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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> October 2020</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Head of Performance & Commissioning (interim)		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>From the 1<sup>st</sup> April 2020, RAG'ing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>Targeted intervention measures-</b> The Health Board was placed in "targeted intervention" by the Welsh Government in 2016. In October 2020, Welsh Government confirmed that the Health Board was de-escalated to "enhanced monitoring" due to the improvements in performance and the Health Board's response to the COVID19 pandemic. It is important to ensure that the Board continues to remain sighted on the priority measures therefore, the targeted interventions summary table that has routinely been included on page 13 of this report will continue to</p>		

be included but has been renamed the enhanced monitoring measures summary to reflect the step down in the Health Board's escalation level.

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

**Critical Care Delayed Transfers of Care (DTCOs)-** a new critical care delayed discharges summary can be found on page 29 of this report. It highlights the increasing pressure on Morriston Intensive Care Unit as a result of delayed discharges.

**Planned Care-** Waiting times continue to increase for first outpatient appointments and treatment following direction from Welsh Government in March 2020 to suspend all non-urgent outpatient appointments (ensuring that urgent appointments are prioritised) and to suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery). This increase is mirrored in both diagnostic and therapy waiting times. Our clinical services continue undertake limited amounts of elective activity in the safest way possible however the priority for quarter there will be emergency and urgent patients as well as COVID19 patients.

**Cancer-** The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days significantly increased in September 2020 which is reflected in a worsening projected position for September 2020. September's figures are in the process of being validated at the time of writing this report.

**Mental Health-** performance against the Mental Health Measures is being maintained and all targets were achieved in August 2020. Psychological therapies continue to be challenged to achieve the 26 weeks access target of 95%, however performance improved from 89% in July to 91% in August 2020.

**Child and Adolescent Mental Health Services (CAMHS)-** access to CAMHS remains high for all measures with the exception of the Neurodevelopmental Disorder (NDD) access measure which was 24% in August 2020 against the 80% target.

**Healthcare Acquired Infections-** The number of c.difficile cases in Swansea Bay continues to be a concern and despite an in-month improvement of 22%, and the cumulative number of cases

	between April and September 2020 remains 74% higher than the same period in 2019/20.			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

- **Quadruple Aim 1:** People in Wales have improved health and well-being with better prevention and self-management
- **Quadruple Aim 2:** People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
- **Quadruple Aim 3:** The health and social care workforce in Wales is motivated and sustainable
- **Quadruple Aim 4:** Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

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

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

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

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

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

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

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

### **4. FINANCIAL IMPLICATIONS**

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

### **5. RECOMMENDATION**

Members are asked to:

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

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

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

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

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

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



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## Appendix 1- Integrated Performance Report October 2020





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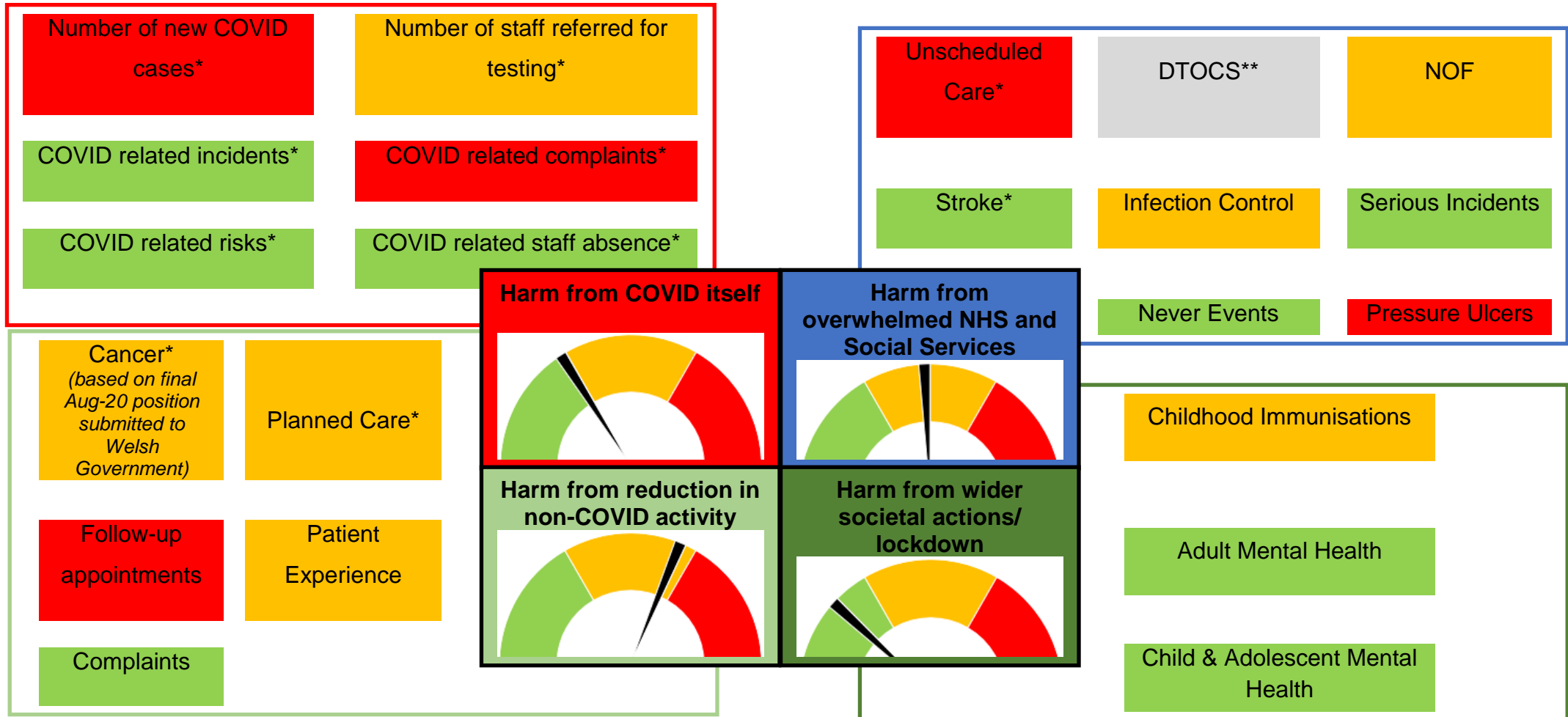
# 1. OVERVIEW

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

Successes	Priorities
<ul style="list-style-type: none"> <li>Health Board de-escalated by Welsh Government from “Targeted Intervention” to “Enhanced Monitoring”</li> <li>Optometrist practices have commenced phased reopening with many practices resuming normal services whilst maintaining social distancing measures.</li> <li>Dental practices continue to work on transitional plans to resume a full range of dental services. Urgent, non aerosol care has been available to patients since June 2020.</li> <li>GP practices continue to deliver services through a blended approach of telephone, virtual and face to face appointments.</li> <li>The number of patients waiting over target for Diagnostics and Therapies reduced for the first time since March 2020.</li> <li>Emergency care requiring hospital treatment continues to be delivered and aspects of urgent elective care have recommenced.</li> <li>Five members of staff have been named on the Queen’s Birthday Honours List. Their work during the height of the Covid-19 pandemic featured in the citation for their honours, reflecting how Swansea Bay University Health Board rose to the challenge</li> </ul>	<ul style="list-style-type: none"> <li>Submission of the Health Board’s Q3/4 operational plan which involves extensive modelling to ensure that the Health Board is prepared for a challenging winter taking into account the potential impact of COVID19, influenza and adverse weather.</li> <li>Ensure staff know that it is now essential that everyone, without exception, strictly adheres to physical distancing, rules around face masks and face coverings, and PPE requirements to safeguard patients and themselves.</li> <li>Ensure that clinically urgent and cancer patients continue to be treated and ensure that access to radiotherapy and chemotherapy is maintained.</li> <li>Make sure staff are able to access COVID19 antigen testing in a timely manner.</li> <li>Roll-out of the 2020/21 flu campaign targeting healthcare workers and all people eligible for the free flu vaccination.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Staff who participated in the recent ambulatory emergency care pilot at Singleton and Morriston Hospitals have spoken about their experience of treating patients under this new system of same-day urgent care. While the data and feedback is yet to be formally scrutinised, participating staff were mostly positive about how things progressed during the two-week trial.</li> <li>Link in with all-Wales work on risk stratification of elective waiting lists.</li> <li>Link in with national work on changing to a quality focused measurement system for urgent and emergency care services</li> <li>Continue to explore further utilisation of digital technology to enable new ways of remote working.</li> </ul>	<ul style="list-style-type: none"> <li>The ongoing COVID19 pandemic continues to have a significant impact on the Health Board’s ability to meet increasing demands. Extensive work continues to be undertaken in response to the outbreak. Key pressures include: <ul style="list-style-type: none"> <li>Social distancing is limiting the rate at which staff can return to work and rota systems need to be considered alongside a continuation of remote working</li> <li>Number of staff self isolating</li> <li>Reduction in outpatient appointments and elective treatments is increasing waiting times</li> <li>The health board’s ability and pace to reintroduce essential services in the safest way for staff and patients</li> </ul> </li> </ul>

## 2. 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) –September 2020




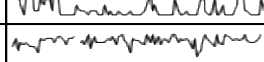


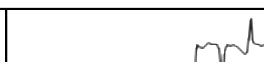

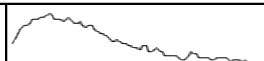

			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-20	Feb-20	Mar-20
Unscheduled Care	4 hour A&E waits	Actual	78.4%	83.5%	87.7%	80.1%	80.6%	76.4%						
		Profile	76.8%	77.2%	77.1%	78.8%	78.4%	77.7%	78.5%	78.9%	78.5%	79.0%	81.4%	82.5%
	12 hour A&E waits	Actual	131	97	81	223	286	537						
		Profile	319	290	310	297	342	413	378	402	424	354	327	209
	1 hour ambulance handover	Actual	61	20	47	120	163	410						
		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												
Planned care	Outpatients waiting more than 26 weeks	Actual	5,499	9,300	11,964	15,721	20,497	23,069						
		Profile												
	Treatment waits over 36 weeks	Actual	8,355	10,248	13,419	18,078	22,494	26,046						
		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						
		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						
		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%	88%						
		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%	78%						
		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						
		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						
		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						
		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						
		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						
		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

### 3. OPERATIONAL PLAN DASHBOARD

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

Harm from Covid itself										
			Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Comments
Covid Demand:										
• Number of new cases				1,356	293	34	42	65	683	Monthly totals are based on the last day of the month. Source: COVID19 dashboard
• Number of staff referred for the Testing (cumulative)				2,291	2,868	3,200	3,431	3,820	6,371	Cumulative total for each month. Source: COVID19 dashboard
Number of staff awaiting results				0	19	16	1	0	Data not available	Monthly totals are a snapshot taken on the last day of the month as a cumulative total for the month would include double counting.
Contact tracing and antibody testing measures:										
Total number of people received an antibody test							15,524 <i>(as at 13.07.20)</i>	17,821 <i>(as at 09/09/20)</i>	18,414 <i>(as at 06/10/20)</i>	Source: COVID staff briefing (09/09/2020)
Contact tracing measures										Data will be reported when an all-Wales collating and reporting system is in place.
Complaints, incidents and risks related to Covid:										
• Number of incidents				119	67	40	26	39	30	Source:COVID19 dashboard
• Number of serious incidents				1	0	2	0	10	1	
• Number of complaints				69	61	39	58	27	28	
• Number of risk				18	19	18	4	8	2	
Daily PPE Stock- amount of supply:										
• Mask – FFP3	Morrison		>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		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
• Mask – FRSM Type 11R	Morrison		24-48hrs	>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		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		24-48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
• Gloves	Morrison		>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		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
• Gowns	Morrison		>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		
	NPTH		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	PCC		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
	MH & LD		>48hrs	>48hrs	>48hrs	>48hrs	>48hrs	>48hrs		
Staff absence levels due to:										
Number of staff self isolated (asymptomatic)	Medical		81	39	27	29	24		Data reported a month in arrears. Snapshots taken mid month Source: Workforce	
	Nursing Reg		270	166	145	133	142			
	Nursing Non Reg		148	105	112	97	96			
	Other		352	206	190	163	158			
Number of staff self isolated (symptomatic)	Medical		90	13	7	2	0			
	Nursing Reg		289	117	56	23	14			
	Nursing Non Reg		177	67	37	18	9			
	Other		304	95	41	27	13			
% sickness	Medical		14.9%	4.0%	3.0%	2.8%	2.5%			
	Nursing Reg		14.2%	7.0%	5.1%	4.0%	4.0%			
	Nursing Non Reg		16.6%	8.0%	7.2%	5.5%	5.2%			
	Other		11.0%	5.0%	3.6%	2.9%	2.7%			
	All		13.2%	6.0%	4.5%	3.6%	3.5%			

Harm from overwhelmed NHS and social care system									
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-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%	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	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	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%	Source: WAST Health Board Area Report
ED demand (attendances)			5,280	7,761	8,525	9,116	9,684	9,329	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	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	
•Staph.Aueurs bacteraemia	Number of cases		10	6	12	6	12	14	
	Rate per 100k pop.		31.3	18.1	37.5	18.1	36.3	43.8	
•Clostridium Difficile	Number of cases		11	16	20	11	23	18	
	Rate per 100k pop.		34.4	51.4	62.5	33.3	69.6	56.2	
•Klebsiella spp. Bacteraemia	Number of cases		6	6	9	5	10	5	
	Rate per 100k pop.		18.8	18.1	28.1	15.1	30.2	15.6	
•Pseudomonas aeruginosa bacteraemia	Number of cases		2	5	0	1	3	0	
	Rate per 100k pop.		6.3	15.1	0.0	3.0	9.1	0.0	
Medically Fit for Discharge numbers			88	78	92	101	112	114	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Number of mortuary spaces			72	161	233	188	170	164	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	Source: COVID19 dashboard
Hospital bed occupancy (suspected and confirmed COVID19):									
•General bed			186	58	46	41	30	37	Snapshot taken on the last day of the month. Source: COVID19 dashboard
•Critical Care bed			19	5	4	1	0	3	Snapshot taken on the last day of the month. Source: COVID19 dashboard
Care home resilience RAG rating			Data to be sourced						

Harm from reduction in non-Covid activity									
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-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%	88% (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%	78% (draft)	
	Single cancer pathway		70.9%	72.1%	73.0%	81.5%	80.0%	65% (draft)	
•RTT	% waiting under 26 weeks		72.3%	64.0%	59.5%	52.4%	46.5%	41.0%	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	26046	
•Diagnostics	Number > 8 weeks		5,788	8,346	8,033	7,510	8,070	7,666	
PROMs and PREMs			Data to be sourced						
Patient Feedback:									
•Number of friends and family surveys completed			150	247	393	502	625	2804	Source: Patient Feedback Team
•% of who would recommend and highly recommend			90%	92%	87%	91%	81%	93%	
•% of All Wales surveys scoring 9 or 10 on overall satisfaction			95%	100%	79%	91%	83%	84%	
Harm from wider societal actions/lockdown									
		Daily Trend <i>(from 1st Apr 20)</i>	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Comments
Vaccination and Immunisation rates- % of children who received:									
•3 doses of the '6 in 1' vaccine by age 1					96.5%				Source: Public Health Wales COVER Report.
•MenB2 vaccine by age 1					96.8%				
•PCV2 vaccine by age 1					96.4%				
•Rotavirus vaccine by age 1					96.9%				
•MMR1 vaccine by age 2					94.4%				
•PCVf3 vaccine by age 2					94.1%				
•MenB4 vaccine by age 2					93.5%				
•Hib/MenC vaccine by age 2					93.6%				
•Up to date in schedule by age 4					88.7%				
•2 doses of the MMR vaccine by age 5					90.8%				
•4 in 1 vaccine by age 5					92.2%				
•MMR vaccination by age 16					95.1%				
•Teenage booster by age 16					90.9%				
•MenACWY vaccine by age 16					91.6%				
MHL and Children's services activity									
Adult Mental Health Services	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral		99%	99%	100%	99%	99%		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%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health		93%	89%	84%	89%	91%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)		93%	92%	92%	94%	92%		



Harm from wider societal actions/lockdown									
		Daily Trend (from 1st Apr 20)	Apr-20	May-20	Jun-20	Jul-20	Aug-20		Comments
Children & Adolescent Mental Health Services (CAMHS)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)		100%	100%	100%	100%	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%		
	% Patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		44%	78%	100%	100%	100%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral		Data not available	88%	100%	100%	100%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS		Data not available	100%	100%	100%	86%		
	S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)		99%	97%	91%	98%	98%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral		46%	72%	100%	100%	100%		

## 4.1 HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

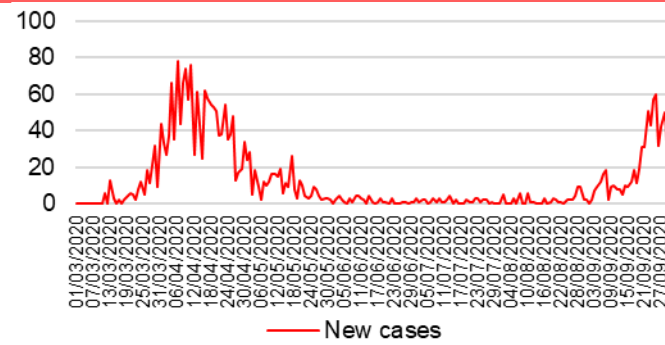


Chart 2: Number of new COVID19 cases (cumulative)

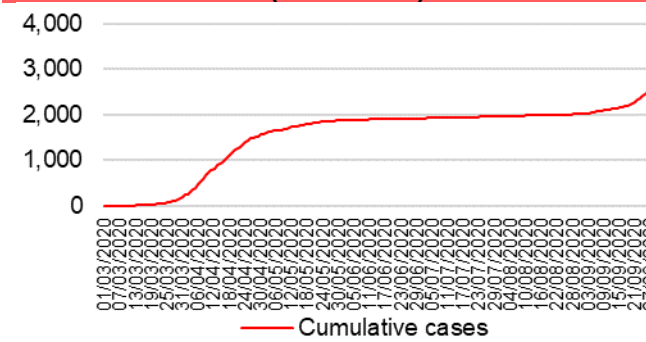


Chart 3: Number of COVID19 tests completed and positivity rate

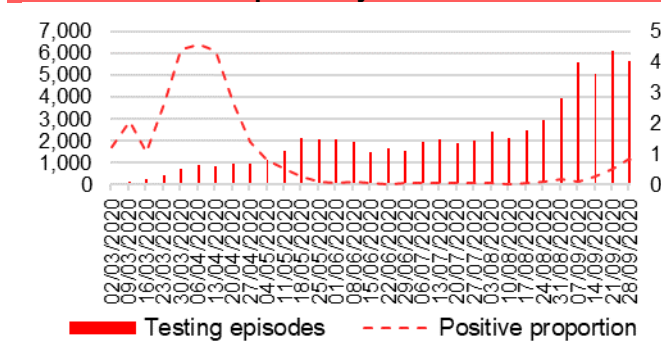


Chart 4: Number of staff referred for Antigen testing

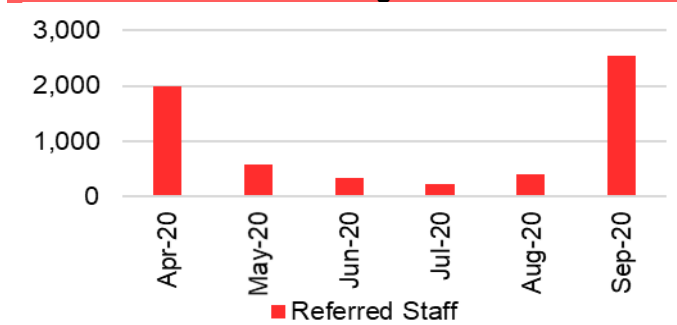


Chart 5: Number of staff awaiting results of COVID19 test

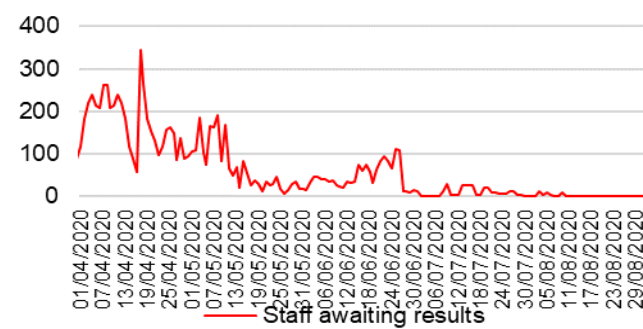


Chart 6: Number of COVID19 related incidents

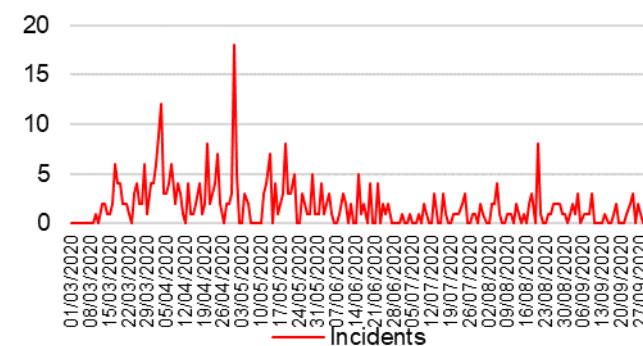


Chart 7: Number of COVID19 related serious incidents

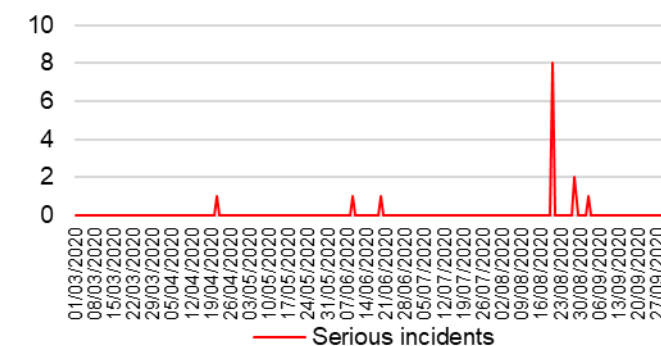


Chart 8: Number of COVID19 related complaints

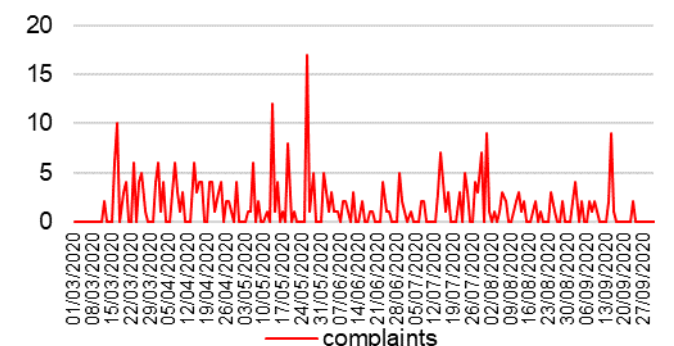


Chart 9: Number of COVID19 related risks

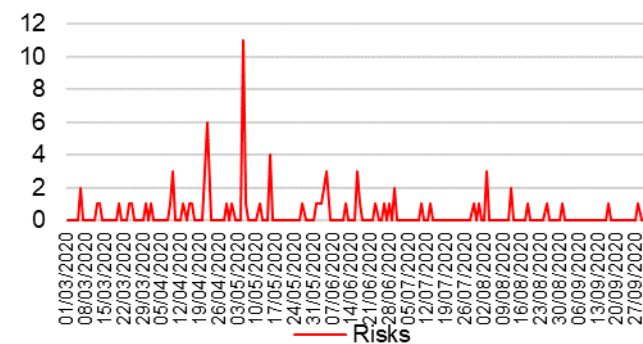


Chart 10: Number of staff self isolating (asymptomatic)

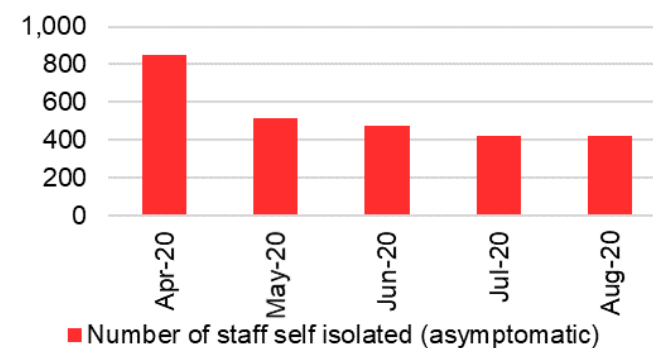


Chart 11: Number of staff self isolating (symptomatic)

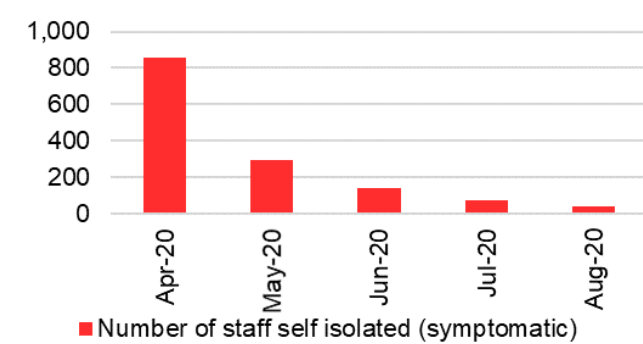


Chart 12: % staff sickness

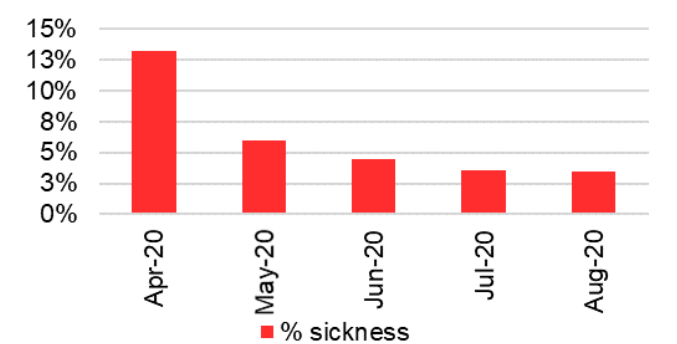


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

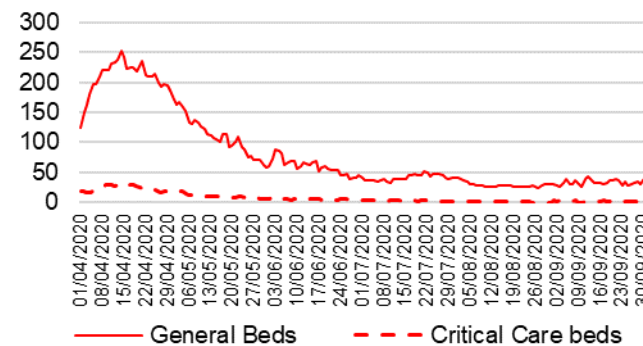


Chart 14: Number of hospital deaths with any mention of COVID19

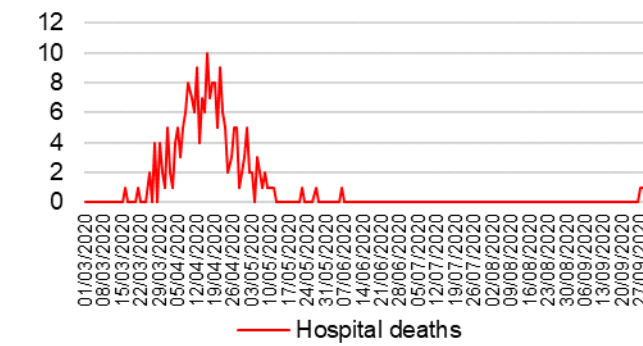


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

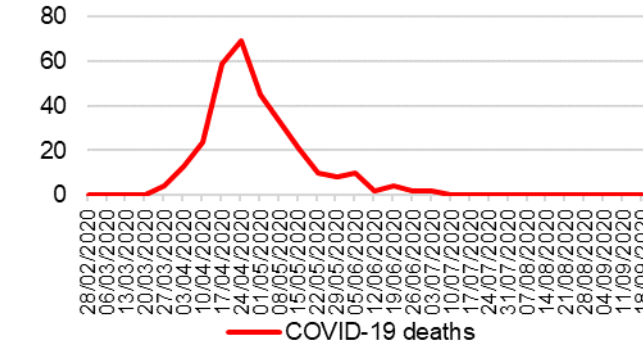
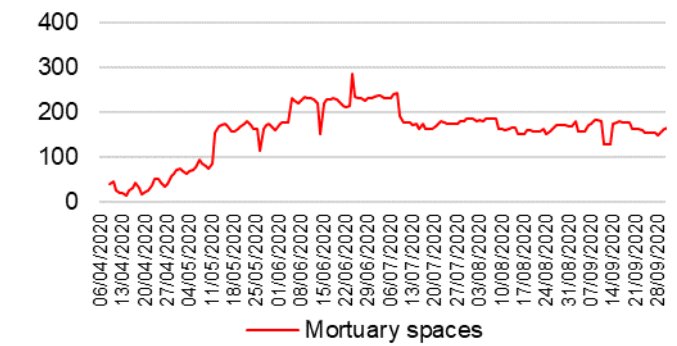
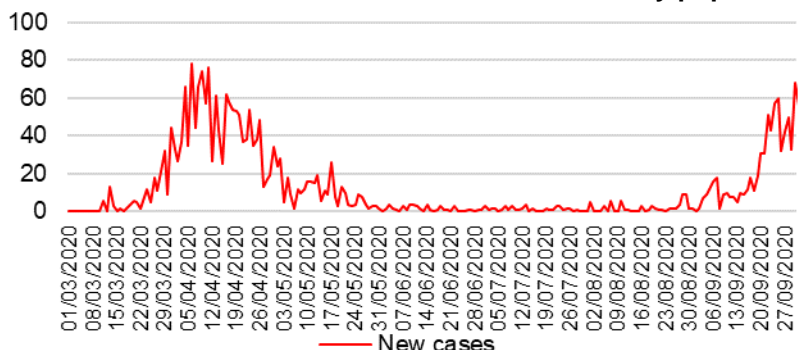
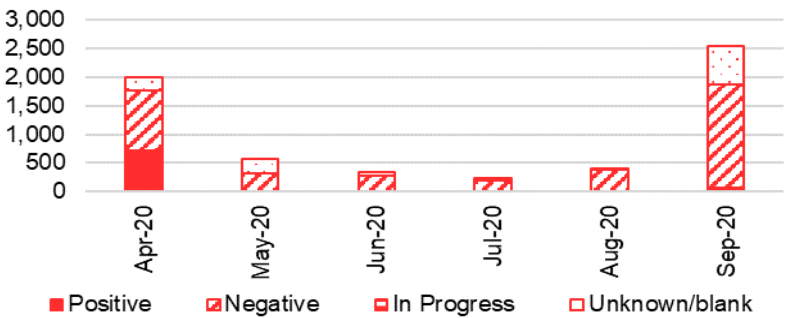

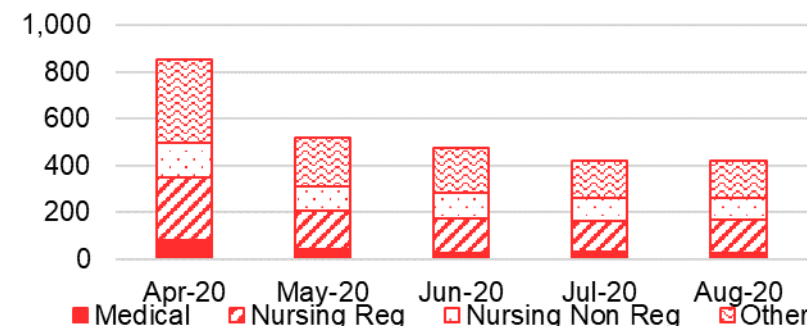
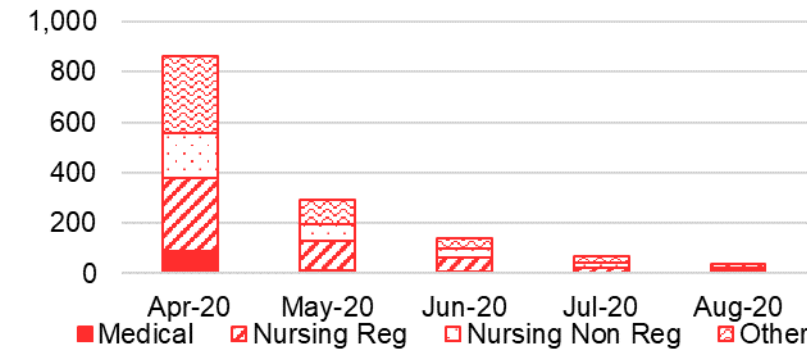


Chart 16: Number of mortuary spaces



## 4.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred for Antigen testing</p> <p>3. Number of staff waiting results of Antigen test</p>	<p><b>1. Number of new COVID cases</b> In September 2020, there were an additional 683 positive cases recorded bringing the cumulative total to 2,711 since March 2020. On average, there were 23 new cases per day in September 2020 compared with an average of 45 new cases during the peak of COVID19 in April 2020.</p>	<p><b>1. Number of new COVID19 cases for Swansea Bay population</b></p> 
	<p><b>2. Staff referred for Antigen testing</b> The cumulative number of staff referred for COVID testing between March 2020 and September 2020 is 6,371 of which 908 had had a positive COVID test result (14%).</p>	<p><b>2. Number of staff referred for Antigen testing</b></p> 
	<p><b>3. Number of staff awaiting results of Antigen test</b> Occupational Health is in the process of implementing a new reporting system that needs to migrate with the Health Board's internal COVID dashboard, therefore the daily figures for staff awaiting a test result is not available for this report. However, the latest figures as at 12<sup>th</sup> October 2020 show that there are 72 members of staff awaiting their antigen test result.</p>	<p><b>3. Number of staff awaiting Antigen test result</b></p> 

COVID RELATED STAFF ABSENCE						
Description	Current Performance	Trend				
<b>Staff absence due to COVID19</b>  <i>1.Number of staff self isolating (asymptomatic)</i>  <i>2.Number of staff self isolating (symptomatic)</i>  <i>3.% staff sickness</i>	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.	<b>1.Number of staff self isolating (asymptomatic)</b>				
	<b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b> The number of staff self-isolating reduced between July and August 2020 across all categories. Registered nursing continues to have the largest proportion of self-isolating staff who are symptomatic.					
	<b>3. % Staff sickness</b> The percentage of staff sickness absence due to COVID-19 has significantly reduced from 13.2% in April 2020 to 3.5% in August 2020.	<b>2.Number of staff self isolating (symptomatic)</b>				
	This is mirrored in the overall sickness rate for the Health Board (for all staff absences) as the in-month rate reduced from 6.54% in July 2020 to 6.32% in August 2020.					
		<b>3.% staff sickness</b>				
		<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	
		Medical	14.9%	4.0%	3.0%	2.8%
		Nursing Reg	14.2%	7.0%	5.1%	4.0%
		Nursing Non Reg	16.6%	8.0%	7.2%	5.5%
		Other	11.0%	5.0%	3.6%	2.9%
		All	13.2%	6.0%	4.5%	3.6%
				<b>Aug-20</b>		
				Medical	2.5%	
				Nursing Reg	4.0%	
				Nursing Non Reg	5.2%	
				Other	2.7%	
				All	3.5%	



## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

### 5.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

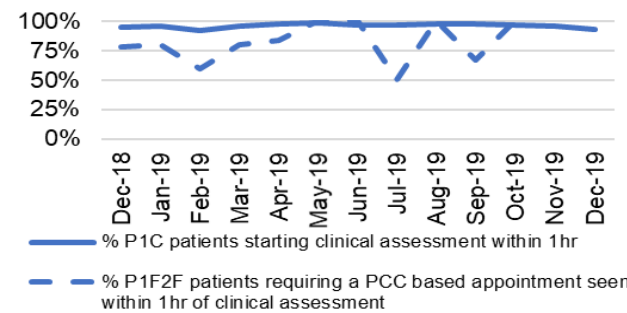


Chart 2: % red calls responded to within 8 minutes

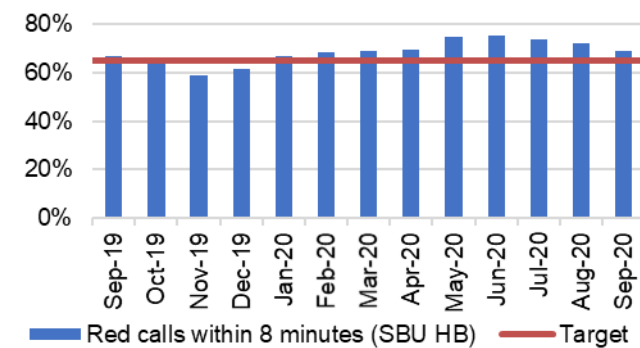


Chart 3: Number of ambulance handovers over 1 hour

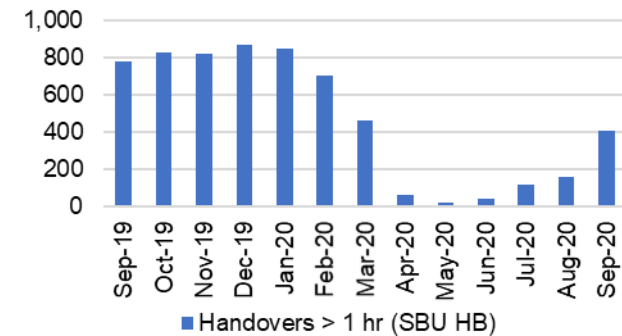


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

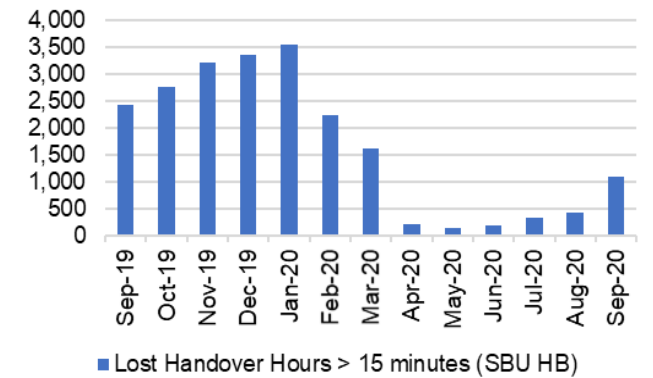


Chart 5: A&E Attendances

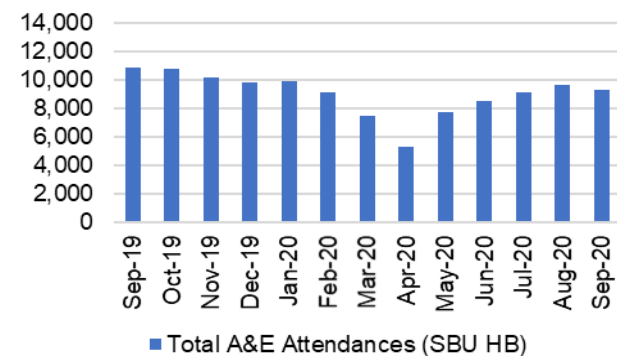


Chart 6: % patients who spend less than 4 hours in A&E

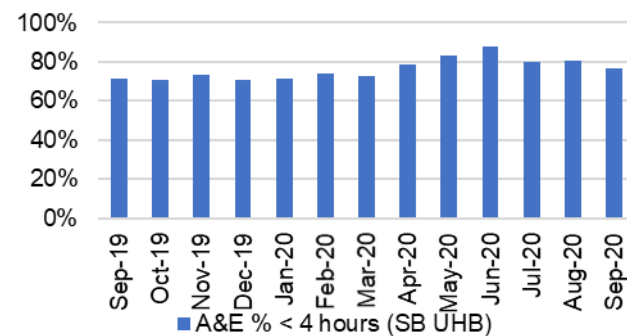


Chart 7: Number of patients waiting over 12 hours in A&E

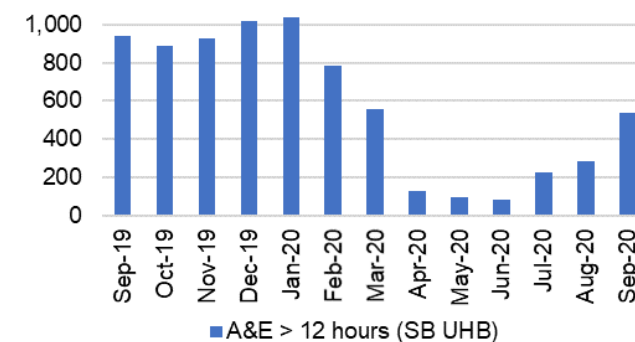


Chart 8: Number of emergency admissions

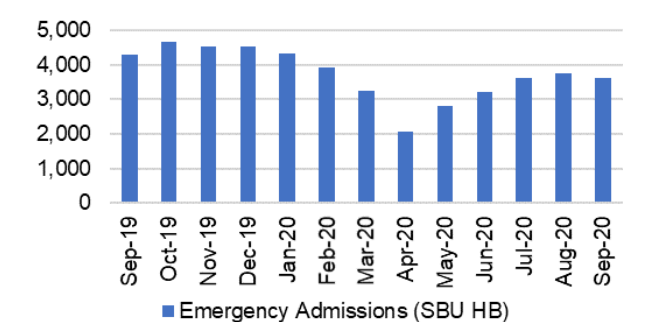


Chart 9: Elective procedures cancelled due to lack of beds

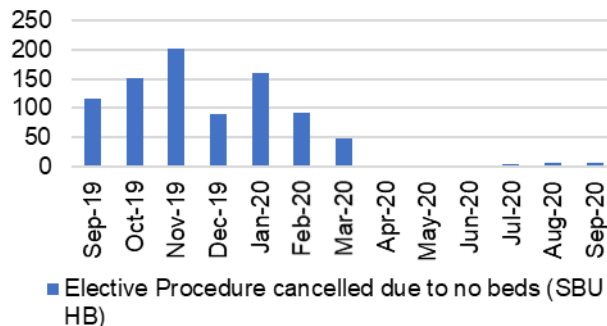


Chart 10: : Number of mental health delayed transfers of care

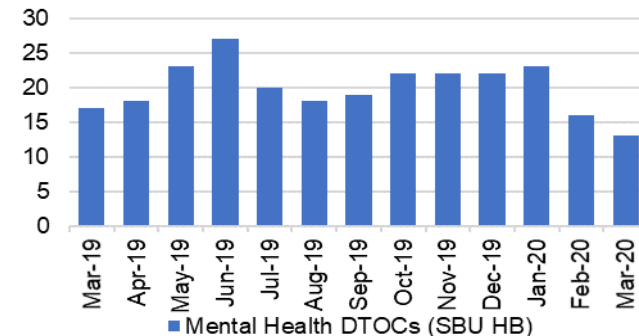


Chart 11: Number of non- mental health delayed transfers of care

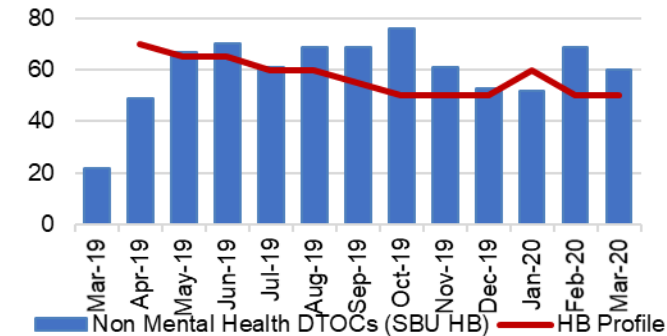


Chart 12: % of critical care bed days lost to delayed transfers of care

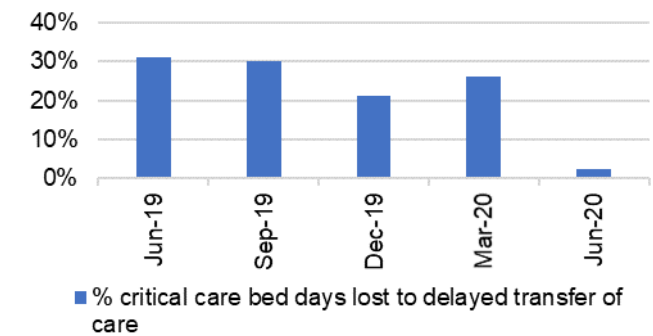


Chart 12: % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

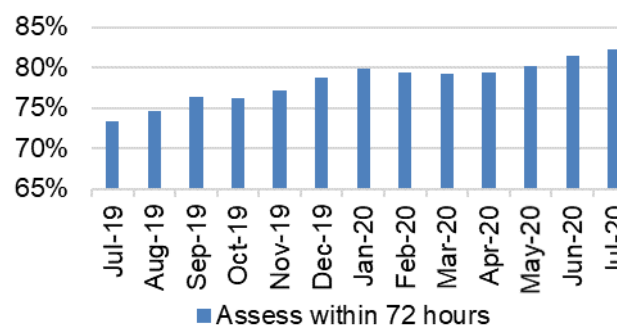
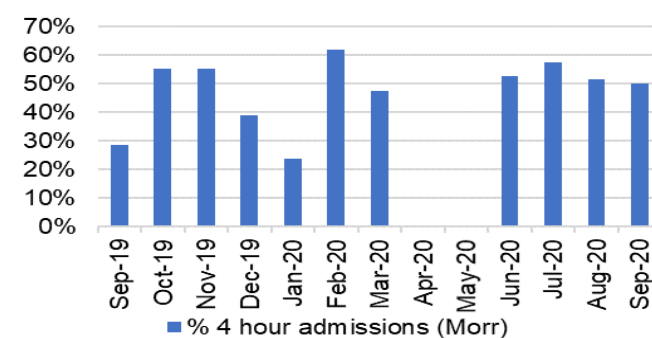
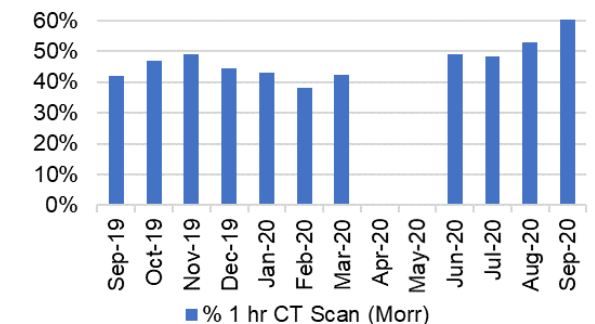


Chart 13: Direct admission to Acute Stroke Unit within 4 hours



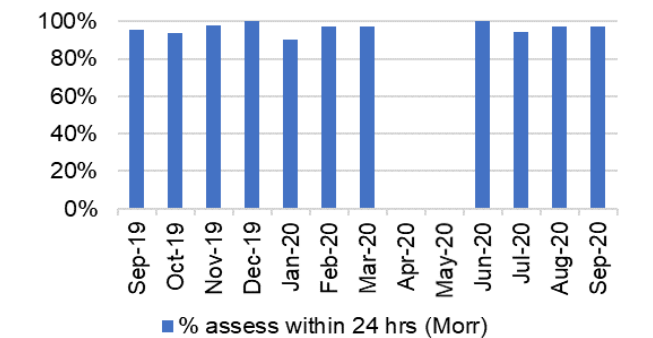
\* No data available for April and May 2020

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



\* No data available for April and May 2020

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



\* No data available for April and May 2020

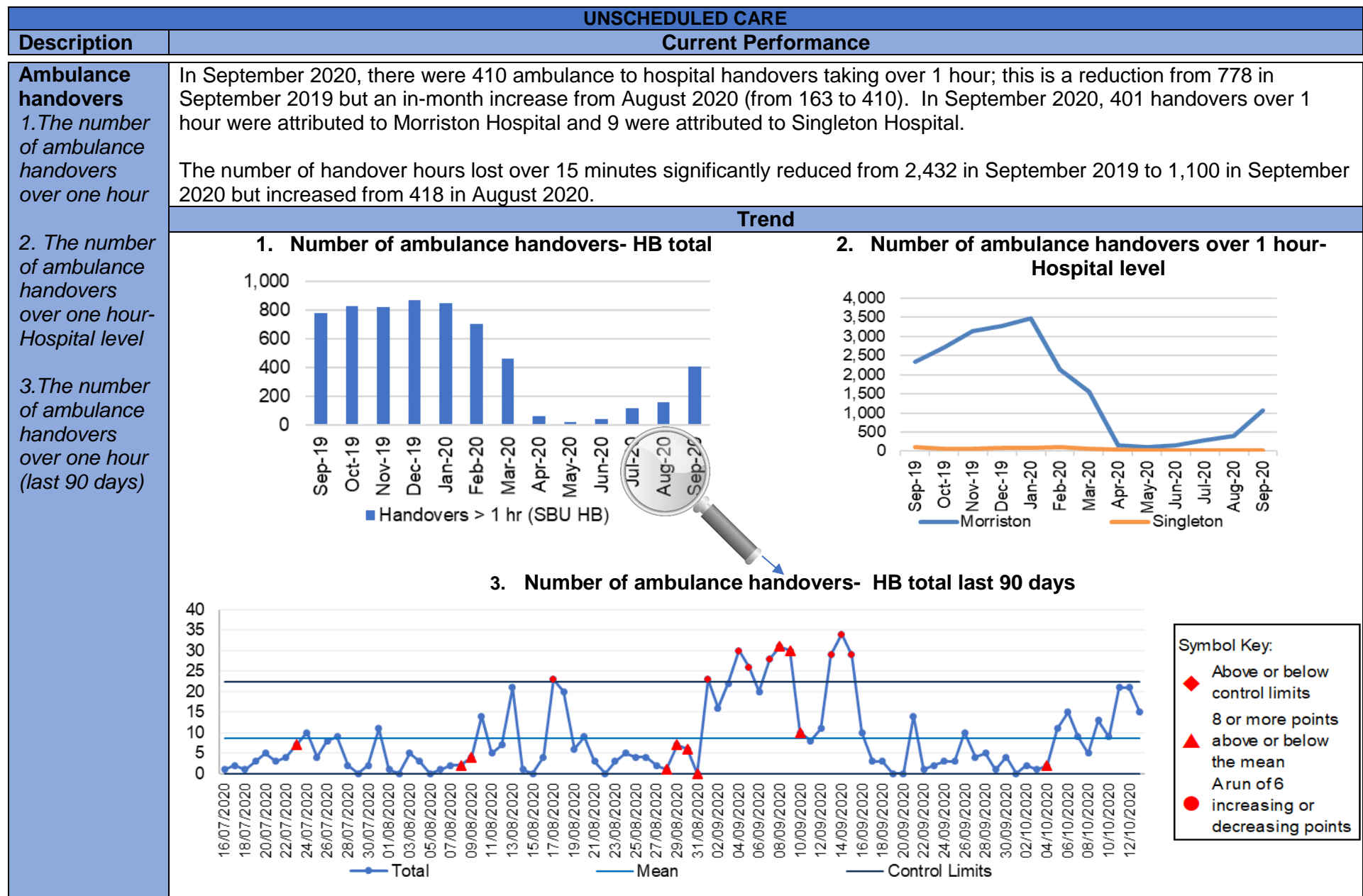
## Unscheduled Care Overview (September 2020)

Primary Care Access		Ambulance	Emergency Department	
<b>97% (→)</b> GP practices open during daily core hours	<b>88% (→)</b> GP practices offering appointments between 5pm-6:30pm	<b>69.2% (3%↓)</b> Red calls responded to within 8 minutes	<b>9,329 (4%↓)</b> A&E attendances	<b>76.43% (4.1%↓)</b> Waits in A&E under 4 hours
<b>93% (3%↓)</b> % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered ( <i>July-19</i> )	<b>100% (33%↑)</b> % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment ( <i>Oct-19</i> )	<b>410 (152%↑)</b> Ambulance handovers over 1 hour	<b>537 (88%↑)</b> Waits in A&E over 12 hours	<b>1,360 (0.1%↓)</b> Patients admitted from A&E
		<b>3,350 (1%↓)</b> Amber calls		
		<b>388 (5%↓)</b> Red calls		
Emergency Activity		Patient Flow		
<b>3,605 (4%↓)</b> Emergency Inpatient Admissions	<b>362 (7%↓)</b> Emergency Theatre Cases	<b>13 (19%↓) (Mar-20)</b> Mental Health DTOCs * Data collection temporarily suspended	<b>60 (13%↓) (Mar-20)</b> Non-Mental Health DTOCs * Data collection temporarily suspended	
<b>320 (10%↑)</b> Trauma theatre cases	<b>6 (14%↓)</b> Elective procedures cancelled due to no beds		<b>114 (2%↑)</b> Medically fit patients	

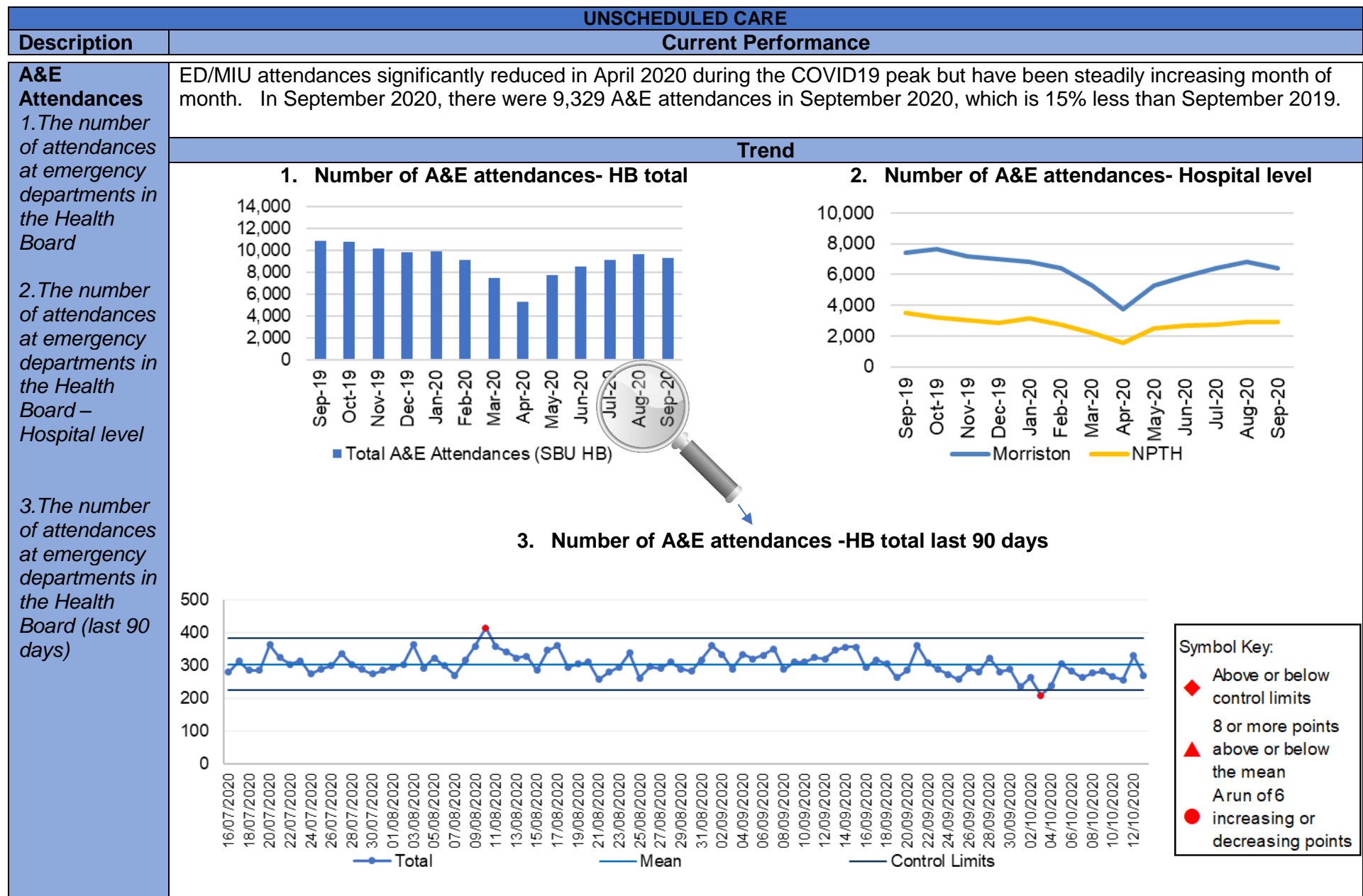
\*RAG status and trend is based on in month-movement

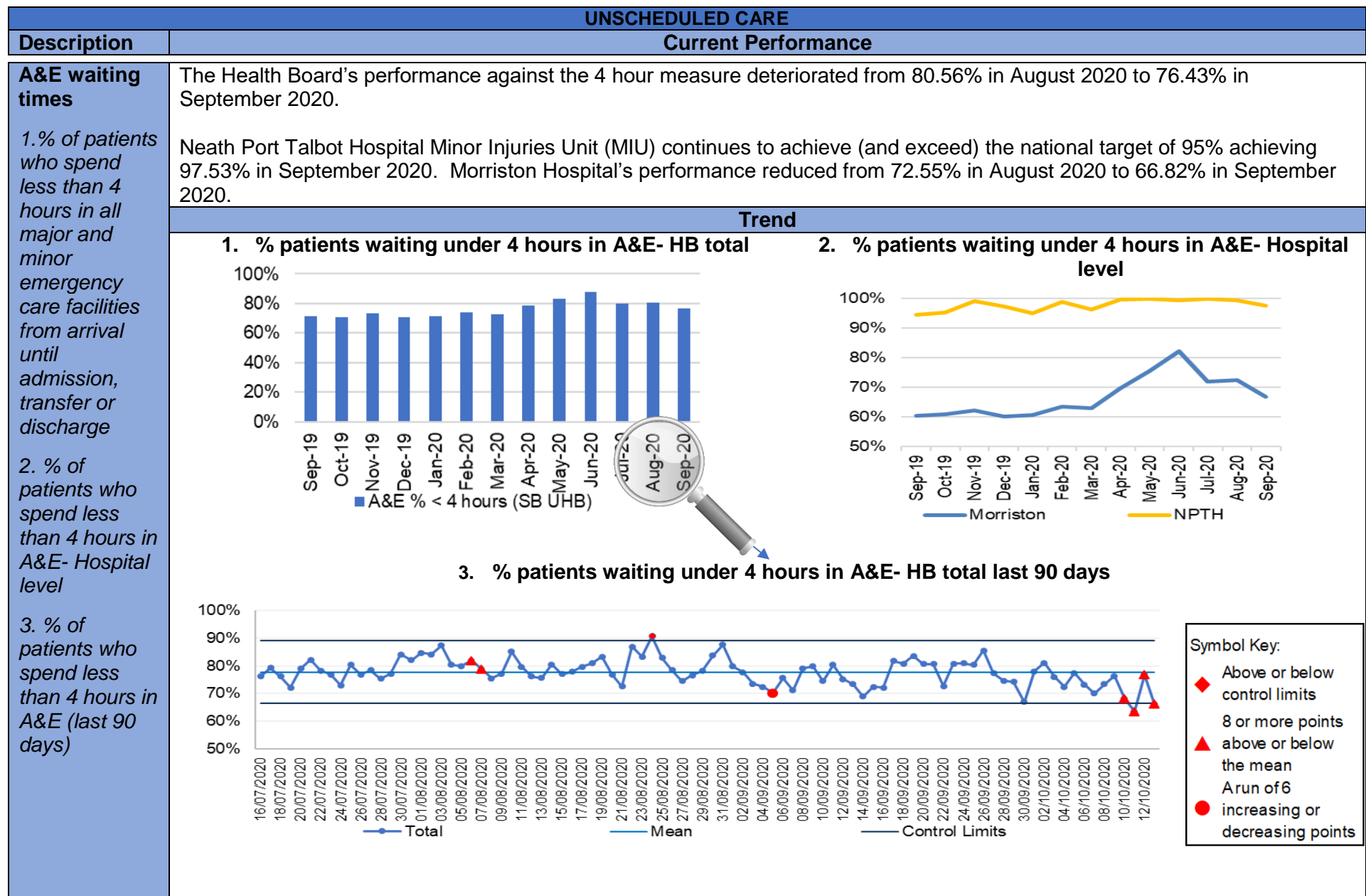
## 5.2 Updates on key measures

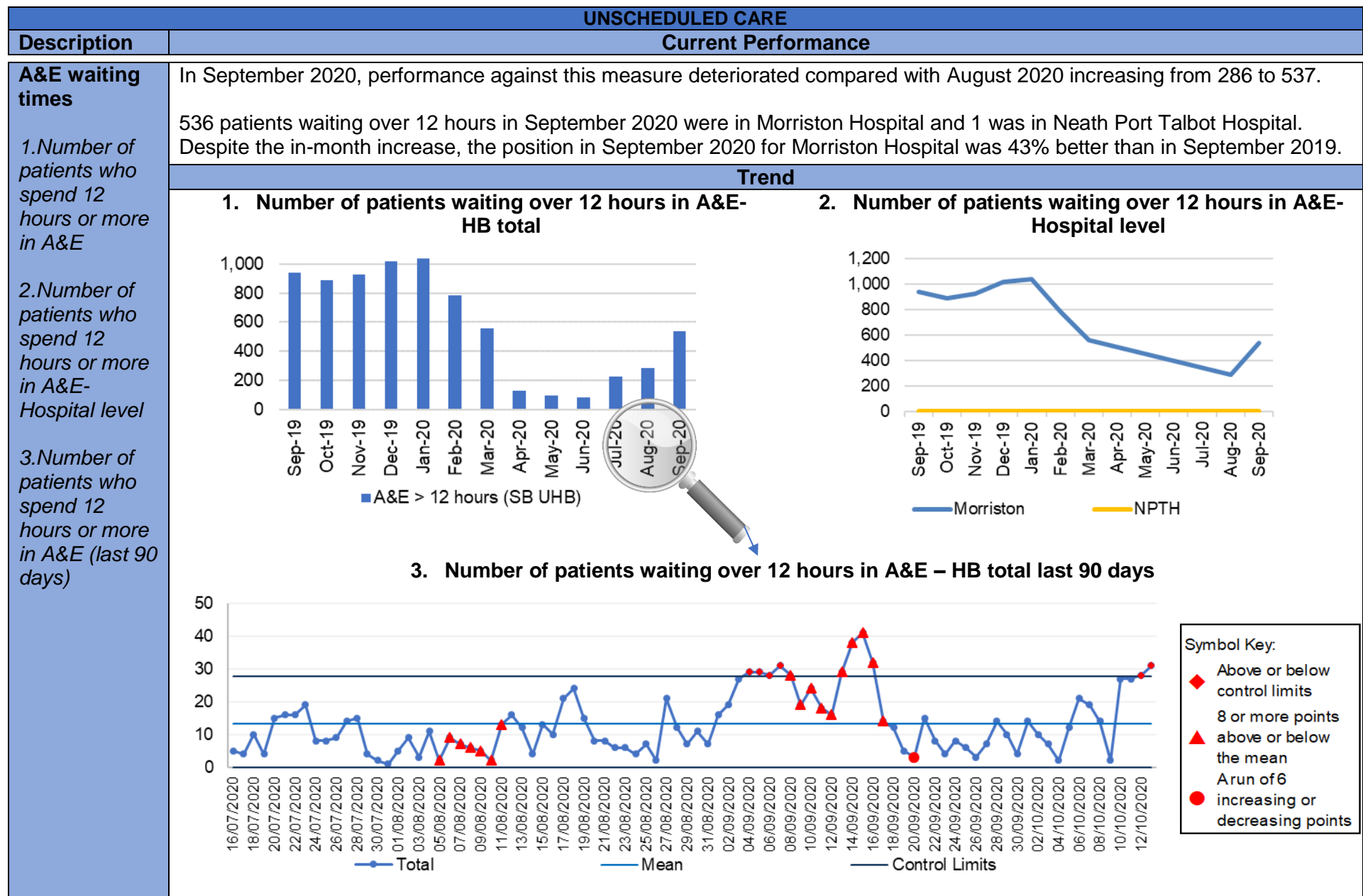
UNSCHEDULED CARE	
Description	Current Performance
<b>Ambulance responses</b> 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.  2. The number of ambulance calls by category.  3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	Ambulance response times have consistently been above 65% in the year 2020 and in September 2020 performance was 69.2%. In September 2020, the number of green calls reduced by 10% amber calls reduced by 1% and red calls reduced by 5% compared with August 2020.
	<b>Trend</b>
	<div> <div> <b>1. % of red calls responded to within 8 minutes</b>  </div> <div> <b>2. Number of ambulance call responses</b>  </div> </div> <div> <b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b>  </div> <div> <b>Symbol Key:</b>  <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points above or below the mean</li> <li>▲ Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>

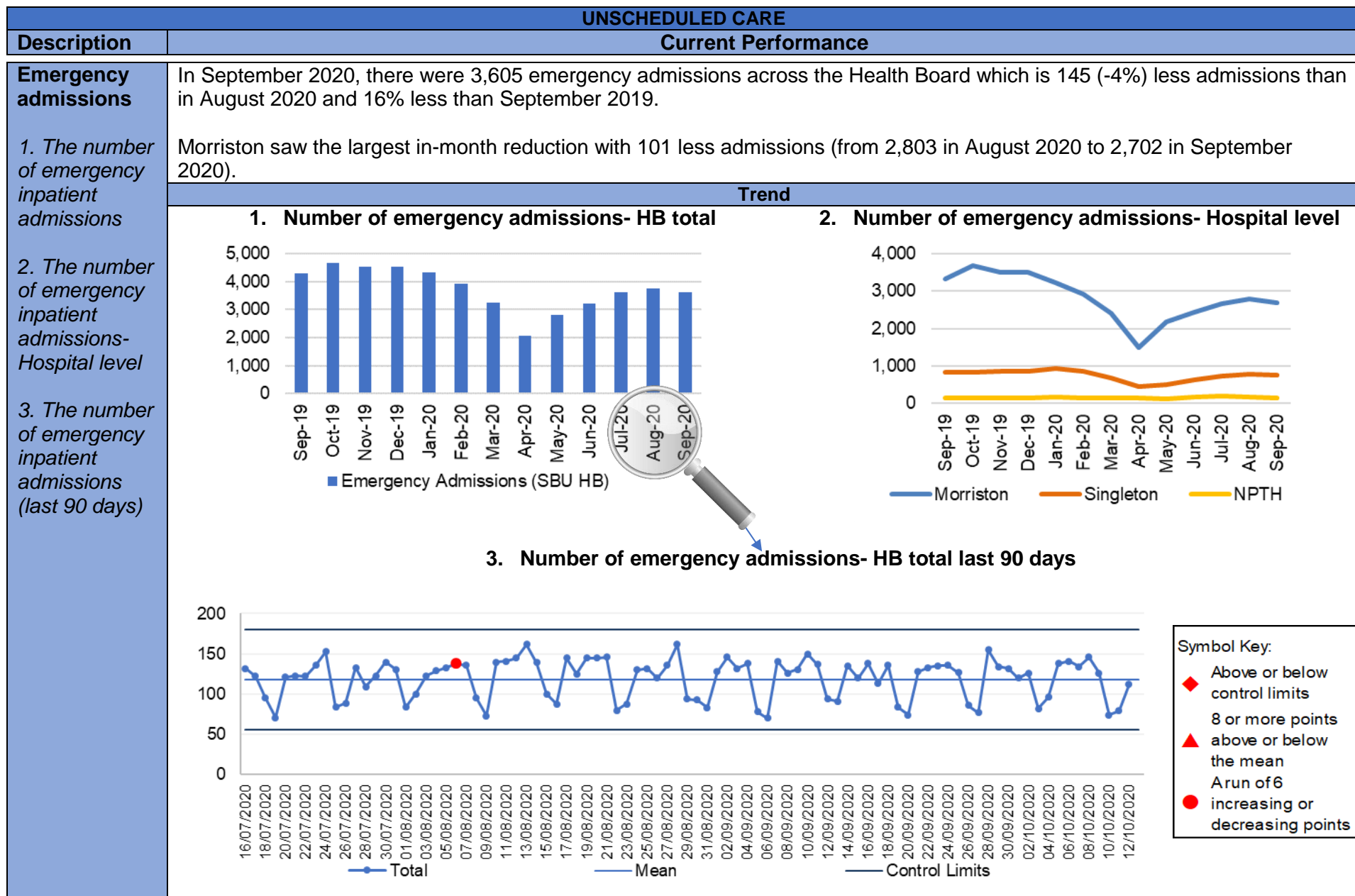


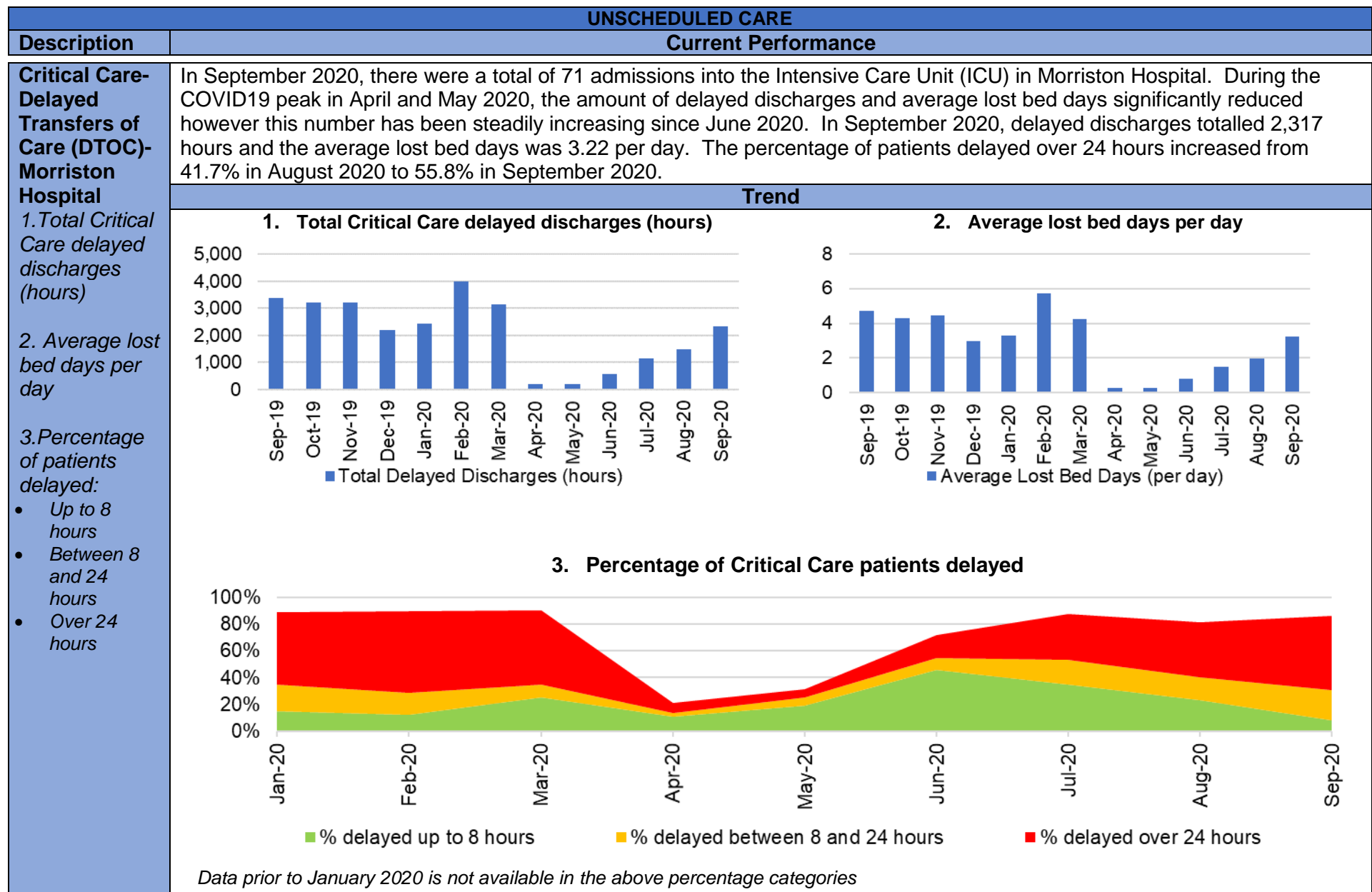












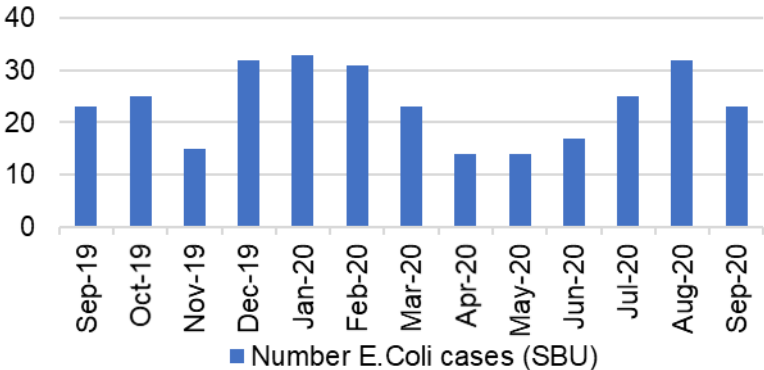
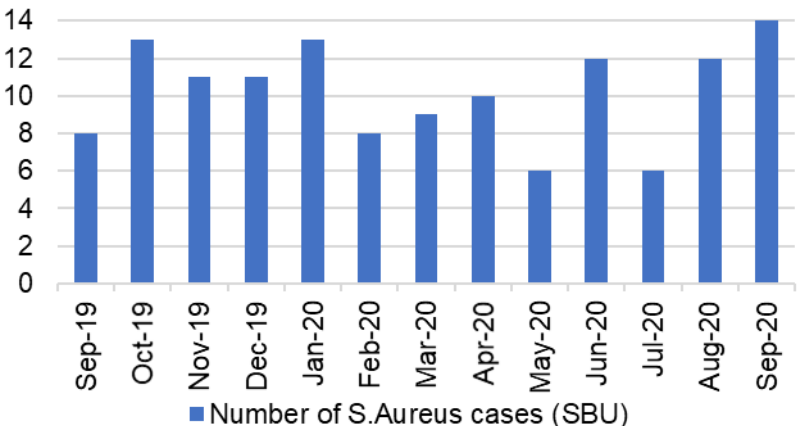
UNSCHEDULED CARE		
Description	Current Performance	Trend
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i>	<p>In September 2020, there were on average 114 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has risen every month since June 2020, with September 2020 seeing a 2% increase compared with August 2020 (from 112 to 114).</p> <p>In September 2020, Singleton Hospital had the largest proportion of medically/ discharge fit patients with 44 out of 114 closely followed by Morriston Hospital with 40.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <p>*Consistent data capture for Gorseinon not available before May 2020</p>
<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In September 2020, there were 6 elective procedures cancelled due to lack of beds on the day of surgery. This is 1 less cancellation than in August 2020 (from 7 to 6).</p> <p>In September 2020, all 6 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>

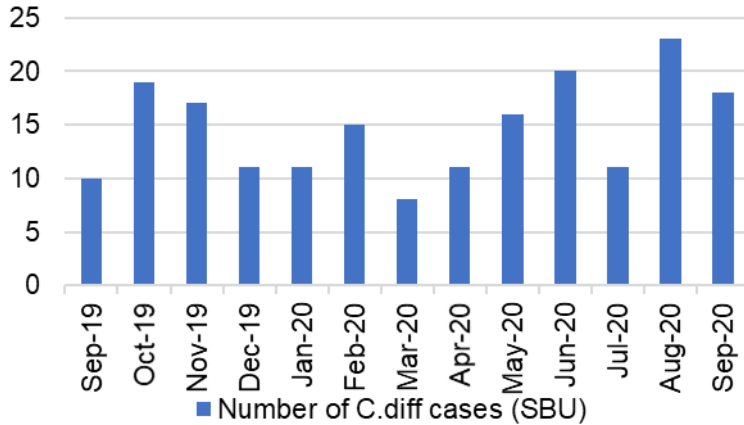
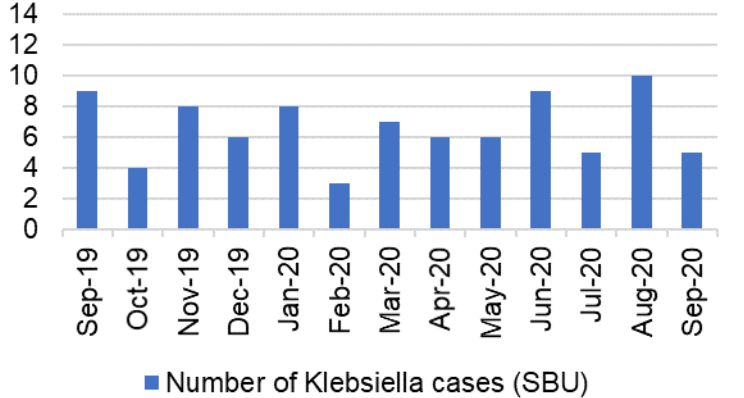


FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
<b>Fractured Neck of Femur (#NOF)</b> <i>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</i>  <i>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</i>  <i>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</i>  <i>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</i>	<b>1. Prompt orthogeriatric assessment-</b> In July 2020, 82.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.8% more than in July 2019.	<b>1. Prompt orthogeriatric assessment</b> <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Aug-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Sep-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Oct-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Nov-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Dec-19</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Jan-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Feb-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Mar-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Apr-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>May-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Jun-20</td><td>72.2</td><td>55.0</td><td>55.0</td></tr><tr><td>Jul-20</td><td>82.2</td><td>63.8</td><td>63.8</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-19	72.2	55.0	55.0	Aug-19	72.2	55.0	55.0	Sep-19	72.2	55.0	55.0	Oct-19	72.2	55.0	55.0	Nov-19	72.2	55.0	55.0	Dec-19	72.2	55.0	55.0	Jan-20	72.2	55.0	55.0	Feb-20	72.2	55.0	55.0	Mar-20	72.2	55.0	55.0	Apr-20	72.2	55.0	55.0	May-20	72.2	55.0	55.0	Jun-20	72.2	55.0	55.0	Jul-20	82.2	63.8	63.8
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<b>2. Prompt surgery-</b> In July 2020, 53.7% of patients had surgery the day following presentation with a hip fracture. This is a reduction from July 2019 which was 56.6%	<b>2. Prompt surgery</b> <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Aug-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Sep-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Oct-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Nov-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Dec-19</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Jan-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Feb-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Mar-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Apr-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>May-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Jun-20</td><td>56.6</td><td>60.0</td><td>60.0</td></tr><tr><td>Jul-20</td><td>53.7</td><td>68.3</td><td>68.3</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-19	56.6	60.0	60.0	Aug-19	56.6	60.0	60.0	Sep-19	56.6	60.0	60.0	Oct-19	56.6	60.0	60.0	Nov-19	56.6	60.0	60.0	Dec-19	56.6	60.0	60.0	Jan-20	56.6	60.0	60.0	Feb-20	56.6	60.0	60.0	Mar-20	56.6	60.0	60.0	Apr-20	56.6	60.0	60.0	May-20	56.6	60.0	60.0	Jun-20	56.6	60.0	60.0	Jul-20	53.7	68.3	68.3	
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<b>3. NICE compliant surgery-</b> 74.4% of operations were consistent with the NICE recommendations in July 2020. This is an improvement of 7.5% compared with July 2019 (from 66.9% to 74.4%). In July 2020, Morriston was above the all-Wales average of 68.3%.	<b>3. NICE compliant Surgery</b> <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Aug-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Sep-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Oct-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Nov-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Dec-19</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Jan-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Feb-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Mar-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Apr-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>May-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Jun-20</td><td>66.9</td><td>66.9</td><td>66.9</td></tr><tr><td>Jul-20</td><td>74.4</td><td>68.3</td><td>68.3</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-19	66.9	66.9	66.9	Aug-19	66.9	66.9	66.9	Sep-19	66.9	66.9	66.9	Oct-19	66.9	66.9	66.9	Nov-19	66.9	66.9	66.9	Dec-19	66.9	66.9	66.9	Jan-20	66.9	66.9	66.9	Feb-20	66.9	66.9	66.9	Mar-20	66.9	66.9	66.9	Apr-20	66.9	66.9	66.9	May-20	66.9	66.9	66.9	Jun-20	66.9	66.9	66.9	Jul-20	74.4	68.3	68.3	
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<b>4. Prompt mobilisation-</b> In July 2020, 75.7% of patients were out of bed the day after surgery. This is an improvement of 8.4% compared with July 2019 and above the all-Wales average of 73.8%.	<b>4. Prompt mobilisation</b> <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Aug-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Sep-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Oct-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Nov-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Dec-19</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Jan-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Feb-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Mar-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Apr-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>May-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Jun-20</td><td>73.8</td><td>73.8</td><td>73.8</td></tr><tr><td>Jul-20</td><td>75.7</td><td>73.8</td><td>73.8</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-19	73.8	73.8	73.8	Aug-19	73.8	73.8	73.8	Sep-19	73.8	73.8	73.8	Oct-19	73.8	73.8	73.8	Nov-19	73.8	73.8	73.8	Dec-19	73.8	73.8	73.8	Jan-20	73.8	73.8	73.8	Feb-20	73.8	73.8	73.8	Mar-20	73.8	73.8	73.8	Apr-20	73.8	73.8	73.8	May-20	73.8	73.8	73.8	Jun-20	73.8	73.8	73.8	Jul-20	75.7	73.8	73.8	
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 64.1% of patients were not delirious in the week after their operation in July 2020. This is an improvement of 32.4% compared with July 2019.	<p><b>5. Not delirious when tested</b></p> <p>80% 60% 40% 20%</p> <p>Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 76.3% of patients in July 2020 were discharged back to their original residence. This was above the all-Wales average of 74.7%.	<p><b>6. Return to original residence</b></p> <p>76% 71% 66%</p> <p>Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In June 2020 the mortality rate for Morriston Hospital was 8.6% which is 0.5% higher than June 2019. The mortality rate in Morriston Hospital in June 2020 is higher than the all-Wales average of 7.3% and the national average of 7.7%.	<p><b>7. 30 day mortality rate</b></p> <p>9% 8% 7% 6%</p> <p>Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>



HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>23 cases of <i>E. coli</i> bacteraemia were identified in September 2020, of which 7 were hospital acquired and 16 were community acquired.</li><li>Cumulative cases from April to September 2020 is 21% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired <i>E.coli</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired <i>E.coli</i> bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Sep-19</td><td>23</td></tr><tr><td>Oct-19</td><td>25</td></tr><tr><td>Nov-19</td><td>15</td></tr><tr><td>Dec-19</td><td>32</td></tr><tr><td>Jan-20</td><td>33</td></tr><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr><tr><td>Jul-20</td><td>25</td></tr><tr><td>Aug-20</td><td>32</td></tr><tr><td>Sep-20</td><td>23</td></tr></tbody></table>	Month	Number of cases	Sep-19	23	Oct-19	25	Nov-19	15	Dec-19	32	Jan-20	33	Feb-20	31	Mar-20	23	Apr-20	14	May-20	14	Jun-20	17	Jul-20	25	Aug-20	32	Sep-20	23
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 14 cases of <i>Staph. aureus</i> bacteraemia in September 2020, of which 7 were hospital acquired and 7 were community acquired.</li><li>Cumulative cases from April to September 2020 is 12% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Sep-19</td><td>8</td></tr><tr><td>Oct-19</td><td>13</td></tr><tr><td>Nov-19</td><td>11</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>13</td></tr><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr><tr><td>Jul-20</td><td>6</td></tr><tr><td>Aug-20</td><td>12</td></tr><tr><td>Sep-20</td><td>14</td></tr></tbody></table>	Month	Number of cases	Sep-19	8	Oct-19	13	Nov-19	11	Dec-19	11	Jan-20	13	Feb-20	8	Mar-20	9	Apr-20	10	May-20	6	Jun-20	12	Jul-20	6	Aug-20	12	Sep-20	14
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 18 <i>Clostridium difficile</i> toxin positive cases in September 2020, of which 12 were hospital acquired and 6 were community acquired.</li><li>Cumulative cases from April to September 2020 is 74% more than the equivalent period of 2019/20 (99 in 2020/21 compared with 57 in 2019/20).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p>  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Sep-19</td><td>10</td></tr><tr><td>Oct-19</td><td>19</td></tr><tr><td>Nov-19</td><td>17</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>11</td></tr><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr><tr><td>Aug-20</td><td>23</td></tr><tr><td>Sep-20</td><td>18</td></tr></tbody></table>	Month	Number of C.diff cases (SBU)	Sep-19	10	Oct-19	19	Nov-19	17	Dec-19	11	Jan-20	11	Feb-20	15	Mar-20	8	Apr-20	11	May-20	16	Jun-20	20	Jul-20	11	Aug-20	23	Sep-20	18
Month	Number of C.diff cases (SBU)																													
Sep-19	10																													
Oct-19	19																													
Nov-19	17																													
Dec-19	11																													
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Feb-20	15																													
Mar-20	8																													
Apr-20	11																													
May-20	16																													
Jun-20	20																													
Jul-20	11																													
Aug-20	23																													
Sep-20	18																													
<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 5 cases of Klebsiella sp in September 2020, of which 3 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from April to September 2020 is 11% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p>  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Sep-19</td><td>9</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>8</td></tr><tr><td>Dec-19</td><td>6</td></tr><tr><td>Jan-20</td><td>8</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr><tr><td>Aug-20</td><td>10</td></tr><tr><td>Sep-20</td><td>5</td></tr></tbody></table>	Month	Number of Klebsiella cases (SBU)	Sep-19	9	Oct-19	4	Nov-19	8	Dec-19	6	Jan-20	8	Feb-20	3	Mar-20	7	Apr-20	6	May-20	6	Jun-20	9	Jul-20	5	Aug-20	10	Sep-20	5
Month	Number of Klebsiella cases (SBU)																													
Sep-19	9																													
Oct-19	4																													
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Dec-19	6																													
Jan-20	8																													
Feb-20	3																													
Mar-20	7																													
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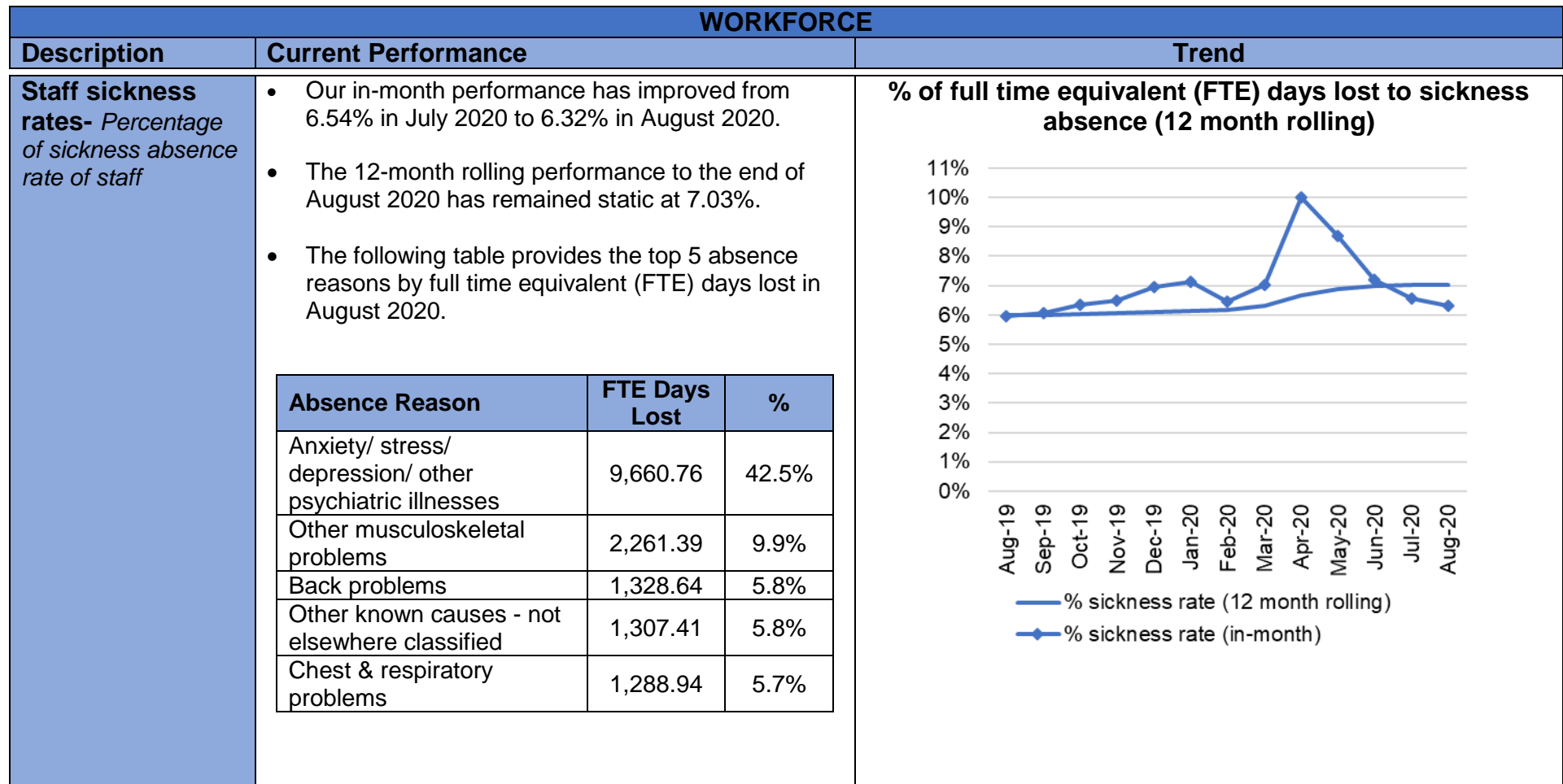
HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There were no cases of <i>P.Aeruginosa</i> bacteraemia in September 2020.</li> <li>Cumulative cases from April to September 2020 is 42% less than the equivalent period in 2019/20.</li> </ul>	<b>Number of healthcare acquired Pseudomonas cases</b> <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i>  <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ol style="list-style-type: none"> <li>In August 2020, there were 62 cases of healthcare acquired pressure ulcers, of which 25 were community acquired and 37 were hospital acquired.</li> <li>The number of grade 3+ pressure ulcers in August 2020 was 9, of which 5 were community acquired and 4 were hospital acquired.</li> <li>The rate per 100,000 admissions increased from 282 in August 2020 to 555 in September 2020</li> </ol>	<b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Serious Incidents-</b>  <i>1. The number of serious incidents</i>  <i>2. The number of Never Events</i>  <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	<p>1. The Health Board reported 21 Serious Incidents for the month of September 2020 to Welsh Government. 9 were attributed to the Mental Health and Learning Disabilities, 4 were in Morriston Hospital, 4 were in Neath Port Talbot Hospital, 3 were in Singleton Hospital and 1 was in Primary and Community Services.</p>	<p><b>1. and 2. Number of serious incidents and never events</b></p> <table><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Sep-19</td><td>19</td><td>0</td></tr><tr><td>Oct-19</td><td>20</td><td>0</td></tr><tr><td>Nov-19</td><td>11</td><td>0</td></tr><tr><td>Dec-19</td><td>21</td><td>0</td></tr><tr><td>Jan-20</td><td>15</td><td>0</td></tr><tr><td>Feb-20</td><td>20</td><td>0</td></tr><tr><td>Mar-20</td><td>20</td><td>0</td></tr><tr><td>Apr-20</td><td>9</td><td>0</td></tr><tr><td>May-20</td><td>6</td><td>0</td></tr><tr><td>Jun-20</td><td>9</td><td>0</td></tr><tr><td>Jul-20</td><td>10</td><td>0</td></tr><tr><td>Aug-20</td><td>6</td><td>0</td></tr><tr><td>Sep-20</td><td>21</td><td>0</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Sep-19	19	0	Oct-19	20	0	Nov-19	11	0	Dec-19	21	0	Jan-20	15	0	Feb-20	20	0	Mar-20	20	0	Apr-20	9	0	May-20	6	0	Jun-20	9	0	Jul-20	10	0	Aug-20	6	0	Sep-20	21	0
	Month	Number of Serious Incidents	Number of never events																																									
	Sep-19	19	0																																									
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Nov-19	11	0																																										
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May-20	6	0																																										
Jun-20	9	0																																										
Jul-20	10	0																																										
Aug-20	6	0																																										
Sep-20	21	0																																										
<p>2. There were no Never Events reported in September 2020.</p>																																												
<p>3. In September 2020, performance against the 80% target of submitting closure forms within 60 working days was 20%. Of the 10 closure forms due to be submitted to Welsh Government in September 2020, only 2 were submitted on time (1 by Morriston Service Group and 1 by Mental Health &amp; Learning Disabilities Service Group).</p> <p>The following is a breakdown of the 8 forms that were not submitted within target in September 2020:</p> <ul style="list-style-type: none"><li>○ Morriston – 2</li><li>○ MH &amp; LD – 6</li></ul>	<p><b>3. % of serious incidents closed within 60 days</b></p> <table><thead><tr><th>Month</th><th>% Serious Incidents assured</th><th>Profile</th></tr></thead><tbody><tr><td>Sep-19</td><td>20%</td><td>80%</td></tr><tr><td>Oct-19</td><td>45%</td><td>80%</td></tr><tr><td>Nov-19</td><td>55%</td><td>80%</td></tr><tr><td>Dec-19</td><td>38%</td><td>80%</td></tr><tr><td>Jan-20</td><td>28%</td><td>80%</td></tr><tr><td>Feb-20</td><td>28%</td><td>80%</td></tr><tr><td>Mar-20</td><td>30%</td><td>80%</td></tr><tr><td>Apr-20</td><td>8%</td><td>80%</td></tr><tr><td>May-20</td><td>28%</td><td>80%</td></tr><tr><td>Jun-20</td><td>0%</td><td>80%</td></tr><tr><td>Jul-20</td><td>0%</td><td>80%</td></tr><tr><td>Aug-20</td><td>50%</td><td>80%</td></tr><tr><td>Sep-20</td><td>20%</td><td>80%</td></tr></tbody></table> <p>* 0% compliance in June and July 2020</p>	Month	% Serious Incidents assured	Profile	Sep-19	20%	80%	Oct-19	45%	80%	Nov-19	55%	80%	Dec-19	38%	80%	Jan-20	28%	80%	Feb-20	28%	80%	Mar-20	30%	80%	Apr-20	8%	80%	May-20	28%	80%	Jun-20	0%	80%	Jul-20	0%	80%	Aug-20	50%	80%	Sep-20	20%	80%	
Month	% Serious Incidents assured	Profile																																										
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May-20	28%	80%																																										
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Jul-20	0%	80%																																										
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Sep-20	20%	80%																																										

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 219 in September 2020, which is a reduction from 227 in August 2020.</li><li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li></ul>	<div><p><b>Number of inpatient Falls</b></p><table><caption>Number of inpatient Falls (SBU HB)</caption><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Sep-19</td><td>245</td></tr><tr><td>Oct-19</td><td>255</td></tr><tr><td>Nov-19</td><td>240</td></tr><tr><td>Dec-19</td><td>295</td></tr><tr><td>Jan-20</td><td>245</td></tr><tr><td>Feb-20</td><td>210</td></tr><tr><td>Mar-20</td><td>215</td></tr><tr><td>Apr-20</td><td>195</td></tr><tr><td>May-20</td><td>205</td></tr><tr><td>Jun-20</td><td>195</td></tr><tr><td>Jul-20</td><td>205</td></tr><tr><td>Aug-20</td><td>225</td></tr><tr><td>Sep-20</td><td>219</td></tr></tbody></table><p>■ Inpatient Falls (SBU HB)    — 10% reduction profile</p></div>	Month	Falls	Sep-19	245	Oct-19	255	Nov-19	240	Dec-19	295	Jan-20	245	Feb-20	210	Mar-20	215	Apr-20	195	May-20	205	Jun-20	195	Jul-20	205	Aug-20	225	Sep-20	219
Month	Falls																													
Sep-19	245																													
Oct-19	255																													
Nov-19	240																													
Dec-19	295																													
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Feb-20	210																													
Mar-20	215																													
Apr-20	195																													
May-20	205																													
Jun-20	195																													
Jul-20	205																													
Aug-20	225																													
Sep-20	219																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in September 2020, the percentage of completed discharge summaries was 70%.	<b>% discharge summaries approved and sent</b> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Sep-19</td><td>60%</td></tr><tr><td>Oct-19</td><td>63%</td></tr><tr><td>Nov-19</td><td>63%</td></tr><tr><td>Dec-19</td><td>65%</td></tr><tr><td>Jan-20</td><td>66%</td></tr><tr><td>Feb-20</td><td>67%</td></tr><tr><td>Mar-20</td><td>68%</td></tr><tr><td>Apr-20</td><td>60%</td></tr><tr><td>May-20</td><td>63%</td></tr><tr><td>Jun-20</td><td>67%</td></tr><tr><td>Jul-20</td><td>63%</td></tr><tr><td>Aug-20</td><td>66%</td></tr><tr><td>Sep-20</td><td>70%</td></tr></tbody></table>	Month	% of completed discharge summaries	Sep-19	60%	Oct-19	63%	Nov-19	63%	Dec-19	65%	Jan-20	66%	Feb-20	67%	Mar-20	68%	Apr-20	60%	May-20	63%	Jun-20	67%	Jul-20	63%	Aug-20	66%	Sep-20	70%
	Month		% of completed discharge summaries																											
Sep-19	60%																													
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May-20	63%																													
Jun-20	67%																													
Jul-20	63%																													
Aug-20	66%																													
Sep-20	70%																													
	In September 2020, compliance ranged from 66% in Singleton Services Group to 80% in Mental Health & Learning Disabilities Services Group.																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	August 2020 reports the crude mortality rate for the health board at 0.90% compared with 0.92% in July 2020.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Aug-19</td><td>1.20%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Sep-19</td><td>1.20%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Oct-19</td><td>1.20%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Nov-19</td><td>1.25%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Dec-19</td><td>1.25%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Jan-20</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Feb-20</td><td>1.25%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Mar-20</td><td>1.25%</td><td>0.45%</td><td>0.10%</td><td>0.70%</td></tr><tr><td>Apr-20</td><td>1.40%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>May-20</td><td>1.45%</td><td>0.45%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>Jun-20</td><td>1.45%</td><td>0.45%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>Jul-20</td><td>1.50%</td><td>0.45%</td><td>0.10%</td><td>0.85%</td></tr><tr><td>Aug-20</td><td>1.56%</td><td>0.49%</td><td>0.23%</td><td>0.90%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Aug-19	1.20%	0.45%	0.10%	0.70%	Sep-19	1.20%	0.45%	0.10%	0.70%	Oct-19	1.20%	0.45%	0.10%	0.70%	Nov-19	1.25%	0.45%	0.10%	0.70%	Dec-19	1.25%	0.45%	0.10%	0.70%	Jan-20	1.30%	0.45%	0.10%	0.70%	Feb-20	1.25%	0.45%	0.10%	0.70%	Mar-20	1.25%	0.45%	0.10%	0.70%	Apr-20	1.40%	0.45%	0.10%	0.75%	May-20	1.45%	0.45%	0.10%	0.80%	Jun-20	1.45%	0.45%	0.10%	0.80%	Jul-20	1.50%	0.45%	0.10%	0.85%	Aug-20	1.56%	0.49%	0.23%	0.90%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
Aug-19	1.20%	0.45%	0.10%	0.70%																																																																				
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	A breakdown by Hospital for August 2020: <ul style="list-style-type: none"><li>• Morriston – 1.56%</li><li>• Singleton – 0.49%</li><li>• NPT – 0.23%</li></ul>																																																																							

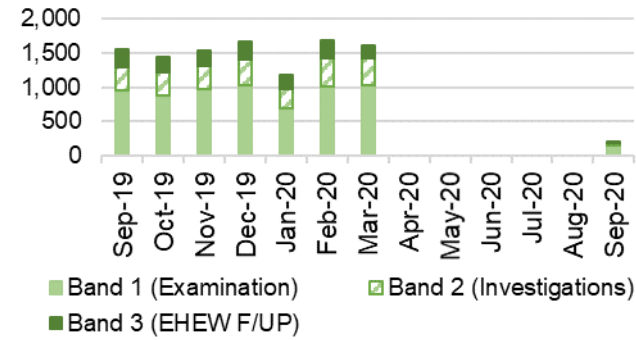




## HARM FROM REDUCTION IN NON-COVID ACTIVITY

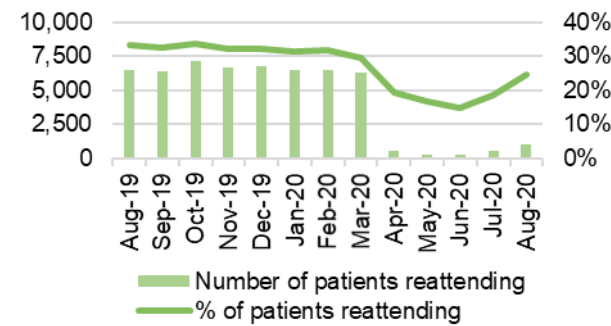
### 6.1 Primary and Community Care Overview

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

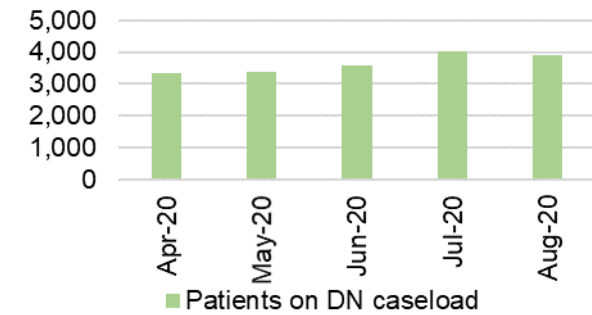


No claims submitted between April and August 2020

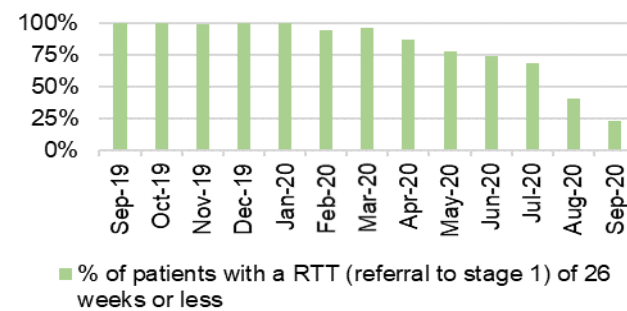
**Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



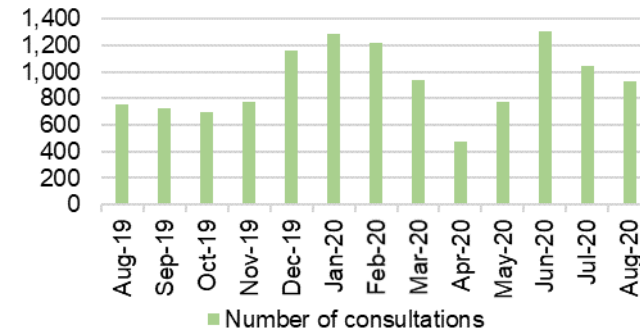
**Chart 9: District Nursing- Number of patients on caseload**



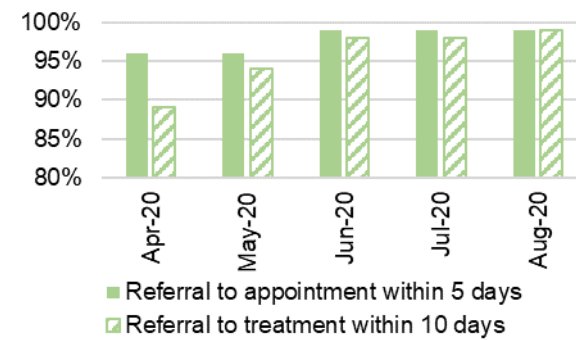
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



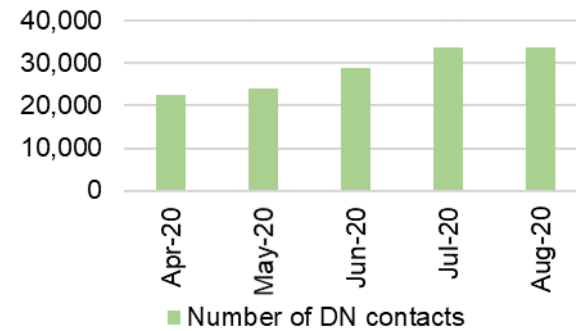
**Chart 2: Common Ailment Scheme - Number of consultations provided**



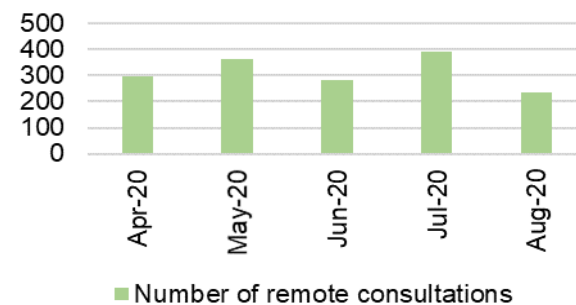
**Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days**



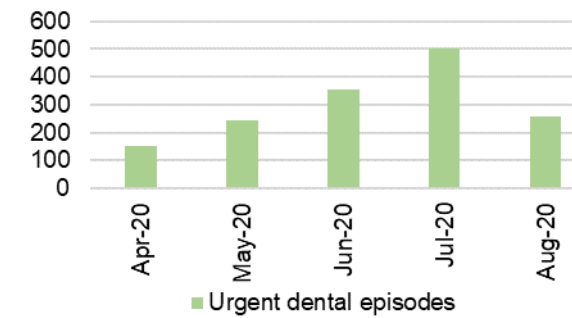
**Chart 10: District Nursing- Total number of contacts**



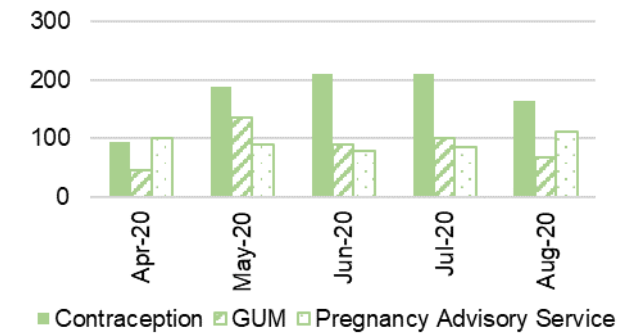
**Chart 14: Audiology- Number of remote consultations**



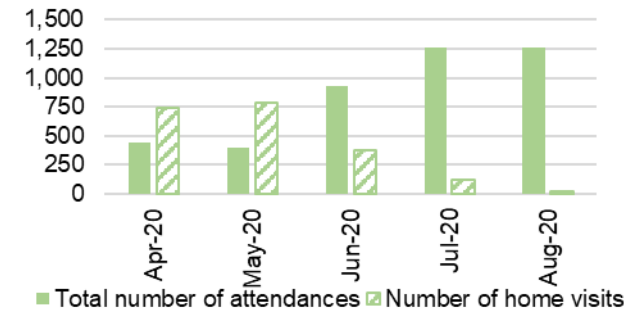
**Chart 3: Urgent Dental Centre- Total episodes of patient care**



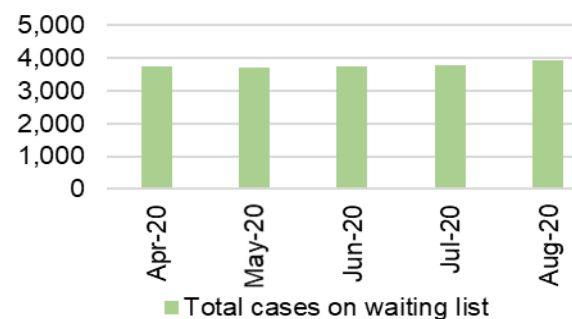
**Chart 7: Sexual health services- Attendances at sexual health ambulance**



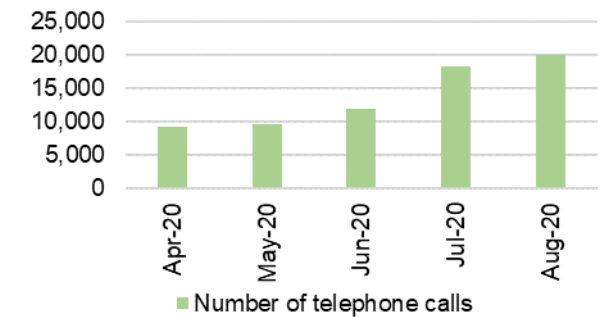
**Chart 11: Community wound clinic- Number of attendances and number of home visits**



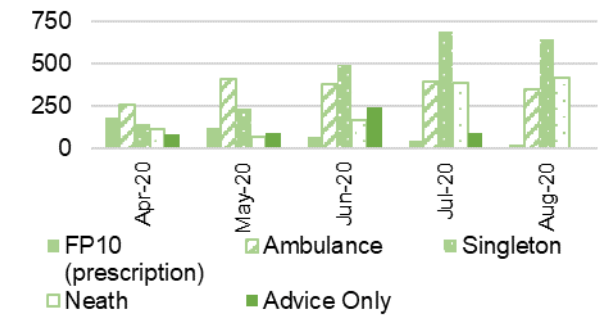
**Chart 15: Audiology- Total number of patients on the waiting list**



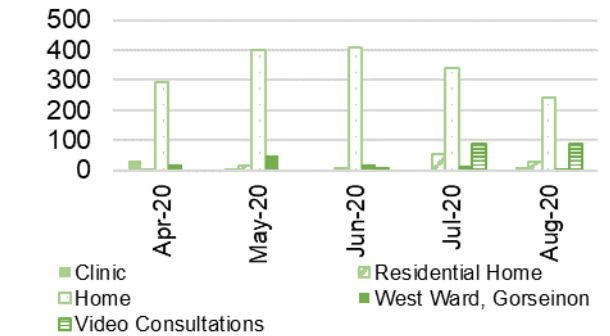
**Chart 4: General Dental Practice activity- Total number of telephone calls received**



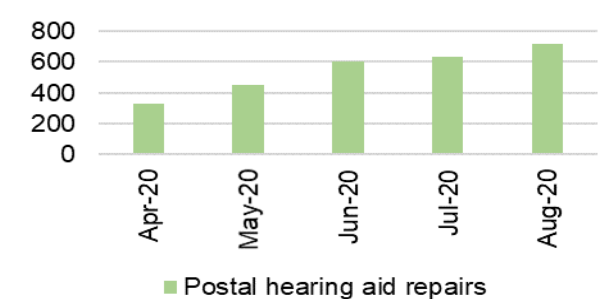
**Chart 8: Sexual health services- Patient outcomes**



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



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

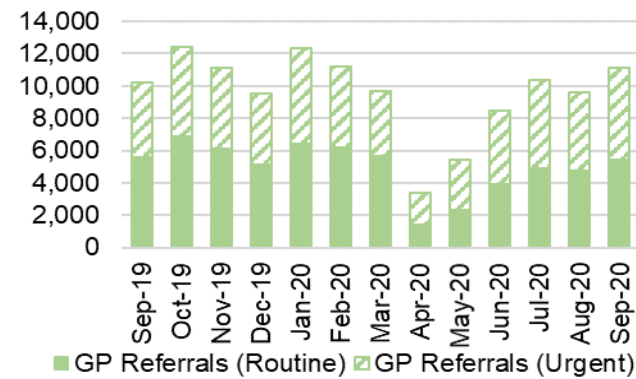




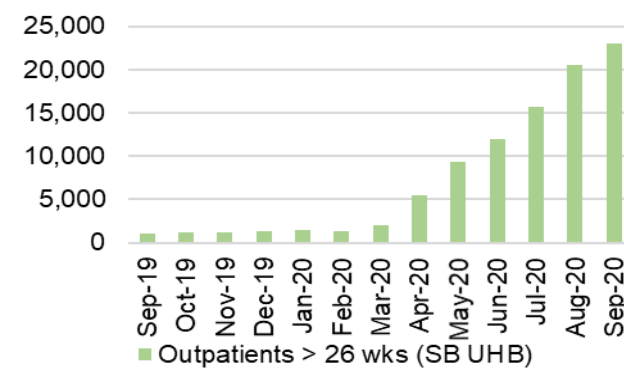
## Harm from reduction in non-Covid activity

### 6.2 Planned Care Overview

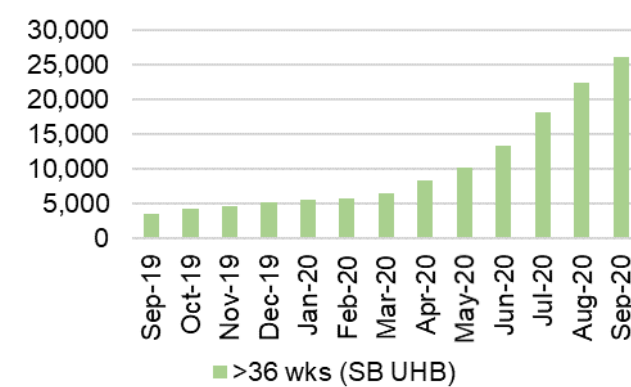
**Chart 1: Number of GP Referrals into secondary care**



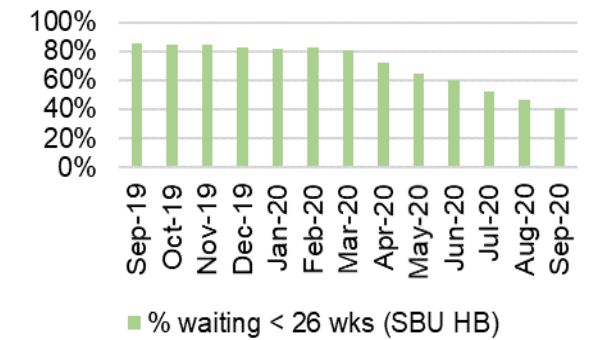
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



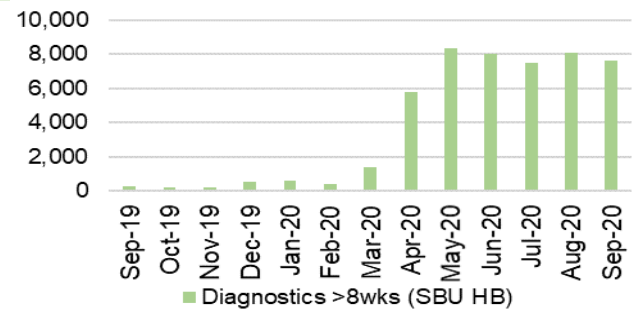
**Chart 3: Number of patients waiting over 36 weeks for treatment**



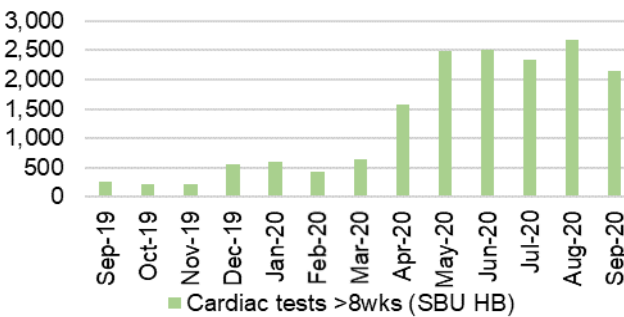
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



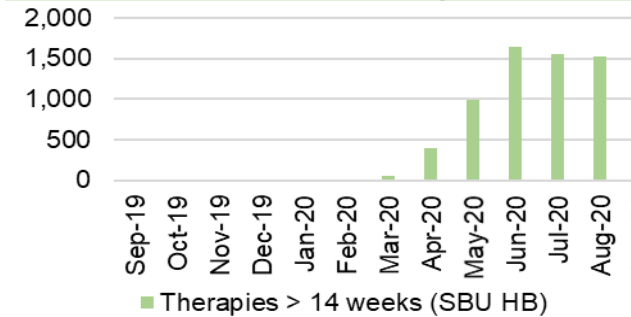
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



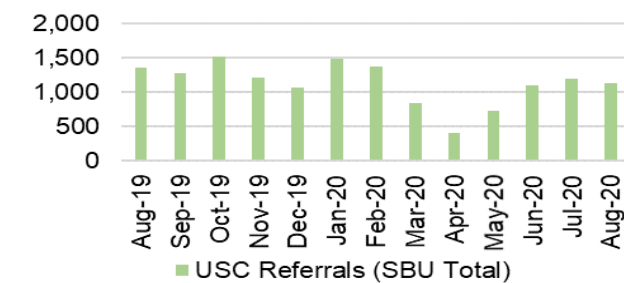
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



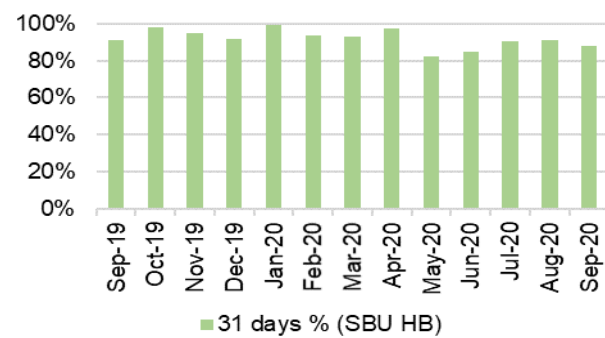
**Chart 7: Number of patients waiting less than 14 weeks for Therapies**



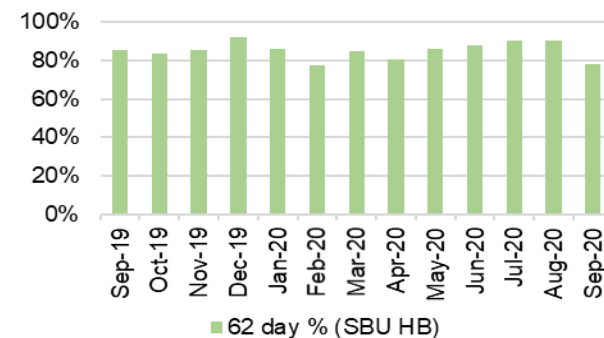
**Chart 8: Cancer referrals**



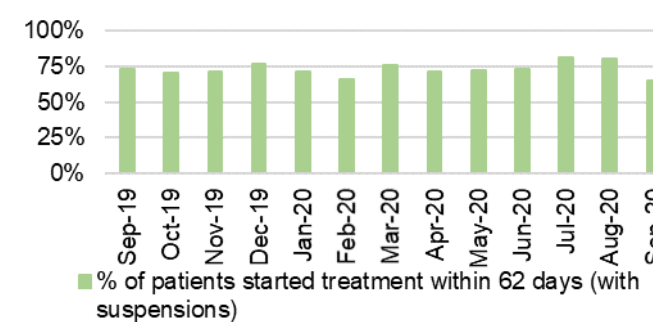
**Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days**



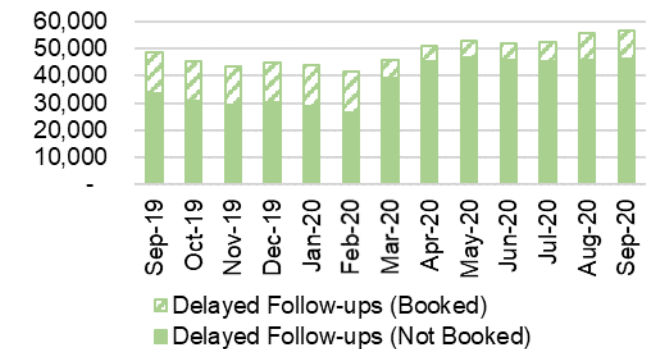
**Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral**



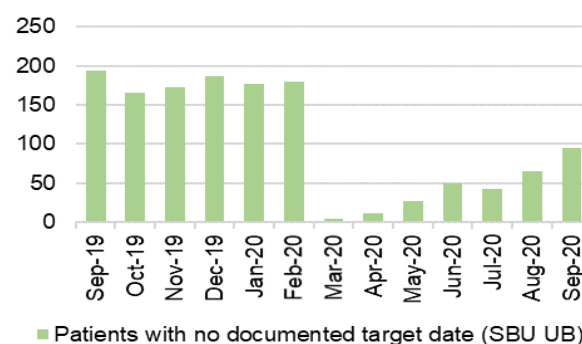
**Chart 11: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)**



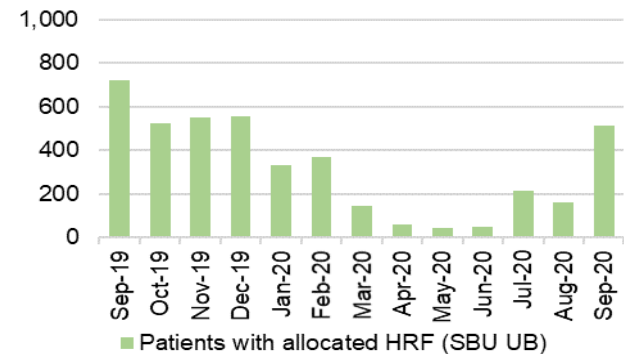
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)**



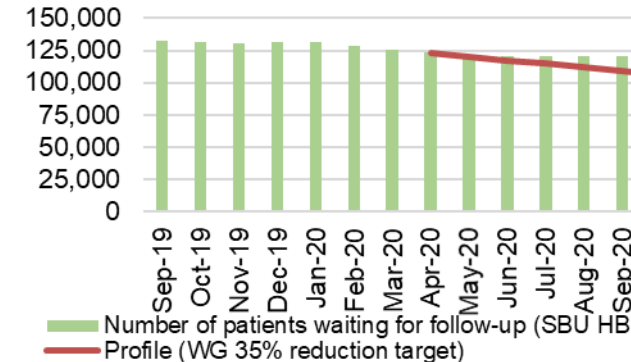
**Chart 13: Number of patients without a documented clinical review date**



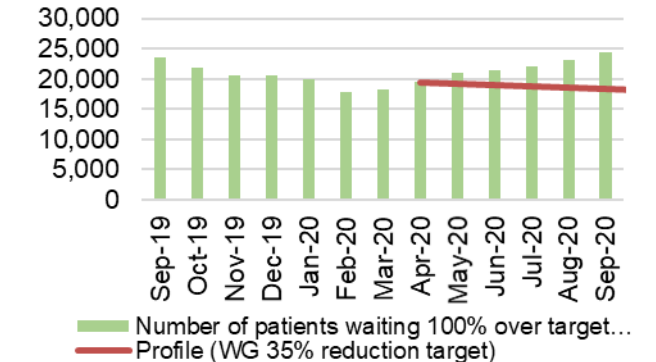
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



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

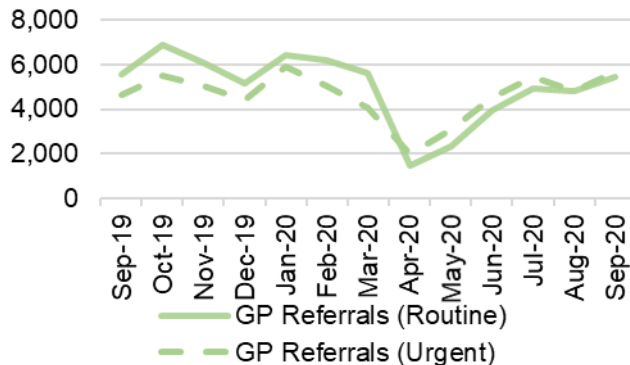
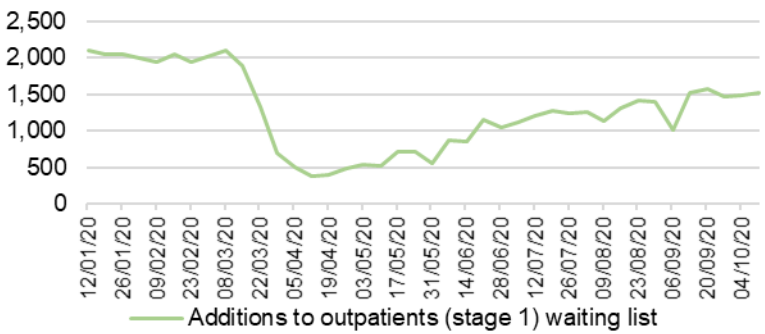
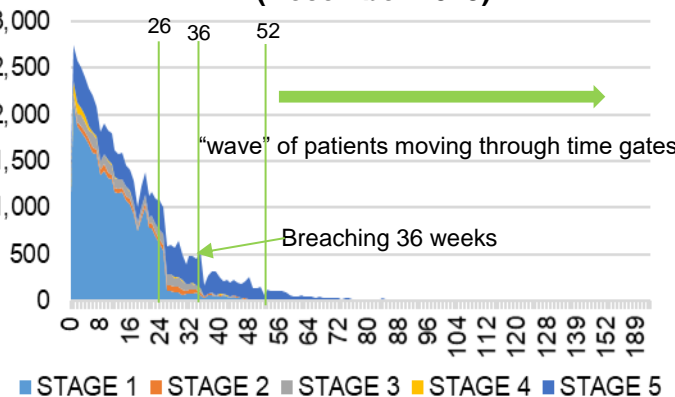
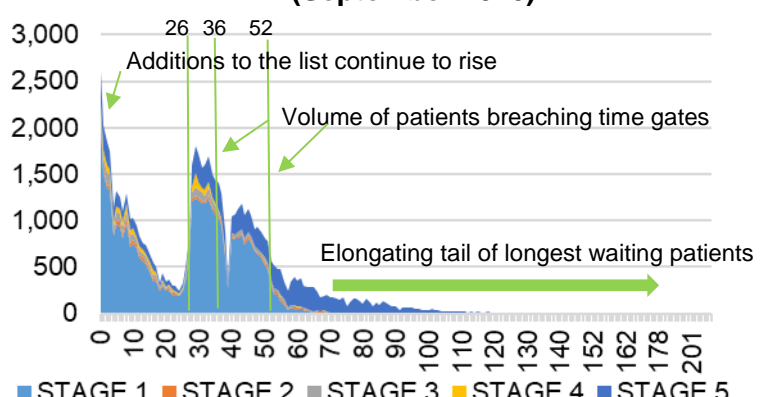


## Planned Care- Overview (September 2020)

Demand		Waiting Times	
<b>11,106 (16%↑)</b> Total GP referrals	<b>23,069 (13%↑)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>26,046 (16%↑)</b> Patients waiting over 36 weeks for treatment	<b>9,835 (26%↑)</b> Patients waiting over 52 weeks for treatment
<b>5,444 (14%↑)</b> Routine GP referrals	<b>41.0% (5.5%↓)</b> Patients waiting under 26 weeks from referral to treatment	<b>7,666 (5%↓)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>2,143 (20%↓)</b> Patients waiting over 8 weeks for Cardiac diagnostics only
<b>5,662 (18%↑)</b> Urgent GP referrals	<b>1,350 (11%↓)</b> Patients waiting over 14 weeks for reportable therapies	<b>120,962 (0.01%↓)</b> Patients waiting for a follow-up outpatient appointment	<b>24,472 (5%↑)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer		Theatre Efficiencies	
<b>1,135 (4.8%↓)</b> Number of USC referrals received	<b>223 (59%↑)</b> USC backlog over 52 days	<b>75% (15%↓)</b> Theatre utilisation rate	<b>39% (11%↑)</b> % of theatres sessions finishing early
<b>88% (2.9%↓) draft</b> NUSC patients receiving treatment within 31 days	<b>78% (12.6%↓) draft</b> USC patients receiving treatment within 62 days	<b>49% (3%↑)</b> % of theatres sessions starting late	<b>47% (12%↓)</b> Operations cancelled on the day

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

## 6.3 Updates on key measures

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

PLANNED CARE	
Description	Current Performance
<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In September 2020, there were 23,069 patients waiting over 26 weeks compared with 20,497 in August 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Orthopaedics. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work is currently being undertaken to accurately record the split between face to face and virtual attendances and will be reported through a new Outpatient dashboard.</p>
	Trend
	<div> <div> <b>1. Number of stage 1 over 26 weeks- HB total</b>  <p>■ Outpatients &gt; 26 wks (SB UHB)</p> </div> <div> <b>2. Number of stage 1 over 26 weeks- Hospital level</b>  <p>— Morriston — Singleton — PC&amp;CS — NPTH</p> </div> </div> <div> <div> <b>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at September 2020</b>  </div> <div> <b>4. Outpatient activity undertaken</b>  <p>— New outpatient attendances — Follow-up attendances</p> </div> </div>

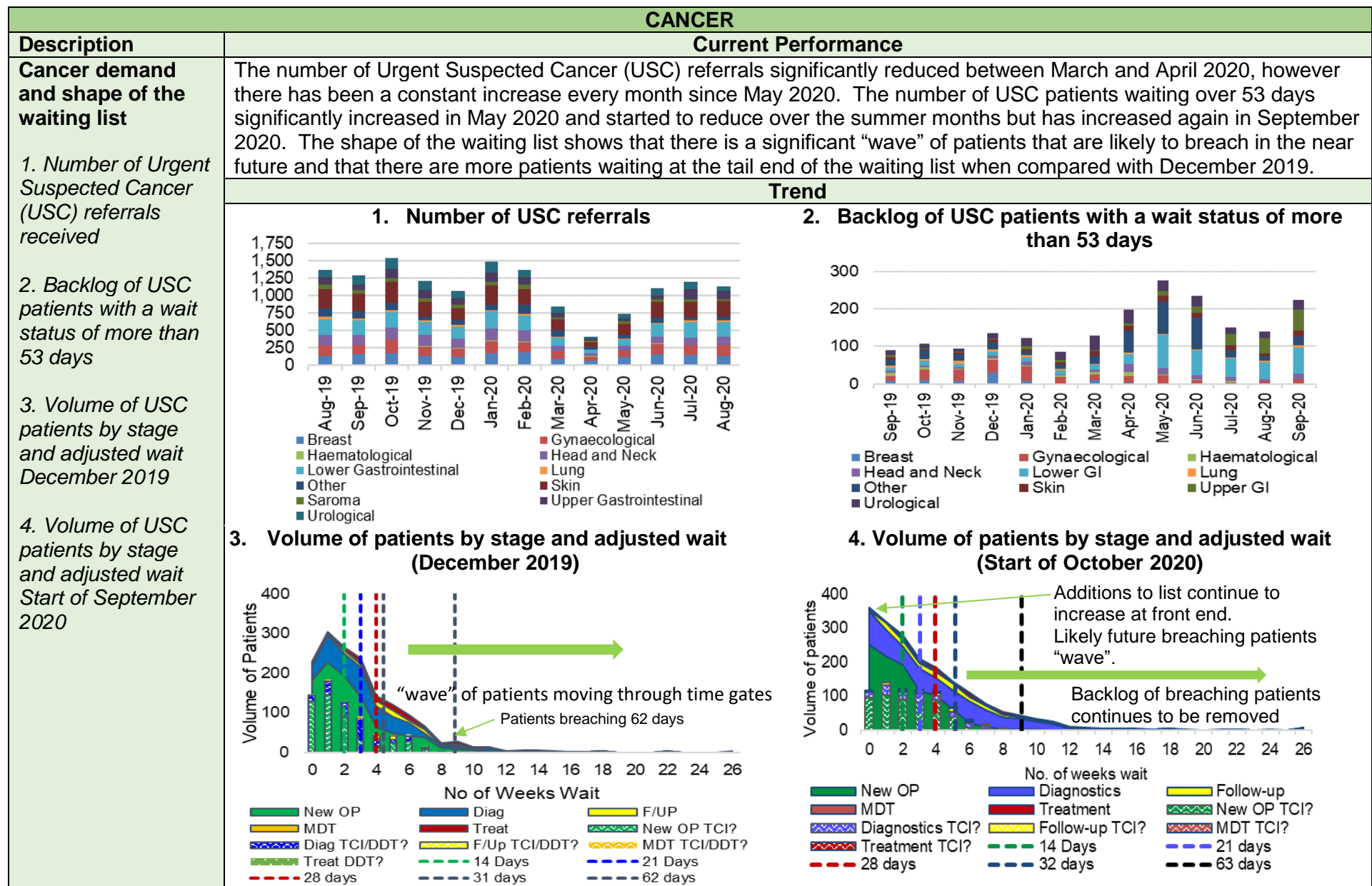
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<b>Patients waiting over 36 weeks for treatment</b>  <i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i>  <i>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</i>  <i>3. Number of elective admissions</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to increase. In September 2020, there were 26,046 patients waiting over 36 weeks compared with 22,494 in August 2020. 9,835 of the 26,046 patients in September 2020 were waiting over 52 weeks, this is an increase from 7,836 in August 2020. Orthopaedics/ Spinal accounted for 25% of the breaches, followed by Ophthalmology with 15%.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>																																																																																																																													
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	<div><div><b>1. Number of patients waiting over 36 weeks- HB total</b> <table><caption>1. Number of patients waiting over 36 weeks- HB total</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Sep-19</td><td>3,000</td></tr><tr><td>Oct-19</td><td>4,000</td></tr><tr><td>Nov-19</td><td>4,500</td></tr><tr><td>Dec-19</td><td>5,000</td></tr><tr><td>Jan-20</td><td>5,500</td></tr><tr><td>Feb-20</td><td>6,000</td></tr><tr><td>Mar-20</td><td>6,500</td></tr><tr><td>Apr-20</td><td>8,000</td></tr><tr><td>May-20</td><td>10,000</td></tr><tr><td>Jun-20</td><td>13,000</td></tr><tr><td>Jul-20</td><td>18,000</td></tr><tr><td>Aug-20</td><td>22,494</td></tr><tr><td>Sep-20</td><td>26,046</td></tr></tbody></table><p>■ &gt;36 wks (SB UHB)</p></div><div><b>2. Number of patients waiting over 36 weeks- Hospital level</b> <table><caption>2. Number of patients waiting over 36 weeks- Hospital level</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTh</th></tr></thead><tbody><tr><td>Aug-19</td><td>3,000</td><td>1,000</td><td>500</td><td>500</td></tr><tr><td>Sep-19</td><td>3,500</td><td>1,200</td><td>500</td><td>500</td></tr><tr><td>Oct-19</td><td>4,000</td><td>1,500</td><td>500</td><td>500</td></tr><tr><td>Nov-19</td><td>4,500</td><td>1,800</td><td>500</td><td>500</td></tr><tr><td>Dec-19</td><td>5,000</td><td>2,000</td><td>500</td><td>500</td></tr><tr><td>Jan-20</td><td>5,500</td><td>2,200</td><td>500</td><td>500</td></tr><tr><td>Feb-20</td><td>6,000</td><td>2,500</td><td>500</td><td>500</td></tr><tr><td>Mar-20</td><td>7,000</td><td>3,000</td><td>500</td><td>500</td></tr><tr><td>Apr-20</td><td>8,500</td><td>4,000</td><td>500</td><td>500</td></tr><tr><td>May-20</td><td>10,000</td><td>5,000</td><td>500</td><td>500</td></tr><tr><td>Jun-20</td><td>12,000</td><td>6,000</td><td>500</td><td>500</td></tr><tr><td>Jul-20</td><td>14,000</td><td>7,500</td><td>500</td><td>500</td></tr><tr><td>Aug-20</td><td>15,000</td><td>8,500</td><td>500</td><td>500</td></tr></tbody></table><p>— Morriston — Singleton — PC&amp;CS — NPTh</p></div><div><b>3. Number of elective admissions</b> <table><caption>3. Number of elective admissions</caption><thead><tr><th>Month</th><th>Admitted elective patients with procedures</th></tr></thead><tbody><tr><td>Sep-19</td><td>4,500</td></tr><tr><td>Oct-19</td><td>5,000</td></tr><tr><td>Nov-19</td><td>4,500</td></tr><tr><td>Dec-19</td><td>4,000</td></tr><tr><td>Jan-20</td><td>4,800</td></tr><tr><td>Feb-20</td><td>4,500</td></tr><tr><td>Mar-20</td><td>3,500</td></tr><tr><td>Apr-20</td><td>2,000</td></tr><tr><td>May-20</td><td>2,000</td></tr><tr><td>Jun-20</td><td>2,500</td></tr><tr><td>Jul-20</td><td>3,000</td></tr><tr><td>Aug-20</td><td>2,800</td></tr><tr><td>Sep-20</td><td>3,200</td></tr></tbody></table><p>— Admitted elective patients with procedures</p></div></div>	Month	Number of patients	Sep-19	3,000	Oct-19	4,000	Nov-19	4,500	Dec-19	5,000	Jan-20	5,500	Feb-20	6,000	Mar-20	6,500	Apr-20	8,000	May-20	10,000	Jun-20	13,000	Jul-20	18,000	Aug-20	22,494	Sep-20	26,046	Month	Morriston	Singleton	PC&CS	NPTh	Aug-19	3,000	1,000	500	500	Sep-19	3,500	1,200	500	500	Oct-19	4,000	1,500	500	500	Nov-19	4,500	1,800	500	500	Dec-19	5,000	2,000	500	500	Jan-20	5,500	2,200	500	500	Feb-20	6,000	2,500	500	500	Mar-20	7,000	3,000	500	500	Apr-20	8,500	4,000	500	500	May-20	10,000	5,000	500	500	Jun-20	12,000	6,000	500	500	Jul-20	14,000	7,500	500	500	Aug-20	15,000	8,500	500	500	Month	Admitted elective patients with procedures	Sep-19	4,500	Oct-19	5,000	Nov-19	4,500	Dec-19	4,000	Jan-20	4,800	Feb-20	4,500	Mar-20	3,500	Apr-20	2,000	May-20	2,000	Jun-20	2,500	Jul-20	3,000	Aug-20	2,800	Sep-20
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<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. However, the percentage has consistently fallen during 2020/21 with September 2020 achieving 43.7%.	<b>Percentage of patient waiting less than 26 weeks</b> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-19</td><td>80%</td><td>85%</td><td>88%</td><td>95%</td></tr><tr><td>Oct-19</td><td>80%</td><td>82%</td><td>85%</td><td>95%</td></tr><tr><td>Nov-19</td><td>78%</td><td>80%</td><td>82%</td><td>95%</td></tr><tr><td>Dec-19</td><td>78%</td><td>80%</td><td>82%</td><td>95%</td></tr><tr><td>Jan-20</td><td>78%</td><td>80%</td><td>82%</td><td>95%</td></tr><tr><td>Feb-20</td><td>78%</td><td>80%</td><td>82%</td><td>95%</td></tr><tr><td>Mar-20</td><td>75%</td><td>78%</td><td>80%</td><td>95%</td></tr><tr><td>Apr-20</td><td>65%</td><td>65%</td><td>75%</td><td>95%</td></tr><tr><td>May-20</td><td>55%</td><td>55%</td><td>65%</td><td>95%</td></tr><tr><td>Jun-20</td><td>45%</td><td>45%</td><td>55%</td><td>90%</td></tr><tr><td>Jul-20</td><td>35%</td><td>35%</td><td>45%</td><td>80%</td></tr><tr><td>Aug-20</td><td>30%</td><td>30%</td><td>35%</td><td>75%</td></tr><tr><td>Sep-20</td><td>43.7%</td><td>40%</td><td>25%</td><td>75%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Sep-19	80%	85%	88%	95%	Oct-19	80%	82%	85%	95%	Nov-19	78%	80%	82%	95%	Dec-19	78%	80%	82%	95%	Jan-20	78%	80%	82%	95%	Feb-20	78%	80%	82%	95%	Mar-20	75%	78%	80%	95%	Apr-20	65%	65%	75%	95%	May-20	55%	55%	65%	95%	Jun-20	45%	45%	55%	90%	Jul-20	35%	35%	45%	80%	Aug-20	30%	30%	35%	75%	Sep-20	43.7%	40%	25%	75%
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<b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In September 2020, 47.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20, however this has not been sustained so far in 2020/21.</p>	<b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b> <table><thead><tr><th>Month</th><th>% R1 patients seen within target or within 25% of target date</th><th>Target</th></tr></thead><tbody><tr><td>Sep-19</td><td>65%</td><td>95%</td></tr><tr><td>Oct-19</td><td>68%</td><td>95%</td></tr><tr><td>Nov-19</td><td>70%</td><td>95%</td></tr><tr><td>Dec-19</td><td>72%</td><td>95%</td></tr><tr><td>Jan-20</td><td>75%</td><td>95%</td></tr><tr><td>Feb-20</td><td>78%</td><td>95%</td></tr><tr><td>Mar-20</td><td>75%</td><td>95%</td></tr><tr><td>Apr-20</td><td>68%</td><td>95%</td></tr><tr><td>May-20</td><td>62%</td><td>95%</td></tr><tr><td>Jun-20</td><td>60%</td><td>95%</td></tr><tr><td>Jul-20</td><td>55%</td><td>95%</td></tr><tr><td>Aug-20</td><td>50%</td><td>95%</td></tr><tr><td>Sep-20</td><td>47.7%</td><td>95%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Target	Sep-19	65%	95%	Oct-19	68%	95%	Nov-19	70%	95%	Dec-19	72%	95%	Jan-20	75%	95%	Feb-20	78%	95%	Mar-20	75%	95%	Apr-20	68%	95%	May-20	62%	95%	Jun-20	60%	95%	Jul-20	55%	95%	Aug-20	50%	95%	Sep-20	47.7%	95%																												
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<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In September 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 8,070 in August 2020 to 7,666 in September 2020.</p> <p>All of the diagnostic areas have seen a significant increase in breaches since March 2020, however September 2020 was the first month that saw a reduction in the total number of patients waiting over 8 weeks.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for September 2020:</p> <ul style="list-style-type: none"><li>• Radiology= 2,979</li><li>• Cardiac tests= 2,143</li><li>• Endoscopy= 1,710</li><li>• Neurophysiology= 722</li><li>• Physiological measurement= 57</li><li>• Fluoroscopy= 34</li><li>• Cystoscopy= 21</li></ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table border="1"><caption>Approximate data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Sep-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>400</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>500</td><td>0</td><td>500</td></tr><tr><td>Apr-20</td><td>1,500</td><td>500</td><td>4,000</td></tr><tr><td>May-20</td><td>2,500</td><td>1,200</td><td>4,800</td></tr><tr><td>Jun-20</td><td>2,500</td><td>1,200</td><td>4,500</td></tr><tr><td>Jul-20</td><td>2,300</td><td>1,300</td><td>4,000</td></tr><tr><td>Aug-20</td><td>2,700</td><td>1,400</td><td>4,000</td></tr><tr><td>Sep-20</td><td>2,100</td><td>1,800</td><td>3,800</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Sep-19	200	0	0	Oct-19	200	0	0	Nov-19	200	0	0	Dec-19	500	0	0	Jan-20	500	0	0	Feb-20	400	0	0	Mar-20	500	0	500	Apr-20	1,500	500	4,000	May-20	2,500	1,200	4,800	Jun-20	2,500	1,200	4,500	Jul-20	2,300	1,300	4,000	Aug-20	2,700	1,400	4,000	Sep-20	2,100	1,800	3,800																																										
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In September 2020 there were 1,350 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in September 2020 are:</p> <ul style="list-style-type: none"><li>• Podiatry= 601</li><li>• Audiology= 480</li><li>• Speech &amp; Language Therapy= 131</li><li>• Dietetics= 138</li></ul>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"><caption>Approximate data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Dietetics	Phsyio	Podiatry	Sep-19	0	0	0	0	0	0	Oct-19	0	0	0	0	0	0	Nov-19	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	Jan-20	0	0	0	0	0	0	Feb-20	0	0	0	0	0	0	Mar-20	0	0	0	0	0	0	Apr-20	0	0	0	0	0	0	May-20	0	0	0	0	0	0	Jun-20	0	0	0	0	0	0	Jul-20	0	0	0	0	0	0	Aug-20	0	0	0	0	0	0	Sep-20	0	0	0	0	0	0
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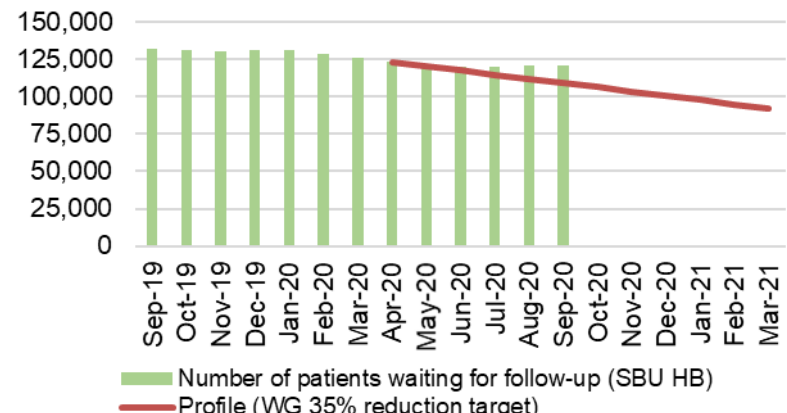
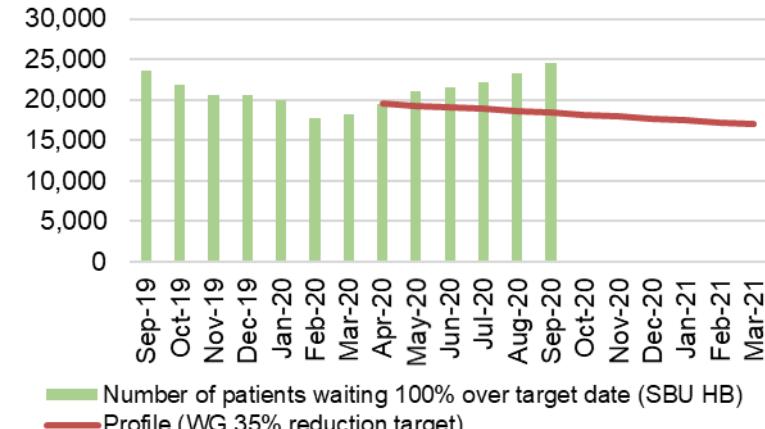


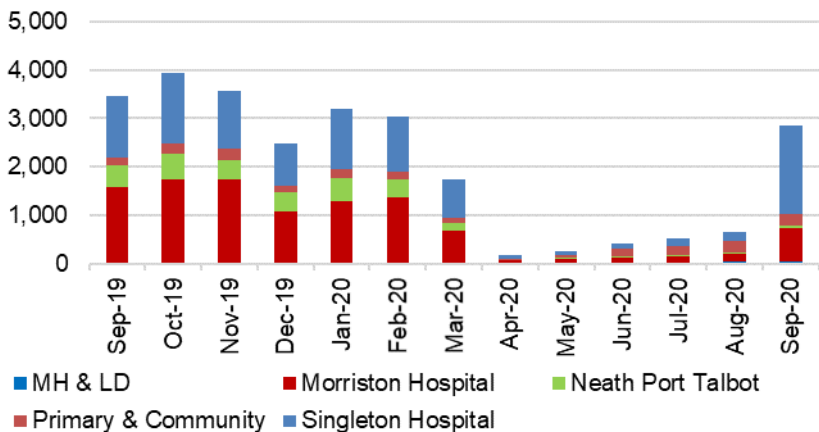
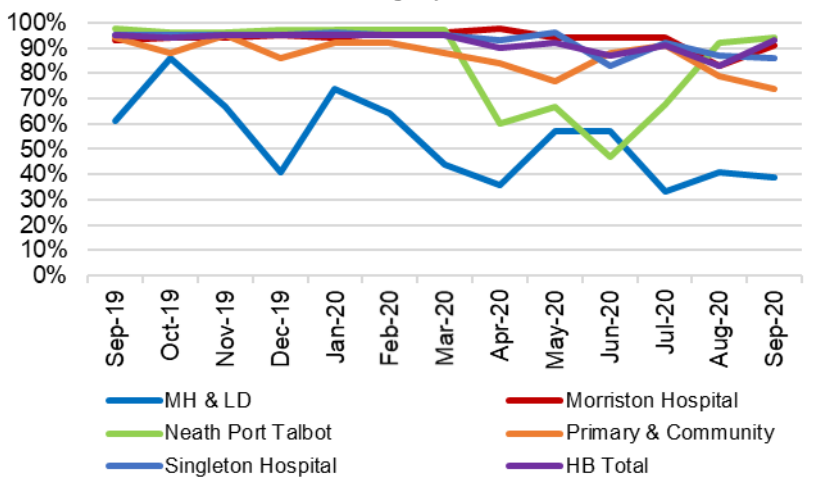


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<b>Cancer- NUSC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>September 2020 figures will be finalised on the 3<sup>rd</sup> November 2020. Draft figures indicate a possible achievement of 88% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for September 2020:</p> <ul style="list-style-type: none"><li>• Lower GI – 3</li><li>• Lung – 2</li><li>• Urological – 2</li><li>• Skin – 1</li><li>• Gynaecological - 1</li></ul> <p><i>*Breach validation is ongoing, this number also includes suspected cancers awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p><b>Percentage of NUSC patients starting treatment within 31 days of diagnosis</b></p> <table><caption>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-19</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Oct-19</td><td>95%</td><td>95%</td><td>100%</td></tr><tr><td>Nov-19</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>Dec-19</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td><td>95%</td><td>100%</td></tr><tr><td>Feb-20</td><td>95%</td><td>95%</td><td>100%</td></tr><tr><td>Mar-20</td><td>95%</td><td>90%</td><td>100%</td></tr><tr><td>Apr-20</td><td>95%</td><td>95%</td><td>100%</td></tr><tr><td>May-20</td><td>65%</td><td>90%</td><td>100%</td></tr><tr><td>Jun-20</td><td>75%</td><td>95%</td><td>100%</td></tr><tr><td>Jul-20</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Aug-20</td><td>80%</td><td>95%</td><td>100%</td></tr><tr><td>Sep-20 (draft)</td><td>80%</td><td>90%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-19	85%	95%	100%	Oct-19	95%	95%	100%	Nov-19	90%	95%	100%	Dec-19	90%	95%	100%	Jan-20	100%	95%	100%	Feb-20	95%	95%	100%	Mar-20	95%	90%	100%	Apr-20	95%	95%	100%	May-20	65%	90%	100%	Jun-20	75%	95%	100%	Jul-20	85%	95%	100%	Aug-20	80%	95%	100%	Sep-20 (draft)	80%	90%	100%
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<b>Cancer- USC waiting times-</b> <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i>	<p>September 2020 figures will be finalised on the 3<sup>rd</sup> November 2020. Draft figures indicate a possible achievement of 78% of patients starting treatment within 62 days. At the time of writing this report there are 20 breaches* in total across the Health Board for September 2020:</p> <ul style="list-style-type: none"><li>• Lower GI – 4</li><li>• Urological – 4</li><li>• Upper GI – 3</li><li>• Skin – 2</li><li>• Gynaecological – 2</li><li>• Haematological – 2</li><li>• Lung – 1</li><li>• Sarcoma – 1</li><li>• Other - 1</li></ul> <p><i>*Breach validation is ongoing, this number also includes a suspected cancer awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p><b>Percentage of USC patients starting treatment within 62 days of receipt of referral</b></p> <table><caption>Percentage of USC patients starting treatment within 62 days of receipt of referral</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-19</td><td>90%</td><td>80%</td><td>65%</td></tr><tr><td>Oct-19</td><td>80%</td><td>85%</td><td>100%</td></tr><tr><td>Nov-19</td><td>80%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>90%</td><td>100%</td><td>100%</td></tr><tr><td>Jan-20</td><td>65%</td><td>85%</td><td>100%</td></tr><tr><td>Feb-20</td><td>80%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-20</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Apr-20</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>May-20</td><td>75%</td><td>80%</td><td>100%</td></tr><tr><td>Jun-20</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Jul-20</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Aug-20</td><td>75%</td><td>95%</td><td>100%</td></tr><tr><td>Sep-20 (draft)</td><td>55%</td><td>80%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-19	90%	80%	65%	Oct-19	80%	85%	100%	Nov-19	80%	85%	100%	Dec-19	90%	100%	100%	Jan-20	65%	85%	100%	Feb-20	80%	75%	100%	Mar-20	85%	85%	100%	Apr-20	100%	80%	100%	May-20	75%	80%	100%	Jun-20	85%	85%	100%	Jul-20	85%	95%	100%	Aug-20	75%	95%	100%	Sep-20 (draft)	55%	80%	100%
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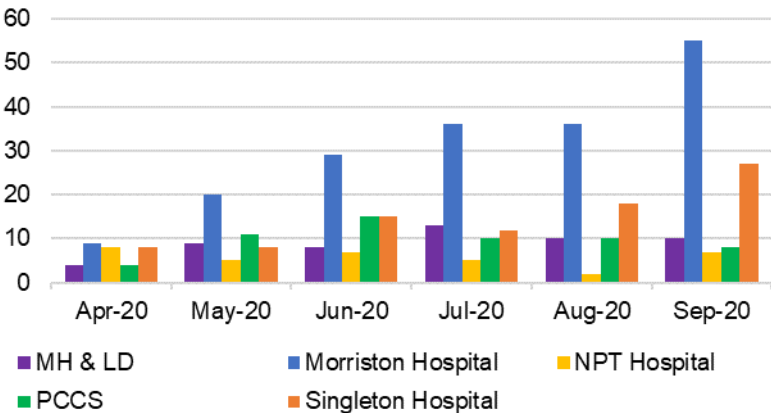
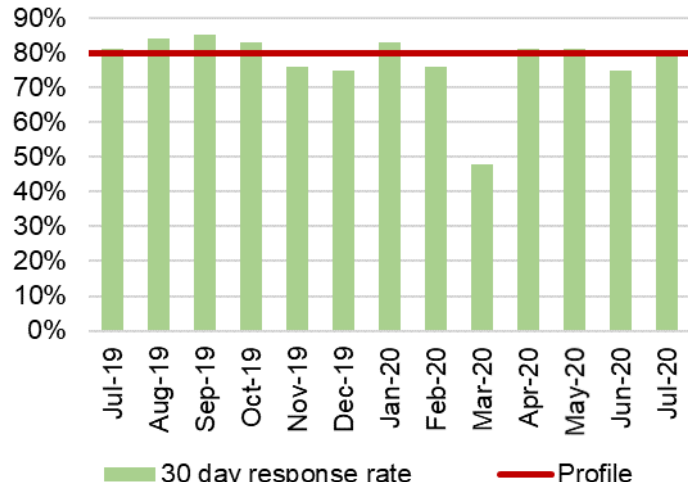
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<b>Single Cancer Pathway</b> <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	<p>September 2020 figures will be finalised on the 3<sup>rd</sup> November 2020. Draft figures indicate a possible achievement of 65% of patients starting treatment within 62 days of the suspicion of cancer first being raised. At the time of writing this report 55 patients did not receive their treatment within the time frame.</p> <p>Both adjusted and unadjusted waits are provided as per reporting requirements to Welsh Government.</p>	<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b></p> <table border="1"> <caption>Percentage of patients starting first definitive cancer treatment within 62 days</caption> <thead> <tr> <th>Month</th> <th>% with suspensions</th> <th>% without suspensions</th> </tr> </thead> <tbody> <tr><td>Sep-19</td><td>72%</td><td>55%</td></tr> <tr><td>Oct-19</td><td>70%</td><td>52%</td></tr> <tr><td>Nov-19</td><td>71%</td><td>54%</td></tr> <tr><td>Dec-19</td><td>76%</td><td>60%</td></tr> <tr><td>Jan-20</td><td>72%</td><td>50%</td></tr> <tr><td>Feb-20</td><td>66%</td><td>48%</td></tr> <tr><td>Mar-20</td><td>76%</td><td>58%</td></tr> <tr><td>Apr-20</td><td>71%</td><td>55%</td></tr> <tr><td>May-20</td><td>72%</td><td>60%</td></tr> <tr><td>Jun-20</td><td>73%</td><td>62%</td></tr> <tr><td>Jul-20</td><td>81%</td><td>68%</td></tr> <tr><td>Aug-20</td><td>80%</td><td>66%</td></tr> <tr><td>Sep-20 (draft)</td><td>65%</td><td>58%</td></tr> </tbody> </table>	Month	% with suspensions	% without suspensions	Sep-19	72%	55%	Oct-19	70%	52%	Nov-19	71%	54%	Dec-19	76%	60%	Jan-20	72%	50%	Feb-20	66%	48%	Mar-20	76%	58%	Apr-20	71%	55%	May-20	72%	60%	Jun-20	73%	62%	Jul-20	81%	68%	Aug-20	80%	66%	Sep-20 (draft)	65%	58%																																				
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<b>USC backlog</b> <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of September 2020 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th><th>53 - 62 days</th><th>63 &gt;</th></tr> </thead> <tbody> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>9</td><td>3</td></tr> <tr><td>Haematological</td><td>0</td><td>0</td></tr> <tr><td>Head and Neck</td><td>6</td><td>9</td></tr> <tr><td>Lower GI</td><td>30</td><td>39</td></tr> <tr><td>Lung</td><td>3</td><td>3</td></tr> <tr><td>Other</td><td>6</td><td>17</td></tr> <tr><td>Skin</td><td>10</td><td>5</td></tr> <tr><td>Upper GI</td><td>22</td><td>35</td></tr> <tr><td>Urological</td><td>6</td><td>19</td></tr> <tr><td><b>Grand Total</b></td><td><b>92</b></td><td><b>130</b></td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	1	0	Gynaecological	9	3	Haematological	0	0	Head and Neck	6	9	Lower GI	30	39	Lung	3	3	Other	6	17	Skin	10	5	Upper GI	22	35	Urological	6	19	<b>Grand Total</b>	<b>92</b>	<b>130</b>	<p><b>Number of patients with a wait status of more than 53 days</b></p> <table border="1"> <caption>Number of patients with a wait status of more than 53 days</caption> <thead> <tr> <th>Month</th> <th>53-62 days (HB Total)</th> <th>63 days+ (HB Total)</th> </tr> </thead> <tbody> <tr><td>Sep-19</td><td>50</td><td>40</td></tr> <tr><td>Oct-19</td><td>60</td><td>50</td></tr> <tr><td>Nov-19</td><td>50</td><td>50</td></tr> <tr><td>Dec-19</td><td>60</td><td>80</td></tr> <tr><td>Jan-20</td><td>60</td><td>60</td></tr> <tr><td>Feb-20</td><td>30</td><td>60</td></tr> <tr><td>Mar-20</td><td>70</td><td>60</td></tr> <tr><td>Apr-20</td><td>90</td><td>110</td></tr> <tr><td>May-20</td><td>50</td><td>220</td></tr> <tr><td>Jun-20</td><td>60</td><td>180</td></tr> <tr><td>Jul-20</td><td>50</td><td>100</td></tr> <tr><td>Aug-20</td><td>50</td><td>90</td></tr> <tr><td>Sep-20</td><td>90</td><td>130</td></tr> </tbody> </table>	Month	53-62 days (HB Total)	63 days+ (HB Total)	Sep-19	50	40	Oct-19	60	50	Nov-19	50	50	Dec-19	60	80	Jan-20	60	60	Feb-20	30	60	Mar-20	70	60	Apr-20	90	110	May-20	50	220	Jun-20	60	180	Jul-20	50	100	Aug-20	50	90	Sep-20	90	130
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In September 2020, the overall size of the follow-up waiting list reduced by 0.01% compared with August 2020 (from 120,969 to 120,962).</p> <p>In September 2020, there was a total of 56,843 patients waiting for a follow-up past their target date. This is an in-month increase of 2.5% (from 55,446 in August 2020 to 56,843 in September 2020).</p> <p>Of the 56,843 delayed follow-ups in September 2020, 10,509 had appointment dates and 46,334 were still waiting for an appointment.</p> <p>In addition, 24,472 were waiting 100%+ over target date in September 2020. This is a 5% increase when compared with August 2020.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  1. Number of friends and family surveys completed  2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in September 2020 was 93% and 2,804 surveys were completed:               <ul style="list-style-type: none"> <li>Neath Port Talbot Hospital (NPTH) completed 62 surveys in September 2020, with a recommended score of 94%.</li> <li>Singleton Hospital completed 1,824 surveys for September, with a recommended score of 86%.</li> <li>Morrison Hospital completed 679 surveys in September 2020, with a recommended score of 91%.</li> <li>Mental Health &amp; Learning Disabilities completed 49 surveys for September 2020, with a recommended score of 39%.</li> <li>Primary &amp; Community Care completed 239 surveys for September, with a recommended score of 93%.</li> </ul> </li> </ul>	<b>1. Number of friends and family surveys completed</b>    <b>2. % of patients/ service users who would recommend and highly recommend</b>  



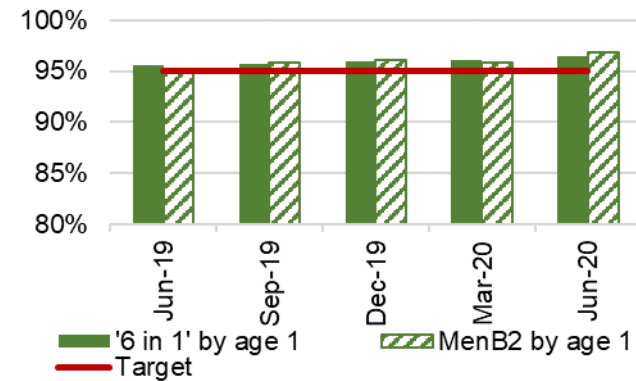
COMPLAINTS																																																																								
Description	Current Performance	Trend																																																																						
<b>Patient concerns</b>  1. Number of formal complaints received  2. Percentage of concerns that have received 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	<p>1. In September 2020, the Health Board received 114 formal complaints; this is a 4% increase when compared with September 2019 (from 110 to 114). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020 however, the numbers have gradually increased month on month since April 2020.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 79% in July 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in July 2020 ranged from 50% in Singleton Hospital to 100% in Neath Port Talbot Hospital.</p>	<div><h3>1. Number of formal complaints received</h3><table border="1"><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH &amp; LD</th><th>PCCS</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Apr-20</td><td>4</td><td>8</td><td>10</td><td>7</td><td>8</td></tr><tr><td>May-20</td><td>9</td><td>11</td><td>20</td><td>5</td><td>8</td></tr><tr><td>Jun-20</td><td>8</td><td>15</td><td>29</td><td>7</td><td>15</td></tr><tr><td>Jul-20</td><td>13</td><td>10</td><td>36</td><td>5</td><td>12</td></tr><tr><td>Aug-20</td><td>10</td><td>10</td><td>36</td><td>2</td><td>18</td></tr><tr><td>Sep-20</td><td>10</td><td>8</td><td>55</td><td>7</td><td>27</td></tr></tbody></table></div> <div><h3>2. Response rate for concerns within 30 days</h3><table border="1"><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>30 day response rate</th></tr></thead><tbody><tr><td>Jul-19</td><td>80%</td></tr><tr><td>Aug-19</td><td>85%</td></tr><tr><td>Sep-19</td><td>85%</td></tr><tr><td>Oct-19</td><td>82%</td></tr><tr><td>Nov-19</td><td>75%</td></tr><tr><td>Dec-19</td><td>75%</td></tr><tr><td>Jan-20</td><td>82%</td></tr><tr><td>Feb-20</td><td>75%</td></tr><tr><td>Mar-20</td><td>48%</td></tr><tr><td>Apr-20</td><td>80%</td></tr><tr><td>May-20</td><td>80%</td></tr><tr><td>Jun-20</td><td>75%</td></tr><tr><td>Jul-20</td><td>79%</td></tr></tbody></table></div>	Month	MH & LD	PCCS	Morriston Hospital	NPT Hospital	Singleton Hospital	Apr-20	4	8	10	7	8	May-20	9	11	20	5	8	Jun-20	8	15	29	7	15	Jul-20	13	10	36	5	12	Aug-20	10	10	36	2	18	Sep-20	10	8	55	7	27	Month	30 day response rate	Jul-19	80%	Aug-19	85%	Sep-19	85%	Oct-19	82%	Nov-19	75%	Dec-19	75%	Jan-20	82%	Feb-20	75%	Mar-20	48%	Apr-20	80%	May-20	80%	Jun-20	75%	Jul-20	79%
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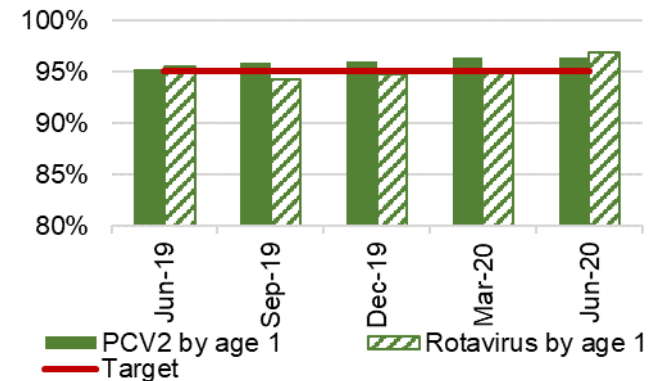
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.1 Vaccinations and Immunisations

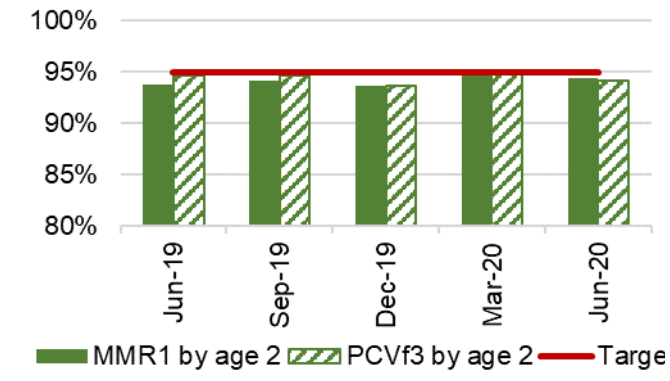
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



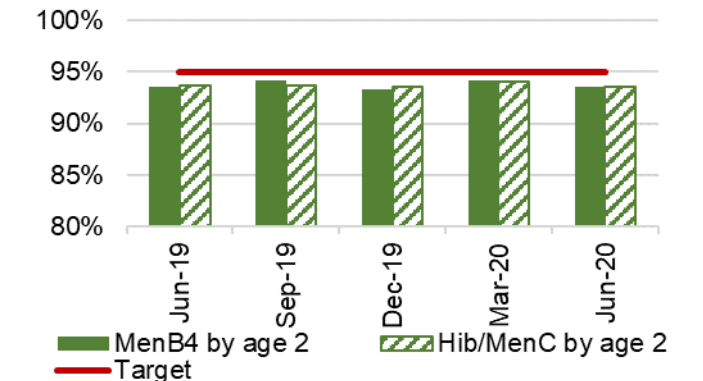
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



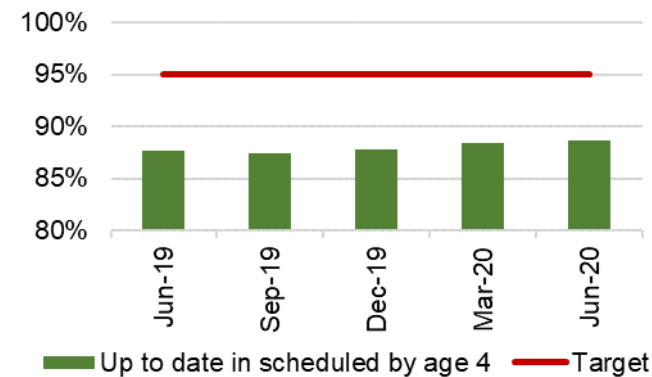
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



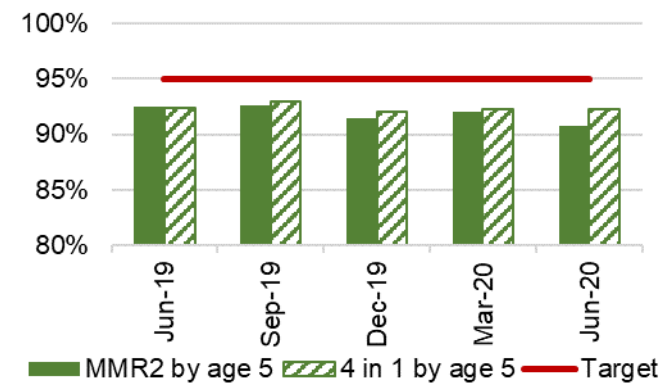
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



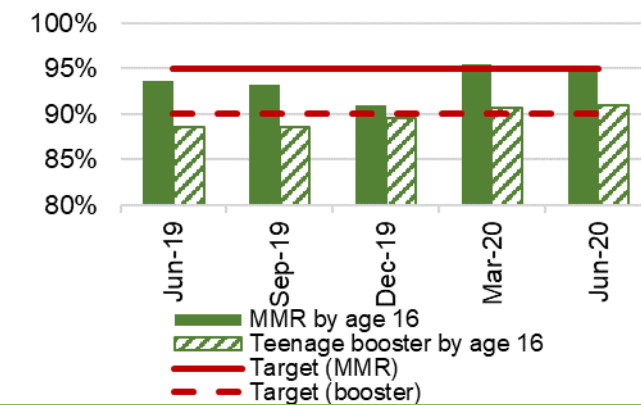
**Chart 5: % children who are up to date in schedule by age 4**



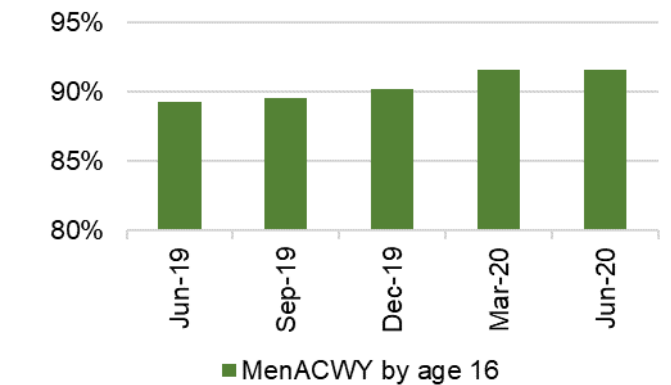
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



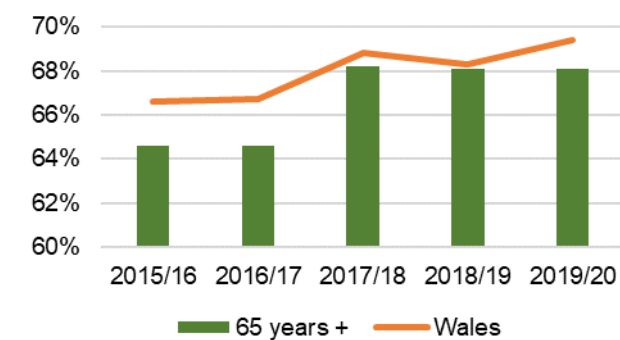
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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

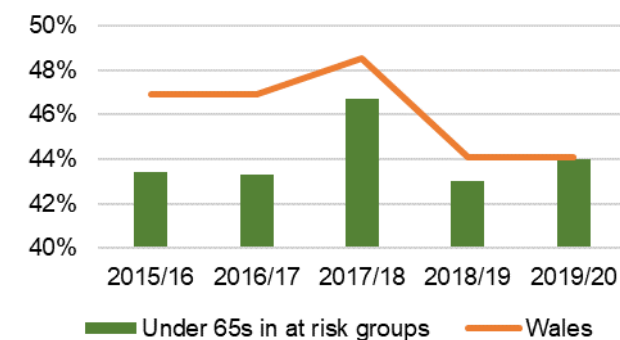


**Chart 9: Influenza uptake for amongst 65 year olds and over**



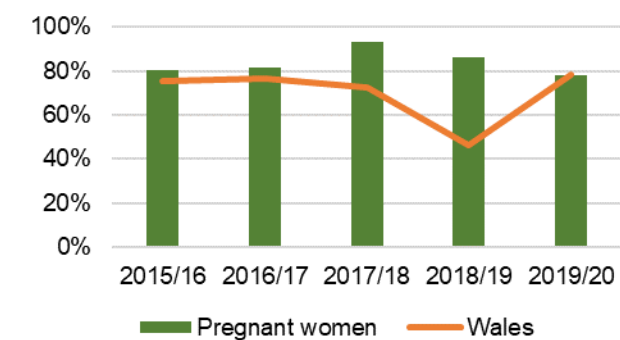
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



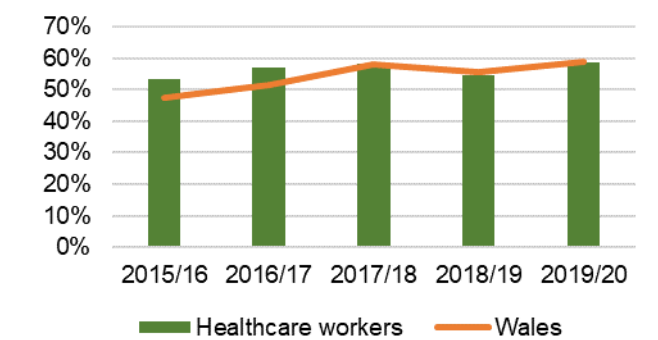
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



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

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

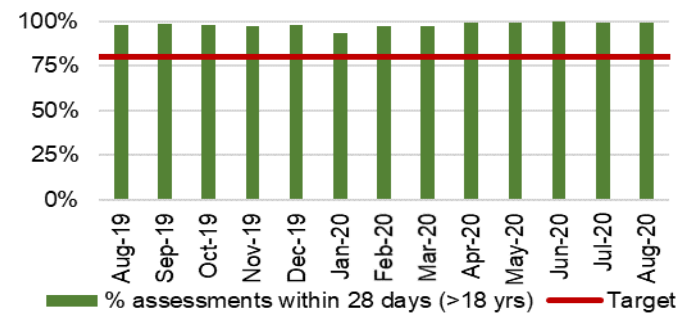


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

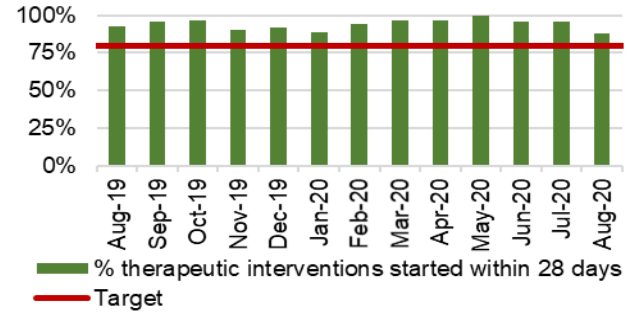
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 7.2 Mental Health Overview

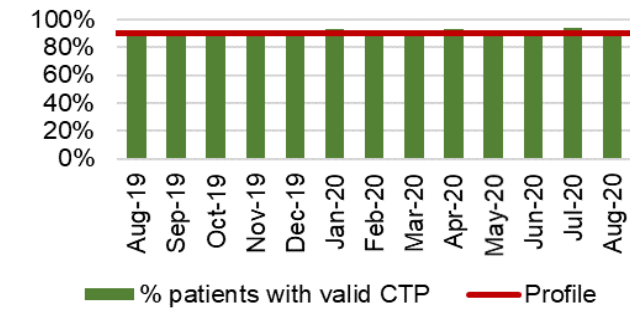
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



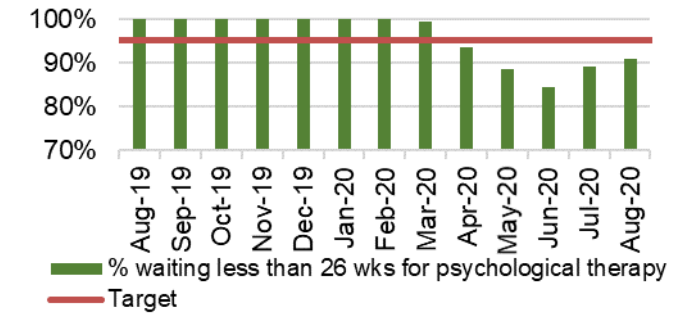
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



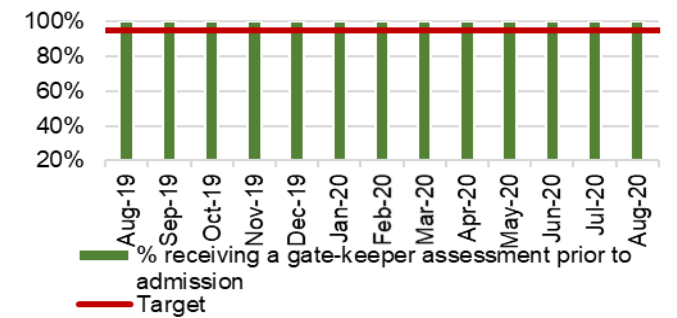
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)**



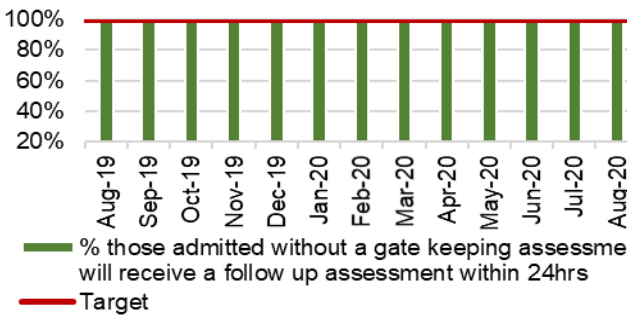
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



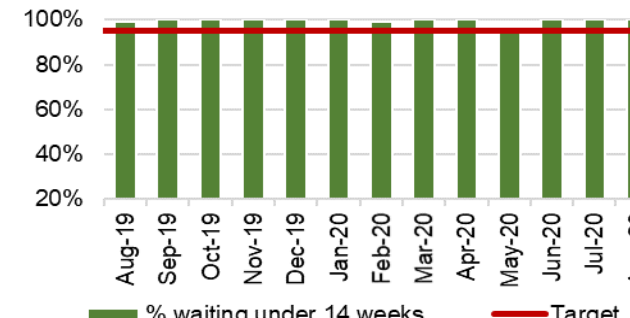
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



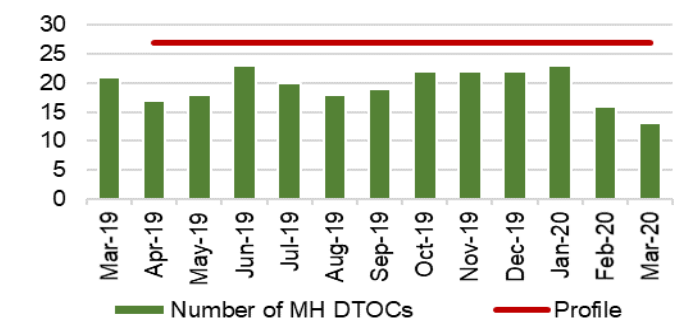
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



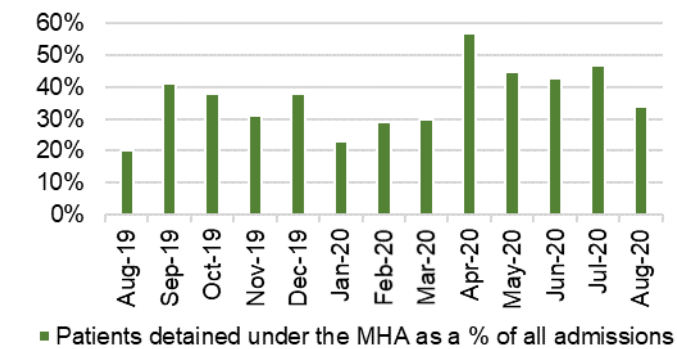
**Chart 7: % of patients waiting under 14 weeks for Therapies**



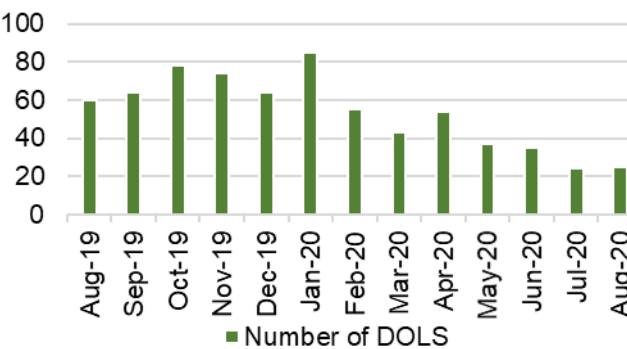
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)**



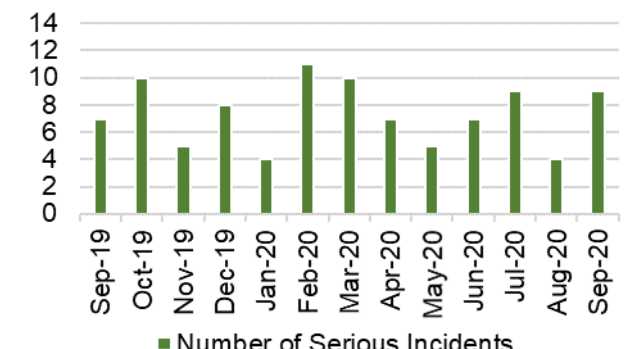
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



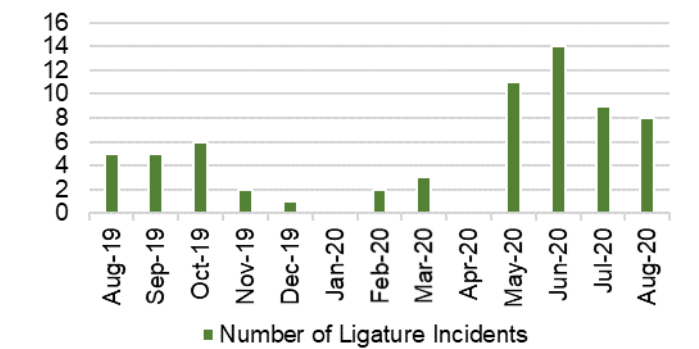
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Serious Incidents**

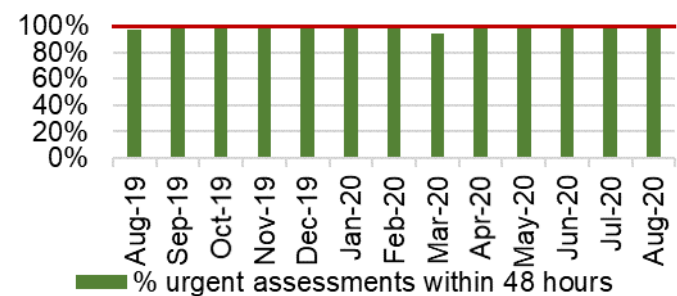


**Chart 12: Number of ligature incidents**

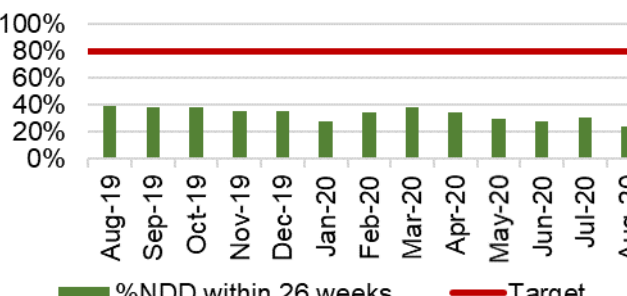


### Child & Adolescent Mental Health Services (CAMHS)

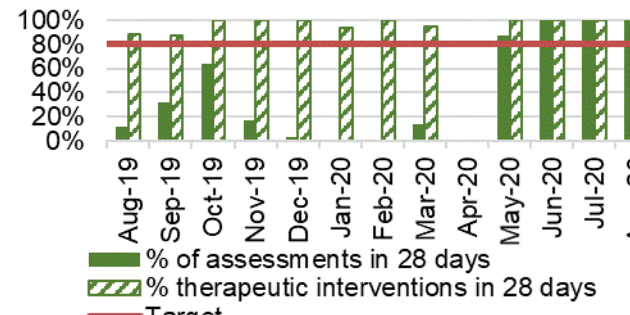
**Chart 13: Urgent assessments undertaken within 24 hours from receipt of referral**



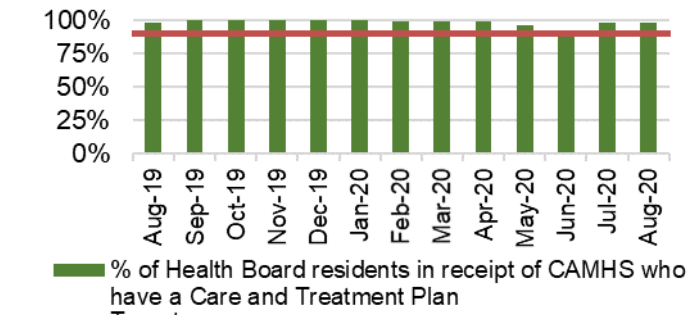
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



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



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



\* Apr-20 data not available

## 7.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In August 2020, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In August 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 88%.</p> <p>3. 92% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in August 2020.</p> <p>4. In August 2020, 91% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-19</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-19</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-19</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>90%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>95%</td><td>95%</td></tr> <tr><td>May-20</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>99%</td><td>95%</td></tr> </tbody> </table> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <table border="1"> <caption>Data for Measure 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>90%</td><td>85%</td></tr> <tr><td>Sep-19</td><td>95%</td><td>85%</td></tr> <tr><td>Oct-19</td><td>95%</td><td>85%</td></tr> <tr><td>Nov-19</td><td>90%</td><td>85%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>85%</td></tr> <tr><td>Jan-20</td><td>85%</td><td>85%</td></tr> <tr><td>Feb-20</td><td>90%</td><td>85%</td></tr> <tr><td>Mar-20</td><td>95%</td><td>85%</td></tr> <tr><td>Apr-20</td><td>95%</td><td>85%</td></tr> <tr><td>May-20</td><td>95%</td><td>85%</td></tr> <tr><td>Jun-20</td><td>90%</td><td>85%</td></tr> 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<tr><td>Aug-20</td><td>92%</td><td>90%</td></tr> </tbody> </table> <p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p> <table border="1"> <caption>Data for Measure 4: % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>90%</td><td>95%</td></tr> <tr><td>Sep-19</td><td>90%</td><td>95%</td></tr> <tr><td>Oct-19</td><td>90%</td><td>95%</td></tr> <tr><td>Nov-19</td><td>90%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>90%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>90%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>90%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>90%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>85%</td><td>95%</td></tr> <tr><td>May-20</td><td>80%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>75%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>80%</td><td>95%</td></tr> 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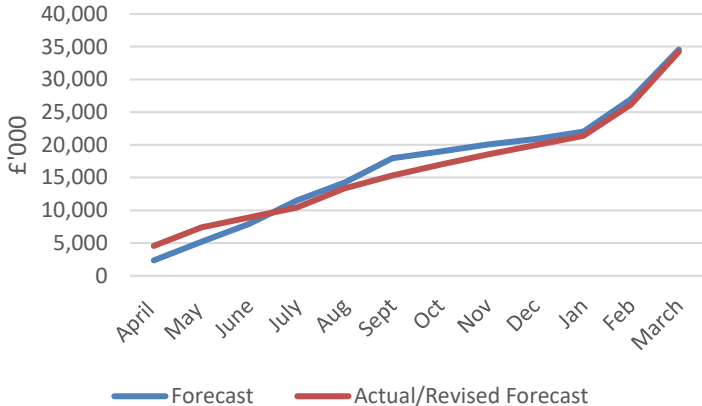
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In August 2020, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 100% of routine assessments were undertaken with 28 days from referral in August 2020 against a target of 80%.</p> <p>3. 86% of therapeutic interventions were started within 28 days following assessment in August 2020.</p> <p>4. 24% of NDD patients received a diagnostic assessment within 26 weeks in August 2020 against a target of 80%.</p> <p>5. 100% of routine assessments by SCAMHS were undertaken within 28 days in August 2020.</p>	<p><b>1. Crisis- assessment within 48 hours</b></p> <p><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p> <p><b>4. NDD- assessment within 26 weeks</b></p> <p><b>5. S-CAMHS % assessments within 28 days</b></p> <p><i>*Data for April 2020 not available for measures 2 and 3</i></p>

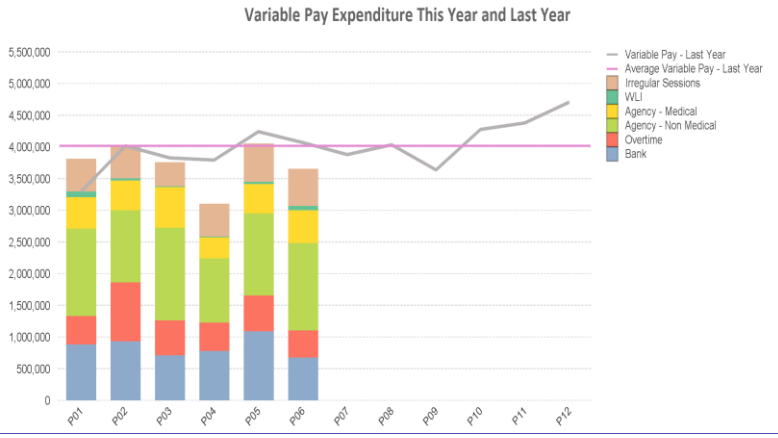
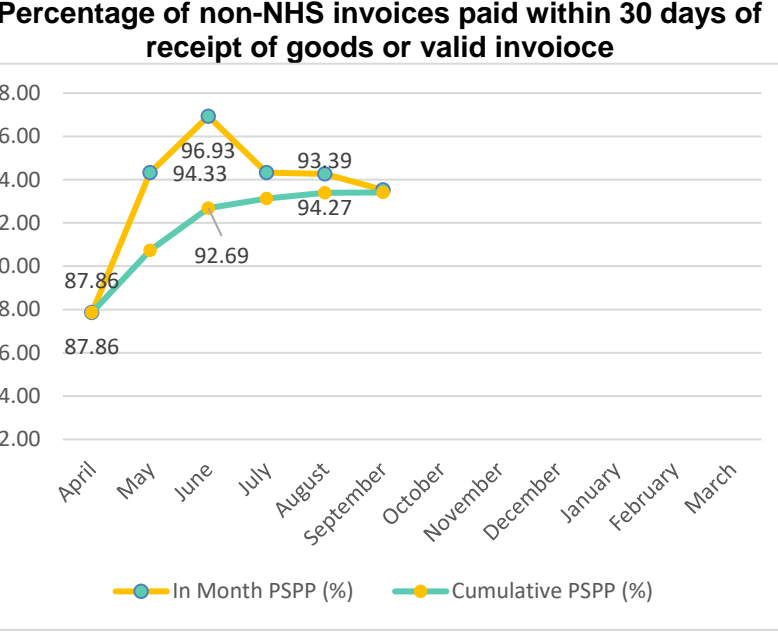


## 8. FINANCE UPDATES

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

Description	Current Performance	Trend																												
<b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit	<ul style="list-style-type: none"><li>The reported revenue financial position for September 2020 is an in-month underspend of £15.903m, resulting in a cumulative overspend of £12.809m.</li><li>This significant underspend reflects the application of WG funding allocations including anticipated allocations in respect of national funding streams.</li><li>The application of this funding provides coverage for the additional costs of incurred and the savings delivery impact of the pandemic.</li><li>The remaining cumulative overspend is made up of :<ul style="list-style-type: none"><li>The planned operational deficit for 2020/21, which to September is £12.2m, and</li><li>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.</li></ul></li></ul>	<div><div>HEALTH BOARD FINANCIAL PERFORMANCE 2020/21</div><table><thead><tr><th>Month</th><th>Operational Position (£'000)</th><th>Savings Delivery (£'000)</th><th>Net COVID Impact (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>2,118</td><td>1,749</td><td>1,529</td></tr><tr><td>M2</td><td>1,101</td><td>1,480</td><td>6,652</td></tr><tr><td>M3</td><td>1,930</td><td>1,476</td><td>-2,707</td></tr><tr><td>M4</td><td>2,147</td><td>1,467</td><td>1,187</td></tr><tr><td>M5</td><td>2,358</td><td>1,310</td><td>3,914</td></tr><tr><td>M6</td><td>2,018</td><td>1,394</td><td>-19,315</td></tr></tbody></table></div>	Month	Operational Position (£'000)	Savings Delivery (£'000)	Net COVID Impact (£'000)	M1	2,118	1,749	1,529	M2	1,101	1,480	6,652	M3	1,930	1,476	-2,707	M4	2,147	1,467	1,187	M5	2,358	1,310	3,914	M6	2,018	1,394	-19,315
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Description	Current Performance	Trend																																							
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2020/21 is an underspend of £0.321m. There are a number of known funding adjustments for submitted schemes, which will neutralise this position.</li> <li>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.</li> <li>The forecast outturn includes latest estimates for COVID expenditure across our surge capacity, Field Hospitals and new ways of working, including home working.</li> </ul>	<p><b>Capital - Cumulative Performance to Plan</b></p>  <table border="1"> <caption>Estimated data for Capital - Cumulative Performance to Plan</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>5,000</td><td>5,000</td></tr> <tr><td>May</td><td>7,500</td><td>7,500</td></tr> <tr><td>June</td><td>10,000</td><td>10,000</td></tr> <tr><td>July</td><td>12,500</td><td>12,500</td></tr> <tr><td>Aug</td><td>15,000</td><td>15,000</td></tr> <tr><td>Sept</td><td>17,500</td><td>17,500</td></tr> <tr><td>Oct</td><td>20,000</td><td>20,000</td></tr> <tr><td>Nov</td><td>22,500</td><td>22,500</td></tr> <tr><td>Dec</td><td>25,000</td><td>25,000</td></tr> <tr><td>Jan</td><td>27,500</td><td>27,500</td></tr> <tr><td>Feb</td><td>30,000</td><td>30,000</td></tr> <tr><td>March</td><td>35,000</td><td>35,000</td></tr> </tbody> </table>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	5,000	5,000	May	7,500	7,500	June	10,000	10,000	July	12,500	12,500	Aug	15,000	15,000	Sept	17,500	17,500	Oct	20,000	20,000	Nov	22,500	22,500	Dec	25,000	25,000	Jan	27,500	27,500	Feb	30,000	30,000	March	35,000	35,000
Month	Forecast (£'000)	Actual/Revised Forecast (£'000)																																							
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March	35,000	35,000																																							

Description	Current Performance	Trend
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The total workforce costs reduced by around £0.6m in September, around £0.45m of this was anticipated as related to phasing of enhancement payments.</li> <li>Variable pay costs have reduced in September due to lower levels of bank and overtime. However it should be noted that Agency costs have remained at the high levels reported in August.</li> </ul>	<p>Variable Pay Expenditure This Year and Last Year</p> 
<b>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</b>	<ul style="list-style-type: none"> <li>The number of invoices paid within 30 days in September was again below the 95% target, with in month performance being 93.52%. The failure to achieve the 95% target in month was due to delays in receipting of purchase orders and in the authorisation of nurse agency invoices.</li> <li>Other health boards in Wales also have issues with PSPP performance for nurse agency invoices and so 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.</li> <li>The September performance has increased the cumulative compliance for the year to date from 93.39% at the end of August to 93.41% at the end of September.</li> </ul>	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> 



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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	
COVID19 related measures	Number of new COVID19 cases	Local	Sep-20	683		Reduce											1,356	293	34	42	65	683	
	Number of staff referred for Antigen Testing	Local	Sep-20	6,371		Reduce											2,291	2,868	3,200	3,431	3,820	6,371	
	Number of staff awaiting results of COVID19 test	Local	Aug-20	0		Reduce											0	19	16	1	0	Data not available	
	Number of COVID19 related incidents	Local	Sep-20	30		Reduce											119	67	40	26	39	30	
	Number of COVID19 related serious incidents	Local	Sep-20	1		Reduce											1	0	2	0	10	1	
	Number of COVID19 related complaints	Local	Sep-20	28		Reduce											69	61	39	58	27	28	
	Number of COVID19 related risks	Local	Sep-20	2		Reduce											18	19	18	4	8	2	
	Number of staff self isolated (asymptomatic)	Local	Aug-20	420		Reduce											851	516	474	422	420		
	Number of staff self isolated (symptomatic)	Local	Aug-20	36		Reduce											860	292	141	70	36		
% sickness	Local	Aug-20	3.5%		Reduce												13.2%	6.0%	4.5%	3.6%	3.5%		
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-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	Sep-20	69%	65%	65%	✔	63.9%		67%	66%	59%	62%	67%	69%	69%	70%	75%	76%	74%	72%	69%	
	Number of ambulance handovers over one hour	National	Sep-20	410	0			1,672		778	827	821	868	848	704	462	61	20	47	120	163	410	
	Handover hours lost over 15 minutes	Local	Sep-20	1,100						2,432	2,778	3,212	3,361	3,545	2,247	1,623	209	125	178	315	418	1,100	
	% 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	Sep-20	76%	95%			77.9%		71%	71%	73%	71%	72%	74%	73%	78%	83%	88%	80%	81%	76%	
	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	Sep-20	537	0			2,966		939	890	927	1,018	1,038	783	557	131	97	81	223	286	537	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Jun-20	97.4%	12 month ↑			89.4%		90.0%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.9%	77.1%	97.4%				
	% 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%		74.0%	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%		29%	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%						42%	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%		95%	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%	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 ↑			44.2%		50%	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%		45.0%			49.6%										
DTCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔	69		19	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		69	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%		30.3%			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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-20	64.0	<67		✓	85.13		81.2	80.8	76.3	78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8	62.5	64.0
	Number of E.Coli bacteraemia cases (Hospital)		Sep-20	7						5	10	5	12	15	15	8	6	6	3	8	8	7
	Number of E.Coli bacteraemia cases (Community)			16						18	15	10	20	18	16	15	8	8	14	17	24	16
	Total number of E.Coli bacteraemia cases			23						23	25	15	32	33	31	23	14	14	17	25	32	23
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-20	30.7	<20		✗	53.55		34.9	35.6	35.4	35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1	28.2	30.7
	Number of S.aureus bacteraemias cases (Hospital)		Sep-20	7						3	11	8	7	6	6	4	4	2	4	3	5	7
	Number of S.aureus bacteraemias cases (Community)			7						5	2	3	4	7	2	5	6	4	8	3	7	7
	Total number of S.aureus bacteraemias cases			14						8	13	11	11	13	8	9	10	6	12	6	12	14
	Cumulative cases of C.difficile per 100k pop		Sep-20	51.2	<26		✗	21.34		29.3	33.4	35.8	35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3	50.2	51.2
	Number of C.difficile cases (Hospital)		Sep-20	12						8	13	13	7	6	11	5	9	6	14	7	9	12
	Number of C.difficile cases (Community)			6						2	6	4	4	5	4	3	2	10	6	4	14	6
	Total number of C.difficile cases			18						10	19	17	11	11	15	8	11	16	20	11	23	18
	Cumulative cases of Klebsiella per 100k pop		Sep-20	21.0				27.73		23.6	22.0	22.3	21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0	22.1	21.0
	Number of Klebsiella cases (Hospital)		Sep-20	3						7	4	4	4	7	2	4	1	4	4	3	6	3
	Number of Klebsiella cases (Community)			2						2	0	4	2	1	1	3	5	2	5	2	4	2
	Total number of Klebsiella cases			5				127		9	4	8	6	8	3	7	6	6	9	5	10	5
	Cumulative cases of Aeruginosa per 100k pop		Sep-20	5.6						9.8	8.8	8.1	7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2	6.7	5.6
	Number of Aeruginosa cases (Hospital)		Sep-20	0						2	1	1	1	2	1	1	2	3	0	0	0	0
	Number of Aeruginosa cases (Community)			0						0	0	0	1	1	0	0	0	2	0	1	3	0
	Total number of Aeruginosa cases			0				37		2	1	1	2	3	1	1	2	5	0	1	3	0
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-20	96%		95%	✓			96%	97%	97%	96%	97%	93%	99%	98%	99%	98%	98%	94%	96%
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jun-20	95%		95%	✓			87.0%			92.0%							95.0%		
	% stop or review date documented on medication chart		Jun-20	51%		95%	✗			63.0%			51.0%							51.0%		
	% of antibiotics prescribed on stickers		Jun-20	0%		95%	✗			81.0%			86.0%							0.0%		
	% appropriate antibiotic prescriptions choice		Jun-20	96%		95%	✓			96.0%			99.0%							96.0%		
	% of patients receiving antibiotics for >7 days		Jun-20	11%		<20%	✓			15.0%			10.0%							11.0%		
	% of patients receiving surgical prophylaxis for > 24 hours		Jun-20	80%		<20%	✗			40.0%			50.0%							80.0%		
	% of patients receiving IV antibiotics > 72 hours		Jun-20	49%		<30%	✗			41.0%			48.0%							49.0%		
Serious incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-20	20%	90%	80%	✗			20%	47%	55%	38%	28%	29%	30%	7%	29%	0%	0%	50%	20%
	Number of new Never Events	National	Sep-20	0	0	0	✓			0	1	0	1	1	0	0	0	0	1	0	0	0
	Number of risks with a score greater than 20	Local	Sep-20	117		12 month ↓	✗			103	104	105	109	111	114	108	109	101	110	115	121	117
	Number of risks with a score greater than 16	Local	Sep-20	206		12 month ↓	✗			197	204	200	202	205	204	198	202	193	204	204	210	206
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-20	37		12 month ↓	✗			9	20	22	24	30	41	31	25	29	18	19	37	
	Number of pressure ulcers developed in the community		Aug-20	25		12 month ↓	✗			25	29	31	24	26	25	39	34	33	34	28	25	
	Total number of pressure ulcers		Aug-20	62		12 month ↓	✗			34	49	53	48	56	66	70	59	62	52	47	62	
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-20	4		12 month ↓	✓			1	2	2	2	2	3	1	2	0	1	0	4	
	Number of grade 3+ pressure ulcers acquired in community		Aug-20	5		12 month ↓	✗			8	2	8	3	5	8	8	4	6	9	4	5	
	Total number of grade 3+ pressure ulcers		Aug-20	9		12 month ↓	✓			9	4	10	5	7	11	9	6	6	10	4	9	
Inpatient Falls	Number of Inpatient Falls	Local	Sep-20	219		12 month ↓	✓			241	255	240	297	249	207	210	193	209	196	208	227	219
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Aug-20	97%	95%	95%	✓			100.0%	95.9%	100.0%	98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	95.5%	96.6%	
	Stage 2 mortality reviews required	Local	Aug-20	11						9	17	9	15	16	8	9	10	11	10	10	11	
	% stage 2 mortality reviews completed	Local	Jun-20	50%		100%	✗			89.0%	64.7%	78.0%	67.0%	75.0%	44.4%	0.0%	30.0%	27.3%	50.0%			
	Crude hospital mortality rate (74 years of age or less)	National	Aug-20	0.90%	12 month ↓			1.21%		0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	0.90%	
	% 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	Sep-20	94%		98%	✗			96.0%	94.5%	93.7%	96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%	92.4%	93.6%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Aug-20	96%	95%	95%	✓			96%	96%	93%	95%	96%	95%	94%	94%	97%	97%	96%	96%	
	% of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%		2019/20= 91.4%												
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-20	70%		100%	✗			61.0%	63.0%	63.0%	65.0%	66.0%	67.0%	68%	61%	63%	67%	63%	66%	70%
Workforce	Agency spend as a % of the total pay bill	National	May-20	3.21%	HB target TBC			4.08%		4.92%	4.09%	4.31%	4.07%	4.95%	4.69%	4.46%	4.04%	3.21%				
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-20	58%	85%	85%	✗	62.1%		71%	67%	69%	70%	72%	74%	72%	68%	63%	60%	59%	58%	58%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-20	80%	85%	85%	✗	79.7%		78%	79%	80%	80%	81%	82%	83%	82%	79%	79%	80%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Aug-20	7.03%	12 month ↓			5.96%		5.98%	6.04%	6.05%	6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	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%		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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Jul-20	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	88%	88%	88%	88%	88%				
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jul-20	97%	Annual ↑	95%	✓			95%	97%	97%	97%	97%	97%	97%	97%	97%	97%				
	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7%		2019/20=38.8%													
	% of population regularly accessing NHS primary dental care	Local	Sep-19	61.5%	4 quarter ↑			55%		61.5%													
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 19/20	78.8%	4 quarter ↑			68.30%		78.8%													
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Aug-20	24.7%	4 quarter ↓			32.2%		32.7%	33.8%	32.1%	32.3%	31.6%	31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	24.7%		
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	Sep-20 (draft)	88.0%	98%			94.4%		91%	98%	95%	92%	99%	93%	93%	97%	82%	85%	90%	91%	88%	
	% 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	Sep-20 (draft)	78.0%	95%			81.6%		86%	84%	86%	92%	86%	78%	85%	81%	86%	88%	91%	91%	78%	
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Sep-20 (draft)	65.0%	12 month ↑			77.9%		73.0%	70.0%	71.0%	77.0%	71%	66%	76%	71%	72%	73%	82%	80%	65%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Sep-20	60.0%	80%		✗			46.0%	54.0%	50.0%	43.0%	34.0%	28.0%	56.0%	49.0%	46.0%	57.0%	71.0%	63.0%	60.0%	
	Scheduled (28 Day Target)	Local	Sep-20	86.0%	100%		✗			72.0%	73.0%	75.0%	63.0%	60.0%	58.0%	77.0%	86.0%	84.0%	93.0%	97.0%	92.0%	86.0%	
	Urgent SC (7 Day Target)	Local	Sep-20	14.0%	80%		✗			56.0%	62.0%	56.0%	53.0%	50.0%	52.0%	48.0%	45.0%	33.0%	65.0%	57.0%	57.0%	14.0%	
	Urgent SC (14 Day Target)	Local	Sep-20	92.0%	100%		✗			89.0%	86.0%	88.0%	79.0%	79.0%	92.0%	89.0%	91.0%	83.0%	90.0%	97.0%	91.0%	92.0%	
	Emergency (within 1 day)	Local	Sep-20	100.0%	80%		✓			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Emergency (within 2 days)	Local	Sep-20	100.0%	100%		✓			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Elective Delay (21 Day Target)	Local	Sep-20	58.0%	80%		✗			46.0%	30.0%	38.0%	35.0%	58.0%	56.0%	84.0%	76.0%	83.0%	92.0%	52.0%	46.0%	58.0%	
	Elective Delay (28 Day Target)	Local	Sep-20	60.0%	100%		✗			48.0%	38.0%	44.0%	58.0%	68.0%	73.0%	94.0%	88.0%	100.0%	100.0%	97.0%	75.0%	60.0%	
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-20	7,666	0			62,024		294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510	8,070	7,666	
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-20	1,350	0			11,786		0	1	0	0	0	1	51	387	982	1,646	1,554	1,518	1,350	
	% of patients waiting < 26 weeks for treatment	National	Sep-20	41.0%	95%			48.2%		85.1%	84.5%	84.1%	82.6%	81.8%	82.3%	80.2%	72.3%	64.0%	59.5%	52.4%	46.5%	41.0%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-20	23,069	0					1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497	23,069	
	Number of patients waiting > 36 weeks for treatment	National	Sep-20	26,046	0			148,907		3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,248	13,419	18,078	22,494	26,046	
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-20	120,962	35% reduction by March 2021	111,891	✗	767,468		132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969	120,962	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-20	24,472		18,598	✗	192,176		23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209	24,472	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Sep-20	47.7%	95%			46.6%		65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	76.2%	69.9%	64.1%	63.4%	55.5%	50.9%	47.7%	
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	6.3%	12 month ↓					6.5%	6.6%	6.7%	7.4%	6.5%	6.0%	5.6%	4.7%	3.1%	4.4%	3.9%	4.7%	6.3%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-20	7.1%	12 month ↓					8.0%	7.9%	7.5%	8.0%	7.7%	6.9%	6.5%	5.6%	3.5%	4.7%	5.2%	6.0%	7.1%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-20	75.0%		90%	✗			67%	69%	70%	56%	63%	66%	35%	6%	11%	16%	42%	90%	75%	
	% of theatre sessions starting late	Local	Sep-20	48.5%		<25%	✗			43%	42%	51%	46%	44%	43%	38%	45%	43%	46%	51%	46%	49%	
	% of theatre sessions finishing early	Local	Sep-20	39.0%		<20%	✗			43%	38%	41%	43%	41%	42%	40%	43%	45%	36%	37%	28%	39%	
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		3,245	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%		98.5%				98.6%			98.7%						

Harm from reduction in non-Covid activity																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 19/20	323.9	4 quarter ↓			312.7		279.1			336.5			323.9						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 19/20	1,474	qtr on qtr ↓			10,006		1,470			1,474			1,476						
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National			Quarter on quarter ↓												New measure for 2020/21- awaiting data					
	Opioid average daily quantities per 1,000 patients	National	Q4 19/20	4,329.0	4 quarter ↓			4,429		4,486			4,409			4,329						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 19/20	80.7%	Quarter on quarter ↑			82.9%		80.0%			80.2%			80.7%						
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	Local	Q4 19/20	12.8	4 quarter ↓			12.0		13.3			13.6			12.8						
Patient experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2018/19= 6.4												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2018/19= 93.7%												
	% 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	Sep-20	2,804		12 month ↑	✗			2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502	625	2,804
	% of who would recommend and highly recommend	Local	Sep-20	93%		90%	✓			95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%	83%	93%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Sep-20	84%		90%	✗			85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%	83%	84%
Complaints	Number of new formal complaints received	Local	Sep-20	114		12 month trend ↓	✓			110	159	137	87	142	113	92	37	54	77	79	81	114
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-20	79%	75%	80%	✗	58.6%		85%	83%	76%	75%	83%	76%	48%	81%	81%	75%	79%		
	% of acknowledgements sent within 2 working days	Local	Sep-20	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 19/20	102	10% annual ↑	102	✓			57			84			102						
	Number of Health and Care Research Wales commercially sponsored studies		Q4 19/20	36	5% annual ↑	37	✗			26			31			36						
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 19/20	1,505	10% annual ↑	2,081	✗			618			1,109			1,505						
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 19/20	205	5% annual ↑	138	✓			93			179			205						

Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2019/20	34.2%	Annual ↑			35.30%		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%		96%			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%		93%			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%		1.5%	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%		55%			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		435.0			406.5			383.9						
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 20/21	49%	4 quarter ↑			59.9%		44.7%			27.4%			48.7%			49.0%			
Influenza	% uptake of influenza among 65 year olds and over	National	2019/20	68.0%	75%			69.4%			49.3%	62.0%	66.2%	68.7%	68.0%	68.1%	Data collection restarts October 2020					
	% uptake of influenza among under 65s in risk groups	National	2019/20	43.4%	55%			44.1%			14.7%	32.0%	39.2%	42.8%	43.4%	44.0%						
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5%							78.2%							
	% uptake of influenza among children 2 to 3 years old	Local	2019/20	50.3%				41.5%			0.8%	24.0%	42.1%	48.2%	50.3%	50.3%						
	% uptake of influenza among healthcare workers	National	2019/20	58.7%	60%			58.7%			42.0%	55.0%	56.0%	58.7%	58.7%	58.7%						
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3%		2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data)												
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8%		2018/19= 73.6% (data relates to ABMU, awaiting disaggregation of SBU data)												
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2%		2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data)												
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-20	100%		100%	✓			100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-20	24%	80%	80%	✗	30.6%		38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	30%	24%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-20	100%	80%	80%	✓	74.5%		98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	100%	100%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-20	100%		80%	✓	87.4%		32%	63%	17%	4%	0%	0%	14%		88%	100%	100%	100%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-20	86%		80%	✓	74.3%		87%	100%	100%	100%	94%	100%	94%		100%	100%	100%	86%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-20	100%		80%	✓			98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	100%	100%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-20	98%		90%	✓	88.8%		100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	98%	98%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Aug-20	99%	80%	80%	✓	91.7%		98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	99%	99%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-20	88%	80%	80%	✓	90.0%		96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	96%	88%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-20	91%	95%	95%	✗	61.4%		100%	100%	100%	100%	100%	100%	100%	93%	89%	84%	89%	91%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-20	92%	90%	90%	✓	85.3%		92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	94%	92%	
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%		2018/09= 59.4%												