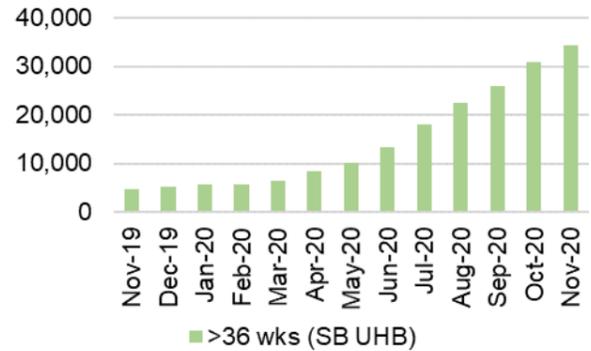


Chart 4: % patients waiting less than 26 weeks from referral to treatment

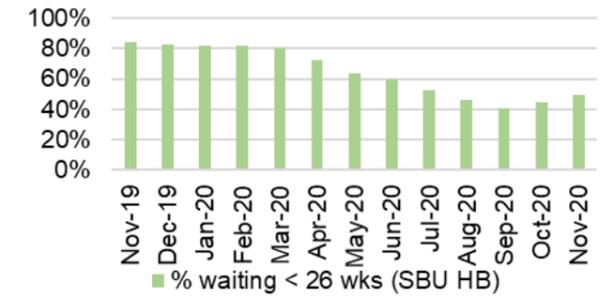


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

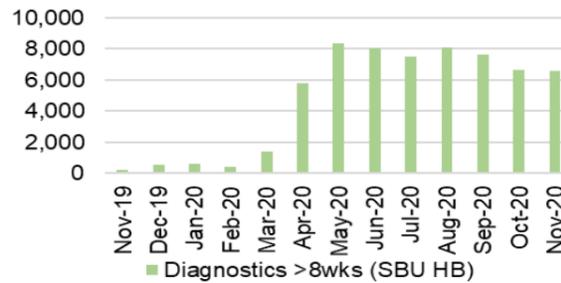


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

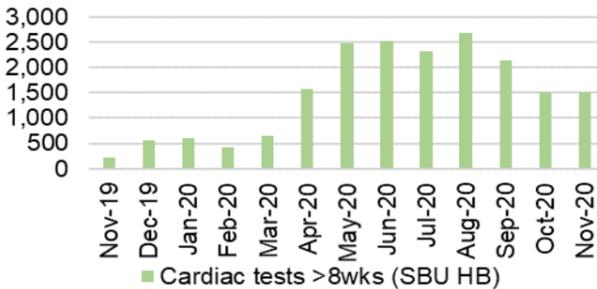


Chart 7: Number of patients waiting less than 14 weeks for Therapies

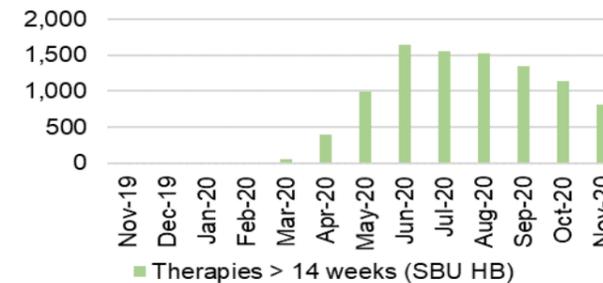


Chart 8: Cancer referrals

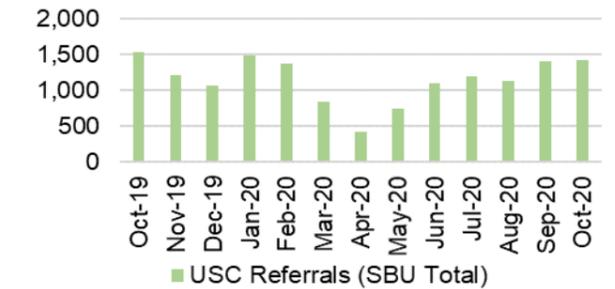


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

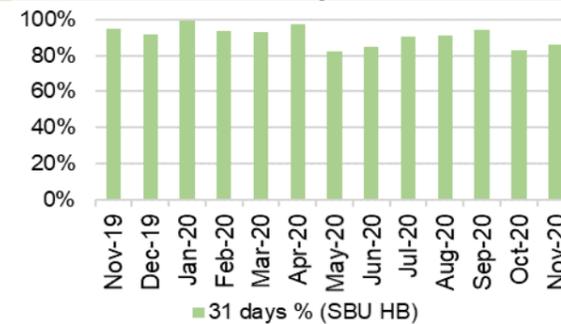


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

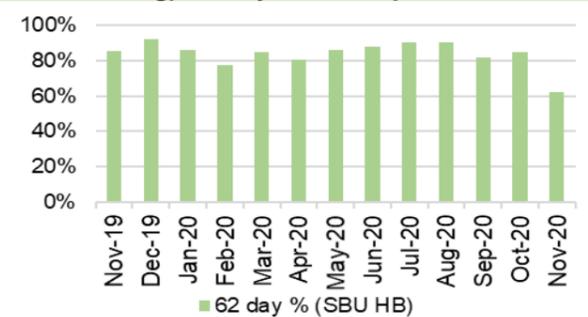


Chart 11: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)

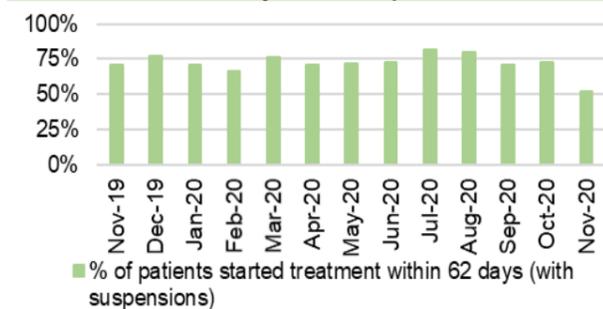


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

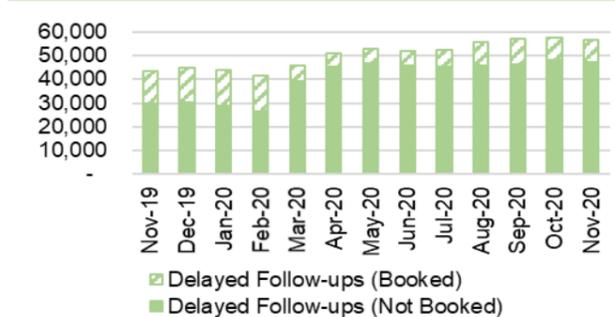


Chart 13: Number of patients without a documented clinical review date

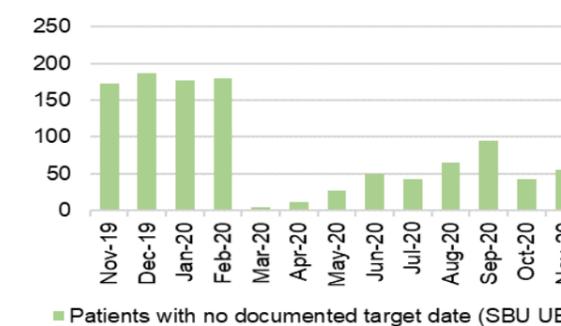


Chart 14: Ophthalmology patients without an allocated health risk factor

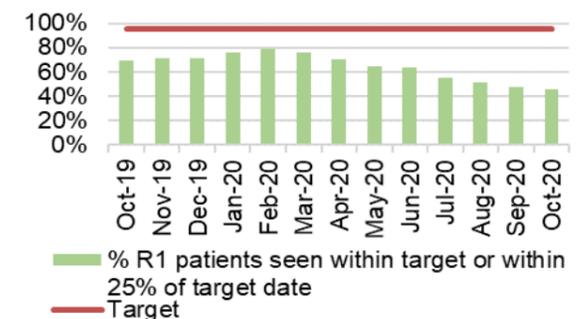


Chart 15: Total number of patients on the follow-up waiting list

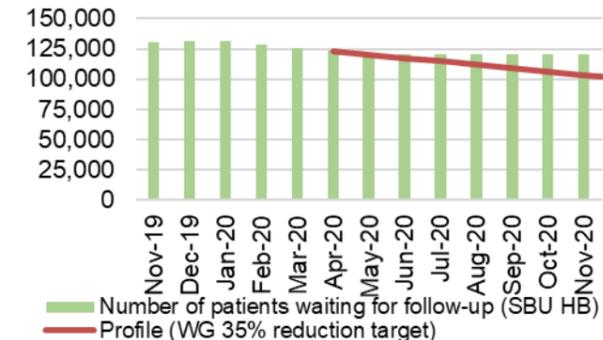
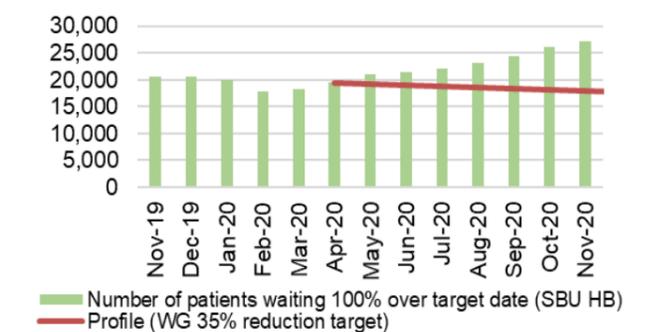


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (November 2020)

| Demand | Waiting Times | | |
|---|--|--|---|
| 10,442 (6%↓) Total GP referrals | 21,005 (5%↓) Patients waiting over 26 weeks for a new outpatient appointment | 34,431 (12%↑) Patients waiting over 36 weeks for treatment | 16,259 (25%↑) Patients waiting over 52 weeks for treatment |
| 4,986 (10%↓) Routine GP referrals | 49.2% (4.4%↑) Patients waiting under 26 weeks from referral to treatment | 6,610 (1%↓) Patients waiting over 8 weeks for all reportable diagnostics | 1,509 (0.3%↓) Patients waiting over 8 weeks for Cardiac diagnostics only |
| 5,456 (2%↓) Urgent GP referrals | 817 (28%↓) Patients waiting over 14 weeks for reportable therapies | 120,874 (0.1%↓) Patients waiting for a follow-up outpatient appointment | 27,156 (3.6%↑) Patients waiting for a follow-up outpatients appointment who are delayed over 100% |

| Cancer |
|--|
| 1,418 (1.4%↑) Number of USC referrals received |
| 284 (0.7%↓) USC backlog over 52 days |
| 86% (2.9%↑) draft NUSC patients receiving treatment within 31 days |
| 62% (23%↓) draft USC patients receiving treatment within 62 days |

| Theatre Efficiencies |
|---|
| 74% (1%↓) Theatre utilisation rate |
| 50% (11%↑) % of theatres sessions finishing early |
| 39% (5%↓) % of theatres sessions starting late |
| 36% (7%↓) 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 |
| Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at August 2020</i> | <p>The number of GP referrals and additions to the outpatient waiting list increased each month since May 2020, this is reflected in the reduction in the size of the waiting list in April 2020 and subsequent increase every month since May 2020. However, since September 2020 the number of referrals and additions to the waiting list appear to have stabilised. Chart 4 shows the shape of the waiting list and the second wave that has formed at the beginning of the waiting list as GP referrals start to pick back up.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p style="text-align: center;">1. Number of GP referrals received by SBU Health Board</p> <p style="text-align: center;">2. Number of stage 1 additions per week</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3. Total size of the waiting list and movement (December 2019)</p> <p style="text-align: center;">4. Total size of the waiting list and movement (November 2020)</p> </div> </div> |

| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|-------------------------------|--------|-------|--------|-------|--------|------------------|--------|-----------------|--------|-------------|--------|-------------|--------|-------|--------|---------|--------|-------------------|--------|--------------|--------|-----------|--------|------------|--------|------------------|--|-----------------|-----------|----------------|-------|-------------|--------|----------------|-------|-------------|-------|--------------|-------|-----------------|-------|--------|--------|-----------------|-------|------------------|-------|--------|-------|-----------------|-------|----------------|--------|------------------|-------|---|-------|----------------------------|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Outpatient waiting times</p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Outpatient activity undertaken</p> | <p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. November 2020, saw an in-month reduction in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 22,050 in October 2020 to 21,005 in November 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by Orthopaedics and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work continues to be undertaken to accurately record the split between face-to-face and virtual attendances and will be reported through a new Outpatient dashboard.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>1. Number of stage 1 over 26 weeks- HB total</p> <table border="1"> <caption>1. Number of stage 1 over 26 weeks- HB total</caption> <thead> <tr> <th>Month</th> <th>Outpatients > 26 wks (SB UHB)</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>1,000</td></tr> <tr><td>Dec-19</td><td>1,500</td></tr> <tr><td>Jan-20</td><td>2,000</td></tr> <tr><td>Feb-20</td><td>2,500</td></tr> <tr><td>Mar-20</td><td>3,000</td></tr> <tr><td>Apr-20</td><td>5,000</td></tr> <tr><td>May-20</td><td>9,000</td></tr> <tr><td>Jun-20</td><td>12,000</td></tr> <tr><td>Jul-20</td><td>16,000</td></tr> <tr><td>Aug-20</td><td>20,000</td></tr> <tr><td>Sep-20</td><td>23,000</td></tr> <tr><td>Oct-20</td><td>22,000</td></tr> <tr><td>Nov-20</td><td>21,005</td></tr> </tbody> </table> | Month | Outpatients > 26 wks (SB UHB) | Nov-19 | 1,000 | Dec-19 | 1,500 | Jan-20 | 2,000 | Feb-20 | 2,500 | Mar-20 | 3,000 | Apr-20 | 5,000 | May-20 | 9,000 | Jun-20 | 12,000 | Jul-20 | 16,000 | Aug-20 | 20,000 | Sep-20 | 23,000 | Oct-20 | 22,000 | Nov-20 | 21,005 | <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <table border="1"> <caption>2. Number of stage 1 over 26 weeks- Hospital level</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr> <tr><td>Dec-19</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr> <tr><td>Jan-20</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr> <tr><td>Feb-20</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr> <tr><td>Mar-20</td><td>2,000</td><td>2,000</td><td>2,000</td><td>2,000</td></tr> <tr><td>Apr-20</td><td>4,000</td><td>4,000</td><td>4,000</td><td>4,000</td></tr> <tr><td>May-20</td><td>6,000</td><td>6,000</td><td>6,000</td><td>6,000</td></tr> <tr><td>Jun-20</td><td>8,000</td><td>8,000</td><td>8,000</td><td>8,000</td></tr> <tr><td>Jul-20</td><td>10,000</td><td>10,000</td><td>10,000</td><td>10,000</td></tr> <tr><td>Aug-20</td><td>12,000</td><td>12,000</td><td>12,000</td><td>12,000</td></tr> <tr><td>Sep-20</td><td>13,000</td><td>13,000</td><td>13,000</td><td>13,000</td></tr> <tr><td>Oct-20</td><td>12,500</td><td>12,500</td><td>12,500</td><td>12,500</td></tr> <tr><td>Nov-20</td><td>12,000</td><td>12,000</td><td>12,000</td><td>12,000</td></tr> </tbody> </table> | Month | Morriston | Singleton | PC&CS | NPTH | Nov-19 | 1,000 | 1,000 | 1,000 | 1,000 | Dec-19 | 1,000 | 1,000 | 1,000 | 1,000 | Jan-20 | 1,000 | 1,000 | 1,000 | 1,000 | Feb-20 | 1,000 | 1,000 | 1,000 | 1,000 | Mar-20 | 2,000 | 2,000 | 2,000 | 2,000 | Apr-20 | 4,000 | 4,000 | 4,000 | 4,000 | May-20 | 6,000 | 6,000 | 6,000 | 6,000 | Jun-20 | 8,000 | 8,000 | 8,000 | 8,000 | Jul-20 | 10,000 | 10,000 | 10,000 | 10,000 | Aug-20 | 12,000 | 12,000 | 12,000 | 12,000 | Sep-20 | 13,000 | 13,000 | 13,000 | 13,000 | Oct-20 | 12,500 | 12,500 | 12,500 | 12,500 | Nov-20 | 12,000 | 12,000 | 12,000 | 12,000 | |
| | Month | Outpatients > 26 wks (SB UHB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 9,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 16,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 23,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 21,005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | PC&CS | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 1,000 | 1,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 1,000 | 1,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 1,000 | 1,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 1,000 | 1,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 2,000 | 2,000 | 2,000 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 4,000 | 4,000 | 4,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6,000 | 6,000 | 6,000 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8,000 | 8,000 | 8,000 | 8,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 10,000 | 10,000 | 10,000 | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 12,000 | 12,000 | 12,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 13,000 | 13,000 | 13,000 | 13,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 12,500 | 12,500 | 12,500 | 12,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 12,000 | 12,000 | 12,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at November 2020</p> <table border="1"> <caption>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at November 2020</caption> <thead> <tr> <th>Specialty</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Ophthalmology</td><td>2,800</td></tr> <tr><td>T&O</td><td>2,700</td></tr> <tr><td>ENT</td><td>2,600</td></tr> <tr><td>Gastroenterology</td><td>1,800</td></tr> <tr><td>General Surgery</td><td>1,700</td></tr> <tr><td>Gynaecology</td><td>1,600</td></tr> <tr><td>Dermatology</td><td>1,500</td></tr> <tr><td>OMFS</td><td>1,400</td></tr> <tr><td>Urology</td><td>1,300</td></tr> <tr><td>Thoracic Medicine</td><td>1,200</td></tr> <tr><td>Orthodontics</td><td>1,100</td></tr> <tr><td>Neurology</td><td>1,000</td></tr> <tr><td>Cardiology</td><td>900</td></tr> <tr><td>Vascular Surgery</td><td>800</td></tr> <tr><td>Plastic Surgery</td><td>700</td></tr> <tr><td>Rest Dentistry</td><td>600</td></tr> <tr><td>Haematology</td><td>500</td></tr> <tr><td>Paed Neurology</td><td>400</td></tr> <tr><td>Paediatrics</td><td>300</td></tr> <tr><td>Rheumatology</td><td>200</td></tr> <tr><td>Cardiac Surgery</td><td>100</td></tr> <tr><td>Spinal</td><td>100</td></tr> <tr><td>Med For Elderly</td><td>100</td></tr> <tr><td>Thoracic Surgery</td><td>100</td></tr> <tr><td>Cleft</td><td>100</td></tr> <tr><td>Pain Management</td><td>100</td></tr> <tr><td>Rehabilitation</td><td>100</td></tr> <tr><td>General Medicine</td><td>100</td></tr> </tbody> </table> | Specialty | Number of Patients | Ophthalmology | 2,800 | T&O | 2,700 | ENT | 2,600 | Gastroenterology | 1,800 | General Surgery | 1,700 | Gynaecology | 1,600 | Dermatology | 1,500 | OMFS | 1,400 | Urology | 1,300 | Thoracic Medicine | 1,200 | Orthodontics | 1,100 | Neurology | 1,000 | Cardiology | 900 | Vascular Surgery | 800 | Plastic Surgery | 700 | Rest Dentistry | 600 | Haematology | 500 | Paed Neurology | 400 | Paediatrics | 300 | Rheumatology | 200 | Cardiac Surgery | 100 | Spinal | 100 | Med For Elderly | 100 | Thoracic Surgery | 100 | Cleft | 100 | Pain Management | 100 | Rehabilitation | 100 | General Medicine | 100 | <p>4. Outpatient activity undertaken</p> <table border="1"> <caption>4. Outpatient activity undertaken</caption> <thead> <tr> <th>Month</th> <th>New outpatient attendances</th> <th>Follow-up attendances</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>12,000</td><td>25,000</td></tr> <tr><td>Dec-19</td><td>10,000</td><td>22,000</td></tr> <tr><td>Jan-20</td><td>13,000</td><td>26,000</td></tr> <tr><td>Feb-20</td><td>12,000</td><td>24,000</td></tr> <tr><td>Mar-20</td><td>8,000</td><td>18,000</td></tr> <tr><td>Apr-20</td><td>4,000</td><td>10,000</td></tr> <tr><td>May-20</td><td>5,000</td><td>11,000</td></tr> <tr><td>Jun-20</td><td>7,000</td><td>14,000</td></tr> <tr><td>Jul-20</td><td>8,000</td><td>16,000</td></tr> <tr><td>Aug-20</td><td>7,000</td><td>15,000</td></tr> <tr><td>Sep-20</td><td>8,000</td><td>18,000</td></tr> <tr><td>Oct-20</td><td>8,000</td><td>18,000</td></tr> <tr><td>Nov-20</td><td>8,000</td><td>18,000</td></tr> </tbody> </table> | Month | New outpatient attendances | Follow-up attendances | Nov-19 | 12,000 | 25,000 | Dec-19 | 10,000 | 22,000 | Jan-20 | 13,000 | 26,000 | Feb-20 | 12,000 | 24,000 | Mar-20 | 8,000 | 18,000 | Apr-20 | 4,000 | 10,000 | May-20 | 5,000 | 11,000 | Jun-20 | 7,000 | 14,000 | Jul-20 | 8,000 | 16,000 | Aug-20 | 7,000 | 15,000 | Sep-20 | 8,000 | 18,000 | Oct-20 | 8,000 | 18,000 | Nov-20 | 8,000 | 18,000 |
| Specialty | Number of Patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmology | 2,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T&O | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENT | 2,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gastroenterology | 1,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Surgery | 1,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecology | 1,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dermatology | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OMFS | 1,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urology | 1,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoracic Medicine | 1,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontics | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurology | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vascular Surgery | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plastic Surgery | 700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rest Dentistry | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematology | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paed Neurology | 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paediatrics | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rheumatology | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Surgery | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spinal | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Med For Elderly | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoracic Surgery | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cleft | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain Management | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rehabilitation | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medicine | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | New outpatient attendances | Follow-up attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 12,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 10,000 | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 13,000 | 26,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 12,000 | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 8,000 | 18,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 4,000 | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 5,000 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 7,000 | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 8,000 | 16,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 7,000 | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 8,000 | 18,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 8,000 | 18,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 8,000 | 18,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PLANNED CARE

| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|--------------------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|-----------|-------|------|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|-------|-------|-----|-----|--------|--------|-------|-----|-----|--------|--------|--------|-----|-----|--------|--------|--------|-----|-----|--------|--------|--------|-----|-----|--------|--------|--------|-----|-----|--------|--------|--------|-----|-----|-------|--|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| <p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</p> <p>3. Number of elective admissions</p> | <p>The number of patients waiting longer than 36 weeks from referral to treatment continues to increase. In November 2020, there were 34,431 patients waiting over 36 weeks compared with 30,776 in October 2020. 16,259 of the 34,431 patients in November 2020 were waiting over 52 weeks, this is an increase from 13,039 in October 2020. Orthopaedics/ Spinal accounted for 22% of the breaches, followed by Ophthalmology with 14%.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p style="text-align: center;">Trend</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"> <div data-bbox="495 539 1232 1005"> <p>1. Number of patients waiting over 36 weeks- HB total</p> <table border="1"> <caption>Number of patients waiting over 36 weeks - HB total</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>4,000</td></tr> <tr><td>Dec-19</td><td>4,500</td></tr> <tr><td>Jan-20</td><td>5,000</td></tr> <tr><td>Feb-20</td><td>5,500</td></tr> <tr><td>Mar-20</td><td>6,000</td></tr> <tr><td>Apr-20</td><td>7,000</td></tr> <tr><td>May-20</td><td>8,000</td></tr> <tr><td>Jun-20</td><td>10,000</td></tr> <tr><td>Jul-20</td><td>13,000</td></tr> <tr><td>Aug-20</td><td>16,000</td></tr> <tr><td>Sep-20</td><td>20,000</td></tr> <tr><td>Oct-20</td><td>25,000</td></tr> <tr><td>Nov-20</td><td>34,431</td></tr> </tbody> </table> <p style="text-align: center;">■ >36 wks (SB UHB)</p> </div> <div data-bbox="1232 539 2098 1005"> <p>2. Number of patients waiting over 36 weeks- Hospital level</p> <table border="1"> <caption>Number of patients waiting over 36 weeks - Hospital level</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>4,000</td><td>2,000</td><td>100</td><td>100</td></tr> <tr><td>Dec-19</td><td>4,500</td><td>2,500</td><td>100</td><td>100</td></tr> <tr><td>Jan-20</td><td>5,000</td><td>3,000</td><td>100</td><td>100</td></tr> <tr><td>Feb-20</td><td>5,500</td><td>3,500</td><td>100</td><td>100</td></tr> <tr><td>Mar-20</td><td>6,000</td><td>4,000</td><td>100</td><td>100</td></tr> <tr><td>Apr-20</td><td>7,000</td><td>5,000</td><td>100</td><td>100</td></tr> <tr><td>May-20</td><td>8,000</td><td>6,000</td><td>100</td><td>100</td></tr> <tr><td>Jun-20</td><td>10,000</td><td>8,000</td><td>100</td><td>100</td></tr> <tr><td>Jul-20</td><td>13,000</td><td>10,000</td><td>100</td><td>100</td></tr> <tr><td>Aug-20</td><td>16,000</td><td>12,000</td><td>100</td><td>100</td></tr> <tr><td>Sep-20</td><td>20,000</td><td>15,000</td><td>100</td><td>100</td></tr> <tr><td>Oct-20</td><td>25,000</td><td>18,000</td><td>100</td><td>100</td></tr> <tr><td>Nov-20</td><td>34,431</td><td>22,000</td><td>100</td><td>100</td></tr> </tbody> </table> </div> </div> <div data-bbox="495 1005 1232 1428"> <p>3. Number of elective admissions</p> <table border="1"> <caption>Number of elective admissions</caption> <thead> <tr> <th>Month</th> <th>Admitted elective patients with procedures</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>4,500</td></tr> <tr><td>Dec-19</td><td>4,000</td></tr> <tr><td>Jan-20</td><td>5,000</td></tr> <tr><td>Feb-20</td><td>4,500</td></tr> <tr><td>Mar-20</td><td>3,500</td></tr> <tr><td>Apr-20</td><td>2,000</td></tr> <tr><td>May-20</td><td>2,000</td></tr> <tr><td>Jun-20</td><td>2,500</td></tr> <tr><td>Jul-20</td><td>3,000</td></tr> <tr><td>Aug-20</td><td>3,000</td></tr> <tr><td>Sep-20</td><td>3,500</td></tr> <tr><td>Oct-20</td><td>3,500</td></tr> </tbody> </table> <p style="text-align: center;">— Admitted elective patients with procedures</p> </div> | Month | Number of patients | Nov-19 | 4,000 | Dec-19 | 4,500 | Jan-20 | 5,000 | Feb-20 | 5,500 | Mar-20 | 6,000 | Apr-20 | 7,000 | May-20 | 8,000 | Jun-20 | 10,000 | Jul-20 | 13,000 | Aug-20 | 16,000 | Sep-20 | 20,000 | Oct-20 | 25,000 | Nov-20 | 34,431 | Month | Morriston | Singleton | PC&CS | NPTH | Nov-19 | 4,000 | 2,000 | 100 | 100 | Dec-19 | 4,500 | 2,500 | 100 | 100 | Jan-20 | 5,000 | 3,000 | 100 | 100 | Feb-20 | 5,500 | 3,500 | 100 | 100 | Mar-20 | 6,000 | 4,000 | 100 | 100 | Apr-20 | 7,000 | 5,000 | 100 | 100 | May-20 | 8,000 | 6,000 | 100 | 100 | Jun-20 | 10,000 | 8,000 | 100 | 100 | Jul-20 | 13,000 | 10,000 | 100 | 100 | Aug-20 | 16,000 | 12,000 | 100 | 100 | Sep-20 | 20,000 | 15,000 | 100 | 100 | Oct-20 | 25,000 | 18,000 | 100 | 100 | Nov-20 | 34,431 | 22,000 | 100 | 100 | Month | Admitted elective patients with procedures | Nov-19 | 4,500 | Dec-19 | 4,000 | Jan-20 | 5,000 | Feb-20 | 4,500 | Mar-20 | 3,500 | Apr-20 | 2,000 | May-20 | 2,000 | Jun-20 | 2,500 | Jul-20 | 3,000 | Aug-20 | 3,000 | Sep-20 | 3,500 | Oct-20 |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 8,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 13,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 16,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 34,431 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | PC&CS | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 4,000 | 2,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 4,500 | 2,500 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 5,000 | 3,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 5,500 | 3,500 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 6,000 | 4,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 7,000 | 5,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 8,000 | 6,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 10,000 | 8,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 13,000 | 10,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 16,000 | 12,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 20,000 | 15,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 25,000 | 18,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 34,431 | 22,000 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Admitted elective patients with procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

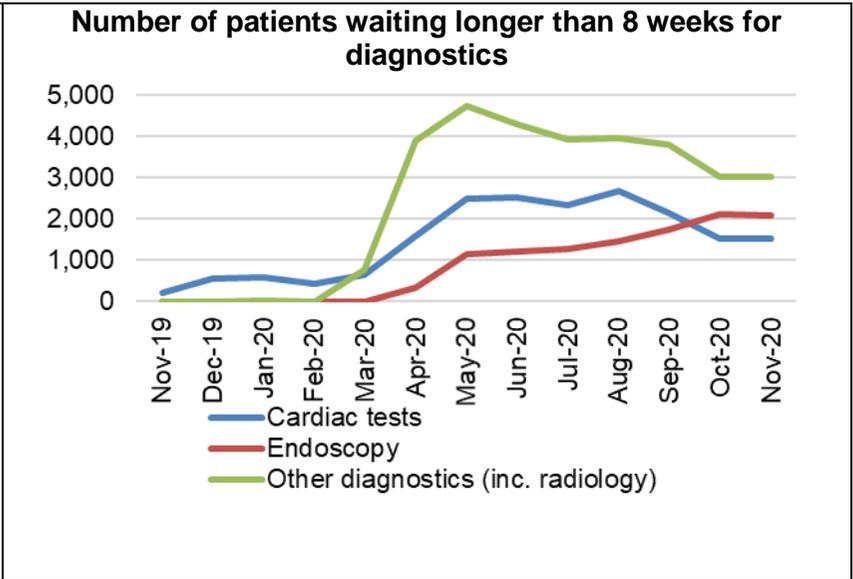
| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|-----------|-----------|-------|------|--------|-----|-----|-----|------|--------|-----|-----|-----|------|--------|-----|-----|-----|------|--------|-----|-----|-----|------|--------|-----|-----|-----|------|--------|-----|-----|-----|------|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p> | <p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%.</p> <p>The percentage has consistently fallen during 2020/21 however, October was the first month to see and in-month improvement with an increase from 41.0% in September to 44.8% in October 2020. This trend continued into November 2020 with an in-month improvement of 4.4% (from 44.8% in October to 49.2% in November 2020).</p> | <p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PC&CS</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-19</td><td>78%</td><td>80%</td><td>85%</td><td>100%</td></tr> <tr><td>Dec-19</td><td>78%</td><td>80%</td><td>85%</td><td>100%</td></tr> <tr><td>Jan-20</td><td>78%</td><td>80%</td><td>85%</td><td>100%</td></tr> <tr><td>Feb-20</td><td>78%</td><td>80%</td><td>85%</td><td>100%</td></tr> <tr><td>Mar-20</td><td>75%</td><td>78%</td><td>85%</td><td>100%</td></tr> <tr><td>Apr-20</td><td>65%</td><td>70%</td><td>80%</td><td>100%</td></tr> <tr><td>May-20</td><td>58%</td><td>60%</td><td>75%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>50%</td><td>55%</td><td>70%</td><td>90%</td></tr> <tr><td>Jul-20</td><td>40%</td><td>45%</td><td>65%</td><td>85%</td></tr> <tr><td>Aug-20</td><td>35%</td><td>40%</td><td>45%</td><td>75%</td></tr> <tr><td>Sep-20</td><td>35%</td><td>40%</td><td>25%</td><td>70%</td></tr> <tr><td>Oct-20</td><td>38%</td><td>45%</td><td>35%</td><td>85%</td></tr> <tr><td>Nov-20</td><td>38%</td><td>45%</td><td>40%</td><td>90%</td></tr> </tbody> </table> | Month | Morriston | Singleton | PC&CS | NPTH | Nov-19 | 78% | 80% | 85% | 100% | Dec-19 | 78% | 80% | 85% | 100% | Jan-20 | 78% | 80% | 85% | 100% | Feb-20 | 78% | 80% | 85% | 100% | Mar-20 | 75% | 78% | 85% | 100% | Apr-20 | 65% | 70% | 80% | 100% | May-20 | 58% | 60% | 75% | 95% | Jun-20 | 50% | 55% | 70% | 90% | Jul-20 | 40% | 45% | 65% | 85% | Aug-20 | 35% | 40% | 45% | 75% | Sep-20 | 35% | 40% | 25% | 70% | Oct-20 | 38% | 45% | 35% | 85% | Nov-20 | 38% | 45% | 40% | 90% |
| Month | Morriston | Singleton | PC&CS | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 78% | 80% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 78% | 80% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 78% | 80% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 78% | 80% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 75% | 78% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 65% | 70% | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 58% | 60% | 75% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 50% | 55% | 70% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 40% | 45% | 65% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 35% | 40% | 45% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 35% | 40% | 25% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 38% | 45% | 35% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 38% | 45% | 40% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Ophthalmology waiting times <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> | <p>In October 2020, 45.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there has been a continuous downward trend in performance so far in 2020/21.</p> <p><i>NB. November 2020 figures were not available at the time of writing this report</i></p> | <p>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</p> <table border="1"> <caption>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</caption> <thead> <tr> <th>Month</th> <th>% R1 patients seen within target or within 25% of target date</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>68%</td><td>95%</td></tr> <tr><td>Nov-19</td><td>70%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>70%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>75%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>78%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>75%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>68%</td><td>95%</td></tr> <tr><td>May-20</td><td>65%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>62%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>55%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>50%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>48%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>45.2%</td><td>95%</td></tr> </tbody> </table> | Month | % R1 patients seen within target or within 25% of target date | Target | Oct-19 | 68% | 95% | Nov-19 | 70% | 95% | Dec-19 | 70% | 95% | Jan-20 | 75% | 95% | Feb-20 | 78% | 95% | Mar-20 | 75% | 95% | Apr-20 | 68% | 95% | May-20 | 65% | 95% | Jun-20 | 62% | 95% | Jul-20 | 55% | 95% | Aug-20 | 50% | 95% | Sep-20 | 48% | 95% | Oct-20 | 45.2% | 95% |
|---|--|--|-------|---|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-------|-----|
| Month | % R1 patients seen within target or within 25% of target date | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 68% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 70% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Aug-20 | 50% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 48% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 45.2% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

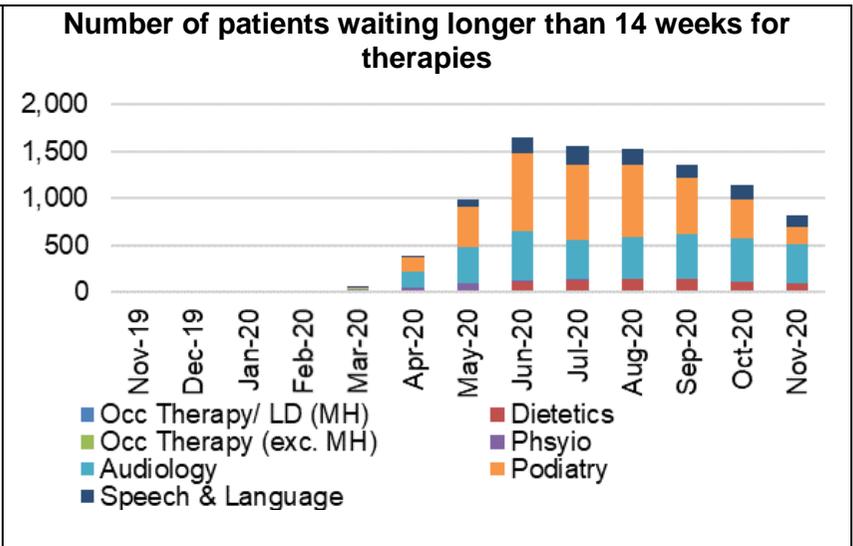
PLANNED CARE

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

| | |
|--|---|
| <p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p> | <p>In November 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 6,645 in October 2020 to 6,610 in November 2020.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for October 2020:</p> <ul style="list-style-type: none"> • Radiology= 2,167 • Endoscopy= 2,051 • Cardiac tests= 1,509 • Neurophysiology= 774 • Fluoroscopy= 51 • Physiological measurement= 36 • Cystoscopy= 22 |
|--|---|



| | |
|---|--|
| <p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p> | <p>In November 2020 there were 817 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in October 2020 are:</p> <ul style="list-style-type: none"> • Podiatry= 180 • Audiology= 410 • Speech & Language Therapy= 128 • Dietetics= 99 |
|---|--|



| CANCER | |
|--|---|
| Description | Current Performance |
| <p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p> <p>2. Backlog of USC patients with a wait status of more than 53 days</p> <p>3. Volume of USC patients by stage and adjusted wait December 2019</p> <p>4. Volume of USC patients by stage and adjusted wait Start of September 2020</p> | <p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been a constant increase every month since May 2020. The number of USC patients waiting over 53 days significantly increased in May 2020 and started to reduce over the summer months but subsequently increased in September 2020. The shape of the waiting list shows that there is a significant “wave” of patients that are likely to breach in the near future and that there are more patients waiting at the tail end of the waiting list when compared with December 2019.</p> |
| | Trend |
| | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">1. Number of USC referrals</p> <p style="text-align: center;">2. Backlog of USC patients with a wait status of more than 53 days</p> </div> <div style="width: 48%;"> <p style="text-align: center;">3. Volume of patients by stage and adjusted wait (December 2019)</p> <p style="text-align: center;">4. Volume of patients by stage and adjusted wait (November 2020)</p> </div> </div> |

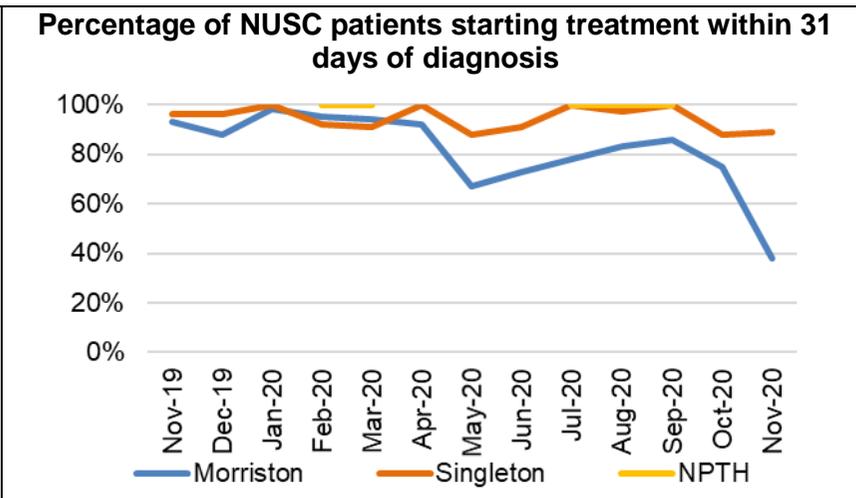
| CANCER | | |
|---------------|---------------------|-------|
| Description | Current Performance | Trend |

Cancer- NUSC waiting times- *Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis*

November 2020 figures will be finalised on the 31st December 2020. Draft figures indicate a possible achievement of 86% of patients starting treatment within 31 days. At the time of writing this report there are 11 breaches* across the Health Board for November 2020:

- Urological – 5
- Lower GI – 3
- Head & Neck – 1
- Gynaecological – 1
- Breast - 1

**Breach validation is ongoing.*

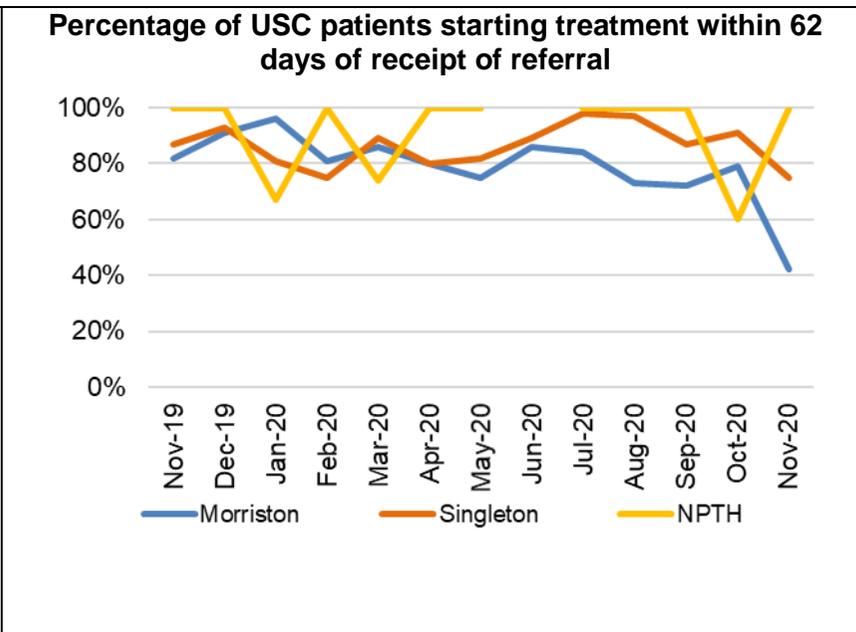


Cancer- USC waiting times- *Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral*

November 2020 figures will be finalised on the 31st December 2020. Draft figures indicate a possible achievement of 62% of patients starting treatment within 62 days. At the time of writing this report there are 38 breaches* in total across the Health Board for November 2020:

- Lower GI - 6
- Gynaecological – 4
- Head & Neck – 4
- Sarcoma – 4
- Skin - 3
- Breast – 1
- Haematological – 1
- Lung – 1
- Upper GI -5
- Urological – 9

**Breach validation is ongoing.*



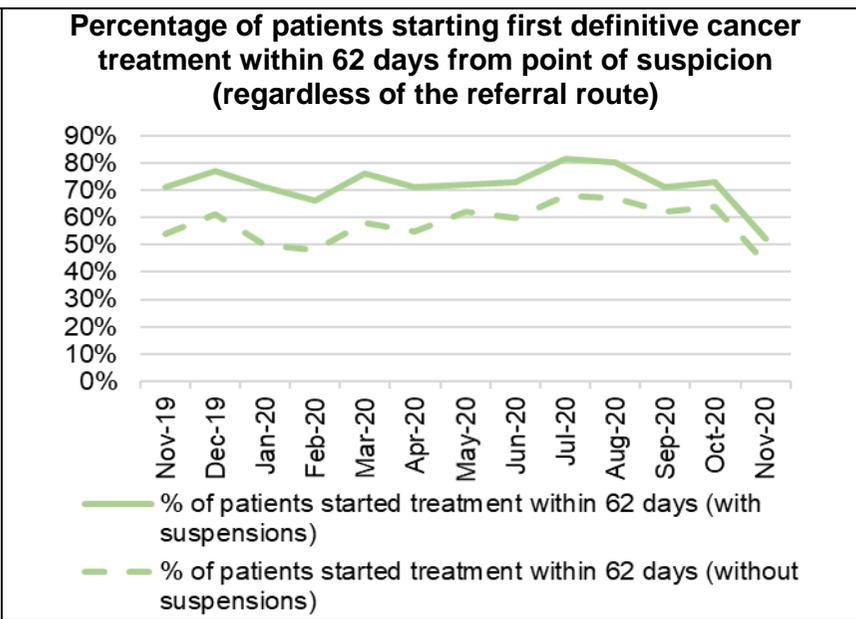
CANCER

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

Single Cancer Pathway
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

November 2020 figures will be finalised on the 31st December 2020. Draft figures indicate a possible achievement of 43% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). At the time of writing this report, 92 patients did not receive their treatment within the time frame.

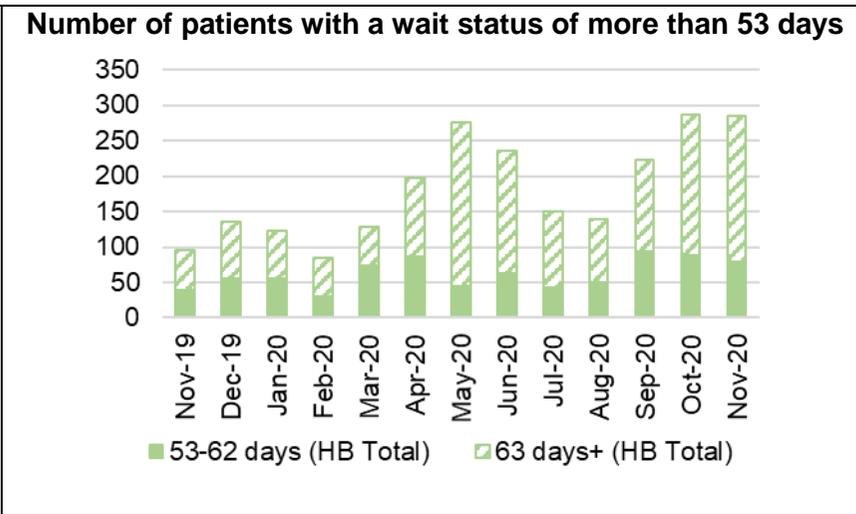
Both adjusted and unadjusted waits are provided as per current reporting requirements to Welsh Government. (52% adjusted with 76 breaches).



USC backlog
The number of patients with an active wait status of more than 53 days

End of November 2020 backlog by tumour site:

| Tumour Site | 53 - 62 days | 63 > |
|--------------------|--------------|------------|
| Breast | 3 | 1 |
| Gynaecological | 9 | 8 |
| Haematological | 1 | 3 |
| Head and Neck | 4 | 10 |
| Lower GI | 21 | 88 |
| Lung | 2 | 3 |
| Other | 4 | 18 |
| Sarcoma | 3 | 2 |
| Skin | 1 | 2 |
| Upper GI | 21 | 52 |
| Urological | 11 | 17 |
| Grand Total | 80 | 204 |



CANCER

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting

Week to week through November 2020 the percentage of patients seen within 14 days to first appointment ranged between 9% and 16%.

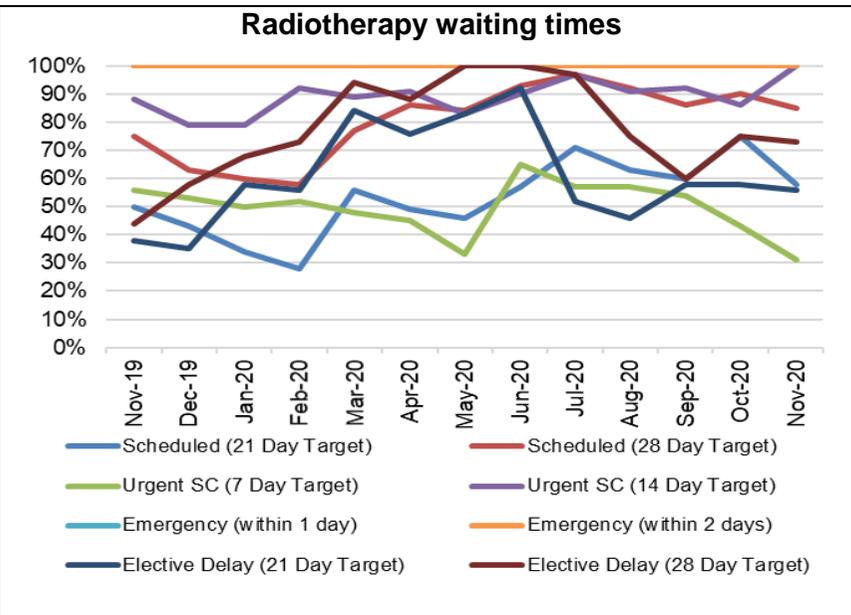
The number of patients waiting for a first outpatient appointment (by total days waiting) - End of November 2020

| | ≤10 | 11-20 | 21-30 | >31 | Total |
|-----------------|-----------|-----------|------------|-----------|------------|
| Breast | 0 | 3 | 77 | 25 | 105 |
| Children Cancer | 0 | 1 | 0 | 0 | 1 |
| Gynaecological | 1 | 7 | 81 | 15 | 104 |
| Haematological | 0 | 0 | 0 | 0 | 0 |
| Head&Neck | 10 | 2 | 1 | 3 | 16 |
| LGI | 0 | 10 | 3 | 45 | 58 |
| Lung | 1 | 0 | 0 | 0 | 1 |
| Other | 1 | 14 | 2 | 3 | 20 |
| Sarcoma | 0 | 0 | 1 | 0 | 1 |
| Skin | 21 | 36 | 14 | 3 | 74 |
| UGI | 0 | 11 | 4 | 0 | 15 |
| Urological | 1 | 14 | 1 | 0 | 16 |
| Total | 35 | 98 | 184 | 94 | 411 |

Radiotherapy waiting times
The percentage of patients receiving radiotherapy treatment

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.

| Measure | Target | Nov-20 |
|--------------------------------|--------|--------|
| Scheduled (21 Day Target) | 80% | 58% |
| Scheduled (28 Day Target) | 100% | 85% |
| Urgent SC (7 Day Target) | 80% | 31% |
| Urgent SC (14 Day Target) | 100% | 100% |
| Emergency (within 1 day) | 80% | 100% |
| Emergency (within 2 days) | 100% | 100% |
| Elective Delay (21 Day Target) | 80% | 56% |
| Elective Delay (28 Day Target) | 100% | 73% |



FOLLOW-UP APPOINTMENTS

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

Follow-up appointments

- 1. The total number of patients on the follow-up waiting list
- 2. The number of patients waiting 100% over target for a follow-up appointment

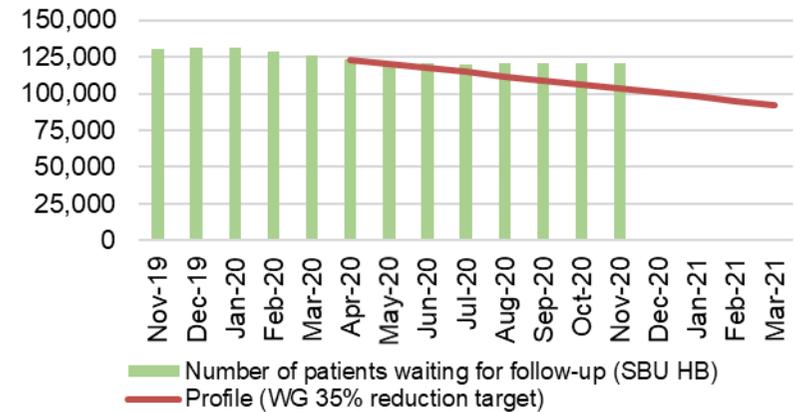
In November 2020, the overall size of the follow-up waiting list reduced by 94 patients compared with October 2020 (from 120,968 to 120,874).

In November 2020, there was a total of 56,647 patients waiting for a follow-up past their target date. This is an in-month reduction of 1.3% (from 57,380 in October 2020 to 56,647 in November 2020).

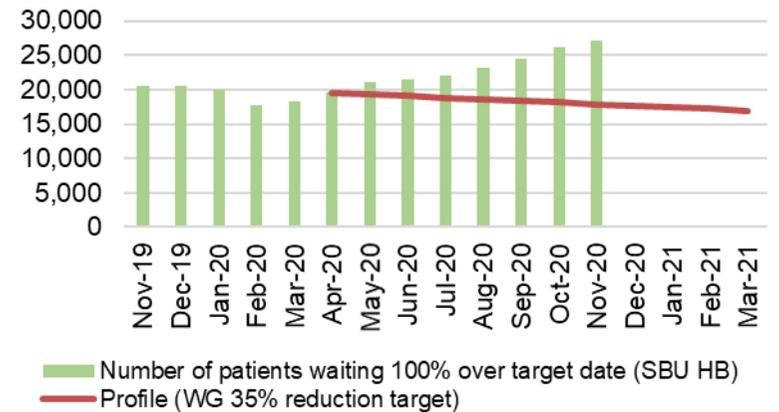
Of the 56,647 delayed follow-ups in November 2020, 9,363 had appointment dates and 47,284 were still waiting for an appointment.

In addition, 27,156 patients were waiting 100%+ over target date in November 2020. This is a 3.6% increase when compared with October 2020.

1. Total number of patients waiting for a follow-up



2. Delayed follow-ups: Number of patients waiting 100% over target



PATIENT EXPERIENCE

| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

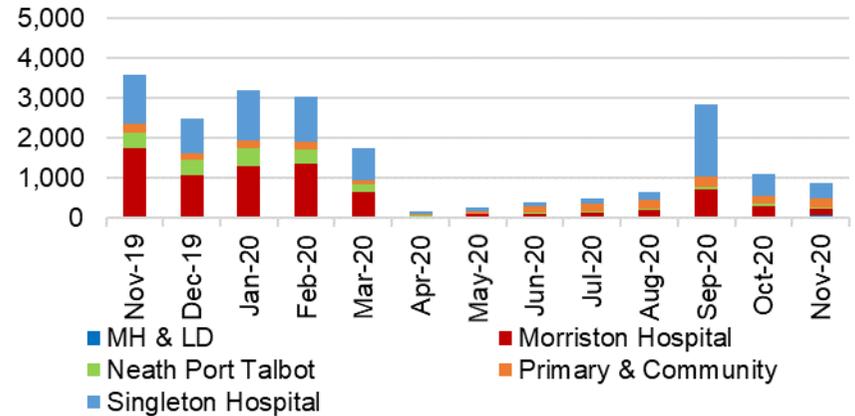
Patient experience

1. Number of friends and family surveys completed

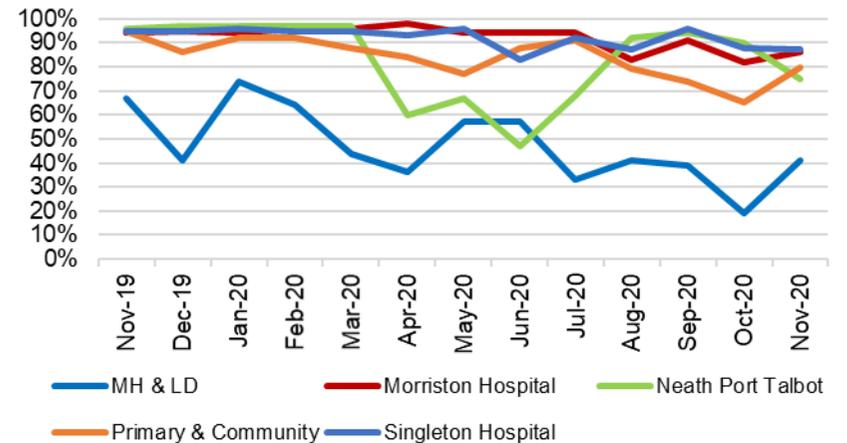
2. Percentage of patients/ service users who would recommend and highly recommend

- Health Board Friends & Family patient satisfaction level in November 2020 was 84% and 787 surveys were completed:
 - Neath Port Talbot Hospital (NPTH) completed 24 surveys in November 2020, with a recommended score of 75%.
 - Singleton Hospital completed 377 surveys for November, with a recommended score of 87%.
 - Morriston Hospital completed 155 surveys in November 2020, with a recommended score of 86%.
 - Mental Health & Learning Disabilities completed 82 surveys for November 2020, with a recommended score of 41%.
 - Primary & Community Care completed 231 surveys for November, with a recommended score of 80%.

1. Number of friends and family surveys completed



2. % of patients/ service users who would recommend and highly recommend



COMPLAINTS

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|--------------|--------------------|--------------------|--------------|--------------------|--------|---|----|----|---|----|--------|----|----|----|---|----|--------|----|----|----|---|----|--------|----|---|----|---|----|--------|----|----|----|---|----|--------|----|----|----|---|----|-------|--------------------------|-------------|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|
| <p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p> | <p>1. In November 2020, the Health Board received 103 formal complaints; this is a 25% reduction when compared with November 2019 (from 137 to 103). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020 however, the numbers have gradually increased month on month since April 2020.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 82% in September 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in September 2020 ranged from 63% in Singleton Hospital to 100% in Neath Port Talbot Hospital.</p> | <p>1. Number of formal complaints received</p> <table border="1"> <caption>1. Number of formal complaints received</caption> <thead> <tr> <th>Month</th> <th>MH & LD</th> <th>PCCS</th> <th>Morrision Hospital</th> <th>NPT Hospital</th> <th>Singleton Hospital</th> </tr> </thead> <tbody> <tr> <td>Jun-20</td> <td>8</td> <td>15</td> <td>28</td> <td>6</td> <td>15</td> </tr> <tr> <td>Jul-20</td> <td>12</td> <td>10</td> <td>35</td> <td>5</td> <td>12</td> </tr> <tr> <td>Aug-20</td> <td>10</td> <td>10</td> <td>35</td> <td>2</td> <td>18</td> </tr> <tr> <td>Sep-20</td> <td>10</td> <td>8</td> <td>55</td> <td>7</td> <td>27</td> </tr> <tr> <td>Oct-20</td> <td>20</td> <td>14</td> <td>45</td> <td>5</td> <td>25</td> </tr> <tr> <td>Nov-20</td> <td>12</td> <td>14</td> <td>40</td> <td>7</td> <td>20</td> </tr> </tbody> </table> <p>2. Response rate for concerns within 30 days</p> <table border="1"> <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>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>73</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> <tr> <td>Jul-20</td> <td>80</td> <td>80</td> </tr> <tr> <td>Aug-20</td> <td>70</td> <td>80</td> </tr> <tr> <td>Sep-20</td> <td>82</td> <td>80</td> </tr> </tbody> </table> | Month | MH & LD | PCCS | Morrision Hospital | NPT Hospital | Singleton Hospital | Jun-20 | 8 | 15 | 28 | 6 | 15 | Jul-20 | 12 | 10 | 35 | 5 | 12 | Aug-20 | 10 | 10 | 35 | 2 | 18 | Sep-20 | 10 | 8 | 55 | 7 | 27 | Oct-20 | 20 | 14 | 45 | 5 | 25 | Nov-20 | 12 | 14 | 40 | 7 | 20 | Month | 30 day response rate (%) | Profile (%) | Sep-19 | 85 | 80 | Oct-19 | 82 | 80 | Nov-19 | 75 | 80 | Dec-19 | 73 | 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 | Jul-20 | 80 | 80 | Aug-20 | 70 | 80 | Sep-20 | 82 | 80 |
| Month | MH & LD | PCCS | Morrision Hospital | NPT Hospital | Singleton Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8 | 15 | 28 | 6 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 12 | 10 | 35 | 5 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 10 | 10 | 35 | 2 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 10 | 8 | 55 | 7 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 20 | 14 | 45 | 5 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 12 | 14 | 40 | 7 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | 30 day response rate (%) | Profile (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 85 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 82 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 75 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 73 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 70 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 82 | 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

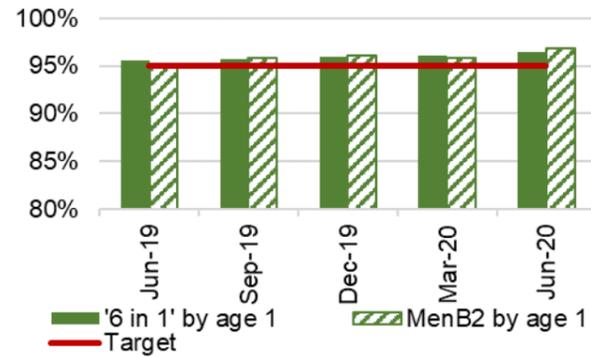


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

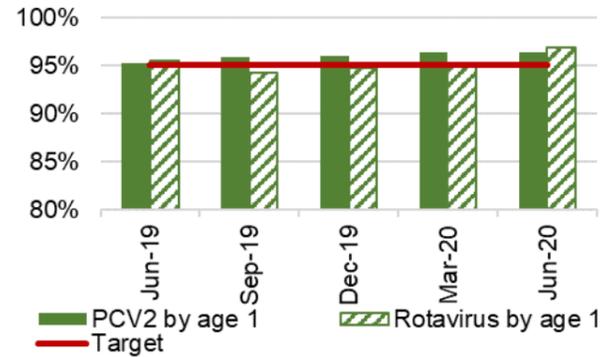


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

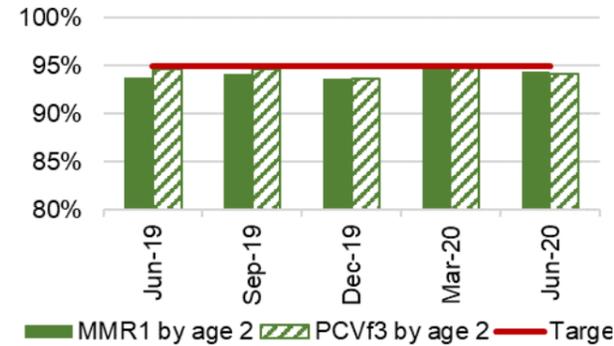


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

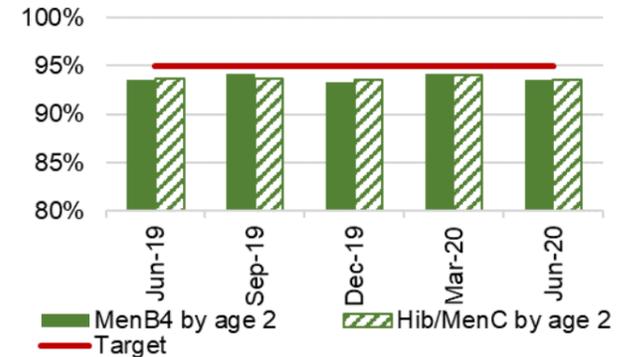


Chart 5: % children who are up to date in schedule by age 4

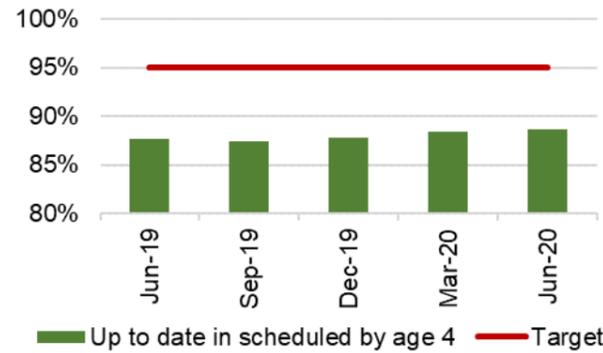


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

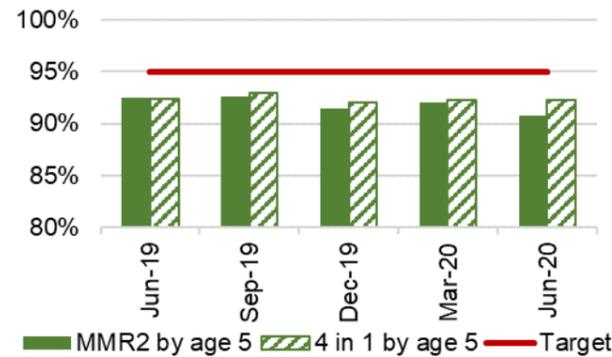


Chart 7: % children who received MMR vaccine and teenage booster by age 16

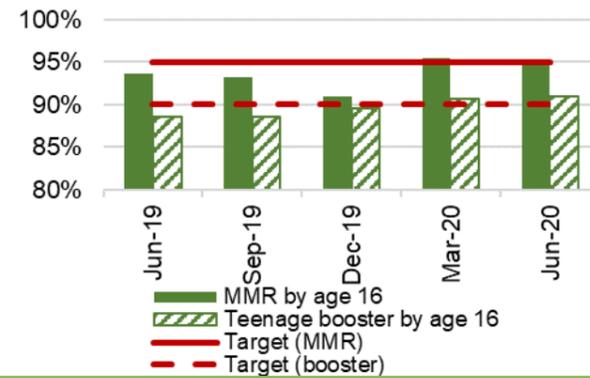


Chart 8: % children who received MenACWY vaccine by age 16

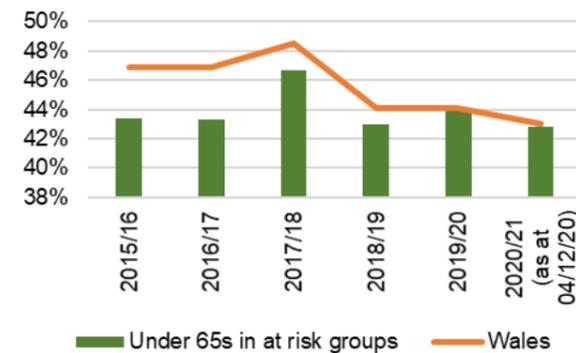


Chart 9: Influenza uptake for amongst 65 year olds and over



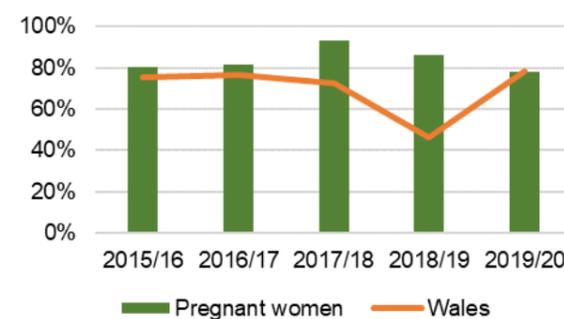
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



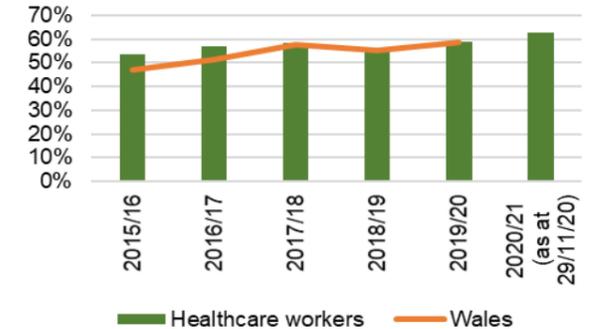
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

7.2 Mental Health Overview

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

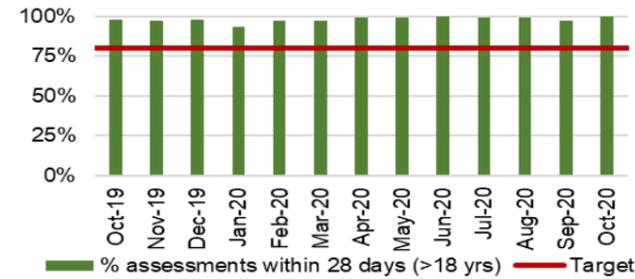


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

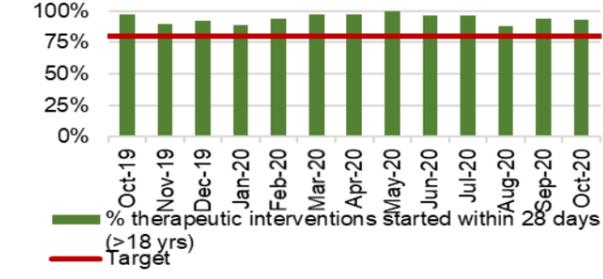


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

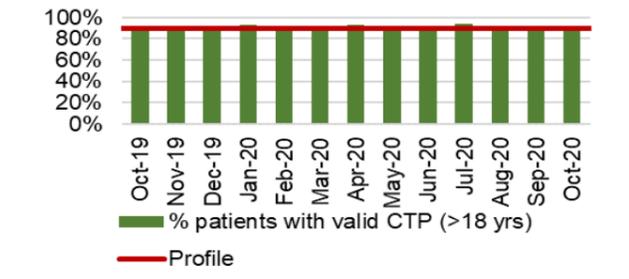


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health



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

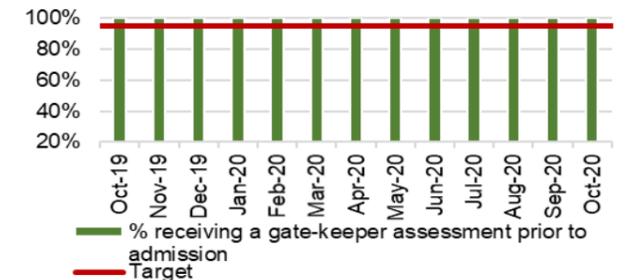


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

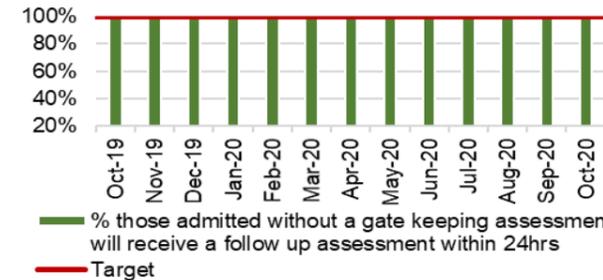


Chart 7: % of patients waiting under 14 weeks for Therapies

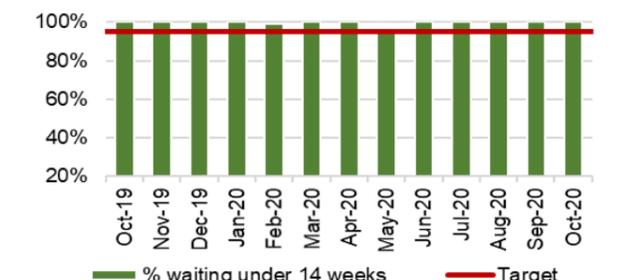


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)

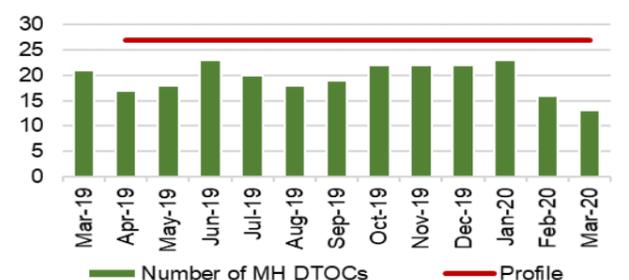


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

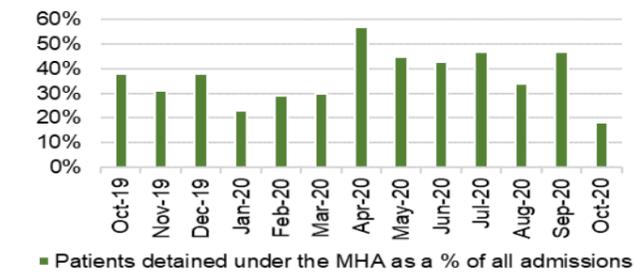


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

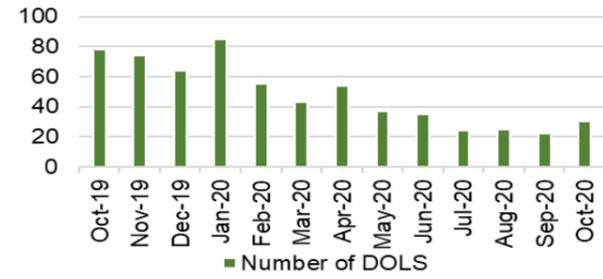


Chart 11: Number of Serious Incidents

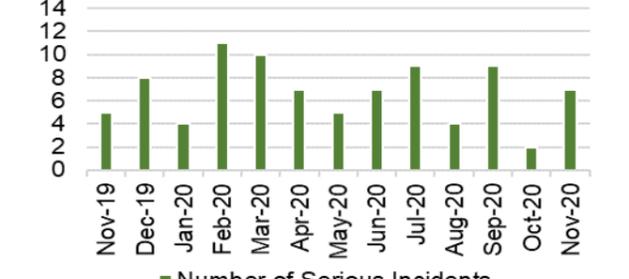
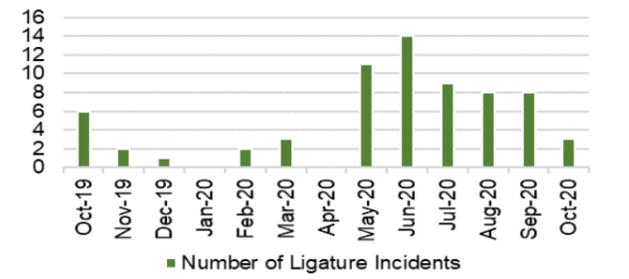


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

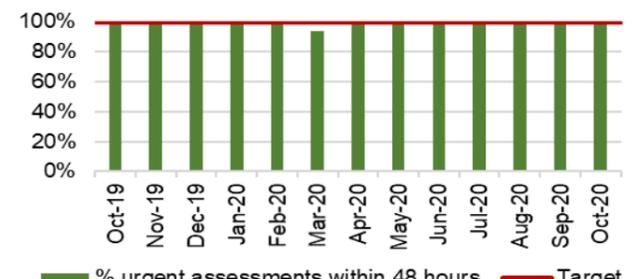


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

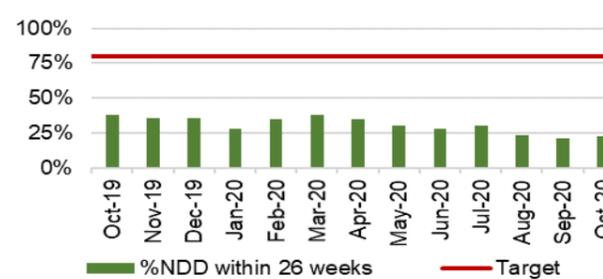


Chart 15: Assessment and intervention within 28 days

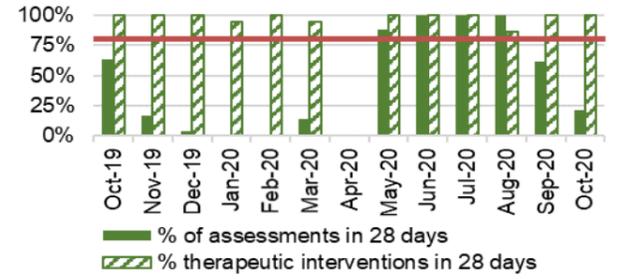
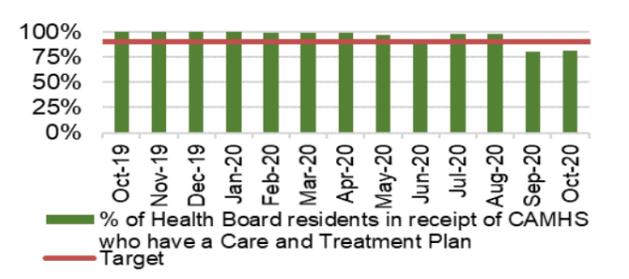


Chart 16: % of residents with a Care and Treatment Plan



* Apr-20 data not available

7.3 Updates on key measures

| ADULT MENTAL HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|--|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-------|-----|-------|--|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|-------|-------------------------------------|---------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|-------|--|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p> | <p>1. In October 2020, 99.5% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In October 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 93%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in October 2020.</p> <p>4. In October 2020, 99.7% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p> | <p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>98%</td><td>78%</td></tr> <tr><td>Nov-19</td><td>97%</td><td>78%</td></tr> <tr><td>Dec-19</td><td>98%</td><td>78%</td></tr> <tr><td>Jan-20</td><td>95%</td><td>78%</td></tr> <tr><td>Feb-20</td><td>97%</td><td>78%</td></tr> <tr><td>Mar-20</td><td>97%</td><td>78%</td></tr> <tr><td>Apr-20</td><td>98%</td><td>78%</td></tr> <tr><td>May-20</td><td>98%</td><td>78%</td></tr> <tr><td>Jun-20</td><td>98%</td><td>78%</td></tr> <tr><td>Jul-20</td><td>98%</td><td>78%</td></tr> <tr><td>Aug-20</td><td>98%</td><td>78%</td></tr> <tr><td>Sep-20</td><td>98%</td><td>78%</td></tr> <tr><td>Oct-20</td><td>99.5%</td><td>78%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>95%</td><td>80%</td></tr> <tr><td>Nov-19</td><td>88%</td><td>80%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>80%</td></tr> <tr><td>Jan-20</td><td>88%</td><td>80%</td></tr> <tr><td>Feb-20</td><td>92%</td><td>80%</td></tr> <tr><td>Mar-20</td><td>95%</td><td>80%</td></tr> <tr><td>Apr-20</td><td>95%</td><td>80%</td></tr> <tr><td>May-20</td><td>98%</td><td>80%</td></tr> <tr><td>Jun-20</td><td>95%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>95%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>88%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>92%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>93%</td><td>80%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>92%</td><td>91%</td></tr> <tr><td>Nov-19</td><td>92%</td><td>91%</td></tr> <tr><td>Dec-19</td><td>92%</td><td>91%</td></tr> <tr><td>Jan-20</td><td>92%</td><td>91%</td></tr> <tr><td>Feb-20</td><td>92%</td><td>91%</td></tr> <tr><td>Mar-20</td><td>92%</td><td>91%</td></tr> <tr><td>Apr-20</td><td>92%</td><td>91%</td></tr> <tr><td>May-20</td><td>92%</td><td>91%</td></tr> <tr><td>Jun-20</td><td>92%</td><td>91%</td></tr> <tr><td>Jul-20</td><td>92%</td><td>91%</td></tr> <tr><td>Aug-20</td><td>92%</td><td>91%</td></tr> <tr><td>Sep-20</td><td>92%</td><td>91%</td></tr> <tr><td>Oct-20</td><td>91%</td><td>91%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>4. % waiting less than 26 wks for psychological therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-19</td><td>98%</td><td>95%</td></tr> <tr><td>Nov-19</td><td>98%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>98%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>98%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>98%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>98%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>92%</td><td>95%</td></tr> <tr><td>May-20</td><td>88%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>85%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>88%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>90%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>99.7%</td><td>95%</td></tr> </tbody> </table> | Month | % assessments within 28 days (>18 yrs) | Target | Oct-19 | 98% | 78% | Nov-19 | 97% | 78% | Dec-19 | 98% | 78% | Jan-20 | 95% | 78% | Feb-20 | 97% | 78% | Mar-20 | 97% | 78% | Apr-20 | 98% | 78% | May-20 | 98% | 78% | Jun-20 | 98% | 78% | Jul-20 | 98% | 78% | Aug-20 | 98% | 78% | Sep-20 | 98% | 78% | Oct-20 | 99.5% | 78% | Month | % therapeutic interventions started within 28 days (>18 yrs) | Target | Oct-19 | 95% | 80% | Nov-19 | 88% | 80% | Dec-19 | 90% | 80% | Jan-20 | 88% | 80% | Feb-20 | 92% | 80% | Mar-20 | 95% | 80% | Apr-20 | 95% | 80% | May-20 | 98% | 80% | Jun-20 | 95% | 80% | Jul-20 | 95% | 80% | Aug-20 | 88% | 80% | Sep-20 | 92% | 80% | Oct-20 | 93% | 80% | Month | % patients with valid CTP (>18 yrs) | Profile | Oct-19 | 92% | 91% | Nov-19 | 92% | 91% | Dec-19 | 92% | 91% | Jan-20 | 92% | 91% | Feb-20 | 92% | 91% | Mar-20 | 92% | 91% | Apr-20 | 92% | 91% | May-20 | 92% | 91% | Jun-20 | 92% | 91% | Jul-20 | 92% | 91% | Aug-20 | 92% | 91% | Sep-20 | 92% | 91% | Oct-20 | 91% | 91% | Month | % waiting less than 26 wks for psychological therapy | Target | Oct-19 | 98% | 95% | Nov-19 | 98% | 95% | Dec-19 | 98% | 95% | Jan-20 | 98% | 95% | Feb-20 | 98% | 95% | Mar-20 | 98% | 95% | Apr-20 | 92% | 95% | May-20 | 88% | 95% | Jun-20 | 85% | 95% | Jul-20 | 88% | 95% | Aug-20 | 90% | 95% | Sep-20 | 95% | 95% | Oct-20 | 99.7% | 95% |
| | Month | % assessments within 28 days (>18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Aug-20 | 98% | 78% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 98% | 78% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 99.5% | 78% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % therapeutic interventions started within 28 days (>18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 95% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Feb-20 | 92% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | % patients with valid CTP (>18 yrs) | Profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 92% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 91% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % waiting less than 26 wks for psychological therapy | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 98% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 92% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 88% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 85% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 88% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 90% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 99.7% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

| Description | Current Performance | Trend |
|--|---|---|
| <p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p> | <p>1. In October 2020, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 21% of routine assessments were undertaken with 28 days from referral in October 2020 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment in October 2020.</p> <p>4. 22% of NDD patients received a diagnostic assessment within 26 weeks in October 2020 against a target of 80%.</p> <p>5. 79% of routine assessments by SCAMHS were undertaken within 28 days in October 2020.</p> | <div data-bbox="1249 276 2067 531"> <p>1. Crisis- assessment within 48 hours</p> <p>Legend: % urgent assessments within 48 hours (solid green bar), Target (red line)</p> </div> <div data-bbox="1249 531 2067 882"> <p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>Legend: % of assessments in 28 days (solid green bar), % therapeutic interventions in 28 days (hatched green bar), Target (red line)</p> <p><i>*Data for April 2020 not available for measures 2 and 3</i></p> </div> <div data-bbox="1249 882 2067 1169"> <p>4. NDD- assessment within 26 weeks</p> <p>Legend: %NDD within 26 weeks (solid green bar), Target (red line)</p> </div> <div data-bbox="1249 1169 2067 1422"> <p>5. S-CAMHS % assessments within 28 days</p> <p>Legend: % S-CAMHS assessments in 28 days (solid green bar), Target (red line)</p> </div> |

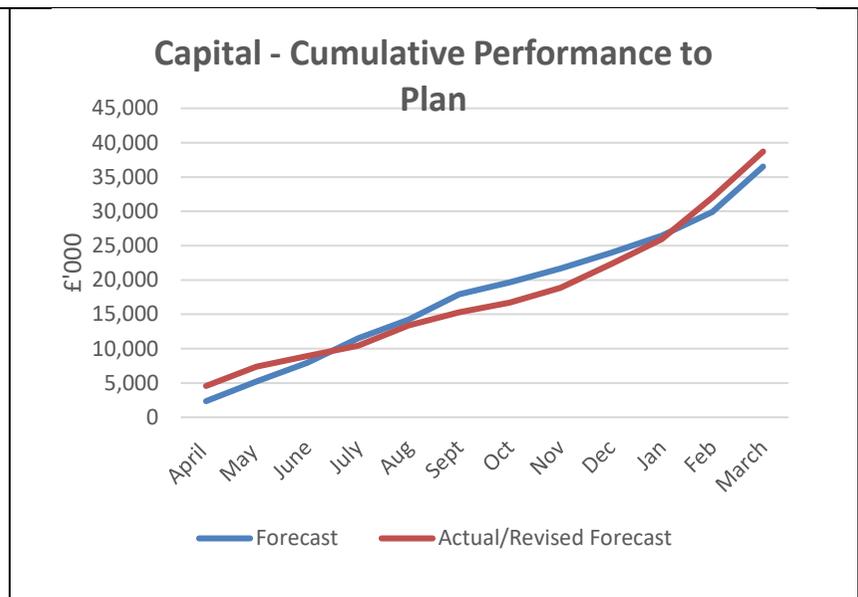
8. FINANCE UPDATES

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

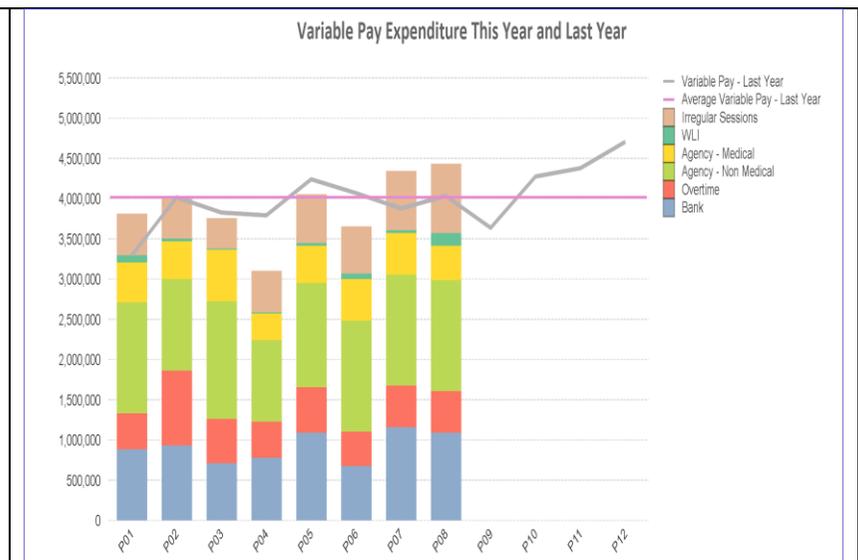
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|----|-------|---------|-------|-------|----|-------|---------|-------|-------|----|-------|---------|---------|-------|----|-------|---------|-------|-------|----|-------|---------|-------|-------|----|-------|---------|----------|----------|----|-------|---------|-------|----------|----|-------|---------|---------|----------|
| <p>Revenue Financial Position – expenditure incurred against revenue resource limit</p> | <ul style="list-style-type: none"> The reported revenue financial position for November 2020 is an in-month overspend of £1.911m, resulting in a cumulative overspend of £16.726m. The in-month position broadly reflects the HB operational plan deficit, with COVID costs and savings broadly covered by WG funding allocations. The application of this funding provides coverage for the additional costs of incurred and the savings delivery impact of the pandemic. The remaining cumulative overspend is made up of : <ul style="list-style-type: none"> The planned operational deficit for 2020/21, which to October is £16.3m, The impact of additional TAVI demand and activity, which is being managed by the Health Board which is £0.7m for the year to date. Slippage on planned expenditure which is supported by WG income. | <table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2020/21</caption> <thead> <tr> <th>Month</th> <th>Operational Position (£'000)</th> <th>Savings Delivery (£'000)</th> <th>Net COVID Impact (£'000)</th> <th>Cumulative Total (£'000)</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>1,749</td> <td>(2,118)</td> <td>1,529</td> <td>1,160</td> </tr> <tr> <td>M2</td> <td>1,480</td> <td>(2,101)</td> <td>6,652</td> <td>6,039</td> </tr> <tr> <td>M3</td> <td>1,476</td> <td>(1,930)</td> <td>(2,707)</td> <td>3,382</td> </tr> <tr> <td>M4</td> <td>1,467</td> <td>(2,147)</td> <td>1,187</td> <td>2,802</td> </tr> <tr> <td>M5</td> <td>1,310</td> <td>(2,358)</td> <td>3,914</td> <td>4,354</td> </tr> <tr> <td>M6</td> <td>1,394</td> <td>(2,018)</td> <td>(19,315)</td> <td>(19,939)</td> </tr> <tr> <td>M7</td> <td>1,364</td> <td>(1,528)</td> <td>(876)</td> <td>(21,089)</td> </tr> <tr> <td>M8</td> <td>1,190</td> <td>(1,790)</td> <td>(1,310)</td> <td>(22,109)</td> </tr> </tbody> </table> | Month | Operational Position (£'000) | Savings Delivery (£'000) | Net COVID Impact (£'000) | Cumulative Total (£'000) | M1 | 1,749 | (2,118) | 1,529 | 1,160 | M2 | 1,480 | (2,101) | 6,652 | 6,039 | M3 | 1,476 | (1,930) | (2,707) | 3,382 | M4 | 1,467 | (2,147) | 1,187 | 2,802 | M5 | 1,310 | (2,358) | 3,914 | 4,354 | M6 | 1,394 | (2,018) | (19,315) | (19,939) | M7 | 1,364 | (1,528) | (876) | (21,089) | M8 | 1,190 | (1,790) | (1,310) | (22,109) |
| Month | Operational Position (£'000) | Savings Delivery (£'000) | Net COVID Impact (£'000) | Cumulative Total (£'000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M1 | 1,749 | (2,118) | 1,529 | 1,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M2 | 1,480 | (2,101) | 6,652 | 6,039 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M3 | 1,476 | (1,930) | (2,707) | 3,382 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M4 | 1,467 | (2,147) | 1,187 | 2,802 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M5 | 1,310 | (2,358) | 3,914 | 4,354 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M6 | 1,394 | (2,018) | (19,315) | (19,939) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M7 | 1,364 | (1,528) | (876) | (21,089) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M8 | 1,190 | (1,790) | (1,310) | (22,109) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

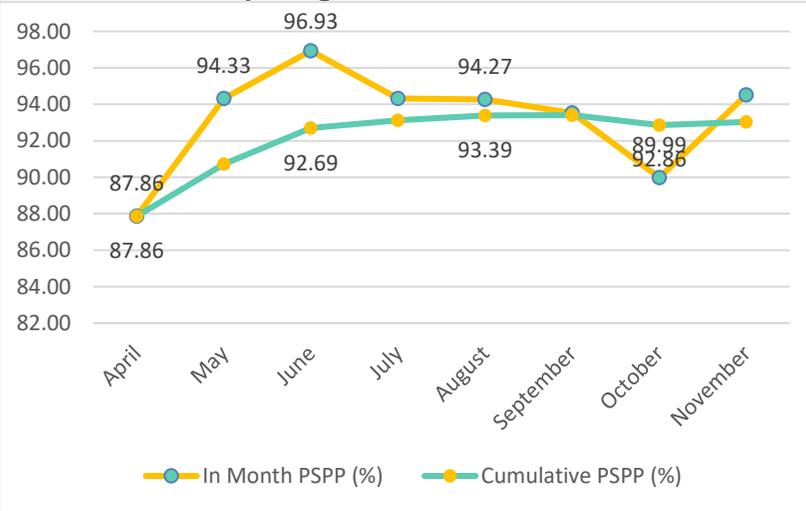
| Description | Current Performance | Trend |
|-------------|---------------------|-------|
|-------------|---------------------|-------|

| | |
|--|--|
| <p>Capital Financial Position – expenditure incurred against capital resource limit</p> | <ul style="list-style-type: none"> The forecast outturn capital position for 2020/21 is an overspend of £2.187m. Allocations on 3 schemes are anticipated from WG which will balance this position. The forecast outturn includes latest estimates for COVID expenditure across our surge capacity, Field Hospitals and new ways of working, including home working. |
|--|--|



| | |
|---|--|
| <p>Workforce Spend – workforce expenditure profile</p> | <ul style="list-style-type: none"> The total workforce costs were broadly aligned with forecast planned spend in November. Variable pay costs have increased by around £0.7m in November, which reflects the increasing operational pressures, resulting in utilising all funded beds and the use of surge capacity. |
|---|--|



| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------|-------------------|---------------------|-------|-------|-------|-----|-------|-------|------|-------|-------|------|-------|-------|--------|-------|-------|-----------|-------|-------|---------|-------|-------|----------|-------|-------|
| <p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p> | <ul style="list-style-type: none"> The number of invoices paid within 30 days in November was again below the 95% target, with in month performance being 94.52%. This represented a significant improvement on the October figure of 89.99%. with a reduction in the number of nurse agency invoices paid after 30 days from 1,359 on October to 171 in November. The in month failure to achieve the 95% target was also as a result of delays in authorisation of NHS invoices and delays in receipting of goods. The November performance has increased the cumulative compliance for the year to date from 92.86% at the end of October to 93.04% at the end of November, but performance will need to be above 95% for the remainder of the financial year in order to reach 95% cumulative compliance by financial year end. | <p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"> <caption>Data for Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</caption> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>87.86</td> <td>87.86</td> </tr> <tr> <td>May</td> <td>94.33</td> <td>92.69</td> </tr> <tr> <td>June</td> <td>96.93</td> <td>92.69</td> </tr> <tr> <td>July</td> <td>94.27</td> <td>93.39</td> </tr> <tr> <td>August</td> <td>94.27</td> <td>93.39</td> </tr> <tr> <td>September</td> <td>93.39</td> <td>93.39</td> </tr> <tr> <td>October</td> <td>89.99</td> <td>92.86</td> </tr> <tr> <td>November</td> <td>94.52</td> <td>93.04</td> </tr> </tbody> </table> | Month | In Month PSPP (%) | Cumulative PSPP (%) | April | 87.86 | 87.86 | May | 94.33 | 92.69 | June | 96.93 | 92.69 | July | 94.27 | 93.39 | August | 94.27 | 93.39 | September | 93.39 | 93.39 | October | 89.99 | 92.86 | November | 94.52 | 93.04 |
| Month | In Month PSPP (%) | Cumulative PSPP (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 87.86 | 87.86 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 94.33 | 92.69 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | 96.93 | 92.69 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | 94.27 | 93.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | 94.27 | 93.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | 93.39 | 93.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 89.99 | 92.86 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | 94.52 | 93.04 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 |
| COVID-19 related measures | Number of new COVID19 cases | Local | Nov-20 | 5,523 | | Reduce | | | | | | | | | | 1,381 | 303 | 57 | 53 | 66 | 787 | 4,662 | 5,523 |
| | Number of staff referred for Antigen Testing | Local | Nov-20 | 8,199 | | Reduce | | | | | | | | | | 2,281 | 2,785 | 3,102 | 3,329 | 3,564 | 4,765 | 6,459 | 8,199 |
| | Number of staff awaiting results of COVID19 test | Local | Nov-20 | 41 | | Reduce | | | | | | | | | | 0 | 19 | 16 | 1 | 0 | 38 (as at 10/10/20) | 21 (as at 06/11/20) | 41 (as at 06/12/20) |
| | Number of COVID19 related incidents | Local | Nov-20 | 137 | | Reduce | | | | | | | | | | 119 | 67 | 40 | 26 | 39 | 30 | 87 | 137 |
| | Number of COVID19 related serious incidents | Local | Nov-20 | 1 | | Reduce | | | | | | | | | | 1 | 0 | 2 | 0 | 11 | 1 | 1 | 1 |
| | Number of COVID19 related complaints | Local | Nov-20 | 48 | | Reduce | | | | | | | | | | 77 | 61 | 39 | 58 | 27 | 30 | 37 | 48 |
| | Number of COVID19 related risks | Local | Nov-20 | 7 | | Reduce | | | | | | | | | | 19 | 20 | 19 | 5 | 8 | 2 | 6 | 7 |
| | Number of staff self isolated (asymptomatic) | Local | Aug-20 | 420 | | Reduce | | | | | | | | | | 851 | 516 | 474 | 422 | 420 | 353 | 329 | |
| Number of staff self isolated (symptomatic) | Local | Aug-20 | 36 | | Reduce | | | | | | | | | | 860 | 292 | 141 | 70 | 36 | 72 | 132 | | |
| % sickness | Local | Aug-20 | 3.5% | | Reduce | | | | | | | | | | 13.2% | 6.0% | 4.5% | 3.6% | 3.5% | 3.2% | 3.5% | | |

| 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 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-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 | Nov-20 | 67% | 65% | 65% | ✓ | 60.8% (Oct-20) | 2nd (Oct-20) | | 59% | 62% | 67% | 69% | 69% | 70% | 75% | 76% | 74% | 72% | 69% | 66% | 67% | | |
| | Number of ambulance handovers over one hour | National | Nov-20 | 500 | 0 | | | 3,131 (Oct-20) | 3rd (Oct-20) | | 821 | 868 | 848 | 704 | 462 | 61 | 20 | 47 | 120 | 163 | 410 | 355 | 500 | | |
| | Handover hours lost over 15 minutes | Local | Nov-20 | 1,474 | | | | | | | 3,212 | 3,361 | 3,545 | 2,247 | 1,623 | 209 | 125 | 178 | 315 | 418 | 1,100 | 916 | 1,474 | | |
| | % 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 | Nov-20 | 75.4% | 95% | | | 75.1% (Oct-20) | 5th (Oct-20) | | 73.2% | 70.9% | 71.6% | 74.1% | 72.8% | 78.4% | 83.5% | 87.7% | 80.1% | 80.6% | 76.4% | 77.2% | 75.4% | | |
| 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 | Nov-20 | 626 | 0 | | | 4,360 (Oct-20) | 4th (Oct-20) | | 927 | 1,018 | 1,038 | 783 | 557 | 131 | 97 | 81 | 223 | 286 | 537 | 494 | 626 | | | |
| NOF | % of survival within 30 days of emergency admission for a hip fracture | National | Aug-20 | 93.6% | 12 month ↑ | | | 84.8% (Aug-20) | 2nd (Aug-20) | | 77.6% | 84.4% | 78.6% | 87.5% | 75.0% | 78.9% | 77.1% | 95.5% | 93.3% | 93.6% | | | | | |
| | % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | National | Sep-20 | 84.0% | 12 month ↑ | | | 60% (Sep-20) | 2nd (Sep-20) | | 77.0% | 78.0% | 80.0% | 79.0% | 79.0% | 79.0% | 80.0% | 82.0% | 83.0% | 83.0% | 84.0% | | | | |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | National | Nov-20 | 23.7% | 54.0% | | | 37.2% (Sep-20) | 2nd (Aug-20) | | 55% | 39% | 24% | 62% | 47.4% | Data not available | | | | | | | | | |
| | CT Scan (<1 hrs) (local) | Local | Nov-20 | 31.7% | | | | | | | 49% | 44% | 43% | 38% | 42.5% | | | | | | | | | | |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | National | Nov-20 | 96.7% | 85.3% | | | 83.8% (Sep-20) | 1st (Sep-20) | | 98% | 100% | 90% | 97% | 97.5% | | | | | | | | | | |
| | Thrombolysis door to needle <= 45 mins | Local | Nov-20 | 28.6% | 12 month ↑ | | | | | | 0% | 20% | 0% | 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 | Nov-20 | 65.1% | 12 month ↑ | | | 50.2% (Sep-20) | 2nd (Sep-20) | | 45% | 38% | 33% | 28% | 32.8% | | | | | | | | | | |
| % of stroke patients who receive a 6 month follow-up assessment | National | Q3 19/20 | 49.6% | Qtr on qtr ↑ | | | 62.2% (Q3 19/20) | 5th out of 6 organisations (Q3 19/20) | | | 49.6% | | | | | | | | | | | | | | |
| DTCOs | Number of mental health HB DTCOs | National | Mar-20 | 13 | 12 month ↓ | 27 | ✓ | | | | 22 | 22 | 23 | 16 | 13 | DTCO reporting temporarily suspended | | | | | | | | | |
| | Number of non-mental health HB DTCOs | National | Mar-20 | 60 | 12 month ↓ | 50 | ✗ | | | | 61 | 53 | 52 | 69 | 60 | DTCO reporting temporarily suspended | | | | | | | | | |
| | % critical care bed days lost to delayed transfer of care | National | Q1 20/21 | 26.2% | Quarter on quarter ↓ | | | 5.3% (Q1 20/21) | 2nd (Q1 20/21) | | | 21.3% | | | 26.2% | | | | | | | | | | |

| 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 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | | |
| infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Nov-20 | 63.8 | <67 | | ✓ | 62.28 (Oct-20) | 4th (Oct-20) | | 76.3 | 78.6 | 80.8 | 82.5 | 81.4 | 43.8 | 43.0 | 46.4 | 53.8 | 62.5 | 64.0 | 65.7 | 63.8 | |
| | Number of E.Coli bacteraemia cases (Hospital) | | Nov-20 | 5 | | | | | | | 5 | 12 | 15 | 15 | 8 | 6 | 6 | 3 | 8 | 8 | 7 | 14 | 5 | |
| | Number of E.Coli bacteraemia cases (Community) | | Nov-20 | 11 | | | | | | | 10 | 20 | 18 | 16 | 15 | 8 | 8 | 14 | 17 | 24 | 16 | 11 | 11 | |
| | Total number of E.Coli bacteraemia cases | | Nov-20 | 16 | | | | | | | 15 | 32 | 33 | 31 | 23 | 14 | 14 | 17 | 25 | 32 | 23 | 25 | 16 | |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Nov-20 | 32.7 | <20 | | ✗ | 23.69 (Oct-20) | 6th (Oct-20) | | 35.4 | 35.2 | 35.6 | 34.8 | 34.2 | 31.5 | 24.7 | 28.8 | 26.1 | 28.2 | 30.7 | 31.5 | 32.7 | |
| | Number of S.aureus bacteraemias cases (Hospital) | | Nov-20 | 7 | | | | | | | 8 | 7 | 6 | 6 | 4 | 4 | 2 | 4 | 3 | 5 | 7 | 6 | 7 | |
| | Number of S.aureus bacteraemias cases (Community) | | Nov-20 | 6 | | | | | | | 3 | 4 | 7 | 2 | 5 | 6 | 4 | 8 | 3 | 7 | 7 | 6 | 6 | |
| | Total number of S.aureus bacteraemias cases | | Nov-20 | 13 | | | | | | | 11 | 11 | 13 | 8 | 9 | 10 | 6 | 12 | 6 | 12 | 14 | 12 | 13 | |
| | Cumulative cases of C.difficile per 100k pop | | Nov-20 | 48.4 | <26 | | ✗ | 30.65 (Oct-20) | 6th (Oct-20) | | 35.8 | 35.6 | 35.3 | 36.5 | 35.4 | 34.4 | 42.9 | 49.5 | 45.3 | 50.2 | 51.2 | 50.4 | 48.4 | |
| | Number of C.difficile cases (Hospital) | | Nov-20 | 8 | | | | | | | 13 | 7 | 6 | 11 | 5 | 9 | 6 | 14 | 7 | 9 | 12 | 12 | 8 | |
| | Number of C.difficile cases (Community) | | Nov-20 | 2 | | | | | | | 4 | 4 | 5 | 4 | 3 | 2 | 10 | 6 | 4 | 14 | 6 | 3 | 2 | |
| | Total number of C.difficile cases | | Nov-20 | 10 | | | | | | | 17 | 11 | 11 | 15 | 8 | 11 | 16 | 20 | 11 | 23 | 18 | 15 | 10 | |
| | Cumulative cases of Klebsiella per 100k pop | | Nov-20 | 23.4 | | | | | | | 22.3 | 21.9 | 22.1 | 21.0 | 21.1 | 18.8 | 18.4 | 21.6 | 20.0 | 22.1 | 21.0 | 21.9 | 23.4 | |
| | Number of Klebsiella cases (Hospital) | | Nov-20 | 7 | | | | | | | 4 | 4 | 7 | 2 | 4 | 1 | 4 | 4 | 3 | 6 | 3 | 7 | 7 | |
| | Number of Klebsiella cases (Community) | | Nov-20 | 4 | | | | | | | 4 | 2 | 1 | 1 | 3 | 5 | 2 | 5 | 2 | 4 | 2 | 2 | 4 | |
| | Total number of Klebsiella cases | | Nov-20 | 11 | | | | | | 44 (Oct-20) | 3rd (Oct-20) | 8 | 6 | 8 | 3 | 7 | 6 | 6 | 9 | 5 | 10 | 5 | 9 | 11 |
| | Cumulative cases of Aërginosa per 100k pop | | Nov-20 | 5.8 | | | | | | | 8.1 | 7.9 | 8.0 | 7.6 | 7.2 | 6.3 | 10.7 | 7.2 | 6.2 | 6.7 | 5.6 | 5.7 | 5.8 | |
| | Number of Aërginosa cases (Hospital) | | Nov-20 | 1 | | | | | | | 1 | 1 | 2 | 1 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | |
| Number of Aërginosa cases (Community) | Nov-20 | 1 | | | | | | | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 3 | 0 | 1 | 1 | | | |
| Total number of Aërginosa cases | Nov-20 | 2 | | | | | | 17 (Oct-20) | 1st (Oct-20) | 1 | 2 | 3 | 1 | 1 | 2 | 5 | 0 | 1 | 3 | 0 | 2 | 2 | | |
| Hand Hygiene Audits - compliance with WHO 5 moments | Local | Nov-20 | 97% | | 95% | | ✓ | | | 97% | 96% | 97% | 93% | 99% | 98% | 99% | 98% | 98% | 94% | 96% | 97% | 97% | | |
| Serious incidents and risks | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | National | Nov-20 | 0% | 90% | 80% | ✗ | | | 55% | 38% | 28% | 29% | 30% | 7% | 29% | 0% | 0% | 50% | 20% | 0% | 0% | | |
| | Number of new Never Events | National | Nov-20 | 1 | 0 | 0 | ✗ | | | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | | |
| | Number of risks with a score greater than 20 | Local | Nov-20 | 138 | | 12 month ↓ | ✗ | | | 105 | 109 | 111 | 114 | 108 | 109 | 101 | 110 | 115 | 121 | 117 | 130 | 138 | | |
| | Number of risks with a score greater than 16 | Local | Nov-20 | 224 | | 12 month ↓ | ✗ | | | 200 | 202 | 205 | 204 | 198 | 202 | 193 | 204 | 210 | 206 | 224 | 224 | | | |
| Pressure Ulcers | Number of pressure ulcers acquired in hospital | Local | Sep-20 | 44 | | 12 month ↓ | ✗ | | | 22 | 24 | 30 | 41 | 31 | 25 | 29 | 18 | 19 | 37 | 44 | 59 | | | |
| | Number of pressure ulcers developed in the community | | Sep-20 | 21 | | 12 month ↓ | ✓ | | | 31 | 24 | 26 | 25 | 39 | 34 | 33 | 34 | 28 | 25 | 21 | 34 | | | |
| | Total number of pressure ulcers | | Sep-20 | 65 | | 12 month ↓ | ✗ | | | 53 | 48 | 56 | 66 | 70 | 59 | 62 | 52 | 47 | 62 | 65 | 93 | | | |
| | Number of grade 3+ pressure ulcers acquired in hospital | | Sep-20 | 0 | | 12 month ↓ | ✓ | | | 2 | 2 | 2 | 3 | 1 | 2 | 0 | 1 | 0 | 4 | 0 | 4 | | | |
| | Number of grade 3+ pressure ulcers acquired in community | | Sep-20 | 5 | | 12 month ↓ | ✗ | | | 8 | 3 | 5 | 8 | 8 | 4 | 6 | 9 | 4 | 5 | 5 | 11 | | | |
| | Total number of grade 3+ pressure ulcers | | Sep-20 | 5 | | 12 month ↓ | ✓ | | | 10 | 5 | 7 | 11 | 9 | 6 | 6 | 10 | 4 | 9 | 5 | 15 | | | |
| Inpatient Falls | Number of Inpatient Falls | Local | Nov-20 | 247 | | 12 month ↓ | ✓ | | | 240 | 297 | 249 | 207 | 210 | 193 | 209 | 196 | 208 | 227 | 219 | 187 | 247 | | |
| | % of universal mortality reviews (UMRs) undertaken within 28 days of a death | Local | Oct-20 | 100% | 95% | 95% | ✓ | | | 100.0% | 98.5% | 98.4% | 100.0% | 95.7% | 95.6% | 99.3% | 100.0% | 95.5% | 96.6% | 99.2% | 100.0% | | | |
| Mortality | Stage 2 mortality reviews required | Local | Oct-20 | 11 | | | | | | 9 | 15 | 16 | 8 | 9 | 10 | 11 | 10 | 10 | 10 | 11 | 11 | | | |
| | % stage 2 mortality reviews completed | Local | Aug-20 | 50% | | 100% | ✗ | | | 78.0% | 67.0% | 75.0% | 44.4% | 0.0% | 30.0% | 27.3% | 50.0% | 90.0% | 50.0% | | | | | |
| | Crude hospital mortality rate (74 years of age or less) | National | Oct-20 | 0.97% | 12 month ↓ | | | 1.24% (Sep-20) | 3rd (Sep-20) | 0.78% | 0.79% | 0.71% | 0.72% | 0.75% | 0.80% | 0.88% | 0.89% | 0.92% | 0.90% | 0.93% | 0.97% | | | |
| | % 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 | Nov-20 | 95% | | 98% | ✗ | | | 93.7% | 96.4% | 97.7% | 95.17% | 91.9% | 92.0% | 93.9% | 91.6% | 96.6% | 92.4% | 93.6% | 93.9% | 94.6% | | |
| Coding | % of episodes clinically coded within 1 month of discharge | Local | Oct-20 | 95% | 95% | 95% | ✓ | | | 93% | 95% | 96% | 95% | 94% | 94% | 97% | 97% | 96% | 96% | 96% | 95% | | | |
| | % of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme | National | 2019/20 | 91% | Annual ↑ | | | 93.9% (2019/20) | 7th (2019/20) | 2019/20 = 91.4% | | | | | | | | | | | | | | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Nov-20 | 66% | | 100% | ✗ | | | 63.0% | 65.0% | 66.0% | 67.0% | 68% | 61% | 63% | 67% | 63% | 66% | 70% | 68% | 66% | | |
| Workforce | Agency spend as a % of the total pay bill | National | Jul-20 | 2.81% | 12 month ↓ | | | 3.83% (Jul-20) | 4th out of 10 organisations (Jul-20) | | 4.31% | 4.07% | 4.95% | 4.69% | 4.46% | 4.04% | 3.21% | 4.32% | 2.81% | | | | | |
| | Overall staff engagement score – scale score method | National | 2018 | 3.81 | Improvement | | | 3.82 (2018) | 7th out of 10 organisations (2018) | | 2018 = 3.81 | | | | | | | | | | | | | |
| | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Nov-20 | 56% | 85% | 85% | ✗ | 61.7% (Jul-20) | 7th out of 10 organisations (Jul-20) | | 69% | 70% | 72% | 74% | 72% | 68% | 63% | 60% | 59% | 58% | 58% | 58% | | |
| | % staff who undertook a performance appraisal who agreed it helped them improve how they do their job | National | 2018 | 55% | Improvement | | | 54% (2018) | 2nd (2018) | | 2018 = 55% | | | | | | | | | | | | | |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | National | Nov-20 | 81% | 85% | 85% | ✗ | 80.0% (Jul-20) | 7th out of 10 organisations (Jul-20) | | 80% | 80% | 81% | 82% | 83% | 82% | 79% | 79% | 80% | 80% | 80% | 80% | | |
| | % workforce sickness absence (12 month rolling) | National | Oct-20 | 7.07% | 12 month ↓ | | | 5.97% (Jul-20) | 10th out of 10 organisations (Jul-20) | | 6.05% | 6.09% | 6.15% | 6.18% | 6.31% | 6.65% | 6.88% | 6.98% | 7.03% | 7.03% | 7.03% | 7.07% | | |
| | % staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment | National | 2018 | 72% | Improvement | | | 73% (2018) | 7th out of 10 organisations (2018) | | 2018 = 72% | | | | | | | | | | | | | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|----------------|---------------------|-----------------------------|----------------------------|------------------|----------------------|---------------------------------------|-------------------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | |
| Primary Care | % of GP practices offering daily appointments between 17:00 and 18:30 hours | Local | Nov-20 | 88% | Annual ↑ | 95% | ✘ | 86.2% | | | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | |
| | % of GP practices open during daily core hours or within 1 hour of daily core hours | Local | Nov-20 | 97% | Annual ↑ | 95% | ✔ | | | | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | |
| | % of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS | National | 2019/20 | 38.80% | 100% | | | 59.7% (2019/20) | 7th (2019.20) | | 2019/20=38.8% | | | | | | | | | | | | | |
| | % of population regularly accessing NHS primary dental care | Local | Q4 19/20 | 60.6% | 4 quarter ↑ | | | 54.8% (Q4 19/20) | 2nd (Q4 19/20) | | | 61% | | | 61% | | | | | | | | | |
| | % of children regularly accessing NHS primary dental care within 24 months | National | Q4 19/20 | 78.7% | 4 quarter ↑ | | | 68.3% (Q4 19/20) | 1st (Q4 19/20) | | | 79% | | | 79% | | | | | | | | | |
| % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | National | Oct-20 | 27.2% | 4 quarter ↓ | | | 32.2% (Q3 19/20) | 2nd (Q3 19/20) | | 32.1% | 32.3% | 31.6% | 31.8% | 29.4% | 19.2% | 16.8% | 14.7% | 18.6% | 24.7% | 23.8% | 27.2% | | | |
| Cancer | % of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route) | National | Nov-20 (draft) | 86.0% | 98% | | | 94.1% (Sep-20) | 3rd out of 6 organisations (Sep-20) | | 95% | 92% | 99% | 93% | 93% | 97% | 82% | 85% | 90% | 91% | 94% | 83% | 86% | |
| | % of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral | National | Nov-20 (draft) | 62.0% | 95% | | | 73.6% (Sep-20) | 2nd out of 6 organisations (Sep-20) | | 86% | 92% | 86% | 78% | 85% | 81% | 86% | 88% | 91% | 91% | 82% | 85% | 62% | |
| | % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments) | National | Nov-20 (draft) | 52.0% | 12 month ↑ | | | 71.3% (Sep-20) | 4th out of 6 organisations (Sep-20) | | 71.0% | 77.0% | 71% | 66% | 76% | 71% | 72% | 73% | 82% | 80% | 71% | 73% | 52% | |
| Radiotherapy waiting times | Scheduled (21 Day Target) | Local | Nov-20 | 58% | 80% | | ✘ | | | | 50% | 43% | 34% | 28% | 56% | 49% | 46% | 57% | 71% | 63% | 60% | 75% | 58% | |
| | Scheduled (28 Day Target) | Local | Nov-20 | 85% | 100% | | ✘ | | | | 75% | 63% | 60% | 58% | 77% | 86% | 84% | 93% | 97% | 92% | 86% | 90% | 85% | |
| | Urgent SC (7 Day Target) | Local | Nov-20 | 31% | 80% | | ✘ | | | | 56% | 53% | 50% | 52% | 48% | 45% | 33% | 65% | 57% | 57% | 54% | 43% | 31% | |
| | Urgent SC (14 Day Target) | Local | Nov-20 | 100% | 100% | | ✔ | | | | 88% | 79% | 79% | 92% | 89% | 91% | 83% | 90% | 97% | 91% | 92% | 86% | 100% | |
| | Emergency (within 1 day) | Local | Nov-20 | 100% | 80% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | Emergency (within 2 days) | Local | Nov-20 | 100% | 100% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | Elective Delay (21 Day Target) | Local | Nov-20 | 56% | 80% | | ✘ | | | | 38% | 35% | 58% | 56% | 84% | 76% | 83% | 92% | 52% | 46% | 58% | 58% | 56% | |
| Elective Delay (28 Day Target) | Local | Nov-20 | 73% | 100% | | ✘ | | | | 44% | 58% | 68% | 73% | 94% | 88% | 100% | 100% | 97% | 75% | 60% | 75% | 73% | | |
| Planned Care | Number of patients waiting > 8 weeks for a specified diagnostics | National | Nov-20 | 6,610 | 0 | | | 60,967 (Sep-20) | 3rd (Sep-20) | | 226 | 569 | 628 | 424 | 1,407 | 5,788 | 8,346 | 8,033 | 7,510 | 8,070 | 7,666 | 6,645 | 6,610 | |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Nov-20 | 817 | 0 | | | 9,072 (Sep-20) | 5th (Sep-20) | | 0 | 0 | 0 | 1 | 51 | 387 | 982 | 1,646 | 1,554 | 1,518 | 1,350 | 1,135 | 817 | |
| | % of patients waiting < 26 weeks for treatment | National | Nov-20 | 49% | 95% | | | 44.8% (Sep-20) | 7th (Sep-20) | | 84.1% | 82.6% | 81.8% | 82.3% | 80.2% | 72.3% | 64.0% | 59.5% | 52.4% | 46.5% | 41.0% | 44.8% | 49.2% | |
| | Number of patients waiting > 26 weeks for outpatient appointment | Local | Nov-20 | 21,005 | 0 | | | | | | 1,120 | 1,305 | 1,453 | 1,306 | 2,055 | 5,499 | 9,300 | 11,964 | 15,721 | 20,497 | 23,069 | 22,050 | 21,005 | |
| | Number of patients waiting > 36 weeks for treatment | National | Nov-20 | 34,431 | 0 | | | 168,944 (Sep-20) | 3rd (Sep-20) | | 4,587 | 5,141 | 5,623 | 5,729 | 6,509 | 8,355 | 10,248 | 13,419 | 18,078 | 22,494 | 26,046 | 30,776 | 34,431 | |
| | The number of patients waiting for a follow-up outpatient appointment | National | Nov-20 | 120,874 | 35% reduction by March 2021 | 103,498 | ✘ | 775,019 (Sep-20) | 5th (Sep-20) | | 130,648 | 131,263 | 131,090 | 128,674 | 125,708 | 123,082 | 121,434 | 120,468 | 120,062 | 120,969 | 120,962 | 120,968 | 120,874 | |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Nov-20 | 27,156 | | 17,892 | ✘ | 199,111 (Sep-20) | 5th (Sep-20) | | 20,498 | 20,579 | 19,969 | 17,747 | 18,258 | 19,538 | 21,026 | 21,448 | 22,101 | 23,209 | 24,472 | 26,217 | 27,156 | |
| % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | National | Oct-20 | 45.2% | 95% | | | 45.7% (Sep-20) | 4th (Sep-20) | | 70.8% | 71.6% | 75.9% | 78.5% | 76.2% | 69.9% | 64.1% | 63.4% | 55.5% | 50.9% | 47.7% | 45.2% | | | |
| 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 | Nov-20 | 6.8% | 12 month ↓ | | | | | | 6.7% | 7.4% | 6.5% | 6.0% | 5.6% | 5.2% | 3.7% | 4.5% | 4.4% | 5.0% | 6.2% | 6.4% | 6.8% | |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Nov-20 | 6.9% | 12 month ↓ | | | | | | 7.5% | 8.0% | 7.7% | 6.9% | 6.5% | 4.7% | 3.3% | 4.4% | 4.9% | 6.1% | 6.6% | 6.6% | 6.9% | |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Nov-20 | 74.0% | | 90% | ✘ | | | | 70% | 56% | 63% | 66% | 35% | 6% | 11% | 16% | 42% | 90% | 75% | 75% | 74% | |
| | % of theatre sessions starting late | Local | Nov-20 | 38.9% | | <25% | ✘ | | | | 51% | 46% | 44% | 43% | 38% | 45% | 43% | 46% | 51% | 46% | 49% | 44% | 39% | |
| | % of theatre sessions finishing early | Local | Nov-20 | 49.6% | | <20% | ✘ | | | | 41% | 43% | 41% | 42% | 40% | 43% | 45% | 36% | 37% | 28% | 39% | 38% | 50% | |
| Postponed operations | Number of procedures postponed either on the day or the day before for specified non-clinical reasons | National | Aug-20 | 2,273 | > 5% annual ↓ | | | 12,055 (Aug-20) | 6th (Aug-20) | | 3,318 | 3,331 | 3,375 | 3,252 | 3,228 | 3,084 | 2,862 | 2,652 | 2,383 | 2,273 | | | | |
| Treatment Fund | All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals | National | Q1 20/21 | 98.7% | 100% | 100% | ✘ | 98.1% (Q1 20/21) | 3rd out of 6 organisations (Q1 20/21) | | | 98.6% | | | 98.7% | | | 98.7% | | | | | | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|---------------------|----------------------|----------------------------|----------------|----------------------|--|-------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | | |
| Prescribing | Total antibacterial items per 1,000 STAR-PUs | National | Q1 20/21 | 243.8 | 4 quarter ↓ | | | 226.8 (Q1 20/21) | 6th (Q1 20/21) | | | 336.5 | | | 323.9 | | | 243.8 | | | | | | | |
| | Patients aged 65 years or over prescribed an antipsychotic | National | Q1 20/21 | 1,464 | Quarter on quarter ↓ | | | 9,936 (Q1 20/21) | 5th (Q1 20/21) | | | 1,474 | | | 1,476 | | | 1,464 | | | | | | | |
| | Number of women of child bearing age prescribed valproate as a % of all women of child bearing age | National | Q1 20/21 | 0.23% | Quarter on quarter ↓ | | | 0.17% (Q1 20/21) | 7th (Q1 20/21) | | | | | | | | | | 0.23% | | | | | | |
| | Opioid average daily quantities per 1,000 patients | National | Q1 20/21 | 4,308 | 4 quarter ↓ | | | 4,382.9 (Q1 20/21) | 3rd (Q1 20/21) | | | 4,409 | | | 4,329 | | | | 4,308 | | | | | | |
| | Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar | National | Q1 20/21 | 80.2% | Quarter on quarter ↑ | | | 80.9% (Q1 20/21) | 4th (Q1 20/21) | | | 80.2% | | | 80.7% | | | | 80.2% | | | | | | |
| Patient experience | Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | National | 2018/19 | 6.4 | Annual ↑ | | | 6.31 (2018/19) | 2nd (2018/19) | | 2018/19= 6.4 | | | | | | | | | | | | | | |
| | % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor | National | 2019/20 | 88.7% | Annual ↑ | | | 88.6% (2019/20) | 3rd (2019/20) | | 2019/20= 88.7% | | | | | | | | | | | | | | |
| | Number of friends and family surveys completed | Local | Nov-20 | 787 | | 12 month ↑ | ✘ | | | | 3,564 | 2,476 | 3,187 | 3,014 | 1,720 | 150 | 247 | 393 | 502 | 625 | 2,804 | 1,047 | 787 | | |
| | % of who would recommend and highly recommend | Local | Nov-20 | 84% | | 90% | ✘ | | | | 95% | 95% | 95% | 95% | 95% | 90% | 92% | 87% | 91% | 83% | 93% | 82% | 84% | | |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Nov-20 | 85% | | 90% | ✘ | | | | 83% | 83% | 86% | 81% | 90% | 95% | 100% | 79% | 91% | 83% | 84% | 79% | 85% | | |
| Complaints | Number of new formal complaints received | Local | Nov-20 | 103 | | 12 month trend ↓ | ✘ | | | | 137 | 87 | 142 | 113 | 92 | 37 | 54 | 77 | 79 | 81 | 114 | 121 | 103 | | |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | National | Sep-20 | 82% | 75% | 80% | ✔ | 58.6% (Q1 20/21) | 2nd (Q1 20/21) | | 76% | 75% | 83% | 76% | 48% | 81% | 81% | 75% | 79% | 72% | 82% | | | | |
| | % of acknowledgements sent within 2 working days | Local | Nov-20 | 100% | | 100% | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | |
| Research | Number of patients recruited in Health and Care Research Wales clinical research portfolio studies | National | Q1 20/21 | 210 | 10% annual ↑ | 1,651 | ✘ | 3,486 (Q1 20/21) | 6th out of 10 organisations (Q1 20/21) | | | 1,109 | | | 1,505 | | | 210 | | | | | | | |
| | Number of patients recruited in Health and Care Research Wales commercially sponsored studies | | Q1 20/21 | 2 | 5% annual ↑ | 215 | ✘ | 19 (Q1 20/21) | 3rd out of 10 organisations (Q1 20/21) | | | 179 | | | 205 | | | | 2 | | | | | | |

| Harm from wider societal actions/lockdown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|---------------------|-------------------|----------------------------|----------------|----------------------|---------------------------------------|-------------------|--|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--|--|--|-------|-------|--------------------|-------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | | | | | | | |
| Early years measures | % of babies who are exclusively breastfed at 10 days old | National | 2019/20 | 34.2% | Annual ↑ | | | 35.3% | 5th (2019/20) | | 2019/20= 34.2% | | | | | | | | | | | | | | | | | | | |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q1 20/21 | 96.5% | 95% | | | 96.2% (Q1 20/21) | 3rd (Q1 20/21) | | | 96% | | | 96% | | | 96.5% | | | | | | | | | | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q1 20/21 | 90.8% | 95% | | | 92.4% (Q1 20/21) | 6th (Q1 20/21) | | | 92% | | | 92% | | | | 90.8% | | | | | | | | | | | |
| Smoking cessation | % of adult smokers who make a quit attempt via smoking cessation services | National | Q4 19/20 | 2.87% | 5% annual target | 4.2% | ✘ | 3.34% (Q4 19/20) | 6th (Q4 19/20) | | 1.9% | 2.1% | 2.4% | | 2.87% | | | | | | | | | | | | | | | |
| | % of those smokers who are co-validated as quit at 4 weeks | National | Q3 19/20 | 52.6% | 40% annual target | 40.0% | ✔ | 41.6% (Q4 19/20) | 2nd (Q4 19/20) | | | 55% | | | 52.6% | | | | | | | | | | | | | | | |
| Alcohol | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | National | Q1 20/21 | 27870% | 4 quarter ↓ | | | 280.3 (Q1 20/21) | 5th (Q1 20/21) | | | 404.4 | | | 390.5 | | | | | | | | | | | | | | | |
| | % of people who have been referred to health board services who have completed treatment for alcohol abuse | National | Q1 20/21 | 49% | 4 quarter ↑ | | | 59.9% (20/21) | 5th (Q1 20/21) | | | 27.4% | | | 48.7% | | | | 49.0% | | | | | | | | | | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Nov-20 | 72.4% | 75% | | | 73.3% (Nov-20) | 3rd (Nov-20) | | 62.0% | 66.2% | 68.7% | 68.0% | 68.1% | Data collection restarts October 2020 | | | | | 65.6% | 72.4% | | | | | | | | |
| | % uptake of influenza among under 65s in risk groups | National | Nov-20 | 42.8% | 55% | | | 43.0% (Nov-20) | 5th (Nov-20) | | 32.0% | 39.2% | 42.8% | 43.4% | 44.0% | | | | | | | | | | | | 34.4% | 42.8% | | |
| | % uptake of influenza among pregnant women | National | 2019/20 | 86.1% | 75% | | | 78.5% (2019/20) | 5th (2019/20) | | | | | | 78.2% | | | | | | | | | | | | | | Data not available | |
| | % uptake of influenza among children 2 to 3 years old | Local | Nov-20 | 48.8% | 50% | | | 50.2% (Nov-20) | 5th (Nov-20) | | 24.0% | 42.1% | 48.2% | 50.3% | 50.3% | | | | | | | | | | | | | | 35.7% | 48.8% |
| | % uptake of influenza among healthcare workers | National | Nov-20 | 62.9% | 60% | | | 58.7% (2019/20) | 7th out of 10 organisations (2019/20) | | 55.0% | 56.0% | 58.7% | 58.7% | 58.7% | | | | | | | | | | | | | | | 56.2% |
| Screening services | Uptake of screening for bowel cancer | National | 2018/19 | 57.0% | 60% | | | 57.3% (2018/19) | 4th (2018/19) | | 2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | | | | | | | | |
| | Uptake of screening for breast cancer | National | 2018/19 | 73.6% | 70% | | | 72.8% (2018/19) | 2nd (2018/19) | | 2018/19= 73.6% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | | | | | | | | |
| | Uptake of screening for cervical cancer | National | 2018/19 | 72.1% | 80% | | | 73.2% (2018/19) | 5th (2018/19) | | 2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | | | | | | | | |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Oct-20 | 100% | | 100% | ✔ | | | | 98% | 100% | 100% | 100% | 94% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | | | | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Oct-20 | 22% | 80% | 80% | ✘ | 25.7% (Sep-20) | 5th (Sep-20) | | 36% | 36% | 28% | 35% | 38% | 35% | 30% | 28% | 30% | 24% | 21% | 22% | | | | | | | | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Oct-20 | 90% | 80% | 80% | ✔ | 74.0% (Sep-20) | 3rd (Sep-20) | | 77% | 69% | 87% | 93% | 67% | 44% | 78% | 100% | 100% | 100% | 98% | 90% | | | | | | | | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Oct-20 | 21% | | 80% | ✘ | 74.2% (Sep-20) | 5th (Sep-20) | | 17% | 4% | 0% | 0% | 14% | | | 88% | 100% | 100% | 100% | 62% | 21% | | | | | | | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Oct-20 | 100% | | 80% | ✔ | 88.3% (Sep-20) | 1st (Sep-20) | | 100% | 100% | 94% | 100% | 94% | | | 100% | 100% | 100% | 86% | 100% | 100% | | | | | | | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Oct-20 | 79% | | 80% | ✘ | | | | 82% | 69% | 87% | 93% | 75% | 46% | 72% | 100% | 100% | 100% | 98% | 79% | | | | | | | | |
| | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Oct-20 | 82% | | 90% | ✘ | 78.6% (Sep-20) | 3rd (Sep-20) | | 100% | 100% | 100% | 99% | 99% | 99% | 97% | 91% | 98% | 98% | 81% | 82% | | | | | | | | |
| 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 | Oct-20 | 99.5% | 80% | 80% | ✔ | 82.4% (Sep-20) | 2nd (Sep-20) | | 97% | 98% | 93% | 97% | 97% | 99% | 99% | 100% | 99% | 99% | 97% | 99.5% | | | | | | | | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Oct-20 | 93% | 80% | 80% | ✔ | 89.7% (Sep-20) | 2nd (Sep-20) | | 90% | 92% | 89% | 94% | 97% | 97% | 100% | 96% | 96% | 88% | 94% | 93% | | | | | | | | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Oct-20 | 99.7% | 95% | 95% | ✔ | 56.0% (Sep-20) | 1st (Sep-20) | | 100% | 100% | 100% | 100% | 100% | 93% | 89% | 84% | 89% | 91% | 99% | 99.7% | | | | | | | | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | Oct-20 | 91% | 90% | 90% | ✔ | 85.3% (Sep-20) | 2nd (Sep-20) | | 92% | 91% | 93% | 92% | 91% | 93% | 92% | 92% | 94% | 92% | 90% | 91% | | | | | | | | |
| Self harm | Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) | National | 2019/20 | 3.29 | Annual ↓ | | | 3.97 (2019/20) | 4th (2019/20) | | 2019/20= 3.29 | | | | | | | | | | | | | | | | | | | |
| Dementia | % of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register) | National | 2018/19 | 59.4% | Annual ↑ | | | 54.7% (2018/19) | 2nd (2018/19) | | 2018/19= 59.4% | | | | | | | | | | | | | | | | | | | |