Meeting Date	24th November 2020	Agenda Item	2.1
Report Title	**Integrated Performance Report**		
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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	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. 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. **Key high level issues to highlight this month are as follows:** **Benchmarking data-** Welsh Government has recommenced publishing official statistics on NHS performance measures therefore enabling benchmarking data to be included in this report. The published data is being utilised by Welsh Government for management information and to provide assurance against the delivery of local Health Board quarterly plans. The benchmarking data can be found in the summary table starting on page 63 of this report. In addition to the all-Wales average/ total a new		

	column has been added to the table which shows Swansea Bay University (SBU) Health Board's rank position for each measure against all NHS Wales organisations. It is hoped that the rank will help to see how SBU is performing against the other Health Boards in Wales. **Unscheduled Care**- Demand for emergency department care within Swansea Bay University (SBU) Health Board reduced in October 2020, which could be as a result of the Firebreak Lockdown in Wales which came into effect on 23rd October 2020 and lasted 17 days. The percentage of patients seen within 4 hours in A&E and the number of patients waiting over 12 hours both improved in October 2020, as well as the number of ambulance to hospital delays over 1 hour. **Planned Care**- October 2020 was the first month that has seen a reduction in the number of patients waiting over 26 weeks for an outpatient appointment since Welsh Government announced in March 2020 that all non-urgent elective appointments were to be suspended. 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 October 2020 with some therapy services returning to a nil breach position (i.e. Occupational Therapy and Physiotherapy) **Cancer**- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days significantly increased in October 2020, which is reflected in a worsening projected position for October 2020 for the 31 and 62 day access targets. October's figures are in the process of being validated at the time of writing this report. **Mental Health**- performance against the Mental Health Measures continues to be maintained and all targets were achieved in September 2020. Psychological therapies access times significantly improved in September 2020 with an achievement of 98.7% against the 95% target. **Child and Adolescent Mental Health Services (CAMHS)-** access to CAMHS continues to be high for the majority of measures however, access to Neurodevelopmental Disorder (NDD) remains low at 21% in September 2020, and access times for routine assessments and patients receiving a Care Treatment Plan were below target for the first time in 2020/21.

Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	

Recommendations	Members are asked to:

	• **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	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
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. There are no directly related Equality and Diversity implications as a result of this report.		
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 October 2020. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report

Appendix 1- Integrated Performance Report November 2020

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1. OVERVIEW

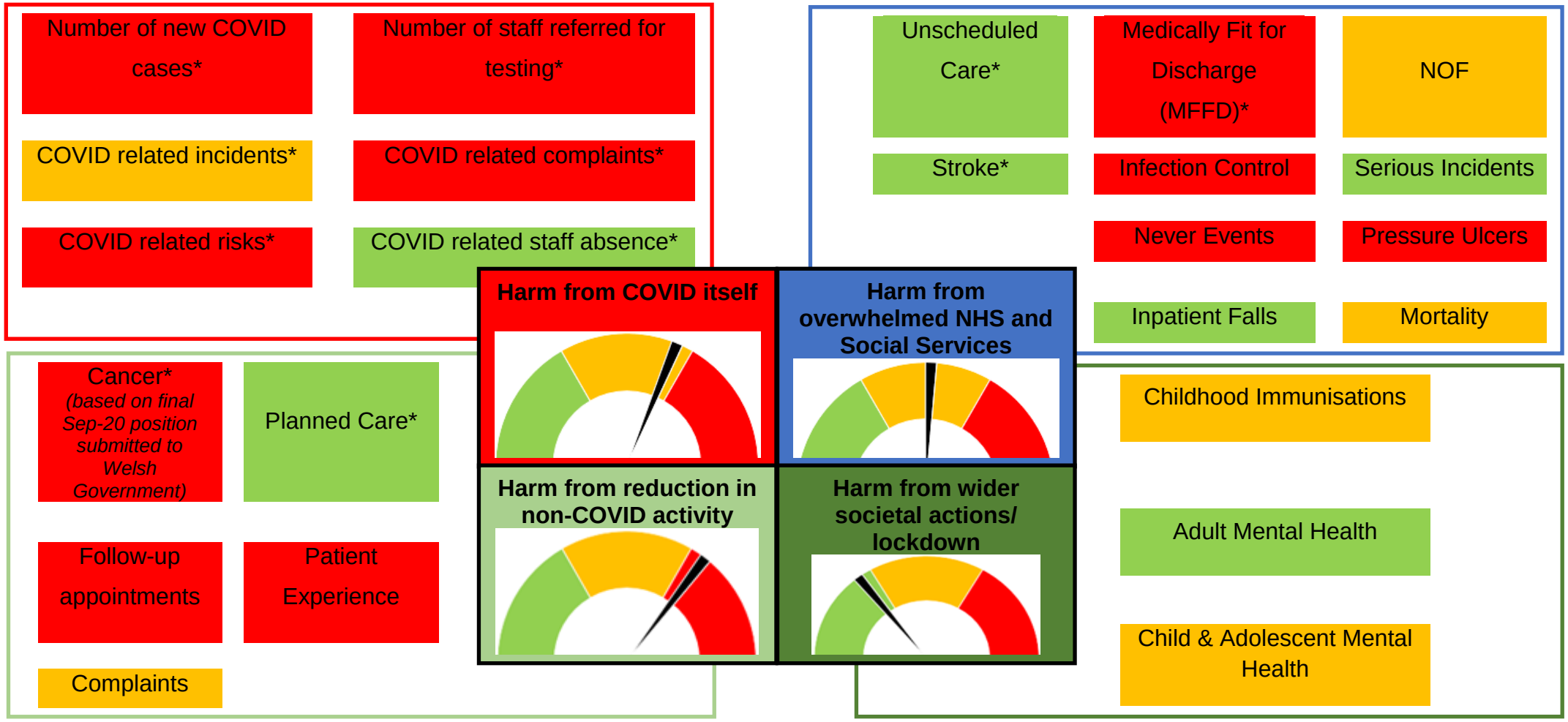
The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

Successes	Priorities
• Primary Care contractors continue to provide services utilising digital technology and delivering face to face care whilst adhering to COVID19 regulations. • In October 2020, unscheduled care performance saw an in-month improvement for patients waiting over 4 hours in A&E and the number of patients waiting over 12 hours in A&E as well as the number of ambulance handovers taking over 1 hour • 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 and Therapies continues to reduce. • In October 2020, the number of patients waiting over 26 weeks for an outpatient appointment reduced for the first time since February 2020. • Sustained achievement of the mental health measures access targets throughout the COVID19 pandemic. Psychological therapy waiting times were above target in September 2020 for the first time since the start of the outbreak in March 2020.	• 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. • Ensure the hospital sites have maximum capacity to deal with increasing COVID19 pressures by reducing the number of Medically Fit For Discharge (MFFD) patients through the effective use Hospital to Home (H2H) and the Rapid Discharge Pathway. • Make sure staff are able to access COVID19 antigen testing in a timely manner. • Continue to encourage maximum uptake of the flu vaccine for all healthcare workers and all eligible people. • Ensure that the Health Board's mass vaccination plan is ready to be implemented should a COVID vaccine become available. • Address volume and length of wait for outpatient contacts
Opportunities	**Risks & Threats**

• Welsh Government is making funding available to support businesses with innovative products and services that will help communities and the public sector adapt to the ongoing impact of the coronavirus pandemic. Solutions could include ways to use emerging digital and smart technology to support the mental wellbeing of people within communities; reduce the impact of emissions on health; tackle the impacts of food poverty; or reduce unemployment and the need to commute.
• Link in with all-Wales work on risk stratification of elective waiting lists.
• Link in with national work on changing to a quality focused measurement system for urgent and emergency care services.
	• The ongoing COVID19 pandemic continues to have a significant impact on the Health Board's ability to meet increasing demands. Extensive work continues to be undertaken in response to the outbreak. Key pressures include:
	  ○ 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) –October 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%					
		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					
		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					
		Profile	332	311	337	262	286	352	375	373	386	301	303	183
Stroke	Direct admission within 4 hours	Actual			53%	57%	51%	50%						
		Profile	61%	53%	56%	54%	41%	52%	64%	59%	63%	58%	77%	68%
	CT scan within 1 hour	Actual			49%	48%	53%	63%						
		Profile												
	Assessed by Stroke Specialist within 24 hours	Actual			100%	95%	97%	98%						
		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%						
		Profile												
	Patients receiving the required minutes for Speech and Language Therapy	Actual			31%	44%	62%	80%						
		Profile												
Planned care	Outpatients waiting more than 26 weeks	Actual	5,499	9,300	11,964	15,721	20,497	23,069	22,050					
		Profile												
	Treatment waits over 36 weeks	Actual	8,355	10,248	13,419	18,078	22,494	26,046	30,776					
		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	6,896					
		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					
		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%	89%					
		Profile	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	USC patients starting treatment in 62 days	Actual	81%	86%	88%	91%	91%	82%	70%					
		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					
		Profile	8	8	8	8	8	8	8	8	8	8	8	8
	Number of healthcare acquired S.Aureus Bacteraemia cases	Actual	10	6	12	6	12	14	12					
		Profile	6	6	6	6	6	6	6	6	6	6	6	6
	Number of healthcare acquired E.Coli Bacteraemia cases	Actual	14	14	17	25	32	23	25					
		Profile	21	21	21	21	21	21	21	21	21	21	21	21
	Number of healthcare acquired Klebsiella Bacteraemia cases	Actual	6	6	9	5	10	5	9					
		Profile	6	6	6	6	6	6	6	6	6	6	6	6
	Number of healthcare acquired Pseudomonas Aeruginosa cases	Actual	2	5	0	1	3	0	2					
		Profile	2	2	2	2	2	2	2	2	2	2	2	2

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

4. OPERATIONAL PLAN DASHBOARD

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

Harm from Covid itself										
		Trend (from 1st Apr 20)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Comments
Covid Demand:										
• Number of new cases			1,356	293	34	53	66	787	4,663	Monthly totals are based on the last day of the month. Source: COVID19 dashboard
• Number of staff referred for the Testing (cumulative)			2,281	2,785	3,102	3,329	3,564	4,765	6,460	Cumulative total for each month. Source: COVID19 dashboard
Number of staff awaiting results			0	19	16	1	0	38 (as at 10/11/20)	*21 (as at 06/11/20)*	Monthly totals are a snapshot taken on the last day of the month as a cumulative total for the month would include double counting.
Contact tracing and antibody testing measures:										
Total number of people received an antibody test						15,524 *(as at 13.07.20)*	17,821 *(as at 09/09/20)*	18,414 *(as at 06/10/20)*	18,487 *(as at 02/11/20)*	Source: COVID staff briefing (03/11/2020)
Complaints, incidents and risks related to Covid:										
• Number of incidents			119	67	40	26	39	30	87	Source:COVID19 dashboard
• Number of serious incidents			1	0	2	0	9	1	0	
• Number of complaints			69	61	39	58	27	28	31	
• Number of risk			19	20	19	5	8	2	6	
Daily PPE Stock- amount of supply:										
• Mask – FFP3	Morriston		>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	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
• Mask – FRSM Type 11R	Morriston		24-48hrs	>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	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
• Gloves	Morriston		>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	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
• Gowns	Morriston		>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	
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	
	MH & LD		>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		Data reported a month in arrears. Snapshots taken mid month Source: Workforce
	Nursing Reg		270	166	145	133	142	149		
	Nursing Non Reg		148	105	112	97	96	77		
	Other		352	206	190	163	158	93		
Number of staff self isolated (symptomatic)	Medical		90	13	7	2	0	8		
	Nursing Reg		289	117	56	23	14	25		
	Nursing Non Reg		177	67	37	18	9	8		
	Other		304	95	41	27	13	31		
% sickness	Medical		14.9%	4.0%	3.0%	2.8%	2.5%	4.0%		
	Nursing Reg		14.2%	7.0%	5.1%	4.0%	4.0%	4.4%		
	Nursing Non Reg		16.6%	8.0%	7.2%	5.5%	5.2%	4.2%		
	Other		11.0%	5.0%	3.6%	2.9%	2.7%	2.0%		
	All		13.2%	6.0%	4.5%	3.6%	3.5%	3.2%		

Harm from overwhelmed NHS and social care system										
		Trend *(from 1st Apr 20)*	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	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%	Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard
• Number of patients waiting over 12 hours in A&E			131	97	81	223	286	537	494	Data includes Morriston Hospital and NPT hospital. Source: Patient flow dashboard
• Number of ambulance handovers taking over 1 hour			61	20	47	120	163	410	355	Data includes Morriston Hospital and Singleton hospital. Source: Patient flow dashboard
• % ambulance responses to red calls within 8 minutes			69.5%	75.0%	75.5%	73.8%	72.2%	69.2%	66.2%	Source: WAST Health Board Area Report
ED demand (attendances)			5,280	7,761	8,525	9,116	9,684	9,329	7,908	Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard
Healthcare Acquired Infections:										
• E.coli bacteraemia	Number of cases		14	14	17	25	32	23	25	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	
• Staph.Aueurs bacteraemia	Number of cases		10	6	12	6	12	14	12	
	Rate per 100k pop.		31.3	18.1	37.5	18.1	36.3	43.8	36.3	
• Clostridium Difficile	Number of cases		11	16	20	11	23	18	15	
	Rate per 100k pop.		34.4	51.4	62.5	33.3	69.6	56.2	45.4	
• Klebsiella spp. Bacteraemia	Number of cases		6	6	9	5	10	5	9	
	Rate per 100k pop.		18.8	18.1	28.1	15.1	30.2	15.6	27.2	
• Pseudomonas aeruginosa bacteraemia	Number of cases		2	5	0	1	3	0	2	
	Rate per 100k pop.		6.3	15.1	0.0	3.0	9.1	0.0	6.1	
Medically Fit for Discharge numbers			88	78	92	101	112	114	142	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Number of mortuary spaces			72	161	233	188	170	164	158	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	Source: COVID19 dashboard
Hospital bed occupancy (suspected and confirmed COVID19):										
• General bed			186	58	46	41	30	37	176	Snapshot taken on the last day of the month. Source: COVID19 dashboard
• Critical Care bed			19	5	4	1	0	3	11	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	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%	89% (draft)	Data reported two months in arrears. Final June 2020 data will be available on 31/07/20 Source: SaFF report.
	USC- 62 day access target		80.8%	91.7%	87.8%	90.5%	90.6%	81.6%	70% (draft)	
	Single cancer pathway		70.9%	72.1%	73.0%	81.5%	80.0%	71.0%	73% (draft)	
• RTT	% waiting under 26 weeks		72.3%	64.0%	59.5%	52.4%	46.5%	41.0%	44.8%	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	
• Diagnostics	Number > 8 weeks		5,788	8,346	8,033	7,510	8,070	7,666	6,896	
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	Source: Patient Feedback Team
• % of who would recommend and highly recommend			90%	92%	87%	91%	81%	93%	82%	
• % of All Wales surveys scoring 9 or 10 on overall satisfaction			95%	100%	79%	91%	83%	84%	79%	

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	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%					
MHLD and Children's services activity										
Adult Mental Health Services	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral		99%	99%	100%	99%	99%	97%		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%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health		93%	89%	84%	89%	91%	99%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)		93%	92%	92%	94%	92%	90%		

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	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%		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%		
	% 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%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral		Data not available	88%	100%	100%	100%	98%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS		Data not available	100%	100%	100%	86%	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%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral		46%	72%	100%	100%	100%	98%		

4.1 HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

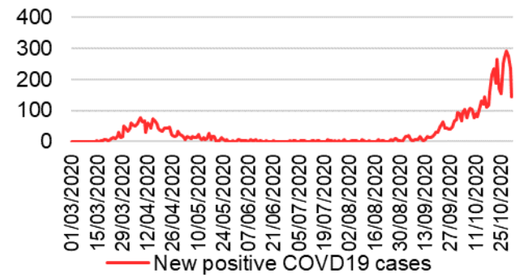


Chart 2: Number of new COVID19 cases (cumulative)

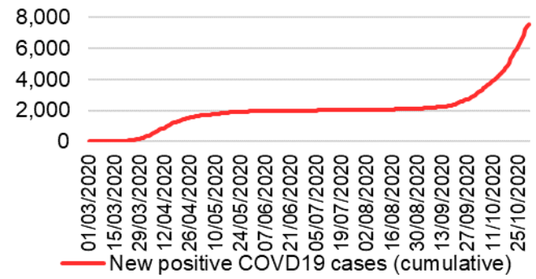


Chart 3: Number of COVID19 tests completed and positivity rate

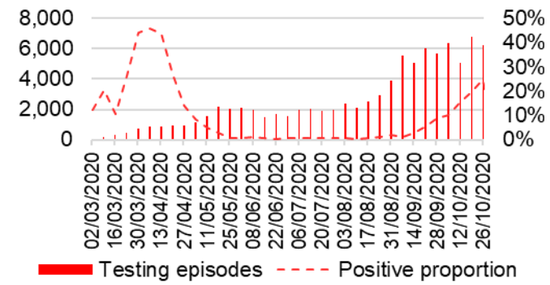


Chart 4: Number of staff referred for Antigen testing

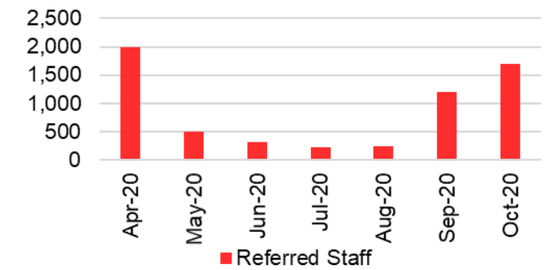


Chart 5: Outcome of staff COVID19/ antigen tests

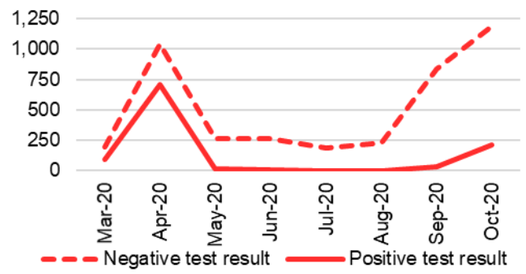


Chart 6: Number of COVID19 related incidents

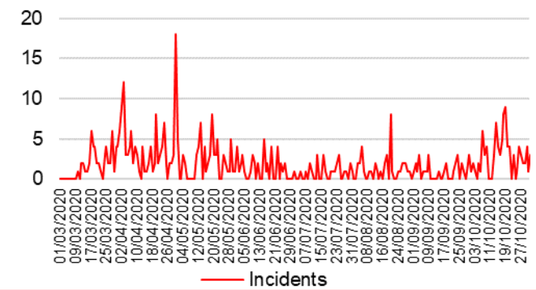


Chart 7: Number of COVID19 related serious incidents

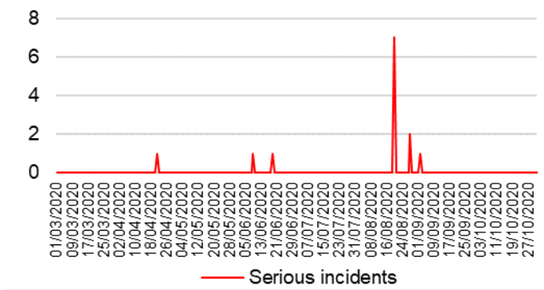


Chart 8: Number of COVID19 related complaints

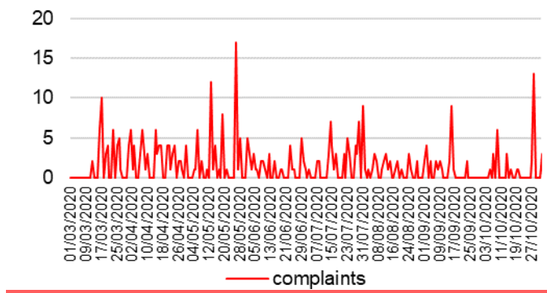


Chart 9: Number of COVID19 related risks

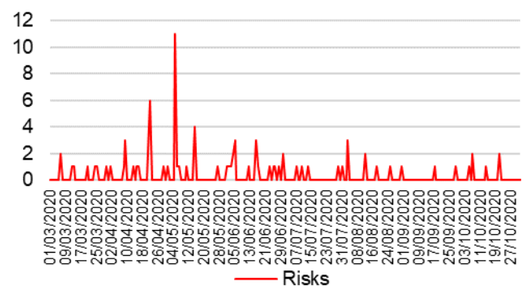


Chart 10: Number of staff self isolating (asymptomatic)

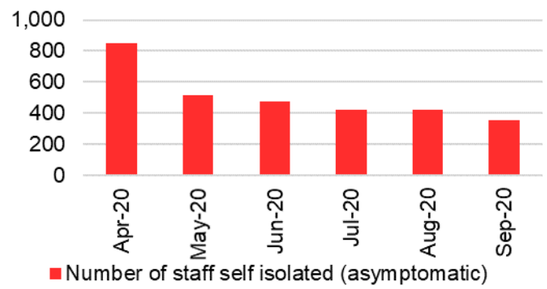


Chart 11: Number of staff self isolating (symptomatic)

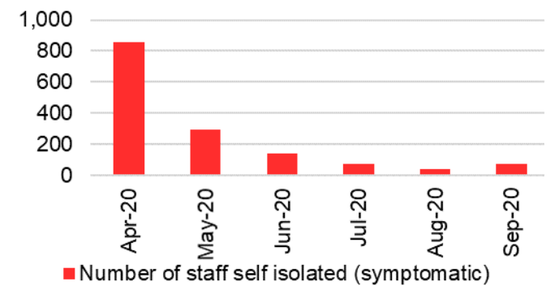


Chart 12: % staff sickness

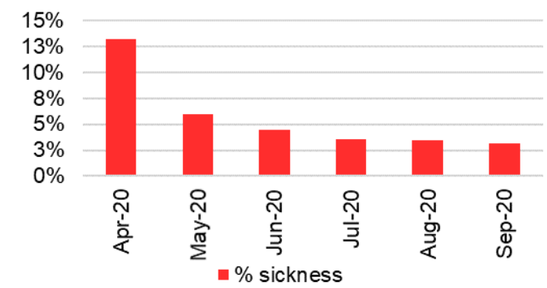


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

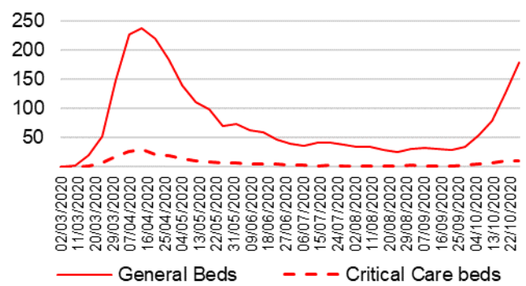


Chart 14: Number of hospital deaths with any mention of COVID19

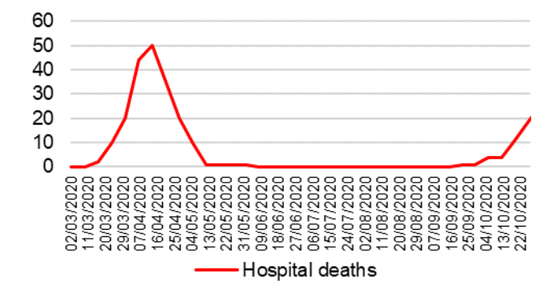


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

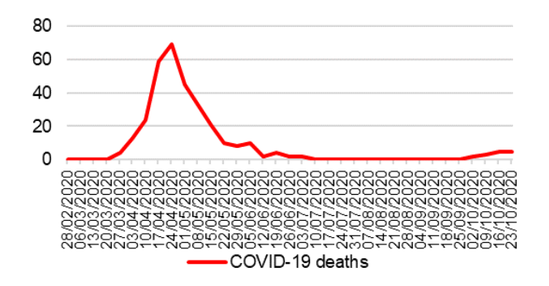
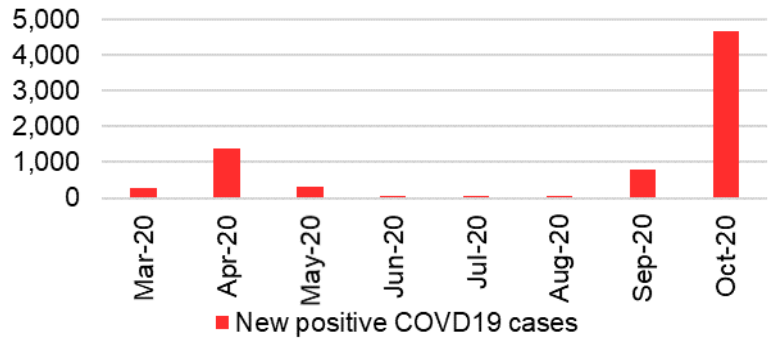
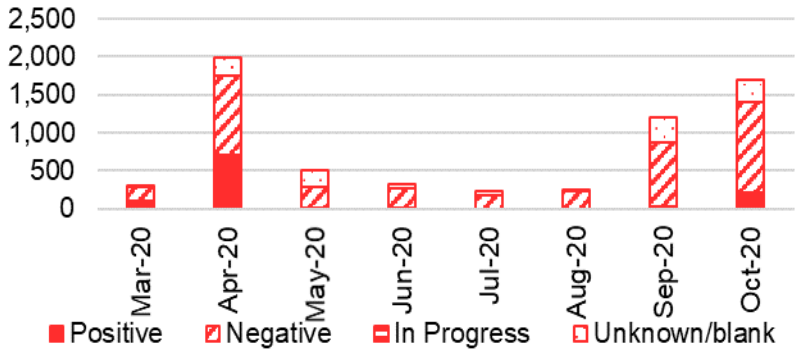
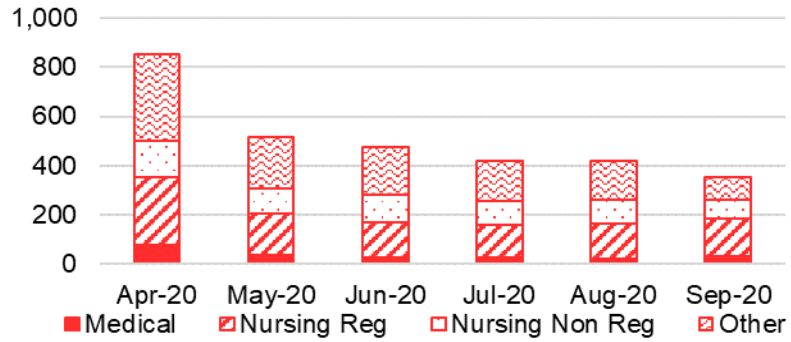
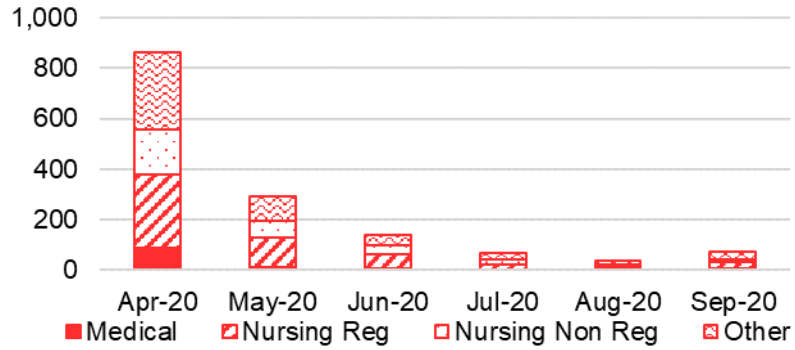


Chart 16: Number of mortuary spaces

4.1 Updates on key measures

COVID TESTING		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**1. Number of new COVID cases** In October 2020, there were an additional 4,663 positive cases recorded bringing the cumulative total to 7,572 since March 2020. In October 2020, a total of 37,150 tests were carried out of which 12% (4,663) were positive.	**1.Number of new COVID19 cases for Swansea Bay population** 
2. Number of staff referred for Antigen testing	**2. Staff referred for Antigen testing** The cumulative number of staff referred for COVID testing between March 2020 and October 2020 is 6,460 of which 1,072 had had a positive COVID test result (17%).	**2.Number of staff referred for Antigen testing** 
3. Number of staff waiting results of Antigen test	**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 November 2020 shows that 21 members of staff awaiting their antigen test result.	

COVID RELATED STAFF ABSENCE

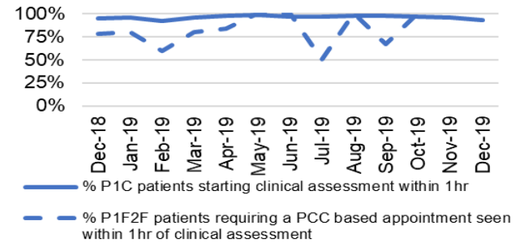
Description	Current Performance	Trend
Staff absence due to COVID19 *1.Number of staff self isolating (asymptomatic)* *2.Number of staff self isolating (symptomatic)* *3.% staff sickness*	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. **1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)** The number of staff self-isolating reduced between August and September 2020. Registered nursing has the largest proportion of self-isolating staff who are asymptomatic and the "other" staff group has the largest proportion of self-isolating staff who are symptomatic in September 2020. **3. % Staff sickness** The percentage of staff sickness absence due to COVID-19 has significantly reduced from 13.2% in April 2020 to 3.2% in September 2020.	**1.Number of staff self isolating (asymptomatic)**  **2.Number of staff self isolating (symptomatic)**  **3.% staff sickness**

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Medical	14.9%	4.0%	3.0%	2.8%	2.5%	4.0%
Nursing Reg	14.2%	7.0%	5.1%	4.0%	4.0%	4.4%
Nursing Non Reg	16.6%	8.0%	7.2%	5.5%	5.2%	4.2%
Other	11.0%	5.0%	3.6%	2.9%	2.7%	2.0%
All	13.2%	6.0%	4.5%	3.6%	3.5%	3.2%

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

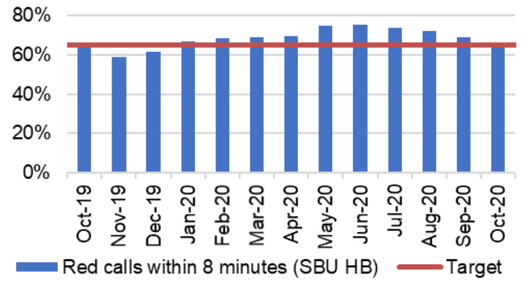


Chart 3: Number of ambulance handovers over 1 hour

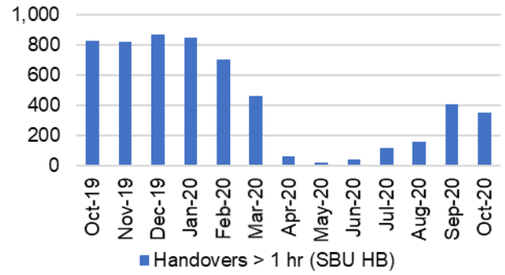


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

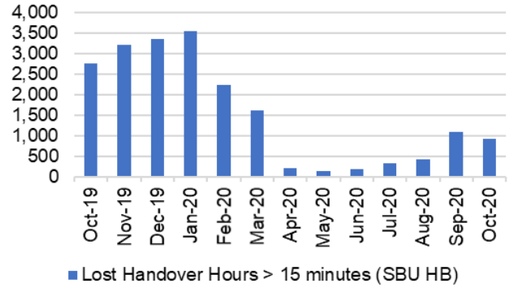


Chart 5: A&E Attendances

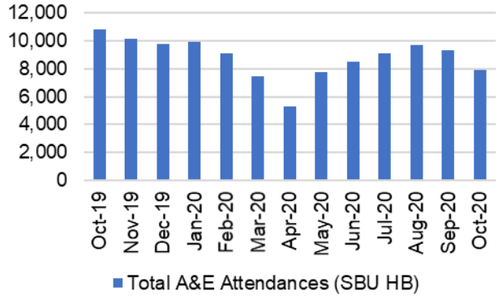


Chart 6: % patients who spend less than 4 hours in A&E

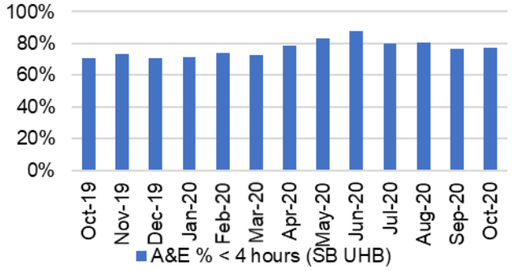


Chart 7: Number of patients waiting over 12 hours in A&E

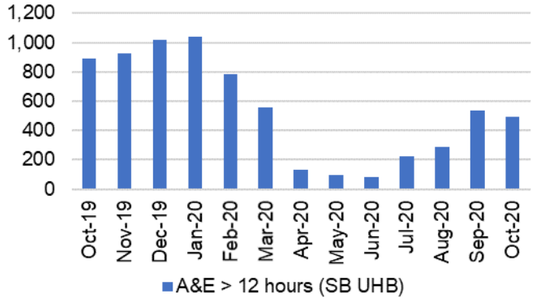


Chart 8: Number of emergency admissions

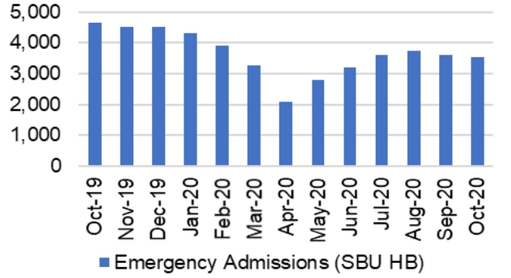


Chart 9: Elective procedures cancelled due to lack of beds

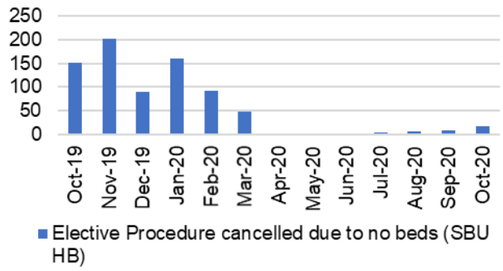


Chart 10: : Number of mental health delayed transfers of care

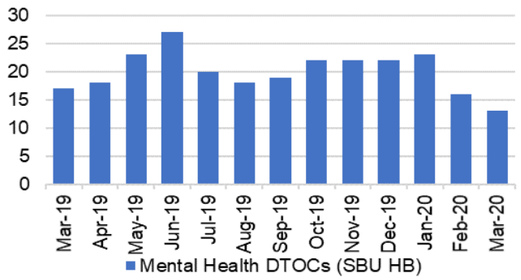


Chart 11: Number of non- mental health delayed transfers of care

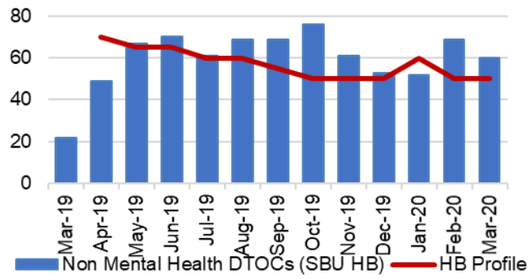


Chart 12: % of critical care bed days lost to delayed transfers of care

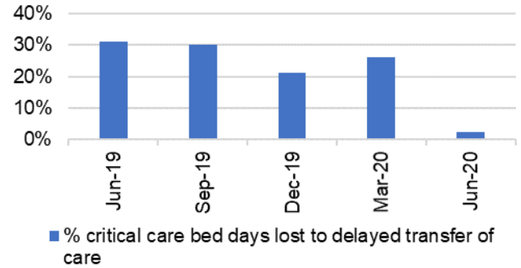


Chart 12: % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

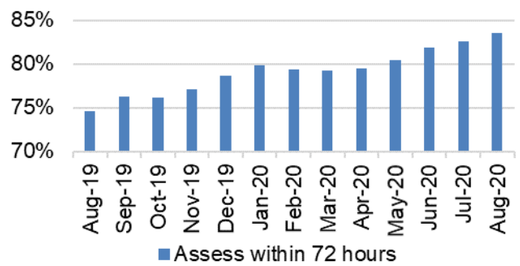
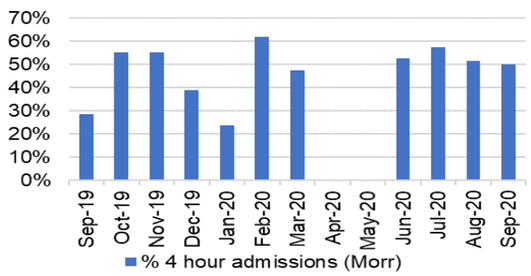
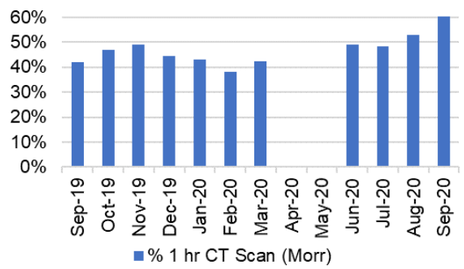


Chart 13: Direct admission to Acute Stroke Unit within 4 hours



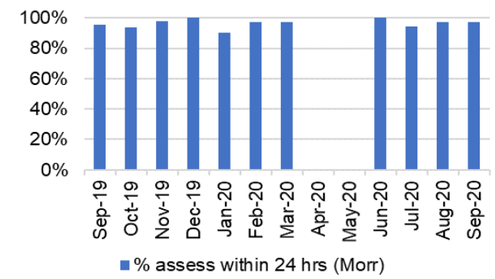
* No data available for April and May 2020

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



* No data available for April and May 2020

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



* No data available for April and May 2020

Unscheduled Care Overview (October 2020)

Primary Care Access

97% (→)
GP practices open during daily core hours

88% (→)
GP practices offering appointments between 5pm-6:30pm

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 *(July-19)*

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 *(Oct-19)*

Ambulance

66.2% (3%↓)
Red calls responded to with 8 minutes

355 (13%↓)
Ambulance handovers over 1 hour

3,296 (2%↓)
Amber calls

338 (13%↓)
Red calls

Emergency Department

7,908 (15%↓)
A&E attendances

77.18% (0.8%↑)
Waits in A&E under 4 hours

494 (8%↓)
Waits in A&E over 12 hours

1,314 (3%↓)
Patients admitted from A&E

Emergency Activity

3,535 (2%↓)
Emergency Inpatient Admissions

361 (→)
Emergency Theatre Cases

299 (7%↓)
Trauma theatre cases

17 (113%↑)
Elective procedures cancelled due to no beds

Patient Flow

13 (19%↓) *(Mar-20)*
Mental Health DTOCs
* Data collection temporarily suspended

60 (13%↓) *(Mar-20)*
Non-Mental Health DTOCs
* Data collection temporarily suspended

142 (25%↑)
Medically fit patients

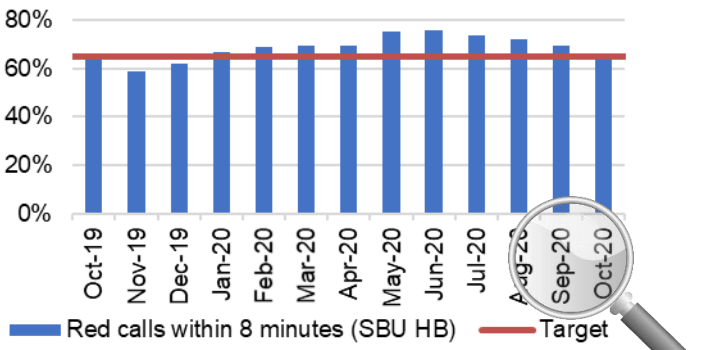
*RAG status and trend is based on in month-movement

5.2 Updates on key measures

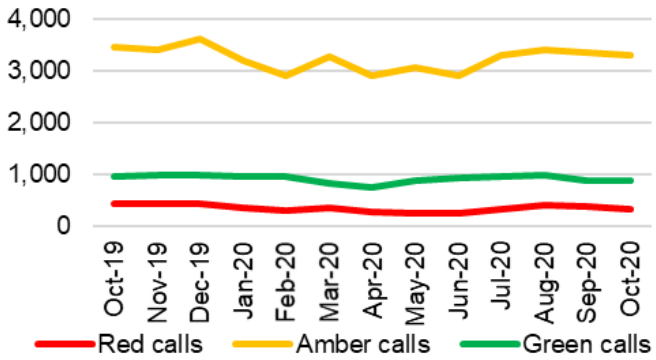
UNSCHEDULED CARE	
Description	**Current Performance**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	Ambulance response times have consistently been above 65% in the year 2020 and in October 2020 performance was 66.2%. In October 2020, the number of green calls increased by 0.2% amber calls reduced by 2% and red calls reduced by 13% compared with September 2020.

Trend

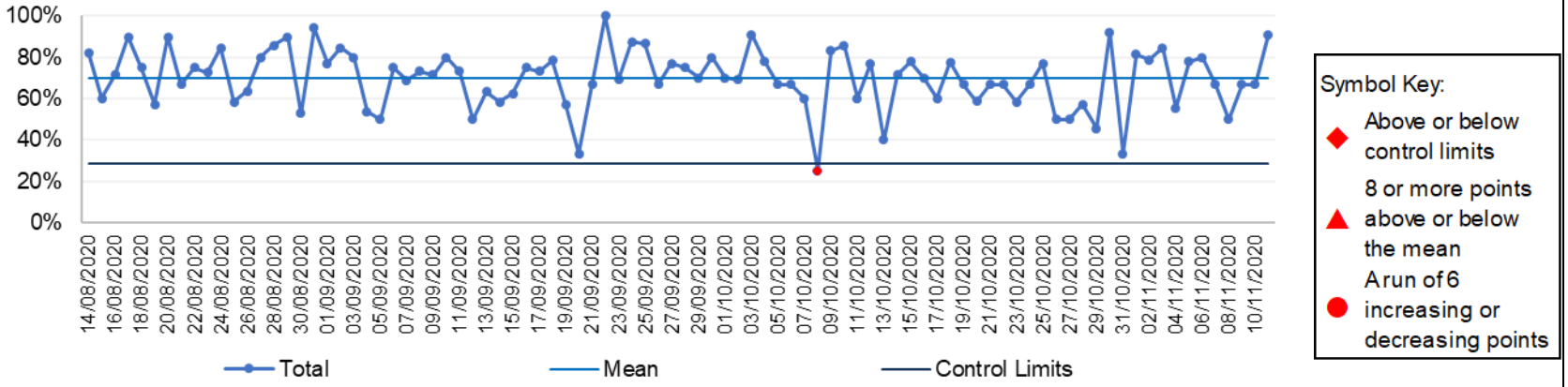
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



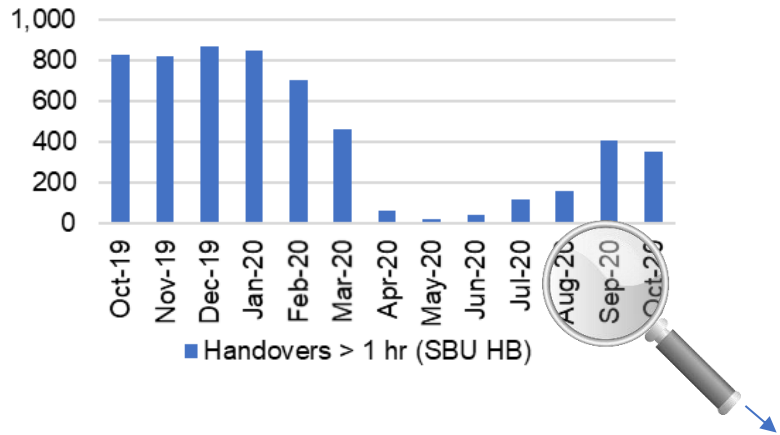
3. % of red calls responded to within 8 minutes – HB total last 90 days



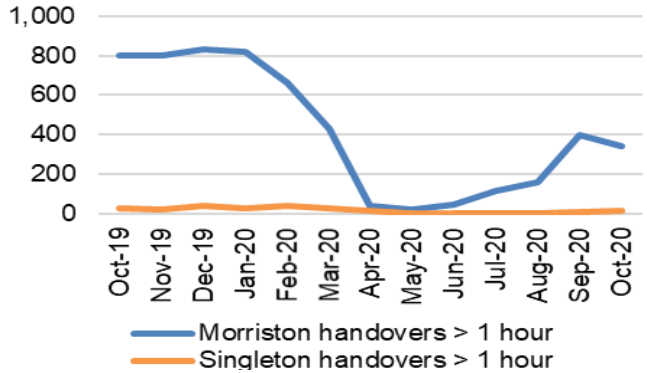
UNSCHEDULED CARE	
Description	**Current Performance**
Ambulance handovers *1.The number of ambulance handovers over one hour* *2. The number of ambulance handovers over one hour- Hospital level* *3.The number of ambulance handovers over one hour (last 90 days)*	In October 2020, there were 355 ambulance to hospital handovers taking over 1 hour; this is a reduction from 827 in October 2019 and an in-month reduction from September 2020 (from 410 to 355). In October 2020, 340 handovers over 1 hour were attributed to Morriston Hospital and 15 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes significantly reduced from 2,778 in October 2019 to 916 in October 2020 and also reduced from 1,100 in September 2020.

Trend

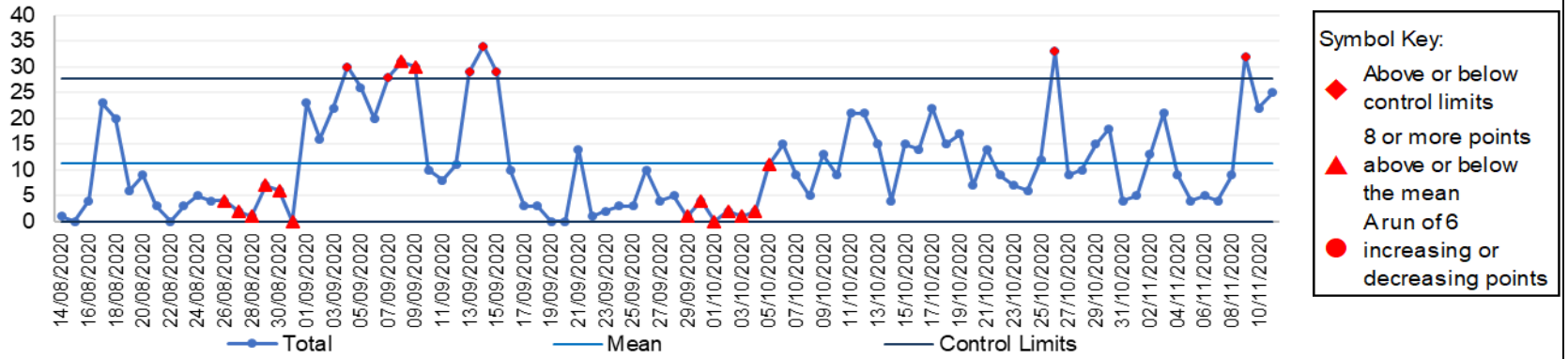
1. Number of ambulance handovers- HB total



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



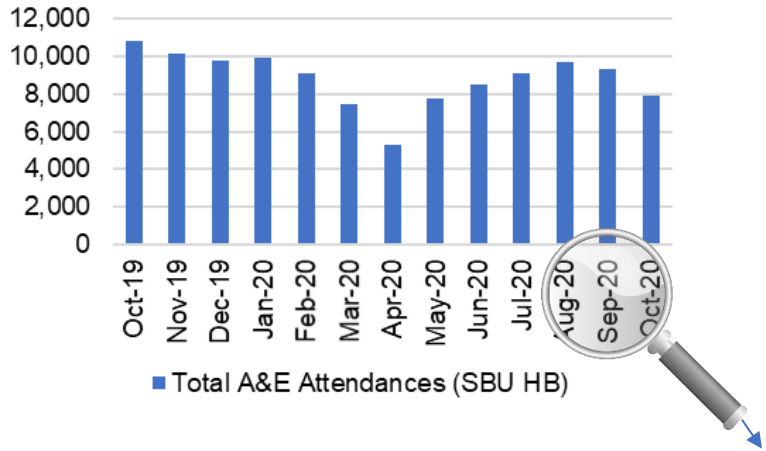
3. Number of ambulance handovers- HB total last 90 days



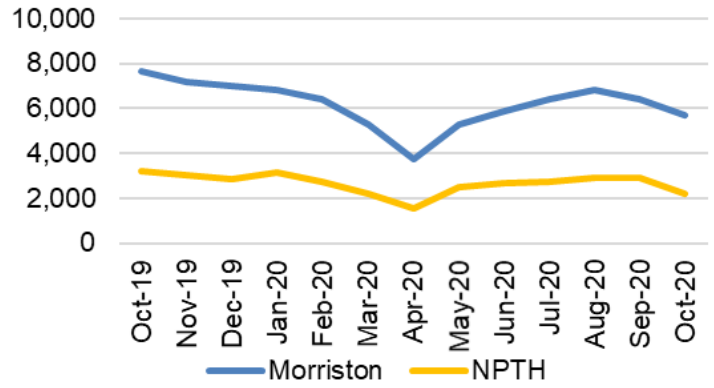
UNSCHEDULED CARE	
Description	**Current Performance**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health 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 October 2020, there were 7,908 A&E attendances, which is 15% less than September 2020 and 27% less than October 2019.

Trend

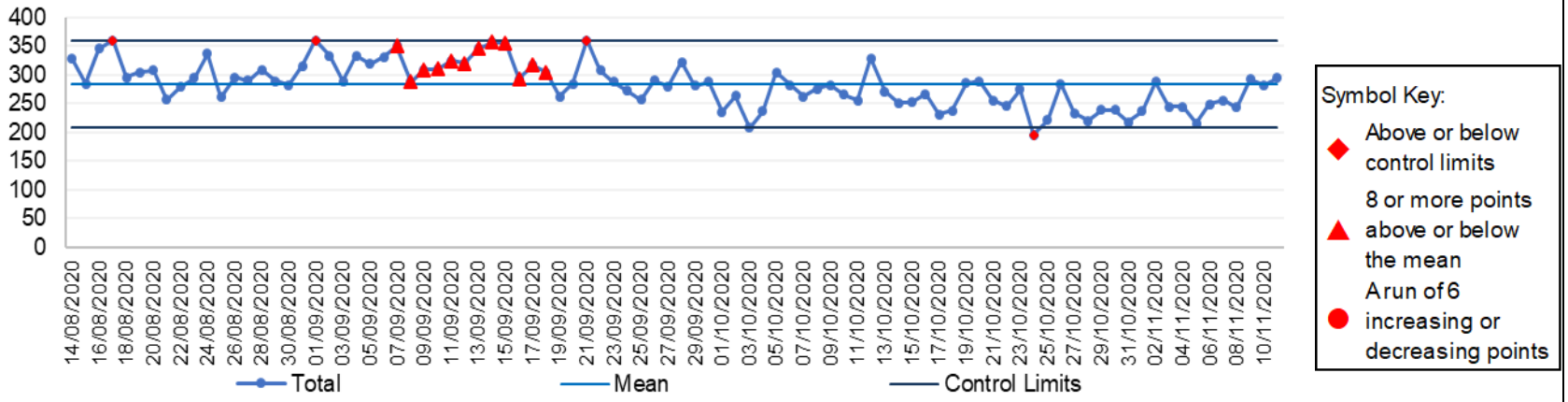
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



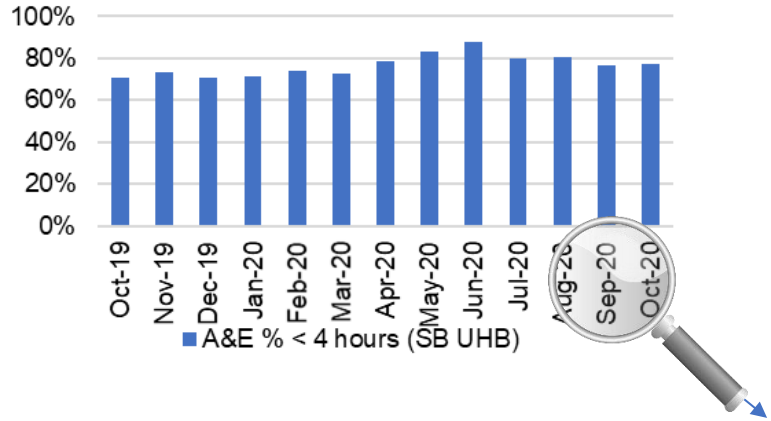
3. Number of A&E attendances -HB total last 90 days



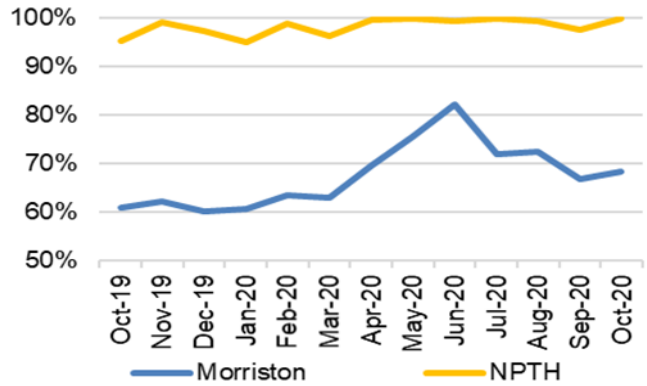
UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4 hour measure improved from 76.43% in September 2020 to 77.18% in October 2020. Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 99.82% in October 2020. Morriston Hospital's performance improved from 66.82% in September 2020 to 68.36% in October 2020.

Trend

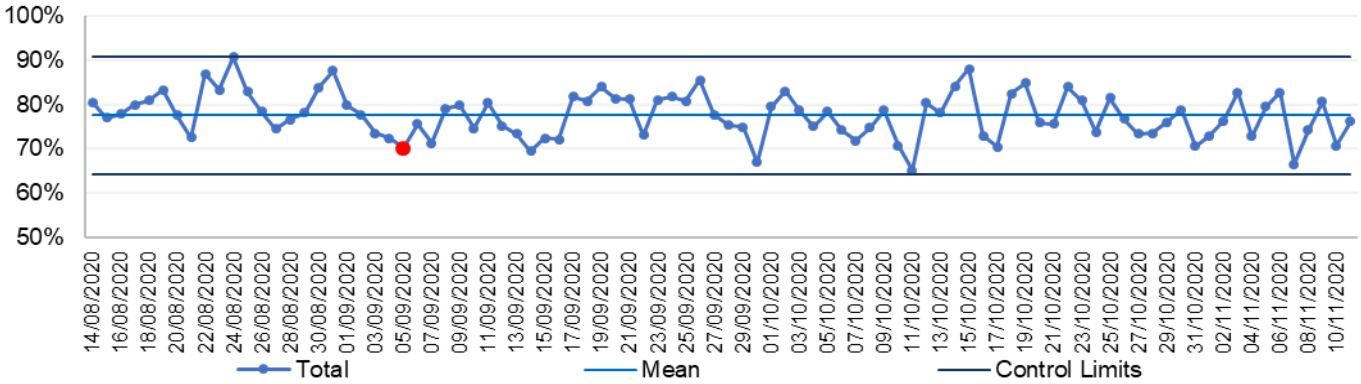
1. % patients waiting under 4 hours in A&E- HB total



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

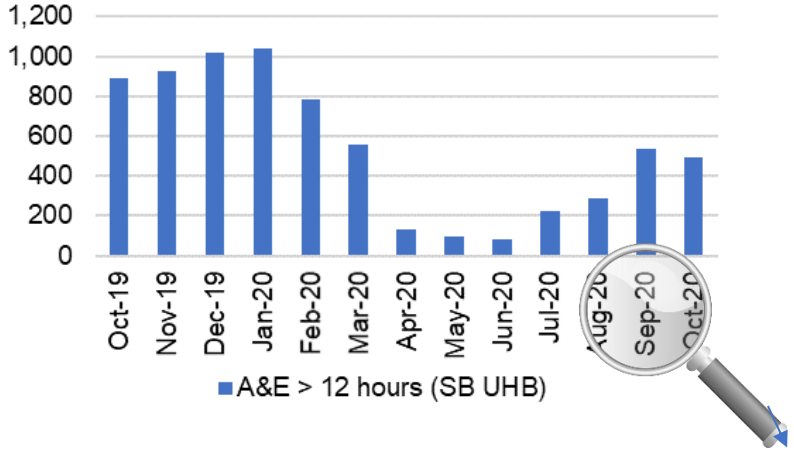


Symbol Key:
- ◆ Above or below control limits
- ▲ 8 or more points above or below the mean
- ● A run of 6 increasing or decreasing points

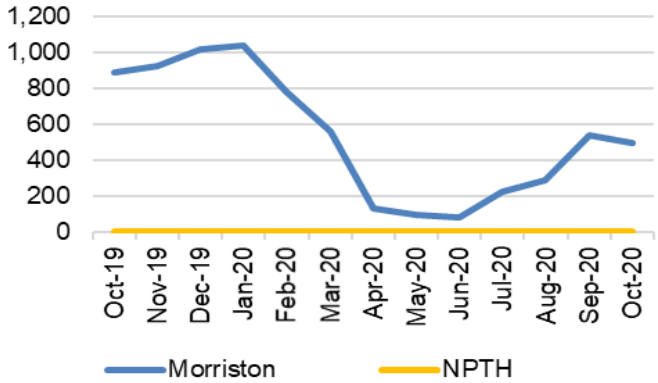
UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E-Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In October 2020, performance against this measure improved compared with September 2020, reducing from 537 to 494. 493 patients waiting over 12 hours in October 2020 were in Morriston Hospital and 1 was in Neath Port Talbot Hospital. The position in October 2020 was 45% better than in October 2019.

Trend

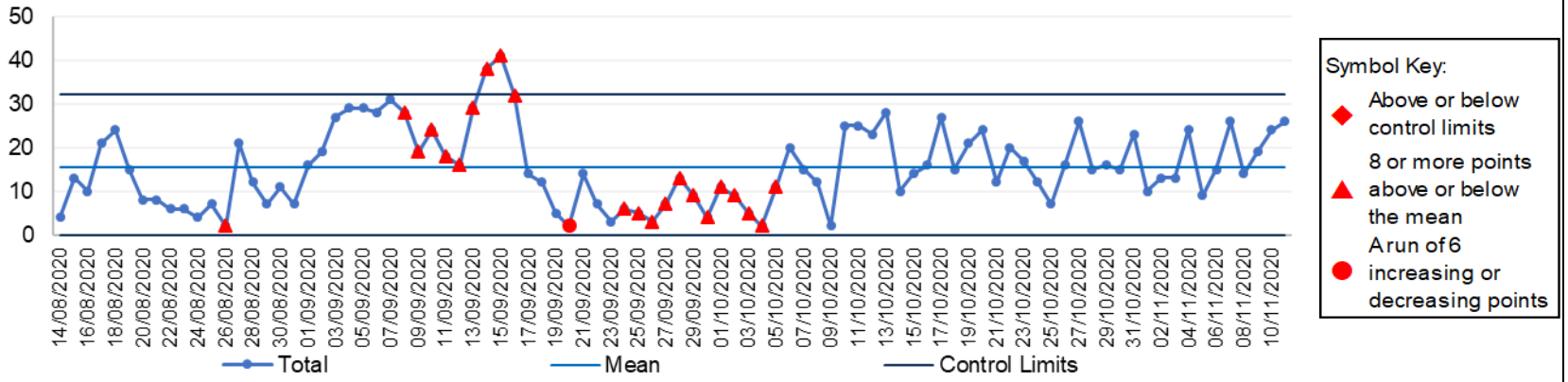
1. Number of patients waiting over 12 hours in A&E-HB total



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



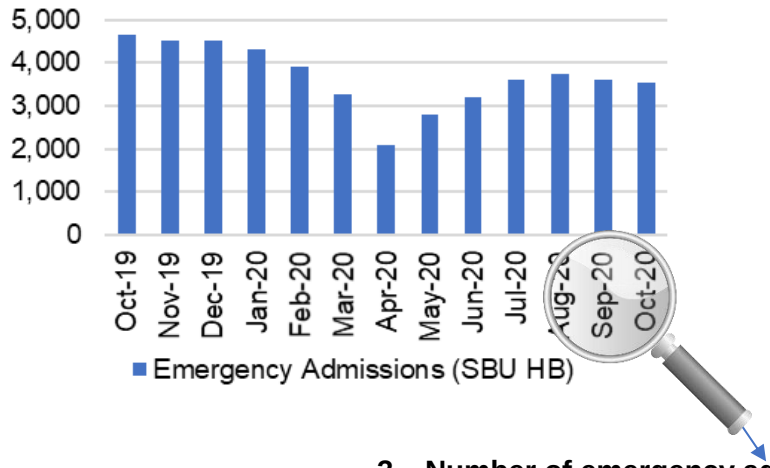
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



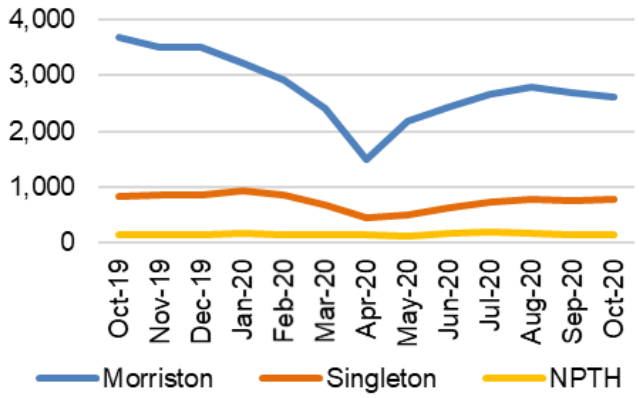
UNSCHEDULED CARE	
Description	**Current Performance**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In October 2020, there were 3,535 emergency admissions across the Health Board which is 70 (-2%) less admissions than in September 2020 and 24% less than October 2019. Morriston saw the largest in-month reduction with 101 less admissions (from 2,702 in September 2020 to 2,601 in October 2020).

Trend

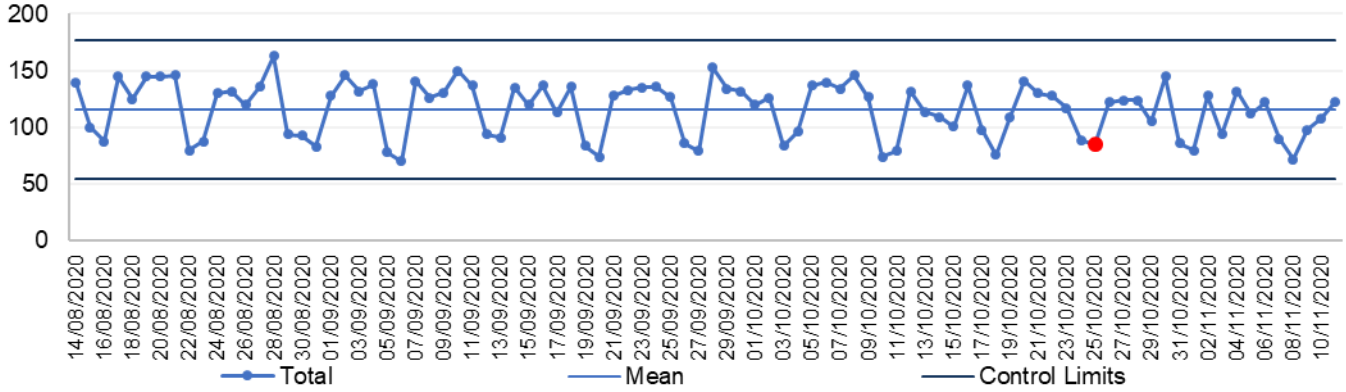
1. Number of emergency admissions- HB total



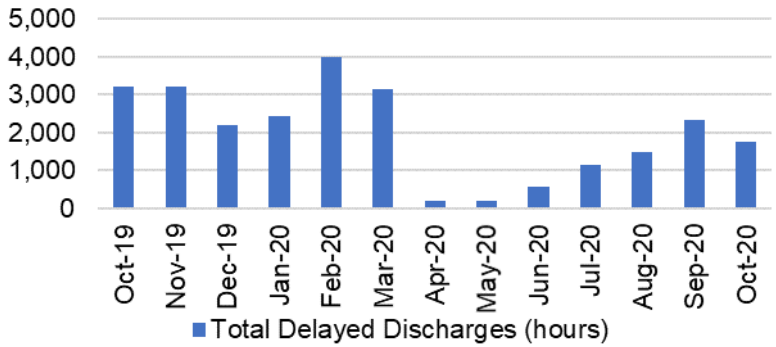
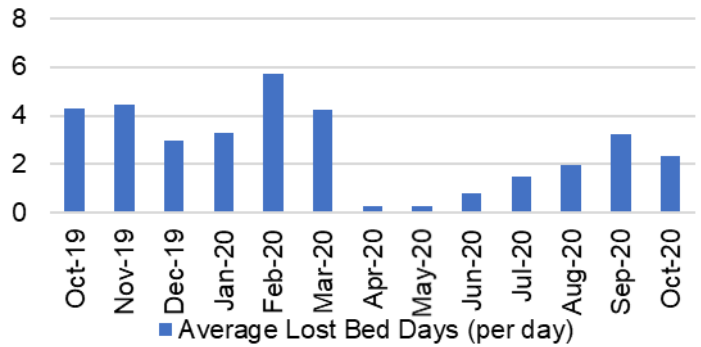
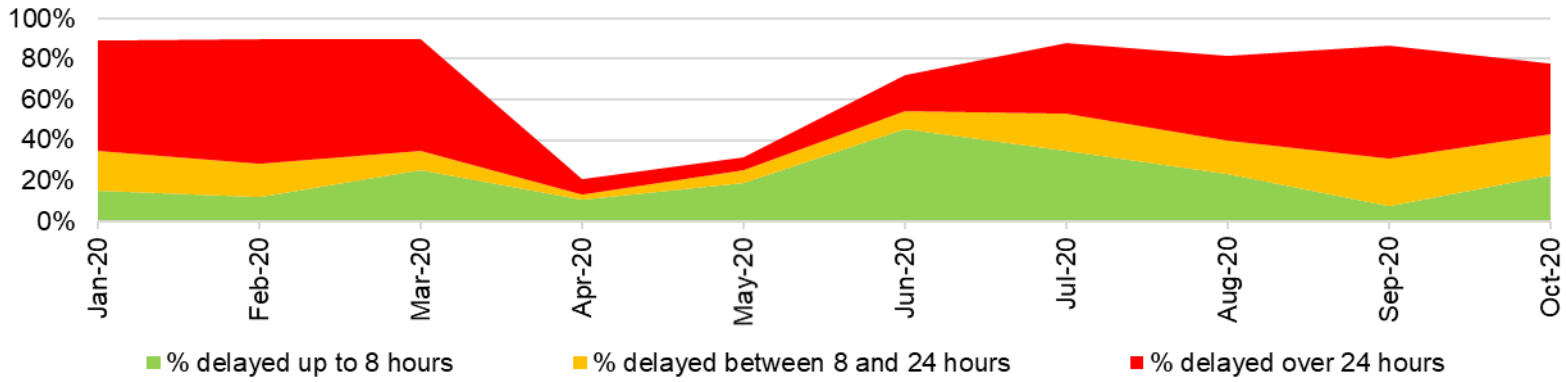
2. Number of emergency admissions- Hospital level

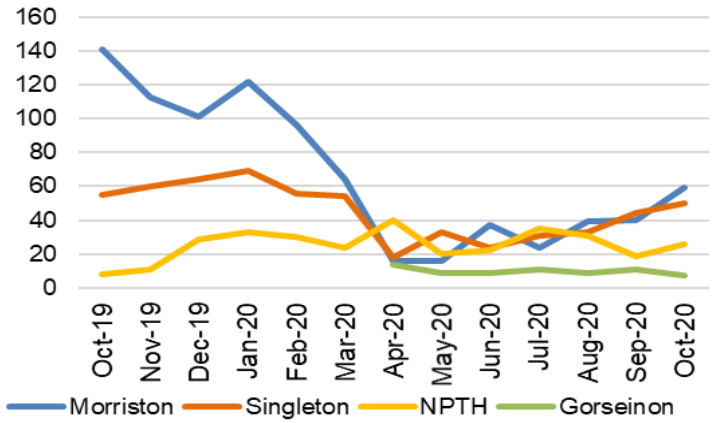
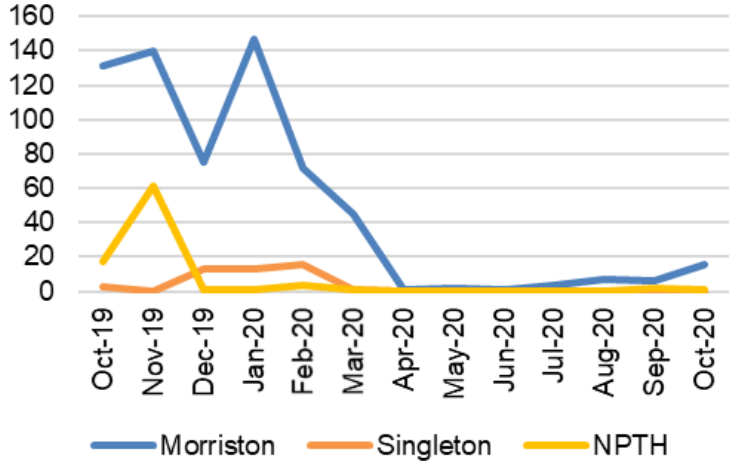


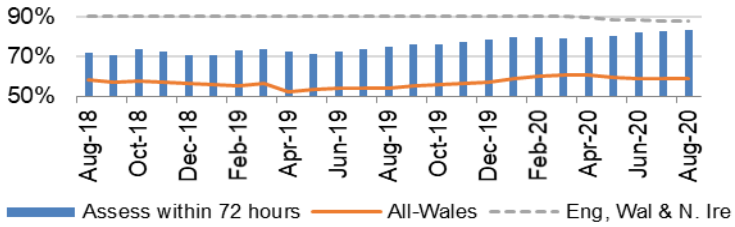
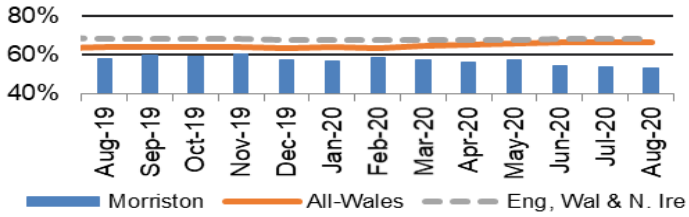
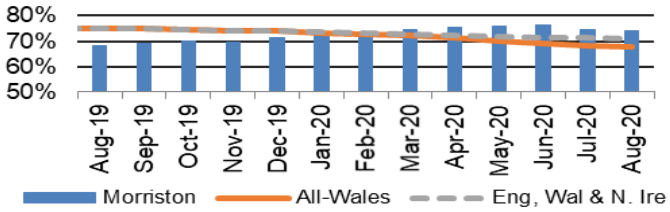
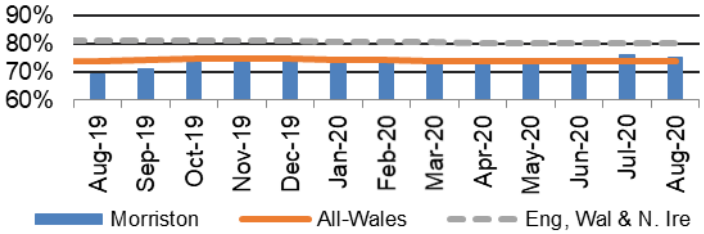
3. Number of emergency admissions- HB total last 90 days

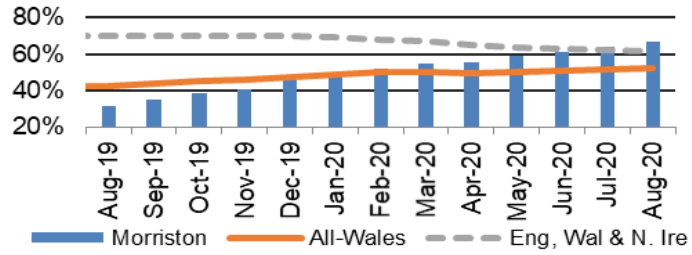
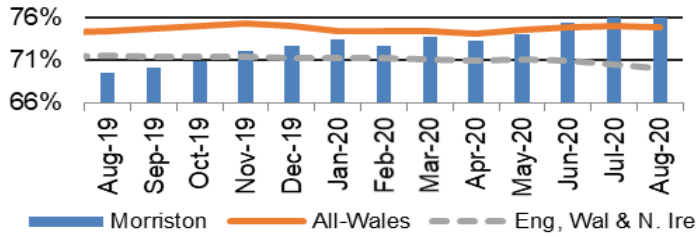
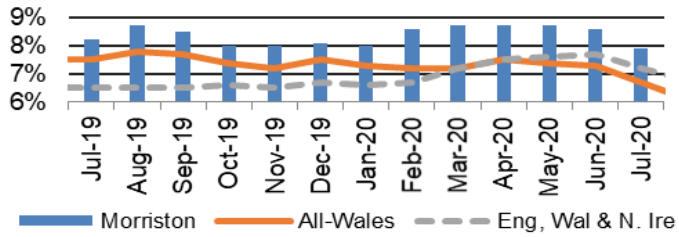


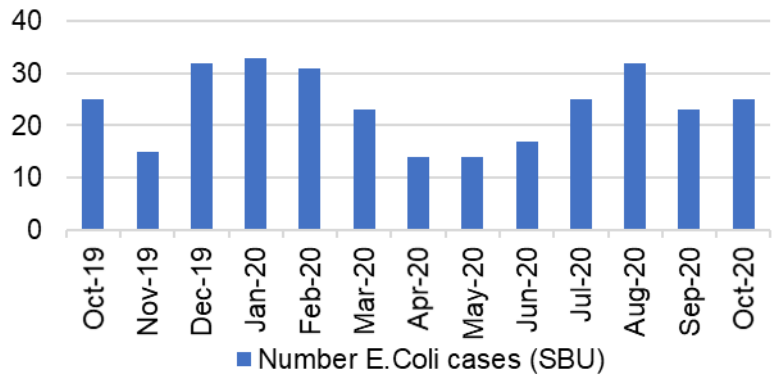
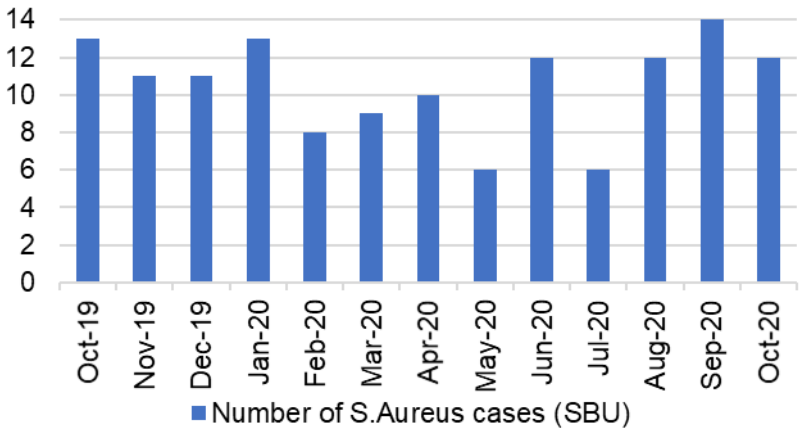
Symbol Key:
- Above or below control limits
- 8 or more points above or below the mean
- A run of 6 increasing or decreasing points

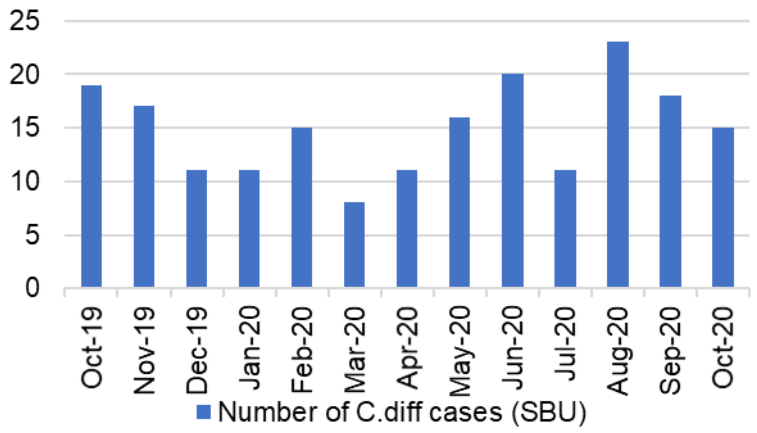
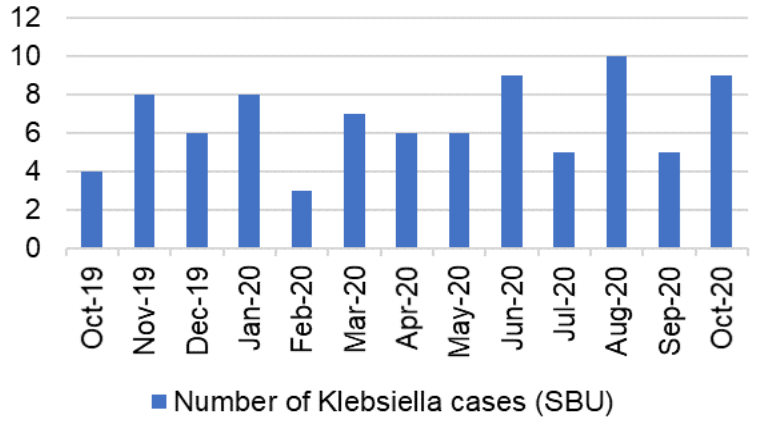
UNSCHEDULED CARE	
Description	**Current Performance**
Critical Care-Delayed Transfers of Care (DTOC)-Morriston Hospital *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* • *Up to 8 hours* • *Between 8 and 24 hours* • *Over 24 hours*	In October 2020, there were a total of 71 admissions into the Intensive Care Unit (ICU) in Morriston Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced however this number has been steadily increasing since June 2020. In October 2020, delayed discharges totalled 1,745 hours and the average lost bed days was 2.35 per day. The percentage of patients delayed over 24 hours reduced from 55.77% in September 2020 to 34.69% in October 2020. **Trend** **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*

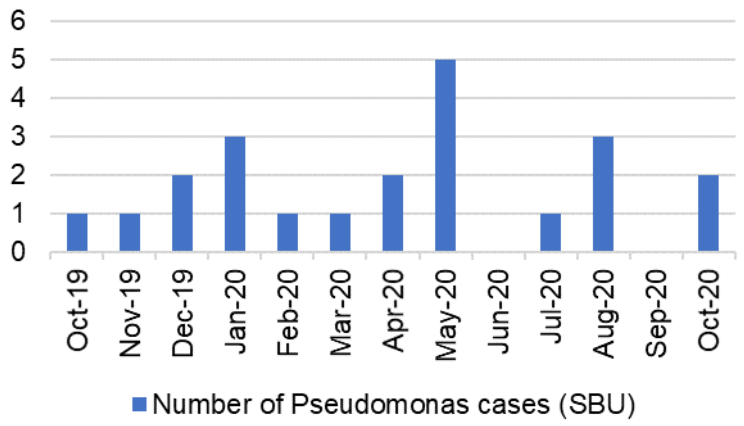
UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Medically Fit *The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit*	In October 2020, there were on average 142 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals. The number of medically/ discharge fit patients has risen every month since June 2020, with October 2020 seeing a 25% increase compared with September 2020 (from 114 to 142). In October 2020, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 59 out of 142 closely followed by Singleton with 50.	**The number of discharge/ medically fit patients by site**  **Consistent data capture for Gorseinon not available before May 2020*
Elective procedures cancelled due to lack of beds *The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds*	In October 2020, there were 17 elective procedures cancelled due to lack of beds on the day of surgery. This is 9 more cancellation than in September 2020 (from 8 to 17). Despite the in-month increase, the position in October 2020 is significantly better than in October 2019 when there were 151 cancelled procedures. In October 2020, 16 of the cancelled procedures were attributed to Morriston Hospital and 1 was in Neath Port Talbot Hospital.	**Total number of elective procedures cancelled due to lack of beds** 

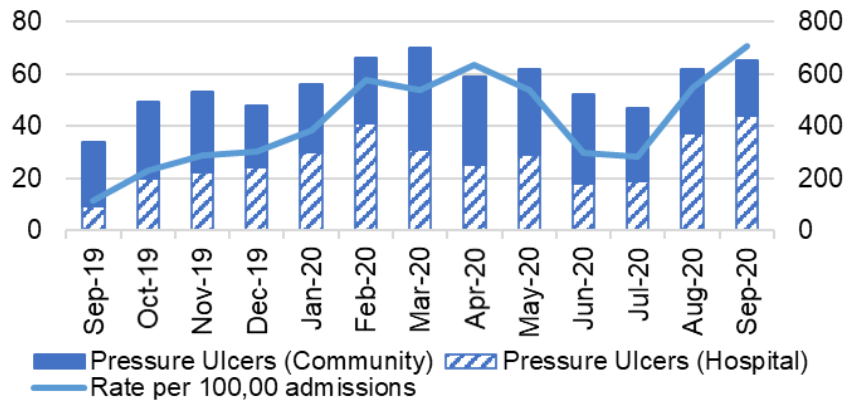
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	**1. Prompt orthogeriatric assessment-** In August 2020, 83.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.8% more than in August 2019. **2. Prompt surgery-** In August 2020, 53.3% of patients had surgery the day following presentation with a hip fracture. This is a reduction from August 2019 which was 57.8% **3. NICE compliant surgery**- 74.0% of operations were consistent with the NICE recommendations in August 2020. This is an improvement of 5.7% compared with August 2019 (from 68.3% to 74.0%). In August 2020, Morriston was above the all-Wales average of 67.8%. **4. Prompt mobilisation**- In August 2020, 75.3% of patients were out of bed the day after surgery. This is an improvement of 6.0% compared with August 2019 and above the all-Wales average of 74.0%.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

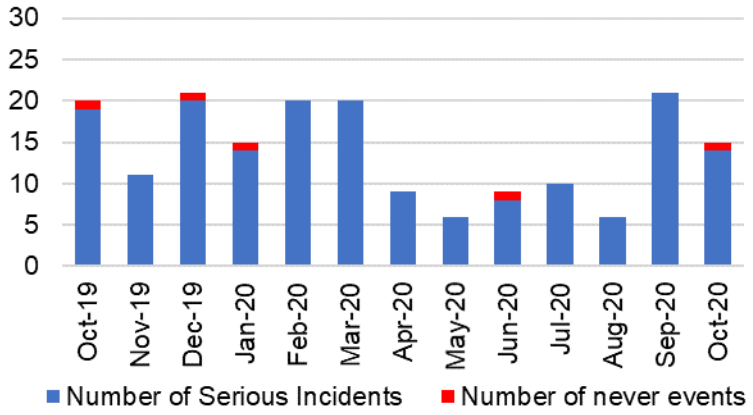
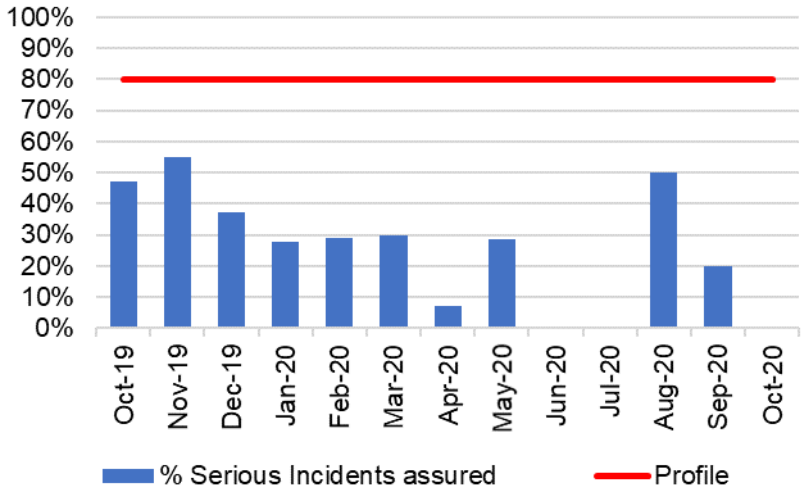
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	**5. Not delirious when tested**- 66.5% of patients were not delirious in the week after their operation in August 2020. This is an improvement of 34.8% compared with August 2019.	**5. Not delirious when tested** 
6. Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	**6. Return to original residence**- 77.3% of patients in August 2020 were discharged back to their original residence. This was above the all-Wales average of 74.9%.	**6. Return to original residence** 
7. 30 day mortality rate	**7. 30 day mortality rate**- In July 2020 the morality rate for Morriston Hospital was 7.9% which is 0.3% lower than July 2019. The mortality rate in Morriston Hospital in July 2020 is higher than the all-Wales average of 6.1% and the national average of 7.0%.	**7. 30 day mortality rate** 

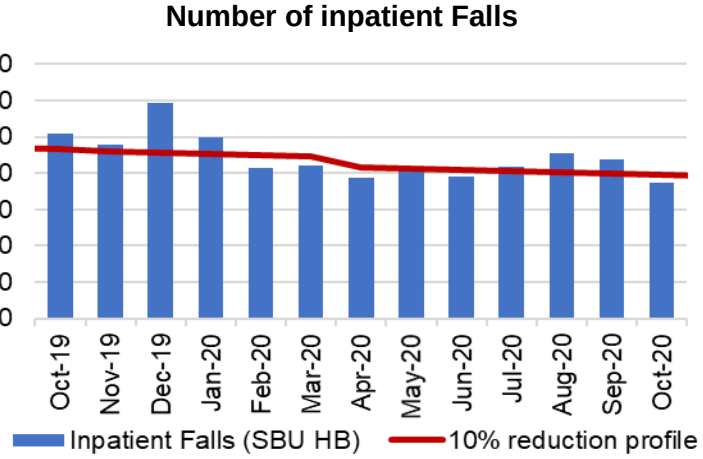
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 25 cases of *E. coli* bacteraemia were identified in October 2020, of which 14 were hospital acquired and 11 were community acquired. • Cumulative cases from April to October 2020 is 18% less than the equivalent period in 2019/20.	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 12 cases of *Staph. aureus* bacteraemia in October 2020, of which 6 were hospital acquired and 6 were community acquired. • Cumulative cases from April to October 2020 is 11% less than the equivalent period in 2019/20.	**Number of healthcare acquired S.aureus bacteraemia cases** 

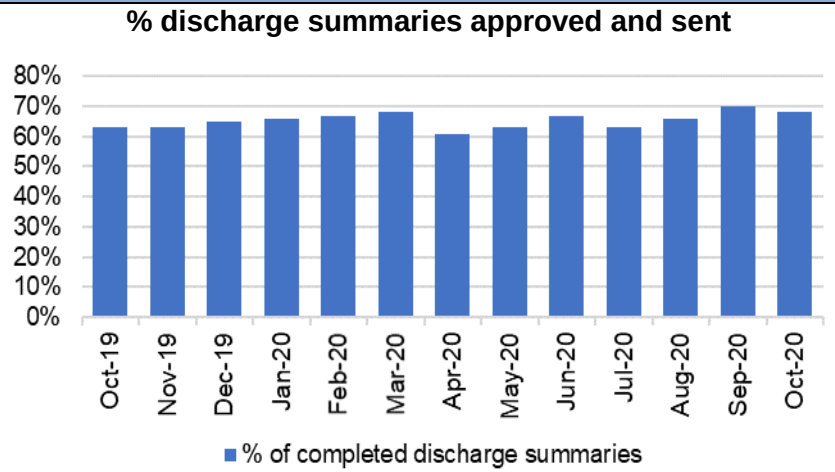
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 15 *Clostridium difficile* toxin positive cases in October 2020, of which 12 were hospital acquired and 3 were community acquired. • Cumulative cases from April to October 2020 is 50% more than the equivalent period of 2019/20 (114 in 2020/21 compared with 76 in 2019/20).	**Number of healthcare acquired C.difficile cases** 
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 9 cases of Klebsiella sp in October 2020, of which 7 were hospital acquired and 2 were community acquired. • Cumulative cases from April to October 2020 is in line with the equivalent period in 2019/20.	**Number of healthcare acquired Klebsiella cases** 

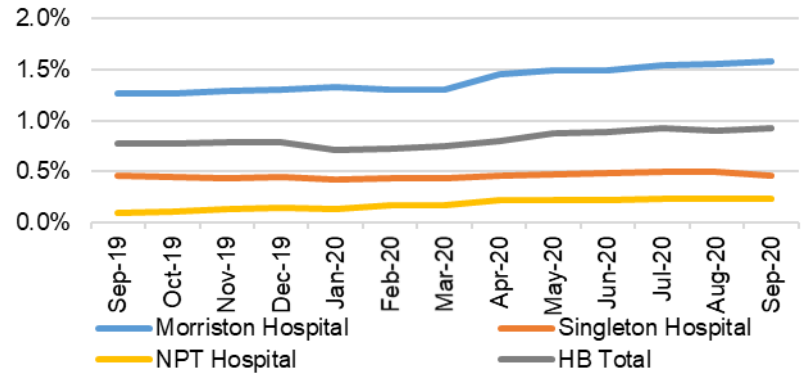
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aerugionosa- *Number of laboratory confirmed Aerugionosa cases*	• There were 2 cases of *P.Aerginosa* bacteraemia in October 2020, of which 1 was community acquired and 1 was hospital acquired. • Cumulative cases from April to October 2020 is 35% less than the equivalent period in 2019/20.	**Number of healthcare acquired Pseudomonas cases** 

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*	1. In September 2020, there were 65 cases of healthcare acquired pressure ulcers, of which 21 where community acquired and 4 were hospital acquired. All 5 grade 3+ pressure ulcers in September 2020 were community acquired. 2. The rate per 100,000 admissions increased from 550 in September 2020 to 705 in October 2020.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 

SERIOUS INCIDENTS		
Description	**Current Performance**	**Trend**
Serious Incidents- *1. The number of serious incidents*	1. The Health Board reported 14 Serious Incidents for the month of October 2020 to Welsh Government. The breakdown of incidents in October 2020 are set out below: • 6 in Singleton Hospital • 3 in Morriston Hospital • 2 in Primary, Community and Therapy Services • 2 in Mental Health and Learning Disabilities • 1 in Neath Port Talbot Hospital	**1. and 2. Number of serious incidents and never events** 
2. The number of Never Events	2. There was one new Never Events reported in November 2020 in maternity services involving a failure to remove swabs from a patient. A strategy meeting was held with staff on 15th October 2020 to review the case and to identify actions to prevent reoccurrence.	
3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	3. In October 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 October 2020 were submitted on time. All seven forms were for Mental Health & Learning Disabilities Service Group.	**3. % of serious incidents closed within 60 days**  ** 0% compliance in June, July and October 2020*

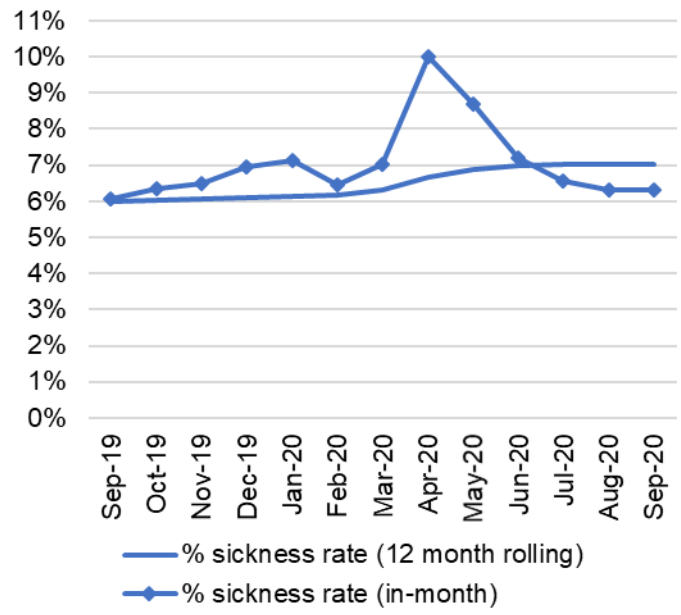
INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 187 in October 2020, which is a reduction from 219 in September 2020. • The Health Board has agreed a targeted action to reduce Falls by 10%.	

DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in October 2020, the percentage of completed discharge summaries was 68%. In October 2020, compliance ranged from 62% in Singleton Services Group to 80% in Mental Health & Learning Disabilities Services Group.	

CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	September 2020 reports the crude mortality rate for the Health Board at 0.93% compared with 0.90% in August 2020. A breakdown by Hospital for September 2020: • Morriston – 1.58% • Singleton – 0.46% • NPT – 0.23%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 

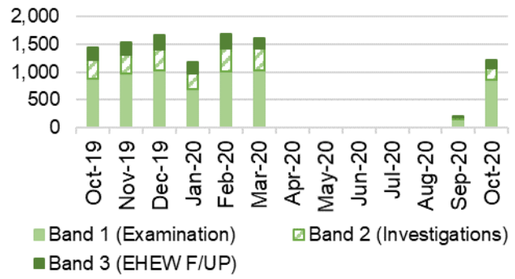
WORKFORCE		
Description	**Current Performance**	**Trend**
Staff sickness rates- *Percentage of sickness absence rate of staff*	• Our in-month performance has improved from 6.32% in August 2020 to 6.30% in September 2020. • The 12-month rolling performance to the end of September 2020 has remained static at 7.03%. • The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in September 2020.	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)**

Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	8,224.28	37.7%
Chest & respiratory problems	2,462.72	11.3%
Other musculoskeletal problems	1,912.79	8.8%
Other known causes - not elsewhere classified	1,397.97	6.4%
Gastrointestinal problems	1,199.80	5.5%



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 2: Common Ailment Scheme - Number of consultations provided

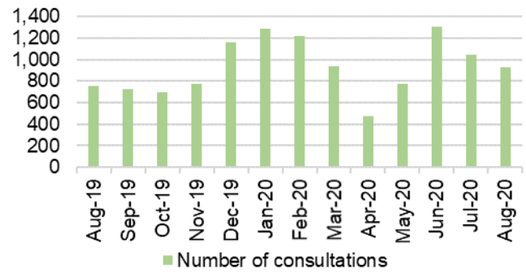


Chart 3: Urgent Dental Centre- Total episodes of patient care

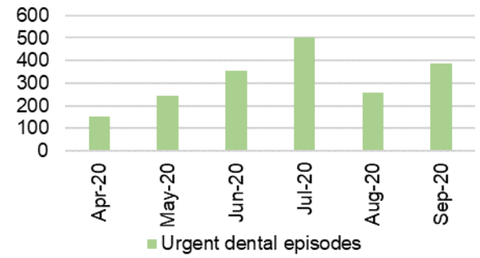


Chart 4: General Dental Practice activity- Total number of telephone calls received

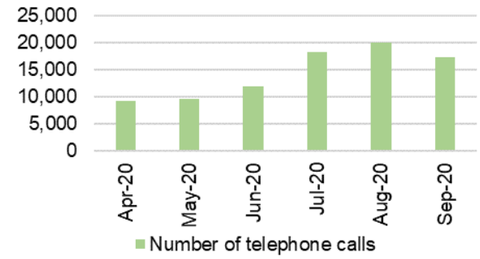


Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

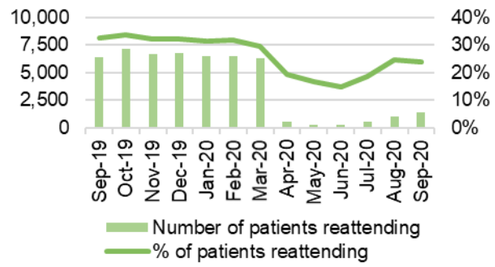


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days

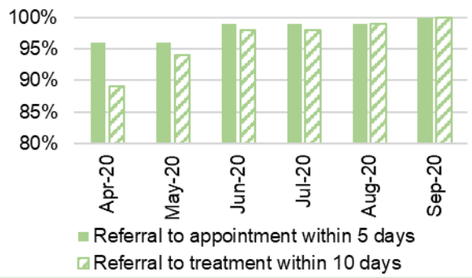


Chart 7: Sexual health services- Attendances at sexual health ambulance

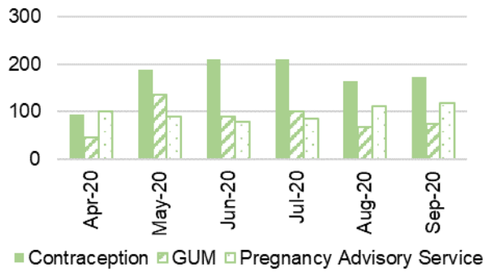


Chart 8: Sexual health services- Patient outcomes

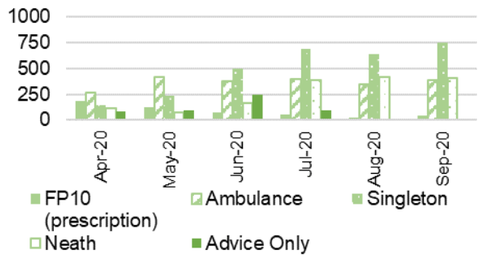


Chart 9: District Nursing- Number of patients on caseload

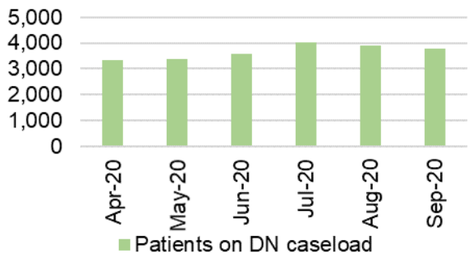


Chart 10: District Nursing- Total number of contacts

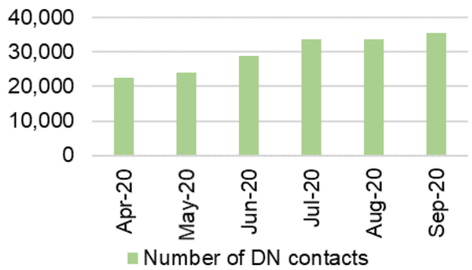


Chart 11: Community wound clinic- Number of attendances and number of home visits

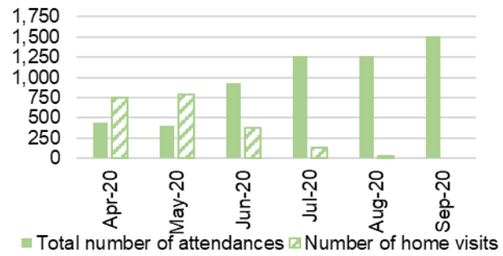


Chart 12: Community wound clinic- Number of assessments by location

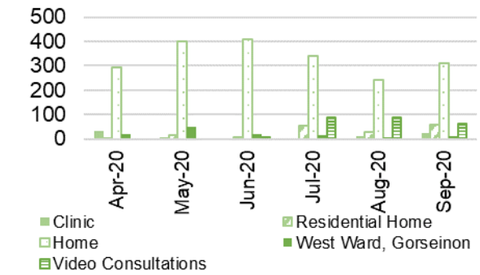


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

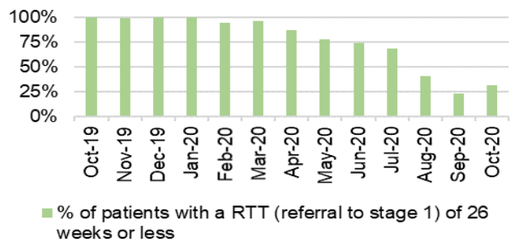


Chart 14: Audiology- Number of remote consultations

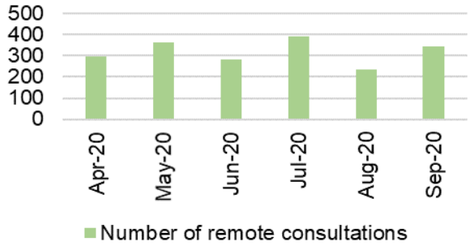


Chart 15: Audiology- Total number of patients on the waiting list

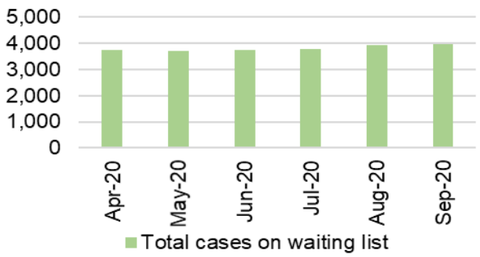
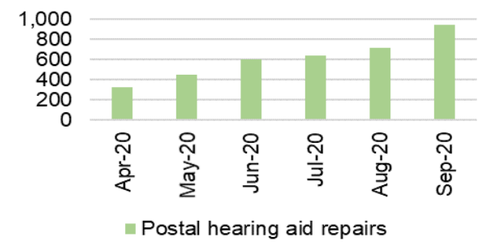


Chart 16: Audiology- Number of postal hearing aid repairs



Harm from reduction in non-Covid activity
6.2 Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

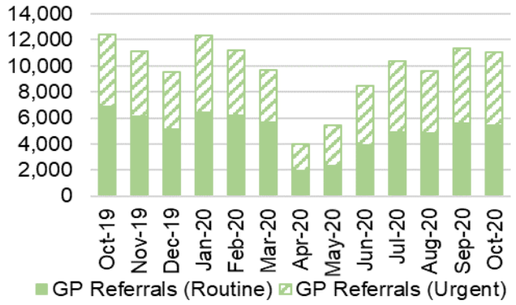


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

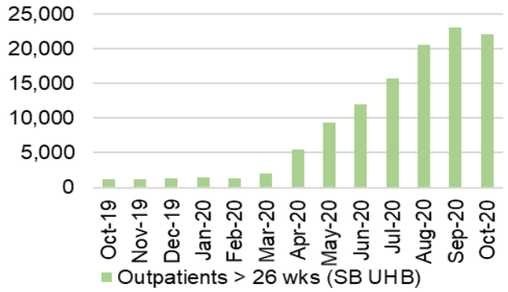


Chart 3: Number of patients waiting over 36 weeks for treatment

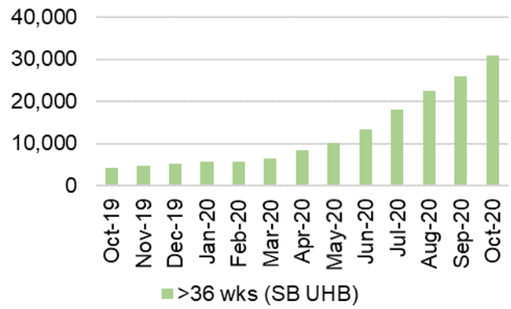


Chart 4: % patients waiting less than 26 weeks from referral to treatment

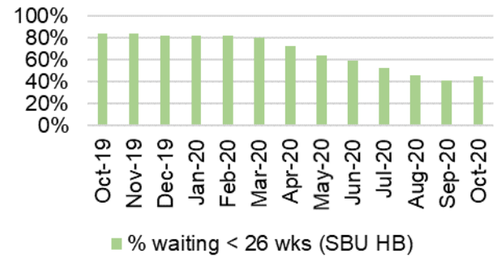


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

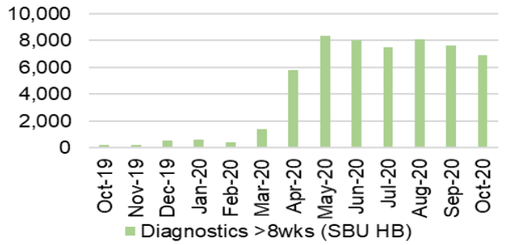


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

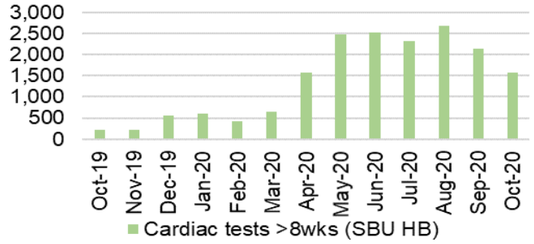


Chart 7: Number of patients waiting less than 14 weeks for Therapies

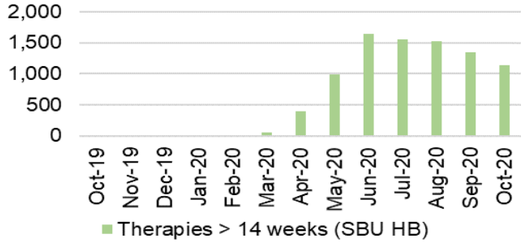


Chart 8: Cancer referrals

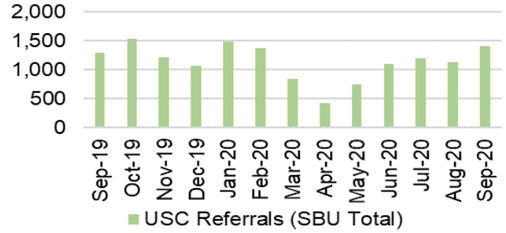


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

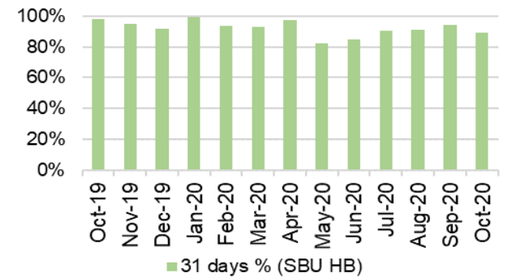


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

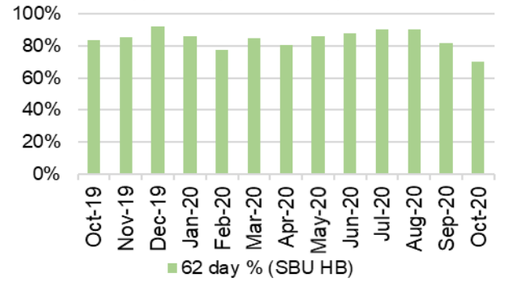


Chart 11: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)

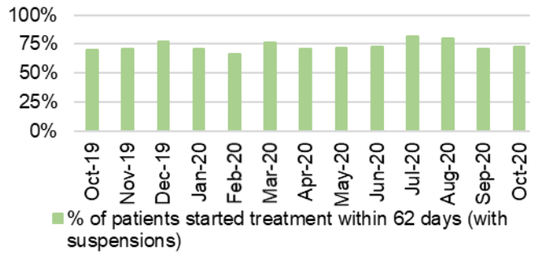


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)

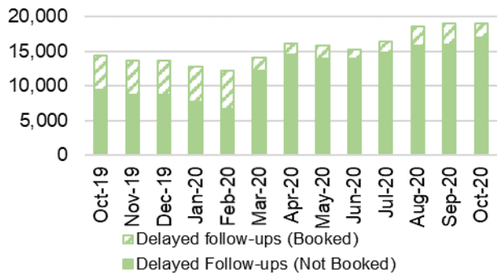


Chart 13: Number of patients without a documented clinical review date

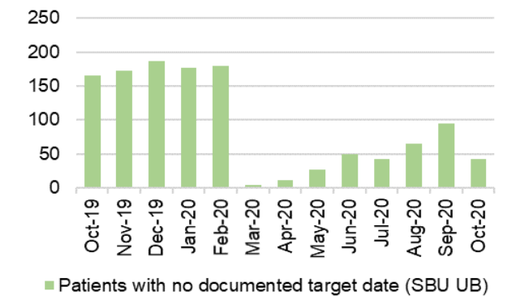


Chart 14: Ophthalmology patients without an allocated health risk factor

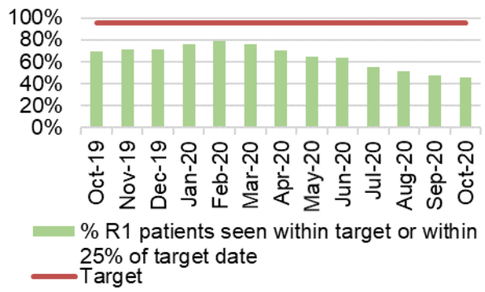


Chart 15: Total number of patients on the follow-up waiting list

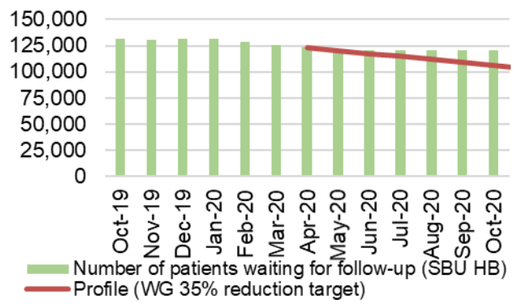
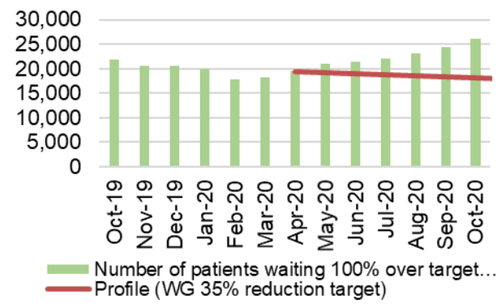


Chart 16: Number of patients delayed by over 100%



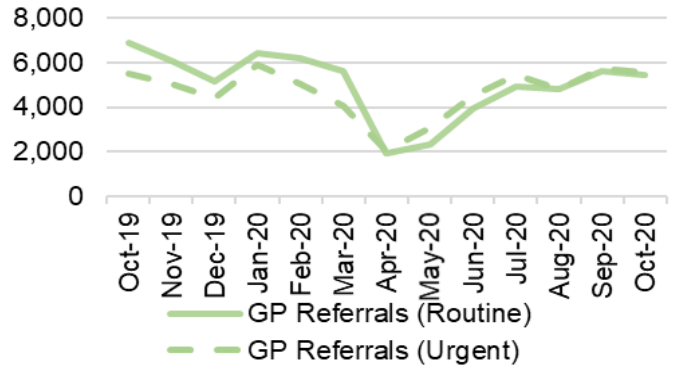
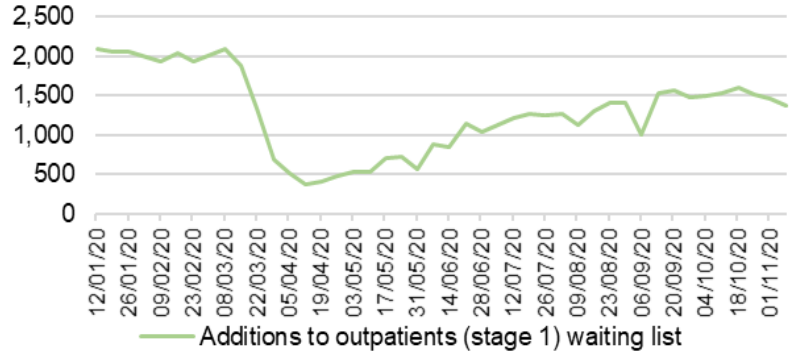
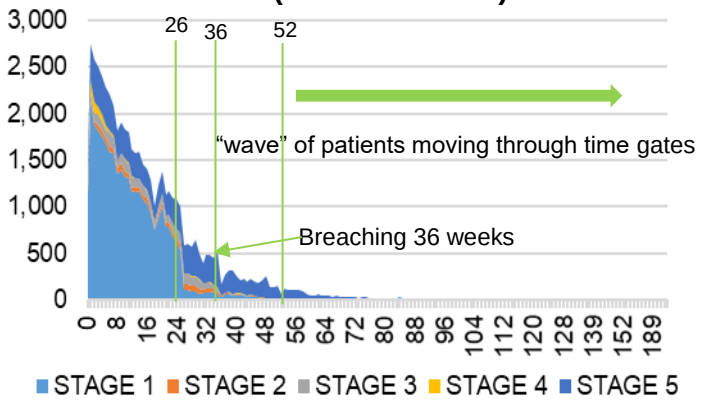
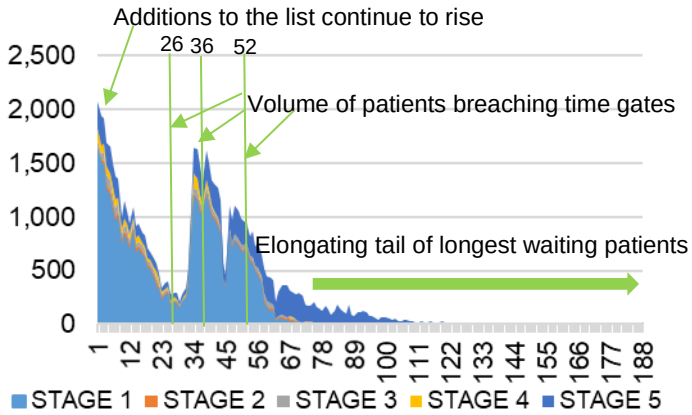
Planned Care- Overview (October 2020)

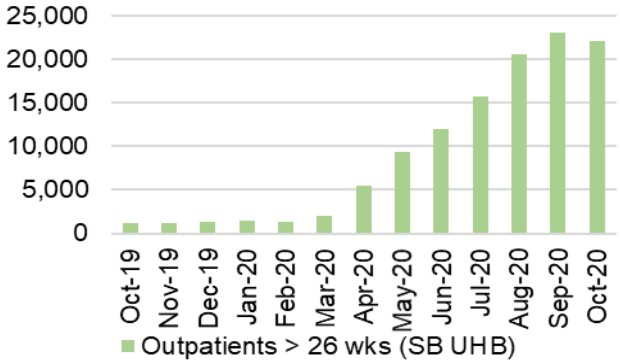
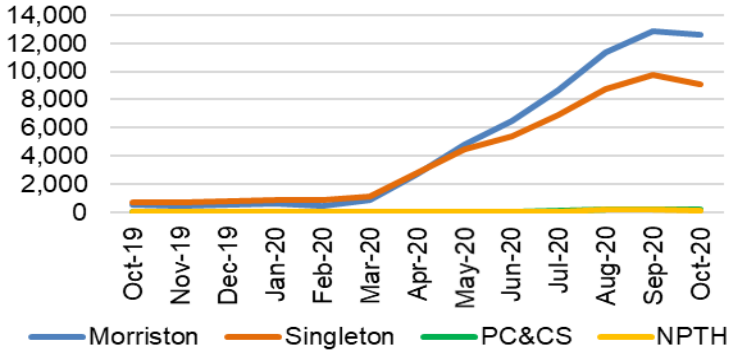
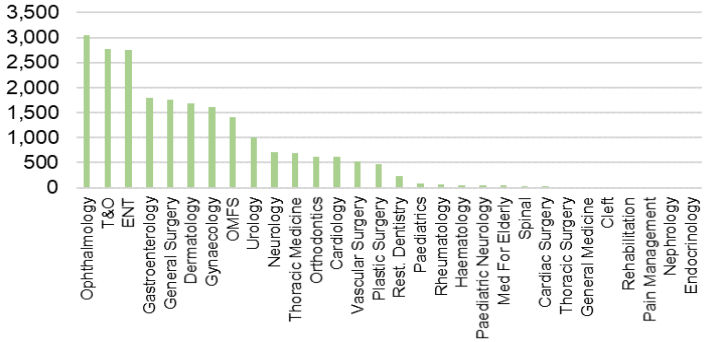
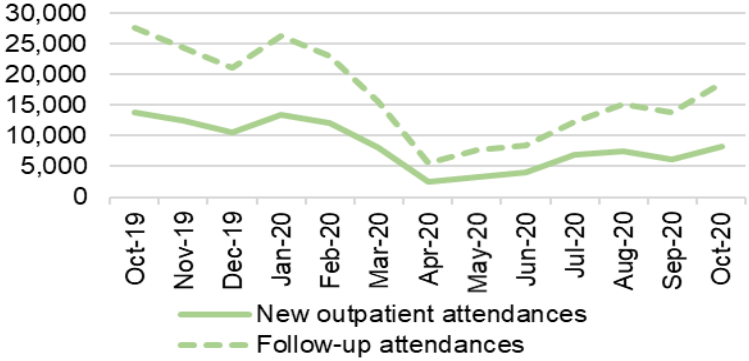
Demand	Waiting Times		
11,003 (3%↓) Total GP referrals	**23,050 (4%↓)** Patients waiting over 26 weeks for a new outpatient appointment	**30,776 (18%↑)** Patients waiting over 36 weeks for treatment	**13,039 (33%↑)** Patients waiting over 52 weeks for treatment
5,469 (2%↓) Routine GP referrals	**44.8% (3.8%↑)** Patients waiting under 26 weeks from referral to treatment	**6,896 (10%↓)** Patients waiting over 8 weeks for all reportable diagnostics	**1,586 (26%↓)** Patients waiting over 8 weeks for Cardiac diagnostics only
5,534 (4%↓) Urgent GP referrals	**1,135 (16%↓)** Patients waiting over 14 weeks for reportable therapies	**120,968 (→)** Patients waiting for a follow-up outpatient appointment	**26,217 (7%↑)** Patients waiting for a follow-up outpatients appointment who are delayed over 100%

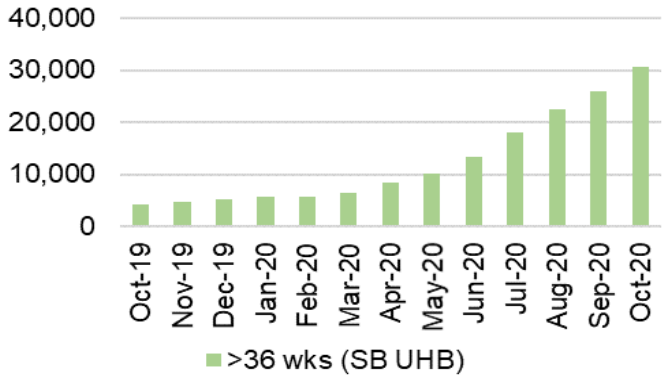
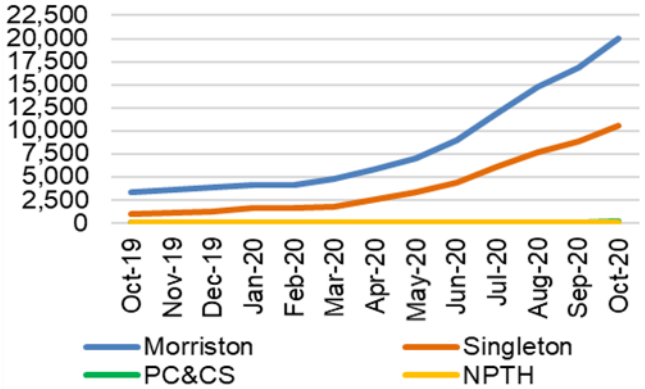
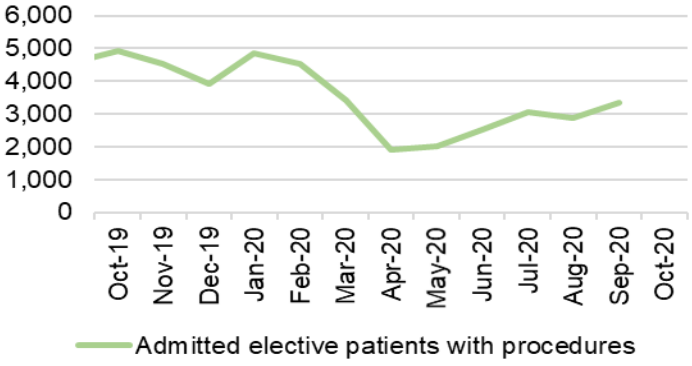
Cancer		Theatre Efficiencies	
1,399 (23%↑) Number of USC referrals received	**286 (28%↑)** USC backlog over 52 days	**75% (→)** Theatre utilisation rate	**38% (1%↓)** % of theatres sessions finishing early
89% (5%↓) *draft* NUSC patients receiving treatment within 31 days	**70% (12%↓)** *draft* USC patients receiving treatment within 62 days	**44% (5%↓)** % of theatres sessions starting late	**43% (3%↓)** Operations cancelled on the day

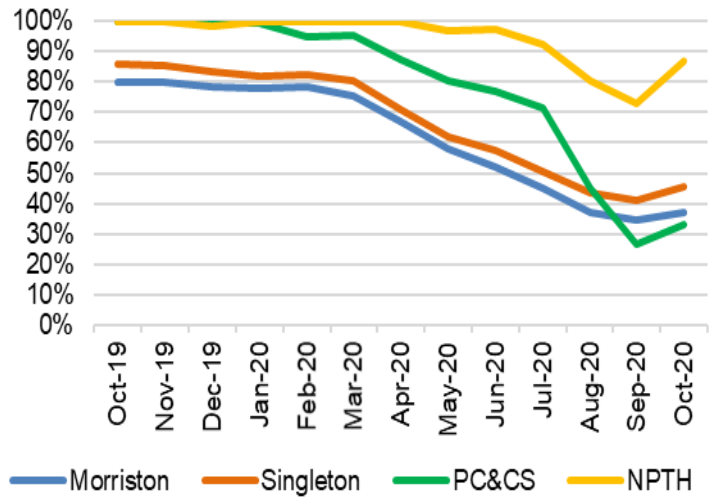
**RAG status and trend is based on in month-movement*

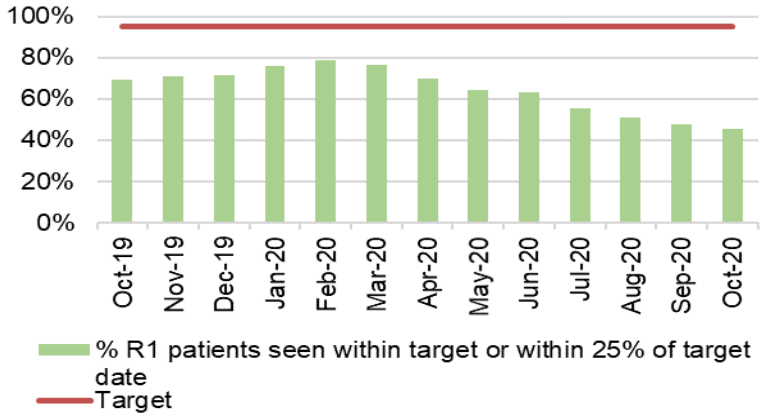
6.3 Updates on key measures

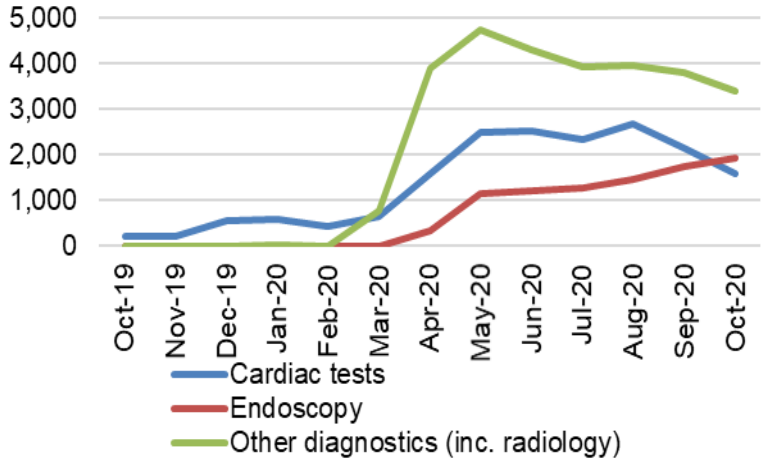
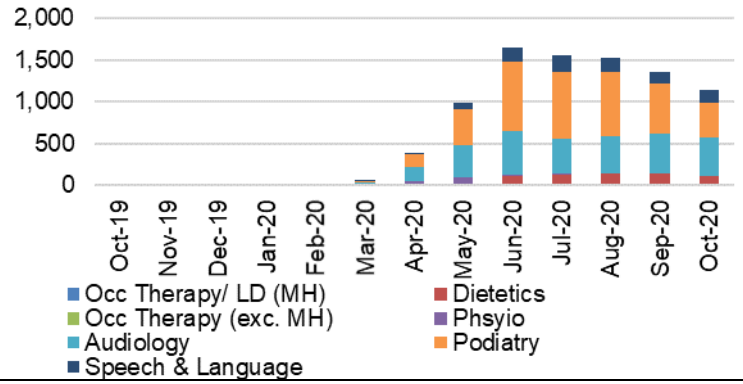
PLANNED CARE	
Description	**Current Performance**
Referrals and shape of the waiting list	The number of GP referrals and additions to the outpatient waiting list per week have been increasing each month since May 2020. This is reflected in the reduction in the size of the waiting list in April 2020 and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

PLANNED CARE	
Description	**Current Performance**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Outpatient activity undertaken*	The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. October 2020, was the first month in 2020/21 that saw an in-month reduction in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 23,069 in September to 22,050 in October 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. **Trend** **1. Number of stage 1 over 26 weeks- HB total**  **2. Number of stage 1 over 26 weeks- Hospital level**  **3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at October 2020**  **4. Outpatient activity undertaken** 

PLANNED CARE	
Description	**Current Performance**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level* *3. Number of elective admissions*	The number of patients waiting longer than 36 weeks from referral to treatment continues to increase In October 2020, there were 30.776 patients waiting over 36 weeks compared with 26,046 in September 2020. 13,039 of the 30,776 patients in October 2020 were waiting over 52 weeks, this is an increase from 9,835 in September 2020. Orthopaedics/ Spinal accounted for 23% of the breaches, followed by Ophthalmology with 14%. 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.
	Trend
	1. Number of patients waiting over 36 weeks- HB total  **2. Number of patients waiting over 36 weeks- Hospital level**  **3. Number of elective admissions** 

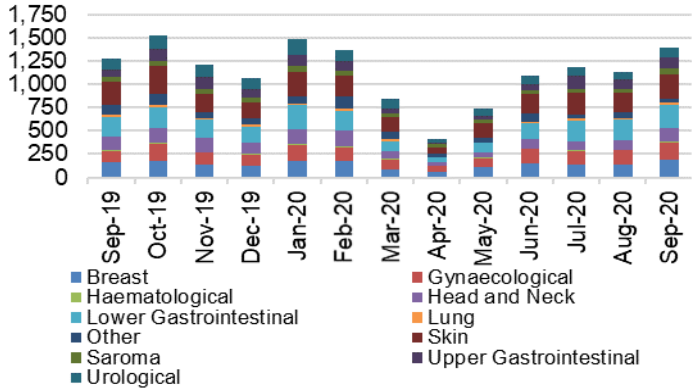
PLANNED CARE		
Description	**Current Performance**	
Total waiting times *Percentage of patients waiting less than 26 weeks from referral to treatment*	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. The percentage 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.	**Percentage of patient waiting less than 26 weeks** 

Ophthalmology waiting times *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*	In October 2020, 45.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. 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.	**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** 

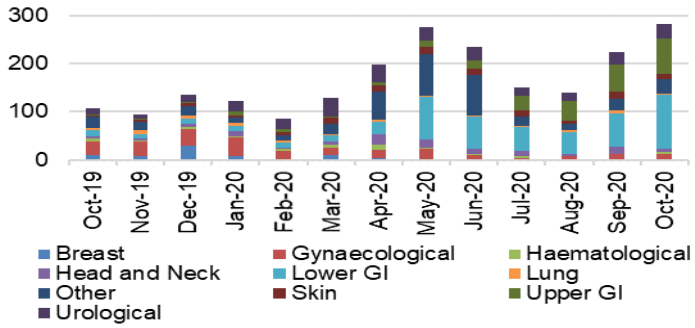
PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In October 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 7,666 in September 2020 to 6,896 in October 2020. All of the diagnostic areas have seen a significant increase in breaches since March 2020. September 2020 was the first month that saw a reduction in the total number of patients waiting over 8 weeks and this reducing trend continued in October for all diagnostics with the exception of Fluoroscopy, Neurophysiology and Endoscopy. The following is a breakdown for the 8 week breaches by diagnostic test for October 2020: • Radiology= 2,545 • Endoscopy= 1,905 • Cardiac tests= 1,586 • Neurophysiology= 759 • Physiological measurement= 48 • Fluoroscopy= 42 • Cystoscopy= 11	**Number of patients waiting longer than 8 weeks for diagnostics** 
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In October 2020 there were 1,135 patients waiting over 14 weeks for specified Therapies. The breakdown for the breaches in October 2020 are: • Podiatry= 423 • Audiology= 459 • Speech & Language Therapy= 143 • Dietetics= 110	**Number of patients waiting longer than 14 weeks for therapies** 

CANCER	
Description	**Current Performance**
Cancer demand and shape of the waiting list *1. Number of Urgent Suspected Cancer (USC) referrals received* *2. Backlog of USC patients with a wait status of more than 53 days* *3. Volume of USC patients by stage and adjusted wait December 2019* *4. Volume of USC patients by stage and adjusted wait Start of September 2020*	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 started to increase again 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.
	Trend

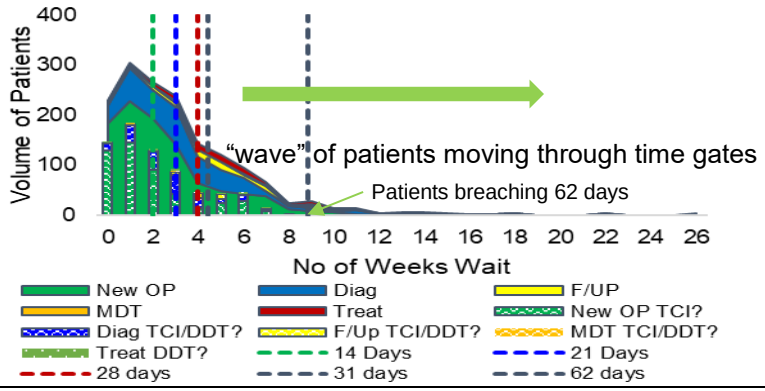
1. Number of USC referrals



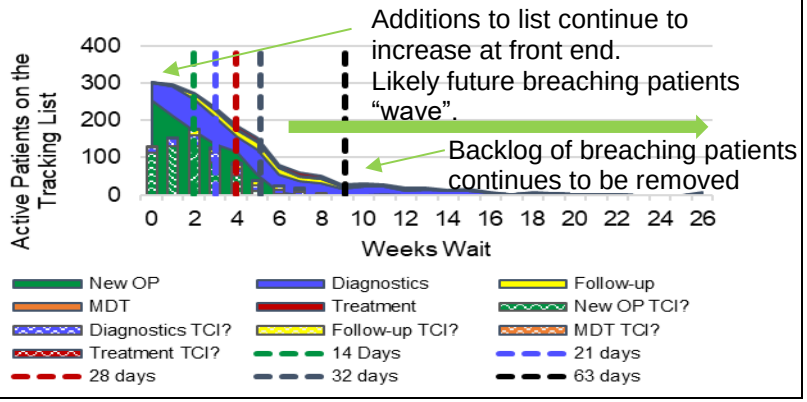
2. Backlog of USC patients with a wait status of more than 53 days

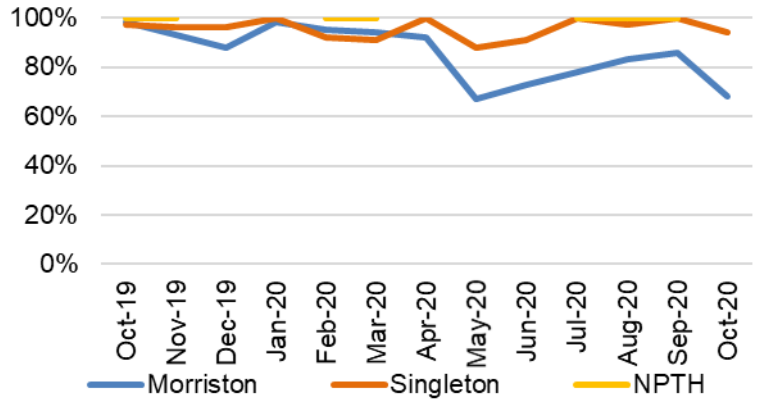
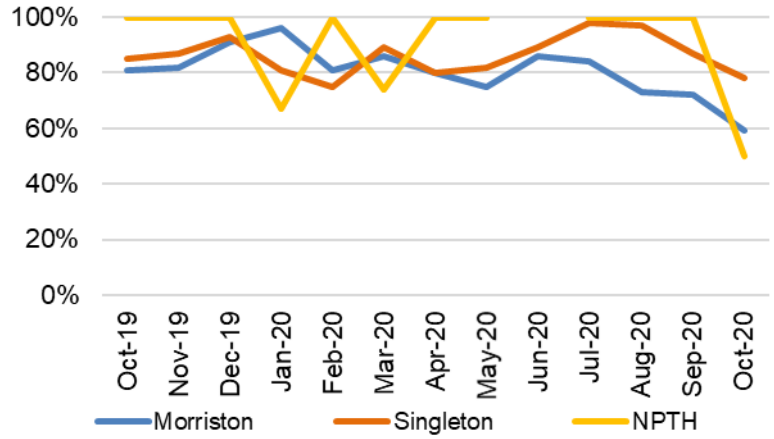


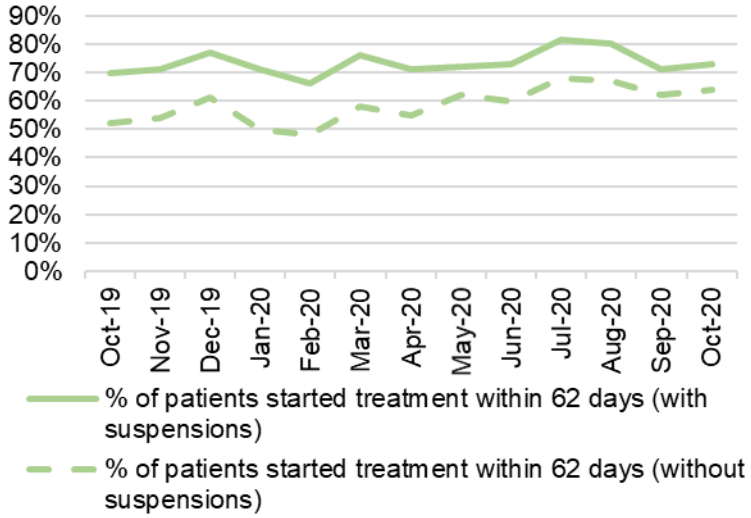
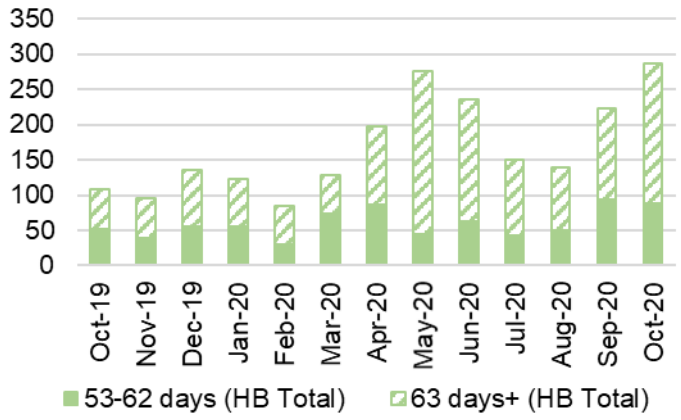
3. Volume of patients by stage and adjusted wait (December 2019)



4. Volume of patients by stage and adjusted wait (Start of October 2020)



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*	October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 89% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for October 2020: • Lower GI – 4 • Urological – 4 • Upper GI - 1 **Breach validation is ongoing.*	**Percentage of NUSC patients starting treatment within 31 days of diagnosis** 
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*	October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 70% of patients starting treatment within 62 days. At the time of writing this report there are 28 breaches* in total across the Health Board for October 2020: • Urological – 7 • Lower GI – 5 • Upper GI – 5 • Skin – 3 • Lung – 3 • Gynaecological – 2 • Head & Neck – 2 • Other - 1 **Breach validation is ongoing.*	**Percentage of USC patients starting treatment within 62 days of receipt of referral** 

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)*	October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 64% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). At the time of writing this report, 68 patients did not receive their treatment within the time frame. Both adjusted and unadjusted waits are provided as per reporting requirements to Welsh Government. (73% adjusted with 51 breaches).	**Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)** 
USC backlog *The number of patients with an active wait status of more than 53 days*	End of October 2020 backlog by tumour site: **Tumour Site** / **53 - 62 days** / **63 >** Breast: 1 / 1 Gynaecological: 5 / 5 Haematological: 2 / 3 Head and Neck: 3 / 4 Lower GI: 31 / 80 Lung: 0 / 3 Other: 4 / 25 Sarcoma: 1 / 3 Skin: 5 / 6 Upper GI: 23 / 52 Urological: 13 / 16 **Grand Total**: **88** / **198**	**Number of patients with a wait status of more than 53 days** 

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 October 2020 the percentage of patients seen within 14 days to first appointment ranged between 7% and 10%.	**The number of patients waiting for a first outpatient appointment (by total days waiting) - End of October 2020**

	≤10	11-20	21-30	>31	Total
Breast	0	9	104	39	152
Children Cancer	0	0	0	0	0
Gynaecological	2	5	10	47	64
Haematological	0	1	0	0	1
Head&Neck	3	1	2	10	16
LGI	1	0	9	7	17
Lung	0	0	0	0	0
Other	3	8	2	2	15
Sarcoma	0	0	0	0	0
Skin	2	2	8	19	31
UGI	1	1	2	0	4
Urological	1	1	0	0	2
Total	13	28	137	124	302

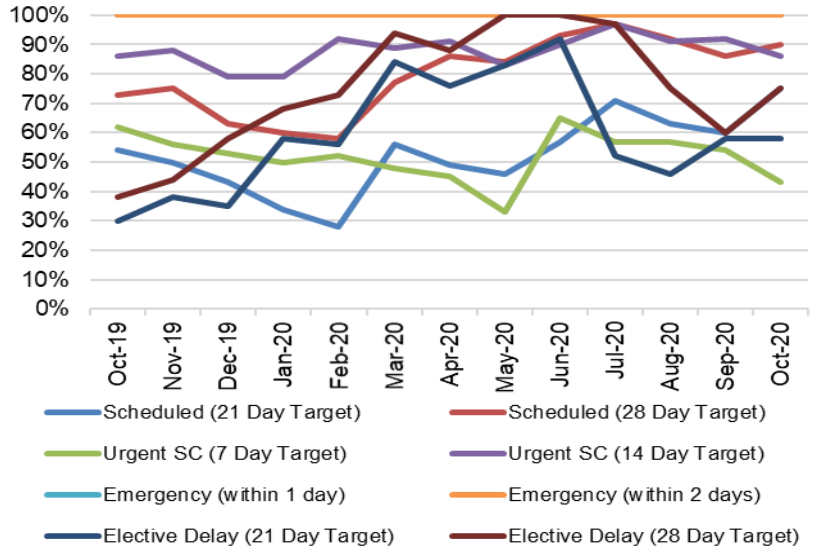
Radiotherapy waiting times

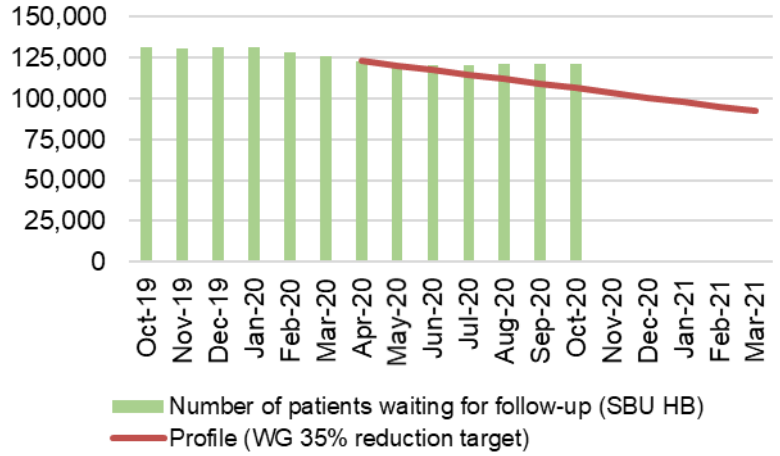
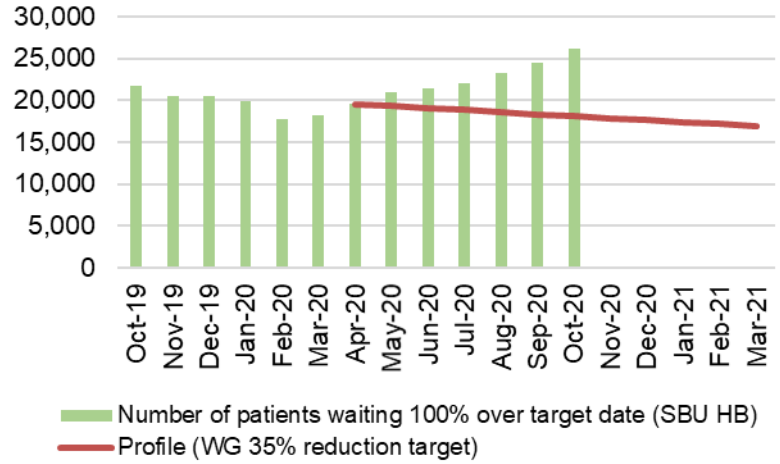
The percentage of patients receiving radiotherapy treatment

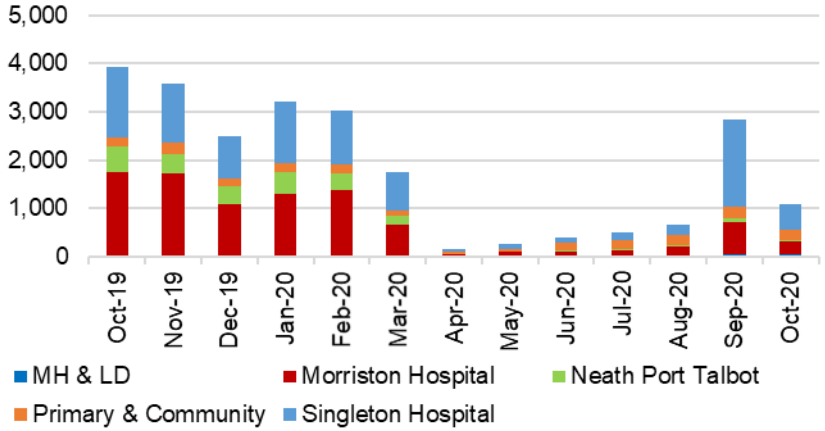
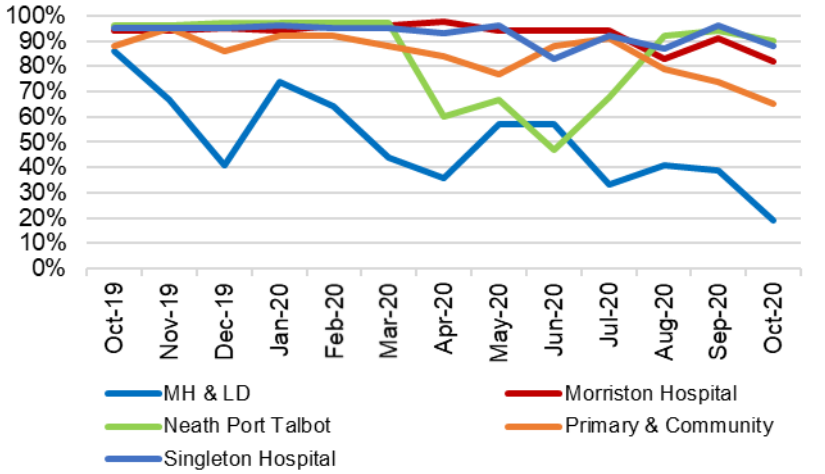
Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.

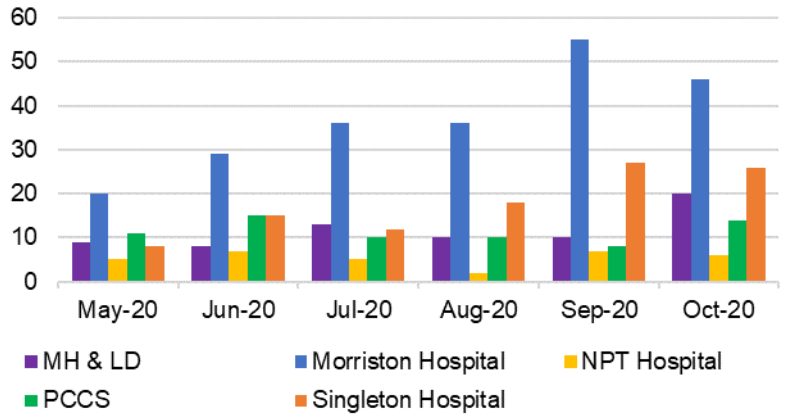
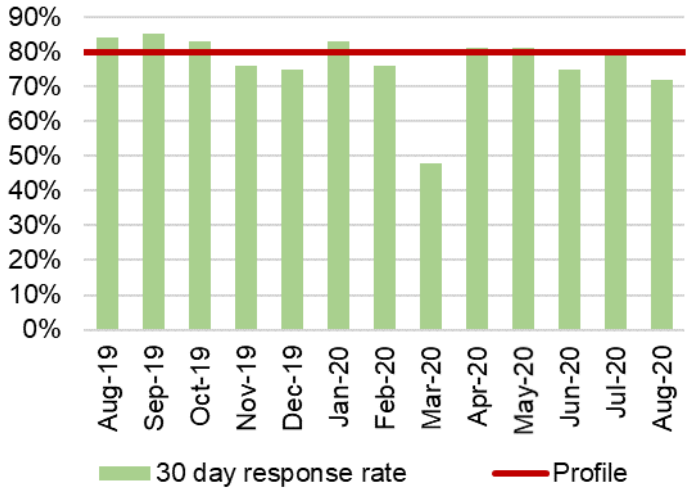
Measure	Target	Oct-20
Scheduled (21 Day Target)	80%	75%
Scheduled (28 Day Target)	100%	90%
Urgent SC (7 Day Target)	80%	43%
Urgent SC (14 Day Target)	100%	86%
Emergency (within 1 day)	80%	100%
Emergency (within 2 days)	100%	100%
Elective Delay (21 Day Target)	80%	58%
Elective Delay (28 Day Target)	100%	75%

Radiotherapy waiting times



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 October 2020, the overall size of the follow-up waiting list increased by 6 patients compared with September 2020 (from 120,962 to 120,968). In October 2020, there was a total of 57,380 patients waiting for a follow-up past their target date. This is an in-month increase of 0.9% (from 56,843 in September 2020 to 57,380 in October 2020). Of the 57,380 delayed follow-ups in October 2020, 9,360 had appointment dates and 48,020 were still waiting for an appointment. In addition, 26, 217 patients were waiting 100%+ over target date in October 2020. This is a 7% increase when compared with September 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 October 2020 was 82% and 1,047 surveys were completed: ➢ Neath Port Talbot Hospital (NPTH) completed 40 surveys in October 2020, with a recommended score of 90%. ➢ Singleton Hospital completed 530 surveys for October, with a recommended score of 88%. ➢ Morriston Hospital completed 269 surveys in October 2020, with a recommended score of 82%. ➢ Mental Health & Learning Disabilities completed 48 surveys for October 2020, with a recommended score of 19%. ➢ Primary & Community Care completed 208 surveys for October, with a recommended score of 65%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend** 

COMPLAINTS		
Description	**Current Performance**	**Trend**
Patient concerns *1. Number of formal complaints received* *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*	1. In October 2020, the Health Board received 121 formal complaints; this is a 24% reduction when compared with October 2019 (from 159 to 121). 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. 2. The overall Health Board rate for responding to concerns within 30 working days was 72% in August 2020 against the Welsh Government target of 75% and Health Board target of 80%. Performance in August 2020 ranged from 50% in Neath Port Talbot Hospital and Mental Health & Learning Disabilities to 84% in Morriston Hospital.	**1. Number of formal complaints received**  **2. Response rate for concerns within 30 days** 

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

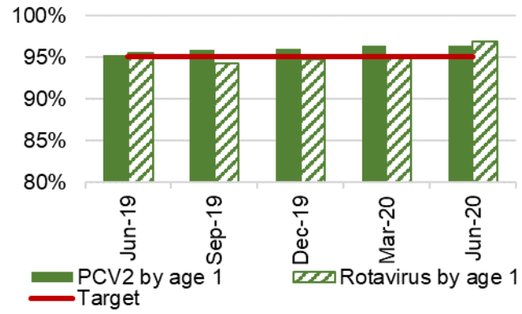


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

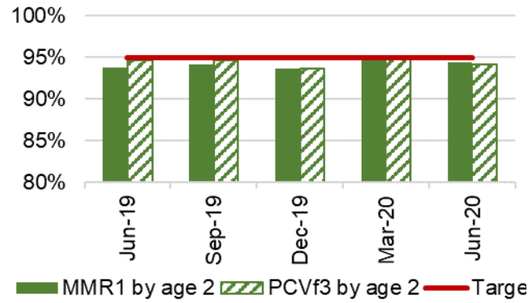


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

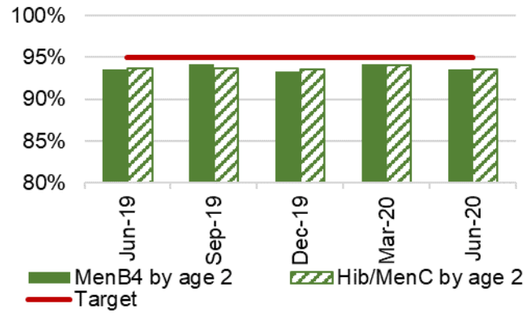


Chart 5: % children who are up to date in schedule by age 4

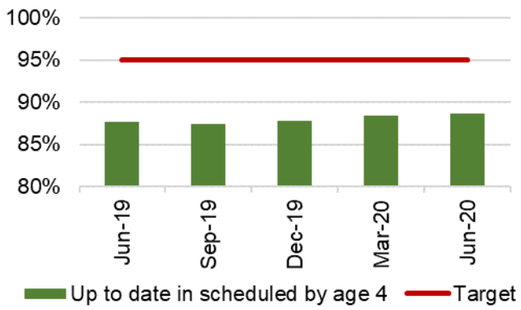


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

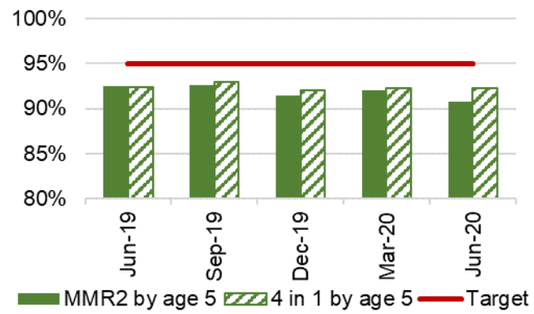


Chart 7: % children who received MMR vaccine and teenage booster by age 16

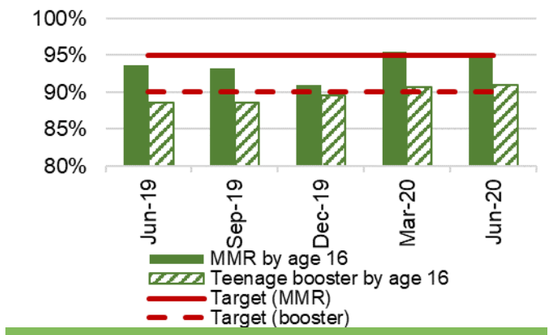


Chart 8: % children who received MenACWY vaccine by age 16

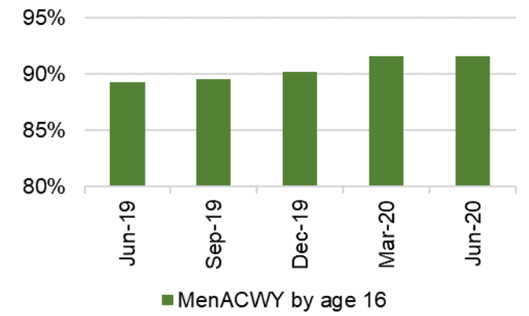
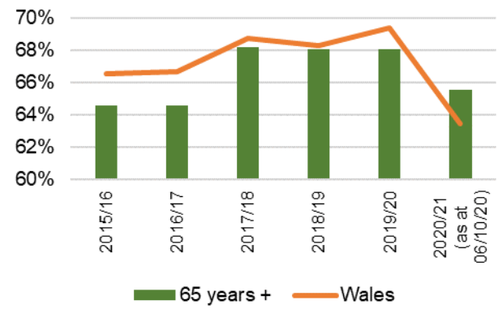
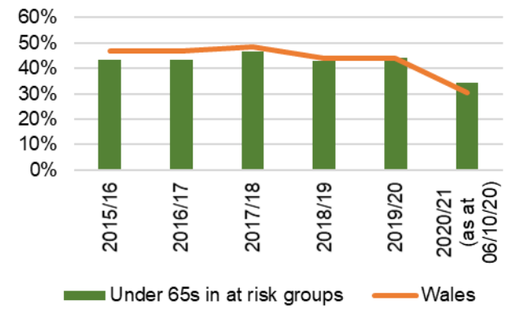


Chart 9: Influenza uptake for amongst 65 year olds and over



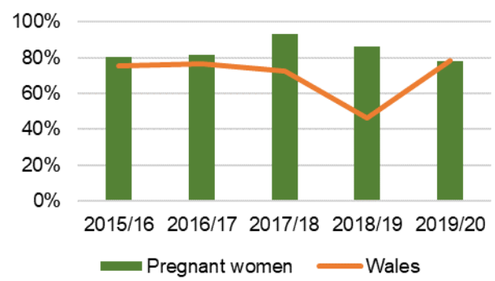
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



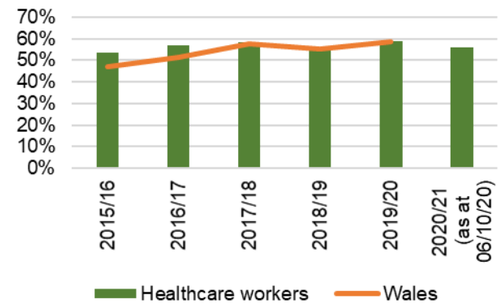
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

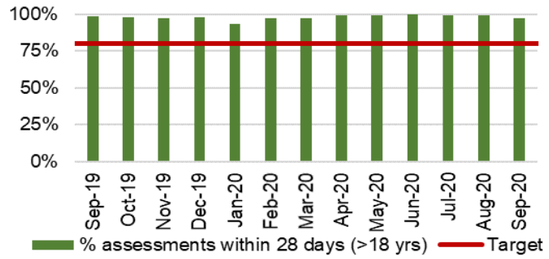


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

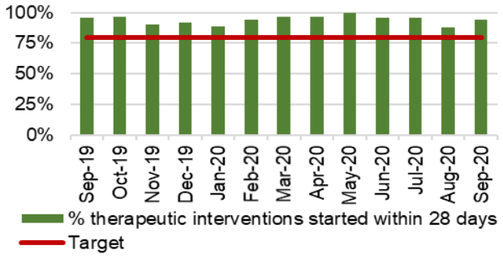


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)

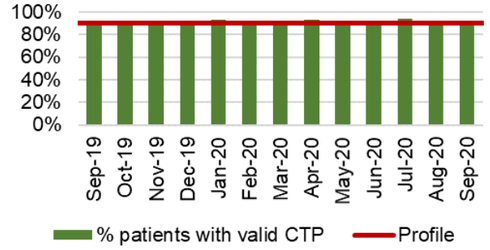


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

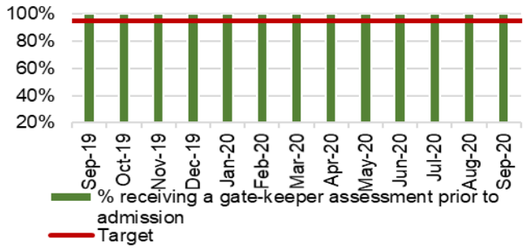


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

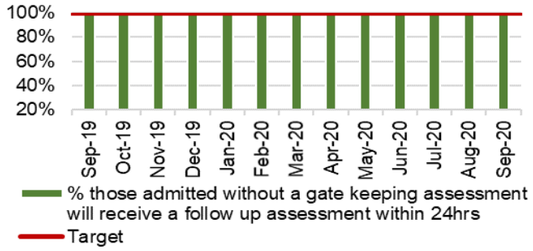


Chart 7: % of patients waiting under 14 weeks for Therapies

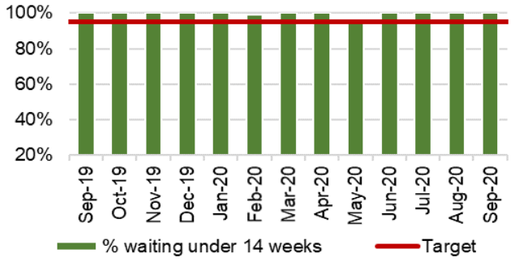


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

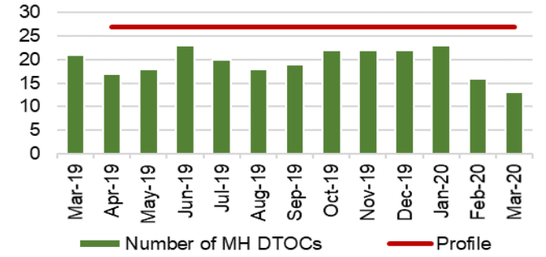


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

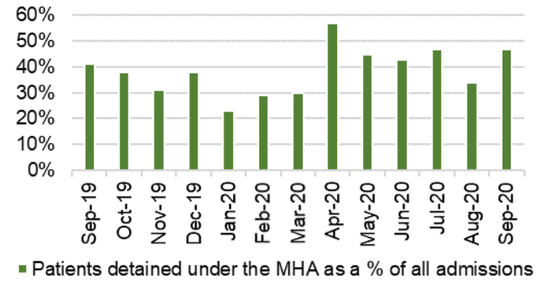


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

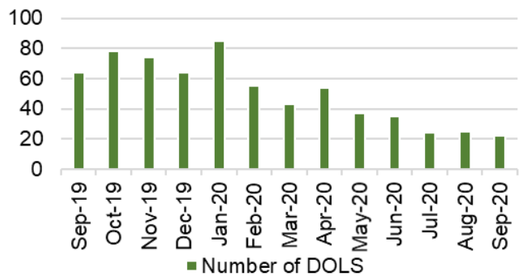


Chart 11 Number of Serious Incidents

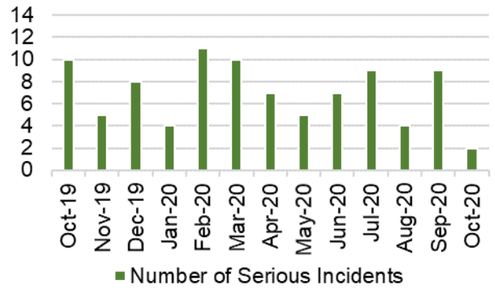
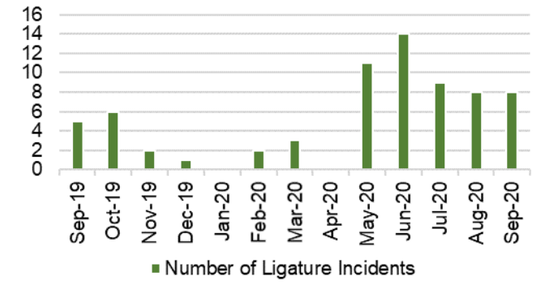


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

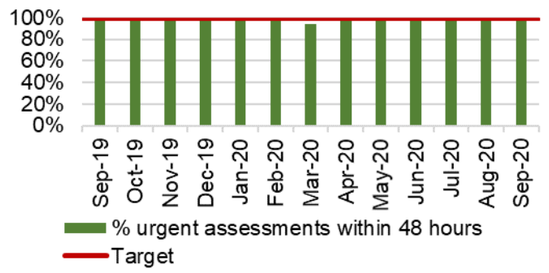


Chart 14:Neuro-developmental disorder assessment and intervention received within 26 weeks

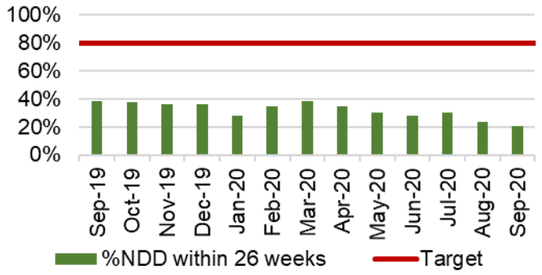
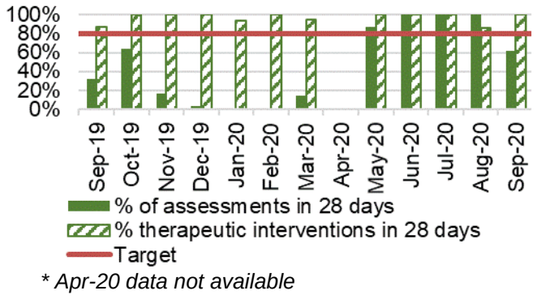
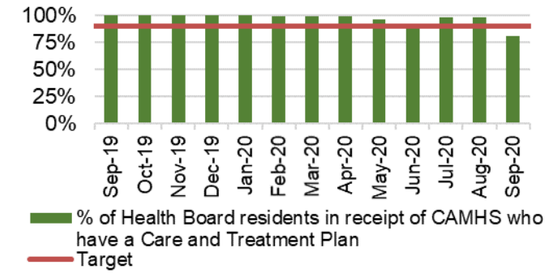


Chart 15: Assessment and intervention within 28 days

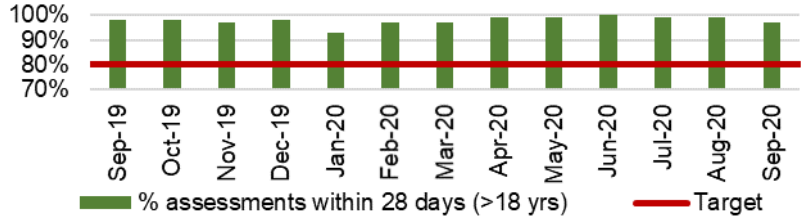
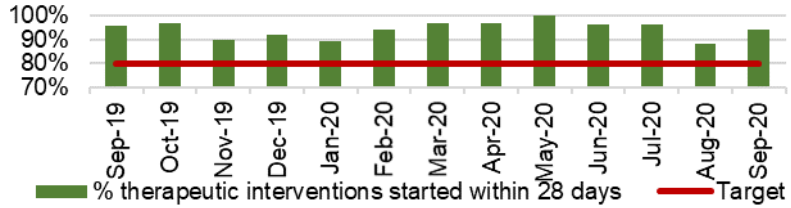
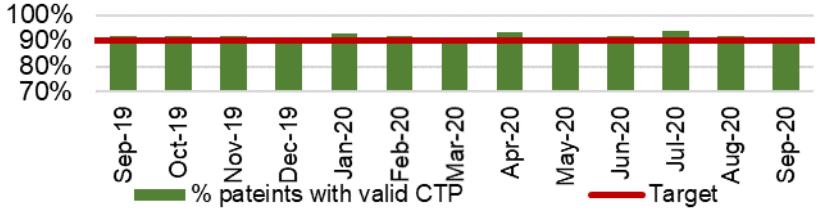
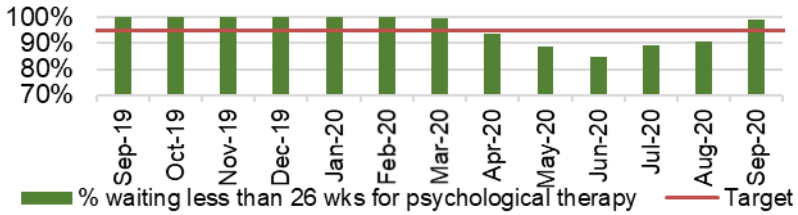


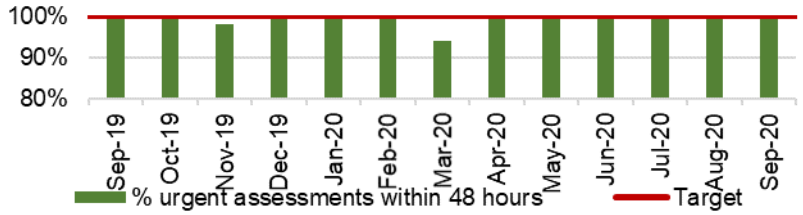
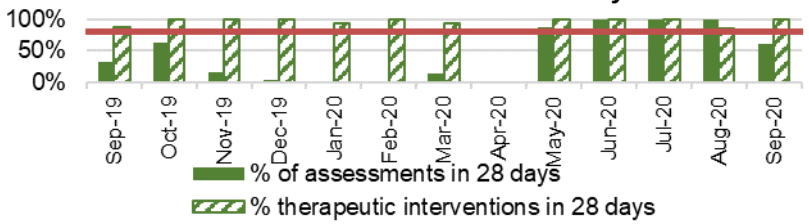
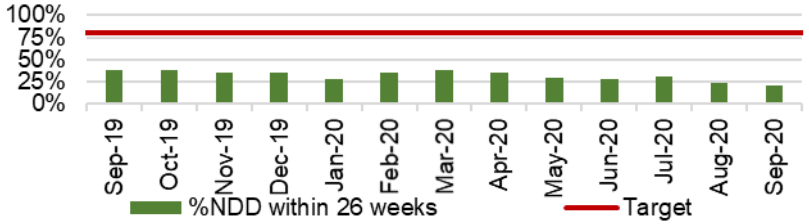
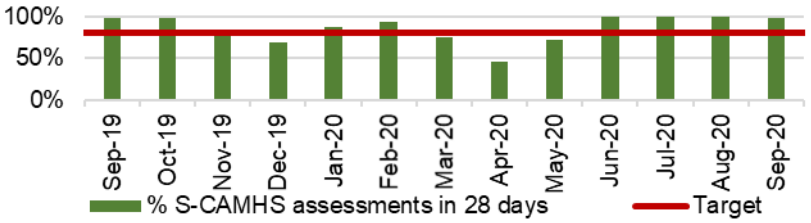
** Apr-20 data not available*

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



7.3 Updates on key measures

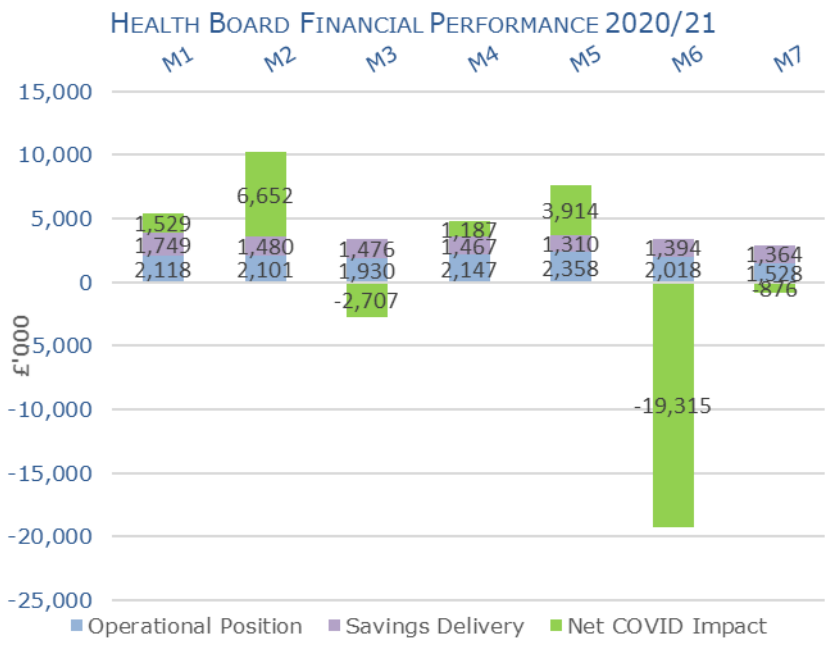
ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 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)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In September 2020, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In September 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 94%. 3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in September 2020. 4. In September 2020, 99% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

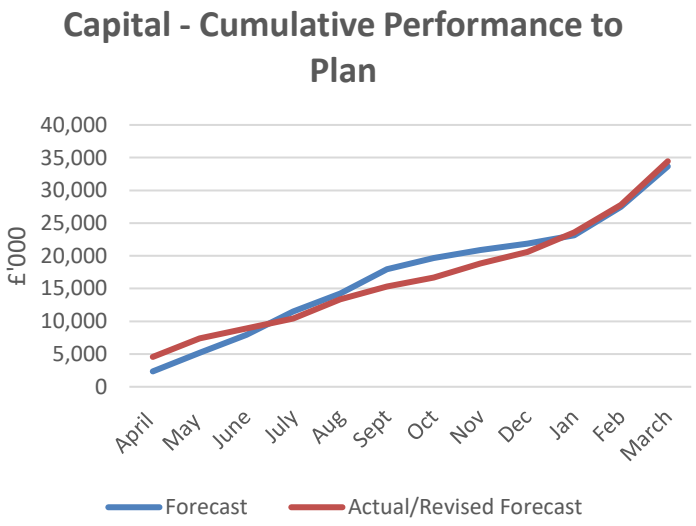
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In September 2020, 100% of CAMHS patients received an assessment within 48 hours. 2. 62% of routine assessments were undertaken with 28 days from referral in September 2020 against a target of 80%. 3. 100% of therapeutic interventions were started within 28 days following assessment in September 2020. 4. 21% of NDD patients received a diagnostic assessment within 26 weeks in September 2020 against a target of 80%. 5. 98% of routine assessments by SCAMHS were undertaken within 28 days in September 2020.	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **Data for April 2020 not available for measures 2 and 3* **4. NDD- assessment within 26 weeks**  **5. S-CAMHS % assessments within 28 days** 	

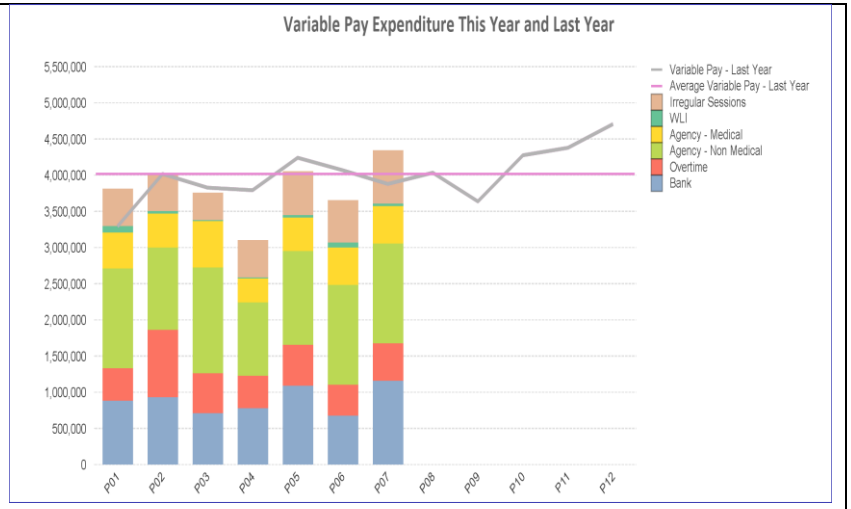
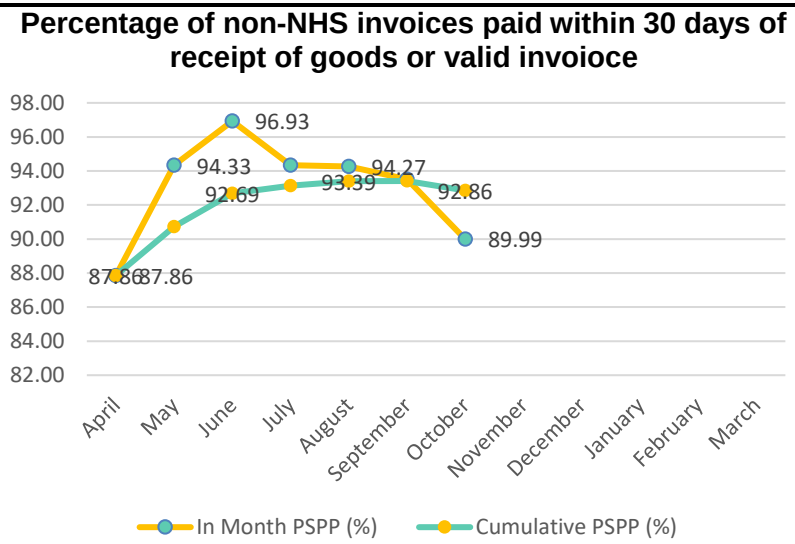
8. FINANCE UPDATES

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

Description	Current Performance	Trend

Revenue Financial Position – expenditure incurred against revenue resource limit	• The reported revenue financial position for October 2020 is an in-month overspend of £2.016m, resulting in a cumulative overspend of £14.825m.
	• 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 :
	  ○ The planned operational deficit for 2020/21, which to October is £14.2m, and
	  ○ The impact of additional TAVI demand and activity, which is being managed by the Health Board which is £0.6m for the year to date.
		

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	• The forecast outturn capital position for 2020/21 is an overspend of £0.785m. There are a number of known funding adjustments for submitted schemes, which will neutralise this position. • Following on from the quarter 2 planning guidance and agreement by Welsh Government, a revised discretionary plan was approved by the Board at its July meeting. The plan remains balanced, but has been adjusted through changes to schemes profiles and reductions in some discretionary allocations and switching between AWCP schemes to mitigate the adverse national funding position, while trying to maintain delivery and pace on a number of critical priority projects. The Board approved continuation with the design works on the Singleton cladding and maintaining the cancer clinical pathways through the letting of contracts for the replacement of the ageing CT-Simulator at the West Wales Cancer Centre. In making these changes, we have assumed that once the national funding situation improves, the plan can then revert to its original intentions. The plan also reflects the Q3/Q4 planning guidance. • The forecast outturn includes latest estimates for COVID expenditure across our surge capacity, Field Hospitals and new ways of working, including home working.	

Description	Current Performance	Trend
Workforce Spend – workforce expenditure profile	• The total workforce costs increased by around £4 in October, the most significant element of this increase is due to payment of medical and dental pay award and the arrears from April 2020. • Variable pay costs have increased by around £0.7m in October, which reflects the increasing operational pressures, resulting in utilising all funded beds and the use of surge capacity.	
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	• The number of invoices paid within 30 days in October was again below the 95% target, with in month performance being a very disappointing 89.99%. The failure to achieve the 95% target in month was primarily due to delays in the payment of nurse agency invoices, with 1,359 of the 3,265 nurse agency invoices paid in month being paid after 30 days. • Other health boards in Wales also have issues with PSPP performance for nurse agency invoices and the health board is part of an all Wales project to develop a new process for the payment of nurse agency invoices based on a model used in BCU Health Board which has dramatically improved their PSPP performance in this area. • The October performance has reduced the cumulative compliance for the year to date from 93.41% at the end of September to 92.86% at the end of October.	

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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
COVID19 related measures	Number of new COVID19 cases	Local	Oct-20	4,663		Reduce											1,356	293	34	53	66	787	4,663
	Number of staff referred for Antigen Testing	Local	Sep-20	4,765		Reduce											2,281	2,785	3,102	3,329	3,564	4,765	6,460
	Number of staff awaiting results of COVID19 test	Local	Aug-20	0		Reduce											0	19	16	1	0	38 (as at 10/11/20)	21 (as at 06/11/20)
	Number of COVID19 related incidents	Local	Oct-20	87		Reduce											119	67	40	26	39	30	87
	Number of COVID19 related serious incidents	Local	Oct-20	0		Reduce											1	0	2	0	9	1	0
	Number of COVID19 related complaints	Local	Oct-20	31		Reduce											69	61	39	58	27	28	31
	Number of COVID19 related risks	Local	Oct-20	6		Reduce											19	20	19	5	8	2	6
	Number of staff self isolated (asymptomatic)	Local	Aug-20	420		Reduce											851	516	474	422	420	353	
	Number of staff self isolated (symptomatic)	Local	Aug-20	36		Reduce											860	292	141	70	36	72	
	% sickness	Local	Aug-20	3.5%		Reduce											13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	

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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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	Oct-20	66%	65%	65%	✔	61.4%	2nd (Sep-20)		66%	59%	62%	67%	69%	69%	70%	75%	76%	74%	72%	69%	66%
	Number of ambulance handovers over one hour	National	Oct-20	355	0			2,481	4th (Sep-20)		827	821	868	848	704	462	61	20	47	120	163	410	355
	Handover hours lost over 15 minutes	Local	Oct-20	916							2,778	3,212	3,361	3,545	2,247	1,623	209	125	178	315	418	1,100	916
	% 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	Oct-20	77%	95%			76.5%	5th (Sep-20)		71%	73%	71%	72%	74%	73%	78%	83%	88%	80%	81%	76%	77%
	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	Oct-20	494	0			3,729	5th (Sep-20)		890	927	1,018	1,038	783	557	131	97	81	223	286	537	494
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Jul-20	93.3%	12 month ↑			80.1%	1st (Sep-20)		95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.9%	77.1%	95.5%	93.3%			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	May-20	83.0%	12 month ↑			60%	2nd (Aug-20)		76.0%	77.0%	78.0%	80.0%	79.0%	79.0%	79.0%	80.0%	82.0%	83.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Sep-20	50.0%	54.0%			37.8%	2nd (Aug-20)		55%	55%	39%	24%	62%	47.4%	Data not available		52.7%	57.4%	51.4%	50.0%	
	CT Scan (<1 hrs) (local	Local	Sep-20	62.5%							47%	49%	44%	43%	38%	42.5%			49.1%	48.2%	52.8%	62.5%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Sep-20	97.5%	85.3%			83.5%	1st (Aug-20)		94%	98%	100%	90%	97%	97.5%			100.0%	94.6%	97.2%	97.5%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-20	12.5%	12 month ↑						0%	0%	20%	0%	0%	0.0%			30.0%	25.0%	0.0%	12.5%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Sep-20	80.1%	12 month ↑			39.2%	2nd (Aug-20)		49%	45%	38%	33%	28%	32.8%			30.7%	44.3%	61.7%	80.1%	
	% of stroke patients who receive a 6 month follow-up assessment	National	Q3 19/20	49.6%	Qtr on qtr ↑			62.2%					49.6%										
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔	69			22	22	22	23	16	13	DTOC reporting temporarily suspended						
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✖	354			76	61	53	52	69	60	DTOC reporting temporarily suspended						
	% critical care bed days lost to delayed transfer of care	National	Q1 20/21	26.2%	Quarter on quarter ↓			5.3%	2nd (Q1 20/21)				21.3%			26.2%			2.5%				

Harm from overwhelmed NHS and social care system

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Oct-20	65.7	<67		✔	63.04	4th (Sep-20)		80.8	76.3	78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8	62.5	64.0	65.7
	Number of E.Coli bacteraemia cases (Hospital)		Oct-20	*14*							*10*	*5*	*12*	*15*	*15*	*8*	*6*	*6*	*3*	*8*	*8*	*7*	*14*
	Number of E.Coli bacteraemia cases (Community)			*11*							*15*	*10*	*20*	*18*	*16*	*15*	*8*	*8*	*14*	*17*	*24*	*16*	*11*
	Total number of E.Coli bacteraemia cases			25							25	15	32	33	31	23	14	14	17	25	32	23	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Oct-20	31.5	<20		✖	23.39	6th (Sep-20)		35.6	35.4	35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1	28.2	30.7	31.5
	Number of S.aureus bacteraemias cases (Hospital)		Oct-20	*6*							*11*	*8*	*7*	*6*	*6*	*4*	*4*	*2*	*4*	*3*	*5*	*7*	*6*
	Number of S.aureus bacteraemias cases (Community)			*6*							*2*	*3*	*4*	*7*	*2*	*5*	*6*	*4*	*8*	*3*	*7*	*7*	*6*
	Total number of S.aureus bacteraemias cases			12							13	11	11	13	8	9	10	6	12	6	12	14	12
	Cumulative cases of C.difficile per 100k pop		Oct-20	50.4	<26		✖	31.65	6th (Sep-20)		33.4	35.8	35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3	50.2	51.2	50.4
	Number of C.difficile cases (Hospital)		Oct-20	*12*							*13*	*13*	*7*	*6*	*11*	*5*	*9*	*6*	*14*	*7*	*9*	*12*	*12*
	Number of C.difficile cases (Community)			*3*							*6*	*4*	*4*	*5*	*4*	*3*	*2*	*10*	*6*	*4*	*14*	*6*	*3*
	Total number of C.difficile cases			15							19	17	11	11	15	8	11	16	20	11	23	18	15
	Cumulative cases of Klebsiella per 100k pop		Oct-20	21.9							22.0	22.3	21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0	22.1	21.0	21.9
	Number of Klebsiella cases (Hospital)		Oct-20	*7*							4	4	4	7	2	4	*1*	*4*	*4*	*3*	*6*	*3*	*7*
	Number of Klebsiella cases (Community)			*2*							0	4	2	1	1	3	*5*	*2*	*5*	*2*	*4*	*2*	*2*
	Total number of Klebsiella cases			9				47	1st (Sep-20)		4	8	6	8	3	7	6	6	9	5	10	5	9
	Cumulative cases of Aeruginosa per 100k pop		Oct-20	5.7							8.8	8.1	7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2	6.7	5.6	5.7
	Number of Aeruginosa cases (Hospital)		Oct-20	*1*							1	1	1	2	1	1	*2*	*3*	*0*	*0*	*0*	*0*	*1*
	Number of Aeruginosa cases (Community)			*1*							0	0	1	1	0	0	*0*	*2*	*0*	*1*	*3*	*0*	*1*
	Total number of Aeruginosa cases			2				11	1st (Sep-20)		1	1	2	3	1	1	2	5	0	1	3	0	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Oct-20	97%		95%	✔				97%	97%	96%	97%	93%	99%	98%	99%	98%	98%	94%	96%	97%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Oct-20	0%	90%	80%	✖				47%	55%	38%	28%	29%	30%	7%	29%	0%	0%	50%	20%	0%
	Number of new Never Events	National	Oct-20	1	0	0	✖				1	0	1	1	0	0	0	0	1	0	0	0	1
	Number of risks with a score greater than 20	Local	Oct-20	130		12 month ↓	✖				104	105	109	111	114	108	109	101	110	115	121	117	130
	Number of risks with a score greater than 16	Local	Oct-20	224		12 month ↓	✖				204	200	202	205	204	198	202	193	204	204	210	206	224
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*	Local	Sep-20	44		*12 month ↓*	✖				*20*	*22*	*24*	*30*	*41*	*31*	*25*	*29*	*18*	*19*	*37*	*44*	
	Number of pressure ulcers developed in the community		Sep-20	21		*12 month ↓*	✔				*29*	*31*	*24*	*26*	*25*	*39*	*34*	*33*	*34*	*28*	*25*	*21*	
	Total number of pressure ulcers		Sep-20	65		12 month ↓	✖				49	53	48	56	66	70	59	62	52	47	62	65	
	Number of grade 3+ pressure ulcers acquired in hospital		Sep-20	0		*12 month ↓*	✔				*2*	*2*	*2*	*2*	*3*	*1*	*2*	*0*	*1*	*0*	*4*	*0*	
	Number of grade 3+ pressure ulcers acquired in community		Sep-20	5		*12 month ↓*	✖				*2*	*8*	*3*	*5*	*8*	*8*	*4*	*6*	*9*	*4*	*5*	*5*	
	Total number of grade 3+ pressure ulcers		Sep-20	5		12 month ↓	✔				4	10	5	7	11	9	6	6	10	4	9	5	
Inpatient Falls	Number of Inpatient Falls	Local	Oct-20	187		12 month ↓	✔				255	240	297	249	207	210	193	209	196	208	227	219	187
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Sep-20	99%	95%	95%	✔				95.9%	100.0%	98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	95.5%	96.6%	99.2%	
	Stage 2 mortality reviews required	Local	Sep-20	11							17	9	15	16	8	9	10	11	10	10	11	11	
	% stage 2 mortality reviews completed	Local	Jul-20	90%		100%	✖				64.7%	78.0%	67.0%	75.0%	44.4%	0.0%	30.0%	27.3%	50.0%	90.0%			
	Crude hospital mortality rate (74 years of age or less)	National	Sep-20	0.93%	12 month ↓			1.23%	3rd (Aug-20)		0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	0.90%	0.93%	
	% 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	Oct-20	94%		98%	✖				94.5%	93.7%	96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%	92.4%	93.6%	93.9%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Sep-20	96%	95%	95%	✔				96%	93%	95%	96%	95%	94%	94%	97%	97%	96%	96%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%	7th (2019/20)		2019/20= 91.4%												
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Oct-20	68%		100%	✖				63.0%	63.0%	65.0%	66.0%	67.0%	68%	61%	63%	67%	63%	66%	70%	68%
Workforce	Agency spend as a % of the total pay bill	National	Jun-20	4.32%	12 month ↓			4.08%	7th out of 10 organisations (2018)		4.09%	4.31%	4.07%	4.95%	4.69%	4.46%	4.04%	3.21%	4.32%				
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82	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	Oct-20	58%	85%	85%	✖	61.7%	7th out of 10 organisations (Jun-20)		67%	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%	2nd (2018)		2018= 55%												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Oct-20	80%	85%	85%	✖	79.5%	7th out of 10 organisations (Jun-20)		79%	80%	80%	81%	82%	83%	82%	79%	79%	80%	80%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Sep-20	7.03%	12 month ↓			5.99%	9th out of 10 organisations (Jun-20)		6.04%	6.05%	6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	7.03%	7.03%	7.03%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%	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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Oct-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	Oct-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=38.8%												
	% of population regularly accessing NHS primary dental care	Local	Q4 19/20	60.6%	4 quarter ↑			55%	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 ↑			68.30%	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	Sep-20	23.8%	4 quarter ↓			32.2%	2nd (Q2 19/20)		33.8%	32.1%	32.3%	31.6%	31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	24.7%	23.8%	
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	Oct-20 (draft)	89.0%	98%			96.1%	5th out of 6 organisations (Aug-20)		98%	95%	92%	99%	93%	93%	97%	82%	85%	90%	91%	94%	89%
	% 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	Oct-20 (draft)	70.0%	95%			76.1%	1st out of 6 organisations (Aug-20)		84%	86%	92%	86%	78%	85%	81%	86%	88%	91%	91%	82%	70%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Oct-20 (draft)	73.0%	12 month ↑			75.4%	3rd out of 6 organisations		70.0%	71.0%	77.0%	71%	66%	76%	71%	72%	73%	82%	80%	71%	73%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Oct-20	0%	80%		✖				54%	50%	43%	34%	28%	56%	0%	0%	0%	0%	0%	0%	0%
	Scheduled (28 Day Target)	Local	Oct-20	0%	100%		✖				73%	75%	63%	60%	58%	77%	0%	0%	0%	0%	0%	0%	0%
	Urgent SC (7 Day Target)	Local	Oct-20	0%	80%		✖				62%	56%	53%	50%	52%	48%	0%	0%	0%	0%	0%	0%	0%
	Urgent SC (14 Day Target)	Local	Oct-20	0%	100%		✖				86%	88%	79%	79%	92%	89%	0%	0%	0%	0%	0%	0%	0%
	Emergency (within 1 day)	Local	Oct-20	0%	80%		✔				100%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%
	Emergency (within 2 days)	Local	Oct-20	0%	100%		✔				100%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%
	Elective Delay (21 Day Target)	Local	Oct-20	0%	80%		✖				30%	38%	35%	58%	56%	84%	0%	0%	0%	0%	0%	0%	0%
	Elective Delay (28 Day Target)	Local	Oct-20	0%	100%		✖				38%	44%	58%	68%	73%	94%	0%	0%	0%	0%	0%	0%	0%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Oct-20	6,896	0			62,024	3rd (Aug-20)		223	226	569	628	424	1,407	5,788	8,346	8,033	7,510	8,070	7,666	6,896
	Number of patients waiting > 14 weeks for a specified therapy	National	Oct-20	1,135	0			11,786	5th (Aug-20)		1	0	0	0	1	51	387	982	1,646	1,554	1,518	1,350	1,135
	% of patients waiting < 26 weeks for treatment	National	Oct-20	44.8%	95%			48.2%	7th (Aug-20)		84.5%	84.1%	82.6%	81.8%	82.3%	80.2%	72.3%	64.0%	59.5%	52.4%	46.5%	41.0%	44.8%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Oct-20	22,050	0						1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497	23,069	22,050
	Number of patients waiting > 36 weeks for treatment	National	Oct-20	30,776	0			148,907	3rd (Aug-20)		4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,248	13,419	18,078	22,494	26,046	30,776
	The number of patients waiting for a follow-up outpatient appointment	National	Oct-20	120,968	35% reduction by March 2021	106,295	✖	767,839	5th (Aug-20)		131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969	120,962	120,968
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Oct-20	26,217		18,127	✖	192,183	5th (Aug-20)		21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209	24,472	26,217
	% 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%			46.6%	3rd (Aug-20)		69.5%	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	Sep-20	6.0%	12 month ↓						6.6%	6.7%	7.4%	6.5%	6.0%	5.6%	4.8%	3.3%	4.2%	4.0%	4.8%	6.0%	6.5%
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-20	6.6%	12 month ↓						7.9%	7.5%	8.0%	7.7%	6.9%	6.5%	4.7%	3.3%	4.4%	4.9%	6.1%	6.6%	6.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Oct-20	75.0%		90%	✖				69%	70%	56%	63%	66%	35%	6%	11%	16%	42%	90%	75%	75%
	% of theatre sessions starting late	Local	Oct-20	43.8%		<25%	✖				42%	51%	46%	44%	43%	38%	45%	43%	46%	51%	46%	49%	44%
	% of theatre sessions finishing early	Local	Oct-20	38.0%		<20%	✖				38%	41%	43%	41%	42%	40%	43%	45%	36%	37%	28%	39%	38%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jul-20	2,383	> 5% annual ↓			13,015	5th (Aug-20)		3,317	3,318	3,331	3,375	3,252	3,228	3,084	2,862	2,652	2,383			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q4 19/20	98.7%	100%	100%	✖	98%	3rd out of 6 organisations (Q4 19/20)				98.6%			98.7%							

Harm from reduction in non-Covid activity

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total		Performance Trend	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 19/20	323.9	4 quarter ↓			307.5	6th (Q4 19/20)				336.5			323.9							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 19/20	1,474	qtr on qtr ↓			10,006	5th (Q4 19/20)				1,474			1,476							
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National			Quarter on quarter ↓												New measure for 2020/21- awaiting data						
	Opioid average daily quantities per 1,000 patients	National	Q4 19/20	4,329.0	4 quarter ↓			4,429	3rd (Q4 19/20)				4,409			4,329							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 19/20	80.7%	Quarter on quarter ↑			82.9%	3rd (Q4 19/20)				80.2%			80.7%							
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	Local	Q4 19/20	12.8	4 quarter ↓			12.0					13.6			12.8							
Patient experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31	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	2018/19	93.7%	Annual ↑			92.5%			2018/19= 93.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital (Local)	Local	2018/19	92.9%	Annual ↑			93.3%			2018/19= 92.9%												
	Number of friends and family surveys completed	Local	Oct-20	1,047		12 month ↑	✖				3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502	625	2,804	1,047
	% of who would recommend and highly recommend	Local	Oct-20	82%		90%	✔				94%	95%	95%	95%	95%	95%	90%	92%	87%	91%	83%	93%	82%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Oct-20	79%		90%	✖				83%	83%	83%	86%	81%	90%	95%	100%	79%	91%	83%	84%	79%
Complaints	Number of new formal complaints received	Local	Oct-20	121		12 month ↓ trend	✔				159	137	87	142	113	92	37	54	77	79	81	114	121
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Aug-20	72%	75%	80%	✖	58.6%	2nd (Q1 20/21)		83%	76%	75%	83%	76%	48%	81%	81%	75%	79%	72%		
	% of acknowledgements sent within 2 working days	Local	Oct-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	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	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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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%	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%	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%	✖	3.3%	6th (Q4 19/20)		1.7%	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%	2nd (Q4 19/20)				55%			52.6%							
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 19/20	383.9	4 quarter ↓			402.6	2nd (Q4 19/20)				406.5			383.9							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 20/21	49%	4 quarter ↑			59.9%	5th (Q1 20/21)				27.4%			48.7%			49.0%				
Influenza	% uptake of influenza among 65 year olds and over	National	Oct-20	68.0%	75%			69.4%	5th (2019/20)		49.3%	62.0%	66.2%	68.7%	68.0%	68.1%	Data collection restarts October 2020						65.6%
	% uptake of influenza among under 65s in risk groups	National	Oct-20	43.4%	55%			44.1%	4th (2019/20)		14.7%	32.0%	39.2%	42.8%	43.4%	44.0%							34.4%
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5%	5th (2019/20)							78.2%							Data not available
	% uptake of influenza among children 2 to 3 years old	Local	Oct-20	50.3%	50%			41.5%			0.8%	24.0%	42.1%	48.2%	50.3%	50.3%							35.7%
	% uptake of influenza among healthcare workers	National	Oct-20	58.7%	60%			58.7%	7th out of 10 organisations (2019/20)		42.0%	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%	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%	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%	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	Sep-20	100%		100%	✔				100%	98%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Sep-20	21%	80%	80%	✖	27.1%	4th (Aug-20)		38%	36%	36%	28%	35%	38%	35%	30%	28%	30%	24%	21%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Sep-20	98%	80%	80%	✔	73.3%	1st (Aug-20)		99%	77%	69%	87%	93%	67%	44%	78%	100%	100%	100%	98%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Sep-20	62%		80%	✖	87.4%	1st (Aug-20)		63%	17%	4%	0%	0%	14%		88%	100%	100%	100%	62%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Sep-20	100%		80%	✔	74.3%	4th (Aug-20)		100%	100%	100%	94%	100%	94%		100%	100%	100%	86%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Sep-20	98%		80%	✔				98%	82%	69%	87%	93%	75%	46%	72%	100%	100%	100%	98%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Sep-20	81%		90%	✖	88.8%	2nd (Aug-20)		100%	100%	100%	100%	99%	99%	99%	97%	91%	98%	98%	81%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Sep-20	97%	80%	80%	✔	91.7%	1st (Aug-20)		98%	97%	98%	93%	97%	97%	99%	99%	100%	99%	99%	97%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Sep-20	94%	80%	80%	✔	90.0%	4th (Aug-20)		97%	90%	92%	89%	94%	97%	97%	100%	96%	96%	88%	94%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Sep-20	99%	95%	95%	✔	57.3%	1st (Aug-20)		100%	100%	100%	100%	100%	100%	93%	89%	84%	89%	91%	99%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Sep-20	90%	90%	90%	✔	85.3%	2nd (Aug-20)		92%	92%	91%	93%	92%	91%	93%	92%	92%	94%	92%	90%	
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= 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%	2nd (2018/19)		2018/19= 59.4%												