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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25th August 2020	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Hannah Roan, Head of Performance & Commissioning (interim)		
Report Sponsor	Darren Griffiths, Director of Finance and Performance (interim)		
Presented by	Darren Griffiths, Director of Finance and Performance (interim)		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
Key Issues	<p>The Quality and Safety 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>In addition, RAGing has not been applied to the targeted intervention priorities from the 1st April 2020 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. The profiles will need to be revised once the pandemic has subsided and services start to return to a new level of normality.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>Quadrants of harm- Traditionally the layout of this performance report is aligned to the quadruple aims of the NHS Delivery Framework. However, since the COVID-19 outbreak the focus has been on measuring harm therefore, the layout of this report has been restructured to align with the four quadrants of harm set out in the NHS Wales Covid-19 Operating Framework for Quarter 2. The Health Board's position against all of the national measures from the Delivery Framework is included in this report along with a number of local COVID-19 specific measures.</p>		

	<p>Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board is steadily increasing which is reflected in a moderately worsening picture for 4 and 12 hour A&E waiting times targets and ambulance handovers at Morriston Hospital. Despite an in-month deterioration in performance between June and July 2020, performance continues to be better than the same period in 2019 and remains above 80%.</p> <p>Planned Care- waiting times continue to increase for first outpatient appointments and treatment following direction from Welsh Government in March 2020 to suspend all non-urgent outpatient appointments (ensuring that urgent appointments are prioritised) and to suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery). This increase is mirrored in both diagnostic and therapy waiting times. Our clinical services continue to work on reinstating activity in a planned and safe way in alignment with the Quarter 2 Operational Plan.</p> <p>Cancer- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days reduced again in July 2020 and was the best position since March 2020. The percentage of USC patients treated within 62 days remains above 80% this year, although the position is challenging as a result of increasing referrals and continuing restrictions due to COVID-19. July's figures are in the process of being validated at the time of writing this report.</p> <p>Mental Health- performance against the Mental Health Measures is being maintained and all targets were achieved in June 2020. Psychological therapies continues to struggle to achieve the 26 weeks access target, falling below 85% in June 2020.</p> <p>Child and Adolescent Mental Health Services (CAMHS)-access to CAMHS remains exceptionally high for all measures with the exception of the Neurodevelopmental Disorder (NDD) access measure which was 28% in June 2020 against the 80% target.</p> <p>Healthcare Acquired Infections- In July 2020, the number of c.difficile cases in Swansea Bay reduced for the first time in a number of months, however the cumulative number of cases between April and July 2020 remains 57% higher than the same period in 2019/20.</p> <p>Serious Incidents closures- Performance against the 80% target remained poor at 0% in June and July 2020. 11 closure forms were due in July 2020 however, none were submitted within timeframe. Mental Health & Learning Disabilities Unit continues to account for the largest proportion of serious incidents accounting for 10 out of the 11 forms due for closure in July 2020.</p>
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	Patient experience- the overall amount of patient feedback collated since March 2020 has significantly reduced however the number of completed surveys has slowly increased month on month since April 2020. The overall satisfaction rate reduced significantly in June 2020 to 79% however it improved in July 2020 to 91%.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY 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 iteration of the performance report and that the performance report would have reduced coverage to focus on key performance areas which continue to be routinely reported and where data integrity can be assured.

With this in mind this Quality & Safety Performance report has been stripped back from its usual content to reflect the revised reporting arrangements, to reflect that some data is currently not being captured, but to also provides an overview of the shifts in system delivery. Set out below are the high level areas that will continue to be reported: -

- Mental health
- Unscheduled care
- Planned care (including delayed follow ups)
- Cancer
- Infection control
- Quality and Safety measures to include (serious incidents, complaints response times, pressure ulcers and falls)

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 except for planned care.

5. RECOMMENDATION

Members are asked to:

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

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

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

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

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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in July 2020. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

August 2020



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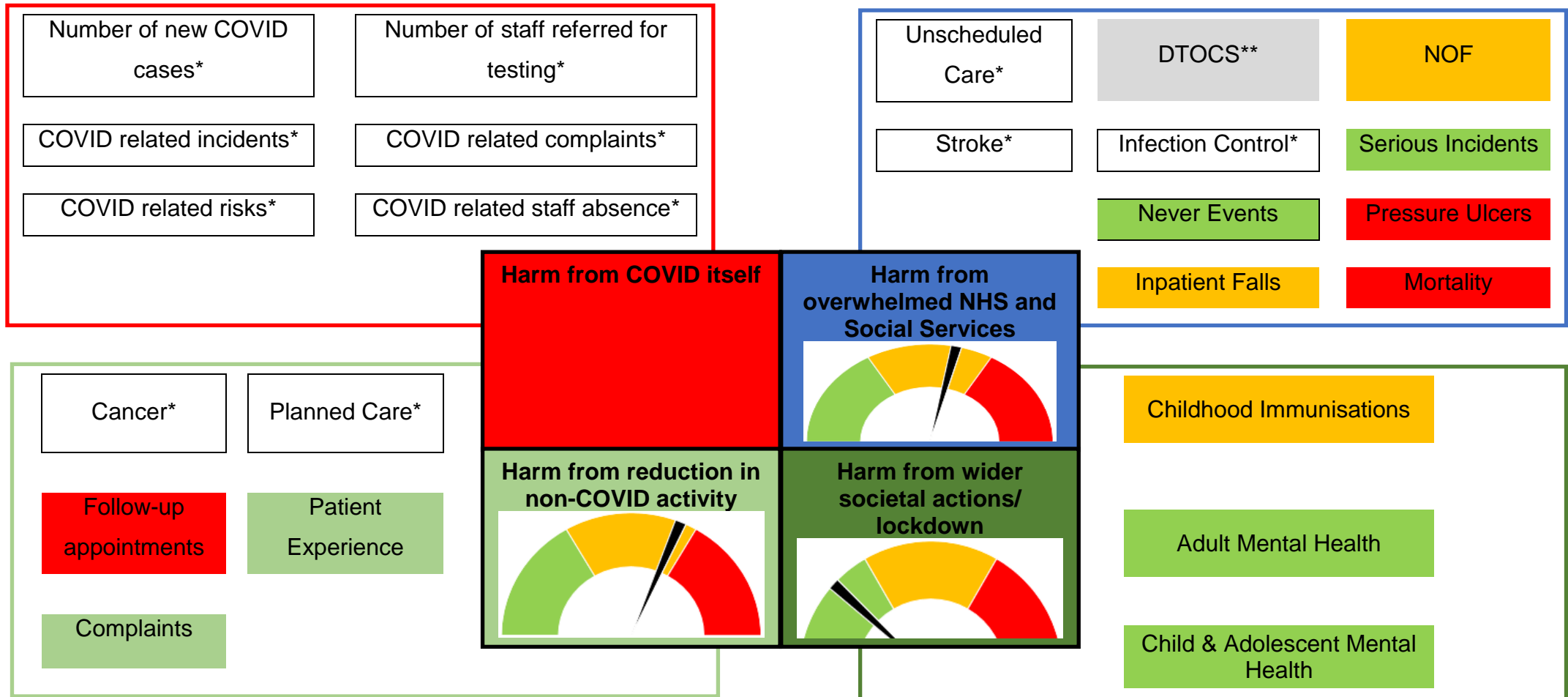
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

Key messages for consideration of the committee arising from the detail in this report below are:-

- Q&S report detail is reduced to reflect data capture currently available.
- The structure of the Q&S report is now aligned with the quadrants of harm from the Q2 Operational Plan.
- Adult Mental health access performance remains excellent and CAMHS access is improving (with five out of the seven measures achieving 100% in July 2020 including access to urgent assessments within 48 hours).
- Steadily increasing demand on unscheduled care system is resulting in a deterioration in performance, although levels of demand remain lower than previous years.
- Significant change in the planned care system with referral numbers slowing increasing, but fewer treatments; the net effect of this is that the total waiting list size is increasing and patients are waiting longer.
- USC referral numbers are starting to increase. The backlog of patients requiring treatment (above 63 days) is reducing, however treating patients within target is challenging.
- *C.difficile* remains an area of concern with cumulative cases to date this financial year significantly exceeding the number of cases for the same period in 2019/20.
- The total number of pressure ulcers and grade 3 + pressure ulcers is increasing particularly in the Morriston and Singleton Hospitals and the community.
- Concerns response performance improved in May 2020 and achieved the 80% target. The number of formal complaints received continues to be lower than usual.
- The number of Friends & Family surveys completed is increasing and the overall recommendation rate is 91% in July 2020.
- Serious Incident numbers have reduced. SI closure performance was exceptionally poor in June and July 2020 (0%)
- No new Never Event recorded in July 2020.
- Fractured neck of femur performance in May 2020 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with May 2019.

2. QUADRANTS OF HARM SUMMARY

The following is a summary of all the key performance indicators included in this report. It would be helpful to discuss with the committee a methodology for measuring the newly created “harm from COVID itself” quadrant.



NB- RAG status is against national or local target

** Data not available

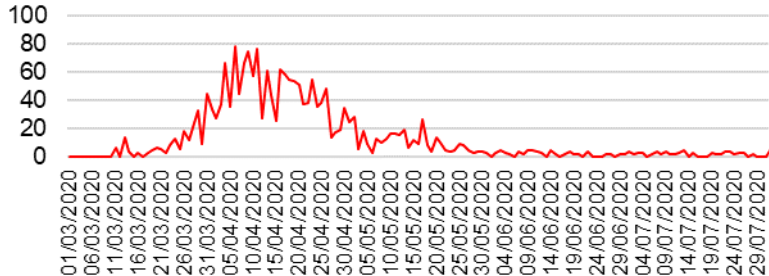
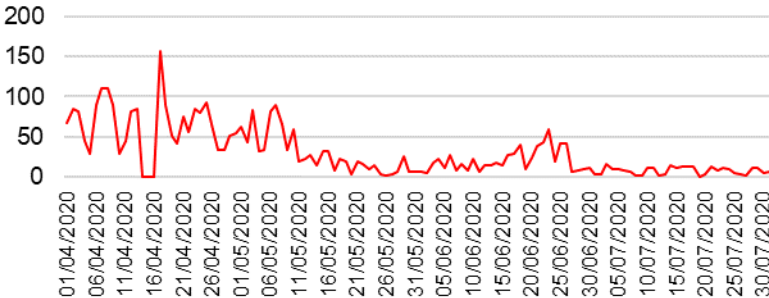
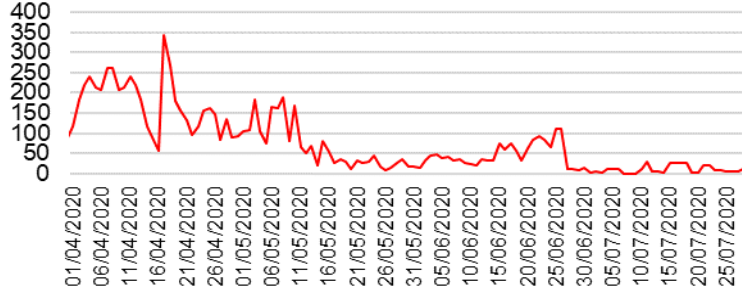
*No RAG status provided due to the absence of local profiles

3. HARM QUADRANT- HARM FROM COVID ITSELF

3.1 Overview

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Number of new COVID19 cases	HB Total													1,356	293	34	42
Number of staff referred to the Community Testing Unit (CTU)	HB Total													1,969	735	296	240
Number of staff awaiting results of COVID19 test	HB Total													90	19	16	3
Number of COVID19 related incidents	HB Total													119	66	40	24
Number of COVID19 related serious incidents	HB Total													1	0	2	0
Number of COVID19 related complaints	HB Total													69	61	37	57
Number of COVID19 related risks	HB Total													13	15	8	4
Number of staff self isolated (asymptomatic)	Medical													81	39		
	Nursing Registered													270	166		
	Nursing Non Registered													148	105		
	Other													352	206		
Number of staff self isolated (symptomatic)	Medical													90	13		
	Nursing Registered													289	117		
	Nursing Non Registered													177	67		
	Other													304	95		
% sickness	Medical													15%	4%		
	Nursing Registered													14%	7%		
	Nursing Non Registered													17%	8%		
	Other													11%	5%		
	All													13%	6%		

3.2 Updates on key measures

Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred to the Community Testing Unit (CTU)</p> <p>3. Number of staff waiting results of Antigen test</p>	<p>1. Number of new COVID cases In July 2020, there were an additional 42 positive cases recorded bringing the cumulative total to 1,976 since March 2020. On average, there was 1 new case per day in July 2020 compared with an average of 45 new cases during the peak of COVID19 in April 2020.</p> <p>2. Staff referred to the Community Testing Unit (CTU) In July 2020, 240 members of staff were referred to the CTU. A total of 4,012 staff Antigen tests have been carried out since data collection began in March 2020 of which 940 were positive (23% positive result rate).</p> <p>3. Number of staff awaiting results of Antigen test The number of staff awaiting the result of their Antigen test has significantly reduced since April 2020, when the highest recorded daily number was 344 members of staff waiting. The monthly figures for this measure are based on a snapshot on the last working day rather than a cumulative total as there is a risk of double counting as the same member of staff could be waiting a number of days and therefore included in multiple daily figures. As at the 31st July 2020, there were 3 members of staff waiting for their test result. Even though this number changes on a daily basis, throughout July 2020 the daily numbers have remained low.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p>  <p>2. Number of staff referred to the community testing unit</p>  <p>3. Number of staff awaiting Antigen test result</p> 

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




4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Overview

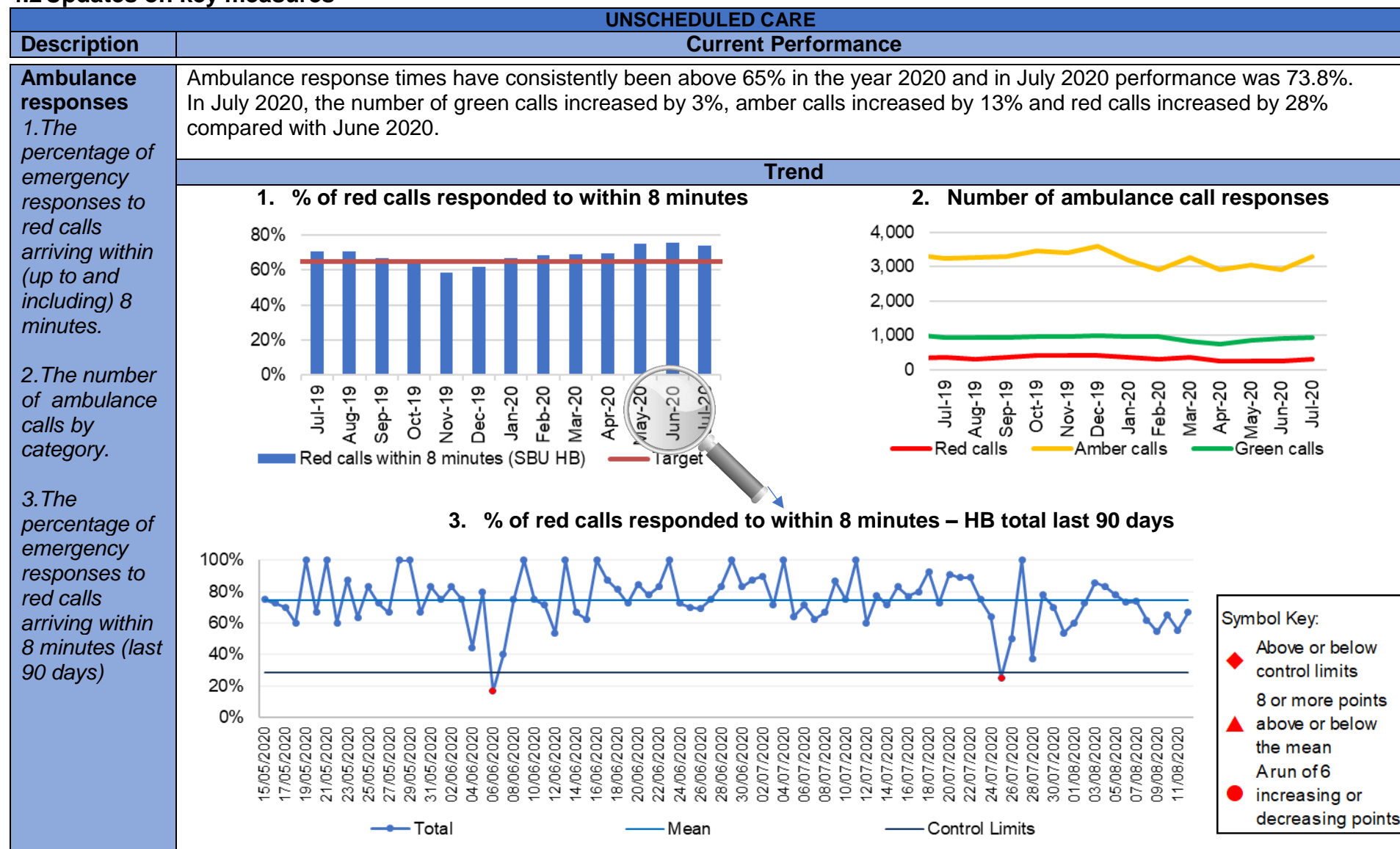
Harm from overwhelmed NHS and social care system																				
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU															
					Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			
Unscheduled Care																				
Number of ambulance handovers over one hour	Morrison	0			550	599	746	802	799	830	820	664	433	43	19	45	116			
	Singleton				44	33	32	25	22	38	28	40	29	18	1	2	4			
	Total				594	632	778	827	821	868	848	704	462	61	20	47	120			
% 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	Morrison	95%			64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%	63.1%	69.8%	75.6%	82.3%	71.8%			
	NPTH				95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%	96.3%	99.5%	99.9%	99.4%	99.8%			
	Singleton				MIU closed															
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	0			74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%	72.8%	78.4%	83.5%	87.7%	80.1%			
	NPTH				642	740	939	889	926	1,017	1,038	783	557	130	97	81	223			
	Singleton				0	0	0	1	1	1	0	0	0	1	0	0	0			
					MIU closed															
	Total				642	740	939	890	927	1,018	1,038	783	557	131	97	81	223			
Stroke																				
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morrison	59.8%			57%	42%	29%	55%	55%	39%	24%	62%	47%	Data not available		53%	57%			
	Total	(UK SNAP average)			57%	42%	29%	55%	55%	39%	24%	62%	47%			53%	57%			
% of patients who receive a CT scan within 1 hour	Morrison	54.5%			59%	48%	42%	47%	49%	44%	43%	38%	43%			49%	48%			
	Total	(UK SNAP average)			59%	48%	42%	47%	49%	44%	43%	38%	43%			49%	48%			
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morrison	84.2%			98%	95%	95%	94%	98%	100%	90%	97%	98%			100%	95%			
	Total	(UK SNAP average)			98%	95%	95%	94%	98%	100%	90%	97%	98%			100%	95%			
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45	Morrison	12 month			40%	27%	0%	0%	0%	20%	0%	0%	0%			30%	25%			
	Total	improvement trend			40%	27%	0%	0%	0%	20%	0%	0%	0%			30%	25%			
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			48%	48%	50%	49%	45%	38%	33%	28%	33%				31%	44%		
Fractured Neck of Femur (NOF)																				
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			73.4%	74.6%	76.3%	76.2%	77.1%	78.7%	79.8%	79.3%	79.1%	79.4%	80.3%					
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			56.6%	57.8%	59.6%	59.5%	60.4%	57.3%	56.8%	58.3%	57.5%	56.5%	57.8%					
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			66.7%	68.0%	69.0%	70.5%	69.8%	71.2%	73.0%	73.2%	74.5%	75.1%	75.8%					
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			67.3%	69.3%	71.1%	73.2%	73.2%	74.5%	72.8%	73.2%	73.3%	73.6%	74.7%					
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			31.7%	31.7%	35.2%	38.3%	40.4%	45.3%	48.6%	51.8%	54.7%	56.0%	59.4%					
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			70.3%	69.5%	70.2%	70.9%	72.1%	72.7%	73.3%	72.3%	73.1%	74.1%	74.3%					
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend			8.2%	8.5%	8.3%	7.8%	7.8%	8.1%	7.8%									
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			90.5%	82.6%	89.7%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.6%						

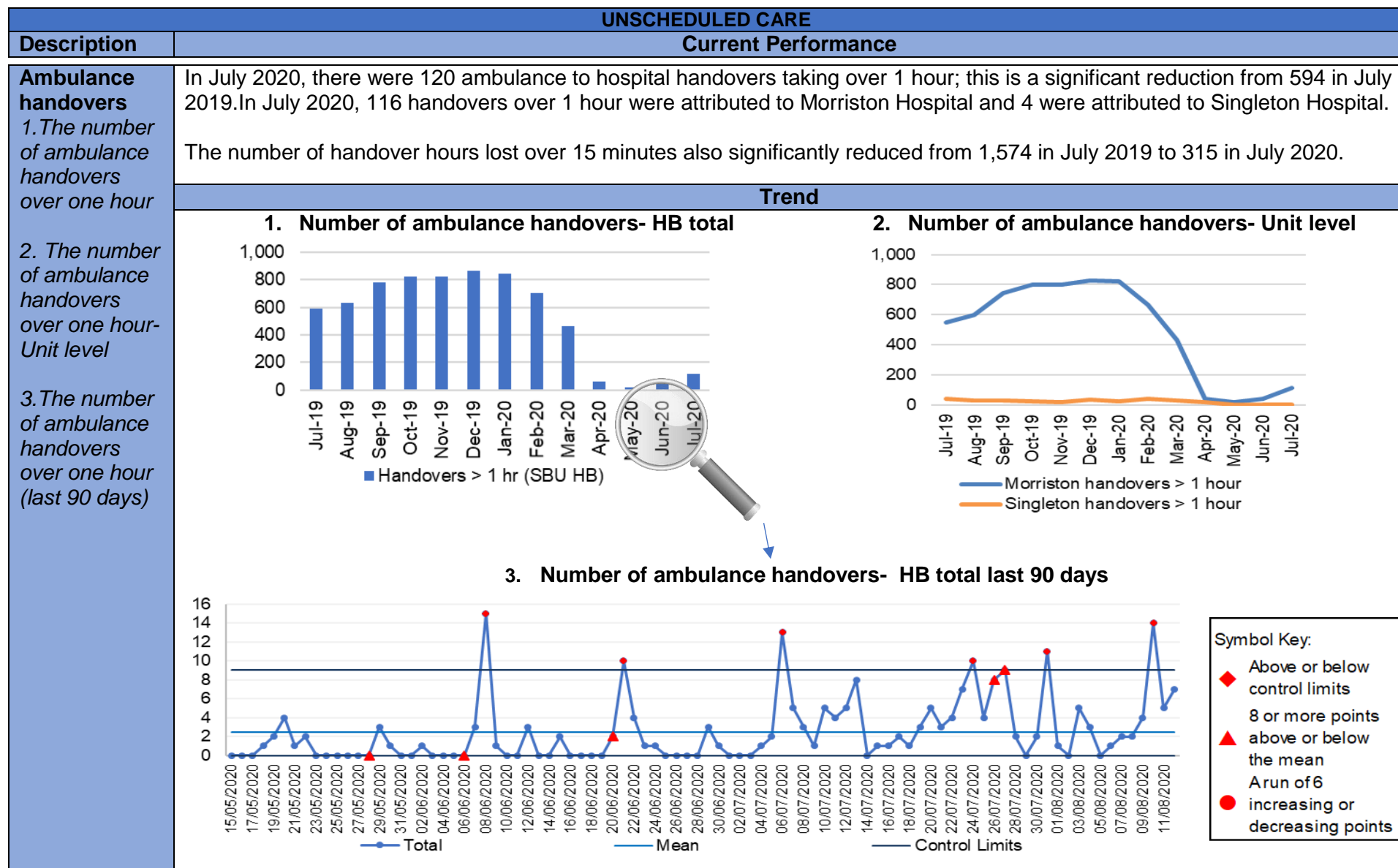
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend			21	13	18	15	10	20	18	16	15	8	8	14	17
	PCCS Hospital				0	1	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	1	0	0	0
	Morrison				12	4	5	5	3	7	10	6	6	3	3	1	5
	NPTH				0	1	0	3	1	1	0	1	2	1	2	1	0
	Singleton				2	3	0	2	1	4	5	8	0	1	1	1	3
	Total				35	22	23	25	15	32	33	31	23	14	14	17	25
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend			9	3	5	2	3	4	7	2	5	6	4	8	3
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				6	2	2	7	4	4	4	3	1	3	1	3	2
	NPTH				1	0	1	1	0	0	1	1	0	0	0	0	0
	Singleton				1	2	0	3	4	3	1	2	3	1	1	1	1
	Total				17	7	8	13	11	11	13	8	9	10	6	12	6
Number of C.difficile cases	PCCS Community	12 month reduction trend			4	5	2	6	4	4	5	4	3	2	10	6	4
	PCCS Hospital				0	0	0	1	0	0	0	1	0	0	0	1	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				4	3	6	6	9	3	3	9	4	6	4	8	6
	NPTH				1	1	1	1	2	1	0	0	1	1	0	1	0
	Singleton				4	1	1	5	2	3	3	1	0	2	2	4	1
	Total				13	10	10	19	17	11	11	15	8	11	16	20	11
Number of Klebsiella cases	PCCS Community	12 month reduction trend			4	3	2	0	4	2	1	1	3	5	2	5	2
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	1	0
	Morrison				1	5	4	3	3	2	6	2	2	1	3	0	2
	NPTH				0	0	1	0	0	1	0	0	0	0	0	2	0
	Singleton				0	3	2	1	1	1	1	0	2	0	1	1	1
	Total				5	11	9	4	8	6	8	3	7	6	6	9	5
Number of Aeruginosa cases	PCCS Community	12 month reduction trend			0	2	0	0	0	1	1	0	0	0	2	0	1
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				1	1	0	0	1	1	0	0	0	2	1	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	1	2	1	0	0	2	1	1	0	2	0	0
	Total				1	4	2	1	1	2	3	1	1	2	5	0	1
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				97.7%	97.1%	96.8%	97.3%	94.4%	93.8%	99.0%	97.1%	98.2%	98.3%	97.9%	98.3%	
	Morrison				98.2%	95.8%	96.5%	96.2%	99.4%	97.9%	97.0%	91.6%	100.0%	96.6%	100.0%	96.6%	96.2%
	NPTH				97.2%	100.0%	100.0%	100.0%	98.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Singleton				94.8%	94.9%	95.8%	95.9%	95.0%	95.3%	96.3%	90.8%	99.5%	97.3%	100.0%	98.9%	99.7%
	Total				97.2%	96.0%	96.5%	96.9%	96.7%	97.4%	93.3%	99.4%	97.8%	99.3%	97.9%	98.1%	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			0	2	1	1	2	4	2	1	2	0	0	0	0
	MH&LD				6	11	7	10	5	8	4	11	10	7	5	7	9
	Morrison				4	3	5	5	1	4	2	1	4	0	1	1	1
	NPTH				2	1	0	1	1	1	2	2	2	0	0	0	0
	Singleton				3	6	2	2	2	3	4	5	2	2	0	0	0
	Total				16	23	19	19	11	20	14	20	20	9	6	8	10
Number of Never Events	PCCS	0			1	0	0	1	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				0	0	0	0	0	1	1	0	0	0	0	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	1	0	0	0	0	0	0	0	0	0	0	0
	Total				1	1	0	1	0	1	1	0	0	0	0	1	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			33	37	25	29	31	24	26	25	39	34	33	34	
	PCCS Hospital				0	0	0	1	0	1	0	1	0	3	0	0	
	MH&LD				0	0	0	0	1	1	0	0	1	0	0	0	
	Morrison				8	4	5	7	14	11	18	22	18	10	21	8	
	NPTH				0	4	0	1	0	1	0	1	1	4	2	0	
	Singleton				10	6	4	11	7	10	12	17	11	8	6	10	
Total number of Grade 3+ Pressure Ulcers	Total		51	51	34	49	53	48	56	66	70	59	62	52			
	PCCS Community	12 month reduction trend			7	8	8	2	8	3	5	8	8	4	6	9	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	0	0	0	0	0	0	0	0	0		
	Morrison				1	0	1	0	2	1	2	1	0	2	0	1	
	NPTH				0	0	0	1	0	0	0	0	0	0	0	0	
Singleton		1	0	0	1	0	1	0	2	1	0	0	0				
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			211	174	111	229	288	301	383	578	540	636.0	545	351	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Inpatient Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			5	7	9	10	9	10	7	9	9	1	4	7	8
	MH&LD				34	57	65	43	56	52	44	31	42	52	55	48	48
	Morrison				85	85	93	102	94	117	110	76	69	60	73	52	69
	NPTH				26	32	22	51	42	59	42	48	56	47	32	55	45
	Singleton				36	46	52	49	39	59	46	43	34	33	45	34	38
	Total				186	227	241	255	240	297	249	207	210	193	209	196	208
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.35	5.35	5.74	5.84	5.70	6.92	5.68	5.19	5.73	7.90	7.83	6.72	6.38
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			99%	100%	100%	94%	100%	99%	98%	100%	98%	100%	100%	100%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	NPTH				100%	100%	100%	100%	100%	94%	100%	100%	29%	69%	92%	100%	
	Total				99%	100%	100%	96%	100%	99%	98%	100%	96%	96%	99%	100%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			67%	80%	25%	73%	71%	64%	77%	33%	0%	33%			
	Singleton				100%	20%	0%	40%	100%	67%	100%	50%	0%	33%			
	NPTH				-	-	-	100%	-	-	100%	-	-	-			
	Total				71%	60%	89%	65%	78%	67%	75%	44%	0%	30%			
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.27%	1.26%	1.26%	1.27%	1.29%	1.31%	1.33%	1.30%	1.30%	1.45%	1.49%	1.49%	
	Singleton				0.44%	0.45%	0.46%	0.44%	0.43%	0.44%	0.42%	0.43%	0.43%	0.46%	0.47%	0.48%	
	NPTH				0.09%	0.11%	0.09%	0.10%	0.13%	0.14%	0.13%	0.16%	0.16%	0.21%	0.22%	0.22%	
	Total (SBU)				0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	

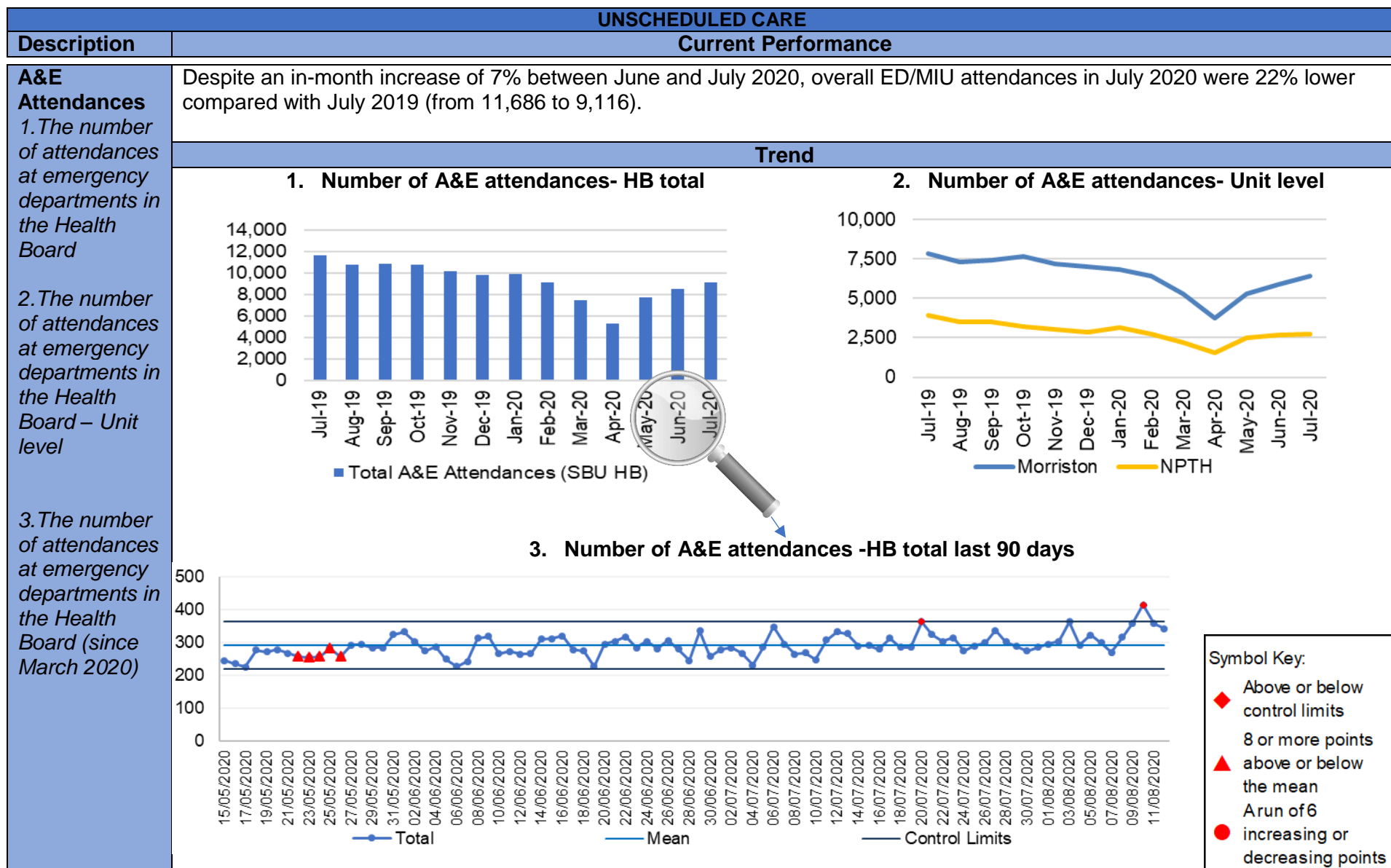
4.2 Updates on key measures

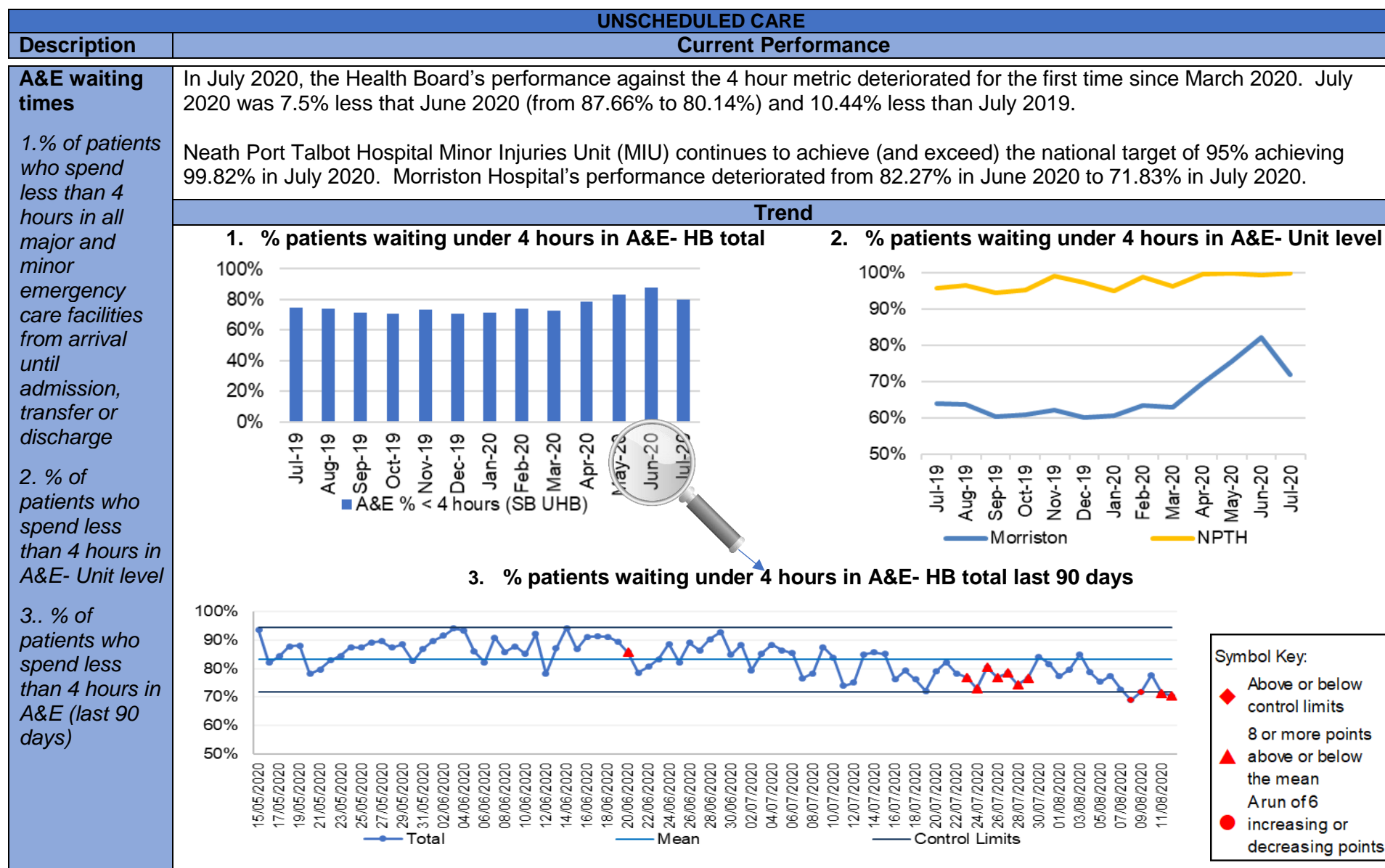


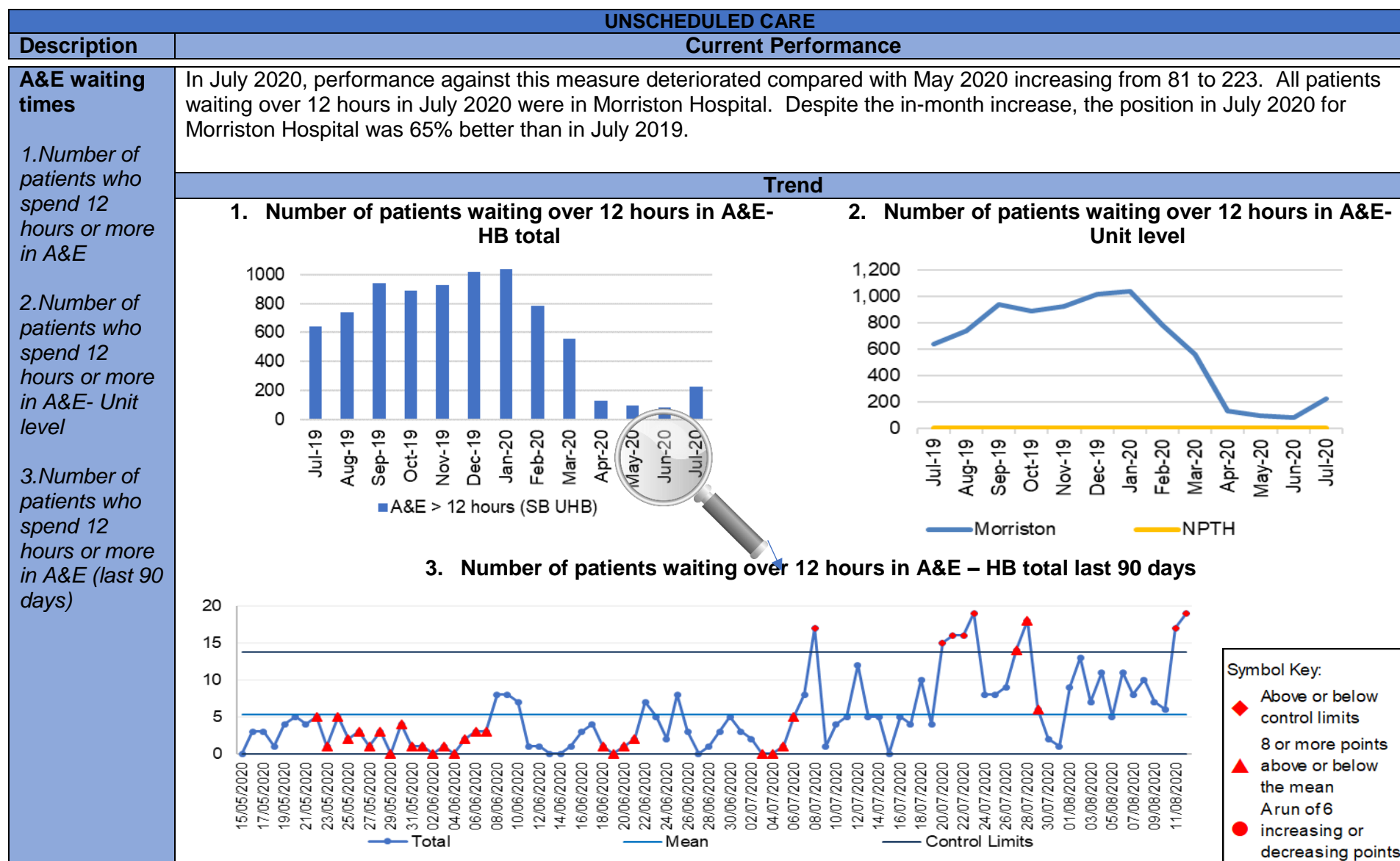


Symbol Key:

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





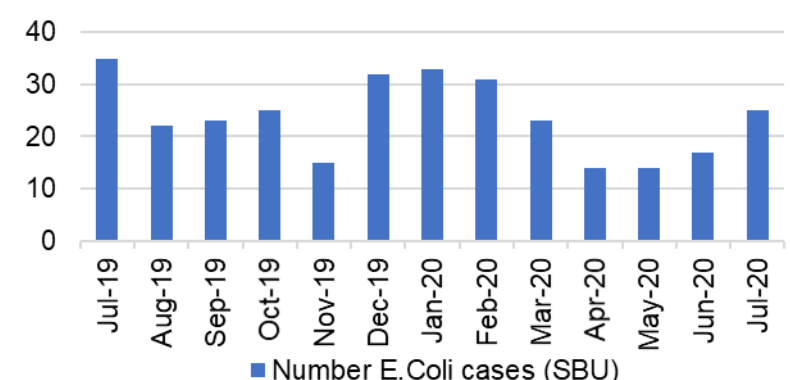
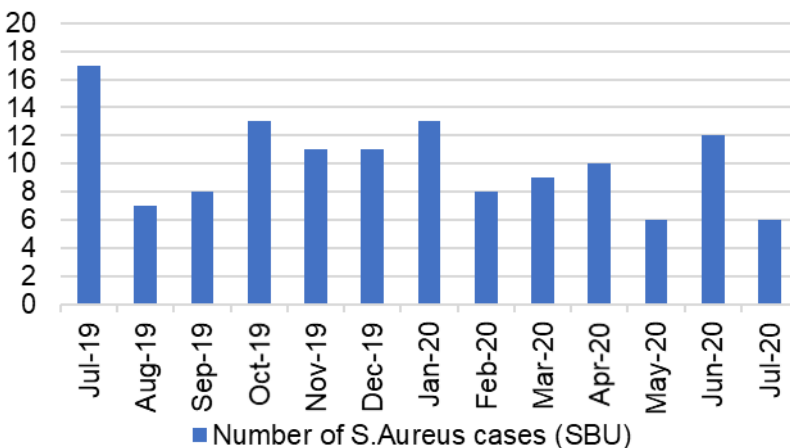


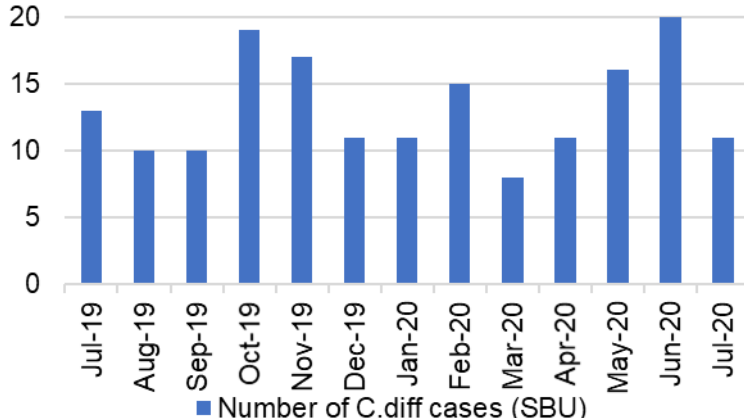
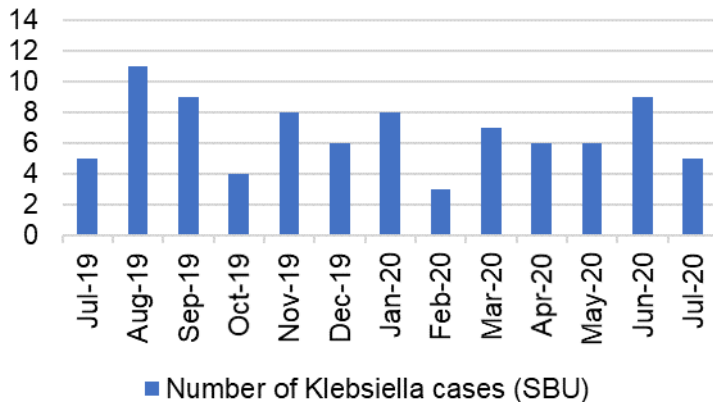
UNSCHEDULED CARE																																																																																																																																											
Description	Current Performance																																																																																																																																										
Emergency admissions	In July 2020, there were 3,606 emergency admissions across the Health Board which is 399 (+12%) more admissions than in June 2020 but 19% less than July 2019.																																																																																																																																										
1. The number of emergency inpatient admissions	Morrison saw the largest in-month increase with 244 more admissions (from 2,429 in June 2020 to 2,673 in July 2020).																																																																																																																																										
2. The number of emergency inpatient admissions- Unit level																																																																																																																																											
3. The number of emergency inpatient admissions (last 90 days)																																																																																																																																											
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<table border="1"><thead><tr><th>Date</th><th>Total</th><th>Mean</th></tr></thead><tbody><tr><td>15/05/2020</td><td>80</td><td>100</td></tr><tr><td>17/05/2020</td><td>70</td><td>100</td></tr><tr><td>19/05/2020</td><td>100</td><td>100</td></tr><tr><td>21/05/2020</td><td>110</td><td>100</td></tr><tr><td>23/05/2020</td><td>80</td><td>100</td></tr><tr><td>25/05/2020</td><td>60</td><td>100</td></tr><tr><td>27/05/2020</td><td>100</td><td>100</td></tr><tr><td>29/05/2020</td><td>100</td><td>100</td></tr><tr><td>31/05/2020</td><td>80</td><td>100</td></tr><tr><td>02/06/2020</td><td>130</td><td>100</td></tr><tr><td>04/06/2020</td><td>100</td><td>100</td></tr><tr><td>06/06/2020</td><td>100</td><td>100</td></tr><tr><td>08/06/2020</td><td>100</td><td>100</td></tr><tr><td>10/06/2020</td><td>130</td><td>100</td></tr><tr><td>12/06/2020</td><td>140</td><td>100</td></tr><tr><td>14/06/2020</td><td>80</td><td>100</td></tr><tr><td>16/06/2020</td><td>120</td><td>100</td></tr><tr><td>18/06/2020</td><td>150</td><td>100</td></tr><tr><td>20/06/2020</td><td>100</td><td>100</td></tr><tr><td>22/06/2020</td><td>100</td><td>100</td></tr><tr><td>24/06/2020</td><td>100</td><td>100</td></tr><tr><td>26/06/2020</td><td>100</td><td>100</td></tr><tr><td>28/06/2020</td><td>70</td><td>100</td></tr><tr><td>30/06/2020</td><td>130</td><td>100</td></tr><tr><td>02/07/2020</td><td>100</td><td>100</td></tr><tr><td>04/07/2020</td><td>100</td><td>100</td></tr><tr><td>06/07/2020</td><td>140</td><td>100</td></tr><tr><td>08/07/2020</td><td>120</td><td>100</td></tr><tr><td>10/07/2020</td><td>130</td><td>100</td></tr><tr><td>12/07/2020</td><td>80</td><td>100</td></tr><tr><td>14/07/2020</td><td>120</td><td>100</td></tr><tr><td>16/07/2020</td><td>120</td><td>100</td></tr><tr><td>18/07/2020</td><td>120</td><td>100</td></tr><tr><td>20/07/2020</td><td>120</td><td>100</td></tr><tr><td>22/07/2020</td><td>140</td><td>100</td></tr><tr><td>24/07/2020</td><td>150</td><td>100</td></tr><tr><td>26/07/2020</td><td>80</td><td>100</td></tr><tr><td>28/07/2020</td><td>130</td><td>100</td></tr><tr><td>30/07/2020</td><td>130</td><td>100</td></tr><tr><td>01/08/2020</td><td>130</td><td>100</td></tr><tr><td>03/08/2020</td><td>120</td><td>100</td></tr><tr><td>05/08/2020</td><td>130</td><td>100</td></tr><tr><td>07/08/2020</td><td>140</td><td>100</td></tr><tr><td>09/08/2020</td><td>70</td><td>100</td></tr><tr><td>11/08/2020</td><td>130</td><td>100</td></tr></tbody></table>		Date	Total	Mean	15/05/2020	80	100	17/05/2020	70	100	19/05/2020	100	100	21/05/2020	110	100	23/05/2020	80	100	25/05/2020	60	100	27/05/2020	100	100	29/05/2020	100	100	31/05/2020	80	100	02/06/2020	130	100	04/06/2020	100	100	06/06/2020	100	100	08/06/2020	100	100	10/06/2020	130	100	12/06/2020	140	100	14/06/2020	80	100	16/06/2020	120	100	18/06/2020	150	100	20/06/2020	100	100	22/06/2020	100	100	24/06/2020	100	100	26/06/2020	100	100	28/06/2020	70	100	30/06/2020	130	100	02/07/2020	100	100	04/07/2020	100	100	06/07/2020	140	100	08/07/2020	120	100	10/07/2020	130	100	12/07/2020	80	100	14/07/2020	120	100	16/07/2020	120	100	18/07/2020	120	100	20/07/2020	120	100	22/07/2020	140	100	24/07/2020	150	100	26/07/2020	80	100	28/07/2020	130	100	30/07/2020	130	100	01/08/2020	130	100	03/08/2020	120	100	05/08/2020	130	100	07/08/2020	140	100	09/08/2020	70	100	11/08/2020	130	100
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UNSCHEDULED CARE		
Description	Current Performance	Trend
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In July 2020, there were on average 95 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>June 2020 was the first month that saw a rise in the number of medically/ discharge fit patients since January 2020 and this trend has continued into July 2020.</p> <p>Neath Port Talbot Hospital saw the largest in-month increase from 20 in June 2020 to 27 in July 2020.</p>	<p>The number of discharge/ medically fit patients by site</p> <p>*Consistent data capture for Gorseinon not available before May 2020</p>
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In July 2020, there were four elective procedures cancelled due to lack of beds on the day of surgery. This is 3 more cancellation than in June 2020 (from 1 to 4).</p> <p>In July 2020 the four cancelled procedure were attributed to Morrision Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p>

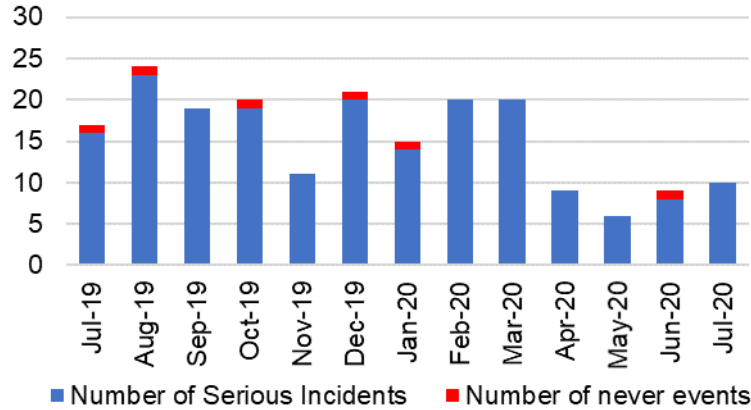
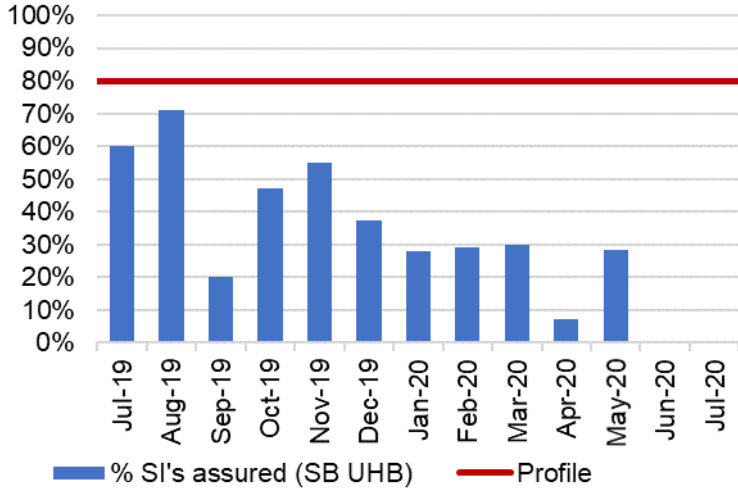
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In May 2020, 80.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.8% more than in May 2019.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>May-19</td><td>60.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Jun-19</td><td>62.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Jul-19</td><td>64.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Aug-19</td><td>66.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Sep-19</td><td>68.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Oct-19</td><td>70.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Nov-19</td><td>72.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Dec-19</td><td>74.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Jan-20</td><td>76.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Feb-20</td><td>78.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Mar-20</td><td>79.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>Apr-20</td><td>80.0%</td><td>65.0%</td><td>75.0%</td></tr><tr><td>May-20</td><td>80.3%</td><td>65.0%</td><td>75.0%</td></tr></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-19	60.0%	65.0%	75.0%	Jun-19	62.0%	65.0%	75.0%	Jul-19	64.0%	65.0%	75.0%	Aug-19	66.0%	65.0%	75.0%	Sep-19	68.0%	65.0%	75.0%	Oct-19	70.0%	65.0%	75.0%	Nov-19	72.0%	65.0%	75.0%	Dec-19	74.0%	65.0%	75.0%	Jan-20	76.0%	65.0%	75.0%	Feb-20	78.0%	65.0%	75.0%	Mar-20	79.0%	65.0%	75.0%	Apr-20	80.0%	65.0%	75.0%	May-20	80.3%	65.0%	75.0%
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2. Prompt surgery- In May 2020, 57.8% of patients had surgery the day following presentation with a hip fracture. This is an improvement from May 2019 which was 56.1%	2. Prompt surgery <table><caption>2. Prompt surgery</caption><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>May-19</td><td>56.1%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Jun-19</td><td>56.5%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Jul-19</td><td>57.0%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Aug-19</td><td>57.5%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Sep-19</td><td>57.8%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Oct-19</td><td>58.0%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Nov-19</td><td>58.2%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Dec-19</td><td>58.4%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Jan-20</td><td>58.6%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Feb-20</td><td>58.8%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Mar-20</td><td>59.0%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>Apr-20</td><td>59.2%</td><td>56.0%</td><td>65.0%</td></tr><tr><td>May-20</td><td>57.8%</td><td>56.0%</td><td>65.0%</td></tr></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-19	56.1%	56.0%	65.0%	Jun-19	56.5%	56.0%	65.0%	Jul-19	57.0%	56.0%	65.0%	Aug-19	57.5%	56.0%	65.0%	Sep-19	57.8%	56.0%	65.0%	Oct-19	58.0%	56.0%	65.0%	Nov-19	58.2%	56.0%	65.0%	Dec-19	58.4%	56.0%	65.0%	Jan-20	58.6%	56.0%	65.0%	Feb-20	58.8%	56.0%	65.0%	Mar-20	59.0%	56.0%	65.0%	Apr-20	59.2%	56.0%	65.0%	May-20	57.8%	56.0%	65.0%	
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3. NICE compliant surgery- 75.8% of operations were consistent with the NICE recommendations in May 2020. This is an improvement of 12.2% compared with May 2019 (from 63.6% to 75.8%). In May 2020, Morriston was above the all-Wales average of 70.5%.	3. NICE compliant Surgery <table><caption>3. NICE compliant Surgery</caption><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>May-19</td><td>63.6%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Jun-19</td><td>64.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Jul-19</td><td>64.5%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Aug-19</td><td>65.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Sep-19</td><td>65.5%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Oct-19</td><td>66.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Nov-19</td><td>66.5%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Dec-19</td><td>67.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Jan-20</td><td>67.5%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Feb-20</td><td>68.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Mar-20</td><td>68.5%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>Apr-20</td><td>69.0%</td><td>71.0%</td><td>75.0%</td></tr><tr><td>May-20</td><td>75.8%</td><td>71.0%</td><td>75.0%</td></tr></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-19	63.6%	71.0%	75.0%	Jun-19	64.0%	71.0%	75.0%	Jul-19	64.5%	71.0%	75.0%	Aug-19	65.0%	71.0%	75.0%	Sep-19	65.5%	71.0%	75.0%	Oct-19	66.0%	71.0%	75.0%	Nov-19	66.5%	71.0%	75.0%	Dec-19	67.0%	71.0%	75.0%	Jan-20	67.5%	71.0%	75.0%	Feb-20	68.0%	71.0%	75.0%	Mar-20	68.5%	71.0%	75.0%	Apr-20	69.0%	71.0%	75.0%	May-20	75.8%	71.0%	75.0%	
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4. Prompt mobilisation- In May 2020, 74.7% of patients were out of bed the day after surgery. This is an improvement of 7.7% compared with May 2019 and slightly above the all-Wales average of 74.3%.	4. Prompt mobilisation <table><caption>4. Prompt mobilisation</caption><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>May-19</td><td>67.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Jun-19</td><td>67.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Jul-19</td><td>68.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Aug-19</td><td>68.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Sep-19</td><td>69.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Oct-19</td><td>69.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Nov-19</td><td>70.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Dec-19</td><td>70.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Jan-20</td><td>71.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Feb-20</td><td>71.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Mar-20</td><td>72.0%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>Apr-20</td><td>72.5%</td><td>74.0%</td><td>85.0%</td></tr><tr><td>May-20</td><td>74.7%</td><td>74.0%</td><td>85.0%</td></tr></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-19	67.0%	74.0%	85.0%	Jun-19	67.5%	74.0%	85.0%	Jul-19	68.0%	74.0%	85.0%	Aug-19	68.5%	74.0%	85.0%	Sep-19	69.0%	74.0%	85.0%	Oct-19	69.5%	74.0%	85.0%	Nov-19	70.0%	74.0%	85.0%	Dec-19	70.5%	74.0%	85.0%	Jan-20	71.0%	74.0%	85.0%	Feb-20	71.5%	74.0%	85.0%	Mar-20	72.0%	74.0%	85.0%	Apr-20	72.5%	74.0%	85.0%	May-20	74.7%	74.0%	85.0%	
Month	Morriston	All-Wales	Eng, Wal & N. Ire																																																							
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Apr-20	72.5%	74.0%	85.0%																																																							
May-20	74.7%	74.0%	85.0%																																																							

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 59.4% of patients were not delirious in the week after their operation in May 2020. This is an improvement of 30.7% compared with May 2019.	<p>5. Not delirious when tested</p> <p>100% 50% 0%</p> <p>May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20</p> <p>Morryston All-Wales Eng, Wal & 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. Return to original residence- 74.3% of patients in May 2020 were discharged back to their original residence. This was slightly above the all-Wales average of 73.9%.	<p>6. Return to original residence</p> <p>80% 75% 70% 65%</p> <p>May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- April 2020 mortality figures were included in the performance report presented to Quality & Safety Committee in July 2020 however, the data has subsequently been removed from the National Hip Fracture Database. Therefore, data up to January 2020 is included in this report as it is the latest published data available.</p> <p>In January 2020 the mortality rate for Morryston was 7.8% which is 0.8% less than January 2019. The mortality rate in January 2020 is higher than the all-Wales and national average of 6.7%.</p>	<p>7. 30 day mortality rate</p> <p>10% 5% 0%</p> <p>Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">25 cases of <i>E. coli</i> bacteraemia were identified in July 2020, of which 8 were hospital acquired and 17 were community acquired.Cumulative cases from April to July 2020 is 38% less than the equivalent period in 2019/20.	<p>Number of <i>healthcare acquired E.coli</i> bacteraemia cases</p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jul-19</td><td>35</td></tr><tr><td>Aug-19</td><td>22</td></tr><tr><td>Sep-19</td><td>23</td></tr><tr><td>Oct-19</td><td>25</td></tr><tr><td>Nov-19</td><td>15</td></tr><tr><td>Dec-19</td><td>32</td></tr><tr><td>Jan-20</td><td>33</td></tr><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr><tr><td>Jul-20</td><td>25</td></tr></tbody></table>	Month	Number of cases	Jul-19	35	Aug-19	22	Sep-19	23	Oct-19	25	Nov-19	15	Dec-19	32	Jan-20	33	Feb-20	31	Mar-20	23	Apr-20	14	May-20	14	Jun-20	17	Jul-20	25
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Apr-20	14																													
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Jul-20	25																													
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 6 cases of <i>Staph. aureus</i> bacteraemia in July 2020, of which 3 were hospital acquired and 3 were community acquired.Cumulative cases from April to July 2020 is 36% less than the equivalent period in 2019/20.	<p>Number of <i>healthcare acquired S.aureus</i> bacteraemia cases</p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jul-19</td><td>17</td></tr><tr><td>Aug-19</td><td>7</td></tr><tr><td>Sep-19</td><td>8</td></tr><tr><td>Oct-19</td><td>13</td></tr><tr><td>Nov-19</td><td>11</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>13</td></tr><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr><tr><td>Jul-20</td><td>6</td></tr></tbody></table>	Month	Number of cases	Jul-19	17	Aug-19	7	Sep-19	8	Oct-19	13	Nov-19	11	Dec-19	11	Jan-20	13	Feb-20	8	Mar-20	9	Apr-20	10	May-20	6	Jun-20	12	Jul-20	6
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 11 <i>Clostridium difficile</i> toxin positive cases in July 2020, of which 7 were hospital acquired and 4 were community acquired.Cumulative cases from April to July 2020 is 57% more than the equivalent period of 2019/20 (58 in 2020/21 compared with 37 in 2019/20).	<p>Number of healthcare acquired C.difficile cases</p>  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jul-19</td><td>13</td></tr><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>10</td></tr><tr><td>Oct-19</td><td>19</td></tr><tr><td>Nov-19</td><td>17</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>11</td></tr><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr></tbody></table>	Month	Number of cases	Jul-19	13	Aug-19	10	Sep-19	10	Oct-19	19	Nov-19	17	Dec-19	11	Jan-20	11	Feb-20	15	Mar-20	8	Apr-20	11	May-20	16	Jun-20	20	Jul-20	11
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Apr-20	11																													
May-20	16																													
Jun-20	20																													
Jul-20	11																													
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 5 cases of Klebsiella sp in July 2020, of which 3 were hospital acquired and 2 were community acquired.Cumulative cases from April to July 2020 is the same as the equivalent period in 2019/20.	<p>Number of healthcare acquired Klebsiella cases</p>  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jul-19</td><td>5</td></tr><tr><td>Aug-19</td><td>11</td></tr><tr><td>Sep-19</td><td>9</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>8</td></tr><tr><td>Dec-19</td><td>6</td></tr><tr><td>Jan-20</td><td>8</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr></tbody></table>	Month	Number of cases	Jul-19	5	Aug-19	11	Sep-19	9	Oct-19	4	Nov-19	8	Dec-19	6	Jan-20	8	Feb-20	3	Mar-20	7	Apr-20	6	May-20	6	Jun-20	9	Jul-20	5
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> bacteraemia in July 2020 compared with nil cases in June 2020. Cumulative cases from April to July 2020 is 38% less than the equivalent period in 2019/20. 	<p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In June 2020, there were 52 cases of healthcare acquired pressure ulcers, of which 34 were community acquired and 18 were hospital acquired. The number of grade 3+ pressure ulcers in June 2020 was 10, of which 1 was hospital acquired and 9 were community acquired. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

SERIOUS INCIDENTS		
Description	Current Performance	Trend
Serious Incidents- 1. The number of serious incidents 2. The number of Never Events 3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	1. The Health Board reported 10 Serious Incidents for the month of July 2020 to Welsh Government.	1. and 2. Number of serious incidents and never events 
	2. There were no Never Events reported in July 2020.	
	3. In July 2020, performance against the 80% target of submitting closure forms within 60 working days was 0%. Of the 11 closure forms due to be submitted to Welsh Government in July 2020, none were submitted on time (0%). The following is a breakdown of the 11 forms that were not submitted within target in July 2020: <ul style="list-style-type: none"> MH & LD – 10 Singleton – 1 	3. % of serious incidents closed within 60 days 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 208 in July 2020, which is an increase from 196 in June 2020.The Health Board has agreed a targeted action to reduce Falls by 10%.	<div><p>Number of inpatient Falls</p><table><thead><tr><th>Month</th><th>Inpatient Falls (SBU HB)</th></tr></thead><tbody><tr><td>Jul-19</td><td>185</td></tr><tr><td>Aug-19</td><td>225</td></tr><tr><td>Sep-19</td><td>235</td></tr><tr><td>Oct-19</td><td>250</td></tr><tr><td>Nov-19</td><td>235</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>205</td></tr><tr><td>Mar-20</td><td>210</td></tr><tr><td>Apr-20</td><td>190</td></tr><tr><td>May-20</td><td>200</td></tr><tr><td>Jun-20</td><td>195</td></tr><tr><td>Jul-20</td><td>208</td></tr></tbody></table><p>■ Inpatient Falls (SBU HB) — 10% reduction profile</p></div>	Month	Inpatient Falls (SBU HB)	Jul-19	185	Aug-19	225	Sep-19	235	Oct-19	250	Nov-19	235	Dec-19	295	Jan-20	245	Feb-20	205	Mar-20	210	Apr-20	190	May-20	200	Jun-20	195	Jul-20	208
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Jun-20	195																													
Jul-20	208																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in July 2020, the percentage of completed discharge summaries was 63%.</p> <p>In July 2020, compliance ranged from 54% in Singleton Delivery Unit to 80% in Mental Health & Learning Disabilities Delivery Unit.</p>	<p>% discharge summaries approved and sent</p> <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Jul-19</td><td>65%</td></tr><tr><td>Aug-19</td><td>64%</td></tr><tr><td>Sep-19</td><td>61%</td></tr><tr><td>Oct-19</td><td>64%</td></tr><tr><td>Nov-19</td><td>64%</td></tr><tr><td>Dec-19</td><td>66%</td></tr><tr><td>Jan-20</td><td>67%</td></tr><tr><td>Feb-20</td><td>68%</td></tr><tr><td>Mar-20</td><td>69%</td></tr><tr><td>Apr-20</td><td>61%</td></tr><tr><td>May-20</td><td>64%</td></tr><tr><td>Jun-20</td><td>68%</td></tr><tr><td>Jul-20</td><td>63%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Jul-19	65%	Aug-19	64%	Sep-19	61%	Oct-19	64%	Nov-19	64%	Dec-19	66%	Jan-20	67%	Feb-20	68%	Mar-20	69%	Apr-20	61%	May-20	64%	Jun-20	68%	Jul-20	63%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	June 2020 reports the crude mortality rate for the health board at 0.89% compared to 0.88% in May 2020.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Estimated Crude Hospital Mortality Rates (%)</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>Jun-19</td><td>1.30</td><td>0.45</td><td>0.15</td><td>0.70</td></tr><tr><td>Jul-19</td><td>1.28</td><td>0.48</td><td>0.15</td><td>0.72</td></tr><tr><td>Aug-19</td><td>1.25</td><td>0.48</td><td>0.15</td><td>0.72</td></tr><tr><td>Sep-19</td><td>1.28</td><td>0.45</td><td>0.15</td><td>0.72</td></tr><tr><td>Oct-19</td><td>1.30</td><td>0.45</td><td>0.15</td><td>0.72</td></tr><tr><td>Nov-19</td><td>1.32</td><td>0.45</td><td>0.15</td><td>0.75</td></tr><tr><td>Dec-19</td><td>1.35</td><td>0.45</td><td>0.15</td><td>0.75</td></tr><tr><td>Jan-20</td><td>1.35</td><td>0.42</td><td>0.15</td><td>0.68</td></tr><tr><td>Feb-20</td><td>1.30</td><td>0.45</td><td>0.15</td><td>0.70</td></tr><tr><td>Mar-20</td><td>1.30</td><td>0.45</td><td>0.15</td><td>0.75</td></tr><tr><td>Apr-20</td><td>1.45</td><td>0.48</td><td>0.20</td><td>0.85</td></tr><tr><td>May-20</td><td>1.50</td><td>0.48</td><td>0.20</td><td>0.88</td></tr><tr><td>Jun-20</td><td>1.49</td><td>0.48</td><td>0.22</td><td>0.89</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jun-19	1.30	0.45	0.15	0.70	Jul-19	1.28	0.48	0.15	0.72	Aug-19	1.25	0.48	0.15	0.72	Sep-19	1.28	0.45	0.15	0.72	Oct-19	1.30	0.45	0.15	0.72	Nov-19	1.32	0.45	0.15	0.75	Dec-19	1.35	0.45	0.15	0.75	Jan-20	1.35	0.42	0.15	0.68	Feb-20	1.30	0.45	0.15	0.70	Mar-20	1.30	0.45	0.15	0.75	Apr-20	1.45	0.48	0.20	0.85	May-20	1.50	0.48	0.20	0.88	Jun-20	1.49	0.48	0.22	0.89
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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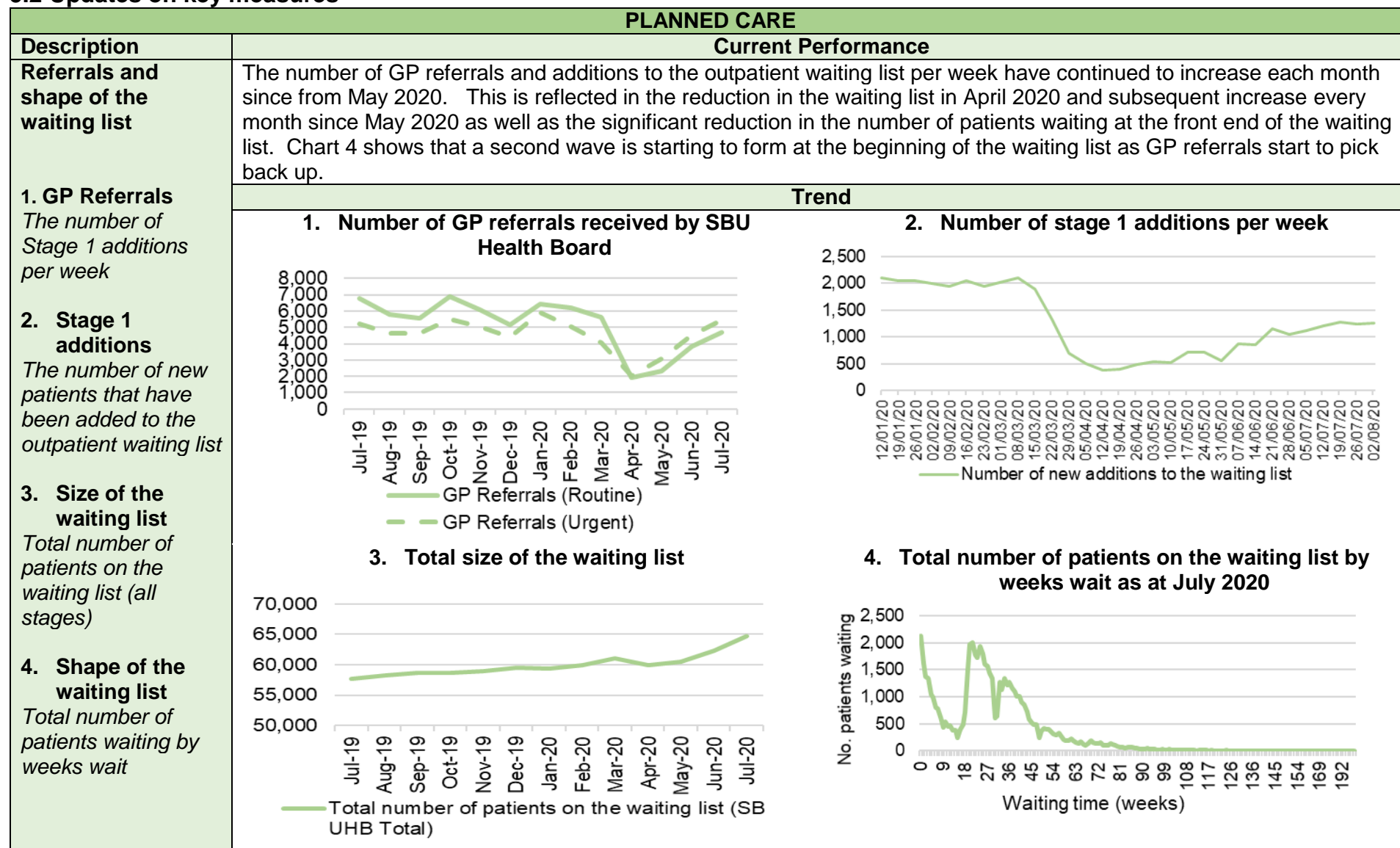
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

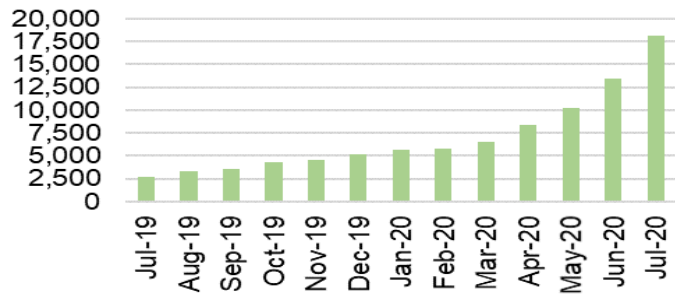
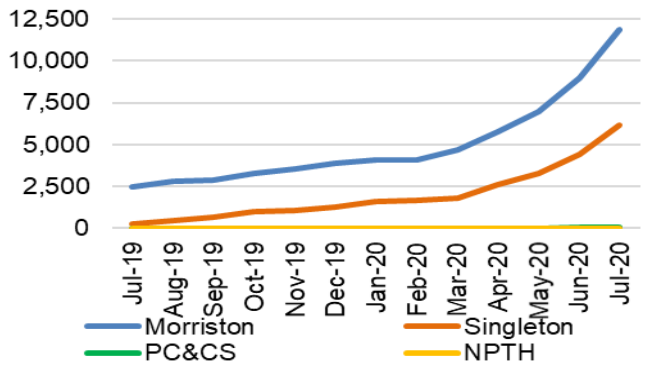
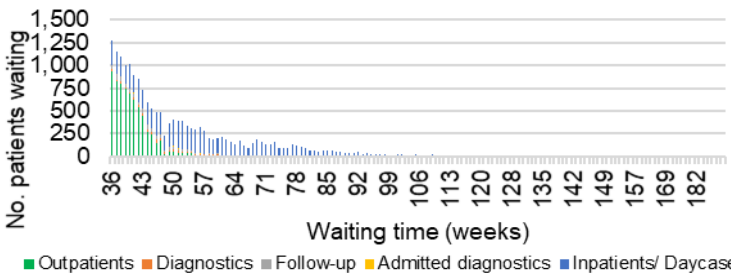
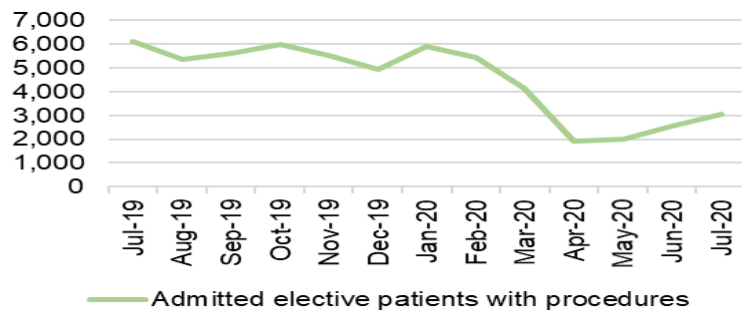
Harm from reduction in non-Covid activity																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%			88.0%	90.0%	84.0%	98.0%	93%	88%	98%	95%	92%	92%	67%	73%	67%
	NPTH				100.0%	100.0%	-	100.0%	100%	-	-	100%	-	-	-	-	
	Singleton				94.0%	96.0%	98.0%	97.0%	96%	96%	100%	92%	94%	100%	88%	91%	100%
	Total				91.5%	93.3%	91.1%	97.7%	95%	92%	99%	93%	93%	97%	82%	85%	87%
% 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	Morriston	95%			84.0%	83.0%	92.0%	81.0%	82%	91%	96%	81%	85%	80%	75%	86%	64%
	NPTH				20.0%	100.0%	67.0%	100.0%	100.0%	100.0%	67.0%	100%	100%	100%	100%	-	100%
	Singleton				74.0%	83.0%	81.0%	85.0%	87%	93%	81%	75%	83%	80%	82%	89%	97%
	Total				75.9%	83.8%	85.7%	83.8%	86%	92%	86%	78%	85%	81%	86%	88%	83%
Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)	Total	12 month improvement trend		69.0%	68.0%	73.0%	70.0%	71.0%	77.0%	71.0%	66.0%	76.0%	71.0%	70.0%	72.8%	74.0%	
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morriston	0			112	361	431	486	460	539	593	421	901	2,704	4,785	6,496	8,661
	NPTH				0	0	0	0	1	0	0	0	0	2	18	18	50
	Singleton				367	564	608	666	659	766	860	872	1,141	2,762	4,445	5,387	6,929
	PC&CS				0	0	0	0	0	0	0	13	13	31	52	63	81
	Total				479	925	1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721
Number of patients waiting > 36 weeks for treatment	Morriston	0			2,449	2,819	2,893	3,298	3,529	3,896	4,067	4,087	4,701	5,762	6,944	8,977	11,882
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	3
	Singleton				241	444	672	958	1,058	1,245	1,556	1,642	1,807	2,590	3,296	4,423	6,135
	PC&CS				0	0	0	0	0	0	0	0	1	3	7	17	45
	Total (inc. diagnostics > 36 wks)				2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,417	18,065
Number of patients waiting > 8 weeks for a specified diagnostics	Morriston	0			259	337	294	223	226	569	628	424	1,407	5,461	7,197	6,816	6,236
	Singleton				2	7	0	0	0	0	0	0	0	327	1,149	1,217	1,274
	Total				261	344	294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510
Number of patients waiting > 14 weeks for a specified therapy	MH&LD	0			0	1	0	0	0	0	0	1	0	1	11	0	0
	NPTH				0	0	0	0	0	0	0	0	12	52	78	130	138
	PC&CS				0	0	0	1	0	0	0	0	39	334	893	1,516	1,416
	Total				0	1	0	1	0	0	0	1	51	387	982	1,646	1,554

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 35% by Mar-21	120,062		135,400	134,363	132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062
Number of patients delayed by over 100% past their target date	Total		22,101		24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	24,971	22,101
Number of patients delayed past their agreed target date (booked and not booked)	Total		49,150		49,422	51,914	48,692	45,458	43,648	44,928	43,979	41,417	45,963	51,028	53,046	51,933	52,278
Number of Ophthalmology patients without an allocated health risk factor	Total	0			744	737	721	522	553	557	333	368	143	57	43	48	213
Number of patients without a documented clinical review date	Total	0			247	211	194	165	172	187	177	179	5	11	27	50	43
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			129	132	154	194	242	144	185	180	105	38	48	167	183
	MH&LD				12	19	18	21	9	17	19	14	25	11	14	7	6
	Morrison				1,883	1,914	1,566	1,728	1,727	1,069	1,277	1,364	646	43	88	110	143
	NPTH				567	474	454	532	397	379	464	350	173	10	12	17	22
	Singleton				1,680	1,562	1,267	1,464	1,198	884	1,261	1,120	796	60	104	99	154
	Total				4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502
% of patients who would recommend and highly recommend	PCCS	90%	80%		98%	89%	94%	88%	95%	86%	92%	92%	88%	84%	77%	88%	91%
	MH&LD				67%	68%	61%	86%	67%	41%	74%	64%	44%	36%	57%	57%	33%
	Morrison				95%	93%	93%	94%	94%	95%	94%	96%	96%	98%	94%	94%	94%
	NPTH				98%	98%	98%	96%	96%	97%	97%	97%	97%	60%	67%	47%	68%
	Singleton				97%	96%	95%	95%	95%	95%	96%	95%	95%	93%	96%	83%	92%
	Total				96%	94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		93%	90%	100%	92%	93%	100%	91%	-	100%	-	100%	100%	94%
	MH&LD				0%	-	-	-	-	-	-	-	-	-	-	-	0%
	Morrison				74%	78%	86%	70%	75%	71%	85%	70%	100%	100%	100%	67%	90%
	NPTH				71%	72%	71%	94%	50%	67%	91%	88%	67%	-	-	-	100%
	Singleton				84%	86%	87%	89%	89%	85%	84%	88%	90%	95%	100%	67%	90%
	Total				77%	81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%
Number of new complaints received	PCCS	12 month reduction rend			11	7	12	10	7	6	15	7	4	4	11	15	10
	MH&LD				18	14	11	17	24	9	17	5	3	4	9	8	13
	Morrison				62	40	45	72	54	37	60	59	42	9	20	29	36
	NPTH				4	9	6	11	11	3	8	7	1	8	5	7	5
	Singleton				33	35	29	39	30	20	33	25	34	8	8	15	12
	Total				138	114	110	159	137	87	142	113	92	37	54	77	79
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		53%	100%	70%	63%	64%	71%	59%	64%	29%	83%	73%		
	MH&LD				88%	93%	77%	71%	46%	56%	65%	67%	67%	100%	78%		
	Morrison				95%	100%	98%	100%	96%	91%	95%	75%	40%	88%	94%		
	NPTH				67%	67%	83%	82%	64%	100%	100%	88%	100%	75%	80%		
	Singleton				69%	67%	80%	73%	83%	53%	81%	80%	58%	75%	75%		
	Total				81%	84%	85%	83%	76%	75%	83%	76%	48%	81%	81%		

5.2 Updates on key measures



PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Unit Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In July 2020, there were 15,721 patients waiting over 26 weeks compared with 11,964 in June 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Orthopaedics. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work is currently being undertaken to accurately record the split between face to face and virtual attendances.</p>
	<p>Trend</p> <div> <div> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> <p>2. Number of stage 1 over 26 weeks- Unit level</p> <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> </div> <div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2020</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div>

PLANNED CARE	
Description	Current Performance
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Unit level</p> <p>3. Shape of the waiting list over 36 weeks by stage</p> <p>4. Number of elective admissions</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to increase. In July 2020, there were 18,065 patients waiting over 36 weeks compared with 13,419 in June 2020. 6,556 of the 18,097 patients in July 2020 were waiting over 52 weeks, this is an increase from 5,108 in June 2020. Orthopaedics/ Spinal accounted for 28% of the breaches, followed by Ophthalmology with 16%. Chart 3 below shows the shape of the 36 week waiting list and that there are now outpatients waiting over 36 weeks.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>
	Trend
	<div> <p>1. Number of patients waiting over 36 weeks- HB total</p>  <p>■ >36 wks (SB UHB)</p> </div> <div> <p>2. Number of patients waiting over 36 weeks- Unit level</p>  <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> <div> <p>3. The shape of the waiting list over 36 weeks by stage as at July 2020</p>  <p>■ Outpatients ■ Diagnostics ■ Follow-up ■ Admitted diagnostics ■ Inpatients/ Daycase</p> </div> <div> <p>4. Number of elective admissions</p>  <p>— Admitted elective patients with procedures</p> </div>

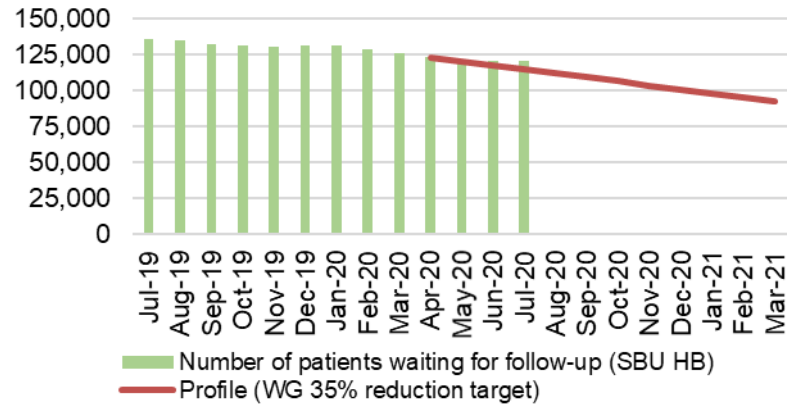
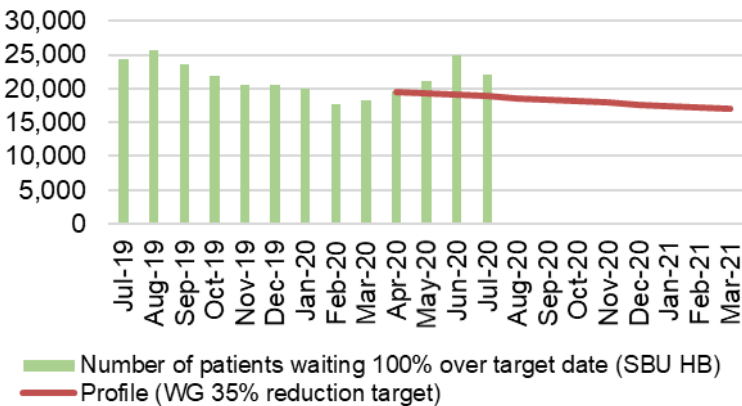
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Description	Current Performance																																																																							
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	Throughout 2019/20 the overall percentage 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 July 2020 achieving 53%.	Percentage of patient waiting less than 26 weeks <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-19</td><td>82%</td><td>88%</td><td>90%</td><td>100%</td></tr><tr><td>Aug-19</td><td>81%</td><td>87%</td><td>90%</td><td>100%</td></tr><tr><td>Sep-19</td><td>80%</td><td>86%</td><td>90%</td><td>100%</td></tr><tr><td>Oct-19</td><td>80%</td><td>85%</td><td>90%</td><td>100%</td></tr><tr><td>Nov-19</td><td>80%</td><td>84%</td><td>90%</td><td>100%</td></tr><tr><td>Dec-19</td><td>78%</td><td>83%</td><td>90%</td><td>100%</td></tr><tr><td>Jan-20</td><td>78%</td><td>82%</td><td>90%</td><td>100%</td></tr><tr><td>Feb-20</td><td>78%</td><td>81%</td><td>88%</td><td>100%</td></tr><tr><td>Mar-20</td><td>75%</td><td>78%</td><td>85%</td><td>100%</td></tr><tr><td>Apr-20</td><td>65%</td><td>65%</td><td>75%</td><td>100%</td></tr><tr><td>May-20</td><td>55%</td><td>58%</td><td>70%</td><td>98%</td></tr><tr><td>Jun-20</td><td>50%</td><td>52%</td><td>68%</td><td>98%</td></tr><tr><td>Jul-20</td><td>45%</td><td>50%</td><td>70%</td><td>95%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Jul-19	82%	88%	90%	100%	Aug-19	81%	87%	90%	100%	Sep-19	80%	86%	90%	100%	Oct-19	80%	85%	90%	100%	Nov-19	80%	84%	90%	100%	Dec-19	78%	83%	90%	100%	Jan-20	78%	82%	90%	100%	Feb-20	78%	81%	88%	100%	Mar-20	75%	78%	85%	100%	Apr-20	65%	65%	75%	100%	May-20	55%	58%	70%	98%	Jun-20	50%	52%	68%	98%	Jul-20	45%	50%	70%	95%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In July 2020, 55.5% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20, however this has not been sustained so far in 2020/21.</p>	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 <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>Jul-19</td><td>65%</td><td>95%</td></tr><tr><td>Aug-19</td><td>65%</td><td>95%</td></tr><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>70%</td><td>95%</td></tr><tr><td>Jan-20</td><td>75%</td><td>95%</td></tr><tr><td>Feb-20</td><td>78%</td><td>95%</td></tr><tr><td>Mar-20</td><td>75%</td><td>95%</td></tr><tr><td>Apr-20</td><td>68%</td><td>95%</td></tr><tr><td>May-20</td><td>65%</td><td>95%</td></tr><tr><td>Jun-20</td><td>65%</td><td>95%</td></tr><tr><td>Jul-20</td><td>55.5%</td><td>95%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Target	Jul-19	65%	95%	Aug-19	65%	95%	Sep-19	65%	95%	Oct-19	68%	95%	Nov-19	70%	95%	Dec-19	70%	95%	Jan-20	75%	95%	Feb-20	78%	95%	Mar-20	75%	95%	Apr-20	68%	95%	May-20	65%	95%	Jun-20	65%	95%	Jul-20	55.5%	95%																												
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PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In July 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 8,033 June 2020 to 7,510.</p> <p>All of the diagnostic areas have seen a significant increase in breaches since March 2020.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for July 2020:</p> <ul style="list-style-type: none"> • Radiology= 3,199 • Cardiac tests= 2,331 • Endoscopy= 1,274 • Neurophysiology= 610 • Physiological measurement= 51 • Fluoroscopy= 40 • Cystoscopy= 5 	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>Legend:</p> <ul style="list-style-type: none"> Cardiac tests Endoscopy Other diagnostics (inc. radiology)
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In July 2020 there were 1,554 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in June 2020 are:</p> <ul style="list-style-type: none"> • Podiatry= 795 • Audiology= 417 • Speech & Language Therapy= 204 • Dietetics= 129 • Physiotherapy= 9 	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend:</p> <ul style="list-style-type: none"> Occ Therapy/ LD (MH) Occ Therapy (exc. MH) Audiology Speech & Language Dietetics Phsyio

CANCER																																																										
Description	Current Performance	Trend																																																								
Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>July 2020 figures will be finalised on the 2nd September 2020. Draft figures indicate a possible achievement of 87% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for July 2020:</p> <ul style="list-style-type: none">• Urological - 7• Head & Neck – 1• Lung - 1 <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>Percentage of NUSC patients starting treatment within 31 days of diagnosis</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>Jul-19</td><td>85</td><td>90</td><td>100</td></tr><tr><td>Aug-19</td><td>88</td><td>92</td><td>100</td></tr><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>95</td><td>95</td><td>100</td></tr><tr><td>Dec-19</td><td>88</td><td>95</td><td>100</td></tr><tr><td>Jan-20</td><td>95</td><td>95</td><td>100</td></tr><tr><td>Feb-20</td><td>90</td><td>90</td><td>100</td></tr><tr><td>Mar-20</td><td>90</td><td>90</td><td>100</td></tr><tr><td>Apr-20</td><td>90</td><td>95</td><td>100</td></tr><tr><td>May-20</td><td>65</td><td>85</td><td>100</td></tr><tr><td>Jun-20</td><td>72</td><td>90</td><td>100</td></tr><tr><td>Jul-20</td><td>68</td><td>95</td><td>100</td></tr></tbody></table>	Month	Morriston (%)	Singleton (%)	NPTH (%)	Jul-19	85	90	100	Aug-19	88	92	100	Sep-19	85	95	100	Oct-19	95	95	100	Nov-19	95	95	100	Dec-19	88	95	100	Jan-20	95	95	100	Feb-20	90	90	100	Mar-20	90	90	100	Apr-20	90	95	100	May-20	65	85	100	Jun-20	72	90	100	Jul-20	68	95	100
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Apr-20	90	95	100																																																							
May-20	65	85	100																																																							
Jun-20	72	90	100																																																							
Jul-20	68	95	100																																																							
Cancer- USC waiting times- <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>July 2020 figures will be finalised on the 2nd September 2020. Draft figures indicate a possible achievement of 83% of patients starting treatment within 62 days. At the time of writing this report there are 15 breaches* in total across the Health Board for July 2020:</p> <ul style="list-style-type: none">• Urological – 5• Lower GI – 4• Sarcoma – 2• Head & Neck – 1• Upper GI – 1• Breast – 1• Other - 1 <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>Percentage of USC patients starting treatment within 62 days of receipt of referral</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>Jul-19</td><td>85</td><td>75</td><td>20</td></tr><tr><td>Aug-19</td><td>85</td><td>85</td><td>100</td></tr><tr><td>Sep-19</td><td>90</td><td>85</td><td>65</td></tr><tr><td>Oct-19</td><td>85</td><td>85</td><td>100</td></tr><tr><td>Nov-19</td><td>85</td><td>90</td><td>100</td></tr><tr><td>Dec-19</td><td>95</td><td>95</td><td>100</td></tr><tr><td>Jan-20</td><td>90</td><td>85</td><td>65</td></tr><tr><td>Feb-20</td><td>85</td><td>75</td><td>100</td></tr><tr><td>Mar-20</td><td>85</td><td>85</td><td>75</td></tr><tr><td>Apr-20</td><td>85</td><td>85</td><td>100</td></tr><tr><td>May-20</td><td>75</td><td>85</td><td>100</td></tr><tr><td>Jun-20</td><td>85</td><td>90</td><td>100</td></tr><tr><td>Jul-20</td><td>65</td><td>75</td><td>100</td></tr></tbody></table>	Month	Morriston (%)	Singleton (%)	NPTH (%)	Jul-19	85	75	20	Aug-19	85	85	100	Sep-19	90	85	65	Oct-19	85	85	100	Nov-19	85	90	100	Dec-19	95	95	100	Jan-20	90	85	65	Feb-20	85	75	100	Mar-20	85	85	75	Apr-20	85	85	100	May-20	75	85	100	Jun-20	85	90	100	Jul-20	65	75	100
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Jul-20	65	75	100																																																							

CANCER																																						
Description	Current Performance	Trend																																				
Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	<p>July 2020 figures will be finalised on the 2nd September 2020. Draft figures indicate a possible achievement of 74% of patients starting treatment within 62 days of the suspicion of cancer first being raised. At the time of writing this report 39 patients did not receive their treatment within the time frame.</p> <p>Both adjusted and unadjusted waits are provided as per reporting requirements to WG.</p>	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>% of patients started treatment within 62 days (with suspensions)</p> <p>% of patients started treatment within 62 days (without suspensions)</p>																																				
USC backlog <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of July 2020 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr> </thead> <tbody> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>1</td><td>2</td></tr> <tr><td>Haematological</td><td>0</td><td>3</td></tr> <tr><td>Head and Neck</td><td>3</td><td>8</td></tr> <tr><td>Lower GI</td><td>15</td><td>36</td></tr> <tr><td>Lung</td><td>0</td><td>1</td></tr> <tr><td>Other</td><td>2</td><td>19</td></tr> <tr><td>Skin</td><td>10</td><td>3</td></tr> <tr><td>Upper GI</td><td>7</td><td>23</td></tr> <tr><td>Urological</td><td>4</td><td>13</td></tr> <tr><td>Grand Total</td><td>43</td><td>108</td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	1	0	Gynaecological	1	2	Haematological	0	3	Head and Neck	3	8	Lower GI	15	36	Lung	0	1	Other	2	19	Skin	10	3	Upper GI	7	23	Urological	4	13	Grand Total	43	108	<p>Number of patients with a wait status of more than 53 days</p> <p>53-62 days (HB Total)</p> <p>63 days+ (HB Total)</p>
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through June 2020 the percentage of patients seen within 14 days to first appointment ranged between 22% and 39%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of July 2020 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>20</td><td>28</td><td>2</td><td>0</td><td>50</td></tr><tr><td>Gynaecological</td><td>2</td><td>6</td><td>8</td><td>77</td><td>93</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head&Neck</td><td>1</td><td>3</td><td>10</td><td>4</td><td>18</td></tr><tr><td>LGI</td><td>0</td><td>3</td><td>0</td><td>2</td><td>5</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>1</td><td>0</td><td>3</td></tr><tr><td>Other</td><td>2</td><td>0</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Sarcoma</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Skin</td><td>2</td><td>4</td><td>8</td><td>39</td><td>53</td></tr><tr><td>UGI</td><td>4</td><td>2</td><td>0</td><td>0</td><td>6</td></tr><tr><td>Urological</td><td>0</td><td>2</td><td>2</td><td>0</td><td>4</td></tr><tr><td>Total</td><td>32</td><td>50</td><td>32</td><td>122</td><td>236</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	20	28	2	0	50	Gynaecological	2	6	8	77	93	Haematological	0	0	0	0	0	Head&Neck	1	3	10	4	18	LGI	0	3	0	2	5	Lung	1	1	1	0	3	Other	2	0	0	0	2	Sarcoma	0	1	1	0	2	Skin	2	4	8	39	53	UGI	4	2	0	0	6	Urological	0	2	2	0	4	Total	32	50	32	122	236
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>Jul-20</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>71%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>97%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>97%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>52%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr></table>	Measure	Target	Jul-20	Scheduled (21 Day Target)	80%	71%	Scheduled (28 Day Target)	100%	97%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	97%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	52%	Elective Delay (28 Day Target)	100%	97%	Radiotherapy waiting times 																																																			
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In July 2020, the overall size of the follow-up waiting list reduced by 0.3% compared with June 2020 (from 120,468 to 120,062).</p> <p>In July 2020 there was a total of 52,278 patients waiting for a follow-up past their target date. This is a 0.7% increase compared with June 2020 (from 51,933 to 52,278).</p> <p>Of the 52,278 delayed follow-ups in July 2020, 6,927 had appointment dates and 45,351 were still waiting for an appointment.</p> <p>In addition, 22,101 were waiting 100%+ over target date in July 2020. This is an 11.5% reduction when compared with June 2020.</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in July 2020 was 91% and 502 surveys were completed: <ul style="list-style-type: none"> ➤ Neath Port Talbot Hospital (NPTH) completed 22 surveys in July 2020, with a recommended score of 68%. ➤ Singleton Hospital completed 154 surveys for July, with a recommended score of 92%. ➤ Morriston Hospital completed 143 surveys in July 2020, with a recommended score of 94%. ➤ Mental Health & Learning Disabilities completed 6 surveys for July 2020, with a recommended score of 33%. ➤ Primary & Community Care completed 183 surveys for July, with a recommended score of 91%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>












COMPLAINTS																																																																																						
Description	Current Performance	Trend																																																																																				
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In July 2020, the Health Board received 79 formal complaints; this is a 43% reduction when compared with July 2019 (from 138 to 79). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 81% in May 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in May 2020 ranged from 73% Primary Care & Community Delivery Unit to 94% in Morriston Delivery Unit.</p> <p>* June 2020 was not available at the time of writing this report. A verbal update will be provided at committee.</p>	<div><h3>1. Number of formal complaints received</h3><table border="1"><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD SDU</th><th>NPT Hospital SDU</th><th>Morriston Hospital SDU</th><th>P&C SDU</th><th>Singleton Hospital SDU</th></tr></thead><tbody><tr><td>Feb-20</td><td>5</td><td>8</td><td>58</td><td>10</td><td>25</td></tr><tr><td>Mar-20</td><td>2</td><td>1</td><td>42</td><td>3</td><td>34</td></tr><tr><td>Apr-20</td><td>3</td><td>8</td><td>8</td><td>4</td><td>7</td></tr><tr><td>May-20</td><td>8</td><td>5</td><td>20</td><td>10</td><td>7</td></tr><tr><td>Jun-20</td><td>7</td><td>6</td><td>29</td><td>15</td><td>15</td></tr><tr><td>Jul-20</td><td>12</td><td>5</td><td>36</td><td>9</td><td>11</td></tr></tbody></table></div> <div><h3>2. Response rate for concerns within 30 days</h3><table border="1"><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>30 day response rate (%)</th><th>Profile (%)</th></tr></thead><tbody><tr><td>May-19</td><td>82</td><td>80</td></tr><tr><td>Jun-19</td><td>85</td><td>80</td></tr><tr><td>Jul-19</td><td>80</td><td>80</td></tr><tr><td>Aug-19</td><td>83</td><td>80</td></tr><tr><td>Sep-19</td><td>85</td><td>80</td></tr><tr><td>Oct-19</td><td>82</td><td>80</td></tr><tr><td>Nov-19</td><td>75</td><td>80</td></tr><tr><td>Dec-19</td><td>74</td><td>80</td></tr><tr><td>Jan-20</td><td>82</td><td>80</td></tr><tr><td>Feb-20</td><td>75</td><td>80</td></tr><tr><td>Mar-20</td><td>48</td><td>80</td></tr><tr><td>Apr-20</td><td>80</td><td>80</td></tr><tr><td>May-20</td><td>81</td><td>80</td></tr></tbody></table></div>	Month	MH & LD SDU	NPT Hospital SDU	Morriston Hospital SDU	P&C SDU	Singleton Hospital SDU	Feb-20	5	8	58	10	25	Mar-20	2	1	42	3	34	Apr-20	3	8	8	4	7	May-20	8	5	20	10	7	Jun-20	7	6	29	15	15	Jul-20	12	5	36	9	11	Month	30 day response rate (%)	Profile (%)	May-19	82	80	Jun-19	85	80	Jul-19	80	80	Aug-19	83	80	Sep-19	85	80	Oct-19	82	80	Nov-19	75	80	Dec-19	74	80	Jan-20	82	80	Feb-20	75	80	Mar-20	48	80	Apr-20	80	80	May-20	81	80
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6 HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.1 Overview

Harm from wider societal actions/lockdown																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Childhood immunisations																	
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	. . .	95.5%				96.2%		97.0%						
	Swansea			95.8%		95.9%		95.5%									
	HB Total			95.7%		96.0%		96.1%									
% children who received MenB2 vaccine by age 1	NPT	95%	90%	. . .	95.8%				96.5%		97.0%						
	Swansea			96.0%		95.9%		95.3%									
	HB Total			95.9%		96.1%		95.9%									
% children who received PCV2 vaccine by age 1	NPT	95%	90%	. . .	95.8%				96.2%		97.3%						
	Swansea			96.0%		95.9%		95.9%									
	HB Total			95.9%		96.0%		96.4%									
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	. . .	94.4%				95.4%		96.4%						
	Swansea			94.1%		94.4%		94.2%									
	HB Total			94.2%		94.8%		95.0%									
% children who received MMR1 vaccine by age 2	NPT	95%	90%	. . .	94.8%				93.6%		95.3%						
	Swansea			93.8%		93.8%		94.4%									
	HB Total			94.2%		93.7%		94.7%									
% children who received PCV3 vaccine by age 2	NPT	95%	90%	. . .	95.3%				94.1%		96.4%						
	Swansea			94.2%		93.3%		93.9%									
	HB Total			94.7%		93.6%		94.8%									
% children who received MenB4 vaccine by age 2	NPT	95%	90%	. . .	95.1%				93.6%		96.1%						
	Swansea			93.6%		93.1%		93.0%									
	HB Total			94.2%		93.3%		94.2%									
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	. . .	94.0%				93.8%		95.6%						
	Swansea			93.5%		93.3%		93.0%									
	HB Total			93.7%		93.5%		94.0%									

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
% children who are up to date in schedule by age 4	NPT	95%	90%	* . .	88.1%			86.4%			91.6%						
	Swansea			87.1%			88.6%			86.5%							
	HB Total			87.4%			87.8%			88.4%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	* . .	92.3%			92.2%			92.0%						
	Swansea			92.9%			91.0%			91.0%							
	HB Total			92.6%			91.5%			92.0%							
% children who received 3 in 1 vaccine by age 5	NPT	95%	90%	* . .	93.0%			93.0%			92.6%						
	Swansea			93.0%			91.4%			92.1%							
	HB Total			93.0%			92.0%			92.3%							
% children who received MMR vaccination by age 16	NPT	95%	90%	* . .	93.9%			89.4%			95.9%						
	Swansea			92.8%			91.7%			95.2%							
	HB Total			93.2%			90.9%			95.5%							
% children who received teenage booster by age 16	NPT	90%	85%	* . .	86.5%			91.8%			89.3%						
	Swansea			89.8%			88.1%			91.5%							
	HB Total			88.6%			89.5%			90.7%							
% children who received MenACWY vaccine by age 16	NPT	Improve		* . .	88.5%			92.4%			90.7%						
	Swansea			90.2%			88.9%			92.2%							
	HB Total			89.6%			90.2%			91.6%							

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%				63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			8%	12%	32%	63%	17%	4%	0%	0%	14%		88%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			59%	64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			97%	98%	98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			93%	89%	87%	100%	100%	100%	94%	100%	94%		100%	100%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			99%	93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	99.5%	93%	89%	84%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			47%	39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			99%	99%	100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			88%	91%	92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	

6.2 Updates on key measures

ADULT MENTAL HEALTH		
Description	Current Performance	Trend
Adult Mental Health Measures: 1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over) 2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over) 3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over) 4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	1. In June 2020, 100% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In June 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%. 3. 91.7% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in June 2020. 4. In June 2020, 84.5% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	<div> 1. % Mental Health assessments undertaken within 28 <p>100% 50% 0%</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>% assessments within 28 days (>18 yrs) Target</p> </div> <div> 2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment <p>100% 50% 0%</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>% therapeutic interventions started within 28 days Target</p> </div> <div> 3. % residents with a valid Care and Treatment Plan (CTP) <p>100% 50% 0%</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>% patients with valid CTP Target</p> </div> <div> 4. % waiting less than 26 weeks for Psychology Therapy <p>100% 50% 0%</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>% waiting less than 26 wks for psychological therapy Target</p> </div>

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																												
Description	Current Performance	Trend																																										
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In June 2020, 100% of CAMHS patients received an assessment within 48 hours.	<div><div>1. Crisis- assessment within 48 hours</div><table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th></tr></thead><tbody><tr><td>Jun-19</td><td>95%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>98%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>98%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>95%</td></tr><tr><td>Apr-20</td><td>100%</td></tr><tr><td>May-20</td><td>100%</td></tr><tr><td>Jun-20</td><td>100%</td></tr></tbody></table></div>	Month	% urgent assessments within 48 hours	Jun-19	95%	Jul-19	100%	Aug-19	98%	Sep-19	100%	Oct-19	100%	Nov-19	98%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	95%	Apr-20	100%	May-20	100%	Jun-20	100%														
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Apr-20	100%																																											
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Jun-20	100%																																											
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 100% of routine assessments were undertaken with 28 days from referral in June 2020 against a target of 80%.	<div><div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div><table><thead><tr><th>Month</th><th>% of assessments in 28 days</th><th>% therapeutic interventions in 28 days</th></tr></thead><tbody><tr><td>Jun-19</td><td>95%</td><td>95%</td></tr><tr><td>Jul-19</td><td>95%</td><td>95%</td></tr><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>95%</td><td>95%</td></tr><tr><td>Feb-20</td><td>95%</td><td>95%</td></tr><tr><td>Mar-20</td><td>95%</td><td>95%</td></tr><tr><td>Apr-20</td><td>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></tbody></table></div>	Month	% of assessments in 28 days	% therapeutic interventions in 28 days	Jun-19	95%	95%	Jul-19	95%	95%	Aug-19	95%	95%	Sep-19	95%	95%	Oct-19	95%	95%	Nov-19	95%	95%	Dec-19	95%	95%	Jan-20	95%	95%	Feb-20	95%	95%	Mar-20	95%	95%	Apr-20	95%	95%	May-20	95%	95%	Jun-20	95%	95%
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Jun-20	95%	95%																																										
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 100% of therapeutic interventions were started within 28 days following assessment in June 2020.																																											
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 28% of NDD patients received a diagnostic assessment within 26 weeks in June 2020 against a target of 80%.	<div><div>4. S-CAMHS % assessments within 28 days</div><table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th></tr></thead><tbody><tr><td>Jun-19</td><td>95%</td></tr><tr><td>Jul-19</td><td>95%</td></tr><tr><td>Aug-19</td><td>95%</td></tr><tr><td>Sep-19</td><td>95%</td></tr><tr><td>Oct-19</td><td>95%</td></tr><tr><td>Nov-19</td><td>95%</td></tr><tr><td>Dec-19</td><td>95%</td></tr><tr><td>Jan-20</td><td>95%</td></tr><tr><td>Feb-20</td><td>95%</td></tr><tr><td>Mar-20</td><td>95%</td></tr><tr><td>Apr-20</td><td>95%</td></tr><tr><td>May-20</td><td>95%</td></tr><tr><td>Jun-20</td><td>95%</td></tr></tbody></table></div>	Month	% S-CAMHS assessments in 28 days	Jun-19	95%	Jul-19	95%	Aug-19	95%	Sep-19	95%	Oct-19	95%	Nov-19	95%	Dec-19	95%	Jan-20	95%	Feb-20	95%	Mar-20	95%	Apr-20	95%	May-20	95%	Jun-20	95%														
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Jun-20	95%																																											
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 100% of routine assessments by SCAMHS were undertaken within 28 days in June 2020.	<div><div>5. NDD- assessment within 26 weeks</div><table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th></tr></thead><tbody><tr><td>Jun-19</td><td>45%</td></tr><tr><td>Jul-19</td><td>45%</td></tr><tr><td>Aug-19</td><td>45%</td></tr><tr><td>Sep-19</td><td>45%</td></tr><tr><td>Oct-19</td><td>45%</td></tr><tr><td>Nov-19</td><td>45%</td></tr><tr><td>Dec-19</td><td>45%</td></tr><tr><td>Jan-20</td><td>45%</td></tr><tr><td>Feb-20</td><td>45%</td></tr><tr><td>Mar-20</td><td>45%</td></tr><tr><td>Apr-20</td><td>45%</td></tr><tr><td>May-20</td><td>45%</td></tr><tr><td>Jun-20</td><td>45%</td></tr></tbody></table></div>	Month	%NDD within 26 weeks	Jun-19	45%	Jul-19	45%	Aug-19	45%	Sep-19	45%	Oct-19	45%	Nov-19	45%	Dec-19	45%	Jan-20	45%	Feb-20	45%	Mar-20	45%	Apr-20	45%	May-20	45%	Jun-20	45%														
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*Data for April 2020 not available for measures 3 and 4

APPENDIX 2: Summary

The following table provides a high level overview of the Health Board's most recent performance against key quality and safety measures by quadrant component measure.

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases	Local			Jul-20						34
	Number of staff referred to the Community Testing Unit (CTU)	Local			Jul-20						240
	Number of staff awaiting results of COVID19 test	Local			Jul-20						3
	Number of COVID19 related incidents	Local			Jul-20						24
	Number of COVID19 related serious incidents	Local			Jul-20						0
	Number of COVID19 related complaints	Local			Jul-20						57
	Number of COVID19 related risks	Local			Jul-20						4
	Number of staff self isolated (asymptomatic)	Local			May-20						516
	Number of staff self isolated (symptomatic)	Local			May-20						292
	% sickness	Local			May-20						6.0%

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	0		Jul-20	116		4			120
	% 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	95%		Jul-20	71.8%	99.8%				80.1%
	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	0		Jul-20	223	0				223
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	59.8% (UK SNAP average)		Jul-20	57%					57%
	% of patients who receive a CT scan within 1 hour	National	54.5% (UK SNAP average)		Jul-20	48%					48%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.2% (UK SNAP average)		Jul-20	95%					95%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	National	12 month improvement trend		Jul-20	25%					25%
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		Jul-20	44%					44%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend		Jul-20	5	0	3	17	0	25
	Number of S.aureus bacteraemia cases	National			Jul-20	2	0	1	3	0	6
	Number of C.difficile cases	National			Jul-20	6	0	1	4	0	11
	Number of Klebsiella cases	National			Jul-20	2	0	1	2	0	5
	Number of Aeruginosa cases	National			Jul-20	0	0	0	1	0	1
	Compliance with hand hygiene audits	Local	95%		Jul-20	96%	100%	100%	100%	98%	98%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		May-20	80.3%					80.3%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		May-20	57.8%					57.8%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		May-20	75.8%					75.8%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		May-20	74.7%					74.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		May-20	59.4%					59.4%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		May-20	74.3%					74.3%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-20	7.8%					7.8%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Apr-20	78.6%					78.6%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Jul-20	1	0	0	0	9	10
	Number of Never Events	Local	0		Jul-20	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jun-20	8	0	10	34	0	52
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jun-20	1	0	0	9	0	10
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jun-20						351
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jul-20	69	45	38	8	48	208
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jul-20						6.38
Mortality	Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Local	95%		Jun-20	100%	100%	100%			100%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Apr-20	33%	-	33%			30%
	Crude hospital mortality rate by Delivery Unit (74 years of age or less)	National	12 month reduction trend		Jun-20	1.49%	0.22%	0.48%			0.89%

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	National	98%		Jul-20 (draft)	67%	-	100%			87%
	% 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	National	95%		Jul-20 (draft)	64%	100%	97%			83%
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)	National	12 month improvement trend		Jul-20 (draft)						74%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jul-20	8,661	50	6,929	81		15,721
	Number of patients waiting > 36 weeks for treatment	National	0		Jul-20	11,882	3	6,135	45		18,065
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jul-20	6,236		1,274			7,510
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jul-20		138		1,416	0	1,554
	Total number of patients waiting for a follow-up outpatient appointment	National	120,062		Jul-20						120,062
	Number of patients delayed by over 100% past their target date	National	22,101		Jul-20						22,101
	Number of patients delayed past their agreed target date (booked and not booked)	Local	49,150		Jul-20						52,278
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jul-20						213
	Number of patients without a documented clinical review date	Local	0		Jul-20						43
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jul-20	143	22	154	183	6	502
	% of patients who would recommend and highly recommend	Local	90%	80%	Jul-20	94%	68%	92%	91%	33%	91%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jul-20	90%	100%	90%	94%	0%	91%
	Number of new complaints received	Local	12 month reduction rend		Jul-20	36	5	12	10	13	79
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	May-20	94%	80%	75%	73%	78%	81%

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrleston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2019/20						96.1%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2019/20						95.9%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2019/20						96.4%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2019/20						95.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2019/20						94.7%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2019/20						94.8%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2019/20						94.2%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2019/20						94.0%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2019/20						88.4%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2019/20						92.0%
	% children who received 2 in 1 vaccine by age 5	Local	95%	90%	Q4 2019/20						92.3%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2019/20						95.5%
	% children who received Teenage booster by age 16		90%	85%	Q4 2019/20						90.7%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2019/20						91.6%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jun-20						100.0%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jun-20						100.0%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jun-20						100.0%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jun-20						100.0%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jun-20					100.0%	100.0%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jun-20						100.0%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jun-20					96.0%	96.0%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jun-20					84.5%	84.5%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jun-20						28.1%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jun-20						91.0%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jun-20					91.7%	91.7%

	National or local target achieved
	Target not achieved but within tolerance level
	Performance outside of profile/ target

APPENDIX 3: 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	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
COVID19 related measures	Number of new COVID19 cases	Local	Jul-20	42		Reduce													1,356	293	34	42
	Number of staff referred to the Community testing Unit (CTU)	Local	Jul-20	240		Reduce													1,969	735	296	240
	Number of staff awaiting results of COVID19 test	Local	Jul-20	3		Reduce													90	19	16	3
	Number of COVID19 related incidents	Local	Jul-20	24		Reduce													119	66	40	24
	Number of COVID19 related serious incidents	Local	Jul-20	0		Reduce													1	0	2	0
	Number of COVID19 related complaints	Local	Jul-20	57		Reduce													69	61	37	57
	Number of COVID19 related risks	Local	Jul-20	4		Reduce													13	15	8	4
	Number of staff self isolated (asymptomatic)	Local	May-20	516		Reduce													851	516	0	0
	Number of staff self isolated (symptomatic)	Local	May-20	292		Reduce													860	292	0	0
	% sickness	Local	May-20	6.0%		Reduce													13%	6%	0%	0%

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	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	
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%					97%													
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-20	74%	65%	65%	✔	71%		71%	71%	67%	66%	59%	62%	67%	69%	69%	70%	75%	76%	74%	
	Number of ambulance handovers over one hour	National	Jul-20	120	0			815		594	632	778	827	821	868	848	704	462	61	20	47	120	
	Handover hours lost over 15 minutes	Local	Jul-20	315						1,574	1,751	2,432	2,778	3,212	3,361	3,545	2,247	1,623	209	125	178	315	
	% 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	Jul-20	80%	95%			84.6%		75%	74%	71%	71%	73%	71%	72%	74%	73%	78%	83%	88%	80%	
	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	Jul-20	223	0			1,043		642	740	939	890	927	1,018	1,038	783	557	131	97	81	223	
	% of survival within 30 days of emergency admission for a hip fracture	National	Apr-20	78.6%	12 month ↑			79.6%		90.5%	82.6%	89.7%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.6%				
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	May-20	80.0%	12 month ↑			60%		73.0%	73.0%	74.0%	76.0%	77.0%	78.0%	80.0%	79.0%	79.0%	79.0%	80.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jul-20	57.4%	56.3%					57%	42%	29%	55%	55%	39%	24%	62%	47.4%	Data not available			52.7%	57.4%
	CT Scan (<1 hrs) (local)	Local	Jul-20	48.2%						59%	48%	42%	47%	49%	44%	43%	38%	42.5%				49.1%	48.2%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Jul-20	94.6%	83.9%					98%	95%	95%	94%	98%	100%	90%	97%	97.5%				100.0%	94.6%
	Thrombolysis door to needle <= 45 mins	Local	Jul-20	25.0%	12 month ↑					40%	27%	0%	0%	0%	20%	0%	0%	0.0%				30.0%	25.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jul-20	44.3%	12 month ↑					48%	48%	50%	49%	45%	38%	33%	28%	32.8%				30.7%	44.3%
	% of stroke patients who receive a 6 month follow-up assessment	National	Q1 20/21	50%	Qtr on qtr ↑			47.2%				45%									49.6%		
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✔	69		20	18	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		61	69	69	76	61	53	52	69	60	DTOC reporting temporarily suspended				
	% critical care bed days lost to delayed transfer of care	National	Q4 19/20	26.2%	Quarter on quarter ↓			16.6%				30.3%			21.3%			26.2%					

Harm from overwhelmed NHS and social care system																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	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
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-20	53.8	<67		✓	85.13		84.0	81.7	81.2	80.8	76.3	78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8
	Number of E.Coli bacteraemia cases (Hospital)		Jul-20	8						14	9	5	10	5	12	15	15	8	6	6	3	8
	Number of E.Coli bacteraemia cases (Community)			17						21	13	18	15	10	20	18	16	15	8	8	14	17
	Total number of E.Coli bacteraemia cases			25						35	22	23	25	15	32	33	31	23	14	14	17	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-20	26.1	<20		✗	53.55		40.8	37.5	34.9	35.6	35.4	35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1
	Number of S.aureus bacteraemias cases (Hospital)		Jul-20	3						8	4	3	11	8	7	6	6	4	4	2	4	3
	Number of S.aureus bacteraemias cases (Community)			3						9	3	5	2	3	4	7	2	5	6	4	8	3
	Total number of S.aureus bacteraemias cases			6						17	7	8	13	11	11	13	8	9	10	6	12	6
	Cumulative cases of C.difficile per 100k pop		Jul-20	45.3	<26		✗	21.34		27.0	27.7	29.3	33.4	35.8	35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3
	Number of C.difficile cases (Hospital)		Jul-20	7						9	5	8	13	13	7	6	11	5	9	6	14	7
	Number of C.difficile cases (Community)			4						4	5	2	6	4	4	5	4	3	2	10	6	4
	Total number of C.difficile cases			11						13	10	10	19	17	11	11	15	8	11	16	20	11
	Cumulative cases of Klebsiella per 100k pop		Jul-20	20.0				27.73		20.3	22.1	23.6	22.0	22.3	21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0
	Number of Klebsiella cases (Hospital)		Jul-20	3						1	8	7	4	4	4	7	2	4	1	4	4	3
	Number of Klebsiella cases (Community)			2						4	3	2	0	4	2	1	1	3	5	2	5	2
	Total number of Klebsiella cases			5				127		5	11	9	4	8	6	8	3	7	6	6	9	5
	Cumulative cases of Aeruginosa per 100k pop		Jul-20	6.2						10.0	10.4	9.8	8.8	8.1	7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2
	Number of Aeruginosa cases (Hospital)		Jul-20	0						1	2	2	1	1	1	2	1	1	2	3	0	0
	Number of Aeruginosa cases (Community)			1						0	2	0	0	0	1	1	0	0	0	2	0	1
	Total number of Aeruginosa cases			1				37		1	4	2	1	1	2	3	1	1	2	5	0	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-20	98%		95%	✓			97%	96%	96%	97%	97%	96%	97%	93%	99%	98%	99%	98%	98%
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jun-20	95%		95%	✓			91.0%		87.0%		92.0%		90.0%					95.0%	
	% stop or review date documented on medication chart		Jun-20	51%		95%	✗			54.0%		63.0%		51.0%		57.0%					51.0%	
	% of antibiotics prescribed on stickers		Jun-20	0%		95%	✗			81.0%		81.0%		86.0%		81.0%					0.0%	
	% appropriate antibiotic prescriptions choice		Jun-20	96%		95%	✓			97.0%						99.0%					96.0%	
	% of patients receiving antibiotics for >7 days		Jun-20	11%		<20%	✓			11.0%		15.0%		10.0%		12.0%					11.0%	
	% of patients receiving surgical prophylaxis for > 24 hours		Jun-20	80%		<20%	✗			18.0%		40.0%		50.0%		33.0%					80.0%	
	% of patients receiving IV antibiotics > 72 hours		Jun-20	49%		<30%	✗			46.0%		41.0%		48.0%		57.0%					49.0%	
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-20	0%	90%	80%	✗			60%	71%	20%	47%	55%	38%	28%	29%	30%	7%	29%	0%	0%
	Number of new Never Events	National	Jul-20	0	0	0	✗			1	1	0	1	0	1	1	0	0	0	0	1	0
	Number of risks with a score greater than 20	Local	Jul-20	115		12 month ↓	✗			81	88	103	104	105	109	111	114	108	109	101	110	115
	Number of risks with a score greater than 16	Local	Jul-20	204		12 month ↓	✗			164	175	197	204	200	202	205	204	198	202	193	204	204
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jun-20	18		12 month ↓	✗			18	14	9	20	22	24	30	41	31	25	29	18	
	Number of pressure ulcers developed in the community		Jun-20	34		12 month ↓	✗			33	37	25	29	31	24	26	25	39	34	33	34	
	Total number of pressure ulcers		Jun-20	52		12 month ↓	✗			51	51	34	49	53	48	56	66	70	59	62	52	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-20	1		12 month ↓	✓			2	0	1	2	2	2	2	3	1	2	0	1	
	Number of grade 3+ pressure ulcers acquired in community		Jun-20	9		12 month ↓	✗			7	8	8	2	8	3	5	8	8	4	6	9	
	Total number of grade 3+ pressure ulcers		Jun-20	10		12 month ↓	✗			9	8	9	4	10	5	7	11	9	6	6	10	
Inpatient Falls	Number of Inpatient Falls	Local	Jul-20	208		12 month ↓	✓			186	227	241	255	240	297	249	207	210	193	209	196	208
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Jun-20	100%	95%	95%	✓	74%		98.6%	100.0%	100.0%	95.9%	100.0%	98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	
	Stage 2 mortality reviews required	Local	Jun-20	10						13	9	9	17	9	15	16	8	9	10	11	10	
	% stage 2 mortality reviews completed	Local	Apr-20	30%		100%	✗			71.4%	60.0%	89.0%	64.7%	78.0%	67.0%	75.0%	44.4%	0.0%	30.0%			
	Crude hospital mortality rate (74 years of age or less)	National	Jun-20	0.89%	12 month ↓			1.18%		0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	
	% 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	Jul-20	97%		98%	✗			95.3%	96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jun-20	97%	95%	95%	✓			96%	96%	96%	96%	93%	95%	96%	95%	94%	94%	97%	97%	
	% 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	Jul-20	63%		100%	✗			64.0%	63.0%	61.0%	63.0%	63.0%	65.0%	66.0%	67.0%	68%	61%	63%	67%	63%
Workforce	Agency spend as a % of the total pay bill	National	Jan-20	0	HB target TBC			4.9%		4.2%	4.4%	4.9%	4.1%	4.3%	4.1%	5.0%						
	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	Jul-20	59%	85%	85%	✗	70.9%		71%	71%	71%	67%	69%	70%	72%	74%	72%	68%	63%	60%	59%
	% 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	Jul-20	80%	85%	85%	✗	80.5%		77%	78%	78%	79%	80%	80%	81%	82%	83%	82%	79%	79%	80%
	% workforce sickness and absent (12 month rolling)	National	Jun-20	6.98%	12 month ↓			5.52%		6.01%	5.99%	5.98%	6.04%	6.05%	6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	
	% 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	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			
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Jul-20	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%			
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jul-20	97%	Annual ↑	95%	✓			95%	95%	95%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%			
	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7%		2019/20=38.8%															
	% of population regularly accessing NHS primary dental care	Local	Sep-19	61.5%	4 quarter ↑			55%	.			61.5%													
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 19/20	78.8%	4 quarter ↑			68.30%	.			78.8%													
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jun-20	14.7%	4 quarter ↓			32.2%		31%	33%	32.7%	34%	32%	32.3%	32%	32%	29%	19%	17%	15%				
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	Jul-20 (draft)	87.0%	98%			96.3%		91%	93%	91%	98%	95%	92%	99%	93%	93%	97%	82%	85%	87%			
	% 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	Jul-20 (draft)	83.0%	95%			77.7%		76%	84%	86%	84%	86%	92%	86%	78%	85%	81%	86%	88%	83%			
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Jul-20 (draft)	74.0%	12 month ↑			70.8%		69.0%	68.0%	73.0%	70.0%	71.0%	77.0%	71%	66%	76%	71%	70%	73%	74%			
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jul-20	71.0%	80%		✗			62.0%	40.0%	46.0%	54.0%	50.0%	43.0%	34.0%	28.0%	56.0%	49.0%	46.0%	57.0%	71.0%			
	Scheduled (28 Day Target)	Local	Jul-20	97.0%	100%		✗			87.0%	81.0%	72.0%	73.0%	75.0%	63.0%	60.0%	58.0%	77.0%	86.0%	84.0%	93.0%	97.0%			
	Urgent SC (7 Day Target)	Local	Jul-20	57.0%	80%		✗			52.0%	62.0%	56.0%	62.0%	56.0%	53.0%	50.0%	52.0%	48.0%	45.0%	33.0%	65.0%	57.0%			
	Urgent SC (14 Day Target)	Local	Jul-20	97.0%	100%		✗			93.0%	95.0%	89.0%	86.0%	88.0%	79.0%	79.0%	92.0%	89.0%	91.0%	83.0%	90.0%	97.0%			
	Emergency (within 1 day)	Local	Jul-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	Jul-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	Jul-20	52.0%	80%		✗			52.0%	46.0%	46.0%	30.0%	38.0%	35.0%	58.0%	56.0%	84.0%	76.0%	83.0%	92.0%	52.0%			
Elective Delay (28 Day Target)	Local	Jul-20	97.0%	100%		✗			61.0%	65.0%	48.0%	38.0%	44.0%	58.0%	68.0%	73.0%	94.0%	88.0%	100.0%	100.0%	97.0%				
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-20	7,510	0			62,120		261	344	294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510			
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-20	1,554	0			11084		0	1	0	1	0	0	0	1	51	387	982	1,646	1,554			
	% of patients waiting < 26 weeks for treatment	National	Jul-20	53.3%	95%			66.1%		87.8%	86.4%	85.1%	84.5%	84.1%	82.6%	81.8%	82.3%	80.2%	72.3%	64.2%	59.5%	53.3%			
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jul-20	15,721	0					479	925	1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721			
	Number of patients waiting > 36 weeks for treatment	National	Jul-20	18,065	0			65,204		2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,419	18,065			
	The number of patients waiting for a follow-up outpatient appointment	National	Jul-20	120,062	35% reduction by March 2021	114,689	✗	773,519		135,400	134,363	132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062			
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-20	22,101		18,833	✗	177,675		24,398	25,758	23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	24,971	22,101			
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jul-20	55.5%	95%			53.1%		64.4%	63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	76.2%	69.9%	64.1%	63.4%	55.5%			
Hepatitis C	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	National			HB target TBC														New measure for 2020/21 - awaiting data						
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-20	3.9%	12 month ↓					6.5%	6.6%	6.5%	6.6%	6.7%	7.4%	6.5%	6.0%	5.6%	4.8%	3.3%	4.1%	3.9%			
	% of patients who did not attend a follow-up outpatient appointment	Local	Jul-20	4.9%	12 month ↓					7.9%	7.5%	8.0%	7.9%	7.5%	8.0%	7.7%	6.9%	6.5%	4.6%	3.2%	4.3%	4.9%			
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-20	42.0%		90%				66%	56%	67%	69%	70%	56%	63%	66%	35%	6%	11%	16%	42%			
	% of theatre sessions starting late	Local	Jul-20	51.0%		<25%				42%	38%	43%	42%	51%	46%	44%	43%	38%	45%	43%	46%	51%			
	% of theatre sessions finishing early	Local	Jul-20	37.0%		<20%				40%	38%	43%	38%	41%	43%	41%	42%	40%	43%	45%	36%	37%			
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Feb-20	3,232	> 5% annual ↓			16,540		3,300	3,192	3,243	3,312	3,312	3,320	3,357	3,232								
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q3 19/20	98.6%	100%	100%	✗	98%				98.5%			98.6%										

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	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
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	Q3 19/20	1,474	qtr on qtr ↓			10,003				1,470			1,474							
	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 ↓			4,564				4,486			4,409			4,329				
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 19/20	80.0%	Quarter on quarter ↑			79.0%				80.0%										
	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%												
	Number of friends and family surveys completed	Local	Jul-20	502		12 month ↑	✗			4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502
	% of who would recommend and highly recommend	Local	Jul-20	91%		90%	✓			96%	94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-20	91%		90%	✓			77%	81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%
Complaints	Number of new formal complaints received	Local	Jul-20	79		12 month trend ↓	✓			138	114	110	159	137	87	142	113	92	37	54	77	79
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-20	81%	75%	80%	✓	69.8%		81%	84%	85%	83%	76%	75%	83%	76%	48%	81%	81%		
	% of acknowledgements sent within 2 working days	Local	Jul-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	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
Early years measures	% of babies who are exclusively breastfed at 10 days old	National			Annual ↑														New measure for 2020/21- awaiting data			
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 19/20	96%	95%			96.0%				96%			96%			96%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 19/20	83%	95%			92.4%				93%			92%			83%				
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Jan-20	2.4%	5% annual target	4.2%	✗	2.4%		1.0%	1.3%	1.5%	1.7%	1.9%	2.1%	2.4%						
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 19/20	55.4%	40% annual target	40.0%	✓	44.1%				55%			55%							
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 19/20	425.9	4 quarter ↓			444.8				438.1			405.8							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National			4 quarter ↑														New measure for 2020/21- awaiting data			
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	Jun-20	100%		100%	✓			100%	98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-20	28%	80%	80%	✗	34.5%		47%	39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jun-20	100%	80%	80%	✓			Data not available	63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jun-20	100%		80%	✓	62.4%		8%	12%	32%	63%	17%	4%	0%	0%	14%		88%	100%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jun-20	100%		80%	✓	78.1%		93%	89%	87%	100%	100%	100%	94%	100%	94%		100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jun-20	100%		80%	✓			59%	64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jun-20	91%		90%	✓	94.70%		99%	99%	100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	
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	Jun-20	100%	80%	80%	✓	95.5%		97%	98%	98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jun-20	96%	80%	80%	✓	87.3%		99%	93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-20	84%	95%	95%	✗	62.6%		100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	89%	84%	0%
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-20	92%	90%	90%	✓	84.0%		88%	91%	92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2018/19= 3.34												
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2018/09= 59.4%												